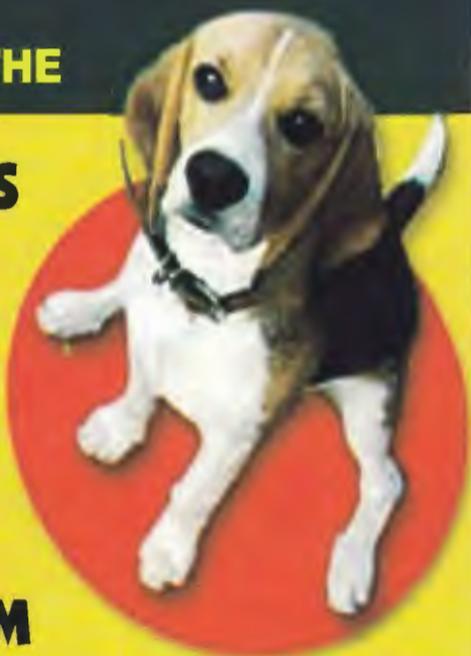


**" THE ASSESSMENT OF THE**

**NATIONAL RABIES  
PREVENTION,  
CONTROL AND  
VACCINATION  
P R O G R A M**



**OF THE BUREAU OF ANIMAL INDUSTRY"**

Acad. **TEODULO M. TOPACIO, JR.**  
Editor



National Academy of Science and Technology, Philippines  
Department of Science and Technology  
Bureau Of Animal Industry - Department of Agriculture

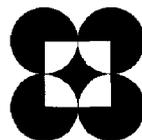
# **“The Assessment of the National Rabies Prevention, Control and Vaccination Program of the Bureau of Animal Industry”**

National Academy of Science and Technology, Philippines  
Department of Science and Technology

Bureau of Animal Industry-Department of Agriculture

Teodulo M. Topacio Jr. Foundation, Inc.

NAST Monograph No. 7  
November 2005



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**“The Assessment of the National Rabies Prevention, Control  
and Vaccination Program of the Bureau of Animal Industry”**

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## Foreword

The National Academy of Science and Technology (NAST), Philippines, continues to diligently perform its advisory function. The Academy remains proactively involved with legislative agenda and consistently gives advice to the Executive Branch on matters related to S&T. One of these is the concern on rabies.

Despite the advances in modern science, rabies remains one of the most pressing health concerns in the country. And high mortality rate due to rabies is indeed alarming. The Department of Health estimated that at least 300 to 600 Filipinos die of rabies every year while our country ranked third worldwide in rabies incidence in the year 2000. Canine species are considered as the main source of rabies in the country (98%) followed by the feline species (2%). The virus from the saliva of an infected animal can cause deadly disease to the human bitten by the animal.

In an effort to address the issue of rabies incidence in the country, the National Academy of Science and Technology in partnership with the Bureau of Animal Industry of the Department of Agriculture held a Round Table Discussion entitled: "Assessment of the National Rabies Prevention, Control and Vaccination Program of the Bureau of Animal Industry". The said round table aimed to assess and evaluate the National Rabies Prevention, Control and Vaccination program of the Bureau of Animal Industry; at the same time to seek funding support for the eradication of rabies in the Philippines.

And on behalf of the Academy, let me congratulate and express my sincerest gratitude to the Department of Agriculture especially to the Bureau of Animal Industry and to Academician Teodulo M. Topacio Jr., who at the same time is the Chair of the National Advisory Committee for Animal Disease Control and Emergency (NAC-ADCE), for partnering with the Academy in our endeavor to achieve a Rabies-Free Philippines by the year 2020.

This monograph is a solid proof our commitment to the varied issues and numerous concerns surrounding rabies in the country.

Thank you very much *at mabuhay tayong lahat*.

  
Acad. Perla D. Santos Ocampo  
President

National Academy of Science and Technology, Phils.

## **Acknowledgments**

In behalf of the National Academy of Science and Technology, I would like to extend our deep gratitude for the following agencies who cosponsored the “Roundtable Discussion (RTD) on The Assessment of the National Rabies Prevention, Control and Vaccination Program of the Bureau of Animal Industry”:

Bureau of Animal Industry, Department of Agriculture  
Broadchem Inc.  
Intervet Phil. Inc.  
Merial Phil. Inc.  
Pfizer Phil. Inc.  
Virbac Phil. Inc.  
Schering-Plough Phil. Inc.

I am also extending my thanks to the other concerned agencies, government and private and their representatives whose active participation contributed to the success of the RTD .

To Dr. Perla D. Santos Ocampo and the NAST Executive Council I am grateful for approving the Roundtable Discussion.

Lastly, to the NAST Secretariat for facilitating the RTD without any hitch and the subsequent printing of the monograph sponsored by Teodulo M. Topacio Jr. Foundation, Inc., I give my thanks.

**Acad. Teodulo M. Topacio Jr.**

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## **Welcome Remarks**

Hon. Cesar M. Drilon Jr.

*Undersecretary for Livestock and Fisheries  
Department of Agriculture*

Good morning to all of you. I see many familiar faces in the audience. We have here a good friend also, Dr. Rafael D. Guerrero III and I am surprised that our fisheries sector is also present. Of course we have here and I always call him the guru of veterinary medicine—Dr. Teodulo M. Topacio. Dr. Atienza, Assistant Director of the Bureau of Animal Industry, to all the veterinarians, the veterinary practitioners, all those involved in rabies protection in the private sector, magandang umaga po sa inyong lahat!

First, let me thank you for being present this morning and also allow me to welcome you in behalf of the Department of Agriculture, to our premises. As we all know, the Bureau of Animal Industry is the lead agency in Rabies Prevention and Control. This is also the first time I came to know that Congressman Mat Defensor, is the author of this Anti-Rabies Law, which is being deliberated. I understand Cong. Mat Defensor, who is in his first term as Congressman, has sponsored a Bill filed for the anti-rabies in the country.

When we launched the program, we were able to declare Camiguin as a rabies-free province. We know that rabies is one of the dreaded infections we have in the country and to eliminate this is a Herculean job. That is why we are very thankful there is a lot of interest that is going on for its eradication. Hopefully, we could cope up with guidelines and directions on how we are going to go about the elimination of rabies and hopefully this will also help in the approval of the Anti-Rabies Bill in Congress.

Approval of the Bill does not only mean support by the government but we need all the support from the private sector and of course from the veterinary practitioners in order that this Bill will pass through the House of Representatives and also in the Senate. We will need the assistance that you can give us in order that this very important Bill will be finally passed.

Again, to all of you, our heartfelt thanks for your interest and presence in this one-day workshop. I am very thankful that our top guns in the Department of Agriculture-Bureau of Animal Industry and in the Science Community are with us in order to make sure that this one-day workshop will be a total success.

Sa inyo pong lahat, maraming salamat mabuhay kayong lahat.

## Welcome Remarks

Acad. Emil Q. Javier

*Vice-President*

*National Academy of Science and Technology*

Allow me to join the Honorable Undersecretary in his warm welcome as well as the appreciation he expressed to you to finding time to attend this very important gathering. I guess we are all aware in this room that rabies is a major public health concern. It is also an economic concern and for many of us who have pet dogs, it is also a private personal concern.

This morning, I had the privilege of talking to one of our panelists—Dr. Diaz. He gave me a good lecture on many things about rabies that I didn't know. I was a very keen listener. The topic of course is very important that is a look at the National Rabies Prevention and Control Program in the Philippines by the BAI. How far we have gone and how far we have to go. I suppose if it were a simple problem it would have been solved by now. I think it is more complicated than what it appears on the surface.

But briefly let me introduce you to one of the sponsors of this meeting, the National Academy of Science and Technology. Maybe not many of you know that there is such body called the National Academy of Science and Technology.

In almost all countries of the world, there is national body of leading scientist in an Academy of Science or Academy of Science and Technology. In the Philippines, we have such a body composed of 50 such scientists, many of whom are seniors although authoritative in their respective fields of specialization. The National Academy has a more proactive look at many of the key national issues, which have science and technology underpinnings, and of course, rabies, as a public health concern is clearly one that has science, veterinary science and technology underpinnings.

Among the other advocacies that the National Academy has taken is an adoption and responsible application of modern biotechnology in Agriculture. We have spearheaded the campaign together with the responsible members of the private sector, to have a positive national policy on responsible use of genetically modified organisms. Fortunately we have been successful and we have President Arroyo signed a Presidential Order to this effect.

Another advocacy that we are engaged in is on Family Planning, as you must have realized, it is a major national issue. We have drafted our bill regarding family planning, a bill that is not combative as the other bills, but hopefully one that would attract broad support not only from advocates of family planning but from other faith communities.

But we are also concerned with rabies and fortunately in the Academy we have two of the veterinary profession in our field, in the persons of Dean Ted Topacio and Dean Salcedo Eduardo, who unfortunately is not here today. So at least, within the Academy, there are two people from the veterinary sector and also

from the agriculture sector. That's why, Dr. Guerrero is here because agriculture includes fisheries not that rabies has spread to fish. If you're wondering why the National Academy is involved here, it's because we feel that the Academy should take a more proactive stance in addressing issues, specially national issues which have science and technology underpinnings, and secondly, there are members of the Academy who are very much concerned in this issue of rabies and veterinary science.

Thank you and we wish we would have a very productive day ahead of us.

## Keynote Address

Hon. Matias V. Defensor

*Representative, 3rd District, Quezon City  
Author of the "Anti-Rabies Act of 2005"*

The concern about the rabies prevention program is a concern that started not really from me if I may say so. This concern was started by the former **congresswoman** of the 3<sup>rd</sup> District of Quezon City—Congresswoman Maite Defensor, my daughter.

Once in my life it happened that I became the father of the Secretary of Housing, a cabinet member, and also the father of the congresswoman and many of my friends are telling me, "Your children has outperformed you." One is now a secretary, one became a congresswoman. But my curt reply has always been, only when they have a son that is a cabinet member and a daughter as a congresswoman, that's the only time they can say that they equaled my performance. Because I always believe in the saying that "there is no great success that can ever compensate for the failure in the home". And so probably, in the unofficial capacity, it would be a very heartwarming on my part to be introduced as a successful father.

Anyway, as Congresswoman Defensor filed the bill sometime in 2002, her primary concern is the high incidence of rabies in our district. Even at the time when we had the so-called epidemic on dengue, the problem about rabies has always been continuing. Many, many times, parents come to us, they need medication and vaccination because the child has been bitten by a dog. Actually we never realized the magnitude of the problem until you go visiting your constituents in the districts. In visiting funeral services and wakes, many of those who died were children, bitten by rabid dogs, and the expense is tremendous.

Secretary Mike Defensor, when he was congressman of the 3<sup>rd</sup> District of Quezon City passed a Bill making Quirino Memorial Medical Center from the old labor hospital. It is now a very modern medical center; comparatively it can be one of the best hospitals in the Philippines today. They used to say that when you enter that hospital alive, you go out dead. But now it is very modern hospital with hospital beds donated from people in America and Canada, and the facilities are such that they have other equipment, I heard, not present in some hospitals in the country today. Probably you have it in Asian Medical Center, in St. Luke's, and of course Makati Medical Center. But Quirino Medical Center now has that. The budget of the Congressman on Social Services, you know there is much talk about the pork barrel, a source of corruption, but I'm proud to say, from Secretary Mike Defensor when he was a congressman and when Maite Defensor was a congresswoman, the money allocated for the social services goes directly to the Center and the Department of Social Welfare and Development (DSWD). All we do is to write a note so the patient can come in, the patient can be treated using that money. Medicines are the source of corruption but whenever we purchase medicines, it is always the hospital that does the purchasing. If there is corruption, then let us

investigate Quirino Memorial Medical Center. But we were surprised that there is a lot of expense that go to the children suffering from rabies.

It does not make sense that if you look up to the world today, the United States is being criticized for giving little amount for AIDS. The disease becomes dangerous only because AIDS is incurable but percentage-wise, person-to-person, it is not much of a killer disease. We have hepatitis, we have tuberculosis but much more dreaded in the Philippines today, is rabies. So the Bill was filed and actually approved by the 12<sup>th</sup> Congress, the full title says “An Act Mandating a Nationwide Rabies Vaccination and Appropriating Funds Therefor”; it was called the Anti-Rabies Act of 2002. The act did not become a law because there was no Senate counterpart. When the Bill was filed also in the Senate, it was overtaken by events. They were so busy with politics, with the coming elections, presidential and senatorial elections and the Bill in the Senate died a natural death. Without a Senate counterpart, the Bill must be re-filed. So the Rabies Act of 2002 that mandates the establishment of a National Rabies Prevention and Control Program will be a multi-agency effort to control and eradicate rabies in the country. Its activity shall include among others, mass vaccination of dogs, impounding of stray dogs and information and education campaign on the prevention and control of rabies.

On July 13, 2004 that Bill which did not become a law was re-filed again by Congressman Matias V. Defensor Jr. and so it was referred to the Committee on Health. On Aug. 8, 2004, the Committee on Health referred it to the Committee on Appropriations. The Bill was passed on the committee level. Once it has passed the committee level, it will be scheduled again for second reading during the plenary session. This time, we hope it will not encounter much debate because this Bill has been debated upon and studied very carefully. The explanatory note of this Bill says, “This bill seeks to mandate the implementation of a nationwide rabies vaccination program covering all domesticated animals and stray cats and dogs. For the past years, the incidence of rabies victims has been continuously rising and it has been reported that this vicious disease, needlessly claim the lives of hundreds each year. That loss of lives and the medical care of those bitten and the fear posed on the people should be addressed. In this Bill, rabies vaccination services shall be conducted and supervised by the Department of Agriculture every six months. On the other hand, the Department of Health shall conduct the said services for those individuals bitten by domesticated pets or stray cats and dogs. The Bureau of Animal Industry and the Department of Health shall promulgate the necessary implementing rules and regulations. The passage of this Bill is highly recommended.”

So the Department of Agriculture, the Bureau of Animal Industry and the Department of Health have been given the so-called legislative powers by the House itself; this is delegation of legislative authority under certain guidelines for them to promulgate necessary rules and regulations.

I have a confession to make. When the Bill was scheduled for hearing in the Committee on Health, I was overwhelmed by the presence of several experts present therein. As a lawyer, I have to confess, I don't have much to speak about rabies or

dogs, except I would like to claim that I used to own a Rottweiler that earned 17 points at a national dog show. That is probably my only claim to being exposed to dogs.

Frankly, I never realized the dangers of having dogs for a pet until I was reminded of the death of Fernando Poe Sr. during the wake of Fernando Poe Jr. The death of the father was caused by rabies.

In that committee hearing we have a representative from the Animal Welfare Society, the Veterinary Practitioners Association of the Philippines, of course some people from the National Academy of Science and Technology. Quite frankly, whether in front or beside Dr. Topacio, I really feel humbled with these giants when it comes to science and technology especially so when it comes to veterinary medicine.

In UP, the students of the College of Law always claim that they belong to the lone college in the University of the Philippines. But deep within us we have utmost respect for the students from the College of Veterinary Medicine, the toughest college probably in the entire university complex.

The Anti-Rabies Act of 2004 had its Declaration of Policy that the State shall protect and promote the right to the health of the people. Towards this end, a system for the prevention, control the spread and eventually the eradication of the rabies shall be provided.

When I prepared some notes for my speech, I was overwhelmed by the incidence of human rabies in the country. It seems that its control has been continuously neglected. Many of us are unaware that approximately 300-450 Filipinos die of rabies every year. That places our country to rank third and sometimes fourth in worldwide rabies incidence. This has not been brought to the national consciousness. But when an AIDS patient dies, but I hope nobody dies, expect it to be at the front pages of all newspapers. Remember the Sarah Jane case? One case and so much publicity and money spent for this.

Tuberculosis, which is not a killer disease compared to rabies, has one institution established for the purpose of controlling the disease—the Quezon Institute. If I remember it right, the Philippine Charity Sweepstakes for a time was founded solely to raise funds for the eradication of tuberculosis in the country.

The annual incidence of animal bite cases (ABC) in the country is estimated to be around 280,000 cases computed at 400 per 100,000 population; 15% of the 280,000 ABCs require active immunization and 40% of 42,000 victims need passive immunization-immunoglobulin in addition to active immunization. Forgive me if I'm citing these figures and I've become a little technical. I know I don't have the competence in your presence to be speaking in this manner but I just want you to know that your humble congressman even as a non-technical man tried to compile technical data to make his point clear before the Committee on Health. In short, I'm doing my homework no matter how bad it is.

Canine rabies in the Philippines is reported all over the country. The topnotchers are Regions 3, 4, NCR, 1, 6, 7, and 5. These regions have the highest incidence of canine rabies for the year 2000. Year 2000, you might think this is not

current but I would like to say that the figures in 2004 are the same as 2001 because it tapered in both 2000 and 2004. In the middle, in 2002, it rose very high. However, due to budgetary constraints, only 62% of the Animal Bite Cases were provided with vaccines and 9% with immunoglobulin. Local market cost of post-exposure treatment on ABC is very prohibitive. My figure says it ranges from P4,000.00 to as much as P24,000.00 per bite exposure.

In the 2005 General Appropriations Bills, tuberculosis, its prevention and control has a budget of P139,007,000.00. Prevention and control of other infectious diseases including Dengue and AIDS has approximately P70,000,000.00 budget, that's in the General Appropriations Act. Rabies control has a meager P22,000,000 budget. But how many are dying due to tuberculosis, Dengue or AIDS.

We are now beset with the following issues and concerns that should be addressed to achieve our goal. One, insufficient supply of human anti rabies immunizing agents. Two, lack of counterpart funds from most local government units, particularly for procurement of dog anti-rabies vaccines. Three, non-passage or no strict enforcement of ordinances on dog-control measures, dog vaccination and practice of responsible pet ownership.

On July, 13, 2004, I filed House Bill No. 1384, "An Act Providing for the Control and Eradication of Rabies and Prescribing Penalties for Violation Thereof and Appropriating Funds Therefore". Among the activities stated are mass vaccination of dogs, impounding of stray dogs, and information and education campaign on the prevention and control of rabies. As a dog lover myself, I also beg the Bureau of Animal Industry, the Department of Agriculture and the Department of Health to be more humane, in dealing with the problem of dogs itself. This must be done in consultation probably with the Society of Prevention of Cruelty to Animals, follow the provisions of the Animal Welfare Law and other canine clubs so we can approach the problem without being harsh to man's best friend, which are dogs.

The National Rabies Control and Prevention Program is a program jointly implemented by the Department of Agriculture and Department of Health in collaboration with the Department of Education, and the Department of Interior and Local Government. Other partner agencies assist in the promotion of Responsible Pet Ownership. With the aim of eliminating rabies, and thereby declaring the Philippines Rabies-free by year 2020, the program's strategic thrust is the promotion of the prevention and control of rabies, provide technical assistance, information and education materials for an intensive campaign. It has been said that it is really cheaper to die than to get well from an illness. It is indeed a terrible shame and it happens.

Failure to eradicate rabies in the country greatly affects the country and safety of the Filipino people. We have a right to health and as a public servant, I have the responsibility to make sure that such right is upheld at all cost, to provide our citizenry the fullest measure against this dreadful disease, so I ask that therefore for the passage into law of House Bill 1384, is my outmost concern. My fellow co-

workers in the government, implementers of the policies and laws initiated by Congress, I ask your help, expect our support and together I hope we can make this country a better country to live in.

Thank you very much.

# **NATIONAL RABIES PREVENTION AND CONTROL PROGRAM OF THE BUREAU OF ANIMAL INDUSTRY (BAI)**

Victor C. Atienza, DVM  
Assistant Director and Chairman  
National Rabies Committee, BAI

I would like to give a short description or explanation of how our existing National Rabies Prevention and Control Program carry out its functions. This is an inter-agency collaboration of the Department of Agriculture (DA), Department of Health (DOH), with the collaboration of the Department of Education (DepEd) and the Department of Interior and Local Government (DILG). The program goal is to eliminate rabies in the Philippines and be declared as rabies-free by year 2020. For me, this is too long. Some of us, or even myself might not be around by this time. So this is a very opportune time to get inputs and recommendations from the panelists and most especially from the scientists to accelerate the program to eliminate rabies in the country. Our Health Status objectives are to reduce rabies cases to an incidence of no more than three per million population with the baseline of five per million way back in 1997 and to eliminate rabies in the Philippines and declare a rabies-free Philippines by year 2020. The Rules Reduction objectives are to increase 100% the proportion of rabid dogs to no more than 10 per 100 thousand-dog-population in coordination with the Bureau of Animal Industry. Also to increase at least 90% of households to immediate washing of bite site with soap and water when bitten by dogs and to increase at least by 90% of households that practice responsible dog ownership.

We have five phases of the Animal Rabies Control Program. Phase 1 is the reduction to 50% of animal rabies from 1996 to 2000; Phase 2-declaration of rabies-free zones, small island provinces and municipalities, 2001-2005; and Phase 3 is the expansion of rabies-free zones to include big island provinces; Phase 4 is current rabies elimination in the country, 2011-2015; and Phase 5 is declaration of rabies-free country, 2016-2020.

