



DUTCHESS COUNTY DEPARTMENT OF HEALTH
Communicable Disease Control Division
85 Civic Center Plaza – Suite 106
Poughkeepsie, NY 12601
Phone: 845-486-3402 Fax: 845-486-3564

Human Post Exposure Rabies Treatment Report

DATE: _____ ☐ Local health department consulted, as required by Sanitary Code, 10 NYCRR 2.10, 2.14 [b]
☐ Check here if patient received Rabies PEP previously and only requires a booster series

PATIENT INFORMATION			
Name:		DOB:	Phone:
Address:		City:	State: Zip:
Injury Description:		Tdap/DTaP given: (if applicable)	Antibiotic given: (if applicable)
TREATING PROVIDER INFORMATION			
Physician:		Hospital:	
Phone:		Fax:	

****NOTE!** ADMINISTRATION TIPS:**

- Infiltrate **HRIG** in wound or contact site(s) first, remaining volume by IM injection at site distant from vaccine.
- **NEVER** inject **HRIG** into the **GLUTEUS/BUTTOCKS** unless wound is located there.
- **NEVER** inject **HRIG** into the **same muscle as the Rabies vaccine**.
- **NEVER** administer **HRIG** if the patient has previously received pre or post-exposure prophylaxis.
- **NEVER** inject **Rabies Vaccine** into the **GLUTEUS/BUTTOCKS**.

HUMAN RABIES IMMUNE GLOBULIN (HRIG): Infiltrate wound(s) if present. Do not inject into gluteus unless wound is located there. Do not inject in same muscle as vaccine.						
HRIG Product Information		Date	Site(s) and Dose(s) Administered		Patient Weight	
Product Name: _____			<u>Wound or contact site(s)</u> (Specify site AND dose)	<u>Remaining HRIG Volume</u> (Specify site AND dose)	kgs	
Manufacturer: _____		Route		<u>NOT in the GLUTEUS/BUTTOCKS</u>	Total Dose/Volume Administered	
Lot Number: _____						
Exp. Date: _____		IM			mL	
RABIES VACCINE: Age 2 and older, ALWAYS administer IM in deltoid. Under 2, ALWAYS administer IM in anterolateral thigh. Do not inject in gluteus/buttocks. Do not inject in same muscle as vaccine.						
Day	Date	Route	Site and Dose	Product Name and Manufacturer	Lot Number	Expiration Date
Day 0 (initial)		IM				
Day 3		IM				
Day 7		IM				
Day 14		IM				
Immunocompromised Patients Only (If yes, 5 th vaccine dose on Day 28 is required.)						
Day 28		IM				
Booster Series (ONLY if previously vaccinated. 2 dose series on Day 0 and Day 3. Vaccine ONLY. NO HRIG.)						
Day 0		IM				
Day 3		IM				

PLEASE FAX INITIAL AND COMPLETED FORM TO:

Communicable Disease Control Division, Dutchess County Department of Health
Fax: (845) 486-3564

Rabies PEP Administration Questions: Phone: (845) 486-3402 After hours, weekends, holidays: (845) 320-1656