

Warren County Board of Supervisors

RESOLUTION NO. 254 OF 2026

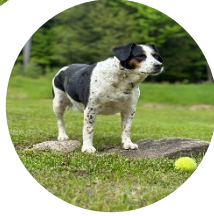
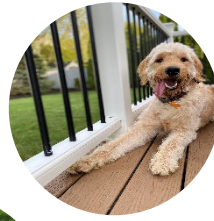
RESOLUTION INTRODUCED BY SUPERVISORS STRAINER, GILLIGAN, BRUNO, MADAY, BUTLER, WILD AND O'NEILL

ADOPTING 2026-2030 WARREN COUNTY RABIES PLAN

WHEREAS, the Warren County Health Services Department prepares a Rabies Plan to address the prevention and control of Rabies in Warren County, and

WHEREAS, the Director of Public Health/Patient Services for Warren County has presented the 2026-2030 Warren County Rabies Plan included with this resolution as Schedule "A" and the Health Services Committee has approved and recommended that the same be advanced to the full Board of Supervisors for consideration, now, therefore, be it

RESOLVED, that the proposed 2026-2030 Warren County Rabies Plan, annexed hereto as "Schedule A," be, and the same hereby is, adopted as the official policy for Warren County.



WARREN COUNTY
RABIES PLAN
2026-2030



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PURPOSE AND GOALS

Purpose:

- To prevent, monitor, identify, and control rabies in Warren County

Goals:

- To reduce incidence of rabies in Warren County
- To educate and inform Warren County residents on rabies prevention
- To prevent spread of rabies from wildlife to the domestic animal population
- To monitor and manage human exposures to rabies
- To communicate and coordinate activities with other collaborating agencies

Functions:

- Provide outreach and education to the community
- Rabies vaccination clinics for animals
- Rabies pre and post exposure vaccination for humans
- Authorize and facilitate quarantine and/or rabies testing of suspect animals to rule out potential exposures
- Receive and manage animal bite reports and possible rabies exposures

POTENTIAL RABIES EXPOSURE CRITERIA

Always report animal bites and exposures to Warren County Public Health (WCPH): 518-761-6580

Human exposures to rabies can generally be categorized as bite, open wound, mucous membrane, or other types of exposure:

Bite exposure: Any penetration of the skin of a person by the teeth of a rabid or potentially rabid animal.

Open wound exposure: Introduction of saliva or other potentially infectious material (cerebrospinal fluid, spinal cord, or brain tissue) from a rabid or potentially rabid animal into an open wound (e.g., broken skin that bled within the past 24 hours).

Mucous membrane exposure: Introduction of saliva or other potentially infectious material (cerebrospinal fluid, spinal cord, or brain tissue) from a rabid or potentially rabid animal onto any mucous membrane (eyes, nose, mouth).

Other exposure: Any interaction with a rabid or potentially rabid animal where a bite, open wound, or mucous membrane exposure cannot be definitively ruled out. This includes situations where a bat is found in a room with a sleeping person, unattended child, intoxicated or mentally compromised person.

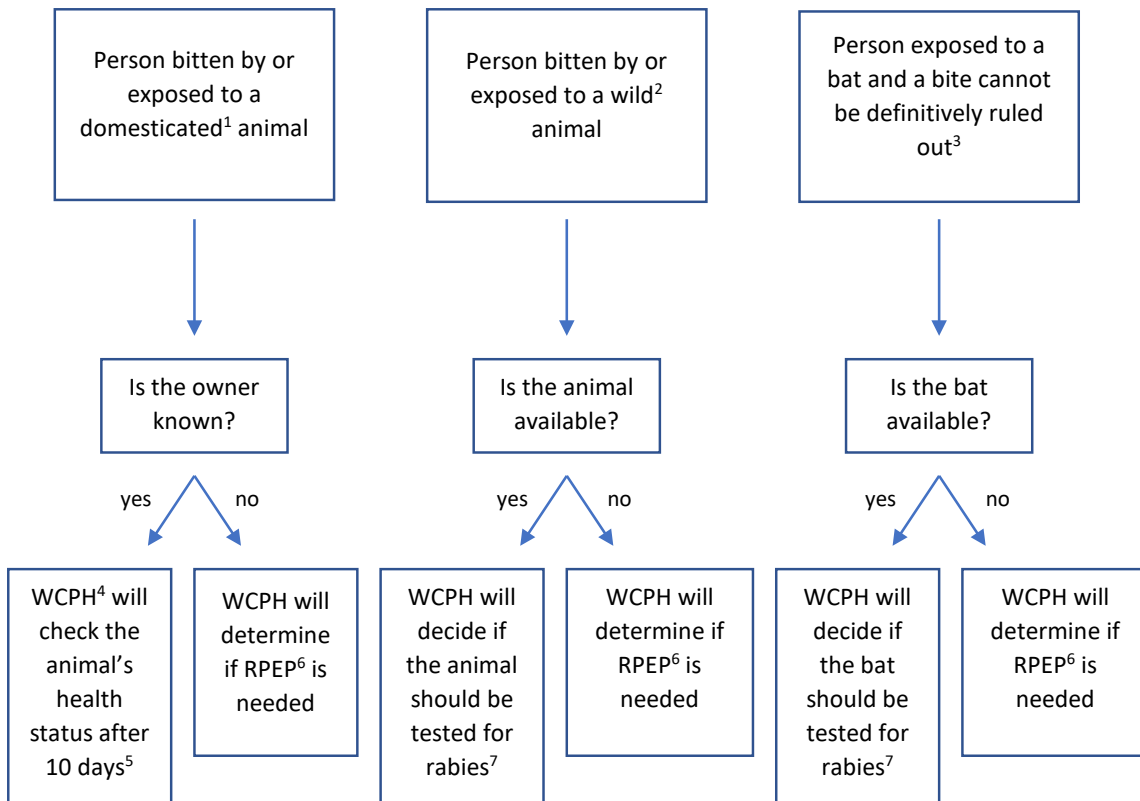
Situations that **DO NOT MEET** the criteria for potential human exposure to rabies include the following:

- Wounds of unknown origin where no animal was ever witnessed by any person at the scene.
- Petting a rabid or potentially rabid animal with no saliva contact.
- Direct contact with a bat where the person exposed is reasonably certain a bite did not occur.
- Exposure situations of any type involving wild/free-roaming rabbits or small rodents (e.g., squirrels, chipmunks, rats, mice). If there was an unusual incident that you are unsure about, please call WCPH.
 - Exposure situations of any type involving pet rabbits or small pet rodents (e.g., rats, mice) housed exclusively indoors.
- Contact with the blood, urine, feces (e.g., guano), milk, or spray (e.g., from a skunk) of a rabid or potentially rabid animal.
- Secondary exposure scenarios (i.e., contact with an animal, surface, or object that has had contact with a rabid or potentially rabid animal) that do not meet the definition of open wound or mucous membrane exposure.



What happens after a possible exposure?

Always report animal bites and exposures to Warren County Public Health (WCPH): 518-761-6580



1. Domesticated animals: dogs, cats, ferrets, horses, donkeys, mules, cattle, sheep, goats and pigs.
2. Wild animals with the highest rabies incidence include raccoons, bats, skunks and foxes. Exposures to small rodents and rabbits do not meet the criteria for potential human exposure to rabies.
3. This includes situations where a bat is found **in the same room** as a sleeping person, unattended child, intoxicated or mentally compromised person.
4. WCPH: Warren County Public Health.
5. If the domesticated animal is alive and healthy 10 days after the incident, then rabies testing or RPEP treatment is not needed. If the animal appears sick or develops signs of rabies during the 10 days, then WCPH will decide if rabies testing or RPEP is needed.
6. RPEP: Rabies Post Exposure Prophylaxis. For persons never vaccinated for rabies, treatment includes (1) human rabies immune globulin (HRIG) AND (2) 4 doses of rabies vaccine administered in the arm (or thigh for small children) on days 0, 3, 7 and 14. Immunocompromised persons may receive a 5th dose of vaccine on day 28. For persons previously vaccinated, treatment includes only 2 doses of rabies vaccine on days 0 and 3 (no HRIG).
7. If the animal tested is negative for rabies, then RPEP is not needed. If it is untestable, it should be assumed to be positive. If the animal is untestable or positive, WCPH will determine if RPEP is needed.

Warren County Public Health must approve all RPEP before it is started once determined necessary

REPORTING OF RABID ANIMALS AND DOMESTIC ANIMAL BITES

Law: All suspected rabid animals and animal bites are required by law to be reported to the local health officer immediately.

Public Health Law, Title IV, Article 21, Section 2140-2146

NYS Sanitary Code, Chapter I, Title 10, Part 2, Section 2.14

Every animal bite or exposure must be reported to Warren County Health Services Division of Public Health by phone 518-761-6580 or fax 518-761-6422 by anyone having knowledge of an animal bite. Direction will be provided per a standard protocol.

Animals suspected of having rabies must be reported to Warren County Health Services Division of Public Health to determine exposure risk and facilitate any testing and/or rabies post exposure treatment.

Warren County Health Services: Phone 518-761-6580
Fax 518-761-6422

Contacts: Olivia Cohen, Public Health Program Manager
Chawna Joseph, Public Health Nurse
Patricia Belden, Director Health Services

Monday – Friday 8:00am – 4:00pm for any above-mentioned staff

There will be 24-hour coverage: 518-761-6580

After hours calls will be answered by the answering service and forwarded to a supervisor.

FIRST AID FOR A BITE

Upon initial intake, wound management recommendations shall be reviewed with the victim or parent/guardian as follows:

1. Wash wound or exposed area thoroughly with soap and water.
2. Seek medical attention if professional care is needed for wound – ER or urgent care if after MD office hours.
3. Advise family to notify MD of bite/exposure for follow-up, Tetanus booster, antibiotic therapy and/or rabies prophylaxis treatment. If it has been more than 5 years since last tetanus shot was given, a booster is indicated. Tetanus immunization is also available at Public Health Monday through Friday. Call 761-6580 for an appointment. ***Rabies post exposure treatment requires Public Health approval.**
4. Advise owners not to handle their dog or cat immediately after an encounter with a wild animal, without adequate protection (i.e. gloves).
5. Avoid letting other pets or children handle exposed domestic animal for several hours after exposure has occurred.

WARREN COUNTY HEALTH SERVICES
 DIVISION OF PUBLIC HEALTH
 1340 State Route 9, Lake George NY 12845
 TEL#: (518)-761-6580 ~ FAX#: (518)-761-6422
 Email: healthservices@warrencountyny.gov

ANIMAL BITE REPORT

Date of Incident: _____ Person Reporting Incident: _____

Description of Incident: _____

Name of Individual Bitten: _____ Date of Birth: _____
 Address: _____ Telephone: (H) _____
 _____ (W) _____
 Parent/Guardian: (if under 18) _____

Was Medical Attention Sought? ☐ Yes ☐ No If Yes, Where? _____
 Medical Provider Seen: _____
 Treatment Rendered: ☐ Cleansed ☐ Antibiotics Given ☐ Sutures ☐ Tetanus Given
☐ Referred to Hospital Last TD (date) _____
 Informed of S&S Infection: ☐ Yes ☐ No MD Initials: _____

Name of Animal Owner: _____ Telephone: (H) _____
 Address: _____ (W) _____
 _____ Description: _____
 Type of Animal Involved: _____
 Rabies Vaccination Date: _____ Type: ☐ 1yr ☐ 3yr Tag#: _____

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Plan for Animal: ☐ 10 Day Quarantine- Where? _____
☐ 6 Month Quarantine- Where? _____
☐ ACO/DCO Agree to Supervise (Initials) _____
☐ Euthanize- By Whom? _____
☐ Specimen Sent for Evidence of Rabies _____
 Follow Up Rendered: _____
 Animal Status After Testing/Quarantine: _____
 Reported By: _____ Date: _____
 Signature of Nurse Receiving Report: _____ Date: _____

PROCEDURE FOR MANAGING ANIMAL BITES TO HUMANS

Warren County Public Health **must receive all animal bite/exposure reports.**

Domestic animal bites/exposures

1. When Public Health (PH) is notified of a bite /exposure, Public Health will check vaccination status and assist with locating animal/ evoking confinement with the owner unless otherwise indicated.

- **Vaccinated:** Contact owner and determine if owner is going to keep pet. Initiate confinement and set up an appointment with the owner for a check after 10-day confinement is up. PH will mail a letter to the owner reinforcing the confinement instructions. Unless otherwise noted, a copy of the letter will be provided to the victim, animal/dog control officer, and town/city clerk. If the owner wants the pet euthanized, Public Health will facilitate rabies testing.
- **Unvaccinated:** Same as for vaccinated animals (above) unless it is a high-risk incident, uncooperative owner, animal/owner history, or owner is unable to confine pet. Typically, animal can remain at home for confinement. Public Health will encourage vaccination after confinement.
- **Vaccinated/Unvaccinated:** PH has the authority to require confinement at an approved facility at the owner's expense if there are validated concerns from incident reporter, victim, animal/dog control, or public health that indicates a more formal confinement is necessary.
- **Dangerous dog:** The Town ACO/DCO will advise all victims of their right to file a Dangerous Dog complaint and the directions on how to file a complaint. If the victim chooses to file a "Dangerous Dog" complaint, the town ACO/DCO will be responsible for follow-up. The dog can be seized by the town ACO/DCO until the threat status is determined by Judge. If the pet is at large, off the owner's property, the pet should be seized, based on routine town ACO/DCO responsibilities. The goal is to prevent rabies and utilize the resources we have to ensure the safety of those in our community.
- **Strays:**
 - If the victim is familiar with the animal, it can be taken to Glens Falls Animal Hospital for confinement. If it is an animal that typically hangs around (i.e. comes every evening at 5pm), an informal confinement can take place. An informal confinement consists of the victim watching for the animal and reporting to PH if the animal is not seen 10 days after the bite.
 - If the victim feels he/she can identify the animal, the Warren County SPCA will be contacted to assist with locating and capturing the stray animal.

- Rabies Testing: Rabies testing must be pre-approved by Warren County Public Health. If the animal is wild it must be tested if there was potential exposure. If the owner of a domestic animal wants the animal destroyed rabies testing must also be arranged. The owner is responsible for euthanasia and specimen preparation charges. If an animal becomes sick or dies during confinement, testing is also necessary. Refer to Specimen to Lab for Rabies Testing and the Procedure for Submission.
- Rabies Post Exposure Prophylaxis Treatment: If animal is unknown or cannot be located or identified, Public Health will approve Rabies Post Exposure Treatment through Glens Falls Hospital.

2. Public Health will contact a Warren County ACO and request follow-up after confinement to verify health status of animals with different owner/victim address or as needed.

SAMPLE CONFINEMENT LETTER

Date

Owner Name

Address

Dear Owner Name,

I am writing in response to a potential exposure incident that occurred on *[Date]* involving *[Victim's Name]* and your pet. Your pet's confinement period will be through *[Date]*, to ensure that he/she was not exposed to the rabies virus. I sincerely appreciate your anticipated compliance.

NYS Public Health Law (Title IV) mandates animals including cats, dogs, and ferrets to be vaccinated against Rabies by four months of age. Warren County Public Health offers multiple rabies clinics a year. Please call 518-761-6580 or refer to Warren County Public Health's website, www.warrencountyny.gov for clinic information. Vaccination is free, although a \$10 donation is requested if it does not pose a financial hardship.

____ Your pet is up to date with its Rabies Vaccination; this confinement period can be facilitated at your home. During the confinement period, the animal must not be allowed to run at large. The animal must be confined to a leash, chain, cage, fenced yard, or in the home. The animal can be seized, if the owner fails to comply with the quarantine, and taken to a veterinary hospital for the remainder of the confinement at your expense. Please notify Public Health immediately if your pet is displaying symptoms of rabies including, loss appetite, change in behavior/disposition, paralysis, or other signs of illness. In addition, please notify Public Health immediately if your animal runs away or dies before the end of the confinement period.

____ Your pet is not up to date with its Rabies Vaccination; this confinement period can be facilitated at your home. During the confinement period, the animal must not be allowed to run at large. The animal must be confined to a leash, chain, cage, fenced yard, or in the home. The animal can be seized, if the owner fails to comply with the quarantine, and taken to a veterinary hospital for the remainder of the confinement at your expense. Please notify Public Health immediately if your pet is displaying symptoms of rabies including, loss appetite, change in behavior/disposition, paralysis, or other signs of illness.

If you decide to have your pet euthanized before the end of the confinement period, the animal must be submitted for rabies testing through Glens Falls Animal Hospital at the owner's expense. Warren County Public Health (518-761-6580) must be notified so testing can be facilitated. Please call if you have any questions or concerns.

Sincerely,

Public Health Staff

Rabies Program

cc: Town/City Clerk

ACO

Victim

COUNTY APPROVAL FOR RABIES POST EXPOSURE

(For County Use Only)

Approval has been given for Rabies Post Exposure Prophylaxis for the following:

Name: _____ DOB: _____

Address: _____

Phone Number: _____

Exposure: _____

Will receive PEP at: _____

Does the patient have insurance? Y/N

****Please bill all remaining patient liability after insurance to Warren County Public Health****

If not insured, will return to _____ County Public Health for the remaining 3 doses.

Encourage patient to call _____ to schedule appointments if needed.

Signature: _____ Date: _____

County: _____

Please fax copy of approval to:

Glens Falls Hospital ER	(P) 518-926-3130	(F) 518-926-3110
GFH Infusion Center	(P) 518-926-6289	(F) 518-926-6286
Saratoga Hospital ER	(P) 518-583-8313	(F) 518-886-5573

Please email copy of approval to: Albany Medical Health System Patient Financial Services

Amy Brock: brocka@amc.edu* (P) 518-264-2002 (F) 518-262-1340

Albert Houle: houlea@amc.edu*

*email preferred

10 DAY CONFINEMENT PROCEDURE FOR DOMESTIC ANIMALS

Animals to be confined are dogs, cats, ferrets, and domestic livestock i.e. sheep, horses, cattle, goats. Bats and all other animals suspected of being rabid would not be observed but rather destroyed and submitted to NYS Rabies Lab for testing.

The purpose of confinement is to determine if a human has been exposed to an animal displaying the clinical illness of rabies. The animal's owner will be notified of the need for confinement.

The confinement will guarantee that the animal will not escape. The animal must be confined in the house and can only be taken out on a leash, chain or fenced in yard, under the control of the owner - never allowing animal to run loose. No additional contact with other humans or animals should be allowed during this observation time.

The animal will be observed daily for signs of rabies. The animal will be evaluated by a veterinarian at the first sign of illness or death during confinement. Any illness or death should be reported immediately to Public Health so rabies testing can be arranged and those exposed, notified and treated accordingly.

If noncompliance occurs, the animal can be seized by the Warren County animal/dog control officer and brought to one of the designated veterinary hospitals for the remainder of the confinement period at owner's expense. If the animal becomes ill however, it will be tested to rule out rabies.

Following the 10 day confinement unvaccinated animals must be vaccinated.

SPECIMENS FOR RABIES TESTING

Public Health authorizes and coordinates **all** specimen submissions to the rabies lab at NYS DOH and reports positives back to involved personnel and complainants. Only animals in contact with humans and unvaccinated pets are approved for testing. Vaccinated animals can receive a booster dose of rabies vaccine for exposure to suspected rabid animals and wildlife, therefore testing is not necessary.

Public Health receives notification of potential exposure and determines if testing is appropriate. Public Health calls veterinarian with information and approval. Glens Falls Animal Hospital or an approved facility will make arrangements to send specimen to NYS Lab for testing. Specimens will not be mailed on Fridays, weekends, or holidays unless emergency testing is indicated.

Procedure for Specimen Submission

- Call is referred to Public Health, who completes a report of potential rabies exposure. If animal is owned, owner is responsible for costs associated with preparation and shipping. If wild animal or stray, Public Health will assume financial responsibility if testing has been authorized
- PH contacts the complainant to determine exposure risk and if testing is indicated. PH explains procedure as follows:
 - Specimen is transported to contract vet for preparation and shipping by owner or caller. Animal/Dog Control, Law Enforcement, and DEC may provide assistance with transport to vet if needed.
 - PH will contact vet to approve testing and enter the specimen on NYSDOH Health Commerce System via the Remote Entry application and fax a copy to the vet to include with the specimen package.
 - The vet prepares the specimen for testing. The veterinary staff calls a shipping vender (i.e. UPS) and prepares the specimen for shipping. *PH must provide approval for same day or exclusive shipping if needed.
 - Results are emailed to the PH agency typically within 2 to 3 days. Results are relayed to complainant and other involved parties. If positive, PH will notify all involved agencies (i.e. vet) to ensure there were no additional exposures during response, preparation and shipping.
 - Based on the results, rabies post exposure treatment is facilitated for humans with exposures.
Public Health will contact family to discuss confinement of an animal bitten or exposed if animal has not been vaccinated. If unvaccinated animals were exposed, euthanasia or a 6- month quarantine is put in place with assistance and support of Animal/Dog Control.
If animal is to be confined due to exposure to a rabid animal, a 6-month confinement will be authorized by Public Health.
 - For currently vaccinated animals exposed to a rabid animal, a rabies booster should be given within 5 days if the animal was previously vaccinated.

DOMESTIC ANIMAL EXPOSURE

The strongest evidence for exposure is the observation of direct contact between a rabid or suspect rabid animal and the domestic animal, with or without an inflicted wound consistent with a bite or mucous membrane exposure from the rabid animal. Circumstantial evidence alone could be questioned. The strongest circumstantial would be an observation (or sound) of a rabid or suspect animal in the vicinity of the domestic animal, and a subsequent lesion on the domestic animal, that in the professional opinion of a veterinarian, is compatible with a bite from the suspect animal.

SUSPECT RABID ANIMAL

Animals with rabies may act differently than healthy animals. Wild animals may move slowly or act tame. Also, some wild animals, like foxes, raccoons, and skunks, that normally avoid porcupines, may receive a face full of quills if they become rabid and try to bite these prickly rodents. A pet that is usually friendly may snap at you and try to bite.

There are two common types of rabies. One type is "furious" rabies. Animals with this type are hostile, may bite at objects, and have an increase in saliva. In the movies and in books, rabid animals foam at the mouth. In real life, rabid animals look like they have foam in their mouth because they have more saliva.

The second and more common form is known as paralytic or "dumb" rabies. An animal with "dumb" rabies is timid and shy. It often rejects food and has paralysis of the lower jaw and muscles.

Signs of rabies in animals include:

- changes in an animal's behavior
- general sickness
- problems swallowing
- an increase in drool or saliva
- wild animals that appear abnormally tame or sick
- animals that may bite at everything if excited
- difficulty moving or paralysis
- death

Animals in the early stages of rabies may not have any signs, although they can still infect you if they bite you. The incubation period is the time from the animal bite to when signs appear. In rabies, it is usually 1-2 months. But the incubation period can last as long as several years. Once the virus reaches the brain or spinal cord, signs of the disease usually appear.

A suspect rabid animal consists of a rabies vector species, or any mammal with clinical signs compatible with rabies.

Some characteristic clinical signs of rabies are listed below, but these are neither comprehensive nor exclusive to rabies. All of these clinical presentations, if due to rabies, would occur over an acute time course of hours to days, ultimately ending in death.

Cat:	unusual aggression, facial asymmetry, ataxia, difficulty swallowing, paresis (weakness) or paralysis
Dog:	unusual aggression, unusual passiveness, ascending paralysis, difficulty swallowing, snapping at the air
Cattle:	bellowing, difficulty swallowing (i.e. choking, excessive salivation), posterior weakness, ataxia (not showing coordination), circling, head pressing
Other livestock:	ataxia, difficulty swallowing, paresis or paralysis, facial asymmetry
Raccoon:	"Drunken Sailor" gait, juvenile vocalization, self-mutilation
Bat:	on the ground, not able to fly

PROCEDURE FOR DOMESTIC ANIMALS EXPOSED TO RABIES

Confirmation of an up-to-date rabies vaccine is attempted. If this cannot be verified, the animal is considered unvaccinated. If an animal has had known contact with a positive rabid animal the following will be recommended:

When the vaccination status is up-to-date, a booster rabies vaccine is recommended within 5 days of contact/exposure. The owner is advised of this recommendation

When vaccination is not up-to-date there are 2 options: 1) Euthanize animal or 2) confine and observe for symptoms for 6-months.

If owner decides to have animal euthanized, the owners will arrange and pay through a veterinarian.

If 6 month confinement is requested, Public Health will determine an appropriate plan. In addition, exposure to pet must be limited to one or two caregivers in the event the animal becomes sick and infectious.

WILD LIFE CALLS

Wild animal bites/exposures shall be referred to Public Health who will determine further follow-up. **Law enforcement or DEC will respond if there is an exposure.**
Prevention Measures:

- Advise caller how to keep pets and family members safe until help arrives
 - Encourage callers to seek shelter for pets and family members
 - Encourage callers not to capture live animals
 - Advise those exposed to wash areas with soap and water
 - Advise to not handle pets involved in wild animal attacks for at least 2 hrs unless gloves are worn to prevent secondary exposure
- Contact law enforcement or DEC for exposures to humans and unvaccinated pets to assist in destroying animal if rabies testing is necessary.

Miscellaneous Wildlife Calls:

Nuisance- Animals destroying or bothering property- Encourage caller to keep family members and pets away from the area until animal leaves. Do not leave pets or children unsupervised. Unless there is an extenuating circumstance, typically this situation requires education on preventing contact with animals and pet vaccination, **not** official response from official agencies (DEC, Law Enforcement, PH, or Animal/Dog Control. If appropriate, callers can be referred to a nuisance control officer at their expense. Sometimes DEC can provide free advice. Owners of unvaccinated pets should be encouraged to vaccinate to protect their pets! PH offers clinics which are listed on the website.

Animals Acting Strangely: Encourage caller to keep pets and family members away from area until animal wanders off. In the event an aggressive animal is preventing someone from entering/leaving house or car, instruct caller to contact law enforcement. As long as humans and unvaccinated pets have not had any contact, rabies testing is not needed. Vaccinated animals can receive a booster dose of rabies vaccine within 5 days of exposure if there was exposure.

