Vaccination Day

Contents
1. Steps on the day of vaccination
2. Vaccination protocol

Key points
• Target roaming / outdoor dogs and puppies as a priority
• Parenteral administration of vaccines are to be used
• Aim to vaccinate all dogs seen
• Once the dog is restrained, vaccinate quickly
• Make sure that you vaccinate correctly – or you must revaccinate
• Use two hands to vaccinate – one to hold up the skin and the other to operate the syringe
• Make sure all vaccinated dogs are fitted with a collar or spray painted

Risks and precautions
• Avoid getting bitten!
• It is highly recommended that all staff involved in mass vaccination of dogs complete a full course of pre-exposure vaccination. This should be ensured by the relevant line manager of the vaccinator staff.
• Anyone bitten or scratched should wash the wound immediately under running water for 15 minutes with soap, then disinfect with ethanol (700mL/l) or iodine (tincture or aqueous solution) if available, and immediately go to the nearest approved hospital or bite treatment centre for an assessment of whether postexposure rabies vaccination is needed - this includes dog owners assisting staff with vaccination and staff that have been previously vaccinated.
• Vaccination team members should not attempt to net or capture a dog without training.
• If dogs are observed to show potential signs of rabies (such as biting behaviour) refer to the guides Rapid Response to Suspect Rabid Dog Alerts and Euthanasia of Rabid or Suspect Rabid Dogs for identification and recommended action.

Resources: Vaccines, equipment, staff & training
Refer to the guide Preparation for Vaccination.

Related guides
Preparation for Vaccination
Dog Capture and Handling
Vaccine Storage, Transport & Management
Rapid Response to Suspect Rabid Dog Alerts
Euthanasia of Rabid or Suspect Rabid Dogs
1. **Steps on the day of vaccination**

1. **Review the plan for the day:**
   a) Meet with the community leader/s to review the plan to check if anything has changed.
   b) Make sure all vaccination team members have assigned roles and clear instructions on moving through the area.

2. **Check materials & equipment:** Make sure all teams have all the necessary equipment and vaccines (see guide *Preparation for Vaccination*).

3. **Temporary fixed vaccination post:** If one or more temporary vaccination post/s are to be used:
   a) Set up a table for local people to register their dogs — choose a location for the table that provides shade for those waiting in line
   b) Provide water for dogs and people if it is a hot day
   c) Make sure you have vaccination forms, registration forms, clipboards and pens.
   d) (Note: Mobile vaccinations are also highly recommended to ensure that all dogs are targeted — not just those that are easily handled.)

4. **Mobile vaccinations:**
   a) Ask for a community leader or assigned representative to accompany the team to ensure that the entire village is covered, and all houses with dogs are visited (if this is part of the plan).
   b) Move through the village according to the plan for the day, ensuring that all streets and places are covered (including mosques/temple/churches, puppy markets, slaughter houses, construction sites, markets, cemeteries, schools, hospitals and beaches)
   c) Target all dogs in the village for vaccination.

   For puppies, vaccinating all over 2 weeks of age is recommended. Repeat vaccination before 6 months of age is recommended for protective cover for those puppies (make sure that owners/carers are informed of this). In areas with low rabies prevalence or where dogs are owned and confined, vaccination of puppies from 3 months onwards is common practice.

(Source: World Animal Protection)
5. **Dog handling:** (Refer to the guide *Dog Capture and Handling* for further instructions)
   a) For dogs at community facilities or public areas, an intensive but calm approach is needed for dog catching and handling, or dogs will scatter. It is important to notify the person in charge in advance.
   b) **Dogs with owner/carer:** Ideally the community liaison or communication staff should advise people in the designated area to keep their dogs indoors or within a gated area, ahead of your visit. When you approach, ask the dog owners or carers (people who feed and know the dogs but may not claim to own the dog) to present their dogs. Then trained handlers can assist owners to ensure safe handling for vaccination and to reduce stress for the dog. For dogs that are very fearful or difficult to handle (even by the owner or community), explain any catching or muzzling that may be required.
   c) **Free roaming dogs:** If roaming dogs can’t be caught by hand, assess the dog’s temperament and ease of handling and use methods as advised in the guide. Where nets are used, the dogs can be vaccinated and collared / spray painted through the net (see *Dog Collar Video* (FAO, 2014) for a guide on applying a collar through a net).
   d) **Nervous or aggressive dogs:** Some dogs may require muzzling to avoid danger to handlers. If no muzzle is available, a bandage or leash tied around the dog’s nose and then behind the head (also known as a tape muzzle) can work in the short term (see ‘Equipment’ in the guide *Dog Capture and Handling*).

6. **Check temperature of dogs:** Before vaccination, take the temperature of any dogs that appear subdued or distressed. If their temperature is high, let them rest and take their temperature again after 15 minutes (normal temperature is 38–39°C). If it remains high, advise the owner to take the dog to a veterinarian for an examination (if possible), or get the veterinarian from the vaccination team to assess whether vaccination should proceed.

7. **Vaccinate:** Vaccinate the dogs according to ‘2. Vaccination protocol’.

