



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6220.13B
BUMED-M3
22 May 2018

BUMED INSTRUCTION 6220.13B

From: Chief, Bureau of Medicine and Surgery

Subj: RABIES PREVENTION AND CONTROL

Ref: (a) ASD(HA) memo of 14 Nov 11
(b) SECNAVINST 6401.1B
(c) NMCPHC-TM 6220.12

1. Purpose

a. To provide policy and assign responsibilities for the prevention of rabies in Department of the Navy (DON) military personnel, Military Sealift Command civilian mariners, DON civilians, and other eligible beneficiaries who are at risk of exposure to rabid animals.

b. To implement a new reporting requirement for patient encounters resulting in the administration of rabies postexposure prophylaxis (PEP) outlined in the Defense Health Agency's Armed Forces Reportable Medical Events Guidelines and Case Definitions, available at (<https://www.med.navy.mil/sites/nmcphc/Documents/program-and-policy-support/Armed-Forces-RME-Guidelines-and-Case-Definitions.pdf>).

c. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6220.13A.

3. Scope and Applicability. This instruction applies to all ships and stations with Medical Department personnel.

4. Background

a. Rabies is a viral zoonosis transmitted to humans primarily by bites from infected mammals. One to three people die in the United States every year from rabies, usually due to exposures to indigenous rabid bats, skunks, or raccoons, or exposure to rabid dogs while traveling overseas. Dogs are the primary vector of rabies in most developing countries and are associated with more than 95 percent of human deaths due to rabies. Bite avoidance remains the best method to prevent infection.

b. Rabies is entirely preventable if PEP is administered in a timely manner after a suspected exposure to saliva from potentially infected animals. After symptom onset, no proven cure exists for human rabies and cases are nearly always fatal. Administration of rabies PEP is a medical

urgency, not a medical emergency, but decisions must not be delayed. While pre-exposure vaccination does not eliminate the need for PEP, it simplifies PEP management by eliminating the need for rabies immune globulin and decreasing the number of vaccine doses required.

c. Rabies remains a serious health threat to Navy and Marine Corps personnel world-wide whether in garrison, on leisure travel, or on deployments. The potential threat of rabies warrants both the application of the prevention measures during deployments detailed in reference (a) and the implementation, at naval installations of the Rabies Prevention and Control Program mandated by reference (b). Reference (a) is available at <https://health.mil/Reference-Center/Policies/2012/03/13/Human-Rabies-Prevention-During-and-After-Deployment-Memo>.

5. Policy. Navy Medicine supports the prevention of rabies through ensuring pre-exposure immunization of individuals at occupational risk of exposure to rabies virus and through adherence to risk-based rabies PEP protocols. All potential rabies exposures must be evaluated for PEP consistent with Centers for Disease Control and Prevention (CDC) guidelines and must be documented and reported as delineated in this instruction.

6. Responsibilities

a. Fleet and Fleet Marine Force Surgeons will:

(1) Ensure pre-deployment force health protection briefings describe rabies exposure, the risks and consequences of animal bites, appropriate measures to prevent bites from feral or wild animals, and general measures to obtain timely evaluation and treatment upon possible exposure.

(2) Develop and issue standard procedures for the investigation, evaluation, clinical management, and follow-up of animal bites to personnel in units under their medical responsibility and supervision.

(3) Ensure pre-exposure rabies vaccination is provided to appropriate personnel prior to deployment, pursuant to the relevant Combatant Command's force health protection guidance, and to personnel who are not reasonably expected to be able to receive prompt medical evaluation and risk-based rabies PEP within 72 hours of exposure to a potentially rabid animal while on deployment.

b. Navy Medicine Regional Commanders. Will ensure subordinate medical treatment facility commanding officers assist their supported installations' rabies prevention and control efforts.

c. Commanding Officers and Officers in Charge of Navy Medical Treatment Facilities will:

(1) Maintain a formal Rabies Control Board which:

(a) Meets periodically to review the medical treatment facility's effectiveness in managing potential rabies exposures. Meeting frequency will depend upon the number of potential exposures, but must be annually at a minimum.

(b) Incorporates treating medical department, veterinary, preventive medicine, pest management, security, and other personnel such as local health counterparts involved with rabies prevention or treatment.

(2) Maintain a file of completed DD Forms 2341 Report of Animal Bite - Potential Rabies Exposure that documents each exposure and animal bite investigation to final disposition.

(3) Provide immunization to individuals at occupational risk of exposure to rabies virus.

(4) Evaluate all beneficiaries who report an animal exposure with rabies transmission potential and provide, when indicated, PEP consistent with the CDC guidance, available at <https://www.cdc.gov/mmwr/pdf/rr/rr5902.pdf>.

(5) Ensure initiation of a DD Form 2341 at any medical encounter revealing exposure to a potentially infected animal, and its delivery to preventive medicine.

d. Healthcare Providers will:

(1) Submit a medical event report for bites resulting in rabies PEP. NAVMED 6220-3 Medical Event Report, collection is covered under the report control symbol established in BUMEDINST 6220.12C.

(2) Ensure evaluation of possible rabies exposures and consideration for PEP is informed by and consistent with current CDC guidance. Reference (a) provides a flowchart for evaluating deployment-related potential rabies exposures. Navy Environmental and Preventive Medicine Units are a source of rabies prevention and control expertise; see reference (c) for contact information.

e. Preventive Medicine Personnel. Will review all rabies cases and DD Forms 2341.

7. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per the Secretary of the Navy Manual 5210.1 of January 2012.

8. Review and Effective Date. Per OPNAVINST 5215.17A, Bureau of Medicine and Surgery, Healthcare Operations (BUMED-M3) will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction.

9. Form and Information Management Control

a. DD Form 2341 Report of Animal Bite – Potential Rabies Exposure, is available at:
<http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2341/pdf>.

b. NAVMED 6220-3 Medical Event Report, collection directed in paragraph 6d(1) is covered under the report control symbol established in BUMEDINST 6220.12C.


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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.