Veterinary Public Health 2019 Manual

For Veterinary Facilities in Los Angeles County

County of Los Angeles
Public Health
Veterinary Public Health & Rabies Control

Let's keep in touch!

Los Angeles County Department of Public Health
Veterinary Public Health

Veterinarian on call: Monday-Friday, 8am-5pm
Call us with your questions about rabies, bite reporting, animal diseases, disease reporting, etc.

Address: 313 N. Figueroa St., Room 1127, Los Angeles CA 90012

Phone: 213-288-7060 ***Fax:*** 213-481-2375

Email: vet@ph.lacounty.gov

Website: http://publichealth.lacounty.gov/vet

Bookmark this page for quick access to all reporting forms: publichealth.lacounty.gov/vet/Forms.htm

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County of Los Angeles Public Health
Veterinary Public Health & Rabies Control

What should I do with this Veterinary Public Health Manual?

If your practice is within LA County, ***your team needs to know all of the information in this binder***. Pay special attention to the **colored pages** and the **boxed summaries of information** with each topic.

We greatly value the opportunity to work with you in protecting the health of both people and animals in our county!

1. Please review the following sections with your entire staff:

How can Veterinary Public Health help your practice

- ☐ What is the Veterinary Public Health Program (pg 6-7)
  - Veterinarian-On-Call – Monday through Friday 8:00am to 5:00pm – Call us with your questions!

Rabies and Bite Reporting

- ☐ Reporting bites and Bite Quarantine Flowcharts (pg 13-17)
- ☐ Preparing a specimen for rabies testing (pg 18)
- ☐ Forms for reporting bites and rabies-related incidents (pg 57-60)

Disease Reporting

- ☐ Reporting animal diseases (pg 31-33)
- ☐ List of reportable diseases (pg 34-35)
- ☐ Forms for reporting diseases (pg 57, 61-62)

Animal Disease Data

- ☐ Local animal disease data - rabies, heartworm, leptospirosis (pg 36-45)

What's New

- ☐ Highlights on Laws that Affect You (pg 9)
- ☐ Cannabis and Pets (pg 11-12)
- ☐ Animal Importation / Rescue Groups (pg 20-22)

Bookmark this page for quick access to all reporting forms: publichealth.lacounty.gov/vet/Forms.htm

Make sure staff know where this manual will be stored. *Thank you!*

2019 VETERINARY PUBLIC HEALTH MANUAL

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****VPH RECOMMENDS THAT ALL STAFF BE AWARE OF THIS INFORMATION**

Acronyms and Abbreviations

AAFP – American Association of Feline Practitioners

AAHA – American Animal Hospital Association

AHAN – Animal Health Alert Network

AVMA – American Veterinary Medical Association

CAHFS – California Animal Health and Food Safety Laboratory

CARES – California Animal Response and Emergency System

CDC – Centers for Disease Control and Prevention

CDFA – California Department of Food and Agriculture

CDFW – California Department of Fish and Wildlife

CDPH – California Department of Public Health

CVMA – California Veterinary Medical Association

DPH – Department of Public Health

EPRP – Emergency Preparedness and Response Program

HPHF – 2020 Healthy Pets Healthy Families Initiative

IMHA – Immune-Mediated Hemolytic Anemia

LA County / LAC – Los Angeles County

LACDACC – Los Angeles County Department of Animal Care and Control

LAAS – Los Angeles Animal Services

LAX – Los Angeles International Airport

LHO – Local Health Officer

MRSA/MRSP/MRSS - Methicillin-resistant Staphylococcus aureus/pseudintermedius/schleiferi

NASPHV – National Association of State Public Health Veterinarians

PH Lab – Los Angeles County Public Health Laboratory

Rabies PEP – Rabies Post-exposure Prophylaxis or Rabies Pre-exposure prophylaxis

SCVMA – Southern California Veterinary Medical Association

SEAACA – South East Area Animal Control Authority

USDA – United States Department of Agriculture

VND – Virulent Newcastle Disease

VPH – Veterinary Public Health Program

WNV – West Nile Virus

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July 1, 2019

Dear Veterinary Staff and Animal Healthcare Workers:

You play a vital role in helping to protect the public's health every day, whether you are diagnosing and treating disease in animals, educating the public, or promoting pet wellness. This manual will tell you what you need to know about services the Veterinary Public Health Program of Los Angeles County offer, important local public health issues, and what is legally reportable locally.

Los Angeles County is home to more than 25% of California's population. Our county has more than 450 veterinary practices, 27 animal control agencies and 20 shelters, all in an area covering over 4000 square miles. It is the only jurisdiction in the state ***that requires reporting of many diseases in companion and wild animals.*** This places our animal health community on the cutting edge in detecting disease trends, geographic clusters, outbreaks, and emerging diseases.

If your practice is within Los Angeles County, ***your team needs to know all the information in this binder***. Please review the contents of this binder during a staff meeting.

Long Beach, Pasadena and Vernon exceptions: These three cities have their own health departments, therefore they do NOT fall within the jurisdiction of our Department. If your practice is in one of these three cities, you must report animal bites to the Pasadena Humane Society (626-792-7151), Long Beach Animal Care Services (562-570-7387) or in Vernon to the Southeast Area Animal Control Authority (562-803-3301). Veterinary practices are legally required to report animal diseases to the public health jurisdiction where the animal resides, in the case of these three cities, to their respective animal control agencies/health departments listed above.

We look forward to continuing to work with the talented and insightful animal health professionals throughout our county in our mission to protect both animal and human health.

Warm Regards,

Dr. Karen Ehnert, DVM, MPVM, DACVPM
Director

What is the Veterinary Public Health Program?

Who We Are

The Veterinary Public Health Program (VPH) is part of the Los Angeles (LA) County Department of Public Health. Our staff includes Veterinarians, Animal Sanitation Inspectors, an Epidemiology Analyst, a Health Educator and Clerical staff. We are responsible for protecting animal and human health and enforcing applicable laws. Our jurisdiction is the County of Los Angeles, excluding the cities of Pasadena, Long Beach, and Vernon, which have their own health departments.

We are your local health department and are here to provide services for you, your families, clients and patients.

What We Do

- **Bite Quarantines and Rabies Control**
  - Receive and investigate approximately 10,000 bite reports per year.
  - Oversee quarantine of biting or potentially rabies-exposed animals.
  - Offer free rabies testing for neurologic or deceased biting animals.
  - Assist Federal authorities in rabies-related inspections of dogs imported into the country at Los Angeles International Airport (LAX).
  - Review rabies vaccination exemption requests for dogs living in our jurisdiction.
  - Provide consultation about rabies risk and the need for rabies post-exposure prophylaxis (PEP) and assist with patients receiving PEP when needed.

- **Zoonoses and Animal Disease Surveillance**
  - Receive and analyze animal disease reports.
  - Monitor, investigate and control outbreaks and unusual diseases.
  - Arrange free West Nile Virus testing of dead birds
  - Arrange free necropsies and other testing in cases of outbreaks (3 or more animals involved), or specific emerging disease threats.
  - Coordinate with researchers to offer free testing in cases of unusual diseases (call to see what is available).
  - Analyze disease patterns – map, graph and post data on our website: publichealth.lacounty.gov/vet/

- **Disaster and Bioterrorism Preparedness and Response**
  - Advocate for the inclusion of pets in disaster planning by local agencies.
  - Help coordinate disaster preparedness efforts between agencies.
  - Educate the public about pet disaster preparedness.
  - Assist directly in disaster response efforts.
  - Investigate reports of potential bioterrorism involving animals.
  - Participate in local, regional, and state emergency exercises.

- **Community Engagement**
  - 2020 Healthy Pets Healthy Families Coalition (see pg 50)
  - Coordinate vaccine/preventive health clinics for underserved communities.
  - Provide talks and distribute educational materials about pet health, zoonoses, rabies, bite prevention and more, including Continuing Education talks to veterinary and animal control staff.
  - Promote dog-friendly Community Walking Groups.

- **Services we Provide**
  - Inform animal health professionals about local animal disease concerns and outbreaks through the Animal Health Alert Network (AHAN) (see pg 8).
  - Publish articles on local disease trends and provide monthly disease counts in *Pulse*, the official publication of the Southern California Veterinary Medical Association.
  - Share local disease data and resources on our website
  - Provide phone consultations to physicians, veterinarians and the public – On call Veterinarians are available Mondays through Fridays (8am-5pm) at 213-288-7060 or vet@ph.lacounty.gov.

- **Cities Outside of our Jurisdiction**
  - Pasadena Department of Public Health
    - 1845 N Fair Oaks Ave, Pasadena, CA 91103
    - Phone: 626-744-6000
    - Bite reports and select animal disease reports - send to Pasadena Humane Society
  - Long Beach Department of Health & Human Services
    - 2525 Grand Ave, Rm 201, Long Beach, CA 90815
    - Phone: 562-570-4302
    - Bite reports and select animal disease reports - visit www.longbeach.gov/VDRS for reporting requirements
  - Vernon Health and Environmental Control Department
    - 4305 S Santa Fe Ave, Vernon, CA 90058
    - Phone: 323-583-8811
    - Bite reports and select animal disease reports - send to SEAACA (Southeast Area Animal Control Authority)

LOS ANGELES COUNTY
ANIMAL HEALTH ALERT NETWORK
Registration Form

The Veterinary Public Health Program set up an Animal Health Alert Network (AHAN) in an effort to keep veterinarians, RVTs and animal health workers informed about local animal disease concerns, outbreaks, unusual diseases, and other opportunities to participate in public health initiatives.

Recent AHAN topics in 2018-2019:

- Rabies news: Update on Rabid Bats in LA County
- Local animal disease: Canine Schistosomiasis in two LA County Dogs
- Animal disease outbreak: Virulent Newcastle Disease Regional Quarantine Affecting Bird Owners
- Legal news: Required Submission of Rabies Vaccination Certificates to Animal Control Agencies
- Local animal disease: Recent Distemper Clusters in LA County
- Animal health advisory: Cannabis & Pets – New Laws, Resources and Toxicity Reporting

Scan this QR code with your smartphone camera to sign up in 30 seconds online! Or visit: https://www.surveymonkey.com/r/AHAN.

*To scan this QR code – open your camera app, take a picture or focus on the QR code, then tap on the link to take you to the registration site.

Name (required): _____

Email Address (required): _____

Position / Title: _____

Clinic / Organization: _____

Address: _____

_____

Phone#: _____

Fax#: _____

Send completed form to: vet@ph.lacounty.gov

*Veterinarians, veterinary technicians, animal control staff, wildlife rehabilitators and others that may work in an animal health field in our local area are invited to register and receive these alerts and updates. **Alerts may not be forwarded outside of your animal health organization, unless otherwise indicated in the alert.**

Highlights on Laws Pertaining to Veterinary Public Health

Animal bites

California - California Health and Safety Code (Section 2606)

- In California, **anyone with knowledge** of an animal bite to a person must report the incident to the local health department.
- Dogs, cats and ferrets that have bitten a person must be isolated for 10 days.
- Bites from rodents (rats, squirrels, etc.) and lagomorphs (rabbits) are not reportable.
- Per VPH - Biting animals may only be euthanized during the quarantine period with the approval of the local health officer. Approval is not needed to euthanize gravely ill or injured animals for humane reasons.

Rabies vaccination of pets

California - California Health and Safety Code (Section 121690)

- As of 2014, dogs in California can be vaccinated against rabies as early as 3 months of age, but veterinarians may still wait until they are 4 months of age if that is their standard practice.
- Licensing of dogs in California remains at 4 months of age.
- In cases where rabies vaccination may endanger a dog's life, a licensed veterinarian can submit a rabies vaccination exemption request using the approved forms to the local health officer (see pg 25).
- *Note:* Although California State Law does not require rabies vaccination of cats, many cities in LA County require cat rabies vaccination and/or licensing (see pg 24). Also, LA County and several cities have ordinances that require veterinarians to submit rabies certificates to their local animal control agency (see pg 23).

Animal disease reporting

LA County - Code of Ordinances (Title 10, Division 2, Section 10.64.020)

- Any infectious disease in animals in Los Angeles County must be reported to the local health department.
- A disease priority list has been made by VPH (see pg 34).

Animal importation

LA County - Code of Ordinances (Title 10, Division 2, Section 10.56.10)

- No sick or injured animal can be imported into LA County (exceptions apply).

Centers for Disease Control and Prevention (CDC) - Bringing a Dog into the United States

- Dogs imported from a country where rabies is present should be healthy, vaccinated against rabies as early as 3 months of age, and wait one additional month after vaccination prior to arrival into the USA.
- For more information: cdc.gov/importation/bringing-an-animal-into-the-united-states/dogs.html.

United States Department of Agriculture (USDA) - Animal Welfare Act (§2148, Importation of live dogs)

- Dogs imported into the USA for retail, research, or veterinary treatment purposes must be at least 6 months of age, in good health and be up to date on their vaccines. If an imported dog is intended for resale, an importer must receive an import permit from the USDA prior to shipment.
- For more information: aphis.usda.gov/wps/portal/aphis/ourfocus/importexport/sa_animals/sa_pet_travel.

California Department of Public Health:
California Entrance Requirements for Dogs:

- "All domestic dogs must be healthy. Dogs over four (4) months of age must have a certificate of current rabies vaccination. A Certificate of Veterinary Inspection (CVI), also known as a health certificate, is not required for privately owned dogs being brought into the State of California. Persons bringing dogs into California with intent to sell or transfer ownership must have a health certificate completed by a licensed veterinarian within the 10 days prior to the date of importation. The person seeking to bring a dog into the state must send a copy of the health certificate to the county health department in the county in which the dog is to be sold or in the county of residence of the person who is receiving the dog. All persons transporting dogs via commercial air should call the airline for any additional requirements they might have."

California Entrance Requirements for Cats:

- "All domestic cats must be healthy. Neither a Certificate of Veterinary Inspection (CVI), also known as a health certificate, nor a rabies vaccination is required to import a cat into California; however, if traveling into California via airplane, please call the airline as they may have additional requirements."

Interstate Pet Exportation

- Accredited and licensed California veterinarians must complete the United States Interstate and International Certificate of Health Examination for Small Animals (APHIS Form 7001 - aphis.usda.gov/library/forms/pdf/APHIS7001.pdf) prior to the interstate exportation of dogs and cats. Please check with each state regarding specific exportation requirements.
- For more information: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/PetDogandCatImportationandExportation.aspx

Cannabis and Pets

California – California Business and Professions Code (Section 4884)

- Veterinarians cannot dispense or administer cannabis or cannabis products to an animal patient.
- However, veterinarians may discuss cannabis within the veterinarian-client-patient relationship. The Veterinary Medical Board will develop guidelines for use by January 1, 2020.
- Note: LA County has set up voluntary reporting of pets becoming ill after consuming or coming in contact with cannabis products to better identify local risks and potentially poisonous products (see pg 63-64)

Cannabis and Pets

POINTS TO REMEMBER

- **Federal and California state laws, as well as the Veterinary Medicine Practice Act, still prohibit veterinarians from possessing, administering, dispensing, or prescribing cannabis and related products.**
- **In California, veterinarians are legally allowed to discuss medicinal cannabis use in pets with their clients. (CA AB-2215)**
- **It is illegal for ANY cannabis licensee, veterinarian or not, to dispense or administer cannabis or cannabis products to an animal patient. (CA AB-2215)**

***Information is current as of September 2019**

Highlights on Cannabis Laws

CA Uniform Controlled Substances Act

- Cannabis and cannabis products are classified as Schedule I controlled substances.
- Prohibits prescribing, administering, dispensing, or furnishing of cannabis and cannabis products, including CBD products, to or for any person or animal, unless otherwise specified by existing laws.

CA Proposition 215 and Proposition 64

- Proposition 215 legalized medicinal cannabis use in California on November 6, 1996, and exempted physicians recommending cannabis and cannabis products for medical treatment from repercussions.
- Proposition 64 legalized recreational cannabis use by adults 21 and older in California as of January 1, 2018.
- **It is still illegal for veterinarians to dispense or administer cannabis and cannabis products to animal patients**.

CA Legislature Assembly Bill 2215 (CA AB-2215)

- As of September 27, 2018, veterinarians in California are allowed to discuss medicinal cannabis use in pets with their clients without repercussions from the Veterinary Medical Board (VMB).
- The VMB must set and post on their website guidelines for these cannabis discussions by January 1, 2020.

- The VMB can revoke or suspend a veterinary license, or assess a fine if:
    - A veterinarian accepts, solicits, or offers any form of payment to or from a cannabis licensee, if the veterinarian or his/her immediate family has a financial interest with that cannabis licensee.
    - A veterinarian discusses medicinal cannabis with a client while the veterinarian is employed by or has an agreement with a cannabis licensee.
    - A veterinarian distributes any form of advertising for cannabis in California.

Reporting Cannabis Toxicity

VPH has added a "Cannabis & Pets" section to our website. This webpage can be used as a resource for both veterinarians and the public regarding the use of cannabis in pets in LA County. As there are currently no quality standards for cannabis pet products, VPH is interested in tracking cannabis toxicity in pets to identify any products that may be dangerous to pet health. We ask that veterinarians report cases of cannabis toxicity in their patients by downloading and completing the form that can be found on our website (see pg 63). Completed forms can be returned via email to vet@ph.lacounty.gov. In addition, the general public can also anonymously report cases of cannabis toxicity in animals through an online portal on our website.

For more information: http://publichealth.lacounty.gov/vet/CannabisAndPets.htm

Cannabis Toxicity Veterinary Reporting form (see pg 63) is available at:
http://publichealth.lacounty.gov/vet/docs/Forms/CannabisToxVetReportForm.pdf

Resources Regarding Cannabis Use and Animals

CA AB 2215 available at:
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2215

VMB: Laws and Regulations available at:
https://www.vmb.ca.gov/laws_regs/marijuana_animals_law.pdf

CVMA: Cannabis and Pets available at: https://cvma.net/marijuana-and-pets/

AVMA: Cannabis Use and Pets available at:
https://www.avma.org/KB/Resources/Reference/Pages/Cannabis-Use-Pets.aspx

Bite Reporting and Rabies Control

POINTS TO REMEMBER

- **By law, the following *must* be reported to VPH immediately:**
  - **Animal bites to humans (except rodents, rabbits, birds, reptiles)**
  - **Domestic animal bitten by wild mammal**
  - **All potential or confirmed bat exposures to humans or animals**
  - **Animals suspected of being rabid**
- **Teach your staff how to properly submit a specimen for rabies testing**
- **Booster rabies vaccinations in pets exposed to wildlife (protocol below)**

BACKGROUND

In the 1920s-1940s, hundreds of rabid dogs were diagnosed each year in LA County. The risk of rabies from dogs and cats is now far lower because of widespread vaccination and licensing of pets. However, rabies persists locally in bats. Bats are the main carrier of rabies in Southern California. Skunk variants of rabies are currently found in Santa Barbara County and Northern California. Bats, skunks, foxes, raccoons, coyotes, **and even opossums** are all considered potential sources of rabies, based on California and national rabies data. In addition, each year many dogs are imported into the US from countries where the canine variant of rabies still exists (see pg 20).

REPORTING BITES AND RABIES SUSPECT ANIMALS

- **Anyone with knowledge of a bite is legally mandated to report to VPH**, including veterinarians and their staff. Report the following to VPH immediately:
  - Mammals, domestic or wild, that bite a human (see form on pg 58)
  - Domestic mammals (pets or livestock) that come into contact with wildlife (see form on pg 59)
  - Neurologic animals suspected of being rabid (use form on pg 58)
  - Bites from rabbits, squirrels, rats, mice, gophers and other rodents are NOT reportable

RABIES VACCINATION

- The State of California mandates rabies vaccination for dogs, but not for cats. However, some localities require rabies vaccination and/or licensing of cats. (See pg 24).
- The *minimum* age dogs may receive their first rabies vaccination in CA is **three** months of age.

QUARANTINE

- Quarantines of owned animals are usually overseen by VPH at the animal's home
- Quarantines may be completed at shelters or veterinary practices (costs may be incurred at owner's expense)
- Location transfers of quarantined animals are not allowed except in rare circumstances and with prior approval from VPH.

QUARANTINE - MAMMALS BITING PEOPLE

- Any DOMESTIC animal that bit a person must be quarantined and observed for clinical signs of rabies by VPH staff. This is true regardless of the rabies vaccination status of the biting animal. The animal is under quarantine until VPH staff issues a Quarantine Release Notice.
    - For specific quarantine periods, please see the summary flowchart (pg 16)
    - **If animal bit a human DO NOT vaccinate animal for rabies during the quarantine period**
- Domestic biting animals **are not to be euthanized until after the quarantine period** without prior permission from VPH staff
- If the domestic animal is gravely ill or injured, it may be euthanized during the quarantine period for humane reasons without prior permission. **In such cases, the head of the animal must be submitted appropriately for rabies testing** (see pg 18).
- Captive exotic mammals that have bitten a human are quarantined at their facility for at least 30 days (e.g. zoo, marine mammals, etc.)

QUARANTINE - DOMESTIC MAMMALS BIT BY WILDLIFE

- Whenever possible, the wild animal should be humanely euthanized, prepared and submitted to VPH for rabies testing
    - If the wild mammal tests negative for rabies, no quarantine of the domestic animal is required.
    - If the wild mammal is not tested or tests positive for rabies, the domestic animal must be quarantined.
- Quarantine length of the animal depends on its rabies vaccine status at the time of the bite.
    - For specific quarantine periods, please see summary flowchart (pg 17)
    - **If domestic mammal is bit by wildlife and is current on rabies vaccination at the time of the bite, booster immediately, even if the rabies vaccine is not due**
    - **If domestic mammal is bit by wildlife and is NOT current on rabies vaccination at the time of the bite, VPH recommends vaccinating immediately post-bite**
    - **If domestic mammal is bit by wildlife and has NEVER had a rabies vaccination, VPH recommends the Texas protocol: vaccinate immediately after bite, again at week 3 and again at week 8 post-bite.**

NEUROLOGIC ANIMAL SUSPECTED OF BEING RABID

- Isolate the animal and contact our office immediately
- REPORT incident using a Bite Report Form (use form on pg 58 – even if no bite occurred)

RABIES TESTING

- Rabies testing is conducted by the Public Health Lab
- For rabies specimen preparation instructions see pg 18
- Specimen preparation, including decapitation, must be performed by the facility submitting the sample. Only rabies-vaccinated staff should perform decapitations. Exception: Bats are NOT to be decapitated.
- Please complete the appropriate form and call our office to arrange a specimen pickup for rabies testing
- Whenever possible, any WILD mammal that has bitten a human shall be humanely euthanized, prepared and submitted for rabies testing.

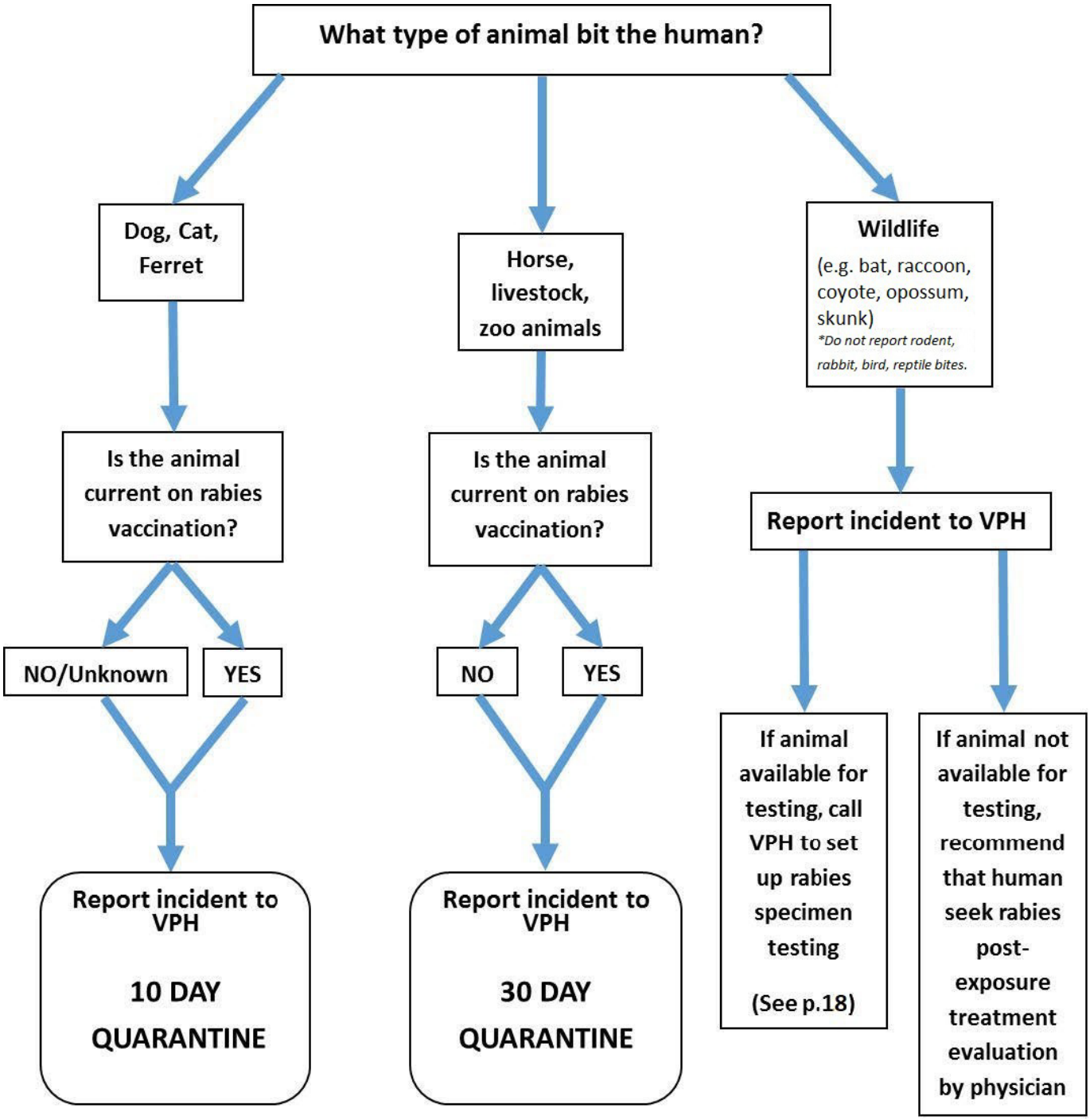
BATS

- Any bat that may have had a potential exposure to humans or animals must be reported and tested (e.g. on sidewalk, found in public area, outside a home or business)
- If a bat is found inside the home, near a child or sleeping person it must be reported and tested for rabies, even if a bite is not visualized (see form on pg 60)
- Bites from bats can be very small, painless and go unnoticed.
- If clients call to report a bat or bring in a bat to your clinic – please collect their name and contact information because VPH will need to speak with them. Then provide them with the following information:
    - If you see a dead, sick or injured bat OR there is a bat that may have bitten a person or animal, **do not touch it or release it. Call your local animal control agency for assistance (see pg 19 for list of local animal control agencies).**

