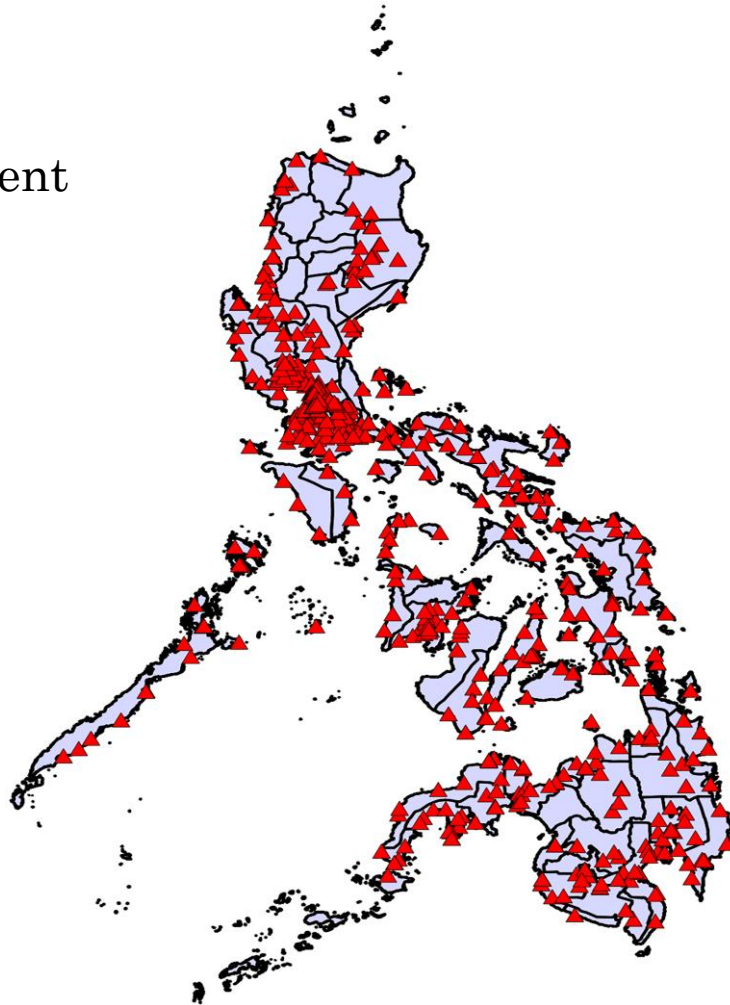


PEP Delivery in the Philippines

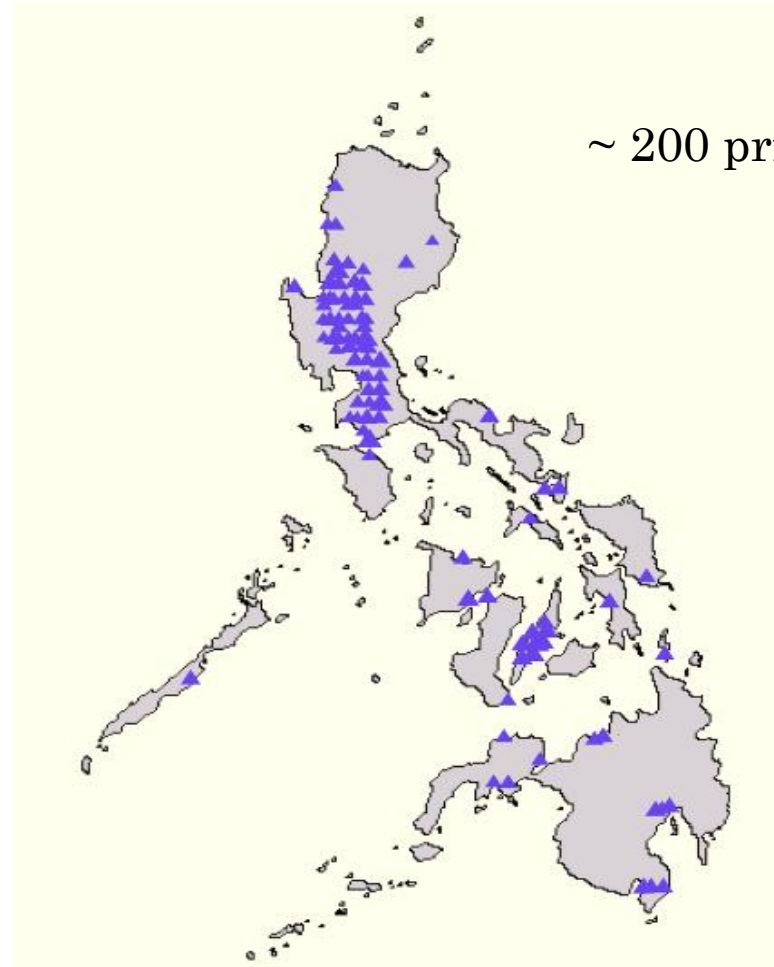
PEP delivery

- PEP provided through a network of bite centers
- 1 ABTC/100,000 population

615 government
ABTCs

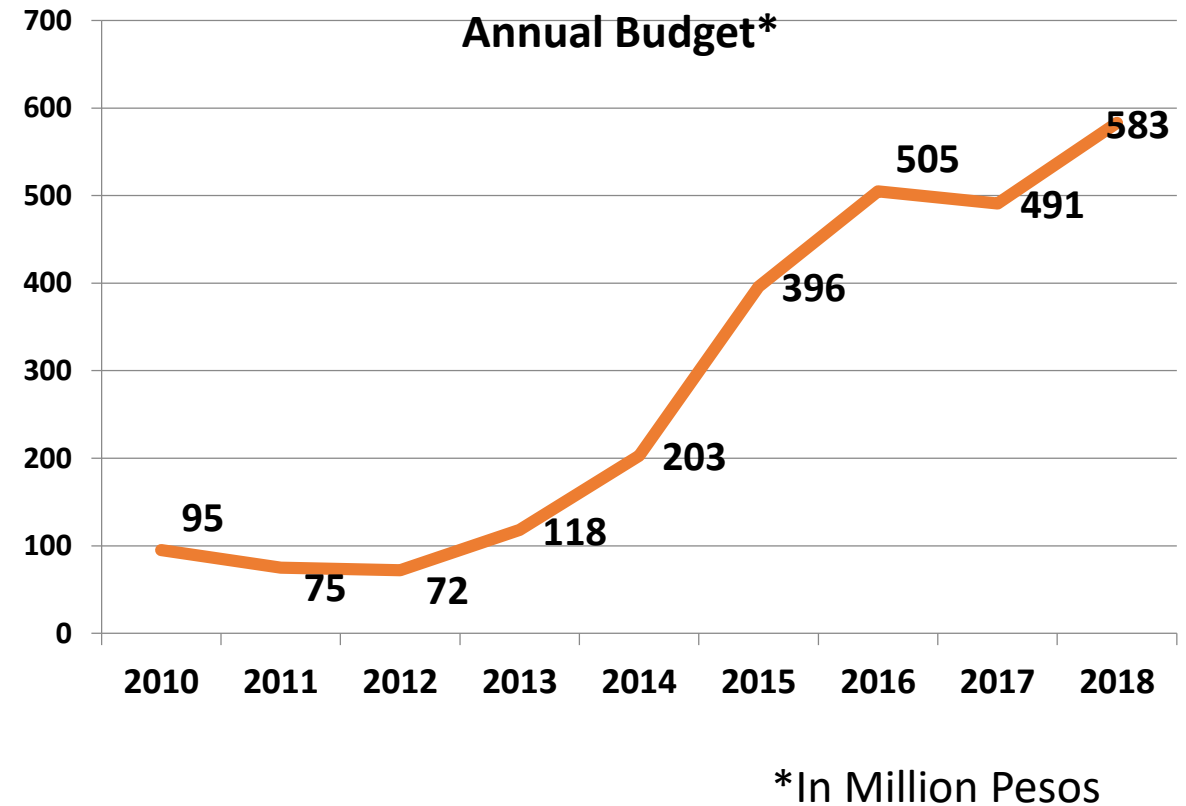


~ 200 private ABCs










PEP delivery

- ABTCs provide free vaccines (full course) and limited amount of eRIG (1vial/patient) while supplies last
- Vaccine supply
 - DOH provided only WHO PQ vaccines until Jan 2018 when there was shortage → DOH AO 2018-0013 (which allows use of non WHO PQ vaccines while there is shortage)
 - Some LGUs allocate money for rabies biologicals (dependent on LCE)
 - RITM main vaccine storage → regions; regions distribute to provinces → municipal level following system of distribution of EPI vaccines



PEP delivery

- Standardized management of exposures in ABTCs
 - ABTCs use intradermal regimen exclusively
 - Currently transitioning from the TRC regimen to the IPC regimen
 - DOH administrative order dated April 16, 2018 – adapts April 2018 WHO recommendations
 - Orientation/training on the new AO ongoing

Regimen	Day 0	Day 3	Day 7	Day 28
TRC				
IPC				

Category I (no exposure)

- Feeding/touching an animal
- Animal licks on intact skin (with reliable history and thorough physical examination)
- Exposure to patient with S/Sx of rabies
- Wash exposed skin immediately with soap and water
- No vaccine or RIG



Category II (exposure)

