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NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX NUNAVIK

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CFIA ACIA
CANADIAN FOOD INSPECTION AGENCY
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

Le 16 avril 1999

OBJET : Programme de protection contre la rage au Nunavik

Madame,
Monsieur,

Comme vous le savez, la rage est toujours présente au sein des populations de renards du Nunavik et rares sont les années où aucun cas de rage animale n'est documenté dans la région. En conséquence, les risques d'exposition humaine sont toujours existants pour les Nunavimmiuts que ce soit au contact direct d'un animal sauvage infecté ou encore via un chien ayant été contaminé par le virus de la rage suite au contact d'un animal sauvage rabique.

Par ailleurs, aucun traitement n'est disponible contre la rage. Cette maladie s'avère généralement mortelle une fois que les symptômes sont apparus. Ainsi, seule la prévention permet une intervention efficace suite à l'exposition humaine au virus de la rage.

Le présent programme vise essentiellement à assurer la rapidité et la cohérence des actions multiples devant êtres conduites suite à l'exposition au virus de la rage, que cette exposition soit fortement suspectée ou encore simplement possible. Il met en lumière les rôles respectifs des acteurs essentiels au succès de la prévention. Plus particulièrement concernés sont les Corporations municipales et les transporteurs aériens sous la coordination de l'Agence canadienne d'inspection des aliments ainsi que les intervenants de santé des deux Établissements et de la Direction de la santé publique du Nunavik.

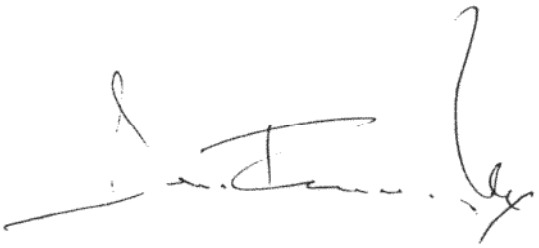
Ce document constitue une mise-à-jour du programme antérieur tel que diffusé par les Agences de santé animale et humaine responsables à l'époque soient le Projet-Nord (Département de santé communautaire du CHUL) et Agriculture Canada. Les Docteurs Paul Séguin de l'Agence canadienne d'inspection des aliments et Jean-François Proulx de la Direction de la santé publique du Nunavik sont les auteurs de la présente version.

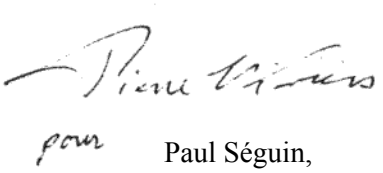
On comprendra qu'il ne s'agit pas ici d'un document statique mais bien de lignes directrices qui pourront ou devront être modifiées en fonction des connaissances scientifiques nouvelles et de l'évolution des modes de prise en charge optimale dans le milieu. Le programme prévoit la tenue d'une conférence téléphonique annuelle, préférablement le deuxième mercredi de septembre, permettant de revoir au besoin les modalités de fonctionnement et d'établir les consensus essentiels au succès de la prévention.

Il est par ailleurs évident que dans l'intervalle, en cas d'épizootie réelle ou appréhendée ou encore si des difficultés importantes étaient notées dans la mise en application du protocole, toutes les mesures nécessaires à la prise en charge adéquate de la situation seront considérées de concert avec les partenaires impliqués.

Nous croyons que tous les intervenants trouveront dans ce document les informations nécessaires à l'exercice de leurs responsabilités respectives. Tout commentaire ou suggestion de nature à améliorer le contenu de ce document devraient êtrs addressé, pour le volet animal au Docteur Pierre Viviers et, pour le volet santé humaine, au docteur Jean-François Proulx. Les coordonnées de ces personnes apparaissent à la première page du document.

Recevez tous l'expression de nos sentiments les meilleurs





Jean-François Proulx, MD
Direction de la santé publique du Nunavik

pour Paul Séguin,
Vétérinaire de district

cc Docteur Serge Déry, Directeur de la santé publique du Nunavik,
Docreur Gilles A. Rivard, ACIA

Rabies Protection Program in Nunavik

RESOURCE PERSONS

HUMAN EXPOSURE TO THE RABIES VIRUS

Dr. Jean-François Proulx, M.D.	Office: (418) 666-7000, local 482 Fax: (418) 666-2776 Home: (418) 694-7314
Dr. Serge Déry, M.D.	Office: (819) 964-2222 Fax: (819) 964-2888 Home: (819) 964-0022

INFORMATION ON THE CONTROL OF RABID ANIMALS AND ON SPECIMEN COLLECTION AND SHIPMENT FOR RABIES DIAGNOSIS

Dr. Pierre Viviers, Veterinarian	Office: (450) 476-1223 Fax: (450) 476-1416 Home: (450) 562-5393 Pager : 1 888-414-7289
Dr Charles Paquin, Veterinarian	Office:(450) 476-1223 Fax: (450) 476-1416 Home: (514) 336-2162 Pager : 1 888-414-7288

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Introduction

Although rabies has become a rare disease in the Western world, it remains a significant problem in developing countries, accounting for more than 30 000 deaths every year. In Quebec, the last death attributed to indigenous rabies dates back to 1964. In the past 20 years, 75 to 80 percent of the 12 to 15 cases of indigenous rabies in Canada and the United States were related to exposure to bats. However, exposure to rabid domestic animals (e.g. cats, dogs and other pets) or wild animals (e.g. foxes, racoons) occurs frequently and public health services must be able to apply postexposure prophylaxis.

Rabies is a reportable disease according to the Health of Animals Act and its attendant regulations administered by the Canadian Food Inspection Agency (CFIA). It is also a disease that must be reported by Quebec physicians, in accordance with the regulations related to the Public Health Protection Act.

In Nunavik, 51 animal specimens were reported to be rabies positive between January 1987 and September 1996. Rabid wolf, fox, caribou and dog specimens were taken from the following communities: Kuujjuaq, Puvirnituq, Inukjuak, Kuujjuaraapik, Aupaluk, Ivujivik, Umiujaq and Akulivik. Considerably more cases—12 foxes and one dog—were reported in 1996 than in previous years.

It should be noted that the nesting grounds of bats, the main carriers in cases of indigenous rabies among humans in Canada and the United States in recent years, do not extend north of the 55th parallel in Quebec.

1. The Regional Rabies Protection Program in Nunavik: Mandates and Responsibilities

In the mid 1980s, the CFIA, previously Agriculture Canada, and the Regional Department of Public Health in Nunavik, previously the Department of Community Health of the CHUL, developed a joint regional rabies protection program in Nunavik, which they continue to update. The objective of the program is to prevent the spread of rabies among humans. The program covers such issues as dog vaccination and postexposure intervention, including procedures for collecting and shipping specimens of animals suspected of having rabies to the CFIA laboratory in Nepean, Ontario, for analysis.

This protocol is designed to minimize delays in obtaining laboratory results following potential human exposure to the rabies virus. Depending on regular flight schedules, the waiting period between a clinical consultation for a potentially infected wound and the time the results are made available should average about 42 hours (25 to 58 hours, depending on the village) in most cases. A concerted effort by all those involved is needed in order for this schedule to be respected, thereby making it possible for the potentially infected person to receive treatment.

This protocol is intended for organizations, professionals and individuals involved in rabies protection in Nunavik. It describes the role that each one must play, as well as their responsibilities and the procedures to be followed in cases of suspected human exposure to the rabies virus. The CFIA, the Regional Department of Public Health in Nunavik and the two health centres have a legal mandate. The remaining partners must work together to fulfill their responsibilities.

CLSC personnel, those appointed by various municipalities to participate in the rabies protection program and Kativik Regional Police Force (KRPF) officers must be familiar with and apply this protocol as quickly as possible in order to ensure the well-being of any person who has been potentially exposed to the rabies virus.

The CFIA and the Regional Department of Public Health in Nunavik are responsible for developing, evaluating, updating and implementing this protocol.

1.1 The Canadian Food Inspection Agency (CFIA)

Animal rabies is a reportable disease according to the Health of Animals Act and its attendant regulations. The CFIA has a mandate to prevent the spread of rabies from animals to humans. In order to do so, the CFIA must:

investigate all reported cases of human or domestic animal exposure to animals suspected of having rabies;

ininform medical authorities of any suspected cases of human exposure;

ensure the proper handling of animals suspected of having or developing rabies.

Since the CFIA has no personnel stationed in Nunavik, it must ensure that those responsible for collecting and shipping specimens have all the information they need to do the work effectively, safely and in accordance with requirements.

In addition to providing diagnostic services, the CFIA is responsible for conveying general information on the disease through conferences, articles or telephone consultations.

1.2 The Regional Department of Public Health

The Regional Department of Public Health must inform regional populations of health risks and ensure that measures are in place to safeguard public health. Pamphlet 1991-097 published by the Quebec Department of Health and Social Services (MSSS) regarding immunization against rabies stipulates that [Translation] ". . . anyone administering a vaccination must obtain the required immunizing product, following approval by the head of the Regional Department of Public Health or his or her representative." The department is responsible for supplying the two health centres with vaccines and Rabies Immunoglobulins (RIGs).

1.3 The Ungava Health Centres in Inuulitsivik and Tulattavik

The health centres are responsible for evaluating and handling persons who may have been exposed to the rabies virus through animal contact. These health centres are also responsible for the local administration and management of products used for postexposure prophylaxis.

1.4 The Kativik Regional Government, the Northern Village Corporations and the Kativik Regional Police Force (KRPF)

Through legislative powers, these authorities can prevent the spread of rabies by controlling stray or aggressive dogs and issuing licenses to pet owners provided, for example, they show proof of rabies vaccination. The Northern Village Corporations must also ensure that the dog and cat immunization program, which receives support from the Quebec Department of Agriculture, Fisheries and Food (MAPAQ), is applied. The KRPF is responsible for applying municipal by-laws and, under the supervision of the CFIA, shipping specimens of animals suspected of having rabies by plane, in accordance with Transport Canada's regulations regarding the shipping of dangerous goods. In co-operation with the KRPF and each of the Northern Village Corporations, the Kativik Regional Government must ensure that each municipality appoints at least two people responsible for intervening in cases of animals suspected of having rabies, in accordance with instructions provided by the CFIA inspector. Those appointed are responsible for monitoring the animal's behaviour and health, killing the animal and collecting specimens for rabies diagnosis. Every September, the Kativik Regional Government is responsible for submitting a list of local representatives for the current year to the CFIA, the Animal Health Department of the MAPAQ, the Regional Department of Public Health and each of the two health centres (see Appendix 1: List of Local Representatives.

In KuuKuujjuaq, two (2) peoples appointed by the minicipality will be responsible for the killing of

suspected animals but the Nunavik Research Centre (NRC) personnel will be responsible for collecting and shipping the specimen.

1.5 The Quebec Department of Agriculture, Fisheries and Food (MAPAQ)

The department of “La Qualité des aliments et la santé animale” of the MAPAQ offers a technical assistance program for the protection of dogs against Rabies to all Inuit and other Native communities. In Nunavik, a veterinarian visits all interested communities once a year.

1.6 Air Carriers

Air Inuit and First Air are responsible for ensuring the same-day delivery of packages intended for rabies diagnosis from all points in Nunavik and Dorval.

1.7 Objectives of All Those Involved

All those involved must work together to ensure that the waiting period between a medical consultation for a high-risk injury and the availability of results is 42 hours, on average (25 to 58 hours) in most cases. Waiting periods of more than 58 hours will be permitted only for incidents occurring in Kangiqsualujjuaq, Ivujivik and Akukivik, communities for which there are only three weekly flights, or injuries occurring after the Friday or Saturday departure flight in all other communities (with the exception of Kuujjuaq).

Two documents recently published by the Department of Public Health of the MSSS focus on rabies in humans and the prevention of this disease. The documents, entitled *La rage humaine. Prévenir et enrayer ... situation et orientations* and *La rage humaine. Protocole d'intervention,* are available at any of the 14 CLSCs in Northern Quebec. Clinicians will consult these two documents in order to better determine the nature of the risk in the event of an incident or to learn more about rabies in humans and how to prevent the disease.

2.1 Procedure Following Human Exposure to an Animal Suspected of Having Rabies

2.1.1 Local Treatment of the Wound

This is probably the most effective means of postexposure prevention. Clinicians must wear gloves and a smock in order to avoid all contact with the saliva or nerve tissue of the animal suspected of having rabies.

Allow the wound to bleed freely;

a) in the case of a superficial bite or scratch, clean the wound thoroughly for several minutes with a solution of soap and water (4:1);
b) in the case of a deep, penetrating bite, clean for up to ten minutes, debride the area and irrigate the wound with a solution of soap and water (4:1);
c) do not suture the wound unless it is esthetically unacceptable;
d) carefully clean with water and soap all material (e.g. clothing, instruments) that has been contaminated by the animal's saliva or nerve tissue and, if necessary, advise the victim's family to apply same procedures at home for clothings, tools or surfaces which may have been contaminated by animal's liquids or neve tissue;
e) in accordance with the doctor's advice, apply antitetanic or antibacterial prophylaxis as needed.

2.1.2 Information to Be Obtained by the First-Line Clinician[*]

In the case of suspected human exposure to rabies, it is imperative to act promptly; the first-line clinician must obtain the following information from the exposed person, his or her family or any witnesses:

<u>Information about the agent</u>:

1) Type of animal involved:
   - wild animal: fox, wolf, bat, etc.
   - domestic animal: dog, cat
2) Availability of the animal: in the case of a domestic animal, the owner's name

* *"First-Line Clinician": professionnal responsible for the care of the patient*

3) Condition of the animal:
   - good health, normal behaviour
   - abnormal behaviour, disease: nature of symptoms, date first appeared, etc.

4) Vaccination status of the animal

Information about the victim:
1) Location of the wound
2) Previous rabies vaccination or postexposure prophylaxis

Information surrounding the incident:
1) Attack provoked[1] or unprovoked; place where the attack occurred, etc.
2) Type of exposure (e.g. contact with saliva or nerve tissue)
   - bite (extent of the wound)
   - scratches, etc. (extent of the wounds)
   - injuries sustained during handling, etc.
   - contamination of an existing wound

Other information to be obtained:
1) The names of other persons who might have had contact with the animal suspected of having rabies
   Confirm whether or not such contact occurred.
2) The next scheduled flight south

2.1.3 Persons to Notify

Whenever indicated, the first-line clinician must immediately advise the physician assigned to the community or the physician on duty, who will, in turn, contact the physician responsible for public health, as well as the CFIA veterinarian. The physicians responsible for public health and the CFIA veterinarians can be reached at the following numbers:

For the Regional Department of Public Health in Nunavik:

Dr. Jean-François Proulx, M.D.
Office: (418) 666-7000, local 482
Fax: (418) 666-2776
Home: (418) 694-7314

Dr. Serge Déry, M.D.
Office: (819) 964-2222
Fax: (819) 964-2888
Home: (819) 964-0022

[1] "*Although it is difficult to define provocation, domestic animals who **appear to be in good health** are considered to have been provoked when a bite is inflicted during play, while the animal was being fed, punished or petted against its will, or as a result of being separated from another animal with which it was mating or fighting*". La rage humaine .... prévenir et enrayer. Situation et orientations p. 19

For the Canadian Food Inspection Agency:

Dr. Pierre Viviers, Veterinarian
Office: (450) 476-1223
Fax: (450) 476-1416
Home: (450) 562-5393
Pager : 1 888-414-7289

Dr Charles Paquin, Veterinarian
Office: (450) 476-1223
Fax: (450) 476-1416
Home: (514) 336-2162
Pager : 1 888-414-7288

2.1.4 Applying Postexposure Prophylaxis

Anyone exposed to the rabies virus must receive the requisite postexposure prophylaxis. The decision to administer a vaccine and/or RIGs is made by the family physician following consultation with the physician responsible for public health. The decision algorithm appearing in Appendix 2, adapted from the document entitled *La rage humaine. Protocole d'intervention,* is generally used as a guide in the decision-making process.

The procedure for administering vaccines and the technique for the infiltration of the Rabies Immunoglobulins(RIG) in the area surrounding a wound (according to the" *Procole d'immunisation du Québec* ") are part of this protocol and appear in Appendices 3 and 4. If a postexposure prophylaxis is required once the results of the animal tissue analysis are known, it is important for CLSCs that do not have vaccines and immunoglobulin on hand to obtain them from the pharmacy services. The first-line clinician must be sure that these products arrive on the next flight if they may need to be administered. It is up to each of the health centres' physician, dentist and pharmacist advisory boards to determine which CLSCs will be responsible for stocking products used in the treatment of rabies.

2.1.5 Returning Information to the Regional Department of Public Health

Within 48 hours of a consultation following potentially high-risk exposure to the rabies virus, the first-line clinician completes and faxes the epidemiological questionnaire appearing in Appendix 5 to the physician responsible for public health.

2.1.6 Handling Animals Suspected of Having Rabies

The CFIA veterinarian will determine how to handle the animal in question and will notify the family physician, as well as those appointed by the municipality (see list in appendix 1). In accordance with the CFIA's mandate, these people will promptly take the necessary measures to deal with the animal (see Sections 5.1 and 5.2). If a diagnosis is required during the week-end or during an official holiday of the C.F.I.A., the veterinarian will recall to the physician that he has to prepare a brief note to the Agency indicating that he requires the diagnosis outside the normal working hours. The veterinarian will indicate to the physician the procedure for the transmission of his note: fax number, destination etc...

2.2 Summary of Responsibilities

The family physician must be consulted before any decision is made to vaccinate a potentially exposed person. He can be reached at any time at the usual numbers This decision is made jointly with the physician representing the Regional Department of Public Health.

The first-line clinician is responsible for documenting any information needed to make a clinical decision. He or she must notify the family physician if necessary and treat the wound locally as quickly as possible. He or she must take any other necessary measures stipulated by the family physician. He or she will complete, if necessary, the “Rabies specimen submission report” (Appendix 6). He or she completes and send within 48 hours after the incident by fax to the designated doctor of the Regional Department for public health the “Questionnaire post-exposition-rage” (Appendix 5).

As soon as an animal specimen is sent for a Rabies test, the first-line clinician makes sure to obtain from the pharmacist, on the next in-coming flight, the immunizing products which he will eventulally need.

The CFIA veterinarian is responsible for decisions regarding the animal in question. He or she notifies the attending physician, the municipal appointees and guides them in the performance of their duties (see Sections .1 and 5.1). .

When positive results for observation or analysis are received, the CFIA veterinarian notifies by phone the family physician (in his absence, the first line clinician of the CLSC involved). A written report is also sent to the owner, CLSC concerned and the physician responsible for the Department of Public Health.

Dogs and cats play an important role in the transmission of rabies from wild animals to humans. The following procedure helps shield humans from rabies by protecting domestic animals against the disease:

mass vaccination of dogs
the control of stray dogs

3.1 Cree and Inuit Technical Assistance Program for the Protection of Dogs and Cats against Rabies

Since April 1983, the Animal Health Department of the MAPAQ has been offering Inuit communities technical assistance for the vaccination of dogs and cats against rabies. Since 1989, this technical assistance has been extended to the Cree communities and the Naskapis community of Kawawachikamach.

3.1.1 Objective of the Technical Assistance Program

The objective is to train individuals appointed by their communities to vaccinate dogs and cats in their communities against rabies.

Remuneration for those trained to vaccinate animals is the only cost that communities participating in the program must incur.

3.1.2 Vaccination Procedures, Vaccines and Syringes

1) Dogs and cats must be healthy and at least three months old to receive the vaccine and are only considered to be protected against rabies one month after vaccination.

2) Dogs and cats vaccinated against rabies between three and twelve months of age are only protected for one year and must receive a booster vaccine one year later to be protected for three years.

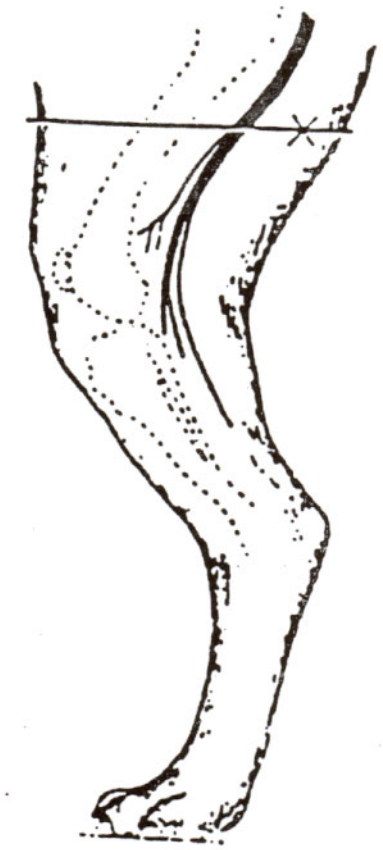
3) Dogs and cats vaccinated against rabies at one year old and over are considered to be protected for three years.

4) The vaccine must never be frozen. It must be stored in a refrigerator at a temperature of 2 to 7^{o}C.

5) The vaccine must be administered to dogs or cats in a heavy muscle area. The thigh muscle is the preferred site (see Figure 1).

6) A 20 or 22 gauge needle, 3/4 to 1 inch in length, must be used.

FIGURE I



7) The vaccination certificate must contain a complete and accurate description of the animal, as well as the type of vaccine used, the batch number and the vaccination date.

When a domestic animal has bitten someone in an area where rabies is endemic, the nursing staff requires the animal's vaccination status.

8) Distribution of the vaccination certificate:
- the stub of the certificate to the owner of the animal
- the certificate to the nursing staff of the CLSC
- Dr Tumanowicz keeps records about the information indicated on the vaccination certificate

3.2 Controlling Stray Dogs

When rabies is endemic in a given area, stray dogs must be controlled because of the high risk of exposure to an infected animal. Since the population is not always aware of such exposure, it is especially dangerous. A stray dog could, for example, be attacked or fight with a rabid fox without anyone being aware of it. If the dog was not vaccinated, it could develop rabies symptoms within the next two to six weeks. If the stray animal is in the village at that time, it could represent a definite danger. It is almost impossible to vaccinate stray dogs.

For further information on the vaccination program for domestic animals, contact :

Dr. Krzysztof Tumanowicz
Quebec Department of Agriculture, Fisheries and Food
Tel. : (418) 646-7642
Fax : (418) 644-3049

4.1 What Is Rabies?

Rabies is a contagious, infectious and fatal disease caused by a virus affecting the nervous system of all warm-blooded mammals, including humans.

4.2 How Is Rabies Transmitted?

Rabies can be transmitted through the bite of an infected animal or when the saliva of that animal comes into contact with an open wound or cut, an abrasion or mucosa.

4.3 When Does the Rabies Virus Appear in the Saliva?

The virus may be excreted in the saliva of any land mammal for a period of ten days before the clinical signs of the disease appear. Bat bites must be considered infectious at all times.

4.4 How Long Does It Take for Rabies to Develop?

The first symptoms of rabies appear two to six weeks after a dog or a cat has been bitten. Dogs may, however, incubate the disease for up to six months before any symptoms manifest.

The length of time between the infection and the onset of symptoms depends on such factors as the seriousness of the bite or wound, the distance of the affected area from the brain, the quantity of the virus deposited in the wound and the strain of the virus.

The rabies virus travels along the nerves at a speed of 100 to 400 mm a day.

4.5 How Does a Rabid Animal Behave?

There are two forms of rabies: furious rabies and dumb rabies. Dumb rabies is more common among dogs and livestock, while cats more often suffer from furious rabies. Although the symptoms described below characterize the different forms of rabies, a rabid animal will not necessarily exhibit all of these symptoms.

4.5.1 Furious Rabies

The first symptom exhibited by a dog is usually a change in behaviour. A normally friendly dog may become shy, hide in dark places, crave attention and snap when approached. A normally shy or snarly dog may become unusually friendly. During this stage, the dog's voice may become hoarse, and its appetite may become diminished or depraved : the dog may bite sticks, rocks or rubber, among other things.

Soon after, the dog may become nervous and irritable. It may appear alert, fearful and ferocious, much like a fox. During this stage, the dog may travel several kilometres, with its head down, drooling and biting anything in its path. A dog that is tied up or locked up will often chew on its chain or the bars of its cage, breaking teeth and injuring its mouth and, as a result, causing blood to appear in its saliva. This stage, in which the dog becomes thin because it is not eating, can last for several days.

In the third or paralytic stage, the dog staggers, is soon unable to stand up and eventually becomes completely paralyzed. Death follows unconsciousness or a violent convulsion, approximately four to seven days after the first symptoms appear.

The symptoms for cats are essentially the same as for dogs. They may become agitated and move about erratically. Cats will not wander as far as dogs. Muscle spasms may be brought on by sudden noise or excitement. During these spasms, cats may be jumpy and attack other animals as well as humans.

4.5.2 Dumb Rabies

For this form of rabies, the period of irritability and vicious behaviour is either nonexistent or very short-lived and often goes unnoticed. Paralysis usually starts in the throat, leaving the animal unable to bite or swallow and causing it to drool from its partly open mouth. The animal may appear to have a bone stuck in its throat. The animal will suffer rapid weight loss and paralysis and die a short time later.

4.6 Rabies in Wild Carnivores

Infected foxes or other wild carnivores will experience changes in their behaviour. They may approach inhabited areas and attack domestic animals. Such cases must be reported to local authorities.

4.7 Rabies Diagnosis in Animals

Rabies may be clinically diagnosed on the basis of changes in an animal's normal behaviour and/or characteristic symptoms; however, the diagnosis must be confirmed by a laboratory examination of the animal's brain. The animal must therefore be killed in such a way that the head is not damaged.

4.8 Specimen of Choice for Diagnosis

The brain of the animal suspected of having rabies is the specimen of choice for diagnosis. When an animal has been shot in the head and no brain tissue can be recovered, the head must be submitted for diagnosis. In such a case, laboratory technicians will use the salivary glands and the surrounding nerves as a specimen.

The part of the spinal cord near the brain can be used when nothing else is available.

4.9 How to Treat Rabies in Animals

There is no treatment for rabies in animals and the disease is almost always fatal. For this reason, preventive measures must be taken.

Rabies is a reportable disease under the Health of Animals Act and its attendant regulations. An animal suspected of rabies must therefore be reported to a CFIA animal health inspector.

The clinical diagnosis must be confirmed by the Animal Disease Research Institute (ADRI) in Nepean, Ontario. The brain is tested using a fluorescent antibody technique. It is therefore critical that the specimens received be in good condition and be shipped as quickly as possible using the shortest possible route.

Results may be obtained the same afternoon, even on weekends, as long as the sample is available at the laboratory by 9:00 a.m. Weekend testing requires a written request by the family physician or the physician responsible for public health.

Diagnostic services are available to family physicians who wish to have human tissues tested for rabies.

5.1 Procedure to Follow When a Person Has Been Bitten by an Animal

When a person visits the doctor because of an animal exposure, the physician must report the incident to the veterinarian of the C.F.I.A. (See section 2.1.3) who will determine the action to be taken for the animal involved and will be responsible for the follow-up. If a diagnosis is required during the week-end or during an official holiday of the C.F.I.A., the veterinarian will recall to the physician that he has to prepare a brief note to the Agency indicating that he requires the diagnosis outside the normal working hours. The veterinarian will indicate to the physician the procedure for the transmission of his note: fax number, destination etc...

The following factors will be taken into accoun by the veterinarian:

5.1.1 Domestic Animals (Dogs and Cats)

1) If the domestic animal is alive, its health in terms of rabies must be determined (see Section 3 of this document).

2) If the domestic animal is alive but exhibits behavioural changes or if the domestic animal dies after showing signs of rabies, the veterinarian will ensure that the procedures outlined in section 5.2 for the collection and shipment of a specimen for Rabies diagnosis to the ADRI in Nepean, Ontario are applied.

5.1.2 Wild Animals

When a person or a domestic animal is bitten by a wild animal, the municipal authorities must ensure that the said animal will be killed and a specimen for Rabies diagnosis taken and sent to the ADRI in Nepean, Ontario in accordance with the procedure described in section 5.2.

5.2 Procedure for Shipping Specimens for Rabies Diagnosis from Nunavik

A laboratory examination of the brain is needed to confirm rabies in animals. The person appointed by the municipality (Appendix 1) is responsible for ensuring that the animal specimen collected leaves the village for Dorval Airport on the first available flight. In Ungava (including Salluit), the local Air Inuit agent will notify the First Air cargo services in Kuujjuaq that the package is on board in order to guarantee that all specimens intended for rabies diagnosis are delivered to Dorval the same day. In order to avoid any delays or deterioration of specimens, it is necessary to take the following directives into account.

5.2.1 Killing the Animal in Question

In order to be eligible for laboratory testing, the brain must be received intact and in good condition. When an animal is killed, precautions must be taken to preserve the brain and to ensure that it is not damaged during transportation. In cases where the animal has been shot in the head and no brain tissues are available, all remaining tissues from the head must be collected and sent to the laboratory. Once the specimen has been taken, the rest of the carcass must be incinerated.

The animal must be killed and the specimens collected quickly and safely. This involves:

a) appointing those responsible for performing such duties (see attached list in Appendix 1);
b) training them under the supervision of the CFIA, in co-operation with the MAPAQ;
c) ensuring that appropriate protective equipment, provided by the CFIA and available in the CLSCs and the Nunavik Research Center, is used.

The CLSC must be contacted immediately if an incident suggesting possible exposure to the rabies virus (e.g. an injury or the animal's saliva or nerve tissue coming into contact with a mucosa or abraded skin) occurs during handling.

5.2.2 Material for Specimen Collection

Those appointed by the community and trained to collect and ship specimens must obtain the material needed to perform these duties from the CLSC in most cases. The material provided by the CFIA will always be stored at the CLSC and the CFIA will be responsible for replacing the material as needed. In Kuujjuaq, this material is located at the Nunavik Research Centre.

The green container holds all the instructions and documents needed to prepare the specimen for shipment by plane, in accordance with the Transportation of Dangerous Goods (TDG) Act and Regulations.

5.2.3 Procedure for Collecting and Shipping Specimens for Rabies Diagnosis

SPECIMEN COLLECTION PROCEDURE

1- WEAR PROTECTIVE GLOVES AND GOGGLES WHEN CUTTING OFF THE ANIMAL'S HEAD.

2- PLACE THE HEAD IN AN ORANGE BAG AND TIE OFF THE BAG BY MAKING TWO KNOTS.

3- PLACE THE FIRST ORANGE BAG IN A SECOND ORANGE BAG AND TIE OFF THE BAG BY MAKING TWO KNOTS.

4- ATTACH THE METAL IDENTIFICATION TAG BETWEEN THE TWO KNOTS.

5- FILL OUT THE "RABIES SPECIMEN SUBMISSION REPORT".

6- PLACE ABSORBENT MATERIAL (E.G. NEWSPAPER), AN ICE PACK AND THE ORANGE BAG IN THE GREEN CONTAINER.

7- SECURE THE COVER OF THE CONTAINER WITH THE METAL BELT AND CLOSE WITH THE NUT AND BOLT PROVIDED.

8- DILUTE THE DISINFECTANT IN FOUR LITRES OF WATER; CLEAN AND DISINFECT THE GLOVES, KNIFE AND SAW; pour disinfectant on the site where the procedure took place.

If an incident occurs during the collection procedure, consult the the CLSC right away.

SHIPPING PROCEDURE

1- PLACE THE ADHESIVE DIAMOND-SHAPED LABEL MARKED "**INFECTIOUS SUBSTANCES**" ON THE SIDE OF THE GREEN CONTAINER.

2- PLACE THE RABIES SPECIMEN SUBMISSION REPORT IN THE ENVELOPE CONTAINING THE RETURN ADDRESS AND AFFIX IT TO THE SIDE OF THE CONTAINER.

3- FILL IN THE REMAINING BLANK SPACES OF THE SHIPPER'S DECLARATION AND ATTACH TRANSPORTATION PERMIT SU 0286. SHIP THE SPECIMEN BY PLANE.

FOR HELP WITH THE COLLECTION OR SHIPMENT OF A SPECIMEN, CONTACT A VETERINARIAN AT ANIMAL HEALTH SERVICES, CANADIAN FOOD INSPECTION AGENCY.

(450) 476-1223

5.2.4 Details Concerning the Shipment of Specimens

Specimens must be shipped in a suitable container along with the appropriate permit for equivalent level of safety issued by Transport Canada to the CFIA and the duly completed Shipper's Declaration for Dangerous Goods.

WARNING: TRANSPORT CANADA PROHIBITS THE SHIPPING OF DANGEROUS GOODS IMPROPERLY PACKAGED OR UNACCOMPANIED BY A VALID PERMIT FOR EQUIVALENT LEVEL OF SAFETY AND A SHIPPER'S DECLARATION.

IN CASE OF EMERGENCY, A COPY OF THE PERMIT AND A COPY OF THE DULY COMPLETED SHIPPER'S DECLARATION CAN BE OBTAINED FROM THE CANADIAN FOOD INSPECTION AGENCY BY CALLING (450) 476-1223. (See Section 5.2.4 for numbers available outside regular business hours.)

Upon shipping, the person responsible must relay the following information to the CFIA:

By telephone: (450) 476-1223
or
By fax: (450) 476-1416
(See below numbers available outside regular business hours.)

SHIPPING CHARGES MUST BE BILLED TO THE ACCOUNT OF THE CANADIAN FOOD INSPECTION AGENCY AT THE FOLLOWING ACCOUNT NUMBERS:

Canadian Airlines: F00158001
Air Inuit: 6977
First Air: 012422

Information required:

1- Place of departure of the specimen
2- Date and time of departure
3- Estimated time of arrival at Dorval Airport
4- Flight number
5- Air carrier
6- Air waybill number

Office hours:

Monday to Friday: 8:15 a.m. to 12:00 p.m.
1:00 p.m. to 4:30 p.m.

Evenings and weekends, contact:

Dr. Pierre Viviers, Veterinarian: (450) 562-5393 Pager : 1 888-414-7289
Dr Charles Paquin, Veterinarian: (514) 336-2162 Pager : 1 888-414-7288

5.2.5 Information That Must Accompany All Specimens

A minimum of information must accompany specimens shipped to the federal laboratory. The first-line clinician must indicate this information on the Rabies Specimen Submission Report (see Appendix 6).

If it is not available, include the following necessary information on a sheet of paper:

- village
- evidence of human exposure (bite, other, none)
- animal vaccination status and vaccination dates
- date of specimen shipment
- date of specimen collection
- signs of rabies
- name of shipper
- name of air carrier, time of arrival at Dorval Airport and air waybill number
- name of health clinician to whom results shoud be forwarded.

It is important to ensure that the information transcribed is legible.

5.2.6 Handling the Shipment at Dorval Airport

A CFIA inspector must be on hand at Dorval Airport to claim the package upon arrival at the airline's cargo services and must ensure same-day delivery to the laboratory in Nepean, Ontario.

5.2.7 Transmitting Results

As soon as results are received, a CFIA veterinarian will transmit them by telephone to the persons mentioned in the Rabies Specimen Submission Report. This report should include the name of the family physician as well as the physician responsible for public health.

If no particular name is mentioned in the report, the results are transmitted to the first-line clinician at the CLSC concerned.

Upon receiving the final results, a letter is sent to the animal's owner and copies are issued to the person who collected the specimen, the family physician and the physician responsible for infectious diseases at the Regional Department of Public Health.

List of Local Representatives
(September 1997 to September 1998)

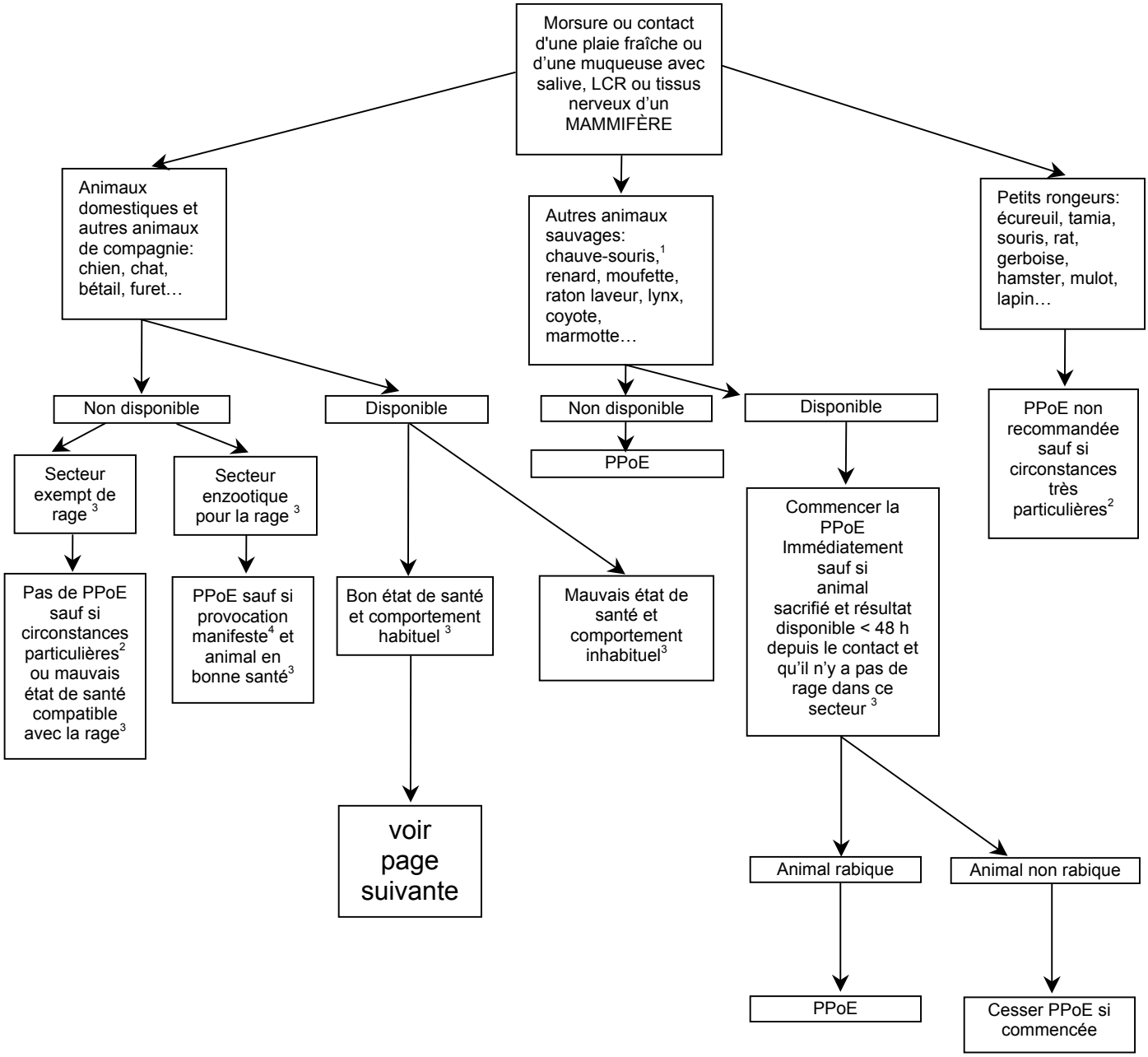
LIST OF LOCAL REPRESENTATIVES

NAME	MUNICIPALITY ADDRESS	MUNICIPALITY PHONE
RAYMOND MICKPEGAK	KUUJJUARAPIK J0M 1G0	**(819)929-3360**
FRANÇOIS THAUVETTE **CLSC D'INUKJUAQ** **(infirmier au dispensaire CLSC)**	INUKJUAQ J0M 1M0	**(819)254-8827**
JOBIE NOVALINGA	POVUNGNITUK J0M 1P0	**(819)988-2953**
MOSESIE TAYARA	SALLUIT J0M 1S0	**(819)255-8953**
JOË LANCE **HARRY OKPIK**	QUAQTAQ J0M 1J0	**(819)492-9912**
JACKIE KAUKAI **LORNE NASSAK**	KANGIRSUK J0M 1A0	**(819)935-4388**
RON WINTER **JOHNNY MOSESIAPIK**	TASIUJAQ J0M 1T0	**(819)633-9924**
VALLEE SAUNDERS **(Environnement et Faune)**	C.P. 59, KUUJJUAQ J0M 1C0	**(819)964-2427**
JIM STEWARD **TOOMA EMUDLUK**	KANGIQSUALUJJUAQ J0M 1N0	**(819)337-5271**

Appendix 2

Decision Algorithm for Applying Postexposure Prophylaxis
(Adapted from “La rage humaine. Protocole d’intervention”
Ministère de la santé et des services sociaux
Québec Government, 1996)

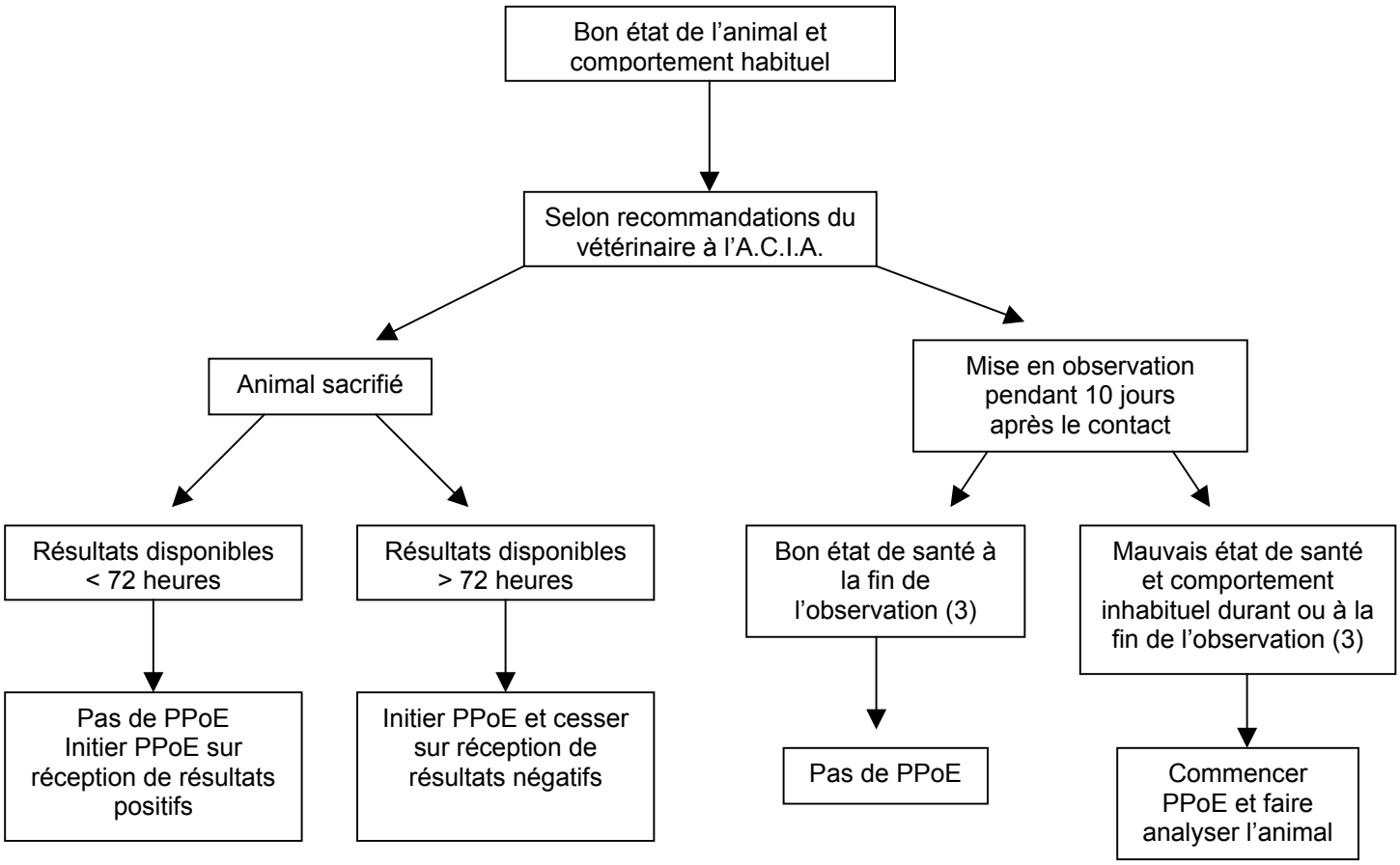
Rage: algorithme pour la prise de décision concernant l'indication de la prophylaxie postexposition (PPoE)*



1. Une attention particulière doit entourer l'évaluation d'un contact avec une chauve-souris.
2. Circonstances très particulières: ex.: attaque non provoquée par un animal furieux et agressif, mauvais état de santé compatible avec les symptômes de la rage animale[3].
3. À confirmer par un vétérinaire d'Agriculture Canada.
4. Provocation manifeste: morsure infligée lors d'un jeu, lorsque l'animal est nourri, puni ou caressé contre sa volonté ou lorsqu'on le sépare d'un autre animal avec lequel il s'accouplait ou se battait.

* Cet algorithme est tiré du document *Guide pour la prévention de la rage humaine à la suite d'une exposition* et doit tenir compte des nuances du texte.

Source: Les directions de la santé publique des régies régionales de la santé et des services sociaux de Laval, de la Montérégie et de Montréal-Centre.



(3) À confirmer par un vétérinaire d'Agriculture Canada

Appendix 3

Rabies Vaccine

(According to the Immunisation Protocol of Québec
Ministère de la santé et des services sociaux,
Québec government, April 1999)

Refer to the French section of your document

(an English version will be circulated when available)

Appendix 4

Rabies Immune Globulin
and
Technique for Administering Immunoglobulins

(According to the Immunisation Protocol of Québec,
Ministère de la santé et des services sociaux,
Québec government, April 1999)

Refer to the French section of your document

(an English version will be circulated when available)

Epidemiological Questionnaire

(Adapted from “La rage humaine. Protocole d’intervention”
Ministère de la santé et des services sociaux
Québec Government, 1996)

Questionnaire type
Postexposition - rage

Code: _____

2. IDENTIFICATION DE LA PERSONNE PRÉSUMÉMENT EXPOSÉE

Nom et prénom: _____

D.D.N.: ____/____/____ (jr ms an) Âge:[2.1] _____ Sexe:[2.2] ❑ [1] M ❑ [2] F

Adresse: _____ Tél: résidence: _____

travail: _____

_____ (ville)[2.3] (code postal)[2.4]

Occupation ou activité lors du contact (ex:vélo, vétérinaire):[2.5] _____

3. ÉVALUATION DE L'EXPOSITION

Date du contact:[3.1] ____/____/____ (jr ms an) Ville où s'est produit le contact:[3.2] _____

Type de contact:

Morsure[3.3] (site[3.4] _____)	❑ [1] oui	❑ [2] non	❑ [9] ne sait pas
Égratignure[3.5]	❑ [1] oui	❑ [2] non	❑ [9] ne sait pas
Contact avec une plaie fraîche[3.6]	❑ [1] oui	❑ [2] non	❑ [9] ne sait pas
Contact avec une muqueuse[3.7]	❑ [1] oui	❑ [2] non	❑ [9] ne sait pas
Autre type de contact jugé non significatif[3.8]	❑ [1] oui	❑ [2] non	

Circonstances et commentaires:[3.9] _____

_____

_____

_____

_____

_____

La plaie ou la muqueuse a-t-elle été lavée après le contact?[3.10] ❑ [1] oui ❑ [2] non ❑ [9] ne sait pas

4. DONNÉES RELATIVES À L'ANIMAL

Statut à l'égard de la rage:[4.1] ❑ [1] **Connu positif au début de l'enquête** **(passer à la section 7)**

Date du début des symptômes: ___/___/___.
jr ms an

❑ [2] **Inconnu au début de l'enquête**

État de l'animal :[4.2] ❑ [1] mort ❑ [2] blessé ❑ [3] malade ❑ [4] en bonne santé ❑ [9] ne sait pas

Commentaires: _____

Y a-t-il eu provocation?[4.3] ❑ [1] oui ❑ [2] non ❑ [9] ne sait pas

Commentaires: _____

Comportement de l'animal:[4.4] ❑ [1] normal ❑ [2] anormal ❑ [9] ne sait pas

Commentaires: _____

Opinion sur le risque de rage de cet animal demandée à Agriculture Canada?[4.5] ❑ [1] oui ❑ [2] non

Commentaires: _____

Cet animal faisait-il l'objet d'une quarantaine?[4.6] ❑ [1] oui ❑ [2] non ❑ [9] ne sait pas

Expliquer: _____

L'animal est-il disponible ou observable?[4.7] ❑ [1] oui ❑ [2] non

Si non, s'agit-il d'un animal errant?[4.8] ❑ [1] oui ❑ [2] non

Commentaires: _____

(Si animal errant non disponible ou animal sauvage, passer à la section 7)

Si animal domestique, description (race, couleur, ...): _____

Commentaires: _____

_____

5. COORDONNÉES DU PROPRIÉTAIRE

Nom et prénom: _____ Téléphone: _____

Adresse: _____
([5.1] si même adresse que personne mordue, inscrire idem) ([5.2] ville) ([5.3] code postal)

Informations à obtenir en l'absence du vétérinaire:

Animal vacciné? ❑ *oui* ❑ *non* ❑ *ne sait pas* *Si oui, combien de doses?* _____

Date de la dernière vaccination: ___/___/___.
jr ms an

Dans les 6 derniers mois, l'animal a-t-il séjourné dans une région où la rage est enzootique?

❑ *oui (où?* _____*)* ❑ *non* ❑ *ne s'applique pas car vit en région enzootique*

6. SURVEILLANCE DE L'ANIMAL

Demandée au propriétaire[6.1]: ❑ [1] oui ❑ [2] oui, temporairement ❑ [3] non

Si oui, pourquoi?[6.2] _____

Référée à Agriculture Canada:[6.3] ❑ [1] oui ❑ [2] non

Si oui, date:[6.4] ___/___/___ Personne contactée: _____
jr ms an

District: _____ Tél: _____

6. SURVEILLANCE DE L'ANIMAL (suite)

Conduite d'Agriculture Canada:

❑ **Animal observé**

Rapport reçu : ❑ oui date[6.5] : ____/____/____ (jr ms an) Résultat[6.6]: ❑ 1 en bonne santé ❑ 2 symptômes de rage ❑ 3 autre: _____

❑ non

❑ **Animal analysé**

Rapport reçu : ❑ oui date[6.7] : ____/____/____ (jr ms an) Résultat[6.8]: ❑ 1 positif ❑ 2 négatif ❑ 3 autre: _____

❑ non

7. AUTRES PERSONNES EN CONTACT (si animal rabique ou présumé rabique)

Y a-t-il eu d'autres personnes en contact avec cet animal depuis le _____ ?
(10 jours avant le début des symptômes)

❑ oui , combien?[7.1] _____ (les inscrire sur la liste des contacts en annexe) ❑ non

8. CONSULTATION MÉDICALE

Si oui, nom du médecin: _____

date de la consultation:[8.3] ____/____/____ (jr ms an)

traitement reçu:

lavage de la plaie:	❑ oui	❑ non	❑ inconnu
antibiothérapie:	❑ oui	❑ non	❑ inconnu
immunisation antitétanique:	❑ oui	❑ non	❑ inconnu
prophylaxie antirabique:	❑ oui	❑ non	

Si a reçu prophylaxie antirabique: RIG: date: ____/____/____ (jr ms an) dose reçue: _____

VCDH: date: ____/____/____ (jr ms an)

10. INFORMATIONS SI PPoE RECOMMANDÉE

Poids: _____kg ou _____lb

Vaccination antirabique antérieure:[10.1] ❑ [1] oui ❑ [2] non **Si oui,** type de vaccin: ❑ VCDH ❑ autre
date de vaccination:[10.2] _____/_____/_____
jr ms an
reçue en:[10.3] ❑ [1] préexp. ❑ [2] postexp.

Réaction à une dose antérieure de VCDH:[10.4] ❑ [1] oui ❑ [2] non spécifier: _____
RIG:[10.5] ❑ [1] oui ❑ [2] non spécifier: _____

Calendrier recommandé: VCDH:[10.6] ❑[1] 5 doses ❑[2] 2 doses RIG:[10.7] ❑ [1] oui ❑ [2] non
Prophylaxie doit débuter le: _____/_____/_____ Lieu: _____
jr ms an

Enquête effectuée par [12.1:] _____ Date:[12.2] ___ /___ /____
jr ms an

_____

Rabies Specimen Submission Report

RABIES SPECIMEN SUBMISSION REPORT
RAPPORT DE SOUMISSION DE SPÉCIMEN POUR LA RAGE

NAME OF OWNER / NOM DU PROPRIÉTAIRE:

POSTAL ADDRESS
ADRESSE POSTALE

MUNICIPALITY
MUNICIPALITÉ

POSTAL CODE
CODE POSTAL

TELEPHONE NUMBER
NUMÉRO DE TÉLÉPHONE

SPECIES SUBMITTED / ESPÈCE SOUMISE:

DATE OF LAST RABIES VACCINATION:
DATE DE LA DERNIÈRE VACCINATION ANTI-RABIQUE:

IDENTIFICATION TAG NUMBER:
NUMÉRO D'IDENTIFICATION:

HUMAN CONTACT
CONTACT HUMAIN YES/OUI NO/NON

SIGNATURE OF SUBMITTER:
SIGNATURE DE L'EXPÉDITEUR:

PERSON TO CONTACT
FOR TRANSMISSION OF RESULT:
PERSONNE À CONTACTER
POUR LA TRANSMISSION DU RÉSULTAT:

TELEPHONE NUMBER:
NUMÉRO DE TÉLÉPHONE:

PLACE ONE (1) COPY OF THIS DOCUMENT IN THE ENVELOPE TO BE ATTACHED OUTSIDE THE CONTAINER AND SEND A COPY BY FAX (IF AVAILABLE) TO (450) 476.1416

PLACER UNE (1) COPIE DE CE DOCUMENT DANS L'ENVELOPPE QUI SERA FIXÉE À L'EXTÉRIEUR DU CONTENANT ET ENVOYER UNE COPIE PAR TÉLÉCOPIEUR AU (450) 476.1416.

FOR ASSISTANCE CALL: (450) 476.1223
SI VOUS AVEZ BESOIN D'AIDE APPELEZ: (450) 476.1223

M:\Public\rage\soumission report.wpd

Permit for Equivalent Level of Safety

Canadian Food Inspection Agency | Agence canadienne d'inspection des aliments

File Number / Numéro du dossier
255 - 3

PERMIT FOR EQUIVALENT LEVEL OF SAFETY
No. SU 0286 (Rev. 12)

Canadian Food Inspection Agency

PERMIS DE NIVEAU ÉQUIVALENT DE SÉCURITÉ
N° SU 0286 (Rév. 12)

Agence canadienne d'inspection des aliments

FOR AGENCY USE / RÉSERVÉ À L'AGENCE

Date Received / Reçu le
June 29, 1998 / 29 juin 1998

Consulting Agency / Agence consultée
☐ CTC / CTT ☐ CCG ☒ LIOD ☒ PROV

Mode
Road, Air / Routier, Aérien

Telephone / Téléphone
N/A / S/O

Permit Issued / Permis délivré

To / À: Canadian Food Inspection Agency — Agence canadienne d'inspection des aliments

By / Par: Jacques Savard — **Date:** May 9, 2000 — le 9 mai 2000

Conditions:

The conditions for this Permit are set out in Appendix A

Les conditions visant ce permis sont indiquées à l'appendice A

Use or Purpose / Utilisation	Equivalent Level of Safety / Niveau équivalent de sécurité	No. / N°	Permit No. / N° du permis SU 0286
Continuing / Continue	☐ C / X		**Expiry Date / Date d'expiration** June 30, 2002 — le 30 juin 2002
Determinate / Déterminée	☒ D / X		Signature of issuing Authority / Signature de l'autorité émettrice Director Regulatory Affairs Branch Transportation of Dangerous Goods Directorate  Jacques Savard Directeur Direction des affaires règlementaires Direction générale du tranport des marchandises dangereuses
Specific / Spécifique	☒ S / X		
General / Générale	☐ G / X		
Emergency / Urgence	☐ E / X		

The information on this document is required by (for) the Canadian Food Inspection Agency for the purposes of transporting dangerous goods. Information may be accessible or protected as required under the provisions of the *Access to Information Act*.

Les renseignements sur ce document sont demandés par (pour) l'Agence canadiennes d'inspection des aliments afin de transporter des marchandises dangereuses. Les renseignements peuvent être accessibles ou protégés selon ce que prescrit la *Loi sur l'accès à l'information*.

