# What should I do with this Veterinary Public Health Manual?

If your practice is within Los Angeles County, *your team needs to know all of the information in this binder*. Please review the contents during a staff meeting. We greatly value the opportunity to work with you in protecting the health of both people and animals in our county! Please feel free to contact us with any questions or comments at: (213) 989-7060.

1. Please review the following sections with your staff:

Disaster Survey

Is your staff or clinic interested in helping animals in a disaster? Please fill out our 2-page Disaster Survey and send it in to us.

**Bite Reporting and Rabies-related** 

- □ Reporting bites and rabies-related incidents (p.15-16)
- □ Preparing a specimen for rabies testing (p. 17)
- □ Canine rabies vaccine exemptions (p.21-22)
- □ Forms for reporting bites and rabies-related incidents (p.45-49)

**Disease Reporting** 

- □ Reporting animal diseases (p. 51-52)
- □ List of reportable diseases (p. 53-54)
- □ Forms for reporting diseases (p.55-69)

Animal Disease Data □ Local animal disease data (starts on p. 71)

2. Make sure your staff know where this manual will be kept.

# Thank you!



# Los Angeles County Veterinary Public Health Contacts

#### **Veterinarians**

Karen Ehnert, DVM, MPVM Acting Director kehnert@ph.lacounty.gov

Emily Beeler, DVM, MPH Animal Disease Surveillance ebeeler@ph.lacounty.gov

Dennis Davis, DVM Field Veterinarian ddavis@ph.lacounty.gov

Alexandra Swanson, DVM Disaster Preparedness aswanson@ph.lacounty.gov

Tamerin Scott, DVM, MPH(c) Animal Importation tscott@ph.lacounty.gov

Gael Lamielle, DVM, MPH California Epidemiologic Investigation Service Fellow glamielle@ph.lacounty.gov

#### **Inspectors**

Mark Rubalcava San Gabriel Valley Area

Jackie Chapman South Bay Area

Ralph Sepulveda South-East Area

**Orly Mangahis, RVT** Westside and Burbank Area

**Teddy De La Cruz** North County Area

Paul Larish San Fernando Valley

# **Disaster Survey**

# Disaster Preparedness & Response Survey 2013

#### Los Angeles County Veterinary Clinics

Los Angeles County Veterinary Public Health is in the process of updating its list of veterinary clinics, veterinarians, technicians, and hospital staff who are interested in being identified as a resource in the event of a disaster. Please complete and return this form even if you have already sent us a form in the past. There is no obligation to participate, but you will be informed of opportunities to help if a disaster occurs. We appreciate your interest in getting involved with disaster preparedness and response.

#### Please fill out one 2-page form per clinic/hospital and return ASAP

Fax both pages to 213-481-2375 or scan and email to vet@ph.lacounty.gov

Clinic	Name:	
Addres City:	ess:	Zin
Ony Phone	e number:	Eav number:
Email:	:	
1.	Are the hospital director, associate DVMs, RVTs, hospital manager, and / or any staff interested in assisting in disaster response activities at your clinic and/or in your local community?	
	Yes	No
	If yes, names & position: * please attach addite	ional pages if necessary
2.	Is your clinic/facility available to provide board Yes	ing for evacuated pets during a disaster? No
	If yes, for: a. How many pets? b. How long of a duration? c. What type of species?	



3.	Keeping in mind that disaster reimbursement may or may not be available; would your
	clinic/DVMs be able to provide triage and/or treatment for pets of clients and non-clients

in a disaster at regular fees ?			s and non-energy
at reduced cost?	Yes	No	
at no cost ?	Yes	No	
If yes to any above,			
a. at clinic	Yes	No	
b. at remote/local location	Yes	No No	
Have any of your staff taken disaste	r rachanca f	rainina?	
Trave any or your start taken disaste		No	
	105		
If yes, circle all that apply <i>and</i> indic	cate how ma	my staff have taken any c	of the following:
a. FEMA 100/700	e. AHA	Animal Emergency Shelte	ering
b. CAVMRC	f. CERT	training	
c. ICS training	g. VMA]	l training	
d. HSUS training	h. FEMA	IS-10 and IS-11	
Have any of your staff participated If yes, when and where?	-	onders in recent disasters. No	/evacuations?
Are there any other resources you c	ould provid	e?	
Acronym quick reference: CAVMRC = California Medical Re VMAT = Veterinary Medical Assis CERT = Community Emergency R FEMA training is available on-line	tance Team esponse Tea		
http://www.fema.gov/training-0			
FEMA 100 – Introduction to Incide	ent Comman	d System (ICS)	
FEMA 700 - National Incident Mar		•	

FEMA 700 - National Incident Managemen FEMA IS-10, IS-11 Animals in Disasters



4.

5.

6.

# Start of Manual



# For Veterinary Practices in Los Angeles County









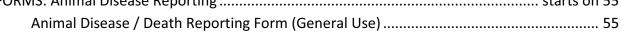


# 2013

# **VETERINARY PUBLIC HEALTH MANUAL**

#### for veterinary practices

Table of Contents
Greetings from our Director
What Does Veterinary Public Health Do? 4
Staying Connected to Public Health
Animal Health Alert Registration Form7
2020 Healthy Pets Healthy Families Initiative
Disaster Preparedness 10
Prepare for Emergencies Now – For Pet Owners
Become a Veterinary Public Health Partner 14
Bite Reporting and Rabies Control SUMMARY 15
Rabies Testing – Procedures for Specimen Submission
Animal Control Agencies in Los Angeles County 18
Imported Puppies and Public Health 19
Canine Rabies Vaccination Exemptions 21
Cat Rabies Vaccination and Licensing Requirements
California Compendium of Rabies Control and Prevention, 2013
FORMS: Bite and Rabies-Related starts on 45
Bite Reporting Form (also use for rabies suspects)
Domestic Animal vs. Wild Mammal Incident Reporting Form
Bat Submission Form
Exemption From Canine Rabies Vaccination – California Form
Exemption From Canine Rabies Vaccination – Los Angeles County Supplemental Form 49
Animal Disease Reporting and Surveillance SUMMARY
LIST of Priority Reportable Diseases, Los Angeles County
LIST of Reportable Diseases, California Department of Food and Agriculture
FORMS: Animal Disease Reporting starts on 55





Canine Brucellosis Reporting Form	
Coccidioidomycosis Reporting Form	
Canine Hemorrhagic Gastroenteritis Reporti	ng Form 59
Heartworm Reporting Form	
Imported Animal Illness or Death Reporting	Form
Influenza Reporting Form	
Leptospirosis Reporting Form	
Animal Methicillin-resistant Staphylococcus	Reporting Form
Parvo Tracking Sheet	
Psittacosis Reporting Form	
Canine Rocky Mountain Spotted Fever Repo	rting Form
Vaccine Preventable Disease Reporting Form	
DATA on Selected Diseases in Los Angeles County	starts on 71
Heartworm	
Leptospirosis	
Parvo	
West Nile Virus	
Other Diseases and Discoveries	



JONATHAN E. FIELDING, M.D., M.P.H. Director and Health Officer

lic Health

COUNTY OF LOS ANGELES

CYNTHIA HARDING Chief Deputy Director

VETERINARY PUBLIC HEALTH PROGRAM Karen Ehnert, D.V.M., M.P.V.M., Acting Director 313 N. Figueroa St, Room 1127 Los Angeles, CA 90012 TEL (213) 989-7060 • FAX (213) 481-2375

www.publichealth.lacounty.gov

June 1, 2013

Dear Veterinary Clinic Staff,

Welcome to Los Angeles County! We look forward to working with you. You help 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 we offer, important local public health issues, and what is legally reportable here.

Los Angeles County is home for more than 25% of California's population. Our county has more than 400 veterinary practices, 27 animal control agencies and 20 shelters, all in an area covering over 4000 square miles. Our county is the only one 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 even brand new diseases.

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

Long Beach, Pasadena and Vernon exception: 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 cites, you must report animal bites to the Pasadena Humane Society (626-792-7151), Long Beach Animal Care Services (562-570-7387) or (in Vernon) the Southeast Area Animal Control Authority (562-803-3301). Veterinary practices in these three cities are not legally required to report animal diseases to our program, unless the animal lives in our jurisdiction.

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,

Karen Elment

Dr. Karen Ehnert, DVM, MPVM, DACVPM



BOARD OF SUPERVISORS

Gloria Molina First District Mark Ridley-Thomas Second District Zev Yaroslavsky Third District Don Knabe Fourth District Michael D. Antonovich Fifth District

# What Does Veterinary Public Health Do?

#### Who We Are

The Veterinary Public Health and Rabies Control Program (VPH) is part of the Los Angeles County Department of Public Health. Our staff includes Veterinarians, Registered Veterinary Technicians, Animal Sanitation Inspectors, 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 <u>your</u> local health department. We are here to provide services for you, your clients and your patients.



#### What We Do

- Bite Quarantines and Rabies Control
  - o Receive and investigate over 8000 bite reports per year
  - Oversee quarantine of biting or potentially-rabies-exposed animals
  - Offer free rabies testing for neurologic or deceased biting animals
  - Offer phone consultations to physicians, veterinarians, and anyone else with questions related to rabies
  - Assist Federal authorities in rabies-related inspections of dogs imported into the country at the Los Angeles International Airport (LAX)
  - o Review rabies vaccination exemption requests for dogs living in our jurisdiction

#### • Zoonoses and Animal Disease Surveillance

- Receive and analyze animal disease reports
- o Monitor for, and investigate, outbreaks or unusual diseases
- Arrange free West Nile Virus testing of dead birds and tree squirrels (availability varies by season)
- Arrange free necropsies and other testing in cases of outbreaks (three or more animals involved), or specific emerging disease threats. Necropsies are performed by the California Animal Health and Food Safety Laboratory in San Bernardino
- Coordinates with researchers to offer free testing in cases of unusual diseases (call to see what is available)
- Analyze disease patterns map and graph, put data on website
- Offer phone consultations to physicians, veterinarians, and anyone else with questions related to zoonoses and animal diseases



Photo: Emily Beeler

#### • 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
- o Educate the public about pet disaster preparedness
- Assist directly in disaster response
- Consult on or investigate reports of potential bioterrorism involving animals

#### • Expanding Roles for VPH

- In 2012, we formed the 2020 Healthy Pets Healthy Families Coalition. This coalition includes veterinarians, physicians, animal control workers, dogs trainers, and others from all over Los Angeles County. Together we work to improve animal and human health in seven focus areas in animal health:
  - Obesity
  - Second Hand Smoke
  - Bite Prevention
  - Spay-Neuter
  - Disaster Preparedness
  - Vaccine-Preventable Disease
  - Zoonoses and Parasite Control



Photo: Sheree Poitier



# **Stay Connected with Public Health!**



# We value our relationship with you!

We are YOUR local health department. We work hard to keep you updated in the following ways:

- 1. Animal Health Alert Network. Our email system to keep you informed about local animal disease problems or outbreaks. Any animal health worker in Los Angeles County can join. Please have every interested staff member complete a separate copy of the Registration Form on next page in this binder.
- 2. Articles in *Pulse*, the official publication of the Southern California Veterinary Medical Association (SCVMA). Past articles covered local cases of rabies, canine parvovirus trends, murine typhus in humans, avian influenza, and much more.
- 3. Disease tables in *Pulse*. Each month, the SCVMA provides us space in *Pulse* for sharing total case count of several diseases, including heartworm, parvo, and more.
- 4. **Data on our Website.** We share local diseases data with you and your clients. Visit: <u>http://www.publichealth.lacounty.gov/vet/AnimalDiseaseList.htm</u>
- 5. **Phone or Email Consultations.** Every week, veterinary practices call our Veterinarian-On-Duty or email us (vet@ph.lacounty.gov) to ask for Public Health consultations, educational material or data, or let us know what they are seeing in the community. We highly value these calls.

#### **Veterinary Public Health and Rabies Control Program**

313 N. Figueroa St, Rm 1127
Los Angeles, CA 90012
Tel: 213-989-7060 or 877-747-2243, Fax: 213-481-2375
Email: vet@ph.lacounty.gov, Website: www.publichealth.lacounty.gov/vet
Hours: Monday – Friday 7:30 am – 5:00 pm
After-hours emergency: You can reach a Public Health Physician by calling the Los Angeles County Operator at: 213-974-1234.



### LOS ANGELES COUNTY ANIMAL HEALTH ALERT NETWORK Registration Form

Veterinary Public Health and Rabies Control Program set up an Animal Health Alert Network in an effort to keep veterinarians and others animal health workers informed about local animal disease problems, outbreaks, unusual diseases, and about opportunities to participate in public health initiatives and projects. All reports are sent by e-mail, so an <u>e-mail address is required</u>.

Name:			
Position / Title :			
Clinic / Organization:			
Address:			
Phone#:			
Fax#:			
Email Address (required):			

\*Veterinarians, veterinary technicians, animal control officers, 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.

Send completed form to: 213-481-2375 (FAX) or <u>vet@ph.lacounty.gov</u>





# 2020 Healthy Pets Healthy Families



In Los Angeles County, the 2020 Healthy Pets Healthy Families Initiative is working to improve both human and animal health. Human health, animal health and the environment are intertwined. Improving the health of one can benefit the other two.

#### How can improving pet health impact human health or the environment?

- **Pet Obesity:** Pet obesity is skyrocketing, just like with people. What can help? Walking the dog! Studies show that walking the dog helps people get the recommended amount of exercise.
- **Bite Prevention:** Any pet can bite. However, pets that are happy, healthy, socialized and well-trained are less likely to bite.
- Second hand smoke: Pets can develop cancer after being exposed to second hand smoke, or become ill after eating cigarette butts. A recent study supported the idea that educating smokers about the risk to pets may motivate them to quit.
- **Spay-Neuter:** Pets that are spayed or neutered have a reduced risk of certain cancers, and are less likely to roam, be hit by a car or bite someone.
- **Disaster Preparedness:** Pet owners that prepare their pets for disasters may be more likely to prepare themselves as well.
- **Zoonoses Prevention:** Keeping a pet healthy and free of fleas, ticks and other parasites protects not only the pet, but the family and neighborhood, from a variety of diseases.
- Vaccine preventable diseases: By increasing pet vaccination, we not only protect pets from these diseases, we also reduce the financial and emotional costs that these illnesses inflict on the community.

**What does the initiative do?** A coalition of agencies and individuals has been created to explore ways human and animal health interconnect. The group tracks local animal health data and is working toward goals for the year 2020. Members will create educational campaigns and other strategies to meet the goals. By working together, we can improve the health of pets and the larger community.

#### What Can I Do?

• Register to join our initiative by filling out the attached form or contact us at <u>vet@ph.lacounty.gov</u> or 213-989-7060. Take our on-line Pet Health & Safety quiz to help us learn more about local pets. Encourage your family, friends, co-workers and clients to take it, too. It's on our website: <u>http://publichealth.lacounty.gov/vet/index.htm</u>





My Information is:

## 2020 Healthy Pets Healthy Families



#### **REGISTRATION FORM**

I want to be part of the new local 2020 Healthy Pets Healthy Families Initiative!

Name:	
Clinic/Agency:	
Address:	
City/Zip code:	
Phone number:	
E-mail address:	

#### What I can do (check all that apply):

- ☐ Add me to the 2020 Healthy Pets Healthy Families e-mail list, so I can hear about related meetings, events, surveys and other activities.
- $\Box$  I would like to join the Coalition committee and work to set our community goals.
- □ I am willing to be on the Steering Committee (more time commitment) and make recommendations for community interventions.
- □ I would like to join the Coalition journal club and receive monthly e-mails about recently published articles about improving pet and human health.
- □ Our Clinic/Agency can help distribute related educational materials.
- □ Our Clinic/Agency can help gather pet health data (from records or distribute surveys).
- □ I have other ideas of how I can help: \_\_\_\_\_

Fax completed form to: 213-481-2375.



# **Disaster Preparedness**

#### Background

Veterinarians play a key role in disaster preparedness and response. When disaster strikes, immediate response occurs at a local level and veterinarians are a vital resource. We estimate there are more than 5 million pet dogs, cats, and birds in the county. Preparedness is about individuals and businesses being ready to take care of themselves in the first days following a disaster.

The Pets Evacuation and Transportation Standards (PETS) Act became federal law after some difficult lessons learned from Hurricane Katrina in 2005. It ensures state and local governments addresses the needs of household pets and service animals in a major disaster or emergency. And in California, the California Animal Response in Emergency System (CARES) was formed to help improve coordination among organizations responding to animals during disasters.

#### Did you know?

- Cigarettes and unattended campfires are the leading cause of wildfires!
- A study published in *Preventive Medicine* shows that smoking is a leading cause of fire disaster and death worldwide (Aug. 10, 2000)
- Notable California examples of disasters:
  - San Fernando (Sylmar) (6.6 magnitude) Earthquake 1971
  - Northridge Earthquake (6.7 magnitude) 1993
  - o Loma Prieta Earthquake (7.1 magnitude) 1991
  - Windstorms in Southern California 2011
  - Station Fire 2009
  - Oakland Hills Firestorm 1991
    - Likely caused by a lit cigarette, leaving 10,000 people homeless and destroying nearly 4000 dwellings at a cost of more than \$1.5 billion

#### What you need to do

- Complete the Disaster Preparedness & Response Survey
- Make sure your veterinary clinic has a disaster plan for its staff and patients
- Incorporate disaster preparedness as part of your wellness examination
- Encourage clients to put together an emergency go-bag in the event the whole family must evacuate (so it includes the feathered and furry, 4-legged family members)
- Also, as part of a patient history, ask if the client or other family members smoke (helping them understand this puts them at risk of a house fire, not to mention it being unhealthy for the pets \*See "Can Smoking Harm Pets? Yes" brochure in pocket)
- Follow the disaster preparedness checklist provided on page 12
- Encourage clients about the practical side of preparedness, i.e. clients should have as many animals as the whole family can safely evacuate during a disaster
- Interested in getting involved? Get training! The California Veterinary Medical Reserve Corps (CAVMRC) offers excellent training and free CE as well!



#### Suggested Disaster Preparedness and Response Training Resources

- American Veterinary Medical Association. CD-ROM Emergency Preparedness and Response Guide https://ebusiness.avma.ord/EBusiness50/ProductCatologue/product.aspx?ID=193
- California Veterinary Medical Reserve Corps, coordinator Grant Miller, DVM <u>gmiller@cvma.net</u> http://www.cvma.net/images/cvmapdf/CAVMRCInfo 7 12.pdf
- California Animal Response Emergency System (CARES) <u>http://www.cdfa.ca.gov/ahfss/animal\_health/Emergency\_Management.html</u> <u>http://www.cvma.net/doc.asp?id=20901</u>
- FEMA/ICS courses available on-line: <u>http://training.fema.gov/IS/NIMS.asp</u> <u>http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-100.b</u> <u>http://training.fema.gov/emiweb/is/is700a.asp</u>
- Animals in disasters on-line http://training.fema.gov/EMIWeb/IS/is10.asp
- AHA Animal Emergency Services training <u>http://www.americanhumane.org/animals/professional-resources/training/</u>
- CERT (Community Emergency Response Team) http://www.cert-la.com/index.shtml
- Pets Evacuation and Transportation Standards (PETS) Act http://www.govtrack.us/congress/bills/109/hr3858#overview



Station Fire 2009, San Gabriel Mountains. Photo: Alexandra Swanson







# **1. Get a Kit of pet emergency supplies.** Just as you do with your family's emergency supply kit, think first about the basics for survival, particularly food

and water.

- ✓ **Food:** Keep at least three days of food in an airtight, waterproof container.
- ✓ Water: Store at least three days of water specifically for your pets, in addition to water you need for yourself and your family.
- ✓ **Medicines and medical records:** Keep an extra supply of medicines your pet takes on a regular basis in a waterproof container.
- ✓ **First aid kit:** Talk to your veterinarian about what is most appropriate for your pet's emergency medical needs. Most kits should include cotton bandage rolls, bandage tape and scissors; antibiotic ointment; flea and tick prevention; latex gloves, isopropyl alcohol and saline solution. Include a pet first aid reference book.
- ✓ Collar with ID tag, harness or leash: Your pet should wear a collar with its rabies tag and identification at all times. Include a backup leash, collar and ID tag in your pet's emergency supply kit.
- ✓ **Important documents:** Place copies of your pet's registration information, adoption papers, vaccination documents and medical records in a clean plastic bag or waterproof container and also add them to your kit.
- ✓ **Crate or other pet carrier:** If you need to evacuate in an emergency situation take your pets and animals with you, provided that it is practical to do so.
- ✓ **Sanitation:** Include pet litter and litter box if appropriate, newspapers, paper towels, plastic trash bags and household chlorine bleach to provide for your pet's sanitation needs. You can use bleach as a disinfectant (dilute nine parts water to one part bleach), or in an emergency you can also use it to purify water. Use 8 drops of regular household liquid bleach per gallon of water, stir well and let it stand for 30 minutes before use. Do not use scented or color safe bleaches or those with added cleaners.
- ✓ A picture of you and your pet together: If you become separated from your pet during an emergency, a picture of you and your pet together will help you document ownership and allow others to assist you in identifying your pet. Include detailed information about species, breed, age, sex, color and distinguishing characteristics.
- ✓ **Familiar items:** Put favorite toys, treats or bedding in your kit. Familiar items can help reduce stress for your pet.

**Consider two kits**. In one, put everything your pets will need to stay where you are and make it on your own. The other should be a lightweight, smaller version you can take with you if you and your pets have to get away.

# 2. Make a Plan for what you will do in an emergency. Plan in advance what you will do in an emergency. Be prepared to assess the situation. Use common sense and

whatever you have on hand to take care of yourself and ensure your pet's safety during an emergency.



## Prepare For Emergencies Now: Information For Pet Owners.

**Evacuate.** Plan how you will assemble your pets and anticipate where you will go. If you must evacuate, take your pets with you, if practical. If you go to a public shelter, keep in mind your pets may not be allowed inside. Secure appropriate lodging in advance depending on the number and type of animals in your care. Consider family or friends outside your immediate area who would be willing to take in you and your pets in an emergency. Other options may include: a hotel or motel that takes pets or some sort of boarding facility, such as a kennel or veterinary hospital that is near an evacuation facility or your family's meeting place. Find out before an emergency happens if any of these facilities in your area might be viable options for you and your pets.

**Develop a buddy system.** Plan with neighbors, friends or relatives to make sure that someone is available to care for or evacuate your pets if you are unable to do so. Talk with your pet care buddy about your evacuation plans and show them where you keep your pet's emergency supply kit. Also designate specific locations, one in your immediate neighborhood and other farther away, where you will meet in an emergency.

**Talk to your pet's veterinarian about emergency planning.** Discuss the types of things you should include in your pet's emergency first aid kit. Get the names of vets or veterinary hospitals in other cities where you might need to seek temporary shelter. Also talk with your veterinarian about microchipping. If you and your pet are separated, this permanent implant for your pet and corresponding enrollment in a recovery database can help a veterinarian or shelter identify your animal. If your pet is microchipped, keeping your emergency contact information up to date and listed with a reliable recovery database is essential to you and your pet being reunited.

**Gather contact information for emergency animal treatment.** Make a list of contact information and addresses of area animal control agencies including the Humane Society or ASPCA and emergency veterinary hospitals. Keep one copy of these phone numbers with you, and one in your pet's emergency supply kit. Obtain "Pets Inside" stickers and place them on your doors or windows, including information on the number and types of pets in your home to alert firefighters and rescue workers. Consider putting a phone number on the sticker where you could be reached in an emergency. And, if time permits, remember to write the words "Evacuated with Pets" across the stickers, should you evacuate your home with your pets.

# 3. Be Prepared for what might happen.

Some of the things you can do to prepare for the unexpected, such as assembling an emergency supply kit for yourself, your family and your pets, is the same regardless of the type of emergency. However, it's important to say informed about what might happen and know what types of emergencies are likely to affect your region.

Be prepared to adapt this information to your personal circumstances and make every effort to follow instructions received from authorities on the scene. With these simple preparations, you can be ready for the unexpected. Those who take the time to prepare themselves and their pets will likely encounter less difficulty, stress and worry. Take the time now to get yourself and your pet ready.

Developed in partnership with:



For more information, visit ready.gov or call 1-800-BE-READY

# **Become a Veterinary Public Health Partner!**

#### A partnership to benefit all

Veterinary practices like yours are our eyes and ears in the county. We rely heavily on your participation to gather data, not only on animal diseases, but also a lot of other animal health projects. We are initiating a new program for veterinary practices called 'Public Health Partner.' The goal of this program is to enhance the relationship between your clinic and us, to go beyond simple bite and disease reporting.

