LETTER TO THE EDITOR

Simulated post-exposure rabies vaccination: authors’ response to Wilde et al.

I am grateful for the opportunity to respond to the comments by Wilde et al. The main purpose of the study was to see if the purified chick embryo vaccine can be administered safely using a 0.1 mL intradermal (ID) dose in the Thai Red Cross regimen. This has been proved to be effective in Thai studies and based on this, the World Health Organization (WHO) is likely to approve it. We are now in the final stages of obtaining approval for the introduction of the ID route in India and wish to develop a uniform schedule for all cell culture vaccines used by the ID route. As this was the first study in India, we used healthy volunteers. We have now completed a more extensive study in post-exposure cases using good clinical practice guidelines, the results of which are highly encouraging and about to be published.

With regard to the estimation of rabies neutralizing antibody titers by the mouse neutralization test (MNT), this is one of the two tests approved by WHO for estimating neutralizing antibody titers. I am surprised that Wilde et al. have suggested that ELISA is better than MNT. May I remind them that ELISA does not determine only neutralizing antibody titers but all other viral antibodies and hence results are bound to vary from those of MNT and RFFIT? Most studies have shown a good correlation between RFFIT and MNT and, as per the latest published WHO guidelines, MNT can be used if facilities for RFFIT are not available. ELISA is not approved by WHO.

As regards the potency of the vaccine batches used, we simulated the actual situation in the field; when somebody uses vaccine in the field, they will have no facilities to determine the actual potency of the vaccine but will follow the WHO guidelines which clearly say that a minimum of 2.5 IU per vial of potency is required for ID use. Keeping this in mind, our study is valid because both the PCEC vaccine and Verorob™ used in our study satisfied the above criteria of having a minimum potency of 2.5 IU/vial.

With regard to antibody titers on day 0, we did estimate the titers on day 0 and none of our subjects had detectable titers. This was mentioned in the results section. Unfortunately, these data are missing from Table 1.

Conflict of interest: No conflict of interest to declare.

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