RESOURCES

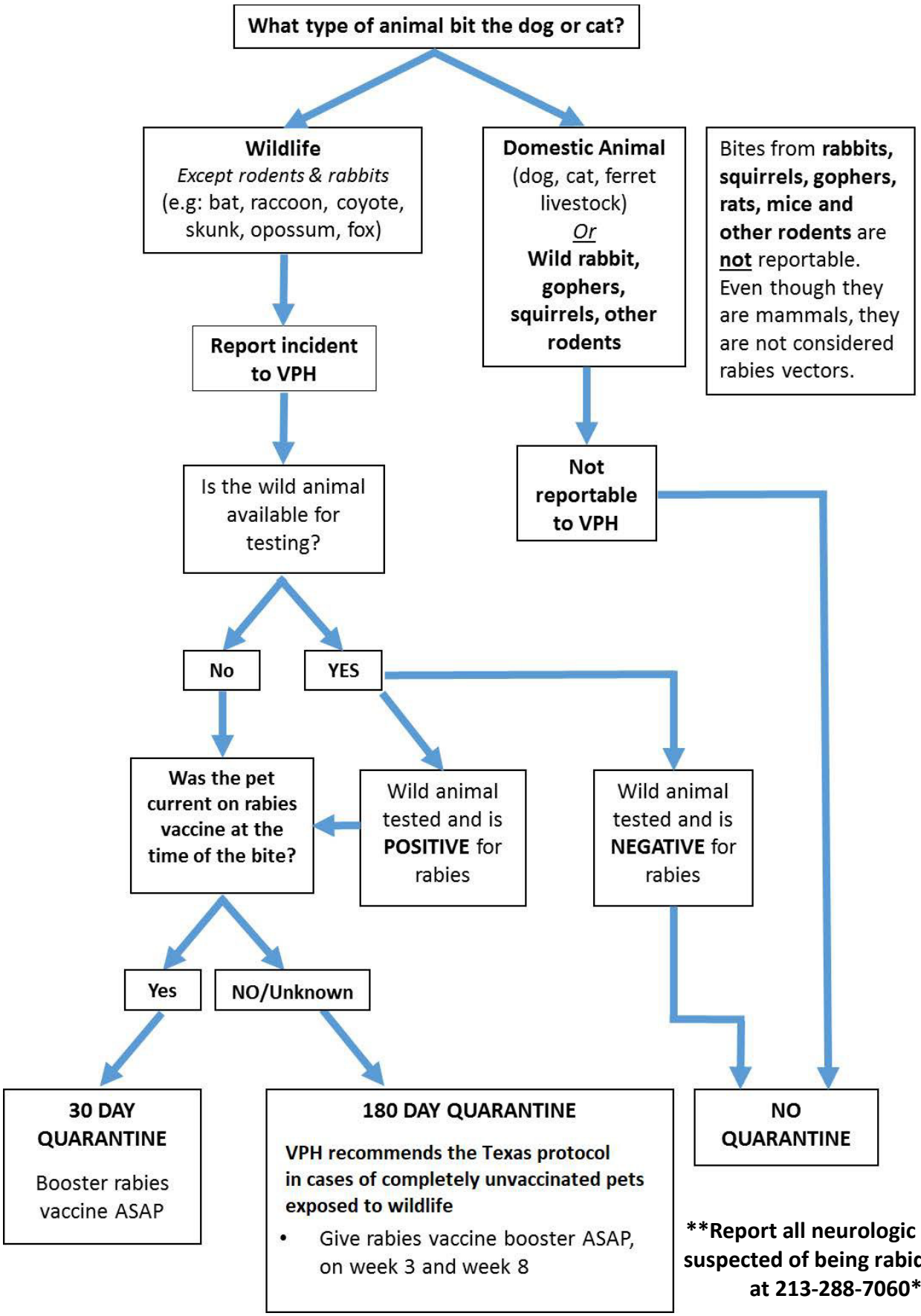
California Compendium of Rabies Control and Prevention, 2012 (see page 65)

Human bitten by an animal



- **Healthy animals that bit a human are not to be euthanized during the quarantine period.**
- **Gravely ill or injured animals that are euthanized during the quarantine period due to humane reasons must be tested for rabies.**
- **If a pet bit a human and was not up to date on the rabies vaccine at the time of the bite, do NOT vaccinate the pet until after the quarantine period.**
- **Bites from rodents, rabbits, birds and reptiles are not reportable to VPH**
- **Report all neurologic animals suspected for being rabid to VPH at (213) 288-7060**

Domestic animal bitten by another mammal



****Report all neurologic animals suspected of being rabid to VPH at 213-288-7060****

PREPARING A SPECIMEN FOR RABIES TESTING

Note: Healthy animals may not be euthanized during the quarantine period.

Specimens that are inappropriately packaged or missing the appropriate reporting form will be rejected from the Public Health Lab. It will be the responsibility of the veterinary clinic to pick up the specimen and resubmit it immediately.

STEP 1 Dogs/cats/wildlife must be decapitated, except bats

- Do not decapitate a bat! Submit it as a whole body.

STEP 2 Apply flea/tick spray to the specimen

STEP 3 Specimen must be wrapped in absorbent paper and double-bagged

- Only one specimen per bag (do not place more than one bat in a bag)
- The specimen and blood should not be visible through the bag
- Place into a box or an opaque container

STEP 4 Securely affix appropriate reporting form to the specimen container

- Impound cards or cage cards are not acceptable
- Do not leave paperwork resting on top or beneath a specimen

STEP 5 Place specimen into the fridge (do not freeze)

- Do not place specimens next to food/vaccines
- Check the fridge temperature to ensure that it is working (unrefrigerated/decomposed specimens may be untestable)

STEP 6 Email/fax the reporting form to VPH (Note 'Pick up' in the top corner)

STEP 7 Call VPH for pick-up

- If you notice a specimen in the fridge for a few days, please call again for pick-up
- **Phone – 213-288-7060**
- **Email – vet@ph.lacounty.gov**
- **Fax – 213-481-2375**

Animal Control Agencies in Los Angeles County

Agency	Telephone Number	Address	On-site Shelter
Avalon City Hall – Code Enforcement	(310) 510-0220 ext 111	PO Box 707, Avalon, CA 90704	No
Beverly Hills Animal Control	(310) 285-1119	455 N Rexford Dr, 1st Floor, Beverly Hills, CA 90210	No
Best Friends (Mission Hills location)	(818) 643-3989	15321 Brand Ave, Mission Hills, CA 91345	Yes
Best Friends (NKLA – West LA location)	(424) 208-8840	1845 Pontius Ave, West L.A. 90025	Yes
Burbank Animal Control	(818) 238-3340	1150 N. Victory Pl, Burbank, CA 91502	Yes
City of Commerce Animal Control	(323) 887-4460	2535 Commerce Way, Commerce, CA 90040	No
Culver City Animal Services	(310) 253-6143	4040 Duquesne Ave, Culver City, CA. 90232	No
Duarte City Animal Control	(626) 357-7938	1042 E. Huntington Dr, Duarte, CA 91010	No
El Monte Animal Control	(626) 580-2081	11333 Valley Blvd, El Monte, CA 91731	No
El Segundo Animal Control	(310) 524-2231	348 Main St, El Segundo, CA 90245	No
Hawthorne Animal Control	(310) 675-4444	4455 W 126th St., Hawthorne, CA 90250	No
Hermosa Beach Animal Control	(310) 524-2750	1035 Valley Dr, Hermosa Beach, CA 90254	No
Huntington Park City Animal Control	(323) 826-6682	6542 Miles Ave., Huntington Park, CA 90255	No
Inland Valley Humane Society	(909) 623-9777	500 Humane Way, Pomona, CA 91766	Yes
La Puente Animal Control Division	(626) 855-1555	15900 E Main Street, La Puente, CA 91744	No
Lawndale Animal Control Division	(310) 973-3220	14717 Burin Ave, Lawndale, CA 90260	No
Long Beach Animal Care Services	(562) 570-7387	7700 E. Spring St, Long Beach, CA 90815	Yes
Lynwood Animal Control Division	(310) 603-0220 ext 271	11330 Bullis Rd, Lynwood, CA 90262	No
City of Los Angeles Animal Services			
Chesterfield Square (South LA) Shelter	(888) 452-7381	1850 W. 60th St. Los Angeles, CA 90047	Yes
East Valley Shelter	(888) 452-7381	14409 Vanowen St, Van Nuys, CA 91405	Yes
Harbor Shelter	(888) 452-7381	957 N. Gaffey St., San Pedro, CA 90731	Yes
North Central Shelter_	(888) 452-7381	3201 Lacy St, Los Angeles, CA 90031	Yes
West Los Angeles Shelter	(888) 452-7381	11361 W. Pico Bl, Los Angeles, CA 90064	Yes
West Valley Shelter	(888) 452-7381	20655 Plummer Street, Chatsworth, CA 91311	Yes
Los Angeles County Dept. of Animal Care & Control			
Agoura Shelter	(818) 991-0071	29525 Agoura Rd, Agoura, CA 91301	Yes
Baldwin Park Shelter	(626) 962-3577	4275 N. Elton St, Baldwin Park, CA 91706	Yes
Carson Shelter	(310) 523-9566	216 W. Victoria Ave, Carson, CA 90748	Yes
Castaic Shelter	(661) 257-3191	31044 N. Charlie Canyon Rd, Castaic, CA 91310	Yes
Downey Shelter	(562) 940-6898	11258 S. Garfield Ave, Downey, CA 90242	Yes
Lancaster Shelter	(661) 940-4191	5210 W. Avenue I, Lancaster, CA 93536	Yes
Palmdale Shelter	(661) 575-2888	38550 Sierra Hwy, Palmdale, CA 93550	Yes
Manhattan Beach Animal Control	(310) 802-5160	420 15th St, Manhattan Beach, CA 90266	No
Monterey Park Animal Services	(626) 573-1311	320 W. Newmark, Monterey Park, CA 90640	No
Pasadena Humane Society	(626) 792-7151	361 S. Raymond Ave, Pasadena, CA 91105	Yes
Redondo Beach City Animal Control	(310) 318-0611	415 Diamond St, Door 2, Redondo Beach, CA 90277	No
Rolling Hills City Hall	(310) 377-1521	2 Portuguese Bend Rd, Rolling Hills, CA 90274	No
Rosemead Animal Control Services	(626) 569-2292	8301 E. Garvey Ave, Rosemead, CA 91770	No
San Gabriel Valley Humane Society	(626) 286-1159	851 E. Grand Ave, San Gabriel, CA 91776	Yes
Santa Fe Springs Animal Control Police	(562) 409-1850	11576 Telegraph Road, Santa Fe Springs, CA 90670	No
Santa Monica Animal Control	(310) 458-8594	1640 9th St, Santa Monica, CA 90404	Yes
Southeast Area Animal Control Authority (SEAACA)	(562) 803-3301	9777 Seaaca St, Downey, CA 90241	Yes
spcaLA South Bay Pet Adoption Center	(310) 676-1149	12910 Yukon Ave, Hawthorne, CA 90250	Yes
Temple City Animal Control	(626) 285-7187	9701 Las Tunas Dr, Temple City, CA 91780	No
Torrance Animal Control	(310) 618-3850	2200 Jefferson St, Torrance, CA 90501	No
City of Vernon Animal Control	(323) 583-8811 ext 231	4305 Santa Fe Ave, Vernon CA 90058	No
West Hollywood Animal Care and Control	(323) 848-6882	8300 Santa Monica Blvd, West Hollywood, CA 90069	No

Imported Dogs and Public Health
We Need YOUR Help

POINTS TO REMEMBER

- **Dogs are imported into LA County through the international pet trade and rescue groups daily. The risk of importing rabies and foreign animal diseases to LA County is real and has occurred.**
- **Some dogs that are imported into LA County are sick and come with fraudulent paperwork**
- **Puppy importers often advertise their dogs as being domestically bred. Inquire about the origin of any new puppy.**
- **If you work with a rescue organization, strongly encourage veterinary exams and a 30-day observation period.**
- **If any imported dog is sick, consider foreign animal diseases, including rabies, and report to VPH immediately at 213-288-7060.**
- **Consider boostering vaccines. For a rabies vaccine to be considered valid in LA County, a U.S. licensed rabies vaccine for use in California must be used.**

BACKGROUND

Los Angeles International Airport (LAX) serves as a major port of entry for imported dogs for both the commercial puppy trade and international animal rescue organizations. Many of these dogs arrive in poor health after long flights with insufficient food or water, or were rescued from conditions in which the risk of rabies and other zoonotic and vector-borne diseases is high. The threat of importing diseases into LA County with these animals is very real and has occurred. For instance, two separate rabid pets that were visibly sick were imported into LA County (2004 – dog from Thailand; 1987 – cat from Mexico). LA County also has documented cases of imported canine influenza H3N2, distemper, parvovirus, heartworm, and leishmaniasis.

The Centers for Disease Control and Prevention (CDC) and United States Department of Agriculture (USDA) regulate animal importation. Although regulations prohibit the importation of underage and sick dogs, these issues continue to occur.

For more information on federal requirements for dogs imported into the United States, please see:

CDC requirements: https://www.cdc.gov/importation/bringing-an-animal-into-the-united-states/dogs.html

USDA Requirements: https://www.aphis.usda.gov/aphis/pet-travel/bring-pet-into-the-united-states/pet-travel-dogs-into-us

DID YOU KNOW?

- Many imported puppies are from international puppy mills and have **fraudulent paperwork.** Paperwork overstates a dog's age and falsifies vaccinations to avoid federal regulations.

- Many of these puppies arrive very young and are sick with possible foreign infectious diseases.

- **French Bulldog, Pomeranian, Maltese, Poodle, Yorkshire Terrier** are the most common breeds imported through the commercial puppy trade.

- The most common countries these dogs are coming from include **South Korea, Russia, China, Ukraine, Hungary.** Many countries these dogs arrive from are endemic for rabies and other foreign infectious diseases.

- **Frequent importers of puppies for commercial sales have websites advertising the puppies as being bred domestically.** As a result, many new owners do not know that their new puppy is from another country.

- Southern California has several active international dog rescue groups that import dogs internationally through LAX. Dogs that are rescued tend to be stray or street dogs, which have an increased likelihood of exposure to infectious diseases. Imported cases of rabies, canine influenza H3N2, leishmaniasis, heartworm, distemper, and parvovirus have been documented.

- Currently **no federal or local inspectors** are tasked with examining dogs arriving **at California's border with Mexico.**

VPH RECOMMENDATIONS

- **Inquire about the origin of any new puppy.** If the new puppy owner did not see the parents of the puppy, it could be imported.

- **Check the teeth to verify age of the puppy** and verify that the real age matches the paperwork. Consider giving vaccine boosters if appropriate as some puppies may have not received any vaccines.

- If you work with a rescue organization that does import animals, **strongly encourage veterinary examinations of newly arrived dogs and recommend a minimum 30-day observation period** before adoption.

- **If any imported dog is sick, consider foreign animal diseases, including rabies.** If you suspect rabies or any other infectious disease, report to VPH immediately.

- **Booster the rabies vaccine with a U.S Licensed Rabies Vaccine approved for use in California.** Even if an imported dog has proof of a rabies vaccine, the rabies vaccine must be licensed for use in the United States and approved for use in California. For a list of approved vaccines: http://publichealth.lacounty.gov/vet/docs/CDPHCompendiumUSLicensedRabiesVaccines.pdf

- **Reinforce proper hygiene habits and biosecurity to owners** (e.g., wash hands after handling the dog, pick up and discard feces immediately, and do not bring the dog around other animals until the dog is confirmed to be healthy and fully vaccinated).

- If you are helping an owner **export a pet** to another country, their paperwork may need to be signed off by the local USDA office at: 222 Kansas St, El Segundo, CA 90245. Phone - 310-725-1970. Services at the USDA office are by appointment only. For more information please visit: https://www.aphis.usda.gov/aphis/pet-travel/take-pet-to-foreign-country

For more information: publichealth.lacounty.gov/vet/PetImport.htm.

Veterinarian Requirement to Submit Rabies Vaccination Certificates To Local Animal Control

BACKGROUND

Many cities in Los Angeles County have laws requiring veterinarians to submit copies of rabies certificates to their local animal control authority. Veterinarians that vaccinate animals against rabies in cities/areas where submission of certificates is required, must submit copies in a timely fashion to the appropriate local animal control agency. A summary of which cities/areas require this is listed below:

Cities/Areas in Los Angeles County that require veterinarians to submit copies of the rabies certificates to their animal control agency:

Agoura Hills
Alhambra
Artesia
Azusa
Baldwin Park
Bell
*Beverly Hills**
*Bradbury**
*Burbank**
Calabasas
Carson
*Cerritos**
*Claremont**
Compton
Covina
Cudahy
Culver City
*Diamond Bar**
El Monte
*El Segundo**
Gardena
*Glendale**
*Glendora**
Hawaiian Gardens
Hawthorne
*Hermosa Beach**
Hidden Hills
Industry
Inglewood
Irwindale
*La Cañada Flintridge**
La Habra Heights
La Mirada
La Puente
*La Verne**
Lancaster
Lawndale
Lomita
*Long Beach**
*Los Angeles, City**
Lynwood
Malibu
Maywood
Monterey Park
Palmdale
Palos Verdes Estates
*Pomona**
Rancho Palos Verdes
Redondo Beach
Rolling Hills
Rolling Hills Estates
San Fernando
Santa Clarita
*Sierra Madre**
*Signal Hill**
*South El Monte**
*Temple City**
Torrance
Walnut
*West Covina**
West Hollywood
Westlake Village
Whittier
Unincorporated areas of Los Angeles County

All cities above without an * are served by the County of Los Angeles Department of Animal Care and Control. Cities with an * are served by another provider – see below:

City	Provider	City	Provider
Beverly Hills	LA Animal Services	La Verne	Inland Valley Humane Society
Bradbury	Pasadena Humane Society	Long Beach	Long Beach Animal Care Services
Burbank	City of Burbank	Los Angeles (City of)	LA Animal Services
Cerritos	Long Beach Animal Care Services	Pomona	Inland Valley Humane Society
Claremont	Inland Valley Humane Society	Sierra Madre	Pasadena Humane Society
Diamond Bar	Inland Valley Humane Society	Signal Hill	Long Beach Animal Care Services
El Segundo	City of El Segundo	South El Monte	SEAACA
Glendale	City of Glendale	Temple City	San Gabriel Valley Humane Society
Glendora	Inland Valley Humane Society	West Covina	Inland Valley Humane Society
La Cañada Flintridge	Pasadena Humane Society		

Cities/Areas in Los Angeles County that do NOT require veterinarians to submit copies of the rabies certificates to the animal control agency:

Arcadia
Avalon
Bell Gardens
Bellflower
Commerce
Downey
Duarte
Huntington Park
Lakewood
Manhattan Beach
Monrovia
Montebello
Norwalk
Paramount
Pasadena
Pico Rivera
Rosemead
San Dimas
San Gabriel
San Marino
Santa Fe Springs
Santa Monica
South Gate
South Pasadena
Vernon

Cat Rabies Vaccination & Licensing Requirements

BACKGROUND

Although California State Law does not require rabies vaccination of cats, it is highly recommended. A County of Los Angeles ordinance exists requiring rabies vaccination and licensing of cats. Certain cities uphold this ordinance, where cats must be vaccinated for rabies and licensed (based on owner address, not address of the veterinary hospital or clinic). Information regarding licensing in certain cities can be obtained by calling local shelters or animal control services divisions. A summary of requirements for licensing and rabies vaccination by city is listed below:

Cities of LA County that REQUIRE BOTH cat rabies vaccination and cat licensing:

Artesia	*Cudahy*	*Irwindale*	*Lomita*	*Sierra Madre*
Baldwin Park	*El Monte*	*La Habra Heights*	*Long Beach*	*Walnut*
Bell	*El Segundo*	*La Cañada Flintridge*	*Malibu*	*West Hollywood*
Bradbury	*Hawaiian Gardens*	*La Mirada*	*Maywood*	*Westlake Village*
Calabasas	*Hidden Hills*	*Lancaster*	*Palmdale*	*Whittier*
Carson	*Industry*	*La Verne*	*Pomona*	
Compton	*Inglewood*	*Lawndale*	*Sam Fernando*	

***Unincorporated Areas/Communities in LA County require both cat rabies vaccination and licensing**

Cities of LA County that REQUIRE cat rabies vaccination but do NOT require cat licensing:

Agoura Hills	*Gardena*	*Monterey Park*	*Rolling Hills Estates*
Alhambra	*La Puente*	*Palos Verdes Estates*	*West Covina*
Covina	*Lynwood*	*Ranchos Palos Verdes*	

Cities of LA County that do NOT require cat rabies vaccination but REQUIRE cat licensing:

Diamond Bar	*Santa Clarita*

Cities of LA County that do NOT require cat rabies vaccination or cat licensing:

Arcadia	*Commerce*	*Lakewood*	*Redondo Beach*	*South El Monte*
Avalon	*Culver City*	*Los Angeles, City*	*Rolling Hills*	*South Gate*
Azusa	*Downey*	*Manhattan Beach*	*Rosemead*	*South Pasadena*
Bell Gardens	*Duarte*	*Monrovia*	*San Dimas*	*Temple City*
Bellflower	*Glendale*	*Montebello*	*San Gabriel*	*Torrance*
Beverly Hills	*Glendora*	*Norwalk*	*San Marino*	*Vernon*
Burbank	*Hermosa Beach*	*Paramount*	*Santa Fe Springs*	
Cerritos	*Hawthorne*	*Pasadena*	*Santa Monica*	
Claremont	*Huntington Park*	*Pico Rivera*	*Signal Hill*	

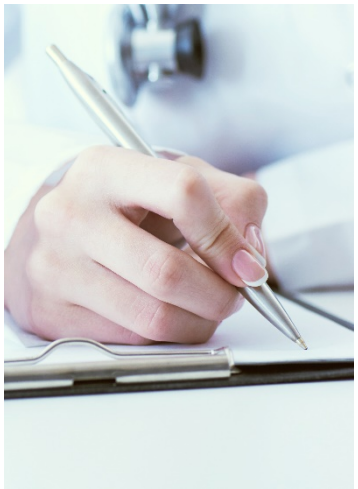
Note: Information is based on review of city municipal codes in 2018. City laws are subject to change. Cat owners are encouraged to contact their city for the latest regulations.

Canine Rabies Vaccination Exemptions

POINTS TO REMEMBER

- **Canine rabies vaccination exemption requests must be submitted by the veterinarian, not the dog owner.**
- **A complete exemption request includes BOTH forms (pg 28-29), dog owner's signature, veterinarian's signature AND up to 5 pages of medical records documenting the dog's medical condition related to the request. Incomplete exemption requests will be denied.**
- **Only health conditions that fit the evidence-based criteria for exemption may be approved (see below).**
- **Dogs approved for a rabies vaccine exemption are considered unvaccinated and must abide by rabies laws for unvaccinated pets.**
- **Exemptions are only valid for 1-year. Permanent exemptions do not exist.**
- **California does not accept positive rabies titers in lieu of a rabies vaccine.**
- **These exemptions are for dogs only. Contact your local animal control for cat-related rabies vaccine or licensing concerns.**

BACKGROUND



On January 1, 2012 California State Law began allowing rabies vaccination exemptions for dogs if approved by the Local Health Officer (LHO) in each county. In some counties in California, the LHO has delegated the responsibility to an animal control agency. In most of Los Angeles County (except Pasadena, Long Beach and Vernon) requests are reviewed by VPH.

The law states that an exemption may be granted for the rabies vaccine, if "**a rabies vaccination would endanger the dog's life.**" It also requires that the condition warranting the exemption be documented. This state law applies for ***dogs only***. Local jurisdictions may enact similar requirements for licensing of cats. To check which cities in LA County require cat licensing and rabies vaccination, see pg 24. The entire law is available at: leginfo.legislature.ca.gov/faces/codes.xhtml. Click on the Health and Safety Code. Then enter for Code: HSC and Section: 121690.

In the first year this law came into effect, our office worked to develop consistent standards for reviewing requests, referring to published evidence of adverse reactions to rabies vaccinations in dogs. Our office continues to review scientific literature and update our criteria for exemption as needed.

In 2018, VPH received 172 requests. We approved 52% and declined 44%. The remaining 4% were misdirected requests (wrong jurisdiction or rabies vaccination exemption requests for cats).

Cases where an exemption may be approved

- Life-threatening anaphylactic reaction soon after administration of a rabies vaccine
  - Signs consistent with anaphylactic shock
  - Mild facial angioedema, hives, or localized reactions do **not** qualify as life-threatening
- Immune-Mediated Hemolytic Anemia (IMHA), **if:**
  - Dog is still within first year after diagnosis, or
  - Onset was within 1 month of a rabies vaccination, or
  - More than one episode (i.e. documented relapses)
- Polyradiculoneuropathy if:
  - Dog is still within the first year after diagnosis, or
  - Onset was within 1 month after rabies vaccination
- Dog currently on immunosuppressive therapy for cancer or immune-mediated disease
  - Low dose prednisone is not considered immunosuppressive therapy
- Terminal prognosis
  - Dog has fewer than 3 months to live in the opinion of presiding veterinarian
  - Must be specifically documented in the medical record

Cases where an exemption will not be approved

- Old age
- Positive rabies antibody titers (California does not recognize rabies titers in lieu of a rabies vaccine)
- Minor or moderate reactions (including injection site reactions) to rabies vaccination
- Reaction to vaccinations other than rabies
- History of neoplasia and dog is not currently on immunosuppressive therapy
- Medical condition not documented or no documentation submitted
- Short-term exemptions (e.g. 1 month exemption for recovery from acute illness). In such cases, work with the Animal Control or other licensing agency to request a temporary delay.
- Illegible or incomplete requests

What to do after an exemption request is approved or denied

- Provide copies of the final document (Approved or Denied) to your client.
- Inform your clients that, if their exemption request is approved, their dog:
  - Will be considered at higher risk for contracting rabies and will be considered legally unvaccinated. This means the animal will be subject to a California state-mandated 180 day quarantine if exposed to a wild animal rather than just 30 days.
  - Must be confined at home, or on a 6 foot long leash controlled by an adult.
  - Cannot live or have contact with other animals not vaccinated for rabies.
- The exemption is valid for one year only, after which the dog must either be vaccinated for rabies or another full request must be submitted and approved.