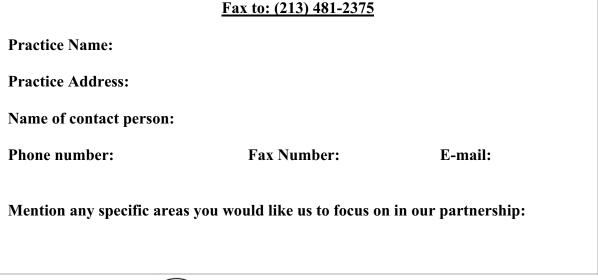
#### How a partnership with Veterinary Public Health can benefit your practice:

- We will give annual presentations about current local disease updates and trends, such as Fleaborne typhus, Heartworm, Leptospirosis, and Rabies. We can provide CE credits.
- We will train your staff on:
  - Proper disease reporting procedures
  - Proper rabies specimen submitting procedures
- We will provide you with customized annual summary reports of diseases documented in your community and around your practice.

#### How a partnership with your practice can benefit Veterinary Public Health:

- Get feedback from you and your clients on educational materials we are developing (Beta testing)
- Perform surveys on Public Health topics (that you approve) with your staff and clients
- Ask for your participation in special studies, some originating from us, and some from researchers around the country
- Enhanced collaboration on monitoring of disease trends or unusual cases

#### If you are interested in becoming a Veterinary Public Health Partner, fax us the following form:



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



# Bite Reporting and Rabies Control SUMMARY

#### Background

Hundreds of rabid dogs were diagnosed per year in our county in the 1920s-1940s. The risk of rabies from dogs and cats is now low because of widespread vaccination of pets. However, rabies persists in local bats, and dogs are imported here in large numbers from countries were the canine variant of rabies still exists (see page 19).

#### What You Need to KNOW

- We offer free rabies testing during our working hours. Results are generally available within 2-3 days.
- Bat variants of rabies circulate in Southern California. Skunk variants of rabies are currently found in Santa Barbara and further north. Bats, skunks, foxes, raccoons, coyotes, **and even opossums** are all considered potential sources of rabies, based on California and national rabies data.
- The California Compendium of Rabies Control, 2012 answers many questions. See page 25.
- The State of California mandates rabies vaccination for dogs, but not for cats. Some localities require rabies vaccination and licensing of cats. See page 23.
- Ferrets are still illegal in California. They are reported to California Department of Fish and Wildlife.
- In Los Angeles County, our program is responsible for enforcing laws pertaining to bites and rabies control. **Exception: the cities of Pasadena, Long Beach, and Vernon** have their own Health Departments, and are responsible for enforcing rabies control laws in their own cities.
- Quarantines of owned animals are usually overseen by us at the animal's home, unless the animal cannot be contained by the owner. Quarantines may be performed at shelters or veterinary practices, however the animal owner will be responsible for any associated cost.
- Transfers of quarantined animals from shelters to homes are not allowed except by special approval.
- Three types of incidents are legally reportable to us (excluding incidents involving wild rabbits, gophers, squirrels and other rodents). These incidents are reportable by all individuals who are aware of them, including veterinarians their staff.
  - 1. Mammals (domestic or wild) biting people. Note bat bites are very small. All bat human incidents should be reported, even if a bite is not visualized.
  - 2. Domestic mammals (pets or livestock) that come into contact with wildlife
  - 3. Neurologic animals suspected of being rabid

#### 1. MAMMALS BITING PEOPLE

- Any DOMESTIC animal that bit a person must be quarantined and observed for clinical signs of rabies by us. This is true regardless of the rabies vaccination status of the biting animal.
  - Dog/Cat/Ferret quarantine period 10 days.
  - Horses/other livestock quarantine period 30 days.
  - The animal is under quarantine until our staff issues a Quarantine Release Notice.
  - Such animals are not to be euthanized until after the quarantine period\_without special permission from our staff. If the domestic animal is gravely ill or injured, it may be euthanized during the quarantine period for humane reasons. In such cases, the head of the animal must be submitted appropriately for rabies testing (see page 17)





- Any WILD mammal that has bitten a human shall be humanely euthanized and properly submitted for rabies testing (see page 17). Exceptions include species with very low risk, such as a marine mammals, primates, or captive exotic animals. In such cases the quarantine is a minimum of 30 days.
- NOTE: Bites from bats can be very small. If a bat is found near a child or sleeping person it must be tested for rabies in case a bite occurred.

#### 2. DOMESTIC MAMMALS THAT COME INTO CONTACT WITH WILDLIFE

- Incidents in which a domestic animal had contact (potential or confirmed bite) with a wild mammal are reportable to us, unless the wild animal was a rabbit, gopher, squirrel or other rodent.
- If possible, the wild animal should be humanely euthanized and submitted for rabies testing.
- Wild mammal tests negative for rabies no quarantine of the domestic animal.
- Wild mammal not tested or positive test for rabies the domestic animal must be quarantined.
- Quarantine length of the domestic depends on its vaccine status:
  - Domestic animal WAS up-to-date on rabies vaccination at the time of incident 30 days
  - Domestic animal WAS NOT up-to-date on rabies vaccination at the time of incident 180 days.
- The animal is considered to be under quarantine until our staff issue a Quarantine Release Notice.
- NOTE: If a bat is found near a pet or livestock it must be tested for rabies in case a bite occurred.

#### 3. NEUROLOGIC ANIMAL SUSPECTED OF BEING RABID

• Expedited rabies testing (<1 day) can be arranged if the situation is urgent. Isolate the animal and contact our office immediately.

#### What You Need to DO

- Report all three types of incidents to us as described on the previous page.
  - Fill out appropriate form and fax in to (213) 481-2375
  - Please also call our office is you are requesting a specimen pickup for rabies testing.
- Forms. For bites and rabies-related incidents, use the forms mentioned below:
  - Animal (wild or domestic) bites person: Use form on page 45.
  - Wild animal vs. domestic animal: Use form on page 46.
  - Any incident involving a bat: Use form on page 47.
  - Neurologic animal suspected of being rabid: Use Bite Report Form form on page 45. If no person was bitten, under Under the 'Person Bitten' write 'none."
- Learn when and how to submit an animal's head for rabies testing. See page 17.
- Booster rabies vaccination in domestic animals exposed to wildlife (applies if wild animal is not tested for rabies, or tests positive for rabies):
  - Booster the rabies vaccination as soon as possible, even if it is not due.
    - If the domestic animal was <u>never</u> vaccinated, we recommend the Texas Protocol for unvaccinated animals: give the rabies vaccine on week 0 (i.e. as soon as possible), week 3, and week 8 after the rabies-exposure incident.



# **Rabies Testing**

### **Procedures for Specimen Submission**

#### What You Need to KNOW

- There is no charge for rabies testing.
- Rabies testing is performed by our department's Public Health Laboratory (PH Lab), located in Downey, CA. The test is Direct Fluorescent Antibody (DFA) testing on brain tissue.
- Only the head may be accepted for rabies testing (except bats), even for small kittens. The reason is that our PH Lab is not equipped to perform decapitation, and has minimal capacity to dispose of carcasses and excess tissue.
- Healthy domestic animals that have bitten a human are not to be euthanized during the quarantine period. Allowing such testing would overwhelm our PH Lab.
- Gravely ill or injured domestic animals that have bitten a human **may be euthanized** during the quarantine period for humane reasons. In these cases the head of the animal must be submitted appropriately for rabies testing.
- If submitting a bat for testing submit the whole body. After rabies testing, the body is forwarded to a state laboratory for species identification.
- The head (or bat body) should be refrigerated, not frozen. If the sample is accidentally frozen, testing is still possible, but will be delayed.
- Specimen preparation, including decapitation, must be performed by the facility submitting the sample. Only rabies-vaccinated staff should perform the decapitation.
- Packaged specimens that are dripping blood, have animal faces visible through the packaging, or that contain live fleas or ticks may be rejected.

#### What You Need to DO

- 1. Refrigerate deceased animals to be tested for rabies. DO NOT FREEZE.
- 2. Complete the appropriate Bite Report Form (or other rabies-related form, see pages 45-47).
- 3. Assign rabies -vaccinated staff to sever the head from the body. Submit only the head for testing. (Exception: for bats, do not decapitate – submit the entire body).
- Wrap the animal head (or bat body) in newspaper or other absorbent material. Place it in a 4. plastic, leakproof bag. Then place it a second plastic bag.
- Place the double-bagged specimen into an opaque or non-transparent outer container (e.g. box or 5. firm opaque plastic bag). Add ice pack. Seal shut.
- 6. Attach a copy of a completed Bite Report Form (or other rabies-related form) on the outside of the container.
- 7. Fax a copy of the completed reporting form to us at (213) 481-2375 and then call our office (213) 989-7060 to request transportation of the specimen to the PH Lab for testing.

Veterinary Public Health & Rabies Contro



## Animal Control Agencies in Los Angeles County

Agency	Telephone Number	Address	On-site Shelter
Avalon City Hall (speak to operator for Animal Control dispatch)	(310) 510-0220 ext 0	209 Metropole Ave, Avalon, CA 90704	Yes nearby
Burbank Animal Control	(818) 238-3340	1150 N. Victory PI, Burbank, CA 91502	Yes
City of Commerce Animal Control	(323) 887-4460	2535 Commerce Way, Commerce, CA 90040	No
Culver City Animal Control	(310) 253-6143	4040 Duquesne Ave, Culver City, 90232	No
Duarte City Animal Control	(626) 357-7938	1600 E. Huntington Dr, Duarte, CA 91010	No
El Segundo Animal Control	(310) 523-2231	348 Main St, El Segundo, CA 90245	No
Glendora Animal Control	(626) 914-8275	150 S. Glendora Ave, Glendora, CA 91740	No
Hawthorne Animal Services Bureau	(310) 675-4443	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) 584-6254	6550 Miles Ave., Huntington Park, CA 90255	No
Inland Valley Humane Society	(909) 623-9777	500 Humane Way, Pomona, CA 91766	Yes
Lawndale Animal Control Division	(310) 970-2129	14717 Burin Ave, Lawndale, CA 90260	No
Long Beach Animal Care Services	(562) 570-7387	7700 E. Spring St, Long Beach, CA 90815	Yes
Los Angeles (City of), Department of Animal Services	(888) 452-7381		No
North Central Shelter	(888) 452-7381	3201 Lacy St, Los Angeles, CA 90031	Yes
South Los Angeles Shelter	(888) 452-7381	1850 W. 60th St. Los Angeles, CA 90047	Yes
Harbor Shelter	(888) 452-7381	957 N. Gaffey St., San Pedro, CA 90731	Yes
East Valley Shelter	(888) 452-7381	14409 Vanowen St, Van Nuys, CA 91405	Yes
West Valley Shelter	(888) 452-7381	20655 Plummer Street, Chatsworth, CA 91311	Yes
West Los Angeles Shelter	(888) 452-7381	11361 W. Pico Bl, Los Angeles, CA 90064	Yes
Los Angeles County Department of Animal Care and Control	(562) 728-4882		
Downey Shelter	(562) 940-6898	11258 S. Garfield Ave, Downey, CA 90242	Yes
Carson Shelter	(310) 523-9566	216 W. Victoria Ave, Carson, CA 90748	Yes
Baldwin Park Shelter	(626) 962-3577	4275 N. Elton St, Baldwin Park, CA 91706	Yes
Lancaster Shelter	(661) 940-4191	5210 W. Avenue I, Lancaster, CA 93536	Yes
Castaic Shelter	(661) 257-3191	31044 N. Charlie Canyon Rd, Castaic, CA 91310	Yes
Agoura Shelter	(818) 991-0071	29525 Agoura Rd, Agoura, CA 91301	Yes
Manhattan Beach Animal Control	(310) 802-5160	420 15th St, Manhattan Beach, CA 90266	No
Monrovia Animal Control	(626) 256-8000	140 E. Lime St, Monrovia, CA 91016	No
Monterey Park Animal Control Bureau	626-307-1217	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 #E, Redondo Beach, CA 90277	No
San Gabriel Valley Humane Society	(626) 286-1159	851 E. Grand Ave, San Gabriel, CA 91776	Yes
Santa Monica Animal Control	(310) 458-8594	1640 9th St, Santa Monica, CA 90401	Yes
Southeast Area Animal Control Authority (SEAACA)	(562) 803-3301	9777 Seaaca St, Downey, CA 90241	Yes
SPCALA Administrative Office	(888) 772-2521	5026 West Jefferson Blvd, LA, CA 90016	No
South Bay Pet Adoption Center	(310) 676-1149	12910 Yukon Ave, Hawthorne, CA 90250	Yes
PD Pitchford Companion Animal Village	(562) 570-7722	7700 E. Spring St, Long Beach, CA 90815	Yes
Torrance Animal Control	(310) 618-3850	2200 Jefferson St, Torrance, CA	No

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



## **Imported Puppies and Public Health**

#### We Need YOUR Help

#### Background

Puppy mills have gone global. Recently the number of puppies being imported into the United States has tripled (1). In California, most of the imported puppies are destined for Los Angeles County (2). Over 100 dogs arrive at Los Angeles International Airport (LAX) every month. The threat of importing diseases into Los Angeles County with these animals is real, as evidenced by the importation of two separate rabid domestic pets while they were visibly sick (2004 – dog from Thailand; 1987 – cat from Mexico). Other animals imported into the United States have been diagnosed with Monkey Pox, leishmaniasis, screw worm infestations, distemper, and parvovirus.



Photo: Jackaleen Chapman

The Centers for Disease Control and Prevention (CDC) is the federal agency in charge of regulating imported dogs and cats. Los Angeles County Veterinary Public Health (VPH) now assists the CDC with inspections of some animals at LAX to verify the health status of animals and their ages. Then VPH compares the age with the accompanying paperwork. VPH also enforces local dog importation quarantines within Los Angeles County.

Veterinary hospitals in the community, like yours, are often the first to see imported animals once they leave the airport. You are the eyes and ears in the community. Please help protect our county from imported diseases, such as rabies.

#### Current rabies regulations for imported dogs

By law, dogs imported from countries with canine rabies must be confined at home until one month after the rabies vaccination. The legal age of rabies vaccination for dogs in California is currently four months. If a dog's final arrival destination is in California, the dog should be vaccinated for rabies at four months of age and then confined at home for 30 days following vaccination. The dog will then be released by VPH from quarantine (assuming compliance) at approximately five months of age. VPH helps enforce this in Los Angeles County.



#### What You Need to KNOW

- Many of the puppies are under 2 months of age and several arrive dehydrated and hypoglycemic. Some are infected with gastrointestinal parasites, parvovirus, dermatophytosis, or other infectious diseases.
- The most commonly imported breeds are **Yorkshire terrier**, **Maltese**, and **English and French bulldogs**. The most common regions of origin are East Asia, Eastern Europe and South America, with the most common countries being **South Korea**, **Ukraine**, **the Czech Republic**, and **Colombia**. Most of the countries of origin have prevalent canine rabies.
- Some of imported puppies arriving through LAX have **fraudulent paperwork** overstating the dog's age, presumably to avoid federal quarantine laws.
- Currently **no federal or local inspectors** are tasked with examining dogs arriving **at California's border with Mexico.**



Photo: Tamerin Scott

• Frequent importers have websites that advertise the puppies as being bred domestically. As a result, many new owners do not know that their new puppy is from another country.

#### What You Need to DO

- **Inquire about the origin of the 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 puppy, and verify that the real age matches the paperwork. This is especially important before giving the rabies vaccine.
- If the puppy is sick, consider foreign animal diseases, including rabies. If you suspect rabies or any other infectious disease in the puppy, please report to VPH immediately.
- **Reinforce proper hygiene habits and biosecurity to the owner** (e.g., wash hands after handling the puppy, pick up and discard feces immediately, and don't bring the puppy around other animals until puppy is confirmed to be healthy and fully vaccinated).

#### For More Information

- 1. Ehnert K, Kim-Farley R. Reducing Zoonoses: Controlling Animal Importation. Public Health Practice – What Works. Oxford Press; 2013. P. 162-171.
- 2. Ehnert K, Galland GG. Border Health: Who's Guarding the Gate? Vet Clin Small Anim 2009;39:359-372.



# **Canine Rabies Vaccination Exemptions**

#### Background

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

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. The entire law is available to view at: <u>http://leginfo.legislature.ca.gov/faces/codes.xhtml</u>. Click on the Health and Safety Code. Then enter for Code: HSC and Section: 121690.



Photo: Emily Beeler

#### What You Need To KNOW

- In the first year this law came into effect, our office worked to develop consistent standards for reviewing requests, referring to published literature on adverse reactions to rabies vaccinations in dogs.
- In 2012, we received 124 requests. We approved 43% and did not approve 57%.
- The exemption is valid for one year, after which the dog must either be vaccinated for rabies or another request must be submitted and approved.
- The dog must be confined to the owner's premises or must be on a leash not exceeding six feet in length and under the direct control of an adult. The dog should have no contact with any dog or cat that is not currently vaccinated against rabies.
- For dogs living in Los Angeles County (except Pasadena, Long Beach, or Vernon), canine rabies vaccination exemption requests are submitted 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: <u>http://www.longbeach.gov/acs/pet\_license/canine\_rabies\_exemption.asp.</u>
  - For dogs living in Vernon, contact the Southeast Area Animal control authority (SEAACA) at 562-803-3301
- We accept rabies vaccination exemption request only from veterinarians, not from dog owners.
- There is no California law addressing rabies vaccination exemption for cats. Cat owners should contact their city to inquire about procedures for getting an exemption.



- Cases where an exemption **may be approved** include:
  - Life-threatening anaphylactic reaction after administration of a rabies vaccine, specifically. Facial angioedema and hives do not qualify as life-threatening.
  - Immune-Mediated Hemolytic Anemia (IMHA), if:
    - Onset was within 1 month of a rabies vaccination, or
    - More than one episode (i.e. relapses)
  - Dog currently on immunosuppressive therapy for cancer or immune-mediated disease (low dose prednisone is not considered immunosuppressive therapy).
- Exemptions will NOT be approved in the following cases:
  - Old age
  - Minor reactions to rabies or other vaccinations
  - Positive rabies titers
  - Severe reaction to vaccinations other than rabies
  - 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 requests
  - We strive to respond to the request within 5 working days.

#### What You Need To DO

- 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.
  - Their dog must be kept at home, or on a 6 foot long leash controlled by an adult.
  - Their dog cannot live with other unvaccinated animals.
- In order to apply for an exemption, fill out the **both forms on page 48 and 49**.
- Submit the forms with up to 5 pages of the medical records documenting the dog's condition.
- Respond to any requests from us for additional information (usually sent by fax).
- Provide copies of the final document (Approved or Not Approved) to your client.



# Cat Rabies Vaccination & Licensing Requirements

#### Background

Although California State Law does not require rabies vaccination of cats, it is highly recommended. Additionally, the County of Los Angeles has an ordinance requiring rabies vaccination and licensing of cats. This ordinance is upheld in certain cities of the county, and cats residing in these cities (based on owner address, not address of veterinary hospital or clinic) must be vaccinated for rabies and licensed. Information regarding licensing in certain cities can be obtained by calling local shelters or animal control services divisions.



Photo: Alexandra Swanson

#### Cities of Los Angeles that <u>do NOT require</u> cat rabies vaccination and licensing:

Arcadia, Avalon, Bell Gardens, Bellflower, Beverly Hills, Cerritos, Commerce, Covina, Culver City, Downey, Duarte, El Segundo, Glendale, Glendora, Hawthorne, Hermosa Beach, Huntington Park, La Canada Flintridge, Lakewood, Lawndale, Los Angeles, Manhattan Beach, Monrovia, Montebello, Norwalk, Palos Verdes Estates, Paramount, Pasadena, Pico Rivera, Redondo Beach, Rosemead, San Dimas, San Gabriel, San Marino, Santa Fe Springs, Santa Monica, Sierra Madre, Signal Hill, South El Monte, South Gate, South Pasadena, Temple City, Torrance, Whittier

#### Cities of Los Angeles that <u>do require</u> cat rabies vaccination and licensing:

Agoura Hills, Alhambra, Artesia, Azusa, Baldwin Park, Bell, Bradbury, Calabasas, Carson, Claremont, Compton, Cudahy, Diamond Bar, El Monte, Gardena, Hawaiian Gardens, Hidden Hills, City of Industry, Inglewood, Irwindale, La Habra Heights, La Mirada, La Puente, La Verne, Lancaster, Lomita, Long Beach, Lynwood, Malibu, Maywood, Monterey Park, Palmdale, Pomona, Rancho Palos Verdes, Rolling Hills, Rolling Hills Estates, San Fernando, Santa Clarita, Walnut, West Covina, West Hollywood, Westlake Village, Unincorporated Areas\*

#### \*Unincorporated Areas/Communities in Los Angeles County

Acton, Agua Dulce, Alondra Park, Altadena, Avocado Heights, Castaic, Charter Oak, Citrus, Del Aire, Desert View Highlands, East Rancho Domiguez, East La Mirada, East Los Angeles, East Pasadena, East San Gabriel, Elizabeth Lake, Florence-Graham, Green Valley, Hacienda Heights, Hasley Canyon, La Crescenta-Montrose, Ladera Heights, Lake Hughes, Lake Los Angeles, Lennox, Leona Valley, Littlerock, Marina del Rey, Mayflower Village, North El Monte, Quartz Hill, Rose Hills, Rowland Heights, San Pasqual, South Monrovia Island, South San Gabriel, South San Jose Hills, South Whittier, Stevenson Ranch, Sun Village, Topanga, Val Verde, Valinda, View Park-Windsor Hills, Vincent, Walnut Park, West Athens, West Carson, West Rancho Domiguez, West Puente Valley, West Whittier-Los Nietos, Westmont, Willowbrook

Burbank does not require cats to be vaccinated for rabies, but licensing is required.

Note: Information is based on phone and email inquiries in May 2013. City laws are subject to change. Cat owners are encouraged to contact their city for the latest regulations.







# 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 Infectious Diseases Branch Division of Communicable Disease Control Center for Infectious Diseases California Department of Public Health 1616 Capitol Ave, MS 7308 P.O. Box 997377 Sacramento, CA 95899-7377

Phone (916) 552-9740, Fax (916) 552-9725 vetph@cdph.ca.gov http://www.cdph.ca.gov/programs/vphs/Pages/default.aspx

#### 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)<sup>1, 2</sup> and by the National Association of State Public Health Veterinarians<sup>3</sup>, 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

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.<sup>3</sup> 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.<sup>3</sup>

#### (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.<sup>3</sup> 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.<sup>3</sup> 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.<sup>3</sup> Neither tissue nor milk from a

rabid animal should be used for human or animal consumption.<sup>3</sup> 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.<sup>3</sup> 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.<sup>3</sup>

#### 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.<sup>3</sup> 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 (<u>http://www.aphis.usda.gov/animal\_health/vet\_biologics/</u><u>vb\_adverse\_event.shtml</u>, Tel: 800-752-6255, e-mail: <u>CVB@usda.gov</u>).

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.<sup>3</sup>

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.<sup>3</sup>

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.<sup>3</sup>

#### (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.<sup>3</sup>

#### (g) Livestock rabies vaccination

Routine vaccination of all livestock against rabies is economically inpractical. 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).<sup>3</sup>

#### (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.<sup>3</sup> 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.<sup>3</sup> 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.<sup>3</sup>

#### (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.<sup>3</sup> 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.

#### 6. "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. Procedures and forms to request approval are available in the California Rabies Control Program Public Vaccination Clinic Manual (http://www.cdph.ca.gov/HealthInfo/discond/Pages/rabies.aspx).

# 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<sup>®</sup> 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<sup>®</sup> Rabies is manufactured and distributed by Sanofi Pasteur, Inc. (phone 800-VAC-CINE [800-822-2463], <u>http://www.vaccineplace.com/products</u>).

#### (b) **Purified Chick Embryo Cell Culture (PCEC) -** RabAvert<sup>®</sup>

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<sup>®</sup> is manufactured and distributed by Chiron Vaccines (phone 800-CHI-RON8 [800-244-7668], <u>http://www.rabavert.com/</u>).

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

### Imogam<sup>®</sup> Rabies-HT, HyperRab<sup>TM</sup> S/D

Human rabies immune globulin (HRIG) is available from Sanofi Pasteur, Inc., (Imogam<sup>®</sup> Rabies-HT; phone 800- VAC-CINE [800-822-2463], <u>http://www.vaccineplace.com/products</u>), and Talecris Biotherapeutics, Inc., (HyperRab<sup>TM</sup> S/D; phone 800-243-4153, <u>http://www.talecris-pi.info/</u>). HRIG is an antirabies gamma globulin concentrated by cold ethanol fractionation from plasma of hyperimmunized human donors. Rabies neutralizing antibody content is standardized to 150 international units (IU) per ml. HRIG is supplied in 2 ml and 10 ml vials for pediatric and adult use, respectively. Imogam<sup>®</sup> Rabies-HT is heat treated but has no preservatives. It must be administered within an hour once the seal is broken. Both HRIG preparations are considered equally efficacious and safe when used as indicated.

#### 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<sup>TM</sup> and Imogam<sup>®</sup> 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.<sup>4</sup> 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.

- 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<sup>®</sup> Rabies-HT and Imovax<sup>®</sup> Rabies) is administered through the National Organization for Rare Disorders. Information is available by telephone (877-798-8716) or e-mail (<u>madiq@</u> rarediseases.org). Information on Novartis Pharmaceuticals' Patient Assistance Program for RabAvert<sup>®</sup> is available at 800-277-2254 or <u>http://www.patientassistancenow.com/</u> info/programstoaccessmedicines/patientassistanceinformation.jsp.

#### References

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

<sup>2</sup>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. <u>http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm</u>

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

<sup>4</sup>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.

#### Part III.

## California Department of Public Health Compendium of U. S. Licensed Animal Rabies Vaccines - 2012, and Their Application in Animals Under the California Rabies Control Program

Product Name	Produced By	Marketed By	For Use In	Dosage/Route*	Age at Primary Vaccination*	Booster Recommendation
A) MONOVALEN	T – INACTIVATED					
CONTINUUM RABIES	Intervet, Incorporated License No. 165A	Intervet, Incorporated	Dogs Cats	l ml SC l ml SC	4 months 3 months	1 year later & triennally 1 year later & quadrennially
DEFENSOR 1	Pfizer, Incorporated License No. 189	Pfizer, Incorporated	Dogs Cats	NOT AP	PROVED FOR US 3 months	E IN CALIFORNIA Annually
DEFENSOR 3	Pfizer, Incorporated License No. 189	Pfizer, Incorporated	<b>Dogs</b> Cats Sheep Cattle	1 ml IM or SC 1 ml SC 2 ml IM 2 ml IM	4 months 3 months 3 months 3 months	l year later & triennially l year later & triennially Annually Annually
NOBIVAC 1	Pfizer, Incorporated License No. 189	Pfizer, Incorporated	Dogs Cats	NOT AP	PROVED FOR US 3 months	E IN CALIFORNIA Annually
NOBIVAC 3	Pfizer, Incorporated License No. 189	Pfizer, Incorporated	<b>Dogs</b> Cats Sheep Cattle	1 ml IM or SC 1 ml SC 2 ml IM 2 ml IM	4 months 3 months 3 months 3 months	l year later & triennially l year later & triennially Annually Annually
EQUI-RAB	Intervet, Incorporated License No. 165A	Intervet, Incorporated	Horses	l ml IM	4 months	Annually
RABVAC 1	Boehringer Ingelheim Vetmedica, Inc. License No. 112	Boehringer Ingelheim Vetmedica, Inc.	Dogs Cats	NOT AP 1 ml IM or SC	PROVED FOR US 3 months	E IN CALIFORNIA Annually
RABVAC 3	Boehringer Ingelheim Vetmedica, Inc. License No. 112	Boehringer Ingelheim Vetmedica, Inc.	Dogs Cats Horses	1 ml IM or SC 1 ml IM or SC 2 ml IM	4 months 3 months 3 months	l year later & triennially l year later & triennially Annually
RABVAC 3 TF	Boehringer Ingelheim Vetmedica, Inc. License No. 112	Boehringer Ingelheim Vetmedica, Inc.	Dogs Cats Horses	1 ml IM or SC 1 ml IM or SC 2 ml IM	4 months 3 months 3 months	l year later & triennially l year later & triennially Annually
PRORAB-1	Intervet, Incorporated License No. 165A	Intervet, Incorporated	Dogs Cats Sheep	NOT AP 1 ml IM or SC 2 ml IM	PROVED FOR US 3 months 3 months	<b>E IN CALIFORNIA</b> Annually 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	4 months 3 months 3 months 3 months 3 months 3 months	l year later & triennially l year later & triennially l year later & triennially Annually Annually Annually
IMRAB 3 TF	Merial, Incorporated License No. 298	Merial, Incorporated	<b>Dogs</b> Cats Ferrets	1 ml IM or SC 1 ml IM or SC 1 ml SC	4 months 3 months 3 months	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
IMRAB 1	Merial, Incorporated License No. 298	Merial, Incorporated	Dogs Cats	NOT AP	PROVED FOR US 3 months	E IN CALIFORNIA Annually
IMRAB 1 TF	Merial, Incorporated License No. 298	Merial, Incorporated	Dogs Cats	NOT AP	PROVED FOR US 3 months	E IN CALIFORNIA Annually

ROUTES AND SITES OF INOCULATION IN DOGS: California specifies sites and routes indicated to be effective in efficacy trials. Administration via other sites or routes may reduce effectiveness or be unsafe. Approved canine vaccines must be administered to dogs according to the manufacturer's recommendations either intramuscularly (IM) at one site in the thigh, or subcutaneously (SC) just behind the upper shoulder. For species other than dogs, refer to the product label.

Adapted from the Compendium of Animal Rabies Prevention and Control, 2011, National Association of State Public Health Veterinarians, Incorporated

- Continued -

#### Part III.

## California Department of Health Services Compendium of U. S. Licensed Animal Rabies Vaccines - 2012, and Their Application in Animals Under the California Rabies Control Program

Product Name	Produced By	Marketed By	For Use In	Dosage/Route*	Age at Primary Vaccination*	Booster Recommendation
B) MONOVALENT	- RABIES GLYCOPROTEIN	, LIVE CANARY POX VEC	TOR			
PUREVAX Feline Rabies	Merial, Incorporated License No. 298	Merial, Incorporated	Cats	1 ml SC	3 months	Annually
C) COMBINATION	- INACTIVATED RABIES					
CONTINUUM DAP-R	Intervet, Incorporated License No. 165A	Intervet, Incorporated	Dogs	1 ml SC	4 months	1 year later & triennially
CONTINUUM Feline HCP-R	Intervet, Incorporated License No. 165A	Intervet, Incorporated	Cats	1 ml SC	3 months	1 year later & triennially
EQUINE POTOMAVAC + IMRAB	Merial, Incorporated License No. 298	Merial, Incorporated	Horses	1 ml IM	3 months	Annually
D) COMBINATION	- RABIES GLYCOPROTEIN	N, LIVE CANARY POX VEC	TOR			
PUREVAX FELINE 3/ RABIES	Merial, Incorporated License No. 298	Merial, Incorporated	Cats	1 ml SC	8 weeks 3 months	Every 3 weeks until 3 months & annually 3 weeks later & annually
PUREVAX FELINE 4/ RABIES	Merial, Incorporated License No. 298	Merial, Incorporated	Cats	1 ml SC	8 weeks 3 months	Every 3 weeks until 3 months & annually 3 weeks later & annually

\* Intramuscularly (IM) at one site in the thigh. Subcutaneously (SC) just behind the upper shoulder.

\* Minimum age (or older) and revaccinated one year later. A month = 28 days.



TEL: (213)-989-7060 or (877) 747-2243 FAX: (213) 481-2375

publichealth.lacounty.gov/vet



#### **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 I	BITTEN			
Victim name (last	and first)			Date of Birth	Address (n	umber, street, c	ity and zip)	
Victim phone nur	nber		Reported by:	1	1		Repor	ter phone number
Date bitten	Time bitten	Addre	ss where bitten (if no ac	ddress make sure to	put city and zip c	ode)	Body	location bitten
How bite occurred	d (explain)	·					·	
Date Treated	Hospita			Treated by				Phone number
Type of treatment		□ No						
				ANIM	IAL			
Owner Name (las	t and first)			А	ddress (number, s	street city and zi	ip)	
Phone Number     Type of animal       Dog Breed				Other				
Animal vaccinate		Date la	ast vaccinated:				Animal steriliz	No
Was animal euthanized?       Reason euthanized:         YES       NO         Date       Please explain:			her Specimen prepared f			ared for rabies testing? No 🔲 Not applicable		
				CLIN	IIC		L	
Clinic Information	n						Contact person	1
Address (include	number, street, cit	, state an	d zip)				I	Phone Number
Remarks							·	
		Su	bmit a copy of	the animal's	rabies certif	icate, if av	ailable	
Date			Time		Faxed:	yes	No	Initials
Form (1	H-1561) Vet							



Tel. (213) 987-7060 OR (877) 747-2243 Fax: (213) 481-2375

publichealth.lacounty.gov/vet



#### DOMESTIC ANIMAL vs. WILD MAMMAL **INCIDENT REPORT FORM**

			DOM	<b>IESTIC ANIMAI</b>	2 – PE	ET INFORMATION				
Owner last name		(	Owner first name	Own	er addr	ess. Number and stree	t	City and zip code		zip code
Owner area code &	phone		Species	Bree	d		Sex		Age	
	phone				u		Sen		1150	
			🗌 Dog 🗌 Ca	ıt						
Date bitten	Time bitten		Reported by				Rep	orter area c	ode & ph	one number
Address where bitte	en. Nun	nber and	l street	City an	d zip c	ode	Тур	e of injury	to domes	tic animal
Animal vaccinated	prior to	Date v	accinated prior to	contact with wildlife:		Animal vaccinated after comin	into	Date v	accinated	after coming
contact with wildlif			p			contact with wildlife?	8			h wildlife:
☐ Yes ☐ No Domestic animal in	moundado	A nim -	l Shelter			Yes No		Waa	nimal and	hanizad?
Domestic animal in	ipounded?	Anima	i Sheher			impound #		Was animal euthanized?		namzeu?
🗌 Yes 🗌 No								□ Ye	s 🗌 N	lo
Was animal taken to vet? Name of Veterinary Hospital			1	Address, city and zip						
Yes No										
Current location of	animal:									
Home address		$\Box v$	eterinary clinic list	ad abova		Other				
			2	VFORMATION		imals other than dog	r or oot)			
Type of wild anima	1	VV .				Infans Offer than dog	g of cat)			
Type of white annua	.1				vv 1	iu anniai uisposition.				
🗌 Coyote 🔲 Sk	unk 🗌 Racc	oon 🗌	Bat 🗌 Other (e	explain)		Left area/not located 🔲 A	ppeared sick	🗌 Captu	ired/destr	oyed/died
Wild animal specim	nen prepared fo	or rabies	testing?	Location of wild ani	mal sp	ecimen (clinic or shelter)		Date euth	anized	Time
☐ Yes ☐ No	□ Not applie	cable								
Veterinary Clinic or	r Animal Cont	rol Ager	nev taking report:			Impound# of wild animal	(if applicable	e)		
5		U	, , , ,			ī		,		
Address of Veterina	ary Clinic or A	nimal C	ontrol Agency							
		ai C	ona or rigency							
Comments:										
		Su	bmit a copy	of the animal's	rabi	es certificate(s), if a	vailable			
							Initials			
Report by:					Date		Faxed by			Date:
Report by.					Dan	- unton,		y•		Date.







2013



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM TEL: (213)-989-7060 or (877) 747-2243 FAX: (213) 481-2375

publichealth.lacounty.gov/vet



# **BAT SUBMISSION FORM**

#### **INSTRUCTION:**

- > All bats submitted to animal shelters must be reported to the Health Department immediately.
- Please <u>FAX</u> all information to (213) 481-2375
- ▶ Fill out as much information as possible.
- DO NOT DECAPITATE specimen.
- DO NOT FREEZE specimen.

1. Bat Impound #	Date	
Shelter		ACO
Phone Number		
2. Name of person who captured	bat	
3. Name of owner/business where	e bat was found	
4. Address (where found)		
5. Phone Number of premise		
6. Capture location of bat:	<ul> <li>Home (circle one: INDOORS or</li> <li>Business (circle one: INDOORS</li> <li>Public place (circle one: INDOOR</li> <li>Other</li> </ul>	or OUTDOORS)
7. Time of capture or pickup		
8. Method used to capture bat		
<ul><li>9. State of bat when captured (ch</li><li>10. Did any people or animals ha</li><li>Explain:</li></ul>	eck one)  Live or Dead ve potential physical contact with bat?	Yes No
Names:	Addresses:	Phone:

## **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	n	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 Clinic Name	Address City	
Phone	County	Zip
	above and have determined that vaccination against the her considerations. I hereby request an exemption from CA License No.	rabies vaccination for the dog
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	
8	Approved Not Approved	

Local Health Officer's signature

Date



**VETERINARY PUBLIC HEALTH PROGRAM** Tel. (213) 989-7060 or 877-747-2243 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 analoedema), reactions to nonrabies vaccinations and positive rabies titers are not conditions that warrant an exemption.

Fax the following documents to : 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

(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\_\_\_\_

Fax:



# Animal Disease Reporting and Surveillance SUMMARY

#### Background

Los Angeles County is very unique. Many diseases in companion animals and wildlife are legally reportable here that are not reportable elsewhere. We track diseases in all species. Our county passed wide ranging laws in the 1920s after a devastating Foot-And-Mouth Disease outbreak. These laws stated that all infectious diseases in animals were to be reportable. These laws were revived after the anthrax attacks in 2001. In 2007, our program created a Reportable Disease Priority List for the first time, to clarify what was to be reported. See the lists of what is reportable on pages 53 and 54.



Photo: R. Van Dyck

To see the Los Angeles County Ordinances related to infectious disease reporting in animals, visit <u>http://www.municode.com/library</u>. Then 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.

This disease tracking program has been of direct benefit to veterinary practices in our county. **Most veterinarians report diseases because they want to other veterinarians to know which diseases they are seeing in our county.** Veterinary practices are the eyes and ears of our community when it comes to animal disease. Reporting by veterinarians has allowed us to uncover trends and discover new diseases in a way that is nearly impossible elsewhere.

Our surveillance program has also allowed us to obtain free testing of animal specimens in certain cases. Read below for more details.

Please call our office at 213-989-7060 if you have questions. Ask to speak to our Veterinarian-On-Duty.

#### What You Need to KNOW

- There is a list of reportable animal diseases for our county. See both pages 53-54.
- If you report a disease to us and it is also reportable to the State of California, we will report to them for you. Only six diseases in animals are reportable to the California Department of Public Health: anthrax, plague, tularemia, viral hemorrhagic fevers (like Ebola virus), and *Brucella* species (excluding *Brucella canis*), and Rabies. Many diseases of livestock are reportable to the California Department of Agriculture.
- We always **free rabies testing** during working hours. See page 17 for details. Use only Bite Reporting forms if requesting rabies testing, to expedite processing. See forms on pages 45 to 47.



- We are connected to California's West Nile Virus (WNV) surveillance program. With their help, we offer **free WNV testing** of dead crows year-round, and of other birds (except pigeons) and tree squirrels during the spring, summer and fall. When you report dead birds and tree squirrels, you are helping us track WNV!
- We have a grant from the Centers for Disease Control allowing us to offer free necropsies and other tests in cases of an outbreak (three or more animals) or when an emerging, dangerous or foreign pathogen is suspected. Tests are performed at the California Animal Health and Food Safety Laboratory in San Bernardino. You must provide the dates, locations, and symptoms of each animal in the outbreak in your report in order to access testing. Carcasses must be fresh and kept refrigerated, not frozen.
- We have undertaken a special effort to track canine parvovirus (parvo). Unfortunately, distemper and parvo in dogs, and panleukopenia in cats are all common in our county. Of the three diseases, parvo is the easiest track. Parvo data has identified areas where vaccine-preventable diseases are more common in pets. Every parvo report is a "vote" for outreach and educational services to go into the zip code where the pet came from.
- FORMS. Any disease may be reported using our Animal Disease / Death Reporting Form on page 55. However, we have several disease-specific forms that are generally shorter and faster to complete, such as for Heartworm and Leptospirosis. We created a very simple Parvo Tracking Sheet for parvo cases. See all of these forms on pages 55 through 67.
  - If you are reporting a potential rabid animal, use the Bite Report Form on page 45, even if no person was bitten. If no person was bitten, write "none" in the Person Bitten area. The reason is that reports on this form and other bite and rabies-related forms (pages 45 through 47) are acted on by our staff automatically, while reports on Animal Disease forms are held for review by a veterinarian.

## What You Need to DO

- Post the lists of reportable diseases in your practice. It is in this manual on pages 53 and 54. You can also download it here: <u>http://publichealth.lacounty.gov/vet/docs/AnimalReportList2013.pdf</u>
- Find our disease reporting forms. They are located in this manual in pages 55 through 67. You can also find them at <a href="http://publichealth.lacounty.gov/vet/Forms.htm">http://publichealth.lacounty.gov/vet/Forms.htm</a>
- Call us if you have any questions or are seeing something unusual. Ask to speak to our Veterinarian-On-Duty at 213-989-7060
- Report diseases. Read more about disease reporting here:
   <u>http://www.publichealth.lacounty.gov/vet/disintro.htm</u>





Г

## County of Los Angeles Department of Public Health VETERINARY PUBLIC HEALTH and RABIES CONTROL PROGRAM



### **REPORTING ANIMAL DISEASES/DEATHS**

#### 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**

- **a** = Report **immediately** by telephone
- $\square$  = Report within **1 working day** of identification
- $\bigcirc$  = Report within 7 calendar days from time of identification

## **DISEASE PRIORITY LIST 2013**

<ul> <li>All Diseases on the Reportable Disease List of the California Department of Food and Agriculture (CDFA)</li> <li>Anthrax</li> <li>Babesiosis</li> </ul>	<ul> <li>Hemorrhagic Fevers, viral(Crimean-Congo, Ebola, Lassa, Marburg)</li> <li>Influenza (any type)</li> <li>Leptospirosis</li> <li>Listeriosis</li> </ul>	<ul> <li>West Nile Virus</li> <li>Yersiniosis</li> <li>Unusual disease</li> <li>Outbreak of any disease</li> </ul>
🖀 Botulism	© Lyme Disease	
🖂 Bovine Spongiform	Methicillin-resistant	
Encephalopathy	Staphylococcus spp	
<ul> <li>Brucellosis (any type)</li> <li>Burkholderia pseudomallei</li> <li>Calicivirus, feline virulent</li> </ul>	<ul> <li>☑ Mycobacterium spp</li> <li>⑦ Onchocerca lupi</li> <li>⑦ Parvovirus</li> </ul>	In Los Angeles County, report all diseases in
© Campylobacteriosis	© Panleukopenia	-
© Chagas Disease	<ul> <li>Plague</li> </ul>	this list <b>and the list of</b>
Chronic Wasting Disease	$\boxtimes$ Psittacosis	the California
© Coccidioidomycosis	⊠ Pseudorabies	Department of Food
Contamination of food product-suspected	☎ Q Fever ☎ Rabies	and Agriculture
©Distemper	⑦ Rocky Mountain Spotted Fever	(CDFA) to the Los
🖂 Domoic Acid Poisoning	🖂 Salmonellosis	Angeles County
© Ehrlichiosis	⑦ Salmon Poisoning Disease	e i
🖀 Exotic Newcastle Disease	Screw worm myiasis	Veterinary Public
🖀 Foot-and-Mouth Disease	Streptococcus equi (Strangles)	Health office.
© Giardia	© Tetanus	
☎Glanders	Tularemia	Mo will formered
© Heartworm	The WEE WEE Japanese Enception	We will forward
⑦Hemorrhagic gastroenteritis (HGE) of dogs	(EEE, WEE, VEE, Japanese Enceph)	reports to the CDFA as needed.

NOTE: Ringworm and roundworm are not reportable

## **Report to VPH-RCP by:**

Phone: (213) 989-7060 or toll free in Los Angeles County (877) 747-2243 Fax: (213) 481-2375. E-mail: <u>vet@ph.lacounty.gov</u> Web: publichealth.lacounty.gov/vet



#### CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE ANIMAL HEALTH BRANCH

#### LIST OF REPORTABLE CONDITIONS FOR ANIMALS AND ANIMAL PRODUCTS\*

#### \*Pursuant to Section 9101 of the California Food and Agricultural Code 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). In addition, report any regulatory control program disease or monitored disease.

