



**Urgent**

<p><b>TO: Chief Directors</b></p> <p><b>District Managers:</b></p> <p><b>Directors:</b></p> <p><b>Chief Executive Officers (CEOs): Managers: Heads of Health / Executive Directors:</b></p> <p><b>Managers:</b></p> <p><b>Chief Director</b></p>	<p><b>Metro Health Services (MHS)</b> <b>Rural Health Services (RHS)</b> <b>Strategy and Health Support</b> <b>Metro Health Services (MHS) Substructures</b> <b>Rural Districts</b> <b>Medicine Management, Laboratory and Blood Services Support</b> <b>Emergency Medical Services</b> <b>Forensic Pathology Services</b> <b>Facilities Management: Provincial Environmental Health</b> <b>Communication</b> <b>Health Intelligence</b> <b>Clinical Services Improvement</b> <b>Central, Regional and District Hospitals</b> <b>Private Hospitals and Private Clinics</b> <b>Local Authorities/Municipalities/City of Cape Town</b> <b>South African Military Health Services</b> <b>National Health Laboratory Services</b> <b>Private Laboratories</b> <b>Department of Agriculture</b></p>
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Circular H. 80/2024

**ALERT AND PUBLIC HEALTH RESPONSE TO THE CONFIRMATION OF RABIES IN CAPE FUR SEALS**

This circular is aligned to Circular H19/2022: Rabies: Updated Draft National Human Rabies Prophylaxis Guideline and the Prevention of Human Rabies Cases and serves as an alert to inform healthcare providers and workers on the public health response that needs to be elicited.

**1. BACKGROUND**

- 1.1 Rabies in South Africa is addressed through a "One Health Approach" by the National Department of Health (NDoH), Department of Agriculture, Land Reform and Rural Development (DALRRD), National Institute for Communicable Diseases (NICD), as well as many other stakeholders. Locally there is close collaboration between the Department of Agriculture, Department of Health and the NICD around the prevention of human rabies.
- 1.2 Rabies is endemic in South Africa (SA), with an average of 10 laboratory-confirmed cases of human rabies confirmed annually. Rabies is fatal; but a preventable infection, it is preventable in humans with prompt and complete post-exposure prophylaxis (PEP). All animal exposures must be assessed for potential rabies virus exposure and whether rabies PEP is required. Rabies PEP consists of a course of rabies vaccine and rabies immunoglobulin (RIG), if indicated. All wounds must be immediately washed and flushed for approximately 5 -10 minutes using water, or preferably soap and water.
- 1.3 **On the 8<sup>th</sup> of June 2024, the City of Cape Town Coastal Management published a press statement to caution the public to stay away from seals due to a confirmed rabies case, after the Western Cape Department of Agriculture on the 7<sup>th</sup> of June confirmed rabies in a wild Cape fur seal from Big Bay, Blouberg (Blaauwberg), Cape Town from whom a sample was taken on the 22<sup>nd</sup> of May 2024. Suspected positive results have also been received for seals**

sampled at Strand on 15 May and Muizenberg on 26 May. The following links representing public statements from the NSRI, City of Cape Town and Provincial Department of Agriculture on these cases are cited below for your convenience:

- <https://www.nsr.org.za/2024/06/rabies-outbreak-city-of-cape-town-urges-public-to-stay-away-from-seals/>
- <https://www.capetown.gov.za/Media-andnews/URGENT%20NOTICE%20City%20cautions%20public%20to%20stay%20away%20from%20seals%20due%20to%20a%20confirmed%20rabies%20case>
- <https://www.westerncape.gov.za/news/rabies-confirmed-seal-cape-town-%E2%80%93-report-seal-bites>

A dog from Capri (Noordhoek) was recently diagnosed with rabies following a suspected but not confirmed seal bite. Investigations undertaken to trace the source of the outbreak have not determined a source yet. Animal rabies vaccination campaigns are being conducted in response to the above-mentioned animal cases in the affected area.

1.4 **Western Cape Veterinary Services, the Department of Forestry, Fisheries and Environment (DFFE) City of Cape Town Coastal Management and other partners are working closely to establish the extent and timeline of the outbreak via further sampling and testing.** Rabies has never been detected in seals in Southern Africa before and this is one of very few detections in seals worldwide.

1.5 **Given that rabies infection in unvaccinated animals can result in spread and can be fatal to people, a precautionary approach is taken, and the public should be advised of the following:**

- 1.5.1 All human and animal contact with seals should be avoided as far as possible.
- 1.5.2 Anyone bitten by a seal in the last 6 months (since the beginning of December 2023), should seek medical attention at their healthcare provider in the public or private sector, be risk assessed, and provided with rabies PEP, if indicated.
- 1.5.3 Anyone with an animal bitten by a seal in the last 6 months should consult the local state veterinarian (see contact details in Annexure 1).
- 1.5.4 For humans and animals, the date and the location of the bite event, type of wound, treatment received and vaccination status of the animal (provide written proof of vaccination and dates if possible) should be provided.
- 1.5.5 Ensure your animal’s rabies vaccination is up to date. By law, all dogs and cats in South Africa must be vaccinated against rabies and re-vaccinated every 1-3 years. This is the responsibility of by their owners. Failure to vaccinate pets can result in the animals being euthanized if they come into contacts with a rabid animal.

1.6 **These measures listed below must be implemented by both public and private healthcare providers, health practitioners and sub-district and district public health offices.**

**Table 1: Public Health Response following the detection of rabies in Cape Fur Seals**

	Objective	Action
1.	<b><u>Public health measures to prevent human rabies</u></b>	<ul style="list-style-type: none"> <li>✓ <b>Following the recent identification of rabies in Cape Fur seals, and on advice and proposal from the National Institute of Communicable Diseases, the public health response is to ensure all persons who have sustained seal bites over the last 6 months (since beginning of December 2023) access medical advice for a risk assessment to decide on the need for post exposure prophylaxis.</b> <ul style="list-style-type: none"> <li>○ The attending medical practitioner can obtain clinical advice and prophylaxis advice from the NICD hotline, and Infectious Diseases Specialists on call at Tygerberg and Groote Schuur Hospital (details provided below).</li> <li>○ A risk assessment should be performed to evaluate those with prior exposure to seals (i.e. seal bites) and advice provided about the need for vaccination. Those that require vaccination should be directed to an appropriate health facility in either the private or public sector (hospitals, medical centres, pharmacies, travel clinics). See public sector strategic sites (hospital) in Annexure 3.</li> </ul> </li> <li>✓ <b>All “new” seal bite incidents should be managed as animal (e.g. dog) bites i.e. will need a risk assessment to be performed, immunoglobulin administered, and vaccine provided if deemed necessary.</b></li> </ul>

