

COVID CORONAVIRUS DISEASE 19

COVID-19: **Contact Tracing Toolkit**

Approved for public release; distribution unlimited.

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October 2020 version 2



Public Health
Prevent. Promote. Protect.

Army Public Health

Contact Trace Team - Operational Concept

The “Contact Trace Team” operational concept was designed and envisioned as a force multiplier. Contact tracing is detail oriented and time consuming, but is key to both mitigation and suppression strategies against this epidemic. It is critically important according to the modelling studies.

One of the main challenges in contact tracing is getting data that’s current and accurate. The main obstacle in this is that the preferred timeline for COVID-19 testing and Contact Trace investigation is anywhere from 12-24 hours. One recommendation for how to overcome this is through the formation of a Contact Trace Fusion Cell under the Senior Commander – as part of the overall installation response.

Within the fusion cell, it is recommended that two working groups are established, a Trace Team Working Group and a Clean Team Working Group.

Installation Public Health Emergency Officers (PHEOs) and Army Public Health Nurses (APHNs) must coordinate with Garrison and Operational Units to identify non-public health and non-medical personnel to support tracing and cleaning efforts who will act under the temporary medical guidance and supervision. The identified personnel are divided (formula differs among locations) into two teams – Trace Teams and Clean Teams (some locations with established cleaning contracts may only need Trace Teams). Identified Trace Team members will require instruction on contact tracing and training to protect information/records maintained in response to public health and safety events in accordance with Privacy Act System of Records 39 DPR DoD. Clean Team members receive instructions on how to sanitize areas that may be contaminated. Additional guidance regarding the Clean Team Working Group is available in a separate publication.

A Trace Team is used to identify the whereabouts and movements of a Positive COVID patient days before they are diagnosed. The team identifies locations and people the patient may have come into contact with. This enables the location to be cleaned by a Clean Team and allows medical authorities to work with people that may have been infected. It’s a critical role to help level the curve.

When any medical activity on the installation recommends someone for a COVID-19 test, a Preliminary COVID-19 Investigation Questionnaire (Enclosure 1) should be considered. This questionnaire is IMMEDIATELY sent to the fusion cell. This allows for time to develop an initial action plan and identify needed capabilities (Closed-circuit Television (CCTV), Defense Biometric Identification System (DBIDS)) to support the forensic portion of the contact trace investigation.

Trace Team Working Group:

- Identifies roles and responsibilities of individuals working to identify where a positive tested individual travelled during exposure period.
- Coordinates with DPW to provide information with regards to real property on the installation and who/which unit operated out of the affected facility.

ANY medical facility/unit receiving notification of a positive COVID 19 case will immediately notify the PHEO/ Public Health (PH)/Contact Trace Fusion Cell. Upon notification of a POSITIVE COVID-19 Test Result, Contact Trace Fusion Cell will:

- Work with Senior Commander to direct a Stand Down of locally impacted personnel by location, activity or organization (e.g., Unit, Facility, Business, or Directorate) and self- quarantine of all co-workers (information obtained from the Preliminary COVID-19 Investigation Questionnaire)
 - » Locations provided to Clean Teams for disinfection
 - » Co-workers may return to work once workers are cleared by Trace Team and facility is cleaned by Clean Teams
- Activate Trace Team Immediately Upon Notification
- Be Prepared To Activate Clean Team Immediately Upon Notification – Activation will occur when Trace Team provides definite list of locations to clean

Contact Trace Fusion Cell – Recommended Participation

- Installation Public Health - Provide quarantine and isolation instructions to positive cases and all contacts; conducts interviews with patients
- Directorate of Emergency Services (DES) - Installation Access record for past 14 days and possible revocation of access for other exposed; Fire to assist in Decon Ops
- Directorate of Public Works (DPW) - Decon operations and facility access
- Directorate of Human Resources (DHR) - Produce record of personal data for positive case and any contact via MPD, DEERs, Etc.
- Public Affairs Office (PAO) - Trace Teams may provide PAO a trace record for publication to assist Trace Teams in locating unknown contacts within the community. A trace record may include a list of dates, times and locations visited by a confirmed case. PAO may also be asked to publicize building closures due to contamination and/or cleaning.
- HOUSING - confirm residence of positive case and other personnel that occupy the same building
- Army and Airforce Exchange Service (AAFES) - Attendance records, CCTV footage of facilities impacted
- Installation U.S. Army Family and Morale, Welfare and Recreation (MWR) - Attendance records, CCTV footage of facilities impacted
- Directorate of Plans, Training, Mobilization and Security (DPTMS) - Situation awareness, reporting to higher HQ

Trace Team

The National Association for City and County Health Officials (NACCHO) estimates using a baseline of 15 contact tracers per 100,000 population in non-emergency situations, and 30 contact tracers per 100,000 population (3 contact tracers per 10,000) for COVID-19 response.

Additional information:

<https://www.naccho.org/uploads/full-width-images/Contact-Tracing-Statement-4-16-2020.pdf>

- Contact tracing workforce estimator: <https://www.gwhwi.org/estimator-613404.html>

Each person assigned to a Trace Team will complete Contact Tracing Training (Enclosure 2). This training consists of:

- Protecting Personal Information
- Communication Techniques
- What is COVID-19
- Basic Concept of Contact Tracing
- How to Conduct Step 1: Contact Identification
- How to Conduct Step 2: Contact Notification
- How to Conduct Step 3: Contact Follow-up
- COVID-19 Resources

Once a positive test result is received, the Contact Trace Fusion Cell activates the Trace Team. The Trace Team will use the COVID-19 Contact Tracing Forms (Enclosure 3) to interview the positive patient. Within 6 hours of the completed patient interview, the Trace Team is required to report back to the Contact Trace Fusion Cell, additional locations (buildings, facilities, etc.) needing cleaning (if different or in addition to what was initially listed on the initial testing questionnaire).

Contact Trace Investigations - This requires close coordination between the Medical community and the operational community with the goal to minimize contact with the positive subject but obtain information that will support the forensic portion of the investigation (where did they go, when did they go, who did they meet with, etc.).

Interview Guidance:

Given the current Public Health Emergency, a Face-to-Face Interview is not recommended. All efforts to conduct the interview by phone should be taken to limit and protect unnecessary exposure to someone who has COVID-19 or may have COVID-19. Other options to consider other than a phone may be video chat or face time.

If there are no other courses of action that can be used to conduct this interview for contact tracing, consult Public Health or lead medical professional before any face-to-face interviews are conducted.

Steps of Contact Tracing:

- Step 1** - Contact identification: When someone is positive for COVID-19, they become a confirmed case. This case, or their guardian if underage, must be interviewed to identify contacts (people) and activities starting two days before symptoms started. If a case is confirmed positive through testing and is asymptomatic, identify contacts two days prior to positive specimen collection. All persons considered to have contact with the confirmed case will be listed as a contact. If the confirmed case, or their guardian, declines to be interviewed, notify the PHEO for further action and direction.
- Step 2** - Contact notification: From the list created in step 1, all contacts will need be notified that they may have been exposed to COVID-19.
- Step 3** - Contact follow-up: Regular follow-up may be needed with all contacts to monitor for symptoms and provide additional information about COVID-19.

Conducting the Telephonic Interview:

The interview will be based on which step of the contact tracing the interview is being conducted. Instruct the team to set up their workstation to prepare for the call. Have Contact Tracing Tools readily available.

- General steps of the interview process include (but not limited to):
 - » Introduction
 - Introduce yourself, identify who you want to speak with and gain consent to speak with them.
 - Explain to the person you are interviewing that you will be recording information on forms.
 - » Document Information per the required forms (Available in the Contact Tracing Tool Kit Products)
 - » Conduct the contact tracing interview using a script (Available in the Contact Tracing Tool Kit Products)
 - » Prior to ending the interview, verify information
 - » Close out the Interview and provide guidance (described in the next section)
- Safe guarding and organizing information
 - » Follow local guidance and processes to protect personally identifiable information paperwork

During the Interview, specific information must be provided to the positive COVID-19 Case. They need to understand and follow the following instructions:

- You must be in isolation and stay at home.
- Prohibit visitors who do not have a need to be in the home.
- Do not go to public places except to seek medical care (call ahead first)
- Wear a cloth mask that covers the nose and mouth when there is a need to interact with people.
- At home, separate yourself from others by staying in a specific bedroom or space and using a different bathroom if possible.

- Monitor for worsening symptoms like difficulty breathing. Seek advice by telephone from their healthcare provider or clinic to determine if further medical evaluation is needed. Military Health System beneficiaries may contact the MHS Nurse Advice Line at 1-800-TRICARE (874-2273) for additional information and instructions.
- If there's a medical emergency, call 911 or call ahead to your local emergency facility. Notify the operator that you are seeking care for COVID-19.
- Perform hand hygiene frequently.
 - » Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
 - » Soap and water should be used preferentially if hands are visibly dirty.
 - » Avoid touching your eyes, nose, and mouth with unwashed hands.
- Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day.

