

Residents who have been bitten or exposed to a suspected rabid animal should notify the local health department or call 1-877-PA-HEALTH.

Animals infected with the rabies virus may display several signs and symptoms including: aggression; over friendliness or other changes in behavior; and/or signs of neurologic impairment such as vocalizing, circling, paralysis, etc. Suspected animals with human exposure (bite, exposure of open wounds, scratch, eye or mucous membrane contact to saliva or brain tissue) should be tested for rabies. Handling of animals with no exposure to saliva or brain tissue does not qualify as human exposure. Consult your local health department in the county where the incident occurred to assess the need for rabies testing and, if warranted determine which laboratory to send the animal to for testing. The following commonwealth laboratories perform rabies diagnostic testing:

1. The Pennsylvania Department of Health's Bureau of Laboratories (BOL) performs testing on animals when human exposure has occurred Monday through Friday. If there is a long holiday weekend, testing will be performed within that three-day period. The laboratory will test samples on weekends/holidays only on a case-by-case basis and prioritized for medical and public health emergencies. Consultation and approval must be granted by DOH for this emergency testing.
2. Pennsylvania Department of Agriculture (PDA), Pennsylvania Veterinary Laboratory performs testing on animals when exposure to a domestic animal (pets or livestock) has occurred with NO human exposure. Click on the website for more information about testing. <http://www.padls.org/InnerPages/Rabies.html>

For Allegheny and Philadelphia counties, contact the county health department. Rabies testing for these residents is performed at the counties' health department laboratories.

Safety

In the event individuals are exposed to fluid, such as leakage from an animal head, or a splash or cut during sample preparation and packaging, they should **IMMEDIATELY WASH THE EXPOSED AREA THOROUGHLY WITH SOAP AND WATER**. The name and telephone number of the exposed individual(s) should be added to the Human Exposure Rabies Questionnaire (HERQ) form as a victim, along with the description of the exposure.

Human Exposure Sample Collection Instructions

NOTE: If possible, animals should not be euthanized until proper assessment is conducted and prompt delivery is arranged so that rabies observation can continue if consultation, transport or testing cannot be performed in a timely manner (i.e., if the animal improves in health or domestic animal quarantine is an option and testing may not be necessary).

1. It is the responsibility of the submitter to follow these directions to ensure the safety of all who are involved in the collection, packaging, shipping and testing of the sample.

2. Submit the animal **HEADS ONLY** (except for bats). BOL does not accept large animal heads, such as equine or livestock, refer to the PDA's website for additional information.
3. Decapitation must be performed by a professional such as a veterinarian, game commission officer or certified wildlife technician, taking all biohazard safety precautions.
4. Once the animal head is decapitated, allow the blood to drain completely before preparing the head for packaging and shipment. Wrap the head in absorbent material and prepare for shipping.
5. **DO NOT USE** insecticides or chemicals (e.g., flea or tick spray containing permethrin, household chemicals) on samples.
6. Bats may be submitted alive; package in an ESCAPE-PROOF container (e.g. coffee can with tight fitting taped down lid) and clearly labeled "CAUTION - LIVE BAT." **DO NOT SHIP LIVE BATS!** They **MUST** be hand-delivered to the laboratory.
7. Do not freeze the animal head, as freezing delays the test process. Frozen samples can still be tested, but freezing increases the probability of an unsatisfactory sample for testing.

Sample Packaging Instructions

1. Refrigerate the sample if not immediately transported.
2. Wrap the sample in absorbent material such as paper towels or absorbent pads.
3. Double bag the sample using clean, untoned, medium to heavy weight plastic bags. Tightly secure each bag to prevent possible fluid leakage. Place the sealed bags inside an insulated crush-proof container with a tight-fitting lid, to prevent fluid leakage.
4. Use a large enough container so that the sample can be surrounded by frozen cold packs in separate bags in order to keep the sample cold for at least 48 hours during shipment. **DO NOT USE wet or dry ice.** Place the insulated container in a cardboard box.
5. Couriers will not accept improperly packaged samples. To avoid delays, ensure the proper packaging of the samples.

Sample Submission Form Completion

1. Complete a HERQ for each testing request. The HERQ form must accompany the sample or the testing will not be performed. It is available on the website listed below.
2. If multiple victims were involved, enter the number of victims and attach an additional HERQ, one for each victim.
3. Place the HERQ in an envelope that is either securely attached to or placed inside of the transport container. If placed inside the transport container, it should be between the insulated container and cardboard box in a sealed plastic bag that is separate from coolant packs and the bag(s) containing the sample to prevent it from becoming wet, contaminated and illegible. **DO NOT PLACE THE HERQ FORM IN THE BAG(S) CONTAINING THE SAMPLE.**

Sample Shipping Instructions

Delivery methods for human exposure samples to the BOL:

1. First overnight courier service is preferred since it may ensure the sample is delivered by 8:30 am and may be tested the same business day. Samples received after 10:00 am will be processed the next business day.
2. Drop-off samples can be delivered to the address listed below. The BOL can receive samples 24/7. Come to the side rear of the building during business hours and after hours proceed to the front door and ring for the guard on duty.

