

Navy Environmental Health Center  
Technical Manual NEHC – TM 6100.99-9B (July 2001)

# Navy and **USMC** HIV Policy Course



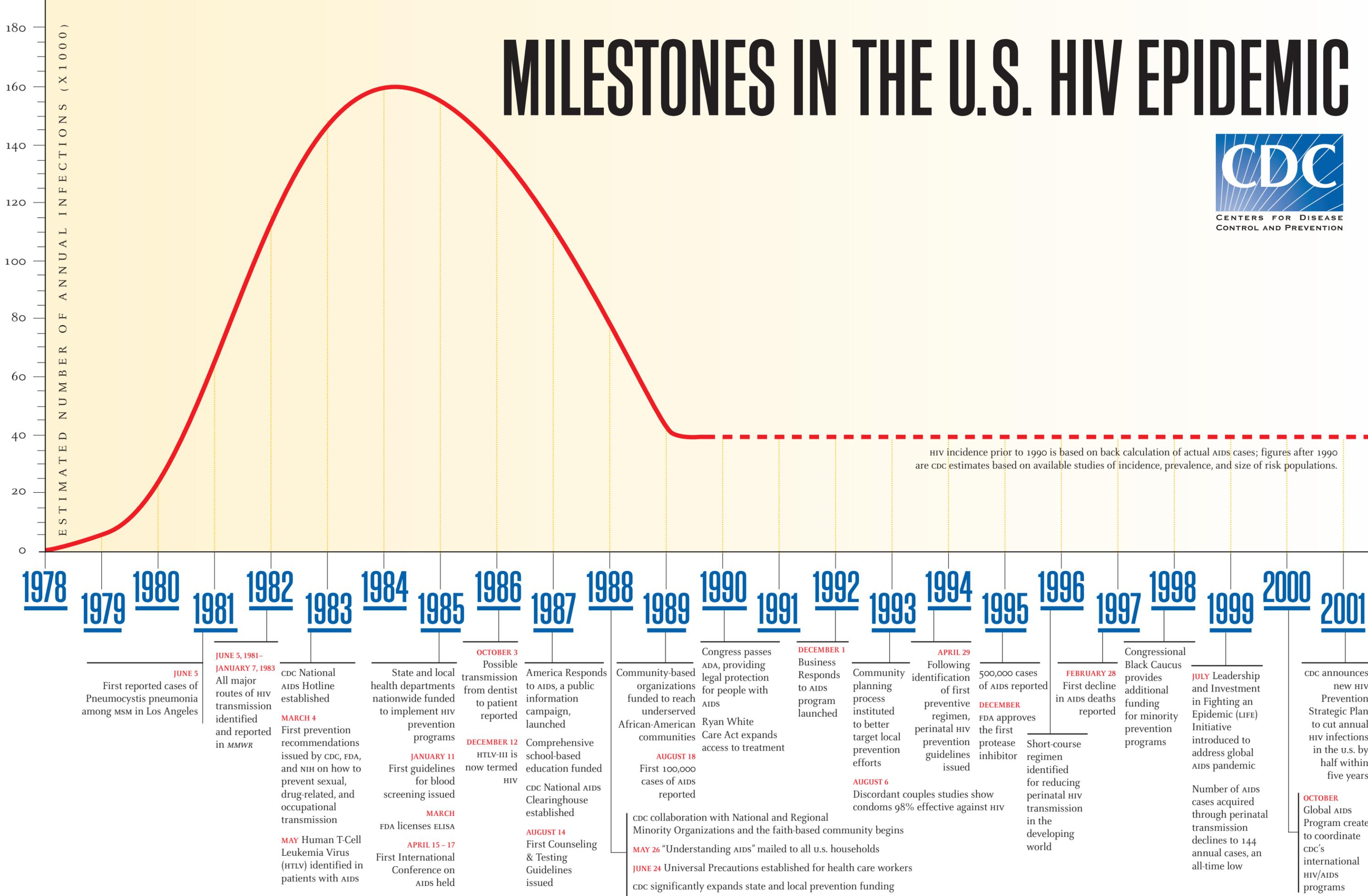
## Sexual Health and Responsibility Program



NAVY ENVIRONMENTAL HEALTH CENTER  
BUREAU OF MEDICINE AND SURGERY



# MILESTONES IN THE U.S. HIV EPIDEMIC



**JUNE 5**  
First reported cases of Pneumocystis pneumonia among MSM in Los Angeles

**JUNE 5, 1981-  
JANUARY 7, 1983**  
All major routes of HIV transmission identified and reported in MMWR

**MARCH 4**  
CDC National AIDS Hotline established  
First prevention recommendations issued by CDC, FDA, and NIH on how to prevent sexual, drug-related, and occupational transmission

**MAY** Human T-Cell Leukemia Virus (HTLV) identified in patients with AIDS

State and local health departments nationwide funded to implement HIV prevention programs

**JANUARY 11**  
First guidelines for blood screening issued

**MARCH**  
FDA licenses ELISA

**APRIL 15-17**  
First International Conference on AIDS held

**OCTOBER 3**  
Possible transmission from dentist to patient reported

**DECEMBER 12**  
HTLV-III is now termed HIV

America Responds to AIDS, a public information campaign, launched

Comprehensive school-based education funded

CDC National AIDS Clearinghouse established

**AUGUST 14**  
First Counseling & Testing Guidelines issued

Community-based organizations funded to reach underserved African-American communities

First 100,000 cases of AIDS reported

CDC collaboration with National and Regional Minority Organizations and the faith-based community begins

**MAY 26** "Understanding AIDS" mailed to all U.S. households

**JUNE 24** Universal Precautions established for health care workers

CDC significantly expands state and local prevention funding

Congress passes ADA, providing legal protection for people with AIDS

Ryan White Care Act expands access to treatment

**DECEMBER 1**  
Business Responds to AIDS program launched

Community planning process instituted to better target local prevention efforts

**AUGUST 6**  
Discordant couples studies show condoms 98% effective against HIV

Following identification of first preventive regimen, perinatal HIV prevention guidelines issued

**DECEMBER**  
FDA approves the first protease inhibitor

Short-course regimen identified for reducing perinatal HIV transmission in the developing world

**FEBRUARY 28**  
First decline in AIDS deaths reported

Congressional Black Caucus provides additional funding for minority prevention programs

**JULY** Leadership and Investment in Fighting an Epidemic (LIFE) Initiative introduced to address global AIDS pandemic

Number of AIDS cases acquired through perinatal transmission declines to 144 annual cases, an all-time low

CDC announces new HIV Prevention Strategic Plan to cut annual HIV infections in the U.S. by half within five years

**OCTOBER**  
Global AIDS Program created to coordinate CDC's international HIV/AIDS programs

## Foreword

This course is a component of the Sexual Health and Responsibility Program (SHARP). The course 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. It supercedes the previous version (entitled "Navy HIV Instructor") dated July 2000.

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-1 (March 19, 1991) and **SECNAV Instruction 5300.30C**, Management of Human Immunodeficiency Virus-1 (HIV) Infection in the Navy and Marine Corps (14 March 1990). 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 by the Sexual Health and Responsibility Program (SHARP) Manager. Comments on this course or additional training needs are encouraged and may be forwarded to the SHARP Program Manager at:

Navy Environmental Health Center  
Directorate of Health Promotion and Population Health  
Sexual Health and Responsibility Program (SHARP)  
2510 Walmer Ave  
Norfolk VA 23513-2617

internet: [www-nehc.med.navy.mil/hp/sharp](http://www-nehc.med.navy.mil/hp/sharp)  
voice: (757) 462-5566; DSN 253-5566

Views and opinions expressed are not necessarily those of the Department of the Navy.

Reviewed and Approved



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DM Sack, CAPT, USN  
Commanding Officer

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**Summary of Changes**  
to NEHC Technical Manual TM 6100.99-9 (July 2000)

Changed title from “Navy HIV Instructor” to “Navy and USMC HIV Policy”

Revised foreword

Added learning objectives

Revised text to more closely quote from SECNAVINST 5300.30C

Updated HIV seroconversion data among Sailors and Marines and updated data regarding Sailors and Marines on active duty

Updated description of SHARP and SHARP courses

Deleted requirements for earning “HIV Instructor certificate”

Added Unit 1 “The HIV Epidemic”

Added chart “Milestones in the HIV Epidemic”

Added information regarding notification of the spouses of HIV positive reserve members

Added text from SECNAVNOTE 5300, Annual HIV Training Requirement

Deleted Appendix 1 – Guide to Immunizations for HIV Positive Adults and Adolescents

Deleted section “Global Distribution and Subtype”

Added citations and bibliography

Revised examination questions

Added course evaluation sheet

Added one-page answer sheet

## 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 DoN HIV education requirements
  - 3.2 Accession
  - 3.3 On-Going Testing
  - 3.4 Limits on the Use of Laboratory Test Results
  - 3.5 Documentation of Medical and Dental Records
  - 3.6 Retention, Assignments and Separation
  - 3.7 Evaluation of HIV Positive Personnel
  - 3.8 Safety of the Blood Supply
  - 3.9 Confidentiality and Disclosure
  - 3.10 Epidemiological Assessment and Use of Information
  - 3.11 Reserve Component Policy

Achievement of these learning objectives is measured by scoring not less than 80% correct on the 38-question written examination included herein.

## **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 World**

As of the December 31, 1999, 18.8 million people around the world have died of AIDS; 3.8 million of them were children. Nearly twice that many – 34.3 million – are now living with HIV, the virus that causes AIDS. Altogether, there are now 16 countries in which more than one-tenth of the adult population aged 15–49 is infected with HIV. During 1999, over 5 million people became newly infected with HIV. Hardest hit is sub-Saharan Africa where 24.5 million people are now living with HIV. In Botswana, almost 36% of the adult population are infected. Meanwhile in South Africa, where one in five of the population are HIV positive, over 4 million people are living with AIDS -- more than in any other country in the world (UNAIDS, 2000).

According to the U.S. Department of State, “Emerging infectious diseases and HIV/AIDS are a challenge to health and economic productivity; are a danger to economic development and political stability abroad...” (US Dept of State, 2001). Because HIV/AIDS strikes young people in their most productive years, it seriously impacts families as well as overall productivity. It results in decreased earnings, increased expenditures on health, and results in a growing number of orphans, widows and widowers who become increasingly dependent on society. As the epidemic progresses and more people become ill with AIDS-related illnesses, the impact on health care systems and social safety nets will increase dramatically. Many of the poorest countries already struggling with health care reforms are finding it impossible to cope with AIDS. Not only are drugs and supplies scarce, but doctors and nurses are dying, depleting the pool of skilled health care workers that are needed to help cope with this epidemic. Child survival rates are declining and life expectancy is dropping in some countries to levels not seen since the 1960s, reversing decades of development. AIDS has become one of the greatest threats to social and economic development in many countries (CDC, 2001).

