

Public Veterinary Medicine: Public Health

Compendium of Animal Rabies Prevention and Control, 2007

Rabies is a fatal viral zoonosis and a serious public health problem.¹ The disease is an acute progressive encephalitis caused by a Lyssavirus. Multiple viral variants are maintained in wild mammal populations in the United States. All mammals are believed to be susceptible to the disease, and for purposes of this document, use of the term “animal” refers to mammals. The recommendations in this compendium serve as a basis for animal rabies prevention and control programs throughout the United States and facilitate standardization of procedures among jurisdictions, thereby contributing to an effective national rabies control program. This document is reviewed annually and revised as necessary. These recommendations do not supersede state and local laws or requirements. Principles of rabies prevention and control are detailed in Part I; Part II contains recommendations for parenteral vaccination procedures; all animal rabies vaccines licensed by the USDA and marketed in the United States are listed in Part III.

Part I: Rabies Prevention and Control

A) PRINCIPLES OF RABIES PREVENTION AND CONTROL

- 1) **RABIES EXPOSURE:** Rabies is transmitted only when the virus is introduced into bite wounds, into open cuts in skin, or onto mucous membranes from saliva or other potentially infectious material such as neural tissue.² Questions about possible exposures should be directed promptly to state or local public health authorities.

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- 2) **PUBLIC HEALTH EDUCATION:** Essential components of rabies prevention and control include ongoing public health education, responsible pet ownership, routine veterinary care, and professional continuing education. Most animal and human exposures to rabies can be prevented by raising awareness about rabies transmission routes, contact with wildlife, and appropriate veterinary care. Prompt recognition and reporting of possible exposures to medical professionals and local public health authorities is critical.
- 3) **HUMAN RABIES PREVENTION:** Rabies in humans can be prevented either by eliminating exposures to rabid animals or by providing exposed persons with prompt local treatment of wounds combined with the administration of human rabies immune globulin and vaccine. The rationale for recommending pre- and postexposure rabies prophylaxis and details of their administration can be found in the current recommendations of the Advisory Committee on Immunization Practices (ACIP).² These recommendations, along with information concerning the current local and regional epidemiology of animal rabies and the availability of human rabies biologics, are available from state health departments.
- 4) **DOMESTIC ANIMALS:** Local governments should initiate and maintain effective programs to ensure vaccination of all dogs, cats, and ferrets and to remove strays and unwanted animals. Such procedures in the United States have reduced laboratory-confirmed cases of rabies in dogs from 6,949 in 1947 to 76 in 2005.³ Because more rabies cases are reported annually involving cats (269 in 2005) than dogs, vaccination of cats should be required.³ Animal shelters and animal-control authorities should establish policies to ensure that adopted animals are vaccinated against rabies. The recommended vaccination procedures and the licensed animal vaccines are specified in Parts II and III of the compendium, respectively.
- 5) **RABIES IN VACCINATED ANIMALS:** Rabies is rare in vaccinated animals.⁴ If such an event is suspected, it should be reported to state public health officials; the vaccine manufacturer; and the USDA, Animal and Plant Health Inspection Service, Center for Veterinary Biologics (Internet:

www.aphis.usda.gov/vs/cvb/html/adverseeventreport.html; telephone: 800-752-6255; or e-mail: CVB@usda.gov). The laboratory diagnosis should be confirmed and the virus characterized by a rabies reference laboratory. A thorough epidemiologic investigation should be conducted.