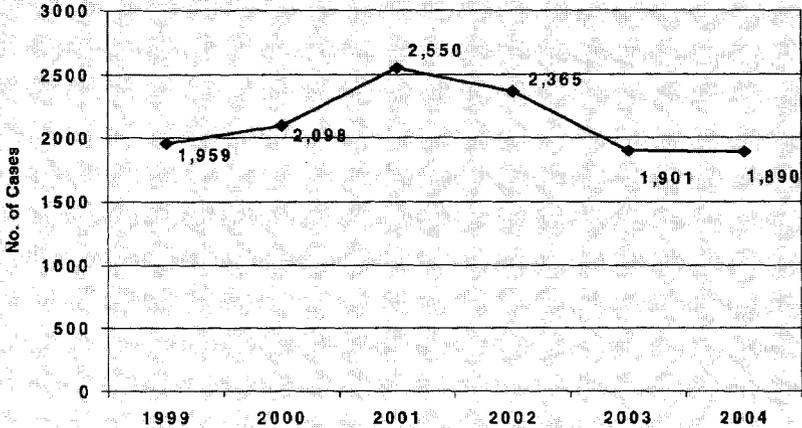
Our strategies are as follows: create public awareness of rabies menace, to mobilize support for its control and elimination and to establish an immune dog population. For the Department of Health, provision of post-exposure treatment and animal-bite management, and will include surveillance. Activities include information and education campaign which we consider a very important aspect in our program and this will be the production of information and education campaign materials, tri-media campaign, press releases, radio and TV interviews, public fora, community assemblies, symposia, school campaigns and mother classes. An important aspect is the dog-immunization and this would include pre-vaccination activities, like identification of priority areas, procurement and distribution of dog vaccines, and social preparation. Then this would be followed by the conduct of vaccination. We will have the comprehensive approach, site-specific approach and the quick-response approach. Comprehensive means province-wide vaccination;

site-specific would mean identified key areas as endemic with rabies, there would be mass vaccination within 5-kilometer radius and the quick response would mean other than those comprehensive and site-specific also vaccination coverage of about 5-kilometer radius where even a single case either human or animal rabies has been confirmed. Post-immunization would include post-vaccination and evaluation. Rabies surveillance is to assess the magnitude and geographical distribution of rabies, to monitor the trend of rabies in the community, to evaluate the impact of instituted intervention, to furnish public information of the risk of rabies exposure in an area and to provide indicators for the decisions the future health care needs.

Local program implementation would include establishment and activation of provincial, city, municipal, barangay rabies committees, enactment and enforcement of ordinances on dog control measures because the national government cannot really have the necessary budget, provision of the local fund allocations by the LGUs. As in the past, we have been coordinating with other sectors, even the NGOs in our programs. Other activities would include manpower development, training health workers, veterinarians and laboratory technicians; this would include management of animal bites, diagnosis of animal rabies, rabies surveillance and program implementation.

The distribution of management guidelines to government, private doctors and veterinarians will also be done. Research would include urban and rural canine rabies vaccine efficacy and oral rabies immunization. For your information, oral rabies vaccination is being done in wildlife in Europe and other western countries. There were some local studies on this so far the results have not been very encouraging. Research included post-bite vaccination results, ID regimen, rabies

**Table 1 ANIMAL RABIES CASES IN THE PHILIPPINES**



surveillance in wildlife and ecology. I think this is the estimated number of dog population that has to be immunized, unfortunately as was mentioned we can only do so much because of budgetary constraints. To give you the picture of what has happened on the animal rabies cases in the Philippines- from 1999 to 2004, Table 1 shows a great increase in the year 2001 but it has really gone down to 1901 cases in 2003 but in 2004, we have 1890 positive rabies cases in our country.

## Animal Rabies Cases By Regions

**Table 2 2003**

| Rank | Regions | (+)Cases |
|------|---------|----------|
| 1    | IV      | 342      |
| 2    | III     | 313      |
| 3    | NCR     | 259      |
| 4    | I       | 205      |
| 5    | V       | 172      |
| 6    | VI      | 147      |
| 7    | X       | 92       |
| 8    | CAR     | 91       |
| 9    | XI      | 78       |
| 10   | VII     | 76       |
| 11   | II      | 49       |
| 12   | XII     | 26       |
| 13   | IX      | 22       |
| 14   | VIII    | 12       |
| 15   | CARAGA  | 12       |
| 16   | ARMM    | 5        |

**Table 3 2004**

| Rank | Regions | (+)Cases |
|------|---------|----------|
| 1    | VI      | 246      |
| 2    | III     | 246      |
| 3    | NCR     | 201      |
| 4    | I       | 171      |
| 5    | IV      | 137      |
| 6    | V       | 102      |
| 7    | VII     | 94       |
| 8    | X       | 91       |
| 9    | CAR     | 70       |
| 10   | XI      | 63       |
| 11   | II      | 59       |
| 12   | XII     | 32       |
| 13   | IX      | 15       |
| 14   | VIII    | 12       |
| 15   | CARAGA  | 4        |
| 16   | ARMM    | 3        |

Source:

The incidence of animal rabies by regions is shown in Tables 2 and 3.

The next is the comparison of the animal rabies cases by regions from 2003 to 2004. For the year 2003, the top region is Region 4 and for 2004, Region 6. Number 2, is Region 3 in 2003 and 2004; number 3 is the NCR in 2003 and 2004; Region 1 was No. 4 in 2003 and 2004, Region 5 was No. 5 in 2003 but in 2004 No. 5 was Region 4, and Region 6 was No. 6 in 2003 with 147 cases but in 2004 No. 6 was Region 5 with 102 positive cases.

Now we go to the provinces: For the provinces Tables 5 and 6 show the reported animal rabies cases for 2003, Cavite had 128 cases, Pangasinan 127; Pampanga 121; Iloilo 92; Laguna 83; Camarines Norte 75; Nueva Ecija 70; Misamis Oriental 67; Cebu 66; and Bulacan 10. But in 2004, Iloilo recorded 154 positive cases; Pampanga 118; Pangasinan 96; Cebu 75; Misamis Oriental 72; Camarines Norte 62; Bulacan 58; Davao del Sur 47; Cavite 38 (significant improvement from being number 1 in 2003); and Rizal also with 38.

## Top 10 Provinces with Reported Animal Rabies Cases

**Table 5 2003**

| Province         | (+) Cases |
|------------------|-----------|
| Cavite           | 128       |
| Pangasinan       | 127       |
| Pampanga         | 121       |
| Iloilo           | 92        |
| Laguna           | 83        |
| Camarines Norte  | 75        |
| Nueva Ecija      | 70        |
| Misamis Oriental | 67        |
| Cebu             | 66        |
| Bulacan          | 10        |

**Table 6 2004**

| Province         | (+) Cases |
|------------------|-----------|
| Iloilo           | 154       |
| Pampanga         | 118       |
| Pangasinan       | 96        |
| Cebu             | 75        |
| Misamis Oriental | 72        |
| Camarines Norte  | 62        |
| Bulacan          | 58        |
| Davao Del Sur    | 47        |
| Cavite           | 38        |
| Rizal            | 38        |

**Table 7 Animal Rabies Cases in Region IV**

| Province       | 1997       | 1998       | 1999       | 2000       | 2001       | 2002       | 2003       | 2004       | Total       |
|----------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| 1. Laguna      | 152        | 110        | 156        | 142        | 134        | 65         | 83         | 51         | 893         |
| 2. Cavite      | 94         | 112        | 159        | 113        | 127        | 139        | 128        | 58         | 930         |
| 3. Quezon      | 36         | 31         | 31         | 24         | 17         | 22         | 13         | 6          | 180         |
| 4. Rizal       | 60         | 58         | 19         | 47         | 75         | 85         | 59         | 40         | 443         |
| 5. Batangas    | 52         | 63         | 65         | 53         | 56         | 44         | 31         | 18         | 382         |
| 6. Marinduque  | 0          | 0          | 1          | 1          | 1          | 1          | 1          | 0          | 5           |
| 7. Mindoro Or. | 4          | 2          | 2          | 4          | 0          | 3          | 5          | 1          | 21          |
| 8. Mindoro Oc. | 2          | 1          | 0          | 2          | 0          | 0          | 0          | 2          | 7           |
| 9. Palawan     | 4          | 4          | 2          | 0          | 2          | 5          | 22         | 12         | 51          |
| 10. Romblon    | 0          | 0          | 2          | 0          | 0          | 0          | 0          | 0          | 2           |
| <b>Total</b>   | <b>404</b> | <b>381</b> | <b>437</b> | <b>386</b> | <b>412</b> | <b>364</b> | <b>342</b> | <b>188</b> | <b>2914</b> |

Table 7 shows the animal rabies cases reported in the provinces of Region IV. Unfortunately, Quezon City within the BAI domain has been consistent to be the topnotcher. I wish that Congressman Defensor is still present so that he would see the problem right in our own backyard. So, Quezon City in 2003 had 65; in 2004 it had gone down a little bit, 49; Taguig reported 28 in 2003. In Quezon City, there was suppose to be an ordinance on the establishment of a dog-pound but up to now, we haven't heard anything about this. We have emphasized this to most of the councilors and lawmakers, and even the vice-mayor who has been in constant contact with us but up to now, we haven't heard any news about the dog-pound to be constructed.

The Academicians and other participants were given copies of the program and it is in this aspect that we would really appreciate inputs from you to really accelerate the eradication of rabies in our country.

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# ASSESSMENT OF THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM

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Serious efforts have been made in the country to control and eradicate rabies in the past years. One of these efforts was the establishment of the National Rabies Prevention and Control Program (NRPCP) in 2001. Certainly, many significant activities have already been conducted and some successes have been attained. At this stage, however, there is a need to review and critically assess the program and determine the weak links in its implementation. Such a methodical assessment would lead to a more concrete recommendation to ensure that the program goal of eliminating rabies in the Philippines and declaring a rabies-free Philippines can be effectively achieved by the year 2020.

Following the seven steps of the National Rabies Prevention and Control Program, the comments and recommendations regarding its implementation in the country are hereby presented:

## 1. INFORMATION EDUCATION CAMPAIGN

Based on consultation with some municipal and provincial veterinarians particularly in Region III, some of the perceived problems in the Information Education Campaign (IEC) include the following: low attendance during seminars and film showing in the barangays, lack of Responsible Pet Ownership CDs, lack of funds for airing fees at the local cable station, a not widely advertised Rabies Awareness Month, lack of initiative from affected barangays to request for seminars, and bite victims still resorting to “Tandok” for the treatment of bite wounds.

Some of the perceived problems are minor and can be dealt with at the municipal level by doing a more intensified publicity campaign and by soliciting a more active public support. However, the problem on the use of “Tandok” particularly in the provinces must be dealt with more seriously. This is one of the important issues that must be included in the IEC. Specifically, the use of “Tandok” on dog bite wounds must be prohibited. It is therefore recommended that a new advocacy policy be formulated in order to prohibit this practice. A detailed discussion relating to this important issue is found on the attached paper.

## 2. DOG IMMUNIZATION

Based on the “*5 Phases of Animal Rabies Control*” which serves as a goal for the NRPCP, the country should have been declared rabies-free zones since 2001. To date however, not too many provinces can be declared rabies-free. One of the reasons for this is the lack of vaccine supply to support the recommended 80% vaccination coverage for these areas. If our country can provide only a million dose of rabies vaccine out of the 6 million dose requirements, the vaccination coverage can be as high as 17% only on the average. In Region III, for example, an average of only 29.74% vaccination coverage has been achieved in 2004 based on field reports.

Thus, the current amount of vaccine available is not enough to sustain the immunization program and cut-off the transmission of rabies among the susceptible population.

It is recommended that the vaccination coverage and consequently the dog population immunity, be increased by purchasing sufficient amount of vaccines. Moreover, a dog

registration program must be implemented simultaneously to identify all dogs in the community and thus establish a local information system solely dedicated for rabies eradication program. With such an information system, it would be easy to monitor the progress of the immunization efforts. At any time, information such as percent vaccination coverage, number of doses of vaccines required and date of revaccination for each dog in the population can be easily retrieved.

Ambulatory mass immunization clinics may be established to improve the vaccination coverage and dog population immunity. The assistance of veterinary professional organizations and veterinary colleges may also be sought to boost the implementation of the immunization program. The Batas Pambansa Blg 97 and the Rabies Control Ordinance for the compulsory immunization of dogs in the community must be implemented.

### **3. RABIES SURVEILLANCE**

The systematic collection of pertinent data in the field once a rabies case has been reported is so important. However, there is still a possibility that other bite cases remain unreported and thus no data collection and epidemiological investigation has been done. Hence, it is recommended that an “Animal Bite Reporting/Counseling Service (hotline)” be available in each municipality to ensure that all bite cases get to the knowledge of the concerned authorities.

Epidemiological investigation of all reported cases must be done strictly without delay. This should include tracing of all animals in contact with the infected animals. The source of the infected animal(s) must be quickly determined. All animals that have been in contact with the infected animal during the past 14 days must be traced and quarantined for observation while a decision on their situation is made. If necessary, the infected or dangerous contact animals (an animal that has been in direct contact with an infected animal) must be seized, quarantined or destroyed to remove the source of the virus.

#### **Epidemiological Investigation in Dog Bite Incidence**

1. The bite victim and the dog owner must be interviewed
2. Relevant information must be obtained as follows:
  - Number of bitten individuals or animals if any
  - Date and place of occurrence
  - Source of biting animal
  - Dog movements
  - Dog population at risk in the area

In events where a case has been brought to the Diagnostic Laboratory without informing the local veterinary office, the laboratory personnel must inform the municipal veterinary office so that the necessary epidemiological investigation can be carried out.

### **4. LOCAL PROGRAM IMPLEMENTATION**

The NRPCP is a comprehensive program that would ensure eradication of rabies by 2020. However, its success is hinged on local program implementation. There is an urgent need to assess the program at the local level to evaluate the following: activity of the rabies committee and the implementation of rabies control ordinance at the barangay level, the conduct of “Rabies Awareness Month”, the dog impounding program and other activities.

It is recommended that the holding of rabies awareness month (EO No.84), during the month of March, be observed in each municipality.

The minimum standard activities should include the following:

- Flag Raising Sponsorship during the first Monday of March
- Free Rabies Vaccination
- Free Neutering of Pets
- Awareness campaign through streamers, seminars, symposium, Cable TV, leaflet distribution.

The strict implementation of the dog control measures to eliminate stray dogs in the restricted area must also be done. This may mean that:

- All stray unidentifiable animals would be collected and destroyed.
- All stray animals with identification would be impounded for collection within a certain period of time. Those not collected within the specified period would be destroyed.

Further, in case of an outbreak, there is also a need to review the legislations and issue special legislative requirements enabling adequate response to a rabies incursion. The following are examples:

- Specific powers to require control or confinement of companion animals, and to enable seizure or destruction of straying or suspect animals.
- Specific powers to require vaccination and/or identification of animals.

## **5. SOCIAL MOBILIZATION**

It was a clear observation in the past years, as reflected in the reports, that the number of doses of rabies vaccines required in order to meet the vaccination coverage of at least 80%, is not sufficient. The government cannot amply provide all the required doses to effectively control rabies through vaccination.

There is therefore a need to tap NGO's and other professional organizations (e.g. Rotary Club, Lions, Kiwanis, etc) or improve sectoral linkages in order to augment the vaccine supply.

## **6. MANPOWER DEVELOPMENT**

The training of health workers, veterinarians and laboratory technicians on management of animal bites, diagnosis of animal rabies, rabies surveillance and on program implementation and the distribution of management guidelines to government/ private doctor and veterinarians (through component societies) must be sustained.

A standard procedure that must be followed in times of Rabies Emergencies in the Region must be taught. An example of such procedure is as follows:

- a. Urgent visit to the field
- b. Case/Epidemiological Investigation
- c. Treatment of Cases
- d. Containment – institute emergency control measures
  - i. Movement control
  - ii. Vaccination
  - iii. Seizure/destruction of exposed animals
- e. Reporting

## **7. RESEARCH**

The following research studies remain to be investigated in order to provide vital information in the eradication of rabies:

- Vaccine efficacy
- Rabies surveillance in wildlife
- Oral rabies immunization
- Prediction studies

## **PROHIBITION OF “TANDOK”USE ON DOG BITE WOUNDS**

### ***ISSUE***

Due to the use of “tandok”, the method used by the faith healers who use a deer horn or rock (“bato”) inserted or pressed on the dog bite wound after slicing the wound and other equivalent traditional practices on wound management of dog bites, rise in rabies incidence particularly in the countryside has been observed thus, there is a need to enforce the prohibition of this practice.

### ***STAKE HOLDERS***

1. The Department of Health which is a member of the National Rabies Control Programme of the country.
2. The Department of Agriculture-Bureau of Animal Industry which is a member of the National Rabies Control Programme of the country.
3. The Department of Education whose main thrust is to educate and disseminate important information to children who are the most vulnerable segment of the population to dog bites.
4. The Local Government Unit whose main thrust is to spearhead the provision of the basic needs of its constituents including health.
5. The Philippine National Police whose main thrust is to protect the citizens from danger and deception of some segments of society.
6. The Kapisanan ng mga Brodcasters ng Pilipinas whose main thrust is to do public information campaign using television and radio channels for dissemination.
7. The Philippine Press Institute whose main thrust is to certify print media both nationally and locally which use English, Tagalog and local dialects.
8. Non-government organizations and the private sectors whose main thrust is to spearhead activities that support the aspirations of the government.

### ***TRIGGERING EVENTS***

1. Approximately 300-450 Filipinos die of rabies every year. Based on the epidemiological pattern of rabies in the SEA region, the Philippines is classified in the intermediate incidence (100-1000 cases/year).
2. The Philippines ranked 3<sup>rd</sup> worldwide in rabies incidence in 2000.
3. Among the areas in the country with high rabies incidence are the NCR and Region III. Among the provinces of Region III, Nueva Ecija ranks second for dog bite patients receiving Post Exposure Program (PEP) at San Lazaro Hospital.
4. Dog bite incidence in the country is 200-800/100,000 population per year. In Nueva Ecija alone, 56.5% of dogs examined at the Regional Animal Disease Diagnostic Laboratory were confirmed to be rabies positive.

5. Generally, the ages of children most affected are 5-14 years old which accounts for 53% of rabies cases. Most bites in children go unrecognized and unreported. Exposed children do not receive the benefit of timely and complete course of post-exposure treatment.

6. There is a possibility of a disproportionate high number of young children contracting and dying of undiagnosed rabies at home, rather than being admitted to a hospital.

## **INDICATORS**

### ***Findings by Manalo (1999)***

Since rabies incidence in humans is rising in Nueva Ecija, a closer investigation of the traditional practice adopted by the people after a dog bite was made. The findings of Noel Manalo in his study entitled, “Tandok, a Traditional Healing Management against Rabies by the Novo Ecijanans” (1999) serve as indicators of the impact of the issue hereby presented:

#### **A. Filipinos bitten by dogs who availed of “*tandok*”**

1. On the perception of its threat to bring about rabies, all were not aware of this.

2. One of the reasons for the prevalence of the practice, 50% of the respondents rationalized their action to seek it due to complete belief in its effectiveness to remove rabies, followed by tradition of the community and last, for its inexpensiveness.

3. On the perception of its benefit, 75% of the respondents attributed their survival from rabies to its effectiveness.

4. On the loci of authority who influenced their final decision to use it, 75% of the respondents pointed at their family members and imaginary kinship with influential elders in the community (62% elders & family-relatives, 28% self, 10% others).

5. On their awareness over the credible source for the correct post exposure management on rabies, 84% of the respondents did not know of existing government health services on rabies management in Nueva Ecija.

#### **B. Filipinos who died of rabies (1999 Data from Rabies Coordinating Unit, Provincial Health Center, Cabanatuan City, Nueva Ecija)**

1. Out of 20 reported rabies deaths, based on the recall of the bereaved families interviewed, 80% relied solely on “*tandok*” as wound management after bitten by a dog.

2. On the loci of authority who influenced the victim to seek “*tandok*”, 63% of the families of the cases pointed at the immediate family, all of whom completely believed on its effectiveness to remove rabies.

3. The longest incubation period after the initial application of "tandok" on the victim until the first manifestation of rabies signs ranged from 3 weeks to 20 weeks (sufficient time for the victim to receive immunoglobulin and vaccination).

4. The resistance of the families or victims (old enough to decide on their own) not to consult medical care after the "tandok" experience was due to complete compliance on the explicit instruction of the "tandok" practitioner not to seek medical help which would contradict the effect of "tandok".

### **C. Filipinos who were never bitten by a dog**

1. On the perception of "tandok's" threat to drive out rabies, 76% of the respondents were not aware of this.

2. On the valence of "tandok", 80% of the respondents intended to seek it as initial wound management if bitten by a dog.

3. On the reasons for the prevalence to the practice, 50% of the respondents rationalized their intention to seek it due to complete belief in its effectiveness to remove rabies, followed by tradition of the community and last, for its inexpensiveness. On the source of motivation to seek it, 90% of the respondents pointed at the elders of the community and their family-relatives.

### **Findings by Dumale (2001)**

Another study made by Dumale (2001) reported 101 cases of dog bite patients exposed to rabid bites from 1990-1999 in Nueva Ecija. From the 101 cases the following were observed:

1. 86 (85.14%) received timely Post Exposure Program (PEP)
2. 2 (1.92%) sought PEP only after initial rabies signs were observed in the patient
3. 11 (11%) relied solely on "tandok" and
4. 2 (1.92%) did not seek any treatment at all
5. all of the 86 survived rabies
6. all the 11 succumbed to rabies

The study concluded that using "tandok" and receiving untimely PEP did not protect the dog bite victims from succumbing to rabies.

### ***DESIRED OUTCOME***

To formulate an advocacy prohibiting "tandok" and other equivalent traditional practices on wound management of dog bites, involving multi-sectoral stakeholders in its formulation, sanction, initial execution and sustained implementation.

### ***PROPOSED SOLUTIONS***

#### **1. For the Department of Health**

§ To come up with other studies venturing on the other reasons for the rise of rabies incidence in the countryside.

§ To include propaganda on the harmful effects of “tandok” in health education and promotion campaigns on rabies.

§ To collaborate with LGUs regarding the need to implement laws prohibiting “tandok” practice on dog bite wounds. To plan a more efficient program of making the PEP on rabies more accessible to the people in the countryside so they will have a better alternative to “tandok”.

## **2. For the Department of Agriculture - Bureau of Animal Industry**

§ To include propaganda on the harmful effects of “tandok” in health education and promotion campaigns on rabies.

§ To collaborate with LGUs regarding the need to enforce a law that prohibits “tandok” practice on dog bite wounds aside from other legislations that touch on canine movement and population control and compulsory rabies vaccination of dogs.

## **3. For the Department of Education**

§ To teach children the correct management of dog bite wounds.

§ To increase the children’s awareness regarding the danger of “tandok”.

§ To increase the children’s awareness regarding the danger of playing with stray dogs

§ To encourage children to report any dog bite incidents to parents and to barangay tanods immediately.

## **4. For the Local Government Unit**

§ To support a wide educational and health promotion campaign on the danger of “tandok” practice on wound management of dog bites using all channels of communication.

§ To support the passing and implementation of such enforcement with accompanying punishment for noncompliance at municipal and barangay levels governing.

§ To collaborate with the DOH, DA-BAI and the PNP in the implementation of such law.

§ To give barangay tanods the license to police their own areas of responsibility by reporting to the PNP those persons practicing “tandok” on dog bite wounds and persons who entice dog bite victims to seek it until the actual “tandok” application as been completed on them.

## **5. For the Philippine National Police**

§ To seriously implement the punishment on those who did not comply with the law that prohibits “tandok” practice on dog bite wounds.

## **6. For the Kapisanan ng mga Brodcasters ng Pilipinas**

§ To disseminate the said law to be advocated with emphasis on the perceived threat of rabies and the perceived benefits of compliance with the law, at prime time

viewing, in all channels, everyday for one month and to be repeated every 6 months at sporadic intervals to increase recall.

#### **7. For the Philippine Press Institute**

§ To approve the advertising of such law together with its simplified explanations, in all print materials published and distributed nationwide, in English, Tagalog and local dialects, for effective communication and dissemination of information.

#### **8. For the non-government organizations and private sectors**

§ To support the implementation of such law by sponsoring public fora and seminars to increase the awareness of the people.

#### ***PERCEIVED BENEFITS***

1. Augment reduction of rabies incidence in humans in the countryside and in the country as a whole.

2. Improved knowledge, attitude, behavior and practice towards correct wound management of dog bite in all segment and generations of society.

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# **PHILIPPINE RABIES ERADICATION CAMPAIGN: INSIGHT INTO THE EFFECTS ON THE WELFARE OF ANIMALS**

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## **Introduction**

The best strategy for the eradication of rabies in the Philippines is centered towards finding ways and means to achieve the objective at the least cost and the least time. It calls for effective and efficient programs to reduce the problems caused by excessive dog population but at the same time such programs must be beneficial to the welfare of dogs. Understanding the concepts involved in the dog population management is the first step in the right direction

1. Dog Population – we need to know the factors influencing the size and structure of dog populations
2. Certification, Identification and Recording of Dogs – for dogs to be controlled, they must be identifiable and registered.
3. Legislation – necessary to protect dogs under normal circumstances and the extra powers needed in control schemes in rabies infected areas.
4. Field Techniques – recommended for reproduction control, habitat control, capture and detention of dogs, and euthanasia
5. Effective plans and programs – dog population management, public education and responsible dog ownership

## **Classification of Dogs**

The program to eradicate rabies must be clear and precise with the terms used in the plan. This understanding must cascade down the line from the program formulators to the implementers of the program and up to the users of the information.

The term “stray” is imprecise because a dog found straying might be lost, abandoned or merely roaming. The term should be used only to define a dog that is not in compliance with local regulatory requirements. In rabies-infected areas, “stray” dog may be one not confined, leashed or muzzled. In non-infected areas, “stray” dog may be one roaming without a means of identification.

The term “owned” is also not precise because seemingly ownerless dogs may be regarded as the property of the community. They are therefore under loose supervision by their neighbors.

It is proposed that in the rabies eradication program, the terms used to denote the degree of human supervision given to dogs be given due importance. Herewith are the terms that can be used, based on the level of dependence of a dog on human

care (food, shelter, companionship) and also on the level of restriction or supervision imposed on the dog by humans:

1. Restricted or Supervised Dog fully dependent and fully restricted or supervised
2. Family Dog fully dependent; semi-restricted
3. Neighborhood Dog semi-dependent; semi-restricted or unrestricted
4. Feral Dog independent, unrestricted, although it may need human waste products for sustenance, nobody will take responsibility for it.

These definitions may also refer to cats.

Humans may also classify dogs according to their use.

1. Working used for herding, guarding other animals, guarding premises, racing, hunting, guiding the blind or used by the police or the military
2. Companion kept solely for companionship or leisure
3. Pet companion animal that has a close and affectionate relationship with its owner.

In general, there are very few areas in the Philippines where dogs have no referral homes and no attachment to at least one person. Some dogs may be kept in the house during the day but allowed to “stray” during the night. Oftentimes, dogs are allowed to “stray” throughout the day.

Dogs which lose their relationship to man survive best if they become members of an “independent” pack, but it is not known if they breed successfully. “Independent” dogs, which find sufficient food and shelter (markets, slaughterhouses, restaurants) without the aid of human supervision and if not given aid by man, are rarely successful in raising litters. Reports of litters being raised successfully away from human shelter are very rare. These findings should be taken into consideration when implementing population reduction strategies. In order to achieve a long term reductions in dog populations, the strategies selected must include controlling the reproduction of owned dogs and controlling the environment of unsupervised dogs.

### **Dog Population**

Keeping and tolerating dogs is not without problems as this species has a high reproductive potential. Dog populations may rapidly grow to a point where the health risks for humans become serious and the environment begins to suffer considerably.

In general, American and European countries report a dog to human ratio between 1:10 and 1:6 respectively. The ratio of owned dogs is usually higher in rural areas but considerable variations occur in cities. When considering dog

population intervention strategies, one must be able to provide a typical structure and turnover of population. Typically, dogs reaches an age of 6 years, with sex ratio of 1:1, become sexually mature by 10 months, and every adult female rears successfully 4 puppies each year. After the initial exponential growth of population, it comes into equilibrium or at the maximum level of capacity of the environment to sustain the dog population (carrying capacity). Due to human supervision, the population strategy of dogs is very successful simply because of better access to and lesser competition for resources.

The rate of reproduction of pet and companion dogs under the Philippine context is relatively high. Many individuals are not neutered and females in heat are encouraged to breed. Most often, they reproduce freely and their rearing success is high. Even when the resources of human supervisors are adequate, these dogs are allowed to “stray” so that these dogs are able to feed on refuse, human waste, and garbage. They are exposed to zoonotic diseases. Because of this and their population potential, the focus of population control must be on this segment of the dog population.

There are more than 100 zoonotic diseases, aside from rabies of course, which are listed by veterinary textbooks. Aside from this fact, the incidence of dog bite is being reported to be high. Rabies is not the only disease transmitted by dog bites but also tetanus, pasteurellosis and other bacterial infections. Dog bites are certainly of greater importance than is officially recognized, especially in a developing country like the Philippines.

## **Conclusion**

In the rabies eradication effort of the government, the focus is on mass vaccination campaign. While this is commendable, efforts and resources must also be directed towards dog population management, “stray” control, and dog bite prevention campaigns. The other topics mentioned at the beginning of this paper shall be discussed in future discussions.

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# **THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM: A REACTION PAPER**

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This is my reaction paper for the National Rabies Prevention and Control Program. At this point in time I'm elated to know that there is progress in the National Rabies Prevention and Control Program which was started way back to early '90s.

At that particular time we managed to have a Memorandum of Agreement between the Departments of Agriculture, Education, Interior and Local Government, and Health. Earlier we have been mentioning about legislation, I think it should have been part of the presentation by Dr. Atienza that there is an Executive Order No. 84, issued on March 13, 1999 by President Joseph Ejercito Estrada to support the National Rabies Control Program. I think this should be a basic reference.

There were obstacles that were presented such that there are no adequate surveillance systems in place to collect epidemiological data but I understand there is already an existing one, it's a matter of refining or defining the system.

The limited access to rabies biologicals due high cost and supply problems is a grave fact. Effective health education programs of the disease preventive measures I think is present in the urbanized areas, but in high risk areas there is none. There is no political commitment to invest in control program because there is need to call their attention on what is the cost to help as well as on the economics of it. Earlier, there were recommendations for a comprehensive National Rabies Control Program. we need to tap all public educational insitutions through the DepEd, compulsory dog vaccination through the Local Government Units(LGU's) and stray dog control and national surveillance.

We were informed of the Bicol campaign which called for a massive control program, but I think we need more data as to the accomplishments since its implementation. In the surveillance presentation made by Dr. Atienza, he only managed to present the laboratory results I think it would be proper for the legislator like Cong. Defensor to appreciate it to include also dog bite cases which should be compared with the laboratory results. The data should also include those given post-exposure vaccination at the DOH, San Lazaro Hospital, the RITM, the regional, provincial, municipal hospitals and also the different bite centers. There are issues that were discussed and these includes the inadequate funds to procure vaccines.

Earlier in the Department of Agriculture, there are problems as to the allocation of funds, specially vaccines. The DA should recognize that this is a veterinary public health matter which is a serious concern rather than prioritize the funding for the control and prevention program of food, animal diseases only. But I understand with our representation with DBM, we are only given a certain ceiling for budget purposes.

Therefore enforcement of ordinances at LGU level, lack of political will also at the LGU level, the need of a national law for rabies control and lastly lack or no funds counterpart support to procure dog vaccines for the LGUs pose problems for effective control of rabies.

I understand that the local governments have already made some counter-parting arrangement. I think in the report of Dr. Atienza on the BAI Rabies Control Program, those local government units that have manage to provide funds for a counterpart vaccines should also be reflected in the report.

There's a need to have for a humane disposal for suspect and confirmed cases, as you know in the protocol. I think disposal system has not been properly addressed or identified. So we wonder what were the methods used to eliminate or destroy this 1,153 dogs. You know most of these animal welfare consideration should be pursuant to the provisions of R.A. 8485 or the Animal Welfare Act of 1998.

We should also review the DOH Administrative Order pertaining on the standard operating procedures (SOPs) on the act of handling suspect dogs in the different bite centers. I was informed that some owners of biting dogs were recommended to have their dogs examined at the laboratory and as such it means that you have to sacrifice the dog. On the other hand it would be appropriate that the suspect dogs should be observed for at least 10-14 days. But mind you, on observation of dogs for 10-14 days, they should be provided with the appropriate food, water and housing and should not be totally ostracized because it will not give the kind of result that we are expecting of a biting suspect. We also have to improve the sample submission procedures. Next we have to assess the existing rabies diagnostic laboratory services, I understand with the Department of Agricultural Regional Field Units(DARFUs), we have the Regional Animal Disease Diagnostic Laboratory which provide the different services, I firmly believe that we have to improve the number of personnel, the facilities for the diagnostic laboratory. Furthermore, we have to improve the amount of resources to the rabies laboratory.

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## **THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM: A REACTION PAPER**

Elizabeth G. Miranda, DVM

Veterinary Medical Consultant, World Health Organization

I would like to start the discussion by presenting a larger view of the rabies problem and where the Philippines stands in this situation in Asia.

As you know I've been working with the World Health Organization primarily for zoonosis and emerging diseases; and rabies has remained a concern and a principal problem among all the zoonosis that is emerging and reemerging and continue to exist in the region.

As a background, rabies in Asia contributes to 90% of the health burden due to human rabies deaths in the world, not only in Asia. Globally, most human deaths are caused by dog bites and again approximately 90% of these human deaths occur in Asia. There are about 3.1 billion people living in 15 countries in Asia that are endemic for dog rabies and of course Philippines is one of them. The estimated number of human deaths across our continent is about 37,000 cases or 12 per million population. Compounding the problem and of course behind all this human cases are the post-human exposure treatment required for people who are bitten by rabid dogs, or potentially rabid dogs. Over 10 million post-exposures are given annually and majority of these people still receive the nerve-tissue vaccine. This is not true for the Philippines but for most other Asian countries, they continue to use Semple vaccine or the Buenzelida-suckling mouse brain vaccine. Rabies in humans is also a very big problem in children and 40% of those seeking post-exposure treatment and those dying of rabies are children less than 15 years old.

For sometime now, we have been trying to sell the rabies program to large international NGOs that support child health because of this problem of having so many children being bitten and dying of rabies. Rabies in WHO is classified among the neglected diseases. We have now a currently neglected diseases initiative that look at a number of diseases that continue to plagued the world and are continuously neglected. So there is a cycle of neglect and thus resulting to ignorance or complacency in both the public health sector and the animal health sector for zoonosis. So the small number of cases of rabies contributes to the lack of incentive to do something about the problem that results in the lack of funding. And because of lack of funding, we have poor surveillance information, poor surveillance activity or inadequate surveillance activity. Because of that, there is no effective control and elimination. So what we did last year was do a data driven assessment of the health burden and the economic burden of rabies in Asia and Africa and compared the two continents, with the primary goal of estimating the true incidence of human and animal rabies. These studies consist of cost-benefits and other economic studies. A study on the impact of interventions which is primarily intervening, or veterinary intervention, primarily controlling the animal rabies side to address the public health problem and a review of policies and existing regulatory measures that address the zoonosis and rabies in general.

We did a study in Asia and also Africa. In Africa, it was estimated that there are 24,000 deaths with less than 500,000 post-exposure treatments. In Asia, it's estimated that there are 31,000 deaths with greater than 8 million post-exposure treatments. A lot of these post-exposure treatments are using the nerve-tissue vaccine. So Asia contributes 56% of the health burden and 96% of the economic burden of rabies in these two continents. In the health map of human rabies in Asia, India and Bangladesh contribute the most number of cases. But the Philippines continue to be a contributor to both the high incidence of human and animal rabies in the continent. This is where we stand now among our Asian neighbors, you see that the year of the availability of data varies among countries.

The highest of course is India and then Bangladesh, Myanmar, China, then the Philippines, although we are only a few hundred human cases, that is still among the highest in Asia. And the rate per million population for the Philippines is 5 per million population, this is also fourth highest rate for million population. The number of PETs or Post-Exposure Treatments is also very high, and this is only the recorded for reported number of post-exposure treatments that are given in a government facility. This is not including post-exposure treatment given in the private sector. And if you look at the estimated number of importation human rabies vaccine, it's really a lot more than 68,500 people who are receiving post-exposure treatment due to rabies.

In the number of dog rabies cases that are confirmed in the laboratory, the Philippines reported 2,098 laboratory cases in 2003 and this is one of the highest among the Asian countries that report laboratory-confirmed animal cases and a few cats. We don't have wildlife rabies. Where the Philippines stands among the Asian countries that report rabies is still quite high considering that we have an established National Rabies Prevention and Control Program and that is working effectively between health and agriculture, nonetheless, the problem continue year after year. There are weaknesses for rabies control in Asia that are weaknesses we see in the national control in the Philippines. There is still insufficient surveillance system both in human and animal rabies, although we had expanded the number of animal disease diagnostic laboratories doing rabies diagnostics, still it is not enough to measure the real burden of animal rabies and do a very good laboratory surveillance for animal rabies.

There is limited access to modern rabies vaccine and there are supply problems. You know that we import all of our rabies biologicals, animal and human rabies vaccines and related biological products. These also contribute to insufficient response to the problem, of having to provide appropriate and proper post-exposure treatment to those who are potentially exposed to animal rabies. There is lack of public awareness and insufficient political commitment both on local, regional, provincial, and national levels.

There are country models that we should look at for rabies control in Asia. Countries like Japan, Taiwan, and Malaysia have successfully eliminated canine

rabies and thus eliminating human rabies. Malaysia still experiences the re-introduction of rabies from their Thai border but they do still have a continuous program vaccinating dogs and eliminating stray animals at their borders. So, there should be border control between Malaysia and Thailand.

We can utilize current safe and efficacious vaccine— these are all available except that they are expensive. And with the increase in the number of patients, we also need to increase the number of patients receiving post-exposure treatment by improving their access to animal bite clinics, their access and affordability to the rabies biological vaccines and immunoglobins. We need to mobilize the support of the civil society, the private sector and government-sponsored initiatives and secure existing expertise on rabies and zoonosis. Most of the emerging zoonosis that are occurring in recent years are all coming from Asia. Look at Avian Influenza, now SARS, Nipah, they are all emerging from Asia. That's why when we had the emerging infectious diseases meeting, large groups of Asian scientists and public health specialists came together to discuss the problems of why and how are we preparing to respond to emerging zoonosis in Asia.

If we rank the neglected diseases according to their DALYs or disability adjusted life years by the thousand classification, rabies is also one of the highest compared to lymphatic filariasis, intestinal nematode infections, leishmaniasis, schistosomiasis—these are the diseases that are included in the WHO neglected diseases initiative. This is with intervention. Rabies without intervention moves to the highest place among the DALYs and rabies without intervention is 10 million DALYs lost years compared to the other diseases initiative and this already approached DALYs close to tuberculosis and other communicable diseases.

So we see that rabies without intervention or with inadequate intervention contributes a large portion of burden to public health and what is important is that rabies has to be adjusted by sectors, veterinary and public health. Without each other, there will never be an adequate control program nationally, locally, and globally.

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# **THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM: A REACTION**

Minerva A. Vinluan, MD

Division of Public Health Office, Rabies Section  
Department of Health

I'll just present the data that we have in the department. By the way I am the National Rabies Coordinator in the Department of Health and I just want to share with you some of our activities and the data that we have as of 2003 and 2004.

We will just make a comparison and what we have done in collaboration with the Department of Agriculture, Department of Education and the Department of Interior and Local Government and the LGUs. As of 2003, we have 118,675 bite victims and we have 286 deaths out of that 118 thousand. But this is not the real picture because the surveillance system that we have, we admit it is not well in place.

In 2004, we have partial report of 65,092 bite victims and 148 deaths and this is partial as of 3<sup>rd</sup> quarter, as of October 2004. In 2003, there were 63 cases of rabies death and Number 1 for Region 5 even for nationwide is Camarines Sur, for the province. Number 2 is Region 3 with only 25 deaths. Please take note, 63 for Region 5 and 25 for Region 3. Next is 19 for Region 2. For 2004, Region 5 have reported 44 rabies deaths as of three quarters, followed by Region 3 with 15 deaths as of 2004. Region 6 have reported 11 deaths.

What we have done in the past few months we did, in coordination with some agencies, we do massive advocacy campaign, to the LGUs then to the pet lovers, to the community. We mobilize all sectors, we are allocating vaccines. Take note we have only P22 million for the vaccines and if you will strictly give it to patients who are high risk, we can only give to about 10,000 patients or bite victims. You see we have about 100 plus thousand plus bite victims. How can we accommodate them? We can only recommend cost sharing with the patients.

The Department of Health gives the first 2 doses or first dose for anti-rabies shots but the rest of the dose will be supplied by the patient or from their local government. If we will give them all, the other victims will not be given.

Last April 2004, we conducted a survey in Bicol Peninsula. Why in Bicol Peninsula because we want to find out why is it that Bicol is consistently high in rabies?

They contributed about 1/3 of rabies death nationwide. 59.3% of rabies death is children from Bicol, children who are 15 years old and below. On a nationwide data, the bite victims who are children are 53%, however in Bicol it is 59.3%.

We also observed that there is a poor political will for the rabies prevention in Bicol Region. On the Information Education Campaign (IEC), we noted that out of 1,080 respondents, 15 years old and above, elementary to post-graduate level, on the issue of knowing where rabies came from, only 19.1% knew that rabies can be transmitted through the bite of an infected dog or infected animal.

Information education campaign (IEC) is badly needed in our prevention pro-

gram. So what we did, last August, we coordinated with the Regional Department of Education and we conducted or we developed a curriculum on rabies prevention.

The title of the curriculum is Rabies Prevention through Curriculum Integration and Instruction. This was piloted at one of the public schools in Legaspi City. We are hoping that we can advocate for the National Department of Education, to use the curriculum nationwide. I think that's all I could share.

Thank you.

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## **THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM: A REACTION PAPER**

Jose L. Diaz, DVM  
City Veterinarian, Manila and  
Chairman, Veterinary Inspection Board

I will try to focus my reaction from the point of view of LGUs and try to assess the current program based on the National Rabies Prevention and Control Program and the Manual of Operations of the Bureau of Animal Industry.

The LGUs are basically the partner of the National Government in the implementation of the program and much is expected of us. We are aware that much is still needed for us to do of what is expected. The LGUs are mandated by two laws, by the Republic Act 7160 which is the Local Government Code specifically requiring the regulation of domestic animals especially dogs and that includes operation of dog pounds and impounding operations. The other requirement is the control of diseases, one of which is of course focused on rabies.

The other mandate is the implementation of the Republic Act 8485 or the 1998 Animal Welfare Act of the Philippines. Among others it allows euthanasia of dogs for animal population control. These are the basic mandates.

The current animal welfare legislation needs to be adjusted to address the concerns of disease control especially rabies. Our concern in the implementation is that many of its components need to be more practical. If we assess the law and work on its implementation we have to redesign it to be more doable, and to make it more applicable in the field.

We look at the rabies control program as composed of four components.

First is vaccination. In vaccination as per our experience, we have to consider four things: one is the availability of the vaccine; the National Government has a limited budget to purchase vaccines and the local government is mandated to use part of its Internal Revenue Allotment (IRA) to purchase rabies vaccine. What happens is that the price of the vaccine varies. It varies from P10.00 to P75.00 per shot. Some LGUs prefer the cheaper price and some prefer the higher price for their own reasons.

My suggestion is to have a national system of acquisition thru the Department of Budget Management (DBM) which is allowed and given priority to make available supplies for the government. If rabies vaccine can be purchased through DBM, it will be available at a lower price. LGUs will be able to purchase more per given amount.

The second concern is the application of the vaccine. If we have the vaccine it must be given to the animal. Here we lack the personnel.

We propose especially in areas wherein the personnel are limited, to mobilize the veterinary students since we have 22 veterinary colleges in the country. We could ask the veterinary colleges to make this part of their curriculum.

The third concern is to make the animal available for vaccination, both for rural and urban. I don't distinguish between rural or urban, because in Manila we have also problems of owners not being able even to handle their dog. This could be helped by local ordinances requiring that the animals must be vaccinated.

The fourth concern is to vaccinate at least 80% of the total dog population in 1 week nationwide to develop herd immunity. This must be coordinated by the national agencies.

The second component is keeping the animals off the streets. Our experience is that many of the so-called stray dogs are not actually strictly stray\*dogs without owners. They are pets that are allowed to roam outside the property of the owner. Strictly speaking the animals should be confined in the property of the owner either confined inside the fence, caged or leashed. The common problem is that the dog is allowed to roam outside the property of the owner and that's where the contact with other dogs and biting of people occurs.

