Rabies:

Policy and Procedures

Mono County Animal Control
Mono County Health Department
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Policy

A. Goal and objectives

Prevent progressive fatal encephalomyelitis caused by the Lyssa-virus (rabies) through:
- Pre-exposure immunization and animal vaccination programs
- Post-exposure Prophylaxis (PEP) recommendations of appropriate medical intervention and animal control measures

B. Circumstances

1. Pre-exposure immunization simplifies the management of rabies exposure by eliminating the need for Rabies Immune Globulin (HRIG) and decreasing the number of doses of vaccine needed. It is recommended for the following:
   a. Veterinarians
   b. wildlife conservation personnel
   c. animal control officers & staff of quarantine kennels
   d. laboratory workers potentially exposed to the virus
   e. long - term travelers to rabies endemic areas (> 1 month)
   f. Wild mammal rehabilitators

2. Post-exposure prophylaxis (PEP) is only effective if administered before the onset of clinical disease. Administration of rabies post-exposure prophylaxis is a medical urgency but not a medical emergency, but decisions must not be delayed. Therefore, when a documented or likely exposure has occurred, PEP should be administered regardless of the delay from the time of the alleged incident, provided that compatible clinical signs of rabies are not present in the exposed person. Incubation periods of more than one year have been reported in humans. PEP consists of a regimen of 1 dose of Rabies Immune Globulin (HRIG) to establish passive immunity and 4 doses of vaccine over a 14-day period.
   a. Exposure can be defined as:
      1) classic bite in which the teeth penetrate the skin
2) non-bite in which there is a contamination of open wounds, abrasions, mucous membranes, or scratches to animal saliva or nervous system tissue

3) when a direct contact between a human and a bat has occurred unless the exposed person can be certain a bite, scratch or mucous membrane exposure did NOT occur (e.g., a sleeping person awakens to find a bat in the room)

4) human to human as a result of organ or tissue transplantation.

b. Assessment of risk of potential exposure should consider:
   - the species of the biting animal
   - the anatomical site of the bite
   - the severity of the wound (except when potential exposure is from a bat)
   - the presence of an unprovoked attack
   - the epidemiology of the area
   - the biting animal’s vaccination history and health history. (see Appendix A)

3. Once it is determined post-exposure prophylaxis is to be initiated the HRIG should be administered to the previously unvaccinated persons when vaccination is initially started to provide immediate passive rabies virus neutralizing antibody coverage. However, if it was not administered at that time, it can be provided up to and including 7 days of the beginning the post-exposure prophylaxis. It is contraindicated one week after vaccine series initiated because antibody response to cell culture vaccine is presumed to have occurred.

C. General Information

1. Occurrence: Wildlife accounts for > 90% of reported animal cases, primarily raccoons, skunks, foxes and various species of bats. (Small rodents rarely infected with rabies). In Mono County, rabies occurs most frequently in bats and skunks, however all mammals are potential carriers and must be evaluated on a case by case basis. On December 11, 2002, the Director of the California Department of Health Services declared that rabies was a public health hazard in all 58 California counties (see Appendix D). Since 2000, 9 human cases of rabies have been diagnosed in California (5 acquired
locally, 4 presumably imported). Nationwide, domestic animals account for approximately 7.5% of all rabid animals reported, and cats represent the majority of domestic animals reported as rabid (54% in 2009). The last documented case of human rabies in the US from exposure to a rabid cat was in 1975; however, the risk of human rabies from rabid cats in the US should not be discounted.

2. **Infectious Agent**: rabies virus, a rhabdovirus of the genus Lyssa-virus.

3. **Transmission**: virus laden saliva of an infected animal is introduced by a bite, or rarely by a scratch or fresh break in the skin. Rabies virus may be present in saliva or infected animal 3 to 4 days before the onset of rabid symptoms. Transmission is rarely airborne from bat to human.

4. **Incubation**: usually 1 to 3 months, although longer incubation periods have been reported. Time of incubation period depends on extent of the exposure (wound) and circulation to the wound site.

5. **Signs and symptoms**: apprehension, headache, fever, malaise, and indefinite sensory changes often referred to the site of the preceding animal bite wound. The disease progresses to paresis or paralysis, spasm of muscles on attempts to swallow leading to fear of water; delirium and convulsions follow. Death is often due to respiratory paralysis in 2 to 6 days. There is no effective treatment once clinical signs are evident.

6. Worldwide an estimate of 10 to 12 million annually receives post-exposure prophylaxis with an estimate of 16,000 to 39,000 in the United States.
Procedures

A. Pre-exposure Immunization

1. Assess client to determine if immunization is appropriate for risk of rabies exposure and individual health factors, allergies, previous vaccine reactions and immune status.

2. Obtain order from Health Officer or client’s personal physician for the administration of Human Diploid Cell Rabies Vaccine (HDCV) Imovax, or purified chick embryo cell vaccine (PCECV) RabAvert.

3. Consent for immunization should be obtained from client for each of the 3 injections.

4. Administration schedule for Imovax or RabAvert is 1.0 cc IM (deltoid area) on days 0, 7, 21 or 28. Arrange schedule in consultation with the client to assure availability on defined day based on administration interval.

5. An immunization record is provided to the client for documentation.

6. Frequency of risk of exposure will determine if regular or periodic serologic testing should be conducted.
## Pre-exposure recommendations

<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 in high concentrations. Exposure likely to be unrecognized. Bite, nonbite or aerosolized.</td>
<td>Rabies research lab workers</td>
<td>Primary course. Sero testing every 6 months.</td>
</tr>
<tr>
<td>Frequent</td>
<td>Episodic exposures, recognized source or possibly unrecognized. Bite, nonbite or aerosol.</td>
<td>Rabies lab workers, cavers, veterinarians and staff, animal control workers, wildlife workers in areas where rabies is enzootic. Handle bats frequently.</td>
<td>Primary course. Sero testing every 2 years; booster vaccination if antibody titer is below acceptable level.</td>
</tr>
<tr>
<td>Infrequent (greater than general population)</td>
<td>Episodic exposure with recognized source. Bite or nonbite exposure.</td>
<td>Veterinarians, animal control staff with terrestrial animals. In areas where rabies is uncommon or rare. Travelers to areas where rabies is enzootic and medical care limited.</td>
<td>Primary course. No sero testing or booster vaccinations.</td>
</tr>
<tr>
<td>Rare (General population)</td>
<td>Episodic with source recognized. Bite or nonbite exposure.</td>
<td>General populations including persons in epizootic area.</td>
<td>No vaccination necessary.</td>
</tr>
</tbody>
</table>
B. Post-Exposure Management

