Matadalan konaba oinsa atu responde bainhira hetan tata husi asu, inklui oinsa atu fo vasina no prophylaxis ba ravies iha Timor-Leste

República Demokrátika de Timor-Leste
Ministériu Saúde

Kolaborasaun ho

Menzies School of Health Research

Australian Government Department of Foreign Affairs and Trade

Organizasaun Mundiál Saúde
Country Office for Timor-Leste

Disclaimer

The Australian Government through the Department of Foreign Affairs and Trade has contributed to the development of this publication. The views expressed in this publication are the authors' alone and are not necessarily the views of the Australian Government.

Versaun 1.1, Dezembru 2023

Prefásiu

Hetan tata husi asu hanesan insidensia bain-bain iha Timor-Leste. Asu tata no kazu suspeitu rabies hanesan kondisaun ne'ebé notifika obrigatoria tuir matadalan Integrated Disease Surveillance and Response (IDSR) - Sira presiza fo hatene ba departamentu vijilánisa. Suspeitu kazu rabies presiza notifika imediatamente (iha oras 24 nia laran).

Hetan tata husi asu bele rezulta infesaun husi batéria oral, lakon funsaun membru isin-lolon, difisiensia permanente ka bele mos mate. Asu tata kauza mos trauma mental, no akontese dala-barak liu iha labarik. Iha risku adisionál no sériu ba infesaun rabies ne'ebé to'o tinan 2023 seidauk dokumentadu iha Timor-Leste. Rabies maka moras zoonótika viral ida-ne'ebé kauza ba ema na'in 59,000 liu mate kada tinan. Rabies sempre fo impaktu fatal bainhira sintoma mosu, resultadu husi encefalite aguda (*progressive/acute progressive encephalitis*). Provínsia viziñu Indonezia Nusa Tenggara Timur (NTT) hasoru kazu surtu rabies umanus ne'ebé mosu iha tinan 2023.

Responde ba kazu ravies iha Timor-Leste ne'ebé aumenta, Institutu Nasional Saúde Publika, iha Ministeriu Saúde Timor-Leste produs ona matadalan ida ne'e ho objetivu atu deskreve oituan kona-ba atividade ne'ebé presiza bainhira responde ba hetan tata husi asu.

Matadalan ne'e nia intensaun atu uza husi doutor no saúde públiku sira atu responde ba ema sira ne'ebe mai depois hetan kanek husi asu tata. Matadalan ne'e mos bele uza sai hanesan guia hodi akompaña tata husi animal seluk ne'ebé bele iha potensial lori virus ravies (rabies virus) hanesan lekirauk no niki.

Medida klínika no saúde públiku simples bele hahú hodi evita rezultadu negative ba saúde ka mate. Medida simples sira hanesan fase kanek, foti istória kona-ba hetan tata, tuir matadalan antibiotiku no fó vasina tetano no rabies bainhira presiza. Matadalan hirak-ne'e inklui informasaun báziku ne'ebé presiza atu bele responde ba hetan tata husi asu no fornese vasina rabies bainhira presiza. Dokumentu ida-ne'e mós iha referénsia no ligasaun ba informasaun seluk tan ne'ebé presiza.

Apoiu ba dezenvolvimentu matadalan ida ne'e mai husi Menzies School of Health Research, Partnerships for Human Development (PHD), the Australian Government Department of Foreign Affairs and Trade (DFAT) no Organizasaun Mundial Saúde (OMS).

Ami espera katak matadalan ida-ne'e bele sai hanesan instrumentu ida atu fó dalan ba profisionál Timor-oan sira atu responde bainhira hetan tata husi asu ho maneira atu minimiza risku ba infesaun, defisiénsia no prevene kazu rabies umanus iha Timor-Leste.

Ikusliu, ha'u fiar katak imi sei uza matadalan ida-ne'e hodi hala'o imi-nia knaar nu'udar profisionál saúde iha Timor-Leste, hodi servi ita nia sidadaun.

Obrigada

Dili, November 2023

Dra. Merita Antonia Armindo Monteiro, MPH
Presidente do Conselho Consultivo INSP-TL

Matadalan badak konaba oinsa atu responde bainhira hetan tata husi asu iha Timor-Leste

Objetivu: matadalan ne'e nia intensaun atu uza husi doutor no saúde públiku sira atu responde ba ema sira ne'ebe mai depois hetan kanek husi asu tata. Matadalan ne'e mos bele uza sai hanesan guia hodi akompaña tata husi animal seluk ne'ebé bele iha potensial lori virus ravies (*rabies virus)* hanesan **lekirauk** no **niki**.

Pontus prinsipál aira

1. Kanek husi asu tata ne'ebé halo kulit hetan estragus iha **risku boot ba infeksaun husi baktéria ka virus rabies** *(rabies virus).* Hirak ne'e ita tenke konsidera hanesan kanek ne'ebé kontaminadu; **fase halo moos no urjenti** pelu menus 15 minutu. **Mezmu iha demorasaun fase halo moos no urjenti.**
2. **Vasina rabies disponivel no rekomenda iha Timor-Leste,** hafoin tata husi asu. Depende ba espozisaun no istória husi pasiente, bele indika imunoglobina ba rabies
3. **Vasina Tetanus disponivel no rekomenda iha Timor-Leste**, hafoin tata husi asu.
4. Vasina Rabies mezmu **hafoin** exposizaun rabies bele proteze husi dezemvolvimentu husi moras rabies.
5. Konsidera fornese analgézia/anestézia/sedasaun atu fasilita fase no examinasaun ba kanek.
6. Kanek husi asu tata tenke avalia ho kuidadu atu bele hatene profunidade kanek ba iha estrutura.
7. Maioria kanek tata husik nakloke, sein feixamentu primáriu *(primary closure).*
8. **Asu tata no kazu suspeitu rabies hanesan kondisaun ne'ebé notifika obrigatoria** tuir matadalan Integrated Disease Surveillance and Response (IDSR) - Sira presiza fo hatene ba departamentu vijilánisa. Suspeitu kazu rabies presiza notifika imediatamente (iha oras 24 nia laran).

