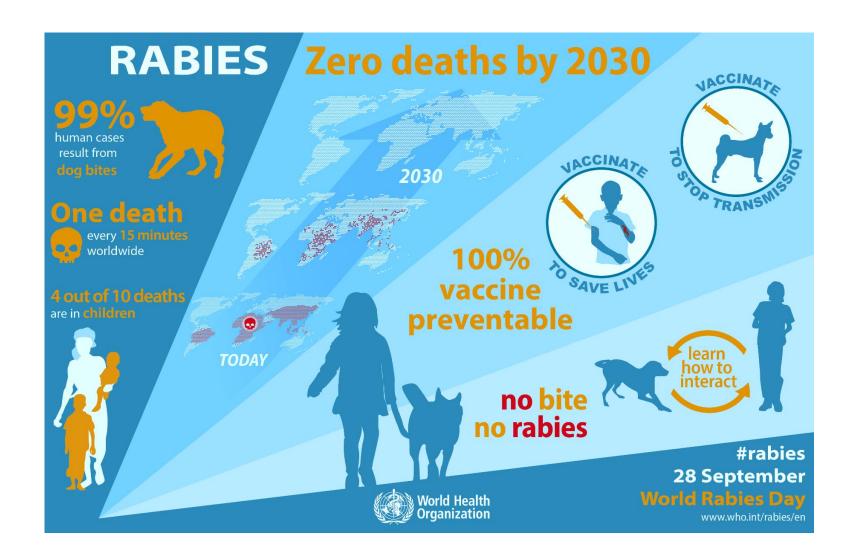


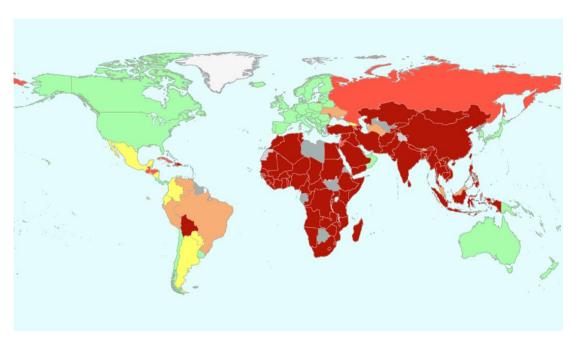
Rabies is vaccine-preventable

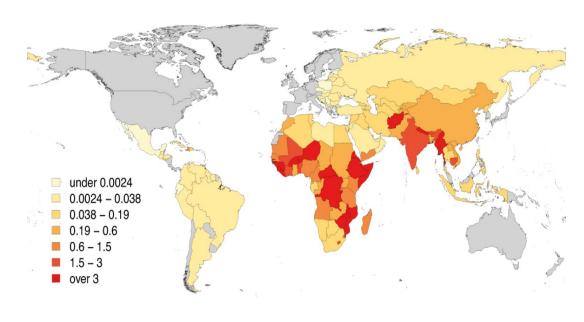
An indicator for impact on inequity, capacity of health system and One Health





Rabies endemicity & disease burden





A: Rabies endemicity

Endemic human rabies

Endemic dog rabies

Sporadic

Controlled dog rabies

No dog rabies

No data

Not applicable

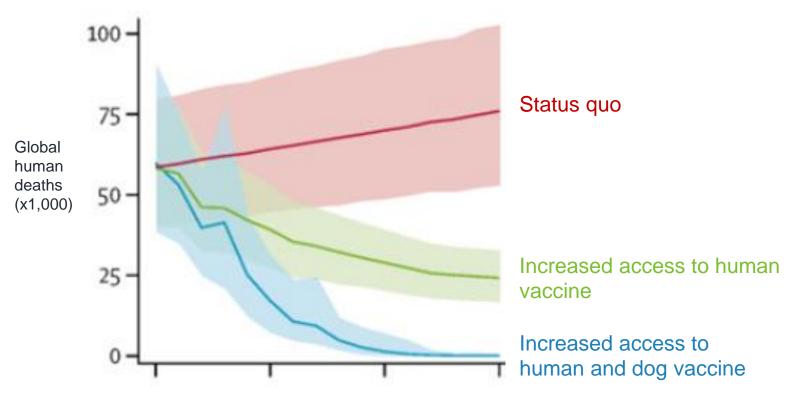
B: per capita death rates (per 100,000 persons)

99% are infected through a dog bite40% are children under the age of 15

Comparing estimates, rabies is currently underreported by a factor up to 20 times in Asia and 160 times in Africa



Cost-effective and sustainable rabies programmes follow an One Health approach



- Dog culling does not eliminate rabies
- Mass Dog Vaccinations
 - controls canine rabies
 - safeguards those who struggle to access post-exposure prophylaxis
 - eliminates dog-mediated human rabies deaths
 - protects the lives of livestock and the livelihood of rural communities

World Health Organization

Source: WHO Rabies Modelling Consortium (2019)

Rabies elimation needs a three-pronged approach

Effective rabies programmes are based on 3 key pillars:

Timely care



Dog vaccination & dog population management

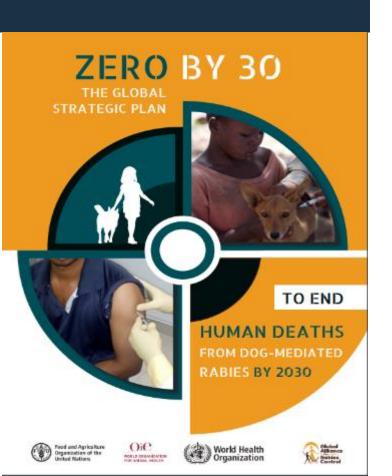


Awareness & community engagement









A coalition of actors



We are United Against Rabies.

100% preventable

We have effective dog vaccines and

Together, we can end all human deaths from dog-mediated rabies by 2030.

https://www.unitedagainstrabies.org/







A coalition at country level, sub-national and community levels

WHO strongly encourages collaboration between

- National rabies programme staff
- National immunisation programme
- National Immunization Technical Advisory Group (NITAG)
- Animal health sector
- Education sector
- Civil society
- Community
-



Health Management Information Systems (HMIS) – integration and mainstreaming

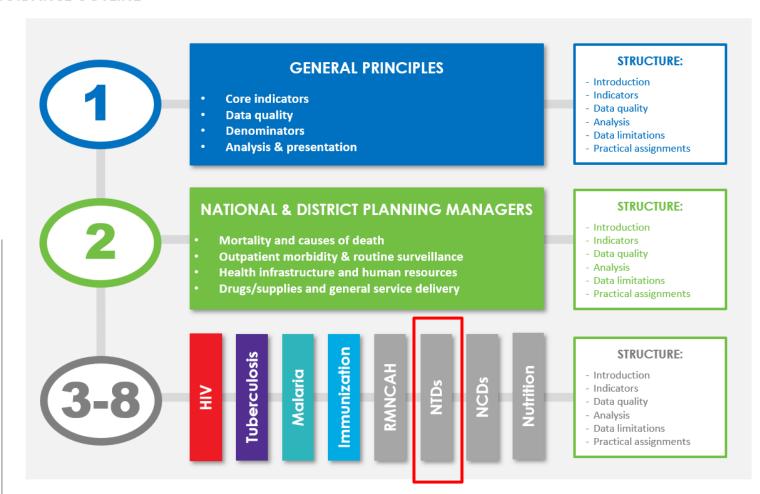
Stop Portnership (RONGHAR Gavi () ANALYSIS AND USE OF HEALTH FACILITY DATA General principles

