

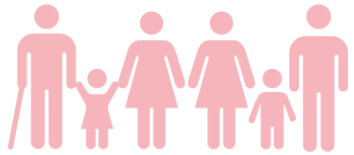


UNITED AGAINST RABIES:

ONE HEALTH IN ACTION —PARTNERING FOR SUCCESS

One-Health - Rabies Webinar
26 February 2021
Bernadette ABELA-RIDDER

1. NO POVERTY



RABIES COSTS **\$8.6** BILLION A YEAR



LOST LIVES
LOST LIVELIHOODS
HIGH COST OF TREATMENT

#UnitedAgainstRabies

#SDG1

3. GOOD HEALTH & WELL BEING

RABIES KILLS **1** PERSON
EVERY **9** MINUTES
40% ARE CHILDREN



FIGHT RABIES, SAVE LIVES

#UnitedAgainstRabies

#SDG3

10. REDUCED INEQUALITIES



RABIES IS A DISEASE
OF POVERTY & NEGLECT



ENSURE LIFE-SAVING
VACCINES FOR ALL

#UnitedAgainstRabies

#SDG10

17. PARTNERSHIP FOR THE GOALS



AFFORDABLE TREATMENT FOR ALL

VACCINATE ALL DOGS



PUBLIC EDUCATION



BE A PARTNER AGAINST RABIES

#UnitedAgainstRabies

#SDG17

Not only beating rabies but contributing to sustainable development and strengthened health systems

Rabies Elimination is a worthwhile investment

01

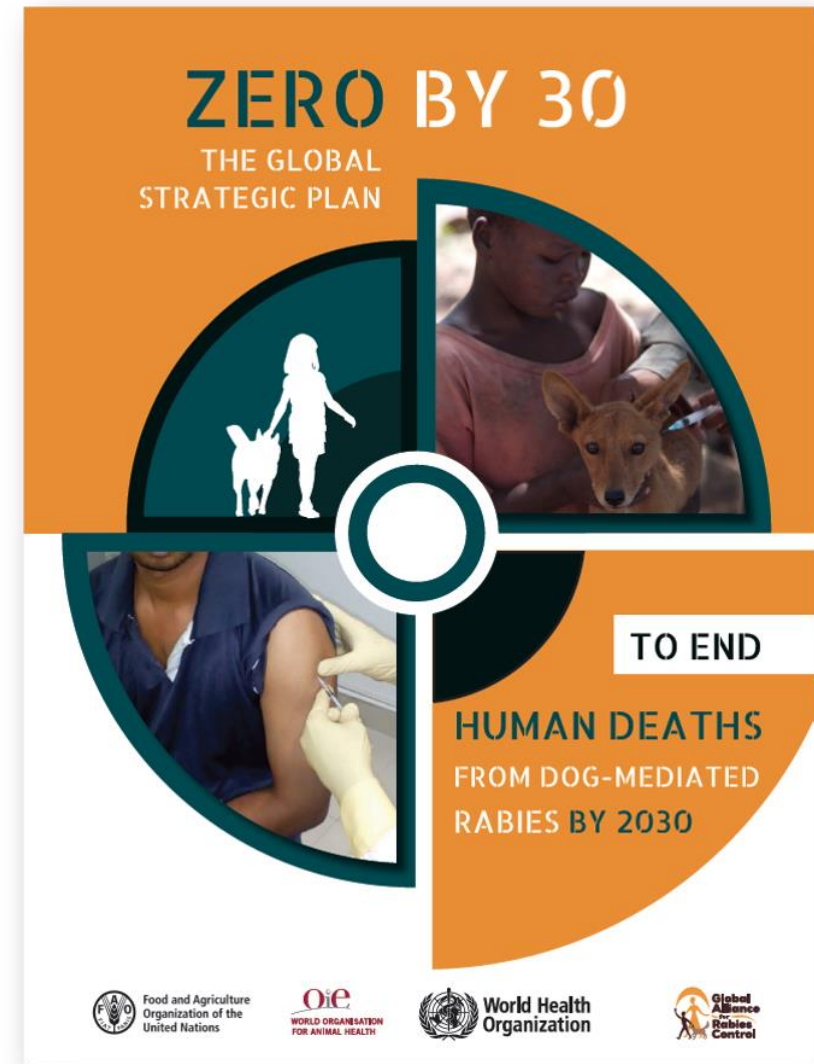
Elimination saves lives.

