





National Centre for Disease Control Ministry of Health & Family Welfare, Govt. of India

State Monthly Report (NRCP-M02) *

| State Name | | |
|--|-------------------|--|
| Name of State Nodal Office | | |
| Office Address | | |
| Reporting Month & | Year | |
| Detailed Monthly rep | oort: - | |
| Total districts in the state | | |
| Total no. of health facilities providing | | |
| animal bite manage | | |
| Total Number of facilities submitted | | |
| monthly report under NRCP | | |
| Mention total no. of patients as per | | |
| type of biting animal- | | |
| • Dog | Bite by Stray dog | |
| | Bite by Pet Dogs | |
| • Cat | | |
| Monkey | | |
| • Others | | |
| Mention no. of patients as per Category of bite- | | |
| Category -I (Touching or feeding of animals, Licks on intact skin Contact of intact skin withsecretions /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 skinContamination of mucous membrane with saliva i.e. licks) | | |
| Total number of patients as per route | | |
| of rabies vaccination- | | |
| • 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 by all the districts- | | | |
| • No. of human rabies deaths confirmed by | | | |
| laboratory tests | | | |
| No. of clinically suspected rabies cases | | | |
| seen at OPD & Emergency (who refused | | | |
| admission) | | | |
| , | | | |
| No. of clinically suspect rabies cases admitted in the health facilities | | | |
| | | | |
| No. of clinically suspected rabies cases left against modified advises (after admission) | | | |
| against medical advice (after admission) | | | |
| No. of clinically suspect rabies deaths in | | | |
| hospital Status of Anti Rabies Vaccine (ARV) used | | | |
| by all the districts in the month (no. of | | | |
| vials)- | | | |
| Opening balance | | | |
| • Quantity received | | | |
| Quantity utilized | | | |
| • Closing balance | | | |
| • Shortage of ARV - Yes/No | | | |
| (If Yes, please mention in Vials or Doses) | | | |
| Status of Anti Rabies Serum (ARS) used by | | | |
| all the districts in the month (no. of vials)- | | | |
| Opening balance | | | |
| Quantity received | | | |
| • Quantity utilized | | | |
| • Closing balance | | | |
| • Shortage of ARS - Yes/No | | | |
| (If Yes, please mention in Vials or Doses) | | | |
| Status of availability of Rabies Vaccine | Total no of | Availability | Availability |
| in the state (Health facility wise)- | health facilities | of ARV | of ARS |
| • DH | | | 011110 |
| • SDH | | | |
| • CHC | | | |
| • PHC | | | |
| Information on Rabies and Animal Bite | | | |
| cases shared with State Veterinary | | | |
| Officer/department or concerned | | | |
| department | | | |
| Any Clustering of Animal Bite Cases | | | |
| observed? | | | |
| If yes write the details including locality | | | |
| Any other remarks | | | |
| | | | |

Date:

Name & Sign of State Nodal Officer-NRCP or Concerned officer