

Title: **AWARNNESS ON PROPHYLAXIS AGAINST RABIES AMONG
THE ACCREDITED SOCIAL HEALTH ACTIVISTS**

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Keywords Awareness, post exposure prophylaxis, rabies, ASHA

Abstract Accredited Social Health Activists (ASHAs) act an interface between the community and the public health system in each village. They create awareness on health & mobilize the community, facilitate them in accessing available health and health related services. Therefore, whenever there is an animal bite victim, they should gave correct knowledge to advise them regarding what hey are supposed to to do immediately after exposure to animal bites and where to seek heal for post exposure prophylaxis against rabies.

Original Article

AWARENESS ON PROPHYLAXIS AGAINST RABIES AMONG THE ACCREDITED SOCIAL HEALTH ACTIVISTS

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ABSTRACT

Need for the Study: Accredited Social Health Activists (ASHAs) act as an interface between the community and the public health system in each village. They create awareness on health & mobilize the community, facilitate them in accessing available health and health related services. Therefore, whenever there is an animal bite victim, they should have correct knowledge to advise them regarding, what they are supposed to do immediately after exposure to animal bites and where to seek help for post exposure prophylaxis against rabies.

Objective: To assess the awareness of accredited social health activists on prophylaxis against rabies.

Methodology: All the ASHAs who were working in the field for more than 6 months, coming under 8 primary health centres of Bangalore South Taluk were included in the study. After taking informed consent, they were administered a pre-tested, structured, self-administered questionnaire in their local language and their knowledge regarding prophylaxis against rabies was assessed. The data was collected and analysed using SPSS version 16.0. The descriptive statistics was computed.

Results: The study included 109 ASHAs, who were working in the study area. The mean age of the ASHAs was 32.42 years \pm 6.73 years. The knowledge on prophylaxis against rabies was low with the mean score of 12.8 \pm 2.5 out of 20. They had relatively low knowledge regarding the animals transmitting rabies (23.8%), site of administration of rabies immunoglobulin (23.9%), correct dose of anti rabies vaccine (25.7%) and correct site of administration of anti rabies vaccine (54.1%).

Conclusion: The knowledge on prophylaxis against rabies was not satisfactory among the ASHAs, which has to be improved.

Key Words: Awareness, post exposure prophylaxis, rabies, ASHAs.

INTRODUCTION

Rabies is a neglected zoonotic disease caused by rabies virus of the Lyssavirus genus, within the family Rhabdoviridae. The neglected disease indicates that, it is insufficiently addressed by Governments and the International community, as they are best defined by the people and communities they affect the most i.e., poor people living in remote rural areas of the developing World. It is however, the disease most amenable to control, as the tools for prevention i.e., post exposure prophylaxis are available. Therefore, it is the first zoonosis on the list of neglected diseases targeted for regional and global elimination.¹

The magnitude and epidemiological pattern differs from country to country. It is a disease of poverty, affecting vulnerable populations and children. A combination of large human and dog populations in congested habitable areas combined with widespread poverty has led to more exposures in World Health Organization (WHO)'s South East Asia Region, than in any other part of the World. More than 1.4 billion people in this Region are at risk of rabies infection. Therefore, it continues to be a major public health and economic problem throughout the region.²

In India, animal bites in humans are a major public health problem and an estimated 17.4

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million animal bites occur annually.³ Rabies is a 100% vaccine-preventable disease. Therefore, in rabies endemic country like India, where every animal bite is potentially suspected as a rabid animal bite, the treatment should be started immediately. Timely and correct post exposure prophylaxis (PEP) for the exposed victims is necessary to prevent rabies. Treatment should be started as early as possible after exposure, proper wound management and simultaneous administration of rabies immunoglobulin (RIG) combined with anti rabies vaccine (ARV) is almost invariably effective in preventing rabies, even after high-risk exposure.⁴

National Rural Health Mission provides a trained female community health activist known as Accredited Social Health Activist (ASHA) in every village throughout the country, who will be the first contact person for any health related demands of deprived sections of the population. ASHAs act as an interface between the community and the public health system in each village. They create awareness on health & mobilize the community, facilitate them in accessing available health and health related services.⁵ Therefore, whenever there is an animal bite victim, they should have correct knowledge to advise them regarding, what they are supposed to do immediately after exposure to animal bites and where to seek help for post exposure prophylaxis (PEP) against rabies. The present study assessed the knowledge of Accredited Social Health Activists regarding prophylaxis against rabies.

OBJECTIVE

To assess the awareness of accredited social health activists (ASHA) on post exposure prophylaxis against rabies.

METHODOLOGY

The study was conducted after getting the institutional ethical clearance from March to June 2016. All the ASHAs who were working in the field for more than six months, coming under eight primary health centres of Bangalore South Taluk were included in the study. After taking the

informed consent, they were administered a pre-tested, structured, self-administered questionnaire in the local language and their knowledge regarding prophylaxis against rabies was assessed. All the data was collected and analysed using SPSS version 16.0. The descriptive statistics was done by computing means and percentages.

RESULTS

The study included 109 Accredited Social Health Activists, who were working in the study area for more than six months. The age of the study subjects was 32.42 years \pm 6.73 years. All of them were residing in the same village where they work and most of them (74.3%) were studied upto high school.

The knowledge on prophylaxis against rabies was low among the study subjects with the mean score of 12.8 \pm 2.5 out of 20. They had relatively low knowledge regarding the burden of rabies in India (20.1%), animals transmitting rabies (23.8%), site of administration of rabies immunoglobulin (23.9%), correct dose of anti rabies vaccine (25.7%) and correct site of administration of anti rabies vaccine (54.1%). On the contrary, there was relatively good knowledge about the cause for the disease (100%), micro-organism responsible (74.3%), system of medicine effective in preventing rabies (97.2%), first aid for animal bite (95.4%), intra dermal rabies vaccine (94.5%), need for post exposure prophylaxis in pet dog bite (71.6%), people who are at risk (98.2%) and measures to avoid dog bite (89%) (Table 1).

DISCUSSION

Rabies is a viral zoonosis that occurs in >100 countries and territories in the World. It is transmitted to humans and other animals through close contact with saliva from infected animals i.e. bite, scratches, licks on broken skin and mucous membranes. Although a number of carnivorous animals serve as natural reservoirs, dogs are the main source of human infections and pose a potential threat to >3.3 billion people.⁶

Rabies can be effectively prevented by means of pre - exposure or post - exposure prophylaxis, but

still continues to pose a significant public health problem in many countries. Therefore, in rabies endemic countries like India, every animal bite case should seek early post exposure prophylaxis to prevent rabies. The bite victims, especially in rural areas should be advised immediately after the bite, regarding wound wash with soap & water and the importance of seeking immediate post exposure prophylaxis at the nearest health care facility available. This has to be done by the ASHAs who will be in every village. The present study assessed their knowledge regarding prophylaxis against rabies.

The present study showed that, the study subjects had relatively low knowledge on animals transmitting rabies i.e., 23.8%. Similarly, a community based study from Kolkata also showed that only 50.6% of the general population knew about animals which transmits rabies.⁷

Table 1
Awareness on post exposure prophylaxis
against rabies (N = 109)

Awareness	Correct knowledge	Percentage
Rabies is caused by rabid dogbite	109	100.0
Micro-organism causing rabies	81	74.3
Shape of the rabies virus	47	43.1
Burden of human rabies deaths in India	22	20.1
Route of transmission of rabies	59	54.1
Animals transmitting rabies	26	23.8
Treatment/ cure for rabies	70	63.4
Is rabies preventable	108	99.1
Type of treatment effective in preventing rabies	106	97.2
First-aid for animal bite	104	95.4
Number of doses of anti-rabies vaccine	28	25.7
Site of administration of anti-rabies vaccine	59	54.1
Intradermal rabies vaccination	103	94.5
Postexposure prophylaxis needed for pet dog bite	78	71.6
Place of availability of anti- rabies vaccine	76	69.7
Need for rabies immunoglobulin	83	76.1
Site of administration of RIG	26	23.9
People who are at risk of dog bite	107	98.2
Measures to avoid dog bites	97	89.0
Awareness on PrEP	67	61.5

The present study also showed that the only 25.7% of the study subjects knew about the correct dose and schedule of anti rabies vaccination. Another study from Mandya on awareness regarding prevention of rabies among first year medical graduates also showed that only 25.27% of the study subjects had correct knowledge.⁸

In this study, the awareness regarding the administration of rabies immunoglobulin was only among 23.9% subjects. Similarly, a study from Berhampur, Odisha showed that only 29% of the paramedical students had correct knowledge on rabies immunoglobulin.⁹

CONCLUSION

The knowledge on post exposure prophylaxis was not satisfactory among the accredited social health activists, which has to be improved by regular training programmes. This will help them in advising the neglected group to prevent rabies, which in turn helps in eliminating the disease from the population.

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