

Title	Authors	Type	Purpose	Contextual information	Summary / overview	Strengths	Limitations
WHO Expert Consultation on Rabies: WHO TRS N°1012	WHO/Department of control of neglected tropical diseases	Scientific Publication	<p>To present the results of the meeting to the general public following the recent announcement by Gavi, the Vaccine Alliance, of a new investment strategy.</p> <p>This strategy will expand Gavi’s portfolio to include human rabies vaccines and may include scaling up rabies post-exposure prophylaxis (PEP) in countries where Gavi runs other vaccine programmes.</p>	<p>14 December 2018 Geneva</p> <p>Representatives from 11 countries have convened at the World Health Organization (WHO) headquarters to devise plans for scaling up rabies control that aim to achieve WHO’s Zero by 30 global strategic plan: to end human deaths from dog-mediated rabies by 2030.</p>	<p>Since the launch of the Global framework to eliminate human rabies transmitted by dogs by 2030 in 2015, WHO has worked with the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health, the Global Alliance for Rabies Control and other stakeholders and partners to prepare a global strategic plan. This includes a country-centric approach to support, empower and catalyse national entities to control and eliminate rabies. In this context, WHO convened its network of collaborating centres on rabies, specialized institutions, members of the WHO Expert Advisory Panel on Rabies, rabies experts and partners to review strategic and technical guidance on rabies to support implementation of country and regional programmes.</p> <p>This report provides updated guidance based on evidence and programmatic experience on the multiple facets of rabies prevention, control and elimination. Key updates include: (i) surveillance strategies, including cross-sectoral linking of systems and suitable diagnostics; (ii) the latest recommendations on human and animal immunization; (iii) palliative care in low resource settings; (iv) risk assessment to guide management of bite victims; and (v) a proposed process for validation and verification of countries reaching zero human deaths from rabies.</p> <p>The meeting supported the recommendations endorsed by the WHO Strategic Advisory Group of Experts on Immunization in October 2017 to improve access to affordable rabies biologicals, especially for underserved populations, and increase programmatic feasibility in line with the objectives of universal health coverage. The collaborative mechanisms required to prevent rabies are a model for collaboration on One Health at every level and among multiple stakeholders and are a recipe for success. Rabies is a vaccine-preventable disease. The provision of support to countries will end the pain and suffering due to rabies that burdens people, especially children. Investing in rabies control and elimination strengthens health systems, improves equity and access to health care and contributes to sustainable development. Investment in rabies elimination is not only for elimination of this fatal but preventable disease but also for building capacity in the world’s most neglected regions.</p> <p>This report, requested by countries, provides hands-on guidance to drive progress towards rabies elimination.</p>	Aimed to focus on a country-centric approach to support, empower and catalyse national entities to control and eliminate rabies.	<p>Did not mention monitoring and evaluation mechanisms per country to report the status of each member state.</p> <p>Given the different context per country, there still be differences on implementing the post-exposure prophylaxis (PEP) in countries where Gavi runs other vaccine programmes.</p> <p>So for countries not being run by Gavi on other vaccine programmes, will they not be included in this intervention?</p>
National Rabies Prevention and Control Program Manual of Operations (2012)	Department of Health (DOH)	Guideline	The guidelines in the Manual Operations will enable all agencies to be more involved in preventing the disease, through various cooperation and collaborative efforts from clinical management, information dissemination and advocacy at all levels.	<p>This manual of operations is a product of cooperation among partners and colleagues who share the vision of having a Rabies-free Philippines in 2020. The agencies and their individual representatives not only contributed their time, talent and technical expertise, but further enriched the manual by sharing their personal insights and experiences to make rabies better understood thereby enabling service providers and allied partners better equipped to prevent and manage this dreadful disease. The National Rabies Prevention and Control Program is grateful to the following who responded generously to our call for assistance in bringing this manual to completion:</p> <ol style="list-style-type: none"> 1) Infectious Disease Office of the National Center for Disease Prevention and 2) Control of the Department of Health 3) National Epidemiology Center of the Department of Health 4) National Center for Health Promotions of the Department of Health 5) Center for Health and Development 6) Research Institute for Tropical Medicine 7) San Lazaro Hospital 8) Department of Agriculture-Bureau of Animal Industry 9) Department of Agriculture Regional Field Units 10) Department of Education 11)Local Government Units 12)World Health Organization 13) and all other partners - individuals or organizations 	<p>The manual of operations information on the national rabies prevention and control program, guidelines in the prevention and control of rabies which includes:</p> <ol style="list-style-type: none"> a) guidelines in the prevention and control of Human Rabies b) establishment of Animal Bite Treatment Center (ABTC) c) guidelines in the prevention and control of Canine Rabies d) guidelines on declaration of rabies-free area, management of human rabies, surveillance of rabies, rabies health promotion, logistics management, recording and reporting, and monitoring, supervision, and evaluation. 	This manual of operations is comprehensive in terms of addressing the pressing issue on rabies on both human and animal rabies.	This manual of operation was made on 2012 and perhaps needs to be updated to cover new data, findings, provisions, or international guidelines that it can incorporate in the updated version.

