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U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Division of Global Migration and Quarantine
ATTN: Animal Importation Regulations
1600 Clifton Road, NE., (E03), Atlanta, GA 30333

Re: Docket [RIN 0920-AA03] Foreign Quarantine Regulations, Proposed Revision of HHS/CDC Animal – Importation Regulations

Dear Sir/ Madam:

The AVMA is pleased to provide comments on this ANPRM. The AVMA recognizes the risks that importation of animals can present to human, animal and ecosystem health, as well as to the welfare of the imported animals. These risks are increased by many characteristics of the today's world, such as newly emerging or re-emerging diseases, increasing animal-human-environmental interfaces, globalization of commerce (including animals), and international transportation efficiencies that can result in movement of an animal from origin to destination while carrying or incubating a high-risk disease. The AVMA has expertise and resources to assist with the proposed rulemaking process, including specific councils and committees, and also has a number of established policies on relevant issues (referenced at the end of this letter). The AVMA advocated for, and participated in, the May 2006 meeting in Atlanta that began addressing importation and national trade for exotic animals (*reference: 2005 PS*), and the AVMA also has a longstanding role in setting policy for importation of domestic animals. The AVMA applauds CDC for proposing the revision of animal importation regulations pertinent to public health, but we also continue to recommend a comprehensive and coordinated approach across all relevant federal agencies.

AVMA Background

- Established in 1863, it is the largest veterinary medical association in the world
- Represents more than 75,000 members; approximately 86% of the active veterinarians in the United States
- Mission: Improving Animal and Human Health; Advancing the Veterinary Medical Profession
- Established to advance the science and art of veterinary medicine, including its relationship to public health, biological science, and agriculture
- The recognized voice of the veterinary profession

Veterinarians have critical roles in animal health and welfare (both domestic and non-domestic animals), public health, food systems, and environmental and ecosystem health.

Dog, Cat, and Ferret Regulations

The AVMA recommends that CDC undertake the proposed revision to these regulations, including coverage of domesticated ferrets. The AVMA has a Model Rabies Control Ordinance and participates on the NASPHV committee that produces the annual Compendium of Animal Rabies Prevention and Control – those documents address a number of the rabies-related questions in the ANPRM. For example, dogs, cats, and ferrets should be vaccinated at the appropriate ages under direct supervision of a licensed veterinarian and using United States Department of Agriculture – approved rabies biologics as described in the Compendium of Animal Rabies Prevention and Control. This should be completed at least 90 days prior to importation for animals receiving their first rabies vaccination, which will determine the minimum age for importation according to the product label, and should be documented with a vaccination certificate signed by the veterinarian (or as part of a health certificate). Serologic testing is not necessary, but could be useful in situations where authenticity of vaccination certification is uncertain. (Note: Serologic testing does not provide evidence of immunity, as stated in the ANPRM – it only provides evidence of prior immunization.) Lastly, since canine rabies variants have recently been eliminated from the U.S., the movement of dogs for the purposes of adoption or sale from areas with dog-to-dog rabies transmission should be prohibited.

The AVMA Model Rabies Control Ordinance also specifies that all traveling dogs, cats, and ferrets must have proof of a current rabies vaccination. Given the availability of such animals in the U.S., it seems unlikely that an exemption to rabies-related requirements would be needed to import non-immunized animals for research. However, if such an import were requested, the burden of proof that the needed animals could not be obtained in the U.S., that the research must have non-immunized animals, that the animals can be properly confined at a USDA-approved research facility, and that they are not later distributed elsewhere should be quite high.

