

Animal bite and rabies case recording, investigating, and reporting forms for the National Action Plan for Eliminating Dog Mediated Rabies from India

The problem of rabies in India

Dog bites are the main source of rabies infection and death in humans in India, contributing up to 74% of all cases¹. Rabies is endemic in India, where it is estimated that every year about 20 million people are bitten by animals² and about 20,000 of them are infected and die³. Nevertheless, as human rabies is not a notifiable disease in the country (as well as elsewhere in the Global South), no rigorous surveillance system is in place to provide reliable data. For example, in Africa the actual number of human deaths may be under-reported one hundredfold⁴. Moreover, rabies cases are generally scattered, so the disease remains endemic and rarely reaches epidemic proportions. Even though animal rabies is notifiable in India, the fact that the surveillance system is weak and that dogs' health is not a priority for the veterinary sector results in poor rabies control⁵. The paucity of data on the real burden of this disease contributes to rabies research and management suffering from institutional neglect. At the same time, institutional neglect hampers systematised, comprehensive data collection. A vicious cycle is thus created. Rabies is a Neglected Tropical Disease and a disease of poverty, because it mostly affects dogs, which have minimal economic value in India, and poor, marginalised populations in low-resource settings, such as people living in slums or in the rural areas, where most human rabies deaths occur⁶. Given that rabies circulates among several animal species, it perfectly fits into the One Health strategy⁷. One Health is defined as a collaborative and multisectoral approach to achieve optimal health outcomes recognising the interconnection between people, animals, and their shared environment.

The National Action Plan for Eliminating Dog Mediated Rabies from India

In September 2020, the National Centre for Disease Control, under the Ministry of Health & Family Welfare, announced the drafting of the "National Action Plan for Eliminating Dog Mediated Rabies from India" (NAPRE)⁸. Based on a One Health approach to rabies, its mission is to eliminate human rabies by 2030 through sustained mass dog vaccination and post-exposure treatment. At page 27, both the human health sector and the animal health sector share the same commitment to intersectoral coordination and sharing of information.

Chapter 11 describes rabies surveillance under the NAPRE in detail. The subsection on human rabies surveillance stresses the importance of recording and reporting each and every case of animal bite and rabies occurring at the community level, in order to obtain quality data on the actual burden of rabies. It states that surveillance will be undertaken through the existing Integrated Disease Surveillance Programme portal and the Integrated Health Information Platform portal, and through four recording and reporting forms, i.e. animal bite register, rabies post-exposure prophylaxis card, monthly reporting document for local healthcare facilities (for animal bite cases?), and human rabies cases monthly reporting document for hospitals.

The subsection on animal rabies surveillance calls for real-time and regular communication with the human health sector. It recommends the collection of primary information (i.e. animal's personal history) in case of suspected rabies and the systemic collection of secondary information (i.e. animal's bite history) in case of probable rabies. No specific recording and reporting forms are mentioned. At page 42, the NAPRE document states that all the dogs involved in human bite cases should be identified and notified to the local authority and the concerned local medical officer, through the form in Annexure 13. Unfortunately, no Annexure 13 is there in the document. The only attached recording and reporting form is in Annexure 11 and it is titled "Reporting form for confirmed rabies in animals [sic]

¹ APCRI. (2018) *Indian Multicentric Rabies Survey*. Bangalore: APCRI. In the previous APCRI survey, dogs contributed to 96% of rabies cases. APCRI. (2004) *Assessing Burden of Rabies in India*. Bangalore: APCRI.

² Sudarshan M.K., Mahendra B.J., Madhusudana S.N., Narayana A.D.H., Rahman A.S., Rao N.S.N., Meslin F.X., Lobo D., Ravikumar K., Gangaboraiah. (2006) An Epidemiological Study of Animal Bites in India: Results of a WHO Sponsored National Multi-Centric Rabies Survey. *Journal of Communicable Diseases* 28 (1): 32–39.

³ Hampson K., Coudeville L., Lembo T., Sambo M., Kieffer A., Atlan M., et al. (2015) Estimating the Global Burden of Endemic Canine Rabies. *PLoS Neglected Tropical Diseases* 9 (4). <https://doi.org/10.1371/journal.pntd.0003709>.

⁴ Scott T.P., Coetzer A., Fahrion A.S., Nel L.H. (2017) Addressing the Disconnect Between the Estimated, Reported, and True Rabies Data: The Development of a Regional African Rabies Bulletin. *Frontiers in Veterinary Science* 4 (18). <https://doi.org/10.3389/fvets.2017.00018>.