WORKING DOCUMENT, FEBRUARY 2018

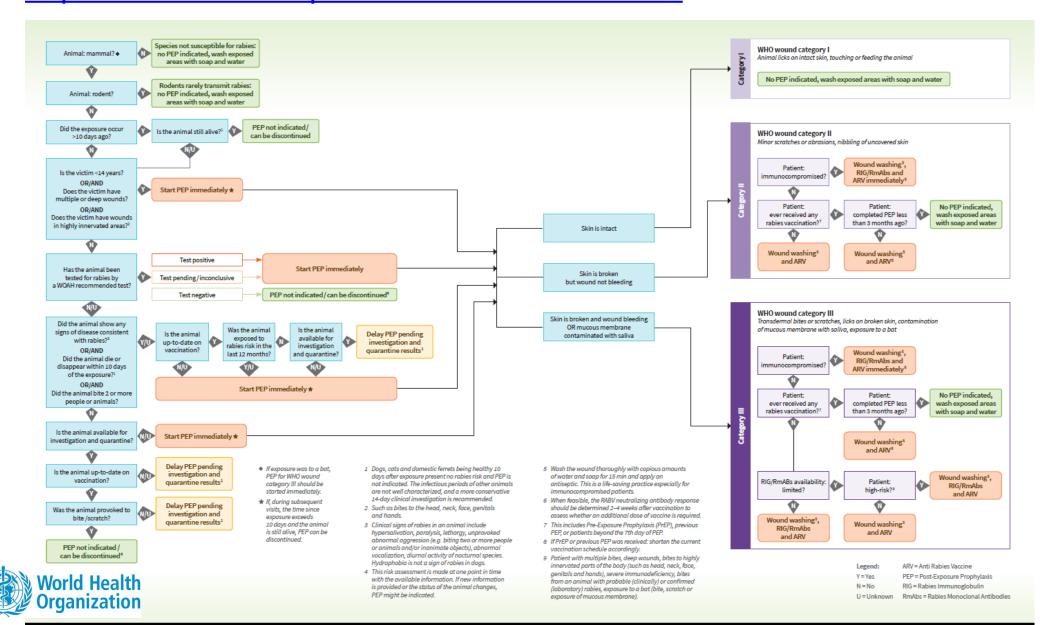
Health facility data tool kit

ANALYSIS AND USE OF HEALTH FACILITY DATA:

GUIDANCE OUTLINE



Rabies PEP administration decision tree https://www.who.int/publications/i/item/B09018





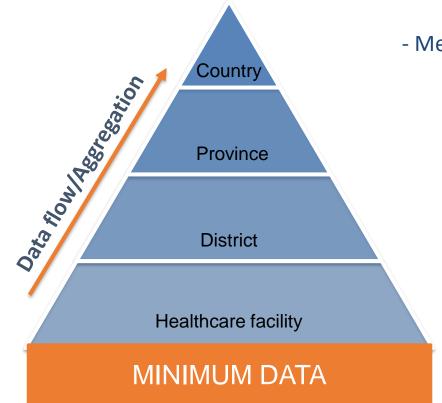
Rabies tracker in WHO's Toolkit for RHIS Data



- Facilitating data collection and reporting at the community level

- Helping clincians make better PEP-related decisons through the « tracker tool» = a healthcare facility-based data entry and collection tool that issues PEP advice after data entry



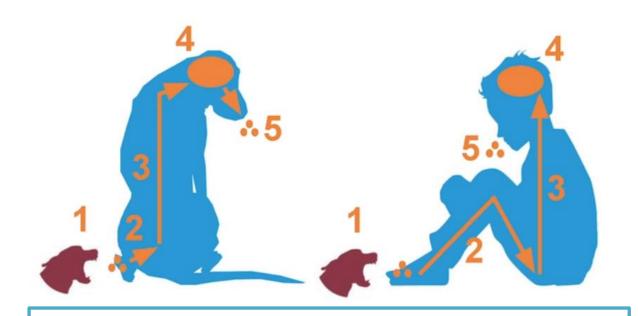


Minimum indicator	2020 (estimate)	2030
# countries having achieved zero human deaths from dog-transmitted rabies	80/169 (47%)	155/169 (92%)
# countries having progressed to zero human deaths from dog-transmitted rabies	100/169 (59%)	169/169 (100%)
# countries having reached 70% vaccination coverage of dogs in high-risk areas	63/169 (37%)	154/169 (91%)

Rabies is transmitted via infectious saliva

- Inoculation of infectious **saliva** via a bite (most common), scratch, or direct contact with mucosa (e. g. eyes, mouth, or open wound)
- Local **muscle** infection and uptake into peripheral nerves
- Spread to central nervous system
- Replication in the **brain**
- Spread to salivary glands and excretion in saliva





Rarely documented transmission:

