

1/177777/2023



No.NHMHP-IDSP0RC/2/2019-12315  
National Health Mission-HP  
SDA Complex, Kasumpti, Shimla-9  
Himachal Pradesh  
Dated: Shimla-171009, the



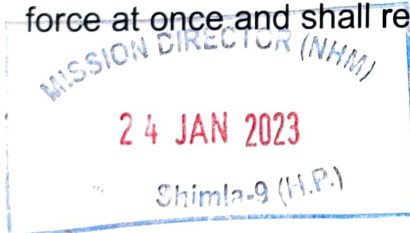
### NOTIFICATION

Whereas the Governor of Himachal Pradesh is satisfied that the State of Himachal Pradesh has reported dog bite cases, rabies cases and deaths due to rabies under ordinary provision of law for the time being in force are insufficient for the purpose of reporting.

Therefore, as per the powers conferred under Section 12 (1) (iii) and 42 of Central Government Clinical Establishment (Registration and Regulation) Act, 2010 the Governor of Himachal Pradesh is pleased to declare **Human Rabies as a notifiable disease** and instruct all the Government and private health institutes in the State of Himachal Pradesh to report the human rabies cases and /or suspected rabies cases or deaths due to rabies as well as contact tracing and prompt prophylactic measures to prevent infection in other people exposed to the same source.

This is in context of D.O No.2283429/NRCP/DZDP-NCDC/DGHS dated 20-09-2021 of Government of India, Department of Health & Family Welfare, MoHFW

The above said regulation and instructions shall come into force at once and shall remain valid till further orders.



By Order

Secretary (Health)  
to the Govt. of Himachal Pradesh

Endst. No. As above.

Dated Shimla-9 the

Copy forwarded for information:

1. The Secretary Animal Husbandry to the Govt. of HP.
2. All the Deputy Commissioners Himachal Pradesh.
3. The Director Health Services Himachal Pradesh.
4. The Director Medical Education & Research HP..
5. The Director Health Safety & Regulation HP.
6. The Director Animal Husbandry Himachal Pradesh.
7. All the Chief Medical Officers, Himachal Pradesh.
8. All Principal Medical Colleges, Himachal Pradesh.

I/177777/2023

9. The State Surveillance Officer, Himachal Pradesh.
11. All the District Surveillance Officers, Himachal Pradesh.

  
Mission Director  
National Health Mission  
Himachal Pradesh





भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India

Department of Health and Family Welfare  
Ministry of Health and Family Welfare

D.O.No.2283429/NRCP/DZDP-NCDC/DGHS

20-9-2021

राजेश भूषण, आईएएस  
सचिव

**RAJESH BHUSHAN, IAS**  
SECRETARY

*Dear Colleague,*

As you are aware that Rabies is one of the oldest recognized Zoonotic diseases with extremely high fatality rate. This disease causes extremely painful deaths where the patient suffers painful spasm and dies of extreme thirst and hunger because of hydrophobia.

This fatal disease is completely preventable by timely and appropriate Post Exposure Prophylaxis (PEP). Many countries from Latin America, Europe etc have achieved Rabies elimination and there is global call for Rabies Elimination i.e. Zero Deaths due to Rabies by 2030.

As per WHO estimates, India is endemic for Rabies accounting for 36% of the world's deaths. However, the deaths due to rabies are grossly underreported in our country due to various reason. To address the issue of Rabies in India, National Rabies Control Program is being implemented in the country since 12th Five Year Plan. Under National Rabies Control Program, standard case definitions have been formulated for reporting any suspect, probable or confirmed case of Rabies in human and provision are made to report human deaths due to Rabies on Integrated Health Information Platform.

The prevention, control and elimination of Rabies from a geographical area can only be achieved through strong surveillance and diseases reporting system at all levels to guide appropriate public health measures and policy interventions. Hence mandatory notification of all Human Rabies cases is urgently required to strengthen the Rabies surveillance to know the disease incidence and accordingly prioritizing public health measures required to be undertaken both in human and veterinary sector.

In view of above, you are requested to make Human Rabies a Notifiable Disease under Clinical Establishment Registration and Regulation Act 2010 or respective State Public Health Act or Nursing Home Act, so that it is mandatory for all government and private health facilities (including medical colleges) to report all suspected, probable and confirmed Human Rabies cases as per enclosed guidelines formalized by National Rabies Control Program.

