

Navy and Marine Corps Public Health Center
Technical Manual NMCPHC – TM 6100.99-9F
March 2010

Navy and Marine Corps HIV Policy Course



Sexual Health and Responsibility Program (SHARP)



Foreword

This course is offered by the Sexual Health and Responsibility Program (SHARP). The objective is to inform Navy and USMC leaders, educators, counselors, medical professionals, and others, of Navy and Marine Corps HIV policies and procedures to better enable them to discuss these issues with Sailors and Marines.

Department of the Navy (DoN) policy on identification, surveillance and administration of military members, applicants, and health care beneficiaries infected with Human Immunodeficiency Virus (HIV) is established in **DoD Directive 6485.1**, HIV (17 October 2006), **SECNAV Instruction 5300.30D**, Management of Human Immunodeficiency Virus (HIV) Infection in the Navy and Marine Corps (3 January 2006), and BUMEDINST 6222.10C, Prevention and Management of Sexually Transmitted Diseases (12 February 2009). This self-study course is designed to help familiarize the student with DoN policy, but it does **not** include all of the text from those and other applicable references and should **not** be used in lieu of those directives to conduct HIV programs. These directives and other pertinent documents are available on line at the SHARP website.

Upon completion of the attached examination, a Certificate of Completion will be issued. Comments on this course or additional training needs are encouraged and may be forwarded to:

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Sexual Health and Responsibility Program (SHARP)
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Views and opinions expressed are not necessarily those of the Department of the Navy.

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Summary of Changes
to NMCPHC Technical Manual TM 6100.99-9D (July 2009)

Added: Standardized Navy HIV Prevention Counseling Statement/Record.

Added: 2010 HIV seroconversion data.

Cognitive Learning Objectives

Terminal Objective: Inform students of Navy and Marine Corps HIV policies and procedures to better enable them to discuss these issues with Sailors and Marines.

Enabling Objectives: Upon completion, the student will be able to **identify** and **discuss** basic facts concerning:

- ✓ 1.1 Impact of HIV in the world, in the U.S. and on the Navy and Marine Corps (Unit 1)
- ✓ 2.1 Sexual Health and Responsibility Program (SHARP) mission, vision, goals, products, and services (Unit 2)
- ✓ Department of the Navy (DoN) HIV policy (Unit 3) regarding:
 - 3.1 Introduction
 - 3.2 Prevention Information Program Tasking
 - 3.3 Accession Testing Policies
 - 3.4 On-Going Testing
 - 3.5 Retention, Assignments and Separation
 - 3.6 Evaluation of HIV Positive Personnel
 - 3.7 Documentation of Medical and Dental Records
 - 3.8 Confidentiality and Disclosure
 - 3.9 Use of HIV Testing and Interview Information
 - 3.10 Preventive Medicine Order
 - 3.11 Safety of the Blood Supply

Achievement of these learning objectives is measured by scoring not less than 80% correct on the written examination included herein.

Continuing Education Credit

Medical Corps

This offering is approved by the Naval Medical Education and Training Command which is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to approve continuing medical education for physicians. NMETC designates this continuing medical education activity as **3** Category II credits toward the Physician's Recognition Award of the American Medical Association.

Nurse Corps

The Naval Medical Education and Training Command is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Council on Accreditation and approves this course for **3** contact hours of Educational Activity I credit. The approval number is 040927.

Navy Independent Duty Corpsmen

Naval Medical Education and Training Command approves this course for **3** contact hours. The accreditation approval number is 53/02-9013.

Certified Environmental Health Technicians / Registered Sanitarians

This course has been approved by the National Environmental Health Association for **3** contact hours of continuing education credit (NEHA Letter 8 February 2002).

Unit 1

The HIV Epidemic

Objective 1.1. Upon completion of this unit, the student will be able to state basic facts about the impact of HIV in the world, in the U.S. and on the Navy and Marine Corps.

The Human Immune Deficiency Virus (HIV) is the virus that causes Acquired Immune Deficiency Syndrome (AIDS). HIV is considered by many the greatest public health challenge of our time.

The World

Globally in 2007, an estimated 33 million people were living with HIV or AIDS. About 15 million of these people are women and 2.5 million are children. In 2007, an estimated 2.1 million people died of AIDS. According the Joint United Nations Programme on HIV-AIDS (UNAIDS, 2007):

“Every day, over 6800 persons become infected with HIV and over 5700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services. The HIV pandemic remains the most serious of infectious disease challenges to public health.”

UNAIDS further describes the current epidemic:

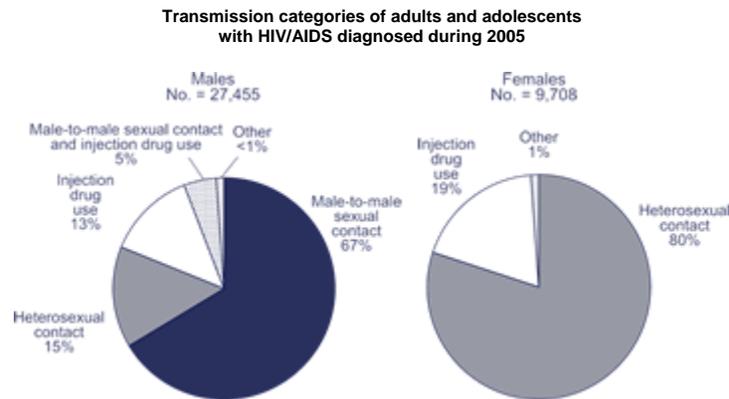
“...examination of global and regional trends suggests the pandemic has formed two broad patterns: generalized epidemics sustained in the general populations of many sub-Saharan African countries, especially in the southern part of the continent; and

epidemics in the rest of the world that are primarily concentrated among populations most at risk, such as men who have sex with men, injecting drug users, sex workers and their sexual partners.”

The United States

The CDC estimates there are over 1 million people in the United States who are living with HIV/AIDS, and 40,000 new infections each year (CDC 2007b) - and as many as 25% of these people are unaware of their infection (CDC 2004). In recent years, the largest estimated proportion of new HIV/AIDS diagnoses are among men who have sex with men (MSM), followed by adults and adolescents infected through heterosexual contact. The most recent data show that 1 of 4 newly diagnosed Americans are women. Most of these women were infected via heterosexual contact with infected men. The HIV epidemic in the U.S. is having a disproportionate impact on black Americans. For example, African Americans, who make up

approximately 13% of the US population, account for almost half of the estimated number of HIV/AIDS cases diagnosed in recent years.



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

Chart from CDC: [A Glance at the HIV Epidemic](#), June 2007

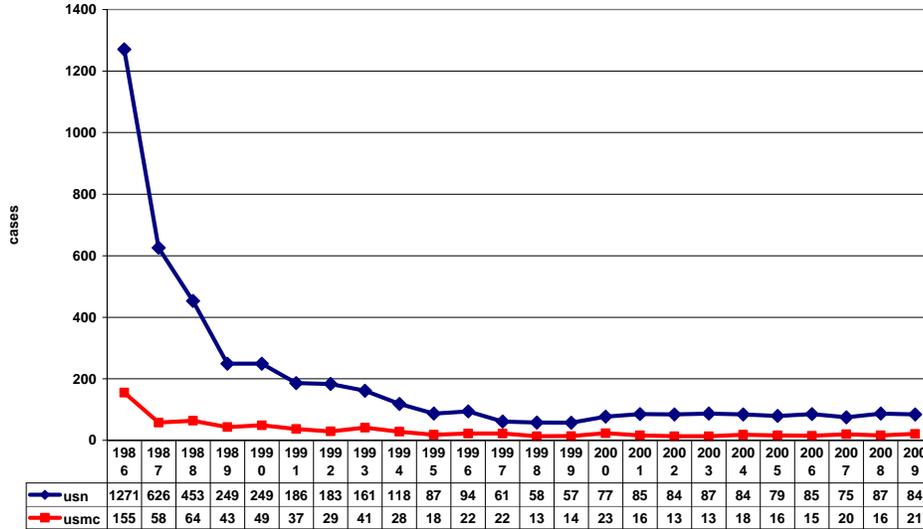
Because of improved therapies developed since the mid 1990's, many Americans infected with HIV are living longer, healthier lives. But, while deaths due to HIV/AIDS are decreasing, the rate at which Americans are becoming infected is not decreasing.

The Navy and Marine Corps

HIV testing of all active duty Sailors and Marines (so called "Total Force Screening") was begun in late 1985. The Total Force Screening program goal was to test all active duty members at least once within the first 2 years (1985-1987), and again during the next 2 years. Data on newly identified cases of HIV infection among active duty Sailors and Marines from 1986-2007 are shown in Figure 1. From 1985 - 2009, there have been 5,583 reported cases of HIV infection among active duty Sailors and Marines (NNMC, Bethesda unpublished data, 2010). Figure 1 does not plot the HIV positive members identified in late 1985 when testing first began (126 Navy, 13 USMC). Note that Figure 1 plots newly identified infections, not necessarily newly acquired infections. The distinction is important, particularly in the earlier years, where the number of positive members is more an indication of pre-existing plus newly acquired HIV infection (prevalence). Predictably, the first few years of testing identified higher numbers of HIV positive members. Since all new accessions into the Navy and USMC have been screened for HIV infection (and people who are positive are excluded), the number of HIV infections identified in later years is more an indication of newly acquired infections (annual incidence).

Figure 1

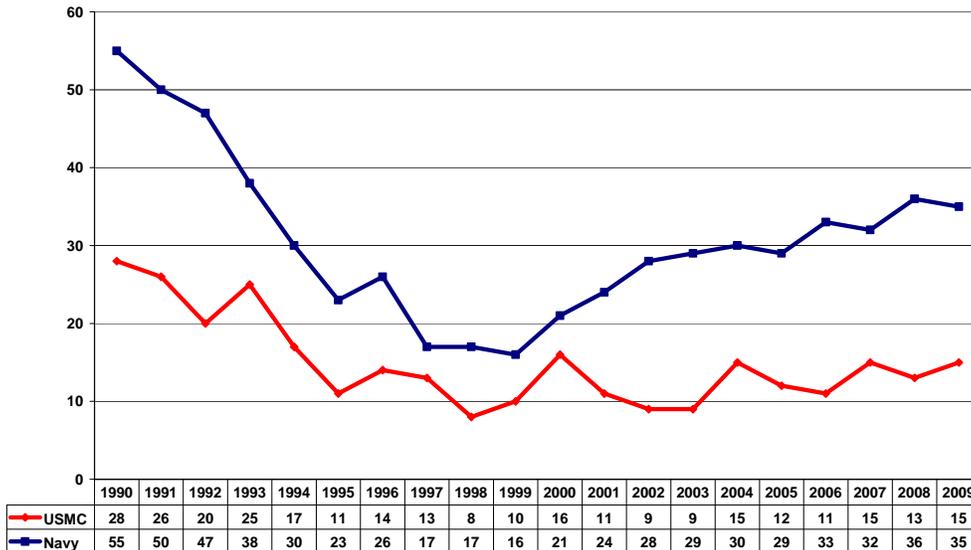
Navy and Marine Corps Public Health Center
Newly Identified HIV Positive Active Duty Sailors and Marines by Year
 source: Navy HIV Central, unpublished data



In 2008, 86 sailors and 16 marines tested positive for HIV, yielding HIV seroconversion rates of 36 per 100,000 sailors tested and 13 per 100,000 marines tested. From 1999 to 2008, the HIV seroconversion rate among sailors rose steadily, and has now more than doubled, rising from 16 to 36 per 100,000 members tested. During that time period, the rate among marines has remained relatively flat, fluctuating between 8 and 15 per 100,000 members tested. The goal is 8/100,000. The determinants behind the rise in HIV rates among sailors are unknown.

Figure 2

Navy and Marine Corps Public Health Center
HIV Seroconversion Rates per 100,000 Active Duty Sailors and Marines Tested
 source: Navy HIV Central, unpublished data



Approximately 570 HIV positive sailors (470) and marines (89) were on active duty at the end of 2009.

Condom Use by Sailors and Marines.

The correct and consistent use of latex condoms during sexual intercourse – vaginal, anal, or oral – can *greatly reduce* a person’s risk of acquiring or transmitting HIV. Condoms, used correctly and consistently, can also reduce the risk of acquiring or transmitting some other sexually transmitted diseases. The effectiveness of male latex condoms to prevent the transmission of Human Papillomavirus (HPV) is unknown, but condom use has been associated with lower rates of cervical cancer, an HPV-associated disease (CDC 2003).

Only about half of unmarried, active duty Sailors and Marines say used a condom the last time they had sex. In 2005, the Worldwide Survey of Health Related Behaviors of Military Personnel (Bray, 2006) found that condoms were reportedly used during the last sexual encounter by 49% of Sailors and 51.3% of Marines. The rates of condom use among unmarried active duty women is much lower than for men - only about one-third of active duty unmarried females said a condom was used.

