



Environmental Public Health Services – Enteric Follow-Up Process & Updates to the Animal Exposure Form

Presented by: Kyle Wonsiak, Senior EPHO & Geraldine Sawyer,
Senior EPHO



Agenda

- **Environmental Public Health Services**
 - Core Program Areas
- **Notifiable Enteric Illnesses – Update to Follow-Up Process**
 - Background
 - Notification
 - Information Gathering
 - Investigation
 - Reporting
- **Animal Exposure Follow-up**
 - Review and updates to Animal Exposure Report
 - Animal Exposure Data
 - Client Demographics
 - Date/Time and Geographical Location of the Exposure
 - Animal Information
 - Incident Information & 10 Day Observation Period
 - Initial Medical Treatment and Immunization
 - Initial/Final Form Completion
 - Zoonotic/Animals and Human Health Program
 - Resources
- **Questions**



Environmental Public Health Services (EPHS)

- EPHS works to identify and prevent or mitigate environmental public health risks that could adversely impact the health of the community.
- Programming includes public health inspections, monitoring environmental conditions such as drinking water, delivering training and raising awareness about potential environmental public health risks, and the steps people can take to protect themselves and their families.
- Services are carried out by Environmental Public Health Officers (EPHOs)
- **Prevention** is a key principle of environmental public health.



EPHS - Core Program Areas

Drinking Water

Communicable
Disease

Housing

Food Safety

Solid Waste

Wastewater

Facility
Inspections

Emergency
Response



Communicable Disease Control

- Our activities (e.g. monitoring drinking water supplies and providing food handler training) aim to prevent illness and the spread of communicable diseases. Other activities that address issues associated with prevention or control include:
 - Surveillance activities as required to prevent and address cases of communicable disease.
 - Addressing suspected or confirmed cases of communicable disease together with community health staff.
 - May include collaborating with community and regional staff (e.g. the Regional MOH, CHNs, provincial authorities) to investigate foodborne and waterborne (e.g. *E. coli*) and vectorborne (e.g. West Nile Virus) disease.



Communicable Disease Control

- EPHOs may also:
 - Aid in investigation, source identification, sampling, providing advice and monitoring.
 - Provide public education to community leadership and residents to create awareness of the link between human health and the environment to reduce the risk of illness.



Communicable Disease Control

- Animal bite exposure follow up



- Enteric illness follow-up





Enteric Disease Follow-Up & Investigation Process

Presented by: Geraldine Sawyer, Senior
EPHO



Background

Past:

- Regional CDC nurses were overseeing the follow-up process for enteric illnesses, with Environmental Public Health (EPH) becoming more involved during outbreak situations.

Current:

- EPH will now oversee all enteric notifiable illnesses, including coordinating the investigation with the Community Health Nurses (CHNs).
- We continue to work out the processes/reporting for taking this task over in its entirety from the CDC program.

