Brazil is a continental dimension country with continental, with 206 million people that, through SUS (public health system), makes available for the population free anti-rabies treatment both for the pre-exposure (PreP) and the pos-exposure (PEP). Many logistic and technical challenges are involved in this procedures: supply to all regions, keeping cold chain in remote locations, having health staff capable fusing correct rabies prophylaxis techniques, establish procedures to protect Amazon region in habitants who are constantly bitten by hematophagus bats, and maintaining a suitable laboratory network for performing rabies diagnostic and serology, and improving the investigatiton and surveillance in rabies wild species and finding out how the rabies virus behaves. Approximately 600.000 persons are attending in Brazil rabies clinics per year. The vaccine used in Brazil is the PVRV (Verorab) obtained by the Health Ministry (HM) from Butantan Institut, public national laboratory. The schemes were used: PreP: 0, 7, 28 days: Imor Id route with serology after 10 or14th day; PEP: 0, 3, 7, 14, 28 days, as a consequence of the reduction of the national vaccine stock, the HM is guiding the use of alternatives schedules to rationalize the use of the vaccine: 1) PreP: use of the ID route 2) PEP: a) reinforce the need of investigation of the cases, b) adopting schedules supported by the World Health Organization(WHO): IM route, 4 doses (0, 3, 7, 14); or ID route (0, 1 ml): day 0: 2 doses, day 3: 2 doses; day 7: 2 doses; day 28: 2 doses. As the challenges above demonstrates, the Brazilian publich ealth system has herculous task but as our nation an then claims “people Brazil don´t run from a fight”.

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