香港特別行政區政府 漁農自然護理署 九龍長沙灣道 303 號 長沙灣政府合署五樓



THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION AGRICULTURE, FISHERIES AND CONSERVATION DEPARTMENT Cheung Sha Wan Government Offices 303 Cheung Sha Wan Road 5th Floor, Kowloon, Hong Kong.

### **Notes for Rabies Antibody Test**

#### 1. Method for Rabies Antibody Test

The serological blood test must be one of the following tests:-

- a. Rapid Fluorescent Focus Inhibition Test (RFFIT)
- b. Fluorescent Antibody Virus Neutralization (FAVN)
- c. Any other serological rabies antibody test must be carried out in accordance with the approved methods as laid down in the "OIE Manual of Standards for Diagnostic Tests and Vaccines" ["OIE" is the Office International des Epizooties. The manual of the OIE standards for Diagnostic Tests and Vaccines is available on the Internet at <a href="www.oie.int">www.oie.int</a>]
- d. The test result must be presented in IU/ml.

#### 2. Identification of Animals

Prior to blood sampling, the animal must be positively identified by microchip implant. Unless an AVID microchip is used, the importer shall ensure that an appropriate microchip reader is made available for use on arrival. (Note: All dogs in Hong Kong over the age of 5 months must be implanted with a 9 digit AVID microchip. It would be advisable to use a 9 digit AVID microchip to spare your dog the need for two microchips upon importation into Hong Kong.)

#### 3. Rabies vaccination requirements prior to the rabies antibody blood test

The blood samples shall be taken not less than 30 days after receiving a primary rabies vaccination (If the latest vaccination is a booster, the animal must be revaccinated against rabies at intervals not exceeding the period recommended by veterinary surgeons since the primary vaccination). The minimum age for receiving rabies vaccination must not be less than 90 days of age.

#### 4. Validity of the Test

The test is valid for one year from the date of blood sampling.

#### 5. Procedures for the Collection and Submission of Samples

The veterinary surgeon who takes the blood sample should check with the respective laboratory accordingly for information relating to sampling, importation, dispatch, protocol, etc.

#### 6. Supplementary Certificate for Rabies Antibody Test

The shipment of the animal shall be accompanied by a Supplementary Veterinary Certificate issued before shipment in the format enclosed, Form No. "PC103-blood test-HK" is designed for blood sampling performed in Hong Kong; and Form No. "PC104-blood test-FC" is for blood sampling performed in foreign countries/places.

For blood sampling performed in a foreign country, if the veterinarian whose name and signature appear on the certificate is not the same person who signs the Animal Health Certificate (Form no.: VC-DC2), his/her signature must be authenticated in the relevant column by the signature and stamp of an official veterinarian. The expression "Official Veterinarian" means a civil service veterinarian or a specially appointed veterinarian, as authorized by the Veterinary Administration of the country/place of export.

#### 7. Recognized Laboratories for Rabies Antibody Test

The blood testing must be done either by:-

- a. A laboratory recognized by AFCD as listed in appendix I.
- b. An official diagnostic laboratory approved by the competent authority of the exporting country/place.

## List of Laboratories Recognised by AFCD for Rabies Antibody Test

Name and Address	Tel/Fax
CSIRO Livestock Industries	Tel: (+61) 3 5227 5000
Australian Animal Health Laboratory (AAHL)	Fax: (+61) 3 5227 5555
5 Portarlington Road, East Geelong VIC 3219	Website: www.csiro.au/
Postal Address: Private Bag 24, East Geelong, VIC 3219 AUSTRALIA	E-mail: AAHL-Reception@csiro.au
Animal and Plant Health Agency	Tel: (+44) 0 1932 341111
New Haw, Addlestone, Surrey, KT15 3NB	Fax: (+44) 01932 347046
UNITED KINGDOM	Website: www.gov.uk/apha
BioBest Laboratories Ltd	Tel: (+44) 0 131 440 2628
6 Charles Darwin House, The Edinburgh Technopole	Fax: (+44) 0 131 440 9587
Milton Bridge, Nr Penicuik, EH26 0PY	Website: www.biobest.co.uk
UNITED KINGDOM	E-mail: enquiry@biobest.co.uk
Agence nationale de Sécurité Sanitaire de l'Alimentation, de	Tel: (+33) (0) 3 83 29 89 50
l'Environnement et du Travail (Anses)	Fax: (+33) (0) 3 83 29 89 59
Laboratoire de la faune sauvage de Nancy	Website: www.anses.fr/
Domaine de Pixérécourt	
B.P. 40009, 54220, Malzéville	
FRANCE	T   ( 40)4007 4000 ( / 40) (0) 4007 4000
Statens Veterinarmedicinska Anstalt (SVA)	Tel: (+46)1867 4000 / (+46) (0) 1867 4360
Virology diagnostics	Fax (+46)1830 9162
SE-751 89 Uppsala	Website: www.sva.se/en/
SWEDEN STILL VICE AND	E-mail: <u>sva@sva.se</u> / <u>4360@sva.se</u>
DTU Vet National Veterinary Institute	Tel: (+45) 55 86 95 57
Lindholm Island, 4771 Kalvehave	Fax: (+45) 55 86 97 00 Website: <u>www.vet.dtu.dk/</u>
DENMARK	E-mail: vet@vet.dtu.dk
Finnish Food Safety Authority Evira	Tel: (+358)9 393 101
Veterinary Virology Research Unit	Fax: (+358)9 393 1811
Mustialankatu 3	Website: www.evira.fi/portal/en/
FI-00790 Helsinki	E-mail: info@evira.fi
FINLAND	2 maii. <u>mro o main</u>
Institute of Virology, Faculty of Veterinary Medicine	Tel: (+49) 641 99 38363
Justus-Liebig University	Fax: (+49) 641 99 38379
Frankfurter Strasse 107, D-35392 Giessen	Website: www.vetmed.uni-giessen.de/
GERMANY	E-mail: diagnostik@vetmed.uni-giessen.de
The Austrian Agency for Health and Food Safety (AGES)	Tel: (+43) (0) 505 55-38112
Dept. for Equine, Pets and Vaccine Control Virology Unit	Fax: (+43) (0) 505 55-38108
Institute for Veterinary Disease Control	Website: www.ages.at
Robert Koch-Gasse 17, A-2340 Mõdling	E-mail: vetmed.moedling@ages.at
AUSTRIA	
Istituto Zooprofilattico Sperimentale delle Venezie	Tel: (+39) 049 8084 211
viale dell'Università, 10-35020 Legnaro (PD)	Fax: (+39) 049 8830 046
ITALY	Website: www.izsvenezie.it/
	E-mail: comunicazione@izsvenezie.it
Direccion General de Sanidad de la Produccion Agaria,	Tel: (+34) 958 44 0375
Laboratorio Central de Sanidad Animal (Santa Fe-Granada)	Fax: (+34) 958 44 1200
(LCSA)	
Camino del Jau, S/N	
E-18320 Santa Fé (Granada) SPAIN	
	Tel: +34 (0)2 373 31 11
Insitute Pasteur of Brussels rue Engelandstraat, 642	Fax: +34 (0)2 373 31 74
B-1180 Brussels	Website: http://www.pasteur.be
BELGIUM	E-mail: lschoof@pasteur.be
Swiss Rabies Centre	Tel: (+41) 31 631 23 78
Institute of Veterinary Virology	Fax: (+41) 31 631 25 34
Langgass-Strasse 122,	Website: www.ivv.unibe.ch
CH-3001 Bern	E-mail: zanoni@ivv.unibe.ch
SWITZERLAND	
Kansas State University Rabies Laboratory	Tel: (01) 785 532 4483 or 785 532 4455
College of Veterinary Medicine	Fax: (01) 785 532 4474 or 785 532 4522
2005 Research Park Circle, Manhattan, KS 66502,	Website: www.vet.k-state.edu/rabies
USA	E-mail: rabies@vet.k-state.edu
The Research Institute for Animal Science in Biochemistry &	Tel: (042) 762-2775
Toxicology (RIAS)	Fax: (042) 762-7979
〒229-1132神奈川県相模原市橋本台3丁目7番11号	Website: www.riasbt.or.jp
3-7-11 Hashimotodai, Sagamihara, Kanagawa 229-1132	E-mail: kikaku@riasbt.or.jp
JAPAN	
(Form No :G113) (T-\Parmit & Cartification\quidalina for public\G113 pates for	rabios antibody toot Mar22E) Page 2 of 5

	T   ( 00) 404 04 00 00 00
Diagnostic laboratory for Rabies and Wildlife Associated	Tel: (+86) 431 81 03 20 22
Zoonoses	Fax: (+86) 431 81 03 20 22
Department of Virology	
Changchun Veterinary Research Institute (CVRI)	
Chinese Academy of Agricultural Sciences (CAAS)	
No.573, Yujinxiang Street,	
Jingyue Economic Development Zone	
Changchun 130122	
CHINA	
Animal and Plant Quarantine Agency (QIA)	Tel: (+82) 31 467 1783
177, Hyeoksin 8-ro	Fax: (+82) 31 467 1797
Gimcheon-si, Gyeongsangbuk-do 39660	
KOREA (REP.OF)	
Centre of Expertise for Rabies CFIA/ACIA	Tel: (+1) 343 212 03 04
Ottawa Laboratory Fallowfield	Fax: (+1) 343 212 02 02
Animal Diseases Research Institute	
3851 Fallowfield Road	
P.O. Box 11300	
Station H	
Nepean, Ontario K2H 8P9	
CANADA	
Friedrich-Loeffler Institut	Tel: (+49) 38351 7 1659
Institute of Molecular Virology and Cell Biology,	Fax: (+49) 38351 7 1524
Federal Research Institute for Animal Health	Website: www.fli.de
Südufer 10	
D-17493 Greifswald - Insel Riems	
GERMANY	
Kimron Veterinary Institute	Tel: (+972) 3 9681720
Veterinary Services and Animal Health	Fax: (+972) 3 9681721
P.O. Box 12	
Beit Dagan 50250	
ISRAEL	T   ( 50 55) 00 70 00 (0
Centro Nacional de Servicios de Diagnóstico en Salud Animal	Tel: (+52 55) 38 72 03 40
Av. Centenario de la Educación s/n	Email:
(Km 37.5 Carretera Federal México – Pachuca)	Laboratorioreferenciaoierabia@senasica.gob.mx
55740, Tecámac de Felipe Villanueva	Website: www.senasica.gob.mx/?id=4331
Tecámac, Estado de México	
MÉXICO	Tel. (+07) 40 500 04 20
Onderstepoort Veterinary Institute	Tel: (+27) 12 529 94 39
Rabies Unit	Fax: (+27) 12 529 93 90
Private Bag X05	
Onderstepoort 0110	
SOUTH AFRICA	Tel: (+4) 404 020 40 50
Centers for Disease Control and Prevention	Tel: (+1) 404 639 10 50
Poxvirus and Rabies Branch	Fax: (+1) 404 639 15 64
Division of High-Consequence Pathogens and Pathology	
National Center for Emerging and Zoonotic Infectious Diseases	
1600 Clifton Road, NE, Mail Stop G33	
Atlanta, GA 30 333	
UNITED STATES OF AMERICA	