02

Elimination investment averts treatment costs and is cost-effective over time.

03

Elimination strengthens government health and surveillance systems.



<https://www.who.int/rabies/resources/9789241513838/en/>



United Against Rabies: One Health in Action, Partnering for Success

A global virtual event announcing the new United Against Rabies Forum, with high level speakers including ministers, experts and activists from around the world. First shown 22 September 2020, moderated by Patricia Amira.



English



Français



Español

HIGHLIGHTS



Highlights



Dr Tedros Adhanom Ghebreyesus
Director-General, WHO



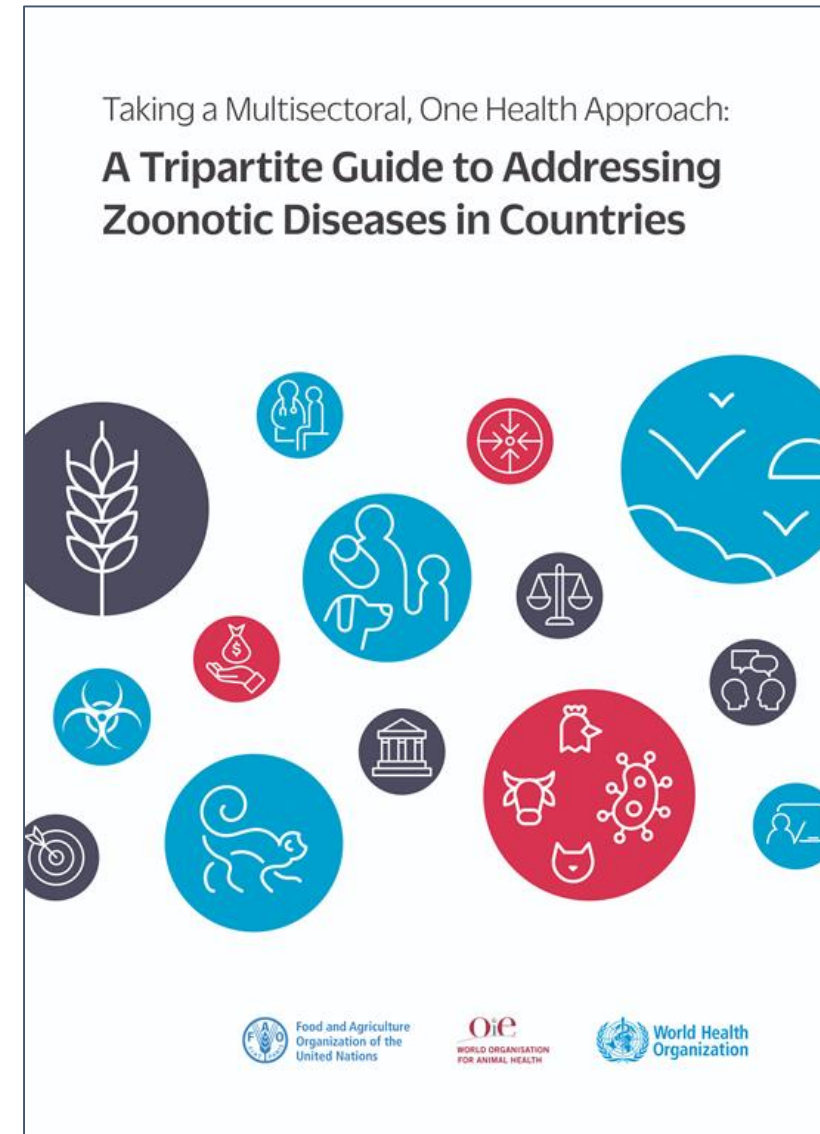
Dr Qu Dongyu
Director-General, FAO



Dr Monique Eloit
Director-General, OIE

Contact r.tidman@oie.int

A practical reference for implementation of the One Health Approach and managing zoonotic risks



<https://extranet.who.int/sph/one-health-operations>

No Surveillance = No programme

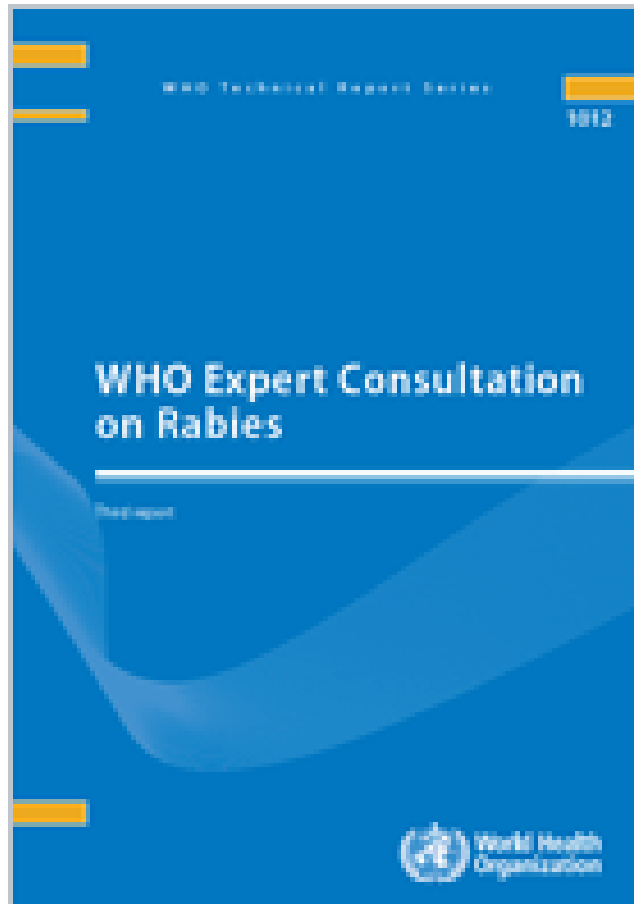
Surveillance of preventable disease:
a health check for health systems



“knowledge of usual allows detection of the unusual”

Expert Report on Rabies 2018

https://www.who.int/rabies/resources/who_trs_1012/en/



Rabies vaccines: WHO position paper – April 2018

https://www.who.int/rabies/resources/who_wer9316/en/

2018, 93, 201–220 No 16

 **World Health Organization**
Organisation mondiale de la Santé

Weekly epidemiological record
Relevé épidémiologique hebdomadaire

20 APRIL 2018, 93rd YEAR / 20 AVRIL 2018, 93^e ANNÉE
No 16, 2018, 93, 201–220
<http://www.who.int/wer>

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220 Le Groupe Stratégique Consultatif d’Experts (SAGE) de l’OMS sur la vaccination: appel à candidatures

Rabies vaccines: WHO position paper – April 2018

Introduction

In accordance with its mandate to provide guidance to Member States on health policy matters, WHO issues a series of regularly updated position papers on vaccines and combinations of vaccines against diseases that have an international public health impact. They summarize essential background information on diseases and vaccines and conclude with the current WHO position on the use of vaccines worldwide.

The papers are reviewed by external experts and WHO staff, and reviewed and endorsed by the WHO Strategic Advisory Group of Experts (SAGE) on Immunization (<http://www.who.int/immunization/sage/en>). The GRADE methodology is used to systematically assess the quality of the available evidence. The SAGE decision-making process is reflected in the evidence-to-recommendation tables. A description of the processes followed for the development of vaccine position papers is available at http://www.who.int/immunization/position_papers/position_paper_process.pdf.

The position papers are intended for use mainly by national public health officials. They may also be of interest to international funding agencies, vaccine advisory groups, vaccine manufacturers, the medical community, the scientific media and the general public.

This position paper replaces the 2010 WHO position on rabies vaccines.¹ It presents new evidence in the field of rabies and the use of rabies vaccines, focussing on programmatic feasibility, simplification of vaccination schedules and improved cost-effectiveness. The recommendations

Vaccins antirabiques: Note de synthèse de l’OMS – avril 2018

Introduction

Conformément à son mandat qui est de donner aux États Membres des conseils sur les questions de politique de santé, l’OMS publie une série de notes de synthèse régulièrement actualisées sur les vaccins et les associations vaccinales contre les maladies ayant un impact sur la santé publique au niveau international. Elles résument les informations essentielles sur les maladies et les vaccins et présentent en conclusion la position actuelle de l’OMS concernant l’utilisation des vaccins dans le contexte mondial.

