

**R.W. Wieten<sup>1\*</sup>, S. Tawil<sup>1</sup>, M. van Vugt<sup>1</sup>, A. Goorhuis<sup>1</sup>, M.P. Grobusch<sup>1</sup>**

<sup>1</sup>Center of Tropical Medicine and Travel Medicine, Department of Infectious Diseases, Division of Internal Medicine, Academic Medical Center, University of Amsterdam, the Netherlands,

\*corresponding author: email: r.w.wieten@amc.uva.nl

Dear Editor,

We appreciate Dr. Gozdas' interest in our work.

Regarding the point raised that a number of patients included in our study fell into WHO category I rabies suspected contacts, we explained the rationale behind our decision in the discussion of our paper:<sup>1</sup> 'Seven travellers with a type I incident received rabies immune globulin, in deviation from the current Dutch guidelines. The rationale for that was that four were children aged 12 years or less; and all seven cases had had contact with a pet dog proven to be rabid, imported from Poland or Morocco with unknown times or dates of exposure, explaining this more prudent approach.'<sup>2</sup>

Because the medical history in children is less reliable with regard to possible exposure, a more cautious approach was chosen.

Regarding the point-of-time of patients' visits to the travel clinics, we advise that all travellers should plan to pay their visit no less than four weeks prior to their planned departure. Practice tells us that this unfortunately does not always happen and that consequently, in the case of rabies immunisation, protection against exposure may not be effective during their first days of travels.

#### REFERENCES

1. Wieten RW, Tawil S, van Vugt M, Goorhuis A, Grobusch MP. Risk of rabies exposure among travellers. *Neth J Med.* 2015;73:219-26.
2. Van Rijckevorsel GG, Swaan CM, van den Bergh JP, et al. Rabid puppy-dog imported into the Netherlands from Morocco via Spain, February 2012. *Euro Surveill.* 2012;17:p1120112.