



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6220.13A
BUMED-M3
26 Sep 2013

BUMED INSTRUCTION 6220.13A

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel
Subj: RABIES PREVENTION AND CONTROL

Ref: (a) OPNAVINST 5430.48E
(b) Morbidity and Mortality Weekly Report, March 19, 2010 / Vol. 59 / No. RR-2/
Use of a Reduced (4-Dose) Vaccine Schedule for Post-exposure Prophylaxis to
Prevent Human Rabies
(c) Morbidity and Mortality Weekly Report, May 23, 2008 /Vol. 57 /No. RR-3/
Human Rabies Prevention – United States, 2008
(d) SECNAVINST 6401.1B
(e) BUMEDINST 6230.15A
(f) OASD(HA) Memo, Human Rabies Prevention During and After Deployment of
14 Nov 2011

Encl: (1) Navy Medicine Contact List for Rabies Related Issues
(2) Rabies Exposure Risk, Evaluation, and Post-Exposure Prophylaxis (PEP) Flowchart

1. Purpose. To provide policy for the prevention of rabies among Navy and Marine Corps personnel, their family members, Military Sealift Command (MSC) personnel, civil service workers, and other authorized beneficiaries who are at risk of exposure to rabies infected animals.

2. Cancellation. BUMEDINST 6220.13.

3. Scope. Per reference (a), this directive applies to all Department of the Navy (DON) commands.

4. Background

a. Rabies is a viral zoonosis transmitted to humans primarily by bites from infected mammals. Timely post-exposure prophylaxis (PEP) for persons exposed (bites, licks, or scratches) to potentially infected animals is effective in preventing clinical human rabies (reference (b)). After symptom onset, no proven cure exists for human rabies and cases are nearly always fatal. Bite prevention remains the best method to prevent rabies. In developed countries such as the United States, wild mammal populations – especially bats, and raccoons – are the primary vectors of rabies. Feral cats are an important vector of rabies in the United States. Dogs remain the primary vector of rabies in most developing countries (reference (c), available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm>). Rabies is a global health threat to Navy and Marine Corps personnel both in the United States and overseas. The potential threat of rabies dictates strong programs for stray animal control at all Navy and Marine Corps facilities (reference (d)).

b. Administration of rabies PEP is a medical urgency, not a medical emergency, but decisions must not be delayed.

5. Responsibilities

a. Navy Medicine Region Commanders shall ensure subordinate medical treatment facilities (MTFs) maintain an effective rabies prevention and control program.

b. Commanders, commanding officers, officers in charge of MTFs, and Fleet or Fleet Marine Force Surgeons will:

(1) Ensure standard procedures exist for the investigation, evaluation, tracking, follow-up, and management of animal bites. This should be accomplished through a formal Rabies Control Board (RCB) which incorporates treating medical department, veterinary, and pest management personnel as well as other appropriate personnel cognizant of rabies risks and involved with critical aspects of the disease risk cycle. Representatives from local health, wildlife, and animal control agencies may be included since animal tracing and control measures may extend beyond base boundaries.

(2) Ensure adequate supplies of Human Rabies Immune Globulin (HRIG) and human rabies vaccine are accessible to personnel requiring PEP.

(3) Educate applicable personnel on rabies exposure, the risks and consequences of animal bites, appropriate measures to prevent bites from domestic, stray, or wild animals, and general measures to obtain timely evaluation and treatment upon possible exposure.

c. Medical Department personnel will:

(1) Evaluate all members who report an animal exposure with rabies transmission potential and provide appropriate PEP consistent with references (b) and (c) when indicated. Enclosure (1), Navy Environmental and Preventive Medicine Units (NEPMUs), provides an additional source of rabies prevention and control expertise.

(2) Identify and issue pre-exposure prophylaxis to personnel at increased risk of contact with rabid animals per references (e) and (f).

(3) Maintain liaison with State and local public health authorities concerning the risk of rabies exposure from domestic and wild animals.

(4) Initiate a DD FORM 2341 (Oct 2007), Report of Animal Bite - Potential Rabies Exposure at encounter determining exposure to the potentially infected animal and ensure its delivery to the RCB. See paragraph 7 for downloadable form availability. The RCB should maintain a file of these cases and follow each exposure and animal bite investigation to final disposition and/or completion of PEP treatment when PEP is indicated.

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6. Rabies Exposure Risk Assessment and Prophylaxis. References (b) and (c) provide current clinical guidance for evaluating and treating rabies-exposed patients. Updates are available from <http://www.cdc.gov/rabies/>. Enclosure (2) provides a flowchart for evaluation of those patients.

a. Evaluation in Isolated Deployment Settings. PEP must be started as soon as possible in situations where the animal species is known to transmit rabies but the animal is unavailable for quarantine or testing, the vaccination status and health of the implicated animal cannot be determined, or the deployment status of the patient will cause further delays in obtaining information and/or treatment.

b. Further guidance can be obtained from the supporting NEPMU or Combatant Command, or Service Component Command in the port or area where the exposure occurred.

7. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

8. Form. The DD FORM 2341 (Oct 2007) is available on the DoD Forms Management Program Web site at: <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2341.pdf>.



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<http://navymedicine.med.navy.mil/directives/Pages/default.aspx>

NAVY MEDICINE CONTACT LIST FOR RABIES RELATED ISSUES

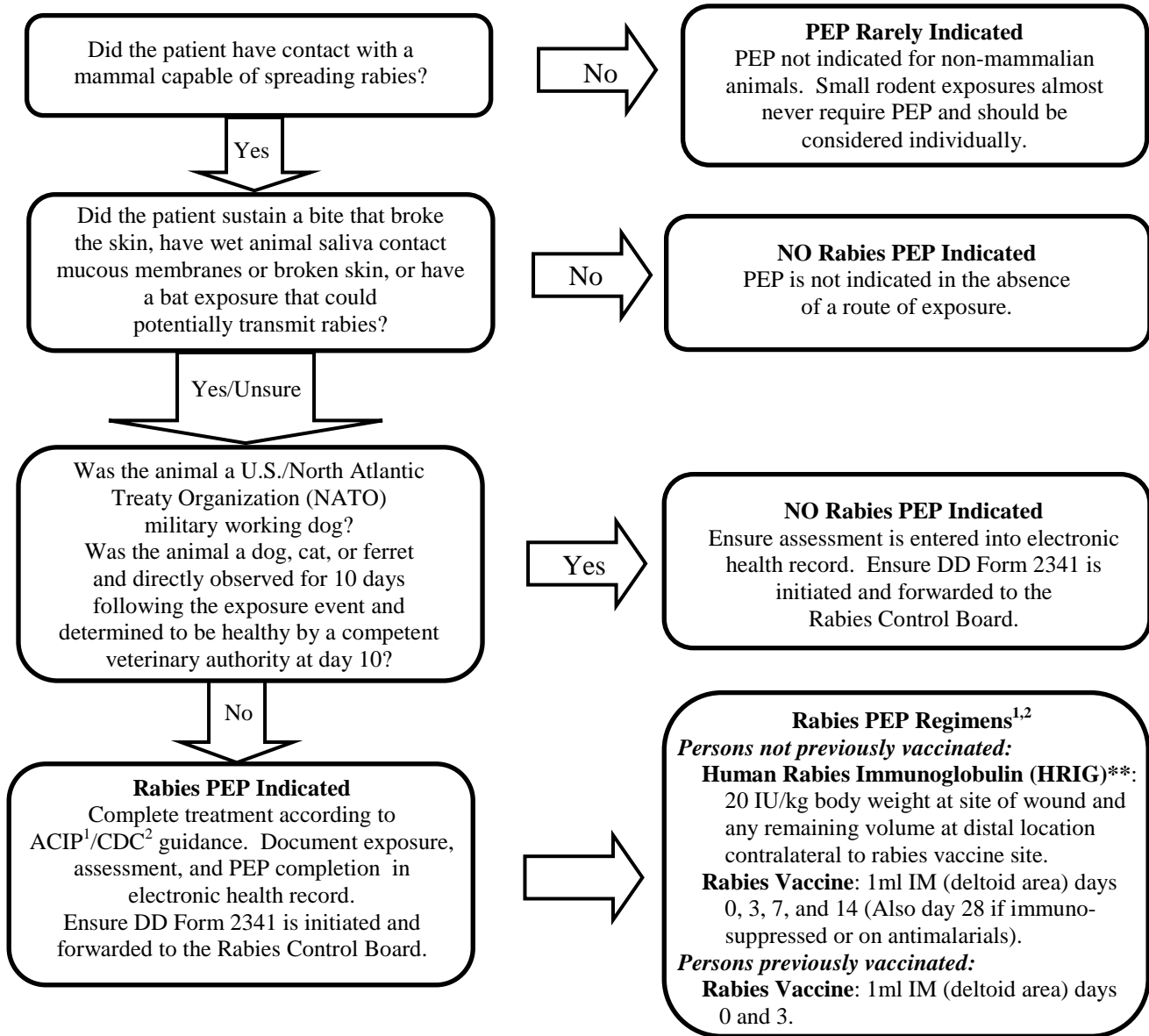
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**RABIES EXPOSURE RISK, EVALUATION, AND
POST-EXPOSURE PROPHYLAXIS (PEP) FLOWCHART**



* Exposures to bats where persons might be unaware that a bite or direct contact occurred. Examples include a bat found in the same room as a sleeping person, an unattended child, a mentally disabled person, or an intoxicated person.

** HRIG should not be given more than 7 days after the first dose of rabies vaccine if the patient already received some rabies vaccine. HRIG should not be used in persons who completed rabies vaccination prior to exposure.

References:

¹ Morbidity and Mortality Weekly Report, March 19, 2010 / Vol. 59 / No. RR-2/Use of a Reduced (4-Dose) Vaccine Schedule for Post-Exposure Prophylaxis to Prevent Human Rabies.

² Morbidity and Mortality Weekly Report, May 23, 2008 /Vol. 57 /No. RR-3/Human Rabies Prevention – United States, 2008.