1. Wound treatment recommendations:
   a. Immediate thorough cleansing with soap and water. If available, a virucidal agent such as povidine-iodine (Betadine) should be used to irrigate wounds (adequate cleansing markedly reduces risk for rabies).
   b. Evaluate for Tetanus booster and need for antibiotics.
   c. Emergency room visit based on severity of bite

2. Vaccination recommendations (based on assessment of risk – see appropriate algorithm)
   a. If the animal is on quarantine await the 10 days before initiating prophylaxis UNLESS animal becomes symptomatic during the 10 day period. Treatment should be started immediately, and the animal euthanized and sent for testing.
   b. Non quarantined cats and dogs are low risk, incident will determine need for prophylaxis.
   c. Incident with skunk, fox, coyote or raccoon - post-exposure prophylaxis treatment will be started. Where the animal is captured, and lab results indicate that the exposing animal is NOT rabid, post-exposure treatment will be discontinued.
   d. Incident with bat post-exposure prophylaxis treatment will be started. Where the bat is captured, and lab results indicate that the exposing bat is NOT rabid, post-exposure treatment will be discontinued.
## Post-exposure prophylaxis

<table>
<thead>
<tr>
<th>Vaccination status</th>
<th>Treatment</th>
<th>Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not previously vaccinated</td>
<td>Wound cleansing</td>
<td>All wound sites to be cleansed (see 3 above).</td>
</tr>
<tr>
<td></td>
<td>Rabies Immune globulin</td>
<td>Administer 20 IU/kg body weight (applies to all weights and age groups). Do not give more than the recommended dose of RIG. If possible full dose should be infiltrated around the wound and if any remaining volume should be administered IM distal from vaccine site. (Should be administered within 7 days of first vaccination).</td>
</tr>
<tr>
<td></td>
<td>Vaccine</td>
<td>Imovax or RabAvert 1.0 ml administered IM (deltoid) (children – anterolateral thigh OK) (gluteal never OK) on day 0, 3, 7, and 14. RIG should not be administered in the same syringe as vaccine.</td>
</tr>
<tr>
<td>Previously vaccinated</td>
<td>Wound cleansing</td>
<td>Same as above</td>
</tr>
<tr>
<td></td>
<td>Rabies Immune globulin</td>
<td>Should not be administered.</td>
</tr>
<tr>
<td></td>
<td>Vaccine</td>
<td>Imovax or RabiVert 1.0 ml administered IM (deltoid) on day 0, and 3.</td>
</tr>
</tbody>
</table>
3. Deviation from recommended post-exposure vaccination schedules. Most interruptions in the vaccine schedule do not require reinitiation of the entire series.

a. Minor deviations: can resume as if the patient were on schedule. Example: Patient misses day 7 dose and presents for vaccine on day 10. Day 7 dose to be administered NOW and remaining dose would maintain same interval between doses such as day 17 and 31.

b. Substantial deviations: will require serologic testing 7 to 14 days after administration of final dose in series.

4. Precautions and Contraindications

a. Immunosuppression: For persons with broadly defined immunosuppression, PEP should be administered using all 5 doses of vaccine (on days 0, 3, 7, 14, and 28) with the understanding that the immune response still may be inadequate. No immunosuppressive agents should be administered during PEP unless essential for the treatment of other conditions. If PEP is administered to either an individual taking immunosuppressive medications or an immunosuppressed individual, antibody response must be tested (serum specimens collected 1-2 weeks after PEP should completely neutralize challenge virus at least at a 1:5 serum dilution by the rapid fluorescent focus inhibition test – RFFIT).

b. Pregnancy: If adequate exposure the Risk/ benefit ratio to vaccination during pregnancy indicates that post exposure treatment should be provided.

c. Allergies: is not contraindicated, should be administered with caution.

C. Post-exposure animal bite investigation procedure

When a healthcare provider or facility evaluates a victim for an animal bite, it is their responsibility to file the Animal Bite and Investigation Form with the appropriate agency having jurisdictional authority as soon as possible. This is Mono County Animal Control in all unincorporated areas of Mono County, and Mammoth Lakes Police Department within the town of Mammoth Lakes (referred to hereafter as “the agency”). Jurisdiction is determined by the location of the incident.

When a bite occurs in the unincorporated areas of Mono County after hours, as a courtesy, the Mono County Sheriff’s Office (SO) will respond to the call. They may respond either by telephone or to the owner and/or victim’s location for additional information as appropriate. The SO will advise the
owner that their animal is under quarantine and that Animal Control will contact them the next morning to complete the investigation. Dispatch will notify Animal Control the following morning. The exceptions to the SO’s handling of Animal Control’s after hours calls may be, but are not limited, to the following:

- The bite was unprovoked
- The biting animal appears to be aggressive and unmanageable
- The owner of the animal is uncooperative
- The bite was severe, and the animal is judged to be a threat to other humans who may come into contact with the animal
- The animal was contained but the owner was not located
- The animal was not located

The responding agency will respond under the authority of the Mono County Health Officer as follows:

1. Domestic animals

   a. Initial telephone or in person contact with the victim, obtaining as much information as possible, in order to complete the Animal Bite Reporting and Investigation Form – (see Appendix A)

   b. Initial telephone contact with the animal owner, followed by on site visit. The owner is requested to have a current rabies certificate ready for review, and will be advised of immediate verbal quarantine, conditions, and restrictions.

1. If there is proof of a current rabies vaccination, the animal may remain with the household during the 10 day quarantine period, providing that the agency approves of the residence as adequate for quarantine. The agency will arrange for at least one on site visit midway through quarantine. This visit is purposely scheduled midway through the 10 day period to observe the health of the animal and to reinforce quarantine conditions. Should the owner be uncooperative at any time during the quarantine, the animal will be seized by the agency and taken to the nearest shelter for the remainder of the quarantine.

