



International Health  
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Bureau of Quarantine  
**International Health Surveillance Division**  
Quarantine Services and International Health Surveillance System (QSIHSS)  
**Health Information Update**

Source: WHO, Event Information Site for IHR National Focal

Event Updates: **16 November 2018**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2018-11-16	Malaysia	Zoonosis	Rabies	<p>Between 1 July 2017 and 22 October 2018, there have been 13 human rabies cases reported from Sarawak State in Borneo, Malaysia with the last case reported on 21 August 2018. Of 13 human rabies cases there have been 12 deaths reported. Severe neurological complications have been reported in the survivor. The 13 cases were aged between 3 years and 59 years, with seven cases under 12 years of age. All but one case reported an animal bite prior to onset. The case without history of animal bite was likely infected through secretion splashes from a dog to an open wound on his hand. Prior to July 2017, the last outbreak of rabies in Malaysia was reported in 1999 and the country was declared rabies free in 2013. As of 20 October 2018, 11 out of 12 divisions in Sarawak state have reported animal rabies cases. Miri district, one of the rabies affected districts in Sarawak State, borders Brunei Darussalam. Kalimantan, Indonesia, bordering Sarawak State, has reported ongoing endemic rabies transmission among animals since 2014.</p> <p>Since the first cases in 2017, efforts to contain the outbreak have been ongoing. Strengthening of dog bite surveillance in all divisions of Sarawak, as well as neighbouring states. Increasing clinicians' awareness and enhancing the surveillance of acute neurological syndromes with history of animals bite. Establishing and strengthening dog bite clinics for management of animal bites including wound management, post-exposure prophylaxis and/or immunoglobulin administration as well as follow up of the high-risk cases. Pre-exposure vaccination of veterinary and public health staff in close contact with dogs and infected patients. Monitoring and ensuring the sufficient stockpile of rabies vaccines and immunoglobulins. Strengthening of laboratory capacity for testing of clinical samples from rabies cases. Community engagement focused on promoting responsible dog ownership and dog vaccination. Dog population management (DPM) to remove suspect rabid dogs from communities and longer term to improve the health and well-being of free-roaming dogs by rabies vaccination and control of dog population, and enforcement of dog registration. The Sarawak State Disaster Committee (Rabies) has been established and meets regularly to review progress made and reprioritise control strategies. Awareness campaigns for the public were given by various agencies including the human and animal health sectors. The Department of Veterinary Services Sarawak and local councils are conducting animal control measures. Owned dogs were vaccinated and strays are being captured for further Dog Population Management (DPM). Border controls are in place through collaboration with military personnel. Road blocks to prevent dogs and other animal movement by the owners were instituted together with the Road Transport Department. A bilateral meeting with Kalimantan, Indonesia was conducted once to discuss on the border control. One health approach and ongoing collaboration between human and animal health sectors, including the Tripartite (FAO, OIE and WHO) is crucial to management of this event.</p> <p>Rabies is zoonotic, a vaccine-preventable viral disease transmitted from mammals to humans . Rabies is caused</p>	Public Health Risk (PHR)



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				<p>by infection with viruses of the genus <i>Lyssavirus</i> and characterized by acute progressive encephalitis. Rabies is transmitted through the mucosal exposure to infected animals, such as rabid dogs, bats and sometimes other species. As dog bites cause almost all human cases (up to 99%), we can prevent rabies by increasing awareness, vaccinating dogs to prevent the disease at its source and administering life-saving post-exposure prophylaxis to people after they have been bitten. There is currently no effective treatment for rabies after clinical signs appear. Human to human transmission of rabies has never been confirmed outside the organ transplantation situation. There are no evidence based reports of human rabies arising from consumption of milk, including breastmilk, or cooked meat. However, consuming the meat or milk of a rabid animal is strongly discouraged. Individuals or professionals who handle rabid animals may be at risk of contracting the virus through breaks in their skin as well as health care providers when treating rabid patient, therefore should use personal protective equipment.</p> <p>The situation in Sarawak State, Malaysia does not change the overall global risk assessment. WHO expects that additional animal rabies cases will occur in Sarawak.</p> <p>Rabies is a vaccine-preventable disease and vaccination either before, pre exposure prophylaxis (PrEP) or immediately after an exposure, post-exposure prophylaxis (PEP) is available. PEP always includes, wound washing and wound care, series of rabies vaccine injections administered immediately after an exposure and in case of severe exposure (multiple transdermal bites or scratches) additional administration of rabies immunoglobulins (RIG). WHO retains its recommendation that global production and use of nerve tissue vaccines should be discontinued and replaced by vaccines based on rabies virus (RABV) grown in cell culture or embryonated eggs (CCEEVs). Cell culture and embryonated egg-based rabies vaccines (CCEEVs) are intended for use in both PrEP and for PEP. A systematic review of vaccine potency has shown that current vaccines (&gt; 2.5 IU/IM dose), when administered by the ID route for either PEP or PrEP, have efficacy equivalent to or higher than that of the same vaccine administered by the IM route. WHO continues to promote human rabies prevention through the elimination of rabies in dogs, dog bite prevention strategies, and more widespread use of the intradermal route for PEP which reduces volume and therefore the cost of cell-cultured vaccine by 60% to 80%. Mass vaccination of dogs is the principal strategy for interrupting RABV transmission between dogs and reducing transmission to humans and other mammals. As a zoonotic disease, One Health collaboration among the agriculture, animal health and human health sectors and high-level political recognition of the need to address the disease at source through mass dog vaccination are key success factors to control and eliminate rabies together with community engagement to increase education and awareness for prevention and control of both human and animal rabies. <b>WHO recommends Pre-exposure prophylaxis (PrEP) for individuals at high risk of RABV exposure. These include sub-populations in highly endemic settings with limited access to timely and adequate PEP, individuals at occupational risk, and travellers who may be at risk of exposure.</b></p>	
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\*A public health risk is something that is (or is likely to be) hazardous to human health or could contribute to a disease or an infectious condition in humans.