

Title: PERCEPTION OF AYUSH DOCTORS ON RABIES PREVENTION

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Keywords AYUSH doctors, Knowledge, Rabies biological

Abstract This study was conducted to assess the perception and practices of AYUSH doctors on animal bite management and Rabies prevention. It was a cross-sectional study. A total of 55 AYUSH doctors were interviewed about their knowledge on Rabies, primary wound care and Rabies biologicals. All AYUSH doctors knew that dog bite could cause Rabies. All of them advised cases of dog bite for antirabies vaccination. 98% (54) of the AYUSH doctors advised patients to wash the wound 56% (31) of the AYUSH doctors had knowledge on RIG and of them 58.2% had knowledge regarding the site of administration of RIG.

Original Article

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This study was conducted to assess the perception and practices of AYUSH doctors on animal bite management and Rabies prevention. It was a cross-sectional study. A total of 55 AYUSH doctors were interviewed about their knowledge on Rabies, primary wound care and Rabies biologicals. All AYUSH doctors knew that dog bite could cause Rabies. All of them advised cases of dog bite for antirabies vaccination. 98% (54) of the AYUSH doctors advised patients to wash the wound. 56% (31) of the AYUSH doctors had knowledge on RIG and of them 58.2% had knowledge regarding the site of administration of RIG.

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Rabies continues to be a major public health problem in India inspite of the wide availability of AntiRabies Vaccine. Every year, 55, 000 deaths are estimated to occur in the world¹. In India 20,000 deaths are estimated to occur, thus contributing to 36.4% of the estimated global mortality due to Rabies².

Human Rabies deaths can be prevented by the proper use of Anti Rabies Vaccine and Rabies Immunoglobulin. The simultaneous use of RIG and CCV in all Category III exposures remains the cornerstone of Anti Rabies Treatment. Lack of knowledge among health providers on the basic principles of local wound care, passive and active immunization can have a detrimental effect on Rabies prevention. The WHO APCRI survey reveal the use of RIG in only 2% of cases². So it is important that the knowledge of basic principles of Rabies prevention especially for Category III exposures should be imparted to all health personnel. The central government sponsored National Rural Health Mission (NRHM) has made an attempt to solve the health man power crisis. At present AYUSH Doctors are being posted as medical officers especially at sub-block level health institutions as PHC (N). The AYUSH doctors therefore play an important role in providing primary treatment of commonly prevailing ailments of the community.

A lack of awareness among AYUSH doctors about the importance of wound washing, appropriate use of Anti Rabies Vaccine and utility of

Rabies Immunoglobulin could be detrimental. This study was therefore carried out with the objective of assessing the perception and practices of AYUSH Doctors on animal bite management and Rabies prevention.

Methodology

The present study was carried out from March - May 2012 among AYUSH doctors posted in different peripheral health institutions of Ganjam District of South Odisha. A total of 79 AYUSH doctors have been posted of whom 41 were of Ayurvedic system and 38 were of homeopathic system of medicine. Of the 41 ayurvedic doctors 12 were posted at various community health centers and 29 at PHC (N). From among the 38 homeopathy doctors 8 were posted at CHC and 30 at PHC (N). The AYUSH Doctors were interviewed regarding their perception on Rabies and its prevention by a pretested and scientifically designed questionnaire. The data collected was compiled and analysed in the Department of Community Medicine, M.K.C.G Medical College, Berhampur.

Observation and Discussion

Out of the total of 79 AYUSH Doctors posted in the district of Ganjam, 55 doctors could be interviewed. Of the 55 AYUSH doctors 26 were homeopathic doctors and 29 were Ayurvedic doctors. The average number of cases seen by the AYUSH doctors is around 20 per day and the average number of dog bite cases per month is 3-4.

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Table - Knowledge on Rabies

Knowledge on Rabies		No&%age (n=55)
Knowledge on transmission	Dog bite can cause Rabies	55(100%)
	Rat bite can transmit Rabies	3(5.4%)
Primary Care	Wash the wound	54(98%)
	Virucidal application	3(5.4%)
Knowledge on antirabies vaccine	Given to cases of dog bite	55(100%)
	Given in deltoid region	48(87%)
Awareness on brands of antirabies vaccine	Rabipur	33(60%)
	Verorab	15(27.2%)
	Abhayrab	16(29%)
	Vaxirab	3(5.9%)
	Rabivax	9(16.3%)
Knowledge on RIG	No idea on RIG	23(44%)
	Right dose of RIG (n=32)	8(25.8%)
	Right site of RIG (n=32)	18(58.2%)
Advice	Did not give any advice	24(43.6%)
	Complete treatment	21(38%)
	No exposure to sun	1(1.8%)
	Not to bandage the wound site	7(12.7%)

All AYUSH doctors knew that dog bite can cause rabies. 41.8% of the AYUSH doctors were aware that bite by other canines (Jackal, Cat) and monkey could also cause rabies. However 5.4% of the AYUSH doctors believed that rat bite can cause rabies. In a study by S.Haldar et al on Perception of paramedical workers on rabies, 20.4% had an idea that rodents like rat can be a vector for rabies³.

Regarding primary wound care, 98% of the AYUSH doctors advised their patients to properly wash the bite wound with soap and water but only 5.4% advised for topical virucidal application. In a study by Vinay M et al on knowledge of college students on rabies, 53% of the students knew about washing and 35.2% students knew about topical virucidal application on a wound⁴.

All of the AYUSH doctors advised the cases of dog bite for antirabies vaccination. As far as the knowledge regarding the brands of ARV, 60% of the AYUSH doctors were aware of Rabipur, 29% about Abhayrab, 27.2% about Verorab, 16.3% about Rabivax and 5.4% about Vaxirab. 3.6% of the AYUSH doctors answered that ARV can be given in the gluteal area. A study by Harish BR et al on Awareness of Rabies Prevention and Intradermal Rabies Vaccination amongst doctors of Mandya city, Karnataka revealed 71.6% of doctors were aware

that modern tissue culture vaccines for rabies prevention should not be administered in the gluteal region⁵.

56% of the AYUSH doctors had knowledge regarding RIG and of them 25.8% could say the right dose of Equine Rabies Immunoglobulin. Regarding the site of administration of RIG, 58.2% of the respondents could tell that RIG should be administered as much as possible at the site of bite and rest IM, 19.3% believed that RIG should be given half at bite site and half IM and 19.3% were of the idea that the whole amount of RIG should be given IM. In a study by S.R.Haldar et al only 29% of respondents had the knowledge that both RIG and ARV has to be given after animal bite but rest majority (71%) had no perception on RIG⁴. In a study by Harish BR et al 41.8% of doctors used Equine Rabies Immunoglobulin. Of these 10(35.7%) were aware of the maximum amount of RIG that could be infiltrated⁵. The Equine Rabies Immunoglobulin available in the market by its trade name was known to 6(10.9%) AYUSH doctors and the brand they referred to was Inj. Equirab. One homeopathic doctor (1.8%) referred to the brand Abhayrig.

Three ayurvedic doctors (6.8%) advised drugs like gandhak rabayan, rasa manikya, triphala decoction, purified alum water, arogya vardhuni etc

along with antirabies vaccine whereas 14(53.8%)
homeopathic doctors prescribed drugs like lysine,

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.

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