2. If a current rabies vaccination cannot be provided, the animal will be transported to the nearest animal shelter for the 10 day quarantine. The owner is issued citations for violations of Town
of Mammoth Lakes ordinances or Mono County Code sections or State regulations, as applicable.

c. If the animal appears to be a stray (no ID) and cannot be found, the victim will be urged to seek immediate medical attention if (s)he has not already done so, including consultation for possible rabies exposure. (See appropriate algorithm) The Health Officer will be notified immediately, and recommendations will be made by the evaluating healthcare provider in consultation with the Health Officer. The agency will continue to aggressively trap and search for the animal.

d. If the animal appears to be a stray (no ID) and has been captured, it will be taken to the nearest animal shelter for quarantine. At any time during the quarantine, the Health Officer may direct that the animal be immediately destroyed and tested for rabies. The victim will be kept informed.

e. Should the animal become ill during quarantine, the Health Officer will be immediately notified, and may instruct that the animal be taken to a veterinarian for evaluation. Or, the Health Officer may order that the animal be immediately destroyed and tested for rabies. The victim will be kept informed.

f. Should the animal be destroyed by the owner or victim after the bite (an illegal act), the agency or SO destroyed the animal while escaping, or the animal dies during quarantine, the Health Officer will be notified immediately. The agency will arrange to have the head severed by a veterinarian, and have it packed and shipped to Richmond, providing there is brain tissue available. The lab will be of the incident and advised of the forthcoming shipment. The victim will also be kept informed.

g. If the owned unvaccinated animal remains alive and well at the end of the 10 day quarantine period, it will be released from quarantine, and if at the shelter, will be returned to the owner. A telephone call will be made to the victim stating that the animal was released alive and well at the end of the quarantine period. The case will be closed.

2. Wild animals

a. In addition to notification of “the agency” as described above under “domestic animals”, when a human is bitten by a wild animal (see algorithms 2, 3, 4, or 5), the Mono County Health Officer and the California Department of Fish and Game (CDFG) should also be notified.
1. With assistance from other agencies as requested, CDFG is responsible for coordinating the tracking, locating, and destroying of the animal.

2. CDFG is responsible for removing the head of the animal, and working with Animal Control to prepare the head for shipment to the State lab in Richmond.
   
   a. Care must be used by the person destroying the animal so that a head wound is avoided whenever possible and safe. Intact brain tissue is needed when testing for the rabies virus.

   b. The State Public Health Veterinarian is notified, along with the Specimen Receiving Laboratory, and David Cottom in the Medical Records Unit.

3. The lab will begin testing immediately upon receipt of the specimen, and notify the “the agency” of the results.

4. Upon receipt of the results from the lab:
   
   a. If negative, “the agency” will advise the victim, CDFG, the Health Officer, and other responding agencies.
   
   b. If positive, “the agency” will immediately notify the Health Officer. The Health Officer will immediately be in contact with the victim and the healthcare provider or facility to review the exposure details and to discuss post-exposure prophylaxis recommendations. The Health Officer will initiate procedures of investigation listed in the Protocol for Reported Case of Rabies, which follows on page 15.

   c. If inconclusive (lab needs further time for testing, or brain tissue unacceptable), “the agency” will immediately notify the Health Officer. The Health Officer, in consultation with the California Public Health Veterinarian and the evaluating healthcare facility or provider, will make a recommendation for post-exposure treatment based on the available information.

5. If the biting animal cannot be located, the Health Officer shall be advised, and in consultation with the California Public Health Veterinarian and the evaluating healthcare facility or provider,
will make a recommendation for post-exposure treatment based on the available information.

3. Human or animal contact with bat (see algorithm 5 of 5)

See algorithm 5 of 5 for bat related incidents.

a. Contact only without known bite

1. Following the algorithm, “the agency” will:

   a. Complete the Animal Bite Reporting and Investigation Form (see Appendix A)

   b. Advise the victim to seek immediate medical attention

   c. Arrange to pick up the bat and have the bat tested

   d. Advise the healthcare provider/facility of the availability of the Health Officer, the State laboratory, and the State Veterinarian for medical consultation as requested

   e. Advise the Health Officer of the situation and circumstances

   f. Advise the State laboratory of the impending shipment of a specimen (see storing and shipping instructions in Appendix C)

   g. Note: A bat found dead, without human contact as defined in algorithm 5 of 5, will generally not be tested. However, if a bat is out during the day, or is acting abnormally, or it “just fell out of the sky”, then the safe thing to do is to send it for testing. “The agency” will contact the lab and the Health Officer for further direction.

2. The lab will test the specimen ASAP, and immediately notify “the agency” and the Health Officer of the results.

3. The Health Officer will confer with the healthcare provider/facility regarding the need for post-exposure prophylaxis.

b. Known bite of human or animal

1. Same procedure as above, WITH URGENCY!
2. Emergency transportation to Richmond may need to be arranged with the cooperation and participation of the SO and the California Highway Patrol (CHP).

D. Protocol for Suspected or Reported Animal or Human Case of Rabies

1. Should an animal or human case of rabies be suspected or confirmed in Mono County, the Health Officer will coordinate necessary activities and instruct Public Health, Environmental Health, and “the agency” staff as to their responsibilities.

2. If a human case, a Public Health Incident Command will be set up in order to facilitate an efficient and effective response both within the department and with involved partners.

3. If a human case, a formal interview process with the victim and/or family will be conducted, to include (but not limited to) questions on the Animal Bite Reporting and Investigation Form. In addition, questions regarding additional human or animal exposures will be essential.

4. The Health Officer will direct and epidemiological investigation into the assessment of human and animal exposures prior to and following capture, investigation will determine humans and animals that may have been involved, as well as the type of exposure that may have occurred. An Animal Bite Reporting and Investigation Form will be filled out for each potential contact and exposure. In addition, other questions may include:

   a. How was the animal identified as being the alleged biter?
   b. How was the animal located, captured, or destroyed?
   c. Who were the people involved in the capture?
   d. During the capture, were there possible exposures?
   e. What type of protection was used by staff during the capture?
   f. How was the animal destroyed? What protection was used?
   g. What staff was involved in any decapitation? What type of protection was used?
   h. How was the specimen packed, transported, and shipped? What staff were involved? What type of protection was used?
   i. What possible exposures were there to other animals?
5. In a laboratory confirmed animal case, or a suspected or confirmed human case, the Health Officer or designee will act as the Public Information Officer (PIO). All information delivered to the public or media must be delivered by or be approved by the PIO.

6. All information sharing with involved partners will be coordinated through the Health Officer so as to minimize duplication, gaps, rumors, and inaccuracies.

7. In the event of a laboratory confirmed cases(s) of rabies in animals in Mono County, the Health Officer may as “the agency(ies)” to organize emergency rabies vaccination clinics in appropriate locations in Mammoth Lakes and/or unincorporated areas of the county. The sole purpose of the clinics would be to expedite the immediate vaccination of all unprotected domestic animals (above and beyond ones that have been previously vaccinated and licensed). “The agency(ies)” may request assistance by licensed veterinarians and their staff that are presently practicing in the Eastern Sierra in order to facilitate a timely process.
References used for “Policy and Procedures” development:

Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies
Recommendations of the Advisory Committee on Immunization Practices

Compendium of Animal Rabies Prevention and Control, 2008
National Association of State Public Health Veterinarians, Inc.
MMWR, Recommendations and Reports, April 18, 2008, Vol. 57, No. RR-2, 1-9

Human Rabies Prevention ---United States, 2008
Recommendations of the Advisory Committee on Immunization Practices

California Compendium of Rabies Control and Prevention, 2004
California Department of Health Services
Veterinary Public Health Section

Laws and Regulations Relating to RABIES
Excerpts from the California Health and Safety Code and the California Code of Regulations
Department of Health Services
Division of Communicable Disease Control
Disease Investigations and Surveillance Branch
Veterinary Public Health Section

Human Rabies Exposure Algorithm
San Mateo County Health Department
Disease Control and Prevention
October 30, 2006

Other Resources:

CDC rabies home page:
www.cdc.gov/rabies

CDPH Health Information - Rabies home page:
www.cdph.ca.gov/HealthInfo/discond/Pages/rabies.aspx

CDPH Veterinary Public Health Section:
www.cdph.ca.gov/programs/vphs/Pages/default.aspx
Contact information:

Mono County Animal Control

Office: (8-5, M-F): 760-932-5630
After-hours: 760-932-7549 (Sheriff’s Dispatch)
animal@mono.ca.gov

Director: Nancy Boardman
Support Staff: Angelle Nolan
Animal Control Officers: Barbara Fritsch, William Clayton, Alex Flores

Mono County Public Health

Office: (8-5, M-F): 760-924-1830
After-hours: 760-932-7549 (Sheriff’s Dispatch)

Health Officer: Richard O. Johnson, M.D., MPH
760-914-0496 (cell)
drickjohn@gmail.com

Health Director: Lynda Salcido
760-221-4325 (cell)
lsalcido@mono.ca.gov

Environmental Health Director: Louis Molina
760-937-7246 (cell)
lmolina@mono.ca.gov

Mammoth Lakes Police Department

Office: 760-934-2011, on the menu, press “5”
Afterhours: 760-932-7549 (Sheriff’s Dispatch)

Mammoth Hospital, Emergency Department, and Sierra Park Clinics

24/7: 760-934-3311
California Department of Public Health (CDPH):

Center for Infectious Diseases (CID)
Division of Communicable Disease Control (DCDC)
Infectious Disease Branch (IDB)

Veterinary Public Health Section (VPHS)
Curtis Fritz, DVM, MPVM, PhD, Dipl. ACVPM (Epidemiology)
State Public Health Veterinarian

916-552-9740 (P)
916-552-9725 (F)
curtis.fritz@cdph.ca.gov
vetph@cdph.ca.gov

POB 997377, MS 7307
Sacramento, CA 95899-7377

Viral and Rickettsial Disease Laboratory

850 Marina Bay Parkway, Attn: Specimen Receiving, Rm B106
Richmond, CA 94804
510-307-8474

David Cottom, Supervising Microbiologist, Medical Records Unit
510-307-8585
David.Cottom@cdph.ca.gov

Deb Wadford, VRDL Supervisor, Isolation Department
510-307-8624

Sharon Messenger, PhD
Chief, Viral Immunoserology and Molecular Diagnostics Section, VRDL
510-307-8623
Sharon.messenger@cdph.ca.gov

VRDL Laboratory pager: 510-641-5283

California Department of Fish and Game (CDFG)

Tim Taylor, Wildlife Biologist
760-932-5749

Chad Elliott, Game Warden
760-937-1663
Human Rabies Exposure Algorithm, Page 1 of 5

Did a potential exposure to rabies occur? 5, 8, 11

Did an animal bite the patient, OR did a potentially unrecognized exposure occur? Was there direct contact from potentially infectious material such as animal saliva or central nervous system tissue with an open wound, broken skin, mucous membranes? 5, 8

YES

DOMESTIC DOG, CAT, FERRET 12

Did the bite occur in Mexico or other developing YES

PEP

PEP not recommended, except if a bat was involved – see bat algorithm

NO

NO, bite occurred in US

Is the animal available for observation? Allowing 72 hrs to find the animal is reasonable before starting PEP unless the exposure was high risk (unprovoked, the animal appeared ill, and/or the bite located near the head/neck region). 1-4

NO

Was the attack unprovoked? 1, 2

Did the animal appear ill? 3

Is the bite location near the head/neck region? 4

YES to any = HIGH RISK EXPOSURE

Consult with HO, start PEP immediately!

NO to all of the above

Consult with HO, consider PEP

NO

D/C PEP

YES

Start PEP if not already initiated
- Sacrifice animal
- Send brain to PHL for testing

NO

After 10 day isolation, vaccinate pet if not already completed

Is the animal available for observation? 10 Consider starting PEP if the attack was unprovoked/vicious, if the bite occurred in the head/neck region, and/or if the animal was not up to date on its vaccinations. 1-4

Isolate and observe animal for 10 days, whether vaccinated or not. 10

Does it exhibit signs of rabies? 3

YES

YES

Finish PEP

YES

Is test POSITIVE?

NO

YES, submit CMR

Consult with HO

NO

 YES

NO

YES, submit CMR

Finish PEP
**Human Rabies Exposure Algorithm, Page 2 of 5**

What type of animal was involved? (large mammals – high risk)

**DOMESTIC LIVESTOCK:** CATTLE, SHEEP, GOAT, PIG, HORSE⁹,¹²

**FOX, SKUNK, RACCOON, COYOTE, BEAR, FERAL/WILD CAT, EXOTIC MAMMAL (MONKEY)¹²**

**Is animal available for observation within 72 hrs?**

- *YES*
  - Consult with HO, PEP may be indicated if animal was NOT vaccinated against rabies.

