Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

July 26, 1996

ADMINISTRATIVE ORDER
No. 27 s. 1996

SUBJECT: Guidelines on Management of Animal Bite Patients

RATIONALE:

In view of the high fatality rate (almost 100%) of human rabies, the prevention of rabies infection after exposure is of utmost importance. The Department of Health, having committed itself to the prevention of human deaths due to rabies, provides post-exposure treatment to high risk bite patients.

To ensure uniformity in the Management Animal Bite Patients, Government Doctors at all levels as well as Private Practitioners in the country are hereby advised to follow the recommendations stated in these Guidelines.

1. GENERAL CONSIDERATIONS:

1.1 Factors that should be considered in deciding whether or not to initiate post-exposure treatment are:

a. the nature of bite exposure (Please see Guide for Animal Bite Management);
b. presence of animal rabies in the area where the bite exposure occurred;
c. the species of the animal involved;
d. the vaccination/clinical status of the animal involved;
e. the availability of biting animal for observation; and
f. the results of laboratory examination, if available

1.2 Persons who present for treatment even months after having been bitten should be evaluated in the same manner as if the bite exposure occurred recently.

1.3 The combination of local wound treatment with passive and active vaccination is recommended for all high-risk bite patients (Category III).

1.4 An apparently healthy dog or cat that bites a person may or may not justify the initiation of post-exposure treatment depending on the risk of exposure:

a. it the animal involved is known to be rabid, initiation of treatment should not wait for the results of laboratory diagnosis. Biting animal should be sacrificed as soon as possible and laboratory examination of the brain should be performed if the animal is suspected of being rabid. A report from the Animal Disease Diagnostic Laboratory (ADDL) indicating a negative result justifies cessation of treatment.

b. Apparently healthy biting animals (dog/cat) should be kept under observation for fourteen (14) days. Category II and III bite patients may start treatment and may be discontinued iF the dog or cat remains healthy after observation period.

1.5 Pregnancy and infancy are not contraindications to post-exposure rabies vaccination.

1.6 Tissue culture vaccines of different brands for active vaccination maybe used interchangeably, depending on the avaiLability of said vaccine.

2. POST—EXPOSURE TREATMENT (PET)

2.1. LOCAL WOUND TREATMENT

2.1.1. Recommended first—aid procedures are immediate thorough flushing and washing of wound with soap and water preferrably for 10 minutes.

2.1.2. If possible, suturing of wounds should be avoided; however, if suturing is necessary, anti—rabies immunoglobulin should be infiltrated around the wound.

2.2. ACTIVE IMMUNIZATION (Tissue Culture Vaccine)

VACCINE ADMINISTRATION

2.2.1 INTRAMUSCULAR SCHEDULES:

A. Conventional Regimen (0-17-14-30)

1. One dose of vaccine should be administered intramuscularly on days 0,3,7,14 and 30 into the deltoid region or in small children into the anterotateral area of the thigh muscle.

2. Vaccines should never be administered in the gluteal region.

B. 2-1-1 Regimen (0-7-21)

1. The vaccine is administered intramuscularly into the deltoid region or anterolateral area of the thigh.

2. Two (2) doses are given on Day 0. One dose is given in the right arm and the other dose in the left arm. The remaining 2 doses are administered on days 7 and 21.

Day 0) - 2 doses IM
Day 1) — 1 dose IM
Day 21) - 1 dose IM

3. This schedule induces an early antibody response and may be particularly effective when post-exposure vaccination does not include administration of rabies immunoglobulin.

2.2.2 INTRADERMAL SCHEDULE

A. USING VEROCELL (0.5 ml. preparation)

1. One dose (0.1 ml.) should be given at each of two sites either the forearm or the upper arm, on days 0, 3 and 7 and one dose at one site on days 30 and 90.

day 0) day 30)
day 3) 2 sites 0.1 ml/site day day 90) 1 site 0.1 ml.
day 7)

2. Separate syringes and needles must be used for each dose.

3. Vaccine vials should be stored between 4°C and 8°C after reconstitution and the total contents should be used within 8 hours.

2.3 PASSIVE IMMUNIZATION

ADMINISTRATION OF RABIES IMMUNOGLOBULIN

2.3.1. Rabies immunoglobulin (RIG) should be given for all category ill exposure, irrespective of the interval between bite exposure and beginning treatment.

2.3.2 Two kinds of rabies antibody preparations may be used:

a. Human Rabies Immunoglobulin (HRIG) administered intramuscularly (IM) into the gluteal region in a single dose on Day 0 (or any day until Day 7 at 20 IU/kg. of bodyweight (150 IU/ml).

b. Equine Rabies Immunoglobulin (ERIG) administered intramuscularly (IM) into the gluteal region, in a single dose on Day 0 (or any day until Day 7) at 40 IU/kg of bodyweight (200 IU/ml.)

A skin test must be performed prior to its administration.

c. As much as possible half of the recommended dose should be infiltrated around the wound/s if anatomically feasible. The remainder should be administered intramuscularly (into the gluteal region) in a single dose.

d. RIG Is administered in conjunction with a complete course of vaccine (active immunization) if still indicated.

3. POST EXPOSURE PROPHYLAXIS OF PREVIOUSLY VACCINATED PERSONS

3.1. Local treatment of wounds (thorough flushing and washing with soap and water for 10 minutes) should always be carried out.

3.2. Persons who have previously received full pre or post—exposure treatment with a potent cell-culture vaccine should be given only two (2) booster doses either intramuscularly or intradermally, on days 0 and 3 but no rabies immunoglobulin (RIG).

3.3. Persons who have previously received full post-exposure treatment with a nerve tissue vaccine should be given a full course of immunization including RIG if indicated.

3.4. Persons who have been bitten by an animal 3 years after a full course of immunization should receive another full course with RIG it indicated.

4. PROGRAM POLICIES

4.1. All Regional Health offices will be given vaccine allocation every quarter subject to availability of vaccines.

4.2. Regional Health Offices shall divide the allocated vaccines among the Provincial and City Health offices under their jurisdiction.

4.3. Dispensing of human anti-rabies vaccines shall be the sole responsibility of government health agencies.

4.4. The following procedures shall be observed when dispensing anti—rabies vaccines:

4.4.1 Assess the bite victim thoroughly and record in the Municipal Rabies Surveillance Form (facility-based form).

4.4.2 Decide whether or not to initiate post—exposure prophylaxis using the Guide for Animal Bite Management as reference.

4.4.3 If the situation warrants an immunization (Category II or Category III), the patient shall be provided the initial 2 doses (for the 2-1-1 schedule) or the first 3 doses for the conventional regimen) for free. Succeeding doses shall be the responsibility of the patient.

4.4.4 if RIG is indicated, the patient shall be provided the required dose of anti-rabies serum (ARS) after a negative skin test, if available.

4.4.5 Category III patients who do not have the capacity to buy the succeeding vaccine doses shall be provided the vaccine requirements for free if available.

4.4.6 The following shall be the program's priority for free vaccine availment:

a. Patients bitten by animals found to be positive for "negri bodies" regardless of type of bite exposure.

b. Patients bitten by animals that are not available for observation (stray/slaughtered).

c. Category III

d. Category II

e. Non-bite exposure (exposure to human rabies patient) mouth—to-mouth resuscitation, licking of intact mucosa (eyes, lips, vulva)

4.4.7 Explain your decision to the patient and advice him on the benefits of responsible pet ownership.

4.4.8 Observe courtesy and tactfulness when dealing with patients.

GUIDE FOR ANIMAL BITE MANAGEMENT

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