#### **The United States**

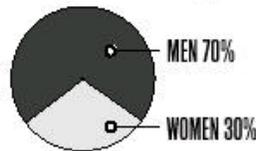
The Centers for Disease Control and Prevention (CDC, 2000) estimates that 1 in 300 Americans are infected with HIV, with an increase of 15% each year for heterosexual transmission. Over 700,000 cases of AIDS have been reported in the United States since the HIV/AIDS epidemic began in the 1980s. The latest estimates indicate that 800,000 to 900,000 people in the United States currently are infected with HIV. The lifetime cost of health care associated with HIV infection, in light of recent advances in HIV diagnostics and therapies, is \$155,000 or more per person. About one-half of all new HIV infections in the United States are among people under age 25 years, and the majority are infected through sexual behavior. HIV infection is the leading cause of death for African American men aged 25 to 44 years (USDHHS, 2000).

## A GLANCE AT THE HIV EPIDEMIC

### New HIV Infections

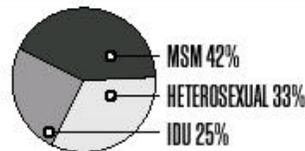
There are an estimated 800,000 to 900,000 people currently living with HIV in the U.S., with approximately 40,000 new HIV infections occurring in the U.S. every year.

- **By gender**, 70% of new HIV infections each year occur among men, although women are also significantly affected.



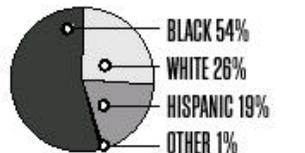
ESTIMATES OF ANNUAL NEW INFECTIONS BY GENDER, (N = 40,000)

- **By risk**, men who have sex with men (MSM) represent the largest proportion of new infections, followed by men and women infected through heterosexual sex and injection drug use.



ESTIMATES OF ANNUAL NEW INFECTIONS BY RISK, (N = 40,000)

- **By race**, more than half of new HIV infections occur among blacks, though they only represent 13% of the U.S. population. Hispanics, who make up about 12% of the U.S. population, are also disproportionately affected.

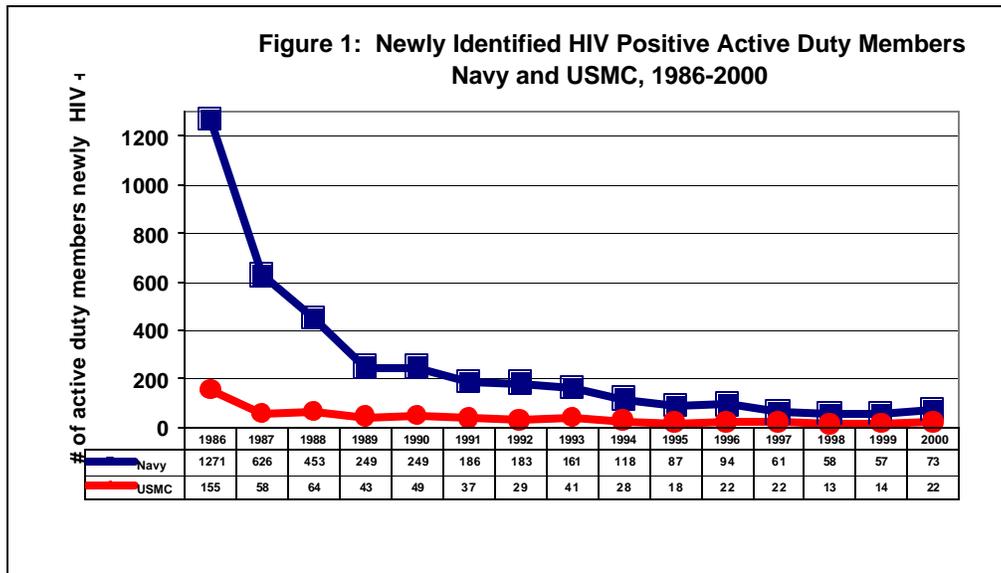


ESTIMATES OF ANNUAL NEW INFECTIONS BY RACE, (N = 40,000)

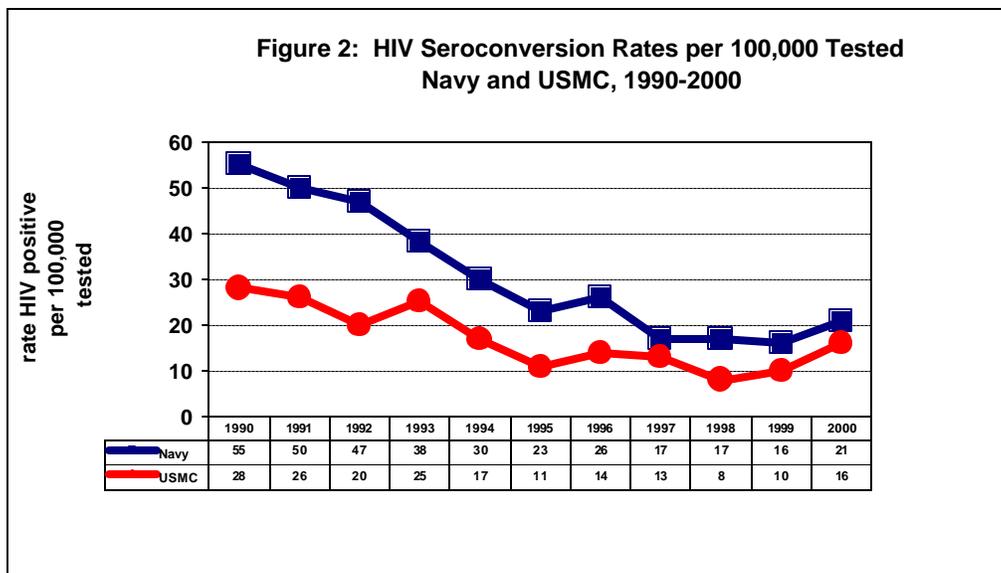
### The Navy and Marine Corps

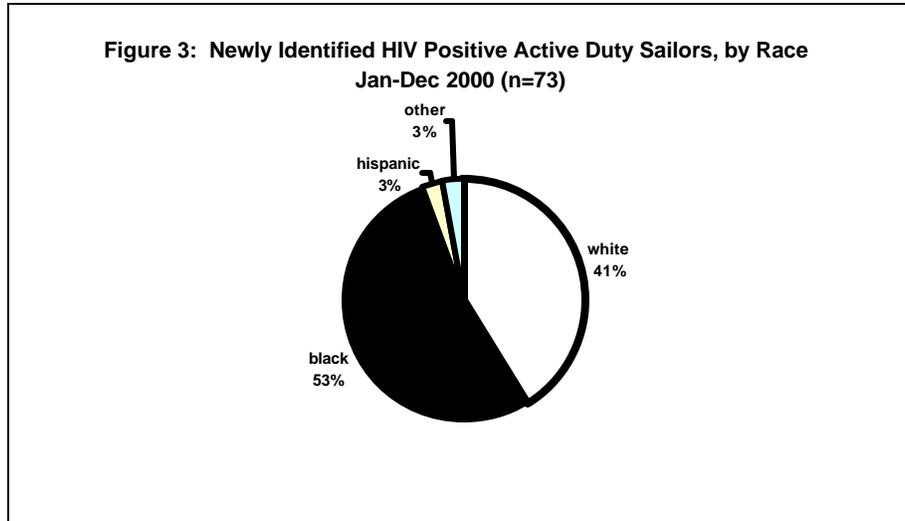
HIV testing of all active duty Sailors and Marines was begun in late 1985. The total force screening program goal was to test all active duty members at least once within the first 2 years, and again during the next 2 years. Data on newly identified cases of HIV infection among active duty Sailors and Marines from 1986-2000 are shown in Figure 1. Since 1985, there have been 4,680 documented cases of HIV infection among active duty Sailors and Marines (NNMC, Bethesda 2001). 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).

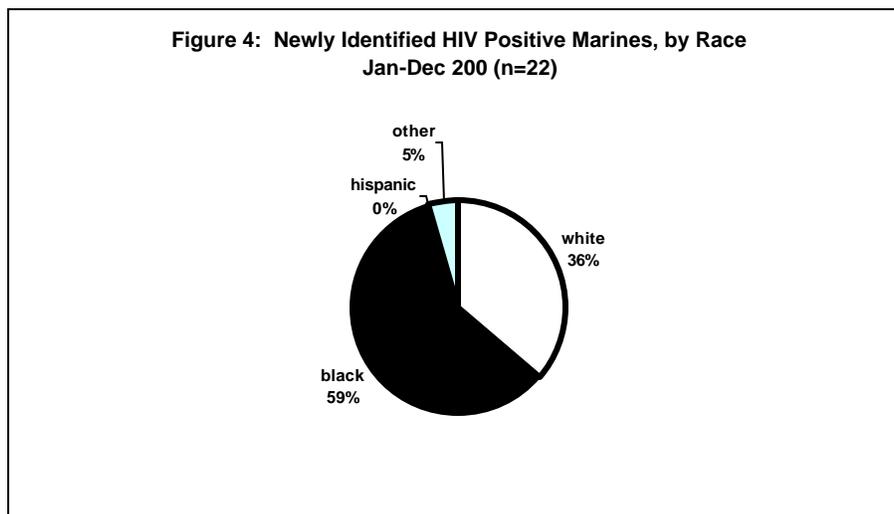


During calendar year 2000, 348,686 active duty Sailors, and 139,809 active duty Marines were tested for HIV antibodies. Of these, 73 Sailors and 22 Marines were newly identified as HIV positive. HIV seroconversion rates (cases per 100,000 members tested) among active duty Sailors and Marines from 1990-2000 are shown in Figure 2. These rates increased in calendar year 2000. Among active duty Sailors, the rate rose from 16 to 21. Among Marines, the rate rose from 10 to 16. While higher than the 1999 rates, the Navy and USMC rates remained below the 1990-1999 means of 31 and 17, respectively, and do not represent any statistically significant change from the 1999 rates. They do demonstrate that the **HIV epidemic continues to affect the active duty force**.



