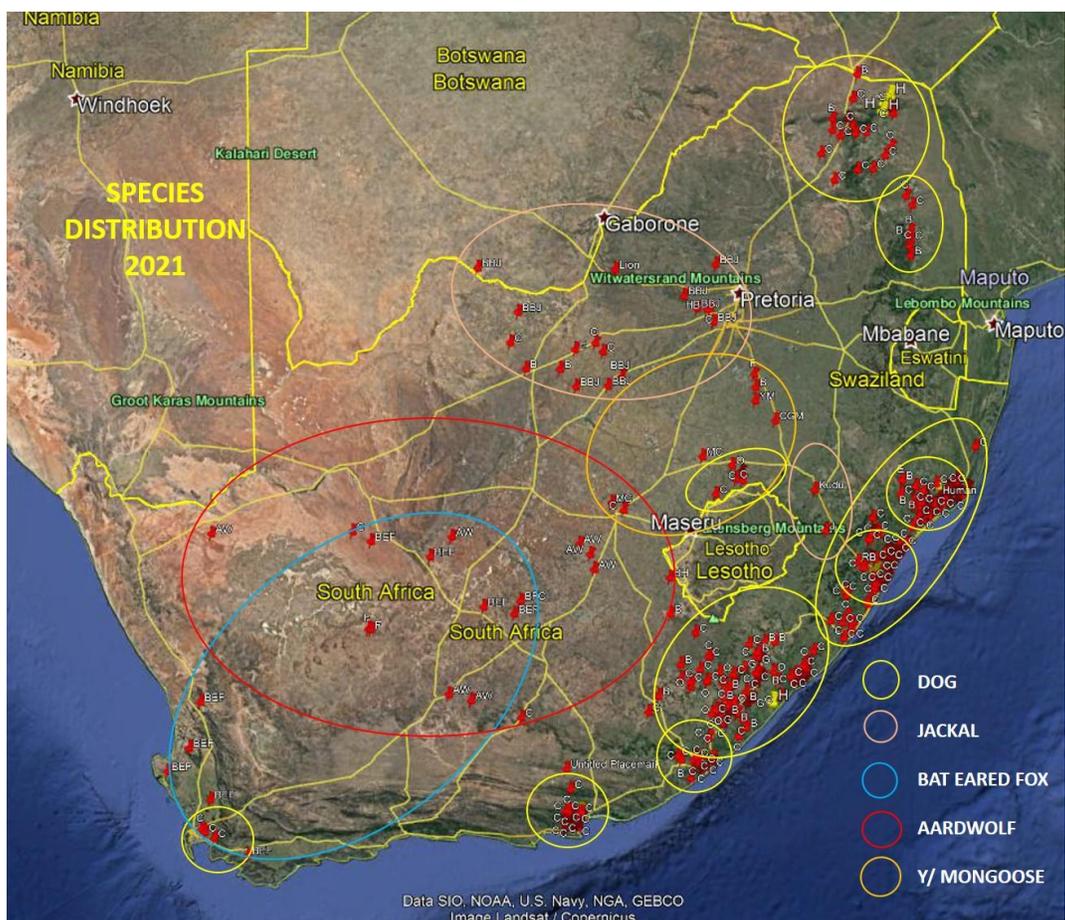




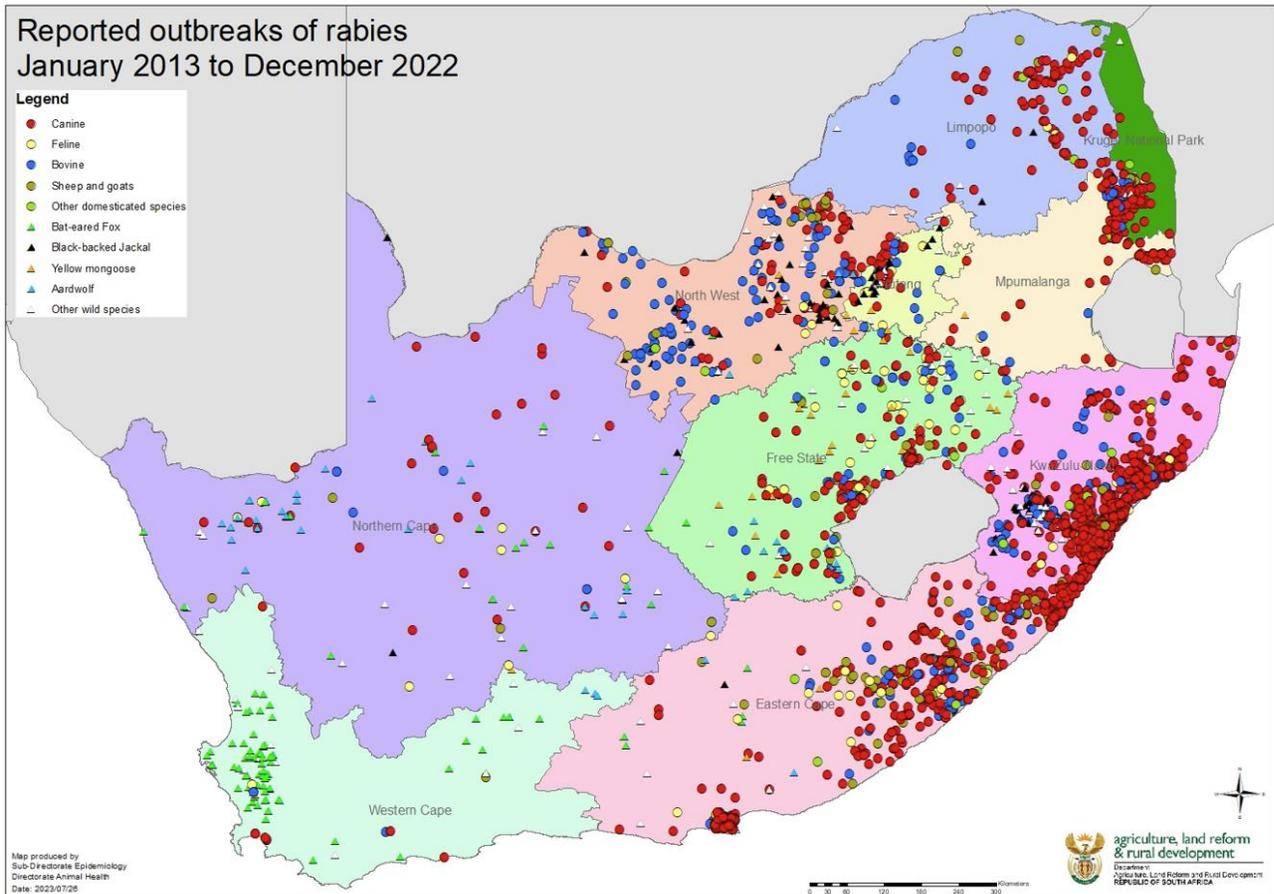
MANAGING HUMAN-WILDLIFE RABIES CONTACTS, AND HANDLING OF SUSPECTED ANIMAL RABIES CASES WITHIN PROTECTED AREAS OF SOUTH AFRICA

BACKGROUND:

Rabies is endemic throughout South Africa, and although considered to be a priority, the Veterinary Authorities have not been able to control the disease in the domestic dog population in certain high-risk areas. Different provinces have different host species, with most of the eastern parts of South Africa being dominated by canine rabies. Wildlife rabies and potential spill-over from dogs into wildlife occurs across the country (see map). Some bat species may also carry rabies or other Lyssaviruses.



Map 1: Rabies species distribution and cycles, RSA, 2021



Map 2: Rabies Species distribution, RSA, 2013-2022

The majority of wildlife rabies cases are recorded as various species wandering into the sphere of human habitation, seemingly unafraid. The dangers of taming wildlife should be considered, as this could cause people and especially children to become lax around wildlife that seem “tame”. Most human contacts will occur when a wild animal is disturbed or picked up at which point, they bite. The majority of wildlife cases are also recorded as fighting with domestic dogs, emphasising the need to have pets vaccinated in wildlife areas.

With the rabies distribution in the country, one can expect that both guests and staff could encounter rabies cases in wildlife as well as in domestic dogs found wandering within Protected Areas (National Parks, game reserves, game farms, etc.). Therefore, it is necessary for a revision of preparedness to deal with any human contacts (guests or staff) as well as managing suspected animals within the Protected Areas. Staff need to be reminded of the risks involved when handling suspected rabies cases and take adequate precautions to ensure that they do not come into contact with body fluids (especially saliva), or worst-case scenario actually get bitten or scratched by a rabid animal.

