World Rabies Day 2021 Tripartite Webinar on "Rabies: Facts, Not Fear" in the Asia Pacific Region Tuesday, 28 September 2021, Zoom®

Human rabies updates in Asia and

the outcomes of the Regional **Review of National Programme for Prevention and Control of Human Rabies in the Western Pacific Region**

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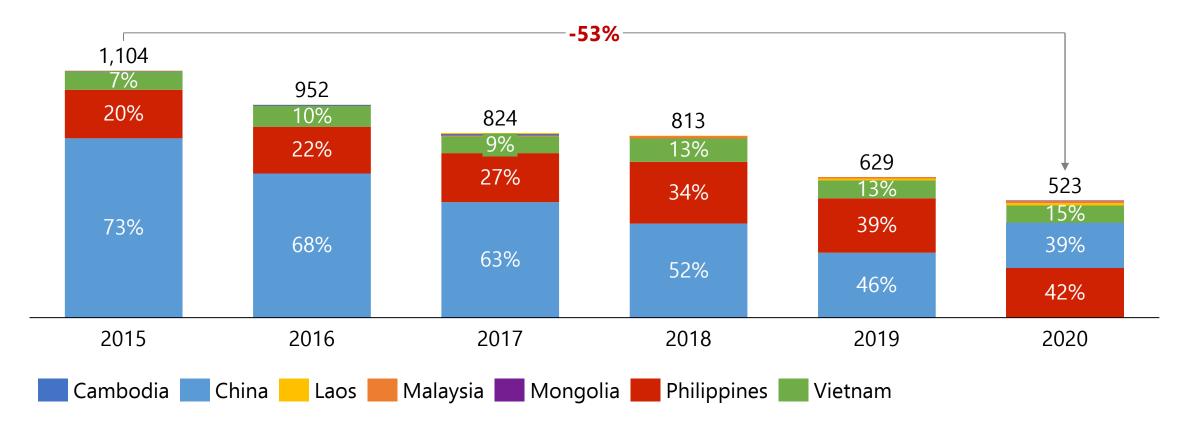
Dr Zaw Lin WHO Southeast Asia Regional Office



Credit: Mission Rabies

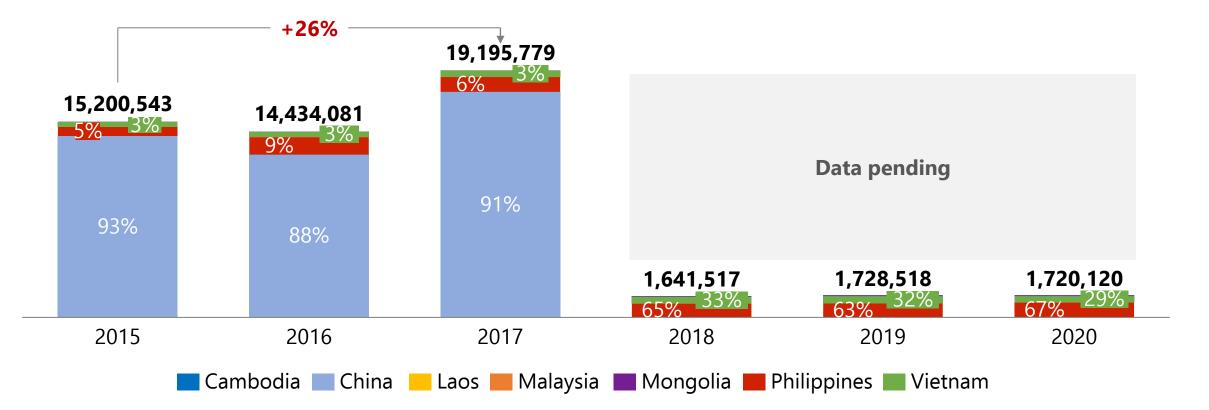
Reported human rabies cases in WPR, 2015-2020





- Reduction driven by decreasing cases in China
- Note that rabies cases are significantly underreported, and occur despite sustained efforts for universal vaccine access

