# RABIES CONTROL GUIDE

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Rabies Control Guide

The following information is recommended as a guide for the control of rabies in animals and the prevention of rabies in humans.

Definitions/Explanations

**Human Exposure**
Any bite, scratch or other situation where saliva or central nervous system (CNS) tissue of a potentially rabid animal enters an open, fresh wound or comes in contact with a mucous membrane by entering the eye, mouth, or nose. The touching or handling of a potentially rabid animal or another animal or inanimate object that had contact with a rabid animal does not constitute an exposure unless wet saliva or CNS material from the rabid animal entered a fresh, open wound or had contact with a mucous membrane.

**Animal Exposure**
Any circumstance where saliva or CNS tissue from a rabid or potentially rabid animal did have or could have had contact with mucous membranes or a break in the skin of a domestic animal. The actual witnessing of a bite or attack by a potentially rabid animal is not required in order for an exposure to have occurred. Any potentially rabid animal which has exposed a domestic animal and is not available for laboratory testing should be presumed to be rabid. Domestic animals that bite other domestic animals are not usually considered as rabies suspects unless showing signs compatible with the disease.

**Confinement and Quarantine**
The animal is housed in a building, pen or by some other suitable escape-proof method or enclosure. Tying the animal in an open yard is not adequate confinement. The animal cannot be removed from confinement unless on a leash and under the immediate control of a responsible adult. The animal cannot be moved from the premises unless permission is obtained from the local health department. Under no circumstances should the animal be permitted to run at large during the quarantine period. At the first indication of the animal becoming ill, it is the responsibility of the owner or custodian to notify the local health department and take the animal to a veterinarian for an examination. If rabies is suspected, the animal should be immediately euthanized and the brain submitted for rabies examination. To avoid misunderstanding, such instructions should be provided to the owner or custodian in writing.

**Strict Isolation**
A kennel in a veterinary hospital, animal control facility, commercial boarding establishment, or a pen at home (see Appendix A) that prevents direct contact between the animal and any human or other animal, but allows for feeding, watering, cleaning and observation. The local health department Sanitarian is responsible for approving the adequacy of the isolation unit.

**Currently Immunized Against Rabies**
An animal is currently immunized against rabies if a vaccination certificate is available that describes the animal adequately and documents that the animal received rabies vaccine approved by the United States Department of Agriculture (USDA) from a licensed veterinarian; the duration of immunity must be adequate for that animal’s species and age
as described on the USDA’s approved vaccine label. In lieu of a vaccine certificate, the records of the attending veterinarian may suffice.

Background

Rabies is a viral disease that affects the nerve pathways of the central nervous systems and produces encephalitis in warm blooded animals. All warm blooded animals are susceptible hosts for this virus. It is most frequently encountered among the carnivorous (meat-eating) animals because of their biting habits; the virus is ordinarily transmitted from a bite, e.g. animal to animal, or animal to humans. In the continental boundaries of the United States, the chief vectors (carriers) of this disease, in order of prevalence, include raccoon, skunk, bat, fox, cat and dog. In West Virginia, raccoons represent the major wildlife reservoir of rabies virus with spillover into other wildlife and domestic animals. In addition to these terrestrial reservoirs, several species of insectivorous bats are also reservoirs for rabies.

Domestic animals, primarily dogs and cats, are most often responsible for potential rabies exposure of humans. Unvaccinated dogs and cats create serious problems by carrying the disease from wildlife to the human population. Even though rabies is relatively rare among dogs and cats, the control of stray, ownerless dogs and cats should be a major consideration in any rabies control program. Another major step is a county or regional rabies immunization clinic for dogs and cats; it is now required by law in the State of West Virginia to have every owned, kept or harbored dog and cat immunized against rabies at least every two years with an approved rabies virus vaccine (WV Code 19-20A-2).

The rabies virus is transmitted in the saliva of an infected animal. Rabies virus is transmitted from an infected animal to another animal by a bite(s) or contamination of an open cut or wound with saliva or CNS tissue containing rabies virus. The virus invades the central nervous system by way of nerve pathways. Investigations have shown both direct entry of virus into peripheral nerves at the site of infection and indirect entry after viral replication in nonnervous tissue (i.e., muscle cells). Neuromuscular sites near the point of inoculation are involved secondarily; the infection progresses along peripheral nerves to the brain.

The incubation period is the time from exposure to onset of clinical signs of disease. The incubation period may vary from a few days to several years, but is typically 1 to 3 months. The virus can infect and remain localized at the inoculation (bite) site for several months. Once the virus reaches the brain it multiplies rapidly and invades the salivary glands. During this period of cerebral infection, the classic behavioral changes associated with rabies develop. The virus can be found in saliva and neural tissues but not blood. Not all brain infections are caused by the rabies virus. Therefore, it takes careful observation by physicians and veterinarians to make accurate clinical diagnosis; even then it is preferred that a final diagnosis of rabies be based on laboratory examinations.

Given the manner of rabies transmission and the susceptible hosts, control and prevention are two major components in controlling the rabies problem. The following principles have proven to be universally applicable.
Exposure Management

I. Human Exposure (see definitions and explanations)

A. Patient Management
   Every person bitten or scratched by any animal (including bats) should consult a physician and be guided by their advice.

   1. If indicated, the physician may treat the patient:
      a. To prevent wound infection,
      b. To prevent septicemia (blood infection),
      c. To prevent tetanus (lock jaw), or
      d. To prevent rabies (hydrophobia).

   2. The physician or staff attending the victim of an animal bite must contact the local health officer in accordance with the Reportable Diseases legislative rule, 64CSR7-5, and submit a Bite Report Form (see Appendix E) so that the local health department may take proper measures to protect others in the community.

   3. It is imperative that the local health department staff obtain as complete a history as possible on the animal bite incident: persons involved, location and severity of bite, date of exposure, animal exposure to the infected animal, and conditions contributing to the bite. Form SG-58, Animal Encounter Report (see Appendix E), should be completed and used to record the incident, the results of the investigation, laboratory reports, and follow-up actions.

B. Animal Management

   1. Owned Dogs and Cats (or Ferrets)

   Any person who owns or harbors any dog or cat (ferrets also fit in this category), whether licensed or unlicensed, which bites any person, shall forthwith confine and quarantine the animal for a period of 10 days for rabies observation (WV Code 19-20-9a). A Notice of Animal Quarantine, Form SG-59 (see Appendix E), shall be issued by the local health officer, or his designee (64CSR7).

   The animal shall not be killed, sold, released, or given away during the quarantine period. Administration of the rabies vaccine is NOT recommended during the observation period. Any illness in the animal should be reported immediately to the local health department. If signs suggestive of rabies develop, the animal should be euthanized and its head submitted for rabies examination by the Office of Laboratory Services (OLS).

   If the suspect animal is not confined as directed, the humane officer, dog warden or sheriff may cause the animal to be placed in the custody and care of a licensed veterinarian for that purpose at the owner’s expense and can fine/imprison the owner (WV Code 19-20-9c).
2. **Stray Dogs and Cats**

If the domestic animal responsible for the bite has no known owner (i.e., no one in the community who harbors or maintains the animal), the local health officer shall direct the county humane officer, dog warden or sheriff to confine the suspect animal for a period of 10 days for rabies observation. A Notice of Animal Quarantine, Form SG-59 (see Appendix E), shall be issued by the local health officer or his designee. If symptoms of rabies develop, the animal shall be humanely euthanized and tested or if the animal dies, its head should be immediately submitted for testing at OLS. (64CSR7-5.4).

In the case of a severe bite on the head, face, neck or hand, or deep laceration, or multiple bite wounds by an un-immunized or stray animal, it may be appropriate to have the animal euthanized immediately and submit the head for rabies examination by the Office of Laboratory Services (this decision should be made on a case-by-case basis and include consultation with the local or state health department). The decision to start any vaccination regimen rests between the physician and the patient.

If the animal is not available for either quarantine or the laboratory testing, the attending physician (as necessary, with the assistance from the local or state health departments) should evaluate the level and type of animal exposure in determining the need for rabies post exposure prophylaxis (PEP). The decision to start any vaccination regimen rests between the physician and the patient.

3. **Wild or Exotic Animals (Including Bats)**

If a human is exposed (see definition above) to a wild or exotic animal (or if a strangely acting or dead raccoon, fox, skunk or coyote is found within an active surveillance county *) the local health department shall be notified as soon as possible. Animals in this category should be euthanized immediately and the head or brain (as deemed appropriate by OLS) should be submitted to the Office of Laboratory Services for rabies examination (64CSR7-5.5). *See Rabies Active Surveillance Protocol at the following web address: http://www.wvdhhr.org/bph/oehp/sdc/a-z/a-z-rabies.htm#protocol.*

Because of the risk of rabies among wild animals, such as raccoons, skunks, and foxes, the American Veterinary Medical Association (AVMA), National Association of State Public Health Veterinarians (NASPHV), and the Council of State and Territorial Epidemiologists (CSTE) strongly recommend the enactment of state laws prohibiting the importation, distribution, relocation, or keeping of wild animals, and wild animals crossbred to domestic dogs and cats as pets. The incubation period and number of days rabies virus is shed in the saliva, prior to onset of clinical signs, are unknown for wild and exotic animals. Infected animals
can transmit the rabies virus not only while clinically sick but also for an indeterminate number of days before clinical signs become apparent. **It is never appropriate to confine and observe wild or exotic animals that are involved in a human bite incident.**

When responding to citizen inquiries or situations regarding wild animals, the sanitarian, law enforcement officer or wildlife biologist should determine, to the extent possible, if there has been human, pet or livestock exposure. Road kills or wild animals having no known contact with humans, pets or livestock should be buried or incinerated, except within counties participating in active rabies surveillance. **Note:** Person involved with the head removal should follow the self-protection guidelines in Appendix B.

Low risk species for transmission of rabies to humans include small rodents, rabbits, squirrels, and chipmunks. These animals are not considered a risk unless abnormal or aggressive behavior is noted.

4. **Livestock**

Livestock such as cattle, horses, sheep, goats and pigs, are not high risk for transmitting rabies. When a person is bitten by livestock, many factors should be considered. If the animal is healthy, its behavior is normal, there is no history of exposure, and the area is not endemic for rabies, it may be reasonable to keep the animal under 10 - 14 days observation (although the shedding period of virus in the saliva is unknown in livestock). Otherwise, euthanasia and testing of the animal or PEP of the person should be considered.

II. **Animal Exposure** (see definitions)

Any animal bitten or scratched by a wild, carnivorous mammal (or a bat) which is not available for testing should be regarded as having been exposed to rabies.

A. **Dogs and Cats (and Ferrets)**

1. **Vaccinated**

Any healthy, vaccinated dog, cat or ferret that is exposed to a proven or suspected rabid animal should be re-vaccinated immediately by a licensed veterinarian, confined, and observed for 45 days. Any sign of illness should be immediately evaluated by a veterinarian. If symptoms of rabies develop, the animal should be humanely euthanized and tested or if the animal dies, its head should be immediately submitted for testing at OLS. **NOTE:** The most important post-exposure action is insuring that a booster vaccination is obtained immediately.
2. **Unvaccinated**

   Any unvaccinated dog, cat or ferret that is exposed to a proven or suspected rabid animal should be euthanized immediately, unless the exposing animal tests negative for rabies. If the owner of an exposed dog, cat or ferret is unwilling to euthanize it, the animal shall be placed in strict isolation (see definitions) for 6 months and vaccinated 1 month before being released. Any sign of illness should be immediately evaluated by a veterinarian. If symptoms of rabies develop, the animal should be humanely euthanized and tested or if the animal dies, its head should be immediately submitted for testing at OLS.

3. **Expired Vaccinations**

   Any dog, cat or ferret with an expired vaccination needs to be evaluated on a case-by-case basis. Any dog, cat, or ferret with an expired vaccination that is exposed and not euthanized should receive an immediate booster and be placed in 6 months strict isolation. Another vaccination should be administered 1 month before release. Depending on the type of exposure, animals with a history of multiple vaccinations and a recently expired vaccination may be handled as currently vaccinated. Any questions should be discussed with personnel in the Infectious Disease Epidemiology Program.

B. **Livestock**

   All species of livestock are susceptible to rabies; cattle and horses are among the most frequently infected. A legal quarantine requires coordination with the West Virginia Department of Agriculture.

   1. **Vaccinated**

      Currently vaccinated livestock, with a vaccine approved by the USDA for that species, exposed to a rabid animal should be re-vaccinated immediately, confined (in a manner routine for that species) and observed for signs of rabies for 45 days.

   2. **Unvaccinated**

      Unvaccinated livestock should be slaughtered immediately. If the owner is unwilling to have this done, the animal should be confined and kept under close observation for 6 months.

      a. If the animal is slaughtered within 7 days of being bitten, its tissues may be eaten without risk of infection, provided liberal portions of the exposed area are discarded. Federal meat inspectors will reject for slaughter any animal known to have been exposed to rabies within the previous 8 months.

      b. Neither tissues nor milk from a rabid animal should be used for human or
animal consumption. However, since pasteurization temperatures inactivate the rabies virus, drinking pasteurized milk or eating adequately cooked meat does not constitute a rabies exposure.

c. Having more than one rabid animal in a herd or having herbivore to herbivore transmission is uncommon; therefore, restricting the rest of the herd if a single animal has been exposed to or infected by rabies might not be necessary. For assistance, please contact the Infectious Disease Epidemiology Program.

C. Wild or exotic animals

The efficacy of injectable rabies vaccination of wildlife and hybrids (the offspring of wild animals crossbred to domestic animals) has not been established, and no such vaccine is licensed for these animals.

Wild or exotic animals bitten by a rabid animal should be euthanized immediately. Zoos or research institutions may establish vaccination programs which attempt to protect valuable animals, but these should not replace appropriate public health activities to protect humans. Employees who work with animals at such facilities should receive pre-exposure rabies vaccination. The use of pre- and post-exposure rabies vaccinations for employees who work with animals at such facilities might reduce the need for euthanasia of captive animals.

III. Animal Bite/Rabies Exposure Records (see form SG-58, Appendix E)
The local health department should keep an individual case record of each potential human rabies exposure. This record should include:

A. Identification data:

1. Name, date of birth and sex of the person bitten.
2. Address and phone number of the person bitten.

B. Date and circumstances under which the bite occurred:

1. Site and severity of bite wound(s).
2. Name, address and phone number of attending physician, and
   a. Local treatment given.
   b. Rabies PEP given, amount given and date of each treatment:
      (1) Human Rabies Immunoglobulin (HRIG), and
      (2) Rabies vaccine (including type/manufacturer if possible).
3. Species of animal involved (dog, cat, fox, etc).
4. Description of animal (breed, age, sex, weight, and distinguishing coloration of markings).
5. Name, address and phone number of animal’s owner (if applicable, including locating information of the premises if the address is a PO Box).
6. Was animal immunized against rabies? If so, by whom, type of vaccine used and date of last vaccination.

7. Disposition of animal:
   a. Confined and under observation? If so, where?
   b. Outcome after 10 days:
      (1) In good health?
      (2) Shows clinical rabies symptoms?
      (3) Escaped?
      (4) Died (date)?
      (5) Killed (date)?

8. Results of laboratory examination:
   a. Date specimen sent to laboratory,
   b. Results of microscopic examination,
   c. Laboratory report number, and
   d. Laboratory Analysis Results should be communicated thru follow-up with the individuals involved.

IV. Laboratory Analysis of Rabies Specimens

Wild animal specimens should only be submitted for analysis when humans, pets or livestock have been exposed; or according to the Active Rabies Surveillance Protocol (http://www.wvdhhr.org/bph/oehp/sdc/a-z/a-z-rabies.htm#protocol) in counties that are participating in active surveillance. For domesticated animals, it is recommended that the actual head removal be accomplished by a licensed veterinarian. In the case of large animals (cows, horses, sheep, pigs, etc.) the brain must be removed by a veterinarian when the head of an animal is too large to ship. If the services of a veterinarian are not available, persons involved with the head removal should follow self-protection guidelines associated with any infectious disease (see Appendix B).

In cases where the animal is partially decomposed due to improper handling before the health department receives it, it is suggested that prior to packaging, the specimen be sprayed with insecticide to kill any fly larvae which may be present. Consult with laboratory staff for other unusual circumstances when dealing with specimens.

Care must be taken in the preparation and handling of all suspect specimens for shipping to the Office of Laboratory Services. It is important that the specimen NOT be frozen but must be maintained at refrigerated temperatures. Additional instructions which are to be followed are contained in Appendix D.

Attached: Appendix A Isolation Pen Construction
Appendix B Self Protection Guidelines
Appendix C Rabies Antibody Testing
Appendix D Rabies Specimen Collection Instructions
Appendix E Forms: Animal Bite Report
               SG-58 Animal Encounter Report
               SG-59 Notice of Animal Quarantine
               Rabies Test Submission Report
APPENDIX A

ISOLATION PEN CONSTRUCTION
FOR UNVACCINATED DOGS AND CATS EXPOSED TO RABIES

Minimum Construction Detail adapted 8/89 from original by Douglas Hubbard

Construction provides:

A. Double enclosure to prevent escape and direct contact with people or other animals.

B. Feeding enclosure and door to allow for feeding without direct contact of animal and handler and to provide confinement of animal during cleaning.

C. L-shaped metal plates or extension of wire fencing buried to prevent digging out.

Overall length and width are approximate and may vary depending on requirements of animal. Height should be 3x the height of the animal at the shoulders.
APPENDIX A

ISOLATION PEN CONSTRUCTION
FOR UNVACCINATED DOGS AND CATS EXPOSED TO RABIES

Minimum Construction Detail adapted 8/89 from original by Douglas Hubbard

Front View

1 = 4” x 4” posts, pressure treated or equivalent, driven or set in concrete.