Republic Act No. 9482An Act Providing for the Control and Elimination of Rabies, Prescribing Penalties for Violation Thereof and Appropriating Funds Therefor		Republic Act	To promote the right to health of the people. Towards this end, a system for the control, prevention of the spread, and eventual eradication of human and animal Rabies shall be provided and the need for responsible pet ownership established.	It is the declared policy of the State to protect and promote the right to health of the people. Towards this end, a system for the control, prevention of the spread, and eventual eradication of human and animal Rabies shall be provided and the need for responsible pet ownership established.	It is hereby mandated that there shall be a National Rabies Prevention and Control Program to be implemented by a multi-agency/multi-sectoral committee chaired by the Bureau of Animal Industry of the Department of Agriculture. The program shall be a multi-agency effort in controlling and eliminating Rabies in the country. Among its component activities include: (1) mass vaccination of Dogs (2) establishment of a central database system for registered and vaccinated Dogs (3) impounding, field control and disposition of unregistered, Stray and unvaccinated Dogs (4) conduct of information and education campaign on the prevention and control of Rabies (5) provision on pre-exposure treatment to high risk personnel and Post Exposure Treatment to animal bite victims (6) provision of free routine immunization of Pre-Exposure Prophylaxis (P.E.P) of schoolchildren aged five to fourteen in area where there is high incidence of rabies (7) encouragement of the practice of responsible pet ownership. The program shall be implemented by the Department of Agriculture (DA), Department of Health (DOH), Department of Interior and Local Government (DILG) and Department of Education (DepEd), as well as Local Government Units (LGUs) with the assistance of the Department of Environment and Natural Resources (DENR), non-government organizations (NGO) and People's Organizations (POs)	National law that is collaborative across several government agencies and non-government organizations: Department of Health (DOH), Department of Agriculture (DA), Department of Education (DepEd), Local Government Units, and academe.	Despite the law, at the end of the day, the implementation of this still depends on the implementing agencies and local government units.
AO 2008-01 IRR of Anti-rabies act of 2007	Department of Health (DOH) National Rabies Information System (NaRIS)	Administrative Order	These Implementing Rules and Regulations (IRR) are issued and promulgated pursuant to Sec. 12 of Republic Act 9482.	These rules are promulgated to prescribe the procedures and guidelines for the implementation of the Anti-Rabies Act of 2007 to facilitate compliance and achieve the objectives thereof.	It is the declared policy of the state to protect and promote the right to health of the people. Towards this end, a system for the control, prevention of the spread, and eventual eradication of human and animal Rabies shall be provided and the need for responsible pet ownership established.	National law that is collaborative across several government agencies and non-government organizations: Department of Health (DOH), Department of Agriculture (DA), Department of Education (DepEd), Local Government Units, and academe. This is a more cohesive documents on the guidelines in implementing RA 9482.	Despite the law, at the end of the day, the implementation of this still depends on the implementing agencies and local government units.
AO 2011-0002 Guidelines for managing rabies exposures secondary to bites by vaccinated dogs and cats	Department of Health (DOH) National Rabies Information System (NaRIS)	Administrative Order	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.	Historically the management of animal bite cases had to be updated every five 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 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.	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 per animals, both domestic and wild. Rabies is estimated to cause at least 55,000 deaths 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 Fnp 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.	This guideline is focused on the necessary steps to consider when exposed to rabies from vaccinated dogs and cats. This is useful to guide individuals in evaluating rabid animals despite being vaccinated.	Despite the guidelines, at the end of the day, the implementation of this still depends on the implementing agencies and local government units.

AO 2009-0027 Amendments of Revised guidelines on management of animal bite patients	Department of Health (DOH) National Rabies Information System (NaRIS)	Administrative Order	To provide updated guidelines and procedures to ensure effective and efficient management of rabies exposures toward eventual reduction, if not elimination, of human rabies.	Since the release of the latest guidelines in 2007, new recommendations related to rabies management have been released by the World Health Organization and the US Centers for Disease Control.	The AntiRabies Act of 2007 and its Implementing Rules and Regulations provided for the provision of pre-exposure prophylaxis among school children from high risk areas. These current guidelines are therefore amended to incorporate these crucial recommendations.	The amendments made to the law considered the recent studies and development from international organizations such as WHO and CDC.	Amendments should be made regularly given the developments in research. But this is not easy in the Philippines, hence these amendments were made back on 2009.
AO 2007-0029 Guidelines on managing Bites cases by previously vaccinated dogs	Department of Health (DOH) National Rabies Information System (NaRIS)	Administrative Order	To provide new policy guidelines and procedure to ensure an effective and efficient management for eventual reduction if not elimination of human rabies, and to increase voluntary pre-exposure coverage among high risk group such as animal handlers, field workers, health staff working in the rabies unit, rabies diagnostic laboratory staff, and children below 15 years old living in endemic areas.	To ensure consistency in the management of animal bite patients, government health care workers at all levels as well as private practitioners in the country are hereby encouraged to adopt these guidelines.	Rabies is a fatal disease in developing countries where animal immunization and control of dogs are inadequate. In view of the 100% case fatality 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 death due to rabies, provides vaccines for post exposure treatment through the Animal Bite Treatment Centers (ABCTs) to high risk exposed patients. Over the last five years, many studies have been conducted by both local and foreign researchers focusing on changes in treatment modalities. The World Health Organization has also issued new recommendations related to rabies management. Based on the available information, the guidelines on animal bite management is revised in order to provide more cost-effective strategies for rabies prevention and control. the guidelines in the management of animal bite cases are being updated every five years to integrate updated global recommendations. The first version was done in 1997 and then 2002.Disease free zones initiative has been identified as one of the strategies to reduce public health threats alongside with enhanced health promotion and surveillance. The initiatives aim to "mop up" diseases such as leprosy, schistosomiasis, filariasis, rabies, and malaria. This would entail doing stratification of areas according to burden of diseases, validation of status of potential disease-free areas, and identification of appropriate interventions based on these stratifications.	This is an elaborated guideline for bite victims of animals previously vaccinate. These various guidelines show that there is a case to case basis in terms of exposure to rabies.	Despite the guidelines, at the end of the day, the implementation of this still depends on the implementing agencies and local government units.
