

Contact name .....  
First name Surname

Horse Name: .....

*(This page contains form/s that are intended to be paper based that you can download and complete. If you are using any assistive technology and are unable to use the form please contact us using the [Online form](#) and feedback)*

## **EXPLANATORY NOTES FOR HENDRA VIRUS EXPOSURE ASSESSMENT FORM**

This contact history and exposure form is to:

- Document interviews with contacts of horses with confirmed Hendra virus infection
- Enable qualitative estimates of exposure to assist epidemiological studies to identify the nature and magnitude of risk factors
- Help plan management, especially referral for consideration of monoclonal antibody post-exposure prophylaxis.

The form is based on current knowledge of Hendra virus transmission.

**This form should be used for everyone** who was within 5m of the horse when the horse was considered infectious (see Section 2 of Hendra SoNG) **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.

**NB:** For human public health trace-back purposes, horses should be considered potentially infectious from 72 hours prior to the onset of clinical signs of disease. However, given the theoretical risk of transmission beyond 72 hours (see Section 2 of Hendra SoNG), individuals with specific exposure events characterised as having 'classification uncertainty (medium or high)' or 'high' in the 73 to 120 hours prior to illness onset should have detailed summaries of those events recorded in the assessment form. The exposures should then be discussed with the expert panel.

The form can also be administered to people with indirect exposures where appropriate, e.g. people who have cleaned out the stable of an infected horse before the stable was disinfected according to biosecurity procedures. **NB:** people administered the questionnaires but assessed as 'nil' exposure do not meet the contact definition.

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

A detailed history should be taken at the first interview as further information gathering may not be feasible if a contact becomes ill or otherwise unavailable for further follow up.

Multiple copies of individual pages may be needed if there are numerous exposures. Please attach copies of additional assessment notes to the end of this form.

### **CONVERSATION WITH CONTACT**

Ask contact for a detailed summary in their own words of contact with each horse. Explain that you will then ask a series of questions to explore each exposure in detail. Try **to capture the nature, magnitude, proximity, duration and frequency of exposures to body fluids**.

**Clarify whether exposure to the infected horse or horses has ceased.**

**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? Ask the vet to describe in detail any procedures performed e.g. nasal lavage, insertion of nasogastric tube, etc. Did you assess peripheral perfusion through gum palpation? 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?*

Note that palpation of the gums is common practice when examining a horse to assess peripheral perfusion and that vets include detergents and soap and water in their definition of 'disinfectants'.

**Property owner/horse owner/primary horse handler specific questions:** When do you think the horse developed signs of Hendra virus infection? Do you think any of the other horses or animals, e.g. dogs or cats 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? Ask the owner to describe any treatment given e.g. nasal lavage, insertion of nasogastric tube, etc.

Property owner-specific questions seek to elicit 'less obvious' contacts such as visitors to property or passersby who may have patted or fed horse.

Notes on specific questions in page 2:

- Sociodemographic '**Contact Details**' according to NNDSS requirements

'**Infected horse details**': some states and territories will have unique horse and property ID numbers

### **EXPERT PANEL**

Wherever possible, an expert panel of Public Health and Infectious Diseases Physicians should be convened to review all contacts identified as 'medium', 'classification uncertainty (medium or high)' and 'high' exposure. The expert panel will advise on the provision of monoclonal antibody and logistic issues.

Contact name .....  
First name Surname

Horse Name: .....

## Hendra Virus (Confirmed Animal Case) Exposure Assessment Form

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

### 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 ..... Postcode: .....

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: .....

Last tetanus vaccine (if tetanus prone wound identified - refer to Australian Immunisation Handbook-10<sup>th</sup> Edition 2013)

Date: ...../...../..... Weight: .....

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* .....

### EXPOSURE PERIOD:

Onset of horse illness: ...../...../..... Time, if known ..... am/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 – 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: .....

**1. 1 EXPOSURE ASSESSMENT – GENERAL HORSE HANDLING DURING INFECTIOUS PERIOD**

*Use 1 column per encounter*

Date of activity	Date ...../...../..... Time(s) ..... <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Date ...../...../..... Time(s) ..... <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Date ...../...../..... Time(s) ..... <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
<b>Activity</b>	<input type="checkbox"/> Walked horse on lead <input type="checkbox"/> Held head/other body part <input type="checkbox"/> Patted horse <input type="checkbox"/> Groomed horse <input type="checkbox"/> Fed horse <input type="checkbox"/> Inserted bit <input type="checkbox"/> Kissed muzzle <input type="checkbox"/> Kiss to body <input type="checkbox"/> Cleaned horse equipment <input type="checkbox"/> Cleaned stable <input type="checkbox"/> Was within 5m* but didn't touch horse <input type="checkbox"/> Other (please explain) ..... ..... .....	<input type="checkbox"/> Walked horse on lead <input type="checkbox"/> Held head/other body part <input type="checkbox"/> Patted horse <input type="checkbox"/> Groomed horse <input type="checkbox"/> Fed horse <input type="checkbox"/> Inserted bit <input type="checkbox"/> Kissed muzzle <input type="checkbox"/> Kiss to body <input type="checkbox"/> Cleaned horse equipment <input type="checkbox"/> Cleaned stable <input type="checkbox"/> Was within 5m* but didn't touch horse <input type="checkbox"/> Other (please explain) ..... ..... .....	<input type="checkbox"/> Walked horse on lead <input type="checkbox"/> Held head/other body part <input type="checkbox"/> Patted horse <input type="checkbox"/> Groomed horse <input type="checkbox"/> Fed horse <input type="checkbox"/> Inserted bit <input type="checkbox"/> Kissed muzzle <input type="checkbox"/> Kiss to body <input type="checkbox"/> Cleaned horse equipment <input type="checkbox"/> Cleaned stable <input type="checkbox"/> Was within 5m* but didn't touch horse <input type="checkbox"/> Other (please explain) ..... ..... .....
<b>1. How long did this activity last?</b> <b>2. How close was their face to the horse? How long?</b> <b>3. Horse behaviour &amp; signs</b> <b>4. Did you eat, drink or smoke during this time?</b>	1. Time spent with horse ..... mins / hours 2. .... metres ..... mins 3. .... 4. ....	1. Time spent with horse ..... mins / hours 2. .... metres ..... mins 3. .... 4. ....	1. Time spent with horse ..... mins / hours 2. .... metres ..... mins 3. .... 4. ....
<b>1. Did you get horse body fluid on you?</b> <b>2. Where?</b> <b>3. Exposure to horse's equipment or stable contents</b>	1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Respiratory secretions <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Foaling fluids** <input type="checkbox"/> Other ..... 2. <input type="checkbox"/> Intact skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Broken skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Eyes <input type="checkbox"/> Mouth <input type="checkbox"/> Clothes 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Respiratory secretions <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Foaling fluids** <input type="checkbox"/> Other ..... 2. <input type="checkbox"/> Intact skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Broken skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Eyes <input type="checkbox"/> Mouth <input type="checkbox"/> Clothes 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Respiratory secretions <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Foaling fluids** <input type="checkbox"/> Other ..... 2. <input type="checkbox"/> Intact skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Broken skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Eyes <input type="checkbox"/> Mouth <input type="checkbox"/> Clothes 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Were you using any personal protective equipment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Overalls <input type="checkbox"/> Surgical mask <input type="checkbox"/> P2 mask <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sunglasses <input type="checkbox"/> Safety glasses <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Pow'd air purifying resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Overalls <input type="checkbox"/> Surgical mask <input type="checkbox"/> P2 mask <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sunglasses <input type="checkbox"/> Safety glasses <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Pow'd air purifying resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Overalls <input type="checkbox"/> Surgical mask <input type="checkbox"/> P2 mask <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sunglasses <input type="checkbox"/> Safety glasses <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Pow'd air purifying resp.
<b>How and when did you clean up?</b> (e.g. hand hygiene 5 mins after; shower/changed clothes 4 hrs after;) <b>What did you do with your clothes and shoes?</b> (e.g. discarded, machine wash etc)			

\*5m distance is an arbitrary distance to take into account closer movements of a horse on a lead or which is agitated

\*\* Hendra virus infection can have similar symptoms to foaling

Contact name .....  
*First name* ..... *Surname* .....

Horse Name: .....

**1.2 EXPOSURE ASSESSMENT – PROCEDURES DURING INFECTIOUS PERIOD (LIVE HORSE)**

*Use 1 column per encounter*

Date of activity	Date ...../...../..... Time(s) ..... <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Date ...../...../..... Time(s) ..... <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Date ...../...../..... Time(s) ..... <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
<b>Activity</b>	<input type="checkbox"/> Walked horse on lead <input type="checkbox"/> Held head/other body part <input type="checkbox"/> Patted horse <input type="checkbox"/> Fed horse <input type="checkbox"/> Inserted bit <input type="checkbox"/> Kissed muzzle or body <input type="checkbox"/> Cleaned horse equipment <input type="checkbox"/> Cleaned stable <input type="checkbox"/> Was within 5m* but didn't touch horse <input type="checkbox"/> Performed invasive procedure <input type="checkbox"/> Performed non-invasive procedure <input type="checkbox"/> Collected specimens <input type="checkbox"/> Assisted veterinarian <input type="checkbox"/> Other (please explain) .....	<input type="checkbox"/> Walked horse on lead <input type="checkbox"/> Held head/other body part <input type="checkbox"/> Patted horse <input type="checkbox"/> Fed horse <input type="checkbox"/> Inserted bit <input type="checkbox"/> Kissed muzzle <input type="checkbox"/> Kiss to body <input type="checkbox"/> Cleaned horse equipment <input type="checkbox"/> Cleaned stable <input type="checkbox"/> Was within 5m* but didn't touch horse <input type="checkbox"/> Performed procedure <input type="checkbox"/> Collected specimens <input type="checkbox"/> Assisted veterinarian <input type="checkbox"/> Other (please explain) .....	<input type="checkbox"/> Walked horse on lead <input type="checkbox"/> Held head/other body part <input type="checkbox"/> Patted horse <input type="checkbox"/> Fed horse <input type="checkbox"/> Inserted bit <input type="checkbox"/> Kissed muzzle <input type="checkbox"/> Kiss to body <input type="checkbox"/> Cleaned horse equipment <input type="checkbox"/> Cleaned stable <input type="checkbox"/> Was within 5m* but didn't touch horse <input type="checkbox"/> Performed procedure <input type="checkbox"/> Collected specimens <input type="checkbox"/> Assisted veterinarian <input type="checkbox"/> Other (please explain) .....
<b>1. How long did this activity last?</b> <b>2. How close was their face to the horse? How long?</b> <b>3. Horse behaviour &amp; signs</b> <b>4. Did you eat, drink or smoke during this time?</b>	1. Time spent with horse ... mins / hours 2. .... metres ..... mins 3. .... 4. ....	1. Time spent with horse ... mins / hours 2. .... metres ..... mins 3. .... 4. ....	1. Time spent with horse ... mins / hours 2. .... metres ..... mins 3. .... 4. ....
<b>1. Did you get horse body fluid on you?</b> <b>2. Where?</b> <b>3. Exposure to horse's equipment or stable contents</b>	1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Respiratory secretions <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Foaling fluids <input type="checkbox"/> Other ..... 2. <input type="checkbox"/> Intact skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Broken skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Eyes <input type="checkbox"/> Mouth <input type="checkbox"/> Clothes 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Respiratory secretions <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Foaling fluids <input type="checkbox"/> Other ..... 2. <input type="checkbox"/> Intact skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Broken skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Eyes <input type="checkbox"/> Mouth <input type="checkbox"/> Clothes 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Respiratory secretions <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Foaling fluids <input type="checkbox"/> Other ..... 2. <input type="checkbox"/> Intact skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Broken skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Eyes <input type="checkbox"/> Mouth <input type="checkbox"/> Clothes 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Were you using any personal protective equipment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Overalls <input type="checkbox"/> Surgical mask <input type="checkbox"/> P2 mask <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sunglasses <input type="checkbox"/> Safety glasses <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Pow'd air purifying resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Overalls <input type="checkbox"/> Surgical mask <input type="checkbox"/> P2 mask <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sunglasses <input type="checkbox"/> Safety glasses <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Pow'd air purifying resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Overalls <input type="checkbox"/> Surgical mask <input type="checkbox"/> P2 mask <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sunglasses <input type="checkbox"/> Safety glasses <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Pow'd air purifying resp.
<b>How and when did you clean up?</b> (e.g. hand hygiene 5 mins after; shower /changed clothes 4 hrs after) <b>What did you do with your clothes and shoes?</b> (e.g. discarded, machine wash etc)			

\*5m distance is an arbitrary distance to take into account closer movements of a horse on a lead or which is agitated

Contact name .....  
*First name* ..... *Surname* .....

Horse Name: .....

