

WHO GUIDANCE FOR COUNTRIES TO MOVE RABIES PROGRAMMES FORWARD

4th Middle East, Eastern Europe, Central Asia and North Africa
Rabies Expert Bureau (MEEREB) Meeting
Annecy, France 23-25 April 2018

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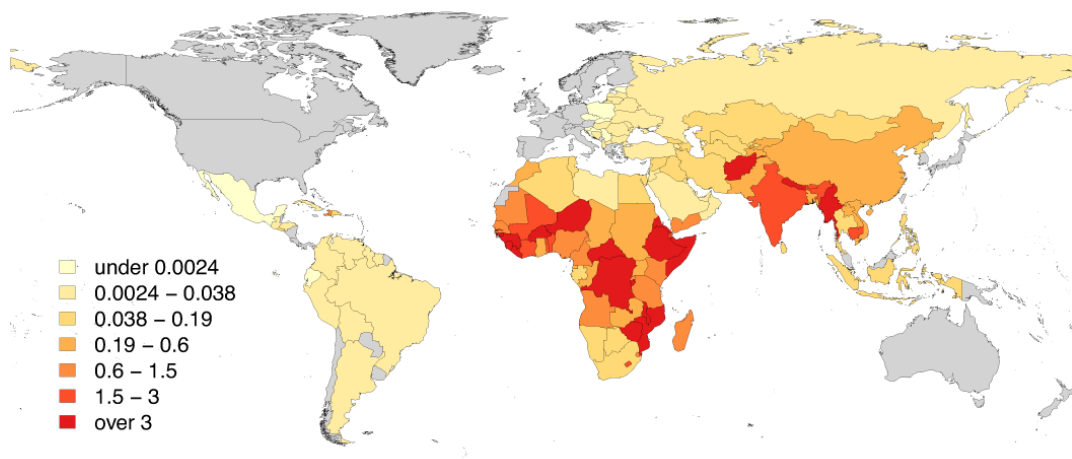
WHO Headquarters, Geneva, Switzerland



**World Health
Organization**

Rabies is a neglected, vaccine-preventable disease

An indicator for impact on inequity



Rabies per capita death rates per 100,000 persons.

- 100% fatal
- ~60,000 deaths per year
- Dog bites cause ~ 95-99% of human cases
- Weak data and under-reported
- Mostly children
- Vaccine is a key component of the global plan and triggers national programmes