Specific information must be also provided to close contacts of the positive COVID-19 Case. Close contacts should follow these recommendations:

- Understand that they must be in quarantine for 14 days from the last day of exposure¹.
- Self-monitor health by taking your temperature twice a day for 14 days from the date of the last known exposure to a case. Ask if they have a thermometer and provide guidance for obtaining one if they don't.
- Monitor for symptoms. If they develop a measured fever of 100.4 F or greater, cough, or difficulty breathing, instruct to self-isolate and further limit contact with others.
- Seek advice by telephone from the healthcare provider or clinic to determine if further medical evaluation is needed. Military Health System beneficiaries may contact the MHS Nurse Advice Line at 1-800-TRICARE (874- 2273) for additional information and instructions.
- If there's a medical emergency, call 911 or call ahead to your local emergency facility. Notify the operator that you are seeking care for COVID-19.
- Perform hand hygiene frequently.
 - » Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
 - » Soap and water should be used preferentially if hands are visibly dirty.
 - » Avoid touching your eyes, nose, and mouth with unwashed hands.
- Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day.

¹Per the CDC, accumulating evidence supports that people who have recovered from COVID-19 do not need to undergo repeat quarantine in the case of another COVID-19 exposure within 3 months of their initial diagnosis.

If a person has a new exposure to someone with suspected or confirmed COVID-19 and meets all of the following criteria:

- 1) Has recovered from laboratory-confirmed infection and has already met criteria to end isolation
- 2) Is within the first 3 months following the onset of symptoms of their initial confirmed infection, or within the first 3 months of their first positive viral test if they were asymptomatic during initial infection
- 3) Has remained asymptomatic since the new exposure

then that person does not require quarantine or repeat testing for SARS-CoV-2 in the context of this new exposure.

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html#Annex>

Supplemental Information

Contact tracing records are not subject to HIPAA and fall under the Privacy Act System of Records 39 DPR DoD. Per the published federal register notice (found at <https://www.govinfo.gov/content/pkg/FR-2020-03-26/pdf/2020-06344.pdf#page=1>). The Office of the Secretary of Defense (OSD) is modifying the DoD Personnel Accountability and Assessment System, DPR 39 DoD, for the purpose of more clearly covering records that may be maintained in response to public health and safety events or other similar emergencies such as Coronavirus Disease 2019 (COVID-19). In quick response to the changing situation regarding COVID-19, the OSD is modifying this System of Records Notice to include the necessary information needed in order to decrease the community spread of this disease within the DoD community (Included on pages 37-39).

For those who will be providing instruction on this Contact Tracing Training, the following resources are provided as supplemental training:

The Centers for Disease Control and Prevention has released resources for conducting contact tracing to stop the spread of COVID-19.

Information includes COVID-19 Contact Tracing Training, Guidance, Resources, and Training Plans

<https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing.html>

Making Contact: A Training for COVID-19 Contact Tracers

Introductory online course for entry-level COVID-19 contact tracers, for use by health agencies in rapid training of new contact tracers. This training focuses on building knowledge for remote contact tracing; a subsequent release will include a module on field services.

<https://learn.astho.org/products/making-contact-a-training-for-covid-19-contact-tracers>

COVID-19 Contact Tracing offered by Johns Hopkins

This introductory course will provide information on SARS-CoV-2, infectious contact and timeline, conducting investigations and contact tracing, and ethical considerations.

Training is available at

<https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing>

The background is black with a pattern of white and grey circles of various sizes. In the top-left and bottom-right corners, there are stylized white virus particles with spikes and internal structures. A horizontal white line is positioned above the text, and another is below it.

COVID-19: **Contact Tracing Toolkit Products**

COVID-19: Contact Tracing Toolkit Products

Using the COVID-19 Contact Tracing Training Package

Because the virus that causes COVID-19 spreads very easily, we are now in a Public Health Emergency in which very large numbers of people are becoming infected and people are getting sick. To stop the spread of the disease, this training was developed as a training tool to prepare anyone to conduct contact tracing.

By the end of this training, you will be able to (1) describe what COVID-19 is, how it is spread, and what symptoms to look for and report (2) identify resources for COVID-19 education and additional information (3) describe how contact tracing reduces outbreaks and prevents the spread of COVID-19 and (4) conduct a contact tracing interview.

The main part of this training is the PowerPoint presentation. If this presentation is being used to teach others, refer to the presenter notes included to emphasize the slides. If you are using this presentation for yourself, review the presenter notes.

Training has been divided into four Modules. Throughout the presentation, there will be short videos and practical exercises. These practical exercises will refer to the documents that are part of this training package. They include reading scripts for you to follow, forms and questionnaires to complete, and COVID-19 handouts. To be fully prepared, have these documents ready and in hand before you begin the training presentation.

To #KilltheVirus and prevent the spread of COVID-19, contact tracing is key. As a whole, the Army is providing support to the COVID-19 response efforts on a scale that has never been done before. The work you will be doing is a part of that and is important. It supports our Army and the nation.

Thank you for your efforts to keep our community healthy and ready.

Using the COVID-19 Contact Tracing Training Package

>> [click here](#)

Recommended Script for COVID-19 Contact Tracing: Contact Identification with the Confirmed Case:

Reason/Purpose	Response language
First contact – introducing yourself <i>(saying "on behalf of [office]" puts us all on the same footing regardless of our actual position and gives us credibility/authority)</i>	Good [morning/afternoon/evening] [Sir/Ma'am]. I'm [---State your Name and Position---] calling on behalf of [---Contact Tracing Team/Office---].
<i>If you do not have the right person or the right number</i>	May I speak to Ms. /Mr. FIRST and LAST NAME of PATIENT Are you in a location where you can have a confidential conversation? I apologize for disturbing you. I must have the wrong information. Thank you for your time. Have a nice day.
<i>If you have the right person, pause for recipient to get to a location for confidential conversation.</i>	
Introduce yourself again/ intro why <i>(script deliberately restates/repeats items since it may take more than one statement for person to hear/understand)</i>	Again, I'm [---State your Name and Position---] calling on behalf of [---Contact Tracing Team/Office---].
<i>Make sure you are talking to the right person</i>	May I please verify your FULL name and DOB?
Someone who tested positive	[Sir/Ma'am], I am calling to interview you because we have received information that you have tested positive for COVID-19.
Someone who is being tested but has no results	Sir/Ma'am, I am calling to interview you because we have received information that you are being tested for COVID-19.
Explain purpose of the call what	The purpose of this call is to identify people you may have come in contact with and places you have visited starting from two days before you started having symptoms until today.
Explain why the call and their help is important	We do this so that we may identify and notify individuals that may have come in contact with you in order for them to follow up with their primary care provider.
Explain who	When we notify these contacts, we do not disclose your name, everything is done

Recommended Script for COVID-19 Contact Tracing

>> [click here](#)

Contact Tracing Tool to Identify the Close Contacts of a Confirmed Case

I. INTERVIEW INFORMATION

Confirmed Case of COVID-19: Name Last: _____ First: _____

Phone number: _____ Email: _____

Date of interview (MM/DD/YYYY): _____

Interviewer Name Last: _____ First: _____

City, State, Zip Code /Local Health Department: _____

Who is providing information for this form?
 Confirmed case
 Other, specify person (Last, First: _____)
 Relationship to confirmed case: _____

**** Do you authorize release of your name when close contacts are contacted? YES NO***

***If No, Explain:** Your information will be used to identify anyone we may need to contact and recommend quarantine. If we have your permission to use the information you share today, we will be able to better understand who may have been in contact with you and who may have been exposed to COVID-19.

II. ACTIVITY HISTORY BEGINNING ON THE DAY OF SYMPTOM ONSET

Please list all activities, places visited, and travel you participated in starting 2 days before your symptoms began or 2 days prior to the collection of your positive specimen if you have no symptoms.

symptom FROM: _____ THROUGH: today's date: _____

	AM Events/Locations	PM Events/Locations	Notes
2 days before symptoms started (MM/DD/YYYY)			
1 day before symptoms started (MM/DD/YYYY)			
Date of symptoms started: (MM/DD/YYYY)			

CASE Last Name, First Initial: _____ Page 1 of 7

Contact Tracing Tool to Identify the Close Contacts of a Confirmed Case

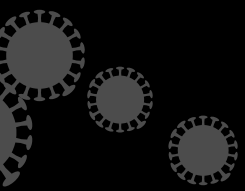
>> [click here](#)

Recommended Script for COVID-19 Contact Notification:

Reason/purpose	Response language
First contact <i>(saying "on behalf of [office]" puts us all on the same footing regardless of our actual position and gives us credibility/authority)</i>	Good [morning/afternoon/evening] [Sir/Ma'am]. I'm [---State your Name and Position---] calling on behalf of [---Contact Tracing Team/Office---]. Am I speaking with [---/Rank First Last Name---]? Are you in a location where you can have a confidential conversation?
Pause for recipient to get to location for confidential conversation	---
Re-start – explanation/ intro why <i>(script deliberately restates/repeats items since it may take more than one statement for person to hear/understand)</i>	Again, I'm [---State your Name and Position---] calling on behalf of [---Contact Tracing Team/Office---]. I'm calling to notify you of your potential exposure to a confirmed case of COVID-19 and to talk through what actions are needed here forward. Have you been already been informed of this potential contact? <i>Permission to use name of the confirmed case</i> [---Name of the Positive Case---] has given us permission to identify [him/her] as the person with the confirmed positive COVID-19 laboratory test. <i>Do not identify the name or confirm the name of the positive case</i> At this time, I am not able to disclose the name of the individual you were in contact with. I'm sure you understand the need for health privacy, and I hope you understand that we will do the same to protect your health privacy.
Explanation/intro when	I'm calling you now since this is the earliest we had enough information to reach out.
Explanation/intro what	The goal of this call is to provide information to you and set up plans of what to do going forward.
Explanation/intro who <i>If you do not have permission to use the name of the confirmed case</i>	<i>From the information available, we understand you may have been in contact with COVID-19 on/around [---insert description of the activity date/time/location---], during your work hours at the [---Pentagon---].</i>
<i>Use if permission to use name of the confirmed case was granted.</i>	Can you think of any later time that you were in contact with [---Name of Positive Case---]?
Break between introduction and heart of call, punt to other sources of info	Before we get started I want to say that I know you'll have many questions. I will address your questions and concerns before the end of this call. You may also be contacted again to provide your personal health information. That contact may be through your local public health department or may be on behalf [---Contact Tracing Team/Office---].

