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स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India

Department of Health and Family Welfare  
Ministry of Health and Family Welfare  
D.O. No.NRCP/55/248/07/2023/NCDC

24<sup>th</sup> July 2023

*Dear Colleague,*

Rabies is one of the oldest recognized zoonotic diseases, with an almost 100% fatality rate. It is important to note that this disease is completely preventable. To prevent Rabies transmission and reduce the likelihood of infection, we need to adopt a three-pronged Post-Exposure Prophylaxis (PEP) approach:-

- Management of animal bite wound(s)
- Passive immunization with Rabies Immunoglobulin (RIG)
- Active immunization with Anti-Rabies Vaccines (RABIES VACCINE)

2. Given the national commitment to eliminate Rabies by 2030, it is imperative that we strengthen our efforts by implementing the three-pronged strategy. Therefore, I request you to undertake following activities:-

- Establishment of a Wound Washing area:** Please refer to the attached guidance note (Annexure I). As per National Guidelines, immediate wound washing with soap and water, is crucial to minimize the risk of rabies transmission. Please ensure the establishment of a designated wound washing facility in all health care facility.
- Ensuring Availability of Rabies Vaccine:** As per NHM's essential drug list, ensure the availability of Rabies vaccines Primary Health Centers (PHC) and above health facilities. Program strongly advocate the use of the intradermal route for rabies vaccine administration, as it not only saves costs but also reduces the total amount of vaccine required to complete PEP. Kindly ensure availability of necessary logistics at health facilities for Rabies Vaccine administration.
- Infiltration of Rabies Immunoglobulin:** Ensure all category III bites wounds are infiltrated with Rabies Immunoglobulin. The administration of Rabies Immunoglobulin (RIG) provides passive immunity through ready-made antibodies. It is recommended that RIG infiltration be performed directly into the wound site. As per the NHM's essential drug list, ensure the availability of Rabies immunoglobulin at Community Health Centers (CHC) and above health facilities. Therefore, it is crucial to ensure that the proper administration of RIG is practiced consistently.

3. In addition, please also facilitate prompt & regular reporting of all the Human Rabies Cases on IDSP-IHIP portal. The combined efforts of all relevant institutions of the State Govt. & Central Govt. would ensure that the goal of making India rabies-free by 2030 is achieved.

*Harm Regards.*

Yours sincerely,

(Rajesh Bhushan)

Encl.- A/a.

**To : Additional Chief Secretary/ Principal Secretary/ Secretary Health of All States / UTs**

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# Rabies Post Exposure Prophylaxis: Wound Management Guidelines



## Introduction

Rabies is a fatal, acute, progressive encephalomyelitis caused by neurotropic viruses belonging to the family Rhabdoviridae, genus Lyssavirus. Rabies is a viral zoonotic disease that affects the central nervous system and is almost always fatal once symptoms appear. Rabies is practically 100% fatal, yet practically 100% preventable provided timely and correct management of animal bite is done in the victim. Hence, to prevent the likelihood of an infection following a rabid animal bite, a three-pronged approach is advocated:

- a) Management of animal bite wound(s),
- b) Passive immunization with Rabies Immunoglobulin (RIG), and
- c) Active immunization with Anti-Rabies Vaccines (RABIES VACCINE).

Wound management is an important component of post exposure prophylaxis (PEP), but often ignored by the bite victims. Hence, establishing a dedicated wound washing area in health facilities is essential to support these efforts. This document provides guidance on the importance of wound washing, the rationale behind it, and recommendations for establishing such facilities in healthcare settings.

## Importance of wound washing for animal bite cases

**Reducing the risk of rabies infection:** Rabies is a deadly viral disease, transmitted through the saliva of infected animals, primarily following bites.



- Washing wounds with copious amounts of water is a vital step in the post-exposure prophylaxis for rabies. It helps in removing saliva containing the rabies virus from the wound site. The removal of the virus eliminates the risk of infection. Also the use of soap by its lipolytic action inactivates the rabies virus.
- Wound washing also cleanses the dirt, reduces bacterial load and thus minimizing the chances of secondary infection.
- The National Rabies Control Programme (NRCP) recommends immediate wound washing with soap and water upto 15 minutes and applying disinfectant to the wound/s to minimize the risk of rabies infection.

## Guidance on establishing wound washing area

**Requirements:** To establish an effective wound washing area, the following aspects need to be considered:





1. **Location:** Identify an appropriate location within the healthcare facility, preferably near the emergency department, casualty, dressing room, or dedicated animal bite treatment area/ anti-rabies clinic (ARC). Avoid locating it adjacent to or in the toilets.
2. **Spacious room:** The area should have sufficient space (minimum 6X6 ft) to accommodate patients (often mother and child) and necessary fixtures, etc. It should be designed to promote infection control practices, including providing hand hygiene facilities and personal protective equipment (PPE).
3. **Water supply:** Continuous clean running tap water supply should be available for wound washing procedures. Adequate plumbing, drainage, and access to clean water are essential.
4. **Medical supplies:** Ensure there is a plinth or bench for proper wound management and attending medical procedures.
5. **Ventilation:** Ensure the area is well-ventilated (exhaust fan fitted), well lit, and easily accessible for patients and staff.
6. **Waste management:** Proper high rise drainage (no stagnation) of water, and biomedical waste management should be followed as per standard protocol /guidelines.

