TAJIKISTAN

I.) BACKGROUND INFORMATION

Tajikistan covers 143,100 sq. km and shares its borders with Afghanistan, China, Kyrgyzstan and Uzbekistan. Tajikistan’s population is estimated at around 8 million (2014), with about 26.5 percent living in urban areas (2011). Its GDP per capita (PPP) amounts to 2,300 USD (2013). However, 35.6 percent of the population lived below the poverty line in 2013. With a high income inequality it is ranked according to the Human Development Index of 2013 in 125th place, still amongst the countries with medium human development.¹ ii

Rabies is enzootic in Tajikistan. The most common lyssavirus present is Genotype 1 (Rabies virus, RABV). The Khujand Lyssavirus was also found in one bat. Human rabies infections, however, is mostly due to the canine biotype of RABV. iii

Rabies is a notifiable disease in Tajikistan. There is a human and animal rabies surveillance system in place. However, rabies in wildlife (including bats) is not caught by the system.iv

II.) HUMAN RABIES EPIDEMIOLOGY

Human rabies cases are sometimes laboratory confirmed, but mostly diagnosed on clinical grounds only. In 2011 Tajikistan reported to the OIE 13 cases of rabies in humansv. According to media reports, the Ministry of Health confirms on average 10 to 20 cases annuallyvi. This is inline with a recent estimation of 11 human rabies cases per yearvii.

III.) RABIES VECTORSviii

The main vector for rabies in Tajikistan is the domestic dog. In 2011, Tajikistan reported 64 cases of rabies in dogs, with 5,936 dogs vaccinated as a response and 54,636 dogs routinely vaccinated. The following year, 2012, 51 dogs died from rabies, 5,092 animals were vaccinated as a response to the outbreak, and 60,019 were routinely vaccinated. In the first half of 2013, there were 26 dog rabies cases, 1,952 outbreak response vaccinations and 34,989 routine vaccinations.

Nonetheless, a significant number of livestock, especially cattle, die from rabies every year. In 2011, 35 cases were reported, 24 cases in 2012, and 10 in the first half of 2013.

No wildlife rabies surveillance is in place. Hence, no data has been submitted to OIE to wildlife rabies cases.

IV.) RABIES BIOLOGICS AVAILABILITY

Rabies post-exposure prophylaxis is most likely available only in the urban centres of the country.