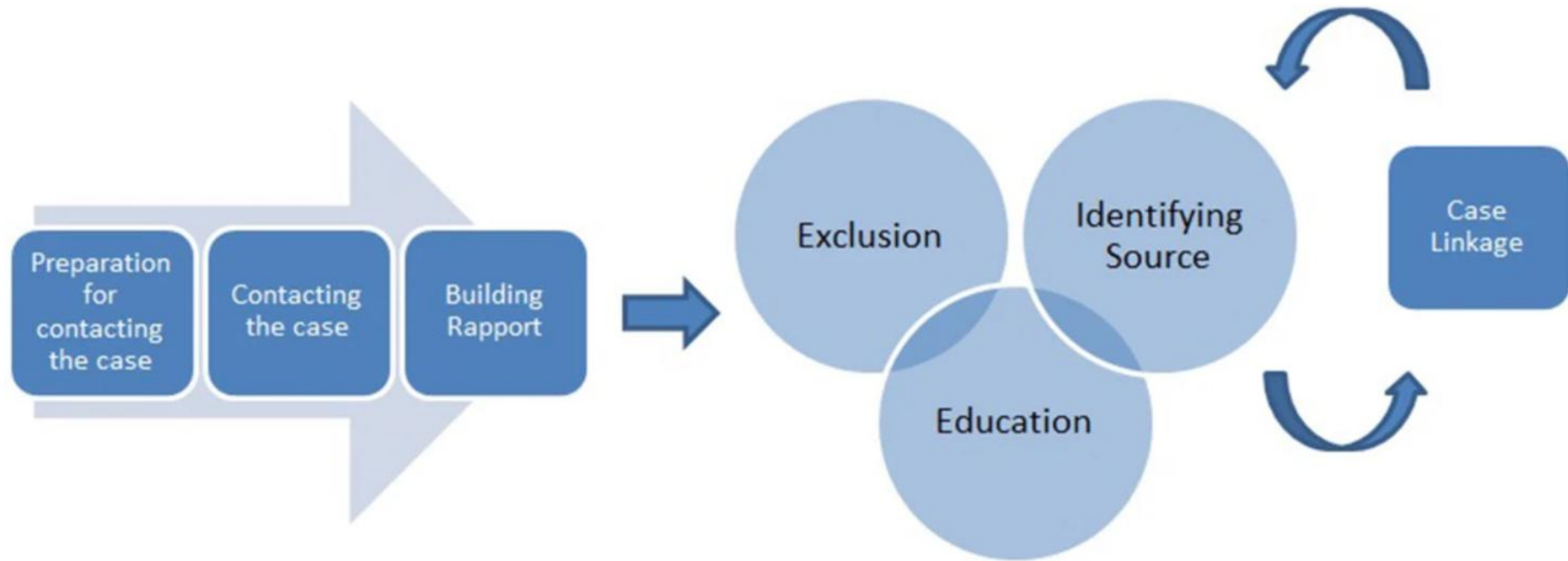


Goals

- To prevent further transmission of the disease.
- To determine the source of the infection.
- To ensure that required reporting is completed in an accurate and timely manner.



Enteric Case Investigation



[Source: A focus group study of enteric disease case investigation: successful techniques utilized and barriers experienced from the perspective of expert disease investigators](#)



Notification

- EPH will receive reports for all enteric notifiable diseases.
 - These reports may come from various sources: Provlab, AHS CDC/EPH, CHN, AB Health, Health Link, etc
- The report will be distributed to your community Environmental Public Health Officer (EPHO).
- The EPHO will be in contact by email & phone with the applicable CHN to initiate follow-up with the case.



Information Gathering

- If the pathogen is known, review the applicable [Alberta Disease Management Guidelines](#).
 - This document will guide and aide in the investigation.
 - Case definitions
 - Epidemiology
 - Public Health Management



Follow-Up & Investigation

- The community EPHO will email the CHN with the applicable documents and information to aide in the follow-up. This will include the following:
 - Enteric Disease Investigation Form (EDIF), applicable disease management guidelines, blank line list, EI#, educational resources, any other relevant info
- CHN should return the completed EDIF to the community EPHO for review and continued follow up as necessary.
- The community EPHO will also work with the CHN to start a line list as needed.



Follow-Up & Investigation

- Items to note and discuss with the EPHO include the following:
 - Is the case or close contacts in a sensitive situation or occupation (SSO)?
 - This will guide in determining if exclusions are required. The disease management guideline will outline what constitutes an SSO.
 - Does the food history, water source or living conditions indicate need for further investigation?
 - Have any close contacts been reported as symptomatic?
 - Is a susceptible population at risk?
 - Are any other jurisdictions/communities potentially affected?
 - notification to AHS/other as needed



Example – SSO - Salmonellosis

Table 1: Sensitive Situations or Occupations (SSO)

SSO	Activities
Food handler	<ul style="list-style-type: none">• Touches unwrapped food to be consumed, <u>and/or</u>• Handles equipment or utensils that touch unwrapped food to be consumed.*
Health care, child care or other staff	<ul style="list-style-type: none">• Has contact through serving food to <u>highly susceptible</u> patients or persons in whom an intestinal infection would have particularly serious consequences.• Provides direct patient care and is involved in the care of young children, elderly or dependent persons.
Child attending a child care facility or similar facilities	<ul style="list-style-type: none">• Is diapered or unable to implement good standards of personal hygiene.
Any individual (older child or adult)	<ul style="list-style-type: none">• Is unable to implement good standards of personal hygiene (e.g., with disabilities/challenges that may impact ability to perform good hand hygiene and is involved in an activity that may promote disease transmission.

* NOTE: Generally, food handlers who do not touch food, equipment or utensils in this way are not considered to pose a transmission risk; however, circumstances for each case should be assessed on an individual basis.



Follow-Up & Investigation

- The community EPHO can consult the MOH as needed. Be sure to have basic information available if possible, such as:

Summary statement (ex. 28 year old man from [Community Name] with VTEC infection. Unknown source of infection. Case is a health care worker.)			
Nation	Pathogen	Admission (hospital, admission date, if in ICU)	Other relevant history (eg. co-infections, other relevant medical conditions, if immunocompromised)
Name	Date of specimen collection	Date of death	
DOB	Symptom onset	Enteric history (eg. if SSO, potential sources, any implicated off-reserve facilities, travel history)	
PHN	Symptoms	Information on close contacts (eg. if contacts are symptomatic, SSO's, etc)	



Coordination Calls

- If needed, the Senior EPHO will organize a coordination call with the community EPHO, MOH, CHN, CDC nurse, etc.
 - Examples of when coordination calls might be needed include: multiple cases/potential outbreak, need for exclusions, facility implicated, susceptible population is at risk, disease is unusual or highly pathogenic, etc



NDR Form

- The community EPHO will advise the CHN to complete a **Report of Notifiable Disease (NDR) form** for all cases – confirmed/probable/suspect/etc.
- Detailed guidance on completing the form can be found in the [Notifiable Disease Report Manual](#).
- The form can be completed and submitted in CHIP (Community Health & Immunization Program) or faxed to Environmental Public Health at 780-495-2796.
 - Note: Do not use a photocopy of the form as each form has a unique ID number.

