PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
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WASHINGTON, D.C. 20301-4000

AUG 2 4 2020

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP (SEE DISTRIBUTION)
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Force Health Protection Guidance (Supplement 13) – Department of Defense Guidance for Coronavirus Disease 2019 Clinical Laboratory Diagnostic Testing Services

References: (a) Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection (Supplement 10) – Department of Defense Guidance for Coronavirus Disease 2019 Clinical Laboratory Diagnostic Testing Services," June 11, 2020 (hereby rescinded)
(b) Department of Defense Instruction 6055.01, "DoD Safety and Occupational Health (SOH) Program," October 14, 2014
(c) Department of Defense Instruction 6440.02, "Clinical Laboratory Improvement Program (CLIP)," May 29, 2014

This memorandum updates previous DoD coronavirus disease 2019 (COVID-19) laboratory testing guidance and rescinds reference (a). This force health protection (FHP) supplement provides guidance on clinical and diagnostic COVID-19 testing for eligible persons with a DoD connection suspected of having contracted COVID-19, and applies Centers for Disease Control and Prevention (CDC) testing guidance to the DoD context. DoD Components will continue to employ clinical diagnostic testing[1] in accordance with this guidance. This guidance does not prohibit or impede surveillance, screening, and asymptomatic testing conducted to decrease operational risk within DoD, consistent with applicable law.

Testing Considerations

- Healthcare providers will use their clinical judgment to guide diagnostic testing for COVID-19. See the attachment for case management and disposition guidance. Providers are encouraged to test for other causes of respiratory illness as clinically indicated. The CDC testing priorities may be found at: **https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html**.

- In the clinical setting, asymptomatic individuals may be tested based on a clinician's judgment and as deemed appropriate by public health professionals.

- DoD Components must ensure appropriate infection prevention and control procedures are followed throughout the entire testing process. This includes

[1] Testing in this guidance refers to polymerase chain reaction (PCR) technology testing (molecular tests) or antigen testing methods.

employing the appropriate biosafety precautions when collecting and handling specimens, consistent with CDC guidance.

Approved Diagnostic Laboratories and Tests

- DoD Components must comply with U.S. Food and Drug Administration (FDA) regulations for diagnostic testing, including by complying with COVID-19 emergency use authorizations (EUAs). The FDA COVID-19 EUA list is at: **https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas**.

- DoD Components will conduct diagnostic testing at clinically approved laboratories as directed by the Defense Health Agency's Center for Laboratory Medicine Services (CLMS). CLMS manages diagnostic testing policy and exceptions per reference (c). CLMS may be contacted at: **dha.ncr.clinic-support.mbx.clms@mail.mil**.

- Overall DoD COVID-19 testing capabilities are synchronized by the DoD COVID-19 Task Force Diagnostics and Testing Line of Effort (CVTF D&T LOE). The CVTF D&T LOE may be contacted at: **dha.ncr.ha-support.mbx.cvtf-diagnostics-testing@mail.mil**.

Eligibility of DoD Personnel, Other Beneficiaries, and Other Populations for Testing

- DoD Components may test Service members (including members of the Reserve Components when on active duty for a period of more than 30 days, or on full-time National Guard duty of more than 30 days) in accordance with this guidance. Reserve Component Service members on duty for a period of 30 days or less will follow their Component guidelines.

- DoD civilian employees (who are not otherwise DoD health care beneficiaries) may be offered testing in accordance with this guidance and reference (b) if their supervisor has determined that their presence is required in the DoD workplace.

- Eligible Military Health System beneficiaries may be offered testing in accordance with this guidance.

- DoD contracting officers may modify existing contracts to require contractors to provide their personnel with access to testing if necessary to support mission requirements and subject to available funding.

- For testing of local national employees in locations outside the United States, DoD Components should refer to country-specific labor agreements or contracts and consult with supporting legal counsel for guidance and any limitations concerning such tests.

DoD FHP documents are at: **https://www.defense.gov/Explore/Spotlight/Coronavirus/**. My point of contact for this guidance is COL Jennifer M. Kishimori, who may be reached at (703) 681-8179 or jennifer.m.kishimori.mil@mail.mil.

Matthew P. Donovan

Attachment:
As stated

DISTRIBUTION:
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Force Health Protection Supplement 13 – Attachment
Clinical Testing and Management – COVID-19[2]

(Based on current Centers for Disease Control and Prevention (CDC) guidance[3])

Testing a Patient in a Clinical Setting:

- Test based on clinical judgment and public health considerations.
  - If **laboratory positive:** The patient becomes a case and must be isolated.
  - If **laboratory negative:** The patient should be followed to ensure he/she clinically improves.
    - If **laboratory negative** and **clinically improved:** The patient has no restrictions.
    - If **laboratory negative** and the patient does **NOT clinically improve or worsens,** and no other etiology is found, then consider re-testing the patient for COVID-19.

Disposition of Laboratory Confirmed or Probable Cases under Isolation:[4]

- **Symptom-based** criteria to discontinue isolation for **symptomatic** persons:[5]
  - At least 1 day (24 hours) has passed since the last fever without the use of fever-reducing medications;
  - Improvement in symptoms (e.g., cough, shortness of breath); **and**
  - At least 10 days have passed since symptoms first appeared for mild to moderate illness. Note: For persons with severe or critical illness or for severely immunocompromised individuals, discontinue isolation when at least 20 days have passed since symptoms first appeared, in consultation with infectious disease experts.
- **Symptom-based** criteria to discontinue isolation for **asymptomatic** persons not severely immunocompromised (severely immunocompromised individuals should follow the medical guidance of their provider or providers):
  - At least 10 days have passed since the date of the person's first positive COVID-19 diagnostic test.
  - Follow-on negative testing does not decrease the isolation time frame.
- A **test-based** strategy is **no longer recommended to discontinue isolation**. However, providers may consider using a test-based strategy to discontinue isolation for severely immunocompromised persons, in consultation with infectious disease experts. The test-based criteria are:
  - Resolution of fever without the use of fever-reducing medications;
  - Improvement in symptoms (e.g., cough, shortness of breath); **and**

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[2] This quick reference sheet applies to eligible populations as stated in this guidance.

[3] As of July 17, 2020. DoD Components will continue to adhere to the most current CDC guidance; check for updates regularly.

[4] In locations outside of the United States, host nation policy and guidance should inform disposition, including whether a symptom-based or test-based strategy is used and the duration of isolation since the onset of symptoms or a positive test.

[5] For additional information and definitions of mild, moderate, severe, and critical illness, and of severely immunocompromised, see the CDC guidance at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html.

- Negative polymerase chain reaction results from at least two **consecutive** respiratory specimens collected at least 24 hours apart.

Management of Close Contacts[6] of a Case (as determined by contact tracing[7]):

- When the close contact is an eligible Service member, that Service member should be tested, quarantined for 14 days, and monitored for symptoms of COVID-19.
  - The laboratory test is a diagnostic test:
    - A positive result **IS** meaningful. The individual is managed as a confirmed case (see above) and contact tracing will be initiated.
    - A negative test is **NOT** meaningful. The individual may not have a sufficient viral load to test positive. Therefore, they must remain in quarantine for the full 14 days.
- Close contacts who are eligible Service members **cannot test out** of quarantine; they must remain in quarantine for the full 14-day incubation period unless they meet criteria for asymptomatic mission-essential personnel in accordance with Force Health Protection Guidance Supplement 8.[8]
- Close contacts who are DoD family members, DoD civilian employees, or DoD contractor personnel should follow CDC guidance (e.g., stay at home or other comparable setting for 14 days, self-monitor for symptoms, and seek testing or other care through their primary care providers, as needed) and host nation policies as applicable. DoD civilian employees or DoD contractor personnel may be restricted from workplace access at DoD facilities in accordance with Force Health Protection Guidance Supplement 8.[8]

Testing in Quarantine:

- Test eligible Service members in quarantine who develop symptoms commonly associated with COVID-19.
  - If **laboratory positive:** The patient becomes a case and must be isolated (see above).
  - If **laboratory negative:** The patient should be isolated and followed to ensure he/she clinically improves.
    - If **laboratory negative** and **clinically improved:** The patient **goes back** into quarantine for the remainder of the quarantine period to determine if he/she becomes symptomatic for COVID-19.
    - If **laboratory negative** and the patient does **NOT clinically improve or worsens,** and no other etiology is found, then keep the patient isolated and consider re-testing for COVID-19.

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[6] Close contact is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for more than 15 minutes, starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated, irrespective of whether the person with COVID-19 or the contact was wearing a mask or whether the contact was wearing respiratory personal protective equipment (PPE). Not applicable to health care workers when following appropriate infection control precautions.

[7] For additional information on contact tracing see https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html

[8] Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 8) – Department of Defense Guidance for Protecting Personnel in Workplaces during the Response to the Coronavirus Disease 2019 Pandemic," April 13, 2020.

Recommendations during the 90 days following initial diagnosis of COVID-19:[9] For persons with diagnosed COVID-19 who remain asymptomatic after recovery, polymerase chain reaction retesting is not recommended within 90 days from the date of initial symptom onset. **Furthermore, in the event of subsequent close contact with confirmed COVID-19 positive individuals, additional quarantine is not necessary or recommended during this 90-day period as long as they remain symptom-free.** If individuals become symptomatic during this time frame (whether or not they are a close contact of a case) they should self-quarantine immediately for 14 days and be evaluated by a healthcare provider to determine if they may have been re-infected with SARS-CoV-2 or if symptoms are caused by another etiology. **Isolation may be warranted** during this time, particularly **if symptoms developed after close contact with an infected person.**

Contacts of Contacts: There is no indication to quarantine individuals who are contacts of contacts; they should continue to self-monitor for symptoms. The above guidance will apply if symptoms arise.

[9] For more detailed information, see: https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html