		<ul style="list-style-type: none"> <li>✓ <b>Pre-Exposure Prophylaxis (PrEP) to be recommended for persons at high risk or continual risk of exposure to rabies e.g. veterinary and para-veterinary professionals, animal NGO staff, animal researchers, through their employers or accessed ideally through the private sector.</b> See Rabies Prevention Advisory 25 November 2021 <ul style="list-style-type: none"> <li>○ If access to the private sector is unaffordable for a specific group or individual, the public sector may need to assist and prioritize the intervention.</li> <li>○ Requests for PrEP from groups/employers for their staff vaccination by the public sector will need to be reviewed on a case-by-case basis by the Department of Health, taking into consideration stock and staff capacity.</li> </ul> </li> </ul>
2.	<p><b><u>Intensify surveillance: Reporting of recent and 6 months retrospective seal bites</u></b></p>	<ul style="list-style-type: none"> <li>✓ It is difficult to quantify the number of human seal bite events that occurred since the beginning of December to date. <ul style="list-style-type: none"> <li>○ We very recently received information from a few seal bite events from the City of Cape Town Coastal Management, as well as from researchers. These known events (some with very limited information) need to be followed up and these individuals referred to private/public health facilities for provision of vaccine and or immunoglobulin based in assessment.</li> <li>○ Seal bites events reported so far have occurred in Oudekraal, Kommetjie and Muizenberg, Blouberg in Cape Town, and some seal bite events were also recorded in Plettenberg Bay.</li> <li>○ The provincial CDC office may refer retrospective seal bite incidents to district/sub-district officials for further follow-up and refer for appropriate post-exposure prophylaxis.</li> </ul> </li> <li>✓ <b>All healthcare facilities/ health practitioners must complete Annexure 2: Western Cape Animal bite Incident Form, to report retrospective human “seal bite” incidents (in the past 6 months), as well as prospectively completing the form for all new human animal bites cases and submit via email: to <a href="mailto:provincialcdc@westerncape.gov.za">provincialcdc@westerncape.gov.za</a>.</b></li> <li>✓ A line list will be kept of all seal bite cases and follow-up details.</li> <li>✓ Kindly follow Annexure 1: Guidance for HealthCare Workers on Rabies Prophylaxis and Human Rabies Case Detection and Reporting.</li> <li>✓ The Infectious Disease specialists are the first point of contact for advice for attending clinicians on rabies PEP, and the indications for rabies vaccine and RIG. The NICD Hotline number (0800-212-552) can be utilised when clinical advice is needed.</li> <li>✓ Retrospective seal bite cases where initial follow-up was undertaken by the Provincial CDC Unit/ NICD Clinical Hotline and referred to a general practitioner/hospital/medical centre, will need to be followed up by an appointed officer/clinician to ensure the entire PEP course is completed.</li> </ul>
2.	<p><b><u>Availability of adequate supply of Rabies Immunoglobulin and Rabies Vaccine</u></b></p>	<ul style="list-style-type: none"> <li>✓ The demand for rabies vaccine and immunoglobulin is likely to increase both in the public and private sector.</li> <li>✓ Rabies vaccine and immunoglobulin are available at strategic public health hospitals in the province (see Annexure 1), Emergency Centres at private hospitals/medical centres, travel health clinics, and selected pharmacies. We are unable to accurately quantify stock levels in the private sector.</li> <li>✓ The Cape Medical Depot, public and private health facilities should monitor their stock levels and act early to procure stock as demand rises.</li> <li>✓ Provincial Pharmaceutical Services have issued Annexure 3 that stipulates the public health facilities where vaccine and immunoglobulin are available. This list replaces the list of facilities in Circular H160/2023. The list will be updated, as required. Demand will be monitored, and additional supply sourced as required.</li> <li>✓ <b>There may be demand for stock for both i) post exposure prophylaxis (seal bites over the last 6 months, current dog/animal bite incidents), and ii) pre-exposure prophylaxis (veterinary and para-veterinary professionals, and other animal workers in daily contact with animals etc.).</b> <ul style="list-style-type: none"> <li>○ The post exposure prophylaxis is provided at public and private hospitals, and pre-exposure prophylaxis can be obtained via employers as part of occupational health and safety; or privately obtained if the person is involved with high-risk activity.</li> </ul> </li> </ul>

3.	<b>Risk Communication</b>	<ul style="list-style-type: none"> <li>✓ The Department of Agriculture has issued an official press statement with regards to the identification of rabies in Cape Fur Seals from the Cape Peninsula. The source and extent of the outbreak are under investigation.</li> <li>✓ A communication strategy and messaging will be developed to: <ul style="list-style-type: none"> <li>○ Advise individuals bitten by a seal in the last 6 months to immediately access their healthcare provider (general practitioner, hospitals, pharmacies, and medical centres), where the incident will be evaluated for the provision of PEP.</li> <li>○ For more recent or current (day of presentation going back 6 weeks ago i.e. beginning of May 2024) animal bites (from dogs, cat, mongoose, jackal, seal etc), the management of an individual exposed to a potentially rabid animal involves cleaning the wound with soap and water immediately and accessing a hospital emergency centre for medical assessment. Provision of PEP as well as rabies immunoglobulin to be based on the nature or category of the bite.</li> <li>○ Advise individuals that engage in high or continual risk of exposure to obtain rabies vaccine either occupationally, to obtain it privately or through their employer ensuring their staff are protected.</li> <li>○ Healthcare facilities/providers to be aware of the possible increase in demand for post exposure prophylaxis or pre-exposure prophylaxis (in cases that cannot afford private healthcare – this must be assessed on a case-by-case basis).</li> </ul> </li> </ul>
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**3.1 In response to an outbreak of animal rabies, we recommend the following actions to prevent human rabies cases in the province:**

- 3.1.1 Clinicians must strictly adhere to the updated human rabies prophylaxis guidelines and determine the need for rabies post-exposure prophylaxis (PEP), based on the risk assessment. Healthcare workers (e.g., Emergency Centre staff at hospitals and community health centres, Emergency Medical Services officials, and general practitioners) need to acquaint themselves with the content of this circular, the national guidelines - and training will be provided to healthcare workers where there is a need.
- 3.1.2 Infectious Disease Specialists should be the first point of contact for advice for the attending clinicians on rabies PEP, and the indications for rabies vaccine and RIG. The NICD Hotline number (0800-212-552) can be utilised when clinical advice is needed but this is not the first port of call.
- 3.1.3 Provincial Pharmacy Services must monitor available stock of rabies vaccine and RIG and inform District Pharmacy Managers of the provincial stockholding at facility. In facilities where RIG is not available, the facility manager should communicate with the district/facility pharmacist to acquire it if required.

**3.2 All animal exposures (such as bites, scratches, nicks, and licks) must be assessed for potential rabies virus exposure and whether rabies PEP is required. See the following documents/annexures:**

- Annexure 1: Guidance for Healthcare Workers on Rabies Prophylaxis and Human Rabies Case Detection and Reporting.
- Annexure 2: Western Cape Animal Bite Incident Form, June 2024
- Annexure 3: Availability of rabies vaccine and immunoglobulin was issued indicating the strategic sites where the stock is stored or available. (update of Circular H160/2023)
- National Guidelines for the prevention of Rabies in South Africa, September 2021
- Rabies Clinical and Laboratory Diagnosis Advisory: An update for Physicians, Accident & Emergency Practitioners and Laboratorians, 26 January 2022
- Prevention of Rabies in Humans (poster, updated September 2021)

**3.3 Suspected and confirmed rabies disease in humans is a notifiable medical condition, Category 1.**

- 3.3.1 **Complete the Suspected Human Rabies Case History Form and the NMC form** (see the human rabies NMC case definitions for suspected, probable, and confirmed cases, in the attached NMC Case Definitions Flipchart) where appropriate.

- 3.4 **In the event of any death in humans due to suspected rabies disease**, the Provincial Forensic Pathology Services (FPS) procedures will be followed including post-mortem investigation (post-mortem sample collection guidance and transport). Refer to the related FPS Provincial Circular H144 of 2020 and H146 of 2020.
- 3.5 **A rabies prevention advisory for veterinary and para-veterinary services, animal welfare and animal special interest groups was issued that addresses pre-exposure prophylaxis.**

#### **KEY NOTES ON RABIES PROPHYLAXIS**

1. Rabies post-exposure prophylaxis is considered a life-saving emergency intervention following possible rabies virus exposure.
2. When exposures in humans do occur (for example through bites or scratches inflicted by a suspected rabid animal), all wounds must be washed thoroughly with soap and water. It is then crucial that rabies post-exposure prophylaxis is sought immediately at a healthcare facility to prevent the infection from spreading further in the body.
3. Rabies post-exposure prophylaxis entails thorough cleaning of the wound site/s followed by rabies vaccination, with or without rabies immunoglobulin therapy and notification of veterinary services to investigate the potentially infected animal. More details on rabies post-exposure prophylaxis are available from the NICD website.
4. The Infectious Disease Specialist / Consultant on call for Infectious Diseases: Tygerberg Hospital, 021- 938-4911; Groote Schuur Hospital, 021-404-9111 or buy Vula referral platform, and the NICD Hotline 0800-212-552 (Health professional ONLY) can be contacted for further advice on management of animal bites and/or suspected rabies cases.
5. **From 8 June 2024, all individuals bitten by a seal in the past 6 months going back to 1 December 2023, need to be evaluated by a healthcare provider/health facility, assessed, and evaluated for the provision of PEP.**

Find attached the following resource documents for your convenience:

1. National Guidelines for the prevention of Rabies in South Africa (draft), September 2021
2. Prevention of Rabies in Humans (poster, updated September 2021)
3. NMC Rabies (human) Case definition, August 2021; and Notifiable Medical Conditions Form
4. Rabies Frequently Asked Questions, August 2021
5. Suspected Human Rabies Case History Form / Case Investigation Form
6. Human Rabies: Ante-mortem and post-mortem specimen collection guide
7. Rabies Prevention Advisory: An update for veterinary and para-veterinary services, animal welfare and animal special interest groups, 26 January 2022
8. Rabies Clinical and Laboratory Diagnosis Advisory: An update for Physicians, Accident & Emergency Practitioners and Laboratorians, 26 January 2022
9. Rabies-2020 pamphlet, What-you-need-to-know.

All the above-mentioned documents may be accessed via the NICD website <https://www.nicd.ac.za/diseases-a-z-index/rabies/>

The following provincial documents are attached for your convenience:

1. Annexure 1: Guidance for Healthcare Workers on Rabies Prophylaxis and Human Rabies Case Detection and Reporting.
2. Annexure 2: Western Cape Animal Bite Incident Form, June 2024
3. Annexure 3: Availability of rabies vaccine and immunoglobulin - indicating the strategic sites where the stock is stored or are available (update of Circular H160/2023).

We trust on your continued support in the control of communicable diseases in the province.

Yours sincerely.



DR JO ARENDSE  
CHIEF DIRECTOR: EMERGENCY AND CLINICAL SERVICES SUPPORT  
DATE: 18 June 2024

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## **ANNEXURE 1: GUIDANCE FOR HEALTHCARE WORKERS ON RABIES PROPHYLAXIS AND HUMAN RABIES CASE DETECTION AND REPORTING, 12 JUNE 2024**

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Please read the information sheet in conjunction with the updated DRAFT National Guidelines for the prevention of Rabies in South Africa (with 1 pager quick reference), the Prevention of Rabies in Human poster (algorithm), September 2021, and the Rabies clinical and laboratory diagnosis advisory for healthcare workers (26 January 2022)

### **1. What is rabies?**

- 1.1 Rabies is a fatal but entirely preventable viral disease which is primarily spread through the bite from an infected animal.
- 1.2 The rabies virus infects the central nervous system (brain and spinal cord) and causes disease in the brain.
- 1.3 Once symptoms begin, there is no effective treatment and death is inevitable. However, infection can be prevented through vaccination of animals and effective management of animal bites in humans.
- 1.4 Animals, mainly dogs and mongoose are the major reservoirs for rabies in South Africa, but cats, cattle, foxes, and bats can be affected.
- 1.5 Children are at highest risk of rabies, due to their inquisitive nature and are less likely to report bites or scratches.
- 1.6 Most human rabies cases in South Africa are associated with domestic dog exposures. Although a fatal infection, rabies can be controlled through vaccination of domestic dogs (and cats) and the use of rabies post-exposure prophylaxis in exposed human cases.
- 1.7 Western Cape is known to be endemic for animal rabies (maintained in bat-eared foxes), thus healthcare workers should be aware of the risk of transmission from these animals, and the possibility that other species of mammals may become infected (including other wildlife spp., livestock, and domestic animals).
- 1.8 On the 8th of June 2024, following the confirmation of rabies in Cape Fur seals, any seal bite incident in the past 6 months is advised to seek advice on the need for post exposure prophylaxis. If bitten in the past 6 weeks, RIG is to be injected into the wound/wound areas if healed, plus 4 doses of rabies vaccination. If more than 6 weeks, only 4 doses of vaccine are required.

### **2. Clinical presentation in animals**

- 2.1 Understanding the clinical presentation of rabies in animals may aid to assess the risk of rabies virus transmission in animal bite cases. Apart from behavioural changes, there are no definitive clinical signs of rabies specific to a species.
  - Rabid animals behave abnormally.
  - Domestic animals show aggression, disorientation, and paralysis. They may foam at the mouth and bite people and other animals without provocation.
  - Wild animals, on the other hand, may show unusually 'tame' behaviour.
- 2.2 Animals are infectious approximately a day before they develop any signs of unusual behaviour.
- 2.3 All infected animals will die from rabies, usually within several days, but occasionally up to 14 days from the first signs of the disease.
- 2.4 Animals displaying signs of neurological disease (for example animals that have unusual behaviour, hypersalivation, or signs of paralysis), and all stray and wild animals suspected of exposing humans to rabies infection should be euthanised for laboratory investigation. The local or state veterinarian should be contacted for the animal to be investigated.

### **3. Transmission to humans**

- 3.1 The rabies virus is present in the saliva of infected animals and transmitted by:
  - a bite or scratch from infected animal
  - a lick on broken skin
  - a lick on mucous membranes (eyes or mouth)
- 3.2 The virus cannot be transmitted through a lick on intact skin. The size of a bite may vary, however even a small bite, scratch, or tooth mark with a drop of blood poses a risk of infection.

### **4. Management of patient exposed to potential rabid animal**

- 4.1 Rabies PEP is an effective preventive measure for rabies when provided promptly following exposure and in accordance with the national updated Rabies PEP guidelines and the Rabies Quick Reference Guide. Rabies PEP has no preventive or curative effect when provided to patients on presentation with clinical rabies disease.
- 4.2 General wound management is critical in all patients.
- 4.3 Flush well with soap and water for at least 5-10 minutes, then clean with chlorhexidine solution (0.05%). Disinfect with iodine solution/ointment.
- 4.4 Avoid or delay suturing (where possible) and use of local anesthetic agents (may potentially spread the virus locally).
- 4.5 Provide antibiotics (e.g., amoxicillin clavulanate) and/or tetanus vaccination as required.

- 4.6 Rabies prophylaxis (vaccine and immunoglobulin) administration for patients/clients must be documented on their files and/or recorded on a facility-specific form/card.
- 4.7 The health facility or practice (public/private) must inform the client/patient of the importance of completing the full course of prophylaxis, especially if there will be movement between facilities/provinces. The client should be issued with a letter / document to inform other health professionals on prophylaxis received and the dates.

## 5. Perform an exposure risk assessment

Rabies PEP is considered whenever a patient has been potentially exposed to the rabies virus. A risk assessment should be made based on the health status of the animal and its behaviour in the specific incident, the animal species, the animal vaccination status, the local and provincial rates of rabies, and the bite wound category.

