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WORLD HEALTH ORGANIZATION



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**REPORT OF THE VII MEETING OF DIRECTORS OF
NATIONAL RABIES CONTROL PROGRAMS**

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REPORT OF THE VII MEETING OF DIRECTORS OF NATIONAL RABIES CONTROL PROGRAMS

Puerto Vallarta, Jalisco, Mexico
12-14 December 1998

FINAL REPORT

BACKGROUND

One of the priorities of the Program on Veterinary Public Health of the Pan American Health Organization is to provide technical cooperation to the countries for the elimination of human rabies transmitted by dogs. Initially, the countries committed to eliminating urban rabies from the principal cities of the Region at the III Inter-American Meeting, at the Ministerial Level, on Animal Health (III RIMSA); that commitment was ratified by the XXXI Directing Council of the Pan American Health Organization, held in 1983. That same year, the I Meeting of Directors of National Rabies Control Programs (I REDIPRA) was convened in Guayaquil, Ecuador, where the strategies were approved and the "Plan of Action for the Elimination of Urban Rabies in the Principal Cities of Latin America by the End of the 1980s" was established.

The execution of this Plan of Action was evaluated at II and III REDIPRA, held in Brasilia (1988) and Porto Alegre (1989). At the end of the 1980s, PAHO, jointly with the countries, evaluated the progress of the Plan; those results were presented at VII RIMSA, in Washington, D.C. (April 1991). At that meeting, Resolution II was adopted, recommending that the Director of PAHO continue to provide cooperation to the countries and extend the Plan to marginalized areas and small populations to permit the elimination of human rabies transmitted by dogs. That resolution was confirmed by the XXXV Directing Council of PAHO (September 1991).

Thus, the IV Meeting of Directors of National Rabies Control Programs (IV REDIPRA) held in Mexico City (October 1992) looked into expanding the Plan of Action for the Elimination of Human Rabies Transmitted by Dogs to small human settlements and rural areas and extending the goal to the year 2000. Furthermore, the need to implement epidemiological surveillance of sylvatic rabies, especially rabies transmitted by vampire bats, was emphasized.

Taking the progress of the national programs into account, it became necessary to establish procedures for the recognition of rabies-free cities, areas, and countries. PAHO

therefore convened a Expert Consultation in Santo Domingo, Dominican Republic (November 1994), to lay the technical foundations for the recognition of rabies-free areas and animal quarantine requirements. The following year (1995) those aspects were the main topic of V REDIPRA, held in Santo Domingo, Dominican Republic.

In April 1997, VI REDIPRA was held in Quito, Ecuador. The purpose of that meeting was to examine the achievements of the program for the elimination of rabies transmitted by dogs and to adapt the plan of action for consolidation of the final attack phase. In addition, the strategies for reference diagnosis and for quality assurance of biologicals were examined.

Taking into account the proximity of the goal to eliminate human rabies transmitted by dogs by the year 2000, the Director of the Organization convened VII REDIPRA, which is the subject of this report.

OBJECTIVES

- To examine the progress of the strategic plan for the elimination of human rabies transmitted by dogs in the countries of Latin America and the Caribbean.
- To examine and adapt the activities for the consolidation phase of the strategic plan programmed for the biennium 1999-2000.
- To develop strategies and activities for the protection and maintenance of rabies-free areas.
- To develop strategies for the surveillance, prevention, and control of sylvatic rabies.

PARTICIPANTS

In all, 66 professionals participated at the meeting, including official delegates (25), observers (22), and PAHO staff members (19).

The countries that sent their National Directors of Rabies Control Programs were the Bahamas, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, the United States of America, Uruguay, and Venezuela. Experts from WHO Collaborating Centers also participated.

METHODOLOGY AND PROGRAM OF ACTIVITIES

The meeting was designed to examine the specific situation of each country, its achievements, and its limitations and to discuss strategies for future implementation of the plan for the elimination of human rabies transmitted by dogs. Basically, the meeting was divided into three parts:

A presentation by the delegates of each country on the principal impact and coverage indicators to measure the progress of the program for the elimination of rabies in the period 1993-1997.

An informative account that consisted of the presentation of topics related to a historical analysis of the progress of the regional program for the elimination of rabies; compliance with the resolutions of IV, V and VI REDIPRA; the report on the reference laboratories; the Hemispheric Information System for Epidemiological Surveillance of Rabies; and the role of PANAFTOSA in future technical cooperation on rabies. At this session, for the purpose of reflection for action, the topics presented were: the concept of Rabies-free Municipios and the Maintenance of Rabies-free Areas in the Caribbean.

Working group sessions. This methodology facilitated the analysis and discussion of specific topics that corroborate the need for PAHO technical cooperation for the biennium 1999-2000.

The program of activities for the VII Meeting of Directors of National Rabies Control Programs is presented in Annex A.

PROCEEDINGS

Work began at 3:00 p.m. on 12 December 1998, following the program established, in the following order:

Opening Ceremony:

This ceremony was presided over by Dr. Jorge Domínguez Ojeda, Director of Zoonoses of the Secretariat of Health of Mexico, and Dr. José Luis Zeballos Zelada, PAHO/WHO Representative in Mexico, who were accompanied by Dr. Primo Arámbulo III, Coordinator of the Program on Veterinary Public Health, and Dr. José Germán Rodríguez Torres, Director of the Pan American Foot-and-Mouth Disease Center.

Dr. Zeballos transmitted a message from Dr. George Alleyne, Director of PAHO, inviting the delegates of the participating countries to continue their efforts to eliminate human rabies transmitted by dogs by the year 2000.

Dr. Domínguez welcomed the delegates of the countries and the other participants on behalf of the Secretary of Health, Dr. Juan Ramón de la Fuente, and of the Government of the State of Jalisco. Likewise, he thanked the Pan American Health Organization for selecting Puerto Vallarta, Mexico as the venue for this important event, in recognition of Mexico's efforts and achievements in the elimination of this disease. In conclusion, he officially opened the meeting at 3:30 p.m. on 12 December 1998.

The officers were then elected. In accordance with established procedures, the delegate of the host country, Dr. Jorge Domínguez Ojeda, was appointed Chair; Dr. Santiago Giringhella of the Republic of El Salvador was appointed Vice Chair and Dr. Gladys Romero, Representative of Venezuela, Rapporteur.

The work agenda was unanimously approved, and the presentations began in the following order:

Status and Progress of the Regional Program for the Elimination of Rabies, 1989-1997.

Dr. Alfonso Ruiz presented this subject. He said that the project began in 1983 with 21 countries and now comprised 28 (including seven in the English-speaking Caribbean). The Plan covers 518 million people living in Latin America and the Caribbean and 60 million dogs. He noted with satisfaction a sustained reduction in rabies cases in Latin America, from 252 in 1990 to 116 in 1997, which is a 54% drop in that period; the specific incidence rate also fell from 1.3 per million population in 1980 to 0.2 per million in 1997. He indicated that dogs remain the principal vector of rabies to humans, but noted with concern the increase in cases of human rabies transmitted by bats.

The strategy of mass vaccination of dogs—over the past six years totaling 175.8 million doses—has allowed for a sustained drop in cases from 16,464 in 1990 to 4,221 in 1997, which is a 74% reduction. Currently, the countries of the Eastern Caribbean, Chile, Costa Rica, Guyana, Panama, Suriname, and Uruguay and nearly 12,000 municipios in the remaining countries that participate in the Program are free of rabies transmitted by dogs.

However, Dr. Ruiz raised new challenges for the year 2000, including the increase in the human population; urbanization; human migration to wilderness areas, with its attendant risks; the difficulty of conducting extensive rabies immunization of wild species; the dilemma of the availability of better human rabies vaccines and access to them due to their high cost; the operation of epidemiological surveillance systems that

respond to social and economic changes and make it possible to identify risk factors; the sustainability of the programs within the current globalization processes; and finally, achieving full awareness in the population so that citizens themselves take responsibility for protecting their health.

Report on Compliance with the Resolutions of IV, V, and VI REDIPRA.

Dr. Primo Arámbulo III presented this report. Of the proposals submitted at the meetings, totaling 13 resolutions, six have been satisfactorily met, four are in progress, and three were not relevant. Annex B lists and describes these resolutions and the results of compliance.

Rabies-free Municipios

This corresponds to a proposal prepared by Dr. Eduardo Álvarez and Dr. Alfonso Ruíz for a conceptual model whose flexibility enables it to be adapted to different geopolitical conditions. It considers the risk factors that may determine the presence or absence of rabies and encourages the participation of civil authorities from the locality where the model is applied; it indicates coordination mechanisms for the public and private sectors linked to the problem through the establishment of an advisory group. This proposal should be put into effect through pilot studies, in order to evaluate its feasibility and simplicity and adapt it to existing conditions.

Maintenance of Rabies-free Areas in the Caribbean

This analysis was presented by Dr. Genaro García, using the definitions proposed by the IOE and WHO on potential at-risk areas as a reference. There was a discussion on the recommended quarantine measures in this case and the feasibility of their effectiveness within the political and administrative framework of the Caribbean countries.

Report on the "Meeting of PAHO Rabies Reference Laboratories," São Paulo, Brazil, 2-4 September 1998

Dr. Alfonso Ruíz noted that this project is under way and that it seeks to achieve excellence in diagnosis, particularly by expanding the use of the standard basic immunofluorescence test and providing reference service to the countries of the Region with molecular biology methods for classifying variants of the rabies virus. The strategy consists of creating a Consortium that utilizes existing institutions and resources in the

countries and that, in the medium term, will be a fundamental tool in the epidemiological surveillance system for rabies.

The Hemispheric Information System for Epidemiological Surveillance of Rabies

This proposal was presented by Dr. Alejandro López and Dr. Suely M.G. Ferreira of PANAFTOSA, regarding the improvement and expansion of information on rabies prevention and control activities. Timetables and conditions are established for the implementation of this model, which is useful in decision-making.

Analysis of the Rabies Situation and the National Programs

The information provided by the representatives of the participating countries was adjusted to the formats established and sent beforehand by the Coordination of the Program on Veterinary Public Health.

In particular, this information consisted of the impact and coverage indicators for the period 1993-1997, the infrastructure available for rabies control actions in 1997, and the resources allocated for the biennium 1996-1997. What follows is an analysis of this information:

Human Rabies: In the period 1993-1997, annual variations were observed with a downward trend that was not progressive. Belize, Chile, Uruguay, and Costa Rica have no cases of human rabies.

Canine Rabies: In the Region, 25,502 cases were recorded for this period. An analysis by year indicates a downward trend, although there was a rise in the trend in 1996, as a result of the increase in cases in Ecuador. Uruguay, Costa Rica, and Panama have no cases, while there were isolated cases in Chile. This latter country conducted studies that have been very useful to the Region, since when characterizing the virus that infected dogs, it was found to be a variant transmitted by insectivorous bats.

Care for Exposed Persons: The annual average number of people attacked by animals remains close to 800,000. The number of treatments prescribed to those people increases every year, for example from 299,000 in 1993 to 407,000 in 1997, which represents treatment percentages of 41.3% and 51%, respectively.

Vaccinated Dogs: Based on the information gathered in 19 countries for 1996-1997, 31.1 million and 33.9 million doses of canine rabies vaccine were administered, respectively. Coverage, however, varies considerably from one country to another. The countries with the lowest canine vaccination coverage in 1997 were the Dominican Republic, Venezuela, Bolivia, Paraguay, and Haiti, which did not report any vaccination.

Control of Foci and Dogs: In the biennium 1996-1997, it is reported that 8,255 rabies foci were controlled in the Region. A total of 1.5 million stray dogs were eliminated.

According to the report from the countries, the infrastructure available to combat rabies consists of 141 diagnostic laboratories, with the capacity to conduct the standard test; 21 laboratories for quality control of biologicals; 236 rabies or dog detention centers; and 55,821 medical units to care for persons exposed to rabies.

Human Rabies Vaccine: In 18 of the countries of the Region there were 7.9 million doses for the biennium 1996-1997, 97% of which were produced in suckling mice brains (S.M.B.). The remainder (3%) were produced in cellular substrates. It is reported that 38.1% of all the biologicals were utilized.

Antirabies Serum: The use of this product is reported in 12 countries, with 238,474 flasks available in the biennium 1996-1997; 86% of which was administered.

Canine Rabies Vaccine: The information provided by 19 countries for the biennium 1996-1997 indicated that 92.8 million doses were available, 58.4% of which were the S.M.B. type and the remainder (41.6%) cell substrates. Those countries reported administering 71.2% of the available vaccines.

Financial Resources: In 1997, 17 countries of the Region allocated US\$ 29.7 million to support rabies prevention and control activities. In some, resources are insufficient, and control programs often have to resort to donations.

The Role of PANAFTOSA/PAHO/WHO as a Technical Cooperation Center for Rabies

Dr. José Germán Rodríguez Torres reported that, pursuant to the decisions taken by PAHO, this Center will assume responsibility for the coordination and promotion of technical cooperation, as well as the operation of the Epidemiological Surveillance System for Rabies in the Region. It does not involve, however, the establishment of specific laboratory areas, which is an aspect that will be implemented in coordination with the laboratories of technical excellence that participate in the Consortium.

Working Group Session:

Five groups were formed and asked to discuss the following topics: The Consortium of Rabies Reference Laboratories; Rabies-free Municipios; Information Systems and Rabies Surveillance, and Technical Cooperation Priorities for 1999-2000.

RECOMMENDATIONS

1. The establishment of the **Consortium of Rabies Reference Laboratories** to support the countries of the Region was considered an important strategy for expanding the coverage of technical cooperation on diagnosis. Regarding this aspect, it was recommended that:

- The laboratories participating in the Consortium have the endorsement of their government and that only one laboratory participate per country, preferably the national reference laboratory.
- Each country, when a service is required, have the freedom to select the Consortium laboratory most suited to its interests and that the mechanisms of cooperation, technical assistance, training, supply of reference biologicals, and joint publications be specified.
- The countries that operate the Consortium laboratories that receive samples report to the mechanisms for the entry and customs clearance of those samples, to prevent their misplacement or loss.
- PAHO support Consortium laboratories with TCC resources in both the integration process and their operations.
- That priority be given to establishing the standard immunofluorescence technique in countries where it does not exist, as a means of epidemiological surveillance.

2. The **rabies-free municipio** initiative is a strategy to make the prevention and control programs that require further development sustainable, based on the following recommendations:

- To adopt the rabies-free municipio proposal through an official statement, because it is a motivational element for municipal development policies.
- To request technical support from PAHO for the implementation of the mechanisms and procedures for the recognition and maintenance of rabies-free municipios.
- To form a committee in every country that specifies and sets criteria on how to apply the proposal on rabies-free municipios, with the possibility of adjusting the concept to its geographical needs and political and administrative features.
- To request support for the proposal on Rabies-free Municipios from the upcoming XI RIMSA.

3. The improvement and adaptation of the **Hemispheric Information System for Epidemiological Surveillance of Rabies** of the Americas requires:

- That the weekly and monthly systems continue to operate and, moreover, that a quarterly bulletin that includes studies on the characterization of strains in the Region and an Annual Report presenting a comprehensive evaluation of the National Program be published.
- That PANAFTOSA provide the new model being proposed for epidemiological surveillance of rabies in the Americas and that it be submitted to the countries for review.

4. **PAHO technical cooperation** should be consistent with the needs and priorities established by each country, with the following topics of interest: the characterization of risk areas; health promotion and education; organization and evaluation of rabies vaccination campaigns; methods for eliminating stray dogs; training in cost-benefit studies on rabies prevention and control actions; improvement of medical care for rabies in persons attacked, and support of the binational and multinational plans for border areas for epidemiological control and surveillance of rabies and other zoonoses.

5. It was recommended that periodic evaluations of the National Rabies Control Programs in the countries of the Region be prepared, based on international missions coordinated by PAHO.

6. Initiatives for integration in health are being promoted with INCOSUR and MERCOSUR, adding the topic of rabies and the feasibility of rabies control in the member countries to the agenda of future events.

7. It was recommended that simultaneous translation (Spanish-English) be available at future meetings and that the working documents provided be available in the language of each country.

The meeting was adjourned at 5:00 p.m. on 14 December 1998. The Pan American Health Organization and the delegates of the participating countries thanked the Government of Mexico for its logistical support for the holding of this event.

Annexes A and B are only available in Spanish.

**VII REUNION DE DIRECTORES DE LOS PROGRAMAS NACIONALES PARA
LA PREVENCION Y ELIMINACION DE LA RABIA EN AMERICA LATINA**

Puerto Vallarta, Jalisco, México
12 al 14 de diciembre de 1998

PROGRAMA

Sábado 12 de diciembre.

- | | |
|---------------|---|
| 15:00 – 15:30 | Inscripción de participantes |
| 15:30 – 16:00 | Elección de la Mesa Directiva
Metodología de la Reunión |
| 16:00 – 16:30 | Sesión Inaugural |
| 16:30 – 17:00 | Situación y avances del Programa Regional de Eliminación
de la Rabia: 1989-1997.
Dr. Alfonso Ruiz |
| 17:00 – 17:30 | Informe del Cumplimiento de las Resoluciones de las REDIPRA
anteriores.
Dr. Primo Arámbulo III |

Domingo 13 de diciembre

Presentación de la situación de la Rabia en los países.

- | | |
|---------------|--|
| 08:30 – 09:35 | Area Andina: Bolivia, Colombia, Ecuador, Perú y Venezuela. |
| 09:35 – 10:30 | Cono Sur: Argentina, Chile, Paraguay y Uruguay. |

10:30 – 10:50	Brasil
10:50 – 11:00	Discusión
11:00 – 11:15	Café
11:15 – 12:45	Centro América: Belice, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua y Panamá
12:45 – 13:00	México
13:00 – 13:15	Discusión
13:15 – 14:30	Receso
14:30 – 15:10	Caribe: a) Latino: Cuba, Haití y República Dominicana
15:10 – 15:50	b) Inglés: Bahamas, Barbados, Granada, Guyana, Suriname y Trinidad & Tobago.
15:50 – 16:00	Estados Unidos de Norteamérica
16:00 – 16:15	Café
16:15 – 16:45	Municipios Libres de Rabia. Dr. Eduardo Alvarez
16:45 – 17:00	Discusión
17:00 – 17:30	Mantenimiento de áreas libres de rabia en el Caribe. Dr. Genaro García
17:30 – 17:45	Discusión
17:45 – 18:15	Gerencia General de Biológicos y Reactivos (BIRMEX) CP. Aurelio Alvires/ Lic. Javier Escalante
19:00	Recepción Social

Lunes 14 de diciembre

08:30 – 09:00	Informe de la “Reunión de la OPS de laboratorios de referencia de rabia”. Dr. Alfonso Ruiz
09:00 – 09:45	El Sistema de Información Regional para la Vigilancia Epidemiológica de la Rabia. Dres. Alejandro López y Suely M.G. Ferreira Pinho
09:45 – 10:15	Consideraciones para la elaboración de planes de acción a nivel nacional y regional para 1999 – 2000. Dr. Primo Arámbulo III
10:15 – 10:45 Cooperación	El Papel de PANAFTOSA/OPS/OMS como Centro de Técnica en Rabia. Dr. José Germán Rodríguez Torres
10:45 – 11:00	Discusión
11:00 - 11:15	Café
11:15 – 12:15	Trabajos de Grupo: Plan de acción de los programas nacionales y requerimientos de cooperación técnica para la eliminación de la rabia, 1999-2000.
12:15 – 13:15	Almuerzo
13:15 – 16:00	Continuación de los Trabajos de Grupo
16:00 – 16:30	Informe Final y Clausura.

