HIV Case-management in the Military Setting

23rd Annual Four Corners TB and HIV/STD Conference

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OBJECTIVES

- Testing policies

- Identify DA policies and implications for the Soldier and commander

- Case management
Bottom Line Up Front (BLUF)

- HIV + Soldiers are not discharged when diagnosed with HIV (must be MOS qualified)
- HIV+ Soldiers are non deployable
- Company/Troop Commanders have responsibility of Soldiers status
- Effects Readiness
## HIV in US ARMY

### TABLE 3. New diagnoses of HIV infections by sex, active component, U.S. Army, January 2011–June 2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Total HIV tests</th>
<th>Total persons tested</th>
<th>Males tested</th>
<th>Females tested</th>
<th>Total new HIV(+)</th>
<th>New HIV(+) male</th>
<th>New HIV(+) female</th>
<th>Overall rate per 1,000 tested</th>
<th>Male rate per 1,000 tested</th>
<th>Female rate per 1,000 tested</th>
<th>HIV(+) still in military service in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>538,932</td>
<td>431,335</td>
<td>371,983</td>
<td>59,352</td>
<td>118</td>
<td>115</td>
<td>3</td>
<td>0.27</td>
<td>0.31</td>
<td>0.05</td>
<td>41</td>
</tr>
<tr>
<td>2012</td>
<td>519,041</td>
<td>416,715</td>
<td>359,459</td>
<td>57,256</td>
<td>119</td>
<td>115</td>
<td>4</td>
<td>0.29</td>
<td>0.32</td>
<td>0.07</td>
<td>54</td>
</tr>
<tr>
<td>2013</td>
<td>506,885</td>
<td>405,158</td>
<td>348,870</td>
<td>56,288</td>
<td>87</td>
<td>86</td>
<td>1</td>
<td>0.21</td>
<td>0.25</td>
<td>0.02</td>
<td>40</td>
</tr>
<tr>
<td>2014</td>
<td>447,711</td>
<td>361,928</td>
<td>309,969</td>
<td>51,959</td>
<td>71</td>
<td>70</td>
<td>1</td>
<td>0.20</td>
<td>0.23</td>
<td>0.02</td>
<td>47</td>
</tr>
<tr>
<td>2015</td>
<td>426,462</td>
<td>349,811</td>
<td>298,206</td>
<td>51,605</td>
<td>81</td>
<td>80</td>
<td>1</td>
<td>0.23</td>
<td>0.27</td>
<td>0.02</td>
<td>70</td>
</tr>
<tr>
<td>2016*</td>
<td>217,608</td>
<td>199,163</td>
<td>168,805</td>
<td>30,358</td>
<td>39</td>
<td>37</td>
<td>2</td>
<td>0.20</td>
<td>0.22</td>
<td>0.07</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>2,656,639</td>
<td>2,164,110</td>
<td>1,857,292</td>
<td>306,818</td>
<td>515</td>
<td>503</td>
<td>12</td>
<td>0.24</td>
<td>0.27</td>
<td>0.04</td>
<td>291</td>
</tr>
</tbody>
</table>