Our Goal:
Zero by 30

3 GOOD HEALTH
AND WELL-BEING



WHO technical guidelines and policy support on rabies

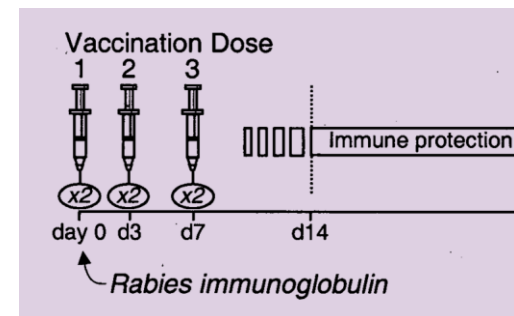


Updated WHO policy on rabies immunization

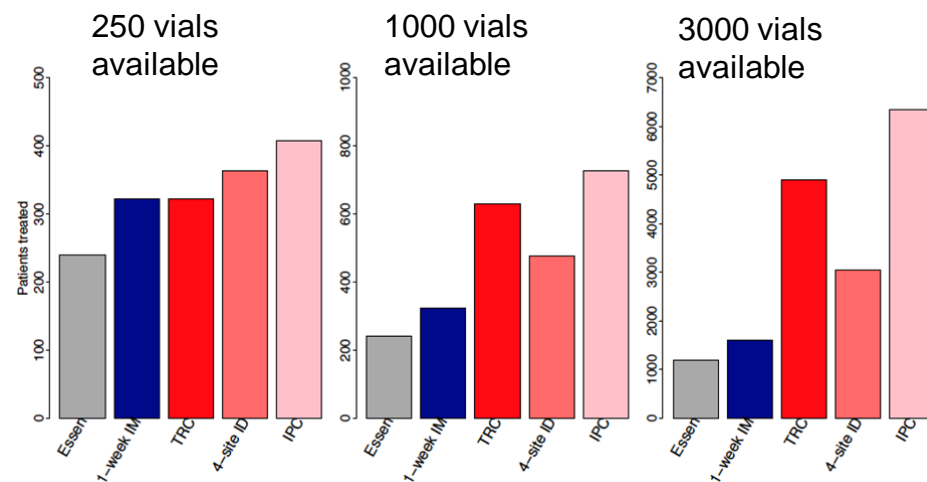
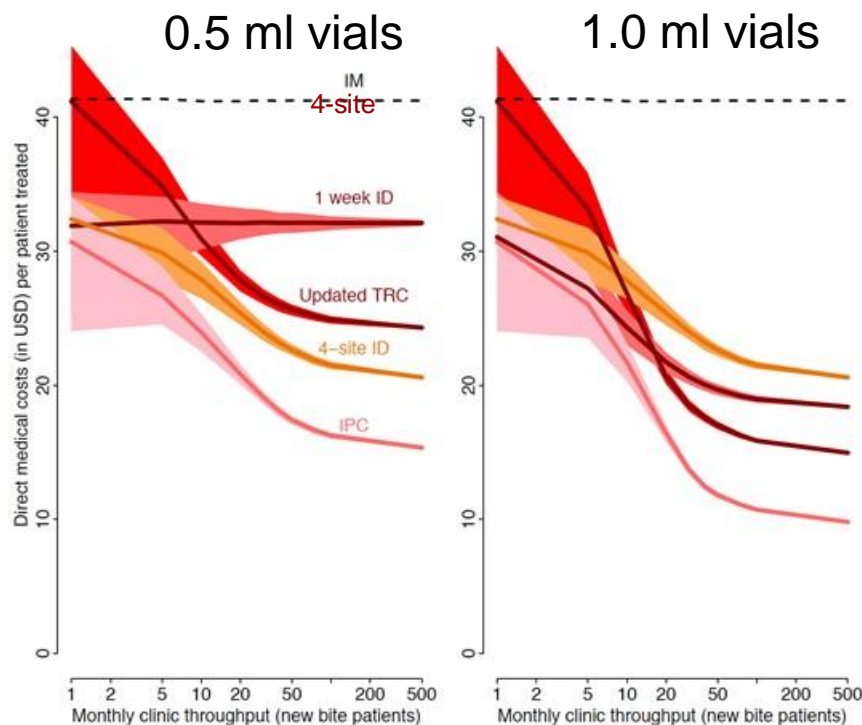
First rabies working group under SAGE, established in June 2016.

Thorough assessment of scientific evidence and country practices in the use of human rabies vaccine and RIG

1. **More emphasis** on **evidence** and **implementation** of the recommendations on ID use of vaccines;
2. **Reduced duration /nb of doses for PEP & PrEP schedules;**
3. **PrEP recommendations** and the cost-effectiveness of the interventions;
4. **Prudent use of RIG** and **monoclonal antibody use** to improve access to care /public health impact;
5. **Cost-effectiveness** modelling
6. Potential of **new vaccines** to improve delivery.



Modelling to evaluate cost-effectiveness of PEP regimens



Direct medical costs per rabies death averted for selected ID regimens in relation to clinic monthly throughput

Additional number of patients treated under different, selected regimens, given limited vaccine availability

WHO Position: Recommended PEP Schedules

	Category II exposure	Category III exposure
Immuno-logically naive individuals of all age groups	<p>Wound washing and immediate vaccination:</p> <ul style="list-style-type: none"> - 2-sites ID on days 0, 3 and 7 - OR 1-site IM on days 0, 3, 7 and between day 14-28 - OR 2-sites IM on days 0 and 1-site IM on days 7, 21 <p>RIG is not indicated.</p>	<p>Wound washing and immediate vaccination</p> <ul style="list-style-type: none"> - 2-sites ID on days 0, 3 and 7¹ - OR 1-site IM on days 0, 3, 7 and between day 14-28² - OR 2-sites IM on days 0 and 1-site IM on days 7, 21³ <p>RIG administration is recommended.</p>
Previously immunized individuals of all age groups	<p>Wound washing and immediate vaccination*:</p> <ul style="list-style-type: none"> - 1-site ID on days 0 and 3; - OR at 4-sites ID on day 0; - OR at 1-site IM on days 0 and 3); <p>RIG is not indicated.</p>	<p>Wound washing and immediate vaccination*:</p> <ul style="list-style-type: none"> - 1-site ID on days 0 and 3; - OR at 4-sites ID on day 0; - OR at 1-site IM on days 0 and 3; <p>RIG is not indicated.</p>

