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OFFICE OF THE ASSISTANT SECRETARY  
(MANPOWER AND RESERVE AFFAIRS)  
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WASHINGTON DC 20350-1000

SECNAVINST 5300.30E  
ASN (M&RA)

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SECNAV INSTRUCTION 5300.30E

From: Secretary of the Navy

Subj: MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS,  
HEPATITIS B VIRUS AND HEPATITIS C VIRUS  
INFECTION IN THE NAVY AND MARINE CORPS

Ref: (a) DoD Instruction 6130.03 of 28 Apr 2010  
(b) DoD Instruction 6025.18 of 02 Dec 2009  
(c) DoD Directive 6490.02E of 18 Feb 2012  
(d) DoD Directive 1332.18 of 4 Nov 96  
(e) DoD Directive 1010.10 of 22 Aug 2003  
(f) DoD Instruction 6485.01 of 17 Oct 2006  
(g) SECNAVINST 1850.4E  
(h) SECNAVINST 5211.5E  
(i) SECNAVINST 1920.6C  
(j) MANMED Chapter 16  
(k) MILPERSMAN 1910-130  
(l) MILPERSMAN 1301-231  
(m) MILPERSMAN 1306-801

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 (m), and to implement new policy on chronic hepatitis B (HBV) and chronic hepatitis C (HCV). This instruction establishes assignment policy for HBV and HCV infection, and should be reviewed in its entirety.

2. Cancellation. SECNAVINST 5300.30D.

3. Policy. Recognizing the similarities in the transmission of, and risk factors for HIV, HBV and HCV infection, DON medical, manpower, and personnel policies are intended to reflect current knowledge of the natural history of these infections, the risks to the infected individual incident to military service, the risk of transmission of these viruses to non-infected personnel, the effect of infected personnel on commands, and the safety of military blood supplies, the following policies are established:

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a. Applicants for appointment, enlistment, or pre-appointment who are HIV antibody positive are not eligible for entry into the military service. Likewise, applicants for enlistment, appointment, or pre-appointment who have evidence of chronic infection for either HBV or HCV are also ineligible for entry into military 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, or who are HBV or HCV viremic are not eligible for military service (references (a) and (f)).

b. Active Component (AC) and Reserve Component (RC) military personnel in the Navy and Marine Corps shall be screened periodically for serologic evidence of HIV, HBV, and HCV infection (references (c) and (f)).

(1) AC personnel shall be tested for evidence of HIV infection every 25 months, unless clinically indicated (reference f). Testing for HBV infection shall be conducted on the same schedule as HIV testing, and should be conducted in conjunction with testing for HIV. Individuals with undetectable HBV antibody will be immunized, and follow up testing performed to ensure protective seroconversion. Individuals who do not seroconvert will be retested at 25 months intervals. Individuals who develop protective antibodies either through immunization or after clearing Hepatitis B after infection are not required to have 25 month interval retesting. Testing for HCV will be conducted every 61 months, and should be tied to individual medical readiness and other existing testing datasets.

(2) RC personnel shall be tested for HIV, HBV, and HCV at the time of activation when called to active duty for more than 30 days if they have not been tested for these illnesses within the last 25 months for HIV and HBV or within the last 61 months for HCV, and thereafter on the same schedule as AC service members.

(3) An individually identifiable serum sample of each laboratory specimen drawn for all HIV, HBV and or HCV screening tests shall be forwarded to the Armed Forces Serum Repository per reference (c).

(4) Family members of AC personnel and Department of Defense (DoD) civilian employees entitled to military medical care may 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 the host country. Testing of civilian employees shall conform to guidance in the DON Civilian Resources Manual.

c. Military personnel with serologic evidence of HIV or with evidence of chronic HBV or HCV infection shall be referred for medical evaluation regarding continued service and appropriate treatment in the same manner as personnel with other progressive illnesses per reference (g).

(1) Military personnel with serologic evidence of HIV infection who are determined to be fit for continued military service shall not be retired or separated solely on the basis of serologic evidence of HIV infection. Military personnel with serologic evidence of chronic HBV or HCV infection will be referred to the Integrated Disability Evaluation System (IDES) following failed treatment.

