

MOST URGENT

F. No. 7(92)-DFWPM/STAT/ARC/2017

Government of Tripura

Directorate of Family Welfare & P.M.

Dated, the Agartala 3rd October 2019.

MEMO

Subject- Case Definition and Reporting Formats for Rabies under National Rabies Control Programme (NRCP) - regarding.

It is for information of all concerned Chief Medical Officer /Head of Institution of State Hospital/Dist. Hospital/ Sub-Div. Hosp./CHC & PHC regarding the new format of NRCP. IT is expressed that Rabies is 100% fatal disease which is can be prevented by adequate post-exposure prophylaxis. National Rabies Control Program for prevention and control of Rabies has been approved under 12th five-year plan. In this connection to strengthening of surveillance of animal bites and rabies cases of humans is an important objective of the program. Accordingly, the **Program Division of Government of India** has finalized the reporting formats described below and requested to furnish the same at periphery level for incurring the consolidate data to district level.

- **Animal Bite Exposure Register:** To be maintained at each health facility that has facilities to treat animal bite cases. Reporting through the 'P' form of IDSP.
- **Treatment Card:** to be maintained by Patient and treating Health facility
- **Monthly Summary Report of Health Facility:** To be submitted by a health facility that maintains an Animal Bite Exposure register. To be submitted by Health facility to District on a Monthly basis before 5th day of every month.
- **Line list format** for reporting of Suspected/probable/ confirmed Rabies cases: To be submitted by the Health facility where a suspected, probable/confirmed case diagnosed (ID hospitals, Medical colleges, etc.). To be submitted to District.
- **District level monthly report :-** For a monthly summary of Animal Bite cases, their treatment status reporting of suspected /probable /confirmed Rabies cases. To be submitted by District Nodal officer (NRCP) to the State Nodal Officer on a monthly basis before the 5th day of every month.
- **Rabies Laboratory reporting format :** To be submitted by Rabies Diagnosing Laboratories to District State & Centre on a real-time basis .
- **State- level monthly report :-** For a monthly summary of Animal Bite cases , their treatment status , reporting of suspected/ probable /confirmed Rabies cases . To be submitted by State Nodal Officer (NRCP) to Centre NRCP division of NCDC.

You all are instructed to submit the consolidate monthly report of Animal Bite Victims to the Chief Medical Officer of respective districts after compilation within 5th day of every month positively.

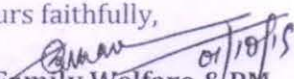
Chief Medical Officer of all the district are also requested to submit the said report in prescribed form (copy enclosed) by 7th of every month to the State Head quarter by e.mail statisticsdfwpm@rediffmail.com with a signed hard copy by post for prepare the State consolidated report for onward transmission to Govt. of India by 10th of every month .

This is issued in reference to the memo F. No. 7(92)-DFWPM/STAT/ARC/2009, dated 21st September 2019.

This may kindly be treated as MOST URGENT

Encl- All the format stated above.

Yours faithfully,


Director of Family Welfare & P.M,
Government of Tripura, Agartala.

