



# NATIONAL ASSOCIATION of STATE PUBLIC HEALTH VETERINARIANS, INC.

---

Thomas Frieden, MD, MPH  
Director, Centers for Disease Control and Prevention  
1600 Clifton Road, NE  
Atlanta, GA 30333  
txf2@cdc.gov

January 14, 2014

Dear Dr. Friedan:

The National Association of State Public Health Veterinarians (NASPHV) and its Rabies Compendium Committee (RCC) strongly support revising and expanding the CDC's current animal importation regulations to reduce the risk of introduction of zoonotic diseases, particularly rabies, into the U.S.

The RCC is recognized by CDC, the Council of State and Territorial Epidemiologists (CSTE), the American Veterinary Medical Association (AVMA) and others as an expert group that is responsible for setting the standards for rabies control and prevention in animals for the nation. The RCC is concerned that current CDC animal import regulations are inadequate to prevent zoonotic disease importation and to protect public health in the United States (see 2011 NASPHV Rabies Compendium). NASPHV and the RCC provided recommendations in response to the Advanced Notice of Proposed Rule-making on this issue when it was originally published on July 31, 2007. Although NASPHV and its RCC recognize and applaud the efforts of the CDC as an agency to prevent entry of canine rabies variant into the U.S, we remain concerned that, despite evidence of ongoing risk and the significant passage of time, there has been no change to the regulations in the subsequent 6 years.

Current regulations originated in the 1950s and fail to adequately reduce the risk that a rabid animal will enter the US and threaten our ability to maintain a canine rabies variant free status. Data published by CDC estimate that over 287,000 dogs were imported into the United States during 2006 and that at least 25% of them were too young to be vaccinated for rabies and/or lacked proper documentation. Specific problems that have arisen include falsified or inadequate information supplied on importation notices, inadequate resources to inspect imported dogs at time of entry, and reliance on the owner to confine unvaccinated animals. Moreover, CDC places much of the responsibility for verifying compliance with the provisions of confinement agreements between CDC and the importer on state and local officials, who may not have the authority or resources to enforce a federal regulation.

The NASPHV and its Rabies Compendium Committee made the following recommendations to the Department of Health and Human Services (HHS) and the CDC:  
HHS/CDC should expand the current animal importation regulations to include cats and domesticated ferrets.

1. HHS/CDC should establish a minimum age of 6 months at importation for dogs, cats, and ferrets.

2. All imported dogs, cats, and ferrets must have proof of a current rabies vaccination prior to entry.
3. All imported dogs, cats, and ferrets must have an international health certificate issued by a veterinarian within 10 days prior to entry.
4. All imported dogs, cats, and ferrets must have a permanent unique identifier (e.g., microchip) prior to entry and verification at port of entry for validation and tracking purposes.
5. All imported dogs, cats, and ferrets should be required to undergo a minimum of 30 days in quarantine at an approved facility where veterinary supervision is present and records are maintained. Exemptions should be made for travelers returning with their pets.
6. Entry of imported dogs, cats, and ferrets must be restricted to designated ports with designated facilities to safely confine and hold animals and where specially trained personnel, including veterinarians, are available to identify the species, preliminarily assess the health status of every importation, and inspect and verify the required documentation.
7. A national electronic database should be established to monitor and track all imported dogs, cats, and ferrets. Information about imported animals should be shared with state officials on a timely basis so that local agencies may follow-up on imported animals as their local regulations, jurisdictional authority and resources allow.

These recommendations were made based on current national circumstances and the best available scientific evidence; they remain the core of a rigorous defense system against the introduction of rabid animals. More nuanced approaches that take into account the country of origin of the animal and use of serology as a tool to document response to vaccination, and which balance the need for rabies prevention with the demand for younger animals that is being served by animal importation, may also be worthy of consideration. As rabies experts and primary stakeholders in the outcome of the regulatory process, we would be pleased to assist with discussions on these topics during the regulation development process.

Thank you very much for your attention to this matter.

Sincerely,



Catherine M. Brown, DVM, MSc, MPH  
Rabies Compendium Committee Chair  
State Public Health Veterinarian  
Massachusetts Department of Public Health  
305 South St., 5<sup>th</sup> Floor  
Jamaica Plain, MA 02130  
617-983-6804  
[catherine.brown@state.ma.us](mailto:catherine.brown@state.ma.us)



Joni Scheftel, DVM, MPH  
NASPHV President  
State Public Health Veterinarian  
Minnesota Department of Health  
625 North Robert Street  
St. Paul MN 55155-2538  
651-201-5107  
[joni.scheftel@state.mn.us](mailto:joni.scheftel@state.mn.us)