(2) AC members with serologic evidence of HIV infection who are determined to be fit for continued military service shall be allowed to serve in a manner that ensures access to appropriate medical care. Selected AC members on a case-by-case basis in consultation with the treating HIV Evaluation and Treatment Unit (HETU), Navy Bloodborne Infection Management Center (NBIMC), and PERS-82 (for sailors) or United States Marine Corp (USMC) Manpower & Reserve Affairs (M&RA) (for Marines) may be assigned to selected ships and Outside the contiguous United States (OCONUS) commands as agreed on by all three consultants and the receiving command; the receiving command has the final say on acceptance.

(3) HIV antibody positive members who demonstrate any unfitting conditions of immunologic deficiency, neurologic deficiency, and progressive clinical or laboratory abnormalities associated with HIV, or who are diagnosed with an AIDS-defining condition shall be processed through the IDES under reference (g). Chronic HBV or HCV members who fail treatment to cure their infections will be referred to IDES under reference (g).

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d. 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 by reference (f). This prohibition does not apply to the use of such information for otherwise authorized rebuttal or impeachment purposes.

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

(1) Informational programs for military personnel will be conducted to inform service members about the prevention and risks of HIV, HBV, and HCV infection.

(2) Military personnel with laboratory evidence of HIV, or chronic HBV or HCV infection shall receive training on the prevention of disease transmission to others, and the legal consequences of exposing others to these infections.

#### 4. Accession Policy

a. Both prior service and non-prior service applicants for active or reserve service will be screened for exposure to HIV, HBV, and HCV prior to entrance on AC or affiliation in the Navy or Marine Corps Reserve. Individuals confirmed HIV antibody positive, or who have evidence of chronic HBV or HCV infection are not eligible for military service because:

(1) The condition existed prior to appointment or enlistment.

(2) Individuals with HIV may suffer potentially life-threatening reactions to some live-virus immunizations administered at basic training.

(3) HIV antibody positive individuals and individuals with chronic HBV or HCV infection are not able to participate in battlefield blood donor activities or military blood donation programs.

(4) The DON will avoid current and future medical costs associated with these infections, and reduce the possibility

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that the individual will be unable to complete the initial service obligation.

b. Applicants for active and reserve enlisted service normally will be tested for HIV, HBV, and HCV at Military Entrance Processing Stations (MEPS). Applicants not tested at the MEPS shall be tested as part of the physical examination conducted prior to accession. Another HIV antibody test and HBV and or HCV test must be conducted if more than 25 months have elapsed between the pre-accession test and entry onto active duty, or if clinically indicated. New accessions that are confirmed positive for HIV, chronic HBV or HCV infection are not eligible for military service and will be processed for separation under reference (k). Prior service applicants for entry into a reserve program must be tested for HIV, HBV, and HCV no more than 25 months prior to entry into the program.

c. Accessions to the United States Naval Academy (USNA), Naval Reserve Officers Training Corps (NROTC), and the Uniformed Services University of the Health Sciences shall be tested within 72 hours of arrival to the programs and denied entry if testing is positive for HIV or chronic HBV or HCV infection. Individuals who are participating in or applying for any commissioned or warrant officer procurement program who are HIV positive or who have chronic HBV or HCV 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 25 months prior to acceptance into the officer-training program for which applying. Applicants who are ineligible for appointment due to HIV or chronic HBV or HCV shall be processed as follows:

(1) Individuals in Officer Candidate School, Officer Development School, Aviation Officer Candidate School, Platoon Leader Class, Naval Aviation Cadet School, Aviation Reserve Officer Candidate School and Naval Academy Preparatory School as their initial entry training shall be separated, discharged, or disenrolled as appropriate. Enlisted service members who are

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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 positive or who has chronic HBV or HCV shall be retained in enlisted status unless the individual is separated for disability under reference (g). In either case, if the sole basis for discharge is HIV seropositivity, chronic HBV or HCV infection, an honorable or entry-level separation, as appropriate, shall be issued.

(2) Individuals in NROTC or other programs leading to commissioning 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, or in which the diagnosis of chronic HBV or HCV infection is made. 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 DoD guidance.

(3) USNA midshipmen shall be processed for separation from the Naval Academy and discharged when confirmed HIV positive, or when diagnosed with chronic HBV or HCV infection. SECNAV may elect to delay separation to the end of the current academic year. A midshipman who is otherwise qualified and granted such a delay in the final academic year may be graduated without commission and thereafter discharged. An honorable discharge shall be issued if the sole basis for discharge is HIV seropositivity or chronic HBV or HCV infection. Recoupment of educational expenses shall be in accordance with existing statutory requirements and Navy personnel policies.