¹ one-week, 2-site ID regimen / Institut Pasteur du Cambodge (IPC) regimen/2-2-2-0-0; Duration of entire PEP course: 7 days.

² two week IM PEP regimen/4-dose Essen regimen/1-1-1-1-0; Duration of entire PEP course: between 14 to 28 days.

³ three week IM PEP regimen/Zagreb regimen/2-0-1-0-1; Duration of entire PEP course: 21 days.

* *except if complete PEP already received within <3 months*

New WHO position on rabies immunization:

Safety - programmatic savings - feasibility

Topic	2010	2018
PEP regimen duration	3-4 weeks 4-5 visits	1-2 weeks 3-4 visits
Vaccine savings PEP	ID: 0.8 ml IM: 5 ml	ID: -20% (0.6 ml) IM: -20% (4 ml)
RIG infiltration mode	Wound + distant IM	Wound only - 40% RIG vials
RIG allocation	All category III exposures	High risk cat. III exposures - 60 to 90% need RIG

More details on the 2018 WHO position on rabies immunization

WHO updates

Neglected tropical diseases

Sign up for WHO updates

About us

Diseases

Preventive chemotherapy and transmission control

Innovative and intensified disease management

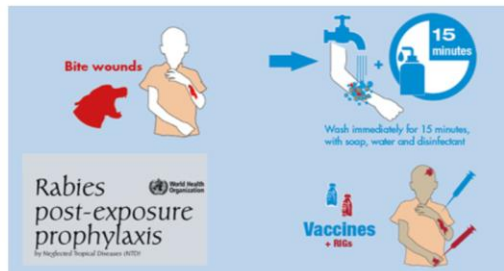
Vector ecology and management

Neglected zoonotic diseases

Water, sanitation and hygiene

WHO announces new rabies recommendations

15 January 2018 | Geneva -- The new WHO recommendations for rabies immunization supersede the 2010 WHO position on pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for rabies. These updated recommendations are based on new evidence and directed by public health needs that are cost-, dose- and time-sparing, while assuring safety and clinical effectiveness. In addition, new guidance on prudent use of rabies immunoglobulin (RIG) is provided.



The following sections summarize the main points of the updated WHO position as endorsed by the Strategic Advisory Group of Experts on immunization (SAGE) at its meeting in October 2017. The full version of the WHO position on rabies vaccines and immunoglobulins will be published in the *Weekly Epidemiological Record* in April 2018.



Read the publication

- Rabies vaccines and immunoglobulins: WHO position
- Summary of 2017 updates under final review

More information

- Rabies website

2018, 93, 201–220



World Health Organization

Organisation mondiale de la Santé

Weekly epidemiological record
Relevé épidémiologique hebdomadaire

20 APRIL 2018, 93th YEAR / 20 AVRIL 2018, 93^e ANNÉE

No 16, 2018, 93, 201–220

<http://www.who.int/wer>

No 16

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219 WHO Strategic Advisory Group of Experts on immunization

Rabies vaccines: WHO position paper – April 2018

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In accordance with its mandate to provide guidance to Member States on health

Vaccins antirabiques: Note de synthèse de l'OMS – avril 2018

Introduction

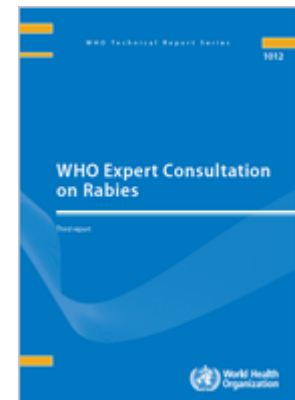
Conformément à son mandat qui est de donner aux États Membres des conseils sur les

http://www.who.int/rabies/resources/who_wer9316/en/

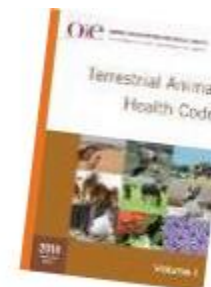
3rd Report WHO Rabies Expert Consultation (TRS)

Chulalongkorn University Hospital, Bangkok - 26-28 April 2017

- Practical approaches to improve surveillance in animals and humans including updates on laboratory techniques
- Guidelines for palliative care of rabies patients
- Safe and feasible human and animal immunization policies
- Strategies to reduce over-use of scarce human biologicals
- Potential of new rabies biologics to improve delivery to (rural) communities
- Role of oral vaccination in dog campaigns
- Processes for countries to validate 0 human rabies deaths, verify stop of dog-mediated rabies transmission and rabies freedom



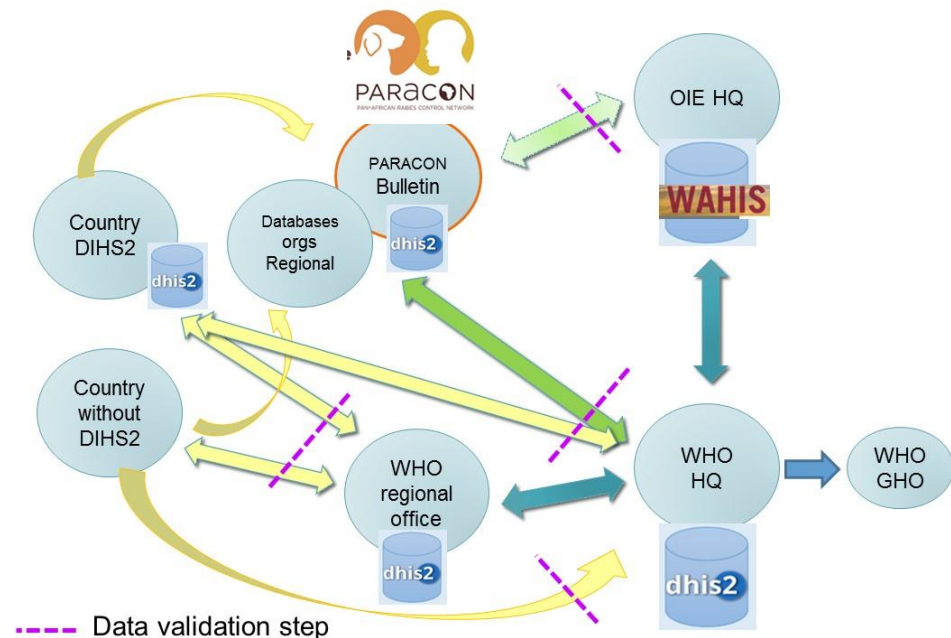
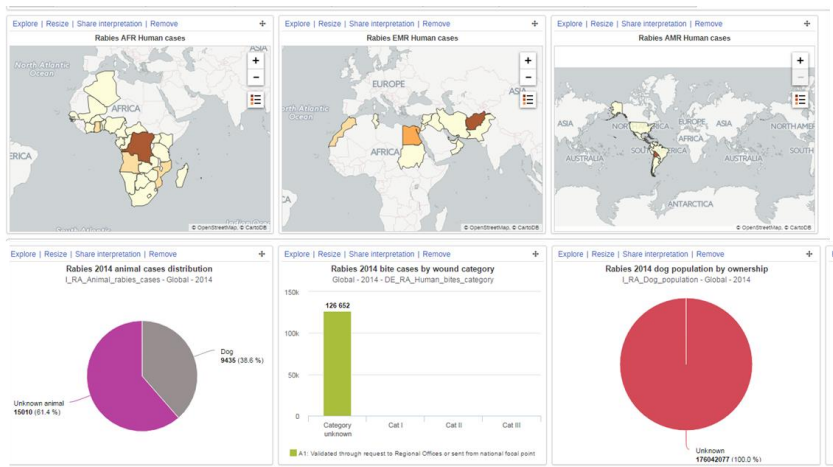
http://www.who.int/rabies/resources/who_trs_1012/en/



