

Editorial

Changes in the Rabies Scenario of India in the last 25 years

In the last Twenty Five years lot of changes have taken place in the Rabies Scenario of India. Most of these changes are for the good of the country and its people

The most significant change in the last 25 years has taken place in the availability of many high quality anti-rabies vaccines and rabies immunoglobulins.

In the beginning of 1987 only Semple Vaccine was used in the Govt. Hospitals and clinics. Anti- Rabies Serum was used at the ARC of CRI Kasauli, and similar places only. Only one TCV called MIRV [HDCV] was available in very few places. Most GPs, to whom, most people approach for remedies to their medical problems, did not treat the animal bite victims. They used to refer them to the Govt. ARCs, some very far away. Now, after 25 years there are 9 brands of modern anti-rabies vaccines available to the clinicians for managing animal bite cases. There are 2 brands of HRIG and 3 brands of ERIG available for passive immunization. Many GPs are treating animal bite cases very confidently and correctly. Some are using HRIG and ERIG where applicable. This change in the approach in managing animal bite cases among GPs was due to the innumerable CMEs organized through out the country. These CMEs were successful in changing the approach to animal bite cases among GPs. The resource persons or the speakers in these CMEs were mostly APCRI members. The CMEs were mostly sponsored by different corporate houses marketing different brands of Rabies vaccines and immunoglobulins.

From 2003 to 2005 there was an ICMR study evaluating the TCVs produced in India against a TCV pre-approved for IDRV by WHO and manufactured outside India [Verorab], This study was done under a directive from the Drugs Controller General of India [DCGI] prior to giving its approval for use of IDRV in India.

In 2005, a very significant change took place. It was the **total stoppage of the use of Semple**

Vaccine [NTV] in the Govt. Hospitals and ARCs. It was replaced by TCVs used in Essen Schedule. There were vaccine shortages in many centers.

In 2006, the Drugs Controller General of India [DCGI] allowed the use of IDRV in selected clinics fulfilling certain criteria.

From 2006 on wards IDRV was started in Govt. Hospitals and Clinics. Now almost half of the total number of States and Union Territories use IDRV in their Hospitals and ARCs. There is no vaccine shortage in those places where IDRV was used. This is due to the fact that the cost of a full course of PEP is much less, and with the same amount of vaccine many more persons can be vaccinated.

Cold Chain: In 1987 the Semple Vaccine requisitioned used to be sent through the Postal System by the vaccine manufacturers, all in the Public Sector. There was no cold chain maintenance. Now this has improved very significantly in both the Corporate and the Public Sectors.

Formation of APCRI: There was no professional association to help those doctors who worked at the ARCs. On 17th April, 1998 the Association for Prevention and Control of Rabies in India was born with the objective of having a Scientific and Professional platform to focus on Rabies and its Control. Annual Conferences on Rabies and its Control began to be organized every year from 25th July, 1999 onwards.

APCRI Journal was born on 25th July, 1999 and was published once a year from 1999 to 2006. From 2006 till now it is published twice a year. This journal has increased the knowledge base of everyone interested in Rabies Control.

In 2003-2004 the **WHO-APCRI national multi-centric survey** to assess the burden of rabies in India was carried out-APCRI was mainly instrumental in stopping the use of Semple Vaccine

[NTV] and introduction of IDRV in Govt. Hospitals and ARCs. This has resulted in much better access to modern PEP to the people of India.

Incidence of Rabies in India: About 25 years ago the Govt. of India Reported the Mortality from Rabies to be 25000. This figure finds its place in the Training Manual on Rabies from the National Institute of Communicable Diseases, Delhi, of 1987. This figure remained the same for many years; at least we were taught it to be so in the various training courses I attended as a doctor manning a very busy Anti- Rabies Clinic at Kolkata.

One fine morning at Wuhan in China at the 3rd International Symposium on Control of Rabies in Asia, the official delegate from India mentioned that the figure was 30000, in her presentation. So the figure changed from 25000 to 30000, by exactly 5000.

In 2003 the WHO-APCRI national multicentric survey to assess the burden of rabies in India was carried out. The report of this survey was published in 2004. The mortality from Rabies in India was

reported to be 20565. This is the last and only methodical work on this issue till now.

Very recently we got to see Newspaper reports of human rabies deaths in India as 223 in 2011 quoted by the Hon Minister of Health and Family Welfare Shri Ghulam Nabi Azad in the Lok Sabha. The magic figure came by adding the figures reported to the Central Govt. by different states. The break up was West Bengal 73, Andhra Pradesh 45, Orissa 24, Tamil Nadu 21, Karnataka 18, Delhi 17, Gujarat 16 and Rest of India 9. That means there are many Rabies Free areas in India, besides the Andaman & Nicobar and the Laccidive & Minicoy group of islands. This is very far from the truth. **More research is required into human rabies fatalities in India before we can accept this information as accurate. This shows that we still do not know how many people die from rabies each year in India.**

Patients seeking treatment following animal Bites The number of persons seeking treatment following an exposure to a suspected rabid animal has increased. This increase is due to an increase in population of the country and is much more due to an increase in awareness about rabies in the lay population.

Announcement

The APCRI Newsletter is published every six monthly, in October and in April. APCRI members and the members of the Scientific Community are requested to contribute News Clippings, Photographs and Reports on Scientific activity on Rabies and Related matter for publication in the Newsletter.

Please Contact:

Dr. Amlan Goswami,
Editor, APCRI

28-A, Gariahat Road, 2nd Floor, Flat No: 2-A,
Kolkata- 700029, INDIA.

Phone: 91- 33-24405826, Mobile : 91- 9830212694.

E-Mail: amlan_kolkata29@rediffmail.com