



सत्यमेव जयते  
Government of India



# Operational Guidelines Rabies Free City Initiative

A Step Towards Rabies Free India by 2030



**National Rabies Control Program**  
**Centre for One Health**

National Centre for Disease Control  
Directorate General of Health Services  
Ministry of Health & Family Welfare,  
Government of India





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Secretary



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



### Message

Rabies, a 100% fatal zoonotic disease, continues to be a major public health problem even in this era. It affects both animals and humans. This disease does not fit into the domain of any one single department having the responsibility of controlling Rabies. Ministry of Health & Family Welfare has set up a call to eliminate dog mediated Rabies by 2030 as a part National Action Plan to Eliminate Dog Mediated Rabies in India.

As part of our mission to eliminate rabies, I am pleased to share the newly developed **Operational Guidelines on Roll out of Rabies-Free Cities Initiative**. These guidelines are a strategic effort to strengthen our public health response and build capacity for rabies control across cities in India.

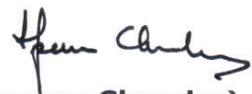
This initiative marks a significant step towards our collective goal of eliminating rabies in India, focusing on strengthening prevention, control, and vaccination strategies across cities.

Rabies remains a public health concern, and with these guidelines, we aim to create robust systems at both community and institutional levels to manage, prevent, and eventually eradicate this disease. The guidelines will serve as a comprehensive tool for stakeholders such as State Health and Animal Department, Municipal Corporation etc., ensuring that all actions are aligned with the National Strategies and goal.

I urge all of you to follow these operational guidelines meticulously and work collaboratively to transform our urban spaces into rabies-free zones, ultimately protecting the health and safety of all citizens.

Let us work together to achieve our goal of rabies-free cities by 2030.

Dated 25<sup>th</sup> September, 2024

  
(Apurva Chandra)





प्रो.(डॉ.) अतुल गोयल

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स्वास्थ्य सेवा महानिदेशक

**DIRECTOR GENERAL OF HEALTH SERVICES**



सत्यमेव जयते

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
स्वास्थ्य सेवा महानिदेशालय

Government of India  
Ministry of Health & Family Welfare  
Directorate General of Health Services



### MESSAGE

Rabies is one of the most fatal diseases ever known to mankind. Rabies is no more a neglected tropical disease; Government of India recognized it as a priority zoonotic disease and has made significant efforts towards rabies prevention and control.

National Centre for Disease Control is implementing National Rabies Control Programme since 12<sup>th</sup> Five-year Plan to address the issues related to Rabies in India. The *National Rabies Control Programme* (NRCP) has made significant strides in reducing rabies cases. The programme also launched **National Action Plan for Dog mediated Rabies Elimination**, which was prepared with One Health approach in collaboration with all key stakeholders that is MoFAH&D, MoEF&CC, MoAFW, MoPRI and MoHUA.

Further to achieve the goal of eliminating dog mediated Rabies from India, programme launched "Rabies Free Cities Initiative" in which 114 cities are targeted for making it as rabies free Zones as in urban areas human-animal interactions are frequent.

I am pleased to share the operational guidelines for Roll out of *Rabies-Free Cities Initiative* as a crucial next step in our efforts. These guidelines have been designed to provide clear strategies for the comprehensive rollout of activities aimed at preventing rabies, with a focus on Mass dog vaccination, animal birth control programme, education, and responsible pet ownership. These guidelines provide a comprehensive framework for health professionals, city administrators, and community stakeholders to work in unison towards achieving rabies-free urban spaces.

Through this initiative, we aim to create an integrated approach that ensures the safety of our communities and ensuring that cities across India become safe and rabies-free. The guidelines include actionable steps, from enhanced surveillance to community engagement, and I encourage all stakeholders to work in coordination to meet our objectives.

Let's continue our journey towards making rabies a thing of the past, starting with this focused initiative.

**New Delhi**  
**24<sup>th</sup> Sept. 2024**

  
**(Atul Goel)**



# From the Desk of Programme Officer

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**R**abies, a disease that has plagued humanity for centuries, remains a significant public health threat. Despite advancements in medical science, rabies continues to claim thousands of lives annually, particularly in developing countries like ours. Recognizing the urgent need for effective control measures, the Government of India has prioritized rabies prevention and control as a crucial component of its public health agenda.

The National Centre for Disease Control (NCDC) has been at the forefront of implementing the National Rabies Control Programme (NRCP), which aims to address the multifaceted challenges associated with rabies in India. Through concerted efforts, the NRCP has made substantial progress towards Prevention & Control of Dog mediated Rabies in India. The launch of the National Action Plan for Dog-Mediated Rabies Elimination developed in collaboration with key stakeholders, has provided a comprehensive framework for addressing this pressing issue.

To further accelerate our progress towards eliminating dog-mediated rabies from India, the NCDC has initiated the “Rabies Free Cities” Initiative in Tier I and Tier II cities.

I am delighted to present the operational guidelines for the Rabies Free Cities Initiative rollout. These guidelines offer a clear roadmap for implementing effective strategies to prevent rabies and create safer and rabies-free surroundings. The guideline outlines actionable steps, from enhanced surveillance to community engagement, and I urge all stakeholders to work in unison to achieve our shared objectives.

Let us embark on this journey together, determined to make rabies a disease of the past. By implementing the strategies outlined in these guidelines, we can create a safer and healthier India for future generations.



**Dr. Simmi Tiwari**

Joint Director & Head  
Centre for One Health

National Centre for Disease Control  
Dte. GHS, Ministry of Health & Family Welfare  
Government of India

# About This Document

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**R**abies is one of the most fatal zoonotic diseases that have tormented humans since antiquity. Rabies is transmitted through the bite of an infected animal and is nearly always fatal without timely intervention, including proper wound care and the administration of rabies post-exposure prophylaxis (PEP) to bite victims. About 96% of the mortality due to Rabies is associated with dog bites.

Effective prevention and control of rabies can be achieved through concerted efforts of all stakeholders by adopting the “One Health Approach.” The Ministry of Health and Family Welfare, as the primary stakeholder, is spearheading the initiative to achieve a “Rabies-Free India” by 2030 under the National Rabies Control Program (NRCP). The Ministry of Fisheries, Animal Husbandry & Dairying (MoFAHD) of the Government of India supports this effort by assisting state governments through the Department of Animal Husbandry & Dairying (DAHD) in conducting canine anti-rabies vaccination under the ASCAD (Assistance to States for Control of Animal Disease) and RKVY Schemes. The Animal Welfare Board of India (AWBI) provides financial aid to registered NGOs for Animal Birth Control (ABC) programs for dog population management. Additionally, state funds are being utilized by municipalities and state animal husbandry departments to carry out ABC programs and dog vaccination.

This document adheres to NAPRE guidelines per the Government of India’s directive. It offers detailed guidelines for implementing the rabies-free city initiative in Tier I, II and III cities. Intended as a reference for city corporation officials and key stakeholders in the Public Health and Animal Husbandry departments, it facilitates the creation of tailored action plans for effective rabies control and prevention.

The objective is to systematically reduce rabies risk by implementing continuous mass dog vaccinations, ensuring access to pre-and post-exposure prophylaxis, and promoting public education. The goal is to achieve rabies-free status for the selected city.

- Develop a step-by-step plan for the Rabies Free City Initiative aligned with the National Action Plan for dog-mediated Rabies elimination from India by 2030 (NAPRE).
- Establish a ‘City Task Force’ to coordinate efforts across multiple departments through a One Health approach, fostering collaboration for effective implementation of the city action plan.
- Provide comprehensive training for public health staff on human health aspects and veterinary staff on animal health components related to rabies elimination.
- Engage the community in the rabies elimination process to enhance awareness and participation.
- Implement strategic measures such as mass dog vaccination and animal birth control to achieve effective rabies elimination.

# Abbreviations & Acronyms

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<b>ABC</b>	Animal Birth Control	<b>NGO</b>	Non-Governmental Organization
<b>ARS</b>	Anti Rabies Serum	<b>NHM</b>	National Health Mission
<b>ARV</b>	Anti Rabies Vaccine	<b>NRCP</b>	National Rabies Control Programme
<b>ASCAD</b>	Assistance to States for Control of Animal Diseases	<b>NUHM</b>	National Urban Health Mission
<b>ASHA</b>	Accredited Social Health Activist	<b>PATH</b>	Program for Appropriate Technology in Health
<b>AWO</b>	Animal Welfare Organizations	<b>PEP</b>	Post-Exposure Prophylaxis
<b>CTF</b>	City Task Force	<b>PPP</b>	Public-Private Partnership
<b>DAHD</b>	Department of Animal Husbandry & Dairying	<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>DPM</b>	Dog Population Management	<b>PS</b>	Principal Secretary
<b>HR</b>	Human Resource	<b>PSM</b>	Preventive and Social Medicine
<b>IEC</b>	Information, Education, and Communication	<b>ARS</b>	Rabies Immune Globulin
<b>IHIP</b>	Integrated Health Information Platform	<b>RFC</b>	Rabies Free City
<b>IDRV</b>	Intradermal Rabies Vaccination	<b>RRT</b>	Rapid Response Team
<b>JAS</b>	Jan Arogya Samiti	<b>RIG</b>	Rabies Immunoglobulin
<b>MAS</b>	Mahila Arogya Samiti	<b>RWA</b>	Resident Welfare Association
<b>MDV</b>	Mass Dog Vaccination	<b>SAP-RE</b>	State Action Plan for Dog-Mediated Human Rabies Elimination
<b>M&amp;E</b>	Monitoring and Evaluation	<b>SHG</b>	Self Help Group
<b>MoHFW</b>	Ministry of Health and Family Welfare	<b>SOP</b>	Standard operating procedure
<b>NAP-RE</b>	National Action Plan for Dog-Mediated Rabies Elimination	<b>ToR</b>	Terms of Reference
<b>NCDC</b>	National Centre for Disease Control	<b>UCHC</b>	Urban Community Health Centre
		<b>ULB</b>	Urban Local Body
		<b>UPHC</b>	Urban Primary Health Centre

01

# Introduction

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**R**abies, a practically 100% fatal viral disease, poses a significant public health threat in India, accounting for a substantial number of human and animal fatalities. India, with about 1.4 billion population, is endemic for rabies and accounts for 36% of global rabies deaths. Human rabies cases are reported nationwide, excluding Andaman & Nicobar and Lakshadweep Islands which are rabies-free. The disease is mainly transmitted by rabid dogs (97%), followed by cats (2%), jackals, mongooses, and others (1%), through bites, scratches, licks on broken skin, and mucous membrane contact.

The National Rabies Control Programme (NRCP), operating since the 12th Five Year Plan, anchored by the National Centre for Disease Control (NCDC), aims to prevent human deaths from rabies. In 2021, the Government of India launched the ‘**National Action Plan for Dog-Mediated Human Rabies Elimination by 2030**’ (NAPRE), guided by One Health Approach.

The National Action Plan for (dog-mediated) Human Rabies Elimination in India (NAPRE) is based on the following three key principles:



### Prevention

Introduce cost-effective public health intervention techniques to improve accessibility, affordability, and availability of post-exposure prophylaxis to all people in need.



### Promotion

Improve understanding of rabies through advocacy, awareness, education, and operational research.



### Partnership

Provide coordinated support for the anti-rabies drive with the involvement of community, urban and rural civil society, government, private sectors, and international partners.

## Core Components of NAPRE

The National Action Plan Rabies Elimination has two Core components to achieve the Elimination of Dog Mediated Human Rabies:

### A. Human Health Component

To prevent human deaths due to rabies by ensuring timely access to post-exposure prophylaxis for all animal bite victims and creating a well-responsive public health system.

### B. Animal Health Component

To achieve at least 70 % anti-rabies vaccination (ARV) coverage among dogs in a defined geographical area annually for 3 consecutive years.

To address the resource-intensive nature of state-level action plans, the Ministry of Health & Family Welfare issued a directive on January 21, 2023, encouraging states to prioritize densely populated Tier 1, 2 and 3 tier cities for rabies elimination efforts. This strategic approach aims to expedite the attainment of “Rabies Free Cities (RFC)” status. (Refer to *Annexure 1*)

Strategic actions for the animal health component involve estimating the canine population, identifying rabies risk zones, planning and implementing mass dog vaccination campaigns, solid waste management, confinement and containment, community participation, operational research, post-vaccination- coverage assessment, and promoting responsible dog ownership. For the human health component, actions include ensuring post-exposure prophylaxis for all animal bite victims, healthcare professional training, surveillance of animal bites and rabies cases, inter-sectoral coordination, developing communication plans, and fostering public-private partnerships (PPP).

### Goal

Eliminate rabies from the city by achieving zero human deaths from dog-mediated rabies, ensuring at least 70% of dogs are vaccinated against rabies, improving access to post-exposure treatment for humans, and increasing public awareness about rabies prevention.

### Objectives

The objectives of the Rabies Free City Initiative are as follows:

#### 1. Strengthening Rabies Prevention Strategies

- Provision of Anti Rabies Vaccine free of charge to human bite victims at public health facilities (UPHC, UCHC, Corporation hospitals).
- Implementation of tailored awareness campaigns through mass media and mid-media, targeting diverse groups such as Mahila Arogya Samiti members (MAS), Jan Arogya Samiti members (JAS), schoolteachers, colleges, youth organizations (e.g., Nehru Yuva Kendra Sangathan Volunteers), transport workers, workers unions, and Resident Welfare Associations (RWAs).
- Attainment of a minimum 70% vaccination coverage for dogs in the city through Mass Dog Vaccination initiatives.
- Implementation of Pre-Exposure Prophylaxis for identified high-risk groups.

