

COMDTINST M6230.9  
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COMMANDANT INSTRUCTION M6230.9

Subj: COAST GUARD HUMAN IMMUNODEFICIENCY VIRUS (HIV) PROGRAM

Ref: (a) Medical Manual, COMDTINST M6000.1C  
(b) Reserve Policy Manual, COMDTINST M1001.28A  
(c) Privacy Act of 1974, 5 U.S.C. § 522a  
(d) Privacy Incident Response, Notification, and Reporting Procedures for Personally Identifiable Information (PII), COMDTINST 5260.5

1. PURPOSE. This Manual establishes policy, assigns responsibilities, and provides guidelines on identification, surveillance, and administration of Coast Guard personnel infected with Human Immunodeficiency Virus (HIV).
2. ACTION. Area, district, and sector commanders, commanders of maintenance and logistics commands, Commander Deployable Operations Group, commanding officers of integrated support commands, commanding officers of headquarters units, assistant commandants for directorates, Judge Advocate General and special staff elements at Headquarters shall ensure compliance with the provisions of this Manual. Internet release is authorized.
3. DIRECTIVES AFFECTED. None.
4. PROCEDURE. No paper distribution will be made of this Manual. Official distribution will be via the Coast Guard Directives System CD-ROM. An electronic version will be located on the Information and Technology Commandant (CG-612) websites at <http://cgcentral.uscg.mil/> (once in CG Central, click on the resources tab then directives) and <http://www.uscg.mil/directives>. available via the Commandant (CG-112) Publications and Directives website at <http://www.uscg.mil/hq/g-w/g-wk/wkh/pubs/index.htm>

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5. POLICY. Coast Guard medical, manpower and personnel policies related to HIV are intended to reflect current knowledge of the natural history of HIV infection, the risks to the infected individual incidental to military service, the risk of transmission of the virus to non-infected personnel, the effect of infected personnel on Coast Guard units, and the safety of military blood supplies. To this end, the following policies are established:
  - a. Per ref (a), applicants for appointment, enlistment, or pre-appointment who are HIV antibody positive are not eligible for entry into the Coast Guard. Accessions for active or reserve programs in initial entry training who are determined to be HIV antibody positive as a result of serologic testing are not eligible for military service and will be separated. Accessions to the United States Coast Guard Academy shall be tested within 72 hours of arrival to the Academy and denied entry if the test is positive.
  - b. Active Duty Coast Guard and Public Health Services (PHS) Officers assigned to the Coast Guard (referred to in this Manual as AD personnel) and Selected Reserve (SELRES) shall be screened periodically for serologic evidence of HIV infection.
    - (1) AD / SELRES personnel shall be tested every two years, unless clinically indicated, for serologic evidence of HIV infection. Clinical indication includes bloodborne pathogen exposure, if required by host nation, etc.
    - (2) SELRES personnel shall be tested no later than 5 working days after reporting when called to active duty for 31 days or more, if they have not received an HIV test within the last 2 years. If the SELRES member's HIV test will become delinquent during their call to active duty period, their HIV test shall be drawn no later than 5 working days after reporting.
    - (3) An individually identifiable serum sample of each laboratory specimen drawn for all HIV Coast Guard screening shall be forwarded to the Armed Forces Serum Repository per ref (a).
  - c. The Coast Guard has modeled their HIV program after other military services' HIV programs. Coast Guard AD and SELRES personnel with serologic evidence of HIV infection:
    - (1) Shall not be retired or separated solely on the basis of serologic evidence of HIV infection if they are found to be fit for continued Coast Guard service.
    - (2) Shall not be assigned to deployable billets (e.g. cutters, Patrol Force South West Asia (PATFORSWA), Deployable Operations Group Units) or smallboat stations or outside the continental United States (OCONUS). The Coast Guard in alignment with the other military services has determined that HIV positive persons are no longer world wide deployable for medical readiness reasons.
      - (a) Junior enlisted members in sea intensive ratings may have to change their rating to have a viable career. SELRES personnel who do not wish to be

- reassigned or change rates will be transferred to the Individual Ready Reserve (IRR).
- (b) HIV positive aviation personnel are permanently grounded and reassigned to Duties Not Involving Flight (DNIF).
  - (c) SELRES personnel performing Inactive Duty Training (IDT) drills or on active duty for 30 days or less may be retained in the SELRES and may continue to perform 12 days of Active Duty Training (ADT) and 48 IDT drills annually. They shall not be mobilized nor given orders for Active Duty Special Work (ADSW) or Extended Active Duty. Additionally, they shall be placed in a non-deployable billet.
  - (d) SELRES personnel on active duty for 31 or more days and are diagnosed as HIV antibody positive shall be placed in a non-deployable billet.
  - (e) Reserve members are authorized the use of readiness management periods (RMP)'s for the purpose of screening if total time is greater than 3 hours.
- (3) Shall not be eligible for any commissioned or warrant officer commissioning program. However, exceptions may be granted by Commandant (CG-1), in consultation with Commandant (CG-11) and Commandant (CG-12). Submit all Commanding Officer endorsed requests to Commandant (CG-1121) ATTN: HIV Program Manager. Mark all requests as confidential.
  - (4) Shall be processed for a medical board if they demonstrate any unfitting conditions of immunologic deficiency, neurologic deficiency, and progressive clinical or laboratory abnormalities associated with HIV or Acquired Immune Deficiency Syndrome (AIDS) defining condition.
- 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. This prohibition does not apply to the use of such information for otherwise authorized rebuttal or impeachment purposes. To facilitate development of scientifically based information on the natural history and transmission patterns of HIV, it is important that HIV antibody positive members assist the military health care system by providing accurate information. Accordingly, the mere presence of the HIV antibody 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. However, a service member's HIV antibody positive status may be used to prove an element of a punitive article of the UCMJ or a criminal provision of a State or United States Code.
  - e. Aggressive disease surveillance, health promotion and education programs for Coast Guard personnel will be used to mitigate the impact of HIV infection on the Coast Guard.
    - (1) Educational information for Coast Guard personnel will be available to inform service members about the prevention and risks of HIV infection.

- (2) Coast Guard personnel with serologic evidence of HIV infection shall periodically receive training on the prevention of further transmission of HIV infection to others and the legal consequences of exposing others to HIV infection at one of the HIV Evaluation Treatment Units (HETU).
6. RESPONSIBILITIES. Commander, unit, clinic and member's responsibilities are listed in chapter 5.
7. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. Environmental considerations were examined in developing this Manual and are incorporated herein.
8. FORMS / REPORTS. The electronic forms called for in this Manual are available in the USCG Electronic Forms library on the Standard Workstation, on the Internet at Internet: <http://www.uscg.mil/forms/>, on the Intranet at <http://cgweb2.comdt.uscg.mil/CGFORMS/Welcome.htm>, and CG Central at <http://cgcentral.uscg.mil/> Forms related to the HIV program can also be found on the Commandant <http://www.uscg.mil/hq/g-w/g-wk/wkh/pubs/index.htm> All enclosures may be reproduced locally.

Mark J. Tedesco /s/  
Director of Health, Safety and Work-Life



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## CHAPTER 1. ACCESSION and ADVANCED EDUCATION POLICY

### A. PURPOSE.

To establish policy for applicants to the Coast Guard who have serologic evidence of HIV.