AO 2014-0012 New Guidelines on the Management of Rabies Exposures	Department of Health (DOH)	Administrative Order	To provide new policy guidelines and procedure to ensure and efficient management for eventual reduction if not elimination of human rabies, and to increase voluntary pre- exposure coverage among high risk group such as animal handlers, field workers, health staff working in the rabies unit, rabies diagnostic laboratory staff, and children below 15 years old living in rabies endemic areas.	All government health workers at all levels shall adopt these treatment guidelines to ensure standard and rational management of rabies exposures. Private practitioner in the country are strongly encouraged to adopt these treatment guidelines.	Over the last five years, many studies have been conducted by both local and foreign researchers focusing on changes in treatment modalities. The World Health Organization has also issued new recommendations related to rabies exposure management or Post Exposure Prophylaxis (PEP). Based on the available informants, the guideline on animal bite management is revised in order to provide more cost-effective strategies for rabies prevention and control. The guidelines in the management of animal bite cases are being updated every five years to integrate updated global recommendations. The last guidelines were released in 2007 (AO 2007-2009) and amended in 2009. A joint DOH-DA Administrative Order (AO 2011-002) was also issued in 2011.	This is a sample of updated guidelines on managing rabies exposure back in 2014, after the law has been signed on 2009.	Amendments should be made regularly given the developments in research. But this is not easy in the Philippines, hence these amendments were made back on 2009.
PhilHealth for Animal Bite P ackage (Ra bies P ost-exposure Prophylaxis)	Philippines Health Insurance Corporation	Circular Order	To inform all Philhealth members, accredited providers, Philhealth Regional Offices (PhROs), and all other concerned regarding the Philhealth for Animal Bite Package (Rabies Post-exposure Prophylaxis)	The circular has stipulated the general rules on how to avail the package, engagement of the provider, rules on reimbursement, claims filing, monitoring and evaluation, and eligibility of members and dependents.	Pursuant to Section 38 of RA 7875 and as amended by RA 9241, the Corporation shall continuously endeavour to improve the bene fit package to meet the need of its members. In view of Republic Act 9482, otherwise known as the Anti-Rabies Act of 2007, the Department of Health (DOH), through Administrative Order Nos. 2007-0029 and 2009-0027, provided for the Revised Guidelines on the Management of Animal Bite Patients and its amendment. In order to complement this initiative, PhilHealth, through Board Resolution No. 1585 s. 2012, shall provide the Animal Bite Treatment (ABT) package for all qualified beneficiaries. This benefit package aims to support the National Rabies Prevention and Control Program by defraying the cost of post- exposure prophylaxis (PEP) treatment to animal bite patients who are PhilHealth beneficiaries.	This gives an opportunity for bite victims to access health services through PhilHealth. This can alleviate the burden of out-of-pocket availment of medical services especially that PEP is expensive compared to other kinds of vaccines in the market.	This package shall NOT cover the following: a. Pre-exposure Prophylaxis b. Inpatient cases of animal bites and rabies, which shall be reimbursed through inpatient benefit. c. Category I rabies exposure and category II exposure NOT involving the head and neck d . Bites by rodents, guinea pigs and rabbits e. Management of adverse reactions f. Other conditions otherwise not mentioned in number 3.

Communicable Disease Control Chapter I - Management of Specific Diseases	Centre Disease Control (CDC)	Guideline	<p>The goal of the provincial Rabies Control Program is to prevent the acquisition of human rabies. Prevention of human rabies disease is undertaken through:</p> <ul style="list-style-type: none"> - Evaluation of human exposure to animals for the risk of rabies transmission. - Provision of post-exposure immunoprophylaxis to persons exposed or potentially exposed to rabies virus. - Provision of pre-exposure immunization of persons at increased risk of exposure to animal rabies. - Collaboration and consultation with provincial and federal animal health authorities regarding rabies incidence and control in British Columbia in domestic and wild animals. 	<p>The intent of this guideline is to provide direction on:</p> <ul style="list-style-type: none"> - Risk assessment (including determining the rabies status of animals involved in an exposure). - Risk management (post-exposure prophylaxis). - Pre-exposure prophylaxis for individuals that may be at risk due to occupational or anticipated travel to an endemic area for lengthy periods. - Reporting exposures. - Ordering biologicals. 	<p>The document states the goal of the CDC from risk assessment from the exposure to various vectors of rabies such as bats, terrestrial mammals, animal behaviour, vaccination status of anima, type of exposure, and human body part exposed to elaborate the extent of rabies as a virus. Risk management where also stated from first aid, rabies post-exposure prophylaxis (PREP), and eventually up to clinical presentation in human and epidemiology, recording and reporting, reporting authority, and references.</p>	<p>The context of this research is not in the Philippines, but the general guidelines can be adapted to the situation in our country.</p>	<p>The context of this article is not Philippines but there are general points that can be acquired for the intent of SPEEDIER.</p>
Driving progress towards rabies elimination: results of Gavi’s learning agenda on rabies and new WHO position on rabies immunization	WHO/Department of control of neglected tropical diseases	Scientific Publication	To report Gavi’s learning agenda on rabies and new WHO position on rabies immunization	<p>Rabies is one of the oldest and most terrifying diseases known to man and is still responsible for almost 60 000 deaths every year. Up to 99% of human cases are transmitted through dog bites. Most human deaths occur in Africa and Asia; approximately 80% of cases occur in rural areas, and around 40% of cases occur in children under the age of 15. Although it is fatal, rabies is preventable through three pillars: Awareness of rabies disease, and what to do in case of a bite; Access to timely, affordable post-exposure prophylaxis (PEP) for people; and Mass dog vaccination to prevent disease at its source.</p>	<p>The tools for prevention exist: we need to work with countries to show value in interventions, build ownership, and reach communities most at risk. Since 2016, the Gavi Learning Agenda has provided an opportunity for countries to gather programmatic experiences and necessary data to support consideration of rabies vaccines in the 2018 Gavi Vaccine Investment Strategy (VIS). In May 2018, participating countries gathered to: Disseminate new SAGE recommendations on human rabies immunization; Discuss results of studies under the Gavi Learning Agenda on rabies; and Determine needs and next steps to reach zero human deaths by 2030, worldwide “Zero by 30”.</p>	<p>We can get international data on this article which can be an overview of rabies in the world.</p>	<p>General data and no country specific information: Philippines.</p>