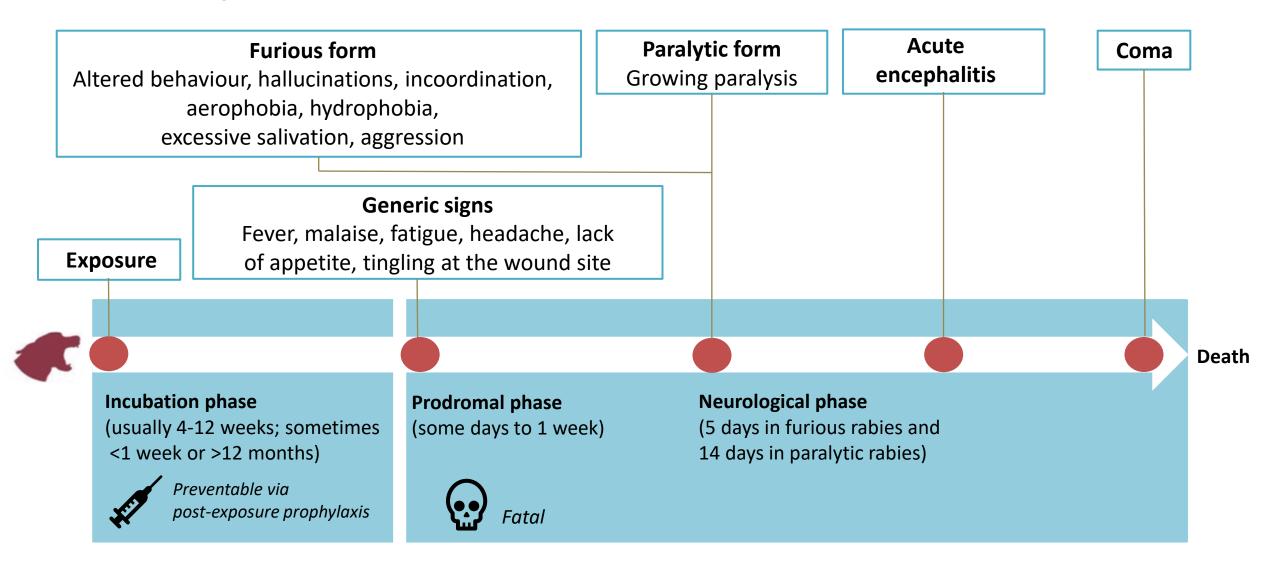
- Human-to-human transmission via tissue and organ transplantation or mucosal route
- Inhalation of aerosolised virus (e.g. in labs)
- Handling of raw meat

Never documented transmission:

- Consumption of raw milk
- Rodent bites

Rabies is fatal once clinical signs appear

The clinical signs and development of rabies in humans are:



Clinical case definitions...

Person with encephalitis showing hyperactivity (furious rabies) or paralysis (paralytic rabies) SUSPECT that dies within 7-10 days from onset of clinical signs PROBABLE + contact with a suspect / probable / confirmed rabid animal + lab confirmation CONFIRMED

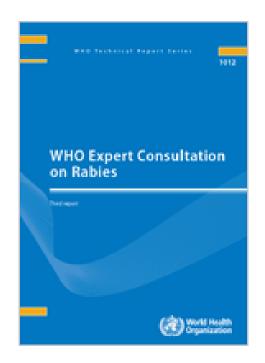


Suspect / probable case ruled out by lab tests

No animal contact in the past 6 months

WHO guidelines for Post-exposure Prophylaxis (PEP) and Pre-exposure Prophylaxis (PrEP) recommendations