⁵ Shwiff, S., Hampson K., Anderson A. (2013) Potential Economic Benefits of Eliminating Canine Rabies." *Antiviral Research* 98:352–56.

⁶ APCRI. 2018. *Indian Multicentric Rabies Survey*. Bangalore: APCRI.

⁷ Rupprecht, C.E., Ivan V.K., Meslin, FX. 2017. "Lyssaviruses and Rabies: Current Conundrums, Concerns, Contradictions, and Controversies." *F1000 Research* 6:184. <https://doi.org/10.12688/f1000research.10416.1>.

⁸ <https://www.ncdc.gov.in/WriteReadData/1892s/25879243771600146411.pdf>

cases for health facility.” Instructions state that this form has to be filled in by the veterinary authority and to be submitted to the hospital when referring people for PEP.

The NAPRE document mentions the Integrated Disease Surveillance Programme, implemented by the Ministry of Health and Family Welfare. Surprisingly, dog bites (and not bites from other rabies-susceptible animals) but not rabies are part of this programme. On the website of the Integrated Disease Surveillance Programme⁹, no specific recording and reporting form or guidelines for rabies is available. Similarly, on the website of the Integrated Health Information Platform¹⁰ no rabies-specific information is available, besides links to the National Rabies Control Programme, of which the NAPRE is a part of, and the Integrated Disease Surveillance Programme.

Observations and recommendations

- The NAPRE comprises many components, all of which are important and necessary to control rabies. Yet, (passive and active) systematic and strict surveillance is key to understand and control this disease, because of many reasons: rabies rarely causes major outbreaks, it circulates among several species, many human rabies cases go unreported and never enter the health system, and dogs receive minimal attention from people and the veterinary sector. Moreover, such close, case-by-case attention to rabies allows tracing those bite victims who, for different reasons, might never seek medical attention and receive post-exposure vaccination. Whenever a bite victim is identified, reached, and vaccinated, a life is saved. Similarly, whenever a (suspected, probable, or confirmed) rabid animal is identified, reached, and captured/euthanized, much suffering can be avoided and several lives might be saved.
- Recording forms are the most important tool to collect rabies data at the local level, especially among marginalised and hard-to-reach marginalised communities (e.g. people living in remote villages, slum dwellers, street dwellers, etc.). They should be limited in number, concise, and easy to use, but they have to be exhaustive, detailed, and standardised, because no useful information must be left uncollected. As per our experience of rabies data collection through a dozen Primary Health Centres in the Pune district, in the state of Maharashtra, the recording forms that are currently used need to be completely redesigned.
- Reporting forms are used to share information among health sectors, institutions, and people of different background and expertise. They have to be clear, mutually intelligible, and unambiguous, so they can be of actual value to those who receive them. Information should be shared as quickly and smoothly as possible, to allow early warning and rapid case investigation. Investigation can be started from either the human health sector or the animal health sector and information sharing should always remain bidirectional.
- Rabies control, as well as the NAPRE, ground on One Health. A One Health approach has to be applied in every step and in every component of the NAPRE. Recording and reporting forms have to always consider both the human and the animal component of rabies. The link between the biting animal and the bite victim (both a person or another animal) should always be present and clear, as disconnecting these two elements of the bite incident always results in a loss of important information and in a disproportionate effort to reconstruct the bite incident at a later stage.
- Dogs are the most common carriers and vectors of rabies in India. Yet, other animals occasionally contract the disease and transmit it to humans and other animals. Focusing only on dog bites during the data collection and sharing process hampers the full understanding of the epidemiology of rabies and weakens rabies surveillance. For example, when a farmer reports a bite from their (suspected, probable, or confirmed) rabid buffalo, it is much likely that the animal contracted rabies from a dog. Ignoring the buffalo bite results in disregarding the entire rabies transmission chain behind it. Also, as the livestock sector and the wildlife sector are part of the NAPRE, focusing only on dog bites risks to cut them out and to compromise a truly One Health strategy for rabies control. It has to be remembered that, especially in rural India, a bite to an economically valued domestic animal (e.g. a camel) might alert the farmer and their community more than an apparently insignificant scratch to a person, and much more than an attack to a stray dog. No additional recording and reporting forms are needed to expand data collection beyond dog bites. The forms simply need to be more inclusive. Similarly, the fact that the Integrated Disease Surveillance Programme looks at dog bites, and not rabies, is unnecessarily limiting.

