

संघ राज्य प्रशासन, लद्दाख
स्वास्थ्य एवं चिकित्सा शिक्षा विभाग



The Administration of
Union Territory of Ladakh
Health and Medical Education
Department

File No: M-13/6/2025-OFFICE OF SNO(NPCCHH)/1281-88

ईमेल [Email: Addrsecyhutladakh@gmail.com](mailto:Addrsecyhutladakh@gmail.com)

यूटी सचिवालय, लेह/ **UT Secretariat, Leh**

Notification

Ladakh, the 19th February, 2025.

S.O. 18. *Whereas*, rabies is an acute viral disease that causes fatal encephalomyelitis in virtually all warm-blooded animals, including humans, and is transmitted through animal bites with an extremely high fatality rate. However, Rabies is completely preventable with timely and appropriate Post Exposure Prophylaxis (PEP). In order to achieve the WHO Goal of zero deaths due to human Rabies by 2030, it is important to establish a robust surveillance and disease reporting system to accurately assess the disease's magnitude. This will facilitate the development of region-specific strategies for the prevention, control, and elimination of rabies.

And Whereas, the Ministry of Health and Family Welfare Department, Government of India in its letter vide D.0 No 2283429/NRCP/DZDP-NCDC/DGHS dated 20th September, 2021 requested all States/UTs to make Human Rabies a Notifiable disease, thereby making mandatory for all government and private health facilities (including Medical colleges) to report all suspected, Probable and Confirmed Human Rabies cases as per '*Guidance Document for Rabies as a Notifiable Diseases*' formulated by National Rabies Control Program (NRCP), Ministry of Health & Family Welfare, Government of India. Notification will facilitate contact tracing and timely prophylactic measures to prevent infection in individuals exposed to the same source.

Now, therefore, in exercise of the powers conferred by section 12 (1) (iii) and section 42 of Clinical Establishments (Registration and Regulation) Act, 2010, the Lieutenant Governor of Union territory of Ladakh hereby declares 'Human Rabies' as a 'Notifiable Disease' in the Union territory of Ladakh.

Further, all government and private health facilities (including the Medical Colleges), shall immediately report all suspected, probable, and confirmed cases of 'Human Rabies' in accordance with the '*Guidance Document for Rabies as Notifiable Diseases*' formulated by the

National Rabies Control Program (NRCP). Reports shall be submitted to the Chief Medical Officer of the concerned district, with a copy to the State Nodal Officer, NRCP, in the prescribed format appended as **Annexure-I** and **Annexure-II** to this notification.

By order of the Administration of Union Territory of Ladakh.

Sd/-
Dr. Vasanthakumar Namasivayam (IAS)
Commissioner/Secretary
Health & Medical Education Department

Copy to the: -

1. Secretary to the Hon'ble Lieutenant Governor, Union Territory of Ladakh.
2. Commissioner Secretary, Animal Husbandry and Fisheries Department, UT of Ladakh.
3. Mission Director, National Health Mission, Union Territory of Ladakh
4. Deputy Commissioner, Leh/Kargil.
5. Director Health Services, Union Territory of Ladakh.
6. Technical Director, NIC for uploading on UT website.
7. Chief Medical Officer, Leh/Kargil.
8. Private Secretary to Chief Secretary, UT of Ladakh for the information of the Chief Secretary, UT of Ladakh.
9. State Nodal Officer, NRCP, Union Territory of Ladakh.

Jigmet Angchuk (JKAS)
Under Secretary
Health & Medical Education Department
UT of Ladakh

Annexure-I

'Human Rabies' case is defined as follows:

1. Suspected Case: *(To be reported by Hospital/Clinics)*

Definition:

Death of a human with history of dog bite few weeks/months preceding death. Wherever available, the details of such cases should be shared in a line list-Name, Age, Gender, Address, etc.

2. Probable Case: *(To be reported by Hospital/Clinics)*

Definition:

A suspected human case plus history of exposure to a (suspect/probable) rabid animal.

- 2.1** Exposure is usually defined as a bite or scratch from a rabies-susceptible animal (usually dogs). It could also be lick exposure to open wound, abrasion, mucous membranes of the patient.
- 2.2** A suspect rabid animal is a rabies-susceptible animal (usually dogs) which presents with any of the following signs at time of exposure or within 10 days following exposure: unprovoked aggression (biting people or animals or inanimate objects), hypersalivation, paralysis, lethargy, abnormal vocalization, or diurnal activity nocturnal species. Whenever the history of mentioned signs cannot be elicited, history of exposure to rabies-susceptible animal would be considered adequate.
- 2.3** A probable rabid animal is a suspect rabid animal (as defined above) with additional history of a bite by another suspect / probable rabid animal and/or is a suspect animal that is killed, died, or disappeared within 4-5 days of observing illness sign. Wherever available, the details of such cases should be shared in a line list as per **Annexure II**.

3. Laboratory Confirmed Case: *(To be reported by laboratories)*

Definition: A suspect or a probable human case that is laboratory-confirmed.

Laboratory confirmation by one or more of the following:

- 3.1** Detection of rabies viral antigens by direct fluorescent antibody test (FAT) or by ELISA in clinical specimens, preferably brain tissue (collected post mortem).
- 3.2** Detection by FAT on skin biopsy (ante mortem).
- 3.3** FAT positive after inoculation of brain tissue, saliva or CSF in cell culture, or after intracerebral inoculation in mice or in suckling mice.
- 3.4** Detectable rabies-neutralizing antibody titre in the serum or the CSF of an unvaccinated person.
- 3.5** Detection of viral nucleic acids by PCR on tissue collected post mortem or intra vitam in a clinical specimen (brain tissue or skin, cornea, urine or saliva)

Annexure-II**NATIONAL RABIES CONTROL PROGRAM****Format for Human Rabies Notification**

Date: DD.MM.YYYY

Name of Health Facility:

Complete Address of Health Facility:

District:

State:

Pin Code:

Name of reporting Health Professional:

Name of Patient*	
Age*	
Sex (M/F/Transgender) *	
Address*	
Contact No.	
Biting Animal (Dog/Cat/ Monkey/ any other specify) *	
Date(s) of bite/scratch	
Geographical Address of biting event(s)	
Category of Bite: (I/II/III)	
PEP (Yes/No/DK);	
Immunoglobulin (Yes/No/DK)	
Case Definition*: Suspect/ Probable/ Laboratory Confirmed	
Date of Diagnosis	
Method of Diagnosis**	
Date of Death (if applicable; in some cases, notification may precede mortality)	

(* Mandatory Field, ** Mandatory if notifying facility is Laboratory)