5.2.3. What supplies are needed for a clinic administering human pre- and post-exposure prophylaxis?

For Wound Care:
- Soap or detergent and, if running water is not promptly available, water containers.
- Virucidal antiseptics (e.g. ethanol or iodine).
- Antimicrobials and tetanus toxoid.

Rabies immunoglobulin (RIG):
Two types are available
- Human RIG (HRIG) is the preferred product or if it is not available:
- Purified equine RIG (ERIG)

Human vaccines:
Human vaccines can be administered by intramuscular or and most of them also intradermal routes. However, intradermal vaccination is not licensed in every country. If vaccines are produced locally, published WHO guidelines must be followed. As of June 2017, three human vaccines (cell-culture) are WHO pre-qualified:

- Purified vero cell rabies vaccine (PVRV) Verorab™ manufactured by Sanofi Pasteur
- Purified chick embryo cell vaccine (PCECV) Rabipur™ manufactured by Novartis Vaccines(now GSK)
- Purified chick embryo cell vaccine (PCECV) Rabipur™ manufactured by Chiron Behring Vaccines Private Ltd.

Suspect animal bites in the area, which will give an indication of the amount of biologicals that may be required, can be estimated from hospital records. The number of vaccines and RIG may be assessed on a 6 to 12 months expectation of use. However, sufficient resources do need to be available in the event of an unexpected outbreak.

Other supplies:
- Syringes and needles in different sizes depending on administration route.
- Disinfectant swabs (e.g. isopropyl alcohol).
- Recording material for accurate and timely reporting of cases and post-exposure prophylaxis administration, following national and regional guidelines.
Photo courtesy of the Serengeti Carnivore Disease Project