

Rabies vaccination of domesticated dogs in the Central Province of Sri Lanka (Letter)

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To the Editors:

Rabies vaccination of domesticated dogs in the Central Province of Sri Lanka

Dog rabies is endemic in most districts of Sri Lanka. Annually about 650 000 dogs are vaccinated against rabies and 600 000 are done at government vaccination centres [1]. In 1996, 100 million Sri Lankan Rupees was spent on control of rabies; 80 million being for treatment of human dog bite victims with post-exposure prophylactic vaccination [1].

Each year about 75 deaths occur in Sri Lanka due to human rabies [2]. Regular dog vaccination campaigns are conducted as a routine rabies control measure in various parts of the country. We report here results of a survey conducted in the Central Province of Sri Lanka, to assess rabies vaccination status of domesticated dogs in the province.

In the 960 houses sampled, there were 898 domesticated dogs in 821 houses. This gives a dog to human ratio of 1:5, which is higher than the 1:8 ratio used for estimating the dog population of the country. This higher than expected ratio has important implications. This ratio may be peculiar to the region, which has only a small proportion of moors of Islamic faith, who customarily do not rear dogs. If the ratio indicates an increasing dog population in the country, more financial allocations for vaccinations and other control methods will have to be made to combat the increased risk of rabies, and emphasises the need for making other dog population control services such as sterilisation available in the government sector.

Of the sample of 898 dogs, 785 were claimed to be vaccinated either by the Health Services Department (government) or the private sector, based on the verbal response of the owner, giving a vaccination coverage of 87.4%. This is a relatively good coverage compared to the national goal of achieving 80% coverage [3]. However, when documentary evidence was considered, this percentage dropped to about 70%, indicating that the rabies vaccination coverage of dogs in the Central Province is still below the national target (table 1).

One hundred and fifty eight dogs, though claimed to be vaccinated by the owners, did not have vaccination cards that are routinely provided by the vaccinators at the time of vaccination. In Sri Lanka, if a person presents with a dog bite at an outpatient department of a government medical institution, proof of rabies vaccination of the dog is requested. If no documentary evidence is available, recommended treatment is provided assuming that the dog is not vaccinated. It is thus likely that a significant proportion of dog bite victims get post-exposure vaccination unnecessarily. Hence, while encouraging

people to vaccinate their dogs they should also be advised on the importance of keeping vaccination records safely.

Of the 627 dog vaccination cards inspected, 614 cards (98%) had some deficiency in the recordings made.

Table 1. Vaccination status of the dogs (n=898)

	Number (%)
Vaccination status	
(on verbal response of the owner alone)	
Vaccinated	785 (87.4)
Non-vaccinated	113 (12.6)
Vaccination status	
(with documentary evidence)	
Vaccinated	627 (69.8)
Non-vaccinated	271 (30.2)
Other vaccinations	
Distemper	32 (3.6)
Parvo	52 (5.8)
Leptospirosis	28 (3.1)

Table 2. Information recorded on vaccination cards (n=627)

Information	Available number (%)
Name of dog	156 (24.8)
Breed	13 (2.0)
Date of birth	16 (2.6)
Sex	135 (21.5)
Owner's name	24 (3.8)
Address	32 (5.1)
Date of vaccination	575 (91.7)
Batch number	398 (63.4)
Date of expiry	181 (28.9)
Date of previous vaccination	439 (70.0)
Signature of vaccinator	595 (94.9)

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Vaccinators had recorded the date of vaccination, batch number and their signature on the majority of the cards inspected (table 2). Recording of details of the dog was done poorly, and showed that the vaccinators were not interested in filling these details. Only 13 cards (2%) had all the required information recorded in an acceptable manner. A major reason for people for not keeping dog vaccination cards may be the poor filling of information on the cards, which reflects a lack of enthusiasm of the control programme staff.

References

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3. Harischandra PAL. National plan for rabies elimination, 2002. Department of Health Services, Sri Lanka.

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