<table>
<thead>
<tr>
<th>Topics</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>2</td>
</tr>
<tr>
<td>2. Nodal agency</td>
<td>3</td>
</tr>
<tr>
<td>3. Roles and responsibilities of State Nodal Officers</td>
<td>3-4</td>
</tr>
<tr>
<td>4. Operational Guidelines</td>
<td>4</td>
</tr>
<tr>
<td>4.1 Identification of District Focal Point</td>
<td>4</td>
</tr>
<tr>
<td>4.2 Professional services</td>
<td>4</td>
</tr>
<tr>
<td>4.3 Capacity Building</td>
<td>5</td>
</tr>
<tr>
<td>4.4 Implementation of ID Route of inoculation for post-exposure prophylaxis</td>
<td>5</td>
</tr>
<tr>
<td>4.5 Strengthening of rabies diagnostic facilities</td>
<td>5</td>
</tr>
<tr>
<td>5. Anti Rabies Clinic</td>
<td>6</td>
</tr>
<tr>
<td>5.1 Facilities at ARC</td>
<td>6</td>
</tr>
<tr>
<td>5.2 Staffing at ARC</td>
<td>6</td>
</tr>
<tr>
<td>5.3 Physical Infrastructure</td>
<td>6-7</td>
</tr>
<tr>
<td>5.4 Logistics</td>
<td>7</td>
</tr>
<tr>
<td>5.5 Recording and Reporting formats at ARC</td>
<td>7</td>
</tr>
<tr>
<td>6. Financial management</td>
<td>7</td>
</tr>
<tr>
<td>7. Information Education and Communication</td>
<td>7-8</td>
</tr>
<tr>
<td>8. Human Rabies Information System</td>
<td>8-9</td>
</tr>
<tr>
<td>Annexure</td>
<td>I-XIII</td>
</tr>
</tbody>
</table>
1. **Introduction**

Rabies is an acute viral encephalomyelitis caused by RNA Lyssavirus belonging to Family Rhabdoviridae. It causes disease in virtually all the warm blooded animals including man. WHO estimates that more than 55,000 human deaths occur globally due to this disease every year. Over 90% of the global human rabies deaths occur in Asia and Africa. In India, a survey carried out in 2004 by Association for Prevention and Control of Rabies in India (APCRI) estimated 20,000 human deaths and 17.4 million animal bites annually in India. Rabies continues to be a major public health problem throughout India with the exception of two water logged islands i.e. Andaman & Nicobar and Lakshadweep which are historically free of rabies.

The disease is transmitted following a bite or scratch by an infected animal. Dogs are the main host and transmitter of rabies in India. Other animals in India include cats, mongoose, monkeys and other warm blooded animals. The incubation period is usually 30 to 90 days after the bite of an infected animal, may be longer.

Rabies is almost hundred percent fatal, once symptoms are developed. However by timely Post Exposure Prophylaxis (PEP), rabies can be easily prevented after the bite of an infected dog or other animal. Post-exposure prophylaxis consists of local treatment of the wound, administration of rabies immunoglobulin (in Category III exposure) and anti-rabies vaccination. Local treatment of the wound includes immediate and thorough washing of the bite wound with soap and water, and application of iodine.

Government of India launched a pilot project on prevention and control of Rabies in 5 selected cities in 11th Five Year Plan. With the lessons learnt from the pilot project, Government of India launched Under XII plan, National Rabies Control Programme (NRCP) in 12th Five Year Plan with objectives of

1. To reduce human deaths due to rabies.
2. To implement a consensus strategy for control of rabies in dogs to cut down the transmission of rabies

As control of rabies involves two components viz. elimination of human rabies deaths and control of canine rabies to break down the transmission, national rabies control program has two components

1. **Human component**
2. **Animal component**
Strategies adopted for the human component are:

- Training of health professionals
- Implementing use of intra-dermal route of inoculation of cell culture vaccines
- Strengthening surveillance
- IEC
- Laboratory strengthening of four regional laboratories

The strategies adopted for Animal Component are:

- Population survey of dogs
- Mass vaccination of dogs
- Dog population management
- Strengthening surveillance and response

The SFC approval for National Rabies Control Program was obtained on 23rd October, 2013 with total Budget of Rs. 50 Crores for the 12 five year plan of which Rs 30 crores are allocated for animal component and Rs. 20 Crores for human component of the program.

