

Special Report

Report of the Seventh AREB Meeting, 16th to 18th November 2010, held at Goa in India and the AREB's Position on World Health Organization's Latest Position Paper [2010] on Rabies

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The 7th Meeting of the Asian Rabies Expert Bureau (AREB) was held for three days in Goa (16-18 November), to review the current rabies situation, build the foundation for new project development and assess the best practices in rabies prevention.

The Asian Rabies Expert Bureau (AREB), was founded in 2004. It is an informal network of rabies experts from 12 countries: Bangladesh, Cambodia, China, India, Indonesia, Lao PDR, Myanmar, Pakistan, Philippines, Sri Lanka, Thailand, and Viet Nam. AREB is committed to contribute to rabies elimination in Asia. AREB members meet annually to present and discuss the rabies situations, and address specific problems encountered in clinical practice, and find practical solutions.

Dr. M. K. Sudarshan from Bangalore, Dr. Amlan Goswami from Kolkata, Dr. B. J. Mahendra from Mandya, and Dr. D. M. Satapathy from Berhampur, were the delegates from India.

In the meeting lot of discussions took place among the experts. Two Workshops were held. **The First** one was again divided into two parts. (a) Burden of Rabies Workshop and (b) Communications workshop. **The Second** Workshop was a very elaborate affair dealing at length on **the AREB's Position on WHO Recommendations 2010.**

The Conclusions of the workshop on Burden of Rabies are as follows :

1. Evaluating the global burden of rabies control is an important part of securing international funding and support for rabies prevention programs throughout Asia.
2. Members of AREB were requested to review the questionnaire currently under development in association with the Burden study by the PRP. AREB members were further requested to send comments as to whether the questions included were

appropriate, could be improved, or if additional questions should be added, etc.

The Conclusions of the Communications workshop are as follows:

- (1) Development and execution of well designed communication plans can be useful tools in the fight against rabies.
- (2) An 8-step communication plan is available within the Blueprint for canine rabies control and human rabies prevention and can provide the basis for improving rabies education.

The web address of Blue Print is <http://www.rabiesblueprint.com/?lang=en>

The AREB's Position on WHO Recommendations [2010]. The AREB's Position (2010) were discussed on the following points mentioned below:

1. Shorten Essen, 4 doses instead of 5
2. The one week PEP regimen ("4-4-4")
3. Providing PEP booster in one day using 4 site ID
4. The 4- vs 8-site intradermal PEP regimen
5. Duration of immunity after vaccination
6. Do we need to state a vaccine potency by intradermal dose?
7. Recommendation for PrEP in children

Shorten ESSEN Schedule to 4 doses instead of 5 doses. The AREB's position on it:

- (1) Because of the difficulty of determining the immuno competence of a patient without the use of additional laboratory evaluation, AREB will continue to recommend the standard 5 dose Essen regimen.
- (2) AREB members mentioned that an IM PEP protocol with four doses and only 3 visits (Zagreb regimen),

has already been recommended by WHO and has been extensively used with success in several rabies endemic countries.

The AREB's Position on the Report of the WHO/Bill & Melinda Gates Foundation Consultation:

- (1) The 4-site ID 'one-week' PEP regimen could be considered as an alternative to the 2-site ID TRC PEP regimen on the basis of the results of one or more additional, confirmatory studies documenting safety and immunogenicity of this regimen using WHO prequalified rabies vaccine(s) approved for ID use, with or without RIG (with documented safety and efficacy).
- (2) These studies should be carried out in accordance with GCP guidelines, and results should be published in a peer-reviewed journal.

AREB's position on Re-exposure Boosters in the updated WHO Position Paper (2010):

- (1) AREB continues to recommend the two-visit boosters on Day 0 and 3.
- (2) As an alternative to the two-visits regimen, the patient may be offered a single-visit 4-site intradermal regimen consisting of 4 injections 2 on each arm and thigh or suprascapular region.
- (3) National health authorities should formulate their own guidelines on booster policy.

AREB's position on the 8 site ID PEP in the updated WHO Position Paper (2010):

To be clearly stated why 8-site ID PEP regimen is not anymore in the list of WHO-recommended regimens, including the following statement:

“The 8-site ID PEP regimen was shown to be safe and efficacious, but consumes more vaccine doses and requires 3 months for completion”.

AREB's position on Periodic Boosters in the updated WHO Position Paper (2010):

Periodic booster doses of rabies vaccines are not required for individuals living in or traveling to high-risk areas who have received a complete primary series of pre-exposure or post-exposure prophylaxis with a CCV.

Important points to be noted:

- (1) However, booster doses are needed in case of exposure.
- (2) In case of new rabies exposure, after previously having received an incomplete PEP (without clear information about completion of the full course or without any documentation), complete vaccination regimen (+ RIG in case of category III contact) should be given.
- (3) The ability to develop an anamnestic response to a booster vaccination is related neither to the route of administration of the initial series (intramuscular or

intradermal) nor to the type of prophylaxis (pre- or post-exposure) received.

- (4) AREB members agreed to put on hold the issue of whether or not booster doses are necessary in the case of re-exposure when the primary vaccination has recently (days? Weeks? Months?) been completed.

AREB's position on the antigen content in IU per single ID dose in the updated WHO Position Paper (2010):

- (1) AREB requests WHO to define an antigen content in IU per single ID dose
- (2) Current information indicates that antigen content > 0.50 IU per ID dose is efficacious.
- (3) A recent meta-analysis supports this statement (Sudarshan et al, Human Vaccines, 2010).

AREB's position on PrEP in children in the updated WHO Position Paper (2010):

- (1) Existing data are sufficient for recommending PrEP in children living in areas where rabies is highly endemic.
- (2) PrEP is a life saving measure, especially in areas where dog rabies control is not in place.
- (3) PrEP should be introduced without delay in highly endemic areas, together with dog rabies control and reinforcement of PEP, as a part of integrated program. These three components should not be used alternatively or be exclusive of each other.

Finally, AREB members acknowledged that comprehensive rabies control programs have to be implemented, including pre-exposure vaccination, optimizing post-exposure prophylaxis, rabies control in dogs including dog vaccination and population management, and improving education on responsible dog ownership.

AREB members also acknowledged the initiatives launched by the Indian government to promote rabies awareness, as well as the contribution of non governmental organizations, notably from the Association for Prevention and Control of Rabies in India (APCRI), the Rabies in Asia Foundation (RIA) and the Global Alliance for Rabies Control (GARC).

For the past five years, the Global Alliance for Rabies Control has coordinated World Rabies Day (WRD) activities across the globe. To date, this initiative has educated more than 150 million people from more than 135 countries. WRD, taking place every September 28th, is now listed as one of the recognized health days on the United Nations website. WRD has served as a catalyst to reinvigorate rabies prevention and control in many countries.

AREB members are committed to actively contribute to rabies elimination in Asia.