

## MEDICAL DIRECTIVE REGARDING HIV INFECTION

### PURPOSE

1. This directive provides guidance regarding several aspects in dealing with Human Immunodeficiency Virus (HIV) infection in the CF. Issues addressed are mainly those of medical administrative and public health policy rather than specific information concerning the medical care of patients, eg. infection control guidelines for laboratory or nursing personnel.
2. It must be emphasized that as knowledge of HIV infection changes and increases, this directive may have to be modified.

### REPORTING

3. All CF members found to have been infected with HIV, regardless of symptoms, are to be reported to NDHQ/Surg Gen/DPM through the applicable Command Surgeon. The form at Annex A is to be used and is to be submitted within seven days of confirming the diagnosis. NDHQ/Surg Gen/DPM may request further epidemiological information and/or followup reports.
4. For CF purposes, the following ICD (9) codes for HIV infection are to be used, for example in message traffic:
  - a. AIDS-042;
  - b. Symptomatic but not AIDS-043; and
  - c. Asymptomatic but HIV antibody positive-795.8.

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5. Where a provincial requirement exists to report HIV infection (or only part of the clinical spectrum, eg. AIDS), then local CF medical authority will submit such reports on the applicable provincial forms within any time limits set by provincial regulation.

TESTING FOR HIV ANTIBODY

6. The CF does not require routine serologic screening for HIV antibody for recruits or serving members.

7. Testing for HIV antibody, performed as a medical investigative procedure in a symptomatic patient, shall be carefully explained to the patient (see Annex B), but a consent form is not mandatory.

8. Testing for HIV antibody, performed on an asymptomatic patient (eg. contact investigation, at the request of the patient), shall be carefully explained to the patient (see Annex B), and a consent form (Annex C) shall be completed.

9. Members who are confirmed as positive for HIV antibody must receive appropriate counselling regarding HIV infection (see Annex B).

MEDICAL INVESTIGATION

10. Each case of HIV infection should be assessed by an appropriate internist, particularly, where practical, a CF internist. The internist should direct the subsequent medical investigation, treatment and/or referral of the case as regards HIV-related medical matters.

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### IMMUNIZATION

11. Symptomatic HIV infected members are not to receive live vaccines unless so authorized by the internist in charge of the case. Live virus vaccines are to be avoided in asymptomatic HIV infected members, unless such vaccination is necessary as a result of a potential high risk exposure situation (e.g. essential travel/deployment, outbreak of disease). At this time, yellow fever vaccine is the only live vaccine given routinely (every ten years) to members after the vaccines given at the recruit level. Routine yellow fever vaccine should be withheld from asymptomatic HIV infected members until essential travel to a yellow fever endemic area necessitates this vaccination. Inactivated poliomyelitis vaccine can be used in place of oral live vaccine for HIV infected members needing such protection.

### EMPLOYMENT/MEDICAL CATEGORY

12. Medical categories for HIV infected members will need to be individualized using the guidelines in CFP 154. However, several general points can be noted:

- a. Members who have clinically expressed HIV disease likely require fairly frequent medical followup, often of a specialist nature, and hence, a Geographic (G) category no better than G4 (and

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more likely G5) is recommended. Further, with the clinical symptoms of HIV infection (eg. fatigue, weight loss, neurologic impairment), these persons will require critical assessment of the Occupational (O) category;

- b. Asymptomatic HIV infected members will likely deserve some periodic medical followup, but not to the extent or frequency of the symptomatic patient. A G3 category is a reasonable one to reflect this followup. Medically, there is no compelling reason why asymptomatic HIV infected members cannot serve with field units, in isolated postings, or onboard ships.

#### RECRUITMENT

13. CF applicants already known to be infected with HIV should be assigned an appropriate medical category (see para 12). The best G category that can be assigned is G3, which is below the minimum enrolment standard for the CF.

#### HIV EDUCATION

14. Information about HIV infection and its prevention is to be provided by appropriate health care personnel to the following groups at the following times:

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- a. to all enrollees (CMs and NCMs), early on in initial training, and incorporated into the routine STD briefings given at the recruit bases;
- b. to groups being deployed, whether inside or outside Canada (eg. global trainers, peacekeeping, field exercises, and cruises), and probably as part of a routine STD briefing;
- c. to groups when it may be appropriate to discuss STDs, including HIV (eg. squadron aeromedical lectures); and
- d. at other times when deemed appropriate by medical authority.

