HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

17 AUG 1998

MEMORANDUM FOR DEPARTMENT OF DEFENSE MEDICAL EXAMINATION REVIEW BOARD MILITARY ENTRANCE PROCESSING COMMAND

SUBJECT: Clarification of Current Policy on Physical Standards for Appointment, Enlistment, and Induction – Hepatitis C Virus

In August 1997, the Department of Defense Medical Entrance Review Board (DODMERB) requested guidance concerning accession policy for applicants for enlistment into the Services who are found to be positive for the hepatitis C virus (HCV). The current accession policy in DoD Directive 6130.3, "Physical Standards for Appointment, Enlistment, and Induction," (May 2, 1994) does not specifically address hepatitis C but disqualifies "Hepatitis within the preceding six months or persistence of symptoms after six months, with objective evidence of impairment of liver function, and chronic hepatitis, including hepatitis B carriers."

HCV most commonly causes an acute but asymptomatic infection of the liver. Most acute infections (80-90%) become chronic. Chronic HCV infection is asymptomatic in most cases and usually does not lead to clinically apparent liver disease or premature mortality. HCV infection among our military population is low and existing programs detect individuals at high risk for HCV infection. While we are not initiating routine force testing at this time, we continue to monitor the natural history of HCV infection among our military population.

To clarify existing accession policy for HCV infection, individuals testing positive on screening tests require confirmatory testing. If positive, individuals must be clinically evaluated for objective evidence of liver function impairment. If evaluation reveals no signs or symptoms of disease there is no specific basis to disqualify or deny waiver.

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Dr. Sue Bailey

cc:

Surgeon General of the Army Surgeon General of the Navy Surgeon General of the Air Force