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State and Local Perspective on Centers for Disease Control and Prevention Dog Confinement Agreement

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Summary

The Centers for Disease Control and Prevention (CDC) works in conjunction with state, territorial, local, and tribal agencies (STLTAs) to prevent the transmission of infectious agents. Issuance of confinement agreements using CDC Form 75.37 “Notice to Owners and Importers of Dogs” to importers of dogs that are not vaccinated or incompletely vaccinated against rabies is part of the agency’s regulatory programme to prevent the entry of dogs infected with rabies. Although this is a regulatory programme that depends heavily on partnerships between CDC and STLTAs, CDC had never formally evaluated the acceptability of the confinement agreement process with these partners. Thus, a short survey of 9 STLTAs was conducted to evaluate whether these partners have enough personnel and resources to implement the regulation and their general opinions of the confinement agreement process. The results illustrate that CDC partners are dissatisfied to some extent with the process and there are multiple issues limiting their success in enforcing the regulation.

Keywords

regulations; partnerships; importations; dogs; rabies

Introduction

Rabies is a fatal virus that is endemic in more than 150 countries and territories (WHO, 2014). Rabid dogs serve as the primary reservoir for human disease transmission worldwide: 90% of human rabies exposures and more than 99% percent of human rabies cases (CDC, 2011). To prevent the importation of rabid dogs into the United States, CDC requires that all importers of dogs from rabies-endemic countries provide a valid rabies vaccination certificate upon arrival (CDC, 2013a; CDC, 2013b). Valid rabies vaccination certificates must state the dog was at least 3 months of age at the time of vaccination and that the initial rabies vaccine was administered at least 30 days before the dog’s arrival in the United States (CDC, 2013a). The certificate must also not be expired. If a dog does not meet vaccination requirements, the importer (or their agent) and a CDC official or U.S. Customs and Border

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Protection (CBP) officer must sign a copy of CDC Form 75.37 (“dog confinement agreement”; Fig. S1). The importer is then legally obliged to confine the dog until fully immunized (i.e., 30 days following rabies vaccination at 3 months of age for initial vaccination and immediately upon rabies vaccination for booster). Under CDC regulations, found at Title 42 of the U.S. Code of Federal Regulations (CFR), section 71.51, “confinement” is defined as “restriction of an animal by the owner or his agent to a building or other enclosure in isolation from other animals and from persons except for contact necessary for its care, or, if it is allowed out of such enclosure, muzzling the animal and keeping it on a leash” (CFR, 2015).

Although CDC has the authority to regulate the importation of dogs into the United States and has established an oversight programme, state, territorial, local, and tribal agencies (STLTAs) are critical to the success and enforcement of CDC regulations. CDC conducted this survey because it wanted to better understand whether or not STLTAs have sufficient resources to administer the CDC dog confinement agreement programme at the state and local level and to hear their thoughts on the current federal regulation and operations regarding the importation of dogs into the United States. To determine the level of STLTA resource use and potential follow-up of dog confinement agreements, we administered a short survey to several STLTA partners to assess their attitudes and practices.

Methods

To best capture information regarding resource usage and attitudes, we developed a survey that gathered both quantitative and qualitative information. The survey included 7 binary questions and 1 Likert-scale question, each followed by an open-ended comments section. We contacted only 9 state and local health partners to comply with the Paperwork Reduction Act (CFR, 1995). Accordingly, we selected a convenience sample that included STLTAs from each major region of the country. We administered each 20-minute survey over the telephone. CDC determined that the survey did not constitute human subjects research and approved the survey as a programme evaluation.

Results

Of the nine STLTAs surveyed, seven respondents were state employees (health and agriculture departments) and two respondents were county health department employees. Three respondents indicated that they were not “content” with the current federal dog confinement agreement procedures (Table 1). Those that were not content commented that the current operating procedures lack well-defined consequences for noncompliant importers and that the process did not capture many fraudulent documents. Also, one partner noted that their office had no way of determining that the importer was complying with the terms of the confinement agreement.

Four respondents stated that they believed that their office did not have sufficient personnel to respond adequately to each dog confinement agreement received (Table 1). Lastly, three respondents believed that the federal government should develop a simpler process to replace the current dog confinement agreement procedures (Table 1). Some suggested that

more effort should be placed on animal inspection upon entry, animal importations should be limited to specific points of entry, and the process should be redefined so expectations of STLTAAs would be clearer.

Discussion

Hundreds of thousands of dogs are imported into the United States annually (McQuiston *et al.*, 2008). High rates of dog importation introduce the risk for potential infectious disease transmission to humans and other animals (Hendrix *et al.*, 1998). CDC issues dog confinement agreements for dogs improperly vaccinated against rabies coming from rabies-endemic countries not only to reduce the risk of reintroducing canine variant rabies to the United States but also in an effort to reduce the risk of exposing humans to any rabies virus variant.

CDC's dog confinement agreement programme relies considerably on CBP at U.S. ports of entry to review and process dog import documents and then STLTAAs for follow-up of importers whose dogs are issued confinement agreements at the port of entry. However, results from this survey illustrate that CDC's STLTA partners view the dog confinement agreement as underperforming and likely ineffective at achieving its purpose. CDC has made efforts to resolve some of the reoccurring problems with the process, including the release of a manual to help partner agencies identify fraudulent rabies certificates (Fig. S2). In addition, in July of 2014 CDC published a Federal Register Notice "Issuance and Enforcement Guidance for Dog Confinement Agreements" to further explain the purpose of dog confinement agreements and clarify that CDC has the authority to deny entry of dogs that are improperly vaccinated against rabies (CDC, 2014). However, more needs to be done to address the concerns of STLTAAs. Because effective partnerships between CDC and STLTAAs are critical to protect U.S. public health from the importation of zoonotic disease, CDC should reassess its current dog importation programme to make sure it is cost-effective, feasible, and practical for STLTAAs to administer.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Impacts

- Copies of signed CDC dog confinement agreements are directed to STLTAAs for any necessary management and follow-up with importers after unvaccinated dogs enter the United States.
- Survey results from the STLTAAs indicate that all states do not have the resources (labour and time) to enforce importer compliance with the regulatory programme.
- CDC should consider restructuring its current regulations to account for the capabilities of STLTAAs to enforce the rule along with the need to protect public health.

Table 1

State and Local Health Department Evaluation Survey Results (n=9)

Survey Question	Response	Frequency (%)
Is your office content with current federal procedures associated with the dog confinement agreement?	No	3 (33%)
Do you believe your office has sufficient labour or personnel resources to respond adequately to each dog confinement form received, including follow-up with importers?	Yes	4 (44%)
	No	4 (44%)
	No Response *	1 (11%)
Do you believe your office has sufficient resources other than labour or personnel, for example availability of an official vehicle or wireless internet access, to respond adequately to each dog confinement form received including follow-up with importers?	Yes	5 (55%)
	No	3 (33%)
	No Response *	1 (11%)
Do you believe the federal government should develop a simpler process to replace current dog confinement procedures? By simpler, we mean one that would take less labour or personnel time and use fewer resources. If you have specific ideas for improvement, please list in the comments.	No	6 (67%)
How difficult is it for your office to make follow-up contact with dog importers (1–6)?	1 = Very Easy	0 (0%)
	2 = Easy	0 (0%)
	3 = Moderate	3 (33%)
	4 = Somewhat difficult	1 (11%)
	5 = Difficult	1 (11%)
	6 = Very Difficult	1 (11%)
	No Response *	3 (33%)

* No Response = STLTAs unable to respond as insufficient information available to assess resources needed or question not applicable.