**Annexure III**

***NATIONAL RABIES CONTROL PROGRAM***

**ANIMAL BITE EXPOSURE REGISTER\***

**Name of the Health Facility: Type of Health Facility:**

**Address & Contact Details**

**Health Facility Code: Reporting Month Year**

**Any Clustering of cases Observed:** if yes write the details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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 Immunoglobin Given  (Y/N) | ARV Route  ID/IM |
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**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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Old** | **New** | | **Total** |  | **VIndicator** | **IM** | **ID** |
| **Total Number of Patients attended** |  |  | |  |  | Route of ARV Administration |  |  |
|  | **I** | **II** | **II** |  |  | Total Number of Cat II patients receiving ARS |  | |
| **Category wise Number of Patients** |  |  |  |  |  |  |  |  |