PROTOCOL:

- All staff must be informed/trained of the dangers of rabies and reminded to be alert for any unusual signs and behaviour in animals.
- After conducting a risk assessment, staff that are at high risk of exposure to animals must receive Pre-exposure Prophylaxis Treatment (preventative rabies vaccination with associated boosters). This is required under the Occupational Health and Safety Act (Act No. 85 of 1993) and the associated Regulations for Hazardous Biological Agents (R.1390 of 2011). For more information, please consult with the nearest travel clinic or medical facility and refer to the “National Guidelines for the Prevention of Rabies in Humans, South Africa, draft document, September 2021”, available at <https://www.nicd.ac.za/diseases-a-z-index/rabies/>.
- Warnings must be made available to all guests informing them to avoid all contact with wildlife. This is extremely important as most wildlife rabies presents with animals losing their fear of humans and approaching buildings and people before they attack.
- Have contact details available for the nearest clinics/hospitals or physicians where rabies Post Exposure Prophylaxis treatment can be sourced.
- Actions following bites, scratches, and other contacts:
 - Firstly, wash the wound thoroughly for 10 minutes with soap and running water.
 - Disinfect wounds thoroughly after washing. Ideally use 70% alcohol solution followed by iodine solution or ointment (if available).
 - **After washing the wound, proceed immediately to a health care facility for assessment and treatment.**
 - Each case should be evaluated by a medical professional to establish regimen to be applied. Dangerous contacts include:
 - Saliva contact with intact skin is normally not treated. However, saliva contact with existing wounds on skin or saliva contact with eyes or mucous membranes require treatment.
 - Scratches from an animal.
 - If there is ANY break in the skin with bleeding (even a single drop of blood) AND a concern that the animal was likely rabid based on its behaviour or symptoms, rabies preventative treatment will need to be initiated as soon as possible (ASAP). This entails a course of rabies vaccine PLUS rabies immunoglobulin infiltrated into the wound. Bites on the head, neck and hands are particularly high risk for rabies virus transmission.
 - If rabies immunoglobulin is not available at the nearest medical

facility and it has been assessed as necessary, rabies immunoglobulin needs to be sourced ASAP or the patient needs to be referred ASAP.

- ***Note – Never wait for testing and diagnosis in the suspect animal before initiating treatment of exposed humans.***
- The rabies hotline (**0800 212 552**) can be called, by medical professionals at health care facilities, for advice if there are any doubts regarding managing the patient.
- The provincial Communicable Disease Control (CDC) Coordinator should be contacted when challenges are experienced in accessing rabies vaccines and/or immunoglobulins (see annexure 1: Provincial Communicable Disease Control Coordinators (CDC) contact details)
- All stray domestic dogs/cats found within a Protected Area must be destroyed and handled as a suspect case of rabies.
- Any wild animal showing abnormal behaviour (especially lack of fear for humans or unusual aggression) or any other neurological symptoms (e.g. weak, paralysed, staring, abnormal vocalisation, etc.) must be killed and handled as a suspect case of rabies. Note that rabies has a very short clinical course (<10days). Therefore, it should be noted that a wild animal that has been observed over a couple of weeks that appears to be abnormally “tame” is unlikely to be rabid.
- Where possible, neck or heart-lung shots are preferable to brain shots when killing a suspect rabid animal (as the brain needs to be collected for testing). The destruction of such an animal must however be done as humanely as possible and brain shots can be used only if there is no other alternative.
- Once the animal (wild animal or stray dog) is killed, steps must be taken to notify the local State Veterinary Office. Arrangements need to be made to transport the carcass to the State Veterinary Office. It is important to contact the State Veterinary Office prior to transporting the carcass, in order to ensure that an official is available to receive and process the carcass. Always have the State Veterinary contact numbers available! See available contact lists at: <https://old.dalrrd.gov.za/Branches/Agricultural-Production-Health-Food-Safety/Animal-Health/contacts/provincialveterinary>
- It is advisable to get to know your local state veterinarian and Animal Health Technician, as they can also alert you if rabies has been detected in the greater area.
- The rabies virus is present in the saliva, brain and nerve tissue of an infected animal and although the virus cannot pass through intact skin, the best possible precautions should be taken when handling a suspect carcass. Gloves, eye protection and masks should preferably be worn and if not available, special care

must be taken to avoid contact with any body fluids. Hands must be immediately rinsed/ washed and preferably disinfected after handling of the carcass. The entire carcass must be double bagged before transporting it to the State Veterinary Office.

