



**Navy Reserve**

**Guide for Commanding Officers of Service**

**Members Living with HIV**

(Updated June 2025)

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## 1.0 Notification Procedures

The “Military Command Exception” to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule allows commanding officers (COs) of a service member’s HIV status due to the implications on fitness for duty. Additionally, SECNAVINST 5300.30F requires commanding officers to ensure that Reserve Component members who test positive for HIV receive counseling by a licensed medical provider regarding the significance of their diagnosis. Given these provisions, a CO may be responsible for notifying an RC service member of an initial positive HIV screening result to facilitate timely medical evaluation and counseling. Upon receiving a positive HIV test result from the Navy Bloodborne Infection Management Center (NBIMC) for one of their service members, the CO should coordinate with the NBIMC officer in charge (OIC) and determine the best approach for delivering the diagnosis. This provides COs essential guidance on the notification process to ensure that affected service members receive the necessary support and medical care.

### 1.1 Notification of the Service Member

One of the most difficult things a Commanding Officer may ever have to do is notify a service member that he or she is newly diagnosed with Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS). Due to individualities, it is not feasible to design an all-purpose counseling statement for such an event. However, the following facts and ideas may be helpful when informing one of your service members of their new diagnosis.

- **Vital facts to know.**
  - HIV positive does not mean AIDS – The initial positive confirmed and verified test means the member has been infected with HIV. It does not mean the member has AIDS.
  - Positive HIV testing results provided by NBIMC are confirmed through multiple testing modalities, ensuring validity.
  - There is no risk to the health of the infected member, shipmates, fellow Marines, or co-workers in performing ordinary activities such as sharing heads, berthing spaces, galleys, and workspaces.
  - The virus is not spread by casual contact such as sneezing, shaking hands, sharing eating utensils, sweating, etc.
- **Preparing for the Notification**
  - **Timely Notification** – Notification must be conducted within 10 working days of receipt of the commanding officer’s notification letter from NBIMC but notifying members as soon as possible is best practice to limit transmission to others.
  - When possible, notify the member early in the week, preferably during duty hours.
  - **Correct Member Verification** – ensure verification of the member’s full name, SSN or DOD ID, and date of birth prior to proceeding with the notification process.
  - Having a physician in the room for the notification is highly encouraged, but not required if it could delay a notification. In any case, a medical officer or independent duty corpsman and chaplain should be immediately available to the member after notification for medical and emotional support.

- **Exercise Discretion**
  - Make sure the member is in a private area to protect the member's privacy
  - Avoid telling the member on a Friday or the day before the member's leave or liberty period when they may have inadequate emotional support. There continues to be reports of events of self-injurious behavior by members following an HIV diagnosis.
  - If conditions require notifying a member on a Friday (or prior to or during leave/liberty period), ensure that an initiative-action plan is in place to mitigate risk of self-harm. This includes availability of, and follow-up, by a chaplain, a medical provider, or the chain of command.
- **Delivering the Notification of HIV Diagnosis**
  - Be direct and calm. Sample script:
    - *"The result of your recent HIV screening test came back positive. This means you have a diagnosis of HIV."*
    - You may offer them a printed copy of the lab result provided by NBIMC at this time.
  - Wait to see how s/he reacts. Unless the person had anticipated or suspected this result, s/he may be shocked and not say much. Some people may say, "It can't be true," or ask if, you are sure. Some may break down and cry. Others may appear stoic or blank. These reactions are not unusual.
  - Next, emphasize that although HIV is a serious infection, today many people with HIV are living longer, healthier lives due to new medications that keep the immune system strong. Sample script:
    - *"People with HIV who receive the care they need can live long and healthy lives. With proper treatment you can as well."*
  - Reassure the member that she/he is not alone – medical care, emotional support and other services are available. There is still a prosperous career available for them in the Navy/Marine Corps.
  - RC members with serologic evidence of HIV infection are not eligible for extended active duty (AD) for a period of more than 30days except under the conditions of mobilization and on the decision of the Secretary of the Navy (SECNAV).
- **Post Notification Support**
  - Initial counseling about HIV infection is often difficult to comprehend. Offer to make yourself or another person (i.e., Executive Officer (XO), Command Master Chief (CMC), Medical Officer (MO) in the command available for questions that may follow the initial notification.
  - Do not treat a newly infected member differently than any other member of your command. If the HIV specimen was drawn at a Military Treatment Facility (MTF), please note that patients will have access to their HIV result through the MHS Genesis Patient Portal about 36 hours after the result is released in the system.