⁹ <https://idsp.nic.in/>

¹⁰ <https://idsp.nhp.gov.in/>

Contribution

Based on our experience with contact tracing in rural southern Maharashtra, in collaboration with some local Primary Health Centres, we would like to contribute to NAPRE with the following forms:

1. Animal bite and rabies case recording form (human), to be filled by the human health facility.
2. Animal bite and rabies case recording form (animal), to be filled by the animal health facility.
3. Animal bite and rabies case investigation form (human). Ideally, it is faster and easier to use the recording form for investigation purposes. If the recording form is considered too detailed, the investigation form can be filled out by the human health facility and shared with the animal health sector for further investigation.
4. Animal bite and rabies case investigation form (animal). Ideally, it is faster and easier to use the recording form for investigation purposes. If the recording form is considered too detailed, the investigation form can be filled out by the animal health facility and shared with the human health sector for further investigation.
5. Animal bite and rabies case reporting form (human), to be filled regularly (e.g. once a month) by the human health facility and shared with the Ministry of Health & Family Welfare.
6. Animal bite and rabies case reporting form (animal), to be filled regularly (e.g. once a month) by the animal health facility and shared with the Ministry of Fisheries, Animal Husbandry & Dairying.

Important note: even though all these forms can be reproduced on paper, the use of digital forms would make the process of recording, investigation, and reporting immensely easier, faster, and more accurate. Data can be filled in via a smartphone app developed specifically for this purpose, or be integrated into existing digital health infrastructure platforms. If information is digitalised, all the forms can de facto be unified in a single one. We believe that the adoption of this standardised data reporting will go a long way to meeting the unified data protocol targets of the Government of India. Such data can also be integrated into the Health Heat Map of India¹¹, and fulfil the Integrated One Health Surveillance strategies of the National Mission on Biodiversity and Human Wellbeing¹².

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¹¹ <https://www.medrxiv.org/content/10.1101/2020.09.18.20197699v1>

¹² <https://www.psa.gov.in/mission/national-biodiversity/35>

Form 1
ANIMAL BITE AND RABIES CASE RECORDING FORM (HUMAN)

1. Facility

- 1.1. Name:
- 1.2. ID number:
- 1.3. State:
- 1.4. District:
- 1.5. Block:
- 1.6. Village¹:
- 1.7. Date (*dd/mm/yyyy*):
- 1.8. Case number²:
- 1.9. PEP card number:

2. Victim

- 2.1. Full name:
- 2.2. ID number³:
- 2.3. State:
- 2.4. District:
- 2.5. Block:
- 2.6. Village:
- 2.7. Street/landmark/direction:
- 2.8. Phone number of patient:
- 2.9. Phone number of patient's relative/friend/neighbour:
- 2.10. Age⁴:
- 2.11. Gender (*M / F*):
- 2.12. Place of exposure (*latitude and longitude*):
- 2.13. Date of exposure (*dd/mm/yyyy*)⁵:
- 2.14. Date of presentation at facility (*dd/mm/yyyy*):
- 2.15. Rabies clinically suspected in the patient (*Y / N*)⁶:
 - 2.15.1. If Y, date of start of symptoms (*dd/mm/yyyy*)⁷:
 - 2.15.2. If Y, transferred to hospital (name and location)⁸:
- 2.16. Bite category (*II / III*)⁹:
- 2.17. Bite site:
- 2.18. Appropriate wound washing at home (*Y / N*)¹⁰:
- 2.19. RIG given (*Y / N*)¹¹:
- 2.20. PEP route (*ID / IM*)¹²:
- 2.21. Date of PEP dose 1¹³:
- 2.22. Date of PEP dose 2:
- 2.23. Date of PEP dose 3:
- 2.24. Date of PEP dose 4:
- 2.25. Date of PEP dose 5:

3. Vector

- 3.1. Species:
- 3.2. Colour:
- 3.3. Age (*Puppy / Young / Adult*):
- 3.4. Gender (*M / F*):
- 3.5. Exposure to its milk (*Y / N*):
- 3.6. Owned (*Y / N*)¹⁴:

