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Vol. 21(2) May-August, 2023

CONTENTS

Evaluation of seed quality parameters in forage oat (<i>Avena sativa</i> l.) germplasm HARSHITA NEGI, VAIBHAV BIST, AKIRTI BALLABH and BIRENDRA PRASAD	129
Mepiquat Chloride: An effective plant growth regulator to improve growth and productivity of rice in North-Western Himalayan region of India S. K. YADAV, D. K. SINGH, KIRTI SHARMA, PRATIMA ARYA, SUPRIYA TRIPATHI and YOGESH SHARMA	135
Performance of Integrated Nutrient Management for yield and Net Income of lentil (<i>Lens culinaris Medik</i>) KUMARI ANJALI and HIMANSHU VERMA	141
Potential and scope of Agarwood (<i>Aquilaria malaccensis</i> lamk.) cultivation in India SNEHA DOBHAL, DURGA BAHUGUNA, REETIKA BINJOLA, GARIMA BHATT, RAJ KUMAR, AYUSH JOSHI, KANICA UPADHYAY and NEELAM CHAUHAN	145
Effect of transplanting date on incidence of insect pests of rice R. DOGRA and A. K. PANDEY	154
Measuring the antixenosis responses of <i>Spodoptera litura</i> larvae to different soybean germplasms by leaf choice method ASHUTOSH and NEETA GAUR	170
Long term efficacy of different herbal fumigants against <i>Rhyzopertha dominica</i> (Fabricius) and <i>Tribolium castaneum</i> (Herbst) DEEPA KUMARI and S. N. TIWARI	174
Screening of different combinations of <i>Trichoderma harzanium and Pseudomonas fluorescens</i> for growth promotion activity in rice plants under glass house conditions SAPNA, BHUPESH CHANDRA KABDWAL and ROOPALI SHARMA	186
Role of Fungal Effector Proteins for Disease Expression in Plants HINA KAUSAR, GEETA SHARMA and BHAGYASHREE BHATT	191
Effect of biostimulants and biofertilizer on performance of rose cv. Rose Sherbet LOLLA RACHANA, V. K. RAO and D. C. DIMRI	203
A Review-Tomato quality as influenced by preharvest factors H.N. PRASAD, BANKEY LAL, SUNITA BHANDARI, RAKESH BHARGAVA, VIPUL PRATAP SINGH and ANSHU KAMBOJ	2 0 9
Effect of ZnO Nanoparticles on Macronutrients Content of <i>Pleurotus sajar- caju</i> (Oyster Mushroom) LEEMA and H. PUNETHA	218
Nutritional, sensory and shelf-life analysis of pearl millet-based value-added biscuits enriched with <i>jamun</i> seed powder SAVITA, AMITA BENIWAL, VEENU SANGWAN and ASHA KAWATRA	224
Quality characteristics of low salt functional chicken meat patties incorporated with Barnyard Millet DEEPSHIKHA SINGH, ANITA ARYA, P. PRABHAKARAN, P.K. SINGH, SHIVE KUMAR, N.C. HAHI and A.K. UPADHYAY	234

Effect of supplementation of tulsi (<i>Ocimum sanctum</i>) leaf powder on growth performance in commercial broiler SURAJ GAJANAN MADAVI, RAJKUMAR1, KARTIK TOMAR, SHIWANSHU TIWARI, D.S. SAHU,	239
S.P. YADAV and GULAB CHANDRA	
Combating antimicrobial resistance through gene silencing BEENU JAIN, ANUJ TEWARI, ANUPRIYA MISRA and YASHOVARDHAN MISRA	246
Effect of aluminium nano particles on humoral immune response of wistar rats SHODHAN K.V, SEEMA AGARWAL and R S CHAUHAN	256
Effect of nano zinc on body weight and behaviour of Wistar rats ABHIVYAKTI PATHAK, SEEMA AGARWAL and R.S. CHAUHAN	262
The growth potential of thermophilic Campylobacters on various culture media NAWAL KISHOR SINGH, A. K. UPADHYAY, MAANSI, AMAN KAMBOJ and AJAY KUMAR	267
Meta-analysis of rabies diagnostic tests in dogs A. K. UPADHYAY, R. S. CHAUHAN, MAANSI and N. K. SINGH	271
Growth Performance of <i>Schizothorax richardsonii</i> fingerlings with different feeding strategies TOSHIBAA, DIKSHAARYA, SUMIT KUMAR, H.C.S BISHT and N.N. PANDEY	274
Observation of fish mortality in the mudflat of Siruthalaikadu Creek, Palk Bay, Southeast Coast of India ABINAYA R, KANISHKAR A and SAJEEVAN MK	279
Physiochemical properties of pretreated tomato powder from different drying technique SHRADDHA SETHI and NEERAJ SETH	282
A Review: Energy analysis of different fodder crop production in India RAHUL KUMAR YADAV, RAVI PRATAP SINGH, ANIL KUMAR and SAURABH KUMAR SINGH	29 0
A review on current scenario of paddy straw management machineries: Viable solution for in-situ residue management	297
VISHNU JI AWASTHI, RAJ NARAYAN PATERIYA, ABHISHEK MISHRA, KETAN BHIBHISHAN PHALPHALE and ABHINAV KUMAR	
Field evaluation of Tractor-Operated Pneumatic Planter for maize crop planting AMIT KUMAR, JAYAN P R and VISHNU JI AWASTHI	305
Assessing flood inundation for breach of Jamrani Dam, Uttarakhand using HEC-RAS 2D JYOTHI PRASAD, LOVEJEET SINGH and SHIVA PRASAD H.J	314
Attitude and constraints faced by the beneficiaries of Pradhan Mantri Krishi Sinchayee Yojana in Garhwal region of Uttarakhand TRIPTI KHOLIA and ARPITA SHARMA KANDPAL	320
Effectiveness of participatory newsletter on honey production: A study in Nainital district of Uttarakhand MALIK, AAFREEN, ANSARI, M.A. and AMARDEEP	327
Food habits of farm women and their heamoglobin level REETA DEVI YADAV, S.K. GANGWAR, CHELPURI RAMULU and ANUPAMA KUMARI	322

