



Rabies in LEBANON

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INTRODUCTION

Rabies continues to be a problem in Lebanon, specially with the inability of the country to produce the vaccines. Since 2013, significant increase of the number of exposed cases was noticed with the massive influx of refugees. Although a national multisectoral committee was developed few years ago, close coordination between all involved stakeholders and municipalities is crucial. Awareness and prevention of exposure remain the 2 main keys to avoid human rabies cases in the country.

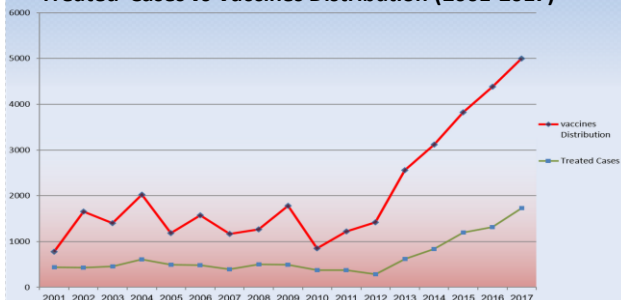
HUMAN RABIES IN 2017

- 5000 animal bites cases

- 1 rabies death (clinically diagnosed)

Based on the data from 2001-2018, there is an increase in the number of human exposure (dog bite cases) starting 2013.

Treated Cases vs Vaccines Distribution (2001-2017)



ANIMAL RABIES IN 2017

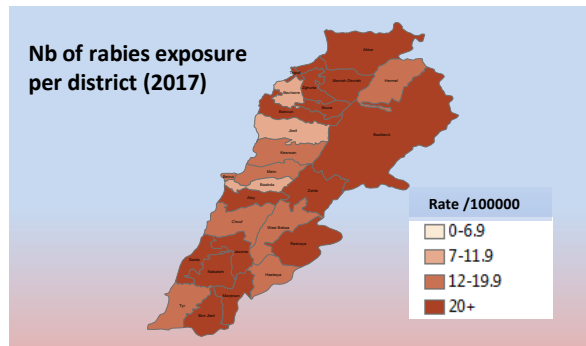
N° of animal / dog rabies cases: unknown

- Laboratory confirmed: unknown

N° of dogs vaccinated: 120,000

% dogs vaccinated: 90% including both private & public sectors

Nb of rabies exposure per district (2017)



PRE-EXPOSURE PROPHYLAXIS (PrEP)

Vaccination schedule (route/n° doses) IM/ 0, 7, 21, 1 yr, every 5 yrs

Vaccine used: Rabipur

N° of persons who received PrEP: unknown

The person him/her self pays for the PrEP

POST-EXPOSURE PROPHYLAXIS (PEP)

Vaccination schedule (route/n° doses) IM/0, 7, 21 days

Vaccine used: Rabipur

N° of persons who received PEP: 1700 in 2017

N° of persons who received RIG: 160

The Ministry of Public Health pays for the vaccines and immunoglobulins

Description of the inter-ministerial zoonosis unit:

A National Zoonotic Committee is developed at the MOA and regrouping both MOH and MOA. Also, a National rabies committee was developed by ministerial decision (Ministry of Agriculture) headed by the DG of the MOA and regrouping different ministries and stakeholders.

KEY ACTION POINTS –

Actions	Achieved or Progress so far?	Challenges	Future actions
1) Post-exposure treatments in humans.	- Increase post-exposure treatments in humans through increase in public awareness	- Reach rural areas and displaced populations (Syrian refugees)	- Spread awareness specially among displaced populations
2) Information, Education and Communication (IEC).	- Rabies trainings launched in all public and private hospitals - Rabies public awareness brochures distributed to all PHCs, public & private clinics - Media campaigns in TVs: Talk shows, press release, press conferences... in both animal and human sectors	- Increase public awareness among animal owners about vaccinations - Increase public awareness about animal exposures in rural areas specially among displaced populations - Presence of rabies in neighbouring countries with no coordination	- Seek government commitment to allocate budget for veterinary services to better control rabies - Make sure local actions are in line with current epidemiological recommendations
3) Rapid response and observation of rabies-susceptible animals.	Systematic documentation in place of all animals suspected of rabies.	- Limited budget for veterinary services for rabies control activities. - Difficulty monitoring animal movement (in both wild and stray animals)	Update and implement strategy for rabies control and eradication.
4) Integrated (human-animal) bite cases management	- Human medical and animal specialists both notified of new rabies cases - All information documented	- Not always able to locate the animal responsible for bite - More control in rabies exposure for animals via domestic animal vaccinations - Vaccinate wild animals - Seek the help of armed forces to vaccinate wild animals - Get the municipalities involved in these activities	- Always have enough national stock of vaccines and immunoglobulins for both humans and animals - Allocate resources to have enough vets in all regions specially rural areas - allocate more resources to invest in lab capacities