Reported animal bite cases receiving PEP in WPR, 2015-2020



World Health

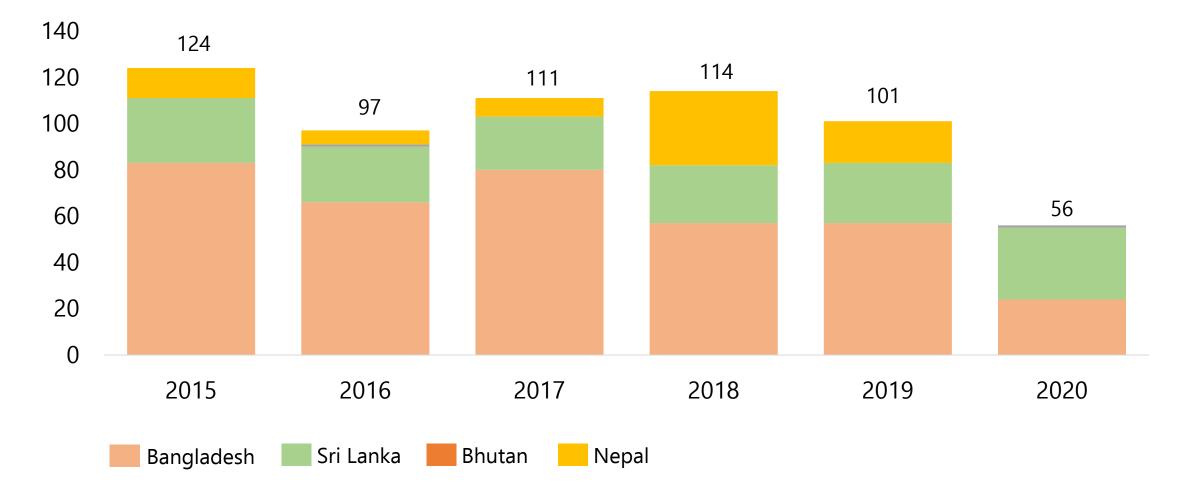
Organization

Western Pacific Region

- Regionally over 15 million peoples are given PEP following animal bites every year in endemic areas
- Over 800 people still die of rabies annually in the Region because life-saving PEP does not reach them for some reasons

Reported human rabies cases in SEAR, 2015-2020





• Significant under-reporting: No data has been submitted from India, Indonesia and Thailand

Rabies programme survey in 7 rabies-endemic WPR countries in 2021



Survey consisted of 53 questions across five categories



Strategic planning and partnership (15 questions)



PEP delivery (access, cost, PHC training, safety and supply chain) (24 questions)



Public awareness and risk communication (3 questions)



Rabies surveillance (8 questions)



Challenges (3 questions)

1 Strategic planning and partnership



	Cambodia	China	Lao PDR	Malaysia	Mongolia	Philippines	Vietnam
National plan for rabies control (years)	(2015-2020)	(2017-2020)	(2020-2024)	(2021-2025)	\mathbf{X}	(2021-2025)	(2017-2021)
Endorsing ministries	МОН	МоА	MOH, MOAF	Not yet endorsed	-	DOH, DA, DepEd, DILG	Prime Minister
Responsible divisions	MOH/CDC	National Health Commission / Ministry of Agriculture & Rural	MOH/DCDC (zoonoses and point of entry)	MOH/DCD (zoonoses sector) DVS	MOH/National Center for Zoonotic Diseases	DOH/DPCB (infectious disease office) DA/BAI	GDPM, NIHE DAH
Role of NPI in rabies	None	Procurement, data collection	Cold chain	Cold chain	Cold chain	Cold chain	Cold chain
Role of MoH in animal rabies control	Mobilizing resources	Awareness; info sharing	Awareness; info sharing	Awareness; info sharing; PrEP for vet. frontline	Mobilizing resources, info sharing	Awareness; info sharing	Awareness; info sharing
National intersectoral task force	(zoonoses)	\bigotimes	(rabies)	(zoonoses)	$\overline{\mathbf{x}}$	(rabies)	(rabies)
Sub-national intersectoral task force	(high risk provinces)	\bigotimes	(being established)	(high risk provinces)	×	(some regions)	\times

MO/DOH: health ministry, CDC/DCDC/DCD: communicable disease division, DVS/DA/DAH: agricultural ministry, DILG: Department of Interior and Local Government, GDPM: General Department of Preventive Medicine NIHE: National Institute of Health and Environment, PrEP: pre-exposure prophylaxis,