### 5.1 Rabies exposure risk assessment

- All animal exposure must be assessed for potential rabies virus exposure and whether rabies PEP is required.
- The assessment is based on behavior and health status (including rabies vaccination) of the animal, animal species and geographical location where the animal is from/exposure occurred.
  - Bat-eared fox bites should be considered a significant risk for rabies.
  - Rabies is not transmitted by birds or reptiles. Low risk species in South Africa (RSA) include mice, rats, squirrels, hyraxes (dassies), monkeys and baboons.
  - Other animal exposures should be assessed according to the type of animal plus the behaviour and state of health of the animal as well as the ability to assess the animal.
- High risk incidents may include:
  - Unprovoked animal attack,
  - Animal with unusual behavior e.g., domestic animals becoming aggressive or wild animals appearing "tame,"
  - Sick animals e.g., drooling, wobbling/unsteady gait, snapping at imaginary objects,
  - Animal having died within 2 weeks after the human attack.
- It is critical to contact the local State Veterinarian (see contact list below) to report, investigate, conduct animal assessments, and assess for potential human rabies exposure. Alternatively, contact Dr Lesley Van Helden (021-808-5017, email: lesley.vanhelden@westerncape.gov.za or Dr Laura Roberts (021-808-5058, email: comlaura.roberts@westerncape.gov.za) during office hours; as first contact for Veterinary Services, who will be able to task the relevant local State Veterinarian to investigate.

### 5.2 Exposure Category (please see algorithm)

- **Category 1 exposure:**  
No direct contact with animal (for example, being in the presence of a rabid animal or petting an animal) – **requires washing of exposed skin surface.**
- **Category 2 exposure:**  
Direct contact with animal but NO BREACH OF SKIN, NO BLEEDING (for example bruising or superficial scratch), **requires wound management + provide full course of rabies vaccine**
- **Category 3 exposure:**  
Direct contact with animal with BREACH OF SKIN, ANY AMOUNT OF BLEEDING, CONTACT WITH MUCOSAL MEMBRANES (for example lick on/in eyes or nose), CONTACT WITH BROKEN SKIN (for example licks on existing scratches), ANY CONTACT WITH A BAT; **requires wound management + Rabies Immunoglobulin + Full course of rabies vaccine**

### 5.3 Rabies vaccine and RIG administration

- **Rabies Vaccine**
  - **Vaccination schedule requires FOUR doses.**
  - Course: days 0, 3, 7 and any day between day 14 and 28 (Day 0 = day of first vaccination).
  - Intramuscular injection in deltoid muscle in adults, anterolateral thigh in small children (< 2 years of age). INEFFECTIVE IF GIVEN IN GLUTEUS MAXIMUS (buttocks).
  - Vaccine dose: Doses are product specific. Usually one vial equals one dose (regardless of vial size) for adults/children.
  - "Changes in rabies vaccine product during the same PEP course are acceptable, if unavoidable, to ensure complete PEP treatment (page 22 of draft national guidelines).



- **Rabies Immunoglobulin (RIG)**
  - Dose of RIG: 20 IU (human derived RIG products) or 40 IU (equine derived RIG products) per kilogram of body weight (i.e., calculate for each case). Infiltrate RIG in and around wounds, giving as much as anatomically possible without compromising blood supply (especially for extremities).
  - Evidence has shown that maximum infiltration of RIG in and around the wound is effective and that there are no benefits from additional intramuscular administration of any remaining RIG at a site distant to the wound.
  - RIG should be administered in a different syringe to the vaccine and NOT at the same body site as vaccine since RIG may inactivate the vaccine. No more than the recommended dose should be administered in order to avoid immune suppression.
  - If multiple wounds, dilute RIG in equal volumes of saline and infiltrate all wounds.
  - Different strengths/preparations for the RIG products are available. Check the package insert of all RIG products to ensure that the right dosage and volume is administered.
  - RIG provides immediate immunity and is administered as soon as possible but not beyond 7 days after administration of first dose of vaccine (for example, if not available at clinic, needs to be urgently sourced).
  - Please take note of special consideration groups i.e., for the immunocompromised individuals, pregnant women and children, and individuals at high risk of rabies exposure (veterinarians).
  - Due to the potential for anaphylactic reactions with the administration of ERIG (equine rabies Immunoglobulin), it is recommended that ERIG be used only in facilities where anaphylaxis or adverse reactions can be managed. However, the incidence of anaphylaxis following administration of ERIG is low. Skin testing is not required before the use of ERIG."
  - **NB: The same RIG should be used to make up a dose.** Pharmaceutical Services will make sure that enough stock of the same RIG is available to make up a dose. The Cape Medical Depot (CMD) keeps only one brand of RIG and may only get the other if stock runs out.
  - **If immunoglobulin is not immediately available, continue with the rabies vaccine course** and the Immunoglobulin can still be given up to 7 days after the first dose of rabies vaccine.
- **Previous rabies vaccination**
  - If an exposed person has a reliable history of previous rabies vaccination, they do not require rabies immunoglobulin (RIG) after a category 2 or 3 exposure but should receive booster doses of rabies vaccine into their arm on days 0 and 3 after exposure (irrespective of pre-exposure vaccination antibody titer).

#### 5.4. Availability of rabies vaccine and RIG

- For availability of rabies vaccine and immunoglobulin (see Annexure 3 – update of Circular 160/2023). The following public health facilities (hospitals) should have vaccine and immunoglobulin available: Beaufort West, Caledon, False Bay, George, Groote Schuur, Helderberg, Karl Bremer, Khayelitsha, Mitchell's Plain, New Somerset, Paarl, Red Cross, Stellenbosch, Swartland, Tygerberg, Victoria, Vredenburg, Vredendal and Worcester.
- Provincial Pharmacy Services has information on rabies vaccine and immunoglobulin stockholding at facility level available.

## 6. Symptoms of rabies in humans

- 6.1 The incubation period may vary from a week to a year after the initial exposure. The closer the bite is to the brain, the shorter the incubation period.
- 6.2 The first symptoms of rabies are flu-like symptoms, such as fever, headache, fatigue, along with abnormal sensations or hyperparasthesia at the bite site.
- 6.3 There may be signs of hallucinations or hyperactivity ('furious' rabies) or paralysis ('dumb' rabies). Spasms affecting the muscles involved in swallowing result in the classical 'hydrophobia' ('fear of water').
- 6.4 In the early stages, patients will be awake and fully aware between spasms, progression of the disease results in convulsions, coma, and death. Rabies should always be suspected in presentations of encephalitis; even where a history of an animal bite may not be forthcoming.

## 7. Diagnosis of rabies in humans

- 7.1 There are several tests to confirm rabies disease in humans once a person becomes ill, but there is no diagnostic test to determine if someone has been exposed to rabies from an animal bite.
- 7.2 Do not delay performing a risk assessment and providing preventive treatment following an animal bite/exposure to rabid or suspected rabies-infected animal.
- 7.3 For rabies testing, please see the following documents:
  - Rabies Clinical and Laboratory Diagnosis Advisory: An update for Physicians, Accident & Emergency Practitioners and Laboratorians, 26 January 2022
  - Rabies: Ante-mortem and Post-mortem Specimen Collection Guide
  - Suspected Human Rabies Case History Form and Notification Form (see human rabies case definitions)

## 8. Treatment of rabies in humans

- There is no effective treatment for rabies once symptoms develop, and death is inevitable.

## 9. Reporting animal bite incidents

- 9.1 Complete the Western Cape Animal Bite Incident Form, June 2024 (Annexure 2) to report new / prospective animal bites to the provincial CDC office.
- 9.2 Also complete the form for any seal bite incident in the past 6 months to ensure evaluation and possible provision of partial PEP.

