## **HUMAN RABIES INVESTIGATION FORM** STOP: PRIOR TO CREATING THIS INVESTIGATION, YOU MUST NOTIFY & CONSULT WITH CENTRAL OFFICE (800) 338-8374 (24-HOUR COVERAGE) BASIC DEMOGRAPHIC DATA Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_ \_\_\_\_\_ Middle Name:\_\_\_ Age: \_\_\_\_\_ 🛛 years 🗋 months Current Sex: 🗌 Female 🗌 Male 🗌 Unknown DOB: \_\_\_/\_\_/\_\_\_\_ Street Address 1: Street Address 2:\_\_\_\_\_ State: \_\_\_\_ Zip Code:\_\_\_\_\_ County:\_\_\_\_\_ City:\_\_\_ Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_ - \_\_\_ Work Phone: (\_\_\_\_) - \_\_\_ - \_\_\_ Ext. \_\_\_\_ Ethnicity: 🗌 Hispanic or Latino 🗌 Not Hispanic or Latino 🗌 Unknown Race: 🗌 American Indian/Alaska Native 🗌 Asian 📄 Black/African American 📄 Native Hawaiian/Other Pacific Islander 📄 White 📄 Unknown INVESTIGATION SUMMARY Investigation Start Date: \_\_\_/ \_\_\_/ Investigation Status: Open Closed Investigator: \_\_\_\_\_ REPORTING SOURCE Date of Report: \_\_\_/ \_\_\_ Reporting Source:\_ CLINICAL \_\_\_\_\_ Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_ \_\_\_ Ext. Physician's Name: Was patient hospitalized for this illness? No Unknown Yes If yes: Hospital Name:\_\_\_\_ Duration of Stay \_\_\_\_\_ day(s) Admission Date: \_\_\_\_/ \_\_\_\_/\_\_\_\_ Discharge Date: \_\_\_\_/ \_\_\_/\_\_\_\_ Diagnosis Date: \_\_\_/ \_\_\_/ \_\_\_ Illness Onset Date: \_ \_/ \_\_/ \_\_\_ Illness End Date: \_ \_/ \_\_\_/ Age at Onset: \_\_\_\_\_ 🗆 days 🗆 hours 🗆 minutes 🗆 months 🗆 unknown 🗆 weeks 🗆 years Weight: \_\_\_\_\_Ibs \_\_\_\_oz OR \_\_\_\_\_ kg OR 🗌 Unknown Did the patient die from this illness? 🗌 No 📄 Unknown 🗌 Yes 👘 Date of Death: \_\_\_ **SYMPTOMS** Did the patient have: ) Onset date: \_\_\_\_ / \_\_\_ / \_\_\_ Duration (in days): \_\_\_ Fever: No Unknown Yes (Temp Onset date: \_\_\_\_/ \_\_\_/\_\_\_\_ Duration (in days): Headache: No Unknown Yes Onset date: \_\_\_\_ / \_\_\_ / \_\_\_\_ Duration (in days): \_\_\_\_ Weakness: No Unknown Yes Onset date: \_\_\_\_ / \_\_\_ / \_\_\_ Duration (in days): \_\_\_\_ Discomfort: No Unknown Yes Onset date: \_\_\_\_/ \_\_\_/\_\_\_ Duration (in days): \_\_\_\_\_ Anxiety: $\Box$ No $\Box$ Unknown $\Box$ Yes Confusion: 🗌 No 🗌 Unknown 🗌 Yes Onset date: \_\_\_ / \_\_ / \_\_\_ Duration (in days): \_\_\_\_ Onset date: \_\_\_ / \_\_\_ / \_\_\_ Duration (in days): \_\_\_ Agitation: 🗌 No 🗌 Unknown 🗌 Yes Onset date: \_\_\_\_ / \_\_\_ / \_\_\_\_ Duration (in days): \_\_\_\_ Delirium: 🗌 No 🗌 Unknown 🗌 Yes Abnormal Behavior: No Unknown Yes Onset date: \_\_\_/\_\_\_/ Duration (in days): Specify abnormal behavior: \_\_\_\_ Insomnia: 🗌 No 🗌 Unknown 🗌 Yes Onset date: \_\_\_/ \_\_\_/ Duration (in days): \_\_\_\_ Prickling/Itching at site of scratch or bite? No Unknown Yes Onset date: \_\_/\_\_/ Duration (in days): \_\_\_\_\_ Did the patient have encephalomyelitis? 🗌 No 🗋 Unknown 🗌 Yes 👘 Onset date: \_\_\_\_/ \_\_\_/\_\_ \_\_ Duration (in days): \_\_\_\_\_

Did the patient progress to coma or death within 10 days of illness onset? 