Introdusaun

- Labarik sira (espesiálmente bebé) mak baibain sai vítima ba asu tata.
- Kanek kauza husi asu tata baibain hanesan *crush injuries, lacerations and abrasions* resulta presaun aas husi asu nia hasan ruin no movimentu rasta no nakles.
- Infeksaun maka komplikasaun baibain husi kanek ne'ebe kauza husi tata.
- Infesaun baktéria kauza husi asu tata hanesan polimicrobiana ho potensial patogenio ne'ebé mosu husi ibun mamalia ne'ebé tata, flora kulit husi labarik refere no enviromentu.
- Iha risku trazmisaun virus rabies husi asu iha Timor-Leste.

Hetan tata husi asu mak kondisaun ne'ebé tenke informa iha Timor-Leste

Kazu asu tata no kazu suspeitu rabies hotu-hotu bele informa iha Timor-Leste. Vijilansia telephone imediatamente ba +670 3310948 ka 991. Definisaun kazu sira mak hanesan tuir mai.

Definisaun kazu – asu tata

Reporta: Tenki relata kazu hotu.

Kazu konfirmadu: ema ne'ebe asu tata.

Definisaun kazu - rabies

Relatoriu: Kazu konfirmadu no kazu provavel tenki relata.

Kazu konfirmadu: detesaun ka isolasaun ba rabies virus; ka detesaun ba rabies-neutralizing antibody iha serum ka CSF ka kaguduk, iha ema ne'be nunka simu vasina rabies nian.

Kazu provavel: Ema ne'be mosu ensefalite agudu (e.g sindroma paralitiku, ka la bok an, ka lakon sentidu, ka tauk be'e, ka mangame), ka sindroma paralitiku, ka la bok an, ka lakon sentidu, ka tauk be'e, ka mangame, NO animal siak tata ka naklees nia.

Kazu suspeitu: Ema ne'be mosu ensefalite agudu (e.g sindroma paralitiku, ka la bok an, ka lakon sentidu, ka tauk be'e, ka mangame), NO dupois mate iha loron 10 nia laran (evidensia animal siak tata la iha).

Asesmentu

<u>Kada kanek ne'ebé fo ameasa ba moris tenke trata bazeia ba matadalan trauma</u>

Labarik ne'ebe apresenta kanek tata tenke jejum husi nia chegada, iha kazu sira presiza sedasaun +/- intervensaun sirúrjiku.

Prosesu hodi hatán bainhira hetan tata husi asu

1. Hakerek istória ne'ebé tebes kona-ba tata.

- Momentu mosu kanek no fatin (suco, aldeia, munisipiu)
- Numeru no tata fatin
- Risku kanek exemplu, karik labarik monu ou rasta.
- Estatutu imunizasaun (partikuralmente tetánu), Istória reasaun adverse/ladi'ak ba vasina rabies
- Istória medical seluk: *co-morbidities* (ex. imunossupresaun), medikamentu regulár, alerjia.
- Asu hatudu sinál/sintóma husi rabies.

Kualkér asu ne'ebé hatudu sinál sira tuir mai; hipersalivasaun, paraliza, letarjia, agresaun abnormal, vokalizasaun abnormal, konsidera hanesan asu refere suspeitu ba rabies.

2. Fase kanek

- Kanek tata husi asu hotu ho kulit aat presiza fase no explorasaun ho anestezia +/- sedasaun.
- Tenke halo imediatamente, maske ema refere mai kleur hafoin expozisaun.
- Fase immediatamente no fase kanek durante minute 15 ho sabaun no bee, ka ho bee de'it.
- Dezifenta ho deterjen , *ethanol* (700ml/l), *iodine* (*tincture or aqueous solution*), 0.9% *sodium chloride* under pressure, ka substánsias seluk ho atividade virusida
- Hasai tiha órgaun estranjeiru ruma (nehan, sasán rahun) uza fluidu ne'ebé sufisiente atu hasai rai-rahun ne'ebé bele haree no material estranjeiru.

3. Fó vasinasaun ba tetanus no rabies

Tetanus prophylaxis
Hetan tata husi asu konsidera hanesan risku ba infesaun tetanu – fó vasina tetanu imediatamente.

Rabies prophylaxis
Ema ida ne'ebé tata husi asu tenke fó profilaxia pos-espozisaun (*post-exposure prophylaxis - PEP*) atu proteje hasoru infesaun rabies (+/- imunoglobulina umanu), husi tempu ne'ebé kanek. Haree madalan iha kraik.

Vasina tetano no rabies bele fó iha tempu hanesan ho vasinasaun sira seluk ne'ebé laiha risku.

Ema sira ne'ebé simu ona vasinasaun rabies tenke rejista iha kartaun vasinasaun no tenke fó-hanoin atu atende doze sira tuir mai hodi asegura katak profilaxia remata ona.

4. Jestaun kanek no injuria

- Halo esplorasaun no avaliasaun ba kanek ne'ebé klean, potensiál kanek ba estrutura sira (nervu, vaso, múskulu, tendon) ka estensaun hamutuk.
- Kualker kanek husi tata ne'ebé involve "fatin espesiál" (oin, liman, ain ka jenitál), ka iha kulit ne'ebé lakon (>1cm defisiénsia iha tentattiva atu kontra kulit nia kuak), rekere referral ba ekipa surijika relevante hodi halo avaliasaun no jestaun.
- Se iha dúvida ruma kona-ba kanek, ka preokupasaun konaba abilidade atu fase ka esplorasaun ne'ebé di'ak, refere ba espesialidade unidade surijika iha Ospitál Referral Munisipiu ka Ospitál Nasionál Guido Valadares (HNGV).

Fatin Kanek nian.