#### 2. Enhancement of Rabies Surveillance and Control Measures

- Improve event and indicator-based reporting mechanisms from both human health and animal health sectors.
- Training and deployment of Rapid Response Teams with specialized skills in rabies control measures.

#### 3. Advancement of Rabies Diagnostics and Intersectoral Collaboration

- Develop a reliable and efficient system for the referral and transportation of rabies samples.

Strengthen the diagnostic capabilities of both human and animal health laboratories for accurate rabies diagnosis. Promote secure data sharing between human health and animal health sectors to improve collaborative efforts and enhance rabies control.

## Criteria for Declaring a City as Rabies Free

A city will be declared as “Rabies Free” when it meets the following criteria:

- 1. Zero Reported Human Deaths:** Zero human deaths from dog-mediated rabies for three consecutive years.
- 2. Sustained Mass Dog Vaccination:** The city consistently achieves and maintains a minimum of 70% anti-rabies vaccination coverage among the dog population through annual mass vaccination campaigns.
- 3. Effective Surveillance:** The city must demonstrate effective surveillance mechanisms for tracking and reporting animal bites, and rabies cases, and ensure implementation of post-exposure prophylaxis for animal bite victims.
- 4. Community Education and Participation:** The community should actively participate in rabies awareness programs, and responsible dog ownership initiatives, and promptly report any incidents of animal bites.
- 5. Functional Health Infrastructure:** The city should have a well-equipped health infrastructure capable of providing post-exposure prophylaxis to all animal bite victims promptly.



02

Theory  
of Change

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The Rabies Free City Initiative operates on a comprehensive theory of change, strategically designed to address the complexities of rabies prevention, control, and management. The initiative envisions a series of interconnected steps and outcomes that collectively lead to the ultimate impact of achieving a “Rabies Free City” status. The theory of change can be broken down into several key components:

### Inputs

- **Resources Mapping:** Identify and allocate human, infrastructural, and financial resources required for the initiative. This includes funding for awareness campaigns, personnel for training and for Mass Dog Vaccination, and Dog Population Management.
- **Technical Expertise:** Assemble a team of experts in veterinary medicine, public health, data analysis, and community engagement to provide the necessary technical know-how for implementing effective rabies prevention & elimination strategies.

### Key Processes

- **Advocacy:** Engage with key stakeholders, including government bodies, non-governmental organizations (NGOs), and the public, to build support for the initiative. Advocate for policy changes, resource allocation, and community participation in rabies prevention and elimination efforts.
- **Sensitization:** Raise awareness about rabies among various target groups, including pet owners, healthcare professionals, and local communities. Emphasize the importance of responsible pet ownership, vaccination, pre-exposure prophylaxis for high-risk groups and prompt medical treatment for rabies exposures.
- **Capacity Building:** Train local communities, healthcare professionals, and relevant authorities in rabies prevention and elimination measures. This includes providing education on responsible wound management, vaccination programs, and proper response to suspected rabies cases.
- **Data Analysis:** Establish a robust system for collecting, analyzing, and interpreting data related to rabies incidence. Utilize this information to identify hotspots, monitor trends, and adjust intervention strategies accordingly.
- **Interdepartmental Coordination:** Facilitate collaboration among various government departments, including health, agriculture, and local authorities. Ensure a coordinated effort in implementing rabies elimination measures and sharing relevant data.

### Outputs

- Improved rabies prevention
- Improved rabies surveillance
- Improved rabies diagnostics

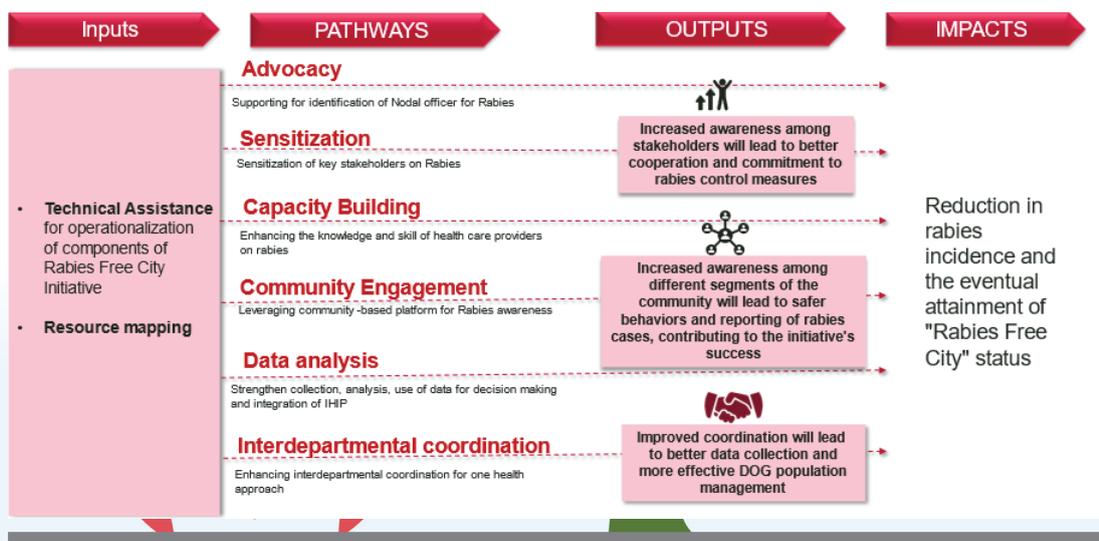
### Outcomes

- At least 70% of dogs in the city are vaccinated against rabies.
- Zero human deaths from dog-mediated rabies.

### Impact

- **Reduction in Rabies Incidence:** The cumulative effect of enhanced capacity, improved reporting, and coordinated efforts leads to a significant reduction in the incidence of rabies.
- **Attainment of “Rabies Free City” Status:** The ultimate impact is the achievement of a “Rabies Free City” status, indicating that the city has successfully eliminated rabies to a level where it no longer poses a significant public health threat.

Figure 01: Theory of Change in Pictorial Format



03

# Criteria for Selection

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The Rabies-Free City Initiative is a key component of NAPRE, which emphasizes that Tier I, II and Tier III cities should prioritize this effort. The following are suggested criteria for selecting a city for the Rabies-Free City Initiative:

### Delineation of Risk Zones

- **Review Historical Data:** Evaluate the number of dog or animal bite cases reported in the city over the past three years.
- **Prioritize High-incidence Areas:** Focus on cities with a high incidence of dog/animal bite cases
- **Examine Epidemiological Data:** Analyze detailed epidemiological data on dog and animal bite cases, including the specific areas with high case concentrations, to guide resource allocation.
- **Consider Geographic Factors:** Assess the geographic location of the city, as certain regions may have a higher prevalence of rabies due to factors like climate and wildlife interactions.
- **Evaluate Population Density:** Analyze the population density in each city, as higher population densities may require more focused efforts due to increased human-dog interactions.
- **Assess Stray Dog Population:** Assess the size of the stray dog population in each city, since a higher number of stray dogs can increase the risk of rabies transmission.
- **Gap Analysis:** Assessing existing resources and capabilities in Human and Animal Health

### Components

#### HUMAN HEALTH

##### Vaccine and Serum Availability

Evaluate the availability and accessibility of anti-rabies vaccines and rabies immunoglobulins for post-exposure prophylaxis (PEP).

##### Staff Training

Assess the training status of healthcare staff on bite-management protocols.

##### Data Reporting System

Review the effectiveness and reliability of the data reporting and tracking systems for bite victims and rabies cases.

#### ANIMAL HEALTH

##### Human Resources

Assess the availability and expertise of veterinary professionals.

##### Laboratory Facilities

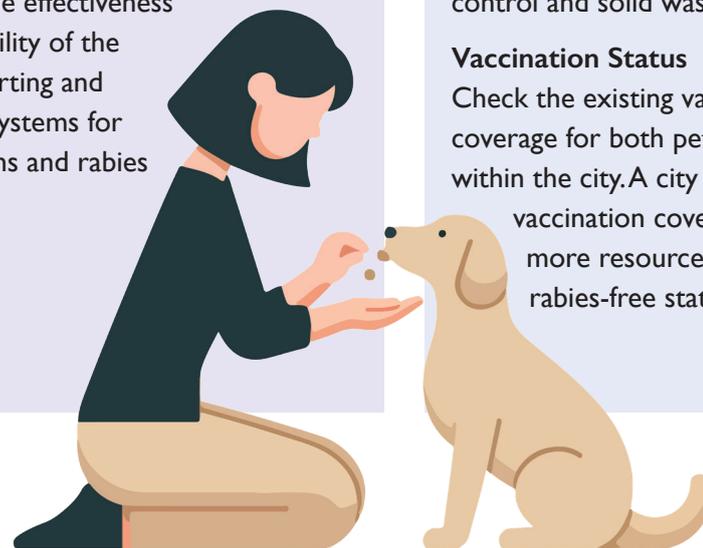
Evaluate the capacity of laboratories for detecting the rabies virus.

##### Dog Population Management

Review strategies for managing the dog population, including animal birth control and solid waste management.

##### Vaccination Status

Check the existing vaccination coverage for both pet and stray dogs within the city. A city with lower vaccination coverage may require more resources to achieve a rabies-free status.



## **Success in Previous Initiatives**

Examine previous rabies control and animal welfare initiatives undertaken in the city and assess the outcomes and effectiveness of these initiatives. Identify key lessons learned and best practices from past efforts to inform the current Rabies-Free City Initiative.

By thoroughly evaluating each city based on these criteria, a state can make an informed decision for the selection of a city for the rollout of the Rabies Free City Initiative. It's important to remember that successful implementation will require collaboration between government agencies, healthcare providers, animal welfare organizations, and the local community.

04

# Operational Plan for Rabies- Free Cities

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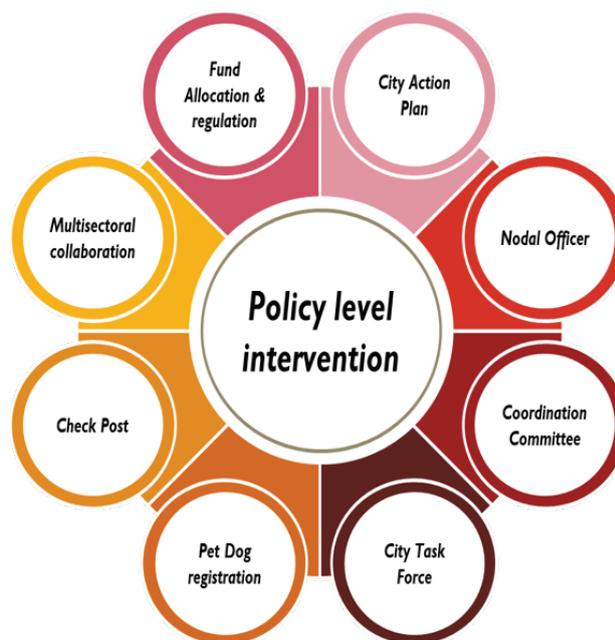
A dual-pronged approach—combining policy development with direct field actions—is essential for eliminating rabies in communities. This strategy seeks to systematically remove the threat of rabies by aligning government decisions with local efforts.

## Policy Interventions

Embarking on the ambitious journey towards a rabies-free future demands strategic and well-coordinated policy-level interventions. These initiatives are not merely guidelines; they represent a visionary roadmap crafted to shape the very fabric of rabies prevention, and finally elimination at every level of governance.

- **Nodal Officer Appointment:** Designate a dedicated Nodal Officer within the Urban Local Body to spearhead all activities related to the Rabies Free City Initiative.
- **Multi-Sectoral Coordination:** Establish a robust framework for multi-sectoral coordination involving health, animal husbandry, waste management, and other relevant departments to ensure a comprehensive approach to rabies elimination.
  - » **City Task Force Formation:** Formulate a specialized City Task Force comprising representatives from health, veterinary services, law enforcement, and community stakeholders. This task force will be responsible for strategizing and implementing targeted interventions.
  - » **Ward-Level Coordination Committee:** Create Coordination Committees at the ward level to facilitate localized planning and execution, ensuring community involvement and effective implementation of rabies prevention measures.
- **Pet Dog Registration:** Implement a mandatory Pet Dog Registration system to track and manage the canine population, enabling efficient vaccination campaigns and ensuring accountability among pet owners.
- **Border Check Posts:** Establish check posts at city borders, collaborating with neighboring states/cities, to prevent the entry of non-vaccinated dogs. Implement a vaccination protocol for dogs entering the city.
- **Fund Allocation and Regulation:** Recognize the financial imperative for success. Allocate funds judiciously to support mass dog vaccination, kennel infrastructure setup, and solid waste management regulations. Establish clear guidelines for fund utilization and transparent reporting.
- **City Action Plan Preparation:** Develop a comprehensive City Action Plan for rabies elimination, encompassing vaccination schedules, awareness campaigns, waste management strategies, and contingency plans. This plan will serve as a roadmap for efficient execution and continuous improvement.

Figure 3: Summary of policy-level interventions required for roll out of Rabies Free City initiative.



### Detailed Description of Operational Plan Focused on Field-level Interventions

Launching the Rabies-Free City Initiative demands a meticulous operational plan at the state and city levels. Various activities at each level include:

#### AT STATE LEVEL

At the state level, the issuance of official letters from the Public Health Department marks the commencement of the Rabies-Free City Initiative. Municipal Commissioners receive directives emphasizing the initiative's significance, fostering awareness and commitment.

#### **Activity I: Issuance of Official Letter to Municipal Commissioners from PS Health**

The issuance of official letters to Municipal Commissioners is the initial step in the Rabies Free City Initiative. These letters shall be sent by the Public Health Department of the respective state to emphasize the importance of implementing the initiative. This official letter serves as a formal communication to convey the seriousness and commitment of the government toward rabies elimination and create awareness among municipal authorities about the initiative's significance.