Rabies country data – the WHO Integrated Platform

Rabies data module with 6 key indicators:

- Harmonization across NTD programmes
- Display of official key indicators in the GHO
- Linking rabies data between organizations
- Trainings in DHIS2



Gavi Learning Agenda on Rabies

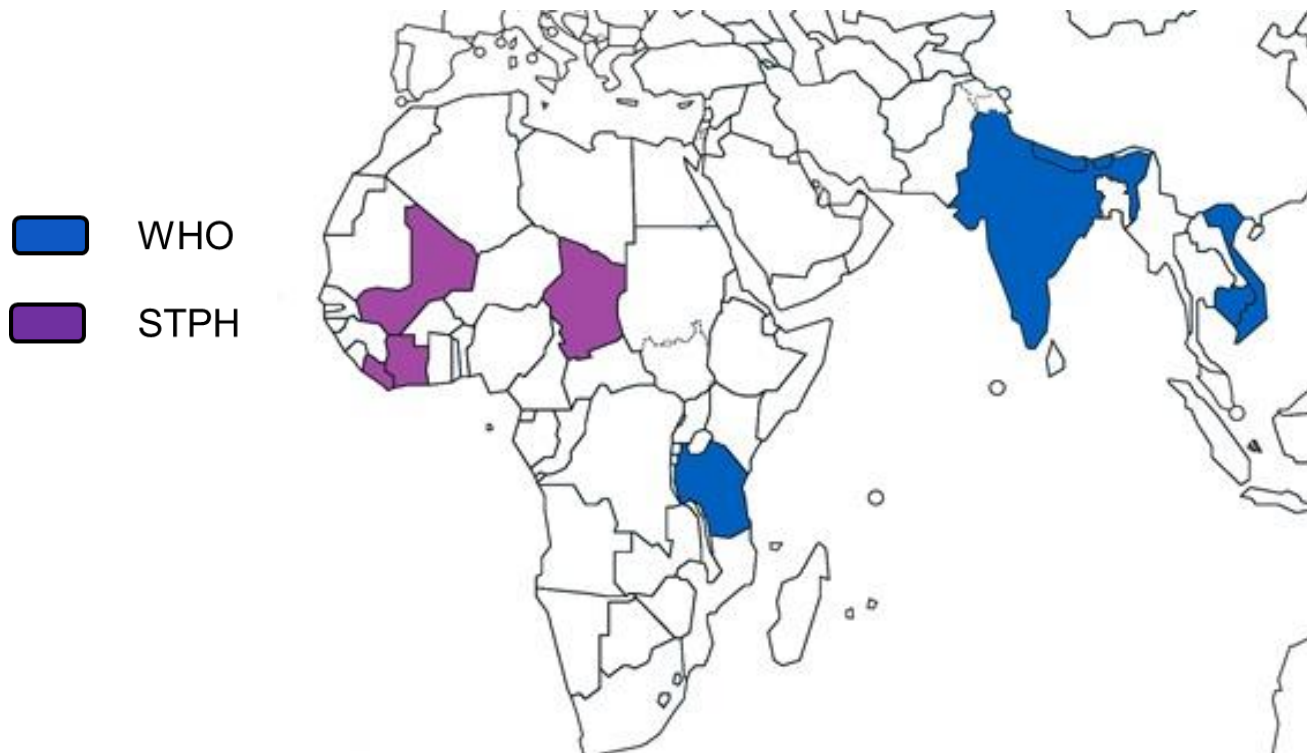


- Post-exposure prophylaxis (PEP) to be considered for GAVI Vaccine Investment Strategy (VIS) in 2018
- Previous assessments not approved for investment because of lack of information on rabies vaccines regarding:
 - PEP distribution and delivery
 - PEP demand and forecasting
 - Feasibility of improving access to PEP
 - Limited documentation of 'success stories' describing successful scaling up of access to PEP