- Iha Area sira ne'ebé iha posibilidade boot liu atu presiza envolvimentu especialista surijika mak oin, liman, ain, jenital.
- Kanek ne'ebé iha liman ne'ebe tuku asu envolve laserasaun ba *dorsum* no artikulasaun MCP husi liman

Kanek Asosiadu

- Ruin Kotuk (*C-spine)* /ulun karik monu.
- Ruin naruk/isin-balun (*limb)*/ruin koruk karik rasta labarik.
- Kanek iha matan karik envolve iha oin

- Avaliasaun ba kanek ne'ebé kle'an (*subcutaneous, breach of muscle fascia*);
  Tata no kanek husi liman kukun dalaruma tama to iha fundu klea'n.

- Buka evidénsia kona-ba neurovascular ka kanek *tendon* molok inflitrasaun anaesthetiku local (muda sensasaun, ran-fakar/*haemorrhage*, lakon funsaun);
  Karik involve hamutuk, ezamina kanek iha pozisaun oioin.

- Halo avaluasaun viabilidade/perfusaun iha kulit tan kanek no kulit ne'ebé nakfera tan kanek.
- Halo avaluasaun ba sinál infesaun (haleu eritema, purulensia, isin-manas)
  - Liu oras 24, infesaun bele akontese liu husi asu nia tata.

5. Kurativu no taka kanek

- Dalabarak kanek kausa husi asu mak tata tenke husik taka ho intensaun sekundariu (ezemplu husik nakloke)
- Taka primariu bele mos konsidera ba kanek selesionadu: kanek ho risku ne'ebé ki'ik ne'ebé bele explora no irrigadu ho didia'k, hanesan idade <12 oras no *kosmetik* sai problema mak oin/kakorok. Hein itoan ba taka kanek durante oras balun nia laran hafoin fó vasinasaun RIG ka rabies hodi permite infiltrasaun liu husi tesídu.
- Rekomenda atu hi'it/foti sa'e ain ka liman ne'ebe afeitadu durante oras 48-72.

6. Prevensaun ba infesaun bainhira hetan tata husi asu

Antibiotiku *prophylaxis* tenke konsidera ba infesaun tata, bazeia ba Matadalan Antibiotiku Timor-Leste 2022. Antibiotiku *prophylaxis* ne'e rekomenda ba kanek tata klinikamente la iha infesaun ho karakteristika ho **risku ass** ba infesaun.

INFESAUN	ANTIBIOTIKU	KOMENTARIU
Tata/Traumatiku kanek	**Importante tebes atu hamoos didi'ak. Karik iha infesaun leve ka risku infesaun aas hafoin kanek inisial, tratamentu antibiotiku oral bele sai utill**	**Karakteristika risku aas inklui:** **Demora apresentasaun >8** **Kanek labele halo debridasaun ho didi'ak** Involvimentu estrutura subjacente/ *underlyning structure* (ex. *Tendon)* Kanek iha liman ain ka oin Asegura katak vasina tetanus atualiza karik pasiente seidauk simu imunizasaun iha tinan 5 antes.
Leve	**Amoxicilin/Clavulanic acid 500/125mg (labarik: 25mg/kg) PO BID ba loron 5**	
Moderadu ka Forte	**Cloxacillin 2g (labarik: 50mg/kg) IV oras 6 + Ceftriaxone 1g (labarik: 25mg/kg) IV OD + Metronidazole 500mg (labarik: 10mg/kg) PO/Iv oras 12** Hakat ba antibiotiku oral (haree iha leve) Bainhira hadi'a hodi kompleta tratamentu antibiotiku durante loron 14	

Features risku aas bele inklui;

- Kanek ne'ebé halao taka primariu
- Apresenta atrazu (kanek > idade oras 8)
- Kanek klea'n ka laserasaun
- Tata iha liman (inklui kanek iha liman / *clenched-fist*), oin, ain ka area jenital
- Besik ho ruin ka artikulasaun
- *Associated crush injury*
- Envolve fraktura nakloke /*Involving an open fracture*
- Labarik imunokompromisadu /*Immunocompromised child*

Husu espesialista médiku/Doutor atu hetan konsellu kona-ba;
- Durasaun terapia,
- Wainhira konsidera atu troka husi intravena (IV) ba doze orál, no
- Atu interpreta rezultadu husi teste laboratóriu, inklui rezultadu husi teste sesceptibilidade antimicrobial.

7. Diagnostika laboratóriu umanu

Microbiolojia/bakteriolojia

- Kolekta kanek *swab* ba MCS (microbial culture and sensitivity) só iha evidénsia klínika kona-ba infesaun.
- Kolekta kanek *swab* no kultura raan bainhira iha evidénsia katak kanek hetan infesaun KA ema refere hatudu isin-manas ka sinál sepsis seluk.
- Haruka kanek *swab* no/ka kultura raan ba laborat'oriu patolojia (departamentu microbiolojia) hodi processu. Husu "kultura no sensibilidade microbial" no asegura atu hakerek "Asu tata" iha istória klínika.
- Kultura labele foti ba kanek ne'ebé la hetan infesaun klínika, tamba iha korelasaun ne'ebe fraku entre resultadu kultura sedu no infesaun sira tuir mai.

Teste ba virus ravies

Diagnostika kona-ba rabies sei halo tuir sinál no sintoma distintu pasiente nian no mós informasaun epidemiolojiku (bazeia ba Matadalan Integradu ba Surveillansia no hatán ba Moras – IDSR).

Teste laboratóriu disponivel ba rabies iha Timor-Leste uza PCR (polymerase chain reaction).

Bele halo teste ba amostra/*sample* sira tuir mai; kombinasaun hosi 3 hotu-hotu diak liu;

- Kabeen – rekomenda hasai amostra nain 3, ne'ebe foti iha interval tuir oras 3-6
- CSF (Fluidu cerebrospinal)
- Tesidu (virus bele espalla husi Sistema nervosu sentral ba iha tesidu periferiku/*peripheral tissues* amostra ida husi kulit inklui folikulu fuuk husi kanuruk mak espesifikasaun tesidu ne'ebé ideal).

8. Imajen médiku

- Ray-X ka USG ba area refere dalaruma indentifika karik suspeitu ba iha kanek ruin/*underlying bony injury*, envolvimentu hamutuk ka iha sasan seluk iha kanek/*foreign body in wound*.
- Imajen adisional: buka konsellu seniór;
  - Ultrasound ka USG: karik suspeita koleksaun refere ho kanek ne'ebé infetadu.
  - CT ulun: iha labarik sira ne'ebé sofre tata husi asu ho profunidade ne'ebé inserteza iha kulit ulun, ka marka/fitar tata iha parte ruin sorin-sorin, CT tenke halo avaliasaun dalaruma ruin tohar iha ulun ka kanek borus
  - Abdominal CT: se kanek iha kabun /abdominal sustentavel

9. Relata ba Departamentu Vijilansia no Diresaun Nasional Veterinaria

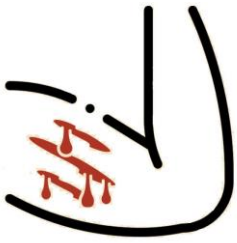
Informa mos asu tata hotu imediata ba pontu fokál vijilansia iha Munisípiu no alerta ba iha Diresaun Nasional Vijilansia no Epidemioloji iha +670 3310948.

10. Informa ba Ministeriu Agrikultura, Floresta no Peskas

Informa asu tata immediate ba Diresaun Nasional Veterinaria iha +670 78367115.

Anexo 1. Espozisaun kategoria risku ne’ebe determina nivel resposta vasinasaun ba rabies hafoin espozisaun (post animal bite).

Vasinasaun Rabies disponivel no rekomenda iha Timor-Leste, depois asu tata, tuir kategoria risku espozisaun OMS nian iha kraik. Ema ne'ebé uluk simu ona vasina hasoru rabies la presiza imunoglobulina.

Kategoria kanek	Tipu espozisaun	Rekomenda profilaxia pos-espozisaun
1	 	La iha (se ita bele fiar istória)
	Kaer ka fo hahan ba animal Lambe iha kulit ne’ebe di’ak	
2	 	Vasinasaun rabies Ema ne’ebé ho imunidade fraku (*immunocompromised*) mós tenke simu RIG
	Tata mamar/Soft bite – kulit bubu maibé la ran Kamat menor SEIN kanek (ran la sai)	
3	  	Vasinasaun rabies Immunoglobulin ba rabies
	Kanek ruma ne’ebé ran antes expozisaun (bazeia ba total ran) Bainhira kabén tama iha kontaktu ho membru mujus a kanek nakloke (kulit kanek)	
	 **Espozisaun ba niki hotu** **(la depende ba kanek nia gravidade)**	Vasinasaun rabies Immunoglobulin ba rabies

Anexo 2. Doze no tempu ba vasinasaun rabies pos-espozisaun prophylactic (PEP).

Tamba risku kona rabies SEMPRE kauza fatal, la iha kontra indikasaun fo vasinasaun rabies pos-espozisaun prophylactic.
Vasina ne'e kontein neomisina. Kontraindikasaun absoluta ida de'it ba simu vasina ne'e mak reasaun anafilátiku antes nian ba vasina ne'e, ka reasaun anafilátiku antes nian ba neomisina.

Vasina ne'ebé disponivel atu uza iha Timor-Leste mak;

Naran: RABIVAX-S Serum Institute of India: Rabies Vaccine Inactivated
Nasaun: Freeze-dried (lyophilized) 1.0mL
Diluente: Diluente separadu
Doze *Intramuscular* (IM): 1.0mL (Doze ida deit/*botol*)
Doze *intradermal* (ID): 0.1mL (Doze x10/*botol*)
Vasina pre-kualifikadu OMS: dezde 20 Dezembru 2018

RABIVAX-S tenke rekonstitui de'it ho konteúdu tomak husi diluente ne'ebé fornese (bee esteril ba injesaun) uza seringa no daun ne'ebé esteril, no doko neneik to ai-moruk uut kahur hamutuk ho bee esteril ba ijesaun. Hafoin rekonstitui tenke uza kedas vasina.

Vasinasaun pos-espozisaun rabies ba sira ne'ebé seidauk simu vasinasaun rabies

Doze RABIVAX-S ba vasinasaun pos-expozisaun mak;

Route	Doze	Númeru doze	Órariu
*Intramuscular**	1ml	5	Loron 0, 3, 7, 14 no 28
Intradermal	0.1ml	4	Loron 0, 3, 7 no 28

Vasina intramuskular mak preferidu liu ba profilaxia pos-espozisaun, maibé intradermal mós bele simu. Fatin administrasaun ne'ebé di'ak liu mka iha area deltoid tamba VNAb (rabies virus neutralising antibody) titulu sira bele menus se fó iha fatin seluk. Bebe ho idade fulan <12 rekomenda atu simu vasina rabies iha aspetu anterolaterál husi kelen. Fatin ventrogluteal nu'udar alternativa aseitavel ba bebe sira.

Labele fo vasina rabies iha kidun, tanba profilaxia pos-espozisaun bele falla bainhira fó vasina iha área ne'e.

Ema labele uza dalan intradermal;
1. Simu kortikosteroide ba tempu naruk ka terapia imunosupresivu seluk; ka
2. Simu klorokina ba tratamentu malaria or prophylaxis; ka
3. Ema ne'ebé hetan imunokompromisu.

Tratamentu hirak-ne'e bele interfere resposta imunidade ba vasina no hamosu fallansu vasina. Ema sira ne'e di'ak liu tenke simu vasinasaun intramuskular.

LABELE fo vasina rabies liu husi dalan intravaskular.

Se anafilaksia mosu, fornese tratamentu/intervensaun médiku ne'ebé apropriadu tuir matadalan atu hatán ba EADI (efeito adversos depois de imunizasaun). Informa eventu ne'e ba EADI liu husi +670 7723 7438.

Imunoglobulina

Bazeia ho kategoria risku espozisaun, HRIG (*human rabies immunoglobulin*) karik presiza no tenke doze iha **IU 20 kada kilograma bai sin nian**.

HRIG tenke infiltra ba laran no haleu kanek ho uza doze ne'ebé kalkula ona.

Kualker HRIG restu ne'ebé labele infiltra ho seguru iha kanek laran no hale'u kanek tenke fó **intramuscular** iha fatin dook husi fatin injesaun vasina rabies. Depende ba nia volume, ida-ne'e bele mosu iha isin alternativu deltoid, kelen laterál ka musku gluteal

Immunoglobulina tenke administra iha fatin ne'ebé diferente ho fatin vasina nian (parte **contralateral**). Labele kombina vasina rabies no imunoglobulina iha vasina ne'ebé hanesan ka injeita iha fatin isin nian ne'ebé hanesan.

Keta fo HRIG karik liu ona loron 7 (oras 168) dezde doze dahuluk husi vasina rabies. Ida-ne'e tanba HRIG bele interfere resposta imunidade ba vasina.

Vasinasaun pos-espozisaun ba ema ne'ebé hetan ona vasinasaun rabies kompletu.

Doze RABIVAX-S ba pos-espozisaun vasina mak;

Route	Doze	Númeru doze	Órariu
*Intramuscular**	1ml	2	Loron 0 no 3
Intradermal	0.1ml	2	Loron 0 no 3

Vasina intramuskular mak preferidu liu ba profilaxia pos-espozisaun, maibé intradermal mós bele simu. Fatin administrasaun ne'ebé di'ak liu mka iha area deltoid tamba VNAb (rabies virus neutralising antibody) titulu sira bele menus se fó iha fatin seluk. Bebe ho idade fulan <12 rekomenda atu simu vasina rabies iha aspetu anterolaterál husi kelen. Fatin ventrogluteal nu'udar alternativa aseitavel ba bebe sira.

Labele fo vasina rabies iha kidun, tanba profilaxia pos-espozisaun bele falla bainhira fó vasina iha área ne'e.

Ema labele uza dalan intradermal;

4. Simu kortikosteroide ba tempu naruk ka terapia imunosupresivu seluk; ka
5. Simu klorokina ba tratamentu malaria or prophylaxis; ka
6. Ema ne'ebé hetan imunokompromisu.

Tratamentu hirak-ne'e bele interfere resposta imunidade ba vasina no hamosu fallansu vasina. Ema sira ne'e di'ak liu tenke simu vasinasaun intramuskular.

LABELE fo vasina rabies liu husi dalan intravascular

Rabies imunoglobulina Umanu (*Human rabies immunoglobulin* - HRIG) is LA presiza ba sira ne'ebé simu ona vasina rabies.

Se anafilaksia mosu, fornese tratamentu/intervensaun médiku ne'ebé apropriadu tuir matadalan atu hatán ba EADI (efeito adversos depois de imunizasaun). Informa eventu ne'e ba EADI liu husi +670 7723 7438.

Anéxo 3. Doze no tempu ba vasinasaun pre-espozisaun prophylactic ba rabies (PrEP).

Pre-espozisaun prophylactic (PrEP) vasinasaun rabies rekomenda ba sira ne'ebé iha risku ass liu atu hetan espozisaun ba rabies, baibain tamba sira nia okupasaun. Ida-ne'e bele inklui grupu ema sira tuir mai;

Klasifikasaun	Risku aas
Kategoria Risku 1	Ema sira ne'ebé servisu ho virus rabies moris ka konsentradu iha laboratóriu sira.
Kategoria Risku 2	Ema sira ne'ebé dala barak halo pelumenus hanesan tuir mai ne'e: ka'er niki, halo kontaktu ho niki, tama ba ambiente ho densidade boot husi niki hanesan fatuk-kuak, ka hala'o animál nia necropsia.
Kategoria Risku 3	Ema sira ne'ebé halo interasaun ho, ka iha risku aas liu atu halo interasaun, ho mamalia sira seluk aleinde niki (hanesan asu) ne'ebé bele sai bulak, ba períodu ne'ebé naruk liu tinan tolu hafoin sira simu PrEP; ka Maioria **veterinariu, tékniku veterinariu, ofisiál kontrolu animál**, biolojista animál fuik, etc.

Vasina ne'ebé disponivel atu uza iha Timor-Leste mak;

Naran: RABIVAX-S Serum Institute of India: Rabies Vaccine Inactivated
Nasaun: Freeze-dried (lyophilized) 1.0mL
Diluente: Diluente separadu
Doze *Intramuscular* (IM): 1.0mL (Doze ida deit/*botol*)
Doze *intradermal* (ID): 0.1mL (Doze x10/*botol*)
Vasina pre-kualifikadu OMS: dezde 20 Dezembru 2018

