

## **RABIES CONTROL PROGRAM – DUTY TO REPORT**

To: Veterinarians – London and Middlesex County  
London Police Services  
Ontario Provincial Police – London/Middlesex County Detachments  
Humane Society London Middlesex  
Animal Care & Control

Date: March 27, 2024

### **Re: Duty to Report Animal Bite/Animal Contact**

This letter is being sent in accordance with the requirements of the Ministry of Health and Long-Term Care, Rabies Prevention and Control Protocol. It is your notification and reminder to report animal bites and/or other animal contact incidents to the Middlesex-London Health Unit (MLHU) Rabies Prevention and Control Program. Reporting incidents is mandated under Regulation 557 of the Health Protection and Promotion Act. Attached you will find the required paperwork which is to be completed and forwarded to the MLHU Rabies Fax Line (519-663-0107) or emailed to [ZZFax.RabiesLine@mlhu.on.ca](mailto:ZZFax.RabiesLine@mlhu.on.ca) whenever an animal incident has been reported.

### **DUTY TO REPORT**

Ontario Regulation 557, Sections 2(1) and 2(2) under the Health Protection and Promotion Act state:

- 2(1) *A physician, registered nurse in the extended class, veterinarian, police officer or any other person who has information concerning either or both of the following shall, as soon as possible, notify the medical officer of health and provide the medical officer with the information, including the name and contact information of the exposed person:*
1. *Any bite from a mammal*
  2. *Any contact with a mammal that is conducive to the potential transmission of rabies to persons. O. Reg. 501/17 s. 1.*
- 2(2) *The owner or the person having the care and custody of an animal,*
- (a) *that has bitten or is suspected of having bitten a person; or*
  - (b) *that is suspected by the medical officer of health of having rabies,*
- shall provide the medical officer of health with such information and assistance with respect to the animal as the medical officer of health requires. R.R.O. 1990, Reg. 557, s. 2(2).*

Each year, the Health Unit investigates approximately 1100 human exposures to animals that can potentially transmit the rabies virus. Positive cases of animal rabies, specifically bat rabies, occur in the City of London and Middlesex County every year. All animal exposure incidents (i.e., a bite, scratch, saliva contact with a mucous membrane or fresh, open cut/scratch) are investigated by the Health Unit as per Ontario Regulation 557 of the Health Protection and Promotion Act.

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[www.healthunit.com](http://www.healthunit.com)

-2-

## PROCESS TO REPORT

All animal exposure incidents must be reported by fax to the Middlesex-London Health Unit at 519-663-0107 or by email at [ZZFax.RabiesLine@mlhu.on.ca](mailto:ZZFax.RabiesLine@mlhu.on.ca). Please use the attached report, or in the case of police involvement, the occurrence report can be attached.

**The Health Unit is available to receive all communications 24 hours a day, 7 days a week.**

### Business Hours:

Monday to Friday - 8:30 am to 4:30 pm.

**Fax reports** to 519-663-0107 or **email to** [ZZFax.RabiesLine@mlhu.on.ca](mailto:ZZFax.RabiesLine@mlhu.on.ca)

If you need to speak with the Rabies Coordinator, please call 519-663-5317 extension 8010.

### After Hours/Weekends/Holidays:

Please call the Health Unit at 519-663-5317 and the answering service will direct your call to the appropriate individual.

Sincerely,



Dr. Alexander Summers, MD, MPH, CCFP, FRCPC  
Medical Officer of Health  
Middlesex-London Health Unit

Attachments

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[www.healthunit.com](http://www.healthunit.com)



**Fax to: Rabies Coordinator**  
**Middlesex-London Health Unit**  
**Tel: 519-663-5317 ext.8010**  
**Fax: 519-663-0107**  
**Email: ZZFax.RabiesLine@mlhu.on.ca**

**ANIMAL EXPOSURE INCIDENT REPORT**

Today's Date: \_\_\_\_\_ Reporting Agency: \_\_\_\_\_  
(yyyy/mmm/dd)

Contact person for your Office: \_\_\_\_\_ Phone: \_\_\_\_\_

**All information must be filled in**

**PEP ADMINISTERED Y | N**

**PERSON EXPOSED**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Unit #) (Street) (City/Prov.) (Postal Code)

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ kgs | lbs  
(yyyy/mmm/dd)

Parent or guardian contact name: \_\_\_\_\_

Date exposed to the animal: \_\_\_\_\_ Time: \_\_\_\_\_ AM | PM  
(yyyy/mmm/dd)

Type of exposure: Bite | Scratch | Non-bite | Handling | Other: \_\_\_\_\_

Location of wound(s) on body: Face | Head | Neck | Other: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Summary of incident: \_\_\_\_\_  
 \_\_\_\_\_

**ANIMAL INFORMATION**

Species: \_\_\_\_\_ Name (of pet): \_\_\_\_\_

Description of animal: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(Unit #) (Street) (City/Prov.) (Postal Code)

Animal Vaccinated: Y | N Date Vaccinated: \_\_\_\_\_  
(yyyy/mmm/dd)

Veterinary Clinic: \_\_\_\_\_ Animal Alive Y | N

Personal information contained on this form is collected under the authority of the Health Protection and Promotion Act, for the purposes of investigating animal exposures, by Public Health, to prevent rabies. The incident is entered into the provincial database for assisting with the prevention of rabies and for maintaining information regarding animal exposure incidents. If you have any questions about the collection or use of this information, please contact 519-663-5317