Department of Defense Human Rabies Prevention
During and After Deployments

Rabies Prevention Measures

1. Ensuring pre-exposure rabies immunization for selected individuals

Pre-exposure rabies prophylaxis, in accordance with Centers for Disease Control and Prevention Advisory Committee on Immunization Practices guidelines (www.cdc.gov/rabies/resources/index.html) and joint policy (Army Regulation 40-562/BUMEDINST 6230.15A/Air Force Joint Instruction 48-110/Coast Guard COMDTINST M6230.4F, *Immunizations and Chemoprophylaxis*) are to be administered to:

a. Veterinary workers and animal handlers.
b. Personnel who are engaged in animal control duties.
c. Special operations personnel.
d. Personnel who, by virtue of their occupational specialty, special duties and/or location of operation, are not able to receive medical evaluation and risk-based rabies post-exposure prophylaxis within 10 days of an exposure to a potentially rabid animal should be strongly considered for pre-exposure immunization.

2. Reporting and documentation of all bites or instances of possible rabies exposure resulting from contact with wild, stray, or feral animals

a. All U.S. personnel who are bitten or have salivary contact with an open wound or mucous membranes, or exposure to a bat, must report their animal exposures and seek medical treatment with a medical provider as soon as possible, preferably within 24 hours (See pages 3-4).
b. Health care providers shall initiate and complete DD Form 2341, *Report of Animal Bite – Potential Rabies Exposure*, for each patient with possible exposure to rabies and include the DD 2341 in medical record documentation (Ref: Army Regulation 40-905/ SECNAVINST 6401.1B, AFI 48-131, *Veterinary Health Services*).
c. Individuals should be encouraged to list any possible rabies exposures on their Post-Deployment Health Assessment (DD Form 2796) and/or Post-Deployment Health Reassessment (DD Form 2900) as “animal bite” or in free-text sections of the forms.

3. Accomplish and document a rabies risk assessment for all potential rabies exposures

a. Rabies risk assessments are to be accomplished by the attending health care provider in consultation with a rabies advisory team (Ref: Army Regulation 40-

905/SECNAVINST 6401.1B, AFI 48-131, Veterinary Health Services) and DD Form 2341 (See Pages 3-4).

b. Completion of the DD Form 2341 requires that a rabies advisory team (or Rabies Advisory Committee/Board) review the circumstances of the bite as soon as possible to determine the risk for rabies infection and to document their treatment recommendation. The need for post-exposure prophylaxis is to be based on a case-specific risk assessment and the deliberations of a rabies advisory team (See Pages 3-4).

c. The rabies advisory team will be comprised of a US military veterinarian, and at least two US military health care providers trained in rabies risk assessment or in preventive medicine.

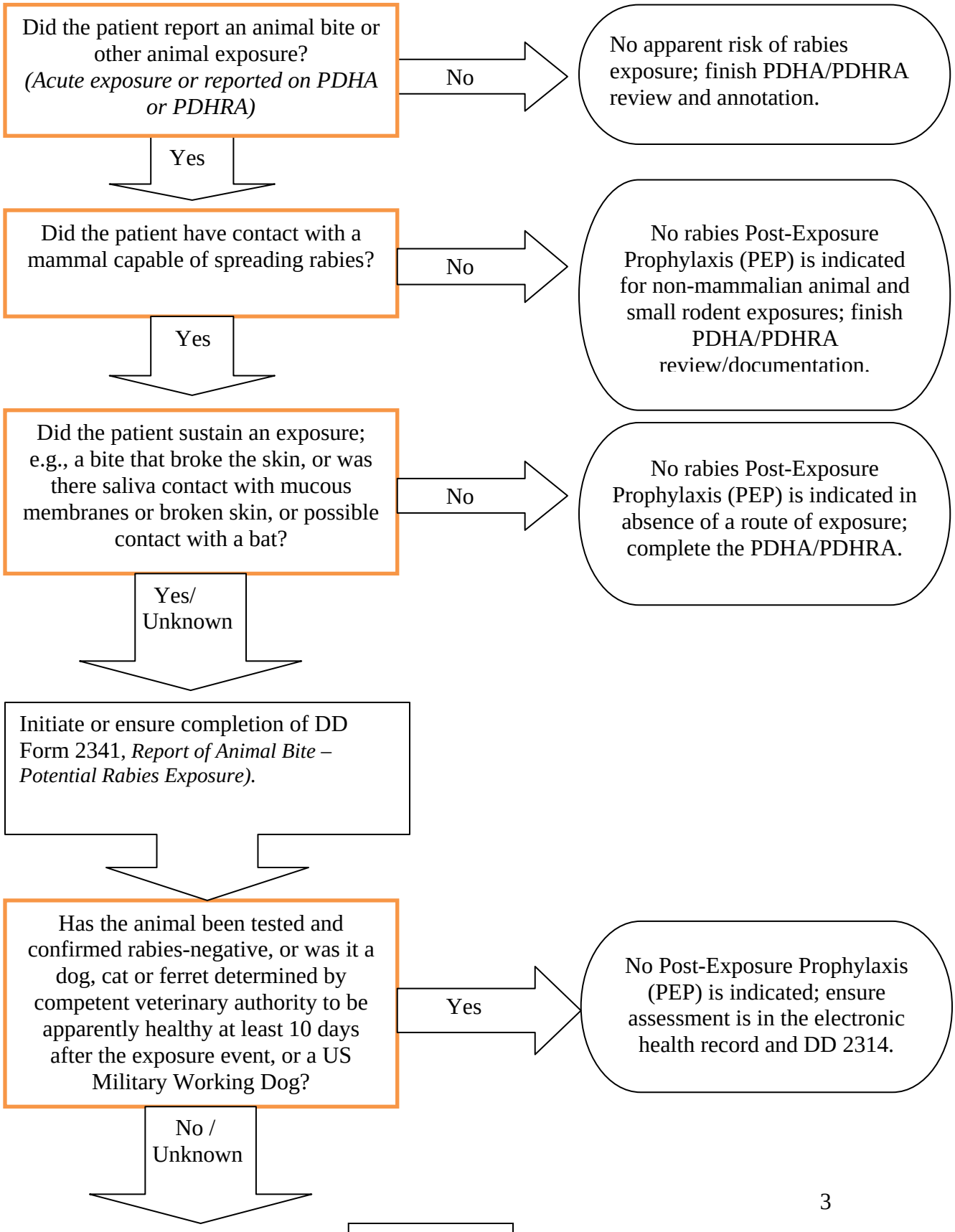
4. Adherence to risk-based post-exposure rabies prophylaxis protocols in accordance with the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) guidance.

Treatment consists of appropriate wound care and, if indicated by risk assessment and recommended by the rabies advisory team, CDC/ACIP rabies post-exposure prophylaxis (See Pages 3-4). When rabies prophylaxis is initiated, measures will be in place to ensure the completion of the protocol without deviations. (www.cdc.gov/rabies/resources/index.html)

5. Review and quality assurance for all animal bites reported in theater

All DD Form 2341s should be reviewed within 30 days of the initiation of each report for final disposition of the case. Each report/case will be reviewed by the rabies advisory team for proper disposition, ensuring that all necessary measures have been taken to reduce any risk of rabies to the maximum extent possible.

Rabies Exposure Risk Review/Evaluation/Treatment: Deployment-Related Potential Rabies Exposures



Provide DD Form 2341 to the rabies advisory team as soon as possible for a risk-based PEP determination.

Complete treatment according to CDC/ACIP guidance; document medical record, DD Form 2341, immunization record (if PEP was directed and administered), and/or PDHA/PDHRA in accordance with policy.

Policy References:

- **DoDD 6205.02E, *Policy and Program for Immunizations to Protect the Health of Service members and Military Beneficiaries*, Sept 2006.**
- **DODI 6490.03, *Deployment Health*, Aug 11, 2006**
- **AR 40-905/SENAVINST 6401.1B/AFI 48-131, *Veterinary Health Services*, Aug 29, 2006.**
- **DA PAM 40-11, *Preventive Medicine*, Oct 19, 2009**
- **BUMEDINST 6220.13, BUMED-M11, *Rabies Prevention and Control*, May 28, 2004**
- **AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health Significance*, Mar 1, 2005**

Advisory Committee on Immunization Practices (ACIP) Recommendations: Rabies PEP Schedule
(www.cdc.gov/rabies/resources/index.html)

- **Human Rabies Prevention – United States, 2008**; Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR No. RR-3, May 23, 2008.
- **Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies**; Recommendations of the ACIP, MMWR No. RR-2, March 19, 2010.
  - Wound cleansing (for both previously vaccinated and unvaccinated individuals)
  - Human Rabies Immune Globulin (HRIG), 20 IU/kg, only for previously unvaccinated persons and those first vaccinated within the past 7 days: Inject the full dose around and into the wound site, if anatomically feasible. Any remaining volume should be administered IM distant from vaccine administration (not in gluteal region).
  - Vaccine (HDCV or PCECV), 1.0mL dose, IM (deltoid area) according to ACIP schedule:
  - Unvaccinated individuals: 1.0mL dose on days 0, 3, 7 and 14 (and day 28, if history of immunosuppression or use of anti-malarials)
  - Pre-Vaccinated individuals: 1.0mL dose on days 0 and 3 post-exposure