

YOUR LOVE. YOUR HEALTH. OUR HELP.

Reproductive and Sexual Health

Promoting Sexual Health in Military Populations revised 2 August 2013



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

This document does not establish Department of Navy policy.

It is intended to help military leaders, medical professionals and others charged with protecting and promoting the health of military members understand and apply targeted strategies for the prevention of sexually transmitted infections and unplanned pregnancy.

Comments are encouraged and may be forwarded to:

Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)

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Portsmouth VA 23708-2103

sharp@nehc.mar.med.navy.mil

http://www-nmcphc.med.navy.mil/Healthy_Living/

(757) 953-0974; DSN 377

Views and opinions expressed are not necessarily those of the Department of the Navy

WHY PROMOTE SEXUAL HEALTH?

SECNAVINST 5300.30E, states:

“Aggressive disease surveillance, health promotion and education programs for naval personnel will be used to mitigate the impact of HIV infection on DoN.” and “Commanders will provide HIV prevention training in command Health Promotion Program”

Active Duty Sailors and Marines acquire preventable sexually transmitted infections and surveyed enlisted female Sailors report high rates of unplanned pregnancy. Negative consequences of sexual risk taking for the individual Sailor or Marine may include pain and suffering, embarrassment, lifelong health / career / family / or relationship consequences, and long term financial consequences. For the Department of the Navy (DoN), negative consequences may include lost duty days, early separations from service, direct medical costs, and an erosion of image.

HIV. From 1985 through 2012, at least 5,900 active duty Sailors and Marines have been infected with HIV, most of whom have been lost to the service. Health care costs and lost duty days for periodic evaluations and care for military members infected with HIV have not been calculated.

Other Sexually Transmitted Infections. In 2012, at least over 5000 cases of Chlamydia, gonorrhea or syphilis were diagnosed among active duty sailors and marines. Although the incidence of Human Papillomavirus Virus (HPV) is unknown, 205 active duty female Sailors and Marines were diagnosed with cervical cancer from 2001-2005 (HPV is believed to cause 90% of cervical cancer). The estimated healthcare cost of these cases is \$5.4 million. The incidence of other sexually transmitted infections, including genital herpes, genital warts, pelvic inflammatory disease and trichomoniasis are not tracked and costs are not known.

Unplanned Pregnancy. Unplanned pregnancies among active duty Sailors continue to be of concern. In 2010, 2 of 3 (64%) pregnancies among surveyed enlisted female Sailors were unplanned. In other words, only 36% were intended. The national *Healthy People 2020* objective is to increase the proportion of pregnancies that are intended to 56%. In 2005, 35% of surveyed male enlisted Sailors and 18% of female Sailors said “when a birth control method is not available, I believe you just have to take a chance and hope a pregnancy does not occur”. Lost duty days for unintended pregnancy health care, post-delivery convalescence and separations due to pregnancy have not been calculated. The presumably stressful impact of single parenthood on active duty members, families and Navy and Marine Corps commands has not been quantified.

Incorrect and Inconsistent Condom Use. In 2010, less than half of our unmarried active duty male Sailors and Marines used a condom the last time they had sex. Among unmarried active duty female sailors, only 1 of 3 report a condom was used, and among female marines, only 1 of 3.

A SUGGESTED CHECKLIST FOR ACTION

Action Item	Notes
<p>Form a team of key stakeholders</p>	<p>Key players might be the Command Fitness Leader (CFL), safety Petty Officer, ship medical, local medical Health Promotion Director, and local Preventive Medicine Technician. Meet to discuss the potential need and desire to promote sexual health. This initial team may include other key stakeholders who have expressed a desire to be involved, such as a concerned clinician, DoDD School nurse, or volunteer “SHARP” speaker.</p>
<p>Define the problem</p> <ul style="list-style-type: none"> • Use Navy-wide data <p>Or</p> <ul style="list-style-type: none"> • Collect and analyze local data in terms of time, person and place 	<ul style="list-style-type: none"> • Easier: define your problem as “part of the Navy / USMC-wide problem” – see the data at : http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/sexual-health-indicators.aspx • Harder: Local or command-specific data can also be helpful, but it is challenging to get. Does the local data reveal any demographically useful information? Who is getting infected? Consider: <ul style="list-style-type: none"> ○ <u>time</u> (when are people exposed? – on deployment, weekends, just before graduation, etc) ○ <u>person</u> (age, gender, rate, student status, time on station, etc.), ○ <u>place</u> (where does exposure occur) <p>Consider other local anecdotal data such as perceived pregnancy rates on the ship.</p>
<p>Draft a few outcome or process objectives</p>	<p>See the sexual health criteria of the Blue H Award.</p>