2 = Wire, chain link, 2” x 2” hardware cloth (welded) or

3 = L-shaped metal plates or wire bent at 90° angle for 12-18” and buried 4-6” below ground surface to prevent digging out.

← Side View
APPENDIX B

SELF-PROTECTION GUIDELINES

Avoid direct skin or mucous membrane contact with the suspected animal and its body fluids before, during, and after removal of the head.

To minimize contact, use the following **Universal Protection Precautions**:

- Avoid splattering blood, etc. Wear a plastic apron or other suitable removable outer garment such as coveralls. Wear rubber gloves and a face mask and safety goggles or face shield.

- All instruments and tools coming in contact with the suspected animal should be disinfected with bleach immediately after use.

- Protective clothing and gloves should be discarded in a plastic bag or other enclosed container or washed in a 10% bleach solution or other suitable disinfectant.

- The surface area used for the head removal should be disinfected immediately using a 10% bleach solution or other suitable disinfectant.

- If a self-inflicted cut or wound occurs during the removal of the head, the wound should be cleaned with soap and water and a physician consulted as soon as possible.

**Sanitarians who will be removing animal heads or doing brain stem extractions should have pre-exposure vaccination. Thereafter, their rabies titers should be checked every 2 years (see Appendix C) and re-booster as necessary.**
APPENDIX C

RABIES ANTIBODY TESTING

Contact:

Atlanta Health Associates, Inc.
309 Pirkle Ferry Road, Suite D300
Cumming, Georgia 30040

(770) 205-9091 - Telephone
(800) 717-5612 - Toll Free
(770) 205-9021 - Fax

http://www.atlantahealth.net

E-mail: rnewhouse@atlantahealth.net

OR

Kansas State University
1800 Denison Avenue
Manhattan KS 66506-5600

(785) 532-4483 - Telephone
(785) 532-4474 - Fax

http://www.vet.k-state.edu/rabies

E-mail: rabies@vet.k-state.edu
APPENDIX D

BUREAU FOR PUBLIC HEALTH
OFFICE OF LABORATORY SERVICES (OLS)

INSTRUCTIONS:
UTILIZING THE SERVICES OF THE OLS
RABIES SPECIMEN EXAMINATION

1. CONTENTS OF RABIES SPECIMEN MAILING BOXES: Specimen Mailing Boxes are provided to County Health Departments, Veterinarian clinics, and West Virginia Department of Natural Resources. Each consists of the following:

- **2 PLASTIC BAG**: Specimen should be placed in a plastic bag and then placed in the second bag to ensure that no fluids will contaminate the box or leak out of the container.
- **VINYL ZIPPER BAG**: Double bagged specimen should be placed in the zipper bag to serve as added protection against any leaks.
- **2 REFRIGERANTS**: Two refrigerants or ice packs should be placed in zipper bag near specimen. Placing in the ice packs in the zipper bag will ensure that any leakage will be contained if the refrigerants were to rupture.
- **HISTORY FORM**: The History form should be completed as best as possible. When completed, the form should be placed on the lid of the mailing box; away from the specimen.
- **PRE-ADDRESSED LABEL**: After the specimen is properly packaged, the box should be taped closed and the pre-addressed label should be affixed to the outside of the box.

**NOTE**: Newspaper or any absorbent material can be used to prevent smaller samples from shifting inside the container. **DO NOT USE STYROFOAM PEANUTS OR SHREDDED PAPER TO PACK SPECIMEN**. In the event of a specimen leak, the peanuts or shredded paper would pose a larger contamination threat to the technician.

2. TYPES OF SPECIMEN: The kit is designed to hold the **severed head** of moderate-sized animals. It can also serve to hold the **Brain Only** of larger size animals such as a cow, horse, etc. Small animals such as bats or small rodents can be sent whole. The sender should ensure that smaller animals sent to the laboratory are dead.

The services of a veterinarian should be used to sever the heads or the removal of brains of suspect animals immediately after or as soon after the animal’s death.
APPENDIX D

3. **NOTIFICATION OF THE LABORATORY**: The OLS Rabies Unit should be notified in advance when submitting a specimen. It is important to inform the technician what type of exposure was involved (Human or pet). Telephone: 8:00AM to 4:30PM (304) 558-3530 extension(s) 2611/2613/2602. Pager Number 361-9066. Any questions concerning vaccination recommendations should be addressed to Dr. Jane Rooney: (304) 558-6432.

