



NATIONAL ASSOCIATION of STATE PUBLIC HEALTH VETERINARIANS, INC.

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Comments from the National Association of State Public Health Veterinarians (NASPHV) on “Proposed Revision of HHS/CDC Animal-Importation Regulations”

Response to Section 2, “Other Animal Regulations (Including African Rodents Currently Regulated Under 42 CFR 71.56)”

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The National Association of State Public Health Veterinarians (NASPHV) strongly supports either prohibiting legal importation of exotic animals for the pet trade, or at a minimum developing, revising and improving regulations in order to better protect public health by preventing the introduction of newly emergent and previously recognized zoonotic diseases. The NASPHV makes the following recommendations to the Centers for Disease Control and Prevention:

1. An expert group comprised of public health, animal health, wildlife/conservation experts and pet industry representatives should be organized to develop a list of animal species approved for importation into the United States to supply the exotic animal pet trade. This group should also outline a systematic approach for species to be added to or removed from the approved list based on available scientific, health and environmental risk assessments. Importation for bona fide research, zoological, and scientific purposes should be handled under a separate authority. The group should meet regularly to review scientific information, assess the system’s successes and challenges, and revise and update protocols as needed.
2. All permitted importation of non-domesticated animals should be restricted to those ports with designated facilities to safely confine and hold exotic animals and where specially trained personnel are available to identify the approved species and preliminarily assess the health status of every imported animal.

3. All importers should be registered with the appropriate regulatory agency, with registration and import fees established to cover the costs of implementing and maintaining the special port facilities, staff and regulatory system.
4. To facilitate an assessment of the health status of the animal, all imported exotic species should have a valid health certificate issued by the designated animal health authority in the origin nation. U.S. import authorities should evaluate current standards for health certificates and the potential need for improving those standards.
5. Exotic animals should be required to undergo a documented minimum of 30 days in quarantine prior to import in an approved facility where veterinary supervision is present and records are maintained. Animals in quarantine that develop illness or die should undergo diagnostic testing as determined by U.S. import authorities. Such testing should be done to determine, for example, if a potential disease threat may exist to those people exposed to the animal, or to determine if other animals in a shipment are safe to import.
6. All exotic species imported for sale, trade, rescue, or barter in the U.S. should be required to have complete records including but not limited to country of origin, arrival date and port authority signatures, quarantine documentation, health certificate, any health status reports, and complete distribution information maintained by both the importer and retail seller (if different), including contact information for the end purchaser. Such records should be maintained for a period of at least 1 year after the end purchaser acquires the animal. A national database should be established to monitor and track all shipments. Information about imported animals should be shared with state officials on a timely basis so that local agencies may follow-up on imported animals.

The NASPHV recognizes that people are increasingly interested in interacting with animals as pets. This interest includes both domesticated and non-domesticated (indigenous and non-indigenous wildlife) species. It is also clear that close interactions between people and animals carry inherent risks, including bite injuries and infectious diseases. These risks exist even with domestic pets such as dogs and cats. However, both the public health and animal health communities understand the disease risks domesticated species pose and the ways to mitigate those risks, such as rabies vaccination, anthelmintic treatment, and routine wellness exams for pets. Non-domesticated animals may carry diseases that may not be easily recognized due to unfamiliarity with the species and/or the disease, for which there are no readily available diagnostic tests, and for which treatment and prevention techniques are not established or well understood. The risk of disease introduction becomes compounded when the animals are wild-caught and quickly imported without first receiving a veterinary health examination or undergoing a quarantine period to observe for signs of illness.

The potential risks of importing wild caught animals for which we have few or no established medical and husbandry practices became apparent with the introduction of monkeypox virus to the United States in 2003. As a result of that incident, several practice deficiencies in the exotic pet trade were uncovered such as poor record keeping, acceptance of extremely high mortality as a routine part of business, co-mingling of different species, and a complete lack of regulatory oversight of the importation of wild-caught species. Such practice deficiencies exacerbate the

existing risks that exotic animals pose when they are brought into close contact with people and other animal species to which they are not normally exposed.

The NASPHV also recognizes that people derive numerous and wide-ranging benefits from their interactions with animals, as animals provide us with everything from food and fiber to companionship, exercise and stress reduction. It is important to find a balance between protecting the public's health and safety and maintaining availability of pets for people.

Numerous discussions since 2003, such as the 2006 CDC-sponsored meeting on exotic animal importation, have focused on the suggestion of creating a list of species that would be banned for importation. Several African rodent species were banned in the wake of monkeypox to prevent the reintroduction of that virus, and it might be possible to impose similar bans on other animal species based on recognized disease risks. However, this paradigm puts public health at a disadvantage because it requires identifying all of the diseases of concern first and then the species likely to harbor them. New disease threats emerging from animal sources such as SARS are not uncommon, and it is all but impossible to predict where the next disease threat will come from. Thus, instituting importation bans based on known diseases risks will forever be a reactive, rather than proactive, process. As species are banned, those people wishing to own the next unique species will simply import some other species not appearing on the list but whose disease risks are not yet fully understood. Should one of these species introduce a disease to which either humans or other animal species are susceptible, local, state and federal authorities will once again be placed in the position of having to scramble to respond to a threat rather than having been given the tools necessary to prevent it. No one could have anticipated, for example, that prairie dogs would be so susceptible to infection with monkeypox virus when co-mingled with infected African rodents. Similarly no one could have expected the infected prairie dogs to be a good source of virus to infect people.