**1.3 EXPOSURE ASSESSMENT – TERMINAL EVENT (immediately prior to death to disposal of carcass)**

*Use 1 column per encounter*

Date of activity	Date ...../...../..... Time(s) ..... <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Date ...../...../..... Time(s) ..... <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Date ...../...../..... Time(s) ..... <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
<b>Activity</b>	<input type="checkbox"/> Walked horse on lead <input type="checkbox"/> Held head/other body part <input type="checkbox"/> Patted horse <input type="checkbox"/> Fed horse <input type="checkbox"/> Inserted bit <input type="checkbox"/> Kissed muzzle <input type="checkbox"/> Kiss to body <input type="checkbox"/> Cleaned horse equipment <input type="checkbox"/> Cleaned stable <input type="checkbox"/> Was within 5m but didn't touch horse <input type="checkbox"/> Euthanased horse (state how this was done) <input type="checkbox"/> Disposed of carcass <input type="checkbox"/> Other (please explain) .....	<input type="checkbox"/> Walked horse on lead <input type="checkbox"/> Held head/other body part <input type="checkbox"/> Patted horse <input type="checkbox"/> Fed horse <input type="checkbox"/> Inserted bit <input type="checkbox"/> Kissed muzzle <input type="checkbox"/> Kiss to body <input type="checkbox"/> Cleaned horse equipment <input type="checkbox"/> Cleaned stable <input type="checkbox"/> Was within 5m but didn't touch horse <input type="checkbox"/> Euthanased horse <input type="checkbox"/> Disposed of carcass <input type="checkbox"/> Other (please explain) .....	<input type="checkbox"/> Walked horse on lead <input type="checkbox"/> Held head/other body part <input type="checkbox"/> Patted horse <input type="checkbox"/> Fed horse <input type="checkbox"/> Inserted bit <input type="checkbox"/> Kissed muzzle <input type="checkbox"/> Kiss to body <input type="checkbox"/> Cleaned horse equipment <input type="checkbox"/> Cleaned stable <input type="checkbox"/> Was within 5m but didn't touch horse <input type="checkbox"/> Euthanased horse <input type="checkbox"/> Disposed of carcass <input type="checkbox"/> Other (please explain) .....
<b>1. How long did this activity last?</b> <b>2. How close was their face to the horse? How long?</b> <b>3. Horse behaviour &amp; signs</b> <b>4. Did you eat, drink or smoke during this time?</b>	1. Time spent with horse ... mins / hours 2. .... metres ..... mins 3. .... 4. ....	1. Time spent with horse ... mins / hours 2. .... metres ..... mins 3. .... 4. ....	1. Time spent with horse ... mins / hours 2. .... metres ..... mins 3. .... 4. ....
<b>1. Did you get horse body fluid on you?</b> <b>2. Where?</b> <b>3. Exposure to horse's equipment or stable contents</b>	1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Respiratory secretions <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Foaling fluids <input type="checkbox"/> Other ..... 2. <input type="checkbox"/> Intact skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Broken skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Eyes <input type="checkbox"/> Mouth <input type="checkbox"/> Clothes 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Respiratory secretions <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Foaling fluids <input type="checkbox"/> Other ..... 2. <input type="checkbox"/> Intact skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Broken skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Eyes <input type="checkbox"/> Mouth <input type="checkbox"/> Clothes 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Respiratory secretions <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Foaling fluids <input type="checkbox"/> Other ..... 2. <input type="checkbox"/> Intact skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Broken skin <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> other ..... <input type="checkbox"/> Eyes <input type="checkbox"/> Mouth <input type="checkbox"/> Clothes 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Were you using any personal protective equipment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Overalls <input type="checkbox"/> Surgical mask <input type="checkbox"/> P2 mask <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sunglasses <input type="checkbox"/> Safety glasses <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Pow'd air purifying resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Overalls <input type="checkbox"/> Surgical mask <input type="checkbox"/> P2 mask <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sunglasses <input type="checkbox"/> Safety glasses <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Pow'd air purifying resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Overalls <input type="checkbox"/> Surgical mask <input type="checkbox"/> P2 mask <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sunglasses <input type="checkbox"/> Safety glasses <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Pow'd air purifying resp.
<b>How and when did you clean up?</b> (e.g. hand hygiene 5 mins after; shower/changed clothes 4 hrs after; delayed clean-up) <b>What did you do with your clothes and shoes?</b> (e.g. discarded, machine wash etc)	Describe	Describe	Describe

Contact name .....  
First name Surname

Horse Name: .....

**2. ASSESSMENT of INFECTION CONTROL including PPE**

Terms such as 'satisfactory' use of PPE, 'slight', 'moderate' and 'extensive' exposures are acknowledged to be subjective but cannot be succinctly defined.

**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 fluid 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 P2 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: .....

**3. UNCERTAINTY ASSESSMENT BY INTERVIEWER**

Relates to any uncertainty around onset of clinical signs in the horse (and therefore presumed infectious period), as well as likelihood of possible unrecorded exposures. Long time periods of potential exposure, especially in difficult conditions, may result in underestimates of exposure or unreliability of recollection.

*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.*

**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.*

Contact name .....  
*First name* *Surname*

Horse Name: .....

**4. SUMMARY COMMENTS FROM INTERVIEWER (cont)**



Contact name .....  
*First name* ..... *Surname* .....

Horse Name: .....

**5. EXPOSURE ASSESSMENT**

The following exposure assessment categories are given to assist decision-making by the team. Current epidemiological evidence is that Hendra virus infection has occurred only with those exposures described below as 'high'. The period when the risk of infection from a horse is greatest is when the horse is sick. Given the advice to minimise handling sick horses and use appropriate infection control including PPE, and the limited opportunities for exposure to a sick horse due to the usually rapid disease course, the additive effect from repeated less than 'high' exposures is generally likely to be minor. However the public health practitioner, team and the panel assessments should consider the nature, number and magnitude of multiple exposures in making the 'Initial Assessment' for a specific contact. While infection from needlestick injury has not been documented, it has been included based on expert advice.

**5.1 EXPOSURE ASSESSMENT TABLE**

Terms such as 'satisfactory' use of PPE, 'slight', 'moderate' and 'extensive' exposures are acknowledged to be subjective but cannot be succinctly defined.

Nature and magnitude of exposures	Initial assessment by team	Management
No exposure to contact's dermis and/or mucous membranes	<input type="checkbox"/> Nil	<input type="checkbox"/> Information and reassurance <input type="checkbox"/> Referred to GP <input type="checkbox"/> Other .....
Slight to extensive exposures to contact's intact dermis on <3 occasions OR satisfactory and consistent use of appropriate infection control including PPE without breaches	<input type="checkbox"/> Negligible	<input type="checkbox"/> Information and reassurance <input type="checkbox"/> Referred to GP <input type="checkbox"/> Other .....
Slight to extensive exposures to contact's intact dermis on 3 or more occasions OR slight exposure to uncovered wounds on 1 occasion	<input type="checkbox"/> Low	<input type="checkbox"/> Information and reassurance <input type="checkbox"/> Referred to GP <input type="checkbox"/> Other .....
Slight or questionable level of exposure to contact's mucous membranes or uncovered wounds OR prolonged contact with horse with significant uncertainty around potential exposures, e.g. prolonged nursing of sick horse in a situation where exposure to body fluids would be expected but has not been recalled by contact	<input type="checkbox"/> Medium	<input type="checkbox"/> Review of assessment by panel Date ...../...../..... Panel assessment ..... <input type="checkbox"/> Information and reassurance <input type="checkbox"/> Referred to GP <input type="checkbox"/> Other .....
Moderate exposures to contact's mucous membranes and/or uncovered wounds without adequate PPE, e.g. kissing horse on muzzle OR needle stick injury	<input type="checkbox"/> Classification uncertainty: Medium or High	<input type="checkbox"/> Review of assessment by panel Date ...../...../..... Panel assessment ..... <input type="checkbox"/> Discussed contact with IDP (if not on panel) Date ...../...../..... <input type="checkbox"/> Referred contact to IDP Date ...../...../..... <input type="checkbox"/> Information and reassurance <input type="checkbox"/> Serology Date ...../...../..... Lab ..... <input type="checkbox"/> Other testing ..... <input type="checkbox"/> Referral to GP <input type="checkbox"/> Consider suitability for offering monoclonal antibody Note restriction on blood and tissue donation Other .....
Extensive exposures to contact's mucous membranes and/or uncovered wounds and/or, on single or multiple occasions without adequate PPE e.g. being drenched with oral or respiratory secretions. Undertook respiratory tract procedures such as endoscopy or nasal lavage without adequate PPE. Performed or assisted with post mortem without adequate PPE	<input type="checkbox"/> High	<input type="checkbox"/> Review of assessment by panel Date ...../...../..... Panel assessment ..... <input type="checkbox"/> Referred contact to IDP Date ...../...../..... <input type="checkbox"/> Information and reassurance <input type="checkbox"/> Serology Date ...../...../..... Lab ..... <input type="checkbox"/> Other testing ..... <input type="checkbox"/> Referred to GP <input type="checkbox"/> Note restriction on blood and tissue donation <input type="checkbox"/> Consider suitability for offering monoclonal antibody <input type="checkbox"/> Other .....

Contact name .....  
*First name* *Surname*

Horse Name: .....

**5. 2 EXPOSURE ASSESSMENT and RISK ASSESSMENT by Team +/- Panel and UPDATES**

Given that insufficient information is available to enable quantitative risk assessment, the term 'At significant risk' could be applied to the 'High' and possibly 'Medium or High' exposure assessment categories and 'Not at significant risk' to other exposure assessment categories.

**Exposure Assessment** ..... **Risk Assessment** .....

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

Decision made by (please circle) Clinician / Team / Panel / Expert Advisory Group

Names of those involved in decision making process: .....

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Notes and rationale for risk assessment .....

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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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**6. PLEASE ADD FURTHER CASE NOTES HERE:**