<p>Expand Team Membership to include other key stakeholders</p>	<p>Consider inviting these people to participate in your effort:</p> <ul style="list-style-type: none"> • Chaplain • Command Master Chief for students or other key enlisted leaders • School nurse • Command Fitness Leader • Single Sailor Club / CPO Club / barracks manager • Family Service Center • Medical treatment facility (MTF) commander, health promotion director, preventive medicine officer, clinical services director, women’s health director, behavioral health, staff ed and training • Local civilian public health office or family planning partners. Note: Their messages may be focused to some extent on teens, men who have sex with men, or injecting drug users. Discuss these issues with your partners and stakeholders and decide which products and messages are appropriate for your population. •
<p>Get buy-in on objectives and the target audience</p>	<p>Solicit input from all stakeholders and work together to reach consensus on your objectives.</p>
<p>Select or design educational materials and strategies</p>	<p>Decide what you want to communicate, to whom and how. In this document, see:</p> <ul style="list-style-type: none"> • STRATEGIES FOR PROMOTING SEXUAL HEALTH • RESOURCES • TRAINING • NATIONAL OBSERVANCES
<p>Test your materials</p>	<p>Test your messages with your stakeholders <u>and</u> a sample of your target audience.</p> <p>Remember – the right materials used in the wrong place will fail as surely as using the wrong materials.</p>

<p>Communicate your plan</p>	<p>Decide who needs to know the “problem” and your objectives, and how you will communicate with these key people.</p> <p>For example, you could use the “Message for Commanding Officers” in the April Health Promotion Toolbox website to help leaders understand the problem (in Navy/USMC-wide terms) and what they can do about it. See</p> <p>http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/general-tools-and-programs/hp-toolbox/message-for-commanding-officers-sexual-health-month.pdf</p>
<p>Launch your plan</p>	<p>Do it!</p>
<p>Respond positively to expressions of concern</p>	<p>It is expected that some people in your population will express concerns about your sexual health promotion efforts. In America, sex is an often emotionally-charged and value-laden topic. These expressions of concern should be <u>welcomed</u> as opportunities to learn about your population, educate another person, perhaps gain a new ally, and improve your work. Here is a "SHARP" way of responding:</p> <ul style="list-style-type: none"> • Seek to understand their concern (listen and learn; put yourself in a true "receive mode"; ensure your non-verbal cues communicate that you are listening) • Help them understand your goals (this is an opportunity to educate regarding the medical facts, and to communicate the importance and potential benefits of your sexual health promotion effort) • Acknowledge and respect their values and opinions (everyone has a right to feel the way they do; people are unlikely to change their values but may be willing to consider yours when they feel you respect theirs) • Reach a new understand together (seek to accommodate their concerns and your goals; look for areas of agreement; perhaps gain a new ally) • Put your new insight to work (because you are now smarter about the knowledge, values and concerns of your population)
<p>Evaluate progress toward your objectives</p>	<ul style="list-style-type: none"> • Follow your evaluation plan as described in your objectives. • Communicate your results to stakeholders. • Continuously refine and improve your plan. • Share your successes and lessons learned with SHARP and others.

STRATEGIES FOR COMMANDING OFFICERS AND LEADERS

To promote and support responsible sexual behavior, Commanding Officers and leaders can:

(1) Establish and communicate a policy of responsible sexual behavior as the norm. Promote the value of healthy shipmates. Discourage sex-seeking activity during port calls; expect condom use for crew members who engage in sex outside of a long-term, mutually-monogamous relationship; expect use of a buddy system during port calls to prevent alcohol and sex related incidents. Expect leadership by example throughout chain of command - including senior white hats who may be uniquely influential over younger sailors. Consistently communicate command policy and help members understand the rationale.