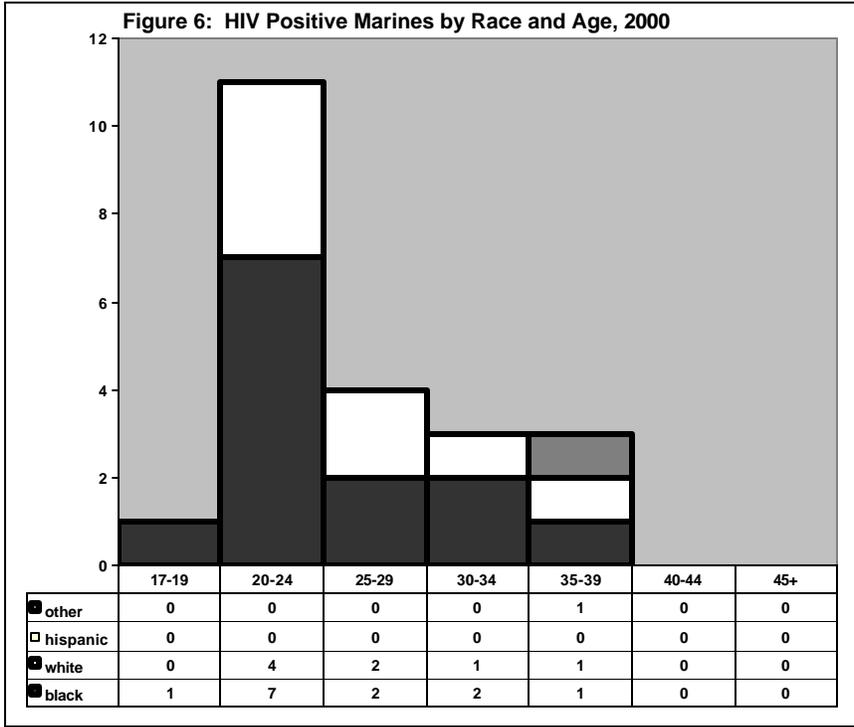
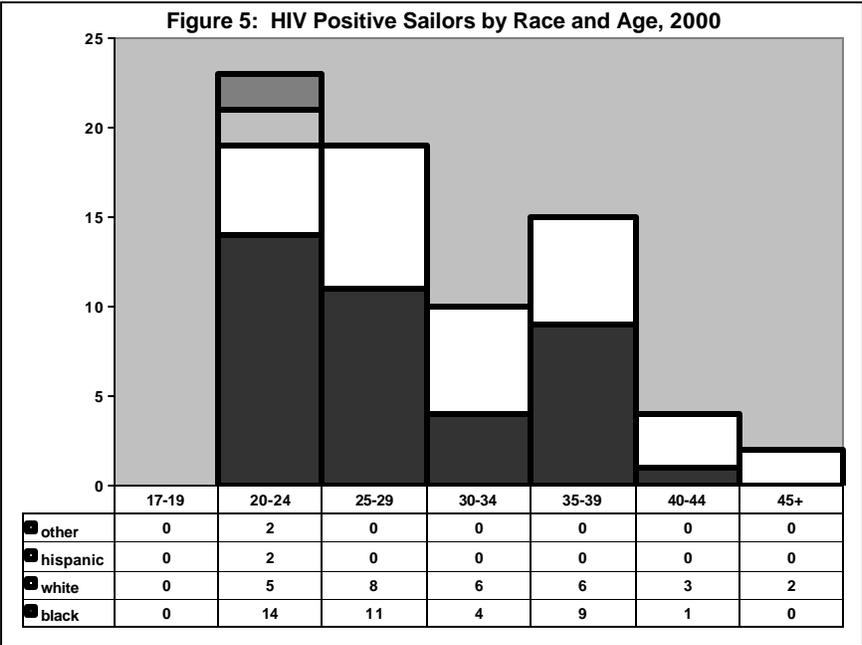


Racial groupings of the 73 active duty Sailors newly identified as HIV positive in 2000 are shown in Figure 3. Among these 73 Sailors, 53% were black, 41% white, 3% Hispanic, and 3% were other races. Black Sailors were disproportionately affected. As of 31 December 2000, 19% of active duty Sailors were black (DoN/PERS-00J 2001). A similar, though even greater disproportionate racial distribution is seen in the general United States population where black Americans accounted for 54% of the estimated 40,000 new HIV infections in 2000, though black Americans comprised only 13% of the general population (CDC 2000). Differences in gender between the U.S. general public and the Navy is worth noting. In the Navy, 4% of new HIV infections in 2000 were among women, while this figure was 30% nationally. However, while about 50% of the U.S. population aged 18-45 was female, only 15% of Sailors were women.

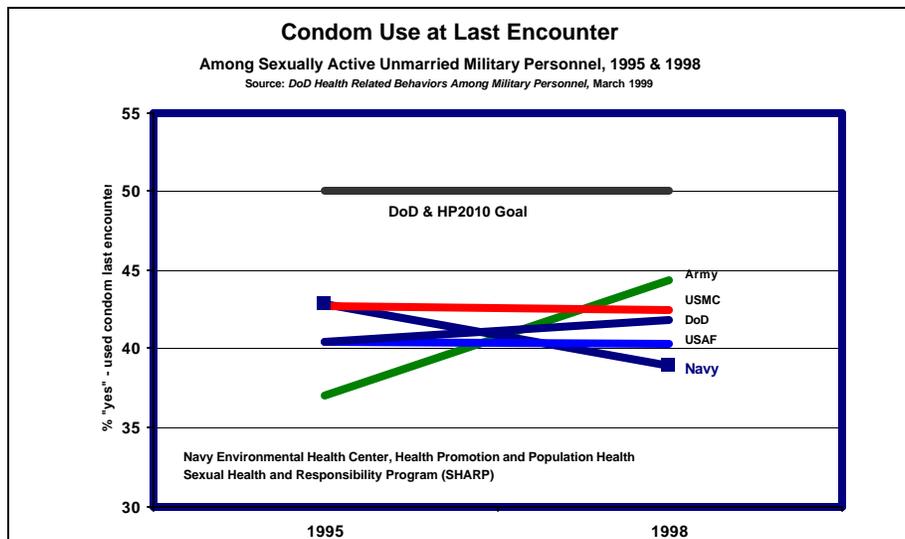


Racial groupings of the 22 active duty Marines newly identified as HIV positive in 2000 are shown in Figure 4. Among these Marines, 59% were black, 36% white, 5% were other races (0% Hispanic). All HIV positive Marines were male.

Age and racial groupings of the 73 newly identified HIV positive active duty Sailors and Marines are shown in Figures 5 and 6, respectively. The largest age group of newly infected Sailors was the 20-24 year old group (23 of 73; 31.5%). While most newly infected Sailors were under age 29 (about 58%), it is noteworthy that many (42%) were older than this. In fact, among white HIV positive Sailors, more were over 30 years old than under 30 (17 vs. 13; 57%). The largest age group of newly infected Marines was the 20-24 year old group (11 of 22; 50%). Most newly infected Marines were under age 29 (73%).



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 most STDs, including HIV infection, gonorrhea, chlamydia, trichomoniasis, human papilloma virus (HPV), and hepatitis B (CDC, 1999).



In 1998, among unmarried, active duty Sailors and Marines, condoms were reportedly used during the last sexual encounter by only 38.9% and 42.4%, respectively. Further, more than half of all military personnel who had one or more casual partner used condoms inconsistently if they used them at all (Bray, 1998). The national target for condom use at last sexual encounter is 50% (USDHHS, 2000).

## **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, goals, products, and services

**The Sexual Health and Responsibility Program (SHARP)** is one of the teams within the Directorate of Health Promotion and 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**

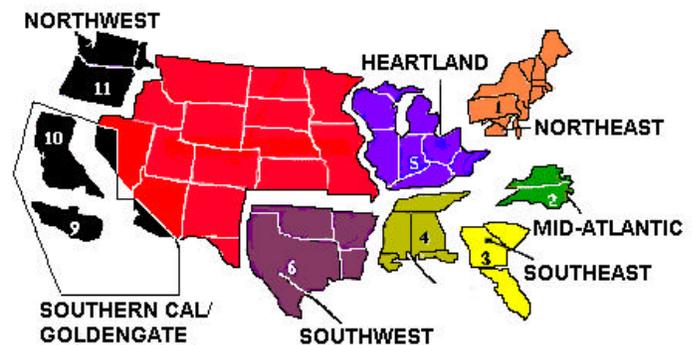
- Provide information and education programs on the prevention STDs, including HIV.
- Implement programs that promote positive behavior change and responsible decision-making regarding human sexuality.
- Design programs targeting those persons whose behavior puts them at high risk of infection, such as patients in STD clinics, persons referred to drug and alcohol treatment programs, and family planning clinics.
- Provide programs for health-care personnel to assess patients' understanding of risk behaviors and safer behavior options and effectively communicate this information to patients.

## SHARP People and Roles

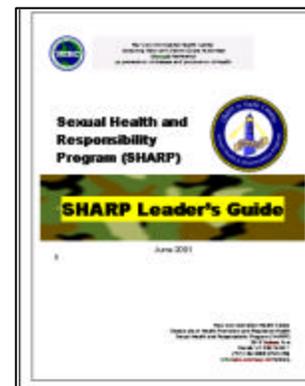
**SHARP Area Coordinators** are regional advocates and coordinators of sexual health education for Sailors and Marines. They promote the SHARP mission and support SHARP Community Leaders and others who are working to educate our people about STDs, including HIV, and unplanned pregnancy.

SHARP is organized into these geographic **SHARP Areas**, which roughly approximate Tricare Regions:

- |       |                           |
|-------|---------------------------|
| 1     | Northeast                 |
| 2     | Mid-Atlantic              |
| 3     | Southeast                 |
| 4     | Gulf South                |
| 5     | Heartland                 |
| 6     | Southwest                 |
| 9-10  | Southern Cal -Golden Gate |
| 11    | Northwest                 |
| 12-13 | Hawaii-Pacific            |
| 14    | Latin America             |
| 15    | Europe                    |



**SHARP Community Leaders** are the local advocates and coordinators of sexual health education for Sailors and Marines. They promote the SHARP mission and SHARP products and partner with local line and medical leaders, Command health promoters, volunteer instructors, preventive medicine and health promotion professionals, *Semper Fit* program managers, indoctrination program coordinators, women’s health programs, and other community leaders and groups. A “SHARP Leader’s Guide” is available on the SHARP website.

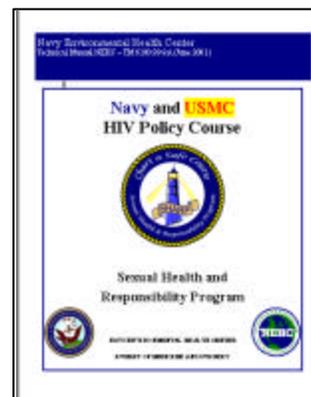


A current index of SHARP Area Coordinators and Community Leaders is available on-line at [http://www-nehc.med.navy.mil/downloads/hp/sharp\\_leaders.pdf](http://www-nehc.med.navy.mil/downloads/hp/sharp_leaders.pdf)

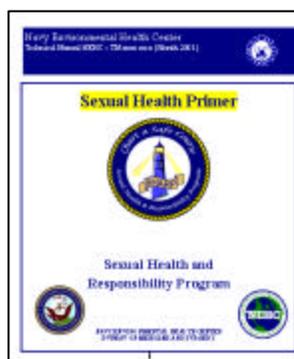
**SHARP Instructors** talk with Sailors and Marines about sexual health. Anyone can speak to Sailors and Marines about sexual responsibility. But to help people increase their confidence and competence, SHARP offers “SHARP Instructor” registration and self-study courses. People may register as SHARP instructors by completing the on-line registration process at the SHARP website.