Meta-analysis of rabies diagnostic tests in dogs

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ABSTRACT: Meta-analysis diagnostic test on rabies in India was done to estimate the prevalence of the disease in India. The data was obtained from the peer-reviewed articles and publications during 2010-2020. The data which was used in the present study includes the studies in which the samples were completely random. The Meta-analysis for the diagnostic tests of rabies was done on a total 15 studies out of which 6 for RFFIT and 9 for ELISA. The total sample size for prevalence estimation through RFFIT was 689 and total sample size for prevalence estimation through ELISA was 1856. The Sero-prevalence of diagnostic test of rabies in dogs showed non-significant Kendall's tau for RFFIT (0.4667, p > 0.05) and regression test revealed significant publication bias (z = 0.3222, p > 0.05). The Sero-prevalence of diagnostic test of rabies in dogs showed non-significant Kendall's tau for ELISA (0.1111, p > 0.05) and regression test revealed significant publication bias (z = 0.2142, p > 0.05).

Key words: Diagnostic test, Meta-Analysis, prevalence, rabies

Rabies poses a serious public health risk in underdeveloped nations, as shown by the fact that it claims the lives of more than 60,000 people annually, besides approximately 15 million people receive rabies post exposure prophylaxis (PEP) vaccines (Leung et al., 2007). The incidence of rabies has remained stagnant and grossly under reported in India since a decade. There is a serious need to improve reporting systems to address the issue of lack of accurate data and its verification in a number of regions in the country to reflect true burden of the disease. A strategy based on rabies vaccination of dogs and cats followed by a rabies antibody assay before their admission to the territory has been implemented by Scandinavian nations, the UK, the European Union, and Japan. The WHO, OIE, and the European Commission have all advocated for this approach, which permits the unrestricted transfer of pets from rabies-free or rabies-controlled nations to rabies-free nations. Keeping the advantage of meta-analysis and considering the above facts of rabies infection as a public health concern the present research work has been designed to know about epidemiology of diagnostic test of Rabies.

MATERIALS AND METHODS

For the epidemiological analysis, we used a

descriptive design after collecting the data analysis of all the studies which were related to rabies for the past 10 years (2010-2020). The method for the collection was used computer search of literature and material search through non-electronic means like abstracts, thesis, journals, etc. Computer search for the literature was conducted from Science Direct, PubMed, Krishikosh, Google Scholar, ICAR-CeRA, Springer etc., on epidemiological and humanistic burden of dog bites and dog-mediated rabies. These data were entered into a Microsoft excel 2007 spread sheet for tabulation, analysis, ranking and other studies. In an excel spread sheet all the details like author, year of publication, sample size, diagnostic test and number of positive samples were included. State-wise subgroup analysis was carried out in Uttar Pradesh, Haryana, Punjab, Tamil Nadu, Andhra Pradesh, Kerala, Karnataka, Odisha, West Bengal, Rajasthan, Maharashtra, and Gujarat. The protocols used for the assessment of selected studies were Joanna Briggs Institute (JBI) and preferred reporting items for systematic review and meta-analysis protocols (PRISMA-Protocol). Forest plot (Hak et al., 2016) was made and variance between the different studies was calculated by the method of Der-Simonian and Laird (Borenstein et al., 2010) and the value that we got tau square which is the total amount of true heterogeneity present on an

absolute scale.