The AVMA supports the use of appropriate surveillance and control measures, including inspection, to prevent the entry of foreign disease vectors and invasive species into the United States, including inspection (*ref: Control of Foreign Disease Vectors and Invasive Species policy*). A valid international health certificate, including estimated age and signed by a licensed veterinarian in the source country, should be required for entry into the U.S. The primary purposes of this inspection and certificate should be to assure that there is no evidence on examination that the animal has a disease that could be communicable to humans or other animals, and to assure that the animal is in a condition suitable for the anticipated travel. While inspection/examination before and after importation cannot assure that an animal is not carrying or incubating a communicable disease, denial of transit to visibly ill animals would reduce the risk considerably and improve animal welfare in comparison to no inspection. Such certificates should be difficult to falsify. For animals to be imported from a region with specific diseases of concern, available screening tests may be appropriate to include as part of the required inspection and health certificate. If possible, the regulations should be flexible enough to allow for modification of required testing by the appropriate authority based on testing technology and changing disease prevalence. If it is the only way to conduct appropriate inspection upon arrival (i.e., verify the considerations noted above and the unique identification noted below), HHS/CDC should restrict the importation of dogs, cats, and ferrets to only those ports of entry staffed by HHS/CDC personnel.

Where circumstances warrant it (considerations include length of travel, countries/regions visited, activities while abroad, etc.), exemptions to, or relaxation of, some of the overseas inspection requirements could be provided for dogs, cats, and ferrets that are returning to the U.S. after travel abroad with their owners. Such animals should have documentation of itinerary, evidence of current rabies vaccination, a pre-travel exam in the U.S., and unique identification. If these documents can be verified and a visual inspection conducted upon return to the U.S., the port of entry need not be limited to HHS/CDC-staffed quarantine stations.

A unique identifier for all dogs, cats, and ferrets imported into the U.S. should be required to accurately identify animals for travel, to reduce fraudulent claims prior to importation, and to facilitate tracking after importation should that be needed (e.g., public health investigations). Methods other than electronic (“microchip”) identification are not as effective. The AVMA’s policy on electronic identification provides considerable

description of the key elements, including AVMA-recommended standards (e.g., ISO compliant), database operation and maintenance, and operating procedures.

The costs and business impacts of such regulatory changes for importers of dogs, cats, and ferrets are outside the scope of AVMA's expertise, as is the potential for a "black market", so no specific comments are provided. In general, costs to protect public health (and animal health and welfare) are a part of doing business, and would be expected to be passed on to customers. The measures considered by the ANPRM could result in some savings to the importers that would offset some of the costs (healthier and older animals would presumably result in decreased transit-related losses/costs).

No requirements, short of eliminating importation, can eliminate the risk of importing communicable diseases. However, a reasonable combination of vaccination, age, inspection, certification and identification requirements can greatly reduce the risk.

Other Animal Regulations (Including African Rodents Currently Regulated Under 42 CFR 71.56)

The AVMA recommends that CDC undertake the proposed revision to these regulations in order to better and proactively prevent the importation of animals that present a risk to human health, domestic animal health, wild animal health or ecosystem health (in the U.S. or in the source country). For these reasons, and to safeguard animal welfare, the AVMA requested and participated in the May 2006 meeting (mentioned above) addressing many aspects of the exotic animal trade. The overriding need is for a comprehensive and coordinated multi-agency approach, but CDC's proposed revisions to regulations under HHS/CDC authority will be a useful component. The importance of this to the AVMA is reflected in the majority of the AVMA policies listed at the end of this letter. This excerpt from the "Private Ownership of Wild Animals" policy is a useful summary of the AVMA's perspective:

Except under special circumstances (such as recognized conservation and research programs), the AVMA especially supports regulatory efforts to prohibit private ownership, and the importation for the purpose of private ownership, of non-native animals that threaten public health, domestic animal health, indigenous wild animal health, agriculture, or the ecosystem, as well as those species whose welfare is unacceptably compromised.

In addition, the AVMA supports the National Research Council's recommendations in the 2005 "Animal Health at the Crossroads" report, including Recommendation 7 regarding importation, sale and transport of exotic, non-domesticated and wild-caught animals.

