



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Mary T. Bassett, MD MPH  
*Commissioner*

## 2014 Veterinary Alert # 5

### Raccoon Oral Rabies Vaccine (ORV) to Be Used in Staten Island to Help Control Raccoon Rabies

- Rabies has been circulating among raccoons in New York City Since 1992
- The United States Department of Agriculture (USDA), in conjunction with Cornell University, will vaccinate raccoons by distributing oral rabies vaccine (ORV) baits using a low-flying helicopter over a two day period the week of October 14-17 in Staten Island.
- The ORV baits contains live attenuated vaccinia virus. The baits are not harmful to dogs or cats, but a pet may vomit after eating a large number of them.
- Exposures to humans, although unlikely, could potentially occur through direct or indirect contact with the vaccine, or through accidental consumption of the ORV bait.

October 10, 2014

Dear Colleagues,

Raccoon Oral Rabies Vaccination (ORV) has routinely been conducted by USDA, Cornell and the New York State Department of Health (NYS-DOH) in northern areas of the State as well as Nassau and Suffolk counties. This is done to help control rabies among raccoons. Cornell University and the USDA will be coordinating the distribution of ORV in Staten Island the week of October 14-17.

ORV will be done using the Raboral V-RG<sup>®</sup> bait, which contains a liquid vaccinia-rabies glycoprotein (V-RG) recombinant virus vaccine. Federal workers will use a low flying helicopter to distribute vaccine over several parks, wooded areas and less-populated sections of Staten Island and Nassau County for two days the week of October 14-17.

The baits are not harmful to people, pets, or wildlife. Raccoons are attracted by the brown fish-scented bait, which conceals a small packet of pink liquid vaccine about one square inch in size. The coated sachet bait (6 grams) is brown and consists of fishmeal, fish oil, and wax. The pink, liquid vaccine is contained in a small sachet that is encompassed by the fishmeal attractant. Each labeled bait contains approximately 2 mls of rabies vaccine.

The baits are not harmful to dogs or cats, but a pet may vomit after eating a large number of them. If a pet chews a bait, advise the owner not to try to take it away from the animal since they may be bitten in the process.

It is not harmful for persons to touch an intact bait. However, because of the offensive odor gloves are recommended. Wash hands thoroughly after any direct contact with the bait. There is a risk, although very low, of human infection with the vaccinia virus after contact with the pink liquid vaccine (you cannot contract rabies from the vaccine, however.) Persons who handle damage bait should wear gloves or use a plastic bag. Damaged baits can be bagged and disposed of in regular trash. Persons who have direct skin contact, particularly with the pink liquid vaccine inside the bait, should wash the area with soap and water and call the Poison Control Center at 212-764-7667 (212-POISONS).

Despite the millions of ORV doses distributed across the United States, there have only been two documented case of human infection with vaccinia virus due to exposure to ORV, both of whom were exposed when bitten while trying to remove bait from a dog's mouth<sup>1,2</sup>. Exposure may cause skin lesions similar to those caused by smallpox vaccination, and may similarly be spread person to person through contact with such lesions. Persons at risk are those who have atopic dermatitis or other active exfoliative skin conditions and those with immune deficiencies or immunosuppressive conditions.

Veterinarians in New York City should be on the alert over the coming weeks and may receive questions from pet owners regarding ORV in Staten Island, Brooklyn or Queens. If a client reports a human exposure to ORV bait, especially the liquid vaccine, advise them to contact the NYC Poison Control Center at 212-764-7667 (212-POISONS).

#### **VETERINARIANS MAY ADVISE PATIENTS AS FOLLOWS:**

- It is not possible to get rabies from the vaccine. The vaccine does not contain the rabies virus. It does contain attenuated vaccinia virus.
- If residents find bait near their homes, but not in the open, leave it alone. The bait packets have a strong fishmeal smell that is not attractive to people or to most other animals. (There is a label that clearly identifies the bait packet: "Rabies Vaccine Live Vaccinia Vector. Do Not Disturb, Merial, Inc Us Vet Lic. No. 298 1-877-722-6725," which will route their call to Poison Control.)
- If the bait is intact and out in the open where pets or children are more likely to encounter it, toss it into deeper cover under trees or bushes while wearing gloves or using a plastic bag.
- Direct contact with ORV bait should be avoided. Any person who needs to handle ORV bait should be instructed to wear gloves or use a plastic bag. Damaged baits can be bagged and disposed of in regular trash.
- The baits are not harmful to dogs or cats, but a pet may vomit if they eat a large number of them. **Do not try to remove a packet from an animal's mouth.**
- It is not harmful for persons to touch an intact bait. However, call the Poison Control Center at 212-764-7667 (212-POISONS) in the unlikely event that a person has direct skin exposure to the pink liquid vaccine. Instruct the exposed person to wash hands immediately with soap and water and/or an alcohol based preparation.
- Residents who see raccoons should NOT try to trap the raccoons themselves. Call a licensed trapper.

For information regarding rabies and baiting, call or check the websites of the following health departments:

New York State DOH: <http://www.health.ny.gov/diseases/communicable/zoonoses/rabies/wildlife.htm>

As always, we appreciate your continued collaboration with our efforts to monitor public health issues in New York City.

Sincerely,

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<sup>1</sup> Human infection due to recombinant vaccinia-rabies glycoprotein virus. N Engl J Med. 2001 Aug 23;345(8):582-6.

<sup>2</sup> Human vaccinia infection after contact with a raccoon rabies vaccine bait—Pennsylvania, 2009. MMWR 2009;58:1204–7.