

**West Virginia Oral Rabies Vaccine Contact Report**  
**(Page 1 of 2, Revised 9/10/01)**

Initials of Caller \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Call \_\_\_\_\_

Date of Bait Contact \_\_\_\_\_ Total Number of Baits Found \_\_\_\_\_ County \_\_\_\_\_

Address Where Found \_\_\_\_\_ City \_\_\_\_\_

Location of find ☐ On or hit dwelling ☐ Around home/in yard ☐ Roadside ☐ Park or public area  
☐ Farm ☐ Unknown ☐ Other \_\_\_\_\_

Circumstances of Find (if multiple baits, answer for worst exposure): \_\_\_\_\_

Condition of Bait ☐ Intact ☐ Damaged bait, sachet intact ☐ Sachet ruptured ☐ Unsure if sachet ruptured

Type of exposure to person(s)

- ☐ Unknown ☐ Skin contact, bait picked up  
☐ No skin contact, bait seen ☐ Skin contact with vaccine\*  
☐ No skin contact, bait picked up  
☐ Other, vaccine contact\*, (describe) \_\_\_\_\_

Type of exposure to pet(s)

- ☐ Unknown ☐ Picked up, bait intact  
☐ No pet involved ☐ Picked up, sachet ruptured  
☐ No contact, bait seen/sniffed  
☐ Other, vaccine contact, (describe) \_\_\_\_\_

Species involved: \_\_\_\_\_ Number of animals involved \_\_\_\_\_

If human contact with vaccine, did the finder have any underlying health conditions\*\*: ☐ YES ☐ NO

If yes, describe: \_\_\_\_\_

Human adverse reaction described: \_\_\_\_\_

Animal adverse reaction described: \_\_\_\_\_

**Recommendations given (check all that apply)**

☐ No action recommended

Human Contact:

- ☐ If bait intact, pick up with paper towel/gloves and throw into habitat away from pets and children  
☐ If bait damaged or no good area to toss, protecting your hands, place into a baggie and dispose in trash  
☐ Wash with soap and water any skin that may have had contact with the baits  
☐ If vaccine contact with open wound, wash the area, and, if there is any unusual reaction around the wound in the next 10 days, contact your doctor and call us

Pet Contact:

- ☐ Keep your pets confined for the next 5 days. Check the area for more baits and remove any baits from pet areas  
☐ If the sachet was ruptured, limit pet contact with children, and restrict the pet from licking people for 24 hours.  
☐ Wash skin if there is contact with saliva.  
☐ If your pet ate a large number of baits, it may have some diarrhea from the fishmeal. Contact your veterinarian and please let us know if this happens.  
☐ Other \_\_\_\_\_

\* If the skin has been breached (i.e., a bite by an animal with vaccine in its mouth, contamination of eczema, scratches, open wounds, skin lesions) or if the vaccine has had contact with mucous membranes, describe under other. Inform the individual to see their physician promptly for appropriate diagnostic tests and have the physician contact the health department and the CDC.

\*\* Individuals with a history or presence of eczema, other acute, chronic, or exfoliative skin conditions OR who are immunosuppressed are at a higher risk of complications and need to be watched particularly closely.

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Date of Call \_\_\_\_\_

**ORV Awareness Questions**

Did the finder know what the bait was at the time of the find?    ☐ YES    ☐ NO

Did the finder know we were distributing ORV bait at this time?    ☐ YES    ☐ NO

If yes, where did he hear about the ORV baiting? \_\_\_\_\_

How did caller get the ORV telephone number:    ☐ Off the bait    ☐ Veterinarian    ☐ Health Department  
☐ Physician/Hospital    ☐ Media    ☐ Other \_\_\_\_\_

Can the caller read the telephone number on the ORV bait?    ☐ YES    ☐ NO

**Other Comments**

List persons in addition to caller that were exposed to the vaccine:

Name	Address/Phone	Exposure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person Taking Call \_\_\_\_\_ Agency    LHD    IDEP    Other

Distribution method:    ☐ Ground    ☐ Air    ☐ Unknown    Times baited \_\_\_\_\_    Open field \_\_\_\_\_

Follow up (if needed):

Date: \_\_\_\_\_    Name Interviewer: \_\_\_\_\_