2. Nodal Agency -

Human Component: Nodal agency is National Centre for Disease Control (NCDC), Dte. GHS, MoH&FW. The human component will be implemented in all the States and UTs. Ministry of Health NAD FAMILY Welfare is providing grant-in-aid under Memorandum of Understanding to the states / UTs governments for carrying out the activities of human component.

Animal Component: Nodal agency is Animal Welfare Board of India (AWBI), Min of Environment & Forest – is being pilot tested in Haryana & Chennai. Ministry of Health & Family Welfare is providing the funds under Memorandum of Understanding to AWBI to carry out various activities.

3. Roles and responsibilities of State Nodal Officers:

State Nodal Officer will be officer in-charge to implement the activities of human component of National Rabies Control Program in their respective states. The roles and responsibilities of State Nodal Officers are as under:

1. To coordinate with State Health Officials for implementation of activities human component of National Rabies Control Program
2. To ensure utilization of funds as per the guidelines and submit regular Utilization Certificate to the nodal center.
3. To strengthen surveillance of animal bite management and rabies and transmission of monthly report to the nodal centers as per the format provided
4. To organize training of the different categories of the health staff on animal bite management as per the National Guidelines on Rabies Prophylaxis
5. To monitor and evaluate the program activities and collection of base line data as per format provided including mapping of health institutes/center with facilities for treatment of Animal bite victims and rabies cases and transmission of the same to the nodal centre.
6. To carry out the IEC / BCC activities on rabies and animal bite management awareness
7. To provide regular feedback about the program activities to the nodal centre.
8. To ensure regular supply of the DGCI approved Anti Rabies Vaccines for ID inoculation and ERIG at all ARCs in their states
9. To identify laboratories for strengthening rabies diagnostics.
10. To liaise with State Government and State Animal Husbandry department regarding status of activities being undertaken for prevention and control of rabies in animals.

4. Operational Guidelines: The operational guidelines for implementation of the activities of human component of National Rabies Control Program are as under:

4.1 Identification of District Focal Point

All the State Nodal officers are advised to coordinate with the concerned District Health officials to identify a District Focal Point (may be District Surveillance Officers or district epidemiologist), responsible for district level coordination of activities of human component of the program. The District focal point will be responsible for collection/ compilation and collation of data of all Anti Rabies Clinics in the district (PHC/ CHC/ District level/ tertiary level health facilities). Data from all the districts of the state may be compiled at the state level and summary report may be forwarded to the NCDC, Zoonosis Division.

4.2 Professional services:

There is provision to hire one consultant / programme manager at State Level to monitor and coordinate the activities of human component of the program. The remuneration for the post should not exceed Rs 50,000 per month. However the remuneration and process of appointment of contractual manpower should be as per the state government norms. The TORs for the same are being provided at Annex- I.

4.3 Capacity building:

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National Rabies Control Program - Operational Guidelines
Trainings of the Health Professionals on appropriate animal bite management should be carried out as per national guidelines on rabies prophylaxis.

Trainees: Each state is envisaged to train different categories of the health staff (medical officers, Nurses, pharmacist etc) of PHC, CHC, District hospitals, state level tertiary care institutes and all designated Anti Rabies Clinic officials, where the facilities for treating the Animal Bite Victims are available.

The trainings would be facilitated by the master trainers trained at the NCDC. The NCDC officials may also be invited for lectures.

The trainings should focus on appropriate animal bite management and ID route of inoculation for post-exposure prophylaxis. The training curriculum is provided at Annex-II. The power point presentations may be prepared using the new revised National Guidelines for Rabies Prophylaxis, which are freely downloadable from NCDC website (www/http: ncdc.gov.in)

The trainings may be organized at identified training institutes/centers of the states. The Zoonosis Division of National Centre for Disease Control, will be providing the technical support for organizing training courses as the need may be. The expenditure for organizing the training (TA/DA, refreshment, stationary and miscellaneous expenditure) has to be incurred from the allocated funds for NRCP under budget head “Other Administrative Experiences “as per the State Government norms.