Alberta Government **Report of Notifiable Disease (NDR)***
 *Including Diseases under Surveillance as per Section 15(1) and Section 22 of the Public Health Act - Communicable Diseases Regulation

0000000

Section 1 - Personal Identifiers

Unable to contact Lost to follow-up **Lives on Reserve** Yes No → If Yes, name of reserve: _____
Identifier Code _____ **PHN / Other Identifier** _____ **Birth Date** YYYY-MM-DD _____ **Gender** Male Female Other Unknown
Ethnic Group Caucasian Black Asian (East/SE) Other Asian Middle East / Arab Latin American First Nations
 Inuit Métis Unknown Other _____
Name: Last _____ First _____ Middle _____ **Pregnant** Yes No Unknown
Address _____ **Municipality** _____ **Province** _____ **Country** _____ **Postal Code** _____

Section 2 - Disease Descriptors and Laboratory Information

Disease Name _____ **ICD Code** _____ **Diagnosis (as per case definition)** Case Carrier
 Confirmed Probable Suspect Unable to determine
Symptomatic Yes No Unknown **Onset Date** YYYY-MM-DD _____ **Diagnosis Date** YYYY-MM-DD _____ **Lab Diagnosis** Yes No Pending **Specimen Collection Date** YYYY-MM-DD _____
Species Blood CSF Fluid Lesion Nasopharyngeal Stool Sputum Throat Swab
 Tissue Urine Vesicular Scraping Other _____
Hospitalized Yes No **Fatal** Yes → # Yes, Death Date: YYYY-MM-DD _____ No Died from disease Disease contributed to death (secondary cause) Died - other cause
Autopsy Performed? Yes No Unknown **Outbreak Associated?** N/A Prolab AHS → EI # _____ **EPI-Linked** N/A **NDR #** _____

Section 3 - Immigration and Travel History

A. Was illness likely acquired while residing outside of Alberta?
 No → Proceed to B Yes → Domestic - Prov/Terr Foreign: country of source: _____ **Date of Arrival** YYYY-MM-DD → Proceed to Section 6
B. Was illness likely acquired during travel outside of Alberta?
 No → Enterics proceed to Section 4; Non-Enterics proceed to Section 5 Yes → Domestic Foreign: Travel location: _____ **Departure Date from Alberta** YYYY-MM-DD **Date of Return to Alberta** TO YYYY-MM-DD
Travel Details - Once complete, proceed to Section 6
Country 1 _____ **Province** _____ **Municipality** _____ **Other travel information** _____
Date arrived at location YYYY-MM-DD _____ **Date left location** YYYY-MM-DD _____ **Resort name / Destination details** _____
Country 2 _____ **Province** _____ **Municipality** _____ **Other travel information** _____
Date arrived at location YYYY-MM-DD _____ **Date left location** YYYY-MM-DD _____ **Resort name / Destination details** _____

C. Was illness likely acquired during travel or stay at an alternate municipality within Alberta?
 No Yes → List municipality: _____ → Enterics - Proceed to Section 4
 → Non-Enterics - Proceed to Section 5

Section 4 - Enterics

Where was the disease likely acquired? (Select only one)
 Acute care facility
 Animal facility
 Abattoir
 Farm
 Intensive livestock operation
 Pet store
 Petting zoo / Livestock event
 Vet clinic / school
 Other _____
 Child care facility
 Community / Organization function
 Long term care
 Outdoors (recreation)
 Permitted food establishment
 Private dwelling
 Restricted function
 Senior's lodge / Assisted living
 Special event
 Swimming pool
 Workplace
 Unknown
 Other _____

How was the disease likely acquired? (Select only one)
 Animal or animal manure contact
 Domestic pet
 Bird
 Lizard, type _____
 Mammal
 Cat / kitten
 Dog / puppy
 Rodent
 Other mammal, type _____
 Snake, type _____
 Turtle
 Other pet _____
 Livestock
 Cow / calf
 Goat
 Horse / donkey
 Pig / swine
 Poultry
 Chicken Duck Goose
 Turkey Other poultry _____
 Sheep / lamb
 Other livestock _____
 Other animal _____
 Drinking water
 Food (Human)
 Unpasteurized dairy
 Raw/undercooked meat/poultry/eggs
 Food (Pet), type _____
 Person-to-person
 Pool water
 Recreational water
 Sexual contact
 Sewage / Waste water contact
 Unknown
 Other _____

AH0053 (2018/01) Designations: (White copy) = Communicable Disease Control (Yellow copy) = Submitter Page 1 of 3



NDR Form - Submission

- The community EPHO will review the form and will follow-up with the CHN as needed.
- Once the form is accurate and complete, EPH will forward the form to Alberta Health.
- Timelines for submitting initial and final forms can be found in the [Notifiable Disease Report Manual](#) under Reporter's Responsibilities.
 - The timeliness of reporting notifiable diseases is critical to ensure the health and safety of all Albertans.