## SHARP Instructor Training Sources

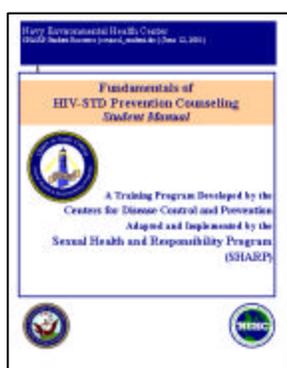
This course, **Navy and USMC HIV Policy** (previously known as “Navy HIV Instructor Course”) explains DoD and DoN policy regarding HIV. This course and the examination are available on the SHARP web site at <http://www-nehc.med.navy.mil/hp/sharp/education&training.htm>. SHARP issues a certificate of training to each person who completes the 38-question exam.



**SHARP's Sexual Health Primer** includes the impact of STDs and unplanned pregnancy, Risk Assessment and Risk Reduction Counseling – Guidance and Training for Health Care Providers, “SHARP Facts” Fact Sheets on STDs; unplanned pregnancy; HIV testing; options for risk reduction; male and female condoms; talking to teens about sexual responsibility; and family planning. This course is available on the SHARP website. SHARP issues a certificate of training to each person who completes the 40-question exam.



**SHARP's “HIV-AIDS Facts Quiz”** is a resource and self-study course for health care professionals, including nurses, physicians, Preventive Medicine Technicians, Independent Duty Corpsmen, and Environmental Health Officers. These registered SHARP instructors receive a copy of the American Red Cross **Facts Book** to help them answer, in a culturally sensitive, non-judgmental way, the HIV-AIDS questions people in their community are likely to ask. SHARP issues a certificate of training to each person who completes the 50-question quiz.



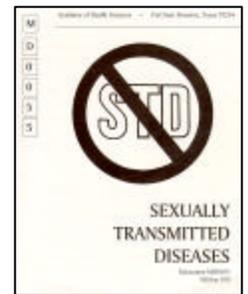
**Fundamentals of HIV-STD Prevention Counseling** is a 2 day course for physicians, nurse practitioners, physician assistants, clinical and DoDDS school nurses, Preventive Medicine Officers and Technicians, Environmental Health Officers, Independent Duty Corpsmen, health promoters, and family service counselors – people tasked to counsel individual Sailors and Marines regarding sexual behavioral risk reduction. This course is based on Project RESPECT, a study which meets CDC’s HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has positive and significant behavioral/health findings. Continuing education credit is awarded.

Navy people can also enroll in the **US Army “Sexually Transmitted Disease”** correspondence course. This one-volume self-study course is available at no cost. SHARPNews Vol 2 No 10 contains a fax-ready enrollment form and more information. You’ll find a link to it on the SHARP website at <http://www-nehc.med.navy.mil/hp/sharp/shrpnws.htm>.



**American Red Cross HIV Instructor Course** –This training is conducted by American Red Cross Chapters. Students learn the facts about HIV and AIDS and learn how to conduct educational sessions for groups. Cost and availability vary somewhat by

location. Contact your local Red Cross Chapter HIV/AIDS Training Coordinator for training opportunities in your area. A complete list of Red Cross Chapters is available on line at <http://www.redcross.org/hss/swan.html>.



## **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 DoN HIV education requirements
- 3.2 Accession
- 3.3 On-Going Testing
- 3.4 Limits on the Use of Laboratory Test Results
- 3.5 Documentation of Medical and Dental Records
- 3.6 Retention, Assignments and Separation
- 3.7 Evaluation of HIV Positive Personnel
- 3.8 Safety of the Blood Supply
- 3.9 Confidentiality and Disclosure
- 3.10 Epidemiological Assessment and Use of Information
- 3.11 Reserve Component Policy

### **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 5300.30C, Management of Human Immunodeficiency Virus-1 (HIV) Infection in the Navy and Marine Corps, dated 14 March 1990.

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 disease to noninfected personnel, the effect of infected personnel on naval units, and the safety of military blood supplies.

### **Information Program Tasking**

Informational programs are conducted to reduce apprehensions about the risks of HIV infection and to inform service members about the prevention and risks of HIV infection.

The Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) are tasked by SECNAV Instruction 5300.30C 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 Deputy Chief of Naval Operations (Manpower, Personnel and Training) 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.

Sexual responsibility education programs are developed by the Chief of Naval Education and Training (CNET) for general military training (GMT). These are available on-line at <http://www.cnet.navy.mil/gmt.html>.

The Chief of Information (CHINFO) in conjunction with the Director of Marine Corps (Public Affairs) is tasked to develop, implement, and review on an annual basis, an internal information plan which provides information on the prevention of HIV infection, utilizing print and broadcast media under their control or oversight.

The Bureau of Medicine and Surgery (BUMED) is tasked to provide information, education and motivation programs to all Department of the Navy health care 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/classes, occupational health program patients (particularly at-risk occupational groups) and health care beneficiaries overseas.

The Navy Environmental Health Center, Directorate of Health Promotion and Population Health, Sexual Health and Responsibility Program (SHARP) supports BUMED by developing and promoting sexual health information, education, and behavior change products and services for use by and for DoN people.

## **HIV Education Requirements**

SECNAV Instruction 5300.30C was updated by SECNAV Notice 5300 (12 March 1996). This notice specifically states that it is to remain in effect until the next revision of SECNAV Instruction 5300.30C. SECNAV Notice 5300 requires:

- Commands will conduct a minimum of 1-hour of HIV/AIDS prevention education each calendar year for all military personnel.
- It is important that DoN civilian employees (appropriated and non-appropriated) and their supervisors (military and civilian) receive information on AIDS prevention and relevant workplace policies, procedures, and resources. Classroom training may be employed, but is not mandatory.
- All training must stress that avoidance of high-risk behavior is an individual responsibility. DoD requires that information on prevention of the disease must be available, in writing or by other means, on an individual basis and that this material be coordinated with DoD.

- Information on AIDS workplace and prevention issues shall be incorporated into orientation programs for new employees and into basic training for supervisors, managers and executives.

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**

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.

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) There presently is no way to differentiate those who will progress to clinical disease from those who will remain healthy.
- (5) 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 12 months have elapsed between the pre-accession test and entry on active duty, a retest must be conducted. These 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 12 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 12 months prior to acceptance into the officer training program for which applying. Applicants who are ineligible for appointment due to HIV antibody positivity 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 (OCS/OIS/AOCS/PLC/NAVCAD/AVROC) 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 requests discharge or is separated for disability. In either case, if the sole basis for discharge is HIV positivity, 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. Disenrolled NROTC participants shall be permitted to retain any financial support through the end of the academic term in which the disenrollment is effected. Financial assistance received in these programs is not subject to recoupment if the sole basis for disenrollment is HIV positivity.

(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. Except as specifically prohibited by statute, any additional service obligation incurred by participation in such programs shall be waived and financial assistance received in these programs shall not be subject to recoupment. Periods spent in these programs shall be applied fully toward satisfaction of any pre-existing service obligation.

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 relationship between the blood tests, HIV, and AIDS, and will be provided medical, psychological, and spiritual support while awaiting separation.

### **On-Going Testing**

Military personnel (active and reserve) shall be tested for the presence of HIV antibodies to maintain the health of the force and to develop scientifically based information on the natural history and transmission of HIV and AIDS. Family members of active duty personnel and Department of Defense (DoD) civilian employees entitled to military medical care, on a voluntary basis, shall be tested as resources permit. Mandatory testing of civilians for serologic evidence of HIV infection is not authorized except pursuant to valid requirements by a host country. Testing of civilian employees shall conform to guidance in SECNAVINST 12792.4.

Active duty personnel serving in overseas and deployable units and all active duty health care providers shall be tested on an annual basis during each calendar year.

Active duty members issued Permanent Change of Station (PCS) orders to a continental United States deployable command are required to have an HIV test within 12 months prior to transfer and results documented if received prior to transfer. If results are received after the member has transferred to the command, they shall be forwarded to the new duty station for insertion in medical/dental records.

Personnel issued PCS orders to an overseas duty station are required to have a negative HIV test completed and results documented in health and dental records within 12 months prior to transfer.

Due to increased risk of exposure to HIV, all military personnel identified with a sexually transmitted disease (STD) will be retested on each episode or recurrence. Additionally, all military personnel counseled or treated for alcohol or drug abuse or presenting at prenatal clinics will be tested. Voluntary testing will be provided to beneficiaries, upon request, presenting for treatment or evaluation of STD, alcohol, drug, or prenatal care.

All other personnel shall be tested in conjunction with routinely scheduled medical examinations if not tested within the preceding 12 months.

Active duty health care providers may be screened more often when prescribed by the Surgeon General.

Delays in obtaining results of confirmation tests shall be minimized to prevent uncertainty and apprehension of members awaiting the outcome.

Military personnel not in a confined status shall not be segregated based on screening or confirmation tests.

### **Limits on the Use of Laboratory Test Results**

Results obtained from laboratory tests performed under SECNAVINST 5300.30C may not be used as the sole basis for separation of the member, except for a separation based upon physical disability or as specifically authorized by that instruction. Laboratory test results confirming the serologic evidence of HIV infection may not be used as an independent basis for any disciplinary or adverse administrative action. However, such results may be used for other purposes including:

- (1) In a separation for physical disability.
- (2) In a separation under the accession testing program.
- (3) In a voluntary separation for the convenience of the government.
- (4) In any other administrative separation action authorized by DOD policy.
- (5) In any other manner consistent with law or regulation (e.g., the Military Rules of Evidence) including:
  - (a) To establish the HIV positive status of a member who disregards the preventive medicine counseling or the preventive medicine order, or both, in an administrative or disciplinary action based on such disregard or disobedience.
  - (b) To establish the HIV positive status of a member as an element of any permissible administrative or disciplinary action (e.g., as an element of proof of an offense charged under the UCMJ).
  - (c) To establish the HIV positive status of a member as proper ancillary matter in an administrative or disciplinary action (e.g., as a matter in aggravation in a court-martial in which the HIV positive member is convicted of an act of rape committed after he is informed that he is HIV positive).

## **Documentation of Medical and Dental Records**

All HIV antibody test results must be documented in the medical/dental records under current BUMED guidelines. 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.

## **Retention, Assignments and Separation**

Active duty members who are HIV antibody positive who show no evidence of clinical illness or other indication of immunologic or neurologic impairment related to HIV infection shall not be separated solely on the basis of serologic evidence of HIV infection.

