



JABATAN KESIHATAN NEGERI SELANGOR

Tingkat M,9,10,11,14,17 & 18, No.1, Wisma Sunway
Jalan Tengku Ampuan Zabedah C 9/C,
Seksyen 9, 40100 Shah Alam,
Selangor Darul Ehsan

Telefon : 03-5123 7333 / 7334 / 7335
Portal Rasmi : www.jknselangor.moh.gov.my

Ruj. Tuan :
Ruj. Kami : JKNS/KA/EPID/730/04Jld.6 (12)
Tarikh : 30 Disember 2024

SEPERTI SENARAI EDARAN

YBhg. Dato'/Tuan/Puan,

PENGURUSAN PEMBERIAN VAKSIN ATAU RABIES IMMUNOGLOBULIN (RIG) BAGI KES GIGITAN HAIWAN BERISIKO RABIES DI FASILITI KESIHATAN KERAJAAN NEGERI SELANGOR

Saya dengan segala hormatnya merujuk kepada perkara di atas.

2. Seperti pihak YBhg. Dato'/Tuan/Puan sedia maklum, Selangor telah menerima arahan "*stand down*" aktiviti surveilan rabies semenjak bulan Mac 2024 oleh pihak Kementerian Kesihatan Malaysia menerusi surat KKM.600-29/4/48 Jld 3(50) bertarikh 27 Mac 2024. Justeru, bagi mengukuhkan semula pengurusan pemberian vaksin *rabies/ immunoglobulin* (RIG) bagi kes gigitan haiwan berisiko di fasiliti kesihatan kerajaan dalam Selangor, tatacara berkenaan telah disemak semula seperti di Lampiran 1 hasil beberapa siri perbincangan bersama wakil Pakar Penyakit Berjangkit, Pakar Perubatan Keluarga, Pakar Perubatan Kecemasan serta Pakar Perubatan Kesihatan Awam.

3. Untuk makluman pihak YBhg. Dato'/Tuan/Puan, Jabatan ini telah bersetuju untuk menempatkan *stockflow* (minima 4 *vial*) vaksin rabies di enam (6) buah Klinik Kesihatan *Extended Hours* melibatkan daerah Petaling, Klang, Hulu Langat dan Gombak. Ia bertujuan bagi memudahkan pengurusan pemberian vaksin Rabies dos susulan dari hospital kerajaan ke klinik kesihatan. Tatacara rujukan kes ke klinik kesihatan yang terpilih adalah seperti di Lampiran 2. Manakala senarai klinik kesihatan terlibat adalah seperti di Lampiran 3. Penetapan kes yang dirujuk ke klinik kesihatan untuk meneruskan dos susulan vaksin rabies di klinik kesihatan ini perlulah terlebih dahulu dikenalpasti oleh Pakar Perubatan yang merawat kes di hospital setelah dos vaksin awal diberi. Bagi daerah dan klinik kesihatan yang tidak tersenarai, proses pemberian vaksin rabies adalah mengikut kaedah sedia ada di hospital daerah berkenaan. Turut dilampirkan bersama, format terkini borang-borang proses kerja berkaitan untuk kegunaan di lapangan seperti di *Annex 1-3 Selangor*. Manakala, pengurusan kes adalah seperti dalam *Guidelines On Rabies Management In Human & Animals 1st Edition 2022*.

2. Sebarang pertanyaan lanjut berhubung perkara ini boleh menghubungi pegawai kami, Dr Faridah Binti Kusnin, di talian 03-51237320 dan Dr. Faridah Binti Jafri di talian 03-51237322. Kerjasama dan perhatian pihak YBhg. Dato'/Tuan/Puan amat kami hargai dan didahului dengan ucapan terima kasih.

Sekian.

"MALAYSIA MADANI"

"BERKHIDMAT UNTUK NEGARA"

Saya yang menjalankan amanah,


(DR. UMMI KALTHOM BT SHAMSUDIN, P.C.M.)

(NSR: 134830) (MMC: 31233)

Pengarah Kesihatan Negeri Selangor

s.k:

Timbalan Pengarah Kesihatan Negeri (Kesihatan Awam)
Jabatan Kesihatan Negeri Selangor

Timbalan Pengarah Kesihatan Negeri (Perubatan)
Jabatan Kesihatan Negeri Selangor

Timbalan Pengarah Kesihatan Negeri (Farmasi)
Jabatan Kesihatan Negeri Selangor

YBhg. Dato' Dr. Suresh Kumar A/L Chidambaram
Ketua Kepakaran Perubatan Am Negeri Selangor
Hospital Sungai Buloh

Dr. Anuradha P. Radhakrishnan
Ketua Kepakaran Perubatan (Penyakit Berjangkit) Negeri Selangor
Hospital Selayang

Dr. Ho Bee Kiau
Ketua Kepakaran Perubatan Keluarga Negeri Selangor
Klinik Kesihatan Bandar Botanik
Pejabat Kesihatan Daerah Klang

Dr. Khairi Bin Kassim @ Hashim
Ketua Kepakaran Perubatan Kecemasan Negeri Selangor
Hospital Serdang

Dr. Noor Hafiza Binti Noordin
Ketua Kepakaran Pediatrik Negeri Selangor
Hospital Cyberjaya

SENARAI EDARAN HOSPITAL

1. Pengarah
Hospital Shah Alam
2. Pengarah
Hospital Tengku Ampuan Rahimah (HTAR), Klang
3. Pengarah
Hospital Tengku Ampuan Jemaah (HTAJ), Sabak Bernam
4. Pengarah
Hospital Tanjung Karang
5. Pengarah
Hospital Sungai Buloh
6. Pengarah
Hospital Sultan Idris Shah (HSIS), Serdang
7. Pengarah
Hospital Orang Asli Gombak
8. Pengarah
Hospital Selayang
9. Pengarah
Hospital Kuala Kubu Bharu
10. Pengarah
Hospital Kajang
11. Pengarah
Hospital Banting
12. Pengarah
Hospital Ampang
13. Pengarah
Hospital Cyberjaya
14. Pengarah
Hospital Sultan Abdul Aziz Shah (HSAAS) Universiti Putra Malaysia
15. Pengarah
Hospital Al-Sultan Abdullah Universiti Teknologi MARA Puncak Alam

