Pre-exposure and Post-exposure Prophylaxis for Dog Bites

Sir,

The recent report on 'pre-exposure and post-exposure prophylaxis for dog bites' is very interesting.[1] Bertozzi *et al*. suggested that 'monoclonal antibodies represent a promising alternative to traditionally used polyclonal products, and countries with chronic shortages of human rabies immunoglobulin (HRIG) and equine rabies immunoglobulin (ERIG) would benefit greatly from replacement of these scarce and expensive polyclonal preparations'.[1] Bertozzi *et al*. also proposed for special attention to foreign traveller and paediatric patient.[1] We agree for the usefulness of the rabies Ig in preventive role. However, as noted in the previous publication by Pokee and Wiwanitkit, the cost-effectiveness has to be evaluated and reassessed.[2] The very high cost of human-derived type Ig is very expensive and limitedly used in Thailand, where the rabies is highly prevalent. It is confirmed that 'ERIG is a safe and underutilised essential biological when HRIG is not affordable or available'.[3] Furthermore, the safety and side effect of unnecessary Igadministration should be concerned.[4] Unnecessary use should be avoided. Not only the foreign traveller and paediatric patient but also any local patient has to be considered in the same rule since it is no doubt that there can be no natural protective antibody to rabies.

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There are no conflicts of interest.

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