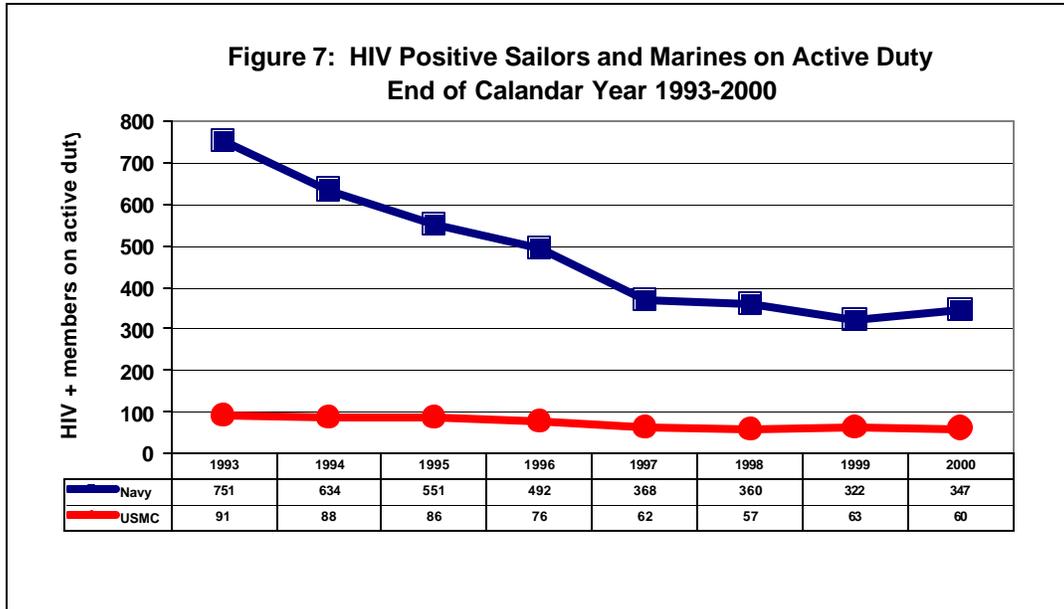
Immunologic deficiency, neurologic involvement, or progressive clinical or laboratory abnormalities associated with HIV are unfitting conditions. Active duty members who are HIV antibody positive and demonstrate immunologic deficiency, neurologic involvement, or progressive clinical or laboratory abnormalities associated with HIV shall be processed through the Disability Evaluation System (DES). Additionally, personnel diagnosed as having AIDS shall be processed through the DES. Military personnel who demonstrate no evidence of immunologic deficiency, neurologic involvement, or clinical indication of disease associated with HIV infection shall be retained in the service unless some other reason for separation exists. This policy is based on the following considerations:

- (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.

HIV positivity shall not be used to deny reenlistment to members on continuous active duty.

Military personnel who are HIV antibody positive and retained under this policy shall be assigned within the United States, including Alaska, Hawaii, and Puerto Rico, to a unit not normally programmed for deployment and within 300 miles of a Naval Medical Treatment Facility (MTF) designated by the Surgeon General.

The numbers of HIV positive Sailors and Marines on active duty by year from 1993-2000 are shown in Figure 7. HIV positive members are retained on active duty provided they show no evidence of clinical illness or immunologic or neurologic impairment related to their HIV infection. Combination therapies to improve the health of HIV positive members may have contributed to the “leveling off” seen in 1997-98. These therapies might actually increase the prevalence of HIV positive Sailors and Marines on active duty, as is now seen in 2000.



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.

Military personnel retained on duty but who are found not to have complied with the directives given during lawfully ordered preventive medicine procedures, are subject to appropriate administrative and disciplinary actions including separation for cause.

A member who is HIV positive and retained on active duty may request voluntary separation under the following guidelines:

(1) Members may apply for separation because of HIV positivity within 90 days after their initial medical evaluation and classification is completed. The 90-day period begins the day the medical board report of HIV positivity is signed by the member. Personnel requesting separation after the 90-day period has expired will be considered on a case-by-case basis. Separation may be delayed up to 180 days after initial evaluation in order to minimize manning shortfalls and to provide for continuity of functions. Members who volunteer for separation will be processed for convenience of the government due to compelling personal need. The discharge shall be characterized as warranted by service record. Members who elect separation will not be allowed re-entry into the service at any further date.

(2) The CNO and CMC will normally deny the request if the member:

(a) Is serving in a competitive category, designator, rating, Navy enlisted code, occupational field, or military occupational specialty in which the CNO or the CMC determines that significant personnel shortage justifies retention or;

(b) Has not competed obligated service incurred for funded education programs, enlisted education and/or training including Enlisted Education Advancement Program, advanced educational or technical training, initial and advanced skill training which required obligation beyond current service obligation, nuclear power field, advanced electronic field, and advanced technical field programs, and similar programs or;

(c) Was notified of HIV positive status prior to executing orders or entering a program requiring obligated service.

(3) Due to the substantial investment in training of naval personnel, commands initially processing individuals requesting voluntary separation will ensure they have considered the cost to the naval service of voluntary separation. Additionally, the command will counsel the individual on the potential for lost benefits, resulting from a voluntary separation. The individuals request for separation must document lack of implied pressure or coercion, implied or otherwise.

A request for separation may be approved when in the judgment of the SECNAV with the advice of the CNO or the CMC, on a case-by-case basis, the applicant has demonstrated overriding and compelling factors of personal need which justify separation for HIV positivity.

Members voluntarily separated from the active force by reason of HIV positivity who have a remaining military obligation, will be transferred to the Standby Reserve Inactive unless there are other medical reasons why the member would not be available to meet mobilization requirements.

Separation for cause or for other reasons based upon evidence other than HIV positivity, is unaffected by SECNAVINST 5300.30C.

### **Evaluation of HIV Positive Personnel**

Active duty military members and, on a voluntary basis, dependents who test positive for exposure to HIV virus will be medically evaluated to determine the medical status of their infection. The standardized DoD clinical protocol will be used for active duty members. A medical board shall document the medical evaluation for active duty members. 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 referred to their private physician for medical care and counseling. Reserve component members not on extended active duty are ineligible for medical evaluation in military facilities.

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

## **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.

Notes:

- 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 676,000 (American Red Cross, 1997).

## **Confidentiality and Disclosure.**

There is much misinformation and unwarranted apprehension about who is or who can be a source of infection. Allegations and suspicions based on the current tests, which identify only the presence of HIV antibodies, can be disruptive to unit morale and unjustly harm professional standing and acceptance in military units. There are potential 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.

## **Epidemiological Assessment and Use of Information**

The term epidemiologic assessment interview means that part of the 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. The epidemiologic-assessment interview will be conducted by the interviewing health care professional during the medical evaluation used to determine the possible mode of transmission and the status of potential infection.

Upon notification that an individual is HIV positive, the cognizant military health authority shall undertake preventive medical action including counseling of the individual and others at risk of infection such as his or her sexual contacts (who are military health care beneficiaries).

HIV positive individuals who are military health care beneficiaries shall be counseled by a physician or designated health care provider regarding the significance of a positive antibody test. They shall be advised as to the mode of transmission of this virus, the appropriate precautions and personal hygiene measures required to minimize transmission through sexual activities and/or intimate contact with blood products, and of the need to advise any past sexual partners of their infection and directed to follow these preventive medicine procedures. Women

shall be advised of the risk of perinatal transmission during past, current, and future pregnancies. The beneficiary shall be informed that he or she is ineligible to donate blood, sperm, or any other body part. This preventive action and counseling will also include information on coordination with military and civilian blood bank organizations to trace possible exposure through blood transfusion or donation of infected blood, and referral of appropriate case-contact information to the cognizant military or civilian health authority. Any information linking the individual to HIV antibody positivity is not to be released to civilian agencies or to military activities without a demonstrated need to know.

The initial and on-going medical evaluations of each HIV positive individual will include an epidemiological assessment of the potential for transmission of HIV to close personal contacts and family members. This information is vital to appropriate preventive medicine counseling and to continued development of scientifically based information regarding the natural history and transmission pattern of HIV.

The assessment shall attempt to determine previous contacts of the HIV positive individual. The individual shall be informed of the importance of case-contact notification to interrupt disease transmission and shall be informed that contacts will be advised of their potential exposure to HIV. Individuals at risk of infection include sexual contacts (male and female), children born to infected mothers, recipients of blood or blood products, organs, tissues, or sperm, and users of contaminated intravenous drug paraphernalia. Those individuals determined to be at risk who are identified and who are eligible for health care in the military medical system shall be notified. Active duty military members identified to be at risk shall be counseled and tested for HIV infection. Other beneficiaries, such as retirees and family members, identified to be at a risk shall be informed of their risk and offered serologic testing, clinical evaluation, and counseling. The names of individuals identified to be at risk who are not eligible for military health care shall be provided to local civilian health authorities unless prohibited by the appropriate state or host nation civilian health authority. Anonymity of antibody positive individuals shall be maintained unless reporting is required.

Information obtained from a service member during or as a result of an epidemiologic assessment interview may not be used against the service member in a court martial; nonjudicial punishment; involuntary separation (other than for medical reasons); administrative or disciplinary reduction in grade; denial of promotion; an unfavorable entry in a personnel record; bar to reenlistment; and any other action considered by the Secretary of the Navy to be an adverse personnel action.

The limitations pertaining to the use of information obtained from a member by a health care professional during the epidemiologic-assessment interview does not apply to the introduction of evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse or relevant sexual activity (or lack thereof) has been first introduced by the service member or to disciplinary or other action based on independently derived evidence; or, nonadverse personnel actions such as reassignment, disqualification (temporary or permanent) from a personnel reliability program, denial, suspension or revocation of a security clearance, suspension or termination of access to classified information, and duties requiring a high degree of stability or alertness such as flight status, explosive ordinance disposal, or deep-sea diving.

Nonadverse personnel actions which are supported by serologic evidence of HIV infection shall be accomplished under governing Naval regulations, considering all relevant factors, on a case-by-case basis.

## **Reserve Component Policy**

### Testing

Reserve personnel in the following categories shall be retested on an annual basis unless testing is required more frequently, as resources permit. Reserve health care providers may be screened more often when prescribed by the Surgeon General.

- (1) Reserve personnel receiving orders to active duty for 30 days or more.
- (2) Selected reserve personnel subject to deployment on short notice to areas of the world with a high risk of endemic disease or with minimal existing medical capability.
- (3) Selected reserve personnel serving in units subject to deployment overseas.
- (4) Selected reserve health care providers as appropriate.

Testing will occur during each routine physical examination including those required annually /tri-annually/quadrennially, as well as those examinations conducted for the purpose of reenlistment if a test has not been performed within the last 12 months.

Reserve units are not authorized to utilize HIV results obtained from civilian blood collection agencies (e.g., American Red Cross). Test results obtained from civilian blood collection agencies are not subject to the DOD quality control standards and are therefore not acceptable to meet any DOD HIV test requirement. Do not contact any civilian blood collection agency requesting HIV results for reservists who have donated blood.

Reserve members applying for extended active duty for a period over 30 days or active duty for training over 30 days in any capacity must have a current negative HIV test within 12 months of execution of orders documented in health and dental records. In circumstances where a current HIV test is not available and cannot be obtained prior to the required active duty, the reserve member may be ordered to active duty and the HIV test performed on blood drawn within the first 10 days. If that test is positive, the active duty will be terminated and the member will revert to inactive status. In addition, reserve personnel performing official duty outside the United States for any period must have a negative HIV test documented in health and dental records within 12 months prior to departure date.

Reserve component members testing positive for the HIV antibody are ineligible for active duty over 30 days except under conditions of mobilization.

Members of the reserve components (reservists not on extended active duty of more than 30 days) who are HIV antibody positive and who can be assigned to mobilization billets in the

United States which do not require immediate deployment and do not require availability for reassignment overseas or to deployable billets shall be retained in the Ready Reserve. All HIV antibody positive reservists for whom such mobilization billet assignments cannot be made shall be transferred involuntarily to the Standby Reserve Inactive.

#### Medical Evaluation, Retention and Separation

HIV antibody positive reservists who desire to continue affiliation with the Ready Reserve and for whom a billet is available for duty in the United States must obtain from his/her civilian physician an evaluation conforming to the protocol prescribed by the DOD for HIV evaluation. Reserve personnel presenting documented evidence from their civilian physician showing no evidence of immunologic deficiency, neurologic involvement, or clinical indication of disease associated with HIV positivity as determined by military health care providers may be retained in the Ready Reserve. If evaluation results are not provided within two months of notification of being HIV positive, the HIV antibody positive reservist shall be transferred to the Standby Reserve Inactive or processed for separation depending on the needs of the naval service.

As previously stated, 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 referred to their private physician for medical care and counseling. Reserve component members not on extended active duty are ineligible for medical evaluation in military facilities.

HIV positivity shall not be used to deny continuous reenlistment of reservists in an active status. Continuous reenlistment will not be denied or delayed awaiting test results.

Reserve component members may apply for separation by reason of HIV positivity within 90 days of their initial formal counseling by representatives of the naval service. The 90 day period begins the day the reservist is formally counseled per current service regulations. Reserve component members requesting separation after the 90-day period has expired will be considered on a case-by-case basis. Members who elect separation will not be allowed to re-enter into the service at any future date. The CNO and CMC may approve such requests based on manpower requirements and the needs of the service. The CNO and CMC will deny this request if the reserve component member has any remaining statutory service obligation.

Any request for separation must document the lack of pressure or coercion, implied or otherwise, leading to such request by the command involved.

#### Reserve Spouse Notification

Spouses of reserve members are not normally DOD health care beneficiaries. When a reservist is found to be HIV positive, the spouse will be offered HIV testing and counseling within the Navy health care system. The services are not authorized to pay for testing and counseling outside of the military health care setting.

Each MTF will establish a local Navy contact team comprised of one physician and one nurse, both trained in crisis intervention and current in HIV/AIDS information. These teams will be members of the MTF staff.

The reserve member first will be informed that the DoN is required to notify spouses of their potential contact with HIV. The member should be encouraged to inform his/her spouse prior to this official notification. The member should be strongly encouraged to notify all high risk contacts including former spouses or sexual partners who are not legitimate spouses as identified by local state law.

The local Navy contact team will perform the official notification via an appointment scheduled to be held at the local MTF or the member's or the spouse's home. The contact team will telephone the spouse to arrange an appointment time to discuss a medical matter with the member and spouse or require the member to telephone the appropriate Navy contact team if the spouse has no phone. Although it is preferred that both the member and spouse be present for the notification appointment, the member is not required to be there. At the time of the appointment, the spouse will be given the formal notification letter which offers testing and counseling.

An official notification letter will inform the spouse that there may have been a potential exposure to HIV virus during the course of normal marital relationships and that voluntary counseling and testing will be provided at no cost to the spouse. The letter will contain space for the spouse to indicate either acceptance or refusal of this service, a space to annotate the date and location of testing and counseling, and a space for medical officer authentication of spouse decision. This letter must be available at the time of spouse official notification. The letter will not be mailed to the spouse.

The spouse will be asked to indicate on the notification letter whether or not he/she wishes to accept the services offered. The notification procedures must comply with the Privacy Act of 1974, 5 U.S.C. Section 552a, including the provisions concerning routine uses.

If accepted, counseling will be provided and blood drawn for HIV testing. The spouse will be informed that the testing is voluntary. Two blood specimens will be drawn with each specimen numbered individually. Testing will be done at the designated Navy test facilities and consist of an ELISA screen and, if positive (x2), a Western Blot. The spouse may refuse testing or opt to obtain testing at a later time utilizing the local MTF.

If the spouse opts to obtain testing at a later time, the notification letter will be left with the spouse who will be afforded 90 days to request the test. This action will be noted on the duplicate letter and maintained by the contact team. The spouse will be given a point of contact at the nearest MTF so that he/she may schedule an appointment. At the appointment time the spouse will be required to present the notification letter as well as identification. The testing date will then be indicated on this letter.

If the spouse refuses testing, the spouse signs the notification letter so indicating. The spouse will be informed of the local public health facilities and encouraged to obtain testing and counseling through local health care facilities.

If the spouse declines to indicate his/her wishes on the form, the contact team will so indicate on the form by writing, “ [spouse’s name] declined to sign. [date] .“

The contact team will advise the spouse of test results and provide in person post test counseling to include interpretation of the test results, precautions to prevent transmission, pregnancy risks, and exclusion from blood or organ donation. Additional information will include follow-up instructions for the spouse utilizing local health care facilities. Completion of this post-test counseling must be documented by the contact teams. If allowed by state law, in an effort to provide follow-up evaluation and counseling, a local public health authority counselor will be present at post test counseling.

As allowed by state law, state public health authorities will be notified of both the index and contact cases.

Treatment, follow-up evaluation, testing or counseling to the spouse are not authorized, regardless of the test results, beyond the scheduled meeting for the review of spouse test results and post-test counseling. If the spouse is not present to receive his/her test results, another appointment time shall be scheduled. Test results are not to be mailed to the spouse. If the spouse fails to appear for the scheduled appointment, the contact team shall attempt telephone contact with the spouse in an effort to secure another appointment. The test results are not to be given over the telephone. If after reasonable documented efforts the spouse fails to report for the appointment or refuses further contact, the local public health authorities will be notified and contact with the spouse established in accordance with local public health authority guidance.

Documentation (notification, and post–test counseling letters) confirming spouse notification and counseling will be retained by the contact team until after the post-test counseling at which time the documents will be forwarded to BUMED (MED-37) for final retention.

### **Data Base of HIV Exposure and Use of Data**

BUMED will establish and maintain a central database of HIV positive DoN military personnel to support on-going clinical evaluation and longitudinal epidemiologic evaluation. Data base information and information derived there from, including any information linking individuals to HIV antibody positivity, but excluding statistical data not linked to identifiable individuals, is not to be released to civilian agencies or to military activities without a demonstrated need to know. Within these limitations, information may be disclosed only as follows:

(1) To medical and command personnel to the extent necessary to perform their required duties.

(2) To civilian health authorities but only in response to a valid request. All such requests will be referred to BUMED, which will determine whether the civilian requirement to report HIV positivity is a valid formal request for such reporting from a civilian health authority.

(3) To activities outside DOD upon request, limited to aggregated testing data. All requests for such data will be referred to the CNO or CMC as appropriate.

(4) To authorized personnel for the purpose of conducting scientific research, epidemiological assessment, management audits, financial audits or program evaluation. Personnel receiving information from the database shall not identify, directly or indirectly, any individual service member in any report of such research, assessment, audit or evaluation, or otherwise disclose service member identities in any manner.

(5) In response to an order of the judge of court of competent jurisdiction.

The Director, Naval Medicine, under the CNO, will provide a quarterly report of HIV testing results for the active forces and the reserve components including trend analysis and evaluations of the reported information to the CNO, CMC, and Assistant Secretary of the Navy (Manpower & Reserve Affairs) (ASN(M&RA)) within 30 days of the end of each fiscal quarter.

## **Appendix 1 - Text from the Guide For Commanding Officers and Officers in Charge of HIV Infected Members**

### **Notification of the CO and the Member**

One of the most difficult things a Commanding Officer may ever have to do is tell one of his/her assigned personnel that he or she is infected with HIV, the virus that causes AIDS. Appendix A is a sample HIV notification letter that arrives marked SENSITIVE - FOR CO's ONLY. It is not feasible to design an all-purpose counseling statement for such an occasion. However, the following facts and ideas may be helpful when informing one of your Sailors that he/she is HIV infected:

HIV diagnosed members must be notified in a timely manner to prevent further infection of others. A positive test only means that a member has been infected with HIV. It does not mean that he/she has AIDS. Because the Navy frequently tests its members, those who are HIV diagnosed are most often in the early asymptomatic stages of infection.

Exercise discretion when calling the HIV+ member to your office for notification.

When possible, notification should be done early in the week and after hours. Try to avoid telling the member on a Friday or the day before the member's leave or liberty period when the member may have inadequate emotional support.

A physician/Independent Duty Corpsman (IDC) and chaplain should be immediately available to the member after notification, but avoid having them in your office at time of notification - as their presence only adds additional alarm.

It is inappropriate to infer or presume a method of transmission of HIV infection. A positive test does not automatically mean that a member is homosexual or an intravenous drug abuser. *HIV infection is possible regardless of sex, race, ethnic group or sexual orientation.* For all practical purposes, HIV infection is a sexually transmitted disease occurring from contact with blood, semen, vaginal fluid and sometimes breast milk.

Most members who test positive are completely unaware that they are infected with HIV. However, occasionally the member already knows or suspects he/she is infected (e.g., member donated blood and was informed by the American Red Cross, was concerned and tested through a civilian source, or engaged in a risk relevant behavior and became concerned).

Reassure the member that he/she is not in immediate danger of dying and there is still a career for him/her in the Navy. Additionally, Navy Medicine is on the cutting edge in treating HIV infection.

Initial counseling about HIV infection is often not totally comprehended. Offer to make yourself or another person (i.e., XO, CMC) in the command available for questions that may follow after initial notification.

A REQUIRED MESSAGE INDICATING THAT THE INDIVIDUAL HAS BEEN NOTIFIED MUST BE RETURNED TO DCNO(M&P)(N130H) WITHIN 10 WORKING DAYS. *See appendix 1B for sample message format.*

An HIV+ member should not be treated any differently than any other members of your command. *There is no risk to the health of the infected member, shipmates, or co-workers in performing ordinary activities* such as sharing heads, berthing spaces, galleys and workspaces. The virus is not spread by casual contact such as sneezing, shaking hands, sharing eating utensils, sweating, etc.

## **Frequently Asked Questions**

### ***What will happen to my career?***

The member has 90 days after the initial evaluation to decide whether to remain in the Navy. Members can apply for separation due to HIV status within 90 days after initial evaluation & classification. The 90-day period begins the day the medical board report is signed by the member. Separation after the 90-day period has expired will be considered on a case-by-case basis. Separation can be delayed up to 180 days after evaluation. Members who volunteer for separation will be processed for *convenience of the government due to compelling personal need*. Members who elect separation will not be allowed re-entry into the service. Reasons CNO/CMC may deny requests for separation and additional separation guidelines are documented in SECNAVINST 5300.30C.

HIV+ members may no longer be permanently assigned OCONUS, to sea duty or routinely-deployed units. Junior enlisted members in sea intensive ratings (i.e., OS, BT, QM, etc.) may have to change their rating to have a viable career. HIV+ pilots, NFOs and aircrewmen are permanently grounded and reassigned to shore duty.

### ***Can I advance?***

Yes. By law, personnel records cannot contain a member's HIV status nor can a member be denied reenlistment or promotion solely because of HIV infection. Outstanding performance is the key, since HIV+ members are subject to high year tenure, ENCORE, Continuation Boards and Selected Early Retirement Boards (SERB).

### ***Will I have to inform my spouse/significant other that I am HIV+?***

It is your moral responsibility to personally notify people you may have infected. When you get to the hospital, you will be asked to list all of the people you may have infected. All active duty members will be officially notified by the military, and civilians will be officially

notified by the state in which they reside. Navy Preventive Medicine personnel are authorized to notify active duty spouses.

*\*\* Commanding Officers. Due to various state laws, neither you nor other members of your command are legally authorized to notify assumed prior/potential sexual partners of their contact with an HIV+ member.*

### **Who in the command knows I'm HIV+?**

Right now, just myself, Chaplain \_\_\_\_\_ and Dr. \_\_\_\_\_ (or an Independent Duty Corpsman when no physician is available). With your permission, I would like to inform \_\_\_\_\_, so that he/she may help you prepare for MEDEVAC/transfer from the command, and be available to answer any questions you may have after our meeting today.

*One of the most important issues to an HIV+ service member is his/her knowledge that only a very select few are aware of their being infected with HIV. It goes without saying that the CO must be extremely vigilant to ensure the member's confidentiality is not compromised. If you inform someone else in your command, you should advise the service member of your decision.*

### **Medical Evaluations**

DoD Directive 6485.1 provides a detailed outline of clinical requirements for periodic medical evaluations of HIV diagnosed members.

### **INITIAL EVALUATION**

A two-week evaluation is conducted at National Naval Medical Center (NNMC) Bethesda, Naval Medical Center Portsmouth, or Naval Medical Center San Diego.

Do not rush the member to the medical facility immediately after notification that he/she is HIV+. Rapid removal from the command can be very stressful for the member and puts additional disruption, confusion and sense of loss on top of the initial bad news. However, remaining at the command can also be stressful if confidentiality has not been maintained. Ten-14 days is usually sufficient time to arrange personal matters. Members returning to CONUS from overseas may need a longer period to arrange and supervise movement of household goods and family members.

**TRAVEL INFO.** Members traveling from OCONUS or a ship should be transferred/**TEM**DU to one of the three Navy medical treatment facilities (MTF) noted above. A member returning to a Type 1 (CONUS) after initial evaluation may transferred/**TAD** to the MTF. The following line of accounting is provided for transfer of Navy/Marine inpatients worldwide and their non-medical attendants outside CONUS:

Line of accounting data for TEMDU orders:

SDN: N0001890MD00CMF

DE 9700130 188M 210 00018 M 068688 2D MEE000 0018099013E

Numbers underlined above represent the fiscal year.

This accounting data also covers one non-medical attendant (e.g., spouse). Travel funds for additional non-medical attendants are a parent command responsibility.

An agent should be designated (in writing) to care for and store household goods until shipment to next duty station can be arranged.

Initial evaluation includes:

HIV+ confirmation, complete physical, psychological counseling, drug/alcohol training and legal counseling.

Determination of fitness for duty. Most members are found fit for full duty. They are assigned/reassigned to Type 1, CONUS shore duty (to include Puerto Rico, Alaska, and Hawaii) within 300 miles of an MTF.

Members not fit for full duty are transferred to the Temporary Duty Retired List (TDRL) or Permanent Duty Retired List (PDRL). The Physical Evaluation Board (PEB) determines percent disability.

#### FOLLOW-UP EVALUATIONS

A complete medical evaluation and follow-on HIV/AIDS counseling and education is required at 6-month intervals.

Last 1-2 weeks.

Provided at the 3 major Navy MTFs previously listed.

TAD funding is provided by the member's command. Though the command has no funding obligation, it is strongly encouraged to authorize travel for the spouse of an HIV+ member to attend the evaluations.

#### EXPERIMENTAL PROGRAMS

Many HIV+ members have volunteered for experimental treatment protocols conducted either NMC San Diego, Walter Reed Army Medical Center (WRAMC) Washington, D.C. or NNMC Bethesda. HIV+ members participating in experimental treatment protocols may require short (1-2 day) monthly evaluations. Funding of protocols, TAD funding and travel arrangements for enrolled members are provided by the Henry M. Jackson Foundation, Bethesda, MD.

## **Preventive Medicine Orders**

Within 30 days of a known HIV+ member arriving PCS to your command, a Preventive Medicine Order (PMO) will arrive from N130H marked SENSITIVE - FOR COs EYES ONLY. *(See appendix 1C for example.)*

The PMO is a legal order that the member must obey and is not to be confused with the counseling statement the member may have signed during initial or follow-on treatment. The hospital counseling statement is *not* an order but a physician's advisory informing the member of the potential for transmission of the HIV infection.

The CO is responsible for ensuring that the PMO is signed by the member with a witnessing officer present. The witnessing officer should be someone other than the CO so that in the event of a PMO violation, the CO can provide Captain's Mast.

Return original PMO to OPNAV (N130H). Provide a copy to the member and retain a copy in the CO/XO safe until the member is transferred from your command. Destroy PMO during member's PCS departure from command.

If you receive a PMO for a member not assigned to your command, simply write across the top of it NOT ASSIGNED TO THIS COMMAND and return it to N130H. *Do not attempt to forward a PMO.*

## Appendix 1A – Sample BUMED Notification Letter

6220  
Ser 02H/(1173B1)

From: Chief, Bureau of Medicine and Surgery  
To:

Subj: HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY POSITIVE RESULTS

Encl: (1) Guide for Commanding Officers and Officers in Charge Of HIV Infected Members  
Confirmatory Positive Test Report

1. The following individual in your command has tested positive for the HIV antibody.

SSN	DOB YR/MO/YR	LAST NAME
-----	-----------------	-----------

2. Process the above individual per enclosure (1) and transfer individual to the nearest Navy medical treatment facility for evacuation to [facility name] for medical evaluation. Point of contact at [facility name] is [POC name and phone number].

An example of the required message confirmation indicating that the above individual has been notified is contained in enclosure (1), appendix b. Please forward this message to the Deputy, Chief of Naval Operations (Manpower and Personnel)(N130H) within 10 working days of receipt via message, mail or fax (703)614-9474. N130H cannot discuss follow-on assignments, a replacement for this member or any other related issues with the individual until this confirmation message is received. If the member has PCS orders to a Type 2 or above (sea or overseas) duty station, inform him/her that the orders will be cancelled. Enclosure (2) is for the member's medical and dental records.

My point of contact is HM1 Doe, USN (MED-02H) at (301) 295-6590 or DSN 295-6590.

SIGNED  
By direction

Copy to:  
NNMC Bethesda (HIV Evaluation Unit)  
DCNO(M&P) (N130H)

## Appendix 1B – Command Message Format

ADMINISTRATIVE MESSAGE

ROUTINE

R 140001Z \_\_\_\_\_ ZYB  
(actual command notification date)

FM \_\_\_\_\_  
(notifying command)

TO CNO WASHINGTON DC//N130H//

UNCLAS //N06220//

MSGID/GENADMIN/ \_\_\_\_\_  
(notifying command)

SUBJ/CONFIRMATION OF NOTIFICATION

REF/A/DOC/BUMED/ \_\_\_\_\_  
(date of notification ltr)

AMPN/REF A IS BUMED NOTIFICATION LTR 6220 SER 02H/ \_\_\_\_\_  
(exact serial number of BUMED ltr)

RMKS/1. IAW REF A, SNM NOTIFIED THIS DATE.//

## Appendix 1C – Sample Preventive Medicine Order

1300  
Ser N130G1/H5818  
02 Jun 2000

SENSITIVE - FOR OFFICIAL USE ONLY

From: Medical Program Manager (N130G1)  
To: Commander, (unit name and address)

Subj: PERSONNEL ASSIGNMENT

Ref: (a) SECNAVINST 5300.30C  
(b) OPNAVINST 1160.5C

Encl: (1) Preventive Medicine Order (PMO)

1. The Navy tests its members for Human Immunodeficiency Virus (HIV) which is associated with Acquired Immune Deficiency Syndrome (AIDS). Reference (a) provides guidance and background on the Navy's HIV testing program and management of HIV infected personnel. This letter advises you that YNC John David Smith, USN, 123-45-6789 is assigned to your command, and has tested positive for the HIV-antibody. He has completed medical evaluation and has been determined by competent medical authorities to be fit for duty. During the course of his evaluation, he has been counseled regarding the modes of transmission, precautions, and personal hygiene measures to minimize transmission of the virus, and requirements established to notify past and future sexual partners. Although he has tested positive for the HIV antibody, he is not ill and not contagious except through blood or bodily fluid exchange. He is fully capable of working at any task consistent with his paygrade and skill level. Some HIV positive members require periodic time away from the command for medical care and counseling. Should these absences become an unreasonable burden to your command, contact my HIV Program Manager for resolution at DSN: 225-2974 or COMM: (703)695-2974.

2. In accordance with reference (a), the following guidelines must be strictly adhered to when managing HIV infected workers:

a. An HIV member's status must be treated with the highest degree of confidentiality and released to no one without a demonstrated need to know. Key personnel within your activity who, in your judgment, have a demonstrated need to know in order to perform a job must be advised that the release of the member's medical status to others is strictly prohibited and could result in disciplinary action.

b. The Secretary of the Navy has approved the issuance of Preventive Medicine Orders (PMO) to HIV infected personnel. The PMO: safeguards the health, welfare, safety and reputation of commands; ensures readiness and the ability of the command to accomplish its

mission; and prevents the spread of HIV/AIDS. A commissioned officer, designated by you, should issue the PMO (enclosure (1)) to the member. Sign, date, and return the original (double sealed) to the Deputy Chief of Naval Operations (N130G1), Department of the Navy, Arlington Annex, Washington DC 20370-5000. Two duplicates of the completed transmittal, certified as true copies, should be retained. Keep one for your files and give one to the service member.

c. Ensure member and his family are provided an opportunity for medical, social, and pastoral counseling. Family Service Center personnel are trained to assist you in this task. The HIV infected member should consent to such counseling or assistance.

d. Prohibit the member from donating blood to ensure protection of the blood supply, and require a needle injection vice air injection gun when given vaccines.

e. Reenlistments and enlistment extensions for HIV positive personnel are subject to Navy-wide reenlistment programs. There are no restrictions on reenlisting or extending personnel solely because they are HIV positive. They must be found medically eligible for reenlistment based on a military physical examination, and meet the requirements of reference (b) as appropriate.

f. Navy policy pertaining to allowing HIV positive members to perform Temporary Additional Duty (TAD) in the continental United States (CONUS), Sea/Shore Code 1 duty only, is the decision of the Commanding Officer. Use your own discretion when determining if the receiving Commanding Officer should be informed of the member's medical condition. However, the receiving Commanding Officer should be notified if the TAD assignment is greater than 30 days.

g. If the member is reassigned to another activity for any reason, DESTROY THIS LETTER. Do not forward notification to the gaining command. The Special Assistant for HIV policy (N130G1) will initiate the proper notification.

h. If the service member leaves the service at EAOS, an RE-4 reenlistment code MUST be assigned.

i. The member will be required to have a semiannual medical evaluation. You will be notified by official letter by the Bureau of Medicine and Surgery (BUMED) when and where the member is to report for this evaluation.

