

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.

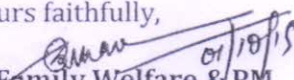
Chief Medical Officer of all the district are also requested to submit the said report in prescribed form (copy enclosed) by 7th of every month to the State Head quarter by e.mail statisticsdfwpm@rediffmail.com with a signed hard copy by post for prepare the State consolidated report for onward transmission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

Contd.P/2

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To:-

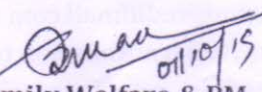
- 1-8) Chief Medical Officer, West-Agartala/Sepahijala- Bishalgarh/Khowai-Khowai /Gomati-Udaipur /South-Belonia /Dhalai-Ambassa/Unakoti- Kailasahat /North-Dharmanagar for information with a request to send the district consolidated monthly report by 7th of every month positively .
- 9-16) Medical Superintendent, 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)			