*Harm Regards.*

Yours sincerely,

**(Rajesh Bhushan)**

Encl.: as above

**ACS/Pr.Secy./Secy. Health of all States/UTs**

Copy to Mission Director, National Health Mission, of all States/UTs

# Guidance Document for Rabies as a notifiable Diseases

## Contents

Background .....	2
Why Health facilities should notify rabies cases .....	3
Objectives .....	3
Minimum information requirement for human Rabies Notification .....	3
Definition of Human Rabies Case .....	3
List of Human Rabies Diagnostic tests.....	4
Mechanism for Human Rabies Notification .....	5
Responsibility of local level (District) Nodal Officer .....	5
Responsibility of Department of Animal Husbandry/ Local Self Government/ Panchayat raj Institute .....	5
Annexure I.....	6

1	<p><b>Background</b></p>	<p>The number of Human Deaths due to dog mediated Rabies in the world is estimated to be 59000 annually, with an associated 3.7 million disability-adjusted life-years (DALYs) lost. The most DALYs are due to premature deaths (59%)</p> <p>An estimated 35712 human deaths (59.6% of global figures) and loss of approximately 2.2 million DALYs occur per year in Asia due to dog mediated Rabies.</p> <p>As per WHO estimates 20,565 human deaths due to Rabies occur annually in India. India accounts for the most deaths in Asia (59.9% of human rabies deaths) and globally (35% of human rabies deaths)</p> <p>As per the CBHI only 116 deaths reported due to rabies in India in year 2018. There is huge gap between estimated cases of Rabies and actual reported cases of Human Rabies.</p> <p>In a view to addressing the issue of Human Rabies it is required to establish a strong surveillance system so that exact magnitude of disease can be assured. This will help to develop strategies as per regional condition to achieve the WHO goal of zero deaths due to Human Rabies by 2030.</p> <p>To ensure that Rabies is recognized as a priority disease, first and foremost, Rabies must be made notifiable nationally to promote awareness and vigilance. This will strengthen the surveillance system, ensuring a more accurate evaluation of the rabies burden and its preventive measures in an area.</p> <p>The 7th meeting on Standing committee for Zoonosis under the Chairmanship of Dr. Jagdish Prasad, DGHS held on 20.12.2016, recommended as follows</p> <p>Recommendation No. 8 Rabies should be identified as Notifiable disease.</p> <p>Surveillance data will also provide public health professionals with critical information to make informed decisions about saving human lives. For instance, in a number of countries, notification is used by health authorities to investigate possible exposures and organize post-exposure prophylaxis, quarantine and other disease containment measures.</p> <p>Rabies reporting and notification are also of value for the rapid identification of foci and the implementation of control measures if needed.</p>
---	--------------------------	--



	<b>Why should Health facilities should notify rabies cases</b>	<p>Diseases like rabies are highly infectious and fatal and affect multiple sectors (domestic animals, wildlife conservation, public health, modern services and livestock economies); therefore, it is important to make sure rabies does not spread.</p> <p>Notification will facilitate contact tracing and prompt prophylactic measures to prevent infection in other people exposed to the same source.</p> <p>It will also aid in prompt identification of the emerging rabies foci in animals and interventions to curtail the spread of disease to other animals and humans.</p>
	<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Early and Effective Implementation of Containment &amp; Preventive measures</li> <li>• To ensure early Diagnosis &amp; case management of Human Rabies</li> </ul>
	<b>Minimum information requirement for human Rabies Notification</b>	<ul style="list-style-type: none"> <li>• Human Rabies Case Name*</li> <li>• Age*</li> <li>• Sex*</li> <li>• Address*</li> <li>• Biting Animal (Dog/Cat/ Monkey/ any other specify)</li> <li>• Date(s) of bite/scratch,</li> <li>• Geographical (Location) of biting event(s),</li> <li>• Date of Bite</li> <li>• Category of Bite: (I/II/III)</li> <li>• PEP given Yes/No; IM/ID</li> <li>• Immunoglobulin given Yes/No</li> <li>• Case Definition*: Suspect/ Probable/ Laboratory Confirmed</li> <li>• Date of Diagnosis</li> <li>• Date of Death (If applicable, in some cases notification may precede mortality)</li> </ul>
	<b>Clinical Case Definition (As per WHO)</b>	<ul style="list-style-type: none"> <li>• A person presenting with an acute neurological syndrome (i.e. encephalitis) dominated by forms of hyperactivity (furious rabies) or a paralytic syndrome (paralytic rabies) that progresses towards coma and death, usually due to cardiac or respiratory failure, typically within 7–10 days of the first sign if no intensive care is instituted. The syndrome may include any of the following signs: aerophobia, hydrophobia, paranesthesia or localized pain, dysphagia, localized weakness, nausea or vomiting.</li> </ul>
	<b>Definition of Human Rabies Case (IDSP)</b>	<p><b>1. Suspect Case:</b> To be reported by Hospital/Clinics</p> <p>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</p>

