**PREFEITURA DO MUNÍCIPIO DE SÃO PAULO**

SECRETARIA MUNICIPAL DE SAÚDE – SMS

COORDENADORIA DE VIGILÂNCIA EM SAÚDE

DIVISÃO DE VIGILÂNCIA DE ZOONOSES

**Ficha de Notificação de Esporotricose em Cão ou Gato**

ATENÇÃO: A notificação é obrigatória (**PORTARIA Nº 470/2020-SMS.G).**

**Para notificação de suspeita ou diagnóstico confirmado: encaminhar a ficha de notificação para** **esporotricosesp@prefeitura.sp.gov.br**

Para encaminhamento de material para diagnóstico laboratorial: coletar material da lesão em swab estéril mantido em meio de cultura e entregar junto com essa ficha de notificação na Divisão de Vigilância de Zoonoses, Rua Santa Eulália, 86 – Santana, São Paulo, na recepção do Laboratório de Zoonoses e Doenças Transmitidas por Vetores – LABZOO, de segunda a sexta-feira, das 8 às 17h.

**DADOS DO RESPONSÁVEL E DA LOCALIZAÇÃO**

**Nome do responsável pelo animal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telefone residencial:** ( ) \_\_\_\_\_- \_\_\_\_ **Celular: ( )** \_\_\_\_\_- \_\_\_\_ **Endereço:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **N°:** \_\_\_\_ **Complemento:** \_\_\_\_\_\_\_\_\_\_

**CEP:** \_\_\_\_\_ - \_\_\_ **Bairro:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal foi resgatado da rua com lesões?** Sim Não

**O endereço do responsável é o mesmo da localização do animal?** Sim Não 🡪 (preencher dados abaixo:)

**Endereço:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **N°:** \_\_\_\_ **Complemento:** \_\_\_\_\_\_\_\_\_\_

**CEP:** \_\_\_\_\_ - \_\_\_ **Bairro:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DADOS DO ANIMAL**

**Espécie:** Canina Felina **Nome do animal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Idade:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexo:** Macho Fêmea **Esterilizado:** Sim Não

**Raça:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Idade:** \_\_\_\_\_\_\_\_ **Cor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Peso:** \_\_\_\_\_kg

**DADOS CLÍNICOS**

**Data início lesão:** \_\_\_/\_\_/\_\_\_\_  **Local(is) da lesão(ões):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coleta de material para exame laboratorial:** Sim Não **Data:** \_\_/\_\_/\_\_\_\_

**Exame realizado:** Cultura fúngica Citologia Biópsia Outro 🡪 Qual?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resultado do diagnóstico:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Data do resultado:** \_\_/\_\_/\_\_\_\_\_

**Tratamento veterinário**: Sim Não **Data de início do tratamento**: \_\_/\_\_/\_\_\_\_\_

**Medicamento prescrito (nome e dose):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presença de pessoas que foram arranhadas ou mordidas pelo animal suspeito**: Sim Não

**Se sim, informar nome e telefone de contato:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DADOS DA NOTIFICAÇÃO**

**Notificado por:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nome do médico veterinário:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estabelecimento veterinário:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Endereço:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telefone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data notificação:** \_\_\_\_/\_\_\_/\_\_\_\_

**Observações** (detalhar dados da anamnese e histórico da infecção do animal)

* Como o animal foi infectado? (Ex: brigas ou contato com matéria orgânica, troncos de árvores)
* Quanto tempo o animal está apresentando sinais clínicos?
* Quantidade de lesões: sem lesão aparente, única, múltipla ou disseminada?
* Qual é o aspecto da lesão? Apresenta espirros ou ruídos respiratórios?
* Estado geral do animal?

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