Ready to submit a canine rabies vaccination exemption request? Follow these steps:

- For dogs living in LA County (except Pasadena, Long Beach, or Vernon), canine rabies vaccination exemption requests are submitted by a veterinarian (not the dog owner) to our program. See below for details.
    - For dogs living in Pasadena, contact the Pasadena Humane Society at 626-792-7151.
    - For dogs living in Long Beach, contact Long Beach Animal Care Services, at 562-570-7387, or visit: longbeach.gov/acs/pet-laws-and-licensing/canine-rabies-exemption/
    - For dogs living in Vernon, contact the Southeast Area Animal control authority (SEAACA) at 562-803-3301
    - Cat owners should contact their city to inquire about procedures for getting an exemption.

- Complete and submit **BOTH forms (see pg 28-29) AND up to 5 pages of medical records** documenting the dog's medical condition related to the request. Incomplete submissions will be automatically denied.
- Forms are also available by request by calling our office at 213-288-7060 or email vet@ph.lacounty.gov.
- VPH strives to process the request within 5 business days and return the approved or denied request to the veterinarian by fax or email.
    - Outside of that timeframe, if you do not hear back from VPH about a submitted request, please call our office at 213-288-7060.

VETERINARY PUBLIC HEALTH PROGRAM
Tel. (213) 288-7060 Fax (213) 481-2375
publichealth.lacounty.gov/vet

Los Angeles County Supplemental Form for Canine Rabies Vaccination Exemption Requests

GENERAL INFORMATION

Rabies vaccination exemptions will only be approved for serious medical conditions. Examples include serious immune mediated disease (IMHA), conditions requiring immune-suppressive therapy (cancer treatment), or previously documented serious adverse reactions to a rabies vaccination. Old age, minor reactions to the rabies vaccination (facial angioedema), reactions to non- rabies vaccinations and positive rabies titers are not conditions that warrant an exemption.

Email or Fax the following documents to: **vet@ph.lacounty.gov or 213-481-2375**

1. This 1-page form, completed.
2. The 1-page State of California "Rabies Vaccination Certificate—Exemption from Canine Rabies Vaccination" form, completed.
3. Medical records relevant to exemption request (diagnosed health condition). Please fax no more than 5 pages MAXIMUM.

Responses to requests will be made within 5 working days (1 week). Requests not accompanied by all required documentation (see above) will not be processed. If approved, exemptions are **valid for one year only**. If the animal is unable to be immunized the following year, a new exemption request must be submitted.

THIS SECTION TO BE COMPLETED BY THE VETERINARIAN

Vet Name:_____ Dog Name: _____

Clinic Name:_____ Owner Name: _____

Phone:_____ Date dog last examined by veterinarian

Fax:_____ (must be within past year):_____

REASON FOR EXEMPTION REQUEST

Documented health condition:_____

Date of onset of clinical signs_____Date diagnosed_____

THIS SECTION FOR LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, VETERINARY PUBLIC HEALTH PROGRAM USE ONLY

□ APPROVED. Expiration date:_____Exemption#_____

□ DENIED. Reason_____

Completed forms faxed to:

- □ Requesting veterinarian
- □ California Department of Public Health, Veterinary Public Health section
- □ Local Animal Control Agency. Name_____

Rabies Vaccination Certificate

This completed form, signed and approved by the local health officer in the county in which the dog resides, may be submitted in lieu of proof of rabies vaccination for purposes of securing a license for the indicated dog, as required by California law (17 CCR § 2606.4).

Exemption from Canine Rabies Vaccination

Owner Information		Dog Information	
Owner Name		Dog Name	
Street Address		Breed	
City		Color	
County	Zip	Markings	
Phone		Male ☐ Female ☐ Altered ☐	Age

I affirm that I am the owner of the dog indicated above. If this exemption request is approved by the local health officer, I understand that the dog:

a) will not receive the antirabies vaccine and will be at risk for contracting rabies;
b) will be considered unvaccinated and subject to disposition as outlined in the California Code of Regulations Title 17, §2606, including isolation and/or euthanasia, if it bites a person or has contact with a known or suspected rabid animal;
c) may be licensed for a period up to one year, at which time the dog must be vaccinated against rabies or a request for vaccination exemption must be resubmitted to and approved by the local health officer;
d) must be confined to the premises indicated above and, when off premises, on a leash not exceeding six feet in length and under the direct physical control of an adult;
e) shall have no contact with any dog or cat that is not currently vaccinated against rabies.

I understand the consequences and accept all liability associated with owning a dog that has not received the canine antirabies vaccine. I hereby request an exemption from rabies vaccination for the dog indicated above.

Owner's signature _____ Date _____

Veterinarian Information

Veterinarian Name		Address	
Clinic Name		City	
Phone		County	Zip

I have examined the dog indicated above and have determined that vaccination against the rabies virus would endanger this dog's life because of disease or other considerations. I hereby request an exemption from rabies vaccination for the dog indicated above.

Veterinarian's signature _____ CA License No. _____ Date _____

Please return this form to:

Los Angeles County Dept of Public Health
Veterinary Public Health Program
FAX 213-481-2375

For dogs residing in Los Angeles County, the LA County supplemental form must also be completed.

Local Health Department Use Only

☐ Approved ☐ Not Approved

Local Health Officer's signature _____ Date _____

County of Los Angeles Public Health
Veterinary Public Health & Rabies Control

VETERINARIANS:

Please contact VPH for additional copies of the Canine Rabies Vaccination Exemption forms.

Phone: 213-288-7060

Email: vet@ph.lacounty.gov

Animal Disease Reporting and Surveillance
SUMMARY

POINTS TO REMEMBER

- **Report diseases to VPH! Many infectious diseases are legally reportable in animals in Los Angeles County**
- **Respond to VPH requests for full disease reports**
- **Read about local animal disease in LA County in our Animal Disease Surveillance Report here:** http://publichealth.lacounty.gov/vet/reports/2016LACountyAnDisSurvReport.pdf
- **Free testing is available in specific situations:**
  - **Rabies testing on neurologic or biting animals**
  - **West Nile Virus testing on individual deceased birds (except pigeons/doves)**
  - **Necropsy or other tests in cases of undiagnosed outbreaks, suspected imported diseases, highly unusual disease, or potential bioterrorism**
- **Call and speak with one of our Public Health Veterinarians with any questions or to discuss a case: Monday-Friday, 8am-5pm at 213-288-7060**

BACKGROUND

Los Angeles County is very unique. **Many diseases in companion animals and wildlife are legally reportable locally that are not reportable elsewhere.** VPH tracks diseases in all species. LA County passed wide-ranging laws in the 1920s after a devastating Foot-And-Mouth Disease outbreak. These laws required all infectious diseases in animals to be reported. These laws were revived after the anthrax attacks in 2001. In 2007, VPH created a Reportable Disease Priority List for the first time, to clarify what was to be reported (see pg 34-35).

Veterinary staff are crucial partners in the effort to track the epidemiology of local diseases. Reporting by veterinary practices and shelters has helped document patterns and changes associated with familiar diseases, such as the increase in rabies in bats and the bi-modal seasonality of parvovirus in dogs. Reporting by veterinarians has also uncovered new and potentially emerging diseases and imported diseases, such as canine influenza H3N2 in dogs imported from China and South Korea in 2017.

The future will bring additional infectious disease challenges. Antimicrobial resistance confronts clinicians in the exam room and will likely be the focus of increasing amounts of legislation affecting animal care. Pesticide resistance complicates efforts to control disease vectors such as fleas. New, invasive *Aedes* mosquitoes in LA County are drought-resistant and capable of spreading heartworm and other diseases.

By working together to monitor animal disease in the county, veterinarians and public health can work together to address these challenges in order to protect the community.

Additional information on local animal disease epidemiology can be found in our "Animal Disease Surveillance Report, Los Angeles County – 2016", available on our website here: http://publichealth.lacounty.gov/vet/reports/2016LACountyAnDisSurvReport.pdf

To see the LA County Ordinances related to infectious disease reporting in animals, visit municode.com/library. Click on the state of California, then Los Angeles County, then click on Title 10. Search for 10.56.010, 10.64.010, 10.64.020, 10.64.030, 10.72.010, 10.72.020, 10.72.030, and 10.72.040.

In 2014, VPH began receiving notification directly from veterinary laboratories about positive test results on three diseases: heartworm, leptospirosis, and coccidioidomycosis. After a notification is received, VPH contacts the veterinarian caring for the animal to obtain the full report. VPH may seek to increase the number of tests reported by laboratories.

In order to categorize cases of disease consistently our program has developed case definitions. A case definition is a set of criteria used to evaluate reported cases of a disease and determine how they should be counted. A case definition categorizes cases as "confirmed", "probable" or "suspected". Laboratory test verification is required for a case to be considered confirmed. VPH is currently the only public health program in the United States consistently tracking numerous infectious diseases in companion animals. Case definitions are available on VPH's website, at: http://www.publichealth.lacounty.gov/vet/surveillance.htm

Please call the VPH office at 213-288-7060 if you have questions. Ask to speak to our Veterinarian-On-Call, Monday through Friday, 8am-5pm.

DID YOU KNOW?

- There is a list of reportable animal diseases for LA County. In 2019, giardiasis was removed from the list and cannabis toxicosis and the Longhorned Tick (*Haemaphysalis longicornis*) were added. (see pg 34).
- If you report a disease which is also reportable to the State of California, VPH will forward the report to CDPH or the California Department of Food and Agriculture (CDFA) on your behalf. There are six diseases in animals that are reportable to CDPH: anthrax, plague, tularemia, viral hemorrhagic fevers (e.g. Ebola virus), and *Brucella* species (excluding *Brucella canis*), and rabies. Many diseases of livestock are reportable to CDFA (see page 35).
- VPH offers free testing for:
    - **Rabies – If you are reporting a potentially rabid animal, call VPH immediately at 213-288-7060. If requesting testing, use the Bite Report Form on page 58, even if no one was bitten. Write 'None' in the Person Bitten Field**. Also see pg 18 for instructions on how to prepare a specimen for rabies testing.
    - **West Nile Virus (WNV) in birds** – With the help of the California WNV Surveillance Program, ***free*** testing of all bird species except pigeons and doves is offered year-round.

- **Unusual, emerging, outbreak situations** – ***Free*** necropsies and other diagnostic tests may be available in cases of an outbreak (3 or more animals) or when an emerging, dangerous or foreign pathogen is suspected. Specimens are tested at the California Animal Health and Food Safety Laboratory (CAHFS) in San Bernardino. The dates, locations, and symptoms of each animal in the outbreak must be provided. Carcasses must be fresh and refrigerated, not frozen.

- Veterinary laboratories report positive tests for heartworm, leptospirosis, and coccidioidomycosis to VPH. The list of diseases that are monitored this way may be increased. Veterinary practices are then contacted by our program with a request for a full report.
- Any disease may be reported using our Animal Disease/Death Reporting Form on pg 61-62. Several disease-specific forms exist (e.g. heartworm, parvo and leptospirosis) are also available on our website (see p.57) or go here: http://publichealth.lacounty.gov/vet/Forms.htm

VPH RECOMMENDATIONS

- Report diseases. Read more about disease reporting here: http://www.publichealth.lacounty.gov/vet/disintro.htm

- Post the lists of reportable diseases in your practice for all staff to see on pages 34 and 35. Available at: publichealth.lacounty.gov/vet/docs/AnimalReportList2019.pdf.

- Respond to requests from VPH for full disease reports. These are often sent to veterinary practices by fax.

- Familiarize yourself with the disease reporting forms. Available at: publichealth.lacounty.gov/vet/Forms.htm.

- Read about local animal disease data in LA County in our annual Animal Disease Surveillance Report here: http://publichealth.lacounty.gov/vet/reports/2016LACountyAnDisSurvReport.pdf

- Call VPH if you have any questions or are seeing something unusual. Ask to speak to our Veterinarian-On-Call at 213-288-7060, Monday through Friday, 8 AM to 5 PM.

Los Angeles County Department of Public Health

VETERINARY PUBLIC HEALTH PROGRAM

REPORTING ANIMAL DISEASES / CONDITIONS

Always report as soon as possible:

- Occurrence of any unusual disease
- Outbreak or cluster (3 or more cases) of animal disease/deaths of any cause
- Animal illness concurrent with human illness
- Disease not endemic to area
- Illness in animal recently imported from another country

Urgency Reporting Requirements

☎ = Report **immediately** by telephone
✉ = Report within **1 working day** of identification
⑦ = Report within **7 calendar days** from time of identification

DISEASE PRIORITY LIST 2019

✉ All Diseases on the Reportable Disease List of the California Department of Food and Agriculture (CDFA)
✉ Anaplasmosis
☎ Anthrax
✉ Babesiosis
⑦ Blastomycosis
☎ Botulism
✉ Bovine Spongiform Encephalopathy
☎ Brucellosis (any type)
☎ *Burkholderia pseudomallei*
✉ Calicivirus, feline virulent
⑦ Campylobacteriosis
⑦ Chagas Disease
✉ Chronic Wasting Disease
⑦ Coccidioidomycosis
☎ ⑦ Cryptococcosis
⑦ Distemper
✉ Domoic Acid Poisoning
⑦ Ehrlichiosis
☎ Foot-and-Mouth Disease
☎ Glanders
⑦ Heartworm

⑦Hemorrhagic gastroenteritis (HGE) of dogs
☎ Hemorrhagic Fevers, viral(Crimean-Congo, Ebola, Lassa, Marburg)
⑦ Histoplasmosis
✉ Influenza (any type)
⑦ Leptospirosis
✉ Listeriosis
⑦ Lyme Disease
✉ Methicillin-resistant *Staphylococcus* spp
✉ Mycobacterium spp
⑦ *Onchocerca lupi*
⑦ Parvovirus
⑦ Panleukopenia
☎ Plague
✉ Psittacosis
✉ Pseudorabies
☎ Q Fever
☎ Rabies
✉ Salmonellosis
⑦ Salmon Poisoning Disease
☎ Screw worm myiasis
⑦ Spotted Fever Rickettsioses
✉ *Streptococcus equi* (Strangles)
⑦ Tetanus
☎ Tularemia

☎ Viral Encephalitis (EEE, WEE, VEE, Japanese Encephalitis)
☎ Viral Newcastle Disease (birds)
✉ West Nile Virus
✉ Yersiniosis
☎ Unusual disease
☎ Outbreak of any disease

Non-infectious conditions

Reporting requested but not legally required

Cannabis toxicosis
Haemaphysalis longicornis (i.e. Longhorned Tick)
Contamination of food product-suspected

In Los Angeles County, report all diseases in this list **and the list of the California Department of Food and Agriculture (CDFA)** to the Los Angeles County Veterinary Public Health Program. We will forward reports to the CDFA as needed.

NOTE: Ringworm and roundworm are not reportable.
Reporting Forms: http://www.publichealth.lacounty.gov/vet/Forms.htm
Phone: 213-288-7060 **Email:** vet@ph.lacounty.gov **Fax:** 213-481-2375.

2019

County of Los Angeles Public Health
Veterinary Public Health & Rabies Control

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE
ANIMAL HEALTH BRANCH

January 2019

LIST OF REPORTABLE CONDITIONS FOR ANIMALS AND ANIMAL PRODUCTS*

*Pursuant to Section 9101 of the California Food and Agricultural Code, Title 3 California Code of Regulations § 797 and Title 9 Code of Federal Regulations Section 161.4(f)

WHO MUST REPORT: **Any licensed veterinarian, any person operating a diagnostic laboratory, or any person who has been informed, recognizes or should recognize by virtue of education, experience, or occupation, that any animal or animal product is or may be affected by, or has been exposed to, or may be transmitting or carrying any of the following conditions, must report that information.**

WHAT TO REPORT: **Immediately report any animal disease not known to exist in the United States, any event with increased mortality and/or morbidity of unknown cause or source and any toxicology condition likely to contaminate animals or animal products (meat, milk or eggs).**

CALL IF YOU SEE: Vesicles, unusual or unexplained illness, CNS signs, mucosal diseases, hemorrhagic septicemias, unusual larvae in wounds, uncommon ticks, high morbidity or mortality.

Report any emergency, regulatory, or monitored condition within the provided time frame. Some diseases are listed under the major species of concern; if you see compatible signs for such conditions in another species, please report!

EMERGENCY CONDITIONS
Report within 24 Hours of Discovery

MULTIPLE SPECIES

General, non-specific conditions: Unexplained high mortality or diseased animals; livestock exposed to toxic substances.

- Anthrax (*Bacillus anthracis*)[1]
- Crimean Congo hemorrhagic fever[1]
- Foot-and-mouth disease
- Heartwater (*Ehrlichia ruminantium*)
- Japanese encephalitis
- Melioidosis (*Burkholderia pseudomallei*)
- Rabies of livestock[1]
- Rift Valley fever
- Screwworm myiasis (*Cochliomyia hominivorax* or *Chrysomya bezziana*)
- Surra (*Trypanosoma evansi*)
- Vesicular stomatitis

BOVINE
- African trypanosomiasis (Tsetse fly diseases)
- Bovine babesiosis (Cattle tick fever)
- Bovine spongiform encephalopathy
- Contagious bovine pleuropneumonia (*Mycoplasma mycoides mycoides* small colony)
- Foot-and-mouth disease
- Hemorrhagic septicemia (*Pasteurella multocida B/Asian* or *E/African*)
- Lumpy skin disease
- Malignant catarrhal fever (wildebeest-associated form)
- Rinderpest
- Schmallenberg virus/ Akabane
- Theileriosis (*Theilera parva parva* or *T. annulata*)

CAPRINE/OVINE
- Contagious agalactia (*Mycoplasma agalactiae*)
- Contagious caprine pleuropneumonia (*Mycoplasma capricolum capripneumoniae*)
- Foot-and-mouth disease
- Nairobi sheep disease
- Peste des petits ruminants (Goat plague)
- Schmallenberg virus/ Akabane
- Sheep pox and goat pox

PORCINE
- African swine fever
- Classical swine fever
- Foot-and-mouth disease
- Nipah virus
- Swine vesicular disease
- Vesicular exanthema of swine virus (VESV)

AVIAN SPECIES
- Avian influenza (HPAI and H5/H7 LPAI)
- Turkey rhinotracheitis (Avian metapneumovirus)
- Virulent Newcastle disease (Exotic Newcastle disease, velogenic viscerotropic Newcastle disease)

EQUINE
- African horse sickness
- Dourine (*Trypanosoma equiperdum*)
- Glanders (Farcy; *Burkholderia mallei*)
- Hendra virus (Equine morbillivirus)
- Venezuelan equine encephalomyelitis
- Vesicular stomatitis

CERVIDS/LAGOMORPHS/CAMELIDS
- Rabbit hemorrhagic disease (Calicivirus)

REGULATORY CONDITIONS
Report within Two Days of Discovery

MULTIPLE SPECIES
- Brucellosis (*B. melitensis, B. abortus, B. suis*)[1]
- Pseudorabies (Aujeszky's disease)
- Tuberculosis (*Mycobacterium bovis*)[1]
- Tularemia[1]

BOVINE
- Bovine brucellosis (*Brucella abortus*)[1]
- Bovine tuberculosis (*Mycobacterium bovis*)[1]
- Trichomonosis (*Tritrichomonas foetus*)

CAPRINE/OVINE
- Caprine and ovine brucellosis[1] (excluding *Brucella ovis*)
- Scrapie
- Sheep scabies (Body mange; *Psoroptes ovis*)

PORCINE
- Porcine brucellosis (*Brucella suis*)[1]
- Pseudorabies (Aujeszky's disease)

AVIAN SPECIES
- Fowl typhoid (*Salmonella gallinarum*)
- Ornithosis (Psittacosis, avian chlamydiosis; *Chlamydia psittaci*)
- Pullorum disease (*Salmonella pullorum*)

EQUINE
- Contagious equine metritis (*Taylorella equigenitalis*)
- Eastern equine encephalomyelitis
- Epizootic lymphangitis
- Equine herpesvirus myeloencephalopathy (EHM)
- Equine infectious anemia
- Equine piroplasmosis (*Babesia caballi* or *Theileria equi*)
- Western equine encephalomyelitis
- West Nile virus

CERVIDS/LAGOMORPHS/CAMELIDS
- Chronic wasting disease in cervids

WHERE TO REPORT:

CA Department of Food and Agriculture
Animal Health Branch (AHB)
District Offices:

Redding	530-225-2140
Modesto	209-491-9350
Tulare	559-685-3500
Ontario	909-947-4462

CDFA- Animal Health Branch
Mailing Address: 1220 N Street
Sacramento, CA 95814
Physical Address: 2800 Gateway Oaks
Sacramento, CA 95833
Telephone 916-900-5002
OR
US Department of Agriculture
Animal and Plant Health Inspection Services
Veterinary Services (VS)
10365 Old Placerville Road, Suite 210
Sacramento, CA 95827-2518
Toll free at 1-877-741-3690

MONITORED CONDITIONS
Report within 30 Days of Discovery

MULTIPLE SPECIES
- Bluetongue
- Echinococcosis/hydatidosis (*Echinococcus* species)
- Epizootic hemorrhagic disease
- Johne's disease (Paratuberculosis; *Mycobacterium avium paratuberculosis*)
- Leishmaniosis
- Q Fever (*Coxiella burnetii*)

BOVINE
- Anaplasmosis (*Anaplasma marginale* or *A. centrale*)
- Bovine cysticercosis (*Taenia saginata*)
- Bovine genital campylobacteriosis (*Campylobacter fetus venerealis*)
- Bovine viral diarrhea
- Enzootic bovine leukosis (Bovine leukemia virus)
- Infectious bovine rhinotracheitis (Bovine herpesvirus-1)
- Malignant catarrhal fever (sheep-associated form)

CAPRINE/OVINE
- Ovine epididymitis (*Brucella ovis*)
- Caprine arthritis/encephalitis
- Enzootic abortion of ewes (Ovine chlamydiosis; *Chlamydophila abortus*)
- Maedi-visna (Ovine progressive pneumonia)
- *Salmonella abortusovis*

PORCINE
- Porcine cysticercosis (*Taenia solium*)
- Porcine reproductive and respiratory syndrome
- Senecavirus A
- Swine enteric coronavirus diseases, including transmissible gastroenteritis
- Swine influenza
- Trichinellosis (*Trichinella spiralis*)

AVIAN SPECIES
- Avian infectious bronchitis
- Avian infectious laryngotracheitis
- Duck viral hepatitis
- Goose parvovirus
- Infectious bursal disease (Gumboro disease)
- Influenza A viruses (see Emergency Conditions for HPAI and H5/H7 LPAI)
- Mycoplasmosis (*Mycoplasma synoviae* and *Mycoplasma gallisepticum*)

EQUINE
- Equine herpesvirus-1 and 4 (excluding EHM)
- Equine influenza
- Equine viral arteritis

CERVIDS/LAGOMORPHS/CAMELIDS
- Camelpox in camels
- Myxomatosis in rabbits

FISH, AMPHIBIAN, CRUSTACEAN, BEE, AND MOLLUSK
- **Compatible with the OIE list:** http://www.oie.int/animal-health-in-the-world/oie-listed-diseases-2019/

**** If in LA County, report also to VPH at 213-288-7060.**

[1] Diseases in green, seen in any species, are also reportable to the California Department of Public Health (CDPH); CDFA will report these designated zoonotic diseases to CDPH.

For additional information, contact CDFA (email: cavet@cdfa.ca.gov or visit our website at www.cdfa.ca.gov/ah) or USDA at http://www.aphis.usda.gov/animal_health

COUNTY OF LOS ANGELES
Public Health
Veterinary Public Health & Rabies Control

Rabies Data, Los Angeles County

POINTS TO REMEMBER

- **Keep all pets, including indoor cats, up to date with their rabies vaccination**
- **Bats are the number one carrier of rabies in Southern California**
- **Most rabid bats in LA County are found at private homes and some are found indoors**
- **Do NOT touch any bat with bare hands – call your local animal control agency immediately to report a bat and have it collected for rabies testing**
- **Bat bites are very small and may go unnoticed**
- **Consider rabies in any sick dog or cat imported from outside the United States**

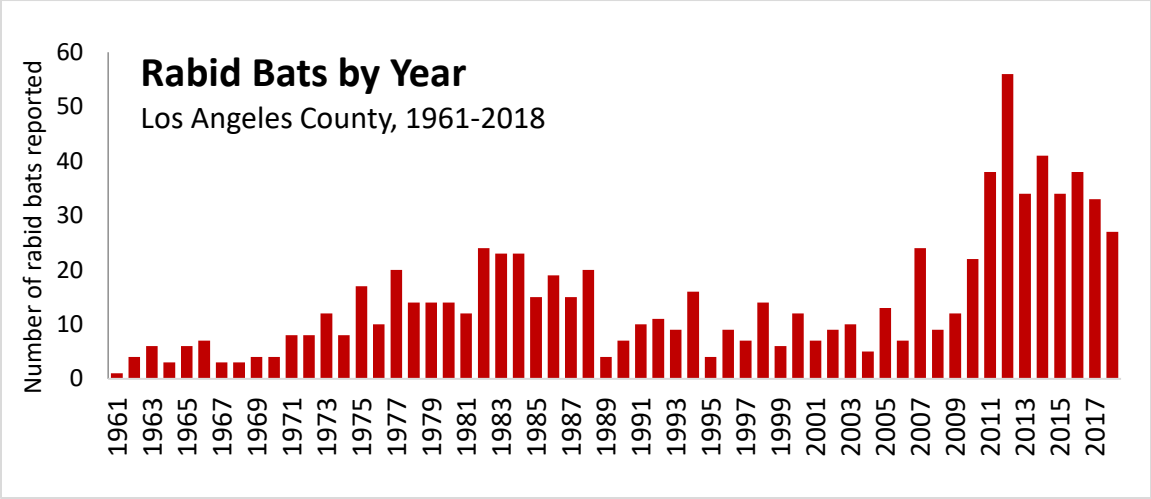
BACKGROUND

Rabies in bats is prevalent throughout the United States. In recent years, many other wildlife species in California have tested positive for rabies and are considered potential sources of the virus. In 2014, a skunk tested positive for rabies in the city of Long Beach – the skunk was found to have been infected with a Mexican free-tailed bat variant of rabies.

DID YOU KNOW?

- **Rabies surveillance in local bats.** All bats reported to and collected by VPH are submitted for rabies testing. We are most concerned about bats acting abnormally (e.g. weak, sitting on the ground or clinging to walls, unable to fly, etc.) or bats found near people or pets.

- **The number of rabid bats detected is increasing.** Throughout the 1990s and early 2000s, an average of 9-10 bats tested positive for rabies per year in LA County. Since 2010, that number has risen to 34 per year. The cause of the increase is unknown. One hypothesis is that climate change and more extreme weather patterns are causing bats to move closer to areas irrigated by people in order to find insects to eat.



- **Rabid bats can be found in densely populated areas.** Most rabid bats are found in suburban areas, and occasionally in highly urban areas. In 2018, more than a third of the 27 rabid bats found in LA County were found in the city of Santa Clarita. It is unknown if there is actually a higher incidence of rabid bats in this area, or if the residents are more likely to report bats for rabies testing.

- **Most rabid bats are found at private homes and some are found indoors.** In 2018, 75% of rabid bats were found at private homes, usually in the yard or side of the house. Even pets that do not go outside can be exposed to rabies. In 2018, one rabid bat was found in a public restroom.

- **Imported pets can bring rabies into LA County.** In 2004, a rabid dog was imported through LAX from Thailand, and in 1987 a rabid cat was brought here from Mexico. Hundreds of dogs are imported into our county every year, with many being from countries where the canine rabies variant is still found (see pg 20).

- **If a bat is found near children, pets, or sleeping people, an unrecognized bite may have occurred because bats have tiny teeth, and the bat should be tested for rabies.** Any time a bat is found indoors, and it is unknown how long it was indoors, it should be tested for rabies if any sleeping or otherwise vulnerable people are in the building.

VPH RECOMMENDATIONS

- **Vaccinate pets, including indoor cats.** Indoor cats can easily be attracted to a bat in a home and be bitten by it. Every year, at least one confirmed rabid bat is found inside a home in LA County.

- **Educate your clients.** If they find a bat in their home, they should NOT touch it with bare hands or release it. They should cover it with a bucket if possible and call animal control to collect it for rabies testing. If a bat is found in a room where someone was sleeping or near a pet, there is no way to know if that person or pet was bitten. To read more about what to do if a bat is found in the home, visit: publichealth.lacounty.gov/vet/batinhouse.htm.

- **Make sure to ask your clients if their pet was recently imported.** While rabies is not likely to be found in local dogs, the risk of rabies may be higher in imported dogs. Be suspicious of rabies if you are seeing a sick dog coming from other countries, especially from places where canine rabies is common.

For more information: publichealth.lacounty.gov/vet/rabies.htm**.**

Heartworm Data, Los Angeles County

POINTS TO REMEMBER

- **Just over 25% of heartworm cases in LA County each year are contracted locally**
- **There are new mosquito vectors in LA County that are capable of transmitting heartworm and other diseases**
- **Teach clients to remove standing water 1-2 times/week to fight mosquito breeding**
- **Test for heartworm annually and recommend year-round heartworm preventatives**
- **Report cases to VPH with this form:** publichealth.lacounty.gov/vet/docs/Forms/HeartwormReportForm.pdf

BACKGROUND

Every year, heartworm disease is diagnosed in pets by veterinarians in Los Angeles County. While the majority of cases are infected while outside of Southern California, 27% of cases are infected locally. In 2014, heartworm became reportable in LA County by animal diagnostic laboratories, leading to a dramatic increase in the amount of available data that year. Cases are categorized as "confirmed", "probable", or "suspected" by following LA County's case definition for heartworm disease, available at: publichealth.lacounty.gov/vet/surveillance.htm.

In the past few years, three new invasive mosquito species became established in certain areas of LA County: the Asian tiger mosquito (*Aedes albopictus*), the Yellow Fever mosquito (*Aedes aegypti*), and the Australian backyard mosquito (*Aedes notoscriptus*). All three are drought-resistant, may bite in daytime, and are capable vectors for multiple diseases. The first two mosquitoes are potential vectors for Zika, Dengue and Chikungunya viruses in humans, and heartworm in animals. The third species is an ideal vector for heartworm. **More than ever, veterinarians need to include mosquito control as a core part of their heartworm prevention information for pet owners.**

DID YOU KNOW?

- **Heartworm is transmitted locally.** Between 2008 and 2017, a total of 435 cases were reported in 408 dogs and 27 cats. More than a quarter (27%) of these cases had not traveled outside of Southern California, and therefore had been infected locally.
- **Most cases are asymptomatic.** 68% of cases had no clinical signs at the time of diagnosis.
- **Multiple species of local mosquitoes can transmit heartworm.** Since 2011, the arrival of three new species of invasive mosquitoes may have increased the risk of local transmission further.
- **Untreated animals are reservoirs.** Coyotes and completely untreated dogs can maintain heartworm in the local mosquito population.

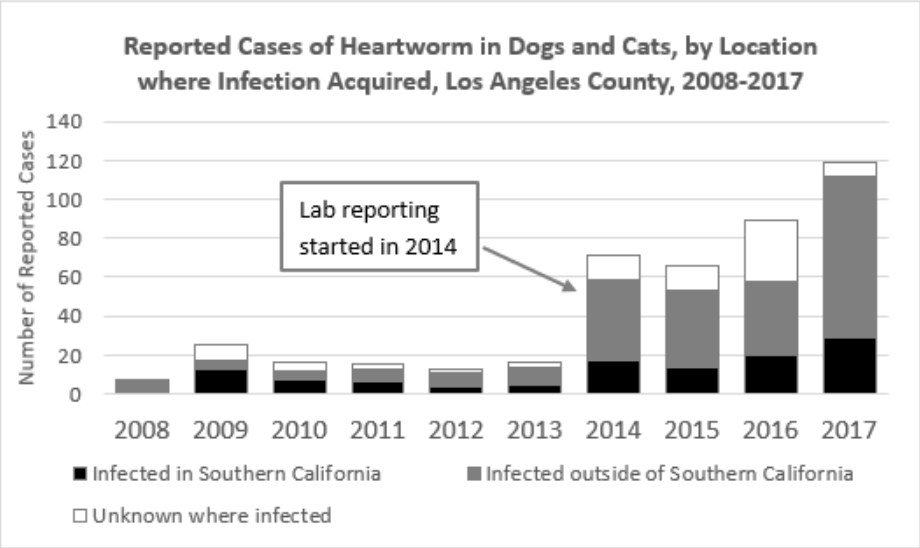
VPH RECOMMENDATIONS

- **Teach pet owners to fight against mosquito breeding in stagnant water.**
  - Tell clients to remove standing water 1-2 times weekly. Even a bottle cap full of water can breed mosquitoes. Stagnant water forms due to rain, sprinklers, and condensation from fog.
  - Large bodies of stagnant water, such as neglected swimming pools, should be reported to the local vector control agency.

- **Use heartworm preventatives all year round.** Most of these medications have the added benefit of preventing zoonotic intestinal parasites.

- **Test for heartworm.** Include heartworm testing as part of a pet's yearly physical checkup.

- **Report cases to VPH.** publichealth.lacounty.gov/vet/docs/Forms/HeartwormReportForm.pdf.



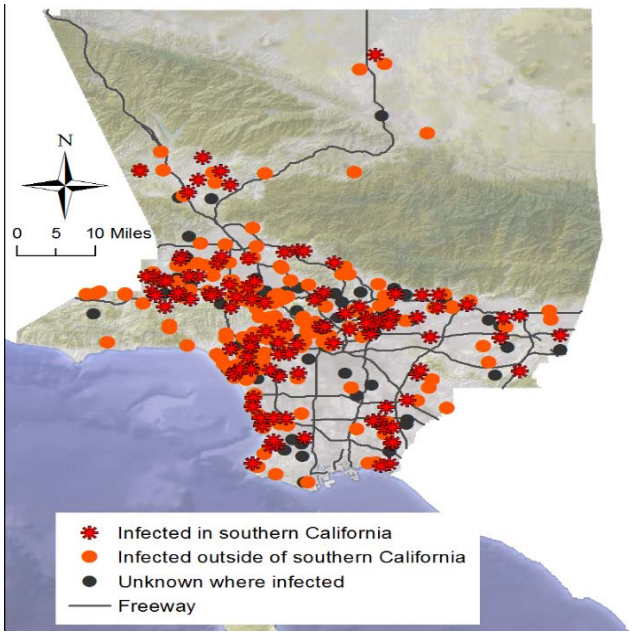
Case Categories

So Cal-acquired – Pet did not travel outside of Southern California

Imported into So Cal – Pet traveled outside of Southern California and likely contracted the infection outside of area

Unknown – Not enough history available about pet

Heartworm in Dogs and Cats
Los Angeles County 2008-2017



Mosquitoes breed in standing water. Even tiny crevices that hold water, such as holes in trees, can breed mosquitoes.

Teach your clients to locate and empty any standing water on their property 1-2 times weekly.

For more information:
http://publichealth.lacounty.gov/vet/heartworm.htm

Leptospirosis Data, Los Angeles County

POINTS TO REMEMBER

- **Leptospirosis is present and possibly underdiagnosed in LA County**
- **The 4-way leptospirosis vaccine is the most effective**
- **Most leptospirosis cases in pet dogs are locally acquired, likely from exposure to wildlife**
- **Report cases to VPH:** http://publichealth.lacounty.gov/vet/docs/Forms/LeptospirosisReportForm.pdf

BACKGROUND

Leptospirosis (lepto) is caused by a water-loving bacteria called *Leptospira*. It can cause illness in humans and dogs. Common wildlife such as raccoons, skunks, opossums and rats can carry lepto in their urine. Raccoons may contaminate pet water bowls, water fountains, or ponds when exploring back yards. People and pets may be exposed to lepto when contaminated urine from animals comes into contact with the eyes, nose, mouth or broken skin.

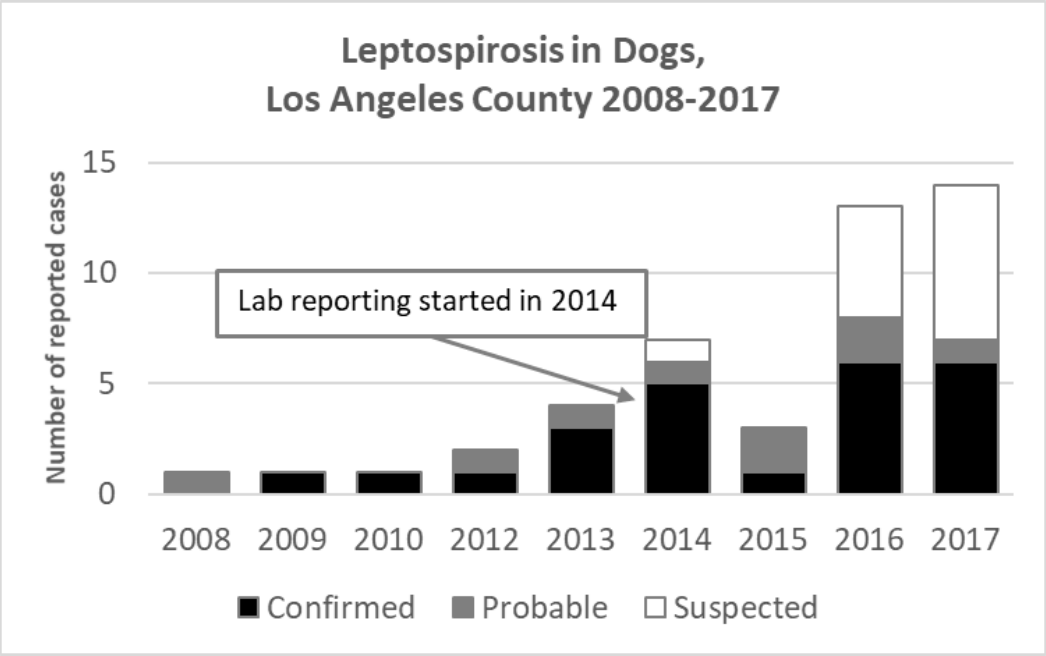
In 2014, lepto became reportable by animal diagnostic laboratories, leading to an increase in the amount of available data. Cases are categorized as "confirmed", "probable", or "suspected" by following LA County's case definition for leptospirosis available at: publichealth.lacounty.gov/vet/surveillance.htm.

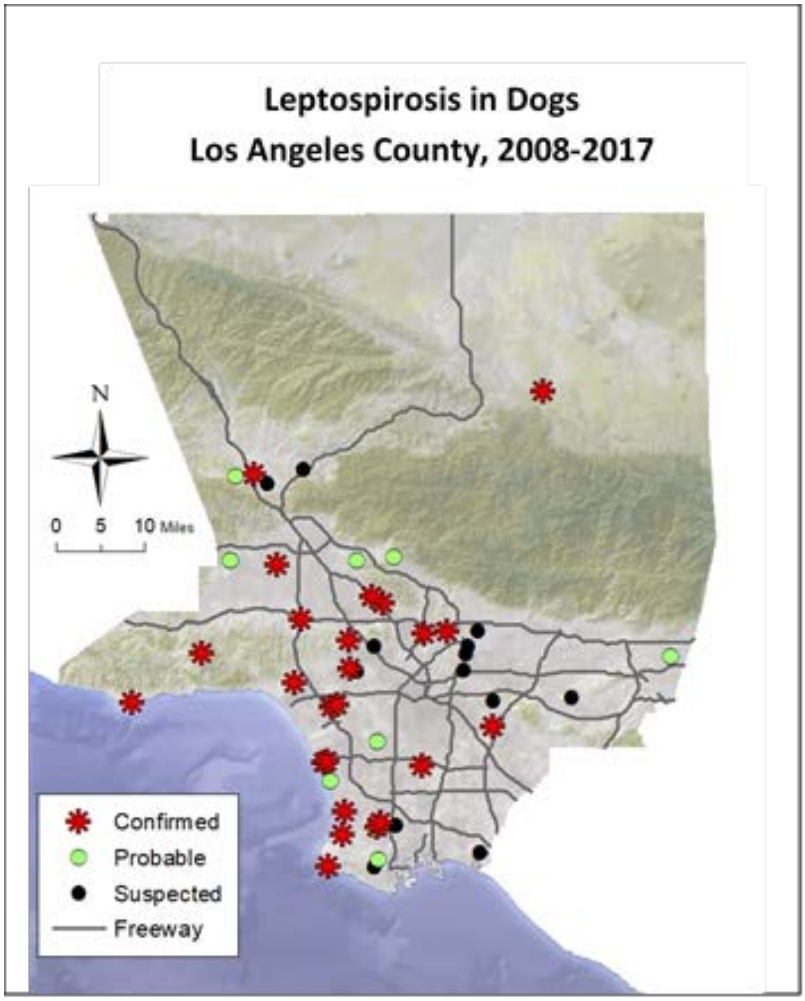
DID YOU KNOW?

- **Lepto is present and possibly underdiagnosed in LA County.** A total of 46 cases of lepto in dogs were reported between 2007 and 2017. Veterinarians who are not aware that lepto is present locally might not order testing for the disease. The cost of lepto testing may also present a barrier for clients.
- **Most dogs became infected in their own yards.** In several cases, infected dogs rarely left their own neighborhoods, but had direct or indirect encounters with wildlife. In some cases, raccoons were seen putting their front paws in dogs' water bowls.

VPH RECOMMENDATIONS

- **Consider the 4-way lepto vaccine.** Approximately 72% of the reported cases in LA County were unvaccinated against lepto. The other cases had been vaccinated with a 2-way vaccine. Therefore, the 4-way leptospirosis vaccine should be used instead of the 2-way vaccine.
- **Educate clients on how to avoid attracting wildlife into their yards.** Clients should keep pet food and water bowls inside the house. Bowls should be routinely cleaned with hot water and soap in case they have been contaminated by wildlife.
- **Report lepto cases to VPH:** http://publichealth.lacounty.gov/vet/docs/Forms/LeptospirosisReportForm.pdf





For more information: http://publichealth.lacounty.gov/vet/Leptospirosis.htm

Parvovirus Data, Los Angeles County

POINTS TO REMEMBER

- **Parvo is seasonal, with cases increasing in the spring and fall months**
- **Teach clients that puppies require a series of parvo vaccinations for adequate protection**
- **Clusters of parvo cases may indicate areas of LA County that lack access to basic veterinary care.**
- **Report parvo cases to VPH to help us identify areas where more resources are needed:** http://publichealth.lacounty.gov/vet/docs/Forms/VaccPrevDisReportForm.pdf

Background

Canine parvovirus is not zoonotic, however, tracking parvo cases is a public health concern. Effective vaccination against canine parvovirus has been a standard part of veterinary preventative care for decades. Therefore, parvo cases serve as markers for areas in LA County where residents have lower access to, or utilization of, basic veterinary care. Veterinary care includes a combination of preventative services, treatments and education for pet owners that help prevent zoonotic infections of many types. People in areas with less veterinary access face a higher risk of exposure to undiagnosed or untreated zoonotic diseases as a result (e.g. rabies, roundworm/hookworm infection, leptospirosis, etc.).

DID YOU KNOW?

- **Parvo data highlights areas where veterinary care, resources, and education are needed most.** Parvo cases cluster in areas where there are fewer veterinary practices and where median household incomes are lower.

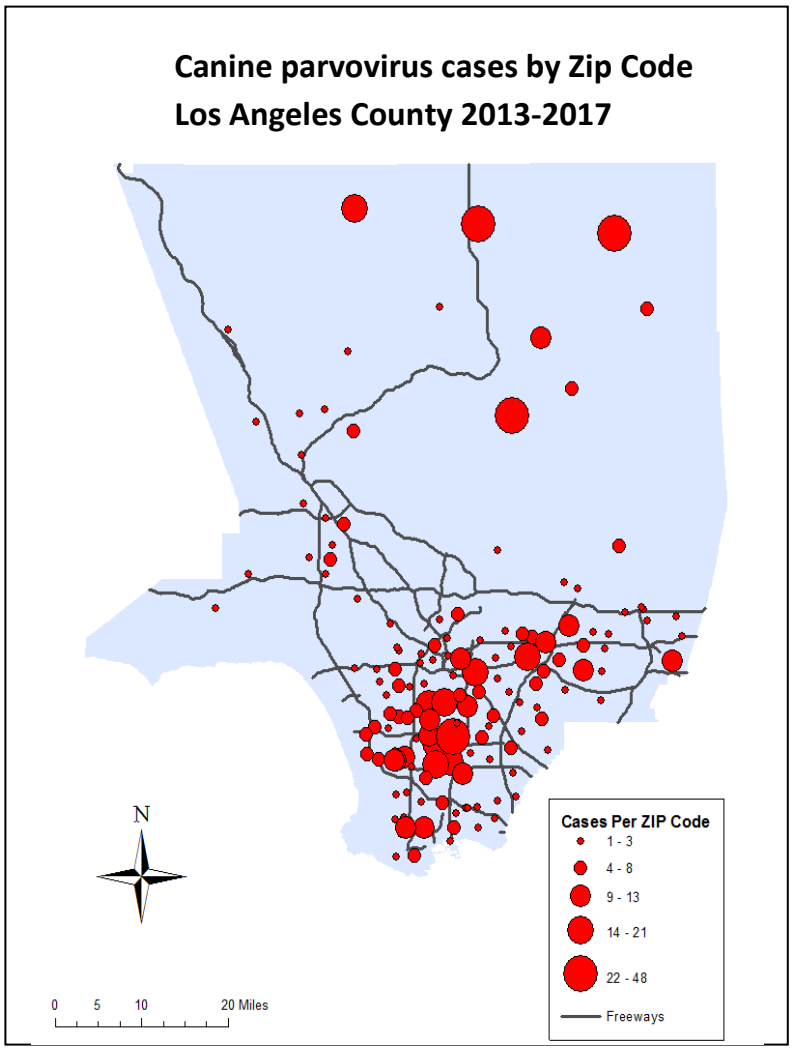
- **Parvo is seasonal**. Increases are seen in both the spring and fall.

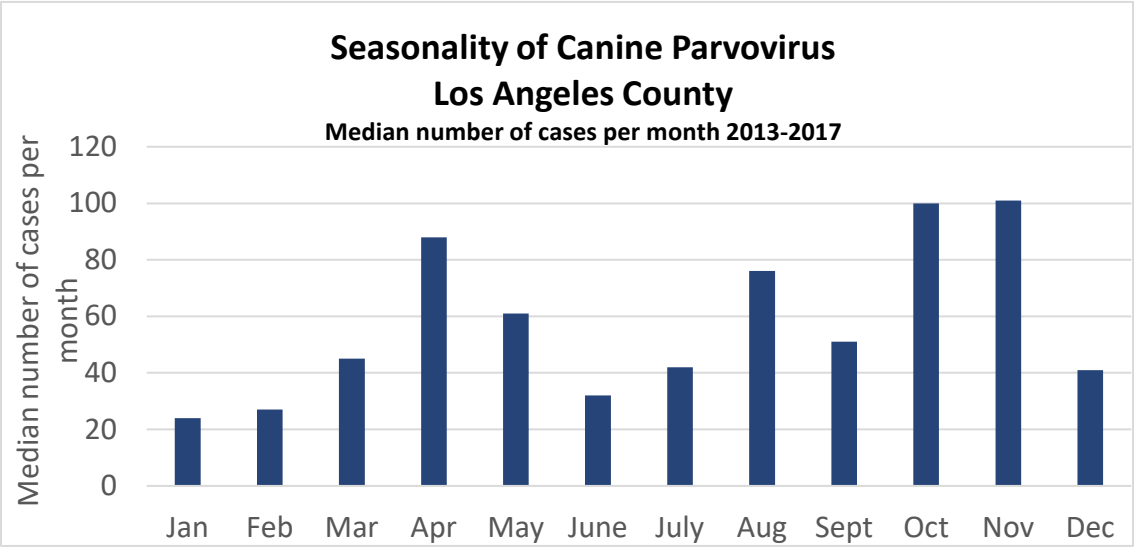
VPH RECOMMENDATIONS

- **Education of dog owners can make a difference.** A survey done by VPH at vaccine clinics throughout the county found that 82% of dog owners did not know that a puppy needs 3-4 vaccinations to be protected from parvo.

- **Other preventive care can be promoted during parvo vaccination.** Behavioral training, vaccination against rabies, deworming, and flea control all help protect the pet owner as well as the pet. Veterinary practices, animal shelters, and non-profit groups are encouraged to make disease and preventative education for pet owners a top priority.

- **Report parvo:** http://publichealth.lacounty.gov/vet/docs/Forms/VaccPrevDisReportForm.pdf. Or use the Parvo Tracking Sheet in a shelter: http://publichealth.lacounty.gov/vet/docs/Forms/ParvoTrackingSheet_vet.pdf. Every report is a "vote" for educational outreach opportunities to focus on the zip code where the dog came from.





For more information: publichealth.lacounty.gov/vet/parvo.htm.

Flea-borne typhus – A human disease, Los Angeles County

POINTS TO REMEMBER

- **Animal health care workers/shelter staff are more at risk for this disease - talk with your healthcare provider if you notice symptoms.**
- **Promote well-rounded flea control in pets – remind owners to clean up the environment!**
- **Reduce attractants to wildlife around your house (trim vegetation, close up crawl spaces, do not leave food outside)**
- **Use personal protective equipment (gloves, mask, gowns) and insect repellent to protect yourself at work**

BACKGROUND

Flea-borne typhus is a bacterial disease transmitted through flea bites from animals to people. It is also known as murine typhus or endemic typhus. Flea-borne typhus is endemic in Southern California, Southern Texas, and Hawaii. Cases have been increasing in number and spreading to new areas in Southern California since 2010. It is caused by the bacteria *Rickettsia typhi* and *Rickettsia felis*. Animals are carriers of the infected fleas but are not symptomatic for this disease.

An ***urban cycle*** of flea-borne typhus, involving rats and rat fleas, is present in downtown Los Angeles. Elsewhere in LA County the disease is transmitted within the ***suburban cycle***, involving cats, opossums, other domestic and wild animals, and the cat flea. There is evidence that fleas can pass the bacteria to their offspring, making them not only a vector, but also a reservoir for typhus. In 2018, there were clusters of flea-borne typhus in people in Downtown Los Angeles and in the Willowbrook area.

DID YOU KNOW?

- **The risk of human flea-borne typhus is increasing.** 2018 was the year in which the highest number of human cases (109 total) were reported.
- **Fleas in Southern California carry the bacteria and can spread flea-borne typhus.** Many people are unfamiliar with this disease because it is not found in most areas of the United States.
- **Animal health workers and shelter staff face a higher risk of exposure to flea-borne typhus.** Due to their close contact with flea-infested animals, veterinary staff, wildlife rehabilitators, and animal control workers are more likely to be exposed.
- **It is spread through flea feces ("flea dirt").** Fleas defecate while biting. People may become infected when they scratch a flea bite and drag flea feces across the bite wound, or when flea feces get into their eyes, nose, or mouth.

- **Clinical signs can sometimes be severe.** Most people who become ill develop fever, headache, chills, muscle pain, and sometimes a rash on the chest/back/legs. However, the disease can also spread to major organs or cause meningitis. The majority of reported cases were severe, with about 80% being hospitalized.

- **Animals do not get sick from flea-borne typhus.** Animals infected with the bacteria do not show clinical signs, nor do they spread the disease directly to people. However, flea-infested animals spread typhus in the community by increasing flea populations and transporting infected fleas to new areas.