- **Sub Activity I.1:** Advocacy for a letter from the Additional Chief Secretary of Health/ Principal Secretary of Health to all Municipal Commissioners, emphasizing the importance of the Rabies-Free City Initiative.

#### Expected Outcome

Municipal Commissioners will be informed about the Rabies Free City Initiative, leading to their increased awareness and potential commitment to its implementation.

## AT CITY LEVEL

For city-level implementation, here are a few key activities aimed at achieving a rabies-free status. From heightened awareness generation to the appointment of a Nodal Officer and comprehensive gap analysis, each step contributes to a coordinated and effective rabies elimination strategy.

### Activity 1: Nodal Officer for Rabies Elimination

This activity advocates for the appointment of a dedicated nodal officer within the municipal corporation specifically responsible for overseeing rabies-related activities.

#### Rationale

Having a nodal officer ensures that there is a single point of contact and accountability for rabies elimination efforts. This officer can streamline communication and coordination among various departments.

#### Expected Outcome

The appointment of a nodal officer will improve the efficiency and coordination of rabies elimination activities within the municipal corporation.

### Activity 2: Gap Analysis

Gap analysis involves assessing the existing resources and capabilities in terms of human resources, diagnostic facilities, vaccine and anti-serum availability, and data reporting systems in collaboration with relevant departments (ULB, Veterinary Department, and Public Health Department).

#### Rationale

Identifying gaps is essential to developing a targeted strategy and allocating resources effectively for rabies control.

- **Sub Activity 2.1:** Analyze training needs among health care staff, and anti-rabies vaccine and serum availability status, dog & animal bite cases reporting systems. This includes collection of detailed information on the number of staff trained in rabies prevention & elimination as per NRCP guidelines, availability of anti-rabies vaccine and serum at the facility level, existing laboratory facilities including equipment, and technical capabilities for diagnosing, monitoring, and reporting of rabies cases. Status of dog vaccination and dog population management and availability of resources. Assessment of the existing laboratory facilities, including equipment, and technical capabilities for diagnosing and monitoring of rabies cases.
- **Sub Activity 2.2:** Analyze existing data for dog and animal bites to identify hotspots in coordination with the district surveillance unit (DSU).

#### Expected Outcome

A comprehensive understanding of existing gaps will guide the planning and resource allocation for rabies elimination efforts.

### **Activity 3: Sensitization of Key Officials**

Sensitization sessions are conducted to raise awareness of rabies among key stakeholders, including corporation commissioners, deputy commissioners, assistant commissioners, ward officers, and others. Sensitization of the education and public information department to raise awareness of rabies among students and the community at large.

#### **Rationale**

Sensitization is crucial to ensure that decision-makers and implementers understand the seriousness of rabies and the importance of the Rabies Free City Initiative. It helps in garnering support for the rabies elimination efforts. Educating the public at large and the younger generation will raise rabies awareness and help elimination efforts.

- **Sub Activity 3.1:** Sensitize Corporation Commissioner, Addl./ Deputy/ Assistant Commissioner, Ward officers, and others about rabies.
- **Sub Activity 3.2:** Engage PSM/ Community Medicine Dept. from Medical College/s and Animal Husbandry Dept. for the sensitization activities
- **Sub Activity 3.3:** Sensitize the Education and public information department of the municipal corporation to raise awareness about rabies.

#### **Expected Outcome**

Increased awareness among stakeholders will lead to better cooperation and commitment to rabies elimination measures. Increased awareness among students and the community will lead to safer behavior around animals and reporting of dog bites and rabies cases.

### **Activity 4: City Action Plan**

Develop city action plans that align with state action plans and NAPRE guidelines, ensuring a coordinated approach.

#### **Rationale**

A well-structured action plan is essential for systematically implementing rabies elimination measures and achieving specific targets.

- **Sub Activity 4.1:** Organize meetings of the city task force and seek inputs from members on key action points like policy level decisions, resource planning, strategies for dog population enumeration, mass dog vaccination, post-vaccination survey, dog population management, etc.
- **Sub Activity 4.2:** Preparation and implementation of city action plans in alignment with the state action plan.

#### **Expected Outcome**

City-specific action plans will guide the implementation process, making it more organized and goal-oriented.

### Activity 5: Committees

This activity advocates for the establishment of Joint Steering Committees, and a City Task Force to oversee and facilitate the Rabies Free City Initiative.

#### Rationale

Committees help in coordinating efforts, sharing insights, and ensuring that different departments work together harmoniously to achieve the initiative's goals. Rapid investigation and response are essential to prevent rabies outbreaks and further spread. Collaboration between departments is essential for mass dog vaccination, comprehensive dog population management, and advocacy campaigns.

- **Sub Activity 5.1:** Advocate for the constitution of Joint Steering committees at the district level and a city task force at the city level to respond actively to cases and outbreaks. (refer to Chapter 6: ToR of City Task Force)
- **Sub Activity 5.2:** Interdepartmental coordination with the Veterinary, Wildlife Department, local NGOs (working for rabies elimination), and the appointed Nodal Officer from the Municipal Corporation for rabies elimination-related activities.

#### Expected Outcome

The establishment of committees and interdepartmental cooperation will enhance the initiative's effectiveness. The task force will improve the ability to investigate and manage rabies cases at the city level.

### Activity 6: Awareness Generation

Involves various stakeholders, including UPHC staff, MAS members, SHG members, local mandals, community groups, and others in awareness campaigns through multiple channels on rabies.

#### Rationale

Raising awareness among diverse groups ensures a broader understanding of rabies prevention and control.

- **Sub Activity 6.1:** Involve various stakeholders like community members, pet owners, school children, schoolteachers, youth organizations (e.g., Nehru Yuva Kendra Sangathan Volunteers), transport workers, workers unions, and Resident Welfare Associations (RWAs), local religious leaders, others in awareness campaigns.
- **Sub Activity 6.2:** Utilize digital platforms, social media, and print and electronic media for awareness campaigns.
- **Sub Activity 6.3:** Conduct awareness sessions with the help of local NGOs in communities and slum areas.
- **Sub activity 6.4:** Leverage community-based platforms like Mahila Arogya Samiti (MAS), Jan Arogya Samiti (JAS), ASHAs, and others for awareness campaigns.

### Expected Outcome

Increased awareness among different segments of the community will lead to safer behaviors and reporting of dog bite and rabies cases, contributing to the initiative's success.

### Activity 7: Training/Capacity Building

This activity focuses on enhancing the capacity of clinical and non-clinical health staff across the departments (Public Health and Animal husbandry) in managing animal/dog bite cases, laboratory diagnosis of rabies, mass dog vaccination, and dog population management.

#### Rationale

Well-trained personnel are better equipped to handle rabies cases, leading to improved patient care and prevention efforts.

- **Sub Activity 7.1 (Human Health)**

**Enhance skills in bite management:** Provide training for staff nurses on administering intradermal rabies vaccinations. Build the capacity of both clinical and non-clinical health staff in preventing, controlling, and managing animal and dog bites.

**Build capacity for rabies diagnosis:** Train microbiologists and laboratory technicians from selected facilities on rabies diagnosis.

- **Sub Activity 7.2 (Animal Health)**

**Sensitize Veterinary and Para-Veterinary Staff:** Raise awareness among veterinary and para-veterinary professionals about pre-exposure prophylaxis. Train and Develop **Veterinary Teams:** Provide training for dog catchers and strengthen the skills of veterinary and para-veterinary staff in rabies diagnosis.

### Expected Outcome

Improved knowledge and skills among healthcare staff will contribute to better rabies prevention and control.

### Activity 8: Dedicated Communication Platform

Advocacy to establish a dedicated call Centre /helpline or repurposing an existing operational call Centre (such as the 15400-helpline launched by NCDC) to receive calls from dog or animal bite cases and others from the community. The call Centre should be staffed with trained personnel having good etiquette.

#### Rationale

A dedicated communication platform ensures prompt reporting, response to animal bite cases, and timely intervention.

- **Sub Activity 8.1:** Advocate for the establishment or leverage of existing call Centre (used for other programmatic activities or new helpline number launched by NCDC) for reporting dog and animal bite cases from the community: Technical assistance includes-

- » Identification of space for setting up call Centre or plan for leveraging existing Call Centre

- » Preparation of SOPs for operationalizing Call Centre
- » Training of staff deployed in the call Centre

### Expected Outcome

Timely reporting and response to dog/animal bite cases will reduce rabies transmission and improve public safety.

### Activity 9: Pre-Exposure Prophylaxis for High-risk Group

Rabies Pre-Exposure Prophylaxis (PrEP) vaccination is a series of vaccines given to individuals who are at an increased risk of exposure to the rabies virus.

- **Sub Activity 9.1:** Coordinate with the Veterinary Department, and with the nodal officer from municipal corporation (designated for Rabies Free City Initiative) for pre-exposure prophylaxis camps.
- **Sub activity 9.2:** Facilitate organizing a pre-exposure prophylaxis camp for the high-risk group on rabies vaccination which includes the following:
  - » Veterinary Officers
  - » Para-vet Staff
  - » Veterinary Assistants
  - » Dog Catchers
  - » Dog Handlers
  - » Pet Animal Shop Owner
  - » Supporting Staff in Animal Care Facilities
  - » Wildlife Officials and Staff
  - » Laboratory Technicians and Microbiologists
  - » Staff in Veterinary Colleges and Hospitals
  - » Hospital staff/ clinical staff/support staff attending suspected or probable rabies cases.

### Expected Outcome

Improved coordination will lead to better data collection and more effective dog population management. Focus on routine anti-rabies vaccination of pet & stray animals, especially dogs and cats will reduce rabies transmission. The pre-exposure vaccination camp will provide high-risk groups with essential protection against rabies, reducing the risk of infection.

### Activity 10: Mass Dog Vaccination (MDV):

#### Rationale

Mass dog vaccination is a key strategy in rabies elimination. Micro-plans ensure systematic coverage, and post-vaccination surveys assess the effectiveness of vaccination efforts.

- **Sub Activity 10.1**

#### Preparation of Micro-Plans for MDV and Post-Vaccination Surveys in

#### Collaboration with the Animal Husbandry Department: This sub-activity

involves detailed planning to ensure smooth execution of the MDV campaign. In

collaboration with the Animal Husbandry Department, a comprehensive micro-plan

should be prepared, outlining logistical and material requirements. This includes the number of vaccinators, required vaccine vials, syringes, needles, and necessary cold chain equipment such as refrigerators and vaccine carriers. Additionally, provisions should be made for dog handlers, catchers, and transportation, including vans for field teams. A detailed post-vaccination survey framework should also be part of the micro-plan to evaluate the vaccination campaign's effectiveness and identify any gaps in coverage.

- **Sub Activity 10.2**

**Execution of Mass Dog Vaccination According to the Micro-Plan:** The execution phase involves mobilizing resources and implementing the MDV campaign as outlined in the micro-plan. Collaboration with local NGOs, trained volunteers, and other relevant stakeholders is critical to ensuring successful coverage, especially in areas with a high number of stray dogs. Public awareness campaigns should be intensified to sensitize local communities about the importance of MDV and the timing of the campaign. This helps ensure cooperation from residents and minimizes resistance during the vaccination drive. Engaging community leaders and influencers can further strengthen the impact of awareness efforts.

### **Expected Outcome**

Increased vaccination coverage and monitoring of post-vaccination effectiveness will contribute to rabies elimination.

### **Activity 11: Dog Population Management (DPM)**

Coordination with the Animal Husbandry department for dog population management.

#### **Rationale**

Dog population management and vaccination is essential for long-term rabies-free status.

- **Sub Activity 11.1: Preparation of a Comprehensive Dog Population**

**Management Plan:** A detailed plan must be developed in coordination with the Animal Husbandry Department to ensure a systematic and resource-efficient approach to dog population control. The plan should cover:

- » **Resource Mapping:** Identify available resources, including veterinary services, infrastructure for sterilization, and human resources such as dog catchers and veterinarians.
- » **Strategic Planning:** Establish clear guidelines and timelines for sterilization campaigns, vaccination drives, and dog population surveys.
- » **Collaboration with the Animal Husbandry Department:** Coordinate efforts to integrate DPM with existing animal health services and ensure alignment with national rabies control strategies.

- **Sub Activity 11.2: Execution of Dog Population Management with NGO**

**Collaboration:** To ensure effective implementation, local NGOs experienced in animal welfare should be engaged. Key components include:

- » **Dog Catching and Mobilization:** Train and deploy dog catchers to humanely capture stray dogs in targeted areas.
- » **Sterilization and Post-Operative Care:** Perform sterilization surgeries under hygienic conditions, ensuring post-operative care such as monitoring, vaccination, and recovery support.
- » **Releasing Dogs:** Return the dogs to the same location where they were captured, ensuring minimal disruption to the local ecosystem and reducing the likelihood of territorial conflicts.

### Expected Outcome

Effective dog population management will reduce the risk of rabies transmission.

### Activity 12: Waste Management

To foster efficient and effective waste management, establishing a robust coordination framework is crucial. This involves collaboration with key stakeholders, including the Nodal Officer from the municipal corporation, resident welfare associations (RWAs), and self-help groups (SHGs) focused on solid waste management. The primary objective is to ensure optimal waste collection and management practices, reducing solid waste that often serves as a food source for free-roaming dogs. This strategy will not only improve cleanliness but also contribute to public health by mitigating the risks associated with stray dogs, particularly in the context of rabies control.

### Rationale

Efficient and adequate waste collection is essential in decreasing waste volume, especially in areas where it serves as a food source for free-roaming dogs. Addressing this issue will lower the population of stray dogs, contributing to broader public health objectives like rabies prevention.

