DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
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SECNAVINST 5300.30D
PERS-48

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SECNAV INSTRUCTION 5300.30D

From: Secretary of the Navy

Subj: MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION IN THE NAVY AND MARINE CORPS

Ref: (a) DOD Directive 6130.3 of 15 Dec 00
(b) DOD Instruction 6025.18-R of 24 Jan 03
(c) DOD Directive 6490.2 of 21 Oct 04
(d) SECNAVINST 1850.4E
(e) SECNAVINST 5211.5D
(f) DOD Directive 1215.8 of 25 Mar 94
(g) NAVMED P-117
(h) DOD Directive 6485.1 of 19 Mar 91
(i) DOD Directive 1332.14 of 21 Dec 93
(j) SECNAVINST 1920.6B
(k) DOD Directive 1332.18 of 4 Nov 96
(l) DOD Directive 1010.10 of 22 Aug 03

1. Purpose. To revise the Department of the Navy's (DON) policy on identification, surveillance, and administration of military personnel, applicants, and health care beneficiaries infected with Human Immunodeficiency Virus (HIV), per references (a) through (l). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. SECNAVINST 5300.30C.

3. Policy. DON medical, manpower, and personnel policies related to HIV are intended to reflect current knowledge of the natural history of HIV infection, the risks to the infected individual incident to military service, the risk of transmission of the virus to non-infected personnel, the effect of infected personnel on naval units, and the safety of military blood supplies. To this end, the following policies are established:

a. Per reference (a), applicants for appointment, enlistment, or pre-appointment who are HIV antibody positive are not eligible for entry into the naval service. Accessions for active or reserve programs in initial entry training who are

determined to be HIV antibody positive as a result of serologic testing are not eligible for military service and will be separated. Accessions to the United States Naval Academy (USNA), Naval Reserve Officers Training Corps (NROTC), and the Uniformed Services University of the Health Sciences (USUHS) shall be tested within 72 hours of arrival to the programs and denied entry if test is positive.

b. Active duty (AD) and Reserve component (RC) military personnel in the Navy and Marine Corps shall be screened periodically for serologic evidence of HIV infection.

(1) AD personnel shall be tested no more or less frequently than approximately every two years, unless clinically indicated, for serologic evidence of HIV infection.

(2) RC personnel shall be tested at the time of activation when called to active duty for more than 30 days if they have not received an HIV test within the last 2 years.

(3) An individually identifiable serum sample of each laboratory specimen drawn for all HIV naval screening shall be forwarded to the Armed Forces Serum Repository per reference (b).

(4) Family members of AD personnel and Department of Defense (DOD) civilian employees entitled to military medical care shall be tested, on a voluntary basis, as resources permit. Mandatory testing of civilians for serologic evidence of HIV infection is not authorized except pursuant to valid requirements by host country. Testing of civilian employees shall conform to guidance in the DON Civilian Resources Manual.

c. Naval personnel with serologic evidence of HIV infection shall be referred for medical evaluation for fitness for continued service and appropriate treatment in the same manner as personnel with other progressive illnesses, per reference (c).

(1) Naval personnel with serologic evidence of HIV infection who are determined to be fit for continued naval service shall not be retired or separated solely on the basis of serologic evidence of HIV infection.

(2) AD members with serologic evidence of HIV infection who are determined to be fit for continued naval service shall be allowed to serve in a manner that ensures access to appropriate medical care.

(3) HIV antibody positive members retained on AD shall be assigned within the continental United States (CONUS) or Hawaii.

(4) HIV antibody positive members who demonstrate any unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or AIDS-defining condition shall be processed through the Disability Evaluation System (DES) under reference (d). Additionally, personnel diagnosed following guidelines of reference (d) as having AIDS shall be processed through the DES.

d. RC members with serologic evidence of HIV infection are not eligible for extended AD (active duty for a period of more than 30 days) except under the conditions of mobilization and on the decision of the Secretary of the Navy (SECNAV). RC members who are not on extended AD and who show serologic evidence of HIV infection shall be transferred involuntarily to the Standby Reserve only if they cannot be utilized in the Selected Reserve (SELRES).

e. HIV antibody positive RC members not on extended active duty are ineligible for medical evaluation in military treatment facilities (MTFs).

