



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6485.01

December 10, 2021

DAD-MA

SUBJECT: Guidance for the Identification, Treatment, and Care of Human Immunodeficiency Virus (HIV) among Persons Infected with HIV

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (l), establishes the Defense Health Agency's (DHA) procedures for HIV testing and screening among Service members, clinical management of Active Duty HIV-infected members, HIV prevention and control, prevention of adverse personnel action against HIV-infected Service members, and protection of privacy for HIV-infected Service members.
2. APPLICABILITY. This DHA-PI applies to DHA, Military Departments (MILDEPs), DHA Markets, Small Market and Stand-Alone Medical Treatment Facility Organization (SSO), Defense Health Agency Regions (DHARs) and all military Medical Treatment Facilities (MTFs).
3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (c), that this DHA-PI establishes the clinical management of HIV to optimize care for HIV-infected Service members and to prevent secondary transmission, and reduce variability in the provision of clinical care for HIV in the Military Health System (MHS).
4. RESPONSIBILITIES. See Enclosure 2.
5. PROCEDURES. See Enclosure 3.
6. PROPONENT AND WAIVERS. The proponent of this publication is Deputy Assistant Director (DAD), Medical Affairs (MA). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk

associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA or their designee.

6. **RELEASABILITY. Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

7. **EFFECTIVE DATE.** This DHA-PI:

- a. Is effective upon signature.
- b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/
RONALD J. PLACE
LTG, MC, USA
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DoD Instruction 6485.01, “Human Immunodeficiency Virus (HIV) in Military Service Members,” June 7, 2013, as amended
- (e) CDC, “Recommendations for HIV Screening of Gay, Bisexual, and Other Men Who Have Sex with Men — United States, 2017,” *Morbidity and Mortality Weekly Report (MMWR)*, August 11, 2017; 66:830–832¹
- (f) CDC, “Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings,” *MMWR*, September 22, 2006 / 55(RR14); 1-17
- (g) CDC, “2015 Sexually Transmitted Diseases Treatment Guidelines,” *MMWR Recomm Rep* 2015; 64 (No. RR-3): 1-137²
- (h) U.S. Department of Health and Human Services, “Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV,” August 16, 2021³
- (i) DHA-Procedural Instruction 6025.29, “Provision of Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP) for Persons at High Risk of Acquiring HIV Infection,” December 20, 2019
- (j) Public Law 99-661, Section 705(c), “National Defense Authorization Act for Fiscal Year 1987,” November 14, 1986
- (k) DoD Instruction 5400.11 “DoD Privacy and Civil Liberties Programs,” January 29, 2019
- (l) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (m) DoD Instruction 6025.18 Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs, March 13, 2019
- (n) United States Code, Title 10, Section 1073c

¹ This reference can be found at: www.cdc.gov

² This reference can be found at: www.cdc.gov

³ This reference can be found at: <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines>

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:
 - a. Ensure MTFs have the capability to provide or coordinate healthcare for military and non-military beneficiaries who are HIV-infected.
 - b. Oversee compliance with this DHA-PI, which may include assessing MILDEPs and DHA performance on all provisions contained in this DHA-PI.

2. DAD-MA. The DAD-MA will:
 - a. Monitor compliance with this DHA-PI.
 - b. Collaborate with the DAD for Healthcare Operations (DAD-HCO) to communicate this DHA-PI to Markets, SSO, DHARs, and MTFs and ensure compliance with the instructions in this DHA-PI.
 - c. Coordinate with the Secretaries of the MILDEPs and Commandant, U.S. Coast Guard, to issue policies and establish procedures at MTFs under their control in accordance with the provisions in this DHA-PI.

3. DAD-HCO. The DAD-HCO will:
 - a. Ensure Market, SSO, and DHAR Directors have sufficient resources to fulfill the requirements of this DHA-PI.
 - b. Collaborate with DAD-MA to communicate the information of this DHA-PI to the Markets, SSO, DHARs, and MTFs.

4. MILDEP SECRETARIES. The MILDEPs will ensure MTFs outside the 50 states and Puerto Rico and currently not under DHA authority, direction and control (ADC) comply with this issuance. The MILDEPs will continue to monitor and track their service members living with HIV per Service-specific guidance and requirements.

5. DIRECTORS, MARKETS, SSO, AND DHARS. The Directors of Markets, SSO, and DHARs will:

a. Communicate the contents of this issuance to MTF Directors within the Market, SSO, or DHAR.

b. Provide oversight of MTF activities within the Market, SSO, or DHAR to assure compliance with this DHA-PI.

6. DIRECTORS, MTFs. The Directors, MTFs must:

a. Provide access to clinically-indicated testing for HIV infection.

b. Provide a pathway for HIV prevention services, including HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis.

c. Provide access to health care and the opportunity for rapid initiation of antiretroviral therapy for HIV-infected persons.

d. Ensure military members with HIV infection receive medical evaluations per MILDEP-specific guidance.

7. DHA TRI-SERVICE HIV WORKING GROUP. The DHA-chartered Tri-Service Infectious Disease Working Group established the DHA Tri-Service HIV Working Group to determine consistent provision of standards-based care for HIV-infected Military Health System (MHS) beneficiaries. The HIV Working Group goals are to (i) ensure high clinical standards for HIV treatment and prevention; (ii) align clinical care policy and procedures across the military Services, and (iii) harmonize administrative processes and procedures related to care of Service members with HIV infection. The DHA Tri-Service HIV Working Group will be responsible for evaluating quality of care and HIV treatment outcomes, as well as quality and safety of patient tracking procedures and billet assignments.

8. DHA ARMED FORCES HEALTH SURVEILLANCE DIVISION. The DHA Armed Forces Health Surveillance Division must:

a. Serve as the data repository for HIV testing dates and results from the DoD-designated laboratories and, forward, as required, to relevant authorities for individual medical readiness (such as the Service Medical Protection System, Human Resource Command or equivalents).

b. Repose residual serum obtained from Service members for periodic, clinically indicated, and pre- and post-deployment HIV screening in the DoD Serum Repository.

c. Use existing HIV surveillance records in the Defense Medical Surveillance System to generate trends in seroincidence/seroprevalence of HIV among Service members and civilian applicants.

d. Support ad-hoc requests for look-back/trace-back and other inquiries for mission-relevant activities and healthcare delivery.

ENCLOSURE 3

PROCEDURES

1. HIV TESTING AND SCREENING. Follow Reference (d). Refer to the applicable Combatant Commands for current theater entrance requirements.

2. MANAGEMENT

a. Infectious Disease specialists or other qualified HIV providers will manage HIV-infected Service members and beneficiaries in accordance with Reference (h).

b. HIV-infected persons who are well controlled on antiretroviral therapy with a suppressed viral load will receive HIV specialty care in-person with an HIV provider at least annually.

(1) Interim visits may occur in-person, by telephone, or by virtual health.

(2) HIV-infected Service members will receive clinical evaluations, preventive medicine counseling, and screening according to Service-specific guidance and CDC guidelines.

3. TRANSMISSION CONTROL. Transmission of HIV will be controlled via the following interventions:

a. Disease surveillance to include periodic screening for lab evidence of HIV infection (see Enclosure 3, paragraph 1) to ensure early identification and treatment to mitigate further transmission of HIV infection (i.e., treatment as prevention).

b. Health education programs for Service members.

c. HIV PrEP programs as depicted in Reference (i), elements of which include:

(1) Risk reduction counseling, including counseling on condom use.

(2) PrEP adherence counseling.

(3) Sexually transmitted infection counseling, testing, and treatment as clinically indicated.

4. ADVERSE PERSONNEL ACTION. Information obtained during or primarily as a result of an epidemiologic assessment interview will not be used to support any adverse personnel action against the Service member in accordance with section 705(c) of Reference (j). This prohibition does not apply to the use of such information for otherwise authorized rebuttal or impeachment purposes.

5. PRIVACY. The privacy of a Service member with lab evidence of HIV infection will be protected consistent with References (k), (l) and (m).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHAR	Defense Health Agency Region
HIV	Human Immunodeficiency Virus
lab	laboratory
MA	Medical Affairs
MILDEP	Military Department
MTF	Military Medical Treatment Facility
NBIMC	Navy Bloodborne Infection Management Center
PrEP	Pre-exposure Prophylaxis
SSO	Small Market and Stand-Alone Medical Treatment Facility Organization

PART II. DEFINITIONS

Adverse personnel action. A court-martial, non-judicial punishment, involuntary separation for other than medical reasons, administrative or punitive reduction in grade, denial of promotion, an unfavorable entry in a personnel record (other than an accurate entry concerning an action that is not an adverse personnel action), or a bar to reenlistment other than for medical reasons.

Epidemiologic assessment interview. Interview of a Service member who has been confirmed by DoD to have lab evidence of HIV infection for purposes of medical treatment or counseling or for epidemiologic or statistical purposes.

HIV PrEP. A way for people who do not have HIV, but who are at substantial risk of acquiring it, to prevent HIV infection by taking medication.

HIV post-exposure prophylaxis. Taking antiretroviral medicines after being potentially exposed to HIV to prevent becoming infected.

HIV uninfected. An individual who does not have HIV infection. Certain testing criteria must be met to meet the definition of HIV-uninfected.

Privileged HIV provider. An Infectious Disease physician or other privileged providers with appropriate training, continuing education, and experience in clinical evaluation and treatment of HIV-infected individuals reflecting the complexity of HIV transmission and management.