Annual Report 2012	Department of Agriculture (DA) Bureau of Animal Industry	Annual Report	To report the overall accomplishment of Department of Agriculture for the year of 2012	<p>With regards to the rabies issue, DA mentioned in their report that rabies-free areas increased as additional provinces and municipalities were recognized.</p>	<p>Every year 55, 000 to 70, 000 human lives are claimed by rabies, majority of which are caused by dog bites. This fatal zoonotic disease causes acute encephalitis in warm blooded animals. In Southeast Asia alone, 96% of documented human cases of Rabies are due to infected dog bites, this places over 600 million people at risk. In the country, rabies continues to be a public concern as 200 to 300 Filipinos die of rabies every year. Rabies is fatal and communicable, however, prevention and control tools on this dreaded disease are available, efficient, and affordable. Through the National Rabies Prevention and Control Program of the government, we seek to declare the Philippines Rabies-free by the year 2020. At the BAI level, we distribute rabies vaccines for dogs to LGUs. To further strengthen the program, we encourage pet owners to practice responsible pet ownership and inform them of the important role dog vaccination plays in preventing almost all human Rabies cases. For 2012, five more provinces namely Batanes, Biliran, Camiguin, Siquijor and Marinduque, as well as seven islands specifically Apo Island, Camotes Island, Limasawa, Malapascua Island, Pilar, Poro and Tindela, were declared as Rabies-free areas. These areas were evaluated based on the implementing Rules and Regulations of the Anti-Rabies Act (Republic Act 9482).</p>	<p>The report stated five provinces that were declared as Rabies free area based on the evaluation as per the implementing Rules and Regulations of Anti-Rabies Act (Republic Act 9482).</p>	<p>This document did not mention the details as to how these 5 provinces became Rabies-free areas; interventions, programs of local government, context during the previous years, and the like.</p>

Annual Report 2013	Department of Agriculture (DA) Bureau of Animal Industry	Annual Report	To report the overall accomplishment of Department of Agriculture for the year of 2013	The report mentioned that the efforts of the BIA in eradicating rabies were also strengthened resulting to an increased in number of recognized rabies-free areas. Among the areas declared Rabies-free in 2013 are as follows: province of Guimaras; Boracay Island in Malay, Aklan; Olympia Island in Bais, Negros Oriental; and the Islands of Busuanga, Culion and Coron in Palawan. Hopefully, we can achieve a Rabies-free Philippines in 2020	Rabies is a zoonotic disease with 100% case fatality rate in animals and humans. Globally around 50,000-70,000 people die of rabies every year. In the Philippines, it is responsible for the death of 200 to 300 Filipinos per year. For 2013, 98% of animal rabies cases occurred in dogs, the other 2% are in cats and other animals. Despite the disease being dangerous, it can be controlled and prevented. The NRPPCC is an inter-agency committee composed of the Bureau,DOH,DILG, DepEd, NGOs, and Private Sector. The committee implements the National Rabies Prevention and Control Program in the country. Last September 26, 2013, the NRPPCC declared additional six areas as rabies-free at the MADAC Conference Room, Makati City Hall. These are: Olimpia Island in Bais City, Negros Oriental; Culion, Coron, and Busuanga in Palawan; Boracay Island in Aklan and; the island province of Guimaras. The areas were declared rabies-free after they have completed the following requirements stated in the Guidelines on Declaring Zones as Rabies-Free: 1) the area should have validated reports of zero rabies cases in both human and animals for at least three consecutive years; 2) 70% dog vaccination coverage during regular mass dog vaccination campaigns; 3) and a functional disease surveillance system. Other areas that have successfully completed and satisfied the requirements include: Siquijor, Batanes, Apo Island, Malapascua Island, Daan Bantayan, Camotes Island, Biliran, Limasawa, Marinduque, and Camiguin.	Compared to the annual report on 2012, this year, the agency was able to mention other areas as Rabies-free since 2008 up to 2013.	There is also a little information on the interventions and programs of local government which lead them to become a Rabies-free area.
Annual Report 2015	Department of Agriculture (DA) Bureau of Animal Industry	Annual Report	To report the overall accomplishment of Department of Agriculture for the year of 2015	The report of DA particularly for rabies for the year 2015 is that BAI’s efforts in eradicating rabies were also strengthened resulting to an increased in number of recognized rabies-free areas. Among the areas declared Rabies-free in 2015 were the municipalities of Tingloy in Batangas; Agutaya and Balabac in Palawan and the whole province of Dinagat Islands.	<p>Rabies is a contagious viral disease that can be passed to humans through the bite of an infected animal. It kills 300 to 400 Filipinos every year. Around 98% of animal rabies cases occur in dogs in the Philippines. There is currently no cure, but it can be greatly prevented by vaccinating domesticated animals with the theme “End Rabies Together” and “Animal Welfare: Our Commitment, Our Responsibility,” the BAI held the World Rabies Day and Animal Welfare Week Kick -off Celebration on September 28, 2015 at the BAI Compound, Visayas Ave., Diliman, Quezon City. The said event emphasized the importance of collaborative efforts in eliminating rabies, promoting animal welfare and preventing animal cruelty in the Philippines. It also aimed to increase public awareness on the importance of vaccinating dogs against rabies. The highlight of the celebration was the awarding of newly declared 10 rabies-free municipalities and one rabies-free province. Other activities conducted were pet blessing, oath taking of newly elected officers of the Department of Agriculture-Committee on Animal Welfare (DA-CAW), recognition of hero dogs and free anti-rabies vaccination for dogs and cats.</p> <p>As a result of the intensified campaigns against rabies, a total of 10 rabies-free municipalities and one rabies-free province were recognized during awarding ceremony held on September 28, 2015 at the FPA Convention Hall, Visayas Ave., Diliman, Quezon City. The newly declared rabies-free areas include the municipalities of Tingloy in Batangas; Agutaya and Balabac in Palawan; Basilisa, Cagdianao, Dinagat, Libjo, Loreto, San Jose and Tubajon in Dinagat Islands; and the whole province of Dinagat Islands. The said accomplishment was made possible through the combined effort of the DA and Department of Health (DOH) through the guidance of Joint Department Administrative Order No. 1 Series of 2008 or the “Guidelines for Declaring Areas as Rabies-Free Zones”. The awarding of Rabies-free zones was followed by the ceremonial turnover of the ASEAN Rabies Elimination Strategy (ARES) document led by the BAI and DOH.</p>	The DA-BIA is constantly showing the list of rabies-free zone areas in the country in their annual report starting 2008.	There is also a little information on the interventions and programs of local government which lead them to become a Rabies-free area.

