

completely preventable by timely and appropriate Post Exposure Prophylaxis (PEP). In order to achieve the WHO Goal of zero deaths due to human Rabies by 2023, it is important to establish a strong surveillance and disease reporting system so that the exact magnitude of the disease can be assured. This will help to develop strategies as per regional condition for prevention, control and elimination of Rabies.

Whereas, the Ministry of Health and Family Welfare Department, Government of India in its letter vide D.O No. 2283429/NRCP/DZDP-NCDC/DGHS dated 20th September, 2021 requested all States/UTs to make Human Rabies a Notifiable disease, thereby making mandatory for all government and private health facilities (including Medical Colleges) to report all suspected, Probable and Confirmed Human Rabies cases as per Guidance Document for Rabies as a notifiable Diseases formulated by National Rabies Control Program (NRCP), Ministry of Health & Family Welfare, Government of India. Notification will facilitate contact tracing and promptly prophylactic measures to prevent infection in other people exposed to the same source.

Now, therefore, in exercise of the powers conferred by Section 2 of the Epidemic Diseases Act, 1897 (Act No. 3 of 1897), the Lieutenant Governor of Jammu and Kashmir hereby declares Human Rabies as a Notifiable Disease in the Union Territory of Jammu and Kashmir.

Further, all Government and private health facilities (including the Medical Colleges) shall immediately report all suspected, Probable and confirmed cases of Human Rabies to the Chief Medical Officer of the concerned district with a copy to the State Nodal Officer, National Rabies Control Programme (NRCP)/DSP in the format prescribed appended as Annexure-1 and Annexure-2 to the notification. This notification shall come into force with immediate effect and shall remain valid till further orders.

By order of the Government of Jammu and Kashmir.

(Sd/-) DR. SYED ABID RASHEED SHAH, IAS,
Secretary to the Government,
Health and Medical Education Department.

Annexure-1

‘Human Rabies’ cases is defined as follows :ô

1. Suspected Case: (To be reported by Hospital/Clinics)

Definition :

Death of a human with history of dog bite few weeks/months preceding death, Wherever available, the details of such cases should be shared in a line list- Name, Age, Gender, Address.

2. Probable Case: (To be reported by Hospital/Clinics)

Definition:

A suspected human case plus history of exposure to a (suspect/probables) Rabid animal.

- 2.1 Exposure is usually defined as a bite or scratch from a rabies-susceptible animal (usually dogs). It could also be lick exposure to open wound, abrasion, mucous membrane of the patient.
- 2.2 A suspect rabid animal is a rabies-susceptible animal (usually dogs) which presents with any of the following signs at time of exposure or within 10 days following exposure : unprovoked aggression (biting people or animals or inanimate objects), hypersalivation, paralysis, lethargy, abnormal vocalization, or diurnal activity nocturnal species. Whenever the history of mentioned signs cannot be elicited history of exposure to rabies-susceptible animal would be considered adequate.
- 2.3 A probable rabid animal is a suspect rabid animal (as defined above) with additional history of a bite by another suspect/probable rabid animal and/or is a suspect animal that is killed, died, or disappeared within 4-5 days of observing illness sign Wherever available, the details of such cases should be shared in a line list as per **Annexure—2**.

3. Laboratory Confirmed Case: (*To be reported by Laboratories*)

Definition: A suspect or a probable human case that is laboratory-confirmed.

Laboratory confirmation by one or more of the following:

- 3.1 Detection of rabies viral antigens by direct Fluorescent Antibody Test (FAT) or by ELISA in clinical specimens, preferably brain tissues (collected post mortem).
 - 3.2 Detection by FAT on skin biopsy (ante mortem).
 - 3.3 FAT positive after inoculation of brain tissue, saliva or CSF in cell culture, or after intracerebral inoculation in mice or in suckling mice.
 - 3.4 Detectable rabies-neutralizing antibody titre in the serum or the CSF of an unvaccinated person.
 - 3.5 Detection of viral nucleic acids by PCR on tissue collected post mortem or intra vitam a clinical specimen (brain tissue or this, comes, urine or saliva).
-

Annexure-2
NATIONAL RABIES CONTROL PROGRAM
ōLine List of Suspected/Probable/Confirmed Rabies Cases/Deathsō

S.No.	Name	Age	Contact No.	Village	Sub District/Taluk/Tehsil/Mandal	District	State	Biting Animal	Suspected/Confirmed	Address of Place where bite incident took place	Category of Bite	Status of PEP (Complete/Partial/Nil/NA)	Name of Health Facility reported Rabies Case	Date when reported at the facility	Outcome or Patient (Death in hospital/L-AMA//Alive

Date of Reporting:

Name of the reporting person:

Designation:

Signature:

Note: To be reported by Health facilities to concerned Chief Medical Officer and State Nodal Officer, NRCP/IDSP (_____@gmail.com).