15. HIV education should include the following:

- a. what HIV infection and AIDS are;
- b. what causes HIV infection and AIDS;
- c. how HIV is transmitted;
- d. how HIV is NOT transmitted;
- e. what the blood test for HIV infection/AIDS means; and
- f. what steps should be taken to prevent HIV transmission, especially through sexual means, including how to use a condom.

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#### CONFIDENTIALITY

16. Maintaining the confidentiality of individual medical information is always important. With the potential for significant social, economic, and occupational implications of HIV infection, confidentiality must be emphasized.

17. There is no longer a requirement for MOs to initiate reports to Commanding Officers (COs) regarding homosexual behaviour discovered through medical care delivery. Further, medical information, including reports and records, relating to the condition of HIV infected members, including those who are asymptomatic, will not be released to nonmedical personnel other than to senior military authorities (including COs) with a need to know.

#### CONTACT INVESTIGATION

18. Members found to be infected with HIV, regardless of symptoms, are to be interviewed by the attending MO to elicit information regarding MILITARY sexual (and intravenous drug use) contacts for the previous two years.

19. Identified contacts are to be interviewed, without revealing the identity of the index case, tested for HIV antibody after obtaining suitable consent (see para 8), and counselled as to

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methods to reduce further transmission if they are antibody positive, or to reduce acquisition if they are antibody negative.

20. Where formal tracing of HIV contacts by local civilian public health units is mandated by regulation or is customary, then the infected member(s) will be referred to such units for the applicable tracing of civilian contacts.

21. The infected member must be informed that, if suitable military or civilian contacts have not been identified as per para 18 and 20, it is incumbent upon the infected member to inform such contacts to seek appropriate medical counsel.



REPORT OF A CASE OF HIV INFECTION

UNIT: \_\_\_\_\_ MOC: \_\_\_\_\_

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

CASE OF:

☐ AIDS

☐ Clinical features consistent with HIV infection but not meeting the case definition for AIDS

☐ Asymptomatic but HIV antibody positive

SYMPTOMS (check all that apply):

☐ None ☐ Fever ☐ Fatigue ☐ Diarrhea ☐ Skin Rash

☐ Weight Loss ☐ Night Sweats ☐ Generalized Lymphadenopathy

☐ Opportunistic Infection (specify \_\_\_\_\_) ☐ Kaposi's Sarcoma

☐ HIV-related neuropsychiatric problems (eg. confusion, dementia) (specify) \_\_\_\_\_

☐ Other (specify) \_\_\_\_\_

Approximate date of onset of symptom complex: \_\_\_\_\_

LABORATORY RESULTS to date (complete all that apply):

HIV antibody testing:

ELISA: Date \_\_\_\_\_ ☐ Negative ☐ Positive

Confirmatory: Date \_\_\_\_\_ Western Blot: ☐ Positive ☐ Negative

IFA: ☐ Positive ☐ Negative

Other (specify) \_\_\_\_\_ ☐ Positive ☐ Negative

T-cell studies (if done): Date \_\_\_\_\_ OKT4: \_\_\_\_\_ OKT8: \_\_\_\_\_  
OKT4/OKT8 ratio: \_\_\_\_\_



RISK GROUP FOR HIV INFECTION:

- ☐ Homosexual/Bisexual Male      ☐ Intravenous Drug User      ☐ Hemophiliac  
☐ Transfusion Recipient since 1977 (specify dates and number of units on each date) \_\_\_\_\_  
☐ Immigrant from endemic area      ☐ Heterosexual contact of an infected person or at risk of infection  
☐ Other (specify) \_\_\_\_\_ ☐ Unknown

CASE CAME TO MEDICAL ATTENTION THROUGH:

- ☐ Symptoms of illness      ☐ Asymptomatic but anxious re illness  
☐ Routine blood donor screening      ☐ Named as a contact of an infected person  
☐ Other (specify) \_\_\_\_\_

MEDICAL RESTRICTIONS applied to case (specify including category) \_\_\_\_\_

PUBLIC HEALTH FOLLOW-UP:

Case reported to civilian health authorities:

- ☐ Yes      ☐ No      ☐ Not required

Case counselled regarding reducing risk of transmission to others:

- ☐ Yes      ☐ No (specify why not) \_\_\_\_\_

Military sexual and/or parenteral contacts followed up as specified in this Medical Directive

- ☐ Yes (number of sexual \_\_\_\_\_ and parenteral contacts \_\_\_\_\_)  
☐ No (specify why not) \_\_\_\_\_

Attending Medical Officer: \_\_\_\_\_

Medical Officer completing this form: \_\_\_\_\_

Date of form completion: \_\_\_\_\_

PRETEST COUNSELLING INFORMATION FOR HIV (AIDS VIRUS)

ANTIBODY TESTING

1. What is AIDS?

AIDS is the abbreviated name given to a disease caused by a virus which attacks the body's defences against infection and cancer. The letters stand for Acquired Immune Deficiency Syndrome. AIDS is caused by infection with the virus, Human Immunodeficiency Virus (HIV), which we will call the 'AIDS Virus'. This virus infects an important cell in the human immune system called the T-helper lymphocyte. Once a person is infected, the AIDS virus has the capability of crippling the body's immune defence system, leaving it vulnerable to other infections. It is these other infections (called 'opportunistic infections') which cause most of the sickness and death associated with AIDS. While AIDS virus infection often remains silent for two or more years, within five years of initially becoming infected, perhaps 35-50% of infected persons will become ill with AIDS. During the entire time that the AIDS virus is present, however, it can be passed on to others through blood and other body fluids. At this time, there is no cure for infection with the AIDS virus or for AIDS. There is also no vaccine or drug to prevent infection.

2. How is the AIDS virus transmitted?

The AIDS virus is transmitted from one person to another most commonly through sexual contact in the same manner as other sexually transmitted diseases, through direct blood to blood contact through shared needles (eg. intravenous drug abusers), and from mother to child during or perhaps shortly after pregnancy. Transmission of the AIDS virus does not occur in day-to-day social situations. You cannot become infected through sneezing or coughing, by sharing a drinking glass, by swimming in a public pool, by using a public toilet, or by shaking hands with or hugging someone with AIDS.

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3. Who is most at risk of contracting AIDS?

In theory, anyone can get AIDS -- it depends on your behaviour. Any sexually active person who is not maintaining a mutually monogamous relationship (both partners faithful) and does not take precautionary measures to exercise safe sex practices is at risk of contracting AIDS.

Homosexual and bisexual men who engage in the practice of anal intercourse without precautions are at very great risk and represent the highest percentage (82%) of AIDS cases in Canada.

Intravenous drug abusers who share contaminated needles or syringes are the second group to be most concerned and represent 17% of the AIDS cases in the United States. This group, however, only represents 0.4% of the AIDS cases in Canada.

Other risk groups include:

Those who have heterosexual relationships with people who may be in the high risk groups.

Persons who have received blood transfusions of infected blood or blood products prior to the initiation of Red Cross screening of all blood donations in November 1985.

Children who contract the AIDS virus from an infected mother, before or at birth.

4. What is the AIDS virus antibody test?

When a person is infected by any bacteria or virus, including the AIDS virus, the body's immune system responds to such infection by producing specific special substances, called antibodies. If a laboratory test is able to detect these antibodies in the blood, it means that the person has been infected by that particular virus. The AIDS virus antibody test is a laboratory blood test to detect the presence or absence of the specific antibodies to the AIDS virus but does not detect the virus itself. It takes time

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for the body to produce these antibodies. Following infection by the AIDS virus, the body requires about 2-6 months to produce antibodies to a level which can be detected by the test. Thus an infected person may have a negative antibody test during these first few months of infection.

5. Who should be examined for AIDS?

Doctors are asked to examine and counsel a number of different groups of people who are concerned that they may have AIDS. Laboratory testing for evidence of HIV (AIDS virus) infection may be suggested in the following situations:

Someone who is showing symptoms of AIDS or an AIDS-related illness (e.g. swollen lymph glands, persistent night sweats, diarrhea, rapid loss of weight). It should be noted, however, that any number of other conditions also cause these symptoms;

A health care worker who has had accidental and significant exposure to bodily fluids (e.g. blood) of an AIDS patient; and

A person with a history of high risk behaviors, such as:

- \*homosexual and bisexual men who have not practised safe sex;
- \*heterosexual men and women who have had many different sexual partners;
- \*people who have received many blood or blood product transfusions since 1980 (when AIDS probably first occurred in Canada) and before November 1985 (when the Red Cross began screening blood donations)
- \*sexual partners of those with high risk behaviours, or a positive test for the virus
- \*prostitutes (male and female).

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Medically, there is no particular benefit to testing persons who have been at negligible risk for AIDS virus infection. However, if you are not in a high risk group and are not showing any symptoms of AIDS-related illnesses, it does not mean that you are safe from the virus. You should continue to engage in safe sex practices.

6. What does a 'Reactive' or 'Positive' AIDS virus antibody test mean?

If you test positive, it means that antibodies to the AIDS virus have been found in your blood. Whether or not you feel completely well, you have been infected with the virus and will very likely carry the virus for a lifetime and must be considered infectious, ie. capable of passing the virus to others during unprotected sex, needle sharing or through pregnancy. Further, your chances of developing AIDS in the next 5-10 years is substantial (?50%). As with all known lab tests, the AIDS antibody test is not perfect. While rare, it is possible for the test to be a "false positive" caused by cross-reacting substances in your blood.

7. What does a 'Nonreactive' or 'Negative' AIDS virus antibody test mean?

If you test negative, it means that no antibodies to the AIDS virus have been found in your blood. This usually indicates that you are not infected with the AIDS virus. However, it must be remembered that it can take 2-6 months after becoming infected to have a positive test. Therefore, a negative test may only reflect that you have been infected recently enough that your body hasn't yet had time to produce antibodies. Depending on an assessment of your risk for AIDS virus infection, your physician may ask you to have another antibody test in a few months to be sure you are truly negative.

8. If my AIDS virus antibody test is positive, who will be told of the result?

CF policy regarding the release of medical information concerning HIV infection was contained in the CANFORGEN message ADM(PER) 033 191900Z FEB 86 which stated, in part,

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"... Medical information, including reports and records, relating to the condition of HIV infected members, including those who are antibody positive only, will not be released to non-medical personnel other than to senior military authority (including Commanding Officers) with a need to know..."

In the CF, if an HIV antibody test is done but is negative, no authority will be advised of such testing. If the HIV antibody test is positive, then the provisions of the above quoted message apply. "Need to know" cannot be rigidly specified in advance. The potential impact of the individual case on unit operational efficiency is an important determinant. Further, COs need sufficient information to deal effectively with a member when there is or may be medical implications. Generally, for the member who has a positive antibody test but looks, acts and feels well, there is less need to inform COs than if such a person is sick.

On the medical side, members who are antibody test positive are to be reported to the Surgeon General/Directorate of Preventive Medicine. However, unique personal identifiers, e.g. SIN and name, are NOT reported. Further, such members are to be reported to the civilian public health authority in accordance with applicable provincial legislation. Medical information, including that related to HIV infection, is released to third parties outside the CF (e.g. insurance companies) only with the written consent of the member involved or if required by law.

It is common public health practice to follow up sexual contacts of persons with sexually transmitted disease, including AIDS virus infection. Therefore, if you have a positive AIDS virus antibody test, you will be asked by your physician to provide the identity of CF members who are your sexual contacts and therefore may also be infected with the AIDS virus. While these named members will be contacted, counselled and offered testing, your identity will not be revealed to such members. Where required by provincial or municipal regulation, you may be contacted by civilian public health authority to provide the identity of civilians who are

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your sexual contacts. If you do not provide complete contact identification, it is incumbent upon you to inform your sexual (and/or needle sharing) contacts of your test results and encourage them to seek medical counsel from the CF or the civilian sector as appropriate.

**9. What are the career implications of a positive AIDS virus antibody test?**

The career implications of all significant medical problems in the CF are dealt with through appropriate application of the medical category system (see CFAO 34-30 and CFP 154) and, where necessary, consideration by the Career Medical Review Board (CMRB, see CFAO 34-26). AIDS virus infection is no different. While each case is handled individually, in general, as long as you are found to have no ill effects of the AIDS virus infection, there is little career implication. You may require a small change in your medical category (eg. Geographic 3) to reflect the fact that you require some periodic, though perhaps infrequent, medical followup. Sea, field and isolated duties are still likely. However, if you display ill effects of the AIDS virus infection, you will need a significant alteration in your medical category and will likely need CMRB deliberation.

**10. What are the benefits of knowing that the AIDS virus antibody test is Positive?**

In the absence of an effective treatment for AIDS virus infection, the advantages of knowing that you have a positive antibody test are not perfectly clear. Some of the alleged advantages are:

--your medical care may be enhanced. Complications of AIDS virus infection might be recognized at an earlier stage when they are more easily or successfully treated. Drugs directed at the AIDS virus itself (eg. AZT) might be offered earlier in the course of disease.

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--you can be sure to take precautions to prevent further transmission of the AIDS virus to others, eg. through abstaining from sex or from correct use of condoms during sex.

-- women with a positive test can avoid pregnancy and thus not take the risk of transmitting the AIDS virus to their offspring.

**11. What are the disadvantages of knowing that the AIDS virus antibody test is positive?**

There are several potential and not insignificant disadvantages to having a positive test. One might encounter personal, social or economic disadvantage or prejudice, for example:

--your psychological response to the knowledge of a positive test could be painful.

--a positive result could be interpreted by people to mean that you are a homosexual or a drug user. Others might wrongly assume that a person with a positive result is infectious in casual social situations.

--result could be required in court cases, such as those involving child custody.

--you might be denied life insurance coverage.

--you might be denied immigration privileges to some countries.

**12. Who decides if I will have the AIDS virus antibody test?**

The CF has no mandatory AIDS virus antibody testing program at this time. Therefore, the decision to have the test remains with you. You should fully discuss the test with your attending physician and have all relevant questions answered to your satisfaction before you consent to having the test.

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13. How do I get the result of my AIDS virus antibody test?

The test result, whether negative or positive, will be given to you, in person, by your attending physician. It takes several weeks to get the test result back from the laboratory doing the test.

14. If my AIDS virus antibody test is positive, what precautions MUST I take to prevent giving the infection to others?

Since blood, semen and other body fluids are infectious, the following precautions are necessary if you have a positive AIDS virus antibody test:

- tell any sexual partners
- have safer sex. Don't indulge in any activity in which semen or blood enters the vagina, anus or mouth. Or abstain from sex.
- Use a condom during sex and use it properly.
- Although the risk is very slight, if you want to be especially careful, abstain from 'deep kissing'.
- Don't have acupuncture, ear piercing, tatoos or electrolysis treatments.
- consult your doctor before planning a pregnancy.
- don't donate blood, plasma, body organs, sperm or other tissue.
- don't abuse drugs. If you do, never share needles or syringes.
- don't share personal items such as toothbrushes, razors or other implements that could become contaminated with blood.

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--inform anyone who provides you with health care and may have contact with your blood or other body fluids, eg. doctors, dentists, nurses, so they may take adequate precautions.

--have regular medical followup as suggested by your physician.

--take care of your general health by eating properly, getting plenty of rest and exercising regularly.

15. What precautions should I take if my AIDS virus antibody test is negative?

You should consider the following to reduce your risk of contracting AIDS:

--Abstinence from sex, or maintaining a mutually faithful relationship with a partner who has not been exposed to the AIDS virus are the surest ways to eliminate risk.

--if not abstinent or maintaining a mutually faithful relationship (as above), use safe sex practices at all times. Most important is to use a condom for all intercourse--anal, vaginal or oral. Women should insist that their male partners wear a condom during intercourse. The use of a spermicide, nonoxynol 9, in addition to a condom, may provide additional protection against HIV.

--Don't have sexual contact with any person whose past history and current health status is not known, ie. avoid casual or anonymous sex.

--Don't abuse intravenous drugs. If you do, then never share needles or syringes.

--Don't have sexual contact with persons who abuse drugs.

--Don't share toothbrushes, razors or other personal implements that could become contaminated with blood.

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HIV (AIDS VIRUS) ANTIBODY TEST

CONSENT FORM

1. I have read and understood the "Pretest Counselling Information for HIV (AIDS Virus) Antibody Testing", provided to me by my physician. In addition, I have had an opportunity to ask questions of my physician and have received answers to my satisfaction.
2. I realize that, while all reasonable effort will be made to keep the results of my HIV antibody test confidential, senior military authority, in particular my Commanding Officer, may be informed of the result on a "need to know" basis.
3. I appreciate that I might experience personal, occupational, social or economic disadvantage or prejudice if the test results, particularly if positive, become known to nonmedical personnel.
4. I understand that the test results will only be given to me, in person, by my physician.
5. I consent voluntarily to have the HIV antibody test performed on me.

Patient: Name:

Rank:

SIN:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

Witness: Name:

Rank:

SIN:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness