

March 1, 2016

MEMORANDUM

TO: State Public Health Veterinarians

State Epidemiologists State Veterinarians

All Parties Interested in Rabies Prevention and Control

FROM: Catherine M. Brown, DVM, MSc, MPH on behalf of the

Compendium of Animal Rabies Prevention and Control Committee

SUBJECT: Compendium of Animal Rabies Prevention and Control, 2016

The National Association of State Public Health Veterinarians (NASPHV) is pleased to provide the 2016 revision of the Compendium of Animal Rabies Prevention and Control for your use and for distribution to practicing veterinarians, wildlife rehabilitators, animal welfare organizations, and officials in animal control, public health, wildlife management, and agriculture in your jurisdiction. This document is reviewed and revised as necessary, and the most current version replaces all previous versions. This cover memo summarizes the notable changes that were made to the document.

SUMMARY OF SIGNIFICANT CHANGES

Part I A.3. A new section was added under the Principles of Rabies Control and Prevention to emphasize the importance of an interdisciplinary approach to rabies prevention and control. While the document has always made reference to multi-agency involvement, it was deemed appropriate to explicitly state that rabies prevention requires the cooperation of animal control, law enforcement, and natural resource personnel; veterinarians; diagnosticians; public health professionals; physicians; animal and pet owners; and others at the local, state, and federal levels.

Part I A.9. The ability to make evidence-based changes to historic and effective rabies prevention and control recommendations has been hampered by knowledge gaps. Contributing to these gaps are limitations in the surveillance data collected at the local and state levels on rabid domestic animals and in national level collection and analysis of that data. The data elements to be collected and reported on all animals submitted for testing are species, point location, vaccination status, rabies virus variant (if rabid), and human or domestic animal exposures; those recommendations have not changed. However, in order to enhance the ability to make evidence-based recommendations from national surveillance data, additional data should be collected and reported on all rabid domestic animals. These additional data elements should include age, sex, neuter status, ownership status, quarantine dates (if any), date of onset of any clinical signs, and **complete** vaccination history.

Part I B.5. The most significant changes to the recommendations are found in the Postexposure Management section.

- There is no change to the way currently-vaccinated dogs, cats and ferrets that are exposed to a rabid or suspected rabid animal are managed. These animals should immediately receive veterinary care, be administered a booster rabies vaccine, and kept under the owner's observation for 45 days.
- Unvaccinated dogs, cats, and ferrets that are exposed to a rabid or suspected rabid animal should be euthanized. If the owner is unwilling to euthanize, the animal should immediately receive veterinary care and be administered a rabies vaccine. The strict quarantine period for dogs and cats has been reduced from six to four months following a review of likely incubation period data available from a few states. Longer incubation periods have occasionally been documented but are extremely rare. The strict quarantine period for ferrets remains six months due to a lack of data to support a change.
- Dogs and cats that are overdue for vaccination but have documentation (a valid vaccination certificate) of having previously received a USDA-licensed rabies vaccine, should immediately receive veterinary care, be administered a booster rabies vaccine, and kept under the owner's observation for 45 days. Published data demonstrates that previously vaccinated dogs and cats will mount a robust anamnestic response to a booster rabies vaccination despite being out-of-date.
- Dogs and cats that are overdue for vaccination but do NOT have documentation (a valid vaccination certificate) of having previously received a USDA-licensed rabies vaccine, should immediately receive veterinary care. They can be treated as unvaccinated and receive a rabies vaccination followed by a 4 month strict quarantine. If the owner or guardian wants to avoid euthanasia or strict quarantine, the veterinarian may, in consultation with the local rabies control official, use a prospective serologic monitoring protocol to demonstrate whether the animal mounts an adequate anamnestic response to a rabies vaccination. Specific guidance on this protocol is available on the National Association of State Public Health Veterinarians website at www.nasphv.org.

Part III: Rabies Vaccines Licensed and Marketed in the U.S., was updated. The information is provided by the vaccine manufacturers through the USDA's Center for Veterinary Biologics. It is current as of the time of printing but is subject to change.

The Compendium Committee wishes to thank its consultants and subject matter experts that assist in the development of these guidelines. The responsibility of developing guidelines to reduce the public health and veterinary impact of an almost uniformly fatal disease is one we all take very seriously. We would also like to thank all the veterinarians, public and animal health officials, animal control and wildlife officers and all others that read, use, and provide feedback on this document.

Finally, the continued need for more and better data collection, reporting, and analysis cannot be overstated and the Compendium Committee relies on all of you to assist in that process.

Sincerely,

Cocharine M. Brown