

House Agriculture & Natural Resources Committee House Bill 2733 (Oppose)

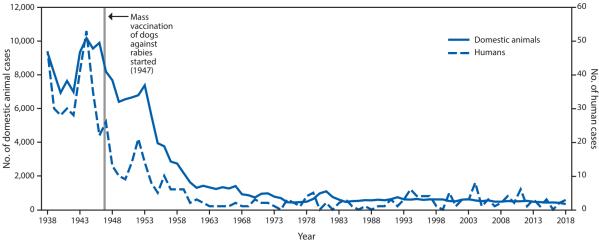
February 8, 2021

Dear Chair Witt, Vice-Chair Breese-Iverson, Vice-Chair Hudson and Committee Members:

The Oregon Veterinary Medical Association opposes House Bill 2733. We are currently suffering from a pandemic which highlights the danger of animal reservoirs for human disease. SARS-CoV-2 is just one of a large array of viruses originating in bats. Others include SARS-CoV-1 and MERS, Ebola, Marburg, and Rabies. Of those, rabies has by far the highest case fatality rate (essentially 100%), making it even more lethal than Ebola.

Approximately 60,000 people world-wide die each year from rabies with dog bites and/or scratches responsible for >99% of those deaths (Fooks et al., 2014). Canine rabies was enzootic to the United States until the late 1960's. Municipal animal control agencies were created primarily to control canine rabies: Los Angeles County established its Animal Control in direct response to 1,700 canine rabies cases in the county in 1937 ("History of DACC | Animal Care and Control," n.d.). We have been extraordinarily effective in eliminating canine rabies within the United States due to the licensing and vaccination efforts of these animal control agencies as seen in Figure 1 (Pieracci et al., 2019).

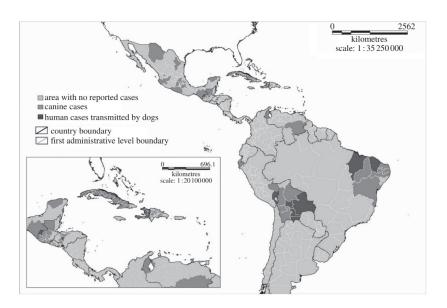
Figure 1. Rabies cases in humans and domestic animals—United States 1938-2018 (from Pieracci et al., 2019)



Despite the success of dog licensing and rabies vaccination, canine rabies is still a world-wide problem, including parts of Latin America and the Caribbean (as seen in Figure 2 from Vigilato et al., 2013). It is even more prevalent in Africa, Eastern Europe, and Asia (Fooks et al., 2014). Decoupling of vaccination from dog licensing represents several threats to our current control of canine rabies in the United States:

- 1. Dogs are imported into the state of Oregon from endemic areas with little assurance or documentation of prior (Sinclair et al., 2015). There have been cases of smuggled dogs with active rabies infection arriving in North America (Kavin, 2020).
- 2. Discontinuation of a rabies vaccine requirement, particularly in a region and era of increased vaccine hesitancy, threatens the current canine rabies eradication status of the US. The triumph of prevention is not seen until the counterfactual occurs. With decreased vaccination rates predictable by decoupling, canine rabies has a good chance of recurring within the United States.
- 3. The core mission of Animal Control agencies has been to protect public health. Decoupling negates this remit.
- 4. Unvaccinated dogs may be subject to euthanasia or harsher quarantine in the event of a rabies exposure; most dog owners are unaware of these rules.

Figure 2. Occurrence of canine rabies and human rabies transmitted by dogs (from Vigilato et al., 2013)



We understand that the impetus for decoupling stems from a report of the Multnomah County Auditor which focused on the possible loss of licensing revenue due to a new online proof-of-vaccine requirement by Multnomah County Animal Control--MCAC (McGuirk, 2020). While we applied the stalwart efforts of that county's animal control staff in providing care for shelter animals, the need to ensure a consistent revenue stream can be addressed by a number of more sensible alternatives which focus on IT and vendor capabilities:

- 1. MCAC required veterinarians to submit rabies certificates beginning in 2007 in an effort in improve revenue. MCAC uses this information to identify unlicensed pets but does not link it to license applications; the information on these certificates must be hand entered and we understand that there is > 6 months backlog. The audit suggested a number of improvements to pet licensing IT infrastructure to mitigate these bottlenecks but none have been implemented.
- 2. Approximately 40% of local veterinarians can sell licenses on-site (where the rabies vaccination is given and recorded) but they cannot accept debit or credit cards, only paper checks, which many clients no longer use or carry. The county auditor has suggested that Animal Services could work to ensure that all veterinarians can

sell a license at the time of a pet's vaccination and point out that this solution may be most convenient for owners.

3. The rationale for decoupling stems from the observation that internet sales of pet licenses dropped from 2018 to 2019; a time which coincided with implementation of a new policy requiring image submission of a rabies certificate for online registration. We do not think this is a robust inference since licensing fees were also substantially increased from 2017 to 2018 and the effects of these two policy changes cannot be disentangled. Moreover, it is equally probable that decoupling of vaccination from licensing may, over a longer time horizon, result in an even greater decrease in license applications since our clients often buy a license solely to cover their rabies vaccination requirement.

We support the efforts of our friends in the animal control and welfare communities but caution that decoupling may have a net negative effect on both human health and animal health, as well as a deleterious effect on animal control funding over the long term. A more viable solution may be to improve IT infrastructure to enable seamless integration of veterinary and county vaccination/licensing records. This would enable owners to purchase licenses either at their veterinary clinic or on-line, with the assurance that vaccination information captured and submitted by their veterinarian can be verified by the software automatically. Nearly all veterinary clinics capture and store detailed rabies vaccination information in there electronic records database; implementation of a web portal for veterinary license vendors, as has been done by other animal control agencies, would also allow for more convenient registration without sacrificing the public health intent of current licensing law.

Sincerely,

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Immediate Past-President Oregon Veterinary Medical Association

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