



Navy Bloodborne Infection Management Center (NBIMC)
HIV Evaluation Treatment Unit (HETU) Guide

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Acronyms

ART	Antiretroviral Treatment
BUMED	Navy Bureau of Medicine & Surgery
CDD	Center for Disease Detection
CO	Commanding Officer
DMFG	Disease Management Focus Group
DON	Department of the Navy
HETU	HIV Evaluation and Treatment Unit
HMS	HIV Management Service
HQMC	Headquarters, U.S. Marine Corps
ID	Infectious Diseases
LIMDU	Limited Duty
MTF	Military Treatment Facility
NBIMC	Navy Bloodborne Infection Management Center
NMCFHPC	Navy and Marine Corps Force Health Protection Command
NPC	Navy Personnel Command (also called PERS)
PERS-454	Deployability Assessment and Assignment office of PERS
POC	Point of Contact
SM	Service Member
SMO	Senior Medical Officer
SMLWH	Service Member Living with HIV
USCG	United States Coast Guard

1.0 Introduction

As a HETU staff member, you play a vital role in the care of service members living with HIV (SMLWH). Your expertise ensures comprehensive support, contributing to their well-being and overall force readiness. This guide outlines your responsibilities in providing this care, impacting medical readiness and the safety of the military's blood supply.

2.0 HETU Staff Composition and Responsibilities

Each HETU includes a HETU Coordinator and an Infectious Diseases (ID) specialist physician. Additionally, HETUs collaborate with local Preventive Medicine and Mental Health clinics as appropriate for their location.

2.1 HETU Coordinator

As the primary point of contact for SMLWH and NBIMC staff, the HETU Coordinator works with the ID specialist to develop and implement comprehensive care plans. Responsibilities include:

- Tracking assigned SMLWH in the HIV Management Service (HMS) system.
- Scheduling appointments and managing the care continuum.

- Ordering necessary lab tests or coordinate the ordering of labs with the appropriate medical HETU staff (physician or nurse). Not all coordinators have lab ordering privileges
- Counseling SMLWH at initial diagnosis, at follow-up appointments, and around PCS, especially to operational or overseas duty
- Communicating regularly with SMLWH and NBIMC regarding HIV care
- Receiving SMLWH transfer information from NBIMC.
- Ensuring SMLWH have a HETU visit before transferring to their new command.

2.2 Infectious Disease Physician

Conducts HIV evaluations, including medical history, physical exam, and lab testing; initiates antiretroviral therapy (ART) and other necessary treatments; and determines military fitness for duty.

2.3 Preventive Medicine Physician, Nurse, or Technician

Preventive Medicine Technicians or HETU coordinators will complete the HETU Initial Case Interview Form and forward it to Navy and Marine Corps Force Health Protection Command (NMCFHPC). The CDC form 50.42A Adult HIV confidential Case Report or the equivalent State form will be completed by the HETUs for every new HIV case as per BUMEDINST 6222.10D.

Provides counseling on transmission prevention strategies, reviews and signs SECNAV Form 5300/1 (Bloodborne Pathogens Counseling Statement) with SMLWH, and ensures the signed form is scanned into MHS Genesis.

2.4 Behavioral Health Staff

Screens for mental health disorders and provides appropriate treatment. The screening can be conducted by a clinical social worker (LCSW/LICSW), psychologist, or psychiatrist.

3.0 Initial Positive Notification Process – The HETU’s Role

Navy Bloodborne Infection Management Center (NBIMC) staff members arrange the notification of initial HIV positive results through the service member’s commanding officer (CO) and senior medical officer (SMO) or primary care provider (PCP). Once the notification is completed, NBIMC staff coordinates the entry of the HIV testing result into MHS Genesis. NBIMC staff will include HETU coordinators on email traffic for their awareness.