(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 and or judge advocate) shall not be disenrolled from the program at the end of the academic term in which HIV positive status is identified, or in which diagnosed with chronic HBV or HCV infection. Regular officers and reserve officers on active duty, or who entered the program from active duty shall be retained on a case-by-case basis in a designator or military occupational specialty determined by the Chief of

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Naval Operations (CNO) or the Commandant of the Marine Corps (CMC), as appropriate. 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. New accessions who are confirmed positive for HIV infection, or who demonstrate serologic evidence of chronic HBV or HCV infection will not be sent for further medical evaluation. They will be informed of the test results, counseled on the relationship between the blood tests and the ramifications of their medical condition. They will be provided medical, psychological and spiritual support while awaiting separation.

#### 5. HIV Testing Procedures

a. Testing of military personnel for HIV infection will include an Food and Drug Administration (FDA) approved screening test (such as an enzyme immunoassay (EIA) and an FDA approved confirmatory test (e.g. immunoelectrophoresis). If indicated, DoD-approved supplemental tests (e.g. nucleic acid assays or viral load) may be used to establish the diagnosis of HIV infection. All personnel with either serologic evidence of HIV infection or positive virus identification will be considered to have HIV infection, and 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 references (c) and (f).

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## 6. HBV and HCV testing procedures.

a. HBV: will include an FDA approved screening tests (such as enzyme immunoassay (EIA)) for evidence of immunity or chronic infection. If indicated, DoD-approved supplemental tests may be used to establish the diagnosis of HBV infection.

b. HCV: will include an FDA approved screening test (such as an enzyme immunoassay (EIA)) and a confirmatory test (e.g. recombinant immunoblot assay). If indicated, DoD-approved supplemental tests may be used to establish the diagnosis of HCV infection.

## 7. Active Component Testing

a. AC personnel shall be screened every 25 months for serologic evidence of HIV and HBV and at 61 month intervals for HCV infection. The testing interval does not preclude additional testing as clinically indicated. Once HBV immunity (reactive Surface Antibody) is demonstrated, further testing can be curtailed. Testing shall remain available for all service members upon their request without inquiring as to the reason for the test. Individuals who test positive for HIV, and chronic HBV or HCV infection shall be tracked through the Navy Bloodborne Infection Management Center (NBIMC) and by PERS-82 (sailors) or USMC M&RA (Marines).

b. AC members issued permanent change of station (PCS) orders to a contiguous United States (CONUS)-based, deployable command are required to be tested for HIV, HBV (if necessary), and HCV within above timelines prior to transfer, with results documented in the health record per reference (j).

c. AC members issued PCS orders to an overseas duty station are required to have HIV, HBV (if necessary), and HCV tests completed and negative results documented in the health record within 12 months prior to transfer.

d. Department of the Navy (DON) health care providers may be screened more often when prescribed by the Surgeon General of the Navy.

e. All military personnel identified with a sexually transmitted illness (STI) will be tested for HIV, HBV, and HCV



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with 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 STI, alcohol, drug, or prenatal care.

f. All HIV, HBV, and HCV test results must be documented in the health record per reference (j).

8. Evaluation of HIV, HBV, and HCV Positive Personnel

a. All AC personnel who initially test positive for HIV infection will be medically evaluated at a designated HETU to determine the medical status of their infection. The HETUs are located at Walter Reed National Military Medical Center Bethesda, Naval Medical Center Portsmouth and Naval Medical Center San Diego. All AC personnel who are initially diagnosed with chronic HBV or HCV infection may be evaluated at a local naval Medical Treatment Facility (MTF) with in-house (military) expertise (GI or ID). Results of that initial and subsequent evaluation will be forwarded to NBIMC for tracking. Any treatment of HIV, HBV or HCV will follow the appropriate clinical guidelines for that condition. The clinical evaluation will be documented via a narrative summary and placed in the member's health record. Convening a medical board and referral to the IDES is indicated if the service member demonstrates any unfitting conditions of immunologic deficiency, neurologic abnormalities, progressive clinical or laboratory abnormalities, or an AIDS-defining condition. Members with chronic HBV or chronic HCV who have failed treatment, or who are not treatment candidates for HBV and or HCV, or who have unfitting complications from chronic HBV and or HCV infection shall be referred to the IDES for a determination of fitness for continued military service per reference (g).