EMERGENCY CONDITIONS Report to AHB or VS Employee within 24 Hours of Discovery         REGULATORY CONDITIONS Report to AHB or VS Employee within 24 Hours of Discovery         MONITORED CONDITIONS Report to AHB or VS Employee within 24 Hours of Discovery           MULTIPLE SPECIES         Anthrax (Bacillus anthracis) <sup>1</sup> MULTIPLE SPECIES         MULTIPLE SPECIES           Crimean Congo Haemorrhagic Fever <sup>1</sup> Foot-and-mouth disease         Bracellosis (B. mellensis, B. abortus, B. suis) <sup>1</sup> Heathwater [Enrichia ruminantium (formerly Pasudonomas malkeli)         Yesudorabies (Aujeszky's disease)         - Advan tuberculosis (Mycobacterium bovis           Screeworm mysiasis (Cochliomyja hominivorax or Chrysomya bezzana)         Bovine bucellosis (Brucella abortus) <sup>1</sup> - Leishmaniosis           Surra (Typanasoma evans)         Trichomonas (Infractonomas fatus)         CAPRINE/OVINE         - Anaplasmosiis (Anaplasma marginale or vis)           Vesicular stomatilis         Corties and pastes of to toxic substances that may threaten public healt         - Derine brucellosis (Borucella suis)           Vesicular stomatilis         Caprine and ovine brucellosis (Burcella suis)         - Streep scabies (Boly mange) (Pacroptes ovis)           Porcine brucellosis (Battecosis or avian chiamydiosis) (Chiamydophila pattac)         - Sheep scabies (Goly mange) (Pacroptes ovis)           • Dovine spongform ancephalopathy         - Porcine brucellosis (Brucella suis)           • Dovine brucellosis (Pattacosis or avian chiamydiosis) (Chiamydophila	es erium avium) us species) sbacterium A. centrale) uylobacter ia virus) herpesvirus-1) sbacterium h) diosis)
Report to AHE or VS Employee within 24 Hours of Discovery         Report to AHE or VS Employee within Two Days of Discovery         Report by Monthly Summar from Diagnostic Facilities from Diagnostic Facilities           MULTIPLE SPECIES         • Anthrax (Bacillus anthracis] <sup>1</sup> • Avian tuberculosis (Mycobac control of the set o	es erium avium) us species) sbacterium A. centrale) uylobacter ia virus) herpesvirus-1) sbacterium h) diosis)
within 24 Hours of Discovery         within Two Days of Discovery         from Diagnostic Facilities           MULTIPLE SPECIES         Image: Control of the second	erium avium) us species) obacterium A. centrale) wylobacter ia virus) herpesvirus-1) obacterium 1)
MULTIPLE SPECIES         Anthrax (Bacillus anthracis) <sup>1</sup> Crimean Congo Haemornagic Feve1         Foot-and-mouth disease         Glianders (Farcy) [Burkholderia mallei (formerly Pseudonanas mallei)]         Heatwater [Entichia ruminanium] (formerly Pseudonanas mallei)]         Rabies of livestock <sup>1</sup> Screeworn myiasis (Cochlomyia hominivorax or Chrysomya bezziana)         Sturat (Typanosoma evans)         Thelieriosis (Thellera parva parva or T. annulata)         Vesicular stomatilis         Bovine stomatilis         Correade monothysis (Cachlomyia hominivorax or Chrysomya bezziana)         Sturat (Typanosom evans)         Thelieriosis (Theliera parva parva or T. annulata)         Vesicular stomatilis         Bovine stopolicity of diseased animals         Bovine spongiform encephalopathy         Contagious bovine pleuropenuonia (Mycoplasma mycoides smic olarity of disease)         Protine brucellosis (Brucella suis) <sup>1</sup> Patrice filtrichia ruminanitum (formerly Cowdria ruminanitum)]         Henorrhagic septicemia (Pasteurella mutocida B/Asian or E/African)         Patrice filtrichia ruminanitum (formerly Contagious solume pleuropenuonia (Mycoplasma mycoides smic clairing filtrichia ruminanitum (formerly Cowdria ruminanitum)]         Henorrhagic septicemia (Pasteurella mutocida B/Asian or E/African)         Heartwater [Entichia ruminanitum]	us species) <i>bbacterium</i> A. <i>centrale</i> ) <i>nylobacter</i> <i>ia virus</i> ) <i>nerpesvirus-1</i> ) <i>bbacterium</i> <i>n</i> ) diosis)
<ul> <li>Anthrax (Bacillus anthracis)<sup>1</sup></li> <li>Brucelosis (B. melitensis, B. abortus, B. suis)<sup>1</sup></li> <li>Arian tuberculosis (Investoch-mouth disease</li> <li>Glanders (Farcy) [Burkholderia mallei (formerly Pseudorabies (Alugiszky's disease)</li> <li>Heartwater [Ehrlichia ruminantium]</li> <li>Heartwater (Schinozoca</li> <li>Bovine tuberculosis (Brucella abortus)<sup>1</sup></li> <li>Bovine brucellosis (Brucella abortus)<sup>1</sup></li> <li>Bovine tuberculosis (Mycobacterium bovis) Chrysonya bezziana)</li> <li>Starta (Trypanosoma evans)</li> <li>Thelefrois (Theilera parva parva or T. annulata)</li> <li>Unexcilained motality or diseased animals</li> <li>Unexcilained motality or diseased animals</li> <li>Bovine pabesis (S Cattle Tick Fever)</li> <li>Bovine pabesis (S (Cattle Tick Fever)</li> <li>Bovine pabesis (S (Cattle Tick Fever)</li> <li>Bovine pabesis (S (Cattle Tick Fever)</li> <li>Bovine pabesis (Cattle Tick Fever)</li> <li>Heartwater [Ehrlichia ruminantium]</li> <li>Heartwater [Ehrlichia ruminantium]</li> <li>Heartwater [Ehrlichia ruminantium]</li> <li>Heartwater (Ehrlichia ruminantium)</li> <li>Heartwater (Ehrlichia ruminantiu</li></ul>	us species) <i>bbacterium</i> A. <i>centrale</i> ) <i>nylobacter</i> <i>ia virus</i> ) <i>nerpesvirus-1</i> ) <i>bbacterium</i> <i>n</i> ) diosis)
<ul> <li>Anthrax (Bacillus anthracis)<sup>1</sup></li> <li>Brucellosis (B. melitensis, B. abortus, B. suis)<sup>1</sup></li> <li>Arian tuberculosis (Firsten functiona mallei (formerly Pseudorabies (Alugiszky's disease)</li> <li>Glanders (Farcy) (Burkholderia mallei (formerly Pseudorabies (Alugiszky's disease)</li> <li>Heatwater (Ehrrichia ruminantium)</li> <li>Heatwater (Cohlomyia hominivorax or Chrysomy abzziana)</li> <li>Screworm myiasis (Cochlomyia hominivorax or Chrysomy abzziana)</li> <li>Surra (Trypanosoma evansi)</li> <li>Theileriosis (Theilera para parva or T. annulata)</li> <li>Livestock exposed to toxic substances that may threaten public healting</li> <li>Unexcilained mortality or diseased animals</li> <li>Bovine babesiosis (Cattle Tick Fever)</li> <li>Bovine pondfrom encephalopathy</li> <li>Contagious boyne pieuropneumonia (Mycoplasma mycoide sangel convig)</li> <li>Foot-and-mouth disease</li> <li>Heartwater [Ehrlichia ruminantium]</li> <li>Heartwater (Ehrlichia ruminantium)</li> <li>Heartwater (Ehrlichia ruminantium)</li> <li>Heartwater (Ehrlichia ruminantium)</li> <li>Categise exploremance (Arcen type)</li> <li>Kith Valley fever</li> <li>Rinderpesti</li> <li>Schmallenberg virus</li> <li>Theileriosis (Theilera parva parva or T. annulata)</li> <li>Theileriosis (Trailera arva parva or T. annulata)</li> <li>Categise (Covile)</li> <li>Contagious boyne pieluropneumonia (Mycoplasma mycoide sange)</li> <li>Porcine thrucellosis (Brucella suis)<sup>1</sup></li> <li>Porcine brucellosis (Brucella suis)<sup>1</sup></li> <li>Porcine brucellosis (Brucella suis)<sup>1</sup></li> <li>Teastase equine encephalopathy</li> <li>Contragious equine</li></ul>	us species) <i>bbacterium</i> A. <i>centrale</i> ) <i>nylobacter</i> <i>ia virus</i> ) <i>nerpesvirus-1</i> ) <i>bbacterium</i> <i>n</i> ) diosis)
<ul> <li>Crimean Congo Haemorrhagic Fever<sup>1</sup></li> <li>Foot-and-mouth disease</li> <li>Glanders (Farcy) [Burkholderia mallei (formerly Pseudomonas mallei)]</li> <li>Rabies of livestock<sup>1</sup></li> <li>Rabies of livestock<sup>1</sup></li> <li>Screwom myiasis (Cochliomyia hominivorax or Chrysomya bezziana)</li> <li>Surra (Trypanosoma evansi)</li> <li>Thelleriosis (<i>Thelera parva parva or T. annulata</i>)</li> <li>Vesicular stomatitis</li> <li>Livestock exposed to toxis substances that may threaten public health</li> <li>Livestock exposed to toxis substances that may threaten public health</li> <li>Magoland mortality or disease of hydiseases)</li> <li>Sorime unpolicing is (Testes fly diseases)</li> <li>Bovine subsensis (Tatte Tick Forw)</li> <li>Bovine pleuropneumonia (Mycoplasma mycoides maintautumi)</li> <li>Foot-and-mouth disease</li> <li>Malignant catarthal fever (African type)</li> <li>Heartwate (Efrichia ruminantium (formerly Cowdria ruminantum)</li> <li>Contagious bovine pleuropneumonia (Mycoplasma mycoides and colony)</li> <li>Foot-and-mouth disease</li> <li>Lumsyt sin disease</li> <li>Lumsyt sin disease</li> <li>Limpy sin disease</li> <li>Limpy sin disease</li> <li>Limpy sin disease</li> <li>Limpy sin disease</li> <li>Malignant catarthal fever (African type)</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Contagious equine encephalomytitis</li> <li>Equine intercious anemia</li> <li>Equine interposition</li> <li>Equine interpository mengitis</li> <li>Equine interposition singliti</li></ul>	us species) <i>bbacterium</i> A. <i>centrale</i> ) <i>nylobacter</i> <i>ia virus</i> ) <i>nerpesvirus-1</i> ) <i>bbacterium</i> <i>n</i> ) diosis)
<ul> <li>Pseudorabies (Aujeszky's disease)</li> <li>Johne's disease (Paratuberculosis) (Myc avanta malie (formerly pseudonans malie))</li> <li>Heatwater [Enritchia ruminantium (formerly Cowdria ruminantium)]</li> <li>Rabies of livestock<sup>1</sup></li> <li>Screworm mylasis (Cochliomyla hominivorax or Chrysonya bezziana)</li> <li>Surra (Trypanosoma evansi)</li> <li>Theileriosis (Theilare para paray or T. annulata)</li> <li>Vesicular stomatitis</li> <li>Uivestock exposed to toxic substances that may threaten public health</li> <li>Unexplained mortality or diseased animals</li> <li>Bovine babesiosis (Cattle Tick Fever)</li> <li>Bovine placopathy</li> <li>Contagious bovine pleuropneumonia (Mycoplasma mycoides mycoides small colony)</li> <li>Foot-and-mouth disease</li> <li>Hearwater [Enritchia ruminantium (formerly Cowdria ruminantium)]</li> <li>Hearwater [Enritchia ruminantium (formerly Cowdria ruminantium (formerly Cowdria ruminantium)]</li> <li>Hearwater [Enritchia ruminantium (formerly Cowdria ruminantium)]</li> <li>Contagious equi</li></ul>	A. centrale) y/lobacter ia virus) herpesvirus-1) bbacterium h)
<ul> <li>Glanders (Farcy) [Burkholderia mallei (formerly Pseudomonas mallei)]</li> <li>Heartwater [Ehrlichia ruminantium (formerly Cowdra ruminantium)]</li> <li>Rabies of livestock<sup>1</sup></li> <li>Screaworm myiasis (Cochliomyia hominivorax or Chrysonya bezziana)</li> <li>Sura (Trypanosome evans)</li> <li>Theileriosis (Theilera parva parva or T. annulata)</li> <li>Vesicular stomatitis</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Livestock exposed to row curve for the proceed animals</li> <li>Bovine spongfrom encephalopathy</li> <li>Contagious bovine pleuropneumonia (Mycoplasma mycoides mycoides small colony)</li> <li>Foot-and-mouth disease</li> <li>Malignant catarhal fever (African type)</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Theileriosis (Theilera parva parva or T. annulata)</li> <li>CAPRINE/OVINE</li> <li>Contagious equine metritis (Taylorella equigentalis)</li> <li>Eastem equine encephalomyelitis</li> <li>Equine Infectious anemia</li> <li>Contagious equine metritis (Taylorella equigentalis)</li> <li>Equine infectious anemia</li> <li>Equine infectious anemia</li> <li>Equine infectious anemia</li> <li>Epizotois (Phonpangtitis</li> <li>Equine infectious anemia</li> <li>Equine infectious anemia</li> <li>Equine infectious anemia</li> <li>Epizotos (State metritis (Chercibna curve)</li> <li>Equine infectious anemia</li> <li>Epizotos (Phonpangtitis<!--</td--><td>ylobacter ia virus) herpesvirus-1) obacterium h)</td></li></ul>	ylobacter ia virus) herpesvirus-1) obacterium h)
<ul> <li>West Nile Virus</li> <li>West Nile Virus</li> <li>West Nile Virus</li> <li>Leptospirosis</li> <li>Novel influenza virus</li> <li>Novel influenza virus</li></ul>	ylobacter ia virus) herpesvirus-1) obacterium h)
<ul> <li>Hearwater [Enrincha ruminanium (tormeny Cowara ruminanium)]</li> <li>Rabies of livestock<sup>1</sup></li> <li>Screwworm mylasis (Cochliomyla hominivorax or Chrysomya bezziana)</li> <li>Surra (Trypanosoma evansi)</li> <li>Theileriosis (Theilera parva parva or T. annulata)</li> <li>Vesicular stomattis</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Livestock exposed to toxic substances that may threaten dowing mortality or diseased animals</li> <li>EOVINE</li> <li>African trypanosomiasis (Tsetse fly diseases)</li> <li>Bovine babesiosis (Cattle Tick Fever)</li> <li>Bovine spongfrom encephalopathy</li> <li>Foot-an-mouth disease</li> <li>Heartwater [Ehrlichia ruminanitum] formerly Cowdria ruminanitum]</li> <li>Hemorthagic septicemia (Pasteurella multocida B/Asian or E/African)</li> <li>Malignant catarthal fever (African type)</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Theileriosis (Theilera parva parva or T. annulata)</li> <li>Caperine froctious equine metritis (Taylorella equigenitalis)</li> <li>Equine herpesvirus myeloencephalomyelitis</li> <li>Equine herpesvirus myeloencephalomyelitis</li> <li>Equine herpesvirus myeloencephalomyelitis</li> <li>Equine herpesvirus myeloencephalopathy (EHM)</li> <li>Equine herpesvirus myeloencephalopathy (EHM)</li> <li>Equine herpesvirus myeloen</li></ul>	ylobacter ia virus) herpesvirus-1) obacterium h)
<ul> <li>Screwworm myiasis (Cochliomyia hominivorax or Chrysomya bezziana)</li> <li>Surra (Trypanosoma evansi)</li> <li>Theileriosis (Theilera parva parva or T. annulata)</li> <li>Vesicular stomatitis</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Unexplained mortality or diseased animals</li> <li>BOVINE</li> <li>African trypanosomiasis (Tsetse fly diseases)</li> <li>Bovine babesiosis (Cattle Tick Fever)</li> <li>Sconadicus bovine pleuropneumonia (Mycoplasma mycoides smycoides smycoides smaltum)</li> <li>Heartwater [Ehrlichia ruminantium (formerly Cowdria ruminantium])</li> <li>Hemorrhagic septicemia (Pasteurella multocida B/Asian or E/African)</li> <li>Heileriosis (Theilera parva parva or T. annulata)</li> <li>Contagious bovine pleuropneumonia (Mycoplasma mycoides smycoides smal colony)</li> <li>Foot-and-mouth disease</li> <li>Malignant catarrhal fever (African type)</li> <li>Rith Valley fever</li> <li>Rith Valley fever</li> <li>Rith Valley fever</li> <li>Rith Valley fever</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Theileriosis (Theilera parva parva or T. annulata)</li> <li>CAPRINE/OVINE</li> <li>Contagious equine metritis (Taylorella equigenitalis)</li> <li>Equine infectious anemia</li> <li>Epizootite lymphangitis</li> <li>Contagious equine metritis (Taylorella equigenitalis)</li> <li>Equine infectious anemia</li> <li>Equine infectious anemia</li> <li>Epizotite lymphangitis</li> </ul>	ylobacter ia virus) herpesvirus-1) obacterium h)
<ul> <li>Chrysomya bezziana)</li> <li>Cartile scabies (multiple types)</li> <li>Epizootic hemorrhagic disease (EHD)</li> <li>Trichomonosis (Tritrichomonas fetus)</li> <li>Vesicular stomatitis</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Unexplained mortality or diseased animals</li> <li>BOVINE</li> <li>African trypanosomiasis (Tsetse fly diseases)</li> <li>Bovine spongiform encephalopathy</li> <li>Contagious bovine pleuropneumonia (Mycoplasma mycoides mycoides small colony)</li> <li>Foot-and-mouth disease</li> <li>Hearwater [Ehrlichia ruminantium]</li> <li>Hemorrhagic septicemia (Pasteurella multocida B/Asian or E/African)</li> <li>Lumpy skin disease</li> <li>Malignant catarthal fever (African type)</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Rinderpest</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for the ilera parva parva or T. annulata)</li> <li>Capenner for</li></ul>	ylobacter ia virus) herpesvirus-1) obacterium h)
<ul> <li>Surra (<i>Trypanosoma evansi</i>)</li> <li>Thelieriosis (<i>Theliera parva parva or T. annulata</i>)</li> <li>Vesicular stomatitis</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Unexplained mortality or diseased animals</li> <li>BOVINE</li> <li>African trypanosomiasis (Tsetse fly diseases)</li> <li>Bovine babesiosis (Cattle Tick Fever)</li> <li>Bovine peluropneumonia (<i>Mycoplasma mycoides mycoides small colony</i>)</li> <li>Foot-and-mouth disease</li> <li>Heartwater [Ehrlichia ruminantium]</li> <li>Contagious bovine pleuropneumonia (<i>Mycoplasma mycoides mycoides small colony</i>)</li> <li>Foot-and-mouth disease</li> <li>Malignant catarrhal fever (African type)</li> <li>Rift Valley fever</li> <li>Malignant catarrhal fever (African type)</li> <li>Rift Valley fever</li> <li>Schmallenberg virus</li> <li>Sch</li></ul>	ia virus) herpesvirus-1) <i>bbacterium</i> h)
<ul> <li>Theileriosis (<i>Theilera parva parva or T. annulata</i>)</li> <li>Vesicular stomattis</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Unexplained mortality or diseased animals</li> <li>EOVINE</li> <li>African trypanosomiasis (Tsetse fly diseases)</li> <li>Bovine spongiform encephalopathy</li> <li>Contagious bovine pleuropneumonia (<i>Mycoplasma mycoides muclumg</i>) for disease</li> <li>Heartwater [<i>Ehrlichia ruminantium</i>]</li> <li>Heartwater (<i>Ehrlichia ruminantium</i> (formerly Cowdria <i>ruminantium</i>)]</li> <li>Hemorrhagic septicemia (<i>Pasteurella multocida B/Asian or E/African</i>)</li> <li>Lumpy skin disease</li> <li>Malignant catarrhal fever (African type)</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Theileriosis (<i>Theilera parva parva or T. annulata</i>)</li> </ul>	ia virus) herpesvirus-1) <i>bbacterium</i> h)
<ul> <li>Vesicular stomatitis</li> <li>Livestock exposed to toxic substances that may threaten public health</li> <li>Unexplained mortality or diseased animals</li> <li>BOVINE</li> <li>African trypanosomiasis (Tsetse fly diseases)</li> <li>Bovine babesiosis (Cattle Tick Fever)</li> <li>Bovine spongform encephalopathy</li> <li>Contagious bovine pleuropneumonia (<i>Mycoplasma mycoides small colony</i>)</li> <li>Foot-and-mouth disease</li> <li>Heartwater [<i>Ehrlichia ruminantium</i>]</li> <li>Percenda-mouth disease</li> <li>Malignant catarrhal fever (African type)</li> <li>Rind erpest</li> <li>Schmallenberg virus</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Comercendency fuelores or <i>T. annulata</i>)</li> <li>Coprementation</li> <li>Coprementation</li> <li>Contagious polytic fielders parva parva or <i>T. annulata</i>)</li> </ul>	nerpesvirus-1) bbacterium n) diosis)
<ul> <li>Caprine and ovine brucellosis<sup>1</sup> (excluding Brucella</li> <li>Unexplained mortality or diseased animals</li> <li>Unexplained mortality or diseased animals</li> <li>Unexplained mortality or diseased animals</li> <li>Caprine and ovine brucellosis<sup>1</sup> (excluding Brucella</li> <li>Strapie</li> <li>Porcine brucellosis (Brucella suis)<sup>1</sup></li> <li>Pseudorabies (Aujeszky's disease)</li> <li>AVIAN SPECIES</li> <li>Ornithosis (Psittacosis or avian chlamydiosis) (Chlamydophila psittaci)</li> <li>Pullorum disease</li> <li>Malignant catarrhal fever (African type)</li> <li>Rift Valley fever</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Theileriosis (Theilera parva parva or T. annulata)</li> <li>Capenine functional disease</li> <li>Equine herpesvirus myeloencephalopathy (EHM)</li> <li>Equine herpesvirus myeloenc</li></ul>	nerpesvirus-1) bbacterium n) diosis)
<ul> <li>Unexplained mortality or diseased animals</li> <li>Unexplained mortality or diseased animals</li> <li>Unexplained mortality or diseased animals</li> <li>Ovis)</li> <li>Scrapie</li> <li>Scontagious espticemia (Pasteurella multocida B/Asian or E/Afric</li></ul>	n) diosis)
BOVINE       • Scrapie         • African trypanosomiasis (Tsetse fly diseases)       • Scrapie         Bovine babesiosis (Cattle Tick Fever)       • Sheep scables (Body mange) ( <i>Psoroptes ovis</i> )       • Malignant catarrhal fever (North America O Fever ( <i>Coxiella bundeti</i> )         Bovine babesiosis (Cattle Tick Fever)       • Porcine brucellosis ( <i>Brucella suis</i> ) <sup>1</sup> • Taeniasis ( <i>Taenia saginata</i> )         • Bovine babesiosis (Cattle Tick Fever)       • Porcine brucellosis ( <i>Brucella suis</i> ) <sup>1</sup> • Taeniasis ( <i>Taenia saginata</i> )         • Porcine brucellosis ( <i>Brucella suis</i> ) <sup>1</sup> • Porcine brucellosis ( <i>Brucella suis</i> ) <sup>1</sup> • Taeniasis ( <i>Taenia saginata</i> )         • Potand-mouth disease       • Potrine formerly Cowdria ruminantium]       • Poteina contrastice (remetrication)       • Poteina contrastice (remetrication)         • Heartwater [ <i>Ehrlichia ruminantium</i> (formerly Cowdria ruminantium]       • Omithosis (Pistacosis or avian chlamydiosis) ( <i>Chlamydophila psitacci</i> )       • Caprine arthritis/encephalitis         • Lumpy skin disease       • Malignant catarrhal fever (African type)       • Pullorum disease (Fowl typhoid) ( <i>Salmonella gallinarum and S. pullorum</i> )       • Dovine encephalomyelitis         • Equine hepresvirus myeloencephalomyelitis       • Cortagious equine metritis ( <i>Taylorella equigenitalis</i> )       • Maedi-Visna (Ovine progressive pneumoci • Q Fever ( <i>Coxiella burnetii</i> )         • Theileriosis ( <i>Theilera parva parva or T. annulata</i> )       • Equine heprepervirus myeloencephalopathy (EHM)       • Mo	n) diosis)
<ul> <li>African trypanosomiasis (Tsetse fly diseases)</li> <li>African trypanosomiasis (Tsetse fly diseases)</li> <li>Bovine spongiform encephalopathy</li> <li>Contagious bovine pleuropneumonia (Mycoplasma mycoides small colony)</li> <li>Foot-and-mouth disease</li> <li>Heartwater [Ehrlichia ruminantium (formerly Cowdria ruminantium)]</li> <li>Procine brucellosis (Aujeszky's disease)</li> <li>AVIAN SPECIES</li> <li>Ornithosis (Psittacosis or avian chlamydiosis) (Chlamydophila psittaci)</li> <li>Pullorum disease (Fowl typhoid) (Salmonella gallinarum and S. pullorum)</li> <li>Bother equipe infectious anguita</li> <li>Schmallenberg virus</li> <li>Theileriosis (Theilera parva parva or T. annulata)</li> <li>CAPRINE/OVINE</li> <li>Steep scabies (Body mange) (Psoroptes ovis)</li> <li>Malignant catarrhal fever (North America Ocides Stratter)</li> <li>Porcine brucellosis (Brucella suis)<sup>1</sup></li> <li>Pseudorabies (Aujeszky's disease)</li> <li>AVIAN SPECIES</li> <li>Ornithosis (Psittacosis or avian chlamydiosis) (Chlamydophila psittaci)</li> <li>Pullorum disease (Fowl typhoid) (Salmonella gallinarum and S. pullorum)</li> <li>Johne's disease (Paratuberculosis) (Myca aviam partuberculosis) (Myca aviam partuberculosis) (Myca aviam partuberculosis)</li> <li>Equine herpesvirus myeleonephalopathy (EHM)</li> <li>Equine herpesvirus myeleonephalopathy (EHM)</li> <li>Equipe herpesvirus myeleonephalopathy (EHM)</li> <li>Equipe horpesvirus myeleonephalopathy (EHM)</li> <li>Equine horpesvirus myeleonephalopathy (EHM)</li> <li>Equine h</li></ul>	diosis)
<ul> <li>Bovine babesiosis (Cattle Tick Fever)</li> <li>Bovine spongiform encephalopathy</li> <li>Contagious bovine pleuropneumonia (Mycoplasma mycoides mucoides small colony)</li> <li>Foot-and-muth disease</li> <li>Heartwater (Ehrichia ruminantium (formerly Cowdria ruminantium)]</li> <li>Heartwater (Ehrichia ruminantium (formerly Cowdria ruminantium)]</li> <li>Hemorrhagic septicemia (Pasteurella multocida B/Asian or E/African)</li> <li>Lumpy skin disease</li> <li>Malignant catarrhal fever (African type)</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Theileriosis (<i>Theilera parva parva or T. annulata</i>)</li> </ul>	,
<ul> <li>Bovine spongiform encephalopathy</li> <li>Contagious bovine pleuropneumonia (Mycoplasma mycoides mycoid</li></ul>	,
<ul> <li>Contagious bovine pleuropheumonia (wycoplastria mycoiplastria mycoidas mycoidas</li></ul>	,
<ul> <li>Houbes mycouldes singulates (Entrichia ruminanticum)</li> <li>Foot-and-mouth disease</li> <li>Heartwater [Entrichia ruminantium]</li> <li>Hemorrhagic septicemia (Pasteurella multocida B/Asian or E/African)</li> <li>Lumpy skin disease</li> <li>Malignant catarrhal fever (African type)</li> <li>Rift Valley fever</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Theileriosis (<i>Theilera parva parva or T. annulata</i>)</li> <li>Capreine for the second secon</li></ul>	,
<ul> <li>Heartwater [Ehrlichia ruminantium] (formerly Cowdria ruminantium].</li> <li>Hemorrhagic septicemia (Pasteurella multocida B/Asian or E/African)</li> <li>Lumpy skin disease</li> <li>Malignant catarrhal fever (African type)</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Theileriosis (<i>Theilera parva parva or T. annulata</i>)</li> <li>Caprine Functional (Contractional and the second seco</li></ul>	,
ruminantium)] <ul> <li>Offiltrosis (Pasteurella multocida B/Asian or E/African)</li> <li>Lumpy skin disease</li> <li>Malignant catarrhal fever (African type)</li> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Theileriosis (<i>Theilera parva parva or T. annulata</i>)</li> <li>CAPRINE/OVINE</li> <li>Continuosis (<i>Theilera parva parva or T. annulata</i>)</li> <li>Contractinuosis (<i>Theilera parva parva or T. annulata</i>)</li> <li>Contractinuosis (<i>Theilera parva parva or T. annulata</i>)</li> <li>Contractinuosis (<i>Theilera parva parva or T. annulata</i>)</li> <li>Contractinuo contentinuo of the set of the se</li></ul>	,
<ul> <li>Hemorrhagic septicemia (Pasteurella multocida B/Asian or E/African)</li> <li>Pullorum disease (Fowl typhoid) (Salmonella gallinarum and S. pullorum)</li> <li>Johne's disease (Paratuberculosis) (Myca avium paratuberculosis)</li> <li>Malignant catarrhal fever (African type)</li> <li>Rift Valley fever</li> <li>Schmallenberg virus</li> <li>Theileriosis (<i>Theilera parva parva or T. annulata</i>)</li> <li>CAPRINE/OVINE</li> <li>Pullorum disease (Fowl typhoid) (Salmonella gallinarum and S. pullorum)</li> <li>Salmane (Fowl typhoid) (Salmonella gallinarum and S. pullorum)</li> <li>Johne's disease (Paratuberculosis) (Myca avium paratuberculosis)</li> <li>Maedi-Visna (Ovine progressive pneumoc Q Fever (Coxiella burnetii)</li> <li>Eastern equine encephalomyelitis</li> <li>Equine herpesvirus myeloencephalopathy (EHM)</li> <li>Equine infectious anemia</li> <li>Epizootic lymphangitis</li> <li>Porcine cysticercosis (<i>Taenia solium</i>)</li> </ul>	,
Lumpy skin disease     Malignant catarrhal fever (African type)     Rift Valley fever     Schmallenberg virus     Theileriosis ( <i>Theilera parva parva or T. annulata</i> )     CAPRINE/OVINE     Lumpy skin disease (raratuberculosis) (w/c avium paratuberculosis) (w/c avium parat	obacterium
Malignant catarrhal fever (African type)     Rift Valley fever     Rinderpest     Schmallenberg virus     Theileriosis ( <i>Theilera parva parva or T. annulata</i> )     Equine herpestvirus myeloencephalopathy (EHM)     Equine herpesvirus myeloencephalopathy     Porcine cysticercosis ( <i>Taenia solium</i> )	
<ul> <li>Rift Valley fever</li> <li>Contagious equine metritis (<i>Taylorella equigenitalis</i>)</li> <li>Contagious equine metritis (<i>Taylorella equigenitalis</i>)</li> <li>Eastern equine encephalomyelitis</li> <li>Equine herpesvirus myeloencephalopathy (EHM)</li> <li>Equine infectious anemia</li> <li>Novel influenza virus</li> <li>Porcine cysticercosis (<i>Taenia solium</i>)</li> </ul>	(cio
<ul> <li>Rinderpest</li> <li>Schmallenberg virus</li> <li>Theileriosis (<i>Theilera parva parva or T. annulata</i>)</li> <li>Equine herpesvirus myeloencephalopathy (EHM)</li> <li>PORCINE</li> <li>Novel influenza virus</li> <li>Porcine cysticercosis (<i>Taenia solium</i>)</li> </ul>	iid)
Theileriosis ( <i>Theilera parva parva or T. annulata</i> )     Equine enfectious anemia     Equice infectious anemia     Equico encepsilositation (EHM)     Equine enfectious anemia     Porcine cysticercosis ( <i>Taenia solium</i> )	
CAPRINE/OVINE Equine interna Porcine cysticercosis (Taenia solium)	
Contagious agalactia (Mycoplasma agalactiae)     Equine piroplasmosis (Babesia caballi or Babesia equi)     Porcine reproductive and respiratory syn     Transmispillo activity of activity of activity	
Contagious caprine pleuropheumonia (Mycoplasma     West Nile Virus     Transmissible gastroenterus (contavirus	3)
capricolum capripneumoniae) • Western equine encephalomyelitis • Inchinellosis (Trichinelia spiralis)	
Foot-and-mouth disease     CERVIDS/LAGOMORPHS/CAMELIDS     AVIAN SPECIES	
Hearwater [Enricha ruminantium (formeny Cowaria weight of the second	
Nairobi sheep disease     Chronic wasting disease in cervids     Avian Intectious rai rigoractients	
<ul> <li>National streep disease</li> <li>Peste des petits ruminants (Goat plague)</li> <li>Hemorrhagic diseases of deer (bluetongue, adenovirus, and anizoptic hemorrhagic diseases)</li> <li>Duck viral hepatitis</li> <li>Infectious bursal disease (Gumboro dise</li> </ul>	ise)
Rift Valley fever     Mycoplasmosis (Mycoplasma synoviae a	
Salmonella abortusovis     Schmallenberg virus	
Sheep and goat pox WHERE TO REPORT:	
PORCINE CA Department of Food and Agriculture EQUINE	
African swine fever     African swine fever     Animal Health Branch (AHB)     Equine influenza     Equine rhinopneumonitis (excluding EHN	n.
Classical swine fever     District Offices:     Equine viral arteritis	)
Foot-and-mouth disease     Japanese encephalitis     Dedding 520 225 2140     CEPVIDS/I ACOMORPHS/CAMELIDS	
Neduling 550-225-2140 CERVIDS/LAGOMORPHS/CAMELIDS	
Nipan Virus     Modesto     Z09-491-9350     Swine vesicular disease     Myxomatosis in commercial rabbits	
Vesicular exanthema of swine virus (VESV)     Ontario 909-947-4462	
AVIAN SPECIES AHB Headquarters FISH, AMPHIBIAN, CRUSTACEAN, BEE, A The list is compatible with the OIE list The list is compatible with the OIE list	
Avian of Locies     And readylaters     Arian figure (15 or H7)     CDEA_Aning Hoath Branch     http://www.oie.int/en/animal-health-in-the-wor	
Exotic Newcastle disease 1220 N St.	
Turkey rhinotracheitis (Avian metapneumovirus) Sacramento, CA 95814	
EQUINE Telephone 916-900-5002	
African horse sickness     In LOS ANGELES COUNTY, the	se
Ore     O	
Pseudomonas malleil Animal and Plant Health Inspection Services Veterinary Public Health at	
Hendra virus (Equine morbillivirus) Veterinary Services (VS) 213-989-7060.	
Japanese encephalitis     10365 Old Placerville Road, Suite 210	
Surra (Trypanosoma evansi)     Sacramento, CA 95827-2518     Tall fore of 4 937 41 2000	
Venezuelan equine encephalomyelitis     Toll free at 1-877-741-3690	
Vesiciliar siomalus	
Vesicular stomatitis     Remember to call if you see:     Vesicles, Unusual or Unexplained Illness, CNS	

