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Guest Editorial

Eliminating Dog Mediated Human Rabies from India by 2030: Mission Mode Implementation of a Revised National Programme is the Need of the Hour

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The World Health Organization (WHO) in 2015 envisioned a dog mediated human rabies free world by 2030 with the goal of Zero by 30. In 2021 though a bit late, the Government of India despite the ongoing Covid -19 pandemic, supporting this global cause launched the National Action Plan for Rabies Elimination (NAPRE). Now with only four more years to go it is time for a critical appraisal of the current scenario and need for urgent actions. With my over four decades of work experience in the field of rabies prevention and control in India in particular, Asia and the world over in general I am recommending the following after due reflection of thoughts.

Human rabies

1. Following the launch of NAPRE in 2021 it would be apt to rename the National Rabies Control Programme (NRCP) as National Rabies Elimination Programme (NREP) so that the goal of rabies elimination is made explicit and avoid confusion & criticism.

2. The National Rabies Elimination Programme (NREP) shall be 100% centrally sponsored, and implemented on a mission mode as was done in the cases of poliomyelitis and small pox.

3. To ensure better coordination between ministries of health, animal husbandry and environment an independent special establishment shall be created by Government of India to expedite the process.

4. It is time that the lifesaving rabies vaccines (RVs) and rabies immunoglobulins (RIGs) are procured by Government of India (GoI) under the National Immunization Programme (NIP) and supplied to the states to ensure their continual availability across the country for animal bite victims. The present system of procurement of RVs & RIGs by the states has often led to their frequent stock outs for various reasons like failure to place timely procurement orders by the states to the manufacturers, delayed supplies by the manufacturers to the

states, delayed payments to the manufacturers by the states, failed logistics of supplies within the states, etc.

5. The country shall immediately shift from the existing one month - intradermal (ID) post-exposure prophylaxis (PEP) regimen (2-2-2-0-2) of rabies vaccination to the one-week ID regimen (2-2-2-0-0) that was approved by WHO in 2017. Interestingly this new one-week regimen is in vogue in Himachal Pradesh since 2018 due to strong local leadership. Recently this new regimen has been found safe and immunogenic by Indian Council of Medical Research (ICMR). This shift to shorter regimen would be vaccine saving and patient friendly for compliance.

Likewise, the pre-exposure prophylaxis (PrEP) regimen shall be revised from the existing three- or four-weeks regimen (1-0-1-0 -1) to the recent WHO, 2017 recommended one week (1-0-1-0-0) regimen. Though the new one-week regimen consumes 0.1mL extra volume of vaccine per person when given by ID route, still its shorter duration makes it more vaccinee compliant and easy for organizing campaigns.

6. The WHO in 2017 recommended that wherever rabies monoclonal antibodies (rmAbs) are available, these shall be preferred over RIGs that use either human or horse sera. India was the first country to produce two rabies rmAbs, the first one (single mAb, human) in 2017 and the second one (cocktail, murine) in 2021 and since then these two as new drugs are under pharmacovigilance. Presently these two products used mostly in the private sector have been found safe and effective. Consequently, rmAbs shall be included in the national guidelines so that the state governments can procure to benefit the poor in the government hospitals.

7. The (WHO-APCRI) outdated (2003) figure of annual burden of human rabies of 20,000 and animal bites of 17 million shall be replaced in the GoI documents with the recent ICMR (2024) survey figure of 5,700 human rabies deaths and 9 million dog bites.

8. Strengthen the surveillance of rabies and animal bites through IHIP portal by establishing a good network of diagnostic laboratories and anti-rabies clinics (ARCs) in both government and private sectors.

9. End of life care facilities shall be established in isolation / infectious diseases (ID)/other designated hospitals where rabies patients are treated to ensure a dignified and quiet death.

10. Few research facilities shall be established in select premier institutions like AIIMS, NIMHANS, and others where newer experimental therapies for human rabies cure may be tried.

Dog rabies

11. The animal birth control (ABC) programme (2001, launched /2023, amended) shall be further amended to place sterilized and vaccinated dogs in shelters or other suitable places, given for adoption to animal welfare organisations (AWOs), animal welfare activists, dog lovers and others, instead of releasing them back in the same areas from where they were picked up unless the residents demand them back

12. A relook/thorough independent / third party audit of the failed ABC programme is now very essential as it is 25 years since its launch and large amount of public money has gone down the drain. Simultaneously, any alternative humane approach that is likely to give quicker dividends shall be explored.

13. The recent Supreme Court rulings from August, 2025 to May,2026 are now balancing stray dog welfare vis-a-vis human welfare i.e. safety of the poor & vulnerables and this is a welcome move. At last, the honourable Supreme Court is coming to the rescue of the poor to free their sufferings from the stray dog menace and bites. It is time for the courts to consider tortious liability for irresponsible and aggressive animal welfare organisations and activists for exposing the poor and vulnerables to the stray dog attacks.

14.The airports, railways stations, bus stands, educational institutions, hospitals, office complexes, and other places as designated by the municipal corporations & state governments shall soon be made “stray dog free areas “for which there are already supportive supreme court rulings.

15. Additional veterinary staff shall be recruited on contract basis and by involving private veterinary practitioners, the mass dog vaccination (MDV) programme shall be implemented on mission mode, with time bound targets and continual monitoring, failing which it is sheer waste of public money and will go the ABC way.

16. The Government of India shall take a decision soon about the scope of oral rabies vaccination of dogs (OVD).

DOS

The success stories of rabies control from cities/geographical areas shall be shared on public and social media and popularised for replication. These shall be based on facts and science and not for self-glorification and promoting personal agendas.

DONTs

False and misleading claims on rabies free status of certain areas etc. shall be stopped forthwith.

For any public health programme to be successful, strong political will and sincere bureaucratic commitment are

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very essential. If Government of India, can make a serious commitment to this because that largely ameliorates the suffering of the poor and the vulnerables, then the goal of zero by 30 can easily be accomplished, if not by 2030 at least by 2040. Where there is a will there is a way.

Lastly, the APCRI was founded in 1998 and registered as a scientific society in 2000. This association conducted two WHO funded and GoI supported national multicentric rabies surveys in 2003 & 2017 that laid the foundation for and supported the NRCP. Also, in 2003 the APCRI submitted a memorandum to the then Union Minister of Health and Family Welfare, Sri. Shatrughan Sinhaji that led to two major developments in the country viz. successful conduct of a national multicentric study of feasibility of ID rabies vaccination by National Institute of Epidemiology, Indian Council of Medical Research, Chennai and the eventual national launch of intra-dermal rabies vaccination (IDRV) in 2006. Also, parallelly it resulted in the discontinuation of the age-old sheep brain (nerve tissue) vaccine in 2005. It is time now again that APCRI should revert to its strong advocacy and leadership role at the national level, besides the routine organizing of the annual conferences, publication of journal & newsletter, etc.

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