**INFORME DEL
CUMPLIMIENTO DE LAS RESOLUCIONES DE LAS REDIPRA IV, V y VI.**

IV REDIPRA, Ciudad de México, México Octubre de 1992.

1. Crear un banco de vacunas antirrábicas, con los excedentes de producción de algunos países, para ponerlos a disposición de aquellos que la necesiten.
 - Con excepción de Paraguay, el resto de los países no tienen desabasto; además de que no fue posible incluir estas vacunas en el PAI.
2. Realizar estudios de caracterización de áreas de riesgo de rabia canina.
 - Como parte de la cooperación técnica, de manera continua se han venido efectuando estos trabajos en los países.
3. Revisar los criterios para la declaración y mantenimiento de países y áreas libres de rabia canina.
 - Se celebró una reunión de expertos en Santo Domingo, República Dominicana en Noviembre de 1994 y se dispone del material técnico para consultas subsecuentes.
4. Desarrollar un programa de actualización de Vigilancia Epidemiológica de la Rabia.
 - Se han celebrado por Subregión actividades de capacitación sobre ese tema.

V REDIPRA, Santo Domingo, República Dominicana, Febrero de 1995.

5. Desarrollar estrategias para la prevención y control de la rabia en áreas fronterizas de alto riesgo.
 - Se han promovido y apoyado iniciativas de acción en áreas fronterizas con fondos TCC.

6. Elaborar una guía metodológica que considere el desarrollo y evaluación del componente educativo de los Programas de Prevención y Control de la Rabia, con énfasis en la población escolar y grupos de riesgo.
 - El documento esta concluido y se está entregando a los Directores Nacionales de los Programas de Rabia, para que promuevan su reproducción y uso en sus países.
7. Establecer la Comisión Regional para la Eliminación de la Rabia en las Américas.
 - Se iniciaron los trabajos y se presentó una propuesta de estatutos de las REDIPRA, tendientes a celebrar reuniones similares a la COSALFA; este documento no fue aceptado por los Directores Nacionales de Programas (REDIPRA VI).
8. Disponer de una vacuna antirrábica oral para el control de mangostas.
 - El CDC tiene en estudio el producto de que se dispone y aún esta pendiente su aprobación; de momento se carece de experiencias de campo para autorizar su uso, además de existir el inconveniente de su costo y carecerse de las estrategias por aplicar en el campo para su distribución
9. Proponer acciones para que los procesos de privatización no afecten la ejecución de los Programas de Eliminación de la Rabia en los países donde se presentan estos cambios.
 - Se elaboró el documento "Criterios y Procedimientos para el Reconocimiento de Municipios Libres de Rabia," mismo que se encuentra en revisión por los países para su validación y uso.

VI REDIPRA, Quito Ecuador, Abril de 1997.

10. Solicitar a la OIE se uniformen los requisitos para Europa y América, para el reconocimiento oficial de países o áreas libres de rabia, lo que permita disponer de un sistema de Vigilancia Epiderniológica efectivo .
 - Se presentó la comunicación oficial ante la OIE y se está en espera de la respuesta.

11. Definir lineamientos y procedimientos técnicos para estimar la población canina.
 - Se proporcionaron a todos los países de la Región manuales editados por la OMS sobre este tema y se apoya la aplicación de estas metodologías de trabajo.

12. Evaluar "in-situ" las actividades de control de la rabia en cada país, con especial énfasis en el Sistema de Vigilancia Epidemiológica, la calidad del diagnóstico, el control de calidad de las vacunas y la atención médico-antirrábica de las personas.
 - La OPS ha evaluado la mayoría de los Programas de Prevención y Control de la Rabia de los países de la Región, es motivo de preocupación las limitaciones observadas en Haití, Paraguay y Bolivia, así como la necesidad de revisarse la presencia de rabia silvestre en nuevos asentamientos en el Amazonas.

13. Desarrollar e implementar el Sistema de Vigilancia Epidemiológica para los Países Libres de Rabia.
 - A partir del modelo que opera en la Isla de Hawai se iniciaron los trabajos para aplicarse en el Caribe.