NDR Form – Reporting Timelines

General NDR Reporting Timelines:		
<p>Fastest Means Possible (FMP) Diseases</p> <p><i>Definition: Notifiable diseases that are to be reported to the Chief Medical Officer of Health (CMOH) or designate by the fastest means possible (FMP), i.e., by direct voice communication.</i></p>	<ul style="list-style-type: none"> For FMP reporting Monday to Friday during regular business hours (0815-1630), call the <u>CMOH Designate</u> (Nurse Pager) through pager number 780-969-0888. For reporting after hours, over a weekend or stat holiday, contact the <u>CMOH (or designate)</u> through pager number 780-638-3630. 	<ul style="list-style-type: none"> The initial NDR form must be forwarded to Alberta Health within 7 days and the final within 14 days.
<p>Non-FMP Diseases</p> <p><i>Definition: Notifiable diseases that do not require FMP notification to the CMOH (or designate), usually 48 hours or longer.</i></p>		<ul style="list-style-type: none"> The initial NDR form must be forwarded to Alberta Health within 2 weeks and the final within 4 weeks. Exception: Hepatitis B and C initial NDRs should be reported within 4 weeks and the final within 10 weeks.



Outbreak Reporting

- In the event that an outbreak was declared by the MOH(s), an [Alberta Outbreak Report Form \(AORF\)](#) and outbreak summary will be completed by EPH and submitted to Alberta Health.

AORF Report Submission Timelines

Section 1 – Initial Notification	For all outbreaks send AORF within 24 hours after opening the investigation
Section 2 – Laboratory Confirmed Organism Identification	As soon as the causative organism has been confirmed on a laboratory report.
Section 3 – Final Report	Within 2 days of closing the investigation. The final report may include additional corrections or changes in Sections 1 and 2.
Outbreak Summary	As soon as it is available (if applicable). In complex outbreaks it is expected this may take some time, however, the summary should be submitted no later than 30 days after closing the outbreak investigation.





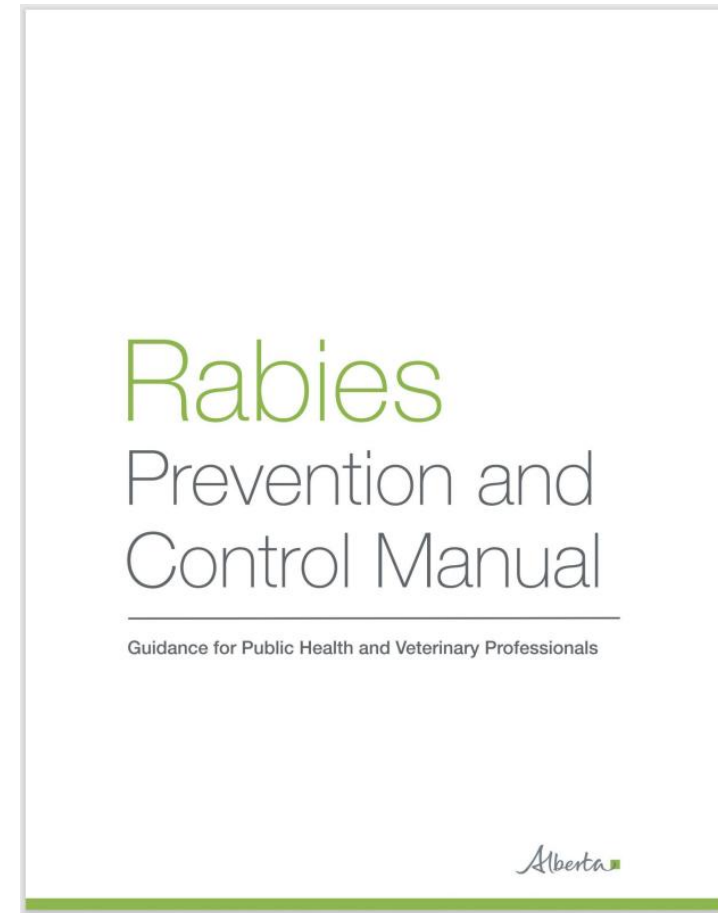
Updates to the Animal Exposure Form

Presented by: Kyle Wonsiak, Senior EPHO



Animal Exposure Follow Up

- April, 2019, EPHS took over Animal Exposure follow-up from Regional CDC team.
- Follow-up activities include:
 - Conducting rabies risk assessment; working with the Medical Officer of Health (MOH)
 - Coordinating sharing of information with MOH and external agencies as needed (AHS, CFIA)
 - Communicating the decision of the MOH with the community
 - Reporting on animal exposure data



Animal Exposure Follow Up – Animal Exposure Report: Client Demographics Data:

Client's Demographics:	
Name (Last, First): _____	ULI: _____
Guardian/Parent Name (if applicable): _____	Birthdate: _____ (yyyy/mmm/dd)
Phone Number: _____	Age: _____
<input type="checkbox"/> Client lives in a First Nation <input type="checkbox"/> Client does not live in a First Nation	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="checkbox"/> Unable to contact client	Weight: _____
House #/Address: _____	
Community/City: _____	

- Section reorganized and designed to put emphasis on house address/identifier and not necessarily a Box Number



Animal Exposure Follow Up – Animal Exposure Report: Date Time and Geographical Location of Animal Exposure:

Date, Time and Geographical Location of Animal Exposure	
Date of Animal Exposure (YYYY/MMM/DD):	Time of Animal Exposure (24 hour clock):
The Animal Exposure (choose one):	<input type="checkbox"/> Occurred in a First Nation (identify location):
	<input type="checkbox"/> Did not occur in a First Nation (identify location):

- Section reorganized and added free text fields to identify the community the animal exposure occurred in.



