



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
 NATIONAL GUARD BUREAU
 111 SOUTH GEORGE MASON DRIVE
 ARLINGTON, VA 22204-1382



NGB-ARZ-S

117 JUL 1995

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: (All States Log Number #P95-0113) New HIV Testing Contract Technical Data

1. The HIV surveillance testing policy for the Army National Guard has changed from biennial testing to testing every five years. Under the new testing policy no troop unit level draws are required. HIV testing will be completed in conjunction with a routine physical.

2. The following testing sources are recommended for use:

- a. National Guard Examination Sites
- b. Active Army Treatment Facilities
- c. Other DOD Treatment Facilities
- d. USAR Physical Exam Sites
- e. MEPCOM
- f. DODMERB

3. A new contract should be in place by 1 April 1996. In order to facilitate a timely award of the new contract, your projected testing estimates must be received by 1 September 1995. These estimates will be a technical exhibit in the contract solicitation for contractor planning purposes. Remember, these are estimates for planning purposes only. The monthly modification process allows for detailed planning and changes throughout the term of the new contract. Please submit the information in the following example format:

DATE	LOCATION	QUANTITY	TOTAL
April 96	Montgomery, AL	200	
April 96	Birmingham, AL	100	300
May 96	Huntsville, AL	250	
May 96	Mobile, AL	300	550

4. The technical data should be for a two year period with data for an optional third year. The technical data will begin with 1 April 1996.

NGB-ARZ-S

SUBJECT: (All States Log Number #P95-0113) New HIV Testing
Contract Technical Data

5. Remember to project for all testing requirements to include physicals for soldiers over 40 and those who are under 40. Also consider annual physicals for aviators, schools, ODT, any AD greater than 30 days. Until a new contract is awarded the current contract must be supported by at least 75% of projected testing. Do not stop unit level testing until the new contract is in place. This policy expires one year from the above date.

6. The point of contact is MAJ Shockley at (703) 607-7149 or DSN 327-7149.

FOR THE CHIEF, NATIONAL GUARD BUREAU:



EDWARD K. JEFFER
COL, GS
Chief Surgeon, Army National
Guard

DISTRIBUTION:

USPFO
POTO
MILPO
STATE SURGEON
STATE CHIEF NURSE

RELIEF OPERATIONS RECORDS:

The following list of file numbers could contain information important to future studies or analyses of relief operations. If these records and supporting documents were created or collected by relief units or units directly supporting the relief units, apply the disposition schedule that would be appropriate for "combat or combat support" units. The retention period would also apply to HQDA offices with Armywide responsibility

- 220-15a Daily/staff journal and tactical operations center log
- 385-10f Accident and incident case files
- 385-40b Accident and incident cases (reports of artillery misfires and harmful chemical and radiological or biological exposures)
- 20-1b IG investigations (permanent for Div HQ or higher)
- 40-5d Command Health Reports
- 190-9a Absentee cases (retain until disposition of individual has been determined)
- 190-45b MP journals (destroy after 50 years)
- 25-30i Centralized instruction background files
- 25-30g Decentralized background instruction files
- 360-5b News media and releases
- 360-81d General command information
- 525a Command reporting files
- 870-5a Organizational history files

INFORMATION PAPER

**NGB-ARP-H
23 June 1995**

SUBJECT: ARNG Human Immuno-deficiency (HIV) Biennial Testing Program - IAW AR 40-501; AR 350-9; AR 600-8-101; AR 600-110; NGB Log xx-xxx, HQDA MSG 302100Z Mar 95

1. Purpose: To provide guidance on the transition to a five year HIV test cycle.

2. Facts:

a. Overall objective of each State is to have 100% of state assigned strength HIV screened at any point of a five year cycle. The HIV screen is now required to be conducted in conjunction with, physical exam. A physical exam is considered complete if the HIV test is with in five years. Current HIV testing policy will require HIV testing outside of the five year cycle as identified in paragraph 2 (d) of this information paper.

b. Since Oct 85, all new ARNG accessions have been screened for the presence of HIV during their in-processing physical examination. Inservice testing for the ARNG began in June 86. We completed the option year of a four year contract in November 1994. The process of building a follow on HIV contract was completed in December 1994 and testing under the new contract started in January 1995. The requirement to test on a five year cycle will be the base assumption for a new contract which should be in force by April 1996. The new contract will have no provisions for unit draws. All testing will be conducted as per paragraph 2 (e).

c. DA mandates HIV testing by national contract. The Current ARNG contract was awarded to Damon/Metpath Clinical Labs, in Irving, TX. Blood drawing is currently sub-contracted with Examination Management Services, Inc. A 90% to 120% soldier show rate of contracted number is required at each testing location. In addition to unit testing, each state is authorized to submit 20 mail-in samples (initial draw /white label) each month. Confirmatory (red labeled) mail-in samples are to be submitted to Damon Clinical Labs, as applicable.

- d. Current HIV screening policy requires a negative HIV test:
- (1) Within six (6) months prior to report date if;
 - (a) AGR: ODT greater than 180 days
 - (b) M-Day: AD/ODT greater than 30 days
(to include being placed on Title 10 & Title 32 tour)
 - (c) Civilians being enlisted, commissioned or appointed/reappointed
 - (2) Within twenty-four (24) months prior to report date if;
 - (a) AGR: ODT less than 180 days
 - (b) M-Day: AD/ODT less than 30 days

- e. All HIV blood draws may be accomplished by either:
 - (1) NG Physical Examination Sites
 - (2) MEPS (only if applicable by AR 600-110 & MEPCOM 40-5)
 - (3) Active Army Component Medical Treatment Facilities
 - (4) Other DOD Treatment Facilities
 - (5) USAR Physical Exam Sites
 - (6) DODMERBS
 - (7) Local Physicians

- f. HIV testing by local physicians, laboratories (to include those under local contract), or public health services is not considered a valid HIV test and is not authorized.

- g. Two separate blood samples reported as positive on an individual soldier are required prior to any personnel action being taken.

- h. The HIV positive soldier will be counseled by his/her commander and a Medical Corps Officer IAW Chp. 2, Section V and Chp. 5, AR 600-110 and NGB All States Log #P89-0121 dtd 2 Aug 89, subject: ARNG HIV Policy. M Day soldiers have 120 days from date of notification in which to prove fit for duty. ARNG soldiers found unfit for duty will be separated. Soldiers found fit for duty will be allowed to serve in the Selected Reserve in a nondeployable billet, if available. AGR soldiers will be placed under long term medical monitoring with complete restaging annually. AGR soldiers will be referred into the physical disability system as appropriate.

- i. Per current DA guidance, soldiers who deploy must have had a negative HIV test within the past 60 months. HIV positive soldiers will not deploy.

3. OSD/DOD has directed the RC to notify spouses of confirmed HIV positive soldiers. Notification should be accomplished in accordance with AR 600-110, Chapter 2-15 paragraph f.

4. State HIV POCs will not be required to send their monthly draw schedules to NGB-ARP-H when the new contract is in force. However a monthly after action report will still be required. This report will be the reference used to complete the semi-annual equitable adjustment for the national contract. HIV Semiannual state level testing status will also be an on going requirement based on the new 60 month cycle.
an on going requirement based on the 60 month cycle.