2579 - 2018

Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF VIGAN CITY

Office of the Schools Division Superintendent

DIVISION MEMORANDUM No 177 s. 2025

Advisory on Rabies Prevention and Control in Schools

To: Public Elementary and Secondary Schools Heads

1. In reference to the Regional Memorandum No. 445 s 2025 titled Advisory on Rabies Prevention and Control in Schools, schools are encouraged to actively implement preventive measures and organize awareness campaigns.

2. This aims to strengthen the efforts in protecting learners, school personnel and the community from the danger of rabies.

3. The following are necessary preventive and controls measures for rabies:

   a. Education and Awareness Campaigns;
   b. Strict Pet Management within Schools Premises;
   c. Vaccination and Responsible Ownership;
   d. Proper First Aid Measures for Animal Bites;
   e. Strengthening Collaboration with Health and Veterinary Authorities

4. Enclosed is the memorandum for your reference and guidance.

5. Immediate dissemination of this memorandum is desired and for strict compliance.

SCHOOLS DIVISION OFFICE
DEPED VIGAN CITY
28 MAR 2025
RELEASED
BY:

VILMA D. EDA, CESO V
Schools Division Superintendent

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Republic of the Philippines
Department of Education
REGION I

DEPARTMENT OF EDUCATION
RECORDS SECTION
RECEIVED
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By.
MAR 25 2025

REGIONAL MEMORANDUM
No. 445 s. 2025

ADVISORY ON RABIES PREVENTION AND CONTROL IN SCHOOLS

To: Schools Division Superintendents
Principals/School Heads/Teachers-In-Charge
All others concerned

1. This pertains to the attached Memorandum OM-OUOPS-2025-08-01873 from Officer-In-Charge, Office of the Undersecretary for Operations, Malcolm S. Garma, Department of Education, Central Office, Meralco Avenue, Pasig City, on the above mentioned subject dated March 10, 2025 for information and guidance.

2. This aims to strengthen efforts in protecting learners, schools personnel and the community from the dangers of rabies. The Department of Education (DepED), through the Bureau of Learner Support Services – School Health Division (BLSS-SHD), issued this advisory outlining necessary measures for rabies prevention and control within schools as follows:

a. Education and Awareness Campaigns;
b. Strict Pet Management within School Premises;
c. Vaccination and Responsible Ownership;
d. Proper first aid measures for Animal Bites;
e. Strengthening collaboration with Health and Veterinary Authorities;

3. Attached is the memorandum for your reference and guidance.

8. For wide dissemination and strict compliance.

TOLENTINO G. AQUINO
Director IV

Incls.: As Stated.

To be indicated in the Perpetual Index
Under the following subjects:

HEALTH EDUCATION PROGRAMS SCHOOLS

ESSD-SQC/uju/2025 Regional Memo 2025
March 25, 2025

Republika ng Pilipinas
Department of Education
OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

DEPARTMENT OF EDUCATION
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MALCOLM S. GARMA
Assistant Secretary, Officer-In-Charge,
Office of the Undersecretary for Operations

MEMORANDUM
OM-OUOPS-2025-03-01873

FOR : **REGIONAL DIRECTORS**
SCHOOLS DIVISION SUPERINTENDENTS
PRINCIPALS/SCHOOL HEADS/TEACHERS-IN-CHARGE
CONCERNED
ALL OTHER CONCERNED

DEPARTMENT OF EDUCATION
RECEIVED
RECORDS SECTION, REGIONAL OFFICE NO. 1
MAR 24 2025
BY: TIME: 11:22

FROM : **MALCOLM S. GARMA**
Assistant Secretary, Officer-in-Charge,
Office of the Undersecretary for Operations

SUBJECT : **ADVISORY ON RABIES PREVENTION AND CONTROL IN SCHOOLS**

DATE : March 10, 2025

To strengthen efforts in protecting learners, school personnel, and the community from the dangers of rabies, the Department of Education (DepEd), through the Bureau of Learner Support Services-School Health Division (BLSS-SHD), issues this advisory outlining necessary measures for rabies prevention and control in schools.

Rabies is a deadly viral infection primarily transmitted through bites or scratches from infected animals, most notably dogs. The Philippines remain one of the high-risk countries for rabies, with cases reported every year. In our ongoing commitment to public health and safety, schools are encouraged to play a proactive role by implementing preventive measures and conducting awareness campaigns.

Signs and Symptoms:
1. Fever and headache
2. Pain or numbness of bite site
3. Delirium and paralysis
4. Muscle spasms
5. Hydrophobia and aerophobia

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DepEd RO1 REC2503726

Recommended Preventive Measures:

1. **Education and Awareness Campaigns:**

   a) Conduct comprehensive awareness campaigns focused on rabies prevention, transmission, methods of transmission and symptoms identification.

b) Integrate rabies awareness topics into health education programs.
c) Distribute materials, such as posters and leaflets, to educate learners and school personnel.
d) Educate learners on recognizing rabies symptoms in animals, such as aggressive behavior, excessive drooling, fear of water and bright lights, and difficulty walking.
e) Encourage learners and school personnel to avoid contact with unfamiliar animals, particularly those showing these symptoms.

2. Strict Pet Management within School Premises:

a) Prohibit stray animals from entering school grounds. If complete prevention is not feasible, ensure that these animals receive vaccinations.
b) Advise learners and personnel to avoid contact with unfamiliar or unvaccinated animals.
c) Coordinate with local government units (LGUs) for animal control measures.

3. Vaccination and Responsible Pet Ownership:

a) Encourage pet owners, including school staff and learners, to ensure their pets receive annual rabies vaccinations.
b) Promote responsible pet ownership through school and community partnerships.
c) Encourage proper pet care, including regular hygiene, proper feeding, and safe sleeping areas.
d) Emphasize that all pet dogs and cats should be vaccinated annually to prevent the spread of rabies.

Proper First Aid Measures for Animal Bites:

a) If bitten or scratched by an animal, immediately wash the wound with soap and running water for at least 15 minutes.
b) Seek immediate medical attention at the nearest Animal Bite & Treatment Center for proper wound management and post-exposure prophylaxis (PEP).
c) Learners should be encouraged to report any bites or scratches to teachers, parents or school authorities immediately, without fear of reprimand.
d) For urgent concerns, contact:
   i. 911 – National Hotline
   ii. 1555 – DOH Hotline

Strengthening Collaboration with Health and Veterinary Authorities:

a) Partner with the Department of Health (DOH), Department of Agriculture (DA), and LGUs for rabies vaccination drives.
b) Participate in World Rabies Day and other related advocacy programs.
c) Establish referral mechanisms for students and staff requiring rabies post-exposure management.

For further queries regarding this concern, please contact Dr. Maria Corazon C. Dumlao and/or Dr. Mariblanca C.P. Piatos, from the BLSS-SHD at telephone no. (02) 8632-9935 or email at blss.shd@deped.gov.ph.

For wide dissemination and strict compliance.

Annex A. Key Message Pillars adopted from Emergency Interagency Meeting led by the Department of Health last March 11, 2025

<table>
<tr><td>Behavioral Objectives</td><td>Iwasang makihalubilo sa mga hindi kilalang hayop lalo na kung ang mga ito ay agresibo</td><td colspan="2">Linisin ang sugat gamit ang sabon at dumadaloy na tubig
Magpakonsulta sa pinakamalapit na health center o Animal Bite and Treatment Center</td><td>Pabakuhnahan ang mga alagang hayop taon taon; makipag-ugnayan sa inyong veterinary o local na pamahalaan para sa bakuna ng inyong mga alaga</td></tr>
<tr><td>Communication Objectives</td><td>Ipaliwanag ang mga sintomas o senyales ng mga hayop na may rabies</td><td colspan="2">Turuan kung paano ang tamang paghuhugas ng sugat.
Ipaalam ang pinakamalapit na health center o Animal Bite and Treatment Center</td><td>Paalalahanan na taon-taon dapat pinapabakunahan ang mga alaga na hayop</td></tr>
<tr><td rowspan="2">Key Message Pillars</td><td colspan="4">Basta WAIS, Iwas RABIES!</td></tr>
<tr><td><u>Key Message 1</u>

Huwag makihalubilo sa mga hindi kilalang hayop lalo na kung ang mga ito ay may mga sintomas o senyales ng rabies katulad ng:
Pagiging agresibo
Naglalaway
Takot sa tubig at liwanag
Hirap lumakad
Maging Wais, para Iwas Rabies!</td><td colspan="2"><u>Key Message 2</u>

Kapag nakagat o nakalmot ng hayop, siguraduhing hugasan ng maigi ang sugat gamit ang sabon at malinis na tubig. Maging Wais, para Iwas Rabies!

Magpatingin agad sa pinakamalapit na health center o Animal Bite and Treatment Center para sa bakuna laban sa rabies</td><td><u>Key Message 3</u>

Siguruhing bakunado ang inyong mga alaga, taon taon, Maging Wais, para Iwas Rabies!</td></tr>
</table>

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

APR 16 2018

ADMINISTRATIVE ORDER
No. 2018- 0013

SUBJECT: **Revised Guidelines on the Management of Rabies Exposures**

I. BACKGROUND AND RATIONALE

Rabies is a fatal disease in developing countries where animal immunization and control of dogs are inadequate. In view of the 100% case fatality of human rabies, the prevention of rabies infection after exposure is of utmost importance.

The Department of Health (DOH), having committed itself to the prevention of human deaths due to rabies, provides vaccines to high-risk exposed patients for Post-Exposure Prophylaxis (PEP) through the Animal Bite Treatment Centers (ABTCs). In 1997, the National Rabies Prevention and Control Program introduced the intradermal (ID) administration of rabies cell culture and embryonated egg-based vaccines (CCEEV), an economical regimen that reduces the cost of PEP by as much as 60- 80%. The DOH maintains the use of the intradermal regimen for PEP at the ABTCs. The DOH procures human anti-rabies vaccines which are registered by the Philippine Food and Drug Administration (FDA), listed in the Philippine National Drug Formulary and pre-qualified by the World Health Organization (WHO).