COVID-19 Contact Notification of Exposure

>> [click here](#)



COVID-19: Contact Tracing Toolkit Products

Subject Line: Follow-up: Important Health Information for You

Good afternoon [---Sir/Ma'am---].

Thank you for your taking the time in our previous phone conversation to provide me with your point of contact preferences and additional information.

As discussed, given your recent contact with an individual having COVID-19, we advise that you please stay home, exclude yourself from the workplace, and self-monitor your health by taking your temperature twice a day for 14 days from the date of your last contact. Your supervisor may direct an extended period to stay at home and monitor for symptoms.

Continue to remain alert for cough or difficulty breathing. Practice social distancing by maintaining a space of approximately 6 feet from others when possible. If you develop a measured fever of 100.4 F or greater, cough, or difficulty breathing or other new symptoms (sore throat, loss of smell/taste, body aches), we advise you to self-isolate and further limit your contact with others.

Seek advice by telephone from your healthcare provider or clinic to determine if further medical evaluation is needed. If you are a Military Health System beneficiary, you may contact the MHS Nurse Advice Line at 1-800-TRICARE (874-2273) for additional information and instructions.

To provide you with general COVID-19 information, we encourage you to visit the following websites:

Army Public Health Center - <https://phc.amedd.army.mil/topics/campaigns/covid19/Pages/default.aspx>

Center for Disease Control and Prevention - <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Johns Hopkins Medicine: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-social-distancing-and-self-quarantine>

Thank you [---sir/ma'am---] so much for your time. I appreciate your support. On behalf of [---Contact Tracing Team/Office---] we thank you for your cooperation and assistance. We wish you and your Family well.

Respectfully,
[---Insert Signature Block per Contact Tracing Team Guidance---]

COVID-19 Follow-up Email to Notified Contacts

>> click here

Recommended Script for Leaving Messages:

Reason/purpose	Response language
Leaving a voicemail message <i>Speak slowly and clearly.</i>	Good [morning/afternoon/evening] [Sir/Ma'am]. This is [---state your Name and Position---] calling on behalf of [---Contact Tracing Team/Office---]. I am leaving this message for [---Rank First Last Name/---]. Please return my call. I have importance health information I would like to discuss with you. I can be reached at [---phone number and email---]. Thank you.
<i>You may repeat the phone number and email.</i>	

EMAIL Template Recommendation

Subject: Urgent Health Information

Good [morning/afternoon/evening],

This is [---State your Name and Position---] reaching out to you on behalf of [---Contact Tracing Team/Office---]. I have importance health information I would like to discuss with you. I can be reached at [---phone number and email---]. Please reply with the best phone number you can be reached at and the best time and date to call.

Thank you.

Respectfully,
[---Your signature block---]

Full Name
Rank, Title/Position
Contact Tracing Team/Office phone
Contact Tracing Team/Office email

COVID-19 Voicemail or Email Message

>> click here

Contact Notification Questionnaire

Interviewer information

Date interview completed (MMDD/YYYY): _____ Interviewer telephone: _____

Interviewer Name: Last: _____ First: _____ Organization/Affiliation: _____

Interviewer Instructions: Prior to interview with contact, fill in the following information about the confirmed case

Confirmed Case: Last: _____ First: _____

Date symptom started (MMDD/YYYY): _____ Date symptom ended (MMDD/YYYY): _____

Note: **Exposure** is defined as being within six (6) feet of an infected individual for a cumulative total of fifteen (15) minutes or more over a 24 hour period starting 2 days before illness onset, or for asymptomatic patients, a close contact to positive specimen collection, or five (5) minutes when there is a higher risk of transmission (i.e., "hugging").

Case reported date of contact's last exposure to the confirmed case (MMDD/YYYY): _____

Did Confirmed Case give permission to use their name and provide information to the named contact (the person you are calling)? YES NO

*If not, based on the Activity History of the confirmed case (Section II of the Contact Tracing Tool), use the date and the event or activity describe how the person you are calling may have been exposed or in contact with the confirmed case:

On this date, _____ (MMDD/YYYY) at around _____ (approximate time AM/PM), were you at the _____ (event and location). This may be where you have been in contact with a confirmed COVID-19 case.

Close contact's information/person you are calling

Last Name: _____ First Name: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Does this person live with the confirmed case? YES NO

Who is providing information for this form?
 Contact Parent/guardian Other, specify name: _____ Relationship to contact: _____

Contact's primary language: _____ Was this form administered via a translator? YES NO

Additional note taking space:

CONTACT Last Name, First Initial: _____ Page 1 of 4

COVID-19 Contact Notification Questionnaire

>> click here

OFFICE SYMBOL _____ Date: ___/___/___

MEMORANDUM FOR RECORD

SUBJECT: Preliminary COVID-19 Investigation Questionnaire

You are being tested for COVID-19 because either you have symptoms or you have been exposed to a person with a COVID-19 infection.

Attached as Enclosure is the Preliminary COVID-19 Investigation Questionnaire. Please do your best to answer these questions with as much detail as possible. This responsive questionnaire will be provided to Installation Public Health Personnel and the COVID-19 Contact Trace Fusion Cell.

If your COVID-19 test result is negative, no actions will be taken with this information and it will be destroyed. If your test result is positive, your responses will help identify other people at risk and protect others from the spread of COVID-19.

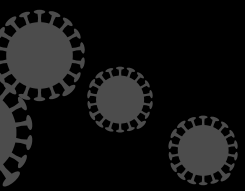
Thank you for your help.

Encl _____ NAME
TITLE

Last Name and First Initial: _____

COVID-19 Preliminary COVID-19 Contact Notification Questionnaire

>> click here



COVID-19 Contact Tracing Training Package

Using the COVID-19 Contact Tracing Training Package

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By the end of this training, you will be able to (1) describe what COVID-19 is, how it is spread, and what symptoms to look for and report (2) identify resources for COVID-19 education and additional information (3) describe how contact tracing reduces outbreaks and prevents the spread of COVID-19 and (4) conduct a contact tracing interview.

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Thank you for your efforts to keep our community healthy and ready.

Recommended Script for COVID-19 Contact Tracing

Recommended Script for COVID-19 Contact Tracing: Contact Identification with the Confirmed Case:

Reason/Purpose	Response language
<p>First contact – Introducing Yourself <i>(saying “on behalf of [office]” puts us all on the same footing regardless of our actual position and gives us credibility/authority)</i></p>	<p>Good [morning/afternoon/evening] [Sir/Ma’am]. I’m [---State your Name and Position---] calling on behalf of [---Contact Tracing Team/Office---].</p> <p>May I speak to Ms. /Mr. FIRST and LAST NAME of PATIENT</p> <p>Are you in a location where you can have a confidential conversation?</p> <p><i>If you do not have the right person or the right number</i></p> <p>I apologize for disturbing you. I must have the wrong information. Thank you for your time. Have a nice day.</p>
<p>If you have the right person, pause for recipient to get to a location for confidential conversation.</p>	
<p>Introduce yourself again/ intro why <i>(script deliberately restates/repeats items since it may take more than one statement for person to hear/understand)</i></p> <p>Make sure you are talking to the right person</p> <p>Someone who tested positive</p> <p>Someone who is being tested but has no results</p>	<p>Again, I’m [---State your Name and Position---] calling on behalf of [---Contact Tracing Team/Office---].</p> <p>May I please verify your FULL name and DOB?</p> <p>[Sir/Ma’am], I am calling to interview you because we have received information that you have tested positive for COVID-19.</p> <p>Sir/Ma’am], I am calling to interview you because we have received information that you are being tested for COVID-19.</p>
<p>Explain purpose of the call what</p> <p>Explain why the call and their help is important</p>	<p>The purpose of this call is to identify people you may have come in contact with and places you have visited starting from two days before you started having symptoms until today.</p> <p>We do this so that we may identify and notify individuals that may have come in contact with you in order for them to follow up with their primary care provider.</p>
<p>Explain who</p>	<p>When we notify these contacts, we do not disclose your name, everything is done confidentially without any of your information given to anyone.</p>

