



PERSONNEL AND
READINESS

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

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MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF
DEFENSE
SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
CHIEF OF THE NATIONAL GUARD BUREAU
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE
AFFAIRS
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC
AFFAIRS
DIRECTORS OF DEFENSE AGENCIES
DIRECTORS OF DOD FIELD ACTIVITIES

SUBJECT: Force Health Protection Guidance (Supplement 11) – Department of Defense
Guidance for Coronavirus Disease 2019 Surveillance and Screening with Testing

- References: (a) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 10) – Department of Defense Guidance for Coronavirus Disease 2019 Laboratory Diagnostic Testing Services,” June 11, 2020
- (b) DoD COVID-19 Task Force Memorandum, “Testing and Reporting of DoD COVID-19 Screening,” May 18, 2020
- (c) DoD Instruction 6200.03, “Public Health Emergency Management (PHEM) within the DoD,” March 28, 2019
- (d) DoD Directive 6490.02E, “Comprehensive Health Surveillance,” February 8, 2012
- (e) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 9) – Department of Defense Guidance for Deployment and Redeployment of Individuals and Units during the Novel Coronavirus Disease 2019 Pandemic,” May 26, 2020

This memorandum outlines the Department of Defense surveillance strategy for the coronavirus disease 2019 (COVID-19) pandemic response, including health surveillance activities, screening, asymptomatic testing,¹ and sentinel surveillance testing. It complements clinical and diagnostic testing guidance set forth in reference (a). Consistent with U.S. Food and Drug Administration determinations to date, there are currently no diagnostic tests authorized with an intended use including broad screening of asymptomatic individuals. Therefore, it

¹ Testing in this guidance refers to polymerase chain reaction (PCR) tests with a U.S. Food and Drug Administration emergency use authorization. At this time, serologic tests should not be used to determine if an individual is immune.

continues to be DoD's practice that a negative test result in an asymptomatic individual does not rule out exposure to the virus, and such results must not be relied upon to rule out the potential for spreading infection.

The DoD surveillance and screening strategy is designed to break the chain of disease transmission to reduce risk to the force and to DoD missions. DoD Components will employ health surveillance, screening, contact tracing, and sentinel surveillance to decrease operational risk. Testing of selected asymptomatic individuals, suspected by their healthcare provider of having contracted COVID-19, is part of our risk reduction and surveillance strategy and will be incorporated into screening and surveillance protocols.

The DoD COVID-19 Task Force Diagnostics and Testing Line of Effort (CVTF-D&T) is the central coordinator for all DoD testing in accordance with reference (b). Testing undertaken consistent with this guidance will be increased to reach steady state requirements, as resources allow, in alignment with DoD Component testing plans. The CVTF-D&T will validate priority requirements in cases where resources available do not meet planned requirements and will direct and implement reporting processes in accordance with reference (b).

Health Surveillance Activities

To assess the threat and inform our understanding of COVID-19 transmission, DoD Components will continue to employ existing syndromic, respiratory, and COVID-19 surveillance programs and efforts in accordance with references (c) and (d). DoD Components will continue, and expand as feasible, the following core surveillance activities:

- Syndromic surveillance through the Electronic Surveillance System for Early Notification of Community-based Epidemics to monitor for COVID-19-like illness.
- Respiratory surveillance testing occurring at sites in the DoD Global Respiratory Pathogen Surveillance program. This program tests existing influenza-like-illness samples for COVID-19 and will test future samples for both influenza and COVID-19.
- Surveillance for acute or febrile respiratory diseases or illnesses at initial entry training sites with data collection and reporting in accordance with DoD Component testing plans.
- Clinical diagnoses of COVID-19 cases identified in military medical treatment facilities and reported through case-based surveillance in the Disease Reporting System-internet.
- Contact tracing of confirmed COVID-19 positive cases to identify potentially exposed persons in accordance with all applicable Federal, State, local, and DoD requirements.

- Report COVID-19 positive test results in accordance with all applicable Federal, State, local, and DoD requirements.

Additional information on these programs may be obtained by contacting the Defense Health Agency's Armed Forces Health Surveillance Division at: **dha.ncr.health-surv.mbx.afhs-webmaster@mail.mil**.

Screening, Restriction of Movement, and Asymptomatic Testing for Operational Risk Reduction

In addition to the existing health surveillance efforts, DoD Components will implement operational risk reduction measures that combine screening procedures, a risk-based restriction of movement (ROM) for Service members in accordance with reference (c), and COVID-19 testing of asymptomatic Service members suspected of COVID-19 by their healthcare providers, in consultation with local public health authorities as appropriate (e.g., host nation health authorities). These risk reduction efforts will be implemented in accordance with the Secretary of Defense's approved Priority Testing Tier framework in reference (b). The ROM applies to Service members in Tiers 1-3 not yet on mission (e.g., not yet deployed or in training or the start of mission-critical rotational duties) and will require close coordination between DoD Components to decrease risk and optimize resources. Testing will be conducted by Tier based on test availability.

- DoD Components will develop and implement ROM procedures for Service members to prevent the spread of COVID-19 and minimize the risk of exposure during the ROM period.
- DoD Components will perform COVID-19 testing of asymptomatic Service members prior to deployment or start of training, as determined appropriate by the medical staff and approved by the commander, in accordance with Component plans. Symptom surveillance must be ongoing for any Service member with a negative test. A negative PCR result does not rule out the disease, so tracking for the development of symptoms is critical to prevent outbreaks.
- DoD Components will ensure Service members who are tested receive their test results.
- Symptomatic Service members will be managed in accordance with reference (a).
- Testing will be prioritized by tier, beginning with Tier 1 (Critical National Capabilities). Tiers 2 (Engaged Fielded Forces) and 3 (Forward Deployed/Redeploying Forces) will begin asymptomatic testing, as determined appropriate by the medical staff and approved by the commander, after Tier 1 testing reaches steady state, as determined by the CVTF-D&T.

COVID-19 Sentinel Surveillance

Sentinel surveillance requires actively testing for infections in select asymptomatic Service member populations to detect disease early and direct public health action. DoD sentinel surveillance testing for COVID-19 conducted to enable early detection of transmission among our force and guide contact tracing and mitigation measures will be undertaken in the following manner:

- Sentinel surveillance testing will be managed by Military Department public health programs to ensure appropriate contact tracing, mitigation measures, analysis, and reporting are accomplished. The CVTF-D&T will coordinate DoD Component testing in accordance with reference (b) and Attachment 1.
- DoD Components will conduct sentinel surveillance screening of 10 percent of active duty clinical health care personnel (e.g., those engaged in patient care) and 10 percent of selected Service member populations living in congregate settings (see Attachment 1) through randomized testing every 14 days.
- As testing resources increase, DoD Components will conduct sentinel surveillance testing of 1 percent of Service members² in Tier 1-4 populations on their installation or within their unit every 14 days (see Attachment 1). The Military Departments, in coordination with the Joint Staff, will report the number of personnel who undergo sentinel surveillance testing to the CVTF-D&T. This percentage may be increased as warranted and as testing capacity allows.

COVID-19 Contact Tracing and Testing

DoD Components will perform contact tracing on all COVID-19 cases identified through screening and surveillance activities. Follow-on quarantine or isolation measures will be implemented as indicated in accordance with references (a) and (c). Components will test asymptomatic close contacts in accordance with reference (a) and in consultation with public health authorities.

Guidance for Specific DoD Populations

- DoD civilian employees and contractor personnel who are associated with Tier 1-3 populations are encouraged to practice ROM in accordance with reference (e) to the extent possible.
- The Secretaries of the Military Departments may issue additional guidance as appropriate for Reserve Component personnel. The Chief of the National Guard Bureau, in coordination with the Secretaries of the Army and the Air Force, may issue

² Sentinel surveillance testing of 1 percent of a DoD Component's Service members does not apply to Reserve Component Service members (including National Guard members) who are not on active duty.

additional guidance to the States and territories to minimize risks to National Guard members.

Assess and Improve Screening and Surveillance Testing Processes

Components will update their Tier 1-4 personnel testing requirements, propose changes to screening and sentinel surveillance practices, and request exceptions to this guidance through communication with the CVTF-D&T at: **dha.ncr.dha-ha.list.cvtf-diagnostics-testing@mail.mil**.

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

Attachment 1: COVID-19 Sentinel Surveillance Testing Plan

Why do sentinel surveillance for COVID-19?

Sentinel surveillance testing involves testing for infections in selected populations to **detect disease early** and **direct public health action**. It is one part of DoD's multipronged surveillance strategy, which also includes core surveillance programs and screening of Tier 1-3 DoD forces. Effective sentinel surveillance for COVID-19 requires testing asymptomatic persons; these persons should be in populations with a higher likelihood of infection and for whom actions can prevent widespread transmission.

The Centers for Disease Control and Prevention (CDC) has issued guidance for testing such asymptomatic populations, based on emerging evidence that suggests asymptomatic infections may play an important role in the epidemiology of COVID-19. The CDC emphasizes the importance of defining circumstances where testing asymptomatic persons is likely to be helpful in controlling the COVID-19 pandemic. According to the CDC, effective testing programs will focus on: (1) persons with an increased likelihood of infection; and (2) settings with particularly vulnerable populations. Examples include healthcare settings and congregate living settings (e.g., nursing homes), which have experienced severe outbreaks.

Why do sentinel surveillance in DoD?

Undetected asymptomatic infections are occurring within DoD populations. Early identification of asymptomatic infections will enable the timely direction of public health actions and limit widespread transmission. DoD sentinel surveillance testing will enable early detection of transmission within the force and guide contact tracing and mitigation measures.

Whom should DoD target with sentinel surveillance testing?

DoD will broadly align sentinel surveillance testing with CDC guidance; we will focus on populations at increased risk for infection and transmission. Sentinel surveillance testing will be focused specifically on healthcare workers and those living or working in congregate settings (e.g., ships and training sites). HPCON levels are a proxy for the risk of infection and transmission in a local area.

How many people do we need to test?

There is no universally accepted standard screening rate for sentinel surveillance. Various epidemiologists recommend rates ranging from 0.5-1.0 percent. Several infectious disease experts have recommended testing anywhere from 2-10 percent of the population. DoD Components will:

- Test 10 percent of clinical health care personnel every 14 days (20 percent per month);
- Test 10 percent of selected populations living in congregate settings (20 percent per month); and
- Test 1 percent of their installation/unit populations every 14 days among Tier-1-4 populations at higher risk of infection.

Combined with asymptomatic screening, this will result in 2.5 percent of the DoD Service member and clinical health care population being tested every two weeks (5 percent per month, 15 percent per quarter). These proportions will be evaluated and may be adjusted as the pandemic progresses.