- Viral hemorrhagic disease of rabbits (calicivirus)

Signs, Mucosal Diseases, Hemorrhagic Septicemias, Larvae in Wounds, Uncommon

Ticks. High Morbidity or Mortality

1 Bold type diseases, seen in any species, are reportable to California Department of Public Health For additional information contact CDFA at: Email cavet@cdfa.ca.gov/website at: www.cdfa.ca.gov/ahfss/ah or USDA at: http://www.aphis.usda.gov/animal\_health



Tel. (213) 989-7060 or 877-747-2243 Fax (213) 481-2375

publichealth.lacounty.gov/vet



# 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 Informa	tion				
Type of animal involved:	Domestic Pet	Livestock	Wild animal		
	□ Exotic	Zoo animal			
Number of animals:	🗆 One	🗆 Multiple (giv	e number	)	
Species of Animal					
Other Identifying Inform					
Sex		Name			
Age		IMPO	UND #		
2. Animal Owner (	if applicable)				
Name(s)					
Address					
City, ZIP					
Telephone:					
Is it okay for Public Hea	alth to call the ov	vner(s) to ask m	ore about the histo	ory? 🗆 YES	□ <b>NO</b>
3. Animal Location	<b>n</b> (where in com	munity animal c	originated, if not sc	ame as owner)	
Name(s)	•		•		
Address					
City, ZIP					
<u> </u>					
4. Reporting Veter	inary Clinic a	or Shelter			
Name of veterinarian or	•				
Vet Clinic Name:					
Address:					
City, ZIP:					
Telephone		Fax		E-mail:	
receptone		Tux		L'intani.	
5. History					
Date of onset of first sym	ntoma	Data	of procentation		
_	-	Date	or presentation		
Date of death(s), if applie					
History (include vaccine	instory, if applic	abie):			

p. 1 of 2

2013

6. Clinical Findin	igs		
Highest body temperat	ture meas	ured	
Physical Examination			
	Nor	mal	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.



Tel. (213)-989-7060 or (877)747-2243 Fax (213)481-2375

publichealth.lacounty.gov/vet



# **Canine Brucellosis Reporting Form**

Date form completed	
1. Dog	
•	eutAge
2. Dog Owner	
Name(s)	
Street :	
City, ZIP	
Telephone:	
Is it okay for Public Health to call the owner(s) to ask more abo	ut the history? YES NO
3. Reporting Veterinarian	
Name of veterinarian or technician:	
Vet Clinic Name:	
Address:	
City, ZIP:	
Telephone Fax	E-mail:
<ul> <li><b>4. Exposure History</b></li> <li>•How long has the owner had the dog?</li> <li>•Where did the owner get the dog? Please list name and address party</li> </ul>	of animal shelter/rescue group/breeder/private
If this dog is spayed/neutered, please note the approximate dat	a of the proceedure
<ul> <li>Are there any other dogs in the household?</li> </ul>	•
If YES, how many other dogs are in the home?	
• Do any other dogs in the household have the same clinical sign	
•Has the dog ever mated with another dog (intentional breeding	
(If YES, please fill out another form for the dog with whi	
• Has this dog ever been in contact with cattle, goats, sheep, pigs If YES, please describe	deer, or rodents?DYES DNO
• Is there any known illness in humans that handled the dog?	
5. Clinical Findings	
Date of onset of first symptomsDate of presentati	n
Date of death (if applicable)	
Highest body temperature measured	
Check all that apply:	
$\Box$ no clinical signs $\Box$ fever $\Box$ lethargy	□ exercise intolerance
$\Box$ urinary tract infection $\Box$ abortion $\Box$ diskospond	
🗆 ocular lesions 🛛 🗆 enlarged lymph nodes. Node location	
□ other	

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



Tel. (213) 929-7060 or 877-747-2243 Fax (213) 481-2375

publichealth.lacounty.gov/vet



# **Coccidioidomycosis Reporting Form**

Date form completed				
1. Pet 🗆 Dog 🗆 Cat	□ Other			
Name		Sex/Neut	Age	
		· ·	0	
2. Pet Owner				
Name(s) :				
Street :				
City, ZIP				
Telephone:				
_	Ith to call the owner(s) to ask mor	a about the hist	ory?	
15 It Okay 101 I ublic flea	the to can the owner(s) to ask mor	e about the first		
2 Domorting Vatori				
3. Reporting Veteri				
Name of veterinarian or t	echnician:			
Vet Clinic Name:				
Address:				
City, ZIP:			E 1	
Telephone	Fax		E-mail:	
4. Exposure History	,			
(fill in as known)				
Dog lives primarily outdo	oors (more than 50% of time).	$\Box$ Yes	□ No	
Dog likes to dig in soil fre	equently.	$\Box$ Yes	□ No	
Dog/family live within sit	te of earth excavation.	$\Box$ Yes	□ No	
Dog/family live on a dirt	road	$\Box$ Yes	□ No	
Dog has been in dust stor	m within 2 months before illness.	$\Box$ Yes	□ No	
Dog has been to the follow	wing locations within 2 months be	fore illness:		
🗆 Mojave Desert Area	🗆 Central Valley/San Joac	quin Valley	🗆 Arizona	
New Mexico	🗆 Southern Nevada		Southwestern Texas	
🗆 Southern Utah	Northern Mexico		Central or South America	
5. Clinical Findings				
-	ptomsDate of pres	entation		
Date of death (if applicab	· · ·			
Highest body temperatur				
<u>Check all that apply:</u>				
□ Cough	□ Fever			
Weight loss	□ Lameness			
□ Enlarged lymph node(s				)
$\Box$ Eye lesions	, , , , , , , , , , , , , , , , , , , ,	Ilmonary lesion s	een on radiograph	_/
□ Bone lesion seen on rad				
	<u> </u>			

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



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM Tel. (213) 929-7060 or (877) 747-2243 Fax (213) 481-2375 publichealth.lacounty.gov/vet



# Canine Hemorrhagic Gastroenteritis (HGE) Reporting Form

**Overview:** In the winters of 2004, 2005, 2006, and 2008 seasonal outbreaks of mild to moderately severe bloody diarrhea in dogs in LA County were reported to this office. As of yet, no clear cause of the seasonality of this condition has been uncovered. Please continue to report cases.

#### Date form completed\_\_\_\_

1. Dog Information		
Name	Breed	Sex
Age	_Color	

z. Dog Owner		
Name(s)		
Address		
City, ZIP		
Telephone:		
Is it okay for Public Health to	call the owner(s) to ask more al	pout the history?  □ YES  □ NO
3. Reporting Veterinaria	n	
Name of veterinarian or technic	zian:	
Vet Clinic Name:		
Address:		
City, ZIP:		
Telephone	Fax	E-mail:
4. Clinical Course		
a. Date of onset of first symptor	ms <b>b</b> . Date	of presentation
<b>c.</b> Date of death(s), if applicable	·	-
d. Fever? YES NO	If yes, highest temperature d	etected =
e. Clinical Signs (check all that	<u>apply):</u>	
🗆 Anorexia	🗆 Diarrhea-watery	🗆 Diarrhea - mucoid
🗆 Lethargy	🗆 Diarrhea – soft stool	Other clinical signs (list):
Vomiting	🗆 Diarrhea – bloody	

Vomiting
 Diarrhea - bloody
 Diarrhea - tarry/black stool
 f. Already recovered as of date form filled out?
 YES
 NO
 UNKNOWN
 g. Rate of recovery if known (circle one):
 Fast (1-2 days)
 Slow (3-5 days)
 Very Slow (6+ days)
 Waxing and Waning – no clear recovery
 No recovery – chronic illness or euthanized/died

a. Did dog have any exposure to raw fish (especially Salmon or trout)? □ YES □ NO Did the ill dog tend to eat dropped fruit or berries from trees in the environment? □ YES □ NO Current brands of dry and canned dog food being fed: d. Current type, brands of treats (dry biscuits, jerky treats, rawhide, etc) e. Dietary indiscretion by dog in week before onset (i.e trash, swallowed a toy, etc)? □ YES □ NO f. Dog's regular diet changed in the week before onset? □ YES □ NO g. Any humans in the house have (or recently had) similar symptoms? □ YES □ NO h. Any other dogs, cats, or other pets in the home have similar symptoms? □ YES □ NO b. Does dog leave its property regularly (walks, escapes)? □ YES □ NO k. Does dog have regular access to wildlife or feces/urine from wildlife? □ YES □ NO b. Does owner/veterinarian have any theories about the cause of the dog's illness? □ YES □ NO m. EXPLAIN. If there was a YES answer to any of the above questions, please use the space below to explain:	5. Exposure/Possible	
c. Current brands of dry and canned dog food being fed:	° ' '	· ·
d. Current type, brands of treats (dry biscuits, jerky treats, rawhide, etc) e. Dietary indiscretion by dog in week before onset (i.e. trash, swallowed a toy, etc)? □ YES □ NO f. Dog's regular diet changed in the week before onset? □ YES □ NO g. Any humans in the house have (or recently had) similar symptoms? □ YES □ NO h. Any other dogs, cats, or other pets in the home have similar symptoms? □ YES □ NO i. Any traveling with dog in the week before illness onset? □ YES □ NO i. Does dog leave its property regularly (walks, escapes)? □ YES □ NO k. Does dog have regular access to wildlife or feces/urine from wildlife? □ YES □ NO l. Does owner/veterinarian have any theories about the cause of the dog's illness? □ YES □ NO	8	••
e. Dietary indiscretion by dog in week before onset (i.e. trash, swallowed a toy, etc)? □ YES □ NO f. Dog's regular diet changed in the week before onset? □ YES □ NO g. Any humans in the house have (or recently had) similar symptoms? □ YES □ NO h. Any other dogs, cats, or other pets in the home have similar symptoms? □ YES □ NO i. Any traveling with dog in the week before illness onset? □ YES □ NO j. Does dog leave its property regularly (walks, escapes)? □ YES □ NO k. Does dog have regular access to wildlife or feces/urine from wildlife? □ YES □ NO l. Does owner/veterinarian have any theories about the cause of the dog's illness? □ YES □ NO	c. Current brands of dry and	l canned dog food being fed:
<ul> <li>f. Dog's regular diet changed in the week before onset?</li> <li>YES □ NO</li> <li>YES □ NO</li> <li>g. Any humans in the house have (or recently had) similar symptoms?</li> <li>YES □ NO</li> <li>h. Any other dogs, cats, or other pets in the home have similar symptoms?</li> <li>YES □ NO</li> <li>i. Any traveling with dog in the week before illness onset?</li> <li>YES □ NO</li> <li>j. Does dog leave its property regularly (walks, escapes)?</li> <li>□ YES □ NO</li> <li>k. Does dog have regular access to wildlife or feces/urine from wildlife?</li> <li>YES □ NO</li> <li>l. Does owner/veterinarian have any theories about the cause of the dog's illness?</li> <li>YES □ NO</li> </ul>	d. Current type, brands of tr	eats (dry biscuits, jerky treats, rawhide, etc)
g. Any humans in the house have (or recently had) similar symptoms?	e. Dietary indiscretion by do	og in week before onset (i.e. trash, swallowed a toy, etc)? 🗆 YES 🗆 NO
h. Any other dogs, cats, or other pets in the home have similar symptoms? <ul> <li>YES</li> <li>NO</li> </ul> <li>Any traveling with dog in the week before illness onset?  <ul> <li>YES</li> <li>NO</li> </ul> </li> <li>Does dog leave its property regularly (walks, escapes)?  <ul> <li>YES</li> <li>NO</li> </ul> </li> <li>k. Does dog have regular access to wildlife or feces/urine from wildlife?  <ul> <li>YES</li> <li>NO</li> </ul> </li> <li>Does owner/veterinarian have any theories about the cause of the dog's illness?  <ul> <li>YES</li> <li>NO</li> </ul> </li>	f. Dog's regular diet change	d in the week before onset? $\Box$ YES $\Box$ NO
a. Any traveling with dog in the week before illness onset? □ YES □ NO . Does dog leave its property regularly (walks, escapes)? □ YES □ NO k. Does dog have regular access to wildlife or feces/urine from wildlife? □ YES □ NO l. Does owner/veterinarian have any theories about the cause of the dog's illness? □ YES □ NO	<b>g</b> . Any humans in the house	have (or recently had) similar symptoms?
L Does dog leave its property regularly (walks, escapes)? □ YES □ NO k. Does dog have regular access to wildlife or feces/urine from wildlife? □ YES □ NO l. Does owner/veterinarian have any theories about the cause of the dog's illness? □ YES □ NO	<b>h</b> . Any other dogs, cats, or o	ther pets in the home have similar symptoms? $\Box$ YES $\Box$ NO
k. Does dog have regular access to wildlife or feces/urine from wildlife? $\Box$ YES $\Box$ NO I. Does owner/veterinarian have any theories about the cause of the dog's illness? $\Box$ YES $\Box$ NO	i. Any traveling with dog in	the week before illness onset? $\Box$ YES $\Box$ NO
l. Does owner/veterinarian have any theories about the cause of the dog's illness? $\Box$ YES $\Box$ NO	. Does dog leave its propert	y regularly (walks, escapes)? 🛛 🗆 YES 🗆 NO
	k. Does dog have regular ac	cess to wildlife or feces/urine from wildlife? □ YES □ NO
<b>m</b> . EXPLAIN. If there was a YES answer to any of the above questions, please use the space below to explain:	l. Does owner/veterinarian l	have any theories about the cause of the dog's illness? $\Box$ YES $\Box$ NO
	<b>m</b> . EXPLAIN. If there was a	YES answer to any of the above questions, please use the space below to explain

#### 6. Treatment.

**b.** Subcutaneous fluids administered? □ YES □ NO

**c.** Medications. Please **LIST** the names of all drugs (antibiotics, antiparasiotics, antidiarrheals, etc.) used and route of administration (IV, PO, SQ etc). You do not need to note the dose or frequency of use.

### 7. Laboratory results

a. In-house Parvo SNAP test result:	D Negative	□ Positive	□ Not done
<b>b.</b> In-house fecal testing (type of test, result)			

c. Please FAX all laboratory results to us along with this form.

HGE Report Form p. 2 of 2



Tel. (213) 989-7060 or (877) 747-2243 Fax (213) 481-2375 publichealth.lacounty.gov/vet



# Heartworm Reporting Form

Date form completed			
1. Pet  Dog Cat			
NameBreed_	Sex/Neut	Age	
<u> </u>			
2. Pet Owner			
Name(s) :			
Street :			
City, ZIP			
Telephone:			
	call the owner(s) to ask more abou	t the history? YES NO	
3. Reporting Veterinaria	in		
Name of veterinarian or technic			
Vet Clinic Name:			
Address:			
City, ZIP:			
Telephone	Fax	E-mail:	
Exposure/travel outside of LA C If yes, please note location and c Other exposure	late:		
5. Clinical Findings			
Date of onset of first symptoms	Date of presentation	n	
Date of death (if applicable)			
Clinical Signs (check all that app	oly)		
8	□ Fatigue □ Heart failure		
□ Other			
Thoracic radiographs taken? $\Box$			
If yes, please note date and co	omment on findings		
6. Heartworm Tests and			
Heartworm blood test date	Test type (Ag, Ab, microfilaria)	Test Result	
1			_
2			_
3			_
Treatment Date	Describe Treatment		
1 1			
1			
1 2 3.			





Tel. (213) 989-7060 or (877) 747-2243 Fax (213) 481-2375

publichealth.lacounty.gov/vet

## Imported Animal Illness or Death Reporting Form



Animals that were recently imported from another country may be ill from diseases that are not common in Los Angeles County. Your reports help detect and limit the spread of imported diseases.

Date form	completed
-----------	-----------

1. Animal				
Name	Species	Breed	Sex/Neut	Age
2. Animal Owne	۶r			
Name(s) :				
Street :				
City, ZIP				
Telephone:				
Is it okay for Public H	lealth to call the owner(s	) to ask more about the his	tory? YES	NO
2 Poporting Vot	oringrign			
<b>3. Reporting Vet</b> Name of veterinarian				
Vet Clinic Name:	or technician:			
Address: City, ZIP:				
Telephone	Fax		E-mail:	
Telephone	<u> </u>		E-IIIaII.	
4. Importation Hi	story			
Country of origin	3101 y	Date of Importatio	n	
Is the owner also the in	mporter? □ Yes □ No	_	лт	
If No, animal was pure	1	)		
-	wspaper classified ad	□ Online classified ad		
	mysaver ad	□ Retail pet store		
□ Bre	2	□ Swap Meet		
	ner	•		
5. Clinical Findin	gs			
Date of onset of sympt	omsDate	of presentation		
Date of death (if applied	cable)			
Summary of clinical sig	gns:			
		1 ( )		
Suspected condition be	eing reported (if unknow	n, please state this):		

6. Laboratory results. Please fax all relevant laboratory results along with this form.



Tel. (213) 989-7060 or (877) 747-2243 Fax (213) 481-2375

publichealth.lacounty.gov/vet



# Influenza Reporting Form

1. Animal Name	Species	Breed	Sex/Neut	Age
2. Dog Owner				
Name(s) :				
Street :				
City, ZIP				
Telephone:				
Is it okay for Public Health to c	all the owner(s) to ask mor	e about the history?	□ YES □ NO	
3. Reporting Veterinaria				
Name of veterinarian or technic	ian:			
Vet Clinic Name:				
Address:				
City, ZIP:				
Telephone	Fax	E-m	ail:	
4. History				
DHLPP or FVRCP. Date of last				
Bordetella (dogs). Date of last 2	Bordetella vaccines.	🗆 Intra	nasal 🗆 Injectable	
		🗆 Intra	nasal 🗆 Injectable	
Potential exposure history				
$\hfill\square$ Another sick animal or person	in home $\Box$ Dog or cat sho	w 🗆 Ke	ennel visit	
□ Exposure to stray	□ Pet store	□ Sh	elter visit	
🗆 Dog park	□ Other			
5. Clinical Findings				
Date of onset of first symptoms	Date of prese	entation		
Date of death (if applicable)				
Highest body temperature meas				
<u>Check all that apply:</u>				
11.7	Nasal discharge	Sneezing		
□ Fever	□ Chest X-rays taken	□ Patient hos	pitalized	
□ IV fluids given	□ Supplemental oxygen g		r	
0	· · · · · · · · · · · · · · · · · · ·			
If nasal discharge present, pleas	e note: color, consistency, u	ni- or bilateral:		
If chest radiographs were taken,	-			
Name of medications used in tre	-			
Amount of time it took pet to re				
Date(s) serum drawn				

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



Tel. (213) 989-7060 or (877) 747-2243 Fax (213) 481-2375

publichealth.lacounty.gov/vet



# Leptospirosis Reporting Form

1. Dog_ Name	Breed	Sex/	Neut	Age
2. Dog Owner				
Name(s)				
Address				
City, ZIP				
Telephone:				
Is it okay for Public Heal	th to call the owner(s) to a	ask more about the h	istory? 🗆 Y	ES 🗆 NO
3. Reporting Veterir	narian			
Name of veterinarian or te				
Vet Clinic Name:				
Address:				
City, ZIP:				
Telephone	Fax		E-mail:	
<b>F</b>				
4. History				
Vaccination				
Date of last leptospirosis v	accine (if known):			
Vaccine type (ex. DHLPP	or 4-way Lepto vaccine): _			
Potential exposure histor	y			
Exposure/travel outside of	Los Angeles County?	⊐ Yes □ No		
If yes, please note location	and date:			
Dog has/had local exposur				
	$\Box$ Opossums $\Box$ Raccoo		$\Box$ Rats	
	8	□ Horses		
Other potential exposure:				
5. Clinical Findings				
Date of onset of first symp	toma Data	of procentation		
Date of death (if applicable		or presentation		
Highest body temperature				
<u>Check all that apply:</u>				
$\Box$ Anorexia $\Box$ Lethars	gy 🗆 Vomiting	⊐ Diarrhea		
□ Visible jaundice/icterus		□ Polydipsia		
□ Other (describe):		_ i ory arpoin		
- Other (describe).				
Were intravenous fluids g	iven? 🗆 Yes 🛛	⊐ No		



Tel. (213) 989-7060 or (877) 747-2243 Fax (213) 481-2375



#### publichealth.lacounty.gov/vet

## Animal Methicillin-Resistant Staphylococcus Reporting Form

Please report all Methicillin-resistant *Staphylococcus* species, including *S. aureus* (MRSA), *S. schleiferi* (MRSS), and *S. pseudointermedius* (MRSP).

