

# **Rabies Prevention Outreach Program Provider Message**

U.S. Army Public Health Command  
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Communicable Disease Reports (Animals): 40-400z1

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## **PROVIDER MESSAGE**

### **BACKGROUND**

A U.S. Army Soldier died of rabies on 31 August 2011. Laboratory results indicate the Soldier was infected from contact with a dog while deployed in Afghanistan.

During the public health investigation of this case, members of the Soldier's unit reported they had also received dog bites in Afghanistan, had not reported the bites to medical providers, and had not received rabies post-exposure prophylaxis (PEP). Based on exposure assessments by providers, most of these individuals are now receiving PEP. Medical record reviews in Afghanistan identified other individuals who presented for care but did not receive the recommended PEP. These individuals are receiving medical evaluations and PEP if indicated.

### **TARGET POPULATION**

To ensure the health of Army personnel, individuals meeting the following three criteria are being instructed to report for a medical evaluation:

1. Soldiers or separated Soldiers in all components, DOD civilians, and contractors who were eligible for military medical care during a deployment; and
2. Who had a possible animal exposure that occurred after 1 March 2010. A possible exposure is a bite or contact with the saliva of warm-blooded animals, such as dogs, cats, bats, foxes, skunks, raccoons, mongooses, and jackals. (Rats and mice very rarely transmit rabies and do not require rabies prophylaxis); and
3. Who had no medical evaluation or incomplete/undocumented evaluation or post-exposure prophylaxis (pep) following the exposure incident. Individuals who are not 100 percent confident they received appropriate and completely documented care must be evaluated.

Persons presenting for incidents that occurred before 1 March 2010 are at lower risk but should not be turned away.

## **GUIDELINES FOR EVALUATION AND TREATMENT**

Detailed reviews of rabies exposure evaluations and PEP are provided in the attached Morbidity and Mortality Weekly Reports ([MMWR](#)). *Note:* the exposure evaluation guidelines in the MMWR are for CONUS exposures so caution should be used in applying these guidelines too strictly to Soldiers with exposures in higher risk countries. For example, dogs are the major cause of human rabies in developing world countries.

## **DOCUMENTATION OF CLINIC VISIT**

A record of the exposure event should be created in Armed Forces Health Longitudinal Technology Application (AHLTA) and coded as directed below. Development of an AHLTA template is in progress and not yet available. For each exposure event, the note should include the following:

- Date of the incident
- Country and installation (do not include classified information, use descriptors like remote FOB)
- Animal type (dog, bat, etc) and if the animal was previously vaccinated (Military Working Dog, etc). Unofficial animal vaccinations (not done by U.S. military veterinarian) should be noted but the animal should not be considered vaccinated.
- Circumstances around the exposure (provoked, unprovoked, etc)
- Health of the animal after 10 days (if known)
- If the animal was euthanized and tested for rabies
- Type and location of wound(s) or mucous membrane exposures
- If the patient had received a rabies pre-exposure vaccine series or not
- If the patient presented for care following the exposure. If so, where was care performed (unit medic, aid station, military treatment facility, etc) and by what level of provider.
- What post-exposure care was given and when (wound cleaning, HRIG, vaccine doses). Include the timing of the Human Rabies Immune Globulin (HRIG) and vaccine and how they were administered.

If the questionnaire/interview form provided in Appendix-3 is used, ensure the form is scanned into AHLTA as part of the encounter note.

Care provided outside of the Military Health System will be documented as described above. Copies of the provider note should be emailed as a .pdf file to [PHCRabiesResponseTeam@amedd.army.mil](mailto:PHCRabiesResponseTeam@amedd.army.mil).

## **CODING**

The primary diagnosis code used for the initial evaluation of an animal bite could be 870.0–897.7 (wound, open) or 910–919 (superficial injury codes). The specific code reported is based on the anatomical location of the wound. For example, 891.0 would be the appropriate code for an open wound on the lower leg.

The secondary diagnosis code (required) is an E code. (Without the proper E code, there is no way to determine from medical data systems that the injury was the result of an animal bite.) E codes are not stand-alone codes; they must accompany a primary diagnosis code as described above. For dog bites, the correct E code is E906.0, which would be reported only on the initial treatment of the dog bite. For bites from other animals, use E906.5.

To document administration of RIG and/or vaccine at the initial or subsequent visits, use V04.5. (Unlike E codes, V codes can be used as stand-alone codes for patient visits.)

Unless the patient has signs or symptoms of clinical rabies, do not use 071, the International Classification of Diseases, Version 9 (or ICD-9) code for the actual disease.

### Summary of Diagnosis Codes

870-897	Open wounds (code depends on anatomical location)
910-919	Superficial wounds (code depends on anatomical location)
E906.0	Dog bite
E906.5	Bite by unspecified animal: use for injuries due to bats, monkeys or other animal not a dog
V04.5	Need for prophylactic vaccination and inoculation against rabies
071.0	Rabies. Only use if patient has developed signs or symptoms of clinical rabies

## **DOCUMENTATION OF PEP IN MEDPROS**

In addition to documentation in AHLTA, all doses of Rabies Immune Globulin (RIG) and rabies vaccine will be entered into MEDPROS (or other Service immunization tracking system) for Active Duty, Reserve, National Guard and other individuals who are deployable in their current jobs.

## **PROGRAM POINTS OF CONTACT**

### U.S. Army Public Health Command

Rabies Response Team

Phone: 800-222-9698

Email: [PHCRabiesResponseTeam@amedd.army.mil](mailto:PHCRabiesResponseTeam@amedd.army.mil)

Web: <http://phc.amedd.army.mil/rabies>

### U.S. Army Medical Command

Health Care Operations

Phone: 866-677-2128

Email: [OTSGRRT@amedd.army.mil](mailto:OTSGRRT@amedd.army.mil)

## **RESOURCES**

U.S. Army Public Health Command Rabies Webpage

<http://phc.amedd.army.mil/rabies>

US Army Public Health Command AKO Site (medical threat briefings)

<https://www.us.army.mil/suite/page/583959>

U.S. Centers for Disease Control and Prevention (CDC) Rabies Website

<http://www.cdc.gov/rabies/>

MMWR: March 19, 2010 / 59(RR02); 1-9: Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm>

MMWR: May 23, 2008 / 57(RR03); 1-26,28: Human Rabies Prevention --- United States, 2008

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm>

Rabies Fact Sheet: US Army Public Health Command

<http://phc.amedd.army.mil/PHC%20Resource%20Library/Rabies%20Fact%20Sheet%2013-001-0811.pdf>