COVID-19 Contact Tracing Instructions

<p>Get permission to use their name when contacting others.</p>	<p>If we have your permission to use your name, it will allow our team to determine the level of risk exposure of those you were in contact. Do we have your permission to use your name?</p>
<p style="text-align: right;">If Yes</p> <p style="text-align: right;">If No</p>	<p>Thank you for the authorization to use your name. This will make our efforts in contact tracing move more quickly.</p> <p>Thank you, I understand you do not want us to disclose your name or other information.</p>
<p>Break between introduction and heart of call, punt to other sources of info</p>	<p>Before we get started I want to say that I know you'll have many questions. I will try to address your questions and concerns before the end of this call.</p> <p>You may also be contacted again by your local public health department or another member of this [---Contact Tracing Team/Office---].</p> <p>I am following a standard form to ask you specific questions regarding places you have visited and people you have been in contact with starting from 2 days before your symptoms started until today or if you have no symptoms, 2 days prior to when a positive specimen was collected..</p>
<p>Introduce the time needed to gather information during the call</p>	<p>This interview may take 30 minutes or longer, and I may need to call you back a few times for additional information. Is this a good time now to take this information and provide me with as much detail as possible?</p>
<p style="text-align: right;">If No</p> <p>Pause and write down options for the best date and time to call back.</p>	<p>Thank you. I understand this is not a good time. It is important that we identify close contacts to help stop the spread of COVID-19. When is a better time that someone can call back to take down this information?</p> <p>To make sure I have the right information, what is the best phone number and email to reach you? Again, the best time to call back will be [---verify the date and time to call back ---]. Thank you for your time.</p>

COVID-19 Contact Tracing Instructions

If Yes, Start to fill in the CONTACT TRACING TOOL	
<p>Section II. Activity History: Take this time to look at your calendar and use the Day/Date to help as a memory aid for the person you are talking to.</p> <p style="text-align: center;">For each date, you will ask</p>	<p>I would like to begin taking a list of activities, places visited, and travel you participated in starting two days before your first symptoms started through today's date or, for those without symptoms, two days prior to when a positive specimen was collected through today's date..</p> <p>On this date [---insert date---], what did you do in the morning? What did you do in the afternoon?</p> <p>Did you have close contact or exposure to anyone? Exposure is defined as having close contact (within six (6) feet of an infected individual for a cumulative total of fifteen (15) minutes or more over a 24-hour period beginning two (2) days before illness onset, or, for asymptomatic patients, two (2) days prior to test specimen collection, until the time the infected individual is isolated. Exposure risk from brief physical interactions that are less than 15 minutes where there is a higher risk of transmission, such as sharing a drink/utensil, hugging, or other intimate contact, should be also be considered in the determination.</p>
<p>Skip to Section IV and complete the fields.</p>	<p>What is that contact's full name? Male or Female? Number and/or email?</p>
<p>If the person has trouble remembering where they were or what they did, be encouraging.</p>	<p>It may sometimes be difficult to remember what we do on a day to day basis. I have examples of memory aids that might be helpful. May I ask:</p> <ul style="list-style-type: none"> -Do you have a regular day-to-day routine? -Do you keep a calendar to write down your activities? -Do you frequently post on social media (Facebook, Instagram, Twitter, TikTok, etc.)? <p>This type of information you keep for yourself, may help you remember what you did that day.</p>
<p>After completing the 14 day history, move to household contacts.</p>	<p>Thank you for that history of information. I know this is a long process. We are almost complete.</p> <p>At this time, let's talk about household contacts. A household contact is anyone who lives in the home or slept at least one night at your residence.</p>

COVID-19 Contact Tracing Instructions

<p>Use Section III. Household Contacts</p> <p>Fill out Section III. Household Contacts</p>	<p>Could you provide me with a list of these household contacts?</p> <p>What is their Name, phone, relationship, date of last contact with this person?</p>
<p>Verifying all your information</p>	<p>Thank you for this information. Are there any other names of contacts you can think of to provide me at this time?</p> <p>Let me take this time now to review my questionnaire to make sure I have all the information I need. [--Pause--]</p> <p>[---Ask for any other information to complete the contact tracing tool--]</p>
<p>Contact Tracing Team Follow-up to provide information</p>	<p>Within the next 24-48 hours, I will share COVID-19 information and links to general information with you at the email address you provided. The email will include attachments and links to the Centers for Disease Control and Prevention (CDC) and the Army Public Health Center (APHC) websites.</p>
<p>Ending the call</p> <p><i>Write down any question they have that you are unable to answer.</i></p>	<p>Thank you [---sir/ma'am---] so much for your time. I appreciate your support. And, on behalf of [---Contact Tracing Team/Office---], we thank you for cooperation and assistance.</p> <p>What questions do you have for me at this time?</p> <p><i>I am not able to answer that question at this time, let me get the right answer for you and call or email a response.</i></p> <p>If you have questions at a later time, please contact [---Contact Tracing Team/Office---] at [---phone number/email---]</p> <p>Thank you again. I wish you and your Family well.</p>

Contact Tracing Tool to Identify the Close Contacts of a Confirmed Case

I. INTERVIEW INFORMATION

Confirmed Case of COVID-19: Name Last: _____ First: _____

Phone number: _____ Email: _____

Date of interview (MM/DD/YYYY): _____

Interviewer Name Last: _____ First: _____

City, State, Zip Code /Local Health Department: _____

Who is providing information for this form?

Confirmed case

Other, specify person (Last, First): _____

Relationship to confirmed case: _____

**** Do you authorize release of your name when close contacts are contacted?** YES NO*

***If No, Explain:** Your information will be used to identify anyone we may need to contact and recommend quarantine. If we have your permission to use the information you share today, we will be able to better understand who may have been in contact with you and who may have been exposed to COVID-19.

II. ACTIVITY HISTORY BEGINNING ON THE DAY OF SYMPTOM ONSET

Please list all activities, places visited, and travel you participated in starting 2 days before your symptoms began or 2 days prior to the collection of your positive specimen if you have no symptoms.

symptom FROM:

THROUGH: today's date:

	AM Events/Locations	PM Events/Locations	Notes
2 days before symptoms started (MM/DD/YYYY)			
1 day before symptoms started (MM/DD/YYYY)			
Date of symptoms started: (MM/DD/YYYY)			



Contact Tracing Tool to Identify the Close Contacts of a Confirmed Case

	AM Events/Locations	PM Events/Locations	Notes
1 day after symptoms started (MM/DD/YYYY)			
2 days after symptoms started (MM/DD/YYYY)			
3 days after symptoms started (MM/DD/YYYY)			
4 days after symptoms started (MM/DD/YYYY)			
5 days after symptoms started (MM/DD/YYYY)			
6 days after symptoms started (MM/DD/YYYY)			
7 days after symptoms started (MM/DD/YYYY)			
8 days after symptoms started (MM/DD/YYYY)			
9 days after symptoms started (MM/DD/YYYY)			
10 days after symptoms started (MM/DD/YYYY)			



Contact Tracing Tool to Identify the Close Contacts of a Confirmed Case

	AM Events/Locations	PM Events/Locations	Notes
11 days after symptoms started (MM/DD/YYYY)			
12 days after symptoms started (MM/DD/YYYY)			
13 days after symptoms started (MM/DD/YYYY)			
14 days after symptoms started* (MM/DD/YYYY)			
*If today is more than 14 days after the symptoms started, please use additional rows and pages to take down all the activities for each day after the 14 days.			
___ days after symptoms started* (MM/DD/YYYY)			
___ days after symptoms started* (MM/DD/YYYY)			
___ days after symptoms started* (MM/DD/YYYY)			
___ days after symptoms started* (MM/DD/YYYY)			
___ days after symptoms started* (MM/DD/YYYY)			
___ days after symptoms started* (MM/DD/YYYY)			
___ days after symptoms started* (MM/DD/YYYY)			



CASE Last Name, First Initial: _____.

ADDITIONAL NOTE TAKING SPACE:



CASE Last Name, First Initial: _____, _____.

A calendar has been provided to use as a memory aid to identify times/places that the case and contact interacted. Recommendation: Circle the date symptoms started. Highlight the 2 days before and highlight the 14 days after to help complete Section II and guide you in your interview.

JULY

Mon	Tue	Wed	Thu	Fri	Sat	Sun
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

AUGUST

Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

SEPTEMBER

Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER

Mon	Tue	Wed	Thu	Fri	Sat	Sun
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER

Mon	Tue	Wed	Thu	Fri	Sat	Sun
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

DECEMBER

Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



CASE Last Name, First Initial: _____

COVID-19 Contact Notification of Exposure

Recommended Script for COVID-19 Contact Notification:

Notification:

Reason/purpose	Response language
<p>First contact <i>(saying “on behalf of [-office-]” puts us all on the same footing regardless of our actual position and gives us credibility/authority)</i></p>	<p>Good [morning/afternoon/evening] [Sir/Ma’am]. I’m [---State your Name and Position---] calling on behalf of [---Contact Tracing Team/Office---]. Am I speaking with [-/Rank First Last Name/--]? Are you in a location where you can have a confidential conversation?</p>
<p>Pause for recipient to get to location for confidential conversation</p>	<p>---</p>
<p>Re-start – explanation/ intro why <i>(script deliberately restates/repeats items since it may take more than one statement for person to hear/understand)</i></p> <p><i>Permission to use name of the confirmed case</i></p> <p><i>Do not identify the name or confirm the name of the positive case</i></p>	<p>Again, I’m [---State your Name and Position---] calling on behalf of [---Contact Tracing Team/Office---]. I’m calling to notify you of your potential exposure to a confirmed case of COVID-19 and to talk through what actions are needed here forward. Have you been already been informed of this potential contact?</p> <p>[---Name of the Positive Case---] has given us permission to identify [him/her] as the person with the confirmed positive COVID-19 laboratory test.</p> <p>At this time, I am not able to disclose the name of the individual you were in contact with. I’m sure you understand the need for health privacy, and I hope you understand that we will do the same to protect your health privacy.</p>
<p>Explanation/intro when</p>	<p>I’m calling you now since this is the earliest we had enough information to reach out.</p>
<p>Explanation/intro what</p>	<p>The goal of this call is to provide information to you and set up plans of what to do going forward.</p>
<p>Explanation/intro who</p> <p><i>If you do not have permission to use the name of the confirmed case</i></p> <p><i>Use if permission to use name of the confirmed case was granted.</i></p>	<p><i>From the information available, we understand you may have been in contact with COVID-19 on/around [---insert description of the activity date/time/location---], during your work hours at the [---Pentagon---].</i></p> <p>Can you think of any later time that you were in contact with [---Name of Positive Case---]?</p>

COVID-19 Contact Notification of Exposure

<p>Break between introduction and heart of call, punt to other sources of info</p>	<p>Before we get started I want to say that I know you'll have many questions. I will address your questions and concerns before the end of this call.</p> <p>You may also be contacted again to provide your personal health information. That contact may be through your local public health department or may be on behalf [---Contact Tracing Team/Office---].</p>
--	---

<p>Use the Contact Notification Questionnaire</p> <p style="text-align: center;">Demographic Information:</p> <p>Depending on installation policy, a person who is fully vaccinated may not be required to quarantine. Check with your installation if fully vaccinated guidance for close contacts is being followed before asking the optional question if contact is vaccinated.</p> <p>Close contact does not have to quarantine as long as they are:</p> <ol style="list-style-type: none"> 1.) fully vaccinated 2.) up to date with latest vaccine guidance 3.) meets CDC criteria of greater than or equal to 2 weeks following receipt of the second dose in a two-dose series, or greater than or equal to 2 weeks following receipt of one dose of a single-dose vaccine), and 4.) has remained asymptomatic since the current COVID-19 exposure <p>If close contact meets the above criteria, then you may conclude this interview. Thank them for their time, and if they should develop any symptoms to contact their PCM for further guidance.</p> <p style="text-align: right;">Symptoms:</p>	<p>I need some further information, is it okay if I start asking questions?</p> <p>Full Name: First and Last Name Residence location: County, City, State Best contact phone number: Email address:</p> <p>DOB, Age, Ethnicity, Race, Sex</p> <p>Optional question depending on installation policy Are you fully vaccinated for COVID-19? (if yes, ask if contact meets criteria listed in the reason/purpose box)</p> <p>Are you having any symptoms? [--Refer to list on the Contact Notification Questionnaire--] If Yes: When did you develop symptoms? How long did symptoms last? Have you contacted your healthcare provider or clinic to determine if further medical evaluation?</p> <p><i>(collect information) Per FHP Supplement 15 Revision 1- Attachment Clinical Testing and Case Management-COVID- 19: fully vaccinated individuals may not be required to quarantine. Not all installations are following this therefore the question asking if they are fully vaccinated should be optional and dependent on installation policy.</i></p>
--	--

If you do not have permission to use the name of the confirmed case, *move to the Action Plan of this script.

COVID-19 Contact Notification of Exposure

<p><i>If you have permission to use name of the confirmed case continue to complete the questionnaire</i></p>	<p>I will now talk with you about your exposure to the confirmed case. <u>Exposure</u> is defined as having close contact (within 6 feet of an infected individual for a cumulative total of 15 minutes or more over a 24-hour period) with a person with presumed or laboratory-confirmed infection. For patients with symptomatic infection, consider persons with close contact from two (2) days before onset of the patient's illness. For patients with asymptomatic, laboratory-confirmed infection, consider persons with close contact two (2) days prior to the collection of the patient's positive laboratory specimen. Exposure risk from brief physical interactions that are less than 15 minutes where there is a higher risk of transmission, such as sharing a drink/utensil, hugging, or other intimate contact, should also be considered in the determination.</p> <p>[---Complete the form Question #10 to #12---]</p>
<p>* Action plan: Your responsibility</p> <p><i>(Provide contact information for at least two of the outreach team for any follow-up questions)</i></p> <p>*The CDC notes that people who have recovered from COVID-19 do not need to undergo repeat quarantine in the case of another COVID-19 exposure within 3 months of their initial diagnosis.</p> <p>*The CDC notes that people who are fully vaccinated do not need to undergo quarantine as long as they remain asymptomatic</p>	<p>Thank you for the information. Within DoD, in order to protect the mission and remain ready, we are leaning towards greater protections. Regardless of the level of contact you may have had with COVID-19, consider yourself at risk.</p> <p>Per [---Contact Tracing Team/Office---], we advise you to please stay home, exclude yourself from the workplace, and self-monitor your health by taking your temperature twice a day for [---14 days from the date of your last contact*---]*. Remain alert for cough or difficulty breathing. Practice social distancing by maintaining a space of approximately 6 feet from others when possible. Wear a cloth mask in public and when you cannot follow social distancing.</p>

COVID-19 Contact Notification of Exposure

	<p>If you develop a measured fever of 100.4 F or greater, cough, or difficulty breathing, you will self-isolate and further limit your contact with others. Seek advice by telephone from your healthcare provider or clinic to determine if further medical evaluation is needed. If you are a Military Health System beneficiary, you may contact the MHS Nurse Advice Line at 1-800-TRICARE (8742273) for additional information and instructions.</p>
<p>Contact Tracing Team Follow-up</p>	<p>Within the next 24-48 hours, I will share COVID-19 information and links to general information with you at the email address you provided. The email will include attachments and links to the Centers for Disease Control and Prevention (CDC) and the Army Public Health Center (APHC) websites.</p>
<p>Ending the call</p> <p><i>Write down any question they have that you are unable to answer</i></p>	<p>Thank you [---sir/ma'am---] so much for your time. I appreciate your support. And, on behalf of [---Contact Tracing Team/Office---], we thank you for cooperation and assistance.</p> <p>What questions do you have for me at this time? <i>-- I am not able to answer that question at this time, let me get the right answer for you and call or email a response.</i></p> <p>If you have questions at a later time, please contact [-- Contact Tracing Team/Office---] at [---phone number/email-]</p> <p>Thank you again. I wish you and your Family well.</p>

COVID-19 Follow-up Email to Notified Contacts

Subject Line: Follow-up: Important Health Information for You

Good afternoon [---Sir/Ma'am---],

Thank you for your taking the time in our previous phone conversation to provide me with your point of contact preferences and additional information.

As discussed, given your recent contact with an individual having COVID-19, we advise that you quarantine at home. Please stay home from the workplace, and self-monitor your health by taking your temperature twice a day for 14 days from the date of your last contact. Your supervisor may direct an extended period to stay at home and monitor for symptoms.

Continue to remain alert for cough or difficulty breathing. Practice social distancing by maintaining a space of approximately 6 feet from others when possible. If you develop a measured fever of 100.4 F or greater, cough, or difficulty breathing or other new symptoms (sore throat, loss of smell/taste, body aches), we advise you to self-isolate and further limit your contact with others.

Seek advice by telephone from your healthcare provider or clinic to determine if further medical evaluation is needed. If you are a Military Health System beneficiary, you may contact the MHS Nurse Advice Line at 1-800-TRICARE (874-2273) for additional information and instructions.

To provide you with general COVID-19 information, we encourage you to visit the following websites:

Army Public Health Center - <https://phc.amedd.army.mil/topics/campaigns/covid19/Pages/default.aspx>

Center for Disease Control and Prevention - <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Johns Hopkins Medicine: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-social-distancing-and-self-quarantine>

Thank you [--- sir/ma'am---] so much for your time. I appreciate your support. On behalf of [---Contact Tracing Team/Office---] we thank you for your cooperation and assistance. We wish you and your Family well.

Respectfully,

[---Insert Signature Block Per Contact Tracing Team Guidance---]

COVID-19 Voicemail or Email Message

Recommended Script for Leaving Messages:

Reason/purpose	Response language
Leaving a voicemail message <i>Speak slowly and clearly.</i> <i>You may repeat the phone number and email.</i>	Good [morning/afternoon/evening] [Sir/Ma'am]. This is [---state your Name and Position---] calling on behalf of [---Contact Tracing Team/Office---]. I am leaving this message for [---/Rank First Last Name/---]. Please return my call. I have importance health information I would like to discuss with you. I can be reached at [---phone number and email---]. Thank you.

EMAIL Template Recommendation

Subject: Urgent Health Information

Good [morning/afternoon/evening],

This is [---State your Name and Position---] reaching out to you on behalf of [---Contact Tracing Team/Office---]. I have importance health information I would like to discuss with you. I can be reached at [---phone number and email---]. Please reply with the best phone number you can be reached at and the best time and date to call.

Thank you.

Respectfully,
[---Your signature block---]

Full Name
Rank, Title/Position
Contact Tracing Team/Office phone
Contact Tracing Team/Office email

Contact Notification Questionnaire

Interviewer information

Date interview completed (MM/DD/YYYY): _____ Interviewer telephone: _____

Interviewer Name: Last: _____ First: _____ Organization/affiliation: _____

***Interviewer Instructions: Prior to interview with contact, fill-in the following information about the confirmed case

Confirmed Case: Last: _____ First: _____

Date symptom started (MM/DD/YYYY): _____ Date symptom ended (MM/DD/YYYY): _____

Note: Exposure is defined as being within six (6) feet of an infected individual for a cumulative total of fifteen (15) minutes or more over a 24-hour period starting 2 days before illness onset, or for asymptomatic patients, 2 days prior to positive specimen collection, or less than 15 minutes where there is a higher risk of transmission (e.g., hugging).

Case reported date of contact's last exposure to the confirmed case (MM/DD/YYYY): _____

Did Confirmed Case give permission to use their name and provide information to the named contact (the person you are calling)? YES NO*

* If not, based on the Activity History of the confirmed case (Section II of the Contact Tracing Tool), use the date and the event or activity describe how the person you are calling may have been exposed or in contact with the confirmed case:

On this date, _____ (MM/DD/YYYY) at around _____ (approximate time AM/PM), were you at the _____ (event and location). This may be where you have been in contact with a confirmed COVID-19 case.

Close contact's information/person you are calling

Last Name: _____ First Name: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Does this person live with the confirmed case? YES NO

Who is providing information for this form?

Contact Parent/guardian Other, specify name: _____ Relationship to contact: _____

Contact's primary language: _____ Was this form administered via a translator? YES NO

Additional note taking space:

CONTACT Last Name, First Initial: _____

Close contact's demographic information:

1. Date of Birth (MM/DD/YYYY): _____ 2. Age: _____ Years Month Days
3. Ethnicity: Hispanic/Latino Non-Hispanic/Latino Not Specified
4. Race: White Asian American Indian/Alaska Native Black Native Hawaiian/Other Pacific Islander
 Other, specify: _____ Unknown
5. Sex: Male Female Unknown Other

Symptoms:

6. Since your date of last exposure to the confirmed case, have you experienced any of the following symptoms?

Symptom	Symptom Present?	Date Symptoms Started (MM/DD/YYYY)	How long did symptoms last? (number of days)
Fever >100.4F (38C)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Subjective fever (felt feverish)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Muscle aches (myalgia)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Runny nose (rhinorrhea)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Cough (new onset or worsening of chronic cough)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Shortness of breath (dyspnea)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Nausea/Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Abdominal pain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Diarrhea (≥3 loose/looser than normal stools/24hr period)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		
Other, specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk		

*** PROCEED ONLY IF YOU HAVE PERMISSION TO USE THE NAME OF THE CONFIRMED CASE:**

7. What is your relationship to the confirmed case? (select all that apply)
- Spouse/Partner Child Parent Other Family Friend HealthcareWorker Co-worker
 Classmate Roommate Other, specify: _____

CONTACT Last Name, First Initial: _____

8. Where were you exposed to the confirmed case? *(select all that apply)*

- Household
 Healthcare setting
 Work
 Daycare
 School/University
 Transit
 Rideshare
 Hotel
 Community
 Other, specify: _____

9. During the time of the confirmed case's date the symptom started through the date of last contact with the confirmed case, did you.....?

Exposure	Answer	Start date (date first interaction occurred) (MM/DD/YYYY)	End date (date last interaction occurred) (MM/DD/YYYY)	Number of occurrences (number of times there was contact)	Total amount of time (in minutes, hours, or days)
...have face to face contact with the confirmed case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				_____ <input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Days
...have direct physical contact with the confirmed case? (e.g., hug, shake hands, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				_____ <input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Days
...physically within 6 feet of the confirmed case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				_____ <input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Days
...within 6 feet while the confirmed case was coughing or sneezing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				_____ <input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Days
...take an object handed from or handled by the confirmed case? (e.g., pen, paper, food, utensil, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				_____ <input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Days
...in the same room as the confirmed case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				_____ <input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Days

CONTACT Last Name, First Initial: _____

Exposure	Answer	Start date (date first interaction occurred) (MM/DD/YYYY)	End date (date last interaction occurred) (MM/DD/YYYY)	Number of occurrences (number of times there was contact)	Total amount of time (in minutes, hours, or days)
...sleep in the same room as the confirmed case during the time he/she was ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<hr/> <input type="checkbox"/> Minutes Hours <input type="checkbox"/> Days
... share a bathroom with the confirmed case during the time he/she was ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<hr/> <input type="checkbox"/> Minutes Hours <input type="checkbox"/> Days
... prepare food with the confirmed case during the time he/she was ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<hr/> <input type="checkbox"/> Minutes Hours <input type="checkbox"/> Days
...travel in the same vehicle (car, bus, airplane), sitting within 6 feet of the confirmed case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<hr/> <input type="checkbox"/> Minutes Hours <input type="checkbox"/> Days

Additional note taking space:

CONTACT Last Name, First Initial: _____

OFFICE SYMBOL

Date: ____/____/____

MEMORANDUM FOR RECORD

SUBJECT: Preliminary COVID-19 Investigation Questionnaire

You are being tested for COVID-19 because either you have symptoms or you have been exposed to a person with a COVID-19 infection.

Attached as Enclosure is the Preliminary COVID-19 Investigation Questionnaire. Please do your best to answer these questions with as much detail as possible. This responsive questionnaire will be provided to Installation Public Health Personnel and the COVID-19 Contact Trace Fusion Cell.

If your COVID-19 test result is negative, no actions will be taken with this information and it will be destroyed. If your test result is positive, your responses will help identify other people at risk and protect others from the spread of COVID-19.

Thank you for your help.

Encl

NAME
TITLE

Last Name and First Initial: _____, _____.

Preliminary COVID-19 Investigation Questionnaire

Name:	DOB:	DoD ID or Other ID:
Phone #:	Active Duty/Family Member	Sponsor's unit: _____ Unit POC: _____
Today's date:	Supervisor: _____ Phone: _____	Work location: (BLDG. and room)

1. When did you first start having any of these symptoms?

Symptoms	Date
Fever (above 100.4 F or 38C)	
Sore throat	
Cough or mucus	
Chills	
Shortness of breath	

2. List all locations (on post and off post) you have visited starting from today to 2 days before you started feeling sick.

Earliest date you began feeling sick: _____

Site	Location	Date
Commissary		
PX/exchange (which one?)		
Schools (which one)		
Dining Facility (which one)		
Gyms (which one)		
Chapels (which one)		
Post Bus (Route/Time/Date)		
Library (which one)		
Theater (which one)		
Post Office (which one)		
Mil treatment facility (which one)		
Bus (off post)		
Train		
Other locations:		

Preliminary COVID-19 Investigation Questionnaire

List other individuals you have come into contact with starting from today to 2 days before you started feeling sick, or 2 days prior to the collection of the positive specimen.

Name (Rank, First, Last)	Contact Information if available (phone or email)	When you had contact with them (Date MM/DD/YYYY)	Where was the contact

Additional Note Taking Space:

Privacy Act Statement: This information is confidential, intended only for the use of the Contact Tracing Team and may contain information that is privileged or exempt from disclosure under applicable law. Information contained in this correspondence may be subject to the Privacy Act of 1974 (5 U.S.C. 552a). Personal information contained in this correspondence may be used only by authorized persons in the conduct of official business. Any unauthorized disclosure or misuse of personal information may result in criminal and/or civil penalties. If you are not the intended recipient of this information please destroy all copies of this information.

Privacy Protection of COVID-19 Information

Everyone's health and safety are paramount during this evolving COVID-19 situation.

All personally identifiable information (PII), including health information protected under the Privacy Act, maintained on DoD personnel and affiliated individuals, should be collected, used, and disclosed only as necessary to safeguard public health and safety in accordance with relevant privacy laws, regulations, and policies.

As a guiding principle, only collect and disclose the minimum amount of PII regarding COVID-19 necessary to persons with an authorized need to know. You should also actively seek to minimize the amount of data sharing so as to safeguard the PII for access by those persons with a need to know.

An example of PII is information contained on recall roster lists, such as names that are linked with phone numbers and email addresses. Another example of PII is an instance in which an employee reports a positive test result for COVID-19 to his or her supervisor. For these uses, this is not patient information, but is considered employment- and readiness-related information. Therefore, this information is not protected health information under the Health Insurance Portability and Accountability Act (HIPAA), but should be protected as PII consistent with the Privacy Act.

