


**NRCP/55027/11/2018-NCDC  
Ministry of Health & Family Welfare  
Directorate General of Health Services  
National Centre for Disease Control  
Division of Zoonotic Diseases Programmes**

A meeting was held under the Chairpersonship of Dr. N. S. Dharamshaktu, Principal Advisor (PH) to MoH&FW, GOI on 8<sup>th</sup> January 2019 at 10:30 am at 'Central Seminar Room' of National Centre for Disease Control.

The agenda of the meeting was to "Review the existing National Guidelines on Rabies Prophylaxis vis-à-vis recently published WHO position paper and Technical Report Series on Rabies, 2018".

Minutes of the meeting were submitted for approval of Chairman. After a discussion and necessary modifications final minute of meeting was approved by Chairman Dr N. S. Dharamshaktu, Principal Advisor (PH) to MoH&FW, GOI is enclosed herewith.

  
**Dr Simmi Tiwari**

Deputy Director & In Charge  
Division of Zoonotic Diseases Programmes  
National Centre of Disease Control, Delhi

**Enclosure-** As above

**To**

- All Expert group members as per list of participants

## **Expert group meeting to review the National Guidelines on Rabies Prophylaxis**

**Date: 8<sup>th</sup> January 2019**

### **Minutes of the Meeting**

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The agenda of the meeting was to "Review the existing National Guidelines on Rabies Prophylaxis vis-à-vis recently published WHO position paper and Technical Report Series on Rabies, 2018".

Dr. Simmi, DD & OIC, DZDP opened the session and briefed the participants about objectives of meeting.

Dr. Sujeet Kumar Singh, Director, NCDC, during his address to participants stressed the need of collective efforts from all stakeholders to address the issue of Rabies in India.

Dr. N S Dharamshaktu, Principal Advisor (MoHFW) delivered the key note address. He focused on the need of revision of the National Guidelines on Rabies Prophylaxis for reduction in Rabies Mortality in India. He also added that there is under reporting of rabies mortality data by CBHI. In view of this programme should focus on strengthening reporting mechanism so that a quality data on rabies can be available. It was suggested that digitization of reporting mechanism will help in improving reporting on rabies cases.

Dr. Ajit Shewale, Assistant Director, DZDP made presentation on status and Update on National Rabies Control Programme. He presented in brief about activities undertaken under NRCP, current States of Animal bite & rabies surveillance in India & way forward.

Dr. Inder Parkash Advisor, MoHFW on presented ARV & ARS: Status, Demand Vs Supply in country. The salient points of the presentation are as follows: -

- In the event of consideration of estimated number of cases of animal bites, (as per APCRI-WHO projected research data in 2004 of 17.4 million animal bite in India) the existing quantity of TCARV in 0.5 ml dose IM use is not sufficient to meet the demand.
- However, If ID route of administration is used, the existing quantity is sufficient to meet the demand whether 2 site or 1 site approach is adopted.
- In the event of consideration of reported number of cases of animal bites, the existing quantity of TCARV is sufficient for meeting the demand by IM as well as ID (2 site or 1 site approach).
- The existing quantity of ERIG available is not sufficient for meeting demand of estimated number of Cat-III bite cases OR reported number of Cat. III bite cases.

The Chairperson emphasised that, to address the issue of shortage of ARV/ARS in the country a meeting should be held between representative of NCDC, CDL, DCGI & concern ministry of

pricing authority along with rabies vaccine manufactures to decide the rate contract for rabies vaccines so that states can procure them as per the contract thus reducing the time lag for procurement.

It was informed that letter has been already shared with States regarding procurement of ARV/ARS through State funds under National Essential drugs initiative from centre such letter can be annexed in revised guidelines.

Dr G. Gongal, Focal point Zoonosis, WHO SEARO, made presentation on WHO recent recommendation on Rabies prevention and control & briefed the participants about evolution of ID regime for Rabies & recent WHO updates.

Dr. Anurag Agrawal, Associate Professor MAMC, made presentation on Rabies PEP (Current regimens Vis a Vis new WHO regimens): Relative advantages& Disadvantages.

Considering the lack of evidence with respected to who recommendation in Indian settings chairman recommended to multi-centric studies to generate more evidences. A meeting to be organized for discussion and finalization of research protocol so that as per programme requirement the research can be conducted which has representation of all the zones of the county.