Canada

APPENDIX A CONDITIONS

1. This Permit for Equivalent Level of Safety authorizes the Canadian Food Inspection Agency, and their agents and the organization listed in Appendix A and their agents, to handle, offer for transport or transport by road vehicle dangerous goods that are infectious substances, affecting humans, Class 6.2, UN2814, or infectious substances, affecting animals only, Class 6.2, UN2900 that are diagnostic specimens in a manner that does not comply with paragraph 7.33.6(1)(a) to the Transportation of Dangerous Goods Regulations and paragraph 7.1.2 of the National Standard of Canada CAN/CGSB-43.125-M90, Packaging of infectious Substances and Diagnostic Specimens, dated November, 1990, if:

(a) the specimen is placed in a bag made of high density polyethylene;

(b) this bag is tightly closed, placed in an inner packaging which is a bag made of high density polyethylene, and an absorbent material is placed between the bag and the inner packaging;

(c) the inner packaging is tighly closed and placed in an outer packaging that

(i) meets the military specification MIL-D-6055C, entitled "Drums, Metal, Reusable Shipping and Storage (Cap. From 88 to 510 Cubic inches)", drawing MS24347, published by the U.S. Government Printing Office for the Department of Defence; dated 31 December 1970; or
(ii) in the case of specimens that are believed to contain or contain the Newcastle disease virus, is a removable head steel drum 1A2/Y1.2/100/94 that is in compliance with the UN performance packaging;

(d) the outer packaging
(i) is tightly closed, and
(ii) marked with the safety mark "TC-125-1B", "TC-MS24347-28" or "TC-MS24347-38" and the number of this permit "SU 0286"; and

(e) a copy of this permit is attached to the shipping document that relates to the dangerous goods.

2. This Permit for Equivalent Level of Safety further provides that where the dangerous goods are infectious substances, affecting humans, Class 6.2, UN2814, or infectious substances, affecting animals only, Class 6.2, UN2900, that are diagnostic specimens that are reasonably believed to contain or contain rabies street virus, the dangerous goods may be handled, offered for transport or transported by public passenger bus by the Canadian Food Inspection Agency and their agents and the organizations listed in Appendix A and their agents in a manner that does not comply with column IX of List II of Schedule II, to the Transportation of Dangerous Goods Regulations, and paragraph 7.1.2 of the National Standard of Canada CAN/CGSB 43.125-M90, Packaging of Infectious Substances and Diagnostic Specimens, dated November, 1990, if:

(a) the specimen is placed in a bag made of high density polyethylene;

(b) this bag is is tightly closed, placed in an inner packaging which is a bag made of high density polyethylene, and an absorbent material is placed between the bag and the inner packaging;

(c) the inner packaging is tightly closed and placed in an outer packaging that meets the military specification MIL-D-6055C, entitled "Drums, Metal, Reusable Shipping and Storage (Cap. from 88 to 510 Cubic inches)", drawing MS24347, published by the U.S. Government Printing Office for the Department of Defence; dated 31 December 1970;

(d) the outer packaging
(i) is tightly closed, and
(ii) marked with the safety mark "TC-125-1B", "TC-MS24347-28" or "TC-MS24347-38" and the number of this permit "SU 0286"; and

(e) the packaging containing the infectious substances is transported in the cargo area of the public passenger bus where it is stored and secured separate from passenger belongings; and

(f) a copy of this permit is attached to the shipping document that relates to the dangerous goods.

3. This Permit for Equivalent Level of Safety also provides that where the dangerous goods are infectious substances, affecting humans, Class 6.2, UN2814, or infectious substances, affecting animals only, Class 6.2, UN2900, the dangerous goods may be handled, offered for transport or transported by aircraft by the Canadian Food Inspection Agency and their agents and the organizations listed in Appendix A and their agents in a manner that does not comply with subsections 2.9.2(6) to the Transportation of Dangerous Goods Regulations, Parts 3 and 7, and Columns 10 and 12 of the Dangerous Goods List set out in Part 2 of the ICAO Technical Instructions and paragraph 7.1.2 of the National Standard of Canada CAN/CGSB-43,125-M90, Packaging of Infectious Substances and Diagnostic Specimens, dated November, 1990 if:

(a) the specimen is placed in a bag made of high density polyethylene;

(b) this bag is is tightly closed, placed in an inner packaging which is a bag made of high density polyethylene, and an absorbent material is placed between the bag and the inner packaging;

(c) the inner packaging is tightly closed and placed in an outer packaging that meets the military specification MIL-D-6055C, entitled "Drums, Metal, Reusable Shipping and Storage (Cap. from 88 to 510 Cubic inches)", drawing MS24347, published by the U.S. Government Printing Office for the Department of Defence; dated 31 December 1970;

(d) the outer packaging
(i) is tightly closed, and
(ii) marked with the safety mark "TC-125-1B", "TC-MS24347-28" or "TC-MS24347-38" and the number of this permit "SU 0286"; and
(iii) has a gross mass that does not exceed 4.5 kg, or when the dangerous goods is a suspected rabies sample, has a gross mass that does not exceed 10kg; and

(e) a copy of this permit is attached to the shipping document that relates to the dangerous goods.

APPENDICE A CONDITIONS

1. Le présent permis de niveau équivalent de sécurité autorise l'Agence canadienne d'inspection des aliiments, et leurs agents ainsi que les organismes énumérées à l'appendice "A", et leurs agents, à manutentionner, à demander de transporter ou à transporter au nom du détenteur de permis, par véhicule routier des marchandises dangeureuses qui sont des Matières infectieuses pour l'homme, classe 6.2, UN2814, ou des Matières infectieuses pour les animaux uniquement, classe 6.2, UN2900 qui sont des spécimens de diagnostic d'une manière qui n'est pas conforme à l'alinéa 7.33.6(1)(a) du Règlement sur le transport des marchandises dangereuses et au paragraphe 7.1.2 de la Norme nationale du Canada CAN/CGSB-43.125.M90 intitulée, Conditionnement des substances infectieuses et des spécimens de diagnostic, publiée en novembre 1990, si :

(a) l'échantillon est placé dans un sac en polyéthylène haute densité;

(b) ce sac est fermé hermétiquement, placé dans un emballage intérieur constitué d'un sac de polyéthylène haute densité et un matériau absorbant est placé entre le premier récipient et le deuxième soit l'emballage intérieur.

(c) l'emballage intérieur est fermé hermétiquement et placé dans un emballage extérieur
(i) conforme à la spécification militaire MIL-D-6055C intitulée "Drums, Metal, Reusable Shipping and Storage (Cap. From 88 to 510 Cubic inches)", dessin MS24347, et publiée par le "U.S. Government Printing Office" pour le "Department of Defence", datée du 31 décembre 1970;
(ii) dans le cas de spécimens dont il est raisonnable de croire qu'ils contiennent ou qui contiennent le virus de la maladie de Newcastle, est un fût en acier à dessus amovible 1A2/Y1.2/100/94 conforme aux exigences de rendement des emballages de l'ONU;

(d) l'emballage extérieur
(i) est fermé hermétiquement,
(ii) porte l'indication de danger "TC-125-1B", "TC-MS24347-28" ou "TC-MS24347-38" et le numéro du présent permis "SU 0286";

(e) une copie du présent permis est jointe au document d'expédition relatif aux marchandises dangereuses.

2. Le présent permis de niveau équivalent de sécurité autorise également l'Agence canadienne d'inspection des aliments, et leurs agents, ainsi que les organismes énumérés à l'appendice "A", et leurs agents des à manutentionner, à demander de transporter ou à transporter par autobus public à passagers des marchandises dangereuses qui sont des Matières infectieuses pour l'homme, classe 6.2 UN2814 ou des Matières infectieuses pour les animaux uniquement, classe 6.2, UN2900, qui sont des spécimens de diagnostic dont il est raisonnable de croire qu'ils contiennent ou qui contiennent le virus rabique des rues, d'une manière qui n'est pas conforme à la colonne IX de la liste II de l'annexe II du Règlement sur le transport des marchandises dangereuses et le paragraphe 7.1.2 de la Norme nationale de Canada CAN/CGSB-43.125-M90 intitulée, Conditionnement des substances infectieuses et des spécimens de diagnostic, publiée en novembre 1990, si :

(a) l'échantillon est placé dans un sac en polyéthylène haute densité;

(b) ce sac intérieur est fermé hermétiquement, placé dans un emballage intérieur constitué d'un sac de polyéthylène haute densité et un matériau absorbant est placé entre le premier récipient et le deuxième emballage soit l'emballage inérieur;

(c) l'emballage intérieur est fermé hermétiquement et placé dans un emballage extérieur conforme à la spécification militaire MIL-D-6055C intitulée "Drums, Metal, Reusable Shipping and Storage (Cap. from 88 to 510 Cubic inches)", dessin MS24347, et publiée par le "U.S. Government Printing Office" pour le "Department of Defence" datée du 31 décembre 1970;

(d) l'emballage extérieur
(i) est fermé hermétiquement,
(ii) porte l'indication de danger "TC-125-1B", "TC-MS24347-28" ou "TC-MS24347-38" et le numéro du présent permis "SU 0286";

(e) l'emballage contenant les matières infectieuses est transporté dans l'aire de cargo de l'autobus public à passagers où l'emballage est emmagasiné et assujetti séparément des possessions des passagers;

(f) une copie du présent permis est jointe au document d'expédition relatif aux marchandises dangereuses.

3. Le présent permis de niveau équivalent de sécurité autorise aussi l'Agence canadienne d'inspection des aliments, et leurs agents, ainsi que les organismes énumérés à l'appendice "A", et leurs agents à manutentionner, à demander de transporter ou à transporter par aéronef des marchandises dangereuses qui sont des Matières infectieuses pour l'homme, classe 6.2 UN2814, ou des Matières infectieuses pour les animaux uniquement, classe 6.2, UN2900, d'une manière qui n'est pas conforme au paragraphe 2.9.2(6) du Règlement sur le transport des marchandises dangereuses, aux parties 3 et 7 ni aux colonnes 10 et 12 de la liste de marchandises dangereuses portée à la partie 2 des Instructions techniques de l'OACI et le paragraphe 7.1.2 de la Norme nationale du Canada CAN/CGSB-43.125-M90 intitulée, Conditionnement des substances infectieuses et des spécimens de diagnostic, publiée en novembre 1990, si :

(a) l'échantillon est placé dans un sac en polyéthylène haute densité;

(b) ce sac intérieur est fermé hermétiquement, placé dans un emballage intérieur constitué d'un sac de polyéthylène haute densité et un matériau absorbant est placé entre le premier récipient et le deuxième emballage soit l'emballage inérieur;

(c) l'emballage intérieur est fermé hermétiquement et placé dans un emballage extérieur conforme à la spécification militaire MIL-D-6055C intitulée "Drums, Metal, Reusable Shipping and Storage (Cap. from 88 to 510 Cubic inches)", dessin MS24347, et publiée par le "U.S. Government Printing Office" pour le "Department of Defence" datée du 31 décembre 1970;

(d) l'emballage extérieur
(i) est fermé hermétiquement,
(ii) porte l'indication de danger "TC-125-1B", "TC-MS24347-28" ou "TC-MS24347-38" et le numéro du présent permis "SU 0286";
(iii) possède une masse brute qui n'excède pas 4,5 kg, ou dans le cas soupçonné d'un échantillon porteur de la rage, possède une masse brute qui n'excède pas 10kg;

(e) une copie du présent permis est jointe au document d'expédition relatif aux marchandises dangereuses.