- Nibbling of uncovered skin w/ or w/o bruising/hematoma
- Minor/superficial scratches or abrasions without active bleeding, including those induced to bleed
- All Category II exposures on the head and neck area are managed as Category III
- Wash exposed skin immediately with soap and water
- Give **vaccine**; NO RIG
- Complete vaccination until day 7 (3rd dose)



Category III (severe exposure)

- Single or multiple transdermal bites or scratches with spontaneous bleeding
- Contamination of mucous membrane with saliva from licks
- Licks on broken skin
- Exposure to bat bites or scratches
- Exposure to a rabies patient through bites, contamination of mucous membranes (eyes, oral/nasal, genital/anal mucous membranes) or open skin lesions with body fluids through splattering, through mouth-to-mouth resuscitation
- Unprotected Handling of infected carcass
- Ingestion of raw infected meat
- All Category II exposures on head and neck area
- Wash exposed skin immediately with soap and water
- Give **vaccine and RIG**
- Complete vaccination until day 7 (3rd dose)

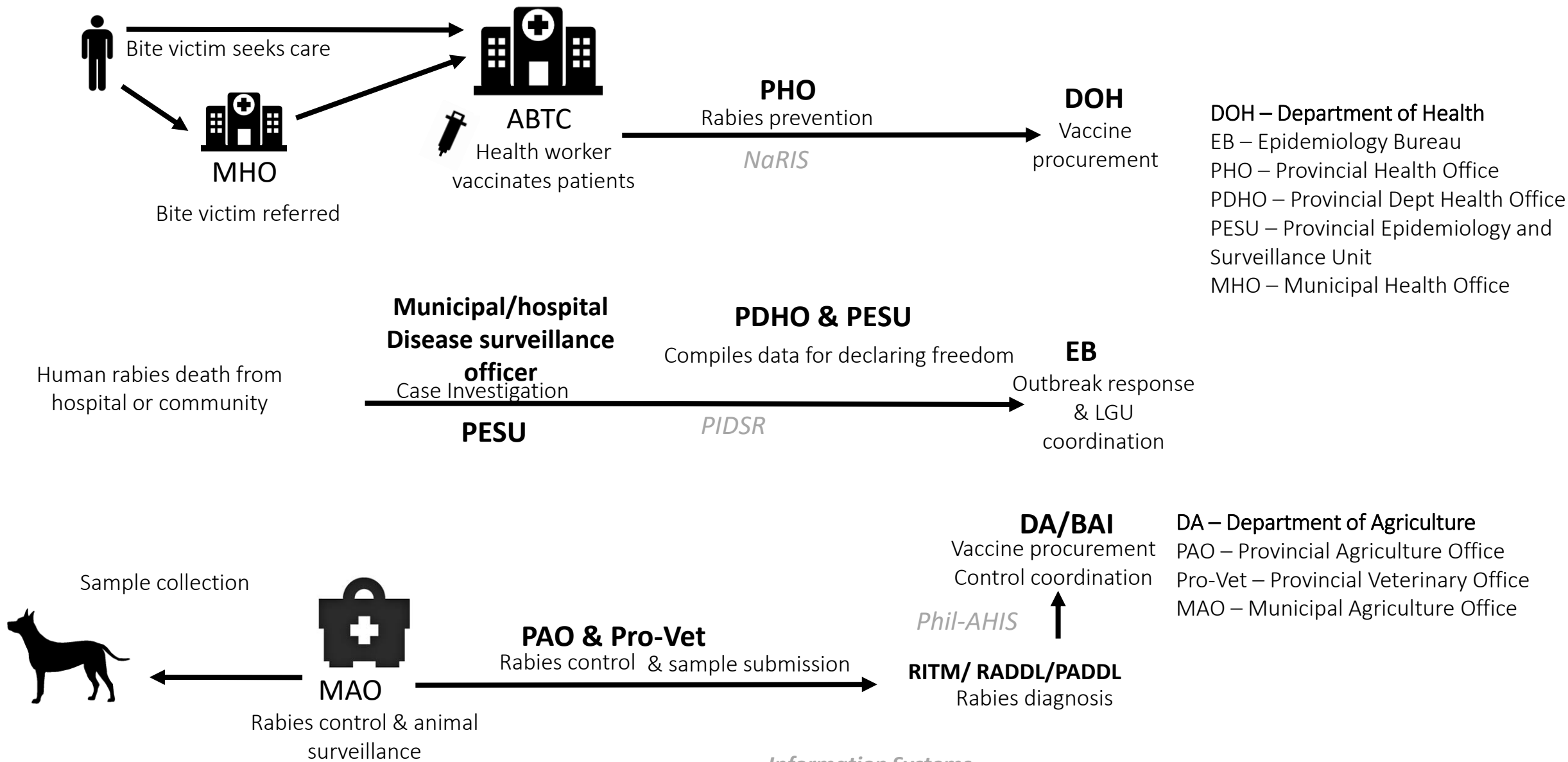


PEP delivery

- ABTC Certification process – certificate good for 2 years
 - Process: 1) Self assessment; 2) application; 3) Certification; 4) Registration
 - Conducted by team from region: Regional NRPCP Medical Coordinator, Regional NRPCP Nurse Coordinator; DOH Rep (NRPCP point person)
 - Certification to avail of PhilHealth out patient package
 - Encouraged but not required for ABCs
- PhilHealth Out patient Package for Animal Bites
 - P 3000; patient must complete 3 doses before availment

Animal bite training

- Training providers – RITM, Regional Health Office (Region V, III, IVb, VII)
- RITM – quarterly training mainly for private ABC staff (but some government ABTC staff also attend)
 - Lectures, practicum (ID administration and RIG infiltration) and case discussions
 - Total trained since 2008: 2190
 - Doctors – 1010 (46%) ; nurses – 1180 (54%)
 - Special training schedule for Regions IV-a (since 2015) and IV-b (since 2018)



Information Systems

NaRIS – National Rabies Information System

PIDSR – Philippine Integrated Disease Surveillance and Response

FHSIS – Field Health Services Information System (& electronic eFHSIS)

Phil-AHIS – Philippine Animal Health Information System

NaRIS (National Rabies Information System)

- Patient-based rabies program accessible to all stakeholders- DOH, DA, WHO, LGUs, RHUs, CHOs, ABTCs, NGOs, and the private sector- through the internet
- Facilitates data collection, aggregation, and utilization, and has the capacity to perform drug inventory
- Rationale – to solve operational Issues such as
 - Under reporting rabies exposures
 - Late submission of reports/rabies cases
 - No Effective feedback mechanism on status of allocated logistics
 - Ineffective dissemination of health information

NaRIS (National Rabies Information System)

- Developed for 3 levels of users namely, the public, animal bite treatment center personnel, and managers/ decision makers:
 - **information portal** for the public regarding NaRIS, rabies, first aid tips, location of animal bite centers. The public may also use it as a **notification portal** where any person can report a possible rabies case
 - serves as the **online bite and rabies registry and inventory card** where trained animal bite treatment center personnel will input patient-based data ideally at the point of care
 - **dashboard and database** where decision-makers can easily retrieve data important for decision-making

PIDSR (Philippine Integrated Disease Surveillance and Response)

- Established by Administrative Order No. 2007-0036 “Guidelines on the Philippine Integrated Disease Surveillance and Response (PIDSR)”
- Objective - to support the health sector in reducing morbidity and mortality from diseases of public health importance through an institutionalized, functional integrated disease surveillance and response system

PIDSR (Philippine Integrated Disease Surveillance and Response)

Basic features of PIDSR

- Integrated - use of standard case definitions, surveillance core activities (detection, registration, reporting, confirmation, analysis, feedback) and resources.
- Capacity for early detection of epidemics.
- Integrated response to epidemics and other public health threats.
- Utilizes case-based, laboratory-based and event-based surveillance approaches to enhance sensitivity and specificity of the system.
- Strengthens local capacity for surveillance and response - includes involvement of the community in disease surveillance activities.
- Established capacity of laboratories and strengthened involvement in disease surveillance system.
- Efficient and effective management of surveillance data (e.g., collection, analysis, interpretation and dissemination) and use of information for decision-making, including monitoring and evaluation of intervention programs at all levels.
- Open lines of communication with established feedback loop at all levels.

Priority Diseases and Conditions Targeted for Surveillance

Epidemic-Prone Diseases	Diseases Targeted For Eradication Or Elimination	Other Diseases Or Conditions Of Public Health Importance
1.Acute Viral Hepatitis 2.Anthrax 3.Bacterial Meningitis 4.Cholera 5.Dengue 6.Human Avian Influenza 7.Influenza-like Illness 8.Leptospirosis 9.Meningococcal Disease 10.Paralytic Shellfish Poisoning 11.Severe Acute Respiratory 12.Syndrome (SARS) 13.Typhoid And Paratyphoid Fever	1.Poliomyelitis (Acute Flaccid Paralysis) 2.Measles 3.Neonatal Tetanus 4.Rabies 5.Malaria	1.Acute Bloody Diarrhea 2.Acute Hemorrhagic 3.Fever 4.Acute Encephalitis 5.Syndrome/ Japanese 6.Encephalitis 7.Adverse Event 8.Following 9.Immunization (AEFI) 10.Diphtheria 11.Hand Foot and Mouth 12.Disease 13.Non-Neonatal Tetanus 14.Pertussis