Animal Exposure Follow Up – Animal Exposure Report: Animal Information:

Animal Information:	
Species Causing Exposure: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Bat* <input type="checkbox"/> Skunk* <input type="checkbox"/> Raccoon* <input type="checkbox"/> Fox*	Ownership Status of the Animal: <input type="checkbox"/> Other Owned Animal: _____ <input type="checkbox"/> Other Wild Carnivore*: _____ (Example: wolf, mink, weasel, badger, cougar, lynx, or bear) <input type="checkbox"/> Small Mammal: _____ (Example: rabbit, gopher, mouse) <input type="checkbox"/> Other wild non-carnivore: _____ (Example: deer, porcupine) <input type="checkbox"/> Bird: _____
*HIGHER RISK: If the exposure is a bat, skunk, raccoon, fox, or other wild carnivore refer to high risk incidents section at the bottom of page 3.	
Ownership Status of the Animal: <input type="checkbox"/> Wild Animal <input type="checkbox"/> Stray Animal <input type="checkbox"/> Domestic (pet, livestock, etc.)	
Owner Information <input type="checkbox"/> N/A Name: _____ House #/Address: _____ Phone #: _____	
Description of the Animal(s) (Colour, Breed, Sex, Age, Name, Indoor/Outdoor Animal, Sleep Arrangements, Behavioural Tendencies etc.): 	
Domestic Animal <input type="checkbox"/> N/A	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the animal received a rabies vaccination? If yes, date of most recent: (YYYY/MMM/DD) _____ Veterinarian Phone #: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the animal obtained outside of Alberta? If yes, location: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the animal traveled outside of Alberta? If yes, location(s): _____ Date(s): _____

- Asterisk continues to note higher risk (refers to page 3 for further instructions).
- Additional prompts for animal description.
- New fields for domestic animals only.



Animal Exposure Follow Up – Animal Exposure Report: Information About Incident & 10 Day Observation Period:

Information about Incident:		
Animal's Health Status – used to determine the need for rabies vaccine or immune globulin		
Yes* <input type="checkbox"/>	No <input type="checkbox"/>	Did the animal have an unhealthy appearance? Examples of abnormal behaviours include: agitation, isolation, or unusual aggression. Signs of rabies may include lethargy, fever, vomiting, anorexia, colic, lameness, changes in behaviour, self-mutilation, excessive salivation, abnormal vocalization, and/or seizures. *HIGHER RISK: If the animal appeared unhealthy, had abnormal behaviours or had signs of rabies prior to the incident? Refer to high risk incidents section at the bottom of page 3.
<input type="checkbox"/>	<input type="checkbox"/>	Did the animal have abnormal behaviours or show signs of rabies prior to the incident? *HIGHER RISK: If the animal appeared unhealthy, had abnormal behaviours or had signs of rabies prior to the incident? Refer to high risk incidents section at the bottom of page 3.
Exposure Type (select all that apply):		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Location of Exposure (select all that apply):
<input type="checkbox"/>	<input type="checkbox"/>	Head* Neck* Torso/Chest/Back Arm Hand Thigh Calf Ankle Foot Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did the animal bite? ...with saliva? ...with a break in skin? Scratch ...with a break in skin? Other:
*HIGHER RISK: If the exposure is on the head and/or neck, Refer to high risk incidents section at the bottom of page 3.		
Provocation – used to determine the need for rabies vaccine or immune globulin		
The incident was: <input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked*		
<p>A provoked attack is one where the human did something to provoke the animal (even if the action was unintentional) and the attack would be the animal's normal response to such a human action. Examples include: attempting to corner or trap an animal; entering an area that the animal considers its territory; approaching an animal's off spring; coming too close to an injured animal; trying to break up a fight between two animals; picking up an animal; petting an unfamiliar animal; interfering with an animal's food; interfering/wrestling with an animal's owner; wrestling/playing with the animal; or exposing the animal to stress such as a new environment/people/other animals.</p> <p>An unprovoked attack is one where the person did not surprise, startle, antagonize or threaten the animal or enter its territory.</p> <p>*HIGHER RISK: If the incident was unprovoked, Refer to high risk incidents section at the bottom of page 3.</p>		
10 Day Observation Period:		
Note: At the first sign of illness in the animal during the 10 day observation period, FNIHB EPHS must be notified immediately by calling the EPHS on call phone (780-719-8782).		
<input type="checkbox"/> Animal confinement is possible and the animal is under observation for 10 days. Date and time owner notified: _____ Location of animal: _____ Exposure date: _____ 10 day observation ends at the end of: _____ (Day 0) YYYY/MMM/DD (10 days after Day 0) YYYY/MMM/DD		
<input type="checkbox"/> Animal confinement is not possible, but the animal is able to be observed for 10 days following the exposure. Date and time owner notified: _____ Location of animal: _____ Exposure date: _____ 10 day observation ends at the end of: _____ (Day 0) YYYY/MMM/DD (10 days after Day 0) YYYY/MMM/DD		
<input type="checkbox"/> Animal is not able to be observed for 10 days following the exposure.* The animal: <input type="checkbox"/> Has not been located <input type="checkbox"/> Has been destroyed/killed <input type="checkbox"/> Has died <input type="checkbox"/> Other: _____		
*HIGHER RISK: If animal is not available to be observed for 10 days. Refer to high risk incidents section at the bottom of page 3.		