### B. OVERVIEW.

1. Both prior service and non-prior service applicants for active or reserve service will be screened for exposure to HIV prior to entrance on AD or affiliation in the Coast Guard Reserve. Individuals confirmed HIV antibody positive are not eligible to enter Coast Guard service because:
  - a. The condition existed prior to appointment or enlistment.
  - b. Such individuals may suffer potentially life-threatening reactions to some live-virus immunizations at basic training.
  - c. HIV antibody positive individuals are not able to participate in battlefield blood donor activities or military blood donation programs.
  - d. The Coast Guard will avoid medical costs and the possibility that the individual will not complete the initial service commitment.
  - e. Applicants for active and reserve enlisted service normally will be tested at Military Entrance Processing Stations (MEPS). Applicants not tested at the MEPS will be tested as part of their physical examination conducted prior to accession. If more than 12 months have elapsed between the pre-accession test and entry on AD, another HIV antibody test must be conducted. New accessions that are confirmed HIV antibody positive are not eligible for military service and will be processed for separation by reason of erroneous enlistment at the accession point.
2. HIV antibody positive individuals are not eligible for any commissioned or warrant officer commissioning program. However, exceptions may be granted by Commandant (CG-1), in consultation with Commandant (CG-11) and Commandant (CG-12). Submit all Commanding Officer endorsed requests to Commandant (CG-1121) ATTN: HIV Program Manager. Mark all requests as confidential. 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. Applicants who are ineligible for appointment due to HIV antibody positive status shall be processed as follows:
  - a. Individuals in Officer Candidate School/ Direct Commission Officer School/ Reserve Officer Candidate Indoctrination (OCS/DCO/ROCI) as their initial entry training shall be separated, discharged, or disenrolled as appropriate. A candidate who was on orders for 31 days or more prior to entry into candidate status and who is HIV antibody positive shall be retained in enlisted status unless the individual is separated for disability. In either case, if the sole basis for discharge is HIV

antibody positive status, an honorable or entry-level separation, as appropriate, shall be issued.

- b. Coast Guard cadets shall be processed for separation from the Coast Guard Academy and discharged when confirmed HIV antibody positive. The Coast Guard may delay separation to the end of the current academic year. A cadet granted such a delay in the final academic year, who is otherwise qualified, may be graduated without commission and thereafter discharged. If the sole basis for discharge is HIV antibody status, an honorable discharge shall be issued. Requests for waiver of reimbursement for education costs expended shall be forwarded to Commandant (CG-1) for the final decision. HIV positive cadets can participate in sporting / recreational activities as long as they are asymptomatic. There have been no validated reports of transmission of HIV in the athletic setting.
- c. Commissioned AD and SELRES officers in advanced education programs shall be considered for disenrollment from the program at the end of the academic term in which HIV antibody positive status is identified. The decision of disenrollment will be decided on a case by case basis by Commandant (CG-1) with consultation with Commandant (CG-11) and Commandant (CG-13). 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 be applied fully towards satisfaction of any pre-existing service obligation.
- d. Accessions who are confirmed positive for HIV antibody will not be sent for medical evaluation. They will be informed of the test results; will be counseled on the relationship between the blood tests, HIV, and AIDS; and will be provided medical, psychological and spiritual support while awaiting separation.

## CHAPTER 2. HIV TESTING PROCEDURES

### A. PURPOSE.

To establish a HIV testing procedures for Active Duty and Reserve Coast Guard personnel.

### B. OVERVIEW.

1. Testing of Coast Guard personnel for the antibodies associated with HIV will include a screening test (enzyme immunoassay (EIA)), a confirmatory test (immunoelectrophoresis (Western Blot)), and, if necessary, DoD-approved supplemental tests. All personnel with either serologic evidence of HIV infection or positive virus identification shall be classified under nationally accepted, standard HIV clinical protocols and guidelines.
2. Delays in obtaining results of confirmatory tests shall be minimized to reduce uncertainty and apprehension of members awaiting the outcome.
3. Military personnel not in a confined status shall not be segregated based on screening or confirmatory testing.
4. An identifiable serum sample of each laboratory specimen drawn for all HIV Coast Guard screening shall be forwarded to the Armed Forces Serum Repository.

### C. ACTIVE DUTY TESTING.

1. AD personnel shall be screened every 2 years for serologic evidence of HIV infection. The 2-year interval HIV testing requirement does not preclude testing prior to entering drug / alcohol rehabilitation programs and other risk-based or clinically indicated HIV testing.
2. AD members issued PCS orders to an overseas duty station are required to have a negative HIV antibody test completed and results documented in the medical and dental records within 6 months prior to transfer.
3. AD health care providers may be screened more often when prescribed by the Coast Guard Director of Health, Safety, and Work Life.
4. Due to increased risk of exposure to HIV, all military personnel identified with a sexually transmitted infection (STI) will be retested on each episode or recurrence.
5. All military personnel who present for prenatal care will be tested.
6. All HIV positive and negative antibody test results shall be signed and documented in the Health Record. (See Chapter 5 of this Manual). All HIV positive antibody test results shall be annotated in the dental record.
7. HIV testing should be accomplished through the designated laboratory service contractor defined in the Coast Guard-Navy Memorandum of Agreement. Currently, the laboratory service contractor is Viomed laboratories. Exceptions are as follows:

- a. Coast Guard clinics may arrange testing with other uniformed services medical treatment facilities or qualified local civilian laboratories only with the permission of and prior coordination with MLC (k) and Commandant (CG-1121). It is the Coast Guard clinics responsibility to ensure that the HIV Program Manager at Commandant (CG-1121) be notified with in 48 hours of a HIV positive result.
- b. Independent Duty Health Services Technician (IDHS) at units without Coast Guard clinics will perform HIV blood draws via the designated laboratory service (e.g. Viromed) unless prior approval for an alternate testing source is approved by MLC (k) and Commandant (CG-1121).
- c. Units unable to utilize their IDHS to perform HIV blood draws must obtain authorization from their cognizant MLC (k) to have testing performed by their civilian Tricare Prime Remote (TPR) provider. To ensure testing consistency, TPR providers are required to use EIA for initial screening. All positive EIA's will be followed by a confirmatory test (Western Blot). All individuals with confirmatory positive results will be evaluated at the appropriate HIV Evaluation and Treatment Unit (HETU). TPR providers will use the Medical Readiness Update form. The Medical Readiness Update form is located on the Coast Guard Operational Medicine website at: [http://www.uscg.mil/hq/g-w/g-wk/wkh/Readiness/index\\_readiness.htm](http://www.uscg.mil/hq/g-w/g-wk/wkh/Readiness/index_readiness.htm). The Medical Readiness Update form requests that civilian providers notify the HIV Program Manager at Commandant (CG-1121) of all positive results. However, it is the Active Duty and SELRES member's responsibility to notify Commandant (CG-1121) of their diagnosis. This form will be completed by TPR provider and forwarded by the service member to the servicing IDHS or Coast Guard clinic for Medical Readiness Reporting System (MRRS) and Health Record entry.

