



PERSONNEL AND
READINESS

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MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
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SUBJECT: Force Health Protection Guidance for the Novel Coronavirus Outbreak

This memorandum provides initial guidance to DoD personnel on the novel coronavirus (2019-nCoV) outbreak. DoD is coordinating closely with the interagency to align our increased preparedness posture.

The DoD will follow the regularly updated Centers for Disease Control and Prevention (CDC) guidance for this outbreak, found at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. A summary of the latest guidance from CDC is published via the Health Alert Network at: <https://emergency.cdc.gov/han/index.asp>. Related Military Health System (MHS) information and links to the CDC are at: <https://www.health.mil/News/In-the-Spotlight/Coronavirus>. The MHS is prepared to execute updated or additional guidance due to the fluidity of the situation. Due to the dynamic nature of this outbreak, individuals should frequently check the CDC 2019-nCoV website for additional updates.

Current Situation: The 2019-nCoV outbreak continues, with the CDC reporting several thousand cases worldwide, to include cases in the United States. CDC has published a warning to avoid all nonessential travel (Level 3) to China and advises that travelers to China should take enhanced precautions to prevent exposure to 2019-nCoV (<https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china>).

Risk to DoD Personnel: Per the CDC, identifying a person at risk, or Patients Under Investigation (PUI), is based on symptoms and exposure history; additional criteria are at: <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>. The risk to DoD personnel who do not meet the PUI criteria is low.

- While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat: 1) Because it is currently influenza and respiratory disease season, CDC recommends getting an influenza vaccine, taking everyday preventive actions to

help stop the spread of germs, and taking influenza antivirals if prescribed; 2) If you are a healthcare provider, be on the lookout for people with travel history to China and fever and respiratory symptoms; and 3) If you are a healthcare provider caring for a 2019-nCoV patient, please take care of yourself and follow recommended infection control procedures.

- **Per CDC, the best way to prevent infection is to avoid being exposed to this virus.** DoD personnel can reduce risk from respiratory viruses by: **1) appropriately washing hands with soap and water for at least 20 seconds, and if soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol; 2) avoiding touching their eyes, nose, and mouth with unwashed hands; 3) avoiding close contact with those who are sick; and 4) cleaning and disinfecting frequently touched objects and surfaces.** Additional information from CDC can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>.
- **If DoD personnel have recently returned from travel to China in the last 14 days or had close contact with someone infected with 2019-nCoV and feel sick with fever, cough, or difficulty breathing, CDC directs these individuals to: 1) seek medical care right away. Before going to a doctor's office or emergency room, call ahead and tell them about the recent travel and symptoms; 2) avoid contact with others; 3) not travel while sick; 4) cover the mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing; and 5) wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer that contains at least 60 percent alcohol if soap and water are unavailable.**

The CDC has provided answers to frequently asked questions on 2019-nCoV that may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>. A copy of these frequently asked questions as of January 27, 2020 is attached to this guidance.

Healthcare Guidance: DoD will follow CDC guidance for healthcare providers at: <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>. Additional DoD reference material for personal protective equipment that may go beyond current CDC guidelines is available at: <https://health.mil/Reference-Center/Policies/2018/09/25/Personal-Protective-Equipment-Policy-Guidance>.

Patient Screening and Isolation: Screening of individuals potentially exposed to 2019-nCoV should be based on their risk of exposure, using CDC PUI criteria. **Per CDC, PUIs for 2019-nCoV infection should be asked to wear a facemask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available.** For updated CDC guidance please refer to: <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.

Diagnosis: As of January 27, 2020, diagnostic testing is only available by the CDC. Currently, testing for this virus must take place at CDC, but in the coming days and weeks, CDC will share these tests with domestic and international partners. Guidance for sample collection and laboratories is at: <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-laboratories.html>.

Treatment: There are no specific treatments recommended for 2019-nCoV at this time. People infected with 2019-nCoV should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

Reportable Medical Events: Responsible medical authorities will report all PUIs for 2019-nCoV infection to: 1) the MHS via the Disease Reporting System internet; 2) installation/local public health authorities using established reporting procedures; and 3) the Armed Forces Health Surveillance Division Alert and Response Operations at: dha.ncr.health-surv.list.ib-alert-response@mail.mil.

Additional Considerations: The Office of the Assistant Secretary of Defense for Health Affairs is working with the Joint Staff and others for any potential increased screening of DoD populations at ports of embarkation or debarkation.

My point of contact for this guidance is COL Jennifer M. Kishimori. COL Kishimori may be reached at (703) 681-8179 or jennifer.m.kishimori.mil@mail.mil.



Matthew P. Donovan
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Attachment:
As stated



2019 Novel Coronavirus, Wuhan, China

Frequently Asked Questions and Answers

Disease Basics

Q: What is 2019 Novel Coronavirus?

A: The 2019 Novel Coronavirus, or 2019-nCoV, is a new respiratory virus first identified in Wuhan, Hubei Province, China.

[Learn about 2019 Novel Coronavirus.](#)

Q: What is a novel coronavirus?

A: A novel coronavirus (CoV) is a new coronavirus that has not been previously identified.

Q: What is the source of 2019-nCoV?

A: Public health officials and partners are working hard to identify the source of the 2019-nCoV. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Analysis of the genetic tree of this virus is ongoing to know the specific source of the virus. SARS, another coronavirus that emerged to infect people, came from civet cats, while MERS, another coronavirus that emerged to infect people, came from camels. More information about the source and spread of 2019-nCoV is available on the [2019-nCoV Situation Summary: Source and Spread of the Virus](#).

Q: How does the virus spread?