		<p><b>2. Probable Case:</b> To be reported by Hospital/Clinics</p> <p>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.</p> <ul style="list-style-type: none"> <li>• €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.</li> </ul> <p>Wherever available, the details of such cases should be shared in a line list as per line list design of IDSP.</p> <p><b>3. Laboratory Confirmed case:</b> TO be reported by laboratories</p> <p>Definition: A suspect or a probable human case that is laboratory-confirmed\$.</p> <p>\$ Laboratory confirmation by one or more of the following:</p> <ul style="list-style-type: none"> <li>• Detection of rabies viral antigens by direct fluorescent antibody test (FAT) or by ELISA in clinical specimens, preferably brain tissue (collected post mortem).</li> <li>• Detection by FAT on skin biopsy (ante mortem).</li> <li>• FAT positive after inoculation of brain tissue, saliva or CSF in cell culture, or after intracerebral inoculation in mice or in suckling mice.</li> <li>• Detectable rabies-neutralizing antibody titre in the serum or the CSF of an unvaccinated person.</li> <li>• 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).</li> </ul>
	<b>List of Human Rabies</b>	<ul style="list-style-type: none"> <li>• Fluorescent antibody test (FAT)</li> <li>• FAT Direct Fluorescent Antibody Test</li> <li>• DRIT Direct Rapid Immunohistochemical test</li> <li>• ELISA Enzyme Linked Immuno Sorbent Assay</li> </ul>



	<b>Diagnostic tests</b>	<ul style="list-style-type: none"> <li>• FAVN Fluorescent Antibody VirusNeutralization</li> <li>• IFA Indirect Immunofluorescence</li> <li>• IHC Immune Histochemistry On Formalin Fixed Samples</li> <li>• MI Mice Inoculation</li> <li>• RFFIT- Rapid Fluorescent Focus Inhibition Test, RT PCR: Reverse Transcriptase Polymerase Chain Reaction</li> <li>• RT CIT Rabies Cell Culture Inoculation Test</li> </ul>
	<b>Mechanism for Human Rabies Notification</b>	A suspected/probable/ confirmed case should be notified via email to national nodal officer Rabies and District and state nodal officer) in complete standard format to nrcp.ncdc@gmail.com& Through IHIP Platform
	<b>Responsibility of local level (District) Nodal Officer(Human Health)</b>	<ul style="list-style-type: none"> <li>• To complete the Rabies case investigation form</li> <li>• In suspected case <ul style="list-style-type: none"> <li>◦ if possible, collect samples ante-mortem (e.g saliva, skin, CSF, serum) and post-mortem (brain tissue) for laboratory</li> <li>◦ Conduct Verbal Autopsy to collect a case history for the patient</li> </ul> </li> <li>• In probable case <ul style="list-style-type: none"> <li>◦ Identify contacts of patients and or animal involved for follow up</li> </ul> </li> <li>• Ensure mechanism is in place for Transportation of Samples to reference laboratory.</li> <li>• Ensure the Notification of Rabies case</li> <li>• Investigate to identify the source of Infection</li> <li>• Notify appropriate local authorities of a suspected rabid animal</li> <li>• Tracing the other victim's animal bite</li> <li>• Ensuring the PEP to other victims</li> <li>• Activating Rapid Response team</li> </ul>
	<b>Responsibility of Department of Animal Husbandry/ Local Self Government/ Panchayat raj Institute</b>	<ul style="list-style-type: none"> <li>• Identifying the rabid animal</li> <li>• Laboratory confirmation if feasible</li> <li>• Isolation and removal of rabid animal</li> <li>• Identifying any other sick animal in locality</li> <li>• Mass canine vaccination in identified areas</li> </ul>

## Annexure I

### Format for Human Rabies Notification

Date: DD/MM/YYYY

Name of Health Facility:

Complete Address of Health Facility:

District

State:

Pin Code:

Name of reporting health Professional:

Name of Patient*	
Age*	
Sex (M/F/TG)*	
Address*	
Biting Animal (Dog/Cat/ Monkey/ any other specify) *	
Date(s) of bite/scratch	
Geographical Address of biting event(s)	
Category of Bite: (I/II/III)	
PEP (Yes/No/DK);	
Immunoglobulin (Yes/No/DK)	
Case Definition*: Suspect/ Probable/ Laboratory Confirmed	
Date of Diagnosis	
Method of Diagnosis**	
Date of Death (if applicable; in some cases notification may precede mortality)	

(\* Mandatory Field, \*\* Mandatory if notifying facility is Laboratory)