



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

IN REPLY REFER TO
BUMEDINST 6222.10D
BUMED-M4
1 Jun 2021

BUMED INSTRUCTION 6222.10D

From: Chief, Bureau of Medicine and Surgery

Subj: PREVENTION AND MANAGEMENT OF SEXUALLY TRANSMITTED
INFECTIONS

Ref: (a) SECNAVINST 5300.30F
(b) DHA PI 6025.29
(c) BUMEDINST 6220.12C
(d) NMCPHC-TM 6220.12

Encl: (1) Human Immunodeficiency Virus Exposure and Risk Behavior Data Reporting
Process

1. Purpose. To implement and supplement reference (a) by assigning responsibilities and providing guidance on the prevention and management of sexually transmitted infections (STI), to include human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), chlamydia, syphilis, and gonorrhea. To delineate the procedure for submission of HIV behavioral risk data to the Navy and Marine Corps Public Health Center (NAVMCPUB-HLTHCEN). This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 6222.10C.
3. Scope and Applicability. This instruction applies to all Navy Medical Department personnel assigned to any command where the Navy or Marine Corps has administrative control.
4. Discussion
 - a. STIs are preventable causes of significant morbidity, lost productivity, and increased healthcare costs. STIs promote HIV transmission by augmenting susceptibility and HIV infectiousness.
 - b. The prevention and control of STIs are based on six major concepts: education and counseling of those at risk on ways to reduce risk; detection of asymptotically infected individuals; effective diagnosis and treatment of infected individuals; partner services; HIV pre-exposure prophylaxis; and immunization of persons at risk for vaccine-preventable STIs.

c. The effective prevention and management of STIs requires medical treatment facility (MTF) partnership with local public health departments. This cooperation allows appropriate referral and follow-up of sexual partners, minimizing the negative impact of STIs in both military and civilian communities.

5. Policy

a. HIV, HBV, and HCV testing, evaluation, and treatment of military personnel must follow the policies prescribed by reference (a) and the supplemental implementation guidance in this instruction.

b. STI diagnosis, treatment, and follow-up must be consistent with current clinical recommendations from the Centers for Disease Control and Prevention (CDC) and with the counseling, notification, and referral guidance provided in this instruction. All military personnel presenting for evaluation of a possible STI must be tested for serological evidence of HIV. Current CDC clinical guidance can be found in Morbidity and Mortality Weekly Reports available at <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm>, and https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w. Additional STI resources are available at the CDC's STI Web site, <http://www.cdc.gov/STD/>.

c. STI prevention counseling must be provided to all patients who are evaluated, treated, or are at high risk for an STI. Training and guidance on evidence-based prevention counseling are available from NAVMCPUBHLHCEN.

d. Sexual partner services will be guided by the processes and procedures detailed in NAVMCPUBHLHCEN's HIV-STI Prevention Guideline: Sexual Partner Services, available at <https://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/reproductive-and-sexual-health/sharp-sexual-partner-guideline.pdf>.

6. Responsibilities

a. Fleet and Fleet Marine Force Surgeons must:

(1) Follow the HIV, HBV and HCV screening, referral, and counseling policies and procedures delineated in reference (a).

(2) Discourage policies of discipline or restriction of liberty for individuals diagnosed with an STI.

b. Commanders, Naval Medical Forces Atlantic and Pacific must:

(1) Provide leadership and oversight, and support implementation of this instruction at all subordinate activities within their respective regions.

(2) Ensure Navy Medicine Readiness and Training Commands (NAVMEDREADTRN-CMD) and Navy Medicine Readiness and Training Units (NAVMEDREADTRNUNIT):

(a) Deliver risk reduction and prevention counseling and sexual partner services to HIV, HBV, and HCV positive military personnel, to include HIV, HBV, and HCV case reporting. Sexual partner services are detailed in paragraph 7 of this instruction.

(b) Conduct and document provider HIV, HBV, and HCV prevention counseling using enclosure (12) of reference (a).

(c) Provide HIV pre-exposure prophylaxis to beneficiaries at risk of HIV acquisition per reference (b).

(d) Submit HIV Evaluation and Treatment Unit (HETU) reports of HIV risk and exposure data to NAVMCPUBHLHCEN per the instructions provided in enclosure (1) of this instruction.

(e) Provide community-level sexual health information and education, support local Navy and Marine Corps workplace-level sexual health promotion efforts upon request, and make educational materials and condoms available at appropriate clinical, workplace, and community sites.

c. Commander, NAVMCPUBHLHCEN must:

(1) Maintain currency of the publication, HIV-STI Prevention Guideline: Sexual Partner Services, identified in subparagraph 5d of this instruction, and provide STI and bloodborne pathogens prevention consultation, products, guidance, and training.

(2) Conduct STI and HIV surveillance and analysis annually.

(3) Ensure Navy Bloodborne Infection Management Center (NAVBLDINFMANCEN):

(a) Supports execution and quality assurance of force-wide HIV, HBV, and HCV testing.

(b) Provides centralized data management of force-wide testing results.

(c) Facilitates tracking of active component personnel infected with HIV, HBV, or HCV.

(d) Designates the HETU or other healthcare facility that will perform the medical evaluation and epidemiological assessment of active component personnel who initially test positive for HIV, HBV, or HCV.

7. Sexual Partner Services

a. Sexual partners of patients infected with an STI may benefit from the testing, treatment, and prevention counseling described in the CDC's sexually transmitted diseases treatment guidelines, identified in subparagraph 5b of this instruction. Patients infected with an STI must be informed of, the importance of, notifying their sexual partner(s) and encouraging them to promptly seek medical evaluation. The attending healthcare provider or supporting preventive medicine department must offer the partner services detailed in NAVMCPUBHLTHCEN's HIV-STI Prevention Guideline: Sexual Partner Services identified in subparagraph 5d of this instruction.

b. Expedited partner therapy (EPT) is authorized for sexual partners who are Department of Defense (DoD) healthcare beneficiaries, consistent with CDC guidance, <https://www.cdc.gov/std/ept/default.htm>, when the partner resides in a location where EPT is lawful, with stipulations as listed:

(1) In cases where the clinician judges that EPT is more likely than standard referral process in getting the sexual partner treated, the clinician is authorized to write a prescription in the name of, and for the treatment of, the DoD healthcare beneficiary partner. The availability of this prescription for pick-up by the partner at a military or TRICARE-partnering pharmacy will be communicated to the partner by the clinician or the original patient.

(2) EPT is authorized at outside continental United States MTFs for DoD healthcare beneficiary sexual partners unless the MTF is located in a host nation that forbids EPT, and the sexual partners are also host nation citizens.

c. Guidance regarding pre-exposure prophylaxis for individuals at high risk of acquiring HIV is provided in reference (b). Additional resources can be found at <http://www.cdc.gov/hiv/basics/prep.html> and <http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/hiv-prevention-resources.aspx>.

8. Prevention Services for HIV, HBV, or HCV Positive Active Component Personnel. HETUs NAVMEDREADTRNCMDs, or NAVMEDREADTRNUNITs with in-house sub-specialist expertise must provide preventive medicine services for all HIV, HBV, and HCV positive active component personnel during their initial evaluations. These services include case reporting, prevention counseling, and sexual partner services. On a case-by-case basis, follow-up HIV evaluations may be performed at non-HETU NAVMEDREADTRNCMDs or NAVMEDREADTRNUNITs with appointments being reported to the supporting HETU and NAVBLDINFMANCEN for tracking purposes.

a. Case Reporting

(1) HIV Cases. For every new case of HIV in an active component member, HETUs will complete CDC Form 50.42A Adult HIV Confidential Case Report, or the equivalent State form. Under the Department of the Navy centralized case reporting process, the HIV confirmatory test for active component members is completed by an HETU. The test drawn on an active component member by the local MTF is not considered the confirmatory test. HETUs confirm the positive test, complete the case report, and send it to their host State. The HETU's host State reports to the CDC and relays a copy to the State in which the member resides. If the centralized process is not sufficient for the referring NAVMEDREADTRNCMD or NAVMEDREADTRN-UNIT to comply with their host State law, the NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT should report the initial HIV positive result to their host State and inform the State the final HIV case report will be submitted later via the centralized process. HETUs will also report newly diagnosed active component cases to NAVMCPUBHLHCEN per enclosure (1) of this instruction.

(2) HBV or HCV Cases. Submit a medical event report per reference (c) and (d), and report to civilian public health authorities per State and local regulations.

b. Prevention Counseling. Each patient will be afforded prevention counseling by a trained counselor, following the evidence-based model recommended in the CDC's sexually transmitted diseases treatment guidelines identified in subparagraph 5b of this instruction.

(1) HIV, HBV, and HCV Positive Referrals. Before referring a newly positive HIV, HBV, or HCV patient to the NAVBLDINFMANCEN-designated HETU or MTF, a healthcare provider at the patient's home station MTF or, for members not assigned near an MTF, identified by the member's commanding officer, must advise the member that their blood and bodily fluids may be infectious, to refrain from donating blood or sperm, and how to protect current and future sexual partners. The referring MTF or command's preventive medicine personnel should briefly discuss the importance of partner notification and offer partner referral services. Newly positive HIV cases may not be immediately prepared to engage in this process and because this service will again be offered at the HETU, referring MTFs should refrain from aggressive pursuit of partner notification. HETUs will communicate with referring MTFs regarding partners within the MTF's catchment area.

(2) Prevention Counseling Statement. At the initial evaluation following HIV, HBV, or HCV diagnosis, HETUs and evaluating NAVMEDREADTRNCMDs or NAVMEDREADTRN-UNITs must ensure each patient's health record contains the signed prevention counseling statement found in enclosure (12) of reference (a).

c. Sexual Partner Services. STI prevention sexual partner services will be conducted per NAVMCPUBHLHCEN's HIV-STI Prevention Guideline: Sexual Partner Services.

9. Prevention Services for HIV, HBV, or HCV Positive Non-Active Component Personnel. NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs must provide prevention services for all HIV, HBV, and HCV positive beneficiaries during their initial and periodic evaluations. These services include case reporting, STI prevention counseling, and sexual partner services.

a. HIV Case Reporting. Non-active component healthcare beneficiaries may be confirmed HIV positive in any MTF. In such cases, it is the responsibility of the diagnosing MTF to report the new HIV case by completing the CDC Form 50.42A or the equivalent State form.

b. Prevention Counseling. Each patient will be afforded STI prevention counseling by a trained counselor that follows the evidence-based model recommended in the CDC's sexually transmitted diseases treatment guidelines identified in subparagraph 5b of this instruction, and satisfies any host State statutory requirements.

c. Sexual Partner Services. STI prevention sexual partner services will be conducted per NAVMCPUBHLTHCEN's HIV-STI Prevention Guideline: Sexual Partner Services.

10. Reporting Requirements. The accurate identification and timely reporting of STIs are integral components of successful disease control efforts. Timely reporting is important for assessing morbidity trends, targeting limited resources, and assisting local health authorities in identifying sex partners who may be infected. Syphilis, gonorrhea, chlamydia, hepatitis A, HBV, and HCV infections are reportable medical events in the DoD, per the Defense Health Agency's Armed Forces Reportable Medical Events Guidelines and Case Definitions, available at <https://www.med.navy.mil/sites/nmcphc/Documents/program-and-policy-support/Armed-Forces-RME-Guidelines-and-Case-Definitions.pdf>. Per references (c) and (d), medical departments must submit a medical event report via the Disease Reporting System internet (DRSi) once a case of a reportable STI is diagnosed. Preventive medicine personnel should also be aware of how to consult their supporting Navy Environmental and Preventive Medicine Unit, listed in reference (d), for consultation on investigation steps, risk communication, laboratory testing, and case reporting.

11. Resources

a. Consultation regarding STI treatment guidelines or local variations may be obtained from MTF preventive medicine departments or the points of contact found in reference (d).

b. Valuable STI resources are available from the NAVMCPUBHLTHCEN Sexual Health and Responsibility Program (SHARP) at <https://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx>. SHARP provides self-study and classroom courses in Sexual Partner Services HIV and STI prevention counseling that teach personnel how to conduct partner notification and referral, and client-centered prevention counseling per this instruction.

12. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

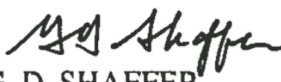
b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

13. Review and Effective Date. Per OPNAVINST 5215.17A, the Bureau of Medicine and Surgery (BUMED) Fleet Support and Logistics (BUMED-M4B) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

14. Forms and Information Management Control

a. Forms. CDC Form 50.42A, Adult HIV Confidential Case Report is available at <https://www.cdc.gov/hiv/pdf/guidelines/cdc-hiv-adult-confidential-case-report-form-2019.pdf>.

b. Information Management Control. The reports required in subparagraphs 6b(2)(d), 8a(1), 8a(2), 9a, and paragraph 10 of this instruction, are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.


G. D. SHAFFER
Acting

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>

1 Jun 2021

HUMAN IMMUNODEFICIENCY VIRUS EXPOSURE AND RISK BEHAVIOR
DATA REPORTING PROCESS

1. The Human Immunodeficiency Virus (HIV) Evaluation and Treatment Unit (HETU) will forward to Navy and Marine Corps Public Health Center a copy of the CDC Form 50.42A for each newly diagnosed HIV case (i.e., initial interview only) which may be downloaded from <https://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/hetu.aspx>. This form includes no personally identifiable information.
2. The HETUs will send the CDC Form 50.42A via e-mail to usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-sharp@mail.mil or by mail:

Navy and Marine Corps Public Health Center
ATTN: SHARP (eyes only)
620 John Paul Jones Circle, Suite 1100
Portsmouth, VA 23708-2103