

GOVERNMENT OF MIZORAM
HEALTH & FAMILY WELFARE DEPARTMENT
MIZORAM SECRETARIAT, MINECO, AIZAWL-796001

Aizawl, the 9th May, 2023

NOTIFICATION

No.D.33011/19/2020-HFW (ZCP)/177 : Whereas Rabies is an acute viral encephalomyelitis caused by RNA Lyssavirus belonging to Family Rhabdoviridae that causes disease in virtually all the warm-blooded animals including man. Rabies is one of the oldest recognized Zoonotic diseases with extremely high fatality rate that causes extremely painful deaths where the patient suffers painful spasm and dies of extreme thirst and hunger because of hydrophobia. However, by timely and appropriate Post Exposure Prophylaxis (PEP), this fatal disease can be easily prevented.

Whereas the Ministry of Health and Family Welfare Department, Government of India in its letter DO. No. 2283429/NRCP/DZDP-NCDC/DGHS dated 20th September, 2021 requested all States/UTs to make Human Rabies a notifiable disease thereby making mandatory for all government and private health facilities (including medical colleges) to report all suspected, probable and confirmed Human Rabies cases as per enclosed guidelines 'Guidance Document for Rabies as a notifiable Diseases' formulated by National Rabies Control Program, Ministry of Health & Family Welfare, Government of India.

Now therefore, in order to ensure early diagnosis, case management, treatment, reduction of transmission and for preventive, control and elimination measures of Human Rabies and to achieve the WHO goal of zero deaths due to Human Rabies in 2023 and in pursuance of the Ministry of Health & Family Welfare Department, Government of India's letter DO. No. 2283429/NRCP/DZDP-NCDC/DGHS dated 20th September, 2021, the competent authority hereby declares '**Human Rabies**' as a '**Notifiable Disease**' under section 12 (1) (iii) and 42 of the Clinical Establishments (Registration and Regulation) Act 2010 in the state of Mizoram in the interest of the safety of the general public of Mizoram with immediate effect and until further order.

In this connection, all Government and private health facilities (including the Medical College) shall immediately report all suspected, probable and confirmed cases of 'Human Rabies' by following the 'Guidance Document for Rabies as a notifiable Diseases' issued by National Rabies Control Program, Ministry of Health & Family Welfare, Government of India to the Chief Medical Officer of the concerned district with a copy to the State Nodal Officer, National Rabies Control Program / IDSP to the official Email idspmizoram@gmail.com in the format prescribed which is hereby appended and marked as **Annexure-1** and **Annexure -2**.

Sd/- ESTHER LAL RUATKIMI
Principal Secretary to the Govt. of Mizoram
Health & Family Welfare Department

Annexure-1

'Human Rabies' case is defined as follows:

1. Suspected Case: *(To be reported by Hospital/Clinics)*

Definition:

Death of a human with history of dog bite few weeks/months preceding death. Wherever available, the details of such cases should be shared in a line list—
Name, Age, Gender, Address.

2. Probable Case: *(To be reported by Hospital/Clinics)*

Definition:

A suspected human case plus history of exposure to a (suspect / probable) rabid animal.

2.1 Exposure is usually defined as a bite or scratch from a rabies-susceptible animal (usually dogs). It could also be lick exposure to open wound, abrasion, mucous membranes of the patient.

2.2 A suspect rabid animal is a rabies-susceptible animal (usually dogs) which presents with any of the following signs at time of exposure or within 10 days following exposure: unprovoked aggression (biting people or animals or inanimate objects), hypersalivation, paralysis, lethargy, abnormal vocalization, or diurnal activity of nocturnal species. Whenever the history of mentioned signs cannot be elicited, the history of exposure to rabies-susceptible animal would be considered adequate.

2.3 A probable rabid animal is a suspect rabid animal (as defined above) with additional history of a bite by another suspect / probable rabid animal and/or is a suspect rabid animal that is killed, died, or disappeared within 4- 5 days of observing illness signs.

Wherever available, the details of such cases should be shared in a line list as per line

Annexure 2

3. Laboratory Confirmed Case: *(To be reported by laboratories)*

Definition: A suspect or a probable human case that is laboratory-confirmed.

Laboratory confirmation by one or more of the following:

3.1 Detection of rabies viral antigens by direct fluorescent antibody test (FAT) or by ELISA in clinical specimens, preferably brain tissue (collected post mortem).

3.2 Detection by FAT on skin biopsy (ante mortem).

3.3 FAT positive after inoculation of brain tissue, saliva or CSF in cell culture, or after intracerebral inoculation in mice or in suckling mice.

3.4 Detectable rabies-neutralizing antibody titre in the serum or the CSF of an unvaccinated person.

3.5 Detection of viral nucleic acids by PCR on tissue collected post mortem or intra vitam a clinical specimen (brain tissue or skin, cornea, urine or saliva).

Annexure-2

NATIONAL RABIES CONTROL PROGRAM

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

S.No.	Name	Age	Sex	Contact Number	Village	Sub District/ Taluk/Block/ 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	Date when reported at the facility	Outcome of patient (Death in Hospital/ LAMA/ Alive)

Date of Reporting: -

Name of reporting person: -

Designation: -

Signature: -

Note: - To be reported by Health facilities to concerned Chief Medical Officer and SNO NRCP/IDSP (idspmizoram@gmail.com)