

Rabies

Rabies is a human infection that occurs after a transdermal bite or scratch by an infected animal, like dogs and cats. It can be transmitted when infectious material, usually saliva, comes into direct contact with a victim's fresh skin lesions. Rabies may also occur, though in very rare cases, through inhalation of virus-containing spray or through organ transplants.

Rabies is considered to be a neglected disease, which is 100% fatal though 100% preventable. It is not among the leading causes of mortality and morbidity in the country but it is regarded as a significant public health problem because:

- (1) it is one of the most acutely fatal infection and
- (2) it is responsible for the death of 200-300 Filipinos annually.

Rabies is present on all continents, except Antarctica, with over 95% of human deaths occurring in the Asia and Africa regions. Rabies is one of the Neglected Tropical Diseases (NTD) that predominantly affects poor and vulnerable populations who live in remote rural locations. Approximately 80% of human cases occur in rural areas. Although effective human vaccines and immunoglobulins exist for rabies, they are not readily available or accessible to those in need. Globally, rabies deaths are rarely reported and children between the ages of 5–14 years are frequent victims. Managing a rabies exposure, where the average cost of rabies post-exposure prophylaxis (PEP) is currently estimated at an average of US\$ 108 can be a catastrophic financial burden on affected families whose average daily income may be as low as US\$ 1–2 per person.

Rabies awareness and advocacy campaign is a year-round activity highlighted on 2 occasions:

- March – the Rabies awareness month
- September 28 – World Rabies Day

The campaign focuses on three target audiences:

1. Pet owners – to have their dog/s registered and vaccinated;
2. Animal bite victims- to practice immediate washing of bites with soap and water for at least 10 minutes and receive appropriate Post-Exposure Prophylaxis (PEP) if need from trained health workers and not from traditional healers
3. Legislators, Local Chief Executives (LCEs), NGO's Pos and other stakeholders to implement (LCEs) and support a comprehensive rabies prevention and control program.

3 CATEGORIES OF EXPOSURE TO A RABID ANIMAL OR TO ANIMAL SUSPECTED TO BE RABID

CATEGORY OF EXPOSURE	MANAGEMENT
CATEGORY I <ol style="list-style-type: none"> Feeding/touching an animal Licking of intact skin (with reliable history and thorough physical examination) Exposure to patient with signs and symptoms of rabies, by sharing of eating or drinking utensils* Casual contact to patient with signs and symptoms of rabies* 	<p>Wash exposed skin immediately with soap and water No vaccine or RIG needed</p> <p><i>*Pre-exposure vaccination may be considered</i></p>
CATEGORY II <ol style="list-style-type: none"> Nibbling/nipping of uncovered skin with bruising Minor scratches/abrasions without bleeding** Licks on broken skin <p><i>**Includes wounds that are induced to bleed</i></p>	<p>Start vaccine immediately</p> <ol style="list-style-type: none"> Complete vaccination regimen until day 28/30 if: <ol style="list-style-type: none"> Animal is rabid, killed, died or unavailable for 14-day observation or examination <p>OR</p> <ol style="list-style-type: none"> If animal under observation died within 14 days and was IMMUNOFLOURECENT ANTI-BODY TEST (IFAT) positive or no IFAT testing was done or had signs of rabies <ol style="list-style-type: none"> Complete vaccination regimen until day 7 if: <ol style="list-style-type: none"> If animal is alive and remains healthy after 14-day observation period If animal under observation died within 14 days but had no signs of rabies and was IFAT-negative
CATEGORY III <ol style="list-style-type: none"> Transdermal bites or scratches (to include puncture wounds, lacerations avulsions) Contamination of mucous membrane with saliva (i.e licks) Exposure to a rabid patient through bites, contamination of mucous membranes or open skin lesions with body fluids (except blood/feces) through splattering, mouth to mouth resuscitation, licks of eyes, lips, vulva, sexual activity, exchanging kisses on the mouth or other direct mucous membrane contact with saliva Handling of infected carcass or ingestion of raw infected meat All Category II exposures on head and neck area "Does not include sharing of food/drink/utensils and casual contact with rabid patient" 	<p>Start vaccine and RIG immediately</p> <ol style="list-style-type: none"> Complete vaccination regimen until day 28/30 if: <ol style="list-style-type: none"> Animal is rabid, killed, died or unavailable for 14-day observation or examination <p>OR</p> <ol style="list-style-type: none"> If animal under observation died within 14 days and was IMMUNOFLOURECENT ANTI-BODY TEST (IFAT) positive or no IFAT testing was done or had signs of rabies <ol style="list-style-type: none"> Complete vaccination regimen until day 7 if: <ol style="list-style-type: none"> If animal is alive and remains healthy after 14-day observation period If animal under observation died within 14 days but had no signs of rabies and was IFAT-negative

SOURCES:

ADOPTION OF THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM (NRPCP)

[https://www.doh.gov.ph/sites/default/files/publications/FINAL%20MTP%20RABIES%20\(nov%2028\)%202.0 ed.pdf](https://www.doh.gov.ph/sites/default/files/publications/FINAL%20MTP%20RABIES%20(nov%2028)%202.0%20ed.pdf)

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[https://www.doh.gov.ph/sites/default/files/publications/Rabies%20Manual MOP 2019%20no v28.pdf](https://www.doh.gov.ph/sites/default/files/publications/Rabies%20Manual%20MOP%202019%20no%20v28.pdf)