



PERSONNEL AND  
READINESS

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

**JUL 21 2021**

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
COMMANDERS OF THE COMBATANT COMMANDS  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Force Health Protection Guidance (Supplement 22) - Department of Defense  
Guidance for Coronavirus Disease 2019 Surveillance and Screening Testing

- References:
- (a) Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 11) – Department of Defense Guidance for Coronavirus Disease 2019 Surveillance and Screening with Testing," June 11, 2020 (hereby rescinded)
  - (b) Acting Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 15) Revision 2 – Department of Defense Guidance for Coronavirus Disease 2019 Laboratory Testing Services," July 2, 2021
  - (c) Deputy Secretary of Defense Memorandum, "Coronavirus Task Force Diagnostics and Testing Line of Effort Transition of Functions," May 3, 2021
  - (d) Department of Defense Instruction 6200.03, "Public Health Emergency Management (PHEM) within the DoD," March 28, 2019
  - (e) Department of Defense Directive 6490.02E, "Comprehensive Health Surveillance," February 8, 2012
  - (f) Secretary of Defense Memorandum, "Way Forward for SARS-CoV-2 Testing Within the Department of Defense," April 29, 2021
  - (g) Acting Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 16) Revision 1 – Department of Defense Guidance for Deployment and Redeployment of Individuals and Units During the Coronavirus Disease 2019 Pandemic," May 4, 2021
  - (h) Acting Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 20) – Department of Defense Guidance for Personnel Traveling During the Coronavirus Disease 2019 Pandemic," April 12, 2021
  - (i) Department of Defense Manual 1000.13, Volume 2, "DoD Identification (ID) Cards: Benefits for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals," January 23, 2014

This memorandum updates the DoD surveillance strategy for the coronavirus disease 2019 (COVID-19) pandemic response, including health surveillance activities, screening testing of asymptomatic individuals,<sup>1</sup> and sentinel surveillance using a screening testing protocol. It

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<sup>1</sup> Testing in this guidance refers to viral tests that utilize molecular or, when clinically indicated, antigen testing methods. At this time, serologic tests should not be used to diagnose a current severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in an individual.

rescinds and replaces reference (a) and complements the clinical and diagnostic testing guidance set forth in reference (b). Due to the asymptomatic transmission risk of COVID-19, and consistent with Food and Drug Administration determinations to date, negative COVID-19 test results do not indicate an absence of infection. It continues to be DoD practice that a negative test result in an asymptomatic individual does not rule out the possibility that an individual is infected with the virus and that such results must not be solely relied upon to rule out the potential for spreading infection. Therefore, appropriate symptom monitoring, infection prevention, and control measures should be followed for individuals with negative COVID-19 test results.

DoD surveillance and screening strategies are designed to break the chain of disease transmission to reduce risk to the force and DoD missions. DoD Components will employ health surveillance, screening tests, contact tracing, and sentinel surveillance using a screening testing protocol to decrease operational risk. Testing selected asymptomatic individuals is part of our risk-reduction strategy and should continue to be incorporated into DoD's approach to combatting COVID-19.

In accordance with reference (c), the DoD COVID-19 Task Force Diagnostics and Testing Line of Effort (CVTF-D&T) is no longer the central coordinating authority for DoD testing. DoD Components are authorized to execute screening testing and sentinel surveillance using a screening testing protocol in accordance with this guidance and their own testing plans. Office of the Secretary of Defense (OSD) Components will execute screening testing and sentinel surveillance using a screening testing protocol through the Director of Administration and Management, in coordination with the Assistant Secretary of Defense for Health Affairs (ASD(HA)) and the Director, Defense Health Agency (DHA). The ASD(HA) will establish DoD-wide testing metrics and reporting requirements, which will be implemented and monitored by DHA, in coordination with the Military Departments.