Ces notes sont examinées par des experts externes et des membres du personnel de l’OMS, puis évaluées et approuvées par le Groupe stratégique consultatif d’experts sur la vaccination (SAGE) de l’OMS (<http://www.who.int/immunization/sage/fr>). La méthodologie GRADE est utilisée pour évaluer de manière systématique la qualité des données disponibles. Le processus de décision du SAGE est reflété dans les tableaux de données à l’appui des recommandations. Une description du processus suivi pour l’élaboration de ces notes est disponible à l’adresse: http://www.who.int/immunization/position_papers/position_paper_process.pdf.

Les notes de synthèse de l’OMS s’adressent avant tout aux responsables nationaux de la santé publique. Toutefois, elles peuvent également présenter un intérêt pour les organismes internationaux de financement, les groupes consultatifs sur les vaccins, les fabricants de vaccins, le corps médical, les médias scientifiques et le grand public.

Le présent document remplace la note de synthèse de l’OMS sur les vaccins antirabiques publiée en 2010.¹ Il présente de nouvelles données scientifiques dans le domaine de la rage et de l’utilisation des vaccins antirabiques, en mettant l’accent sur la faisabilité programmatique, la simplification des sché-

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Geneva
ORGANISATION MONDIALE
DE LA SANTÉ
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¹ See No. 32, 2010, pp. 309–320. ¹ Voir N° 32, 2010, pp. 309–320.

201

Surveillance



Continuous systematic collection, analysis, interpretation, and timely dissemination of information on health events

- to demonstrate the presence and distribution of disease in humans and animals
- to aid in control efforts through situational awareness,
- to document absence of disease

Linking human and animal surveillance

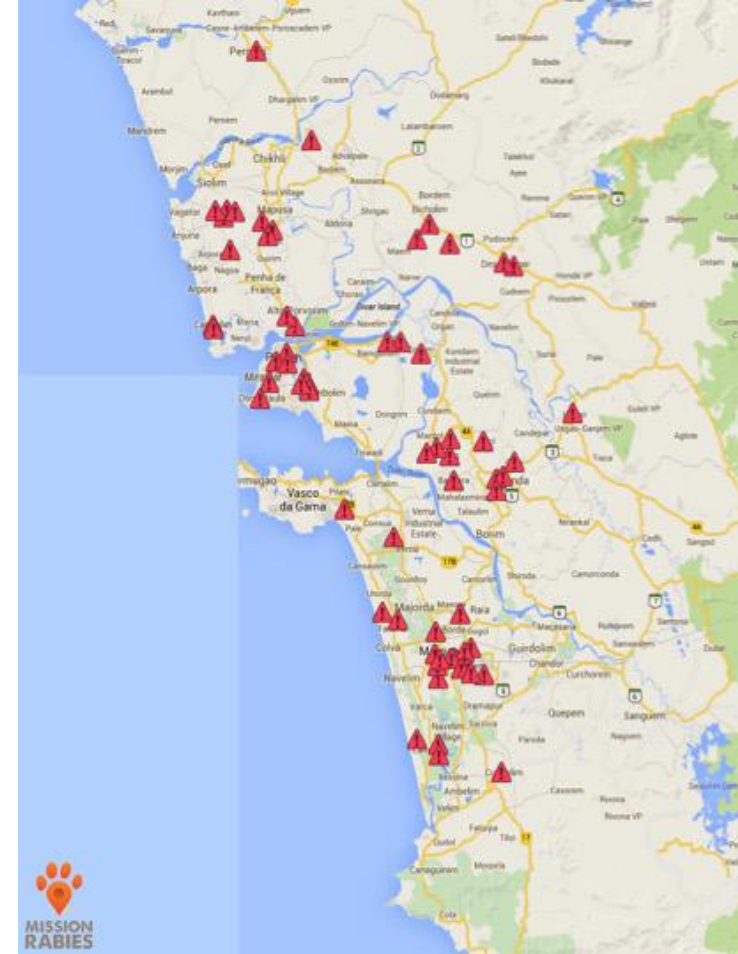
- Human case definitions
- Animal case definitions

