

ZOONOTIC AND VECTOR-BORNE DISEASES**An update on rabies in South Africa**

A case of human rabies was confirmed from Limpopo Province in March 2021. The case involved a 7-year-old boy who was admitted to hospital, unable to walk or eat, with progressive paralysis, and experiencing confusion and hallucinations. He had been bitten by a dog two months earlier in Thohoyandou, Vhembe District. Rabies virus was detected using RT-PCR on a saliva sample collected from the child. This is the second confirmed human rabies case in South Africa for 2021 to date. The other case was reported from Kwazulu-Natal Province.

Rabies deaths can be prevented with post-exposure prophylaxis. This involves wound cleaning, rabies vaccination, and direct wound infiltration with rabies immunoglobulin (RIG) if indicated. Please visit the NICD website for more information on rabies and disease prevention: <https://www.nicd.ac.za/diseases-a-z-index/rabies/>

Exposure to aardwolf

In March 2021, a visitor to a farm in De Aar, Northern Cape Province, was exposed to a suspected rabid aardwolf (*Proteles cristata*). Aardwolf is a small, insectivorous mammal native to South Africa, and is infrequently encountered by humans. Rabies was confirmed in a bat-eared fox from the same farm prior to this event. The case sustained a small wound, but since the skin was breached, required both rabies vaccination and RIG to be administered, but only vaccination was started post-exposure in this case. The case was reviewed and RIG provided five days after vaccination was started. RIG has to be infiltrated in the wound, or wound sites, regardless of the size or dispersion of the wound/s. RIG is critical to achieve neutralization of the virus at the wound site, whilst the body mounts response to vaccination.