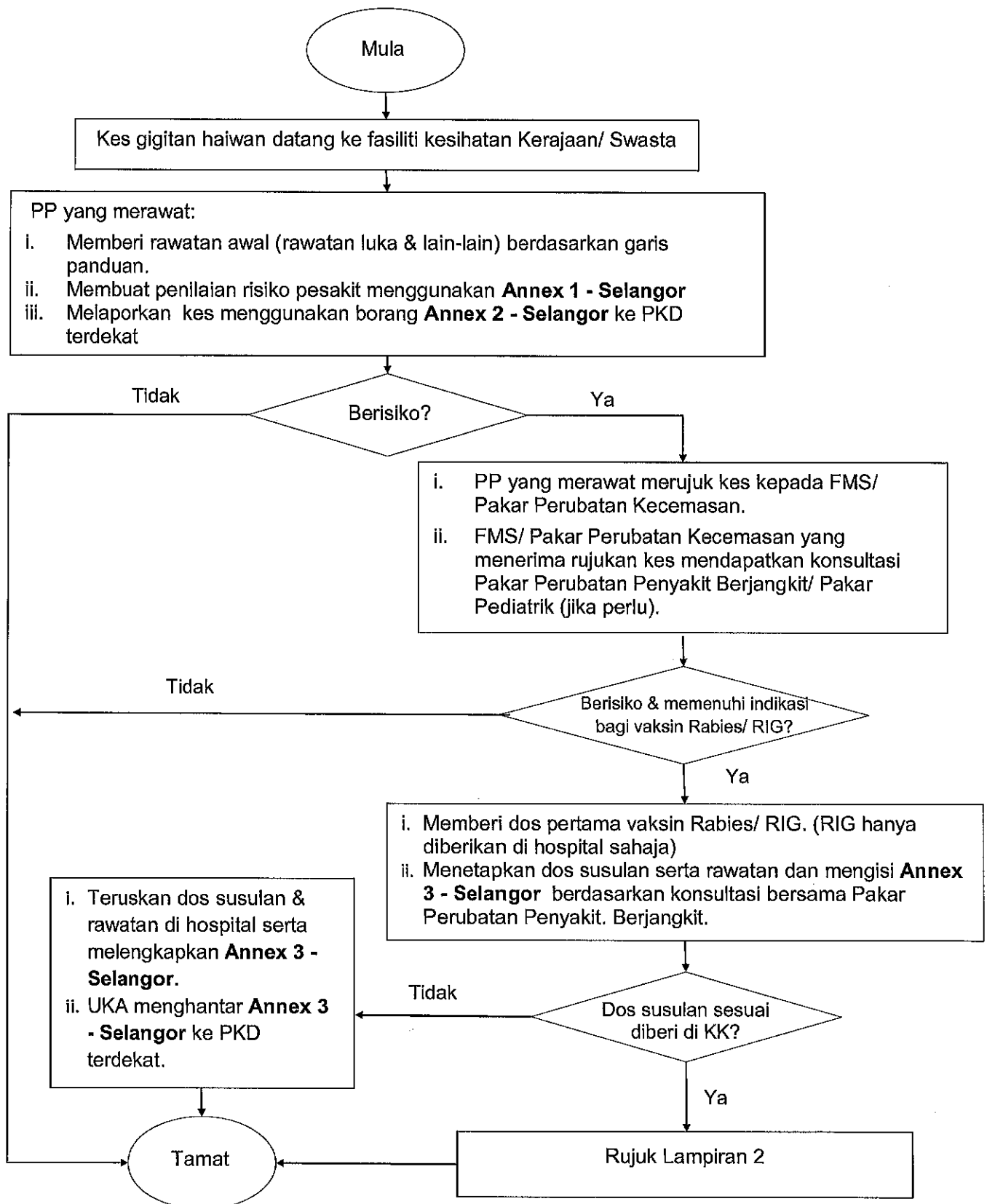
SENARAI EDARAN PKD

1. Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Petaling
2. Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Hulu Langat
3. Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Klang
4. Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Gombak
5. Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Sepang
6. Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Kuala Langat
7. Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Kuala Selangor
8. Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Hulu Selangor
9. Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Sabak Bernam

SENARAI EDARAN LUAR

1. Setiausaha Kehormat
Persatuan Perubatan Malaysia
(Malaysia Medical Association; MMA)
2. Presiden
Medical Practitioners Coalition Association of Malaysia (MPCAM)
3. Presiden
Persatuan Doktor-Doktor Islam Malaysia (PERDIM)
4. Presiden
Federation of Private Medical Practitioners' Association of Malaysia (FPMPAM)
5. Presiden
Association of Private Hospitals of Malaysia (APHM)

CARTA ALIR PEMBERIAN VAKSIN RABIES ATAU *RABIES IMMUNOGLOBULIN (RIG)* DI FASILITI KESIHATAN KERAJAAN BAGI KES GIGITAN HAIWAN BERISIKO RABIES NEGERI SELANGOR