- *NO*

**Was the animal captured?**

- *YES*
  - Option 1 for the biting animal: prolonged 30 day isolation¹⁰
  - Option 2 for the biting animal: Sacrifice animal and send brain to lab for testing¹⁰

- *NO*
  - 1. Consider rabid.
  - 2. Consult with HO.
  - 3. Start PEP

**Did the animal become ill or die during quarantine?³**

- Sacrifice animal and send brain to lab for testing

**Is the test POSITIVE?**

- *NO*  
  - No/discontinue

- *YES*  
  - Start/continue PEP and/or submit CMR for all positive test results.
What type of animal was involved? (large rodent/marsupial – intermediate risk)

LARGE RODENT: GROUNDHOG (WOODCHUCK), BEAVER, MARMOT, PORCUPINE
MARSUPIAL: OPOSSUM

Was the animal captured?

YES

NO

Consult with HO
Start PEP

Was the animal sacrificed?

YES

Brain to lab for testing

NO

Was the test result POSITIVE?

YES

Start PEP and submit CMR for all

NO

NO PEP
What type of animal was involved? (small rodent – rarely infected with rabies, and have not been known to transmit rabies to humans) ¹⁴

SMALL RODENT: SQUIRREL, CHIPMUNK, RAT, HAMSTER, GERBIL, GUINEA PIG, MOUSE, VOLE, MOLE, RABBIT, HARE

Caged indoors inside a building its entire life?

- NO, wild
- YES, domestic

Is animal sick, showing change in behavior, or was it bitten by wild animals?

- NO - OR DON’T KNOW
- YES to any

No testing or PEP indicated

1. Discuss with HO
2. Test animal’s brain if possible
3. Consider PEP

Low risk: Discuss with HO
Human Rabies Exposure Algorithm, Page 5 of 5 - (Bat-Related Incidents)

1. Did the patient or someone else see a bat?
   - YES
   - NO
     - No further action

2. Was the patient bitten?
   - YES
   - NO
     - Consider bat rabid, PEP indicated.

3. Has the bat been captured for testing?
   - YES
   - NO
     - Start PEP – (Shots may be delayed for 72 hours after exposure UNLESS the person was bitten on head or shoulders.)
     - No PEP or further medical action indicated

4. Can the person say w/ 100% confidence that s/he was NOT bitten (bat bites don’t necessarily hurt; the person may not feel the bite, or see bite marks).
   - YES
   - NO
     - No PEP indicated, BUT the bat does need to be tested. Avoid direct contact with the bat.
     - If he bat is dead, use gloves and tongs to double bag the bat and place in the refrigerator. Call Animal Control/PD for pickup. If the bat is alive, attempt to confine it to a room by closing all doors and windows, and call Animal Control/PD to capture the bat.

5. Was the person incapacitated (asleep, intoxicated, or mentally challenged) or was the potential contact an unobserved child?
   - YES
   - NO
     - Discuss with HO
     - Consider PEP

6. Was the result POSITIVE?
   - YES
   - NO
     - Start PEP and submit CMR for all positive.
     - No PEP necessary. Stop series if started.

7. Has the bat been captured for testing?
   - YES
   - NO
     - Consider rabid, administer PEP
     - PEP not indicated. Stop shots if already started.

8. Is the test result POSITIVE?
   - YES
   - NO
     - Stop PEP – (Shots may be delayed for 72 hours after exposure UNLESS the person was bitten on head or shoulders.)
     - No PEP or further medical action indicated
Notes

1 **Provoked exposures** may include attempting to feed an animal, entering an animal’s territory, petting or playing with an animal, handling an animal, attempting to break up a fight between animals, having contact with an injured animal, and walking, running, or riding a bicycle past an animal.

2 **Unprovoked exposures** are rare and typically require an animal to cross a neutral space and attack. You should attempt to get the injured individual to describe the scenario in order to establish the true nature of the circumstances surrounding the biting incident – DO NOT simply ask if the bite was provoked or unprovoked.

3 **Behavior of animals with rabies**: Animals with rabies can appear aggressive ("furious rabies") or normal or meek ("dumb rabies"). Common signs of rabies include neurological signs, such as paralysis and ataxia, and hyper-salivation. Aggressiveness in a normal friendly pet or withdrawal in a normally aggressive pet may be signs of rabies. A wild animal which approaches a human or a normally nocturnal animal (such as a bat, skunk, raccoon, or fox) which is seen in the day should be considered rabid. Clinical signs of rabies can vary by species. Livestock tend to be withdrawn, anorexic and inactive. Carnivores tend to be aggressive and exhibit signs of encephalitis, such as hind leg paralysis and incoordination (similar to West Nile virus). Dogs are likely to have a peculiar, high-pitched bark.

4 **The severity and location of the wound** (severe wounds or obvious wounds near the head and neck should be given highest priority – the incubation period is shorter than from bites on the hands, torso, or legs), and the expected interval between the time of the bite and the receipt of rabies test results should be considered when making a decision to begin PEP while awaiting test results. In most cases, it is acceptable to withhold PEP for up to 48 hours while awaiting results of rabies testing of the animal. An individual who has been bitten on the head or shoulders by a high risk animal (fox, skunk, raccoon, coyote, bear, feral/wild or unvaccinated domestic cat, exotic mammal (monkey), or bat are all considered high-risk animals) should be treated without awaiting the results of rabies testing. A bite with prominent salivary contamination (i.e., through exposed skin) is more likely to produce rabies than one through thick clothing that removes saliva from the animal’s teeth. Multiple bites are more likely to transmit disease than a single bite.

5 **Rabies is transmitted** when the virus is introduced into bite wounds, open cuts in skin, or onto mucous membranes. Any penetration of the skin by teeth constitutes a bite. Some animals, such as bats, can inflict only minor injury that can go undetected. Non-bite exposures rarely cause rabies. The contamination of open wounds, abrasions, mucous membranes, or theoretically, scratches, with saliva, constitutes a non-bite exposure.