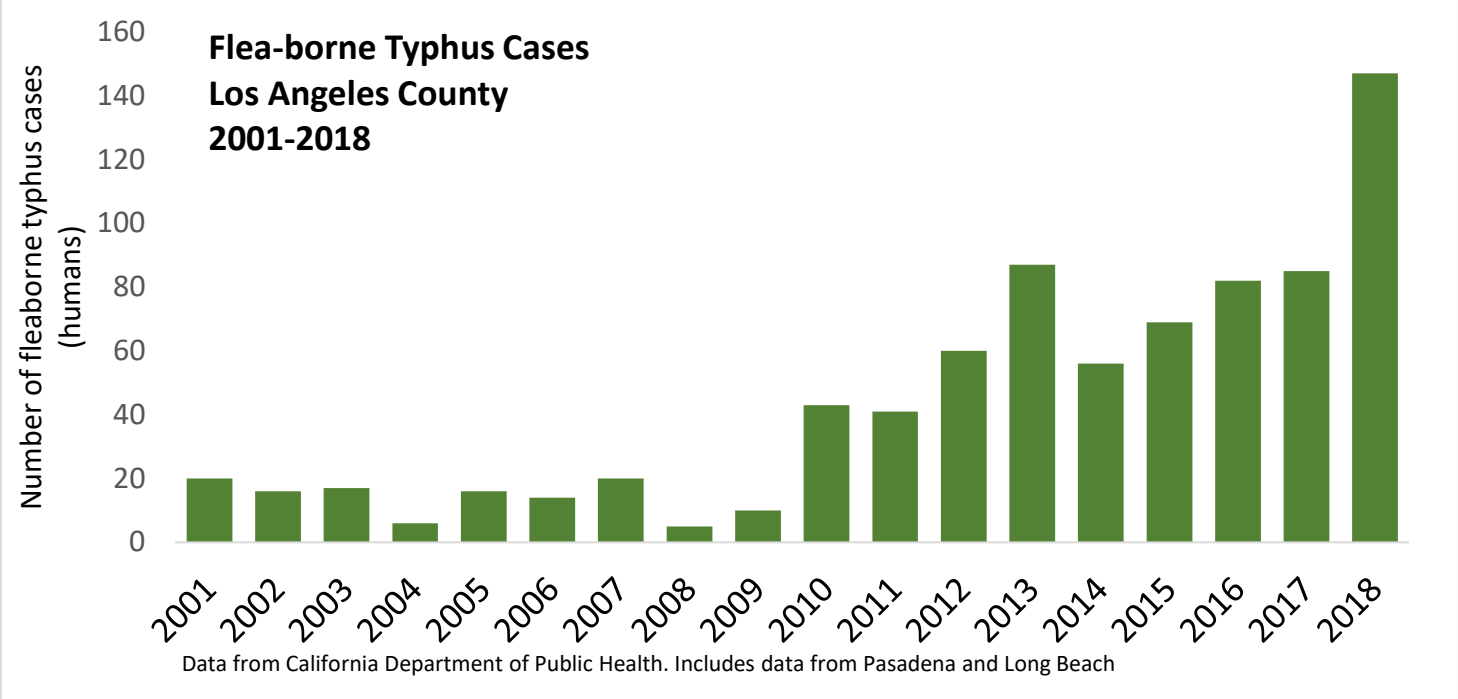
VPH RECOMMENDATIONS

- **Promote flea control in pets.** Proper flea control requires more than just using chemical flea control products. Flea eggs should be frequently removed from the home by vacuuming and laundering pet bedding. Attracting feral and wild animals in the yard should be minimized by: trimming vegetation, sealing crawl spaces, keeping trash sealed, picking up fallen fruit from trees and keeping pet food indoors.

- **Protect yourself from fleas and flea feces.** Make sure you and your staff use gloves or personal protective equipment when dealing with patients with flea infestations, and practice good hand washing habits. Consider wearing EPA-approved insect repellent while at work or in high risk situations.

- **Never relocate flea-infested wild or feral animals.** Moving fleas spreads this disease.

- **Talk with your health care provider** if you notice symptoms in yourself and be sure to discuss your exposure to fleas on animals.



For more information: publichealth.lacounty.gov/acd/vectortyphus.htm.

Ready to report a disease to VPH? Follow these steps:

- **Consider posting the reportable disease lists for all staff to see (pg 34-35)**
- **Consider making copies of the disease reporting forms available by your fax machine.** When laboratory results are received, provide a reporting form to the attending veterinarian.

- **Bookmark this page for all reporting forms available from VPH**: publichealth.lacounty.gov/vet/Forms.htm
    - Some diseases have specific reporting forms (e.g. heartworm, leptospirosis)
- **Send in the form and related laboratory results to VPH**
    - Email – vet@ph.lacounty.gov
    - Fax – 213-481-2375
- **Call and ask to speak with a veterinarian with any questions** – 213-288-7060

- **Thank you in advance for reporting!** Your contribution helps to build the picture of animal health in LA County.

Disasters Affecting Veterinary Practices in Los Angeles County

POINTS TO REMEMBER

- **Develop an evacuation plan and train all staff. Wildfires are more frequent and move faster than in the past.**
- **Set up water storage tanks. In a major earthquake, water may be out for a long time.**
- **Be able to operate temporarily without computers or power. Have pre-printed forms available in advance.**

Veterinary practices in LA County may be impacted by multiple kinds of disasters, both large and small. Some of the disasters that have already impacted the LA County community include: wildfires (followed by the risk of mudslides), earthquakes, heatwaves, power outages, cyberattacks and ransomware, active shooters, and disease outbreaks.

What do local animal-related government agencies do during disasters?

- **Animal Control** agencies are the lead local responders during wildfires, earthquakes, and most other natural disasters. Veterinary Public Health assists them by inspecting temporary animal shelters for sanitation problems and providing additional staffing for response. Almost every year, the two largest animal control agencies, the Los Angeles County Department of Animal Care and Control and Los Angeles Animal Services respond to wildfires, coordinating with the Fire Department's incident command post, entering into fire zones to evacuate animals, and setting up temporary shelters for animals.
- **VPH** is the lead local agency during infectious disease outbreaks in animals. Although disaster-level disease outbreaks are rare, in 2018 an outbreak of the foreign animal disease Virulent Newcastle Disease (VND) in chickens hit Southern California, including Los Angeles County. VPH worked alongside state and federal animal health authorities during the initial part of the outbreak and served as a communication hub for LA County throughout. VPH performed surveillance for VND cases, performed extensive educational outreach, and helped build awareness of policies and quarantines related to the outbreak.
- All animal-related agencies responding to disasters work within the **Incident Command System (ICS)** under the authority of the Incident Commander. The Incident Commander is an employee working for the lead agency in the response. During wildfires, the Incident Commander is usually a person who works in a fire department.

What should veterinary facilities do to prepare for disasters?

Veterinary facilities must prepare to protect their animal patients, their staff, and their facility during a disaster. Facilities may either need to evacuate or respond to the disaster within the premise. Wildfires are by far the most common recurring disaster in LA County. They are happening more frequently, and move across the landscape faster than before, leaving less time for evacuation.

In this section, we cover just a few of the most important steps you should take. Managers of veterinary facilities are strongly encouraged to do further reading on disaster preparedness, develop comprehensive disaster plans, and perform practice drills with staff.

TYPES OF DISASTERS AND RECOMMENDED ACTIONS

Disasters requiring EVACUATION

The threat of **wildfires** and **mudslides** may trigger the need to evacuate the entire practice. Wildfires are occurring more frequently and are moving faster across the landscape than in the past. The more animals you have in your facility, the sooner you need to begin evacuation if a fire is headed your way. **Earthquakes** may also damage buildings enough to require evacuation.

- Choose an **alternative location** for housing animals.
- Keep on hand **equipment for transport** of all animals (crates, cages, halters, lead ropes, trailers, etc.)
- Pre-identify **medical supplies and equipment** that will need to be moved with the animals
- Have **identification** on each animal, such as paper collars
- Pre-print **animal owner information and medical needs** for each animal
- Create a **checklist** of all steps needed in an evacuation and **train** staff

Disasters requiring SHELTERING-IN-PLACE or response within the Practice

Earthquakes, heat waves, power outages, cyberattacks, and active shooter all present challenges within the practice itself. **Lack of water** will be the largest, longest-lasting problem after a major earthquake. Power outages and cyberattacks present operational challenges for any modern business – have a plan for how your practice will continue operating without computer access, or without power.

- **Earthquake-proof** your practice. Bolt cabinets and heavy furniture to the wall. Keep heavy or breakable objects on lower shelves. Have your building inspected for earthquake safety.
- Keep many pairs of **heavy work gloves** on hand for moving debris
- Set up **water storage tanks** large enough to supply your practice for at least 3 days
- Set up a **generator** for back-up power. Consider hiring a professional. Keep it outdoors in a well-ventilated location to prevent carbon monoxide poisoning.

- Maintain **paper versions of forms** and **non-electronic modes of accepting payment** to stay operational without computers or power
- Maintain **paper versions of critical telephone numbers and other key documents**
- Maintain **backups of data** – backups should not be connected to your network.
- Assure that your **air conditioning** systems are operational. Set up **alternative modes of cooling** where needed, such as misters and fans.
- Have the ability to quickly **lock doors and draw window shades** in the event of having an active shooter in the area.

Disasters requiring special MEDICAL KNOWLEDGE

Wildfires, earthquakes, and new infectious diseases may all require veterinary staff to care for large numbers of animals with the same kinds of injuries or to learn new diagnostics or treatments.

- Be prepared to assess and treat **burns, smoke inhalation and traumatic injuries**
- Read and utilize any clinical guidance issued by local government authorities for **new diseases or major disease outbreaks**

Prepare animal owners for all kinds of disasters

Annual wellness visits present a good time to discuss emergency preparedness. Animal owners should be strongly encouraged to keep only as many animals as they can evacuate and care for in a disaster. Teach animal owners to:

- Keep only as many animals as they are **able to evacuate**
- Have a **crate for each pet** that is large enough for them to stay in for prolonged periods
- Have access to a **trailer** for evacuating their horse or livestock and the ability to use it
- Have **paper copies of their animal's medical records**, especially vaccination records
- Keep a **photo of themselves with their animal**
- Have their animal **microchipped** and have it wear an **external ID tag**
- Keep at least 3 extra days of **food, water and medication** at home for their pet

Resources

AVMA Emergency Preparedness and Response Guide
https://ebusiness.avma.org/files/productdownloads/emerg_prep_resp_guide.pdf

AVMA Guide to Writing a Veterinary Practice Emergency Plan.
https://www.avma.org/KB/Resources/Reference/Documents/AVMA_Guide_to_Writing_a_Veterinary_Practice_Emergency_Plan.PDF

CVMA Disaster Response https://cvma.net/about-cvma/get-involved/disaster-response/

Healthy Pets Healthy Families

POINTS TO REMEMBER

- **Join our Healthy Pets Healthy Families Coalition! Register by contacting us at vet@ph.lacounty.gov or call 213-288-7060.**
- **This coalition includes various stakeholders (veterinarians, physicians, non-profit agencies, etc.) from all over LA County working together to improve animal and human health**
- **Check out and share our newly developed School Educational Messages to teach children about pet safety, pet health, and responsible pet ownership.** http://publichealth.lacounty.gov/vet/TeachingChildrenPetSafety.htm

BACKGROUND

In 2012, VPH formed the 2020 Healthy Pets Healthy Families (HPHF) Coalition. This coalition includes veterinarians, physicians, animal control workers, dog trainers, non-profit agencies and others from all over LA County and neighboring counties. Together we monitor local animal health trends and generate goals and interventions to improve both animal and human health. HPHF fuses the One Health concept with the national Healthy People 2020 model. One Health recognizes how human health, animal health and the ecosystem are inextricably linked. Healthy People 2020 is a national campaign to improve the health of Americans by creating long term health goals and objectives that are evidence-based. The HPHF mission is to use the connections between human and animal health in order to promote a healthy community.

RECENT ACCOMPLISHMENTS

- **Pet Resource Centers.** Providing preventive care and health education with local partners to improve the health and well-being of pets and people. Connecting pet owners with existing veterinary resources in their community. Offering free vaccinations, flea and tick preventives, deworming and microchipping on Skid Row and at the Care Harbor Fair in Pomona.
- **School educational messages.** Children are the most common victims of dog bites and are at higher risk of zoonotic disease transmission from pets. HPHF developed presentations and resources to teach children about pet safety, pet health and responsible pet ownership.
  Visit: http://publichealth.lacounty.gov/vet/TeachingChildrenPetSafety.htm
- **People and Pets Disaster Forum.** Stakeholders coming together to present and discuss community resilience and pet emergency preparedness.
- **Cannabis, Tobacco Control and Secondhand Smoke Spotlight.** Highlighting current issues of human cannabis and tobacco use, tobacco use in children, and the possible effects on pets.
- **Community spotlight on partner organizations.** Learning more about the resources and services offered by some of our coalition partners (American Society for the Prevention of Cruelty to Animals – ASPCA; Downtown Dog Rescue),
- **Developing FAQs and educational materials on various topics.** "Cannabis and Pets"; "Pets and a New Baby: Tips for Parents and their Physicians."
- **HPHF Obesity Report and Pet Owner Flyer**
  http://publichealth.lacounty.gov/vet/docs/HPHF_ObesityReport2016.pdf
- **Community Dog-Friendly Walking Groups.** These community-led groups meet every week to discuss One Health-related messages using a toolkit created by the HPHF coalition. If you are interested in leading a group, please contact our office.

LOOKING FORWARD - ONGOING PROJECTS

- **Pet Health Survey**. Every 5 years we administer this survey to LA County residents to gain insight into local dog health issues.
- **Partnering with stakeholders to provide pet health education** at Public Health Wellness Centers in Watts and Pomona.
- **Guidebook to Facilitating Pet-Friendly Multi-Unit Housing**
- **Continued Pet Resource Centers at Health Fairs and Skid Row**. If you would like to help in planning or participating in community events, please contact our office.

For more information visit: publichealth.lacounty.gov/vet/HealthyPetsHealthyFamilies.htm

Resources for Current Recommended Veterinary Standards

Antibiotic-resistance management and prevention guidelines

Basic Guidelines of Judicious Therapeutic Use of Antimicrobials (2014) – American Association of Feline Practitioners (AAFP) & American Animal Hospital Association (AAHA). Available at: https://www.aaha.org/public_documents/professional/guidelines/aafp_aaha_antimicrobialguidelines.pdf

Judicious Use of Antimicrobials – AVMA. Available at: avma.org/KB/Policies/Pages/Judicious-Therapeutic-Use-of-Antimicrobials.aspx.

Recommendations for approaches to methicillin-resistant staphylococcal infections of small animals: diagnosis, therapeutic considerations and preventative measures. Clinical Consensus Guidelines of the World Association for Veterinary Dermatology. Morris DO, *et al.* Vet Dermatol 2017; 28: 304–e69. Available at: https://onlinelibrary.wiley.com/doi/epdf/10.1111/vde.12444

Antimicrobial use guidelines for treatment of urinary tract disease in dogs and cats: Antimicrobial guidelines working group of the international society for companion animal infectious diseases. Weese JS, *et al.* Vet Med Int (2011). Vol.201. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134992/pdf/VMI2011-263768.pdf

Antimicrobial use Guidelines for Treatment of Respiratory Tract Disease in Dogs and Cats: Antimicrobial Guidelines Working Group of the International Society for Companion Animal Infectious Diseases. Lappin MR, *et al.* J Vet Med Intern Med (2017) 31(2):279-294. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5354050/

Worker safety and Biosecurity

Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel – National Association of State Public Health Veterinarians (NASPHV). Available at: nasphv.org/documentsCompendia.html

2018 AAHA Infection Control, Prevention, and Biosecurity Guidelines. Stull JW, *et al*. Am Anim Hosp Assoc 2018; 54. Available at: https://www.aaha.org/public_documents/guidelines/icpb_guidelines.pdf

***Brucella canis* Infections in Humans (2012)** – NASPHV. Available at: nasphv.org/documentsCompendia.html

Rabies

Compendium of Rabies Control and Prevention (2012) – California Department of Public Health (CDPH). See pg 65. Available at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CACompendiumofRabiesControlandPrevention.pdf

Animal Rabies – NASPHV. Available at: nasphv.org/Documents/RabiesCompendium.pdf

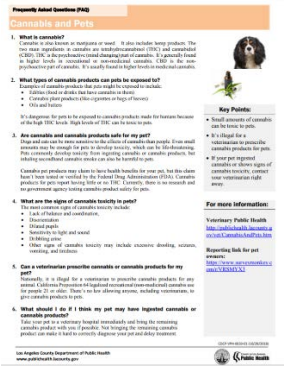
Vaccination guidelines

Canine Vaccinations Guidelines (2017) – AAHA. Available at: https://www.aaha.org/guidelines/canine_vaccination_guidelines.aspx

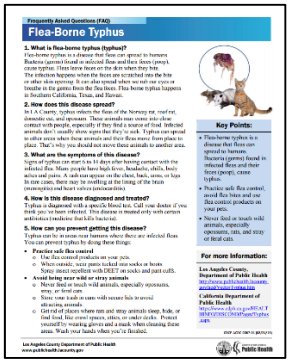
Feline Vaccination Guidelines (2013) – AAFP. Available at: catvets.com/guidelines/practice-guidelines/feline-vaccination-guidelines

Handouts and Brochures

VPH has developed several brochures for both pet owners and veterinarians.
Please visit the following link to download them: publichealth.lacounty.gov/vet/brochures.htm.

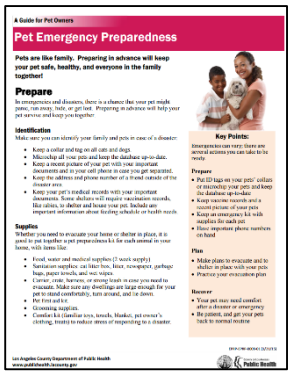


Cannabis & Pets
(English/Spanish)



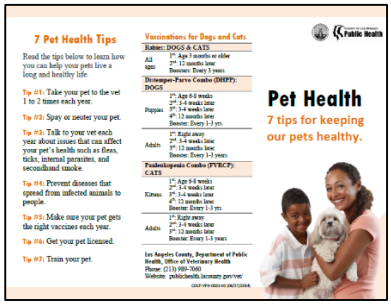
Flea-Borne Typhus
(English/Spanish)

Protect your pet from Heartworm Disease
(English/ Spanish)



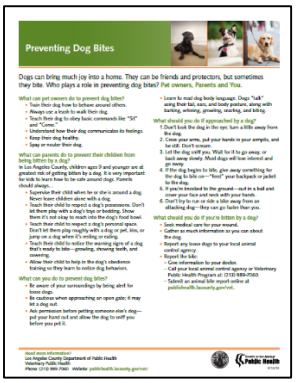
Pet Emergency Preparedness
(English/Spanish)

Healthy Pets, Healthy Families
(English/Spanish)

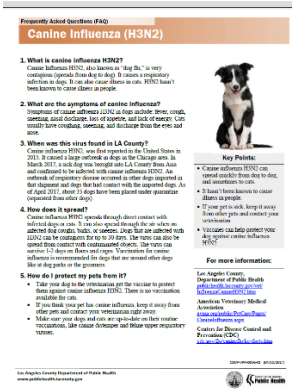


Pet Health – 7 tips for keeping our pets healthy
(English/Spanish)

Protect your dog from Parvo! (English/Spanish)



Preventing Dog Bites
(English/Spanish)



Canine Influenza (H3N2)
(English/Spanish)

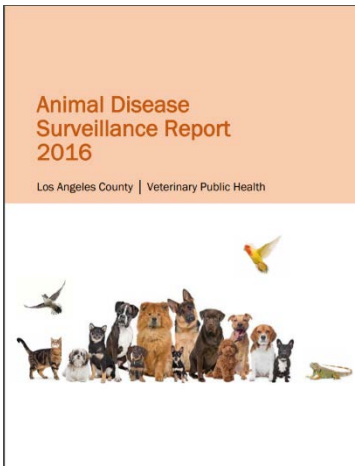
Walking for health – Keeping you and your dog fit (English/Spanish)

County of Los Angeles Public Health
Veterinary Public Health & Rabies Control

Reports and Publications

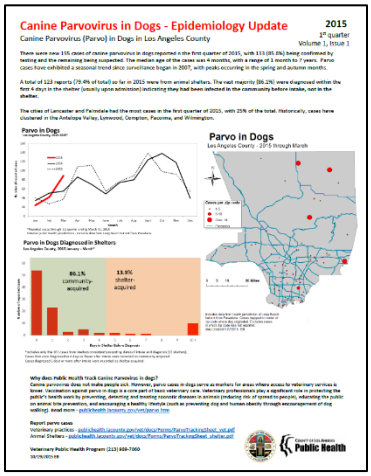
VPH has developed several reports and guides for both pet owners and veterinarians. Please visit the following link to download them: publichealth.lacounty.gov/vet/Reports.htm.

ANNUAL REPORTS



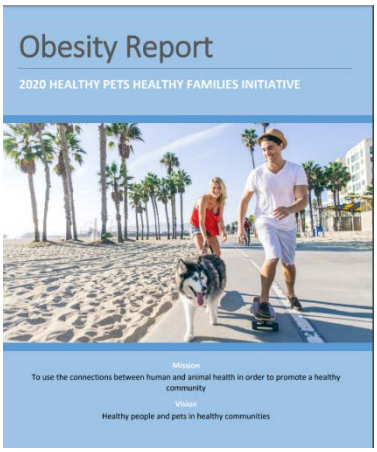
Animal Disease Surveillance Report (2016)

EPIDEMIOLOGY UPDATES



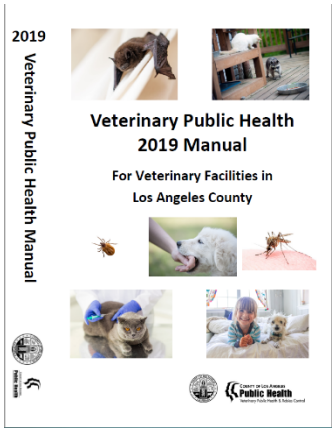
Canine Parvovirus – Epidemiology update (Quarterly)

SPECIAL REPORTS



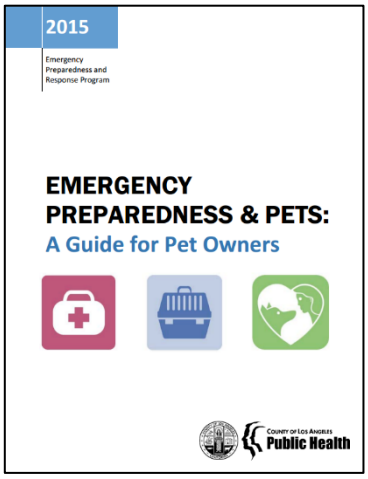
Healthy Pets, Healthy Families – Obesity Report (2016)

VETERINARY PUBLIC HEALTH MANUALS



Veterinary Public Health Manual (2019)

GUIDES



Emergency Preparedness & Pets – A guide for Pet Owners (2015)

County of Los Angeles
Public Health
Veterinary Public Health & Rabies Control

Teaching Children about Pet Safety and Pet Health

VPH has developed presentations to teach children how to properly care for a pet and how to safely interact with pets. Please visit the following link to download the presentations and speakers notes: http://publichealth.lacounty.gov/vet/TeachingChildrenPetSafety.htm

Presentations for Children (Grades K-2):

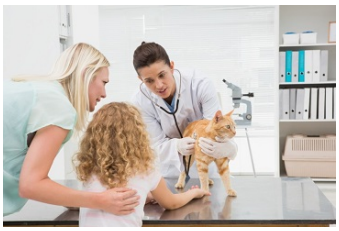
How To Keep Your Pet Healthy

Vaccinations for Pets

Bite Prevention At Home

Keeping Your Pet Fit: Food & Play

Presentations for Children (Grades 3-5):

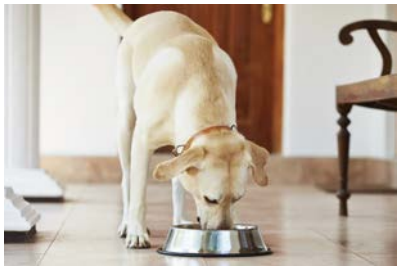


Visiting the Veterinarian with your Pet

Bite Prevention in the Community

Vacccination: Keeping Pets and People Healthy

Emergency Preparedness & Pets



Keeping Your Pet Fit: Food & Play

APPENDIX
Reporting Forms for Veterinary Clinics

BOOKMARK THIS PAGE FOR QUICK ACCESS TO ALL REPORTING FORMS: publichealth.lacounty.gov/vet/Forms.htm.

Rabies and Bite Reporting Forms

All Rabies and Bite Reporting Forms are available online: publichealth.lacounty.gov/vet/Forms.htm

Suspected Rabid Animal - instructions and form – pg 58
Animal-Bite-To-Human Report Form – pg 58
Wild Mammal vs. Domestic Incident Report Form – pg 59
Bat Submission Form – pg 60
Rabies specimen submission instructions step-by-step – pg 18

Animal Disease Reporting Forms

List of Reportable Animal Diseases, LA County, 2019 – pg 34
List of Reportable Conditions for Animals and Animal Products, CDFA, 2019 – pg 35

All Animal Disease Reporting Forms below are available online: publichealth.lacounty.gov/vet/Forms.htm

Animal Disease/Death Report Form (general purpose) - pg 61
Brucellosis
Coccidioidomycosis
Heartworm
Hemorrhagic Gastroenteritis
Imported Animal Illness
Influenza
Leptospirosis
MRSA/MRSS/MRSP
Parvovirus/Panleukopenia (also see Vaccine Preventable Disease)
Psittacosis, Avian
Tick-Borne Disease
Vaccine Preventable Disease

Other Forms

Canine Rabies Vaccination Exemption Request Forms – pg 28-29
Cannabis Toxicity in Pets – Reporting Form – pg 63-64

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (213)-288-7060 EMAIL TO: vet@ph.lacounty.gov FAX: (213) 481-2375
publichealth.lacounty.gov/vet

County of Los Angeles
Public Health

BITE REPORTING FORM - VETERINARY CLINICS

Use this form to report animals suspected of being rabid, even if no bite occurred. If there was no bite, write "None" in the PERSON BITTEN section.

PERSON BITTEN

Victim name (last and first)	Date of Birth	Address (number, street, city and zip)

Victim phone number	Reported by:	Reporter phone number

Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)	Body location bitten

How bite occurred (explain)

Date Treated	Hospitalized	Treated by	Phone number
	☐ Yes ☐ No		

Type of treatment

ANIMAL

Owner Name (last and first)	Address (number, street city and zip)

Phone Number	Type of animal	Description of animal (sex, color)
	☐ Dog Breed _____ ☐ Cat Breed _____ ☐ Other _____	

Animal vaccinated for rabies?	Date last vaccinated:	Animal sterilized?
☐ Yes ☐ No		☐ Yes ☐ No

Was animal euthanized?	Reason euthanized:	Specimen prepared for rabies testing?
☐ YES ☐ NO Date _____	☐ Injured ☐ Sick ☐ other Please explain:	☐ Yes ☐ No ☐ Not applicable

CLINIC

Clinic Information Name:	Contact person

Address (include number, street, city, state and zip)	Phone Number

Remarks

Submit a copy of the animal's rabies certificate, if available

Date	Time	Faxed: ☐ Yes ☐ No	Initials

Form (H-1561) Vet 5/2013 **2013**

County of Los Angeles
Public Health
Veterinary Public Health & Rabies Control

VETERINARY PUBLIC HEALTH – RABIES CONTROL PROGRAM

Tel. (213) 288-7060 EMAIL TO: vet@ph.lacounty.gov Fax: (213) 481-2375
publichealth.lacounty.gov/vet

County of Los Angeles
Public Health

DOMESTIC ANIMAL vs. WILD MAMMAL INCIDENT REPORT FORM

DOMESTIC ANIMAL – PET INFORMATION					
Owner last name	Owner first name	Owner address. Number and street		City and zip code	
Owner area code & phone	Species ☐ Dog ☐ Cat	Breed		Sex	Age
Date bitten	Time bitten	Reported by		Reporter area code & phone number	
Address where bitten. Number and street		City and zip code		Type of injury to domestic animal	
Animal vaccinated prior to contact with wildlife? ☐ Yes ☐ No	Date vaccinated prior to contact with wildlife:	Animal vaccinated after coming into contact with wildlife? ☐ Yes ☐ No		Date vaccinated after coming into contact with wildlife:	
Domestic animal impounded? ☐ Yes ☐ No	Animal Shelter	Impound #		Was animal euthanized? ☐ Yes ☐ No	
Was animal taken to vet? ☐ Yes ☐ No	Name of Veterinary Hospital	Address, city and zip			
Current location of animal: Home address Veterinary clinic listed above Other _____					
WILDLIFE INFORMATION (animals other than dog or cat)					
Type of wild animal ☐ Coyote ☐ Skunk ☐ Raccoon ☐ Bat ☐ Other (explain)		Wild animal disposition: ☐ Left area/not located ☐ Appeared sick ☐ Captured/destroyed/died			
Wild animal specimen prepared for rabies testing? ☐ Yes ☐ No ☐ Not applicable	Location of wild animal specimen (clinic or shelter)		Date euthanized	Time	
Veterinary Clinic or Animal Control Agency taking report:		Impound# of wild animal (if applicable)			
Address of Veterinary Clinic or Animal Control Agency					
Comments:					
Submit a copy of the animal's rabies certificate(s), if available					
Report by:	Date taken:	Initials Faxed by:	Date:		

County of Los Angeles
Public Health
Veterinary Public Health & Rabies Control

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
VETERINARY PUBLIC HEALTH PROGRAM
313 N. Figueroa St, #1127, Los Angeles, CA 90012
Tel: (213) 288-7060 email: vet@ph.lacounty.gov
Hours: Monday - Friday 8am to 5pm
website: www.publichealth.lacounty.gov/vet

BAT SUBMISSION FORM

INSTRUCTIONS:

- All bats submitted to animal shelters/veterinary clinics must be reported to Public Health immediately. Complete form with as much information as possible.
- DO NOT DECAPITATE bat specimen.
- Refrigerate bat after it is deceased. DO NOT FREEZE.

1. **Reporting Agency.** Shelter/Clinic Name_____

   Phone_____ Date bat reported to Public Health_____

   Staff member / ACO_____ Bat Impound #_____

2. **Person who found the bat.** Name_____ Phone_____

3. **When / where was the bat found?** Date bat found_____

   Name of business (if applicable)_____

   Address_____
   Type of location where bat found (check one):
   ☐ Home ☐ Park ☐ Camp
   ☐ Business ☐ School ☐ Other:_____

4. **Details of bat encounter.** Describe how the bat was found, and where on the property _____

   _____
   Was the bat found (check one) ☐ Indoors* or ☐ Outdoors?

   Time of capture/pickup _____ Method used to capture bat_____

   When captured, was the bat (check one) ☐ Alive** or ☐ Dead?

5. **Contact with bat.** Did any people or animals have potential physical contact with bat?
   (check one) ☐ Yes* ☐ No ☐ Unknown

   **List all persons and pets that had direct contact with the bat or that were indoors with the bat.*

Names:	Addresses:	Phone:

**List any shelter/clinic staff who had contact with the bat (e.g. during euthanasia, if applicable)

Name(s):_____Phone:_____

Please email completed form to: vet@ph.lacounty.gov **2019**

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COUNTY OF LOS ANGELES
Public Health

Animal Disease/Death Reporting Form

(if the disease you are reporting has a specific form, ideally use that form instead)

Date form completed_____

SUSPECTED DISEASE/CONDITION BEING REPORTED: _____

1. Animal Information

Type of animal involved: ☐ Domestic Pet ☐ Livestock ☐ Wild animal
☐ Exotic ☐ Zoo animal
Number of animals: ☐ One ☐ Multiple (give number_____)
Species of Animal _____
Other Identifying Information:
Breed_____ Color _____
Sex_____ Name _____
Age _____ IMPOUND # _____

2. Animal Owner (if applicable)

Name(s)
Address
City, ZIP
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? ☐ **YES** ☐ **NO**

3. Animal Location (where in community animal originated, if not same as owner)

Name(s)
Address
City, ZIP

4. Reporting Veterinary Clinic or Shelter

Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

5. History

Date of onset of first symptoms_____Date of presentation_____
Date of death(s), if applicable_____
History (include vaccine history, if applicable):

Fax 2-page form to: (213) 481-2375 or email to vet@ph.lacounty.gov **2013**
5/2013

COUNTY OF LOS ANGELES
Public Health
Veterinary Public Health & Rabies Control

6. Clinical Findings

Highest body temperature measured_____

Physical Examination

	Normal		Comments
General:	☐ Yes	☐ No	_____
Skin:	☐ Yes	☐ No	_____
Head Area:	☐ Yes	☐ No	_____
Respiratory:	☐ Yes	☐ No	_____
Cardiovascular:	☐ Yes	☐ No	_____
Abdomen/digestive:	☐ Yes	☐ No	_____
Urogenital:	☐ Yes	☐ No	_____
Musculoskeletal:	☐ Yes	☐ No	_____
Nervous:	☐ Yes	☐ No	_____
Lymph nodes:	☐ Yes	☐ No	_____
Other:	☐ Yes	☐ No	_____

7. Treatment.

Please describe treatment given, particularly antibacterial, antiviral, antifungal, antiparasitic.

Treatment Date	Describe Treatment
1. _____	_____
2. _____	_____
3. _____	_____

8. Laboratory results

Please fax all laboratory results to us along with this form.

9. Additional comments.

Please use an additional sheet if needed.

Fax 2-page form to: (213) 481-2375 or email to vet@ph.lacounty.gov

2013

5/2013

County of Los Angeles
Public Health
Veterinary Public Health & Rabies Control

Cannabis Toxicity in Pets - Reporting Form

Fax form to: (213) 481-2375 OR Email to vet@ph.lacounty.gov

COUNTY OF LOS ANGELES
Public Health

DATE COMPLETED:_____

1. Animal Information

Type of animal involved: □ Dog □ Cat □ Other, please specify:_____
Breed _____ **Weight (kg):**_____ **Age** _____
Pet's First Name Only*_____ **Pet's Zip Code:** _____

PLEASE DO NOT PROVIDE OWNER INFORMATION TO PROTECT CONFIDENTIALITY

2. Reporting Veterinary Practice

Reporter Name:_____ **Veterinary Practice Name:** _____
Practice Address: _____
City, Zip Code:_____
Telephone: _____ **E-mail:**_____

3. Cannabis Exposure History

Date of onset:_____ **Date of presentation:**_____ **Date of death (if applicable):**_____

Exposure type: □ Accidental ingestion □ Purposeful administration

Type of cannabis ingested:
□ Owner's recreational □ Owner's medicinal □ Pet cannabis product □ Unknown
□ Other (please specify): _____

Form of cannabis: (Please specify brand or product, if known)
□ Human Edible:_____ □ Pet edible product:_____
□ Plant product (e.g. cigarette, bag of leaves):_____
□ Oil/butter:_____ □ Other:_____
□ Amount Administered/ Ingested:_____
□ Amount Recommended (if applicable):_____

4. Clinical Signs Please check all that apply

□ Ataxia □ Lethargy □ Hyperesthesia □ Depression □ Vomiting □ Hypotension
□ Tremors □ Seizure □ Bradycardia □Tachycardia □ Hypothermia □ Disorientation
□ Hypersalivation □ Urinary incontinence □ Mydriatic pupils □ Lateral recumbency
□ Comatose □ Other, please describe_____
_____

5. Supportive Treatment Please check all that apply

□ Emesis Induction □ Activated Charcoal □ Fluid therapy □ Anti-emetic □ Anti-convulsant
□ Hospitalization, please provide number of days:_____
Total Duration of Treatment:_____
□Other: _____
_____

For additional comments, please use next sheet.

Cannabis Toxicity in Pets – Reporting Form

Fax form to: (213) 481-2375 OR Email to vet@ph.lacounty.gov

COUNTY OF LOS ANGELES
Public Health

Additional Comments:

For questions, please call Veterinary Public Health at 213-288-7060 or email vet@ph.lacounty.gov

CALIFORNIA COMPENDIUM OF RABIES CONTROL AND PREVENTION

California Department of Public Health
Veterinary Public Health Section, 2012

CALIFORNIA COMPENDIUM OF RABIES CONTROL AND PREVENTION
2012

Veterinary Public Health Section
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Center for Infectious Diseases
California Department of Public Health
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Introduction

This publication of the California Department of Public Health (CDPH) provides information on rabies to California's public health officials, medical professionals, practicing veterinarians, animal control officers, and other parties concerned with rabies control in the State. The recommendations contained herein are reviewed and updated on a periodic basis to reflect the current status of rabies and rabies prevention activities in California. Updates are based on current rabies research and scientific literature, rabies prevention guidelines published by the federal Advisory Committee on Immunization Practices (ACIP)[1, 2] and by the National Association of State Public Health Veterinarians[3], California state statute and regulations, and established rabies control practices and procedures.

Recommendations by state and federal experts and existing standards of practice outlined in this document are intended to provide guidance to individuals and agencies involved with rabies prevention and control in California. Except for statutes and regulations specifically cited, the information contained in this document are recommendations provided for informational purposes only and are not intended to be regulatory in effect.

Part I.
Animal Rabies Control

A. Principles of rabies control

1. Human rabies prevention

Human rabies can be prevented by a) eliminating exposure to rabies virus, b) providing appropriate rabies pre-exposure prophylaxis, and c) prompt local treatment of bite wounds combined with appropriate rabies post-exposure prophylaxis. Human rabies pre- and post-exposure prophylaxis are addressed in Part II of the Compendium.

2. Domestic animal rabies control

The California Health and Safety Code (HSC), §121690, mandates that the governing body of each city, city and county, or county maintain or provide a rabies control shelter system and a rabies control program. The primary components of a rabies control program for companion animals are: immunization and licensing; stray animal control; reporting, investigation, and isolation of animals involved in bite incidents; and public education.

3. Wild animal rabies control

Rabies virus is maintained in populations of wild animals and occasionally spills over into domestic animals and humans. In California, skunks and bats comprise over 90 percent of animal rabies cases reported each year. Prevention and control of rabies in bats and terrestrial mammals pose considerable challenges. It is generally not possible or desirable to control rabies by reducing the size of wild carnivore or bat populations. Selective population reduction may be attempted in terrestrial rabies outbreaks of limited geographic scope, but these efforts can be labor and resource intensive and provide effective control only until immigration or reintroduction of the incriminated species. Immunization of wildlife by widespread distribution of vaccine-impregnated oral baits has shown variable success toward arresting the propagation of rabies in raccoons and coyotes in other states. The effectiveness of oral rabies vaccination programs has not been demonstrated for skunks and such programs would be infeasible for bats. Principles of rabies prevention should focus on excluding wild animals from areas of human and domestic animal habitation and activity, and avoidance of contact with possibly rabid wild animals. Public education on the risks of rabies transmission from wild animals is paramount to effective disease prevention.

B. Rabies control methods for domestic and confined animals

1. Animal bite reporting (Title 17, California Code of Regulations [CCR], §2606)

The local health officer or designee shall be immediately notified of any person or animal

bitten by or potentially exposed to a rabid or suspected rabid animal. In addition, the local health officer or designee shall be notified when any person is bitten by a mammal. Potential human rabies exposures are then evaluated and rabies post-exposure prophylaxis (PEP) recommendations made.

2. Isolation of biting animals (17 CCR §2606)

(a) General considerations

Dogs, cats, and ferrets that bite a human or another dog, cat, or ferret are subject to isolation and observation, or euthanasia and testing. If the bite is judged by the local health officer to be unusual or to represent an increased risk for rabies (e.g., unprovoked attacks, bites to the face, or considerable deep tissue damage), the animal should be euthanized and tested immediately. The National Association of State Public Health Veterinarians recommends that if an animal under isolation develops clinical signs suggestive of rabies, the animal should be humanely euthanized and the head submitted for rabies testing through the local public health laboratory.[3] Any unclaimed or stray animal that bites a human may be euthanized and the head promptly submitted to the local public health laboratory for rabies testing. Protocols for submitting samples for rabies testing are available from the local public health laboratory. Rabies or other immunizations should not be administered to a dog, cat, or ferret during isolation because adverse reactions may be misinterpreted as clinical signs of rabies.[3]

(b) Dogs and cats (17 CCR §2606(b)(2))

Domestic dogs and cats that bite or otherwise expose humans must be isolated in strict confinement and in compliance with the local health officer's isolation order. The biting dog or cat must be either a) observed daily for signs of rabies for ten (10) days following the exposure date, regardless of the animal's vaccination status, or b) euthanized immediately and tested for rabies in a public health laboratory. If an isolated dog or cat is healthy at the end of the ten-day period, there is no risk of a rabies exposure from the original bite wound.

(c) Ferrets

It is illegal in California to possess a ferret as a pet (California Fish and Game Code [FGC] §2118). Nevertheless, bites from these animals occur. If a ferret bites a human in California, it should be isolated in strict confinement and in compliance with the local health officer's isolation order. The biting ferret should be either a) observed daily for signs of rabies for ten (10) days following the exposure date, regardless of the animal's vaccination status, or b) euthanized immediately and tested for rabies in a public health laboratory. Biting ferrets should be confiscated by the animal control agency and isolations conducted under the direction of the local health officer in an animal control shelter or veterinary hospital. If an isolated ferret is healthy at the end of the ten-day period, there is no risk of a rabies exposure from the original bite wound. Because pet ferrets are illegal in California, any ferret isolated for a human bite should be reported to the California Department of Fish and Game for disposition following the isolation.

(d) Other domestic and nondomestic species

The incubation period, clinical presentation, and pre-clinical period of rabies virus

shedding are well described only for dogs, cats, and ferrets. The period in which other domestic, non-domestic, and wild animals shed rabies virus prior to showing clinical signs of rabies is generally not known. Biting wild, nondomestic, or domestic animals other than dogs, cats, and ferrets should not be isolated for observation but should be euthanized and tested for rabies immediately.

While isolation of biting animals other than dogs, cats, and ferrets is not recommended for the reasons given above, local health officers have the prerogative to forego euthanasia and testing in rare special circumstances. If the biting animal has a comprehensive and reliable history that precludes opportunity for exposure to rabies virus, and the risk of rabies in the biting animal is judged by the health officer to be acceptably low, the health officer may institute a prolonged (30-day) isolation of the biting animal. Under the care of a physician, the bite victim could be started immediately on rabies PEP. This special allowance can be considered due to the low risk for exposure, the reliable efficacy of rabies PEP, and the low incidence of serious adverse reactions with that treatment.

3. Isolation of animals exposed to rabies (17 CCR §2606)

Any animal bitten by, scratched by, or having direct contact with a wild mammal (especially bats and skunks) that is not available for rabies testing should be regarded as having been exposed to rabies.

(a) Dogs, cats, and ferrets

Dogs, cats, and ferrets that are currently vaccinated should be revaccinated immediately and placed in strict isolation for 30 days. While isolation provisions are at the discretion of the local health officer, “strict isolation” must preclude contact between the isolated animal and other animals and the public. Any other dogs, cats, or ferrets for which contact with the bitten animal cannot be absolutely prevented during the isolation period should be held to the same restrictions for the entire isolation period. Ferrets must be confiscated by the animal control agency and isolation conducted under the direction of the health officer in an animal control shelter or veterinary hospital. Because ferrets are illegal to possess as pets in California, any ferret must be reported to the California Department of Fish and Game for disposition following the isolation. Unvaccinated dogs, cats, and ferrets exposed to a rabid or suspect rabid animal should be euthanized immediately.[3] An alternative to euthanasia is immediate vaccination of the animal and placement in strict isolation for six months (180 days). Euthanasia is strongly recommended for unvaccinated juvenile animals due to their higher susceptibility to rabies infection. Protocols for the post-exposure vaccination of previously unvaccinated animals have not been validated, and there is evidence that the use of vaccine alone in a post-exposure setting may not prevent the disease.

(b) Livestock

All livestock species--horses, cattle, sheep, goats, llamas/alpacas, swine--are susceptible to rabies infection. Cattle and horses are the livestock species most frequently diagnosed with rabies. Unvaccinated livestock bitten by or exposed to a rabid or suspect rabid animal should be euthanized.[3] If the animal is slaughtered within seven days after being exposed, the tissues may be consumed without risk of

infection, provided liberal portions of the exposed area are discarded. However, the slaughtered animal cannot be sold commercially as a source of food; federal (United States Department of Agriculture [USDA]) meat inspectors are required to reject for slaughter any animal known to have been exposed to rabies within the past eight months.[3] Neither tissue nor milk from a rabid animal should be used for human or animal consumption.[3] However, because heat inactivates rabies virus, persons who inadvertently drink pasteurized milk or eat fully cooked meat from an animal subsequently identified as rabid are not considered to have been exposed to rabies.

An alternative to euthanizing exposed livestock is to vaccinate the animal immediately with an approved vaccine and to place it in strict isolation for six months during which time the animal may not be transported, sold, or slaughtered unless approved by the local health officer and the California Department of Food and Agriculture. Livestock that are currently vaccinated should receive a rabies booster immediately and be placed in strict isolation for 30 days.[3] In general, an isolation order for the entire herd is not indicated unless the animals have been held in close confinement that would allow for multiple animals exposed to the same rabies source (e.g., a wild animal). It is unusual to have more than one rabid animal in a herd. In such cases, it is more likely that multiple animals were exposed by a single rabid wild animal or dog than that rabies virus was transmitted from herbivore to herbivore. Animals in a herd where a rabies death has occurred should be examined immediately for evidence of bite exposures.

(c) Wild, nondomestic, and other mammals

Wild, nondomestic, and other mammals bitten by or exposed to a rabid or suspect rabid animal should be euthanized immediately.[3]

4. Animal rabies vaccination

(a) Rabies vaccine administration (HSC §121690, §121700)

Animal rabies vaccines are restricted for sale to licensed veterinarians, biological supply companies, and government agencies that conduct rabies control programs. All animal rabies vaccines are restricted to use by, or under the supervision of, a California-licensed veterinarian. The level of supervision shall be consistent with Title 16, CCR, §2034-2036.5 of the California Veterinary Medicine Practice Act. The veterinarian whose signature is on the rabies certificate retains legal responsibility that the person administering the vaccine is appropriately trained in vaccine storage, handling, administration, and management of adverse events.[3] Rabies vaccines should be administered in accordance with the specifications of the vaccine product label or package insert. Rabies vaccine should be administered in a new, sterile needle and syringe. The re-use of cleaned and sterilized needles and syringes is strongly discouraged. Single use of the needle and syringe is consistent with vaccine manufacturers' recommendations.

(b) Accidental human exposure to rabies vaccine

Accidental human inoculation may occur during administration of an animal rabies vaccine. Such exposure to inactivated rabies vaccine does not constitute a risk for

rabies infection.

(c) Contraindications and adverse events

There are no absolute contraindications to administration of rabies vaccine to appropriate species. Veterinarians should, if possible, postpone vaccinating animals that are ill or immunocompromised to ensure a robust immune response. There is no epidemiologic association between a particular licensed vaccine product and adverse events, including vaccine failure. Adverse reactions to vaccination should be reported to the USDA, Center for Veterinary Biologics (http://www.aphis.usda.gov/animal_health/vet_biologics/ vb_adverse_event.shtml, Tel: 800-752-6255, e-mail: CVB@usda.gov).

Beginning in the 1990s, an association between the administration of certain vaccines, including rabies, and the development of cancer (sarcoma) in some cats was identified. However, this risk appears to be extremely low (1-2 cases per 10,000 vaccinated cats). The public health implications of rabies in domestic cats outweigh the low risk of a sarcoma developing at a vaccination site. To facilitate management of vaccine-associated sarcomas, to avoid injection of multiple vaccines at a single site (a putative risk factor for sarcoma formation), and to aid in documenting vaccine placement, the American Association of Feline Practitioners recommends that rabies vaccine be administered subcutaneously on the right hind limb distal to the stifle joint.

(d) Canine rabies vaccination (HSC §121690; 17 CCR §2606.4, §2606.6)

The owner of every dog over the age of four months shall ensure that the dog is vaccinated for rabies by a licensed veterinarian and will secure a license for the pet as provided by local city or county ordinance. A current rabies vaccination certificate must accompany dogs over four months of age entering the state. Dogs less than four months of age must be confined at home or kept under close leash supervision by the owner when off property.

Twenty-eight days after primary vaccination peak rabies antibody level is reached and a dog is considered currently vaccinated for one year.[3]

Regardless of the age of the dog at primary vaccination, a booster vaccination should be given one year later. All vaccines approved for use in dogs in California follow a three-year booster schedule thereafter. There are no laboratory or epidemiologic data to support the annual or biennial administration of three-year vaccines following the initial immunization series. Because a rapid anamnestic response is expected, a dog is considered currently vaccinated immediately after receiving a booster vaccination. An animal that is overdue for a rabies booster should be vaccinated as soon as possible and the three-year booster schedule re-established.[3]

Only canine rabies vaccines licensed by USDA and approved by the California Department of Public Health (CDPH) can be used in the California Rabies Control Program (17 CCR §2651). The rabies vaccines currently approved for use in California are listed in Part III of the Compendium.

(e) Feline rabies vaccination

Vaccination of domestic cats for rabies is not mandated by California statute. However, because cats are the domestic species that is most frequently reported as rabid in the United States, feline rabies vaccination is required by some local ordinances and is strongly recommended for all cats. A USDA-licensed feline rabies vaccine should be administered according to the vaccine label instructions (see Part III of the Compendium). Cats are considered currently vaccinated from 28 days to one year following primary vaccination, and 1, 3, or 4 years following booster vaccinations, depending on the vaccine used.[3]

(f) Ferret rabies vaccination

It is illegal in California to possess a ferret as a pet (FGC §2118). Nevertheless, owners of illegally kept ferrets may occasionally seek veterinary care (California Business and Professional Code §4826.2). As a public health measure, veterinarians should vaccinate ferrets against rabies using a USDA-licensed rabies vaccine administered according to vaccine label instructions (see Part III of the Compendium). Ferrets are considered currently vaccinated from 28 days to one year following primary vaccination, and for one year following each booster.[3]

(g) Livestock rabies vaccination

Routine vaccination of all livestock against rabies is economically impractical. However, vaccination of horses and livestock with a USDA-licensed vaccine (see Part III of the Compendium) should be considered in areas where wildlife rabies is highly endemic, for valuable individual animals, for horses kept in boarding stables or racetracks or traveling interstate, and for animals having frequent contact with humans (e.g., petting zoos).[3]

(h) Wildlife and non-domestic rabies vaccination

No rabies vaccines are licensed for use in animal species other than dogs, cats, cattle, horses, sheep, and ferrets in the U.S. The effectiveness of rabies vaccination in other species is unknown. Because of their susceptibility to rabies, wild carnivores and bats should not be kept as pets.[3] Bats and certain species of carnivores may not enter California without an importation permit from CDPH (17 CCR §30070-86) and are subject to a 90–day rabies quarantine upon importation into California. Carnivores and bats must be housed in a manner that precludes direct contact with the public.[3] Due to the special rabies risk, the trapping, transport, sale, and exchange of skunks in California is prohibited (17 CCR §2606.8). Zoos and research institutions may establish vaccination programs intended to protect valuable animals, but these programs do not substitute for appropriate preventive measures to protect humans.

The effectiveness of rabies vaccination in the progeny of domestic dogs or cats bred to wild animals (e.g., wolf-dog hybrids, civet-cat hybrids) is unknown. Complete rabies vaccine challenge and viral shedding studies have not been conducted for these animals. There is no definitive evidence that the vaccine is protective in these animals. Vaccination may afford some rabies protection to the animal; however, there are no rabies vaccines currently licensed for use in wild animals or in domestic-wild animal hybrids. Vaccination of these animals is considered an extra-label use of a biologic.

State law does not prohibit the use of rabies vaccines in domestic-wild animal hybrids. However, it is illegal to license domestic-wild canine hybrids as “dogs” under the California Rabies Control Program because they are considered wild animals (14 CCR §671(c)(2)(K)). A rabies vaccine certificate issued for a vaccinated hybrid must identify the animal as a "domestic-wild animal hybrid." Local jurisdictions may institute domestic dog-wolf hybrid permitting programs and issue such permits in order to identify these animals in the community (HSC §121695). Canine or feline hybrids previously vaccinated are nonetheless considered “unvaccinated” for purposes of isolation/ observation in the event of a bite incident or contact with a rabid or suspect rabid animal. All hybrids are considered "wild animals" under these circumstances and managed according to sections 2(d) and 3(c) in this Compendium.[3]

(i) Canine licensing and vaccination procedure (17 CCR §2606.4)

The vaccination of all dogs four months of age or older is required for licensure. Completion of the licensing procedure consists of issuing a license tag or vaccination tag bearing the license data only after presentation of a current valid official rabies vaccination certificate. Official rabies vaccination certificates must contain the following information:

a) name, address, and telephone number of the dog's owner;
b) description of the dog, including breed, color, age, and sex;
c) date of immunization;
d) type of rabies vaccine administered;
e) name of the manufacturer, product, and lot number of the rabies vaccine used.

Each certificate must bear the signature of the veterinarian administering the vaccination or a signature authorized by him or her. The certificate must be stamped, printed, or typed with the vaccinating veterinarian's name, address, and telephone number.

(j) Rabies immunization exemptions (HSC §121690)

A veterinarian may request from the local health officer an exemption from rabies vaccination for a dog for which the veterinarian determines that vaccination would endanger the dog’s life because of disease or other considerations. If approved by the local health officer, the exempted dog may be issued a license but is considered unvaccinated and confined to the premises of the owner. Licensure of an exempted dog may not extend beyond one year; at or before the end of the one-year license period, the dog must be vaccinated for rabies or a request for vaccination exemption must be resubmitted to and reapproved by the local health officer.

(k) Rabies serologic testing

Serologic evidence of rabies neutralizing antibodies in an animal is not a substitute for current rabies vaccination in managing rabies exposures or determining the need for booster vaccinations.[3] Serum antibody titer is a measure of the animal’s response to vaccine or infection and not a reliable indicator of protection. Elevated serologic titers do not necessarily indicate protection from rabies, nor do low or undetectable serologic titers reflect absence of protection. An ability to measure and interpret all the

immunologic factors that play a role in protecting against rabies is not well developed.

