About the Cover

The picture on the cover is an artist’s rendition of St. Hubert, the patron saint of rabies victims. As rabies posed a deadly threat in medieval Europe, peasants that needed help turned to St. Hubert. His shrine near Liege, Belgium, drew hundreds of the faithful to pray for those suffering from this dangerous and deadly disease.

St. Hubert used iron bars or crosses that were heated red-hot and applied to wounds of medieval European peasants. Since it was thought that this was a miracle cure, and to some extent it was an effective treatment, some individuals would wear the keys as amulets or place the keys into the walls of houses to protect all believers from rabies.

The keys were irons, heated red hot, and applied to wounds left by rabid animals. Although agonizingly painful, this method actually helped on occasion by providing a primitive technique of sterilization, to reduce the rabies virus load at the bite sites. Even today, cleansing of a bite wound is the first step in any post-exposure treatment regimen for rabies.

Because not all villagers were fortunate enough to make a trip to his shrine in distant Belgium, many utilized iron bars or crosses known as the “keys” of St. Hubert as jewelry or displays in their dwellings. These "cures" were seen as miracles by the peasants. As time progressed, scholars denounced the keys of St. Hubert, but belief among the peasantry remained up until the late nineteenth century.
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ADPH Zoonotic, Rabies Control and Bite Manual, July 2014
Introduction

This manual is intended to provide current information on rabies biology, transmission, pathogenesis, and prevention in humans and animals. It also focuses on rabies control and bite management by outlining treatment protocols for humans and animals that have been potentially exposed to the rabies virus. The manual should serve as a guide for physicians and other healthcare providers to determine rabies exposures, recommended pre- and post-exposure rabies prophylaxis, viral shedding, and information on human rabies vaccines.

Veterinarians, animal control personnel and law enforcement agencies should find the manual useful for guidance on management of domestic animals that have been exposed to wildlife or other potentially rabid animals, proper quarantine protocols, and proper vaccination requirements. Altogether, this manual should serve as an educational tool to prevent and control rabies.

This manual is based primarily on a compilation of recommendations based mostly from the following:

3. CDC Rabies Page (http://www.cdc.gov/rabies)
4. Alabama Statutes and Legislative Code
6. The helpful guidance of experts in the field of rabies research and veterinary medicine.
7. Information from similar manuals prepared by the states of Georgia, New York, Virginia, California, Maine, New Jersey, Texas, Connecticut, and Massachusetts, and their contributions are gratefully acknowledged.
Rabies Overview

Rabies is a viral infection transmitted in the saliva of infected mammals. The virus enters the central nervous system of the host with resulting inflammation that is almost always fatal. Rabies is currently present in all states, except for Hawaii. Although all mammals are susceptible to rabies virus infection, only a few species are reservoirs for the disease in nature. In the United States, several distinct rabies virus variants have been identified in populations of raccoons, skunks, foxes, and coyotes. In addition to the terrestrial reservoirs for rabies, several species of insectivorous bats also serve as reservoirs for the disease. Raccoons and bats are the major reservoirs for wildlife rabies in Alabama. Foxes and other wild carnivores can be infected by raccoons and often test positive with the raccoon variant of the rabies virus.

The epidemiology of the positive rabies cases in Alabama has changed drastically over the past 60 years. In 1948, dogs and cats comprised 70% of the 358 positive rabies tests. In the 1960s, due to the public health programs initiating mandatory animal vaccinations, there was a dramatic decrease in rabies in dogs and cats. However, another dynamic of positive rabies cases was beginning to surface in the mid-1970s. During this period, the number of skunks and raccoons that tested positive for rabies sharply increased. Although skunk positives have waned significantly in recent decades, raccoons remain as the most common wild terrestrial animal with rabies in Alabama. The raccoon variant of the rabies virus is believed to have originated in Florida and has steadily spread northward and eastward through natural movement and illegal translocation of raccoons incubating the rabies virus. Currently, the southeastern part of the state is endemic with the raccoon variant of rabies. The region generally to the south and east of the Alabama and Coosa River system accounts for the vast majority of positive animal tests. However, sporadic positive may be found outside of the endemic area.

For most Alabamians, the most common connection to rabid animals is through their pets. Reducing the risk of rabies in domestic animals is central to the prevention of human rabies. Vaccinating and removing stray animals that are at risk of exposure to rabid wildlife is the basic element of a rabies control program. Alabama law (Code of Alabama 1975 §3-7A-2) requires that all owned dogs, cats, and ferrets be vaccinated against rabies by a licensed veterinarian with an approved vaccine.

Nationally, indigenous rabies among humans has declined markedly in recent years. In the last century the average number of human rabies cases has dropped from around a hundred per year to 2 or 3 cases per year. This reduction further signifies the importance of advances made in human rabies vaccine and rabies control programs.

The most recent case of human rabies in Alabama was in 1994, as a result of the bat variant. All human cases in the United States since 1990 known to have contracted rabies while stateside have been from a bat variant. Human rabies cases from other variants since 1990 were acquired while traveling abroad. Whether this is due to increased human exposure to bats or to an increase in the percentage bats harboring rabies is debatable. Bites from bats are also particularly concerning because of their difficulty to recognize which may result in an unknown exposure.
Since rabies is a statistically 100% fatal disease, the focus is to prevent human rabies by administering rabies post-exposure prophylaxis if exposure occurs. Additional efforts should be made to prevent additional human exposure through rabies education, animal quarantine and animal vaccination.

Biology, Transmission, and Pathogenesis

Rabies Virus

The rabies virus belongs to the order Mononegavirales, viruses with a nonsegmented, negative-stranded RNA genome. Within this group, viruses with a distinct “bullet” shape are classified in the Rhabdoviridae family, which includes at least three genera of animal viruses, Lyssavirus, Ephemerovirus, and Vesiculovirus. The genus Lyssavirus includes rabies virus, Lagos bat virus, Mokola virus, Duvenhage virus, European bat virus 1 & 2, and Australian bat virus. The most common is the rabies virus. The rabies virus is only cause of rabies in the US. The virus can be further classified by slight variation within species that it infects, such as the raccoon variant, canine variant, and bat variant of the rabies virus.

Although the rabies virus can infect a variety of cell types, it primarily targets neurons. The cycle of viral infection is depicted in Figure 1: Transmission of Rabies Through the CNS, on page 9. The virus spreads by retrograde axonal transport from the peripheral nerves to the neuronal cell body. After replication in the cell body of the primary neuron, infection proceeds via retrograde axonal transport and transsynaptic spread through several neurons. Transsynaptic spread is the ability of the virus to use synaptic junctions to propagate within the CNS. Neuronal infection by the rabies virus causes abnormalities in the function of neurotransmitters affecting serotonin, GABA, and muscarinic acetylcholine transmission. Cells of the salivary gland are infected next, which in turn shed virus into the oral cavity. This accounts for the presence of the virus in saliva.

Susceptibility

ALL mammals (animals that are warm-blooded, have hair, fur, or mammary glands) are susceptible to rabies, but there are varying degrees of susceptibility. Birds and reptiles cannot be infected with the rabies virus.

<table>
<thead>
<tr>
<th>Level of Susceptibility</th>
<th>Animals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Susceptible</td>
<td>Foxes, coyotes, jackals, and wolves</td>
</tr>
<tr>
<td>Highly Susceptible</td>
<td>Skunks, raccoons, bats, ferrets, and cattle</td>
</tr>
<tr>
<td>Moderately Susceptible</td>
<td>Dogs and cats (domesticated), sheep, goats, horses, and subhuman primates</td>
</tr>
</tbody>
</table>

Opossums are relatively resistant to rabies and considered a low risk for infection. Experiments have shown that the viral exposure dose required to infect opossums is 80,000 times that needed to infect a fox. Rodents and rabbits are also a relatively low risk for transmitting the rabies virus and seem somewhat refractory to rabies infection. Experimentally infected rodents generally...
excrete little or no virus in saliva making the likelihood for transmission negligible. The fox rabies and raccoon rabies viral strains are not well adapted to rodents, other than woodchucks or groundhogs – large rodents which may share habitat with raccoons and foxes and have the capability of surviving an attack from a rabid animal. The Advisory Committee on Immunization Practices of the US Public Health Service states that:

“Small rodents (i.e., squirrels, chipmunks, rats, mice, hamsters, guinea pigs, and gerbils) and lagomorphs (including rabbits and hares) are rarely infected with rabies and have not been known to transmit rabies to humans.”

Only an unprovoked, aggressive attack by a rodent or rabbit with clinical evidence of rabies infection should normally be considered for investigation and rabies treatment/prophylaxis. Domesticated rodents purchased from pet shops, raised in controlled captive breeding, and never exposed to carnivorous animals or bats pose no risk of rabies by biting (i.e., guinea pigs, hamsters, gerbils, mice, and white rats).

Any wild animal, especially wild carnivores and bats, must be considered to be rabid. Since wild animals can have extended incubation periods, they cannot be considered free of rabies even if purchased from a pet shop, acquired as a baby, and/or held for a long period of time. The period of viral shedding in the saliva prior to or after the onset of clinical symptoms is not known for these animals; therefore, an appropriate observation period following an exposure cannot be ascertained.

Animals can acquire the virus not only from bites and scratches with saliva contamination, but also through in-utero infections, nursing, or from eating a dead rabid animal. Although rare, aerosol transmission to humans in bat caves and laboratories and infection via transplanted organs have also been documented.

The public should be warned not to handle wild animals or bats under any circumstances, including injured or sick animals. A disabled animal’s chances for survival are much greater with professional assistance from animal control or wildlife management experts. Wild animals that bite humans must not be held for observation, but humanely sacrificed and submitted to the lab for rabies examination.

**Transmission**

Transmission of rabies virus usually begins when infected saliva of a host is passed to an uninfected animal. Various routes of transmission have been documented and include contamination of mucous membranes (i.e., eyes, nose, and mouth), aerosol transmission, and corneal transplantations. The most common mode of rabies virus transmission is through a bite and/or virus-containing saliva of an infected host.

Following primary infection, the virus enters an eclipse phase in which it cannot be easily detected within the host. This phase may last for several days or months. Investigations have shown both direct entry of virus into peripheral nerves at the site of infection and indirect entry after viral replication in non-neural tissue (i.e., muscle cells). During the eclipse phase, the host immune defenses may confer cell-mediated immunity against viral infection because rabies virus is a good antigen. The uptake of virus into peripheral nerves is important for progressive infection to occur.
After uptake into peripheral nerves, rabies virus is transported to the central nervous system (CNS) via retrograde axoplasmic flow. Typically this occurs via sensory and motor nerves at the initial site of infection. The incubation period (see Figure 14) is the time from exposure to onset of clinical signs of disease. The incubation period may vary from a few days to several years, but is typically 1 to 3 months. Dissemination of virus within the CNS is rapid, and includes early involvement of limbic system neurons. Active cerebral infection is followed by passive centrifugal spread of virus to peripheral nerves. The amplification of infection within the CNS occurs through cycles of viral replication and cell-to-cell transfer of progeny virus. Centrifugal spread of virus may lead to the invasion of highly innervated sites of various tissues, including the salivary glands. During this period of cerebral infection, the classic behavioral changes associated with rabies develop.

Pathology of rabies infection is typically defined by encephalitis and myelitis. Perivascular infiltration with lymphocytes, polymorphonuclear leukocytes, and plasma cells can occur throughout the entire CNS. Rabies infection frequently causes cytoplasmic eosinophilic inclusion bodies (Negri bodies) in neuronal cells, especially pyramidal cells of the hippocampus and Purkinje cells of the cerebellum. These inclusions have been identified as areas of active viral replication by the identification of rabies viral antigen. Several factors may affect the outcome of rabies exposure. These include the virus variant, the dose of virus inoculum, the route and location of exposure, as well as individual host factors, such as age and host immune defenses.
Figure 1 Transmission of Rabies Through the CNS
Incubation Period and Duration of Disease

Clinical Signs

The signs and symptoms of rabies in domestic species are similar; however, those in individual animals, even of the same species, can vary widely. Sometimes, a rabies-infected animal can die suddenly, after exhibiting few or no symptoms to the casual observer. Three stages or phrases generally occur in the course of rabies: (1) *Prodromal* or initial stage; (2) *Excitative* (i.e. “furious” rabies in the dog); and (3) *Paralytic* (i.e. “dumb” rabies in the dog). The Excitative stage almost always terminates in paralysis, though occasionally an animal may die during the course of severe convulsions prior to development of full prostration and paralysis. In some animals, the Excitative stage may be slight or absent in which case the clinical picture will be paralysis. Hydrophobia, literally the “fear of water,” is a descriptive term applied to clinical rabies in man and stems from the severe, involuntary, and painful spasms provoked by attempts to drink, or sometimes the mere sight or sound of water. The syndrome does not occur in animals, so the term hydrophobia correctly applies only to rabies in man.

<table>
<thead>
<tr>
<th>Domestic Animals</th>
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<tbody>
<tr>
<td><strong>Dogs</strong></td>
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<tr>
<td>Incubation Period</td>
</tr>
<tr>
<td>Prodromal Stage</td>
</tr>
<tr>
<td>Excitative Stage</td>
</tr>
<tr>
<td>Paralytic Stage</td>
</tr>
<tr>
<td><strong>Cats and Ferrets</strong></td>
</tr>
<tr>
<td>Duration of Disease</td>
</tr>
<tr>
<td><strong>Other Animals</strong></td>
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<tr>
<td><strong>Horses and Mules</strong></td>
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<tr>
<td>Incubation Period</td>
</tr>
<tr>
<td>Duration of Disease</td>
</tr>
<tr>
<td><strong>Cattle</strong></td>
</tr>
<tr>
<td>Incubation Period</td>
</tr>
<tr>
<td>Duration of Disease</td>
</tr>
<tr>
<td><strong>Sheep and Goats</strong></td>
</tr>
<tr>
<td>Incubation Period</td>
</tr>
<tr>
<td>Duration of Disease</td>
</tr>
<tr>
<td><strong>Swine</strong></td>
</tr>
<tr>
<td>Incubation Period</td>
</tr>
<tr>
<td>Duration of Disease</td>
</tr>
</tbody>
</table>

**If a dog, cat, or ferret is without any signs of abnormality on the 10th or more day after inflicting a bite, it is safe to assume that the animal was NOT shedding virus in saliva (it was NOT INFECTIOUS) at the time of the bite**. This statement, however, cannot be applied to other species of animals. (For more quarantine information, see page 26 of this Manual.)
Control Methods in Humans

Prevention of human rabies is dependent upon providing exposed persons with prompt local treatment of their wounds, combined with appropriate rabies post-exposure prophylaxis (PEP) consisting of both passive and active immunoprophylaxis. Passive immunization consists of rabies antibody administration, while active prophylaxis includes immunization with cell-culture vaccines. In addition, pre-exposure vaccination is recommended for persons more likely to be exposed, such as certain laboratory workers, animal control officers, and veterinarians.

Rabies Biologics

In general, two types of rabies products are available in the US, namely, rabies vaccines and rabies immunoglobulin. Rabies vaccines induce an active immune response that includes the production of neutralizing antibodies. This antibody response requires approximately 7-10 days to develop and usually persists for greater than or equal to 2 years. Rabies immune globulin (RIG) provides a rapid, passive immunity that persists for only a short time (half-life of approximately 21 days).

Two formulations of inactivated vaccines are currently licensed for pre-exposure and post-exposure prophylaxis in the US (see below). When used as indicated, both types of rabies vaccines are considered equally safe and efficacious. A full 1.0 mL intramuscular (IM) dose is used for pre-exposure and post-exposure prophylactic injection. There are no currently approved formulations for the intradermal dose and route for pre-exposure vaccination; both types of vaccines must be administered intramuscularly. Usually, an immunization series is initiated and completed with one vaccine product; however, no clinical studies have been conducted that document a change in efficacy or the frequency of adverse reactions when the series is completed with a second vaccine product.

Vaccines

1. **Human Diploid Cell Vaccine (HDCV):** HDCV is prepared from the Pitman-Moore strain of rabies virus grown on MRC-5 human diploid cell culture, concentrated by ultra-filtration, and inactivated with beta-propiolactone. It is approved for **intramuscular (IM) administration only,** and is supplied in a single-dose vial containing lyophilized vaccine that is reconstituted in the vial with the accompanying diluents to a final volume of 1.0 mL just before administration.

**Please Note:** HDCV formerly was supplied in an alternate form for intradermal (ID) administration under the name Imovax Rabies I.D.®, which has recently been withdrawn from the market. There are no currently licensed formulations for the intradermal dose and route for pre-exposure vaccination.

- **Manufacturer:** Sanofi Pasteur
2. **Purified Chick Embryo Cell Vaccine (PCEC):** PCEC became available in the US in the autumn of 1997. It is prepared from the fixed rabies virus strain Flury LEP grown in primary cultures of chicken fibroblasts. The virus is inactivated with beta-propiolactone and further processed by zonal centrifugation in a sucrose density gradient. It is formulated for **IM administration only.** PCEC is available in a single-dose vial containing lyophilized vaccine that is reconstituted in the vial with the accompanying diluents to a final volume of 1.0 mL just before administration.

- **Manufacturer:** Novartis Vaccines and Diagnostics
- **Product Name:** *RabAvert®*

### A. Rabies Immune Globulin (RIG)

1. The two RIG products licensed in the US are rabies immunoglobulin (IgG) preparations concentrated by cold ethanol fractionation from plasma of hyper-immunized human donors. Rabies neutralizing antibody, standardized at a concentration of 150 IU per mL, is supplied in 2 mL (300 IU) vials for pediatric use and 10 mL (1,500 IU) vials for adult use; the recommended dose is 20 IU/kg body weight. Both RIG preparations are considered equally efficacious when used as described.

- **Manufacturer:** Talecris Biotherapeutics and Sanofi Pasteur
- **Product Name:** *HyperRab™ S/D* and *Imogam Rabies – HT®*
Assessing the Need for PEP

Administration of rabies PEP is a medical urgency, not a medical emergency. Persons who have been bitten by animals suspected or proven to be rabid should begin PEP as soon as possible. However, very long incubation periods (up to 1 year) have been reported in humans. Thus, when a documented or likely exposure has occurred, PEP is indicated regardless of the length of the delay, provided the clinical signs of rabies are not present. Under most circumstances, PEP should not be initiated if the bite was from a healthy dog/cat/ferret that is available for a 10-day quarantine. However, if during the 10-day quarantine period, the animal begins to show signs of rabies, the PEP should be started immediately and the animal tested as soon as possible.

Health care providers should evaluate each possible exposure to rabies and when necessary consult with the Alabama Department of Public Health regarding the need for rabies PEP.

In the US, the following factors should be considered in the rabies risk assessment before PEP is initiated:

- Type of exposure (bite vs. non-bite)
- The geographic location of the incident
- The type of animal that was involved
- Circumstances of the exposure (provoked or unprovoked)
- The vaccination status of the animal
- Whether the animal can be safely captured and tested for rabies

In general, the highest risk of rabies transmission is associated with bite exposure from terrestrial wild carnivores or bats (see Decision Trees A and B). Raccoons, skunks, foxes, and coyotes are the terrestrial animals most often infected with rabies. All bites by such wildlife must be considered possible exposures to the rabies virus. PEP should be initiated as soon as possible after patients are exposed to wildlife unless the animal has already been tested and shown not to be rabid. In addition, bats are increasingly implicated as important wildlife reservoirs for variants of rabies virus transmitted to humans. In all instances of potential human exposures involving bats, the bat in question should be safely collected, if possible, and submitted for rabies diagnosis. Rabies PEP is recommended for all persons with a bite, scratch, or mucous membrane exposure to a bat, unless the bat is available for testing and is negative for evidence of rabies. PEP might also be appropriate even if a bite, scratch, or mucous membrane exposure is not apparent when there is reasonable probability that such exposure might have occurred.

The likelihood of rabies in a domestic animal varies by region; hence, the need for PEP also varies. In the continental US, rabies among dogs is reported most commonly along the US-Mexico border and sporadically in area of the US with enzootic wildlife rabies. During most of the 1990s, more cats than dogs were reported rabid in the US. The majority of these cases were
caused by the raccoon variant in the eastern US. The large number of rabies-infected cats might be attributed to fewer cat vaccination laws, fewer leash laws, and the roaming habits of cats. In many developing countries, dogs are the major vector of rabies; exposures to dogs in such countries represent an increased risk of rabies transmission. In the United States, a currently vaccinated dog, cat, or ferret is unlikely to become infected with rabies (see Decision Tree C). Although all species of livestock are susceptible to rabies, they are infrequently found to be infected. Small rodents (i.e., squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, and mice) and lagomorphs (including rabbits and hares) are almost never found to be infected with rabies and have not been known to transmit rabies to humans (see Decision Tree D).

An unprovoked attack by an animal is more likely than a provoked attack to indicate that the animal is rabid. Bites inflicted on a person attempting to feed or handle an apparently healthy animal should generally be regarded as provoked.

Refer to the chart below and to the Decision Trees on the proceeding pages for specific guidelines.

<table>
<thead>
<tr>
<th>Animal Type</th>
<th>Evaluation and Disposition of Animal</th>
<th>Exposure Prophylaxis Recommendations</th>
</tr>
</thead>
</table>
| Dogs, Cats, and Ferrets | • Healthy and available for 10 day quarantine  
                          • Rabid or suspected rabid  
                          • Unknown (i.e., escaped) | • Persons should not begin PEP unless animal develops clinical signs of rabies.*  
                          • Immediate PEP.  
                          • Consult local rabies officer or Alabama Department of Public Health officials |
| Skunks, raccoons, bobcats, foxes, and most other carnivores; bats | Regarded as rabid unless animal proven negative by laboratory tests. ** | Consider immediate PEP |
| Livestock, small rodents, lagomorphs (rabbits and hares), large rodents (woodchucks and beavers), and other mammals | Consider individually. | Consult local rabies officer or Alabama Department of Public Health officials. Bites of squirrels, hamsters, mice, and rats, most other rodents, and rabbits almost never require PEP. Large rodents may be a risk. |

* During the 10-day quarantine period, begin PEP at the first sign of rabies in a dog, cat, or ferret that has bitten someone. If the animal exhibits clinical signs of rabies, it should be euthanized immediately and tested.

** The animal should be euthanized and tested as soon as possible. Discontinue vaccine if rabies test results are negative.

Source: 2007 Georgia Rabies Control Manual (GA Epidemiology Branch, Division of Public Health, Department of Human Resources)
EXPOSURE FROM HIGH RISK ANIMALS

Wild Carnivores (Raccoons, Fox, Skunk, etc) Exposure

Did an exposure* occur?

NO

No PEP is recommended

YES

Is animal available for testing?

NO

Begin PEP ASAP

YES

Test animal for rabies

Was the test positive?

NO

Stop PEP

YES

Begin rabies PEP ASAP

*Exposure defined as any contact with saliva through a break in the skin, mucous membrane, or contact with neurological tissue.

**Exceptions may include head or facial bites, when PEP should begin immediately. If test is negative, PEP can be stopped.
**EXPOSURE FROM HIGH RISK ANIMALS**

**Bat Exposure**

Did an exposure* occur?

- **NO**
  - No PEP is recommended

- **YES or Uncertain†**
  - Is animal available for testing?
    - **NO**
      - Begin rabies PEP ASAP
    - **YES**
      - Test bat for rabies. Was the test positive?
        - **NO**
          - Stop PEP if results are negative
        - **YES**
          - Begin rabies PEP ASAP

---

*Exposure defined as any contact with saliva through a break in the skin, mucous membrane, or contact with neurological tissue.

**Exceptions may include head or facial bites, when PEP should begin immediately. If test is negative, PEP can be stopped.

†Uncertain exposure can occur because bats have small teeth, which may leave marks that are not easily seen. Medical advice is needed even in the absence of an obvious bite wound. For example, if one awakens to find a bat in the room, sees a bat in the room of an unattended child, or sees a bat near a mentally impaired or intoxicated person, medical advice should be sought and the bat tested.

People cannot get rabies just from seeing a bat in an attic, in a cave, or at a distance. In addition, people cannot get rabies from having contact with bat guano (feces), blood, urine, or from touching a bat on its fur. Bats should **NEVER** be handled!
Decision Tree C

EXPOSURE FROM INTERMEDIATE RISK ANIMALS

Dog, Cat, or Ferret Exposure

Did an exposure* occur?

**NO**

No PEP recommended

**YES**

Is animal available for testing or quarantine?

**NO**

Likely animal can be found in 3-4 days?

**NO**

PEP Recommended

**YES**

Was the animal found?

**NO**

Treat wounds; delay PEP until animal is found for testing/quarantine.

**YES**

Is animal current on rabies vaccines?

**NO**

Vet quarantine for 10 days

**YES**

Home quarantine for 10 days, vet exam @ end of 10 days

If the animal shows signs of rabies, euthanize and test. Start or continue PEP if test is positive

*Exposure defined as any contact with saliva through a break in the skin, mucous membrane, or contact with neurological tissue.
**Decision Tree D**

**EXPOSURE FROM LOW RISK ANIMALS**

**Rodent and Rabbit Exposure**

**For Exposure on an Individual Basis, Consult the State Health Department**

Did an exposure occur?

- NO: Rabies post-exposure prophylaxis (PEP) not necessary
- YES: Was exposure provoked?

- NO: Did animal clearly exhibit signs of rabies at time of exposure?
  - NO: Rabies PEP almost never necessary
  - YES: Is animal available for testing?
    - NO: Begin rabies PEP ASAP
    - YES: Begin rabies PEP ASAP unless animal brain can be tested within 48-72 hours and is negative for rabies. Treatment may be stopped if animal brain tests negative prior to completion of the series.

*Exposure defined as any contact with saliva through a break in the skin, mucous membrane, or contact with neurological tissue.*
Rabies Post-Exposure Vaccination for Humans

In general, post-exposure prophylaxis (PEP) is indicated for persons exposed to a rabid animal in order to prevent infection with rabies virus. The ADPH follows the most recent recommendations from ACIP in the Morbidity and Mortality Weekly Report (MMWR) “Use of a Reduced (4 Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies”. These recommendations reduce the number of vaccine doses to four. The reduction in doses recommended for PEP was based in part on evidence from rabies virus pathogenesis data experimental animal work, clinical studies, and epidemiologic surveillance. These studies indicated that 4 vaccine doses in combination with rabies immune globulin (RIG) elicited adequate immune responses and that a fifth dose of vaccine did not contribute to more favorable outcomes. For persons previously vaccinated with rabies vaccine, the reduced regimen of 4 1-mL doses of HDCV or PCECV should be administered intramuscularly. The first dose of the 4-dose course should be administered as soon as possible after exposure (day 0). Additional doses then should be administered on days 3, 7, and 14 after the first vaccination. ACIP recommendations for the use of RIG remain unchanged. For persons who previously received a complete vaccination series (pre-or postexposure prophylaxis) with a cell-culture vaccine or who previously had a documented adequate rabies virus-neutralizing antibody titer following vaccination with noncell-culture vaccine, the recommendation for a 2-dose PEP vaccination series has not changed. Similarly, the number of doses recommended for persons with altered immunocompetence has not changed; for such persons, PEP should continue to comprise a 5-dose vaccination regimen with 1 dose of RIG. Recommendations for pre-exposure prophylaxis also remain unchanged with 3 doses of vaccine administered on days 0, 7, and 21 or 28. Prompt rabies PEP combining wound care, infiltration of RIG into and around the wound, and multiple doses of rabies cell-culture vaccine continue to be highly effective in preventing human rabies. See Table 2 on page 19 for specific schedule and administration instructions.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound Cleansing</td>
<td>Clean immediately with soap and water. If possible, irrigate wound with a anti-virus agent, like povidone-iodine</td>
</tr>
<tr>
<td>HRIG</td>
<td>If possible, full dose infiltrated around the wound. Any remaining should be administered intramuscularly (IM), at site distant from the vaccine.</td>
</tr>
<tr>
<td>Rabies Vaccine</td>
<td>4 doses, 1 mL, IM, upper arm area, days 0, 3, 7, and 14</td>
</tr>
</tbody>
</table>

Immunosuppression

Recommendations for rabies pre- and postexposure prophylaxis for persons with immunosuppression have not changed. General recommendations for active and passive immunization in persons with altered immunocompetence have been summarized previously (27,28). This updated report discusses specific recommendations for patients with altered immunocompetence who require rabies pre- and postexposure prophylaxis. All rabies vaccines licensed in the United States are inactivated cell-culture vaccines that can be administered safely to persons with altered immunocompetence. Because corticosteroids, other immunosuppressive
agents, antimalarials, and immunosuppressive illnesses might reduce immune responses to rabies vaccines substantially, for persons with immunosuppression, rabies PEP should be administered using a 5-dose vaccine regimen (i.e., 1 dose of vaccine on days 0, 3, 7, 14, and 28), with the understanding that the immune response still might be inadequate. Immunosuppressive agents should not be administered during rabies PEP unless essential for the treatment of other conditions. If possible, immunosuppressed patients should postpone rabies preexposure prophylaxis until the immunocompromising condition is resolved. When postponement is not possible, immunosuppressed persons who are at risk for rabies should have their virus-neutralizing antibody responses checked after completing the preexposure series. Postvaccination rabies virus-neutralizing antibody values might be less than adequate among immunosuppressed persons with HIV or other infections (29,30). When rabies pre- or postexposure prophylaxis is administered to an immunosuppressed person, one or more serum samples should be tested for rabies virus-neutralizing antibody by the RFFIT to ensure that an acceptable antibody response has developed after completing the series. If no acceptable antibody response is detected after the final dose in the pre- or postexposure prophylaxis series, the patient should be managed in consultation with their physician and appropriate public health officials.

**Variation from Human Rabies Vaccine Package Inserts**
These new ACIP recommendations differ from current rabies vaccine label instructions, which still list the 5-dose series for PEP. Historically, ACIP review and subsequent public health recommendations for the use of various biologics has occurred after vaccine licensure and generally are in agreement with product labels. However, differences between ACIP recommendations and product labels are not unprecedented. For example, during the early 1980s, ACIP review and recommendations concerning the intradermal use of rabies vaccines occurred well in advance of actual label claims and licensing (9). On the basis of discussions with industry representatives, alterations of current product labels for HDCV and PCEC are not anticipated by the producers of human rabies vaccines licensed for use in the United States.
Ordering Information for Rabies Immune Globulin (RIG) and Rabies Vaccine

Rabies Immune Globulin (RIG) and rabies vaccine can be ordered by a licensed physician or through a pharmacist directly from the manufacturer. At this time, ADPH is recommending the use of “Imovax” from Sanofi Pasteur or “RabAvert” from Novartis. Use of a licensed Rabies Immune Globulin is also available from each manufacturer.

Sanofi Pasteur 1-800-VACCINE

Novartis 1-877-683-4732

Programs for Uninsured and Underinsured Patients

Patient assistance programs that provide medications to uninsured or underinsured patients are available for rabies vaccine and Immune globulin.

Sanofi Pasteur's Patient Assistance Program (providing Imogam ® Rabies-HT and Imovax ® Rabies as well as other vaccines) is now administered through the Franklin Group. A healthcare professional or patient can either contact the Franklin Group directly, or call the customer service team (1-800-VACCINE) who will transfer them to the Franklin Group. The Franklin Group will review the application against the eligibility criteria. For more information about the program or to request an application, please contact the Sanofi Pasteur, Inc. Patient Assistance Program (Franklin Group) at 1 (866) 801-5655.

Novartis' Patient Assistance Program for RabAvert ® is managed through RX for Hope and can be accessed at 1-800-589-0837. Instructions and request forms are also available at the Rx for
Hope website RabAvert Patient Assistance Program. Instructions and request forms are also available at the Sanofi Patient Connection website.

<table>
<thead>
<tr>
<th>Vaccination status</th>
<th>Intervention</th>
<th>Regimen*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not previously vaccinated</td>
<td>Wound cleansing</td>
<td>All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent (e.g., povidine-iodine solution) should be used to irrigate the wounds.</td>
</tr>
<tr>
<td></td>
<td>Human rabies immune globulin (HRIG)</td>
<td>Administer 20 IU/kg body weight. If anatomically feasible, the full dose should be infiltrated around and into the wound(s), and any remaining volume should be administered at an anatomical site (intramuscular [IM]) distant from vaccine administration. Also, HRIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of rabies virus antibody, no more than the recommended dose should be administered.</td>
</tr>
<tr>
<td>Previously vaccinated**</td>
<td>Wound cleansing</td>
<td>All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as povidine-iodine solution should be used to irrigate the wounds.</td>
</tr>
<tr>
<td></td>
<td>Human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV) 1.0 mL, IM (deltoid area†), 1 each on days 0,§ 3, 7 and 14.¶</td>
<td>HRIG should not be administered.</td>
</tr>
<tr>
<td></td>
<td>Vaccine</td>
<td>HDCV or PCECV 1.0 mL, IM (deltoid area†), 1 each on days 0§ and 3.</td>
</tr>
</tbody>
</table>
Rabies Pre-Exposure Vaccination for Humans

Pre-exposure vaccination should be offered to persons in continuous or frequent-risk groups, such as veterinarians, animal handlers, and certain laboratory workers. Pre-exposure vaccination also should be considered for other persons whose activities bring them into frequent contact with rabies virus or potentially rabid bats, raccoons, skunks, cats, dogs, or other species at risk for having rabies. In addition, international travelers might be candidate for pre-exposure vaccination if they are likely to come in contact with animals where canine rabies is endemic and immediate access to appropriate medical care, including rabies biologics, might be limited.

Pre-exposure prophylaxis is administered for several reasons. First, although pre-exposure vaccination does not eliminate the need for additional therapy following a rabies exposure, it simplifies therapy by eliminating the need for RIG administration and decreasing the number of doses of vaccine needed – a point of particular importance for person at high risk for being exposed to rabies in areas where immunizing products might not be available or where they might be at high risk for adverse reactions. Second, pre-exposure prophylaxis might protect persons whose post-exposure therapy is delayed. Finally, it might provide protection to persons at risk for unapparent exposures to rabies.

Pre-exposure vaccination consists of two regimens: a primary vaccination regimen and a booster regimen. The primary vaccination regimen consists of three 1.0 mL injections of HDCV or PCEC that are administered intramuscularly (IM) in the deltoid area. One injection should be given per day on days 0, 7, and 21 or 28. Day 0 is defined as the day the first dose of vaccination is administered. If a booster vaccination is recommended, a single 1.0 mL injection of HDCV or PCEC should be administered intramuscularly (IM) in the deltoid area. For more information please refer to the 2008 Compendium of Animal Rabies Prevention and Control.

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Nature of risk</th>
<th>Typical populations</th>
<th>Pre-exposure recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous</td>
<td>Virus present continuously, often in high concentrations. Specific exposures likely to go unrecognized. Bite, nonbite, or aerosol exposure.</td>
<td>Rabies research laboratory workers; rabies biologics production workers.</td>
<td>Primary course. Serologic testing every 6 months; booster vaccination if antibody titer is below acceptable level.</td>
</tr>
<tr>
<td>Frequent</td>
<td>Exposure usually episodic, with source recognized, but exposure also might be unrecognized. Bite, nonbite, or aerosol exposure.</td>
<td>Rabies diagnostic laboratory workers, cavers, veterinarians and staff, and animal-control and wildlife workers in areas where rabies is enzootic. All persons who frequently handle bats.</td>
<td>Primary course. Serologic testing every 2 years; booster vaccination if antibody titer is below acceptable level.</td>
</tr>
<tr>
<td>Infrequent (greater than population at large)</td>
<td>Exposure nearly always episodic with source recognized. Bite or nonbite exposure.</td>
<td>Veterinarians and animal-control staff working with terrestrial animals in areas where rabies is uncommon to rare. Veterinary students. Travelers visiting areas where rabies is enzootic and immediate access to appropriate medical care including biologics is limited.</td>
<td>Primary course. No serologic testing or booster vaccination.</td>
</tr>
<tr>
<td>Rare (population at large)</td>
<td>Exposure always episodic with source recognized. Bite or nonbite exposure.</td>
<td>U.S. population at large, including persons in areas where rabies is epizootic.</td>
<td>No vaccination necessary.</td>
</tr>
</tbody>
</table>

*Minimum acceptable antibody level is complete virus neutralization at a 1:5 serum dilution by the rapid fluorescent focus inhibition test. A booster dose should be administered if the titer falls below this level.

**Post-exposure Therapy for Previously Vaccinated Persons**

For people exposed to rabies and have been previously vaccinated with either the recommended pre-exposure OR post-exposure regimen should receive two 1.0 mL doses IM of vaccine, immediately after exposure on day 0, followed by an additional dose on day 3. HRIG is not necessary and should not be administered.

**Rabies Post-exposure Prophylaxis (PEP) for Previously Immunized People**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound Cleansing</td>
<td>Clean immediately with soap and water. If possible, irrigate wound with a anti-virus agent, like povidine-iodine</td>
</tr>
<tr>
<td>HRIG</td>
<td>Do not administer</td>
</tr>
<tr>
<td>Rabies Vaccine</td>
<td>2 doses, 1 mL, IM, days 0 and 3</td>
</tr>
</tbody>
</table>

**Serologic Response and Pre-Exposure Booster Doses of Vaccine**

Although virus neutralizing antibody levels might not definitively determine a person's susceptibility or protection from a rabies virus exposure, titers in persons at risk for exposure are used to monitor the relative rabies immune status over time. To ensure the presence of a primed immune response over time among persons at higher than normal risk for exposure, titers should
be checked periodically, with booster doses administered only as needed. Two years after primary pre-exposure vaccination, a complete neutralization of challenge virus at a dilution of 1:5 (by the RFFIT) was observed among 93%-98% of persons who received the 3-dose pre-exposure series intramuscularly and 83%-95% of persons who received the 3-dose series intradermally. If the titer falls below the minimum acceptable antibody level of complete neutralization at a serum dilution of 1:5, a single pre-exposure booster dose of vaccine is recommended for persons at continuous or frequent risk for exposure to rabies. The following guidelines are recommended for determining when serum testing should be performed after primary pre-exposure vaccination:

- A person in the continuous-risk category should have a serum sample tested for rabies virus neutralizing antibody every 6 months.
- A person in the frequent-risk category should have a serum sample tested for rabies virus neutralizing antibody every 2 years.

The Alabama Department of Public Health can provide the names and addresses of laboratories performing appropriate rabies virus neutralizing serologic testing.

**Human Diploid Cell Vaccine (HDCV)**

Studies of HDCV recipients reported local reactions (i.e., pain at the injection site, redness, swelling, induration) among 60-89.5% of recipients. Most local reactions were mild and resolved spontaneously within a few days. Local pain at the injection site was the most frequently reported adverse reaction occurring in 21-77% of those receiving the vaccine. Mild systemic reactions (i.e., fever, headache, dizziness, gastrointestinal symptoms) were reported in 6.8-55.6% of recipients.

Immediate systemic hypersensitivity reactions were observed in 1.2% of recipients in one study involving boosters of HDCV one year after primary vaccination with HDCV. Immediate hypersensitivity reactions have been reported in as many as 6% of persons receiving booster vaccination with HDCV following primary rabies prophylaxis; 3% occurring within one day of receiving boosters and 3% occurring 6-14 days after boosters. Systemic allergic reaction have been associated with the presence of betapropiolactone-altered human albumin in HDCV and the development of antibodies to this allergen. No deaths resulting from these reactions have been reported.

**Purified Chick Embryo Cell Vaccine (PCEC)**

In studies of PCEC use, local reactions (i.e., pain at the injection site, redness, and swelling) were reported among 11-57% of recipients. Local pain at the injection site, the most common local reaction, was reported in 2-23% of those receiving the vaccine. Systemic reactions were less common, and have been reported in 0-31% of vaccine recipients. In one study, 7% of children administered PCEC experienced mild to moderate clinical reactions.

In another study reviewing adverse events following the administration of PCEC using data from the United States Vaccine Adverse Events Reporting System (VAERS), approximately
1.1 million doses of PCEC were distributed (from 1997-2005) and 331 reports describing adverse events following PCEC administration were received by VAERS. A total of 196 reported adverse events (3% serious) occurred following administration of PCEC alone, and 135 (10% serious) occurred following post-exposure prophylaxis (PCEC co-administered with HRIG) or PCEC administered concomitantly with another vaccine. A total of 20 reports, three serious, were classified as anaphylaxis. One patient was found to be allergic to gelatin, a vaccine component. Among the 309 non-serious adverse events, the most frequently reported were headache, fever, myalgia, nausea, and weakness. A limitation of VAERS is that causality between vaccine administration and reported adverse events cannot be established. No deaths or rabies cases were reported following the administration of PCEC.

**Human Rabies Immune Globulin (HRIG)**

In a clinical trial involving 16 volunteers, participants receiving HRIG alone (no vaccine) commonly reported local reaction (100% in conventional HRIG group, 75% in heat-treated HRIG group), including pain/tenderness (100% conventional HRIG group, 50% heat-treated HRIG group), erythema (63% conventional HRIG, 25% heat-treated HRIG), and induration (50% conventional, 31% heat-treated). Systemic reactions were reported in 75% of participants in the conventional HRIG group and 81% in the heat-treated group. Headache was the most commonly reported systemic reaction (50% conventional, 69% heat-treated). Most of the reported local and systemic reactions were mild, and there were no significant differences in the frequency of adverse events between treatment groups.

**Neurological Adverse Events**

Rare, individual case reports of neurologic adverse events following rabies vaccination have been reported but in none of the cases has causality been established. Five cases of neurologic illness resembling Guillain-Barré syndrome occurring after treatment with HDCV or PCEC have been identified. One case of acute neurologic syndrome involving seizure activity was reported following the administration of HDCV and human RIG. Other central and peripheral nervous system disorders have been temporally associated with HDCV vaccine.

**Management of Adverse Reactions**

Once initiated, rabies prophylaxis should not be interrupted or discontinued because of local or mild systemic adverse reactions to rabies vaccine. Usually, such reactions can be successfully managed with anti-inflammatory and antipyretic agents, such as ibuprofen or acetaminophen.

When a person with a history of serious hypersensitivity to rabies vaccine must be revaccinated, antihistamines can be administered. Epinephrine should be readily available to counteract anaphylactic reactions, and the person should be observed carefully immediately after vaccination.
Although serious systemic, anaphylactic, or neuroparalytic reactions are rare during and after the administration of rabies vaccines, such reactions pose a serious dilemma for the patient and the attending physician. A patient's risk of acquiring rabies must be carefully considered before deciding to discontinue vaccination. Advice and assistance on the management of serious adverse reactions for persons receiving rabies vaccines may be sought from the Alabama Department of Public Health.

All clinically significant adverse events occurring following administration of rabies biologics should be reported to the Vaccine Adverse Event Reporting System (VAERS), even if causal relation to vaccination is not certain. Although VAERS is subject to limitations common to passive surveillance systems, including underreporting and reporting bias, it is a valuable tool for characterizing the safety profile of vaccines and identifying risk factors for rare serious adverse reactions to vaccines. VAERS reporting forms and information are available electronically at http://www.vaers.hhs.gov/ or by telephone via a 24-hour toll-free telephone number (1-800-822-7967). Web-based reporting is available at https://secure.vaers.org/VaersDataEntryintro.htm* to promote better timeliness and quality of safety data.
Animal Vaccination Protocols

Public Health laws in Alabama (Section 3-7A of the Code of Alabama 1975) mandate that parenteral animal rabies vaccines can be administered only by a licensed veterinarian. This is to ensure accountability and assurance that the animal has been properly vaccinated. An animal is considered currently vaccinated if the primary vaccination was administered by a licensed veterinarian at least 28 days previously. Regardless of the age of the animal at initial vaccination, a second vaccination should be administered 1 year later. Because a rapid anamnestic (memory) response is expected, an animal is considered currently vaccinated immediately after a booster vaccination.

- **Dogs, Cats, and Ferrets**
  All dogs, cats and ferrets are required by Alabama Law to be vaccinated against rabies. They should be vaccinated in accordance with the Code of the Alabama, Title 3. If a previously vaccinated animal is overdue for a booster, it should be revaccinated with a single dose of vaccine and placed on an interval in accordance with the vaccine’s label.

- **Livestock**
  Vaccinating all livestock against rabies is neither economically feasible nor justified from a public health standpoint. However, strong consideration should be given to vaccinating livestock that are particularly valuable or that might have frequent contact with humans, such as show animals or those in petting zoos. (For specific vaccines licensed for use in livestock, please see the Currently FDA Licensed Rabies Vaccines Section on page 43 of this Manual.) It is recommended that horses traveling interstate or with significant public contact (riding stables, etc.) should be currently vaccinated against rabies.

- **Other Animals**
  - **Wild Animals**
    No parenteral rabies vaccine is licensed for use in wild animals; therefore the ADPH does not recommend any wild animal be immunized against rabies. Additionally, because of the risk of rabies in wild animals (especially raccoons, skunks, coyotes, foxes, and bats), the Alabama Department of Conservation and Natural Resources has rigid regulations which prohibit the ownership of wild and wild/domestic hybrids as pets. For further information, please see [www.dcnr.alabama.gov](http://www.dcnr.alabama.gov).

  - **Maintained in Exhibits and in Zoological Parks**
    Captive animals that are not completely excluded from all contact with rabies vectors can become infected with rabies. Moreover, wild animals might be incubating rabies when initially captured; therefore, wild-caught animals susceptible to rabies should be placed in strict isolation for a minimum of 6 months before being exhibited. Employees who work with animals at such facilities should consider pre-exposure vaccination prophylaxis. The use of pre- or post-exposure rabies vaccinations for employees who work with animals at
such facilities might reduce the need for euthanasia of captive animals. Carnivores and bats should be housed in a manner that precludes direct contact with the public.

Management of Animals Exposed to Rabies

Any animal potentially exposed to rabies virus by a wild, carnivorous mammal or a bat that is not available for testing should be regarded as having been exposed to rabies, and should be reported to the Alabama Department of Public Health.

Dogs, Cats, and Ferrets

- **Unvaccinated** dogs, cats, and ferrets exposed to a known rabid animal are recommended to be euthanized immediately. If the owner is unwilling to have this done, the animal must be placed in strict isolation for 6 months and vaccinated either upon entry to isolation OR one month prior to release. Animals with expired vaccinations need to be evaluated on a case-by-case basis. Strict isolation should be conducted under the authority of the county health department in which the place, manner, and provisions of the confinement are specified. At the first sign of illness or behavioral change in the animal, the county health department should be notified and the animal should be evaluated by a veterinarian. If clinical signs are suggestive of rabies, the animal should be immediately euthanized and tested for rabies.

- **Currently vaccinated** dogs, cats, and ferrets to a known rabid animal should be revaccinated immediately, kept under the owner’s control, and observed at home for 45 days for clinical signs of rabies. During the observation period the animal should not be permitted to roam freely and should be restricted to leash walks, if applicable. At the first sign of illness or behavioral change in the animal, the local rabies control agency should be notified and the animal should be evaluated by a veterinarian. If clinical signs are suggestive of rabies, the animal should be immediately euthanized and tested for rabies.

Horses

*The Alabama Department of Public Health should be consulted for all possible rabies exposure in horses.*

- All species of livestock are susceptible to rabies; horses and cattle are the most frequently infected. Horses exposed to a rabid animal and **currently vaccinated** with a vaccine approved by the USDA or FDA for that species should be revaccinated immediately and observed for 45 days.

- **Unvaccinated** horses should be euthanized immediately. If the animal is not euthanized it should be kept under close observation for 6 months. Any illness in an animal under observation should be reported immediately to the local health department. If signs suggestive of rabies develop, the animal should be euthanized and the head shipped for testing.

- Barrier precautions should be used by persons handling the animal and tissues.
• Multiple rabid animals in a herd or herbivore-to-herbivore transmission are uncommon; therefore, restricting the rest of the herd if a single animal has been exposed to or infected by rabies is usually not necessary.

Cattle and Sheep

*The Alabama Department of Public Health should be consulted for all possible rabies exposure in cattle and sheep.*

• Cattle and sheep exposed to a rabid animal and **currently vaccinated** with a vaccine approved by the USDA for that species should be revaccinated immediately and observed for 45 days or be slaughtered.

• **Unvaccinated** cattle and sheep should be euthanized immediately. If the animal is not euthanized it should be kept under close observation for 6 months. Any illness in an animal under observation should be reported immediately to the local health department. If signs suggestive of rabies develop, the animal should be euthanized.

• If an exposed animal is to be slaughtered for consumption, it should be done immediately after exposure. Handling and consumption of tissues from exposed animals may carry a risk for rabies transmission. Risk factors depend in part on the site(s) of exposure, amount of virus present, severity of wounds, and whether sufficient contaminated tissue has been excised. Federal regulation prohibits the slaughter of animals known to be exposed to a known positive rabid animal. Historically, federal guidelines for meat inspectors required that any animal known to have been exposed to rabies within 8 months be rejected for slaughter. USDA Food and Inspection Service meat inspectors should be notified if such exposures occur in food animals prior to slaughter.

• If the animal is privately slaughtered, barrier precautions should be used by persons handling the animal and tissues, and all tissues should be cooked thoroughly. If the animal is slaughtered within 7 days of being exposed and provided that tissues in the exposed areas are discarded, the meat can be consumed without risk. Proper cooking and pasteurizations is effective in killing the rabies virus. Drinking pasteurized milk from an exposed animal is not considered a human exposure.

• Rabies virus may be widely distributed in tissues of infected animals. Tissues and products from a rabid animal should not be used for human or animal consumption. However, pasteurization temperatures will inactivate rabies virus; therefore, drinking pasteurized milk or eating thoroughly cooked animal products does not constitute a rabies exposure.

• Multiple rabid animals in a herd or herbivore-to-herbivore transmission are uncommon; therefore, restricting the rest of the herd if a single animal has been exposed to or infected by rabies is usually not necessary.

Other Animals

• Other animals bitten by a rabid animal should be euthanized immediately. Animals maintained in USDA-licensed research facilities or accredited zoological parks should be
evaluated on a case-by-case basis. Consultations can be provided by the Zoonosis Branch, Epidemiology Division, Alabama Department of Public Health.
Management of Animals that Bite Humans

Dogs, Cats, and Ferrets

- A healthy dog, cat, or ferret that bites a person should be quarantined for 10 days, regardless of current vaccination status. Administration of rabies vaccine is not recommended during the quarantine period so as not to induce any adverse vaccination reactions (e.g. lameness) that could be characterized as neurological disease.

- At the first sign of illness or behavioral change in the animal, the local county health department and/or the state health department agency should be notified and the animal should be evaluated by a veterinarian. If clinical signs are suggestive of rabies, the animal should be euthanized immediately and tested. Following a positive rabies test result, the local county health department should notify any persons or animal owners who might have been exposed to the rabid animal of the test results.

- The animal must be quarantined with a licensed veterinarian unless the animal qualifies for home quarantine.

- Home quarantine is allowed if the animal is an assistance animal and meets all the criteria specified in Rules of the Alabama State Board of Health Bureau of Communicable Disease, Chapter 420-4-4 Rabies Control Program pages 61-62.

- For further information concerning quarantines, please contact your local health department or Alabama Department of Public Health at 1-800-677-0930 or 334/206-5969.

Other biting animals (wild animals, animals maintained in zoological parks, canine or feline wild/domestic hybrids, etc.)

Management of animals other than dogs, cats, and ferrets depends on the species, the circumstances of the bite, the epidemiology of rabies in the area, and the biting animal’s history, current health status, and potential for exposure to rabies. The Zoonosis Branch, Epidemiology Division, Department of Public Health, should be consulted when circumstances warrant.

Wildlife

- Most wild mammals that bite or otherwise expose persons should be considered for euthanasia and rabies examination. All bites by such wildlife must be considered possible exposures to the rabies virus. Since the duration of clinical signs and the period of viral shedding are unknown for these species, an appropriate quarantine or isolation period...
cannot be ascertained. Assessing rabies risk and the need for rabies diagnostic testing can be guided by the following:

- **Wild Carnivores**: Raccoons, skunks, and foxes are the terrestrial animals most often infected with rabies; therefore, any such animal that exposes a person should be euthanized at once (without unnecessary damage to the head) and the brain should be submitted for rabies testing.

- **Rodents and lagomorphs** (squirrels, rats, mice, hamsters, guinea pigs, gerbils, chipmunks, rabbits): are almost never found to be infected with rabies and have not been known to transmit rabies to humans. Bites by these animals are usually not considered a rabies risk and usually do not warrant rabies testing unless the animal is sick or behaving in an unusual manner. Rodents that are considered to be a rabies risk include woodchucks or groundhogs (*Marmota monax*) because they are frequently large enough to survive the attack of a rabid carnivore. For additional questions or guidance about whether to submit an animal for testing please contact the Alabama Department of Public Health.

- **Bats**: A bat that bites, scratches, or has any direct physical contact with a person should be safely captured (see page 45 for instructions), immediately euthanized, and the entire animal sent to the laboratory for rabies examination. People usually know when they have been bitten by a bat. However, because bats have small teeth that may leave marks that are not easily seen, there are situations in which rabies testing and medical advice should be sought even in the absence of an obvious bite wound. These include awakening to find a bat in the room, finding a bat in the room of an unattended child, having a bat physically brush against you, or finding a bat near a mentally impaired or intoxicated person. In these situations a bite cannot be definitively ruled out. If physical contact occurs or the situations above occur, and the bat is not available for testing (i.e., it escapes from the house, encounter occurs outdoors, etc.), an exposure could be considered possible and consultation with a physician is advised.

- **Other wild animals** (opossums, otters, polecats, beavers, weasels, etc.): In most situations involving non-reservoir species, the rabies risk is relatively low. The risk is higher and, consequently, rabies testing may be indicated if the animal is found in a rabies-endemic area, has opportunity for exposure to rabies reservoirs, is large enough to survive an attack by a rabid animal, or is ill or exhibiting abnormal behavior.
Rabies testing consists of examining the brain samples of animals microscopically to determine if the rabies virus is present. There are two ADPH Bureau of Clinical Laboratories (BCL) in the state that perform testing, located in Montgomery and Mobile. Specimens for testing should be dropped off at the local county health department (CHD). The CHD is responsible for forwarding the specimen to the appropriate ADPH BCL testing laboratory. A list of size and weight restrictions and packaging requirements is listed in the following section, Rabies Specimen Acceptance. Routinely, most county health departments ship the specimens late in the day, but it is best to check with the local CHD to determine cut-off times for same day shipment.

For larger veterinary species, including cows and horses, specimens will need to sent to a Alabama Department of Agriculture and Industries (ADAI), Veterinary Diagnostic Laboratory for specimen preparation before being sent to the ADPH BCL testing laboratory. The CHD should be contacted before sending a sample to the Veterinary Diagnostic Laboratory to insure proper tracking and documentation is recorded.
Tissue Sample Collection and Handling for Rabies Testing

When an animal develops rabies, usually from the bite of another animal whose saliva is infected with the rabies virus, the virus moves trans-neuronally from the site of entry to the spinal cord and brain. Due to patterns of progression, a thorough histologic examination of the brain stem is critical to rabies diagnosis. Viral antigen is widespread in the brain of most animals positive for rabies, but because of the possibility of unilateral spreading of the virus, especially in larger animals, a negative finding for rabies can be made only if a complete cross-section of the brain stem is examined.