- No changes to page 2 of the form.
- 10 Day observation period section cleaned up to provide clearer direction.



Animal Exposure Follow Up – Animal Exposure Report: Initial Medical Treatment & Immunizations:

- Additional fields to identify facility/facility location and care provider during initial treatment. →
- EPHS does not assess the need for tetanus nor track administration of the vaccine. →
 - Any questions regarding tetanus requirements or procedures, please continue to contact the regional CDC team.

Initial Medical Treatment of the Client:	
Yes No <input type="checkbox"/> <input type="checkbox"/> Did the client receive initial medical treatment? If yes: • Facility: _____ • City/Community: _____ • Date (yyy/mm/dd): _____ • Contact Name: _____ • Phone Number: _____	Type of Treatment Provided (select all that apply): <input type="checkbox"/> N/A Yes No <input type="checkbox"/> <input type="checkbox"/> Wound thoroughly flushed and cleaned <input type="checkbox"/> <input type="checkbox"/> Stitches <input type="checkbox"/> <input type="checkbox"/> Antibiotics <input type="checkbox"/> <input type="checkbox"/> Tetanus-containing vaccine provided <input type="checkbox"/> <input type="checkbox"/> Tetanus Immune Globulin (TIG) <input type="checkbox"/> <input type="checkbox"/> Rabies Immune Globulin (RIG) or Rabies vaccine
Immunizations:	
Immunization Status of Client – used to determine the client’s need for vaccine or immune globulin Yes No <input type="checkbox"/> <input type="checkbox"/> Prior to the animal exposure, did the client have a history of rabies vaccination? If yes, list dates: _____ TETANUS: If the client’s history of tetanus-containing vaccine is unknown, OR if the client did not receive 3 doses of tetanus-containing vaccine before the animal exposure, client may require Tetanus Immune Globulin (TIG). Review the Tetanus Immune Globulin Program Summary and call the FNIHB CDC Immunization Team to discuss the need for TIG. Note: If the client has a history of 3 doses of tetanus-containing vaccine but has not received a booster of tetanus-containing vaccine within the last 5 years, they should receive a tetanus-containing vaccine dose appropriate to their age. If the client has a history of 3 doses of tetanus-containing vaccine and has received a booster of tetanus-containing vaccine within the last 5 years, a tetanus-containing vaccine dose is not required unless client is a child that is due for routine immunizations. Yes No <input type="checkbox"/> <input type="checkbox"/> Client tetanus status confirmed.	



Animal Exposure Follow Up – Animal Exposure Report: Completing the Initial Form and Exposure Follow Up:

Exposure Follow-up	
Higher Risk Incidents:	Lower Risk Incidents:
<p>If the incident is determined to be at a higher risk:</p> <ol style="list-style-type: none"> 1. Complete the Animal Exposure Report up to the bottom of page 3. 2. Check off the "Initial Report" box at the top of page 1. 3. Fax the Animal Exposure Report immediately to EPHS at 780-495-2796 and call the EPHS on call phone (780-719-8782) to receive direction. 	<p>If the incident was <u>not</u> identified as high risk:</p> <ol style="list-style-type: none"> 1. Complete the Animal Exposure Report up to the bottom of page 3. 2. Check off the "Initial Report" box at the top of page 1. 3. Fax the first 3 pages of the Animal Exposure Report to EPHS at 780-495-2796. 4. Determine the need for tetanus-containing vaccine or tetanus immune globulin – review program summaries. 5. Wait 10 days, until the observation period has been completed. Note: If any sign of illness occurs in the animal during the observation period, FNIHB EPHS must be notified immediately by calling the EPHS on call phone (780-719-8782). 6. Once the observation period has been completed, finish the <i>Results of the 10 Day Observation Period</i> and the <i>Follow-Up Completed By</i> sections on page 4. 7. Check off the "Final Report" box on the top of page 4. 8. Fax page 4 of the Animal Exposure Report to EPHS at 780-495-2796.
<p>Initial Report Completed By: (please print):</p>	<p>Date: (YYYY/MMM/DD):</p>

- No changes to reporting procedure or process.
- Notify EPHS immediately of any high-risk incidents (anything marked with an asterisk).
 - EPHO on call 24-7 if area EPHO not available.



