ABSTRACT

Background: Rabies, is transmitted to humans from bites by infected animals, preventable through prompt administration of post-exposure prophylaxis (PEP). Aim of the study is to estimate the burden of rabies in urban field practice area of Ranchendra Institute of Medical Sciences, Ranchi.

Methods: A cross-sectional study was conducted by collecting secondary data from July 2018 – January 2019 from the records of Urban Health Training Centre of Rajendra Institute of Medical Sciences, Ranchi.

Results: Among 394 patients recorded taking ARV, 70.8% were males and 29% females. 20% among them took all five doses of ARV, 37% took 4 doses, 61% took 3 doses, 77% took 2 doses, and 18% took only one dose. Among them 23% were children, 16% were adolescents, 57% were among age-group 20-60 years and 3.8% were more than 60 years old.

Conclusion: The main reason for incomplete immunization was non-availability of ARV.

KEYWORDS
Rabies, post exposure prophylaxis, burden, animal bites
DISCUSSION

Our study revealed that animal bite was more common among males which was quite similar to other studies.[9-12] which may be due to the fact that males go out for work as compared to females. Most of the victims belonged to age group 20-60 years which is usually the productive group who go outside the homes for job and to earn livelihood. Other studies show similar findings.[10,11] In this age group males and females affected were almost equal. While some studies depict children are quite vulnerable for animal bites.[9] Month wise distribution of ARV was found to be highest in the month of July 2018 with a descending trend and nil in the months of November and December as because of the shortage of ARV vaccines in supply, which again showed a rise in January 2019 after the indent of ARV again. The total number of doses taken by the victims which seems to be highest for those who took total 2 doses followed by those who took 3 doses and lowest being those who took only 1 dose. Our study revealed the fact that the primary reason for taking incomplete vaccination was non-availability of ARV in government supply. ARV being a costly vaccine is usually unaffordable by the poor people. Inappropriate documentation of victims of animal bites also was a drawback in our study.

CONCLUSION

Among total of 394 patients coming for anti-rabies vaccine, mostly males were the victims and they were among the age group of 20-60 years. The percentage of patients taking only two doses were the highest followed by those who took 3 doses. The most important factor for non-completion of all doses was the non-availability of anti-rabies vaccine in supply.

RECOMMENDATIONS

ARV should be in constant supply so that the bite victims are not deprived of the vaccine. Patients should be counselled for taking all the doses. Category of bite should be mentioned in the registers of each and every facility where ARV is being provided. Proper IEC materials should be available at each health care facilities for creating awareness on rabies and its prevention and management.

LIMITATION

As the data collected is secondary data, so more number of the results could not be derived as the data did not comprise of the category of bite and the number of doses being given to the patient. Study was done on a very small scale so the results are not so precise and could not be generalized.

REFERENCES