

**[ DA DEPARTMENT OF HEALTH ADMINISTRATIVE ORDER NO. 2011-002 AND DEPARTMENT OF AGRICULTURE ADMINISTRATIVE ORDER NO. 01, SERIES OF 2011, February 02, 2011 ]**

**GUIDELINES FOR MANAGING RABIES EXPOSURE/S SECONDARY TO BITE/S BY VACCINATED DOGS AND CATS**

**I. BACKGROUND / RATIONALE**

Rabies, present in all continents and endemic in most African and Asian countries, is a fatal zoonotic viral disease, transmitted to humans through contact with infected animals, both domestic and wild. Rabies is estimated to cause at least 55, 000 deaths per year worldwide, about 56% of which occur in Asia and 43.6% in Africa, particularly in rural areas on both continents. In the Philippines, although rabies is not among the leading causes of morbidity and mortality, it is considered a significant public health problem for several reasons: 1) it is one of the most acutely fatal infections; 2) it is responsible for the death of 200 – 300 Filipinos annually and 3) post-exposure prophylaxis (PEP) for victims of animal bites entails considerable expense.

The Department of Health and Department of Agriculture continues to be committed to the fight against rabies and has set the goal of rabies elimination in 2020. An essential part of this strategy is the provision of PEP to bite victims as mandated by the Anti-Rabies Act of 2007. Pursuant thereto, guidelines for the appropriate as well as cost-effective management of animal bite patients have been issued.

Historically the management of animal bite cases had to be updated every five (5) years and the guidelines need to be revised accordingly to incorporate new and better treatment modalities based on research results and recommendations of international bodies. The first revision was made in 1997, the second in 2002 and the 3rd in 2007 which was amended in 2009.

Since the release of the latest guidelines in 2009, the issue on the management of rabies exposure secondary to bites from vaccinated dogs and cats has not been adequately addressed. This has been consistently raised by veterinarians in many fora, particularly the issue on giving PEP to all bite cases even those involving vaccinated dogs and cats. Given the above situation, a joint DA – DOH Administrative Order is hereby issued.

**II. DECLARATION OF POLICIES**

These operational guidelines shall be guided by the following legal mandates and policies:

A. Republic Act 9482 or the Anti-Rabies Act of 2007 – An Act Providing for the Control and Elimination of Human and Animal Rabies, Prescribing Penalties for Violation Thereof and Appropriating Funds Therefor.

B. Memorandum of Agreement entered into by the Secretaries of the Department of Agriculture, Health, Education, Culture and Sports and the Interior and Local Government on May 8, 1991.

C. Batas Pambansa Blg. 97 – An Act Providing for the Compulsory Immunization of Livestock, Poultry and Other Animals Against Dangerous Communicable Diseases.

D. DOH Administrative Order No. 2007-0029: Guidelines on Management of Animal Bite Patients

E. DOH Administrative Order No. 2009-0027: Amendment to AO 2007-0029 regarding the Revised Guidelines on Management of Animal Bite Patients.

A. WHO Expert Consultation on Rabies. WHO Technical Report Series 931 First Report 2005

### **III. GOALS AND OBJECTIVES**

To provide updated guidelines and procedures to ensure the effective and efficient management of rabies exposures toward eventual reduction, if not elimination of human rabies.

### **IV. SCOPE AND COVERAGE**

All government health workers at all levels shall adopt these Post Exposure Prophylaxis (PEP) Guidelines to ensure standardized and rational management of animal bite patients. Private practitioners in the country are strongly encouraged to adopt these guidelines.

### **V. DEFINITION OF TERMS**

A. Post Exposure Prophylaxis (PEP) – formerly post exposure treatment (PET); refers to anti-rabies treatment administered after an exposure (such as bite, scratch, lick, etc) to potentially rabid animals. It includes local wound care, administration of rabies vaccine with or without Rabies Immune Globulin (RIG) depending on the category of exposure.

B. Updated rabies vaccination – Dog/Cat must be at least 1 yr 6 months old and has updated vaccination certificate from a duly licensed veterinarian for the last 2 years with the last vaccination within the past 12 months.

C. Rabid Animal – refers to biting animal with clinical manifestation of rabies and/or confirmed laboratory findings of rabies.

## **VI. GENERAL GUIDELINES**

- A. The Department of Health in collaboration with the LGUs shall be responsible for the management of animal bite victims including provision of human rabies vaccine to augment supplies of the LGUs.
- B. The Rabies Control Program shall be integrated with the regular health services provided by the local health facilities.
- C. PEP shall be carried out both by the Department of Health and Local Government Units.
- D. The funding requirements to operationalize this issuance shall be secured prior to its implementation.
- E. Advocacy through information dissemination and training of health workers shall be conducted at all levels.
- F. Collaboration among government agencies, non-government and private organizations to ensure successful implementation shall be strengthened.

## **VII. SPECIFIC GUIDELINES AND PROCEDURES:**

### **A. Categorization of Rabies Exposure:**

**Table I. Categories of Rabies Exposure**

<b>Category of exposure</b>	<b>Type of Exposure</b>
<b><u>CATEGORY I</u></b>	a) Feeding / Touching an animal b) Licking of intact skin (with reliable history and thorough physical examination) c) Exposure to patient with signs and symptoms of rabies by sharing of eating or drinking utensils d) Casual contact (talking to, visiting and feeding suspected rabies cases) and routine delivery of health care to patient with signs and symptoms of rabies

## **CATEGORY II**

- a) Nibbling of uncovered skin with or without bruising/ hematoma
- b) Minor scratches/abrasions without bleeding
- c) Minor scratches/abrasions which are induced to bleed
- d) All Category II exposures on the head and neck area are considered Category III and should be managed as such

## **CATEGORY III**

- a) Transdermal bites (puncture wounds, lacerations, avulsions) or scratches/abrasions with spontaneous bleeding
- b) Licks on broken skin
- c) Exposure to a rabies patient through bites, contamination of mucous membranes (eyes, oral/nasal mucosa, genital/anal mucous membrane) or open skin lesions with body fluids through splattering and mouth-to-mouth resuscitation
- d) Handling of infected carcass or ingestion of raw infected meat
- e) All Category II exposures on head and neck area

## **B. Management**

**I.** PEP is not recommended for all Category I Exposures

**II. PEP can be delayed for Category II Exposures** provided that **ALL** of the following conditions are satisfied: