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**Session:** Webinar

**Country:** United States

**George Baer Award:**

**Title:** Care of rabies – time for a randomized clinical trial

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**Abstract:** Human rabies survivors are increasingly reported. Treatment attempts persist despite expert opinion. Rabies therapy is now actively investigated. A continuum of rabies severity has been proposed and new clinical cognates defined. Laboratory diagnosis remains difficult and geographically restricted. The current definition of rabies has been challenged. Recommended treatment strategies vary from palliation to critical care. Experimental approaches are contradictory, and often not registered or reported. Survival curves can be constructed from reported cases. There are no animal survival models. Various thermal, biological drug, pharmacological, immunotherapeutic and molecular biologic strategies are proposed. There is sufficient equipoise between conventional critical care and experimental treatments to justify randomized clinical trials. Ethical, financial and logistical challenges are formidable but can be solved. The benefits of such trials include convergence of expertise, standardized and centralized data collection, ethical and cultural validation, sequencing and bioinformatics support, and bio-repositories for future research.