*Through 30 June 2016


<table>
<thead>
<tr>
<th>Year</th>
<th>Total HIV tests</th>
<th>Total persons tested</th>
<th>Males tested</th>
<th>Females tested</th>
<th>Total new HIV(+)</th>
<th>New HIV(+) male</th>
<th>New HIV(+) female</th>
<th>Overall rate per 1,000 tested</th>
<th>Male rate per 1,000 tested</th>
<th>Female rate per 1,000 tested</th>
<th>HIV(+) still in military service in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>224,407</td>
<td>187,245</td>
<td>160,547</td>
<td>26,698</td>
<td>45</td>
<td>43</td>
<td>2</td>
<td>0.24</td>
<td>0.27</td>
<td>0.07</td>
<td>12</td>
</tr>
<tr>
<td>2012</td>
<td>192,299</td>
<td>163,277</td>
<td>137,905</td>
<td>25,372</td>
<td>52</td>
<td>52</td>
<td>0</td>
<td>0.32</td>
<td>0.38</td>
<td>0.00</td>
<td>12</td>
</tr>
<tr>
<td>2013</td>
<td>173,612</td>
<td>147,713</td>
<td>122,217</td>
<td>25,496</td>
<td>52</td>
<td>51</td>
<td>1</td>
<td>0.35</td>
<td>0.42</td>
<td>0.04</td>
<td>21</td>
</tr>
<tr>
<td>2014</td>
<td>235,914</td>
<td>239,328</td>
<td>199,815</td>
<td>39,513</td>
<td>93</td>
<td>92</td>
<td>1</td>
<td>0.39</td>
<td>0.46</td>
<td>0.03</td>
<td>58</td>
</tr>
<tr>
<td>2015</td>
<td>205,479</td>
<td>181,715</td>
<td>151,096</td>
<td>30,619</td>
<td>68</td>
<td>66</td>
<td>2</td>
<td>0.37</td>
<td>0.44</td>
<td>0.07</td>
<td>49</td>
</tr>
<tr>
<td>2016*</td>
<td>128,841</td>
<td>122,255</td>
<td>101,259</td>
<td>20,996</td>
<td>52</td>
<td>51</td>
<td>1</td>
<td>0.43</td>
<td>0.50</td>
<td>0.05</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td>1,130,552</td>
<td>1,041,533</td>
<td>872,839</td>
<td>168,694</td>
<td>362</td>
<td>355</td>
<td>7</td>
<td>0.35</td>
<td>0.41</td>
<td>0.04</td>
<td>204</td>
</tr>
</tbody>
</table>

*Through 30 June 2016

DA POLICIES & HIV TESTING

- AR 600-110 Identification, Surveillance and Administration of Personnel Infected with HIV

- Purpose: To ensure continued readiness and deployability of the total force
HIV TESTING

Two Types

- **ELISA** (enzyme linked immunosorbent assay) - Initial test: if positive, specimen tested again before confirmation test

- **Western Blot** - Confirmation test - if positive, initial notification done - second blood specimen obtained and tested
HIV TESTING

- Mandated
  - AD HIV test every two years
  - Reservist/NG test every five years
  - Before overseas assignment (6 month prior to port call)
  - Prior to TOE/MTOE assignment
  - All AD soldiers seeking care for Sexually Transmitted Infections/Diseases (STIs/STDs) (3, 6, 12 month follow-up)
NOTIFICATION AND CONFIDENTIALITY

Company/Troop Commander will accompany soldier to notification

Commander will protect confidentiality of HIV positive soldiers. Notify others only on “need to know basis”.

Pt is assigned a Public Health nurse case manager

AR 600-110, chapter 1-13
Who can the Commander tell?

“Protect HIV-infected soldier from unwanted invasions of their privacy. This responsibility includes limiting disclosure of a soldier’s HIV antibody status to only those personnel who have a need to know about medical conditions in the performance of their duties, and ensuring that the recipient of the information understands his or her obligation to protect the confidentiality of that information.”

AR 600-110, chapter 1-13, para f.
NOTIFICATION AND CONFIDENTIALITY

“Every effort will be made to ensure that, except for assignment limitations, HIV+ Soldiers are treated no differently than other Soldiers. Commanders must ensure that information about the HIV+ Soldier’s medical condition is provided only to those whose duties require knowledge of that information.”

AR 600-110, chapter 4-1
ASSIGNMENT LIMITATIONS

- Soldiers will not be deployed or assigned overseas including:
  - Assignments to Alaska, Hawaii, Puerto Rico
  - Status of Forces Agreement (SOFA) Europe, Asia, etc.