# Supplementary Certificate - Rabies Antibody Test (For Blood Sampling Performed in Hong Kong)

Name: Address:  art 2 Description of the Animal  Species of the animal:  Type and manufacturer of microchip:  art 3 Rabies Vaccination Record  The animal has been vaccinated against rabies with inactivated vaccines as listed below and as verienclosed vaccination certificate(s) in original:  Date of Vaccination Name of Inactivated Vaccine Batch No.  Expiry Date  Art 4 Rabies Antibody Test Result  I, the undersigned, declare herewith that I have taken a blood sample from the animal described in have received the following result from the official diagnostic laboratory which has carried out the serol for rabies antibody:  Date of sampling Name and address of the (in IU/ml)  The original laboratory report or its certified true copy is attached to this certificate. The above test show vaccination titre level of not less than 0.5 IU/ml blood.  art 5 Veterinary Certificate  I, a veterinary surgeon registered under the Veterinary Surgeons Registration Ordinance (Cap.529 Lat Kong) certify that the blood sample of the animal mentioned in part 2 was taken not less than 30 receiving the first rabies vaccination mentioned in Part 3.  Signature of veterinarian:  Name and address of Clinic:  Date:  (dd/mm/yyyy) Seal or stamp:	art 1 Owner of the Anim	<u>—</u>		
Species of the animal:	Name:			
Species of the animal:				
Microchip identification number:			or date of hirth:	
Microchip identification number:	Sex:	Age (	Colour:	
The animal has been vaccinated against rabies with inactivated vaccines as listed below and as veri enclosed vaccination certificate(s) in original:    Date of Vaccination	Microchip identification	number:		
The animal has been vaccinated against rabies with inactivated vaccines as listed below and as veri enclosed vaccination certificate(s) in original:    Date of Vaccination		•	<del></del>	
Pate of Vaccination Vaccination Name of Inactivated Vaccine Batch No. Expiry Date    Name of Inactivated Vaccine   Batch No.   Expiry Date				
Date of Vaccination		<u> </u>	ivated vaccines as list	ed below and as verifie
Vaccination   Name of Inactivated Vaccine   Batch No.   Expiry Date	-			
I, the undersigned, declare herewith that I have taken a blood sample from the animal described in have received the following result from the official diagnostic laboratory which has carried out the serol for rabies antibody:    Date of sampling		Name of Inactivated Vaccine	Batch No.	<b>Expiry Date</b>
I, the undersigned, declare herewith that I have taken a blood sample from the animal described in have received the following result from the official diagnostic laboratory which has carried out the serol for rabies antibody:    Date of sampling	Tuo manon			
I, the undersigned, declare herewith that I have taken a blood sample from the animal described in have received the following result from the official diagnostic laboratory which has carried out the serol for rabies antibody:    Date of sampling				
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The original laboratory report or its certified true copy is attached to this certificate. The above test show vaccination titre level of not less than 0.5 IU/ml blood.  In a veterinary Certificate  I, a veterinary surgeon registered under the Veterinary Surgeons Registration Ordinance (Cap.529 Law Kong) certify that the blood sample of the animal mentioned in part 2 was taken not less than 30 receiving the first rabies vaccination mentioned in Part 3.  Signature of veterinarian:  Name in block letters:  Name and address of Clinic:	Date of sampling			
vaccination titre level of not less than 0.5 IU/ml blood.  Int 5 Veterinary Certificate  I, a veterinary surgeon registered under the Veterinary Surgeons Registration Ordinance (Cap.529 Lav. Kong) certify that the blood sample of the animal mentioned in part 2 was taken not less than 30 receiving the first rabies vaccination mentioned in Part 3.  Signature of veterinarian:  Name in block letters:  Name and address of Clinic:	(dd/mm/yy)	official diagnostic is	aboratory	(in io/mi)
vaccination titre level of not less than 0.5 IU/ml blood.  Art 5 Veterinary Certificate  I, a veterinary surgeon registered under the Veterinary Surgeons Registration Ordinance (Cap.529 Lav. Kong) certify that the blood sample of the animal mentioned in part 2 was taken not less than 30 receiving the first rabies vaccination mentioned in Part 3.  Signature of veterinarian:  Name in block letters:  Name and address of Clinic:				
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I, a veterinary surgeon registered under the Veterinary Surgeons Registration Ordinance (Cap.529 Lav Kong) certify that the blood sample of the animal mentioned in part 2 was taken not less than 30 receiving the first rabies vaccination mentioned in Part 3.  Signature of veterinarian:  Name in block letters:  Name and address of Clinic:			ached to this certificate	. The above test shows
Kong) certify that the blood sample of the animal mentioned in part 2 was taken not less than 30 receiving the first rabies vaccination mentioned in Part 3.  Signature of veterinarian:  Name in block letters:  Name and address of Clinic:	art 5 Veterinary Certifica	<u>ate</u>		
Signature of veterinarian:Name in block letters:Name and address of Clinic:	Kong) certify that the b	lood sample of the animal mention		
Name and address of Clinic:	. 300.7g the <u>mot</u> rables	. Tablination monthly and all of		
Name and address of Clinic:	Signature of veterinaria	an:Name i	n block letters:	
Date: (dd/mm/yyyy) Seal or stamp:				
	Datos			

## <u>Supplementary Certificate – Rabies Antibody Test</u> (For Blood Sampling Performed Outside the Territory of Hong Kong)

Address:				
t 2 Description of the				
Species of the animal: Sex:Breed Microchip identification Type and manufacture Microchip identification Type and manufacture	: number: r of microchip: number:	Colour:		
3 Rabies Vaccination Re	•			
The animal has been vac vaccination certificate(s)		with inactivated	vaccines as listed be	low and as verified by the enclo
Date of Vaccination	Name of Inactivat	ed Vaccine	Batch No.	Expiry Date
4 Rabies Antibody Test	Result			
I, the undersigned, declare	e herewith that I have ta	ken a blood sam	nple from the animal de	escribed in Part II and have rece
Date of sampling (dd/mm/yy)			diagnostic laboratory	Result of the Test (in IU/ml)
The original laboratory revaccination titre level of notes 5 Veterinary Certificate			ched to this certificat	e. The above test shows a ra
the blood sample of th	e animal mentioned			e the animal is exported, certify to days after receiving the <u>firs</u>
rabies vaccination me	intolled in Fare of			
		Name	in block letters:	
Signature of veterinarian	:		in block letters:	
	:inic:		in block letters:r stamp:	
Signature of veterinarian Name and address of Cl Date:  rt 6 Validity (This part me Certificate (I I am a full time Govern registered and licensed	inic:(dd/mm/yyyy)  ust be completed if the Form No.: VC-DC2)).  ment Veterinary Offito practice in the cou	Seal on above signator cer and I confintry/place from	r stamp:  y veterinarian is differ  irm that the above-in where the animal is	rent from that on the Animal He mentioned veterinary surgeon being exported.
Signature of veterinarian Name and address of Cl Date:  rt 6 Validity (This part me Certificate (I I am a full time Govern registered and licensed Signature:	inic:  inic:  (dd/mm/yyyy)  ust be completed if the Form No.: VC-DC2)).  nment Veterinary Offito practice in the cou	Seal of above signator cer and I confintry/place from ame in block let	r stamp:  y veterinarian is differ  irm that the above- n where the animal is	rent from that on the Animal He
Signature of veterinarian Name and address of Cl Date:  rt 6 Validity (This part me Certificate (I I am a full time Govern registered and licensed	inic:  inic:  (dd/mm/yyyy)  ust be completed if the Form No.: VC-DC2)).  nment Veterinary Offito practice in the cou	Seal of above signator cer and I confintry/place from ame in block let	r stamp:  y veterinarian is differ  irm that the above- n where the animal is	rent from that on the Animal He mentioned veterinary surgeon being exported.

Delete as appropriate,