**ANNEXURE -XI**

**NATIONAL RABIES CONTROL PROGRAM**

***District Monthly Report (NRCP-M02)\****

**State Name:**

**District Name:**

**District Focal Point Name:**

**Address:**

**Month and Year of Reporting:**

|  |  |  |
| --- | --- | --- |
| **Total no. of health facilities providing facility for animal bite management/ Number of Facilities submitted report** |  |  |
| **Mention no. of patients as per type of biting animal** | **District Total** | |
| Dog |  | |
| Cat |  | |
| Monkey |  | |
| Any other (specify) |  | |
| **Mention no. of patients as per Category of bite** | **District Total** | |
| 1. Touching or feeding of animals, Licks on intact skin   Contact of intact skin with secretions /excretions of rabid animal/human case |  | |
| 1. Nibbling of uncovered skin   Minor scratches or abrasions without bleeding |  | |
| 1. Single or multiple transdermal bites or scratches, licks on broken skin   Contamination of mucous membrane with saliva (i.e. licks) |  | |
| **Details of patients as per Route of vaccination** | **District Total** | |
| IM route (Essen schedule on day 0,3,7,14,28) |  | |
| ID route (update Thai Red Cross Regimen : 2-2-2-0-2) |  | |
| No. of Category III victims given ARS |  | |
| Number of Patients completed PEP |  | |
| **Suspected/ probable/ Confirmed Rabies Cases/ Deaths Reported in district** | **District Total** | |
| 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 |  | |
| **Total Vaccine (no. of vials) used in the District (monthly)** | **District Total** | |
| Opening balance |  | |
| Quantity received |  | |
| Quantity utilized |  | |
| Closing balance |  | |
| **Total ARS (no. of vials) used in the District (monthly)** | **District Total** | |
| Opening balance |  | |
| Quantity received |  | |
| Quantity utilized |  | |
| Closing balance |  | |
| 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:**

\*Compiled Monthly report of Animal Bite Victims receiving treatment at all Anti Rabies Clinics/Health facilities providing animal bite management

(to be submitted by District Focal Point to State Nodal Officer on every month)

**NATIONAL RABIES CONTROL PROGRAM**

**Line List of Suspected/ Probable/ Confirmed Rabies Cases/ Deaths\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.No. | Name | Age | Sex | Contact Number | Village | Sub District/ Taluk/Blck/ mandal | District | State | Biting Animal | Suspected/ probable/ Confirmed | Address of place where bite incidence took place | Category of Bite | Status of PEP (Complete/ Partial/ Nil/NA) | Name of the health facility reported Rabies case | Outcome of patient (Death in Hospital/ LAMA/ Alive) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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* **To be reported by Health facilities to district nodal person, State Nodal Person & National Program Division at nrcp.ncdc@gmail.com**
* **To be submitted to District Focal Point to State Nodal Officer and NCDC on every month**