2 PEP delivery (access, cost, PHC training)

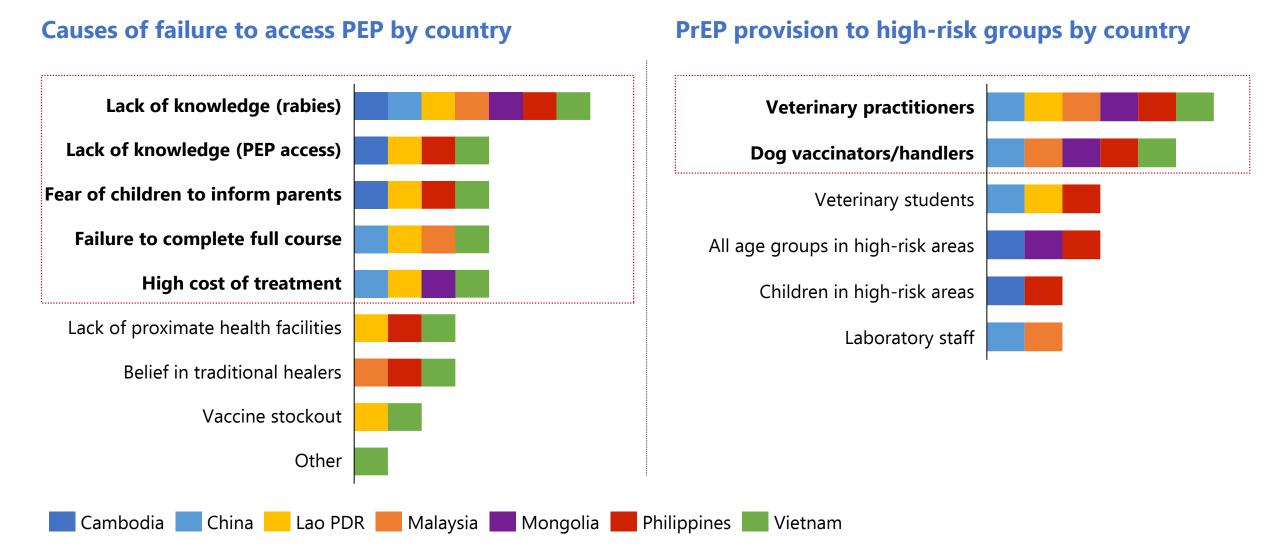


	Cambodia	China	Lao PDR	Malaysia	Mongolia	Philippines	Vietnam
# PEP facilities	1 (IPC)	~20k	18 ¹	82	?	616	>700
PEP facility type							
• Central – public	\checkmark	\mathbf{X}	\checkmark	\checkmark	\checkmark	\checkmark	
• Central – private	\mathbf{x}	×	\checkmark	\mathbf{X}	$\mathbf{\times}$	$\mathbf{ imes}$	\checkmark
• Provincial – public	\mathbf{x}	\mathbf{X}	\checkmark	\checkmark	\checkmark	\checkmark	
• Provincial – private	\bigotimes	\mathbf{x}	\bigotimes	$\mathbf{\mathbf{\otimes}}$	\mathbf{x}	\bigotimes	\checkmark
• Peripheral – public	\mathbf{X}	\checkmark	\bigotimes	\checkmark	\checkmark	\checkmark	\mathbf{x}
Standard Tx guidelines	\checkmark	\checkmark	\mathbf{x}	\checkmark	\checkmark	\checkmark	\checkmark
Regular PHC worker training	(IPC)	\bigotimes	\mathbf{x}	$\mathbf{\times}$	(zoon. prog.)	(rabies prog.)	(rabies prog.)
PEP cost / patient (US\$)	\$15	\$77 (est.)	\$75	\$0 (free)	\$0 (free)	\$0 (free)	\$40-63
RIG cost / patient (US\$)	\$100 (est.)	\$155 (est.)	Not available	\$0 (free)	\$0 (free)	\$0 (free)	\$18
PEP completion recorded							
• Health facilities	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	
National level	\checkmark	\times	\mathbf{X}	\checkmark	\checkmark		

IPC: Institut Pasteur du Cambodge, Tx: treatment, PEP: post-exposure prophylaxis, RIG: rabies immunoglobulin

PEP delivery (access, cost, PHC training)





PEP = post-exposure rabies prophylaxis; PrEP = pre=exposure rabies prophylaxis; Source: WPRO rabies program country survey, June 2021

O PEP delivery (safety and supply chain)

