

Contact name Horse Name:

First name

Surname

Hendra Virus (Confirmed Animal Case) Exposure Assessment Form

Public Health Unit Outbreak ID:
Completed by: Date sent to NOCS:/...../.....
Telephone: Fax:

BACKGROUND:

This contact history and exposure form is to document interviews with contacts of confirmed Hendra horses, enable qualitative estimates of exposure and to help plan management. The form, especially elements of the exposure assessment, is based on current knowledge of Hendra virus transmission. The document will be reviewed and revised regularly in light of new evidence.

Explanatory notes for this form are available on page 10.

This form should be used with everyone who was within 5m of the horse and: touched or handled the horse during this time; or participated in veterinary procedures; or felt exposure to equine body fluids e.g. respiratory droplets or blood. It can also be administered to people with indirect exposures, where appropriate.

Complete a set of the relevant pages for each confirmed horse.

CONTACT DETAILS:

UR No:

Name:

First name

Surname

Date of birth:/...../..... Age: Years Months Sex: Male Female

Name of parent/carer:

Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander Non-Indigenous Unknown

English preferred language: Yes No – specify Ethnicity – specify

Permanent address: Postcode:

Home tel: Mob: Email:

Occupation: Work telephone:

Temporary address (if different from permanent address): Postcode:

Telephone: Mob: Email:

General Practitioner: Dr

Address: Postcode:

Telephone: Fax: Email:

MEDICAL DETAILS:

Has the person become unwell in recent days? Yes No Onset date:/...../.....

Systemic Respiratory Neurological Other – specify

Immunocompromised: Yes No Unknown Details:

Known allergies: Yes No Unknown Details:

Chronic illness: Yes No Unknown Details:

Current medications:

Other significant history:

INFECTED HORSE DETAILS:

Common name and racing/stud name of horse: ID No.

Location: ID No.

Association to horse: Owner Rider Stablehand Vet Farrier Other – specify

Contact name
First name Surname

Horse Name:

EXPOSURE PERIOD:

Onset of horse illness:/...../..... Time, if knownam/pm

Infectious period for horse: Date:/...../..... to Date:/...../.....
(Onset of clinical signs minus 72 hours) (Date of carcass disposal)

Location of exposure: Infected property Elsewhere – specify

Has contact ceased? Yes No

EXPOSURE ASSESSMENT

1. EXPOSURE ASSESSMENT – GENERAL DESCRIPTION OF EXPOSURES

NOTES FROM CONVERSATION WITH CONTACT

Indicate that from here, the interview will consist of two more parts. First, you will ask the contact to describe in their own words their contact with each horse. You will then ask a series of questions to explore the exposures in detail in the second part. Make notes that you can highlight or refer back to. **Try to capture the nature, magnitude, proximity, duration and frequency of exposures to body fluids. Include details of dates and times.** Complete a separate page for each horse if necessary.

***Vet specific questions:** Can you describe exactly how you examined the horse and what procedures you did? Did you palpate the gums? What samples did you take? What did you do with the syringes and tubes? Did you use any disinfectants? Which? When do you think the horse developed signs of Hendra infection? Do you think any of the other horses on the property have been at risk from this horse?*

***Property owner/horse owner/primary horse handler specific questions:** When do you think the horse developed signs of Hendra infection? Do you think any of the other horses on the property have been at risk from this horse? Are there any other people who may have visited the property or touched the horse across the fence?*

COMMENTS:

2. EXPOSURE ASSESSMENT – QUESTIONNAIRES

This section includes three questionnaires, allowing focus on three different aspects of contact with the horse during its illness:

- **General horse handling:** Administer this questionnaire to anyone who undertook activities such as patting, feeding, and grooming, and cleaning stables.
- **Procedures:** Administer this questionnaire to anyone who performed or assisted with procedures such as taking blood or other specimens, veterinary examinations and procedures.
- **Terminal event:** Covers the period of the horse's final event (death by illness or euthanasia).

Contact name
First name Surname

Horse Name:

3. ASSESSMENT of INFECTION CONTROL including PPE

HAND HYGIENE (bare skin)

- Was exposed skin intact? Yes No Unknown
- Was hand hygiene always done after a procedure? Yes No Unknown
- Was hand hygiene always done after body substance exposure risk? Yes No Unknown
- Was hand hygiene always done after handling the horse? Yes No Unknown
- Was hand hygiene always done after handling horse's stable contents? Yes No Unknown
- Summary: Was hand hygiene satisfactory? Yes No Unknown

GLOVE USE

- Were gloves always worn before direct contact with horse's blood or other body substances, mucous membranes and non-intact skin? Yes No Unknown
- If gloves were used, which type? Latex Nitrile Other – *specify* Unknown
- Were gloves always worn before handling horse's equipment and stable contents? Yes No Unknown
- Summary: Was glove use satisfactory? Yes No Unknown

MASK USE

- If masks were used, which type? e.g. P2, surgical, etc
- Did the wearer of the mask have a beard or other facial hair? Yes No Unknown
- Did the wearer fit check the mask each time one was used? Yes No Unknown
- Has the wearer been fit tested for the respirator? Yes No Unknown
- Summary: Was mask use satisfactory? Yes No Unknown

EXPOSURE SELF ASSESSMENT

Were there any mishaps/lapses with infection control including PPE: Yes No Unknown

1. Nature and cause of mishap – *specify*
.....
2. Nature of exposure e.g. route of exposure (saliva, blood, respiratory secretions, urine, faeces, other), duration, activity at time or exposure – *specify*
.....
3. Action in response to mishap/lapse – *specify*
.....

Subjective overall appraisal of quality of infection control practice including use of appropriate PPE:

- Satisfactory Unsatisfactory

A judgement will need to be made by a public health practitioner or infection control practitioner about the impact on exposure from breaches and/or unsatisfactory practice of infection control including PPE.

COMMENTS:

Contact name
First name Surname

Horse Name:

4. SUMMARY COMMENTS FROM INTERVIEWER

e.g. John had at least 2 face to face contacts (10 mins holding horse , 35 mins doing resp. endoscopy) with extensive exposures to mucous membranes and 1 day old uncovered wound on hand to respiratory secretions and blood. No PPE used and hand hygiene of intact skin 35 mins after.

5. UNCERTAINTY ASSESSMENT BY INTERVIEWER

Relates to onset of clinical signs in the horse (and therefore presumed infectious period) and likelihood of unrecorded exposures.

e.g. Good historian. John saw horse daily in the morning. Not clear exactly when signs started but signs present and horse clearly distressed on Tuesday 10 Nov at 0800hrs. No obvious problems with horse when drove past paddock Mon 9 Nov at 1800hrs. No evidence or opportunities for others to have been exposed.

Contact name
First name *Surname*

Horse Name:

6. 2 INITIAL EXPOSURE ASSESSMENT and RISK ASSESSMENT by Team (+/- Panel) and UPDATES

Given current epidemiological evidence that Hendra virus infection has occurred only with those exposures described above as 'High' and insufficient information is available to enable quantitative risk assessment, the term 'At significant risk' could be applied to the 'High' exposure assessment category and 'Not at significant risk' to other exposure assessment categories.

Initial Exposure Assessment **Risk Assessment**

Case Officer: PHU: Date:/...../.....

Comments:
.....
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Updates

Case Officer: Date:/...../.....

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Case Officer: Date:/...../.....

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Case Officer: Date:/...../.....

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