

# Patient Held Record Treatment for Rabies or Australian Bat Lyssavirus exposure

Please give to patient to track treatment

**Patient name:**

**Take this record to each visit for treatment for rabies / Australian bat lyssavirus (ABL).**

Rabies is a serious infection that if contracted results in death unless vaccination is given. Australian bat Lyssavirus is in the same family as rabies and the vaccine is also effective to prevent this disease. You must complete the treatment plan below to be sure of protection against rabies infection. The side effects of rabies vaccine are: sore arm (15–25% very common), headache (5–8% common), malaise, nausea or both (2–5% common), and allergic oedema (0.1% uncommon). Severe allergic reaction (anaphylaxis) is rare at approximately 1 episode per 10,000 vaccinations.

**It is important that you nominate and contact as soon as possible, your chosen General Practitioner to inform them that you will be attending to complete your post-exposure rabies vaccine course.** Your GP will then need to order the rabies vaccine on your behalf. If you miss an immunisation appointment, make every effort to attend your GP as soon as possible to complete all doses.

## **Rabies vaccine treatment**

Post exposure treatment for rabies is a **four dose schedule** (given on days 0, 3, 7 and 14).

You need a **five dose schedule** (given on days 0, 3, 7, 14 and 28–30) if you are immune impaired because of disease or treatment

Human rabies immunoglobulin given (circle):    Yes        No				
Rabies vaccine dose (Day)	Date due	Date given	Vaccine batch no.	Signature/stamp
<b>Dose 1</b> Day 0 (first day of treatment)				
<b>Dose 2</b> (Day 3)				
<b>Dose 3</b> (Day 7)				
<b>Dose 4</b> (Day 14)				
Only complete below if immune impaired through disease or treatment				
<b>Dose 5</b> (Day 28–30)				

# Dept of Health Post Exposure **Rabies / Lyssavirus** Treatment Request Form

**Phone: 1300 651 160**  
**Business Hours Fax: 1300 768 088**

## Section 1 : Description of Request

Ordering Doctor / Pharmacist:		Date Required
Hospital / Medical Centre name:		DH Account No: (as per pharmacy)
Delivery Address:		
Date of order:	Fax:	Phone:

## Section 2 : Case Details

Name \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_  
 Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Sex M F Indigenous status \_\_\_\_\_  
 Is the case immunocompromised (circle) Yes No Unknown  
 If yes, details \_\_\_\_\_  
 Rabies **pre-exposure** prophylaxis (circle) Yes No Unknown Number of Doses: \_\_\_\_\_

## Section 3: Exposure Details

Country of Exposure \_\_\_\_\_ Date of exposure \_\_\_/\_\_\_/\_\_\_  
 Type of wound (circle) Bite Scratch Lick Other \_\_\_\_\_  
 Site of Wound \_\_\_\_\_ Depth/Severity \_\_\_\_\_  
 Animal \_\_\_\_\_  
 Did the animal appear unwell? (circle) Yes No Unknown

## Section 4: Previous Treatment Details \*Complete this section ONLY if treatment has begun elsewhere

Date wound assessed \_\_\_/\_\_\_/\_\_\_ Who assessed the wound (circle) GP Hospital Other  
 Previous RIG administration (circle) Yes No Date administered \_\_\_/\_\_\_/\_\_\_  
 Previous **post-exposure** rabies vaccination (circle) Yes No  
 If yes, in which country?: \_\_\_\_\_  
 Date/s of previous doses \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

## Section 5: Order

<b>RABIES VACCINE:</b> Day 0, 3, 7, 14 for rabies PEP (+ D28 for immunosuppressed) <b>#Hospital may order 1 dose. Unless special circumstances exist, remaining doses should be ordered and obtained by their GP clinic.</b>	#Number of Vials:
<b>HUMAN RABIES IMMUNOGLOBULIN (RIG)</b> (Not required if 1st dose of vaccine was given >7 days ago) Weight of case _____ kg Request one vial for each 15kg of case's weight For advice on administration, see the latest Immunisation Handbook	Number of Vials (2 ml):