Republic of Lebanon – Ministry of Public Health – Epidemiology Surveillance Program

Rabies Investigation Form

I.Patient Identification

Name	Occupation	Nationality
Date of Birth	Caza	Phone 1
Gender	Community	Phone 2

II.Symptoms

Date of onset					
Fever	☐ Yes ☐ No	Ataxia	☐ Yes ☐ No	Hallucincations	☐ Yes ☐ No
Headache	☐ Yes ☐ No	Seizures	☐ Yes ☐ No	Insomnia	☐ Yes ☐ No
Localized pain	☐ Yes ☐ No	Aerophobia	☐ Yes ☐ No	Hyperactivity	☐ Yes ☐ No
Nausea	☐ Yes ☐ No	Hydrophobia	☐ Yes ☐ No	Agitation	☐ Yes ☐ No
Vomiting	☐ Yes ☐ No	Localized weakness	☐ Yes ☐ No	Muscle spasm	☐ Yes ☐ No
Dysphagia	☐ Yes ☐ No	Paresthesia	☐ Yes ☐ No	Behavior changes	☐ Yes ☐ No
Hypersalivation	☐ Yes ☐ No	Confusion/delirium	☐ Yes ☐ No	Dyspnea	☐ Yes ☐ No
Anorexia	☐ Yes ☐ No	Autonomic instability	☐ Yes ☐ No	Anxiety	☐ Yes ☐ No

III. Case management

Inpatient ☐ Yes ☐ No	Hospital 1	Admission date
	Hospital 2	Admission date

IV. Laboratory investigation

Specimen	Serum	Saliva	CSF	Nuchal biopsy	Other:
Date collection					
Laboratory name					
Result					

V. Animal Exposure

Date of exposure		Caza		Commune	
Animal	☐Domestic dog	☐Stray dog	☐Cat	☐Wild animal	☐Other
Injury	☐Bite	☐Scratch	☐Lick		
Location	☐Upper limb	☐Lower limb	☐Head	☐Trunk	☐Multiple
Circumstances					
What happened to the animal?					

VI. anti-rabies Post Exposure Prophylaxis

PEP received	☐ Yes ☐ No				
☐If yes		D1	D7	D21	D90
	Date				
	Center				
	Vaccine, Serum				
☐If no, why:					

VII.Outcome

Outcome
Date of death

Investigator name: Date:

MOPH circular no. 74 (31 July 2013)