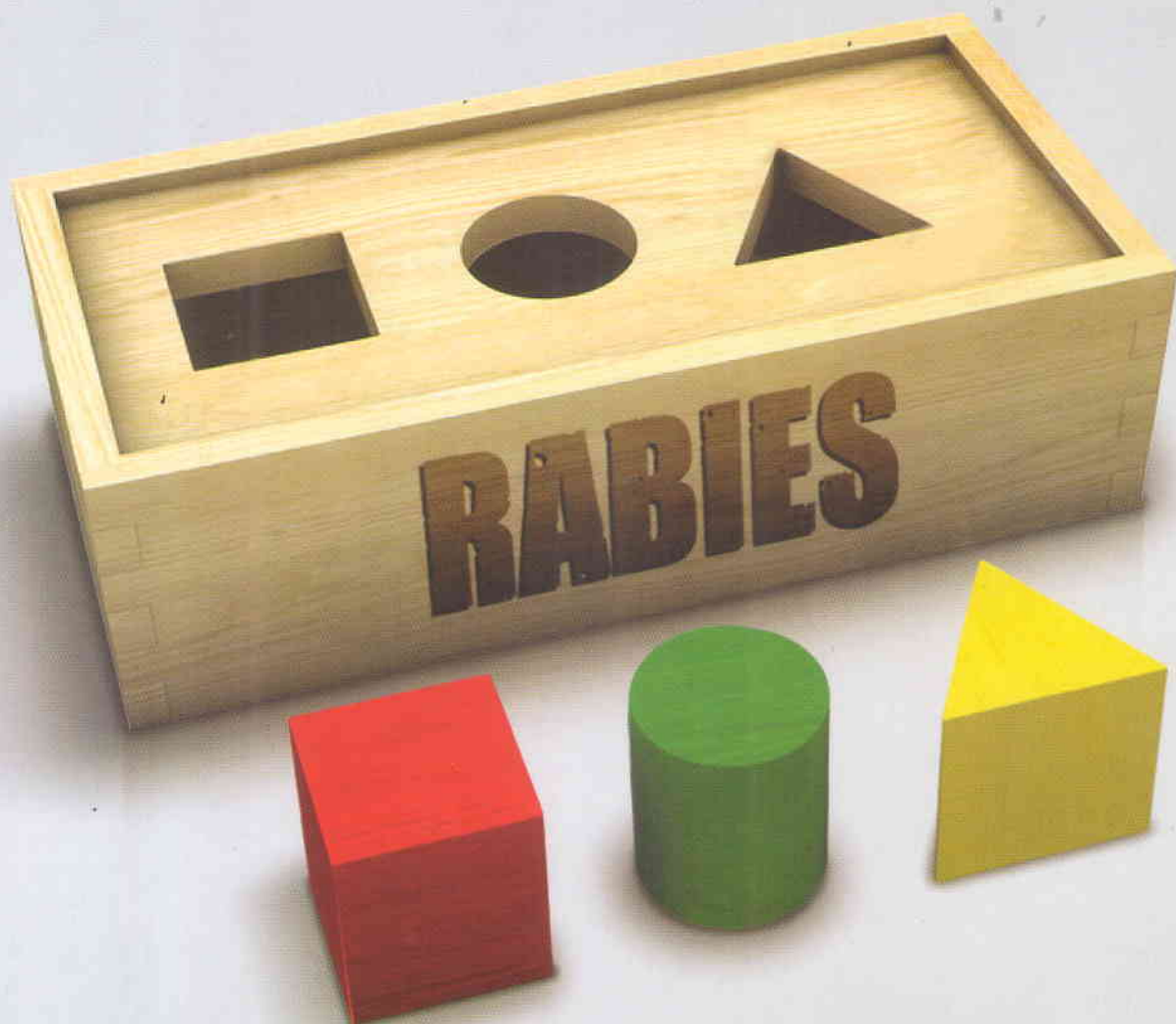


**Not all exposures to
rabies are the same...**



Nor is the treatment

Effective **Rabies** control is as easy as **1, 2, 3...**



As per WHO categories

CATEGORY



Touching or feeding animals, licks on intact skin - contact of intact skin with secretions or excretions of rabid animal or person

1 ACTION



Counsel the patient

CATEGORY



Nibbling of uncovered skin, minor scratches or abrasions without bleeding

2 ACTIONS



Thorough wound wash with soap and water followed by an antiseptic



Immediate anti-rabies vaccination

CATEGORY



Single or multiple transdermal bites or scratches, licks on broken skin; contamination of mucous membrane with saliva from licks, exposure to bats

3 ACTIONS



Thorough wound wash with soap and water followed by an antiseptic



Infiltration of R-Mab/RIG into and around all wounds



Immediate anti-rabies vaccination



SERUM INSTITUTE OF INDIA PVT. LTD., Pune - 28
501, Dalamal Towers, 211, Nariman Point, Mumbai - 21. Tel: 022-4017 0200, 6630 1770.