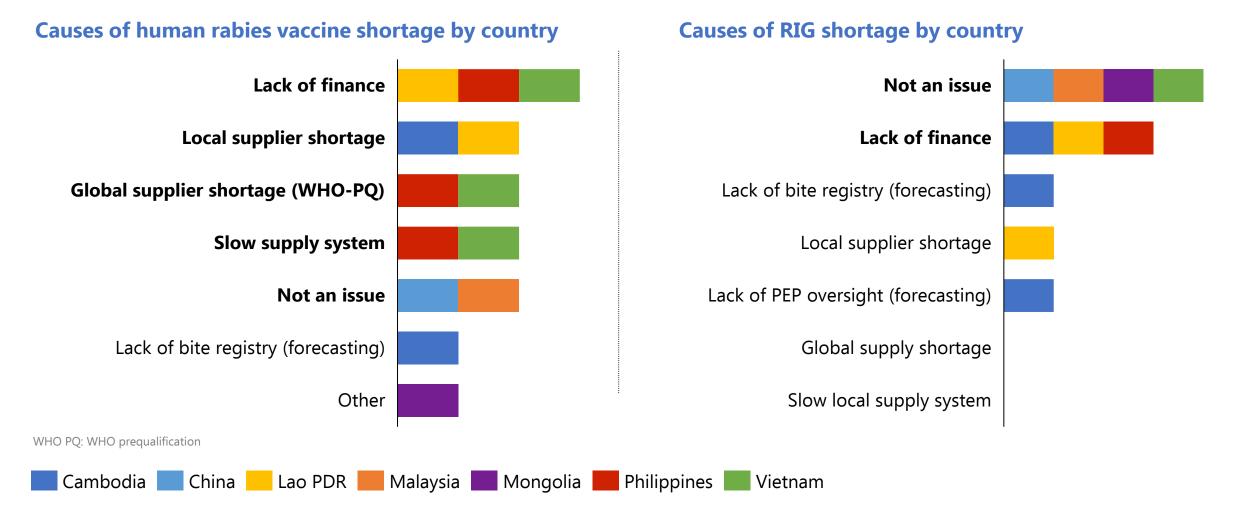


	Cambodia	China	Lao PDR	Malaysia	Mongolia	Philippines	Vietnam
Quality control mech.							
• WHO-PQ vaccines only		\mathbf{x}	\mathbf{X}			\mathbf{x}	\bigotimes
• All vaccines authorized by national FDA	\mathbf{X}	\checkmark	×		\bigotimes		
• Batch testing biologicals	\bigotimes	\checkmark	\bigotimes	\bigotimes	\bigotimes	\bigotimes	
Adverse event reporting system in place	(IPC)	(imm. prog.)	×	(pharmacovigil ance)	\mathbf{X}	(rabies prog. + epi bureau)	(rabies prog.)
Inventory mgmt. system for human rabies vaccine	\mathbf{X}	×	×	(paper)	?	(paper, electronic)	(paper)
Dedicated cold chain for rabies vaccine	\mathbf{x}	(uses NPI)	(uses NPI)	(uses NPI)	(uses NPI)	(uses NPI)	(uses NPI)

WHO PQ: WHO prequalification, IPC: Institut Pasteur du Cambodge, FDA: food and drug administration

PEP delivery (safety and supply chain)



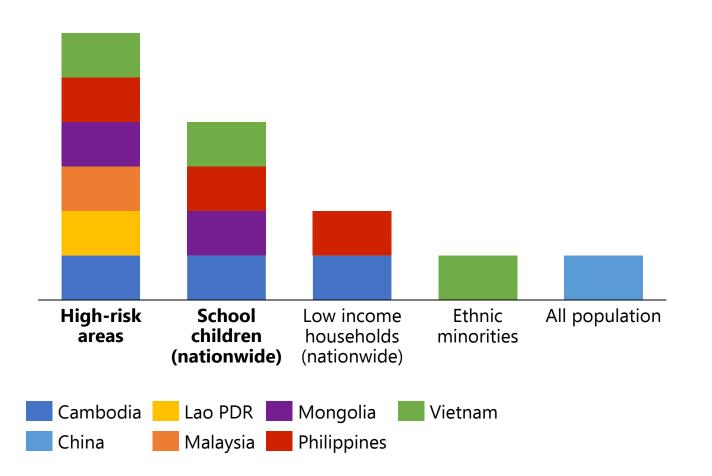


- Over 50% of countries reported lack of finance for both PEP and limited / slow global and local supplies of PEP as leading causes of shortage (or stockout) of PEP
- Almost 50% of countries have shortage issues of RIG; but the leading cause is again lack of finance

B Public awareness and risk communication



Regular public awareness and risk communication implementation by target population



Challenges

- Limited resources for implementation
 - Limited funding for regular outreach
 - Lack of materials and training for local health staff for rabies risk communication
 - Lack of information-seeking behaviours

Difficulties in reaching target populations

- **Challenging geographical conditions** (e.g. remote areas)
- **Ethnic groups** with multiple languages
- Elderly people in rural areas
- Addressing awareness of epizootic wildlife infection

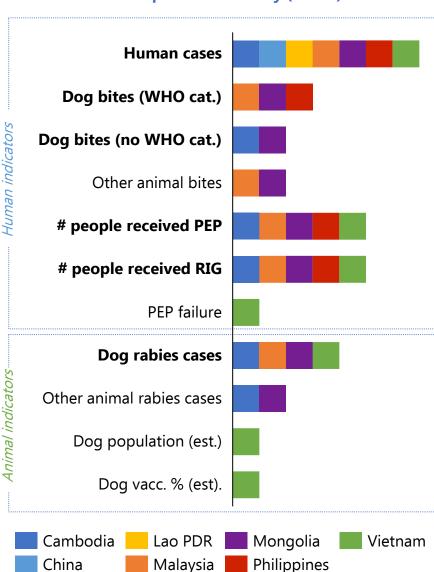
Rabies surveillance



	Cambodia	China	Lao PDR	Malaysia	Mongolia	Philippines	Vietnam		
National surveillance in place – human rabies	\checkmark			\checkmark			V	Rabies indicators reported nat Human cases	ionally (# of)
Who monitors rabies data at national level?	MOH/CDC	Rabies programme	Epidemiological Bureau	Rabies programme	NCZD	Epidemiologica l Bureau	Rabies programme	Dog bites (WHO cat.)	
Standard								Dog bites (no WHO cat.)	
reporting form to national level								Other animal bites	
Report complete the form at peripheral level	CDC / MoH	Local CDC	Surveillance staff	Health care workers	Treating doctors	Regional epidemiology surveillance unit	District health office or provincial CDC	# people received PEP	
Case investigation	Occasionally	Regularly	Rarely	Rarely	All cases	Regularly	All cases	# people received RIG	
done?		regularly	narciy	iterciy		regularly		PEP failure	
# diagnostic labs to confirm human rabies	1 (IPC)	32 (at least)	0	3	?	1	2	Dog rabies cases	

NCZD: national center for zoonotic diseases

- All countries have human rabies surveillance system in place, with standardized forms completed ٠ largely by surveillance officers or health care workers at sub-national level
- All countries report # human cases but data quality poor in some countries ٠
- All except for China, Lao PDR, and the Philippines report dog bites, but immediate reporting of dog • bites to human side for rapid response often limited
- Regular sharing of animal indicators to MOH also limited



6 Challenges



Key challenges identified to eliminate human rabies

- Rabies not a national priority disease
 - Lack of commitment from central and local governments
 - Lack of commitment from the animal health sector to address rabies at the source continue to recur MOH (and patients) major spending to procure human vaccines
- Bite cases continue to fail PEP access
 - **PEP and RIG costly** for patients, if not given free of charge
 - Shortage of WHO-PQ vaccines and RIG, lack of finance, lack of local supplies or slow procurement system
 - Counterfeit vaccines present
 - Lack of rabies awareness, particularly proper management of exposures and responsible pet ownership in public
- Awareness and risk communication activities is limited to small areas
 - Lack of political commitment/interest and resources for outreach
 - Lack of capacity of PHC workers on risk communication
 - Some only seek treatment when bite wounds are severe
 - Beliefs in traditional healers

- Poor surveillance to trigger rapid response
 - No dog bite registries available in some countries
 - Poor sharing of data and joint data analysis across rabies programme, surveillance programmes and veterinary sectors
- Limited action to address disease in dogs
 - Low dog vaccination coverage and high populations of free-roaming and stray dogs propagate disease
 - No national immunisation program for dogs
 - Challenges from NGOs to strays / dog population management
 - **Transboundary dog movement** from endemic neighbours
 - Insufficient funding, resourcing for mass dog vaccination