4.4 Implementation of Intra Dermal (ID) route of inoculation for post-exposure prophylaxis:

Implementation of ID route of inoculation for rabies post exposure prophylaxes is one of the important objective of the National Rabies Control Program. The use of intra-dermal route leads to considerable savings in total amount of vaccine needed for full post- exposure vaccination, thereby reducing the cost of active immunization. All the state nodal officers should ensure the practice of ID route of inoculation for Anti Rabies vaccine in all major Anti Rabies Clinics of the State. The SNO should ensure the regular availability of DCGI approved anti-rabies vaccines for ID Route, of inoculation and Equine Rabies Immunoglobulin (ERIG)

4.5 Strengthening of rabies diagnostic facilities:

State Nodal Officers are advised to map the labs where the rabies diagnostic facilities are available. A brief report of the current status of rabies diagnostic facilities in the existing labs of Govt. medical colleges/tertiary care health facilities of the states should be prepared.
5.0 Anti Rabies Clinics (ARC)

Anti Rabies Clinics/Centers are the health facilities manned by trained doctor/s and nurse/s where individuals with rabies exposure are evaluated and managed. Strengthening of the existing Anti rabies Clinic and establishment of Newer ARC based on community need assessment is an important objective of the national rabies control program.

State Nodal Officers are advised to do mapping of existing district wise ARC in the Government Health facilities (PHC/ CHC/ District Hospital or other Tertiary level health institute) as well as list of all private health facilities where there is facility of treatment of animal bite victims or indoor treatment facility for rabies cases. The need assessment for establishing newer ARC at the identified health facilities may simultaneously be carried out by SNO. The Model ARC should meet the following minimum requirements -

5.1 Facilities at ARC: Minimum facilities envisaged at ARC are as under :

- Management of Animal Bite Wounds - wound washing facility
- Availability of Rabies post exposure prophylaxis - Anti-rabies vaccine and ERIG
- Functional referral services for hydrophobia cases
- Standardized recording and reporting systems

5.2 Staffing pattern at ARC: The minimum required staff at each ARC is

- One Physician
- One Nurse (GNM)
- One Pharmacist
- Others

All trained in Animal Bite management and Rabies Pre and Post exposure prophylaxis

5.3 Physical Infrastructure: the Physical infrastructure of the ARC should meet the following minimum requirements

- Visible signage at the entrance as well as outside the center
- Visible organizational Chart
- Time schedule (functional hrs of ARC)
- Visible flow chart/algorithm of "decision to treat" (available at pg -28 of national guidelines of rabies prophylaxis Decision Tree: Guide to Post-Exposure Prophylaxis)
- Visible IEC messages
- Separate Wound washing facility with preferably continuous tap water (the water available should be safe and clean). If the tap water is not available the water should be stored in clean covered bucket
- Refrigerator with a calibrated thermometer, exclusive for vaccine/ RIG storage
Vaccine carrier for temporary storage
Facility for proper Biomedical waste management with availability of Color coded waste bins and sharp boxes
Weighing scale

5.4 Logistics :

1. Equine Rabies Immunoglobulin
2. Tissue culture anti-rabies vaccine approved by DCGI for ID/IM route.
3. Consumable : self mounted insulin syringes (AD), Dressing Kits, Soap and Gloves
4. IV Fluids and Emergency drugs for adverse reaction

5.5 Recording and reporting formats : Following recordings and reporting formats should exist at ARC -

1. Animal bite exposure register (Annex -III)
2. Rabies PEP CARD ( in duplicate one for the Victim and one for the ARC record (Annex - IV )
3. ARC monthly monitoring formats, NRCP- M03 (Annex - V)
5. SOP for sample collection for anti-rabies antibody titer estimation ((Annex-VI)

6.0 Financial management :

The yearly grant in aid will be provided to each state and UT under Memorandum of understanding to implement the activities of human component in their respective states and UTs.

As the funds are transferred to the account of State Health Societies, the expenditure has to incurred as per the guidelines (Annex –VII). It is mandatory to furnish the utilization certificate and audited statement of expenditure every year per formats provided in these guidelines.