8. **Mark vaccinated dogs:** Marking vaccinated dogs is vital to distinguish between vaccinated and non-vaccinated dogs, including during post-vaccination counting to ensure that sufficient coverage has been achieved.

<table>
<thead>
<tr>
<th>Adult dogs: Fitting Collars</th>
<th>The collar should be fitted so that it is comfortably tight for the dog but not so loose that it will fall off. As a guide, you should be able to fit two fingers under the collar. Also, check that it doesn’t self-tighten so that the dog doesn’t choke. (Source: FAO, 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitting collars through nets: If dogs are caught using a net, it is possible to fit them with a collar using clamps. For a guide see <a href="#">Dog Collar Video</a> (FAO, 2014). If fitting a collar using clamps is not possible, alternative marking can be used (as described for puppies below).</td>
<td></td>
</tr>
<tr>
<td>Puppies (dogs under 10 months old): Do not use collars (as they will tighten as they grow).</td>
<td>Instead use non-toxic paint spray or gentian violet to put a small spot between the shoulder blades of the puppy. If the puppy has a responsible owner who will change the size of the collar as the puppy grows a collar can be provided as well as a paint spot.</td>
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</tbody>
</table>

*If for any reason a vaccinated dog is not marked this must be recorded and reported to the Survey Coordinator (see the guide [Post Vaccination](#)) for inclusion in survey data analysis.*

9. **Record:** Record all dogs vaccinated on the [Rabies Vaccination Worksheet](#).

10. **Issue Rabies Vaccination Cards** to owners/carers whenever practical.

11. **Confirm and report coverage:** Confirm with the community leader when the village has been completed. Report the total number of dogs that were vaccinated and the village coverage, including any need to return if at least 70% coverage was not achieved.

12. **Complete and submit the Rabies Vaccination Summary Report.** Vaccination Coordinators should submit the forms or the information held on the forms, using SMS or similar, to the district level at the end of each day of vaccination so that it can be put into a central database. This may be best done through a Survey Coordinator who can be made responsible for all data collection, storage and reporting to Provincial/National rabies committees.

13. **Repair, wash and disinfect the nets (plus any other equipment used)** before starting in the next village to prevent disease spread.

### 2. Vaccination Protocol

Following is a guide on the correct methods for administering of the vaccine.

**Syringes and needles**

- Each dog receiving a vaccine must get a new needle. Used needles must be disposed of safely in a hard plastic box or bottle (safety box).
- Syringes may be reused for 5 to 10 dogs, unless blood is observed in the syringe hub in which case it must be discarded. Syringes must be carefully monitored on each use for such contamination.

**Administration of the vaccine**

Administration of the vaccine is conducted subcutaneously or intramuscularly preferably by or under the supervision of a veterinarian. Subcutaneous injection is usually easier, while intramuscular injection can provide longer protection though often causes the dog to vocalise, signifying pain. As annual vaccination programs are required (including providing boosters to those previously vaccinated), subcutaneous vaccination of dogs is adequate.
Steps

1. Filling the syringe
   i. Attach a new, disposable needle to the nozzle of a new, disposable syringe (or one that has been used on less than 5 dogs that day), and then insert into the bottle containing the vaccine for filling.
   ii. To prevent a vacuum forming in the bottle, you may need to first inject an amount of air equal to the volume of drug to be used into the bottle.
   iii. Fill the syringe with the correct dose.
   iv. Remove the needle and syringe from the bottle and replace the cap on the needle for safety.

2. Site of injection
   Use two hands to vaccinate—one to hold up the skin the other to operate the syringe. Any of the following sites are suitable:

<table>
<thead>
<tr>
<th>Site</th>
<th>Description/method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subcutaneous</strong></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td>The skin of the neck is loose and easy to lift, and well supplied by blood vessels. The skin needs to be held in preparation for the penetration of the needle. Inject parallel to the skin fold (to avoid piercing right through the other side).</td>
</tr>
</tbody>
</table>

![Correct Method](image1)

![Incorrect Method](image2)

(Source: WSPA, n.d.)
<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Image Source</th>
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<tr>
<td><strong>Ribs</strong></td>
<td>This is often another convenient and safe area if the animal is held well. Find a location on the ribs with some loose skin. See Neck for correct method for subcutaneous vaccine injection.</td>
<td><img src="source" alt="Image" /></td>
</tr>
<tr>
<td><strong>Skin flap on the flank</strong></td>
<td>This is an alternative site due to the loose skin. Make sure the dog is held well. See Neck for correct method for subcutaneous vaccine injection.</td>
<td><img src="source" alt="Image" /></td>
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<tr>
<td><strong>Vaccination through nets</strong></td>
<td>This is a good option for dogs that are difficult to handle and netted dogs. Risk: Damaging the sciatic nerve and leg bones. To avoid this, use experienced injectors only using a short needle injecting in the cranial (forward) muscles of the upper hind leg.</td>
<td><img src="source" alt="Image" /></td>
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<tr>
<td><strong>Intramuscular</strong></td>
<td></td>
<td><img src="source" alt="Image" /></td>
</tr>
<tr>
<td><strong>Hind leg</strong></td>
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</table>
3. Recording and reporting the vaccinations
Make sure that each vaccination is recorded on the Rabies Vaccination Worksheet.

References