

**VIRGINIA
GUIDELINES FOR RABIES
PREVENTION AND CONTROL
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1. [Index to Rabies Related Sections of the Code of Virginia](#)
2. [Human Rabies Prevention – United States \(ACIP Recommendations\)](#)
3. [Compendium of Animal Rabies Prevention and Control](#)
4. [Preparing Specimens to Submit for Rabies Testing](#)
5. Rabies Laboratory Protocols:
 - a. [Division of Consolidated Laboratory Services](#) (includes rabies testing and cooperative programs)
 - b. [Fairfax County Health Department Laboratory](#)
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 - a. [Dog / Cat / Ferret Exposed](#)
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I. INTRODUCTION

This document, including the attachments, constitutes the rabies prevention and control policy for Virginia. Legal authority for actions related to rabies is found in the *Code of Virginia*. Authority for the health director to order an animal euthanized or confined can be found in §3.1-796.98. Virginia has not promulgated regulations for rabies prevention and control. Attachment 1 lists rabies related topics and corresponding Code Sections.

Two other documents were used as background for the VDH guidelines:

Attachment 2. *Human Rabies Prevention – United States, 1999*, Recommendations of the Advisory Committee on Immunization Practices (ACIP), U. S. Department of Health and Human Services (<http://www.cdc.gov/ncidod/dvrd/rabies/>) and

Attachment 3. *Compendium of Animal Rabies Prevention and Control* published annually by the National Association of State Public Health Veterinarians (NASPHV) (www.nasphv.org/83416/83301.html).

Although the above referenced documents were used in the development of the *Virginia Guidelines for Rabies Prevention and Control* and may justify or explain the Virginia Department of Health's (VDH) recommendations, these two documents cannot be sited as law or regulation in Virginia. To insure that you are using the most current documents, please go to the appropriate website for each.

For questions specifically related to rabies prevention and control in Virginia, call the Office of Epidemiology at 804-864-8141.

II. DEFINITIONS (as used in these guidelines)

Confinement – Dog, Cat or Ferret

The animal should be housed in a building, pen or some other suitable escape-proof enclosure. The animal cannot be removed from the enclosure unless on a leash and under the immediate control of a responsible adult. The animal cannot be moved to another location unless permission is obtained from the District Health Director or designee. At the first indication of the animal becoming ill, it is the responsibility of the owner or custodian to notify the Health Department and take the animal to a veterinarian for an examination. If rabies is suspected, the animal should be immediately euthanized and the brain tested for rabies (see Attachments 4 and 5 for head removal and laboratory submission protocols). To avoid misunderstanding, such instructions should be provided to the owner or custodian in writing.

Confinement – Livestock

The animal should be confined in a manner that is routine for that species (e.g., barn, stable, paddock, pasture). Sale or movement of the animal must be approved by the health director and the Virginia Department of Agriculture and Consumer Services (VDACS).

Currently Immunized Against Rabies - Animal

An animal is currently immunized against rabies if a vaccination certificate (NASPHV form #52 is recommended, but not required) is available that describes the animal adequately and documents that the animal received rabies vaccine approved by the United States Department of Agriculture (USDA). The duration of immunity must be adequate for that animal's species and age as outlined in Part II of the Compendium or described on the USDA approved vaccine label. In lieu of a vaccination certificate the records of the attending veterinarian are sufficient. The Code requires that a licensed veterinarian or a licensed veterinary technician who is under the immediate and direct supervision of a veterinarian on the premises administer vaccine for dogs and cats. There is no requirement in the Code for rabies vaccination of other animals and no prohibition against the sale of rabies vaccine to lay persons or owners vaccinating their own animals; however, VDH will not recognize an animal as vaccinated against rabies unless the vaccine is labeled for that species and was administered by a licensed veterinarian or a licensed veterinary technician who is under the immediate and direct supervision of a veterinarian on the premises. This is the best assurance that the vaccine was handled properly and administered appropriately.

Exposure of Animal

Any circumstance where saliva or central nervous system (CNS) tissue from a rabid or potentially rabid animal did have or could have had direct contact with mucous membranes or a break in the skin of a domestic animal. The actual witnessing of a bite or attack by a potentially rabid (see definition below) animal is not necessary to define an exposure; however, a suspect animal needs to have been witnessed in the vicinity of the exposed animal. Any high risk or potentially rabid animal that has exposed a domestic animal and is not available for laboratory testing should be presumed to be rabid. Domestic animals that bite other domestic animals are not usually considered rabies suspects unless showing signs compatible with the disease.

Exposure of Human

Any bite, scratch or other circumstance where saliva or CNS tissue from a potentially rabid animal enters an open, fresh wound or comes in contact with a mucous membrane by entering the eye, mouth, or nose. The touching or handling of a potentially rabid animal or another animal or inanimate object that had contact with a rabid animal does not constitute an exposure unless wet saliva or CNS material from the potentially rabid animal entered a fresh, open wound or had contact with a mucous membrane.

Due to the nature of bat bites (small, sometimes unnoticed), evaluating exposures to bats is different than evaluating exposures to terrestrial mammals. Anyone who has had direct contact with a bat and cannot rule out a bite or who has been in a room with a bat and is unable to tell whether an exposure took place (e.g., infant, senile or unconscious adult) should be considered exposed.

High Risk Animals

The highest risk for rabies is posed by bats and certain carnivorous mammals such as raccoons, skunks, foxes and bobcats. In areas where raccoon rabies is established, some non-carnivores are considered high risk, including opossums, which are

marsupials, and groundhogs (woodchucks) and beavers, both of which are large rodents.

Hybrid Animals

The direct offspring or any subsequent generations of domestic animals bred to wild animals, e.g. wolf hybrids, Savannah and Bengal cats.

Low Risk Animals

Small rodents (including, mice, rats, squirrels, chipmunks, moles, voles, guinea pigs, gerbils and hamsters) and lagomorphs (rabbits and hares).

Potentially Rabid Animal

A potentially rabid animal is a mammal that is considered high risk for rabies with or without compatible signs or a low risk mammal with compatible signs.

Rabid Animal

A rabid animal is one that has had the diagnosis of rabies confirmed by the Virginia Division of Consolidated Laboratory Services, Fairfax Health Department Laboratory, Norfolk Department of Public Health Laboratory, Centers for Disease Control and Prevention Rabies Laboratory, or a laboratory in another state that has been designated by the state health department for rabies testing.

Strict Isolation – Dog, Cat, Ferret

A kennel in a veterinary hospital, animal control facility, commercial boarding establishment, or a pen at home (see Attachment 6 for examples) that prevents direct contact between the animal and any human or other animal, but allows for feeding, watering, and cleaning. The District Health Director or his designee is responsible for approving the adequacy of the isolation unit.

III. DOMESTIC ANIMALS

A. Vaccination (this section refers to routine or preexposure vaccination; not postexposure vaccination, which is discussed in B. Postexposure Management)

1. Dogs and Cats

- a. Legal requirement for vaccination: The *Code of Virginia* requires that all dogs and domesticated cats receive rabies vaccine prior to attaining 4 months of age (§3.1-796.97:1). A licensed veterinarian or a licensed veterinary technician under the immediate and direct supervision of a veterinarian must administer the vaccine.
- b. Rabies Clinics: Animal rabies clinics that are held at a site that is not licensed by the Board of Veterinary Medicine fall under a special exception in the Code (§ 3.1-796.97). To comply with the Veterinary Practice Act, a veterinarian who administers vaccine at such clinics should

ensure that the governing body of the locality found that the number of resident veterinarians is otherwise inadequate to meet the need and the specific clinic must be approved by the appropriate health department and governing body.

- c. Licensing linked to vaccination: The *Code of Virginia* requires that all dogs be licensed by 4 months of age and allows counties, cities and towns to require licensing of cats (§ 3.1-796.85). In order to be licensed, evidence of rabies vaccination that is satisfactory to the licensing agent must be shown to the person issuing the license (§ 3.1-796.97). In most localities this would be the county clerk.
- d. Vaccine labels: USDA is the federal agency that approves vaccines and the language for their labels. Most vaccines for dogs and cats are labeled for animals as young as 3 months, but there are several vaccines for cats that can be used as early as eight weeks (see list of vaccines in Attachment 3).
- e. Regimen: No matter what the age at initial vaccination, the second vaccination should be administered within a year regardless of whether the initial vaccine had 1 year or 3 year duration of immunity. If vaccine approved by the USDA for 3 or 4 years duration of immunity is used, triennial or quadrennial booster vaccinations can be administered beginning with the second vaccination, even if the second vaccination is overdue or early. For the most part, the initial vaccination should occur between 3 and 4 months of age, however, there are some vaccines now available for cats that can be given as early as 8 weeks of age.
- f. Vaccinations not current: If the animal is overdue for a booster vaccination, it does not have to start the series again. No matter how long overdue, if a vaccine labeled for 3 or 4 years duration is given, a certificate for 3 or 4 years can be written. However, an animal is not considered immunized for at least 28 days after the initial vaccination is administered, but with any subsequent vaccination the animal becomes current immediately.
- g. Triennial vs. annual vaccinations: There is no evidence that administering vaccine every year is more protective than using a triennial vaccine every three years. In general, VDH encourages the use of triennial vaccines after the initial vaccination. However, there are vaccines for cats that are labeled for annual use that may be preferred by some veterinarians because they are thought to be less likely to cause negative side effects and their use should not be discouraged.
- h. Titers in lieu of vaccination: Rabies antibody titers are indicative of an animal's response to vaccine or infection. Titers do not directly correlate with protection because other immunologic factors also play a role in preventing rabies, and our abilities to measure and interpret those other

factors are not well developed. Therefore, evidence of circulating rabies virus antibodies should not be used as a substitute for current vaccination in managing rabies exposures or determining the need for booster vaccinations in animals.

- i. Vaccine reactions: Although rabies vaccines are extremely safe, a number of adverse reactions have been reported by veterinarians and owners. The best documented are granulomas and sarcomas at the site of vaccination, especially in cats. These reactions also occur with vaccines for other diseases and there is presently not enough evidence to compare the risk from rabies vaccine with that of other vaccines, or to implicate any particular rabies vaccine. Other reactions from rabies vaccine are more acute and systemic (more commonly in dogs) and can be as minor as lethargy or hives or as serious as anaphylactic shock. When asked about waiving the requirement for rabies vaccination, the first response should always be that rabies vaccinations are required by law and are necessary to prevent human rabies. However, if a veterinarian truly feels that an animal's life would be in jeopardy from a rabies vaccination, the veterinarian can write a letter to that effect for the owner to present to the licensing agency. There is no guarantee that the licensing agency will waive the vaccination requirement. The veterinarian should also emphasize the importance of preventing rabies exposures to the unvaccinated animal and inform the owner that if an exposure takes place, authorities will require that the animal is either euthanized or placed in 6 months strict isolation.

2. Ferrets

State law does not require ferrets to be vaccinated; however, at least one vaccine is labeled by the USDA (Attachment 3) for use in ferrets and its use should be encouraged.

3. Livestock

Virginia state law does not require any species of livestock to be vaccinated. USDA approved vaccines are available for cattle, horses and sheep (Attachment 3). The vaccination of livestock that have high contact with the public (e.g., in petting zoos, riding stables) should be encouraged. In addition, owners of valuable livestock may want their animals vaccinated. Although it is legal for owners to purchase rabies vaccine and vaccinate their own animals, VDH will not recognize an animal as vaccinated unless a licensed veterinarian or a licensed veterinary technician who is under the immediate and direct supervision of a veterinarian on the premises administered the vaccine.

B. Postexposure Management (for algorithms see Attachments 7a. and 7b.)

1. Vaccinated Dog, Cat, or Ferret (note: Code does not mention ferrets)

Any currently immunized dog, cat, or ferret that is exposed to a proven or suspected rabid animal should receive an immediate booster dose of rabies vaccine from a licensed veterinarian and be confined for 45 days observation (see definition). A veterinarian should evaluate the animal at the first signs of illness. If the signs are compatible with rabies, the animal should be humanely euthanized and tested for rabies, or if the animal dies, it should be tested for rabies.

2. Unvaccinated Dog, Cat, or Ferret

Any unvaccinated dog, cat, or ferret that is exposed to a proven or potentially rabid animal should be humanely euthanized unless the exposing animal tests negative for rabies. If the owner of an exposed dog, cat, or ferret is unwilling to euthanize it, the dog, cat, or ferret must be placed in strict isolation (see definition) for a period of 6 months. Vaccination for rabies by a licensed veterinarian one month prior to release from the 6-month period of strict isolation is required by the Code (the Compendium allows for vaccination at entrance into isolation, and can be considered in lieu of the fifth month vaccination). A veterinarian should evaluate the animal at the first signs of illness. If the signs are compatible with rabies, the animal should be humanely euthanized and tested for rabies, or if the animal dies, it should be tested for rabies.

3. Dog, Cat, or Ferret with Expired Vaccination

Any dog, cat, or ferret with an expired vaccination that is exposed and is not euthanized should receive an immediate booster and be placed in 6 months strict isolation. Depending on the type of exposure, animals with a history of multiple vaccinations and a recently expired vaccination may be handled as currently vaccinated. These situations should be discussed with personnel in the Office of Epidemiology.

4. Vaccinated Livestock

Vaccinated livestock that are exposed to a rabid animal should receive an immediate booster, be confined in a manner that is routine for that species, and be observed for signs of rabies for 45 days. VDACS should be notified when animals are placed under observation.

5. Unvaccinated Livestock

Unvaccinated livestock that are exposed to a rabid animal can be immediately slaughtered. Otherwise they should be confined in a manner that is routine for that species and observed for signs of rabies for 6 months. If practical, exposed animals should be separated from unexposed animals, especially if a bite from a rabid or highly suspicious animal was witnessed. VDACS

should be notified of the exposure and confinement. Any request by the owner to move the animals should be discussed with VDACS and receive that agency's approval. Animal handlers and attending veterinarians should be reminded to avoid exposure if the animal shows any sign of illness or abnormal behavior.

C. Postexposure Prophylaxis of Vaccinated Animals

Currently there are no USDA licensed biologics for postexposure prophylaxis of previously unvaccinated domestic animals, and there is evidence that the use of vaccine alone will not reliably prevent the disease. Rabies immune globulin is not available for animals. Some veterinarians may want to experiment with postexposure treatment for animals, but this should not change the requirement for six months strict isolation for dogs, cats and ferrets or confinement for livestock.

D. Rabies in Vaccinated Animals

Rabies is rare in vaccinated animals. Suspected or confirmed rabies in a vaccinated animal should be reported to the Office of Epidemiology. Confirmed rabies should also be reported to the vaccine manufacturer and USDA, Animal and Plant Health Inspection Service, Center for Veterinary Biologics (Internet: <http://www.aphis.usda.gov/vs/cvb/ic/adverseeventreport.htm>; telephone: 800-752-6255; or e-mail: CVB@usda.gov). A thorough investigation should be conducted and the Domestic Animal Rabies Report Form (Attachment 8) should be completed and sent to the Division of Zoonotic and Environmental Epidemiology.

E. Domestic Animal Control Strategies

1. Localities should be encouraged to enact and enforce animal control laws that increase responsible pet ownership, enhance the elimination of stray and feral domestic animals and reduce the ownership of hybrid and exotic animals.
2. Localities should be encouraged to conduct campaigns to increase vaccination rates of dogs, cats and ferrets.

IV. WILDLIFE

A. Vaccination

1. Injectable

Currently there are no injectable rabies vaccines labeled by USDA for use in wild animals. However, they are often administered off-label to wildlife in an attempt to protect them; this most often occurs at zoos, wildlife rehabilitation

facilities and research institutions. In exposure situations, rabies vaccination status is not recognized by VDH.

2. Oral

RABORAL V-RG is labeled by USDA for use in federal or state mass immunization rabies control programs and is not available to individual veterinarians or citizens. Since 2002, USDA has conducted an oral rabies vaccination program for raccoons in southwest Virginia in cooperation with VDH, Virginia Department of Game and Inland Fisheries (VDGIF) and local governments (<http://www.aphis.usda.gov/ws/rabies/>). The oral rabies vaccination program in Virginia is part of a national project to prevent the westward movement of raccoon rabies. Any other use of oral rabies vaccine in Virginia requires adherence to the protocol outlined in Attachment 9.

3. Relevance of Vaccination Status

In exposure situations, wild animals that received injectable rabies vaccine should be managed the same way as unvaccinated animals. Administration of vaccines that are not labeled for use in wildlife may create a false sense of security for people exposed to such animals. Because there is no way to determine uptake of oral rabies vaccine by individual animals or immunity status of that animal, raccoons from oral rabies program areas should be treated as unvaccinated like any other wild animal.

B. Wildlife Control

1. Wildlife as Pets

For human safety and wildlife well-being, wild animals should not be kept as pets. In Virginia, the keeping of wild animals that are regulated by the VDGIF requires a permit from that agency. Assistance is available from VDGIF in situations where wild animals are being kept without a permit.

2. Wildlife Population Reduction

- a. General or large-scale population reduction programs have generally not proven effective for controlling rabies, however wildlife population reduction programs may be useful in certain situations (Attachment 10), but the disadvantages should be weighed against the benefits.
- b. The VDGIF should always be consulted when wildlife population reduction programs are being considered.

3. Control of Nuisance Wildlife at High Risk for Rabies

- a. Remove attractants such as denning sites and sources of food.

- b. Utilize a reputable company that is familiar with eliminating wildlife from human premises and regulations for handling such animals.
 - c. Captured nuisance wildlife must be released on site or euthanized, and not relocated. It is illegal to transport Virginia wildlife without a permit from VDGIF.
4. Bat Control
- a. Bats are beneficial in many ways and should be protected, efforts should be made to prevent killing them unnecessarily or destroying their habitat.
 - b. To prevent rabies exposures, bats should be discouraged from living in buildings frequented by humans (see Attachment 11 for bat exclusion methods).

V. HYBRID ANIMALS

A. Virginia Law

Enabling legislation (§ 3.1-796.126:9) allows localities to adopt a permitting system for the regulation of hybrid canines and to set a fee to cover the cost of the permitting system.

B. Vaccination

USDA has not labeled any vaccines for use in hybrid animals. Veterinarians may choose to vaccinate hybrids as an extra-label use of a biologic. The American Veterinary Medical Association liability insurance program recommends that the administering veterinarian note the extra-label use in the animal's medical record, including language explaining that public health officials may not recognize the vaccination, and have the owner initial the record.

C. Postexposure Management

The Code is not clear on VDH's authority to manage hybrids if they are exposed to a potentially rabid animal, although the prudent public health response would be to euthanize and test the exposed hybrid if the exposing animal was unavailable for testing.

VI. HUMAN

Refer to the most recent ACIP recommendations on evaluating human exposures and rabies biologics details (www.cdc.gov/ncidod/dvrd/rabies/Professional/professi.htm; Attachment 2).

Refer to Attachment 12 for health department roles and responsibilities in human rabies exposures.

Although animal bites are not a reportable condition in Virginia, there are many reasons for health care providers, law enforcement, animal owners and bite victims to report such incidents to the local health department. The local health department can: provide advice on the risk of rabies from the species doing the biting; recommend the appropriate management of the biting animal; facilitate having animal control officials confine the animal for observation or euthanize it for testing; and provide advice to medical care professionals on postexposure prophylaxis.

A. Vaccination - Preexposure

1. Rationale for Preexposure Vaccination

- a. Reduces postexposure therapy to only two doses of vaccine and eliminates the need for rabies immune globulin.
- b. May protect persons whose postexposure therapy is delayed.
- c. May provide protection to persons at risk for inapparent exposures.

2. Target Population

- a. Persons whose activities bring them into frequent contact with rabies virus or potentially rabid animals (e.g. veterinarians, veterinary technicians, kennel staff, animal control officers, rabies laboratory workers, wildlife biologists and rehabilitators).
- b. International travelers who are likely to come in contact with animals in areas where dog rabies is enzootic and immediate access to appropriate medical care, including biologics, might be limited.

3. Regimen

- a. Initial Vaccination:
 - i. Three 1.0 mL injections of rabies vaccine.
 - ii. Administer intramuscularly (deltoid area).
 - iii. One injection per day on days 0, 7, 21 or 28 (day 0 is the first day of vaccination).
- c. Boosters:

- i. Persons who continue to be at frequent risk of rabies exposure (see 2. Target Population above) should have a rapid fluorescent focus inhibition test (RFFIT) test on a serum sample every two years.
- ii. If the titer is less than complete neutralization at a 1:5 serum dilution by the RFFIT, the person should receive a single booster dose of vaccine.
- iii. Even in the absence of a measurable titer, persons with healthy immune systems will respond immediately to the stimulation of a vaccine.
- iv. Information on laboratories that do such testing, as well as downloadable submission forms are available at: www.atlantahealth.net/ and www.vet.k-state.edu/depts/rabies/.

B. Vaccination - Postexposure Prophylaxis (PEP)

1. Persons Who Have Never Received Rabies Vaccine

a. Vaccine:

- i. Five 1 mL injections of rabies vaccine.
- ii. Administer intramuscularly (deltoid area).
- iii. One injection per day on days 0, 3, 7, 14, 28 (day 0 is the first day of treatment).

b. Rabies Immune Globulin (RIG):

- i. 20 IU/kg body weight.
- ii. Infiltrate the full dose in and around the wound(s), if anatomically feasible.
- iii. Any remaining volume should be administered intramuscularly (IM) at an anatomical site distant from vaccine administration.
- iv. RIG provides passive protection during the time that the body is making antibodies in response to the stimulation of the vaccine so the earlier it is administered, the better; day 0 is preferred.
- v. Do not administer after the 7th day of vaccine administration because it will interfere with the antibody response.

2. Previously Vaccinated Persons

- a. Vaccine:
 - i. Two 1 mL injections of rabies vaccine.
 - ii. Administer intramuscularly (deltoid area).
 - iii. One injection per day on days 0 and 3.
- b. **Do not administer RIG.** RIG will interfere with the antibody response in previously vaccinated persons.

C. Deviations from Recommended Schedules

Every effort should be made to adhere to the recommended pre- or postexposure vaccination schedule. If a minor deviation of a day or two has occurred, the schedule can be resumed as though the patient were on schedule and future doses should be maintained with the recommended intervals between them. If a substantial deviation from the schedule occurs, the person should have a blood sample drawn 7 to 14 days after administration of the final dose in the series to assess immune status.

D. Management of Animals That Expose Humans (for algorithm see Attachments 7c and 7d)

1. Dogs, Cats, or Ferrets

- a. Confine (see definition) any healthy dog, cat, or ferret (vaccinated or unvaccinated) for 10 days observation. If the animal was shedding rabies virus at the time of the bite, it will be symptomatic at the time or within a few days (and almost certainly within 10 days). The animal may be euthanized if it is requested by the owner and should then be tested for rabies.
- b. Because a reaction to vaccination could be confused with early signs of rabies, rabies vaccinations during confinement are not recommended.
- c. If signs of rabies develop, a veterinarian should evaluate the animal and determine if the signs are compatible with rabies. If they are, the animal should be humanely euthanized and tested for rabies as soon as possible.
- d. If the animal dies, it should be tested for rabies as soon as possible.
- e. If the animal is not available for observation or testing, the victim should receive PEP.

2. Livestock

- a. Livestock such as cattle, horses, sheep, goats, and pigs are not usually at high risk for transmitting rabies.
- b. When livestock expose a person many factors should be considered.
 - i. If the animal's health and behavior are normal, there is no history of exposure, and no potentially rabid animals have been in close proximity, it may be reasonable to keep the animal under observation for 10 days.
 - ii. Otherwise, euthanasia and testing of the animal should be considered.

3. Native Terrestrial Wildlife

- a. Wild animals that are defined as high risk (see Definitions) and that expose people should be euthanized and tested. Confinement periods are not applicable for wild animals because the length of time between rabies virus shedding and onset of signs has not been established for these animals and such signs may not be readily recognized.
- b. Low risk wild animals (see Definitions) are rarely rabid, have never been known to transmit rabies to a human and should only be tested if acting sick or abnormal.
- c. If a potentially rabid animal (see Definitions) is not available for testing, the exposed person should receive PEP.

4. Confined Wildlife or Exotic Animals

Some species, such as primates, are not likely to contract rabies and may not require euthanasia. Additionally some animals may be part of a valuable exhibit, breeding or research colony and difficult or impossible to replace if euthanized. These situations should be discussed with personnel in the Office of Epidemiology and decisions made on a case-by-case basis. Persons who work with such animals should understand the potential rabies risk, have pre-exposure prophylaxis, be educated and trained in preventing exposures, and accept the decision, in some circumstances, to receive PEP in lieu of sacrificing the animal.

5. Hybrids (e.g. wolf hybrids, coydogs, Savannah or Bengal cats)

Euthanasia of the hybrid animal and rabies testing is the safest course of action when such animals bite humans. However, because wolves and dogs appear to have very similar genetic makeup and many animals that are advertised as "wolf-dogs" may really be dogs, each wolf hybrid bite situation should be evaluated individually. If the bite victim is an adult who is capable of understanding the risk, and after consultation with a physician does not

want the animal sacrificed, it may not be worth pursuing euthanasia and testing, however the recommendation as to the safest course of action (including PEP for the victim if the animal is not tested) should be put in writing and signed by the victim. If the victim and physician want the animal sacrificed and tested for rabies, the health director has the authority to have animal control take possession of the animal and have it euthanized and tested.

6. Bats

- a. The determination of a bat exposure is different from defining an exposure to a terrestrial mammal because bat bites are small and sometimes go unnoticed.
- b. A bat exposure refers to:
 - i. Anyone who is bitten by a bat,
 - ii. Has had direct contact with a bat and cannot rule out a bite, or
 - iii. Anyone who has been in a room with a bat and is unable to tell whether an exposure took place (e.g., infant or sleeping, senile or unconscious adult).
- c. In any of the above situations, the bat should be captured (Attachment 11) and submitted for testing if possible.
- d. If the bat is not available, the person should receive PEP.

D. Public Education

1. Avoid contact with wildlife (i.e., hand-feeding, touching).
2. Discourage wildlife (especially raccoons) from sharing the human environment by:
 - a. Removing food sources close to homes.
 - b. Not feeding wildlife.
 - c. Not feeding pets outside.
 - d. Securing trash cans.
 - e. Excluding wildlife from denning sites in and around buildings.
3. Promptly report exposures to potentially rabid animals in order to receive appropriate and timely treatment.