<https://www.who.int/publications/i/item/9789241515153>

https://www.who.int/rabies/resources/who_trs_1012/en/

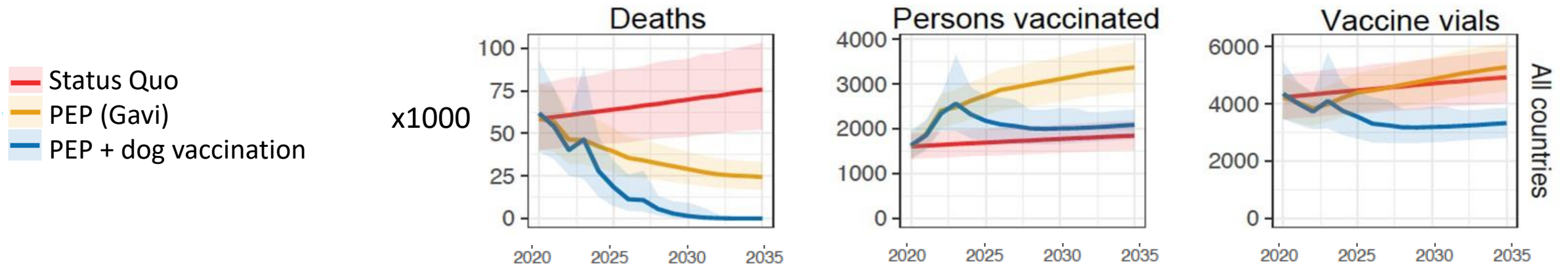
Programme planning and targeting high risk areas

- Knowing the extent of the problem and where
- Breaking the transmission in high risk communities and corridors
- Forecasting of vaccine needs (animal and human)
- Monitoring and evaluation of interventions & their impact
-



Rabies as a One Health Model

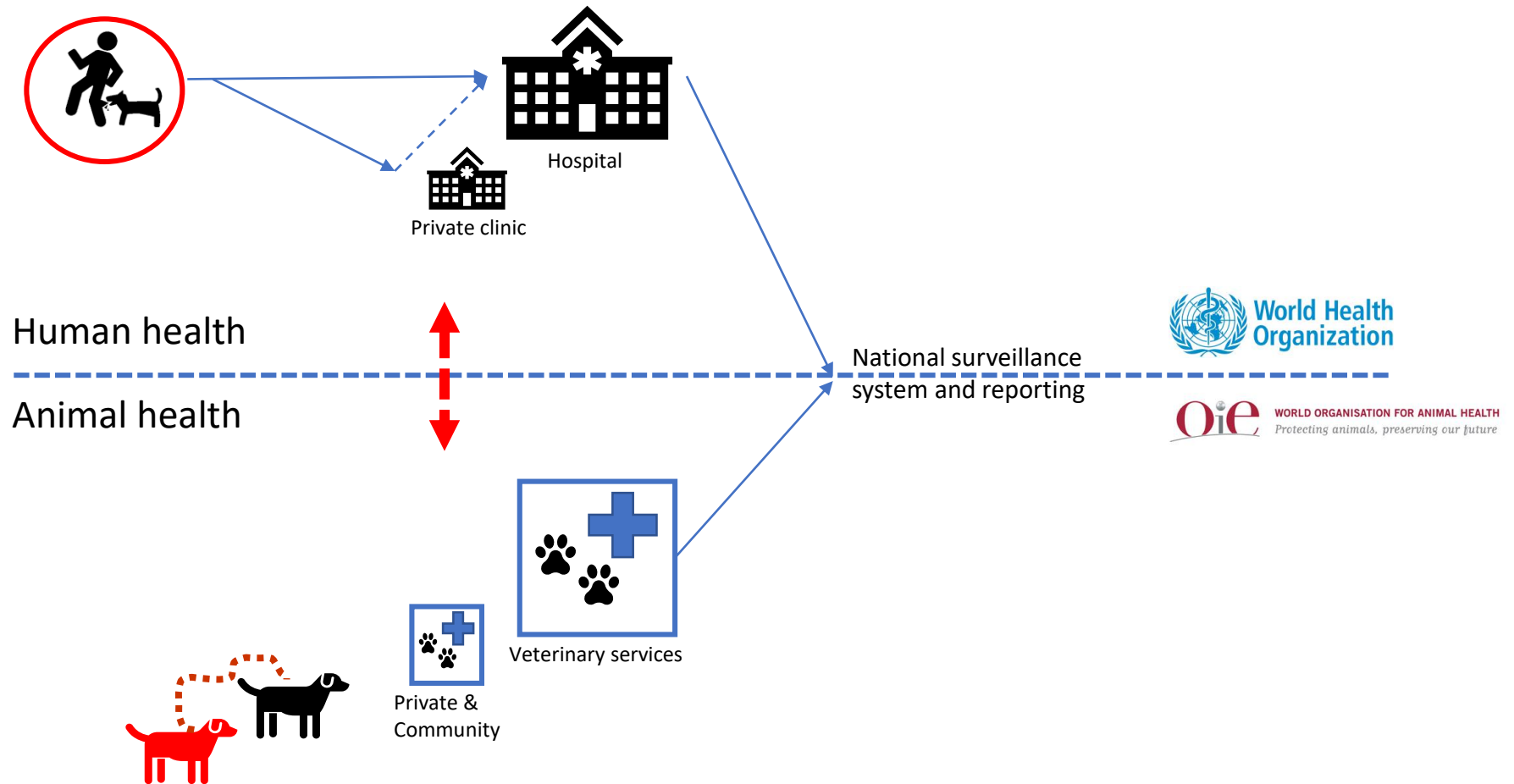
PREDICTIONS FROM 2020-2035 IN 67 GAVI COUNTRIES