As we respond to COVID-19, employ best practices when handling PII to avoid privacy incidents, including the following:

- Limit distribution of PII to those who have a valid, need to know. For example:
 - If a DoD employee (military member or civilian) tests positive for COVID-19, they should inform their supervisor immediately. The supervisor will then notify the appropriate persons within the chain of command designated as need to know for COVID-19. This information along with any other related details, such as quarantine date(s), exposure date(s), duty status date(s), etc., will be provided only to persons with an authorized need to know
 - If a DoD employee self-identifies with a higher risk susceptibility to COVID-19, in accordance with CDC guidelines, the information should be reported to the supervisor and reporting limited to only those who have a need to know.
- Employ good data security practices, such as encrypting email transmission of PII on all classification systems (NIPR, SIPR, or JWICs). For example, a supervisor should not transmit names, social security numbers, personal phone numbers, or health or readiness status via unencrypted email.
- Do not use personal email accounts to transmit PII.
- Do not use collaboration platforms to communicate PII. For example, do not discuss or disclose an individual's current or potential COVID-19 status on a work-related blog or instant message system.
- Do not post recall rosters or excel spreadsheets with PII to internal shared drives, Share Point, or similar sites without proper safeguards and role-based access restrictions. This

will ensure only individuals within the designated chain of command with a need to know will be able to access the PII.

- HIPAA Rules do not apply to employment records, even if the information in those records is health-related, as the HIPAA does not apply to the actions of an employer. To the extent that you have questions about applicable law, consult your counsel.

If you have further questions or concerns about collecting, maintaining, processing, or disseminating PII (to include health information) please contact your Component Privacy Office.

DoD OSD System of Record - Privacy Statement of 1974



Federal Register / Vol. 85, No. 59 / Thursday, March 26, 2020 / Notices

17047

Dated: March 23, 2020.

Sheleen Dumas,
Department PRA Clearance Officer, Office of
the Chief Information Officer, Commerce
Department.

[FR Doc. 2020-06304 Filed 3-25-20; 8:45 am]

BILLING CODE 3510-22-P

DEPARTMENT OF DEFENSE

Department of the Air Force

Notice of Federal Advisory Committee Meeting; Withdrawal

AGENCY: U.S. Air Force Scientific Advisory Board, Department of the Air Force, DoD.

ACTION: Notice of withdrawal.

SUMMARY: The previous Air Force Scientific Advisory Board **Federal Register** Notice, Vol. 85, No. 46, published on Monday March 9, 2020, is hereby withdrawn. The United States Air Force Scientific Advisory Board Meeting to be held on April 2, 2020 is cancelled. Due to circumstances beyond the control of the Department of Defense and the Designated Federal Officer for the U.S. Air Force Scientific Advisory Board was unable to provide public notification required by concerning the cancellation of the previously noticed meeting of the U.S. Air Force Scientific Advisory Board for April 2, 2020. Accordingly, the Advisory Committee Management Officer for the Department of Defense waives the 15-calendar day notification requirement.

FOR FURTHER INFORMATION CONTACT: Evan Buschmann, (240) 612-5503 (Voice), 703-693-5643 (Facsimile), evan.g.buschmann.civ@us.af.mil (Email). Mailing address is 1500 West Perimeter Road, Ste. #3300, Joint Base Andrews, MD 20762.

Adriane Paris,
Acting Air Force Federal Register Liaison
Officer.

[FR Doc. 2020-06282 Filed 3-25-20; 8:45 am]

BILLING CODE 5001-10-P

DEPARTMENT OF DEFENSE

Office of the Secretary

[Docket ID: DOD-2020-OS-0033]

Privacy Act of 1974; System of Records

AGENCY: Office of the Secretary, Department of Defense (DoD).

ACTION: Notice of a modified System of Records.

SUMMARY: The Office of the Secretary of Defense (OSD) is modifying the DoD Personnel Accountability and Assessment System, DPR 39 DoD, for the purpose of more clearly covering records that may be maintained in response to public health and safety events or other similar emergencies such as Coronavirus Disease 2019 (COVID-19). The DoD blanket routine uses were removed and replaced with specific routine uses that explain the entities to which disclosures would be made.

DATES: This System of Records Modification is effective upon publication; however comments on the Routine Uses will be accepted on or before April 27, 2020. The Routine Uses are effective at the close of the comment period.

ADDRESSES: You may submit comments, identified by docket number and title, by any of the following methods:
* *Federal Rulemaking Portal:* <https://www.regulations.gov>.

Follow the instructions for submitting comments.

* *Mail:* Department of Defense, Office of the Chief Management Officer, Directorate for Oversight and Compliance, 4800 Mark Center Drive, Mailbox #24, Suite 08D09, Alexandria, VA 22350-1700.

Instructions: All submissions received must include the agency name and docket number for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the internet at <https://www.regulations.gov> as they are received without change, including any personal identifiers or contact information.

FOR FURTHER INFORMATION CONTACT: Ms. Cindy Allard, Chief, Defense Privacy, Civil Liberties and Transparency Division, 4800 Mark Center Drive, Mailbox #24, Suite 08D09, Alexandria, VA 22350-1700, or by phone at (703) 571-0070.

SUPPLEMENTARY INFORMATION: In quick response to the changing situation regarding COVID-19, the OSD is modifying this System of Records Notice to include the necessary information needed in order to decrease the community spread of this disease within the DoD community. The OSD notices for Systems of Records subject to the Privacy Act of 1974, as amended, have been published in the **Federal Register** and are available from the address in **FOR FURTHER INFORMATION CONTACT** or from the Defense Privacy, Civil Liberties, and Transparency

Division website at <https://dpcl.d.defense.gov>.

The proposed system reports, as required by the Privacy Act, as amended, were submitted on March 20, 2020, to the House Committee on Oversight and Reform, the Senate Committee on Homeland Security and Governmental Affairs, and the Office of Management and Budget (OMB) pursuant to Section 6 of OMB Circular No. A-108, "Federal Agency Responsibilities for Review, Reporting, and Publication under the Privacy Act," revised December 23, 2016 (December 23, 2016, 81 FR 94424).

Dated: March 23, 2020.

Aaron T. Siegel,
Alternate OSD Federal Register Liaison
Officer, Department of Defense.

SYSTEM NAME AND NUMBER:

DoD Personnel Accountability and Assessment System, DPR 39 DoD.

SECURITY CLASSIFICATION:

Unclassified.

SYSTEM LOCATION:

Decentralized locations include the DoD Components staff and field operating agencies, major commands, installations, and activities.

SYSTEM MANAGER(S):

Senior Program Manager for Casualty and Mortuary Affairs, Office of the Under Secretary of Defense (Personnel & Readiness), Deputy Under Secretary of Defense for Military Community and Family Policy, 4000 Defense Pentagon, Washington DC 20301-4000; DoD Components including the Office of the Secretary of Defense, Departments of the Army, Air Force, and Navy and staffs, field operating agencies, major commands, installations, and activities.

The Privacy Act responsibilities concerning access, amendment, and disclosure of the records within this system notice have been delegated to the employing DoD components.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

10 U.S.C. 113, Secretary of Defense; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 7013, Secretary of the Army; 10 U.S.C. 8013, Secretary of the Navy; 10 U.S.C. 9013, Secretary of the Air Force; 10 U.S.C. 2672, Protection of Buildings, Grounds, Property, and Persons; DoD Instruction 3001.02, Personnel Accountability in Conjunction with Natural or Manmade Disasters; DoD Instruction 6200.03, Public Health Emergency Management (PHEM) Within the DoD; DoD Instruction 6055.17, DoD Emergency Management (EM) Program; and E.O. 9397 (SSN), as amended.

PURPOSE(S) OF THE SYSTEM:

To accomplish personnel accountability for and status of DoD-affiliated personnel in a natural or man-made disaster or public health emergency, or when directed by the Secretary of Defense. Such events could include severe weather events, acts of terrorism or severe destruction, pandemics or major public health outbreaks, and similar crises. This system will document the individuals' check-in data or other information that is self-reported or provided by third parties (*e.g.*, supervisors or commanders) if necessary to maintain accountability or inform agency responses to emergencies, including the safety and protection of the workforce. The DoD Components may also collect information about DoD personnel and their dependents for needs and status assessments as a result of the natural or man-made disaster, public health emergency, similar crisis, or when directed by the Secretary of Defense. The DoD Components may also use accountability data for accountability and assessment reporting exercises.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

DoD-affiliated personnel to include: Military Service members (active duty, Guard/Reserve and the Coast Guard personnel when operating as a Military Service with the Navy), civilian employees (including non-appropriated fund employees), dependents and family members of the above, and contractors or other individuals working at or requiring access to DoD facilities.

CATEGORIES OF RECORDS IN THE SYSTEM:

Subject individual's full name, Social Security Number (SSN), DoD Identification Number (DoD ID Number), DoD affiliation, date of birth, duty station address and telephone numbers, home and email addresses, and telephone numbers (to include cell number). Emergency Data information may include spouse's name and address; children's names, dates of birth, address and telephone number; parents' names, addresses and telephone numbers; or emergency contact's name and address. The DoD Components may request information to assess the needs and status of affiliated personnel. Such information may include a needs and status assessment to help determine any specific emergent needs; the date of the assessment; the type of event and category classification; a Federal Emergency Management Agency (FEMA) number, if issued; and other information about individuals if necessary to maintain personnel

accountability or inform agency responses to emergencies, such as travel and health-related information covered under the Privacy Act. Personal information maintained will be the minimum necessary in order to accomplish the accountability and/or emergency response mission in accordance with the Privacy Act of 1974 and DoDI 5400.11, consistent with applicable law.