No Unknown Yes

Has the patient received pre-exposure prophysical (PCP)?   Has the patient cereived Rabias immunoglobulin (RIG) post-exposure? I No    Unknown    Yes    Date://	Has the patient received pre-exposure prophylaxis (PrEP)?
Has the patient received Rabies immunoglobulin (RIG) post-exposure? No Unknown Yes Date://	
FPIDEMIOLOGIC         Was the patient exposed to an animal?       No       Unknown   Yes         If yes, what kind of animal?	Has the patient started post-exposure vaccination?
Was the patient exposed to an animal?       NoUnknownYes         If yes, what kind of animal?	Has the patient received Rabies immunoglobulin (RIG) post-exposure? 🗆 No 🗆 Unknown 🗆 Yes 🛛 Date://
If yes, what kind of animal?   Date of exposure to animal?   Was the animal tested?   No    Unknown   Yes    Yyes, results:   Description of Exposure:   Sought medical evaluation?   Is this patient associated with a day care facility?   No    Unknown    Yes    Subject    Unknown    Yes    Subject    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient a food handler?    No    Unknown    Yes    St this patient and the patient have encephalomyelitis for the physician ready for supervisor review:    Reviewed (Kot a case)    Yes    Yes    No    Unknown    Yes    No    Unknown    Yes    Upsavirus antibigen detected in a dincial speciment fly direct fluorescent antibody t	EPIDEMIOLOGIC
Location of Exposure:	If yes, what kind of animal?
Is this patient associated with a day care facility? No Unknown Yes Is this patient a food handler? No Unknown Yes   Is this case part of an outbreak? No Unknown Yes Is this patient a food handler? No Unknown Yes   Case Status: Confirmed Not a Case Probable Suspect Unknown MMWR Week: MMWR Year:   ADMINISTRATIVE   General Comments:	Description of Exposure (kiss, bite, scratch, laboratory acquired, organ donation, etc.):
Is this case part of an outbreak? No Unknown Yes If yes, outbreak name:     Case Staus: Confirmed Not a Case Probable Suspect Unknown MMWR Week: MMWR Year:   Case Staus:   ADMINISTRATIVE   General Comments:	
Case Status:       Confirmed       Not a Case       Probable       Suspect       Unknown       MMWR Week:       MMWR Year;         ADMINISTRATIVE	Is this patient associated with a day care facility? 🗌 No 📄 Unknown 📄 Yes 🛛 Is this patient a food handler? 🗌 No 📄 Unknown 📄 Yes
ADMINISTRATIVE         General Comments:	Is this case part of an outbreak? 🗆 No 👘 Unknown 📄 Yes 🛛 If yes, outbreak name:
General Comments:         PHA4 SUPERVISOR REVIEW         Date Due:      /         Investigation ready for supervisor review:       Reviewed (Complete)         Date investigation ready for supervisor review:      /         Review comments (completed by supervisor):	Case Status: Confirmed Not a Case Probable Suspect Unknown MMWR Week: MMWR Year:
PHA4 SUPERVISOR REVIEW         Date Due:// Investigation ready for supervisor review: Reviewed (Complete) Reviewed (Incomplete)         Date investigation ready for supervisor review: / / Reviewed (Not a case) Yes         Review comments (completed by supervisor):         CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:// Time: AM PM 2 <sup>rd</sup> Attempt:// Time: AM PM 3 <sup>rd</sup> Attempt:// Time: AM PM 3 <sup>rd</sup> Attempt:// Time: AM PM Regular Letter Mailed:// Certified Letter Mailed://         Vas clinical information obtained from the physician or patient?Yes No	
Date Due:/       Investigation ready for supervisor review:        Reviewed (Complete)       Reviewed (Incomplete)         Date investigation ready for supervisor review:/       Reviewed (Not a case)       Yes         Review comments (completed by supervisor):	General Comments:
Date Due:/       Investigation ready for supervisor review:        Reviewed (Complete)       Reviewed (Incomplete)         Date investigation ready for supervisor review:/       Reviewed (Not a case)       Yes         Review comments (completed by supervisor):	
