NONHUMAN PRIMATE BITE AND OTHER EXPOSURES QUESTIONNAIRE

I.	Nature of exposure							
	Date of incid	ent: /	_/	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 primat							

Narrative summary of circumstances surrounding this incident: (Include discussion of provoking behaviors)

II. <u>Patient information</u>

Name		Age	Gender			
Address City		State	Zip			
Seen by physician following incident? Hospitalized?						
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 <u>laboratory</u> 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