

Study Reports

2. Title: "Rabies Study"

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OBJECTIVE: To gather information on the incidence, distribution, spread and transmission of rabies, the danger of rabies infection to man and animals, the related epidemiological factors associated with rabies infection in Thailand and the effectiveness of control and therapeutic procedures.

PROGRESS: Table 1 summarizes the diagnostic cases for this report period. Although rabies is present throughout the year, there seems to be a definite seasonal incidence. Beginning in late February through early April, and the period of August, September and early October, there appears to be a marked increase in the number of positive animals. Both periods follow the periods of greatest estrus activity of dogs in Thailand (June to August and December to February) and are probably a reflection of greater contact between infected and non infected animals, particularly in the highly infectious but asymptomatic Prodromal phase of the disease.

TABLE I
SUMMARY OF RABIES DIAGNOSTIC CASES

<u>Animals</u>	<u>No. Examined</u>	<u>No. positive</u>
Dog	148	87
Cat	33	12
Bath	202	10
Cow	2	2
Monkey	6	1
Rabbit	2	1
Gibbon	8	2
Tree Shrew	8	0
Guinea Pig	5	0
Rat	8	0
Cat, civet	2	0
Total	<u>424</u>	<u>115</u>

During this year a bat survey was initiated to determine if the native bats carry rabies. Table II summarizes the initial results. These cases of bat rabies are the first reported in Thailand and possibly in South East Asia. It is interesting that of the three areas where bats were trapped in Bangkok only one gave positive cases. These bats by observation come from three different roosts. The numbers in two of the areas are too small to draw any conclusions but suggest an area which ought to be investigated.

TABLE II
BAT SURVEY

<u>Area</u>	<u>No. Examined</u>	<u>No. Positive</u>
Bangkok - Bangsue	13	0
Bangkok - Bangkok	12	0
Bangkok - Bangrak	30	3
Khao Yai	85	4
Saraburi	25	1
Pra Padaeng	37	2

SUMMARY: Diagnostic results are reported. Bat rabies has been confirmed in Thailand for the first time. A few case histories are reported to illustrate mode of spread and lack of adequate control.