RECORD SOURCE CATEGORIES:

Individuals, supervisors or commanders, other Federal Agencies, and Defense Manpower Data Center (DEERS database).

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND PURPOSES OF SUCH USES:

In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows:

a. To contractors, grantees, experts, consultants, students, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for the federal government when necessary to accomplish an agency function related to this System of Records.

b. To the Office of Personnel Management (OPM) for the purpose of addressing civilian pay and leave, benefits, retirement deduction, and any other information necessary for the OPM to carry out its legally authorized government-wide personnel management functions and studies.

c. To State and local taxing authorities with which the Secretary of the Treasury has entered into agreements under 5 U.S.C. 5516, 5517, or 5520 and only to those state and local taxing authorities for which an employee or military member is or was subject to tax, regardless of whether tax is or was withheld. The information to be disclosed is information normally contained in Internal Revenue Service (IRS) Form W-2.

d. To any person, organization or governmental entity (*e.g.*, other Federal, State, territorial, local, or foreign, or international governmental agencies or entities, first responders, American Red Cross, etc.), as is necessary and relevant to notify them of, respond to, or guard against a serious and imminent terrorist or homeland security threat, natural or manmade disaster, public health emergency, or other similar crisis, including for the purpose of enabling emergency service personnel to locate an individual.

e. To such recipients and under such circumstances and procedures as are mandated by Federal statute or treaty.

f. To the news media and the public unless it is determined that release of the specific information in the context of a particular case would constitute an unwarranted invasion of personal privacy.

g. To the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law, whether criminal, civil, or regulatory in nature.

h. To any component of the Department of Justice for the purpose of representing the DoD, or its components, officers, employees, or members in pending or potential litigation to which the record is pertinent.

i. In an appropriate proceeding before a court, grand jury, or administrative or adjudicative body or official, when the DoD or other Agency representing the DoD determines that the records are relevant and necessary to the proceeding; or in an appropriate proceeding before an administrative or adjudicative body when the adjudicator determines the records to be relevant to the proceeding.

j. To the National Archives and Records Administration for the purpose of records management inspections conducted under the authority of 44 U.S.C 2904 and 2906.

k. To a member of Congress or staff acting upon the Member's behalf when the Member or staff requests the information on behalf of, and at the request of, the individual who is the subject of the record.

l. To appropriate agencies, entities, and persons when (1) the DoD suspects or confirms a breach of the System of Records; (2) the DoD determines as a result of the suspected or confirmed breach there is a risk of harm to individuals, the DoD (including its information systems, programs, and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the DoD's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

m. To another Federal agency or Federal entity, when the DoD determines that information from this System of Records is reasonably necessary to assist the recipient agency or entity in (1) responding to a

suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.

POLICIES AND PRACTICES FOR STORAGE OF RECORDS:

Records are stored in hard copy and electronic media.

POLICIES AND PRACTICES FOR RETRIEVAL OF RECORDS:

Individual's name, DoD ID Number, Social Security Number (SSN), or date of birth.

POLICIES AND PRACTICES FOR RETENTION AND DISPOSAL OF RECORDS:

The Military Departments, Joint Chiefs of Staff and OSD all retain in accordance with their individual Records and Information Management retention schedules.

ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS:

DoD Components will ensure that paper and electronic records collected and used are maintained in controlled areas accessible only to authorized personnel. Physical security differs from site to site, but the automated records must be maintained in controlled areas accessible only by authorized personnel. Access to computerized data is restricted by use of common access cards (CACs) and passwords. These are "For Official Use Only" records and are maintained in controlled facilities that employ physical restrictions and safeguards such as security guards, identification badges, key cards, and locks.

RECORD ACCESS PROCEDURES:

Individuals seeking access to records about themselves contained in this System of Records should address written inquiries to their employing DoD Component. The request should include the individual's full name, DoD ID Number, SSN, home address, and be signed.

CONTESTING RECORD PROCEDURES:

The DoD rules for accessing records, contesting contents, and appealing initial agency determinations are contained in 32 CFR part 310, or may be obtained from the system manager.

NOTIFICATION PROCEDURES:

Individuals seeking to determine whether this System of Records contains information about themselves should address written inquiries to their

employing DoD Component. The request should include the individual's full name, DoD ID Number, SSN, home address, and be signed.

EXEMPTIONS PROMULGATED FOR THE SYSTEM:
None.

HISTORY:

March 24, 2010, 75 FR 14141.

[FR Doc. 2020-06344 Filed 3-25-20; 8:45 am]

BILLING CODE 5001-06-P

DEPARTMENT OF DEFENSE

Department of the Army, Corps of Engineers

[COE-2020-0003]

Guidance To Establish Policies for the Agency Levee Safety Program Entitled Engineer Circular 1165-2-218

AGENCY: U.S. Army Corps of Engineers, Department of Defense.

ACTION: Notice; extension of public comment period.

SUMMARY: In the February 25, 2020 issue of the **Federal Register**, the U.S. Army Corps of Engineers (USACE) issued a notice announcing the availability of its draft agency guidance entitled, Engineer Circular 1165-2-218: U.S. Army Corps of Engineers Levee Safety Program, for comment. In that notice, USACE stated that written comments must be submitted on or before April 27, 2020. It was the intent of USACE to host five in-person public sessions to provide additional opportunities to exchange information related to the draft Engineer Circular prior to the conclusion of the open comment period. Due to ongoing concerns related to coronavirus disease 2019 (COVID-19), USACE has postponed the in-person public sessions until such a time they can be safely rescheduled or an alternative plan for virtual information exchange can be implemented. USACE recognizes that feedback from the public and our partners is key to the success of the USACE Levee Safety Program, and provides opportunity to build trusting and transparent relationships. As a result, USACE is extending the public comment period on the draft Engineer Circular until July 27, 2020. The draft Engineer Circular is available for review on the USACE Levee Safety Program website (<https://www.usace.army.mil/Missions/Civil-Works/Levee-Safety-Program/>) and at (<http://www.regulations.gov>) reference docket number COE-2020-0003.

DATES: USACE is extending the comment period for the notice

published in the February 25, 2020, issue of the **Federal Register** (85 FR 10658) to July 27, 2020.

ADDRESSES: USACE, 441 G Street NW, Washington, DC 20314-1000.

FOR FURTHER INFORMATION CONTACT: Ms. Tammy Conforti at 202-761-4649, email EC218@usace.army.mil (mailto: EC218@usace.army.mil) or visit <http://www.usace.army.mil/Missions/Civil-Works/Levee-Safety-Program/> (<http://www.usace.army.mil/Missions/Civil-Works/Levee-Safety-Program/>).

SUPPLEMENTARY INFORMATION: None.

Dated: March 20, 2020.

R.D. James,

Assistant Secretary of the Army, (Civil Works).

[FR Doc. 2020-06364 Filed 3-25-20; 8:45 am]

BILLING CODE 3720-58-P

DEPARTMENT OF DEFENSE

Department of the Navy

Meeting of the Marine Corps University Board of Visitors; Cancellation

AGENCY: Department of the Navy, DoD.

ACTION: Notice of open meeting; cancellation.

SUMMARY: On Friday, March 13, 2020, the Department of the Navy published a notice announcing a meeting of the Marine Corps University Board of Visitors that was to take place on Thursday, April 2, 2020, and Friday, April 3, 2020. Due to ongoing COVID-19 concerns, the Department of the Navy is cancelling this meeting.

DATES: The meeting that was open to the public, Thursday, April 2, 2020, from 9:00 a.m. to 5:00 p.m., and Friday, April 3, 2020, from 9:45 a.m. to 11:00 a.m. has been cancelled.

FOR FURTHER INFORMATION CONTACT:

Alternate Designated Federal Officer Dr. Kimberly Florich, Faculty Development and Outreach, kimberly.florich@usmcu.edu. 703-432-4837, 2076 South St., Quantico, VA 22134.

SUPPLEMENTARY INFORMATION: The meeting notice published in the **Federal Register** on Friday March 13, 2020 (85 FR 14657).

Due to circumstances beyond the control of the Department of Defense, the Designated Federal Officer for the Marine Corps University Board of Visitors was unable to provide public notification required by 41 CFR 102-3.150(a) concerning the cancellation of the previously notified meeting for April 2 through 3, 2020. Accordingly, the Advisory Committee Management Officer for the Department of Defense, pursuant to 41 CFR 102-3.150(b),



For current COVID-19 information:

<https://phc.amedd.army.mil/covid19>
<https://www.coronavirus.gov/>

The Military Health System Nurse Advice Line is available 24/7:

Call 1-800-874-2273 option #1 or visit
<https://www.health.mil/I-Am-A/Media/Media-Center/NAL-Day-at-a-glance>

For more information, contact your installation's Department of Public Health.



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TA-532-APR20 | October 2020 | version 2

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