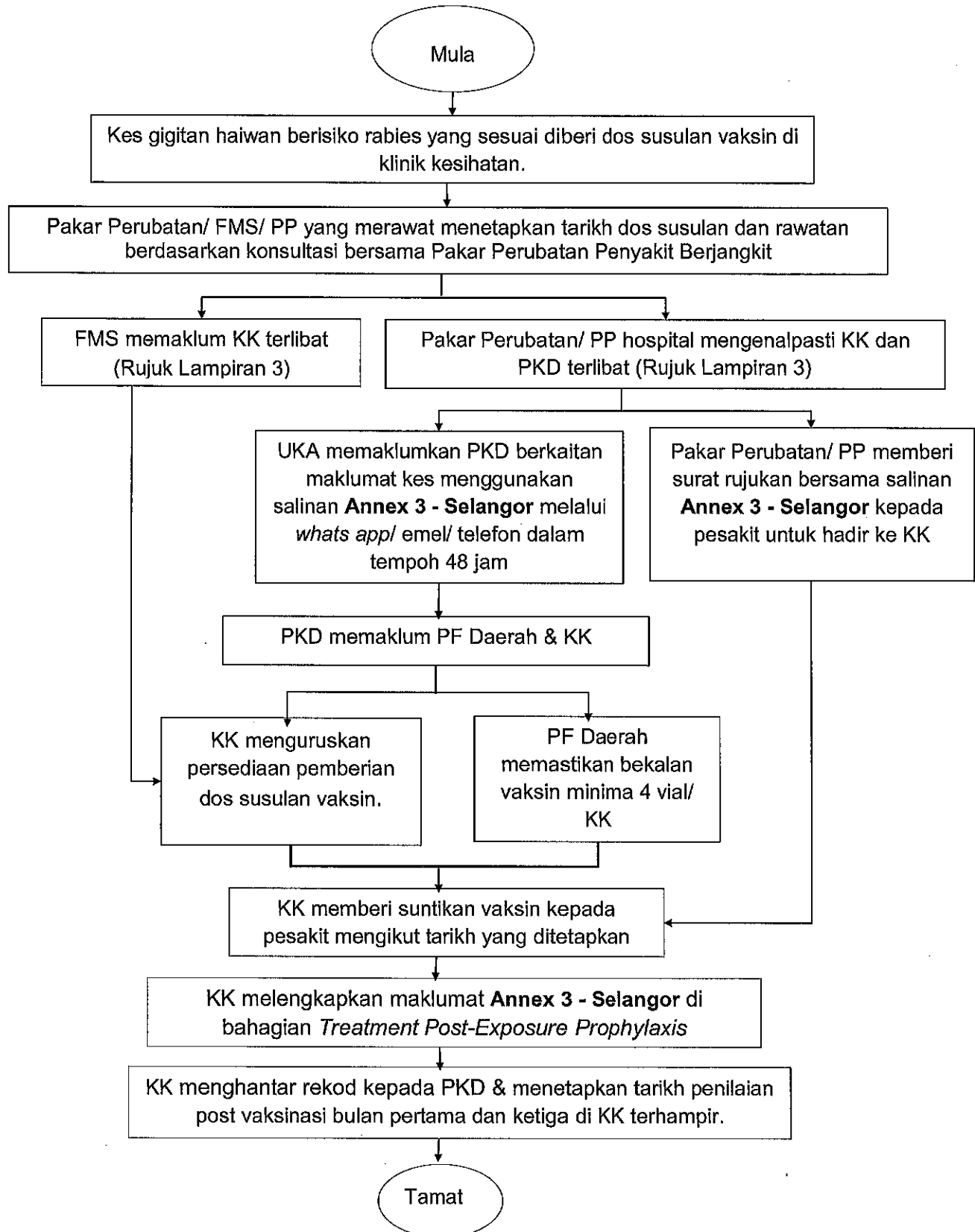
Nota:

- Semua kes pediatrik perlu dirawat di hospital sahaja.
- Kes rujukan dari luar Selangor boleh mendapatkan dos susulan di KK terpilih dan semua hospital kerajaan.
- Annex 1 - Selangor : Animal Bite Risk Assessment Checklist
- Annex 2 - Selangor : Animal Bite Case Notification Form
- Annex 3 - Selangor : Animal Bite Assessment & Treatment Form

Nota:

- FMS: Pakar Perubatan Keluarga
- PP: Pegawai Perubatan
- PKD: Pejabat Kesihatan Daerah
- UKA: Unit Kesihatan Awam
- KKM: Kementerian Kesihatan Malaysia
- KK: Klinik Kesihatan

CARTA ALIR RUJUKAN BAGI PEMBERIAN DOS SUSULAN VAKSIN RABIES DI KLINIK KESIHATAN YANG DIKENALPASTI DI NEGERI SELANGOR



Nota:

- PKD: Pejabat Kesihatan Daerah
- UKA: Unit Kesihatan Awam
- KK: Klinik Kesihatan
- FMS: Pakar Perubatan Keluarga
- PP: Pegawai Perubatan
- PF: Pegawai Farmasi