3. Education is vital to the success of reducing the risk of acquiring, or transmitting, HIV. The Navy's Sexual Health and Responsibility Program (SHARP) offers education assistance available through <http://www-nehc.med.navy.mil/hp/sharp> or by calling DSN: 253-5566 or COMM: (757) 462-5566.

4. For further assistance for HIV policy and assignments, please contact me at DSN: 225-2974 or COMM: (703)695-2974 or PN2(SW) John Doe at DSN: 224-5562 or COMM: (703) 614-5562.

SIGNED

Enclosure (1)

PREVENTIVE MEDICINE ORDERS FOR HIV POSITIVE PERSONNEL

This command has been advised that you were counseled by Preventive Medicine personnel concerning your HIV positive diagnosis, the risk this condition poses to your health, as well as the risk you pose to others. During counseling, you were advised by medical personnel as to necessary precautions you should take to minimize the health risk to others as a result of your condition. This command has great concern for the health, welfare and morale of you and others in this command. For these reasons, I am imposing the following restrictions on your conduct described to you in your medical counseling:

1. Prior to engaging in sexual activity, or any activity in which your bodily fluids may be transmitted to another person, you must verbally advise any prospective sexual partner that you are HIV positive and the risk of possible infection.
2. If your partner consents to sexual relations, you shall not engage in sexual activities without the use of a condom.
3. You must advise your potential partner that the use of a condom does not guarantee that the virus will not be transmitted.
4. You shall not donate blood, sperm, body tissue, organs or other body fluids.
5. You shall refrain from any injection using an air gun.
6. In the event that you require emergency care, you are ordered to inform personnel responding to your emergency that you are HIV positive, conditions permitting (e.g., unconscious).
7. When you seek medical or dental care, you must inform health care providers that you are HIV positive before treatment is initiated.

**IMPORTANT:** Your failure to comply with these orders may subject you to disciplinary action under the UCMJ and/or administrative separation.

I acknowledge understanding of the above orders.

\_\_\_\_\_  
Member's signature                      Date  
YNC John Doe, USN, 123-45-6789

Orders transmitted and member's signature witnessed by:  
Signature: \_\_\_\_\_

\_\_\_\_\_  
Printed Rank, Name, SSN and Date

Distribution: Original to: DCNO (M&P) (N130G1), Dept of the Navy, Arlington Annex, Washington DC 20370-5000; Certified Copy to: Member and Commanding Officer's file

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Bray and Associates 1998. 1998 Department of Defense survey of health related behaviors among military personnel (RTI/7034/006-FR). Research Triangle Park, NC: Research Triangle Institute

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U.S. Department of Health and Human Services. 2000. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000

US Dept of State 2001. U.S. Department of State website at <http://www.state.gov/g/oes/hlth/>, 2 July 2001

## Navy and USMC Policy Course Examination

### True or False.

1. During 1999, over 5 million people in the world were newly infected with HIV. T F
2. The CDC estimates the 1 in 30 Americans are infected with HIV. T F
3. Since HIV testing began in 1985, only 468 active duty Sailors and Marines have been infected with HIV. T F
4. From 1999 to 2000, the rate and number of Sailors and Marines who tested positive for HIV increased. T F
5. Among white Sailors who tested positive for HIV in 2000, most were over 30 years of age. 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. Only health promotion directors may serve as SHARP Community Leaders. T F
8. This course ("Navy and USMC HIV Policy") is the only self-study course offered by SHARP. T F
9. According to SECNAV Notice 5300, all active duty Sailors and Marines must receive one hour of HIV education annually. 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 do **not** 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 **not** 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 may be 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.
  - until they are determined to be unfit 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 on their HIV status.
24. According to the Preventive Medicine Order, an HIV-positive member can legally engage in sexual intercourse if he/she
- first informs his/her sex partner of his/her HIV status.
  - uses a condom.
  - both a. and b.
  - doesn't infect his/her partner.

25. The Preventive Medicine Order
- restricts the sexual conduct of military members but not family members infected with HIV.
  - is enforceable under UCMJ.
  - directs the HIV-positive member to communicate his/her status with health care workers before care is rendered.
  - All of the above.
26. Which of the following statements is FALSE?  
A service member will be separated from active duty if he/she
- is identified HIV positive at time of reenlistment.
  - is deemed unfit for duty.
  - requests separation within 90 days of initial HIV evaluation.
  - has failed to meet other retention standards.
27. An HIV-positive member can be assigned to all the following locations EXCEPT
- Puerto Rico.
  - Guam.
  - Alaska.
  - San Diego.
28. Personnel found to be HIV positive
- will be automatically retired for medical reasons.
  - will be able to request separation at any time in the future.
  - may request a type of separation that is reserved for only HIV positive personnel.
  - will be placed on the Temporary Duty Retired List if found to be unfit for duty.
29. After informing a service member that he/she is HIV positive, it would be appropriate for the commanding officer to
- reassign that member to "special duty" projects pending TAD for medical evaluation.
  - restrict all his/her food-handling duties.
  - Transfer the member to the medical treatment facility designated in the letter from BUMED.
  - reassure his/her shipmates that he presents no risk to them from casual contact.
30. The Preventive Medicine Order is issued by
- the examining medical officer.
  - the commanding officer who notifies the member of his/her positive test.
  - the commanding officer of a unit to which a member is assigned following medical evaluation.
  - the member's sexual partner.
31. A service member is medically retired if he/she
- has a neurologic impairment due to HIV infection.
  - tests positive for HIV, confirmed by a Western Blot test.
  - requests medical retirement based on his/her positive HIV test.
  - is found guilty of sexual assault on the basis of his/her HIV status.

32. Reserve members who must be tested annually include those who
  - a. receive orders to active duty for 30 days or more.
  - b. Are subject to deployment on short notice to areas of the world with a high risk of endemic disease or with minimal existing medical capability.
  - c. are selected health care providers.
  - d. all of the above.
  
33. The initial medical assessment and preventive medicine counseling done by a designated health care provider should cover all these issues 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. identify people potentially exposed to the member's infection through sexual, children born to infected mothers, or who may have been recipients of blood or blood products, organs, tissues, or sperm.
  - d. identify people potentially exposed to the member's infection via the use drug paraphernalia.
  
34. An HIV-positive member may be
  - a. permanently retired based upon results of his/her initial medical evaluation.
  - b. promoted based on his/her performance and time-in-service.
  - c. retained on active duty if diagnosed with AIDS.
  - d. returned to his/her command in Spain if found fit for duty by a physician.
  
35. 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.
  
36. Spouses of HIV positive reserve members
  - a. will **not** be notified under any circumstance by military health authorities.
  - b. will **not** be notified unless the reservist names them as a sexual contact.
  - c. will be notified of the spouse's infection but will **not** be offered HIV testing.
  - d. will be notified of their spouse's infection and will be offered HIV testing.
  
37. Commanding Officers of HIV positive members should
  - a. inform the member that they have AIDS.
  - b. notify the member of their infection late in the week.
  - c. Have a physician (or IDC) and a chaplain immediately available to the member at the time of initial notification of their HIV positive status.
  - d. make presumptions regarding the method of transmission of HIV to the member.

38. HIV positive members may **not**
- a. be assigned OCONUS, to sea duty, to routinely deployed units, or to any billet other than Type 1, CONUS shore duty.
  - b. Participate in experimental treatment protocols.
  - c. reenlist.
  - d. be denied the opportunity to receive a commission as an officer.

**End of examination**

## Navy and USMC HIV Policy Pilot Test Questionnaire and Course Evaluation Sheet

Please provide feedback on this course by mail, fax, or e-mail

**e-mail:** [macdonaldb@nehc.med.navy.mil](mailto:macdonaldb@nehc.med.navy.mil)

**voice:** (757) 462-5566; DSN 253-5566

**fax:** (757) 444-1345; DSN 564-1345

Navy Environmental Health Center, ATTN: HP/SHARP

2510 Walmer Ave, Norfolk VA 23513-2617

Name (optional) \_\_\_\_\_

Date: \_\_\_\_\_ Duty Phone: \_\_\_\_\_ Professional Affiliation \_\_\_\_\_

E-mail address: \_\_\_\_\_

Duty Mailing Address: \_\_\_\_\_

How long did it take you to read the full text? \_\_\_\_\_

How long did it take you to complete the exam? \_\_\_\_\_

**Suggestions for improving this course** (continue on reverse):

**How helpful was the material in helping you to achieve the learning objectives? (1) not helpful (2) helpful (3) very helpful**

**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 1 2 3

2.1 Sexual Health and Responsibility Program (SHARP) mission, vision, goals, products, and services 1 2 3

Department of the Navy (DoN) HIV policy regarding:

3.1 DoN HIV education requirements 1 2 3

3.2 Accession 1 2 3

3.3 On-Going Testing 1 2 3

3.4 Limits on the Use of Laboratory Test Results 1 2 3

3.5 Documentation of Medical and Dental Records 1 2 3

3.6 Retention, Assignments and Separation 1 2 3

3.7 Evaluation of HIV Positive Personnel 1 2 3

3.8 Safety of the Blood Supply 1 2 3

3.9 Confidentiality and Disclosure 1 2 3

3.10 Epidemiological Assessment and Use of Information 1 2 3

3.11 Reserve Component Policy 1 2 3

## Navy and USMC HIV Policy Answer Sheet

**Thanks for completing this course.**

You may provide your exam answers to SHARP by completing the  
**on-line answer sheet** at the SHARP internet site (the preferred method)

**at:** <http://www-nehc.med.navy.mil/informatics/websharp.htm>

or

answers may be mailed, faxed, or e-mailed to SHARP.

**e-mail:** [macdonaldb@nehc.med.navy.mil](mailto:macdonaldb@nehc.med.navy.mil)

**voice:** (757) 462-5566; DSN 253-5566

**fax:** (757) 444-1345; DSN 564-1345

**mail:**

Navy Environmental Health Center

ATTN: HP/SHARP

2510 Walmer Ave

Norfolk VA 23513-2617

Name (as you want it to appear on your certificate) \_\_\_\_\_

Date: \_\_\_\_\_ Duty Phone: \_\_\_\_\_ Professional Affiliation \_\_\_\_\_

E-mail address: \_\_\_\_\_ SSAN \_\_\_\_\_

Duty Mailing Address: \_\_\_\_\_

### Answers

- |    |     |     |     |     |     |
|----|-----|-----|-----|-----|-----|
| 1. | 8.  | 15. | 22. | 29. | 36. |
| 2. | 9.  | 16. | 23. | 30. | 37. |
| 3. | 10. | 17. | 24. | 31. | 38. |
| 4. | 11. | 18. | 25. | 32. |     |
| 5. | 12. | 19. | 26. | 33. |     |
| 6. | 13. | 20. | 27. | 34. |     |
| 7. | 14. | 21. | 28. | 35. |     |