#### Date form completed\_\_\_

1. Animal	□ Dog	□ Cat	□ Horse	□ Bird	🗆 Other		
Name		Bre	ed		Sex/Neut	Age	
2. Animal	Owner						
Name(s)							
Address							
City, ZIP							
Telephone:							
Is it okay for	Public Heal	lth to call t	he owner(s)	to ask more al	oout the history? YES	NO	
3. Reportir	ng Veteri	narian					
Name of veter	rinarian or t	echnician:					
Vet Clinic Nat	me:						
Address:							
City, ZIP:							
Telephone			Fax		E-mail:	E-mail:	
4. Exposure	e History						
Any associated human illness?				$\Box$ YES	$\square$ NO		
Any other animals in family ill from bacteria?			bacteria?	$\Box$ YES	$\square$ NO		
5. Clinical I	Findings						
Date of onset	Date of onset at homeDate of p		Date of pi	resentation	Date of death (	Date of death (if applicable)	
Check all that						••	
		nperature	measured		_)		
□ Abscess	scess 🛛 🗆 Skin lesion		Skin lesions/	dermatitis	□ Skin lesion/mass-l	ike	
D Otitis extern	Dtitis externa 🛛 🗆 Urinary tra		Urinary trac	t infection	Post-operative inference	Post-operative infection	
□ Intravenous	Intravenous catheter 🛛 Surgical im		Surgical imp	olant	Septic arthritis		
Other		L	ocation of le	sion(s) on body	- Y		
Were any pict				□ Yes	□ No		

6. Treatment. Please comment on antibiotics administered and response to treatment.

7. Laboratory results. Please fax all bacterial cultures and other lab results in along with form.

66				PAR	PARVO Tracking Sheet	eet	THANK YOU FOR HELPING US FIGHT PAR VO!	HELPING 8 VO!
	Name	Breed	Age	Date seen by clinic	Clinical Signs	Vaccination Status before illness	Parvo Snap Test Result	ZIP code dog came from
(example)	"Lucky" Baldwin	Pit X	5 mo	9/2/2010	★ vomiting	XNever vax Unknown I Incomplete vax I Fully vax	<ul> <li>SNAP (or other) test (+)</li> <li>SNAP test (-) but symptoms like parvo</li> <li>Test declined -symptoms like parvo</li> </ul>	95555
1.					□ vomiting □ anorexia □ fever □ diarrhea(brown) □ diarrhea(bloody) □ diarrhea(yellow) □ moribund	<ul> <li>Never vax Unknown</li> <li>Incomplete vax</li> <li>Fully vax</li> </ul>	<ul> <li>SNAP (or other) test (+)</li> <li>SNAP test (-) but symptoms like parvo</li> <li>Test declined -symptoms like parvo</li> </ul>	
2.					□ vomiting □ anorexia □ fever □ diarrhea(brown) □ diarrhea(bloody) □ diarrhea(yellow) □ moribund	<ul> <li>Never vax Unknown</li> <li>Incomplete vax</li> <li>Fully vax</li> </ul>	<ul> <li>SNAP (or other) test (+)</li> <li>SNAP test (-) but symptoms like parvo</li> <li>Test declined -symptoms like parvo</li> </ul>	
З.					□ vomiting □ anorexia □ fever □ diarrhea(brown) □ diarrhea(bloody) □ diarrhea(yellow) □ moribund	<ul> <li>Never vax Unknown</li> <li>Incomplete vax</li> <li>Fully vax</li> </ul>	<ul> <li>SNAP (or other) test (+)</li> <li>SNAP test (-) but symptoms like parvo</li> <li>Test declined -symptoms like parvo</li> </ul>	
4.					Jor	<ul> <li>Never vax Unknown</li> <li>Incomplete vax</li> <li>Fully vax</li> </ul>	<ul> <li>SNAP (or other) test (+)</li> <li>SNAP test (-) but symptoms like parvo</li> <li>Test declined -symptoms like parvo</li> </ul>	
ù.					Jor	<ul> <li>Never vax Unknown</li> <li>Incomplete vax</li> <li>Fully vax</li> </ul>	<ul> <li>SNAP (or other) test (+)</li> <li>SNAP test (-) but symptoms like parvo</li> <li>Test declined -symptoms like parvo</li> </ul>	
9					Jor	<ul> <li>Never vax Unknown</li> <li>Incomplete vax</li> <li>Fully vax</li> </ul>	<ul> <li>SNAP (or other) test (+)</li> <li>SNAP test (-) but symptoms like parvo</li> <li>Test declined -symptoms like parvo</li> </ul>	
7.					□ vomiting □ anorexia □ fever □ diarrhea(brown) □ diarrhea(bloody) □ diarrhea(yellow) □ moribund	<ul> <li>Never vax Unknown</li> <li>Incomplete vax</li> <li>Fully vax</li> </ul>	<ul> <li>SNAP (or other) test (+)</li> <li>SNAP test (-) but symptoms like parvo</li> <li>Test declined -symptoms like parvo</li> </ul>	
8.					□ vomiting □ anorexia □ fever □ diarrhea(brown) □ diarrhea(bloody) □ diarrhea(yellow) □ moribund	<ul> <li>Never vax Unknown</li> <li>Incomplete vax</li> <li>Fully vax</li> </ul>	<ul> <li>SNAP (or other) test (+)</li> <li>SNAP test (-) but symptoms like parvo</li> <li>Test declined -symptoms like parvo</li> </ul>	
Veterinary	Veterinary Clinic Information	ormation						

COUNTY OF LOS ANGELES COUNTY OF LOS ANGELES Veterinary Public Health & Rabies Control Tel. 213-989-7060

# Fax to: 213-481-2375

Clinic name: Tel #:



# VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

Tel. (213) 989-7060 or (877) 747-2243 Fax (213) 481-2375 publichealth.lacounty.gov/vet

# **Psittacosis Reporting Form**

Date form completed
---------------------

1. Bird.	Name	Species	Sex(if known)Age	

# 2. Bird Owner

Name(s) Address City, ZIP Telephone: Los Angeles County Public Health will contact the owner about the standard 45-day quarantine period.

3. Reporting Veterin	arian		
Name of veterinarian or te	chnician:		
Vet Clinic Name:			
Address:			
City, ZIP:			
Telephone	Fax	E-mail:	
4. History			
a. How long has this perso	n owned this bird?	Date bird obtained (if known)	
c. Store/Individual selling l	pird to owner (if within last 6	0 days)	
d. Are there other birds on	owner's property? $\Box$ No	$\Box$ Yes	
If yes, how many?			
Is there any known	n illness in these other birds?	$\square$ No $\square$ Yes	
e. Were any new birds brow	ught onto property recently?	$\Box$ No $\Box$ Yes	
If yes, explain			
f. Type of housing of infect	ed bird: $\Box$ Indoor $\Box$ Ou	ıtdoor	
g. Is there any known hum	an respiratory illness in peop	ble that handle the infected bird? $\square$ No	□ Yes
If Yes, please expl	ain		
5. Clinical Findings			
a. Date of onset of first sym	iptoms		
b. Date of presentation			
c. Date of death (if applical			
d. Check all that apply			
□ No clinical signs	□ Lethargy □ Anorexia	□ Diarrhea □ Respiratory signs	

6. Diagnostics/Laboratory results. Please fax all laboratory results to us along with this form.

□ Lethargy

□ Other\_

□ Sudden death

 $\Box$  Other (explain):

□ Respiratory signs



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

Tel. (213) 989-7060 or 877-747-2243 Fax (213) 481-2375

publichealth.lacounty.gov/vet



# Canine Rocky Mountain Spotted Fever Reporting Form

1. Dog Name	Breed	Sex/N	leut	Age
				0
2. Dog Owner				
Name(s)				
Address				
City, ZIP				
Telephone:	May we call t	he owner(s) to ask r	nore about th	e history? $\Box$ YES $\Box$ N
2 Domorting Votor				
3. Reporting Veter				
Name of veterinarian or	technician:			
Vet Clinic Name: Address:				
City, ZIP: Telephone	Fax		E-mail:	
Telephone	Tax		E-man.	
4. Tick Exposure H	istory			
Type of neighborhood d	og lives in: □ Urban	🗆 Suburban	□ Rural	
Ticks found on dog with	in 7 days before illness:	□ Yes	□ No	
Ticks found on dog with	in past 3 months:	□ Yes	□ No	
Is the dog walked outsid	e of its own neighborhood:	□ Yes	□ No	
Locations of trails/parks	other places in LA County the	dog visits:		
Does the dog visit places	outside of LA County?	□ Yes	□ No	
	LA County the dog might have	been exposed to ti	cks:	
	, , ,			
5. Clinical Finding	S			
Date of onset of first syn	ptomsDate of p	presentation		_
Date of death (if applical	1	body temperature		

Date of offset of	mst symptoms_		L		
Date of death (if	f applicable)	Highest body tempe	erature measured		
Check all that a	<u>pply:</u>				
□ Fever	🗆 Anorexia	Petecchiae/ecchymoses	Vomiting	🗆 Diarrhea	
🗆 Cough	Enlarged peri	pheral lymph nodes	Conjunctivitis/scleral	injection	
Seizures/vesti	bular disease/neu	ro 🛛 Edema (body location _			)
🗆 Polyarthritis (	joints involved	· · · · · · · · · · · · · · · · · · ·		)	

6. Treatments: (Ex. antibiotics or corticosteroids, ectoparasite control)

7. Laboratory results. Please fax all laboratory results along with this form.

Fax to: (213) 481-2375 5/2013



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM Tel. (213) 989-7060 or 877-747-2243 Fax (213) 481-2375

publichealth.lacounty.gov/vet

SUSPECTEI		□ Canine dist			eukopenia	□ Oth	⊃r		
	ovirus		emper		сикорени				
1. Pet. Dog	g □ Cat								
Name	-	Breed			_Sex/Neut	Ag	2		
2. Pet Owr	her								
Name(s)									
Address									
City, ZIP									
Telephone:									
Is it okay for I	ublic Hea	lth to call the	owner(s) f	o ask m	ore about the	history?	<b>ES</b>	NO	
						·			
3. Reportin	a Veter	ingrign							
Name of veter	-								
Vet Clinic Nan		technician.							
Address:	iic.								
City, ZIP:									
Telephone			Fax			E-mai	1.		
Telephone			Гах			L-mai	1.		
1 History									
4. History									
Relevant vacci	ine history	, include date	s of vaccir	ie:					
Is this case par	rt of a cluc	tor or outbroo	k? If you	nlanca a	valain				
Potential expo			K: 11 yes,	piease e	xpiani:				
□ Another sick				show		Kennel visit			
$\Box$ Exposure to		nome	$\Box$ Dog $\Box$ Pet s			Shelter visit			
-	silay		□ ret s □ Othe			MEILEI VISIL			
□ Dog park									
	<b>F</b> <sup>1</sup> !*	-							]
5. Clinical	-								
Date of onset of	-	•							
Date of death (		ole)	Hi	ghest bo	dy temperatu	ire measure	l:		
Check all that									
🗆 Cough		Discharge	□ Vom		🗆 Diarrhea				
Tremors	🗆 Seizu		🗆 Othe	er neurol	ogical signs				
□ Parvo snap t	est in-hou	se - positive							
						distemper ar			

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

Other (explain) :



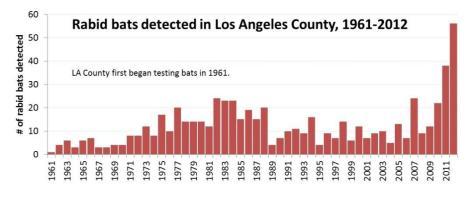
# **DATA - Rabies in Los Angeles County**

# Background

Rabies is prevalent in local bats. Throughout California, many other wildlife species have tested positive for rabies in recent years and are considered potential sources of the virus.

# What You Need to KNOW

• **Rabies in bats appears to be increasing.** During most years, 8-10 bats test positive for rabies in Los Angeles County. This number rose to 38 in 2011 and 56 in 2012.



- Rabid bats have been found indoors. Even pets that do not go outside can be exposed to rabies.
- Bats have tiny teeth. Bat bites to pets, children or sleeping people may go unnoticed.
- Imported pets can bring rabies into Los Angeles County. In 2004, a rabid dog was imported through Los Angeles International Airport (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 page 19.

### What You Need to DO

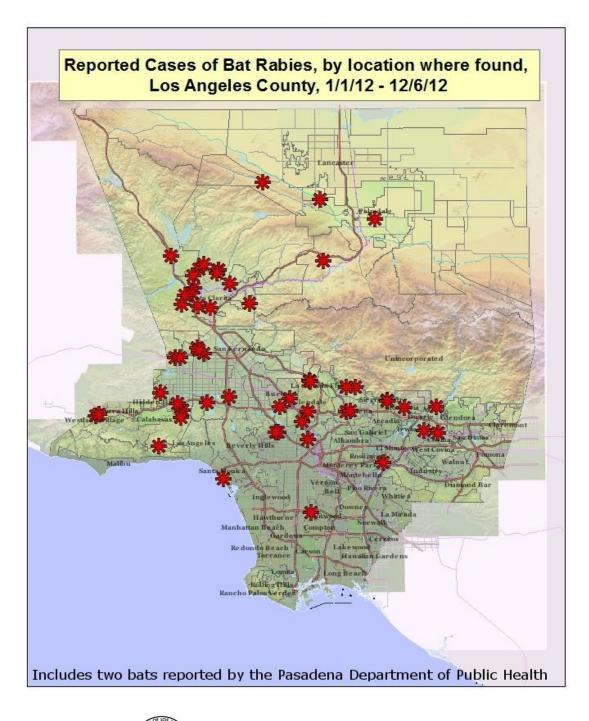
- Vaccinate pets, including indoor cats. Indoor cats can easily be attracted to a bat in a home and thus be bitten by it. There have been several reported cases in our county of indoor only cats exposed to rabies from a bat that was in a house.
- Educate your clients. If they find a bat in their home, they should not touch it with bare hands. They should cover it with a bucket if possible and call animal control to have it tested for rabies. If a bat is found in a room where someone was sleeping, there is no way to know if that person was bitten, so the bat must be tested for rabies.
- Make sure you ask your clients if their pets come from abroad. 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 www.publichealth.lacounty.gov/vet/rabies.htm



# Map of Rabid Bats in Los Angeles County, 2012

In 2012, a total of 56 rabid bats were found in our county. This was, by far, the highest number detected in our county in one year, since testing of bats began in 1961. The prior record was set last year, when 38 rabid bats were detected. During most years, only 8-10 rabid bats have been found. In 2012, twelve people and 14 pets had potential exposure to these rabid bats. The cause for the increase is unknown. Most bats in nature do NOT have rabies.





# Selected Incidents Involving Rabid Bats Los Angeles County, 2012

**1. Santa Clarita**. January. Bat found alive on floor in barn. Three cats in barn exposed, quarantined at home for 6 months because vaccination not up to date.

**2.** Los Angeles. March. Bat found alive in a backyard. Two dogs out in yard exposed, quarantined at home for 30 days.

**3. Westlake Village**. April. Dead bat found clutching

side of wall at a private home.

.....

.....

10. Los Angeles. June. Bat found alive at a school.11. Santa Clarita. June. Bat flew in through back door of a workplace.

**12. Azusa**. June. Bat flew to ground near forestry service officer.

**13. Pasadena**. June. Weak-appearing bat seen crawling in through front door of a public building (info from Pasadena Dept of Public Health).

**14. Hollywood**. July. Bat found dead in closet in apartment, teeth sunk into laundry bag.

**15. Glendale**. July. Cat carried bat in mouth from outdoors into house.

**20.** Covina. July. Two dogs found near bat in back Yard, one attacked bat . Both dogs quarantined at home for 30 days.

**21. Burbank.** July. Bat found alive in daytime inside a restroom that opens to outdoors.

**22. Westlake Village**. July. Three bats found alive on ground outside a home.

**23.** Monrovia. July. Live bat found outside a home.

**24. And 25. Santa Clarita**. July. Two live bats seen clinging to side of home near trash containers

**29.** Acton. August. Live bat fell on person sitting by a pool, bit them on shoulder.

**31. Northridge**. August. Bat found in a bedroom where 5 people were sleeping. Rabies post-exposure prophylaxis recommended for all 5 because of potential for unrecognized bites.

**33. and 34. Woodland Hills**. August. Two bats (one alive, one dead) found inside a home. Two people plus an unvaccinated cat exposed to rabies. Cat euthanized.

**35. Chatsworth**. August. Bat was seen flying into a home through open window. Was covered with a box until Animal Control arrived.

.....

.....

**41. Santa Clarita.** August. Bat found alive outside when a dog was barking at it. No dog contact with bat.

**42. Santa Clarita.** August. Bat found on ground near a pool. Was moved off into bushes by resident. Bat later found walking back toward pool.

**43.** Santa Clarita. August. Bat seen hanging above a doorway for two days without moving.

**47. Chatsworth**. September. Bat found in a backyard. Resident thought it was a leaf until it hissed.

**48. Burbank**. August. Bat found on ground in a parking structure.

49. Hollywood. September. Bat flew into a shop in daylight, landed, was carefully moved outdoors by workers, and flew back inside a couple of minutes later.
50. West Hills. September. Live bat found in backyard where two vaccinated dogs were kept. Both quarantined at home for 30 days.

.....

**53. Altadena**. September. Bat seen alive on ground. Resident thought it was a leaf at first.

**54. Castaic**. October. Bat found alive under a lawnmower. Dog quarantined at home for 30 days in case it got near the bat.

**55.** Canyon Country. November. Bat found alive in a pool

clinging to a hose.

**56.** Encino. December. Bat found inside a home. Dog chased down and killed a rabid bat. Dog placed under 30 day home quarantine.







### REPORTED ANIMAL RABIES BY COUNTY AND SPECIES CALIFORNIA, 2000-2009

COUNTY	BAT	SKUNK	FOX	CAT	DOG	RACCOON	EQUINE	OPOSSUM	COYOTE	RABBIT	TOTAL
TOTAL	1584	552	85	11	6	2	2	2	1	1	2246
Alameda	49	12	0	0	0	0	0	0	0	0	61
Alpine	1	0	0	0	0	0	0	0	0	0	1
Amador	9	8	0	0	0	0	0	0	0	0	17
Butte	95	68	0	0	0	0	0	0	0	0	163
Calaveras	5	4	0	0	0	0	0	0	0	0	9
Colusa	13	0	0	0	0	0	0	0	0	0	13
Contra Costa	71	19	0	1	0	0	0	0	0	0	91
Del Norte	1	0	0	0	0	0	0	0	0	0	1
El Dorado	23	38	4	0	0	0	0	0	0	0	65
Fresno	36	24	0	0	0	0	0	0	0	0	60
Glenn	44	5	1	1	0	0	0	1	0	0	52
Humboldt	15	15	63	3	0	0	0	0	1	0	97
Imperial	9	0	0	0	0	0	0	0	0	0	9
Inyo	15	0	0	0	0	0	0	0	0	0	15
Kern	38	0	0	0	0	0	0	0	0	0	38
Kings	2	0	0	0	0	0	0	0	0	0	2
Lake	2	0	0	1	0	0	0	0	0	0	3
Lassen	5	0	0	0	0	0	0	0	0	0	5
Los Angeles	108	0	0	0	0	0	0	0	0	0	108
Madera	1	11	0	0	0	0	0	0	0	0	12
Marin	87	0	0	0	0	1	0	0	0	0	88
Mariposa	1	11	0	1	1	0	0	0	0	0	14
Mendocino	2	2	1	0	0	0	0	0	0	0	5
Merced	10	0	0	0	0	0	0	0	0	0	10
Modoc	3	0	0	0	0	0	0	0	0	0	3
Mono	2	0	0	0	0	0	0	0	0	0	2
Monterey	16	46	1	0	0	0	0	0	0	0	63
Napa	18	0	3	0	0	0	0	0	0	0	21
Nevada	7	20	1	0	0	0	0	0	0	0	28
Orange	58	0	0	0	0	0	0	0	0	0	58
Placer	33	66	0	1	2	0	0	0	0	0	102
Plumas	3	0	0	0	0	0	0	0	0	0	3
Riverside	53	0	0	0	0	0	0	0	0	0	53
Sacramento	52	7	0	0	0	0	0	0	0	0	59
San Benito	16	11	0	0	0	0	0	0	0	0	27
San Bernardino	68	0	1	0	0	0	0	0	0	0	69
San Diego	92	1	1	0	0	0	0	0	0	0	94
San Francisco	29	0	0	0	0	0	0	0	0	0	29
San Joaquin	58	0	0	0	0	0	0	0	0	0	58
San Luis Obispo	23	18	4	0	0	0	0	0	0	0	45
San Mateo	6	0	0	0	0	0	0	0	0	0	6
Santa Barbara	25	97	1	1	1	0	0	0	0	0	125
Santa Clara	32	1	0	0	0	0	0	0	0	0	33
Santa Cruz	12	6	0	0	0	0	0	0	0	1	19
Shasta	17	14	0	0	1	0	1	0	0	0	33
Sierra	0	0	0	0	0	0	0	0	0	0	0
Siskiyou	0	0	2	1	0	1	1	0	0	0	5
Solano	27	0	0	0	0	0	0	0	0	0	27
Sonoma	16	0	0	0	0	0	0	0	0	0	16
Stanislaus	11	1	0	0	0	0	0	0	0	0	12
Sutter	42	2	0	0	0	0	0	0	0	0	44
Tehama	2	2	0	0	1	0	0	0	0	0	5
Trinity	1	2	1	1	0	0	0	0	0	0	5
Tulare	22	3	0	0	0	0	0	1	0	0	26
Tuolumne	9	36	0	0	0	0	0	0	0	0	45
Ventura	64	0	1	0	0	0	0	0	0	0	65
Yolo	100	0	0	0	0	0	0	0	0	0	100
Yuba	25	2	0	0	0	0	0	0	0	0	27

74

Data courtesy of Dr. Curtis Fritz, California State Public Health Veterinarian, California Department of Public Health

# **DATA - Heartworm in Los Angeles County**

# Background

Contrary to popular belief, there have been multiple reports of heartworm (*Dirofilaria immitis*) in Los Angeles County dogs and cats, many of which did not travel elsewhere. Treatment of advanced heartworm disease can be difficult and costly. The Western Treehole Mosquito (*Aedes sierrensis*) is considered the best local vector for this parasite. In the scientific literature, heartworm infection has also been reported in ferrets, wolves, coyotes, marine mammals and even humans.

# What You Need to KNOW

• Heartworm is present locally. Between 2005 and 2012, a total of 100 cases of heartworm reported to our program, including 88 dogs and 12 cats. In 35% of these cases, pet had not traveled outside of Southern California. In 2009 a number of cases clustered in the South Pasadena area (see map).



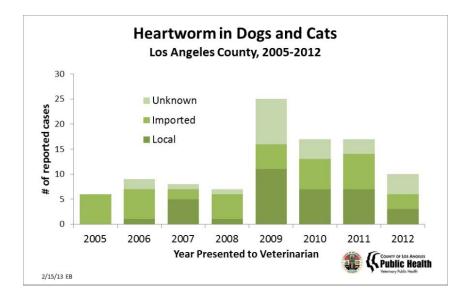
- The majority of cases can be asymptomatic. From cases reported, 72% of pets had <u>no</u> <u>clinical signs</u> at the time of diagnosis. Other patients presented with cough (20%), lethargy (11%) and heart failure (6%).
- Untreated pets and wildlife may act as reservoirs for local heartworm. While it is not yet known with certainty which animal species act as a source of *D. immitis*, coyotes and untreated dogs (15% of cases reported) can act as reservoirs for the disease.