- **Sub Activity 12.1: Geographical Mapping of High-Priority Areas:** The first step is to conduct detailed geographical mapping to identify areas struggling with improper solid waste management. This will be executed in collaboration with RWAs, SHGs, local NGOs, and municipal officials. Mapping these areas will help prioritize regions that require immediate intervention, ensuring a targeted approach to waste management.
- **Sub Activity 12.2: Advocacy for Improved Solid Waste Disposal Practices:** This sub-activity focuses on advocating for better waste disposal practices, and raising awareness within communities, RWAs, and other groups about the importance of managing waste properly. This will involve educational campaigns and coordination with local leaders to promote sustainable waste management practices.
- **Sub Activity 12.3: Restriction of Access to Landfills for Free-Roaming Dogs:** Collaborating with local authorities, this activity will aim to restrict free-roaming dogs' access to landfill sites and areas where waste is disposed of improperly. Measures will include physical barriers, enforcement of rules, and alternative methods of waste disposal that prevent easy access to food sources.

### Expected Outcome

Proper waste management will lead to a reduction in the stray dog population, ultimately contributing to the achievement of a rabies-free status by limiting the dogs' reliance on solid waste as a food source.

### Activity 13: Strengthening Laboratory Diagnostic Capacity for Human Rabies Diagnosis

By implementing the following sub-activities, we anticipate an overall improvement in the laboratory diagnostic capacity for human rabies, as evidenced by an increase in the number of labs with trained staff, adequate supplies, written SOPs, and effective monitoring and reporting mechanisms.

Note: This activity is applicable for a city in which an already well-equipped laboratory is functional under a municipal corporation or public health department (Metropolitan Surveillance Unit lab is also considered for Rabies Diagnosis) and availability of microbiologists.

- **Sub-Activity 13.1: Training Laboratory Staff in virological techniques**
  - » *Rationale:* To ensure accurate and timely diagnosis of human rabies cases, laboratory staff must be proficient in virological diagnostic techniques and interpretation of results.
  - » *Expected Outcome:* Increased number of labs with trained staff in virological techniques.
- **Sub-Activity 13.2: Ensuring Adequate Supplies for Rabies Testing**
  - » *Rationale:* A well-equipped laboratory is essential for efficient rabies diagnosis; having sufficient reagents, consumables, and test kits is crucial.
  - » *Expected Outcome:* Increased number of labs with adequate supply of reagents, consumables, and test kits for testing samples for rabies.
- **Sub-Activity 13.3: Developing & Implementing SOPs for Rabies Testing & Reporting**
  - » *Rationale:* Standard Operating Procedures (SOPs) streamline the diagnostic process and enhance consistency in testing and reporting.
  - » *Expected Outcome:* Increased number of labs with written SOPs for rabies testing and reporting.
- **Sub-Activity 13.4: Monitoring Rabies Sample Submission and Testing**
  - » *Rationale:* Regular monitoring of sample submission and testing is necessary to evaluate the efficiency of the diagnostic process.
  - » *Expected Outcome:* Increased number of samples for rabies submitted and tested, demonstrating enhanced diagnostic capacity.

### Activity 14: Monitoring & Evaluation (M&E)

This activity focuses on establishing a robust joint monitoring mechanism for both human and animal health components to assess and track the progress of rabies prevention and control initiatives at all administrative levels. M&E ensures that all efforts align with strategic objectives and facilitates timely identification and resolution of potential challenges.

#### Rationale

Monitoring and evaluation are critical to ensure that the activities undertaken are effectively contributing to the goal of rabies elimination. M&E provides a structured approach to measure progress, identify inefficiencies or challenges, and make data-driven adjustments to enhance impact.

- **Sub Activity 14.1: Surveillance of Rabies Cases:** This sub-activity emphasizes the importance of a coordinated surveillance system to monitor and report rabies cases in both animals and humans. By integrating human and veterinary health surveillance, real-time data on rabies outbreaks or trends can be collected, analyzed, and acted upon promptly. This data serves as a foundation for adaptive planning and intervention measures.
- **Sub Activity 14.2: Community Feedback Mechanism:** A structured feedback loop is essential to ensure that communities are actively engaged in rabies control efforts. Through continuous feedback collection from local stakeholders, the program can adapt its strategies based on ground-level insights. This approach fosters greater community involvement and ensures that intervention strategies remain contextually relevant and responsive to local needs.

### Expected Outcome

The implementation of these M&E activities will enhance the responsiveness of rabies control efforts through prompt surveillance and actionable feedback mechanisms. As a result, interventions can be fine-tuned in real time, leading to greater effectiveness and efficiency in rabies prevention. This proactive approach will significantly contribute to achieving the overarching goal of making the city rabies-free, thereby saving lives and improving public health outcomes.

By systematically implementing these activities, we aim to achieve our objectives and ultimately make a city rabies-free, saving lives and enhancing public health.

### Thematic areas of Rabies Free City implementation

A thorough and multifaceted approach is essential to achieve the goal of establishing rabies-free cities. A strategic framework for addressing the complex aspects of rabies prevention and elimination is embodied in the thematic areas of rabies-free city implementation. These thematic areas, anchored in six basic pillars, constitute the foundation of this comprehensive plan.



**Data Collection & Analysis**



**Dog population enumeration & management**



**Prevention & control**



**Information, Education, and Communication**



**Laboratory diagnosis**



**Cross Cutting issues**

Thematic Areas	Activities
1. Data collection and analysis	<ul style="list-style-type: none"> <li>• Surveillance (Human Health)</li> <li>• Establishment linkage of Human &amp; Animal Rabies Surveillance</li> </ul>
2. Dog population enumeration and management	<ul style="list-style-type: none"> <li>• Dog Population Enumeration/Estimation</li> <li>• Dog Population Management</li> <li>• Dog Registration</li> <li>• Funding Agency</li> </ul>
3. Prevention and elimination	<ul style="list-style-type: none"> <li>• Availability &amp; Accessibility of Human Rabies Vaccines in the State/City.</li> <li>• Mass Dog Vaccination Campaign for ensuring at least 70% vaccination coverage of the total dog population according to the plan described in the National Rabies Strategy.</li> <li>• Other Rabies Elimination &amp; Prevention Activities</li> </ul>
4. Information, education, and communication	<ul style="list-style-type: none"> <li>• Public Awareness Advocacy</li> <li>• Professional Education</li> </ul>
5. Laboratory diagnosis	<ul style="list-style-type: none"> <li>• Strengthening Lab diagnosis of Animal Rabies</li> <li>• Strengthening lab diagnosis of Human Rabies</li> </ul>
6. Cross-cutting issues	<ul style="list-style-type: none"> <li>• Funding Budget</li> </ul>

Note: for detailed information about each thematic area, refer to *Annexure 3*.



05

City Task Force  
Under Rabies  
Free City

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The City Task Force (CTF) is constituted as a proactive mechanism to promptly identify, manage, and prevent dog bites, rabies cases, and outbreaks within the city. This task force is comprised of representatives from diverse departments that include the Municipality, Departments of Human/Public Health, Animal Husbandry, Forest, Medical Colleges, NGOs, and others. This collective approach ensures a cohesive and efficient strategy toward eliminating rabies. Regular task force meetings shall be planned at least every quarter, wherein execution of strategies shall be assessed, challenges addressed, and necessary adjustments made to achieve the objectives. The letter from MoHFW for Formation of City Task Force for Rabies Free City Initiative is enclosed as an Annexure 2.

### Task Force Composition:

City Task Force	
Municipal Commissioner	Chair
Additional Municipal Commissioner (Health)	Co-Chair
Medical Officer Health (Municipal Corporation)	Member Secretary
Veterinary officer (Municipal Corporation)	Member
Education officer (Municipal Corporation)	Member
Officer in Charge from the Solid Waste Management Department of Municipal Corporation	Member
Representative faculty from Medical and Veterinary College	Member
District Surveillance Officer	Member
City Program Manager (NUHM)	Member
A representative from the Forest/Wildlife department	Member
Representatives from Developmental Partner or NGOs or AWOs working in the Rabies Elimination Program	Member
A representative from the Indian Medical Association/ Private Hospital Association	Member

### Roles and Responsibilities

Each department representative bears distinct responsibilities in the effort to eliminate rabies:

- **Municipal Commissioner (Chair)**
  - » Oversee and lead the task force's overall activities.
  - » Provide strategic direction and decision-making.
  - » Foster collaboration among departments and stakeholders.

- **Additional Municipal Commissioner (Health) (Co-Chair)**
  - » Assist the Chair in providing leadership and direction.
  - » Focus on health-related aspects of rabies prevention and elimination.
- **Medical Officer Health (Municipal Corporation) (Member Secretary)**
  - » Coordinate task force meetings, activities, and communication
  - » Ensure efficient documentation and reporting
  - » Monitor and report cases of human rabies and dog/animal bite
  - » Facilitate timely administration of post-exposure prophylaxis consisting of ARV and ARS
- **Officer in Charge from Solid Waste Management Department**
  - » Implement waste disposal practices that limit food sources for stray animals.
  - » Collaborate with the Animal Husbandry Department on sterilization and vaccination programs for stray dogs/animals.
- **Veterinary Officer (Municipal Corporation)**
  - » Implement and supervise vaccination, Animal Birth Control measures, and healthcare for pet animals like dogs and cats.
  - » Collaborate with local veterinary facilities and animal shelters.
  - » Foster responsible pet ownership and community engagement.
- **Education Officer (Municipal Corporation)**
  - » Promote public awareness campaigns on rabies prevention & elimination in schools, colleges, and lay people through mass media
- **Representative Faculty from Medical and Veterinary College**
  - » Provide expert advice from medical and veterinary perspectives.
  - » Contribute knowledge from academic and practical domains.
- **District Surveillance Officer**
  - » Provide technical assistance for the effective implementation of programmatic activities under the NRCP in the city.
- **City Program Manager (NUHM - National Urban Health Mission)**
  - » Contribute to the integration of rabies prevention & elimination into urban health programs.
  - » Ensure efficient implementation of strategies within the urban health framework.
- **Wildlife/Forest Department (Member)**
  - » Address concerns regarding rabies transmission linked to wildlife.
  - » Collaborate with wildlife authorities to monitor and manage rabies within the wild animal population.
  - » Develop strategies to reduce interactions between wildlife, peri-domestic and domestic animals.

- **Representatives from developmental Partner/NGO/AWO/others that are working for rabies elimination:**
  - » Contribute specialized expertise and resources to the rabies elimination program.
  - » Collaborate on community engagement, awareness, and outreach initiative
  - » Compliance with NAP-RE Guidelines: The city must adhere to the guidelines outlined in the National Action Plan for Dog-Mediated Rabies Elimination (NAPRE), focusing on prevention, promotion, and partnership.

## **Roles and Responsibilities of Key Stakeholders under Rabies Free City Initiative**

City Task Force (detailed ToR of City Task Force is attached as Annexure-1) will act as a nodal agency for the overall formulation, planning, coordination, and implementation of the activities as envisaged under the City Action Plan. It will be directly involved in providing technical and logistic support to the district/corporation and lower level. It will also help to formalize the City Action Plan for dog-mediated elimination of human rabies. The key stakeholders identified are as follows:

- **Urban Local Bodies (ULBs)**
- **Human health Sector – State Health Department**
- **Animal Health Sector – State Animal Husbandry Department**
- **Wildlife and Environment Sector – Department of Environment & Climate Change, Forest at the State Level**
- **Non-Government Organizations Active in the Field of Rabies in the Health and Veterinary Sectors**
- **Professional Organizations and Associations in the Medical and Veterinary Sector**

## **Roles and Responsibilities of Key Departments**

### **I. Urban Local Bodies**

- **Risk Area Mapping:** Identify and map high-risk, medium-risk, and low-risk areas of rabies transmission.
- **Advocacy, Training, and Capacity Building:** Educate and train community members on the prevention and elimination of rabies in their respective wards or zones /areas
- **Mass Dog Vaccination (MDV) Campaign:** Oversee and ensure the successful implementation of MDV campaigns within their wards in coordination with the Animal Husbandry department and local NGOs.
- **Solid Waste Management:** Monitor and manage solid waste disposal areas within their wards to reduce potential rabies exposure.
- **Surveillance of Animal/Dog Bite Cases:** Monitor and record cases in the Integrated Health Information Portal (IHIP) regarding animal bites, especially dog or any other animal bites, in the human population. Also, monitor and report dog bite cases in animals.
- **Capturing and Relocating Stray Animals:** Capture and relocate stray animals to shelters or rescue centers. Establish kennels for injured and sick stray dogs.

- **Logistics Support:** Ensure the availability of necessary resources that include dedicated trained human resources for capturing and handling dogs safely, availability of dedicated vehicles, equipment for capturing dogs, and availability of appropriate protective gear, such as gloves and safety vests, to minimize the risk of injuries for dog catchers or handlers for dog population management and mass dog vaccination. Ensure provision of temporary restroom facilities at key locations where DPM activities are conducted to ensure the comfort and well-being of the dog catchers or handlers. Ensure an adequate supply of vaccination kits, including vaccines, syringes, and other medical supplies for mass dog vaccination.
- **Pre-exposure prophylaxis camp for high-risk population:** Organize rabies pre-exposure prophylaxis camps in coordination with the public health department to protect high-risk groups.
- **Prevent Improper Disposal of Animal Carcasses:** Ensure proper disposal of animal carcasses to minimize the risk of rabies transmission in and around the city areas.
- **Policy Decision:** Enforce policy decisions like mandatory pet dog registration. Enforce laws and regulations in and around slaughterhouses and meat stalls that attract stray dogs leading to dog bites and rabies transmission in humans.
- **Awareness Generation among Citizens:** Urban local bodies (ULBs) are responsible for designing and implementing comprehensive public awareness campaigns for rabies elimination. This includes disseminating information through billboards, waste collecting hoppers, other visible public spaces, and mass and social media to educate citizens about the importance of responsible pet ownership, vaccination, and reporting of stray dogs and other animals. Facilitating community engagement programs to encourage active participation of citizens in rabies elimination efforts. This involves organizing workshops, seminars, and outreach activities to promote responsible behavior, such as reporting and seeking medical attention for dog/animal bites.
- **Check-post/Quarantine Centers:** Set up and strengthen check-posts and quarantine centers to monitor the movement of animals into the city in coordination with Veterinary and other departments.

## 2. Public Health Department

- **Capacity Building and Training:** Build the capacity of healthcare workers and community members to tackle rabies effectively.
- **Advocacy for Intradermal use of Rabies vaccination (IDRV) & use of ARS in category III exposures in humans.**
- **Regular Information, Education, and Communication (IEC) Campaigns:** Plan and implement an awareness campaign on rabies using different platforms like print and electronic media, social media, display posters and banners as per NRCP guidelines.
- **Surveillance of Animal Bite Cases:** Monitor and record cases in IHIP, regarding animal bites, especially dogs or any other animal bites, in the human population.
- **Public-Private Partnership (PPP):** Collaborate with private organizations to enhance rabies elimination efforts and report dog/animal bite cases in IHIP.
- **Strengthening Rabies Diagnostics:** Improve diagnostic capabilities for identifying rabies cases both in humans and dogs

- **Intersectoral Coordination:** Coordinate with other departments such as the Animal Husbandry Department, ULB, and Forest/Wildlife Department and encourage data sharing on a real-time basis for elimination.
- **Availability of ARV & ARS:** Ensure availability of ARV (Anti Rabies Vaccine) in all Public Health institutes (UPHC, UCHC, Corporation Hospitals, others) and ARS (Anti Rabies Serum) in UCHC, Corporation hospitals, medical colleges, and others.
- **Involvement of private medical practitioners and private hospitals:** Ensure the involvement of private medical practitioners and private hospitals in providing PEP including the use of ARS/ Rabies Immunoglobulin (RIG/ARS).

### 3. Animal Husbandry Department

- **Risk Area Mapping:** Identify and map high-risk, medium-risk, and low-risk areas of rabies transmission with municipal corporation staff.
- **Capacity Building:** Enhance the skills and knowledge of animal husbandry professionals. Provide training and handholding support to dog catchers. Provide training programs in collaboration with Veterinary Colleges and Veterinary Universities to build expertise in rabies prevention and control in dogs
- **Strengthening Rabies Diagnostics:** Improve diagnostic facilities for detecting rabies in animals.
- **Intersectoral Coordination:** Collaborate with other departments to share information and resources.
- **Joint Investigations:** Conduct joint investigations with public health and other departments for rabies outbreaks and cases.
- **Liaison with Stakeholders:** Establish communication and cooperation with various stakeholders, agencies, and international organizations.
- **MDV and Dog Sterilization:** Preparation of micro plan for MDV (in coordination with municipal corporation officials), execute MDV and dog sterilization in a city area in coordination with ULB officials.
- **Involvement of private veterinary practitioners and private veterinary clinics/hospitals:** Ensure the involvement of private veterinary practitioners, private veterinary clinics, hospitals for dog vaccination and sensitization for rabies elimination, and pet owners for dog vaccination.

### 4. Wildlife Department

- Frame technical guidelines and monitoring framework for wildlife rabies.
- Identify animal rabies endemic areas near national parks/conservation areas and forests.
- Undertake surveys in wildlife sanctuaries of captured and free-roaming wild animals.
- Capacity building of zoo personnel to handle wildlife rabies cases.
- Ensure rabies pre-exposure prophylaxis for zoo personnel, wildlife workers, and animal handlers.
- Ensure rabies vaccinations to zoo animals.
- Disseminate IEC for zoo animal handlers, zoo workers, and visitors.
- Sharing information on rabies outbreaks among wild animals to ULB, the Veterinary Department, and the Public Health Department.

- To research wildlife sentinels, transmission patterns, and spillovers of rabies virus from wild animals to domestic and peri-domestic animals.
- To undertake active surveillance to identify the wildlife reservoirs for the Lyssavirus.
- To undertake a risk assessment in areas adjoining the forests, sanctuaries, and national parks.
- To undertake proper disposal of animal carcasses near the wildlife protection areas (WPA)/ Forest/Sanctuary.
- Collection of laboratory samples from wild animals in cases of suspected rabies deaths.

### 5. Non-governmental Organization

- **Animal Welfare and Rescue:** Seek local NGOs to help in the welfare and rescue of sick and injured stray dogs/animals.
- **Monitoring and Reporting:** Local NGOs assist in monitoring and reporting of stray animal population in a particular area, which helps the concerned departments in controlling rabies outbreaks.
- **Vaccination and Sterilization Drives:** Local NGOs support mass dog vaccination campaigns that is, assist the municipal corporation and animal husbandry department for door-to-door vaccination campaigns for pet and stray dogs within the local community.
- **Awareness Generation:** Develop a strong volunteer network for community engagement & mobilization for rabies awareness and education campaigns.

### 6. Professional Associations and Councils

- **Education and Advocacy:** Professional Associations and Councils play an essential role in educating their members and advocating for rabies prevention and elimination at the grassroots level.
- **Joint Investigations:** Professional associations and councils can undertake joint investigations whenever there are cases of human rabies or increasing dog bite cases.



06

# Monitoring Indicators

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The City's progress shall be jointly monitored by state nodal agencies in the health and veterinary sectors. A set of input and process indicators are identified to measure the outcome and achievement of the goal of the Free Rabies City initiative.

### Input Indicators

The input indicators are those indicators that will assess the progress of the cities for their preparedness for formulation and operationalization of city action plans. These input indicators are also a measure of successful implementation of the Rabies Free City Initiative through continues advocacy among stakeholders at state and district levels.

Indicators	Responsible stakeholders
<b>At City Level</b>	
1. Nodal officer appointed by the Municipal Corporation in place/office for rabies-free city initiative.	Municipal Corporation- Health Department
2. Number of key stakeholders sensitized, oriented, and trained in Rabies Free City-related activities	Department of Health, City Administration and Municipal Corporation
3. Funds earmarked, approved, and spent for animal and human components	Department of Health, City Administration and Municipal Corporation
<b>At Ward level</b>	
4. Number of wards that have completed dog enumeration exercises and mapping of risk zones for undertaking animal health component activities	Department of Animal Husbandry and Municipal Corporation
5. Number of wards that have prepared micro plan for MDV and completed MDV	Department of Animal Husbandry and Municipal Corporation
6. Number of wards that have planned, executed, and completed Strategic DPM/ABC activities	Department of Animal Husbandry and Municipal Corporation

## Process Indicators

The process indicators are those indicators that are defined to measure the progress of the Core component of NAPRE and State Action Plan for Rabies Elimination (SAPRE) i.e. Human health and animal health components. The process indicators shall assess the progress of target achievements and their means of verification that is described as under:

### Process Indicators for Human Health Component

Activities	Technical Indicator	Objectively Verifiable Indicator(s)	Means of Verification	Responsible Department
Timely completion of PEP by animal bite victims.	Number of facilities having an adequate supply of ARV and ARS as part of PEP for dog/animal bite victims in humans	% of dog/animal bite victims received timely ARV/ARS after exposure.	<ul style="list-style-type: none"> <li>Stock register (including availability of consumables), records and reports at animal Bite management facilities/ hospital records/ Media reports about shortage/public grievances, etc.</li> <li>DVDAMS portal, Supervision reports.</li> <li>Exit interviews, prescription analysis, or a purposive, population-based survey.</li> </ul>	State Health Departments and State Nodal Officers of NRCP, Nodal Officer of NRCP at the ULB level
Capacity building	Staff trained in animal bite management and rabies prophylaxis and elimination	Number of staff trained in animal bite management and rabies prophylaxis and elimination	<ul style="list-style-type: none"> <li>Number of training certificates issued</li> <li>Trained Participants List (NRCP Training Reports)</li> </ul>	State Health Departments and Nodal Officer of NRCP at ULB level
Surveillance	Strengthening surveillance of human rabies cases and animal bites	% facilities reporting animal/dog bite cases and rabies in IHIP	NRCP Reports and IDSP/ IHIP Reports	State Health Departments and Nodal Officer of NRCP at ULB level
Diagnostic support	Strengthening laboratory diagnostic capacity for human rabies	<ul style="list-style-type: none"> <li>of labs with trained staff for rabies virology</li> <li>of labs with an adequate supply of reagents, consumables, and test kits for testing samples for rabies</li> <li>of labs with written SOPs for rabies testing; and reporting; Number of samples for Rabies submitted, tested &amp; results</li> </ul>	Laboratory assessment reports and IDSP/ IHIP reports	State Health Departments and Municipal Corporation

## Process Indicators for Animal Health Component

Activities	Technical Indicator	Objectively Verifiable Indicator(s)	Means of Verification	Responsible Department
Dog population enumeration and Mass Dog Vaccination, DPM	<ul style="list-style-type: none"> <li>Enumeration exercise/ Risk zone mapping</li> <li>Mass Dog Vaccination with a target to vaccinate more than 70% of the dog population Annually</li> <li>Dog Population management</li> </ul>	<ul style="list-style-type: none"> <li>% of wards completed enumeration of dogs; % of mapped high-risk areas in the city</li> <li>% of enumerated dogs that are vaccinated against rabies</li> <li>% Change in Dog population in respective areas</li> </ul>	<ul style="list-style-type: none"> <li>Dog population enumeration report</li> <li>Report highlighting mapping of high-risk areas</li> <li>Dog vaccination report</li> <li>Post-vaccination surveys report</li> <li>Animal Husbandry</li> <li>Department annual vaccination reports (Number of doses of rabies vaccine administered)</li> <li>Change in the number of Free roaming dogs (FRD), Pet and community owned dogs (Survey reports of State Animal Husbandry Department)</li> </ul>	Municipal Corporation and Department of Animal Husbandry
Diagnostic support for dog/ animal rabies diagnosis	Strengthening of Lab capacity	<ul style="list-style-type: none"> <li>of samples (disaggregated by a dog, other animals, and wild animals) tested for rabies</li> <li>of samples transported safely and secured</li> </ul>	Laboratory Reports	Animal Husbandry Department
Containment	Containment of dog/other animal rabies in Identified areas	Proportion of dog rabies cases confined, and number of containment zones declared	Number of dog rabies cases confined, and containment zones, outbreak reports.	Animal Husbandry Department and Municipal Corporation

Activities	Technical Indicator	Objectively Verifiable Indicator(s)	Means of Verification	Responsible Department
IEC	Raise awareness of responsible dog ownership among citizens	<ul style="list-style-type: none"> <li>• of people aware of the effect of rabies</li> <li>• of people knowledgeable about first aid for dog bite management</li> <li>• of people knowledgeable about rabies prophylaxis</li> <li>• of people knowledgeable about the nearest facility for ARV/ ARS</li> <li>• of people who sought treatment for rabies within XX of dog bite/ exposure.</li> </ul>	KAP survey (report)	Municipal corporation, Community medicine department of Government Medical College/ other Medical Colleges, Animal Husbandry Department, Public Health Department
Surveillance	Strengthening surveillance of Animal Rabies	<ul style="list-style-type: none"> <li>• Percentage of dog/other animal Rabies cases captured by surveillance system</li> <li>• Proportion of the outbreaks responded to in time</li> </ul>	Surveillance system evaluation report / Records review (Animal Husbandry Department reports (web portal)	Animal Husbandry Department and Municipal Corporation

### Other Process Indicators

Activities	Technical Indicator	Objectively Verifiable Indicator(s)	Means of Verification	Responsible Department
Advocacy, Communication and Social Mobilization	<ul style="list-style-type: none"> <li>• Measuring public awareness about the risk of Rabies and prevention of dog bite</li> <li>• Reports daily dog bites and human rabies</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of the population aware of Rabies, prevention, and control</li> <li>• Daily reports on dog bites and human rabies deaths</li> </ul>	<ul style="list-style-type: none"> <li>• KAP survey</li> <li>• Daily media- Print, electronic, and social media scan reports</li> </ul>	Municipal corporation, Community medicine department of Government Medical College, Animal Husbandry Department, Public Health Department

Activities	Technical Indicator	Objectively Verifiable Indicator(s)	Means of Verification	Responsible Department
<b>Inter-Sectoral Coordination</b>	Assess the level of partnerships and multi-sectoral collaboration among different departments, NGOs and private sectors for implementation of the city action plan	<ul style="list-style-type: none"> <li>• Sectors represented in the inter-sectoral coordination meetings</li> <li>• of joint plans of action</li> <li>• of joint actions reporting</li> </ul>	Number of stakeholders attending periodic review meetings (minutes of the meeting)	Municipal corporation, Public Health Department, and Animal Husbandry department
<b>Resource Mobilization</b>	Assessment of Resources to support the Rabies elimination activities	<ul style="list-style-type: none"> <li>• Budget for Rabies prevention and elimination provided in human component</li> <li>• Budget for Animal ARV, Trainings, IECs provided in Animal Component</li> </ul>	<ul style="list-style-type: none"> <li>• Approved budget and record of budget allocation and budget spent [city action plan document]</li> <li>• Approved budget and record of budget allocation and budget spent [city action plan document]</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Municipal Corporation, Public Health Department</li> <li>• Municipal Corporation and Animal Husbandry Department</li> </ul>