[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30512-7/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30512-7/fulltext)

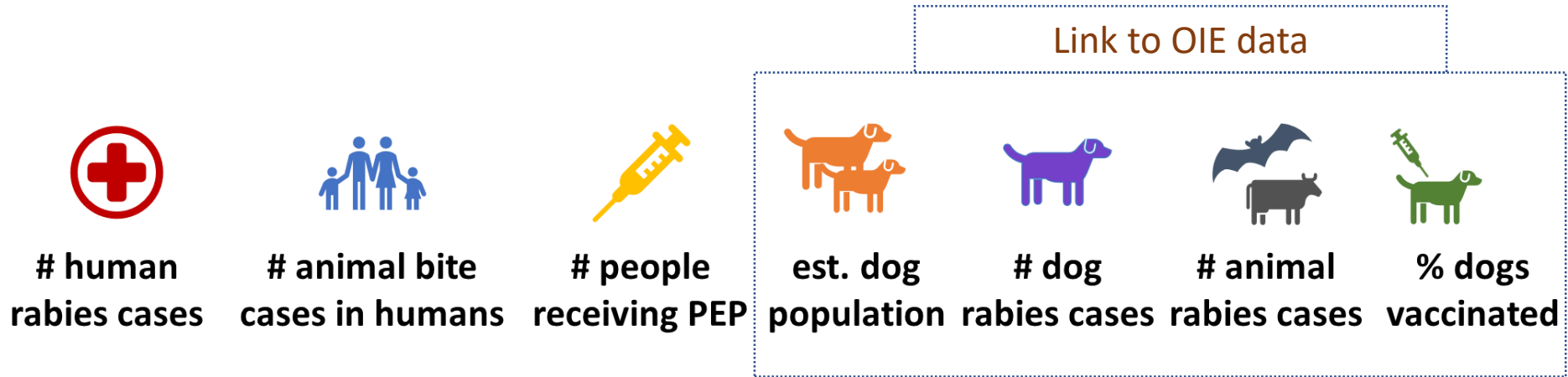
- Under *status quo* >1 million deaths in 67 endemic countries from 2020-2035
- PEP + dog vaccination can prevent 800,000 deaths & eliminate the disease
- Surveillance to guide elimination can reduce PEP costs by a further 70%
- **Gavi support for rabies vaccines is scheduled to start in 2021**

Connecting the dots....for increased impact



OBJECTIVE 2
to generate,
innovate and
measure impact

Provide guidance and data
- effective policies, guidance
and governance
- ensuring reliable data to ena
effective decision-making