Basically the answer to this is impounding. Local ordinance must distinguish between strays and ownerless dogs. We have also a common practice of abandoning unwanted dogs and cats. We have a very successful program in Manila, which we could share with other LGUs. We disseminate the information thru the barangay whereby owners who does not want their pets anymore to call our office and surrender the animal to us so that we will not be chasing the animal in the city anymore.

Impounding is humane but expensive. We have to establish the facilities and operate. Besides, we have to follow some regulations regarding impounding, keeping, redemption and euthanasia. In our impounding operations in Manila for almost 100 years the impounded dog population does not decrease. We are doing our best so it will not increase.

The experience in other LGUs that just started pound operations is that almost 90% of the dogs are not redeemed, and these are euthanized. LGUs that can establish and operate pounds are lucky but for those that cannot put up and operate pounds this is my suggestion. Allow control of strays in the field. I suggest to institutionalize the program on dog population control in the field.

One of the most experienced countries that implement this is Australia. They have legislation for the control of feral and wild dogs both by shooting and baiting. Shooting is prescribed by DAO 21 of RA 8485. Australia has the experience of producing and using some effective specific canine and feline toxins which maybe we could consider.

The third component is public information, which is very important as this is more long lasting, I think we should have a centralized system of Information Education Campaign (IEC) in coordination with the LGUs. If the LGUs will be allowed to do it on their own without national coordination, there will be no consistency in the program. Sometimes there are different interpretations but if it's centralized, there is consistency of message. The BAI Rabies National Prevention and Control Program should handle that.

The fourth component is strict quarantine. The situation is that even if one LGU is effective in its rabies control program, the border with other LGUs can be porous and unvaccinated animals come in without control. Therefore, a system of effective quarantine like what was done in FMD control can be instituted.

I have two more concerns. This is with regards to the policy of DOH that recommends vaccination of human bite victims even if the biting animal is vaccinated. The reaction of our local leaders and this is typical, "Why spend for the vaccination of dogs if the person bitten by vaccinated dogs will be vaccinated anyway? The constituents will go to the mayor or to the councilor and ask money for treatment. The reaction of the mayor or councilor is, "We are allocating a lot of money for the vaccination of dogs, why will we spend again for your vaccination?" Maybe we have to review this policy.

The other concern is the draft ordinance attached to the manual wherein the recommendation is for keeping the impounded dogs for ten days. Our experience and recommendation among the LGUs is to reduce it to three days, because redemption usually peaks on the first day; on the second day- very much reduced and almost none on the third day. So why keep the animal for a longer time, it will just be a burden keeping the animal and there is congestion in the facility. We should consider that.

Thank you.

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# CLASSIFICATION AND TREATMENT OF ANIMAL BITES

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## Animal Bites

Animal bites remain to be a continuing public health concern due to: rabies. They remain to be an important problem due to a large number of bitten patients and due to the expense that post-exposure treatment entails.

Locally 400,000 people consult for rabies exposure annually. More than 80% of these will require post-exposure treatment, but only 15% of those who require post-exposure treatment will receive it.

In many countries in Southeast Asia, the domestic dog accounts for majority of human rabies cases. In the Philippines, more than 98% of all human rabies cases are due to dogs (the domestic cat accounts for about 1.3% of all cases, while other animals account for about less than 1%).

## Decision to Treat

Several factors should be taken into account when a patient consults for an animal bite. In the Philippines, rabies in animals has been documented in domestic dogs and cats and two unknown species of wild animals. Post-exposure treatments are thus recommended for dog and cat bites. The circumstances of the bite whether provoked or not, the behavior and appearance of an animal may suggest that it is rabid. An attack by an unusually excitable or partially paralyzed mammal, which is a known rabies vector in that area, indicates a high risk of exposure to rabies. Although unvaccinated animals are more likely to transmit rabies, vaccinated animals can also do if the vaccination was ineffective for any reason. The geographic location of the incident and whether the animal can be safely captured and tested for rabies are also important factors to consider in assessing risk for rabies.

## Classification of Animal Bites

Animal bites are classified into categories as follows:

### **Category I**

Account for about 1% of cases and involve exposure that involve touching and feeding of the animal, and licking alone of the patient's healthy skin, with no open wound and no mucous membrane contact, and with good reliability of the patient's history.

### **Category II**

Account for about 16% of cases and involve wounds that are minor scratches or abrasions without bleeding, or hematoma alone, or are the result of an animal's nibbling of uncovered skin or licking of broken skin or healing wounds. Wounds induced to bleed are also included in this category. This also includes Category I exposures that are associated with an unreliable history from the patient. All head and neck exposures are classified as Category III.

### **Category III**

Account for about 83% of cases and involve wounds that are the result of single or multiple transdermal bites, or licking of mucous membranes. This also includes exposure to a rabies patient through bites, contamination of mucous membranes with saliva/fluids through splattering, through mouth-to-mouth resuscitation, licks of eyes, lips and vulva. Handling of infected carcasses or ingestion of raw infected meat is also included in this category. All Category II exposures on the head and neck area are classified as Category III.

### **Management of Animal Bites**

Not all patients consulting for animal bites should be admitted. Only those who require parenteral antibiotics for dog bites that are secondarily infected need to be admitted. (50% of cat bites and 20% of dog bites become secondarily infected).

Prophylactic Antibiotics should be administered to all category III cat bites, category III dog bites that are deep, penetrating, multiple or extensive, and category III dog bites located on the hand.

Where there are no obvious signs of infection, amoxycillin as prophylaxis may suffice. For frankly infected wounds Cloxacillin or Co-amoxyclav can be utilized. Category I and II bites warrant the use of antibiotics only if infected. No laboratory test on the bitten person is required unless the bite wound is frankly infected, in which case a gram stain and culture/sensitivity of the wound discharge is done.

To determine if the biting animal (dog or cat) has rabies, it must be observed for 14 days from the time of the bite. Any animal that becomes sick or dies during the observation period should be sacrificed and the brain brought to a rabies laboratory for fluorescence antibody testing.

Local wound treatment should be applied in all types of bite exposure as follows:

- Wounds should be vigorously washed with soap and water, preferably for ten minutes.
- Alcohol, tincture or aqueous solution of iodine or povidone iodine should be applied afterwards.
- If possible suturing of wounds should be avoided; however, if it is necessary, it should be done loosely and the anti-rabies immunoglobulin should be infiltrated around and into the wound before suturing.
- Application of ointment, cream, or occlusive dressing to the bite site should be avoided.

### **Post Exposure Treatment**

The objectives of Post Exposure Treatment are as follows: removal of the rabies virus at the surface of the wound, and neutralization of the rabies virus within the human body. It is important to note that all animal bite victims of all ages, including pregnant women can be given post-exposure treatment.

Exposed persons who present for evaluation and treatment weeks or months after the bite should be treated as if the exposure had occurred recently.

If the biting animal has remained healthy until 14 days after the bite, no treatment is needed (but you may opt to give pre-exposure prophylaxis)

Vaccination schedule should be followed as closely as possible.  
 Anti-tetanus prophylaxis should be initiated or boosted when indicated (check immunization history). Animal bite wounds are considered tetanus prone.

**ANIMAL BITE CENTERS**

Treatment of animal bites must be done by adequately trained personnel in an animal bite center or unit that has the proper facilities and resources to manage them.

**LIST OF ANIMAL BITE CENTERS**

**REGION I**

|   |   |
|---|---|
| Regional Medical Center<br>Dagupan City, Pangasinan                     | Provincial Health Office Nueva Ecija<br>Gen. Tinio St., Cabanatuan City |
| Western Pangasinan District Hospital<br>Alaminos, Pangasinan            | Pampanga Provincial Hospital<br>Guaga, Pampanga                         |
| Don Amadeo Perez, Sr.<br>Memorial Hospital<br>Urdaneta City, Pangasinan | Jose B. Lingad Regional Hospital<br>Dolores, San Fernando<br>Pampanga   |
| Roque Ablan, Sr. Memorial Hospital<br>Laog City, Ilocos Norte           | Tarlac Provincial Hospital<br>Tarlac, Tarlac                            |
| Gabriela Silang Memorial Hospital<br>Vigan, Ilocos Sur                  | Provincial Health Team Office<br>Iba, Zambales                          |
| Dona Gregoria Memorial Hospital<br>Agoo, La Union                       | City Health Office<br>Cabanatuan City                                   |

**REGION II**

|   |                                     |
|---|-------------------------------------|
| Isabela Provincial Hospital<br>Ilagan, Isabela              | City Health Office<br>Olongapo City |
| Quirino Provincial Hospital<br>Cabarroquis, Quirino         | City Health Office<br>Palayan City  |
| Nueva Vizcaya Provincial Hospital<br>Bambang, Nueva Vizcaya | City Health Office<br>San Jose City |

City Health Office  
Santiago City

**REGION IV**

Provincial Health Office  
Batangas City

**REGION III**

|   |   |
|---|---|
| Bataan Provincial Hospital<br>Balanga, Bataan   | Andres Bonifacio Memorial Hospital<br>Trece Martires, Cavite City |
| Bulacan Provincial Hospital<br>Malolos, Bulacan | Dr. Olivia Salamanca Hospital<br>Cavite Provincial Health Office  |

Sta Cruz Provincial Hospital  
Sta. Cruz., Laguna

Marinduque Provincial Hospital  
Sta. Cruz., Marinduque

Provincial Health Office  
Odiongan, Romblon

Provincial Health Office  
Calapan, Oriental Mindoro

Palawan Provincial Hospital  
Puerto Princesa, Palawan

Aurora Quezon Memorial Hospital  
Lucena City

B. Bondoc Peninsula District Hospital  
Bondoc Peninsula

Morong Provincial Hospital  
Morong, Rizal

San Pablo City Health Office  
San Pablo City

**REGION V**  
Bicol Regional Teaching & Training Hospital  
Legazpi City, Albay

Camarines Norte Provincial Hospital  
Camarines Norte

Bicol Medical Center  
Camarines Sur

Provincial Health Office  
Camarines Sur

Sipocot District Hospital  
Camarines Sur

Ocampo Municipal Hospital  
Camarines Sur

Iriga City Hospital  
Iriga City

Sorsogon Provincial Hospital  
Sorsogon, Sorsogon

Masbate Provincial Hospital  
Masbate

Catanduanes Provincial Hospital  
Catanduanes

Naga City Hospital  
Naga City

City Health Office  
Iriga City

Provincial Health Office  
Daet, Camarines Norte

**REGION VI**  
Dr. Rafael Tumbokon Memorial  
Hospital  
Aklan

Angel Salazar Memorial Hospital  
Antique

Roxas City Health Office  
Roxas City, Capiz

Western Visayas Medical Center  
Iloilo City

Iloilo Health Office  
Iloilo City

Provincial Health Office  
Iloilo City

Bacolod City Health Office  
Bacolod City

Bago City Health Office  
Bago City

City Health Office  
Cadiz, City

City Health Office  
Sagay City

City Health Office  
San Carlos City

Provincial Health Office  
Guimaras

### **REGION VII**

City Health Department  
Cebu City

Danao District Hospital  
Danao City

Minglanilla District Hospital  
Minglanilla, Cebu

City Health Office  
Lapu-Lapu City

Negros Oriental Provincial Hospital  
Dumaguete City

Celestino Gallares Memorial Hosp.  
Tagbilaran City

Siquijor Provincial Health Office  
Siquijor

### **REGION VIII**

E. Visayas Regional Memorial Center  
Tacloban City

City Health Office  
Tacloban City

North Leyte Provincial Hospital  
Ormoc City

Leyte Provincial Hospital  
Ormoc City

Ormoc District Hospital  
Ormoc City

South Leyte Provincial Hospital  
Maasin, Leyte

Sogod District Hospital  
Sogod, South Leyte

Provincial Health Office  
Naval, Biliran Province

Samar Provincial Hospital  
Catbalogan, Samar

City Health Office  
Calbayog City

Eastern Samar Provincial Hospital  
Borongan, Eastern Samar

Oras District Hospital  
Oras, East Samar

North Samar Provincial Hospital  
Catarman, North Samar

### **REGION IX**

Basilan Provincial Hospital  
Isabela, Basilan

Zamboanga Norte Prov. Hospital  
Dipolog City

Sindangan District Hospital  
Sindangan, Zamboanga Norte

Labason District Hospital  
Sindangan, Zamboanga Norte

Siocon District Hospital  
Siocon, Zamboanga Norte

Zamboanga Sur Provincial Hospital  
Pagadian City

Margosatubig District Hospital  
Margosatubig, Zamboanga Sur

Ipil District Hospital  
Ipil, Zamboanga Sur

Olutanga District Hospital  
Olutanga, Zamboanga Sur

Zamboanga City Medical Center  
Zamboanga City

**REGION X**

Misamis Occidental Provincial Hospital  
Oroqueta City

City Health Office  
Cagayan De Oro

Bukidnon Provincial Hospital  
Bukidnon

**REGION XI**

Davao Del Sur Provincial Hospital  
Digos, Davao del Sur

Davao Oriental Provincial Hospital  
Mati, Davao Oriental

South Cotabato Provincial Hospital  
Koronadal., South Cotabato

City Health Office  
Davao City

Davao Medical Center  
Davao City

Kiamba District Hospital  
Kiamba, Sarangani Province

City Hospital  
General Santos City

Kapalong District Hospital  
Kapalong, Davao del Norte

Montevista District Hospital  
Montevista, Compostela Valley

Pantukan District Hospital  
Composela Valley

District Health Office I  
Tagum, Davao del Norte

Samal District Hospital  
Penaplata, Garden City of Samal  
Davao del Norte

**REGION XII**

North Cotabato Provincial Hospital  
Amas, Kidapawan

Sultan Kudarat Provincial Hospital  
Isulan, Sultan Kudarat  
City Health Office  
Kidapawan. North Cotabato

Lanao del Norte Provincial Hospital  
Baroy, Lanao del Norte

Cotabato Regional & Medical Center  
Sinsuat Avenue, Cotabato

Gregoria Luch Memorial Hospital  
Iligan City

**CARAGA**

Provincial Hospital  
Patin-ay, Prosperidad, Agusan Sur

Provincial Hospital Agusan del Norte  
Libertad, Butuan City

Butuan City Medical Center  
Langihan, Butuan City

City Health Office, Surigao City

Adela Sierra Ty Medical Center  
Tadag, Surigao del Sur

Bislig District Hospital  
Managoy, Bislig

**AUTONOMOUS REGION  
FORMUSLIM MINDANAO**

Maguindanao Provincial, Hospital  
Sharif Aguak, Maguindanao

**CORDILLERA  
AUTONOMOUS REGION**

Bontoc General Hospital  
Bontoc, Mt. Province

Benguet General Hospital  
Km. 5, La Trinidad  
Benguet

Kalinga Provincial Hospital  
Bulanao, Tabuk, Kalinga

Ifugao Provincial Hospital  
Lagawe, Ifugao

**NATIONAL CAPITAL  
REGION**

Research Institute for  
Tropical Medicine (RITM)  
Alabang, Muntinlupa

San Lazaro Hospital  
Sta. Cruz, Manila

**DISTRICT HEALTH OFFICE I**  
Pagamutang Bayan ng Malabon  
Maya-Maya St. cor. Dagat-Dagatan Ave.  
Malabon

Navotas Emergency & Lying-in Clinic  
M. Naval St., San Jose, Navotas

Malinta Health Center Barangay Hall  
Malinta, Valenzuela

**DISTRICT HEALTH OFFICE II**  
Marikina Health Office  
Prissa Bldg., Shoe Avenue  
Sto. Nino, Marikina City

Pasig Health Department  
PHC Clinic, Market Ave., Pasig City

Delfin Salonga Health Center  
Emerald Court Subd.  
Sto. Rosario, Pateros

Ibayo Health Center  
Natividad St., Brgy. Ibayo  
Tipas, Taguig

**DISTRICT HEALTH OFFICE III**  
Makati Health Department  
Makati City Hall  
J.P. Rizal., Makati City  
Mandaluyong Health Office  
Maysilo St., Mandaluyong City

San Juan Unit I  
Salapan Health Center  
J. Ruiz., Salapan, San Juan

San Juan Unit II  
Main Health Office  
P. Narciso St., Pinaglabanan, San Juan

**DISTRICT HEALTH OFFICE IV**  
Las Pinas Main Health Center  
Las Pinas City

San Isidro Health Center  
Ninoy Aquino Ave.  
Sucat Valley II, Parañaque

Main Health Center  
National Road, Putatan, Muntinlupa

**CITIES**  
Manila Health Department  
Division of Preventable Diseases  
Manila City Hall

City Clinic  
Quezon City Health Department  
Quezon City Hall

San Isidro Health Center  
2383 Dominga St., Pasay City

Bagong Silang Health Center  
Phase I, Kalookan City

Peoples Health Center  
5th Avenue, Grace Park  
Kalookan

**OTHER CENTERS**  
Healthserve Medical  
& Diagnostic Services  
G/F Ampil Bldg., A. Bonifacio Ave.  
Cainta, Rizal

Metro Rizal Doctors Hospital  
Amang Rodriguez Ave.,  
San Roque, Cainta, Rizal

San Diego Medical & Diagnostic Clinic  
10 J. Buenviaje St. Cainta, Rizal

St. Vincent Children's Clinic  
Bagasbas Rd., Daet, Cam. Norte

Dela Salle University  
& Medical Center  
Dasmariñas, Cavite

Rural Health Unit  
Dasmariñas, Cavite

Imus Animal Bite Center  
Imus Diag. Inc. Bldg, Bayan Luma  
Imus, Cavite

Medical Center Imus  
Imus, Cavite

Children's Clinic  
Naga Road, CAA Las Piñas City

Melijon Clinic & Laboratory  
Equitable Village, Talon, Las Piñas

Moonwalk Dog & Cat Bite Center  
403 J Talon, Las Piñas City

Mandaluyong Medical  
and Maternity Center  
52 Libertad cor. Kanlaon St.  
Mandaluyong City

Friendly Care-Shaw  
Shaw Boulevard, Mandaluyong

Unciano Medical Center  
Sta. Mesa, Manila

Metro Manila Animal Bite Center  
Alabang, Muntinlupa City

E-med Clinic  
37 Aguirre Ave.  
BF Homes, Paranaque City

New Village Children's Clinic  
109 BLISS Annex 18  
Better Living, Parañaque City

Olivarez General Hospital  
Rm. 106-b Doctor's Clinic  
Sugat Road, Parañaque City

Friendly Care –Pasay  
FRDC Bldg. 2930 Taft Ave., cor EDSA,  
Pasay City

Friendly Care Clinic  
FRDC Bldg.  
2930 Taft cor EDSA, Pasay City

Medical Plaza Ortigas Suite 814  
Pasig City

Medico/Medical Plaza  
Ortigas, Pasig City

Delos Santos Medical Center  
Rm. 245  
201 E Rodriguez Sr. Blvd., QC

Friendly Care – Cubao  
20th Ave. cor P. Tuazon Cubao, QC

Friendly Care –Lagro  
Bonanza Bldg., Quirino Hiway, QC

Clinica Adarna  
16-C Lakandula St., Proj 4., QC

Goodwill Medical Clinic  
Makalintal Ave.  
San Jose, Batangas

Associated Doctors Clinic  
Pacita, San Pedro, Laguna

San Pedro Medical Clinic  
San Pedro Town Center  
San Pedro, Laguna

Cristian Jo Medical Clinic  
Sta. Rosa, Laguna

Medical Clinic  
Villa de Toledo, Sta. Rosa, Laguna

East Medical Multispecialty Clinic  
41 Rizal Ave., Taytay, Rizal

Family HealthCare  
& Diagnostic Clinic  
34 Na. Clara St., Taytay, Rizal

**References:**

Philippine Department of Health 2002, Guidelines on Rabies Prevention and Control, Philippines Multimedia Center National Center for Health Promotion Department of Health.

Research Institute for Tropical Medicine Medical Department, Management Protocols of Infectious and Tropical Diseases Volume 1, Victor Borne Zoonoses and other Infectious Diseases.

## OPEN FORUM

**Dr. Villareal:** Alright Dr. Miranda is requesting that all questions be directed to her first. So can we now open the forum? I have one question to start with. Why were they successful in Japan, Taiwan and Malaysia in eradicating rabies? Can you share with us the information?

**Dr. Miranda:** The programs of Japan, Taiwan and Malaysia are focused really on dog vaccination and stray animal control and they have enough resources to buy enough vaccines to cover the dog population in a short period of time. We do not have enough resources especially for procuring enough vaccines. The estimate is 6 million doses per year and we are not even close to being able to afford a million doses per year. So in the Philippines we need six million doses. At least 6 million doses or a short-term, high intensity dog vaccination campaign at the same time on stray animal control.

**Dr. Villareal:** Yes, Dr. Carlos.

**Dr. Carlos:** I fully agree with what Dr. Miranda said but I just like to add with reference to Japan. First of all, they vaccinate every five months, and that was twenty years ago. It is not only recently. And then secondly, this is what is lacking in the Philippines. Japan approached it on multi-sectoral, multi-agency they made use of the private veterinarians. In the Philippines, private veterinarians are not involved. Only government veterinarians are involved. I'm sorry about that. In Japan, they give salaries to private veterinarians to do their laboratory works. In the Philippines the private sector is, I'm sorry, set aside. The approach should be more multi-sectoral, multi-agency approach, which is the program of WHO.

**Dr. Villareal:** Thank you, any other? Yes that gentleman there. Please state your name.

**Dr. N. Miranda:** My name is Noel Miranda. I would also like to add that despite the fact that Japan has eradicated rabies, they continue to vaccinate their dogs on a compulsory basis. They continue to produce vaccines for dogs and require dog vaccination every year, despite of the no-rabies situation. The expense is shared, the public would also have to pay and there's also cost to the government.

