



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH, VA 22042

IN REPLY REFER TO

BUMEDINST 6220.10A  
BUMED-M3B2  
18 Sep 2013

BUMED INSTRUCTION 6220.10A

From: Chief, Bureau of Medicine and Surgery

To: Ships and Stations having Medical Department Personnel

Subj: MANAGEMENT OF HUMAN T-LYMPHOTROPIC VIRUS, TYPES I AND II  
INFECTION IN THE NAVY AND MARINE CORPS

Ref: (a) OPNAVINST 5430.48E  
(b) SECNAVINST 5300.30E  
(c) OPNAVINST 6530.4B  
(d) Blood Program Letter 11-05, Attachment 4 of 15 Nov 2011  
(e) Recommendations for Counseling Persons Infected with Human T-Lymphotropic Virus, Types I and II, U.S. Public Health Service, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, 1993, 42 (RR-9): 1-13

1. Purpose. To establish policy in the areas of testing, notification, counseling, and retention related to the Human T-Lymphotropic Virus Type I and II (HTLV-I and II) infection.

2. Cancellation. BUMEDINST 6220.10.

3. Scope. Per reference (a), this directive applies to all Department of the Navy (DON) Commands.

4. Background

a. HTLV-I is a human retrovirus found primarily in southwestern Japan (including Okinawa) and the Caribbean, as well as, parts of Central America, South America, and Africa. HTLV-I infects 10-20 million individuals worldwide, but only about 5 percent are affected from the disease. In the United States, the prevalence in the general population is low, between 2 to 5 per 10,000. High risk groups in the United States have been identified among persons from endemic areas, intravenous drug users, prostitutes, recipients of blood transfusions, and the sexual partners of persons in these risk groups.

(1) HTLV-I is a different retrovirus from the Human Immunodeficiency Virus Type 1 (HIV-1) which has been associated with the Acquired Immunodeficiency Syndrome (AIDS), and the Human Immunodeficiency Virus Type 2 (HIV-2), the cause of an AIDS-like illness in West Africa. HTLV-I does not cause AIDS. The presence of HTLV-I antibody does not imply infection with HIV-1 or HIV-2, or the risk of developing AIDS.

(2) HTLV-I is transmitted parenterally (via blood transfusion of cellular components or intravenous drug abuse), from mother to child (primarily through breast feeding) and through sexual contact. The transmission of HTLV I is bidirectional, but male to female transmission is considered to be four times more likely than female to male.

(3) The HTLV-I virus is the etiologic agent of adult T-cell leukemia/lymphoma (ATLL) and a slowly progressive neurologic disorder called tropical spastic paraparesis/HTLV-I Associated Myelopathy (TSP/HAM). The lifetime risk of an HTLV-I infected person developing one of these disorders is estimated to be 3 to 5 percent.

b. HTLV-II is another retrovirus similar in structure to HTLV-I (Note: HTLV-II is different from HIV-2). There is some cross-reaction between the HTLV-I and II viruses and highly specific confirmatory tests are needed to distinguish the two retroviruses. The clinical significance of HTLV-II is unknown at this time. Not much is known of the modes of transmission, but it is presumed to be similar to HTLV-I.

5. Military Importance. The primary concern to active duty Navy and Marine Corps relating to HTLV-I and II is maintaining a pool of blood donors free of retroviruses. This includes the "walking blood bank" used in time of operational need where active duty Service members are selected to provide units of blood to wounded personnel when stores of banked blood are inadequate, depleted, or completely unavailable.

6. Testing and Notification Policy. Active duty personnel are not routinely screened for infection for HTLV-I and II. Military blood donor centers have been screening all units of donated blood for HTLV-I since March 1989. Combined HTLV I and II tests were first licensed in 1998. Personnel with HTLV-I or II infection are permanently barred from future blood donations. Current Armed Services Blood Program (ASBP) guidelines are found in reference (c), which is available at: [https://www.militaryblood.dod.mil/Staff/bpl/BPL\\_11\\_05-04Attachment\\_4.pdf](https://www.militaryblood.dod.mil/Staff/bpl/BPL_11_05-04Attachment_4.pdf) (restricted information, you must use your Common Access Card for access). The document provides policies for testing, counseling, and notification. The U.S. Public Health Service guidelines for patient education concerning HTLV-I and II are in reference (b).

7. Clinical Evaluations. Personnel with HTLV-I or II infection do not require a clinical evaluation at a Navy HIV Evaluation Treatment Unit (as required for HIV infection in reference (b)). After personnel are notified of their test results, they will receive:

a. A physical examination with particular attention to the lymphatic and neurological examination.

b. A complete blood count with differential white blood count and careful examination of the peripheral blood smear looking for atypical white blood cells.

c. Counseling per references (c) and (d). Further information can be provided from the nearest naval medical treatment facility with an internal medicine clinic or the cognizant Navy Environmental Preventive Medicine Unit.

8. Safety of the Blood Supply

a. DON blood programs and civilian blood agencies collecting blood on naval installations must follow the testing guidelines of the ASBP, Food and Drug Administration (FDA), and accreditation requirements of the organization now called the ASBP, formerly known as the American Association of Blood Banks (AABB).

b. If units of blood cannot be screened for infectious agents before transfusing (contingency or battlefield conditions), the ASBP, in coordination with military departments and unified/specified commands, will provide guidance to operational units.

9. Retention Policy. There are no restrictions to retention or assignments based solely on serologic evidence of HTLV-I or II infection. Personnel with one of the late complications of HTLV-I or II infection listed in reference (e) may require a medical board determination for future service.

10. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV Manual 5210.1 of Jan 2012.

11. Reporting Requirements. Infection with HTLV-I or II is no longer a reportable disease for active duty members.



M. L. NATHAN

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