NBIMC receives the results for any HIV 4th Generation test that is ordered as the “CDD” test. When the result is an initial positive result for a non-active-duty service member (dependent, retiree, reservist, etc.), NBIMC has separate processes to coordinate notification that may or may not result in referral to the local MTF ID clinic.

3.1 HETU Coordinator Responsibilities After Notification

Upon notification from NBIMC of a newly diagnosed SMLWH assigned to your HETU, the HETU Coordinator:

- Accesses HMS to verify the member's information and verify HETU assignment.
- Contacts the SMLWH within 3 days of HIV notification to:
 - Introduce themselves and the HETU's role
 - Schedule the initial ID appointment
 - Explain the need for a confirmatory HIV lab test
 - Provide your phone and email contact information
- Documents the initial evaluation, treatment plan, and patient education in MHS Genesis
- Coordinates initial evaluation and care:
 - For local SMLWH
 - Schedule appointments with ID, Preventive Medicine, the Coordinator, and Behavioral Health / Licensed Clinical Social Worker (if needed).
 - Coordinate confirmatory testing and other initial labs as directed by the ID physician.
 - For SMLWH requiring travel
 - Schedule appointments as above and provide appointment times to the command point of contact to aid travel planning for TAD orders. Assist the local medical team with pre-travel HIV verification and initial labs, if feasible.
 - Regarding funding for this travel, according to MPM 1300-1300 dated 08 Nov 2021, BUMED Resource Management Department funds travel for initial HIV evaluation and treatment for service members. This funding is requested by the command through direct communication to BUMED as described in NBIMC's CO Guide for SMLWH.
 - For SMLWH receiving initial care at another MTF
 - Consult with NBIMC and the local ID physician to ensure appropriate initial care. A HETU visit may not be necessary; this situation occurs sometimes in Okinawa, Hawaii, San Antonio, and Europe, where there are local military ID physicians who can provide services equivalent to HETU services. Contact the SMLWH and inform them of your role as an additional resource.

3.2 Informational – Antiretroviral Therapy (ART)

The primary treatment for HIV is ART, a combination of medications designed to suppress the virus, improve immune health, and prevent transmission. SMLWH beginning ART can expect to be prescribed highly effective, once-daily oral tablet regimens, typically consisting of a single pill, such as bicittegravir/emtricitabine/tenofovir alafenamide (Biktarvy) or dolutegravir/lamivudine (Dovato). These regimens are the current standard of care due to their efficacy, tolerability, and convenience. The ID physician will determine the best treatment plan for each individual.

While injectable ART options exist and are currently FDA-approved for use, there are several factors inherent to military service and healthcare delivery that limit their use for SMLWH:

logistical challenges (refrigeration and regular administration by healthcare professionals that can be difficult to meet in deployed settings, on ships, or remote duty stations) and cost-effectiveness (oral ART regimens, while still a significant investment, are generally more cost-effective for widespread application within the military healthcare system compared to current injectable alternatives). Injectable ART options may be offered to SMLWH based on a case-by-case basis.

3.3 Informational - Fitness for Duty Considerations

Upon initial diagnosis, SMLWH are not fit for full duty nor worldwide deployment. Generally, they may return to full duty when their viral load is undetectable (<200 copies/mL), approximately one to three months of starting ART.

3.4 Informational - Limited Duty (LIMDU) Considerations

LIMDU may be appropriate depending on the individual circumstances. Generally, NBIMC recommends avoiding LIMDU if the SMLWH is assigned to a CONUS shore command (especially near a HETU) or an operational command that is not deploying within the next 3-6 months. Cases in Europe or Japan require case-by-case evaluation by the NBIMC OIC.

4.0 Initial HETU Evaluation

All HETUs should have a standardized initial evaluation protocol.

