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

- Soap or detergent for wound care and, if running water is not promptly available, water containers.
- Virucidal antiseptics (e.g. ethanol or iodine).
- Antimicrobials and tetanus toxoid.
- Rabies immunoglobulin (RIG) and vaccines:
    - Rabies immunoglobulin. 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 intradermal routes. If vaccines are produced locally, published WHO guidelines must be followed. Only four human vaccines (cell-culture) are WHO prequalified today:
        - Purified vero cell rabies vaccine (PVRV) VerorabTM – for intramuscular and intradermal administration.
        - Purified chick embryo cell vaccine (PCECV) Rabipur TM – for intramuscular and intradermal administration.
        - Purified human diploid cell vaccine Imovax TM – for intramuscular and intradermal administration.
        - Purified duck embryo vaccine (PDEV) Vaxirab – for intramuscular administration only.

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.

- 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 Serengeti Carnivore Disease Project