Vehicles operating in Protected Areas should therefore be equipped with at least 5 litres of water, soap, a small bottle of disinfectant, at least two heavy duty garbage bags and a few pairs of disposable gloves.

LARGE ANIMALS:

- Carcasses of animals that are too large to be safely transported should be left in place under supervision. After notifying the State Veterinary Office, arrangements will then be made for an official to come out and attend to the case at the place of death to collect samples.
- Under no circumstances should staff attempt to remove the head of the animal unless they have been adequately trained, vaccinated and have the appropriate safety and post mortem equipment and have been authorized to do so by the State Veterinarian.

DISPOSAL OF CARCASSES:

- Suspect carcasses should either be burnt or buried in a plastic bag to a depth of at least one meter, after the brain sample has been collected for testing - Please enquire with the local Environmental Affairs office in the area before disposing of the carcass.

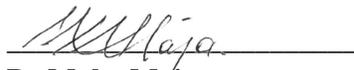
NB: On reporting a suspected case of rabies to the State Veterinary Office, the official is going to request certain information, such as:

- Clinical symptoms and history of the suspect case
- Location (preferably a GPS position)
- Details of any human contact with the suspected case
- Contact person and their contact number for follow up

Please ensure that these details are supplied either verbally or in writing especially in the case where a driver has been instructed to take the carcass to the State Veterinary Office.

- For more detail on the control of rabies in animals, please refer to “Rabies - Guide

- for the medical, veterinary and allied professions, second edition”.
- For more rabies information, please refer to “National Guidelines for the Prevention of Rabies in Humans, South Africa, draft document, September 2021”
 - Both these documents are available at: <https://www.nicd.ac.za/diseases-a-z-index/rabies/>



Dr Mpho Maja
Director: Animal Health
Department of Agriculture,
Land Reform and Rural Development

Date: 29 January 2024

<p>For technical queries regarding rabies in animals, contact:</p> <p>Directorate: Animal Health</p>	<p>For technical queries regarding rabies in humans, contact:</p>
<p>Animal Health</p> <p>Tel.: +27 12 319 7456</p> <p>Fax: +27 12 329 7218</p> <p>Email: Epidemiology@dalrrd.gov.za</p> <p>Website: www.dalrrd.gov.za</p>	<p>The rabies hotline (0800 212 552) - for use by healthcare professionals only</p>

Follow these instructions on the <https://old.dalrrd.gov.za/> website to access provincial state veterinarian contact details:

Left side column: Branches > Agricultural Production, Health & Food Safety > Animal Health > contacts > provincial veterinary services

Annexure 1: Provincial Communicable Disease Control Coordinators (CDC) contact details

Province	CDC coordinator	Contact number/s	Email
ECP	Mr. T Dlamini Ms. N Mgobo	083 378 0189 060 579 9027	thomas.dlamini@ehealth.gov.za / dlamit23@gmail.com nosiphiwo.mgobo@ehealth.gov.za
FSP	Ms D Baleni	082 463 7499/ 083 757 8217	balenid@fshealth.gov.za
GP	Ms. Refilwe Mokgethle Ms Tebogo Majjokotja	082 054 4768 / 082 486 2934 082 373 1197	refilwe.mokgetle@gauteng.gov.za tebogo.matjokotja@gauteng.gov.za
KZN	Ms B Mhlongo	060 982 3333	babongile.mhlongo@kznhealth.gov.za
LP	Ms. M.F. Ngobeni Ms. M.P. Mudau	079 491 1909 / 015 293 6062 071 678 3864	fredangobeni@gmail.com / fredangobeni@yahoo.com mudaump@gmail.com
MP	Mr M Zwane Ms. H Mpangane	082 229 8893 / 013 766 3078 076 522 8511 / 013 766 3411	mandlazw@mpuhealth.gov.za hluphim@mpuhealth.gov.za
NCP	Ms. Gloria Hottie Mr M Son	072 391 3345 / 053 830 0529 071 4744571	gloriahottie1@gmail.com martinson775@gmail.com
NWP	Mr G Mongologa	0825483410 / 0674169049	gmongologa@nwpg.gov.za
WCP	Ms C Lawrence	072 356 5146 / 021 483 9964	charlene.lawrence@westerncape.gov.za