Contd.P/2

Continued :-

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To:-

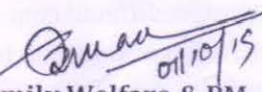
- 1-8) Chief Medical Officer, West-Agartala/Sepahijala- Bishalgarh/Khowai-Khowai /Gomati-Udaipur /South-Belonia /Dhalai-Ambassa/Unakoti- Kailasahat /North-Dharmanagar for information with a request to send the district consolidated monthly report by 7th of every month positively .
- 9-16) Medical Superintendent, AGMC & GBP Hosp./IGM Hosp./TMC & BRAM Hospital/Khowai District Hospital-Khowai/District Hospital Gomati- Udaipur/ South District Hospital- Santirbazar/Kulai Dist. Hospital - Ambassa/Dist Hosp.Unakoti- Bhagabannagar Kailasahar /North District Hosp. Dharmanagar Tripura with a request to submit the monthly report to the O/o the respective CMO by 5th of every month positively . **(Format enclosed)** .
- 17-28) The Sub-Divisional Medical Officer , Melaghar (Sonamura) /Bishargarh / Kanchanpur /Amarpur /Belonia /T.S. Sub-Div. Hospital / Sabroom / RGM Memorial SDH /Kamalpur/ Gandacharra/Chailengtha(Longtharai - Velly) Teliamura SDH - Teliamura for information with a request to submit the monthly report to the O/o the respective CMO by 5th of every month positively . **(Format enclosed)**
- 29-158) The Medical Officer In- Charge _____ CHC / PHC West/Sepahijala /Khowai /Gomati/Dhalai South/Unakoti /North with a request to submit the monthly report to the O/o the respective CMO by 5th of every month positively . **(Format enclosed)**

Copy to:-

1. Dr. Simmi Tiwari, Deputy Director and OIC, Division of Zoonosis Disease Programme, National Rabies Control Programme, National Centre for Disease Control (Director General of Health Services)Ministry of Health & Family Welfare, Government of India,22,Sham Nath Marg,Delhi-110054,India.(E-mail-nrcp.ncdc@gmail.com).

Copy also forwarded to:-

1. PS to the Secretary, H & FW Department, Government of Tripura for kind information of Secretary.
2. Mission Director , NHM Tripura for information please .
3. District Nodal Officer, ^(NRCO) of West /Sepahijala /Khowai /South /Gomati /Dhalai /Unakoti /North Tripura for information and necessary action .


Director of Family Welfare & PM,
Government of Tripura, Agartala

Case definition for Human Rabies for IDSP

1. **Suspect Case** : To be reported in S Form (by Health Worker)

Definition : Death of a human with history of dog bite few weeks/months preceding death

Wherever available, the details of such cases should be shared in a line list— Name, Age, Gender, Address

2. **Probable Case** : To be reported in P form (by Medical Officers/Doctors)

Definition: A suspected human case plus history of exposure[#] to a (suspect[¥] / probable[€]) rabid animal

[#] Exposure is usually defined as a bite or scratch from a rabies-susceptible animal (usually dogs). It could also be lick exposure to open wound, abrasion, mucous membranes of the patient.

[¥] A suspect rabid animal is a rabies-susceptible animal (usually dogs) which presents with any of the following signs at time of exposure or within 10 days following exposure: unprovoked aggression (biting people or animals or inanimate objects), hypersalivation, paralysis, lethargy, abnormal vocalization, or diurnal activity of nocturnal species. Whenever the history of mentioned signs cannot be elicited, the history of exposure to rabies-susceptible animal would be considered adequate.

[€] A probable rabid animal is a suspect rabid animal (as defined above) with additional history of a bite by another suspect / probable rabid animal and/or is a suspect rabid animal that is killed, died, or disappeared within 4-5 days of observing illness signs.

Wherever available, the details of such cases should be shared in a line list as per line list design of IDSP.

3. **Laboratory Confirmed case** : to be reported in L-Form (by Laboratories having confirmatory test facilities for rabies)

Definition: A suspect or a probable human case that is laboratory-confirmed^{\$}.

^{\$} Laboratory confirmation by one or more of the following:

- Detection of rabies viral antigens by direct fluorescent antibody test (FAT) or by ELISA in clinical specimens, preferably brain tissue (collected post mortem).
- Detection by FAT on skin biopsy (ante mortem).
- FAT positive after inoculation of brain tissue, saliva or CSF in cell culture, or after intracerebral inoculation in mice or in suckling mice.
- Detectable rabies-neutralizing antibody titre in the serum or the CSF of an unvaccinated person.
- Detection of viral nucleic acids by PCR on tissue collected post mortem or intra vitam in a clinical specimen (brain tissue or skin, cornea, urine or saliva).

Minimum Essential data elements for Human rabies exposure

Case-based data.

