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**Aerospace Medicine**

**MANAGEMENT OF ANIMAL BITES (PA)**



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This instruction establishes the policies and procedures for a uniform method of treating, reporting, and managing all animal bites and scratches. It applies to all potential rabies exposures reported to the 6th Medical Group (6 MDG). Maintain and dispose of records created as a result of prescribed processes according to the Air Force Records Disposition Schedule, accessible on-line at <https://afirms.amc.af.mil>. This instruction requires the collection and (or) maintenance of information protected by the Privacy Act of 1974. The authorities to collect and (or) maintain the records prescribed in this instruction are 5 USC Chapter 552a, *The Privacy Act of 1974*, and 10 USC 8013, *Secretary of the Air Force*. Privacy Act statement required by AFI 33-332, *Privacy Act Program*, is DD Form 2005, **Privacy Act Statement-Health Care Records**. The requestor will show, and on request give, the affected individual a privacy act statement for each form, format, or form letter used to collect personal data before asking for the information.

**1. General.**

1.1. Rabies is an acute infectious viral disease of the central nervous system to which all warm-blooded mammals, including man, are susceptible. The infection in man is almost always fatal if not prophylactically treated in an expedient manner. Man becomes infected by exposure to the infected saliva or, in the case of bats, either a bite or aerosolized feces of an infected animal.

1.2. Captocytophagia Caninmorsis (formerly known as Dysgonic Fermenter 2/DF-2) infection is caused by a pathogenic organism that has been isolated from the saliva of dogs and cats. First reported in 1976, the organism has been most frequently associated with dog bites, and has resulted in local skin infection, meningitis, heart disease, and death. Persons who are without spleens, have diabetes, leukemia, lupus, sickle cell anemia, an immune deficiency, or are alcoholics appear particularly susceptible to complications from Captocytophagia Caninmorsis. The organism is highly sensitive to antibiotics; penicillin, erythromycin, or tetracycline should be used as prophylaxis.

1.3. All animal bites, scratches, or possible exposure to rabies should be reported to the nearest emergency room. If a patient reports to the 6 MDG, they will be referred to the Flight Surgeon's Office (FSO) for evaluation and treatment.

1.4. The Rabies Advisory Committee (RAC) meeting is a formal meeting that occurs quarterly during the month following the end of each quarter (January, April, July, October). The voting members of the RAC consist of:

1.4.1. Chairperson (Flight Medicine Flight Commander or their designee).

1.4.2. Pediatric physician (for applicable cases).

1.4.3. Public Health Officer (PHO).

1.4.4. Base Veterinarian.

1.4.5. A representative from the 6th Security Forces Squadron (6 SFS) and Base Housing office are also invited to attend each RAC, but are not voting members.

1.5. A Rabies Advisory Board (RAB) is conducted telephonically (informally) to consider rabies prophylactic treatment in specific cases. A RAB is initiated by the attending provider or on-duty staff physician, as appropriate, who suspects that the risk of rabies exposure is greater than minimal. A RAB must consist of the following voting members:

1.5.1. Attending Flight Surgeon or on-duty staff physician.

1.5.2. On-call Flight Surgeon or Flight Medicine Flight Commander.

1.5.3. On-call Pediatrician for pediatric patients.

1.5.4. In the event of a voting "tie" or when other members cannot be reached for consultation, at least one other credentialed provider must be consulted.

1.5.5. Outcome of a RAB must be documented on the Department of Defense (DD) Form 2341, **Report of Animal Bite – Potential Rabies Exposure**, by the attending physician or his/her technician.

## 2. Responsibilities.

### 2.1. FSO:

2.1.1. FSO evaluates and initiates treatment of all patients with potential rabies exposure (animal bites or scratches).

#### 2.1.2. FSO Technician and/or Nurse:

2.1.2.1. Receives and registers the patient in accordance with FSO policies. The patient should be entered with a comment of "animal bite" or "animal scratch" in the Composite Health Care Systems (CHCS) Program. This entry should also be visible on the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Control Register.

2.1.2.2. Initiates the DD Form 2341. The DD Form 2341 is controlled; the forms are numbered and must be used in numerical order. Forms must never be thrown away. Return all forms to Public Health.

2.1.2.3. Logs the DD Form 2341 on the FSO Animal Bite Log.

2.1.2.4. Legibly completes all of Part I and the patient's identification block (Part II, Number 17) of the DD Form 2341 on all cases of contact with mammalian saliva to broken skin or mucosa. Special attention must be given to documenting the circumstances leading to the bite or scratch incident, and owner/location of the animal involved. This information is crucial in evaluating the risk of rabies and locating the animal for quarantine/observation.