- 6) **RABIES IN WILDLIFE:** The control of rabies among wildlife reservoirs is difficult.⁵ Vaccination of free-ranging wildlife or selective population reduction might be useful in some situations, but the success of such procedures depends on the circumstances surrounding each rabies outbreak (see Part I.C: PREVENTION AND CONTROL METHODS RELATED TO WILDLIFE). Because of the risk of rabies in wild animals (especially raccoons, skunks, coyotes, foxes, and bats), the AVMA, Council of State and Territorial Epidemiologists, National Animal Control Association, and National Association of State Public Health Veterinarians (NASPHV) strongly recommend the enactment and enforcement of state laws prohibiting their importation, distribution, and translocation.
- 7) **RABIES SURVEILLANCE:** Laboratory-based rabies surveillance and variant typing are essential components of rabies-prevention and -control programs. Accurate and timely information is necessary to guide human postexposure prophylaxis decisions, determine the management of potentially exposed animals, aid in emerging pathogen discovery, describe the epidemiology of the disease, and assess the need for and effectiveness of vaccination programs for wildlife.
- 8) **RABIES DIAGNOSIS:** Rabies testing should be performed in accordance with the established national standardized protocol for rabies testing (www.cdc.gov/ncidod/dvrd/rabies/Professional/publications/DFA_diagnosis/DFA_protocol-b.htm) by a qualified laboratory that has been designated by the local or state health department.^{6,7} Euthanasia should be accomplished in such a way as to maintain the integrity of the brain so that the laboratory can recognize the anatomical parts.⁸ Except in the case of very small animals, such as bats, only the head or brain (including brainstem) should be submitted to the laboratory. To facilitate laboratory processing and to prevent a delay in testing, any animal or animal specimen being submitted for testing should preferably be stored and shipped under refrigeration and not be frozen. Chemical fixation of tissues should be avoided to prevent significant testing delays and because it may preclude reliable testing. Questions about testing of fixed tissues should be directed to the local rabies laboratory or public health department.
- 9) **RABIES SEROLOGY:** Some "rabies-free" jurisdictions may require evidence of vaccination and rabies virus antibodies for animal importation purposes. Rabies virus antibody titers are indicative of a response to vaccine or infection. Titers do not directly correlate with protection because other immunologic factors also play a role in pre-

venting rabies, and our abilities to measure and interpret those other factors are not well developed. Therefore, evidence of circulating rabies virus antibodies should not be used as a substitute for current vaccination in managing rabies exposures or determining the need for booster vaccinations in animals.⁹⁻¹¹

B) PREVENTION AND CONTROL METHODS IN DOMESTIC AND CONFINED ANIMALS

- 1) **PREEXPOSURE VACCINATION AND MANAGEMENT:** Parenteral animal rabies vaccines should be administered only by or under the direct supervision of a veterinarian. Rabies vaccinations may also be administered under the supervision of a veterinarian to animals held in animal-control shelters prior to release. Any veterinarian signing a rabies certificate must ensure that the person administering vaccine is identified on the certificate and is appropriately trained in vaccine storage, handling, and administration and in the management of adverse events. This practice assures that a qualified and responsible person can be held accountable for properly vaccinating the animal.

Within 28 days after initial vaccination, a peak rabies virus antibody titer is reached and the animal can be considered immunized. An animal is currently vaccinated and is considered immunized if the initial vaccination was administered at least 28 days previously or booster vaccinations have been administered in accordance with this compendium.

Regardless of the age of the animal at initial vaccination, a booster vaccination should be administered 1 year later (see Parts II and III for vaccines and procedures). No laboratory or epidemiologic data exist to support the annual or biennial administration of 3- or 4-year vaccines following the initial series. Because a rapid anamnestic response is expected, an animal is considered currently vaccinated immediately after a booster vaccination.

a) DOGS, CATS, AND FERRETS

All dogs, cats, and ferrets should be vaccinated against rabies and revaccinated in accordance with Part III of this compendium. If a previously vaccinated animal is overdue for a booster, it should be revaccinated. Immediately following the booster, the animal is considered currently vaccinated and should be placed on a schedule depending on the labeled duration of the vaccine used.

b) LIVESTOCK

Consideration should be given to vaccinating livestock that are particularly valuable. Animals that have frequent contact with humans (eg, in petting zoos, fairs, and other public exhibitions) and horses traveling interstate should be currently vaccinated against rabies.^{12,13}

c) CONFINED ANIMALS

1) WILD

No parenteral rabies vaccines are licensed for use in wild animals or hybrids (the

offspring of wild animals crossbred to domestic animals). Wild animals or hybrids should not be kept as pets.¹⁴⁻¹⁷

