



RICHARD O. BRAJER
Secretary

DANIEL STALEY
Director, Division of Public Health

July 25, 2016

To: North Carolina Local Health Directors

From: Carl Williams, DVM, DACVPM, State Public Health Veterinarian
Marilyn Goss Haskell, DVM, MPH, Deputy State Public Health Veterinarian

Subject: **2016 NASPHV Rabies Compendium: Proposed Model Board of Health Rule**

The intent of this memo is to facilitate local health department adoption and implementation of the new national guidance for postexposure management of dogs and cats published March 1, 2016 by the National Association of Public Health Veterinarians (NASPHV) in the Compendium of Animal Rabies Prevention and Control, 2016 (<http://www.nasphv.org/Documents/NASPHVRabiesCompendium.pdf>).

The North Carolina Division of Public Health (DPH) proposed legislation for the 2016 short session of the General Assembly that would have amended G.S.130A-197 to adopt by reference the postexposure management control measures for dogs and cats in the 2016 NASPHV rabies compendium. Unfortunately the legislative proposal was never introduced as a bill during the 2016 short session.

In lieu of an amendment to the statute, and to ensure the force and effect of law in the adoption of the new control measures, we recommend that the local board of health, or the entity that is acting as the board of health, adopt the model Board of Health rule below. Pursuant to G.S. 130A-39, a local board of health may, in its rules, adopt by reference any code, standard, rule or regulation which has been adopted by any agency of this State, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.

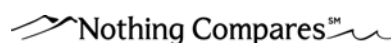
**Model Rule for Postexposure Management of Dogs and Cats
Recommended by the NC Division of Public Health**

This model rule for rabies postexposure management of dogs and cats implements and particularizes the authority given to the local health director in G.S. 130A-197 to effectively and efficiently protect the public's health utilizing the most current science. Accordingly, the _____ Board of Health adopts the recommendations and guidelines for rabies postexposure management of dogs and cats specified by the National Association of State Public Health Veterinarians in the 2016 edition of the Compendium of Animal Rabies Prevention and Control (Part I.B.5: Postexposure Management). These provisions of the Compendium shall be the required control measures pursuant to G.S. 130A-197.

Adoption of the 2016 Rabies Compendium postexposure management control measures for dogs and cats as a Board of Health rule would provide the legal authority for local health directors to implement the new rabies control measures and would align North Carolina's control measures with current national recommendations and guidance.

The new control measures would likely result in fewer dogs and cats euthanized, shorter quarantine periods (4 months rather than 6 months) and allow for more 45-day owner (at-home) observations for lapsed animals with appropriate documentation. These changes represent significant emotional and (estimated) financial benefits to animal owners (Table 1). If managed and monitored carefully by local health departments, these control measures will maintain the safety of public health in North Carolina.

Thank you for your time and attention to this important public health issue. If you have any questions please contact the Communicable Disease Branch at 919-733-3419.



Department of Health and Human Services / Division of Public Health
225 N. McDowell St. / 1902 Mail Service Center / Raleigh, NC 27699-1902
919 733 7301 T / 919 733 1020 F

Table 1. 2016 Rabies Compendium Changes for Postexposure Management of Dogs and Cats by Vaccination Status: A Comparison to § 130A-197 and Projected Fiscal Impact to Pet Owners

Rabies Vaccination Status of Dog or Cat	Current G.S. 130A-197 Control measures	2016 Compendium Control measures	2016 Compendium Financial Impact
1. <u>Currently Vaccinated</u>	Provide booster dose of rabies vaccine within five days of exposure (\$25.00)	Immediate veterinary care with rabies booster dose within 96 hours of exposure (\$25.00+). Owner observation 45 days.	Equal to existing standard
2. <u>Unvaccinated</u> (Has never been vaccinated against rabies)	A.) Euthanasia (\$150.00) or B.) Immediate vaccination against rabies and place in six month quarantine (\$25.00 + \$3600.00)	A.) Euthanasia (\$150.00) or B.) Immediate veterinary care with rabies vaccination within 96 hours of exposure and place in four month quarantine (\$25.00+ \$2400.00)	A.) Equal to existing standard B.) \$1200.00 less expensive
3. <u>Overdue with Appropriate Documentation</u> of prior rabies vaccination (at least one prior valid rabies vaccination certificate)	A.) Euthanasia (\$150.00), or B.) Immediate rabies vaccination and place in six month quarantine (\$25.00 + \$3600.00)	A.) NA B.) Immediate veterinary care with rabies booster dose within 96 hours of exposure, keep under owner observation for 45 days (\$25.00+)	A.) ~ \$125.00 less expensive than existing standard (does not include emotional cost of pet loss). B.) \$3600.00 less expensive
4. <u>Overdue with NO Documentation</u> of prior rabies vaccination	A.) Euthanasia (\$150.00), or B.) Immediate vaccination against rabies and place in six month quarantine (\$25.00 + \$3600.00)	A.) Euthanasia (\$150.00), or B.) Immediate veterinary care with rabies vaccination within 96 hours of exposure and place in four month quarantine (\$25.00+ \$2400.00), or C.) Immediate veterinary care and Prospective serologic monitoring (\$420.00) 1) IF evidence of prior vaccination then keep under owner observation for 45 days 2) IF NO evidence of prior vaccination then manage as unvaccinated (category 2. euthanize or 4 month quarantine)	A.) Equal to existing standard B.) \$1200.00 less expensive C.) \$554.00 more expensive includes additional cost for strict quarantine until lab evidence finalized. Note this may obviate the need for either A or B above and, while a new expense, is considerably less expensive than either A or B above

Note: All costs are approximate. Table is not meant to be all inclusive of all recommendations and costs but addresses the common situations with the most fiscal impact.

*Consult Communicable Disease Branch (919-733-3419) for specific guidance. Recommendations may be subject to change.