



Department of Defense **INSTRUCTION**

NUMBER 6485.01
October 17, 2006

USD(P&R)

SUBJECT: Human Immunodeficiency Virus

- References:
- (a) DoD Directive 6485.1, "Human Immunodeficiency Virus-1 (HIV-1)," March 19, 1991 (hereby canceled)
 - (b) Acting Deputy Secretary of Defense Memorandum, "DoD Directives Review – Phase II," July 13, 2005
 - (c) DoD Directive 5124.02, "Under Secretary of Defense, Personnel and Readiness," February 11, 2006
 - (d) DoD Directive 6130.3, "Physical Standards for Appointment, Enlistment, or Induction," December 15, 2000
 - (e) through (h), see Enclosure 1

1. PURPOSE

This Instruction:

1.1. Reissues Reference (a) as a DoD Instruction in accordance with the guidance in Reference (b) and pursuant to Reference (c).

1.2. Updates policy for the identification, surveillance, and management of military personnel infected with the Human Immunodeficiency Virus (HIV) and for prevention activities to control transmission of HIV.

2. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the "DoD Components").

3. DEFINITIONS

3.1. 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.

3.2. Epidemiologic Assessment Interview. Questioning of a member of the Armed Forces who has been confirmed by the Department of Defense to have serologic evidence of HIV infection for purposes of medical treatment or counseling or for epidemiologic or statistical purposes.

3.3. HIV. The virus(es) associated with the Acquired Immune Deficiency Syndrome (commonly referred to as "AIDS").

3.4. Serologic evidence of HIV infection. A reactive and confirmed result for HIV infection given by and according to a Food and Drug Administration-approved test.

4. POLICY

It is DoD policy to:

4.1. Deny eligibility for Military Service to individuals with serologic evidence of HIV infection for appointment, enlistment, pre-appointment, or initial entry training for Military Service according to DoD Directive 6130.3 (Reference (d)).

4.2. Periodically screen the Armed Forces for HIV infection.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), shall provide overall policy implementation guidance for the medical management of individuals with serological evidence of HIV infection and for health education programs to prevent the transmission of HIV.

5.2. The Principal Deputy Under Secretary of Defense for Personnel and Readiness (PDUSD(P&R)), under the USD(P&R), shall provide overall policy implementation guidance for:

5.2.1. The personnel management of members of the Armed Forces with serologic evidence of HIV infection.

5.2.2. Compliance with host-nation requirements for screening and related matters for civilian employees of the Department of Defense.

5.3. The Assistant Secretary of Defense for International Security Affairs, under the Under Secretary of Defense for Policy, shall identify or confirm host-nation HIV screening and other related requirements, transmit this information to the PDUSD(P&R), and coordinate matters involving host-nation requirements with the Department of State.

5.4. The Secretaries of the Military Departments shall:

5.4.1. Implement this Instruction and any implementing guidance issued under the authority of this Instruction and comply with the policy in paragraph 4.

5.4.2. Support recommendations of the DoD-wide Sexually Transmitted Disease Prevention Committee.

5.4.3. Report HIV test results to the Defense Medical Surveillance System according to DoD Directive 6490.2 (Reference (e)).

5.4.4. Ensure personnel providing medical care follow the recommendations of the Centers for Disease Control and Prevention for preventing HIV transmission in health-care settings.

6. PROCEDURES

6.1. Testing and Screening

6.1.1. Applicants for U.S. Service Academies, Reserve Officer Training Corps scholarship programs, and the Uniformed Services University of the Health Sciences shall be tested for serologic evidence of HIV within 72 hours of arrival to the programs and denied entry if such test is positive.

6.1.2. All members of the Armed Forces shall be screened periodically for serologic evidence of HIV infection.

6.1.2.1. Active duty (AD) personnel shall be screened no more or less than approximately every 2 years unless clinically indicated.

6.1.2.2. Reserve component (RC) personnel shall be screened when called to a period of active duty greater than 30 days if they have not received an HIV test within the last 2 years. Members of the Selected Reserves (SELRES) shall be screened at least once every 5 years.

6.1.2.3. A serum sample from all HIV force screenings shall be forwarded to the Armed Forces Serum Repository as directed by Reference (e).

6.2. Referral. Refer military personnel with serologic evidence of HIV infection for appropriate treatment and a medical evaluation of fitness for continued service in the same manner as personnel with other progressive illnesses according to Reference (d).

6.2.1. Clinical management of individuals with serologic evidence of HIV infection shall be conducted according to nationally accepted, standard HIV clinical protocols and guidelines.

6.2.2. Members with serologic evidence of HIV infection shall not be retired or separated solely on the basis of serologic evidence of HIV infection.

6.2.3. AD members with serologic evidence of HIV infection determined to be fit for duty shall be allowed to serve in a manner that ensures access to appropriate medical care.

6.2.4. AD and RC personnel with serologic evidence of HIV infection who are determined to be unfit for further duty shall be separated or retired according to Reference (d).

6.2.5. Eligibility for extended AD (duty for a period of more than 30 days) shall be denied to those RC members with serologic evidence of HIV infection (except under conditions of mobilization and on the decision of the Secretary of the Military Department concerned). RC members who are not on extended AD or who are not on full-time National Guard duty, and who show serologic evidence of HIV infection, shall be transferred involuntarily to the Standby Reserve only if they cannot be used in the Selected Reserve.

6.3. Transmission Control. Control transmission of HIV through aggressive disease surveillance and health education programs for Service members. Military personnel with serologic evidence of HIV infection shall receive training on the prevention of further transmission of HIV infection to others and the legal consequences of exposing others to HIV infection.

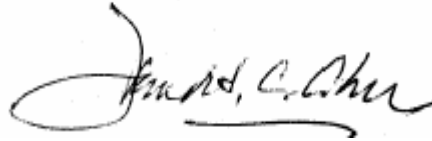
6.4. Screening Compliance. Comply with host-nation requirements for screening for HIV infection for military or DoD civilian personnel and for assignment or deployment to the host nation.

6.5. Adverse Personnel Action. Do not use information obtained during or primarily as a result of an epidemiologic assessment interview to support any adverse personnel action against the member according to section 705(c) of Public Law 99-661 (Reference (f)). This prohibition does not apply to the use of such information for otherwise authorized rebuttal or impeachment purposes.

6.6. Privacy. Protect the privacy of individuals with serologic evidence of HIV infection, according to DoD 5400.11-R and DoD 6025.18-R (References (g) and (h)).

7. EFFECTIVE DATE

This Instruction is effective immediately.

A handwritten signature in black ink, appearing to read "David S. C. Chu". The signature is stylized with a large initial 'D' and a long horizontal flourish at the end.

David S. C. Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures – 1

E1. References, continued

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Directive 6490.2, "Comprehensive Health Surveillance," October 21, 2004
- (f) Section 705(c) of Public Law 99-661, "National Defense Authorization Act for Fiscal Year 1987," November 14, 1986 (section 1074a note of title 10, United States Code)
- (g) DoD 5400.11-R, "Department of Defense Privacy Program," August 1983
- (h) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 2003