b. Personnel assigned to other than Type 1 shore duty who are found to have HIV, or chronic HBV or HCV infection will be directed to transfer Temporary Duty to the nearest HETU having cognizance for testing, education and evaluation of the service member's potential for further service.

c. The Navy MTF and or MTC will maintain positive control, of the Sailor or Marine while awaiting reassignment ashore. This

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includes tracking the member's status from initial contact with the detailer through eventual transfer. The responsible MTF should contact PERS-82 or USMC M&RA if orders are not received within 14 days of contacting the detailer.

d. Because of the confidentiality associated with the HIV, HBV, or HCV positive designation, the MTF must closely guard the information exchanged with the servicing Personnel Support Detachment as to the reason for the member's retention in the transient pipeline.

e. The MTF and or MTC will ensure all actions required for transfer of the member are completed in an expeditious manner once orders are received.

#### 9. Active Component Retention and Assignment

a. HIV or chronic HBV or HVC infected military personnel retained on AC shall be assigned to a location that has the ability to provide appropriate medical care. Specific assignment policy is found in reference (1).

b. Military personnel who demonstrate no evidence of unfitting conditions (e.g. immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities, or have no evidence of an AIDS-defining condition) shall be retained in the service unless some other reason for separation exists. On a case-by-case basis in consultation with the treating HETU, NBIMC, and PERS-82 or USMC M&RA (if dealing with Marines), certain personnel who are considered to have controlled HIV disease as manifested by a reconstituted immune system, no viremia, an established history of medical compliance, and a history of professional attitude, may be considered for OCONUS or large ship platform tours. This placement will require the receiving command's acceptance. These personnel will not be considered for overseas individual augmentee (IA) tours given the austere environments where they potentially could be placed. This policy is based on the following considerations:

(1) There is no demonstrated risk of transmission of disease in normal daily activities.

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(2) An investment in training of these members has been made.

(3) The previous policy of denying deployments has made this subset of personnel less competitive in achieving career milestones or warrior qualifications.

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

d. The CNO and CMC may establish further limitations on assignment of such personnel to operational units or specific duties when deemed necessary to protect the health and safety of HIV antibody positive personnel and of other military personnel (and for no other reason). SECNAV shall be advised 30 days in advance of the assignment of a service member of each type of limitation in assignment or duties and the specific reasons therefore.

e. Military personnel who have chronic HBV or HCV infection shall be offered treatment if appropriate. Members under treatment for HBV or HCV shall be placed in temporary limited duty status for the duration of treatment. The member shall be referred to the IDES if not a treatment candidate, or if the member fails appropriate treatment for HBV or HCV.

f. Military personnel with untreated chronic HBV or HCV infection are not eligible for assignment to deployable units, overseas units or IA assignment. Members diagnosed with chronic HBV or HCV shall be evaluated and offered treatment if indicated. Members who have received treatment for chronic HBV or HCV, and who are found by the evaluating MTF to be cured will have no limitations on subsequent assignments. Enlisted members who are found fit by the IDES, but who remain non-worldwide assignable shall have assignment options and disposition guided per references (k) and (m).

#### 10. Active Component Separation

a. Military personnel who are HIV antibody positive and who demonstrate any unfitting conditions of immunologic deficiency as manifested by failure to achieve immune reconstitution or persistent viremia, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or an AIDS-

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defining condition will be processed through the IDES. Members with chronic HBV or HCV who are not diagnosed as cured following appropriate treatment shall be referred to the IDES for disposition per reference (g).

b. Military personnel retained on AD under this policy, but who are found not to have complied with the directives given during preventive medicine procedures, are subject to appropriate administrative and disciplinary actions including separation. Members who repeatedly fail to keep scheduled medical appointments shall be reported to PERS-82 or M&RA, who may direct the member's command to initiate administrative separation proceedings.

c. Separation for cause, or for reasons based upon evidence other than HIV, HBV, or HCV antibody positive status is unaffected by this instruction, subject to the limitations in paragraph 15. Accordingly, the mere presence of antibodies to HIV, or the presence of HIV genetic material (HIV RNA) 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 service member's positive HIV antibody status or the presence of HIV RNA 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.

#### 11. RC Policy

a. Reserve personnel in the following categories shall be screened every 25 months for serologic evidence of HIV and HBV, and every 61 months for HCV infection, unless more frequent testing is clinically indicated. Once HBV immunity (reactive Surface Antibody) is documented, further testing can be curtailed. Reserve health care providers may be screened more often if prescribed by the Surgeon General of the Navy.