(2) Do not threaten discipline when members become infected, suspect pregnancy or when they seek health care, because this only delays medical evaluation. If members do not feel they have access to confidential, compassionate and competent health care, they may avoid much needed treatment and counseling. This may extend the period of infectivity and increase or complicate the medical condition of the member. Members must know and believe it is safe to seek care.

(3) Protect and respect the medical privacy of members. Sailors and marines won't seek care if they perceive their privacy is not protected. Ensure all hands know how their medical confidentiality is protected. Do not require medical to send "sick-call" logs containing patient names and diagnoses to leaders. Crew members who believe such a policy is in place may avoid medical care. Instead, leaders should rely on the medical department to appropriately keep leadership informed of crew health and real unit health threats.

(4) Conduct quality all-hands training. Ensure full fidelity to the established GMT curriculum. Provide a positive learning environment (time, place, and command emphasis), and insist on full attendance. Also support on-going sexual health awareness activities. In addition to medical trainers, invite chaplains to participate in sexual health promotion. They can deliver value-based messages and provide individual counseling which supports responsible behavior. These services, which typically focus on risk elimination through abstinence and fidelity, compliment the comprehensive medical message that includes abstinence and monogamy plus additional options for risk reduction. Together, Chaplains and medical professionals may reach the most people and do the most good. Free resources are accessible from the NMCPHC Health Promotion Toolbox at:

<http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/hp-toolbox-april.aspx>

(5) Ensure members have convenient and inconspicuous access to condoms at all times – even while deployed and underway. Also ensure unrestricted access to sufficient contraception options and family planning counseling for female members. Scientific evidence clearly suggests that condom distribution programs do not lead to earlier or more frequent sexual behavior. Condom availability has been shown to reduce STIs and pregnancy among and in some case to even decrease sexual activity. The evidence also shows that condom access decreases the frequency of unprotected sex and contributes to decreases in disease and pregnancy

STRATEGIES FOR PROMOTING SEXUAL HEALTH

Awareness Strategies

For all-hands awareness:

- Read the “**How-to**” **guide** “Promoting Sexual Responsibility Among Military Populations” to plan your campaign and evaluation strategy.
- **Fact Sheet Rack.** Put up a rack of health fact sheets on this month’s topic Fact sheets could be displayed in high visibility areas such as waiting rooms, galleys, fitness centers, elevators, stairwells, ship’s stores, health promotion departments and other high traffic areas.
- **Use SHARP posters:**
<http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/hp-toolbox-april.aspx>
- **Get CDC’s “STD Awareness Month”** materials at <http://www.cdcpin.org/stdawareness/>
- **Conduct a “GYT” Campaign** (Get Yourself Talking – Get Yourself Tested). Check out <http://www.itsyoursexlife.com/gyt> for CDC-endorsed posters, flyers and fact sheets designed for college campuses.
- Use “**We Are Greater Than AIDS**” [posters](#) – these posters raise awareness of the disproportionate impact of HIV and AIDS on black Americans.
- Get the **Marine Corps** lesson plans on STD Prevention from USMC Semper Fit or go to the [SEMPER SHARP](#) page.
- Invite your Navy **Chaplain** to speak with your command about sexual responsibility. There is a ready-to-use lecture written by and for chaplains on the NMCPHC-SHARP website.
- **Assess condom access** in your command. Where do your Sailors and Marines get condoms? See the NMCPHC-SHARP guideline “[Condom Access for Disease and Pregnancy Prevention](#)”
- As a reminder, the **National Day for the Prevention of Teen Pregnancy** is held in early May.
- Set-up a sexual health **information display** using fact sheets and posters and
 - Conduct a “correct condom-use” demonstration (perhaps using the condom use **film clip** NMCPHC-SHARP Toolbox DVD– order your SHARP Toolbox CD by [e-mail](#))
 - Ask your supporting medical department to attend your information-display / information event to answer sexual health questions.
 - Ask your supporting medical department to talk to your command about contraception and women’s health.

