



Republic of Namibia Ministry of Agriculture Water and Forestr

Directorate of Veterinary Services



Rabies Control Strategy Compiled by the Directorate of Veterinary Services in Consultation with the Ministry of Health and Social Services and the Veterinary Association of Namibia

March 2015



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For: North Africa Regional meeting on dog-mediated rabies elimination: towards effective regional and national elimination strategies, Tunis, Tunisia, 24-25July 2019



Outline

- Introduction
- Rabies situation in Namibia
- Control program implemented
- Diagnostic and Surveillance facilities
- The Rabies control project inception and project activities implementation – 1st Phase (2016-2018)
- Campaign organization
- No of dogs cats vaccinated (cats)
- Impact of mass dog vaccination on rabies cases in animals and in humans
- Rabies Elimination project-2nd phase (2019-2021)
- Challenges and opportunities -Cross border problems

The Republic of Namibia Background information

• Namibia in the world



- Namibia is a large country
 825,615 km² with the second smallest population density globally- 2.6 person/sq. km.
- Projected population 2.59 million people (NSA 2018)
- Majority lives in the Northern Communal Area (NCA
- Namibia is ethnically diverseover 11 ethnic groups and 22 different languages.
- It shares its borders with Angola, Botswana, South Africa, Zambia and Zimbabwe.

Diseases status



- Foot and Mouth Disease Freedom without vaccination south of the Veterinary Cordon Fence (VCF)
- Lungsickness (CBPP) Freedom south of the VCF
- Peste des petits ruminants (PPR) Freedom south of the VCF andorsed surveillance program in the NCA
- Negligible risk status for "Mad Cow Disease" (BSE)
- Endorsed Foot and Mouth Disease Control Programme
- Endorsed Lungsickness (CBPP) Control Programme
- Participation in international trade of animals and animal products to countries such as: European Union, Switzerland, Norway, Hong Kong, USA, Russia, South Africa, China Zimbambwe.
- Rabies- by 2030??

Endemicity of dog rabies and dog-transmitted human rabies, 2016

Endémicité de la rage canine et de la rage humaine à transmission canine, 2016



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. – Les limites et appellations figurant sur cette carte ou les désignations employées n'impliquent de la part de l'Organisation mondiale de la Santé aucune prise de position quant au statut juridique des pays, territoires, villes ou zones, ou de leurs autorités, ni quant au tracé de leurs frontières ou limites. Les lignes en pointillé sur les cartes représentent des frontières approximatives dont le tracé peut ne pas avoir fait l'objet d'un accord définitif. © WHO 2017. All rights reserved – © OMS 2017. Tous droits réservés

Changwena Zambezi Kavango West Omusati Oshana Kavango East Oshi Kunene Otjozondjupa Namibia

\ regions?

Hot spots for dog and human rabies Population: 2.1million (NSA) 2011) projected at 2.59 million (2018) Country divided into 14 regions, 57% in the NCA

Number of centers of major economic activities

- Veterinary cordon feno Urban Rural ratio 43:57 (NSA 2011)

263, 376 total sq. km

	Census Proj	Constituencie
Region	2018	S
Oshana	194 577	11
Oshikoto	200 686	10
Omusati	252 931	12
Ohangwena	260 190	11
Kunene	102 485	6
Kavango West	90 514	8
Kavango east	153 255	6
Zambezi	102 485	6
Total	1,357 123	70 (64)

Rabies situation in Namibia

- Rabies is a notifiable disease in Namibia as per Animal Health Act 1 of 2011 – reporting of the disease to authority
- Recording of all relevant information on Disease Report Form (DRF) and submission to the Epidemiology
- Samples of incriminated animals are submitted to one of the competent laboratories
- Dog samples associated with a human bite.
- Dog bite cases and potential rabies exposures have to be reported to the nearest state veterinary official or public health official

Diagnostic and Surveillance facilities

- Laboratory confirmed surveillance data:
 - Central Veterinary Laboratory and the Regional Laboratory (RL), Ondangwa.
 - Fluorescent Antibody Test (FAT) following WHO and OIE recommended protocols
 - Occasionally, DRIT additionally applied for rabies routine diagnosis at the CVL to provide validation
- Sometimes PCR

Geographical distribution of dog rabies, Namibia, 2011-2018

Area	Number	Percent
	of cases	(%)
Northern Communal Areas		
(NCAs)	630	92.5
South of Veterinary Cordon	17	75
Fence (SVCF)	47	/.J
Total	497	100
Vaccination coverage 2014- 2016	Dog samples tested 2015 to	l for rabies from 2016
70000	160 140	
50000	120	
40000		■ positive
	60	
		negative
2014 2015 2016	2015 20	016

Rabies surveillance in dogs 2011-2017



Rabies cases (red dots) Reported rabies suspects (orange dots) dog samples tested negative (blue dots).

Spatial distribution of dog rabies 2013-2014



Spatial distribution of dog rabies 2015-2016



Geographic distribution of rabies in Humans, 2011 – 2017



Geographic distribution of rabies in Humans , 2011 – 2017

Area	Number	Percent
Northern communal Areas (North of Veterinary Cordon Fence	110	97
Central and South of Namibia (South Of the Veterinary Cordon Fence	3	3
, Total	113	100

Age distribution among humans in Namibia, 2011 - 2017

Age group	Frequency	Percent
0 - 4 years	15	13
(youngest 9 months)		
5–9 years	37	33
		65%
10 – 14 years	21	19
15 – 19 years	7	6
≥ 20 (oldest 80	33	29
years)		
Total	113	100



Control program implemented

- Rabies is a Notifiable disease in Namibia as mandated under Animal Disease Act (Act 1 of 2011)
- Free Rabies control for nearly three decates
- Rabies cases are still on the increase in both animals and humans especially in the Northern Communal Areas (NCAs)
- National strategy translated into action plan for implementation

The Rabies control project inception and project activities implementation – 1st Phase (2016-2018)





- National Strategy launched March 2015
- Launching of pilot control April 2016
 - Rabies action plan formulation and implementation rabies activities implementation

Objective of the strategy

> Immediate

Decreased rabies cases in dogs

Long term

Elimination of dog mediated human rabies

Key Elements

- Capacity building
- Mass dog vaccination campaign
- Education and awareness
- Stakeholders engagement
- Understand the knowledge, attitude and practice of people that could influence rabies control activities



Local and International stakeholders engagements

8 Friday 4 March 2016

- Traditional authorities
- Local authorities
- Regional councilors
- Ministry of Education
- Ministry of Health
- Ministry of Information, Technology and Communication
- University of Namibia- School of Public health and Faculty of Veterinary Medicine
- Veterinary Association of Namibia
- Law enforcement
- Welfare organization- SPCA
- MAWF
- Private sector/Business communities
- Farmers Union/Farmers
- OIE/FRG/FLI



IEADY TO FIGHT RADIES ... Interveterinarian Rituna Athingo eff) is pictured here with Muapele Letshwarryo (middle) and irogorio Tomos from the Words kganisation of Animal Health Paria, France, who will assist Iamibia with the pilot project.

hoto: Oswald Shivute

NATIONAL NEWS

Farmers ready to assist Govt in fighting rabies The German government will commit over NS5 million in the fight against the cleachy disease over the next three years. Shiweeks mild the pilot project in emissaged to reduce rabies and subsequently cmeure velocitation coversite of about 70%

Why a need for stakeholders consultations?

- Seeking support during the project and thereafter
- Initiate permission to visit their area of jurisdiction
- Mobilize communities , promote the project and introduction to the communities
 - Took part during the selection of local casual labourers (communities participatory leading to project ownership)
 - Announcement of vaccination centres every day on national radio during the mass vaccination campaign
 - Waste management within towns, hospitals and open markets to avoid attracting stray dogs to free food
 - Promote responsible pet ownership



Capacity building



Rabies Education at school talks



Awareness and Education





- Target children 67% deaths children < 16 yrs
- Health promotion key messages
- World Rabies Day
- Project education officer
- Education department



Organized mass dog vaccination campaigns





Team-led strategy with community participation



Results- No of dogs vaccinated (cats) – Pilot phase 2016

✤Usual vaccination figure 5,000-6,000,

Targeted coverage 70% of 12,000

1) First round Vaccination figures: Species #Vaccinated Census Coverage

Dog	24,638	25,649	96%
Cat	2,073	2,160	95%
Total	26,711	27,809	

Results – Pilot 2016

1) Second round vaccination figures :