**Dr. Villareal:** Next question, to Dr. Miranda, Yes Dr. Lantican.

**Dr. Lantican:** Why can't we produce the vaccine? We have qualified people who can do this.

**Dr. Miranda:** I think it's one of the thrust of RITM, the Research Institute for Tropical Medicine, since it was merged with the biologicals production, the National Biologicals Production Service of the Department of Health. There's a new facility at the RITM that produces the BCG vaccine, the snake anti-venom serum and they have started a project with SERVAC Phils, a private company here to produce locally the equine rabies-immunoglobulins, I think maybe they can explain it some more. One of the thrust of RITM with regards to biologicals production is vaccine self-sufficiency. There is a program within the Department of Health called the vaccine-sufficiency program and is supporting RITM in its efforts to produce high-quality international standard vaccines and immunoglobulins not only for rabies

but also for BCG. In fact the Department of Agriculture has a proposal for the production of rabies vaccines as well.

**Dr. Topacio:** Dr. Miranda, can you please elaborate more on the immunoglobulins? Not all present here know what are immunoglobulins.

**Dr. Miranda:** The post-exposure treatment or post-exposure vaccination is done when a person is bitten by a potentially-rabid animal. Post-exposure treatment is composed of two biological products. One is the when you inject the patient the vaccine antigen whether activated or attenuated antigen for the patient to produce its own indigenous antibodies. But an important emergency drug, is the immunoglobulin. It's anti-rabies specific anti-bodies and you have to give that as a part of the first course of vaccination. It is given as soon as possible after a bite. Because when you give specific anti-rabies immunoglobulins you are providing immediate protection by providing specific rabies antibodies. The problem with that treatment which is called passive immunization, is because the half-life of the immunoglobins is only 21 days. So that after, the effect of the specific anti-rabies antibodies wane. In post-exposure vaccination, it's the immunoglobulins that adds to the major cost of the rabies treatment vaccination. They are imported and there are two types: the equine origin and the human origin. The cost of the immunoglobulins for the first dose, for the first course of the treatment is the one contributing to the P20,000 or more for the first day of vaccination. It's a very expensive drug.

**Dr. Villareal:** Okay, it's Dr. Lantican.

**Dr. Lantican:** If you are bitten by a suspect dog and no medicine is available, how long will the symptoms last before death ensues?

**Dr. Villareal:** Dr. Vinluan will answer that from the Department of Health who is an MD.

**Dr. Vinluan:** Actually sir, the incubation period is 20-90 days. It depends on the site, for example if the bite is on the head, which is near the brain, the virus will reach it fast. We have a documented case which last less than a week. However, our observation in the Bicol cases, the incubation period has become shorter. We have requested RITM a study of the virus present in the Bicol cases. They could make a study on that. What kind of virus is present in Bicol, because the number of days on the incubation period is much shorter. So that from 20-90 days, it is now 10 days.

**Dr. Topacio:** Dr. Miranda, I was surfing the internet and there was a report of a human case in Wisconsin who recovered from rabies. They did not give the details but this has been authenticated and supported by the WHO.

**Dr. Miranda:** There is a recent case late last year where a patient recovered but was exposed to bat rabies, so it's known as bat rabies virus strain. But for that particular case they were very aggressive with the clinical management of that patient. We are not sure because the US government has not really given full information. But we suspect that that child was given monoclonal anti-bodies for immuno-therapy, it's an experimental cocktail that we know in the WHO. We are

aware that there are several monoclonal antibodies cocktails that may be used as a replacement for immunoglobulins as an immuno-therapeutic drug. We have been discussing this although it has not been substantiated by the US Communicable Disease Center (CDC). They have not told us really if that was used or not but we suspect that the family consented to giving that patient experimental anti-rabies monoclonal antibodies. It's a real recovery.

**Dr. Topacio:** It's the first time, with a recovery. Most of the time once the clinical symptoms start it's 100% fatal, So this would be the first time if ever that report is authenticated.

**Dr. Carlos:** If you want to know the details, I have the complete report for that. They did not use any rabies vaccines here. It was a combination of putting the patient to coma and other supportive treatments which are specified here, interferon -alpha, rivaderin, ketamine but there are other cocktails. They didn't mention monoclonal antibodies. I have the complete report which came from the United States. If you're interested you can copy this.

**Dr. Villareal:** Any more questions to Dr. Miranda? If there are no more question to Dr. Miranda then we can excuse her. A big hand for Dr. Miranda. Thank you very much. Yes Dr Javier.

**Dr. Javier:** I do not know who can answer my question but I'm looking at the statistics and clearly there are certain provinces which seem to have very high number of rabies cases like Camarines Sur, the Bicol region and I'm also appalled at Quezon City and yet Manila seem to be doing well. Why? Why in Bicol, Camarines Sur was chosen and not Sorsogon?

**Dr. Diaz:** Let me offer some explanation. Incidentally I'm the president of the LGU Vet's League and one of our primary concerns among others of course especially with rabies is Quezon City and especially so because there are two important institutions connected with rabies control here. One is the Bureau of Animal Industry (BAI) and the other one is the UP Vet Med Teaching Hospital. We've been trying to do our best to convince the city government, of course in cooperation with the BAI, UP and the City Veterinarian to put up a pound and come up with a program very much like what we're doing in Manila or Marikina City. Dr. Carlos, Marikina City Veterinarian, is here and Marikina City has one of the very successful programs. We don't have to come up with a new program actually, we are here to help. We don't know the reasons. We're trying for years but up to now no results. I suppose this is one of the reason why there is high rabies incidence. Actually I have a residence here in Quezon City and in our subdivision, dogs are not really controlled in any way. When I lecture in so many seminars regarding pound operation and rabies control, my first sample story and this is the reason I really would like to control the disease in Quezon City, is that my 4-year old riding in a bike in our place was chased by a dog and she met an accident with scratches. But there was no biting hence no rabies. So that's in Quezon City. The City should have a rabies control program. It should also have a dog pound.

**Dr. Villareal:** Dr. Diaz, you mentioned something about Marikina, What is that program? Maybe we could request Dr. Manuel Carlos, Marikina City Veterinarian, to share the Marikina experience?

**Dr. M. Carlos:** In Marikina City, we passed a city ordinance last May 2003. All the dogs in Marikina are required to be registered. We charge P75.00 with free rabies vaccination and free dog tag. Stray dogs are apprehended and placed in the pound. We give 5 days for the owner to redeem his animal. After 5 days and no claimant, the dog automatically becomes city property. We euthanize it or advertise it for adoption. If the dog is apprehended and is not registered, the owner who claims the dog is charged with P500 apprehension fee, P1000 for non-registration plus P3000 for rabies vaccination, a total of P4,500 before the dog can be dismissed. Our procedure when the owner comes to claim his/her dog is to make him/her fill up the form, owner's name, address and particular about his dog. If the dog is unregistered without rabies vaccination, we informed the owner of his violation and the P4,575 fine. More often the owner will say just to give the dog to the pound rather than pay the fine which is expensive. We tell the owner that it is not the dog that is the problem rather it is the owner who has violated the city ordinance. We refer the owner to our legal office if he/she still complains or just pay P4,575, which they claim is excessive. But they must follow the city ordinance. So what we did is to start the registration of dogs in August to November. From January to March, we went on a house to house mission of dog registration and we asked how many dogs they have. We gave them 7 days to register their dogs for P75 without penalty. If they don't comply, we refer them to our legal office. Because of these measures we instituted discipline although it is not yet 100%.

**Dr. Villareal:** Thank you Dr. Carlos.

**Dr. Carlos:** Political will is all there is to it. Our Mayor is very supportive. He is not a lover of animals but for health reasons, he supports our recommendations.

**Dr. Villareal:** Yes, Dr. Enrique Carlos.

**Dr. Carlos:** First of all I'd like to mention that my namesake is in the private sector. He is a small animal practitioner and he has a clinic but he was working in Marikina without pay at the beginning but he has the motivation. So I would like to go back to the point raised with reference to why in Manila and why in Quezon City? Unfortunately these data were not tacked on the population density and size of the city. If you were to tack it along that line, you will see that Quezon City is bigger than Manila. Very much bigger and the population is very much higher. Hence if you have a bigger population you have more dogs. So I've always recommended that all of these data should be tacked on per square kilometer and on population density, I will prefer to tack it on the human population. Thank you.

**Dr. Villareal:** Another question. Yes, Dr. Vinluan.

**Dr. Vinluan:** Can I add also that one time I had a conversation with a certain person about this high incidence in Quezon City. The clients are conscious that the rabies diagnostic laboratory is based in Quezon City. So those coming from the

province will always go to the relatives in Quezon City and they will identify the residents as in Quezon City, so that's why in most instances they are tagged to reside in Quezon City although they are from the province going to their relative in Quezon City. Then this is recorded as an incidence in Quezon City. I think the assistant of Dr. Diaz managed to evaluate the 13 cases of rabies in Manila only to find out that the persons who brought the animals to BAI came from the different provinces but they have relatives in Manila. Hence they put their address as Manila. So more likely the next move is to scrutinize further the data that are being submitted to us it may not be Quezon City but perhaps coming from Los Baños. I hope that the next step is to scrutinize the data, the different addressee, different sources of these animals.

**Dr. Topacio:** Maybe Dr. Camba, Head, Rabies Diagnostic Laboratory, BAI, can say something about that?

**Dr. Camba:** Regarding the veracity of the addresses of the dog owners and the place where the dog really resides, we really have a very precise questionnaire to really filter out such cases. I can really assure you of the truthfulness of all the data and results.

**Dr. Villareal:** Thank you. Yes, Dr. Topacio.

**Dr. Topacio:** In support of the comment of Dr. Diaz regarding the importance of pound, I think that is one of the keys for rabies control and eradication. UK is free of rabies and they passed a very simple law but supported by a big pound. It is called the chain and muzzle law. In other words, all dogs must be chained or if they are not, chained it, they must be muzzled. Any dog wandering around without muzzle automatically is caught and placed in the pound. It's not expensive. Just chain the dog in the house, a chain is not expensive. The muzzle is also not expensive. If you want the dog to be roaming around put a muzzle on it. They were able to eradicate rabies by that simple requirements. But there must be a place where dogs caught must be confined. That is the importance of the pound. But political will again is needed to enforce these requirements in any city or municipality. I understand in Marikina City that once the dog is placed in the pound, they are given the shots, they are fed and they are even given a bath. If the owner does not get it, what happens to the dog?

**Dr. Carlos:** We euthanize by lethal injection.

**Dr. Topacio:** It is euthanized then. This program in Marikina must be systematized and if you passed an ordinance it must be implemented, it must be enforced. It is easy to pass an ordinance but if it is not enforced, the program will be a failure. All of these hinges on political will and the administration should support, and implement it. A big city like Quezon city does not have a city pound. In fact the Office of the City Veterinarian in Quezon City is under the City Department of Health and that should not be. It should be an independent department but I hope Quezon City will create a Department of Veterinary Medicine.

**Dr. Villareal:** Yes, Dr. Mangahas.

**Dr. Mangahas:** I'm Dra. Mangahas, the reason why the veterinary office cannot be separated from the Department of Health is because of budgetary reasons. When the City Veterinarian is separated, it would be an additional increase for the budget of the city. Dr. Mateo has brought out the problems with regards to the animal welfare and the need for a dog pound. It is easy to put up a dog pound, it is also easy to manage the pound, but there are some dog pounds that do not have any budget for the food of the dogs that are confined inside the pound. They still ask the dog owner to pay for the number of days that the dog is impounded. There are some pounds that I know not only here but in other places they put up a pound but no food for the dogs and there is no budget. Others ask food from hotels but they don't know whether the food is spoiled or carriers of diseases. And yet, the owners are charged for the dogs stay in the pound. The mayor should be answerable to that and the one running the pound. That should not be allowed at least there must be rice to be cooked and there should be a kitchen to cook the food. In one instance that I observed there was a dog apprehended and bleeding. The veterinarian could not do anything until the dog died. There were no drugs nor antibiotics available. All of these must be considered under the animal welfare law.

**Dr. Villareal:** Yes, Dr. Mateo.

**Dr. Mateo:** Under the R.A. 8485 or the Animal Welfare Act of 1998, all animal control facilities should be registered with the Bureau of Animal Industry. It is the Director of the Bureau of the Animal Industry who supervises the implementation of Republic Act 8485 and under section 3 of the said law, the Director can call upon the different government agencies for assistance. The concerned agency should support the Director using their resources and funds for the purpose. On the other hand, as you mentioned these are pounds under the local government. There are ordinances issued by the said local government and if ever there are ordinances regarding dog pounds, dog pound procedures should be in place. What matters most in the instance you have mentioned, the said person affected should complain about the dog pound procedure. If there are no dog pound procedures it means they are working not in accordance with their own regulations within their jurisdiction.

**Dr. Mangahas:** Who should be checking on these procedures, the dog owner or the government agency in charge of this?

**Dr. Mateo:** In the Department of Justice (DOJ) opinion regarding the role of the provincial/city veterinarian, as provided for in the local government code or RA 7160 and also implementation of the Animal Welfare Law, the provincial/city veterinarian has a role because of the general law RA 7160 but the special law which is RA 8485 should also be implemented by the particular officer concerned.

**Dr. Mangahas:** Yes, but is it not expected that the veterinarian should be responsible for that?

**Dr. Mateo:** The veterinarian should tell his superior, the mayor, there should be a budget for the dog pound. We are encouraging that dog pounds should be

provided. At the moment we had limited information of existing dog pounds in the country. We have the City Pound of Manila, we have one in Marikina, also one in Makati.

**Dr. Mangahas:** You know the city pound of Makati is also under the health section. The mayor said the City of Veterinary Office cannot be separated for the budgetary purposes. The mayor of Makati is very supportive of the rabies program because they buy their own vaccines. They also use the legal means and anesthetic agents to euthanize the dogs. They also have all the necessary laboratory equipment and medicines including antibiotics and deworming agents to give to the dogs in the city pound. What I want to emphasize is to separate the City Veterinary Office and encourage the Mayor to provide the budget. In addition for members of NAST to come out with recommendations on dog population control, euthanasia for dogs so we can do it, "humanely".

**Dr. Villareal:** Comments from Dr. Vinluan, please.

**Dr. Vinluan:** Actually we have done a lot of monitoring nationwide and in relation to dog pound, it is really an LGU problem. The LGUs really want to have their own dog pound but most of our LGUs are classified under category 6 and they don't have a municipal veterinarian as their budget cannot afford one. If they will have a dog pound where will they get the funds to construct one and operate it with all the requirements mentioned? That's the problem. What one LGU did like Davao City was to shoot all stray dogs. Before this was implemented, this was announced three times in the local radio station called Bombo Radyo and was also announced around the city. After these announcements, all stray dogs were shot to death. The result was dramatic. Mind you, last 2003 they have 21 rabies deaths but for 2004, for the first three quarters they have zero incidence of rabies deaths in Davao City. Political will is what is really needed among the LGUs to help in the control and eradication of rabies. Another example on the other hand is the province of Camarines Sur. To tell you the truth, Camarines Sur is really a problem. They don't buy rabies vaccines and they don't even have a provincial veterinarian. Who will supervise the implementation of the rabies prevention and control program if there is no provincial veterinarian?

**Dr. Villareal:** Yes, Dr. Diaz.

**Dr. Diaz:** If I may add and to elaborate on what I recommended earlier and hopefully will be included in the revised manual of operations. The approach to keeping the stray animals off the street is, on one side- putting up a pound and managing it properly but in the LGUs wherein they cannot afford such a facility and much less operate it properly, there must be an option wherein the stray dogs can be controlled in the field. I said before and the literature based on actual experience is available, Australia even published a book on this, the control of dingoes (wild dogs) and stray dogs in Australia. We could learn a lot of lessons from them which we could apply here. It has been legally approved, scientifically supported and at least tolerated by the animal welfare people in Australia. Poisoning,

using very specific poisons for dogs only, is safe and effective and humane as Australians claim. I think we have to consider this.

**Dr. Villareal:** Yes, Dr. Carlos.

**Dr. Carlos:** With reference to the dog pound, the problem is many cities do not follow the law. The rules with reference to the redemption, with reference to captive. you are only supposed to keep the animal for three days and then euthanize it unless it is either redeemed or adopted. In the example given by Dr. Mangahas, unfortunately animal welfare society came in, they brought some food, so they over extended the stay of the dog. One day of extension of each dog is very expensive so we have to consider that. Then with reference to shoot to kill, there should be an ordinance for that. And as part of the animal welfare rule, it should be one shot only. It shall not follow what they did in Mindoro, they were shooting indiscriminately, that is not the proper way. Now as a last statement I just like to say that it was Norway, Sweden, Denmark in 1826 that were freed from rabies because of the leashing law.

Rabies in cat is a spill over of rabies in dogs. By spill over means the dog that has rabies will roam around. In India, there was a reported case that a dog bit 120 people because a rabid dog will keep on walking and walking and walking and biting people. On the other hand, a cat that is rabid will hide. So the transfer of rabies to other animals except to human beings that will approach the cat is practically nil. Thank you.

**Dr. Villareal:** Dr. Javier, please.

**Dr. Javier:** Let's take a look at those provinces with high rabies incidence and then go direct to the key people in those provinces and tell them look, are you not ashamed that your province is Number one in rabies? Laguna province where I come from has a budget of more than P2 billion. We could look at those places where the incidences are quite high and maybe we can mobilize political will and support pointing out the statistics that we can show. I'm sure Cong. Villafuerte will not allow Camarines Sur to be Number one in rabies. I know him personally. In terms of resources Quezon City can easily do what it wants to do regarding rabies given the resources of the city. So from a practical point of view, we could identify certain provinces or cities where the incidences are abnormally high. But we must consider the proportion of human population to dogs. With high population there will be more dogs. Maybe it's a ratio of human population to dogs rather than just strict number. From a practical point of view that's one approach in targeting specific places where the incidences is abnormally high.

**Dr. Villareal:** Dr. Atienza, please.

**Dr. Atienza:** You mentioned Camarines Sur. Last year, we launched our Rabies Awareness Month in Bicol, specifically in Camarines Sur at the Provincial Office with two secretaries present—DOH Secretary Dayrit and DA Secretary Lorenzo. We pooled our resources, vaccines, info materials, syringes. Unfortunately Governor Villafuerte did not attend he just sent a representative to that meeting but the

problem is really political will. Dr. Rona Bernales, our Regional Coordinator is here and can confirm this. The problem is the political will to undertake strict observance of our prescribe rules and regulations or mandates to control rabies and I think the resources are there, but still the vaccination percentage is still quite very low. I would like to mention that last year, because of the strict implementation of the rabies ordinance in Legaspi City there was no human deaths. Dr. Bernales was telling me that somehow they mellowed down in their campaign during the elections and they had one human death. It was also mentioned that Davao used to have high incidence of human rabies. There was strict implementation when we launched the Rabies Control Program in Davao. Secretary Lorenzo was also there. We complemented their rabies vaccine and the other requirements were given. The result was no more human rabies cases was reported.

I'd like to give further information to the body there are now complaints coming from the private sector especially the animal welfare group, the animal rightist group especially with regard to the disposal of animals. They have been complaining that disposal of dogs or stray dogs caught are being given as food for a crocodile farm. But some of the veterinarians handling the crocodile farms would like to have the dogs be tested negative for rabies before he allows it to be eaten by crocodiles. As I mentioned before, in the protocol there is no mention about the proper disposal of "suspect or those that are really positive for rabies." In the BAI diagnostic laboratory, heads of dogs that are being examined are incinerated. Incineration is not allowed in the Clean Air Act. But we hope that this forum or the scientific community could propose an appropriate disposal procedure, facility or method for suspect and also for those which are positive for rabies. For the live animals, in the dog pounds shooting will be appropriate but under the Animal Welfare Act there is an Administrative Order No. 20 which prescribes the Code of Conduct for the euthanasia of dogs and cats either by use of firearms or use of anesthetics. But if you use firearms you should register it to the Bureau of Animal Industry or be authorized by the said local government authority because of the gun ban. These are things that we should be aware of especially now that there are what we call animal rightists or animal welfare groups that are present here who would like to advice us in most of our undertakings.

**Dr. Villareal:** Thank you. Yes, the lady over there, please.

**Dr. Padilla:** I'm Dr. Mildred Padilla, Associate Professor of Veterinary Medicine from UP Los Baños. I just want to focus my question regarding Assessment of the National Rabies Prevention, Control and Vaccination Program. Where are we now? Where are we going? We have a timetable of eradication by Year 2020. May I ask is that achievable nationwide? Can we achieve that goal or would it be like foot-and-mouth disease (FMD) that is island to island basis? My second question is directed to Dr. Vinluan. Most of us here are veterinarians, some are PhDs who are also doctor but you are the only physician here. So, I would like to ask you, what are the weaknesses on our side? It would be better to get the point of view of a non-

veterinarian, weaknesses of the control program and what are to be strengthened so that we could focus our efforts towards that direction. I have observed that it is always vaccination, would you say it is always vaccination? Because in our College of Veterinary Medicine, the aim of our students is also on vaccination. I remind them that before vaccination, information and education campaign should also be done. It is not good if its always vaccination. But anyway can I ask Dr. Atienza first then the second question to Dr. Vinluan.

