LESOTHO

I.) BACKGROUND INFORMATION

Lesotho covers 30,355 sq km and is surrounded by South Africa. Lesotho’s population is estimated to be around 1.9 million (July 2013), with about 27 percent living in urban areas (2010). Its GDP per capita (PPP) amounts to 2,0000 USD. However, 49 percent of the population lived below the poverty line in 1999, resulting in a high income inequality (GINI index of 63.2 in 1995). It is ranked according to the Human Development Index of 2013 on 158th place, as a country with low human development.¹ ²

In Southern Africa, 4 genotypes of the lyssavirus, which cause rabies, are endemic. The most common is Genotype 1 (Rabies virus, RABV). Others are Genotype 2 (Lagos bat virus, LBV), Genotype 3 (Mokola virus, MOKV) and Genotype 4 (Duvenhage virus, DUVV). Human infections are mostly due to the canine biotype of RABV.³ ⁴

Rabies is a notifiable disease in Lesotho. Animal and human rabies cases are confirmed via direct fluorescent antibody test (FAT) at the Central Veterinary Diagnostic Laboratory in Maseru.⁴

II.) HUMAN RABIES EPIDEMIOLOGY

Rabies in humans in Lesotho is mostly transmitted through the bite of the domestic dog. The data submitted to the OIE World Animal Health Information System for 2012, however, are inconsistent, with 15 human rabies cases reported, of which only 2 resulted in death.⁴ For 2011 rabies in humans is reported to have been present, but the number of deaths is not known.⁵

III.) RABIES VECTORS

The domestic dog is the main rabies vector in Lesotho. In 2012, there were 20 positive rabies cases and in 2011 and 58. For 2011 there were also 6 cases of rabies in other domestic animals reported. There is no data available on rabies in wildlife.⁶ ⁷

IV.) RABIES BIOLOGICS AVAILABILITY

Human rabies vaccine for post-exposure-prophylaxis (PEP) is available, but usage is low due to high costs.⁸

V.) OTHER