- Use the Kit as described
- Notify the OLS Rabies Unit in advance regarding submission of specimen.
- Call the Rabies Unit if you have any questions.
- Complete all the required information *LEGIBLY* on the Rabies History Form.
- No living animals will be accepted for Rabies Testing. Smaller animals involved in a suspected incident should be euthanized HUMANELY.
- Specimen brought to the OLS after work hours can be placed in the dock refrigerator(The Rabies Unit must be notified).

**SHIPPING**: As stated in the memorandum of December 16, 1985 by Robert P. Wheeler, P.E., Acting Director concerning *SHIPPING OF RABIES SPECIMEN*, Rabies specimen are **NOT** to be transported by Greyhound or similar carriers.

All specimen packaged in the provided Rabies Mailing Box can be sent by the United States Postal System. The United Parcel Service(UPS) does not ship ETIOLOGIC agents or materials deemed bio-hazardous. Institutions should refrain from using this parcel service for rabies submission.

Prepared by the
Office of Laboratory Services
Rabies Unit
167 11th Avenue
South Charleston, WV 25303
(304) 558-3530
Fax (304) 558-6210 or 2006
1. Kit Contents: (1) Vinyl Zipper Bag, (1) History Form, (1) Return Address Label, (2) Plastic Bags, (2) Ice Packs.
2. Animal Head is Double Bagged.
4. Place 2 frozen Ice Packs around Double Bagged specimen. DO NOT PLACE ICE PACKS IN CONTACT WITH SPECIMEN.
5. Place “zipped” Vinyl Zipper Bag in Rabies Box with the History Form placed on top of the box; away from the contained specimen.
6. Place completed Return Address Label and ship regular mail to the OLS, Rabies Unit.

GLOVES SHOULD ALWAYS BE WORN WHEN HANDLING SPECIMEN. HANDS SHOULD BE WASHED THOROUGHLY AFTER PACKAGING AND AREA DECONTAMINATED WITH 10% BLEACH.

All specimen MUST have the head removed before shipping. Exceptions: Bats and small rodents.

Specimen too large for shipping MUST have brain removed before submission. Examples: cow, pig, horse, deer, goat, sheep, and etc. The OLS does not have the means of discarding large animal specimen.

History Form should be filled out as complete as possible. The form should contain AT LEAST the following information for analysis:

• Species
• County
• Human exposure/ Name if exposed/ Type of exposure
• Address for mailing results INCLUDING Submitter’s Telephone number

Notify the Rabies Unit before submitting a sample.

Office of Laboratory Services, Rabies Unit, 167 11th Avenue, South Charleston, WV 25303
(304) 558-3530 ext. 2611
Fax: (304) 558-6210
APPENDIX E

FORMS

Animal Bite Report

SG-58 Animal Encounter Report

SG-59 Notice of Animal Quarantine

Rabies Test Submission Report
Office of Laboratory Services
Instructions for health care providers: Contact your local health department to report animal bite, as required by the Reportable Diseases legislative rule 64CSR7. Complete report and submit to local health department.

MEDICAL FACILITY: _______________________________ FACILITY PHONE: ________________
FACILITY ADDRESS: _______________________________ FACILITY FAX: ________________
________________________________________ DATE: ___________________________

I. PATIENT

NAME_______________________________________________________________________________________________
ADDRESS___________________________________________________________________COUNTY________________
PHONE______________________________________ AGE_____________ SEX_____________ WEIGHT_____________
DATE AND TIME OF BITE_______________________________________________________________________________
CIRCUMSTANCES OF BITE_____________________________________________________________________________
__________________________________________________________________________________________________
LOCATION OF BITE (HAND, FOOT, FACE, ETC.)____________________________________________________________
__________________________________________________________________________________________________
SEVERITY OF WOUND (SCRATCH, MULTIPLE PUNCTURES, ETC.)___________________________________________
__________________________________________________________________________________________________
HOW LONG BEFORE WOUND(S) WERE CLEANSED WITH SOAP AND WATER?_________________________________

II. OFFENDING ANIMAL

SPECIES__________________________________________________SEX (IF KNOWN)____________________________
COLOR/ PATTERNS (BLACK ON WHITE, SOLID, SPOTTED, SADDLE, ETC.)____________________________________
__________________________________________________________________________________________________
HAIR: LONG_________________SHORT_________________CURLY_________________STRAIGHT_________________
SIZE: HEIGHT (AT SHOULDER)________________________________WEIGHT__________________________________
OWNER NAME AND ADDRESS (incl. COUNTY)/PHONE (IF KNOWN)________________________________________
__________________________________________________________________________________________________
RABIES VACCINATION HISTORY (INCLUDING DATE AND TYPE OF LAST RABIES VACCINATION)_________________
__________________________________________________________________________________________________