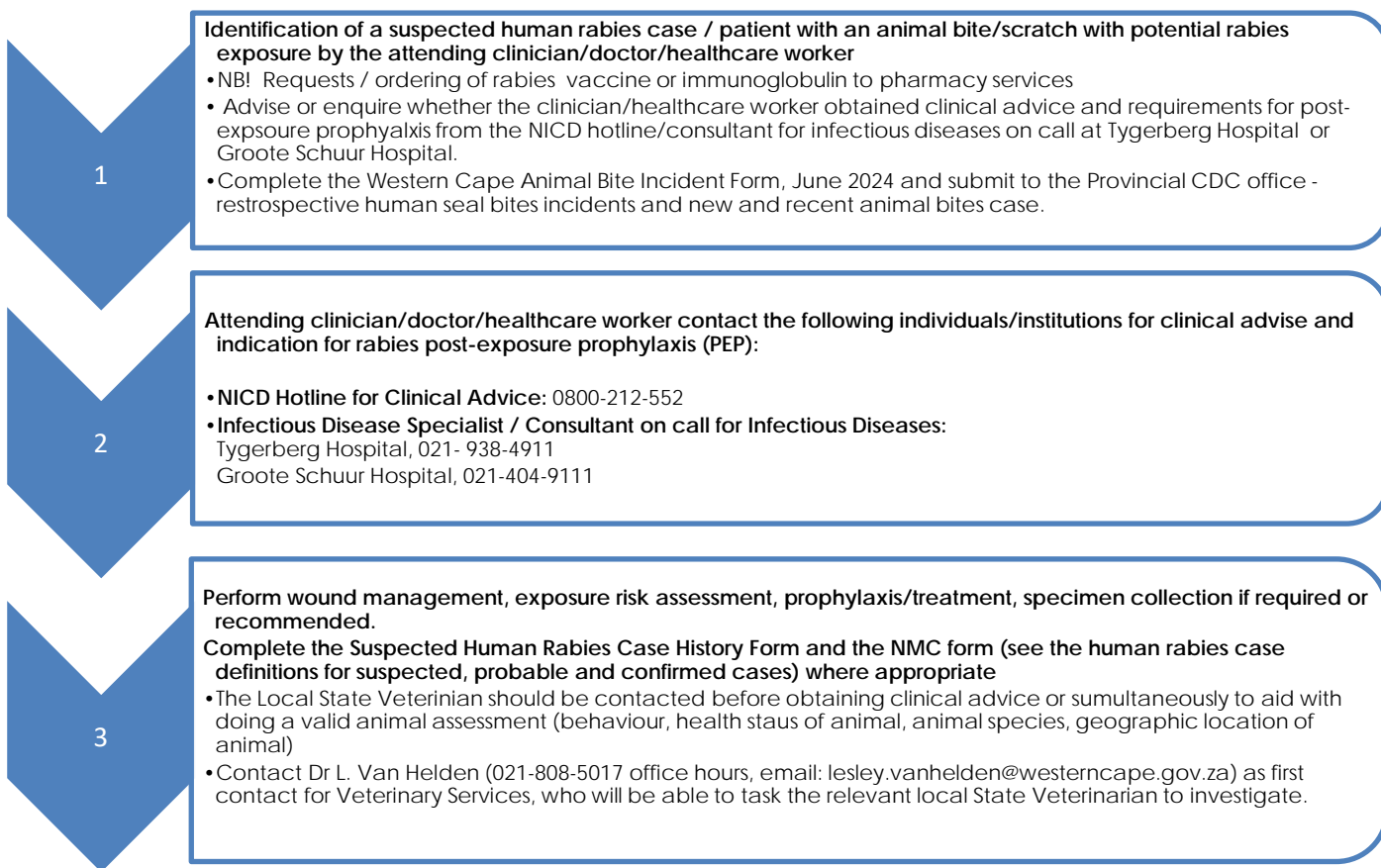
## 10. Reporting of suspected human rabies cases and rabies prophylaxis for cases with potential rabies exposure

- 10.1 The clinician who suspects the diagnosis should notify the case as soon as it meets the clinical case definition (below). Laboratory confirmation is not required before notification of the case. Complete the Suspected Human Rabies Case History Form and the NMC form.

Human Rabies NMC Case Definitions		
1.	<b>Suspected case definition</b>	A person presenting with an acute neurological syndrome (encephalitis) dominated by forms of hyperactivity (furious rabies) or paralytic syndromes (dumb rabies) progressing towards coma and death, usually by respiratory failure, within 7-10 days after the first symptom if no intensive care is instituted.
2.	<b>Probable case definition</b>	A probable case is a suspected case WITH a likely exposure to a suspected rabid animal.
3.	<b>Confirmed case definition</b>	A confirmed case is a person with laboratory evidence of rabies infection by detection of <ol style="list-style-type: none"><li>a. Rabies virus nucleic acid by RT-PCR on saliva, skin biopsy or cerebrospinal fluid (CSF)</li></ol> OR <ol style="list-style-type: none"><li>b. Anti-rabies antibodies in CSF (ante-mortem);</li></ol> OR <ol style="list-style-type: none"><li>c. Rabies virus antigen in brain tissue by fluorescent antibody testing or rabies virus nucleic acid in skin biopsy (post-mortem).</li></ol>

- 10.2 **In the event of any death in humans due to suspected rabies disease**, the South African Police Service (SAPS) should be contacted by the Provincial Forensic Pathology Services (FPS) to open an inquest docket for their involvement in the investigation. The FPS will then be contacted by SAPS, and they will perform the post-mortem investigation. FPS should contact the NICD hotline (and the Provincial CDC Office, Infectious Disease Specialists) with regards to risk assessment, clinical advice, and post-mortem sample collection guidance and transport as needed. This information is also available from the NICD website, [www.nicd.ac.za/rabies](http://www.nicd.ac.za/rabies)
  - a. Circular H144 of 2020: Issuing of Death Notification Forms in Natural Deaths, and H146 of 2020: Requirements for admission of decedents that died of unnatural causes from healthcare facilities to Forensic Pathology Services; provides guidance when dealing with possible referral of cases and whether a specific case should be classified as an "unnatural death".

Please follow the diagramme below to ensure suspected rabies cases are detected, reported and potential rabies exposed individuals receive the appropriate post exposure prophylaxis.



## 11. Resources

For further information about rabies, please refer to:

1. National Guidelines for the prevention of Rabies in South Africa, September 2021
2. Prevention of Rabies in Humans (poster, updated September 2021)
3. NMC Rabies (human) Case definition, August 2021; and Notifiable Medical Conditions Form
4. Rabies Frequently Asked Questions, August 2021
5. Suspected Human Rabies Case History Form / Case Investigation Form
6. Human Rabies: Ante-mortem and post-mortem specimen collection guide
7. Rabies Prevention Advisory: An update for veterinary and para-veterinary services, animal welfare and animal special interest groups, 26 January 2022
8. Rabies Clinical and Laboratory Diagnosis Advisory: An update for Physicians, Accident & Emergency Practitioners and Laboratorians, 26 January 2022
9. Rabies-2020 pamphlet, What-you-need-to-know.
10. Annexure 2: Western Cape Animal Bite Incident Form, June 2024
11. Annexure 3: Availability of rabies vaccine and immunoglobulin was issued indicating the strategic sites where the stock is stored or available, 12 June 2024 (Updated Circular H160/2023)

## 12. Contact details:

### Department of Agriculture

Table 1: List of Department of Agriculture Officials in the Western Cape Province (as at June 2023)