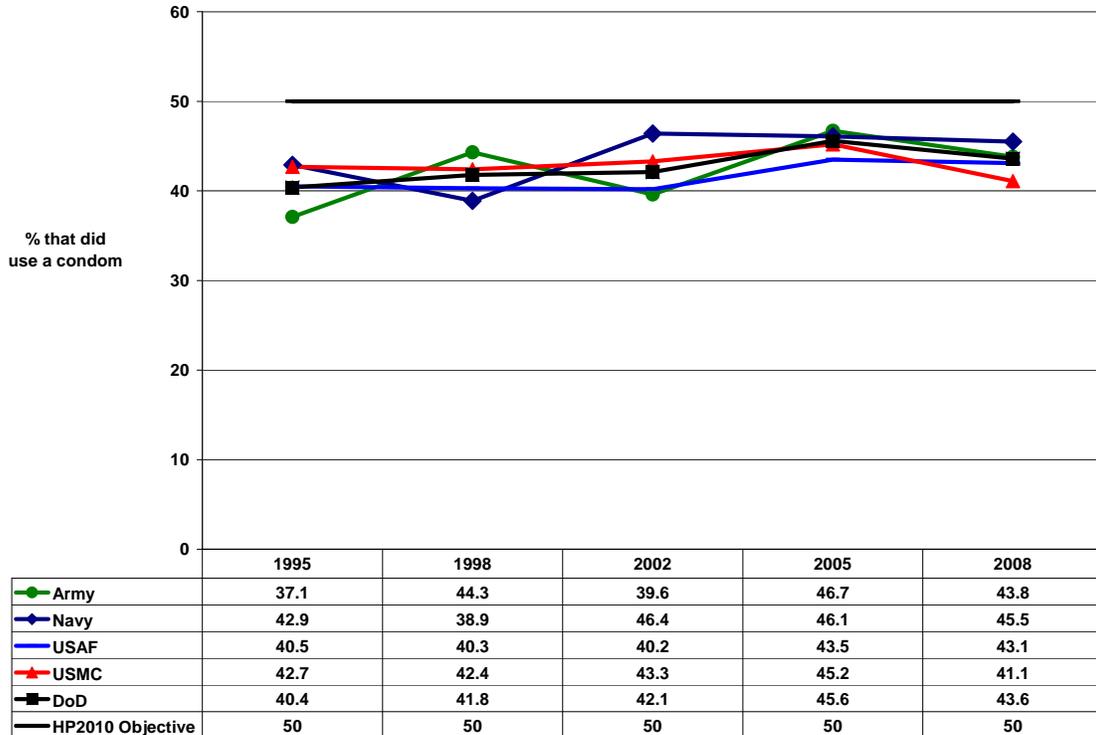
Condom Use at Last Sexual Encounter Among Active Duty Unmarried Military Members – 2008 (Bray R., et al 2009)

| | Male | Female |
|---------|-------|--------|
| Sailors | 48% | 34.5% |
| Marines | 42.2% | 26% |

(Note: the national Healthy People 2010 objective is not less than 50%)

Figure 3

Navy and Marine Corps Public Health Center - Sexual Health and Responsibility Program (SHARP)
Condom Use at Last Sexual Encounter Among Unmarried Active Duty Members
 (Bray, et al. "DoD Survey of Health Related Behaviors Among Military Personnel, 2008")



More effort is needed to further boost the frequency of condom use by those members who choose to have sex outside of a monogamous relationship, and to increase correct condom use. Some studies indicate that young Americans put the condom on *after* some penetration has occurred. Health educators and health care providers should include a description of *correct and consistent* condom use in their discussions with groups and patients.

The SHARP document “**Targeted Condom Access for Disease and Pregnancy Prevention**” available on line at <http://www-nehc.med.navy.mil/downloads/hp/condomaccess.pdf> describes some of the challenges and strategies for condom distribution within the Navy and Marine Corps. The *SHARPFact* factsheet “**Condoms and Their Use in Preventing HIV and STDs**” (on line at <http://www-nehc.med.navy.mil/downloads/hp/CONDOMS.pdf>) is another useful resource.

Unit 2

Sexual Health and Responsibility Program (SHARP)

Objective 2.1. Upon completion of this unit, the student will be able to identify and discuss basic facts concerning the Sexual Health and Responsibility Program (SHARP) mission, vision, and goal.

The Sexual Health and Responsibility Program (SHARP) is one service of the Directorate of Population Health of the Navy Environmental Health Center.

SHARP Mission

Provide Department of Navy (DoN) members and family members with health information, education, and behavior change programs for the prevention of sexually transmitted diseases (STDs), including HIV, and unplanned pregnancy.

SHARP Vision

A DoN cultural norm in which sexual responsibility and safety is encouraged, supported, and expected, and a population in which all pregnancies are planned, syphilis is eliminated, and other STDs, including HIV are prevented.

SHARP Goal

Reduce the occurrence of STDs, including HIV, and unplanned pregnancy among DoN members and beneficiaries to levels specified in select Healthy People 2010 Objectives.

SHARP Objectives

The SHARP objectives, on-line at http://www-nehc.med.navy.mil/downloads/hp/sharp_goals.pdf are derived from the national Healthy People 2010 objectives for family planning and HIV and STD prevention.

SHARP Resources

Get films, posters, fact sheets, guidelines and more from the SHARP website at http://www.nmcphc.med.navy.mil/Healthy_Living/Sexual_Health/sharp_main.aspx

Unit 3

Department of the Navy HIV Policy

Objective. Upon completion of this unit, the student will be able to identify and discuss basic facts concerning Department of the Navy (DoN) HIV policy regarding:

- 3.1 Introduction
- 3.2 Prevention Information Program Tasking
- 3.3 Accession Testing Policies
- 3.4 On-Going Testing
- 3.5 Retention, Assignments and Separation
- 3.6 Evaluation of HIV Positive Personnel
- 3.7 Documentation of Medical and Dental Records
- 3.8 Confidentiality and Disclosure
- 3.9 Use of HIV Testing and Interview Information
- 3.10 Preventive Medicine Order
- 3.11 Safety of the Blood Supply
- 3.12 HIV Casr Reporting, Prevention Counseling and Partner Referral for HIV Positive DoD Health Care Beneficiaries

Introduction

The Department of the Navy's (DoN) policy on identification, surveillance and administration of military members, applicants, and health care beneficiaries infected with HIV is established in SECNAV Instruction 5300.30D, Management of Human Immunodeficiency Virus(HIV) Infection in the Navy and Marine Corps, dated 3 January 2006. SECNAVINST 5300.30D (dated 3 January 2006) may soon be amended in response to the newer DoDI 6485.1, HIV, dated 17 October 2006.

DoN medical, manpower and personnel policies related to HIV are intended to reflect current knowledge of the natural history of HIV infection, the risks to the infected individual incident to military service, the risk of transmission of the virus to non-infected personnel, the effect of infected personnel on naval units, and the safety of military blood supplies.

Prevention of HIV

Aggressive disease surveillance, health promotion and education programs for naval personnel will be used to mitigate the impact of HIV infection on DoN. Informational programs for naval personnel will be conducted to inform service members about the prevention and risks of HIV infection. Naval personnel with serologic evidence of HIV infection shall receive training on the prevention of further transmission of HIV infection to others and the legal consequences of exposing others to their infection.

The Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) are tasked by SECNAV Instruction 5300.30D to conduct an ongoing information, education and motivation program on the prevention of HIV infection and AIDS following the Deputy Secretary of Defense Program Framework guidelines.

The Chief of Naval Personnel and the CMC (Drug, Alcohol and Health Affairs) are tasked to carry out all education and motivation programs on the prevention of HIV infection and AIDS with specific attention being directed to the following groups: Commanders and supervisors, drug and alcohol counselors, emergency personnel (i.e., police, fire, security, etc.), recruits at points of entry into the services, drug and alcohol orientation and service treatment programs, chaplains, parent/family and youth support groups, ROTC and service academies, family and community service centers to include child care providers.

BUMED will provide information, education and motivation programs to all DoN healthcare personnel, infected personnel and those whose behaviors put them and others at high risk of infection. The following groups will receive particular emphasis: personnel infected or at increased risk (including family members), patients treated for sexually transmitted diseases (STDs), personnel seen in drug and alcohol rehabilitation programs, personnel seen in prenatal clinics, clinical laboratories, blood banks, family planning clinics, and other appropriate groups or classes, occupational health program patients (particularly at-risk occupational groups), and health care beneficiaries overseas.

BUMED, in coordination with the Chief of Information, and the Director of Marine Corps Public Affairs, will develop, implement and review on an annual basis an internal information plan which provides information on the prevention of HIV infection using print and broadcast media under control or oversight of CHINFO and DIRPA.

Commanders will provide HIV prevention training in command Health Promotion Programs per DoDI 1010.10, Health Promotion.

Sexual responsibility education programs are developed by Navy Education and Training Command (NETC) for general military training (GMT). These are available at Navy Knowledge Online and from SHARP.

The Navy and Marine Corps Public Health Center's Sexual Health and Responsibility Program (SHARP) supports BUMED and NETC by developing and promoting sexual health information, education, and behavior change products and services for use by and for DoN people.

Marine Corps Order (MCO) P1700.29 (8 November 1999) defines the Semper Fit Health Promotion Program. One Semper Fit Goal is to provide quality, effective STD/HIV prevention programs. Accomplishment of this goal is measured by (1) increasing the reported use of condoms among sexually active unmarried Marines; (2) reducing the average incidence of new Marine HIV cases annually; and (3) decreasing the number of Marines who report they have had a sexually transmitted disease in their lifetime. MCO P1700.29 requires:

- All basic/technical training programs for officers and enlisted to have targeted education regarding Semper Fit's Health Promotion training on STD/HIV prevention.
- Ensure all professional level training programs for officers and enlisted have targeted education regarding Semper Fit's Health Promotion training on HIV/STD prevention.
- Annual training programs that focus on modes of transmission and prevention of STD and HIV.

Accession Testing Policies

Both prior service and non prior service applicants for active or reserve service will be screened for exposure to HIV prior to entrance on active duty or affiliation in the Naval or Marine Corps Reserve. Accessions, for active duty or reserve programs, in initial military training who are determined to be HIV antibody positive as a result of serologic testing are not eligible for military service and will be separated. Accessions to the U.S. Naval Academy, Naval Reserve Officers Training Corps, and the Uniformed University of the Health Sciences shall be tested for HIV within 72 hours of arrival to the programs and be denied entry if positive.

Individuals confirmed HIV antibody positive are not eligible for naval service because:

- (1) The condition existed prior to appointment or enlistment.
- (2) Such individuals may suffer potentially life threatening reactions to some live-virus immunizations at basic training.
- (3) HIV antibody positive individuals are not able to participate in battlefield blood donor activities or other military blood donation programs.
- (4) The DoN will avoid medical costs and the possibility that the individual will not complete the initial service commitment.

Applicants for active and reserve enlisted service normally will be tested at Military Entrance Processing Stations (MEPS). Applicants not tested at the MEPS will be tested as part of their physical examination conducted prior to accession. If more than 24 months have elapsed between the pre-accession test and entry on active duty, a retest must be conducted. New accessions who are confirmed HIV antibody positive are not eligible for military service and will be processed for separation by reason of erroneous enlistment at the accession point. Prior service applicants for entry into a reserve program must have an HIV test within 24 months of entry.

Individuals who are participating in, or applying for, any commissioned or warrant officer procurement program who are HIV antibody positive are not eligible for the program or for appointment as officers. Candidates for service as officers (either regular or reserve) shall be tested during the pre-contract physical examination required for acceptance in the particular program applied for, and during the pre-appointment physical examination required prior to

appointment or superseding appointment. Enlisted personnel also must be tested within 24 months prior to acceptance into the officer training program for which applying. Applicants who are ineligible for appointment due to HIV antibody positive status shall be processed as follows:

(1) Individuals in Officer Candidate School/Officer Indoctrination School/Aviation Officer Candidate School/Platoon Leaders Class/Naval Aviation Cadet School/Aviation Reserve Officer Candidate School/Naval Academy Preparatory School as their initial entry training shall be separated, discharged, or disenrolled as appropriate. Enlisted service members who are candidates in these programs shall be immediately disenrolled from the program. A candidate who was on extended active duty prior to entry into candidate status and who is HIV antibody positive shall be retained in enlisted status unless the individual is separated for disability. In either case, if the sole basis for discharge is HIV positive antibody status, an honorable or entry level separation as appropriate, shall be issued.

(2) Individuals in Naval Reserve Officer Training Corps (NROTC) shall be disenrolled from the program at the end of the academic term (i.e., semester, quarter, or similar period) in which evidence of HIV infection is detected.

(3) Naval Academy midshipmen shall be separated from the Naval Academy and discharged when confirmed HIV positive. The Secretary of the Navy may delay separation to the end of the current academic year. A midshipman granted such a delay in the final academic year, who is otherwise qualified, may be graduated without commission and thereafter discharged. If the sole basis for discharge is HIV positivity, an Honorable discharge shall be issued.

(4) Commissioned officers in professional education programs leading to appointment in a military professional specialty (including but not limited to medical, dental, chaplain, and legal/judge advocate) shall be disenrolled from the program at the end of the academic term in which HIV positivity is identified. Regular officers and reserve officers on active duty or who entered the program from active duty shall be retained in a designator or military occupational specialty, determined by the CNO or the CMC, as appropriate, on a case-by-case basis. Reserve officers on inactive duty who were commissioned for the purpose of participation in such programs shall be discharged.

Accessions who are confirmed positive for HIV antibody will not be sent for medical evaluation. They will be informed of the test results, will be counseled on the meaning of the HIV test, will be provided medical, psychological, and spiritual support while awaiting separation, and will be offered assistance connecting to care outside the DoD system.

On-Going Testing

Active duty and Reserve Component members are screened periodically for HIV. Active duty personnel are tested no more or less frequently than approximately every 2 years, unless clinically indicated. Reserve Component members are tested at the time of activation when

called to active duty for more than 30 days if they have not been tested within the previous 2 years.

Active duty members issued PCS orders to an overseas duty station must have a negative HIV antibody test completed within 12 months prior to transfer.

Active duty health care providers may be screened more often than every 2 years when prescribed by the Surgeon General of the Navy.

Due to increased risk of exposure to HIV all military personnel diagnosed with a sexually transmitted infection are tested for HIV on each episode or recurrence. Additionally, military members who enter drug or alcohol treatment or rehabilitation are also tested for HIV. Testing is also the standard of care for prenatal screening or diagnosis of active tuberculosis.

Military members may be tested at any time upon their request without inquiry into the reason for the test.

