



World  
Organisation  
for Animal  
Health



WSAVA  
One Health Committee

## OIE-WSAVA JOINT STATEMENT ON CONTROL OF CANINE RABIES

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The bond between people and small companion animals is a fundamental element of human society. Nonetheless, this social interaction carries some degree of risk of exposure to infectious disease. The most striking example of this is canine rabies virus infection, which is estimated to cause over 60,000 human deaths annually – the majority of these in the developing nations of Africa and Asia and the greatest proportion involving children. Rabies also creates a serious welfare problem for those animal species affected by the disease. Veterinary practitioners work at the interface between people and their pets and, at the level of public health, between human populations and free-roaming companion animals. Canine rabies provides an excellent example of a disease that impacts significantly on the human population and therefore requires a ‘One Health’ approach to management. The OIE and the World Small Animal Veterinary Association (WSAVA) urge the governments of the world, especially of countries in which canine rabies virus infection is endemic, to engage with control programmes to work towards the global elimination of this major vaccine-preventable zoonosis.

Based on the discussions of a recent joint OIE–WSAVA symposium the following seven key recommendations related to global canine rabies control and ultimate elimination are proposed:

1. **Define and promote the key messages** – Canine rabies is a fatal and entirely preventable disease. Where canine rabies is endemic in Asia and Africa, control of rabies in dogs prevents rabies in people, wildlife and livestock. Effective rabies control programmes lead to a significant reduction in the incidence of those human dog bites requiring post-exposure prophylaxis.
2. **Surveillance creates an evidence base** – The successful elimination of canine rabies depends on having a strong evidence base, founded in clinical and laboratory-based disease surveillance, in order to underpin the commitment of governments and non-governmental organisations (NGOs), drive community action and guide interventions. Data on dog populations and demographics, as well as disease prevalence, are required. As rabies is a listed disease the OIE WAHIS is recommended for disease notification.
3. **A consistent approach to control** – There is strong scientific evidence that effective control of canine rabies relies primarily on achieving and maintaining a minimum 70% vaccination coverage of canine populations and responsible pet ownership. Control of rabies cannot be effectively achieved through the culling of dogs, however if concurrent rabies vaccination and dog population control is performed this should respect OIE standards. An operational toolkit for rabies elimination, including rabies vaccine banks for developing countries, is provided by the blueprint for rabies prevention and control ([www.rabiesblueprint.com](http://www.rabiesblueprint.com)).
4. **Elicit political support and commitment** – Rabies control saves human and animal lives and money. Elimination of canine rabies must be placed prominently on the agendas of government ministers, their Chief Veterinary and Medical Officers and their respective veterinary and medical services. This should incorporate the principles of good governance respecting WHO and OIE standards. In veterinary services,

rabies elimination should be accorded the status and priority currently given to control of infectious disease in production animals.

5. **Control from community upwards** – The target of rabies elimination will require the commitment of communities and community leaders and be based in public awareness of animal welfare, veterinary care and the prevention and management of dog bites, particularly for children. All of these provisions should meet OIE standards. Support for this goal must be provided by government and may be supported by NGOs. Small companion animal veterinary practitioners should play a key role in these community-based programmes.
6. **Mobilise resources** – Elimination of canine rabies has financial implications. Whilst NGOs may initiate control programs the sustainability of such programmes should be the responsibility of government. Preventative vaccination of dogs can reduce the necessity for post-exposure prophylaxis of people, thereby saving considerable sums of public money, but requires effective engagement with medical profession.
7. **Demonstrate effectiveness** – The success of rabies elimination programmes should be monitored through effective rabies surveillance. Decentralized rabies diagnostic testing can facilitate analysis of samples from suspected cases.

These seven measures relate particularly to the control of canine rabies in free-roaming dog populations in the developing countries of Africa and Asia. However, recent sporadic cases of canine rabies in countries in which rabies is not endemic, related to the commercial movement of puppies and shelter adoptions of dogs from endemic areas, demonstrates the need for continued vigilance even in non-endemic nations and the global relevance and benefits of canine rabies elimination in developing countries.

The WSAVA represents some 180,000 small companion animal practitioners in over 75 nations. The OIE and the WSAVA encourage governments to fully engage the expertise and field access of the small companion animal veterinary community in the essential target of elimination of canine rabies. Canine rabies control creates an important opportunity for small animal practitioners to input into wider preventive healthcare of canine populations.

The OIE and the WSAVA support the ultimate goal of achieving the global elimination of canine rabies by the year 2030.