



**DEPARTMENT OF THE NAVY**

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IN REPLY REFER TO  
BUMEDINST 6222.10C  
BUMED-M3C1  
12 Feb 2009

BUMED INSTRUCTION 6222.10C

From: Chief, Bureau of Medicine and Surgery

To: Ships and Stations Having Medical Department Personnel

Subj: PREVENTION AND MANAGEMENT OF SEXUALLY TRANSMITTED DISEASES

- Ref:
- (a) Sexually Transmitted Diseases Treatment Guidelines, 2006, Centers for Disease Control and Prevention, MMWR, Vol. 55, No. RR-11 of 4 August 2006
  - (b) SECNAVINST 6120.3
  - (c) SECNAVINST 5300.30D
  - (d) Revised Guidelines for HIV Counseling, Testing, and Referral and Revised Recommendations for HIV Screening of Pregnant Women, Centers for Disease Control and Prevention, MMWR, Vol. 50, No. RR-19 of 9 November 2001
  - (e) BUMEDINST 6230.15A
  - (f) Manual of the Medical Department, Chapter 16, articles 16-35 through 16-41
  - (g) Centers for Disease Control and Prevention and Council of State and Territorial Epidemiologists, Technical Guidance for HIV/AIDS Surveillance Programs, Volume I: Policies and Procedures, Atlanta, Georgia: Centers for Disease Control and Prevention; 2005  
(Available at: <http://doh.sd.gov/Disease/HIVdata/ElectronicReporting1.pdf>)
  - (h) Centers for Disease Control and Prevention and Council of State and Territorial Epidemiologists, Technical Guidance for HIV/AIDS Surveillance Programs, Volume II: Data Collection Resources and Reporting, Atlanta, Georgia: Centers for Disease Control and Prevention; 2006  
(Available at: <http://egov.oregon.gov/DHS/ph/hiv/data/docs/Appendix4.pdf>)
  - (i) Centers for Disease Control and Prevention and Council of State and Territorial Epidemiologists, Technical Guidance for HIV/AIDS Surveillance Programs, Volume III: Security and Confidentiality Guidelines. Atlanta, Georgia: Centers for Disease Control and Prevention; 2006  
(Available at: <http://www.cdc.gov/hiv/topics/surveillance/resources/guidelines/guidance/index.htm>)
  - (j) NMCPHC Technical Manual NEHC-TM-HP-6100.02C, Sexual Partner Counseling and Referral Services
  - (k) BUMEDINST 6220.12B

- Encl: (1) Preventive Medicine Points of Contact  
(2) Acronyms

1. Purpose. To provide current guidelines for the treatment and prevention of sexually transmitted diseases (STDs).
2. Cancellation. BUMEDINST 6222.10B.

### 3. Background

a. STDs, including the human immunodeficiency virus (HIV), are important and preventable causes of morbidity and mortality, and associated lost productivity and health care costs. STDs promote HIV transmission by augmenting susceptibility and HIV infectiousness.

b. The prevention and control of STDs is based on five major concepts:

- (1) Education and counseling of those at risk on ways to reduce risk.
- (2) Detection of asymptotically infected individuals.
- (3) Effective diagnosis and treatment of infected individuals.
- (4) Partner notification.
- (5) Immunization of persons at risk for vaccine-preventable STDs.

c. Navy Medicine endorses the Centers for Disease Control and Prevention (CDC) STDs treatment and prevention guidelines contained in references (a) and (b), developed using an evidence-based approach advocated by the U.S. Preventive Services Task Force. Up-to-date information, including STD laboratory and treatment guidelines, is available from the CDC at the STD Web site: <http://www.cdc.gov/STD>.

d. The effective prevention and treatment of STDs in our military population requires partnerships with local public health departments. This cooperation allows appropriate referral and follow-up of sexual partners, minimizing the negative impact of STDs in both military and civilian communities. Sustaining these relationships is an important local preventive medicine department function and may include sharing educational opportunities, information on local microbial resistance patterns, referral and follow-up practices, and other supportive and cooperative actions.

### 4. Education and Prevention Counseling

a. STD prevention counseling shall be provided to all patients who are evaluated, treated, or are at high risk for an STD in accordance with references (a) through (d). The prevention-counseling model recommended in references (a) and (d) has demonstrated efficacy to reduce STD incidence. Prevention counseling should be patient centered, tailored to the behaviors, circumstances, and special needs of the person being served, include a personalized patient risk assessment, and result in a personalized plan for the patient to reduce his or her risk of acquiring or transmitting HIV and other STDs. Follow-up prevention counseling should be scheduled to reinforce the initial counseling session.

b. The prevention of STDs begins with changing the sexual behaviors that place the person at risk for infection. Clinicians have a unique opportunity to assess risk and provide education to their patients. For high-risk patients, clinicians with time constraints should consider additional referral to health promotion or preventive medicine counselors.

c. Health promotion and preventive medicine personnel will provide information, education, and behavioral change programs to all naval personnel with emphasis on infected personnel and those whose behaviors put them and others at high risk of infection. In addition to individual prevention counseling, educational efforts respectful of proper decorum can and should be undertaken. Educational promotions using local media, health fairs, and other appropriate information vehicles are encouraged. Educational programs and materials (e.g., condoms and pamphlets) should also be discretely available in community sites such as barracks, clubs, individual commands, medical facilities, and health and wellness centers. When possible, STD education and prevention efforts shall be integrated with other health promotion activities. Condoms, like other personal hygiene items, are normally available for purchase at base exchanges, ships' stores, and civilian retail stores, but can also be made available without charge in clinics, sick bays, and aid stations.

#### 5. Detection of Asymptomatically Infected Individuals

a. All patients presenting for evaluation of a possible STD will be tested for serological evidence of syphilis infection in accordance with reference (a).

b. All active duty patients presenting for evaluation of a possible STD shall be tested for serological evidence of HIV infection per reference (c). Additional HIV testing may be indicated after 3 and 6 months based on a diagnosis of a genital ulcer disease, the prevalence of HIV in the area, the number of episodes of STDs, and the nature and duration of sexual risk-taking behavior. The same regimen of testing is recommended for family members and other civilians and should be conducted on an "opt-out" basis unless signed informed consent is required by State law. If the family member or other civilian agrees to be tested for HIV infection, this must be documented with a signed and witnessed informed consent form (available from the applicable State), in accordance with State policies. Prevention counseling should be provided to all patients in accordance with reference (d). All applicable State and local laws pertaining to HIV testing of civilians shall be followed.

c. Per reference (a), all sexually active women age 25 and younger, as well as older women at risk for chlamydia will be screened annually as part of their regular health care visits.

6. Effective Diagnosis and Treatment of Infected Individuals. Reference (a) should be followed for STD diagnosis, treatment, and follow-up along with other guidance provided in this instruction. Single dose treatment regimens that ensure compliance, provide a prompt cure, and are cost-effective are generally preferred over other regimens. HIV evaluation and treatment guidelines are provided in reference (c).

## 7. Partner Notification

a. Sexual partners of patients infected with an STD may benefit from testing, treatment, and prevention counseling detailed guidance on partner notification and referral in reference (a). Patients infected with an STD shall be informed of the importance of notifying their sexual partner(s) and encouraging them to promptly seek medical evaluation. The attending health care provider or supporting preventive medicine department shall offer partner notification services. If the patient elects to inform his or her partner(s), the provider shall offer advice and assistance to prepare the patient to verbally notify their partner(s). When provider notification is elected by the patient, a good faith effort shall be made by the provider or supporting preventive medicine department to notify all named partners for which notification is warranted. Deciding which STDs warrant partner notification will depend on the STD and the patient's sexual history as described in reference (a). Information about named partners who are non-Department of Defense (DoD) health care beneficiaries shall be passed to the applicable local or State civilian public health function for notification.

b. Eligible beneficiary partners of HIV cases will be managed by the three Naval HIV Evaluation and Treatment Units (HETUs), currently located at Naval Medical Centers Bethesda, Portsmouth and San Diego, as outlined in paragraph 10b below.

8. Immunization of Persons at Risk for Vaccine-Preventable STDs. Immunization status shall be reviewed to ensure all required immunizations have been administered and are current. For all active duty personnel, Hepatitis A and Hepatitis B vaccines are required when presenting for evaluation of a possible STD per references (a) and (e). Unless previously administered, begin and ensure the vaccine series are completed. Other beneficiaries who seek evaluation for a possible STD should receive Hepatitis A and Hepatitis B vaccines if indicated per reference (a).

