

Definitions

1. Active Monitoring. The process in which a healthcare provider or medical treatment facility establishes regular communication with potentially exposed personnel to assess for the presence of fever, cough, or difficulty breathing. For personnel with high-risk exposures, this occurs at least once a day.
2. Close Contact. Close contact conditions are: 1) Being within approximately 6 feet (2 meters) of an individual for longer than 15 minutes cumulative within a 24 hour period “with or without masks”; 2) Anyone with whom they had physical contact while caring for, living with, or visiting; 3) Anytime an individual visits a waiting room (data should only include duration and location; NOT other individuals within waiting room); 4) Anyone having direct contact with an individual’s secretions or being around someone likely to generate respiratory aerosols (e.g., being coughed or sneezed on).
 - a. Up to Date (UTD): Are individuals who are less than 6 months since second Moderna dose, less than 6 months since second Pfizer dose, less than 2 months since Janssen dose OR the close contact has been boosted (with any booster of choice); this guidance is subject to change based on CDC recommendations. These personnel will test between days 3-5 after last known exposure, but are not required to conduct a strict quarantine.
 - b. Non-Up to Date (Non-UTD): Are individuals who are more than 6 months since second Moderna dose, more than 6 months since second Pfizer dose, more than 2 months since Janssen dose AND not boosted. These personnel will conduct a 5 day strict quarantine (confined to domicile) and must test between days 3-5 after last known exposure. A Non-UTD Close Contact may only leave the domicile for testing and must return immediately after testing.
3. Confirmed COVID-19 Case. 1) Report of person with COVID-19 and meeting confirmatory laboratory evidence; 2) Individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19.
4. Exposure. Having come into contact with a cause of, or possessing a characteristic that is a determinant of, a particular health problem.
5. Healthcare. Contact(s) at hospital, Emergency Room, physician offices, dialysis centers, laboratories, dentist offices, pharmacies, ambulance transport, physical therapy, etc.
6. High-Risk/Low-Risk Locations. Risk classification of traveler origin location/areas will be conditions-based as determined by traveler’s destination command Public Health/Competent Medical Authority; e.g. as of 5 May 2021 the PHEO of USNHO considered the United States a High-Risk location of origin and Australia a Low-Risk location of origin.
7. Isolation. The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease.
8. Outdoor Shared Space. An outdoor area where physical distancing cannot be maintained due to foot traffic or co-use.
9. Person Under Investigation (PUI). Any person who is currently under investigation for having the virus that causes COVID-19, or who was under investigation but tested negative for the virus PUI will be placed in a ROM status until cleared by medical authorities.

10. Recovered. Personnel who have met the current return to work criteria and deemed recovered by USNHO competent medical authority.

11. Restriction of Movement (ROM). General DoD term for limiting personal interaction to reduce risk to the health, safety, and welfare of a broader cohort. ROM is used to minimize risk of individuals encountering COVID-19 contagious individuals, and to prevent personnel who have been in a higher risk area from potentially infecting others. ROM is the umbrella in which all options fall under and includes quarantine, and isolation.

a. Travel-related ROM. The 3 or 7 day period following travel (PCS, OAI, TAD, leave and liberty, all forms of travel) requiring a restriction of movement. The day of arrival to the final destination is day 0 of travel-related ROM.

b. Installation ROM. Confined to a U.S. installation, with full access to all activities aboard U.S. installations. Individuals, whose domicile is off-installation, may conduct travel non-stop between their domicile and U.S. installations. Off-installation use of mass transit, cycling, or walking is not authorized.

c. Strict ROM. Confined to one's domicile.

d. Administrative ROM. ROM for disease containment reasons set by a commander other than Travel ROM, Quarantine, or Isolation. It may apply to individuals or a broad group and can be variable in duration. Unless it is pre-deployment sequestration, exit testing is not required.

e. Isolation. The strategy used to separate people infected with the COVID-19 (those with and without symptoms) from people who are not infected. This also includes people who have signs and symptoms consistent with COVID-19, for whom test results are not yet or will not be available.

f. Quarantine. The separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic from others who have not been so exposed to prevent the possible spread of the communicable disease.

12. Self-Monitoring. Taking temperatures twice a day and remaining alert for cough or difficulty breathing. If feeling feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed.

13. Sentinel Surveillance Testing (SST). The act of testing for infections in selected populations to detect disease early and direct public health action. Effective sentinel surveillance for COVID-19 requires testing asymptomatic persons; special attention should be paid to persons in populations with a higher likelihood of infection and where actions can prevent widespread transmission.

14. Viral Test. A viral test means a viral detection test for current infection (i.e., a nucleic acid amplification test, such as PCR, or a viral antigen test) approved or authorized by the relevant national authority for the detection of SARS-CoV-2.

a. Molecular Testing. Nucleic acid amplification tests such as RT-PCR, LAMP, TMA, and NEAR (e.g. Abbott ID-NOW).

15. Domicile. For the purposes of this Bulletin, a domicile is defined as a location on a U.S. base/installation where lodging has been provided by the U.S. government, or a residences that is

owned/rented by a SOFA individual off-installation or base. Domicile is not considered to be public hotels, or temporary lodging (i.e. AirBnB).

16. Fully Vaccinated. 14 days or greater after receiving the final dose in a 2-dose or 1-dose series.

17. Unvaccinated. Anyone who has not met the fully vaccinated criteria.

18. UTD Close Contacts are those who are less than 6 months since second Moderna dose, less than 6 months since second Pfizer dose, less than 2 months since Janssen dose OR the close contact has been boosted (with any booster of choice); this guidance is subject to change based on CDC recommendations. These personnel will test between days 3-5 after last known exposure, but are not required to conduct a strict quarantine.

19. Non-UTD Close Contacts are those more than 6 months since second Moderna dose, more than 6 months since second Pfizer dose, more than 2 months since Janssen dose AND not boosted. These personnel will conduct a 5 day strict quarantine (confined to domicile) and must test between days 3-5 after last known exposure. A Non-UTD Close Contact may only leave the domicile for testing and must return immediately after testing.

20. III MEF/MARFORJ Personnel or SOFA Personnel: The terms III MEF/MARFORJ Personnel, SOFA Personnel, or Personnel includes service members, dependents, SOFA status civilians, and U.S. contractors.

21. Presumed Positive. Any person who has COVID-19 symptoms and is determined by the USNHO to require COVID-19 testing, but denies/refuses the testing, will be treated as a presumed COVID-19 positive case and handled in the same manner as a confirmed COVID-19 positive case.

22. Public Health Emergency. An occurrence or imminent threat of an illness or health condition that poses: a high probability of a significant number of deaths in the affected population considering the severity and probability of the event; a significant number of serious or long-term disabilities in the affected population considering the severity and probability of the event; widespread exposure to an infectious or toxic agent, including those of zoonotic origin, that poses a significant risk of substantial future harm to a large number of people in the affected population; health care needs that exceed available resources; or severe degradation of mission capabilities or normal operations.

23. Self-Observation. Remain alert for cough, shortness of breath, congestion or runny nose, sore throat, difficulty breathing, fever, chills, muscle or body aches, fatigue, nausea, vomiting, or diarrhea, new loss of taste or smell, and headache. If feeling feverish or develop cough or difficulty breathing during the self- observation period, should take temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed.

24. Social Distancing. Also referred to as “physical distancing,” means keeping a safe space between yourself and other people who are not from your household. To practice social or physical distancing, stay at least 6 feet (about 2 arms’ length) from other people who are not from your household in both indoor and outdoor spaces. Social distancing should be practiced in combination with other everyday preventive actions to reduce the spread of COVID-19, including wearing masks, avoiding touching your face with unwashed hands, and frequently washing your hands with soap and water for at least 20 seconds.