**Dr. Vinluan:** Okay thank you Dr. Padilla. The truth is the Department of Health has allocated funds for the rabies campaign. In fact every year we allot P22 million for the vaccine alone, specifically for the human vaccine but also to augment, the dog vaccines to be used by the Department of Agriculture. Why? We did this for cost effectivity. We realize that dog vaccines are cheaper compared to the human vaccines. So for the last several years, we have been buying about 3 million pesos worth of dog vaccines that we give it to the Department of Agriculture for them to use as augmentation from the DOH. Now we have observed that if we focus on dog vaccination alone, there is no sustainability. Hence with dog vaccination there must also be information education campaign. Its very very important because even if we do dog vaccination but the people do not even know where rabies come from, dog vaccination may not be effective. We made a survey in Bicol area because the region has a significantly high incidence of human rabies. Our survey included teachers. Would you believe even the teachers do not know where rabies come from? They thought that dirty surroundings is the source of rabies. If teachers themselves do not know what more of those with no educational background. We are more concerned about rabies in children how about the uneducated. So what we did now, we initiated and launched a curriculum integration of the rabies program in the elementary curriculum. They have to start it from primary grades up to the intermediate that is in Grade 6. We started it at elementary grades hoping that the students especially females who will become mothers later on, they know that rabies is due to bites of rabid dogs. Another thing, we are also educating them on "tandok". We organized and conducted a group discussion with the "tandok" people. The "tandok" people mind you said they also want to be oriented on what rabies is. In fact this year, we will pilot one area to have a referral person in the animal bite treatment center because most of those bitten persons in the far flung areas go to the "tandok" herbolarios. Why? Because they have no money to buy vaccines. Besides the "tandok" expert is accessible. Then the bite treatment center is far away and sometimes the health worker is out. So as I said, we should not focus only on vaccination to have a sustainable rabies free country. We have to educate, we have to advocate the LGUs including policymakers. We also have to emphasize responsible pet ownership. Thank you.

**Dr. Villareal:** What is being done in "tandok"?

**Dr. Vinluan:** "Tandok" sir, the method used by the faith healers, they are traditional healers, they have a deer horn or "bato" (rock), they will slightly slice

the area with razor blade then the horn or the rock is inserted on the wound. The healer says the blood is absorbed by the horn or the stone or rock. Then a whitish substance will appear that means the virus is absorbed by the horn or stone. Two possibilities occur: patient dies of rabies any way or dies of tetanus.

**Dr. Villareal:** I asked this because when I was bitten by a dog. My mother had me vaccinated. But I reacted to this when I was affected by hiccups for one week. The vaccination was stopped. But I didn't get rabies as I am still alive. The second time I was bitten, they did this "tandok" procedure to me. The wound was slightly scratched and the deer horn was also applied on the wound and tied. When the horn was removed by itself, that was the time considered that the virus was no longer present. Its only now that I learned it is "tandok". Thank you very much.

**Dr. Villareal:** Yes, Dr. Javier.

**Dr. Javier:** I want to react on the comment of Dr. Carlos, on the private sector. Clearly it's the government that is assuming the major responsibility for a public health concern. On the other hand, the private sector really has a role. Now I'm linking it to what Dra. Padilla said that the UP College of Veterinary Medicine is doing vaccination. We have many colleges so we have the manpower. The problem is money for vaccines and transportation. So I'm asking the Philippine Veterinary Medical Association, has this program on rabies eradication one of their advocacies? They could work hand in hand with the private sector to complement the efforts of the government.

**Dr. Villareal:** Thank you very much Dr. Javier. I want to add something to this issue. It was said to mobilize the support of the civil society, private sector, government sector, etc. Dr. Vinluan was asked which is more serious, polio or rabies? She said rabies is 100% fatal but polio results only in paralysis. Well I am reminded of a very good project of Rotary International, eradication of polio worldwide. The idea of the program came from a Filipino and it was implemented worldwide. This is my proposal. Are there Rotarians in the audience? Raise your hand. It is good there are many Rotarians here. Okay, in my Rotary District 3820, I will sponsor a program about this rabies eradication program. If all the Rotarians here will also propose this in your respective Rotary Clubs we can propose this as a project to the Rotary International. Who knows maybe Rotary International may adopt this as a project to eliminate rabies in the whole world. Thank you.

**Dr. Villareal:** Yes, the lady over there please.

**Dr. Callanta:** I'm Dr. Elizabeth Callanta, the President-elect of the Philippine Veterinary Medical Association. I've been listening at the presentations and these are my comments. One: the professional associations have not been tapped. The Philippine Veterinary Medical Association (PVMA) together with our chapter associations and our collegial bodies are all over the country. If the Bureau of Animal Industry and the Department of Health will propose for a collaborative effort, we can do free vaccinations all over the country. This is a very good project

that we can do, not just as practicing veterinarians but also to serve the community. We have the new practice law and we know that only the licensed veterinarians should be doing the actual vaccinations or supervise the vaccinations. As a major project probably of PVMA and I'll be the next president, and we would like this as a new activity for PVMA as well as our chapters and our collegial bodies.

**Dr. Villareal:** Another question is for Dr. Vinluan. You said that Department of Health bought vaccines for dogs, who did the vaccinations and where did you distribute the vaccines?

**Dr. Vinluan:** The Department of Health is augmenting 32,000 vials of dog vaccine for the Department of Agriculture and it's the Department of Agriculture now that is giving or allocating these vaccines to the regions, or to the municipalities or to the provinces which are really in need of vaccines. We are then informed by Dr. Atienza and Dr. Resuntoc of BAI where these vaccines are distributed.

**Dr. Villareal:** Yes, Dr. Atienza.

**Dr. Atienza:** You are right Dr. Javier, we have the problem of manpower for vaccinators. In fact, we could not achieve 100% vaccination of dogs in the Bicol Region. Furthermore, there is lack of local government assistance. The LGU is saying they have no manpower for vaccinators. We asked for volunteers. In spite of this we were not able to vaccinate the required number of dogs. The Department of Health is giving free pre-exposure vaccine to those volunteers, however we still could not fulfill the required number of dogs to be vaccinated.

**Dr. Villareal:** Yes, Dr. Callanta.

**Dr. Callanta:** As I said the Philippine Veterinary Medical Association together with all its collegial bodies and our chapters, are willing to help both the Department of Agriculture and the Department of Health. We have also been doing a lot of information dissemination. I would like to mention this but even the National Meat Inspection Service wherein I am employed is also doing a lot of information dissemination. But if all these efforts will be coordinated and not fragmented, I think it will be very, very good for information dissemination all over the country.

**Dr. Villareal:** Yes Dr. Agulto.

**Dr. Agulto:** I just want to add some information I am in close contact with the humane animal welfare team that is assisting Sri Lanka in its effort to mitigate the effects of tsunami and one of the observations there was that a lot of dogs are roaming around communities in packs and there were reports in the Eastern side that was hit by tsunami that dogs that were biting people in packs. We could probably put this idea in the program in times of emergencies like this. But I just want you to know that there are reports that rabies is being observed in the devastated areas of Sri Lanka right now. There are teams now addressing the problem.

**Dr. Villareal:** Dr. Atienza, please.

**Dr. Atienza:** Regarding the participation of non-government veterinarians. I remember that when we had the launching of rabies by Secretary Flavio, both

government and private veterinarians were utilized in Zamboanga. Likewise when we had the program launched in Cebu, it was a partnership between government and private veterinarians. In Davao, private practitioners were also utilized during the vaccination campaign. In Bicol, the private practitioners were also involved and they were invited. Members of the Philippine Veterinary Medical Association, Bicol Chapter were also involved. In Quezon City and elsewhere in Metro Manila, the private veterinarians are included in our campaign. In fact I think the veterinary hospital association was also involved. Last year we had these vaccination activities in Payatas, Quezon City and so it's not entirely true that non-government veterinarians are not utilized in fact they are part of our program and we usually invite them. The Rotary Clubs has been mentioned, they are helping us a lot especially in their immunization activities. What we ask of them is that they first do what we call socio-mobilization. The community must be informed first about what the vaccination is, the importance of vaccination and also we are also asking a sort of a survey on the number of dogs within the community so that we can hit at least 80% of the dog population in the area. We have info materials and in some provinces and municipalities they have regular programs about rabies info campaign.

**Dr. Villareal:** Yes, Dr. Mangahas.

**Dr. Mangahas:** The Philippine Animal Welfare Society started the vaccination with the help of the international fund for animal welfare in 1986. The Department of Agriculture has a low budget for rabies vaccines to be used by the veterinarians. We started in Panay Island with Dr. Carlos. We were helped by the Rotarians from Metro Iloilo Rotarians wherein we were able to get an award from the Rotary International. We were the ones who started together with, the Philippine Animal Welfare Society the responsible pet ownership. As a matter of fact we made this to be presented to the different schools in order to show the people how to properly take care of their pets. Since 1988 up to 1994 I think, we were continuously working in the different provinces with the help of the veterinary practitioners and the Philippine Animal Hospital Association. Actually we did not managed only, but directly vaccinated thousands of dogs. It is not only the experience of vaccination that we gained but also the experience of administration of the program in these areas that are concerned. So this is the participation of the private sector and I would like you to be informed that in the participation, we were not remiss with our duties as a private practitioner. Even the different professional associations are involved during that association's anniversary like the Philippine Medical Association together with the Philippine Federation of the Professional Associations, we asked the help of Dr. Vic Atienza and Dr. Nilo Resuntoc for several doses of vaccines which we vaccinate dogs in one area. Everytime that there is an anniversary of an association, we see to it that the particular role of the veterinarian is played. Although I am not supported mostly by the veterinarians right now, I see to it that I get veterinarians to vaccinate and to be a participant in the affair. The Chairman Dr. Topacio and Members of the Board of Veterinary Medicine Drs. Mateo and Agulto always conduct a dog vaccination campaign during the anniversary

of the Professional Regulation Commission. I think the dog vaccination outreach is sponsored by the Bureau of Animal Industry and the Veterinary Inspection Board (VIB) and a Veterinary College (UP or Gregorio Araneta University Foundation). During my time as president of the Philippine Federation of Professional Association I always participate in the rabies vaccination program.

**Dr. Villareal:** Are all the regions represented here? There are reports of many cases of rabies in Region 4,5,6,7. What is being done in Region 5? What about Region 4, what is being done? Anybody from Region 5? Can you share with us what is being done in Region 5? Maybe the other regions can report what is being done in their respective regions so Dr. Topacio can summarize these in his synthesis and closing remarks.

**Dr. Villareal:** Yes, the lady over there please.

**Dr. Bernales:** I'm Dr. Rona Bernales from Region 5. Actually we launched the rabies eradication campaign in Bicol Region since 2002 but we do not have sufficient vaccines. Last year, 2003 we only vaccinated 33% although our target was to vaccinate 80% of the total dog population, So in 2004, our target again was 80% but we were able to vaccinate only 45%. Why? Because of the inadequate support of the local government and because of the election. So we started the vaccination in March, then the other provinces in April. In May, we were not able to vaccinate due to the elections. But we continued the vaccination in June, July, and August. Then after August, we stopped the vaccination because there was no improvement in the vaccination program. Human deaths were still high. But this year, there was a decrease. Last year we have 63 deaths then this year it was only 45. This is significant improvement at least. After the mass vaccination, we shifted our strategy to dog elimination. There were many stray dogs and we cannot vaccinate. Even the dog owners could not handle their dogs. Our strategy was to eliminate the stray dogs then continue the vaccination afterwards. So with the help of the DOH we launched the "Rabies Supilin, Askal Hulihin"(Control Rabies, Eliminate Stray Dogs) program wherein we gave P100 incentives to those owners who will surrender their dogs for elimination. We actually eliminated 2,095 dogs in Legaspi with poisoning. We used the technique of Dra. Andes. We used the furadan for poisoning. Is there an objection for the use of poison?

**Dr. Villareal:** Yes Dr. Carlos.

**Dr. Carlos:** We object. That is the problem with our government, we do not work within parameters. There are rules and regulations regarding dog elimination. Poisoning is prohibited by law but this is not followed. Shooting is acceptable but poisoning is not. First of all there is what you call biological transfer of poison to human. For example, poison were used to kill rats then the monitor lizard ate the rats. Then humans ate the monitor lizard and all of them died. These are the complications but please follow the law. There are several recommended techniques.

**Dr. Bernales:** Actually sir, we encountered many problems with the use of this method hence we were careful. If we give the poison, we observed the dog until they lose consciousness and die.

**Dr. Carlos:** But there are rules and that is against the rules. The government is the one perpetuating violation of the rules. What for are rules, AO's and there is a law. Why don't we follow the law?

**Dr. Villareal:** So what would you suggest?

**Dr. Carlos:** Use guns, caliber .22 is acceptable.

**Dr. Villareal:** Can we hear from Region 3 or Region 4? Anybody from Region 3? Yes, the lady there.

**Dr. Mananguit:** I'm Dr. Milagros Mananguit the Rabies Coordinator in Region 3. Sir in our region, we organize our Regional Rabies Control Committee. We have regular meetings during the FMD eradication program meeting. We include ourselves in this meeting because we have no budget to organize our own meetings. Here we discuss the rabies control programs but so far only for vaccination. We encourage the LGUs to buy their own vaccines. So far some LGU's participate. The provinces of Bulacan and Tarlac are purchasing their own vaccines and also some cities like Angeles, Cabanatuan and San Jose City. The other LGU's cannot afford to purchase vaccines because it is expensive. For dog control measures, we encourage and recommend to pass ordinances regarding rabies control program. However, not all have done this. So far only two cities have dog pound, Angeles and Muñoz. On surveillance, we have higher incidence of canine rabies but lower incidence for human deaths. Our Information Education Campaign(IEC) is on going.

**Dr. Villareal:** Thank you Dr. Mananguit. How about Region 6, Dr. Vinluan said, there is a high incidence of rabies cases. Yes, the gentleman there.

**Dr. Nim:** I am Dr. Vic Nim from Western Visayas, Region 6. I was just assigned in Region 6 and this is just my second year of involvement in rabies control. We are doing everything that are mentioned at this forum. We are also doing vaccination. We were able to vaccinate a total of 156,355 dogs as of October 2000. Our report is not yet updated. Its not good to know that Iloilo now ranks No. 1 based on the data of the Bureau of Animal Industry. So what I did as coordinator, I thought of launching the most outstanding LGU in rabies control for rabies-free Western Visayas. This was formally launched during the October meeting of the Regional Advisory Council for Animal Disease Control and Emergency(RAC-ADCE). Among the criteria for judging are the Information Education Campaign. then dog immunization. By the way in the IEC campaign we even attempt to evaluate or to assess through interview the knowledge, attitude and practices of the populace. We intend to assess what happened during the RAPV or the Rabies Action Program for the Visayas which was launched sometime ago in Western Visayas that included the whole Visayas that's Regions 6,7 and 8. Another criteria is the rabies surveillance. I have problems in the timely submission of reports from the LGUs. We also want that all rabies cases in the region must be investigated as part of rabies surveillance. And also included in the award is the program implementation. These activities were started last year for example in Iloilo City. We piloted the City of Iloilo to try this dog population control by spaying and castration so I have discussed this with the veterinarians. They're just waiting for their paraphernalia and medicines needed for the castration and spaying of dogs to reduce dog population. So we will try this dog control population. I have brought with me my data if you need them. I have also tried to get the rabies data for the past three to four years. I have here the occurrence of rabies in Western Visayas as to space, time and but the problem right now is the implementation of these rabies control activities. We are trying to

implement almost everything but the magnitude and the degree of the activities are just too much to control and eradicate rabies in Western Visayas.

**Dr. Villareal:** Thank you. Yes Dr. Javier?

**Dr. Javier:** Does it matter whether you vaccinate 30% across the board or 80% in specific areas?

**Dr. Nim:** Right now because of the limited supply of vaccines, I have tried to identify clustering of cases in the area so I have the map of Panay showing where the cases are and I recommend this to the provincial veterinarians, city vets to prioritize the areas with high incidence of rabies for vaccination. The spread of rabies in Western Visayas, in Panay particularly started from Iloilo City and radiated throughout, actually first to the neighboring municipalities of the city and then throughout Panay Island. Last year as of October there were already two LGU's, these were Iloilo City and the town next to it with the highest number of cases. Being the coordinator of rabies in Western Visayas I would suggest to the implementors, that they should prioritize their vaccination program. But our problem right now is, manpower problem as far as rabies control is concerned. Then comes the Revised Veterinary Practice Act in which stipulates that the vaccination could only be done by veterinarians, I haven't read the new Veterinary Practice Act yet. But it is said vaccination can only be done by registered veterinarians. That would be another problem that adds up to the shortage of manpower in rabies control particularly in vaccination campaign.

**Dr. Villareal:** Dr. Carlos you were raising your hand?

**Dr. Carlos:** With reference to the question of Dr. Javier it matters, because unless 80% of the dogs are vaccinated we're just playing around. It has to be in a concentrated area, let's say the whole island of Panay. We experienced this in Siquijor. I thought that in Siquijor the entry of dogs was only in ports. But there are lots of fishermen moving from Palawan to Cebu and they bring dogs with them. It has to be 80% or not at all. If you're talking about a city, the movement of dogs again comes in because people in the province has a habit of bringing a puppy from one part of the province to another. So there should be limitations of movements. But if I may with your permission, Mr. Chairman, one of the problems I have observed and this is specifically Negros Occidental. It happened recently. The diagnosis of rabies is in the diagnostic laboratory in Iloilo City, but they are also doing it in Bacolod, Negros Occidental. The result was given after twelve days, positive. Why after 12 days? Why don't we just concentrate in Iloilo City. Bacolod and Iloilo is just one hour apart by fast craft. Why do we have another diagnostic laboratory which is not complete? Why do we have to refer to Manila and then give the results in 12 days?

**Dr. Nim:** I am not really aware of this situation not until today.

**Dr. Villareal:** Can you clarify this Dr. Nim?

**Dr. Nim:** When I took the position as chief of the Regional Animal Diagnostic Lab in Region 6 in 2003 of June, a few months after I tried to establish the Fluorescent Antibody (FAT) technique in rabies diagnosis. So I requested Dr. Camba to come to Western Visayas and help me set up the lab and teach other people doing the test. I have been involved for rabies diagnosis for quite sometime while I was still at the Bureau of Animal Industry, I remember when Dr. Camba was on leave (for a year I

think). I took his place at the rabies diagnostic lab at the Animal Disease Diagnostic Laboratory(ADDL), UP Diliman. We have already set up the technique but the region has no budget to buy the conjugate at that time so I asked Dr. Camba to supply me with the conjugate for the first six months of the operation of the lab. However, the BAI cannot supply me with the conjugates. So I stopped operating the FA microscope. Then when we were able to buy this conjugate, I tried using the FA microscope but I got erratic results. This time I have talked to Dr. Camba regarding this problem. Next week I will be sending a letter of request for his coming again to the region to set up again our laboratory for FAT.

**Dr. Carlos:** But there is another issue again, Mr. Chairman. We have recommended that we do not stopped the suckling mouse tests for rabies. That has been used by the Bureau for the past 30 or 40 years and it was very comprehensive even the WHO stipulates that for human cases it should be confirmed by mice tests even if its FAT negative. It should be confirmed in mice or in neuroblastoma or habrydomas tests. But unfortunately we rely too much on Flourescent Antibody Technique(FAT). Reliance in FAT, one can say sensitivity is 99 point percent. It is not 100%, that means there may still be errors. So I'd like to bring out an example and this happened in Cebu. There was a case, the lab FAT test was negative and the patient died. The case is in the court right now, but it is possible that this case could be dismissed. It can be claimed that the dog specimen was changed. But we are not talking about science-based tests, we are talking about court proceedings which is different.

**Dr. Villareal:** Thank you very much. Yes, Dr. Padilla.

**Dr. Padilla:** I like to add to the comment of Dr. Callanta regarding tapping the professional organizations. I would like to mention that in the Philippine Society of Animal Science, our president Dr. Quizon, has been doing its share conducting regular anti-rabies vaccination campaign yearly. In fact we also acknowledge the contribution of private individuals and companies like Pfizer that donate anti-rabies vaccine. And also other agencies like, for example Merrial although not directly helping PSAS, but helps the BAI-DA at DOH in terms of, coming up with a video on rabies.

**Dr. Villareal:** Thank you Dr. Padilla. Question? Yes, the gentleman over there.

**Dr. Quizon:** I am Dr. Quizon of Pfizer. If I may add to Dr. Padilla's comments. Yes, we do help in cooperation with our company, Pfizer. What we have found as a very important activity in doing vaccination is we made use what Dr. Padilla mentioned, the video that was produced by the Department of Health in cooperation with San Lazaro Hospital showing cases of rabies in humans. This really helped in making the people aware of the problem of rabies. Dra. Antegro is in the video isn't it? Vaccination has some of limitations. The attitude of some is passive. If you can catch the dog then go ahead and vaccinate. Its really frustrating but with the education together with the video is effective. There are lot of things to do in education. One of the experience I had, personally during seminars I conduct with rabies informations is a question I found really difficult first to answer. I was asked what is the difference between venom and rabies? People think that rabies is inherent in dogs just like venom in poisonous snakes. Its because of this impression that ordinary folks bitten by dogs go to the herb doctor. "Tandok" is used and if

nothing happens to the person bitten, they think it is effective. So the dog was not rabid. So that is the information side of it that should be dispelled. Hence it is very important to give accurate information. This is what we do in the Philippine Society of Animal Science in coordination with the private sector. When we do outreach programs, information dissemination and vaccination is our involvement. We coordinate with the Bureau of Animal Industry and with the local government units, with vet schools as much as possible in the area to supply the manpower. The vaccination is done under the supervision of the veterinarian. Hence all other sectors are tapped. I guess in activities like this what we really need to do is always inform. We inform the BAI National Rabies Committee so the efforts of everyone is closely connected and not scattered. There may be duplication of activities and it's a waste of effort. Its good we have the BAI National Rabies Committee.

**Dr. Villareal:** Thank you, that's the sharing of Dr. Quizon from Pfizer. How about from the InterVet I understand Dr. Umandal is around. Dr. Umandal can you share your experience in InterVet.

**Dr. Umandal:** Our company is committed to the effort of the Bureau of Animal Industry to prevent and control rabies. One way of doing that is donating some of the vaccines we have in coordination with the Veterinary Associations which they need in their outreach programs. We will continue to do so and this is the commitment that we have and I'm glad to hear that some of our colleagues here that they heightened the efforts of promotions. It's very nice to hear and very heart-warming that after this meeting, and when we leave this room we will be fired up that we have to do something about this problem. But the question is, how far can we sustain this feeling of enthusiasm? And it's good that we are doing this at this meeting because this is one way of firing up that enthusiasm. Thank you very much.