6 Once **clinical signs of rabies** appear in humans, the disease is nearly always fatal within 2 to 10 days. To date, only 6 documented cases of human survival from clinical rabies have been reported. 5 of the 6 patients received either occupationally related pre-exposure prophylaxis vaccination or PEP. The last patient (who was bitten on her index finger by a bat) did not receive PEP. Treatment included induction of coma while a native immune response matured. She survived but with significant neurological impairment (NEJM 2005; 352:2508-14)

7 **Every year, there are about 200 animals which test positive for rabies in California – mostly bats, but also skunks, raccoons, fox, and an occasional coyote.** Only mammals are at risk – birds, reptiles, and fish do not get rabies.
8 **Situations with little or no risk:** Direct contact of saliva or brain tissue with intact skin, including a wound with a swell-formed scab, does not present a risk of exposure. Sunlight, ultraviolet (UV) light and detergent inactivate the virus. **Petting a rabid animal or coming into contact with an animal’s blood, urine, feces, or skunk spray generally does NOT constitute an exposure or require prophylaxis.**

9 **Vaccinated domestic animals or livestock:** Rabies vaccine is available for dogs, cats, cattle, horses and sheep. There is presently no vaccine licensed for use on wildlife or exotic pets. Even after an initial rabies vaccination, young or naïve animals remain at risk for rabies because of potential exposures preceding vaccination or before adequate induction of immunity during the 28 days after primary vaccination.

10 **Period of isolation:** Vaccinated animals need to be isolated just like unvaccinated animals, because rabies vaccination in domesticated animals and livestock is not 100% effective.

Cats, dogs, and domestic ferrets need to be isolated for 10 days.

There is little data on rabies incubation, clinical presentation, and viral shedding in domestic animal species other than dogs, cats, and ferrets. The period of virus shedding in the saliva of infected domestic, wild, or nondomestic animals prior to showing signs of clinical rabies is generally not known. Therefore, isolation and observation of animal species other than dogs, cats, and ferrets that bite humans is not appropriate. Biting domestic, wild, or nondomestic animals other than dogs, cats, and ferrets should be euthanized and tested for rabies immediately.

While isolation of biting animals other than dogs, cats, and ferrets is not recommended, the local health officer has an alternative to euthanizing and testing the animal in special circumstances. In the situation where the biting animal has a comprehensive history that minimizes the potential for rabies infection, and the risk of rabies in the biting animal is judged by the Health Officer to be acceptably low, the Health Officer may offer the option of instituting a prolonged (30-day) isolation of the biting animal. Under the care of a physician, the bite victim could be started immediately on PEP. This special exemption can be considered due to the low risk for exposure, the high efficacy of PEP, and the low incidence of serious adverse reactions with PEP.

11 **Other management considerations:** Other factors to consider when evaluating a potential rabies exposure include the epidemiology of rabies in the area, the species of biting animal, the circumstances of the bite, the biting animal’s history and health status (e.g., abnormal behavior and signs of illness, and the potential for the animal to be exposed to rabies (e.g., presence of an unexplained wound or history of exposure to a rabid animal).

12 **High risk large mammals (see algorithm pages 1 and 2)**

In the continental US, rabies among dogs has decreased substantially, with cases being reported sporadically along the US-Mexico border and in areas with enzootic wildlife rabies. In recent years, more cats than dogs have been reported with rabies, usually associated with the epizootic of rabies among raccoons in the eastern US. The large number of rabid cats compared with other domestic animals might be attributed to a lower vaccination rate among cats because of less stringent vaccination laws; fewer confinement or leash laws; and the nocturnal activity patterns of cats placing them at greater risk for exposure to infected raccoons, skunks, foxes, and bats.
All livestock species are susceptible to rabies infection. Cattle and horses are the most common livestock species diagnosed with rabies.

13 Large rodents, intermediate risk (see algorithm page 3)

These include opossum, groundhog, marmot, and porcupine, and fairly large aquatic animals, such as beavers, muskrats, and otters, because they may be large enough to fight off or effectively escape the attack of a rabid animal.

14 Small rodents, low risk (see algorithm page 4)

Small wild animals such as wild rodents (squirrel, chipmunk), insectivores (shrews, voles, and moles) and lagomorphs (rabbits and hares) are very low risk animals for rabies. These animals are so small that if a rabid animal (raccoon, fox, skunk, etc.) were to attack, the animal would likely die before having a chance to develop rabies. They may also be less susceptible to infection with the rabies virus, or may seek and remain in shelter after resisting attack or becoming ill with rabies. Only when such animals attack in an unprovoked manner should there be a suspicion of rabies.

Small animals, such as squirrels and chipmunks that bite humans while feeding them are acting normally. The only exception to this rule is the woodchuck, also called a groundhog, which is considered at high risk for acquiring rabies, in areas of the country affected by the raccoon rabies virus variant (mid-Atlantic and southeastern US).

Rodents and other small mammals caged outdoors have on occasion acquired rabies infections, as the cage allows exposure to rabid animals, but offers enough protection for the small animal to survive the exposure.

Rodents and other small mammals caged indoors such as hamsters, gerbils, rats, mice and rabbits which have been caged exclusively indoors for the past 6 months or more are extremely low risk.

There has never been documentation of rabies transmission from a rodent to a human being.

15 Bats are considered high risk for rabies (see algorithm, page 5)

Human and domestic animal contact with bats should be minimized, and bats should never be handled by untrained and unvaccinated persons or kept as pets.

Exposures or potential exposures to bats should be carefully evaluated. Because the size of bites or scratches from bats may be very small, individuals may not recognize that an exposure has occurred. PEP should be given in any situation in which a bat is physically present and a bite, or any other exposure or contact, cannot be ruled out. In situations in which there is a reasonable probability that such contact occurred (e.g., a sleeping individual awakes to find a bat in the room, an adult witnesses a bat in the room with a previously unattended child, mentally-challenged person intoxicated individual, etc.) PEP is appropriate, even in the absence of a demonstrable bite or scratch. If the bat is available and can be tested promptly, PEP may be postponed pending test results, as long as the bite did not involve the head or shoulders. 14 of the 15 human cases of rabies that were acquired in the United States between 2000 and 2004, were associated (as determined by genetic analysis) with rabid bats. Only 3 of these cases involved a report of a definite history of a bat bite.
Appendix A:

Animal Bite Reporting and investigation Form
ANIMAL BITE REPORTING AND INVESTIGATION FORM

Procedure: A healthcare provider/facility is requested to report all incidents to the appropriate agency ASAP by completing this page:

- In Mammoth Lakes, to the Police Dept. (FAX 760-934-2490, ATTN: Records)
- In non-incorporated areas of Mono County, to Mono County Animal Control (FAX 760-932-5284)

Any clinical questions should be directed to the Health Officer, Dr. Johnson, at 760-914-0496 (cell)

Report sent by: (Name)__________________________ Agency/facility: ___________________________ Date: ______

