



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
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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
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AFFAIRS
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AFFAIRS
DIRECTORS OF DEFENSE AGENCIES
DIRECTORS OF DOD FIELD ACTIVITIES

SUBJECT: Force Health Protection Guidance (Supplement 10) – 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 6) – Department of Defense Guidance for
Coronavirus Disease 2019 Laboratory Diagnostic Testing Services,”
April 7, 2020 (hereby rescinded)
(b) Department of Defense Instruction 6055.01, “DoD Safety and Occupational
Health (SOH) Program,” October 14, 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 testing¹ 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 Attachment 1 for case management and disposition guidance. Providers are encouraged to test for other causes of respiratory illness as clinically

¹ Testing in this guidance refers to polymerase chain reaction technology testing methods.

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

Approved Diagnostic Laboratories and Tests

- DoD Components will conduct diagnostic testing at clinically approved laboratories.
- 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/emergency-situations-medical-devices/emergency-use-authorizations#coronavirus>.
- COVID-19 testing capabilities are synchronized by the DoD COVID-19 Task Force Diagnostics and Testing Line of Effort, with input from the Defense Health Agency's Center for Laboratory Medicine Services (CLMS). CLMS may be contacted at: dha.ncr.clinic-support.mbx.clms@mail.mil.

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

- DoD Components may test Service members (including the Reserve Component, which includes National Guard personnel when in a title 10 or title 32 duty status) in accordance with this guidance.
- 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 urgently required in the DoD workplace.
- DoD family members who are eligible Military Health System beneficiaries may be offered testing in accordance with this guidance.
- Employees of DoD contractors will use the processes for medical care to access testing as set forth in the terms of the contract under which they are performing. As necessary, existing contracts should be modified to set forth processes to provide access to testing.

- 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.



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Attachment:
As stated

Force Health Protection Supplement 10 – Attachment 1 Clinical Testing and Management - COVID-19¹

(Based on current Centers for Disease Control and Prevention (CDC) guidance²)

Testing a Patient in a Clinical Setting:

- Test based on clinical judgment and public health considerations.
 - If **lab positive**: the patient becomes a case and must be isolated.
 - If **lab negative**: the patient should be followed to ensure he/she clinically improves.
 - If **lab negative** and **clinically improved**: the patient has no restrictions.
 - If **lab 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:

Either of the below two options may be used for a **symptomatic** case:

- **Symptom-based** criteria to discontinue isolation for persons who have had symptoms:
 - At least 3 days (72 hours) have passed since recovery (e.g., resolution of fever without the use of fever-reducing medications);
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
 - At least 10 days have passed since symptoms first appeared.
- **Test-based** criteria to discontinue isolation for persons who have had symptoms:
 - Resolution of fever without the use of fever-reducing medications;
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
 - Negative polymerase chain reaction results from at least two **consecutive** respiratory specimens collected at least 24 hours apart.

The following guidance will be used for disposition of an **asymptomatic** case:

- 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.

Management of Close Contacts³ of a Case (as determined by contact tracing):

- When the close contact is an active duty Service member, that Service member should be tested, , quarantine for 14 days, and monitor for symptoms of COVID-19.
 - The lab test is a diagnostic test:
 - A positive result **IS** meaningful. The individual is infected 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.

¹ This quick reference sheet applies to eligible populations as stated in this guidance.

² As of May 3, 2020. DoD Components will continue to adhere to the most current CDC guidance; check for updates regularly.

³ Close contact is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for > 15 minutes without proper personal protective equipment as set forth in Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 7) – Department of Defense Guidance for Use of Cloth Face Coverings, Personal Protective Equipment, and Non-Pharmaceutical Interventions During the Coronavirus Disease 2019 Pandemic," April 8, 2020.

- Close contacts who are active duty Service members **cannot test out** of quarantine; close contacts who are active duty Service members 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 8.⁴
- Close contacts who are 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 may be restricted from workplace access at DoD facilities in accordance with Force Health Protection Guidance Supplement 8.⁴

Testing in Quarantine:

- Test active duty Service members in quarantine who develop symptoms commonly associated with COVID-19.
 - If **lab positive**: the patient becomes a case (see above).
 - If **lab negative**: the patient should be isolated and followed to ensure he/she clinically improves.
 - If **lab negative** and **clinically improved**: the patient **goes back** into quarantine for the remainder of the 14 days to determine if he/she becomes symptomatic for COVID-19.
 - If **lab 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.

Contacts of Contacts:

- There is no indication to quarantine active duty Service members who are contacts of contacts; they should continue to self-monitor for symptoms. The above guidance will apply if symptoms arise.

⁴ 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.