

RABIES CONTROL PROGRAM – DUTY TO REPORT

To: Physicians
Registered Nurses in the Extended Class

Date: March 27, 2024

Re: Duty to Report Animal Bite/Animal Contact

This letter is being sent in accordance with the requirements of the Ministry of Health and Long-Term Care, Rabies Prevention and Control Protocol. It is your notification and reminder to report animal bites and/or other animal contact incidents to the Middlesex-London Health Unit (MLHU) Rabies Prevention and Control Program. Reporting incidents is mandated under regulation 557 of the Health Protection and Promotion Act. Attached you will find the required paperwork which is to be completed and forwarded to the MLHU Rabies Fax Line (519-663-0107) or emailed to ZZFax.RabiesLine@mlhu.on.ca whenever an animal incident has been reported.

DUTY TO REPORT

Ontario Regulation 557, Sections 2(1) and 2(2) under the Health Protection and Promotion Act state:

- 2(1) *A physician, registered nurse in the extended class, veterinarian, police officer or any other person who has information concerning either or both of the following shall, as soon as possible, notify the medical officer of health and provide the medical officer with the information, including the name and contact information of the exposed person:*
- 1. Any bite from a mammal*
 - 2. Any contact with a mammal that is conducive to the potential transmission of rabies to persons. O. Reg. 501/17 s. 1.*
- 2(2) *The owner or the person having the care and custody of an animal,*
- (a) that has bitten or is suspected of having bitten a person: or*
 - (b) that is suspected by the medical officer of health of having rabies;*
- shall provide the medical officer of health with such information and assistance with respect to the animal as the medical officer of health requires. R.R.O. 1990, Reg. 557, s. 2(2).*

Each year, the Health Unit investigates approximately 1100 human exposures to animals that can potentially transmit the rabies virus. Positive cases of animal rabies, specifically bat rabies, occur in the City of London and Middlesex County every year. All animal exposure incidents (i.e., a bite, scratch, saliva contact with a mucous membrane or fresh, open cut/scratch) are investigated by the Health Unit as per Ontario Regulation 557 of the Health Protection and Promotion Act.

www.healthunit.com

-2-

PROCESS TO REPORT

All animal exposure incidents and administration of Rabies Post Exposure Prophylaxis (RPEP) (forms attached) must be reported to the Middlesex-London Health Unit by fax at 519-663-0107 or by email at ZZFax.RabiesLine@mlhu.on.ca.

The Middlesex-London Health Unit will contact the individual to ensure follow-up RPEP scheduling is completed. MLHU will administer Day 3, 7 & 14 (and 28 if required) 7 days a week by appointment ONLY.

The Health Unit is available to receive all communications 24 hours a day, 7 days a week.

Business Hours:

Monday to Friday - 8:30 am to 4:30 pm.

Fax reports to 519-663-0107 **or email to** zzFax.RabiesLine@mlhu.on.ca.

If you need to speak with the Rabies Coordinator, please call 519-663-5317 extension 8010.

After Hours/Weekends/Holidays:

Please call the Health Unit at 519-663-5317 and the answering service will direct your call to the appropriate individual.

Sincerely,



Dr. Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health
Middlesex-London Health Unit

Attachments

www.healthunit.com



Fax to: Rabies Coordinator
Middlesex-London Health Unit
Tel: 519-663-5317 ext.8010
Fax: 519-663-0107
Email: ZZFax.RabiesLine@mlhu.on.ca

ANIMAL EXPOSURE INCIDENT REPORT

Today's Date: _____ Reporting Agency: _____
(yyyy/mmm/dd)

Contact person for your Office: _____ Phone: _____

All information must be filled in

PEP ADMINISTERED Y | N

PERSON EXPOSED

Name: _____ Gender: _____

Phone: _____ Email: _____

Address: _____
(Unit #) (Street) (City/Prov.) (Postal Code)

Date of Birth: _____ Weight: _____ kgs | lbs
(yyyy/mmm/dd)

Parent or guardian contact name: _____

Date exposed to the animal: _____ Time: _____ AM | PM
(yyyy/mmm/dd)

Type of exposure: Bite | Scratch | Non-bite | Handling | Other: _____

Location of wound(s) on body: Face | Head | Neck | Other: _____

Location of incident: _____

Summary of incident: _____

ANIMAL INFORMATION

Species: _____ Name (of pet): _____

Description of animal: _____

Owner Name: _____ Phone: _____

Email Address: _____

Address: _____
(Unit #) (Street) (City/Prov.) (Postal Code)

Animal Vaccinated: Y | N Date Vaccinated: _____
(yyyy/mmm/dd)

Veterinary Clinic: _____ Animal Alive Y | N

Personal information contained on this form is collected under the authority of the Health Protection and Promotion Act, for the purposes of investigating animal exposures, by Public Health, to prevent rabies. The incident is entered into the provincial database for assisting with the prevention of rabies and for maintaining information regarding animal exposure incidents. If you have any questions about the collection or use of this information, please contact 519-663-5317

Rabies Post-Exposure Immune Globulin (RIG) & Vaccine

Client name: _____ Weight: _____ kgs lbs.