Medium Term Plan 2012-2016	Department of Health (DOH) National Rabies Prevention and Control Program	Program	to identify immediate concerns to reduce the incidence of human rabies from 2.73 to 1.5 per million populations and caninerabies from 6 to 3 per 100,000 dogs’ population by 2016.	<p>Rabies is a zoonotic disease that cause 55,000 deaths every year worldwide with 56% of the cases occurring in Asia. In the Philippines there are 200-250 deaths every year mostly among children below 15 years of age and those who are poor. Even though such deaths are preventable, there is no treatment or cure for rabies once the clinical manifestations of rabies set in. The high cost of anti-rabies vaccine and immunoglobulin, expenditure for medical consultations and the loss of income are an additional burden to a regular Filipino family confronted with a potential rabies exposure. In addition, victims of potentially rabid bites suffer anxiety resulting fromthe uncertainty on the consequence of a rabies exposure.</p> <p>The enactment of the Anti-Rabies Act of 2007 (Republic Act 9482), government guidelines and local ordinances has provided full mandate for the implementation of the National Rabies Prevention and Control Program (NRPCP) from the national to the local level. The program is further backed by a coordinating and implementation structure from the national to the local level, inter-agency and multisectoral support, organized rabies implementation structure at the local level,funding support from funding agencies and available resources and opportunities for public awareness campaigns. Establishment of 384 Animal Bite Treatment Centers (ABTCs) under the Department of Health (DOH) and Local Government Units (LGUs) all over the country has resulted to increased access to rabies Post Exposure Prophylaxis (PEP).</p> <p>The Anti-Rabies Act of 2007 (Republic Act 9482) has given full mandate to the creation and implementation of the National Rabies Prevention and Control Program. With the overall and ultimate goal of declaring the Philippines rabies-free by year 2020, the program has the following key focus areas namely: Governance, Service Delivery, Financing, Regulation, Information and Human Resource.The key focus areas were reviewed and analysed by National, Regional and Local Coordinators in consultation with partner agencies in order to determine the gaps in the program implementation. In order to address issues and concerns, a Medium-Term Plan (MTP) for year 2012 to 2016 was developed for the NRPCP.</p>	<p>The thrust of the program is to eliminate rabies in the Philippines by 2020 and in order to achieve this goal, there are 2 intermediate goals:</p> <p>(1) to reduce the incidence of human rabies from 2.73 to 1.5/million population by 2016 (baseline of 2.73/million population in 2010)</p> <p>(2) to reduce the incidence of canine rabies from 6/100,000 dogs to 3/100,000 fogs by 2016 (baseline: 6/100,000 in 2010).</p> <p>The program has set interventions from governance, service delivery, financing, regulation, information, and human resource. For governance in lined with both human rabies and animal rabies, the program shall ensure adherence to program and policies and guidelines and compliance to RA 9482. For service delivery in human rabies, the program shall aim to increase PEP completion rate among registered animal bite victims, increase RIG coverage, improve access of animal bite victims to quality services, and strengthen public-private partnership. On the other hand, service delivery for animal rabies shall be mass dog vaccination, dog population management, and intensification of the dog surveillance system.For financing on human rabies, reduce out of pocket expenditures for PEP and ensure availability of National and Local budget.</p> <p>While for animal rabies, is to secure funding for implementation of the program. For regulation, on human rabies, certify/accredit ABTCs and ABCs and availability of quality vaccines, while for animal rabies, strict compliance of RA 9482 and ensure all dog rabies vaccines used in the country are registered. For information, on human rabies, institutionalize NaRIS, validate all human rabies cases, and standardized recording and reporting. While for animal rabies, standardized recording and reporting, dog surveillance, and establishment of central data base system.For human resources, for human rabies, to capacitate ABTCs/ABCs and other health staff on management of animal bite victims while for animal rabies, ensure manpower complement and capacitate veterinarians and other personnel involved in the program.</p>	<p>This is the plan of the government on how to eliminate canine rabies and human rabies in the country. It presents that mechanisms on how to achieve this goal through the help of various government agencies and non-government organization and stipulations of indicators for monitoring and evaluation.</p>	<p>This is not in the document but given the present year, 2019, perhaps an annual report or overall report of this MTP should be accessible.</p>
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<p>A Compilation: Good Practices and Lessons Learned for the National Rabies Prevention and Control Program Project Implementation in the Visayas</p>	<p>Disease and Prevention and Control Bureau - Department of the Philippines</p>	<p>Scientific Publication</p>	<p>To present the good practices of regions in Visayas in their various programs for rabies elimination</p>	<p>The selected good practices in this document is a combination of good governance and typical Filipino creativity. Each local government unit is unique and therefore may have its own adaptation of Republic Act 9482 (The Anti-Rabies Act of 2007) in their communities. Along with this is the sheer willingness of the community to engage in a wide range of activities with one single purpose: to eliminate the Rabies virus from the environment. Noteworthy are the men and women of the different LGUs in the Visayas Region who made these good practices functional and sustainable in their respective Rabies Free Communities. As implementers of the Bill and Melinda Gates Foundation Rabies Free Visayas Project fully supported by the Philippine Department of Health, they have shown the rest of the country and the world that in eliminating Rabies, harmony is still the best policy.</p>	<p>In the past five years, several lessons were learned from the operationalization of Rabies - Free Visayas Region Project. These lessons will serve as a guide and reminder for everyone concerned in Rabies Control and Elimination Program implementation in the future During the implementation of the project, LGUs saw and bore the challenges besetting mostly the coordinative processes. Given this situation nonetheless, local leaders from both public and private fronts were able to bring together events that bang the drum for a wider community support. Such activities as Rabies Caravans that brought various veterinary services right into the villages; and the Joint Animal-Human Rabies Case Investigation thus became visible in major cities and municipalities. Although widely considered both as a political and a health promotion success, these activities illuminated several lessons learned from the project, overall:</p> <p>(1) The presence of an updated baseline/denominator data (e.g. dog population)should serve as a guide in identifying appropriate resource requirement.</p> <p>(2) Active multi-sectoral/multi-agency cooperation and coordination is essential to the success of the program implementation.</p> <p>(3) An established functional referral and communication network up to the barangay level is a significant system in the management of bite victims, including surveillance of the biting animal.</p> <p>(4) A strong LCE support and political will greatly help in funding sustenance and strict enforcement of local program-related ordinances.</p> <p>(5) The crucial presence of committed and dedicated project coordinators and volunteers to carry on the program’s mission and vision.</p> <p>(6) The quality of orientations/trainings provided must be updated and sustained to reflect current global standards on Rabies prevention and control.</p> <p>(7) The extent of the level which the policies and guidelines are disseminated should be monitored to ensure its practice among service providers and compliance of the community.</p> <p>(8) Community disease surveillance of both human and animal rabies must be established to intensify community awareness on the importance of reporting cases and knowledge of the disease overall.</p>	<p>This can be a good source of local resource in terms of rabies elimination in the country. It presents that good practices that can be adapted to other regions in Philippines.</p>	<p>There is no explanation on how would there "good practices" can be applied to other area and be replicated or if necessary, for the overall elimination of rabies in Philippines.</p>
<p>Rabies vaccines and immunoglobulins: WHO position April 2018</p>	<p>World Health Organization</p>	<p>Position paper</p>	<p>To present new evidence in the field of rabies and the use of rabies vaccines, focusing on programmatic feasibility, simplification of vaccination schedules and improved cost-effectiveness.</p>	<p>Rabies is a viral zoonotic disease responsible for an estimated 59 000 human deaths and over 3.7 million disability-adjusted life years (DALYs) lost every year.2 Rabies is almost invariably fatal once clinical signs occur, as a result of acute progressiveencephalitis. Rabies occurs mainly in underserved populations, both rural and urban. 3 Most cases occur in Africa and Asia, with approximately 40% of cases in children aged <15 years. Mass vaccination campaigns targeting dogs is the principal strategy for rabies control by interrupting rabies virus (RABV) transmission between dogs and reducing transmission to humans and other mammals. Human-to-human transmission of rabies has never been confirmed, except extremely rarely as a result of infected tissue and organ transplantation.4,5 The primary diagnosis of rabies relies on clinical presentation and history of exposure to a suspect rabid animal or RABV. Rabies vaccines can be administered by two different routes, intradermal (ID) or intramuscular (IM), and according to differentschedules.</p>	<p>For both PEP and PrEP, vaccines can be administered by either the ID or IM route. For all age groups ID injection sites are thedeltoid region and either the anterolateral thigh or suprascapular regions. The recommended site for IM administration is thedeltoid area of the arm for adults and children aged ≥2 years, and the anterolateral area of the thigh for children aged <2 years.Rabies vaccine should not be administered IM in the gluteal area. One ID dose is 0.1 mL of vaccine and one IM dose is an entirevial of vaccine, irrespective of the vial size.</p>	<p>Standard operating system (SOP) of delivering vaccines.</p>	<p>Despite the guidelines, at the end of the day, the implementation of this still depends on the implementing agencies and local government units.</p>

Key facts on Rabies	World Health Organization	Key Facts	To provide statistical information on rabies as a disease	<p>Rabies is a vaccine-preventable viral disease which occurs in more than 150 countries and territories. Dogs are the main source of human rabies deaths, contributing up to 99% of all rabies transmissions to humans. Rabies elimination is feasible through vaccination of dogs and prevention of dog bites.</p> <p>Infection causes tens of thousands of deaths every year, mainly in Asia and Africa. 40% of people bitten by suspect rabid animals are children under 15 years of age.</p> <p>Immediate, thorough wound washing with soap and water after contact with a suspect rabid animal is crucial and can save lives.</p> <p>WHO, the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and the Global Alliance for Rabies Control (GARC) have established a global “United Against Rabies” collaboration to provide a common strategy to achieve "Zero human rabies deaths by 2030".</p>	<p>Rabies is an infectious viral disease that is almost always fatal following the onset of clinical symptoms. In up to 99% of cases, domestic dogs are responsible for rabies virus transmission to humans. Yet, rabies can affect both domestic and wild animals. It is spread to people through bites or scratches, usually via saliva. Rabies is present on all continents, except Antarctica, with over 95% of human deaths occurring in the Asia and Africa regions.</p> <p>Rabies is one of the neglected tropical diseases that predominantly affects poor and vulnerable populations who live in remote rural locations. Although effective human vaccines and immunoglobulins exist for rabies, they are not readily available or accessible to those in need. Globally, rabies deaths are rarely reported and children between the ages of 5–14 years are frequent victims.</p> <p>Treating a rabies exposure, where the average cost of rabies post-exposure prophylaxis (PEP) is US\$ 40 in Africa, and US\$ 49 in Asia, can be a catastrophic financial burden on affected families whose average daily income is around US\$ 1–2 per person.</p> <p>Every year, more than 15 million people worldwide receive a post-bite vaccination. This is estimated to prevent hundreds of thousands of rabies deaths annually.</p>	We can get international data on this article which can be an overview of rabies in the world.	General data and no country specific information: Philippines.
