NONHUMAN PRIMATE BITE AND OTHER EXPOSURES
QUESTIONNAIRE

I. Nature of exposure

Date of incident: ____ / ____ / _______ Time:__________

Location of incident: ______________________________________________________

Address: ____________________________ City: ___________________ State: ______

Name of director/supervisor/owner: __________________________________________

Phone: ______________________

Type of exposure

Body site: _______________________

_____ Bite _____ Scratch  Incident was: _____ Provoked _____ Unprovoked

_____ Mucous membrane, wound, or oral exposures:

_____ Urine  Fecal matter: _____ Formed _____ Diarrhea

_____ Blood  _____ Saliva

_____ Needlestick or other percutaneous exposure to body fluids of primate

Narrative summary of circumstances surrounding this incident:
(Include discussion of provoking behaviors)
II. **Patient information**

Name __________________________________________ Age _____ Gender _____
Address _______________________ City _______________ State _____ Zip ________

Seen by physician following incident? _____ Yes _____ No
Hospitalized? _____ Yes _____ No

Name of physician or hospital: ________________________________________
Phone: ____________________

Does the patient have documented evidence of:

_____ Preexposure rabies prophylaxis: Date: ____ / ____ / _______

_____ Prior tuberculin (PPD or tine) test: Date: ____ / ____ / _______

**Preexisting medical problems:**

Is patient immunocompromised for any reason? _____ Yes _____ No

**Summary of medical treatment or testing done:**

III. **Information on nonhuman primate(s) involved**

Name/Identifier of primate involved in the incident: ___________________________

Genus species: ________________ Supplier ID No.: __________________

Date of Acquisition: ____ / ____ / _______

Most recent veterinary exam: ______________

Most recent TB test or chest x-ray/result: _________________________________

**Summary of vet findings:**
IV. Rabies exposure evaluation

Most recent rabies immunization of primate: ____________________

Comments on possible exposure risks: (Goes outdoors, access to bats, etc.)

V. For laboratory primates only

Principal use of primates in research project:

Present or prior exposure of primate to infectious or toxic agents? _____ Yes _____ No

Specify agent(s): ____________________________________________

________________________________________________________

VI. Follow-up action taken

A. Consultation and reporting:

_____ Reported to local health department
_____ Reported to Office of Epidemiology (804-864-8141)
_____ For industrial/animal control research setting:

_____ Reported to immediate supervisor
_____ Reported to lab animal veterinarian
_____ Reported to personnel office
_____ Victim referred to physician/occupational health physician or nurse
_____ Incident report completed as required by institution
____ For zoo - Incident involving staff or visitor:

_____ Reported to immediate supervisor
_____ Reported to zoo veterinarian
_____ Victim referred to physician
_____ Incident report completed as required by institution

____ For private citizen - Pet primate owner or collector

_____ Victim referred to physician for care
_____ Incident report completed as required by investigating agency (animal control, police, humane society, EMT, health department, etc.)

B. Follow-up planned on nonhuman primate:

_____ Physical examination
_____ Stringent dermatologic and mucous membrane exam for evidence of simian herpes lesions
_____ Chest x-ray
_____ Tuberculin (comparative) testing
_____ Fecal culture for enteric pathogens, O&P

_____ Quarantine/observation for ________ days

_____ Euthanasia for rabies testing

Reporting Locality _________________________________ Date ____ / ____ / ____
Name _________________________________ Phone Number ___________________

Updated: December 2011