Person Bitten (victim, patient):
Name: ________________________ Age: ___ yrs.  Guardian (if minor): ____________________ Relationship: _______
Physical/Mailing Address: ____________________________________________________________________________
Phone: (home) ________________________ (work) __________________________ (cell) _______________________
If a non-resident, staying at (condo, hotel, campground, location, town): _______________________________________
Arrival date: _____ Departure date: _____ Next destination: _________________ Contact info: ____________________
DL #: ___________________ Vehicle Descrip.: __________________________________ Lic # __________ State: _____

Animal owner:
Name: __________________________
Physical/Mailing Address: ____________________________________________________________________________
Phone: (home) _______________________ (work) _________________________ (cell) ________________________
If a non-resident, staying at (condo, hotel, campground, location, town): _______________________________________
Arrival date: _____ Departure date: _____ Next destination: __________________ Contact info: ____________________
DL #: _________________ Vehicle Descrip.: ____________________________ Lic # __________ State: _____

Incident Details:
Date: ______ Time: ______ Location: _________________________________________________________________
Circumstances (provoked or not?): _____________________________________________________________________
_______________________________________________________________________________________________
If a bat, did an adult awake to find a bat in the room?   (Circle):   Y   N              If a bat, did an adult witness the bat in a room with a sleeping child, a person with a mental disability, or an intoxicated person?   (Circle):   Y   N
Location/Descrip of wounds: _________________________________________________________________________
Witness(s): _____________________________ Contact info: _______________________________________________

Medical Treatment:
Medical Treatment Received? (Circle)   Y   N   Unk                      If not, was the victim advised to do so? (Circle)   Y   N
Location of treatment: _____________________ Provider: __________________ Contact info: ____________________
Nature of treatment: (circle)          wound care:   Y   N                 RIG:   Y   N                  vaccine series started:   Y   N
Appendix B:

Notice of Animal Quarantine
NOTICE OF ANIMAL QUARANTINE

By order of the Mono County Health Officer dated ________________

Owner’s Name: ___________________________________________________________________________________
Mailing address: _________________________________________ Town: __________________________________
Physical Address: __________________________________________________________________________________
Phone: Home: _______________________ Work: _______________________ Cell: ____________________________

Animal: Dog ____  Cat ____ Description: _____________________________________________________ ___________
Name: ____________________ Age: _____ Rabies Vacc Date: ___________ 1 YR _____  3 YR _____
Vet’s name: ___________________________ License #: _____________ Expires: _____________________________

Citations issued:
_____ 9.20.010 not current for rabies vaccination
_____ 9.12.060 not wearing current dog license

In compliance with Mono County Ordinance 9.32.020, you are hereby notified that it is necessary that your animal be
quarantined in strict confinement under proper care and observation. The place and manner of confinement shall be
approved by the Health Officer or designated Animal Control staff for a period of ten (10) days to begin after the incident.

Approved places of confinement shall be:
_____ *Mono County Animal Shelter
_____ ** Owner’s residence
_____ veterinary hospital

*The Health Officer and Mono County Animal Control assume no responsibility for expenses incurred in quarantining the
animal at approved Mono County animal shelters during the quarantine period. The owner shall be responsible for all
board fees charged during the ten (10) day quarantine period.

**Confinement at the owner’s premises may be permitted at the discretion of the Health Officer or designated Animal
Control staff providing that the owner of the animal has proof of a current rabies vaccination and that the residence is
deemed acceptable for secured confinement. Secured confinement shall mean that quarantined animals shall be under
restraint at all times, be controlled and supervised when allowed outside and not allowed contact with other animals or
persons other than the ones providing care.

The animal under quarantine shall not be removed from the approved confinement area without prior permission of the
Health Officer or designated Animal Control staff.

Date of incident: ________ Date report received: ________ By: ______________________________________________
Quarantine issued by: ___________________________ Quarantine begins (date): ______________
Quarantine compliance check (date): ________ Quarantine release (date): ________ released by: (circle) Visual  Verbal

I have read and understand the above information referencing my responsibility involving the Mono County Quarantine
Ordinance. I shall comply with the ordinance and be responsible for the secured confinement of my pet throughout the
quarantine period should it be allowed to remain at my residence. I also understand that I am responsible for all boarding
charges should my animal be ordered to a county shelter or veterinary hospital for the ten (10) day quarantine period.

__________________________________________________________________  _______________
Owner’s signature and/or care and custody signature     Date
Appendix C:

Procedure for Rabies Testing
**Procedure for Rabies Testing**

**Warm blooded, domesticated, or wild mammals**

If an animal that has bitten someone dies or is killed during a quarantine period, the State of California requires mandatory testing of the animal for rabies. This requirement is for all animals whether proof of rabies vaccination has been provided or not.

**Large or small rodents (See algorithm 3 and 4 of 5)**

The State of California Viral and Rickettsial Disease Laboratory in Richmond, as well as the State Veterinarian, do not usually recommend that these categories of animals be tested since the risk of rabies is low. If the victim or family requests testing for rabies, the testing will be done only after receiving prior approval from the laboratory or veterinarian. When in doubt, always call the laboratory and/or the veterinarian for direction.

**Procedures for shipping and testing**

**Step 1**

**Domesticated or wild animals:**

Arrange to have the animal's head severed by a veterinarian. Pack the head in cold packs. Transport to the shelter freezer until shipment arrangements are made.

**Small animals or rodents:**

Keep the animal cool and transport the animal to the shelter freezer until shipping arrangements can be made.

**Bat:**

1. Do not place the bat in formalin or glycerol saline.
2. Do not freeze the bat, but keep refrigerated.
3. If not dead, the bat must be humanely destroyed (chloroform or injection).
4. Place the bat into a large bat mailer container.
Step 2

1. Contact the State Laboratory (510-307-8474) in Richmond and advise them of the forthcoming shipment. If there are any circumstances, questions, or issues out of the ordinary, laboratory staff may direct us to call the state veterinarian (916-552-9740). Lab staff will ask for the following:
   a. Type of animal
   b. The name of the victim
   c. When the incident occurred
   d. The circumstances of the incident
   e. The vaccination status of the animal
   f. Shipping date

2. Prepare the specimen by double bagging to prevent fluid seepage.

3. Place specimen in a cool pack mailer or Styrofoam container with frozen cold packs. Pack newspaper, etc., around the specimen to keep it in place, and to keep it from freezing (bat).

4. Complete the rabies testing lab slip and place it inside the mailer/container. The lab slip should be placed in a sandwich bag on top of the double bagged specimen or secured to the inside lid of the mailer/container. The sandwich bag will protect the paperwork from possible fluid seepage that can occur during shipment.