SAME DOG BITE AND DIFFERENT OUTCOME IN TWO CASES*

Case Report



Patient 1

A 5-year-old boy from Yavatmal District in Maharashtra State, India was bitten by a pet dog on 7th June 2010, incurring two deep lacerations on right gluteal region (WHO Class III bite). The dog was never vaccinated, showed abnormal behaviour on the day of bite and killed after second bite incident.

The boy was taken to Primary Health Centre of that village and received intramuscular injection of Tetanus Toxoid and first dose of cell culture vaccine and referred to first referral centre. From first referral centre the boy was again referred to District Civil Hospital for anti-rabies serum. Parents of the child took him to a private paediatric hospital at district place where wound was washed with soap and water and irrigated with povidone iodine.

After 2 h of local wound treatment, Inj. KamRAB 2 ml (20 IU / kg body weight, total dose 300 IU as weight was 15 kg) was infiltrated into and around the wounds and advised to take remaining four doses of cell culture vaccine as per the Essen regimen. The child was visited at his home in November 2013 and found to be alive and well after three and half years of dog bite.



Patient 2

Within few minutes of incident with patient 1, the same dog bit a 30-year old male, incurring laceration on the flexor aspect of left middle finger (WHO Class III bite). The wound was not washed with soap and water.

The patient was taken to Primary Health Centre of that village and received intramuscular injection of Tetanus Toxoid and first dose of cell culture vaccine and advised to take remaining four doses as per Essen regimen. The patient received 2nd, 3rd and 4th dose of cell culture vaccine as per schedule.

On 1st July 2010 patient was having pain at the site of bite and headache. Parents took him to first referral centre where Medical Officer observed that patient was having aerophobia and intolerant to noise and told to the parents that the patient has developed rabies.

The patient died on 3rd July 2010 i.e. on 27th day after dog bite.

**DEATH IN SPITE OF RABIES VACCINATION!
COULD HIS LIFE NOT BE SAVED?**

*Gadekar et al Journal of Clinical and Diagnostic Research, 2014 Jun, Vol-8(6): JD01-JD02

In Category III exposures,
relying on vaccination alone is like
playing a game of chance

Only Vaccination as PEP – A High Risk Strategy!

- High risk exposures have incubation period of less than 14 days¹
- Vaccines take up to 14 days to protect adequately
- Absence of immediate virus neutralization

Dangerous when short incubation period expected



Bites on face, neck region



Multiple site exposures



Bites on fingers and genitalia

Rabies deaths may not be prevented by vaccination alone and hence WHO², CDC³ (USA), NCDC⁴ (India) recommend Rabies immunoglobulin as IMMEDIATE NEUTRALIZATION

1. Sudarshan M.K. et al – International Journal of Infectious Diseases (2007) 11, 29-35.

2. WHO guide for rabies pre and post exposure prophylaxis in humans, Updated 2014

3. MMWR May 23, 2008 / Vol. 57 / No. RR-3

4. National Guidelines for Rabies Prophylaxis and ID Administration of Cell Culture Rabies Vaccines. National Institute of Communicable Diseases, 2007

5. Sloan et al Vaccine. 2007 Apr 12;25(15):2800-10

For Category III exposures...



PRESENTING

RABI

Rabies Human Monoclonal Antibody (rDNA)



TM

A new paradigm to save lives from rabies

- Neutralizes rabies virus immediately
- Reduces viral load at wound site
- Active against all rabies serotypes found in India⁵
- Proven potency & Unmatched safety
 - No skin sensitivity test required
 - No risk of allergies or blood borne pathogens

**e prevented by
nce to save lives**

(INDIA)

**oglobulin + Vaccine Protocol
ATION IS A MUST!!!**

Leave nothing to chance

For Category III exposures...

PRESENTING

RABI SHIELD™
First!

Rabies Human Monoclonal Antibody (rDNA)







World's
First!

Recombinant Rabies Monoclonal Antibody

- Significantly more cost effective than HRIG
- Lower volume to infiltrate than HRIG
 - 30 Kg child, 2.5 ml vs 4 ml
 - 75 Kg adult, 6.25 ml vs 10 ml

How to use?

-  Determine dose: 3.33 IU per Kg body weight
-  Infiltrate in and around each wound as anatomically feasible
-  Dilute if required with sterile normal saline to a volume sufficient to infiltrate all wounds (maximum 3 times the volume)
-  ONLY in case of any leftover, inject into site away from vaccination site. Vaccinate victim with rabies vaccine



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