Department of Veterans Affairs

Memorandum

Date:

From: Deputy Under Secretary for Health for Operations and Management

- Subj: Rabies A Brief Overview of the Disease and Situation Update
- To: VISN Director (1-23) Facility Directors Chiefs of Staff Chief Medical Officers

Please ensure that this information from the VHA Office of Public Health is widely distributed.

Death of a Soldier After Contracting Rabies in Afghanistan

On August 31, 2011, a U.S. Army soldier who had served in Afghanistan died of rabies at Fort Drum, New York. While deployed in Afghanistan, he was bitten by a dog, and developed symptoms of rabies several months later. This is the first fatal case of rabies in the Department of Defense (DoD) in more than 30 years. A public health investigation found that 11 other soldiers in the unit had sustained unreported and untreated rabies risk exposures, mostly from dog bites. Ten soldiers required post-exposure prophylaxis.

OEF/OIF/OND Veterans who were deployed in the previous 18 months, and were bitten or had contact with the saliva from a warm-blooded animal such as a dog, cat, bat, fox, skunk, raccoon, mongoose or jackal could be at risk for rabies.

VA and DoD are initiating programs to educate patients and providers about rabies risk, appropriate evaluation and post-exposure prophylaxis. The risk of being exposed to rabies is much higher in developing parts of the world including Iraq and Afghanistan where it is estimated that ten percent of dogs are infected with rabies. VHA Public Health is recommending that OEF/OIF/OND Veterans who have served in the previous 18 months be assessed for possible rabies exposure. Post-exposure prophylaxis is indicated in Veterans who have had a potential rabies exposure in the previous 18 months.

Clinical Description of Rabies

Rabies is a viral disease that is transmitted through the saliva of a rabid, warm-blooded animal such as a dog, cat, bat, fox, skunk, raccoon, mongoose, and jackal. (Mice, rats and other small animals are rarely infected with rabies.)

Rabies infects the central nervous system and leads to a progressive encephalomyelitis, which is typically fatal once symptoms of the disease appear. The incubation period usually ranges from 1 to 3 months after exposure, but can range from days to years. Rabies seldom develops

more than one year after exposure. The incubation period varies depending on the amount of virus in the body and the distance the virus has to travel from the site of exposure to the central nervous system.

Diagnosis and Treatment

Rabies is preventable if the infected person is vaccinated prior to developing symptoms. The first symptoms of rabies may include weakness or discomfort, fever, or headache. But as the disease progresses, the person may experience delirium, hallucinations, slight or partial paralysis, anxiety, confusion, increase in saliva, difficulty swallowing, fear of water, and insomnia. Death usually occurs within 2-10 days of the onset of these symptoms.

Post-exposure prophylaxis includes human rabies immune globulin (HRIG) and the rabies vaccine series. Specific guidance on post-exposure prophylaxis is provided in attachments.

Actions for VA Providers

VHA health care providers should:

1. Be acutely aware of potential rabies risk for OEF/OIF/OND Veterans who have been deployed in the previous 18 months.

2. Ensure OEF/OIF/OND Veterans are assessed for possible rabies exposure* and offered post-exposure prophylaxis if indicated.

3. Include routine questions regarding risk for rabies exposure for OEF/OIF/OND postdeployment intake assessment through OEF/OIF Case Management Program.

4. Increase awareness and educate OEF/OIF/OND Veterans about potential risk.

*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 who had no medical evaluation or evaluation or post-exposure prophylaxis following the exposure incident. Persons presenting for incidents that occurred longer than 18 months ago are at lower risk but should not be turned away for evaluation.

William Schoenhard, FACHE

Additional Resources

MMWR: March 19, 2010 / 59 (RR02); 1-9: Use of a Reduced (4-Dose) Vaccine Schedule for Post-Exposure 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 <u>http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm</u>

http://phc.amedd.army.mil/topics/discond/aid/Pages/Rabies.aspx

US Centers for Disease Control and Prevention (CDC) Rabies website http://www.cdc.gov/rabies/

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Attachments:

- 1) Rabies: Provider Information
- 2) Rabies PowerPoint presentation for providers
- 3) Rabies: Facts for OEF/OIF/OND Veterans