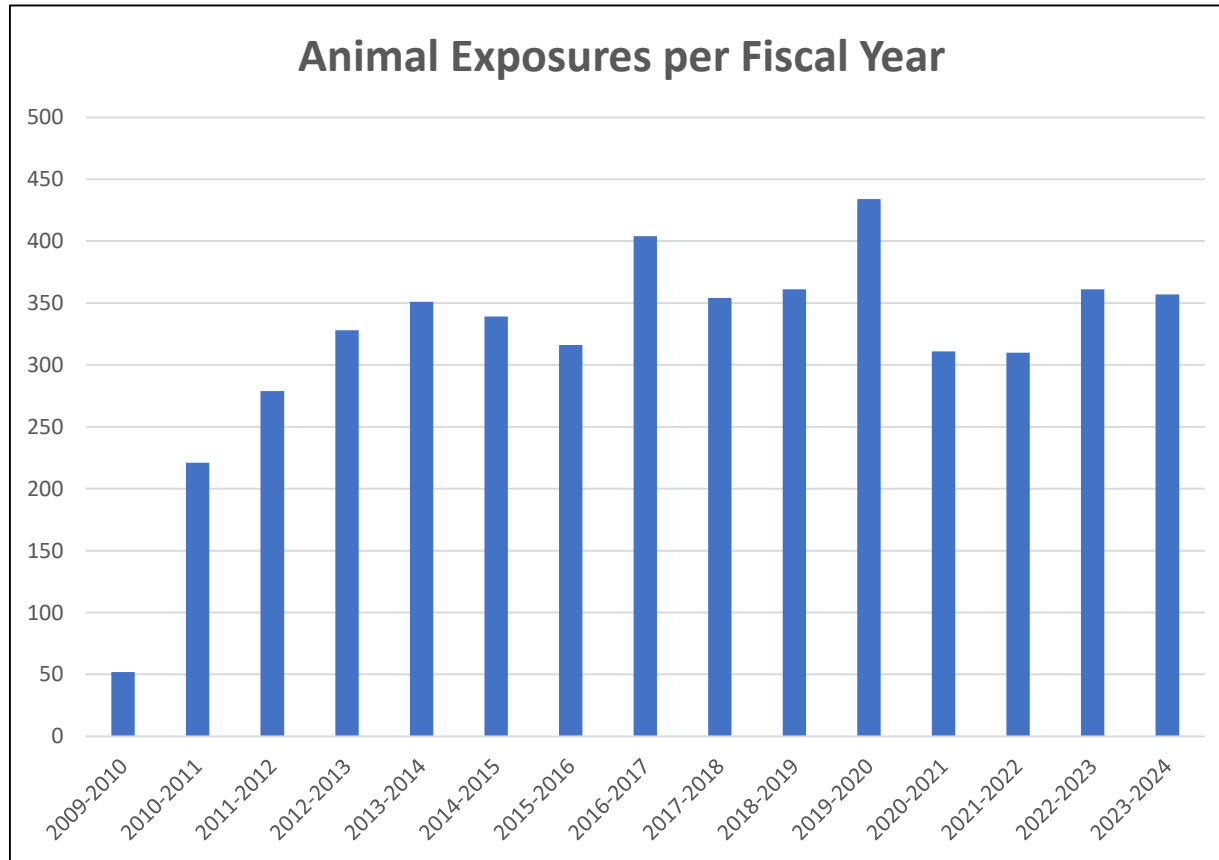
Animal Exposure Follow Up – Animal Exposure Report: Completing the Final Form:

- Reorganized section to provide clearer direction.
 - Higher risk if the animal cannot be located or if there is a change in animal behaviour/status.
- Removed majority of the “Regional Use Only” section.

Animal Exposure Report		Final Report
Environmental Public Health Services Fax Number: 780-495-2796 EPHS On Call Phone Number: 780-719-8782		<input type="checkbox"/> Note: send all pages of the report if additional information was added to the initial report after it was sent.
Client's name: _____		Community: _____
Results of the 10 Day Observation Period:		Notes/Comments:
<input type="checkbox"/> Animal is alive and well after the 10 day observation period (follow-up completed, no further action required) Complete the <i>Completed By</i> section below, check off the “Completed Report” box at the top of page 4 and fax the report to EPHS at 780-495-2796.		
<input type="checkbox"/> Unable to observe animal, locate animal, animal is dead, change in animal behavior or other status. HIGHER RISK: Complete the <i>Completed By</i> section below, check off the “Completed Report” box at the top of page 4, fax the report to EPHS at 780-495-2796, then call the EPHS on call phone (780-719-8782) for further direction.		
<input type="checkbox"/> 10 Day observation period not required as per EPHS.		
Final Report Completed By (please print): _____		Date: (YYYY/MMM/DD) _____



Animal Exposure: Data



2009-2010	52
2010-2011	221
2011-2012	279
2012-2013	328
2013-2014	351
2014-2015	339
2015-2016	316
2016-2017	404
2017-2018	354
2018-2019	361
2019-2020	434
2020-2021	311
2021-2022	310
2022-2023	361
2023-2024	357



Zoonotic/Animals and Human Health Program

- Another major component of the CDC Program Area is the Zoonotic Disease and Animals and Human Health Program.
- Data has been valuable in demonstrating ongoing issues with animal exposure incidents.
- In 2023, additional funding was received in the region to be allocated to the zoonotic and animal human health program.
 - Funding went to further support spay and neuter clinics, and re-establish the drastically scaled back education/awareness component of the program.



Resources

Animal Exposures

What should I do if I've been bitten or scratched by an animal?

- Wash the area with soap and water in order to clean the wound and remove as much of the animal's saliva as possible. Avoid splashing wash water into your eyes, nose or mouth.
- Get the name, address and phone number of the animal owner (if possible).
- See your doctor or visit your local health centre or hospital emergency room to have the wound cared for.

All reported animal exposures are sent to Environmental Public Health Services for follow up to determine if the person involved may have been exposed to rabies.

What is rabies and why should I be concerned?

Although extremely rare in Alberta, rabies is a fatal yet preventable viral disease that affects the nervous system of warm-blooded animals, including humans. If a person does not receive the appropriate medical care after a potential rabies exposure, the virus can cause disease in the brain, ultimately resulting in death. The need for rabies treatment will depend on:

- the type of animal involved
- where the exposure occurred
- the reason for the exposure (e.g. provoked or unprovoked incident)
- whether the animal is a pet whose health and rabies vaccination status can be determined.

What happens to the animal involved in a biting or scratching incident?

- A Public Health Nurse (PHN) or Environmental Public Health Officer (EPHO) will contact the owner (if possible) to gather more information about the animal, including the date of the last rabies vaccination, to help determine the risk of rabies in the animal.
- **Domestic** animals (i.e. pets) involved in a bite or scratch incident are confined and observed at their home for a period of 10 days. They are **not** to be euthanized (put down).
- If they are alive and well after this 10-day period, it confirms that they **did not** have rabies at the time of the incident and therefore the person involved will not require treatment for rabies.
- If the animal involved was a wild animal or stray, the risk of rabies is more difficult to assess. The EPHO will consult with the Medical Officer of Health (MOH) to determine if treatment for rabies is recommended.



Canada

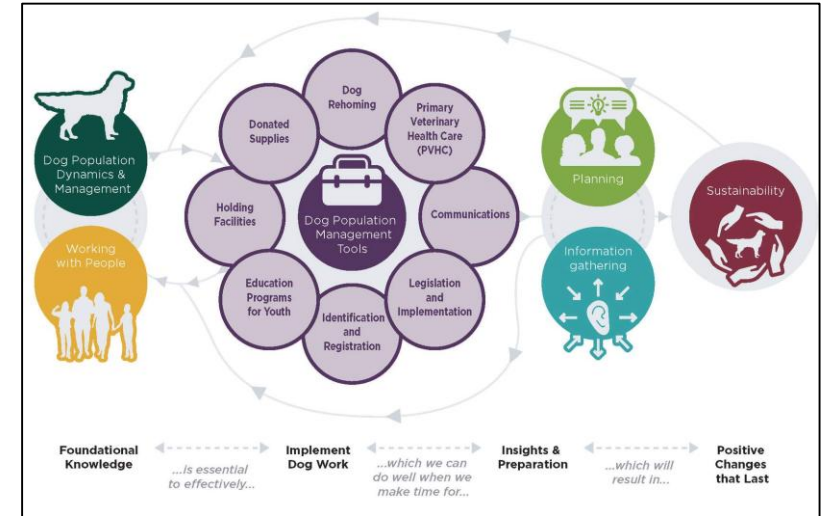
What is the role of the Public Health Nurse or Environmental Public Health Officer when reports of animal exposures are received?

PHNs and EPHOs work to determine if the person involved may have been exposed to rabies. To determine the risk, they will:

- 1) Contact the individual(s) involved and ask the following questions:
 - When and where did the incident occur?
 - Can you describe what happened?
 - Where did the animal bite or scratch you?
 - Where do you live?
 - Was the animal a pet, stray, or wild animal? Can you describe it?
 - If you know the animal, who do they belong to?
 - Did the animal appear unhealthy?
 - Was the animal acting strangely?
 - Do you know the vaccination status of the animal?
 - Can the animal be confined and observed for 10 days?
- 2) Require that the domestic animal be confined to the owner's property for a 10-day observation period. During this period, it is important that the owner:
 - Keep the animal away from other animals and people.
 - Keep the animal indoors at night, where possible.
 - Immediately call the local health centre or the EPHO On-Call (see contact number below) if the animal appears unwell, escapes, dies or if the animal's behavior changes.
- 3) Follow up with the animal owner to ensure the animal is alive and well after the 10-day observation period to rule out rabies.
- 4) Arrange for rabies treatment for clients that may have been exposed to rabies when requested by the MOH.

For further information, contact your local Environmental Public Health Officer.

After regular business hours, the EPHO On-Call can be reached at 780-719-8782.



[Dog Care and Management Program | Canadian Animal Task Force \(cataskforce.org\)](https://cataskforce.org)



QUESTIONS/FEEDBACK?

Kyle Wonsiak

Senior Environmental Public Health Officer, Environmental Public Health Services

First Nations and Inuit Health Branch, Alberta Region

Indigenous Services Canada

kyle.wonsiak@sac-isc.gc.ca

587-987-1317

Geraldine Sawyer

Senior Environmental Public Health Officer, Environmental Public Health Services

First Nations and Inuit Health Branch, Alberta Region

Indigenous Services Canada

Geraldine.Sawyer@sac-isc.gc.ca

780-915-9364

