

# Interim Guidance for Public Health Officials on Pets of Ebola Virus Disease Contacts

Released November 10, 2014

## **American Veterinary Medical Association (AVMA) Ebola Companion Animal Response Plan Working Group:**

Casey Barton Behravesh MS, DVM, DrPH, DACVPM, Centers for Disease Control and Prevention (chair); Derron A. Alves, DVM, DACVP, Veterinary Services, Defense Health Agency; Gary Balsamo, DVM, MPH, National Association of State Public Health Veterinarians and State Public Health Veterinarian and Louisiana Department of Health and Hospitals; Tammy Beckham, DVM, PhD, Texas A&M University System; Susan Culp, DVM, Texas Animal Health Commission; Thomas M. Gomez, DVM, MS, US Department of Agriculture/Animal and Plant Health Inspection Service/Veterinary Services; Holly Hughes-Garza, DVM, Texas Animal Health Commission; Barbara Knust, DVM, MPH, DACVPM, Centers for Disease Control and Prevention; John Poe, DVM, MPH, Kentucky Department for Public Health; John P. Sanders, Jr., DVM, DACVPM, US Department of Homeland Security; Thomas Sidwa, DVM, MPH, Texas Department of State Health Services; Jessica Spengler, DVM, PhD, MPH, Centers for Disease Control and Prevention; Shelley Stonecipher, DVM, MPH, DACVPM, Texas Department of State Health Services; J. Scott Weese, DVM, DVSc, DACVIM, University of Guelph; Kyoungjin J. Yoon, DVM, MS, PhD, DACVM, Iowa State University.

AVMA Staff: Cheryl L. Eia, JD, DVM, MPH; Sharon Granskog; Kristi Henderson, DVM; Christine Hoang DVM, MPH, CPH; Kendall Houlihan, DVM; Kimberly A. May, DVM, MS; Amy Miller.

**Disclaimer:** This interim guidance document was developed by the AVMA Ebola Companion Animal Response Plan Working Group which is made up of a variety of experts representing multiple agencies and organizations. The information and recommendations in this document are those of the Working Group and do not necessarily represent the official position of the AVMA or the agencies and organizations with which Working Group members are affiliated. Because limited scientific data on Ebola virus disease (Ebola) and companion animals are currently available, this guidance was developed in part by extrapolating scientific information from other species including humans and non-human primates (e.g., apes and monkeys). This document contains basic guidelines that should be considered by state animal and human health officials. Local or state jurisdictions may require additional criteria in a specific situation. Information in this interim guidance is subject to change, and additional guidance may be released as new information becomes available.

**Contact:** Questions regarding animals and Ebola virus or this protocol may be directed to the CDC Ebola Animal-Human Interface Team ([eocevent92@cdc.gov](mailto:eocevent92@cdc.gov)) or by calling the CDC Emergency Operations Center at 770-488-7100 (24/7).

## **Purpose**

This interim guidance document was developed by the AVMA Ebola Companion Animal Response Plan Working Group for local and state animal health and public health officials to facilitate preparation of state response plans. This document provides interim guidance based on the latest scientific evidence and recommendations from national organizations, for the management of pets, specifically dogs and cats, owned by Ebola virus disease (Ebola) contacts.

## **Information on Ebola Virus and Animals**

- There have been no reports of dogs or cats becoming sick with Ebola virus or of being able to spread Ebola to people or other animals.
  - However, it is important to keep people and animals away from blood or body fluids of a person with symptoms of Ebola infection.
- Certain exotic or unusual pets (such as monkeys, apes, or pigs) have a higher risk of being infected with and shedding Ebola virus.
- There is currently no evidence that Ebola virus can infect non-mammals kept as pets, including birds, reptiles, amphibians, or fish.
- More information on Ebola and animals is available on CDC's website: <http://www.cdc.gov/vhf/ebola/transmission/qas-pets.html>

## **Asking All Contacts of Ebola Patients about Interactions with Animals**

Public health officials should ask all contacts of Ebola patients about the type and number of pets in the home, and about other activities that involve contact with animals, including pets and livestock (i.e., occupations, hobbies, farm or zoo visits, or work with service animals). Collecting this information early will allow human and animal health officials to plan for management of the animal if a risk assessment conducted by public health officials determines that animal quarantine is warranted. (See separate document titled, "Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease").

## **Monitoring and Movement of Persons with Potential Ebola Virus Exposure**

[Epidemiologic risk factors](#) should be considered when evaluating a person for Ebola, classifying contacts, or considering public health actions such as [monitoring and movement restrictions](#) based on exposure. Different recommendations exist for contacts of Ebola patients depending on whether they are under Active Monitoring or Direct Active Monitoring.

### People under Active Monitoring

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals

to self-monitor and report symptoms if they develop. **Unless a person under Active Monitoring becomes symptomatic, they do not need to limit exposure to companion animals.** This is because these individuals were determined to have a low, but not zero risk, based on their exposure to a person with a confirmed Ebola infection. The pet owner should be informed of the points provided in the section below titled, “Advice for the Owners Who Had Contact with an Ebola Patient”. For more on active monitoring, please visit <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>.

### People under Direct Active Monitoring

Direct active monitoring means the public health authority conducts active monitoring through direct observation. The purpose of direct active monitoring is to ensure that if individuals with epidemiologic risk factors become ill, they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated. **People under direct active monitoring should avoid contact with dogs, cats, livestock (e.g. pigs, cattle, sheep, and goats), and other mammals out of an abundance of caution to prevent possible transmission of Ebola from people to animals and also to prevent the need for quarantine of an animal due to contact with a person with symptomatic Ebola.** It is recommended that dogs or cats be cared for by someone who does not reside in the monitored person’s residence until the direct active monitoring period ends. (See additional recommendations below.) Other types of pets in the home should be evaluated for risk on a case-by-case basis. For more on direct active monitoring, please visit <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>

### **Considerations about Pet Quarantine**

The goal of human and animal health officials is to prevent transmission of Ebola in humans and animals and also to prevent the need for quarantine of a pet due to contact with a person with symptomatic Ebola. However, should a person become ill with Ebola, dogs, cats, and possibly other pets who came into contact with the patient must be assessed for exposure and may be placed in mandatory quarantine for at least 21 days following their last known exposure to the person with Ebola. This situation can be avoided if the pet is moved out of the residence of the person being monitored for Ebola before any symptoms start in the person. A separate document titled, “Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease,” is available which describes the process for conducting a risk assessment for exposure of dogs or cats that had contact with a human with laboratory-confirmed evidence of Ebola, and it describes how to implement quarantine of dogs or cats if deemed appropriate by state and federal human and animal health officials.

Pet quarantine for a minimum of 21 days requires using a large amount of resources, including caretakers properly trained in personal protective equipment (PPE). Health officials should try to avoid the need for quarantine by facilitating alternative housing arrangements for pets of Ebola contacts under Direct Active Monitoring, particularly in the following situations:

- there are multiple pets in a household; removing multiple pets from the household would limit the potential for intraspecies transmission and prevent the quarantine of additional animals
- the pet has special medical needs such as requiring daily injections or medications that can not be administered indirectly in food/treats (e.g. peanut butter)
- the pet is aggressive and may be determined as ineligible for quarantine
- the pet has significant medical history that may complicate health monitoring, such as recurring gastrointestinal upset or history of bleeding disorders
- the pet is known to be very fearful of strangers or unfamiliar places, or has pre-existing, severe separation anxiety

### **Recommendation to Prevent Mandatory 21 Day Pet Quarantine**

The following is a recommendation, not a requirement: It is recommended that pet(s) owned by an asymptomatic person under direct active monitoring be removed from the human contact's home. Public health officials should work with the pet owner to determine if someone, preferably a person who does not reside in the monitored person's residence, can care for the pet until the direct active monitoring period ends. This will eliminate the risk of a mandatory 21-day quarantine of the pet and the need to evaluate the pet for exposure if the contact should become ill. Because the potentially exposed person is not symptomatic and therefore not potentially shedding Ebola virus, the pet poses no risk to other caretakers or contacts if it is removed from the household. No restrictions would be required on the pet's activities if it were moved to another household.

### **If Owner Chooses to Keep Pet at Home during Direct Active Monitoring**

- If it is not possible to have another person care for the pet outside the home, the owner should be informed of the points provided in the section below titled, "Advice for Pet Owners Who Had Contact with an Ebola Patient".
- If the pet remains in the home, it is essential that the owner appoints a guardian for their pet(s) in case the owner becomes ill and cannot make decisions. Pet owners should have the guardian's contact information with documentation in writing about accepting the risks and potential associated costs of animal quarantine, based on requirements set by local jurisdictions.
- If the pet remains in the home, the pet should not be allowed to interact with the person under direct active monitoring; it is important to minimize interactions between this person and the pet in order to prevent a mandatory quarantine of the pet.
- If the pet is still in the home if and when the contact becomes ill, human and animal health officials must perform a risk assessment of the pet to determine its risk for exposure to Ebola.
- If the person develops symptoms that could be consistent with Ebola infection, the pet cannot be moved from the home until after a risk assessment for exposure to Ebola has been performed and public health veterinarians, in collaboration with human and animal health officials, determine whether or not quarantine is required.

- See separate document titled, “Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease”.

### **Advice for Pet Owners Who Had Contact with an Ebola Patient**

- If you become sick with fever or any symptoms including severe headache, fatigue, muscle pain, vomiting, diarrhea, stomach pain, or bruising or bleeding not known to be linked to an existing medical diagnosis:
  - Immediately contact your local health department or medical treatment facility at first indication of illness (such as a higher body temperature). Report where your pet(s) will be safely located in the home.
  - Be prepared to provide details to a public health official that includes types of contact your pet may have had with you while you had symptoms. A public health veterinarian, in collaboration with public health officials, will determine if your pet is at risk for exposure to Ebola and how to properly care for the pet.
    - Pets must not leave the premises for any reason until an exposure assessment is made by your health officials.
  - Stop all direct contact with other people and avoid all interactions with pet(s) including petting, holding, kissing, snuggling, sharing food, or letting pet lick you.
  - Keep people and animals away from your blood or body fluids.
  - The pet should be placed in a crate, bathroom, or spare bedroom with food and water to keep the pet safe.
    - If possible, another person in your household should handle the pet while ensuring it is safely separated from you.
    - If you live alone, you should avoid all direct contact with the pet while making sure the pet is safely separated from you.

### **Selected Additional Resources**

[Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure](#)

[Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus](#)

[Questions and Answers about Ebola and Pets](#)