- 3.6.1. If Y, full name of owner¹⁵:
- 3.6.2. If Y, full address of owner¹⁶:
- 3.6.3. If Y, phone number of owner¹⁷:
- 3.7. Vaccinated in the last 12 months (*Y/N/DN*):
- 3.8. Animal status (*Dead / Killed / Alive*):
- 3.9. Rabies clinically suspected in the animal (*Y/N*)¹⁸:
- 3.10. Animal known to be bitten by (suspected / probable / confirmed) rabid animal (*Y/N*):

4. People exposed to the same animal

- 4.1. PERSON 1
 - 4.1.1. Full name¹⁹:
 - 4.1.2. Full address²⁰:
 - 4.1.3. Phone number²¹:
- 4.2. PERSON 2
 - 4.2.1. Full name:
 - 4.2.2. Full address:
 - 4.2.3. Phone number:
- 4.3. PERSON 3
 - 4.3.1. Full name:
 - 4.3.2. Full address:
 - 4.3.3. Phone number:

5. Animals exposed to the same animal

- 5.1. ANIMAL 1
 - 5.1.1. Species:
 - 5.1.2. Owned (*Y/N*)²²:
 - 5.1.2.1. If Y, full name of owner²³:
 - 5.1.2.2. If Y, full address of owner²⁴:
 - 5.1.2.3. If Y, phone number of owner²⁵:
- 5.2. ANIMAL 2
 - 5.2.1. Species:
 - 5.2.2. Owned (*Y/N*):
 - 5.2.2.1. If Y, full name of owner:
 - 5.2.2.2. If Y, full address of owner:
 - 5.2.2.3. If Y, phone number of owner:
- 5.3. ANIMAL 3
 - 5.3.1. Species:
 - 5.3.2. Owned (*Y/N*):
 - 5.3.2.1. If Y, full name of owner:
 - 5.3.2.2. If Y, full address of owner:
 - 5.3.2.3. If Y, phone number of owner:

NOTES:

- 1) If there are several facilities in the same village, the distinction should be made clear by their ID code or at least their name.
- 2) A new "Animal bite and rabies case recording form" has to be filled, and assigned a progressive number, whenever a new bite victim is admitted/treated.
- 3) For example: aadhaar card, passport, electoral photo identity card, driving license, ration card, etc. The type of ID should be specified.
- 4) In years (for example: 0.9 = 9 months).
- 5) If the exact day cannot be remembered, an approximate date should be provided anyway.
- 6) Rabies symptoms in humans can include: hydrophobia, aerophobia, photophobia, anxiety, aggressiveness, muscular spasm, abnormal vocalization, paralysis, lethargy.
- 7) If the exact day cannot be remembered, an approximate date should be provided anyway.
- 8) Actual, physical transfer to hospital, not just verbally recommended transfer.

- 9) II = nibbling of uncovered skin, minor scratches or abrasions without bleeding; III = single or multiple transdermal bites or scratches, contamination of mucous membrane or broken skin with saliva from animal licks.
- 10) Thorough flushing and washing of the wound for a minimum of 15 minutes with soap and water, detergent, or povidone-iodine.
- 11) Rabies ImmunoGlobulin.
- 12) IntraDermal or IntraMuscular route for Post-Exposure Prophylaxis (not RIG).
- 13) Cross off if not applicable, for example if the doctor decides to interrupt the vaccination course after dog observation.
- 14) Owned animal = any animal who has somebody taking regular care of it, by feeding it and/or giving it shelter and/or providing medical care and/or benefitting from it and/or feeling an emotional attachment to it.
- 15) Or name of relative/friend, partial name.
- 16) Or partial address, landmark.
- 17) Or phone number of relative/friend.
- 18) Rabies symptoms in animals can include: unprovoked aggressiveness (biting people or animals or inanimate objects), hypersalivation, paralysis, lethargy, abnormal vocalisation, or diurnal activity of nocturnal species.
- 19) Or name of relative/friend, partial name.
- 20) Or partial address, landmark.
- 21) Or phone number of relative/friend.
- 22) Owned animal = any animal who has somebody taking regular care of it, by feeding it and/or giving it shelter and/or providing medical care and/or benefitting from it and/or feeling an emotional attachment to it.
- 23) Or name of relative/friend, partial name.
- 24) Or partial address, landmark.
- 25) Or phone number of relative/friend.