7.0 Information Education and Communication :

Rabies is a disease of both rural and urban areas. However, most rabies patients do not seek proper PEP in health-care facilities, and many visit traditional healers. Community participation is an essential element of any disease control programme. It is envisaged that communities should be made aware of do's and don't s of animal bite management and proper washing of wounds after animal bite. The prototype IEC material has been developed following expert
consultation by NCDC which may be used for the IEC activities in the state after necessary modification according to local need. Prototype IEC Material is provided at Annexure - VIII

IEC material may be translated in local languages and disseminated as follows:

a) Hoardings – Should be placed at strategic locations

b) Posters – (i) For display in anti rabies clinic and veterinary clinic.
   (ii) Schools – Education Department may be contacted to display poster on school notice board.

c) Radio Filler – All India Radio may be contacted for giving messages regarding prevention and control of rabies in between programmes.

8.0 Human Rabies Information System:

The existing CBHI portal captures the data on human deaths due to rabies from across the country. The weekly dog bite data is also available on the IDSP portal. It is envisaged under NRCP to further strengthen the reporting of dog bites and rabies deaths at IDSP and CBHI portal respectively.

To further strengthen the recording and reporting of animal bites and rabies cases, all the States will be generating regular reports at each ARC located at PHC, district level or tertiary care health facility.

Record maintenance at Anti Rabies Clinic: -

Each Anti Rabies Clinic will maintain a minimum set of information on each patient, as reflected in the attached individual Rabies PEP Treatment Record (Annexure -IV), that shall be readily available for monitoring and evaluation. A Rabies PEP Treatment Card, as prescribed by the MO I/C of ARC will contain the patient details, history of exposure and record of immunizations being provided. The PEP card will be issued to each patient and the duplicate of the same will be maintained at the respective ARC. Each ARC will maintain an Animal bite exposure register (Annexure-III) and will generate the monthly report as per the NRCP-M03 format (Annexure -V) and will submit the same to the District Focal Point within 5 days of the following month.

The following tables summarizes the reports to be generated and flow of information for management of the activities of human component of National Rabies Control Program.
A. Base line information on status of Anti-rabies Centers (ARC) and management of animal bite victims - to assess the present status of Anti Rabies Clinic and facilities for Animal Bite Management following base line information is required to be collected at the District and State level

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<thead>
<tr>
<th>DATA</th>
<th>LEVEL</th>
<th>FORMATS</th>
<th>FROM - TO</th>
<th>PERIODICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>District base line information</td>
<td>District level</td>
<td>NRCP-BLD (Annex - IX)</td>
<td>District Focal Point to State Nodal Officer</td>
<td>At the beginning of the program</td>
</tr>
<tr>
<td>State base line information</td>
<td>State level</td>
<td>NRCP-BLS (Annex- X)</td>
<td>State Nodal Officer to Nodal Agency (NCDC)</td>
<td>At the beginning of the program</td>
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</tbody>
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B. Monthly information on animal bite victims and rabies vaccination

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<th>DATA</th>
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<th>FORMATS</th>
<th>FROM - TO</th>
<th>PERIODICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARC monthly report</td>
<td>Anti Rabies Clinics</td>
<td>NRCP-M03 (Annex - V )</td>
<td>ARC MO I/C to District Focal Point</td>
<td>Monthly (within 5 days of the following month)</td>
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<tr>
<td>District monthly report</td>
<td>District</td>
<td>NRCP-M02 (Annex - XI )</td>
<td>District Focal Point to State Nodal Officer</td>
<td>Monthly (within 10 days of the following month)</td>
</tr>
<tr>
<td>State monthly report</td>
<td>State</td>
<td>NRCP-M01 (Annex - XII)</td>
<td>State Nodal Officer to Nodal Agency (NCDC)</td>
<td>Monthly (within 15 days of the following month)</td>
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<tr>
<td>Hydrophobia/rabies monthly report</td>
<td>State</td>
<td>NRCP –RC (Annex - XIII)</td>
<td>State Nodal Officer to Nodal Agency (NCDC)</td>
<td>Monthly (within 15 days of the following month)</td>
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