(1) Reserve personnel receiving orders to active duty for 30 days or more.

(2) Selected Reserve (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.

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

(4) SELRES health care providers as appropriate.

b. RC members with serologic evidence of HIV infection or chronic untreated HBV and or HCV 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).

c. Testing. Testing will occur during routine physical health assessment or medical evaluation for affiliation with, or retention in the Navy and Marine Reserves if a test has not been performed within the prior 25 months for HIV and HBV or prior 61 months for HCV. Reserve units are not authorized to utilize HIV, HBV or HCV test 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 therefore do not meet DoD test requirements. Reserve units shall not contact any civilian blood collection agency requesting HIV, HBV, or HCV results for reservists who have donated blood.

d. Members of the RC not on extended active duty of more than 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 and must have an annual Medical Retention Review (MRR) and Physical Risk Classification (PRC) assignment completed. All HIV antibody positive reservists for whom such mobilization billets assignments cannot be made shall be transferred involuntarily to the Standby Reserve Inactive. 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.

e. RC members who are diagnosed with chronic HBV or HCV shall be referred for a MRR if treatment is not indicated, or if the member's treatment does not result in a cure.

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

g. 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 and HBV within 25 months and HCV test within 61 months of execution of orders documented in the health and dental records. When current test results are not available and cannot be obtained prior to the required AD, the reserve member may be ordered to AD and the required testing performed on blood drawn within the first 10 days of AD. If the test is positive for chronic HBV, chronic HCV, or HIV, the AD will be terminated and the member will revert to inactive status and be placed Temporarily Not Physically Qualified (TNPQ) and referred for a MRR. In addition, reserve personnel performing official duty outside the continental United States (OCONUS) for any period must have negative HIV, HBV, and HCV tests documented in the health record within 12 months prior to departure date.

h. RC members who are found HIV antibody positive shall be counseled by a medical officer designated for this purpose regarding the significance of a positive HIV antibody test. Medical officer will ensure member's state is notified in accordance with that particular state's communicable disease reporting requirements. 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. After initial counseling, the member will be placed TNPQ while a MRR package including civilian medical records is assembled.

i. 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 an evaluation from their civilian physician conforming to the protocol prescribed by the DoD for HIV evaluation and comply with annual MRR requirements. Reserve personnel presenting

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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 the presence of an AIDS-defining condition as determined by military health care providers may be retained in the Ready Reserve. If evaluation results are not provided within two 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.

j. 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.

k. 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. The frequency of clinical evaluations for HIV infected or chronically infected HBV and or HCV military personnel shall be determined by the member's health status and by nationally accepted guidelines. The initial HIV evaluation shall be performed at one of the HETUs or at a comparable sister service large MTF. On a case-by-case basis, follow-up HIV evaluations may be performed at smaller naval MTFs with the results of those

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appointments being reported to the cognizant HETU and NBIMC for tracking purposes. The HBV and or HCV evaluations may be conducted at a location other than a HETU, provided the evaluation meets appropriate Centers for Disease Control and Prevention guidelines, and the results of that appointment shall be reported to NBIMC for tracking purposes. Service members with chronic HBV or HCV infection will be evaluated no less frequently than annually and more often as clinically indicated.

b. Epidemiological Assessment. The initial and on-going medical evaluations of each HIV antibody positive individual, or chronic HBV and or HCV infected individual will include an epidemiological assessment of the potential for transmission of these conditions to close personal contacts and family members. This information is vital to determine appropriate preventive medicine counseling. Service members have an obligation to report this information accurately such that appropriate preventive medicine measures can be initiated.

(1) Upon notification that an individual is positive for HIV, or has chronic HBV or HCV infection, the cognizant medical staff shall undertake preventive medical action including required state communicable disease reporting, 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. Referral of appropriate case-contact information will be made to the cognizant military and State and or civilian health authority (as applicable in that particular state). Under the confidentiality and disclosure guidance in paragraph 14, any information linking the individual to their disease status is not to be released to civilian agencies or to military activities without a demonstrated need to know.

(a) HIV antibody positive individuals and individuals who have chronic HBV and or HCV infection who are military health care beneficiaries shall be counseled by a physician or designated health care provider regarding the significance of the test results. They shall be counseled on the modes of transmission of these viruses, the appropriate precautions and personal hygiene measures required to minimize



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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 prenatal 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 positive individual, or the contacts of those with chronic HBV and or HCV infection. 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 these viral illnesses. 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. AC military members identified to be at risk shall be counseled and tested for HIV, HBV and or HCV 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 contact information for individuals potentially 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, HBV and or HCV individuals shall be maintained unless reporting is required under paragraph 12c.

c. Database of HIV, HBV, and HCV infection. Navy Bureau of Medicine and Surgery (BUMED) will establish and maintain a central database of DON military personnel that have serologic evidence of infection to HBV, HCV and HIV. Based on the guidance in paragraph 14 including data required by reference (c), database information and information derived from it, including any information linking individuals to HBV, HCV, or HIV viruses, but excluding statistical data not linked to

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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 Bloodborne Infection Management Center. 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 service member 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 HBV, HC and HIV testing results for the AC 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 within 30 days of the end of each calendar year.

d. Safety of the Blood Supply

(1) Armed Services Blood Program (ASBP) policies, 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

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or battlefield situations), the ASBP, 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 or with chronic HBV or HCV infection will be designated ineligible to donate blood or to be used as a source of emergency transfusions. Such military personnel shall be designated as blood-donor-ineligible in their health record.

13. Information Programs. The CNO and CMC will conduct an ongoing information, education and motivation program on the prevention of HBV, HCV, and HIV infection.

a. The Chief of Naval Personnel and the CMC (Drug, Alcohol and Health Affairs) will carry out all education and motivation programs on the prevention of HBV, HCV, and HIV infections 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 the Naval Academy, 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 illnesses (STI'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 health program patients (particularly at-risk occupational groups); and health care beneficiaries overseas.

c. The Chief of Information in conjunction with the Director of Marine Corps (Public Affairs) will develop, implement, and review on an annual basis an internal information

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plan which provides information on the prevention of HBV, HCV, and HIV infections using print and broadcast media under their control or oversight.

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

14. Confidentiality and Disclosure. There remains a level of misinformation and unwarranted apprehension about who is or who can be a source of HBV, HCV, or HIV infection. Allegations and suspicions based on test results can be disruptive to unit morale and unjustly harm professional standing and acceptance in military units. Inappropriate disclosure of a person's HBV, HCV, or HIV status may result in discrimination in future employment, health and life insurance or school attendance, and may be disruptive to unit cohesion and professional standing of the affected individual.

a. Test results must be treated with the highest degree of confidentiality and released to no one without a demonstrated need to know.

b. All command and medical personnel with access to such information must ensure careful, limited distribution of that information to combat unfounded innuendo and speculation about the meaning of the information. Strict compliance with the provisions of references (b) and (j) are required.

15. Limitations on the Uses of Information

a. Per reference (f), information obtained from a service member during or as a result of an epidemiologic assessment interview, counseling, or medical treatment may not be used against the service member 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, HBV and or HCV positive member

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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 tests confirming the evidence of HBV, HCV, or HIV infection 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 HBV, HCV, or HIV positive status of a member who disregards or disobeys the preventive medicine counseling in an administrative or disciplinary action based on such disregard or disobedience.
  - (b) To establish the HBV, HCV, or HIV 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 HBV, HCV, or HIV positive status of a member as a proper ancillary matter in an administrative or disciplinary action (e.g. a matter in aggravation in a court-martial in which the HBV, HCV, or HIV positive member is convicted of an act of rape committed after having been informed of HBV, HCV, or HIV positive status).

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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 service member; 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 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 chronic HBV, HCV, or 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 actions. Recording a personnel action, including 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 HBV, HCV, or 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, any additional 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 HBV, HCV and HIV infection and will assess information obtained through longitudinal epidemiologic studies of the natural history of these infections and the effects on manpower and personnel management of these policies.

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## 17. Responsibilities

a. ASN (M&RA) and Marine Corps M&RA is responsible for overall HBV, HCV, and 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 HBV, HCV, and HIV management program. The Surgeon General will participate in tri-service development of a standardized clinical protocol for medical evaluation and treatment of HBV, HCV, and HIV 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.

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

d. Navy Office of Information shall conduct DON-wide information programs using all information media under its control or oversight.

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

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

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19. Reports and Forms


a. The reporting requirements contained in this directive, para 12.(c), are exempt from reports control by SECNAVINST 5210.16.

b. SF 600 (11-2010), Medical Record - Chronological Record of Medical Care, is available online at:  
<http://www.gsa.gov/portal/forms/type/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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