4.1 Initial HETU Evaluation Components

The initial evaluation should include:

- Process for obtaining labs, possibly ordering the labs ahead of the ID appointment
- ID specialist appointment
- Preventive Medicine appointment (including review and signature of SECNAV Form 5300/1, scanned into MHS Genesis)
- HETU Coordinator Education and Counseling Appointment. See below.
- Process for obtaining medication refills (MTF pharmacy, TRICARE network pharmacy, or Express Scripts (mail order pharmacy)).

4.2 HETU Coordinator Education and Counseling Appointment

The HETU Coordinator provides comprehensive education and counseling, tailored to the individual needs of the SMLWH. Multiple sessions may be required to ensure thorough understanding. Provide the SMLWH with "Living Well with HIV: A Guide for Navy Sailors and Marines" (Appendix A). Upload this guide to the member's MHS Genesis record or encourage them to take a photo for reliable, private access.

Counseling topics should include:

- **HIV education.** Covers HIV basics, U=U (Undetectable = Untransmittable), the importance of continued barrier protection, and available resources (see Appendix B for online resources).

- **Medication Adherence.** Emphasizes the critical importance of consistent medication adherence.
- **Mental Health.** Conducts a mental health check by completing at minimum the PHQ-2 or the PHQ-9 (Patient Health Questionnaire) and the C-SSRS (Columbia-Suicide Severity Rating Scale). If there is a positive screen for suicidality, consults with behavioral health for a safety check. If there is intent or a plan, follow clinic established procedures and escort to the emergency room for a safety check. Offers to schedule a mental health appointment, coordinate a behavioral health consult, and reviews mental health resources including Military One Source (800-342-9647) and the Military Crisis Line (Calling 988 or text 838255).
- **HIV Care Expectations:**
 - **Routine HIV follow-up:** Laboratory tests and appointments every six months. If stationed away from an ID clinic, alternating follow-up between primary care (Family Medicine, Internal Medicine, or operational medical officer) and ID every six months is acceptable. Virtual ID appointments are available through Portsmouth, San Diego, and Walter Reed.
 - **Blood donation ineligibility:** SMLWH are ineligible to donate blood under any circumstances.
- **Military Aspects of HIV Care:**
 - **Career impact:** With an undetectable viral load and adherence to care, SMLWH can generally expect a normal military career, including operational and overseas duty.
 - **Medication Management:**
 - **Deployments:** Pack at least a 6-month supply of medication. Contact your medical provider or pharmacist **before** departure to discuss obtaining additional medication.
 - **Prescription refills:** Express Scripts Home Delivery is highly recommended ([tricare.mil/homedelivery/](https://www.tricare.mil/homedelivery/) or 1-877-363-1303).
 - **After PCS:** Schedule an appointment with your new primary care manager (PCM) to discuss HIV care, medication needs, and ID referral if necessary.
 - **Deployments:** Inform your HETU Coordinator of upcoming deployments to arrange alternative medical plans. If deployment interferes with 6-month follow-up, complete tests and appointments immediately before and after deployment.
 - **Personal Responsibility:** While the HETU Coordinator provides reminders, it is the SMLWH's responsibility to maintain appointments, lab tests, and adequate medication supplies. Failure to adhere to the 6-month schedule may increase transmission risk, negatively affect suitability for operational/overseas duty, and potentially lead to disciplinary action.
- **SECNAVINST 5300.30F Requirements:** Annual acknowledgment of preventive medicine counseling with a provider (SECNAV Form 5300/1, documented in the medical record) and with the CO upon PCS (SECNAV Form 5300/2, maintained locally and destroyed upon PCS). These forms acknowledge understanding of

transmission prevention responsibilities, including partner notification, barrier protection, informing healthcare providers, and avoiding blood donation. Non-compliance with preventive medicine guidance or repeated missed appointments may result in disciplinary action, including separation.

- **Privacy in the Military:** HIV information is accessible to medical staff with a need to know (medical providers, HETU staff, NBIMC staff). Additionally, service-level personnel offices (PERS-454 for Navy, HQMC for Marines) are informed of a "bloodborne pathogen" status for assignment screening. Under a military command exception to HIPAA, PERS and HQMC release HIV status to gaining COs before PCS to ensure adherence to preventive medicine guidance. NBIMC may also inform COs if a SMLWH is significantly delinquent in care and unresponsive to communication attempts, due to concerns for fitness for duty, medical readiness, and transmission prevention. Information disclosed to command authorities, while not subject to HIPAA, remains protected under the Privacy Act of 1974.

5.0 Chronic Management

5.1 General Expectations of HIV Management

- **Six-Month Labs.** All assigned SMLWH should have documented viral load and other appropriate HIV lab tests every six months.
- **Six-Month Follow-up.** All assigned SMLWH should have a documented HIV-related visit every six months, with at least one of those visits per year conducted by an ID specialist.
- **Annual Preventive Medicine Counseling.** The SECNAV Form 5300/1, "Bloodborne Pathogens Counseling Statement," must be reviewed and signed annually by the SMLWH and a medical officer or HETU Coordinator. The signed document must be scanned into the patient's MHS Genesis record.

5.2 HETU Coordinator Responsibilities

For all assigned SMLWH, the HETU Coordinator should:

- **Regular Monitoring:** Track follow-up appointments every 6 months, ensuring documented viral load and other appropriate HIV testing at each visit. Schedule appointments (in-person or virtual) if the SMLWH is to complete their follow-up at the local HETU. Use HMS to manage evaluation dates and flag any delinquent SMLWH.
- **Ongoing Support and Education:** Provide ongoing support, counseling, and education to SMLWH regarding medication adherence, managing side effects, and maintaining overall health and wellness.
- **Appointment Reminders:** Contact SMLWH 1-2 months before they are due for 6-month appointments to provide reminders and assist with scheduling as appropriate. Document all communication attempts (successful or unsuccessful) in MHS Genesis as an "in-between" encounter.

- **Delinquency Management:** If scheduling difficulties or delinquencies arise, notify NBIMC (Denise Chambers and NBIMC OIC), as detailed in Section 6. Actively collaborate with NBIMC to resolve these issues.
- **HMS Updates:** After each appointment, document members as "evaluation completed" to automatically schedule the next 6-month evaluation in HMS.

****** All HETU coordinator communication, or attempts at communication, should be documented as an “in-between” encounter in Genesis.

6.0 Delinquency Management

Some SMLWH may not complete their six-month HIV follow-up due to deployment, misunderstanding of expectations, or difficulty scheduling appointments. Consistent communication and education by the HETU Coordinator are crucial to minimizing delinquency. This section provides guidance on managing delinquent SMLWH.

6.1 Deployment Interference with HIV Follow-up

Deployments are an acceptable reason for delayed routine six-month evaluations. However, HETU Coordinator should:

- Assist the SMLWH in completing labs and HIV follow-up immediately before and after deployment.
- Ensure the SMLWH has an adequate medication supply for the deployment duration and is enrolled in Express Scripts Home Delivery for refills.

6.2 Inability to Contact Delinquent Patients

If unable to contact a SMLWH, the HETU Coordinator may request NBIMC contact the member's command. NBIMC will avoid involving the command unless necessary for fitness for duty concerns (i.e., after all other attempts to complete appointments have failed).

Before contacting NBIMC, the HETU Coordinator must:

- Document all failed contact attempts in MHS Genesis (ideally).
- Attempt contact via phone, email, Genesis patient portal messages, and outreach to the PCM (preferably through Genesis messaging).
- At minimum, make 3 contact attempts using 2 or more communication methods over at least 3 weeks. (Waiting at least 3 weeks to allow the SMLWH to respond may capture some patients who return from TAD/TDY or leave).
- If possible, contact the PCM for assistance in reaching the SMLWH.

If these steps are unsuccessful, notify the NBIMC OIC and Denise Chambers. The NBIMC OIC will then contact the SMLWH's CO. In some cases, LIMDU may be necessary if the SMLWH cannot reliably attend appointments and complete labs.

7.0 Establishing HIV Care for Accessions with Known HIV

Per the 18 October 2024 Under Secretary of Defense Memorandum, individuals with a documented HIV viral load < 200 copies/mL for over six months and a CD4 count > 350 are eligible for military accession. The Navy and Marine Corps Recruiting Commands inform NBIMC of anticipated accessions, and NBIMC assigns a HETU Coordinator.

While the recruit is in Basic Training, the HETU Coordinator will coordinate the following virtual visits through the recruit's local medical team:

- **Military ID Appointment:** To establish HIV care within the military. This appointment should assess HIV health education status, confirm current treatment regimen, and addressing any medication needs and provide a written follow-up plan for after basic training.
- **HETU Coordinator Counseling Visit:** To review HIV education basics, following the guidelines in Section 4.2 (Initial HETU Coordinator Education and Counseling).

These virtual visits provide a medically appropriate transition to military HIV care and provide essential education to minimize risk of transmission while in the military.

8.0 HETU Expectations for Upcoming Change of Assignment

The HETU Coordinator plays a vital role in preparing SMLWH for a successful transition during a PCS, especially to operational or overseas duty stations. Upon notification from NBIMC of upcoming orders, the HETU Coordinator should:

- **Conduct Pre-Transfer Counseling:** This comprehensive counseling session includes:
 - Reviewing medical records and verifying sufficient medication supply.
 - Providing information on HIV care resources at the new location.
 - Coordinating with the gaining HETU (if applicable) for a smooth handoff of care.
 - Reinforcing the importance of ART adherence and 6-month lab testing.
 - Advising the SMLWH to schedule an appointment with their new PCM immediately after transfer to review their HIV care plan.
 - Emphasizing the need for a large ART supply during transfer and before any deployments, noting that ART may not be readily available at overseas MTFs and recommending Express Scripts for refills.
 - Reviewing the post-transfer HIV care plan, including the potential use of telehealth for ID visits.
 - Documenting the counseling session in MHS Genesis.
- **Facilitate Pre-Transfer Visit (if needed):** Coordinate a visit with the ID specialist before transfer to address any outstanding medical needs and finalize arrangements.
- **Update HMS:** Ensure HMS is updated with the SMLWH's transfer information and new assignment details. (NBIMC staff should have toggled the member's HETU OCONUS button to "Yes" or "No" as appropriate.)

9.0 HIV Management Service Module Monitoring Process

The HETU Coordinator must have access to HMS as this is your primary system for identifying assigned SMLWH and reporting on HIV follow-up adherence or delinquency. If you don't have access, contact NBIMC staff immediately to request it.

NBIMC uses HMS to assign SMLWH to the HETU and monitors follow-up status through the HETU Tracking Module. When appointment completion issues arise, HMS automatically generates email alerts to NBIMC staff, who will then contact HETU Coordinators directly and involve commanding officers or PCMs as necessary (see Section 6). NBIMC can track specific issues by selecting "Show Problem" within the HETU module, if the HETU Coordinator has entered any data there.

Consistent HMS updates are critical to effective patient care and program oversight. The HETU Coordinator should:

- **Weekly Check:** Review HMS at least once per week for newly assigned members
- **Real-Time Updates:** Keep appointment dates current for all assigned members
- **Proactive Flagging:** Identify delinquent members and document specific issues in the "Problem" section with actionable details

Please see NBIMC's "HIV Management Service Overview" designed to help HETU Coordinators best use HMS.

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10.0 NBIMC Points of Contact

CDR Marshall Hoffman - NBIMC OIC

- Email: marshall.m.hoffman.mil@health.mil
- Office: (301) 295-5246
- Cell: (240) 638-6462

Denise Chambers - NBIMC Health Science Specialist

- Email: denise.a.chambers6.civ@health.mil
- Office: (301) 295-1644

Julia Wolfrey - NBIMC Program Analyst

- Email: julia.d.wolfrey.ctr@health.mil

Living Well with HIV: A Guide for Navy Sailors and Marines

This guide provides essential information to effectively manage HIV in the Navy or Marine Corps

Medication

- **Take Your Medication DAILY as Prescribed.** This is crucial for health and preventing drug resistance.
- **Plan Ahead for Travel to Prevent Running Out of Meds:** Deployments and temporary assignments can be extended. Always pack at least 6 months of medication for deployments. Contact your medical provider or pharmacist before departure to discuss obtaining more meds are needed.
- **Express Scripts Home Delivery:**
 - Enroll in Home Delivery service for medication refills at <https://tricare.mil/homedelivery/>
 - Or you can call for Home Delivery help at 1-877-363-1303
- **Never Run Out of Medication:** If you're about to run out, DO NOT skip doses or take half-doses. Instead, contact your medical provider immediately and continue the medication until gone.
- **Supplement Use:** Some over the counter (OTC) supplements can interfere with HIV medication. Notify your HIV provider with any new OTC, prescription medications, or supplements.

Navigating Your Care

- **New Duty Stations:** Upon arrival at a new duty station, check in with medical ASAP and schedule an appointment with your new primary provider to review your HIV management plan.
- **Regular Checkups and HIV specialty care:**
 - You need an HIV-specific medical appointment with lab tests every 6 months.
 - In each 12-month period, at least one of your 6-month appointments must be with an Infectious Diseases (ID) specialist and must include annual signing of the SECNAV Form 5300/2 Bloodborne Pathogens Counseling Statement.
 - The ID appointment may be completed virtually or travel, as appropriate
 - For HIV management by primary care, request these lab tests:
 - **Every 6 Months:** HIV viral load, CD4+ count (annually may be ok), CMP, STI testing (syphilis screening and 3-site gonorrhea/chlamydia NAAT testing)
 - **Every 12 Months (in addition to the above):** CBC, lipids, fasting glucose, UA
 - Primary care providers evaluating SMLWH should engage ID for any questions or concerns
- **HIV Evaluation and Treatment Units (HETUs):** Wherever you are stationed, you will be assigned a HETU coordinator to help you receive appropriate HIV-related medical care and meet the Navy and Marine Corps HIV requirements. HETUs are located at Naval Medical Center Portsmouth, Naval Medical Center San Diego, and Walter Reed National Military Medical Center. If you are unsure who your HETU coordinator is, please email the Navy Bloodborne Infection Management Center at dha.bethesda.walter-reed-med-ctr.mbx.nbimc@health.mil
- **Preparing for Deployment:** Inform your HETU coordinator about upcoming deployments, so appropriate alternative medical plans can be arranged as needed.
- **Mental Health Resources:** You can access behavioral health services via your local behavioral health clinic or chaplains. You can also ask your HETU coordinator for assistance in identifying resources.
- **Mental Health Crisis Lines:** Military One Source (800-342-9647); The Military/Veterans Crisis Line (Call 988 and press 1, or text 838255); Suicide and Crisis Lifeline (Call or text 988)

References:

- SECNAVINST 5300.30F: Management of HIV, HBV, and HCV Infection
- MILPERSMAN 1300-1300: Assignment of Personnel with Bloodborne Pathogens
- OPNAVINST 1300.20: Deployability Assessment and Assignment Program

HIV Online Resources for Patients

- Centers for Disease Control and Prevention (www.cdc.gov/hiv/default.html)
- HIVinfo (hivinfo.nih.gov/home-page)
- Positively Aware (www.positivelyaware.com)
- POZ (www.poz.com)
- The Body (www.thebody.com)
- The Body Professional (www.thebodypro.com)
- Positive Destinations (<https://www.positivedestinations.info/>)