2) MAINTAINED IN EXHIBITS AND IN ZOOLOGICAL PARKS

Captive mammals that are not completely excluded from all contact with rabies vectors can become infected. Moreover, wild animals might be incubating rabies when initially captured; therefore, wild-caught animals susceptible to rabies should be quarantined for a minimum of 6 months. Employees who work with animals at such facilities should receive preexposure rabies vaccination. The use of pre- or post-exposure rabies vaccinations for handlers who work with animals at such facilities might reduce the need for euthanasia of captive animals that expose handlers. Carnivores and bats should be housed in a manner that precludes direct contact with the public.¹²

2) STRAY ANIMALS: Stray dogs, cats, and ferrets should be removed from the community. Local health departments and animal-control officials can enforce the removal of strays more effectively if owned animals have identification and are confined or kept on leash. Strays should be impounded for at least 3 business days to determine if human exposure has occurred and to give owners sufficient time to reclaim animals.

3) IMPORTATION AND INTERSTATE MOVEMENT OF ANIMALS

a) INTERNATIONAL

The CDC regulates the importation of dogs and cats into the United States. Importers of dogs must comply with rabies vaccination requirements (42 CFR, Part 71.51[c], www.cdc.gov/ncidod/dq/animal.htm) and complete CDC form 75.37 (www.cdc.gov/ncidod/dq/pdf/cdc7537-05-24-04.pdf). The appropriate health official of the state of destination should be notified within 72 hours of the arrival into his or her jurisdiction of any imported dog required to be placed in confinement under the CDC regulation. Failure to comply with these confinement requirements should be promptly reported to the Division of Global Migration and Quarantine, CDC (telephone: 404-639-3441).

Federal regulations alone are insufficient to prevent the introduction of rabid animals into the United States.^{18,19} All imported dogs and cats are subject to state and local laws governing rabies and should be currently vaccinated against rabies in accordance with this compendium. Failure to comply with state or local requirements should be referred to the appropriate state or local official.

b) INTERSTATE

Before interstate movement (including commonwealths and territories) dogs, cats, fer-

rets, and horses should be currently vaccinated against rabies in accordance with the compendium's recommendations (see Part I.B.1: PREEXPOSURE VACCINATION AND MANAGEMENT). Animals in transit should be accompanied by a currently valid NASPHV Form 51, Rabies Vaccination Certificate (www.nasphv.org). When an interstate health certificate or certificate of veterinary inspection is required, it should contain the same rabies vaccination information as Form 51.

c) AREAS WITH DOG-TO-DOG RABIES TRANSMISSION

Canine rabies virus variants have been eliminated in the United States.³ Rabid dogs have been introduced into the continental United States from areas with dog-to-dog rabies transmission.^{18,19} This practice poses the risk of introducing canine-transmitted rabies to areas where it does not currently exist. The movement of dogs for the purposes of adoption or sale from areas with dog-to-dog rabies transmission should be prohibited.

4) ADJUNCT PROCEDURES: Methods or procedures that enhance rabies control include the following:

a) IDENTIFICATION

Dogs, cats, and ferrets should be identified (eg, metal or plastic tags or microchips) to allow for verification of rabies vaccination status.

b) LICENSURE

Registration or licensure of all dogs, cats, and ferrets may be used to aid in rabies control. A fee is frequently charged for such licensure, and revenues collected are used to maintain rabies- or animal-control programs. Evidence of current vaccination is an essential prerequisite to licensure.

c) CANVASSING

House-to-house canvassing by animal-control officials facilitates enforcement of vaccination and licensure requirements.

d) CITATIONS

Citations are legal summonses issued to owners for violations, including the failure to vaccinate or license their animals. The authority for officers to issue citations should be an integral part of each animal-control program.

e) ANIMAL CONTROL

All communities should incorporate stray animal control, leash laws, animal bite prevention, and training of personnel in their programs.

f) PUBLIC EDUCATION

All communities should incorporate educational programs covering responsible pet ownership, bite prevention, and appropriate veterinary care.

5) POSTEXPOSURE MANAGEMENT: This section refers to any animal exposed (see Part I.A.1: RABIES EXPOSURE) to a confirmed or suspected rabid animal. Wild, mammalian carnivores or

bats that are not available for testing should be regarded as rabid animals.

a) **DOGS, CATS, AND FERRETS**

Unvaccinated dogs, cats, and ferrets exposed to a rabid animal should be euthanized immediately. If the owner is unwilling to have this done, the animal should be placed in strict isolation for 6 months. Rabies vaccine should be administered upon entry into isolation or 1 month prior to release to comply with preexposure vaccination recommendations (see Part I.B.1.a: DOGS, CATS, AND FERRETS). There are currently no USDA-licensed biologics for postexposure prophylaxis of previously unvaccinated domestic animals, and there is evidence that the use of vaccine alone will not reliably prevent the disease in these animals.²⁰ Animals with expired vaccinations need to be evaluated on a case-by-case basis. Dogs, cats, and ferrets that are currently vaccinated should be revaccinated immediately, kept under the owner's control, and observed for 45 days. Any illness in an isolated or confined animal should be reported immediately to the local health department. If signs suggestive of rabies develop, the animal should be euthanized and the head shipped for testing as described in Part I.A.8.

b) **LIVESTOCK**

All species of livestock are susceptible to rabies; cattle and horses are the most frequently infected.³ Livestock exposed to a rabid animal and currently vaccinated with a vaccine approved by USDA for that species should be revaccinated immediately and observed for 45 days. Unvaccinated livestock should be euthanized immediately. If the animal is not euthanized, it should be kept under close observation for 6 months. Any illness in an animal under observation should be reported immediately to the local health department. If signs suggestive of rabies develop, the animal should be euthanized and the head shipped for testing as described in Part I.A.8.

Handling and consumption of tissues from exposed animals may carry a risk for rabies transmission. Risk factors depend in part on the site(s) of exposure, amount of virus present, severity of wounds, and whether sufficient contaminated tissue has been excised. If an exposed animal is to be slaughtered for consumption, it should be done immediately after exposure. Barrier precautions should be used by persons handling the animal and tissues, and all tissues should be cooked thoroughly. Historically, federal guidelines for meat inspectors required that any animal known to have been exposed to rabies within 8 months be rejected for slaughter. The USDA Food and Inspection Service meat inspectors should be notified if such exposures occur in food animals prior to slaughter.

Rabies virus may be widely distributed in tissues of infected animals.²¹ Tissues and

products from a rabid animal should not be used for human or animal consumption.²² However, pasteurization temperatures will inactivate rabies virus; therefore, drinking pasteurized milk or eating thoroughly cooked animal products does not constitute a rabies exposure.

Multiple rabid animals in a herd or 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 is usually not necessary.

c) **OTHER ANIMALS**

Other mammals exposed to a rabid animal should be euthanized immediately. Animals maintained in USDA-licensed research facilities or accredited zoologic parks should be evaluated on a case-by-case basis.

6) **MANAGEMENT OF ANIMALS THAT BITE HUMANS:**

a) **DOGS, CATS, AND FERRETS**

Rabies virus may be excreted in the saliva of infected dogs, cats, and ferrets during illness and for only a few days prior to illness or death.²³⁻²⁵ A healthy dog, cat, or ferret that bites a person should be confined and observed daily for 10 days²⁶; administration of rabies vaccine to the animal is not recommended during the observation period to avoid confusing signs of rabies with possible side effects of vaccine administration. Such animals should be evaluated by a veterinarian at the first sign of illness during confinement. 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 the head shipped for testing as described in Part I.A.8. Any stray or unwanted dog, cat, or ferret that bites a person may be euthanized immediately and the head submitted for rabies examination.

b) **OTHER BITING ANIMALS**

Other biting animals that might have exposed a person to rabies should be reported immediately to the local health department. Management of animals other than dogs, cats, and ferrets depends on the species; the circumstances of the bite; the epidemiology of rabies in the area; and the biting animal's history, current health status, and potential for exposure to rabies. Prior vaccination of these animals may not preclude the necessity for euthanasia and testing.

7) **OUTBREAK PREVENTION AND CONTROL:**

The emergence of new rabies virus variants or the introduction of nonindigenous viruses poses a substantial risk to humans, domestic animals, and wildlife.²⁷⁻³⁴ A rapid and comprehensive response includes the following measures:

a) Characterize the virus at a national or regional reference laboratory.

- b) Identify and control the source of the introduction.
- c) Enhance laboratory-based surveillance in wild and domestic animals.
- d) Increase animal rabies vaccination rates.
- e) Restrict the movement of animals.
- f) Evaluate the need for vector population reduction.
- g) Coordinate a multi-agency response.
- h) Provide public and professional outreach and education.

8) **DISASTER RESPONSE:** Animals may be displaced during and after man-made or natural disasters and require emergency sheltering (www.bt.cdc.gov/disasters/hurricanes/katrina/petsshelters.asp, www.hsus.org/disaster, and www.avma.org/disaster/default.asp).³⁵ Animal rabies vaccination and exposure histories are often not available for displaced animals, and disaster response creates situations where animal caretakers may lack appropriate training and previous vaccination. For these situations, it is critical to implement and coordinate rabies-prevention and -control measures to reduce the risk of rabies transmission and the need for human postexposure prophylaxis.

- a) Coordinate rabies relief efforts of individuals and organizations with the local emergency operations center prior to deployment.
- b) Examine each animal at a triage site for signs of rabies.
- c) Isolate animals exhibiting signs of rabies pending evaluation by a veterinarian.
- d) Ensure that all animals have a unique identifier.
- e) Administer a rabies vaccination to all dogs, cats, and ferrets unless reliable proof of vaccination exists.
- f) Adopt minimum standards for animal caretakers that include personal protective equipment, previous rabies vaccination, and appropriate training in animal handling (see Part I.C: PREVENTION AND CONTROL METHODS RELATED TO WILDLIFE).
- g) Maintain documentation of animal disposition and location (eg, returned to owner, died or euthanized, adopted, relocated to another shelter, and address of new location).
- h) Provide facilities to confine and observe animals involved in exposures (see Part I.A.1: RABIES EXPOSURE).
- i) Report human exposures to appropriate public health authorities (see Part I.B.6: MANAGEMENT OF ANIMALS THAT BITE HUMANS).

C) **PREVENTION AND CONTROL METHODS RELATED TO WILDLIFE:** The public should be warned not to handle or feed wild mammals. Wild mammals and hybrids that bite or otherwise expose persons, pets, or livestock should be considered for euthanasia and rabies examination. A person bitten by any wild mammal should immediately report the incident to a physician who can evaluate the need

for postexposure prophylaxis.² Translocation of infected wildlife has contributed to the spread of rabies²⁸⁻³²; therefore, the translocation of known terrestrial rabies reservoir species should be prohibited. While state-regulated wildlife rehabilitators and nuisance wildlife control operators may play a role in a comprehensive rabies-control program, minimum standards for persons who handle wild mammals should include rabies vaccination, appropriate training, and continuing education.

1) **CARNIVORES:** The use of licensed oral vaccines for the mass vaccination of free-ranging wildlife should be considered in selected situations, with the approval of the state agency responsible for animal rabies control.^{5,36} The distribution of oral rabies vaccine should be based on scientific assessments of the target species and followed by timely and appropriate analysis of surveillance data; such results should be provided to all stakeholders. In addition, parenteral vaccination (trap-vaccinate-release) of wildlife rabies reservoirs may be integrated into coordinated oral rabies vaccination programs to enhance their effectiveness. Continuous and persistent programs for trapping or poisoning wildlife are not effective in reducing wildlife rabies reservoirs on a statewide basis. However, limited population control in high-contact areas (eg, picnic grounds, camps, and suburban areas) may be indicated for the removal of selected high-risk species of wildlife.⁵ State agriculture, public health, and wildlife agencies should be consulted for planning, coordination, and evaluation of vaccination or population-reduction programs.

2) **BATS:** Indigenous rabid bats have been reported from every state except Hawaii and have caused rabies in more than 40 humans in the United States.³⁷⁻⁴² Bats should be excluded from houses, public buildings, and adjacent structures to prevent direct association with humans.^{43,44} Such structures should then be made bat-proof by sealing entrances used by bats. Controlling rabies in bats through programs designed to reduce bat populations is neither feasible nor desirable.

Part II: Recommendations for Parenteral Rabies Vaccination Procedures

A) **VACCINE ADMINISTRATION:** All animal rabies vaccines should be restricted to use by, or under the direct supervision of, a veterinarian,⁴⁵ except as recommended in Part I.B.1. All vaccines must be administered in accordance with the specifications of the product label or package insert.

B) **VACCINE SELECTION:** Part III lists all vaccines licensed by USDA and marketed in the United States at the time of publication (**Appendix**). New vaccine approvals or changes in label specifications made subsequent to publication should be considered as part of this list. Any of the listed vaccines can be used for revaccination, even if the product is not the same as previously administered. Vaccines used in state and local rabies-control programs should have

at least a 3-year duration of immunity. This constitutes the most effective method of increasing the proportion of immunized dogs and cats in any population.⁴⁶ No laboratory or epidemiologic data exist to support the annual or biennial administration of 3- or 4-year vaccines following the initial series.

C) **ADVERSE EVENTS:** Currently, no epidemiologic association exists between a particular licensed vaccine product and adverse events, including vaccine failure.^{47,48} Adverse events should be reported to the vaccine manufacturer and to the USDA, Animal and Plant Health Inspection Service, Center for Veterinary Biologics.

D) **WILDLIFE AND HYBRID ANIMAL VACCINATION:** The safety and efficacy of parenteral rabies vaccination of wildlife and hybrids have not been established, and no rabies vaccines are licensed for these animals. Parenteral vaccination (trap-vaccinate-release) of wildlife rabies reservoirs may be integrated into coordinated oral rabies vaccination programs as described in Part I.C.1. to

enhance their effectiveness. Zoos or research institutions may establish vaccination programs, which attempt to protect valuable animals, but these should not replace appropriate public health activities that protect humans.⁹

E) **ACCIDENTAL HUMAN EXPOSURE TO VACCINE:** Human exposure to parenteral animal rabies vaccines listed in Part III does not constitute a risk for rabies virus infection. Human exposure to vaccinia-vectored oral rabies vaccines should be reported to state health officials.⁴⁹

F) **RABIES CERTIFICATE:** All agencies and veterinarians should use NASPHV Form 51 (revised 2007), Rabies Vaccination Certificate, or the equivalent, which can be obtained from vaccine manufacturers, NASPHV (www.nasphv.org), or CDC (www.cdc.gov/ncidod/dvrd/rabies/professional/professi.htm). The form must be completed in full and signed by the administering or supervising veterinarian. Computer-generated forms containing the same information are also acceptable.

Part III: Rabies Vaccines Licensed and Marketed in the United States, 2007.

Product name	Produced by	Marketed by	For use in	Dose	Age at primary vaccination ^a	Booster recommended	Route of inoculation
A) MONOVALENT (Inactivated)							
DEFENSOR 1	Pfizer Inc License No. 189	Pfizer Inc	Dogs	1 mL	3 mo ^b	Annually	IM or SC
			Cats	1 mL	3 mo	Annually	SC
DEFENSOR 3	Pfizer Inc License No. 189	Pfizer Inc	Dogs	1 mL	3 mo	1 year later & triennially	IM or SC
			Cats	1 mL	3 mo		SC
			Sheep	2 mL	3 mo	Annually	IM
			Cattle	2 mL	3 mo	Annually	IM
RABDOMUN	Pfizer Inc License No. 189	Schering-Plough Corp	Dogs	1 mL	3 mo	1 year later & triennially	IM or SC
			Cats	1 mL	3 mo		SC
			Sheep	2 mL	3 mo	Annually	IM
			Cattle	2 mL	3 mo	Annually	IM
RABDOMUN 1	Pfizer Inc License No. 189	Schering-Plough Corp	Dogs	1 mL	3 mo	Annually	IM or SC
			Cats	1 mL	3 mo	Annually	SC
RABVAC 1	Fort Dodge Animal Health License No. 112	Fort Dodge Animal Health	Dogs	1 mL	3 mo	Annually	IM or SC
			Cats	1 mL	3 mo	Annually	IM or SC
RABVAC 3	Fort Dodge Animal Health License No. 112	Fort Dodge Animal Health	Dogs	1 mL	3 mo	1 year later & triennially	IM or SC
			Cats	1 mL	3 mo		IM or SC
			Horses	2 mL	3 mo	Annually	IM
RABVAC 3 TF	Fort Dodge Animal Health License No. 112	Fort Dodge Animal Health	Dogs	1 mL	3 mo	1 year later & triennially	IM or SC
			Cats	1 mL	3 mo		IM or SC
			Horses	2 mL	3 mo	Annually	IM
PRORAB-1	Intervet Inc License No. 286	Intervet Inc	Dogs	1 mL	3 mo	Annually	IM or SC
			Cats	1 mL	3 mo	Annually	IM or SC
			Sheep	2 mL	3 mo	Annually	IM
CONTINUUM RABIES	Intervet Inc License No. 286	Intervet Inc	Dogs	1 mL	3 mo	1 year later & triennially	SC
			Cats	1 mL	3 mo		1 year later & quadrennially
IMRAB 3	Merial Inc License No. 298	Merial Inc	Dogs	1 mL	3 mo	1 year later & triennially	IM or SC
			Cats	1 mL	3 mo		IM or SC
			Sheep	2 mL	3 mo	1 year later & triennially	IM or SC
			Cattle	2 mL	3 mo		IM or SC
			Horses	2 mL	3 mo	Annually	IM or SC
			Ferrets	1 mL	3 mo	Annually	SC
IMRAB 3 TF	Merial Inc License No. 298	Merial Inc	Dogs	1 mL	3 mo	1 year later & triennially	IM or SC
			Cats	1 mL	3 mo		IM or SC
			Dogs	1 mL	3 mo	Annually	SC
			Ferrets	1 mL	3 mo		SC

Product name	Produced by	Marketed by	For use in	Dose	Age at primary vaccination ^a	Booster recommended	Route of inoculation
IMRAB Large Animal	Merial Inc License No. 298	Merial Inc	Cattle	2 mL	3 mo	Annually Annually 1 year later & triennially	IM or SC
			Horses	2 mL	3 mo		IM or SC
			Sheep	2 mL	3 mo		IM or SC
IMRAB 1	Merial Inc License No. 298	Merial Inc	Dogs	1 mL	3 mo	Annually Annually	SC
			Cats	1 mL	3 mo		SC
IMRAB 1 TF	Merial Inc License No. 298	Merial Inc	Dogs	1 mL	3 mo	Annually Annually	SC
			Cats	1 mL	3 mo		SC
B) MONOVALENT (Rabies glycoprotein, live canary pox vector)							
PUREVAX Feline Rabies	Merial Inc License No. 298	Merial Inc	Cats	1 mL	8 weeks	Annually	SC
C) COMBINATION (Inactivated rabies)							
Equine POTOMAVAC + IMRAB	Merial Inc License No. 298	Merial Inc	Horses	1 mL	3 mo	Annually	IM
CONTINUUM DAP-R	Intervet, Inc License No. 286	Intervet Inc	Dogs	1 mL	3 mo	1 year later & triennially	SC
CONTINUUM Feline HCP-R	Intervet, Inc License No. 286	Intervet Inc	Cats	1 mL	3 mo	1 year later & quadrennially ^c	SC
D) COMBINATION (Rabies glycoprotein, live canary pox vector)							
PUREVAX Feline 3/Rabies	Merial Inc License No. 298	Merial Inc	Cats	1 mL	8 weeks	Annually	SC
PUREVAX Feline 4/Rabies	Merial Inc License No. 298	Merial Inc	Cats	1 mL	8 weeks	Annually	SC
E) ORAL (Rabies glycoprotein, live vaccinia vector)—RESTRICTED TO USE IN STATE AND FEDERAL RABIES CONTROL PROGRAMS							
RABORAL V-RG	Merial Inc License No. 298	Merial Inc	Raccoons Coyotes	NA	NA	As determined by local authorities	Oral

NA = Not applicable.
^aMinimum age (or older) and revaccinated 1 year later. ^bOne month = 28 days. ^cNonrabies fractions have a 3-year duration (see label).

Appendix

Rabies vaccine manufacturer contact information.

Manufacturer	Phone number	Internet address
Fort Dodge Animal Health	800-533-8536	www.wyeth.com/divisions/fort_dodge.asp
Intervet Inc	800-835-0541	www.intervetusa.com
Merial Inc	888-637-4251	us.merial.com/
Pfizer Inc	800-366-5288	www.pfizerah.com
Schering-Plough Corp	800-521-5767	www.spah.com/usa/

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