The AVMA recognizes the difficulty in establishing a complete list of species or categories of high-risk animals to which import restrictions would apply. Establishing a list of all diseases of risk is similarly difficult. The AVMA policies may give some examples of known diseases and animals of risk (e.g., Importation and Interstate Movement of Exotic and Native Wildlife policy), but most AVMA policies addressing this issue focus on processes to eliminate or minimize risk (where a reasonable probability of risk exists). If a list is to be pursued, rather than a list of restricted species, a simpler and safer approach would be to develop a list of acceptable species (and possibly specific source regions) based on existing evidence that they pose no or very low risk. By only permitting importation of species with a known "track record", an inherently reactive approach that can never anticipate emerging diseases or new reservoirs/vectors (as happened with monkeypox) becomes proactive. The AVMA stands ready to assist in the development of such a list as needed. Focusing on processes intended to identify and contain disease problems that arise in those animals that are imported (e.g., inspection at origin and upon arrival, quarantine, necropsy, testing, containment after import), and doing this for limited settings/uses, may better protect humans from potential imported zoonoses. In order to conduct appropriate inspection upon arrival, HHS/CDC should restrict the importation of non-native wild animals to only those ports of entry staffed by HHS/CDC personnel.

Imported non-native wild animals should be quarantined for a time period adequate for general health inspection/assessment and to permit observation for diseases of concern with known incubation periods in that species. Necropsies should be mandatory of animals that die, or are euthanized due to illness, during quarantine and performed by appropriately trained and accredited veterinary specialists. Diagnostic testing of ill animals to attempt to rule out infectious causes should be at the discretion of HHS/CDC (depending on species, illness, availability of tests, etc.). (*ref: Control of Foreign Disease Vectors and Invasive Species policy*) These quarantines can be conducted at HHS quarantine stations, at approved facilities (as is currently done for non-human primates), or in the country of origin if reliability can be verified. These processes won't eliminate all communicable disease risk (e.g., asymptomatic carriers), but should significantly reduce it. Methods for identifying and tracking imported animals from importation to final destination will need to be determined in order to quickly investigate all animals and humans at risk should a zoonotic disease become apparent after quarantine. Tracking will be facilitated if importation of animals that pose a threat to human or animal health is limited to research or conservation facilities and purposes.

The costs and business impacts of such regulatory changes for importers of non-native wild animals are outside the scope of the AVMA's expertise, as is the potential for a "black market", so no specific comments are provided. In general, costs to protect public health (as well as animal health and welfare, and ecosystem health) are a part of doing business, including the costs of quarantine and any necessary necropsies or testing, and would be expected to be passed on to customers. Healthy post-quarantine animals would presumably be worth more to customers. The CDC/HHS (and other involved agencies) role in such a program should be fee-supported.

No requirements, short of eliminating importation, can eliminate the risk of importing communicable diseases (known or unknown), especially for exotic animals. However, a reasonable combination of limiting importation to only known acceptable species and for restricted uses (which would also decrease the total number of imported animals), inspection, quarantine, necropsy and testing when needed, and a tracking system can greatly reduce the risk. Coordinated and comprehensive policies and actions are needed to address the risks to human, animal, and environmental health and welfare that can result from the trade of both exotic and native wildlife. AVMA, representing all facets of the veterinary profession, is committed to assisting with this effort and recommends a structured process utilizing an expert working group similar to that assembled for the May 2006 meeting.

Respectfully,

A handwritten signature in black ink, reading "Lyle P. Vogel". The signature is written in a cursive, flowing style.

Lyle P. Vogel, DVM, MPH
Assistant Executive Vice President for
W. Ron DeHaven, DVM, MBA
Executive Vice President

References

AVMA Policies

http://www.avma.org/issues/policy/exotic_animal_trade.asp
http://www.avma.org/issues/policy/rabies_control.asp
http://www.avma.org/issues/policy/foreign_disease.asp
http://www.avma.org/issues/policy/electronic_identification.asp
http://www.avma.org/issues/policy/wild_animal_ownership.asp
http://www.avma.org/issues/policy/animal_health_crossroads.asp
http://www.avma.org/issues/policy/exotic_importation.asp
<http://www.avma.org/issues/policy/importation.asp>
http://www.avma.org/issues/policy/rabies_control.asp

Other

<http://www.nasphv.org/Documents/RabiesCompendium.pdf>

CPHRVM/AWC/CNH