## 9. Special Issues

a. Allegations and suspicions regarding sexual behaviors and STD transmission can be disruptive to unit morale and harm professional standing and acceptance in military units. Health care beneficiaries may have concerns regarding the confidentiality of sensitive medical information and perceive a threat of discipline for contracting an STD. Because of these concerns, beneficiaries may delay seeking care or avoid care entirely. Beneficiaries who delay or avoid treatment may become asymptomatic carriers and risk serious disease sequelae.

(1) Confidentiality. Health care personnel shall endeavor to protect the patient's privacy. Information obtained from a service member during or as a result of the HIV/STD treatment, prevention counseling session, or the epidemiologic interview must be treated with the highest degree of confidentiality and released to no one without a demonstrated need to know per references (c) and (f).

(2) Discipline and Medical Quarantine. Policies of discipline, quarantine, or restriction of liberty for individuals diagnosed with an STD are strongly discouraged. Prevention counseling is an effective strategy to reduce risk-taking behaviors and re-infection.

b. Prevention Services for Eligible Beneficiaries with HIV. The Navy HETUs shall provide preventive medicine services for each HIV positive eligible beneficiary during their initial and periodic evaluations. These services include HIV case reporting, HIV prevention counseling, and HIV partner referral services. These tasks are ideally conducted by a trained, non-uniformed HETU staff member. HETU managers will ensure appropriate coordination with their local Navy preventive medicine department.

(1) HIV Case Reporting. For every new case of HIV, complete the CDC Form 50.42A, HIV/AIDS Confidential Case Report or the equivalent State forms. Under the Navy centralized case reporting process, the confirmatory test for active duty members is done by an HETU. The test drawn on an active duty member by the local medical treatment facility (MTF) is not considered the confirmatory test. HETUs confirm the test, complete the case report, and send it to their host State (CA, MD, or VA). The HETU's host State reports to the CDC and relays a copy to the State in which the patient resides.

(a) MTF

1. If the "centralized" process described in paragraph 9b(1) is not sufficient for MTFs to comply with their host State law, MTFs may report the initial HIV positive result to their host State and inform the State that the final HIV case report will be routed to them later via the "centralized" process. The initial report sent to the State by the MTF will obviously not include certain data such as viral load and CD4 count since these data will not be available until the member is evaluated by an HETU.

2. Non-active duty health care beneficiaries (including Reserve Component members) may be confirmed HIV positive in any MTF. In such cases, it is the responsibility of that MTF to report the new HIV diagnosis in accordance with the requirements of the MTF's host State. This will typically involve reporting the new HIV case directly to the host State. It is strongly encouraged that newly diagnosed HIV positive dependents, reservists, and retirees be referred to an HETU or equivalent civilian HIV specialty care for post test counseling and care.

3. For non-active duty health care beneficiaries (including Reserve Component members) who are confirmed HIV positive in an OCONUS MTF, the MTF will report the new HIV case to the State of legal residence of the HIV positive beneficiary.

(b) HETU

1. Complete CDC Form 50.42A, HIV/AIDS Confidential Case Report or the equivalent State forms following the HETU's host State HIV/AIDS surveillance procedures. Submit these completed forms to the surveillance coordinator or their representative in the HETU's host State. The State agency will electronically relay these reports to the CDC and will inform the State of residence of the patient. State HIV/AIDS reporting procedures are guided by references (g), (h) and (i).

2. Send a courtesy copy of each case report (omitting the case name and social security number) through the Navy Central HIV Program to the Navy and Marine Corps Public Health Center (NMCPHC) for epidemiological purposes.

(2) HIV Prevention Counseling. Each patient will be afforded HIV prevention counseling by a trained counselor, following the evidence-based model recommended by the CDC in reference (a).

(a) MTF. Before referring the newly positive patient to the HETU, a designated clinician at the patient's home MTF or, for members not assigned near an MTF, a person designated by the member's commanding officer shall advise the member that they may be infectious and should protect current and future sexual partners as well as refrain from donating blood or sperm. This clinician or designated person should inform the patient that a more detailed conversation on this subject will take place at the HETU. The MTF designated clinician may elect to delegate this work to the MTF preventive medicine department. The MTF or preventive medicine units should not engage in a partner notification or risk assessment for newly positive HIV cases. All cases will be evaluated at the HETU.

(b) HETU. Behavior risk reduction messages and counseling will be incorporated into the routine health care of every HIV positive patient seen in an HETU.

(3) Partner Counseling and Referral. Partner referral services shall be afforded to every patient to identify and initiate the notification process of past sexual and needle sharing partners per reference (f). CDC Form 73.2936S, Field Record, described in reference (j). The equivalent State form, shall be completed for each named partner and the patient's current and former spouses (within the past 10 years), whether or not the spouse is "named" as a sexual or needle sharing partner (unless it is clear to the provider that the non-named, former spouse was not exposed).

(a) MTF or local medical department. The primary responsibility for contact interview and partner notification for newly diagnosed active duty members is the HETU preventive medicine staff member. The MTF's designated clinician may elect to offer partner notification services prior to referring the patient to the HETU, but should not conduct lengthy sexual contact interviews immediately after notification, especially without adequate training. Any initial offer of partner referral services by the MTF should be conducted with the goal of introducing the importance of partner notification. Patients may not yet be emotionally prepared to productively discuss this subject and pressing them prematurely by untrained staff may be extremely counterproductive in the long run. A detailed conversation will take place at the HETU. If the patient does reveal partner information to the MTF:

1. The MTF or local medical department shall directly notify all named partners/spouses who are DoD health care beneficiaries and who reside and/or receive care within the MTF's local public health jurisdiction. Notification shall be conducted face-to-face, not by phone. If attempts to arrange face-to-face notification of the partner are unsuccessful,

MTFs may enlist the assistance of their local State or municipal HIV/AIDS partner notification agency. If desired by the MTF's host State HIV/AIDS surveillance coordinator, information about named sexual partners will be shared with the MTF's host State (which may elect to also contact these partners). Spouses, partners, and other family members are welcome to join the active duty member for the HETU initial evaluation visit.

2. For named partners/spouses who are DoD health care beneficiaries but do not reside within the local public health jurisdiction, the MTF or local medical department shall phone the military preventive medicine/military public health office or local medical department which does have jurisdiction and will send them the field records (partner reports). That military preventive medicine/military public health office shall manage notification of the potentially exposed beneficiary. "Local" means where the partner resides.

3. For named partners/spouses who are NOT DoD health care beneficiaries, the MTF or local medical department shall telephone the MTF's host State/territory and shall mail field records to the MTF's host State/territory for action, following the host State's/territory's HIV/AIDS PCRS reporting procedures.

4. Partner information obtained by the MTF or local medical department should be shared with the HETU so partners are not notified twice.

5. When the MTF or local medical department receives partner information from HETUs, the MTF shall inform the HETU when partner notification is complete. This will aid HETUs when they conduct ongoing partner referral discussions with patients.

(b) HETU. HETUs or the HETU-supporting preventive medicine department shall afford initial and on-going partner referral services to every HIV positive patient at every visit.

1. The HETU (or HETU-supporting Preventive Medicine Department) shall directly notify all named partners/spouses who are DoD health care beneficiaries and who reside and/or receive care within the HETU's local public health jurisdiction. Notification shall be conducted face-to-face, not by telephone. If attempts to arrange face-to-face notification of the partner are unsuccessful, HETUs may enlist the assistance of their local State or municipal HIV/AIDS partner notification agency. If desired by the HETU's host State HIV/AIDS surveillance coordinator, information about named sexual partners shall be shared with the HETU's host State (which may elect to also contact these partners).

2. For named partners/spouses who are DoD health care beneficiaries, but do not reside within the local public health jurisdiction, the HETU (or HETU-supporting preventive medicine department) shall phone the appropriate military preventive medicine/military public health office which does have jurisdiction and send them the field records (partner reports). The military preventive medicine/military public health office shall manage notification of the potentially exposed beneficiary. The HETU, when relaying partner information to appropriate military preventive medicine/military public health office, shall request verification (via return of a copy of the field record) that the partner was notified. "Local" means where the partner resides.

3. For named partners/spouses who are NOT DoD health care beneficiaries, the HETU or HETU-supporting preventive medicine department shall contact by phone and shall mail field records to the HETU's host State for action, following the host State's HIV/AIDS PCRS reporting procedures.

4. Epidemiological Surveillance. NMCPHC shall receive case reports from HETUs (with patient names blacked out) and will conduct on-going analysis of behavioral risk information and outbreak clusters. NMCPHC will use these data to design prevention programs and engage local MTFs in outbreak investigations.

#### 10. Resources

a. Points of Contact. Guidance regarding new STD treatment guidelines or local variations may be obtained from local preventive medicine departments or the points of contact found in enclosure (1). Enclosure (2) provides a list of acronyms.

b. Valuable STD resources are available on the Internet from the NMCPHC Sexual Health and Responsibility Program (SHARP) at <http://www-nehc.med.navy.mil/hp/sharp/index.htm>. SHARP provides a Technical Manual (NEHC-TM-HP-6100.02C), self-study and classroom courses in "Sexual Partner Counseling and Referral Services" (PCRS), and a 2-day course, "Fundamentals of HIV/STD Prevention Counseling," that teach Department of the Navy personnel how to conduct partner notification and referral and client-centered prevention counseling in accordance with this instruction.

11. Reporting Requirements. The accurate identification and timely reporting of STDs are integral components of successful disease control efforts. Timely reporting is important for assessing morbidity trends, targeting limited resources, and assisting local health authorities in identifying ex partners who may be infected. STD cases shall be reported to Navy public health authorities in accordance with reference (k) and following local statutory requirements. Syphilis, gonorrhea, chlamydia, and acute cases of hepatitis are reportable medical events in the Department of the Navy. HIV, syphilis, chancroid, gonorrhea, and chlamydia are reportable diseases in every State. The requirements for reporting other STDs differ by State, and clinicians should be familiar with local reporting requirements. HIV case reporting requirements shall be fulfilled by the three Navy HETUs, as outlined.

#### 12. Forms and Reports

a. Forms. Reference (k) establishes reporting requirements utilizing report control symbols.

(1) CDC Form 50.42A (01-2003), Adult HIV/AIDS Confidential Case Report is available at electronically at: [http://www2a.cdc.gov/eforms/PDF/frm\\_CDC\\_50\\_42A.pdf](http://www2a.cdc.gov/eforms/PDF/frm_CDC_50_42A.pdf).

(2) CDC Form 73.2936S, (Rev. 9/95), Field Record may be ordered through the CDC's Division of STD Prevention Web site: [https://www2.cdc.gov/nchstp\\_od/piweb/STDLogin.asp](https://www2.cdc.gov/nchstp_od/piweb/STDLogin.asp). If you do not have a field id and password to login to place your order for the forms, send an e-mail to [dstd@cdc.gov](mailto:dstd@cdc.gov) requesting them.



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(3) CDPH 8641 A (6/06), Adult HIV/AIDS Confidential Case Report forms for California are available electronically at <http://www.cdph.ca.gov/pubsforms/forms/Pages/AIDS.aspx>.

(4) DHMH 1140 (Revised May 24, 2007), Confidential Morbidity Report for Maryland is available electronically at:  
[http://www.dhmh.state.md.us/AIDS/HivReporting/toolkit/8\\_DHMH1140.pdf](http://www.dhmh.state.md.us/AIDS/HivReporting/toolkit/8_DHMH1140.pdf).

b. Reports. The reporting requirements of this instruction are covered under the report control symbol established in reference (f).



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### ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CA	California
CD4	T-helper lymphocytes with “cluster of differentiation 4” cell surface marker
CDC	Centers for Disease Control and Prevention
DoD	Department of Defense
HETU	HIV Evaluation and Treatment Unit
HIV	Human Immunodeficiency Virus
HP	Health Promotion
MD	Maryland
MMWR	Mortality and Morbidity Weekly Report
MTF	Medical Treatment Facility
NEHC	Navy Environmental Health Center
NMCPHC	Navy and Marine Corps Public Health Center
OCONUS	Outside Continental United States
PCRS	Partner Counseling and Referral Services
SECNAV	Secretary of the Navy
SHARP	Sexual Health and Responsibility Program
STD	Sexually Transmitted Disease
TM	Technical Manual
VA	Virginia