Family members entitled to military medical care may be tested on a voluntary basis, as resources permit. Mandatory testing of civilians is not authorized except pursuant to valid requirements by the host country. Testing of civilian employees shall conform to the guidance in the DoN Civilian Resources Manual.

For testing to be considered “official”, the specimen must be tested through the Navy’s central HIV testing contract.

Retention, Assignments and Separation

Naval personnel with serologic evidence of HIV are referred for medical evaluation for fitness for continued service and appropriate treatment in the same manner as personnel with other progressive illnesses. Members found fit for continued service are not separated or retired solely on the basis of HIV infection, but are retained and permitted to serve in a manner that ensures access to appropriate medical care.

HIV positive members who demonstrate any AIDS-defining condition, immunologic deficiency, neurologic involvement, or progressive clinical or laboratory abnormalities associated with HIV, shall be processed through the Disability Evaluation System (DES).

Members who demonstrate no unfitting conditions of immunologic deficiency, progressive clinical or laboratory abnormalities associated with HIV or AIDS-defining condition are retained in service because:

- (1) There is no demonstrated risk of transmission of disease in normal daily activities.
- (2) An investment in training of these members has been made.
- (3) The condition may be incident to service.
- (4) They are no less fit for duty based solely on HIV positivity.

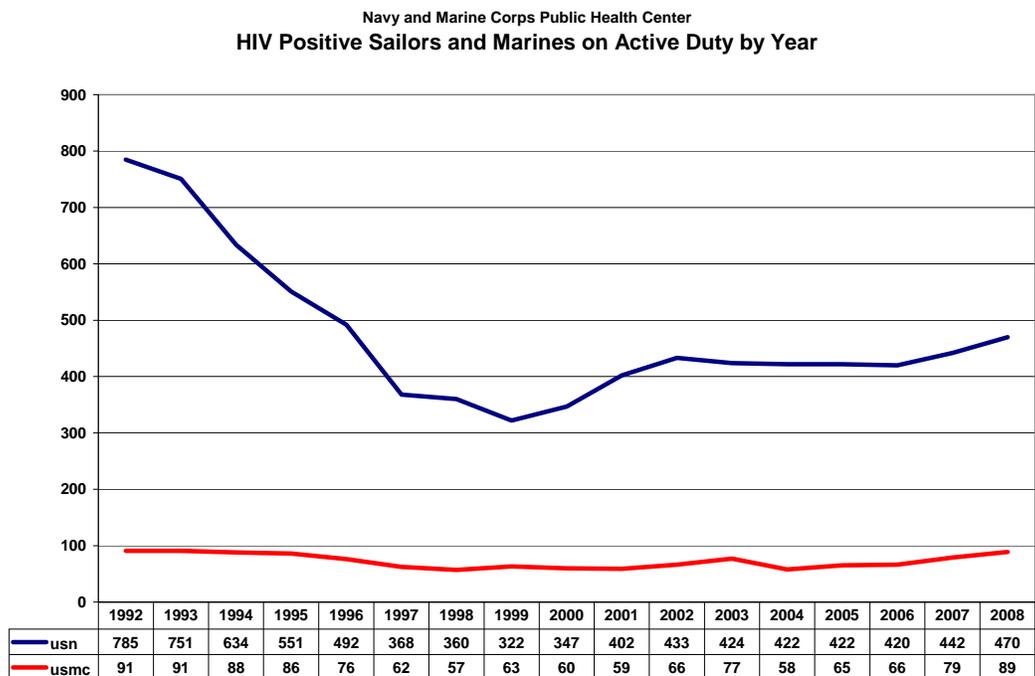
HIV positive status shall not be used to deny reenlistment to members on continuous active duty. Military personnel not in a confined status shall not be segregated based on screening or confirmation tests.

Military personnel who are HIV antibody positive and retained under this policy shall be assigned within the United States, including Alaska, Hawaii, to a unit not normally programmed for deployment.

Reserve component members testing positive for the HIV antibody are not eligible for extended active duty (over 30 days) except under conditions of mobilization and on the decision of the SECNAV. Reserve component members who are not on extended active duty and who test positive for HIV shall be transferred involuntarily to the Standby reserve only if they cannot be used in the Selected Reserve. These members are not eligible for medical evaluation in military medical treatment facilities.

The numbers of HIV positive Sailors and Marines on active duty by year from 1993-2006 are shown in Figure 4. Highly Active Anti-retroviral Therapies (HAART) which became available beginning in 1996 may have contributed to the “leveling off” seen in 1997-98.

Figure 4



The CNO and CMC may, on a case-by-case basis, establish further limitations on assignment of such members to operational units or specific duties when deemed necessary to protect the health and safety of HIV antibody positive members and of other military personnel (and for no other reason). The Secretary of the Navy shall be advised 30 days in advance of each type of limitation in assignment or duties and the specific reasons therefore.

Evaluation of HIV Positive Personnel

Active duty accessions are not referred to military medical treatment facilities for evaluation. These members are informed of the test result, counseled on the relationship between blood tests, HIV virus and AIDS, and are provided medical, psychological and spiritual support while awaiting separation.

Reserve component members not on extended active duty are not eligible for medical evaluation in military medical treatment facilities. Reserve component members who are found HIV positive shall be counseled regarding the significance of a positive HIV antibody test by a medical officer designated for the purpose and will be offered referral assistance for evaluation and care outside the DoD system.

Active duty military members and, on a voluntary basis, dependents who test positive for exposure to HIV virus will be medically evaluated at a designated HIV Evaluation and Treatment Unit (HETU) to determine the medical status of their infection. The HETUs are: National Naval Medical Center, Bethesda, Naval Medical Center Portsmouth, and Naval Medical Center San Diego. The standardized DoD clinical protocol will be used for active duty members. If the active duty member has no evidence of unfitting conditions, and is therefore fit for continued naval service, the evaluation is documented in the member's medical and dental records. If unfitting conditions are found, a medical board is convened.

Initial Counseling. As a part of the initial evaluation, HETU staff provide preventive medicine counseling regarding HIV transmission and prevention and document that counseling session using the standardized counseling statement/record. That standardized statement reads:

I, _____, acknowledge that I have been counseled by _____, and understand the following:

1. That I have the antibodies to Human Immunodeficiency Virus (HIV) indicating infection in my body. This means that my blood and bodily fluids (semen, vaginal fluids and breast milk) can transmit this virus to others. Therefore, prior to engaging in sexual activity, or any activity in which my bodily fluids may be transmitted to another person, I must verbally advise any prospective sexual partner that I am HIV positive and that there is a risk of possible infection. If my partner consents to sexual relations, I shall not engage in sexual activities without the use of a condom. I must also advise my potential sexual partner that the use of a condom does not guarantee that the virus will not be transmitted. Failure to inform my partners of my condition and the associated risks will make me liable for criminal prosecution under the UCMJ as well as State and Federal Criminal Statutes and may also subject me to civil law suits.
2. When I seek medical or dental care, I must inform the health care providers that I am HIV positive before treatment is initiated. In the event I require emergency care, I will inform personnel responding to my emergency that I am HIV positive, conditions permitting (e.g., unconscious). I will refrain from any injection using an air gun and I shall not donate blood, sperm, body tissue, organs or any other body fluids.
3. I should cooperate with military and civilian preventive medicine and public health officials in notifying other people with whom I have had intimate contact who may be at risk of being infected with HIV.
4. It is recommended that I take precautions to prevent pregnancy as HIV may be transmitted to the baby if the mother is infected.
5. That in the event of a potential sexual exposure (the condom breaks), I will advise my partner to seek immediate medical attention and evaluation.

The HETU should:

- Inform the member that prior to engaging in sexual activity, or any activity in which body fluids may be transmitted to another person, the member should verbally advise any prospective sexual partner that you are HIV positive and the risk of infection.
- Inform the member that sex without a condom may result in transmission of their infection to their sexual partner.
- Inform the member that sex without a condom may expose the member to infection with another strain of HIV, and other sexually transmitted infections.
- Inform the member that they should not accept vaccination by means of an air gun due to the remote risk of subsequent transmission of HIV to other patients.
- Coordinate with blood banks to trace possible exposures through blood transfusion or donation of infected blood, if appropriate.
- Coordinate sexual partner notification
- Evaluate the potential for past perinatal transmission and inform the member about the risk of HIV transmission via breast feeding.
- Inform the HIV positive member about their ineligibility to donate blood, sperm or any other tissues.
- Inform the HIV positive member that it is important for the member inform their future medical and dental health care providers of their HIV positive status to ensure continuity of care.
- Informed the member that they will be directed, by their current and subsequent Command, to follow these preventive medicine procedures.

Regarding past sexual or needle-sharing partners, the HIV positive member is informed of the need to advise past partners, and partner notification services or referrals are offered. Additionally, when a reservist is found to be HIV positive, the spouse will be notified and offered HIV testing and counseling within the Navy health care system. SECNAVINST 5300.30D contains very detailed guidance on this issue. The Services are not authorized to pay for testing and counseling outside of the military health care setting.

An on-going clinical evaluation will be conducted at least semiannually of the health status of each active duty HIV antibody positive military member.

Documentation of Medical and Dental Records

All HIV antibody test results must be documented in the medical/dental records in accordance with NAVMED P-117 (see chapter 16-15, paragraph(10)(g) at <http://navymedicine.med.navy.mil/Files/Media/mmd/MMDChapter16.pdf> :

“Record positive HIV results on the NAVMED 600/2 and the NAVMED 6150/20 in the HREC and OREC. Also record positive results on the SF601 (Health record-Immunization Record) and the SF603 (Health record-Dental Record) in the Dental Record. Do NOT record an HIV-positive diagnosis on the outside of the medical record folder”

Commanding Officers will assure all screening results are provided to appropriate medical and dental record holders. Military personnel found to be HIV antibody positive shall be designated as blood donor ineligible in their health records.

Medical and dental records will indicate the member is blood-donor-ineligible.

Confidentiality and Disclosure.

There is much misinformation and unwarranted apprehension about who is or who can be a source of infection. Allegations and suspicions can be disruptive to unit morale and unjustly harm professional standing and acceptance in military units. There are potential and real problems associated with disclosing a person’s HIV positivity, such as discrimination in employment, health and life insurance, school attendance, etc. For these reasons, HIV test results must be treated with the highest degree of confidentiality and released to no one without a demonstrated need to know. Strict compliance with the provisions of the Privacy Act instructions is required. All command and medical personnel with access to such information must ensure careful, limited distribution to affirmatively combat unfounded innuendo and speculation about the meaning of the information.

Use of HIV Testing and Interview Information

The term epidemiologic assessment interview means that part of the initial AND on-going medical assessment of an HIV positive individual where the questioning of the member is for the direct purpose of obtaining epidemiologic or statistical information regarding the occurrence, source, and potential spread of the infection. Obtaining this information is vital to conduct appropriate, risk-based, preventive medicine counseling, and to continue development of scientifically based information regarding the natural history and transmission pattern of HIV.

Information obtained from a service member during or as a result of an epidemiologic assessment interview, counseling or medical treatment may not be used against the service member in any action considered by the Secretary of the Navy to be an adverse personnel action. This prohibition does not apply to the use of such information for otherwise authorized rebuttal or impeachment purposes. HIV positive status in and of itself shall not be used as a basis for disciplinary action against a service member under the UCMJ or a State Code, or for adverse characterization of service. A service member’s HIV positive status may be used to prove an

element of a punitive article of the UCMJ or a criminal provision of a State or United States Code.

Safety of the Blood Supply

Individuals found to be HIV antibody positive will be designated ineligible to donate blood or to be used as source of emergency transfusions. HIV infection cannot be acquired while donating blood in the U.S. because all supplies used in the process are sterile. The chances of acquiring HIV infection from a blood transfusion in the U.S. is minimal, estimated to be 1 in 2,135,000 (American Red Cross, 2003).

HIV Case Reporting, Prevention Counseling, and Partner Referral for HIV Positive DoD Health Care Beneficiaries.

This section is based solely BUMEDINST 6222.10C. It is intended to support cooperation and coordination between the preventive medicine professionals assigned to Navy Medical Treatment Facilities (MTFs), Navy and Marine Corps ship and field medical departments and Naval HIV Evaluation and Treatment Units (HETU) for the management of prevention tasks associated with HIV positive patients. Preventive Medicine professionals are encouraged to consult their chain of command to verify local policies.

The three HETUs at Naval Medical Centers Bethesda, Portsmouth and San Diego are tasked to provide preventive medicine services for each HIV positive patient during their initial and periodic evaluations. These services include HIV case reporting, HIV prevention counseling, and HIV partner referral services. These tasks are ideally conducted by a trained, non-uniformed HETU staff member. HETU managers should ensure appropriate coordination with their local Navy Preventive Medicine Department and with medical treatment facilities.

1. **HIV Case Reporting.** For every new case of HIV, the CDC HIV-AIDS Confidential Case Report (and/or the equivalent State form) should be completed. Under the Navy centralized case reporting process, the confirmatory test for active duty members is done by an HETU. The test drawn on an active duty member by the local MTF is not considered the confirmatory test. HETUs confirm the test, complete the case report and send it to their host State (CA, MD or VA). Their host State reports to CDC and relays a copy to the State in which the patient resides.

a. MTF.

1. If the "centralized" process described above is not sufficient for MTFs to comply with their host State laws for HIV case reporting, MTFs may report the initial HIV positive result to their host State and inform the State that the final HIV case report will be routed to them later via the "centralized" process. The initial report sent to the State by the MTF will obviously not include certain data such as viral load and CD4 count since these data will not be available until the member is evaluated by an HETU.

2. Non-active duty health care beneficiaries (including reserve component members) may be confirmed HIV positive in any MTF. In such cases, it is the

responsibility of that MTF to report the new HIV diagnosis in accordance with the requirements of the MTF's host State. This will typically involve reporting the new HIV case directly to the host State. Newly diagnosed HIV+ dependents, reservists and retirees should be referred to an HETU or equivalent civilian HIV specialty care for post test counseling and care.