III. TREATMENT

TREATMENT UNDERTAKEN____________________________________________________________________________
DATE AND TIME OF TREATMENT________________________________________________________________________
NAME OF ATTENDING PHYSICIAN/HEALTH CARE PROVIDER________________________________________________
FOLLOW-UP PLANS___________________________________________________________________________________

IV. PERSON WHO NOTIFIED LOCAL HEALTH DEPARTMENT

NAME____________________________________________________DATE_________________TIME_________________

V. COMMENTS ___________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
ANIMAL ENCOUNTER REPORT

COMPLETE AS MUCH INFORMATION AS POSSIBLE. A PHONE NUMBER FOR THE VICTIM IS NECESSARY.
REPORT THE BITE, SCRATCH, OR OTHER CONTACT TO THE HEALTH DEPARTMENT IMMEDIATELY.

VICTIM INFORMATION

Date of Exposure: _______________ Time of Exposure: _______________ Date of Report: _______________
Reported By: ___________________ Phone Number: ___________________
Name of Victim: __________________ Parent, if <18: _________________ Phone Number: ______________
Address: ________________________ County: ____________________
Date of Birth / Age of Victim: _______________ Weight of Victim: _______ Pounds Sex: (   ) M (   ) F
Type of Exposure: (   ) Bite (   ) Scratch (   ) Contact with Saliva (   ) Other: ______________________
Site of Exposure: (   ) Head-Neck (   ) Arm-Hand (   ) Leg-Foot (   ) Torso Severity: ________________
Circumstances of Exposure: _________________________________________________________________
Physician / Hospital: ___________________ Phone Number: ____________________
Treatment: _______________________________________________________________________________

ANIMAL INFORMATION

Owner of the Animal: ___________________ Phone Number: ___________________
Address: ______________________________ County: ____________________
Type of Animal: ___________________ Description: ______________________ (   ) Pet (   ) Stray (   ) Wild
Signature of Person(s) Completing Report: ___________________ Date: ________________

FOR HEALTH DEPARTMENT USE

Owner Notified: (   ) Yes (   ) No Date Notified: ________________ By: (   ) Phone (   ) Letter (   ) Visit
Status of Animal: (   ) Confined (   ) Killed (   ) Died (   ) Lost (   ) Other: ________________________________
If Confined, at: (   ) Home (   ) Veterinarian (   ) Animal Shelter Location: ________________________________
Animal Has Current Rabies Vaccination (confirmed by certificate, not tag): (   ) Yes (   ) No Date: ________________
Other Animals Have Been Exposed: (   ) Yes (   ) No If Yes, Explain: ________________________________
Animal Head Submitted for Examination: (   ) Yes (   ) No Date Submitted: ________________
Recommend Rx of Person Exposed: (   ) None (   ) RIG (   ) Rabies Vaccine (   ) Tetanus Date Rx Started: ______________

LABORATORY REPORT

(   ) Positive Evidence of Rabies Virus (   ) Negative - No Evidence of Rabies virus
(   ) Unsatisfactory - No Test Performed (   ) Other Results - Specify Below
Date Results Received: __________________________

FOLLOW-UP

Animal Health After 10 Days: (   ) Good Health (   ) Clinical Symptoms (   ) Escaped (   ) Died
Date Completed and Checked: ___________________ Signed: ________________________________
Sanitarian Comments: __________________________________________________________________
NOTICE OF ANIMAL QUARANTINE

Issued To:  
Name: _______________________________  Animal To Be Quarantined:  
Species: _______________________________

Address: _______________________________  Breed: _______________________________

City: __________________ County: ____________  Sex: _______________________________

State, Zip Code: ________________________  Color: _______________________________

Telephone: ___________________________  Descriptive features: ____________________

You are hereby ordered to quarantine the animal identified above for ten (10) days for rabies observation. Quarantine is necessary to determine whether or not the person(s) bitten by the animal requires treatment. This order is issued in accordance with West Virginia Division of Health legislative rules on “Reportable Diseases,” 64CSR7 19-20-9C.

