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A.12 - Equine rabies immunoglobulin (150 IU/ml; 200 IU/ml; 300 IU/ml; 400 IU/ml in vial, for local injection)

MSF strongly supports the application for the re-instatement of equine rabies immunoglobulin (eRIG) in the WHO Model List of Essential Medicines (EML) and in the WHO Model List of Essential Medicines for Children (EMLc). MSF also strongly supports the inclusion of anti-rabies virus monoclonal antibodies (ARV mAbs) in the EML and EMLc.

MSF is aligned with the 2018 WHO recommendations on hRIG and eRIG published in the WHO position paper on rabies vaccines (Weekly epidemiological record, 20 April 2018).

Since 1992, rabies immunoglobulins (RIG) are included in the EML. In 2013, RIG were specified to be human immunoglobulins (hRIG).

Mortality from rabies remains currently high: around 60 000 human deaths annually in over 150 countries, with 95% of cases occurring in Africa and Asia. Even though the main component of post-exposure prophylaxis (PEP) remains the immediate washing and flushing of the bite wound (+/- the application of a virucidal agents) and a series of rabies vaccine administrations promptly started after exposure, the absence of the timely administration of rabies immunoglobulin (RIG) neutralizing rabies virus at the wound site for specific severe exposure[1] might contribute to PEP failures and subsequent deaths. In case of severe exposure, local injections of RIG into and around the wound is highly effective. Dog's vaccination and PEP are both highly cost-effective strategy, especially when RIG are part of PEP.

MSF would like to draw the attention of the Expert Committee to the following points:

- Low-income countries where the burden of rabies remains disproportionally high report negligible use of RIG. In addition, prevalence of immunosuppression due to HIV or malnutrition, is often high in these countries, which may result overall in a lower immune response to post-exposure vaccination. As hRIG are exposed to supply shortages and more expensive than eRIG, the re-instatement of eRIG is important to assure a secure and affordable supply for post-exposure prophylaxis (PEP).

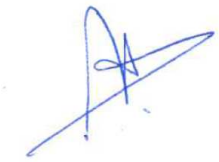
[1] Severe exposure (i.e category 3) are defined in the 2018 WHO position paper on rabies vaccines: single or multiple transdermal bites or scratches, contamination of mucous membrane or broken skin with saliva from animal licks, exposures due to direct contact with bats.

- While unpurified eRIG used in the past have been associated with severe adverse reactions, modern eRIG highly purified, enzyme-refined and containing over 85% antigen-binding Ig fragments F(ab')2 have shown increased safety.
- The good efficacy and safety profile (e.g. reasonable adverse reaction rates for purified eRIG), their current low price, their inclusion within SAGE recommendation and the hRIG short supply situation make eRIG particularly attractive and a good option for low-income countries to be used more systematically for rabies PEP.
- In addition to the re-instatement of eRIG in the EML and EMLc, WHO must also increase its role in the education about PEP in low-income countries: emphasize the importance of wound washing combined with immediate and full vaccination completion course (survival rate > 99%) and use of eRIG as a life- and cost-saving option.
- It will be essential for WHO Prequalification to evaluate these products, so that regulatory authorities in low-income countries may make a fully informed decision. Given the fact that some antivenom manufacturers already assessed by WHO Prequalification also produced eRIG, some preliminary work has been achieved. This opportunity shouldn't be missed.

MSF treats approximately 5000 patients per year with human rabies immunoglobulin. MSF is only using hRIG due to the lack of prequalified eRIG and the lack of alternative. The prequalification by WHO or the licensure of eRIG or ARV mAbs by stringent regulatory authorities would allow MSF to use them.

MSF urges the 23rd Expert Committee on the Selection and Use of Essential Medicines to re-instate equine rabies immunoglobulin in both the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children (EMLc).

For Médecins Sans Frontières



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