### IEC Materials

**Prevent Rabies. Vaccinate To Save Lives**

**After Dog Bite or Scratches or Licks**

**STEP 1 Wound Management for Category I, II & III**

- Wash all wounds under running water with soap for upto 15 minutes.
- Apply Antiseptic.

**STEP 2 Vaccinate for Category II & III**

**Intradermal Route**  
0.1 ml at 2 Sites  
Day 0, 3, 7, 28

**Intramuscular Route**  
1 ml at 1 Site  
Day 0, 3, 7, 14, 28

**Do not inject Rabies Vaccine in Gluteal Region**

**Step 3: Infiltrate (RIG) in Category III**  
Infiltrate Rabies immunoglobulin in all wounds.

**PROTOCOL FOR RABIES POST EXPOSURE PROPHYLAXIS AFTER ANIMAL BITE**

**DECISION TO TREAT**

CATEGORY I	CATEGORY II	CATEGORY III
Touching or feeding of animal Lick on intact skin	Minor scratches or abrasions Minor lacerations or abrasions without bleeding	Single or multiple transverse scratches or lacerations Single or multiple bites Compromised or extensive contamination of wound
No prophylactic rabies vaccine is available	Category II is not indicated	Category III is not indicated

**POST EXPOSURE PROPHYLAXIS PROTOCOL**

**CATEGORY I**  
No prophylactic rabies vaccine is available

**CATEGORY II**  
RIG IS NOT INDICATED  
Vaccine course: 4 doses  
Day 0, 3, 7, 28

**CATEGORY III**  
RIG IS NOT INDICATED  
Vaccine course: 4 doses  
Day 0, 3, 7, 14, 28

**FOR IMMUNE COMPROMISED PERSON**  
Rabies immunoglobulin (RIG) should be given in addition to the vaccine course. RIG should be given in 2 doses: 1 dose at Day 0 and 1 dose at Day 7. RIG should be given in the form of intramuscular injection.





**RABIES IMMUNOGLOBULIN - RIG DOSAGE**  
For Category II & III, if RIG is not available, it should be given in the form of intramuscular injection. RIG should be given in 2 doses: 1 dose at Day 0 and 1 dose at Day 7. RIG should be given in the form of intramuscular injection.

**NATIONAL RABIES CONTROL PROGRAMME**  
Ministry of Health and Family Welfare, Government of India





### Consumables and supplies:

	Hand washing sink with tap and wall fixed mirror; and a continuous supply of clean running tap water for washing wounds on head, neck, face and hands. A bottle of liquid soap shall be placed on the sink for use.
	A separate handheld spray with a pipe of 3-4 feet length shall be fixed on the wall and provided with soap (preferably liquid soap) for washing wounds on lower limb/s
	Antiseptic solutions for application after wound washing, such as povidone-iodine (preferable) or chlorhexidine should be provided.
	Disposable gloves, masks, gowns, and goggles or face shields for health care personnel.

### Standard Operating Procedures (SOPs)

#### Step-by-step instructions for wound washing procedure:

1. Wash/flush all the wound/s immediately (or as soon as possible) under running water for up to 15 minutes.
2. Use soap to wash the wound/s.
3. After thorough washing and drying the wound with sterile gauze, apply a disinfectant such as povidone iodine or chlorhexidine.
4. Do not touch the wound with bare hands.
5. Wound washing procedure must be performed even if the patient reports late.
6. Application of irritants such as chili, soil, oils, turmeric, lime, salt, ash, plant juice, etc. by the patient is strictly prohibited
7. For further rabies prophylaxis like vaccine administration, rabies immunoglobulin infiltration, wound management, etc. refer to a medical officer/ nearest health facility.

*Important: Cauterization of the wound/s with acids/ alkalis /flame/heat/etc is strictly prohibited.*

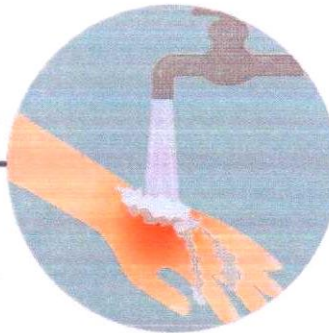
**Establishing a dedicated wound washing area for animal bite management, particularly for post-exposure prophylaxis against rabies, though simple, still a life saving measure for preventing rabies in the bite victim. By following the guidelines provided in this document, healthcare facilities can ensure the provision of prompt and effective wound care, improving patient outcomes and good public health.**



## Process flow for wound management in case of dog/animal bite



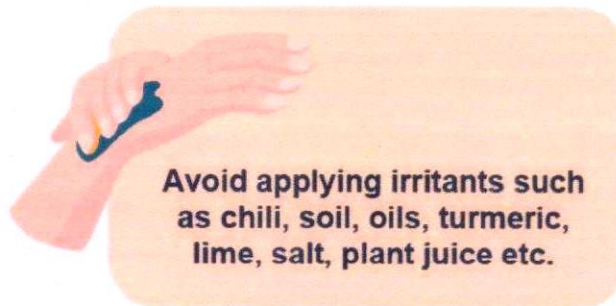
**Dog/animal bite victim  
should be directed towards  
hand wash area**