### Output/Outcome indicators

These indicators are to assess the overall impact of the activities undertaken under the city action plan and to see the progress towards the goal of achieving zero Rabies cases in the cities (Incidence of rabies to below 1% in animals and zero in humans). The outcome target and indicators thereof are described as under:

Technical Indicator	Objectively Verifiable Indicator(s)	Means of Verification	Source of Information
To progressively reduce and ultimately eliminate human Rabies in the city through sustained, mass dog (MDV) vaccination and appropriate post-exposure prophylaxis (PEP)	% Decrease in death due to dog-mediated rabies in humans	Monthly /quarterly/ Yearly Surveillance records; to document monthly time trends of dog bites & human rabies	Monthly, Quarterly, and Annual Reports, Surveillance Reports

07

# Budgetary Provisions

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## Source of Funds

The funds are available at various levels for undertaking the activities of human and animal health components. The successful execution of the rabies elimination plan depends upon the judicious use of the available resources in an efficient manner because of the 'One Health Approach'. The proposed sources of funds for both components are as under:

<b>Human Health Component</b>	
Availability of Anti Rabies Vaccine (ARV) and Anti Rabies Serum (ARS) at health facilities	National Free Drug Service Initiative (State Revenue)
Training of Health Care Providers	NRCP- NHM, State Budget
IEC material printing	NRCP- NHM, State Budget
Laboratory Diagnosis and Strengthening of Laboratories	Free Diagnostic Service Initiative (NRCP/NHM/ State)
Operational Research	NRCP, ICMR
<b>Animal Health Component</b>	
Dog Vaccination- Availability of Vaccines	Assistance to State for Control of Animal Diseases (ASCAD), State Animal Husbandry funds
IEC	ASCAD, State animal husbandry funds, Municipality Corporation
Dog Population Management	Municipal Corporation, NGOs, Corporate Social Responsibility
Laboratories Strengthening for Rabies Diagnosis	State Animal Husbandry funds
Operational Research	DAHD, ICAR

# Annexures

## Annexure I: Letter from MoHFW for Rabies Free City Initiative Under NRCP



राजेश भूषण, आईएएस  
सचिव  
RAJESH BHUSHAN, IAS  
SECRETARY



कर्मणो मृतमोक्षः



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. NRCP/55/157/2022-DZDP-NCDC  
21<sup>st</sup> January 2023

*Dear Colleague,*

As you are aware that Rabies is almost 100% fatal disease and attributes for a significant number of deaths of in human and animal population in India. India had launched *National Action Plan for Dog Mediated Rabies Elimination from India by 2030(NAP-RE)* in 2021 which provides a strategic framework based on One Health Approach for combating Rabies with well-defined roles and responsibilities of all stakeholders.

2. Various Regional and State Level Workshops are being organized by National Rabies Control Program Division to develop State Action Plan for Rabies Elimination.

3. As a part of strategy under NAP-RE, it is envisaged that all health centres should have provision of Anti Rabies Vaccine (ARV) and Ant Rabies Serum (ARS) with trained manpower for attending animal bite victims. Further strategic mass dog vaccination (MDV) has to be undertaken in the targeted areas every year to ensure at least 70% vaccination of dog population.

4. We understand that operationalization of SAPRE is resource intensive activity and require uninterrupted logistics and infrastructure support for Human and animal Health component. Hence it will be prudent for the States to prioritize the densely populated Tier 1 and Tier 2 Cities first for rabies elimination activities and achieving Status of *Rabies Free Cities* and then gradually progressing to cover the remaining areas of the States. The detailed concept note and template for action plan is attached at Annexure-1.

5. In view of the above you are kindly requested to communicate to all City administration and Municipal Corporation of Tier 1 and Tier 2 cities of your respective states/UTs to develop a strategic plan of *"Rabies Free cities"* on the line of the State and National Action plan for Rabies elimination

6. For any query or technical assistance in this regards you may contact programme division at [nrcp.ncdc@gmail.com](mailto:nrcp.ncdc@gmail.com).

*Regards.*

Yours Sincerely,

(Rajesh Bhushan)

Encl. : A/a

To : Chief Secretaries all States / UTs

Copy to: ACS/Principal Secretaries/Secretaries (Health) of all the States/UTs

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011

Tele : (O) 011-23061863, 23063221, Fax : 011-23061252, E-mail : [secyhw@nic.in](mailto:secyhw@nic.in)

## Annexure 2: Letter from MoHFW for Constitution of “City Taskforce” Under Rabies Free City Initiative

File No. NRCP/55/157/07/2022-DZDP-NCDCpart1-Part(1) (Computer No. 8240261)  
I/3615967/2023

  
सुधांश पंत  
सचिव  
Sudhansh Pant  
Secretary

  
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

  
आजादी का  
अमृत महोत्सव

D.O.No.NRCP/55/157/07/DGHS/2022  
12<sup>th</sup> September, 2023

*Dear Ma'am/Sir,*

At MoHFW, we appreciate the efforts being undertaken by the State teams to counter the pervasive threat of Rabies. The dedication and collaboration you extend to this endeavour are deeply appreciated, and it is our shared conviction that we can collectively achieve significant progress in our mission to eliminate Rabies by 2030.

- The antecedent communication dated 21st January 2023 (D.O. No. NRCP/55/157/2022/DZDP-NCDC) elucidated the fundamental components of the National Action Plan for the Elimination of Dog-Mediated Rabies from India by 2030 (NAP-RE).
- This strategic framework, firmly rooted in the One Health Approach, defines the roles and responsibilities of all stakeholders, encompassing both human and animal health, as well as administrative entities at various levels.
- Acknowledging the complexities presented by instances of Rabies, it is of utmost importance to ensure rapid and efficient reactions at the community level. Hence, the constitution of a specialized "City Task Force" solely focused on the dynamic management of cases and outbreaks is highly recommended.
- This dedicated Task Force, functioning within the city's jurisdiction, ought to engage in close partnership with health department, municipal administrations, veterinary department, and pertinent vested parties to expeditiously tackle cases and findings. This proactive approach is primed to significantly enhance our combined influence and hasten progress toward the objective of Rabies-free societies. Annexure 1 contains the Terms of Reference (ToR) pertaining to the City Task Force.
- To reiterate, the key action points outlined in the previous communication are as follows:
  - State Action Plans for Rabies Eradication:** Sustain the development and execution of State Action Plans aligned with the NAP-RE framework, serving as crucial blueprints for effective implementation and resource allocation.

.....contd/-

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011  
Tele : (0) 011 23061863, 23063221. E-mail: sec.hfw@nic.in  
Generated from eOffice by SIMMI TIWARI, G/O NCDC Joint DIR (ST), JOINT DIRECTOR, DGHS DEPARTMENT on 21/09/2023 01:48 PM

: 2 :

- ii) **Prioritization of Tier 1 and Tier 2 Cities:** Focus efforts on densely populated Tier 1 and Tier 2 cities for Rabies eradication initiatives, followed by expansion to encompass the remaining regions within the State.
- iii) **Rabies-Free Cities Initiative:** Collaborate with municipal administrations and Tier 1 and Tier 2 city corporations to formulate strategic plans aimed at achieving the designation of "Rabies-Free Cities."
- iv) **Provision of Anti Rabies Vaccine (ARV) and Ant Rabies Serum (ARS):** Ensure the availability of ARV and ARS at all healthcare facilities. Adequately trained personnel should be readily accessible to attend to individuals bitten by animals.
- v) **Strategic Mass Dog Vaccination (MDV):** Conduct annual MDV campaigns in targeted areas to achieve a minimum dog population vaccination rate of 70%.
- vi) **Assistance Contact:** For inquiries and technical support, kindly direct communications to the program division at [nrcp.ncdc@gmail.com](mailto:nrcp.ncdc@gmail.com).

7. Your steadfast dedication and prompt action are pivotal to our endeavor to eradicate Rabies. It is urged that you promptly disseminate this information to all relevant stakeholders within your jurisdiction. Our combined efforts have the potential to redefine the health landscape of our nation and safeguard numerous lives.

*With regards,*

Yours sincerely,  
*Sudhansh Pant*  
(Sudhansh Pant)

**Additional Chief Secretary/Principal Secretary/Secretary (Health)  
All States/UTs**

Copy to :

- MD (NHM) all States/UTs
- Municipal Commissioners  
(Targeted Tier -1 & 2 cities as per attached list)

2

## Annexure 3: Thematic Area-Wise Proposed Action Points with Timelines

Thematic Area 1: Data Collection and Analysis			
ACTIVITY	PROPOSED ACTION POINTS	RESPONSIBLE AUTHORITY	PROPOSED TIMELINE
Surveillance (Human Health)	Identify Wards, Block and Institutes Hospital/ Clinics, and Nodal officers for submission of reports on Animal/Dog Bite cases and management.	Department of Health, City Administration and Municipal Corporation	Ongoing
	Ensure submission of data of dog/ animal bite cases, and laboratory diagnosis of suspected rabies cases through the IHIP Portal only		
	Declare Human Rabies as a Notifiable disease in the state.		
	Ensure all the relevant staff is trained in recording and reporting.		
	SOPs for surveillance of Dog bite cases causing human death and Epidemiological investigation of rabies transmission, Geographical and time series clustering of cases.		
Establishment of Linkage of Human & Animal Rabies Surveillance	Identify data sharing parameters for both Human and Animal Health sectors and develop SOPs for execution of data sharing mechanism.	Department of Veterinary Services, City Administration and Municipal Corporation	Within 2 months from the date of the start of the roll-out of Rabies free City initiative
	Ensure action and case investigation based on feedback and reporting of outcomes of investigation.		
	Constitute State, District Joint Steering Committee, and City Taskforce at the city level for an active response to case and outbreak findings (The committee should meet quarterly, and member tenure should be of 3 years renewal).		
Thematic Area 2: Dog Population Enumeration and Management			
Dog Population Enumeration/ Estimation	The dog enumeration is proposed to be done ward-wise.	Department of Municipal Corporation	6 Months (From the First day of Counting)
	Municipal Corporation will hire agency/agencies to conduct the enumeration of the dog population.		
	Dog population enumeration supported by the community dog feeders/dog lovers/RWA members just to get the baseline information on the number of dogs in the societies/area/ward etc.		
	Strategies for the dog enumeration will be as per available census methodologies.		

ACTIVITY	PROPOSED ACTION POINTS	RESPONSIBLE AUTHORITY	PROPOSED TIMELINE
<b>Dog Population Management</b>	Animal Birth Elimination Centers (ABCs) need to be made functional under Municipal Corporation. (1 ABC for 10 Wards).	Department of Animal Husbandry/ Department of Municipal Corporation	Within 3 Months
	Use of spaying and castration of stray dogs through established facilities.		
	Introduction of pilot IUCDs, or other contraceptive methods for female dogs (Currently Russia, Ukraine, Bosnia, and other countries are widely using this technique).		
	The existing Monitoring committee will review the activities of DPM, vaccination, and other activities etc.		
<b>Dog Registration</b>	Compulsory registration as well as vaccination of pet dogs to be introduced through the Municipal Corporation.	Department of Animal Husbandry/ Department of Municipal Corporation	Within 3 Months
	The Legislation should also be enforced on community owners of stray dogs which provides feeding, protection, and legal guardship to stray dogs but lets them free to roam on the street.		
<b>Funding Agency</b>	Funds will be explored from Animal welfare board of india, Municipal corporation, DAHD (department of animal husbandry & dairying), Assistance to states for control of animal diseases (ASCAD), and donors for the provision and allocation of funds for all activities.		
<b>Thematic Area 3: Prevention &amp; Control</b>			
<b>Availability &amp; Accessibility of Human Rabies Vaccines in the State/City</b>	Identify the Nodal person for analyzing the demand for Rabies vaccine.	Department of Health, City Administration and Municipal Corporation	Within 2 Months
	Assess the availability and use of vaccine and ARS/ARS in health facilities across the City including storage capacity and cold chain facility during storage and transportation.		
	Ensure timely and adequate supply of vaccine and ARS/ARS.		
	Identify budget sources like state funds or NHM-funds for procurement of Rabies Vaccine & ARS.		
	Work out the requirement of more centers for vaccination.		
	Capacity building of staff on vaccination as per updated guidelines.		
<b>Mass Dog Vaccination Campaign for ensuring at least 70% vaccination coverage of the total dog population according to the plan described in the National Rabies Strategy</b>	Ward/Cluster-wise vaccination may be preferred.	Department of Animal Husbandry/ Department of Municipal Corporation	Every six months
	A monitoring team is positioned behind the van to search for and vaccinate any left-out dogs.		
	Micro plan for mass vaccination.		
	The identification marking of vaccinated dogs will be ensured through tagging/collar/dye etc. for clear differentiation of vaccinated from non-vaccinated dogs.		
	SOPs for post-vaccination survey be kept ready.		

ACTIVITY	PROPOSED ACTION POINTS	RESPONSIBLE AUTHORITY	PROPOSED TIMELINE
<b>Other Rabies Elimination &amp; Prevention Activities</b>	Prepare SOPs for the observation of dogs suspected of Rabies.	Department of Animal Husbandry/ Department of Municipal Corporation	Within 2 months
	Develop uniform home quarantine SOPs, train the operational staff, and implement the relevant SOPs within each of the facilities.		
	Contact the relevant authorities in the neighboring states and share the relevant SOPs to develop a buffer zone at the borders of the City.		
	Check posts may be created at the entry points with neighboring states/cities to prevent the entry of non-vaccinated dogs, vaccinate them/permit entry of vaccinated dogs.		
<b>Pre-Exposure Prophylaxis</b>	Identify High-risk groups as per national guidelines to implement the Pre-Exposure Rabies Prophylaxis Guide (PrEP) for maintenance of desired rabies protective titer.	Department of Health, City administration, and Municipal Corporation	Within 3 months
	Pre-exposure prophylaxis is proposed in active and follow-up team members involved in mass dog vaccination campaigns.		
<b>Thematic Area 4: Laboratory Diagnosis</b>			
<b>Strengthening Laboratory Diagnosis of Animal Rabies</b>	Identify laboratories/institutions for rabies diagnosis in dogs and other animals. Laboratories are proposed to be equipped with trained manpower in the City for suspected sample testing and sero-surveillance that may be outsourced depending on fund & facility availability.	Department of Animal Husbandry/ Department of Municipal Corporation	1 Year
	Two persons from each district are proposed to be trained in sample collection from animals and NCDC may facilitate training for animal/dog brain sample collection.		
	The Qualitative Lateral Flow Assay is proposed, and a few samples can also be sent to the referral laboratory for confirmation.		
	Develop and Share SOP of sample collection, transportation, and courier requirements.		
	A guidance/helpline to guide people to take dead canines to sample collection centers shall be issued from respective municipal corporations in consultation with the animal husbandry department. From these identified collection centres the sample shall be sent to the respective diagnostics laboratory.		
	Department/Unspent funds for infectious disease emergency response may be explored.		
<b>Strengthening Laboratory Diagnosis of Human Rabies</b>	Develop or use standard SOP of sample collection from suspected human rabies cases.	Department	
	Develop a mechanism for transporting samples to the NCDC laboratory for diagnosis/confirmation.		

Thematic Area 5: Information, Education & Communication			
ACTIVITY	PROPOSED ACTION POINTS	RESPONSIBLE AUTHORITY	PROPOSED TIMELINE
<b>Public Awareness Advocacy</b>	Briefing of elected representatives, administrators, and judiciary officials on the action plan of elimination of Rabies and its importance to the public to avoid petition/public interest litigations in court	Media Team	Ongoing
	Public awareness campaigns through posters, radio jingles, pamphlets, comic books, and loop-in of students in school assemblies. Garbage collection vans may be used to play radio/audio awareness of rabies. Thematic awareness campaigns may be jingles to make people organized at the ward, zone, and division levels through the support of volunteers.		
	Framing of Dog breeding rules and its strict implementation through the concerned agency		
	Promoting responsible dog ownership		
	Awareness regarding proper domestic waste segregation and disposal		
	Branding of Rabies PEP clinics for easy accessibility of PEP		
	Branding of Veterinary clinic for free pet dog vaccination		
<b>Professional Education</b>	Regular Sensitization of professional organizations like IMA, IAP and general Practitioners, private hospital associations & others on recent updates of the rabies elimination program.	Medical & Veterinary Colleges & Research Institutes	Ongoing
	Private veterinary practitioners have to request pet owners visiting his/her clinic to compulsorily register their dogs. with the city municipality		
	Training and practical exposure of Medical and Veterinary Students in Rabies elimination campaigns to be organized on World Rabies Day, world zoonoses day, or similar days.		
Thematic Area 6: Cross-cutting Issues			
<b>Funding Budget</b>	Develop a budget and secure funding for the short--, medium--- and long-term action plan.		1 year
	Develop a mechanism for mobilizing emergency funds for rabies elimination		

## Annexure 4: Gantt Chart for Roll Out of Rabies-Free City Initiative

Gantt Chart for activities related to operationalisation of Rabies Free City initiative																
Sr. No.	Activities	Sub activities	Tentative Timelines													
			M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14
1	Issuance of official letter to all Municipal Commissioners from PS Health	Advocacy for the issuance of a letter in your respective state from PS Health to all Municipal Commissioners, stressing the importance of implementing the Rabies Free City Initiative in their respective geography	█	█												
2	Nodal officer for Rabies	Advocacy for nomination of nodal officer for Rabies in the corporation	█	█												
3	Sensitisation	Sensitization of Corporation commissioner, Addl. / Deputy commissioner, Ward officer on Rabies	█	█	█											
4		Involve FSM / Community medicine dept. from Medical College functional in city area	█	█	█											
5		Animal Husbandry dept. for Rabies Free city initiative	█	█	█											
6	Gap analysis	Sensitization meeting of all stakeholders on Rabies Free City Initiative	█	█	█											
7		Analysis of existing data of dog bite or animal bite for identification of hot spot in a particular ward or area of city	█	█	█											
8		Gap analysis in coordination with Animal Husbandry dept: HR, Lab facility for detection of Rabies virus, DPM Dog Vaccination status in the city	█	█	█											
9	Committees	Gap analysis in coordination with public health dept: Vaccine availability, training status of staff on Rabies, data reporting system	█	█	█											
10		Advocacy for constitution of Joint steering committee and coordination committee	█	█	█											
11	City Action Plan	Facilitation for preparation of city action plan	█	█	█											
12	Training and Capacity building	Capacity building of clinical & non-clinical health staff on prevention, control & bite management of animal/dog bite cases	█	█	█											
13	Sensitisation	Sensitisation of Education department of corporation for awareness generation on Rabies	█	█	█											
14	Dedicated communication platform for reporting of dog bite/ animal bite cases	Advocacy for starting call centre with one or two trainer caller for reporting of Dog or animal bite cases from community	█	█	█											
15		Advocacy for constitution of joint investigation task forces at Ward level for an active response to case and outbreak findings	█	█	█											
16	Interdepartmental coordination	Coordination with Vet. Dept. with Nodal officer for dog population enumeration	█	█	█											
17	MDV	Preparation of microplan for mass dog vaccination and post vaccination survey with Animal Husbandry dept.	█	█	█											
18	DPM	Coordination with Animal Husbandry dept. for DPM	█	█	█											
19	Awareness generation	<ul style="list-style-type: none"> <li>Involve UPHC staff, UHND session, MA5 members, SHG members, local mandal/ community groups, RBSK team, Education Dept. for awareness generation on Rabies.</li> <li>Use of digital platforms, social media, print media for awareness generation.</li> <li>Awareness generation sessions with the help of local NGOs in Societies/ Slum areas.</li> </ul>	█	█	█											
20			█	█	█											

## Annexure 5: List of cities of the states for Rabies Free City Initiatives

### List of identified cities for undertaking "Rabies Free Cities"

#### Tier 1 cities in India

States	Tier 1 cities in India
Delhi	Delhi
Maharashtra	Mumbai, Pune
Karnataka	Bengaluru
Gujarat	Ahmedabad
Tamil Nadu	Chennai
West Bengal	Kolkata

#### Tier 2 cities in India

States and Union Territories	Tier 2 cities in India
Andhra Pradesh	Guntur, Kakinada, Kumool, Nellore, Rajamahendravaram, Vijayawada, Visakhapatnam, Warangal
Assam	Guwahati
Bihar	Patna
Chandigarh	Chandigarh
Chhattisgarh	Durg-Bhilai, Bilaspur and Raipur
Gujarat	Ahmedabad, Bhavnagar, Jamnagar, Rajkot, Surat, and Vadodara
Haryana	Gurugram, Faridabad, Karnal
Himachal Pradesh	Hamirpur, Shimla
Jammu and Kashmir	Jammu and Srinagar
Jharkhand	Bokaro Steel City, Dhanbad, Jamshedpur, and Ranchi

Karnataka	Belgaum, Hubli-Dharwad, Mysore, and Mangalore
Kerala	Kannur, Kollam, Kozhikode, Kochi, Malappuram, Thrissur, Thiruvananthapuram, and Vijayapura
Madhya Pradesh	Bhopal, Gwalior, Indore, Ratlam, and Jabalpur
Maharashtra	Amravati, Bhiwandi, Jalgaon, Nagpur, Nanded, Aurangabad, Kolhapur, Nashik, Sangli, Solapur, Vasai-Virar and Ujjain
Odisha	Bhubaneswar, Rourkela and Cuttack
Punjab	Amritsar, Ludhiana and Jalandhar
Pondicherry (Puducherry)	Pondicherry (Puducherry)
Rajasthan	Ajmer, Bikaner, Kota, Jaipur, and Jodhpur
Tamil Nadu	Coimbatore, Erode, Madurai, Thanjavur, Tiruppur, Tirunelveli, Tiruvannamalai, Tiruchirappalli, Vellore, and Salem
Uttar Pradesh	Aligarh, Agra, Bareilly, Firozabad, Ghaziabad, Gorakhpur, Jhansi, Kanpur, Lucknow, Mathura, Moradabad, Meerut, Noida, Prayagraj (Allahabad), Gorakhpur, Varanasi
Uttarakhand	Dehradun
West Bengal	Asansol, Durgapur, Purulia, Siliguri

## Annexure 6: Forms & Formats Under NRCP

### A. Rabies Post Exposure Treatment Card for Model Anti Rabies Clinics in the City



National Centre for Disease Control  
Ministry of Health and Family Welfare  
Government of India  
**RABIES POST EXPOSURE TREATMENT CARD**  
(To be retained at Anti Rabies Clinic)

**Name and address of the health facility:**

Patient Reg. No

Name			
Age / Sex			
Patient Residential Address & Contact No			
Category of Exposure			
Cat I. Touching or feeding of animals, Licks on intact skin Contact of intact skin with secretions /excretions of rabid animal/human case	<input type="checkbox"/>		
Cat II. Nibbling of uncovered skin Minor scratches or abrasions without bleeding	<input type="checkbox"/>		
Cat III. Single or multiple transdermal bites or scratches, licks on broken skin Contamination of mucous membrane with saliva (i.e. licks)	<input type="checkbox"/>		
Biting Site: Extremities/ Trunk/ Head-Neck Face/ Back			
Date of Exposure/bite (DD/MM/YYYY) Site of Bite / Bites Type of biting anima Dog <input type="checkbox"/> Monkey <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/> Stray Dog <input type="checkbox"/> Pet Dog <input type="checkbox"/> Unknown	Past h/o vaccination, If Yes  Specify whether Partial / complete		
Status of Biting Animal Alive <input type="checkbox"/> Dead <input type="checkbox"/>			
Date of start of treatment (DD/MM/YYYY)			
Wound management			
Washed immediately with water <input type="checkbox"/> Yes <input type="checkbox"/> No	Wound washed at facility <input type="checkbox"/> Yes <input type="checkbox"/> No		
Antiseptic application <input type="checkbox"/> Yes <input type="checkbox"/> No	ARS Infiltration <input type="checkbox"/> Yes <input type="checkbox"/> No		
Post exposure vaccination record - Route of Administration <input type="checkbox"/> ID <input type="checkbox"/> IM			
Period	Date due	Date given	Signature
Day 0			
Day 3			
Day 7			
Day 14 (for IM only)			
Day 28			

Outcome: PEP Complete/ Incomplete

Signature

B. Monitoring Checklist for Model Anti Rabies Clinics



National Rabies Control Program  
National Centre for Disease Control  
Ministry of Health and Family Welfare  
Government of India



**Monitoring Checklist for Model Anti Rabies Clinic(M-ARC)**



State: _____ District: _____ Block: _____ Address: _____	Name & Designation of ARC Nodal officer: _____ Contact No.: _____ ARC Facility Coding) _____ Month _____ Year: _____
---	--

Component	Indicator	Mark as Required		
		Total No. of post sanctioned/ No.of post filled	Trained (Yes/No)	If yes- provide date of the training
Human Resource (trained in Animal Bite management and Rabies Pre and Post Exposure prophylaxis)	Manpower			
	Physician (Trained)			
	Nurse (GNM) (Trained)			
	Pharmacist (Trained)			
	Others			
Physical Infrastructure	Visible sign boards at the entrance of the center as well as outside the center		Yes/No	
	Visible organizational Chart		Yes/No	
	Time schedule (functional hrs. of ARC)			
	Visible flow chart/ algorithm of "decision to treat"		Yes/No	
	Visible IEC messages		Yes/No	
	Separate Wound washing facility with preferably continuous tap water		Yes/No	
	Facility for proper Biomedical waste management with availability of Color-coded waste bins and sharp boxes		Yes/No	
Logistics	National Guidelines for Rabies Prophylaxis 2019		Available / Not Available	
	Dressing Kits,		Available / Not Available	
	self-mounted insulin syringes (AD)		Available / Not Available	
	Weighing Scaler		Available / Not Available	
	Soap and Gloves		Available / Not Available	
	IV Fluids and		Available / Not Available	

Component	Indicator	Mark as Required	
	Emergency drugs for adverse reaction		
	Autoclave	Available / Not Available	
	Vaccine carrier	Available / Not Available	
	Refrigerator with a calibrated thermometer	Available / Not Available	
	Collection of Blood samples and referral services for hydrophobicases and titre estimation	Yes / No	
	Standardized recording and reporting systems	Yes / No	
<b>Services Rendered and Availability of Reporting formats (Online/Offline)</b>	Anti-Rabies Vaccine (ARV)	Yes / No	
	Rabies Immunoglobulin / Anti Rabies Serum-Human (ARS)	Yes / No	
	Animal bite exposure register	Yes / No	
	Rabies vaccination card / rabies treatment card induplicate	Yes / No	
	Line List format of Suspected / Probable / case of Rabies	Yes / No	
	Human rabies / hydrophobia cases monthly format from Infectious Disease Hospital /any other hospitals	Yes / No	
	Monthly reporting format of animal bites	Yes / No	
<b>Rabies Awareness/Educational activity</b>	Camps organized in villages	Yes / No	
	Health education sessions in villages	No of sessions	
		Population Covered	
	Health education sessions in schools	No of sessions	
No of Children covered			
<b>Any other Activity Conducted/Intended to conduct Suggestions</b>			



## D. District Level Monthly report format under NRCP



National Rabies Control Program  
National Centre for Disease Control  
Ministry of Health and Family Welfare  
Government of India  
District Monthly Report (NRCP-M02) \*