Dead Animals: If a caller reports a dead animal on his/her property, typically it is the owner's responsibility. Provide education on preventing exposure. Determine if anyone was seen touching the animal or if an unvaccinated pet was seen in contact with the animal. Vaccinated animals can receive a rabies booster. As long as there was no contact or exposure, the animal can be buried. Advise the caller to wear gloves to prevent contact. Neighbors and family members may be a resource to caller if assistance is needed.

- Owner can bury animal at least 3 ft deep and 75 yds away from water source
- Owner can double bag and throw in trash.

APPENDIX A: RABIES LAWS AND REGULATIONS

Public Health Law – State Rabies and Animal Control Statutes

State Sanitary Code Part 2 – Section 2.14 (a)-(k)

Part 57 – Conditions for a Dog Actively Immunized Against Rabies

Guidelines for Pet Shops

Quarantine Guidelines for Pet Shops

Public Health Law, Article 21

Title 4: Rabies

- 2140 [Definitions](#)
- 2141 [Compulsory vaccination](#)
- 2142 [Rabies; emergency provisions](#)
- 2143 [Rabies; seizure and disposal; reports](#)
- 2144 [Rabies; county responsibility](#)
- 2145 [Rabies; services and expenses of suppression](#)
- 2146 [City of New York; exceptions](#)

§ 2140. Definitions. For the purpose of this title:

1. "Actively immunized" shall mean that the animal has been injected with a rabies vaccine suitable to the species and which meets the standards prescribed by the United States department of agriculture for interstate sale and which was administered according to the manufacturer's instructions under the direction of a duly licensed veterinarian not later than the expiration date on the package. Active immunization shall begin fourteen days following primary vaccination or immediately following a booster vaccination, and continue for the period stated in the manufacturer's instructions.

2. "County" shall mean a county of the state other than those in the city of New York.

3. "County health authority" shall mean the county health agency.

4. "Domestic livestock" includes cattle, goats, horses, donkeys, mules, sheep, and swine.

5. "Certificate of immunization" shall mean a signed statement issued by the veterinarian containing the following information: name and address of the owner, date or dates of vaccination, type of vaccine administered and duration of immunity, amount and manner of administration, name of manufacturer of the vaccine, and the lot number and expiration date of the vaccine. The certificate of immunization for domestic livestock may include multiple animals. The system of identification applicable to the livestock is to be used.

6. "Owner" shall mean any person keeping, harboring, or having charge or control of, or permitting any dog, cat or domesticated ferret to remain on or be lodged or fed within such person's house, yard, or premises. This term shall not apply to veterinarians or other facilities temporarily maintaining on their premises dogs, cats or domesticated ferrets owned by others for periods of no more than four months or to the owner or occupant of property inhabited by a feral animal.

7. "Confinement and observation" refers to the conditions under which apparently healthy dogs, cats, domesticated ferrets, and domestic livestock, which are not exhibiting symptoms of rabies, must be maintained to determine rabies status if such an animal has potentially exposed a person to rabies, and the owner wishes to avoid euthanizing and testing the animal. If the county health authority does not approve home confinement, the ten day confinement and observation period must take place, at owner's expense, at an appropriate facility such as an animal shelter, veterinarian's office, kennel or farm. The confinement

must include (i) provisions to prevent escape of the animal during the confinement period and (ii) requirements that the owner notify the public health authority immediately if the animal becomes ill at anytime during confinement, and (iii) verification by the county health authority or their designee at the end of the ten day period that the animal is healthy. If a police work dog bites an individual in the course of such dog's official duty the police department may apply for a waiver from confinement from the local department of health. As part of such application for a waiver, the police department shall provide the local health department with records of such dog's past vaccination for rabies and proof that such dog's rabies vaccinations are up-to-date.

8. "Quarantine" refers to a six month period of restriction for animals which are not actively immunized against rabies and have been exposed to a potentially rabid animal, in accordance with applicable regulations of the department. The quarantine must include provisions to prevent escape of the animal during the quarantine period and to minimize contacts with humans and other animals, and these provisions must be verified by the county health authority during and at the end of the six month period.

9. "Local residence", under the conditions hereinafter specified, shall mean any person who has his or her primary residence, secondary residence, vacation home or school within a county of the state of New York shall be deemed to have local residence in such county.

10. "Qualification on residence." Local residence shall not include residence:

- (a) as an inmate of any state or federal prison, or
- (b) on a military reservation.

11. "Initial treatment after human exposure to rabies" shall mean administration of the first postexposure dose of rabies vaccine and, when necessary, administration of rabies immune globulin.

12. "Animal control officer" shall mean one or more persons designated by the county health authority as having responsibility for animal control issues in the county. This responsibility may be delegated to others such as cities and towns, law enforcement agencies, animal shelters, or private nuisance control officers.

13. "Feral animal" shall mean any cat, dog or ferret that is born in the wild and is not socialized, is the offspring of an owned or feral cat, dog or ferret and is not socialized, or is a formerly owned cat, dog or ferret that has been abandoned and is no longer socialized.

§ 2141. Compulsory vaccination. 1. Every dog, cat and domesticated ferret shall be actively immunized against rabies in accordance with regulations promulgated by the commissioner. Every dog, cat and domesticated ferret shall have all initial vaccinations administered no later than four months after birth. Every dog, cat and domesticated ferret shall have a second vaccination within one year of the first. Terms of subsequent vaccine administration and duration of immunity must be in compliance with USDA licenses of vaccines used. The veterinarian immunizing or supervising any person authorized by law to immunize such animal shall provide the owner with a certificate of immunization consistent with the requirements of section one hundred nine of the agriculture and markets law. The veterinarian immunizing or supervising any person authorized by law to immunize such animal shall provide any public health official with the certificate of immunization in any case involving a dog, cat or domesticated ferret which has been or may have been exposed to rabies or in any case of possible exposure of a person or another animal to rabies.

2. Subdivision one of this section shall not apply to any feral animal or any dog, cat or domesticated ferret:

(a) that is transported through the state and remains in the state fifteen days or fewer;

(b) confined to the premises of an incorporated society devoted to the care of lost, stray or homeless animals;

(c) for which vaccination against rabies would adversely affect the animal's health, as determined by a licensed veterinarian; or

(d) confined for the purposes of research to the premises of a college or other educational or research institution.

3. (a) Every veterinarian providing treatment to a dog, cat or domesticated ferret shall verify, in accordance with standards established by the commissioner, if such animal is actively immunized against rabies or is exempt under subdivision two of this section. If active immunization or exemption cannot be verified, the veterinarian shall immunize the animal at the owner's request.

(b) If the animal is exempt from the provisions of subdivision one of this section, pursuant to paragraph (c) of subdivision two of this section, the veterinarian shall provide the owner of the dog, cat or domesticated ferret with a certified statement verifying that the animal is exempt from immunization because the immunization would adversely affect the health of the animal, and verifying the nature and duration of such exemption. The certified statement shall be in a form prescribed by the commissioner and shall be consistent with the requirements of section one hundred nine of the agriculture and markets law. Medical exemptions are to be renewed on an annual basis.

4. The owning of a dog, cat or domesticated ferret by any person in violation of subdivision one of this section shall constitute a violation, and shall be subject to a fine not to exceed two hundred dollars for each offense.

§ 2142. Rabies; emergency provisions. Whenever the commissioner confirms an outbreak of the disease rabies in terrestrial animals in any county or the vicinity thereof, the commissioner shall declare a rabies alert for that area and so certify to the county or local health authorities or any local health district contained therein. It shall be the duty of the health officials to immediately and annually thereafter publish a notice of the existence of the disease, together with a summary of the provisions of this title, in a newspaper generally circulated within the county or local health district, or to post notices in several conspicuous places, or both. Such certification shall remain in force until such time as the commissioner confirms that the outbreak is over.

§ 2143. Rabies; seizure and disposal; reports. Whenever the commissioner certifies a county to have a rabies alert pursuant to section twenty-one hundred forty-two of this title, any duly appointed dog control officer, animal control officer, peace officer, police officer, or health officer for that area may seize and confine any dog, cat or domesticated ferret found at large and may destroy a dog, cat or domesticated ferret found at large that is exhibiting symptoms of rabies and cannot be seized without placing any person at serious risk of physical injury. Any duly appointed person who seizes, confines, or destroys a dog, cat or domesticated ferret pursuant to this section shall immediately report in writing the facts relating thereto to the county or local health authority.

§ 2144. Rabies; county responsibility. Each county health authority is required to develop a rabies control protocol that identifies and coordinates all activities within the county to accomplish a comprehensive rabies response. The county health authority shall have responsibility for the implementation of the protocol, including the coordination of the response to rabies issues by other local agencies. This protocol must be approved by the department and revised and updated as directed by the department.

§ 2145. Rabies; services and expenses of suppression. 1. The county health authority is responsible for the services and expenses necessary for the suppression of human rabies. Suppression of human rabies shall include, but not be limited to:

(a) availability at all times for prompt investigation of reports of possible exposures to rabies of people, pets, or domestic livestock occurring within the county, and to render authorization for human postexposure treatment,

(b) making arrangements for appropriate disposition of the animals involved, including confinement and observation, quarantines, vaccination boosters, or euthanasia and testing,

(c) collection, preparation and submission of animal specimens to a laboratory approved by the commissioner for rabies diagnosis,

(d) verifying terms of confinement, observation and quarantines,

(e) authorized human postexposure treatment under the conditions hereinafter specified, except that third party coverage or indemnification shall first be applied against the cost of treatment, and

(f) operation of rabies vaccination clinics free of charge for dogs, cats and domesticated ferrets owned by persons with local residence.

2. Under the conditions specified below, the county health authority is responsible for authorized human postexposure treatment for all persons exposed within the county, regardless of the location of the person's residence; except in any case where the person's county of residence has agreed to be responsible for such treatment in accordance with the provisions of this title. In addition, for persons with local residence who are exposed to rabies in New York city or out of state, the county health authority is responsible for that portion of treatment that occurs after such persons return to their local residences.

3. Human postexposure treatment specifically authorized by the county health authority shall be rendered by the provider or providers selected by the county health authority, located within the county or the vicinity thereof, and approved by the person's health insurance carrier or managed care plan if pre-approval is required by the health insurance carrier or managed care plan, provided that:

(a) any person may, at his or her option, be treated at his or her own expense by the health care provider of his or her choice,

(b) the county health authority may, at its option, assume financial responsibility for necessary treatment rendered by other providers,

(c) the county shall authorize initial treatment from a provider or providers geographically accessible to the location of the exposed person at the time that treatment is determined to be necessary, and

(d) the county shall authorize post-initial treatment from a provider or providers geographically accessible to the exposed person's residence if the person returns to his or her residence during the course of treatment.

4. Consent by any person to human postexposure treatment authorized by

the county health authority shall constitute assignment of any third party health benefits to the county health authority and permission for the person's health care and insurance providers to release medical and financial information regarding the treatment to the county health authority.

5. Health care and insurance providers shall comply with any requests by the county health authority for information regarding human postexposure treatment rendered to an enrollee whose treatment was authorized by the county health authority.

6. Under the terms of this title, the county health authority is not responsible for:

(a) services and expenses of human postexposure treatment that were not specifically authorized by the county health authority, except for completion of treatment for their residents exposed and started on rabies treatment in New York city or elsewhere outside of New York state,

(b) services and expenses of medical treatment unrelated to the prevention of rabies infection such as wound suturing and measures to control bacterial infection of bite wounds, and

(c) expenses of preexposure rabies vaccination.

7. A clinic for rabies vaccination for dogs, cats and domesticated ferrets of persons with local residence shall be conducted at least every four months within the county under the direction of the county government, by the health officials of the county and the several local health districts within a county. Donations may be requested but not required at the clinics. Any listing of costs in clinic announcements or advertisements must indicate that vaccinations are available free of charge, and that donations are optional. Counties may at their option provide vaccination clinic services to persons without county residence, and may require a fee based on cost from these persons.

8. Claims for services and expenses, approved by the county shall be paid by the fiscal officer of the county from funds in his or her custody upon presentation of such claim, without further or other audit or may be paid pursuant to the local finance law.

§ 2146. City of New York; exceptions. The provisions of sections two thousand one hundred forty through two thousand one hundred forty-five of this title, inclusive, shall not apply to the city of New York.

Questions or comments: bcdc@health.ny.gov

Revised: March 2015

**General Business Law and Agriculture and Markets Law and NYS
Environmental Conservation**

Section 109 of NYS Agriculture and Markets Law

§ 109. Licensing of dogs required; rabies vaccination required. 1. (a) The owner of any dog reaching the age of four months shall immediately make application for a dog license. No license shall be required for any dog which is under the age of four months and which is not at large, or that is residing in a pound or shelter maintained by or under contract or agreement with the state or any county, city, town or village, duly incorporated society for the prevention of cruelty to animals, duly incorporated humane society or duly incorporated dog protective association. Except as otherwise provided in this subdivision, a license shall be issued or renewed for a period of at least one year, provided, that no license shall be issued for a period expiring after the last day of the eleventh month following the expiration date of the current rabies certificate for the dog being licensed. All licenses shall expire on the last day of the last month of the period for which they are issued. In the event an applicant for a license presents, in lieu of a rabies certificate, a statement certified by a licensed veterinarian, as provided in subdivision two of this section, a license shall be issued or renewed for a period of one year from the date of said statement. Any municipality may establish a common renewal date for all such licenses. A license issued by a municipality that has established a common renewal date shall expire no later than the common renewal date prior to the expiration date of the rabies certificate for the dog being licensed.

NEW YORK STATE DEPARTMENT OF HEALTH
Rabies Policies and Procedures
(518) 473-4439
(866) 881-2809 (after hours)

January 11, 2012

SUBJECT: Guidance Regarding 10-day Confinement of Animals for Rabies Observation

1. Introduction/Purpose

Animals that have potentially exposed a person to rabies through bite or other means must be evaluated to determine whether they may have been transmitting rabies at the time of the exposure incident. Under New York State (NYS) public health law¹ domesticated animals² may be observed for 10 days following an exposure incident to determine whether they were possibly shedding rabies virus. If a domesticated animal was shedding rabies virus in its saliva at the time of exposure, that animal will be showing signs of rabies either at the time of the exposure incident or within several days following the incident. Based on guidelines from the Advisory Committee on Immunization Practices³, if a domesticated animal remains clinically normal for 10 days following a potential exposure incident, it is assumed that the animal was not shedding rabies at the time of the incident; therefore there was no rabies exposure. Determination of rabies status of animals other than domesticated animals requires euthanasia of the animal and testing of the animal's brain for evidence of rabies virus.

Under NYS Public Health Law effective 22 December 2011, "If the county health authority does not approve home confinement, the ten day confinement and observation period must take place, at owner's expense, at an appropriate facility such as an animal shelter, veterinarian's office, kennel or farm."

This document provides general guidelines and best practices for effective 10-day confinement of domesticated animals that have potentially exposed a person to rabies. The conditions under which an animal may be kept during, and the method by which an animal is evaluated at the end of, the 10-day confinement are ultimately determined by the local health department (LHD) with jurisdiction over the incident. LHD staff are in the best position to determine, in each situation, what confinement conditions will provide the greatest assurance that the animal will be available for follow-up at the end of confinement. Rabies response staff of the New York State Department of Health (NYSDOH) Bureau of Communicable Disease Control (BCDC) are available to discuss situations requiring further guidance. Contact BCDC staff at (518) 473-4439.

The following general principles should guide confinement decision-making, and are further detailed in this document:

- In general, healthy domesticated animals behaving normally at the time of a potential rabies exposure incident may be confined for 10-day observation at the owner's home. **Animals with neurologic disease, or that are acting unusually aggressive, should not be placed under 10-day confinement without consultation with BCDC rabies response staff.**
- In circumstances where owner compliance is in doubt, or where the exposing animal's exposure and vaccination history are unknown, confinement in a facility may be more appropriate.
- Confinement conditions should be explained and provided to owners in writing to ensure compliance.

¹ Article 21, Title 4, Section 2140, Subparagraph 7

² Domesticated animals include dogs, cats, ferrets, horses, donkeys, mules, cattle, sheep, goats, and pigs.

³ CDC. Human rabies prevention - United States, 2008: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. 2008; 57.

- Method of assessment of the animal at the end of confinement can vary from telephone confirmation with the owner to evaluation by a veterinarian, and will depend on the circumstances in each case.

Information on what is considered an exposure, as well as considerations to use in the assessment of risk in particular exposure incidents, can be found in the guidance document, “Guidance Regarding Human Exposure to Rabies and Postexposure Prophylaxis Decisions,” available at

http://www.health.ny.gov/diseases/communicable/zoonoses/rabies/docs/nys_rabies_treatment_guidelines.pdf.

2. Home vs. Facility Confinement

No animal that has been placed in 10-day confinement in New York State has ever gone on to develop rabies. Healthy, normal acting animals are considered low risk for rabies, and home confinement is generally appropriate. Facility confinement should be considered under the following circumstances:

- There are concerns about owner compliance, such as in situations involving potential legal action or other hostility between animal owner and bite victim.
- There is little known about the animal’s exposure and vaccination history, as might occur with stray or feral animals.
- The animal’s behavior or health is not normal.

Owner compliance concerns

- LHD staff should use broad discretion to consider facility confinement if an animal’s owner is not forthcoming with information, appears hostile or unreliable, or has a history of non-compliance.
- If the LHD is aware that legal action may be pending between a bite victim and animal owner, facility confinement may be advisable to ensure follow-up.
- Facility confinement may be necessary if an owner cannot meet the conditions of confinement, e.g., LHD determines animal must be kept indoors for confinement, but owner insists the animal can only be kept in the yard.

Lack of animal history

Stray or feral animals have greater opportunities than pets to become exposed to rabies without a person’s knowledge, and are typically unvaccinated. Recently acquired animals similarly may have little history. In these cases, if an owner is identified and home confinement is considered, it is especially important to ensure owner compliance.

Animal behavior/health status

An animal behaving abnormally (based on knowledge of that specific animal’s normal behavior, not just the general behavior of the breed or species) or demonstrating neurologic disease at the time it is involved in a potential rabies exposure of a person should be considered high risk for rabies and generally should be tested for rabies unless an alternative cause for the illness or behavior is established. In some situations, observation under a veterinarian’s care may be appropriate for the ill animal that has been involved in a human exposure. Examples include animals with a good vaccination history, and animals with little opportunity for rabies exposure (e.g., indoor-housed cats and dogs that are only leash-walked and never out of the owner’s sight).

These exposure situations should be evaluated on a case-by-case basis, and discussed with BCDC staff to ensure that state and local health authorities are in agreement on the proper course of action. In all situations where observation and clinical workup of an abnormally acting animal is permitted, observation must occur in a veterinary hospital and not at the owner’s home.

3. Conditions of 10-day confinement

Documentation

Owners of animals under 10-day confinement **should be provided written documentation** stating, at a minimum:

- Start and end dates of confinement.
- Requirements for how the animal is to be confined.
- Signs of rabies to look for in the animal (e.g., changes in behavior, unusual aggression, weakness, lameness, paralysis, seizures).
- How the LHD should be notified, including after work hours, in the event the animal becomes ill.
- Consequences of failure to comply (e.g., immediate facility confinement at owner expense.)

Contact with the animal

It is generally not necessary to prevent members of the owner's household and immediate family from having contact with an animal under confinement, however contact with people or pets outside the household or immediate family should be limited to reduce the possibility of additional exposures.

Control of the animal

Confinement conditions should be established to ensure the animal is always under the owner's control and to minimize the risk of the animal escaping and being lost to follow up. Examples of confinement conditions include being loose inside the home; in a securely fenced yard or enclosure; or off the owner's property on a leash.

Unacceptable means of owner control of the animal include:

- Invisible fences
- Off leash on the assumption that the animal will respond to voice commands.

Relocation of the animal during confinement

Animals under confinement may not be moved from the jurisdiction of the LHD without prior approval of the local health Commissioner (or equivalent) of both the origin and destination locations. Out of state movement requires approval at both state health departments.

If relocation of an animal to another location is necessary, the owner should contact the LHD immediately to seek approval for the new location prior to moving the animal. In cases where the animal is not a resident of the county of exposure and has returned to its home county or state or will be returning to its home prior to the end of 10-day confinement, arrangements should be discussed with the LHD in the county of residence as soon as possible. For out of state movement, contact BCDC rabies response staff who will assist with arranging confinement and follow up with the other state.

For emergency movement (e.g., an emergency requiring admission to a veterinary hospital) owners should be instructed to contact the LHD as soon as possible.

4. Assessment of the animal at the end of confinement

LHD staff must verify that the animal is healthy before releasing the animal from confinement. Examples of methods of verification include:

- Verbal confirmation by the owner that the animal is healthy (provided owner reliability is not in question)
- Visit by animal control, law enforcement, or LHD staff to observe the animal
- Confirmation by a veterinarian that the animal was examined and determined not to be displaying signs of rabies

Verbal confirmation vs. visit and visual inspection

Assessment of animals when the exposed individuals are part of the owner's family can often be managed through verbal confirmation from the owner. For exposures to non-family members, or if there are concerns with the reliability of the owner for any reason, it is advisable to have an independent party such as an LHD staff person or animal control officer visually inspect the animal and document that visit. A veterinary exam is typically not necessary; the individual performing health verification should be familiar enough with animals to judge whether the animal appears to be healthy. If there is any question about the health status of the animal, referral should be made for veterinary evaluation at owner expense.

Veterinary exam to assess health status of the animal

A veterinary exam, with or without written documentation, may be necessary to verify the health of the animal in cases where:

- there is a question about the health of the animal at the end of confinement
- other circumstances warrant it (e.g., legal action between bite victim and animal owner).

In such cases, it is the responsibility of the owner to have the animal evaluated by a licensed veterinarian at the owner's expense. If appropriate based on the circumstances of the incident, the veterinarian should provide a signed, written statement verifying the health of the animal to the LHD before the animal is released from confinement.

5. Other considerations

Animals that have potentially exposed other animals

While not mandated in law or regulation, situations involving animal-to-animal exposure may warrant 10-day follow-up of the animal causing exposure. Such situations might include:

- Dog gets loose and attacks another dog that is not currently vaccinated
- Dog attacks unvaccinated farm animals
- Outdoor cats fight and wound each other and one or both are overdue for vaccination

In these cases, getting voluntary compliance for 10-day observation from the owner of the biting animal can avoid a 6 month quarantine of an unvaccinated bitten animal. The same policies regarding conditions and final assessment should apply to these incidents as to incidents involving human exposure.

Follow-up of animals outside the LHD's jurisdiction

For potential human exposures that occur outside the jurisdiction of the LHD (e.g., a county resident exposed out of state or in New York City) BCDC rabies response staff will assist with coordinating follow-up of animals.

State Sanitary Code, Chapter 10, Health

Part 2 - Section 2.14

Reporting of suspected rabid animals and persons exposed to them.

***Action to be taken by health authority.



(a) Definitions:

1. Health care provider shall mean any person or facility which gives primary or secondary medical care to humans.
2. Exposure shall mean introduction of the rabies virus into the body of a human or animal. Any penetration by mouth to the skin of humans or animals constitutes a bite exposure. A nonbite exposure is a scratch, abrasion, open wound, or contamination of mucous membranes with saliva or other potentially infectious material from a rabid animal.
3. Domestic livestock shall mean sheep, horses, cattle, goats and swine.
4. Current vaccination shall mean the administration of a rabies vaccine suitable to the species, which meets the standards prescribed by the United States Department of Agriculture for interstate sale and is administered according to the manufacturer's instructions under the direction of a duly licensed veterinarian not later than the expiration date on the package. Current vaccination shall begin 14 days following primary vaccination, and continue for the period stated in the manufacturer's instructions.
5. Approved vaccine shall mean any rabies vaccine which meets the standards prescribed by the United States Department of Agriculture for interstate sale.

(b) It shall be the duty of every health care provider to report immediately to the local health authority having jurisdiction the full name, age, address and telephone number of any person under his care or observation who has been exposed to any animal suspected by the health care provider of having rabies and all pertinent facts relating to such exposure. Such notification shall occur prior to starting rabies postexposure prophylaxis, except in those cases where prior notification would compromise the health of the patient.

(c) If no health care provider is in attendance and the person exposed is a child, it shall be the duty of the parent or guardian to make such report immediately. If the person exposed is an adult, such person shall himself make the report, or, if incapacitated, it shall be made by whomever is caring for such person.

(d) It shall be the duty of every health care provider who has cause to believe that contact has occurred with a rabid animal or animal suspected of being rabid by the health care provider which requires rabies prophylaxis subsequent to the exposure to report the initiation of such prophylaxis and all pertinent facts relating to any such bite, exposure or treatment to the local health authority.

(e) It shall be the duty of every person having knowledge of the existence of an animal exhibiting clinical signs suggestive of rabies to report immediately to the local health authority the existence of such animal, the place where seen, the owner's name, if known, and the signs of infection suggesting rabies.

(f) Whenever, in accordance with this section, the local health authority is notified of a person who has been exposed to any dog, cat, ferret or domestic livestock, vaccinated or not, the local health authority may cause the animal to be confined for 10 days. Any costs associated with this confinement shall be an expense of the animal's owner. Such health authority may, subject to the approval of the owner, if known, cause the animal to be destroyed immediately and have the animal's head submitted to a laboratory approved by the State Commissioner of Health for examination. The dog, cat, ferret or domestic livestock whose ownership cannot be determined may be confined for 10 days, under the direction of the local

health authority. Any costs associated with this confinement shall be an expense of the party seeking this confinement. Confinement of the animal, in any case, shall be subject to such conditions and instructions, and under the control of such persons, including the owner if ascertainable, that the local health authority determines will reasonably assure the continued confinement of the animal for the prescribed 10-day period. Should the confined animal develop signs of rabies within the 10-day period, it shall be destroyed under the direction of the local health authority and submitted to a laboratory approved by the State Commissioner of Health for examination. In the case of a dog, cat, ferret or domestic livestock whose ownership cannot be determined, if confinement is not possible or desirable, the animal may be destroyed immediately and an appropriate specimen shall be submitted to a laboratory approved by the State Commissioner of Health for examination.

(1) Bats and any animal other than a dog, cat, ferret or domestic livestock suspected of being rabid shall not be held for observation and shall be destroyed immediately, without injury to the head, and may be submitted upon approval of the local health authority to a laboratory approved by the State Commissioner of Health for examination.

(g) Except as hereinafter provided, any mammal which has been bitten by or in direct contact with a known rabid animal or animal suspected by the local health authority of being rabid shall be destroyed unless it shall be isolated for a period of six months either in a veterinary hospital approved by the local health authority, or in a locked enclosure approved by the local health authority as being so constructed and maintained that the animal cannot escape and cannot have contact with any other animal or human except, when absolutely necessary, with the person responsible for the care of the confined animal. Quarantine of the animal, in any case, shall be subject to such conditions and instructions, and under the control of such persons, including the owner if ascertainable, that the health authority determines will reasonably assure the continued quarantine of the animal for the prescribed six-month period. The expense of such isolation shall be borne by the owner. Any animal currently vaccinated as defined in this section, prior to exposure, may remain at large or under the owner's immediate control as may be required by local ordinance provided a booster injection of such approved vaccine is given within five days of the date of exposure.

(h) An animal under such restrictions shall not be removed from one health district into another prior to the conclusion of the prescribed isolation period except with the permission of the health authority from whose district such animal is to be removed and the permission of the health authority to whose jurisdiction such animal is to be transferred. The former shall give permission only after securing the consent of the health authority to whose jurisdiction the animal is to be transferred, except that if removal is to be to New York City or into another state, he shall give permission only after securing the consent of the Commissioner of Health of the State of New York. Such removal shall be by private conveyance, in charge of a responsible person and conducted in such a manner as to prevent the escape of the animal or its coming in contact with other animals or persons.

(i) The local health authority shall report forthwith to the state district health office or county health office having jurisdiction the name, age and address of every person exposed to any animal suspected of having rabies, any incident which requires rabies prophylaxis and all the pertinent facts relating to any such bite, exposure or treatment.

(j) Whenever any animal that has or is suspected of having rabies dies, or is killed, the local health authority may, at his discretion, cause the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case, to a laboratory approved for this purpose by the State Commissioner of Health for examination.

(k) Whenever the disease rabies is confirmed by the State Wadsworth Center for Laboratories and Research in a raccoon in any county of New York State, within 30 days of notice to the county of the

confirmation, all cats residing in the county who are not then actively immunized as defined in this section must be vaccinated as outlined below. Such notice will be sent to the county's local health authority by the Commissioner of Health. Actively immunized shall mean injection of a rabies vaccine which meets the standards prescribed by the United States Department of Agriculture for interstate sale and administered according to the manufacturer's instructions under the direction of a duly licensed veterinarian. All cats in the county, three months of age or over, are to be vaccinated to prevent rabies. This section shall not apply to cats owned by a non-resident, while passing through any town, city or village for a period not exceeding fifteen days, if entered in any exhibition at any cat show therein, and if confined and in immediate charge of the exhibitor, or to cats actually confined to the premises of incorporated societies, devoted to the care or hospital treatment of lost, strayed or homeless animals, or confined to the premises of public or private hospitals devoted to the treatment of sick animals, or confined for the purposes of research institutions, or to cats actually confined to the premises of a person, firm, or corporation actually engaged in the business of breeding or raising cats for profit and are so licensed as a class A dealer under the Federal Laboratory Animal Welfare Act, or if such vaccination would adversely affect the health of the cat as determined by a duly licensed veterinarian.

The veterinarian either administering the vaccine or responsible for supervising the vaccination shall give to the owner of the cat a signed statement. Such statement shall include the following information: name and address of the owner, date or dates of vaccination together with the type of vaccine injected and its duration of immunity, amount and manner of injection, name of manufacturer, lot number and expiration date of the vaccine. Or, if applicable, the veterinarian shall give the owner of the cat a signed statement verifying that the cat is exempt because such vaccination would adversely affect the health of the cat.

Compulsory vaccination shall remain in effect until the county presents evidence to the Commissioner that it has been one year since the last confirmed case of rabies in a terrestrial animal species.

Proof of rabies immunization must be shown by the owner to the local health authority whenever a cat bites a person. If the owner is unable to show such proof, the local health authority must follow the procedures outlined in subdivision (f) of this section.

*** See Public Health Law, Sections 2140-2146; Agriculture and Markets Law, Sections 106-127.

CHANGED EFFECTIVE AUGUST 30, 2000

State Sanitary Code Part 2

Questions or comments: bcde@health.ny.gov

Revised: May 2006

Title: Part 57 - Conditions Under Which A Dog Actively Immunized Against Rabies May Be At Large In Designated Areas Certified For Rabies

(Statutory authority: Public Health Law, § 2140)

Sec.

- 57.1 [Definitions](#)
- 57.2 [Privilege of vaccinated dogs to run at large in a designated area](#)
- 57.3 [Additional conditions to be complied with](#)
- 57.4 [Requirements for designated area](#)

Volume: A-1

Statutory Authority: Public Health Law, Section 2140)

Title: Section 57.1 - Definitions

Section 57.1 Definitions.

(a) Three-year vaccine is a rabies vaccine for dogs which the Federal government has accepted as providing three-year duration of immunity.

(b) Active Immunization, to permit a dog to be at large, * shall mean the injection of a three-year vaccine which meets the standards prescribed by the United States Department of Agriculture for interstate sale ** and has been administered by a duly licensed veterinarian not later than the expiration date on the package. Vaccines shall be administered following the directions of the manufacturer as approved by the Federal government.

* FOOTNOTE: In accordance with section 2140, article 21 of the Public Health Law "at large" means "elsewhere than on the premises of the owner, except it be on the premises of another person with the knowledge and assent of such other person". An opinion from the Attorney General states a dog on leash is not "at large" within the meaning of this statute (1943, Op. Att. Gen. 290).

** FOOTNOTE: Such products have the legend "U.S. Veterinary License No.---" printed on all containers.

(c) Certified area means an area certified by the State Commissioner of Health in accordance with section 2140 of article 21 of the Public Health Law as one in which, or in the vicinity of which, rabies exists.

(d) Designated area means an area which the State Commissioner of Health has designated as one in which dogs which have been actively immunized against rabies in accordance with the provisions in the rules may be permitted to be at large.

Volume: A-1

Title: Section 57.2 - Privilege of vaccinated dogs to run at large in a designated area

57.2 Privilege of vaccinated dogs to run at large in a designated area. The privilege of vaccinated dogs to run at large in a designated area shall not apply:

(a) to any dog until 21 days after rabies vaccination;

(b) to any dog after three years from its last vaccination against rabies with a three-year vaccine;

(c) to any dog which has been bitten by or has been in intimate contact with a rabid animal from the date of such bite or exposure until four months later, except that dogs vaccinated with a three-year vaccine within an interval of three weeks to three years prior to exposure shall be permitted to remain at large, providing a booster injection of a three-year vaccine is given within five days of exposure.***

(d) to any dog which has bitten a person until 10 days after such bite.***

*** FOOTNOTE: See Regulation 5, Chapter II, Sanitary Code.

Volume: A-1

Title: Section 57.3 - Additional conditions to be complied with

57.3 Additional conditions to be complied with.

(a) The veterinarian administering the vaccine shall give to the owner **** of the dog a signed statement which shall give the name and address of owner, and date or dates of vaccination together with the type of vaccine injected, the amount and manner of injection, name of manufacturer, lot number, and expiration date of the vaccine.

**** FOOTNOTE: Section 107 of the Agriculture and Markets Law States: "The word 'owner' includes a person harboring or keeping a dog."

(b) The owner shall keep this statement readily available for inspection by official agents concerned with the control of rabies.

(c) The veterinarian administering the vaccine shall attach an indestructible tag securely to the collar of the dog indicating that the dog has been vaccinated against rabies, with the date of last vaccination marked on the tag, which shall be worn by the dog at all times, and which shall be of a size plainly visible at a reasonable distance for purposes of inspection by officials concerned, and readily distinguishable from the dog license tag.

Volume: A-1

Title: Section 57.4 - Requirements for designated area

57.4 Requirements for designated area.

(a) An area may be designated after at least 70 percent of the enumerated dogs have been vaccinated as defined in subdivision (b) of section 57.1 of this Part.

(b) An area may be designated upon receipt of a resolution from the board of supervisors of the county, requesting the State Commissioner of Health to permit all dogs vaccinated against rabies to run at large, whereupon the commissioner may grant such privilege subject to the limitations of section 57.2 of this Part and subject to the following conditions:

(1) that the board of supervisors shall have provided funds and made the necessary arrangements for giving dog owners the opportunity of having their dogs vaccinated;

(2) that every effort shall be made to permit only vaccinated dogs to run at large;

(3) that, if within four months of the date of granting this request, 70 percent or more of the enumerated dog population have not been vaccinated, the commissioner may revoke this privilege.

Designation may be revoked at any time for failure to enforce the provisions of the Public Health Law.

Volume: A-1

Questions or comments: bcdc@health.ny.gov

Revised: May 2006

GUIDELINES FOR PET SHOPS

A. BITES

1. All bites are mandated by Public Health Law to be reported. Please report to Warren County Public Health at 518-761-6580. A supervising nurse will retrieve calls from answering service after hours, holidays, and weekends. Rabies contact person: Sarah Arnold, PHN.
2. Have person bitten (or guardian) wash wound with soap and water. Refer to consult with MD regarding need for tetanus booster.
3. Obtain the following information to assist with reporting:
 - a. name of person bitten, include guardian if minor
 - b. address and phone number
 - c. date and time of incident
 - d. location of bite - if skin was broken or not
 - e. animal, age of animal - rabies vaccinated?
 - f. obtain information from employee(s) familiar with incident

B. RABIES CONTROL PLAN

1. Public Health Nurse, upon receipt of report:
 - a. Warren County Public health initiate quarantine
 - b. contacts victim to follow up on medical evaluation
2. Warren County ACO
 - a. acts under direction of Warren County Public Health
 - b. will check animal at end of 10 days
 - c. will report findings to PH at end of 10 day period
 - d. will consult PH for assist when needed

QUARANTINE GUIDELINES FOR PET SHOPS

Purpose: To protect person exposed and establish public safety.

To monitor animal's health for 10 days following the exposure.

THE PURPOSE OF QUARANTINE RESTRICTIONS:

1. Animal must be placed in its own kennel without contact with other animals.
2. Minimal staff should care for animal.
3. Strict handwashing procedures should be followed after handling animal. (gloves should be worn for breaks, cuts, or scratches in skin. Careful attention should be used to avoid rubbing eyes; and eating should be discouraged until hands are washed)
4. Careful records should be maintained of all human contact in case animal is found to be rabid. Phone numbers and addresses would be helpful.
5. No public contact with animal in quarantine.
6. Animal must be quarantined despite rabies vaccination status.
7. Animal must not be sold until approval is granted from animal control in conjunction with Public Health.
8. If the animal displays signs or symptoms - or dies - PH should be notified immediately at 518-761-6580. Call animal control as back up.

QUARANTINE PROCEDURE:

1. Follow requirements above.
2. Animal must be placed in kennel.
3. Observe for signs and symptoms of illness. (change in disposition, excitable or delirious behavior, docile, difficulty walking, abnormal behavior, and paralysis)
4. Confinement guarantees animal cannot escape. Animal can be taken out on leash by staff, but no public contact can be made. Public Health should be notified at once if animal escapes and is not caught.

APPENDIX B: RESOURCES FOR PHYSICIANS

Explanation for Animal Bite Report Form

Animal Bite Form

Rabies Post Exposure Prophylaxis Algorithm

Guidance Regarding Human Exposure to Rabies and Post Exposure Prophylaxis

Decisions

County Requirements/Guidelines for Patients Needing Rabies Series

Explanation for County Approval for Rabies Post Exposure

Post Exposure Approval Form

Rabies Vaccine VIS Form

EXPLANATION FOR ANIMAL BITE REPORT FORM

Purpose:	To make reporting easier, faster, and produce a record for each individual.
Complete, Call or Fax:	To victim's county of residence.
Call:	Call victim's county of residence if there is a high-risk exposure or post exposure prophylaxis is needed. County approval must be obtained prior to starting rabies post exposure prophylaxis for county to ensure payment. Each county has a mechanism for accepting after hour calls.
Incident Date:	Necessary to determine quarantine period and record incident.
Demographic Information:	Necessary for adequate follow up, especially if animal control must be dispatched. If visiting, temporary <u>and</u> permanent address is helpful.
ER Treatment:	Necessary to reinforce teaching given at ER. In addition, reinforce s/s of infection.
Animal Owner:	Necessary for locating animal. If animal is stray, description, location is important.
Reported To:	Public Health by fax or phone.

WARREN COUNTY HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
1340 State Route 9, Lake George NY 12845
TEL#: (518)-761-6580 ~ FAX#: (518)-761-6422
Email: healthservices@warrencountyny.gov

ANIMAL BITE REPORT

Date of Incident: _____ Person Reporting Incident: _____

Description of Incident: _____

Name of Individual Bitten: _____ Date of Birth: _____
Address: _____ Telephone: (H) _____

(W) _____
Parent/Guardian: (if under 18) _____

Was Medical Attention Sought? ☐ Yes ☐ No If Yes, Where? _____
Medical Provider Seen: _____
Treatment Rendered: ☐ Cleansed ☐ Antibiotics Given ☐ Sutures ☐ Tetanus Given
☐ Referred to Hospital _____ Last TD (date) _____
Informed of S&S Infection: ☐ Yes ☐ No MD Initials: _____

Name of Animal Owner: _____ Telephone: (H) _____
Address: _____ (W) _____

Description: _____
Type of Animal Involved: _____
Rabies Vaccination Date: _____ Type: ☐ 1yr ☐ 3yr Tag#: _____

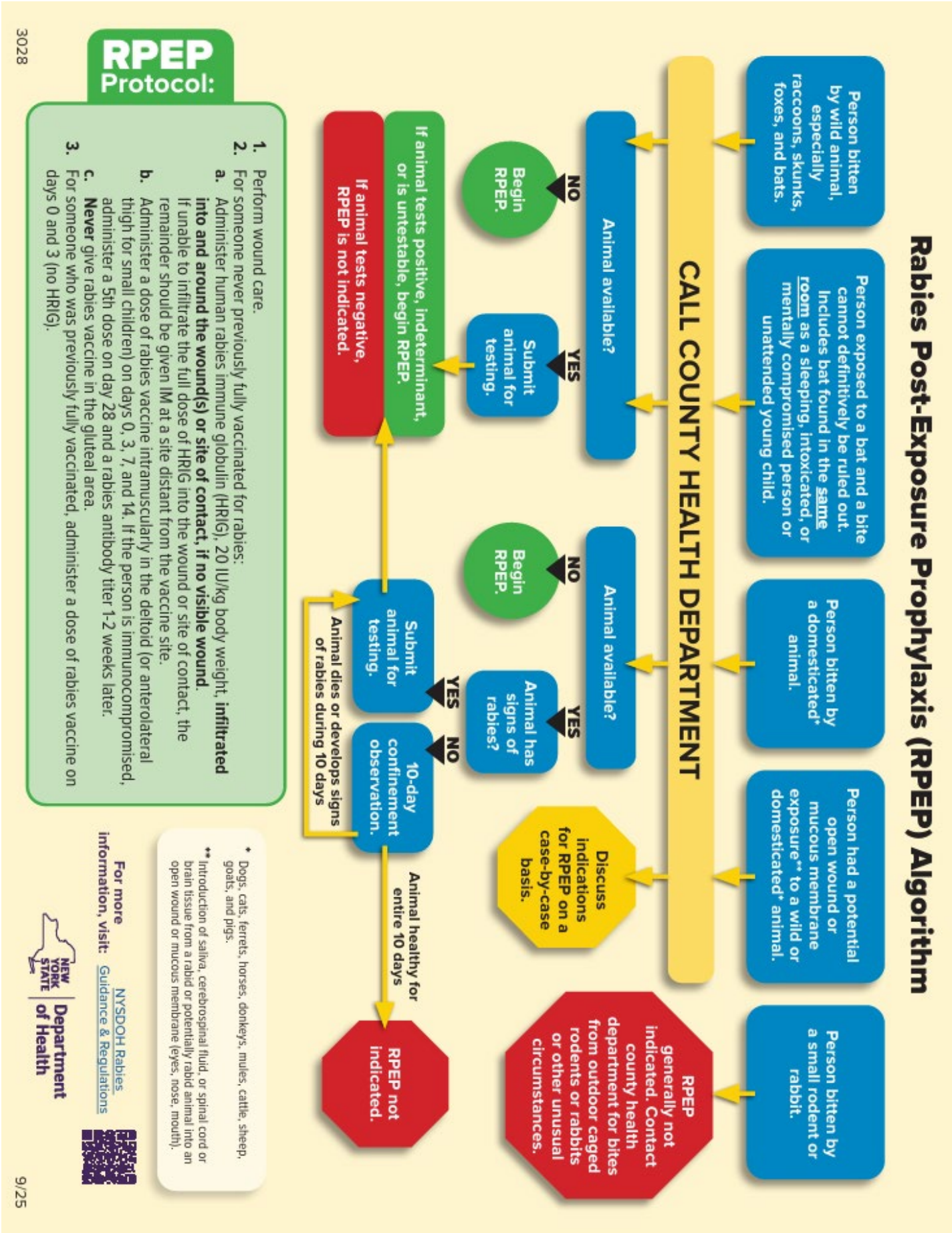
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Plan for Animal: ☐ 10 Day Quarantine- Where? _____
☐ 6 Month Quarantine- Where? _____
☐ ACO/DCO Agree to Supervise (Initials) _____
☐ Euthanize- By Whom? _____
☐ Specimen Sent for Evidence of Rabies _____
Follow Up Rendered: _____
Animal Status After Testing/Quarantine: _____
Reported By: _____ Date: _____
Signature of Nurse Receiving Report: _____ Date: _____

RABIES POST EXPOSURE PROPHYLAXIS (RPEP) ALGORITHM



Rabies Policies and Procedures

(518) 473-4439

(866) 881-2809 (after hours)

**SUBJECT: Guidance Regarding Human Exposure to Rabies and
Postexposure Prophylaxis Decisions****I. Human exposure to rabies**

Human exposures to rabies can generally be categorized as bite, open wound, mucous membrane, or other types of exposure:

Bite exposure: Any penetration of the skin of a person by the teeth of a rabid or potentially rabid animal.

Open wound exposure: Introduction of saliva or other potentially infectious material (cerebrospinal fluid, spinal cord, or brain tissue) from a rabid or potentially rabid animal into an open wound (e.g., broken skin that bled within the past 24 hours).

Mucous membrane exposure: Introduction of saliva or other potentially infectious material (cerebrospinal fluid, spinal cord, or brain tissue) from a rabid or potentially rabid animal onto any mucous membrane (eyes, nose, mouth).

Other exposure: Any interaction with a rabid or potentially rabid animal where a bite, open wound, or mucous membrane exposure cannot be definitively ruled out. This includes situations where a bat is found in a room with a sleeping person, unattended child, intoxicated or mentally compromised person.

Situations that **DO NOT MEET** the criteria for potential human exposure to rabies include the following:

- Wounds of unknown origin where no animal was ever witnessed by any person at the scene.
- Petting a rabid or potentially rabid animal with no saliva contact.
- Direct contact with a bat where the person exposed is reasonably certain a bite did not occur.
- Exposure situations of any type involving **wild/free-roaming** rabbits or small rodents (e.g., squirrels, chipmunks, rats, mice).
- Exposure situations of any type involving pet rabbits or small pet rodents (e.g., rats, mice) **housed exclusively indoors**.
- Contact with the blood, urine, feces (e.g., guano), milk, or spray (e.g., from a skunk) of a rabid or potentially rabid animal.
- Secondary exposure scenarios (i.e., contact with an animal, surface, or object that has had contact with a rabid or potentially rabid animal) that do not meet the definition of open wound or mucous membrane exposure.

Human exposures to bats in multiple person dwellings

Group homes, long term care facilities, dormitories, and camps are examples of dwellings where many persons could be potentially exposed (“other exposure” category, above) to bats. It is absolutely imperative in these multiple person exposure situations to make every attempt to capture the bat for testing, make a list of all persons with possible contact, and thoroughly review each individual’s potential exposure. Generally, all persons exposed in these settings should be evaluated as any exposed individual would be evaluated.

Potential exposure scenarios not covered in this guidance document should be discussed as needed on a case by case basis for determination of human exposure criteria by contacting the New York State Department of Health (NYSDOH) Bureau of Communicable Disease Control (BCDC) at (518) 473-4439 and after hours at (866) 881-2809.

II. Determining rabies status of the animal

To assist in rabies postexposure prophylaxis (RPEP) decisions, any potentially rabid animal that comes into contact with a human, causing them to be potentially exposed to rabies, should be evaluated for rabies either by confinement/observation (domesticated animals only, see below) or by laboratory testing.

For bat and other non-domesticated animal exposures, every attempt should be made to safely capture the animal to be submitted for laboratory testing. For domesticated¹ animal exposures, decisions about whether to evaluate by confinement/observation versus laboratory testing should take into consideration the risk of rabies in the exposing animal based upon species, behavior, clinical presentation, and exposure circumstances. Table 1 describes various factors that can be used to aid in this assessment; however, often there is no single factor alone that places the risk of rabies clearly into the high or low risk categories. All factors should be considered and contribute to the overall risk assessment.

Table 1: Factors to aid in the assessment for the risk of rabies in the exposing animal

High-suspect for rabies	Low-suspect for rabies
Behavior abnormal for the species or changes in behavior of a known animal	Normal animal behavior
Clinical signs compatible with rabies	No clinical signs of rabies
Unprovoked attack*	Provoked attack*
Rabies vector species (bat, raccoon, fox, skunk)	Owned domesticated species ¹ ; wild or outdoor housed rabbits and small rodents
Actual or possible contact with a known rabid animal	No neurologic signs (stumbling, seizures, tremors, reduced or heightened excitability)

*Note: Provoking behaviors by a person can include taking food, surprising, inflicting pain, moving suddenly, making loud noises, touching, making eye contact, running, biking, invading territory, approaching a mother animal with a litter, or getting near an old or ill/injured animal.

Confinement/observation

Confinement/observation is considered only for domesticated animals (dog, cat, ferret, sheep, goat, cattle, horse, donkey, mule, or swine). If a domesticated animal has exposed a human and is a low-suspect for rabies, it may be held in confinement and observed daily for signs of rabies for 10 days commencing from the day the exposure occurred. RPEP of exposed persons should not be automatically initiated when pursuing 10-day confinement/observation. Note that animals under rabies observation should not be vaccinated until the conclusion of the 10-day period to avoid potential vaccine reactions that may mimic early rabies signs.

If an animal dies or becomes clinically ill during the 10-day observation period, and the county health authority and consulting veterinarian find the presentation compatible with rabies, then the animal shall be humanely euthanized and submitted for rabies testing immediately. RPEP of exposed persons should then be initiated only if rabies is not ruled out. Laboratory testing Pursuant to the New York State (NYS) Sanitary Code, human exposure from bat and other nondomesticated animal species generally requires euthanasia and testing of the animal to determine rabies status and the necessity of RPEP.

Any animal (domesticated or non-domesticated) that is a high-suspect for rabies (see Table 1) and/or exhibiting clinical signs compatible with rabies and has exposed a human should not be confined and observed but shall immediately humanely euthanized and submitted for rabies testing.

¹ Domesticated animals include dogs, cats, ferrets, horses, donkeys, mules, cattle, sheep, goats, and pigs.

Obtaining laboratory testing

Laboratory testing of animals that have potentially exposed a human or animal to rabies is available free of charge at the NYSDOH Wadsworth Center Rabies Laboratory. Testing is performed during routine business hours but can be performed on an emergency basis if the situation warrants, such as when an animal that is strongly suspected to be rabid has bitten a human and treatment is being withheld pending test results. Detailed submission guidelines (including submission policies for animal species and human specimens) are available at: www.wadsworth.org/rabies or by phone at (518) 485-6464. After hours, please contact (518) 527-7369 or (518) 527-7370.

III. RPEP for exposed persons never previously vaccinated for rabies

For all persons who have never been previously vaccinated for rabies, RPEP includes:

- wound management
- administration of Human Rabies Immune Globulin (HRIG)
- administration of four doses of rabies vaccine on days 0, 3, 7, and 14
- administration of a fifth dose of rabies vaccine on day 28 for persons with immunosuppression

The schedule for all vaccine doses should be adhered to as closely as possible.

This guidance document covers detailed information about timeliness, wound management, HRIG administration, vaccine administration, scheduling variations, and discontinuation of RPEP. Situations falling outside the general recommendations in this guidance document should be discussed on a case by case basis by contacting the NYSDOH BCDC at (518) 473-4439 and after hours at (866) 881-2809.

Timeliness

RPEP should be authorized and provided as soon as possible after exposure to an animal that is known to be rabid or is a high-suspect for rabies. In general, RPEP should only be delayed when a suspect animal's rabies status can be determined with confinement/observation or when laboratory test results will be available in a timely manner. For incidents involving bite, mucous membrane, open wound, or other exposures from an animal known to be rabid or is a high-suspect for rabies but is not available for testing, RPEP should be authorized and initiated regardless of the length of time since the exposure occurred.

For bite, mucous membrane, open wound, or other exposures to animals that are low-suspect for rabies, RPEP for exposures that occurred more than 3 months previously should be discussed on a case-by-case basis through consultation with the NYSDOH prior to authorizing and initiating RPEP. Exposures involving a bat found in a room where exposure cannot be definitively ruled out (as defined in Section I) and that occurred more than 3 months prior should not be authorized.

Exceptions to these general guidelines about timeliness should only be made on a case-by-case basis and through consultation with the NYSDOH prior to authorizing and initiating RPEP.

Delay of RPEP while attempting to locate the exposing animal

For exposures to domesticated animals, all efforts should be made to capture and test (or observe) domesticated animals when there has been a human exposure.

Historically, 3 days has been used as a general guideline for how long one might reasonably wait before deciding that the animal is not likely to be found and so prophylaxis should be started. This "3 day rule" is not intended as an absolute cutoff for starting treatment. The length of time to wait (if any) before starting treatment ultimately depends on the circumstances of an individual exposure. In general, due to risk of side effects and resource/cost issues, it is preferable to wait to start treatment when steps are underway to determine the animal's rabies status. Additional guidelines to help determine when to start treatment include:

- Domesticated animals, where the bite victim cannot be 100% sure of what the animal looked like should not have treatment delayed if rabies prophylaxis is indicated.
- Domesticated animals with a collar and seen around the area may be worth looking for longer than 3 days, in hopes that the animal and its owner reappear in the area. This decision should be made in the context of the bite circumstance and behavior of the animal, for example:
 - o The animal was owned, but had an abrupt behavior change, bit someone, and is now gone: treatment should be considered if the animal is not found in three days.
- The animal was a recognized stray, bite was provoked, animal observed to act normally before and after the bite: delaying treatment beyond three days should be considered if steps are actively underway to capture or at least observe the animal (even if not captured) as healthy.
- For an animal which is clearly owned and the owner is identified but cannot be reached, consideration may be given to trying to locate the owner and animal for the full 10 days

These decisions should be made on a case-by-case basis through consultation with the NYSDOH and depending on the likelihood of the animal being rabid and the likelihood of an exposure.

For wildlife exposures where the animal has escaped or been released, unless there is something very remarkable about the animal and/or the circumstances, positive identification cannot be assured, so treatment should not be delayed.

Wound management

All RPEP should begin with immediate thorough wound cleansing with soap and water and irrigation of the wound with a virucidal agent such as povidone-iodine solution when available.

Dose and site for administration of HRIG

A single 20 IU/kg body weight dose of HRIG, **infiltrated into and around the wound(s)**, should be given when RPEP is initiated (day 0). If it is not possible to infiltrate the entire dose at the site of the wound(s), the remainder should be administered intramuscularly (IM) at a site distant from the site of rabies vaccination. **However, every effort should be made to administer at least some HRIG into the site(s) where the exposure occurred.** HRIG should never be administered in the same syringe or at the same site as vaccine.

HRIG administration considerations:

- Medical personnel should ensure that the correct concentration of rabies antibodies per milliliter contained in the HRIG formulation is used when calculating the volume of HRIG for the recommended dose of 20 IU/kg. Currently there are two HRIG products approved by the U.S. Food and Drug Administration (FDA) available for use in the United States. KEDRAB has a potency value of 150 IU/ml, and HyperRab has a potency value of 300 IU/ml. The volume HRIG required for the recommended dose of 20 IU/kg using a product with a concentration of 300 IU/ml is approximately one half of that required for products with a concentration of 150 IU/ml.
- The full dose of HRIG should be infiltrated in the area around the wound. HyperRab with a potency value of 300 IU/ml may be diluted with dextrose, 5% (D5W) if additional volume is needed to infiltrate the entire wound. Do not dilute with normal saline.
- If the wound has healed, or there is no obvious wound at the anatomic site of exposure, HRIG must still be administered at the site where contact or wound occurred.
- For mucous membrane exposures the entire dose of HRIG must be administered IM at a site distant from the site of rabies vaccination.
- If a patient was administered a full dose of HRIG without having the wound(s) or exposure site infiltrated appropriately, administration of additional HRIG into and around the wound(s) within 7 days after the first dose of vaccine may be indicated especially for exposure to animals that are high-suspect for rabies. Re-administration of HRIG should include only the volume sufficient to infiltrate into and around the wound(s) (even if completely healed) up to a maximum volume of a full repeat dose. This is important even if only part of the HRIG can be infiltrated

into the wound. Do not re-administer any of the remaining calculated dose IM if it was previously provided IM.

- Physicians are often concerned about pain, potential scarring, or potential tissue damage that might be caused by attempting to infiltrate HRIG into fingers, face, joint areas, etc. However, it must be made clear that treatment failures have been documented in other countries when HRIG was not administered at the site of the actual wound. Even if only a small amount of HRIG can be infiltrated, an attempt should be made to instill HRIG at the site of a rabies exposure. This includes RPEPs provided due to bat-skin contact in the absence of a visible wound, but where there is concern because of the possibility of a bat bite. The only exceptions are mucous membrane exposures or bat exposures in which there is no information about the site of exposure; therefore, HRIG should be administered IM at a site distant from the site of rabies vaccination.
- If administration of HRIG was not done at the time RPEP was initiated (e.g., because insufficient quantity was available to treat the patient), it may be given up to the 7th day after the first dose of vaccine. HRIG should not be administered more than 7 days after the first dose of vaccine due to concern that the HRIG could interfere with an individual's active immune response to the vaccines.

Dose and site for administration of human rabies vaccine

RPEP consists of four doses of rabies vaccine, 1 ml administered IM in the deltoid area or, for small children, in the anterolateral aspect of the thigh. The first vaccine dose is given when RPEP is initiated on day 0 (the same day as HRIG is administered) and three additional doses are given 3, 7, and 14 days after the first vaccination. Currently there are two human rabies vaccines licensed by the FDA available in the U.S., Imovax® and RabAvert®.

Rabies vaccine administration considerations:

- Rabies vaccine should never be given in the gluteal area. This is a specific warning on the product label because of concern for administering the vaccine into adipose (fatty) tissue rather than muscle, which may result in lower neutralizing antibody titers.
- If a dose of vaccine has erroneously been given in the gluteal area, the provider should be advised of the administration error. The necessary follow-up action (e.g., whether to repeat the vaccine dose or not) is generally left to clinician's judgment; however, the NYSDOH recommends that such vaccine doses be treated as though they did not happen unless the provider is certain, due to the body type of the patient, that they did not inject the vaccine into adipose (fat) tissue.
- Rabies vaccine should never be given in the same muscle as HRIG. If HRIG and vaccine were erroneously administered into the same muscle, that vaccine dose should be treated as if it were not given. If within the first 2 days of HRIG initiation, the vaccine dose should be given as soon as possible in an appropriate body site and that dose now considered to be "day 0." If subsequent vaccine doses have already been given, the "day 3" dose should be treated as "day 0" and the schedule adjusted accordingly.
- It is acceptable to give HRIG in the same limb as the vaccine, as long as they are administered in different muscles (e.g., HRIG in a bite wound on the hand, vaccine in the deltoid muscle of that same arm).

Immunosuppressed patients

Immunosuppression (either due to illness, medication, or therapy for an illness or condition) is a clinical diagnosis determined by the patient's physician. Those who are immunosuppressed should receive a 5th dose of rabies vaccine on day 28. In addition, these patients should have their response to treatment assessed with serum antibody titers 1–2 weeks after finishing the postexposure treatment course.

Information on specific conditions that may cause immunosuppression can be found in the Advisory Committee on Immunization Practices (ACIP) General Best Practices for Immunization, available at:

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>.

A patient who fails to seroconvert with an acceptable antibody response after the fifth and last dose should be managed in consultation with their physician and appropriate public health officials. Information on titer testing at the NYSDOH Wadsworth Center Rabies Laboratory is available at: <http://www.wadsworth.org/rabies/prof/SerologyGuidelines.htm>.

RPEP schedule variations

If a patient gets off schedule, consult with the NYSDOH BCDC regarding recommendations for schedule adjustment. In general, RPEP schedule considerations include:

- Under no circumstances should the series be re-started.
- HRIG should not be administered more than once, except in certain circumstances as described above.
- Although HRIG should be given on day 0 with the first dose of vaccine, it can be given up to 7 days after starting the vaccine schedule.
- A deviation of 1 day from the recommended schedule should be managed by maintaining vaccine doses as per the original schedule, if possible.
- If deviations of greater than 1 day from the original schedule are necessary or unavoidable, all subsequent doses should be administered on a new schedule maintaining the same interval between doses.
- If there is concern about significant (>2 week) deviation from the schedule, antibody titers should be verified on a serum sample collected 1–2 weeks after the final vaccine dose.
- If a patient began RPEP in another country and needs to continue here, consult with the NYSDOH BCDC. In rare circumstances, it may be necessary to re-start treatment.

Discontinuation of RPEP

If RPEP is begun and the animal's rabies status is ultimately determined to be negative by laboratory testing or confinement/observation, RPEP should be discontinued. Those who receive partial RPEP (2 or more doses of vaccine) should be advised to request a serum antibody titer drawn 1–2 months after the last vaccine dose in order to potentially allow use of the shortened treatment course in the event of a future rabies exposure.

IV. RPEP for exposed persons previously vaccinated for rabies

Previously vaccinated persons are those individuals who have received either:

- A complete rabies pre-exposure or postexposure prophylaxis regimen in accordance with ACIP recommendations using a modern, cell culture-derived rabies vaccine (such as Imovax® or RabAvert®); or
- Rabies vaccination following another protocol or with another vaccine with a subsequent documented rabies virus neutralizing antibody titer.

In all other cases, including partial RPEP regimens without a documented virus neutralizing antibody titer, the full RPEP consisting of HRIG plus four doses (or five doses for immunosuppressed persons) of vaccine should be administered.

RPEP for previously vaccinated persons consists of wound management as above and two doses of rabies vaccine, 1 ml administered IM in the deltoid area or, for small children, in the anterolateral aspect of the thigh, given on day 0 and day 3. Rabies vaccine should never be given in the gluteal area, as this is a specific contraindication on the product label. The schedule for these doses should be adhered to as closely as possible.

HRIG is not given to previously vaccinated persons receiving RPEP. Administration of HRIG to a person who already has immunity to rabies is contraindicated because it may interfere with the anamnestic response to vaccine. It is unclear whether such administration could interfere sufficiently to cause treatment failure. Thus, every effort must be made to assure that HRIG is only given if the person is not previously vaccinated. If HRIG is erroneously given, the patient should receive an extra dose of 7

vaccine on or after day seven. This recommendation is not part of the national ACIP guidelines but has been suggested by the Centers for Disease Control and Prevention as a precautionary measure.

V. Adverse reactions to RPEP

Treatment with any biological is not completely risk-free and adverse reactions may occur following the administration of human rabies vaccines or HRIG, although no life-threatening reactions have been reported to date. Thus, decisions on the necessity for RPEP in lower-risk exposures should include consideration of the risk of treatment. Any adverse events related to rabies treatment should be discussed with experts at the NYSDOH BCDC and reported to VAERS at: <https://vaers.hhs.gov/>.

VI. Additional resources

Additional information regarding human RPEP recommendations can be found in the following ACIP guidance documents. **Note that in cases where NYS law, regulation, or policy differs from ACIP guidelines, the NYS law, regulation, or policy supersedes ACIP guidelines.**

Centers for Disease Control and Prevention. Human Rabies Prevention – United States, 2008. Recommendations of the Advisory Committee on Immunization Practices. MMWR 2008; 57 (RR-3): 1–28, available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm>.

Centers for Disease Control and Prevention. Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies – Recommendations of the Advisory Committee on Immunization Practices. MMWR 2010; 59 (RR-2): 1–9, available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm>.

Centers for Disease Control and Prevention. Use of a Modified Preexposure Prophylaxis Vaccination Schedule to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. MMWR 2022; 71 (18): 619–27. DOI: <http://dx.doi.org/10.15585/mmwr.mm7118a2>.

**COUNTY REQUIREMENTS/GUIDELINES FOR PATIENTS NEEDING RABIES
POST-EXPOSURE TREATMENT**

Report all animal bites/exposures to Warren County Public Health at 518-761-6580 (24 hours/day).

Prior approval must be obtained from Public Health before rabies series begins. PH utilizes NYSDOH guidelines to determine if there is an exposure or potential exposure to rabies. If rabies post exposure treatment is approved by PH, rabies post exposure costs in excess of a patient's insurance coverage (i.e. copays) will be paid by the county.

The following are guidelines for patients:

<u>With Insurance</u>	<u>Without Insurance</u>
1. Go to ER at GFH for HRIG and 1st Rabies Vaccine.	1. Go to ER for HRIG 1st Rabies Vaccine.
2. Patient returns to GFH ER for remainder of series on days 3, 7 and 14. If an immunocompromising condition is present, a 5 th dose on day 28 may be necessary.	2. Patient calls PH (518-761-6580) to make arrangements to receive remainder of series on days 3, 7, and 14 at the municipal center. Home visits and after hour appointments can be arranged if necessary.
3. Patient should call PH if a bill is received.	3. Patient should call PH if a bill is received.

EXPLANATION FOR COUNTY APPROVAL FOR RABIES POST EXPOSURE

This form will be faxed by the county approving treatment with post exposure and should be attached to the chart so that the county can be billed for the amount the insurance company does not cover. Typically this form would be faxed before the patient presents to the hospital for treatment. On weekends, holidays, and after hours, approval will be given by phone, followed with a copy of this form faxed on the next business day.

If a patient presents to the ER without prior approval arrangements by the county, the county of residence must be called prior to initiation of treatment. On the next business day, the county that granted the approval will fax a copy of this form.

COUNTY APPROVAL FOR RABIES POST EXPOSURE
(for County use only)

Approval has been given for Rabies Post Exposure Prophylaxis for the following:

Name: _____ DOB: _____

Address: _____

Phone Number: _____

Exposure: _____

Will receive PEP at: _____

Does the patient have insurance? Y/N

****Please bill all remaining patient liability after insurance to Warren County Public Health****

If not insured, will return to _____ County Public Health for the remaining 3 doses.

Encourage patient to call _____ to schedule appointments if needed.

Signature: _____ Date: _____

County: _____

Please fax copy of approval to:

Glens Falls Hospital ER	(P) 518-926-3130	(F) 518-926-3110
Saratoga Hospital ER	(P) 518-583-8313	(F) 518-886-5573

Please email copy of approval to: Albany Medical Health System Patient Financial Services

Amy Brock: brocka@amc.edu*	(P) 518-264-2002	(F) 518-262-1340
Albert Houle: houlea@amc.edu*		

*email preferred

Rabies Vaccine Information Statement

Rabies Vaccine: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Rabies vaccine can prevent rabies.

Rabies is a serious illness that almost always results in death.

Rabies virus infects the central nervous system. Symptoms may occur from days to years after exposure to the virus and include delirium (confusion), abnormal behavior, hallucinations, hydrophobia (fear of water), and insomnia (difficulty sleeping), which precede coma and death.

People can get rabies if they have contact with the saliva or neural tissue of an infected animal, for example through a bite or scratch, and do not receive appropriate medical care, including rabies vaccine.

2. Rabies vaccine

Certain **people with a higher risk for rabies exposures, such as those who work with potentially infected animals, are recommended to receive vaccine** to help prevent rabies if an exposure happens. If you are at higher risk of exposure to the rabies virus:

- You should receive 2 doses of rabies vaccine given on days 0 and 7.
- Depending on your level of risk, you may be advised to have one or more blood tests or receive a booster dose within 3 years after the first 2 doses. Your health care provider can give you more details.

Rabies vaccine can prevent rabies if given to a person after an exposure. After an exposure or potential exposure to rabies, the wound site should be thoroughly cleaned with soap and water. If your health care provider or local health department recommend vaccination, the vaccine should be given as soon as possible after an exposure but may be effective any time before symptoms begin. Once symptoms begin, rabies vaccine is no longer helpful in preventing rabies.

- If you have not been vaccinated against rabies in the past, you need 4 doses of rabies vaccine over 2 weeks (given on days 0, 3, 7, and 14). You should also get another medication called rabies immunoglobulin on the day you receive the first dose of rabies vaccine or soon afterwards.
- If you have received rabies vaccination in the past, you typically need only 2 doses of rabies vaccine after an exposure.

Rabies vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rabies vaccine**, or has any **severe, life-threatening allergies**
- Has a **weakened immune system**
- Is **taking or plans to take chloroquine or a drug related to chloroquine**
- Has **received rabies vaccine in the past** (your provider will need to know when you received any rabies vaccine doses in the past)

In some cases, your health care provider may decide to postpone routine (pre-exposure) rabies vaccination until a future visit. Or your health care provider may perform a blood test before or after rabies vaccines are given to determine your level of immunity against rabies.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting a routine (pre-exposure) dose of rabies vaccine. **If you have been exposed to rabies virus, you should get vaccinated regardless of concurrent illnesses, pregnancy, breastfeeding, or weakened immune system.**

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness, redness, swelling, or itching at the site of the injection, and headache, nausea, abdominal pain, muscle aches, or dizziness can happen after rabies vaccine.
- Hives, pain in the joints, or fever sometimes happen after booster doses.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.

- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's rabies website at www.cdc.gov/rabies

Vaccine Information Statement

Rabies Vaccine

6/02/2022

Department of Health and Human Services

Centers for Disease Control and Prevention

Office Use Only



APPENDIX C: BATS AND RABIES

Bats and Rabies

Bat Awareness Tips

General Guidelines for Management of Bat Related Incidents at Children's Camps

Fact Sheet for Bat Habitat Inspection and Batproofing in Children's Camps

Bat Capture Kit for Children's Camps

Children's Camps Potential Rabies Exposure Report Form

Bats and Rabies

Can bats spread rabies to humans and other mammals?

Yes. Bats can spread rabies to other wildlife, unvaccinated domestic animals, and humans. Today, it is very rare for people to get rabies in the United States, but most people who do get rabies here were exposed to a bat. This is why it is important to stay away from bats. It is also important to teach children not to touch bats and to tell an adult right away if a bat touches or bites them.

Are all bats rabid?

No. Most bats are healthy and are good for our environment. For example, they eat insects that can harm people, plants, and animals. If you see bats looking for food on summer evenings, roosting in empty buildings, or sleeping over the winter in caves or mines, enjoy them from a distance and do not disturb them.

How common is rabies in bats?

Between 2014 and 2023, just over 3% of the bats sent for rabies testing in New York State had rabies. Most bats do not have rabies, but *you cannot tell if a bat is rabid just by looking at it*, so you should always stay away from and not handle bats.

If one bat in a colony tests negative for rabies, does that mean all the other bats also do not have rabies?

No. If one bat in a colony tests negative for rabies, other bats in the colony could still have rabies. Also, if one bat in a colony tests positive for rabies, it does not mean that the whole colony is infected.

How can someone tell whether a bat has rabies?

Rabid bats may act strangely, such as being active during the day, or they may be on the ground, not able to move, or may bite a person or animal. Not all rabid bats act in an unusual way, but bats that do are more likely to have rabies. The only way to know for sure if a bat is rabid is to test it for rabies in a laboratory.

Do rabid bats attack? Do they usually bite?

Rabid bats rarely attack people, but you should keep away from them. If you think a bat touched you, you should contact your [local health department](#) to see if you should be treated.

Do bats spread rabies only through biting?

As with all animals, rabies is spread by bats mostly through a bite. Many of the people who died of bat rabies in the United States did not know a bat bit them. Bats have small teeth which may leave marks that you cannot easily see. Children, people who have a disability or who cannot clearly understand or report what has happened, and people who were asleep when a bat was in the room are more likely than others to not realize they were bitten. Bites can also happen when someone picks up a bat or when one flies into them and touches their bare skin.

What should I do if I see a bat nearby?

First, determine if a human, pet, or livestock may have had contact (a bite, scratch, or other physical contact) with the bat. Report any possible exposures to your [local health department](#).

If it was possible that there was contact, the bat should be captured and tested for rabies. If possible, capture the bat without touching it and without damaging its head. Bats found close to a young child who was alone, a person who was sleeping, a person with a sensory or mental disability, or a pet should also be tested.

If the bat is not captured and tested, or if it is captured and tested positive, anyone who may have been exposed should be given the rabies vaccine as soon as possible.

How can I safely capture a bat?

Recommended items for a bat capture kit:

- Gloves (heavy, preferably flexible thick leather)
- Forceps (9" to 12" length, rat-tooth for gripping)
- Extension pole with net (fine mesh insect net of polyester or muslin material with a spring steel hoop on telescoping pole -- net and pole sold separately)
- Can with tight fitting lid or similar container (e.g., cardboard ice cream carton with lid)

- Sheet of cardboard to slide between wall and container
- Tape
- Flashlights with fresh batteries and extra batteries

When capturing a bat, carefully avoid direct contact with the bat and avoid damaging its head. Follow these steps:

- Close the windows and the room and closet doors; turn on the lights if the room is dark
- Wait for the bat to land
- Wearing gloves (heavy, preferably flexible thick leather), cover the bat with a can or similar container, such as a small jar, bowl, or box with a lid
- Slide a piece of cardboard under the container, trapping the bat
- With one hand firmly holding the cardboard in place against the top of the can, turn the can right side up
- Replace the cardboard with the lid (if no lid, tape the cardboard tightly to the can)
- If a bat has landed behind something or in a space that is too narrow to cover with a can, forceps may be used to capture it. Using a gloved hand to hold the forceps, firmly but gently grasp the bat under a wing and close to its body. Place the bat in the bottom of a can and place the lid on the can (if no lid, tape a piece of cardboard over the can)

To capture a bat with a net, follow these steps:

- While wearing gloves (heavy, preferably flexible thick leather), slowly approach the bat with the net
- Rotate the pole so that the bat is scooped into the net and the net turns in on itself containing the bat
- With a gloved hand, grab the bat through the outside of the net, slide the coffee can into the net, push the bat into the can, and place the lid on the can (if no lid, tape a piece of cardboard over the can)

What if a pet is bitten by a bat?

If a dog, cat, or other domestic animal is bitten by or comes into contact with a bat, capture the bat if possible. Contact the [local health department](#) to have the bat tested for rabies. If the bat is rabid or is not available for testing, a veterinarian must give the pet a rabies booster vaccination within five days. If an unvaccinated animal has contact with a rabid bat or one that is thought to be rabid, the pet must be vaccinated and then quarantined. If it cannot be quarantined, it must be put down (euthanized).

My neighbor has a bat house in their yard. Should I be worried?

No. People can safely enjoy bats from a distance.

Where do bats commonly roost?

Bats found roosting in New York State from spring through fall are generally either "house" bats or "tree" bats.

House bats, the big brown and the little brown bat, are the kinds that people are mostly in contact with and are most frequently submitted for testing. House bats can be in attics, behind shutters and in other sheltered areas of houses, camp buildings, and outbuildings (barns, garages, etc.). There may be just a few or hundreds of bats in these places. They are usually adult females that use the roost to give birth and raise their young until they can fly on their own (early June through late August). In the fall, these house bats leave the roost and fly to caves and mines to sleep through the winter (hibernate).

Tree bats usually roost in tree cavities, under bark, or in rock crevices and are sometimes in similar areas as house bats. Most tree bats also leave in fall and winter to hibernate in caves and mines but may also migrate south for the winter.

What can I do to keep bats out of a home or other buildings?

Killing bats without a good reason is not good for the environment, not humane, and not a permanent solution to getting rid of bats. There are no chemicals or pesticides that are legal to use, and using illegal pesticides and chemicals can poison humans and animals. It may also cause sick or dying bats to stay in the building, which would make them more likely to come into contact with people and pets.

Keep bats out of places where they are likely to come into contact with people or pets:

- Before batproofing, make sure there are no bats already in the roost. The best time to batproof is late fall through winter when most have left their summer roosts to migrate to a cave to hibernate. You should not batproof between late May and mid-August, so you do not trap baby bats in the roost. You can close one or two large exits ahead of time and seal the last openings while the animals are away. Common places where bats may enter are through chimneys, louver fans, air intakes, exhaust vents, openings around plumbing, power or cable lines, spaces around doors and windows, and where exterior siding has shrunk, warped, or loosened.
- Take these steps to keep bats out:

- Keep doors and windows that do not have screens closed
- Make sure chimneys are capped, and electrical and plumbing openings are plugged
- Find openings where bats can enter the building by:
 - Watching the building from outside to see where bats leave or enter the building at dusk or just before dawn
 - Listening for squeaking noises coming from attic and walls
 - Inspecting attic space, rafters, porches, and walls for signs of roosting bats, including guano (excrement) and crystallized urine, or bare scratched areas on beams
- Close or cover openings larger than ½ inch by ½ inch square into the attic, basement, walls, or other occupied areas. Some house bats can pass through cracks as thin as a pencil. You can use these materials:
 - Expanding spray-on foam
 - Caulk
 - Wire mesh
 - Wood that fits tightly
 - Steel wool (around pipes that enter buildings)
 - Polypropylene bird netting
- You can open enclosed building overhangs to get rid of known bat roost sites. To keep bats from roosting behind shutters, they should be spaced an inch or more from the wall to let in more light and ventilation. You may need to replace old roofing materials and fill any spaces between chimneys and outside walls.
- Bat boxes may bring bats into closer contact with people so do not put them close to homes or areas where there are people. However, bat boxes may sometimes be helpful if they are carefully used to manage where bats roost.

How can I get help to get rid of bats?

If you need help removing a bat from your home or getting rid of bats that have been in your home for a while, you can find a list of local nuisance wildlife control operators on the [Department of Environmental Conservation's website](#). If you have questions about rabies or to report a possible rabies exposure, call your [local health department](#), who may also give you guidance on bat problems.

What should I do if a bat is found inside a public setting such as a school, daycare, hospital, health care clinic, prison, fair, or camp?

- If it is a large building where there are no children without an adult, evaluate the situation for potential risk, and consider sending everyone outside.

- If it is a small building where bats could come close to people and there are children:
 - Leave one person in the building to watch the bat
 - Remove everyone else from the building, including adults who will not be involved in capturing the bat
 - Make a list of people as they leave the building or immediately afterwards
 - Capture the bat
 - Report the incident to the [local health department](#) who will submit the bat for rabies testing
- If you think someone has come into contact with a bat:
 - Capture the bat if possible
 - Immediately make a list of those people who had possible contact
 - Wash the area of potential contact with soap and water
 - Report the incident to the [local health department](#)
 - Submit the bat for rabies testing
 - If the wound is severe, bring the individual to a health care provider for medical treatment

What should I do if I see a bat outside at a public place?

- If you see a bat flying at night outside, let people in the area know about the bat and the risk of rabies and to avoid contact with it. Report possible exposures.
- If you see a bat flying outside during the day, let people in the area know about the bat and the risk of rabies and to avoid contact with it. If the bat appears to be aggressive, such as swooping at people on purpose, keep people away from the area, capture the bat if possible, contact the [local health department](#), and submit the bat for testing.
- If you find a bat outside on the ground or roosting in a public place, ask everyone to leave the area, try to safely capture the bat, contact the [local health department](#), and submit the bat for testing.



If you see a bat outside your home

Avoid contact with all bats, especially if they are sick or dead on the ground. If you find a grounded bat, quickly move it away from people and animals.

To move the bat, cover it with a pail, a box, or a similar container. Place a heavy object like a brick or rock on top to secure it. Call your local health department to discuss the need for testing. If you cannot isolate the bat, call your local health department for assistance.

Local Health Department

Daytime Telephone

After-Hours Telephone

Learn how to catch a bat SAFELY:
health.ny.gov/Rabies

Bat Awareness TIPS

Did you know that

- Bats may be helpful to humans by eating many flying insects considered to be pests, like mosquitoes. But some bats are infected with rabies.
- Most human rabies deaths in the United States are from bat rabies.
- People and animals can get rabies if exposed to a rabid bat.
- Physical contact with a bat exposes you to rabies. For example, if they bite you, or their saliva contacts your eyes, nose, mouth, or an open wound.
- In some cases, a bat bite could go unnoticed. For example, when a bat is found in a room with a sleeping person, or a bat is found next to an unattended child.



What to do if you find a bat in your home

- Is there any chance that the bat had contact with a person or a pet? If so, the bat should be captured and tested for rabies. If the bat cannot be captured, call your local health department for advice on what to do.
- Are you sure there was no contact with a person or a pet? For example, did you see the bat come into the house and never lost sight of it? If so, close the room's inside doors and closet doors. Open the windows or doors leading to the outdoors, and watch the bat until it leaves.

Rabies post-exposure treatment should be considered if the bat

- is found to be rabid
- is not available for testing

AND

- you know the bat had physical contact with a person
- or**
- there was a good chance an exposure went unnoticed. For example, a bat is found in the room – or a bat found on the ground next to:
 - an unattended child
 - a person who is sleeping
 - a person who is drunk or high on drugs
 - a person with other sensory or mental impairment.

To capture a bat

- Turn on room lights and close the windows.
- Close the room's entry and closet doors.
- Wait for the bat to land.
- Put on gloves. Place a pail, a box or another container over the bat.
- Slide a piece of cardboard under the container to trap the bat.
- Firmly hold the cardboard in place against the top of the container. Turn the container right side up and tape the cardboard tightly to the container.

After the bat is captured

- Was there any chance that contact with a person or pet took place? Are you not sure? If so, **DO NOT** release the bat. Call your local health department to find out if the bat should be tested for rabies.
- Was there no chance of contact or exposure with a person or a pet? If so, take the covered container outside. Release the bat, preferably at night, away from areas where people live.



General Guidelines for Management of Bat-Related Incidents at Children's Camps

Bats observed flying at night outside

- provide general education to all camp staff and camp attendees about bats and risk of rabies, avoiding exposures, and reporting possible exposures

Bat observed flying outside in daytime

- provide general education to all camp staff and camp attendees about bats and risk of rabies, avoiding exposures, and reporting possible exposures (note: if bat appears to be aggressively and deliberately swooping at people, keep campers away from area, capture bat, and submit for rabies testing)

Bat found outside grounded or roosting in camper accessible location

- restrict access to area
- temporarily contain bat, for example with an inverted pail or coffee can
- capture bat
- report incident to local health department
- submit bat for rabies testing

Bat flying in or roosting in camper-occupied building

Building large, no children are present unattended:

- evaluate situation for potential risk, consider exclusion and batproofing as soon as possible

Building small, leading to close proximity of bat to occupants, and children are present:

- leave one person in building to observe bat
- remove campers from building, as well as adults who will not be involved in capturing the bat
- make a list of building occupants while they exit the building or immediately afterwards
- capture bat
- report incident to local health department
- submit bat for rabies testing

Bat present indoors with sleeping adults or unattended children

- leave one person in building to observe bat

- remove campers from building, as well as adults who will not be involved in capturing the bat
- make a list of building occupants while they exit the building or immediately afterwards
- capture bat
- report incident to local health department
- submit bat for rabies testing

Known or suspected contact with a bat

- capture bat
- immediately make list of those with possible contact
- have those persons with possible contact wash the area of potential contact with soap and water
- report incident to local health department
- submit bat for rabies testing
- depending on severity, consider having wounds evaluated by health care provider for medical treatment

All bat-related incidents should be reported to the local health department.

For questions about handling incidents, or to immediately report those which may require rabies treatment, the local health department should be contacted. They have someone available 24 hours per day.

- For this camp, the name of the local health department is:
- Their business hours phone number is:
- Their off hours phone number is:

Instructions for use of bat capture kit:

- When an incident occurs, the person in this building who should be immediately notified to capture the bat is:
- and they can be reached by: (phone number, pager number, etc.)
- In this camp the bat capture kit is kept: (location)

If a bat is within arm's reach, the coffee can method should be used:

Carefully avoid direct contact with the bat and avoid damaging its head

To capture the bat:

- Close the windows, and the room and closet doors; turn on the lights if the room is dark;
- Wait for the bat to land.¹

- Wearing gloves, cover the bat with a coffee can (or similar container with a lid).
- Slide a piece of cardboard under the can, trapping the bat.
- With one hand firmly holding the cardboard in place against the top of the can, turn the can right side up.
- Replace the cardboard with the lid (if no lid, tape the cardboard tightly to the can.)
- Immediately contact your local health department to arrange for rabies examination of the bat.

If a bat is not within arm's reach, an extension pole with a net may be used to capture the bat:

- While wearing gloves, slowly approach the bat with net.
- Rotate the pole so that the bat is scooped into the net and the net turns in on itself containing the bat.
- With a gloved hand grab the bat through the outside of the net, slide the coffee can into the net, push the bat into the can, and place the lid on the can. (if no lid, tape a piece of cardboard over the can.)
- Immediately contact your local health department to arrange for rabies examination of the bat.
- ¹If a bat has landed behind something or in a space that is too narrow to cover with a coffee can, forceps may be used to capture it. Using a gloved hand to hold the forceps, firmly but gently grasp the bat under a wing and close to its body. Place the bat in the bottom of the coffee can and release your grip on the forceps. Cover the coffee can and contact the local health department as stated above.

In the event that four or more hours are needed before transportation of a bat for subsequent rabies testing occurs, the bat should be double-bagged in plastic and placed in a cooler or refrigerated area. Under no circumstances should a bat be stored in the same cooler or refrigerator as food or pharmaceuticals. The specimen should be kept away from potential contact with people or other animals.

Fact Sheet for Bat Habitat Inspection and Batproofing in Children's Camps

Camps are usually located in areas that are prime habitat for bats and other wildlife, and the type of construction in camp buildings is often conducive to roosting bats. Bats are frequently encountered in the camp setting. If people are sleeping in cabins with bats, or children are handling bats found on the ground, rabies exposures can occur. Bats that are infected with rabies are often mistaken for injured animals when they are found flopping around on the ground. Abnormal behavior seen in rabid bats includes being on the ground, landing on someone, and flying during the day. Occasionally, there is no obvious abnormal behavior, so all contact with bats and other wild animals should be reported to the camp nurse.

Inspections for making decisions about which cabins will be used for sleeping should take place every spring before the camp opens. Inspections should include:

- inspecting attic space, rafters, porches, and walls for signs of roosting bats, such as bat guano and crystallized urine, or a musty odor
- looking for openings through which bats could get into sleeping quarters, such as openings larger than 1/2 inch by 1/2 inch and long thin slots larger than 1/4 inch by 2 inches
- not allowing cabins with evidence of bat roosts to be used as sleeping quarters until they have been batproofed

Camp buildings and cabins, particularly those used as sleeping quarters, should be **batproofed**

- do not batproof buildings during the period from late May to mid-August, to avoid trapping baby bats inside the building
- seal openings larger than 1/2 inch by 1/2 inch, or long thin slots larger than 1/4 inch by 2 inches
- use materials such as expanding spray-on foam, caulk, wire mesh, wood that fits tightly, steel wool (around pipes that enter buildings) etc., to seal gaps and holes.
- make sure windows have screens, chimneys are capped, and electrical and plumbing openings are plugged

For questions on inspections or batproofing, please contact your local health department for more information.

Bat Capture Kit for Children's Camps

- Gloves (heavy, preferably pliable thick leather)
- Forceps (9" to 12" length, rat-tooth for gripping)
- Extension pole w/net (fine mesh insect net of polyester or muslin material with a spring steel hoop on telescoping pole -- net and pole sold separately)
- Coffee can w/tight-fitting lid or similar container (e.g., cardboard ice cream carton w/lid; keep multiple containers on hand)
- Sheet of cardboard to slide between wall and container to act as a lid
- Tape (to secure lid on container)
- Flashlights (including fresh batteries & extra batteries)
- General Guidelines for Management of Bat-Related Incidents at Children's Camps (for display, guidelines should be double-sided, laminated and hung on lanyard/string)

To obtain some of the items listed above the following types of vendors are suggested:

- Hardware store/home & garden center - gloves, extension pole, flashlight, batteries, tape
- Medical supply company - forceps
- Forestry supply company - fine mesh insect net

Children's Camps Potential Rabies Exposure Report Form

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Children's Camps Potential Rabies Exposure Report

INSTRUCTIONS: For each exposure incident, complete the requested information for all persons exposed. A separate form must be utilized for each incident. An incident can be exposures of one or more people to one or more animals over the course of a period of time (on-site petting zoo) or to a single animal one time. The local health department Rabies Coordinator must be consulted to arrange for and determine the appropriateness of post-exposure prophylaxis (PEP). A copy of the Children's Camp Potential Rabies Exposure Report should be sent to the Rabies Coordinator for their records. When an exposure occurred over a period of time, indicate the first exposure date and time as that for the incident and specify each patient's exposure date and time in the patient information section. When an exposure is a result of a bat inside a building, the path of entry must be identified and the appropriate exclusion techniques to prevent future exposure(s) must be employed.

TYPE OF EXPOSURE: Using the coding scheme below, indicate the letter that corresponds to each patient's type(s) of exposure; up to four letters may be selected, if appropriate. When multiple animals are involved with a single incident, consistency must be maintained between the animal number designation in the "Rabies Analysis" section and the animal number designation in the "Type of Exposure" section. The below exposure types have a reasonable probability of transmitting rabies and must be reported to the Local Health Department by the camp. In general, PEP is recommended for these exposures when rabies exposure cannot be ruled out. A-C can be used for all exposures, D-M are for bats only. **Note to LHD:** N should be selected only after consultation with the Bureau of Community Environmental Health and Food Protection.

- A** = Bite.
- B** = Scratch.
- C** = Saliva or nervous tissue contact.
- D** = Direct physical contact with live or dead bat.
- E** = Person touched bat without seeing the part of bat touched.
- F** = Bat flew into person and touched bare skin.
- G** = Bat flew into person on part of body with lightweight clothing and the person reports feeling an unpleasant sensation at the point of contact.
- H** = Person with bare feet stepped on bat.
- I** = Person awakens to find a bat in the room with them.

- J** = Live bat found in room with unattended infant, child, or person with sensory or mental impairment.
- K** = Person slept in small, closed-in camp cabin, bats swooping past while sleeping.
- L** = Bat found on ground near unattended infant, child, or person with mental impairment.
- M** = Unidentified flying object hits person and time of day (dusk or dawn), presence of mark where hit, and place where flying object came from (e.g., good site for roosting bats) all support likelihood that it was a bat.
- N** = Other.

SECTION A: FACILITY INFORMATION

Camp Name: _____

Camp Address: _____

Exposure Date: _____ Time of Occurrence (Military time): _____

Date Reported to Local Health Department: _____

LHD USE ONLY

eHIPS Incident #: _____

SECTION B: RABIES ANALYSIS – Provide the following information for each animal involved in the incident.

Animal Description	Submitted for Rabies Analysis	If Submitted for Analysis, Indicate Results
1.	☐ Yes ☐ No	☐ Positive ☐ Negative ☐ Untestable
2.	☐ Yes ☐ No	☐ Positive ☐ Negative ☐ Untestable
3.	☐ Yes ☐ No	☐ Positive ☐ Negative ☐ Untestable
4.	☐ Yes ☐ No	☐ Positive ☐ Negative ☐ Untestable

If exposure was a result of a bat entering a building, were bat exclusion techniques utilized after the incident to prevent future bat entry and potential human exposure? ☐ Yes ☐ No

SECTION C: VICTIM INFORMATION – Complete for all person(s) involved in the exposure incident

The victim information in the boxes below is confidential information that must be collected by the LHD for follow-up, and will be protected against unauthorized disclosure.

1. VICTIM 1 INFORMATION

		LHD USE ONLY
Exposure Date: _____	Time (Military time): _____	eHIPS Victim ID #: _____
Name of Patient (Last, First, MI): _____		
Name of Parent or Guardian (Last, First, MI): _____		
Home Address: _____		
Home Phone Number: _____		
Age: _____ Gender: ☐ Female ☐ Male ☐ X ☐ Other		
Status: ☐ Camper ☐ Developmentally Disabled Camper ☐ CIT/Jr. Counselor ☐ Counselor ☐ Other Staff* ☐ Other*		
*For status types marked with an asterisk, please specify the individual's role: _____		
Animal 1, Type of Exposure (Selected from page 1): _____	Animal 3, Type of Exposure (Selected from page 1): _____	
Animal 2, Type of Exposure (Selected from page 1): _____	Animal 4, Type of Exposure (Selected from page 1): _____	
Was postexposure prophylaxis (PEP) recommended? ☐ Yes ☐ No Was PEP administered? ☐ Yes ☐ No ☐ Refused		

2. VICTIM 2 INFORMATION

		LHD USE ONLY
Exposure Date: _____	Time (Military time): _____	eHIPS Victim ID #: _____
Name of Patient (Last, First, MI): _____		
Name of Parent or Guardian (Last, First, MI): _____		
Home Address: _____		
Home Phone Number: _____		
Age: _____ Gender: ☐ Female ☐ Male ☐ X ☐ Other		
Status: ☐ Camper ☐ Developmentally Disabled Camper ☐ CIT/Jr. Counselor ☐ Counselor ☐ Other Staff* ☐ Other*		
*For status types marked with an asterisk, please specify the individual's role: _____		
Animal 1, Type of Exposure (Selected from page 1): _____	Animal 3, Type of Exposure (Selected from page 1): _____	
Animal 2, Type of Exposure (Selected from page 1): _____	Animal 4, Type of Exposure (Selected from page 1): _____	
Was postexposure prophylaxis (PEP) recommended? ☐ Yes ☐ No Was PEP administered? ☐ Yes ☐ No ☐ Refused		

3. VICTIM 3 INFORMATION

		LHD USE ONLY
Exposure Date: _____	Time (Military time): _____	eHIPS Victim ID #: _____
Name of Patient (Last, First, MI): _____		
Name of Parent or Guardian (Last, First, MI): _____		
Home Address: _____		
Home Phone Number: _____		
Age: _____ Gender: ☐ Female ☐ Male ☐ X ☐ Other		
Status: ☐ Camper ☐ Developmentally Disabled Camper ☐ CIT/Jr. Counselor ☐ Counselor ☐ Other Staff* ☐ Other*		
*For status types marked with an asterisk, please specify the individual's role: _____		
Animal 1, Type of Exposure (Selected from page 1): _____	Animal 3, Type of Exposure (Selected from page 1): _____	
Animal 2, Type of Exposure (Selected from page 1): _____	Animal 4, Type of Exposure (Selected from page 1): _____	
Was postexposure prophylaxis (PEP) recommended? ☐ Yes ☐ No Was PEP administered? ☐ Yes ☐ No ☐ Refused		

4. VICTIM 4 INFORMATION

		LHD USE ONLY
Exposure Date: _____	Time (Military time): _____	eHIPS Victim ID #: _____
Patient (Last, First, MI): _____		
Name of Parent or Guardian (Last, First, MI): _____		
Home Address: _____		
Home Phone Number: _____		
Age: _____	Gender: ☐ Female ☐ Male ☐ X ☐ Other	
Status: ☐ Camper ☐ Developmentally Disabled Camper ☐ CIT/Jr. Counselor ☐ Counselor ☐ Other Staff* ☐ Other*		
*For status types marked with an asterisk, please specify the individual's role: _____		
Animal 1, Type of Exposure (Selected from page 1): _____	Animal 3, Type of Exposure (Selected from page 1): _____	
Animal 2, Type of Exposure (Selected from page 1): _____	Animal 4, Type of Exposure (Selected from page 1): _____	
Was postexposure prophylaxis (PEP) recommended? ☐ Yes ☐ No Was PEP administered? ☐ Yes ☐ No ☐ Refused		

SECTION D: NARRATIVE - Note to LHD: When entering the narrative into eHIPS, do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Provide a description of the exposure incident (use additional sheets if necessary). When the exposure was a result of a bat entering a building, state which building the exposure occurred in.

LHD USE ONLY (Note: eHIPS will assign the incident and patient ID numbers when entered into the system.)

The LHD Rabies Coordinator must be consulted to arrange for and determine the appropriateness of postexposure prophylaxis (PEP). A copy of the Children's Camp Potential Rabies Exposure Report should be sent to the Rabies Coordinator for their records.

Children's Camp Inspector: _____	Title: _____
Local Health Department: _____	Date: _____ Telephone: _____
Date Rabies Coordinator Consulted: _____	Date Form Sent to Rabies Coordinator: _____

APPENDIX D: RESOURCES FOR VETERINARIANS

Rabies in New York: What Veterinarians Need to Know

Animal Specimen Testing - Wadsworth

Rabies Specimen Mailing Container Request

Compendium of Animal Rabies Prevention and Control, 2016

RABIES IN NEW YORK: WHAT VETERINARIANS NEED TO KNOW

Veterinarians play an important role in rabies prevention. To report animal bites and for any questions about rabies, [contact your local health department \(LHD\)](#).



What should I do if a dog, cat, or ferret has bitten a person?

All animal bites should be reported to the LHD where the bite occurred. With LHD approval, animals showing clinical signs consistent with rabies should be immediately euthanized and tested for rabies.

A healthy dog, cat, or ferret that has bitten a person should be confined and observed for 10 days, under the direction of the LHD, regardless of its vaccination status. If signs suggestive of rabies develop during this time, the animal should be euthanized and tested for rabies after consultation with the LHD. This ensures the person who was bitten receives prompt postexposure prophylaxis if the animal is positive for rabies.

If an animal is being euthanized for any reason and has bitten a person in the last 10 days, it should be submitted for rabies testing, regardless of its vaccination status. This includes animals that bite owners or staff during euthanasia.

Generally, it is not recommended to vaccinate an animal for rabies during the 10-day observation period to avoid confusion of signs of rabies with rare adverse vaccine reactions. Ultimately, the decision to give rabies vaccine during the observation period should be based on the veterinarian's clinical judgment, potentially factoring in the likelihood of future opportunities to vaccinate the animal.

What should I do if a patient has been bitten by a wild mammal?

If a dog, cat, or ferret has been bitten by a wild mammal, including a raccoon, skunk, fox, or bat, report the bite to the LHD where the animal resides. *This includes stray animals found with wounds of unknown origin.* The LHD will help to evaluate if the animal may have been exposed to rabies, determine next steps, and coordinate testing for the biting animal, if it is available to test.

Immediately clean the animal's wounds and give a rabies booster vaccination. Additionally:

- If the animal was not up to date on rabies vaccination or does not receive a rabies booster within 5 days of being exposed, it must be quarantined for 6 months per New York State law. The LHD will establish the quarantine restrictions.
- If a dog or cat has a history of rabies vaccination without adequate documentation, it may be possible to determine prior vaccination through demonstration of an anamnestic response to booster vaccination. This process is known as prospective serologic monitoring, and it needs to be initiated with guidance from the LHD *before* the animal receives a booster vaccination.

If signs suggestive of rabies develop during quarantine, the exposed animal should be euthanized and tested for rabies after consultation with the LHD.

Who can administer a rabies vaccination to a domesticated animal?

The rabies vaccination may only be given by a licensed veterinarian or a licensed veterinary technician (LVT), **provided** the LVT is working under the supervision of the veterinarian. This means that the LVT may only give a rabies vaccination if the supervising veterinarian is on the premises at the time that the vaccination is given. All rabies certificates must be signed by a licensed veterinarian. By signing the rabies certificate, the veterinarian certifies that the vaccination was given properly and that the information on the animal and vaccine is correct.



RABIES IN NEW YORK: WHAT VETERINARIANS NEED TO KNOW

When is a dog, cat, or ferret considered up-to-date on rabies vaccination?

Under New York State law, a dog, cat, or ferret is considered current on rabies vaccination starting 14 days after primary vaccination (i.e., the animal's first dose) and ending one year after primary vaccination. An animal is considered currently vaccinated immediately after any subsequent booster vaccination for the duration of the vaccine (i.e., one year for a one-year vaccine, three years for a three-year vaccine), *even if the animal's rabies vaccination has lapsed at the time that it receives its booster vaccination*. There are no laboratory or epidemiological data to support the annual or biannual administration of three-year vaccines after the completion of the initial vaccine series. Note that rabies titers **cannot** be used as a substitute for evidence of current vaccination.

I am preparing an animal for rabies testing. How do I protect myself and my staff?

If an animal is being euthanized and prepped for rabies testing, assume that the animal is rabid and protect yourself and your staff from possible exposure. This will help avoid the need for postexposure prophylaxis if the animal subsequently tests positive. While handling and euthanizing the animal and during specimen preparation:

- Limit the number of personnel who handle the animal. Only staff members who have received preexposure prophylaxis should handle the animal and be present for specimen preparation.
- Wear personal protective equipment (PPE) while euthanizing animals suspected to be rabid:
 - Gloves
 - Face and eye protection (either face shield or mask and goggles)
- Wear PPE during decapitation and specimen packaging:
 - Gloves
 - Protective clothing (coveralls, waterproof apron, or gown)
 - Face and eye protection (either face shield or mask and goggles)
 - Fit tested N95 mask, if using a band saw
- Document any bites or other possible exposures and report them to your LHD right away.

Can the lab test specimens that have been frozen?

Ideally, specimens should not be frozen before being shipped to the lab for rabies testing. Frozen specimens must be thawed at the lab, which can delay testing. However, previously frozen specimens are still valid for testing; freezing a specimen does not compromise the test.

An animal was found dead or was buried, and I'm not sure if it's too decomposed to test. What should I do?

Sometimes specimens look very decomposed and still contain brain tissue that is satisfactory for testing. When in doubt, ship the specimen to the lab so that lab staff can determine if testable tissue is present.

What should I know about shipping specimens to the lab?

- **Always** ensure the LHD has approved testing before shipping a specimen to the lab.
- **Always** get a tracking number in case the specimen does not arrive at the lab when expected.
- **Always** follow the specific instructions from the LHD including how to pack the specimen and which type of delivery to request (e.g., "overnight delivery").
- If you are in the Albany area and the LHD has approved testing, rabies specimens may also be dropped off at the lab at any time. Specimens can be left with security, who are present 24 hours a day, 7 days a week.
- Lab address: Griffin Laboratory, NYS Department of Health, 5668 State Farm Road, Slingerlands, NY 12159



Animal Specimen Testing – Wadsworth

Testing

Rabies testing in animal specimens consists of microscopic examination of brain tissue samples using an immunofluorescence staining technique. Results are confirmed by virus isolation in a cell culture system. All local health departments should submit specimens using the Electronic Submission for Animal Rabies through the Health Commerce System. For parties that do not have access to the Health Commerce System, such as veterinary practices, pest control companies and wildlife rehabilitators, a copy of the animal rabies specimen history form may be filled out, printed and included with the specimens according to specimen packaging instructions.

Specimen Collection

Do not submit live animals. The animal should be humanely euthanized without damage to the head. The head must then be removed from the body and submitted intact for examination except in the case of bats where the entire animal should be submitted. For livestock, samples of all 3 lobes of the cerebellum (equal to 2 walnuts) and a complete cross-section of the brainstem are required and may be removed through the foramen magnum. The cerebellum and brainstem samples must be placed in a small, crush-resistant plastic canister or tub, then sent to the lab in the standard New York rabies specimen shipping container according to the provided detailed instructions. Decapitation and livestock brain sample extraction can best be performed at a co-operating veterinary hospital.

Authorization for rabies testing is required; contact your local health department.

Request Rabies Specimen Kits / Mailing Containers - Orders Limited

Bites and other exposures to saliva or nervous tissue from animals suspected of having rabies must be reported to the local health authority.

Questions regarding submission of specimens and the handling of animal bites should be directed to the Rabies Laboratory weekdays from 8 a.m. to 4:30 p.m. at (518) 485-6464. Emergency weekend or holiday examinations must be arranged with the laboratory by the local health authority or should be directed to the Duty Officer at (866) 881-2809.

Specimen Storage

Specimens must be preserved by refrigeration. Freezing should be avoided, but is acceptable if refrigeration is not possible. Tissues must not be fixed with chemical preservatives.

Specimen preparation for shipping

Although the rabies specified shipping container provided is compliant with current federal shipping regulations, the shipper is responsible for the proper packaging and labeling of diagnostic specimens. Tools, cages and other surfaces potentially contaminated with infectious saliva or blood can be disinfected with a 10% solution of sodium hypochlorite (household bleach) in water.

Shipping sets include:

- One pre-assembled shipping container, including:
 - Outer cardboard box
 - EPS cooler
 - 2 biohazard pressure bags
- Packing instructions are printed on top-inner flaps of the outer cardboard box.
- Two gel packs of refrigerant (store frozen until needed).
- Two plastic bags (13 x 20 x 4 ml) for the animal head, livestock or other large animal brain, or entire bat.
- One large plastic bag that surrounds the closed EPS cooler.
- Two absorbent sheets which are to be placed in biohazard pressure bags along with the specimen.
- Two blank rabies history forms with directions for collection and submission of specimens.
- One zip-lock bag for the rabies history forms.

Packing Directions:

1. Remove the head from the body of the animal (except bats-which are shipped whole and livestock) and place the head in a small plastic bag.
 - When shipping samples consisting of only cerebellum and brain stem (livestock submissions), first place the brain tissue in a small, hard plastic container, then place in the small plastic bag.
 - When shipping more than one specimen in the container (bats), be certain that: each specimen is individually bagged to prevent cross contamination and that each specimen is clearly identified.
2. Cool specimen in refrigerator or freezer, whenever possible, before packaging, to enhance preservation (especially in warm weather).
3. If sharp objects protrude from the specimen (bone fragments, porcupine quills), wrap specimen in several layers of newspaper prior to putting the specimen into plastic bag.
4. Place the bagged specimen into the biohazard pressure bag along with the sheet of absorbent.
5. Seal the biohazard specimen bag:
 1. Remove the tape adhesive backing from the bag.
 2. Fold the bag at the slit and orient lines onto corresponding lines.
 3. Press hard from the center working outward.
 4. Do not force larger heads into the biohazard pressure bag.
 5. If the head is too large for the biohazard pressure bag, contact the Rabies Laboratory (518-485-6464) for assistance.

6. Complete the history form on-line at Health Commerce System or fill out the one provided with the shipper.
 - o Complete one form per sample.
 - o The identification on the bag containing the specimen and the history form should be identical. If the specimen bag is labeled “bat #1-Smith”, then the history should also have the identification “bat #1-Smith”, written clearly and in indelible ink.
 - o Answer all questions as accurately as possible. The information provided will be used to report results to the local health authority.
7. Place the completed rabies history form in the zip-lock bag provided.
8. Place the zip-lock bag on top of the EPS cooler.
9. Follow packaging instructions printed on the inside flap of box.
10. Do not use glass, wire, tag fasteners or other materials which could puncture packaging or cause injury.
11. Wash hands.
12. Disinfect or burn all materials contaminated in specimen preparation process. Surfaces potentially contaminated with infectious saliva or blood can be disinfected with a 10% solution of sodium hypochlorite (household bleach) in water.
13. **Next day delivery is required for all specimens**

Shipping Specimens

Properly packaged specimens may be shipped directly to the Rabies Laboratory as described below. **Special arrangements are necessary with carriers for weekend delivery.** Local health offices may arrange transportation to the laboratory. **DO NOT ship emergency specimens on Friday without prior approval for emergency testing.**

To better provide rabies testing services, the New York State Department of Health has made two key changes to the requirements for specimen delivery to the Rabies Laboratory.

- **Specimens must be shipped so that they are guaranteed to arrive at the laboratory within one day after shipment.**
- **For emergency testing on a Saturday, please select the ‘early Saturday morning delivery’ option.**

In addition, please note the following continuing guidance:

- o Do not ship specimens for emergency testing on Saturdays without obtaining prior approval for weekend testing from the Bureau of Communicable Disease Control (BCDC)
- o Any specimens received for which approval for emergency testing was not given will be held for testing on the next business day.

Properly packaged specimens should be shipped to the Wadsworth Center Rabies Laboratory at this address:

Griffin Laboratory
Wadsworth Center
NYS Department of Health
5668 State Farm Road
Slingerlands, NY 12159

- When specimens are being prepared for emergency testing on Saturdays, the local health department should verify that 'early Saturday AM delivery' is requested and obtain a tracking number for all specimens.
- Local health departments can continue to send in specimens that will be delivered to the laboratory on Saturday but that do not require weekend testing. These specimens should have printed on the outside of the shipping container "For Saturday Delivery, Non-Emergency".

A delay in specimen delivery can result in specimen decomposition, unsatisfactory testing results, delays or unnecessary post-exposure prophylaxis and/or unnecessary quarantine of companion animals.

Summary of emergency animal rabies testing policy

Emergency/off-hours rabies testing of animals must be reviewed and approved by BCDC either during normal business hours at (518) 473-4439, or after hours through the NYSDOH Duty Officer at (866) 881-2809.

After consultation with BCDC, if off-hours testing is approved, the local health department must immediately notify the rabies laboratory at (518) 485-6464 during business hours, or after hours through the NYSDOH Duty Officer system at (866) 881-2809. Immediate notification of the rabies laboratory is necessary to:

- Ensure that rabies lab technologists are available to receive and test the specimen.
- Verify appropriate shipping will be requested so that the specimen will arrive in a timely manner.
- Confirm to whom and how emergency testing results will be reported.

Emergency rabies testing is indicated for an animal that has ***bitten a human and is highly suspect for rabies infection*** based on species, behavior, and circumstances of the incident. Emergency testing is reserved for situations where, due to timing around weekends or holidays, it may not be possible to have the results of testing back within 3 days of the date of the exposure incident.

Some examples of incidents that should be considered for emergency testing would include:

- Terrestrial Animals:
 - A bite, or significant saliva exposure to an open wound, from abnormal acting raccoon, skunk, fox, or feral cat.

- A known bite from domestic animal that has been examined by a veterinarian and determined to be showing signs consistent with rabies.
- Bats:
 - A bite, scratch, or other **direct contact** where a bite cannot be ruled out (note that a bat found with a sleeping person with no known direct contact must still be tested, but would not be considered for emergency testing).

The rabies specimen submission policy can be found at the top of this web page.

A printable pdf of the Shipping Instructions is provided.

Results

Results are routinely available at the local health authority on the workday following arrival of the specimen at the laboratory.

Rabies Specimen Mailing Container Request



KATHY HOCHUL
Governor

Department
of Health

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

January 21, 2022

This is notification that there are quantity limits now in place for Rabies specimen mailing container orders. If there is a need to exceed the established limits, please contact the Rabies lab by phone 518-485-6464 to provide the justification to exceed these limits. Rabies lab approval is needed prior to the OGS warehouse shipping orders.

Submit requests via email to the following address: ogs.sm.gdc@ogs.ny.gov

Please copy and paste this ordering information in your email:

- Contact name and email address
- Facility name
- Complete shipping address
- Material requested

Small rabies specimen mailer _____ case quantity requested (4 kits per case)
A request of more than 4 cases each month requires DOH/rabies lab approval

Large rabies specimen mailer _____ case quantity requested (2 kits per case)
A request of more than 4 cases each month requires DOH/rabies lab approval

*additional rabies specimen transport bag _____ quantity requested (each) **A request of more than 5 each month requires DOH/rabies lab approval**

*additional rabies extra-large specimen transport bag _____ quantity requested (each)
A request of more than 5 each month requires DOH/rabies lab approval

*Please note - specimen transport bags are included in each specimen mailer kit

Each rabies kit includes: One pre-assembled shipping container, with outer cardboard box, EPS cooler, and two biohazard pressure bags.

- Two gel packs of refrigerant (store frozen until needed).
- Two plastic (13x20x4ml) bags for the animal head, livestock or other large animal brain, or entire body of bat. Secure and seal before placing in biohazard pressure bag*
- One large plastic bag that surrounds the closed eps cooler - not included in the smaller shipping containers.
- Two absorbent sheets to be placed in the biohazard pressure bags along with the specimen.
- Two blank history forms and directions* for collection and submission of specimens.
- One zip-lock bag for rabies history forms.

Questions or to request approval for additional supplies, please contact the rabies lab:
at 518-485-6464

Compendium of Animal Rabies Prevention and Control, 2016

Public Veterinary Medicine: Public Health

Compendium of Animal Rabies Prevention and Control, 2016

National Association
of State Public Health Veterinarians
Compendium of Animal Rabies Prevention
and Control Committee

Catherine M. Brown DVM, MSc, MPH (Co-Chair)

Sally Slavinski DVM, MPH (Co-Chair)

Paul Ettestad DVM, MS

Tom J. Sidwa DVM, MPH

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From the Massachusetts Department of Public Health, 305 South St, Jamaica Plain, MA 02130 (Brown); the New York City Department of Health and Mental Hygiene, 2 Gotham Center, CN# 22A, 42-09 28th St, Queens, NY 11101 (Slavinski); the New Mexico Department of Health, 1190 St Francis Dr, Room N-1350, Santa Fe, NM 87502 (Ettestad); and the Texas Department of State Health Services, PO Box 149347, MC 1956, Austin, TX 78714 (Sidwa).

Consultants to the Committee: Jesse Blanton, PhD (CDC, 1600 Clifton Rd, Mailstop G-33, Atlanta, GA 30333); Richard B. Chipman, MS, MBA (USDA APHIS Wildlife Services, 59 Chenell Dr, Ste 2, Concord, NH 03301); Rolan D. Davis, MS (Kansas State University, Room 1016 Research Park, Manhattan, KS 66506); Cathleen A. Hanlon, VMD, PhD (Retired); Jamie McAloon Lampman (McKamey Animal Center, 4500 N Access Rd, Chattanooga, TN 37415 [representing the National Animal Care and Control Association]); Joanne L. Maki, DVM, PhD (Merial a Sanofi Co, 115 Trans Tech Dr, Athens, GA 30601 [representing the Animal Health Institute]); Michael C. Moore, DVM, MPH (Kansas State University, Room 1016 Research Park, Manhattan, KS 66506); Jim Powell, MS (Wisconsin State Laboratory of Hygiene, 465 Henry Mall, Madison, WI 53706 [representing the Association of Public Health Laboratories]); Charles E. Rupprecht, VMD, PhD (Wistar Institute of Anatomy and Biology, 3601 Spruce St, Philadelphia, PA 19104); Geetha B. Srinivas, DVM, PhD (USDA Center for Veterinary Biologics, 1920 Dayton Ave, Ames, IA 50010); Nick Striegel, DVM, MPH (Colorado Department of Agriculture, 305 Interlocken Pkwy, Broomfield, CO 80021); and Burton W. Wilcke Jr, PhD (University of Vermont, 302 Rowell Building, Burlington, VT 05405 [representing the American Public Health Association]).

Endorsed by the AVMA, American Public Health Association, Association of Public Health Laboratories, Council of State and Territorial Epidemiologists, and National Animal Care and Control Association.

This article has not undergone peer review.

Address correspondence to Dr. Brown (catherine.brown@state.ma.us).

Rabies is a fatal viral zoonosis and serious public health problem.¹ All mammals are believed to be susceptible to the disease, and for the purposes of this document, use of the term animal refers to mammals. The disease is an acute, progressive encephalitis caused by viruses in the genus *Lyssavirus*.² Rabies virus is the most important lyssavirus globally. In the United States, multiple rabies virus variants are maintained in wild mammalian reservoir populations such as raccoons, skunks, foxes, and bats. Although the United States has been declared free from transmission of canine rabies virus variants, there is always a risk of reintroduction of these variants.³⁻⁷

The rabies virus is usually transmitted from animal to animal through bites. The incubation period is highly variable. In domestic animals, it is generally 3 to 12 weeks, but can range from several days to months, rarely exceeding 6 months.⁸ Rabies is communicable during the period of salivary shedding of rabies virus. Experimental and historic evidence documents that dogs, cats, and ferrets shed the virus for a few days prior to the onset of clinical signs and during illness. Clinical signs of rabies are variable and include inap-

petance, dysphagia, cranial nerve deficits, abnormal behavior, ataxia, paralysis, altered vocalization, and seizures. Progression to death is rapid. There are currently no known effective rabies antiviral drugs.

The recommendations in this compendium serve as a basis for animal rabies prevention and control programs throughout the United States and facilitate standardization of procedures among jurisdictions, thereby contributing to an effective national rabies control program. The compendium is reviewed and revised as necessary, with the most current version replacing all previous versions. These recommendations do not supersede state and local laws or requirements. Principles of rabies prevention and control are detailed in Part I, and recommendations for parenteral vaccination procedures are presented in Part II. All animal rabies vaccines licensed by the USDA and marketed in the United States are listed and described in Appendix 1, and contact information for manufacturers of these vaccines is provided in Appendix 2.

Modifications of note in this updated version of the compendium, compared with the previous version,⁹ include clarification of language, explicit en-

couragement of an interdisciplinary approach to rabies control, a recommendation to collect and report at the national level additional data elements on rabid domestic animals, changes to the recommended management of dogs and cats exposed to rabies that are either unvaccinated or overdue for booster vaccination, reduction of the recommended 6-month quarantine period for certain species, and updates to the list of marketed animal rabies vaccines.

Part I. Rabies Prevention and Control

A. Principles of rabies prevention and control

1. Case definition. An animal is determined to be rabid after diagnosis by a qualified laboratory as specified (see Part I.A. 10. Rabies diagnosis). The national case definition for animal rabies requires laboratory confirmation on the basis of either a positive result for the direct fluorescent antibody test (preferably performed on CNS tissue) or isolation of rabies virus in cell culture or a laboratory animal.¹⁰

2. Rabies virus exposure. Rabies is transmitted when the virus is introduced into bite wounds, into open cuts in skin, or onto mucous membranes from saliva or other potentially infectious material such as neural tissue.¹¹ Questions regarding possible exposures should be directed promptly to state or local public health authorities.

3. Interdisciplinary approach. Clear and consistent communication and coordination among relevant animal and human health partners across and within all jurisdictions (including international, national, state, and local) is necessary to most effectively prevent and control rabies. As is the case for the prevention of many zoonotic and emerging infections, rabies prevention requires the cooperation of animal control, law enforcement, and natural resource personnel; veterinarians; diagnosticians; public health professionals; physicians; animal and pet owners; and others. An integrated program must include provisions to promptly respond to situations; humanely restrain, capture, and euthanize animals; administer quarantine, confinement, and observation periods; and prepare samples for submission to a testing laboratory.

4. Awareness and education. Essential components of rabies prevention and control include ongoing public education, responsible pet ownership, routine veterinary care and vaccination, and professional continuing education. Most animal and human exposures to rabies can be prevented by raising awareness concerning rabies transmission routes, the importance of avoiding contact with wildlife, and the need for appropriate veterinary care. Prompt recognition and reporting

of possible exposures to medical and veterinary professionals and local public health authorities are critical.

5. Human rabies prevention. Rabies in humans can be prevented by eliminating exposures to rabid animals or by providing exposed persons prompt postexposure prophylaxis consisting of local treatment of wounds in combination with appropriate administration of human rabies immune globulin and vaccine. An exposure assessment should occur before rabies postexposure prophylaxis is initiated and should include discussion between medical providers and public health officials. The rationale for recommending preexposure prophylaxis and details of both pre-exposure and postexposure prophylaxis administration can be found in the current recommendations of the Advisory Committee on Immunization Practices.^{11,12} These recommendations, along with information concerning the current local and regional epidemiology of animal rabies and the availability of human rabies biologics, are available from state health departments.

6. Domestic animal vaccination. Multiple vaccines are licensed for use in domestic animal species. Vaccines available include inactivated and modified-live virus vectored products, products for IM and SC administration, products with durations of immunity for periods of 1 to 3 years, and products with various minimum ages of vaccination. Recommended vaccination procedures are specified in Part II of this compendium; animal rabies vaccines licensed by the USDA and marketed in the United States are specified in Appendix 1. Local governments should initiate and maintain effective programs to ensure vaccination of all dogs, cats, and ferrets and to remove stray and unwanted animals. Such procedures have reduced laboratory-confirmed cases of rabies among dogs in the United States from 6,949 cases in 1947 to 89 cases in 2013.⁵ Because more rabies cases are reported annually involving cats (247 in 2013) than dogs, vaccination of cats should be required.⁵ Animal shelters and animal control authorities should establish policies to ensure that adopted animals are vaccinated against rabies.

An important tool to optimize public and animal health and enhance domestic animal rabies control is routine or emergency implementation of low-cost or free clinics for rabies vaccination. To facilitate implementation, jurisdictions should work with veterinary medical licensing boards, veterinary associations, the local veterinary community, animal control officials, and animal welfare organizations.

7. Rabies in vaccinated animals. Rabies is rare in vaccinated animals.^{13–15} If rabies is suspected in a vaccinated animal, it should be reported to public health officials, the vaccine manufacturer, and the USDA APHIS Center for Veterinary Biologics

(www.aphis.usda.gov; search for "adverse event reporting"). The laboratory diagnosis should be confirmed and the virus variant characterized by the CDC's rabies reference laboratory. A thorough epidemiologic investigation including documentation of the animal's vaccination history and potential rabies exposures should be conducted.

8. Rabies in wildlife. It is difficult to control rabies among wildlife reservoir species.¹⁶ Vaccination of free-ranging wildlife or point infection control is useful in some situations,¹⁷ but the success of such procedures depends on the circumstances surrounding each rabies outbreak (See Part I. C. Prevention and control methods related to wildlife). Because of the risk of rabies in wild animals (especially raccoons, skunks, coyotes, foxes, and bats), the AVMA, American Public Health Association, Council of State and Territorial Epidemiologists, National Animal Care and Control Association, and National Association of State Public Health Veterinarians strongly recommend the enactment and enforcement of state laws prohibiting the importation, distribution, translocation, and private ownership of wild animals.

9. Rabies surveillance. Laboratory-based rabies surveillance and variant typing are essential components of rabies prevention and control programs. A comprehensive surveillance program should not be limited to testing only those animals that have potentially exposed people or domestic animals to rabies. Accurate and timely information and reporting are necessary to guide decisions regarding postexposure prophylaxis in potentially exposed humans, determine appropriate management of potentially exposed animals, aid in the discovery of emerging variants, describe the epidemiology of the disease, and assess the effectiveness of vaccination programs for domestic animals and wildlife. Every animal submitted for rabies testing should be reported to the CDC to evaluate surveillance trends. Public health authorities should implement electronic laboratory reporting and notification systems.¹⁸ Information reported on every animal submitted for rabies testing should include species, point location, vaccination status, rabies virus variant (if rabid), and human or domestic animal exposures. To enhance the ability to make evidence-based recommendations from national surveillance data, additional data should be collected and reported on all rabid domestic animals. In this regard, essential data elements include age, sex, neuter status, ownership status, quarantine dates (if any), date of onset of any clinical signs, and complete vaccination history. Rabid animals with a history of importation into the United States within the past 60 days are immediately notifiable by state health departments to the CDC; for all indigenous cases, standard notification protocols should be followed.¹⁹

10. Rabies diagnosis.

a) The direct fluorescent antibody test is the gold standard for rabies diagnosis. The test should be performed in accordance with the established national standardized protocol (www.cdc.gov/rabies/pdf/rabiesdfaspv2.pdf) by a qualified laboratory that has been designated by the local or state health department.^{20,21} Animals submitted for rabies testing should be euthanized^{22,23} in such a way as to maintain the integrity of the brain so that the laboratory can recognize anatomic structures. Except in the case of very small animals, such as bats, only the head or entire brain (including brainstem) should be submitted to the laboratory. To facilitate prompt laboratory testing, submitted specimens should be stored and shipped under refrigeration without delay. The need to thaw frozen specimens will delay testing. Chemical fixation of tissues should be avoided to prevent significant testing delays and because such fixation might preclude reliable testing. Questions about testing of fixed tissues should be directed to the local rabies laboratory or public health department.

b) Rabies testing should be available outside of normal business hours at the discretion of public health officials to expedite exposure management decisions.²⁰ When confirmatory testing is needed by state health departments (eg, in the event of inconclusive results, unusual species, or mass exposures), the CDC rabies laboratory can provide additional testing and results within 24 hours of sample receipt.²⁴

c) Professional associations such as the Association of Public Health Laboratories should advocate for, distribute, and promote the development of guidelines for routinely assessing testing practices within rabies laboratories to ensure maintenance of quality and safety.

d) A direct rapid immunohistochemical test (referred to as dRIT) is being used by trained field personnel in surveillance programs for specimens not involved in human or domestic animal exposures.²⁵⁻²⁸ All positive direct rapid immunohistochemical test results need to be confirmed by means of direct fluorescent antibody testing at a qualified laboratory.

e) Currently, there are no commercially available, USDA-licensed rapid test kits for rabies diagnosis. Unlicensed tests should not be used owing to the following concerns: sensitivity and specificity of these tests are not known, the tests have not been validated against current standard methods, the excretion of virus in the saliva is intermittent and the amount varies over time, any unlicensed test result would

need to be confirmed by validated methods such as direct fluorescent antibody testing on brain tissue, and the interpretation of results from unlicensed tests may place exposed animals and persons at risk.

11. Rabies serology. Some jurisdictions require evidence of vaccination and rabies virus antibodies for animal importation purposes. Rabies virus antibody titers are indicative of a response to vaccine or infection. Titers do not directly correlate with protection because other immunologic factors also play a role in preventing rabies and our abilities to measure and interpret those other factors are not well-developed. Therefore, evidence of circulating rabies virus antibodies in animals should not be used as a substitute for current vaccination in managing rabies exposures or determining the need for booster vaccination.^{29–32}

12. Rabies research. Information derived from well-designed studies is essential for the development of evidence-based recommendations. Data are needed in several areas, including viral shedding periods for domestic livestock and lagomorphs, potential shedding of virus in milk, the earliest age at which rabies vaccination is effective, protective effect of maternal antibody, duration of immunity, postexposure prophylaxis protocols for domestic animals, models for treatment of clinical rabies, extralabel vaccine use in domestic animals and wildlife rabies reservoir species, host-pathogen adaptations and dynamics, and the ecology of wildlife rabies reservoir species, especially in relation to the use of oral rabies vaccines.

B. Prevention and control methods in domestic and confined animals

1. Preexposure vaccination and management. Adherence to a regular rabies vaccination schedule is critical to protect animals against recognized and unrecognized rabies exposures. Parenteral animal rabies vaccines should be administered only by or under the direct supervision of a licensed veterinarian on premises. Rabies vaccines may be administered under the supervision of a licensed veterinarian to animals held in animal shelters before release.^{33,34} The veterinarian signing a rabies vaccination certificate must ensure that the person who administered the vaccine is identified on the certificate and has been appropriately trained in vaccine storage, handling, and administration and in the management of adverse events. This ensures that a qualified and responsible person can be held accountable for properly vaccinating the animal.

Within 28 days after initial vaccination, a peak rabies virus antibody titer is expected, and the animal can be considered immunized.^{31,35–37} Regardless of the age of the animal at initial vaccination, a booster vaccination should be administered 1 year later (see Part II and Appendix 1). An animal is currently vaccinated and is consid-

ered immunized immediately after any booster vaccination.^{38,39}

a) **Booster vaccination.** Following the initial vaccination, booster vaccinations should be given in a manner consistent with the manufacturer's label. If a previously vaccinated animal is overdue for any booster vaccination, including the first booster vaccination due 1 year after initial vaccination, it should be given a booster vaccination. Immediately after this booster vaccination, the animal is considered currently vaccinated and should be placed on a booster vaccination schedule consistent with the label of the vaccine used. There are no laboratory or epidemiological data to support the annual or biennial administration of 3-year vaccines after completion of the initial vaccine series (ie, the initial vaccination and 1-year booster vaccination).

b) **Dogs, cats, and ferrets.** All dogs, cats, and ferrets should be vaccinated against rabies and revaccinated in accordance with recommendations in this compendium (Appendix 1).

c) **Livestock.** All horses should be vaccinated against rabies.⁴⁰ Livestock, including species for which licensed vaccines are not available, that have frequent contact with humans (eg, in petting zoos, fairs, and other public exhibitions) should be vaccinated against rabies.^{41,42} Consideration should also be given to vaccinating livestock that are particularly valuable.

d) **Captive wild animals and wild animal hybrids** (the offspring of wild animals crossbred to domestic animals).

(1) Wild animals and wild animal hybrids should not be kept as pets.^{43,44} No parenteral rabies vaccines are licensed for use in wild animals or wild animal hybrids.⁴⁵

(2) Animals that are farmed (eg, for food, fur, or fiber) or maintained in exhibits or zoological parks and that are not completely excluded from all contact with rabies vectors can become infected.⁴⁶ Moreover, wild animals might be incubating rabies when initially captured. Therefore, wild-caught animals susceptible to rabies should be quarantined for a minimum of 6 months.

(3) Employees who work with animals in exhibits or zoological parks should receive preexposure rabies vaccination. The use of preexposure or postexposure rabies vaccination for handlers who work with animals at such facilities might reduce the need for euthanasia of captive animals that expose handlers. Carnivores and bats should be housed in a manner

that precludes direct contact with the public.^{41,42} Consideration may be given to vaccinating animals that are particularly valuable (see Part II.D.Vaccination of wild-life and wild animal hybrids).

2. Stray animals. Stray dogs, cats, and ferrets should be removed from the community, and mechanisms should be put in place to facilitate voluntary surrender of animals to prevent abandonment. Local health departments and animal control officials can enforce the removal of strays more effectively if owned animals are required to have identification and be confined or kept on leash. Strays should be impounded for at least 3 business days to determine whether human exposure has occurred and to give owners sufficient time to reclaim animals.

Stray and feral cats serve as a significant source of rabies exposure risk.⁴⁷ If communities allow maintenance of feral cat colonies despite this risk, they should safeguard the health of the cats and the communities in which they reside by requiring that cats receive initial rabies vaccinations and appropriately scheduled booster vaccinations.