**Dr. Villareal:** Thank you very much. Reaction Dr. Javier?

**Dr. Javier:** I want to see the determination of solving this rabies problem. In our advocacy in the responsible use of biotechnology, we came together with the industry and other people to establish the Biotech Coalition of the Philippines. Why can't we have a rabies coalition? The Biotech Coalition of the Philippines is private sector-led including concerned scientists. We were fighting for policy, a favorable policy for biotechnology and encourage support for it. Maybe we could bring all these forces together, some kind of coalition against rabies. Of course the main players will have to be BAI-DA and DOH and the local governments, with support from the private sectors, the universities, the veterinary associations. Maybe Dr. Topacio, that's one initiative that can be done- a rabies coalition or something similar. In the Biotech Coalition of the Philippines, the prime movers are the private sector and we keep on egging the agencies of the government and the LGUs.

**Dr. Villareal:** Thank you Dr. Javier. That's a very good idea but somebody must orchestrate his. So what agency are you recommending to?

**Dr. Javier:** It really should be by an NGO. With like-minded people should come together. In the biotech coalition, it's usually the private sector although the people from the academe, the professionals are also in. There must be a small secretariat that will keep on monitoring and sheperding new legislation. The

opponents of biotech are quite active. They keep on feeding resolutions against biotech in the Senate and the Lower House. But the biotech coalition of the Philippines keeps on monitoring the legislation side. But anyway, this is an idea that we could take a look but who will lead such solutions? Let's look at each other here, who should be interested but the people around here?

**Dr. Villareal:** Dr. Vinluan?

**Dr. Vinluan:** Thank you very much sir for that idea. Actually we had an initial meeting last Friday, January 7, with Dr. Rey Napoles, President of the Veterinary Practitioners Association of the Philippines (VPAP). Because that is what I am planning for the rabies program. We are planning to have a coalition and that organization VPAP is one of the members. During the meeting, we took notes of the persons who can be involved. In the Department of Health we drafted some sort of by laws to this purpose. Let's find the other by laws of the other programs, if it will fit in our program. We were hoping that by February 3, we were going to have a first consultative meeting with regards to the formation of the coalition by laws. I hope you will be there. For sure sir, you will be a member of this coalition. This is just preliminary planning. Later we can finalize it. Thank you very much.

**Dr. Villareal:** Okay may we hear now from Dr. Berro of Schering-Plough on your experiences?

**Dr. Berro:** Thank you very much. So far the discussion today focused on the role of the vaccine and rabies control. I have some comments. It seems to be there are many organizations already involved in the program. On the comment of Dr. Quizon, where they coordinated with the organizations 20% were vaccinated. The remaining 80% should be done by others. It's nice to hear that every year students are doing vaccinations even local governments are doing vaccinations and even in subdivisions. But it would be better if there is one governing body that will coordinate of all those programs of all organizations. Otherwise it will just be a waste of effort if we vaccinate now but what about next year? How will we know where to vaccinate? How about the congressman who has a budget, who will coordinate the program for the congressman? It's a waste if all these efforts will not be sustained.

**Dr. Villareal:** Yes, the gentleman there. Please state your name.

**Dr. Manayaga:** This is only an announcement to everyone concerned about rabies control and prevention. I am Danny Manayaga, the president and CEO(Chief Operating Officer) of Servac Phils. Inc. Servac means serum and vaccine. We started our collaboration with Research Institute of Tropical Medicine(RITM) in developing the equine rabies immunoglobulins as an answer to the observation of the World Health Organization(WHO) that some companies producing Equine Rabies Immunoglobulins (ERIG) are already closing down in Europe because there is no rabies there. So we started our research on ERIG in 2001. We just finished the animal trials in our pilot scale laboratories located in Misamis Oriental. We are using chromatography technique. I think it is the latest technology that is being used to produce ERIG. On our side, our initial research showed that we can bring down the cost of ERIG and rabies vaccines for humans and animals up to as much as 50%. This will make it affordable to those who will need the product. Thank you.

**Dr. Villareal:** Yes Dr. Mangahas.

**Dr. Mangahas:** This is a reaction regarding Dr. Berro's and Dr. Quizon's comments. With regards to the vaccination program, Congressman Biazon of Muntinlupa, have given support from his Country Development Fund(CDF). We have good collaboration with the local government, we tried to coordinate with Dr. Hernandez, the city veterinarian. We give them a copy of the number of dogs we have vaccinated. We tried also to ask some of their vaccinators to join with us. It is very effective, the procedure being done before proceeding with the vaccination of the dogs. We show them the video of Department of Health and DA particularly the Bureau of Animal Industry(BAI) to inform the pros and cons of vaccination. So far the barangay folks are very willing to bring dogs for vaccination. So in the morning we give them the lecture or show the video and then in the afternoon do the vaccination. On the part of Cong. Biazon he will be giving another support this year from his CDF funds sometime in March. We will purchase the number of vaccine vials for vaccination. He gave us P100,000 through RITM. With the collaboration of Dr. Hernandez the City Veterinarian, almost 80% have been vaccinated. We started in 2001. There are still sporadic cases in Muntinlupa. We think that this may be due to the fact that San Pedro and Taguig do not implement vaccination programs. Its possible that there are unvaccinated dogs that find their way to Muntinlupa. There must be control of those dogs. That's our comment.

**Dr. Villareal:** Thank you very much. Alright can we give a big hand to all of those who shared their experiences. As I promised we will give our panelists to give brief remarks and share with us some of their words of wisdom before I turn over the chairmanship to Dr. Topacio who will give the summary of what transpired for the whole day. Lets start with Dr. Gundran.

**Dr. Gundran:** I would like to go back to the five phases of animal rabies control in Nueva Ecija. We're supposed to be on the phase two now, 2001-2005, we are supposed to be included under the rabies-free zones throughout the country. I don't know exactly how many provinces or how many islands are declared rabies-free zones but as far as I know, Camiguin and Batanes have been free. I don't know the rest but just in case, we only have two, and we have 72 provinces. That's only 3%, and that means we're 3% successful at this stage. We still have a lot of things to do. Anyway we still have one year and basically the reason why it is very low is because we have a low vaccination coverage. Again we go back to the vaccination. If we have one million supply of vaccines and our target is six million, and that is only 17% vaccination coverage throughout the country. What is important at this stage is that we know the problem. We know what to do now and with the involvement of the different sectors, promised by the different sectors, like the Philippine Veterinary Medical Association(PVMA) and if we will solicit support also from the different colleges and other NGOs, with the greater political will, with increased budget because of new legislations and of course with God's blessing I believe we can still fulfill our vision of a having rabies-free Philippines by the year 2020. Remember that even the more developed countries, even with their resources, even with their money, even with their greater knowledge and resources, they still have diseases-like "mad cow", SARS, and "bird flu". One thing we should be thankful for, bird flu is not here. So even how good we are, even how efficient we are, or even how many resources we have, but without God, we cannot achieve our

objective. So trust in the Lord with all your heart do not rely on your insight, commit to the Lord whatever you do and your plans of having 2020 rabies-free Philippines will be achieved. Thank you.

**Dr. Villareal:** Yes Dr. Agulto, please.

Dr. Agulto: I would like to emphasize our call to the National Rabies Committee to consider the topics that we have brought out this afternoon specifically the dog population management. The Philippine Society for the Protection of Animals has been advocating spay and neuter programs, we are also advocating control stray dogs campaigns in different areas, we also would be participating in the vaccination programs of the National Rabies Committee. Likewise we would like Dr. Vinluan to include also in their educational campaign the dog bite prevention aspects considering that this is also a very important because as you were saying before about 40-50% of those who are bitten are minors and therefore they are supposed to be taught how to avoid being bitten by dogs. Our volunteers in the Society are willing to participate in the endeavor to humanely address the issue on rabies. Thank you.

**Dr. Villareal:** Thank you. Dr. Mateo, please.

**Dr. Mateo:** As presented in my reaction paper, I'd like to incorporate in the policy the one mentioned by Dr. Carlos that we start leashing the dogs. I think that's one way of controlling the dogs as they go out of the residences. Secondly, in the report of National Rabies Committee I would encourage to include the different reports of the different agencies that were signatories of the Memorandum of Agreement signed way back in 1994. Third, we should at least refine the system especially the one being implemented at the different dog bite centers where most of the instructions was to have the dog examined in the laboratory. We have to encouraged those bite victims to observe the dog for 10-14 days and while observing the dog, they should not be totally ostracized but give them the appropriate food, appropriate water and an appropriate environment. At least we know that if the dog will die in 10-14 days, it will die of rabies rather than of hunger and malnutrition. And as mentioned earlier, we have Republic Act 7160 or the Local Government Code and Republic Act 8485, Animal Welfare Act, whereby the lead officer in this particular activity is the veterinarian supported by the Department of Justice opinion. In the program protocol for rabies, kindly include provisions of the Animal Welfare Law at least we are sure that the animals are humanely disposed of. Lastly I like to mention to those present here the value of documentation. At present we already have a report of rabies in pigs. This is a case in Marikina. What happened was there was a roaming dog, and went in the piggery, and bit some pigs there. After some time unusual signs were observed on a pig. It was positive for rabies. I think we have here Dr. Leonilo Resuntoc, head of the BAI Task Force For Rabies, who managed to come up with the appropriate documentation of a transmamalian transfer of rabies. That is more of a documentation activity. If possible all document of rabies could be librated in a certain area. We could have the documents duplicated in the BAI or DOH. At least we have a central repository of information. This will be useful not only for policymakers but also for researchers like those of the National Academy of Science and Technology. And lastly, regarding dog pound, its really difficult to establish a dog pound and more difficult to maintain it. If ever we

propose to have a dog pound on a national basis, it should include all other requirements among other terms like anti-tetanus, pre-exposure vaccination, immunoglobulins, consultation fee, etc. We hope through my office, and through the Committee on Animal Welfare let it be known that all animal facilities should be registered with BAI, including research institution having animals, kindly register it with us. It adds up value to the operation rather than amount. In international requirements, if you present documents or research using animals, they usually look for clearance from animal welfare office. Thank you.

**Dr. Villareal:** Yes Dr. Diaz.

**Dr. Diaz:** Thank you sir and thank you Dr. Mateo. After Dr. Mateo I don't have to add anything anymore. I have only one point to reiterate which is obviously not included in the manual. This is one experience that is reflective of the request from the field especially our members. Rather than being too focused on requiring the establishment of a pound, which is only effective in densely populated areas wherein the distance between the catching area and the impounding area is manageable. But if you are dealing with the sparsely populated area which most of the country are, our suggestion is this and hopefully it could be considered seriously as other countries have successfully done this is field implementation. So again I'll go back to the Australian experience wherein they don't have to catch the dog in the field and bring it to the pound and dispose it. With the approval of the Committee on the Animal Welfare and with the supervision of the Animal Welfare Division, I'm sure we can come up with some procedures which is presentable and effective.

**Dr. Villareal:** Finally from Dr. Vinluan.

**Dr. Vinluan:** Thank you. Good afternoon again, thank you very much for inviting me for this forum. Actually its my hope that rabies in the Philippines will be eliminated by 2010. Actually its 2020. If everybody and all agencies will work maybe we can eradicate it in one day operation. With full force, with no politics involved rabies in the Philippines will be eliminated. Dr. Mateo, thank you for mentioning that there are some animal bite centers which are urging their clients to kill their dogs. I hope you can give us the documents, which are these animal bite centers and we will reprimand them. Thank you very much.

**Dr. Villareal:** Thank you very much. Since Dr. Atienza has finished eating maybe we can listen to Dr. Atienza's word of wisdom?

**Dr. Atienza:** Thank you. Based on the recommendations in our meetings with the provincial and city veterinarians, what they are saying is that there really is a need for a national law specific on rabies. This is a very opportune time and that the Rabies Bill of Cong. Defensor has been filed again because one of the provisions there is the compulsory registration, and with compulsory registration it goes with vaccination which have to be paid for by the owner. Lets face it, the government cannot really provide all the necessary vaccine requirements of the program. With that bill, the objective of eradicating rabies in 2020 will be achieved. We must support the bill. We should talk to our respective congressmen, to our senators and maybe with your recommendations to certify the bill to the President as urgent because it would really help accelerate the elimination of rabies in our country.

**Dr. Villareal:** Thank you. Lets give a big hand to the panelists and Dr. Atienza. We're now turning over to you Dr. Topacio for the synthesis and closing remarks.

**Dr. Topacio:** Thank you Dr. Villareal. I jot down here four principal things that have to be done in order to really eradicate rabies by the year 2020. Number 1 is funding. Any activity whether government or private if there are no funds, nothing can be accomplished. That is the bottomline. If we have the appropriate funds, everything will come almost automatically and lead to eventual eradication of the disease. Now how to get this funding and other support? This can be done in several ways. Maybe your Rotary International can help in this program and in much of the same way they did it with polio, maybe it can also be done with rabies. I understand that some Rotary Clubs have already sponsored this program but only on the local basis. Maybe on the national or international basis that might be a different story. Of course as mentioned by Dr. Javier about this coalition of forces will also be a big help. The coalition will not only be composed of Rotary Clubs but also of the professional associations: the Philippine Medical Veterinary Association, our association-the PVMA, the VPAP, and the Philippine Animal Hospital Association (PAHA), withits specialty colleges like the Philippine College of Veterinary Public Health (PCVPH) and the Philippine College of Canine Practitioners (PCCP). All of these can get together and help in the massive effort on a national scale. That is one of the important things we have to hurdle. You know when EO 84 was approved during President Estrada's time, and he approved the lump sum of P40 million every year for the rabies eradication program. Unfortunately, political events overtook this and P40 million was not appropriated. But perhaps we could make another EO, differently worded but also for rabies eradication program. Maybe we could convince President Arroyo to sign it. She will get the credit for this program. So that is with regard to funding.

Now another issue that was impressed on me during the discussion is political will. We have been talking about political will and of course this is a very important factor to consider to eradicate this disease. We have seen models of cities and provinces that have done this on their own. Marikina is a good example as mentioned before, they have a very good program with political will and sincere leadership. Marikina was transformed into a city it is today. Marikina was really a backwater municipality, a third class municipality. City, provincial, and barangay ordinances can easily be drafted but it must be again supported by political will and enforcement.

These ordinances can be enforced province-wide and municipality-wide and finally in the barangays. Each barangay also holds the key in the local program of rabies control through vaccination. Any program for that matter can be started at the barangay level then to the municipality and province, LGUs will play a very important role in the program because the trend in our government now is to let the LGUs slowly take over all programs. This is the ultimate objective of the political system: in our country through the local government code.

A very good example of how an LGU was able to eliminate rabies is Dumaguete City, Negros Oriental. All the issues and recommendations that were discussed in the BAI Rabies Prevention and Control Program were implemented in the city. In the end Dumaguete City was declared rabies free. The program was implemented under the initiative and leadership of Dr. George Beran, a veterinary visiting

professor at Siliman University in Dumaguete. He organized all the agencies both government and private sectors including the veterinary practitioners in a single coordinated effort to eliminate rabies. It included the harnessing of the local radio and newspaper in the program. He was able to get the financial support needed to underwrite the program from the city, provincial governments and from the University itself which is the most important ingredient in the program. Then he was able to get the political will of the city mayor and the provincial governor. In about two years, Dumaguete has no report of rabies both human and animal. Under Dr. Beran's supervision a rabies vaccine production laboratory was established and the rabies vaccine produced by this laboratory was used in vaccinating dogs. The locally produced vaccine approved by the BAI was a significant support and contribution to the rabies eradication program in Dumaguete.

By the way, Camiguin has been declared rabies-free. Has there been any recognition made by the Bureau of Animal Industry and the Department of Agriculture to recognize them or has there been a some sort of recognition of how Camiguin was made rabies-free? Granting recognition for achieving rabies-free area can be a good program. Any province that declares itself or any municipality that are declared rabies-free should be rewarded or commended by the government. A plaque will be appreciated specially if cash award is given. Now who will foot the bill for this award? Will the vaccine manufacturers be willing to give this award? But it should be the government that should give this monetary award if it is possible. This is one way that we could promote and give incentives to the eradication program. The information and education campaign (IEC) is very important. As many of you, learned today what is "tandok". IEC in rabies is therefore very important and it should start at elementary school level. Dr. Vinluan has mentioned that the teachers will play a very important role here so that's why the Department of Education is very important in the information education campaign. So again all these effort will need money to print and give the publications, the brochures and pay for radio and TV time. UN, WHO and FAO recommend that 85% of the dog population should be vaccinated in order to slowly eradicate rabies in the country. It will need funding, cooperation and coordination of all sectors: government, private, and religious organizations.

One of the issues taken up was lack of human resources in the vaccination campaign. Even when there is sufficient supply of vaccines. One of the recommendations is to harness veterinary students to do vaccination under the supervision of a licensed veterinarian. Control of dog population is another important issue. The recommendations are to have a neutering program to be carried out by veterinarians. The other recommendation is by shooting or applying specific dog poisons. The latter must be studied. In densely populated areas it is recommended to establish dog pound properly budgeted, constructed, equipped and staffed. The suggestions of Dr. Javier to put up a coalition against rabies should be implemented. We hope that all of those things that we have discussed here will be published, printed and disseminated. We will make our recommendations and NAST, will do its part to see to it that these recommendations are given to the proper authorities. We're going to submit our recommendations to the Office of the President through the DA and DOH Secretaries so that the proper action will be

taken up. And lastly I would like to thank all of you for attending this round table discussion. I believe it was quite fruitful. I would also like to thank the sponsors who provided these snacks and lunch, BroadChem, Intervet, Merial, Pfizer, Virbac, and Schering-Plough. These vaccine manufacturers are also helping in the control and eradication of rabies. So with that I'd like declare this round table discussion ended and thank you all again.

## APPENDICES

Republic of the Philippines  
PROVINCE of \_\_\_\_\_  
SANGGUNIANG PANLALAWIGAN

**ORDINANCE NO. \_\_\_\_\_**

**RABIES AND STRAY ANIMAL CONTROL ORDINANCE OF**  
The Sangguniang Panlalawigan of the Province of \_\_\_\_\_ hereby  
ORDAINS:

**SECTION 1. TITLE** - This Ordinance shall be known as "The Rabies and Stray Animal Control Ordinance of the Province of \_\_\_\_\_."

**SECTION 2. DEFINITION OF TERMS** - For the purposes of this ordinance, the following terms or words used herein shall mean as follows:

- a. Rabies – is an acute highly contagious disease of mammals (such as dogs) caused by a virus and the disease is transmissible from animal to man through animal bites of infected animals.
- b. Vaccination against Rabies – means the inoculation of dogs with a rabies vaccine for the species licensed by the Bureau of Animal Industry, Department of Agriculture, such vaccination must be performed by a licensed veterinarian or trained livestock technician or livestock inspector under the direct supervision of the Provincial Veterinarian or any of his deputies.
- c. Owner – means any person keeping, harboring or having charge or control of, or permitting any dog to habitually be or remain on, or be lodged or fed within such person's house, yard or premises.
- d. Has Been Bitten – means has been seized with the teeth so that the skin of the person has been wounded or pierced, including scratches.
- e. Enclosed Premises – means the owner's house, fenced where other people have no reason to enter except to conduct business or visit with the member of the household, where dogs and cats should be confined.
- f. Restrained – means tethered/leashed or caged.
- g. Stray animal – means an animal which is not leashed, loose, unrestrained, unconfined and found running or roaming at large in the streets or in any public or private places and not under the complete control for its owner or the one in charge or in possession thereof.
- h. Street and Public Places – includes national, city or barangay streets, parks, and such other places open to or for the use of the public.
- i. Private Places – includes privately owned streets, yards, rice fields or farm lands, and lot owned by an individual other than the owner of the animal.
- j. Local Government Unit (LGU) – means the provincial governing agency.
- k. Dog Bite – any part of the body of a person which has been seized with the teeth so that the skin of the person has been wounded, pierced or scratch.

- l. Pound – the unit created by the Provincial Government where a stray dogs apprehended and be confined for 3 days before it is redeemed by the owner or if unclaimed disposed of it by approved methods. The pound must be budgeted, administered by a Provincial Veterinarian complete with supporting staff, clinic hospital, laboratory equipment and supplies. The pound must be accredited by the Animal Welfare Division of the BAI, as provided for the Animal Welfare Law.
- m. Neutering – the surgical process in neutering dogs (male/female) so they will not be able to reproduce thereby control the dog population in a locality.
- n. “Tandok” – a native method used by the faith healers herb doctors to treat dog bites by the use of animal horn or stone applied to the bite wound.

**SECTION 3. A. RABIES VACCINATION** – every dog three (3) months of age and older should be submitted by the owner for rabies vaccination once a year or as frequently as prescribe by or indicated on the label/literature of the vaccine. Young dogs shall be vaccinated within 30 days after they have reached 3 months of age. Actual vaccination shall be done by a licensed veterinarian, trained livestock technician or livestock inspector and under the direct supervision of the Provincial Veterinarian or any of his deputies.

After vaccination, a certificate of rabies vaccination shall be provided to the dog owner for each animal vaccinated. The certificate shall include the following information:

1. Owner’s name, Address and Telephone No. (if any);
2. Description of dog (color, sex, markings, age, name, species, and breed if any)
3. Rabies vaccination tag number;
4. Vaccine producer;
5. Date vaccination and vaccine expiration (if any);
6. Vaccinator signature.

**NOTE:** The above provisions may not apply in a mass rabies vaccination campaign.

**B. STRAY ANIMAL CONTROL** – The PNP provincial commander or his equivalent or any of his deputies or (and) the Provincial Veterinarian or any of his deputies (Animal Control Officers or ACO’s) are hereby authorized to catch (apprehend) and impound stray animals (dogs, cats, and other animals) in the place duly designated for such purpose. They are hereby authorized to issue citation tickets for violation of this ordinance. They shall also issue and cause the posting of notice in the Provincial Hall Building and/or at the Veterinary Office of the impounding of such animal and inform the Governor accordingly.