Rabies INDICATORS

- in humans and animals

Human Case Definition and Surveillance Activity

	Human Case Definition	Surveillance Activity
Suspect Case	<p>A subject presenting with</p> <ul style="list-style-type: none"> • an acute neurological syndrome (i.e. encephalitis) • dominated by forms of hyperactivity (i.e. furious rabies) OR paralytic syndromes (i.e. paralytic rabies) • progressing towards coma and death, usually by cardiac or respiratory failure, typically within 7–10 days after the first sign, if no intensive care is instituted. <p>This may include any of the following signs:</p> <ul style="list-style-type: none"> • aerophobia • Hydrophobia • paraesthesia or localized pain • Dysphagia • localized weakness • nausea or vomiting. 	<ul style="list-style-type: none"> • Notify appropriate local authorities as indicated by national protocols • Collect appropriate samples from patient according to national protocols • Conduct verbal autopsy to collect case history on patient for further characterization
Probable Case	<p>A suspected case plus a reliable history of contact with a suspected, probable or confirmed rabid animal</p>	<ul style="list-style-type: none"> • Identify additional contacts of patient and/or animal involved in patient's exposure for follow-up • Notify appropriate authorities of probable human rabies cases as indicated by national protocols

Human Case Definition and Surveillance Activity (2)

Confirmed Case	A suspect or probable case that is laboratory-confirmed.*	<ul style="list-style-type: none">• Systematically record laboratory diagnostic results and link with verbal autopsy information• Notify appropriate authorities of confirmed human rabies cases as indicated by national protocols
Not a Case	A suspect or probable case that is ruled-out by laboratory confirmation. OR No known or suspected animal contact in the past six months	<ul style="list-style-type: none">• Systematically record laboratory diagnostic results and link with verbal autopsy information• Notify appropriate authorities investigating case

Animal Case Definition and Surveillance Activity

	Animal Case Definition	Surveillance Activity
Suspect Case	<p>A case that is compatible with a clinical case definition of animal rabies.</p> <p>Animal case definition: An animal that presents with any of the following signs[12]</p> <ul style="list-style-type: none"> • Hypersalivation • Paralysis • Lethargy • Unprovoked abnormal aggression (e.g. biting 2 or more people or animals, and/or inanimate objects) • Abnormal vocalization • Diurnal activity of nocturnal species 	<ul style="list-style-type: none"> • Notify appropriate local authorities of suspect rabid animal • Collect primary animal history if available (i.e. ownership status, vaccination status, prior exposures, date of onset for signs, etc) <see appendix – investigation form> • Collect CNS samples for laboratory diagnosis if available
Probable Case	<p>A suspected case plus a reliable history of contact with a suspected, probable, or confirmed rabid animal.</p> <p>AND/OR</p> <p>A suspect animal that is killed, died, or disappears within 4-5 days of observing illness.</p>	<ul style="list-style-type: none"> • Systematically record secondary information and link to primary history • Notify appropriate authorities of probable animal rabies cases according to national protocols

Animal Case Definition and Surveillance Activity (2)

Confirmed Case	A suspect or probable animal case that is laboratory confirmed*	<ul style="list-style-type: none">• Notify appropriate authorities for follow-up of any human or animal exposures• Systematically record laboratory diagnostic results and link with case record
Not a Case	A suspect or probable case that is ruled-out by laboratory confirmation.*	<ul style="list-style-type: none">• Notify appropriate authorities for follow-up of any human or animal exposures• Systematically record laboratory diagnostic results and link with primary history

United against rabies

1. The urgency of One Health

- The Covid-19 pandemic makes zoonotic disease control more urgent than ever, demanding much greater collaboration between animal and human health sectors. Rabies is a potentially solvable problem that could serve as a model or foundation for tackling zoonotic diseases

2. Existing strategic frameworks lack funding

- The 'Zero by 30' strategy developed by the United Against Rabies (UAR) Coalition presents a clear pathway to rabies elimination, but lacks critical financing

3. Amplify Gavi's contribution and protect its resources

- Gavi, the vaccines alliance, aims to make human PEP available to its partner countries from 2021. Financing mass dog vaccination optimises Gavi's investment impact, and keeps future PEP costs from rising

4. Improve data systems

- The collection of harmonised, government-owned data to inform funding decisions and implementation of operations

5. Build on local capacity and innovation, streamline operations

- Support innovative approaches, such as using Ministry of Agriculture workforce to conduct rolling vaccination programmes to reduce overall costs

OBJECTIVE 3
to sustain
commitment
and resources

**Harness multi-stakeholder
engagement**
- demonstrate the impact of
activities completed under
the **United Against Rabies**
collaboration