Date investigation ready for supervisor review:/       Reviewed (Not a case)       Yes         Review comments (completed by supervisor):	PHA4 SUPERVISOR REVIEW
Review comments (completed by supervisor):         CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:/ // 2 <sup>nd</sup> Attempt:/ / 3 <sup>rd</sup> Attempt:/ /         Patient Contact Date(s):         1 <sup>st</sup> Attempt:/ / Time: AMPM2 <sup>nd</sup> Attempt:/ / Time: AMPM3 <sup>rd</sup> Attempt:/ / Time: AMPM2 <sup>nd</sup> Attempt:/ /         3 <sup>rd</sup> Attempt:/ / Time: AMPM2 <sup>nd</sup> Attempt:/ /         Was clinical information obtained from the physician or patient? Certified Letter Mailed:/ /         Was clinical information obtained from the physician or patient? No         CASE CLASSIFICATION         1         Did the patient have encephalomyelitis 1? tRabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.         No	
CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:// 2 <sup>nd</sup> Attempt:// 3 <sup>nd</sup> Attempt://         Patient Contact Date(s):         1 <sup>st</sup> Attempt:// Time: AM _ PM _ 2 <sup>nd</sup> Attempt:/ Time: AM _ PM         3 <sup>rd</sup> Attempt:// Time: AM _ PM         2 <sup>nd</sup> Attempt:// Certified Letter Mailed://         Was clinical information obtained from the physician or patient? _ Yes _ No         CASE CLASSIFICATION         1       Did the patient have encephalomyelitis 1?	Date investigation ready for supervisor review:// Carefully and the supervisor review:// Carefully and the supervisor review of the supervisor review
CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:// 2 <sup>nd</sup> Attempt:/_/ 3 <sup>rd</sup> Attempt:/_/         Patient Contact Date(s):         1 <sup>st</sup> Attempt:// Time: AM _ PM _ 2 <sup>nd</sup> Attempt:/_/ Time: AM _ PM _ Regular Letter Mailed:// Time: AM _ PM _ Regular Letter Mailed:// Certified Letter Mailed://         Was clinical information obtained from the physician or patient? _ Yes _ No         CASE CLASSIFICATION         1       Did the patient have encephalomyelitis 1? _ *Rabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset No _ Unknown _ Yes _ *Rabies and the following confirmatory laboratory results demonstrated by a state or federal public health laboratory? _ Lyssavirus antigens detected in a clinical speciment by direct fluorescent antibody test; or _ Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; _ Lyssavirus antibody in SEF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; _ Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).	
1st Attempt:/ 2 <sup>nd</sup> Attempt:/ 3 <sup>rd</sup> Attempt:/         Patient Contact Date(s):         1st Attempt:/ Time: AM _PM _2 <sup>nd</sup> Attempt:/ Time: AM _PM _3 <sup>rd</sup> Attempt:/ Time: AM _PM _Regular Letter Mailed:/ Certified Letter Mailed:/ Certified Letter Mailed:/ MM _PM _Regular Letter Mailed:/ Certified Letter Mailed:/ MM _PM _Regular Letter Mailed:/ Certified Letter Mailed:/ NOUnknown _Yes NO Unknown _Yes Lyssavirus antigens detected in a clinical speciment by direct fluorescent antibody test; or Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; NO NO NO	Review comments (completed by supervisor):
Patient Contact Date(s):         1 <sup>st</sup> Attempt:/ Time: AM PM       2 <sup>nd</sup> Attempt:/ Time: AM PM         3 <sup>rd</sup> Attempt:/ Time: AM PM       Regular Letter Mailed:/ Certified Letter Mailed:/         Was clinical information obtained from the physician or patient? Yes No         CASE CLASSIFICATION         1       Did the patient have encephalomyelitis ?         * Rabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.       No Unknown Yes         * No Unknown Yes       No Lyssavirus antigens detected in a clinical speciment by direct fluorescent antibody test; or       No Unknown Yes         • Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; or       No Unknown Yes         • Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).       No Unknown (RT-PCR).	