	Name	Designation	Tel / Cell	Email
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3.	Roberts, L. Dr	State Veterinarian: Epidemiology	021-808-5058 (tel) 072-184-8642 (cell)	<a href="mailto:laura.roberts@westerncape.gov.za">laura.roberts@westerncape.gov.za</a>
4.	Van Helden, L. Dr	State Veterinarian: Epidemiology	021-808-5017 (tel) 072-460-1984 (cell)	<a href="mailto:lesley.vanhelden@westerncape.gov.za">lesley.vanhelden@westerncape.gov.za</a>
5.	Cloete, A. Dr	State Veterinarian: Training	021-808-5254 (tel) 082-901-1710 (cell)	<a href="mailto:annelie.cloete@westerncape.gov.za">annelie.cloete@westerncape.gov.za</a>
6.	Janse van Rensburg, L. Dr	State Veterinarian: George	044-873-5527 (tel) 083-797-0010 (cell)	<a href="mailto:leana.jansevanrensburg@westerncape.gov.za">leana.jansevanrensburg@westerncape.gov.za</a>
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8.	Kloppers, C. Dr	State Veterinarian: Swellendam	021-808-5059 (tel) 083-641-5163 (cell)	<a href="mailto:christi.kloppers@westerncape.gov.za">christi.kloppers@westerncape.gov.za</a>
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10.	Lombard, C. Dr	State Veterinarian: Vredendal	027-213-3106 (tel) 073-465-3860 (cell)	<a href="mailto:chanel.lombard@westerncape.gov.za">chanel.lombard@westerncape.gov.za</a>
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13.	Pepler, A. Dr	Sate Veterinarian: Worcester	021-808-5052 (tel) 060-962-0118 (cell)	<a href="mailto:ansulize.pepler@westerncape.gov.za">ansulize.pepler@westerncape.gov.za</a>

### Department of Health

Table 2. Public health officials responsible for Communicable Disease Control, Environmental Health, Pharmacy Services and CDC coordinators / equivalent, In the Western Cape

	Province	Name	Designation	Tel/Cell	Email
1.	<b>SPC: Communicable Disease Control</b>	Ms Charlene Lawrence	Provincial CDC Coordinator	021- 830-3727 (tel) 072-356-5146 (cell)	Charlene.Lawrence@westerncape.gov.za
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3.		Ms Washiefa Isaacs	CDC: Provincial NICD NMC Surveillance Manager	072-310-6881(cell)	Washiefa.Isaacs@westerncape.gov.za washiefai@nicd.ac.za
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5.		Ms Farzanah Frieslaar	ASD: EPI Disease Surveillance	021-815-8740 (tel) 079-368-3693 (cell)	Farzanah.Frieslaar@westerncape.gov.za
6.		Mr. Francois Booyesen	CDC: Administrative Officer	021-815-8661(tel) 061-600-3385 (cell)	Francois.Booyesen@westerncape.gov.za
7.		Ms Felencia Daniels	CDC: Administrative Clerk	021-815-8660 (tel) 082-585-7295 (cell)	Felencia.Daniels@westerncape.gov.za
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12.	<b>Facilities Infrastructure Management</b>	Mr. Stanley Nomdo	Assistant Director: Environmental Health	021-918-1564 (tel) 072-133-5644 (cell)	Stanley.Nomdo@westerncape.gov.za
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2.		Ms Eugenia Sidumo	Deputy Director: Professional Support Services	044-695-0047 (tel) 082-735-5463 (cell)	Eugenia.Sidumo@westerncape.gov.za
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6.		Mr Charles Williams	Pharmaceutical Services Manager	023-348 8115 (tel) 076-540-6656 (cell)	Charles.williams@westerncape.gov.za
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**Table 3: Infection Prevention and Control (IPC) Practitioners / equivalent at Public and Private Hospitals in the Western Cape**

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10.		Ms Shamiela January	Red Cross War Memorial Hospital: IPC Practitioner	021-658-5977	Shamiela.January@westerncape.gov.za
11.		Ms Marilyn Philander	New Somerset Hospital: QA Manager	021-402-6232	Marilyn.Philander@westerncape.gov.za
12.		Ms Michelle Charles-Jefthas	Karl Bremmer Hospital: IPC Practitioner	021-918-1984	Michelle.Charles-Jefthas@westerncape.gov.za
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26.		Capt. C Cloete	2 Military Hospital: IPC Practitioner	021-799-6184	<a href="mailto:2millqa@gmail.com">2millqa@gmail.com</a> <a href="mailto:cornel572@gmail.com">cornel572@gmail.com</a>
27.		Ms Hannelie Herselman	Mediclinic Cape Town: IPC & Patient Safety Manager	021-464-5603 072-463-8584	Hannelie.herselman@Mediclinic.co.za
28.		Ms Salome Nel	Mediclinic Constantiaberg: IPC Manager /Patient Safety Manager	021-799-2911 / 2139	Salome.nel@mediclinic.co.za
30.		Ms Michelle Vermeulen	Mediclinic Durbanville: IPC Manager	021-980-2499	Michelle.Vermeulen@mediclinic.co.za
31.		Ms Vidette Fourie	Mediclinic Milnerton: IPC Practitioner & Control Manager	021-529-9064 066-294-9118	Vidette.Fourie@mediclinic.co.za
32.		Ms Liezl Henning	Mediclinic Panorama: IPC Manager	021-938-3674	Liezl.Henning@mediclinic.co.za
33.		Ms Evelyn Thanthsa	Mediclinic Panorama: Infection Prevention and Control Manager	021-938-2671	Evelyn.Thanthsa@mediclinic.co.za
34.		Ms Claudine Page	Mediclinic Cape Gate: IPC Manager	021-983-5969	Claudine.Page@mediclinic.co.za
35.	<b>Cape Town</b>	Ms Teresa Van Heerden	Mediclinic Louis Leipoldt: IPC Manager	021-957-6165	Teresa.VanHeerden@mediclinic.co.za
36.		Ms Mzohona Nkala	Mediclinic Vergelegen / Strand: IPC Manager	021-850-6393	Mzohona.Nkala@mediclinic.co.za
37.		Ms Sheila Tredoux	Melomed Bellville: Quality Assurance Officer	021-950-8929	mbquality@melomed.co.za
38.		Ms Meriaan Whitlow	Melomed Bellville: IPC Practitioner	021-948-8131	mbipc@melomed.co.za
39.		Ms Nadeema Muller	Melomed Gatesville: IPC Practitioner	021-637-8100	mgipc@melomed.co.za
40.		Ms Dawn Baxter	Melomed Gatesville: Quality Officer	021-637-3118	mgquality@melomed.co.za
41.		Ms Roselin Linden	Melomed Mitchell's Plain: IPC Practitioner	021-392-3126	mpipc@melomed.co.za
42.		Ms Joyce Mogale	Melomed Tokai Hospital: IPC Practitioner	021-764-7500	mtipc@melomed.co.za
43.		Ms Madelaine Strydom	Netcare N1 City Hospital: IPC Practitioner	021-590-4094	Madelaine.strydom@netcare.co.za
44.		Ms Jacqueline Prince	Netcare: Chris Barnard Memorial Hospital: IPC Practitioner	021-441-0000 082-843-7606	Jacqueline.Prince@netcare.co.za
45.		Ms Danielle Claasen	Netcare: Chris Barnard Memorial Hospital: IPC Practitioner	021-441-0347	Danielle.Claasen@netcare.co.za
46.		Ms Laeticia Vass	Netcare: Kuilsriver Hospital: IPC	021-900-6687 072-585-9628	Letitia.Vass@netcare.co.za



47.		Ms R. Fakier	Netcare: UCT Academic: IPC Practitioner	021-442-1829 083 361 6867	Rushana.Fakier@netcare.co.za
48.		Ms P Khobo	Netcare: Blaauwberg Hospital: IPC Practitioner	021-554-9037 078-919-8834	Precious.Khobo@netcare.co.za
49.		Ms Margaret Tyandela	Lifehealth Care: Claremont and Kingsbury Hospital: (Acting) Infection Prevention Specialist	021-670-4032	Margaret.Tyandela@lifehealthcare.co.za
50.		Ms Patricia Curle	Life health Care: Vincent Palotti Hospital: IPC Specialist	021-506-5111/5503	Patricia.Curle@lifehealthcare.co.za
51.		Ms Enid Scott	Life health Care: Vincent Palotti Hospital: IPC Practitioner	021-506-5492	Enid.Scott@lifehealthcare.co.za
52.		Ms B Tumi	Rondebosch Medical Centre, Quality Assurance Coordinator	021-680- 5920 (Ext 1233)	ipc@rondeboschmc.com
53.		Ms Vicky Niemand	Busamed, Paardevlei Private Hospital: Risk Manager	021-840-6600	VickyN@Busamed.co.za
54.	<b>Cape Winelands</b>	Ms Laurette Pekeur	Worcester Hospital: IPC Practitioner	023-348-1146	Laurette.Pekeur@westerncape.gov.za
55.		Ms Yolanda Van Zyl	Paarl Hospital: IPC Practitioner	021-860-2532	Yolanda.vanZyl@westerncape.gov.za
56.		Ms Danelia Jacobs	Brewelskloof Hospital: Clinical Program Coordinator IPC & OHS	023-348-1313/37	Danelia.Jacobs@westerncape.gov.za
57.		Mr. Geoffrey Vermeulen	Ceres Hospital: Nursing Service Manager	023 316 9600	Geoffrey.Vermeulen@westerncape.gov.za
58.		Ms Cheray Jordaan	Ceres Hospital: IPC Practitioner / QA	023-316 9600/61	Cheray.Jordaan@westerncape.gov.za
59.		Ms Elizabeth Van Zyl	Montagu Hospital: Nursing Service Manager	023-614-8103	Elizabeth.VanZyl2@westerncape.gov.za
60.		Ms Sandra Kortje	Robertson Hospital: Nursing Service Manager	023-626-8519	Sandra.Kortje@westerncape.gov.za
61.		Ms Rene De Silva	Stellenbosch Hospital: Nursing Service Manager / IPC Practitioner	021-808-6135	Rene.Desilva@westerncape.gov.za
62.		Ms Johanna Webster	Mediclinic Worcester: IPC Practitioner	023-348-1608	Johanna.webster@mediclinic.co.za
63.		Ms Elizma De Klerk	Mediclinic Paarl: IPC Practitioner	021-807-8296	Elizma.DeKlerk@mediclinic.co.za
64.		Ms Karlien Pienaar	Mediclinic Stellenbosch: IPC Practitioner	021-861-2200	Karlien.pienaar@mediclinic.co.za
65.	<b>Central Karoo</b>	Mr. Tshokolo Ntombana	Beaufort West Hospital: Nursing Service Manager / IPC Practitioner	023-414-8212 023-414-8200	Tshokolo.ntombana@westerncape.gov.za
66.		Ms Nomnene Bhistoli	Nursing Service Manager: Laingsburg Hospital	023-814-2353	Nomnene.Bhistoli@westerncape.gov.za
67.		Ms Sonja Frieslaar	Nursing Service Manager, Prince Albert Hospital	023-541-1300	Sonja.Frieslaar@westerncape.gov.za
68.	<b>Garden Route</b>	Ms Ann Calitz	George Hospital : IPC Practitioner	044- 802-4397	Ann.Calitz@westerncape.gov.za
69.		Ms Jabulisile Mahlangu	Mossel Bay Hospital: Nursing Service Manager / IPC Practitioner	044-604-6104	Jabulisile.Mahlangu@westerncape.gov.za
70.		Ms Yolande De Wit-Stevens	Mossel Bay Hospital: IPC Practitioner	044-604-6142	Yolande.DeWit-Stevens@westerncape.gov.za
71.		Ms Florence Thomas	Oudtshoorn Hospital: IPC Practitioner	044-203-7463	Florence.Thomas@westerncape.gov.za
72.		Mr. Pieter Moolman	Riversdal Hospital: Nursing Service Manager / IPC Practitioner	028-713-8643/8643	Pieter.Moolman@westerncape.gov.za
73.		Ms Gail Loyd	Knysna Hospital: Nursing Service Manager	044-302-8440	Gail.Loyd@westerncape.gov.za
74.		Ms Hendriena Wilschut	Uniondale Hospital: (Acting) Nursing Service Manager / Infection Control Practitioner	044-814-1402	Hendriena.Wilschut@westerncape.gov.za

75.		Ms Wendy Burnett	Mediclinic George / Geneva: IPC Practitioner	044-803-2187	Wendy.Burnett@mediclinic.co.za
76.		Ms Andrie Wiese	Mediclinic Klein Karoo: Infection Control Practitioner	044-272-0111	Andrie.Wiese@mediclinic.co.za
77.		Mr Frank Crous	Mediclinic Plettenbergbay: Nursing Service Manager/Infection Control Practitioner	044-501-5100/5312	Mr Frank Crous
78.		Ms Bianca Rondganger	Knysna Private Hospital: QSSS/ Infection Prevention Specialist	044-302-5214	Ms Bianca Rondganger
79.		Ms Marianca Stols	Bayview Hospital: IPC Specialist	044-691-3718	Marianca.Stols@lifehealthcare.co.za
80.	<b>Overberg</b>	Ms Melonise Raats	Mediclinic Hermanus: IPC Practitioner	028-313-0168	Melonise.Raats@mediclinic.co.za
81.		Ms Rosemary Davel	Caledon Hospital: Nursing Service Manager	028-212-1070	Rosemary.Darvel@westerncape.gov.za
82.		Anthea Klaasen	Hermanus Hospital: Nursing Service Manager	028-313-5221	Anthea,Klaasen@westerncape.gov.za
83.		Ms Nicole Adams	Otto Du Plessis Hospital: Nursing Service Manager	028-425-1239	Nicole.Adams@westerncape.gov.za
84.		Ms Florence Vermeulen	Swellendam Hospital: Nursing Service Manager	028-514-8419	Florence.Vermeulen@westerncape.gov.za
85.	<b>West Coast</b>	Ms Johanna De Nobrega	Nurse Manager: Vredenburg Hospital: IPC Practitioner	022-709-5099	Johanna.DeNobrega@westerncape.gov.za
86.		Mr. Niel Goeieman	Nurse Manager: Clanwilliam Hospital: IPC Practitioner	027-482-2166	Niel.Goeieman@westerncape.gov.za
87.		Mr Ndoisile Mphato	Nurse Manager: Citrusdal Hospital: Infection Control Practitioner	022-921-2153	Ndoisile.Mphato@westerncape.gov.za
88.		Ms Trudie Fredericks	Assistant Manager Nursing: Lapa Munik Hospital (Porterville): IPC Practitioner	022-931-2140	Trudie.fredericks@westerncape.gov.za
89.		Ms Trudie Fredericks	Nurse Manager: Radie Kotze Hospital (Piketberg): IPC Practitioner	022-913-1175	Trudie.fredericks@westerncape.gov.za
90.		Ms L Julius	Nurse Manager: Swartland Hospital: Infection Control Practitioner	022-487-9204	Loren.Julius2@westerncape.gov.za
91.		Mr Llewellyn Wagenaar	Nurse Manager: Vredendal Hospital: Infection Control Practitioner	027-213-2039	Llewellyn.Wagenaar@westerncape.gov.za
92.		Ms Gerda Karstens	West Coast Private Hospital, Life Health Care Group: IPC Practitioner	022-719-1030 Ext:210	Gerda.Karstens@lifehealthcare.co.za

## Animal bite incident form, Western Cape, 2024

The form was developed in response to the confirmed rabies diagnosed in a seal in Western Cape. Kindly complete the form for all seal bite incidents since beginning December 2023 that presented to your facility. The form can also be used to record or any other animal bite victims that presents to the facility.

Please complete the form and send to: [provincialcdc@westerncape.gov.za](mailto:provincialcdc@westerncape.gov.za) and [charlene.lawrence@westerncape.gov.za](mailto:charlene.lawrence@westerncape.gov.za)

If you need assistance in determining if the patient needs post-exposure prophylaxis, kindly contact one of the below:

- National Institute for Communicable Diseases (NICD) Hotline: 0800 212 552
- Tygerberg Hospital Infectious Disease (ID) specialist on call: 021 938 4911
- Groote Schuur Hospital Infectious Disease (ID) specialist on call: 021 938 4911

Reporting health provider (GP, pharmacy, hospital, travel clinic etc.)										
Healthcare provider name (facility name)					Healthcare provider contact number					
Date of report	D	D	M	M	Y	Y	Y	Y	Reporter name	
Reporter contact number					Reporter email address					
Treating health practitioner name					Treating health practitioner contact number					

Patient demographics													
Patient name and surname					Patient contact number								
Patient alternative contact number					Patient email address								
Patient full address (include patient suburb)					Patient district								
Patient occupation					Employer name								
Patient sex (please select)	M	F			Patient date of birth	D	D	M	M	Y	Y	Y	Y
Did the patient receive *PrEP before this incident?	Yes <i>(please specify date)</i>		Date			No	Unknown						
	D	D	M	M	Y					Y	Y	Y	
Did the patient receive **PEP before this incident?	Yes <i>(please specify date)</i>		Date			No	Unknown						
	D	D	M	M	Y					Y	Y	Y	
*PrEP: Pre-exposure prophylaxis **PEP: Post-exposure prophylaxis													

Bite incident										
Date of incident	D	D	M	M	Y	Y	Y	Y	Area / location of incident	
Address of incident (if no address, please provide description of area)					District of incident					
Animal involved	Seal	Dog	Cat	Mongoose	Bat	Jackal	Other (please describe)			
Please describe incident <i>(please include information on protective clothing worn (such as gloves, wet suit etc.)</i>										
Describe behaviour and physical signs of animal that bit the patient										
Please describe activity conducted when incident occurred										
Type of exposure <i>(please select)</i>	Bite		Scratch			Lick		Other (please describe)		
Category of exposure <i>(please select)</i>	<b>Category I</b>  <i>No direct contact with animal (for example, being in the presence of a rabid animal or petting an animal)</i>				<b>Category II</b>  <i>Direct contact with animal but NO BREACH OF SKIN, NO BLEEDING (for example bruising or superficial scratch)</i>			<b>Category III</b>  <i>Direct contact with animal with BREACH OF SKIN, ANY AMOUNT OF BLEEDING, CONTACT WITH MUCOSAL MEMBRANES (for example lick on/in eyes or nose), CONTACT WITH BROKEN SKIN (for example licks on existing scratches)</i>		
Please describe wound (i.e. superficial, bleeding, severe etc.)										

Management at time of incident (please select)	Antibiotics	Tetanus vaccination	Wound cleaning	Rabies immunoglobulin	Rabies vaccination	None	Other (please describe)																		
If rabies vaccine was received, how many doses were received? (select all that apply and specify date. If patient is yet to receive some of the vaccination, please add date)																									
								1	Date				2	Date											
									D	D	M	M	Y	Y	Y	Y		D	D	M	M	Y	Y	Y	Y
								3	Date				4	Date											
									D	D	M	M	Y	Y	Y	Y									

Current clinical management											
<b>Did the patient receive:</b>											
Rabies Ig	Yes	No	Date received	D	D	M	M	Y	Y	Y	Y
Rabies vaccination	Yes	No	Date (1 <sup>st</sup> dose)	D	D	M	M	Y	Y	Y	Y
			Date (2 <sup>nd</sup> dose)	D	D	M	M	Y	Y	Y	Y
			Date (3 <sup>rd</sup> dose)	D	D	M	M	Y	Y	Y	Y
			Date (4 <sup>th</sup> dose)	D	D	M	M	Y	Y	Y	Y
Wound management	Yes	No	Please describe (if yes)								
Did the treating health practitioner discuss the case with the NICD hotline			Yes	No				Unknown			
Did the treating health practitioner discuss the case with either the Tygerberg or Groote Schuur Infectious Disease Specialist on call?			Yes	No				Unknown			

**ANNEXURE 3**

**AVAILABILITY OF RABIES VACCINE & IMMUNOGLOBULIN AS AT JUNE 2024**

The list will be updated from time to time as required.

The list updates and replaces the facility list in circular H160/2023

<b>Suggested quantities</b>	<b>Vaccine: 4 - 6 vials</b>
	<b>Immunoglobulin: 4 to 10 vials (depend on dose &amp; product brand)</b>

Product brands of the vaccine and Immunoglobulin may change from time to time. Consult the Medicine Information Leaflet as different product brands have specific administration & dose requirements.

Facilities to implement control measures to ensure rational use of rabies vaccine and immunoglobulin.

<b>INSTITUTION</b>	<b>DEPARTMENT STORED</b>	<b>HOSPITAL TELEPHONE NUMBER</b>	<b>PHARMACIST TELEPHONE NUMBER</b>
Beaufort West Hospital, Beaufort West	Pharmacy Department	023 414 8200	023 414 8200
Caledon Hospital, Caledon	Pharmacy Department	028 212 1072	028 212 1070
Eerste River Hospital, Eerste River	Pharmacy Department	021 904 4110	021 902 8036/7
False Bay Hospital, False Bay	Pharmacy Department	021 782 1121	021 782 1121
George Hospital, George	Pharmacy Department	044 802 4528	044 802 4492
Groote Schuur Hospital, Observatory	Emergency Dispensary	021 404-9111	021 404 3216
Helderberg Hospital, Helderberg	Pharmacy Department	021 850 4700	021 850 4712
Heideveld CDC, Heideveld	Pharmacy Department	021 638 1690	021 833 0696
Gugulethu CDC, Gugulethu	Pharmacy Department	021 699 8729	021 816 8650
Karl Bremer Hospital, Parow	Pharmacy Department	021 918 1911	021 918 1404
Khayelitsha District Hospital; Khayelitsha	Pharmacy Department	021 360 4200	021 360 4310
Khayelitsha CHC Site B; Khayelitsha	Pharmacy Department	021 360 5200/8	021 360 5307
Knysna Hospital	Pharmacy Department	044 302 8400	044 302 8498
Ladismith (Alan Blyth) Hospital	Pharmacy Department	044 551 1010	028 551 1010
Mitchell's Plain District Hospital, Mitchell's Plain	Pharmacy Department	021 377 4300	021 370 2331
Mitchell's Plain CHC, Mitchell's Plain	Pharmacy Department	021 391 5820	021 684 1429
Mossel Bay Hospital	Pharmacy Department	044 604 6160	044 604 6132
New Somerset Hospital Metro, Greenpoint	Pharmacy Department	021 402 6911	021 402 6362
Oudtshoorn Hospital	Pharmacy Department	044 203 7200	044 203 7287
Paarl Hospital, Paarl	Emergency Dispensary	021 860 2500	021 860 2731
Red Cross War Memorial Children's Hospital, Rondebosch	Pharmacy Department	021 658 5111 O/C: 083 262 9535	021 658 5031
Riversdale Hospital	Pharmacy Department	028 713 8642	028 713 8615
Stellenbosch Hospital, Stellenbosch	Pharmacy Department	021 808 6100	021 808 6172
Swartland Hospital, Malmesbury	Pharmacy Department	022 487 9252	022 487 9252
Tygerberg Hospital, Parow	Emergency Cupboard Disp	021 938-4911	021 938 4507
Victoria Hospital, Wynberg	Emergency Refrigerator	021 799 1111	021 799 1150
Vredenburg Hospital, Vredenburg	Pharmacy Department	022 709 7238	022 709 7223
Vredendal Hospital, Vredendal	Pharmacy Department	027 213 2039	027 213 2039
Wesfleur Hospital, Atlantis	Pharmacy Department	021 571 8059	2721 5718059
Worcester Hospital, Worcester	Pharmacy Department	023 348 1100	023 348 1148