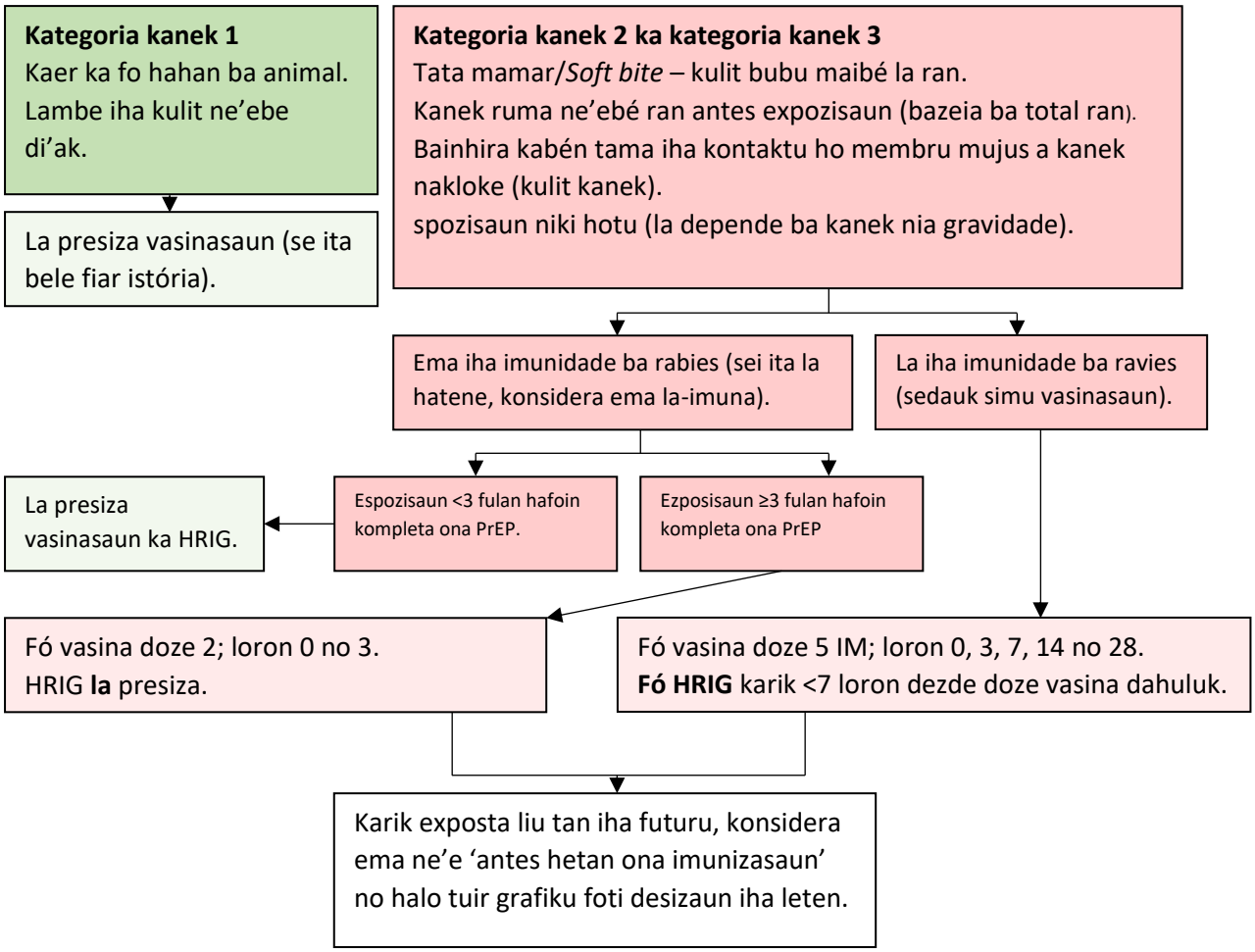
RABIVAX-S tenke rekonstitui de'it ho konteúdu tomak husi diluente ne'ebé fornese (bee esteril ba injesaun) uza seringa no daun ne'ebé esteril, no doko neneik to ai-moruk uut kahur hamutuk ho bee esteril ba ijesaun. Hafoin rekonstitui tenke uza kedas vasina.

PrEP presiza fo bazeia ho órariu ne'ebé iha tabela kraik.

Doze RABIVAX-S ba profilaxia Pre-Expozisaun.

Route	Doze	Númeru doze	Órariu
Intramuscular	1ml	3	Loron 0, 7 no 21 ka 28
Intradermal	0.1ml	3	Loron 0, 7 no 21 ka 28

Anéxo 4. Gráfiku foti desizaun kona-ba vasinasaun ba rabies.



Rabies imunoglobulina Umanu (*Human rabies immunoglobulin* - HRIG) is **LA** presiza ba sira ne'ebé simu ona vasina rabies.

Referensia.

Ministerio da Saude de Timor-Leste (2023). Grupo Assessoria Tecnica Nacional Para Imunizacao (NITAG TL). Resposta ba pedidu pareser tekniku no rekomendasaun konaba vasina anti-Rabies. Ref. 882/DGS/NITAG/VII/2023.

Ministerio da Saude de Timor-Leste (2023). Vijilansia no resposta integradu ba moras (IDSR) – matadalan ba implementasaun iha Timor-Leste. (Versaun Tetum) https://apps.ms.gov.tl/moh2/idsr.php?lan=tet&p1=001&p2=&p3=&p4=&p5=&m=

Timor-Leste Ministry of Health (2023). Integrated Disease Surveillance and Response (IDSR) – A guideline for implementation in Timor-Leste (English Version). Available at https://apps.ms.gov.tl/moh2/idsr.php?lan=eng&p1=001&p2=&p3=&p4=&p5=&m=

Timor-Leste Ministry of Agriculture and Livestock (2016). National Preparedness Contingency Plans on Rabies – Timor-Leste (DRAFT).

Timor-Leste Ministry of Health (2022). Timor-Leste Antimicrobial Guidelines. https://apps.ms.gov.tl/moh5/index.php?lan=eng#

Serum Institute of India PVT. LTD. Products supplied in India: RABIVAX-S. https://www.seruminstitute.com/product_ind_rabivaxs.php

World Health Organization (WHO). Who Guide for Rabies Pre and Post Exposure Prophylaxis in Humans (Updated 2014). https://www.who.int/docs/default-source/searo/india/health-topic-pdf/pep-prophylaxis-guideline-15-12-2014.pdf?sfvrsn=8619bec3_2

World Health Organization (WHO) (2018). WHO Expert Consultation on Rabies, third report. (WHO Technical Report Series, No. 1012). Licence: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications-detail-redirect/WHO-TRS-1012

US Centers for Disease Control and Prevention (CDC) (2024). Zoonotic Exposures: Bites, Stings, Scratches & Other Hazards. CDC Yellow Book 2024. https://wwwnc.cdc.gov/travel/yellowbook/2024/environmental-hazards-risks/zoonotic-exposures-bites-stings-scratches-and-other-hazards#:~:text=Unprovoked%20bites%20and%20scratches%20increase,return%20to%20their%20home%20country.