1 <sup>st</sup> Attempt:/ Time: AM PM       2 <sup>nd</sup> Attempt:/ Time: AM PM         3 <sup>rd</sup> Attempt:/ Time: AM PM         Regular Letter Mailed:/ Certified Letter Mailed:/         Was clinical information obtained from the physician or patient? Yes No         CASE CLASSIFICATION         1       Did the patient have encephalomyelitis? *Rabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.       No       No       Unknown Yes         Vas at least one of the following confirmatory laboratory results demonstrated by a state or federal public health laboratory?       No       Unknown Yes         Lyssavirus antigens detected in a clinical specimen* by direct fluorescent antibody test; or       Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; Lyssavirus antibody in serum of unvaccinated person by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; <u>or</u> No       Unknown Yes	CONTACT ATTEMPTS Physician Contact Date(s):
3 <sup>rd</sup> Attempt:/ Time: AM _ PM         Regular Letter Mailed:// Certified Letter Mailed://         Was clinical information obtained from the physician or patient? _ Yes _ No         CLASSIFICATION         1       Did the patient have encephalomyelitis†?	CONTACT ATTEMPTS Physician Contact Date(s):
Regular Letter Mailed:// Certified Letter Mailed://   Was clinical information obtained from the physician or patient?    Yes   CASSIFICATION     1   Did the patient have encephalomyelitis <sup>1</sup> ?   *Rabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.   *No   Was at least one of the following confirmatory laboratory results demonstrated by a state or federal public health   laboratory?   Lyssavirus antigens detected in a clinical specimen <sup>+</sup> by direct fluorescent antibody test; or   Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution;   Lyssavirus antibody in serum of unvaccinated person by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; or   Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).	CONTACT ATTEMPTS           Physician Contact Date(s):           1 <sup>st</sup> Attempt:         _//         3 <sup>rd</sup> Attempt:         _//
Regular Letter Mailed:// Certified Letter Mailed://   Was clinical information obtained from the physician or patient?    Yes   CASSIFICATION     1   Did the patient have encephalomyelitis <sup>1</sup> ?   *Rabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.   *No   Was at least one of the following confirmatory laboratory results demonstrated by a state or federal public health   laboratory?   Lyssavirus antigens detected in a clinical specimen <sup>+</sup> by direct fluorescent antibody test; or   Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution;   Lyssavirus antibody in serum of unvaccinated person by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; or   Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).	CONTACT ATTEMPTS           Physician Contact Date(s):           1 <sup>st</sup> Attempt://           2 <sup>nd</sup> Attempt:/           3 <sup>rd</sup> Attempt:/           Patient Contact Date(s):
CASE CLASSIFICATION         1       Did the patient have encephalomyelitis <sup>†</sup> ? <ul> <li>†Rabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.</li> <li>No</li> <li>Unknown</li> <li>Yes</li> </ul> Was at least one of the following confirmatory laboratory results demonstrated by a state or federal public health laboratory?         No         Unknown         Yes           Lyssavirus antigens detected in a clinical specimen <sup>+</sup> by direct fluorescent antibody test; or         Lyssavirus isolated (in cell culture or lab animal) from saliva or central nervous system tissue;         No         Unknown         Yes           Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; or         No         Unknown         Yes           Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).         No         Unknown         Yes	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:       _/         2 <sup>nd</sup> Attempt:       _/         3 <sup>rd</sup> Attempt:       _/         Patient Contact Date(s):          1 <sup>st</sup> Attempt:          1 <sup>st</sup> Attempt:          Time:          AM       PM         2 <sup>nd</sup> Attempt:          Time:
1       Did the patient have encephalomyelitis†?       Image: No Im	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt://       2 <sup>nd</sup> Attempt:/ /       3 <sup>rd</sup> Attempt:/ /         Patient Contact Date(s):       1 <sup>st</sup> Attempt:/ /       Time:       AM       PM         3 <sup>rd</sup> Attempt:/ /       Time:       AM       PM       2 <sup>nd</sup> Attempt:/       Time:       AM       PM         3 <sup>rd</sup> Attempt:/ /       Time:       AM       PM       AM       PM
