

A RARE CASE OF RABIES IN A CHILD BELOW 5 YEARS OF AGE

Dr Nupur Pattanaik¹, Dr Tapas Ranjan Behera², Dr Smaraki Mohanty³

INTRODUCTION

Rabies is caused by a virus that is transmitted to humans through the infective saliva of warm-blooded animals. Rabies is fully preventable. About 563 million United States dollars are spent annually in the world on measures to prevent rabies. But in Countries of South-Eastern Region of Asia the disease is still an important but neglected public health problem. An estimated 45% of all deaths from rabies occur in this part of the world. The situation is especially pronounced in India, which reports about 10,000 to 20,000 cases of rabies a year and about 36% of the world's deaths from the disease. In India, rabies affects mainly people of lower socio-economic status and children between the ages of 5 & 15 years. Indian children often play near stray dogs, which are noisy and roam freely, and are used to sharing their food with them, which results in frequent provoked bites¹. A single episode of animal bite needed on average of 4.5 days-visits for anti rabies treatment and led to a loss of about 2.2 man-days¹. In a national multicenter survey for assessing the rabies burden in India in which SCB Medical College Cuttack was a part, found that the dog (96.2%) was mainly responsible for human rabies deaths. The majority of these were stray dogs (75.2%), followed by pets (11.1%), wild animals (3.5%), and others/unknown (10.2%). Cuts accounted for 1.7% of deaths².

CASE PROFILE:

A two and half year old female child belonging to low socio-economic status from Jajpur district of Odisha attended the A&C of S.C.B Medical College Hospital Cuttack on 1st March, 2016 with chief complaints of fever, cough and cold and unable to eat and drink for last two days. Her parents

gave the history that she had been bitten by a stray dog of 3 months age on her right middle and ring fingers 45 days back. That stray dog died after 15 days of the bite. The bite was of category -III as per classification of WHO categorisation of animal bites as revealed on history. Their parents did not seek any medical treatment at any government or private source but they had gone to a traditional healer (Quack) of their village.

The child first developed fever, cough and cold on 27th February 2016 (after 42 days of bite). Then she refused to eat and drink for which her parents took her to the District Head-Quarter Hospital at Jajpur from where she was referred to S.C.B Medical College Hospital, Cuttack. On 28th February 2016, there was marked rise of temperature (Fever). Then she refused to eat and drink. When her mother forcibly tried to give her some milk she got frightened at home for which the parents sought treatment at GHJ Jajpur first.

On general examination, the patient was found to be conscious, afebrile and apprehensive to air blown over her face. There was marked neophobia and hydrophobia.

The patient was diagnosed as a typical case of Clinical Human Rabies following an untreated Category -III Dog bite. The patient was referred to paediatric ward to get admitted to infectious ward of S.C.B Medical College Hospital but her parents refused and took her back to their home. On 3rd March 2016 i.e. 47days after suspected rabid dog bite the child succumbed to death due to rabies.

Discussion:

In our study the patient was a child of less than 3 years of age. The young girl was bitten

1. Tripathy J. Annual Bulletin - 1 - The Odisha State Government of Community Medicine, SCB Medical College, Cuttack, Odisha.

unprovocatedly by a stray dog. In this study the child initially had cough and low grade fever and on general examination there was marked aerophobia and hydrophobia.

A study conducted by Satapathy D.M *et al* at MKCG College Hospital, Bhubaneswar, Odisha found 62.5% of rabies cases attending the ARC were under 15 years of age. 60% of rabies cases presented with low grade fever and majority had hydrophobia.¹

Another study by Behera T.R *et al* found 37 cases of clinical human rabies registered at the ARC of MKCG Medical College Hospital, Bhubaneswar, Odisha from April 2001 to March 2007 (six year period) and among them 30 cases (81%) were due to bites of stray dog.²

In our study the child succumbed to Rabies after 45 days of exposure to the suspected rabid dog. Another study by Mohanty M *et al* at the same study centre i.e. SCB Medical college Cutack, Odisha reported a case of Rabies in a woman of low socio-economic status from Nayagarh district who was bitten by a suspected rabid dog while protecting her child and died of rabies after 20 days of dog bite despite taking only IDRV and Not RIG.³

CONCLUSION:

Low level of awareness, undue faith on traditional healers, late reporting and unwillingness

to come to ARC due to a fear of heavy expenditure, got them exposed to Rabies. In the above case, in spite of potential exposure to a suspected rabid dog the parents of the child did not bring her to the nearest Primary Health Centre due to low level of awareness and strong beliefs on traditional healers. There exists a gap in knowledge on the part of public about the post exposure prophylaxis for preventing rabies available free of cost in Govt. hospitals and medical colleges of Odisha. This is to be bridged by extensive awareness programmes.

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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
25-A, Garisahat Road, 2nd Floor, Flat No. 2-A,
Kolkata- 700029, INDIA.

Phone: 91-33-24405826, Mobile : 91- 9830212694,
E-Mail: amlan_kolkata29@rediffmail.com