Over the past two years, the number of animal bite victims seeking PEP has increased to over 1 Million cases per year. While the demand for human rabies vaccine is increasing in the country, there is an anticipated global shortage of the said vaccine due to issues in the production of one WHO prequalified vaccine.

Of recent, WHO provided recommendations on shorter and more feasible protocols for PEP and Pre-Exposure Prophylaxis (PrEP).

This AO is to update the guidelines on PEP and PrEP and to provide guidance on the selection and use of human rabies vaccine to help address the global shortage of WHO pre-qualified human rabies vaccines.

All government health workers at all levels shall adopt these treatment guidelines to ensure standard and rational management of rabies exposures. Private practitioners in the country are strongly encouraged to adopt these treatment guidelines.

CERTIFIED TRUE COPY
APR 16 2018
CORAZON S. DELA CRUZ
RMTS - RECORDS SECTION

II. OBJECTIVE

To update policy guidelines and procedures on provision of PEP and PrEP to address the global shortage of human rabies vaccine and immunoglobulins.

III. COVERAGE

All government health workers at all levels shall adopt these treatment guidelines to ensure standard and rational management of rabies exposures. Private practitioners in the country are strongly encouraged to adopt these treatment guidelines.

IV. DEFINITION OF TERMS

A. Active Immunization – refers to the administration of a vaccine to induce protective immune response.

B. Cell Culture & Embryonated Egg –based Vaccine (CCEEV) - vaccines that use mammalian cell lines (cell-culture) as well as embryonated eggs in the isolation, titration of animal viruses and cultivation to produce vaccines. CCEEV include Purified Vero Cell Rabies Vaccine (PVRV), Human Diploid Cell Vaccine (HDCV) and Purified Chick Embryo Vaccine (PCEC). CCEEV will replace everything that refers to Tissue Culture Vaccine (TCV).

C. Immunocompromised host – refers to patients receiving immunosuppressive drugs such as systemic steroids (not topical or inhaled) and chemotherapeutic drugs for cancer, AIDS and HIV infected patients and patients with immune deficiency. These patients are expected to have lower immune response to immunization.

D. Incubation Period – refers to the period from the time of exposure up to the appearance of first clinical symptoms of rabies. It is extremely variable ranging from 4 days to 7 years; but generally 20 to 90 days.

E. Observation Period – refers to animal observation for 14 days from the time of bite until the appearance of expected symptoms of rabies.

F. Passive Immunization – refers to the administration of pre-formed antibodies (immune globulins or passive immunization products) to provide immediate protection. These antibodies come from either human or animal source.

G. Post-Exposure Prophylaxis (PEP) – formerly post exposure treatment (PET); refers to anti-rabies treatment administered *after* an exposure (such as bite, scratch, lick, etc.) to potentially rabid animals. It includes local wound care, administration of rabies vaccine with or without Rabies Immune Globulin (RIG) depending on category of exposure.

H. Pre-exposure prophylaxis (PrEP) – refers to rabies vaccination administered *before* an exposure to potentially rabid animals. This is usually given to those who are at high risk of getting rabies such as veterinarians, animal handlers, staff in the rabies laboratory, hospitals handling rabies patients and school children from high risk areas, etc.

I. Prodromal Period – refers to the period lasting for 10 days with non-specific manifestations, which include fever, sore throat, anorexia, nausea, vomiting, generalized body malaise, headache and abdominal pain. Paresthesia or pain at the site of the bite is due to viral multiplication at the spinal ganglion just before it enters the brain.

J. Rabid Animal – refers to biting animal with clinical manifestation of rabies and/or confirmed laboratory findings.

K. Suspected Rabid Animal – refers to biting animal with a potential to have rabies infection based on unusual behavior, living condition like stray dogs, endemicity of rabies in the area and no history of immunization.

L. Rabies Immunoglobulin (RIG) - is an injectable preparation of rabies antibody administered to unvaccinated persons to provide immediate but temporary protection until the body can actively produce antibodies of its own induced by the human rabies vaccine.

M. Vaccine Potency – refers to the amount of acceptable active ingredients in a rabies vaccine which is expected to provide at least minimum protection.

V. GENERAL GUIDELINES

A. Management of animal bite cases, including provision of human rabies vaccine, is a joint responsibility of the Department of Health and the Local Government Units.

B. Rabies Control Program shall be integrated to the regular health services provided by local health facilities of bite victims, as a measure.

C. PEP and PrEP shall be carried out by Local Government Units through the Animal Bite Treatment Centers with the technical and logistical assistance from the Department of Health.

D. Funding requirements needed for management of rabies exposures and pre-exposure prophylaxis and for operational systems shall be planned, secured and allotted for by the implementing agencies, particularly, the Department of Health and the Local Government Units.

E. Advocacy through information dissemination and training of health workers shall be conducted at all levels.

F. Collaboration and coordination among government agencies, non-government and private organizations to ensure successful implementation shall be strengthened.

VI. SPECIFIC GUIDELINES AND PROCEDURE

A. Management of Potential Rabies Exposure

1. Initiation of post-exposure prophylaxis (PEP) shall not be delayed for any reason regardless of interval between exposure and consultation as it increases the risk of rabies and it is associated with treatment failure.
2. Immediate washing of the bite wound/ exposed area with soap and water and application of an antiseptic solution reduces the risk of rabies transmission.
3. There are no absolute contraindications to rabies PEP. Patients allergic to a specific vaccine/RIG or its components shall be given the alternative vaccine/RIG.

4. Table shows the categories of exposure to a rabid animal or to an animal suspected to be rabid, with their corresponding management guidelines:

Table 1. Categories of Rabies Exposure with Corresponding Management

Category of exposure	Management
CATEGORY I a) Feeding/touching an animal b) Licking of intact skin (with reliable history and thorough physical examination) c) Exposure to patient with signs and symptoms of rabies by sharing of eating or drinking utensils d) Casual contact (talking to, visiting and feeding suspected rabies cases) and routine delivery of health care to patient with signs and symptoms of rabies	1. Wash exposed skin immediately with soap and water. 2. No vaccine or RIG needed 3. Pre-exposure prophylaxis may be considered for high risk persons.
CATEGORY II a) Nibbling of uncovered skin with or without bruising/hematoma b) Minor/superficial scratches/abrasions without bleeding, including those induced to bleed c) All Category II exposures on the head and neck area are considered Category III and shall be managed as such.	1. Wash wound with soap and water. 2. Start vaccine immediately. 3. Complete vaccination regimen until Day 7 regardless of the status of the biting animal 4. RIG is not indicated

CATEGORY III a) Transdermal bites (puncture wounds, lacerations, avulsions) or scratches/ abrasions with spontaneous bleeding b) Licks on broken skin or mucous membrane c) Exposure to a rabies patient through bites, contamination of mucous membranes (eyes, oral/nasal mucosa, genital/anal mucous membrane) or open skin lesions with body fluids through splattering and mouth-to-mouth resuscitation. d) Unprotected handling of infected carcass e) Ingestion of raw infected meat f) Exposure to bats g) All Category II exposures on head and neck area	1. Wash wound with soap and water. 2. Start the vaccine and RIG immediately. 3. Complete vaccination regimen until Day 7 regardless of the status of the biting Animal.

10. Dog owners have the responsibility to keep their dogs for observation under the Rabies Act of 2007, with penalties to violators provided for by the law.
11. Only the Intradermal Regimen will be used in the administration of vaccine in all government facilities except for conditions that require IM administration as described in Section C.1.d Post-Exposure Prophylaxis under Special Conditions.

B. Immunization

1. Active Immunization

a. Administration

Vaccine shall be administered to induce antibody and T-cell production in order to neutralize the rabies virus in the body. It induces an active immune response in 7-10 days after vaccination, which may persist for years provided that primary immunization is completed.

b. Types of Rabies Vaccines and Dosage

The National Rabies Prevention and Control Program (NRPCP) shall provide the following CCEEV a) Purified Vero Cell Rabies Vaccine (PVRV) – 0.5 ml/vial and b) Purified Chick Embryo Cell Vaccine (PCECV)- 1.0 ml/vial.(Table 2)

Table 2. List of CCEEV provided by the NRPCP to Animal Bite Treatment Centers with Corresponding Preparation and Dose

Generic Name	Preparation	Dose
Purified Verocell Rabies Vaccine (PVRV)	0.5 ml/vial	ID - 0.1 ml IM - 0.5 ml
Purified Chick Embryo Cell Vaccine (PCECV)	1 ml/vial	ID – 0.1 ml IM – 1.0 ml

c. Recommendations on the intradermal administration of anti-rabies vaccines:

The NRPCP introduced the intradermal (ID) use of rabies tissue culture vaccines in the country in 1997. The Philippines was among the first countries to adopt this regimen as recommended by the World Health Organization, in order to totally discontinue the use of nerve tissue vaccine (NTV) which was associated with vaccine induced encephalopathy. To mitigate the expected increase in the cost of PEP with the shift from NTV to CCEEV, the ID use of these vaccines was introduced. According to WHO, the ID use of CCEEV can decrease the cost of PEP by as much as 60- 80%.

However, only a limited number of commercially available rabies vaccines have been proven, to date, as safe and efficacious for PEP when administered by the ID route. Recently, local manufacturers in rabies-endemic countries have started to produce rabies vaccines. The ID use of these vaccines shall be based on adherence to WHO requirements for that route and approval by national health authorities as follows, "New vaccine manufacturers should provide clinical evidence that their products are immunogenic and safe when used intradermally. Clinical evidence should include clinical trials involving a vaccine of known immunogenicity and efficacy when used by this route as control, serological testing with rapid fluorescent focus inhibition test, and publication in internationally peer-reviewed journals".

To ensure compliance to these recommendations and guarantee that animal bite patients seeking treatment in government Animal Bite Treatment Centers receive only CCEEVs that have been proven to be safe and effective, the program shall utilize for its intradermal regimen only CCEEVs that satisfy the following criteria :

c.1. The vaccine is WHO prequalified (http://www.who.int/immunization_standards/vaccine_quality/ PQ_vaccine_list_en/en/index.html) and registered and approved by FDA;

c.2 For vaccines that are non-prequalified, the vaccine shall be registered with and approved by the Food and Drug Administration;

c.3. The vaccine must have gone through clinical trials on safety, immunogenicity and efficacy in comparison with a vaccine of demonstrated efficacy which are published in peer reviewed trials;

c.4 The potency of vaccines for ID use shall be at least *0.5* IU/ID dose as evidenced by their lot release certificate. The potency of the vaccine batch shall be provided by the manufacturer;

c.5 The product insert shall contain the vaccine's approved ID dose and consistent with its Certificate of Registration (CPR); and

c.6. Non-WHO prequalified vaccines may be used only during shortage of WHO prequalified vaccines. The same criteria shall apply except for c.1.

2. Passive Immunization

Rabies immunoglobulin or RIG (also called passive immunization products) shall be given in combination with rabies vaccine to provide the immediate availability of neutralizing antibodies at the site of the exposure before it is physiologically possible for the patient to begin producing his or her own antibodies after vaccination. This is especially important for patients with Category III exposures. RIGs have a half-life of approximately 21 days.

a. Types of Rabies RIG

a.1. Human Rabies Immune Globulin (HRIG) derived from plasma of human donors administered at a maximum of 20 IU per kilogram body weight. Available preparation is 2 ml/vial; 150 IU/ml

a.2 Highly purified antibody antigen binding fragments [F(ab')2] produced from equine rabies immune globulin (ERIG) administered at a maximum of 40 IU per kilogram body weight. Available preparation is 5 ml/vial; 200 IU/ml

a.3.Equine Rabies Immunoglobulin (ERIG) derived from purified horse serum administered at 40 IU per kilogram body weight. Available preparation is 5 ml/vial; 200 IU/ml

Table 3. List of Rabies Immunoglobulins provided by the NRPCP to Animal Bite Treatment Centers

Generic Name	Preparation	Dose
Human Rabies Immune Globulin (HRIG)	150 IU/ml at 2 ml/vial	20 IU/kg
Equine Rabies Immune Globulin (ERIG, a.2 or a.3)	200 IU/ml at 5 ml/vial	40 IU/kg

b. Rabies Immunoglobulin Criteria:

To ensure that only safe and efficacious RIG are provided by the National Rabies Prevention and Control Program to all ABTCs, the program shall be guided by following criteria in procuring the RIG :

b.1 RIG must be registered and approved by FDA;

b.2 RIG must be proven to be safe and effective when used together with human rabies vaccine as evidenced by publication on peer reviewed journals. These include studies on:

- Safety;
- Efficacy;
- Immunogenicity on non- interference when used with anti-rabies vaccine;
- Animal survivorship, if any; and
- Post-marketing surveillance

b.2.3. Results of RFFIT showing antibody content as claimed by the manufacturer

c. Who should be prioritized to be given RIG

c.1. Even if RIG is not available or affordable, prompt local treatment of all bite wounds or scratches, and for category II and III exposures a complete course of rabies vaccine is indicated.

c.2. For patients who can reliably document previous post exposure prophylaxis (PEP of 6 doses (3 visits) or PrEP of 4 doses (2 visits) using WHO pre-qualified CCEEV or PEP of 8 doses (4 visits) or PrEP of 6 doses (3 visits) using non-WHO pre-qualified CCEEV, RIG is not indicated.

c.3. In cases of shortage or unaffordability, the following groups should be prioritized for RIG allocation:

- Multiple bites
- Deep wounds
- Highly innervated parts of the body, as head, neck, hands, genitals
- Immunocompromised patients
- History of biting animal indicative of confirmed or probable* rabies
- A bite or scratch or exposure of a mucous membrane by a bat can be ascertained

d.3 Computation and Dosage of Rabies Immune Globulin

- **HRIG at 20 IU/kg. body weight (150 IU/ml)**
  50 kg. patient x 20 IU/kg. = 1000 IU
  1000 IU ÷ 150 IU/ml
  = 6.7 ml.

- **ERIG/ F(ab')2 at 40 IU/kg. body weight (200 IU/ml)**
  50 kg. patient x 40 IU/kg. = 2000 IU
  2000 IU ÷ 200 IU/ml
  = 10 ml.

e.4 Administration

c.4.1. The total computed RIG shall be infiltrated around and into the wound as much as anatomically feasible, even if the lesion has healed. In case some amount of the total computed dose of RIG is left after all wounds have been infiltrated, the remaining volume of RIG that is not infiltrated into the wound does not need to be injected IM. It may be reserved for the next patient who needs RIG, ensuring aseptic retention of the RIG i.e. fractionated in smaller individual syringes.

c.4.2. A gauge 23 or 24 needle, 1 inch length shall be used for infiltration. Multiple needle injections into the same wound shall be avoided.

c.4.3 Equine immunoglobulins (ERIG) are clinically equivalent to human rabies immunoglobulins (HRIG) and are considered safe and efficacious life- and cost-saving biologics. Skin testing for ERIG is highly recommended.

c.4.4 If a finger or toe needs to be infiltrated, care shall be taken to ensure that blood circulation is not impaired. Injection of an excessive amount may lead to cyanosis, swelling and pain.

c.4.5 RIG shall not exceed the computed dose as it may reduce the efficacy of the vaccine. If the computed dose is insufficient to infiltrate all bite wounds, it may be diluted with sterile saline 2 or 3-fold for thorough infiltration of all wounds.

c.4.6. RIG shall always be given in combination with rabies vaccine. RIG shall be administered at the same time as the first dose of rabies vaccine (Day 0). In case RIG is unavailable on DAY 0, it may still be given until 7 days after the first dose of the vaccine. Beyond Day 7, regardless of whether day 3 and day 7 doses were received, RIG is not indicated because an active antibody response to the rabies CCEEV has already started and interference between active and passive immunization may occur.

c.4.7. In the event that RIG and vaccine cannot be given on the same day, the vaccine shall be given before RIG because the latter inhibits the level of neutralizing antibodies induced by immunization.

c.4.8. RIG shall be given only once during the same course of PEP.

c.4.9 All bite centers shall be equipped to handle allergic reactions, should they occur.

c.4.10. Patient shall be observed for at least one hour after injection of ERIG for immediate allergic reactions.

c.4.11 Severe adverse events or perceived lower efficacy of RIG (e.g. batches of insufficient potency or lower purification degree) should be monitored, recorded and reported, so that biological producers receive immediate feedback and can respond accordingly. A classification of adverse events is available in Table 6. Post-marketing surveillance is recommended.

c.5 **Management of Adverse Reactions**
Adverse reactions shall be managed as follows:

c.5.1 Anaphylaxis

- Give 0.1% adrenaline or epinephrine (1:1,000 or 1mg/ml) underneath the skin or into the muscle.
  Adults - 0.5 ml
  Children - 0.01ml/kg, maximum of 0.5 ml
- Repeat epinephrine dose every 10-20 minutes for 3 doses
- Give steroids after epinephrine

c.5.2. Hypersensitivity reactions

- Give antihistamines, either as single drug or in combination
- If status quo for 48 hrs despite combination of antihistamines, may give short course (5-7 days) of combined oral antihistamines plus steroids
- If patient worsens and condition requires hospitalization or becomes life threatening, may give IV steroids in addition to antihistamines

C. Treatment

1. Post- Exposure Prophylaxis

a. Local Wound Treatment

a.1.1. Wounds shall be immediately and vigorously washed and flushed with soap or detergent, and water preferably for 10 minutes. If soap is not available, the wound shall be thoroughly and extensively washed with water.

a.1.2. Apply alcohol, povidone iodine or any antiseptic.

a.1.3. Suturing of wounds shall be avoided at all times since it may inoculate virus deeper into the wounds. Wounds may be coaptated using sterile adhesive strips. If suturing is unavoidable, it should be delayed for at least 2 hours after administration of RIG to allow diffusion of the antibody to occur through the tissues.

a.1.4. Any ointment, cream or wound dressing shall not be applied to the bite site because it will favor the growth of bacteria and will occlude drainage of the wound, if any

a.1.5. Anti-tetanus immunization may be given, if indicated. History of tetanus immunization (TT/DPT/Td) should be reviewed. Animal bites shall be considered tetanus prone wounds. Completion of the primary series of tetanus immunization is recommended.

Table 4. Guide to Tetanus Prophylaxis in Routine Wound Management

Indication for TT Immunization	Vaccination History			
	Unknown or <3 Doses		3 or More Doses	
	Td*	TIG/ATS	Td*	TIG/ATS
All Animal Bites	YES	YES	NO**	NO

**Tdap may be substituted for Td if the person has not received Tdap and is 10 years or older; DPT may be given for patients < 7 years old; TT may be given if Td not available*
***Yes, if more than 5 years since last dose*

b. Routine Wound Management

b.1. The most common organism isolated from dog and cat bites is *Pasteurella multocida*. Other organisms include *S. aureus*, *Bacteroides sp*, *Fusobacterium*and *Capnocytophaga*. Antimicrobials shall be recommended for the following conditions:

b.1.1. All frankly infected wounds

b.1.2. All category III cat bites

b.1.3. All other category III bites that are either deep, penetrating, multiple or extensive or located on the hand/face/genital area

b.2. Recommended antimicrobials for frankly infected wounds include:

b.2.1. Amoxicillin/clavulanic
- Adults - 500 mg p.o. TID
- Children - 30-45 mg/kg/day in 3 divided doses

b.2.2. Cloxacillin
- Adults - 500 mg p.o. QID
- Children - 10-150-100 mg/kg/day in 4 divided doses

b.2.3. Cefuroxime axetil
- Adults - 500 mg p.o. BID
- Children - 10-15 mg/kg/day in 2 divided doses

b.2.4. For penicillin allergic patients
- Adults - Doxycycline
- Children – Erythromycin

b.2.5. For those instances where there are no obvious signs of infection, amoxycillin as prophylaxis may suffice
- Adults - 500 mg p.o. TID
- Children - 30-45 mg/kg/day in 3 divided doses