1       *Rabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.       No       Onknown       Yes         Was at least one of the following confirmatory laboratory results demonstrated by a state or federal public health laboratory?       Lyssavirus antigens detected in a clinical specimen† by direct fluorescent antibody test; or       Lyssavirus isolated (in cell culture or lab animal) from saliva or central nervous system tissue;       No       Unknown       Yes         2       Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution;       No       Unknown       Yes         Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).       No       Unknown       Yes	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt://       2 <sup>nd</sup> Attempt:/ /       3 <sup>rd</sup> Attempt:/ /         Patient Contact Date(s):       1 <sup>st</sup> Attempt:/ /       Time:       AM       PM         3 <sup>rd</sup> Attempt:/ /       Time:       AM       PM       2 <sup>nd</sup> Attempt:/ /       Time:       AM       PM         3 <sup>rd</sup> Attempt:/ /       Time:       AM       PM       Regular Letter Mailed:/ /       Certified Letter Mailed:/ /
<ul> <li>Was at least one of the following confirmatory laboratory results demonstrated by a state or federal public health laboratory?</li> <li>Lyssavirus antigens detected in a clinical specimen<sup>+</sup> by direct fluorescent antibody test; or</li> <li>Lyssavirus isolated (in cell culture or lab animal) from saliva or central nervous system tissue;</li> <li>Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution;</li> <li>No Unknown Yes neutralization at 1:5 dilution; or</li> <li>Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).</li> </ul>	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt://         2 <sup>nd</sup> Attempt://         2 <sup>nd</sup> Attempt://         2 <sup>nd</sup> Attempt://         2 <sup>nd</sup> Attempt://         1 <sup>st</sup> Attempt://         2 <sup>nd</sup> Attempt://         1 <sup>st</sup> Attempt://         2 <sup>nd</sup> Attempt:/         3 <sup>rd</sup> Attempt:/         3 <sup>rd</sup> Attempt:/         2 <sup>nd</sup> Attempt:/         3 <sup>rd</sup> Attempt:/         3 <sup>rd</sup> Attempt:/         AM □ PM         3 <sup>rd</sup> Attempt:/         2 <sup>nd</sup> Attempt:/
<ul> <li>Lyssavirus antigens detected in a clinical specimen<sup>+</sup> by direct fluorescent antibody test; or</li> <li>Lyssavirus isolated (in cell culture or lab animal) from saliva or central nervous system tissue;</li> <li>Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution;</li> <li>Lyssavirus antibody in serum of unvaccinated person by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; <u>or</u></li> <li>Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).</li> </ul>	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:// 3 <sup>rd</sup> Attempt:/ /         Patient Contact Date(s):         1 <sup>st</sup> Attempt:/ / Time: AMPM2 <sup>nd</sup> Attempt:/ Time: AMPM2 <sup>nd</sup> Attempt:/ Time: AMPMRegular Letter Mailed:/ Certified Letter Mailed:/         Was clinical information obtained from the physician or patient? Yes No         CASE CLASSIFICATION         I Did the patient have encephalomyelitis†?
<ul> <li>Lyssavirus isolated (in cell culture or lab animal) from saliva or central nervous system tissue;</li> <li>Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution;</li> <li>Lyssavirus antibody in serum of unvaccinated person by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; <u>or</u></li> <li>Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).</li> </ul>	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:// 2 <sup>nd</sup> Attempt:// 3 <sup>rd</sup> Attempt://         Patient Contact Date(s):         1 <sup>st</sup> Attempt:/ Time: AMPM2 <sup>nd</sup> Attempt:/ Time: AMPM         3 <sup>rd</sup> Attempt:/ Time: AMPM         3 <sup>rd</sup> Attempt:/ Time: AMPM         3 <sup>rd</sup> Attempt:/ Time: AMPM         AMPM         Aguin Letter Mailed:/ Time: AMPM         Regular Letter Mailed:/         Certified Letter Mailed:/         Was clinical information obtained from the physician or patient?         Ves         Did the patient have encephalomyelitis†?         TRables encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.         1
<ul> <li>Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution;</li> <li>Lyssavirus antibody in serum of unvaccinated person by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; <u>or</u></li> <li>Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).</li> </ul>	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:// 2 <sup>nd</sup> Attempt:/_/ 3 <sup>rd</sup> Attempt://         Patient Contact Date(s):         1 <sup>st</sup> Attempt:/ Time: AMPM2 <sup>nd</sup> Attempt:/ Time: AMPM         3 <sup>rd</sup> Attempt:/ Time: AMPM         3 <sup>rd</sup> Attempt:/ Time: AMPM         Regular Letter Mailed:/ Certified Letter Mailed:/         Was clinical information obtained from the physician or patient? Yes         Vas clinical information obtained from the physician or patient? Yes         U       Did the patient have encephalomyelitist? *rabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.         Vas at least one of the following confirmatory laboratory results demonstrated by a state or federal public health laboratory?
