

## Rabies

No additional cases of human rabies have been reported since the last Communiqué. For 2013 to date, seven cases of laboratory-confirmed and two

cases of clinical rabies have been reported in South Africa (Table 2).

**Table 2. Laboratory-confirmed human rabies cases by province in South Africa, 2000 to mid-October 2013**

	Eastern Cape	Free State	Gauteng	Kwazulu- Natal	Limpopo	Mpumala- langa	Northern Cape	North West	Western Cape	Total
<b>2000</b>	2			6				1		<b>9</b>
<b>2001</b>	1			5		1				<b>7</b>
<b>2002</b>				7			1	1		<b>9</b>
<b>2003</b>	2			8				1		<b>11</b>
<b>2004</b>				8						<b>8</b>
<b>2005</b>	4	1		2						<b>7</b>
<b>2006</b>	3			6	21			1		<b>31</b>
<b>2007</b>	4			9	1					<b>14</b>
<b>2008</b>	8			5	3	1				<b>17</b>
<b>2009</b>	7			4	2	2				<b>15</b>
<b>2010</b>	2		1	3	3	1	1			<b>11</b>
<b>2011</b>	1			2	3					<b>6</b>
<b>2012</b>	1	1		4	3	1				<b>10</b>
<b>2013*</b>		2		1	3	1				<b>7</b>
<b>Total</b>	<b>35</b>	<b>4</b>	<b>1</b>	<b>70</b>	<b>39</b>	<b>7</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>162</b>

\*As at 17 October 2013

Rabies post-exposure prophylaxis (PEP) is a life-saving intervention for an otherwise untreatable and fatal disease. So-called PEP failures have only been reported in patients that did not receive prophylaxis as per recognised guidelines. Frequent mistakes include not providing rabies immunoglobulin (RIG) in addition to vaccine when indicated, and administration of the vaccine into the gluteal muscle. PEP should be administered without delay, and must be managed as a medical emergency. Patients that present late and provide a history of exposure to a potentially rabid animal should still receive PEP, regardless of the length of delay to presentation. All animal-bite cases should receive prompt and thorough wound treatment which includes copious washing with water and soap, and disinfection with iodine or a similar disinfectant. There may be a need to provide antibiotics and tetanus vaccination in animal-bite cases. Suturing of wounds should be avoided or delayed as far as possible, since suturing of wounds may decrease the infiltration of RIG, which should

be applied directly into wound sites in order to provide optimal local passive immunity against rabies virus infection. Three risk categories of rabies exposure are recognised. Risk category I includes patients that have no actual rabies virus exposure (this may include petting, touching or feeding of animals, or licking of intact skin) and requires only wound washing. Category II exposures include patients that suffer mild exposures such as nicking or scratching (i.e. injuries that do not draw blood). Such patients require prompt wound treatment followed by a full course of rabies vaccination. In patients with no history of prior vaccination against rabies, rabies vaccine is given intramuscularly on day 0 (the day of presentation) and again on days 3, 7 and 14\*. The use of RIG is not indicated in these patients. For patients with more severe wounds (penetrating wounds that draw blood, licking of mucous membranes or broken skin, bat exposures), rabies PEP is three-fold. Prompt and thorough wound treatment is essential, followed by infiltration of RIG into the wound/s and a full course

of rabies vaccination (days 0, 3, 7 and 14). When RIG is not readily available, it should be sourced and provided to the patient within 7 days after receiving the first dose of rabies vaccine.

\*Please note that rabies prevention guidelines previously advocated a five-dose regime of PEP rabies vaccination (days 0, 3, 7, 14 and 28) for category II and III exposures. The World Health Organization now advises that for healthy, fully immunocompetent exposed people a PEP regime consisting of four doses (days 0, 3, 7 and 14) instead of five is acceptable. Known or clinically apparent immunocompromised persons should still

receive the five-dose regime.

Health professionals and members of the public can find more information on rabies available on the NICD website: [www.nicd.ac.za](http://www.nicd.ac.za). The national rabies guideline document may also be downloaded from the NICD website: <http://www.nicd.ac.za/?page=guidelines&id=73>.

**Source:** Centre for Emerging and Zoonotic Diseases, and Division of Public Health Surveillance and Response, NICD-NHLS