The complete brain of the animal should be submitted for testing. Although brain stem is the tissue most reliably found to contain viral antigen, the characteristic size and shape of the rabies virus that accumulates in the large neurons of foliar regions of the cerebellum are easily detected and recognized by direct fluorescent antibody (DFA) testing. Inclusion of this tissue yields a more confident diagnosis than examination of brain stem alone. Although the hippocampus was once the tissue of choice for histologic tests for Negri bodies, hippocampus is of limited additional value when brain stem and cerebellum are examined. If the cerebellum is missing from tissue submitted for rabies testing, however, a negative finding for rabies may be made from examination of brain stem and hippocampus. While a negative finding for rabies can be made only if brain stem tissue is among the tissues examined, incomplete specimens should be tested, if possible. Specific staining in any tissue reacted with anti-rabies antibody is diagnostic of rabies infection.

Virus is present in the saliva of an infected animal only after virus proliferation in the central nervous system and subsequent progression from the brain to the salivary glands. A negative DFA test for the presence of rabies virus in brain tissue assures that contact with saliva of a biting animal could not have transmitted rabies. Because virus may not be spread to all salivary glands and may be present only intermittently in saliva, negative tests of salivary glands or saliva cannot rule out rabies infection.

Shipment of Samples

Because rabies prophylaxis is usually delayed pending a laboratory report, specimen transit time to the laboratory should be as short as possible, preferably within 48 hours. A fresh, unfixed brain sample is critical to a rapid and accurate diagnosis of rabies. Refrigeration will preserve a sample for at least 48 hours. Freezing of the sample for transit will not reduce the sensitivity of the test, but may introduce additional testing delays and impede recognition and dissection of appropriate test samples. Repeated freeze-thaw cycles may reduce test sensitivity and should be avoided. Biocontainment during specimen transport is critical, to prevent both
contamination of the outside of the package and cross-contamination between samples within the package.

Rabies Specimen Acceptance Criteria

1. Any mammal suspected of having rabies may be sent to the laboratory for examination. Unless circumstances suggest rabies infection, caged rodents such as hamsters, etc., should not be submitted for rabies testing. Specimens will be accepted from, and results reported to, any individual. Before submission, though, the state health department should be consulted. (See #6)

2. NO LIVE ANIMALS WILL BE ACCEPTED UNDER ANY CIRCUMSTANCES.

3. Specimen Preparation:
   a. **DO NOT** club or shoot the animal in the head. The skull must remain intact.
   b. **All larger animals must be decapitated before sending to the laboratory** (see attached notice). The Public Health laboratories prefer all animal heads to be removed prior to submission; however, both the Central Lab in Montgomery as well as the Mobile Division Laboratory will accept the entire bodies of small animals that are less than 20 inches in length and 15 pounds in weight.
   c. Remove the head from the animal low enough to leave the salivary gland intact.
   d. Specimens should be placed under refrigerated conditions immediately. **NOTE:** Freezing is NOT recommended. Freezing should be used only in unavoidable delays. Frozen specimens delay testing. In addition, frozen and thawed tissue is considered not as satisfactory.
   e. The specimen should be fresh. The test will not be performed if the brain tissue is decomposed or infested with maggots.
   f. Spray specimens with an insecticide before submitting for rabies testing. Ticks and fleas are a problem for the analyst during autopsy.
   g. **DO NOT** send specimens in formalin. The test cannot be performed on formalized tissues.
   h. Place the head in a water-tight container, such as a clean paint can, and seal tightly. Place the container in a large water-tight container such as a Styrofoam ice chest and pack in enough wet ice or ice packs to last 24 hours. **THE SHIPPER IS RESPONSIBLE FOR MAKING SURE THE PACKAGE DOES NOT LEAK.** The outside of the package should be clearly labeled “Rabies Specimen.”
   i. Every specimen must be accompanied by a completed “Rabies Testing Report Form” (Form BCL-264, an example of the form can be found under Forms in this Manual). All information requested must be supplied. These forms may be obtained through the county health department or the central and division laboratories. Please keep the report form dry and uncontaminated by placing it in...
a plastic bag and include it in the shipping container, but not in contact with the specimen itself. If shipping more than one specimen, ALL specimens must be clearly identified or identifiable so there can be no mistake of which animal exposed which victim.

4. Notify your County Health Department Environmentalist that you have a specimen for rabies testing. He or she may be able to send the specimen for you. Otherwise, specimens should be delivered immediately to the State Health Laboratory nearest you or specimens may be accepted and shipped by commercial courier. **DO NOT send by U.S. Mail**

    Montgomery Central Lab                  Mobile Division Lab
    8140 University Drive 757 Museum Drive
    Montgomery, AL 36130  Mobile, AL 36608
    Phone: 334-260-3400  Phone: 251-344-6049
    Fax: 334-244-5083    Fax: 251-344-6895

5. Notify the laboratory in advance when and how the specimen is being sent and the expected time of arrival. If you are unable to reach the laboratory in your area, call the Montgomery Central Laboratory (334-260-3400).

6. All rabies reports will be telephoned and confirmed with a written report.

   (Note: Results of test performed on weekends and holidays will be given to licensed physicians or emergency room personnel only.)

   Specimens arriving at the laboratory by 11:00 am on weekdays will be reported on the same day. Otherwise, the report will go out the next scheduled workday. (Saturdays, Sundays, and holidays are not scheduled workdays.)

7. Rabies testing on weekends and holidays will be performed only in cases of high probability of human infection in which it is deemed that immediate test results are needed. The attending physician can request a test to be performed on Saturday, Sunday, or holidays by contacting the ADPH Epidemiology Division.

8. For questions regarding exposures, the need for post-exposure treatment, sources of rabies immunoglobulin, and human diploid cell vaccine contact the Alabama Department of Public Health, Epidemiology Division at 1-800-677-0939 (24 hour service).
Rabies Serology Testing for Humans

For humans, the rapid fluorescent focus inhibition test (RFFIT) is recommended by the Advisory Committee on Immunization Practices (ACIP). Serology via enzyme linked immunosorbent assay (ELISA) is not recommended. The RFFIT is the only valid method at this time to verify rabies virus neutralizing antibodies.

In CDC studies, all healthy persons tested 2–4 weeks after completion of pre-exposure and post-exposure rabies prophylaxis in accordance with ACIP guidelines demonstrated an adequate antibody response to rabies. Therefore, no testing of patients completing pre-exposure or post-exposure prophylaxis is necessary to document seroconversion unless the person is immunosuppressed. Patients who are immunosuppressed by disease or medications should postpone pre-exposure vaccinations and consider avoiding activities for which rabies pre-exposure prophylaxis is indicated. When that is not possible, immunosuppressed persons who are at risk for exposure to rabies should be vaccinated and their virus neutralizing antibody titers checked. In these cases, failures to seroconvert after the third dose should be managed in consultation with appropriate public health officials. When titers are obtained, specimens collected 1–2 weeks after pre-exposure or post-exposure prophylaxis should completely neutralize challenge virus at a 1:5 serum dilution by the RFFIT. Antibody titers might decline over time since the last vaccination. Small differences (i.e., within one dilution of sera) in the reported values of rabies virus neutralizing antibody titer (most properly reported according to a standard as IU/mL) might occur among laboratories that provide antibody determination using the recommended RFFIT. Rabies antibody titer determination tests that are not approved by FDA are not appropriate for use as a substitute for RFFIT in suspect human rabies ante-mortem testing because discrepant results between such tests and measures of actual virus neutralizing activity by RFFIT have been observed.

Although virus neutralizing antibody levels might not definitively determine a person’s susceptibility or protection from a rabies virus exposure, titers in persons at risk for exposure are used to monitor the relative rabies immune status over time. To ensure the presence of a primed immune response over time among persons at higher than normal risk for exposure, titers should be checked periodically, with booster doses administered only as needed. Two years after primary pre-exposure vaccination, a complete neutralization of challenge virus at a dilution of 1:5 (by the RFFIT) was observed among 93%–98% of persons who received the 3-dose pre-exposure series intramuscularly and 83%–95% of persons who received the 3-dose series intradermally. If the titer falls below the minimum acceptable antibody level of complete neutralization at a serum dilution of 1:5, a single pre-exposure booster dose of vaccine is recommended for persons at continuous or frequent risk for exposure to rabies. The following guidelines are recommended for determining when serum testing should be performed after primary pre-exposure vaccination:

- A person in the continuous-risk category should have a serum sample tested for rabies virus neutralizing antibody every 6 months.
• A person in the frequent-risk category should have a serum sample tested for rabies virus neutralizing antibody every 2 years.

Laboratories Performing RFFIT

**Before sending a specimen, please call the lab for submission instruction and forms.**

Rabies Laboratory/RFFIT  
Mosier Hall  
Kansas State University  
1800 Denison Avenue  
Manhattan, KS 66506-5600  
Phone: (785) 532-4483  
Website: [http://www.vet.ksu.edu/depts/rabies/rffit.htm](http://www.vet.ksu.edu/depts/rabies/rffit.htm)  
Email: rabies@vet.k-state.edu  
Contact: Susan Montgomery

Atlanta Health Associates  
309 Pirkle Ferry Road, Suite D300  
Cumming, GA 30040  
Phone: (770) 205-9091 or (800) 717-5612  
Fax: (770) 204-9021  
Website: [http://Atlantahealth.net](http://Atlantahealth.net)  
Email: rnewhouse@atlantahealth.net  
Contact: Mary Yager
Importation and Interstate Movement of Animals

International Importation

CDC regulates the importation of dogs and cats into the United States. Importers of dogs must comply with rabies vaccination requirements (42 CFR, Part 71.51 [c] [http://www.cdc.gov/ncidod/dq/animal.html]) and complete CDC Form 75.37 (http://www.cdc.gov/ncidoddq/pdf/animal/dog_quarantine_notice_08-04-06-cdc7537.pdf). In Alabama, the State Veterinarian at the Alabama Department of Agriculture and Industries should be notified within 72 hours of the arrival of any imported dog required to be placed in confinement under the CDC regulation. Failure of the owner to comply with these confinement requirements should be promptly reported to the Division of Global Migration and Quarantine, CDC (telephone: 404-639-3441).

Federal regulations alone are insufficient to prevent the introduction of rabid animals into the United States. All imported dogs and cats are subject to state and local laws governing rabies and should be currently vaccinated against rabies in accordance with Section 3-7A-2 of the Code of Alabama 1975. Failure of the owner to comply with State or local requirements should be referred to the Alabama Department of Agriculture and Industries.
**Interstate Transportation**

Before interstate movement (including commonwealths and territories), dogs, cats, and ferrets, should be currently vaccinated against rabies in accordance with Section 3-7A-2 of the Code of Alabama 1975. Animals in transit should be accompanied by a currently valid Alabama Rabies Vaccination Certificate. (A copy of the form is found in the Forms section of this Manual, page 39.) When an interstate health certificate or certificate of veterinary inspection is required, it should contain the same rabies vaccination information as the Alabama Rabies Vaccination Certificate.

**Importation of Non-Domesticated Animals into Alabama**

According to the Prohibited Animal Regulation of Alabama (§220-3-.26 AL Dept. of Conservation and Natural Resources Administrative Code) no one:

“shall possess, sell, offer for sale, import, bring, or cause to be brought or imported in the State of Alabama…any member of the family Cervidae (to include but not be limited to deer, elk, moose, caribou), species of coyote, species of fox, species of raccoon, species of skunk, wild rodent or strain of wild turkey, black bear (*Ursus Americanus*), mountain lion (*Felis concolor*), bobcat (*Felis rufus*), Pronghorn Antelope (*Antilocapridae*), any non-domestic member of the families *Suidae* (pigs), *Tayassuidae* (peccaries), or *Bovidae* (bison, mountain goat, mountain sheep).”

**Areas with Dog-to-Dog Rabies Transmission**

Canine rabies virus variants have been eliminated in the US. Rabid dogs have been introduced into the continental United States from areas with dog-to-dog rabies transmission. This practice poses the risk of introducing canine-transmitted rabies to areas where it does not currently exist. The movement of dogs for the purposes of adoption or sales from areas with dog-to-dog rabies transmission should be prohibited.

**Rabies Control during a Disaster Response**

Animals might be displaced during and after man-made or natural disasters and require emergency sheltering. Animal rabies vaccination and exposure histories often are not available for displaced animals. Disaster response creates situations where animal caretakers might lack appropriate training and pre-exposure vaccination. In such situations, it is critical to implement and coordinate rabies-prevention and control measures to reduce the risk of rabies transmission and the need for human post-exposure prophylaxis. Such measures include:

1. Coordinate relief efforts of individuals and organizations with the local emergency operations center before deployment.
2. Adopt minimum standards for animal caretakers that include personal protective equipment, previous rabies vaccination, and appropriate training in animal handling.
3. Examine each animal at a triage site for signs of rabies.
4. Isolate animals exhibiting signs of rabies, pending evaluation by a veterinarian.
5. Ensure that all animals have a unique identifier.
6. Administer a rabies vaccination to all dogs, cats, and ferrets unless reliable proof of vaccination exists. This is especially important for dogs and cats housed in group settings. Personnel should be aware that rabies vaccines may take as long as 28 days to become effective.
7. Maintain documentation of animal disposition and location (i.e., returned to owner, died or euthanized, adopted, relocated to another shelter and address of new location).
8. Provide facilities to confine and observe animals involved in exposures.
9. Report human exposures to appropriate public health authorities.

For more information on information on animal shelters in times of disaster, consult the CDC’s Interim Guidelines for Animal Health and Control of Disease Transmission in Pet Shelters (http://emergency.cdc.gov/disasters/animalhealthguidelines.asp).

Alabama’s primary agency in times of disaster for animal health is the Department of Agriculture and Industry, lead by the State Veterinarian and the Alabama State Agriculture Response Team (SART). For more information about Alabama’s animal health disaster plans and protocols, consult Alabama’s SART’s website (http://www.alsart.org).

Frequently Asked Questions (FAQ) About Rabies

What is the incubation period of rabies in animals?

The incubation period is the time between exposure and onset of clinical signs of disease. The incubation period may vary depending on the species from a few days to several years, but typically lasts 1 to 3 months for domestic animals. Wildlife, such as bats and raccoons, may have incubation periods much longer, up to 6-12 months. This period is quite long because the rabies virus spreads slowly through the nerves to the spinal cord and brain. There are no signs of illness during the incubation period; rabies virus is not transmissible during this time. When the virus reaches the brain, it multiplies rapidly and passes to the salivary glands. At the point clinical
symptoms of rabies become present and the rabies virus can be transmitted via saliva. For information on specific incubation times for different species, please see the appropriate chapter earlier in this manual.