INSTRUCTIONS

A. Quarantine the animal for ten (10) days beginning:  
   Date: ________ Time: ________  The ten (10) day quarantine ends at:  
   Date: ________ Time: ________

B. Isolate the animal away from other animals and human contact in a manner that will prevent its escape and permit daily observation. Tying the animal in an open yard is not adequate confinement.

C. Do not kill, sell, release, or give the animal away during the quarantine period.

D. Give the animal proper care and make sure it is well fed and watered. Every effort should be made to keep the animal alive.

E. At the end of the quarantine period, contact the health department at the phone number listed below to report the animal’s condition.

F. If the animal dies or shows any signs of sickness during the quarantine period contact the health department immediately. Avoid exposure to the animal’s saliva and do not contact, damage, or destroy the animal’s head or brain tissue. Laboratory examination of the animal’s brain tissue may be necessary to determine if the animal has rabies.

Health officer (or designee): ___________________________  Date: ____________
                              ___________________________  Health Department

Address: ____________________________

Telephone Number: ____________________________

Received by: ____________________________  Date: ________
## SPECIMEN INFORMATION

<table>
<thead>
<tr>
<th>Species</th>
<th>If a domestic animal, what is current vaccination status?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Current □ None □ Expired □ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Animal Wild or Owned?</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Not Owned/Wild</td>
<td></td>
</tr>
<tr>
<td>□ Owned (Name of Owner _____________________________)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address Where Found</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Exact Location Where Found:</th>
<th>Decimal Format: Latitude ______ . ______ N Longitude ______ . ______ W</th>
</tr>
</thead>
<tbody>
<tr>
<td>County ________________</td>
<td>Latitude _____ ° Min _____ Sec _____ N Longitude _____ ° Min _____ Sec _____ N</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample received from (name of person submitting specimen and affiliated department for business, if any)</th>
<th>Telephone</th>
<th>Date Collected</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occupation (check ONE only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Animal Control Officer</td>
</tr>
<tr>
<td>□ Veterinarian</td>
</tr>
<tr>
<td>□ Police</td>
</tr>
<tr>
<td>□ Wildlife Officer</td>
</tr>
<tr>
<td>□ Private Citizen</td>
</tr>
<tr>
<td>□ County Health Official</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Testing (CHECK ALL THAT APPLY):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Human Exposure</td>
</tr>
<tr>
<td>□ Pet/Domestic Animal Exposure</td>
</tr>
<tr>
<td>□ Surveillance: □ Odd Behavior</td>
</tr>
<tr>
<td>□ Found Dead/Roadkill</td>
</tr>
<tr>
<td>□ Other (Specify: _________________________)</td>
</tr>
</tbody>
</table>

### COMPLETE FOR ORAL RABIES VACCINATION PROGRAM ONLY:

<table>
<thead>
<tr>
<th>Animal Number __________________</th>
</tr>
</thead>
</table>

| Specimen/Data Collected By (County) _______________________ |
| Brainstem Specimen Collected By (County) _______________________

### HUMAN EXPOSURE?

<table>
<thead>
<tr>
<th>□ YES (Please complete the following if YES)</th>
<th>□ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Exposure Type</th>
<th>Location of Wound</th>
<th>Post-Exposure Prophylaxis Started?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bite</td>
<td></td>
<td>□ YES □ No</td>
</tr>
<tr>
<td>□ Scratch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Contact Saliva</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td></td>
<td></td>
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### ANIMAL EXPOSURE?

<table>
<thead>
<tr>
<th>□ YES (Please complete the following if YES)</th>
<th>□ No</th>
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<table>
<thead>
<tr>
<th>Type of Animal</th>
<th>Vaccination Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Dog</td>
<td>□ Current □ Expired □ None □ Unknown</td>
</tr>
<tr>
<td>□ Cat</td>
<td></td>
</tr>
<tr>
<td>□ Livestock</td>
<td></td>
</tr>
<tr>
<td>□ Other _______</td>
<td></td>
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### LAB USE ONLY

<table>
<thead>
<tr>
<th>Lab ID Number</th>
<th>Condition of Brain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Satisfactory □ Unsatisfactory (see lab notes)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Area of Brain Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ All Areas □ Cerebrum □ Cerebellum □ Hippocampus □ Brainstem</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Tech</th>
<th>FA Results</th>
<th>Date Reported</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>□ POSITIVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Non-Diagnostic</td>
<td></td>
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### Additional Comments (please use back if more room is needed):

<table>
<thead>
<tr>
<th>Address for Mailing Result:</th>
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<table>
<thead>
<tr>
<th>Lab Notes:</th>
</tr>
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Form Revision 09/06/2002 cc