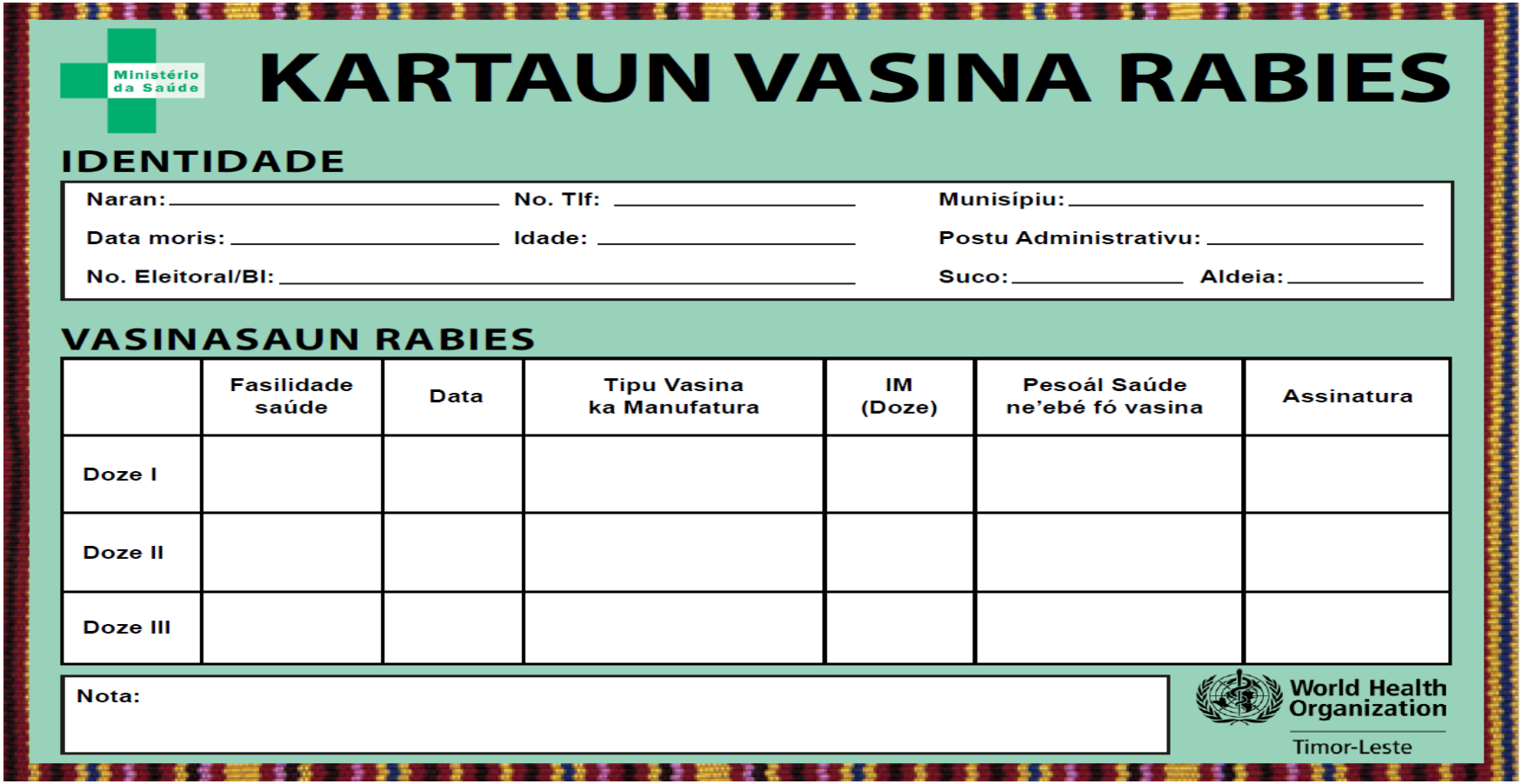
Global Alliance for Rabies Control (2023). Wound Category Poster. https://rabiesalliance.org/resource/wound-category-poster

Australian Government Department of Health and Aged Care (2018). Australian Immunisation Handbook. Rabies and other lyssaviruses. https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/rabies-and-other-lyssaviruses#vaccine-and-immunoglobulin-information

The Royal Children's Hospital Melbourne (2023). Clinical Practice Guidelines: Animal and human bites https://www.rch.org.au/clinicalguide/guideline_index/Animal_and_human_bites/

Dandle C. Management of mammalian bites. *Aus Fam Phys*. 2009:38(11). https://www.racgp.org.au/getattachment/6d326a0b-e2a4-433d-b691-b814e9617ccd/Mammalian-bites.aspx

Anexo 1. Karta vasina rabies



Ministério da Saúde

KARTAUN VASINA RABIES

IDENTIDADE

Naran: _____ No. Tlf: _____ Munisípiu: _____

Data moris: _____ Idade: _____ Postu Administrativu: _____

No. Eleitoral/BI: _____ Suco: _____ Aldeia: _____

VASINASAUN RABIES

	Fasilidade saúde	Data	Tipu Vasina ka Manufatura	IM (Doze)	Pesoál Saúde ne'ebé fó vasina	Assinatura
Doze I						
Doze II						
Doze III						

Nota:

World Health Organization
Timor-Leste

Anexo 2. Formulario atu relata efeito adversos depois de imunizasaun (AEFI).