<ul> <li>Lyssavirus antibody in serum of unvaccinated person by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; <u>or</u></li> <li>Lyssavirus RNA in saliva, CSF, or tissue usinge reverse transcriptase-polymerase chain reaction (RT-PCR).</li> </ul>	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:/         2 <sup>nd</sup> Attempt:/         1 <sup>st</sup> Attempt:/         1 <sup>st</sup> Attempt:/         1 <sup>st</sup> Attempt:/         3 <sup>rd</sup> Attempt:/         2 <sup>nd</sup> Attempt:/         2 <sup>nd</sup> Attempt:/         3 <sup>rd</sup> Attempt:/         AM PM         3 <sup>rd</sup> Attempt:/         3 <sup>rd</sup> Attempt:/         7         AM PM         Regular Letter Mailed:/         7         Certified Letter Mailed:/
	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:/ 2 <sup>nd</sup> Attempt:/ 3 <sup>rd</sup> Attempt:/         Patient Contact Date(s):         1 <sup>st</sup> Attempt:/ Time: AM PM 2 <sup>nd</sup> Attempt:/ Time: AM PM         3 <sup>rd</sup> Attempt:/ Time: AM PM         Attempt:/ Certified Letter Mailed:/         Mas clinical information obtained from the physician or patient? Pse No         CASE CLASSIFICATION         1         Did the patient have encephalomyelitis 1?         * Rabies encephalomyelitis 1?         * Rabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.         No Unknown Pse         Was at least one of the following confirmatory laboratory results demonstrated by a state or federal public health laboratory?
<sup>†</sup> Preferred clinical specimens include brain or the nerves surroundina hair follicles in the nane of the neck.	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:// 3 <sup>rd</sup> Attempt:/_/         2 <sup>nd</sup> Attempt://         1 <sup>st</sup> Attempt://         Pixet Contact Date(s):         1 <sup>st</sup> Attempt://         3 <sup>rd</sup> Attempt://         AM PM         3 <sup>rd</sup> Attempt://         AM PM         3 <sup>rd</sup> Attempt://         AM PM         AM PM         Attempt://         Attempt://         Attempt://         AM PM         3 <sup>rd</sup> Attempt:/         Attempt:/
Confirmed: 1.8.2	CONTACT ATTEMPTS         Physician Contact Date(s):         1 <sup>st</sup> Attempt:// 2 <sup>nd</sup> Attempt:// 3 <sup>rd</sup> Attempt:// Time: AM PM         Patient Contact Date(s):         1 <sup>st</sup> Attempt:// Time: AM PM         3 <sup>rd</sup> Attempt:/ Time: AM PM         2 <sup>nd</sup> Attempt:/ Time: AM PM         8 <sup>rd</sup> Attempt:/ Time: AM PM         Regular Letter Mailed:/ Certified Letter Mailed:/         Was clinical information obtained from the physician or patient? Yes No         CASE CLASSIFICATION         1       Did the patient have encephalomyelitis ?         *Rabies encephalomyelitis almost always progresses to coma or death within 10 days of illness onset.       No Unknown Yes         Vas at least one of the following confirmatory laboratory results demonstrated by a state or federal public health laboratory?       No Lyssavirus antigens detected in a clinical speciment by direct fluorescent antibody test; or       No Sussavirus antigens detected in a clinical speciment by direct fluorescent antibody test; or       No Unknown Yes         2       Lyssavirus antibody in CSF by indirect fluorescent antibody or complete rabies neutralization at 1:5 dilution; OR       No Unknown Yes