5. Be sure to have the specimen ready for mailing on Monday, Tuesday, or Wednesday. If shipped later in the week, the thawing specimen will most likely sit unattended over the weekend. Be sure to keep in mind any holiday lab closures.

6. Bat specimens may be shipped on any day, since testing is required, be sure to get special directions from the laboratory or the state veterinarian, so that state staff can be alerted and be present for arrival of the specimen.

7. Ship specimens by overnight delivery only.

8. State laboratory staff will contact Animal Control and/or the Health Officer with results usually within three (3) hours of shipment arrival.

9. Animal Control staff and the Health Officer will relay the results to the victim, the healthcare provider/facility, the animal owner, and any other response partners, including all potentially exposed individuals.
Appendix D:

Declaration of Rabies Areas
DECLARATION OF RABIES AREAS

In accordance with Sections 121580 and 121690 of the California Health and Safety Code, the existence of rabies in the following California counties has been determined to constitute a public health hazard. This geographical block of fifty-eight (58) counties include: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, and Yuba. The California Department of Health Services hereby redeclares as a rabies area the block of fifty-eight (58) counties mentioned above, effective December 2, 2002.

Diana M. Bonta, R.N., Dr.P.H.
Director

[Signature]

Date

Do your part to help California save energy. To learn more about saving energy, visit the following web site:

www.consumerenergycenter.org/flex/index.html
Appendix E:

CDPH Animal Rabies Case Report
ANIMAL RABIES CASE REPORT

I. TESTING LABORATORY: Please complete Section I, fax or email to the Veterinary Public Health Section using the contact information above, and forward the original to the County Rabies Investigator.

Laboratory: ___________________________ Date Received: ___________________________
Sample Submitted By: ___________________________ Phone: ___________________________
Animal Species: ___________________________
Sample Submitted: ☐ Animal ☐ Head ☐ Brain ☐ Other ___________________________
Lab Specimen #: ___________________________

Laboratory Test Results: Date Reported
☐ Positive ☐ Unsatisfactory ☐ Pending ☐ Not Done
FRA Test: ___________________________
VRDL Referral: ___________________________
VRDL Lab #: ___________________________
Humans Exposed (bitten or significant saliva contact?): ☐ Yes ☐ No ☐ Unknown
Other Animals Exposed (bitten or direct contact?): ☐ Yes ☐ No ☐ Unknown

II. RABIES EPIDEMIOLOGIC INVESTIGATION: Please complete Section II and fax or email to the Veterinary Public Health Section using the contact information above.

Type of Rabid Animal: ☐ Pet ☐ Livestock ☐ Stray ☐ Wild Date Animal Found: ___________________________
Address/Location Where Found: ___________________________
Cause of Death: ☐ Euthanized ☐ Died in Quarantine ☐ Killed- How?
Clinical Impressions: ☐ Dumb ☐ Furious ☐ Found Dead ☐ Unknown ☐ Other
Other Animals Exposed? ☐ Yes ☐ No ☐ Unknown Vaccinated at Time of Exposure? ☐ Yes ☐ No
Species: ___________________________ Number: _______ ☐ Bitten ☐ Scratched ☐ Saliva Contact Only
Please Describe Details/Disposition of Exposed Animals (i.e. revaccinated, quarantined, euthanized, etc.)
______________________________

Humans Exposed? ☐ Yes ☐ No ☐ Unknown Number: _______ ☐ Bitten ☐ Scratched ☐ Saliva Contact Only
Attack: ☐ Unprovoked ☐ Provoked? (includes attempts to help injured animals)
Name, Address, & Phone of Exposed Persons:
______________________________
______________________________

Explain if Exposed but Not Treated: ___________________________ Number: _______ Persons Treated?
______________________________

County Personnel Reporting:

Name: ___________________________ Date Reporting: ___________________________
Title: ___________________________ County Agency: ___________________________
Address: ___________________________ Phone: ___________________________
Email: ___________________________

Revised 5/2011
# ANIMAL RABIES CASE REPORT

**Domestic Animal Information Form**

Please complete this page if the rabid animal was a domestic dog, cat, horse, cattle, goat, sheep, etc.

## Owner's Contact Information:
- **Name:**
- **Address:**
- **Home Phone:**
- **Work Phone:**

## Domestic Animal's Information:
- **Sex:**
  - □ Male
  - □ Female
- **Name:**
- **Breed:**
- **Altered?**
  - □ Yes
  - □ No
  - □ Unknown
- **Licensed?**
  - □ Yes
  - □ No
  - □ Unknown
- **Age (estimate for strays):**
- **Date of First Signs:**
- **Date of Death:**
- **Rabies Vaccinated?**
  - □ Yes
  - □ No
  - □ Expired
- **Vaccination Date:**
  - **Administering DVM:**
  - **Product Name:**
  - **Manufacturer:**
  - **Lot Number:**

## Animal’s Environment?
- □ Urban
- □ Suburban
- □ Rural
- □ Other

If the animal was originally from another country/state, please specify:

## Veterinarian's Information:
- **Seen by a DVM?**
  - □ Yes
  - □ No
- **DVM’s Name:**
- **Date of Initial Visit:**
- **DVM’s Phone:**
- **Initial Diagnosis/Ruleout:**
- **DVM’s Email:**

## For The 6-Month Period Before the Animal’s Death:

- **How many hours per day was the animal kept outside?**
- **Kept on a lead or in a pen while outside?**
  - □ Yes
  - □ No
  - □ Unknown
- **Kept indoors or in a pen at night?**
  - □ Yes
  - □ No
  - □ Unknown
- **Missing for more than 24-hours?**
  - □ Yes
  - □ No
  - □ Unknown
- **Observed fighting/playing with any wild animal?**
  - □ Yes
  - □ No
  - □ Unknown
- **Observed fighting/playing with a confirmed rabid animal?**
  - □ Yes
  - □ No
  - □ Unknown
- **Exhibited signs of an unexplained lameness?**
  - □ Yes
  - □ No
  - □ Unknown
- **Unexplained wound or cut?**
  - □ Yes
  - □ No
  - □ Unknown

Describe location and type of injury:

## Used for hunting wild animals?
- □ Yes
- □ No
- □ Unknown

## Traveled out-of-state or out-of-country?
- □ Yes
- □ No
- □ Unknown

Specify destination & date(s):

## Comments: