



DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

SECNAVINST 5300.30F
ASN (M&RA)
27 Dec 2018

SECNAV INSTRUCTION 5300.30F

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 6 May 2018
(b) DoD Instruction 6025.18 of 2 December 2009
(c) DoD Directive 6490.02E of 8 February 2012
(d) DoD Instruction 1332.18 of 5 August 2014
(e) DoD Instruction 1010.10 of 28 April 2014
(f) DoD Instruction 6485.01 of 7 June 2013
(g) SECNAVINST 1850.4E
(h) SECNAVINST 5211.5E
(i) SECNAVINST 1920.6C
(j) SECNAV M-5214.1
(k) NAVMED P-117
(l) NAVPERS 15560D

Encl: (1) Responsibilities
(2) Accession Policy
(3) Testing Procedures
(4) Initial Evaluation of Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus Positive Personnel
(5) Active Component Retention and Assignment
(6) Active Component Separation
(7) Reserve Component Policy
(8) Medical and Epidemiological Factors
(9) Information Programs
(10) Confidentiality and Disclosure
(11) Limitations on the Uses of Information
(12) Bloodborne Pathogens Counseling Statement
(13) Order to Follow Preventive Medicine Requirements
(14) Acknowledgement

1. Purpose. To revise the Department of the Navy's (DON) policy on identification, surveillance, and administration of military personnel and applicants infected with Human

Immunodeficiency Virus (HIV), per references (a) through (l), and to institute new policy on chronic Hepatitis B Virus (HBV) and chronic Hepatitis C Virus (HCV) infection. This instruction establishes assignment policy for HIV, chronic HBV, and chronic HCV infection, and should be reviewed in its entirety. See enclosures (1) through (14) for further guidance.

2. Cancellation. SECNAVINST 5300.30E.

3. Applicability. This instruction applies to the Office of the Secretary of the Navy (SECNAV), the Chief of Naval Operations, the Commandant of the Marine Corps, and all U.S. Navy, U.S. Marine Corps installations, commands, activities, field offices, and all other organizational entities within the DON.

4. Policy. Recognizing the similarities in the transmission and risk factors for HIV, HBV, and HCV infection, DON medical, manpower, and personnel policies are based on 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:

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 active and/or chronic infection (untreated/treatment failure) 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 per 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 and as medically indicated per U.S. Preventive Services Task Force guidelines for HBV and HCV infection per references (c) and (f).

(1) AC personnel shall be tested for evidence of HIV infection every 24 months, or as clinically indicated per reference (f). Testing for HBV infection shall occur upon accession and individuals with undetectable HBV antibody shall be immunized with HBV vaccine. Testing for HCV shall be conducted upon accession and a one-time test should be completed for Service members born between 1945 and 1965. All testing should be tied to individual medical readiness.

(2) RC personnel shall be tested for evidence of HIV, HBV, and HCV infection upon accession. RC personnel shall be tested for HIV at the time of activation when called to active duty for more than 30 days if they have not been tested within the last 24 months.

(3) An additional one-time test for HCV shall occur for all RC personnel born between 1945 and 1965 at the time of activation, ideally in concurrence with their HIV test.

(4) 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).

(5) 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 who do not demonstrate any evidence of unfitting medical conditions associated with HIV infection shall be retained in the Service, unless some other reason for separation exists per reference (g).

(2) Referral into the Integrated Disability Evaluation System shall be within the guidelines specified under references (d) and (g).

(3) AC members with serologic evidence of HIV infection who are fit for continued military service shall be allowed to serve in a manner that ensures access to appropriate medical care. Navy Personnel Command for Sailors or Headquarters United States Marine Corps Manpower & Reserve Affairs for Marines may assign AC members on a case-by-case basis, in consultation with the Navy Bloodborne Infection Management Center, to select ships or to commands outside the continental United States.

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

e. Disease surveillance, health promotion, and education programs for military personnel shall be used to mitigate the impact of HIV, HBV, and HCV infections on the DON.

(1) Informational programs for military personnel shall 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.

(3) For HIV and chronic HBV and HCV infections, a standardized counseling statement shall be used to document performance of counseling at the initial visit and then annually (enclosure 11).

5. Policy Review. The policies in this instruction shall be reviewed following the next review of the policy guidance of reference (a), or as required by the SECNAV. This review shall assess developments in medical management of HBV, HCV, and HIV infection and shall 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.

6. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned according to the records disposition schedules found on the Directives and Records Management Division (DRMD) portal page:

<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/SitePages/Home.aspx>

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local Records Manager or the DRMD program office.

7. Reports. The reporting requirements contained in enclosures (6), (7) and (8) of this instruction are exempt from information collection control per reference (j) Part IV, paragraph 7p.

8. Forms

a. Standard Forms SF 600, Chronological Record of Medical Care, SF 601, Health Record Immunization Record, and SF 603, Medical Record Dental Continuation are available for download from the Government Services Administration Forms Library at: www.gsa.gov/forms/.

b. SECNAV forms 5300/1, Blood Pathogens Counseling Statement and 5300/2, Order to Follow Preventive Medicine Requirements can be obtained on Navy Forms Online at <https://navalforms.documentservices.dla.mil>.



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RESPONSIBILITIES

1. Assistant Secretary of the Navy Manpower and Reserve Affairs (ASN (M&RA)) is responsible for overall Hepatitis B Virus (HBV), Chronic Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) policy.

2. The Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) are responsible for carrying out the policies in this instruction. The CNO shall 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 Reserve Component (RC).

3. Surgeon General of the Navy shall:

a. Maintain responsibility for the policy development of professional medical and epidemiological aspects of the HBV, HCV, and HIV management program.

b. 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), the CNO, and the CMC advised of Department of the Navy (DON), and Department of Defense (DoD) epidemiological information and trends.

c. Establish and maintain a DON database for statistical purposes and detailed analysis as needed.

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

e. Conduct DON-wide information programs using all available and appropriate media, coordinating with the U.S. Navy Chief of Information as necessary.

4. Chief of Naval Personnel and Deputy Commandant, Manpower and Reserve Affairs is responsible for the policy development of

SECNAVINST 5300.30F
27 Dec 2018

manpower and personnel management aspects of the HIV management program.

ACCESSION POLICY

1. Both prior service and non-prior service applicants for active or reserve service shall be screened for exposure to Hepatitis B Virus (HBV), Chronic Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) prior to entrance on Active Component or affiliation in the Navy or Marine Corps Reserve. Individuals confirmed HIV antibody positive or who have evidence of chronic HBV or HCV infection (untreated/treatment failure) are not eligible for military service because:

a. The condition existed prior to appointment or enlistment. Per reference (a), history of chronic HBV or HCV is disqualifying unless successfully treated and cure is documented. A documented cure for chronic HBV is viral clearance manifested by hepatitis B surface antigen negative/hepatitis B surface antibody positive/hepatitis B core antibody positive. For history of chronic HCV, successful treatment and documentation of cure 12 weeks after completion of a full course of therapy as per reference (a).

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

c. 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.

d. The Department of the Navy shall avoid current and future medical costs associated with these infections and reduce the possibility that the individual shall be unable to complete the initial service obligation.

2. Applicants for active and reserve enlisted service normally shall be tested for HIV 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 must be conducted if more than 24 months have elapsed between the pre-accession test and entry onto active duty, or if clinically indicated. HBV and HCV shall be tested upon arrival to an accession training command. New accessions that are confirmed positive for HIV,

(untreated/treatment failure) chronic HBV or HCV infection are not eligible for military service and shall be processed for separation under reference (g). Prior service applicants for entry into a reserve program must be tested for HIV, HBV, and HCV no more than 24 months prior to entry into the program.

3. 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 untreated 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 untreated chronic HBV or HCV infection 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 24 months prior to acceptance into the officer training program for which applying. Applicants who are ineligible for appointment due to HIV or untreated chronic HBV or HCV infection shall be processed as follows:

a. Individuals in Officer Candidate School, Officer Development School, Platoon Leader Class, 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 candidates in these programs shall not be immediately disenrolled from the program. Regular component enlisted and reserve component enlisted on active duty, or who entered the program from active duty shall be retained on a case-by-case basis. If not retained in the officer program, a candidate who was on extended active duty prior to entry into candidate status and who is HIV positive or who has untreated chronic HBV or HCV infection shall be retained in enlisted status unless the individual is separated for disability under references (d) and (g). In either case, if the sole basis for discharge is HIV seropositivity, or chronic HBV or HCV infection, an honorable or entry-level separation, as appropriate, shall be issued.

b. 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. Individuals with a diagnosis of chronic HCV who intend to pursue treatment may alternately be placed in a Medical Leave of Absence status while pursuing treatment. These individuals will be removed from MLOA status if cure of HCV infection is documented, or disenrolled from the program in the setting of treatment failure or non-compliance. Requests for waiver of reimbursement for educational costs expended or of obligation for enlisted active service shall be forwarded to the Secretary of the Navy (SECNAV) for final decision per Department of Defense guidance.

c. USNA midshipmen shall be processed for separation from the USNA and discharged when confirmed HIV positive, or when diagnosed with chronic HBV infection, or in the setting of chronic HCV infection which has failed to achieve cure with appropriate treatment 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 processed per existing statutory requirements and Navy personnel policies.

d. 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 Naval of Operations or the Commandant of the Marine Corps, 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.

e. New accessions who are confirmed positive for HIV infection, or who demonstrate serologic evidence of untreated chronic HBV or HCV infection shall not be sent for further medical evaluation. They shall be informed of the test results and counseled on the relationship between the blood tests and the ramifications of their medical condition. They shall be provided medical, psychological, and spiritual support while awaiting separation.

TESTING PROCEDURES

1. HIV Testing Procedures

a. Testing of military personnel for Human Immunodeficiency Virus (HIV) infection shall include a Food and Drug Administration (FDA) approved screening test such as an enzyme immunoassay (EIA) and an FDA approved confirmatory test, e.g. immunoelectrophoresis, or a rapid qualitative immunoassay such as Geenius™ HIV-1/HIV-2 differentiation. If indicated, Department of Defense (DoD)-approved supplemental tests, e.g. nucleic acid assays or qualitative molecular assays, may be used to establish the diagnosis of HIV infection. All personnel with either serologic evidence of HIV infection or positive virus identification shall 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).

2. HBV and HCV testing procedures

a. Hepatitis B Virus (HBV): shall include an FDA approved screening test, such as 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. Hepatitis C Virus (HCV): shall include an FDA approved screening test, such as EIA, and a confirmatory test, e.g. qualitative or quantitative molecular assay. If indicated, DoD-approved supplemental tests may be used to establish the diagnosis of HCV infection.

3. AC Testing

a. Active Component (AC) personnel shall be screened every 24 months for serologic evidence of HIV. AC personnel born between 1945 and 1965 are to receive a onetime blood test for HCV per the Centers for Disease Control and Prevention (August 17, 2012) Recommendation for the Identification of Chronic Hepatitis C. Individuals who test positive for HIV, chronic HCV or otherwise diagnosed with chronic HBV infection shall be tracked through the Navy Bloodborne Infection Management Center (NBIMC) and by Navy Personnel Command (USN) or Headquarter Marine Corps (Manpower & Reserve Affairs) (USMC).

b. AC members issued Permanent Change of Station (PCS) orders to a continental United States based, deployable command are required to be tested for HIV within above timelines prior to transfer, with results documented in the health record per reference (k).

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

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

e. All military personnel diagnosed with a Sexually Transmitted Infection (STI) shall be tested for HIV. Testing for HBV and HCV shall be performed if clinically indicated. Additionally, all military personnel who enter drug or alcohol treatment or rehabilitation shall be tested. All military personnel presenting for prenatal care shall be tested. Upon request, voluntary testing shall 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 member's health record per reference (k).

INITIAL EVALUATION OF HUMAN IMMUNODEFICIENCY VIRUS, HEPATITIS B VIRUS, AND HEPATITIS C VIRUS POSITIVE PERSONNEL

1. All Active Component (AC) personnel who initially test positive for HIV infection shall be medically evaluated at a designated HIV Evaluation and Treatment Unit (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 (Gastroenterology or Infectious Disease sub-specialists). Results of that initial and subsequent evaluation shall be forwarded to Navy Bloodborne Infection Management Center (NBIMC) for tracking. Any treatment of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV) shall follow the appropriate clinical guidelines for that condition. The clinical evaluation shall be documented via a narrative summary and placed in the member's health record.

2. Personnel assigned to other than Type 1 shore duty who are found to have HIV, or chronic HBV or HCV infection shall be directed to transfer via Permanent Change of Station orders to a shore command near a HETU having cognizance for testing, education, and evaluation of the Service member's potential for further service.

3. The Navy MTF and/or Military Training Center (MTC) shall maintain positive control of the Sailor or Marine while awaiting reassignment ashore. This includes tracking the member's status from initial contact with the detailee through eventual transfer.

4. The responsible MTF should contact Naval Personnel Command (PERS-454) or HQMC (M&RA) if orders are not received within 14 days of contacting the detailee.

5. 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.

SECNAVINST 5300.30F
27 Dec 2018

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

ACTIVE COMPONENT RETENTION AND ASSIGNMENT

1. Human Immunodeficiency Virus (HIV) or chronic Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) infected military personnel retained on Active Component shall be assigned to a location that has the ability to provide appropriate medical care. Specific assignment policy is found in reference (1).
2. Commanding officers shall ensure bloodborne pathogen infected military personnel sign and comply with orders to follow preventive medicine requirements at each duty location (See enclosure (13)).
3. Military personnel who do not demonstrate any 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 HIV Evaluation and Treatment Unit , Navy Bloodborne Infection Management Center (NBIMC), and Navy Personnel Command (NAVPERSCOM) or HQMC (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 (not less than 1 year since initial diagnosis); and a history of professional attitude, may be considered for OCONUS or large ship platform tours. This policy is based on the following considerations:
 - a. There is no demonstrated risk of transmission of disease in normal daily activities.
 - b. An investment in training of these members has been made.
 - c. The previous policy of denying deployments has made this subset of personnel less competitive in achieving career milestones or warrior qualifications. HIV or chronic HBV or HCV infected military personnel shall not be considered for overseas Individual Augmentee (IA) tours given the austere environments where they potentially could be placed.

4. HIV or chronic HBV or HCV antibody positive status shall not be used to deny reenlistment to members on continuous active duty.

5. The Chief of Naval Operations and Commandant of the Marine Corps 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 personnel with bloodborne pathogens and of other military personnel (and for no other reason).

6. Military personnel who have chronic HBV or HCV infection shall be offered treatment when medically appropriate or warranted. Members under treatment for HBV or HCV shall be placed in temporary limited duty status for the duration of treatment as per references (k) and (l).

7. 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 infection, and who are found by the evaluating Medical Treatment Facility to be cured, shall have no limitations on subsequent assignments.

ACTIVE COMPONENT SEPARATION

1. Referral into Integrated Disability Evaluation System shall be in compliance with references (d) and (g).
2. Military personnel retained on active duty 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 Naval Personnel Command or U.S. Marine Corps Headquarters (Manpower & Reserve Affairs), who may direct the member's command to initiate administrative separation proceedings.
3. Separation for cause or for reasons based upon evidence other than Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV) antibody positive status is unaffected by this instruction. Accordingly, the mere presence of antibodies to HIV, or the presence of HIV genetic material (HIV Ribonucleic Acid (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 the United States.

RESERVE COMPONENT POLICY

1. Reserve personnel in the following categories shall be screened every 24 months for serologic evidence of Human Immunodeficiency Virus (HIV), one time for Hepatitis C Virus (HCV) for members born between 1945 and 1965, and otherwise for HIV, Hepatitis B Virus (HBV), and HCV as clinically indicated. Reservists with HBV who clear infection and have documented immunity (reactive surface antibody) are exempt from further testing unless clinically indicated. The list includes but may not be limited to Reserve health care providers who may be screened more often if prescribed by the Surgeon General of the Navy.

a. Reserve personnel receiving orders to active duty for 30 days or more.

b. 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.

c. SELRES personnel serving in units subject to deployment overseas.

d. SELRES health care providers as appropriate.

2. Reserve members with serologic evidence of HIV infection or chronic untreated HBV and/or HCV infection 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.

3. Testing shall 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 under the parameters as specified above. 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 Department of Defense (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.

4. Members of the Reserve Component (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 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. 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.

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

6. HIV antibody positive Reserve members not on extended active duty are ineligible for medical evaluation in Medical Treatment Facilities.

7. Reserve members applying for extended active duty for a period over 30 days or active duty for training over 30 days in any capacity must have a current negative HIV, a HBV test if clinically indicated, and a HCV test if born between 1945 and 1965. When current test results are not available and cannot be obtained prior to the required active duty, the Reserve member may be ordered to active duty and the required testing performed on blood drawn within the first 10 days of active duty. If the test is positive for chronic HBV, chronic HCV, or HIV, the active duty shall be terminated and the member shall revert to inactive status and be placed Temporarily Not Physically Qualified (TNPQ) and referred for a MRR. In addition, reserve personnel performing official duty OCONUS for any period must have a negative HIV test and, if clinically indicated, a negative HBV and HCV test, documented in the health record within 12 months prior to departure date.

8. Reserve members who are found HIV antibody positive shall be counseled by a licensed medical provider regarding the significance of a positive HIV antibody test. The Navy Operational Support Center (NOSC) shall ensure this counseling

is complete, and ensure the member's state is notified per 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 Chronological Record of Medical Care, SF 601 Health Record Immunization Record, and SF 603 Medical Record Dental Continuation, and other pertinent civilian records. After initial counseling, the member shall be placed TNPQ while a MRR package, including civilian medical records, is assembled.

9. 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 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 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 2 months of notification of being HIV antibody positive, the HIV antibody positive Reserve member shall be transferred to the Standby Reserve Inactive or processed for separation depending on the needs of the DON.

10. 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.

11. Reserve members may apply for separation by reason of HIV antibody positive status within 90 days of their initial formal counseling by representatives of the DON. The 90-day period begins the day the reservist is formally counseled per current service regulations. Reserve members requesting separation after the 90-day period has expired shall be considered on a case-by-case basis. The Chief Naval Office (CNO) and Commandant of the Marine Corps (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.

a. The CNO and CMC will deny this request if the RC member has any remaining statutory service obligation.

b. Any request for separation must document the lack of pressure or coercion to separate, implied or otherwise, by the command involved.

MEDICAL AND EPIDEMIOLOGICAL FACTORS

1. The frequency of clinical evaluations for Human Immunodeficiency Virus (HIV) infected or chronically infected Hepatitis B Virus (HBV) and/or Hepatitis C Virus (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 HIV Evaluation and Treatment Units (HETUs) or at a comparable sister Service large Medical Treatment Facility (MTF), e.g., Brooke Army Medical Center Infectious Diseases Clinic in San Antonio, TX. On a case-by-case basis with concurrence by NBIMC, follow-up HIV evaluations may be performed at smaller naval or sister Service MTFs with the results of those appointments being reported to the cognizant HETU and Navy Bloodborne Infection Management Center (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 shall be evaluated no less frequently than annually and more often as clinically indicated.

2. Epidemiological Assessment. The initial and on-going medical evaluations of each HIV antibody positive individual or chronic HBV and/or HCV infected individual shall 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 so that appropriate preventive medicine measures can be initiated.

a. Upon notification that an individual is positive for HIV, or has 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 shall 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 shall be made

to the cognizant military and state and/or civilian health authority (as applicable in that particular state). Any information linking individuals to their disease status is not to be released to civilian agencies or to military activities without a demonstrated need to know.

b. The assessment shall attempt to determine previous contacts of the HIV positive individual, or the contacts of those with 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 shall 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. Active Component (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 as per reference (h).

c. The Navy HETUs will report recent (last 12 months) HIV behavioral risk data and non-Personally Identifiable Information demographics for each active duty Department of the Navy (DON) patient newly diagnosed with HIV to the Navy and Marine Corps Public Health Center (NMCPHC). NMCPHC will establish and maintain the data reporting process. NMCPHC will conduct on-going analysis of behavioral risk information and outbreak clusters to inform HIV prevention efforts and to engage MTFs in outbreak investigations.

3. Database of HIV, HBV, and HCV infection. Navy Bureau of Medicine and Surgery (BUMED) shall 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 reference (b), 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 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:

a. To medical and command personnel to the extent necessary to perform required duties.

b. To civilian health authorities but only in response to a valid request. All such requests shall be referred to the NBIMC. BUMED shall determine whether the civilian requirement to report HIV antibody positive status is a valid formal request for such reporting from a civilian health authority.

c. To activities outside of Department of Defense upon request, limited to aggregated testing data. All requests for such data shall be referred to the Chief of Naval Operations or Commandant of the Marine Corps as appropriate.

d. 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.

e. In response to an order of the judge of a court of competent jurisdiction.

f. BUMED will provide an annual report of HBV, HCV, and HIV testing results for the AC and the Reserve Component including trend analysis and evaluations of the reported information to the Chief of Naval Operations, Commandant of the Marine Corps, and Assistant Secretary of the Navy (Manpower & Reserve Affairs) within 30 days of the end of each calendar year.

4. Safety of the Blood Supply:

a. Armed Services Blood Program (ASBP) policies, Food and Drugs Administration guidelines, and accreditation requirements of the American Association of Blood Banks shall 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 or battlefield situations), the ASBP, in coordination with the military department and unified or specified commands, shall provide guidance to operational units.

b. Individuals found to be HIV antibody positive or with chronic HBV or HCV infection shall 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.

INFORMATION PROGRAMS

1. The Chief of Naval Operations and the Commandant of the Marine Corps (CMC) shall conduct an ongoing information, education, and motivation program on the prevention of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) infection.
2. The Chief of Naval Personnel and the CMC (Drug, Alcohol and Health Affairs) shall 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 and family and youth support programs; Reserve Officers Training Corps and the United States Naval Academy; and family and community service centers to include child care providers.
3. The Navy Bureau of Medicine and Surgery shall provide information, education, and motivation programs to all the Department of the Navy healthcare personnel, infected personnel, and those whose behaviors put them and others at high risk of infection. The following groups shall receive particular emphasis: personnel infected or at increased risk (including family members); patients treated for STIs; 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.
4. The Chief of Information, in conjunction with the Director of Marine Corps (Public Affairs), shall develop, implement, and review, on an annual basis, an internal information plan which provides information on the prevention of HBV, HCV, and HIV infections using print and broadcast media under their control or oversight.
5. Commanders shall provide HBV, HCV, and HIV prevention training in command health promotion programs per reference (c).

SECNAVINST 5300.30F
27 Dec 2018

Materials and resources are available from the Sexual Health and Responsibility Program at Navy and Marine Corps Public Health Center.

CONFIDENTIALITY AND DISCLOSURE

1. There remains a level of misinformation and unwarranted apprehension about who is or who can be a source of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), or Human Immunodeficiency Virus (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.
2. Test results must be treated with the highest degree of confidentiality and released to no one without a demonstrated need to know.
3. 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 (k) are required.

LIMITATIONS ON THE USES OF INFORMATION

1. 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 hearing, an involuntary separation board (for other than medical reasons), an administrative or disciplinary reduction in grade, a denial of an advancement and/or promotion, an unfavorable entry in a personnel record, to bar a reenlistment, or for any other action considered by the Secretary of the Navy to be an adverse personnel action. The term "epidemiologic assessment interview" refers to that part of the medical assessment of a Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and/or Hepatitis C Virus (HCV) positive member 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 shall be conducted by the interviewing health care professional during the medical evaluation, and the information obtained shall be used to determine the possible mode of transmission and the status of potential infection.

2. 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:

- a. In a separation for physical disability.
- b. In a separation under the accession testing program.
- c. In any other administrative separation action authorized by DoD policy.
- d. In any other manner consistent with law or regulation, e.g., the Military Rules of Evidence, including:

(1) To establish the HBV, HCV, or HIV positive status of a member who disregards or disobeys the preventive medicine order and counseling in an administrative or disciplinary action based on such disregard or disobedience.

(2) 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 Uniform Code of Military Justice.

(3) 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.

3. The limitations in paragraph (1), enclosure (11), pertaining to use of information obtained from a member by a healthcare professional during the epidemiologic assessment interview do not apply to the following:

a. 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.

b. Disciplinary or other action based on independently derived evidence.

c. 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.

d. Duties requiring a high degree of stability or alertness such as flight status, explosive ordinance disposal, or deep-sea diving.

e. 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.

4. If any personnel actions are taken because of, or are supported by, serologic evidence of chronic HBV, HCV, or HIV infection, 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.

5. The Chief Naval of Operations and Commandant of the Marine Corps may propose to the Assistant Secretary of the Navy (Manpower & Reserve Affairs), with supporting justification, any additional actions that should be considered to be adverse as defined in paragraph (1), enclosure (11).

BLOODBORNE PATHOGENS COUNSELING STATEMENT

I, _____, acknowledge that I have been counseled by

_____, and understand the following:

1. That I have the antibodies to Human Immunodeficiency Virus (HIV), chronic Hepatitis B Virus (HBV), and/or chronic Hepatitis C Virus (HCV) indicating infection in my body. This means that my blood and bodily fluids (semen, vaginal fluids and breast milk) can transmit this virus to others. Therefore, prior to engaging in sexual activity or any activity in which my bodily fluids may be transmitted to another person:

a. I must verbally advise any prospective sexual partner that I am HIV, HBV, and/or HCV positive and that there is a risk of infection.

b. If my partner consents to sexual relations, I shall not engage in sexual activities without the use of a condom unless I am involved in a mutually monogamous relationship, I have discussed risk reduction with my doctor (including medications to control my infection and prophylactic medications for my partner), and I have discussed the risk with my mutually monogamous sexual partner and he/she accepts the risk.

c. I must also advise my potential sexual partner that the use of a condom or prophylactic medications does not guarantee that the virus will not be transmitted.

2. Failure to inform my partners of my condition and the associated risks shall make me liable for criminal prosecution under the Uniform Code Military Justice as well as State and Federal criminal statutes and may also subject me to civil law suits.

3. When I seek medical or dental care, I must inform the health care providers that I am HIV, HBV, and/or HCV positive before treatment is initiated. I shall not donate blood, sperm, body tissue, organ, or any other body fluids.

4. I should cooperate with military and civilian preventive medicine and public health officials in notifying other people

with whom I have had intimate contact, and may be at risk of being infected with HIV, HBV, and/or HCV.

5. It is recommended that I take precautions to prevent the transmission of HIV, HBV, and/or HCV during a pregnancy, as HIV, HBV and/or HCV may be transmitted to the baby if the mother is infected.

6. That in the event of a potential sexual exposure (the condom breaks), I shall advise my partner to seek immediate medical attention and evaluation.

Member's Name(printed): _____

Member's Signature

Date

Provider's Signature and Stamp

Date

ORDER TO FOLLOW PREVENTIVE MEDICINE REQUIREMENTS

1. Because of the necessity to safeguard the overall health, welfare, safety, and reputation of this command and to ensure unit readiness and the ability of the unit to accomplish its mission, certain behavior and unsafe health procedures must be proscribed for members who are diagnosed as positive for bloodborne pathogen infections (Human Immunodeficiency Virus (HIV), chronic Hepatitis B Virus (HBV), or chronic Hepatitis C Virus (HCV)).

2. As a military member who has been diagnosed as positive for HIV, chronic HBV or HCV infection, you are hereby ordered to:

a. Verbally inform sexual partners that you are HIV, HBV, and/or HCV positive prior to engaging in sexual relations. This order extends to sexual relations with other military members, military dependents, civilian employees of Department of Defense components or any other persons;

b. Use proper methods according to medical counseling to prevent the transfer of body fluids during sexual relations, including the use of condoms, providing an adequate barrier (e.g., latex);

c. In the event that you require emergency care, inform personnel responding to your emergency that you are HIV, HBV, and/or HCV positive as soon as you are physically able to do so;

d. When seeking medical care, you may wish to inform the provider that you have HIV, HBV, and/or HCV so that the provider can use that information to optimize your evaluation and treatment;

e. Not donate blood, tissues, sperm, or other organs.

3. Violating the terms of this order may result in adverse administrative action or punishment under the Uniform Code of Military Justice for violation of a lawful order.

Commander's Signature

Date

ACKNOWLEDGEMENT

I have read and understand the terms of this order and acknowledge that I have a duty to obey this order. I understand that I must inform sexual partners, including other military members, military dependents, civilian employees of Department of Defense components, or any other persons, that I am Human Immunodeficiency Virus (HIV), chronic Hepatitis B Virus (HBV) and/or Hepatitis B Virus (HCV) positive prior to sexual relations; that I must use proper methods to prevent the transfer of body fluids while engaging in sexual relations, including the use of condoms providing an adequate barrier; that if I need emergency care I shall inform personnel responding to my emergency that I am HIV, Hep B and/or Hep C positive as soon as I am physically able to do so; that when I seek medical or dental care I may wish to inform the provider that I have HIV, chronic HBV and/or HCV in order to optimize my evaluation and treatment; and that I must not donate blood, sperm, tissues, or other organs. I understand that violations of this order may result in adverse administrative actions or punishment under the Uniform Code of Military Justice for violation of a lawful order.

Member's Signature

Date