2.1.2.5. Immediately notifies the base veterinarian (8-3560/8728/8729) and the 6 SFS (8-2373 or SFS desk at 8-3322) of all on-base animal bites/scratches.

2.1.2.6. Refers the patient (with DD Form 2341) to the attending FSO provider for evaluation and treatment.

### 2.1.3. FSO Provider:

2.1.3.1. Evaluates the patient.

2.1.3.2. Provides wound care as directed by current recommendations of the Centers for Disease Control and Prevention (CDC) and the Immunizations Practices Advisory Committee, to include:

2.1.3.2.1. Immediate and thorough washing of wound with soap and water and a virucidal agent unless contraindicated.

2.1.3.2.2. Documents tetanus vaccination status on the DD Form 2341, and administers tetanus vaccine when necessary.

2.1.3.2.3. Considers and/or administers antirabies post-exposure prophylaxis (Human Diploid Cell Vaccine-HDCV and Rabies Immune Globulin-RIG).

**NOTE:** If there are deviations in treatment from CDC guidance, explanation of alternative treatment must be documented in patient's medical record.

2.1.3.3. Questions the patient to determine risk of complications associated with *Captocytophagia Caninmorsis* (formerly known as *Dysgonic Fermenter 2/DF-2*) infection and the risk to splenectomized or immuno-compromised individuals as outlined in the CDC recommendations from the Proceedings of the 4th National Symposium on Biosafety. Has the patient complete the Standard Form (SF) 600 Overprint, **Animal Bite Questionnaire-Captocytophagia Caninmorsis**, and cosigns the entry.

2.1.3.4. Considers status of animal (wild/domestic/living/deceased), whether the animal can/cannot be located for quarantine, and circumstances of the exposure. Refer to information excerpt from *Rabies Prevention and Control in Florida Handbook, 2004*. Also refer to paragraph 4, Program Process, for additional guidance.

2.1.3.5. Initiates a RAB in cases evaluated at greater than minimal risk, as well as in those cases requiring or being considered for antirabies prophylactic treatment. Refer to paragraph **1.5** for a list of voting members.

2.1.3.6. Ensures antirabies prophylactic treatment is initiated appropriately (ideally within 72 hours of exposure).

2.1.3.7. Initiates SF 600 Overprint, **Rabies Post-Exposure Prophylaxis Record**.

2.1.3.8. Initiates the Memorandum for Animal Bite Victim; Animal Bite Information. Reviews with the patient and ensures the patient signs it. Emphasizes the need to identify, cap-

ture, and quarantine animals involved in potential rabies exposures. If antirabies prophylaxis is administered, documents vaccine due dates and where to report when antirabies prophylaxis is prescribed. Cosigns the sheet and gives patient a copy.

2.1.3.9. Initiates SF 600 Overprint, **Release for Patients Refusing to Consent to Rabies Post-Exposure Prophylaxis**, for patients that decline recommended treatment. Ensures patient signs the form. Arranges for 2 witnesses to sign and cosigns the entry.

2.1.3.10. Legibly completes Part II of the DD Form 2341. If a RAB was initiated, also completes Part III, Section 31, and Part IV, Section 33 and 34, of the DD Form 2341.

2.1.3.11. Ensures 1 copy of the following are placed in the patient's medical record:

2.1.3.11.1. DD Form 2341 (front and back).

2.1.3.11.2. SF 600 Overprint, **Animal Bite Questionnaire-Capnocytophaga Canimorsus**.

2.1.3.11.3. Memorandum for Animal Bite Victim; Animal Bite Information.

2.1.3.11.4. SF 600 Overprint, **Rabies Post-Exposure Prophylaxis Record** (if applicable).

2.1.3.11.5. SF 600 Overprint, **Release for Patients Refusing to Consent to Rabies Post-Exposure Prophylaxis** (if applicable).

2.1.3.12. Places the originals of the above listed forms in the Public Health (PH) box by 0700 the following day.

2.1.4. FSO RAC Representative:

2.1.4.1. Acts as the FSO point of contact for matters pertaining to the Animal Bite Program.

2.1.4.2. Ensures all FSO personnel are trained on proper procedures involved in the treatment of animal bites.

2.1.4.3. Assists PH personnel with FSO quarterly training regarding the Animal Bite Program.

2.1.4.4. Represents the FSO at formal RAC meetings.

2.2. Base Veterinarian:

2.2.1. Ensures on-call information is current and available to the FSO.

2.2.2. Provides guidance and professional information as requested by FSO providers in determining proper action for bite cases. May also be consulted during a RAB.