Form 2
ANIMAL BITE AND RABIES CASE RECORDING FORM (ANIMAL)

1. Facility

- 1.1. Name:
- 1.2. ID number:
- 1.3. State:
- 1.4. District:
- 1.5. Block:
- 1.6. Village¹:
- 1.7. Date (*dd/mm/yyyy*):
- 1.8. Case number²:
- 1.9. PEP card number:

2. Victim

- 2.1. Species:
- 2.2. Milked animal (*Y/N*):
- 2.3. State:
- 2.4. District:
- 2.5. Block:
- 2.6. Village:
- 2.7. Full name:
- 2.8. Colour:
- 2.9. Age (*Puppy / Young / Adult*):
- 2.10. Gender (*M / F*):
- 2.11. Owned (*Y/N*)³:
 - 2.11.1. If Y, full name of owner⁴:
 - 2.11.2. If Y, full address of owner⁵:
 - 2.11.3. If Y, phone number of owner⁶:
- 2.12. Vaccinated in the last 12 months (*Y/N/DN*):
- 2.13. Place of exposure (*latitude and longitude*):
- 2.14. Date of exposure (*dd/mm/yyyy*)⁷:
- 2.15. Date of presentation at facility (*dd/mm/yyyy*):
- 2.16. Rabies clinically suspected in the animal (*Y/N*)⁸:
 - 2.16.1. If Y, date of start of symptoms (*dd/mm/yyyy*)⁹:
- 2.17. Animal known to be bitten by (suspected / probable / confirmed) rabid animal (*Y/N*):
- 2.18. Appropriate wound washing at home (*Y/N*)¹⁰:
- 2.19. RIG given (*Y/N*)¹¹:
- 2.20. Date of PEP dose 1¹²:
- 2.21. Date of PEP dose 2:
- 2.22. Date of PEP dose 3:
- 2.23. Date of PEP dose 4:
- 2.24. Date of PEP dose 5:

3. Vector

- 3.1. Species:
- 3.2. Colour:
- 3.3. Age (*Puppy / Young / Adult*):
- 3.4. Gender (*M / F*):
- 3.5. Exposure to its milk (*Y/N*):

- 3.6. Owned (*Y/N*)¹³:
 - 3.6.1. If Y, full name of owner¹⁴:
 - 3.6.2. If Y, full address of owner¹⁵:
 - 3.6.3. If Y, phone number of owner¹⁶:
- 3.7. Vaccinated in the last 12 months (*Y/N/DN*):
- 3.8. Animal status (*Dead / Killed / Alive*):
- 3.9. Rabies clinically suspected in the animal (*Y/N*)¹⁷:
- 3.10. Animal known to be bitten by (suspected / probable / confirmed) rabid animal (*Y/N*):

4. People exposed to the same animal

- 4.1. PERSON 1
 - 4.1.1. Full name¹⁸:
 - 4.1.2. Full address¹⁹:
 - 4.1.3. Phone number²⁰:
- 4.2. PERSON 2
 - 4.2.1. Full name:
 - 4.2.2. Full address:
 - 4.2.3. Phone number:
- 4.3. PERSON 3
 - 4.3.1. Full name:
 - 4.3.2. Full address:
 - 4.3.3. Phone number:

5. Animals exposed to the same animal

- 5.1. ANIMAL 1
 - 5.1.1. Species:
 - 5.1.2. Owned (*Y/N*)²¹:
 - 5.1.2.1. If Y, full name of owner²²:
 - 5.1.2.2. If Y, full address of owner²³:
 - 5.1.2.3. If Y, phone number of owner²⁴:
- 5.2. ANIMAL 2
 - 5.2.1. Species:
 - 5.2.2. Owned (*Y/N*):
 - 5.2.2.1. If Y, full name of owner:
 - 5.2.2.2. If Y, full address of owner:
 - 5.2.2.3. If Y, phone number of owner:
- 5.3. ANIMAL 3
 - 5.3.1. Species:
 - 5.3.2. Owned (*Y/N*):
 - 5.3.2.1. If Y, full name of owner:
 - 5.3.2.2. If Y, full address of owner:
 - 5.3.2.3. If Y, phone number of owner:

NOTES:

- 1) If there are several facilities in the same village, the distinction should be made clear by their ID code or at least their name.
- 2) A new “Animal bite and rabies case recording form” has to be filled, and assigned a progressive number, whenever a new bite victim is admitted/treated.
- 3) Owned animal = any animal who has somebody taking regular care of it, by feeding it and/or giving it shelter and/or providing medical care and/or benefitting from it and/or feeling an emotional attachment to it.
- 4) Or name of relative/friend, partial name.
- 5) Or partial address, landmark.
- 6) Or phone number of relative/friend.

