Medical Actions Branch
(NGGA-PEM)

Identification, Notification, Surveillance, and Administration of Soldiers Infected with Human Immunodeficiency Virus

Joint Force Headquarters
Georgia Army National Guard
Marietta, GA
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UNCLASSIFIED

SUMMARY of CHANGE

SOP
Identification, Surveillance, and Administration of Soldiers Infected with Human Immunodeficiency Virus

o. Removes HIV testing of applicants for enlistment

o. Adds updates to Secretary of Defense policy (para 3-1a)

o. Adds Deployability and Commissioning (para 3-3)

Contents

Chapter 1
Overview

1-1 Purpose
The purpose is to provide standard information regarding the Identification, Notification, Surveillance, and Administration of Soldiers infected with Human Immunodeficiency Virus (HIV).

1-2 Applicability
The Georgia Army National Guard (GAARNG), Office of the State Surgeon medical policies and procedures on HIV reflect current knowledge of the natural progression of HIV infection, the risks to the infected individual incident to military service, the risk of transmission of the disease to non-infected Soldiers, the overall impact of infected Soldiers in GAARNG units on readiness posture, and the safety of military blood supplies.

1-3 Identification

a. The HIV testing program is accomplished primarily during Periodic Health Assessment (PHA), or Soldier Readiness Processing (SRP).

b. Soldiers may also self-report to his/her unit or military medical provider.

1-4 Accession Requirements

a. For this chapter, accessions include:

1. Accession into the GAARNG, Active Guard Reserve (AGR) program.

2. Serving on a One Time Occasional Tour (OTOT) of duty.

3. Appointments as a Simultaneous Membership Program (SMP) cadet, assigned to the GAARNG.

4. First original appointments as a commissioned, or warrant officer in the GAARNG (to include both qualifications for Federal recognition and for original appointment as a Reserve of the Army in the ARNG following Federal recognition).

5. Enrollments as an ROTC scholarship cadet, or as a non-scholarship cadet in military science.

6. Enrollments as an officer candidate in Officer Candidate School (OCS).

b. All applicants for accession (officer, warrant officer, and enlisted) will be screened for HIV using FDA-approved tests.

c. Individuals who test HIV positive will be provided a list of civilian treatment facilities (if requested) by the HIV Program Manager (HIV PM). The HIV PM will recommend the individual seek further medical evaluation at one of the provided facilities and complete local health department reporting requirements.

d. For all personnel (prior service or non-prior service) who have not been previously screened, upon entry into the GAARNG, the Soldier will be immediately tested. Those confirmed to be HIV infected will be counseled by the DSS-C for failure to meet procurement medical fitness standards (see AR 600-110).

e. Candidates for active or reserve officer service will be tested during the pre-appointment physical examination (see AR 40-501, CH 2).

1-5 Testing Timeline and Requirements

a. Applicants for appointment, enlistment, or individuals being inducted into the Military Services will be screened for laboratory evidence of HIV infection in accordance with Medical Standards for Appointment, Enlistment, or Induction in the Military Services, DODI 6130.03.

b. Reserve Officer Training Corps program cadets must be tested for laboratory evidence of HIV not later than during their commissioning physical examination and denied a commission if they test positive.

c. All Service members will be screened periodically for laboratory evidence of HIV infection.

1. Active duty (AD) and Reserve Component (RC) Selected Reserve (SELRES) personnel will be routinely screened every 2 years unless more frequent screenings are clinically indicated. Upon confirmation of HIV infection status, (after verification specimen) Soldiers are exempt from this requirement.

2. Members of the SELRES will be screened at least once every 2 years. RC personnel will be screened when called to a period of AD greater than 30 days if they have not received an HIV test within the last 2 years.

3. Testing for laboratory evidence of HIV for pre- and post-deployment must be conducted in accordance with Individual Medical Readiness (IMR), DoDI 6025.19 and Deployment Health, DoDI 6490.03.

d. A serum sample from all HIV force screenings will be forwarded to the DoD Serum Repository as directed by Comprehensive Health Surveillance, DOD Directive 6490.02E.

e. Soldiers may not refuse mandatory testing.

Chapter 2
Process Procedures

2-1 Confidentiality

a. Care will be taken that no one without a "need to know" in the performance of his or her duties is given any information about Soldier's HIV status.

b. "Need to know" individuals are defined as the Soldier's commanding officer, designated laboratory, preventive medicine, behavioral health, pastoral care, primary care, specialty medical Soldiers, GAARNG HIV PM, and designated HR Professionals for assignment purposes.

c. In situations of Soldier noncompliance of the requirements and responsibilities set forth in the commander's counseling, annotated on DA Form 4856, the commanding officer may disclose this information to the designated unit senior leadership on a case-by-case basis to support the Soldier toward compliance.

d. Current (within 1 year) Health Insurance Portability and Accountability Act (HIPAA) privacy and security training is required for all "Need to Know" individuals.

2-2 State Coordination

a. The results from testing will be returned by the designated HIV testing laboratory to the State HIV PM. All positive HIV tests will be verified by a second independent blood draw.

b. The HIV PM will contact the commander in person or by telephone. The identities of the commander and the Soldier will be confirmed with two unique identifiers, (social security number and date of birth) before the commander is notified of the positive test result.

c. The HIV PM will instruct the commander not to notify the Soldier about the test result and ensure review of the commander's responsibilities IAW AR 600-110.

d. The HIV PM and commander will coordinate the face-to-face notification with the Soldier.

e. The Chaplain and Behavioral Health (BH) services will be contacted to support the notification process.

f. HIV infected Soldiers will be given an opportunity to utilize a behavioral health resource. Resources may include the GAARNG BH and chaplain support and Military OneSource. Commanders and Soldiers can utilize the HIV PM at any time to coordinate services.

g. The Soldier and commander will be in an official status (inactive duty training, IDT, ADT, AT, or ADOS) at the time of notification(s), counseling, and blood drawing. It is the unit commander's responsibility to ensure orders are issued for everyone.

h. Further coordination with Medical Actions Branch will take place in following the "Need to know" policy; for instances such as reviewing pending deployment rosters, commissioning, or participation in a DES Process.

i. When a Soldier needs to be moved to a non-deployable billet, coordination will take place with G-1, G-3, or the Human Resources Office (HRO) for the transaction to be completed.

2-3 Soldier Notification Process and Commander's Counseling

a. All Soldiers will be individually and privately notified of a positive HIV test result during a face-to-face interview with the military medical provider. The military medical provider will complete DA Form 5669. The face-to-face notification must occur within 30 days from their first positive test.

b. The commander will conduct the commander's counseling using the DA Form 4856 (refer to AR 600-110, Ch. 4, para. 4-9), only after the provider has completed notification.

c. The unit commanders will:

1. Be knowledgeable of the provisions of AR 600-110 and DODI 6485.01.

2. Accompany Soldiers identified as HIV infected to the SRP site at Clay National Guard Center (CNGC) or Fort Stewart, Georgia (FSGA) for notification of the first initial positive test within 30 days after contact by the HIV PM. Upon learning of the Soldier's HIV status, commanders will not inform the Soldier prior to the notification by the medical provider, nor be present during the initial notification.

3. Counsel HIV infected Soldiers in accordance with AR 600-100, Chapter 49 using the DA Form 4856.

4. Provide support and facilitate the support network for the HIV infected Soldier from the point of initial notification.

5. Protect the confidentiality of HIV infected Soldiers from unwarranted invasions of their privacy. This responsibility includes strictly limiting knowledge of a Soldier's HIV status to individuals who have a "need to know" about the medical condition in the performance of their duties. Commanders and legitimate administrative, legal, and medical authorities must ensure that the recipient of the information understands his/her obligation to protect the confidentiality of that information.

6. Ensure HIV infected AGR Soldiers report, at a minimum, every 6 months for their Infectious disease medical evaluation visit and comply with medical management to be reviewed by the DSS-C.

7. Ensure that HIV infected GAARNG Soldiers have an annual medical exam by their civilian provider at their own expense. Documentation will be submitted to DSS-C for review to ensure compliance with AR 40-501 Standards.

8. Ensure HIV positive Soldiers are not placed on Active-Duty orders for 30 days or more.

9. Ensure incoming commander is informed of all HIV positive Soldiers prior to changing command.

Chapter 3
Soldiers Policies and Procedures

3-1 Assignment Limitations and Soldiers Actions

a. In accordance with the June 6, 2022 Secretary of Defense Memorandum, Policy Regarding Human Immunodeficiency Virus-Positive Personnel within the Armed Forces, the changes to this issuance update DoD policy with respect to individuals who have been identified as HIV-positive. Individuals who have been identified as HIV-positive, are asymptomatic, and who have a clinically confirmed undetectable viral load will have no restrictions applied to their deployability or to their ability to commission while a Service member solely based on their HIV-positive status. Nor will such individuals be discharged or separated solely based on their HIV-positive status.

b. Soldiers confirmed to be HIV infected, but who manifest no evidence of progressive clinical illness or immunological deficiency, will not be separated solely based on their HIV infection.

c. HIV infected Soldiers, not AGR or ADOS, may prove fitness for service through their annual medical exam through their civilian provider and a review of medical documentation by the DSS-C.

d. HIV infected AGR Soldiers will complete a medical evaluation at a Military Treatment Facility (MTF) to determine if they are fit for duty upon medical notification with coordination through HRO.

e. ADOS Soldiers will be processed for involuntary Return from Active Duty (REFRAD) upon confirmation of HIV infection. During the REFRAD processing the Soldier may initiate the fitness for duty (FFD) requirement.

f. HIV infected Soldiers will have 120 days from the date they are notified of their infection, to complete a medical evaluation from their civilian provider to determine fitness per the established Department of Defense (DOD) protocol, for HIV or other guidance published by Office of the Surgeon General (OTSG). Documentation from their civilian provider is to be submitted to the DSS-C for review and filed according to HIPAA guidelines.

g. HIV infected Soldiers who demonstrate progressive clinical illness or immunological deficiency, as determined by medical authorities, and who do not meet medical retention standards, will be processed under AR 40–501 and NGR 600–200 or NGR 635–101, as appropriate. Chapter 3 Retention Evaluations will be scheduled on a case-by-case basis upon review of annual review by civilian provider.

h. During the notification, Soldiers found fit will be permitted to serve in the GAARNG in a non-deployable billet, if available. Grade, MOS, vacancy, and commuting constraints are applicable per existing regulations. If suitable position, (3-1g) is unavailable or unacceptable to the Soldier, the Soldier can be transferred to the Standby Reserve, Retired Reserve (if eligible), or Honorable Discharge under the authority of the Secretary of the Army in lieu of continued service.

i. If a position in a non-deployable Table of Distribution and Allowances (TDA) unit commensurate with the Soldiers grade, MOS, and commuting constraints is not available, the Soldier will be involuntarily transferred to the Inactive Standby Reserve.

j. The G-1 Actions Branch will conduct an annual audit to ensure HIV positive Soldiers are properly assigned to non-deployable TDA positions commensurate with their grade and MOS. Those not in a proper position will be permitted to transfer into a non-deployable TDA position commensurate with their grade, MOS, and commuting constraints if a vacancy in such a position exists. Those unable to transfer into a non-deployable TDA unit commensurate with the Soldier’s

grade, MOS, and commuting constraints if a vacancy is not available, will be involuntarily transferred to the Inactive Standby Reserve.

k. Soldiers meeting fitness standards and placed in non-deployable billets must be re-evaluated at least annually. These medical evaluations will be at the Soldier's expense and will be provided by the Soldier to the State HIV PM.

l. Soldiers may request transfer to the Standby Reserve, Retired Reserve (if eligible), or Honorable Discharge under the authority of the Secretary of the Army in lieu of continued service. (See AR 135–175 for resignation of officers and warrant officers who do not meet the medical fitness standards at time of appointment, or AR 135–178 for voluntary separation of enlisted Soldiers on indefinite reenlistments).

m. Commanders may not change the assignment, or utilization, of HIV infected Soldiers solely because of their infection unless required by regulation or the Soldier's medical condition (as reflected on DA Form 3349 or other pertinent medical records). Grouping all HIV infected Soldiers within a command into the same subordinate unit, duty area, or living area is prohibited unless no other unrestricted units, positions, or accommodations are available.

n. HIV infected Soldiers will be involuntarily transferred to the Inactive Standby Reserve, following a case-by-case assessment, if they do not complete the initial or annual medical evaluation for fitness for duty in the prescribed period.

o. Eligibility for active duty for a period of more than 30 days will be denied to those Soldiers with laboratory evidence of HIV infection (except under conditions of mobilization and on the decision of the Secretary of the Military Department concerned). Soldiers who are not on active duty for a period of more than 30 days or who are not on full-time National Guard duty, and who show laboratory evidence of HIV infection, will be transferred involuntarily to the Standby Reserve only if they cannot be used in the GAARNG.

p. Infected Soldiers who are ordered to AD for over 30 days and identified as positive after verification will be REFRAD immediately.

3-2 Utilization

a. There is no medical reason for HIV infected Soldiers' duties to be changed solely because of their infection (except in certain instances for health care providers). In instances where a Soldier performs duties as a member of a flight crew, or other position requiring a high degree of alertness or stability (for example, explosive ordnance disposal), a case-by-case determination will be made by a medical evaluation board as to the Soldier's fitness to perform his or her duties.

b. In the case of HIV infected health care providers and/or medical personnel, their duties may be restricted when performing those duties that present a risk of transmitting HIV to their patient. An expert medical review committee as designated by the State Surgeon will make this determination. This committee will make recommendations on a case-by-case basis per the Clinical Quality Management (AR 40–68) regulation, as to the restriction of duties of HIV infected health care providers. The restriction may only be to the extent that the risk is eliminated. In all other instances, HIV infected Soldiers will be utilized in their primary MOS per normal utilization criteria contained in Army Soldiers regulations and the assignment limitations in paragraph 3-1, of this SOP.

3-3 Deployability & Commissioning

a. Individuals who have been identified as HIV-positive, are asymptomatic, and who have a clinically confirmed undetectable viral load will have no restrictions applied to their deployability or to their ability to commission while a Service member solely based on their HIV-positive status.

1. In accordance with Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees (DoDI 6490.07), the cognizant Combatant Command surgeon will be consulted in all instances of HIV seropositivity before medical clearance for deployment.

2. Reserve Officer Training Corps program cadets must be tested for laboratory evidence of HIV not later than during their commissioning physical examination and denied a commission if they test positive.

3. Deny eligibility for military service to persons with laboratory evidence of HIV infection for appointment (other than covered personnel who are seeking to commission while a Service member), enlistment, pre-appointment, or initial entry training for military service pursuant to DoDI 6130.03.

3-4 Military Schooling

Soldiers who are HIV infected and are determined to meet retention standards are eligible for all military professional development schools (such as Noncommissioned Officer Education System, Captains Career Course, and Intermediate Level Education). HIV infected Soldiers may also attend formal military training required to qualify them for reclassification to a new MOS or award a skill qualification identifier, additional skill identifier, or functional area, if the school is not over 30 days.

3-5 Reenlistments

HIV infected enlisted Soldiers who meet medical retention standards of AR 40-501, are eligible to reenlist, if otherwise qualified.

3-6 Promotions.

Soldiers who are HIV infected can only accept promotions into a TDA assignment.

Chapter 4
Limitations

4-1 Limitations on the use of laboratory test results

a. Test results confirming that a Soldier is HIV infected may not be used against the Soldier—

1. As the basis for any disciplinary or adverse administrative action, except for separation for physical disability. However, Soldiers who are HIV infected but are determined by medical authorities to show no sign of progressive clinical illness or immunological deficiency will not be separated for physical disability solely because of HIV infection.

2. As a basis for an unfavorable entry in a Soldiers record.

3. To characterize service.

4-2 Administrative Limitations

a. Information obtained during, or because of, an HIV epidemiological assessment may not be used against the Soldier or other named third parties—

1. In a court-martial.

2. In a non-judicial punishment action (Article 15, UCMJ).

3. In a line of duty determination.

4. As a basis, alone or in conjunction with other information, for the involuntary separation of a Soldier, except a separation for physical disability. If the information is used in a physical disability separation procedure, the information may not be used on the issue of whether the disability was due to the Soldier's own misconduct

5. In an administrative or punitive reduction in grade.

6. For denial of a promotion.

7. In a bar to reenlistment.

8. As the basis for an unfavorable entry in a Soldiers record.

9. As a basis, in whole or in part, to characterize service or to assign a separation program designator.

10. Any other action considered to be an adverse action.

Chapter 5
Clinical Evaluations and Recording of Medical Information

5-1 Clinical evaluation, medical profiles, and medical readiness

a. HIV infected GAARNG Soldiers who wish to continue to serve, must prove fitness for duty per medical retention standards of AR 40–501. GAARNG Soldiers are required to obtain the annual medical examination from the civilian medical community at no expense to the Government. The required medical procedures will be provided to the Soldier to give to his/her physician. This examination must be repeated at least annually after the initial evaluation.

b. Soldiers determined HIV positive by confirmatory test on the first specimen will be noted in MEDPROS as follows: initial physical, upper, lower, hearing, eyes, psychiatric (PULHES) will remain the same, the V code for deployment restrictions will be added to the profile.

c. Soldiers who are confirmed as HIV infected do not require a change in the PULHES on their physical profile solely because they are HIV infected. If the Soldier's physical or medical condition warrants a change in physical profile, the DSS-C will issue a DA Form 3349 (Physical Profile). The appropriate medical authority will establish procedures to confirm that unit commanders have received proper notification of HIV infected Soldiers. If a change in physical profile is warranted, the following minimum entries will be made on the DA Form 3349:

1. Item 1 of the DA Form 3349 will indicate the specific medical condition causing the change in physical profile. The profiling authority should avoid referring to HIV infection or retrovirus infection since these terms describe the disease process rather than the specific medical condition resulting in the profile.

2. Item 2 will contain a 'V' code denoting deployment restrictions and additional codes may be entered as necessary.

3. Item 3 PULHES, will be adjusted per AR 40–501.

5-2 HIV PM Responsibilities

The HIV PM will:

a. Be responsible for coordination and notification of Soldier HIV testing results with the individual, the unit commanders, the State Surgeon or designee (DSS-C).

b. Coordinate to obtain the second independent verification specimen to be tested for HIV in a designated laboratory. A second specimen is required through the designated laboratory even if the Service member self identifies after testing positive in a civilian setting.

c. Track and update the annual FFD status of all HIV infected Soldiers in the State monthly.

d. Coordinate the notification of all GAARNG infected personnel in accordance with AR 600-110 and the positive HIV test notification checklist.

e. Ensure that the HIV test notification checklist is completed as follows:

1. Has the State HIV program manager been notified?

2. Has the State HIV program manager reviewed this regulation?

3. Before the Soldier is contacted, has the Soldier's original HIV test sample been tested and clinically indicated using an approved FDA test?

4. Has the Soldier been notified in a face-to-face interview, by a physician or designated health care provider, counseled via the DA Form 5669 (Preventative Medicine Counseling Record) and DA Form 4856 (Developmental Counseling Form) and chapter 4 of AR 600-110?

5. Once the Soldier has been notified about the clinical indication of a HIV positive test results, has the Soldier's blood been re-drawn for a second independent verification specimen, using an approved FDA test method?

6. Was a copy of the test result given to the Soldier during the face-to-face notification?

7. Has the HIV PM reported to the local public health authorities?

8. Has the Soldier been medically evaluated to determine the status of his or her infection and FFD?

9. Has the Soldier been informed that he or she must provide a valid copy of an annual FFD examination performed by a qualified physician to the HIV PM?

5-3 Clinical Roles and Action by Military Medical Provider

a. Before notifying the Soldier of anything the medical provider will confirm the Soldiers identity by verifying the military ID card to the information on the lab result.

b. The provider should have the following documents:

1. DA Form 5669

2. DA Form 7303 (Donor/Recipient History Interview)

3. SF 600 (Chronological Record of Medical Care)

4. Positive Lab/Serology Report

c. Follow these steps:

1. Verify Soldiers identity through two personal identifiers.

2. Once face-to-face in a private room, notify the Soldier he/she is infected. Keep this portion short and simple. Give the Soldier time to digest the information.

3. One notified, have the Soldier complete DA Form 5669 then the DA Form 7303.

4. Complete the SF 600:

I. Ask the Soldier when his/her last negative HIV test was.

II. Ask the Soldier if he/she has received any tattoos, used any needle drug, any blood transfusions or surgeries, any unprotected sex or sex with prostitutes or anal sex

III. Ask the Soldier about his/her sexual partners and let him/her know that they need to be notified of their HIV status and tell him/her it is illegal in the State of Georgia to knowingly infect someone with HIV.

5. After the above is completed have the commander enter the room to conduct the commanders counseling of the Soldier.

Appendix A

References

AR 600-110
Identification, Surveillance, and Administration of Soldiers Infected with Human Immunodeficiency Virus, dated April 2014.

AR 40-501
Standards of Medical Fitness, dated 27 June 2019.

AR 40-68
Clinical Quality Management, dated 22 May 2009.

AR 635-40
Psychological Evaluation for Retention Retirement or Separation, dated 19 January 2017.

AR 135-178
Enlisted Administrative Separations, dated 7 November 2017.

AR 135-175
Separation of Officers, dated 29 November 2017.

DoDI 6025.19
Individual Medical Readiness (IMR), dated 13 July 2022.

DoDI 6130.03
Medical Standards for Appointment, Enlistment, or Induction in the Military Services, dated 6 May 2018.

DoDI 6485.01
HIV in Military Service Members, dated 06 June 2022.

DoDI 6490.03
Deployment Health, dated 19 June 2019.

DoDI 6490.07
Deployment-Limiting Deployment Medical Conditions for Service Members and DoD Civilian Employees, dated 5 February 2010.

DoDI 5400.11-R
Department of Defense Privacy Program, dated 14 May 2007.

NGR 600-200
Enlisted Soldiers Management, dated 31 July 2009

NGR 635-101
Efficiency and Physical Fitness Boards, dated 15 August 1977

Secretary of Defense Memorandum
Policy Regarding Human Immunodeficiency Virus-Positive Personnel within the Armed Forces, dated 6 June 2022.

Appendix C
Glossary

AD
Active Duty

ADOS
Active Duty for Operational Support

AGR
Active Guard Reserve

AIDS
Acquired Immune Deficiency Syndrome

ARNG
Army National Guard

AT
Annual Training

CDC
Centers for Disease Control and Prevention

CAC
Common Access Card

CNGC
Clay National Guard Center

CONUS
Continental United States

DoDI
DoD Instruction

DSS-C
Deputy State Surgeon Clinical

FSGA
Fort Stewart, Georgia

GAARNG
Georgia Army National Guard

HIPAA
Health Insurance Portability and Accountability Act

HIV
Human Immunodeficiency Virus

HIV PM
HIV Program Manager

MEDPROS
Medical Protection System

MOS
Military Occupational Specialty

MTF
Medical Treatment Facility

Appendix C
Glossary

NGB
National Guard Bureau

NGR
National Guard Regulation

OCONUS
Outside the Continental United States

OTSG
Office of The Surgeon General

PHA
Periodic Health Assessment

PULHES
Physical, Upper, Lower, Hearing, Eyes, Psychiatric

RC
Reserve Component

REFRAD
Release from Active Duty

TDA
Table of Distribution and Allowances

TDY
Temporary Duty

Uniform Code of Military Justice
UCMJ

USC
United States Code