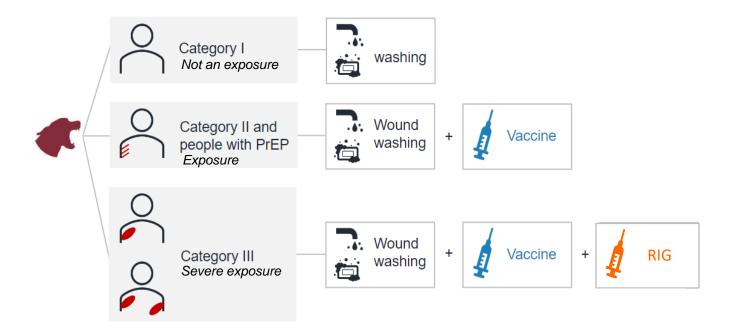
Expert Report on Rabies 2018



Rabies vaccines: WHO position paper, April 2018



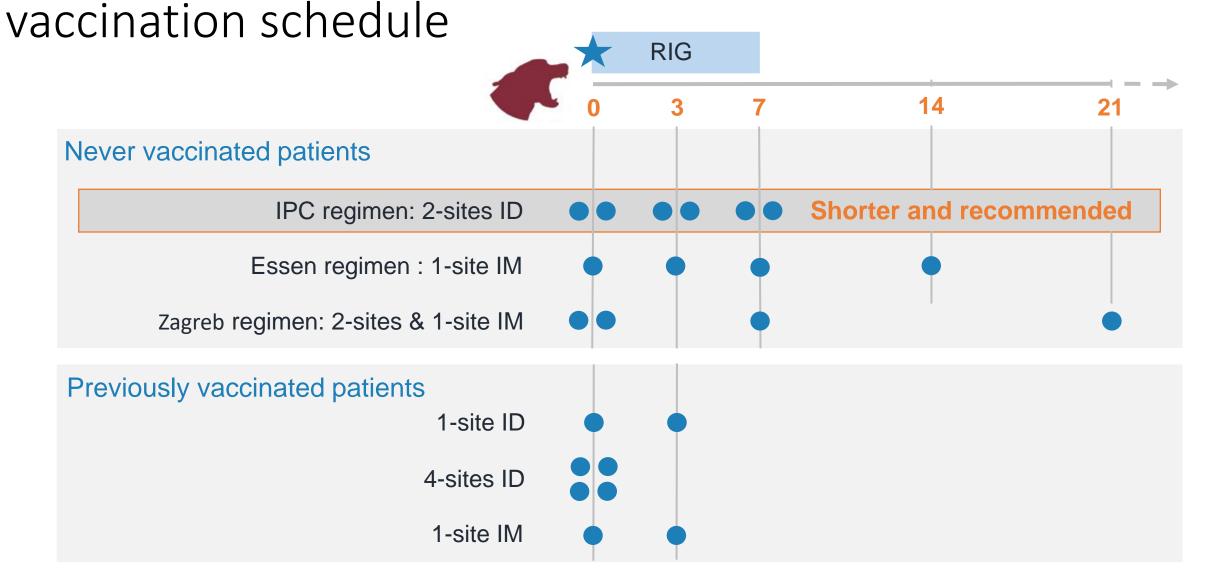
PEP requires vaccines and rabies immunoglobulin (RIG)







WHO recommends a dose-, time- and cost-saving







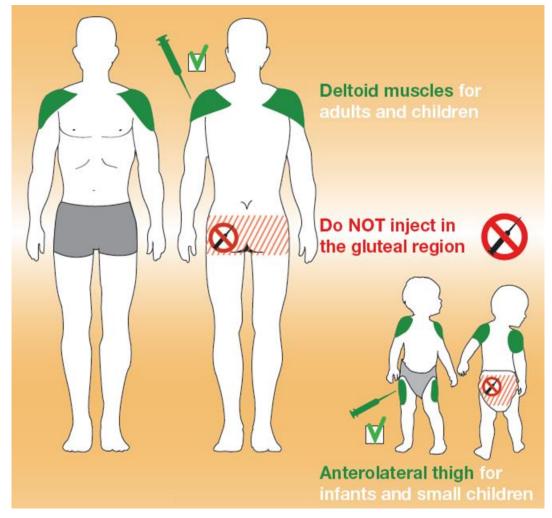


PrEP and PEP can be given intra-dermally or intramuscularly

Intra-dermal (ID) = in the skin 1 dose = 0.1 mL of vaccine

Intra-muscular (IM) = in the muscle 1 dose = 1 entire vial (which is 0.5 mL or 1.0 mL of vaccine, depending on the product)

- All WHO pre-qualified vaccines can be administered by either route
- The injection sites for ID and IM are the same
- For ID, opened vials can be used up to 8 hours (WHO policy on the use of opened multi-dose vaccine vials)
- ID administration is simple to perform, if health care providers are adequately trained



! Do not inject vaccine in the gluteal region !