- 7) If the exact day cannot be remembered, an approximate date should be provided anyway.
- 8) Rabies symptoms in animals can include: unprovoked aggressiveness (biting people or animals or inanimate objects), hypersalivation, paralysis, lethargy, abnormal vocalisation, or diurnal activity of nocturnal species.
- 9) If the exact day cannot be remembered, an approximate date should be provided anyway.
- 10) Thorough flushing and washing of the wound for a minimum of 15 minutes with soap and water, detergent, or povidone-iodine.
- 11) Rabies ImmunoGlobulin.
- 12) Cross off if not applicable, for example if the doctor decides to interrupt the vaccination course after dog observation.
- 13) Owned animal = any animal who has somebody taking regular care of it, by feeding it and/or giving it shelter and/or providing medical care and/or benefitting from it and/or feeling an emotional attachment to it.
- 14) Or name of relative/friend, partial name.
- 15) Or partial address, landmark.
- 16) Or phone number of relative/friend.
- 17) Rabies symptoms in animals can include: unprovoked aggressiveness (biting people or animals or inanimate objects), hypersalivation, paralysis, lethargy, abnormal vocalisation, or diurnal activity of nocturnal species.
- 18) Or name of relative/friend, partial name.
- 19) Or partial address, landmark.
- 20) Or phone number of relative/friend.
- 21) Owned animal = any animal who has somebody taking regular care of it, by feeding it and/or giving it shelter and/or providing medical care and/or benefitting from it and/or feeling an emotional attachment to it.
- 22) Or name of relative/friend, partial name.
- 23) Or partial address, landmark.
- 24) Or phone number of relative/friend.

Form 3
ANIMAL BITE AND RABIES CASE INVESTIGATION FORM (HUMAN)

1. Facility

- 1.1. Name:
- 1.2. ID number:
- 1.3. State:
- 1.4. District:
- 1.5. Block:
- 1.6. Village:
- 1.7. Date (*dd/mm/yyyy*):
- 1.8. Case number¹:

2. Victim

- 2.1. Full name:
- 2.2. State:
- 2.3. District:
- 2.4. Block:
- 2.5. Village:
- 2.6. Street/landmark/direction:
- 2.7. Phone number of patient:
- 2.8. Phone number of patient's relative/friend/neighbor:
- 2.9. Place of exposure (*latitude and longitude*):
- 2.10. Date of exposure (*dd/mm/yyyy*):

3. Vector

- 3.1. Species:
- 3.2. Colour:
- 3.3. Age (*Puppy / Young / Adult*):
- 3.4. Gender (*M / F*):
- 3.5. Exposure to its milk (*Y / N*):
- 3.6. Owned (*Y / N*):
 - 3.6.1. If Y, full name of owner:
 - 3.6.2. If Y, full address of owner:
 - 3.6.3. If Y, phone number of owner:
- 3.7. Vaccinated in the last 12 months (*Y / N / DN*):
- 3.8. Animal status (*Dead / Killed / Alive*):
- 3.9. Rabies clinically suspected in the animal (*Y / N*):
- 3.10. Animal known to be bitten by (suspected / probable / confirmed) rabid animal (*Y / N*):

4. Animals exposed to the same animal

- 4.1. ANIMAL 1
 - 4.1.1. Species:
 - 4.1.2. Owned (*Y / N*):
 - 4.1.2.1. If Y, full name of owner:
 - 4.1.2.2. If Y, full address of owner:
 - 4.1.2.3. If Y, phone number of owner:
- 4.2. ANIMAL 2
 - 4.2.1. Species:
 - 4.2.2. Owned (*Y / N*):

- 4.2.2.1. If Y, full name of owner:
- 4.2.2.2. If Y, full address of owner:
- 4.2.2.3. If Y, phone number of owner:
- 4.3. ANIMAL 3
 - 4.3.1. Species:
 - 4.3.2. Owned (Y/N):
 - 4.3.2.1. If Y, full name of owner:
 - 4.3.2.2. If Y, full address of owner:
 - 4.3.2.3. If Y, phone number of owner:

NOTES:

- 1) Same as in the "Animal Bite and Rabies Case Recording Form".