2.2.3. Initiates follow-up of on base bites/scratches. Actions include:

2.2.3.1. Issues home quarantine of domestic animals (dogs or cats) for 10 days. Verifies that the animal is quarantined with enough lead-time to allow initiation of antirabies post-exposure prophylaxis within 72 hours of exposure.

2.2.3.2. Euthanizes and arranges for laboratory testing of domestic animals exhibiting clinical signs consistent with rabies infection.

2.2.3.3. Arranges for laboratory testing of animals that die or are destroyed before or during quarantine.

- 2.2.3.4. Euthanizes and arranges for laboratory testing of all high-risk wild animals.
- 2.2.4. Provides status report of case (i.e., animal has been located, animal in home quarantine, animal destroyed, etc.) to PH within 72 hours of initial notification by the FSO.
- 2.2.5. Notifies on-call Flight Surgeon (or Flight Medicine Flight Commander) and PH immediately of any case where:
  - 2.2.5.1. The animal died or was euthanized during quarantine.
  - 2.2.5.2. Laboratory test of the animal was positive for rabies.
  - 2.2.5.3. The animal exhibits unusual clinical signs during quarantine.
  - 2.2.5.4. The animal is not an apparently healthy domestic dog or cat. Contact and consult with the on-call Flight Surgeon or Flight Medicine Flight Commander are mandatory to consider the risk of rabies in this particular case.
- 2.2.6. Reviews all DD Forms 2341 appropriately and completes/signs Part III, Section 32.
- 2.2.7. Represents Base Veterinary Services at RAC meetings.
- 2.2.8. Obtains (from the Florida Department of Health) and reports local area epidemiological rabies information at each RAC.
- 2.3. Local Area Health Departments/Animal Control:
  - 2.3.1. Initiates follow-up of off-base bites/scratches. Actions include:
    - 2.3.1.1. Issue Animal Quarantine: Dogs and cats may be maintained in isolation and observed when they are exposed to rabies by other animals or are involved in biting incidents. The observation period is for 10 days, beginning from the time of the bite (not from the time of capture). Quarantine may be issued for home observation or for animal services observation.
    - 2.3.1.2. Euthanasia and laboratory testing of all domestic animals exhibiting clinical signs consistent with rabies infection.
    - 2.3.1.3. Obtain laboratory tests of all animals that die or are destroyed before or during quarantine.
    - 2.3.1.4. Euthanize and order laboratory tests on all high-risk wild animals.
  - 2.3.2. Provides status report of case (i.e., animal has been located, animal in home quarantine, animal destroyed, etc.) to PH as soon as possible (preferably within 72 hours of exposure).
  - 2.3.3. Notifies PH immediately for any case where:
    - 2.3.3.1. The animal could not be found and quarantined. The time lapse between exposure and initiation of antirabies post-exposure prophylaxis should not exceed 72 hours.
    - 2.3.3.2. The animal died or was euthanized during quarantine.
    - 2.3.3.3. Laboratory test of the animal was positive for rabies.
    - 2.3.3.4. The animal exhibits unusual clinical signs during quarantine.
    - 2.3.3.5. The animal is not an apparently healthy domestic dog, cat, etc.

2.3.4. Assists 6 SFS in the capture of any stray or wild animal that cannot be effectively or safely captured by 6 SFS alone.

2.4. 6th Security Forces Squadron (6 SFS):

2.4.1. With the assistance of 6th Civil Engineer Squadron (6 CES), will pick up and temporarily:

2.4.1.1. Hold all domestic unleashed animals found outdoors on base.

2.4.1.2. Place stray domestic pets not wearing tags in the MacDill Air Force Base (AFB) Animal Detention Facility until Hillsborough County Animal Control can respond to take control of the animal.

2.4.1.3. Place domestic pets wearing tags in the MacDill AFB Animal Detention Facility. If owner is not located within 3 days, the animal will be surrendered to Hillsborough County Animal Control.

2.4.2. Attempt to locate animals involved in animal bite cases.

2.4.3. Request assistance from Hillsborough County Animal Control to capture any stray or wild animal that cannot be effectively or safely captured alone.

2.4.4. Prepare an entry on AF IMT 53, **Security Forces Desk Blotter**, any time an animal bite is reported (either by the FSO, PH, Base Housing, resident, etc.).

2.4.5. Complete AF IMT 3545, **Incident Report**, and cite owners that fail to control their pets in accordance with MACDILLAFBI 31-102, *Control of Animals and Pets*. Will also complete AF Form 3545 upon investigation of a valid complaint concerning injury caused by pets or other animals.

2.4.6. Ensure bite victims, witnesses, and the animal's owner complete AF Form 1168, **Statement of Suspect/Witness/Complainant**.