f. The use of information obtained during or primarily as a result of an epidemiologic assessment interview to support any adverse personnel action against the member is prohibited, per reference (e). This prohibition does not apply to the use of such information for otherwise authorized rebuttal or impeachment purposes. To facilitate development of scientifically based information on the natural history and transmission patterns of HIV, it is important that HIV antibody positive members assist the military health care system by providing accurate information. Accordingly, the mere presence of the HIV antibody in and of itself shall not be used as a basis for disciplinary action against the individual under the Uniform Code of Military Justice (UCMJ) or a State code, or for

adverse characterization of service. A servicemember's HIV antibody positive status may be used to prove an element of a punitive article of the UCMJ or a criminal provision of a State or United States Codes.

g. Aggressive disease surveillance, health promotion and education programs for naval personnel will be used to mitigate the impact of HIV infection on DON.

(1) Informational programs for naval personnel will be conducted to inform servicemembers about the prevention and risks of HIV infection.

(2) Naval personnel with serologic evidence of HIV infection shall receive training on the prevention of further transmission of HIV infection to others and the legal consequences of exposing others to HIV infection.

4. Accession Policy

a. Both prior service and non-prior service applicants for active or reserve service will be screened for exposure to HIV prior to entrance on AD or affiliation in the Navy or Marine Corps Reserve. 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 military blood donation programs.

(4) The DON will avoid medical costs and the possibility that the individual will not complete the initial service commitment.

b. Applicants for active and reserve enlisted service normally will be tested at Military Entrance Processing Stations (MEPS). Applicants not tested at the MEPS will be tested as

part of their physical examination conducted prior to accession. If more than 24 months have elapsed between the pre-accession test and entry on AD, another HIV antibody test must be conducted. New accessions who are confirmed HIV antibody positive are not eligible for military service and will be processed for separation by reason of erroneous enlistment at the accession point under reference (e). Prior service applicants for entry into a reserve program must have an HIV test within 24 months prior to entry into the program.

c. 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 both during the pre-contract physical examination required for acceptance in the particular program applied for and during the pre-appointment physical examination required prior to appointment or superseding appointment. Enlisted personnel also must be tested within 24 months prior to acceptance into the officer-training program for which applying. Applicants who are ineligible for appointment due to HIV antibody positive status shall be processed as follows:

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

(2) Individuals in NROTC shall be disenrolled from the program at the end of the academic term (i.e., semester, quarter, or similar period) in which serologic evidence of HIV infection is detected. Requests for waiver of reimbursement for

educational costs expended or of obligation for enlisted active service shall be forwarded to SECNAV for final decision per Department of Defense (DOD) guidance and reference (f).

(3) USNA midshipmen shall be processed for separation from the Naval Academy and discharged when confirmed HIV antibody positive. SECNAV 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 antibody positive status, an honorable discharge shall be issued. Requests for waiver of reimbursement for educational costs expended shall be forwarded to SECNAV for final decision per reference (f).

(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 antibody positive status is identified. Regular officers and reserve officers on AD or who entered the program from AD shall be retained in a designator or military occupational specialty determined by the Chief of Naval Operations (CNO) or the Commandant of the Marine Corps (CMC), as appropriate, on a case-by-case basis. Reserve officers on inactive duty who are 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 program 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 towards satisfaction of any pre-existing service obligation.

d. 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 virus, and AIDS; and will be provided medical, psychological and spiritual support while awaiting separation.

5. HIV Testing Procedures

a. Testing of naval personnel for the antibodies associated with HIV will include a screening test (enzyme immunoassay (EIA)), a confirmatory test (immunoelectrophoresis (Western Blot)), and, if necessary, DOD-approved supplemental tests. All personnel with either serologic evidence of HIV infection or positive virus identification shall be classified under nationally accepted, standard HIV clinical protocols and guidelines.

b. Delays in obtaining results of confirmatory tests shall be minimized to reduce uncertainty and apprehension of members awaiting the outcome.

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

d. An identifiable serum sample of each laboratory specimen drawn for all HIV naval screening shall be forwarded to the Armed Forces Serum Repository per reference (b).

