

**MEMORANDUM OF AGREEMENT  
BETWEEN  
STATE OF FLORIDA, DEPARTMENT OF HEALTH,  
VOLUSIA COUNTY HEALTH DEPARTMENT  
AND  
THE CITY OF EDGEWATER**

This Memorandum of Agreement (“Agreement”) is entered between the State of Florida, Department of Health, Volusia County Health Department (“Department”) and the City of Edgewater (“City”), pursuant to Chapter 381, Florida Statutes, and Chapter 64D-3, Florida Administrative Code.

**THE PARTIES AGREE:**

**I. The Department will:**

- A. Provide medical consultation regarding anti-rabies treatment for victims.
- B. Provide the pre-exposure and post-exposure vaccinations for employees of the City pursuant to the three-dose schedules at:  
Dose 1: Right Away  
Dose 2: Seven (7) days after Dose 1  
Dose 3: Twenty-one (21) to Twenty-eight (28) days after Dose 1  
Each employee will be provided with a vaccine information sheet (Exhibit A) during a pre-vaccination counseling to obtain informed consent
- C. Bill the City a fixed cost of \$19.59 per vaccine administration and the cost of vaccine based on the price per vaccine on the most recent vaccine order from the manufacture. As of the date of this agreement, the vaccine cost is \$369.87 per dose.
- D. Arrange for specimen collection and expedited transportation of specimens to the Department’s Bureau of Public Health Laboratories for analysis.
- E. Notify victims and City of the rabies test results.
- F. Provide consultation and assistance when needed, with the enforcement of rabies control regulations. Provide technical assistance regarding animal status determination.
- G. Provide Rabies guidebooks and other rabies control information documents as appropriate.
- H. Provide rabies control training to animal control officers, upon request.

**II. The City will:**

- A. Follow policy and procedures of an animal rabies control program as expressed in Chapter 64D-3, Florida Administrative Code, and in the *Rabies Control and Prevention in Florida* guidebook <http://www.floridahealth.gov/diseases-and-conditions/rabies/professionals.html>

Duties related to those responsibilities include:

1. Search for and attempt to locate animals involved in a bite attack that have been reported to the City by victims, health care providers, or the Department.
2. Quarantine animals for the appropriate timeframe and verify that animals under home quarantine are healthy at the end of the observation period.
3. Report any animals under quarantine that indicate signs of rabies to the Department immediately.
4. The City agrees to transport any domestic or wild animal that has been determined by the Department to require laboratory testing. The transport location will be determined by the Department and will not be located outside the boundary of Volusia County.
5. Inform the Department when the City needs support for administrative and/or legal enforcement of rabies regulations.

B. Promptly notify the Department when any of the following occurs:

1. The death or escape of an animal under quarantine.
2. The inability to locate an animal within 5 days of exposure to the victim if the animal cannot be quarantined or observed as healthy.
3. A victim exposure to a wild animal which will not be able to be captured.

C. Refer all medical inquiries regarding rabies treatment to the Department.

D. Submit Animal Incident Reports to the Department as soon as practical after occurrence.

E. Maintain the confidentiality of animal bite patient records consistent with the provisions of state and federal law, rule, and regulations.

F. Provide the Department a letter of Authorization to Bill (Exhibit B) for each employee referred to the Department for vaccination for any City employees who receive the pre-exposure or post-exposure vaccinations from the Department.

G. All new employees of the City working within animal control, should have a Rabies RFFIT Serology screening, (Titer test) taken to determine a base line antibody level. This can be administered through LabCorp or Quest. Paperwork will need to be submitted along with sample and payment. (Exhibit C)

### **III. Responsibilities of Both Parties.**

A. Representatives for this Agreement.

1. The representative for the City is:

Name: Jeffrey J. Lariscy  
Title: Fire Chief

Address: P.O. Box 100  
City, State, Zip: Edgewater, FL 32132  
Telephone: 386-424-2400 ext. 2201  
Email: jlariscy@cityofedgewater.org

2. The representative for the Volusia County Health Department is:

Name: Yvette Lewis  
Title: Administrative Assistant II  
Address: 1845 Holsonback Drive  
City, State, Zip: Daytona Beach, FL 32117  
Telephone: 386-274-0701  
Email: Yvette.Lewis@flhealth.gov

**B. Liability and Relationship.**

The parties agree to be responsible for their own liabilities and acts of negligence of their own respective officers, employees, or agents. The Department and City are self-insured to the limitations described in section 768.28, Florida Statutes. Nothing herein is intended to serve as a waiver of sovereign immunity by any party or consent to be sued by third parties.

The parties expressly agree that no relationship of employer/employee, principal agent, or other association shall be created by this Agreement between the parties or their directors, officers, agents, or employees.

**C. Term, Termination, and Amendment.**

This three (3) year Agreement shall begin July 1, 2025, and end June 30, 2028. This Agreement may not be renewed.

This Agreement may be terminated by either party upon no less than thirty (30) day's written notice without cause. Notice shall be delivered by certified mail, return receipt requested, by email with proof of delivery, or in person with proof of delivery.

Amendments to this Agreement shall be valid when they have been reduced to writing, signed, and dated by both parties. The parties agree to renegotiate the Agreement if revisions of applicable federal or state laws or regulations make the changes necessary.

This Agreement contains all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein.

**In witness thereof**, the parties hereto have caused this nine-page Agreement to be executed by their undersigned officials as duly authorized.

CITY OF EDGEWATER,  
ANIMAL CONTROL

STATE OF FLORIDA, DEPARTMENT OF HEALTH,  
VOLUSIA COUNTY HEALTH DEPARTMENT

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Jeffrey J Lariscy  
Fire Chief  
Signed this Date: \_\_\_\_\_

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Stephen A. Civitelli, RS, MPH  
Administrator/Health Officer  
Signed this Date: \_\_\_\_\_

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Diezel DePew  
Mayor, City of Edgewater  
Signed this Date: \_\_\_\_\_

Attachments:  
Exhibit A – Rabies Vaccine Information  
Exhibit B – Vaccine Voucher, Letter of Authorization for Direct Bill  
Exhibit C – Rabies Antibody Testing with Atlanta Health Association

# Rabies Vaccine:

## What You Need to Know

### 1. Why get vaccinated?

Rabies vaccine can prevent rabies.

Rabies is a serious illness that almost always results in death.

Rabies virus infects the central nervous system. Symptoms may occur from days to years after exposure to the virus and include delirium (confusion), abnormal behavior, hallucinations, hydrophobia (fear of water), and insomnia (difficulty sleeping), which precede coma and death.

People can get rabies if they have contact with the saliva or neural tissue of an infected animal, for example through a bite or scratch, and do not receive appropriate medical care, including rabies vaccine.

### 2. Rabies vaccine

Certain people with a higher risk for rabies exposures, such as those who work with potentially infected animals, are recommended to receive vaccine to help prevent rabies if an exposure happens. If you are at higher risk of exposure to the rabies virus:

- You should receive 2 doses of rabies vaccine given on days 0 and 7.
- Depending on your level of risk, you may be advised to have one or more blood tests or receive a booster dose within 3 years after the first 2 doses. Your health care provider can give you more details.

Rabies vaccine can prevent rabies if given to a person after an exposure. After an exposure or potential exposure to rabies, the wound site should be thoroughly cleaned with soap and water. If your health care provider or local health department recommend vaccination, the vaccine should be given as soon as possible after an exposure but may be effective any time before symptoms begin. Once

symptoms begin, rabies vaccine is no longer helpful in preventing rabies.

- If you have not been vaccinated against rabies in the past, you need 4 doses of rabies vaccine over 2 weeks (given on days 0, 3, 7, and 14). You should also get another medication called rabies immunoglobulin on the day you receive the first dose of rabies vaccine or soon afterwards.
- If you have received rabies vaccination in the past, you typically need only 2 doses of rabies vaccine after an exposure.

Rabies vaccine may be given at the same time as other vaccines.

### 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rabies vaccine**, or has any severe, life-threatening allergies
- Has a **weakened immune system**
- Is **taking or plans to take chloroquine or a drug related to chloroquine**
- Has **received rabies vaccine in the past** (your provider will need to know when you received any rabies vaccine doses in the past)

In some cases, your health care provider may decide to postpone routine (pre-exposure) rabies vaccination until a future visit. Or your health care provider may perform a blood test before or after rabies vaccines are given to determine your level of immunity against rabies.



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting a routine (pre-exposure) dose of rabies vaccine. **If you have been exposed to rabies virus, you should get vaccinated regardless of concurrent illnesses, pregnancy, breastfeeding, or weakened immune system.**

Your health care provider can give you more information.

#### **4. Risks of a vaccine reaction**

- Soreness, redness, swelling, or itching at the site of the injection, and headache, nausea, abdominal pain, muscle aches, or dizziness can happen after rabies vaccine.
- Hives, pain in the joints, or fever sometimes happen after booster doses.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

#### **5. What if there is a serious problem?**

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.

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#### **6. How can I learn more?**

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's rabies website at [www.cdc.gov/rabies](http://www.cdc.gov/rabies)



## EXHIBIT B

### Sample Vaccine Voucher

*[company letterhead]*

### Letter of Authorization for Direct Bill

Date: \_\_\_\_\_

To: Florida Department of Health in Volusia County

Please accept this correspondence as our commitment to pay for the vaccine and administration costs of the requested vaccine (checked) administered to \_\_\_\_\_, our employee. Authorization for the initial immunization shall expire three work days from the signature below.

Please require the aforementioned employee to provide you with his/her identification card prior to service.

\_\_\_\_\_

Pre-Exposure

\_\_\_\_\_

Post-Exposure

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Billing Questions and Authorizations:

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FLORIDA DEPARTMENT OF HEALTH IN VOLUSIA COUNTY IS AUTHORIZED TO INVOICE FOR  
VACCINE AND ADMINISTRATION TO THE ABOVE AGENCY FOR THE STAFF/VOLUNTEER  
RECEIVING THE VACCINATION SERVICES

**309 Pirkle Ferry Road, Suite D300  
Cumming, GA 30040  
www.atlantahealth.net**

**RABIES ANTIBODY TESTING  
RAPID FLUORESCENT FOCUS INHIBITION TEST (RFFIT)  
Humans and Animals**

**ATLANTA HEALTH ASSOCIATES** was established in 1993 by the late Keith Sikes, D.V.M., M.P.H. and Mary Yager, B.S. Since that time the laboratory in Cumming, Georgia has offered the rabies viral neutralization test (RFFIT) test for both human and animal specimens. This licensed facility is under the directorship of Richard H. Newhouse, Ph. D.

**COST OF TESTS: Please note we do not charge additional fees for Biohazard disposal.**

<b>Screen:</b>	\$50.00	To determine if booster dose is needed according to <a href="#">WHO Guidelines</a>
<b>End Point:</b>	\$78.00 (Human or Animal)	To determine a more exact titer in accordance with <a href="#">WHO</a> OR <a href="#">ACIP Guidelines</a> .

**TITER INTERPRETATION:**

- A titer > 0.5 International Units (IU) indicates a positive antibody response to rabies vaccination. A titer of < 0.5 IU indicates a need for a booster dose of vaccine. Per [WHO Guidelines](#)
- Normally, results will be available seven to ten days after the sample is received. Results will be provided by fax or email.

**SHIPPING:**

After centrifugation please transfer 0.5 to 1.0 ml serum or plasma from Vacutainer tube to plastic leak-proof container. Sample must reach the bottom of the tube. Send refrigerated serum or plasma and the attached form to the above address. **PLEASE NOTE:** If samples are submitted other than specified, there will be an additional special handling charge of \$5.00.

**We do not pay for shipping. All shipping must be prepaid.**

**Samples may be rejected because of:**

- Gross hemolysis
- Gross lipemia
- Volume less than 0.5mL
- Contamination or leakage
- Specimen mislabeled

**PAYMENT:**

- **Institutions** should provide billing address with specimens and purchase order number if required.
- **Individuals** should include a personal check or money order made payable to:  
**Atlanta Health Associates, Inc.**

### Request for Rabies RFFIT Serology

Company \_\_\_\_\_  
 Name & Address \_\_\_\_\_  
 For Results: \_\_\_\_\_

Attention: \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email \_\_\_\_\_

PO# (if necessary): \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

Billing Address \_\_\_\_\_

(If different from above) \_\_\_\_\_

#### \*Shipping Instructions **WE DO NOT PAY SHIPPING**

After centrifugation, transfer 0.5 to 1.0 mL serum or plasma from vacutainer tube to a plastic, leak-proof container and package according to the shipper's standard for Biological Specimens. (See FAQ)

**SAMPLE MUST REACH THE BOTTOM OF THE TUBE.**

Send refrigerated serum or plasma and this form to the above address.

Deliveries cannot be accepted on weekends or holidays.

**Costs:** (Please choose one)  
 See Preceding Info page for details

**Screen:** **\$50.00 (Default if none selected)**

**End Point:** **\$78.00 (Human or animal NOT FOR EXPORT)**

**\*Special Handling: \$5.00 (see below)**

**Individuals:** Please enclose check or money order made payable to:  
*Atlanta Health Associates, Inc.*

**Institutions:** Please provide mailing address & PO# if required

Sample Name	Vaccination History (if known)	Specimen Date	Comments	Lab Use
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

CLIA ID # 11D0883358 / CPT 86382 / FEI # 58-2075228

Richard H. Newhouse, PhD, Laboratory Director