- The public shall be educated in simple local wound treatment and warned not to use procedures that may further contaminate the wounds (e.g. tandok, bato, rubbing garlic on the wounds and other non-traditional practices)

c. Vaccination

c.1. General Principles

c.1.1. Storage

c.1.1.1. Vaccines shall be stored at +2 to + 8 °C in a refrigerator, not freezer

c.1.1.2. Once reconstituted, vaccines shall be kept in the refrigerator and used within 8 hours

c.1.2. Administration Area

c.1.2.1. Injections shall be given on the deltoid area of each arm in adults or at the anterolateral aspect of the thigh in infants.

c.1.2.2. Vaccine shall never be injected in the gluteal area as absorption is unpredictable

c.2. Treatment Regimen Schedule

c.2.1. Updated 2-Site Intradermal Schedule (2-2-2-0-2)

c.2.1.1. One dose for ID administration is equivalent to 0.1 ml for PVRV and PCECV

c.2.1.2 One dose shall be given on each deltoid on Days 0, 3, 7 and 28

c.2.1.3 One intradermal dose should have at least **0.5 IU** vaccine potency

Table 5. Updated 2-Site Intradermal Schedule

Day of immunization	PVRV/ PCEV	Site of injection
Day 0	0.1 ml	Left and right deltoids or anterolateral thighs in infants
Day 3	0.1 ml	Left and right deltoids or anterolateral thighs in infants
Day 7	0.1 ml	Left and right deltoids or anterolateral thighs in infants
Day 28*	0.1 ml	Left and right deltoid or anterolateral thighs in infants

* For WHO pre-qualified vaccines, the day 28 dose may be omitted following the IPC Institute Pasteur du Cambodge (IPC) Intradermal regimen (2-2-2-0-0)

Table 6. IPC Institute Pasteur du Cambodge (IPC) Intradermal regimen (2-2-2-0-0)

Day of immunization	PVRV/ PCEV	Site of injection
Day 0	0.1 ml	Left and right deltoids or anterolateral thighs in infants
Day 3	0.1 ml	Left and right deltoids or anterolateral thighs in infants
Day 7	0.1 ml	Left and right deltoids or anterolateral thighs in infants

c.2.1.4.The ID injection shall produce a minimum of 3 mm wheal. In the event that a dose of vaccine is inadvertently given subcutaneously or IM, the dose shall be repeated

c.2.1.5 A one (1) ml syringe with gauge 27 needle, preferably auto-disposable syringe, shall be used for ID injection

c.2.1.6 Should a vaccine dose be delayed for any reason, the PEP regimen should be continued (not restarted).

c.2.3. Intramuscular Regimens approved by WHO

c.2.3.1 Zagreb Regimen Schedule (2-0-1-0-1) Intramuscular Schedule

Table 7. Zagreb Regimen Schedule (2-0-1-0-1) Intramuscular Schedule

Day of immunization	PVRV	PCECV	Site of injection
Day 0	0.5 ml	1.0 ml	Left and right deltoids or anterolateral thigh in infants
Day 7	0.5 ml	1.0 ml	One deltoid or anterolateral thigh in infants
Day 21	0.5 ml	1.0 ml	One deltoid or anterolateral thigh in infants

c.2.3.2. Shortened Intramuscular Schedule (CDC) (1-1-1-1-0)

Table 8. Shortened Intramuscular Schedule (CDC) (1-1-1-1-0)

Day of immunization	PVRV	PCECV	Site of injection
Day 0	0.5 ml	1.0 ml	One deltoid or anterolateral thigh in infants
Day 3	0.5 ml	1.0 ml	One deltoid or anterolateral thigh in infants
Day 7	0.5 ml	1.0 ml	One deltoid or anterolateral thigh in infants
Day 14	0.5 ml	1.0 ml	One deltoid or anterolateral thigh in infants

d. Post-Exposure Prophylaxis under Special Conditions

d.1. Pregnancy and infancy shall NOT be contraindications to treatment with purified CCEEV (PVRV, PCECV) and RIG.

d.2. Babies who are born of rabid mothers shall be given rabies vaccination as well as RIG as early as possible at birth.

d.3. Patients with hematologic conditions where IM injection is contraindicated shall receive rabies vaccine by ID route.

d.4. Patients with chronic liver disease and those taking chloroquine, and systemic steroids shall be given standard IM regimen as the response to ID regimen is not optimum for these conditions. Vaccination shall not be delayed in these circumstances as it increases the risk of rabies.

d.5. Immunocompromised individuals (such as those with HIV infection, cancer/transplant patients, patients on immunosuppressive therapy etc.) shall be given vaccine using standard IM regimen and RIG for both Category II and III exposures.

d.6. Exposed persons who present for evaluation or treatment weeks or months after the bite shall be treated as if exposure has occurred recently. However, if the biting animal has remained healthy and alive with no signs of rabies until 14 days after the bite, no treatment shall be needed.

d.7. Changes in the human rabies vaccine product and/or the route during the same PEP course are acceptable, if unavoidable to ensure PEP course completion. Restarting PEP is not necessary.

d.8. Bites by rodents, guinea pigs and rabbits shall not require rabies post-exposure prophylaxis.

d.9. Bites by domestic animals (dog, cat) and livestock (cows, pigs, horses, goats etc) as well as wild animals (bats, monkeys, etc) shall require PEP.

e. Post-Exposure Prophylaxis of Previously Immunized Animal Bite Patients

e.1. Local wound treatment shall always be carried out.

e.2. Persons with repeat exposure after having previously received complete primary immunization or Pre- Exposure Prophylaxis against rabies with CCEEV shall be given a booster dose of 0.1 ml ID dose at 1 site on D0 and D3 or 4 ID doses on Day 0. To maximize use of CCEEV, the use of an IM booster dose is discouraged.

Table 9a. Management of Previously Vaccinated Individuals

PEP/PrEP History	RIG	Management
Patient received complete PrEP (Day 0 and 7) **OR** Patient received at least days 0 and 3 doses of PEP ID/IM	No	Determine if high or low risk bite (see Table 9b)
Patient received complete PrEP (Day 0 and 7) **OR** Patient received at least days 0 and 3 doses of PEP ID/IM **AND** Patient is immunocompromised **OR** bitten by a bat	Yes, if indicated	Give full course PEP
Patient did not complete PrEP **OR** Patient received only 1 dose of PEP	Yes, if indicated	Give full course PEP

Table 9b. Criteria for high and low risk exposures

Risk of exposure	Criteria	Recommendation
High Risk	**ANY ONE OF THE FOLLOWING:** 1. Biting animal cannot be observed, dies or is sick 2. Site of bite is in highly innervated parts of the body – neck, head, genital area, hands and toes 3. Multiple deep bites 4. Patient is coming from GIDA* areas, i.e. infrequent transportation to and from ABTC/ABC 5.* GIDA – Geographically Isolated and Disadvantaged areas	Immediately provide the booster injections to the patient **Booster doses:** 0.1 ml ID at 4 sites on day 0 **OR** 0.1 ml ID/IM at 1 site on days 0 and 3
Low Risk	Last dose of vaccine was within the previous 3 months **AND** Biting animal is healthy, owned, kept on a leash or can be confined and is available for observation **AND ANY ONE OF THE FF:** 1. Biting animal is the same animal that bit the patient previously **OR** 2. Biting animal is previously immunized **OR** 3. Bite is on the extremities/trunk	Observe biting animal for 14 days. If animal remains healthy, withhold booster dose

e.3. Patients who have previously received complete primary immunization with rabies vaccine have the advantage that booster doses will rapidly induce a large increase in antibody production (a "secondary response"). Therefore, there is no need to give RIG.

e.4 Patients who have not completed the primary immunization as described above shall receive full course including RIG if needed.

f. Management of Rabies Exposures from bites of animals vaccinated against rabies:

f.1. For Category 1 exposure, PEP is not needed.

f.2. For Category II exposures, the following are recommended:

f.2.1 Immediate washing of the bite wound for ten minutes and application of an antiseptic solution.

f.2.2 No human rabies vaccine shall be provided, provided that ALL of the following conditions are satisfied:

f.2.2.1 Dog/cat is healthy and available for observation for 14 days

f.2.2.2. Dog/cat was vaccinated against rabies for the past 2 years:

i. Dog/cat shall be at least 1 year 6 months old and has updated vaccination certificate from a duly licensed veterinarian for the last 2 years

ii. The last vaccination shall be within the past twelve (12) months, the immunization status of the dog/cat shall not be considered updated if the animal is not vaccinated on the due date of the next vaccination

f. 2.3. If the biting animal starts to show signs of rabies, immediately give vaccine and RIG.

f.2.4. If the biting animal remains to be healthy within 14 days, there is no need to administer CCEEV against rabies.

f.3. For Category III exposures, the following are recommended:

f.3.1 Immediate washing of the bite wound for ten minutes and application of an antiseptic solution.

f.3.2 CCEEV and RIG are immediately administered regardless of the status of the biting animal.

f.4. PEP shall not be required for bite/s of the following biting animals: rats, mice, guinea pigs, hamsters, rabbits, snakes and other reptiles, birds and other avians, insects and fish.