6. Active Duty Testing

a. AD personnel shall be screened every 2 years for serologic evidence of HIV infection. The 2-year interval HIV testing requirement does not preclude testing prior to entering drug/alcohol rehabilitation programs and other risk-based or clinically indicated HIV testing. Testing shall remain available for all servicemembers upon their request without inquiring as to the reason for the test.

b. AD members issued Permanent Change of Station (PCS) orders to a CONUS deployable command are required to have an HIV antibody test within 2 years prior to transfer and results documented in the medical and dental records per reference (g), chapter 16,

c. AD members issued PCS orders to an overseas duty station are required to have a negative HIV antibody test completed and results documented in the medical and dental records within 12 months prior to transfer.

d. AD health care providers may be screened more often when prescribed by the Surgeon General of the Navy.

e. 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 who enter drug or alcohol treatment or rehabilitation will be tested. All military personnel who present for prenatal care will be tested. Upon request, voluntary testing will be provided to beneficiaries presenting for treatment or evaluation of STD, alcohol, drug, or prenatal care.

f. All HIV antibody test results must be documented in the medical and dental records per reference (g). Commanding officers (COs) will assure all screening results are provided to appropriate medical and dental record holders.

7. RC Testing

a. Reserve personnel in the following categories shall be screened every 2 years, unless clinically indicated, for serologic evidence of HIV infection. 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) SELRES personnel subject to deployment on short notice to areas of the world with high risk of endemic disease or with minimal existing medical capability.

(3) SELRES personnel serving in units subject to deployment overseas.

(4) SELRES health care providers as appropriate.

b. Testing will occur, if a test has not been performed within the prior 2 years, during routine physical health assessment or medical evaluation for affiliation with or retention in the Navy and Marine Reserves.

c. 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 DOD quality control standards and are therefore not acceptable to meet any DOD HIV test requirements. Reserve units shall not contact any civilian blood collection agency requesting HIV results for reservists who have donated blood.

8. Evaluation of HIV Antibody Positive Personnel

a. AD personnel and, on a voluntary basis, family members who test positive for exposure to the HIV virus will be medically evaluated initially at a designated HIV Evaluation and Treatment Unit (HETU) to determine the medical status of their infection. The HETUs are: National Naval Medical Center, Bethesda; Naval Medical Center, Portsmouth; and Naval Medical Center, San Diego. The standardized DOD clinical protocol in reference (a) will be used. If the AD member has no evidence of unfitting conditions, and is therefore fit for continued naval service, the evaluation will be documented via a narrative summary and placed in the member's medical and dental record. If the AD member demonstrates any unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or AIDS-defining condition, convening of a medical board is indicated.

b. RC members who are found HIV antibody positive shall be counseled regarding the significance of a positive HIV antibody test by a medical officer designated for this purpose. These members shall be referred to their private physician for medical care and counseling, and the documentation of the counseling and private medical evaluation must be included in the member's medical record using the SF 600, Medical Record - Chronological Record of Medical Care, SF 601, Medical Record - Immunization Record, and SF 603, Medical Record - Dental Continuation, and other pertinent civilian records.

9. Active Duty Assignment and Retention

a. Military personnel who demonstrate no evidence of unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities

associated with HIV, or AIDS-defining condition 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.

b. HIV antibody positive status shall not be used to deny reenlistment to members on continuous AD.

c. Military personnel who are HIV antibody positive and retained under this policy shall be assigned within the CONUS or Hawaii to a unit not normally programmed for deployment and within 1 day's travel of a naval MTF designated by the Surgeon General.

d. 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). SECNAV shall be advised 30 days in advance of the assignment of a servicemember of each type of limitation in assignment or duties and the specific reasons therefore.

10. Active Duty Separation

a. Military personnel who are HIV antibody positive and who demonstrate any unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or AIDS-defining condition will be processed through the Disability Retirement System under 10 U.S.C., chapter 61, as implemented by reference (d).

b. Military personnel retained on AD under this policy, 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 under references (j) and (k).

c. Separation for cause or for other reasons under references (j) and (k) based upon evidence other than HIV antibody positive status is unaffected by this instruction, subject to the limitations in paragraph 15.

11. RC Policy

a. Assignment. Reserve members applying for extended active duty for a period over 30 days or active duty for training (ADT) over 30 days in any capacity must have a current negative HIV test within 2 years of execution of orders documented in the health and dental records. When a current HIV test is not available and cannot be obtained prior to the required AD, the reserve member may be ordered to AD and the HIV test performed on blood drawn within the first 10 days. If the test is positive, the AD will be terminated and the member will revert to inactive status. In addition, reserve personnel performing official duty outside the continental United States (OCONUS) for any period must have a negative HIV test documented in the health and dental records within 12 months prior to departure date.

(1) RC members testing positive for the HIV antibody are ineligible for AD over 30 days under conditions of mobilization.

(2) Members of the RC (reservists not on extended active duty of more that 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 billets assignments cannot be made shall be transferred involuntarily to the Standby Reserve Inactive.

b. 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 as described in paragraph 11a(2) above must obtain from their 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 unfitting conditions of immunologic deficiency, neurologic deficiency, progressive

clinical or laboratory abnormalities associated with HIV, or AIDS-defining condition as determined by military health care providers may be retained in the Ready Reserve. If evaluation results are not provided within 2 months of notification of being HIV antibody 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.

c. HIV antibody positive status shall not be used to deny continuous reenlistment of reservists in an active status. Continuous reenlistment may not be denied or delayed while awaiting test results.

d. RC members may apply for separation by reason of HIV antibody positive status 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. RC members requesting separation after the 90-day period has expired will be considered on a case-by-case basis. The CNO and CMC may approve such requests based on manpower requirements and the needs of the service. Members who elect separation will not be allowed to re-enter into the service at any future date.

(1) The CNO and CMC will deny this request if the RC member has any remaining statutory service obligation.

(2) Any request for separation must document the lack of pressure or coercion to separate, implied or otherwise, by command involved.

12. Medical and Epidemiological Factors

a. On-going Clinical Evaluation. An on-going clinical evaluation of the health status of each AD HIV antibody positive military member will be conducted at least twice yearly using the DOD protocol established in reference (i).

b. Epidemiological Assessment. The initial and on-going medical evaluations of each HIV antibody 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 determine appropriate

preventive medicine counseling and to continue development of scientifically based information regarding the natural history and transmission pattern of HIV.

(1) Upon notification that an individual is HIV antibody positive, the cognizant HETU staff shall undertake preventive medical action including counseling of the individual and counseling others at risk of infection, such as sexual contacts who are military health care beneficiaries. Such preventive action and counseling will include information on transmission of the virus, 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. Under the confidentiality and disclosure guidance in paragraph 15, any information linking the individual to HIV antibody positive status is not to be released to civilian agencies or to military activities without a demonstrated need to know.

(a) HIV antibody 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 of the modes 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 the need to advise any past sexual partners of their infection. They shall be advised that they will be directed to follow these preventive medicine procedures by their command. Women shall be advised of the risk of perinatal transmission during past, current, and future pregnancies. The beneficiary shall be informed that they are ineligible to donate blood, sperm, or any other body tissue or part.

(b) The assessment shall attempt to determine previous contacts of the HIV antibody positive individual. The individuals 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, tissue,

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. AD military members identified to be at risk shall be counseled and tested for HIV infection. Other beneficiaries identified to be at risk, such as retirees and family members, 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 HIV antibody positive individuals shall be maintained unless reporting is required under paragraph 12c.

c. Reserve Spouse Notification. Reference (i) requires that spouses of reservists found to be HIV antibody positive be provided notification, counseling and testing.

(1) The reserve member first will be informed that reference (a) requires official spouse notification of potential contact with HIV. The reserve member should be encouraged to inform their spouse prior to this official notification. The reserve 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.

(2) Spouses of reserve members are not normally DOD health care beneficiaries. When a reservist is found to be HIV antibody 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.

(3) 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 and AIDS information. These teams will be members of the MTF staff.

(4) The local Navy contact team will perform the official notification via an appointment scheduled to be held at the local MTF or the reserve 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 reserve member and

spouse or require the reserve member to telephone the appropriate Navy contact team if the spouse has no phone. Although it is preferred that both the reserve member and spouse be present for the notification appointment, the reserve member is not required to be present. At the time of the appointment, the spouse will be given the formal notification letter which offers testing and counseling.

(5) An official notification letter will inform the spouse that there may have been a potential exposure to HIV during the course of normal marital relations and that voluntary counseling and testing will be provided to the spouse at no cost to them. The letter will contain space for the spouse to indicate either acceptance or refusal of these services, 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 the spouse official notification. The letter will not be mailed to the spouse.

(6) The spouse will be asked to indicate on the notification letter whether or not they wish 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.

(a) 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 EIA screening test and, if positive (x2), a Western Blot confirmatory test as prescribed in reference (i). The spouse may refuse testing or opt to obtain testing at a later time using the local MTF.

