

SMDHU Rabies Program Update

Attention: Physicians, Family Health Teams, Nurse Practitioners, Emergency Departments, Urgent Care/Walk-In Clinics

Date: January 22, 2015

NEW Health Unit Contact Info for Rabies Program:

Phone: 705-721-7520 or 877-721-7520 ext. **8894**

Afterhours Phone: 1-888-225-7851

Fax: **705-725-8132**

Email: Rabies.program@smdhu.org

The SMDHU Rabies Prevention and Control Program now has two new services available for you as follows:

- **Designated Rabies Fax Line**
- **Resumed Animal Specimen Testing**

Effective immediately, we've established a **new Designated Rabies Fax Line** for reporting animal bite incidents. The new Designated Rabies Fax Line **(705) 725-8132** will be monitored 7 days a week to ensure timely investigation of all reported animal exposure incidents.

The attached updated **Rabies and Animal Exposure Incident Report Form** is provided to assist with the collection of required reporting information.

In addition, for all incidents involving facial, neck or head bites, direct contacts with bats, or for animal exposures requiring vaccine and immunoglobulin, please contact our Rabies Coordinator by telephone at **705-721-7520 or 1-877-721-7520** ext. **8894** (Monday – Friday 8:30am – 4:30pm) or our After-hours On-Call Public Health Inspector at **1-888-225-7851** (evenings, weekends or holidays).

Resumed Animal Specimen Testing

The Ministry of Health and Long Term Care has now resumed the collection and transport specimens for rabies testing of animals involved in human exposures. The health unit is available to facilitate such testing. The health unit will also continue to conduct a 10 day quarantine and observation period for dogs and cats involved in human exposures. Animal quarantine and testing can help to avoid or limit the unnecessary rabies vaccination of patients in many instances.

Duty to Report

Please be reminded of the following reporting requirements under the Health Protection and Promotion Act, Regulation 557 Communicable Disease – Section 2 (1):

A physician, veterinarian, police officer or any other person who has information concerning any animal bite or other animal contact that may result in rabies in persons shall, as soon as possible, notify the medical officer of health and provide the medical officer of health with the information.

Although the number of positive rabid animals remains low with Simcoe-Muskoka, the health unit considers all animal bite incidents to be possible rabies exposures, and investigates all such incidents.

For your convenience, additional rabies reference documents for physicians are available on our Primary Care Portal. Any questions regarding the information presented may be directed to the Rabies Program Line 705-721-7520 or 1-877-721-7520 ext. **8894** or Rabies.program@smdhu.org.

IMMEDIATELY FAX all animal exposure incidents to the Simcoe Muskoka District Health Unit: FAX: 705-725-8132

For URGENT consultations regarding a suspicious animal exposure, head, face, neck exposure, or for the release of rabies post-exposure prophylaxis, CALL the Health Unit:

OFFICE HOURS: M- F 8:30 am – 4:30 pm **CALL:** 705 721-7520 ext. 8894

AFTER HOURS, WEEKENDS AND HOLIDAYS: **CALL:** 1-888-225-7851

PLEASE PRINT CLEARLY

A REPORT/INTAKE

Date Reported to SMDHU: DD/MMM/YYYY Person Reporting: _____
 Treatment Centre/Hospital/Office: _____

B PATIENT/VICTIM INFORMATION

Name: Mr/Ms/Mrs _____ Male Female
 Parent Guardian Name (if patient is under 16yrs of age): _____
 Date of Birth: _____ Phone: Home: _____ Other: _____
 Address: (permanent) _____
 Street #/911# Street Name Apt/Unit# City
 (temporary) _____
 Street #/911# Street Name Apt/Unit# City

C INCIDENT DETAILS

Date of Incident: DD/MMM/YYYY
 Details of Incident: _____
 Body area affected: _____ Bite Scratch Saliva Handling Other: _____
 Skin broken: Yes No
 Family Physician: _____ Phone: _____

D ANIMAL OWNER INFORMATION (or person with custody of animal):

Owner: _____ Phone: Home: _____ Other: _____
 Address: (permanent) _____
 Street #/911# Street Name Apt/Unit# City
 (temporary) _____
 Street #/911# Street Name Apt/Unit# City
 Animal Species: Dog Cat Bat Other _____
 Breed and Full Description: _____
 Where is animal located now? _____

This personal information is collected under the authority of the Health and Protection and Promotion Act (1990) Reg. 557 Sec. 2. It will be used to conduct investigations and for the purposes of monitoring and surveillance of rabies activity. For further details concerning this collection, contact the SMDHU Privacy Officer at 705-721-7520 or 1-877-721-7520.