



Public Health Association
AUSTRALIA

**Public Health Association of Australia
submission on the Review of the Rabies
Virus Risk in Imported Dogs, Cats and
canine Semen from Approved Countries
Draft Report**

Contact for recipient:

Dr Peter Finnin
Assistant Secretary Animal Biosecurity
E: animalbiosecurity@agriculture.gov.au
T: 1800 900 090

Contact for PHAA:

Terry Slevin – Chief Executive Officer
A: 20 Napier Close, Deakin ACT 2600
E: phaa@phaa.net.au T: (02) 6285 2373

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Contents

| | |
|------------------------------------------------------------------|----------|
| Preamble | 3 |
| The Public Health Association of Australia | 3 |
| Vision for a healthy population | 3 |
| Mission for the Public Health Association of Australia | 3 |
| Introduction | 4 |
| PHAA Response to the Proposed Polices in the Draft Report | 5 |
| Microchips and Approved Countries | 5 |
| 12 Month Validity of RNATTs | 6 |
| 180 Day Residency..... | 6 |
| Oral Rabies Vaccination..... | 7 |
| The Australian CDC and One Health..... | 7 |
| Conclusion | 8 |
| References | 9 |

Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.



Introduction

PHAA welcomes the opportunity to provide input to the Department of Agriculture, Fisheries and Forestry's (DAFF) review of the rabies virus risk in imported dogs, cats and canine semen from approved countries. In this submission, we particularly concentrate on aspects where the appropriate risk management measures are proposed in accordance with international recommendations, the allocation of approved countries, and proposed measures that lack transparency and evidence in their rationale.

Rabies is a Lyssavirus which causes viral encephalitis in mammals and ultimately results in death (Animal Health Australia [AHA], 2021). The disease can be spread through bites, scratches, and licks on open wounds from infected mammals especially dogs (Department of Health and Aged Care [DHAC], 2022a). This may be treated with Post Exposure Prophylactic vaccination and immunoglobulin, however as there is no cure once clinical signs appear, the disease is of both public health and animal health significance (AHA, 2021; DHAC, 2022a). Australia is rabies lyssavirus free due to strict monitoring by the National Notifiable Diseases Surveillance System and biosecurity importation laws (DHAC, 2022a). Therefore, human vaccination against rabies is low and native mammals and marsupials are susceptible to contracting the virus and spreading it amongst threatened species and domesticated animals should an incursion occur (AHA, 2022; Diana et al., 2015). A One Health approach is recommended for the prevention, response, and control of dog-mediated rabies with a global strategy to eliminate dog-mediated human rabies by 2030.

Dogs contribute up to 99% of all rabies transmissions to humans (World Health Organization [WHO], 2021), and are the most likely pathway to introducing rabies lyssavirus (RABV) into Australia, via illegal entry of an infected dog or legal entry via quarantine with undiagnosed RABV (AHA, 2021). Although the risk of this occurring is low (AHA, 2021), the last review of importation policies was in 2013 and requires updates to align with the latest international recommendations. We also support the review of this policy considering the Australian Government's commitment to the guiding principle of One Health in establishing the Australian Centre for Disease Control (CDC); recognising the connection that exists between the health of people, animals, and the environment (DHAC, 2022b). As well as the CDC's proposed multidisciplinary approach, of drawing on the knowledge, skills and expertise of people working in a range of zoonotic disease fields to deliver the best health outcomes and capitalise on existing functions and delivery mechanisms (DHAC, 2022b).

PHAA Response to the Proposed Polices in the Draft Report

Microchips and Approved Countries

Key proposal of the draft policy review: All dogs and cats must be implanted with an International Organization for Standardisation (ISO) compatible microchip prior to commencing pre-export preparation. Also, dogs and cats from group 2 and 3 approved countries must have an identity check, which includes scanning of the microchip, by the exporting country's competent authority at least 180 days before export and prior to commencing any export preparations. Evidence of the identity check must be presented as part of the import permit application process.

The current microchipping policy recommended by the World Organisation for Animal Health (WOAH) for domestic mammals from countries free of RABV does not include microchipping animals before importation (World Organisation for Animal Health [WOAH], 2022). Their recommendation for mammals from countries infected with rabies, is for the animal to be permanently identified and the identification number stated in a veterinary certificate (WOAH, 2022). The current Australian importation policy demands that animals from every importation group must be permanently identified by an ISO compatible microchip (see appendix 1.) (Department of Agriculture, Fisheries and Forestry [DAFF], 2022). There is no significant change to this policy, but there is an increase to the rigour of the checking process. Little evidence, however, is provided as to why rabies free countries in groups one are required to have as rigorous an identification process as group three, where controlled rabies is present. If the risk management rationale is regarding the recent international fraudulent veterinary certification papers from animals originating in Eastern Europe and Egypt (Elliot, 2022; Imrie, 2022; Sinclair, 2015), then it should be noted that such countries are not approved for dog or cat importation into Australia (DAFF, 2022). The recent fraudulent imports have only been reported in group three countries (i.e. Canada, USA and UK) and none have been from group one (Elliot, 2022; Imrie, 2022; Sinclair, 2015). Clarification as to why rabies free neighbouring countries should require as thorough an identification process as countries which do pose a true risk is necessary.

We also support the Draft Review's proposal of reviewing approved country groups. Two countries in group three, Brunei and the United Arab Emirates, have been placed on an animal importation ban lists by Canada and the US. If there has been risk detected, it is encouraged for these country's group three status to be reviewed (Center for Disease Control [CDC], 2022). Additionally, South Africa, a group 3 approved country, has experienced ongoing rabies outbreaks, resulting in dog and human deaths in 2021 and 2022 (Ravensberg et al, 2022; National Institute for Communicable diseases [NICD], 2021). Several neighbouring countries to South Africa are also rabies endemic, thus increasing the risk of ongoing incursions (Ravensberg et al, 2022; NICD, 2021). We urge for an immediate cessation of animal exportation from South Africa into Australia. As for group two, many of the listed countries do not have the veterinary, laboratory diagnostics or surveillance resources to monitor or confirm a rabies free status. It is imperative that group two and three countries be reviewed on an ongoing basis and in response to available published and grey data. Therefore, it is recommended to reassess the assumption that RABV is absent or well controlled in group two and three countries, importation from South Africa should pause and greater transparency as to how countries are decided as approved/non-approved is urgently required.

12 Month Validity of RNATTs

Key proposal of the draft policy review: For dogs and cats from group 3 approved countries, an adequate rabies neutralising antibody titre test (RNATT) laboratory report will be valid for 12 months only.

The WOAHA has no current vaccine induced titre testing policy recommendations for domestic mammals from countries free from rabies (WOAHA, 2022). Their recommendation for mammals from countries infected with rabies, is for them to carry a veterinary certificate confirming that the animal was tested with a rabies vaccine antibody titration test and had a positive result of at least 0.5 IU/ml, no less than 3 months and not more than 12 months prior to shipment (WOAHA, 2022). The current Australian policy for group three countries follows these guidelines, except instead of 12 months, the test can be completed up to 24 months prior to shipment (see appendix 1.) (DAFF, 2022b). To align with the WOAHA's recommendations, we support the shortening of this validity period. Particularly in light of the recent international RNATT fraud cases cited in DAFF's Draft Report (2022a) and its risk assessment of this occurring in Australia being high.

It should be noted however that particularly for animals who have received only one vaccination dose, the period of peak antibody response is at or around 28 days post-vaccination and after that, the antibody titres rapidly decline (WHO, 2018). This can make it difficult to interpret serological results if the animal's sample was taken well after the vaccination (WHO, 2018). To prevent pet owners from wasting their resources on what could be an invalid RNATT, the Department should include on its webpage that four weeks post vaccination is optimal for completing the RNATT.

180 Day Residency

Key proposal of the draft policy review: For imports from group 1 approved countries, the animal must have resided in group 1 approved countries or Australia for 180 days (or since birth) before export to Australia. (no change to group 2 or 3)

The WOAHA recommends for importing animals from rabies free countries, that a veterinary certificate attests the animal was kept since birth or at least six months prior to shipment in a rabies free country (WOAHA, 2022). The current Australian policy demands that dogs and cats must have been resident in group 1 countries since birth, or a minimum of 90 days in New Zealand (NZ) since import from another country (see appendix 1.) (DAFF, 2022b). The change from 90, to 180 days in NZ prior to export does align with the WOAHA recommendation, however the rationale on this policy change appears unfounded and unnecessary. Imported cats and dogs from group two and three countries into NZ have already had to complete a 180-day residency in an approved country or territory, with a veterinary certificate to confirm (Ministry). Furthermore, NZ requests that the imported animal to have resided in a country which had reported no cases of rabies in the previous 12 months. (Ministry for Primary Industries, Animal and Plant Health Biosecurity [MPIAPHB], 2022). The policy change is excessive in that Australia will be demanding that an animal be resident in rabies free country for essentially for up to 12 months before they may enter Australia. As other NZ importation requirements including vaccination, titration testing and examination are all in line with Australia's policies, there is insufficient grounds to create an excessive burden on pet owners/importers (MPIAPHB, 2022; DAFF, 2022b). If the Department has evidence that there have been recent problems with the current 90-day residency in NZ, then there should be transparency in their rationale. The financial burden of locating accommodation for the pet for six months may mean that an immigrating family might have to commit to living in NZ for a period of time before reaching Australia, which will impose stressful interruptions to employment, visa applications and schooling. Extending the

requirement will inevitably be harmful to families immigrating to Australia with pets. We encourage this unnecessary and unfair change to not be implemented.

Oral Rabies Vaccination

In light of the review on importation policies, it is important for DAFF to also consider how prepared Australia's response mechanisms are for a rabies incursion. The review itself states that if rabies was to enter Australia, there is a moderate to significant risk of the disease spreading (DAFF, 2022a). This does not provide confidence that the system is able to provide robust surveillance, fast identification or effective treatment to eradicate an incursion. A solution offered in the report was that rabies vaccination be required as part of the emergency response or long-term management of an outbreak, particularly oral rabies vaccinations (DAFF, 2022a). The use of oral rabies vaccination is increasingly popular in endemic regions as the traditional method of culling is both ineffective and may be offensive to local communities and broader society (Freuling, et al. 2022; Yale, et al., 2022; AHA, 2021). Oral rabies vaccination has shown to be a crucial tool for vaccinating roaming animals, with studies finding over 70% of baited animals successfully being vaccinated (Freuling, et al. 2022; Yale, et al., 2022). Whereas the culling of maintenance hosts is generally ineffective in controlling RABV infections (AHA, 2021), given there is no evidence that rabies transmission rates are host density dependent in domestic dog populations (Morters et al., 2013). With the advances made in the field use of oral rabies vaccines in dogs (Freuling et al., 2022), it is recommended that emergency registration of a suitable oral rabies vaccine be investigated, especially for use in free roaming dingos, foxes and feral cats.

Culturally this is significant as the common alternative, culling, may cause broad public concern for wildlife and foster distrust between animal health agencies and animal owners and carers (AHA, 2021). Furthermore, First Nation communities have special relationships with dogs and may identify dogs as 'totem'. (Ma et al) The threat of culling impacted animals may encourage hiding or movement of pets or not notifying surveillance authorities of sick animals. It will be important to collaborate closely with remote and rural Indigenous communities should a rabies incursion occur to prevent dog movement (Ma et al) and suitable oral vaccines be approved and entered into the rabies response plan to avoid unnecessary and harmful indiscriminate culling.

The Australian CDC and One Health

Central to the Australian CDC proposal is that the health of people, animals and the environment are connected, particularly in reference to preventing the spread of communicable diseases (DHAC, 2022b). Prevention strengthening, contact tracing and rapid communication of identified cases are just some of the examples of public health strategies which the national CDC could lead across multiple sectors. For instance, the proposed Australian CDC is planning to establish a nationally coordinated surveillance which could collate and analyse acute encephalitis cases in humans and animals. This may involve gathering passive surveillance data on dog bite numbers and the monitoring (rabies testing brain sample) of dogs which have died within ten days of biting a human and reporting it to one central source which shares the data with the relevant departments (Queensland Government, 2021) One Health workforce training and coordination will be paramount to respond to a rabies incursion or any other communicable disease of concern. As has been evident in the recent Japanese Encephalitis outbreak in Australia, zoonotic threats to human

and animal health can enter our borders through means in which we cannot prevent (in this case, most likely migratory birds) and spread by vectors which may be difficult to control (mosquitos) (Yakob et al, 2022). Therefore, it is imperative to have a coordinated, well-funded and robust Australian CDC to monitor incursions and work across relevant departments to effectively control and eliminate the spread of zoonotic diseases.

Conclusion

PHAA supports the broad directions proposed in the review of rabies virus risk in imported dogs, cats and canine semen from approved countries. However, we are keen to ensure a thorough review of approved countries, evidence-based guidelines and greater transparency in line with this submission. We are particularly keen that the following points are highlighted:

1. Review the rabies risk levels of approved countries, with urgent attention to the ongoing rabies outbreaks in South Africa.
2. Make decisions on guidelines evidence-based, transparent, and fair.
3. Facilitate the emergency registration of a suitable oral rabies vaccination and incorporate its use in the emergency outbreak plan.
4. Utilise the One Health and multidisciplinary functions of the CDC to prevent the spread of disease of human and animal health concern.

The PHAA appreciates the opportunity to make this submission and the opportunity for further consultation.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



Terry Slevin
Chief Executive Officer
Public Health Association of Australia



Dr Andrea Britton
PHAA One Health SIG Convenor
Public Health Association of Australia

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