

Complete the following form to request free rabies vaccines and/or Human Rabies Immunoglobulin (RIG). The information collected is used to monitor vaccine use and stock availability, and for disease surveillance. Please advise your patient that this information is being provided to the department (as required by the Health Records Act 2001). Commonwealth and State privacy legislation does not negate the responsibility to provide the information requested on this form.

### Instructions

1. Assess the patient's wound and determine the category of exposure as per the algorithm in the Immunisation Handbook (<https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/rabies-and-other-lyssaviruses>)
2. If the exposure was caused by a bat in Australia and the bat is accessible for testing, you may contact the department on 1300 651 160 to arrange testing of the bat
3. Return this form to the Immunisation Section by email to [immunisation@health.vic.gov.au](mailto:immunisation@health.vic.gov.au). Please note:
  - Forms will be processed during business hours (9am to 5pm, Monday to Friday)
  - The Immunisation Section can be contacted by emailing [immunisation@health.vic.gov.au](mailto:immunisation@health.vic.gov.au). Emails received outside of business hours will be actioned the following business day
  - For urgent out-of-hours advice please call **1300 651 160**

### Requesting doctor details

Name		Medicare provider no.
Clinic/Health service/Pharmacy name		
Address		
City		Postcode
Telephone	Fax	
Date of order	Date vaccine required	Department of Health account number (as per the pharmacy)

### Patient details (please answer all questions)

Last name	Country of birth	...year arrived in Australia
First name(s)	<input type="checkbox"/> Australia	<input type="checkbox"/> Overseas > _____
Date of birth	Is the patient immunocompromised	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, specify > _____	<input type="checkbox"/> Yes, specify > _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Residential address	<b>Clinical and exposure information</b>	
Suburb/town	Date of possible exposure	
Postcode	Animal that caused the wound/exposure to rabies/ABLV	
Preferred telephone number	<input type="checkbox"/> Bat - fruit bat/flying fox <input type="checkbox"/> Bat - other species (e.g. Microbat) <input type="checkbox"/> Bat - species unknown <input type="checkbox"/> Dog or canine family <input type="checkbox"/> Monkey, wildlife - general <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify > _____	
Parent/guardian/next of kin name and contact number	Type of animal exposure (select one)	
Interpreter required <input type="checkbox"/> Yes, language > _____ <input type="checkbox"/> No	<input type="checkbox"/> Bite <input type="checkbox"/> Bite and scratch <input type="checkbox"/> Scratch <input type="checkbox"/> Lick <input type="checkbox"/> Other, specify > _____	
Is the patient of Aboriginal or Torres Strait Islander origin <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Unknown		

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## Clinical and exposure information (continued)

### Location of wound (tick all that apply)

- Forearm (including hand)  
 Arm  
 Fingers  
 Head/neck  
 Lower leg (including foot and toes)  
 Thigh  
 Torso

Describe wound (abrasion, laceration, puncture, tear, etc.)

Describe wound depth and severity

Date wound was assessed

Wound assessed by

- General Practitioner  
 Emergency Department  
 Other, specify below

In what country did the exposure occur

- Australia  
 Overseas, specify >

If the exposure occurred in Indonesia, specify the island where the exposure occurred

- Bali  
 Unknown  
 Other, specify >

Did the animal appear to be unwell, or exhibit unusual behaviour

- Yes, describe >  
 No  
 Unknown

Was the animal tested for rabies/ABLV

- Yes  
 No  
 Unknown

If yes, what was the result of the test?

- Not yet available  
 Inconclusive  
 Negative  
 Positive  
 Other, specify >

Is the patient an expatriate or traveller who has spent prolonged periods (ie. more than a month) in a rabies endemic area

- Yes  
 No  
 Unknown

Has the patient been working with mammals in a rabies endemic area

- Yes  
 No  
 Unknown

Is the patient from a research laboratory background (ie. is a person who may work with live lyssaviruses)

- Yes  
 No  
 Unknown

Is the patient likely to have received bites or scratches from bats in their everyday activities (including bat handlers, veterinarians, wildlife officers, and others who come into direct contact with bats)

- Yes, specify occupation >  
 No  
 Unknown

## Rabies vaccination history

Has the patient previously received rabies vaccination

- Unknown  
 No  
 Yes > How many doses were given Approx. date the last dose was given

## Post-exposure treatment for the current exposure

Has RIG been administered to the patient

- No  
 Yes > Date administered RIG amount given (no. of vials)

Has rabies vaccine been administered to the patient

- No  
 Yes > Date administered Vaccine doses given

## Recommended post-exposure assessment and treatment

Refer to the Immunisation Handbook for guidance on treatment and categorisation of the exposure:

<https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/rabies-and-other-lyssaviruses>

Category of exposure

- Category I  
 Category II or Category III

## Vaccine order information

**Rabies vaccine:**

Day 0, 3, 7, 14 (+D28 if immunocompromised) for Rabies/ABLV Post-Exposure Prophylaxis

Number of vials/vaccines needed >

**Please note:** Hospitals may order 1 dose. Unless special circumstances exist, all remaining doses should be ordered and obtained by the patient's preferred GP clinic.

**Human rabies immunoglobulin:**

Recommended dose is 20 IU/kg body weight (RIG comes in 2ml vials, each containing 150 IU/ml)

Weight (whole number) Number of vials/vaccines needed >

Administer one vial per 15kg of the case's body weight

Data collection ends here. Thank you

To complete your vaccine order, email this form to [immunisation@health.vic.gov.au](mailto:immunisation@health.vic.gov.au)