2.4.7. Forward all documented on-base bite reports and forms to the Base Housing Office and PH for action.

2.4.8. Serve as an "invited" member of the RAC. Does not vote, but provides guidance for on-base procedures regarding the management of animals.

2.5. Base Housing Office/6th Mission Support Group Commander (6 MSG/CC):

2.5.1. Receives and maintains all on-base animal bite information, letters, memorandums, and forms (from 6 SFS and PH).

2.5.2. Sends a warning letter to the animal's owner for each complaint received.

2.5.3. After a total of two valid complaints, forwards the information to 6 MSG/CC for review and action. Possible actions include:

2.5.3.1. Permanent removal of the pet from MacDill AFB.

2.5.3.2. Termination of on base housing for the pet owner.

2.5.4. Notification to pet owner's Squadron Commander or First Sergeant.

2.6. Public Health (PH), Preventive Medicine (PM) Section:

2.6.1. Serves as office of primary responsibility for Management of The Animal Bites Program.

- 2.6.2. Prenumbers the FSO Animal Bite log with the corresponding sequence numbers. Monitors log for near-completion; controls blank log sheets, and delivers more as necessary.
- 2.6.3. Checks the PH FSO box every week day. The box is located in the FSO records room.
- 2.6.4. Picks up original DD Forms 2341 and all other supporting documentation and/or forms.
  - 2.6.4.1. Verifies the following are completed as necessary:
    - 2.6.4.1.1. SF 600 Overprint, **Animal Bite Questionnaire-Capnocytophaga Canimorsus**.
    - 2.6.4.1.2. Memorandum for Animal Bite Victim; Animal Bite Information.
    - 2.6.4.1.3. SF 600 Overprint, **Rabies Post-Exposure Prophylaxis Record** (if applicable).
    - 2.6.4.1.4. SF 600 Overprint, **Release for Patients Refusing to Consent to Rabies Post-Exposure Prophylaxis** (if applicable).
  - 2.6.4.2. Identifies missing forms and reviews the FSO patient files (filed by date) to locate as necessary. Arranges for FSO provider to reaccomplish or take other appropriate action for missing forms.
  - 2.6.4.3. Reviews the FSO Animal Bite log every weekday to ensure all cases are logged and reported to PH, SFS, and Base Veterinarian as required.
- 2.6.5. Reviews DD Forms 2341 received from the FSO for completeness and accuracy.
- 2.6.6. Returns incomplete DD Forms 2341 to FSO for completion.
  - 2.6.6.1. Completes Rabies Control Program Quality Review Sheet.
  - 2.6.6.2. Serves as liaison with local civilian animal control authorities, health departments, and Base Veterinary Services to expedite identification, capture, quarantine, and/or euthanasia of animals involved in potential rabies exposures.
- 2.6.7. If bite exposure occurred off base, faxes copy of DD Form 2341 to appropriate health department and points of contact.
  - 2.6.7.1. If bite exposure occurred on base, faxes copy of DD Form 2341 to Base Veterinary Services.
  - 2.6.7.2. Maintains contact with either agency to receive case status report at day 3 (was animal located, is animal in quarantine, etc.) and day 10 (status of animal at end of quarantine or lab results).
  - 2.6.7.3. Notifies RAC Chairperson and attending FSO provider if either the health department or Base Veterinary Services cannot locate the animal, so that a RAB can be convened and anti-rabies post-exposure prophylaxis can be considered.
- 2.6.8. Tracks all patients receiving antirabies post-exposure prophylaxis.
- 2.6.9. Calls patients prior to each due date to remind him/her of treatment and where to report for care.

