Zoonotic Disease and Animal Bite Reporting in NBS

Jen Brown, DVM, MPH, DACVPM
State Public Health Veterinarian

Updated on November 8, 2018
ZOONOTIC DISEASES
Zoonotic diseases

• Anthrax
• Arenaviruses
  – Junin
  – Machupó
  – Lassa
  – Guanarito
  – Sabia
  – Lujo
• Brucellosis
• Cysticercosis
• Hantavirus
• Leptospirosis (zoonotic)
• Plague
• Psittacosis
• Q fever
• Rabies (human)
• Trichinosis
• Tularemia
Zoonotic diseases

- “Generic” NBS case investigation form
- Two steps in each investigation:
  - Complete electronic case investigation form
  - Complete hard copy supplemental case report form and upload to NBS
- Supplemental case report forms will be available in a General Resources area on the homepage
Zoonotic diseases

• Complete information on the supplemental form makes it easier to classify cases
• Additional information may be requested:
  – Medical records
  – Laboratory reports
  – Detailed exposure information
ANIMAL BITES
Reportable conditions

• Animal bites
  – Reportable to local health department
  – Time frame: 24 hr

• Rabies post-exposure prophylaxis (PEP)
  – Reportable to state health department
  – Time frame: 72 hr

Source: 410 IAC 1-2.5-75
Animal bites

• Every case of a human bitten by a domestic or wild mammal shall be reported within 24 hours to the local health officer having jurisdiction

• Each reported bite shall be investigated immediately by the local health officer

Source: 410 IAC 1-2.5-80
Animal bites

• This investigation shall be conducted with the purpose of determining the need for PEP of the bite victim and either:

  1. Imposing a 10-day observation period on the biting animal (dog, cat, or ferret only); or
  2. Testing of the animal for rabies
PEP reporting

• A decision to provide PEP must be reported to the [State Health] Department

Source: 410 IAC 1-2.5-80
Animal bites

• The purpose of an animal bite investigation is to determine whether the bite victim needs PEP
• The local health department in the county of residence of the bite victim is responsible for the investigation
• Action by other jurisdictions may be needed if:
  – The bite incident occurred in a different county
  – The biting animal lives in a different county
Animal bites in NBS

- All animal bites still require investigation by the LHD
- ISDH is only requesting completion of case investigations in NBS for animal bites where PEP is administered or recommended
- This change is intended to reduce data entry for jurisdictions with high volumes of animal bites
- LHDs may complete case investigations in NBS for all reported animal bites, if desired
Step 1: Accept animal bite report

- Health care providers
- Animal control agencies
- Law enforcement
- Public

NBS Morbidity Report
Animal Bite Report Form (Fax, mail)
Phone call

Local Health Department
Bite victim
Step 2: Complete investigation

- Local Health Department
  - Bite victim
- Interview patient
- Contact animal control agency
  - Incident location
- Contact animal control agency
  - Animal residence
- Contact ISDH
  - Rabies test results
  - Out-of-state bites
  - International bites

Recommendation to victim on PEP
Step 3: Close case

Local Health Department
Bite victim

PEP recommended or administered?

Yes
Complete case investigation in NBS

No
File report
LHD system
± NBS Morbidity Report
“Mark as Reviewed”
Morbidity reports

• Providers and animal control agencies can report animal bites to NBS via morbidity reports
• Information in NBS will focus on the bite victim
• Attachments can be included in NBS Morbidity Reports
## Official Indiana Animal Bites Report
Indiana State Department of Health
State Form 14072 (R3/4-94)

### Incident Location Address
______________________________

### County
______________________________

### Exposure Date
____________ / ________________

### Incident On Off Property
On

### Reporting Agency
______________________________

### Site Classification
______________________________

### Incident Date
____________ / ________________

### Reported By (Name)
______________________________

### Reported By (Phone)
______________________________

### Received By (Name)
______________________________

### Victim Type (circle 2)
Human
Animal
Juvenile
Adult

### Victim Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Owner Information

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Owner

<table>
<thead>
<tr>
<th>Owner of Animal: First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

### Animal Information

<table>
<thead>
<tr>
<th>Breed/Species</th>
<th>Color/Marks</th>
<th>Name</th>
<th>Vaccine Date (rabies)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Animal

<table>
<thead>
<tr>
<th>Time of Bite</th>
<th>Treating Physician (or veterinarian): Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Location of Bite

<table>
<thead>
<tr>
<th>Location on Body or Site of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Incident & Circumstances

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### Owner's Statement of Incident

<table>
<thead>
<tr>
<th>statements of incident (animal owner if animal victim):</th>
</tr>
</thead>
</table>

### State Department of Health required information (must be completed):

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### Circumstances:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### Action taken with animal:

<table>
<thead>
<tr>
<th>actions taken with animal:</th>
</tr>
</thead>
</table>

### Signature

### Date

### Witness

### DISTRIBUTION: White - Enforcing Agency, Canary - Local Health Department, Pink - Owner
Transferring cases

• The local health department in the county of residence of the bite victim is responsible for the investigation
• Please do not transfer the case if the bite victim is a resident of your county
• If the bite victim lives in a different county:
  – Update the address in the patient file
  – Transfer the morbidity report and/or case investigation
  – Notify the recipient county of the transfer
Review of cases

- Animal bite investigations are not routinely reviewed by ISDH
- Contact ISDH if you need consultation on a bite
- To remove animal bite morbidity reports from your documents requiring review:
  - Mark as reviewed, or
  - Associate with a case investigation
- To “delete” case investigations:
  - Mark case status as “Not a Case” and create notification