3. For non-active duty health care beneficiaries (including reserve component members) who are confirmed HIV positive in an OCONUS MTF, the MTF should report the new HIV case to the State of legal residence of the HIV positive beneficiary.

b. HETU. Complete the HIV/AIDS case report following the HETU's host State HIV/AIDS surveillance procedures. Completed forms should be submitted to the surveillance coordinator or their representative in the HETU's host State. The State agency will electronically relay these reports to the CDC and will inform the State of residence of the patient. State HIV/AIDS reporting procedures are guided by the Technical Guidance for HIV/AIDS Surveillance Programs, Volumes I, II, III.

2. **HIV Prevention Counseling.** Each patient should be afforded HIV prevention counseling by a trained counselor, following the evidence-based model recommended by the CDC per MMWR 50:RR-19 (Nov 9, 2001).

a. MTF. Before referring the newly positive patient to the HETU, a designated clinician at the patient's home MTF (or other person designated by the member's Commanding Officer) should advise the member that he/she may be infectious, should protect current and future sexual partners, should refrain from donating blood or sperm, should notify past sex and needle sharing partners, and will receive more information and that a more detailed conversation on this subject will take place at the HETU. The MTF designated clinician/CO designated person may elect to delegate this counseling session to their local MTF Preventive Medicine Department.

b. HETU. Behavior risk reduction messages and counseling should be incorporated into the routine health care of every HIV positive patient seen in an HETU.

3. **Sexual Partner Services.** Partner referral services should be afforded to every patient to identify and initiate the notification process of past sexual and needle sharing partners in accordance with NEHC Technical Manual 6100.02, Sexual Partner Counseling and Referral Services (PCRS). CDC Form 73.2936S ("Field record") or the equivalent state form will be completed for each named partner and for the patient's current and former spouses (within the past 10 years), whether or not the spouse is "named" as a sexual or needle sharing partner (unless it is clear to the provider that the non-named, past spouse was not exposed).

a. MTF. The primary responsibility for contact interview and partner notification for newly diagnosed active duty members is the HETU preventive medicine staff member. The MTF's designated clinician/CO's designated person (such as the ship's medical department) may elect to offer partner notification services prior to referring the member to the HETU (if trained and qualified), but should **not** conduct lengthy sexual partner interviews immediately after the member first learns of their HIV infection. Rather, the trained MTF designated clinician/CO's

designated person should be guided by the goal of introducing the importance of partner notification. In some cases, the HIV positive member may not be emotionally prepared to productively discuss partner referral so soon after learning about their HIV test, and pressing them prematurely may be extremely counterproductive in the long run. A detailed conversation about partner referral will take place at the HETU. If the patient does reveal partner information to the MTF's designated clinician:

1. The MTF will directly notify all named partners/spouses who are DoD health care beneficiaries and who reside and/or receive care within the MTF's local public health jurisdiction. Notification will be conducted face-to-face; not by phone. If attempts to arrange face to face notification of the partner are unsuccessful, HETUs may enlist the assistance of their local State or municipal HIV/AIDS partner notification agency. If desired by the MTF's host State HIV/AIDS surveillance coordinator, information about named sexual partners will be shared with the MTF's host State (which may elect to also contact these partners). Spouses and other family members are welcome to join the active duty member for the HETU initial evaluation visit.

2. For named partners/spouses who are DoD health care beneficiaries, but do NOT reside within the local public health jurisdiction, the MTF should phone the cognizant military preventive medicine / military public health office which does have jurisdiction and will send them the field records (partner reports). The cognizant military preventive medicine / military public health office will manage notification of the potentially exposed beneficiary. "Local" means where the partner resides.

3. For named partners/spouses who are NOT DoD health care beneficiaries, the MTF should contact by phone and will mail field records to the MTF's host State for action, following the host State's HIV/AIDS PCRS reporting procedures.

4. Partner information obtained by the MTF should be shared with the HETU so partners are not notified twice.

5. When MTFs receive partner information from HETUs, the MTF should inform the HETU when partner notification is complete. This will aid HETUs when they conduct on-going partner referral discussions with patients.

b. HETU. HETUs or the HETU-supporting Preventive Medicine Department should afford initial and on-going partner referral services to every HIV positive patient at every visit.

1. The HETU (or HETU-supporting Preventive Medicine Department) should directly notify all named partners/spouses who are DoD health care beneficiaries and who reside and/or receive care within the HETU's local public health jurisdiction. Notification will be conducted face-to-face; not by phone. If attempts to arrange face to face notification of the partner are unsuccessful, HETUs may enlist the assistance of their local State or municipal HIV/AIDS partner notification agency. If desired by the HETU's host State HIV/AIDS surveillance coordinator, information about named sexual partners will be shared with the HETU's host State (which may elect to also contact these

partners). The HETU will document notification steps taken by the HETU in the medical record of the named partners/spouse.

2. For named partners/spouses who are DoD health care beneficiaries, but do NOT reside within the local public health jurisdiction, the HETU (or HETU-supporting Preventive Medicine Department) should phone the appropriate military preventive medicine / military public health office which does have jurisdiction and will send them the field records (partner reports). The military preventive medicine / military public health office will manage notification of the potentially exposed beneficiary. The HETU, when relaying partner information to appropriate military preventive medicine / military public health office, will request verification (via return of a copy of the field record) that the partner was indeed notified. "Local" means where the partner resides. The military preventive medicine / military public health office will document notification steps taken by them in the medical record of the named partners/spouse.

3. For named partners/spouses who are NOT DoD health care beneficiaries, the HETU or HETU-supporting Preventive Medicine Department should contact by phone and will mail field records to the HETU's host State for action, following the host State's HIV/AIDS PCRS reporting procedures.

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Navy and USMC Policy Course Examination

True or False.

1. According to the WHO, over 2 million people (globally) died of AIDS in 2007. T F
2. The CDC estimates there are over 1 million Americans are infected with HIV. T F
3. Since HIV testing began in 1985, only 510 active duty Sailors and Marines have been infected with HIV. T F
4. From 2007-2008, the rates of Sailors and Marines who tested positive for HIV decreased. T F
5. Over 500 Sailors and Marines remained on active duty at the end of 2008. T F
6. The SHARP mission is to provide health information for the prevention of STDs, including HIV, but not for unplanned pregnancy. T F
7. The SHARP vision includes the elimination of syphilis. T F
8. SHARP is managed by the Navy and Marine Corps Public Health Center. T F
9. According to SECNAVINST 5300.30D and MCP P1700.29, all active duty Sailors and Marines must receive education about HIV prevention. T F
10. Personnel who test positive for HIV may **not** come on active duty, but may join the Reserves. T F
11. New accessions to the Navy who test positive for HIV are **not** sent for medical evaluation. T F
12. Active duty members serving overseas do **not** require annual HIV testing. T F
13. Active duty members assigned to deployable units require annual HIV testing. T F
14. Active duty members diagnosed with an STD do **not** require HIV testing for each STD episode. T F

15. Laboratory test results confirming serological evidence for HIV infection may **not** be used as an independent basis for any disciplinary or adverse administrative action against a military member. T F
16. HIV antibody test results must be documented in both medical and dental records. T F
17. Active duty members who are HIV positive who show no evidence of clinical illness or impairment related to HIV infection shall **not** be separated solely on the basis of HIV infection. T F
18. Members who test positive for HIV may request voluntary separation. T F
19. An on-going clinical evaluation of the HIV positive member's health status will be conducted at least semi-annually. T F
20. HIV cannot be acquired by donating blood in the U.S. T F
21. Within military commands, there is no potential for misinformation or unwarranted apprehensive about who might be HIV positive. T F

Multiple Choice. Mark the best answer for each statement.