For medical professional awareness:

- Distribute copies of the *SHARPNews* newsletter to medical staff. Subscribe to the *SHARPNews* by sending an e-mail to sharp@nehc.mar.med.navy.mil
- Encourage medical leadership to conduct a self-evaluation of their command’s medical policies and practices using the SUGGESTED LOCAL CRITERIA TO EVALUATE SEXUAL HEALTH – see the criteria marked FOR MEDICAL OPERATIONS ONLY”.

Condom Access Strategies

- Assess condom access in your command. Where do your Sailors and Marines get condoms? Do they feel access is easy, affordable, embarrassing?
- Increase condom access in a thoughtful, targeted fashion. See the NMCPHC-SHARP guideline “Targeted Condom Access for Disease and Pregnancy Prevention” at <http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/reproductive-and-sexual-health/targeted-condom-access-for-disease-and-pregnancy-prevention.pdf>

All-hands Education Strategies

- Conduct quality all hands training. Select a competent and influential shipmate using current, quality educational materials as they were designed to be used.
- Conduct a **classroom event** using SHARP materials from the SHARP Toolbox DVD (order your copy by [e-mail](#)). These classroom materials include:
 - “HIV and Me” film
 - HIV in the DoN briefing
 - “For Ladies Only”, a facilitated discussion about condoms
 - “Reproductive Health”, a facilitated discussion about contraception
 - Film “Reproductive Health – Types of Contraception”
 - Film “Reproductive Health – Think Ahead: Pregnancy and Parenting”
 - Film “Charting a Safe Course – A Sexual Health Guide”
- Invite your Navy **Chaplain** to speak with your command about sexual responsibility. There is a ready-to-use lecture written by and for chaplains on the NMCPHC-SHARP website and SHARP Toolbox CD.
- Ask your supporting medical department to talk to your command about contraception and women’s health.

Intervention Strategies

- For people who have expressed concerns, requested a “conscious check”, or have demonstrated high risk (such as traded money for sex, or became infected with an STI), refer them to your on-board health care provider or local medical treatment facility (Preventive Medicine, Independent Duty Corpsman, or physician) for individual prevention counseling and for appropriate testing.
- Get medical to help you communicate with your population. Ensure the crew understands:
 - Go to medical if you think you may have a sexually transmitted infection. Don’t wait!
 - Medical professionals always protect your privacy
 - Tell your sexual partner(s) if you have a sexually transmitted infection. Anyone who may have the disease deserves to know about it and should receive the appropriate testing and treatment.
 - For people who express a desire to discuss contraceptive options or family planning issues, see your on-board health care provider or local medical treatment facility (primary care or women’s health clinic).

Health Care Process Improvement Strategies

- Orient new health care team members to your local STI prevention policies and processes. Encourage them to comply with treatment guidelines, report cases, and refer infected patients to Preventive Med or the IDC for prevention counseling and sexual partner referral services. Share with them a copy of BUMEDINST 6222.10C, Prevention of STIs.
- Conduct periodic in-service training for health care providers on the subject of HIV-STI prevention counseling, condom access, contraception options, partner referral, disease reporting, Chlamydia screening and other relevant topics.
- Periodic Health Assessment (PHA) Counselors can increase their effectiveness by using the SHARP [Brief Guide for Sexual Risk Assessment](#) when assessing sexual risks during their annual PHA.
- Is your medical operation supporting sound sexual health policies? Use the Blue H – Surgeon General's Health Promotion and Wellness Award criteria as a guide. See <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/blue-h.aspx>
- Prevention Counselor Evaluation Form and Sexual Partner Counseling/Referral Evaluation Form: (available on the SHARP website): Use these supervisory tools to evaluate graduates of the "HIV-STI Prevention Counseling Course" and the "Sexual Partner Counseling and Referral Course". To validate skills, provide helpful feedback, and ensure quality in this task, supervisors/trainers should observe the counselor as he/she conducts an actual counseling session. Use this form (and the SHARP HIV-STI Prevention Counseling Desktop Assistant from their Student Manual) to conduct and document your evaluation. When you are satisfied the counselor has demonstrated competence, sign and send the form to NMCPHC-HP-SHARP. The counselor will receive a SHARP lapel pin in recognition of his/her certification of their skills. We also encourage periodic supervisory evaluations to ensure continuous improvement and quality, as recommended by the CDC (MMWR 50;RR-19;page 7; November 9, 2001)."
- Inform medical and other staff of sexual health training opportunities. See "Training Opportunities" in this document or go on-line for even more at <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/health-promotion-training.aspx>.

TRAINING OPPORTUNITIES

Get all these and more on-line at <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/health-promotion-training.aspx>

HIV-STD Prevention Counseling is a 2 day course for physicians, nurse practitioners, physician assistants, clinical and DoDDS school nurses, Preventive Medicine Officers and Technicians, And Marine Corps Public Health Officers, Independent Duty Corpsmen, health promoters, and family service counselors – people tasked to counsel individual Sailors and Marines regarding sexual behavioral risk reduction. This course is based on Project RESPECT, a study which meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has positive and significant behavioral/health findings. Continuing education credit is awarded. Ask SHARP to teach this course at your location.

Sexual Partner Counseling and Referral is available in both classroom and self-study formats. Get the self-study manual on the SHARP website. This course covers the CDC's 11-step process for bringing to treatment the sexual partners of patients infected with sexually transmitted infections. SHARP issues a certificate of training. Continuing education credit is awarded. Ask SHARP to teach this course at your location.

STI 101 for Non-Clinicians Objective: is a 4-hour SHARP course designed to increase basic understanding about sexually transmitted infections among non-clinical public health professionals, health educators, health promoters, community leaders, clergy, parents, program volunteers and individuals. Ask SHARP to teach this course at your location.

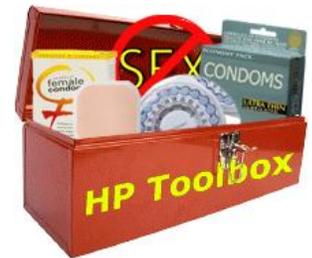
Sexual Risk Assessment in the Outpatient Setting is a fully scripted PowerPoint presentation and demonstration that includes a student manual. The lecture targets health care providers including IDCs. It may be used as an in-service training session within medical treatment facilities or as a self-study course. The objective is to demonstrate the need for and the skills used in conducting a sexual behavior risk assessment during the routine outpatient encounter. Typical length of the lecture is 60-90 minutes. Continuing Education Credit is awarded. Download the PowerPoint presentation and the student manual to conduct this training lecture at your locale. Ask SHARP to teach this course at your location.

RESOURCES

- Ready to Use Education Lectures and Programs (on the SHARP Toolbox DVD and/or SHARP website: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/hp-toolbox-april.aspx>)

- **HIV in the DoN** is a PowerPoint lecture about HIV prevention, and can be used in conjunction with the SHARP film "HIV and Me.

- **Reproductive Health** - A two-session educational intervention, totaling 4 hours (session 1 = 2.5 hours; session 2 done two months later = 1.5 hours), for male and female sailors and marines focused on knowledge, skills, attitudes and circumstances known to affect unplanned pregnancies. The course may be led by a female Hospital Corpsman or other non-clinician leader. Adapted by the Navy and Marine Corps Public Health Center from the evidence-based work of CAPT Chung-Park M.S. (2008) Evaluation of a pregnancy prevention programme using the Contraceptive Behavior Change model. *Journal of Advanced Nursing*; 61(1), 81–91: doi: 10.1111/j.1365-2648.2007.04468.x which demonstrated significant reduction of pregnancies among students.



- **For Ladies Only** - Adapted by the Navy and Marine Corps Public Health Center from an intervention recommended by the Centers for Disease Prevention and Control as an intervention of promising-evidence in the 2008 Compendium of Evidence-Based HIV Prevention Interventions, "For Ladies Only" is intended as an optional, 1-hour educational offering for small groups (10-30 women). To encourage planning for sexual health and safety, a female instructor discusses sexuality and gender issues. A presentation on symptoms, prevalence, and transmission of gonorrhea and Chlamydia and the incidence of unplanned pregnancies (UPP) is provided to increase perceived susceptibility to these potential consequences of sex. The effectiveness of male condoms is discussed and proper condom use is demonstrated. Women are taught how to be assertive in discussing condom use with their partner, and how to deal with partner resistance to condoms. Through videos, presentations, role play, discussions and practice, women learn how to increase their sense of control over their sexual encounters, increase their STI and UPP awareness and perceived susceptibility, and increase self-efficacy for condom use. The theoretic basis of this intervention is the Psychosocial Model of Condom Use and the Health Belief Model. The underlying research (Bryan, Aiken and West, 1996) demonstrated that a brief, single session led by a female graduate student produced significant increases in condom use at most-recent sexual encounter among female college students (average age 19 years) at six-months post-intervention.

- **Semper Fit "STD/HIV Prevention** developed by the Naval Health Research Center and modified by SHARP. Designed for all-hands USMC audiences. The lesson training guide (MS Word) and PowerPoint slides.

Films – these films may be played from the SHARP DVD

- **HIV and Me (15:26)**
Produced by Center for Personal Development and SHARP (2006). The video is the FY07 GMT film. Features HIV positive Sailors sharing their knowledge and advice. Available on the SHARP Toolbox DVD ([send email now](#)) or from Defense [Order #806799](#).

- **Charting a Safe Course: A Sexual Health Guide (11:00)**
Produced by BUMED and SHARP (2013), this video features a marine and his doctor discussing his exposure to chlamydia and highlights risk reduction and partner notification. Available on the SHARP Toolbox DVD ([send email now](#)).
- **Reproductive Health Awareness: Think Ahead - Pregnancy and Parenting (19:00)**
Produced by BUMED and SHARP (2013), this video explores the consequences of an unplanned pregnancy on sailors and marines. Available on the SHARP Toolbox DVD ([send email now](#)).
- **Reproductive Health Awareness - Types of Contraception (26:00)**
Produced by Navy Medical Support Command and SHARP (2012), this video covers the full range of contraception options, highlighting advantages, disadvantages and levels of effectiveness. First Place Award Winner for 2012 DoD Training Films. Available on the SHARP Toolbox DVD ([send email now](#)).
- **Living Positively with HIV (1:08:20)**
Produced by NETPDTTC and SHARP (2006). For use with HIV positive military members. Promotes hope, staying healthy and protecting partners. Distribution limited to DoD. Available on the SHARP Toolbox DVD ([send email now](#)) or from Defense Imagery [Order #806797](#).
- **Sexual Responsibility (14:00)**
Produced by CNET (1999). The video features Navy personnel and the consequences, both medical and social, of risk-taking sexual behavior. The video features a variety of scenarios. Available on the SHARP Toolbox DVD ([send email now](#)) or from Defense Imagery [Order #806393](#).
- **Responsible Sexual Behavior (18:09)**
Produced by CNET (2002). Focuses on sexual behavior and individual responsibility. Available on the SHARP Toolbox DVD ([send email now](#)) or from Defense [Order #806610](#).

Other SHARP Resources.

- SHARP FACTS are 1 page (double sided) fact sheets on STDs, HIV, condoms, and family planning. They provide basic, evidence based information on these subjects. They are useful to download and print for distribution to active duty, reserves, and beneficiaries as part of your Health Promotion program in the area of Sexual Health and Responsibility.
- SHARP NEWS is a regularly published newsletter updating SHARP Leaders, SHARP Instructors, health educators, preventive medicine technicians, and other health staff regarding SHARP issues and other prevention news. The newsletters are posted with full color and graphics and is also available for subscription wherein you can receive the text version through your e-mail account.
- SHARP Posters may be downloaded from the NMCPHC Health Promotion Toolbox. They're available in low resolution for easy download and printing and in high resolution for poster-size printing.
- Targeted Condom Access strategy guide: is written to answer questions about the practical issues of making condoms accessible to Sailors and Marines.
- [SHARP Toolbox DVD](#) contains all the professional resources available on the SHARP website (and more). All newly registered SHARP Instructors receive a SHARP Toolbox DVD.

SEXUAL HEALTH OBSERVANCES

National Health Observances:

February

National Condom Day - February 14

National Condom Week - February 10 – 17

American Social Health Association

P.O. Box 13827

Research Triangle Park, NC 27709

(919)361-8400

<http://www.ashastd.org>

National Black HIV-AIDS Awareness and Information Day

February 7

<http://www.omhrc.gov/hivaidsobservances/afam/index.html>

April

STD Awareness Month

American Social Health Association

P.O. Box 13827

Research Triangle Park, NC 27709

(919) 361-8400

aikal@ashastd.org

<http://www.ashastd.org/>

Materials available

May

Teen Pregnancy Prevention Day

May 5th

<http://www.thenationalcampaign.org/>

National Asian-Pacific Islander HIV-AIDS Awareness day

May 19th

<http://www.omhrc.gov/hivaidsobservances/api/index.html>

June

HIV Testing Day – June 27

For testing site near you call:

800-342-AIDS (2437)

CDC National AIDS Hotline: 800-342-2437

CDC National AIDS Hotline Spanish Service: 800-344-7432

CDC National STD Hotline: 800-227-8922

CDC National AIDS Hotline TTY Service: 800-243-7889

October

National AIDS Awareness Month

American Association for World Health

1825 K Street, NW., Suite 1208

Washington, DC 20006

(202)466-5883

staff@aawhworldhealth.org

www.aawhworldhealth.org

Family Sexuality Education Month

Planned Parenthood Federation of America

810 Seventh Avenue

New York, NY 10019

(212)541-7800

communications@ppfa.org

<http://www.plannedparenthood.org/>

National Latino HIV-AIDS Awareness Day

October 15

<http://www.omhrc.gov/hivaidsobservances/latino/index.html>

December

World AIDS Day

- December 1

American Association for World Health

1825 K Street, NW., Suite 1208

Washington, DC 20006

(202)466-5883

staff@aawhworldhealth.org

www.aawhworldhealth.org

DEPARTMENT OF DEFENSE REFERENCES

Department of Defense Directive 6485.1 (17 October 2006). This is the DoD's policy, responsibilities and procedures on identification, surveillance, and administration of civilian and military personnel infected with HIV-1.

Assistant Secretary of Defense, Health Affairs Memorandum dated October 6, 1998, sets policy for Pre- and Post-deployment health assessments and blood samples including screening for HIV infection.

MARINE CORPS ORDER P1700.29 defines the Marine Corps Semper Fit Program which includes HIV/STD prevention as a Health Promotion core element and requires HIV/STD education annually. Additionally, this order requires basic/technical training programs and professional level training programs for officers and enlisted have targeted education regarding STD and HIV transmission and prevention.

SECNAV INSTRUCTION 1000.10 provides Department of Navy policy for all military personnel on pregnancy and issues related to pregnant servicewomen including, but not limited to, thorough family planning information to be made available to servicemen and servicewomen through the training establishment and at the unit level.

SECNAV INSTRUCTION 5300.30 establishes the DON policy on identification, surveillance, and administration of military members, applicants and health care beneficiaries infected with HIV-1.

OPNAVINST 6120.3 defines the annual preventive health assessment (PHA), including chlamydia screening, Hepatitis B vaccination and sexual risk counseling.

BUMED Instruction 6222.10 provides current guidelines for treatment and prevention of sexually transmitted diseases (STDs).

BUMED P-117, Manual of the Medical Department (MANMED) Chapter 15-112, Women's Annual Health Maintenance Exam - defines the content of the annual examination for active duty women. The exam will include counseling on family planning, contraceptives (including emergency contraception), prevention of HIV and other sexually transmitted diseases. Other required health promotion counseling will include nutrition, exercise, injury prevention, substance abuse, and physical or sexual abuse.

AIR FORCE Instruction 48-105. Surveillance, prevention, and control of diseases and conditions of public health or military significance. Describes responsibilities for STD surveillance, prevention and control.

AIR FORCE Instruction 48-135. Human Immunodeficiency Virus Program

ARMY Regulation 600-110. Identification, Surveillance and Administration of Personnel Infected with HIV

Coast Guard COMDTINST M600.1B Medical Manual (Chapters 3 and 7)

