

# Letter to the Editor

## Additional comments on human rabies vaccination

In his letter to *JAVMA*<sup>1</sup> regarding rabies, Dr. Groves states that most practicing veterinarians are not at continual risk or at risk of exposures that are likely to go unrecognized and therefore do not require rabies titer checks every two years. Dr. Groves also indicates that all will benefit by knowing the recommendations of experts. The National Association of State Public Health Veterinarians (NASPHV) recommends that veterinarians check with their designated state public health veterinarian<sup>2</sup> or state epidemiologist<sup>3</sup> to determine the risk of rabies in their area. Veterinarians have been bitten by rabid animals in many areas of the United States, and serologic assessment every two years helps ensure that they have some protection against rabies exposures that may be unrecognized.

The NASPHV recognizes the risk categories defined by the Advisory Committee on Immunization Practices<sup>4</sup> for determining whether practicing veterinarians should have serologic testing performed every two years. Surveillance for rabies varies and is passive in most states. State public health veterinarians and state epidemiologists are involved in assessing rabies exposures and risk in many situations. State and local health departments have current rabies data and can provide the best available information about rabies in animals along with information about the quality of surveillance data. Public health officials will also factor in the possibility that animals are often moved, and

translocation of animals with rabies has been reported. This can lead to rabies exposure, especially for those who handle many animals with unknown backgrounds, even in areas with few recognized indigenous cases.

Kentucky is one example of a state that offers serologic testing at its annual state veterinary conference.<sup>a</sup> Of 304 Kentucky veterinarians and technicians who submitted serum samples over the past seven years at the conference, most did not know if they had ever developed a titer after vaccination. Twelve (4%) did not have acceptable titers, seven of which were veterinarians who had graduated from veterinary college before 1980 and received older rabies biologics for their primary pre-exposure vaccination. For those veterinarians, a two-dose post-exposure prophylactic vaccination after a rabies exposure might not provide optimal protection.

The NASPHV recognizes that immune status, duration of immunity, correlation of titers with protection, the role of cell-mediated immunity, and anamnestic response are incompletely understood.

Measurement of rabies titers and administration of boosters for those with undetectable or low titers, according to the guidelines of the Advisory Committee on Immunization Practices, remain important public health recommendations intended to reduce the risk of occupational rabies among practicing veterinarians.

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a. Auslander M, Kentucky Department for Public Health, Frankfort, Ky: Personal communication, 2006.

1. Groves MG. Seeks to clear up misunderstandings on human rabies vaccinations. *J Am Vet Med Assoc* 2006;228:1676.

2. National Association of State Public Health Veterinarians. Designated state public health veterinarians. Available at: [www.nasphv.org](http://www.nasphv.org). Accessed Jun 26, 2006.

3. Council of State and Territorial Epidemiologists. State epidemiologists. Available at: [www.cste.org](http://www.cste.org). Accessed Jun 26, 2006.

4. Human Rabies Prevention—United States, 1999. Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep* 1999;48:1–21.

### Instructions for Writing a Letter to the Editor

Readers are invited to submit letters to the editor. Letters may not exceed 500 words and 6 references. Not all letters are published; all letters accepted for publication are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within one month of the date of publication. Submission via e-mail ([JournalLetters@avma.org](mailto:JournalLetters@avma.org)) or fax (847-925-9329) is encouraged; authors should give their full contact information including address, daytime telephone number, fax number, and e-mail address.

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