5. **"Actual cost" rabies vaccination clinics (HSC §121690)**
Each city, city and county, or county shall provide or arrange for canine rabies vaccination clinics in the community. No charge in excess of the actual cost may be made for vaccination administration. The CDPH establishes the actual cost that vaccination clinics may charge. Fees in excess of the CDPH-established actual cost require cost documentation and prior approval by CDPH.

Part II.
Human Rabies Prevention

A. Rabies post-exposure prevention

Prevention of rabies following a possible exposure to rabies virus consists of two fundamental components: immediate cleaning and medical attention of the site of virus deposition, and post-exposure prophylaxis (PEP)--administration of human rabies immune globulin (HRIG) and rabies vaccine. Persons who have transdermal or mucous membrane contact with saliva or nervous tissue from a confirmed rabid animal, whether by bite or other means, should begin rabies PEP immediately. Persons exposed to a suspected rabid animal should begin PEP if rabies testing of the animal is not immediately available. To appropriately manage potential human exposure to rabies, the risk of infection must be accurately assessed. It is important to remember that rabies PEP is a medical urgency, not a medical emergency. With the exception of direct inoculation of rabies virus into the central nervous system (e.g., severe bite to the head that penetrates the neurocranium), there is time for information to be assembled and the risk to be rationally assessed. Nevertheless, decisions regarding PEP should not be delayed.

Extensive field experience from many parts of the world indicates that prompt wound treatment, passive immunization, and vaccination are uniformly effective in preventing development of clinical rabies when administered appropriately. However, rabies has developed in humans when recommended preventive protocols were not performed completely or correctly. Rabies PEP can be effective when initiated any time prior to onset of clinical disease. There have been many instances in which rabies PEP was not initiated until months after exposure due to delays in recognition of the exposure. Although onset of clinical rabies typically occurs between 60 and 90 days following exposure, incubation periods of one year or more have been reported. PEP should not be denied solely because a prolonged period of time has elapsed since the exposure event.

1. Rabies exposure

Rabies exposure is defined as transdermal or mucous membrane contact with saliva--or, rarely, nervous tissue--from a rabid animal. A break in the cutaneous barrier that permits virus access to subdermal tissue may be created concomitant with (e.g., classic animal bite) or prior to (e.g., open wounds, abrasions, or scratches) deposition of saliva or contact with nervous tissue. Contact with other tissues (e.g. skin, hair, blood), secretions (e.g., skunk spray), or excretions (e.g., urine, feces) of a rabid animal does not constitute an exposure. Rabies virus is inactivated by exposure to ultraviolet radiation and by

desiccation, though the exact time required to render the virus inactive varies according to environmental conditions. Dried saliva or neurologic tissue is generally considered noninfectious. Scenarios for secondary exposure or "contact-transfer" of rabies virus (e.g, dog bites a skunk and then licks a human) are hypothetical and very unlikely to transmit rabies.

2. Assessment of rabies exposure

Anti-rabies biologics are generally safe and in ready supply. Nevertheless, PEP should be allocated judiciously and reserved for individuals for whom exposure to rabies virus is likely. Decisions on PEP are ultimately made by the exposed individual and his/her health care provider, following a thorough assessment of the exposure incident and consultation with public health officials. No single set of criteria can determine the appropriateness of PEP for all situations. PEP decisions should be based on as much information about the exposure incident as can be assembled in a timely fashion. Factors that should be considered in PEP decisions include: species of biting animal, the physical and mental health of the biting animal, whether the bite was provoked, the severity of the bite, whether immediate wound care was implemented, the availability of the biting animal for isolation/observation or euthanasia/testing, and the bite victim's personal anxiety about rabies. Concerns about the bite victim's pre-existing medical conditions or ability to pay should never preclude initiation of PEP for an exposure incident in which PEP would be otherwise indicated (See Sections D and E).

Bats represent an important reservoir for rabies that deserves special consideration. Epidemiologic data suggest that transmission of rabies virus from bats can occur from very minor or even unrecognized bites. The limited injury inflicted by a bat bite (in contrast to wounds caused by carnivores) and equivocal recall of recognized exposure can hinder a health-care provider's ability to assess the risk of rabies resulting from an encounter with a bat.

Between 2000 and 2009, 18 human cases of rabies were identified in the U.S. with natural exposure to a bat variant virus. For only seven of these patients was a definite bat bite known; eight had known bat contact but no apparent bite, and for three no known contact with a bat was identified during the case investigation.

In all instances where a human is possibly exposed to a bat, the bat in question should be safely collected, if possible, and tested for rabies. Rabies PEP is recommended for all persons who experience a bite, scratch, or mucous membrane contact with a bat, unless the bat is available for testing and is negative for evidence of rabies. Rabies PEP may be appropriate even when a bite, scratch, or mucous membrane contact is not apparent if there is reasonable probability that such exposure might have occurred.

Rabies PEP should be considered when direct contact between a bat and a human has occurred, unless the exposed person can be certain that a bite, scratch, or mucous membrane exposure did not occur. In instances in which an apparently healthy bat is found indoors and there is no history of bat-human contact, the likely effectiveness of rabies PEP must be balanced against the low risk that such exposures appear to present. In this setting, rabies PEP can be considered for persons who were in the same room as the bat and are uncertain whether a bite or direct contact occurred (e.g., a sleeping

person awakens to find a bat in the room or an adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person) and rabies cannot be ruled out by testing the bat. Rabies PEP would not be warranted for other household members.

3. Local treatment of wounds

Immediate and thorough washing of any bite or scratch wound with soap and water is an indispensable measure in preventing rabies. Animal experiments have shown that simple local wound cleaning and irrigation can markedly reduce the likelihood of rabies. Victims of animal bites should consult with their health care provider; medical or surgical attention, a tetanus toxoid booster, and antibiotic prophylaxis may be indicated independent of the assessed risk of rabies transmission.

4. Passive immunization

Human Rabies Immune Globulin (HRIG) is administered only once, at the beginning of rabies PEP, to previously unvaccinated persons to provide immediate antibodies until the patient responds to rabies vaccination by actively producing antibodies. If HRIG is not given with the first dose of vaccine, it can be given up to Day 7 of the vaccine series. After Day 7, HRIG should be avoided due to possible interference with the developing vaccine immune response. HRIG is administered at a dose of 20 IU/kg body weight for all age groups. No more than the recommended dose of HRIG should be used due its potential to partially suppress active immunization. As much as possible of the calculated dose of HRIG should be infiltrated into the subcutaneous tissue and/or muscle around the wound site(s). Any remaining amount of HRIG should be administered intramuscularly at an anatomic site distant from vaccine administration. HRIG should never be administered in the same syringe or at the same anatomical site as vaccine and should never be administered in the gluteal area unless that is the site of exposure. In the absence of a bite or other known site of virus introduction, the full dose of HRIG should be administered at a site distant from vaccine administration (e.g., contralateral deltoid). Regardless of the interval between exposure and initiation of PEP, both HRIG and vaccine should be administered for both bite and nonbite exposures in persons not previously rabies immunized.

5. Active immunization

Human Diploid Cell Vaccine (HDCV) or Purified Chick Embryo Cell Vaccine (PCEC) is administered in conjunction with HRIG at the beginning of postexposure treatment. A regimen of four 1-ml doses of HDCV or PCEC is given intramuscularly. The first dose should be given as soon as possible following an exposure (Day 0), with subsequent doses given on Days 3, 7, and 14. Vaccine should always be administered intramuscularly in the deltoid (lateral aspect of the upper arm). For pediatric patients, vaccine may be administered intramuscularly in the anterolateral aspect of the thigh. Rabies vaccine should never be administered in the gluteal region, as this may result in lower, possibly inadequate neutralizing antibody levels.

Rabies PEP should always include both vaccine and HRIG except in persons who have previously received complete immunization regimens (pre- or post-exposure prophylaxis) with a cell culture vaccine, or persons previously vaccinated with another type of vaccine who have documentation of adequate rabies virus neutralization antibody titers. These persons should immediately receive two 1-ml booster doses of HDCV or PCEC vaccine

administered intramuscularly on Days 0 and 3.

Because antibody response has been universally satisfactory in persons receiving the currently recommended rabies PEP schedule, routine post-treatment serologic testing is not recommended. Verification of adequate neutralizing antibody levels by serologic testing may be indicated in unusual circumstances, such as when the patient is known to be immunosuppressed. Immunosuppressive agents should not be administered during rabies PEP unless they are essential for the treatment of other conditions.

B. Pre-exposure prophylaxis

Persons at frequent risk of exposure to rabies virus should consider pre-exposure prophylaxis (PreEP). Occupations considered to be in the "frequent risk" category include veterinarians, animal handlers, animal control officers, laboratory workers potentially exposed to rabies virus, and others who have frequent contact with mammals likely to have rabies. PreEP might be considered for other persons who are likely to come into contact with potentially rabid animals, such as wild mammal rehabilitators and persons traveling to foreign countries where canine rabies is endemic.

1. Primary or pre-exposure vaccination

Three 1.0 ml injections of HDCV or PCEC are administered intramuscularly in the deltoid (lateral aspect of the upper arm) on days 0, 7, and 21 or 28. Multiple studies have documented development of rabies antibodies that meet or exceed recommended neutralizing titers (>0.5 IU/ ml) in all persons vaccinated according to this regimen. Persons who are immunosuppressed due to medication or illness should postpone PreEP if possible. Immunosuppressed persons who are at risk of rabies exposure can be vaccinated and should have their antibody titers measured following completion of the regimen.

2. Booster vaccination

Routine rabies booster vaccination is not indicated for any pre-immunized group. The need for booster vaccination should be individually assessed based on current rabies antibody levels and the person's risk of exposure to rabies virus. Persons classified as having "frequent risk" (see B above) should have a serum sample tested for rabies antibody every two years--or every six months for persons working with rabies virus in a laboratory setting--following PreEP. If the titer is less than complete neutralization at 1:5 by the Rapid Fluorescent Focus Inhibition Test (RFFIT), the person should receive a single booster dose of rabies vaccine.

Several laboratories offer RFFIT testing at a cost of approximately $35-$45 per sample. Instructions for submission of samples and pricing are available by calling the numbers below. (RFFIT testing may also be available through other laboratories.)

The Rabies Laboratory
Kansas State University
Manhattan, KS 66502
(785) 532-4483 Phone
(785) 532-4474 Fax
http://www.vet.ksu.edu/depts/dmp/service/rabies/index.htm

Maryland State Rabies Laboratory
Maryland Department of Health
201 W. Preston Street
Baltimore, MD 21201
(410) 767-6177 Phone
http://www.dhmh.state.md.us/labs

Atlanta Health Associates, Inc.
309 Pirkle Ferry Road, Suite D300
Cumming, GA 30040
(770) 205-9091, (800) 717-5612 Phone
(770) 205-9021 Fax
http://www.atlantahealth.net

C. Rabies immunizing products available in the United States

1. Human rabies vaccine stimulates an active immune response including production of neutralizing antibodies. These antibodies develop in approximately 7-10 days and usually persist for at least 2 years. The two vaccines currently available in the U.S. are considered equally efficacious and safe when used as indicated. The 1.0 ml dose of either HDCV or PCEC can be used for PEP or PreEP.

(a) Human Diploid Cell Vaccine (HDCV) - Imovax® Rabies

HDCV is prepared from the Pitman-Moore rabies virus strain grown in MRC-5 human diploid cell culture. The vaccine is concentrated by ultrafiltration and inactivated with beta-propiolactone. A single-dose vial containing lyophilized vaccine is reconstituted with diluent to a volume of 1.0 ml just before administration. Imovax® Rabies is manufactured and distributed by Sanofi Pasteur, Inc. (phone 800-VAC-CINE [800-822- 2463], http://www.vaccineplace.com/products).

(b) Purified Chick Embryo Cell Culture (PCEC) - RabAvert®

PCEC is prepared by growing the Flury LEP fixed-virus strain in primary culture of chicken embryonic fibroblasts. The virus is inactivated with beta-propiolactone, and further processed with zonal centrifugation in a sucrose density-gradient to separate the final product from media and cell culture antigens. The vaccine is then lyophilized after addition of a stabilizer solution. RabAvert® is manufactured and distributed by GlaxoSmithKline (phone 866-475-8222, https://www.gsksource.com/pharma/content/gsk/source/us/en/brands/rabavert.html).

2. **Rabies Immune Globulin** - **Human (HRIG)** provides immediate passive immunity that endures for only a limited time (half-life of approximately 21 days).

Imogam® Rabies-HT, HyperRAB®, KEDRAB®

Human rabies immune globulin (HRIG) is an antirabies gamma globulin concentrated by cold ethanol fractionation from plasma of hyperimmunized human donors. Three preparations of HRIG are commercially available in the U.S.: Imogam® Rabies-HT (Sanofi Pasteur, Inc., phone 800-VAC-CINE [800-822-2463], https://www.vaccineshoppe.com/), HyperRAB® (Grifols Therapeutics, Inc., https://www.hypermunes.com/en/hcp/hyperrab-rabies), and KEDRAB® (Kedrion Biopharma, 1-855-353-7466, https://kedrab.com/). Rabies neutralizing

antibody content is 150 international units (IU) per ml for Imogam® Rabies-HT and KEDRAB®; both products are available in 2 ml and 10 ml vials for pediatric and adult use, respectively. HyperRAB® is super-concentrated to 300 IU/ml and available in 1 ml and 5 ml vials. All HRIG products are heat treated but contain no preservatives and should be kept refrigerated (2-8 ^{o}C) until use.

D. Adverse reactions to rabies immunizing products

1. Vaccine

Local reactions such as pain, erythema, and swelling or itching at the injection site were reported in approximately 30-75 percent of patients receiving HDCV or PCEC. Mild systemic reactions such as headache, malaise, dizziness, muscle aches, nausea, and abdominal pain have been reported in 5-50 percent of recipients. Anaphylactic, encephalitic, or neuroparalytic events have been rarely reported.

2. HRIG

Local pain and tenderness at the injection site commonly occur following receipt of HRIG. A majority of recipients also experience mild systemic symptoms such as low grade fever and headache. No serious adverse events such as hypersensitivity or immune complex disease have been associated with HRIG.

HyperRab® and Imogam® Rabies-HT undergo multiple viral clearance procedures during preparation. There is no evidence that hepatitis B virus, human immunodeficiency virus, or other bloodborne pathogens have ever been transmitted by commercially available HRIG in the U.S.

3. Management of adverse reactions

Once initiated, rabies PEP should not be interrupted or discontinued because of local or mild systemic adverse reactions to rabies vaccine. Usually such reactions can be successfully managed with non-steroidal anti-inflammatory and antipyretic agents (e.g., ibuprofen or acetaminophen). For more severe reactions, consideration should be given to switching to another product. When a person with a history of hypersensitivity must be given rabies vaccines, pre-medication with antihistamines may be considered; epinephrine should be readily available to counteract anaphylactic reactions, and the person should be carefully observed immediately after administration.

Systemic anaphylactic or neuroparalytic reactions occurring during the administration of rabies vaccines, though rare, pose a serious dilemma for the attending physician. A patient's risk of developing rabies must be carefully considered before deciding to discontinue vaccination. The use of corticosteroids in the treatment of life-threatening neuroparalytic reactions carries the risk of inhibiting the development of active immunity to rabies. It is especially important in these cases that the patient’s serum be tested for rabies antibodies following vaccination.

All serious systemic, neuroparalytic, or anaphylactic reactions to a rabies vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS) via a 24-hour toll-free telephone number (800-822-7967).

4. Precautions and contraindications

a. Immunosuppression

Persons with compromised immune function—whether by pre-existing medical condition (e.g., neoplasia) or exogenous immunosuppressives (e.g., corticosteroids)—may fail to develop complete and protective immunity after vaccination. Patients who are immunosuppressed should postpone PreEP if possible and consider avoiding activities for which rabies PreEP is indicated. Immunosuppressed persons for whom PreEP is critical should have their antibody titers checked following completion of the vaccine series. Failure to seroconvert after the third dose should be managed in consultation with appropriate public health officials. Immunosuppressive agents should not be administered during rabies PEP unless essential for the treatment of other conditions.

b. Pregnancy

Because of the potential consequences of inadequate treatment of a rabies exposure, pregnancy is not considered a contraindication to rabies PEP. No increased incidence of abortion, premature births, or fetal abnormalities has been associated with rabies vaccination. If the risk of exposure to rabies is substantial, PreEP might also be indicated during pregnancy. Rabies vaccine given to a nursing mother does not affect the safety of breastfeeding for either mother or infant, and breastfeeding is not a contraindication to rabies vaccine.

c. Antimalarials

Concurrent use of antimalarial drugs may interfere with the immune response to rabies vaccination. In one study of persons undergoing PreEP with an intradermal rabies vaccine, individuals who were concurrently taking chloroquine had a lower geometric mean titer of anti-rabies antibodies at all test points compared to persons who were not taking antimalarials.[4] Nevertheless, all study subjects had serum antibody titers that exceeded the threshhold that is considered adequate for protection (complete neutralization at 1:5 on RFFIT). Data are not available as to whether this same immunosuppressive effect occurs with other antimalarial drugs or with rabies PreEP using an intramuscular vaccine.

d. Allergies

Persons who have a history of serious hypersensitivity to rabies vaccine should be revaccinated with caution.

5. Cost

Coverage for rabies immunization, for both PreEP and PEP, varies among health insurance plans. Options are available to persons in need of PEP who are uninsured or otherwise cannot afford treatment.

a. Rabies vaccine (CPT Codes 90675/90676, and 90460/90461 or 90471/90472) and HRIG (CPT Codes 90375/90376 and 96372) are covered for Medi-Cal eligible persons. Eligibility may need to be determined by emergency certification request at the county welfare office.

b. For individuals who are ineligible for Medi-Cal, have annual income at or below 200 percent of the federal poverty level, and reside in participating counties, the cost of

rabies PEP may be covered through the California County Medical Services Program.

c. Both rabies vaccine manufacturers have patient assistant programs that provide medications to uninsured or underinsured patients. To be eligible, patients must be indigent, uninsured, ineligible for Medicare or Medi-Cal, have household income below federal poverty level, and the attending physician must waive all fees associated with treatment. Eligibility requirements differ between companies and they should be contacted directly to discuss whether a patient is eligible for their program. Sanofi Pasteur's Indigent Patient Program (providing Imogam® Rabies-HT and Imovax® Rabies) is administered through the National Organization for Rare Disorders. Information is available by telephone (877-798-8716) or e-mail (nnadiq@ rarediseases.org). Information on Novartis Pharmaceuticals' Patient Assistance Program for RabAvert® is available at 800-277-2254 or http://www.patientassistancenow.com/info/programstoaccessmedicines/patientassistanceinformation.jsp.

References

[1] Human Rabies Prevention - United States, 2008, Recommendations of the Advisory Committee on Immunization Practices. MMWR 2008; 57(RR-1):1-28. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm

[2] 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. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm

[3] Compendium of Animal Rabies Prevention and Control, 2011, National Association of State Public Health Veterinarians. http://www.nasphv.org/documentsCompendia.html

[4] Pappaioanou M, Fishbein DB, Dreesen DW, et al. Antibody response to pre-exposure human diploid cell rabies vaccine given concurrently with chloroquine. N Engl J Med 1986; 314:280–4.

A) MONOVALENT – INACTIVATED

Product Name	Produced By	Marketed By	For Use In	Dosage/Route*	Minimum Age at Primary Vaccination	Booster Recommendation
DEFENSOR 1	Zoetis License No. 190	Zoetis	**Dogs** Cats	**NOT APPROVED** 1 ml SC	**FOR USE IN** 3 months	**CALIFORNIA** Annually
DEFENSOR 3 DEFENSOR 3 CA	Zoetis License No. 190	Zoetis	**Dogs** Cats Sheep Cattle	1 ml IM or SC 1 ml SC 2 ml IM 2 ml IM	3 months 3 months 3 months 3 months	1 year later & triennially 1 year later & triennially Annually Annually
NOBIVAC 1	Merck Animal Health License No. 190	Intervet Inc.	**Dogs** Cats	**NOT APPROVED** 1 ml SC	**FOR USE IN** 3 months	**CALIFORNIA** Annually
NOBIVAC 3 NOBIVAC 3 CA	Merck Animal Health License No. 190	Intervet Inc.	**Dogs** Cats Sheep Cattle	1 ml IM or SC 1 ml SC 2 ml IM 2 ml IM	3 months 3 months 3 months 3 months	1 year later & triennially 1 year later & triennially Annually Annually
EQUI-RAB	Merck Animal Health License No. 165A	Intervet Inc.	Horses	1 ml IM	4 months	Annually
RABVAC 1	Elanco License No. 196	Elanco	**Dogs** Cats	**NOT APPROVED** 1 ml IM or SC	**FOR USE IN** 3 months	**CALIFORNIA** Annually
RABVAC 3	Elanco License No. 196	Elanco	**Dogs** Cats Horses	1 ml IM or SC 1 ml IM or SC 2 ml IM	3 months 3 months 3 months	1 year later & triennially 1 year later & triennially Annually
IMRAB 3	Merial, Incorporated License No. 298	Merial, Incorporated	**Dogs** Cats Sheep Cattle Horses Ferrets	1 ml IM or SC 1 ml IM or SC 2 ml IM or SC 2 ml IM or SC 2 ml IM or SC 1 ml SC	3 months 12 weeks 12 weeks 12 weeks 12 weeks 12 weeks	1 year later & triennially 1 year later & triennially 1 year later & triennially Annually Annually Annually
IMRAB 3 TF	Merial, Incorporated License No. 298	Merial, Incorporated	**Dogs** Cats Ferrets	1 ml IM or SC 1 ml IM or SC 1 ml SC	3 months 12 weeks 12 weeks	1 year later & triennially 1 year later & triennially Annually
IMRAB Large Animal	Merial, Incorporated License No. 298	Merial, Incorporated	Cattle Horses Sheep	2 ml IM or SC 2 ml IM or SC 2 ml IM or SC	3 months 3 months 3 months	Annually Annually 1 year later & triennially

Product Name	Produced By	Marketed By	For Use In	Dosage/Route*	Minimum Age at Primary Vaccination	Booster Recommendation
IMRAB 1	Merial, Incorporated License No. 298	Merial, Incorporated	**Dogs** Cats	**NOT APPROVED** 1 ml SC	**FOR USE IN** 12 weeks	**CALIFORNIA** Annually
IMRAB 1 TF	Merial, Incorporated License No. 298	Merial, Incorporated	**Dogs** Cats	**NOT APPROVED** 1 ml SC	**FOR USE IN** 12 weeks	**CALIFORNIA** Annually

B) MONOVALENT- RABIES GLYCOPROTEIN, LIVE CANARY POX VECTOR

Product Name	Produced By	Marketed By	For Use In	Dosage/Route*	Minimum Age at Primary Vaccination	Booster Recommendation
PUREVAX Feline Rabies	Merial, Incorporated License No. 298	Merial, Incorporated	Cats	1 ml SC	8 weeks	Annually

C) COMBINATION - INACTIVATED RABIES

Product Name	Produced By	Marketed By	For Use In	Dosage/Route*	Minimum Age at Primary Vaccination	Booster Recommendation
EQUINE POTOMAVAC + IMRAB	Merial, Incorporated License No. 298	Merial, Incorporated	Horses	1 ml IM	3 months	Annually

D) COMBINATION – RABIES GLYCOPROTEIN, LIVE CANARY POX VECTOR

Product Name	Produced By	Marketed By	For Use In	Dosage/Route*	Minimum Age at Primary Vaccination	Booster Recommendation
PUREVAX FELINE 3/ RABIES	Merial, Incorporated License No. 298	Merial, Incorporated	Cats	1 ml SC	8 weeks	Annually
PUREVAX FELINE 4/ RABIES	Merial, Incorporated License No. 298	Merial, Incorporated	Cats	1 ml SC	8 weeks	Annually

ROUTES AND SITES OF INOCULATION IN DOGS: Approved canine vaccines must be administered to dogs according to the manufacturer's recommendations either intramuscularly (IM) or subcutaneously (SC). Administration via other sites or routes may reduce effectiveness or be unsafe. For species other than dogs, refer to the vaccine label.

Adapted from the Compendium of Animal Rabies Prevention and Control, 2011, National Association of State Public Health Veterinarians, Incorporated
Rev. 10/15/13, 12/31/13, 4/25/17, 3/14/19

* Intramuscularly (IM)
Subcutaneously (SC)

Report Dead Birds

Stop the spread of West Nile Virus in your community

Birds that died recently can be tested for West Nile Virus (WNV), which helps track the spread of disease around Los Angeles County. You can help stop the spread of West Nile Virus in your community by reporting dead birds.

What types of dead birds should I report?

All birds

Except: pigeons, doves, poultry & ducks

WNV testing performed

Clusters of 3 or more

Sick or dead birds

WNV & additional testing performed

How do I report a dead bird or clusters of sick/dead birds?

Contact Los Angeles County Veterinary Public Health at (213) 288 -7060 or the California WNV Dead Bird Hotline at (877) 968-2473.

How do I collect a dead bird?

The bird must be fresh to be tested for diseases (i.e. dead less than 24 hours). Put the bird in a bag and leave it in an accessible location. Never handle a dead bird with bare hands – use gloves, shovel or cover hands with intact waterproof bag before handling. Wash hands after.

SIGN UP TO JOIN OUR

ANIMAL HEALTH ALERT NETWORK IN 30 SECONDS!

Receive emails about important local animal disease updates, disease outbreaks or unusual diseases, updates on veterinary laws that affect you, etc. See page 8 in the 2019 Veterinary Public Health Manual for more information and to read about recent AHAN topics.

FOLLOW THESE 3 EASY STEPS:

1. **Open your smartphone camera app & focus on the QR code**
2. **Tap on the link that appears**
3. **Enter your name, email address, info and click DONE**

Questions? Want to sign up without a smartphone?

- Contact Veterinary Public Health at vet@ph.lacounty.gov or call 213-288-7060

Veterinary Public Health will come to your practice & provide CE on a wide variety of topics:

- Rabies – Important information about this disease in humans and animals, in Los Angeles County, California and worldwide.
- Rabies Bite Reporting, Rabies Quarantine, and Specimen Submission – Learn the significance of these rabies-related incidents and how to comply with rabies-related laws.
- Animal Diseases in Los Angeles County – Current data and recommendations about diseases that affect you and your clients (heartworm, leptospirosis, parvovirus, tick-borne diseases, and more)!
- Flea-borne Typhus, a Human Disease – Animal health care workers are the most at risk for contracting this disease.
- Animal importation and public health concerns – Learn about current animal importation trends and the concerns that arise for both human and animal health.
- Veterinary Public Health and One Health – Learn about our program and the work that we do through examples of the One Health tenet. One Health is the concept that animal health, human health and environmental health are inextricably linked to the overall health of a community.

Call us today at 213-288-7060 or email vet@ph.lacounty.gov for more info!

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (213)-288-7060 EMAIL TO: vet@ph.lacounty.gov FAX: (213) 481-2375
publichealth.lacounty.gov/vet

County of Los Angeles
Public Health

BITE REPORTING FORM - VETERINARY CLINICS

Use this form to report animals suspected of being rabid, even if no bite occurred. If there was no bite, write "None" in the PERSON BITTEN section.

PERSON BITTEN

Victim name (last and first)	Date of Birth	Address (number, street, city and zip)

Victim phone number	Reported by:	Reporter phone number

Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)	Body location bitten

How bite occurred (explain)

Date Treated	Hospitalized	Treated by	Phone number
	☐ Yes ☐ No		

Type of treatment

ANIMAL

Owner Name (last and first)	Address (number, street city and zip)

Phone Number	Type of animal	Description of animal (sex, color)
	☐ Dog Breed _____ ☐ Cat Breed _____ ☐ Other _____	

Animal vaccinated for rabies?	Date last vaccinated:	Animal sterilized?
☐ Yes ☐ No		☐ Yes ☐ No

Was animal euthanized?	Reason euthanized:	Specimen prepared for rabies testing?
☐ YES ☐ NO Date _____	☐ Injured ☐ Sick ☐ other Please explain:	☐ Yes ☐ No ☐ Not applicable

CLINIC

Clinic Information Name:	Contact person

Address (include number, street, city, state and zip)	Phone Number

Remarks

Submit a copy of the animal's rabies certificate, if available

Date	Time	Faxed: ☐ Yes ☐ No	Initials

VETERINARY PUBLIC HEALTH – RABIES CONTROL PROGRAM

Tel. (213) 288-7060 EMAIL TO: vet@ph.lacounty.gov Fax: (213) 481-2375
publichealth.lacounty.gov/vet

County of Los Angeles
Public Health

DOMESTIC ANIMAL vs. WILD MAMMAL INCIDENT REPORT FORM

DOMESTIC ANIMAL – PET INFORMATION					
Owner last name	Owner first name	Owner address. Number and street City and zip code			
Owner area code & phone	Species ☐ Dog ☐ Cat	Breed	Sex	Age	
Date bitten	Time bitten	Reported by	Reporter area code & phone number		
Address where bitten. Number and street City and zip code			Type of injury to domestic animal		
Animal vaccinated prior to contact with wildlife? ☐ Yes ☐ No	Date vaccinated prior to contact with wildlife:	Animal vaccinated after coming into contact with wildlife? ☐ Yes ☐ No	Date vaccinated after coming into contact with wildlife:		
Domestic animal impounded? ☐ Yes ☐ No	Animal Shelter	Impound #	Was animal euthanized? ☐ Yes ☐ No		
Was animal taken to vet? ☐ Yes ☐ No	Name of Veterinary Hospital	Address, city and zip			
Current location of animal: Home address Veterinary clinic listed above Other _____					

WILDLIFE INFORMATION (animals other than dog or cat)			
Type of wild animal ☐ Coyote ☐ Skunk ☐ Raccoon ☐ Bat ☐ Other (explain)		Wild animal disposition: ☐ Left area/not located ☐ Appeared sick ☐ Captured/destroyed/died	
Wild animal specimen prepared for rabies testing? ☐ Yes ☐ No ☐ Not applicable	Location of wild animal specimen (clinic or shelter)	Date euthanized	Time
Veterinary Clinic or Animal Control Agency taking report:		Impound# of wild animal (if applicable)	
Address of Veterinary Clinic or Animal Control Agency			
Comments:			
Submit a copy of the animal's rabies certificate(s), if available			
Report by:	Date taken:	Initials Faxed by:	Date:

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
VETERINARY PUBLIC HEALTH PROGRAM
313 N. Figueroa St, #1127, Los Angeles, CA 90012
Tel: (213) 288-7060 email: vet@ph.lacounty.gov
Hours: Monday - Friday 8am to 5pm
website: www.publichealth.lacounty.gov/vet

BAT SUBMISSION FORM

INSTRUCTIONS:

- All bats submitted to animal shelters/veterinary clinics must be reported to Public Health immediately. Complete form with as much information as possible.
- DO NOT DECAPITATE bat specimen.
- Refrigerate bat after it is deceased. DO NOT FREEZE.

1. **Reporting Agency.** Shelter/Clinic Name_____

   Phone_____ Date bat reported to Public Health_____

   Staff member / ACO_____ Bat Impound #_____

2. **Person who found the bat.** Name_____ Phone_____

3. **When / where was the bat found?** Date bat found_____

   Name of business (if applicable)_____

   Address_____
   Type of location where bat found (check one):
   ☐ Home ☐ Park ☐ Camp
   ☐ Business ☐ School ☐ Other:_____

4. **Details of bat encounter.** Describe how the bat was found, and where on the property _____

   _____

   Was the bat found (check one) ☐ Indoors* or ☐ Outdoors?

   Time of capture/pickup _____ Method used to capture bat_____

   When captured, was the bat (check one) ☐ Alive** or ☐ Dead?

5. **Contact with bat.** Did any people or animals have potential physical contact with bat?
   (check one) ☐ Yes* ☐ No ☐ Unknown

   **List all persons and pets that had direct contact with the bat or that were indoors with the bat.*

Names:	Addresses:	Phone:

**List any shelter/clinic staff who had contact with the bat (e.g. during euthanasia, if applicable)

Name(s):_____Phone:_____

Please email completed form to: vet@ph.lacounty.gov **2019**

Los Angeles County Department of Public Health

VETERINARY PUBLIC HEALTH PROGRAM

REPORTING ANIMAL DISEASES / CONDITIONS

Always report as soon as possible:

- Occurrence of any unusual disease
- Outbreak or cluster (3 or more cases) of animal disease/deaths of any cause
- Animal illness concurrent with human illness
- Disease not endemic to area
- Illness in animal recently imported from another country

Urgency Reporting Requirements

☎ = Report **immediately** by telephone
✉ = Report within **1 working day** of identification
⑦ = Report within **7 calendar days** from time of identification

DISEASE PRIORITY LIST 2019

✉ All Diseases on the Reportable Disease List of the California Department of Food and Agriculture (CDFA)
✉ Anaplasmosis
☎ Anthrax
✉ Babesiosis
⑦ Blastomycosis
☎ Botulism
✉ Bovine Spongiform Encephalopathy
☎ Brucellosis (any type)
☎ *Burkholderia pseudomallei*
✉ Calicivirus, feline virulent
⑦ Campylobacteriosis
⑦ Chagas Disease
✉ Chronic Wasting Disease
⑦ Coccidioidomycosis
☎ ⑦ Cryptococcosis
⑦ Distemper
✉ Domoic Acid Poisoning
⑦ Ehrlichiosis
☎ Foot-and-Mouth Disease
☎ Glanders
⑦ Heartworm
⑦Hemorrhagic gastroenteritis (HGE) of dogs
☎ Hemorrhagic Fevers, viral(Crimean-Congo, Ebola, Lassa, Marburg)
⑦ Histoplasmosis
✉ Influenza (any type)
⑦ Leptospirosis
✉ Listeriosis
⑦ Lyme Disease
✉ Methicillin-resistant *Staphylococcus* spp
✉ Mycobacterium spp
⑦ *Onchocerca lupi*
⑦ Parvovirus
⑦ Panleukopenia
☎ Plague
✉ Psittacosis
✉ Pseudorabies
☎ Q Fever
☎ Rabies
✉ Salmonellosis
⑦ Salmon Poisoning Disease
☎ Screw worm myiasis
⑦ Spotted Fever Rickettsioses
✉ *Streptococcus equi* (Strangles)
⑦ Tetanus
☎ Tularemia
☎ Viral Encephalitis (EEE, WEE, VEE, Japanese Encephalitis)
☎ Viral Newcastle Disease (birds)
✉ West Nile Virus
✉ Yersiniosis
☎ Unusual disease
☎ Outbreak of any disease

Non-infectious conditions

Reporting requested but not legally required

Cannabis toxicosis
Haemaphysalis longicornis (i.e. Longhorned Tick)
Contamination of food product-suspected

In Los Angeles County, report all diseases in this list **and the list of the California Department of Food and Agriculture (CDFA)** to the Los Angeles County Veterinary Public Health Program. We will forward reports to the CDFA as needed.

NOTE: Ringworm and roundworm are not reportable.

Reporting Forms: http://www.publichealth.lacounty.gov/vet/Forms.htm
Phone: (213) 288-7060 **Email:** vet@ph.lacounty.gov **Fax:** (213) 481-2375.

2019

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE
ANIMAL HEALTH BRANCH

January 2019

LIST OF REPORTABLE CONDITIONS FOR ANIMALS AND ANIMAL PRODUCTS*

**Pursuant to Section 9101 of the California Food and Agricultural Code, Title 3 California Code of Regulations § 797 and Title 9 Code of Federal Regulations Section 161.4(f)*

WHO MUST REPORT: **Any licensed veterinarian, any person operating a diagnostic laboratory, or any person who has been informed, recognizes or should recognize by virtue of education, experience, or occupation, that any animal or animal product is or may be affected by, or has been exposed to, or may be transmitting or carrying any of the following conditions, must report that information.**

WHAT TO REPORT: **Immediately report any animal disease not known to exist in the United States, any event with increased mortality and/or morbidity of unknown cause or source and any toxicology condition likely to contaminate animals or animal products (meat, milk or eggs).**

CALL IF YOU SEE: Vesicles, unusual or unexplained illness, CNS signs, mucosal diseases, hemorrhagic septicemias, unusual larvae in wounds, uncommon ticks, high morbidity or mortality.

Report any emergency, regulatory, or monitored condition within the provided time frame. Some diseases are listed under the major species of concern; if you see compatible signs for such conditions in another species, please report!

EMERGENCY CONDITIONS
Report within 24 Hours of Discovery

MULTIPLE SPECIES

General, non-specific conditions: Unexplained high mortality or diseased animals; livestock exposed to toxic substances.

- Anthrax (*Bacillus anthracis*)[1]
- Crimean Congo hemorrhagic fever[1]
- Foot-and-mouth disease
- Heartwater (*Ehrlichia ruminantium)*
- Japanese encephalitis
- Melioidosis (*Burkholderia pseudomallei*)
- Rabies of livestock[1]
- Rift Valley fever
- Screwworm myiasis (*Cochliomyia hominivorax* or *Chrysomya bezziana*)
- Surra (*Trypanosoma evansi*)
- Vesicular stomatitis

BOVINE
- African trypanosomiasis (Tsetse fly diseases)
- Bovine babesiosis (Cattle tick fever)
- Bovine spongiform encephalopathy
- Contagious bovine pleuropneumonia (*Mycoplasma mycoides mycoides* small colony)
- Foot-and-mouth disease
- Hemorrhagic septicemia (*Pasteurella multocida B/Asian* or *E/African*)
- Lumpy skin disease
- Malignant catarrhal fever (wildebeest-associated form)
- Rinderpest
- Schmallenberg virus/ Akabane
- Theileriosis (*Theilera parva parva* or *T. annulata*)

CAPRINE/OVINE
- Contagious agalactia *(Mycoplasma agalactiae)*
- Contagious caprine pleuropneumonia *(Mycoplasma capricolum capripneumoniae)*
- Foot-and-mouth disease
- Nairobi sheep disease
- Peste des petits ruminants (Goat plague)
- Schmallenberg virus/ Akabane
- Sheep pox and goat pox

PORCINE
- African swine fever
- Classical swine fever
- Foot-and-mouth disease
- Nipah virus
- Swine vesicular disease
- Vesicular exanthema of swine virus (VESV)

AVIAN SPECIES
- Avian influenza (HPAI and H5/H7 LPAI)
- Turkey rhinotracheitis (Avian metapneumovirus)
- Virulent Newcastle disease (Exotic Newcastle disease, velogenic viscerotropic Newcastle disease)

EQUINE
- African horse sickness
- Dourine (*Trypanosoma equiperdum*)
- Glanders (Farcy; *Burkholderia mallei)*
- Hendra virus (Equine morbillivirus)
- Venezuelan equine encephalomyelitis
- Vesicular stomatitis

CERVIDS/LAGOMORPHS/CAMELIDS
- Rabbit hemorrhagic disease (Calicivirus)

REGULATORY CONDITIONS
Report within Two Days of Discovery

MULTIPLE SPECIES
- Brucellosis *(B. melitensis, B. abortus, B. suis)*[1]
- Pseudorabies (Aujeszky's disease)
- Tuberculosis (*Mycobacterium bovis)*[1]
- Tularemia[1]

BOVINE
- Bovine brucellosis (*Brucella abortus*)[1]
- Bovine tuberculosis (*Mycobacterium bovis*)[1]
- Trichomonosis (*Tritrichomonas foetus*)

CAPRINE/OVINE
- Caprine and ovine brucellosis[1] (excluding *Brucella ovis*)
- Scrapie
- Sheep scabies (Body mange; *Psoroptes ovis)*

PORCINE
- Porcine brucellosis (*Brucella suis*)[1]
- Pseudorabies (Aujeszky's disease)

AVIAN SPECIES
- Fowl typhoid (*Salmonella gallinarum)*
- Ornithosis (Psittacosis, avian chlamydiosis; *Chlamydia psittaci*)
- Pullorum disease (*Salmonella pullorum*)

EQUINE
- Contagious equine metritis (*Taylorella equigenitalis*)
- Eastern equine encephalomyelitis
- Epizootic lymphangitis
- Equine herpesvirus myeloencephalopathy (EHM)
- Equine infectious anemia
- Equine piroplasmosis (*Babesia caballi* or *Theileria equi*)
- Western equine encephalomyelitis
- West Nile virus

CERVIDS/LAGOMORPHS/CAMELIDS
- Chronic wasting disease in cervids

WHERE TO REPORT:

CA Department of Food and Agriculture
Animal Health Branch (AHB)
District Offices:

Redding	**530-225-2140**
Modesto	**209-491-9350**
Tulare	**559-685-3500**
Ontario	**909-947-4462**

CDFA- Animal Health Branch
Mailing Address: 1220 N Street
Sacramento, CA 95814
Physical Address: 2800 Gateway Oaks
Sacramento, CA 95833
Telephone 916-900-5002
OR
US Department of Agriculture
Animal and Plant Health Inspection Services
Veterinary Services (VS)
10365 Old Placerville Road, Suite 210
Sacramento, CA 95827-2518
Toll free at 1-877-741-3690

MONITORED CONDITIONS
Report within 30 Days of Discovery

MULTIPLE SPECIES
- Bluetongue
- Echinococcosis/hydatidosis (*Echinococcus* species)
- Epizootic hemorrhagic disease
- Johne's disease (Paratuberculosis; *Mycobacterium avium paratuberculosis*)
- Leishmaniosis
- Q Fever (*Coxiella burnetii*)

BOVINE
- Anaplasmosis (*Anaplasma marginale* or *A. centrale*)
- Bovine cysticercosis (*Taenia saginata*)
- Bovine genital campylobacteriosis (*Campylobacter fetus venerealis*)
- Bovine viral diarrhea
- Enzootic bovine leukosis (Bovine leukemia virus)
- Infectious bovine rhinotracheitis (Bovine herpesvirus-1)
- Malignant catarrhal fever (sheep-associated form)

CAPRINE/OVINE
- Ovine epididymitis (*Brucella ovis*)
- Caprine arthritis/encephalitis
- Enzootic abortion of ewes (Ovine chlamydiosis; *Chlamydophila abortus*)
- Maedi-visna (Ovine progressive pneumonia)
- *Salmonella abortusovis*

PORCINE
- Porcine cysticercosis (*Taenia solium*)
- Porcine reproductive and respiratory syndrome
- Senecavirus A
- Swine enteric coronavirus diseases, including transmissible gastroenteritis
- Swine influenza
- Trichinellosis (*Trichinella spiralis*)

AVIAN SPECIES
- Avian infectious bronchitis
- Avian infectious laryngotracheitis
- Duck viral hepatitis
- Goose parvovirus
- Infectious bursal disease (Gumboro disease)
- Influenza A viruses (see Emergency Conditions for HPAI and H5/H7 LPAI)
- Mycoplasmosis (*Mycoplasma synoviae* and *Mycoplasma gallisepticum*)

EQUINE
- Equine herpesvirus-1 and 4 (excluding EHM)
- Equine influenza
- Equine viral arteritis

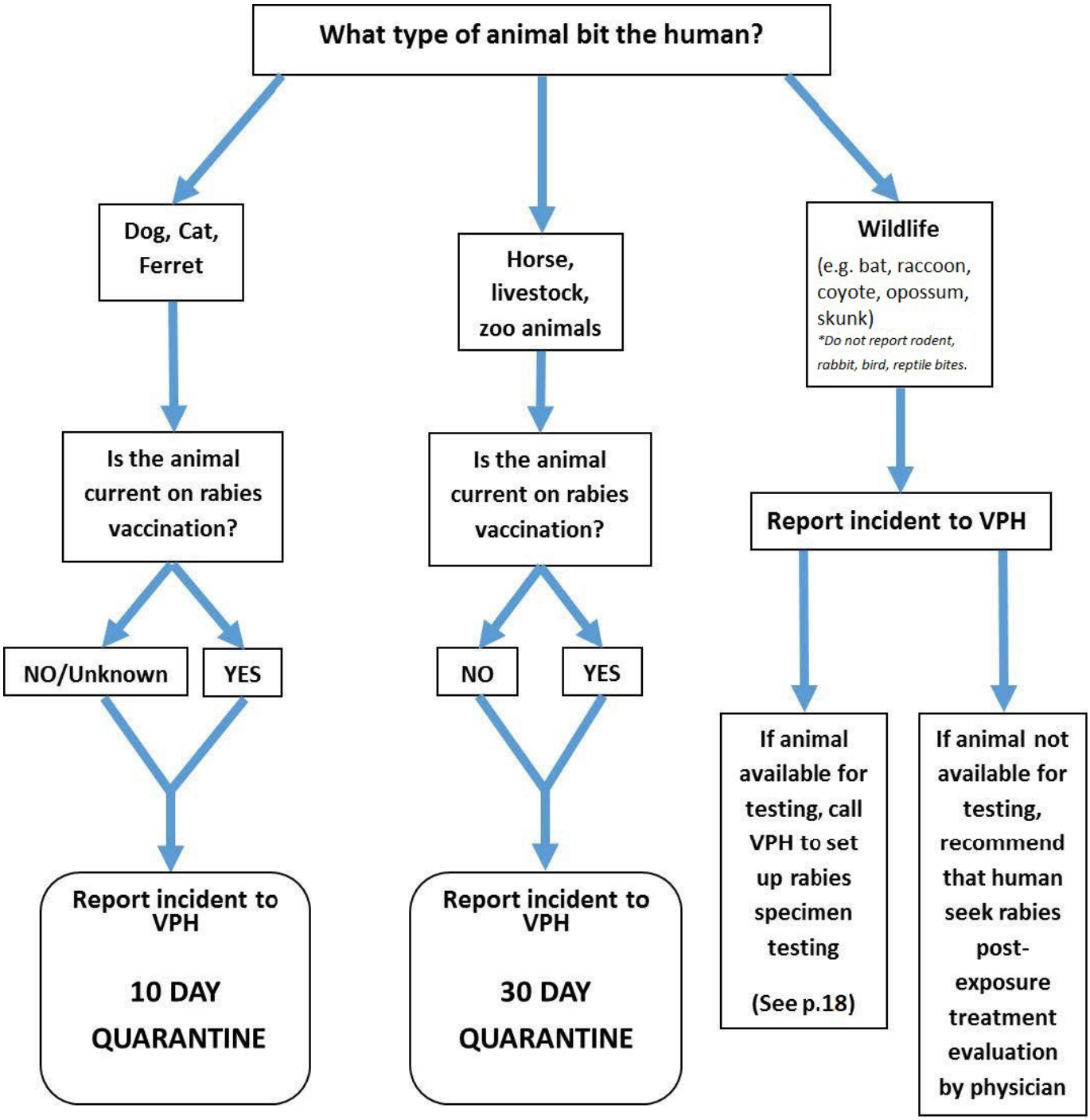
CERVIDS/LAGOMORPHS/CAMELIDS
- Camelpox in camels
- Myxomatosis in rabbits

FISH, AMPHIBIAN, CRUSTACEAN, BEE, AND MOLLUSK
- **Compatible with the OIE list:** http://www.oie.int/animal-health-in-the-world/oie-listed-diseases-2019/

[1] Diseases in green, seen in any species, are also reportable to the California Department of Public Health (CDPH); CDFA will report these designated zoonotic diseases to CDPH.

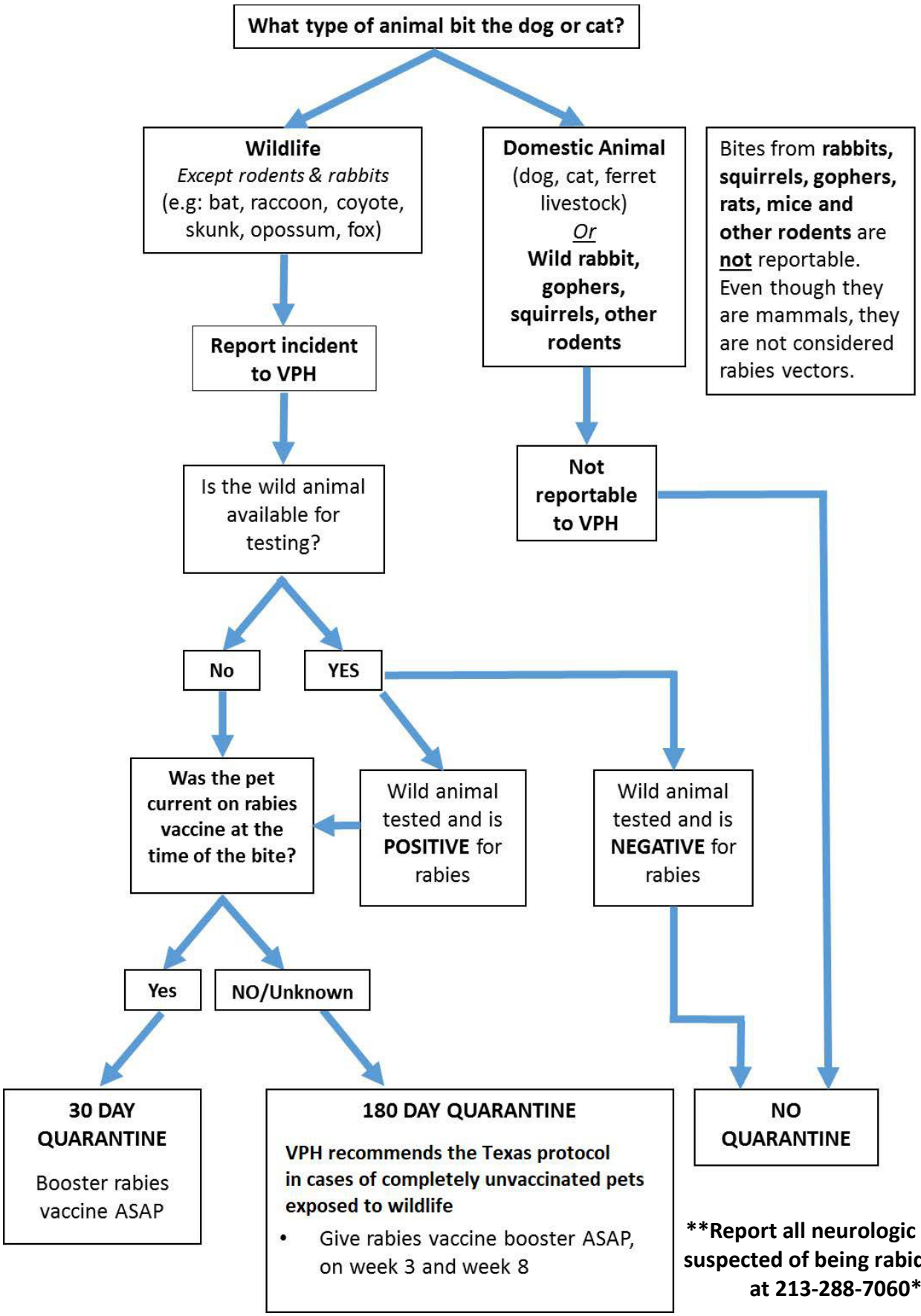
For additional information, contact CDFA (email: cavet@cdfa.ca.gov or visit our website at www.cdfa.ca.gov/ah) or USDA at http://www.aphis.usda.gov/animal_health

Human bitten by an animal



- **Healthy animals that bit a human are not to be euthanized during the quarantine period.**
- **Gravely ill or injured animals that are euthanized during the quarantine period due to humane reasons must be tested for rabies.**
- **If a pet bit a human and was not up to date on the rabies vaccine at the time of the bite, do NOT vaccinate the pet until after the quarantine period.**
- **Bites from rodents, rabbits, birds and reptiles are not reportable to VPH**
- **Report all neurologic animals suspected for being rabid to VPH at (213) 288-7060**

Domestic animal bitten by another mammal



****Report all neurologic animals suspected of being rabid to VPH at 213-288-7060****

PREPARING A SPECIMEN FOR RABIES TESTING

Note: Healthy animals may not be euthanized during the quarantine period.

Specimens that are inappropriately packaged or missing the appropriate reporting form will be rejected from the Public Health Lab. It will be the responsibility of the veterinary clinic to pick up the specimen and resubmit it immediately.

STEP 1 Dogs/cats/wildlife must be decapitated, except bats

- Do not decapitate a bat! Submit it as a whole body.

STEP 2 Apply flea/tick spray to the specimen

STEP 3 Specimen must be wrapped in absorbent paper and double-bagged

- Only one specimen per bag (do not place more than one bat in a bag)
- The specimen and blood should not be visible through the bag
- Place into a box or an opaque container

STEP 4 Securely affix appropriate reporting form to the specimen container

- Impound cards or cage cards are not acceptable
- Do not leave paperwork resting on top or beneath a specimen

STEP 5 Place specimen into the fridge (do not freeze)

- Do not place specimens next to food/vaccines
- Check the fridge temperature to ensure that it is working (unrefrigerated/decomposed specimens may be untestable)

STEP 6 Email/fax the reporting form to VPH (Note 'Pick up' in the top corner)

STEP 7 Call VPH for pick-up

- If you notice a specimen in the fridge for a few days, please call again for pick-up
- **Phone – 213-288-7060**
- **Email – vet@ph.lacounty.gov**
- **Fax – 213-481-2375**