



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Private Bag X828, PRETORIA, 0001 Dr AB Xuma Building 1112 Voortrekker Road, Pretoria Townlands 351-JR, PRETORIA,
0187 Tel (012) 395 8000, Fax (012) 395 8918



Reference: 2024/10/25/EDP/01

ERRATUM-3 TO THE PAEDIATRIC HOSPITAL LEVEL STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINE LIST, 2023, 5TH EDITION

Please note the following updates have been made to the Paediatric Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicine List (EML), 2023, 5th edition:

Chapter 2: Haemophilia STG

A Haemophilia Subcommittee of the National Essential Medicines List Committee (NEMLC) was formulated to review the management of haemophilia across levels of care. This work has now concluded, and NEMLC has approved the following updated medicine recommendations:

- Inclusion of factor VIII prophylaxis for the management of severe haemophilia A without inhibitors.
- Inclusion of factor IX prophylaxis for the management of severe haemophilia B without inhibitors.
- Alignment with the Adult Hospital Level STGs to ensure seamless transition of care.

The Paediatric haemophilia STGs have been updated in accordance with these recommendations. (NEMLC ratified August 2024).

Chapter 8: Infective/Infectious Diseases

Rabies

Updates to the Rabies section of the Paediatric STGs and EML have been made to align with recommendations of the Primary Healthcare STGs and EML¹, and National Institute for Communicable Diseases (NICD).²

The following updates were made:

1. Rabies vaccine: Final rabies vaccine dose given between day 14 and day 28. No additional dose at day 28.
2. Rabies vaccine: Removal of double dosing if administration is delayed by > 48 hours.
3. Rabies immunoglobulin (RIG): remove recommendation to inject the remainder of solution into the deltoid, and rather infiltrate around site.

¹ National Department of Health. Primary Healthcare – November 2023 – Infections Chapter. https://www.health.gov.za/wp-content/uploads/2024/02/Primary-Healthcare-Chapter-10-Infections_2020-3_with-supporting-NEMLC-report_updatedNovember2023.pdf

² NICD Rabies Prophylaxis Guideline, 2021. https://www.nicd.ac.za/wp-content/uploads/2021/08/Human-Rabies-Prophylaxis-Guideline-For-South-Africa_27-August-2021.pdf

The text was updated as follows:

Rabies vaccination:

- » Only indicated for direct animal contact.
- » Patients who have previously been fully immunised or who received PEP more than 3 months ago need only two doses: on Day 0 and Day 3.
- » Patients who have received previous PEP or PrEP within the previous 3 months do not require vaccination against rabies. Only wound treatment is required.
- Rabies vaccine, 1 amp, IM anterolateral thigh.
 - Day 0 – single dose
 - Day 3 – single dose
 - Day 7 – single dose
 - Between day 14-28 – single dose

CAUTION

Do not administer rabies vaccine into buttock (gluteus maximus).

Must be given for category 2 and 3 bites.

Vaccine is administered on days 0, 3, 7, 14. Vaccine is ideally given as soon as possible after exposure, but should still be given if patient presents sometime after the exposure. An additional dose on day 28 may be appropriate for immune compromised patients.

If vaccine administration is delayed > 48 hours, a double dose should be given initially.

Rabies vaccine is given IM but **never in the buttock**. Give into the deltoid muscle in older children & adolescents and antero-lateral aspect of the thigh in infants (dose as per available product instructions).

Rabies immunoglobulin (RIG):

- » Only indicated for:
 - Direct animal contact with breach of skin/ bleeding/ mucosal contact, immunocompetent patients
 - Any direct animal contact, immunocompromised patients
 - All bat exposures
- » Patients who have received PEP or PrEP do not require RIG. Only wound treatment is required.
- » Available from the nearest district hospital.
- » If not immediately available, source and give as soon as possible.
- » When 7 days have lapsed since the initial rabies vaccination, RIG is no longer indicated as the vaccine induced immune response will be effective at that time.
- » Infiltrate as much as possible in and around the wound.
- » It is **no longer** recommended to inject the remainder of the calculated RIG dose at a site distant to the wound.
- » In the case of smaller wounds/areas where it is not possible to infiltrate the entire calculated dose, infiltrate as much as is anatomically feasible in and around the wound site/s without causing compartment syndrome.
- » In case of large and multiple wounds, RIG can be diluted with sodium chloride 0.9% solution if necessary to ensure infiltration of all wounds.
- » Follow with a complete course of vaccine.
- Human-derived rabies immunoglobulin (HRIG), IM 20 IU/kg. Infiltrate as much as possible in and around the wound.

OR

- Equine-derived rabies Immunoglobulin (ERIG), IM 40 IU/kg. Infiltrate as much as possible in and around the wound.
 - Administer ERIG only in facilities where anaphylaxis or adverse reactions can be managed.

Product name	Max. dose	Description	Site of administration	Schedule
HRIG			Infiltrate up to the maximum calculated dose in and around the wound site/s.	On day 0 (when patient presents for first time)/as soon as possible after exposure to be effective to neutralise virus.
Rabigam®	20 IU/kg	150 IU/mL (Supplied in 2 mL vial)		
KamRAB®	20 IU/kg	150 IU/mL (Supplied in 2, 5 and 10 mL vials).		
ERIG			For smaller wounds where it is not possible to infiltrate all of the calculated dose, infiltrate as much as is anatomically feasible in and around the wound site/s.	When RIG is not available it should be sourced as a matter of urgency. When 7 days have lapsed since initial rabies vaccination, RIG is no longer indicated.
Equiprab®	40 IU/kg	200 IU/mL (Supplied in 5 mL vial).		

Source: NICD updated human rabies prophylaxis guideline. www.nicd.ac.za

Rabies Immunoglobulin (RIG)

~~Must be given for all category 3 exposures.~~

~~In HIV-infected children also give for category 2 exposures.~~

~~Give rabies vaccine first.~~

~~Immunoglobulin must be given as soon as possible after exposure, but may be administered up to 7 days after the first vaccine is given.~~

~~Do not give RIG if the patient has previously received pre- or post-exposure prophylaxis.~~

- ~~Rabies immunoglobulin (RIG).~~

- ~~Human RIG: 20 IU/kg.~~

- ~~Infiltrate as much as anatomically feasible around the wound.~~
 - ~~Administer remaining immunoglobulin into deltoid muscle opposite to vaccine administration site.~~
 - ~~If multiple wounds, dilute in sodium chloride 0.9% to 2–3 times so that **all** wounds are infiltrated.~~
 - ~~**Do not** exceed maximum dose as antibody production to the vaccine is inhibited.~~
 - ~~If unavailable, **do not** delay active immunisation.~~

The updated Paediatric Hospital Level STGs and EML 2023 Edition has been uploaded online and can be downloaded using the following URLs:

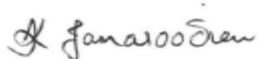
- National Health Insurance page: <https://www.health.gov.za/nhi-edp-stgs-eml/> (click on Hospital Level – Paediatrics tab).
- Knowledge Hub page: <https://knowledgehub.health.gov.za/elibrary/hospital-level-paediatric-standard-treatment-guidelines-stgs-and-essential-medicines-list>

Circular dissemination

Provinces and Healthcare Facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees and all other relevant stakeholders.

Comments may be submitted via e-mail: SAEDP@health.gov.za

Kind regards



MS K JAMALOODIEN

CHIEF DIRECTOR: SECTOR WIDE PROCUREMENT

DATE: 28 October 2024