# What You Need to DO

- Tell clients what they can do about mosquitoes.
  - Mosquitoes breed in standing water. Instruct clients to identify and remove standing water from their property 1-2 times weekly.
  - Advise clients to keep pets indoors at dusk and at night, when mosquitoes are most active.
  - Let clients know they can report large bodies of stagnant water, like neglected swimming pools, to their local vector control agency.
- **Promote heartworm prevention.** Most heartworm preventive medication has the added benefit of preventing zoonotic intestinal parasites.
- **Promote heartworm testing in dogs.** It is recommended to include heartworm testing as part of a pet's yearly physical checkup.
- **Report your cases.** Heartworm reporting form http://tinyurl.com/LACoHWForm

For More Information - www.publichealth.lacounty.gov/vet/heartworm.htm





# **Case Categories**

- Local Pet did not travel outside of Southern California
- Imported Pet traveled outside of Southern California and likely contracted the infection outside of area.
- **Unknown** Not enough history available about pet.

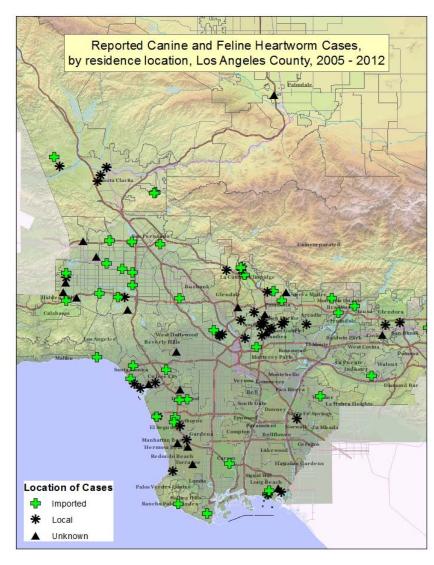




Photo: Emily Beeler

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.



# **DATA – Leptospirosis in Los Angeles County**

# Background

Wildlife can carry several zoonotic pathogens of importance, one of them being the water-loving bacteria *Leptospira* (lepto). Common wildlife like raccoons, skunks, opossums or rats can carry lepto in their urine. Therefore the risk of this disease being transmitted to animals and people exists even in our urban environment.

# What You Need to KNOW

- Lepto is present in the county. Lepto was reported in 25 dogs between 2005 and 2012 in our county. In nine of these cases the dog died. Eaver was present in only

of these cases the dog died. Fever was present in only 28%, azotemia in 88%, and elevated liver values in 35%.

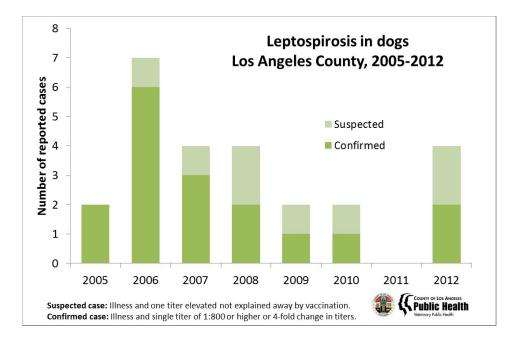
- Lepto may be underreported. Veterinarians that do not know that lepto is possible here might not order lepto testing. The cost of lepto testing may also present a barrier for clients.
- Backyard wildlife have transmitted lepto to Los Angeles County dogs. In several cases of lepto, infected dogs rarely left their own neighborhoods, but they had direct or indirect encounters with wildlife. Raccoons were seen putting their front paws in dogs' water bowls in some cases.

# What You Need to DO

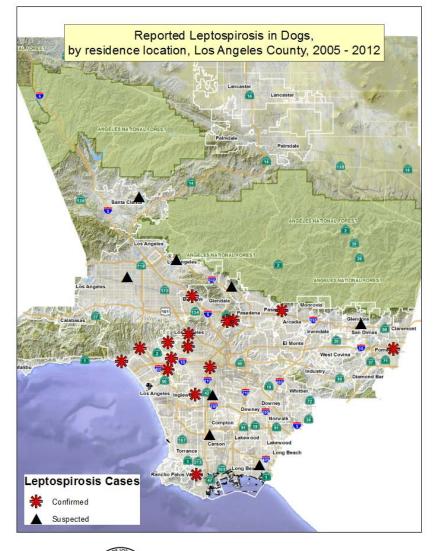
- **Consider lepto vaccination.** The use of a 4-way leptospirosis vaccine is recommended. Approximately 75% of the reported cases in our county were unvaccinated against lepto. The other 25% had been vaccinated with a 2-way vaccine.
- Educate clients about the risks of attracting wildlife. Clients should keep pet food and water bowls inside the house, especially after dusk, to avoid attracting wildlife. Bowls should be routinely cleaned with hot water and soap in case they have been contaminated.
- **Promote testing for, and reporting of, pets with leptospirosis.** Help us obtain a better picture of the burden of lepto in Los Angeles County by testing pets with clinical signs consistent with lepto (especially kidney disease) and report any positives to us.

For More Information <u>www.publichealth.lacounty.gov/vet/Leptospirosis.htm#</u>





Map of Leptospirosis in dog in Los Angeles County, 2005-2012





# **DATA - Parvo in Los Angeles County**

# Background

Canine parvovirus (parvo) is not a zoonotic disease, however, it is crucial to monitor this disease in Los Angeles County. There are several areas within the county where parvo is a significant problem. Because parvo causes recognizable clinical signs and is diagnosed with a simple test, it is relatively easy to track.

# What You Need to KNOW

- **Parvo is a marker for preventive care in dogs.** Dogs that have not been vaccinated against parvo may be less likely to have received other vaccines, including rabies, as well as preventative care such as deworming and flea control.
- Knowing trends of parvo in our county allows for targeted outreach. A good database of where parvo occurs within our county allows us to focus outreach efforts on the most affected areas.



• The majority of dog owners do not know their puppy needs a vaccine series. A survey done by us at vaccine clinics throughout the county showed that 82% of the people surveyed did not know that to be fully protected, a puppy needs 3-4 shots.

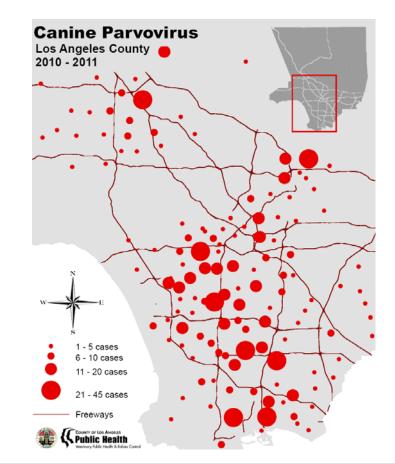
### What You Need to DO

- **Report cases of parvo to us.** Use the Parvo Tracking Sheet (page 66). Every report is a "vote" for educational and outreach efforts to focus on the zip code where the dog came from.
- Educate pet owners about the disease and the vaccination procedure. In our vaccine clinic survey, although 63% of the people knew the word "parvo", only 42% could correctly identify clinical signs associated with the disease from a list of basic choices.
- **Promote other preventive care during parvo vaccination.** To promote maximum health benefits in puppies when getting their parvo vaccine, they should also receive anti-parasite medication and other preventive care.

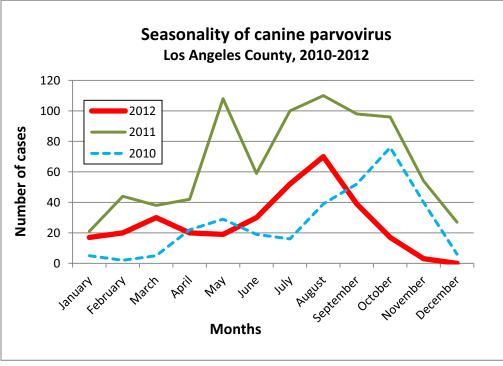
### **For More Information**

• www.publichealth.lacounty.gov/vet/parvo.htm





# Map of canine parvovirus in Los Angeles County by zip code





# **DATA - West Nile virus in Los Angeles County**

# Background

West Nile virus (WNV) is a great example of why we need to monitor our community for new animal diseases. In the past, this virus was found in Europe and Africa. In 1999 it suddenly appeared in the New York City area where it caused neurologic disease in birds, horses, and people. Within a few years, the disease, carried by birds, spread across the country and it is now established in California. **In Los Angeles** 



**County, cases of West Nile virus occur in both humans and animals every year**. WNV affects several species of birds, as well as tree squirrels, horses and humans.

# What You Need to KNOW

- The virus is transmitted by mosquitoes. Mosquitoes become infected when they bite an infected animal, usually a wild bird. The mosquito then transfers the virus to people and other animals.
- West Nile activity peaks in late summer in both animals and people. See the graph on the next page. In 2012, the virus was detected in 274 wild birds, 15 tree squirrels, and 174 people in our county.
- **Crows are great sentinels for the disease.** While some birds are asymptomatic for the virus, crows tend to get very sick from it. A rise in crow mortality usually occurs about a month before human cases appear.
- **Disease in people is usually mild.** Flu-like symptoms are most commonly seen in people. In rare cases, people with a neuroinvasive form of the disease require hospitalization.

# What You Need to DO

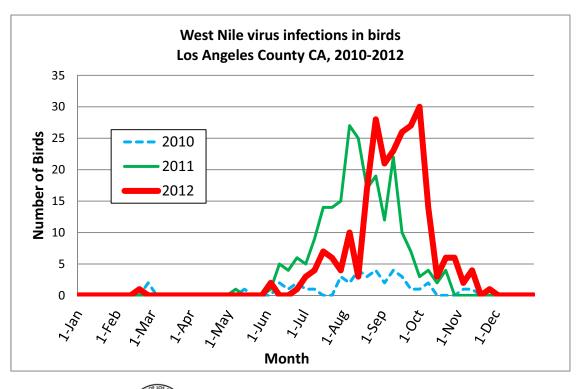
- Tell clients what they can do about mosquitoes.
  - Mosquitoes breed in standing water. Instruct clients to identify and remove standing water from their property 1-2 times weekly.
  - Advise clients to wear long-sleeve clothing or to stay indoors at dusk and at night, when mosquitoes are most active.
  - Let clients know they can report large bodies of stagnant water, like neglected swimming pools, to their local vector control agency.
- **Report dead wild birds to Veterinary Public Health.** Every report is counted, even if the animal cannot be tested. Testing availability varies by season. We are usually able to test dead crows year round. Other bird species, as well as tree squirrels, can also be tested between March and October. Carcasses must be fresh, bagged, and put in a safe location in order for us to collect them for testing.

For More Information <a href="http://publichealth.lacounty.gov/vet/westnileData2012.htm">http://publichealth.lacounty.gov/vet/westnileData2012.htm</a>





Map of dead birds and tree squirrels testing positive for WNV in Los Angeles County, 2012





# **DATA - Flea-borne typhus**

# An emerging vector-borne disease of humans

# Background

Flea-borne typhus (also known as murine typhus and endemic typhus) is a vector-borne that has been on the rise in Southern California since 2010. It is caused by the bacteria *Rickettsia typhi* and *Rickettsia felis*, and is transmitted by fleas from animals to people. An *urban cycle* of flea-borne typhus, involving rats and rat fleas, is present in downtown Los Angeles. A suburban cycle is found in residential communities, and involves cats, opossums, and cat fleas.

# What You Need to KNOW

- Asymptomatic animals can maintain the disease in the environment. Rats, opossums, and cats do not show clinical signs of disease. Colonies of these animals represent potential sources of infection.
- Veterinary staff are particularly at-risk for the disease. Due to their close contact with fleainfested animals, veterinary staff, wildlife rehabilitators, and animal control workers are more likely to be exposed.
- The pathogen is present in flea feces ("flea dirt"). Fleas defecate while biting. People may become infected then they scratch a flea bite and drag flea feces across the bite wound, or when flea feces get into their eyes, nose, or mouth.
- Infection in people can be severe. Most people develop mild symptoms 6-14 days after exposure, however the disease can cause more serious problems such as meningitis. Symptoms usually include fever, headache, chills, and muscle pain. A rash on the chest/back/legs can also occur.

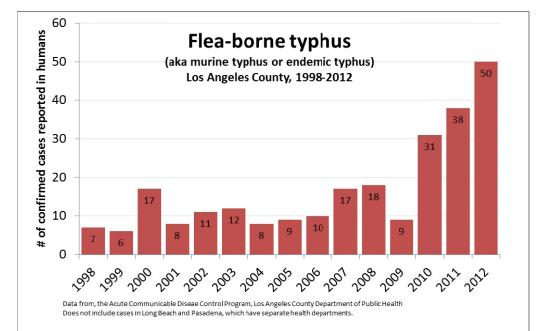
# What You Need to DO

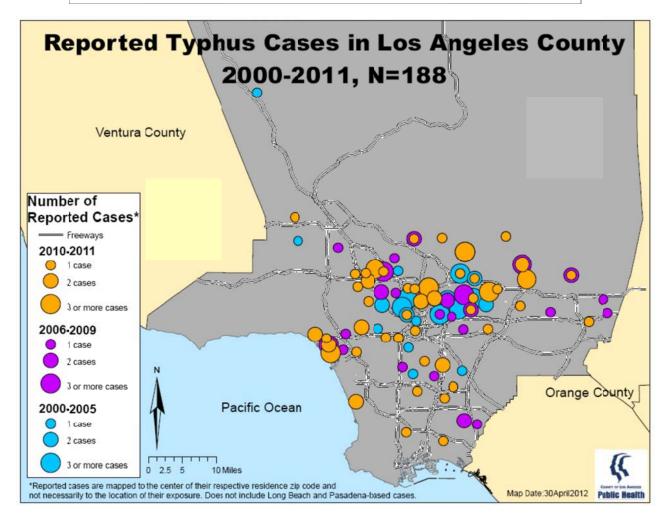
- **Promote flea control in pets.** Due to its mode of transmission, all pets should receive regular flea prevention, especially if they come near opossums or rats. Non-chemical flea control steps include laundering pet bedding, vacuuming the home, trimming vegetation in the yard, and not leaving pet food outside (which can attract wildlife).
- **Discourage clients from leaving food outdoors.** Leaving food out, especially after dusk, can attract both wild and feral animals, and encourage growth in their populations. Large populations of animals (wild or domestic) without flea control place people at risk.
- **Protect yourself from fleas and flea feces.** Make sure you and your staff use gloves when dealing with patients with flea infestations, and practice good hand washing habits.
- **Do not relocate wildlife.** Flea-borne typhus has been expanding within our county partly due to relocation of opossums from one place to another.

For More Information - <a href="http://publichealth.lacounty.gov/vet/docs/mtyphus.pdf">http://publichealth.lacounty.gov/vet/docs/mtyphus.pdf</a>



# Flea-borne typhus in humans in Los Angeles County







# **Other Diseases and Discoveries**

# Melioidosis in a pet iguana

In January 2013, a pet iguana from the San Fernando Valley was diagnosed by a local veterinarian with an abscess over the left proximal humerus. Culture of the lesion revealed a bacteria called *Burkholderia pseudomallei*, which does not naturally occur in the United States. This organism is also considered a "Category B" potential bioterrorism agent by the Centers for Disease Control and Prevention (CDC). The iguana's infection returned after excision and antibiotic therapy, so the pet was euthanized. Necropsy showed pulmonary and hepatic abscesses. This organism could potentially infect people and cause severe disease. We do not know if this disease is present in other local animals. Therefore staff and clients should always wear gloves and practice careful hygiene with reptiles with abscesses.

# Onchocerca lupi – ocular parasite in dogs and cats

In 2012, a veterinarian in the San Fernando Valley reported an ocular parasite in a Boxer. The dog was seen for severe bilateral corneal ulcers and a 1/2 mass on the side of one eyeball. Surgical removal of the mass ultimately revealed it to contain a worm called *Onchocerca lupi*. This newly-recognized parasite can form nodules anywhere in and around the eye socket and cause a variety of eye problems. It has been consistently seen in dogs in Greece and Hungary. Review of the scientific literature and discussions with researchers revealed this parasite has caused disease in Los Angeles County dogs since at least 1991, and may be increasing. It has also infected two cats in Utah. This worm is related to a more famous parasite called *Onchocerca volvulus*, which causes River Blindness in Africa and Central America, and is transmitted by the black fly. The life cycle of the *Onchocerca lupi* is not completely known, but it is most likely spread by the bite of insects – maybe black flies or biting midges. Since ivermectin is a useful preventative and treatment for River Blindness, heartworm preventative medications may be protective for dogs and cats. There are a few published reports of this worm infecting humans. To date, no human cases of *Onchocerca lupi* have been detected in Los Angeles County and the vector and reservoir(s) remain unknown.

### **Canine influenza – three outbreaks**

Three clusters of canine influenza (H3N8) have been reported to us since 2005. In 2005, an Inglewood veterinarian confirmed four cases by serologic testing in dogs that had been at a boarding facility. One died from pneumonia. Extensive PCR and serologic testing arranged by us for 6 months after that outbreak did not detect additional cases. In 2007, a San Gabriel Valley veterinary practice reported a cluster of cases in the dog boarding section of their facility. Approximately 40 dogs became ill over 3 weeks. Multiple cases were confirmed by serologic testing. Most of the dogs had mild symptoms, although four dogs developed pneumonia. This outbreak may have been triggered after a puppy from Colorado, sick with pneumonia, was brought into the clinic. In 2011, four emaciated puppies were diagnosed with canine influenza in the South Bay Area. The puppies originally were turned in to a local animal shelter, where they received vaccinations, including the canine influenza vaccine. Soon



after they were transferred to a veterinary practice. They had slight fevers and developed a mild cough a week after the transfer. PCR testing on conjunctival and pharyngeal swabs at the time coughing began were positive. Consultation with the vaccine manufacturer suggested the test was not a false positive, despite earlier vaccination. Illness was mild and recovery was seen within days. There was no indication of a larger outbreak at the clinic.

# Myxomatosis in 3 rabbits

In 2010, 3 fatal cases of myxomatosis were seen in rabbits in one city the San Gabriel Valley. The disease is caused by the Myxoma virus and is transmitted by blood-sucking insects such as rabbit fleas, mosquitoes or biting flies. The rabbits were mostly indoors, however they did have access to the outside on some occasions.

# Salmon Poisoning Disease

In the past seven years, more than 15 dogs have been diagnosed with salmon poisoning disease, including 2 deaths. Dogs get infected with *Neorickettsia helminthoeca*, the causative agent, by eating raw trout & salmon that are infected with trematode *Nanophyteus salmincola*. One dog was infected after licking the ground where water had dripped off a trout. Common clinical signs include fever, vomiting, bloody diarrhea, lethargy, lymphadenopathy, collapse and death. It is diagnosed by detecting the egg of the parasite *Nanophyteus salmincola* in the dog's feces.

Our program has investigated and collected data on many more common and unusual diseases, including:

- Large scale distemper outbreaks in grey foxes (2007) raccoons and other wildlife (2009-2010)
- Fatal *Mesocestoides* parasitism in a dog in West Los Angeles
- A die-off in catfish in a recreational fishing pond caused by a zoonotic bacteria called *Edwardsiella tarda*
- A potential new human pathogen, *Rickettsia massiliae*, in brown dog ticks (*Rhipicephalus sanguineus*) in the San Fernando Valley.

We plan to add much more information about local diseases to our website in the coming years.

For More Information http://publichealth.lacounty.gov/vet/AnimalDiseaseList.htm



# Client Handouts

# Can Smoking Harm Pets?

Yes.



More than just breathing it in. Pets get a bigger dose of chemicals from smoking than you might think. Have you ever noticed the smoke stains that coat the furniture and walls of a smoker's home? That "smoker's residue" also gets into the fur or feathers of pets, and it contains a lot of chemicals. Pets living in a smoker's home not only inhale smoke. They also eat it every day when they groom their fur or feathers.

# Smoking hurts pets:

- Dogs that live in a smoking environment are three times more likely to develop lung or nasal cancers.
- Cats that live in a smoking environment are more than three times likely to come down with cancer in the mouth or lymphoma (a cancer of the immune system).
- All pets can develop breathing problems, eye irritation, and skin irritation when exposed to smoke and smoke residue.
- Curious pets become very sick when they eat cigarette butts, nicotine gum or patches, and need emergency veterinary treatment. Small pets, puppies and kittens can even die from eating them.

**What Should I Do?** Best plan: Stop smoking for their health and yours! If you must smoke, do it away from your pet. Keep cigarette butts, nicotine gum, and nicotine patches out of their reach.





# ¿El fumar daña a las mascotas? sí.



**Más que respirándolo.** Las mascotas reciben una dosis de químicos al respirar cuando una persona

esta fumando, más de lo que usted se imagina. ¿Alguna vez ha notado las manchas del humo que se mira en los muebles y las paredes de la casa de un fumador? El residuo del fumador también se queda en la piel o las plumas de las mascotas, y contienen muchos químicos. Las mascotas que viven en las casas de fumadores no solo inhalan el humo, pero también se lo comen todos los dias cuando se bañan con la lengua.

# Estar Fumando daña a los Mascotas:

- Los Perros que viven en un ambiente donde se fuma, son tres veces más probable que se desarollan cancer del pulmón o las senos nasales.
- Los gatos que viven en un ambiente donde se fuma, son tres veces más probable que se desarollan cancer de la boca o limfoma (cancer del sistema immunológico).
- Todos las mascotas pueden desarollar problemas respiratorios, irritación de los ojos, y irritación de la piel cuando estan expuestos al humo de cigarrillos y los residuos del humo.

• Las mascotas que son curiosas se enferman cuando se comen las colillas de cigarillos, chicle de nicotina o parches de nicotina, y requieren tratamiento veterinario inmediatamente. Las mascotas pequeñas, cachorros y gatitos pueden morirse al comercelos.

Que Debo Hacer? Mejor Plan: Pare de fumar para el bien de la salud de sus mascotas y usted! Si tiene que fumar, hágalo lejos de su mascota. Mantenga las colillas de cigarillos, chicle de nicotina, y parches de nicotina fuera del alcance de sus mascotas.



training method and often makes your pet Other zoonotic diseases can be spread to people through flea or tick bites, including frequently, using care when cleaning litter been prevented. Teaching basic skills by places (outside, litterbox, etc), will benefit through contact with skin, saliva, stool, or Murine Typhus, Rocky Mountain Spotted good manners, like how to sit, walk on a eptospirosis, toxoplasmosis, and rabies. Steps to Protect You & Your Pet from Veterinary Public Health & Rabies Control flea and mosquito control, avoiding "pet directly from infected animals to people urinate and defecate in the appropriate afraid or aggressive. Teaching your pet \* Frequent hand-washing, tick checks, diseases pets and humans can share. through bites or scratches. Examples prevented in pets by vaccination and kisses," cleaning up your pet's feces positive training (reward) is essential eash, greet people respectfully, and Punishing dogs is NOT an effective Some of these diseases are spread Zoonotic diseases ("zoonoses") are \* Many zoonotic diseases can be **Public Healt** COUNTY OF LOS ANGELES include ringworm, roundworm, boxes and other precautions. ZOONOSES & HYGIENE <sup>-</sup>ever and Lyme disease. you and your pet. parasite control. Zoonoses

# 9.2009 JS, LF. 4.2011 EB

# HEALTHY PETS in LA County Promoting

# SPAY/NEUTER

shelters. Others never make it to shelters YES! It's a Lifesaver! Every year more neutering pets prevents animals from and suffer in the streets. Spaying or than 50,000 dogs and cats end up effective and humane way to save being born accidentally, and is an homeless in Los Angeles County Should I Spay/Neuter My Pet? animals' lives.

# What is Spay/Neuter?

A spay is the surgical removal of a female testicles. Both surgeries are performed by animal's reproductive organs. A neuter is the surgical removal of a male animal's a veterinarian while animals are under general anesthesia.

# Benefits for Your Pet & for You

A longer, healthier life for your pet:

\* Decreased chance of mammary cancer

\* Decreased chance of prostate problems & uterine infections in females

& testicular cancer in males

\* Pets that are spayed/neutered are 3

behaviors such as roaming, anxiousness, and pets are less likely to spray and mark \* Spaying/neutering helps with unwanted imes less likely to bite. their territory.

# PARASITE CONTROL

be used year-round. MANY DOG flea/tick External parasites can be prevented and reat internal parasites, like hookworms, control (applied monthly), which should ecommended to be prescribed by your controlled by using topical flea and tick Have your pet tested regularly (at least Read labels carefully! To prevent and whipworms and heartworm, monthly products CANNOT be used on cats. once a year) for parasites by a deworming medications are veterinarian.

veterinarian.

# **TRAINING YOUR PET**

Fraining is important in helping to keep aken to shelters each year because of roublesome behavior that could have pets and people safe. Many pets are



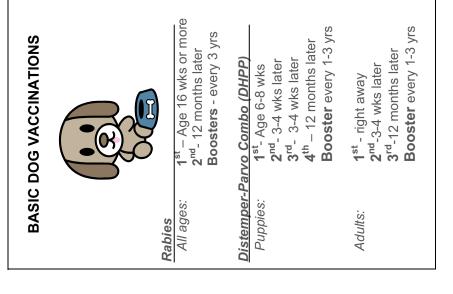
* Wellness exams performed by your	veterinarian can help detect and treat	zoonotic infections before they become	ous.
* Wellne	veterina	zoonotic	serious.

# WELLNESS CARE

Pets age much faster than humans do. For this reason, pets should be seen by their veterinarian 1 to 2 times every year. Ask your veterinarian's opinion about your pet's diet, behavior, parasite control, oral hygiene, skin and coat, and general health. Routine blood testing can assist in the early detection of disease. Such tests can greatly enhance the detection of disease at an early stage and help prolong the life of your pet.

# VACCINATIONS

Vaccination is a vital way to protect pets' health. Vaccinating your pet is much less expensive than trying to treat serious diseases. Distemper and Parvo, which case life-threatening illness in dogs, are very common in LA County. Vaccinating your pet will also save you and your family a lot of heartache. Many people do not realize that only one vaccination series is not sufficient to protect your pet, and need to be boostered. The American Animal Hospital Association recommends certain vaccines for all dogs and cats:



For many pets, additional vaccines may be needed. Ask your veterinarian for more information.

# **LICENSING**

All dogs over the age of 4 months in the County of Los Angeles must have a license issued by the local area animal control authority. Licensing allows owners to be reunited with their pets in case the pet is lost. Proof of rabies vaccination is required.

BASIC CAT VACCINATIC         BASIC CAT VACCINATIC         Rabies         All ages:       1 <sup>st</sup> - 16 wks of age         All ages:       1 <sup>st</sup> - 12 months la         Boosters- every       Boosters- every         Kittens:       1 <sup>st</sup> - Age 6-8 wks         Kittens:       1 <sup>st</sup> - Age 6-8 wks later         3 <sup>rd</sup> - 3-4 wks later       3 <sup>rd</sup> - 3-4 wks later         Adults:       1 <sup>st</sup> - right away         2 <sup>nd</sup> -12 months later       2 <sup>nd</sup> -12 months later         3 <sup>rd</sup> -12 months later       2 <sup>nd</sup> -12 months later         3 <sup>rd</sup> -12 months later       2 <sup>nd</sup> -12 months later         3 <sup>rd</sup> -12 months later       2 <sup>nd</sup> -12 months later         3 <sup>rd</sup> -12 months later       2 <sup>nd</sup> -12 months later         3 <sup>rd</sup> -12 months later       3 <sup>rd</sup> -12 months later
--

# For more information on healthy pets:

Companion Animal Parasite Council www.petsandparasites.org/ American Veterinary Medical Association (AVMA) Care for Animals Care for Animals <u>www.avma.org/careforanimals/default.asp</u>s LA County Veterinary Public Health <u>publichealth.lacounty.gov/vet/</u> American Animal Hospital Association <u>www.healthypet.com/</u> CDC's Healthy Pets, Healthy People cdc.gov/Features/HealthyPets/





e para su	esto causa que su perro se vuelva miedoso y
	agresivo. Enseñarle buenos modales a su
s en las	mascota, por ejemplo como sentarse,
iario y	caminar con su correa, saludar a la gente
s an los machos	respeuosamente, y onnar y delecar en los lucares aproniados nor eiemplo afuera
tata v ráncer	beneficiara a usted v a su mascota
ara y carreer	
erilizadas son 3 Mor	ZOONOSES & HIGIENE
uei. Ida a evitar	Enfermedades zoonóticas ("zoonoses") son
ıgar, ansiedad,	enfermedades que las mascotas y personas comparten Alguinas de estas enfermedades
propensos a	se propagan directamente de animales
	infectados a personas por medio de la piel,
SO	saliva, heces, o por mordidas o rasguños.
evenirse	Ejempros incluyen gusanos de varios upos, toxonlasmosis v rabia Otras enfermedades
ntrolar las	zoonóticas se pueden propagar a personas
ŋ	por medio de pulgas, mordidas de
el año.	garrapatas, incluyendo Tifus Murino, Fiebre
oulgas y	de las Montañas Rocosas y la enfermedad de
AR en los	Lyme.
etalladamente!	
s internos, dar a	¿Cómo puedo proteger a mi mascota y yo
comendados y	de estas enfermedades?*
	*Lavarse las manos frecuentemente.
erinario	*Proteja a su mascota de las pulgas garrapatas y
aminada (por	mosquitos. *Evitar "beeve de mascotae"
detectar	*Recoger y desechar las heces de mascotas todos
	IOS dias *Tonor anidada al limaior las paise do arona do
OT A	l errer cuidado al ilirripiar las cajas de arena de datos
	*Vacune v desparasite a las mascotas seαún lo
yudar mascotas	recomendado por los veterinarios
urus. Ivrucrias ine podo pão	*Exámenes de bienestar por su veterinario puede
ios caua ario e ee hubiere	ayudar a detectar y tratar las infecciones
e se riubiera	zoonoticas, como la tina, antes de que se agraven.
nte. Castigar a Ie	
ט	

Beneficios para Su Mascota y Usted

entrenamiento muy eficaz y muchas veces

Mascota: \* Disminuye las probabilidades en las hembras de tener cáncer mamario v

Distrintuye las probabilidades en las hembras de tener cáncer mamario y infecciones en el útero.

Veterinary Public Health & Rabies Control

1-877-747-2243

**Public Health** 

COUNTY OF LOS ANGELES

 Disminuye las probabilidades en los made de tener problemas en la próstata y cánce de testículo.

 Las mascotas que están esterilizadas son veces menos probable de morder.
 Esterilizar a los animales ayuda a evitar conducta no deseada como vagar, ansiedad y entonces ellos tienen menos propensos a orinar y marcar su territorio.

Mascotas Saludables

Promoviendo

en el Condado de

Los Angeles

# **CONTROL DE PARÁSITOS**

Parásitos externos pueden prevenirse aplicando un rociador para controlar las pulgas y garrapatas que se usa mensualmente, y durante todo el año. MUCHOS productos para las pulgas y garrapatas NO SE DEBEN USAR en los gatos. ¡Lea las instrucciones detalladamente Para prevenir y tratar parásitos internos, dar su mascota medicamentos recomendados y recetados por su veterinario. Llevar a su mascota con el veterinario regularmente para que este examinada (por lo menos una vez al año) para detectar parásitos.

# ENTRENAR A SU MASCOT/

¿Qué Es La Esterilzación (Spay/Neuter) En

es una forma efectiva y humana de salvar la

vida de los animales.

animales de tener bebes accidentalmente, y

Esterilizando las mascotas previene a los

para animales y sufren en las calles.

Angeles. Otros logran llegar a los refugios

desamparados en el Condado de Los

50,000 perros y gatos terminan

Síl ¡Es Un Salvavidas! Cada año mas de

¿Debo de esterilizar a mi Mascota?

ESTERILIZACIÓN (spay/neuter)

los ovarios de los animales que son hembras.

En los animales que son machos, "neuter'

significa el quitar mediante cirugía de los testículos. Las dos cirugías las hace un

veterinario mientras está el animal bajo

anestesia general

'Spay" significa el quitar mediante cirugía de

Los Animales?

Entrenar es importante para ayudar mascotas y personas a mantenerse seguros. Muchas mascotas se llevan a los refugios cada año por problemas de conducta que se hubiera podido prevenir. Enseñarles entrenamiento positivo por mérito es importante. Castigar a los perros NO es un método de

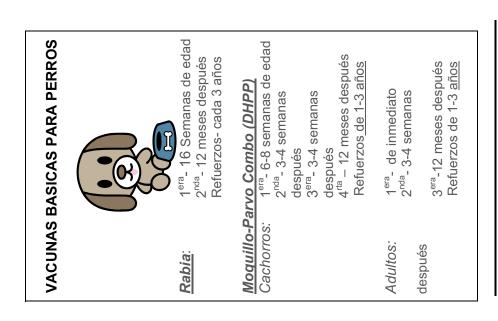
CUIDADO DE BIENESTAR Las mascotas envejecen más rápidamente

due los humanos. Por esa razón, las que los humanos. Por esa razón, las mascotas deben ser examinadas por su veterinario 1 o 2 veces al año. Pida la opinión de su veterinario sobre la dieta de su mascota, el comportamiento, el control de parásitos, higiene bucal, de la piel y el abrigo, y la salud general. Las pruebas de rutina de sangre pueden ayudar a la detección precoz de enfermedades y ayudar a prolongar la vida de su mascota.

# VACUNAS

La vacunación es un rumbo vital de seguir para proteger la salud de su mascota. Vacunar su mascota es más barato que intentar de tratar enfermedades serias. El Moquillo y el Parvo son enfermedades que causan casos de muerte y son muy comunes en el Condado de Los Ángeles. Vacunar a su mascota le evitara mucha angustia para usted y a su familia. Mucha gente no se da cuenta que una vacuna sola no es suficiente para proteger a su mascota. Ellos necesitan una serie de vacunas. La American Animal Hospital Association recomienda ciertas vacunas para todos los perros y gatos.

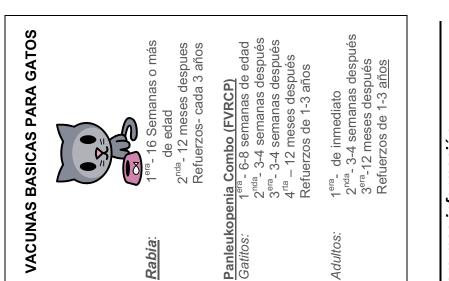
Muchas mascotas necesitan vacunas adicionales. Pregúntele a su veterinario para más información.



# LICENCIAS

Todos los perros en el Condado de Los Ángeles que tienen más de 4 meses de edad deben tener una licencia otorgada por la agencia local de control de animales en su área. Tener la licencia le permite a los dueños de reunirse con sus mascotas en caso de que estas estén perdidas. Se

requiere comprobante de la vacuna de la rabia.



# Para mas información

Companion Animal Parasite Council www.petsandparasites.org/ American Veterinary Medical Association (AVMA) Care for Animals www.avma.org/careforanimals/default.asps for Animals www.avma.org/careforanimals/default.asps for Animals www.avma.org/careforanimals/default.asps for Animals www.avma.org/careforanimals/default.asps for Animal Negital Association www.healthypet.com/ CDC's Healthy Pets, Healthy People cdc.gov/Features/HealthyPets/





# IMPROVE <u>YOUR HEALTH</u> BY WALKING YOUR DOG

Did you know that taking Fluffy for a walk can improve YOUR health?

Research has shown that walking your dog can help you improve your health.

A 2001 study in Australia found that people who walked their dogs for at least an hour a week were most likely to get the recommended level of healthimproving physical activity. A total of <u>150 minutes</u> of moderate aerobic activity (i.e., Brisk Walking) per week is recommended by the Centers for Disease Control & Prevention. A <u>10-minute brisk</u> walk, 3 times a day, 5 days a week can improve your health.

Improve your health by walking your dog daily!



Reasons for you:	Reasons for your dog:
<ul> <li>Helps you get the recommended level of physical activity (150 minutes per week)</li> <li>Improves your cardiovascular health</li> <li>Helps you relax and feel better</li> <li>Gives you an opportunity to meet new people</li> <li>Helps your neighbors recognize your dog if it ever gets lost</li> <li>Allows you to bond with your dog</li> </ul>	<ul> <li>Improves you dog's cardiovascular health</li> <li>Prevents obesity in your dog and helps overweight dogs lose weight</li> <li>Helps your dog relax &amp; bark less</li> <li>Improves your dog's overall behavior</li> <li>Helps your dog find its way home if it ever gets lost</li> </ul>

PREVENT A DOG ATTACK         shoes         around	og: se your dog	
PREVENT A DOG ATTACKshoesaround• AVOID OTHER DOGS: Cross the• Stretch before and• Use a le	se your dog	
<ul> <li>don't want to encounter.</li> <li>MAKE SOME NOISE: Yell "No!" or "Go Home!" in a deep voice.</li> <li>CARRY AN OBJECT: Consider carrying a stick or other object that you can use to scare away a threatening dog.</li> <li>Bring po pick up</li> <li>Be visible to make sure drivers see you</li> <li>Look both ways when you cross the street</li> <li>Wear a hat and use sunscreen Drink plenty of water</li> <li>Watch fi signs of</li> </ul>	young kids ash at all oop bags to after your dog lenty of water alk your dog me weather or unusual fatigue or breathing	
	L DOG PARKS	
Yorba Park     7600 E. La Palma     Anaheim, O		
	Buena Park, CA	
Costa Mesa Bark Park     890 Arlington Drive     Costa Mesa       Costa Mesa     Costa Mesa     Costa Mesa	a, CA	
Sepulveda Basin Off-Leash Dog Park     17550 Victory Blvd.     Encino, CA		
Fullerton Pooch Park     201 S. Basque Ave.     Fullerton, G		
Garden Grove     9301 Westminster Ave.     Garden Grove		
Huntington Beach Best Friend Dog ParkLocated in HB Central Park @HuntingtorEdwards & Inlet StreeetsEdwards & Inlet StreeetsHuntingtor	i Beach, CA	
Irvine Central Bark6405 Oak CanyonIrvine, CA		
Laguna Beach Dog Park20672 Laguna Canyon RoadLaguna Beach	ach, CA	
Laguna Niguel Pooch Park31461 Golden LanternLaguna Nig	uel, CA	
Laguna Woods a Place for Paws ParkRidge Route DriveLaguna Wo	ods, CA	
Long Beach Dog Park5201 E. 7th St.Long Beach		
Seal Beach Arbor Dog Park4665 Lampson Ave.Los Alamito	7	
Barrington Dog Park333 S. Barrington Ave.Los Angele		
Hermon Park in the Arroyo - Seco Dog Park5566 Via MarisolLos Angele		
Runyon Canyon Dog Park         2000 N. Fuller         Los Angele		
	Los Angeles, CA	
Griffith Park Dog Park North End of the John Ferraro Los Angele	s, CA	
Soccer Field on N. Zoo Drive		
	North Hollywood, CA	
Orange Dog Park     190 S. Yorba Street     Orange, CA       All     5     5     5		
Alice Frost Kennedy Dog ParkWithin Vina Vieja Park 3026 E.Pasadena,Orange Grove Blvd.Orange Grove Blvd.	LA	
Rancho Santa Margarita Canada Vista Dog Park24328 Antonio Pwy.Rancho Sar	nta Margarita, CA	
Redondo Beach Dog Park200 Flagler LaneRedondo B	Redondo Beach, CA	
San Clemente Baron Von Willard Memorial Dog Park 301 Avenida La Pata San Clement	nte, CA	

27250 Bouquet Canyon Road

611 E. Sierra Madre Blvd.

8260 Mulholland Drive

1234 Pacific Ave.

Santa Clarita Central Park

Sierra Madre Dog Park

Laurel Canyon Dog Park

Westminster Dog Park

Santa Clarita, CA Sierra Madre, CA

Studio City, CA

Venice, CA





# Preparing your pet! Quick tips about disaster planning:

- Always evacuate with your pets
- Provide a trusted friend or neighbor with a copy of a house key so they can safely evacuate your pet(s) in the case of a disaster when no one is home
- Maintain a week's supply of pet food, water, and pet medications
- Proper pet identification (microchip, registration of microchip and visible ID tag with name of pet, pet owner, local cell phone number, home number and out-of-state emergency number)
- Keep a leash, crate, or pet carrier to safely transport a pet to prevent unintended loss and bites during a disaster
- Accessible pet first aid kit, sanitation supplies (dog poop bags, newspaper, cat litter, litter pans, pooper scoopers, wet wipes, etc.) and familiar pet items (blanket, toys, treats, etc.)
- Make arrangements in advance with a pet-friendly boarding facility (friend, neighbor, veterinarian, dog walker/pet sitter, etc.) to stay during a disaster
- Own only as many pets that a family and/or friends can safely evacuate







# ¡Preparénse con su mascota! Consejos para planearse contra desastres:

- Siempre evacue con sus mascotas
- Asegúrese que un amigo de confianza tenga una copia de la llave de su casa para que pueda evacuar a sus mascotas cuando Ud. no está
- Tenga reservas para una semana de comida, agua o medicamentos de sus mascotas
- Identificación apropiada para sus mascotas (un microchip con registración y collar con el nombre de la mascota y del dueño, número de celular, número de casa y un número de teléfono de emergencia fuera de la ciudad)
- Una correa o caja transportadora para su mascota para que pueda ser transportada seguramente sin riesgo de perderla o de que muerda a alguien
- Un equipo (kit) accesible y que contiene cosas de sus mascotas (juguetes, manta, etc.) y cosas sanitarias (caja donde hace la suciedad su mascota, bolsa para recoger la suciedad, una pala para recoger la suciedad, papel para limpiar la suciedad)
- Planee antes de que un desastre ocurra donde se puede traer sus mascota en caso de evacuación (amigo, vecino, veterinario, lugar de hospedaje para sus mascotas)
- No tenga más mascotas que pueda transportar Ud. seguramente durante un desastre
   COUNTY OF LOS ANGELES



# **Helpful Hints Dining Outdoors with Your Dog**

# **Before You Go**

- Check first to see if the restaurant allows dogs in its outdoor patio area.
- Take your dog for a walk so he or she will be ready to relax while you are dining.

# At the Restaurant

- Always follow the restaurant's rules for dogs.
- Make sure your dog is well-behaved and on a leash.
- Do not walk your dog through the restaurant to get to the patio area.
- Do not tie the leash to the table, or there might be spilled drinks if he or she moves!
- Keep your dog close to your table or chair, but not on them.
- Do not let your dog eat or drink out of the restaurant glassware or dishware.
- Some restaurants may not provide doggie dishes. Check first, and bring a bowl for water, if needed.
- Give your dog doggy treats instead of food from your plate.
- Clean up after your dog and notify the restaurant staff so they can do additional cleanup.
- And, enjoy the day with your favorite pet!

# **Food Dangers**

Some common foods can make your pet sick. Avoid feeding your dog foods that contain:

- Alcohol
- Caffeine
- Chocolate
- Xylitol (artificial sweetener) Macadamia Nuts
- Garlic
- Chives

- Onions
- Avocado
- Grapes
- Raw Meat, Eggs, and/or Bones
- Salty or Fatty Foods







2/27/12 COUNTY OF LOS ANGELES blic Health

# Extra Copies of Forms



**VETERINARY PUBLIC HEALTH – RABIES CONTROL PROGRAM** 

Tel. (213) 987-7060 OR (877) 747-2243 Fax: (213) 481-2375

publichealth.lacounty.gov/vet



# DOMESTIC ANIMAL vs. WILD MAMMAL **INCIDENT REPORT FORM**

DOMESTIC ANIMAL – PET INFORMATION										
			Owner first name	Ow	ner ad	dress. Number and street		(	City and	zip code
Owner area code & phone Species			Bre	ed		Sex		Age		
Switer area code & priorie Species			Div	.cu		Sex		1150		
			🗌 Dog 🗌 Ca	t						
Date bitten	Time bitten		Reported by				Repo	rter area co	ode & pl	none number
Address where bitte	en. Nur	nber and	l street	City a	and zip	code	Туре	of injury t	to domes	tic animal
Animal vaccinated	prior to	Date v	accinated prior to	contact with wildlife	:	Animal vaccinated after coming	into	Date va	accinated	l after coming
contact with wildlif			I			contact with wildlife?	, ,			h wildlife:
☐ Yes ☐ No Domestic animal in	nounded?	Animo	l Shelter			Yes No Impound #		Was or	imal aut	hanized?
Domestic annual III	ipoundeu:	Amilia	a Sheller					was al	minai cui	mailizeu:
Ves No Was animal taken te				•. •				☐ Ye	s 🗌 Ì	No
Was animal taken to	o vet?	Name	of Veterinary Hos	pital		Address, city and zip				
🗌 Yes 🗌 No										
Current location of	animal:									
Home address		ΠVe	eterinary clinic list	ed above		Other				
			2	FORMATIO	N (a	nimals other than dog	or cat)			
Type of wild animal Wild animal Wild animal dog of eacy										
Coyote Skunk Raccoon Bat Other (explain)										
337.11 . 1 .	1.0	1.		T (* C 11	· 1	· (1:: 1.1()			· 1	т.
Wild animal specim	Not appli	or rables	testing?	Location of wild a	nimal s	specimen (clinic or shelter)	-	Date euth	anized	Time
		eable								
Veterinary Clinic of	r Animal Cont	trol Ager	ncy taking report:			Impound# of wild animal (	if applicable)	)		
Address of Veterina	ary Clinic or A	nimal C	ontrol Agency							
Commontes										
Comments:										
		Su	bmit a copy	of the animal?	's rat	bies certificate(s), if av	ailable			
							nitials			
Report by:					Do				Date:	
Report by.					Da		ancu by	•		Date.









# VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (213)-989-7060 or (877) 747-2243 FAX: (213) 481-2375

publichealth.lacounty.gov/vet



### **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	I BIT	TEN			
Victim name (las	t and first)			Date of Birt	h	Address (number, st	reet, city and z	zip)	
Victim phone nur			1		Reporter	phone number			
Date bitten	Time bitten	Addre	ss where bitten (if no ad	ldress make sure	to put c	city and zip code)		Body loo	cation bitten
How bite occurre	d (explain)							1	
									-
Date Treated	Hospita			Treated by					Phone number
Type of treatment		No No							
				ANI	MAI				
Owner Name (las	st and first)				Addre	ess (number, street city	and zip)		
Phone Number	Phone Number     Type of animal       Dog     Breed       Cat     Breed					r	Des	scription of	animal (sex, color)
Animal vaccinate		Date 1	ast vaccinated:					al sterilized' es 🔲 No	
Was animal euthanized?       Reason euthanized:         YES       NO         Date       Please explain:				Specimen prepared for rabies testing?			ed for rabies testing?		
				CL	INIC				
Clinic Informatio							Conta	ct person	
Name: Address (include	number, street, ci	ty, state an	d zip)					Pho	one Number
Remarks									
		Su	bmit a copy of t	the animal'	s rabi	ies certificate, i	f availabl	e	
Date			Time		Fa	axed: 🗌 yes	🗌 No	In	itials
Form (	H-1561) Vet								



**VETERINARY PUBLIC HEALTH PROGRAM** Tel. (213) 989-7060 or 877-747-2243 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 nonrabies vaccinations and positive rabies titers are not conditions that warrant an exemption.

Fax the following documents to : 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

(must be within past year):\_\_\_\_\_

### **REASON FOR EXEMPTION REQUEST**

Documented health condition:

Fax:

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	า	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 Clinic Name	Address City	
Phone	County	Zip
	above and have determined that vaccination against the her considerations. I hereby request an exemption from the second se	
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



# VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

Tel. (213) 989-7060 or 877-747-2243 Fax (213) 481-2375

publichealth.lacounty.gov/vet



# 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 Informa	tion			
Type of animal involved:	Domestic Pet	□ Livestock	Wild animal	
	□ Exotic	🗆 Zoo animal		
Number of animals:	🗆 One	🗆 Multiple (giv	e number	_)
Species of Animal				_
Other Identifying Inform	nation:			
				_
Sex				-
Age		IMPO	UND #	
2. Animal Owner (	if applicable)			
Name(s)				
Address				
City, ZIP				
Telephone:				
Is it okay for Public Hea	alth to call the ov	vner(s) to ask m	ore about the history	$7? \square YES \square NO$
3. Animal Location	<b>n</b> (where in com	munity animal c	originated, if not sam	e as owner)
Name(s)				
Address				
City, ZIP				
4. Reporting Veter	inary Clinic o	or Shelter		
Name of veterinarian or	technician:			
Vet Clinic Name:				
Address:				
City, ZIP:				
Telephone		Fax	E	-mail:
5. History				
Date of onset of first sym	nptoms	Date	of presentation	
Date of death(s), if applie	cable			

History (include vaccine history, if applicable):

p. 1 of 2

6. Clinical Findin	igs		
Highest body temperat	ture meas	ured	
Physical Examination			
	Nor	mal	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	
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.