

Meeting report

The 2007 rabies in Asia congress at Bangalore, India

The WHO and pharmaceutical industry sponsored "Rabies in Asia" Congress took place at Bangalore, India in March 2007. It was disappointing to note that so little is being accomplished in controlling rabies in this region. Members of the Asian Rabies Society proudly present modest research results, yet they have little if any impact on the huge number of indigent patients presenting to the poorly staffed and under equipped government animal bite centers in countries such as Pakistan and India. Some of the research that was presented may have minor impact on the care of a minority of wealthier patients seen at private clinics of members of the Asian Rabies society, but none on the poor seen at public animal bite centers. There was again little government presence at this important congress. Yet it is ultimately up to the governments of India, Pakistan and of other canine rabies endemic Asian countries to show commitment before we can start hoping that this disease can be controlled. Until all district hospitals and clinics in rabies endemic countries are willing and able to look after animal bite injuries properly, we will not be able to reduce the rabies death toll. Whether we can additionally give rabies immunoglobulin to the minority of wealthier patients or not, will have a smaller impact on rabies mortality than providing good wound care on the first visit. Kaplan et al have shown long ago that washing a bite wound from a rabid animal with soap and flowing water plus using an antiseptic may reduce the risk of rabies infection by as much as one third [1]. I have visited 4 government centers in India and Pakistan that each see over 100 animal bite patients daily. None provided any wound care. Not even a water faucet was found in one where, with a large bottle of liquid soap and some iodine, the patient could be instructed to cleanse his wound himself at virtually no cost to the clinic. It

has come to my attention that even some private animal bite clinics in neighboring countries do not pay meaningful attention to animal bite wound care. I visited one in Bangalore and there was no facility for wound care visible. They should be a model for the huge government sector. WHO, the US-CDC, the International society for Travel Medicine and others actively promote pre-exposure vaccination for travelers to rabies endemic regions. Little if anything is said by the same sources about locals, particularly the children that live there and are the most likely to be severely bitten by dogs. As we seem unable to control and vaccinate the canine populations in Thailand, Pakistan and India, is it not high time to start looking at pre-exposure vaccination of selected high risk poor children in these countries? With the reduced dose intradermal Thai Red Cross vaccine schedule [2] and proof that, once immunized, immune memory lasts for decades [3], why are we not actively advocating pre-exposure rabies vaccination for selected populations? Perhaps these are some issues that we should focus on at the next "Rabies in Asia" conference which is scheduled for Karachi in 2008.

References

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2. World Health Organization Expert Committee on Rabies, WHO Technical Report Series No. 824. Eighth report. Geneva:WHO; 1992.
3. Suwansrinon K, Wilde H, Benjavongkulchai M, Banjonkaseena U, Lertiarutorn S, Boonchang S, et al. Survival of neutralizing antibody in previously rabies vaccinated subjects: a prospective study showing long lasting immunity. *Vaccine* 2006; 24: 3878-80.