## 1.2 Retention and Separation

- **HIV antibody positive reservist**
  - Must obtain an evaluation from their civilian physician per the DOD protocol for HIV evaluation.
  - Must comply with annual Medical Retention Review (MRR) requirements.
  - Can be retained in the Ready Reserve if they present documented evidence showing no conditions determined unfitting by military health care providers.
  - Will be transferred to the Standby Reserve Inactive or processed for separation if evaluation results are not provided within 2 months of the HIV antibody positive notification, depending on Navy needs.
- **RC members' separation requests**
  - Members apply for separation due to HIV antibody positive status within 90 days of initial formal counseling by Navy representatives.
  - The 90-day period begins the day the Reservist is formally counseled as per current service regulations.
  - Members who apply for separation after the 90-day period to be considered on a case-by-case basis by the Chief of Naval Operations (CNO) based on manpower requirements and the needs of the service.
  - Members who elect separation are not allowed to re-enter the service in the future.
- **CNO's denial of separation requests**
  - The CNO denies requests if the RC member has any remaining statutory service obligation(s).
  - Any request for separation must document the lack of pressure or coercion to separate, implied or otherwise, by command involved.
- **Continuous reenlistment**
  - 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.

## 1.3 Avoid Notifying Sexual Contacts

- Due to various state laws, neither you nor other members of your command are legally authorized to notify assumed prior/potential sexual partners of their contact with a member with HIV.

## 1.4 Commanding Officers Requirements

- Send an encrypted email to NBIMC confirming that the individual has been notified within 10 working days of receiving the command notification documents. Please contact the NBIMC POCs for any questions.
- The Navy Bloodborne Infection Management Center (NBIMC) POCs:
  - **Officer in Charge: CDR Marshall Hoffman**
    - Commercial: 301-295-5246
    - DSN: 312-295-5246
    - Email: [marshall.m.hoffman.mil@health.mil](mailto:marshall.m.hoffman.mil@health.mil)
  - **Health Science Specialist: Ms. Denise Chambers**
    - Commercial: 301-295-1644
    - DSN: 312-295-1644

- Email: [denise.a.chambers6.civ@health.mil](mailto:denise.a.chambers6.civ@health.mil)

## 1.5 United States Navy Reserve (USNR)/Marine Corps Reserve (USMCR) Commanding Officers Requirements

- Guided by SECNAVINST 5300.30 series for counseling and disposition of (RC) Marines that are HIV positive upon receipt of the notification letter.
- The USNR POC for the HIV questions are: Navy Reserve Force/Command/Force Medical N9 Norfolk at DSN 262-5639 or 757-322-5639; 757-322-5731.
- The USMCR POC for HIV questions are: Marine Corps Manpower & Reserve Affairs at DSN 278-9387 or 703-784-0511; or Marine Corps Monitor – Liaison at DSN 278-9220 or 703-784-9220.