RESTRICTIONS

The issuance of this Permit for Equivalent Level of Safety in no way reduces the permit holder's responsibility to comply with any other requirements of the *Transportation of Dangerous Goods Regulations* not specifically addressed in this Permit.

RESTRICTIONS

Le présent permis de niveau équivalent de sécurité n'exempte en aucune façon le détenteur de l'observation des autres exigences du *Règlement sur le transport des marchandises dangereuses* qui n'y sont pas explicitement citées.

EXPLANATORY NOTE / NOTE EXPLICATIVE

ASD4069-0286

PERMIT CONCERN

The Canadian Food Inspection Agency has requested a permit to handle, offer for transport or transport by road vehicle diagnostic specimens in a manner that does not comply with paragraph 7.33.6(1)(a) to the Transportation of Dangerous Goods Regulations, and paragraph 7.1.2 of the National Standard of Canada CAN/CGSB-43.125-M90, Packaging of Infectious Substances and Diagnostic Specimens, dated November, 1990.

The Canadian Food Inspection Agency has requested an additional section to this permit, to allow diagnostic specimens reasonably believed to contain or containing the rabies street virus to be handled, offered for transport or transport by public passenger bus in a manner that does not comply with column IX of List II of Schedule II, to the Transportation of Dangerous Goods Regulations, and paragraph 7.1.2 of the National Standard of Canada CAN/CGSB-43.125-M90, Packaging of Infectious Substances and Diagnostic Specimens, dated November, 1990.

Also, the Canadian Food Inspection Agency wish to handle, offer for transport or transport by aircraft diagnostic specimens in a manner that does not comply with subsection 2.9.2(6) to the Transportation of Dangerous Good Regulations, Parts 3 and 7, and Columns 10 and 12 of the Dangerous Goods List set out in Part 2 of the ICAO Technical Instructions and paragraph 7.1.2 of the National Standard of Canada CAN/CGSB-43.125-M90, Packaging of Infectious Substances and Diagnostic Specimens, dated November, 1990.

Large specimens of animal organs require large containers that can not reasonably be expected to meet the mentioned specifications.

REVISION NOTE

This permit has been revised to extend the permit holders to include persons who, on behalf of the Canadian Food Inspection Agency, will handle offer for transport and transport the dangerous goods specidied by this permit.

LE PERMIS CONCERNE

L'Agence canadienne d'inspection des aliments a demandé un permis pour manutentionner, demander de transporter ou transporter par véhicule routier des spécimens de diagnostic d'une manière qui n'est pas conforme à l'alinéa 7.33.6(1)(a) du Règlement sur le transport des marchandises dangereuses et le paragraphe 7.12 de la Norme nationale du Canada CAN/CGSB-43.125-M90 intitulée, Conditionnement des substances infectieuses et des spécimens de diagnostic, publiée en novembre 1990.

L'Agence canadienne d'inspection des aliments a demandé une section supplémentaire au présent permis afin de permettre la manutention, la demande de transport ou le transport, par autobus public à passagers, de spécimens de diagnostic dont il est raisonnable de croire qu'ils contiennent ou qui contiennent le virus rabique des rues, d'une manière qui n'est pas conforme à la colonne IX de la liste II de l'annexe II du Règlement sur le transport des marchandises dangereuses et le paragraphe 7.1.2 de la Norme nationale du Canada CAN/CGSB-43.125-M90 intitulée, Conditionnement des substances infectieuses et des spécimens de diagnostic, publiée en novembre 1990.

Aussi, l'Agence canadienne d'inspection des aliments désire manutentionner, demander de transporter ou transporter par aéronef des spécimens de diagnostic d'une manière qui n'est pas conforme au paragraphe 2.9.2(6) du Règlement sur le transport des marchandises dangereuses, aux parties 3 et 7 ni aux colonnes 10 et 12 de la liste des marchandises dangereuses de la partie 2 des Instructions techniques de l'OACI et le paragraphe 7.1.2 de la Norme nationale du Canada CAN/CGSB-43.125-M90 intitulée, Conditionnement des substances infectieuses et des spécimens de diagnostic, publiée en novembre 1990.

Les gros échantillons d'organes d'animaux nécessitent des grands conteneurs qui ne peuvent en toute logique être conformes aux spécifications mentionnées.

AVIS DE RÉVISION

Ce permis a été révisé pour autoriser toute autre personne au nom de l'Agence canadienne d'inspection des aliments, à manutentionner, à demander de transporter ou à transporter les marchandises dangereuses mentionnées par le présent permis.

CONTACT
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Containment and Safety Unit
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K1A 0Y9

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PERSONNE RESSOURCE
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Chef, continement des
biorisques et sécurité
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Ottawa (Ontario)
K1A 0Y9

Permit for Equivalent Level of Safety
SU 0286 (Rev. 12)
Expiry Date: June 30, 2002

Permis de niveau équivalent de sécurité
SU 0286 (Rév. 12)
Date d'expiration : le 30 juin 2002

APPENDIX A

APPENDICE A

REGION RÉGION	ORGANIZATION ORGANISATION	CONTACT PERSONNE-RESSOURCE	ADDRESS ADRESSE	TELEPHONE TÉLÉPHONE
MARITIME/ ATLANTIQUES	Royal Canadian Mounted Police Gendarmerie Royale du Canada	Inspector / Inspecteur B. House	RCMP / GRC Box 3005 Happy Valley/Goose Bay Labrador A0P 1E0	(709) 896-2434
	Royal Newfoundland Constabulary Gendarmerie Royale - Newfoundland	Inspector / Inspecteur K.S. Barret	RNC, Booth Avenue P.O. Box 575 Labrador City, Labrador A2V 2L3	(709) 944-7602
	Department of Forest Ressources And Agrifood, Wildlife Division	Derek LeBoubon	P.O. Box 3014, Station B Happy Valley / Goose Bay Labrador, A0P 1E0	(709) 896- 2732/3682
QUÉBEC	Kativik Regional Police Force/ La police de Kativik	Luc Harvey	C.P. 2, Kuujjuaq, Nouveau-Québec J0M 1C0	1-800-964-2644
	Individuals in Nunavik's Village/ Nunavik Village	KUUJJUARAPIK Raymond Mickpegak	Kuujjuarapik J0M 1G0	(819) 929-3360
		INUKJUAQ François Thauvette	Inukjuaq J0M 1M0	(819) 254-8827
		POVUNGNITUK Jobie Novalinga	Povungnituk J0M 1P0	(819) 988-2953
		SALLUIT Mosesie Tayara	Salluit J0M 1S0	(819) 255-8953
		QUAQTAQ Joe Lance Harry Okpik	Quaqtaq J0M 1J0	(819) 492-9912
		KANGIRSUK Jackie Kaukai Lorne Nassak	Kangirsuk J0M 1A0	(819) 935-4388
		TASIUJAQ Ron Winter Johnny Mosesiapik	Tasiujaq J0M 1T0	(819) 633-9924
		KUUJJUAQ Vallee Saunders (Environnement et Faune)	C.P. 59, Kuujjuaq J0M 1C0	(819) 964-2427
		KANGIQSUALUJJUAQ Tim Steward Tooma Emudluk	Kangiqsualujjuaq J0M 1N0	(819) 337-5271
	Centre de Recherche de Kuujjuaq	Dr. Daniel Leclair	P.O. Box 179, Kuujjuaq, Nouveau-Québec J0M 1C0	(819) 964-2951
	Sûreté du Québec	UMIUJAQ Tooktoo Willie	Umiujaq J0M 1Y0	(819) 331-7099 fax: 331-7600
		INUKJUAQ Danick Cardin, Martin Jobin	Inukjuaq J0M 1M0	(819) 254-8857 fax: 254--8561
		IVUJIVIK Gilles Lemieux	Ivujivik J0M 1H0	(819) 922-9952 fax: 922-3478
		QUAQTAQ Georges Okpik	Quaqtaq J0M 1J0	(819) 492-9942 fax: 492-9300
		KANGIRSUK Dominique Harvey, Carl Hudon	Kangirsuk J0M 1A0	(819) 935-4358 fax: 935-4615
		TASIUJAQ Tommy Cain Jr.	Tasiujaq J0M 1T0	(819) 964-2823 fax: 633-5287
		KUUJJUAQ Bill Ford	Kuujjuaq J0M 1C0	(819) 254-8857 fax: 254-8561
	Public Safety Officer pour la Baie James / Agent de sécurité publique pour la Baie James	Matthew Gunner Cree Nation	259 Mistissini Road Mistissini Lake, Qc G0W 1C0	(418) 923-3253
		Ernest Blueboy	Charlton Street Waskaganish, Qc J0M 1R0	(819) 895-8720
	Ministère de l'Environnement et Faune / Ministère de l'environnement et Faune			