Dr. Tushar Nale, Assistant Director, DZDP, presented on summary of recent WHO recommendations in Rabies prevention & Control Vs National Guidelines on Rabies Prophylaxis. After this presentation the expert group has made following recommendations: -

1. Washing of wound(s) is/are desirable up to 15 minutes and should be carried out as soon as possible with soap and water. Since the rabies virus can persist and even multiply at the site of bite for a long time, wound(s) toilet must be performed even if the patient report late. If available, local antiseptic can be used for application at wound site.
2. Current Guidelines on post exposure prophylaxis for Anti Rabies vaccine i.e. intradermal updated Thai Red Cross Schedule (2-2-2-0-2) and Intramuscular Regimen i.e. 4 weeks Essen regimen 1 Vial/Dose (1-1-1-1-1) retained.
3. Current guidelines on shifting from one brand/type of CCV to other brand/type is retained, however it was recommended in line with WHO recommendation that PEP in such cases need not be restarted and regimen to be continued/resumed as per new administration route.
4. Current guidelines on Rabies PEP for previously immunized people is retained i.e. intradermal/intramuscular single site dosages on day 0 and day 3. In such patient's treatment with RIG is not required. Such patients would be categorized in two categories.
  - a) Patients first time exposed who have received complete PrEP with documented proof (ID – 0.1 ml on site on day 0, 3, 21 or 28; IM- one full dose of vaccine on day 0, 3, 21 or 28) of Rabies vaccine (with available records)
  - b) Re-exposed patients who have received full course of vaccination as per guidelines by ID/IM route three months before with documented proof

5. It is also recommended that only adequate wound washing would be required in case of re-exposure where animal bite victim has documented proof of complete PEP within last three months.
6. The recommendation on use of rabies immunoglobulin is as follow: -
  - a. It is essential to infiltrate RIG as much as possible in all wounds as per maximum calculated dose (Human RIG is 20 IU/kg of body weight, for equine RIG dose is 40 IU/kg of body weight.)
  - b. If at all some dose remains to be injected it can be infiltrated intramuscularly (in case of children, cases of mucosal exposure with exposer no wound on body etc.) as close as possible to the presumed exposure site, to the degree that is anatomically feasible, is indicated.
7. The group did not accept WHO recommendation on prioritization of Rabies Immunoglobulin (RIG) in category III exposures. It is recommended that all the patients with Cat-III exposure RIG should be given.
8. The role of Monoclonal antibodies in case of category III bites as a replacement to Rabies Immunoglobulin needs to be studied with regards to its effectiveness, Safety in multi-centric Indian settings.
9. Current guidelines on pre-exposure prophylaxis will be continued which are:

Dose:

  - Intradermal: 0.1ml on day 0, 7 and day 21 or 28.
  - Intramuscular: Full dose on day 0, 7 and day 21 or 28.

Pre-exposure vaccination may be offered to high risk groups like

  - Laboratory staff handling the virus and infected material, clinicians and persons attending to human rabies cases, veterinarians, animal handlers and catchers, Wildlife wardens, quarantine officers
  - Travelers from rabies free areas to rabies endemic areas.
  - The Indian Academy of Pediatrics (IAP) has recommended pre-exposure prophylaxis of children. This may be considered on voluntary basis.
10. Consumption of milk produced by rabid animal dose not requires Rabies PEP. This information may be included in FAQs of guidelines

The meeting ended with vote of thanks to the Chair.

**List of Participants for Expert group meeting to review the National Guidelines on Rabies Prophylaxis held on 8<sup>th</sup> January 2019 at 10:30am at NCDC, Delhi.**

1. Dr. N.S. Dharamshaktu, Pr Advisor (PH) MoH&FW, GOI-**Chairperson**
2. Dr. Inder Prakash, Advisor (PH) MoH&FW, GOI
3. Dr. Sujeet Kumar Singh, Director, NCDC
4. Dr. Sunil Gupta, Addl. Director & Head Microbiology & Zoonosis Labs.
5. Dr. Gyanendra Gongal, Food Safety & Zoonosis, WHO SEARO
6. Dr. S Kutty, CMO (SAG) CRI, Kasauli
7. Dr. Jugal Kishore, Director Professor, VMMC & SDJ Hospital, Delhi
8. Dr. Mala Chabra, Consultant Microbiology, RML Hospital
9. Dr. Harmeet Rehan, HoD (Pharmacology) Lady Harding Medical College, Delhi
10. Dr. Vandana Roy, HoD (Pharmacology) MAMC , Delhi
11. Dr Gowri Sengupta, ADG, MoHFW, India
12. Dr. G Sampath , Member WHO SAGE Group
13. Dr. Naveen Gupta, Joint Director Zoonosis Labs, NCDC
14. Dr. Pradeep Khasnobis, Joint Director, IDSP, NCDC
15. Dr. Anurag Agarwal , Associate professor , Paediatrics, MAMC-Delhi
16. Dr. Khan Amir Maroof, Associate professor of community medicines ,UCMS- Delhi
17. Dr. Hemant Gohil , MO I/C, MVID Hospital-Delhi
18. Dr. Ritu Singh Chauhan , NPO, IHR WHO Country office IHR Focal Point
19. Dr. Omesh Bharti, State Epidemiologist, Himachal Pradesh
20. Mr. Yogesh Shelar, Asst. Director, DCGI, GOI
21. Dr. Simmi Tiwari, Deputy Director & OIC, DZDP, NCDC
22. Dr. Monil Singhai, Assistant Director, Zoonosis Labs
23. Dr. Ajit Shewale, Assistant Director, DZDP, NCDC
24. Dr. Tushar Nale, Assistant Director, DZDP, NCDC
25. Dr. C.S. Sahukar, Consultant (Veterinary), DZDP, NCDC