RESULTS AND DISCUSSION

Total number of articles included in the metaanalysis was 6 studies (Table 1). The sample sizes for diagnosis of rabies by RFFIT in dogs were 689. The forest plot showed the proportion of positive rabies cases 72% (95%CI: 54.0-86.0) in dogs. A significant heterogeneity was noticed between the study of human rabies ($I^2 = 95\%$, $\ddot{A}^2 = 0.0455$, p<0.01). Rank correlation test is not able to identify a significant relationship between sample size and effect size (Kendall's tau = 0.4667, p>0.05). Egger's regression test result showed no significant publication bias (z = 0.3222, p>0.05).

The highest seroprevalence of anti-rabies antibodies by RFFIT test among all the studies seen in Karnataka and Himanchal Pradesh and lowest seroprevalence of anti-rabies antibodies by RFFIT test among all the studies seen in Maharashtra. The massive global efforts have been initiated to control the disease by launching public health awareness programmes in Asia and Africa, where canine rabies is enzootic and still accounts for more than 95% of fatalities. The bite of a rabid dog kills roughly 20,000 people in India each year (Sudarshan et al., 2006; Li et al., 2020). In India, rabies is an endemic disease. It is found in all of the country's states and union territories, with the exception of the Andaman and Nicobar Islands and the Lakshadweep Islands. India accounts for 35% of the global rabies burden (Hampson et al., 2015). Researchers' hesitation to publish non-randomized results may be a factor

Table 1: Study included the meta-analysis of sero-prevalence of anti-rabies antibody in dog by RFFIT

	<u> </u>		
S.	State	Total sample	Sample showing
No.		(n)	positive/ protective
			antibody titer/Event
1	Madhya Pradesh	50	8
2	Haryana	31	26
3	Karnataka	184	157
4	Karnataka	250	195
5	Himanchal Pradesh	25	19
6	Andhra Pradesh	149	122
7	Total	689	527

Table 2: Study included the meta-analysis of sero-prevalence of anti-rabies antibody in dogs by ELISA

S.	State	Total sample	Sample showing positive/
No			protective antibody titer
1	Rajasthan	500	437
2	Punjab	300	191
3	Tamilnadu	297	119
4	Kerala	40	34
5	Madhya Pradesł	n 50	10
6	Chandigarh	150	10
7	Maharashtra	120	47
8	Karnataka	250	142
9	Maharashtra	149	122
10	Total	1856	1112

contributing to high prevalence, in addition to the publishers' negligence.

Total number of articles included in the metaanalysis was 9 studies (Table 2). The sample sizes for diagnosis of rabies in dogs by ELISA were 689. The forest plot showed the proportion of positive rabies cases 53%, (95%CI, 33.0-73.0) in dogs. A significant heterogeneity was noticed between the study of human rabies I2 = 99%, $\ddot{A} 2 = 0.0932$, p<0.01). Rank correlation test is not able to identify a significant relationship between sample size and effect size (Kendall's tau = 0.1111, p> 0.05). Egger's regression test result showed no significant publication bias (z=0.2142, p>0.05). When the neutralising antibody titre is at least 0.5 IU/ml in serum from vaccinated humans and animals, WHO and OIE consider pre-exposure vaccination effective (Nale et al., 2021).

The highest seroprevalence of anti-rabies antibodies by ELISA test among all the studies was seen in Rajasthan, Maharashtra, Punjab, Tamilnadu and lowest seroprevalence of anti-rabies antibodies by RFFIT test among all the studies was seen in Chandigarh, Madhya Pradesh.

Researchers' hesitation to publish non-randomized results may be a factor contributing to high prevalence, in addition to the publishers' negligence.

CONCLUSION

In this study, the epidemiological humanistic burden,

risk factors and diagnostic test of rabies in India was estimated. It has brought attention to the illness burden at the local, regional, and national levels, as documented in a variety of primary investigations, secondary data analysis, and modelling studies. Meta-analysis on the prevalence and sero-prevalence of diagnostic test of rabies in dogs revealed the pooled prevalence using random-effect model for rabies in dogs through RFFIT were estimated 72% (95%CI: 54%-86%) and Pooled prevalence using random-effect model for rabies in dogs through ELISA were estimated 53%, (95%CI, 33%-73%). The overall seroprevalence of anti-rabies antibody by RFFIT was about 76.48% and overall seroprevalence of anti-rabies antibody by ELISA was about 59.91%.

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