



PERSONNEL AND  
READINESS

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

**JUL 26 2023**

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

SUBJECT: Force Health Protection Guidance – Coronavirus Disease 2019 and Other Infectious Respiratory Diseases

Reference: Under Secretary of Defense for Personnel and Readiness Memorandum, “Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance,” March 24, 2023 (hereby rescinded)

This memorandum rescinds the reference. Although the coronavirus disease 2019 (COVID-19) public health emergency ended on May 11, 2023, SARS-CoV-2 (the virus that causes COVID-19) remains in wide circulation globally. SARS-CoV-2 will likely remain one of the leading causes of respiratory illness and one of the top 10 leading causes of death in the United States for the next several years. During the COVID-19 pandemic, the Department implemented measures to reduce transmission of respiratory diseases and to protect the workforce. Most mitigating strategies to limit the spread of COVID-19, such as those listed below, should continue as measures to prevent the spread of respiratory diseases, and to monitor for the potential emergence of new SARS-CoV-2 variants of concern.

- Vaccination. Vaccination remains one of the most effective measures to limit the spread of preventable respiratory diseases, including, but not limited to, seasonal influenza and COVID-19. The Department strongly encourages members of the DoD workforce and Military Health System beneficiaries to remain up to date with COVID-19 vaccines, in accordance with Centers for Disease Control and Prevention (CDC) recommendations.
- Symptomatic Individuals. Individuals who are exhibiting symptoms of an infectious respiratory disease, including colds, influenza, and COVID-19, should not come to the workplace or conduct official travel until symptoms have begun to resolve. Symptoms of an infectious respiratory disease may include fever, body aches, cough, runny nose, sore throat, vomiting, or diarrhea. Commanders and supervisors should permit symptomatic individuals to utilize situational telework when possible.
  - Negative test results are not required for individuals who have recently recovered from a respiratory infection to return to the workplace or to conduct official travel.
  - DoD personnel outside the United States must follow all requirements imposed by allied forces and by the Commanders of the Combatant Commands with geographic responsibility over their location, including procedures those commanders, in cooperation with the host nation, elect to impose as a mean of respecting host-nation law.

- Mask Wearing.<sup>1</sup>
  - Individuals who have recently recovered from a respiratory infection should consider wearing a mask in the workplace for 10 full days following initial symptoms.
  - Individuals may consider wearing masks based on their personal health risks or concerns (e.g., immunocompromised individuals), or if they wish to reduce their risk of contracting or transmitting a respiratory virus.
  - DoD Components may limit voluntary mask wearing if necessary for safety or military operational reasons.
- Monitoring and Force Health Protection. Military medical treatment facilities will report COVID-19 hospitalization data to Defense Health Agency (DHA) Public Health Directorate. DHA will have primary responsibility for monitoring and reporting on COVID-19 hospitalizations and deaths at the installation level and within DoD and will monitor the CDC National Wastewater Surveillance System (NWSS).
  - DoD will continue to utilize the DoD global respiratory surveillance program to monitor COVID-19, influenza, and other febrile respiratory illness. DHA’s Global Emerging Infections Surveillance will continue to coordinate with and fund the DoD laboratory network to conduct COVID-19 surveillance, to include SARS-CoV-2 whole genomic sequencing.
  - DHA Public Health will provide consultation, ad hoc reports, and subject matter expertise in support of installation public health personnel and commanders and supervisors as needed. DHA will ensure that reports on respiratory viral illnesses remain current and readily accessible.
  - Locally available information such as DoD (and if applicable, host nation’s) COVID-19 hospitalization rates, CDC COVID-19 hospital admission levels<sup>2</sup> in the local civilian community and surrounding areas, and CDC NWSS results are to be considered by installation commanders when making force health protection decisions.
  - Installation commanders may take appropriate measures as they deem necessary to protect the workforce from and reduce the spread of infectious respiratory

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<sup>1</sup> Acceptable masks are those of high quality: non-medical disposable masks; masks made with layered breathable fabric (such as cotton); masks made with tightly woven fabric that do not let light pass through when held up to a light source; masks with two or three layers; masks with inner filter pockets, or, on a voluntary basis in non-medical settings, an N95-type filtering facepiece. A good practice is to wear a disposable mask underneath a cloth mask for added protection if this does not interfere with breathing. Novelty or non-protective masks, masks with ventilation valves, bandanas, and face shields are not authorized as a substitute for masks. Masks must be well fitting and worn correctly (around the nose and chin).

<sup>2</sup> Hospital Admission Levels are available for U.S. States and territories at: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>. Find hospital admission levels by “State” and then by “County.” The District of Columbia is also listed under “County.” The Pentagon is in Arlington County, Virginia.

diseases. Such measures may include basic public health measures, increasing telework, limiting meetings and gatherings, maintaining building ventilation improvements, disinfecting common surfaces, and implementing screening testing in high-risk settings (e.g., hospitals and retirement homes). Commanders and supervisors may implement additional, more stringent requirements than those of the installation, as appropriate, to mitigate risk.

- Recommendations for patients, visitors, and personnel working in DoD health care facilities (including military medical, dental, and veterinary treatment facilities) will be provided by DHA in support of installation public health emergency officers.
- DoD will no longer collect and aggregate COVID-19 positive case data beyond what is captured through the Military Health System.
- COVID-19 remains a recordable and reportable occupational illness under part 1904 of title 29, Code of Federal Regulations. Commanders and supervisors should record work-related confirmed cases of COVID-19, and report occupational illness from COVID-19 resulting in hospitalization or fatality following the requirements in this regulation.
- Recordkeeping. DoD Components must preserve previously collected DD Forms 3150<sup>3</sup>, 3175<sup>4</sup>, 3176<sup>5</sup>, and 3177<sup>6</sup> in accordance with the Federal Records Act and other recordkeeping requirements. Because these completed forms may be subject to litigation holds or additional records retention requirements, personnel should not delete or destroy such records without appropriate disposition guidance from component records managers and counsel. DoD Components must ensure continued safeguarding of personally identifiable information and protected health information recorded on these forms.

The DoD is committed to protecting its workforce and stakeholders from transmissible respiratory diseases and to maintaining a healthy workforce and Force readiness. Given the potential for SARS-CoV-2 and other respiratory disease agents to evolve new variants and strains that can challenge existing vaccines, treatments, and other protective measures, the Department must remain vigilant and flexible.

Please direct any questions or comments to the following email address:  
dha.ncr.ha-support.list.policy-hrpo-kmc-owners@health.mil.



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<sup>3</sup> DD Form 3150 – “Contractor Personnel and Visitor Certification of Vaccination” (all versions).

<sup>4</sup> DD Form 3175 – “DoD Civilian Employee Certification of Vaccination.”

<sup>5</sup> DD Form 3176 – “Request for a Medical Exemption or Delay to the COVID-19 Vaccination Requirement.”

<sup>6</sup> DD Form 3177 – “Request for a Religious Exemption to the COVID-19 Vaccination Requirement.”