The evaluation of operating Animal Bite Treatment Centers in the Philippines from a health provider perspective	<p>Anna Charinna B. Amparo, Sarah I. Jayme, Maria Concepcion R. Roces, Maria Consorcia L. Quizon, Ernesto E. S. Villalon III, Beatriz P. Quiambao, Mario S. Baquilod, Leda M. Hernandez, Louise H. Taylor, Louis H. Nel</p>	Scientific publication	To determine the cost-effectiveness of ABTCs in the Philippines	<p>The Philippine government has an extensive network of 513 Animal Bite Treatment Centers (ABTCs) to supply rabies post exposure prophylaxis (PEP), reaching over 1 million bite victims in 2016. The network was evaluated using a review of existing national and provincial data, key informant interviews and surveys in sample ABTCs to determine the cost-effectiveness of this network in preventing human rabies deaths.</p> <p>In the context of comprehensive rabies control (including dog vaccination and public aware-ness) ways to reduce this high expenditure on PEP should be explored, to most cost- effectively reach the elimination of human rabies deaths. This paper is accompanied by another containing data on the operation of ABTCs network from a patient perspective.</p>	<p>The Philippines ABTC network has expanded greatly over the last decade, and currently over 500 government-run ABTCs exist (facilitated by cost-sharing mechanism between national and local governments). Private bite treatment centers are also in operation. Although the target of 1 ABTC / 100,000 population has only been reached in 16 provinces, poorer provinces have similar numbers of ABTCs/100,000 people as wealthier ones.</p> <p>The Philippines has good standardised guidance in place to ensure best practice in the provision of PEP, including accreditation of ABTCs, and centralised animal bite management training. ABTCs are well integrated into other health services, being established in existing hospitals and with vaccine distributed through the EPI cold chain facilities. The Philippines is already widely using the cost-saving intradermal regimen and facilitate national level investments in PEP, supplemented by investments from local government level. The policy of “No report, no vaccines” is a good motivator for ABTCs. However, this needs to be partnered with more diligent vaccine usage monitoring /inventory and forecasting (at all levels) to prevent stock-outs.</p> <p>The number and strategic placement of ABTCs is an important factor in PEP delivery. The data collected here provide some evidence that provinces with higher numbers of ABTCs per 100,000 population reduces human death incidence.</p> <p>Alongside the use of the intradermal delivery for PEP, reductions in the number of PEP doses used for previously vaccinated patients and those exposed to dogs that remained healthy, bears testimony to some judicious use of vaccines.</p>	<p>The authors recognized the importance of extensive rabies awareness initiatives, including the integration of rabies information into the school curriculum may reduce bite incidences, encourage dog vaccination and improve treatment seeking behaviour to reduce the risk of rabies in communities and allow more judicious use of PEP.</p> <p>Furthermore, the authors also mentioned that dividing resources optimally between these different strands will not only improve the cost effectiveness of the whole rabies prevention program but is also the only way to reach the elimination of rabies from dogs and therefore an end to the threat of rabies to human health and the considerable financial burden that it incurs.</p>	The paper did not mention what are the various community awareness, dog bite prevention and responsible dog ownership and mass dog vaccination programs.

Evaluating Progress towards the Elimination of Canine Rabies: a management tool and its application in Latin America	Kristyna Rysava, S. Tamara M. Bucheli, Eduardo Caldas, Mary Carvalho, André Castro, Veronica Guitierrez, Daniel Haydon, Paul Johnson, Rebecca Mancy, Lucia R Montebello, Silene Rocha, J.F. Gonzalez Roldan, Marco Vigilato, Víctor Del Rio Vilas, Katie Hampson	Scientific publication	To investigate method for evaluating the performance of rabies elimination programmes and guiding their management in Latin America	A global target for the elimination of dog- mediated human rabies has been set for 2030, but guidance for managing rabies elimination programmes is limited. Countries across Latin America have progressed towards interruption of rabies transmission through a regional programme coordinated by the Pan American Health Organization (PAHO). Using surveillance data from the region, we investigated methods for evaluating the performance of rabies elimination programmes and guiding their management.	Rabies has been eliminated from domestic dog populations in high-income countries but remains a major public health concern in low-and middle-income countries. Every year, thousands of people die, and billions of dollars are lost due to rabies spread by domestic dogs. Regional and national targets for the elimination of dog-mediated rabies have been set and control programmes are now underway around the world. Consequently, there is an increasingly urgent need for scientific guidance to ensure progress towards these targets. Our aim was to develop a tool for understanding progress towards rabies elimination, distinguishing areas with ongoing transmission, from areas where efforts have controlled rabies, and ultimately interrupted transmission. Following development of a classification algorithm and its application to states (major administrative units) in Brazil and Mexico, we discussed classifications with state-level and national stakeholders to refine their interpretation and subjected our classifications to robustness testing and validationThe authors developed a tool sub- nationally across Mexico and Brazil demonstrated clear epidemiological transitions: most states progressed rapidly towards interruption of transmission but some regressed as a result of incursions and lapses in control. In 2015 foci remained in just 1 state of 32 in Mexico, and 2 of 27 in Brazil. Results highlight the importance of genomic surveillance to identify variants and sources of incursions as elimination is approached and intensified surveillance to verify freedom from disease.	The developed tool provides guidance on how to progress efficiently towards control and elimination targets and tailor strategies to local epidemiological situations, while revealing insights into rabies dynamics and persistence. In Latin America, continued circulation in the poorest states puts neighbours at risk of re- emergence. Improved implementation and monitoring of mass dog vaccinations in these foci should minimize resurgence and catalyse progress towards elimination.	The context of this article is not Philippines but there are general points that can be acquired for the intent of SPEEDIER.