Senarai Klinik Kesihatan Bagi Pemberian Dos Susulan Vaksin Rabies di Selangor

Bil	Daerah	Klinik	Hari & Masa Operasi	No Telefon Bilik Gerakan PKD/CPRC PKD dan email	Pegawai Epidemiologi Daerah
1.	Petaling	Klinik Kesihatan Taman Medan	Isnin - Jumaat: 8.00 pg-9:30 mlm Sabtu: 9.00 pg-1 ptg Ahad dan hari pelepasan/ cuti umum: Tutup	03-78840440 / 0454 cdcpetaling@moh.gov.my	Dr Faizul: 018-3514852
2.		Klinik Kesihatan Seksyen 19, Shah Alam			
3.	Hulu Langat	Klinik Kesihatan Ampang	Isnin - Jumaat: 8.00 pg-9:30 mlm Sabtu: 9.00 pg-1 ptg Ahad dan hari pelepasan/cuti umum: 9.00 pg-1 ptg	03-87367770/7903 cdcpkdhl@moh.gov.my	Dr Ashvini: 012-6243690
4.		Klinik Kesihatan Kajang			
5.	Gombak	Klinik Kesihatan Taman Ehsan	Isnin - Jumaat: 8.00 pg-9:30 mlm Sabtu: 9.00 pg-1 ptg Ahad dan hari pelepasan/cuti umum: 9.00 pg-1 ptg	03-61207601 / 607 / 610 cdcgombak@moh.gov.my	Dr Fadzly: 017-3813340
6.	Klang	Klinik Kesihatan Bandar Botanik			

Animal Bite Risk Assessment Checklist
(Please tick if present)

Table 1A

No	Definite risk of rabies exposure	(✓)
1.	<p>Any of the following features which may suggest rabid animal: (tick all that is present)</p> <ul style="list-style-type: none"> • Sudden change of behaviour – more aggressive, biting other pets in house as well as inanimate objects • Provoked Bites that involved activities with people who are familiar to the pet which usually does not trigger a bite (i.e. bathing, feeding, petting) • Dumb looking • Hypersalivation • Hydrophobic • Walk with unsteady gait, limp or wandering around aimlessly • Animal bite has to be forcefully removed • Change in bark / unable to bark or barks softly. • Multiple unprovoked bite sites/attack on the same person • Bite more than 1 person or other animal within the same day • Poor appetite or lethargy • Unprovoked bite of familiar persons <p>Bite more than 1 person or other animal within 14 days when animal not known to be aggressive in the past</p>	
2.	Animal with no known owner/stray/dead	
3.	<p>NOT able to observe animal for 14 days after bite (e.g. the animal has gone missing, animal presumably belongs to someone whom patient don't know who is the owner, patient is a foreigner to the place where the bite incident happened)</p>	

Table 1B

No	Possible Risk of Rabies Exposure (Animal can be observed for 14 days)	(✓)
1.	<ul style="list-style-type: none"> • Unprovoked bite of unfamiliar people • Attacks without barking first to indicate intrusion into owner's territory. • Culprit pet is NEWLY adopted within the last 6 months and not vaccinated against rabies. 	
2.	<p>The pet has possible exposure to strays</p> <ul style="list-style-type: none"> • House is NOT gated/fenced or Gate is NOT closed at all times or • Presence of gap in the fence or gate where the dog can stick out its head or nose to be in contact with outside dogs • Pet is free roaming. When the pet is brought outside the house compound it is NOT leashed or observed. 	

Annex 2- Selangor

ANIMAL BITE CASE NOTIFICATION FORM

Please Select for Action

URGENT

NON-URGENT

PEJABAT KESIHATAN DAERAH :

PERKHIDMATAN VETERINAR DAERAH:

Notification Date (DD/MM/YY):