An Approved Species List

A more proactive approach to the on-going threat of emerging zoonotic diseases from exotic animals would be to start by establishing lists of animals approved for importation. Public health, animal health, wildlife/conservation and pet industry experts could work together toward an agreed-upon list of those species considered low enough risk to be routinely imported. This list should be based on both knowledge of the biology of these animals and past experience with the healthcare and husbandry of the species, as well as on humane considerations for the species and on the potential impact on the environment and indigenous species should the imported species become introduced into the wild. Subsequent addition of species to the approved list could be considered, but only with sufficient accumulated data regarding the potential health and other risks of the new species. In this way public health, animal health and wildlife/conservation authorities are given the chance to reduce the opportunities for introduction of new threats from animal species with which we have little experience, while still allowing the pet trade an opportunity to expand the approved species list.

Enhancements to Regulatory Oversight—Limiting Ports of Entry; Permitting Process

To enhance the safety of the importation process, approved species should be allowed to enter the U.S. only through designated ports. These ports should be staffed by personnel that have been trained to recognize the approved species, whether those personnel are employees of CDC/HHS, USFWS, or USDA. Additionally, these ports should have facilities where animals can be housed if they do not meet import requirements, require additional health examination, or require holding while additional information is gathered. Importers of exotic animals should be required to register with the regulating body at the port and have valid importation permits for the species they import. This regulatory system should require permitting and importation fees sufficient to offset the added costs of implementing and maintaining such a system.

Enhanced Health Inspection

All non-domesticated imported animals should have a valid health certificate issued by the designated animal health authority in the origin nation. The certificate should include documentation of a minimum 30 day quarantine during which the animal is observed by an appropriately accredited veterinarian for signs of illness. Veterinary examination of the animal provides an opportunity to identify health concerns that would preclude importation, either due to human or animal health concerns. Health certificates could be modeled after European Union form 998, which is currently used for dogs, cats and ferrets primarily for rabies prevention. We recognize that despite these requirements animals may be asymptotically infected with pathogens, that incubation periods longer than 30 days may preclude recognition of the illness prior to importation, and that inspection certificates are by no means foolproof. However, each of these requirements enhances our ability to minimize the risks these animals pose.

Animals that become ill or die during quarantine may need to undergo diagnostic testing. The need for testing should be determined by the U.S. quarantine authority, and should be based on assessment of the situation. Sick animals commingled with other animals in a shipment should have appropriate testing to determine whether the other animals may have been exposed to a communicable disease. It may also be necessary to determine the cause of illness or death to protect people who have been exposed to the animal during shipment and/or quarantine. The quarantine authority should require the importer to complete appropriate testing, including necropsy if indicated, prior to releasing other animals from quarantine.

Tracking of Animals in the Pet Trade

As noted above, no requirement short of banning all importation will completely eliminate the potential for a legally imported animal to be carrying a pathogen. Based on past experience one of the most difficult aspects of responding to any zoonotic disease incident involving the pet trade is the lack of records when trying to trace animals back to their origin and out to their destination. This was clearly demonstrated during the monkeypox investigation, where trade in animals at swap meets, over the internet, and through stores where no records were maintained made tracking animals difficult, if not impossible.

Requiring importers and retail sellers to maintain records of receipt and distribution of the

imported animals they trade, including contact information for the end purchaser, would allow public health and animal health authorities to more rapidly find animals linked to a zoonotic disease incident. All such records should be maintained in a national database with data shared regularly and in a timely manner with state public health and animal health officials. A tracking system would also benefit animal retailers. By having contact information for the purchaser, authorities could directly contact purchasers in the case of a potential disease exposure rather than relying on general public notification. Widespread public notifications have historically had a negative impact on retailers because their name becomes negatively associated by the general public with a particular incident even in the absence of any wrongdoing.

Consideration should also be given to providing end-purchasers of imported animals documentation regarding where and when the animal purchased was imported. This would potentially improve the ability of authorities to locate animals in the event a recall is required due to a disease concern.

Research and Education

Animals imported for research purposes should come from approved research animal suppliers, and to the extent possible be free of disease. Approved research facilities should not be limited by the approved species list for the pet trade, provided that the facility practices and enforces appropriate infection control policies. Infection control policies should include protocols to minimize contact between staff and animals, and for provision of proper veterinary care for animals and occupational healthcare for employees. Mechanisms should be in place to prevent distribution of animals to the general public at the conclusion of the study.

Animals imported for educational purposes, for display at accredited zoological institutions for example, should be subject to the same importation, veterinary and quarantine requirements as those for the pet trade. However, approved educational and conservation facilities should be permitted to import animals other than those on the approved species list provided they meet certain criteria. Approved educational facilities should be those registered with the importation regulatory authority; they should have facilities that will prevent direct contact between the animals and the public as well as limit contact with facility staff; they should have appropriate veterinary care in place; and they should provide adequate justification of the need for importation. When a facility requests approval to import animals not on the approved list, such a request should be reviewed by a panel comprised of regulatory officials as well as wildlife health and public health experts.

Conclusion

The NASPHV does not recommend ownership of non-domesticated animals by the general public, because of the potential for human injury or disease as well as humane considerations for the animals. The NASPHV supports the American Veterinary Medical Association's position statement against private ownership of wild animals¹. The NASPHV has also joined with the Council of State and Territorial Epidemiologists in past position statements against ownership of primates² and importation of exotic animals^{3,4}. If importation and ownership of exotic non-

domesticated animals continues, we strongly urge the CDC to implement the recommendations above to reduce the potential for the introduction of both recognized and emerging zoonotic diseases into the country that could threaten not only human health but the health of domestic and wild animals.

References:

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