### **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 (d) and (e). 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 of samples occurring at sites participating in the DoD Global Respiratory Pathogen Surveillance program for influenza-like-illness, including 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 infected persons in accordance with all applicable Federal, State, local, and DoD requirements.
- Continued reporting of SARS-CoV-2/COVID-19 test results in accordance with all applicable Federal, State, local, and DoD requirements, and as appropriate, to respect host nation guidelines.
- Expansion of whole genome sequencing efforts for respiratory surveillance testing with a focus on cases of re-infection and infection in vaccinated individuals (i.e., “vaccine breakthroughs”). Sequencing efforts are led by the Global Emerging Infections Surveillance Program (dha.ncr.health-surv.mbx.promis@mail.mil).
- Wastewater surveillance may be used to supplement existing COVID-19 surveillance systems as a capability that provides an efficient pooled community sample to understand more fully the extent of COVID-19 infections in communities.

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

### **Methods for Operational Risk Reduction**

In addition to the existing health surveillance efforts, DoD Components may develop and implement operational risk-reduction measures that combine screening testing, a risk-based restriction of movement (ROM) for DoD personnel<sup>2</sup> in accordance with references (g) and (h) and, if appropriate and permitted in accordance with applicable contracts, DoD contractor personnel in accordance with reference (d), and COVID-19 testing of asymptomatic DoD personnel as set forth below in consultation with local public health authorities as appropriate. These risk-reduction efforts will be managed at the DoD Component level and will no longer be centralized by the CVTF-D&T. At their discretion, DoD Components may continue to utilize a tiered testing framework for sentinel surveillance using a screening testing protocol as outlined below. Testing will be conducted based on resource availability and management at the Component level.

- DoD Components may perform COVID-19 testing of asymptomatic DoD personnel prior to deployment or redeployment and may perform COVID-19 tests prior to start of training, as determined appropriate by the medical staff and approved by the commander or supervisor, in accordance with Component plans. Monitoring for

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<sup>2</sup> For this memorandum, the term “DoD personnel” refers to Service members and DoD civilian employees, and, if appropriate and permitted in accordance with applicable contracts, DoD contractor personnel.

COVID-19-related symptoms must be ongoing for any DoD personnel with a negative test, in accordance with applicable policy.

- DoD Components will ensure DoD personnel who are tested using a screening testing protocol are notified of their test results.
- Symptomatic DoD personnel will be managed in accordance with reference (b).
- Tiered testing structure consists of Tier 1 (Critical National Capabilities), Tier 2 (Engaged Fielded Forces), and Tier 3 (Forward Deployed/Redeploying Forces).
- Voluntary testing of eligible family members, DoD civilian employees, and DoD contractor personnel if appropriate and permitted in accordance with applicable contracts who, if infected with COVID-19, could impact the DoD workforce and missions may be conducted in support of DoD's effort to interrupt transmission of the virus among our populations in accordance with reference (f). Testing will be conducted based on availability and managed at the DoD Component level.
- DoD Components may perform pre- and post-travel testing in accordance with the latest Centers for Disease Control and Prevention (CDC) guidelines and electronic Foreign Clearance Guide requirements. DoD civilian employees, DoD contractor employees, and eligible family members authorized or sponsored by DoD to accompany DoD personnel are authorized for pre- and post-COVID-19 travel testing in accordance with reference (i).

### **Guidance for Specific DoD Populations**

At the discretion of the DoD Component heads, DoD civilian employees and contractor personnel, if appropriate and permitted in accordance with applicable contracts, may be tested in accordance with references (g) and (h).

The Secretaries of the Military Departments will 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 additional guidance to the States and territories to minimize risks to National Guard members.

### **COVID-19 Sentinel Surveillance Using a Screening Testing Protocol**

Sentinel surveillance using a screening testing protocol is intended to detect disease early and direct public health action. Sentinel surveillance using a screening testing protocol for COVID-19 enables early detection of transmission among our force and guides contact tracing and mitigation measures.

DoD Components may conduct sentinel surveillance using a screening testing protocol to reduce risk at the discretion of the DoD Component head, in consultation with public health

advisors for higher risk settings such as congregate environments, initial entry training sites, remote locations where medical treatment is not readily available, and activities where continuity of operations must be maintained. OSD and DoD Component heads may use the recommendation included in the Attachment as a basis on which to structure their sentinel surveillance using a screening testing protocol activities.

Geographic Combatant Commanders, in consultation with medical and public health advisors, may add additional screening testing requirements on DoD personnel entering, departing, or operating within their respective areas of responsibilities to reduce operational risk to the force.

If chosen, sentinel surveillance using a screening testing protocol will be coordinated with Military Department public health programs to ensure appropriate contact tracing, mitigation measures, analysis, and reporting are accomplished. DoD Components are authorized to extend testing exemptions for those individuals who are fully vaccinated. The DHA will coordinate information sharing related to testing across DoD Components.

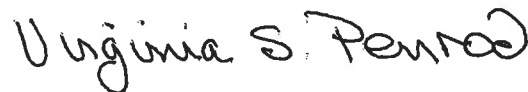
#### **COVID-19 Contact Tracing and Testing**

DoD Components will perform contact tracing on all COVID-19 cases identified through screening testing activities. Follow-on quarantine or isolation measures and testing will be implemented as indicated in accordance with references (b) and (d).

#### **Assess and Improve Screening Testing and Surveillance Testing Processes**

DoD Components will continue to provide visibility on screening testing and surveillance efforts through communication with the DHA at: [dha.ncr.dha-ha.list.cvtf-diagnostics-testing@mail.mil](mailto:dha.ncr.dha-ha.list.cvtf-diagnostics-testing@mail.mil).

My point of contact for this guidance is Colonel Michael Berecz at (703) 681-8463 or [michael.j.berecz.mil@mail.mil](mailto:michael.j.berecz.mil@mail.mil).



Virginia S. Penrod  
Acting

Attachment:  
As stated

## **Attachment: DoD Component COVID-19 Sentinel Surveillance Recommendations and Guidelines**

### **Why do sentinel surveillance using a screening testing protocol for COVID-19?**

Sentinel surveillance using a screening testing protocol involves testing for infections in selected populations to detect disease early and direct public health action. It has been a part of DoD's multipronged surveillance strategy of Tier 1-3 DoD forces, including core syndromic and respiratory surveillance programs, in conjunction with COVID-19 screening testing. Effective sentinel surveillance using a screening testing protocol for COVID-19 requires testing asymptomatic persons in populations with a higher likelihood of infection and for whom actions can prevent widespread transmission.

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 such as congregate living settings (e.g., colleges, dorms, nursing homes, nursing home healthcare workers) where there is an increased risk for rapid transmission.

### **Why conduct sentinel surveillance using a screening testing protocol in DoD?**

Undetected asymptomatic infections are continuing to occur within DoD populations, particularly those who are not yet fully vaccinated. Early identification of asymptomatic infections will enable the timely direction of public health actions and limit widespread transmission.

### **Whom should DoD target with sentinel surveillance using a screening testing protocol?**

DoD will broadly align sentinel surveillance using a screening testing protocol consistent with CDC guidelines. OSD and DoD Components should focus on populations at increased risk for infection and transmission to prevent outbreaks along with populations where outbreak impacts are significant. Sentinel surveillance using a screening testing protocol should focus on those living or working in congregate settings (e.g., ships and training sites). Health Protection Condition 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 using a screening testing protocol; expert recommendations range from 0.5–10 percent and civilian experiences in settings similar to DoD focus populations may serve as a useful resource.<sup>3</sup> The CDC no longer recommends routine testing of asymptomatic health care personnel who are not serving in nursing home settings. OSD and DoD Components will determine their testing needs in order to appropriately manage risk and rapidly respond to control outbreaks. Other public health measures such as pre-mission ROM may be used to decrease the risk of transmission. Emphasis should be placed on increasing vaccination rates among DoD personnel.

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<sup>3</sup> <https://www.nap.edu/catalog/26005/covid-19-testing-strategies-for-colleges-and-universities>.