Form 4
ANIMAL BITE AND RABIES CASE INVESTIGATION FORM (ANIMAL)

1. Facility

- 1.1. Name:
- 1.2. ID number:
- 1.3. State:
- 1.4. District:
- 1.5. Block:
- 1.6. Village:
- 1.7. Date (*dd/mm/yyyy*):
- 1.8. Case number¹:

2. Vector

- 2.1. Species:
- 2.2. Colour:
- 2.3. Age (*Puppy / Young / Adult*):
- 2.4. Gender (*M / F*):
- 2.5. Place of exposure (*latitude and longitude*):
- 2.6. Date of exposure (*dd/mm/yyyy*):
- 2.7. Exposure to its milk (*Y / N*):
- 2.8. Owned (*Y / N*):
 - 2.8.1. If Y, full name of owner:
 - 2.8.2. If Y, full address of owner:
 - 2.8.3. If Y, phone number of owner:
- 2.9. Vaccinated in the last 12 months (*Y / N / DN*):
- 2.10. Animal status (*Dead / Killed / Alive*):
- 2.11. Rabies clinically suspected in the animal (*Y / N*):
- 2.12. Animal known to be bitten by (suspected / probable / confirmed) rabid animal (*Y / N*):

3. People exposed to the same animal

- 3.1. PERSON 1
 - 3.1.1. Full name:
 - 3.1.2. Full address:
 - 3.1.3. Phone number:
- 3.2. PERSON 2
 - 3.2.1. Full name:
 - 3.2.2. Full address:
 - 3.2.3. Phone number:
- 3.3. PERSON 3
 - 3.3.1. Full name:
 - 3.3.2. Full address:
 - 3.3.3. Phone number:

NOTES:

1) Same as in the "Animal Bite and Rabies Case Recording Form".

Form 5
ANIMAL BITE AND RABIES CASE REPORTING FORM (HUMAN)

1. Facility

- 1.1. Name:
- 1.2. ID number:
- 1.3. State:
- 1.4. District:
- 1.5. Block:
- 1.6. Village:
- 1.7. Date (*mm/yyyy*):

2. Victim

- 2.1. Age:
 - 2.1.1.1. 0-4:
 - 2.1.1.2. 5-9:
 - 2.1.1.3. 10-19:
 - 2.1.1.4. 20-59:
 - 2.1.1.5. Over 60:
- 2.2. Gender:
 - 2.2.1.1. M:
 - 2.2.1.2. F:
- 2.3. Bite category:
 - 2.3.1.1. II:
 - 2.3.1.2. III:
- 2.4. Bite site:
 - 2.4.1.1. Head and neck:
 - 2.4.1.2. Trunk:
 - 2.4.1.3. Upper limbs:
 - 2.4.1.4. Genitalia:
 - 2.4.1.5. Lower limbs:
- 2.5. Appropriate wound washing at home:
 - 2.5.1.1. Yes:
 - 2.5.1.2. No:
- 2.6. Time until presentation at facility:
 - 2.6.1.1. Less than 12 hours:
 - 2.6.1.2. 13-24 hours:
 - 2.6.1.3. 25-48 hours:
 - 2.6.1.4. 48 hours-1 week
 - 2.6.1.5. 2-4 weeks:
 - 2.6.1.6. More than 1 month
- 2.7. RIG given:
 - 2.7.1.1. Yes:
 - 2.7.1.2. No:
- 2.8. PEP route:
 - 2.8.1.1. ID:
 - 2.8.1.2. IM:
- 2.9. Patient outcome at last check:
 - 2.9.1.1. Fine:
 - 2.9.1.2. Ill:

2.9.1.3. Dead:

3. Vector

3.1. Species:

- 3.1.1.1. Dog:
- 3.1.1.2. Cat:
- 3.1.1.3. Cow:
- 3.1.1.4. Buffalo:
- 3.1.1.5. Donkey:
- 3.1.1.6. Pig:
- 3.1.1.7. Goat:
- 3.1.1.8. Sheep:
- 3.1.1.9. Camel:
- 3.1.1.10. Horse:
- 3.1.1.11. Monkey:
- 3.1.1.12. Jackal:
- 3.1.1.13. Mongoose:
- 3.1.1.14. Leopard:
- 3.1.1.15. Wolf:
- 3.1.1.16. Other:

3.2. Exposure to milk:

- 3.2.1.1. Yes:
- 3.2.1.2. No:

3.3. Age:

- 3.3.1.1. Puppy:
- 3.3.1.2. Young:
- 3.3.1.3. Adult:

3.4. Gender:

- 3.4.1.1. M:
- 3.4.1.2. F:

3.5. Ownership status:

- 3.5.1.1. Owned:
- 3.5.1.2. Unowned:

3.6. Vaccinated in the last 12 months:

- 3.6.1.1. Yes:
- 3.6.1.2. No:

3.7. Animal status at last check:

- 3.7.1.1. Fine:
- 3.7.1.2. Ill:
- 3.7.1.3. Dead:

4. People exposed to the same animal

4.1. Total number:

5. Animals exposed to the same animal

5.1. Total number:

Form 6
ANIMAL BITE AND RABIES CASE REPORTING FORM (ANIMAL)

1. Facility

- 1.1. Name:
- 1.2. ID number:
- 1.3. State:
- 1.4. District:
- 1.5. Block:
- 1.6. Village:
- 1.7. Date (*mm/yyyy*):

2. Victim

- 2.1. Species:
 - 2.1.1.1. Dog:
 - 2.1.1.2. Cat:
 - 2.1.1.3. Cow:
 - 2.1.1.4. Buffalo:
 - 2.1.1.5. Donkey:
 - 2.1.1.6. Pig:
 - 2.1.1.7. Goat:
 - 2.1.1.8. Sheep:
 - 2.1.1.9. Camel:
 - 2.1.1.10. Horse:
 - 2.1.1.11. Monkey:
 - 2.1.1.12. Jackal:
 - 2.1.1.13. Mongoose:
 - 2.1.1.14. Leopard:
 - 2.1.1.15. Wolf:
 - 2.1.1.16. Other:
- 2.2. Age:
 - 2.2.1.1. Puppy:
 - 2.2.1.2. Young:
 - 2.2.1.3. Adult:
- 2.3. Gender:
 - 2.3.1.1. M:
 - 2.3.1.2. F:
- 2.4. Ownership status:
 - 2.4.1.1. Owned:
 - 2.4.1.2. Unowned:
- 2.5. Vaccinated in the last 12 months:
 - 2.5.1.1. Yes:
 - 2.5.1.2. No:
- 2.6. Time until presentation at facility:
 - 2.6.1.1. Less than 12 hours:
 - 2.6.1.2. 13-24 hours:
 - 2.6.1.3. 25-48 hours:
 - 2.6.1.4. 48 hours-1 week
 - 2.6.1.5. 2-4 weeks:
 - 2.6.1.6. More than 1 month

- 2.7. Appropriate wound washing at home:
 - 2.7.1.1. Yes:
 - 2.7.1.2. No:
- 2.8. RIG given:
 - 2.8.1.1. Yes:
 - 2.8.1.2. No:
- 2.9. Animal status at last check:
 - 2.9.1.1. Fine:
 - 2.9.1.2. Ill:
 - 2.9.1.3. Dead:

3. Vector

- 3.1. Species:
 - 3.1.1.1. Dog:
 - 3.1.1.2. Cat:
 - 3.1.1.3. Cow:
 - 3.1.1.4. Buffalo:
 - 3.1.1.5. Donkey:
 - 3.1.1.6. Pig:
 - 3.1.1.7. Goat:
 - 3.1.1.8. Sheep:
 - 3.1.1.9. Camel:
 - 3.1.1.10. Horse:
 - 3.1.1.11. Monkey:
 - 3.1.1.12. Jackal:
 - 3.1.1.13. Mongoose:
 - 3.1.1.14. Leopard:
 - 3.1.1.15. Wolf:
 - 3.1.1.16. Other:
- 3.2. Age:
 - 3.2.1.1. Puppy:
 - 3.2.1.2. Young:
 - 3.2.1.3. Adult:
- 3.3. Gender:
 - 3.3.1.1. M:
 - 3.3.1.2. F:
- 3.4. Ownership status:
 - 3.4.1.1. Owned:
 - 3.4.1.2. Unowned:
- 3.5. Vaccinated in the last 12 months:
 - 3.5.1.1. Yes:
 - 3.5.1.2. No:
- 3.6. Animal status at last check:
 - 3.6.1.1. Fine:
 - 3.6.1.2. Ill:
 - 3.6.1.3. Dead:

4. People exposed to the same animal

- 4.1. Total number:

5. Animals exposed to the same animal

5.1. Total number: