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**Medical**

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

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This instruction implements Air Force Policy Directive (AFPD) 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 HIV testing within the facility. It integrates and implements existing Air Force Instructions (AFI) to establish local policy. This publication applies to all personnel assigned, attached, or under contract to the 59th Medical Wing (59 MDW). This publication requires the collection and maintenance of information protected by the Privacy Act of 1974 and the Health Insurance Portability & Accountability Act of 1996 (HIPAA). Protected Health Information must be protected, and may only be disclosed, in accordance with (IAW) DoD 6025.18-R, Health Information Privacy Regulation, AFI 41-210, Patient Administration Functions, AFI 33-332, *Air Force Privacy Act Program* and DoD 5400.7-R/AF *Supplement, Freedom of Information Act*. Privacy Act System Notice F044 AF SG D *Automated Medical/Dental Health Records*, F044 AF SG E, *Medical Records System*, F044 AF SG Q, *Family Advocacy Program*, and F044 AF SG R, *Reporting of Medical Conditions of Public Health and Military Significance*, apply. Collected information is "For Official Use Only." Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37-123, *Management of Records* and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at [https://afirms.amc.af.mil/rds\\_series.cfm](https://afirms.amc.af.mil/rds_series.cfm).

**SUMMARY OF CHANGES**

References were updated to reflect the sources of current HIV management guidelines; screening and evaluation processes were updated to reflect the latest diagnostic modalities and testing

algorithms as well as to incorporate the changes in code C classifications and medical board procedures; Community Health Nurse (formerly Nurse Counselor) responsibilities have been updated to reflect the new position description; HIV-infected health care worker procedures have also been updated. A margin bar (|) indicates newly revised material.

**1. Screening Process.** All active duty (AD) Air Force (AF) personnel have initial HIV antibody screening performed and, thereafter, are tested periodically as required by AFI 48-135, *Human Immunodeficiency Virus Program*. All AD HIV+ individuals are evaluated at the United States Air Force (USAF) HIV Medical Evaluation Unit (MEU) 59 MDOS/SGOMI, hereafter referred to as the HIV MEU.

## **2. HIV-Infected AD Patient Referral Management.**

2.1. Medical personnel must refer AF active-duty members with suspected or newly diagnosed HIV infections to the HIV MEU for definitive diagnosis, treatment, and referral to the Medical Evaluation Board (MEB) and/or appropriate disposition. **Note:** Suspicion means that initial testing (ELISA and Western Blot) is positive. Refer to AFI 48-135, *Human Immunodeficiency Virus Program* for additional details.

2.1.1. Those confirmed to be infected with HIV are referred to the HIV MEU for clinical evaluation, disease staging and referral to the Medical Evaluation Board (MEB).

2.1.1.1. After completing this initial staging evaluation, the member is returned to duty if medically able to fulfill their original assignment or a temporary reassignment while awaiting review by the Physical Evaluation Board (PEB) and decision by the Air Force Personnel Center (AFPC). Depending on that decision and outcome of any subsequent appeals, they are returned to duty with a C code assignment restriction, separated, permanently retired or placed on the Temporary Disability Retired List (TDRL).

2.1.1.1.1. Individuals retained on AD must be reevaluated by the HIV MEU every six months with visit dates coordinated by HIV MEU staff, with yearly review in lieu of (RILO) forwarded by the MEB to AFPC. If they develop symptomatic or progressive disease interfering with duty performance at any time, they are referred to the HIV MEU for clinical reassessment and MEB and PEB reevaluation. Re-evaluation for TDRL persons will be on an every 15-18 month basis as coordinated by AFPC.

## **2. Medical Evaluation.**

2.1. HIV+ individuals needing initial or follow-up evaluation will receive an appointment to report to the HIV MEU. **Note: This is an outpatient unit physically located in the Division of Infectious Disease at Brooke Army Medical Center (BAMC), Fort Sam Houston, Texas.** All Department of Defense (DoD) directed evaluations will be completed as an outpatient and coordinated by the HIV MEU staff. All AD HIV+ patients undertaking their initial evaluation will undergo mental health status screening by a qualified 59 MDW mental health practitioner with mental health profile generated and reported to the MEB, and subsequent mental health referrals made as needed to address clinical issues.

2.2. 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. The staging evaluation and MEB referral will be completed following their hospitalization, unless expedited referral is needed for a terminal diagnosis.

2.3. All HIV+ AD and 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. The MEU physician will also provide disease specific patient education and appropriate treatment recommendations, serve as an expert liaison with consulting or inpatient services on HIV management and provide staff and trainee education on HIV to 59 MDW staff and other providers by request with appropriate approvals. The HIV MEU physician will provide clinical supervision and education to trainees providing care of HIV affected patients and coordinate with the patient's primary provider for ongoing management of HIV and co-morbidities as well as issues concerning scheduled staging reevaluations.

2.4. HIV MEU Community Health Nurse Responsibilities. The Community Health Nurse 59 MDOS/SGOMI conducts confidential patient epidemiologic interviews, initiates contact notification process, and initiates the blood donation "look-back" process. Disease education and risk reduction counseling is conducted during the patient interview, and in supplementary classes on risk reduction topics. The standardized medical counseling form AF 3845, *Preventive Medicine Counseling Record* is completed as a record of this activity and maintained in the nurse counselor's confidential patient files and a note entered into the Armed Forces Health Longitudinal Technology Application (AHLTA) noting the counseling session. If the patient refuses to sign the 59 MDW Directorate of Medical Law will be notified. The "Order to Follow Preventive Medicine Requirements", an appendix contained in AFI 48-135, *Human Immunodeficiency Virus Program*, is issued by the unit commander of an HIV+ person prior to the patient's initial evaluation by the HIV MEU. Other patient focused duties of the HIV MEU Community Health Nurse include general and health specific disease education, assessment of individual coping skills and support systems for emotional stressors of HIV and any sexually transmitted disease (STD) diagnoses, identification of need for crisis intervention referral and provision of career counseling. HIV and STD disease specific lab results are reviewed, abnormal results forwarded to HIV MEU physicians for treatment as indicated by established protocols, and communicable disease forms forwarded to appropriate public health reporting agencies. Clinic attendance and pharmacy refill databases are reviewed regularly to target patients needing adherence interventions (i.e., use of pill boxes and lifestyle changes counseling). Patients identified for medicine non-adherence are contacted for a follow-up appointment.

2.5. Infectious Disease Service Responsibilities. The HIV MEU is part of the Infectious Disease Service (59 MDOS/SGOMI) which is physically located in the Division of Infectious Disease at Brooke Army Medical Center (BAMC), Fort Sam Houston, Texas and 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, consult liaison with Infectious Disease is recommended to avoid adverse outcomes due to interruption of antiretroviral therapy or from adverse drug-drug interactions.

2.6. Standard Precautions. The application of blood and body fluid precautions while caring for all patients reduces the risk of HIV disease transmission in the hospital setting. Refer to MDWI 44-9, *Infection Control Program*, Section 2.5 regarding the use of standard precautions.

2.7. Exposure to HIV parenterally (i.e., needlestick or cut) or by mucous membrane exposure to a body fluid results in the risk for disease transmission. The policy for managing these exposures is delineated in MDWI 44-9, *Infection Control Program*, Section 5.5-5.9.

**3. News Media Coverage.** 59 MDW Public Affairs coordinates news media coverage on HIV related topics. Community relations projects such as speaking engagements must be approved in advance.

**4. Medical Records Coding of HIV Infections.** Refer to AFI 48-135, *Human Immunodeficiency Virus Program*.

## **5. Reports.**

5.1. The director of the HIV MEU is responsible for producing and updating the Weekly HIV Patient Status Report (list of patients undergoing HIV evaluation and reevaluation at the HIV MEU).

5.2. The HIV MEU Community Health Nurse completes the Preventive Medicine Counseling Record, as described in paragraph 2.3, 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 Centers for Disease Control and Prevention (CDC).

5.3. 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 AHLTA and to the Medical Board for RILO transmittal for AD personnel, and TDRL patients. The MEB forwards AD RILOs to the Air Force Standards Section of AFPC. Notification of delinquent appointment status is sent to the patient's unit commander if efforts to contact and reschedule the patients fail. All mail outs are labeled "eyes only" for sensitive material.

5.4. The HIV MEU Physician provides narrative summaries in MEB format of all patients seen for initial staging and reevaluations, and forwards a completed WHMC Form 3520, *Provider Reportable Condition*, to Public Health 37 AMDS for any HIV+ patients with STDs or other reportable infectious diseases.

## **6. HIV+ Health Care Workers.**

6.1. 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.

## 7. Testing for HIV.

7.1. Currently, periodic testing is performed IAW AFI 48-135, *Human Immunodeficiency Virus Program*.

7.2. HIV testing is performed routinely on:

7.2.1. Blood donors.

7.2.2. Military personnel diagnosed with a STD or tuberculosis regardless of previous testing and in follow-up to STD diagnosis as recommended in CDC and military STD treatment guidelines.

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

7.2.4. Incarcerated military personnel.

7.2.5. Active duty women presenting for obstetric care at the OB/GYN clinic.

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

7.2.7. 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, such as behavioral risk factor, 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 DoD policy. These clinical tests should be accomplished locally and without regard to previous and subsequent testing. The patient should be counseled as follows with the counseling noted in the medical record:

7.2.7.1. 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.

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

7.2.7.3. Counseled after testing regarding its results.

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

7.2.8. HIV testing is being offered to all beneficiaries of the military health care system or civilian emergencies as indicated by standard medical practice. Testing of beneficiaries or civilian emergencies is performed IAW DoD directives applying CDC guidance and Texas statutes governing the counseling and testing process and entered into the medical record. The patient's medical record must also reflect that pretest counseling was performed as noted above in 7.2.7.1 and 7.2.7.2 and that written informed consent was obtained.

7.2.9. Testing on Foreign Military Trainees (FMTs). HIV testing may be performed:

7.2.9.1. If the 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.

7.2.9.2. If the test is clinically indicated.

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

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

7.2.10. All positive HIV test results on locally assigned patients, except those from the Blood Donor Center and on basic trainees, are routed to the physician who ordered the test, the HIV MEU, and Public Health. It is the responsibility of the attending physician to notify the patient and provide post-test counseling after consultation with the Infectious Disease Service. The HIV MEU will coordinate reporting of these new cases of HIV infection with Public Health. Positive HIV test results on basic trainees and those from the Blood Donor Center are routed through Public Health who will refer them to the Infectious Disease Service for disease staging and education after coordination with designated Installation Support Flight Surgeon (ISAF) or their designee.

7.2.10.1. Notification of the patient will be done by the designated IS HIV Consultant Flight Surgeon or designee. Indeterminate HIV test results on trainees, and other HIV test results from the Blood Donor Center requiring trainee notification, will be routed through Public Health to the designated ISAF who will notify the individual of the results and provide post-test counseling. The HIV MEU must be notified of indeterminate test results to coordinate management decisions and follow up with the designated ISAF. All HIV infected patients will be counseled and evaluated by an Infectious Disease specialist or designee for extent of HIV related disease, and for patient education and resource information regarding establishing ongoing medical care related to HIV infection.

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

## **9. Adopted Forms.**

AF Form 3845, *Preventive Medicine Counseling Record*

WHMC Form 3307, *Retrovirology*

WHMC Form 3520, *Provider Reportable Condition*

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***1 Attachment:***

Glossary of References and Supporting Information

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

AFPD 44-1, *Medical Operations*, 1 September 1999

AFI 44-102, *Medical Care Management*, 1 May 2006

AFI 44-119, *Medical Quality Operations*, 24 September 2007

MDWI 44-9, *Infection Control Program*, 2 April 2003

AFI 48-135, *Human Immunodeficiency Virus Program*, 12 May 2004

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

Department of Defense (DoD) Regulation 5400.7/Air Force Supplement, DoD Freedom of Information Act Program, 24 June 2002

*Infection Control and Hospital Epidemiology*, 1996, Vol 17, p 54-80

Society for Healthcare Epidemiology of America Position Paper *Infection Control and Hospital Epidemiology*, 1997, Vol 18, p 349-363

Occupational Safety and Health Administration (OSHA) Final Rule, 6 December 1991

***Abbreviations and Acronyms***

**AFI**—Air Force Instruction

**AFPC**—Air Force Personnel Center

**AFPD**—Air Force Policy Directive

**AHLTA**—Armed Forces Health Longitudinal Technology Application

**BAMC**—Brooke Army Medical Center

**CDC**—Centers for Disease Control

**DoD**—Department of Defense

**ELISA**—Enzyme-Linked Immunosorbent Assay

**FMT**—Foreign Military Trainees

**HIPAA**—Health Insurance Portability & Accountability Act

**HIV**—Human Immunodeficiency Virus

**HIV+**—Human Immunodeficiency Virus Positive

**IAW**—In Accordance With

**ISAF**— Installation Support Flight Surgeon

**MDW**—Medical Wing

**MDWI**—Medical Wing Instruction

**MEB**—Medical Evaluation Board

**MTF**—Military Treatment Facility

**OCONUS**—Outside Continental United States

**OSHA**—Occupational Safety and Health Administration

**PEB**—Physical Evaluation Board

**RILO**—Review In Lieu Of

**STD**—Sexually Transmitted Disease

**TDRL**—Temporary Disability Retired List

**USAF**—United States Air Force