Species	#Vaccinated
Dog	12, 634
Cat	907
Total	13, 541

*About 50% (6,368/12634) dogs vaccinated for the first time
*83% (5,286/6,368) are 6 months and younger

Results- NCAs 2017

- ✤ Usual vaccination figure 48, 850-60,211,
- Targeted coverage 70% of 104,071 (2016 dog population)
- 1) Targeted Vaccination figures:

Species	#Vaccinated
Dog	61,195
Cat	6,484
Total	67, 679

2) Annual vaccination campaign figures:

42673 pets 90.5% (38, 619) dogs
Total vaccinated dogs 99, 814

*****Total pet vaccinated **110352**

Results- NCAs 2018

1) Targeted Vaccination figures:

Species	#Vaccinated
Dog	38350
Cat	4865
Total	43,215

2) Annual Vaccination figures:

Species	#Vaccinated
Dog	34603
Cat	3845
Total	38, 448
Total Vaccinated	81,663

Measured data for monitoring progress of rabies programmes



Pilot phase 2016- increased campaign figures by 17% Roll out 2017- increased campaign figures by 44%- 54%

Age distribution among dogs

Age group	NO. of dogs	Percent (%)	95% CI
0-3 months	461	19	
4-11 months	642	27	46%
1-3 years	802	34	
> 3 years	472	20	
Total	2,377	100	

Age distribution, Ohangwena region, 20 – 30 August 2018

groups	# Vaccinated	1st time	Booster
0 - 6 M	1721	1689	32
7 M- 11 M	557 53%	536	21
1 - 2 years	837	602	234
3 - 5 years	902	449	453
> 5 years	268	110	158
Total	4,285	3,386 <mark>(79%)</mark>	899 (21%)

Role of Human Health in rabies elimination

- Health education and promotion on rabies and prevention measures (Primary Health Care Directorate)
- Management of animal bite cases
 - PEP and Rabies Immunoglobulin (RIG) administration
 - Bite wound Management
- Surveillance of suspected human rabies case
- Detection and response to outbreaks in collaboration with veterinary sector and other relevant stakeholders
- Laboratory confirmation of suspected human rabies case (ante-mortem and post-mortem)

Impact of mass dog vaccination on rabies cases in animals

Increased number of dogs vaccinated (over 210,000 dogs)

Marked reduction of dog rabies cases

- Marked reduction human rabies cases (ZERO reported case in 2019)
- Improved veterinary performance services on rabies control:
 - Human resources capacity building
 - Enhanced rabies surveillance activities

Impact of mass dog vaccination on rabies cases in animals



Impact of mass dog vaccination on rabies cases in humans



Rabies Elimination project-2nd phase (2019-2021)

The main activities

- > 100 000 rabies doses-OIE through donor funding
- Improve capacity control dog-mediated rabies
- Mass dog vaccination campaign (August 2019 school holiday)
- Improve on data collection- data loggers (GARC)
- Survey- KAP, estimate dog population, socio- cultural and rabies burden
- Extend rabies education and awareness in regions
- > Enhance rabies surveillance- FLI twining project (field test)
- Intersectoral coordination- Establishment of national Task force, Emergency Operational Centre -IBCM
- Cross border harmonization of rabies control program (Angola)
- Documentation of project activities

Strength/Achievements

- Political commitment and support
- Stakeholder and public engagement and participations
- Integrated National program
- International support (OIE, Donor funds)
- Rabies advocacy using various platforms



Challenges and opportunities

- ✤ Vast territory
- Porous border
- Secure funding and sustain (APP and AWP)
- Timing of vaccination campaigns
- Nomadic lifestyle of people moving in search of grazing areas
- Possible disease outbreak coinciding in some regions
- Surveillance mostly depends on reporting from community and samples presented to local hospitals, hence inter-sectoral collaboration very crucial
- Inconsistence on data collection and reporting
- Population dynamics of dogs
- Stray dogs management for vaccination

- strengthen one health approach
- improve on resources allocation
- Campaign evaluation and implement the cost effective strategy
- improve on vaccination campaign monitoring (use better tools to evaluate vaccination campaign)
- improve on integrated surveillance (IBCM)
- Transboundary coordination

Acknowledgement

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