Table 10. Clinical Signs of Animal Rabies

Prodromal Stage (usually lasts 2-3 days; sometimes only a few hours)	
A. Changes in attitude/behavior/temperament such as unusual shyness or aggressiveness a. Friendly animal becomes aggressive b. Solitude c. Restlessness d. Snapping at imaginary objects e. Apprehension f. Nervousness g. Anxiety h. Barking/vocalization at the slightest provocation B. Dilated pupils; become myotic in advance state C. Mydriasis and/or sluggish palpebral or corneal reflexes D. Slight rise in body temperature (slight fever)	
Clinical Rabies	
Furious Stage (usually lasts 1-7 days)	**Paralytic (dumb) stage** (develops 2-10 days after clinical signs; usually last 2-4 days)
I. Increased response to auditory and visual stimulation such as • Restlessness • Photophobia • Hyperaesthesia, • Eating unusual objects • Aggression	Paralysis • Paralysis may begin at the bite area and progress until entire CNS involvement • Following paralysis of the head and neck, the entire body becomes paralyzes

• Attacking any live or inanimate objects II. Erratic behavior • Biting or snapping • Licking or chewing of wound/bite site • If caged, biting of their cage • Wandering and roaming • Excitability; • Irritability; • Viciousness III. Self-mutilation IV. Muscular in-coordination and seizures V. Disorientation • Roams and bites inanimate object and also other animals including man	• Change in tone of vocalization/barking (indicative of laryngeal/pharyngeal paralysis) • Hypersalivation or frothing ; drooling/slobbering of saliva (indicative of laryngeal/pharyngeal paralysis) • Dysphagia/difficulty/inability to swallow (indicative of laryngeal/pharyngeal paralysis) • "Jaw drop"/Dropped jaw due to masseter muscle paralysis (suspects foreign body in mouth or esophagus) • Pupil dilation or pupil constriction • Protrusion of third eyelid • Ataxia, progressive paralysis and cannibalism (terminal stage) • Coma and/or respiratory paralysis resulting in death within 2-4 days

D. Pre-exposure Prophylaxis

a. Benefits

- The need for passive immunization product (RIG) is eliminated
- PET vaccine regimen is reduced from five to two doses
- Protection against rabies is possible if PET is delayed
- Protection against inadvertent exposure to rabies is possible
- The cost of PEP is reduced

b. Target population

- Personnel in rabies diagnostic laboratories
- Veterinarians and veterinary students
- Animal handlers
- Health care workersdirectly involved in care of rabies patients
- Individuals directly involved in rabies control
- Field workers
- It is recommended that children 2-10 yrs old also be immunized because of the increased risk and severity of animal bites in this age group

c. Regimen:

Table 11. Pre-exposure Prophylaxis Schedule

Regimen	PVRV			PCECV		
	Day 0	Day 7	Day 21/28**	Day 0	Day 7	Day 21/28**
Intradermal (2 doses)	0.1 ml	0.1 ml	0.1 ml	0.1 ml	0.1 ml	0.1 ml
Intramuscular*	0.5 ml	0.5 ml	0.5 ml	1.0 ml	1.0 ml	1.0 ml

* Immunocompromised individuals should receive the full intramuscular regimen (Day 0, 7 and 21/28).

** For Immunocompetent individuals given WHO Pre-qualified CCEEV, Day 21/28 is not given.
For Immunocompetent individuals given non-WHO prequalified CCEEV, Day 21/28 is given)

d. Routine booster schedule for individual given Pre- Exposure Prophylaxis: (Table 12)

Not all individuals who have completed the PrEP shall receive routine booster doses of anti- rabies vaccine. Only high risk individuals whose exposures may not be known are recommended to have routine booster doses.

Table 12. Routine booster Schedule for individuals given Pre- Exposure Prophylaxis (PreP)

Type of Risk	Population at Risk	Recommended Booster Schedule (Without definite exposure)
High Risk (exposures may not be known)	1. Health workers handling rabies cases 2. Workers in rabies laboratories, 3. Veterinarians, 4. Veterinary students, 5. Animal handlers (dog trainers, workers in pet shops, zoos, etc.)	-1 Booster dose 1 year after primary immunization: a .One (1 site) 0.1 ml ID dose of PVRV or PCEC on DO; OR b. One (1site) Vial of 0.5 ml PVRV or 1.0 ml PCEC given intramuscularly on D0 -Thereafter, 1 booster, if Ab titers fall below 0.5 IU/ml **OR** - In the absence of serologic testing, 1 booster dose every 5 years
Low Risk (exposures are known)	General Population	No routine booster after primary immunization

E. Management of the Biting Animal

1. The biting animal shall be observed for 14 days. Adequate animal care shall be provided during the observation period.

2. It is advisable for patients to consult a veterinarian, whenever possible, regarding biting animal management especially when any of the following is observed:
   a. sudden change of behavior (from mild to vicious temperament or vice versa)
   b. characteristic hoarse howl
   c. watchful, apprehensive expression of the eyes, staring, blank gaze
   d. drooling of saliva
   e. paralysis or uncoordinated gait of hind legs
   f. marked restlessness, pacing in cage
   g. if at large runs aimlessly, biting anything in its way
   h. depraved appetite, self-mutilation
   i. in some cases, lies quiescent, biting when provoked
   j. snaps at imaginary objects
   k. paralysis of lower jaw and tongue; inability to drink
   l. sudden death without associated S/Sx

3. PEP utilizing non-WHO prequalified vaccine shall be discontinued if the biting animal remains healthy after the 14-day observation period. If the animal dies or gets sick, the head shall be submitted to the nearest rabies diagnostic laboratory for testing.

F. Dispensing of Anti-Rabies Immunizing Agent

1. Patients needing PEP shall be referred to the nearest Animal Bite Treatment Center/Animal Bite Clinic where anti-rabies immunizing agents (vaccines and RIG) are administered.

2. The following procedures shall be observed when assessing animal bite patients and dispensing anti-rabies immunizing agents:
   a. Assess the victim thoroughly and record in the Municipal/City/Hospital Rabies Surveillance Form (Facility-based form).
   b. Decide whether or not to initiate treatment using the Revised Guidelines on the Management of Animal Bite Patients as reference.
   c. If the situation warrants immunization (Category II and Category III), the patient shall be given the intradermal regimen. The other approved regimens may be used if the ID regimen is not feasible
   d. If indicated, the patient shall be provided the required dose of passive immunization products/RIG, if available, preferably ERIG or F(ab')2.
   e. Explain your decision to the patient with particular emphasis on adherence to treatment schedules, if immunization is indicated.

f. Observe courtesy and tactfulness when dealing with patients particularly among individuals who need not be immunized.
g. Give advice on the practice of Responsible Pet Ownership.

G. Priorities for Dispensing Vaccines

The following shall be the program's order of priority for dispensing vaccines:

a. Patients bitten by animals found to be positive by IFAT or for "Negri bodies" regardless of type of bite exposure
b. Patients with Category III exposure
c. Patients bitten by animals that are not available for observation (stray/slaughtered)
d. Individuals exposed to human rabies patients through bite/non-bite exposure as defined in table 1.
e. Patients with Category II exposure

H. Injection Safety:

A safe injection is defined by the World Health Organization as an injection that:

- Does not harm the recipient
- Does not expose the health staff to any avoidable risks
- Does not result in waste that is dangerous to the community.

1. Injection Equipment

b. Auto-Disable (AD) Syringes– are disposable injection devices that are especially made to prevent re-use and are therefore less likely than standard disposable syringes to cause person-to-person transmission of blood-borne diseases.

The program recommends that health workers shall use AD syringe in their respective ABTC.

c. Conventional Syringes– are plastic syringes with steel needles that are provided usually by the manufacturer in sterile package. The needle may either be fixed to the syringe when it is produced or attached by the health staff just before use.

2. Management of Sharp Wastes

Used syringes and needles shall never be dumped in open areas where people might pick them up, step on them, or come in contact with them in any way.

The need to better manage used or contaminated sharps shall be through the use of safety boxes or sharp containers. These are puncture-resistant containers where used syringes and needles can be immediately and temporarily stored after use until its final disposal.

3. Waste Disposal

Collector boxes filled with used syringes and needles shall be immediately brought to its final disposal. The program recommends the following methods of disposal:

- Use of septic vault

- Pit burial; and
- Waste treatment and final disposal to landfill

I. Roles and Responsibilities

1. **Central Office**
   The Disease Prevention and Control Bureau shall be responsible for procurement, allocation and distribution of vaccines and RIG and shall augment vaccine requirements for low – income municipalities with high incidence of rabies.
   All DOH Regional Offices shall be given allocation every quarter subject to availability of the immunological products.

2. **DOH Regional Office**
   The Regional Office, through the Director and the Rabies Control Program Coordinator shall be responsible for distribution of vaccines to the Provincial/City Health Offices.

3. **Local Government Units (LGUs)**
   The LGUs shall be encouraged to enact and strictly enforce ordinance relevant to rabies control. The Provincial Rabies Control Coordinators shall distribute the augmented vaccines of the Department of Health to the established Animal Bite Treatment Centers where human anti-rabies immunizing agents (vaccines and RIG) are administered. The LGUs shall encourage to allocate funds for its procurement.

VII. TRANSITORY PROVISION

Procurement of NON-WHO PREQUALIFIED CCEEV for government agencies shall cease when WHO pre-qualified vaccines become available and supplies become stable in the market.

VIII. REPEALING CLAUSE

Administrative Order No. 2014-0012 entitled "New Guidelines on the Management of Rabies Exposures" and all other issuances inconsistent or contrary to the provisions of this Order are hereby repealed or modified.

IX. EFECTIVITY

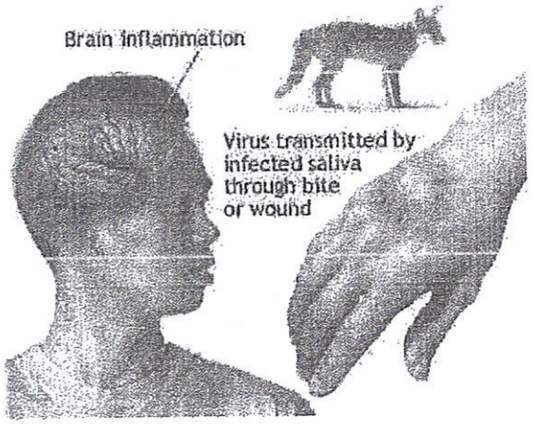
This Order shall take effect immediately.

FRANCISCO T. DUQUE, M.D., M.Sc.
Secretary of Health

CERTIFIED TRUE COPY
APR 16 2018
CORAZON S. DELA CRUZ
RMTS - RECORDS SECTION
Department of Health

Rabies

Rabies is a deadly viral infection that is mainly spread by infected animals.



Cause
Rabies virus

Mode of Transmission
Close contact with infected saliva (rabies virus) via bites or scratches from rabid animals, like dogs

Signs and Symptoms
- Headache and fever
- Pain or numbness of bite site
- Delirium and paralysis
- Muscle spasms
- Hydrophobia and aerophobia

Treatment (When Bitten by a Dog)
- Wash the wound immediately with soap and running water.
- Consult immediately even while observing the dog.
- Observe the dog for 14 days and consult your physician if any of the following occurs:
  - Dog becomes wild and runs aimlessly.
  - Dog drools (saliva).
  - Dog bites any moving or non-moving object.
  - Dog does not eat or drink.
  - Dog dies within observation period.
- If dog cannot be observed (stray dog), or if suspected to be rabid, consult your physician immediately or go to the nearest Animal Bite Treatment Center in your area.

Prevention and Control
Be a responsible pet owner.
- Have your pet dog immunized by a veterinarian against rabies at 3 months old and every year thereafter.
- Never allow your pet dog to roam the streets.
- Take care of your pet dog: bathe it; give it clean food; and provide clean sleeping quarters.

As an individual
- Get yourself pre-exposure anti-rabies vaccine, especially if you have a high-risk occupation.

References
- Centers for Disease Control and Prevention. (2011). Rabies. Retrieved from http:// wwwnc.cdc.rabies.htm
- DOH Philippines. (2005). Health Advisory on Rabies.
- World Health Organization. (2011).Rabies. Retrieved from http:// www.who.int/mediacentre/factsheets/fs099/en/

Image from http://www.rabies-symptoms.org/

Basta Wais, IWAS RABIES!

Communication Toolkit

Through this campaign, we want to...

1. Increase community awareness on how to prevent and control rabies
2. Encourage families to practice the right behaviors to prevent and control rabies

Message Pillars

1. **Bite Prevention**
2. **Bite Management**
3. **Dog Vaccination**

Intended Audiences

Primary Audience: **Mother / Wife**

- "Guardian of care"

Secondary Audience: **Family Members**

- Children under the age of 15
- Father / husband
- Grandparents

We want our audience to...

	THINK	FEEL	DO
Bite Prevention	• There are safe ways to interact with dogs.	• Capable of avoiding bites/scratches.	• Teach family members how to safely interact with dogs.
Bite Management	• All dog bites/scratches need proper cleaning and immediate medical attention.	• Sense of urgency if a family member is scratched/bitten. • Capable of managing the bite/scratch and seeking help from a healthcare worker.	• If someone from my family is bitten or scratched by a dog, I will immediately wash the wound with soap and water, then go to a health facility.
Dog Vaccination	• Rabies is a real threat to my family. • Vaccines for dogs are safe and effective in preventing rabies. • Vaccination for dogs is done annually.	• Confident that vaccine for dogs are beneficial for them, their family, and their pets.	• Vaccinate my dog every year and keep a record of it.

About this Toolkit

This toolkit provides multi-media materials and guides for the following channels:

1. Social media
2. Community spaces
3. Radio
4. Community engagement

It also includes a tool to help monitor the implementation of the campaign materials.

Campaign Logo

full color with gradient (main)

other versions for print

Download files here

Refer to logo guidelines here

SOCIAL MEDIA

Social Media

- Content plan
  - Three (3) videos
  - Twelve (12) social media posts (art cards and captions)

Social Media Content Plan

Teaser

Art Card 1
Meet the Wais family and their dog Chabchab

SOCIAL MEDIA

Social Media Content Plan

Bite Prevention

Video 1
What to do *when the dog gets anxious*

Art Card 2
When not to approach or touch dogs

Art Card 3
How to safely play with your pet dog

Art Card 4
What to do when you encounter an unfamiliar dog

Art Card 5
Symptoms of rabies on dogs (paralytic & furious)

Social Media Content Plan

Bite Management

Video 2
What to do when bitten or scratched by a dog

Art Card 6
Proper first aid

Art Card 7
What to do when bitten or scratched by a dog

Art Card 8
Seek consultation

Social Media Content Plan

Dog Vaccination

Video 3
Vaccinating dogs every year

Art Card 9
When to vaccinate dogs

Art Card 10
Facts about rabies

Art Card 11
Pre/post-vaccination reminders

Art Card 12
Responsible pet ownership

SOCIAL MEDIA

Suggested Posting Schedule

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Week 1		Art Card 1		**Video 1**		Art Card 2	
Week 2		Art Card 3		Art Card 4		Art Card 5	
Week 3		**Video 2**		Art Card 6		Art Card 7	
Week 4		Art Card 8		**Video 3**		Art Card 9	
Week 5		Art Card 10		Art Card 11		Art Card 12	

SOCIAL MEDIA

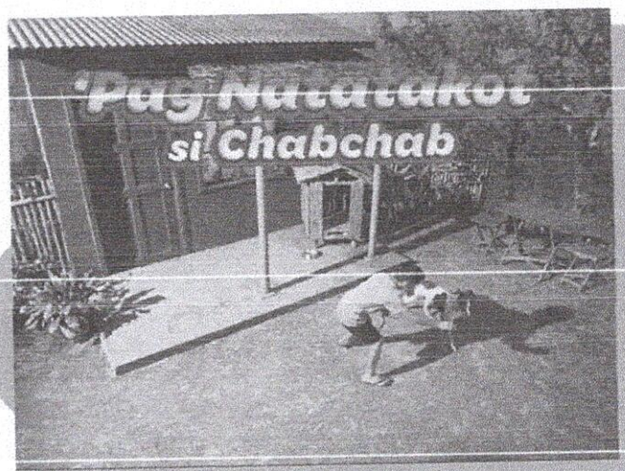
Video 1: Bite Prevention

Suggested Caption:

Ano nga ba ang dapat gawin 'pag natatakot si Chabchab? Buti na lang at nakinig si Junjun kay Nanay Baby!

Sa unang video na ito, alamin ang wais tips ni Nanay Baby para mapakalma ang alagang aso kapag natatakot.

#BastaWaisIwasRabies #RabiesFreeby2030 #OneHealth4All



Download video here

SOCIAL MEDIA

Video 2: Bite Management

Suggested Caption:

Nakagat o nakalmot ng aso? Wag balewalain! Alamin ang dapat gawin kasama ang Pamilyang Wais.

#BastaWaislwasRabies #RabiesFreeby2030
#OneHealth4All

Download video here

SOCIAL MEDIA

Video 3: Dog Vaccination

Suggested Caption:

Mahalaga ang pagbabakuna ng mga alagang aso kada taon para ligtas ang lahat sa rabies.

Taun-taon dinadala ng pamilyang Wais si Chabchab sa beterinaryo para mabakunahan. Makipag-ugnayan sa inyong baranggay o lokal na pamahalaan para malaman kung saan pwede pabakunahan ang inyong mga alaga.

#BastaWaislwasRabies #RabiesFreeby2030
#OneHealth4All

Download video here

SOCIAL MEDIA

Art Card 1

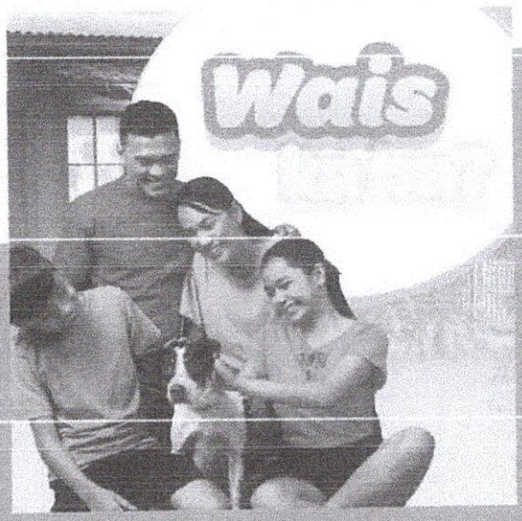
Suggested Caption:

Alam niyo ba kung paano makakaiwas sa rabies?

Subaybayan ang kwento ng pamilyang Wais at ng kanilang aso na si Chabchab para malaman kung paano makakaiwas sa panganib ng rabies.

Basta wais, iwas rabies!

#BastaWaisIwasRabies #RabiesFreeby2030 #OneHealth4All



Download art card here

SOCIAL MEDIA

Art Card 2

Suggested Caption:

Alamin ang tamang pakikitungo sa aso para makaiwas sa kagat o kalmot nito. Ang aming wais tip: huwag lapitan o hawakan ang aso kapag nakikita ang mga kilos o senyales na ito.

Tayo'y maging wais laban sa rabies para ma-achieve natin ang rabies-free Philippines!

#RabiesFreeby2030 #BastaWaisIwasRabies #OneHealth4All

Download art card here

Art Card 3

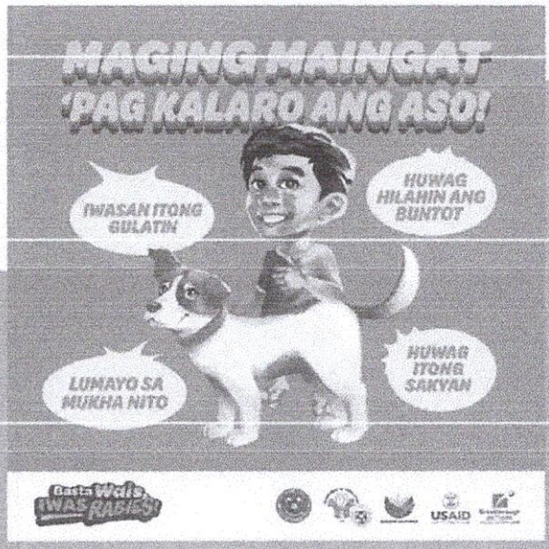
Suggested Caption:

Ang mga aso ay ating mga kaibigan, pero kailangan natin maging maingat kapag nakikipaglaro sa kanila. Turuan natin ang mga bata na sundin ang mga simpleng paalala na ito para maiwasan ang kagat o kalmot.

Tandaan, ang rabies ay isang seryosong sakit, pero kayang iwasan!

#RabiesFreeby2030 #BastaWaisIwasRabies #OneHealth4All

SOCIAL MEDIA



Download art card here

Art Card 4

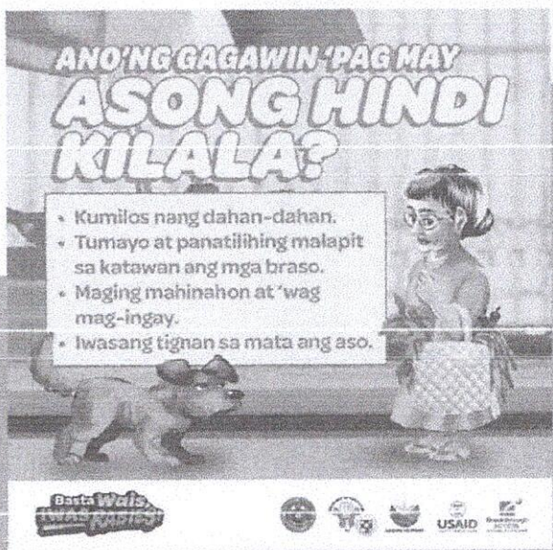
Suggested Caption:

Mag-ingat sa pakikitungo sa aso para maka-iwas sa kagat o kalmot.