A: This virus probably originally emerged from an animal source but now seems to be spreading from person-to-person. It's important to note that person-to-person spread can happen on a continuum. Some viruses are highly contagious (like measles), while other viruses are less so. At this time, it's unclear how easily or sustainably this virus is spreading between people. Learn what is known about the [spread of newly emerged coronaviruses](#).

Q: Is 2019-nCoV the same as the MERS-CoV or SARS virus?

A: No. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. The recently emerged 2019-nCoV is not the same as the coronavirus that causes Middle East Respiratory Syndrome (MERS) or the coronavirus that causes Severe Acute Respiratory Syndrome (SARS). However, genetic analyses suggest this virus emerged from a virus related to SARS. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

Prevention

Q: How can I help protect myself?

A: Visit the [2019-nCoV Prevention and Treatment](#) page to learn about how to protect yourself from respiratory illnesses, like 2019-nCoV.

Q: What should I do if I had close contact with someone who has 2019-nCoV?

A: There is information for [people who have had close contact](#) with a person confirmed to have, or being evaluated for, 2019-nCoV infection available online.

Medical Information

Q: What are the symptoms and complications that 2019-nCoV can cause?

A: Current symptoms reported for patients with 2019-nCoV have included mild to severe respiratory illness with fever¹, cough, and difficulty breathing. Read about [2019-nCoV Symptoms](#).

Q: Should I be tested for 2019-nCoV?

A: If you develop a fever¹ and symptoms of respiratory illness, such as cough or shortness of breath, within 14 days after travel from China, you should call ahead to a healthcare professional and mention your recent travel or close contact. If you have had close contact² with someone showing these symptoms who has recently traveled from this area, you should call ahead to a healthcare professional and mention your close contact and their recent travel. Your healthcare professional will work with your state's public health department and CDC to determine if you need to be tested for 2019-nCoV.

Q: How do you test a person for 2019-nCoV?

A: At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC.

State and local health departments who have identified a [person under investigation \(PUI\)](#) should immediately notify CDC's Emergency Operations Center (EOC) to report the PUI and determine whether testing for 2019-nCoV at CDC is indicated. The EOC will assist local/state health departments to collect, store, and ship specimens appropriately to CDC, including during afterhours or on weekends/holidays.

For more information on specimen collection see [CDC Information for Laboratories](#).

Q: What should healthcare professionals and health departments do?

A: For recommendations and guidance on patients under investigation; infection control, including personal protective equipment guidance; home care and isolation; and case investigation, see [Information for Healthcare Professionals](#). For information on specimen collection and shipment, see [Information for Laboratories](#).

Public Health Response and Current Situation

Q: What is CDC doing about 2019-nCoV?

A: This is an emerging, rapidly evolving situation and CDC will continue to provide updated information as it becomes available. CDC works 24/7 to protect people's health. It is CDC's job to be concerned and move quickly whenever there is a potential public health problem. More information about [CDC's response to 2019-nCoV](#) is available online.

Q: Am I at risk for 2019-nCoV infection in the United States?

A: This is a rapidly evolving situation and the [risk assessment](#) may change daily. The latest updates are available on CDC's 2019 Novel Coronavirus website.

Q: Has anyone in the United States gotten infected?

A: Yes. The first infection with 2019-nCoV in the United States was reported on January 21, 2020. See the [current U.S. case count of infection with 2019-nCoV](#).

Q: Am I at risk for novel coronavirus from a package or products shipping from China?

There is still a lot that is unknown about the newly emerged 2019 novel coronavirus (2019-nCoV) and how it spreads. Two other coronaviruses have emerged previously to cause severe illness in people (MERS and SARS). 2019-nCoV is more genetically related to SARS than MERS, but both are betacoronaviruses with their origins in bats. While we don't know for sure that this virus will behave the same way as SARS and MERS, we can use the information from both of these earlier coronaviruses to guide us. In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of 2019-nCoV associated with imported goods and there have not been any cases of 2019-nCoV in the United States associated with imported goods. Information will be provided on the [2019 Novel Coronavirus website](#) as it becomes available.

Travel

Q: Is it safe to travel to China or other countries where 2019-nCoV cases have occurred?

A: The situation is evolving. Stay up to date with [CDC's travel health notices related to this outbreak](#). These notices will be updated as more information becomes available.

Q: What if I recently traveled to China and got sick?

A: If you were in China and feel sick with fever, cough, or difficulty breathing, within 14 days after you left, you should

- Seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
- Avoid contact with others.
- Not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer if soap and water are not available.

CDC does have additional [specific guidance for travelers](#) available online.

2019-nCoV and Animals

Q: What about animals or animal products imported from China?

CDC does not have any evidence to suggest that animals or animal products imported from China pose a risk for spreading 2019-nCoV in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. The [United States Department of Agriculture regulates](#) [the importation of animals and animal products](#), and [CDC regulates](#) the importation of animals and animal products capable of spreading human disease.

Q: Should I be concerned about pets or other animals and 2019-nCoV?

While this virus seems to have emerged from an animal source, it is now spreading from person-to-person. CDC recommends that people traveling to China avoid animals both live and dead, but there is no reason to think that any animals or pets in the United States might be a source of infection with this new coronavirus.

Q: Should I avoid contact with pets or other animals if I am sick?

Do not handle pets or other animals while sick. Although there have not been reports of pets or other animals becoming sick with 2019-nCoV, several types of coronaviruses can cause illness in animals and spread between animals and people. Until we know more, avoid contact with animals and wear a facemask if you must be around animals or care for a pet.

Footnotes

¹Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

²Close contact is defined as—

- a. being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a novel coronavirus case. – or –
- b. having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's [Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus](#)

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

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Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)