



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

Nov 14, 2011

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND  
RESERVE AFFAIRS)  
JOINT STAFF SURGEON  
DIRECTOR, MARINE CORPS STAFF  
DIRECTOR, HEALTH, SAFETY, AND WORK-LIFE,  
UNITED STATES COAST GUARD

SUBJECT: Post-Deployment Rabies Risk Evaluation

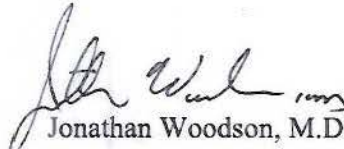
Reference: Assistant Secretary of Defense for Health Affairs Memorandum, Post-Deployment Rabies Risk Evaluation, September 23, 2011

This memorandum and attachment supersede the memorandum of the same title dated September 23, 2011. The U.S. Central Command has a clear policy (General Order 1) forbidding the adoption, caring for, or feeding animals because of the threat of infectious diseases to include rabies. Close contact with local animals, particularly bites from mammals (including bats, but not small rodents), constitute serious health risks to deployed personnel. Bites and saliva exposures to broken skin, eyes, or mouth require prompt medical evaluation.

Department of Defense (DoD) Instruction 6490.03, "Deployment Health," requires the completion of a DD Form 2796, "Post-Deployment Health Assessment (PDHA)," and a DD Form 2900, "Post-Deployment Health Reassessment (PDHRA)," following deployments. During reviews of the PDHA/PDHRA, health care providers should closely scrutinize the forms for annotations regarding animal bites/scratches. When identified, those individuals should be asked: (1) if the Service member reported the event to a medical provider, and if so, when and where; (2) if the Service member was treated and how; and (3) if the Service member received rabies post-exposure prophylaxis. An attempt should be made to confirm whether the evaluation and treatment followed approved protocols (attached). If proper evaluation or treatment may not have occurred, immediately refer the individual to a provider knowledgeable in rabies risk assessment and treatment.

The Services must ensure careful review, evaluation, and disposition of the post-deployment health assessments, including all concerns noted on the forms, to ensure that our Service members receive the very best care. Please report to me by December 1, 2011, on the actions taken to verify implementation of these post-deployment requirements.

I appreciate your support of this important effort to help ensure rabies exposure risks of our DoD personnel are carefully assessed and fully investigated. Any questions should be directed to Dr. R. Craig Postlewaite, Force Health Protection and Readiness. Dr. Postlewaite may be reached at (703) 578-8513, or at [Craig.Postlewaite@trna.osd.mil](mailto:Craig.Postlewaite@trna.osd.mil).

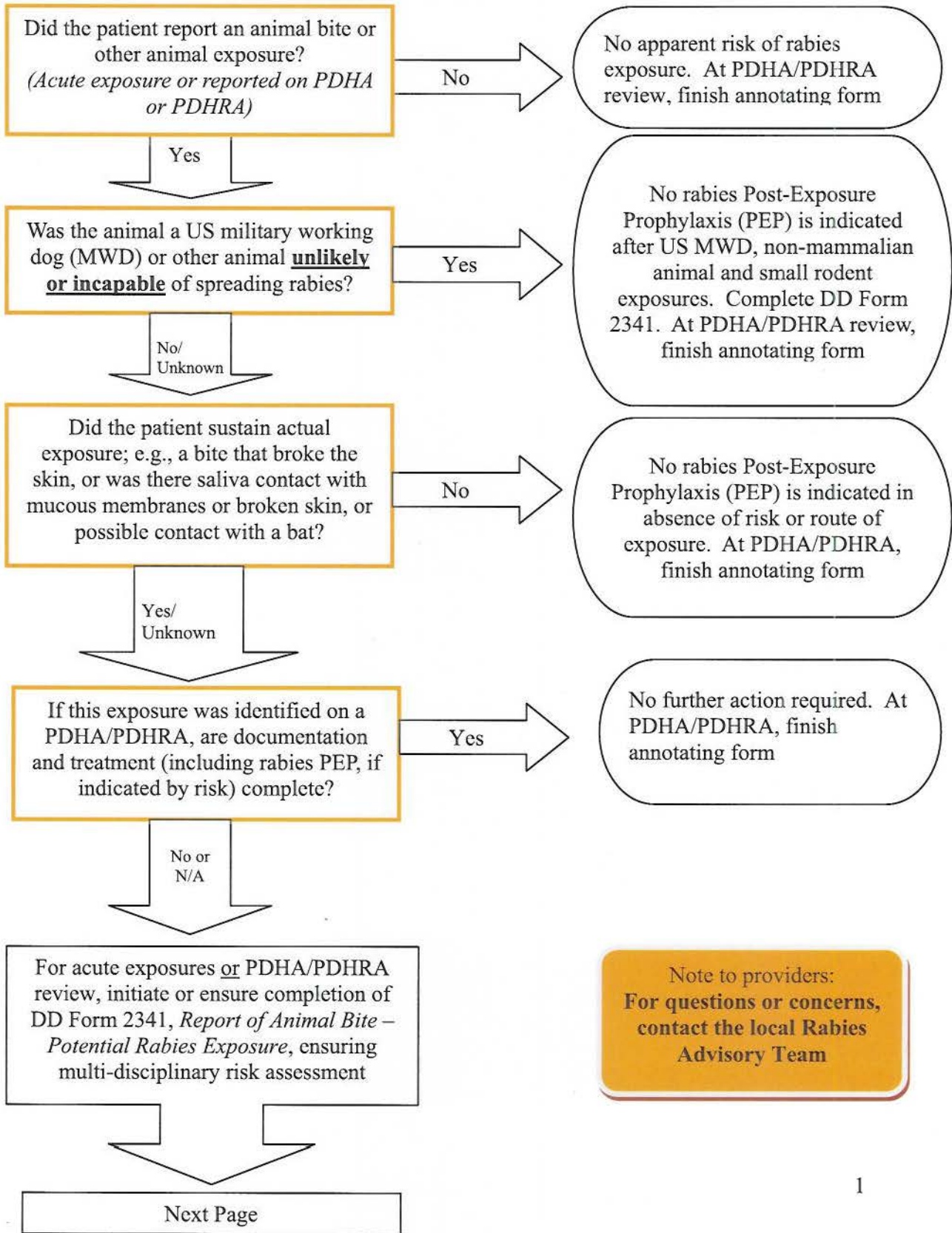


Jonathan Woodson, M.D.

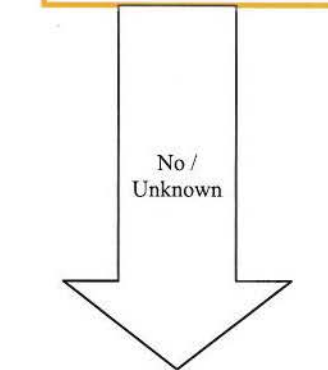
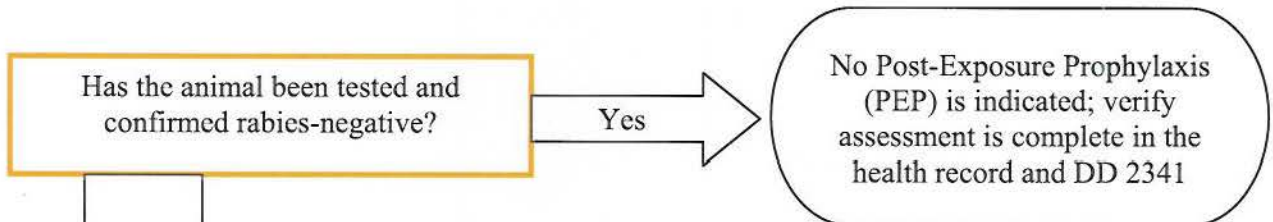
Attachment:  
As stated

cc:  
Undersecretary for Health, Department of Veterans Affairs  
Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force  
Surgeon General, National Guard Bureau  
Medical Officer of the Marine Corps

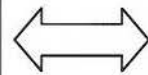
**Rabies Exposure Risk Assessment/Evaluation/Treatment:  
Deployment-Related Potential Rabies Exposures**







Direct rabies PEP based on provider's clinical judgment and provide DD Form 2341 to the Rabies Advisory Team as soon as possible for multidisciplinary risk assessment



**Human Rabies Prevention – United States, 2008 Recommendations of the Advisory Committee on Immunization Practices (ACIP);** MMWR No. RR-3, May 23, 2008 ([www.cdc.gov/rabies/resources/index.html](http://www.cdc.gov/rabies/resources/index.html))

**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 ([www.cdc.gov/rabies/resources/index.html](http://www.cdc.gov/rabies/resources/index.html))

**Precautions or Contraindications for Rabies Vaccination;** CDC, June 30, 2011 ([http://www.cdc.gov/rabies/specific\\_groups/doctors/index.html](http://www.cdc.gov/rabies/specific_groups/doctors/index.html))

- **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, according to ACIP schedule:
  - 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, with rabies antibody test, if there is a history of immunosuppression or use of anti-malarials)
- **Previously Vaccinated individuals:** 1.0mL dose on days 0 and 3 post-exposure

**Complete treatment according to CDC/ACIP guidance; document medical record, DD Form 2341, immunization record (if PEP was directed and administered), and/or complete 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