(b) 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 which will be maintained by the contact team. The spouse will be given the contact information to reach the contact team at the MTF so the team can assist the spouse to schedule an appointment, coordinate review of results, and provide post-test counseling. 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 and the contact team will be notified of the actual test date.

(c) If the spouse refuses testing, the spouse will be asked to sign 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.

(d) If the spouse refuses to sign the letter, the contact team will so indicate on it by writing, "(spouse's name) declined to sign (date)."

(e) The contact team will advise the spouse in person of test results and provide post-test counseling to include interpretation of the test results, precautions to prevent transmission, pregnancy risks, and exclusion of HIV antibody positive persons from donating blood, sperm, organs, or any other body tissue or part. Additional information will include follow-up instructions for the spouse for using local health care facilities. The contact team must document completion of this post-test counseling. 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.

(f) As allowed by State law, State public health authorities will be notified of both the index and contact cases.

(7) 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 their 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 or E-Mail. 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 per local public health authority guidance.

(8) Documentation (notification and post-test counseling letters) confirming spouse notification and counseling (or the refusal thereof) will be maintained by the contact team until after the post-test counseling or referral to local public health authorities as described. At that time, the documents will be forwarded to the Navy Central HIV Program (NCHP) at Bureau of Medicine and Surgery (BUMED) for final retention.

d. Data Base of HIV Exposure. BUMED will establish and maintain a central database of DON military personnel exposed to HIV. Based on the guidance in paragraph 15 including data required by reference (b), database information and information derived from it, including any information linking individuals to the HIV virus, but excluding statistical data not linked to identifiable individuals, are not to be released to civilian agencies or to military activities without a highly 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 required duties.

(2) To civilian health authorities but only in response to a valid request. All such requests will be referred to the Navy Central HIV Program. BUMED will determine whether the civilian requirement to report HIV antibody positive status is a valid formal request for such reporting from a civilian health authority.

(3) To activities outside of 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 servicemember identities in any manner.

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

(6) BUMED will provide an annual report of HIV testing results for the active force and the RC including trend analysis and evaluations of the reported information to the CNO, CMC, and Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN (M&RA)) within 30 days of the end of each calendar year.

e. Safety of the Blood Supply

(1) Armed Services Blood Program policies, Federal Drug Administration (FDA) guidelines, and accreditation requirements of the American Association of Blood Banks will be followed in the DON blood program and by civilian blood agencies collecting blood on naval installations. In the event that units of blood are not screened for infectious agents prior to transfusing (contingency or battlefield situations), the Armed Services Blood Program, in coordination with the military department and unified or specified commands, shall provide guidance to operational units.

(2) Individuals found to be HIV antibody positive will be designated ineligible to donate blood or to be used as a source of emergency transfusions. Military personnel found to be HIV antibody positive shall be designated as blood-donor-ineligible in their medical and dental records.

13. Information Programs. The CNO and CMC will 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 in reference (i).

a. Chief of Naval Personnel (CHNAVPERS) and the CMC (Drug, Alcohol and Health Affairs) will 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 programs, ROTC and service

academies, and family and community service centers to include child care providers.

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

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

d. Commanders will provide HIV prevention training in command Health Promotion Programs per reference (l). Materials and resources are available from the Sexual Health and Responsibility Program (SHARP) at the Navy Environmental Health Center.

14. Confidentiality and Disclosure. Information on the sources of HIV exposure and the progress of the disease is limited. 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 and real problems associated with disclosing a person's HIV antibody positive status, such as discrimination in employment, health and life insurance, school attendance, etc. For these reasons:

a. HIV antibody 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 in reference (e) is required.

b. All command and medical personnel with access to such information must ensure careful, limited distribution within the specific guidelines of paragraphs 12c and 15, and reference (e), to affirmatively combat unfounded innuendo and speculation about the meaning of the information. Compliance with DOD health information privacy regulations is required per reference (b).

15. Limitation on the Use of Information

a. Per reference (i), information obtained from a servicemember during or as a result of an epidemiologic assessment interview, counseling or medical treatment may not be used against the servicemember in a court-martial, a non-judicial punishment, an involuntary separation (for other than medical reasons), an administrative or disciplinary reduction in grade, a denial of promotion, an unfavorable entry in a personnel record, to bar a reenlistment, or for any other action considered by SECNAV to be an adverse personnel action. The term "epidemiologic assessment interview" refers to that part of the medical assessment of an HIV antibody positive member during which the member is questioned and provides answers 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, and the information obtained will be used to determine the possible mode of transmission and the status of potential infection.

b. Results obtained from laboratory tests performed under this instruction may not be used as the sole basis for separation of the Navy member, except for a separation based upon physical disability or as specifically authorized by this instruction. Laboratory test results confirming the serologic evidence of HIV infection or virus identification 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 any other administrative separation action authorized by DOD policy.