S No	Parameters	Case 1	Case 2	Case 3
1.	Case Category Suspect/ Probable/ Confirmed			
2.	Unique identification No			
3.	Name,			
4.	Age,			
5.	Geographical information,			
6.	Date of onset of symptoms,			
7.	Date(s) of bite/scratch,			
8.	Location) of biting episode(s),			
9.	Category of exposure,			
10.	Local wound treatment,			
11.	Vaccination history,			
12.	Previous serum treatment,			
13.	Current treatment,			
14.	Outcome;			
15.	Details of biting animal,			
16.	Vaccination history,			
17.	Samples taken,(If applicable)			
18.	Samples outcome, (If applicable)			

**NATIONAL RABIES CONTROL PROGRAM
ANIMAL BITE EXPOSURE REGISTER***

Name of the Health Facility:
Address & Contact Details
Health Facility Code:

Type of Health Facility:

Reporting Month

Year

Registration		Type of Patient (New/OLD)	Patient Detail			Exposure History			Exposure details		Post Exposure Prophylaxis			Previous History of ARV Vaccination (Complete / partial/NA)	Biting Animal Status after 10 days (Dead/ Alive/ Not traceable)	Remarks (Dose no/ PEP status complete / incomplete)
S / N	Date		Name	Age	Sex (M/F/Other)	Residential Address	Date of Bite	Site of Bite on Body: (Extremities/ Trunk/ Head-Neck/ Face/ Back)	Biting Animal Species - dog/ cat/ monkey / others (specify)	Category of Bite (I/II/III)	Address where bite incidence took place	Adequate Washing of Bite wound Done (Y/N)	Rabies Immuno globin Given (Y/N)			

Any Clustering of cases Observed: if yes write the details

Category I: Touching or feeding of animals; Licks on intact skin; Contact of intact skin with secretions / excretions of rabid animal / human case, Category II: Nibbling of uncovered skin; Minor scratches or abrasions without bleeding, Category III: Single or multiple transdermal bites or scratches, licks on broken skin; Contamination of mucous membrane with saliva (i.e. licks)

*To be maintained by Health facility providing treatment to animal bite cases

Summary

Indicator	Old		New		Total
Total Number of Patients attended					
	I	II	II		
Category wise Number of Patients					

Indicator	IM	ID
Route of ARV Administration		
Total Number of Cat II patients receiving ARS		

NATIONAL RABIES CONTROL PROGRAM

RABIES POST EXPOSURE TREATMENT CARD (To be retained at Anti Rabies Clinic)

Name and address of the health facility

Patient Reg. No

Name			
Age/ Sex			
Patient Residential Address & Contact No			
Category of Exposure			
I. Touching or feeding of animals			
Licks on intact skin		<input type="checkbox"/>	
Contact of intact skin with secretions /excretions of rabid animal/human case			
II. Nibbling of uncovered skin			
Minor scratches or abrasions without bleeding		<input type="checkbox"/>	
III. Single or multiple transdermal bites or scratches, licks on broken skin			
Contamination of mucous membrane with saliva (i.e. licks)		<input type="checkbox"/>	
Biting Site: Extremities/ Trunk/ Head-Neck Face/ Back			
Date of Exposure/bite (DD/MM/YYYY)		Past h/o vaccination	
Site of Bite/ Bites		If Yes	
Type of animal		Biting animal status	
Dog <input type="checkbox"/> Monkey <input type="checkbox"/>		Alive <input type="checkbox"/>	
Cat <input type="checkbox"/> Other <input type="checkbox"/> Dead <input type="checkbox"/>			
Unknown <input type="checkbox"/>		Specify whether Partial / complete	
Date treatment started (DD/MM/YYYY)			
Wound management			
Washed immediately with water () Yes () No		Wound washed at facility () Yes () No	
Antiseptic application () Yes () No		ARS Infiltration () Yes () No	
Post exposure vaccination record Route of Administration () ID ()IM			
Period	Date due	Date given	Signature
Day 0			
Day 3			
Day 7			
Day 14 (for IM only)			
Day 28			