- MTOE/TOE - permits reassignment of HIV Soldiers to TDA unit provided the soldier has completed a normal tour in the current unit (3 years from the reporting date)

- Soldiers serving overseas identified as HIV+ will be reassigned to CONUS
MILITARY SCHOOLS

- Eligible for all military professional development schools (NCOES,AOC)
- Soldiers are eligible for formal military training school for reclassification or additional skill identifier (ASI) providing that the schools does not exceed 20 weeks.
REENLISTMENT

HIV-infected Soldiers who meet medical retention standards of AR 40-501, chapter 3, are eligible to reenlist.

The standards are:

- Soldier is well enough to perform job duties without physical limitations
- Soldier is fully compliant with the medical plan of care, i.e. medications and appointments
MEDICAL EVALUATIONS

- Initial Screening/HIV intake
- Medically evaluated every 6 months at Regional Medical Centers (MEDCENS)
  - CD Count, STI testing, TB testing
- Quarterly evaluation appts at local site
- Retain on active duty if fit for duty
- Unfit for duty will be processed through normal medical/physical evaluation board for determinations
# Infectious Disease Clinic

## New HIV+ Patient Schedule

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>TIME</th>
<th>ITEM</th>
<th>STAFF</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-Oct-17</td>
<td>Monday</td>
<td>0730 hrs</td>
<td>Blood Draw/Urine Specimen</td>
<td>Laboratory Personnel</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>16-Oct-17</td>
<td>Monday</td>
<td>0800 hrs</td>
<td>Initial Interview</td>
<td>Community Health Nurse</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>16-Oct-17</td>
<td>Monday</td>
<td>0830 hrs</td>
<td>Breakfast</td>
<td>Nutrition Division</td>
<td>Dining Hall</td>
</tr>
<tr>
<td>16-Oct-17</td>
<td>Monday</td>
<td>1000 hrs</td>
<td>Orientation Class</td>
<td>Community Health Nurse</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>16-Oct-17</td>
<td>Monday</td>
<td>1100 hrs</td>
<td>Support Group</td>
<td>Research Personnel</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>16-Oct-17</td>
<td>Monday</td>
<td>1230 hrs</td>
<td>Lunch</td>
<td>Nutrition Division</td>
<td>Dining Room</td>
</tr>
<tr>
<td>16-Oct-17</td>
<td>Monday</td>
<td>1400 hrs</td>
<td>Vital Signs</td>
<td>Clinic Personnel</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>16-Oct-17</td>
<td>Monday</td>
<td>1430 hrs</td>
<td>Physical Examination</td>
<td>Physician</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>17-Oct-17</td>
<td>Tuesday</td>
<td>0900 hrs</td>
<td>Intro to Research</td>
<td>HIV Physician</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>17-Oct-17</td>
<td>Tuesday</td>
<td>1100 hrs</td>
<td>Science update</td>
<td>Physician</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>17-Oct-17</td>
<td>Tuesday</td>
<td>1200 hrs</td>
<td>Lunch</td>
<td>Nutrition Division</td>
<td>Dining Room</td>
</tr>
<tr>
<td>17-Oct-17</td>
<td>Tuesday</td>
<td>1330 hrs</td>
<td>Risk Behavior Management</td>
<td>Community Health Nurse</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>17-Oct-17</td>
<td>Tuesday</td>
<td>1500 hrs</td>
<td>Nutrition</td>
<td>Nutritionist</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>18-Oct-17</td>
<td>Wednesday</td>
<td>1000 hrs</td>
<td>Basic Science Class</td>
<td>Physician</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>18-Oct-17</td>
<td>Wednesday</td>
<td>1200 hrs</td>
<td>Lunch</td>
<td>Nutrition Division</td>
<td>Dining Hall</td>
</tr>
<tr>
<td>18-Oct-17</td>
<td>Wednesday</td>
<td>1300 hrs</td>
<td>Safe Sex Class</td>
<td>Community Health Nurse</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>18-Oct-17</td>
<td>Wednesday</td>
<td>1500 hrs</td>
<td>P.H. Forms</td>
<td>Community Health Nurse</td>
<td>ID Clinic</td>
</tr>
<tr>
<td>18-Oct-17</td>
<td>Wednesday</td>
<td>1530 hrs</td>
<td>Appointment for next visit</td>
<td>Front Desk Secretary</td>
<td>ID Clinic</td>
</tr>
</tbody>
</table>
COMMANDERS COUNSELING

- IAW AR 600-110

- Commanders will formally counsel using pre-printed DA 4856, provided by HIV case manager

- Done immediately after the formal Preventive Medicine counseling (Initial Notification)

- Signed DA 4856 kept secured in a manner that protects the confidentiality of the Soldier
DEVELOPMENTAL COUNSELING FORM
For use of this form, see FM 22-100, the program agency is TRADOC
DATA REQUIRED BY THE PRIVACY ACT OF 1974
AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.D. 9387 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA
Name: Last, First, M/F
Organizations
Rank/Grade
Social Security No.
Date of Counseling
Name and Title of Counselor

PART II - BACKGROUND INFORMATION
Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event oriented counseling, and includes the leader’s facts and observations prior to the counseling)
The purpose of this command counseling is to inform you of DA and command policy regarding your responsibilities as a result of testing positive for the Human Immunodeficiency Virus (HIV) antibody. This counseling supplements and complements the preventive medicine counseling you received.

PART III - SUMMARY OF COUNSELING
Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:
I have been advised that you were counseled by Preventive Medicine personnel concerning your diagnosis of HIV positivity. The risk this condition poses to your health, as well as the risk you pose to others. You were advised by medical personnel as to necessary precautions you should take to minimize the health risk to others as a result of your condition. While I have great concern for your situation and needs, in my capacity as a commander, I must also be concerned with, and ensure the health, welfare, and morale of the other Soldiers in my command. Therefore, I am imposing the following restrictions:

a. You will verbally advise all prospective sexual partners of your diagnosed condition prior to engaging in any sexual intercourse. You are also ordered to use condoms should you engage in sexual intercourse with a partner.
b. You will not donate blood, sperm, tissues, or other organs since the virus can be transmitted via blood and body fluids.
c. You will notify all health care workers of your diagnosed condition if you seek medical or dental treatment, or accident requires treatment. If you do not understand any element of this order, you will address all questions to me. Failure on your part to adhere to your preventive medicine counseling or the counseling I have just given you, will subject you to administrative separation and/or punishment under the UCMJ, as I see fit.

OTHER INSTRUCTIONS
This form will be destroyed upon reassignment (other than rehabilitative transfer), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

DA FORM 4856, JUN 1999 EDITION OF JUN 95 IS OBSOLETE
Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goals). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment. (Part IV below)

You will have quarterly lab work done.
You will have medical appointments at WRAMC semi annually.
You will take all medications as prescribed.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: [ ] I agree [ ] disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: __________________________ Date: __________________________

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: __________________________ Date: __________________________

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: __________________________ Individual Counseled: __________________________ Date of Assessment: __________________________

Note: Both the counselor and the individual counseled should retain a record of the counseling.

REVERSE, DA FORM 4856, JUN 1999
USPAV160
COMMANDERS COUNSELING

- Upon ETS, signed DA 4856 is destroyed
- Upon COC, provide DA 4856 to gaining commander; gaining commander must re-counsel Soldier with new DA 4856
COUNSELING REMINDERS

- Length and quality of life of individuals with HIV infections is improving

- A positive HIV test is not synonymous with AIDS. Not an imminent “DEATH SENTENCE”.

- Informing the Soldier’s family is not a command issue.
FORT CARSON MOI - HIV

- Commanders will include HIV/AIDS education in their Command Information programs-ANNUALLY

- Ensure testing requirements are met
CHALLENGES

- Coordination of Medical Care upon leaving the military service
  - Leaving area

- Medications
  - Six month provided
QUESTIONS???????????
Contact Information

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  Chief, Preventive Medicine
  Phone: (710)526-7552
  E-mail: renee.l.howell9.mil@mail.mil