What is Rabies?

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- Rabies is a 100% fatal disease transmitted by animals to humans.¹
 - Virus reaches brain and causes fatal encephalitis.
- Virus ascends spinal cord.
- Virus moves up peripheral nervous system to CNS.
- Virus replicates in muscle near bite.

 Virus enters salivary glands and other organs of victim.

Progression of the Rabies Virus



Virus enters tissue from saliva of biting animal.





Definition

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- 2. Introduction
- 3. Diagnosis
- Sign & Symptoms
- 5. Prognosis
- 6. Treatment
- 7. Prevention

REFINITION

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- Rabies is a viral disease that causes acute encephalitis (inflamm ation of the brain) in warmblooded animals
- Rabies is a zoonotic disease (a disease that is transmitted to humans from animals) that is caused by a virus



INTRODUCTION



- The disease infects domestic and wild animals, and is spread to people through close contact with infected saliva via bites or scratches.
- Dogs are the source of 99% of human rabies deaths
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 - Once symptoms of the disease develop, rabies is nearly always fatal.

















SOURCE OF INFECTION

- The source of infection to man is the saliva of rabid animals.
- In dogs & cats, the virus may be present in the saliva for 3-4 days before the clinical onset & during the course of illness till death.





INCUBATION PERIOD



- It is highly variable in man, commonly 3-8 weeks following exposure.
 - + The closer the bite to the brain, the shorter the incubation.
 - + Rabies virus travels 1 cm per day.



Rabies











SIGN & SYMPTOMS

- Bizarre behavior.
- Agitation
- Seizures.
- Difficulty in drinking.
- Patients will be able to eat solids
- Afraid of water Hydrophobia.
- Even sight or sound of water disturbs the patient.
- But suffer with intense thirst.
- Spasms of Pharynx produces choking
- Death in 1 -6 days.
- Respiratory arrest / Death / Some may survive.







CONTI....

- Headache, fever, sore throat
- Nervousness, confusion
- Pain or tingling at the site of the bite
- **×** Hallucinations
 - + Seeing things that are not really there

Hydrophobia

- + "Fear of water" due to spasms in the throat
- Paralysis
 - Unable to move parts of the body
- Coma and death

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Brain inflammation



Virus transmitted by infected saliva through bite or wound





× PRE EXPOSURE PROPHYLAXIS

× POST EXPOSURE PROPHYLAXIS

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PREEXPOSURE VACCINATION





PRE EXPOSURE PROPHYLAXIS

- R
- Provided to subjects at risk before occupational or vocational exposure to rabies.
 - Subjects include diagnosticians, laboratory & vaccine workers, veterinarians, cavers, etc.
 - Simplifies post exposure management.
 - Only vaccines used.







PEP (POST EXPOSURE PROPHYLAXIS)

- Provided to subjects after rabies exposure.
- Consists of wound care, rabies immune globulin, and vaccine.
- × Cleansing
- Chemical Treatment
- × Suturing
- Anti-Rabies Serum
- Antibiotics & anti-tetanus measure
- Observe the animal for 10 days.





Wash the area of an animal bite thoroughly









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- Wash lesions well with soap and water (tetanus booster)
- Infiltrate rabies immune globulin (20 IU/kg) into and around the margin of the bites.

Administer vaccine on days 0,3,7,14, and 28. (90)





RABIES IMMUNOGLOBULIN



Two Human Rabies Immunoglobulins are available;

Both supplied in vials at ~ × 150 IU/ml





Wound cleaning & treatment





Initial treatment for an animal bite should include thorough cleansing however all animal bites should be seen by a physician

ANTIBIOTIC



Apply pressure if bite is actively bleeding

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DAM.



NDC 49281-250-51 List No 2501 **Rabies Vaccine** IMOVAX' RABIES

PRE- AND POSTEXPOSURE

NOT FOR INTRADERMAL USE

Water Rabies Virus Strain PM-1503-3M-Grown in Human Diplost Call Cultures-Single Dose-Lyophiltzed Vaccine-Low Syrrige with Sourise Wester for Ingentee USP, one needle for reconstitution

FOR INTRAMUSCULAR INJECTION

TREATMENT

× POST-EXPOSURE TREATMENT (PET) LOCAL WOUND TREATMENT

- Wash with soap/detergent and water preferably for 10 mins.
- Apply alcohol, povidone iodine/ any antiseptic
- Anti-Tetanus
- *Avoid suturing wounds
- *Don't apply ointment, cream/ wound dressing





- Amoxicillin
- Cloxacillin

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- Cefuroxime
- *For those instances where there's no obvious signs of infection(Amoxicillin as prophylaxis)

***Educate the public simple local wound treatment & warn not to use procedures that may further contaminate the wounds

VACCINE ADMINISTRATION



- Intramuscular Schedules
 - 6 doses schedule
 - Reduced multisite intramuscular regimen (2-1-1)
- 2. Intradermal Schedules
 - 2-Site Intradermal schedule(2-2-2-0-1-1)
 - 8-Site intradermal schedule(8-0-4-0-1-1)

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(INTRADERMAL SCHEDULE)

Day of Immunization	PVRV/PCECV	Site
DAY 0	0.1 ml	L & R deltoids/ anterolateral thighs of infants
DAY 3	0.1 ml	L & R deltoids/ anterolateral thighs of infants
DAY 7	0.1 ml	L & R deltoids / anterolateral thighs of infants
DAY 28/30	0.1 ml	L & R deltoids/ anterolateral thighs of infants



INTRAMUSCULAR SCHERULE

Day of Immunization	PVRV	PCECV	Site
Day 0	0.5 ml	1.0 ml	One deltoid/ anterolateral thigh of infants
Day 3	0.5 ml	1.0 ml	Same
Day 7	0.5 ml	1.0 ml	Same
Day 14	0.5 ml	1.0 ml	Same
Day 28	0.5 ml	1.0 ml	same



MANAGEMENT OF BABIES PATIENT

- Once symptoms start, treatment should center on comfort care, using sedation & avoidance of intubation & life support measures once diagnosis is certain
 - 1. MEDICATIONS
 - a. Diazepam
 - b. Midazolam
 - c. Haloperidol + Dipenhydramine

2. SUPPORTIVE CARE



- Pts w/ confirmed rabies should receive adequate sedation & comfort care in an appropriate medical facility.
- Once rabies diagnosis has been confirmed, invasive procedures must be avoided
- Provide suitable emotional and physical support
- Discuss & provide important info. to relatives concerning transmission of dse. & indication for PET of contacts
- Honest gentle communication concerning prognosis should be provided to relatives of pt

3. INFECTION CONTROL





- Patient should be admitted in a quiet, draft-free, isolation room
- HLCR workers & relatives in contact w/ pt should wear proper personal protective equipment (gown, gloves, mask, goggles)

4. DISPOSAL OF DEAD BODIES