22. HIV-positive personnel are retained on active duty:
- for up to a maximum of 10 years following infection.
 - when they progress to AIDS if they are assigned light duty.
 - unless they take medication to fight the disease process.
 - So long as they are determined to be fit for duty.
23. Which of the following statements is FALSE?
- Information obtained from a service member during, or as a result of an epidemiologic assessment interview may **not** be used for any adverse action against the member (subject to limitations).
 - Sexual contacts of HIV positive members are notified of their potential exposure through military or civilian channels, as appropriate
 - Anonymity of the HIV positive member shall be maintained unless reporting is required.
 - HIV positive members are investigated for misconduct based solely on their HIV status.
24. DELETED

25. DELETED

26. Which of the following statements is FALSE?

A service member will be separated from active duty if he/she

- a. is identified HIV positive at time of reenlistment.
- b. is deemed unfit for duty.
- c. has failed to meet other retention standards.

27. An HIV-positive member can be assigned to all the following locations EXCEPT

- a. Hawaii.
- b. Guam.
- c. Alaska.
- d. San Diego.

28. Personnel found to be HIV positive:

- a. will be automatically retired for medical reasons.
- b. will be able to request separation at any time in the future.
- c. may request a type of separation that is reserved for only HIV positive personnel.
- d. will be separated or retired if found to be unfit for duty.

29. Commanding Officers, upon learning that one of their members has HIV, should:

- a. reassign that member to "special duty" projects pending TAD for medical evaluation.
- b. restrict the member from any food-handling duties.
- c. refer the member to a designated medical treatment facility for initial evaluation.
- d. reassure his/her shipmates that the member presents no risk to them from casual contact.

30. DELETED

31. A FALSE statement about condom effectiveness is:

- a. Condoms significantly reduce the risk of HIV transmission.
- b. About half of all active duty unmarried Sailors and Marines say they did not wear a condom the last time they had sex.
- c. Unmarried active duty Marines were more likely than Sailors to say they did use a condom the last time they had sex.
- d. Condoms eliminate the risk of getting or spreading sexually transmitted diseases.

32. The preventive medicine counseling done by at the HETU should cover all these activities EXCEPT

- a. Explain the modes of transmission of the virus and precautions required to minimize transmission through sexual and/or intimate contact with blood products.
- b. Issue the Preventive Medicine Order.
- c. Explain the importance of advising past sexual or needle-sharing partners about their potential exposure to HIV and offer partner referral assistance.
- d. Explain the member's ineligibility to donate blood, sperm or tissues.

33. Active duty personnel who are HIV-positive

- a. are re-evaluated every five years during their birth-month physical.
- b. return to one of three Navy hospitals for re-evaluation every 6 months.
- c. can select a civilian HIV physician if approved by the CNO.
- d. must take annual leave for medical re-evaluation since no one else in the command is allowed that much time off.

End of examination

NMCPHC SHARP course: Navy and Marine Corps HIV Policy
 send to: Navy and Marine Corps Public Health Center, ATTN: SHARP,
 620 John Paul Jones Circle, Suite 1100, Portsmouth VA 23708;
 fax 757-953-0705; e-mail sharp@nehc.mar.med.navy.mil

| | |
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| date | SSAN or certification # or Member # |
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| Answer Sheet | | | | | | | | | | | | | | | | | |
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| 1 | a | b | c | d | e | 14 | a | b | c | d | e | 27 | a | b | c | d | e |
| 2 | a | b | c | d | e | 15 | a | b | c | d | e | 28 | a | b | c | d | e |
| 3 | a | b | c | d | e | 16 | a | b | c | d | e | 29 | a | b | c | d | e |
| 4 | a | b | c | d | e | 17 | a | b | c | d | e | 30 | a | b | c | d | e |
| 5 | a | b | c | d | e | 18 | a | b | c | d | e | 31 | a | b | c | d | e |
| 6 | a | b | c | d | e | 19 | a | b | c | d | e | 32 | a | b | c | d | e |
| 7 | a | b | c | d | e | 20 | a | b | c | d | e | 33 | a | b | c | d | e |
| 8 | a | b | c | d | e | 21 | a | b | c | d | e | | | | | | |
| 9 | a | b | c | d | e | 22 | a | b | c | d | e | | | | | | |
| 10 | a | b | c | d | e | 23 | a | b | c | d | e | | | | | | |
| 11 | a | b | c | d | e | 24 | a | b | c | d | e | | | | | | |
| 12 | a | b | c | d | e | 25 | a | b | c | d | e | | | | | | |
| 13 | a | b | c | d | e | 26 | a | b | c | d | e | | | | | | |

| Course Critique | | | |
|----------------------------------------------------------------------------------------|-------------|---------|--------------|
| How effectively did the material help you identify and discuss basic facts concerning: | not helpful | helpful | very helpful |
| Impact of HIV in the U.S., Navy and Marine Corps | | | |
| HIV education requirements | | | |
| Accession and On-going Testing | | | |
| Retention, Assignments and | | | |
| Evaluation of HIV Positive Personnel | | | |
| Confidentiality and Disclosure and Use of Information | | | |
| Preventive Medicine Order | | | |
| Safety of the Blood Supply | | | |

| | excellent | very good | good | fair | poor | n/a |
|-----------------------|-----------|-----------|------|------|------|-----|
| Usefulness | | | | | | |
| Quality | | | | | | |
| Facilities/Management | | | | | | |
| Registration | | | | | | |
| Environment | | | | | | |
| Audiovisuals | | | | | | |

| | yes | no |
|------------------------------------------------------------------------------|-----|----|
| Do you feel the course was fair, balanced, and free from commercial bias? | | |
| Was there any information regarding unapproved or off-label use of products? | | |

| This Educational activity has contributed to my professional effectiveness and improved my ability to: | | | | | |
|--------------------------------------------------------------------------------------------------------|----------------|-------|----------|-------------------|-----|
| | strongly agree | agree | disagree | strongly disagree | n/a |
| Treat/manage patients | | | | | |
| Communicate with patients | | | | | |
| Manage my medical practice | | | | | |
| Other: | | | | | |