WHO Position: Administration of rabies immunoglobulins (RIG)

- RIG should be administered only once, preferably at, or as soon as possible after, the initiation of PEP.
- RIG can be given up to day 7 after the first rabies vaccine administration.
- For optimal effectiveness, the maximum dose calculation for RIG is 40 IU/kg body weight for equine derived RIG (eRIG) products, and 20 IU/kg body weight for human derived RIG (hRIG).
- RIG is infiltrated into and around the wound. IM no longer recommended
- Skin testing before eRIG administration should not be done because of unreliable prediction of adverse effects.
- 2 monoclonal products available





Pre-exposure prophlaxsis (PrEP) shortens, but does not replace, the post-exposure vaccine

PrEP is recommended for at **high-risk individuals**:



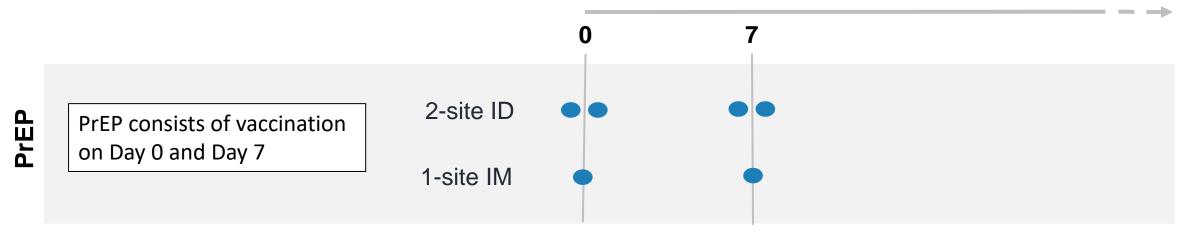
communities in remote, highly endemic settings with limited access to proper PEP



travellers to remote, highly endemic settings with limited access to proper PEP



individuals at occupational risk e.g., laboratory staff, veterinarians,





Off-Label Vaccine use

- Before vaccines can be placed on the market, they need to obtain a market authorization by the National Regulatory Authority (NRA).
- The NRA authorizes the use of the vaccine for a given indication outlined in the vaccine product information sheet
- Following approval, the National Immunization Technical Advisory Group (NITAG), can issue public health recommendations for use of the vaccine.

Recommendations on vaccine use at the global level are formulated by **Strategic Advisory Group of Experts on Immunization (SAGE)** that advises WHO.

These may be off-label until manufacturers update their labels and inserts to address

- specific population groups
- Vaccine shortages
- Simplified immunization schedules

Explanatory note

Guidance is available for countries to roll out rabies vaccination programmes



To highlight considerations specific to rabies PEP that can be integrated into existing systems

To inform policy discussions and operational planning

to introduce or expand rabies PEP into a national immunization programme:











Communication



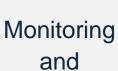
Decisionmaking











evaluation







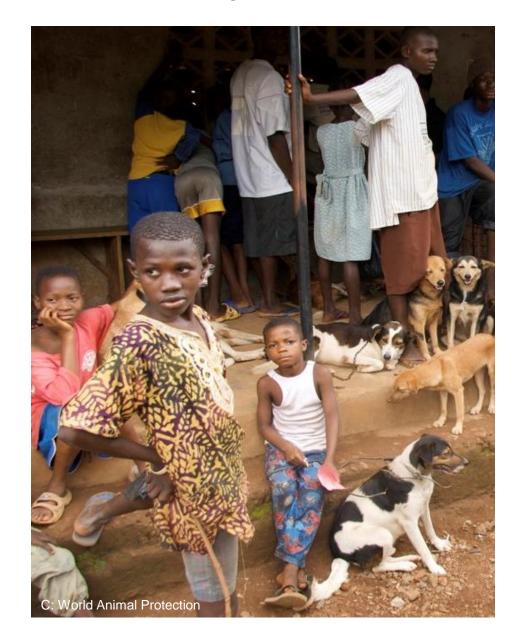






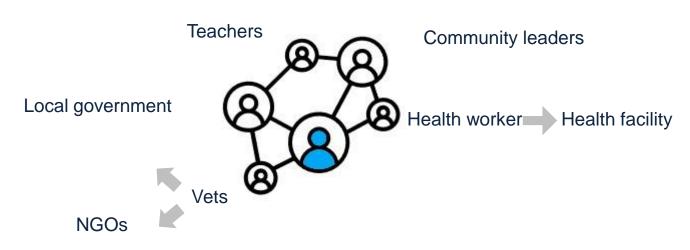
It takes a village to eliminate rabies



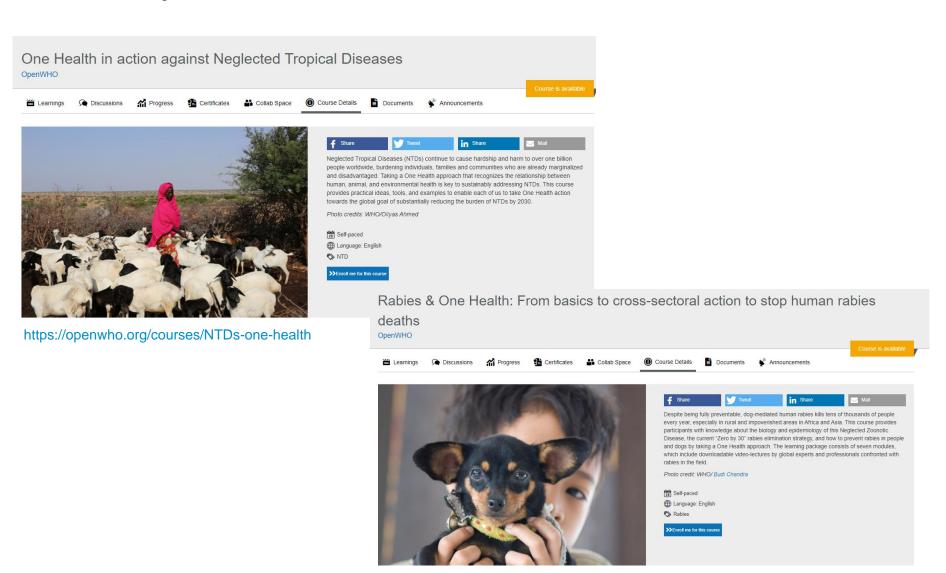


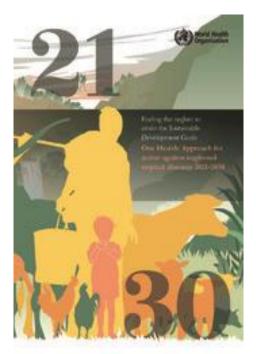
Local communities are not programme recipients, but key stakeholders to work with to:

- understand local needs
- raise awareness
- teach rabies in schools
- increase access and demand for affordable PEP
- design sustainable mass dog vaccination campaigns
- build relations between the human and animal sectors
- trigger national and global action



All you want to know about rabies and One Health in NTDs





https://apps.who.int/iris/handle/1065/351193





Rabies Resources

- Guide to introducing human rabies vaccine into national immunization programmes (Eng)
 https://www.who.int/publications/i/item/9789240052499
- Rabies vaccines: WHO position paper April 2018 (Eng) https://www.who.int/publications/i/item/who-wer9316
- WHO Expert Consultation on Rabies: WHO TRS N°1012 https://www.who.int/publications/i/item/WHO-TRS-1012
- Rabies Post-Exposure Prophylaxis Decision Tree: Decide with Confidence https://cdn.who.int/media/docs/default-source/searo/ntd/who-searo_rabies-pep-decision-tree-poster.pdf?sfvrsn=f2249312_6
- Protocol for a well-performed rabies post-exposure prophylaxis delivery: to read along with the decision trees 1- Wound risk assessment and 2 PEP risk assessment https://www.who.int/publications/i/item/B09018
- Open WHO Rabies & One Health https://openwho.org/courses/NTDs-Rabies-and-one-health
- GAVI Funding Guidelines FR— Rabies page 67 69 https://www.gavi.org/sites/default/files/support/guidelines-2024/GAVI-Vaccine-Funding-Guidelines-july2024_FR.pdf
- WHO AFRO Webinar Recording: WHO Rabies Vaccination: WHO Recommendations and New GAVI Report 20th March 2024. Link:
 https://who.zoom.us/rec/share/T_4r48lFn_Xgc79h781cTS2cJ3UQQEhsJFKcPkpQy73wFDSFUSPF5ue6A0PCXzDH.uuWHZLDtVA62-1BJPasscode: @Rabies2024
- Off-label vaccine use: explanatory note for countries <u>note_off-label_vaccine_use_considerations_countries_22_dec_2023.pdf (who.int)</u>
- Global Market Study Human Rabies Vaccines https://cdn.who.int/media/docs/default-source/immunization/mi4a/human-rabies-vaccine-market-study-public summary.pdf?sfvrsn=2dee3e4-1&download=true
- WHO List of Prequalified Vaccines <u>Prequalified Vaccines | WHO Prequalification of Medical Products (IVDs, Medicines, Vaccines and Immunization Devices, Vector Control)</u>

