were included in the follow-up study until day 1050. Geometric mean antibody titers in these 2 patients were > 0.50 IU and 1 patient had a geometric mean antibody titer of <0.50 IU on day 1020. Booster vaccination on day 1020 increased the antibody level, as observed by the higher geometric antibody titer (table 1). PVRV was found to be effective in preventing death in human beings exposed to rabid animal bite and elicited a good anamnestic response to a booster vaccination on day 1020 after the first dose of vaccine in patients who had received either vaccine alone or vaccine and equine rabies antiserum.

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Research Paper

Assessing the Safety of Post-exposure Rabies Immunization in Pregnancy

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rabies, anti-rabies vaccines, rabies immunoglobulin, post-exposure prophylaxis, pregnancy

ABSTRACT

Fourteen pregnant women who received rabies post-exposure prophylaxis (PEP) at the anti-rabies clinic (ARC) of Kempegowda Institute of Medical Sciences (KIMS) were followed up for assessing the safety of modern rabies vaccines and equine rabies immunoglobulin (ERIG) in pregnancy. The women were in the age range of 18-28 years, mostly from urban area (64%) and exposed to suspect rabid dogs (86%). They had received purified vero cell rabies vaccine (Verorab =8 & Abhayrab = 4), purified chick embryo cell vaccine (Rabipur = 2) by Essen regimen; and equine rabies immunoglobulin (Equirab = 7 and Pasteur anti - rabies serum =1). None of the pregnant women reported any adverse events to either vaccine or equine rabies immunoglobulin. All had safe vaginal deliveries and in all cases both the mother and the child were found to be healthy and normal

INTRODUCTION

Human rabies is endemic in India and annually an estimated 17.4 million animal bites occur and 20,000 persons die of this disease. [1] But these deaths are largely preventable by timely and proper use of modern rabies vaccines and immunoglobulins. Following by discontinuation of sheep brain vaccine in December 2004, all animal bite victims are now receiving either the cell culture vaccines (CCVs) namely purified chick embryo cell (PCEC) vaccine, purified vero cell vaccine (PVRV), human diploid cell vaccine (HDCV) or purified duck embryo vaccine (PDEV). The rabies immunoglobulins (RIG) used in WHO category III exposures includes both equine (ERIG) and human (HRIG).

The pregnant women constitute a special and sizeable group and continue to remain vulnerable to this fatal disease following exposure to rabid animals. However, animal bites in pregnant women are a rare event and the victims mostly consult their family physicians or obstetricians for advice. There is often apprehension and doubt among treating physicians and the obstetricians about the safety of rabies vaccines and immunoglobulins in pregnancy. Some studies have no doubt shown the safety and efficacy of anti-rabies vaccines in pregnancy.[2-8] Still there is a need for its periodic reinforcement, more so as newer anti-rabies vaccines are becoming available in the market. Besides, information on the safety of RIGs in pregnancy is also needed. Hence, this study was undertaken to throw more light on existing information about the safety of rabies immuno biologicals in pregnancy.

SUBJECTS AND METHODS

The anti-rabies clinic at Kempegowda Institute of Medical Sciences (KIMS) has been offering rabies prophylaxis services since 1986. In this present study we retrieved the case