

Editorial

The Impact of APCRI in changing the Rabies Scenario in India

The most significant changes in the last 25 years in the Rabies Scenario of India are:-

- 1) There has been a great increase in the availability of many high quality anti-rabies vaccines, and rabies immunoglobulins.
- 2) The number of patients seeking Rabies PEP, timely, has increased.
- 3) The number of centers offering proper Rabies PEP, has increased by many folds.
- 4) There has been a marked reduction in the number of Rabies cases.

In the 1980s 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 30 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. Now many GPs are treating animal bite cases very confidently and correctly. Some are using HRIG and ERIG where applicable. This change in the approach to 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.

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 onwards 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.

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 Prevention and Control.

In 2003 - 2004 the WHO-APCRI national multi-centric 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.

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. In 1996 it increased to 30000.

In 2003 the WHO-APCRI national multicentric survey to assess the burden of rabies in India mentioned the figure of Rabies Mortality in India to be 20565.

A very recent study carried out in the city of Kolkata tells us about the impact of good advocacy among the people and the administrators in reducing the burden of Rabies. In Kolkata in 1987 there were 320 deaths due to rabies. In 2012 there were only 42 deaths due to Rabies. This significant reduction in mortality due to Rabies was due to timely and ready availability of proper Rabies Post Exposure Prophylaxis to all. I think this will be the story in many other parts of the country.

Patient 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.