PATIENT'S CONDITION	
Name	
Identification Card No.	
Gender	
Age	
Race	
Mother/ Father Name	
Current Home Address	
Locality (To Be Filled By PKD)	
Telephone Number	
Date and Time of Bite	
Date and Time of Treatment Received	
RISK CATEGORY (please tick)	
Category 1 ()	Touching/ feeding animal. Licking of intact skin.
Category 2 ()	Nibbling of uncovered skin. Superficial scratch, no bleeding. Licking of broken skin.
Category 3 ()	<ul style="list-style-type: none"> • Bites / scratches which penetrate the skin and cause bleeding. • Licking mucous membrane • Multiple bites • Any wild animal bites
ANIMAL STATUS	
Type of Animal	() Dog () Cat () Others:.....
Address where dog/ animal bite occurred	
Locality	
Status of the animal	() Pets fully confined within house compound () Pets that mixed with strays animals () Stray (including unknown status)
Status of License	() Licensed () Unlicensed
Reason of the dog/ animal bite?	() Provoked () Unprovoked

Is the dog / cat / animal behaving normally?	() Yes
Is the animal still alive?	() Yes
Can the animal be identified?	() Yes
Can the animal be observed by the owner for 14 days?	() Yes

NOTIFIER INFORMATION	
Signature	
Name	
Designation	
Hospital/ Clinic	
Date	
Phone No.	

Duration of feedback from the DVS to PKD following priority:

NO.	CATEGORY	DURATION OF FEEDBACK
1.	URGENT case	<1 week
2.	NON-URGENT case	For information

Animal Bite: Assessment & Treatment Form

Annex 3 - Selangor

Date/Time of clerking: _____

Patient's particular:

Name of patient: _____ Registration No: _____

IC: _____ Age: _____ Weight: _____

Address: _____

Contact No: _____

A. ASSESSMENT

1. Exposure:

Date of exposure: _____ Place of exposure: _____

Site of wound/exposure: _____

Type of wound: superficial scratch
 abrasion
 multiple transdermal bites or scratches
 lick
 contamination of mucous membrane

Was the skin broken: Yes / No

Did the wound bleed (spontaneously): Yes / No

Was the animal: stray / domestic (fully caged / mixed with outside or stray animals)

If domestic animal, was the animal vaccinated for past 12 months? Yes / No

The bitten incidence was Provoked Unprovoked

Animal status: Alive
 Dead
 Natural death Culled by Veterinarian
 Culled by Owner/ Villagers
 Unknown or missing

Description of Animal appearance and behaviour:

Description of animal bite:

Did the animal bite other people: Yes / No

If Yes, how many people? _____, can you name the person bitten with contact no?

Exposure/Wound category:

Category 1 Category 2 Category 3

Wound care done and place:

Home Health Facility No treatment done

If at home, wound washing:

Running water alone Running water + soap Others: _____

Duration of wound washing:

<5 minutes 5-10 minutes 10-15 minutes >15 minutes

If Seek Treatment from Health Facilities:

Within 2 hours 2-6 hours 6 to 12 hours 12 to 24 hours >24 hours

Wound washing at health facility:

Running water alone Normal Saline Running water + soap

Povidone/ Iodine Alcohol Others: _____

Duration of wound washing at health facility:

<5 minutes 5-10 minutes 10-15 minutes >15 minutes

Any past history of animal bite? Yes / No

If yes, animal: _____ Type of wound: _____

Care of wound: _____

Asymptomatic: Yes / No

If symptomatic:

Type of symptoms	Duration

2. Past Medical History:

Does the patient have the following medical conditions or on any treatment listed below?

- HIV/AIDS
- Immunosuppressant agent
- Long-term steroid
- Chloroquine
- Congenital immunodeficiency
- Treatment for malignant disease (leukaemia, lymphoma, lung carcinoma)
- Poorly Controlled Diabetes

B. TREATMENT

Rabies Post-Exposure Prophylaxis (RPEP)

Vaccination history against Rabies (PreP/PEP)? Yes / No

If yes, details (Date, dosage, etc):

Current Treatment Plan:

- Active immunisation with RIG
- Active immunisation
- No active immunisation

Reason:

If PEP is indicated, the vaccination regime: 4 dose

	Date	Lot No	Site
Day 0 :			
Day 3 :			
Day 7 :			
Day 14 :			

Patient will receive Rabies vaccination at: _____

General plan:

Clerked by: _____

Residual Symptoms at subsequent clinic visit:

Number of visit	Follow up date	Symptoms	Duration	Seen By
1	1st month post day 0 vaccination			
2	3rd month post day 0 vaccination			