Ang aming wais tip: Alamin ang mga pwedeng gawin kapag may nakasalubong na asong hindi kilala!

#RabiesFreeby2030 #BastaWaisIwasRabies #OneHealth4All

SOCIAL MEDIA



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SOCIAL MEDIA

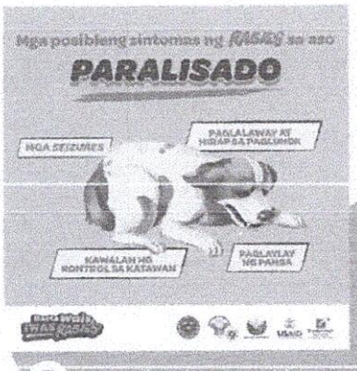
Art Card 5

Suggested Caption:

Alam niyo ba na hindi lahat ng asong may rabies ay agresibo o parang nauulol? Maaaring may rabies ang isang aso kahit wala ito ng mga pangkaraniwang sintomas.

Maiging alamin ang mga senyales ng rabies para maprotektahan ang iyong pamilya at mga alagang aso! Kung may aso na pinaghihinalaang may rabies, iwasan ito at agad ireport sa inyong baranggay.

#RabiesFreeby2030 #BastaWaisIwasRabies
#OneHealth4All



Download art card here

Download art card here

SOCIAL MEDIA

Art Card 6

Suggested Caption:

Nakagat o nakalmot ng aso? Alamin ang tamang first aid para protektado laban sa rabies.

1. Agad na hugasang maigi ang sugat gamit ang sabon at tubig nang 10-15 minuto.
2. Pwedeng lagyan ng alcohol o iodine para ialagang malinis. Iwasang mag-apply ng iba pang bagay sa sugat!

Tandaan, ang agad na paglilinis ng sugat ay susi sa iyong kaligtasan.

#RabiesFreeby2030 #BastaWaisIwasRabies
#OneHealth4All

Download art card here

SOCIAL MEDIA

Art Card 7

Suggested Caption:

'Wag balewalain ang kagat o kalmot ng aso! Alamin ang Wais Tips para maiwasan ang nakamamatay na rabies.

#RabiesFreeby2030 #BastaWaisIwasRabies #OneHealth4All

Download art card here

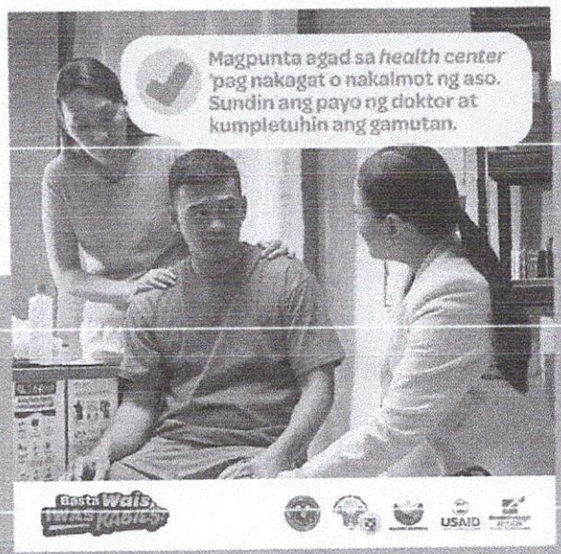
SOCIAL MEDIA

Art Card 8

Suggested Caption:

Ang wais, kumukonsulta sa eksperto para siguradong ligtas. Pag nakagat o nakalmot ng aso, huwag mag-atubiling pumunta sa pinakamalapit na health center. Sundin ang payo ng doktor at kumpletuhin ang gamutan para makaiwas sa rabies!

#RabiesFreeby2030 #BastaWaisIwasRabies #OneHealth4All



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Art Card 9

Suggested Caption:

Ang wais pet owner, taun-taon pinababakunahan ang alagang aso laban sa rabies!

Kung kayo ay may tuta na wala pang 3 buwang gulang, ilayo muna ito sa ibang mga hayop at pabakunahan kapag ito ay edad 3 buwan na.

Maki-isa at maging responsableng pet owner para sa rabies-free Philippines!

#BastaWaisIwasRabies #RabiesFreeby2030 #OneHealth4All

SOCIAL MEDIA

Download art card here

Art Card 10

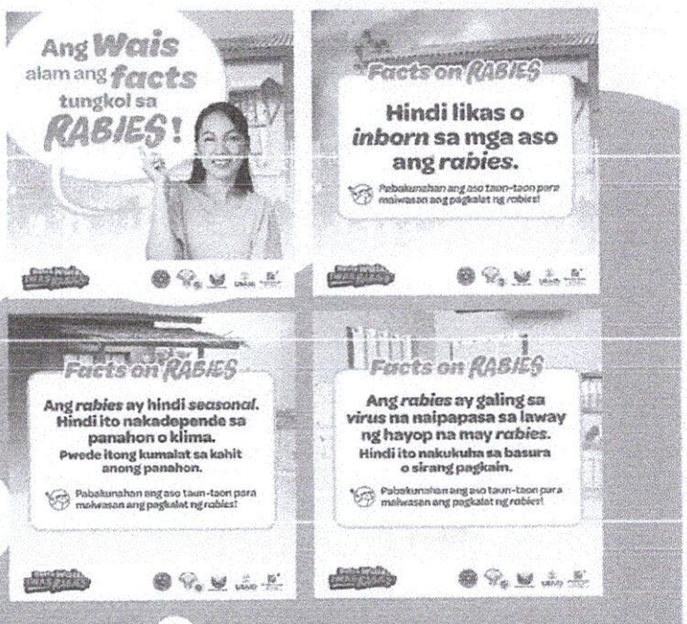
Suggested Caption:

Maging wais at alamin ang tamang impormasyon tungkol sa rabies.

Narito si Nanay Baby para magbahagi ng kaalaman at paalalahanan ang mga may alagang aso na pabakunahan ang mga ito taun-taon.

#RabiesFreeby2030 #BastaWaisIwasRabies #OneHealth4All

SOCIAL MEDIA



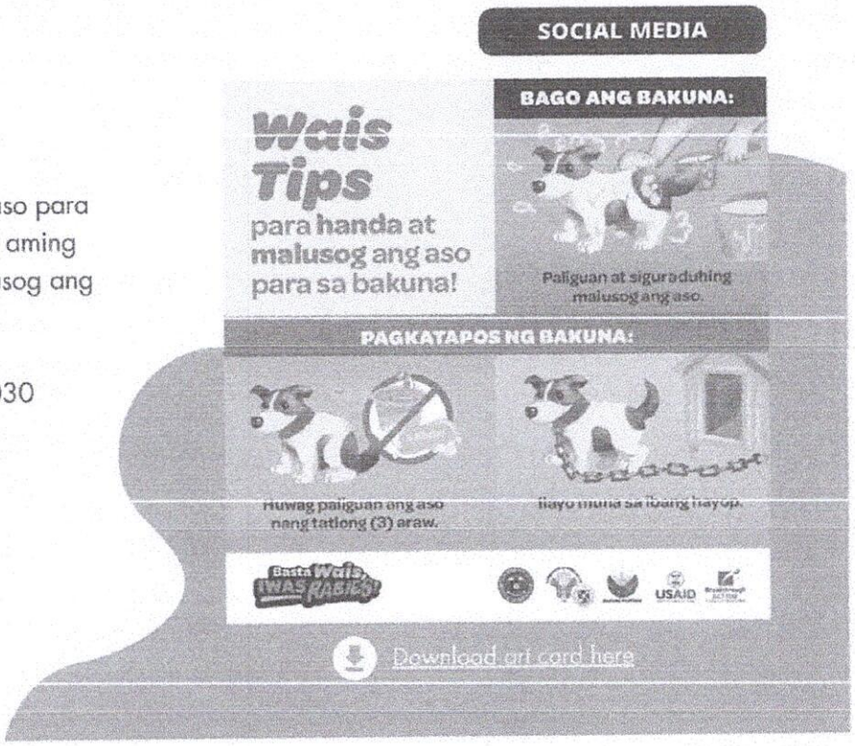
Download art cards here

Art Card 11

Suggested Caption:

Handa na ba ang inyong mga alagang aso para sa kanilang taunang bakuna? Narito ang aming wais tips para masigurong handa at malusog ang inyong mga alaga.

#BastaWaisIwasRabies #RabiesFreeby2030
#OneHealth4All

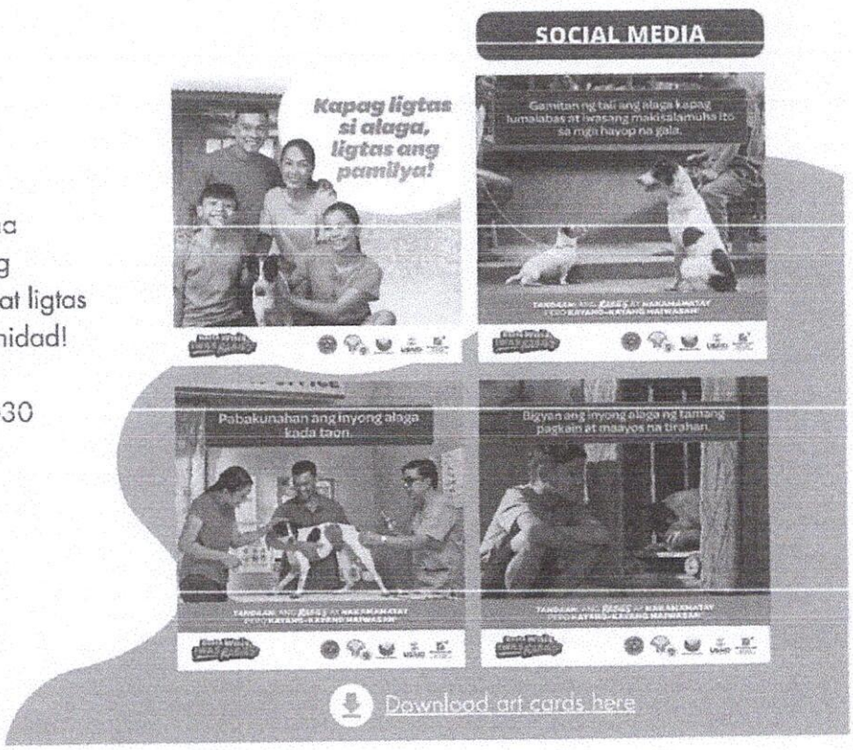


Art Card 12

Suggested Caption:

Ang pag-aalaga ng aso ay may kalakip na responsibilidad. Sundin ang mga simpleng paalala na ito para masigurong malusog at ligtas ang ating alaga, pamilya at buong komunidad!