REPORTING FORM FOR ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

***Patient Name*:** **Case ID:** ***Patient's full Address*:** Telephone: Sex: ☐ M ☐ F ***Date of birth* : *(d/m/y)*_ _ /_ _ /_ _** *OR Age at onset:* ☐☐ *Years* ☐☐ *Months* ☐☐☐ *Days* *OR Age Group at onset:* ☐ *<1 Year* ☐ *1 to 5 Years* ☐ *>5 Years*	***Reporter's Name*:** Institution: Municipality: Designation & Department: Address: Telephone & E-mail: Date patient notified event to health system: _ _ /_ _ /_ _ Today's date : (d/m/y)_ _ /_ _ /_ _

Health facility (place or vaccination centre) name & address:

Vaccine						*Diluent (if applicable)*			
Name of vaccine	***Date of vaccination***	***Time of vaccination***	Dose (1st, 2nd, etc.)	***Batch /Lot number***	Expiry date	Name of diluent	***Batch /Lot number***	Expiry date	Date and time of reconstitution

Adverse event(s):

☐ Severe local reaction ☐ *>3 days* ☐ *beyond nearest joint*

☐ Seizures ☐ *febrile* ☐ *afebrile*

☐ Abscess
☐ Sepsis
☐ Encephalopathy
☐ Toxic shock syndrome
☐ Thrombocytopenia
☐ Anaphylaxis
☐ Fever ≥38°C
☐ Other (specify).....

Date AEFI started : _ _ /_ _/_ _

Time __ __:__ __

Describe AEFI (Signs & Symptoms):

Serious: Yes / No; ➔ If Yes ☐ Death ☐ Life threatening ☐ Persistent or significant disability ☐ Hospitalization ☐ Congenital anomaly
☐ Other important medical event (specify).....

Outcome: ☐ Recovering ☐ Recovered ☐ Recovered with sequelae ☐ Not Recovered ☐ Unknown

☐ Died If Died, date of death : _ _ /_ _ /_ _ Autopsy done: ☐Yes ☐No ☐Unknown

Past medical history (including history of similar reaction or other allergies), concomitant medication and other relevant information (e.g. other cases). *Use additional sheets if needed:*

First Decision making level to complete:

Investigation needed: ☐ Yes ☐ No	If Yes, date investigation planned : (d/m/y) _ _ /_ _ /_ _

National level to complete:

Date report received at National level (d/m/y)_ _ /_ _ /_ _	AEFI worldwide unique ID :
Comments:	

Compulsory field

Description of elements in the AEFI reporting form

	Reporting element	Description
	Case ID number	**Unique number assigned to the AEFI case as per the national guidelines**
Patient identifier	***Patient's Name**	The name of the patient or initials as decided by the country
	***Patient's full Address**	Geographic location of the case (address), please try to provide landmarks
	Telephone	Number to contact to provide or receive additional information
	Sex	Male or Female
	***Date of birth**	Date** patient was born
	Age at onset	If date of birth is not known, this may be considered as first alternative
	Age Group at onset	If date of birth and age at onset is not known, this may be considered as second alternative
Reporter details	***Reporter´s Name**	Name of person who has reported this AEFI to the healthcare system and also completed this form
	Institution & Municipality	The place and its municipality where the reporter is working or is affiliated to
	Designation & Department	Reporter's designation and his/her section of work
	Address	Reporters full address - Please add the name of the country here as well
	Telephone	Reporter's phone number
	E-mail	Reporter's e-mail address
	Date patient notified event to health system	The date** when the event was first brought to the notice of the healthcare system
	Today's date	Date** when the report was compiled by the reporter (this can be different from the date of notification (above))
Details of vaccination, vaccine(s) and diluent(s)	Vaccination centre or place of vaccination - name & address	Name and address of the place where the child received the vaccine - provide details (e.g. mobile clinic, home etc.)
	***Name of vaccine**	The vaccine that is suspected to have caused the AEFI (provide brand name, if possible)
	Name (of other vaccines)	Other vaccines that were administered at the same time (provide brand name, if possible)
	***Date of vaccination**	Date** when the vaccine was administered
	***Time of vaccination**	Time** when vaccine was administered - try to be as accurate as possible
	***Batch/Lot number (of vaccine)**	Batch number/lot number of each of the vaccines mentioned above
	Dose (1st, 2nd, etc.)	Dose number of the vaccine for the vaccinee e.g. 2nd dose of DTP or 5th Dose of OPV etc.
	Expiry date	The date** of expiry for each vaccine
	***Batch/Lot number (of diluent)**	The batch/lot number of diluent (if applicable)
	Expiry date (of diluent)	The date** of expiry of the diluent
	Time of reconstitution	Time when the vaccine was reconstituted with the diluent
Adverse event(s)	***Adverse event(s)**	The details of the events suspected to be caused by immunization. Multiple events can occur in a single patient. They need to be documented here
	Date & Time AEFI started	Date** and time** the event was first noticed
	Describe AEFI (Signs & Symptoms)	Description of the events in chronological order
	***Serious: Yes / No**	If the case is serious, mark "Yes" and indicate one or several options: Death, Life threatening, Persistent or significant disability, Hospitalization, Congenital anomaly or Other important medical event that may jeopardize the patient or may require intervention to prevent one of the outcomes mentioned here
	***Outcome**	Outcome of the reaction(s). Indicate status of the patient at the time of reporting: Recovering, Recovered, Recovered with sequelae, Not Recovered, Unknown or Died
	Died	Provide date of death and details of autopsy, if available
	Past medical history	Please include history of similar reaction or other allergies, concomitant medication and other relevant information (e.g. other cases in the locality or among those vaccinated)
Response	First Decision making level to complete	This section has to be completed by the decision maker for a detailed field AEFI investigation.
	Investigation needed	Decision on detailed field AEFI investigation.
	Date investigation planned	Date** when detailed investigation (including field investigation) is planned to start.
	National level to complete	This section has to be completed by the National level to decide on the next steps.
	Date report received at National level	Date** this report was received at the National level
	AEFI worldwide unique ID	Unique ID number (e.g. regulatory authority's case report number) for the AEFI case automatically generated for electronic transmission from National level to International level
	Comments	Please add additional details that will help with processing this report. Please include other documents as attachments, if necessary

**** Compulsory field*** ***Items marked with an asterix (*) have to be completed***

** Please use the date format of dd/mm/yyyy e.g. 20/03/2018, for time use 12 (please indicate am/ pm correctly) or 24 hours format


Ministério
da Saúde