State Name:  
District Name:  
District Nodal Officer Name:  
Address:  
Month and Year of Reporting:

Total no. of health facilities providing facility for animal bite management / Number of Facilities submitted report	
<b>Mention no. of patients as per type of biting animal</b>	<b>District Total</b>
Dog	
Stray Dog / Pet Dog	
Cat	
Monkey	
Any other (specify)	
<b>Mention no. of patients as per Category of bite</b>	<b>District Total</b>
Cat I Touching or feeding of animals, Licks on intact skin Contact of intact skin with secretions / excretions of rabid animal / human case	
Cat II. Nibbling of uncovered skin Minor scratches or abrasions without bleeding	
Cat III. Single or multiple transdermal bites or scratches, licks on broken skin. Contamination of mucous membrane with saliva (i.e. licks)	
<b>Details of patients as per Route of vaccination</b>	<b>District Total</b>
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 bite victims given ARS	
Number of Patients completed PEP	
<b>Suspected/ probable/ Confirmed Rabies Cases/ Deaths Reported indistrict</b>	<b>District Total</b>
No. of human rabies deaths confirmed by laboratory tests	
No. of clinically suspected rabies cases seen at OPD (who refused admission)	
No. of clinically suspect rabies cases admitted	
No. of clinically suspected rabies cases left against medical advice	
No. of clinically suspect rabies deaths in hospital	
<b>Total Vaccine (no. of vials) used in the District (monthly)</b>	<b>District Total</b>
Opening balance	
Quantity received	
Quantity utilized	
Closing balance	
Shortage of ARV - Yes/No (If Yes Please Mention in Vials or Doses)	
<b>Total ARS (no. of vials) used in the District (monthly)</b>	<b>District Total</b>
Opening balance	
Quantity received	
Quantity utilized	
Closing balance	
Shortage of ARS - Yes/No (If Yes Please Mention in Vials or Doses)	
Information on Rabies and Animal Bite cases shared with District veterinary Officer	Yes/ No
Any Clustering of Animal Bite Cases observed, If yes write the details including locality	
Any other remarks	

Date:

Signature:

## E. Investigation form for suspected Rabies Death

		<b>National Rabies Control Program</b> <b>National Centre for Disease Control</b> <b>Directorate General of Health Services</b> <b>Ministry of Health and Family Welfare</b> <b>Government of India</b>			
<b>INVESTIGATION FORM FOR SUSPECTED HUMAN RABIES CASE</b>					
<b>1. Information about interviewer</b>					
Name of interviewer			Date of Interview		
Designation			Contact number		
<b>2. Information about Deceased/ Suspected patient</b>					
Name		Sex	Age	(years)	
Occupation		Address			
Level of education					
<input type="checkbox"/> Illiterate	<input type="checkbox"/> Primary School		<input type="checkbox"/> Graduate	<input type="checkbox"/> Professional Degree	
<input type="checkbox"/> Below Primary	<input type="checkbox"/> Secondary School		<input type="checkbox"/> Postgraduate	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other (Specify) _____					
Is/was patient immunocompromised? (if yes, provide details) _____					
<b>3. Information about respondent</b>					
Name of respondent			Age of respondent		
Contact number			Address (if different from patient)		
Relationship to deceased / suspected patient					
<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Parent-in-law		<input type="checkbox"/> Community leader	
<input type="checkbox"/> Husband/wife	<input type="checkbox"/> Child	<input type="checkbox"/> Friend or neighbour		<input type="checkbox"/> Son-in-law/daughter-in-law	
<input type="checkbox"/> Health care worker (facility name): _____			<input type="checkbox"/> Other(specify): _____		
<b>4. Exposure History (during previous 12 months)</b>					
Did deceased / suspected patient have any contacts with animals (bites, scratches, and licks) within 12 months before the illness?					
<input type="checkbox"/> Yes, Category I exposure	Touching or feeding of animals, licks on intact skin. Contact of intact skin with secretions /excretions of rabid animal/human case.				
<input type="checkbox"/> Yes, Category II exposure	Nibbling of uncovered skin. Minor scratches or abrasions without bleeding.				
<input type="checkbox"/> Yes, Category III exposure	Single or multiple transdermal bites or scratches, licks on broken skin. Contamination of mucous membrane with saliva (i.e. licks).				
<input type="checkbox"/> No			<input type="checkbox"/> Unknown		
<b>If yes, please describe the animal contact events</b>					
4.1 What was the species of animal					
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Cattle	<input type="checkbox"/> Buffalo	<input type="checkbox"/> Other (Specify) _____	
4.2 Type of animal					
<input type="checkbox"/> Owned by deceased	<input type="checkbox"/> Owned by Neighbours	<input type="checkbox"/> Street Animal	<input type="checkbox"/> Wild animal	<input type="checkbox"/> Unknown	
4.3 On what date did deceased / suspected patient have contact with this animal?					(Date)
4.4 Place of exposure?			(Address)		
4.5 Location of bite/ scratch on body? [select all that apply]					
<input type="checkbox"/> Head/Neck	<input type="checkbox"/> Trunk	<input type="checkbox"/> Upper Limb	<input type="checkbox"/> Hands	<input type="checkbox"/> Lower Limb	<input type="checkbox"/> Genitalia

4.5.2 Describe of wound: Number of Wounds and their Anatomical Location, Shape and dimensions of Each wound:

Wound no	Anatomical Location	Shape	Dimensions in cm
1			
2			
3			

4.6 Did the animal show any signs of disease (describe)?

<input type="checkbox"/> Aggression/Biting	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Abnormal Vocalization	<input type="checkbox"/> Hypersalivation
<input type="checkbox"/> Lethargy	<input type="checkbox"/> Other		

4.7 Did the animal die in the 10 days following the exposure?

<input type="checkbox"/> Yes, died	<input type="checkbox"/> Yes, was killed	<input type="checkbox"/> No, still alive	<input type="checkbox"/> No, but died later (Date of death)	<input type="checkbox"/> Unknown
------------------------------------	--	--	---	----------------------------------

4.8 Was the animal tested for Rabies?

<input type="checkbox"/> Yes, Rabies Positive	<input type="checkbox"/> Yes, Rabies Negative	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
---	---	-----------------------------	----------------------------------

4.9 Was the animal vaccinated?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
------------------------------	-----------------------------	----------------------------------

NOTE:

**5. Details on Animal Bite Management**

5.1 Was any of this treatment applied at home?

<input type="checkbox"/> Wound washing with water	<input type="checkbox"/> Wound washing with soap and water	<input type="checkbox"/> Wound cleaning with antiseptic lotion
<input type="checkbox"/> Bandaging	<input type="checkbox"/> Not known	<input type="checkbox"/> Any other treatment

5.2.1 Were sutures applied to the animal bite wound?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Suturing
--	---------------------

5.2.2 If yes when sutures were applied? With 72 Hrs of RIG Infiltration

5.3 Did the deceased / suspected patient received Rabies Vaccine  Yes  No  Unknown

If Yes, Number of doses received

1  2  3  4  5   Unknown

Details of Rabies vaccine received

Dose No	Date of vaccine administration	Route of vaccine administration	Site of vaccine administration	Brand Name of Vaccine
1				
2				
3				
4				
5				

5.4 If Incomplete PEP, reason:

<input type="checkbox"/> Animal well after observation period	<input type="checkbox"/> Animal results negative	<input type="checkbox"/> Specify if other:
<input type="checkbox"/> Victim previously immunized	<input type="checkbox"/> Victim refused further doses	
<input type="checkbox"/> Lost to follow-up	<input type="checkbox"/> Referred out of jurisdiction	

5.5 Rabies Immunoglobulin (RIG) (or RmAb) received?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes,
Brand Name:
Date of RIG administration:
Site: <input type="checkbox"/> Into wound <input type="checkbox"/> IM (not recommended) <input type="checkbox"/> both

5.6 Had the patient ever been vaccinated against rabies prior to this exposure?  Yes  No  Unknown

Year & number of doses:

5.7 Had the patient received TT vaccine post exposure  Yes  No

**6. Signs and Symptoms related to Rabies**

**6.1 Symptoms exhibited by deceased/ suspected patient**

Symptom	Yes	No	Unknown	Symptom	Yes	No	Unknown
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Malaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle spasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dysphasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ataxia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Priapism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydrophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Localized weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Localized pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delirium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autonomic instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypersalivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Any other:			

6.2 Date of onset of symptoms or approximate length of illness:

6.3 Date of death   Alive

6.4 If deceased, where did deceased die  Home  Health facility  Other

6.5 During the illness did the deceased/ suspected patient seek medical help?  Yes  No  Unknown

6.6 If Yes, please share details of health facilities

Name of Hospital/ Health facility (City/Village)	HF 1	HF2	HF3
Date of consultation	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>

6.7 Was any Laboratory specific test (ELISA/PCR/FAT) performed for lab confirmation of human Rabies?

Test performed	Hospital/Lab.	Date	Result	Comment

6.8 MRI brain done? Yes  No  if yes write significant finding

**7. Post-mortem information**

7.1 Postmortem done:  Yes  No  Unknown

If Yes, Copy of report available  Yes  No

7.1.1 Did deceased have any evidence of recent wounds?  Yes  No

7.1.2 Did deceased have any evidence of healed wounds?  Yes  No

7.2 Death certificate available:  Yes  No  Unknown

If yes, cause of death mentioned:

**8. Contact tracking**

8.1 Did anyone else in the community develop an illness similar to the deceased/ suspected patient within the past 12 months?  Yes  No

**If yes, Details of person to initiate verbal autopsy of additional cases:**

**8.2 Collect the names and contact information for any person below who had close contact with the suspected rabies case in the last 14 days of onset of symptoms.** (Close contacts were likely to have had their hands or open cuts, wounds, or mucous membranes in contact with a patient's saliva, respiratory secretions, autopsy material, or other potentially infectious material)

Contact	<input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Hospital workers <input type="checkbox"/> Any Other	<input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Hospital workers <input type="checkbox"/> Any Other	<input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Hospital workers <input type="checkbox"/> Any Other	<input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Hospital workers <input type="checkbox"/> Any Other
Name				
Address				
Contact Number				

**8.3 Collect the names and contact information for any people who had contact with the animal suspected of transmitting rabies to the case.** Including details of animal owners. Risk assessments should be conducted with these people to rule out potential exposure.

	Name and Address	Relation
1		
2		
3		

**9. Final Impression/ report:**

**Is it a Probable Rabies Case?** Yes  No

## Annexure 7: Frequently Asked Questions

### Rabies

#### 1. रेबीज क्या है:

- रेबीज एक जानलेवा बीमारी है जो कुत्तों या अन्य जानवरों के काटने से होती है।

#### 2. अगर कोई कुत्ता या जानवर काटे तो क्या करना चाहिए:

- 15 मिनट तक स्वच्छ पानी या साबून से चोट को धोएं।
- नजदीकी स्वास्थ्य केंद्र पर जाकर डॉक्टर की सलाह ले।
- रेबीज का टीका लगवाने के लिए सरकारी स्वास्थ्य केंद्र पर जाये वहा रेबीज के टीके और उपचार मुफ्त में किया जाता है।

#### 3. चोट पर मिर्च, नींबू या किसी और चीज़ का इस्तेमाल न करें:

- कृपया चोट/घाव स्थान पर मिर्च, नींबू या किसी और चीज़ का इस्तेमाल न करें।

#### 4. टीकाकरण समय सारणी:

- डॉक्टर के सुझाए गए पूरे टीकाकरण समय सारणी का पालन करें। सम्पूर्ण टीकाकरण रेबीज से बचने के लिए महत्वपूर्ण है।

#### 5. पर्यावरण स्वच्छ रखें:

- अपने आसपास कूड़ा कचरा न डालें और न जमा होने दें, अपने परिसर को स्वच्छ रखें।

#### 6. पालतू कुत्ते के लिए:

- अगर आपके पास पालतू कुत्ता है, तो उसे नियमित रेबीज का टीका लगवाएं।

### Pre-exposure Prophylaxis for Rabies

#### What is Rabies pre-exposure prophylaxis (PrEP) vaccination?

Rabies PrEP vaccination is a series of vaccinations given to individuals who are at an increased risk of exposure to the rabies virus. It helps prepare the immune system to fight the virus if exposed, eliminating the chance of infection and subsequently the disease, that is practically fatal.

#### Who should consider getting rabies PrEP vaccination?

Individuals at higher risk for rabies exposure include veterinarians, animal handlers, wildlife workers, dog catchers, dog handlers, pet shop owners, and travelers to areas with a high risk of rabies.

#### What is rabies post-exposure prophylaxis (PEP)?

Following exposure to the rabies virus, usually following a dog bite the resultant wound/s is/ are managed through a course of rabies vaccination given, and in case of category III / severe exposures additionally rabies immunoglobulins are administered, by infiltrating into and around the wound/s. This is a life-saving treatment.

## REFERENCES

### Reference for Guidelines under NRCP:

<https://rabiesfreeindia.mohfw.gov.in/downloads>

<https://rabiesfreeindia.mohfw.gov.in/resources/uploads/PageContentPdf/171810262313.pdf>

<https://rabiesfreeindia.mohfw.gov.in/resources/uploads/PageContentPdf/169391106747.pdf>

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<https://rabiesfreeindia.mohfw.gov.in/>



# Adopt One Health STOP RABIES

VACCINATE To Stop Transmission



Vaccinate To Save Lives



सत्यमेव जयते  
Government of India



**NATIONAL CENTRE FOR DISEASE CONTROL**

Directorate General of Health Services

22, Sham Nath Marg, Delhi 110054

[www.ncdc.gov.in](http://www.ncdc.gov.in)