RESOLUTION NUMBER: 35 APPROVED

SOURCE: COMMITTEE ON PUBLIC HEALTH AND RABIES

SUBJECT MATTER: INCREASED FY2013 FUNDING FOR THE UNITED STATES DEPARTMENT OF AGRICULTURE, ANIMAL AND PLANT HEALTH INSPECTION SERVICE, WILDLIFE SERVICES ORAL RABIES VACCINATION (ORV) PROGRAM

BACKGROUND INFORMATION:

Wildlife rabies is a serious public health concern. The veterinary community, both public and private, has as a fundamental obligation, the ‘responsibility to apply their knowledge and skills to ensure control of rabies at the animal source’. This was a conclusion of the 2011 World Organization for Animal Health (OIE) conference on rabies control. Rabies control is the embodiment of a One Health initiative. In fact, the United Nations Food and Agriculture Organization (FAO) now believes that rabies and foot-and-mouth disease should be the next two global disease targets for eradication now that rinderpest has been eradicated.

Globally, the OIE now estimates that 70,000 people worldwide die each year from rabies. ProMED (September 28, 2011) states that rabies is one of the world’s most lethal zoonotic diseases, killing more people than severe acute respiratory syndrome, H5N1 and dengue fever combined. Domestically, according to the 2010 Centers for Disease Control and Prevention (CDC) Rabies Surveillance Report, wildlife rabies is still responsible for 92% of all reported rabies cases in the United States (Blanton, et al. JAVMA, 2011). The use of licensed oral rabies vaccine (ORV) programs has been effective in controlling rabies in certain terrestrial wildlife reservoir species since the early 1990’s.

The United States Department of Agriculture (USDA), Animal and Plant Health Inspection Service, Wildlife Services ORV program is designed to reduce transmission of wildlife rabies to domestic pets, livestock and humans. It is estimated that there are over 40,000 administrations of Post Exposure Prophylaxis (PEP) against rabies in humans in the United States (US) annually at an average cost of $4,042 per treatment (Meltzer, et al. Vaccine, 2008) resulting in over $160,000,000 per year in associated human health care costs. These costs do not include indirect impacts on the population from anxiety, fear and trauma associated with rabies threats to people, their pets and livestock. In spite of a public health strategy that is effective in preventing human rabies deaths in the US, the financial cost of coexistence with wildlife rabies is high, exceeding $300,000,000 annually (Slate, et al. Proceedings 20th Vertebrate Pest Conference, 2002). According to Shwiff (Shwiff, et al., unpublished 2011), if ORV programs are allowed to lapse the annual negative economic impact could be approximately $45 million per year in the US.
The ORV campaigns in conjunction with other rabies control measures, such as mandatory dog and cat vaccination and recommended livestock and equine vaccination programs, are effective and are part of the veterinary community’s One Health initiative responsibility. Regular distribution of oral rabies vaccines to immunize specific wildlife species increases the percentage of rabies immune animals living within the ORV baiting zones. Creating a sustained reservoir population of individual immune animals results in an overall decrease of wildlife rabies cases.

The level of ORV programs’ success in the US can be quantified as follows: transmission of the canine strain of rabies in south Texas coyote populations has been eliminated; the westward expansion of raccoon rabies strain has been halted at the Appalachian Mountains; the gray fox strain of rabies has been confined in the Southwest and the epizootic area is being consolidated and reduced; and, strategies have been developed to address wildlife rabies outbreaks in urban environments, especially in the Northeastern US. Today, federal and state sponsored ORV programs, supported by the CDC, continue to monitor areas cleared of wildlife rabies while addressing new challenges. Due to the level of success achieved to date, the federal government has signed a tri-national agreement with Canada and Mexico called the North American Rabies Plan. A critical component of this plan is to control wildlife rabies.

Because of the economic downturn in the US economy, all ORV programs (state and federal) are now faced with rapidly declining levels of governmental funding and resources while public support remains high. Ironically, as funding levels for US ORV programs decline societal changes have led to increasing numbers of interactions between humans and wild animals in urban habitats. Today and in the future, wildlife rabies prevention is, and will continue to be, a key factor in maintaining the integrity of rabies control in the US.

The United States Animal Health Association agrees with OIE that the best place to address rabies control is at the animal source. Wildlife species are the rabies reservoir in the United States. The funding level requested would allow the USDA to maintain ongoing logistical support and rabies case surveillance necessary for the program, while maintaining and/or increasing existing rabies-immune target wildlife populations. The maintenance of sufficient levels of immunity in the existing wildlife ORV zones is essential to assure program integrity. This funding level would also allow the ORV Program to be less dependent on emergency funding each year for program integrity and would advance research and development of new vaccines, baits and control strategies. Funding at this level will have the additional benefit of job maintenance and creation, especially in rural locales. The ORV Program, a One Health initiative, promotes animal and human health and alleviates the burden of additional health care costs associated with rabies including disparities between rural, suburban and urban communities.

RESOLUTION:

The United States Animal Health Association requests the 113th Congress to appropriate at least $28 million in the FY2013 budget line item for the United States Department of Agriculture, Animal and Plant Health Inspection Service, Wildlife Services, Oral Rabies Vaccine Program.
David T. Marshall
President
United States Animal Health
Association
4221 Mitchell Avenue
St. Joseph, MO 64507

Dear Mr. Marshall:

We are in receipt of your letter dated November 8, 2011, which recognizes the importance and strategic value that the World Organization for Animal Health (OIE) has placed on controlling rabies at the animal source. Thank you for supporting the continued coordination by the U.S. Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS), Wildlife Services (WS)' of wildlife rabies management in the United States. We acknowledge and support the United States Animal Health Association's (USAHA) Resolution 35: "Increase FY 2013 Funding for the United States Department of Agriculture, Animal and Plant Health Inspection Service, Wildlife Services’ Oral Rabies Vaccination Program."

In FY 2011, WS committed $23.8 million in federally appropriated funds toward surveillance, control and research targeting raccoon rabies in the eastern U.S. and canine and gray fox rabies in the southwestern U.S. (primarily Texas). In FY 2012, APHIS is expected to commit a similar level of funding to wildlife rabies management activities, contingent on an approved federal budget. While WS’ wildlife management funding levels remain static for FY 2012, WS plans to continue to implement the most efficient and effective program practical within funding levels.

Late in FY 2011, WS implemented the first collaborative oral rabies vaccine safety and immunogenicity field trial in the U.S. in more than 20 years, when V-RG was field tested in Cape May, NJ. While we wait the final scientific results from this field trial with ONRAB® (a recombinant human adenovirus-vectored rabies glycoprotein vaccine in the ultralite bait, Artemis Technologies, Guelph, Ontario, Canada), we anticipate expanding trials in FY 2012 to achieve both management and research objectives. Based on favorable raccoon rabies management results with ONRAB® in Canada, this vaccine could substantially enhance our ability to more aggressively meet the management goals of elimination of raccoon rabies from areas where it has gained a foothold in the eastern U.S. since the mid-Atlantic raccoon rabies epizootic began in the late 1970’s.
We appreciate input by the USAHA and greatly value the organization’s continued support of our collaborative efforts in “One Health” to protect U.S. agriculture, natural resources, and human health and safety. We look forward to continued collaboration with the USAHA Committees. Thank you again for providing us your resolution.

Sincerely,

William H. Clay
Deputy Administrator