3. Importation and interstate movement of animals.

a) Areas with dog-to-dog rabies transmission. Canine rabies virus variants have been eliminated from the United States⁴⁸; however, rabid dogs and a rabid cat have been introduced into the continental United States from areas with dog-to-dog rabies transmission.^{4-6,48,49} The movement of dogs for the purposes of adoption or sale from areas with dog-to-dog rabies transmission increases the risk of introducing canine-transmitted rabies to areas where it does not currently exist, and this practice should be prohibited.

b) International importation. Current federal regulations are insufficient to prevent the introduction of rabid animals into the United States and must be strengthened and appropriately enforced.^{4-6,48,49} The CDC and USDA APHIS have regulatory authority over the importation of dogs and cats into the United States.⁶ Importers of dogs must comply with rabies vaccination requirements.^{50,51} These regulations require that dogs from rabies-endemic countries be currently vaccinated against rabies prior to importation. The appropriate health official of the state of destination should be notified by the appropriate federal authorities within 72 hours of the arrival of any unvaccinated imported dog required to be placed in confinement (as defined by the CDC⁵²) under these regulations. Failure of the owner to comply with these confinement requirements should be promptly reported to the CDC's Division of Global Migration and Quarantine (CDCAnimalImports@cdc.gov).

All imported dogs and cats are also subject to state and local laws governing rabies and

should be currently vaccinated against rabies with USDA-licensed products in accordance with this compendium. Failure of the owner to comply with state or local requirements should be referred to the appropriate state or local official.

c) Interstate movement (including commonwealths and territories). Before interstate movement occurs, dogs, cats, ferrets, and horses should be currently vaccinated against rabies in accordance with this compendium. Animals in transit should be accompanied by a current, valid rabies vaccination certificate such as Form 51 from the National Association of State Public Health Veterinarians.⁵³ When an interstate health certificate or certificate of veterinary inspection is required, it should contain the same rabies vaccination information as Form 51.

4. Adjunct procedures. Methods or procedures that enhance rabies control include the following⁵⁴:

a) Identification. Dogs, cats, and ferrets should be identified (eg, metal or plastic tags or microchips) to allow for verification of rabies vaccination status.

b) Licensure. Registration or licensure of all dogs, cats, and ferrets is an integral component of an effective rabies control program. A fee is frequently charged for such licensure, and revenues collected are used to maintain rabies or animal control activities. Evidence of current vaccination should be an essential prerequisite to licensure.

c) Canvassing. House-to-house canvassing by animal control officials facilitates enforcement of vaccination and licensure requirements.

d) Citations. Citations are legal summonses issued to owners for violations, including the failure to vaccinate or license their animals. The authority for officers to issue citations should be an integral part of animal control programs.

e) Animal control. All local jurisdictions should incorporate training and continuing education of personnel regarding stray-animal control, leash laws, animal bite prevention, and rabies prevention and control into their programs.

f) Public education. All local jurisdictions should incorporate education covering responsible pet ownership, bite prevention, and appropriate veterinary care into their programs.

5. Postexposure management. This section refers to any animal exposed (see Part I.A.2. Rabies virus exposure) to a confirmed or suspected rabid animal. Wild mammalian carnivores, skunks, and bats that are not available or suitable for testing should be regarded as rabid. The rationale for

observation, confinement, or strict quarantine periods of exposed animals despite previous vaccination is based in part on the potential for overwhelming viral challenge, incomplete vaccine efficacy, improper vaccine administration, variable host immunocompetence, and immune-mediated death (ie, early death phenomenon).^{15,55-57}

a) Dogs, cats, and ferrets. Any illness in an exposed animal should be reported immediately to the local health department. If signs suggestive of rabies develop (eg, paralysis or seizures), the animal should be euthanized, and the head or entire brain (including brainstem) should be submitted for testing (see Part I.A. 10. Rabies diagnosis).

(1) Dogs, cats, and ferrets that are current on rabies vaccination should immediately receive veterinary medical care for assessment, wound cleansing, and booster vaccination. The animal should be kept under the owner's control and observed for 45 days.

(2) Dogs, cats, and ferrets that have never been vaccinated should be euthanized immediately. There are currently no USDA-licensed biologics for postexposure prophylaxis of previously unvaccinated domestic animals, and there is evidence that the use of vaccine alone will not reliably prevent the disease in these animals.⁵⁶ If the owner is unwilling to have the animal euthanized, the animal should be placed in strict quarantine for 4 (dogs and cats) or 6 (ferrets) months. Strict quarantine in this context refers to confinement in an enclosure that precludes direct contact with people and other animals. A rabies vaccine should be administered at the time of entry into quarantine to bring the animal up to current rabies vaccination status. Administration of vaccine should be done as soon as possible. It is recommended that the period from exposure to vaccination not exceed 96 hours.^{59,60} If vaccination is delayed, public health officials may consider increasing the quarantine period for dogs and cats from 4 to 6 months, taking into consideration factors such as the severity of exposure, the length of delay in vaccination, current health status, and local rabies epidemiology.

(3) Dogs and cats that are overdue for a booster vaccination and that have appropriate documentation of having received a USDA-licensed rabies vaccine at least once previously should immediately receive veterinary medical care for assessment, wound cleansing, and booster vaccination. The animal should be kept under the own-

er's control and observed for 45 days.⁵⁹ If booster vaccination is delayed, public health officials may consider increasing the observation period for the animal, taking into consideration factors such as the severity of exposure, the length of delay in booster vaccination, current health status, and local rabies epidemiology.

(4) Dogs and cats that are overdue for a booster vaccination and without appropriate documentation of having received a USDA-licensed rabies vaccine at least once previously should immediately receive veterinary medical care for assessment, wound cleansing, and consultation with local public health authorities.

(a) The animal can be treated as unvaccinated, immediately given a booster vaccination, and placed in strict quarantine (see Part I. B. 5. a) (2)).

(b) Alternatively, prior to booster vaccination, the attending veterinarian may request guidance from the local public health authorities in the possible use of prospective serologic monitoring. Such monitoring would entail collecting paired blood samples to document prior vaccination by providing evidence of an anamnestic response to booster vaccination. If an adequate anamnestic response is documented, the animal can be considered to be overdue for booster vaccination (see Part I. B. 5. a) (3)) and observed for 45 days.⁵⁹ If there is inadequate evidence of an anamnestic response, the animal is considered to have never been vaccinated and should be placed in strict quarantine (see Part I. B. 5. a) (2)).

(5) Ferrets that are overdue for a booster vaccination should be evaluated on a case-by-case basis, taking into consideration factors such as the severity of exposure, time elapsed since last vaccination, number of previous vaccinations, current health status, and local rabies epidemiology, to determine need for euthanasia or immediate booster vaccination followed by observation or strict quarantine.

b) Livestock. All species of livestock are susceptible to rabies; cattle and horses are the most frequently reported infected species.⁵ Any illness in an exposed animal should be reported immediately to the local health department and animal health officials. If signs suggestive of rabies develop, the animal should be euthanized, and the head or entire brain

(including brainstem) should be submitted for testing (see Part I.A. 10. Rabies diagnosis).

(1) Livestock that have never been vaccinated should be euthanized immediately. Animals that are not euthanized should be confined and observed on a case-by-case basis for 6 months.

(2) Livestock that are current on rabies vaccination with a USDA-licensed vaccine approved for that species should be given a booster vaccination immediately and observed for 45 days.

(3) Livestock overdue for a booster vaccination should be evaluated on a case-by-case basis, taking into consideration factors such as severity of exposure, time elapsed since last vaccination, number of previous vaccinations, current health status, and local rabies epidemiology, to determine need for euthanasia or immediate booster vaccination followed by observation or strict quarantine.

(4) Multiple rabid animals in a herd and herbivore-to-herbivore transmission of rabies are uncommon.⁶¹ Therefore, restricting the rest of the herd if a single animal has been exposed to or infected with rabies is usually not necessary.

(5) Rabies virus is widely distributed in the tissues of rabid animals.⁶²⁻⁶⁴ Tissues and products from a rabid animal should not be used for human or animal consumption^{65,66} or transplantation.⁶⁷ However, pasteurization and cooking will inactivate rabies virus.⁶⁸ Therefore, inadvertently drinking pasteurized milk or eating thoroughly cooked animal products does not constitute a rabies exposure.

(6) Handling and consumption of uncooked tissues from exposed animals might carry a risk for rabies transmission.⁶⁹ Persons handling exposed animals, carcasses, and tissues should use appropriate barrier precautions.^{69,70} State and local public health authorities, state meat inspectors, and the USDA Food Safety and Inspection Service should be notified if exposures occur in animals intended for commercial use. Animals should not be presented for slaughter in a USDA-regulated establishment if such animals originate from a quarantine area and have not been approved for release by the proper authority. If an exposed animal is to be custom slaughtered or home slaughtered for consumption, it should be slaughtered immediately after exposure, and all tissues should be cooked thoroughly.

c) Other animals. Other mammals exposed to 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 in consultation with public health authorities. Management options may include quarantine, observation, or administration of rabies biologics.

6. Management of animals that bite humans.

a) Dogs, cats, and ferrets. Rabies virus is excreted in the saliva of infected dogs, cats, and ferrets during illness and for only a few days before the onset of clinical signs or death.⁷¹⁻⁷³ Regardless of rabies vaccination status, a healthy dog, cat, or ferret that exposes a person should be confined and observed daily for 10 days from the time of the exposure⁷⁴; administration of rabies vaccine to the animal is not recommended during the observation period to avoid confusing signs of rabies with rare adverse vaccine reactions.¹⁵ Any illness in the animal should be reported immediately to the local health department. Such animals should be evaluated by a veterinarian at the first sign of illness during confinement. If signs suggestive of rabies develop, the animal should be euthanized, and the head or entire brain (including brainstem) should be submitted for testing (see Part I.A. 10. Rabies diagnosis). Any stray or unwanted dog, cat, or ferret that exposes a person may be euthanized immediately, and the head or entire brain (including brainstem) should be submitted for testing (see Part I.A. 10. Rabies diagnosis).

b) Other animals. Other animals that might have exposed a person to rabies should be reported immediately to the local health department. Management of animals other than dogs, cats, and ferrets depends on the species, the circumstances of the exposure, the epidemiology of rabies in the area, the exposing animal's history and current health status, and the animal's potential for exposure to rabies. The shedding period for rabies virus is undetermined for most species. Previous vaccination of these animals might not preclude the necessity for euthanasia and testing.

7. **Outbreak prevention and control.** The emergence of new rabies virus variants or the introduction of nonindigenous viruses poses a significant risk to humans, domestic animals, and wildlife.⁷⁵⁻⁸² A rapid and comprehensive response involves coordination of multiple agencies (see Part I.A. 3. Interdisciplinary approach) to accomplish the following outcomes⁸³:

- Characterize the virus at the national reference laboratory.
- Identify and control the source of the introduction.

- Enhance laboratory-based surveillance in wild and domestic animals.
- Increase animal rabies vaccination rates.
- Restrict the movement of animals.
- Evaluate the need for wildlife intervention activities (eg, point infection control, trap-vaccinate-release programs, and oral rabies vaccination programs).
- Provide public and professional outreach and education.

8. Disaster response. Animals might be displaced during and after man-made or natural disasters and require emergency sheltering.⁸⁴⁻⁸⁶ Animal rabies vaccination and exposure histories are often not available for displaced animals, and disaster response can create situations where animal caretakers might lack appropriate training or preexposure 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 postexposure prophylaxis. Such measures include the following actions:

- Coordinate relief efforts of individuals and organizations with the local emergency operations center before deployment.
- Examine each animal at a triage site for possible bite injuries or signs of rabies.
- Isolate animals exhibiting signs of rabies pending evaluation by a veterinarian.
- Ensure that all animals have a unique identifier.
- Administer a rabies vaccine to all dogs, cats, and ferrets unless reliable proof of current vaccination exists.
- Adopt minimum standards for animal caretakers as feasible, including use of personal protective equipment, completion of the preexposure rabies vaccination series prior to deployment, and provision of appropriate training.⁸⁷
- Maintain documentation of animal disposition and location (eg, returned to owner, died or euthanized, adopted, or relocated to another shelter with address of new location).
- Provide facilities to confine and observe animals involved in exposures (see Part I. B. 6. Management of animals that bite humans).
- Report human exposures to appropriate public health authorities (see Part I. A. 2. Rabies virus exposure).

C. Prevention and control methods related to wildlife

The public should be warned not to handle or feed wild mammals. Wild mammals and wild animal hybrids that expose persons, pets, or livestock should be considered for euthanasia and rabies testing. A person exposed by any wild mammal should immediately wash the wound thoroughly and report the incident to a health-care provider who, in consultation with public health authorities, can evaluate the need for postexposure prophylaxis.^{11,12}

Translocating infected wildlife has contributed to the spread of rabies,^{75-80,88} and animals that appear healthy can still be rabid. Therefore, translocation (ie, moving live animals from their point of capture and releasing them) of known rabies reservoir species should be prohibited.⁸⁹ Whereas state-regulated wildlife rehabilitators and nuisance-wildlife control operators should play a role in a comprehensive rabies control program, minimum standards for these persons who handle wild mammals should include rabies pre-exposure vaccination, specific rabies prevention and control training, and ongoing continuing education.

1. Carnivores. The use of oral rabies vaccines for mass vaccination of free-ranging wildlife should be considered in selected situations, with the approval of appropriate state and local agencies.^{16,90} There have been documented successes using oral rabies vaccines to control rabies in wildlife in North America.⁹⁰⁻⁹⁵ The currently licensed vaccinia-vectored oral rabies vaccine is labeled for use in raccoons and coyotes. Research to improve existing oral rabies vaccine and baits and to develop and test novel products to determine safety and efficacy must be encouraged. The distribution of oral rabies vaccines should be based on scientific assessments of the target species and followed by timely and appropriate analysis of surveillance data, with results provided to all stakeholders. In addition, parenteral vaccination (trap-vaccinate-release) of wildlife rabies reservoir species may be integrated into coordinated oral rabies vaccine programs to enhance their effectiveness. Continuous and persistent programs for trapping or poisoning wildlife are not effective in reducing populations of wildlife rabies reservoir species on a statewide basis. However, limited population control in high-contact areas (eg, picnic grounds, camps, and suburban areas) might be indicated for the removal of selected high-risk species of wildlife. State agriculture, public health, and wildlife agencies should be consulted for planning, coordination, and evaluation of vaccination or point infection control programs.¹⁶

2. Bats. From the 1950s to today, indigenous rabid bats have been reported from every state except Hawaii and have caused rabies in at least 54 humans in the United States.⁹⁴⁻¹⁰⁵ Bats should be excluded, using appropriate methods, from houses, public buildings, and adjacent structures to prevent direct association with humans.^{104,105} Such structures should then be made bat-proof by sealing entrances used by bats. Controlling rabies in bats through programs designed to reduce bat populations is neither feasible nor desirable.

Part II. Recommendations for Parenteral Rabies Vaccination Procedures

A. Vaccine administration

All animal rabies vaccines should be restricted to use by or under the direct supervision of a veterinar-

ian,¹⁰⁶ except as recommended otherwise (see Part I. B. 1. Preexposure vaccination and management).

B. Vaccine selection

All vaccines licensed by the USDA and marketed in the United States at the time of publication of this compendium are listed (Appendix 1). Newly approved vaccines and changes in label specifications made subsequent to publication should be considered as part of this list. Any of the listed vaccines can be used for revaccination, even if the product is not the same as the one previously administered. Vaccines used in state and local rabies control programs should have at least a 3-year duration of immunity. This constitutes the most effective method of increasing the proportion of immunized dogs and cats in any population.¹⁰⁷

C. Adverse events

Currently, no epidemiological association exists between any particular licensed vaccine product and adverse events.^{15,34,108–110} Although rare, adverse events such as vomiting, injection site swelling, lethargy, hypersensitivity, and the occurrence of rabies despite previous vaccination of an animal have been reported. Adverse events should be reported to the vaccine manufacturer and to USDA APHIS's Center for Veterinary Biologics (www.aphis.usda.gov/search for "adverse event reporting"). Although ill animals may not have a full immunologic response to vaccination, there is no evidence to suggest that adverse events are more likely to occur with rabies vaccination of ill than healthy animals. A veterinarian choosing to temporarily delay vaccinating an animal with an acute illness or condition should ensure that the animal is vaccinated as soon as possible. Animals with a previous history of anaphylaxis can be medically managed and observed after vaccination.⁵⁶ Severe adverse events related to rabies vaccination are extremely rare in animals. Decisions concerning rabies vaccination of animals with well-documented severe adverse events to rabies vaccine must be made within the context of a valid veterinarian-client-patient relationship. Due consideration should be given to the attendant risks and benefits of not vaccinating, including regulatory noncompliance. Animals not currently vaccinated that experience a rabies exposure are at greater risk for infection and death and also put their owners and the community at risk.

D. Vaccination of wildlife and wild animal hybrids

The safety and efficacy of parenteral rabies vaccines in wildlife and wild animal hybrids have not been established, and no rabies vaccines are currently licensed for use in these animals. Thus, any use of rabies vaccines in these animals is considered extralabel use. Zoos or research institutions may establish vaccination programs in an attempt to protect valuable animals, but these should not replace appropriate public health activities that protect humans (see Part I. B. 1. d) (3)).

E. Accidental human exposure to rabies vaccines

Human exposure to parenteral animal rabies vaccines listed in Appendix 1 does not constitute a risk for rabies virus infection. Human exposure to vaccinia-vectored oral rabies vaccines should be reported to state health officials.^{111,112}

F. Rabies certificates

All agencies and veterinarians should use Form 51, the rabies vaccination certificate recommended by the National Association of State Public Health Veterinarians,⁵⁵ or should use an equivalent. The form must be completed in full and signed by the administering or supervising veterinarian. Computer-generated forms containing the same information are also acceptable.

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Appendix 1

Rabies vaccines licensed and marketed in the United States, 2016.

Product name	Produced by	Marketed by	For use in	Dose	Age at primary vaccination ^a	Booster vaccination	Route of inoculation
Monovalent (inactivated) RABVAC 1	Boehringer Ingelheim Vetmedica Inc License No. 124	Boehringer Ingelheim Vetmedica Inc	Dogs and cats	1 mL	3 mo	Annually	IH or SC
RABVAC 3	Boehringer Ingelheim Vetmedica Inc License No. 124	Boehringer Ingelheim Vetmedica Inc	Dogs and cats	1 mL	3 mo	Annually	IH or SC
EQU-KAB with Hxlogan DEFENSOR 1	Merck Animal Health License No. 145A	Merck Animal Health	Horses	2 mL	3 mo	Annually	IH
DEFENSOR 3	Zoetis License No. 190	Zoetis	Dogs	1 mL	3 mo	Annually	IH or SC
	Zoetis License No. 190	Zoetis	Cats	1 mL	3 mo	Annually	SC
	Zoetis License No. 190	Zoetis	Sheep and cattle	1 mL	3 mo	Annually	IH or SC
NOBIVAC 1-Rabies	Zoetis License No. 190	Merck Animal Health	Dogs	1 mL	3 mo	Annually	IH or SC
NOBIVAC 3-Rabies and 3-Rabies CA	Zoetis License No. 190	Merck Animal Health	Cats	1 mL	3 mo	Annually	SC
IMRAB 1	Merck Inc License No. 298	Merck Inc	Sheep and cattle	2 mL	3 mo	Annually	IH
IMRAB 1 TF	Merck Inc License No. 298	Merck Inc	Dogs and cats	1 mL	3 mo	Annually	SC
IMRAB 3	Merck Inc License No. 298	Merck Inc	Dogs and cats	1 mL	3 mo	Annually	SC
	Merck Inc License No. 298	Merck Inc	Sheep	2 mL	3 mo	Annually	IH or SC
	Merck Inc License No. 298	Merck Inc	Cattle and horses	2 mL	3 mo	Annually	IH or SC
IMRAB 3 TF	Merck Inc License No. 298	Merck Inc	Ferrets	1 mL	3 mo	Annually	SC
	Merck Inc License No. 298	Merck Inc	Dogs and cats	1 mL	3 mo	Annually	IH or SC
IMRAB Large Animal	Merck Inc License No. 298	Merck Inc	Ferrets	1 mL	3 mo	Annually	SC
	Merck Inc License No. 298	Merck Inc	Dogs and cats	1 mL	3 mo	Annually	IH or SC
	Merck Inc License No. 298	Merck Inc	Cattle and horses	2 mL	3 mo	Annually	IH or SC
	Merck Inc License No. 298	Merck Inc	Sheep	2 mL	3 mo	Annually	IH or SC
Monovalent (rabies glycoprotein; live canary pox vector) PUREVAX Feline Rabies	Merck Inc License No. 298	Merck Inc	Cats	1 mL	3 mo	Annually	SC
PUREVAX Feline Rabies Rabies 3 YR	Merck Inc License No. 298	Merck Inc	Cats	1 mL	3 mo	Annually	SC
Combination (inactivated) Equine POTOMAVAC + IMRAB	Merck Inc License No. 298	Merck Inc	Horses	1 mL	3 mo	Annually	IH
Combination (rabies glycoprotein; live canary pox vector) PUREVAX Feline 3/Rabies	Merck Inc License No. 298	Merck Inc	Cats	1 mL	8 wk	Every 3 to 4 wk until 3 mo and annually	SC
PUREVAX Feline 4/Rabies	Merck Inc License No. 298	Merck Inc	Cats	1 mL	3 mo	3 to 4 wk later and annually Every 3 to 4 wk until 3 mo and annually	SC
Oral (rabies glycoprotein; live vaccinia vector) ^{††} RABORAL VAG	Merck Inc License No. 298	Merck Inc	Raccoons and coyotes	NA	NA	As determined by local authorities	Oral

^aOne month = 28 days. ^{††}Oral rabies vaccines are restricted for use in federal and state rabies control programs.
NA = Not applicable.
Information is provided by the vaccine manufacturers and USDA APHIS, Center for Veterinary Biologics and is subject to change.

Appendix 2

Rabies vaccine manufacturer contact information

Manufacturer	Phone No.	URL
Boehringer Ingelheim Vetmedica Inc	800-638-2226	www.bi-vetmedica.com
Merck Animal Health Inc	800-521-5767	www.merck-animal-health-usa.com
Merial Inc	888-637-4251	us.merial.com
Zoetis	800-366-5288	www.zoetis.com

APPENDIX E: RABIES INFORMATION

Fast Facts

NYS Rabies Information

Warren County Rabies Statistics

Rabies History in NYS

What Pet Owners Need to Know About Pet Vaccination

Rabies Fast Facts

What is rabies?	Rabies is a serious disease that is caused by a virus. Each year it kills more than 50,000 people and millions of animals around the world.
Is rabies a problem everywhere?	Rabies is a big problem in Asia, Africa, and Central and South America. In the United States, rabies has been reported in every state except Hawaii.
Who gets rabies?	Any <u>mammal</u> can get rabies. Raccoons, skunks, foxes, bats, dogs, and cats can get rabies. Cattle and humans can also get rabies. Animals that are not mammals--such as birds, snakes, and fish--do not get rabies.
How does an animal get rabies?	Rabies is caused by a <u>virus</u> . An animal gets rabies from saliva, usually from a bite of an animal that has the disease.
How do you know if an animal has rabies?	Animals with rabies may act differently from a healthy animal. Wild animals may move slowly or may act as if they are tame. A pet that is usually friendly may snap at you or may try to bite. Some signs of rabies in animals are: • changes in an animal's behavior • general sickness • problems swallowing • increased drooling • aggression
Can rabies be prevented?	Yes! Rabies can be prevented by vaccine and thorough cleaning of the wound. If you are bitten by an animal that could have rabies, immediately clean the bite wound with soap and water and see your doctor.
How can I prevent rabies?	• Vaccinate your dogs, cats, and ferrets against rabies • Keep your pets under supervision • Do not handle wild animals. If you see a wild animal or a stray, especially if the animal is acting strangely, call an animal control officer. • If you do get bitten by an animal, wash the wound with soap and water for at least 5 minutes. Call your doctor to see if you need shots. • Get your pets spayed or neutered. Pets that are fixed are less likely to leave home, become strays, and make more stray animals.

NYS Rabies Information

What is rabies?

Rabies is a deadly disease caused by a virus that attacks the central nervous system (brain and spinal cord). Infected mammals can transmit rabies virus to humans and other mammals. Rabies almost always causes death once symptoms appear, but rabies can be prevented if treatment is given soon after exposure to a rabid animal.

What animals can get rabies?

Rabies is most often seen among wild animals such as raccoons, bats, skunks, and foxes, but any mammal can be infected with rabies. Pets and livestock can get rabies if they are not vaccinated to protect them against infection. Among domestic animals, cats are most frequently diagnosed with rabies in New York State.

Some animals *almost never* get rabies. These include rabbits and small rodents such as squirrels, chipmunks, rats, mice, guinea pigs, gerbils, and hamsters. It is possible for these animals to get rabies, but only in rare circumstances, such as if they are attacked but not killed by a rabid animal.

Reptiles (such as lizards and snakes), amphibians (like frogs), birds, fish, and insects do not get or carry rabies.

What are the signs of rabies in animals?

The first sign of rabies is usually a change in an animal's behavior. It may become unusually aggressive or tame. The animal may lose its fear of people and natural enemies. A wild animal may appear affectionate and friendly. It may become excited or irritable and attack anything in its path. Staggering, convulsions, choking, frothing at the mouth, and paralysis are sometimes seen. Some animals will make very unusual sounds. Infected animals usually die within one week after showing signs of rabies.

If you see an animal acting abnormally, and you are concerned you may have been exposed to rabies, contact your local health department. They will be able to help you determine if you have been exposed and what to do next.

How do people become exposed to rabies?

People usually get exposed to the rabies virus when an infected animal bites them. Exposure may also occur if saliva from a rabid animal enters an open cut or mucous membrane (eyes, nose, or mouth).

What should I do if I think I was exposed to rabies?

Wash all wounds thoroughly with soap and water and seek medical attention immediately.

Report *all* animal bites to your county health department, even if you are unsure whether or not you have been exposed. The phone number for your county health department can be found on the [New York State Department of Health website](#).

Try to keep track of the animal that you had exposure to and report this information to your county health department so the animal can be captured safely, if possible. In the case of a bat, you may be able to safely capture it yourself and take it to your county health department where it will be transferred to the state for rabies testing if the health department determines that it may have exposed you to rabies.

