



agriculture & rural development

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PROVINCE OF KWAZULU-NATAL

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SPCA remains on rabies alert

Deadliest disease plagues province

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RABIES, the disease which has claimed five lives in KwaZulu-Natal this year, continues to plague the province.

The SPCA has been kept busy dealing with cases. Caroline Smith, general manager of the Durban and Coastal office, said the Durban, eMantlontoli and Kloof branches had dealt with 36 cases from April last year to March this year.

"Of these, 20 were handled by our branch and were predominantly from Inanda, which makes up half the area, the rest from Ntuzuma, KwaMashu, Newlands and Phoenix.

"Our branch also had an additional 78 suspected rabies cases which came back negative, from uMlazi, Inanda, Chatsworth, Phoenix, Merebank, Hillary, Ndwedwe, Bluff, KwaMashu and other areas."

Barbara Patrick, manager of Kloof SPCA, said it had seen eight cases this year, five in rural areas and three suburban. She said the branch spent at least 75% of its time in previously disadvantaged areas.

The release of these SPCA figures follows threats by the ANC in the eThekweni Municipality to withdraw funding to the animal welfare organisation, accusing it of focusing primarily on white areas rather than townships.

However, it was eventually agreed that the city would pay R13.5 million to the SPCA in exchange for provision of pound services and collection of strays over the next three years on its behalf.

Smith said this came as a relief because providing this function for the municipality puts severe pressure on its finances and operations.

Meanwhile, Kevin le Roux, state veterinary services rabies project manager, warned that rabies was the most fatal disease known to humans and that any contact with a rabid animal was dangerous.

"It is so serious that if a



ON THE MAP: Red dots show positive rabies cases this year, black dots, negative cases, and stars are human cases.

bitten person cannot get to a health facility, state health professionals must dispatch an ambulance to get the person the correct treatment as time is of the essence.

"Virtually all state hospitals offer free rabies treatment. Many large clinics where doctors are available do the same. Small clinics will often stock rabies vaccine only but cannot do the full treatment – immunoglobulins, needed for category three bites."

He said, normally, a bite was necessary for an injection of virus-laden saliva to enter the human, but there were many other dangers, such as saliva in the eyes or in the mouth.

"Saliva on intact skin that is washed off is not considered

dangerous and doesn't need treatment. This is part of the problem as massive amounts of money are used to treat many people who are not in danger."

Le Roux said it was almost impossible to say how an animal would manifest the array of symptoms of the disease, many of which were symptoms of other diseases too.

"Often initial treatment on day zero (the day of the bite) is done at a hospital and then follow-up vaccinations are done at a local clinic.

"Usually, the animal is only able to transmit the disease within the last clinical phase, which is about three to five days before it dies.

"However, this can extend to 10 days before onset of clin-

ical signs. However, as the virus reaches the brain it causes confusion and agitation which displays as changes in behaviour."

While rabies is 100% fatal if left untreated, it is a 100% preventable disease with prompt and complete exposure to post-exposure prophylaxis (PEP) treatment.

Although there are a range of symptoms which could indicate that an animal is rabid, many may also be signs of other diseases, according to literature put out by the Department of Health, the National Institute for Communicable Diseases and Sanofi Pasteur pharmaceutical company.

High risk rabies incidents may include: animals carrying out unprovoked attacks; unusual behaviour, such as domestic animals becoming aggressive, or wild animals appearing "tame"; animals showing signs of being sick, such as drooling, wobbling with an unsteady gait, or snapping at imaginary objects; and dying within two weeks of attacking a human.

The most common source of rabies in humans in South Africa are dogs, mongooses, cats, jackals, cattle and goats. Mice and rats, squirrels, dassies, baboons and monkeys fall into the "unlikely risk" category, while birds and reptiles are considered no risk at all.

Bats are an uncommon source and are associated with rabies-related viruses only. After a human has had contact with a suspected rabid animal, PEP should be given as soon as possible.

It is critical that wounds inflicted by potentially rabid animals are managed by flushing them well with soap and water for at least 10 minutes, then cleaning them with a 70% alcohol solution.

Iodine solution or ointment should then be applied.

There are three categories of rabies exposure, the most serious of which requires rabies immunoglobulin treatment.

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