Name of prescribing provider: _____ Signature: _____

Date administered: _____ Phone number of provider: _____

Administration of rabies immune globulin (RIG) (HyperRAB® or KamRab®) (for those who have not previously received a full course of pre-exposure or post-exposure rabies vaccine). **RIG must be calculated for client.**

The dosage is: 20 IU/kg, or 9.09 IU/lb body weight. The RIG comes in a concentration of 150 IU/mL or 300 IU/mL.

For 150 IU/mL Raglg in 2 mL vials:

- $20 \text{ IU/kg} \times (\text{client wt in kg}) \div 150 \text{ IU/mL} = \text{dose in mL}$; **Dose in mL \div 2 mL/vial = # of vials**
- $9.09 \text{ IU/lb} \times (\text{client wt in lb}) \div 150 \text{ IU/mL} = \text{dose in mL}$; **Dose in mL \div 2 mL/vial = # of vials**

For 300 IU/mL Rablg in 1 mL vials:

- $20 \text{ IU/kg} \times (\text{client wt in kg}) \div 300 \text{ IU/mL} = \text{dose in mL}$; **Dose in mL \div 1 mL/vial = # of vials**
- $9.09 \text{ IU/lb} \times (\text{client wt in lb}) \div 300 \text{ IU/mL} = \text{dose in mL}$; **Dose in mL \div 1 mL/vial = # of vials**

If anatomically feasible, the full dose of RIG should be thoroughly infiltrated into the wound and surrounding area. Any remaining volume should be injected intramuscularly at a site distant from the site of vaccine administration using a separate syringe and needle. A separate injection site is to be used for the first dose of the rabies vaccine.

Administration of rabies vaccine (RabAvert® or IMOVAX®)

- Rabies vaccine for post-exposure prophylaxis is administered as 1.0 ml IM (1 vial) on days 0, 3, 7, and 14 for those who are previously unimmunized, immunocompetent and not on antimalarials. For those who are immunocompromised or on antimalarials, an extra dose is given on day 28.
- For those who have previously received a full course of pre-exposure or post-exposure rabies vaccine with vaccines available in Canada, 1.0 ml IM is administered on days 0 and 3 without rabies immune globulin. See the [Canadian Immunization Guide, Rabies Chapter](#) for more information.

Rabies vaccine should be given in the deltoid for those 1 year of age or older, and in the anterolateral thigh in infants less than 1 year of age. **DO NOT** administer rabies vaccine subcutaneously. **DO NOT** administer rabies vaccine in the gluteal muscle. **DO NOT** administer rabies vaccine at the same site as rabies immune globulin. Wherever possible, an immunization series should be completed with the same product.

Administration schedule

Rabies vaccine (days 3, 7, 14 and 28 as applicable) can be administered by the Health Unit 7 days per week. Appointment required. Please note that the day 0 dose and the RIG **will not** be administered by the Health Unit. Please circle the product administered and provide the corresponding lot numbers and expiry dates.

Day 0: _____ ml HyperRAB® / KamRab® Lot # _____ Expiry date _____
(Calculated dose)

and _____ 1.0 ml RabAvert® / Imovax® Lot # _____ Expiry date _____
(yyyy/mmm/dd)

Day 3: _____ 1.0 ml RabAvert® / Imovax® Lot # _____ Expiry date _____
(yyyy/mmm/dd)

Day 7: _____ 1.0 ml RabAvert® / Imovax® Lot # _____ Expiry date _____
(yyyy/mmm/dd)

Day 14: _____ 1.0 ml RabAvert® / Imovax® Lot # _____ Expiry date _____
(yyyy/mmm/dd)

If immunosuppressed or on antimalarials:

Day 28: _____ 1.0 ml RabAvert® / Imovax® Lot # _____ Expiry date _____
(yyyy/mmm/dd)

If you have any questions regarding rabies post-exposure management:

During business hours - please call the Rabies Coordinator at 519-663-5317 extension 8010

After hours - please call the Health Unit at 519-663-5317 and the answering service will direct your call

Middlesex London Health Unit

Immunization Clinic

Location: 355 Wellington St, Suite 110, London

Appointment required. Please contact the Middlesex-London Health Unit at 519-663-5317 and ask to speak with the vaccine preventable disease team to book your remaining doses.

NOTICE OF COLLECTION

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