## 1.6 Initial Positive Notification Checklist

### Notification Procedures

- ☐ Read the Navy Reserve Guide for Commanding Officers of Service Members Living with HIV.
- ☐ Verify service member's full name and DOD ID or social security number.
- ☐ Ensure that the Service Member's privacy/confidentiality are protected by sharing this information **only with the minimum number of personnel with a need to know**. NBIMC's guidance is to keep this confidential information only with the CO and the Senior Medical Officer. Please carefully review the guidance in the CO guide.
- ☐ Inform SM of the positive result face-to-face in a timely manner
- ☐ Exercise discretion.
- ☐ Confirm notification of the service member to the Navy Bloodborne Infection Management Center with 10 working days of receiving command notification documents by replying to the original email.
  - ☐ Ms. Denise Chambers: [denise.a.chambers6.civ@health.mil](mailto:denise.a.chambers6.civ@health.mil)
  - ☐ Ms. Julia Wolfrey: [julia.d.wolfrey.ctr@health.mil](mailto:julia.d.wolfrey.ctr@health.mil)
  - ☐ CDR Marshall Hoffman: [marshall.m.hoffman.mil@health.mil](mailto:marshall.m.hoffman.mil@health.mil)

### Instructions to be reviewed:

- ☐ Review the DODI 6485.01 and SECNAVINST 5300.30F to learn more about policy regarding service members living with HIV.

## 2.0 Frequently Asked Questions

The following are frequently asked questions during the notification process.

### 2.1 Career

#### What will happen to my career?

- Reserve members living with HIV are not eligible for extended active duty for a period of more than 30 days except under the conditions of mobilization and on the decision of Secretary of the Navy.
- Reserve members living with HIV for whom mobilization billets assignments cannot be made shall be transferred involuntarily to the Standby Reserve Inactive. Reserve members who are not on extended active duty and who show serologic evidence of HIV infection shall be transferred involuntarily to the Standby Reserve only if they cannot be utilized in the SELRES.

Junior enlisted members in sea intensive ratings (i.e., OS, BT, QM, etc.) may consider a change in their rate to a more shore favorable rate (i.e., HM, YN, PS). Some personnel in special communities such as aviation duty, diving duty, special warfare, or submarine duty may request a BUMED waiver of medical standards to continue in these programs.

## **2.2 Advancement**

### **Can I advance?**

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

## **2.3 Informing Spouse/Partner of Positive Diagnosis**

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

- It is your moral responsibility to personally notify people you may have infected.
- When you get to the military hospital, you will be asked to list all the people you may have infected.
- Without providing your name, the military will officially inform all active-duty members and state health departments in which they reside will officially inform civilians.

## **2.4 Protecting the Member's Privacy**

### **Who in the command knows I am HIV positive?**

Right now, just I, Chaplain (if desired) and Dr. \_\_\_\_\_ (or an Independent Duty Corpsman when no physician is available). I will also inform \_\_\_\_\_, so that they may help you prepare for MEDEVAC/transfer from the command to the Military Treatment Facility and be available to answer any questions you may have after our meeting today.

**One of the most prominent issues to a Service member with a positive HIV test is knowing that only a very select few are aware of their HIV status. It is understood that the CO must be extremely vigilant to ensure the member's privacy and confidentiality are not compromised. If you inform someone else in your command, you should advise the newly infected service member of your decision.**

## **2.5 Information Resource for Members with a New Diagnosis of HIV**

- This is a useful website from the Department of Health and Human Services regarding the next steps after receiving a diagnosis.  
<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/just-diagnosed-next-steps-after-testing-positive-hiv>

## **3.0 General HIV Education and Training Information**

SECNAVINST 5300.30 requires that all commands conduct HIV preventive training in command health promotion programs. Emphasize modes of transmission and methods of prevention.

- DON civilian employees and their supervisors (military and civilian) should receive

information relevant to HIV/AIDS and workplace policies, procedures, and resources.

- Resources to assist you with training materials are available from local MTFs, Navy chaplains and the following:
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**Navy Bloodborne Infection Management Center**

<https://med.navy.afpims.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/Field-Activities/Navy-Bloodborne-Infection-Management-Center/>

**Navy and Marine Corps Force Health Protection Command**

<https://med.navy.afpims.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/>

**CDC National Prevention Information Network (NPIN)**

<https://npin.cdc.gov/disease/>