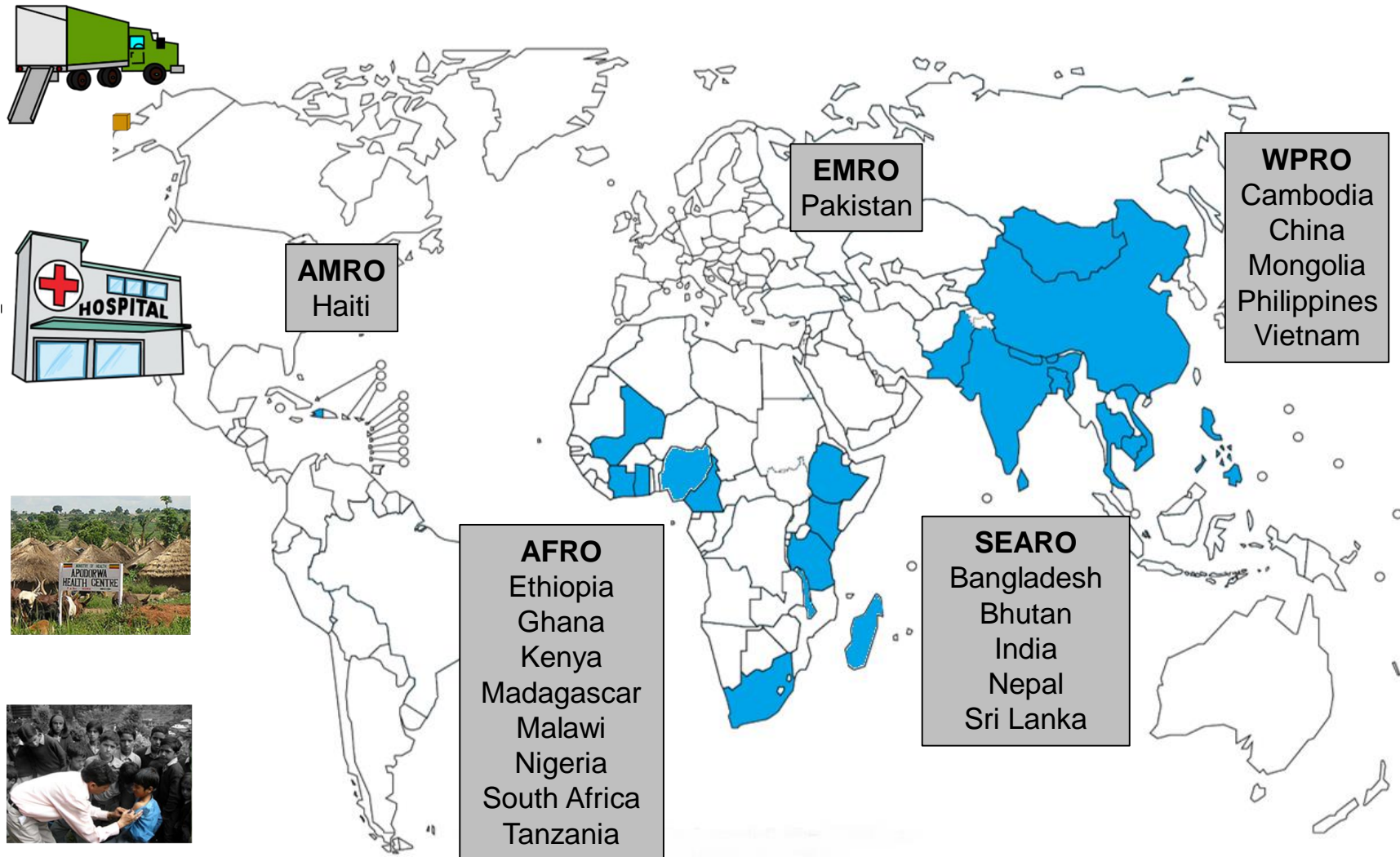
Programmatic experiences



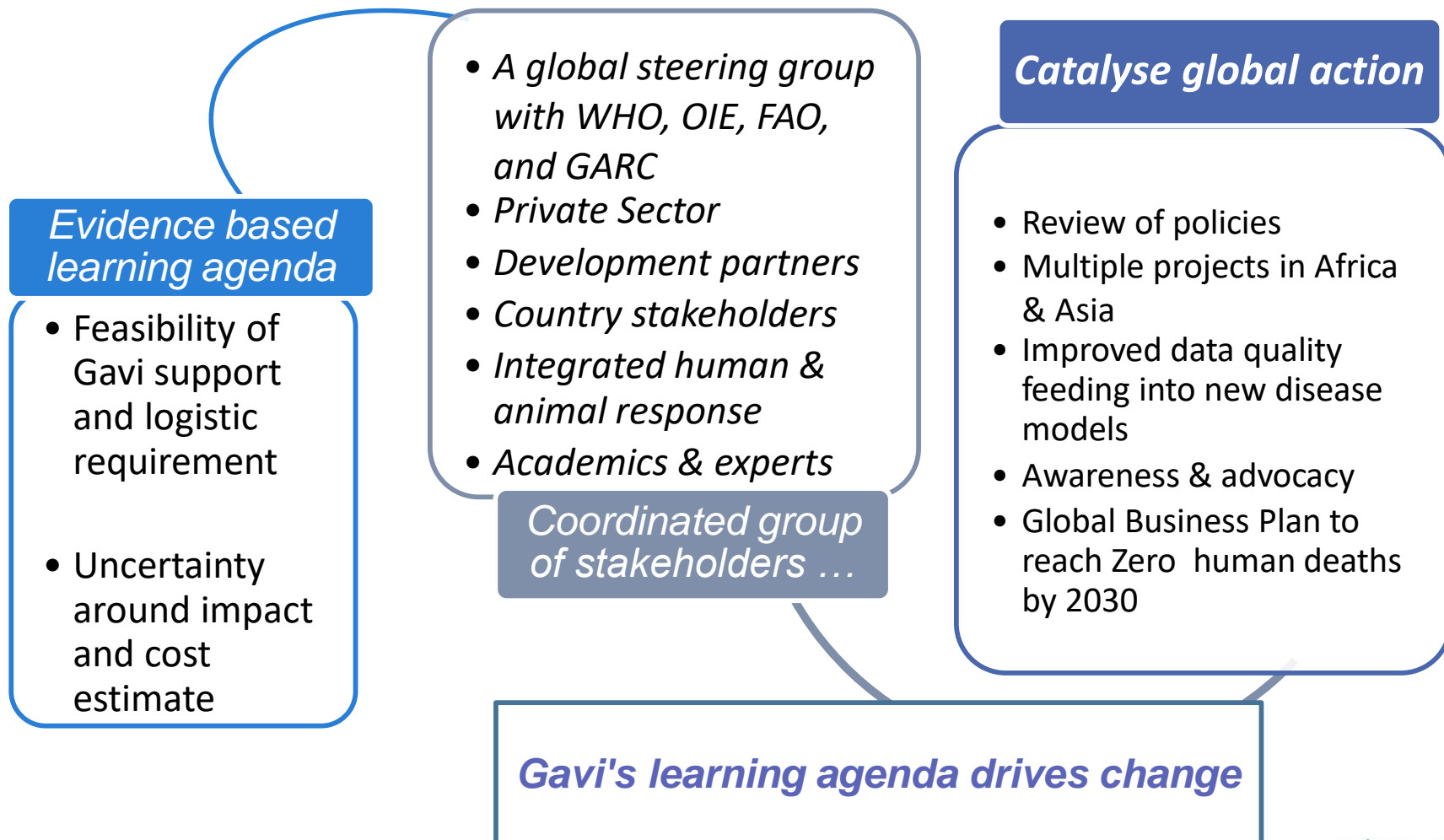
- Gavi supported country studies (2016-18): building the case for a Gavi investment through data and programmatic experiences
- 9 country baseline studies (community & hospital surveys, evidence review and modelling)



Survey on PEP procurement, distribution & delivery



Learning Agenda catalyses Global Rabies Action



Thank you!

RABIES

99%
human cases
result from
dog bites

One death
every 15 minutes
worldwide

4 out of 10 deaths
are in children

2030
Zero deaths by 2030

100% vaccine preventable

no bite no rabies

VACCINATE TO STOP TRANSMISSION

VACCINATE TO SAVE LIVES

learn how to interact

#rabies
28 September
World Rabies Day
www.who.int/rabies/en/

World Health Organization

<http://www.who.int/rabies/en/>