

MAMNUAL OF ANIMAL QUARANTINE

PURPOSE

It is important that biting animals involved in high-risk bite incident (suspect case) and animal exposed to rabid animals (probable case) are observed and placed under quarantine to monitor if they will develop rabies. The quarantine period is a precaution against the “possibility” that an animal may appear healthy but is actually rabies-infected (Centers for Disease Control and Prevention, 2017). This is a preventive measure to stop further spread of rabies in animals and humans as well as cut the transmission cycle in an area. Below are the guidelines for quarantine of animals in the home or in a government animal facility.

QUARANTINE

FOR

SUSPECT CASE

- 1 Definition of Suspect Case: Animal involved in high-risk biting incident
 - 1.1 Animal bit more than one animal or person in a day
 - 1.2 Animal bit a person or another animal in multiple sites
 - 1.3 Unprovoked bite

- 2 Home Quarantine
 - 2.1 Considerations
 - ✓ Animal is a domestic dog or cat
 - ✓ Apparently healthy with no sign of illness
 - ✓ Adequate indoor facilities to confine the animal
 - ✓ Ability to effectively exclude children and others from the quarantine area
 - 2.2 Suspect cases under observation must not be vaccinated during the entire observation period.
 - 2.3 Animal should be confined and observed for 14 days for sudden change of behavior (anorexia, signs of apprehension/nervousness, irritability, hypersensitivity); hydrophobia, muscle paralysis, nervous signs.
 - 2.4 Use Annex Form. A. Daily Dog Observation Monitoring Form for the daily home observation by the primary caregiver of the dog/cat.
 - 2.5 Ensure that the animal has adequate food, water, ventilation and

- space while under observation.
- 2.6 Minimize contact between the animal under observation and other animals as well as humans.
 - 2.7 If the animal is alive after 14 days, it is highly probable that the dog is free from rabies. Call the local Municipal Agriculture Office/ PVO regarding the status of the dog so that it will be released from home quarantine.
 - 2.8 If there is sudden change of behavior or the dog dies within the 14 day observation period, there is a high probability that dog is rabid. Call the Municipal Agriculture Office/CVO/PVO so that necessary action will be taken at the soonest time. If still alive, the animal will be euthanized and sample will be collected for testing.
 - 2.9 Owner of animal will be asked to accomplish Annex Form for the Informed Consent Form for specimen collection by MAO/PVO.

3 Local Government Animal Facility

- 3.1 Ask the owner animal to accomplish observations using the form (Daily Dog Observation Monitoring Form – Home Quarantine). Informed Consent for Quarantine by Local Government Animal Facility (Annex). Animal facilities may include observational case in the veterinary office or dog impounding facility.
- 3.2 Ensure that the animal has adequate food, water, ventilation and space while under observation.
- 3.3 To prevent spread of other infectious diseases (canine distemper, canine parvovirus) from animal in the dog pound to animals under observation, the following must be observed to ensure biosecurity:
 - 3.3.1 Separate facility and materials used for the dog pound and animals placed under observation for rabies.
 - 3.3.2 Conduct all activities (feeding, cleaning cages) and handle animals first in the observation facility before the dog pound facility

**QUARANTINE
FOR
PROBABLE CASE**

- 1 Definition: Animal exposed to confirmed rabid animal
- 2 Considerations:
 - 2.1 Animal with no vaccine history in the preceding 1 year
If the owner refuses euthanasia for the probable case, the animal can be placed in isolation for 6 months and vaccinated within 96 hours of exposure or upon entry into isolation

- 2.2 Animal with a history of vaccination within the preceding 1 year
-Booster vaccination and observation for 3 months
- 3 Home Quarantine
- 3.1 Follow guidelines for home quarantine of suspect case with few exceptions:
- ✓ Isolation must be for 3 months or 6 months depending on the vaccination history of the animal.
 - ✓ Daily monitoring must be done for the entire period of observation.
- 4 Local Government Animal Facility
- 4.1 Follow guidelines for local government quarantine facility of suspect case with few exceptions:
- ✓ Isolation must be for 3 months or 6 months depending on the vaccination history of the animal.
 - ✓ Daily monitoring must be done for the entire period of observation using Annex form. Daily Dog Observation Monitoring Form- Government Animal Facility.