**Hand wash area should be  
equipped with wash basin,  
continuous supply of water,  
soap and handheld shower  
(3-4 feet)**



**Wash the wound under  
running water for at  
least 15 minutes**



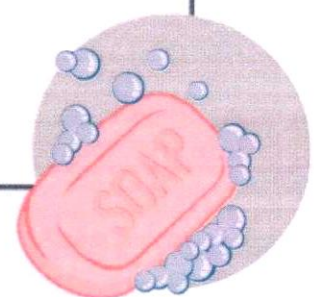
**Avoid applying irritants such  
as chili, soil, oils, turmeric,  
lime, salt, plant juice etc.**



**For further management  
refer to a medical officer**



**Apply disinfectant like  
povidone iodine on the  
wound**



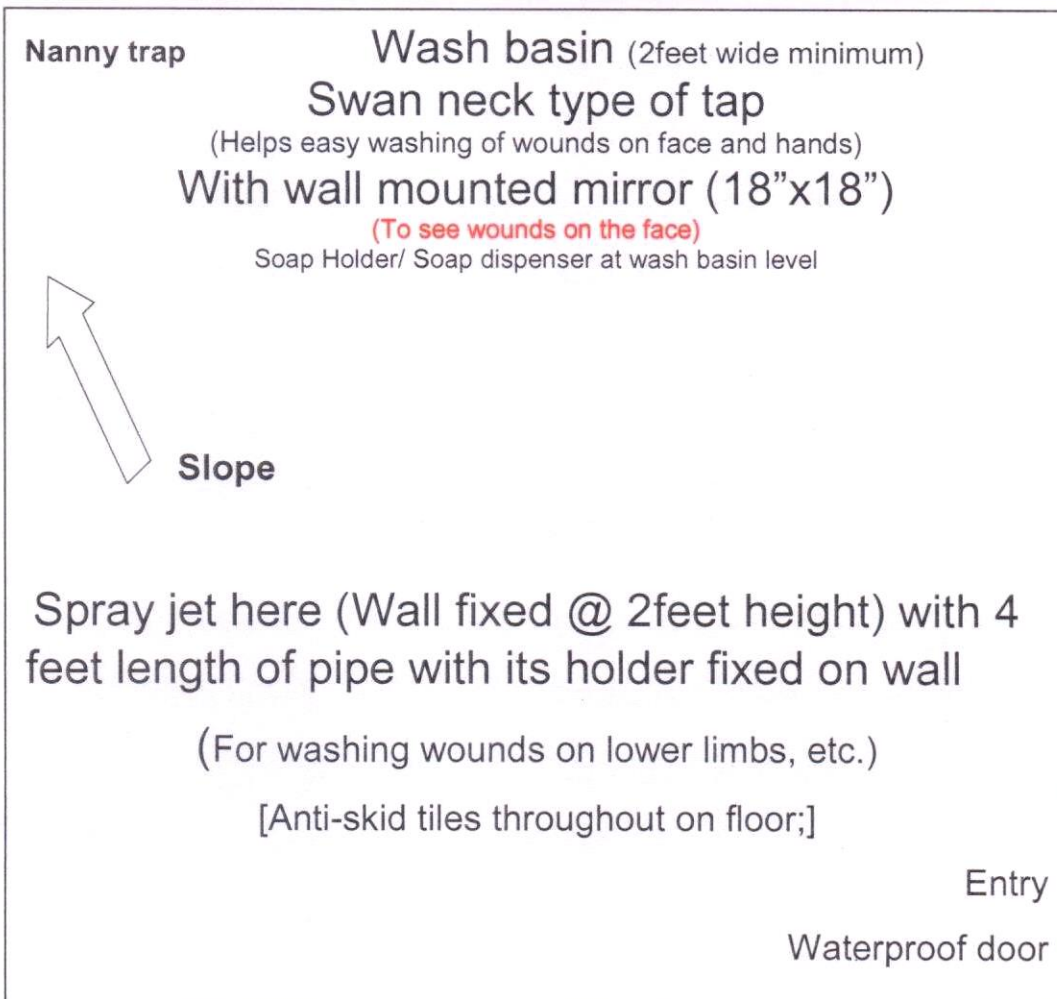
**Use a soap to wash  
the wound**





## Prototype of proposed wound washing area

(May be improvised as per local needs)



**6 feet X 6 feet minimum**

**[Note – Many times two persons like mother and child will be inside]**

**Consult a civil engineer before finalization of the plan**

**Wound washing area in/near an anti-rabies clinic (ARC)**



**Intramuscular and intradermal human rabies vaccine administration**

**Deltoid muscles** for adults and children

**Do NOT inject** in the gluteal region

**Anterolateral thigh** for infants and small children

**REMINDER**

**Bite wounds:**

**15 minutes**

Wash immediately for 15 minutes, with soap, water and disinfectant