- a. The animal control officer (ACO) may seize and impound:
  1. every dog or cat found at large
  2. every dog or cat not wearing a collar and tag while off the premises of the owner and not accompanied by a person responsible.

b. The ACO shall make all reasonable efforts to identify and contact the owner of every stray animal received, whether the animal is living or dead.

c. Every dog or cat impounded shall be provided with clean food and water and sheltered in sanitary conditions. The animal shall remain impounded for 3-5 days, unless the animal is claimed by its rightful owners. If not claimed within that time, the animal shall become the property of the province.

d. Where in the opinion of the ACO in consultation with the Provincial Veterinarian, a dog or cat seized and impounded is injured or ill and should be destroyed without delay for humane reasons or for reasons of safety to persons, the dog or cat may be euthanized humanely if reasonable efforts to locate the owner of the animal have failed.

e. Where a dog or cat seized and impounded is injured or ill and is treated by a veterinarian, the province shall, in addition to any impoundment fees, be entitled to charge the person claiming the animal for the cost of the treatment.

f. During the impoundment period, the owner may claim the dog or cat upon proof of ownership of the animal, and payment to the province of:

1. the appropriate fine where applicable
2. the appropriate license fee where the dog is not licensed,
3. maintenance fees, and
4. veterinary fees where applicable

g. Where the owner of a dog or cat does not claim the animal he shall, when known to the ACO, pay a pound fee and maintenance fees for each day the animal is in custody.

h. A dog or cat that is impounded and not claimed by the owner within the time provided may

1. be adopted for such price as has been established; or
2. be euthanized by lethal injection of a barbiturate

### C. Licensing

a. The owner of any dog or cat aged three months or more shall obtain a license for the animal by registering the dog or cat with the municipality and paying a fee as determined by the province.

b. The owner shall renew the license annually with the province.

c. When the dog or cat is off the property of the owner the owner shall cause the animal to wear around the neck a collar to which shall be attached the current license tag issued for that dog or cat by the province.

d. The license fee for a dog or cat owned by a citizen over 65 years of age shall be reduced by 50%.

e. The license fee for any dog or cat that is being registered with the province between October 1 to 31 in any year shall be 50% of the fee.

f. A dog used as a guide or for assistance to a disabled person shall be licensed and shall wear the current license tag. Any person who produces evidence satisfactory to the province showing that the dog is required as a guide or for assistance by a disabled person shall be exempt from paying the license fee.

g. The province shall keep a record of all dogs and cats registered and licensed, showing the date and number of registration and license, and the name and description of the dog or cat, with the name and address of the owner.

D. Kennels or Catteries

a. Every person who owns or operates a kennel or cattery shall, upon application and payment of a license fee and upon the approval of the province, obtain, no later than the date established by the province in each year, a license to operate such kennel or cattery.

b. Every kennel or cattery license shall be for one year.

c. Every person who owns or operates a kennel or cattery shall comply with the bylaws of the province.

d. Where an owner or operator of a kennel or cattery fails to comply with a bylaw of the province, the license may be suspended or revoked.

e. Every person who owns or operates a kennel or cattery shall permit an inspector to enter and inspect the kennel or cattery at all reasonable times, upon production of proper identification, for the purpose of determining compliance with this bylaw.

f. An inspector may enter and inspect the kennel or cattery under authority of a search warrant.

g. Where an inspector finds that the owner or operator of a kennel or cattery does not comply with any regulation in this section, he may direct that the animals be seized and impounded by the ACO.

D. DANGEROUS DOG - means any individual dog

i. that has killed a domestic animal without provocation while off the owner's property;

ii. that has bitten or injured a human being or domestic animal without provocation, on public or private property;

iii. that is attack trained;

iv. that is kept for the purpose of security or protection, whether residential, commercial or industrial, of persons or property;

v. that has shown the disposition or tendency to be threatening or aggressive.

a. The owner of a dangerous dog shall ensure that:

1. such dog is licensed with the province as a dangerous dog in accordance with the fees

2. such dog is spayed or neutered

3. they comply with the owners' responsibilities

4. at all times when off the owner's property, the dog shall be muzzled

5. at all times when off the owner's property, the dog shall be on a leash not longer than one meter and under the control of a responsible person over the age of eighteen

6. when such dog is on the property of the owner, it shall be either securely confined indoors or in a securely enclosed and locked pen or structure, suitable to prevent the escape of the dangerous dog and

capable of preventing the entry of any person not in control of the dog. Such pen or structure must have minimum dimensions of two meters by four meters and must have secure sides and a secure top. If it has no bottom secured to the sides, the sides must be embedded into the ground no less than thirty centimeters deep. The enclosure must also provide protection from the elements for the dog. The pen or structure shall not be within one meter of the property line or within three meters of a neighboring dwelling unit. Such dog may not be chained as a means of confinement.

7. a sign is displayed at each entrance to the property and building in which the dog is kept warning in writing, as well as with a symbol, that there is a dangerous dog on the property. This sign shall be visible and legible from the nearest road or thoroughfare.

8. a policy of liability insurance, satisfactory to the municipality, is in force in the amount of at least five hundred thousand pesos, covering the twelve month period during which licensing is sought, for injuries caused by the owner's dangerous dog. This policy shall contain a provision requiring the community to be named as an additional insured for the sole purpose of the community to be notified by the insurance company of any cancellation, termination or expiration of the policy.

b. The province shall have the authority to make whatever inquiry is deemed necessary to ensure compliance with the provisions outlined in this section.

c. If the owner of a dog that has been designated as dangerous is unwilling or unable to comply with the requirements of this section, said dog shall then be humanely euthanized by the animal control officer or a licensed veterinarian, after a fourteen day holding period. Any dog that has been designated as dangerous under this bylaw may not be offered for adoption.

#### **SECTION 4 Responsible Pet Ownership means**

A. Keeping your pets on your property or on a leash

B. Vaccinating your dogs and cats

C. Licensing your dog and keeping a current tag attached to its collar

D. Spaying/neutering your pets

E. Keeping cats on your own property

F. Quieting your dog when it barks

G. Owners' Responsibilities include the following:

a. If a dog or cat defecates on any public or private property other than the property of its owner, the owner shall cause such feces to be removed immediately.

b. No owner shall suffer, permit, allow or for any reason have his or her animal, bark, howl, or meow excessively or in any other manner disturb the quiet of any person.

c. No owner of a dog shall permit his or her dog to, without provocation:

1. chase, bite or attack any person

2. chase, bite or attack any domestic animal

- 3. damage public or private property
- d. The running at large of dogs or cats is prohibited within the province, except for dogs in designated off-leash areas.
- e. No person shall keep an animal in an unsanitary condition within the province. Conditions shall be considered unsanitary where the keeping of the animal results in an accumulation of fecal matter, an odor, insect infestation or rodent attractants which endanger the health of the animal or any person, or which disturb or are likely to disturb the enjoyment, comfort or convenience of any person in or about any dwelling, office, hospital or commercial establishment
- H. The Provincial Government shall organize an Information Education Campaign on Responsible Pet Ownership in the barangays, elementary and high school students in coordination with the LGU Offices of the Departments of Agriculture, Education, Health, and Interior and Local Government. The IEC shall include among other things the dangers of rabies, its prevention, control, and eradication, dog population control, etc. As provided for in Executive Order No. 84, Rabies Awareness Month must be promoted nationally and in all LGU's.

**SECTION 5. FEES FOR REGISTRATION, VACCINATION AND IMPOUNDING OF ANIMALS:**

- A. Registration of dogs shall follow the guidelines issued by the Animal Welfare Division of the Bureau of Animal Industry
- B. Imposition of Fees.
  - a. There shall be paid to the Provincial Treasurer an annual dog registration fee of Thirty Pesos (P30.00). No person shall be allowed to keep or own any dog over three months old without first securing a registration certificate from the Provincial Veterinarian. The latter shall keep a register of all licensed dogs, describing the same by the name, breed, color, and sex, date of immunization and shall enter therein the name and address of owner, amount paid, number and date of official receipt.
  - b. The registration fee shall be paid annually based on the first registry date. A penalty of Five Pesos (P5.00) shall be imposed for every month of delay.
  - c. No dog can be registered without being vaccinated against rabies by the Provincial Veterinarian, Immunization fee shall be paid at cost.
  - d. Vaccination Fee . . . . . P40.00/head
  - e. There shall be imposed the following fees for each day or fraction thereof on the impounding of each stray found running or roaming at large at public or private places:
    - i. Large Animals . . . . . P50.00/day
    - ii. Pigs, goats, sheep, dogs . . . . . P30.00/day
  - f. Impounding fee shall be paid to the Provincial Treasurer prior to the released of the impounded animals.
  - g. All dogs must be confined in the owners premises preferably leashed or muzzled since visitors, messengers or delivery personnel can be bitten upon entering the owner's house.

## **SECTION 6. REPORTING/NOTICES:**

### **A. Reporting of Biting Incidents**

The owner of the dog which has bitten any person and person who has been bitten shall within 24 hours of the occurrence, report the incident to the nearest police station, the Provincial Health Officer, and the Provincial Veterinarian for recording, examination and investigation.

The Provincial Health Officer and the Provincial Veterinarian shall discourage the bitten person to go to the faith healers/herbolarios using "tandok" or any other unacceptatable procedure. This ordinance thereby prohibits the use of "tandok" for treating dog bites.

### **B. Pound Notice**

Upon receipt of animal into the pound, the Provincial Pound Officer or In-charge shall advertise in the Provincial Hall Building and/or Provincial Veterinary Office a pound notice for three (3) consecutive days stating the following:

- a. Color, breed and other description of the impounded animal;
- b. The date and time when the respective impounded animals were caught;
- c. The place and location where respective impounded animals were caught;
- d. A notice that unless redeemed the animals will be posted at said pound between 9:00am to 4:00pm or put up for adoption or shall be killed humanely if there is no claimant for the animal.

## **SECTION 7. INFORMATION EDUCATION CAMPAIGN (IEC)**

The Provincial Government shall organize an Information Education Campaign on Responsible Pet Ownership in the barangays, elementary and high school students in coordination with the LGU Offices of the Department of Agriculture, Department of Health and Department of Interior and Local Governments. The IEC will include dangers of rabies its prevention and control, eradication and dog population control. As provided for in Executive Order No. 84, Rabies Awareness Month must be promoted nationally and in all LGU's.

## **SECTION 8. LIABILITY OF OWNER OF BITING DOGS**

A. The owner of the dog which has bitten any person shall be responsible for all the cost of treatment and examination incurred by the bite victim or the injured victim is entitled to receive financial damage for medication. If the injuries requires medical attendance for a certain number of days, the owner of the animal is required to pay for the period the victim is not working. However, an exemption is made when the bite is inflicted by a restrained and registered dog and the incidence occurs inside the owners enclosed premises.

B. If the owner of the animal willfully refuses to pay the expenses, the victim himself/herself shall institute appropriate charges in court to enforce the claim.

## **SECTION 9. DISPOSAL OF IMPOUNDED DOG**

All animals impounded, unless redeemed shall be placed for adoption or be disposed as follows:

- a. Dogs can be donated to research institution following the guidelines set by the Animal Welfare Division of the Bureau of Animal Industry (BAI);

- b. Apprehended vicious stray biting animals shall be destroyed immediately at the discretion of the Provincial Veterinarian;
- c. Dogs found suffering from either of two types of rabies disease or highly infectious disease shall be destroyed immediately at the discretion of the Provincial Veterinarian;
- d. As provided for in the Animal Welfare Law, euthanasia or methods of destroying rabid or dangerous dog is by shooting or the use of anesthesia (barbiturates) when safely restrained in order to put the dog sleep. In cases where these cannot be provided specially in rural areas, the Animal Welfare Council shall recommend the use of practical and economical methods of disposal after sufficient research and public hearings are conducted.

**SECTION 10. CREATION OF THE ANIMAL WELFARE COUNCIL**

A. The problem of unwanted pets is real. Support from civic and humane organizations is sought through donations and voluntary help such as help in educating the public and pet owners, encouraging the owners to have their pets neutered and to accept the responsibilities of pet ownership. An advisory council or task force that represents a wide spectrum of community concerns and perspectives creates a source of support for program initiatives. Participation by members representing community organizations builds a sense of ownership in the animal control program.

B. In consonance with the principles of the Animal Welfare Law, RA 8485 and the Local Government Code, RA 7160, the province shall create an Animal Welfare Council that shall oversee the implementation of this ordinance and act as an advisory body of the Sanggunian. The members of the committee shall be from among the Veterinary practitioners, civic organization, and animal welfare advocacy group, representing the Non Government Organization (NGOs). And from the Chief Executive of the LGU or his representative, local offices of agriculture, health , education and the Philippine National Police (PNP). The Chairman shall be from the NGO and the Co-Chairman shall be the LGU Chief Executive or his representative. The Secretary shall be the Provincial Veterinarian

C. The Animal Welfare Council shall also be involved in other animal welfare issues and concerns which include among other things: farm and food animals, laboratory animals, animals used for entertainment or religious practices, fish and aquatic mammals, wildlife, etc.

**SECTION 11. PENALTIES FOR VIOLATION OF ORDINANCE**

Penalty:

|                                   |         |
|-----------------------------------|---------|
| 1 <sup>st</sup> Offense . . . . . | P500.00 |
| 2 <sup>nd</sup> Offense . . . . . | P600.00 |
| 3 <sup>rd</sup> Offense . . . . . | P700.00 |
| 4 <sup>th</sup> Offense . . . . . | P800.00 |

Any dog owner who fails to abide by any of the provision of this ordinance shall be subjected to a fine of not less than P1,000.00 or more than P5,000.00 or imprisonment of not below one (1) month and not over six (6) months or both will be imposed on the sound discretion of the court plus forfeiture of the animals in either case.

**SECTION 12. EFFECTIVITY** - This ordinance shall take effect upon its approval. This Ordinance shall be in effect in the whole province of \_\_\_\_\_ except in cities and municipalities that have similar ordinance.

Enacted on

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I HEREBY CERTIFY to the correctness of the foregoing ordinance.

Vice Governor  
Presiding Officer

ATTESTED:

Sanggunian Secretary

Approved:

Provincial Governor

## RESOLUTION

WHEREAS, rabies is 100% fatal viral disease affecting the nervous system of humans and animals and remains a serious public health problem in the country;

WHEREAS, the Philippines ranked 5<sup>th</sup> worldwide in human rabies incidence with a significant percentage affecting children due to the bites of rabid dogs;

WHEREAS, the incidence of dog rabies in 2004 was 1,896, is one of the highest in the region;

WHEREAS, there is an urgent appeal for all sectors of the country to coordinate and implement the rabies control and eradication program that should make the country rabies-free by year 2020;

WHEREAS, it is recognized that the Local Government Units (LGUs) play a significant role in the implementation of the rabies control and eradication program through the enactment of updated and relevant ordinances for this purpose;

WHEREAS, the enactment of Anti-Rabies law in the Congress of the Philippines and approved by the President will be the main pillar in eradicating rabies;

WHEREAS, there is a need for the President of the Philippines to issue an Executive Order for the prevention, control and eradication of dog rabies in the Philippines in coordination with the Department of Health and providing funds for its implementation;

WHEREAS, the incidence of rabies occurs significantly among children, the information education campaign should focus more on this sector;

WHEREAS, one of the causes of human deaths due to rabies is the adherence to “tandok” for treatment which should be prohibited;

NOW, THEREFORE, it is hereby resolved that the following measures be recommended for the implementation as soon as possible:

1. A private sector led Coalition of Rabies Philippines be formed composed of all concerned government agencies, civic, and religious organizations.
2. Lobby for the approval of the Anti-Rabies bills, HB 1384 filed by Congressman Matias V. Defensor and HB 521 filed by Congresswoman Darlene R. Antonino-Custodio; SB 631 filed by Sen. Manuel B. Villar and SB 1899 filed by Sen. Juan Flavio, as soon as possible;
3. Recommend the enactment of an updated and relevant LGU ordinance with the provision for stray dog control, compulsory anti-rabies

vaccination for dogs and responsible pet ownership program to include the formation of an Animal Welfare Section that will complement the provisions of the Animal Welfare Law and likewise to prohibit the use of “tandok” in treating bite victims.

4. Recommend to the Department of Education, Division of Elementary Education, the inclusion of rabies prevention, handling dog bites and responsible pet ownership in the elementary and high school curriculum.
5. Draft a new Executive Order for the prevention, control and eradication of dog rabies in the Philippines in coordination with the Department of Health and appropriating P40 million to cover the cost of dog rabies vaccine, cost of information and education campaign, and tri-media expenses.
6. Draft updated procedures in management of rabies cases in humans and animals as recommended by the Departments of Health and Agriculture.

FURTHER, it is resolved that copies of this resolution be furnished the Secretaries of Agriculture, Health, Education and Interior and Local Government and other concerned agencies for the endorsement and approval by the President of the Philippines.

TEODULO M. TOPACIO JR., DVM, M.Sc., PhD  
Chair,  
Agricultural Sciences Division  
National Academy of Science and Technology

PERLA D. SANTOS OCAMPO, M.D.  
President  
National Academy of Science and Technology

September 22, 2005

**MALACANANG  
Manila**

**BY THE PRESIDENT OF THE PHILIPPINES**

**EXECUTIVE ORDER NO. \_\_\_\_**

**DECLARING MARCH AS THE RABIES AWARENESS MONTH,  
RATIONALIZING THE CONTROL MEASURES FOR THE  
PREVENTION AND ERADICATION OF RABIES AND  
APPROPRIATING FUNDS THEREOF**

WHEREAS, rabies is a dangerous disease of dogs transmissible to humans through the bite of an infected animal;

WHEREAS, approximately 560,000 bite cases are reported every year;

WHEREAS, rabies accounts for the loss of approximately 300-400 Filipino lives every year and causes much agony and suffering to victims and to their families before death;

WHEREAS, the disease can be prevented through mass immunization of pet dogs and responsible pet ownership;

WHEREAS, leashing of dogs and control of stray dogs are important complementary strategies in the control and eradication of rabies;

WHEREAS, information and education on rabies prevention measures, first aid for dog bites, and other relevant facts concerning rabies are critical for its eradication;

WHEREAS, the failure to eradicate rabies in the country greatly affects the public health and safety of the Filipino people;

NOW, THEREFORE, I, GLORIA MACAPAGAL-ARROYO, President of the Philippines, by virtue of the powers vested in me by law, do hereby declare that the month of March every year shall henceforth be known as the Rabies Awareness Month; and order:

SECTION 1. A massive information drive on rabies shall be held nationwide every year in the month of March, complemented by a mass immunization of dogs in key areas nationwide and that the vaccines shall be provided for free to the public.

SEC. 2. During the Rabies Awareness Month, the cooperating agencies of the Department of Agriculture-Bureau of Animal Industry (DA-BAI), Department of Health-Communicable Disease Control Service (DOH-CDCS), Department of Education (DepEd), and the Department of Interior and Local Government (DILG) - Provincial, City, Municipality Veterinary Offices shall conduct seminars, for a, radio and television plugs, symposium other information campaigns in coordination with one another.

The DA-BAI shall procure sufficient number of vaccines, and vaccination paraphernalia to cover the key areas during the mass immunization of dogs nationwide;

SEC. 3. There is hereby created a National Rabies Prevention and Control Committee (NRPCC) to be composed of representatives from DA-BAI, DOH-CDCS, DepEd, DILG and NGO (Philippine Veterinary Medical Association [PVMA]), Veterinary Practitioners' Association of the Philippines (VPAP) and the Philippine College of Veterinary Public Health (PCVPH) to formulate policies and coordinate implementation of the national rabies prevention and control program (NRPCP). A Rabies Control Section shall be created at the BAI which shall be responsible for the implementation and monitoring of the NRPCP.

SEC. 4. All concerned government agencies, including local government units, shall immediately report to the BAI any occurrence of the diseases in their respective areas of jurisdiction. They shall provide all necessary assistance to the BAI-NRPCP Task Force operating within their jurisdictions. Further, in case a local government unit is declared as a rabies-infected area by the DA-BAI, five (5) percent of the contingency fund allocated from its Internal Revenue Allotment may be used for the procurement of vaccines and vaccination paraphernalia necessary for the control of rabies in their respective areas.

SEC. 5. Subject to government accounting and auditing procedures, the amount of forty million pesos (PHP40,000,000.00) shall be allocated for the rabies awareness month every fiscal year to cover the cost of the rabies vaccines and the cost of printing information materials as well as the cost of the radio and television plugs and logistical expenses for the information and immunization campaigns. The Department of Budget and Management shall allocate from the lump sum appropriations of the General Appropriations Act the necessary amount. Funding for the succeeding year shall be included in the budget proposal of the Department of Agriculture.

SEC. 6. This Executive Order shall take effect immediately.

DONE in the City of Manila, this \_\_\_ day of \_\_\_ in the year of our Lord, two thousand five.

Signed  
GLORIA MACAPAGAL-ARROYO  
President  
Republic of the Philippines

## **ABOUT NAST**

The National Academy of Science and Technology (NAST) Philippines is the country's highest advisory body to the government and the science community on matters related to science and technology. It also has the mandate to recognize outstanding achievements in science and technology made by Filipino scientist in all fields of science.

### **VISION, MISSION AND MANDATE**

The National Academy of Science and Technology Philippines, founded in 1976, continues to stand today with a firm resolve to faithfully pursue:

Its **VISION**: A PROGRESSIVE PHILIPPINES ANCHORED ON SCIENCE

Its **MISSION**:

1. To recognize exemplary science and technology achievements among the young and among peers
2. To encourage individual Academy members to continue their scholarly pursuits thereby making the Academy the principal reservoir of scientific and technological expertise in the nation
3. To provide independent and science-based advice on problems facing the nation and the world
4. To link with like-minded institutions and individuals in promoting scientific achievement in the Philippines and abroad
5. To promote a strong science culture in Philippine society

Its **MANDATE**:

1. To recognize outstanding achievements in science and technology as well as provide meaningful incentives to those engaged in scientific and technological researches (PD 1003-A).
2. To advise the President and the Cabinet on matters related to science and technology (EO 818).
3. To engage in projects and programs designed to recognize outstanding achievements in science and promote scientific productivity (EO 818).
4. To embark on programs traditionally expected of an academy of science (EO 818).

### **The National Academy of Science and Technology Philippines**

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