

ASSAM PASSES HISTORIC RIGHT TO HEALTH BILL

Assam, which in Sanskrit means unequalled, is living up to its name. On 31st March 2010, the Assam Assembly passed the Assam Health Bill which guarantees a right to health and well being to all its citizens. It is now mandatory for all government and private hospitals in Assam to provide emergency health care to all patients seeking medical attention. The statute also seeks to bind the state health and family welfare department legally to provide people with food, safe drinking water, sanitation and access to basic housing facilities in coordination with other departments. Legal steps will be taken for fixing responsibility and accountability of departments and agencies concerned in case of repeated outbreaks of communicable diseases in a particular area which are proved to have taken place because of the failure to improve sanitation and safe drinking water facilities. The critical barrier is of course the implementation, but the step is positive and an inspiration for the rest of the country (*DNA 1 April 2010, The Times of India 12 March 2010*).

US APPROVES A 4 DOSE SCHEDULE AGAINST RABIES

The five dose schedule for post exposure prophylaxis (PEP) against rabies is the standard practice. In view of severe shortage of human rabies vaccine in the year 2007, an ad hoc National Rabies Working Group was created in the United States (US) to reassess the need for all five doses. Advisory Committee on Immunization Practices (ACIP) Rabies Workgroup has now published updated recommendations regarding the use of a 4-dose vaccination regimen in previously unvaccinated persons for rabies PEP.

According to these recommendations, 1 mL dose of HDCV or PCECV should be given intramuscularly on day 0, 3, 7, and 14 for rabies PEP in previously unimmunized persons. Recommendations for the use of rabies immunoglobulin (RIG) remain unchanged. For previously vaccinated persons, the two dose (day 0 and 3) schedule, and for persons with altered immunocompetence, the five dose schedule stands unchanged. Schedule for pre-exposure prophylaxis also continues to be same (3 doses on days 0, 7, and 21 or 28).

What was the evidence based on which they shortened the schedule? In 12 published rabies vaccination studies during 1976-2008 representing approximately 1000 human subjects, all developed rabies virus-neutralizing antibodies by fourteenth day. A series of 21 fatal human cases, in which patients received some form of PEP, indicated that 20 patients developed signs of illness, and most died before day 28 of exposure. Such cases in which widespread infection of the central nervous system occurs before the stipulated fifth dose of vaccine, the utility of last dose is anyway negligible. Data from 192 rabies cases from two centers in India demonstrated that all deaths could be attributed to failure to seek timely and appropriate PEP, and none could be attributed to a failure to receive the fifth (day 28) dose. The ACIP Rabies Working Group estimated that more than 1000 persons annually in the US receive only 3 or 4 doses of PEP, with no resulting documented cases of human rabies. Thus, reduction from a 5 dose to 4 dose schedule will save the US government around \$ 16.6 million in costs.

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