



Dr. Amy Louise Haas, Ph.D., D.C. \* 25 Merrit Parkway suite 4 \* Nashua, NH 03062  
www.pathoflifechiro.com \* dramy@pathoflifechiro.com \* ph.(603) 886-8300 \* fax (603) 886-8302

16 Feb 2026

To the Environment and Agriculture Committee:

Please receive this letter as information in support of passage of House Bill HB1488, "AN ACT relative to rabies vaccines for animals."

First and foremost, prevention of rabies virus transmission between animals and to humans is of the utmost importance. The rabies vaccine has successfully curtailed this disease worldwide, with years added to the lives of our beloved pets and with a decreased disease burden for humans. Rabies is an absolutely awful disease, and I am grateful for the creation and deployment of the rabies vaccine to prevent its occurrence.

I am an IVCA-certified animal chiropractor practicing in Nashua, and I am the current owner of two labradors, and past owner to four others. I am no stranger to animal care, although I certainly do not carry the qualifications as a veterinarian. As an animal chiropractor, I require that my canine and feline patients be vaccinated for rabies, as a measure of self-protection, and my dogs are kept "up-to-date" on rabies vaccination for their dog licenses. Each of these tenets is easily publicly searchable, and I communicate these facts as a means to underscore my understanding of the importance of this issue and of my compliance with regulations.

As healthcare consumers, we must always weigh the risks, benefits, alternatives, as well as the consequences of non-intervention to reach our own individual informed choices. A quick Google search can enlighten the reader on the potential negative consequences of rabies vaccination; though this vaccine is a valuable intervention, it is not without risk. Vaccinosis is a well-known clinical syndrome that is often linked to over-vaccination or to vaccination of older or immunocompromised pets. I have experienced this syndrome with my own pets, and I suspect that my recently passed 11 year old Labrador developed mixed-cell lymphoma after vaccination in an immunocompromised state (I was unable to secure an exemption for him, so I went ahead with the vaccination, although he was only a few weeks out from mast cell removal surgery). I also care for a cat whose owner states had a vaccine reaction immediately following a rabies vaccine that left her partially paralyzed in the hindquarters and unable to control bowel/bladder. Although it is a powerful and important veterinary intervention that is intended to be beneficial, rabies vaccination certainly carries risks, and can have negative consequences on the health of those vaccinated.

Therefore, if an animal has what is considered to be a protective titer of RV-neutralizing antibodies via validated serology testing, the delivery of a mandated yearly/every three year rabies vaccine to said animal would by definition carry no predicted benefit, and would therefore constitute an "all risk, no benefit" intervention.

While rabies vaccination is indeed very important, it is relevant here to consider that serology testing for levels of rabies-virus neutralizing antibodies that are expected to be protective does in fact supersede vaccination in a hierarchy of evidence, as it constitutes biological evidence of seroconversion and predicted protection. Rabies vaccination is assumed to confer protection, based on NNTV and other statistics; RVNA serology testing confirms the presence of the immune system components expected to be protective, and therefore constitutes a

nourish health naturally from within



Dr. Amy Louise Haas, Ph.D., D.C. \* 25 Merrit Parkway unit 4 \* Nashua, NH 03062  
www.pathoflifechiro.com \* [dramy@pathoflifechiro.com](mailto:dramy@pathoflifechiro.com) \* ph.(603) 886-8300 \* fax (603) 886-8302

higher level of evidence than simple assumption of efficacy. Executed well, in a regulated way and compared to accepted standards, serology testing provides \*better\* peace of mind than vaccination, and this is likely why titer testing is required by the CDC for animals entering the USA from countries where rabies virus is less well-controlled. I believe this is what the authors of the bill had in mind when they proposed the following:

“This bill as proposed actually For a single veterinarian exemption described in paragraph II, the veterinarian shall perform rabies antibody titer testing by performing a baseline titer test on the animal prior to receiving a rabies vaccination and a second titer test performed 7 to 14 days post-vaccination to establish the animal's individual immune response. Future titer testing for exemption purposes shall demonstrate antibody levels equivalent to or higher than the post-vaccination baseline established for that individual animal.”

This bill lays a path for responsible pet owners to confirm expected protection from rabies virus, maintaining compliance with statewide efforts to prevent rabies transmission whilst not requiring our animals to undergo an unnecessary (if titer indicates protection) intervention that carries risk. The testing strategy puts forth clear guidelines of what is acceptable, below which re-vaccination would be appropriate. This is logical and reasonable, although perhaps the committee may consider adding a stipulation to these methods that neutralizing antibodies be at or above 0.5 IU/ml as per accepted standards (see <https://pubmed.ncbi.nlm.nih.gov/34452381/> for an interesting review article discussing the history of this standard)

Please vote to pass HB1488, “AN ACT relative to rabies vaccines for animals,” on behalf of the integrity of the process of informed choice in healthcare, and on behalf of our animals who we all strive to keep as healthy as possible.

Thank you for your consideration of this matter.

Sincerely,

Dr. Amy Louise Haas, Ph.D., D.C.  
IVCA certified for Animal Chiropractic Care  
Path of Life Chiropractic Health Center  
25 Merrit Parkway #4  
Nashua, NH 03062  
[path.of.life.chiropractic@gmail.com](mailto:path.of.life.chiropractic@gmail.com)