REFERENCE

Centers for Disease Control and Prevention. (2017, July 5). Rabies. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/rabies/exposure/animals/domestic.html>

National Rabies Prevention and Control Program. (2019). Republic of the Philippines Department of Health. Retrieved from National Rabies Prevention and Control Program: https://doh.gov.ph/sites/default/files/publications/Rabies%20Manual_MOP_2019%20nov28.pdf

Form. Daily Dog Observation Monitoring Form – Home Quarantine

Species: dog cat others: _____

Name of animal: _____

Name of owner: _____

Contact number of owner: _____

Address of owner: _____

Day 1 _ / _ / _	Day 2 _ / _ / _	Day 3 _ / _ / _	Day 4 _ / _ / _	Day 5 _ / _ / _	Day 6 _ / _ / _	Day 7 _ / _ / _
<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died
Remarks:	Remarks:	Remarks:	Remarks:	Remarks:	Remarks:	Remarks:
Checked by:	Checked by:	Checked by:	Checked by:	Checked by:	Checked by:	Checked by:

Day 8 _ / _ / _	Day 9 _ / _ / _	Day 10 _ / _ / _	Day 11 _ / _ / _	Day 12 _ / _ / _	Day 13 _ / _ / _	Day 14 _ / _ / _
<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died
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* If animal dies, contact PVO/MAO for specimen collection. If animal remains alive after 14 days, inform MAO.

Form. Monthly Dog Observation Monitoring Form- Local Government Animal Facility

Species dog cat others: _____

Name of animal: _____

Name of owner: _____

Contact number of owner: _____

Day 1 _ / _ / _	Day 2 _ / _ / _	Day 3 _ / _ / _	Day 4 _ / _ / _	Day 5 _ / _ / _	Day 6 _ / _ / _	Day 7 _ / _ / _
<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died
Remarks:	Remarks:	Remarks:	Remarks:	Remarks:	Remarks:	Remarks:
Checked by:	Checked by:	Checked by:	Checked by:	Checked by:	Checked by:	Checked by:

Day 8 _ / _ / _	Day 9 _ / _ / _	Day 10 _ / _ / _	Day 11 _ / _ / _	Day 12 _ / _ / _	Day 13 _ / _ / _	Day 14 _ / _ / _
<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died
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Checked by:	Checked by:	Checked by:	Checked by:	Checked by:	Checked by:	Checked by:
Day 15 _ / _ / _	Day 16 _ / _ / _	Day 17 _ / _ / _	Day 18 _ / _ / _	Day 19 _ / _ / _	Day 20 _ / _ / _	Day 21 _ / _ / _
<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died
Remarks:	Remarks:	Remarks:	Remarks:	Remarks:	Remarks:	Remarks:
Checked by:	Checked by:	Checked by:	Checked by:	Checked by:	Checked by:	Checked by:
Day 22 _ / _ / _	Day 23 _ / _ / _	Day 24 _ / _ / _	Day 25 _ / _ / _	Day 26 _ / _ / _	Day 27 _ / _ / _	Day 28 _ / _ / _
<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died	<input type="radio"/> Healthy <input type="radio"/> Sick <input type="radio"/> Died
Remarks:	Remarks:	Remarks:	Remarks:	Remarks:	Remarks:	Remarks:
Checked by:	Checked by:	Checked by:	Checked by:	Checked by:	Checked by:	Checked by:

*If animal dies, collect brain sample for rabies confirmation.

Form . Informed Consent Form for Specimen Collection

The staff of MAO/PVO explained to me about the ongoing rabies surveillance in the Municipality of _____, Bulacan. I am consenting to have a brain sample taken from my dead pet for laboratory testing.

After specimen collection, I am giving consent to the MAO/PVO for proper burial or cremation of my pet.

I understand that all of these are necessary for the successful implementation of the Rabies Prevention and Control Program in the Province of Bulacan. All my questions regarding rabies surveillance and my pet have been answered, and I am signing this form to signify my consent.

Name and signature of pet owner

Date

Name and signature of PVO/MAO staff

Date

Form. Informed Consent Form -quarantine in government facility

I am consenting to have my pet dog/cat brought to the _____ for quarantine or observation. Officials from the Municipal Agriculture Office/PVO have explained to me about the ongoing rabies surveillance in the Province of Bulacan. It has also been explained that my pet is suspected of having rabies, and thus should be under strict observation for a maximum of 30/60 days. I understand that if my pet remains healthy after 30/60 days, I can come and bring my pet home again from the facility.

Otherwise, the MAO/PVO will have to put it up for adoption or euthanize it after 3 days. In the event that my pet dies while in the facility, a specimen of my pet’s brain will be collected and tested if it has rabies. The MAO/PVO will be responsible for burying or cremating my pet’s body. I understand that all of these are necessary for the successful implementation of the Rabies Prevention and Control Program in the Province of Bulacan.

All of my questions regarding rabies surveillance and my pet’s 14-day observation have been answered, and I am signing this form to signify my consent.

Name and signature of pet owner

Date

Name and signature of OCV staff

Date