Outcome: PEP Complete/ Incomplete

Signature

NATIONAL RABIES CONTROL PROGRAM

RABIES POST EXPOSURE TREATMENT CARD (Patient Copy)

Name and address of the health facility

Patient Reg. No

Name			
Age/ Sex			
Patient Residential Address & Contact No			
Category of Exposure			
I. Touching or feeding of animals			
Licks on intact skin		<input type="checkbox"/>	
Contact of intact skin with secretions /excretions of rabid animal/human case			
II. Nibbling of uncovered skin			
Minor scratches or abrasions without bleeding		<input type="checkbox"/>	
III. Single or multiple transdermal bites or scratches, licks on broken skin			
Contamination of mucous membrane with saliva (i.e. licks)		<input type="checkbox"/>	
Biting Site: Extremities/ Trunk/ Head-Neck Face/ Back			
Date of Exposure/bite (DD/MM/YYYY)		Past h/o vaccination	
Site of Bite/ Bites		If Yes	
Type of animal		Biting animal status	
Dog <input type="checkbox"/> Monkey <input type="checkbox"/>		Alive <input type="checkbox"/>	
Cat <input type="checkbox"/> Other <input type="checkbox"/> Dead <input type="checkbox"/>			
Unknown <input type="checkbox"/>		Specify whether Partial / complete	
Date treatment started (DD/MM/YYYY)			
Wound management			
Washed immediately with water () Yes () No		Wound washed at facility () Yes () No	
Antiseptic application () Yes () No		ARS Infiltration () Yes () No	
Post exposure vaccination record Route of Administration () ID ()IM			
Period	Date due	Date given	Signature
Day 0			
Day 3			
Day 7			
Day 14 (for IM only)			
Day 28			

Outcome: PEP Complete/ Incomplete

Signature

NATIONAL RABIES CONTROL PROGRAM

Health facility Monthly Summary report

District Name:

Name of Health Facility

Name of Focal Point

Address:

Month and Year of Reporting:

Mention no. of patients as per type of biting animal	District Total
Dog	
Cat	
Monkey	
Any other (specify)	
Mention no. of patients as per Category of bite	District Total
I. Touching or feeding of animals, Licks on intact skin Contact of intact skin with secretions /excretions of rabid animal/human case	
II. Nibbling of uncovered skin Minor scratches or abrasions without bleeding	
III. Single or multiple transdermal bites or scratches, licks on broken skin Contamination of mucous membrane with saliva (i.e. licks)	
Details of patients as per Route of vaccination	District Total
IM route (Essen schedule on day 0,3,7,14,28)	
ID route (update Thai Red Cross Regimen : 2-2-2-0-2)	
No. of Category III victims given ARS	
Number of Patients completed PEP	
Suspected/ probable/ Confirmed Rabies Cases/ Deaths Reported in district	District Total
No. of human rabies deaths confirmed by laboratory tests	
No. of clinically suspected rabies cases seen at OPD (who refused admission)	
No. of clinically suspect rabies cases admitted	
No. of clinically suspected rabies cases left against medical advice	
No. of clinically suspect rabies deaths in hospital	
Total Vaccine (no. of vials) used in the District (monthly)	District Total
Opening balance	
Quantity received	
Quantity utilized	
Closing balance	
Total ARS (no. of vials) used in the District (monthly)	District Total
Opening balance	
Quantity received	
Quantity utilized	
Closing balance	
Information on Rabies and Animal Bite cases shared with District veterinary Officer	Yes/ No
Any Clustering of Animal Bite Cases observed? If yes write the details including locality	
Any other remarks	

Date:

Signature:

*Compiled Monthly report of Animal Bite Victims receiving treatment at all Anti Rabies Clinics/Health facilities providing animal bite management
(to be submitted by District Focal Point to State Nodal Officer on every month)