D. RESERVE TESTING.

1. SELRES personnel shall be screened every 2 years for serologic evidence of HIV infection.
2. SELRES personnel shall be tested no later than 5 working days after reporting when called to active duty for 31 days or more if they have not received an HIV test within the last 2 years. If the SELRES member's HIV test will become delinquent during their call to active duty period, their HIV test shall be drawn no later than 5 working days after reporting.
3. Reserve members are authorized the use of readiness management periods (RMP)'s for the purpose of screening if total time is greater than 3 hours.
4. Testing will occur, if a test has not been performed within the prior 2 years, during routine physical examination (or periodic health assessment) or medical evaluation for affiliation with or retention in the Coast Guard Reserves.
5. SELRES members issued mobilization orders to an overseas duty station are required to have a negative HIV antibody test completed and results documented in the medical and dental records within 6 months prior to transfer.

6. Reserve units are not authorized to utilize HIV results obtained from civilian blood collection agencies (e.g., American Red Cross). Test results obtained from civilian blood collection agencies are not subject to DoD / USCG quality control standards and are therefore not acceptable to meet any DoD / USCG HIV test requirements. Reserve units shall not contact any civilian blood collection agency requesting HIV results for reservists who have donated blood.

E. DOCUMENTATION.

1. MRRS. All HIV test dates will be captured by / entered into MRRS. Commandant (CG-1121) HIV Program manager will update MRRS for all HIV Antibody positive members so they will not appear delinquent in readiness reports.
  - a. Coast Guard Clinics / IDHS sites. HIV tests ordered through Coast Guard Clinics / IDHSs sites are automatically transmitted to MRRS.
  - b. DoD MTFs. HIV tests ordered through DoD MTFs are automatically sent to the DoD Reportable Disease which auto populates MRRS.
  - c. Civilian Clinics. HIV tests ordered through civilian clinics must be entered into MRRS by the cognizant clinic (see Chapter 5. H. 10 in this Manual).
2. Health Record / PGUI / AHLTA. All signed results must be placed in the member's health record. Lab results shall be filed in Section IV "Laboratory Results" of the health record. HIV date and results must be recorded on the DD 2766 block 10.h. All positive results will also be recorded on DD 2766 block 2 Chronic Illness, the Dental Continuation, SF 603, and PGUI / AHLTA.

F. EVALUATION OF HIV ANTIBODY POSITIVE PERSONNEL.

1. AD Personnel / SELRES. AD personnel and SELRES members on active duty orders for 31 days or more who test positive for exposure to the HIV virus will be medically evaluated initially at a designated Navy HETU to determine the medical status of their infection. The HETUs are: National Naval Medical Center, Bethesda; Naval Medical Center, Portsmouth; and Naval Medical Center, San Diego. If the AD member has no evidence of unfitting conditions, and is therefore fit for continued Coast Guard service, the evaluation will be documented via a narrative summary and placed in the member's Health Record. The narrative summary does not need to be forwarded to Commandant (CG-1121) because NCHP will provide summary reports to Commandant (CG-1121). If the AD member demonstrates any unfitting conditions [as defined per ref (a)] of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or AIDS-defining condition, convening of a Medical Evaluation Board (MEB) is indicated.
2. SELRES members performing IDT drills or on active duty for 30 days or less who are found to be HIV antibody positive may be retained in the SELRES and may continue to perform 12 days of ADT and 48 IDT drills. They shall not be given orders for ADSW or Extended Active Duty or mobilized. These members shall not be eligible for routine medical evaluation in military treatment facilities (if they are not on orders for 31 days

or more). Refer to reference (b). The member's CO / OIC is responsible for notifying the member of their HIV positive status in person. The CO / OIC may request the presence of a Coast Guard physician and / or Chaplain during this notification. The member's command should recommend that the member discuss the significance of their HIV positive test with their civilian medical provider at the earliest opportunity and be counseled regarding the significance of a positive HIV antibody test. The member is responsible for ensuring that the documentation of the counseling and private medical evaluation (by their medical provider) is included in their military health record. The medical evaluation shall be forwarded to Commandant (CG-1121) HIV Program Manager for initial fitness for duty recommendations. Commandant (CG-1121) HIV Program Manager will forward the fitness for duty recommendation to Commandant (CG-1311). Subsequent fitness for duty evaluations will be performed as part of the annual Periodic Health Assessment.

## **CHAPTER 3. ACTIVE DUTY AND RESERVE ASSIGNMENT AND RETENTION**

### **A. ACTIVE DUTY ASSIGNMENT.**

1. Military personnel who demonstrate no evidence of unfitting conditions of immunologic deficiency, neurologic deficiency, and progressive clinical or laboratory abnormalities associated with HIV or AIDS-defining condition shall be retained in the service unless some other reason for separation exists. 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 condition may be service connected.
2. HIV antibody positive status shall not be used to deny reenlistment to members on AD.
3. Military personnel who are HIV antibody positive and retained under this policy shall not be assigned to deployable billets (e.g. cutters, PATFORSWA, Deployable Operations Group Units) or smallboat stations or OCONUS. Junior enlisted members in sea intensive ratings may have to change their rating to have a viable career. HIV positive aviation personnel are permanently grounded and reassigned to DNIF. HIV positive members are not available for contingency responses.
4. CGPC, on a case-by-case basis, may assign HIV positive members to certain units / assignments based upon medical recommendations of Commandant (CG-112) to protect the health and safety of HIV antibody positive members and other military personnel.

### **B. ACTIVE DUTY RETENTION AND SEPARATION.**

1. Military personnel who are HIV antibody positive and who demonstrate any unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or AIDS defining condition will be processed by the Physical Disability Evaluation System (PDES).
2. Military personnel retained on AD under this policy, but who are found not to have complied with the directives given during lawfully ordered preventive medicine procedures, are subject to appropriate administrative and disciplinary actions including separation per U. S. Coast Guard Regulations, COMDTINST M5000.3 (series), Chap 8, section 8-2-1.A (21) and Article 92 of the Uniform Code of Military Justice (UCMJ).
3. Separation for cause or for other reasons under Article 92 of the UCMJ based upon evidence other than HIV antibody positive status is unaffected by this Manual.
4. The member has 90 days after he or she is notified of the results of the initial medical evaluation to decide whether to remain on active duty. Members can apply for separation due to HIV status within 90 days after being notified of the results of the initial medical evaluation and classification. The 90-day period begins the day the member has been notified of the results of the medical evaluation. Separation after the

90-day period has expired will be considered on a case-by-case basis. Separation can be delayed up to 180 days after being notified of the results of the medical evaluation. Members who volunteer for separation will be processed in accordance with the provisions of the PDES, COMDTINST M1850.2 (series), or Ref (b).

C. RESERVE ASSIGNMENT.

1. SELRES members applying for orders for 31 days or more or ADT over 30 days in any capacity must have a current negative HIV test within 2 years of execution of orders documented in the health and dental records. A SELRES member will not be allowed to activate without a current HIV test. SELRES personnel shall be tested no later than 5 working days after reporting when called to active duty for 31 days or more if they have not received an HIV test within the last 2 years. If the SELRES member's HIV test will become delinquent during their call to active duty period, their HIV test shall be drawn no later than 5 working days after reporting. In addition, reserve personnel performing official duty OCONUS for any period must have a negative HIV test documented in the health and dental records within 6 months prior to departure date.
2. SELRES personnel performing IDT drills or on active duty for 30 days or less may be retained in the SELRES and may continue to perform 12 days of ADT and 48 IDT drills annually. They shall not be mobilized nor given orders for ADSW or Extended Active Duty. Additionally, they shall be placed in a non-deployable billet.
3. SELRES personnel on active duty for 31 days or more shall be placed in a non-deployable billet.
4. Commandant (CG-1311), on a case-by-case basis, may assign HIV positive members to certain units / assignments based upon medical recommendations of Commandant (CG-112) to protect the health and safety of HIV antibody positive members and other military personnel. SELRES personnel who do not wish to be reassigned or change rates will be transferred to the Individual Ready Reserve (IRR).

