

Peer reviewed article

Vitamin C – a challenge in the management of rabies

Mirjana Stantic-Pavlinic^a, Stanko Banic^b,
Jozica Marin^b, Polona Klamenc^b

^a Institute for Public Health of Ljubljana,
Ljubljana, Slovenia

^b Institute of Microbiology and Immunology,
Medical Faculty, Ljubljana, Slovenia

Studies in experimental animals have shown that protection from rabies seems to be related not only to the high antigenicity of the vaccine but also to induction of interferon [1–4]. It has also been established that vitamin C enhances the interferon response to the chemical interferon inducers poly (rI) and poly (rC) [3, 5] as well as to some viruses [2].

Our study was conducted on humans in the course of post-exposure treatment of rabies in a region endemic for animal rabies. The aim of the study was to establish whether an enhancing effect of vitamin C on interferon induction could be demonstrated in patients vaccinated against rabies. As vaccination alone is not always effective in treated patients [6], a further improvement of the post-exposure treatment of rabies would be welcome. The existence of a huge reservoir of rabies in animals almost all over the world and

the occurrence of human cases of rabies are reasons for continuing research on protection against rabies [7, 8].

The course of the study

Sixteen healthy adult patients entered the study. The mean age of the patients was 32 years (minimum 20 years, maximum 46 years, median 30 years). Written informed consent was obtained. The patients were randomly allotted to two groups and were treated with the vaccine alone (group 1) or vaccine plus vitamin C (group 2).

Risk of infection with rabies virus was assessed using a standardised questionnaire. The criteria for exposure to rabies demanded that the patients had a break in the skin due to the bite of an animal with an unknown owner or an animal suspected to be rabid in the endemic animal rabies area. The patients were not previously vaccinated against rabies and they had no immunodeficiency disorders or immunosuppressive treatment. Commercially available inactivated rabies vaccine prepared in human diploid cells, Vaccine Rabique (Pasteur Mérieux, Lyon, France) was used in the study. Rabies immunoglobulins were not added. All patients were immunized with 2 ml – 1 ml – 1 ml on the days 0, 7 and 21 [9]. The second group received a single oral dose of 2 g of vitamin C powder dissolved in water in addition to the first dose of vaccine.

Alpha interferon levels were measured in

the sera before the start of the treatment, at 24 hours and at 21 days after the start of the vaccinations. Assessment of the level of alpha interferon was done using interferon alpha ELISA assay (Endogen Inc, USA). Statistical analysis was done by EPI-Info 6.

Baseline mean level of interferon in groups 1 and 2 of patients (Table 1) was comparable, being 24.5 in group 1 and 23.9 in group 2. 24 hours after the start of the treatment, mean interferon alpha level had increased only in the group 2.

Vitamin C has a significant influence on the production of interferon alpha in patients vaccinated against rabies on the first day after the start of the treatment (Odds ratio 23.20; 95% confidence limits for OR 7.49 <OR <83.52; Chi-Squares Yates corrected 47.69; P-values highly significant <0.001).

21 days after the start of the treatment the influence of vitamin C on the level of interferon alpha was not statistically apparent (Odds ratio 1.63; confidence limits for OR 0.51 <OR <5.38; Chi-Squares Yates corrected 0.42; P-values 0.52).

The immunization with human diploid cell vaccines against rabies is the gold standard for prevention of rabies in exposed persons [10]. However, some deaths in treated patients have been reported [6, 11, 12].

We have demonstrated that vitamin C is an effective stimulator of interferon production in humans and could therefore be used for stimulation of an enhanced interferon response to rabies vaccine. Simultaneous inoculation of rabies vaccine and administration of vitamin C could improve the post-exposure immunization especially in the case of rabies immunoglobulin shortage.

We assume that at the beginning of treatment, when the antibody levels against rabies virus are not present or are not protective, a high level of interferon could have protective role.

Correspondence:

Mirjana Stantic-Pavlinic
Institute for Public Health of Ljubljana
Zaloška 29
1000 Ljubljana,
Slovenia
E-Mail: stantic@bigfoot.com

Table 1

Level of interferon alpha (pg/ml) in the sera of patients during the course of treatment.

Patients			Mode of treatment	Period after vaccination		
Number	Gender	Age		0 day	24 hours	21 day
1	male	30	Vaccine alone (group 1)	0	10.8	13.4
2	male	40		6.6	0	5.4
3	male	35		0	0	8.6
4	male	20		25.3	39.4	ND*
5	male	44		17.8	0	0
6	male	29		18.5	2.7	ND*
7	male	26		158	0	5
8	female	46		0	0	0
9	female	45		18.4	0	9.1
10	female	38		0	0	24
Mean				24.5	5.2	8.2
SD				47.9	12.5	7.8
11	female	32	Vaccine + vitamin C (group 2)	0	45.6	21
12	female	26		0	11.2	5.4
13	male	28		0	20.2	0
14	male	29		19.5	11.5	0
15	female	30		0	91.3	13.8
16	female	20		124	514	37
Mean				23.9	115.6	12.9
SD				49.6	197.5	14.4

*ND = not done

References

- Wiktor TJ, Postic B, Ho M, Koprowski H. Role of Interferon Induction in the Protective Activity of Rabies Vaccines. *J Infect Dis* 1972;126:408–18.
- Siegel BV. Enhanced interferon response to Murine Leukemia Virus by Ascorbic Acid. *Infect Immun* 1974;10:409–10.
- Siegel BV. Enhancement of interferon production by poly (rI) poly(rC) in mouse cell cultures by ascorbic acid. *Nature* 1975;254:531–2.
- Wiktor TJ, Koprowski H, Mitchell JR, Merigan TC. Role of Interferon in Prophylaxis of Rabies after Exposure. *J Infect Dis* 1976;133(Suppl.): A260–A265.

- 5 Fenje P, Postic B. Prophylaxis of experimental rabies with the poly-ribonucleosinic-polyribocytidylic acid complex. *J Infect Dis* 1971;123:426-8.
- 6 Wilde H, Sirikawin S, Sabcharoen A, Kingnate D, Tantawichien T, Harischandra PAL, et al. Failure of Postexposure Treatment of Rabies in Children. *Clin Infect Dis* 1996;22:228-32.
- 7 Stantic-Pavlinic M: How dangerous is the European bat lyssavirus? *Wien Klin Wochenschr* 2003;115:1-3.
- 8 Stantic-Pavlinic M. Rabies treatment of health care staff. *Swiss Med Wkly* 2002;132:129-31.
- 9 WHO: Recommendations on Rabies Post-Exposure Treatment and the Correct Technique of Intradermal Immunization against Rabies. WHO/EMZIZOO.96.6,1997.
- 10 WHO: Current Strategy for Human Rabies Vaccination and WHO Position. *Rabies Bulletin Europe* 2002;26:14-6.
- 11 Wilde H, Choomkasien P, Hemachudha T, Supich Ch, Chutivongse S. Failure of rabies post exposure treatment in Thailand. *Vaccine* 1989;7:49-52.
- 12 Shill M, Baynes RD, Miller SD. Fatal rabies encephalitis despite appropriate post-exposure prophylaxis. A case report. *N Engl J Med* 1987;316:1257-8.

The many reasons why you should choose SMW to publish your research

What Swiss Medical Weekly has to offer:

- SMW's impact factor has been steadily rising, to the current 1.537
- Open access to the publication via the Internet, therefore wide audience and impact
- Rapid listing in Medline
- LinkOut-button from PubMed with link to the full text website <http://www.smw.ch> (direct link from each SMW record in PubMed)
- No-nonsense submission – you submit a single copy of your manuscript by e-mail attachment
- Peer review based on a broad spectrum of international academic referees
- Assistance of our professional statistician for every article with statistical analyses
- Fast peer review, by e-mail exchange with the referees
- Prompt decisions based on weekly conferences of the Editorial Board
- Prompt notification on the status of your manuscript by e-mail
- Professional English copy editing
- No page charges and attractive colour offprints at no extra cost

Editorial Board

Prof. Jean-Michel Dayer, Geneva
 Prof. Peter Gehr, Berne
 Prof. André P. Perruchoud, Basel
 Prof. Andreas Schaffner, Zurich
 (Editor in chief)
 Prof. Werner Straub, Berne
 Prof. Ludwig von Segesser, Lausanne

International Advisory Committee

Prof. K. E. Juhani Airaksinen, Turku, Finland
 Prof. Anthony Bayes de Luna, Barcelona, Spain
 Prof. Hubert E. Blum, Freiburg, Germany
 Prof. Walter E. Haefeli, Heidelberg, Germany
 Prof. Nino Kuenzli, Los Angeles, USA
 Prof. René Lutter, Amsterdam, The Netherlands
 Prof. Claude Martin, Marseille, France
 Prof. Josef Patsch, Innsbruck, Austria
 Prof. Luigi Tavazzi, Pavia, Italy

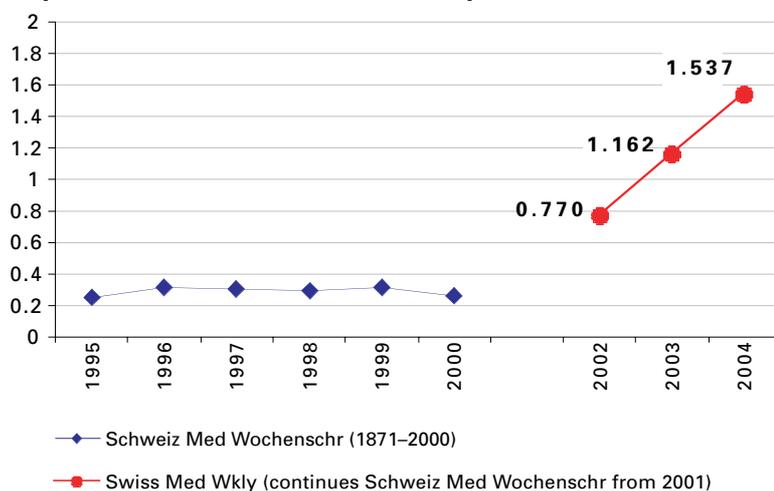
We evaluate manuscripts of broad clinical interest from all specialities, including experimental medicine and clinical investigation.

We look forward to receiving your paper!

Guidelines for authors:

http://www.smw.ch/set_authors.html

Impact factor Swiss Medical Weekly



All manuscripts should be sent in electronic form, to:

EMH Swiss Medical Publishers Ltd.
 SMW Editorial Secretariat
 Farnsburgerstrasse 8
 CH-4132 Muttenz

Manuscripts: submission@smw.ch
 Letters to the editor: letters@smw.ch
 Editorial Board: red@smw.ch
 Internet: <http://www.smw.ch>