#BastaWaisIwasRabies #RabiesFreeby2030
#OneHealth4All



Community Spaces

Materials can be displayed in high-traffic and strategic locations like barangay halls, public markets, schools, tricycle or jeepney terminals, and community centers.

Digital asset: videos

- Play the videos in any public space with high foot traffic and where there is a TV or LED screen

COMMUNITY SPACES

Community Spaces

Materials can be displayed in high-traffic and strategic locations like barangay halls, public markets, schools, tricycle or jeepney terminals, and community centers.

Audio asset: bandilyo

- Contact the team responsible for the bandilyo to schedule the broadcast and provide them with the script or audio file.
- Plan the routes for the bandilyo, targeting high-density areas.
- Schedule announcements during times when people are likely to be in those areas.

Download sample audio file here

Community Spaces

Materials can be displayed in high-traffic and strategic locations like barangay halls, public markets, schools, tricycle or jeepney terminals, and community centers.

Print assets: posters, tarps, and fan

- Print sufficient quantity for wide distribution in different areas
- LGU logo/s can be added between the DA-BAI and Bagong Pilipinas logo

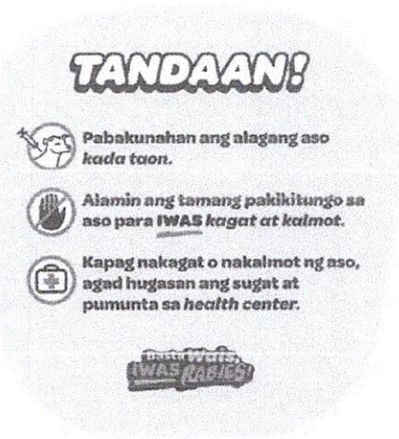
Print Assets

Poster: 18x24in

Download files here

Print Assets

Fan: 8x8in



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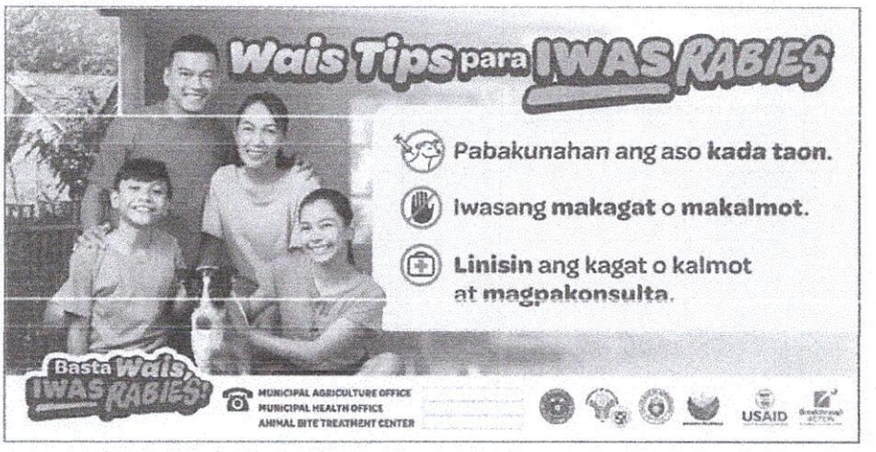
COMMUNITY SPACES

Print Assets

Roadside banner: 4x8 ft



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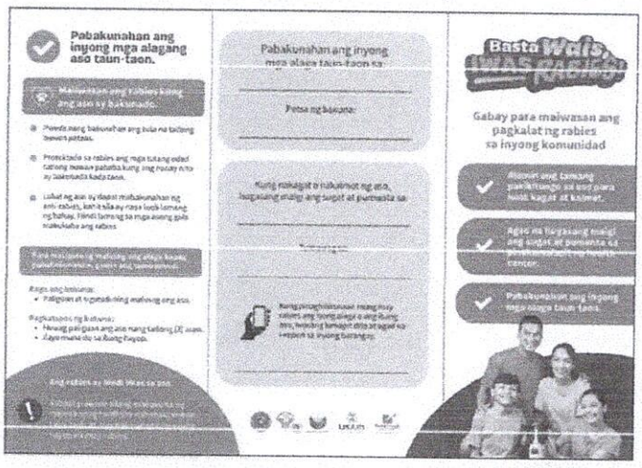
Print Assets

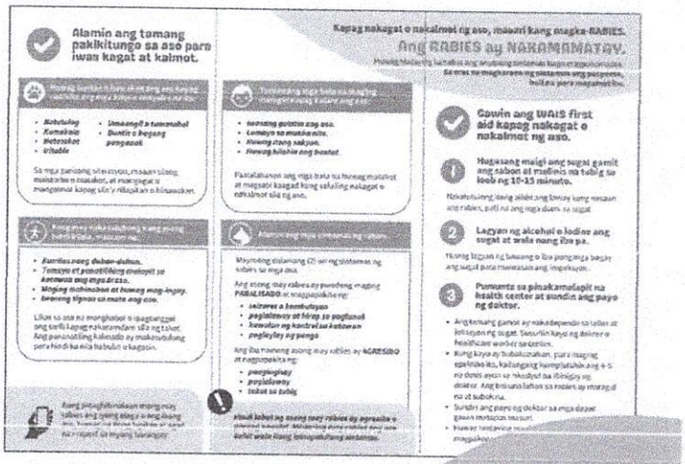
Large poster: 3x2 ft

Download file here

Print Assets

Tri-fold Brochure (A4: 8.3 x 11.7)





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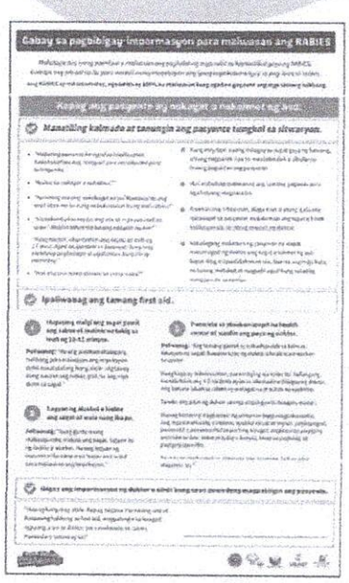
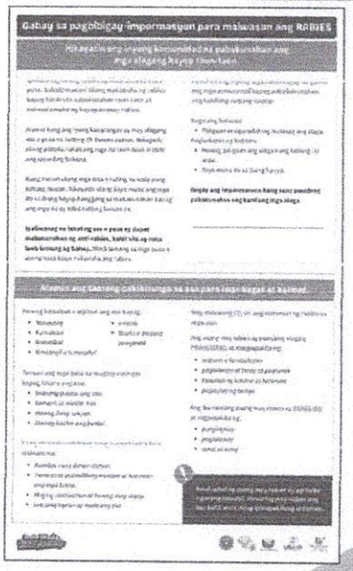
Print Assets

Job Aid (legal: 8.5 x 14in)





Download files here

Radio

Audio material and script can be used for radio broadcasting.

Radio commercial 30-seconds

- Identify local radio stations that cater to the city/municipality and province.
- Arrange for the radio commercial to be played multiple times throughout the day.

Download file here

Broadcaster's spiel and talk points

- Use the script and talk points for radio guestings. Tweak the language as necessary.
- Leverage existing radio programs/partnerships, if any.
- Broadcast during peak listening hours (e.g. morning and late afternoon)

Download document here

RADIO

Talk Points

Rabies is a deadly disease that spreads through animal saliva, bites and/or scratches.

- Treat all animal bites and scratches seriously.

Bite Prevention

- Dogs and other animals may bite for many reasons. Do not bother and stay away from dogs and other animals when they are sleeping, eating, or when they are anxious.
- Avoid stray dogs and animals that you do not know, even if they look friendly.

Bite Management

- Wash any animal bite or scratch immediately with soap and clean water for 10-15 minutes.
- After thoroughly washing a bite or scratch, go to your nearest health facility immediately for medical advice and treatment.

Dog Vaccination

- Vaccination is the most effective way to prevent rabies in animals.
- Rabies vaccinations are given annually starting at 3 months old.

COMMUNITY ENGAGEMENT

Community Engagement

Learning about rabies through fun-filled activities and challenges.

- Interactive modules that focus on the three key behaviors:
  - bite prevention
  - bite management
  - dog vaccination
- Each session is 30-40 minutes long
- Activities can be modified according to the audience and available learning resources.

Download module here

Monitoring and Reporting the Results

CHANNELS	MOVs Needed
Social Media	Screenshot of social media analytics showing the numbers on reach
Radio	Certification from the radio station
Bandilyo	Certification from the operator, estimation of the number of people living in the routes covered
Prints	Acknowledgement receipt / distribution list / invoice
Community Engagement	Attendance sheets, facility logbooks

Steps:

1. Download the monitoring sheet here to report the results of your posts.
2. Extract data between 28 September 2024 and 31 October 2024.
3. Record your result on the monitoring sheet and don't forget to secure the MOVs
4. For more detailed guidance on the data to be monitored and reported, go to this link.

THANK YOU!

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