# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 407**

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**(INTERNAL QUESTION PAPER NO. 02)**

**Ms M D Hlengwa (IFP) to ask** **the Minister of Health:**

Whether there are any plans in place to combat the spike in cases of rabies in the Republic which have led to some fatalities; if not, why not; if so, what are the full, relevant details?

###### NW413E

**REPLY:**

In 2020, a total of seven cases of human rabies was laboratory confirmed in South Africa, six of which originated in eThekwini District, KwaZulu-Natal (KZN) Province and one in Limpopo (LPP) Province. This compares to 10 laboratory-confirmed human cases in 2019.

In addition, three children were identified in 2020 who had dog bites/exposure and died of clinically compatible rabies disease. These cases could not be confirmed in the laboratory and were classified as probable cases in the provinces of KZN (n=1), LPP (n=1) and Eastern Cape (n=1).

To date, for 2021, 1 case of human rabies was reported from eThekwini, KZN.

The provinces that reported rabies cases during 2020 and 2021 have put in place prevention activities and plans. KwaZulu-Natal, Eastern Cape and Limpopo have put the following measures in place:

**Actions taken in KZN**

* A circular informing all districts was released;
* There are On-going health education and awareness campaigns, which is being among the affected communities;
* There is ongoing training of Health Care Workers;
* Rabies meetings were held by eThekwini District with role players;
* A One health approach is in place, in collaboration with Department of Agriculture, Land Reform and Rural Development (DALRRD);
* Alerts were sent out by DALRRD with real time surveillance maps and
* Animal rabies vaccination campaigns were completed in the affected areas.

**Challenges identified by eThekwini District**

* Patients presented late to health care facilities for medical help.
* Cultural beliefs resulted in delayed health seeking behavior by patients.
* Patients did not complete their vaccines according to the schedule given.
* There were delays in reporting on the notifiable medical conditions (NMC) system by health practitioners.

The DALRRD is responsible for controlling rabies in animals; most human rabies cases were as a result of dog bites. The DALRRD have also been experiencing challenges such as:

* too many stray dogs were roaming in the community;
* dog owners were not vaccinating their dogs on time;
* there was a need for further rabies education in the community and
* a high number of government vehicles were hijacked while rendering animal health services, including dog vaccinations.

**Eastern Cape noted that despite the Covid-19 response having priority, the following were conducted:**

* Routine surveillance of animal bites in humans were conducted (which was a proxy for suspected human rabies);
* Healthcare workers at the facility level were trained on case management;
* Treatment protocols were developed and distributed to health facilities;
* routine surveillance of rabies among animals by Veterinary Services are ongoing.
* Health promotion activities were conducted in high risk areas, especially when there were animal cases reported by Veterinary Services.

**Rabies control in Limpopo are as follows:**

* Health talks for the communities were conducted in collaboration with DALRRD.
* The DALRRD also vaccinated dogs; this is ongoing.
* Annual rabies awareness days were celebrated every year jointly with DALRRD.
* Politicians were engaged in promoting rabies prevention messages in the community.
* The province ensured that rabies post exposure prophylaxis was available in facilities.
* Refresher training for health workers were conducted and is ongoing.
* Health education on rabies were conducted for traditional healers.

END.