



American Ferret Association, Inc.

I-888-FERRET-1

On November 2, 1997, Dr. Suzanne Jenkins, chair of the Compendium of Animal Rabies Control Committee of the National Association of State Public Health Veterinarians (NASPHV), sent an electronic message to public health officials, announcing a change in the NASPHV's policies on ferrets. The new policy would include ferrets in the recommendations made for dogs and cats, effectively allowing a 10-day quarantine period for any ferret that bites or scratches a human.

Diane Rogers, chair of the AFA Legislative and Legal Affairs Committee conducted a telephone interview with Dr. Jenkins on November 12, 1997, to explore the reasons for the new recommendations, which will be reflected in the 1998 Compendium of Animal Rabies, a policy document disseminated to the public health community.

Excerpts from this interview are presented below, followed by an AFA COMMENTARY. The complete interview will be published in the **American Ferret Report** (vol. 8, no., Nov/Dec, 1997). For more information, contact the AFA at I-888-FERRET-1.

Rogers: What was it about the bat study that tipped the scales for the Committee?

Dr. Jenkins: It was not the bat study alone which convinced the committee to change its recommendations, but rather the totality of the data from *all* the studies on ferrets. The Committee was impressed with the key role the type of viral variant plays in the extent of viral spread to the salivary glands and excretion. You know, if the first study had been bats and the last raccoons, we'd be asking why the raccoon study was so important ...so it wasn't bat data alone, but the combination of all the data on all the variants.

It became clear as more and more data was gathered that if a ferret did shed the virus, it would show signs of the disease and would die well within the time-frames accepted for dogs and cats. The more data was gathered to support this, the more comfortable the Committee felt in changing the recommendation. (**See **AFA Commentary**)

Rogers: How can the ferret community help with the implementation process and ensure that the word gets out? Will it be useful for ferret organizations to contact state and local health departments to spread the word?

Dr. Jenkins: As of November 12, the only written communication about the policy change is the e-mail which I wrote on November 2 [see the **American Ferret Report**, 8(5), Sept/Oct. 1997] This has gone to all state components. It is really up to you if you want to disseminate information about the policy change on your own.

Rogers: Do you find that local entities may have difficulty in interpreting the new policy, and that there will be a training period for local staffs? Already we're hearing from some states that local staffs are questioning the fact of the policy change, and/or misinterpreting its intent.

Dr. Jenkins: Yes, this is a need. I have already received questions from local and state personnel which indicate that training and explanation about how to implement the new policy will be needed. I'm getting questions such as, "Does this mean we treat ferrets the same as dogs and cats?". I keep saying, "Isn't that what I just said?"

Let me stress that the ferret community should not assume that the new guidelines mean

every ferret that bites will be confined. Just as with dogs and cats, there may be extenuating circumstances which will lead health officials to test ferrets. As an example, we may have a cat whose history is unknown, which severely bites a child around the face with no provocation. This situation, plus other risk factors, could lead to a decision to test the cat under the current and the new policy both. (**See *the AFA Commentary*)

Rogers: When will a final copy of the Compendium be available?

Dr. Jenkins: The Compendium is in final typing now and will be ready for release this week. It will be sent via cover memo to all state epidemiologists, public health veterinarians, and state veterinarians. An article on the new policy is expected in the *Journal of the American Veterinary Medical Association* in January 1998. The AFA will be sent a copy this week along with the state mailing.

Note: *A complete copy of the revised Compendium will be posted on the AFA web page as soon as it is received. To receive a copy by mail, please send \$7.00 (Shipping/handling) to: "Compendium" c/o The American Ferret Association, P.O. Box 8056, McLean, VA 22106-8056.*

* * * * *

In a follow-up letter to a ferret enthusiast, Dr. Jenkins amplified her statement in reference to circumstances in which ferrets might still be euthanized.

Dr. Jenkins: "You should be aware that there are situations when dogs and cats are euthanized and tested for rabies instead of being confined and observed for 10 days. These circumstances could also occur with ferrets if behavior or health status is suspicious for rabies, but overall I expect these situations to be rare."

* * * * *

AFA Commentary

To some the new recommendations come as an anticlimax. The epidemiologic data on ferrets, collected by the Centers for Disease Control and Prevention (CDC), documenting the numbers of naturally occurring rabies infections in ferrets, showed that for more than half a century, there have been less than two dozen ferrets that contracted rabies. This is in dramatic contrast to the 65,000 rabid dogs that were documented between 7946 and 7965 (about 5,000 a year), and the 200-400 cats and dogs that continue to be documented annually, despite rabies vaccines. In addition, there has never been a case of rabies being transmitted by a ferret to a human or to another animal. In October 1992, AFA president, Sally Heber, AFA vice president, Freddie Ann Hoffman, M.D., the AFA Legislative and Legal Affairs Committee chair, Randy Sellers, and AFA member James Gaines, D. V. M., appeared before the NASPHV Rabies Compendium Committee, requesting that ferrets be removed from the "wild" and "exotic" category, and recommending that they be treated identically to dogs and cats.

The data showed then that ferrets were not--- nor are they now--- a public health risk for rabies. Indeed, ferrets have an astoundingly low rate of rabies -- so low, that the studies conducted in ferrets more than a decade ago concluded that these animals were a 'dead-end' in the rabies cycle.

*"It took five years, but it finally happened! It is a shame, however, that so many animals had to be sacrificed and so many resources, including taxpayers' dollars, wasted to document what the epidemiologic data already told us (i.e. **thousands** of ferrets tested at the request of public health and animal control officials with so **few** ever actually having the disease, and no documented cases of the disease being transmitted by a ferret)," says AFA. "In light of the fact that no public health concern was ever documented by either the*

NASPHV or the CDC, the studies should never have been required before a national quarantine recommendation was given.”

*Following this year's recommendations, which will be published in the 1998 Compendium of Animal Rabies, many states and municipal governments immediately changed their policies on ferrets to include a **1** 0-day quarantine period. In some jurisdictions (NOT California), where ferrets were illegal, they were expeditiously legalized. However, where rabies policy has been legislated, new legislation will be needed to **amend** existing laws that do not conform to the new recommendations. AFA is looking forward to working with the public health officials throughout the United States to disseminate and to implement these new recommendations.*