(4) In any other manner consistent with law or regulation (e.g., the Military Rules of Evidence) including:

(a) To establish the HIV antibody positive status of a member who disregards or disobeys 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 antibody positive status of a member as an element of any permissible administrative or disciplinary action (e.g., as element of proof of an offense charged under the UCMJ).

(c) To establish the HIV antibody positive status of a member as a proper ancillary matter in an administrative or disciplinary action (e.g., as a matter in aggravation in a court-martial in which the HIV antibody positive member is convicted of an act of rape committed after having been informed of this HIV antibody positive status).

c. The limitations in paragraph 15a pertaining to use of information obtained from a member by a health care professional during the epidemiologic assessment interview do not apply to the following: 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 servicemember; or, disciplinary or other action based on independently derived evidence; or, non-adverse personnel actions such as reassignment, disqualification (temporary or permanent) from a personnel reliability program, denial, suspension, or revocation of a security clearance, or suspension or termination of access to classified information; or, duties requiring a high degree of stability or alertness such as flight status, explosive ordnance disposal, or deep-sea diving. Non-adverse personnel actions that are supported by serologic evidence of HIV infection shall be accomplished under governing Navy regulations, considering all relevant factors, on a case-by-case basis.

d. If any personnel actions are taken because of or are supported by serologic evidence of HIV infection or information described in paragraph 15a, care shall be taken to ensure that no unfavorable entry is placed in a personnel record in connection with the action. Recording a personnel action, including recording a disciplinary action, is not itself an unfavorable entry in a personnel record. Additionally, information that reflects that an individual has serologic or other evidence of HIV infection is not an unfavorable entry in a personnel record.

e. The CNO and CMC may propose to Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN (M&RA)), with supporting justification, actions that should be considered to be adverse as defined in paragraph 15a.

16. Policy Review. The policies in this instruction will be reviewed following the next review of the policy guidance of reference (a) or as required by SECNAV. This review will assess developments in medical management of HIV infection and will assess information obtained through longitudinal epidemiologic studies of the natural history of HIV infection and the effects on manpower and personnel management of these policies.

17. Responsibility

a. ASN (M&RA) is responsible for overall HIV policy and execution. The CNO and CMC are responsible for carrying out the policies in this instruction. The CNO will ensure that medical assistance and laboratory testing are maintained to support the prescribed testing program consistent with maintaining quality control to assure the minimum achievable false positive and false negative confirmation rates and to meet the full testing requirements of the Navy and Marine Corps and their respective RC.

b. Surgeon General of the Navy is responsible for the policy development of professional medical and epidemiological aspects of the HIV management program. The Surgeon General will participate in tri-service development of a standardized clinical protocol for medical evaluation of infection and shall keep ASN (M&RA), CNO, and CMC advised of DON and DOD epidemiological information and trends. The Surgeon General will establish and maintain a DON database for statistical

purposes and detailed analysis as needed. BUMED is also responsible for entering all HIV test results (positive and negative) into the Reportable Disease Data Base System (RDDBS).

c. CHNAVPERS is responsible for the policy development of manpower and personnel management aspects of the HIV management program.

d. BUMED, in coordination with CHINFO and DIRPA, shall conduct DON-wide information programs using all information media under control or oversight of CHINFO and DIRPA.

e. Surgeon General of the Navy, in coordination with Chief of Navy Reserve and CMC, will implement the procedures for notification of spouses of RC members found to be HIV antibody positive either by DOD health care professionals or through local public health authorities.

18. Reports and Forms

a. The reporting requirements contained in this directive are exempt from reports control by SECNAVINST 5214.2B.

b. SF 600 (06-97), Medical Record - Chronological Record of Medical Care, is available online at: http://www.gsa.gov/Portal/gsa/ep/formslibrary.do?formType=SF#1-1000.

c. Following forms are available through normal supply channels at GSA:

(1) SF 601, GSA 7540-00-634-4177, Medical Record - Immunization Record.

(2) SF 603, GSA 7540-00-577-5801, Medical Record - Dental Continuation.

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