Healthy dogs, cats, ferrets, and livestock that have been bitten or otherwise potentially exposed a human to rabies need to be confined under the direction of the county health department and observed for ten days following the exposure. If the animal remains healthy during this period, the animal did not transmit rabies at the time of the bite.

Other types of animals that potentially expose humans to rabies must be tested for rabies under the direction of the county health department. If an animal cannot be observed or tested for rabies, rabies postexposure treatment may be necessary for the people exposed. Your county health department will assist you and your physician to determine whether such treatment is necessary.

What is the treatment for people exposed to rabies?

Treatment after rabies exposure is called rabies postexposure prophylaxis (RPEP). It consists of a dose of human rabies immune globulin (HRIG) given as soon as possible after exposure, plus 4 shots of rabies vaccine given over two weeks. If there is a wound or known site of animal contact, the full dose of HRIG should go into the wound or site of contact, if possible. The first vaccine shot is given at the same time, with the

remaining shots given on days 3, 7, and 14 following the initial injection. People who have weakened immune systems may require a fifth rabies shot if their doctor determines it is necessary.

A person who has already been vaccinated for rabies and is exposed to rabies must receive two booster vaccine shots three days apart immediately after exposure. They do not need a shot of HRIG.

What happens if a rabies exposure goes untreated?

Exposure to a rabid animal does not always result in rabies. If treatment (RPEP) is initiated promptly following a rabies exposure, rabies can be prevented. If a rabies exposure is not treated and a person develops clinical signs of rabies, the disease almost always results in death.

Do people and animals die from rabies?

Once symptoms appear, people and animals almost always die. The time period from when a person is exposed to rabies until they begin to develop symptoms is called the incubation period. Incubation can take from two weeks to several months. Once symptoms of rabies start, treatment does not usually work. This is why it is very important to get treated with vaccine right after you are exposed to rabies and vaccinate your pets for rabies. Getting vaccinated can keep you from getting rabies.

How do I protect my pets from rabies?

The best way to keep pets safe from rabies is to vaccinate them and keep their shots up to date. If your pet has been injured by a rabid animal, contact your veterinarian to get medical care. Even though your pet has been vaccinated, it may need a booster dose of rabies vaccine within five days of the incident. Contact your county health department to determine what additional follow-up may be needed.

Where can I get more information about rabies?

The county health department is your best source of additional rabies information. The phone number for your county health department can be found on the New York State Department of Health website.

Detailed rabies information is also available on the Centers for Disease Control and Prevention website.

Rabies Laboratory

The New York State Rabies Laboratory, located at the Wadsworth Center's Griffin Laboratory in Guilderland, provides New York State with rabies-related laboratory services.

Warren County Rabies Program Statistics

BITES REPORTED BY MONTH

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2021	21	11	19	22	24	28	21	32	20	16	10	12	228
2022	9	12	9	25	22	22	24	20	18	20	14	7	202
2023	21	9	18	22	21	19	32	23	22	16	20	11	234
2024	13	10	12	16	9	19	22	16	17	19	15	15	183
2025	11	11	16	14	8	15	22	20	19	16	12	12	176

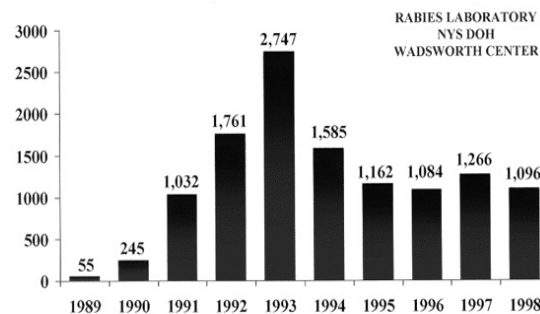
	2021	2022	2023	2024	2025
Confirmed Rabid Animals	1 skunk	2 fox 1 bat	1 Fisher	0	2 bats, 1 raccoon, 1 skunk
Animal Specimens Submitted for Testing	37	37	34	28	33
Animal Bites	228	202	234	183	176
Patients Receiving <u>Pre-Exp.</u> Vac. (3 Injections) or Booster Vacc. Fee: \$415 per dose	1	0	1	3	1
Patients Receiving <u>Post-Exp.</u> Vac. Series @ <u>GF</u> <u>Hosp.</u> (All RIG and First Injections are Given at GF Hospital)	35	31 13 refusals	31 19 refusals 4 boosters	47	58
Patients Receiving <u>Post-Exp.</u> Vac. Series @ <u>P.</u> <u>Health</u> (All RIG and First Injections are Given at GF Hospital)	0	0	0	1	2
Animal Clinics	5	6	6	6	6
Animals Receiving Rabies Vaccinations	280	393	509	536	473

Rabies History in NYS

Rabies in New York State was initially a disease carried by domestic dogs, a problem brought to all of North America by European settlers in the 1700s. With the advent of record keeping in the 1930s, reported cases of animal rabies fluctuated between 20 and 600 annually. Most cases were recorded in domestic dogs although there was also some spillover to livestock. From 1925 until 1944 there were 10 human rabies fatalities, all linked to domestic dog contact.

Postwar compulsory canine vaccination programs in New York controlled the rabies cycle in domestic dogs by the early 1950s, but rabies in foxes spread concomitantly into the state from the south. Wildlife rabies has cycled in terrestrial carnivores in some areas of the state since the 1950s, mainly in red foxes, skunks and raccoons. The most persistent problems until 1990 were periodic rabies incursions into red fox populations in northern New York counties. The disease found its way to northern New York from the Provinces of Ontario and Quebec, Canada, where rabies was enzootic.

CONFIRMED RABID ANIMALS NEW YORK STATE



Bat Rabies

Rabies virus infection in bats was first recognized in the US in 1953, and the first rabid bat was identified in New York State in 1956. Since then, the disease has been identified in each of New York's nine species of insectivorous bats and is widely distributed geographically within the state. Bats and rabid bats can be found in every corner of New York State, from Manhattan to the most remote area of the Adirondacks.

Among bats encountered by people and pets that are submitted to the rabies laboratory for testing, about 3% are found to be rabid. Among normally behaving bats collected in their natural habitats, a fraction of 1% are rabid. Outbreaks of rabies in bat populations have not been observed, and finding one rabid bat in a colony of bats is not evidence of greater prevalence of rabies in that population.

Rabies infection in bats is similar to the disease in other mammals. It is characterized by a variable incubation period that can be months long, a clinical period of about a week with behavioral changes and progressive paralysis leading to death, and the capacity to transmit the virus by bites inflicted during the clinical period.

Well documented instances of transmission of rabies from bats to terrestrial mammals have occurred in the state, particularly to domestic cats, grey foxes and horses.

There have also been two human rabies deaths attributable to bat rabies in New York State: in 1993 in an 11-year-old Sullivan County resident, and in 1995 in a 13-year-old resident of a nearby Connecticut community that was being treated in a Westchester County hospital.

Since 1990, 20 of 22 domestically acquired human rabies infections in the United States have resulted from infection with bat rabies variants, and in only one of these cases was there a clearly documented bat bite. In many of the other cases there had been a bat encounter where direct contact was probable, but no bite was detected.

Because of these observations, and because bat bites may result in limited injury, rabies post-exposure treatment may be provided following encounters with bats where there is a probability a bite may have occurred and gone undetected, unless the bat can be captured and tests negative for evidence of rabies infection. These changing practices have resulted in an increase in the number of bats received for testing at the Wadsworth Rabies Laboratory.

The Raccoon Rabies Epidemic

An intense and widespread rabies outbreak presently affects raccoon populations across the US eastern seaboard, from Maine to Florida. The raccoon rabies outbreak reached New York from the south in 1990, and has continued to spread so that now nearly the entire state is affected.

This wildlife rabies problem first emerged in Florida in the early 1950's, and spread to its current distribution at a steady rate of 10-20 miles per year, augmented by a few "jumps" of greater distances resulting from the long-distance movement of infected raccoons by human activities.

The great majority of cases in New York have occurred in raccoons, but the disease also has been transmitted by infected raccoons to a wide variety of other wild mammals and unvaccinated domestic animals.

The number of laboratory-confirmed rabid animals in the state increased dramatically as the outbreak spread across the state, reaching 2,747 in 1993, the greatest single-state annual total in the history of the United States.

When raccoon rabies invades an area, there are increasing numbers of cases for a 1 -2 year period, followed by diminished numbers of rabid animals as the raccoon population wanes due to the rabies-related mortality. Periodic flare-ups occur as raccoon populations rebound locally (approximately 5 year cycles).

The raccoon rabies outbreak is extremely costly, due to increased expenditures for traditional rabies control activities such as pet and livestock vaccination programs, laboratory testing, animal control activities, and public education preventive measures.

The greatest outbreak-related increase in expenditures has been a consequence of a tremendous increase in the number of human rabies exposures requiring rabies post-exposure vaccinations. At approximately \$1,000.00 per person treated, the increase from the pre-outbreak average of 100 per year to greater than 2,500 treatments per year is costing New Yorkers more than \$2 million annually.

New York State has been a leader in the conduct of field trials to develop novel methods of wildlife rabies control, such as the distribution of vaccine-laden baits to immunize raccoon populations to interrupt and extinguish the rabies outbreak.

What Pet Owners Need to Know About Rabies Vaccinations in New York State

(Effective November 20, 2002, this information sheet must be provided by pet dealers to consumers upon point of sale of cats, dogs, and ferrets.)

State law requires rabies vaccinations (shots) for all cats, dogs and domesticated ferrets!

(Note: Ferrets are illegal in New York City.)

Where can I get my pet vaccinated?

All counties (excluding New York City counties) are required to provide a free vaccination clinic every four months. Contact your county health department for the schedule in your area. Rabies vaccinations are also available from your veterinarian. If you have questions about new vaccines developed specifically for cats and for pets at younger ages, contact your veterinarian.

When should my pet receive its first rabies vaccination?

The law requires that your pet's first rabies vaccination be given no later than four months (three months in New York City) after its date of birth. Many rabies vaccines are licensed for use at three months, although some may be given at younger ages.

When should my pet receive its second rabies vaccination?

Your pet should receive its second rabies vaccination within one year after the first vaccination. The second rabies shot and all shots thereafter are sometimes called booster shots.

After my pet gets its second rabies shot, when is the next booster shot due?

After the second rabies shot, you need to get additional booster shots either annually or every three years, depending on the type of vaccine administered.

What proof will I have that my pet received its rabies shots?

The veterinarian, or a person under the veterinarian's supervision, will provide you with a certificate as proof that your pet has been vaccinated. The veterinarian's office will also keep a copy of your pet's vaccination certificate. The law requires the veterinarian to provide the vaccination certificate to any public health official for any case involving your dog, cat or ferret that may have been exposed to rabies, or in any case of possible exposure of a person or another animal to rabies.

What if my pet needs to be taken to the veterinarian?

Whenever you bring your pet to a veterinarian, s/he will verify if the animal is up-to-date on its rabies shots. If the animal is not up-to-date on its rabies shots or exempt as stated below, or if the veterinarian cannot find proof of the animal's rabies vaccination history, you may request your pet be vaccinated at that time.

*If my pet bites a person, does it have to be euthanized (put to sleep)? **

If your pet bites a person and you wish to avoid euthanizing and testing it for rabies, it must be confined and observed for ten days. If your pet is not up-to-date on its rabies shots, the ten-day confinement/observation period must take place, at the owner's expense, at an appropriate facility such as an animal shelter, veterinarian's office, or kennel. If your pet is up-to-date on its rabies shots, the county health department may allow the ten-day confinement/observation period to take place in your home. During the ten-day confinement period, the county or a designated party must verify that your pet is under confinement and observation, has remained healthy during and at the end of the ten-day period. (* In New York City, ten-day observation periods may be done at the home of the pet owner, regardless of the animal's rabies vaccination status.)

Fines

If your dog, cat or domesticated ferret is not vaccinated, is not up-to-date on its vaccinations, or is not properly confined after biting someone, as the owner you shall be subject to a fine not to exceed \$200 for each offense. Additional fines may apply locally.

Exemptions

The vaccination requirements shall not apply to any dog, cat, domesticated ferret if the animal is transported through New York state and remains in the state 15 days or less; the animal is confined to the premises of an incorporated society devoted to the care of lost, stray or homeless animals; a licensed veterinarian has determined that the vaccination will adversely affect the animal's health; the animal is confined to the premises of a college or other educational or research institution for research purposes; or if the animal is unowned (feral, wild, not socialized).

APPENDIX F: WARREN COUNTY RESOURCES

Town Offices

Contract Veterinarian

Other Veterinarians

NYS Agencies

Law Enforcement

Medical Care

Nuisance and Wildlife

NYS County Contacts

Animal/Dog Control Officers

Warren County Public Health Rabies Clinic Information

Town offices

City/Town Hall	Mayor/ Supervisor	Animal/Dog Control Officer	Clerk
Bolton Town Hall PO Box 7 4949 Lakeshore Dr. Bolton Landing 12814	Ron Conover W: 518-644-2461 Conover.R@boltonny.gov	Florence Converse W: 518-494-7111 C: 518-260-4995 whorf@frontiernet.net	Erin Pratt, Town Clerk Pratt.E@boltonny.gov Rebecca Coon, Deputy Town Clerk Coon.R@boltonny.gov 518-644-2444 FAX: 518-644-2476
Chestertown Town Hall PO Box 467 (Mindy/Florence) (For Packages) 6307 State Route 9 Chestertown 12817	John Maday Sr W: 518-494-2711 supervisor@chesterwcnny.gov Karen Durose, Deputy Supervisor durosek@chesterscnny.gov	Florence Converse W: 518-494-7111 C: 518-260-4995 whorf@frontiernet.net	Mindy Conway, Town Clerk 518-494-5160 FAX: 518-494-5160 (call 1 st before faxing) townclerk@chesterwcnny.gov
Glens Falls City Hall 42 Ridge Street Glens Falls 12801	Dr. Diane Palmer W: 518-761-3805 mayor@cityofglensfalls.com	SPCA of Upstate NY (Cathy Cloutier) W: 518-798-3500 cathyspca@hotmail.com	Megan Nolin, City Clerk 518-761-3800 FAX: 518-743-0663 cityclerk@cityofglensfalls.com Emily Neal, Deputy City Clerk deputyclerk@cityofglensfalls.com
Hague Town Hall PO Box 509 9793 Graphite Mtn. Rd Hague 12836	Joshua Patchett W: 518-543-6161 x12 supervisor@hagueny.gov Sally Delarm-Rypkema, Dep. Supervisor sallyryp@gmail.com	Brad May W: 518-543-6161 C: 518-396-0516 may090377@gmail.com	Kim Coffin, Town Clerk 518-543-6161 x13 FAX: 518-543-6273 townclerk@hagueny.gov Amanda Peterson, Deputy Town Clerk
Horicon Town Hall PO Box 90 6604 State Route 8 Brant Lake 12815	Wayne Butler W: 518-494-3647 supervisor@horiconny.gov Becky Ross, Deputy Supervisor brass@horiconny.gov	Darien Granger C: 518-683-2367 darien.granger@yahoo.com	Krista Wood, Town Clerk 518-494-4643 FAX: 518-494-7721 townclerk@horiconny.gov
Johnsburg Town Hall 219 Main Street North Creek 12853	Sterling Goodspeed 518-251-2421 (w) ext. 4 supervisor@johnsburgny.gov	William Mosher W: 518-251-2421 No email, email Jean	Jean Comstock, Town Clerk 518-251-2421 x3 FAX: 518-251-9991 townclerk@johnsburgny.gov
Lake George Town Center 20 Old Post Road Lake George 12845	Vincent Crocitto Jr W: 518-668-5722 vcrocitto@townoflakegeorgeny.gov Edward Pagnotta Jr, Deputy Supervisor	Florence Converse W: 518-494-7111 C: 518-260-4995 whorf@frontiernet.net	Patty Schuster, Town Clerk 518-668-5722 x2 FAX: 518-668-5721 pschuster@townoflakegeorge.gov Jennifer Hawley, Deputy Town Clerk jhawley@townoflakegeorgeny.gov
Lake George Village PO Box 791 Lake George 12845	Ray Perry W: 518-668-5771 mayor@lqvillage.org Joe Mastrodomenico, Deputy Mayor: trusteemastro@lqvillage.org	Florence Converse W: 518-494-7111 C: 518-260-4995 whorf@frontiernet.net	Julie Allen, Village Clerk 518-668-5771 x124 FAX: 518-668-3735 clerk@lqvillage.org
Lake Luzerne Town Hall 539 Lake Ave., PO Box 370 Lake Luzerne 12846	James Niles W: 518-696-2711 x3 supervisor@lakeluzerneny.gov	Florence Converse W: 518-494-7111 C: 518-260-4995 whorf@frontiernet.net	Lori Holcomb, Town Clerk 518-696-2711 x1 FAX: 518-696-2773 townclerk@lakeluzerneny.gov Elaine Morton, Deputy Clerk Depclerk2@lakeluzerneny.gov
Queensbury Town Office 742 Bay Road Queensbury 12804	John Strough W: 518-761-8229 gbysupervisor@queensbury.net Jean Lapper, Deputy Supervisor	SPCA of Upstate NY (Cathy Cloutier) W: 518-793-3500 cathyspca@hotmail.com	Caroline Barber, Town Clerk 518-761-8234 FAX: 518-745-4474 carolineb@queensbury.net
Stony Creek Town Hall 52 Hadley Road PO Box 96 Stony Creek 12878	John O'Neill W: 518-696-3575 ext. 302 Adk.emt.690@gmail.com	David Farrell W: 518-696-3575 C: 518-538-9729 sdfarrell@frontiernet.net	Susan Harrington, Town Clerk 518-696-3575 x301 FAX: 518-696-3948 suzyquzee@yahoo.com Amy Harrington, Deputy Clerk Aimnut1@yahoo.com
Thurman Town Hall PO Box 29 311 Athol Road Athol 12810	Debra Runyon W: 518-623-9649 ext. 101 supervisor@thurmanny.gov Douglas Needham, Deputy Supervisor Dougneedham248@gmail.com	Brett Moulton C: 518-232-2968 rockerrfh@gmail.com	Cynthia Hyde, Town Clerk 518-623-9649 x103 FAX: 518-623-4050 townclerk@thurmanny.gov Susan Baker, Deputy Town Clerk
Warrensburg 3797 Main Street Emerson Memorial T. Hall Warrensburg 12885	Kevin Geraghty W: 518-623-4561 kevin.geraghty@warrensburgny.gov John Alexander, Deputy Supervisor: W: 518-623-2065 john@alexanderfh.net	Florence Converse W: 518-494-7111 C: 518-260-4995 whorf@frontiernet.net	Pamela Lloyd, Town Clerk 518-623-4561 FAX: 518-623-3831 pamela.lloyd@warrensburgny.gov Judi Hall, Deputy Clerk Judi.hall@warrensburgny.gov

Contract Veterinarian

Vet	Phone	Fax	Contract Services
Glens Falls Animal Hospital 66 Glenwood Ave Queensbury NY 12804	518-792-6575	518-792-5136	Rabies Clinics Prep Specimens Ship Specimens Quarantine Animals

Other Veterinarians

Vet	Phone	Fax	Contacts/Comments
Adirondack Animal Hospital 462 Ridge Rd Queensbury, NY 12804	518-793-6663	518-793-4793	
Bay Road Animal Hospital 319 Bay Rd Queensbury NY 12804	518-595-3984		
Countryside Veterinary Hospital 270 Queensbury Ave Queensbury, NY 12804	518-793-7083	518-793-2242	
For Pet's Sake Veterinary Center 500 Glen St Glens Falls NY	518-745-1177	518-745-6888	
Helping Paws Veterinary Hospital 959 US 9 Suite J Queensbury NY 12804	518-480-3205		
Dr. Lansing/Queensbury Animal Hospital 623 West Mountain Rd Queensbury, NY 12804	518-793-5098	518-745-7540	
North Country Cat Hospital 13 Main St Queensbury, NY 12804	518-793-0994	Same as phone #	
Northway Animal EMERGENCY Clinic 35 Fawn Rd Gansevoort, NY 12831	518-761-2602	518-798-0692	
Quaker Animal Hospital 324 Quaker Rd Queensbury, NY 12804	518-761-9299	518-761-9296	
Schroon River Animal Hospital 150 Schroon River Rd Warrensburg, NY 12885	518-623-3181	518-623-3338	

New York State Agencies

	Program	Phone	Fax
Department of Health	Zoonoses Program	518-474-3186	
Department of Environmental Conservation (DEC) Regional Office Warrensburg NY 12885	Bureau of Wildlife	518-623-1200	518-623-3671

Medical Care

	Phone	Fax
Adirondack Pediatrics 84 Broad St Glens Falls NY 12801	518-798-9538	518-798-9576
Glens Falls Family Health 38 Larose St Glens Falls NY 12801	518-824-8181	
Glens Falls Hospital 100 Park St Glens Falls NY 12801	518-926-1000	
Glens Falls Pediatric Consultants 154 Warren St Glens Falls NY 12801	518-798-9985	518-761-7043
Glens Falls VA Clinic 101 Ridge Rd Glens Falls NY 12801	518-798-6066	
Health Center on Broad Street 100 Broad St Glens Falls NY 12801	518-792-2223	518-792-8231
Irongate Family Practice 3 Irongate Center Glens Falls NY 12801	518-793-4409	518-793-5886
Southern Adirondack Family Health 375 Bay Rd Queensbury NY 12801	518-932-7234	
Warrensburg Health Center 3767 Main St Warrensburg NY 12885	518-623-2844	
West Mountain Family Health 161 Carey Rd Building 2 Queensbury NY 12804	518-824-8610	
WellNow Urgent Care 202 Broad St Glens Falls NY 12801	518-480-6240	
WellNow Urgent Care 920 US-9 Queensbury NY 12804	838-332-2213	

Law Enforcement

	Phone	Fax
Warren County Sheriff's Office Municipal Center, 1400 State Rt 9 Lake George NY 12845	518-743-2500	518-743-2589
New York State Police Aviation Road Queensbury NY 12804	518-745-1033	518-745-1314
Glens Falls Police Department Ridge Rd Glens Falls NY 12801	518-761-3841	
Bolton Town Police Department Lake Shore Dr Bolton NY 12814	518-644-9717	518-644-2476

Nuisance and Wildlife

Adirondack Nuisance Wildlife Control
551 Dean Road
Hudson Falls, NY 12839
518-747-0820

Hotline for Animal Rehab & Orphans
(North Country Wild Care)
518-964-6740

Hunt's Quality Pest Control
53 Boulevard
Queensbury, NY 12804
518-793-0875

Nuisance Wildlife Control **(Bats Only!)**
David Lafforthun
1383 W. Galway Road
PO Box 174
Galway, NY 12074
518-882-9145

Eco Haven Pest Control
62 Seminary St
Fort Edward NY 12828
518-807-4324

- Can handle most over phone. Will answer bat calls from all of NYS

ENCON:
518-623-1240

Warren County Sheriff
518-743-2500

County Health Departments in New York State

Albany	518-447-4620	Niagara	716-439-7456
Allegany	585-268-9250	Oneida	315-798-5064
Broome	607-778-2887	Onondaga	315-435-3165
Cattaraugus	716-373-8050	Ontario	585-396-4343
Cayuga	315-253-1405	Orange	845-291-2331
Chautauqua	716-753-4491	Orleans	585-589-3278
Chemung	607-737-2019	Oswego	315-349-3564
Chenango	607-337-1673	Otsego	607-547-4230
Clinton	518-565-4870	Putnam	845-278-6130
Columbia	518-828-3358	Rensselaer	518-270-2655
Cortland	607-753-5035	Rockland	845-364-2594
Delaware	607-832-5200	St. Lawrence	315-386-2325
Dutchess	845-486-3404	Saratoga	518-584-7460
Erie	716-961-6800	Schenectady	518-386-2818
Essex	518-873-3500	Schoharie	518-295-8382
Franklin	518-891-4471	Schuyler	607-535-8140
Fulton	518-736-5720	Seneca	315-539-1945
Genesee	585-344-2580	Steuben	607-664-2438
Greene	518-719-3600	Suffolk	631-853-3055
Hamilton	518-648-6497	Sullivan	845-292-0100
Herkimer	315-867-1176	Tioga	607-687-8563
Jefferson	315-786-3720	Tompkins	607-274-6688
Lewis	315-376-5453	Ulster	845-340-3010
Livingston	585-243-7280	Warren	518-761-6580
Madison	315-366-2361	Washington	518-746-2400
Monroe	585-753-5171	Wayne	315-946-5749
Montgomery	518-853-3531	Westchester	914-864-7359
Nassau	516-227-9663	Wyoming	585-786-8894
New York City	212-788-9830	Yates	315-536-5160

Animal/Dog Control Officers Quick List

Bolton	Florence Converse	518-494-7111 (w) 518-260-4995 (c)
Chester	Florence Converse	518-494-7111 (w) 518-260-4995 (c)
Glens Falls	SPCA of Upstate NY, Cathy Cloutier	518-798-3500 (w)
Hague	Brad May	518-543-6161 (w) 518-396-0516 (c)
Horicon	Darien Granger	518-683-2367 (c)
Johnsburg	William Mosher	518-251-2421 (w)
Lake George Town	Florence Converse	518-494-7111 (w) 518-260-4995 (c)
Lake George Village	Warren County Sheriff	518-743-2500 518-745-2515
Lake Luzerne	Florence Converse	518-494-7111 (w) 518-260-4995 (c)
Queensbury	SPCA of Upstate NY, Cathy Cloutier	518-798-3500 (w)
Stony Creek	David Farrell	518-696-3575 (w) 518-538-9729 (c)
Thurman	Brett Moulton	518-232-2968 (c)
Warrensburg	Florence Converse	518-494-7111 (w) 518-260-4995 (c)

* Report all bites to city clerk's office.

Call Sheriff/Police for back-up

[illegible]

ADOPTED BY A UNANIMOUS VOTE OF THOSE PRESENT