- 2.6.9.1. If patient is due for treatment during duty hours, arranges for SF 600 Overprint, **Rabies Post-Exposure Prophylaxis**, to be sent to Immunizations with patient for proper documentation of immunizations given.
  - 2.6.9.2. For those patients due for treatment on a non-duty day or after hours, their treatment will be extended to the next duty day.
  - 2.6.9.3. Notifies attending FSO provider and RAC chairperson if patient becomes non-compliant with recommended treatment. Arranges for patient to come in and sign SF 600 Overprint, **Release for Patients Refusing to Consent to Rabies Post-Exposure Prophylaxis**.
  - 2.6.9.4. Notifies attending provider and RAC chairperson if a patient is receiving treatment (and not yet completed) and the animal is found and reported as having normal behavior after a 10 day quarantine period, or if lab results are returned negative. This allows the provider to stop treatment at that time.
  - 2.6.9.5. Drafts letters for RAC chairperson's signature when patients receiving rabies treatment leave the area. This is done to ensure the treatment is completed by other medical facilities.
  - 2.6.9.6. Completes Part III, Sections 21-30, of the DD Form 2341. Signs DD Form 2341 at bottom of report.
  - 2.6.10. Brings original DD Form 2341 to Base Veterinarian for review and signature.
  - 2.6.11. Brings original DD Form 2341 to PHO for review and signature.
  - 2.6.12. Ensures accountability for DD Forms 2341. PH will log each report in the PH secretary log book.
  - 2.6.13. Upon delivery of original DD Form 2341 to the RAC chairperson (or alternate) for final review and signature, PH will ensure Flight Medicine personnel sign and date PH log book for each report.
  - 2.6.14. Writes Memorandum for Record for animal bite case discrepancies, or those cases in which the events are not clearly identified by notes on the DD Form 2341.
  - 2.6.15. Files original completed DD Forms 2341, SF 600 Overprints, and other related case documentation in the patient's medical record.
  - 2.6.16. Reports review of animal bite cases (special/unusual, or those requiring prophylaxis) to the RAC quarterly.
  - 2.6.17. Creates Quality Review Sheet/Report and presents to the RAC quarterly.
  - 2.6.18. Presents Preventive Medicine Animal Bite Indicators to the RAC quarterly.
  - 2.6.19. Acts as the recorder at formal RAC meetings and routinely schedules formal RAC meetings.
  - 2.6.20. Forwards copy of RAC meeting minutes for review and discussion by Aerospace Medicine Council (AMC).
- 2.7. Immunizations Clinic:

- 2.7.1. Provides antirabies post-exposure prophylaxis as indicated by referring FSO physician or RAC chairperson.
  - 2.7.2. Annotates dose, injection site, and date of rabies treatment on the SF 600 Overprint, **Rabies Post-Exposure Prophylaxis Record**.
  - 2.7.3. Reminds patient of next due date for treatment.
  - 2.7.4. Ensures the patient is instructed to return to PH with the SF 600 Overprint, **Rabies Post-Exposure Prophylaxis Record**.
  - 2.7.5. Notifies PH immediately if a patient fails to receive a scheduled immunization.
- 2.8. RAC Chairperson:
- 2.8.1. Appoints an alternate to act as RAC chairperson in their absence.
  - 2.8.2. Reviews and signs all DD Forms 2341 within 24 hours after receipt and promptly notifies PH if this process will extend beyond the time requirement. All forms will then immediately be forwarded by Flight Medicine back to PH for final disposition.
  - 2.8.3. When PH submits reports to the RAC chairperson (or alternate) for review/signature, Flight Medicine will assume total responsibility of those records while they are in their possession.
  - 2.8.4. Initiates RABs as needed to make recommendations for antirabies prophylaxis.
  - 2.8.5. Ensures the FSO is informed of any case in which the RAC recommends treatment.
- 2.9. Rabies Advisory Committee:
- 2.9.1. Members are listed in paragraph **1.4** of this instruction.
  - 2.9.2. Meets at least quarterly to review issues concerning animal bites and rabies.
  - 2.9.3. Conducts quality review audits/review of animal bite cases.
  - 2.9.4. Advises the 6 MDG and Wing Commander on base animal control provisions as it pertains to the management of Animal Bites Program.
- 2.10. Rabies Advisory Board:
- 2.10.1. Members are listed in paragraph **1.5** of this instruction.
  - 2.10.2. Meets informally, as necessary.
  - 2.10.3. Considers rabies prophylactic treatment in specific cases, decides on treatment, and documents treatment as outlined in this instruction.

TIMOTHY S. SMITH, Colonel, USAF  
Commander

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 33-332, *Privacy Act Program*

AFJI 48-131/Army Regulation 40-905, *Veterinary Health Services*

MACDILLAFBI 31-102, *Control of Animal and Pets*

5 USC Chapter 552a, *The Privacy Act of 1974*

10 USC 8013, *Secretary of the Air Force*

Centers for Disease Control and Prevention, *Human Rabies Prevention-United States*

Florida Administrative Code, Chapter 64D-3, *Communicable Disease Control*

Florida Handbook 2004, *Rabies Prevention and Control in Florida*

National Association of State Public Health Veterinarians, Inc. (NASPHV), *Compendium of Animal Rabies Prevention and Control*

Recommendations of the Advisory Committee on Immunization Practices (ACIP), *Morbidity and Mortality Weekly Report (MMWR)* 1999; 48 (No. RR-1)

World Health Organization (WHO) *Recommendations on Rabies Post-Exposure Treatment and the Correct Technique of Intradermal Immunization Against Rabies*, WHO/EMC/ZOO/96.6