Samples submitted to the BOL for testing cannot be returned to the veterinarians or animal owner under any circumstances.

Reporting

Results are generally reported within 24-72 hours after the laboratory receives the sample (first day of receipt is considered on a business day prior to 10 am).

Additionally, all non-negative rabies results are reported promptly by telephone and subsequently faxed to the physician and/or veterinarian, all submitters involved and to authorized public health officials.

The BOL does not report laboratory results directly to the public. Please contact your local health department with any questions about rabies reports.

Rabies Laboratory	Address	Telephone
Pennsylvania Department of Health Bureau of Laboratories	110 Pickering Way Exton, PA 19341	610-280-3464
Pennsylvania Department of Agriculture Pennsylvania Veterinary Laboratory (PVL)	2305 North Cameron St Harrisburg, PA 17110	717-787-8808
Allegheny County Health Department Public Health Laboratory	3901 Penn Ave., Building 8 Pittsburgh, PA 15224-1318	412-578-8070
Philadelphia Department of Health Public Health Laboratory	500 S. Broad St. Philadelphia, PA 19146	215-685-6742 8:30am–5pm (M-F) 215-686-4514 after hours

Appendix A – Human Exposure Rabies Exposure Questionnaire (HERQ)

Bureau of Laboratories	
110 Pickering Way Exton, PA 19341	Phone: (610) 280-3464 FAX: (610) 524-2079

(Bureau of Labs Use ONLY)

Submit Completed Form
together with Animal Specimen To:

Submitter Specimen Reference ID or
Animal Name (if applicable): _____

Kind of Animal Submitted (Specify): _____ / _____ / _____

Date of Death: _____ Type of Death: Natural Destroyed

Indicate whether the animal exhibited any of the following symptoms. Check all that apply.

<input type="checkbox"/> Difficulty Swallowing Loss of Appetite	<input type="checkbox"/> Unusual Viciousness Straining	<input type="checkbox"/> Choking Wandering from Home	<input type="checkbox"/> Slobbering Restlessness & Excitability	<input type="checkbox"/> Sagging Jaw Paralysis in Hind Legs
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Human Exposure? Other Animal Exposure? Address where incident occurred: _____

County Where incident occurred: _____

Please provide any additional information regarding the behavior of the animal and circumstances of exposure:

Was the submitted animal vaccinated against Rabies? YES NO UNKNOWN If the answer is 'YES', please provide the date of the LAST vaccination:
Date: _____ / _____ / _____

Person Bitten or Scratched:

If multiple victims were involved, enter the number of persons exposed here. Attach additional sheets for each victim.

NAME (Last, First): _____ DOB: _____ Phone: (_____) _____ - _____

Street Address: _____

City, State, Zip: _____ County: _____

Area of Body Bitten: _____ Scratched: _____ Date: _____ / _____ / _____

Owner of Submitted Animal: (If wildlife use Pennsylvania Game Commission (PGC) contact information)

NAME (Last, First): _____ DOB: _____ Phone: (_____) _____ - _____

Street Address: _____

City, State, Zip: _____ County: _____

NOTE: Results will only be reported by telephone to the Veterinarian, Physician or Health Facility. Phone No. MUST be provided.

VETERINARIAN/SUBMITTER Name & Address:	Bureau of Laboratories Use ONLY
Name: _____	RESULTS: _____ Codes: _____
Address: _____	Contact: _____
Phone: (_____) _____ - _____ ext. _____	Facility: _____
FAX: (_____) _____ - _____	Phone: _____ Date: _____ / _____ / _____
Email: _____	Contact: _____
	Tech Initials: _____ Report Reviewed <input type="checkbox"/> Initials: _____
	FAX: _____ Review Date: _____ / _____ / _____
	Contact: _____
	Facility: _____
	Phone: _____ Date: _____ / _____ / _____
	Contact: _____
	Tech Initials: _____ Report Reviewed <input type="checkbox"/> Initials: _____
	FAX: _____ Review Date: _____ / _____ / _____
	Contact: _____
	Facility: _____
	Phone: _____ Date: _____ / _____ / _____
	Contact: _____
	Tech Initials: _____ Report Reviewed <input type="checkbox"/> Initials: _____
	FAX: _____ Review Date: _____ / _____ / _____
	Contact: _____
	Facility: _____

Bureau of Laboratories Use ONLY