D. RESERVE RETENTION AND SEPARATION.

1. Military personnel who are HIV antibody positive and who demonstrate any unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or AIDS defining condition will be processed by the PDES.
2. Military personnel retained on AD under this policy, but who are found not to have complied with the directives given during lawfully ordered preventive medicine procedures, are subject to appropriate administrative and disciplinary actions including separation per U. S. Coast Guard Regulations, COMDTINST M5000.3 (series), Chap 8, section 8-2-1.A (21) and Article 92 of the UCMJ.
3. Separation for cause or for other reasons under Article 92 of the UCMJ based upon evidence other than HIV antibody positive status is unaffected by this Manual.

4. 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.
5. Reserve members may apply for separation by reason of HIV antibody positive status within 90 days of their initial formal counseling by their commanding officer. 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 will be considered on a case-by-case basis. Commandant (CG-1) 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. Commandant (CG-1) will deny this request if the Reserve 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 command involved.

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## CHAPTER 4. MEDICAL AND EPIDEMIOLOGICAL FACTORS

### A. ON-GOING CLINICAL EVALUATION.

1. An on-going clinical evaluation of the health status of each AD HIV antibody positive military member will be conducted at least twice yearly at the designated HETUs. Commandant (CG-1121) will fund and process all travel orders / travel claims for these biannual evaluations. All travel orders will be sent to the member's home address via courier service. The HIV antibody positive member is responsible for: (a) informing his or her chain of command that he or she will be going TAD for a medical evaluation, (b) making the appointment with the cognizant HETU, (c) making the travel arrangements (e.g. reserving the hotel room, plane ticket, etc.), and communicating with Commandant (CG-1121) HIV Program Manager regarding his or her travel dates. If a member is delinquent with respect to these biannual visits, Commandant (CG-1121) HIV Program Manager will contact the member. If the member fails to make an appointment, Commandant (CG-1121) HIV Program Manager will contact the member's CO / OIC. If the member refuses to be evaluated, he or she will be processed for separation in accordance with Personnel Manual COMDTINST M1000.6 (series). On a case-by-case basis, Commandant (CG-1121) HIV Program Manager, may permit the biannual examinations to be performed at a local military treatment facility (MTF) that has infectious disease specialists. Any HIV antibody positive member needing to communicate with the HIV Program Manager may do so by phone or by digitally signed and encrypted email.
2. HIV antibody positive AD and reservists (in drilling status) can be evaluated at local Coast Guard or DoD or civilian clinics for routine health care issues.

### B. EPIDEMIOLOGICAL ASSESSMENT.

1. The initial and on-going medical evaluations of each HIV antibody positive individual will include an epidemiological assessment of the potential for transmission of HIV to close personal contacts and family members. This information is vital to determine appropriate preventive medicine counseling and to continue scientifically based studies regarding the natural history and transmission pattern of HIV.
2. Upon notification by Commandant (CG-1121) HIV Program Manager that an individual is HIV antibody positive, the CO / OIC will inform the member. The CO / OIC shall coordinate with Commandant (CG-1121) HIV Program Manager to refer the member to one of the three HETUs or to their civilian provider for SELRES members on active duty for 30 days or less.
  - a. HIV antibody positive military personnel shall be counseled by a physician or designated health care provider regarding the significance of a positive antibody test. They shall be advised of the modes of transmission of this virus, the appropriate precautions and personal hygiene measures required to minimize transmission through sexual activities and / or intimate contact with blood products, and the need to advise any past sexual partners of their infection. They shall be advised that they will be receiving preventive medicine orders from their

CO / OIC. See enclosure (1). Women shall be advised of the risk of perinatal transmission during past, current, and future pregnancies. The HIV positive military personnel shall be informed that they are ineligible to donate blood, sperm, ovum (eggs), or any other body tissue or organ.

- b. The HETU assessment shall attempt to determine and notify previous contacts of the HIV antibody positive individual. The HETU clinical staff will inform the member of the importance of case-contact notification to interrupt disease transmission and shall inform the member that his or her contacts will be advised of their potential exposure to HIV. Individuals at risk of infection include sexual contacts (male and female); children born to infected mothers; recipients of blood or blood products, organs, tissue, ovum (eggs), or sperm; and users of contaminated intravenous drug paraphernalia. Individuals eligible for health care in a military treatment facility who are determined to be at-risk shall be notified by the HETU. AD military members identified to be at risk shall be counseled and tested for HIV 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 names of individuals identified to be at risk who are not eligible for military health care shall be referred to local civilian health authorities unless prohibited by the appropriate state or host nation civilian health authority. Anonymity of HIV antibody positive individuals shall be maintained unless reporting is required.
  - c. For SELRES members on active duty for 30 days or less Commandant (CG-1121) HIV Program Manager will notify the cognizant local or state health department.
3. Data Base of HIV Exposure. The Coast Guard has established a Memorandum of Agreement with the National Naval Medical Center, Bethesda, and Navy Central HIV Program (NCHP) wherein the Navy will maintain a central database of HIV antibody positive Coast Guard personnel. Database information and information derived from it, including any information linking individuals to the HIV virus, 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 will be referred to Commandant (CG-1121). Commandant (CG-1121) will determine whether the civilian requirement to report HIV antibody positive status is a valid formal request for such reporting from a civilian health authority.
    - c. 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.

- d. In response to an order of the judge of court of competent jurisdiction.
- e. NCHP will provide a quarterly report to Commandant (CG-1121) for AD personnel and Reservist including trend analysis and evaluations of the reported information.

#### C. SAFETY OF THE BLOOD SUPPLY.

1. Armed Services Blood Program policies, Federal Drug Administration guidelines, and accreditation requirements of the American Association of Blood Banks will be followed by civilian blood agencies collecting blood on Coast Guard installations. In the event that units of blood are not screened for infectious agents prior to transfusing (contingency or battlefield situations), the Armed Services Blood Program, in coordination with the military department and unified or specified commands, shall provide guidance to operational units.
2. Individuals found to be HIV antibody positive will be ineligible to donate blood or to be used as a source of emergency transfusions.

#### D. HIV EDUCATION.

Commanders will mandate that all personnel shall be given the annual bloodborne pathogen training which includes HIV prevention. Additional resources are available from local MTFs, Work Life programs, American Red Cross, local community institutions, and the AIDS Clearinghouse, PO Box 6003, Rockville, MD 20850. Further resources may be obtained by going to the Navy Environmental Health Center website at: <http://www-nehc.med.navy.mil/hp/sharp/index.htm> or by contacting: the Navy and Marine Corps Public Health Center at 757-953-0974. Email: [Sharp@nehc.mar.med.navy.mil](mailto:Sharp@nehc.mar.med.navy.mil).

#### E. CONFIDENTIALITY AND DISCLOSURE.

1. Information on the sources of HIV exposure and the progress of the disease is limited. There is much misinformation and unwarranted apprehension about who is or who can be a source of infection. Allegations and suspicions based on the current tests, which identify only the presence of HIV antibodies, can be disruptive to unit morale and unjustly harm professional standing and acceptance in military units. There are potential and real problems associated with disclosing a person's HIV antibody positive status, such as discrimination in employment, health and life insurance, school attendance, etc.
2. HIV antibody test results must be treated with the highest degree of confidentiality and released to no one without a demonstrated need to know. Strict compliance with the provisions of ref (c) and the Health Information Portability and Accountability Act (HIPAA) is required.

3. Unintended disclosure or compromise of an individual's HIV antibody test results constitutes a privacy incident. Personnel shall immediately report suspected or confirmed privacy incidents to the unit CO / OIC upon discovery in accordance with ref (d).
4. All command and medical personnel with access to such information must ensure careful, limited distribution to affirmatively combat unfounded innuendo and speculation about the meaning of the information. Compliance with HIPAA is required.

F. LIMITATION ON THE USE OF INFORMATION.

1. Information obtained from a service member during or as a result of an epidemiologic assessment interview, counseling or medical treatment may not be used against the service member in a court-martial, a non-judicial punishment, an involuntary separation (for other than medical reasons), an administrative or disciplinary reduction in grade, a denial of promotion, an unfavorable entry in a personnel record, to bar a reenlistment, or for any other action considered by the Coast Guard to be an adverse personnel action. The term "epidemiologic assessment interview" refers to that part of the medical assessment of an HIV antibody 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 will be conducted by the interviewing health care professional during the medical evaluation, and the information obtained will be used to determine the possible mode of transmission and the status of potential infection.
2. Results obtained from laboratory tests performed under this Manual may not be used as the sole basis for separation of the Coast Guard member, except for a separation based upon physical disability or as specifically authorized by this Manual. Laboratory test results confirming the serologic evidence of HIV infection or virus identification 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 Coast Guard policy.
  - d. In any other manner consistent with law or regulation (e.g., the Military Rules of Evidence) including (for members who are aware of their diagnosis as HIV positive):
    - (1) A member who disregards or disobeys the preventive medicine counseling or the preventive medicine order, or both, in an administrative or disciplinary action based on such disregard or disobedience.

- (2) The use of the member's HIV positive status as an element of any permissible administrative or disciplinary action (e.g., as element of proof of an offense charged under the UCMJ).
  - (3) The use of the member's HIV positive status as proper ancillary matter in an administrative or disciplinary action (e.g., as a matter in aggravation in a court-martial in which the HIV antibody positive member who knows they are HIV positive is convicted of a crime in which his or her bodily fluids may have been transmitted to another person).
3. The limitations pertaining to use of information obtained from a member by a health care professional during the epidemiologic assessment interview do not apply to the following: the introduction of evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse or relevant sexual activity (or lack thereof) has been first introduced by the service member; or, disciplinary or other action based on independently derived evidence; or, non-adverse personnel actions such as reassignment, denial, suspension, or revocation of a security clearance, or suspension or termination of access to classified information; or, duties requiring a high degree of stability or alertness (e.g. aviation duties). Non-adverse personnel actions that are supported by serologic evidence of HIV infection shall be accomplished under governing Coast Guard regulations, considering all relevant factors, on a case-by-case basis.

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## CHAPTER 5. RESPONSIBILITIES

### A. COMMANDANT (CG-1).

Commandant (CG-1) is responsible for carrying out the policies in this Manual. Commandant (CG-1) will ensure that medical assistance and laboratory testing are maintained to support the prescribed testing program to maintain quality control and assure the minimum achievable false positive and false negative confirmation rates, and to meet the full testing requirements of the Coast Guard AD and Reserve communities.

### B. COMMANDANT (CG-11).

Commandant (CG-11) is responsible for the policy development of professional medical and epidemiological aspects of the HIV management program. Commandant (CG-11) will keep Commandant (CG-1) advised of epidemiological information and trends.

### C. COMMANDER COAST GUARD PERSONNEL COMMAND.

The HIV antibody positive member must contact Commandant (CG-1121) HIV Program Manager 12 months before he or she is due to transfer. The Commandant (CG-1121) HIV Program Manager will contact Coast Guard Personnel Command (CGPC) and inform the detailer that the member shall not be assigned to deployable billets (e.g. cutters, PATFORSWA, Deployable Operations Group Units) or smallboat stations or OCONUS. The Commandant (CG-1121) HIV Program Manager will not disclose the member's medical condition. The detailer should not enter any of this information into Direct Access. The detailer is responsible for determining appropriate duty assignments for asymptomatic HIV antibody positive individuals.

### D. COMMANDANT (CG-122).

Commandant (CG-122) is responsible for updating the HIV portion of the Personnel Manual COMDTINST M1000.6 to align with this Manual and ref (a).

### E. COMMANDANT (CG-112).

Commandant (CG-112) will oversee the Coast Guard HIV program. Commandant (CG-1121) will serve as the CG HIV Program Manager and:

1. Will inform CGPC (epm, opm, rpm), MLC (k), and the cognizant Commanding Officer (or OIC), of all confirmed HIV antibody positive members after being notified by NCHP. NCHP will send via encrypted e-mail a notification letter that Commandant (CG-1121) will forward to the member's Commanding Officer (or OIC).
2. Will be responsible for maintaining all original signed / witnessed Preventive Medicine Orders.
3. Will notify MLC (k) of all Nucleic Acid Test (NAT) ordering. When NCHP has questions regarding the initial Western Blot, NCHP may request a NAT to assist them in their resolution. NCHP will order the NAT and Commandant (CG-1121) will notify

MLC (k). MLC (k) will contact the cognizant Medical Officer (MO) / Designated Medical Officer Advisor (DMOA) to have the patient's blood redrawn.

4. Will be responsible for maintaining the "USCG-NCHP HIV Program" MOA with the Navy.
5. Will review the quarterly Rejection Reports from NCHP.
6. Will be responsible for tracking the biannual evaluation dates for each HIV positive member, notifying the member that their evaluation is coming due, and generating the travel orders for HIV antibody positive members' biannual and initial TADs to the HETUs for evaluation.
7. Will be responsible for directing NCHP to send the biannual evaluations via courier service to the responsible MO only at the MO's request (e.g. if member failed to provide biannual evaluation from HETU).
8. Will ensure the HETU notifies the appropriate local or state health department of all HIV positive tests.

F. MLC (k).

1. Will serve as the regional HIV program coordinator.
2. Will provide quality improvement oversight for their respective Coast Guard clinics.
3. Will be responsible for informing the cognizant MO / DMOA of all HIV positive results (after being notified by the Commandant (CG-1121) HIV Program Manager) and coordinating all logistics related to notifying the member.
4. Will be responsible for informing the cognizant MO / DMOA of all NAT ordering (after being notified by the Commandant (CG-1121) HIV Program Manager) and coordinating all logistics related to notifying the member.
5. Will be contacted by NCHP of all indeterminate or rejected test results and will communicate with the clinic administrator regarding all unresolved HIV tests.
6. Will be responsible for granting security key access to the HSs designated by the clinic administrator. These HSs will be granted the LRSENSLAB security key.
7. Will be responsible for granting security key access to all MO. All MOs will be granted the LRSENSITIVE security key.
8. Will notify Commandant (CG-1121) which units are using alternate MTF test sites.

G. MEDICAL OFFICERS.

1. Order all HIV tests via one of the following electronic methods (exceptions for using civilian providers / DOD MTFs for HIV testing will be granted by MLC (k) in coordination with Commandant (CG-1121) on a case by case basis): Composite Health Care System (CHCS) or MRRS. Clinics that have access to CHCS must use CHCS (not MRRS) for all HIV testing. When Viomed receives the HIV sample, an ELISA will be performed. If the ELISA screening test is positive, a subsequent Western Blot will be performed on the same sample. A secondary confirmatory test will be performed at the member's initial evaluation at the HETU. The MO will be contacted by MLC (k) if NAT testing is required.

a. CHCS process (the AHLTA process will be determined prior to AHLTA implementation):

(1) Order all HIV tests via CHCS using one of the following codes:

(a) Code F (Force Testing) for Quinquennial Physical Examination or Periodic Health Assessment testing.

(b) Code I (Clinically Indicated) for all other testing (e.g. deployment, sexually transmitted infections, or bloodborne pathogen exposure).

(2) Review all HIV results and print out the results (if printed out by the Medical Officer this will be considered an electronic signature and there is no need to initial the results; if printed out by an HS then the MO must initial the results with pen and ink). File the HIV results with the other lab results. All positive results must also be annotated on the Chronological Record of Medical Care SF 600, Dental Record SF 603, and the Adult Preventive and Chronic Care Flow Sheet DD2766. All rejected and indeterminate results must be reordered within 72 hours. Once Viomed has the sample matched with the data, a single negative result is available in eight hours. For positive tests, confirmatory testing is available in 72 hours.

(3) For pending results providers must open the "Review New Results (RNR)" screen in CHCS.

b. MRRS (for IDHS HIV test ordering):

(1) Review and sign off on all HIV positive results for IDHSs in their AOR. There is no requirement for the DMOA to sign off on HIV negative results in MRRS. Signed positive results will be forwarded via encrypted e-mail by the DMOA to the IDHS for inclusion in the member's Health Record.

(2) MOs shall be aware that all rejected and indeterminate results must be reordered by the IDHS within 72 hours. Once Viomed has the sample matched with the data, a single negative result is available in eight hours, with confirmatory testing in 12 hours.

2. Provide initial face to face counseling for all HIV antibody positive members (including AD and SELRES members who were tested at remote Coast Guard testing sites) and document that he or she has discussed transmission and other risks with the HIV antibody positive member. HIV positive members (AD and SELRES) must be notified of their HIV status by their CO / OIC in person. The CO / OIC may request the presence of a Coast Guard MO. MLC (k) will be responsible for coordinating all logistics related to notifying the member if a Coast Guard Medical Officer is requested
  - a. Provide or refer the member to mental health counseling (if needed) for those who have initial confirmatory HIV positive results (i.e. Western Blot) but are awaiting evaluation at the HETU.
  - b. For SELRES members who are on AD for 30 days or less, the MO should recommend the member obtain counseling with a mental health provider / chaplain (if needed). The Coast Guard will not provide funding for this evaluation.
  - c. This counseling / support will often come from community providers. Additional counseling resources are available at the Navy and Marine Corps Public Health Center website – <http://www-nehc.med.navy.mil/hp/sharp/sharphealthcare.htm>.
3. Coordinate with Commandant (CG-1121) for all HETU referrals for all HIV antibody positive members for the initial HIV evaluation.
4. Request that the HIV positive member bring a copy of the narrative summary (from the HETU or evaluating DoD MTF or civilian provider) for inclusion in the member's Health Record.
5. Use the Clearview HIV 1/2 Stat Pak (or other Commandant (CG-1121) designated Rapid Test Kit) for bloodborne pathogen post-exposure management. This rapid HIV antibody test shall not be used to replace the biennial HIV testing, for diagnosis of STI, or for any other reason. Rapid HIV testing can only occur when ordered / authorized by a MO. If an individual has a bloodborne pathogen exposure (e.g. needle stick, blood splatter, etc.) from a source (military, civilian, migrant, etc.):
  - a. Determine the HIV status of the source using the rapid HIV test (informed consent of the source must be obtained prior to testing). Ensure HSs follow the manufacturer's instructions for performing the test and have appropriate quality improvement (QI) checks in place.
  - b. Decide whether to begin immediate post-exposure prophylaxis on the exposed patient depending on the results of the rapid test and on other risk factors (e.g. refusal of test by source, reported high risk behaviors of source). Follow the guidance in Chapter 13 of ref (a) for post-exposure prophylaxis.
  - c. Obtain a HIV blood serum sample from the source (with informed consent) that will be sent to Viromed for testing after the rapid testing (whether the results are reactive or non reactive).

- d. Contact the MLC (k) HIV Program Coordinator to notify the Coordinator that there was a bloodborne pathogen exposure or other situation that requires rapid processing of the HIV serum sample. The MLC (k) HIV Program Coordinator will notify Commandant (CG-1121) HIV Program Manager who will notify NCHP and Viomed that the sample needs to be processed within 48 hours.

#### H. CLINIC ADMINISTRATORS.

1. Designate an HS to have local responsibility for the HIV program. Viomed guidance can be found on the Operational Medicine website. Clinic administrators must verify that they and their staff are following the current procedures for collecting and sending serum samples to Viomed. Viomed will provide the shipping supplies to the clinics.
2. To avoid problems with samples being rejected or delayed in testing, HIV serum samples must be sent out to Viomed within 72 hours from the day the test was drawn. They must ensure that their staff resolves all rejected "on hold" Viomed HIV tests (See Operational Medicine Web Site for additional guidance: <http://www.uscg.mil/hq/g-w/g-wk/wkh/HIV/pgui.index.htm>).
3. Monitor the quality control of the HIV Testing Program.
  - a. Rapid testing. Prior to using the HIV Rapid Test Kit, all personnel must be directed to have appropriate training, read the package insert and satisfactorily perform a normal and abnormal control to be deemed competent.
  - b. Force Testing. Ensure their personnel have received the appropriate training on the HIV ordering / resulting process located on the Operational Medicine Web Site at: <http://www.uscg.mil/hq/g-w/g-wk/wkh/HIV/pgui.index.htm>.
4. Utilize MRRS to make certain members in their defined medical readiness AOR are current with their HIV testing. The clinic responsibility list is located on the Operational Medicine Web Site at: [http://www.uscg.mil/hq/g-w/g-wk/wkh/Readiness/index\\_readiness.htm](http://www.uscg.mil/hq/g-w/g-wk/wkh/Readiness/index_readiness.htm).
5. Perform monthly HIV queries in MRRS to track pending results (NCHP automatically updates HIV draw date and results in MRRS for all sites), both with CHCS and without CHCS.
6. Ensure the submitting activity (SA) form for CHCS usage is up-to-date and forward any updates to the POC at NCHP.
7. Will be responsible to ensure that they (or their designee) resolve all e-mail notifications from NCHP regarding all HIV test rejections (in CHCS and MRRS).
8. Designate two clinic HSs as HIV lab users. Forward to the cognizant MLC (k) the names of these designees. MLC (k) will grant the LRSENSLAB security key for these HSs. Ensure the HSs provide an informative hand out regarding HIV / AIDS prior to the member's blood draw.

9. Will be responsible for informing MLC (k) of all HIV test resolutions.
10. Will obtain faxed Medical Readiness forms from individuals using TPR testing sources and will ensure all HIV test dates are entered into MRRS. This requirement may change with the implementation of the Periodic Health Assessment and use of the Reserve Health Readiness Program.

I. IDHS at REMOTE LOCATIONS.

1. Are authorized to order HIV tests via MRRS or CHCS.
2. Review all HIV results via MRRS or CHCS, and print out and sign all negative results and enter into the member's Health Record. MRRS does not report positive results.
3. Signed positive results (by the DMOA) will be forwarded via encrypted e-mail by the DMOA to the IDHS for inclusion in the member's Health Record.
4. All signed results must be placed in the member's Health Record. HIV results will also be included in the member's Health Record using the Chronological Record of Medical Care, SF 600, Dental Continuation, SF 603, and Adult Preventive and Chronic Care Flow Sheet, DD2766.
5. All rejected and indeterminate results must be reordered within 72 hours. Once Viomed has the sample matched with the data, a single negative result is available in eight hours. For positive tests, confirmatory testing is available in 72 hours.
6. In MRRS, check and resolve all incomplete "HIV Result Dates" on a weekly basis.

J. UNIT COMMANDING OFFICERS (CO) or OIC.

Unit CO or OIC will follow the guidance in outlined in Chapter 6 of this Manual. The CO / OIC shall receive HIPAA training as well as any person deemed necessary by them.

K. INDIVIDUAL SERVICE MEMBERS.

1. Must ensure all HIV positive results are reported to the Commandant (CG-1121) HIV Program Manager as soon as possible (if the member has results from a non-DoD / non Coast Guard source that he or she is HIV positive).
2. Must practice safe sexual habits (as defined in the annual bloodborne pathogen training) and report any changes to their health to the appropriate MO or IDHS.
3. Must provide the biannual Narrative Summary and other documentation to their MO (if HIV antibody positive).
4. If a member is HIV antibody positive, the member shall notify the Commandant (CG-1121) HIV Program Manager, when they are due to transfer. This should be done 12 months prior to the transfer.
5. If a member is assigned to TPR and uses a civilian provider, the member must fax the completed Medical Readiness form located on the Operational Medicine Web Site at:

[http://www.uscg.mil/hq/g-w/g-wk/wkh/Readiness/index\\_readiness.htm](http://www.uscg.mil/hq/g-w/g-wk/wkh/Readiness/index_readiness.htm) to their responsible clinic. This requirement may change with the implementation of the Periodic Health Assessment and use of the Reserve Health Readiness Program.

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## CHAPTER 6. COMMANDING OFFICERS AND OFFICER IN CHARGE RESPONSIBILITIES.

### A. NOTIFICATION PROCEDURES.

[These procedures are for Active Duty and SELRES personnel only. For SELRES members not on orders for 31 days or more see Chapter 2. F. 2. in this Manual]

One of the most difficult things a Commanding Officer may ever have to do is tell one of their service members that he / she is infected with HIV, the virus that causes Acquired Immune Deficiency Syndrome (AIDS). The Commandant (CG-1121) HIV Program Manager will contact you to notify you that one of your service members is infected with HIV. It is not feasible to design an all-purpose counseling statement for such an occasion. However, the following facts and ideas may be helpful when informing one of your service members that they are HIV infected.

1. Notify HIV diagnosed members in person. This notification shall be within 72 hours of the CO / OIC being informed of the diagnosis. This is to prevent further infection of others. A positive confirmed and verified test only means that a member has been infected with HIV. It does not mean that they have AIDS. Because the Coast Guard frequently tests its members, those who are diagnosed with HIV are most often in the early asymptomatic stages of infection.
2. Exercise discretion when calling the HIV positive member to your office for notification.
3. When possible, notify the member early in the week during duty hours. Try to avoid telling the member on a Friday or the day before the member's leave or liberty period when the member may have inadequate emotional support.
4. The CO / OIC may request a Coast Guard MO and / or Chaplain be present during the notification.
5. It is inappropriate to infer or presume a method of transmission of HIV infection. A positive test does not automatically mean that a member is homosexual or an intravenous drug abuser. HIV infection is possible regardless of sex, race, ethnic group or sexual orientation. For all practical purposes, HIV infection is a sexually transmitted infection and can occur from contact with blood, semen, vaginal fluid and sometimes breast milk.
6. Most members who test positive are completely unaware that they are infected with HIV. Occasionally the member already knows or suspects they are infected (e.g., member donated blood and was informed by the American Red Cross, was concerned and tested through a civilian source, or engaged in a risky behavior and became concerned).
7. Reassure the member that they are not in immediate danger of dying and there is still the possibility that they have a career in the Coast Guard. They will be evaluated at a Navy HETU that is on the cutting edge of treating HIV infection.

8. Initial counseling about HIV infection is often not totally comprehended. Offer to make yourself or another person (i.e., XO, CMC, MO) in the command available for questions that may follow after initial notification.
9. Your point of contact for HIV questions is: Commandant (CG-1121) HIV Program Manager.
10. Do not treat an HIV positive member differently than any other member of your command. There is no risk to the health of the infected member, shipmates, or co-workers in performing ordinary activities such as sharing heads, berthing spaces, galleys, gyms, workout spaces and workspaces. The virus is not spread by casual contact such as sneezing, shaking hands, sharing eating utensils, sweating, etc.

**B. FREQUENTLY ASKED QUESTIONS.**

The following are frequently asked questions during the notification process.

1. **What will happen to my career?** The member has 90 days after he or she is notified of the results of the initial medical evaluation to decide whether to remain on active duty. Members can apply for separation due to HIV status within 90 days after being notified of the results of the initial medical evaluation and classification. The 90-day period begins the day the member has been notified of the results of the medical evaluation. Separation after the 90-day period has expired will be considered on a case-by-case basis. Separation can be delayed up to 180 days after being notified of the results of the medical evaluation. Members who volunteer for separation will be processed in accordance with the provisions of the PDES, COMDTINST M1850.2 (series), or Ref (b). HIV positive members shall not be assigned to deployable billets (e.g. cutters, PATFORSWA, deployable operations group) or smallboat stations or OCONUS. Junior enlisted members in sea intensive ratings may have to change their rating to have a viable career. HIV positive aviation personnel are permanently grounded and reassigned to DNIF. For SELRES personnel, additional information can be found in Chapter 3. C. and Chapter 3. D. of this Manual.
2. **Can I advance / promote?** Yes. By law, personnel records cannot contain a member's HIV status nor can a member be denied reenlistment or promotion solely because of HIV infection. However, advancement requirements for your rating will not change. Junior enlisted members in sea intensive ratings may have to change their rating to have a viable career. HIV positive pilots and air crew are permanently grounded and reassigned to shore duty. HIV antibody positive individuals who are participating in or applying for any commissioned or warrant officer commissioning program are not eligible for the program or for appointment as officers. However, exceptions will be granted by Commandant (CG-1), in consultation with Commandant (CG-11) and Commandant (CG-12). Submit all Commanding Officer endorsed requests to Commandant (CG-1121) ATTN: HIV Program Manager. Mark all requests as confidential.
3. **Will I have to inform my spouse / significant other that I am HIV positive?** It is your moral responsibility to personally notify people you may have infected. When you get to the Navy HETU, you will be asked to list all of the people you may have

infected. The military will officially inform all active duty members and the state health department in which they reside will officially inform civilians. Engaging in further sexual activity without informing your partner may be considered criminal conduct punishable under the UCMJ.

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

4. **Who in the command knows I'm HIV positive?** Right now, just myself, the Chaplain and the MO. The Commandant (CG-1121) HIV Program Manager, the MLC (k) HIV Program Coordinator, and the NCHP Coordinator are also aware of your status, and will help you arrange for an evaluation to the Navy HETU. They will also be available to answer any questions you may have after our meeting today. Your detailer will be informed that you can only be assigned specific billets.

*One of the most important issues to an HIV positive service member is their knowledge that only a very select few are aware of their being infected with HIV. It goes without saying that the CO must be extremely vigilant to ensure the member's confidentiality is not compromised. If you inform someone else in your command, you should advise the infected service member of your decision.*

#### C. MEDICAL EVALUATIONS.

The initial and periodic evaluation will be performed at a pre-designated HETU. Direct the individual to bring medical and dental records as well as appropriate uniform and civilian attire. The following is a break down of the procedures:

1. The **initial evaluation** (for AD and SELRES members on AD orders for 31 days or more) there will be a two-week evaluation conducted at one of the following Navy HETU: National Naval Medical Center (NNMC) Bethesda, Naval Medical Center Portsmouth or Naval Medical Center San Diego. Commandant (CG-1121) will provide Temporary Additional Duty funding for the initial evaluation visit Commandant (CG-1121 will also fund subsequent biannual evaluations). The initial medical evaluation includes the following:
  - a. HIV positive confirmation, complete physical, psychological counseling, drug / alcohol training, legal counseling and treatment options.
  - b. Determination of fitness for duty. Most members are found fit for full duty. They are assigned / reassigned to billets that are non-deployable in CONUS.
  - c. Members not fit for full duty are transferred to the Temporary Duty Retired List or Permanent Duty Retired List (PDRL). The Physical Evaluation Board will determine the percentage of disability.
2. Do not rush the member to the medical facility immediately after notification that they are HIV positive. Rapid removal from the command can be very stressful for the member and puts additional disruption, confusion and sense of loss on top of the initial

news. However, remaining at the command can also be stressful if confidentiality has not been maintained. Generally, 10-14 days is usually sufficient time to arrange personal matters. Medical evaluation and administrative processing may take two weeks or longer.

3. Travel funds for medical attendants are the parent command's responsibility.
4. A complete medical re-evaluation and follow-on HIV / AIDS counseling and education are required at 6-month intervals at one of the HETUs (NNMC Bethesda, NMC Portsmouth or NMC San Diego). The duration will be three days to one week based on the member's medical condition and needs. Though the command has no funding obligations, if the member is married, then the member should be strongly encouraged to allow his / her spouse to attend the evaluations.

D. PREVENTIVE MEDICINE ORDERS.

1. CO / OIC must first notify the member that he or she is HIV positive.
2. A Coast Guard MO will then counsel the member concerning his or her HIV positive diagnosis, the risk this condition poses to his or her health, as well as the risk he or she poses to others. During counseling, the MO will advise the member as to necessary precautions he or she should take to minimize the health risk to others.
3. Members will then receive a copy of the signed Preventive Medicine Order (PMO) from their CO / OIC (see Enclosure 1) after receiving HIV counseling by a Coast Guard MO.
4. The PMO is a legal order that the member must obey and is not to be confused with the physician counseling statement the member may have signed during initial evaluation or follow-on treatment. However, failure to follow the PMO issued by the CO / OIC may be considered criminal conduct punishable under the UCMJ. The counseling received from the MO is not an order but an advisory that informs the member of the potential for transmission of the HIV infection.
5. The CO / OIC is responsible for ensuring that the member signs the PMO with a witnessing officer present. The witnessing officer should be someone other than the CO / OIC so that in the event of a PMO violation, the CO / OIC can take appropriate action under the UCMJ.
6. The CO / OIC must provide a copy of the signed PMO to the member and send the signed original to Commandant (CG-1121) HIV Program Manager. The envelope must be marked "TO BE OPENED BY ADDRESSEE ONLY". The CO / OIC should not retain a copy of the PMO. Upon the member's separation from the Coast Guard the order is destroyed.
7. Commandant (CG-1121) HIV Program Manager will inform the gaining CO / OIC to counsel the member concerning the PMO. The CO / OIC must take every precaution to protect this sensitive information.

PREVENTIVE MEDICINE ORDERS FOR HIV POSITIVE PERSONNEL

This command has been advised that you were counseled by the Medical Officer concerning your HIV positive diagnosis, the risk this condition poses to your health, as well as the risk you pose to others. During counseling, you were advised by medical personnel as to necessary precautions you should take to minimize the health risk to others as a result of your condition. This command has great concern for the health, welfare and morale of you and others in this command. For these reasons, I am imposing the following restrictions on your conduct described to you in your medical counseling:

1. Prior to engaging in sexual activity, or any activity in which your bodily fluids may be transmitted to another person, you must verbally advise any prospective partner that you are HIV positive and inform him or her of the risk of possible infection.
2. If your partner consents to sexual relations, you **shall not** engage in sexual activities without the use of a FDA approved barrier protective device (e.g. condom).
3. You must advise your potential partner that the use of a condom **does not** guarantee that the virus will not be transmitted.
4. You shall not donate blood, sperm, body tissue, organs or other body fluids (MEN).
5. You shall not donate blood, eggs, body tissue, organs or other body fluids (WOMEN).
6. You shall not receive any injection by means of an air gun.
7. In the event that you require emergency care, you are ordered to inform personnel responding to your emergency that you are HIV positive, conditions permitting (e.g., unconscious).
8. When you seek medical or dental care, you must inform health care providers that you are HIV positive before treatment is initiated.
9. You must notify the Commandant (CG-1121) HIV Program Manager, when you are due to transfer. This should be done 12 months prior to the transfer date.

**IMPORTANT:** Your failure to comply with these orders may subject you to disciplinary action under the UCMJ and / or administrative separation.

Enclosure (1) to COMDTINST M6230.9

I acknowledge understanding of the above orders and that failure to follow these orders may be considered criminal conduct punishable under the UCMJ.

\_\_\_\_\_  
Member's signature  
Printed Rank, Name, SSN and Date

\_\_\_\_\_  
Commanding Officer's signature  
Printed Rank, Name, and Date

Orders transmitted and member's signature witnessed by:

Signature: \_\_\_\_\_

\_\_\_\_\_  
Printed Rank, Name, and Date

Distribution:

Witnessed Copy to: Member and Commandant (CG-1121) HIV Program Manager