Examples of broader benefits of rabies programmes



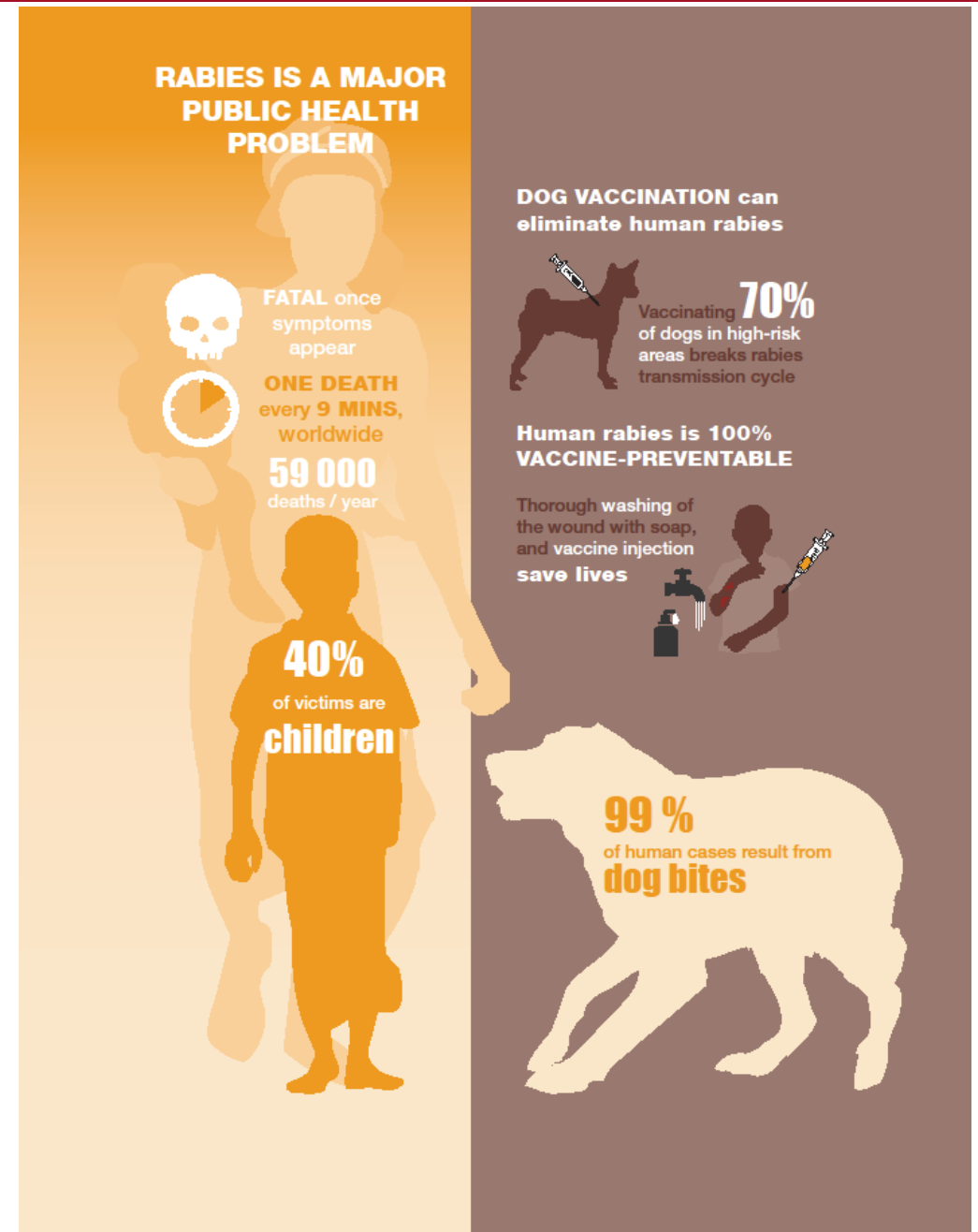
- Provides a cost-effective platform for One Health, other health interventions and NTD activities
- Can improve inter-sectoral coordination, response capability and integrated surveillance (“One Health”)
- Involves regular engagement with communities and can build trust
- Dog rabies vaccination has rapid, tangible impacts appreciated by communities

THANK you!

Bernadette ABELA-RIDDER

Department of the Control of Neglected Tropical Diseases

abelab@who.int



A Dog's Eye View <https://www.youtube.com/embed/v75d668P96E>

