

## Appendix 1: Infectious Diseases Non-Human Primate Injury Referral Form

<b>Patient Name</b>			<b>CHI Number</b>	
<b>Patient Address</b>			<b>Date of assessment</b>	
			<b>Date of injury</b>	
			<b>Location of assessment</b>	ED/other (please specify) .....
<b>Patient Contact No.</b>			<b>Assessing Clinician (name and grade)</b>	
<b>Location injury sustained</b>	UK Lab	Other	If other, please give brief description:	

*Prior to completing this form, please review the [full guidance](#).*

### 1. Source animal risk assessment (tick relevant level/score)

Table 1: Macaque Type / Previous Herpes B Serology Result	Risk Level	✓
Ill macaque, lesions present, or known shedding Herpes B	High	<input type="checkbox"/>
Non-Mauritian or unknown origin – untested or not had final 3 month test	Possible	<input type="checkbox"/>
Mauritian or Gibraltar macaque (even if untested)	Negligible	<input type="checkbox"/>
Tested Herpes B negative (e.g. 3-month serology)	Negligible	<input type="checkbox"/>
Wild macaque (e.g. temple exposure)	Negligible	<input type="checkbox"/>

Table 2: Source Animal	Score	✓
Healthy macaque	0	<input type="checkbox"/>
Macaque that is ill or immunocompromised	1	<input type="checkbox"/>
Macaque that is known to be shedding herpes B virus	1	<input type="checkbox"/>
Macaque that has lesions compatible with herpes B virus disease	1	<input type="checkbox"/>
Test results from vet indicates macaque is infected with herpes B virus	1	<input type="checkbox"/>

### 2. Injury assessment (tick relevant score)

Table 3: Injury type / Site	Score	✓
Skin intact	0	<input type="checkbox"/>
Mucosal exposure / Minor laceration (except to the head, neck or torso)	1	<input type="checkbox"/>
Needlestick involving blood / exposure to objects contaminated with body fluid / infected cell culture	1	<input type="checkbox"/>
Deep bite in any location / Any head, neck, or torso injury	2	<input type="checkbox"/>
Needlestick / exposure to objects contaminated with tissue/fluid from nervous system, eyelids or mucosa (oral/genital), lesions suspicious for B virus	2	<input type="checkbox"/>
Wound cleaning: Inadequate = add 1 point	+1 if applicable	<input type="checkbox"/>

### 3. Outcome (Add scores from Table 2 and 3 – tick relevant action)

Total Score	Risk Level	Action	✓
0	Low	✗ No prophylaxis, give advice, no follow-up	
1	Moderate	✗ No prophylaxis, but <b>follow-up at weeks 1, 2 &amp; 4</b> by ID	
≥2	High	✓ <b>Start PEP, follow up required</b>	

**4. Other assessments (tick relevant box):**

Rabies		Tetanus		Antibiotics	
PEP/HRIG required		HNIG given		Given	
Nil required		Vaccine dose given		Not given	
		Nil required			

**5. Any other relevant information to pass on:**

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Once completed, please email referral form to [wgh.infectiousdiseases@nhs.scot](mailto:wgh.infectiousdiseases@nhs.scot)

Many thanks.