Template dossier for validation of elimination of dog-mediated human rabies as a public health problem

*This template dossier was designed to help managers of national rabies programmes prepare a dossier with supporting evidence for presentation to WHO, requesting validation that rabies has been eliminated as a public health problem.*

*The information presented in the dossier will help reviewers to understand the achievements of the programme by providing both epidemiological evidence and the broader context.*

(Country Title Page)

Date of submission:

Date of review:

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# Background

*A country/state previously endemic for rabies may apply for accreditation as having eliminated rabies as a public health problem (validation) if it*

* *has not had a human death from dog-mediated rabies for at least 2 years (24 months),*
* *is operating and continues to maintain an adequate surveillance and reporting system for rabies and*
* *demonstrates effective implementation of a rabies control programme in human and animal populations.*

## General documentation (optional)

*Adequate documentation is necessary to provide the essential data for validation. It is preferable that these data and subsequent documentation be standardized among countries within a region.*

*Provide an overview of:*

1. Demographic and economic features of the country
2. Overview of the health care system in the country
3. Overview of the animal health system in the country
4. Information about past rabies epidemiology in the country, including interventions before enforcement of the current national rabies programme

# Rabies programme overview (required)

*Describe in narrative form:*

1. Evidence of a national rabies control programme, including:
* Regulatory framework relevant to rabies, including rabies notification
* National rabies control strategy, including implementation, responsibilities by sector, structure and year established
* Data collection and management system, reporting of data
1. Evidence that control activities are in place, including:
* Availability and provision of PEP in the country
* Campaigns on rabies awareness and dog-bite prevention
* Overview of dog vaccination campaigns
* Information on dog population management measures in place, including movement regulations
* WOAH endorsement of an official control programme for dog-mediated rabies, if successfully sought

# Implementation of national rabies control and prevention strategy

## Evidence of control activities (required)

*Describe in narrative form:*

1. Availability and provision of PEP in the country, including:
* type of vaccine and RIG available and their distribution mechanisms sub-nationally
* number and proportion of animal bite treatment or primary health care centres with capacity for PEP (provision of vaccine only versus vaccine and RIG)
* standard operating procedures for PEP administration
* number of vaccine and RIG doses administered per year
* proportion of PEP courses administered by intramuscular or intradermal regimens
* PEP payment systems
1. Number and geographical coverage of campaigns on rabies awareness and dog bite prevention
2. Dog vaccination campaigns during the past 5 years, including:
* number of dogs vaccinated per year and by appropriate administrative subdivision
* vaccination coverage by year and by appropriate administrative subdivision
* estimated dog population in the country
* target animal populations for vaccination
* type of vaccine used
* source of vaccine
* current vaccine stocks
1. Dog population management, including regulations on dog movement

## Rabies surveillance (required)

*Describe:*

1. Evidence that adequate rabies surveillance is in place to detect rabies deaths if they were to occur, including:
* National notification of both human and animal rabies cases including evidence of regular reporting to WHO and WOAH (case definitions consistent with WHO and WOAH definitions)
* Capability to diagnose rabies cases with WHO-/WOAH-recommended standard diagnostic tests including identification of laboratories or networks for confirmation of rabies
* Evidence of sample submissions from all parts of endemic and adjacent (rabies-free) areas of the country, including maps showing positive and negative test results to assess coverage and possible gaps in surveillance
* The number of suspected or probable human rabies cases or probable rabies exposures that have been investigated each year and the nature of the investigation (including clinical and laboratory diagnosis, verbal autopsy, community surveys, trace-back investigations)
* Data on the last human rabies case to be reported, including full case reports and methods by which the diagnosis was confirmed
* Incidence of cases of acute encephalitis syndrome (AES)[[1]](#footnote-1) per 100 000 people per year and description of the surveillance system for detection, reporting and investigation of cases of human AES from all areas of the country;
OR
* If AES data are not available, or are not exhaustive, demonstration of a surveillance system able to detect, report and investigate suspect cases of human rabies from all areas of the country
* Rabies surveillance for animals in line with the WOAH Terrestrial animal health code ([Chapter 1.4](https://www.woah.org/en/what-we-do/standards/codes-and-manuals/terrestrial-code-online-access/?id=169&L=1&htmfile=chapitre_surveillance_general.htm)), including:
	+ Number of rabies cases in dogs and other animals (clinical and laboratory confirmed)
	+ Number of dog and other suspected rabid animal bite incidents in humans and animals per year
	+ Number of routine epidemiological investigations on suspected or probable rabies cases in dogs, including procedures for rapid collection and transport of samples from suspected cases to a laboratory for diagnosis
	+ Sampling strategy used
	+ Methods for monitoring dog vaccination coverage

## Procedures to maintain validation (required)

*Describe in narrative form:*

1. Plans for post-validation and/or post-verification rabies surveillance, including:
* Procedures and evidence of continued surveillance to ensure early detection of any imported case and the appropriate treatment of people exposed to non-canine rabies variants or lyssaviruses or bitten while travelling
1. Plans for continued provision of human post-exposure prophylaxis
2. Cross-border plan to prevent reintroduction of rabies from neighbouring countries

# Resources and partnerships (optional)

*Provide:*

1. Briefly describe the human resources employed to implement the programme
2. Estimate internal and external financial resources used for the programme over time
3. Sustainable resource mobilization strategy for the post-validation/verification phase

# Special issues (optional)

*Provide the following:*

1. Descriptions of any special circumstances that have affected the programme.

These could include, but are not limited to:

* Stability or security issues in the country; and/or
* Re-introduction from other rabies-endemic countries.
1. Descriptions of any specific efforts to investigate rabies cases and/or intervention coverage in difficult-to-reach populations (e.g., nomadic peoples, internally displaced persons, or refugees).

# Bibliography (required)

*Insert a bibliography of all data sources used to develop this dossier, including:*

* Ministry of health records
* Records from veterinary services
* Published papers (scientific, policy, etc.)
* Academic theses and dissertations

*Copies of unpublished documents may be requested by WHO.*

# Abbreviations (required)

*Insert a list of all abbreviations used in the dossier, with their definitions.*

1. AES is clinically defined as a syndrome in a person of any age, at any time of year involving acute onset of fever

and at least one of: (a) change in mental status (including symptoms such as confusion, disorientation, coma

or inability to talk); (b) new onset of seizures (excluding simple febrile seizures). Other early clinical findings

may include increased irritability, somnolence or abnormal behaviour greater than that seen with usual febrile

illness. The incidence of AES will be evaluated with reference to expected levels. [↑](#footnote-ref-1)