

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		<input style="width: 50px; height: 20px;" type="text"/>	
Licks on intact skin			
Contact of intact skin with secretions /excretions of rabid animal/human case			
II. Nibbling of uncovered skin		<input style="width: 50px; height: 20px;" type="text"/>	
Minor scratches or abrasions without bleeding			
III. Single or multiple transdermal bites or scratches, licks on broken skin		<input style="width: 50px; height: 20px;" type="text"/>	
Contamination of mucous membrane with saliva (i.e. licks)			
Biting Site: Extremities/ Trunk/ Head-Neck Face/ Back			
Date of Exposure/bite (DD/MM/YYYY)		Past h/o vaccination If Yes Specify whether Partial / complete	
Site of Bite/ Bites			
Type of animal	Biting animal status		
Dog <input style="width: 30px;" type="text"/> Monkey <input style="width: 30px;" type="text"/>	Alive <input style="width: 30px;" type="text"/>		
Cat <input style="width: 30px;" type="text"/> Other <input style="width: 30px;" type="text"/> Dead <input style="width: 30px;" type="text"/>	Unknown <input style="width: 30px;" type="text"/>		
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			
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Contamination of mucous membrane with saliva (i.e. licks)		<input type="text"/>	
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="text"/> Monkey <input type="text"/>		Alive <input type="text"/>	
Cat <input type="text"/> Other <input type="text"/> Dead <input type="text"/>			
Unknown <input type="text"/>		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
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)	ARV Route ID/IM			

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				

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

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 medical officer incharge Health facility to district nodal Officer on every month)

NATIONAL RABIES CONTROL PROGRAM
Line List of Suspected/ Probable/ Confirmed Rabies Cases/ Deaths*

S.No.	Name	Age	Sex	Contact Number	Village	Sub District/ Taluk/Block/ mandal	District	State	Biting Animal	Suspected/ probable/ Confirmed	Address of place where bite incidence took place	Category of Bite	Status of PEP (Complete/ Partial/ Nil/NA)	Name of the health facility reported Rabies case	Outcome of patient (Death in Hospital/ LAMA/ Alive)

- To be reported by Health facilities to district nodal person, State Nodal Person & National Program Division at nrcp.ncdc@gmail.com
- To be submitted to District Focal Point to State Nodal Officer and NCDC on every month

NATIONAL RABIES CONTROL PROGRAM*District Monthly Report (NRCP-M02)****State Name:****District Name:****District Focal Point Name:****Address:****Month and Year of Reporting:**

Total no. of health facilities providing facility for animal bite management/ Nu,ber of Facilities submitted report		
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		
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Details of patients as per Route of vaccination	District Total	
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Number of Patients completed PEP		
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No. of clinically suspect rabies cases admitted		
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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:**

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(to be submitted by District Focal Point to State Nodal Officer on every month)

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Line List of Suspected/ Probable/ Confirmed Rabies Cases/ Deaths*

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National Rabies Control Program
National Centre for Disease Control
Ministry Of Health and Family Welfare
Government of India

Monthly report on Laboratory Diagnosis of Rabies (Human/Animal)

Name & Address of the Laboratory:

Name of the in charge:

Contact Number:

Email ID:

Period of Reporting:

Date of Reporting:

A. Summary of Report on Diagnostic Services

Tests Available: Sellers/FAT/dRIT/PCR/ Viruse Isolation/ Rapid test

	Specimen	Number Tested	Number Positive	Remarks
Human	CSF			
	Brain Tissue			
	Saliva			
	Any Other			
Dog	Brain			
Cat	Brain			
Monkey	Brain			
Other Animals (Please Specify)				

B. Summary of Anti Rabies antibody Titres

Tests Available: ELISA (Name of the Kit: _____) /RFFIT/ any other (Specify)

	Specimen		Number Tested	Titre		Remarks
				>0.5 IU/ml	<0.5 IU/ml	
Humans	CSF					
	Blood	After Complete Vaccination				
		Partial Vaccination				
		No Vaccination				
Animals	Blood (post Vaccination)					

Reporting Officer

Line List of Positive Patients (Only Human)

[illegible]

NATIONAL RABIES CONTROL PROGRAM
Line List of Suspected/ Probable/ Confirmed Rabies Cases/ Deaths*

Name of the Hospital:
Address of the Hospital
Name & Designation of Nodal Person
Contact Number:

Type of Hospital:

Email ID

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Any other (specify)		
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Opening balance		
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Any Clustering of Animal Bite Cases observed? If yes write the details including locality		
Any other remarks		

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