**How can I protect my pet from rabies?**

First, take your pet to the veterinarian on a regular basis and keep rabies vaccinations up-to-date for all dogs, cats, and ferrets. This is a legal requirement in the State of Alabama. Second, keeping your pets under direct supervision will help prevent unknown exposures to the wild rabies-carrying wildlife population. Third, spay or neuter your pets to help reduce the number of unwanted pets that may not be properly cared for or vaccinated regularly.

**Why does my pet need the rabies vaccine?**

Your pets and other domestic animals can be infected when they are bitten by rabid wild animals. Animals represent a common link between humans and the rabies reservoirs. When rabies occurs in domestic animals, the risk to humans is increased. Therefore, pets are vaccinated to prevent them from acquiring the disease from wildlife, and possibly transmitting it to humans.

**What happens if a neighborhood dog or cat bites me?**

First, you should seek medical evaluation for any animal bite. In Alabama, potential exposures must be confirmed by a licensed physician before ADPH can issue quarantine orders. The county health department should be notified by you or your physician or in some cases by the local law enforcement agency that is involved. ADPH will then investigate the exposure and determine what actions need to be taken for you and the animal by written and verbal communication.

If the animal is owned, it can be quarantined for 10 days under the supervision of a licensed veterinarian. Research on the disease stages of rabies in dogs, cats, and ferrets has proven that if the animal is still alive at the end of 10 days and free from clinical signs of rabies, then the animal was not shedding the virus at the time of the exposure, thus eliminating the chance of exposure to rabies virus. If a dog, cat, or ferret appeared ill at the time it bit you or becomes ill during the 10 day quarantine, it should be evaluated by a veterinarian for signs of rabies and you should seek medical advice about the need for rabies prophylaxis.

For more information on recommendations about biting incidences, quarantine, and post-exposure prophylaxis see: *Compendium of Animal Rabies Control, 2008* (CDC) and *Rabies Prevention – United States, 2008 Recommendations of the Immunization Practices Advisory Committee* (ACIP).
Yes. Scratches, abrasions, open wounds, or mucous membranes contaminated with saliva or other potentially infectious material (such as brain tissue) from a rabid animal are considered potential exposures to rabies. If the touching of a suspected rabid animal results in contact with potentially infectious (wet) saliva or CNS tissue, consult with a physician to assess any potential exposure. It is very important that any possible exposures with a rabid animal be reported to the local or county health department by you, your physician, or the law enforcement agency that is involved. This is the first step in assessing the seriousness of an exposure and how to handle the situation. If the animal is owned, it can be quarantined for 10 days under the supervision of a licensed veterinarian. Research on the disease stages of rabies in dogs, cats, and ferrets has proven that if the animal is still alive at the end of 10 days and free from clinical signs of rabies, then the animal was not shedding the virus at the time of the exposure, thus, eliminating a chance of exposure to the rabies virus.

Inhalation of aerosolized rabies virus is also a potential non-bite route of exposure, but other than laboratory workers and spelunkers, most people are unlikely to encounter an aerosol of rabies virus. Other contact, such as petting a rabid animal or contact with the blood, urine, or feces (i.e., guano) of a rabid animal, does not constitute an exposure and is not an indication for prophylaxis. Contracting rabies from a non-bite exposure is dependent upon the virus living in an environment with ultraviolet light, outside of cells, and enduring at least some drying time. There are just too many variables to determine how long it could survive since it would be dependent on all of the environmental conditions in addition to the viral load. Non-bite exposures to rabies are very rare.

What medical attention do I need if I am exposed to rabies?

One of the most effective methods to decrease the chances for infection involves thorough washing of the wound with soap and water. Specific medical attention for someone exposed to rabies is called post-exposure prophylaxis or PEP. Post-exposure prophylaxis consists of a regimen of one dose of rabies immune globulin and five doses of rabies vaccine over a 28-day period. Rabies immunoglobulin and the first dose of rabies vaccine should be given by your health care provider concurrently when it has been determined to be indicated by a physician. Additional doses of rabies vaccine should be given on days 3, 7, 14, and 28 after the first vaccination. Current vaccines are relatively painless and are given in your arm, like a flu or tetanus vaccine. For more information, please see Rabies Post-Exposure Vaccination for Humans section of the Manual on page 25.

How long do I have until I start the rabies post-exposure prophylaxis?

Rabies is considered a medical urgency, not a medical emergency. Always follow the guidance of your physician. Initiation of the shots depends on the animal that has exposed you possibly to rabies. Rabies vaccinations may be delayed depending on the species of animal and subsequent quarantine recommendations.

Where can I go to obtain the Rabies Vaccine?
The Alabama Department of Public Health (ADPH) does not routinely administer the rabies vaccine nor do they stockpile it. You should consult your physician or visit the local emergency room. ADPH will be available for consultation with your physician about the need to receive the vaccine, obtaining the vaccine, or its administration.

What should I do if I come in contact with a bat?

If you are bitten by a bat – or if infectious material (such as saliva) from a bat gets into your eyes, nose, mouth, or a wound – wash the affected area thoroughly and get medical attention immediately. Whenever possible, the bat should be captured and sent to a laboratory for rabies testing.

People usually know when they have been bitten by a bat. However, because bats have small teeth which may leave marks that are not easily seen, there are situations in which you should seek medical advice even in the absence of an obvious bite wound. For example, if you awaken and find a bat in your bedroom, see a bat in the room of an unattended child, or see a bat near a mentally impaired or intoxicated person seek medical advice and have the bat tested. People cannot get rabies just from seeing a bat in an attic, in a cave, or at a distance. In addition, people cannot get rabies from having contact with bat guano (feces), blood, urine, or from touching a bat on its fur (even though bats should never be handled).

What should I do if I find a bat in my home?

If you see a bat in your home and you are sure no human or pet exposure has occurred, confine the bat to a room by closing all doors and windows leading out of the room except those to the outside. The bat will probably leave soon. If not, it can be caught, as described below, and released outdoors away from people and pets.

However, if there is any question of exposure, leave the bat alone and call animal control or a wildlife conservation agency for assistance. If professional assistance is unavailable, use precautions to capture the bat safely, as described below.

What you will need:

Leather work gloves (put them on)
Small box or coffee can
Piece of cardboard
Tape

When the bat lands, approach it slowly and place a box or coffee can over it. Slide the cardboard under the container to trap the bat inside. Tape the cardboard to the container securely. First, contact your local veterinarian for euthanizing the bat. When correctly done, there will be no damage to the specimen needed for proper testing. Then contact your health department or animal control authority to make arrangements for rabies testing.

Should I be concerned about rabies when I travel outside the United States?
ADPH Zoonotic, Rabies Control and Bite Manual, July 2014
Yes. Rabies and rabies-like viruses can occur in animals anywhere in the world. In most countries, the risk of rabies in an encounter with an animal and the precautions necessary to prevent rabies are the same as they are in the United States. When traveling, it is always prudent to avoid approaching any wild or domestic animal.

The developing countries in Africa, Asia, and Latin America have additional problems in that dog rabies is common there and preventive treatment for human rabies may be difficult to obtain. The importance of rabid dogs in these countries, where tens of thousands of people die of the disease each year, cannot be overstated. Unlike programs in developed countries, dog rabies vaccination programs in developing countries have not always been successful. Before traveling abroad, consult a health care provider, travel clinic, or health department about your risk of exposure to rabies and how to handle an exposure should it occur.

**Forms**

**Alabama Rabies Testing Submission Form**
RABIES TEST REPORT
Bureau of Clinical Laboratories
Alabama Department of Public Health

SUBMITTING INSTRUCTIONS

1. Please notify the laboratory Monday through Friday prior to shipping a specimen as to how and when the specimen is being sent. However, special arrangements must be made to perform tests on weekends and holidays. These tests must be requested by a medical doctor licensed to practice in the State of Alabama or the State Public Health Veterinarian (See Montgomery Number).

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Birmingham</th>
<th>Mobile</th>
<th>Montgomery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>(205) 933-1388</td>
<td>(251) 344-6049</td>
<td>(334) 260-3400</td>
</tr>
</tbody>
</table>

2. Remove the head from the animal low enough to leave the salivary glands intact. DO NOT damage the brain.

3. Place the head in a water-tight container, such as a clean paint can, and seal tightly. Place the container in a larger water-tight container such as a styrofoam ice chest, and pack in enough wet ice or polar packs to last 24 hours. The shipper is responsible for making sure the package does not leak.

4. Complete the “Submitter’s Information” section of the “Rabies Test Report Form”, place in an envelope and attach to the outside of the box in a manner that will not allow form to become damaged. Label the outside package clearly as “Rabies Specimen”.

5. Take or ship specimen immediately to the State Health Laboratory nearest you. (See back of form.) Specimens may be shipped by most commercial couriers. (Corporate Express, some bus lines, etc.) DO NOT send by U.S. mail.

Note: If you are unable to reach the laboratory in your area, call Montgomery (334) 260-3400. This number is answered 24 hours a day.

SUBMITTER’S INFORMATION

1. Kind of animal: [ ] Dog [ ] Cat [ ] Bat [ ] Skunk [ ] Fox [ ] Raccoon [ ] Opossum [ ] Other: ____________________________

2. Identifying characteristics: Breed, color, markings, etc.

3. Date animal died ____________________ Date specimen submitted ___________ Animal vaccinated? [ ] Yes [ ] No [ ] Unknown

4. Who was exposed: [ ] Human [ ] Unknown [ ] Animal Type of exposure: [ ] Bite [ ] Handling [ ] Scratch [ ] Saliva

Name of party exposed: ____________________________ Phone: ____________________________

5. Where incident occurred: City ____________________________ County __________________ Zip Code ____________

6. RESPONSIBLE PARTY FOR LAB TO CONTACT (Weekend / Holiday requests must include a physician’s name). (Positive rabies results are phoned to the name you list below as the submitter; please ensure that someone will be available to accept the test results):

| [ ] Animal Control | [ ] Individual | [ ] Veterinarian | [ ] Physician | [ ] Other |

Name: ____________________________ Phone: ____________________________

7. Division Laboratory specimen submitted to:

[ ] Birmingham [ ] Mobile [ ] Montgomery

8. Send report to: (Fill out completely)

Name: ____________________________ Phone: ____________________________

Address: ____________________________

City ____________________________ AL Zip Code ____________

ADPH-BCL-264/REV 02/06
NASPHV Form 51

RABIES VACCINATION CERTIFICATE
NASPHV FORM 51 (revised 2007)

Owner’s Name & Address | Print Clearly | RABIES TAG # | MICROCHIP #
--- | --- | --- | ---
LAST | FIRST | M.I | TELEPHONE #

NO. | STREET | CITY | STATE | ZIP
--- | --- | --- | --- | ---

SPECIES
Dog □ | Cat □ | Ferret □ | Other: □ (specify)

AGE
Months □ | Years □

SEX
Male □ | Female □

□ Neutered

SIZE
Under 20 lbs. □ | 20 - 50 lbs. □ | Over 50 lbs. □

PREDOMINANT BREED

PREDOMINANT COLORS/MARKINGS

ANIMAL NAME

Animal Control License □ 1 Yr □ 3 Yr □ Other

DATE VACCINATED

Month / Day / Year

Product Name:

Manufacturer:

(First 3 letters)

VETERINARIAN

License Number:

Veterinarian’s Name:

Address:

VETERINARIAN’S SIGNATURE

NEXT VACCINATION DUE BY:

Month / Day / Year

VACCINE

1 Yr USDA Licensed Vaccine □ | 3 Yr USDA Licensed Vaccine □ | 4 Yr USDA Licensed Vaccine □

INITIAL DOSE □ | BOOSTER DOSE □

Veterinarian’s Signature

Address:

Alabama Rabies Vaccination Certificate

ALABAMA STATE DEPARTMENT OF PUBLIC HEALTH
THIS IS TO CERTIFY THAT:

1. __________________________ Species: ____________ Breed: ________ Sex: ________ Age: ________ Color: ________ Tag No.: □ 1 yr □ 3 yr

2. __________________________

3. __________________________

4. __________________________

HAS BEEN VACCINATED AGAINST RABIES ON _______ _______ _______.

VACCINE MANUFACTURER __________________________ LOT NO. __________________________

Owner’s Name:

Address:

City: _______ County: _______ Zip: _______

TELEPHONE NO. __________________________

Signed: Rabies Inspector or Authorized Agent Deliver Original to Owner, one copy to County Health Department, File 3rd copy.
Animal-Related Injury or Damage Contacts

Vaccine Manufacturers
Sanofi Pasteur 1-800-VACCINE
Novartis 1-877-683-4732

For Human Exposure Questions, Animal Exposure Questions:
Division of Epidemiology, Alabama Department of Public Health (ADPH)

State Public Health Veterinarian (334) 206-5969
24 hour Emergency Consultation (800) 677-0939

For Emergency Rabies Testing:
ADPH, Bureau of Clinical Laboratories (24 hour Service)

Montgomery (334) 260-3400
Mobile (251) 344-6049

Alabama Veterinary Diagnostic Laboratories
Auburn (24 hr. Service) (334) 844-4987
Elba (Mon – Fri 8-5) (334) 897-6340
Boaz (Mon – Fri 8-5) (256) 593-2995
Hanceville (Mon – Fri 8-5) (256) 352-8036

For Wildlife Injuries or Wildlife Questions:
Alabama Department of Conservation and Natural Resources, Wildlife Division
(Or a local Conservation Officer) (334) 242-3471
Alabama Wildlife Rescue Service (205) 663-7930
24 hr. Hotline (after hours) (205) 621-3333

For Illegal Wildlife Activities or Non-permitted Confinement:
Alabama Department of Conservation and Natural Resources, Law Enforcement Div.
(334) 242-3467
Emergencies (Report illegal hunting, poaching, etc.)(800) 272-4263

For Shipping Pets on Airlines:
ADPH Zoonotic, Rabies Control and Bite Manual, July 2014
For International Movement of Pets:

ASPCA, Education Department (212) 876-7700 x4412
(Order Booklet: “Traveling With Your Pet”)

Call Consulate of country of destination for current requirements

For Animal Welfare Act Enforcement or Permits (i.e. Selling Animals commercially):

USDA, Animal Care (918) 855-7100

For Bat Abatement and other Wildlife Containment Questions:

USDA, Wildlife Services (334) 844-5670

For Abused or Neglected Animals: Contact local humane society or

Alabama Humane Federation (205) 755-9170

OTHER CONTACTS FOR ANIMAL-RELATED INJURIES OF DAMAGE:

Alabama Veterinary Medical Association (334) 395-0086
Alabama State Board of Veterinary Medical Examiners (256) 353-3544
Auburn University, College of Veterinary Medicine (334) 844-4546
Tuskegee University, School of Veterinary Medicine (334) 727-8174
National Animal Poison Control Center (fee charged for services) (800) 548-2423
Animal Blood Bank Hotline (24 hour service to veterinarians) (800) 243-5759
To report an animal bite/exposure, call the respective County Health Department Environmental Health Office listed below:

<table>
<thead>
<tr>
<th>County</th>
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### Currently FDA Licensed Rabies Vaccines

#### Part III: Rabies vaccines licensed and marketed in the United States, 2008

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* Minimum age (or older) and revaccination 1 year later.
† One month = 28 days.
‡ Intramuscularly.
§ Subcutaneously.
** Nonrabies fractions have a 3-year duration (see label).
†† Not applicable.

---

**Note:** ADVERSE EVENTS: Adverse events should be reported to the vaccine manufacturer and to U.S. Department of Agriculture, Animal and Plant Health Inspection Service, Center for Veterinary Biologics (Internet: http://www.aphis.usda.gov/animal_health/vet_bioligics/Adverse_event.html); telephone: 800-752-6255; or email: cvb@usda.gov.
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Alabama Positive Rabies Cases, 1950-2007

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SB469

ENROLLED, An Act,

Relating to rabies immunization of cats and dogs; to amend Sections 3-7A-1, 3-7A-2, 3-7A-3, 3-7A-5, 3-7A-7, 3-7A-8, 3-7A-9, 3-7A-10, 3-7A-11, 3-7A-12, and 3-7A-14, Code of Alabama 1975, to add members of the ferret (Mustela putorius furo) family to the list of animals required to be vaccinated against rabies; to provide further for public rabies clinics and set fees therefor; to provide further for penalties to owners of animals found to be unvaccinated; to allow for home quarantine as directed by the health officer; to provide for humane euthanizing of certain biting animals; to provide for quarantine of rabies endemic areas; to authorize exemptions from vaccinations under certain conditions; to add Section 3-7A-16 to the Code of Alabama 1975, to provide that persons assisting at rabies vaccination clinics would be considered volunteers; and in connection therewith would have as its purpose or effect the requirement of a new or increased expenditure of local funds within the meaning of Amendment 621 of the Constitution of Alabama of 1901, now appearing as Section 111.05 of the Official Recompilation of the Constitution of Alabama of 1901, as amended.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:
Section 1. Sections 3–7A–1, 3–7A–2, 3–7A–3, 3–7A–5, 
3–7A–14, Code of Alabama 1975, are amended to read as follows: 
"§3–7A–1.
 "As used in this chapter, the following words and 
phrases shall have the following meanings respectively 
ascribed to them unless the context clearly indicates 
otherwise:
 "(1) CANINE CORPS DOGS. Those members of the canine 
family maintained by governmental agencies for exclusive use 
in official duties assigned to those agencies. Seeing eye dogs 
shall be included within the meaning of this definition.
 "(2) CAT. All members of the domesticated feline 
(Felis catus) family.
 "(3) DOG. All members of the domesticated canine 
(Canis familiaris) family.
 "(4) FERRET. All members of the ferret (Mustela 
putorius furo) family.
 "(5) HAS BEEN EXPOSED. Suspected or confirmed 
contact of saliva with a break or abrasion of the skin or with 
any mucous membrane, as determined by the health officer or 
medical or law enforcement personnel.
 "(6) HEALTH OFFICER. The State Health Officer or any 
county health officer as defined in Section 22–3–2, or his or 
her designee.
"(7) IMMUNIZATION AGAINST RABIES. The injection, in a manner approved by the State Health Officer and the State Veterinarian, of rabies vaccine approved by the State Health Officer and the State Veterinarian. The administration of rabies vaccine to species other than those for which reliable immunization data is available shall be a violation of this chapter.

"(8) IMPOUNDING OFFICER. An agent of a county or municipality vested with impounding authority for animals covered under this chapter.

"(9) OWNER. Any person having a right of property in a dog, cat, ferret, or other animal, or who keeps or harbors the animal, or who has it in his or her care, or acts as its custodian, or who permits the animal to remain on or about any premises occupied by him or her.

"(10) PERSON. Individuals, firms, partnerships, and associations.

"(11) QUARANTINE FOR RABIES OBSERVATION. Confinement under the direct care, custody, control, and supervision of a licensed veterinarian for a period of 10 days subsequent to the date of the exposure, or as otherwise directed by the appropriate health officer.

"(12) RABIES OFFICER. A licensed veterinarian as defined in Section 34-29-61, duly appointed by the county
board of health and approved by the State Health Officer and
State Veterinarian.

"§3-7A-2.

(a) Every owner of a dog, cat, or ferret required
to be immunized for rabies as defined in this chapter, shall
cause the animal to be immunized by the rabies officer, his or
her authorized representative, or any duly licensed
veterinarian, when the animal reaches three months of age and
subsequently in accordance with the intervals specified in the
vaccine's license. Notwithstanding the above, the State Board
of Health may establish by rule vaccine intervals or specific
vaccines, or both, to be used in public rabies vaccination
clinics, based on considerations such as county specific
prevalence of animal rabies or risk of animal rabies and the
vaccination rates of dogs, cats, and ferrets in a county.
Evidence of immunization shall consist of a printed
certificate furnished by the Alabama Department of Public
Health, upon which shall be legibly inscribed: a description
of the animal; its age, color, sex, breed, and tattoo
identification, if any; the name and address of the owner; the
lot number and type of vaccine used (modified live virus,
inactivated virus); the name of the manufacturer, the amount
of vaccine injected, and the date after which the animal is no
longer considered vaccinated; and a serially numbered tag
bearing the same number and year as that of the certificate.
The certificate shall be dated and signed by the person
authorized to administer the vaccine. Certificates not
complying with the provisions of this section, or certificates
issued by those persons unauthorized to administer rabies
vaccine, shall not be valid. In lieu of printed certificates,
licensed veterinarians may elect to utilize electronically
generated and maintained certificates if the certificates
contain substantially the same information as required above.
A signed paper copy of the certificate prescribed herein shall
be delivered to the owner of the animal immunized. A paper
copy or electronic copy or evidence thereof shall be
maintained by the licensed veterinarian for a period of one
year past the expiration date of a certificate. An additional
paper copy or electronic copy or listing shall be provided to
the local rabies enforcement authority upon request by the
authority and in the manner as so requested.

"(b) It shall be unlawful and in violation of the
provisions of this chapter for any person to import, receive,
sell, offer for sale, barter, or exchange animal rabies
vaccine, other than antirabies vaccine intended for human use,
to anyone except a duly licensed veterinarian.

"(c)(1) Notwithstanding the other provisions of this
chapter, the State Board of Health by rule may establish
procedures and qualifications for an exemption from the
requirement for a vaccination for an animal if a rabies
vaccination would be injurious to the animal's health.

"(2) An animal exempted under subdivision (1) shall
be considered unvaccinated by the State Board of Health in the
event of the animal's exposure to a confirmed or suspected
rabid animal.

"§3-7A-3.

"At public rabies clinics, the rabies officer may
charge an immunization fee established by a committee
consisting of the State Health Officer, the State
Veterinarian, and the president of the Alabama Veterinary
Medical Association, and approved by the State Board of Health
prior to the first day of January each year. The committee
shall consider all cost factors in administering the vaccine
as the economy dictates, including but not limited to the
current prices of vaccines.

"§3-7A-5.

"In the event a tag or certificate is lost after it
has been legally issued, every replacement thereof shall be
upon such terms as may be agreed upon with the rabies officer
or veterinarian by whom the animal has been immunized. In that
instance, a new certificate marked "duplicate" may be issued
and distributed according to Section 3-7A-2.

"§3-7A-7.
"Each county in the state shall provide a suitable county pound and impounding officer for the impoundment of dogs, cats, and ferrets found running at large in violation of the provisions of this chapter. Every municipality with a population over 5,000 in which the county pound is not located shall maintain a suitable pound or contribute their pro rata share to the staffing and upkeep of the county pound. If the owner of an impounded animal is known, the owner shall be given direct notice of the impoundment.

"§3-7A-8.

"All dogs, cats, and ferrets which have been impounded in accordance with the provisions of this chapter, after notice is given to the owner as provided in Section 3-7A-7, may be humanely destroyed and disposed of when not redeemed by the owner within seven days. In case the owner of an impounded animal desires to redeem the animal, he or she may do so on the following condition: He or she shall pay for the immunization of the animal and a penalty equal to the minimum fine established in Section 3-7A-6 if a certificate of current immunization cannot be produced, and for the board of the animal for the period for which it was impounded. The amount paid for the board of the animal shall accrue to the credit of the city or county, depending upon the jurisdiction of the pound in which the animal was confined. At his or her discretion, the impounding officer may provide for adoption of
any animal not redeemed or claimed or otherwise disposed of, to any person desiring the animal, if the person complies with all the provisions of this chapter.

§3-7A-9.

"(a) Whenever the rabies officer or the health officer receives information that a human being has been bitten or exposed by a dog, cat, or ferret required by this chapter to be immunized against rabies, the officer or his or her authorized agent shall cause the dog, cat, or ferret to be placed in quarantine under the direct supervision of a duly licensed veterinarian for rabies observation as prescribed in Section 3-7A-1. It shall be unlawful for any person having knowledge that a human being has been bitten or exposed by a dog, cat, or ferret to fail to notify one or more of the aforementioned officers. Vaccinated dogs, cats, and ferrets may be authorized to be quarantined in the home of the owner of the animal by the appropriate health officer.

"(b) When a dog, cat, or ferret has no owner as determined by the rabies officer or the health officer after reasonable investigation, or if the owner of a dog, cat, or ferret agrees in writing, or if ordered by the health officer, the animal shall be humanely destroyed immediately after the exposure and the head shall be submitted for rabies examination to the state health department laboratory.
"(c) The period of quarantine for animals other than domesticated dogs, cats, and ferrets which have bitten or exposed a human being shall be determined by the Alabama Department of Public Health upon consultation with the U.S. Public Health Service. If reliable epidemiologic data is lacking for an animal species regarding duration of rabies virus secretion from the salivary glands, the animals shall be humanely destroyed and the head submitted for rabies examination to the state health department laboratory.

"(d) It shall be a violation of this chapter for the owner of such an animal to refuse to comply with the lawful order of the health officer in any particular case. It is unlawful for the owner to sell, give away, transfer to another location, or otherwise dispose of any animal that is known to have bitten or exposed a human being until it is released from quarantine by the rabies officer, duly licensed veterinarian, or by the appropriate health officer.

"(e) Instructions for the quarantine of the offending animal shall be delivered in person or by telephone or facsimile to the owner by the health officer or his or her authorized agent. If the instructions cannot be delivered in such a manner, they shall be mailed by regular mail, postage prepaid and addressed to the owner of the animal. The affidavit or testimony of the health officer or his or her authorized agent, who delivers or mails the instructions,
shall be prima facie evidence of the receipt of such
instructions by the owner of the animal. Any expenses incurred
in the quarantine of the offending animal under this section
and Section 3-7A-8 shall be borne by the owner.

"(f) The veterinarian under whose care the offending
animal has been committed for quarantine shall promptly report
the results of his or her observation of the animal to the
attending physician of the human being bitten or exposed and
the appropriate health officer.

"(g) Canine corps dogs and seeing eye dogs shall be
exempt from the quarantine period if the exposure occurs in
the line of duty and evidence of proper immunization against
rabies is presented, but shall be examined immediately at the
end of 10 days by a licensed veterinarian, who shall report
the results of his or her examination to the appropriate
health officer as previously authorized.

"§3-7A-10.

"Those domesticated species, for which rabies
vaccine is recognized and recommended, upon exposure or
potential exposure to a known rabid animal, shall be humanely
destroyed or slaughtered immediately. Provided, however, the
owner has the option of quarantining the animal or animals
based on the recommendations of the Alabama Department of
Public Health upon consultation with the U.S. Public Health
Service.
§3-7A-11. 
(a) The county board of health shall nominate annually one duly licensed veterinarian from each county within the state for the position of rabies officer. Applications for this position may be received from any duly licensed veterinarian residing within the county, or in the event that no applications are received, from the Alabama Veterinary Medical Association. Applications shall be provided to the chair of each county board of health during the month of November. The county board of health, not later than January 31 of the appointing year, shall select and appoint a nominee, subject to the approval of the State Health Officer and the State Veterinarian. The appointee's term of office shall expire on December 31 of the year of appointment; provided, however, that he or she shall be eligible for reappointment. The rabies officer may be removed from office, for cause, by the county board of health or the State Health Officer.

(b) Appointments not made within the prescribed time limits specified in this section shall become the joint prerogative of the State Health Officer and the State Veterinarian after due consultation with the appropriate health officer.

(c) For the purpose of providing proper enforcement of this chapter, the county board of health is hereby invested
with general supervisory and administrative authority for the
implementation of this chapter. It shall be the duty of the
rabies officer to immunize for rabies all dogs, cats, and
ferrets covered under this chapter and he or she may employ as
many licensed veterinarians to serve as deputies to aid him or
her as he or she may desire. The rabies officer and his or her
deputies in each county are clothed with limited police powers
to the extent that they may issue citations for violations of
this chapter as an agent of the county board of health, and
shall not be subject to the limitations of Section 36- 21-50.
The sheriff and his deputies in each county and the police
officers in each incorporated municipality shall be aides, and
are hereby instructed to cooperate with the rabies officer in
carrying out the provisions of this chapter. The compensation
of the rabies officer and his or her deputies shall be limited
to the fees collected from enforcement of this chapter.

"§3-7A-12.

"Except as provided for in Section 3-7A-6, any
person violating or aiding or abetting the violation of any
provision of this chapter, or counterfeiting or forging any
certificate, or making any misrepresentation in regard to any
matter prescribed by this chapter or rule promulgated
hereunder or except as otherwise provided, or resisting,
obstructing, or impeding any authorized officer in enforcing
the provisions of this chapter, or refusing to produce for
immunization any animal in his or her possession for which 
rabies vaccine is recognized and recommended, or for failing 
to report an animal bite, shall be charged with a Class C 
misdemeanor, and for the purpose of enforcing this chapter, 
resort may be had to any court of competent jurisdiction. 

"§3-7A-14. 

"Nothing in this chapter shall be held to limit in 
any manner the power of any municipality to prohibit dogs, 
cats, or ferrets from running at large, regardless of rabies 
immunization status as herein provided; nor shall anything in 
this chapter be construed, in any manner, to limit the power 
of any municipality to further control and regulate dogs or 
cats in such municipality."

Section 2. Section 3-7A-16 is added to the Code of 
Alabama 1975, to read as follows: 

§3-7A-16. 

A licensed veterinarian and his or her assistants, 
whether compensated by fee or otherwise or not compensated, 
when assisting the county rabies officer at any officially 
designated rabies vaccination clinic shall be considered a 
volunteer for the purpose of Section 6-5-336. 

Section 3. All laws or parts of laws which conflict 
with this act are repealed.
Section 4. This act shall become effective on the first day of the third month following its passage and approval by the Governor, or its otherwise becoming law.
420-4-4-.01 Definitions.

(1) “Animal” means any non-human mammal of the Kingdom *Animalia*.

(2) “Cat” means all members of the domesticated feline (*Felis catus*) family.

(3) “Dog” means all members of the domesticated canine (*Canis familiaris*) family.

(4) “Ferret” means all members of the ferret (*Mustela putorius furo*) family.

(5) “Department” means the Alabama Department of Public Health.

(6) “Domestic animal” means animals which, through association with people, have been bred to a degree which has resulted in genetic changes affecting the temperament, color, conformation, or other attributes of the species to an extent that make them unique and distinguishable from wild animals of their species.

(7) “Exposure” or “Exposes” means an incident resulting in contact of saliva or neural tissue with a break or abrasion of the skin or with any mucous membrane. The term includes a bite or scratch.

(8) “Extra-label use of vaccine” means the use of an animal vaccine in a species that is not specified on the product label or product insert.

(9) “Health Officer” means the State Health Officer or any county health officer as defined in §22-3-2, Ala. Code 1975, or his or her designee.

(10) “Hybrid cross” means an animal resulting from the crossbreeding between two different species or types of animals. Crosses between wild animal species and domestic animals are considered to be wild animals.
“NASPHV” means the National Association of State Public Health Veterinarians, Inc.

“Wildlife” means native or exotic animals normally living in the wild, other than those defined as domestic, including mammals, birds, reptiles, amphibians, and fresh water fish.

Author: William B. Johnston, D.V.M.; Dee Jones, D.V.M.

420-4-4-.02 Nuisance Menacing Public Health. All unvaccinated dogs, cats and ferrets of any age that have exposed humans are declared to be nuisances menacing public health.

Author: William B. Johnston, D.V.M.; Dee Jones, D.V.M.

420-4-4-.03 Reporting of Exposures. Suspected exposures to humans by animals capable of transmitting the rabies virus shall be reported to the county health department.

(a) Who Shall Report. The following individuals shall report exposures:

1. Health care professionals who treat persons with suspected exposures.

2. Veterinarians who have knowledge of suspected exposures.

3. Law enforcement personnel, including animal control officials, who have been informed of or who have investigated suspected exposures.

4. Any person having knowledge that a human has been exposed.

(b) What Shall be Reported. Suspected exposures by an animal to a human shall be reported to the county health department.

(c) When and How to Report. Suspected exposures must be reported to the county health department within 48 hours of the exposure. Reports may be given by written notice, telephone, or any reliable telecommunication system (e.g., facsimile, email).

Author: William B. Johnston, D.V.M.; Dee Jones, D.V.M.

420-4-4-.04 Investigation of Reports of Exposures.
ADPH Zoonotic, Rabies Control and Bite Manual, July 2014
(1) Initiation of Investigation. When the county health department receives a report from health care professionals, law enforcement personnel, or other persons concerning a possible animal exposure to a human, an investigation shall promptly be conducted.

(2) Investigation Report. Information from the investigation shall be recorded by the environmental staff of the county health department. Reports shall remain on file in the county health department for a minimum of three years.

(3) Quarantine Orders. Quarantine orders resulting from an investigation may be issued by the Health Officer upon the confirmation of an exposure by a health care professional. Such orders may include home quarantine pursuant to Rule 420-4-4-.07.

Author: William B. Johnston, D.V.M.; Dee Jones, D.V.M.
Repeal and Replace: Filed November 19, 2009; Effective December 24, 2009.

420-4-4-.05 Exceptions to Veterinary Confinement and Quarantine.

(1) Assistance Animals. Guide, hearing, and service dogs shall be exempt from the quarantine period specified in §3-7A-1(10), Ala. Code 1975, if exposures occur in the line of duty and evidence of immunization against rabies is presented. An assistance animal shall be examined by a licensed veterinarian 10 days after it exposes a human. Extended observation periods or additional testing may be required depending upon the animal's species, health status, circumstances of the exposure, and epidemiology of rabies in the area.

(2) Canine Corps Dogs. Canine corps dogs shall be exempt from the quarantine period specified in §3-7A-1(10), Ala. Code 1975, if exposures occur in the line of duty and evidence of immunization against rabies is presented. A canine corps dog shall be examined by a licensed veterinarian 10 days after it exposes a human.

(3) Home quarantine may be permitted at the discretion of the Health Officer only if all of the following conditions are met:

(a) The exposure was as a result of a provoked incident. A provoked incident occurs when a person creates a situation such that an expected reaction of the animal is to bite or attack (e.g., feeding, grabbing, threatening, etc.). An unprovoked incident occurs when an animal bites or attacks for no apparent reason.

(b) The animal is currently vaccinated against rabies.

(c) The owner or person responsible for the animal agrees to have the animal examined by a licensed veterinarian 10 days following the exposure.

(d) The animal is kept in an enclosed area (e.g., house, pen) in a designated confinement area (e.g., one room of house, one run isolated at a kennel facility) to avoid interaction with people and animals other than a single caretaker.
(e) If during the period of home quarantine the animal dies or exhibits clinical signs suggestive of rabies as determined by a licensed veterinarian, the owner or person responsible for the animal shall immediately contact the county health department. The Health Officer shall notify the person exposed and his/her physician so the physician can determine if post-exposure treatment is indicated.

(f) The owner is responsible for securing the animal during the period of home quarantine. Should the animal expose a human or animal and/or if the animal escapes or disappears from home quarantine, the owner or person responsible for the animal shall immediately notify the county health department.

Author: William B. Johnston, D.V.M.; Dee Jones, D.V.M.
Repeal and Replace: Filed November 19, 2009; Effective December 24, 2009.

420-4-4-.06 Rabies Vaccine Requirements.

(1) Every owner of a dog, cat, or ferret required to be immunized shall cause the animal to be immunized by the rabies officer, his or her authorized representative, or any duly licensed veterinarian, when the animal reaches three months of age and subsequently in accordance with the intervals specified in the rabies vaccine’s license.

(2) Notwithstanding paragraph (1) above, in order to assure that the maximum number of animals remain vaccinated for the prevention of rabies in humans and animals, the vaccine interval for rabies vaccines administered in public rabies clinics shall be one year.

Author: William B. Johnston, D.V.M.; Dee Jones, D.V.M.
History: Repeal and Replace: Filed November 19, 2009; Effective December 24, 2009.

420-4-4-.07 Evidence of Immunization. Evidence of rabies immunization shall be provided to the owner of the animal by the issuance of a certificate and a serially numbered tag.

(a) The information required by §3-7A-2(a), Ala. Code 1975, shall be stated on a printed Certificate of Immunization, dated and signed by the person authorized to administer the vaccine. The certificate of immunization shall be provided to the owner of the animal and shall be accompanied by a serially numbered tag bearing the same number and year as that of the certificate.

(b) Certificates of Immunization may be issued on forms provided by the Department. Alternatively, the NASPHV Form 51, which can be obtained from vaccine manufacturers may be used, as well as any computer generated form containing the information required in §3-7A-2(a), Ala. Code 1975.

(c) Certificates and records of immunization shall be maintained by the veterinarian for a period of one year past the expiration date on the certificate.
(d) The NASPHV standard tag system shall be used to aid local animal control and public health authorities in identifying the immunization status of animals. The rabies license tags shall follow NASPHV guidelines, distinguishable in shape and color by year of issuance.

Author: William B. Johnston, D.V.M.; Dee Jones, D.V.M.
Repeal and Replace: Filed November 19, 2009; Effective December 24, 2009.

420-4-4-.08 Exemptions from Vaccination.

(1) With the written consent of an animal’s owner, a veterinarian with a valid client/patient relationship (VC/PR) may issue a certificate exempting an animal from the rabies vaccination requirements in §3-7A-2, Ala. Code 1975, if he or she determines that it would be medically contraindicated to vaccinate the animal due to an infirmity, other medical condition, or regimen of therapy. The Certificate of Exemption from Rabies Vaccine form in Appendix A to these rules shall be used.

(2) Certification that the animal is exempt from vaccination shall be valid for a period of one year from the date of the issuance of the certificate of exemption, after which time the animal shall be re-examined by a licensed veterinarian and vaccinated against rabies or a new Certificate of Exemption shall be issued to the animal’s owner.

(3) An exempt animal must be vaccinated against rabies as soon as its health permits.

(4) The Certificate of Exemption shall be provided to the animal’s owner and a copy shall be provided to the Department within seven days from the date of the issuance of the certificate. The veterinarian who issues the certificate shall maintain a copy of the certificate for a minimum of one year from the date of issuance.

(5) An exemption from the rabies vaccination requirements of these rules does not exempt the animal from other laws and regulations related to animal and rabies control. If the exempted animal is exposed or is suspected of being exposed to rabies (e.g., due to an exposure from a rabid or suspect rabid animal), the Health Officer shall require it to be euthanized or quarantined for six months. If the animal is suspected of exposing a human, it shall be quarantined for 10 days.

Author: William B. Johnston, D.V.M.; Dee Jones, D.V.M.

420-4-4-.09 Extra-Label Use of Animal Rabies Vaccines. Extra-label use of rabies vaccines may be considered under the following conditions:

(a) The United States Department of Agriculture regulations and the Food and Drug Administration regulations and guidelines for pharmaceuticals shall be followed relative to the extra-label use of animal rabies vaccines. Notations of extra-label use in domestic animals must also be entered on the animal’s veterinary medical record.

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(b) Animal rabies vaccines licensed for use in other species may be used in domestic animals when there is a demonstrated need for the product, provided there is evidence that some efficacy can be expected.

(c) Parenteral vaccination of captive native wildlife species shall not be allowed because the period of viral shedding, the clinical syndrome, and the efficacy of vaccines are not established.

(d) Zoos, research institutions, and exotic exhibitors licensed under the United States Department of Agriculture Animal Welfare Act may establish rabies vaccination programs under the supervision of the Department in an attempt to protect valuable animals. These programs should not be in lieu of appropriate quarantine and isolation measures that protect humans.

(e) Due to some uncertainties of the immunologic response to vaccination, the infective period of viral shedding, and the clinical course of disease in hybrid-cross animals, such animals involved in exposures to humans shall be considered for euthanasia on a case-by-case basis by the Department with due consideration given to the species, the circumstances of the exposure, and the epidemiology of rabies in the area.

Author: William B. Johnston, D.V.M.; Dee Jones, D.V.M.


420-4-4-.10 Adoption of National Compendium. The Compendium of Animal Rabies Prevention and Control published in 2008 by the NASPHV and the Centers for Disease Control is hereby adopted by reference and shall serve as a guide for the Department’s animal rabies control activities in situations not specifically addressed in the Rules of the State Board of Health. A copy of the Compendium of Animal Rabies Prevention and Control may be obtained by contacting the Department’s Epidemiological Division of the Bureau of Communicable Diseases at 201 Monroe Street, Suite 1468, Montgomery, Alabama 36130. Standard fees for retrieving and making copies of public records, as referenced in State Board of Health Rule 420-1-5-.04, shall apply.

Author: William B. Johnston, D.V.M.; Dee Jones, D.V.M.


# Alabama Department of Public Health

## CERTIFICATE OF EXEMPTION FROM RABIES VACCINE

<table>
<thead>
<tr>
<th>Name of Owner (Print)</th>
<th>Telephone Number</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip</th>
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<table>
<thead>
<tr>
<th>Animal Name</th>
<th>Sex:</th>
<th>Neutered:</th>
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<tbody>
<tr>
<td></td>
<td>□ Male</td>
<td>□ Yes</td>
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<tr>
<td></td>
<td>□ Female</td>
<td>□ No</td>
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<tr>
<th>Species</th>
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<tr>
<th>Breed</th>
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</table>

The animal described above has been examined by me on: _______________ and I have determined that vaccinating this animal would be medically contraindicated and may cause death due to an infirmity, other physical condition, or regimen of therapy.

Describe nature and duration of infirmity, other physical condition, or regimen of therapy:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

PLEASE NOTE: A reluctance to administer a rabies vaccine prior to the expiration of the previous vaccination will not be accepted as a valid reason for an exemption because it has not been associated with an increased occurrence of adverse reactions and is not medically contraindicated.
A copy of this certificate must be provided to the owner of the animal listed above and kept as proof of exemption. A copy of this certificate shall be maintained by the veterinarian for a period of one year from the date of issuance.

A copy of this certificate shall be provided to the Department of Public Health within (7) days of issuance.