PHE guidelines on managing rabies post-exposure cases (June 2018)	Kevin Brown, Katherine Russell	Guideline	This guidance provides a practical guide to undertaking risk assessment of potential rabies exposures and the correct use of PET.	Rabies is an acute viral encephalomyelitis caused by several members of the Rhabdoviridae family. It transmits through infected saliva via bites or scratches from rabid animals (in particular dogs). It is almost invariably fatal once symptoms develop. Rabies still poses a significant public health problem in many countries in Asia and Africa where 95% of human deaths occur. Post-exposure treatment (PET) using rabies vaccine with or without rabies immunoglobulin (HRIG) is highly effective in preventing disease if given correctly and promptly after exposure. The UK has been free of rabies in terrestrial animals since 1922. However, European Bat Lyssavirus 2 (EBLV2), a rabies-like virus, has been found in Daubenton's bats (Myotis daubentonii) across the UK.	This guidance provides a practical guide to undertaking risk assessment of potential rabies exposures and the correct use of PET. It is aimed at duty doctors at Colindale, health protection teams and other health professionals who may be involved in the assessment and management of potential rabies exposures. It also describes the logistics of issuing vaccines and immunoglobulins as appropriate, and the clinical governance aspects of the Rabies and Immunoglobulin Service (RIGS), Colindale. A separate document deals with the risk assessment of other pathogens associated with animal bites which should be used in conjunction with this document if necessary	We can get international data on this article which can be an overview of rabies in the world.	General data and no country specific information: Philippines.
Surveillance to Verify Elimination of Dog- mediated Rabies	Hampson, K. et. al.	Scientific Publication	To present that investigations guided by bite-patient risk assessment is an affordable, practical means to enhance rabies surveillance and support the goal of eliminating rabies deaths by improving administration of lifesaving post-exposure prophylaxis	Surveillance guides management decisions and sensitive surveillance is a prerequisite for verifying pathogen elimination (Molyneux et al. 2004, Centers for Disease Control and Prevention 2013). High case detection is required to establish disease absence with certainty and to rapidly identify introduced cases and secondary transmission (Klepac et al. 2013). Therefore, as elimination is approached, surveillance has often been tailored to increase case detection (Fenner et al. 1988). For example, scarring was investigated as evidence of past smallpox infections (Foege et al. 1971), participatory surveillance identified the final outbreaks of rinderpest (Mariner et al. 2013), and acute flaccid paralysis reports are guiding surveillance for polio eradication (Blake et al. 2016)	Surveillance to verify interruption of transmission is urgently required for countries approaching elimination of dog-mediated rabies. We use detailed contact tracing data to quantify the processes underpinning rabies case detection, and to parameterize simulation experiments comparing surveillance strategies. We show that bite patients are sensitive sentinels for identifying animal rabies cases whereas population-based sampling is neither a sensitive nor cost-effective surveillance strategy. We estimate that investigating suspicious incidents identified from bite-patient risk assessments can confirm >10% of dog rabies cases, a level sufficient to verify disease freedom following two years without case detection. Examining data from endgame settings in Latin America, we conclude that investigations guided by bite-patient risk assessment is an affordable, practical means to enhance rabies surveillance and support the goal of eliminating rabies deaths by improving administration of lifesaving post-exposure prophylaxis. Such coordinated intersectoral surveillance should strengthen capacity for control of emerging zoonoses.	The context of this research is not in the Philippines, but the general guidelines can be adapted to the situation in our country in terms of strengthening surveillance	The context of this article is not Philippines but there are general points that can be acquired for the intent of SPEEDIER.

Infection with Rabies Virus	Terrestrial Animal Health Code	Guideline	To provide guidelines in eliminating rabies in every country following an international standard	For the purposes of the Terrestrial Code:1. rabies is a disease caused by one member of the Lyssavirus genus: The Rabies virus (formerly referred to as classical rabies virus, genotype-1); all mammals are susceptible to infection;2. a case is any animal infected with the Rabies virus species;3. the incubation period for rabies is variable and considered to be six months; the infective period for dogs, cats and ferrets is considered to start ten days before the onset of the first apparent clinical signs.Globally, the most common source of exposure of humans to rabies virus is the dog. Other mammals, particularly members of the Orders Carnivora and Chiroptera, also present a risk.The aim of this chapter is to mitigate the risk of rabies to human and animal health and to prevent the international spread of the disease.For the purposes of the Terrestrial Code, a country that does not fulfil the requirements in Article 8.14.3. is considered to be infected with Rabies virus.Standards for diagnostic tests and vaccines are described in the Terrestrial Manual.	There are stipulated guidelines in terms of controlling rabies in dogs; how a country would qualify as a rabies free country; recommendations for importation from rabies free countries (domestic mammals and wild animals); recommendation for importation of dogs, cats, and ferrets from countries considered infected with rabies; recommendation for importation of domestic ruminants, equids, camelids, and suids from countries considered infected with rabies; recommendations for importation from countries considered infected with rabies; and recommendation for importation of wildlife from countries considered infected with rabies.	International guidelines that each country can adopt	Importation law and regulation of each country varies
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