

iPHIS User Guide

Rabies Post-exposure Prophylaxis

Version 2.0

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Public Health Ontario

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Contents

Introduction	4
Purpose	4
Triggers for Data Entry	4
Notes	5
1.0 Rabies Incident.....	6
To create an incident	6
2.0 Exposure	11
To enter an exposure	11
3.0 Owner and Animal Information	14
To enter owner information	14
If the animal’s owner is known:.....	14
If the animal is likely to have an owner and the owner cannot be found:.....	14
To enter animal information.....	15
4.0 Immunization.....	22
To enter Immunization information	22
Checklist of Rabies Post-Exposure Prophylaxis (RPEP) Mandatory and Required Fields	29
Document History	30

Introduction

Purpose

The purpose of this user guide is to provide direction on how to enter rabies post-exposure prophylaxis (RPEP) incidents into the CD Module of the integrated Public Health Information System (iPHIS). This user guide should also be used in conjunction with iPHIS Bulletin 7, which addresses the process for entering RPEP and the assignment of the correct public health unit (PHU) to the various data fields.

Please note that a rabies incident must be created for each person for whom RPEP is indicated. RPEP is considered to be “indicated” when the healthcare provider and/or PHU recommends that the client receive RPEP, whether or not the recommendation for RPEP is accepted or refused by the client. Users must enter system mandatory and required fields as per this user guide when reporting a rabies incident. The fields marked with ‘M’ are system mandatory (red diamond), while those marked with ‘R’ are required for surveillance purposes by Public Health Ontario (PHO). The rest of the fields in this module are considered optional and may be entered at the discretion of the PHU. **Please refer to the checklist of mandatory and required fields at the [end of this document](#).**

Triggers for Data Entry

The PHU receives notification of a potential rabies exposure where RPEP is indicated via one of the following routes:

- A physician, registered nurse, veterinarian, police officer or any other person who has information concerning any animal bite or other animal contact that may result in rabies in persons

OR

- Notification from another jurisdiction concerning any animal bite or other animal contact that may result in rabies in persons

Notes

1. A rabies incident should be created in iPHIS for each person who receives RPEP or when RPEP has been recommended, regardless of the client's intent to receive or refuse the RPEP. Although some PHUs use iPHIS as a case management tool for animal exposure incidents, only clients for whom prophylaxis is indicated must be entered in iPHIS.
2. If the rabies incident involves cats, dogs, and ferrets that are available, these animals should be confined and observed for 10 days. If the animal is alive and well at the end of the 10 day period, RPEP is not indicated. A 14 day observation period for domestic livestock species involved in potential rabies incidents may be used to rule out the need for RPEP.
3. The PHU that administers or delivers RPEP is responsible for creating the incident in iPHIS. If more than one PHU is involved in the provision of RPEP, the PHU that administers or delivers the first dose is responsible for creating the incident in iPHIS.
4. iPHIS users must create a separate incident for each person exposed to the same animal if RPEP is indicated for each exposed person.
5. Once the appropriate follow-up has been completed, the PHU that delivers or administers the final dose of RPEP must update the incident status field to **Closed** or **Unresolved**.

1.0 Rabies Incident

To create an incident

Note: The PHU that administers or delivers the first dose of rabies vaccine must create the incident in iPHIS. This may or may not be the same PHU in which the client resided when the incident occurred. For non-residents of Ontario, the PHU that initiates case management is responsible for creating the client and the rabies incident in iPHIS.

1. Search and/or create client as per the Demographics User Guide.
2. Select **CD > Client Rabies Incident Summary** from the left navigation menu. iPHIS displays the *Client Rabies Incident Summary* screen.
3. Select **New Incident**.
4. Enter the mandatory and required fields specified in [Table 1](#).

Table 1: Incident Details screen fields for entering a Rabies PEP incident

Legend: ● M = mandatory field; ● R = required field

M/R	Field Name	Data entry information	Values
N/A	Incident Number	System generated unique identifier for the case.	
M	Health Unit	This field defaults to the PHU of the user currently logged into iPHIS and is used to attribute incidents to PHUs.	

M/R	Field Name	Data entry information	Values
		<p>Users can now change this field.</p> <p>If the PHU creating the incident is not the PHU where the client resides, then this field should be updated to reflect the PHU where the client resides.</p>	
M	Reported Date	<p>Enter the date that the Health Unit was first notified of the client’s exposure. If a client is transferred to another PHU, the Reported Date should remain as the date when the initial Health Unit became aware of the client’s exposure.</p>	Drop-down list
R	General Comments	<p>Provide a general overview of the rabies incident.</p> <p>This field is also used when RPEP is recommended for multiple persons who were exposed to the same animal. In this case, enter the following text using all capital letters:</p> <p>“FIVE PEOPLE EXPOSED TO SAME DOG: CLIENT IDS 180001, 180002, 180003, 180004” (where the client IDs are those of the four other persons exposed).</p> <p>Users must create additional rabies incidents to record the details for each of the four other clients above.</p>	Free text field
M	Status	<p>Indicates whether the case is open, closed or unresolved.</p> <p>Select the status as Open when the investigation is ongoing.</p> <p>Select the status as Closed when the investigation has been completed.</p> <p>Select the status as Unresolved</p>	<ul style="list-style-type: none"> • Open • Closed • Unresolved

M/R	Field Name	Data entry information	Values
		when both the animal and exposed person are lost to follow-up.	

1. Enter the required fields specified in [Table 2](#) in the **Client Details** section of the *Incident* screen.
2. Select **Save**.

The screenshot shows the 'Client Details' section of an incident screen. At the top, there are tabs for 'client' (with sub-tabs: Exemption, Adverse, Contraind, Allergies) and 'incident' (with sub-tabs: Incident, Exposure, Animal, Imms/TST). The 'Client Details' section contains the following fields:

- Physician Filters:** A note says '* Enter either Source Name or City for filter.' Below are two input fields: 'Source Name' and 'City' (a dropdown menu), and a 'Filter' button.
- Attending Physician:** A dropdown menu.
- Physician Telephone:** A dropdown menu.
- Client Address At Time Of Incident:** A text field containing 'HOME, 123 OVER THERE CIR, MISSISSAUGA, ONTARIO, L5A1A1, CANADA, 2013-03-13' and a dropdown arrow.
- Bleeding/Breaks To Skin:** A dropdown menu with 'YES' selected.
- Previously Immunized:** A dropdown menu.
- Immunization Date:** A text field with a calendar icon.
- Vaccine Type:** A dropdown menu.
- Client Weight At Time Of Incident:** A text field followed by 'KG'.
- Prophylaxis Indicated:** A dropdown menu with 'YES' selected.

At the bottom left, there are 'Save' and 'Delete' buttons.

Table 2: Client details information

Legend: ● M = mandatory field; ● R = required field

M/R	Field Name	Data entry information	Values
N/A	Physician Filter	<p>Source Name: Enter the last name of the attending physician or use the first few letters of the last name followed by "%".</p> <p>City: Select city of physician. Leave blank for broader search or if uncertain of city.</p> <p>Select Filter</p>	<p>Free text field</p> <p>Drop-down list</p>
N/A	Attending Physician	Choose the name of the physician	Drop-down list

M/R	Field Name	Data entry information	Values
		from the drop- down list after filtering. Note: If the physician is not found, leave blank.	
N/A	Physician Telephone	Select as appropriate after filtering.	Drop-down list
R	Client Address At Time Of Incident	Select as appropriate. Select the client's address at time of the incident. The client's current and/or previous addresses will appear in the list of drop down values if provided in the demographic module. Note: For non-residents of Ontario please select "out of province" as the address.	Drop-down list
R	Bleeding/Breaks To Skin	Indicates whether the client was bleeding or had breaks to the skin at the site of exposure wound. Select Yes if the client was bleeding or had breaks to skin at the site of the exposure wound. Select No if the client was not bleeding and no breaks to skin at the site of exposure. Select Unknown if it is not known whether or not there was any bleeding or breaks to the skin at the site of exposure.	<ul style="list-style-type: none"> • Yes • No • Unknown
N/A	Previously Immunized	Indicates whether the client was previously fully immunized against rabies before the current exposure. Select Yes if the client received a full course of pre- or post-exposure rabies vaccination before the current exposure. Select No if the client did not receive a full course of pre- or post-exposure rabies vaccination before the current exposure.	<ul style="list-style-type: none"> • Yes • No • Unknown

M/R	Field Name	Data entry information	Values
		Select Unknown if it is not known whether the client was fully immunized against rabies before the current exposure.	
N/A	Immunization Date	If the client received a full course of pre-or post-exposure rabies vaccination before the current exposure, enter the date this was completed.	
N/A	Vaccine Type	Indicates the immunizing agent for clients who were immunized against rabies before the current exposure.	Select Rabies Vaccine
N/A	Client Weight At Time of Incident	Enter as appropriate. Enter client's weight in kilograms at time of incident.	Free text field
R	Prophylaxis Indicated	<p>Enter as appropriate.</p> <p>Cases for which RPEP is indicated must be entered into iPHIS.</p> <p>Select Yes if RPEP is indicated (i.e., the client's healthcare provider has recommended RPEP) even if the client refuses.</p> <p>Select No if RPEP is not indicated (i.e. RPEP has not been recommended by the client's health care provider).</p>	<ul style="list-style-type: none"> • Yes • No • Unknown: Do not use

2.0 Exposure

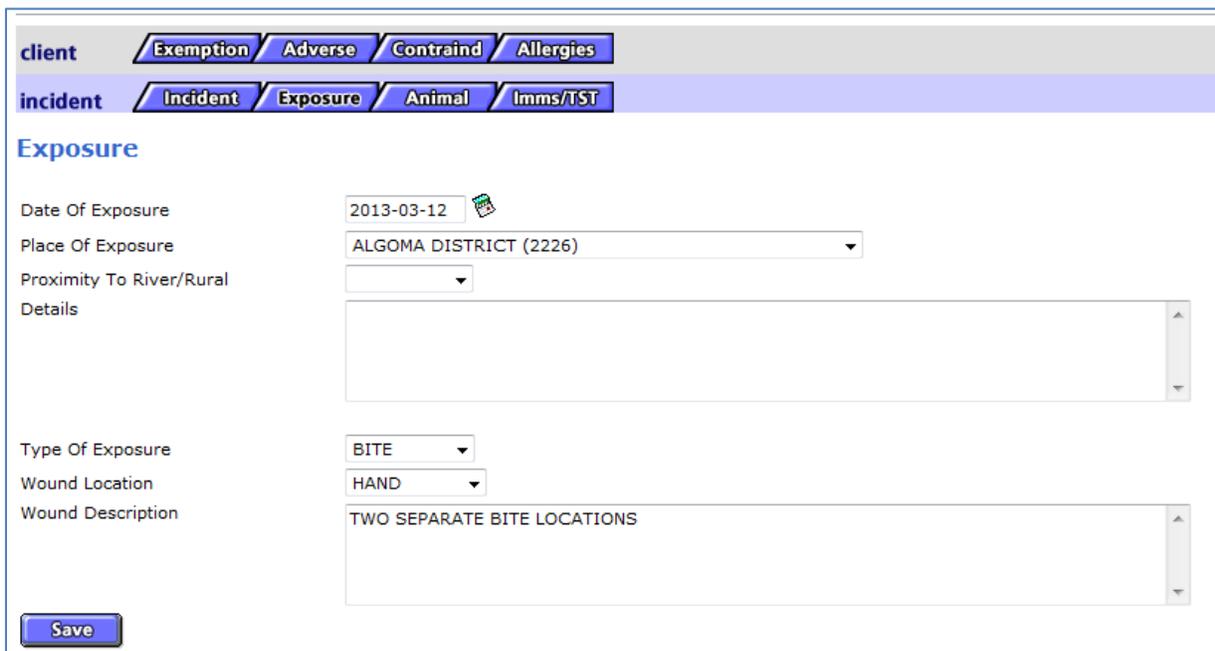
To enter an exposure

1. Select the **Exposure** tab.



The screenshot shows a navigation bar with two rows of tabs. The top row, labeled 'client', contains four tabs: 'Exemption', 'Adverse', 'Contraind', and 'Allergies'. The bottom row, labeled 'incident', contains four tabs: 'Incident', 'Exposure', 'Animal', and 'Imms/TST'. The 'Exposure' tab in the bottom row is circled in red.

2. Enter the required fields specified in [Table 3](#).
3. Select **Save**.



The screenshot shows the 'Exposure' form with the following fields and values:

- Date Of Exposure:** 2013-03-12
- Place Of Exposure:** ALGOMA DISTRICT (2226)
- Proximity To River/Rural Details:** (Empty text area)
- Type Of Exposure:** BITE
- Wound Location:** HAND
- Wound Description:** TWO SEPARATE BITE LOCATIONS

A 'Save' button is located at the bottom left of the form.

Table 3: Exposure fields when entering a Rabies PEP incident

Legend: ● M = mandatory field; ● R = required field

M/R	Field Name	Data entry information	Values
R	Date of Exposure	Date client was exposed.	
R	Place of Exposure	Select the PHU in which the client was exposed. Only select This Province if the exposure occurred in Ontario but the actual PHU of exposure is unknown. For exposures that occur outside of Ontario, select Other Country or Other Canadian Province or Territory as appropriate. Only select Unknown if there is no other option available.	Drop-down list
N/A	Proximity To River/Rural	Do not use	
N/A	Details	Provide free-text details on the geographic location where the exposure occurred (e.g., postal code, GIS coordinates, city).	Free text field
R	Type of Exposure	Select the appropriate value to describe the route by which the client was potentially exposed to rabies. Note: the value Handling refers to a non-bite and non-scratch exposure where animal saliva gets into the open wounds or mucosa in the person.	<ul style="list-style-type: none"> ● Bite ● Handling ● Nearby: Do not use ● Other ● Scratch ● Unknown
R	Wound Location	Select appropriate value.	<ul style="list-style-type: none"> ● Arm ● Hand ● Head/Neck ● Leg ● Mucosa ● Multiple ● Other ● Torso ● Unknown

M/R	Field Name	Data entry information	Values
N/A	Wound Description	Enter description of wound (e.g. superficial wound, deep wound, and multiple wounds). Also enter any additional information about saliva contact with open wounds or mucous membranes.	Free text field

3.0 Owner and Animal Information

To enter owner information

1. Select the **Animal** tab.
2. Enter the **Owner Info** for animals that have an owner.



If the animal's owner is known:

1. Select **Find Client**.
2. Enter the animal owner details to search for the animal's owner. If the owner is found in iPHIS, choose the Select button of the desired client for iPHIS to populate the owner's information.
3. If the animal's owner is not in iPHIS or is not found after searching, enter the owner's information into the *Owner Info* section of the *Owner and Animal* screen.
4. Select **Save**.

The image shows the 'Owner Info' form. At the top left are two buttons: 'Find Client' and 'Reset Owner Info'. Below are several input fields: 'Last Name' (KIWI), 'First Name' (KARL), 'Gender' (MALE), and 'Birth Date' (1980-11-11). There is a dropdown for 'Owner Address' and a section labeled 'OR' with fields for 'Street 1', 'Street 2', 'City', 'Province' (ONTARIO), 'Country' (CANADA), and 'Postal Code'.

If the animal is likely to have an owner and the owner cannot be found:

1. Enter "Unknown" in the last name and first name fields.
2. Select "Unknown" from the gender drop list.
3. Select "Unknown" from the country drop list.

4. Select **Save**.

Owner Info

[Find Client](#) [Create Client](#) [Reset Owner Info](#)

Last Name: Unknown First Name: Unknown Gender: UNKNOWN Birth Date:

Owner Address:

OR

Street 1:

Street 2:

City:

Province:

Country: UNKNOWN

Postal Code:

[Animal Info](#)

Note: If the animal is unlikely to have an owner, please do not complete the **Owner Info** section.

To enter animal information

1. Scroll to the **Animal Info** section of the *Owner and Animal* screen.
2. Enter the **Animal Info** required fields as specified in [Table 4](#).
3. Select **Save**.

Additional fields for Animal **Symptom** and related **Onset Date** are available for entry as required once Save is selected.

Animal Info

Animal Species: CAT

Animal Type: DOMESTIC/FARM

Animal Description: GREY AND BLACK TABBY, LOOKS WELL FED, COAT SMOOTH

Animal Vaccinated: YES

Vaccination Date: 2012-02-03 Accurate

Animal Healthy: UNKNOWN

Observation Following Exposure: YES

Brain Sent For Testing: NO

FA Result:

Tissue Culture:

Date Sent For Testing:

FA Result Date:

Comments: CLIENT ID 4599 ALSO EXPOSED

Rabies Status: UNKNOWN

Animal Retention Method:

Retention Method Comments:

Retention Method From: To:

Animal Retention Result:

Family Vet Name:

Vet Phone:

Animal Services Notified:

Animal Services Incident Number:

Table 4: Animal Info section of Animal Tab

Legend: ● M = mandatory field; ● R = required field

M/R	Field Name	Data entry information	Values
R	Animal Species	Select as appropriate. Note: If Other is selected enter the animal and/or description in the Animal Description field.	<ul style="list-style-type: none"> ● Bat ● Cat ● Cattle ● Dog ● Ferret ● Fox ● Goat ● Horse ● Other ● Raccoon ● Sheep ● Skunk ● Squirrel/Chipmunk ● Unknown
R	Animal Type	Select as appropriate.	<ul style="list-style-type: none"> ● Domestic/Farm

M/R	Field Name	Data entry information	Values
		<p>Note: The value Domestic/Farm includes livestock.</p> <p>Note: Select the value House Pet – Indoor if the pet does not go outside at all.</p> <p>Note: Select the value House Pet – Outdoor if the pet is outdoors at least some of the time.</p> <p>Note: The value Stray should only be selected for stray cats, dogs or ferrets.</p>	<ul style="list-style-type: none"> • House Pet – Indoor • House Pet – Outdoor • Other • Service Animal • Stray • Unknown • Wild
R	Animal Description	<p>Enter a description of the animal.</p> <p>If Other was selected in the Animal Species field, use this field to specify the animal.</p> <p>Also use this field for the physical description of the animal. If more than one animal was present at the time of the exposure, and the animal that caused the exposure is not certain enter the description of all the animals that were present.</p>	Free text field
R	Animal Vaccinated	Select the value that indicates whether the animal was vaccinated prior to the exposure.	<ul style="list-style-type: none"> • Yes • No • Unknown
R	Vaccination Date	<p>If YES was entered for the Animal Vaccinated field, enter the date the animal was last vaccinated, and indicate whether this date is accurate.</p> <p>Note: If date is unknown enter 1111/01/01 and do not check box that indicates that this is an accurate date.</p>	

M/R	Field Name	Data entry information	Values
R	Animal Healthy	<p>Note: This section only applies to animals for which an observation period is applicable and are available for observation (i.e., dogs, cats, ferrets and livestock).</p> <p>Select YES to indicate if the animal was deemed healthy by a professional (see below for definition) through visual inspection at the start of the relevant observation period.</p> <p>Select NO to indicate if the animal was deemed unhealthy by a professional (see below for definition) through visual inspection at the start of the relevant observation period.</p> <p>Select UNKNOWN to indicate if the animal was not observed by a professional (see below for definition) at the start of the relevant observation period.</p> <p>Note: An animal that is injured but did not display any symptoms of rabies before its injury may be considered healthy.</p> <p>Note: A professional includes but is not limited to individuals with the authority to conduct an investigation e.g. a representative of the Medical Officer of Health, (i.e., a public health inspector or a public health nurse), a veterinarian or an animal control officer.</p>	<ul style="list-style-type: none"> • Yes • No • Unknown
R	Observation Following Exposure	<p>Note: This section only applies to animals for which an observation period is applicable and are available for</p>	<ul style="list-style-type: none"> • Yes • No • Unknown

M/R	Field Name	Data entry information	Values
		<p>observation (i.e., dogs, cats, ferrets and livestock).</p> <p>Select YES to indicate if the animal was/will be observed for the relevant observation period. Note: If YES, complete the fields related to retention.</p> <p>Select NO to indicate if the animal was not/will not be observed for the relevant observation period. Note: An animal may not be observed if the animal will be sent for testing.</p> <p>Select UNKNOWN to indicate if it is unknown if the animal was not/will not be observed for the relevant observation period. Note: This value should only be selected for cases of exposures occurring in other jurisdictions from which the information is not available.</p>	
R	Brain Sent For Testing	<p>Select as appropriate.</p> <p>If YES, the following four fields are required: Date Sent for Testing, FA Result, FA Result Date, Tissue Culture.</p> <p>Note: The UNKNOWN value should only be selected for cases of exposures occurring in other jurisdictions from which the information is not available.</p>	<ul style="list-style-type: none"> • Yes • No • Unknown
R	Date Sent For Testing	Enter the date brain sent for testing.	
R	FA Result	Select the result of the fluorescent antibody test	<ul style="list-style-type: none"> • Indeterminate • Negative • Positive
R	FA Result Date	Enter the result date as	

M/R	Field Name	Data entry information	Values
		indicated on the lab requisition.	
R	Tissue Culture	Select the result of the tissue culture, if completed.	<ul style="list-style-type: none"> • Negative • Positive • Indeterminate
N/A	Comments	Enter as needed. Indicate the client IDs of other persons exposed to the animal if FA result is positive.	Free text field
R	Rabies Status	Select as appropriate the rabies status of the animal based on the FA and/or tissue culture results.	<ul style="list-style-type: none"> • Animal not tested • Negative • Positive • Unknown
N/A	Animal Retention Method	<p>Select the provider involved in the animal retention or activity related to animal retention.</p> <p>If the animal is confined for observation, “retention method from” and “retention method to” dates and the “animal retention result” fields are required.</p> <p>Note: If the animal is not confined, then leave this field blank.</p> <p>Note: Attempting to Locate cannot be selected if the investigation is closed.</p> <p>Note: Confined by owner should be used if the animal was confined at home.</p>	<ul style="list-style-type: none"> • Animal Services • Attempting to Locate • Confined at Animal Shelter • Confined by friend • Confined by owner • Confined by Vet • Home: Do not use • Kennel • Other (Specify) • Removed and Euthanized for testing • Unknown
N/A	Retention Method Comments	Enter additional information as appropriate.	Free text field
R	Retention Method From	Enter start date of animal confinement.	
R	Retention Method To	Enter end date of animal confinement.	
R	Animal Retention Result	Select as appropriate.	<ul style="list-style-type: none"> • Alive and well after observation period • Unwell after

M/R	Field Name	Data entry information	Values
		<p>This answers the question – What was the outcome at the end of the ten day period?</p> <p>Note: Fatal should be selected if the value Removed and Euthanized for testing was selected in the field Animal Retention Method.</p>	<p>observation period</p> <ul style="list-style-type: none"> • Fatal • Unknown
N/A	Family Vet Name	Enter name of family veterinarian.	Free text field
N/A	Vet Phone	Enter phone number of family veterinarian.	Free text field
N/A	Animal Services Notified	Select as appropriate.	<ul style="list-style-type: none"> • Yes • No • Unknown
N/A	Animal Services Incident Number	Enter if known, and available.	Free text field
M	Symptoms	<p>When applicable, select the symptoms that best describes the animal's demeanour at the time of or before the exposure and/or during or at the end of the observation period.</p> <p>This field is only mandatory when entering Onset Date.</p> <p>Note: Loss of Appetite refers to the animal's inability to eat or drink.</p>	<ul style="list-style-type: none"> • Abnormal Behaviour • Aggression • Asymptomatic • Disorientation • Loss of Appetite • Muscle Incoordination • Other • Seizures • Trembling
M	Onset Date	<p>When applicable, enter the Animal Symptoms onset date.</p> <p>This field is only mandatory when entering Symptoms.</p>	

4.0 Immunization

Rabies post-exposure prophylaxis (RPEP) is comprised of rabies immune globulin (Rablg) and rabies vaccine (except for those previously immunized against rabies and in which case, only require rabies vaccine). Both components of the RPEP treatment (vaccine and RIG) should be entered separately in iPHIS under the immunization tab. Delivery and administration of RPEP may involve more than one PHU. Each PHU that administers or delivers RPEP is responsible for entering this information into iPHIS. If the PHU that administers or dispenses the first dose of RPEP is not the same as the PHU where the client resides, then the Health Unit field name in the immunization tab must be updated to reflect the PHU where the client resides. If more than one PHU is involved in RPEP administration and delivery, then each PHU that administers or delivers vaccine is responsible for the entry of relevant immunization information for each dose administered or delivered by that PHU. The PHU that administers or delivers the final dose of RPEP is responsible for closing the incident in iPHIS.

Information on vaccines can be entered in one of the two ways below:

1. If the PHU only delivers the vaccine, enter in batch, except if from different lots. That is, if the vaccine series comes from more than one lot, separate immunization records must be created to indicate the specific lots delivered.
2. If the PHU administers the RPEP to the client or if detailed information is available about the administration of the RPEP to the client, a new immunization record for each dose administered may be created.

To enter Immunization information

1. Select the **Imms/TST** tab.



2. Select **New Immunization**.
3. Enter the mandatory and required fields specified in [Table 5](#).
4. Select **Save**. Repeat for each rabies vaccine that has a different lot number (or for each dose if detailed information is available about each dose) and for Rablg.

Immunizations

Administration Date/Time ◆ 2014-03-12 15:02:17 Accurate

HU ◆ ALGOMA DISTRICT (2226) Branch ◆ Algoma Health Unit

* Enter either Professional Status, Source Name, HU, or City for filter.

Provider/Personnel Filters

Professional Status PHYSICIAN	Source Name SMITH	Filter
HU	City	

Provider/Personnel ◆ SMITH, JOHN

Professional Status
PHYSICIAN

Recorded By
LORI NEWMAN

Where Administered
HOSPITAL

Agent Formulary

Agent ◆ Rab - RABIES VACCINE INACTIVATED (DIPLOID CELL)

Lot Number (Expiry Date) ◆ 357011A (2008-08-31)

Site ◆ ??

Route

Dosage

Dose #

Reason for Administration
IMMUNOPROPHYLAXIS

Source of Information

Comments

Dosage Units

Informed Consent ◆ UNKNOWN

Accurate

Save **Delete** **New**

Table 5: Immunization Fields for Rabies PEP Incidents

Legend: ● M = mandatory field; ● R = required field

M/R	Field Name	Data entry information	Values
M	Administration Date/Time	<p>Auto-populates with the Reported Date.</p> <p>Enter the date the Rablg or rabies vaccine was administered to the exposed person if known.</p> <p>If this date is not known, enter the date the Rablg or rabies vaccine was released to the physician.</p>	
N/A	Accurate	<p>Check if the administration date/time entered represents an accurate administration date/time.</p> <p>If an alternate date is used such as the date the Rablg or rabies vaccine</p>	

M/R	Field Name	Data entry information	Values
		was released to the physician, do not check this box.	
M	Health Unit	<p>Defaults to the user's PHU.</p> <p>If RPEP is administered or dispensed by a PHU other than that where the client resides, retain the dispensing/administering PHU as the HU.</p> <p>If unknown or if the immunization was administered out of province or country, select "MOHLTC (0)" as the HU. Be sure to specify the location of vaccine administration (if administered outside of Ontario) in the Comments field at the bottom of this screen or mark "UNKNOWN" in the comments field if the out of Ontario location is not known.</p>	
M	Branch	Select the PHU office/location associated with the administration and/or delivery of the Rablg or rabies vaccine.	Drop down list
R	Provider/Personnel Filters	<p>Select from the following four filters (Professional Status, Source Name, HU or City) if a physician administered the Rablg or rabies vaccine.</p> <p>Select Filter to search for the physician.</p> <p>If the Rablg or rabies vaccine was not administered by a physician or if the physician is not in the drop-down list, enter "ext%" in the Source Name field, leave everything else blank and select Filter.</p>	
M	Provider/Personnel	<p>Drop down values are generated by the Provider/Personnel Filters.</p> <p>Select the health professional from the drop-down list generated from</p>	Drop down list

M/R	Field Name	Data entry information	Values
		<p>the Provider/Personnel Filter search.</p> <p>NOTE: A maximum of 200 results are presented in the drop-down. Therefore, users should narrow their search as much as possible to find the correct health care provider.</p> <p>If the person who administered the vaccine is not listed, select External, Other.</p>	
N/A	Where Administered	Select where the vaccine was administered.	<ul style="list-style-type: none"> • Correctional Facility • Health Unit • Hospital • Other (Specify) • Physician Office • School • Shelter • Unknown • Workplace
M	Agent	Select as appropriate.	<ul style="list-style-type: none"> • Rablg-Rabies Immune Globulin • Rab-Rabies Inactivated (Diploid Cell) • Rab-Rabies (Purified Chick Embryo Cell)
M	Lot Number (Expiry Date)	<p>Select appropriate value. The system populates this drop-down list based on the agent selected above.</p> <p>If the lot number you wish to enter is unavailable, contact the iPHIS Help Desk to have it added to the list. In the meantime, select the default code "DC (2099-01-01)" to allow you to save the immunization record.</p> <p>NOTE: Users must enter LOT NUMBER PENDING in the comments field if a request has been made to add a lot number *Be sure to update the lot # when</p>	Drop down list

