

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION
44-138**



19 MAY 2016

Medical

**MANAGEMENT OF HUMAN
IMMUNODEFICIENCY VIRUS (HIV)
CASES**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFD 44-1, *Medical Operations*. This medical wing instruction (MDWI) establishes policy governing non-clinical management of Human Immunodeficiency Virus positive (HIV+) patients including health care workers, as well as indications for Human Immunodeficiency Virus (HIV) testing within the facility. This publication applies to all personnel assigned, attached, or under contract to the 59th Medical Wing (59 MDW). This instruction does not apply to the Air National Guard or Air Force Reserve. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: <http://dpclo.defense.gov/privacy/SORNs/SORNs.htm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

SUMMARY OF CHANGES

This publication has been revised. This rewrite of 59 MDWI 44-138 includes updated references; changed screening and evaluation process, roles of parties involved in patient care, protocols pertaining to specific installation notifications, basic military and technical students in training; deleted specific laboratory tests (as HIV testing algorithms are subject to change); changed notification process specific to active duty populations, reference to US Public Health Service guidelines for the management of occupational exposures to HIV, notification recommendations, including patient escorts; recommended elements of history and physical exam for an HIV+ patient.

1. Roles and Responsibilities.

1.1. The Military Treatment Facility (MTF)/CC is ultimately responsible for the HIV testing program and will appoint designated HIV physician. In the case of the 59 MDW, the 59 MDW/CC will appoint Lackland AFB Installation Designated HIV physicians in conjunction with the 59 MDOG/CC, 559 MDG/CC. The 359 MDG/CC will appointment the Randolph Installation Designated HIV physician. Typically the Installation designated HIV physician will be a privileged provider with the most appropriate background and experience.

1.2. Public Health (PH) will receive confirmatory positive HIV results for Joint Base San Antonio (JBSA) members. In the case of 59 MDW, the Installation PH will notify the member's primary care manager (PCM), ensure coordinated care of the patient with San Antonio Military Medical Center Division Infectious Disease Service (SAMMC ID), notify the installation designated HIV physician of the patient's results, and the group SGH.

1.3. The 559 Medical Group (MDG) and 359 MDG PH flights will receive confirmatory positive HIV results from the Epidemiology Laboratory Service US Air Force School of Aerospace Medicine (USAFSAM)/PHE via phone call/encrypted email that a patient in either group has a positive test.

1.3.1. The 559 AMDS/SGPM (Lackland PH Flight) will receive confirmatory positive HIV results for members enrolled to the 59th Medical Operations Group and the 559 MDG.

1.3.2. The 359 AMDS/SGPM (Randolph PH Flight) will receive confirmatory positive HIV results for members enrolled to the 359 MDG.

1.3.3. San Antonio Military Medical Center (SAMMC) Fort Sam Houston PH will notify Lackland PH Office or Randolph PH office (based on where the member is passcoded) of any HIV + results for active duty (AD) personnel in order to allow the member to be notified IAW AFI 48-178, *Human Immunodeficiency Virus Program*, or Army Regulation 600-110, *Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus*. Each service member will be notified of HIV + status according to their respective service regulation. Lackland PH or Randolph PH will notify the HIV designated Installation physician and the member's PCM.

1.3.4. The appropriate PH will track and securely store the case in their communicable tracking register.

1.3.5. PH notifies the PCM, Installation Designated HIV physician, and Group SGH of a positive result.

1.3.6. A Preventive Medicine Order is issued by the member's commander (see Attachment AFI 44-178, Attachment 13) and the order is signed and dated by the commander and the member, (IAW AFI 44-178 Attachment 7).

1.3.7. After the member is notified by a health care provider that he or she has tested positive for HIV infection, and the significance of such a test, the MTF/CC expeditiously notifies the member's unit commander of the positive test results.

1.4. Installation designated HIV Physicians. A physician (Doctor of Medicine or Doctor of Osteopathic Medicine) will be designated as the primary or alternate provider who functions to relay pertinent information to the PCMs of confirmed HIV+ patients. The designated HIV physician will be available for the PCM to consult when notification is given to an active duty patient of his/her HIV+ status and advise the PCM on how to initiate protocols outlined in this Instruction. HIV designated physician will also interface with the commander and will be present (over the phone if unable to be available in person) when the order to follow preventive medicine requirements is read to the member by the commander if the PCM is not able. Flying-status patients must be evaluated by their Flight Medicine PCMs to ensure appropriate assessment of a patient's flying status.

1.5. 59 MDW Permanent Party Clinic Laboratories. These laboratories collect samples for HIV testing from active duty permanent party members and beneficiaries. All HIV screening samples are sent to USAFSAM/PHE.

1.6. Trainee Health Clinic Laboratories. Trainee Health collects blood samples from all trainees during their zero-week of training. This precautionary measure is taken in the event that a trainee was not screened for HIV at the Military Entrance Processing Station (MEPS) (see Attachment 4), did not have adequate serological antibody levels to render a positive rapid HIV test, or was exposed to HIV following MEPS processing. These samples are sent to USAFSAM/PHE where they are processed. The Trainee Health Clinic Laboratory also collects samples from active duty members on flying status.

1.7. PCMs will:

1.7.1. Notify members of a positive HIV test during a clinic appointment.

1.7.2. Schedule an appointment with HIV Medical Evaluation Unit (MEU)/HIV Program (210) 916-0532.

1.7.3. Prepare a Mandatory Medical Appointment letter (Attachment 3) outlining an appointment time and instructions for the patient to see the HIV MEU.

1.7.4. Place the active duty HIV patients into a non-mobility status pending Informal Physical Evaluation Board review of recommendations from the Wilford Hall Ambulatory Surgical Center (WHASC) Deployment Availability Working Group (DAWG).

1.8. The Installation SGP or senior flight physician will ensure that AD HIV+ patients enrolled to flight medicine are in non-mobility status. Personnel in flying status are placed on Duties Not Including Flying status pending medical evaluation.

1.9. SAMMC Division Infectious Disease Service. The SAMMC ID oversees the medical evaluation and care of HIV+ patients unless their physical status makes it prudent to be cared for by a team from Medicine, Surgery, Pediatrics, Obstetrics (OB/GYN), Psychiatry, or

another clinical service. In such cases, a consult with Infectious Disease is recommended to avoid adverse outcomes due to interruption of antiretroviral therapy or from adverse drug-drug interactions.

1.10. HIV Medical Evaluation Unit (MEU)/HIV Program. SAMMC ID oversees the HIV MEU. The HIV MEU manages the SAMMC HIV Program. It is a comprehensive program with clinicians, scientists and support staff dedicated to the care of HIV-infected individuals who are recipients of the military healthcare system. It will:

1.10.1. Provide a comprehensive workup for the HIV+ patient.

1.10.2. Recommend treatment options and give HIV education to the patient.

1.10.3. Submit a comprehensive narrative summary to the WHASC Physical Evaluation Board Liaison Officer (PEBLO)/DAWG on behalf of ADAF HIV+ patients.

1.10.4. Provide ongoing care and monitoring for AD HIV+ patients and beneficiaries.

1.11. The commander shall read the Preventive Medicine Order to the patient and sign the order. When the order is given, a privileged provider is present to answer any medical concerns of the member. In all cases possible, this order will be read to the patient and signed prior to the patient's initial evaluation by the HIV MEU.

1.12. Squadron commanders and the squadrons' first sergeants are the only people in the squadron with access to information about the patient's disease status unless the patient gives personal consent otherwise.

2. HIV Program.

2.1. Patients. This Instruction applies to several patient populations including:

2.1.1. 59 MDW Wing Permanent Party Members. Permanent party members are enrolled in the Primary Care clinics of the 59th Medical Operations Group, the 359th MDG and the Flight Medicine clinics within the wing. In addition, AF members working on SAMMC Fort Sam Houston may be enrolled at the primary care clinics on Fort Sam Houston. Permanent party members comprised of AD members from each military branch and dependents/retirees. Air National Guard (ANG), Air Force Reserve (AFR), and Individual Mobilization Augmentee patients empaneled to the 59 MDW are permanent party members when on active duty orders. Activated ANG, AFR, and Individual Mobilization Augmentee patients diagnosed with HIV will follow HQ ANG/SG, HQ AFRC/SG, and HQ ARPC/SG HIV protocols respectively. ANG and AFR students in basic military training or in technical school training are not permanent party members and are subject to their respective command protocols.

2.1.2. Basic Military Trainees, Technical students in training, and Foreign Military Trainees. Patients falling under this category receive routine health care at the Trainee Health Clinic JBSA-Lackland or McWorthy Primary Care Clinic JBSA-Ft Sam Houston.

2.1.2.1. All AF trainees (AD, ANG, and AFR) are processed through the Laboratory Service at Reid Clinic at Lackland AFB within the first 2 days of arrival (the "zero-week") of basic military training (BMT). Serum samples are drawn and sent to the USAFSAM Epidemiology Laboratory.

2.1.3. Non-AD HIV+ patients may also be referred to the SAMMC HIV MEU and will be seen on a space available basis; if no space available, the SAMMC HIV MEU will make further arrangements. Non-AD patients may also be referred to Mental Health via self-referral, in-clinic Behavior Health Optimization Program, the PCM can place a consult to the network, or the patient can be referred to the SAMMC Emergency Department in case of emergency if clinically indicated.

3. Screening Process. All personnel will undergo HIV antibody screening prior to entering full AF AD service and be periodically screened thereafter.

3.1. Permanent Party Screening. HIV testing of activated Air Force members is mandatory every two years, preferably during the Preventive Health Assessment. HIV testing is also routinely performed on:

3.1.1. Blood donors.

3.1.2. AD prior to deployment.

3.1.3. Military personnel diagnosed with a Sexually Transmitted Disease (STD) or tuberculosis regardless of previous testing and in follow-up to STD diagnosis as recommended in Centers for Disease Control (CDC) and military STD treatment guidelines.

3.1.4. AD females presenting for obstetric care at the OB/GYN clinic.

3.1.5. AF personnel entering a formal drug rehabilitation program regardless of previous testing.

3.1.6. Incarcerated military personnel.

3.1.7. Surveillance testing for military personnel exposed to blood or body fluids.

3.1.8. Special testing of other AD personnel may be accomplished when ordered by the attending physician as part of a clinical evaluation where indicated by medical history and other findings, including, but not limited to behavioral risk factor(s), unexplained prolonged fever, and weight loss with generalized lymphadenopathy. The clinical indication should be clearly documented in the medical record and patient history and behavioral risk assessment documentation done IAW current medical and privacy standards and Department of Defense (DoD) policy. These clinical tests should be accomplished locally and without regard to previous testing. The patient should be counseled as follows with the counseling noted in the medical record:

3.1.8.1. Patient informed that the HIV test is being performed. Documentation of informed consent is highly suggested out of respect for the individual, but is not required for AD personnel.

3.1.8.2. Counseled before testing as to the potential meaning of the HIV test results.

3.1.8.3. Counseled after testing regarding its results.

3.1.8.4. Referred to the HIV MEU for disease staging evaluation and MEB for confirmed positive test results.

3.2. Trainee and Technical Students. Patients screened as trainees or technical students fall under the responsibility of the Trainee Health designated HIV provider or the alternate physician.

3.3. Foreign Military Trainees Screening. HIV testing may be performed:

3.3.1. If the foreign military trainee requests the test and has his/her government's approval. The trainee signs a request that explicitly grants permission for the test and acknowledges his/her government's approval and willingness to pay for test.

3.3.2. If the test is clinically indicated.

3.3.3. If the individual requires the test to satisfy entry requirements into a training program (for example, flight training).

3.3.4. Notification of positive results includes the training organization's commander and Headquarters Air Force Educational Training Command-Hospital Personnel (Aerospace Medicine Branch), who initiate administrative disposition.

4. Notification.

4.1. Patient Notification of HIV+ Results. A provider must inform the member. It is preferable that a patient receive notification by his/her PCM. Patients will not be informed of their HIV status over the telephone. After the member is notified by a health care provider that he or she has tested positive for HIV infection, and the significance of such a test, the MTF/CC expeditiously notifies the member's unit commander of the positive test results.

4.1.1. It is recommended that commanders go to the medical clinic to issue the Preventive Medicine Order in the presence of a privileged provider. If a commander chooses to give the order in the commander's office, a provider can be available by phone. The Preventive Medicine Order is read aloud to the patient and the documents are issued to the patient for signature. In all circumstances, strict confidentiality should be maintained.

4.1.2. Basic Military Trainees. Basic military trainees are not enrolled to a PCM, instead they receive their health care at the Reid clinic. The 559 MDG/CC will designate a Trainee Health HIV physician who will assume the patient and command notification requirements above. A basic military trainee must be escorted en-route to Trainee Health and back to the barrack following HIV+ notification. The escort should be a military training instructor (MTI) if possible. Strict patient confidentiality will be maintained. It is not necessary that the escort knows the patient's HIV status. The trainee will be transferred to the BMT medical hold unit following the squadron commander's meeting as outlined in paragraph 3.1. The Trainee Health HIV physician will notify the BMT medical hold unit of the patient's transfer. MTIs within the BMT medical hold unit are authorized by Health Insurance Portability and Accountability Act regulations to know the status of a trainee who is HIV+.

4.1.3. It is recommended that AD members be escorted to the MTF and/or accompanied back to his/her living quarters and/or if indicated, Mental Health.

4.2. Confidentiality. The notifying provider will counsel the patient to divulge the diagnosis to those on a need-to-know basis alone. This includes health care providers and medical staff directly involved in the patient's care, the patient's squadron commander, the patient's first

sergeant, and any sexual contacts. Providers should counsel patients to carefully consider those to whom they confide their HIV status.

5. Forms.

5.1. Preventive Medicine Order. The Preventive Medicine Order is read aloud to the trainee or active duty member by the commander. This document is signed by the commander and the patient in the presence of a privileged provider or with a provider available.

5.2. Mandatory Appointment Letter. The Mandatory Appointment Letter outlines the date, time, location and the means of transportation for the patient's HIV Consult at SAMMC. The PCM (or trainee health HIV designated provider in the case of BMTs) arranges this appointment and prepares the letter with this information before providing it to the commander and patient. See Attachment 2 and 3.

5.3. Time Sensitivity. Patient notification is both sensitive and a priority. It is necessary to address the results and process the notification as soon as possible. Shifting the provider's schedule and patient load may be necessary as the process may take several hours. Per AFI 44-178, *Human Immunodeficiency Virus Program* AD members will be referred to the SAMMC ID MEU within 60 days of receipt of HIV+ results from USAFSAM HIV Testing Services.

6. Referrals.

6.1. HIV MEU and HIV Program. Medical personnel will refer AF active-duty members with newly diagnosed HIV infections to the HIV MEU for definitive diagnosis, treatment and/or disposition. See Attachment 4 for additional SAMMC HIV Program details. The HIV MEU will refer confirmed AD USAF HIV+ patients to the WHASC PEBLO/DAWG.

6.1.1. To minimize laboratory overlap, STD panels and additional HIV testing will *not* be ordered or drawn for the patient at the local MTF laboratory facility unless the patient is unable to enroll in the SAMMC HIV Program or if the designated HIV physician is directed otherwise by a SAMMC ID physician.

6.2. Mental Health. The notifying PCM will verify that the patient is mentally stable and stands no risk of imminent danger to self or others. The provider should ensure that a supervisor (enlisted or officer) will escort the patient to his/her residence. A family member escort is not recommended for permanent party patients. A patient may wish to visit with the squadron's chaplain if outpatient mental health services are not immediately available and the patient is stable. Patients considered unstable will be taken to the SAMMC Emergency Department (ED) by ambulance.

6.3. Mental Health Consult. A mental health consult may be considered for all patients based on the provider's clinical judgment. All HIV+ AF technical students, and BMT will be referred to the BAS if clinically indicated. A mental health consult may be considered for patients notified of indeterminate results based on the provider's clinical discretion.

6.3.1. Mental Health Emergencies. A patient with either suicidal or homicidal ideation will be transferred to the ED at SAMMC via emergency medical services (EMS) immediately. EMS will monitor the patient in transport until handoff to qualified SAMMC ED personnel is assured. Absolute confidentiality is warranted at all points of transfer. Information will be provided to personnel on a need-to-know basis only.

6.4. Staging and Hospitalization. If necessary, the HIV MEU staging evaluation and DAWG referral will be completed following a patient's hospitalization, unless expedited referral is needed for a terminal diagnosis. See paragraph 7.3 for further details.

7. Patient Evaluation.

7.1. HIV Medical Evaluation Unit. Following a thorough history and physical by a designated HIV physician, HIV+ individuals requiring an initial or follow-up evaluation will report to the HIV MEU. All DoD directed evaluations will be completed on an outpatient basis and coordinated by the HIV MEU staff. All HIV+ AD and Temporary Disability Retired List (TDRL) personnel arriving at the HIV MEU will receive medical evaluation and staging of their HIV disease by an HIV MEU physician with expertise in HIV management.

7.2. Standard Precautions. The application of blood and body fluid precautions while caring for all patients reduces the risk of HIV disease transmission. Refer to 59 MDWI 44-157, *Infection Prevention and Control Program*, Section 2.5 regarding the use of standard precautions.

7.3. Unstable HIV Patients. Unstable HIV Patients or those patients exhibiting an active process requiring physician attention during non-duty hours will be admitted to the appropriate inpatient service. They will be permitted to engage in the program following discharge. The staging evaluation and DAWG referral will be completed following their hospitalization, unless expedited referral is needed for a terminal diagnosis.

8. Medical Evaluation Board.

8.1. Medical Evaluation Board (MEB) Initiation and Medical Hold. AFI 48-123, *Medical Examinations and Standards* and AFI 44-178 dictate that all confirmed positive HIV Air Force members will undergo a MEB if the patient is infected with the virus while on active duty. Depending on the decision and outcome of subsequent appeals, patients are either returned to duty with a C code assignment restriction, separated, permanently retired or placed on the TDRL (see Attachment 4).

8.2. Air Force Technical Students. Air Force technical school students in training with confirmed positive HIV results will stay at base lodging or, if originally stationed at Lackland or Randolph Air Force Base, remain in their current residence. Once their temporary duty (TDY) is completed they will ship back to their training unit and await results of their MEB at their home station. They remain under the same restrictions for leave or TDY that the MEB process requires for AD AF. Individual circumstances may vary. Entry Level Separation (ELS) will take place if the condition is determined to have existed prior to service (EPTS). If the patient was infected while in military service then training may continue while an Initial-Review In Lieu Of/MEB is processed by DPANM/AETC, National Guard Bureau (NGB), or HQ/AFRES. Air Force technical students and other active duty personnel not assigned to Lackland Air Force Base will receive TDY orders for a required SAMMC ID consult. This consult should be ordered by a military provider at their home station through a TRICARE referral. Technical students in Personnel Reliability Program status will have their duties suspended IAW the guidelines in paragraph 8.3.

8.3. Basic Trainees. The Trainee Health designated HIV physician will recommend the transfer of all HIV-confirmed positive basic trainees to the Medical Hold unit. Patients with indeterminate test results are referred to SAMMC ID division for additional confirmatory

testing (See paragraph 4.1.3.). Definitive HIV status is determined before consideration of ELS. See Attachment 4 for further details.

8.4. Review In Lieu Of (RILO). Individuals retained on AD must have an initial evaluation by the HIV MEU and a second evaluation six months later. After these first two evaluations, individuals will be reevaluated by the HIV MEU every twelve months with visit dates coordinated by HIV MEU staff, with yearly RILO forwarded from the DAWG to DPANM/AETC. If patients develop symptomatic or progressive disease interfering with duty performance at any time, they are referred to the HIV MEU for clinical reassessment and DAWG and Physical Evaluation Board re-evaluation. Re-evaluation for TDRL persons will be on an every 15-18 month basis as coordinated by DPANM/AETC.

9. Parenteral Exposure. Exposure to HIV parenterally (i.e., needle-stick or cut) or by mucous membrane exposure to a body fluid results in the risk for disease transmission. Management of these exposures must be in accordance the policies outlined in 59 MDWI 44-157 and the Updated US PH Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post-exposure Prophylaxis.

10. Medical Records Coding of HIV Infections. Refer to AFI 44-178.

11. Reports. The HIV MEU Community Health Nurse completes the Preventive Medicine Counseling Record and provides information on HIV disease status and other communicable diseases in HIV infected patients interviewed to the Texas Department of Health, Texas law. The Department of Health in turn provides this information to the CDC.

11.1. HIV MEU administrative personnel coordinate scheduled reevaluation visits for AD and TDRL personnel, and assure that narrative summaries of reevaluations are entered into the patient's electronic medical record for review by the patient's primary physician and/or Unit Deployment Manager via Armed Forces Health Longitudinal Technology Application and to the DAWG for RILO transmittal for AD personnel, and TDRL patients. The DAWG forwards AD RILOs to DPAN/AETC (See Attachment 4). Notification of delinquent appointment status is sent to the patient's unit commander if efforts to contact and reschedule the patient fail. All mail outs are labeled "eyes only" for sensitive material.

11.2. The Patient's PCM will be responsible for providing narrative summaries in MEB format of all patients seen for initial staging and reevaluations, and coordinates with PH for any HIV+ patients with STDs or other reportable infectious diseases.

12. HIV+ Health Care Workers. Privileged and non-privileged health care workers infected with HIV will have their scope of practice, duties and privileges evaluated IAW AFI 44-102, *Medical Care Management*, [Chapter 5](#), paragraph 5.2.

13. Privacy. Current AF policy states that information reflecting an individual as having serologic or other evidence of infection with HIV is not an unfavorable entry in the personnel record.

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Chief of the Medical Staff

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

- AFPD 44-1, *Medical Operations*, 1 September 1999
- AFI 41-210, *TRICARE Operations and Patient Administration Functions*, 6 June 2012
- AFI 44-102, *Medical Care Management*, 17 March 2015
- AFI 44-119, *Medical Quality Operations*, 16 August 2011
- AFI 44-178, *Human Immunodeficiency Virus Program*, 4 March 2014
- AFI 48-123, *Medical Examinations and Standards*, 5 November 2013
- Army Regulation 600-110, *Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus*, 22 April 2014
- DoD 5400.7, *Freedom of Information Act*, 2 January 2008
- DoD 6025.18-R, *DoD Health Information Privacy Regulation*, 24 January 2003
- 59 MDWI 44-157, *Infection Prevention and Control Program*, 23 May 2013
- Updated US PH Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post exposure Prophylaxis. *Infection Control and Hospital Epidemiology*, 2013, Vole 34, p 875-892
- Centers for Disease Control (CDC), *Morbidity and Mortality Weekly Report*, Vol. 50 / No. RR-11, 29 June 2001
- Centers for Disease Control (CDC), *Morbidity and Mortality Weekly Report* Vol. 54 / RR-9, 30 September 2005
- Infection Control and Hospital Epidemiology*, 1996, Vole 17, p 54-80
- Society for Healthcare Epidemiology of America Position Paper *Infection Control and Hospital Epidemiology*, 1997, Vole 18, p 349-363
- Occupational Safety and Health Administration Final Rule, 6 December 1991

Adopted Forms

- AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

- AD**—Active Duty
- AFR**—Air Force Reserve
- ANG**—Air National Guard
- BMT**—Basic Military Training
- CDC**—Centers for Disease Control
- DAWG**—Deployment Availability Working Group

DoD—Department of Defense

ED—Emergency Department

ELS—Entry Level Separation

EMS—Emergency Medical Services

EPTS—Existed Prior To Service

HIV—Human Immunodeficiency Virus

HIV+—Human Immunodeficiency Virus Positive

IAW—In Accordance With

JBSA—Joint Base San Antonio

MDG—Medical Group

MDW—Medical Wing

MDWI—Medical Wing Instruction

MEB—Medical Evaluation Board

MEPS—Military Entrance Processing Station

MEU—Medical Evaluation Unit

MTF—Military Treatment Facility

MTI—Military Training Instructor

NGB—National Guard Bureau

OB/GYN—Obstetrics

PCM—Primary Care Manager

PEBLO—Physical Evaluation Board Liaison Officer

PH—Public Health

RILO—Review In Lieu Of

SAMMC—San Antonio Military Medical Center

SAMMC ID—San Antonio Military Medical Center Division Infectious Disease Service

STD—Sexually Transmitted Disease

TDRL—Temporary Disability Retired List

TDY—Temporary Duty

USAFSAM—US Air Force School of Aerospace Medicine

WHASC—Wilford Hall Ambulatory Surgical Center

Attachment 2

BASIC MILITARY TRAINEE MANDATORY MEDICAL APPOINTMENT LETTER

You have an appointment at San Antonio Military Medical Center's (SAMMC) Infectious Disease/Travel Clinic on ____ (date) ____ @ ____ (time) ____ . **Bring a copy of your active duty orders so you can eat without charge at SAMMC.** You will travel by bus to your appointment before breakfast. **Please do not have anything to eat after midnight** prior to your appointment since you will have blood work accomplished. You may drink water or take medication if needed. You will report to the Medical Hold Squadron CQ office at 0430. You will catch the bus in front of the Medical Hold Squadron building.

Report to the Infectious Disease clinic immediately upon arrival at SAMMC. Your appointments at SAMMC will all be in the clinic side of the hospital. You will see a coffee bar, Radiology and Pharmacy Department. At the information desk make a right to the elevator. **Go immediately up to the 3rd floor and make a left. It will be the last door on the right. The clinic will be marked as Infectious Disease/Travel clinic.** If you get lost or have any other questions, please phone 210-916-5554 (the clinic front desk).

At your appointment on __ (date) ____, you will be given a series of additional appointments at SAMMC that will occur over the remainder of the week.

_____/_____
Patient Acknowledgement of Receipt of Appointment Slip

Attachment 3**ACTIVE DUTY MANDATORY MEDICAL APPOINTMENT LETTER**

You have an appointment at San Antonio Military Medical Center's (SAMMC) Infectious Disease/Travel Clinic on ____ (date) ____ @ ____ (time) ____ . **Please do not have anything to eat after midnight** prior to your appointment since you will have blood work accomplished. You may drink water or take medication if needed.

Please report to the Infectious Disease clinic upon arrival at SAMMC. Your appointments at SAMMC will all be in the clinic side of the hospital. You will see a coffee bar, Radiology and Pharmacy Department. At the information desk make a right to the elevator. Go up to the 3rd floor and make a left. It will be the last door on the right. The clinic will be marked as Infectious Disease/Travel clinic. If you get lost or have any other questions, please phone 210-916-5554 (the clinic front desk).

At your appointment on __ (date) ____, you will be given a series of additional appointments at SAMMC that will occur over the remainder of the week.

_____/_____
Patient Acknowledgement of Receipt of Appointment Slip

Attachment 4

ORGANIZATIONS AND SUPPLEMENTAL GUIDANCE

A4.1. Military Entrance Processing Station. All military applicants are tested with a rapid Enzyme-Linked Immunosorbent Assay HIV test when undergoing medical processing at every MEPS. Test results are generally available approximately 48 hours after a sample is drawn. A positive result will halt processing and additional confirmatory measures will take place. All applicants infected with HIV are ineligible for enlistment or appointment to the Air Force. A waiver for HIV infection is not authorized.

A4.2. SAMMC HIV MEU Program. This program offers an extensive workup and monitors patients' status and laboratory parameters throughout their military careers. It teaches the patient about HIV and prepares the patient with resources that will be needed once separated or retained in the Air Force. The HIV+ patient is given information on STDs, risk behavior, prevention techniques, and the importance of nutrition and exercise. Patients are taught how to access civilian medical care for the disease if they will be separated from military service or returning to an installation without the necessary medical resources for care. A support group session with other patients living with HIV is included. Information on HIV medications is also given. The program furnishes a computer disc with all of the information taught to patients. Provider attendance at any sessions of interest can be arranged except for the support group (a patient run group with monitoring by a counselor from the Henry Jackson Foundation). For patients diagnosed on active duty, additional military relevant information is provided regarding scheduled follow-ups, CONUS assignment restrictions, the pharmacy system, and Veterans Administration facilities. Attending the program is mandated for all active duty personnel with HIV, including students in technical school training. If space and resources are available it is offered as a courtesy to basic trainees who are not mandated to take the course per AFI 44-178.

A4.3. 559 MDG Basic Trainees. HIV+ trainees are unlikely to be infected with HIV or to transmit the virus during the interval between arrival and the initial HIV screening performed at Trainee Health. Consequently, the condition is regarded as EPTS. The SAMMC ID department will not conduct lifelong monitoring of HIV+ BMT patients who were infected prior to entry into the Air Force. HIV+ basic trainee participation in the SAMMC HIV Program is therefore not mandated, especially in the context of limited space, time, and resources. Exceptions to the EPTS status of BMTs should be evaluated on a case-by-case basis. Given the benefits of the program, attendance is strongly encouraged.

A4.4. MEB Initiation. SAMMC ID will submit a comprehensive narrative summary to the PEBLO. The PEBLO will visit with the patient and collect further information about the patient's case and the patient's Air Force Specialty Code. The PEBLO will forward the information to the WHASC DAWG for review. An I-RILO is submitted to DPANM/AETC. A Guard or Reserve member will have an I-RILO submitted to the National Guard Bureau (NGB) or HQ/AFRES respectively. DPANM, NGB, or AFRES may return the patient to duty or refer the case to the Informal Physical Evaluation Board based on the patient's disease status. Patients that are returned to duty will be medically evaluated semiannually by the SAMMC ID department and undergo annual RILO that will be sent to DPANM, NGB, or HQ/AFRES based on the patient's duty status. They are C-coded for assignment within the continental United States (CONUS), and Alaska, Hawaii, or Puerto Rico. Following evaluation at SAMMC, a

behavioral health assessment, and initiation of the MEB, the patient will resume duties in his/her flight, as long the assignment location falls within the parameters outlined above.