M/R	Field Name	Data entry information	Values
		<p>it is added to the list and delete the relevant notes in the Comments field.</p> <p>If the lot number is truly unknown, indicate "UNKNOWN LOT #" in the Comments field.</p>	
M	Site	<p>Use this field for vaccine entry only. Injection sites for Rablg should be entered in the comments section.</p> <p>Select the body site of immunization as appropriate.</p> <p>Note: Rabies vaccine should not be administered in the buttocks, nose or mouth. Contact the physician if the vaccine was administered in any of these sites.</p>	<ul style="list-style-type: none"> • LA (left arm) • LL (left leg) • RA (right arm) • RL (right leg) • ?? (unknown) • ?A (unknown arm) • ?L (unknown leg) • ?B (unknown buttock): Do not use • BB (both buttocks): Do not use • LB (left buttock): Do not use • Mouth: Do not use • Nose: Do not use • RB (right buttock): Do not use
N/A	Route	<p>Use this field for vaccine entry only. Injection routes for Rablg should be entered in the Comments field.</p> <p>Select the route of immunization as appropriate.</p> <p>Note: Post-exposure rabies vaccine should only be administered intramuscularly.</p>	<ul style="list-style-type: none"> • Intradermal • Intramuscular • Intranasal: Do not use • Intravenous: Do not use • Oral: Do not use • Subcutaneous: Do not use • Topical: Do not use • Unknown
N/A	Dosage	<p>When entering for Rablg, enter total amount administered.</p> <p>When entering for vaccine, enter the dose per injection.</p> <p>Do not use fractions or decimals.</p>	Free text field
N/A	Dosage Unit	Enter the units of the dosage entered above.	<ul style="list-style-type: none"> • CC • Grams: Do not use

M/R	Field Name	Data entry information	Values
			<ul style="list-style-type: none"> • International Units • MG: Do not use • ML • MU: Do not use • Vials
N/A	Dose Number	<p>Enter the dose number in a multi-dose vaccine series.</p> <p>OR</p> <p>Enter total number of vials of rabies vaccine and/or RabIg delivered to physician.</p>	Free text field
M	Informed Consent	<p>Select as appropriate.</p> <p>It is acceptable to leave Unknown as the default value.</p>	<ul style="list-style-type: none"> • Yes • No • Unknown
N/A	Reason for Administration	Select Immunoprophylaxis .	<ul style="list-style-type: none"> • Contact Follow-up: Do not use • High Risk: Do not use • Immunoprophylaxis • Routine Series: Do not use • Travel: Do not use
N/A	Source of Information	<p>Select source from where immunization information was obtained.</p> <p>Note: For values not available in the drop-down field, please use the Comments field to enter additional information.</p>	<ul style="list-style-type: none"> • Client • Consent Form • Data Exchange • Ontario immunization Record • Out of Jurisdiction Immunization Report • Parent Report • Physician • Provider
N/A	Accurate	Check if source accurate.	
R	Comments	Enter additional information for unknown or pending lot numbers, information about the release of	Free text field

M/R	Field Name	Data entry information	Values
		rabies vaccine and/or Rablg to physician, administration site and route for RIG, etc.	

Checklist of Rabies Post-Exposure Prophylaxis (RPEP) Mandatory and Required Fields

Incident

- Reported Date
- General Comments
- Status
- Client Address at Time of Incident
- Bleeding/Breaks to Skin
- Prophylaxis Indicated

Exposure

- Date of Exposure
- Place of Exposure
- Type of Exposure
- Wound Location

Animal

- Animal Species
- Animal Type
- Animal Description
- Animal Vaccinated
- Vaccination Date
- Animal Healthy
- Observation Following Exposure
- Brain Sent For Testing
- Date Sent For Testing
- FA Result
- FA Result Date
- Tissue Culture
- Rabies Status
- Symptoms
- Onset Date

Immunization

- Administration Date/Time
- Health Unit
- Branch
- Provider/Personnel
- Agent
- Lot Number (Expiry Date)
- Site
- Informed consent
- Comments

Document History

Table 6. History of Revisions

Revision Date	Document Section	Description of Revisions
February 2023	Introduction	Updated guidance to clarify PHU responsibility of RPEP administration.
	1.0 Rabies Incident	Updated “To create an incident” section
	4.0 Immunization	Updated Immunization section regarding delivery and administration of RPEP.
	Table 1	Updated Health Unit entry information in Table 1.
	Table 5	Updated the Health Unit entry information and the default lot code in Table 5.

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