



**DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON STUTTGART
UNIT 30401
APO AE 09107-0401**

IMSG-ZA

09 December 2020

MEMORANDUM FOR RECORD

SUBJECT: COVID-19 Guidelines for Stuttgart Military Community

1. Purpose. This memorandum provides guidance from Army Health Clinic Stuttgart's (AHC-S) Public Health Emergency Officer (PHEO) for the U.S. Army Garrison (USAG) Stuttgart Community on Corona Virus Disease 2019 (COVID-19) public health response, focused on guidelines for management of cases and contacts. It rescinds the COVID-19 Guidelines for Stuttgart Military Community dated 9 November 2020. Primary change to this document is the adoption of a 10 day quarantine and isolation policy.

2. Definitions.

a. COVID-19 symptoms are broad and often non-specific. When present, COVID-19 symptoms may include:

- (1) Fever
- (2) Cough
- (3) Chest tightness
- (4) Shortness of breath
- (5) Headache
- (6) Body aches
- (7) Loss of smell/taste
- (8) Chills or shakes
- (9) Rash
- (10) Diarrhea
- (11) Red eyes
- (12) Joint pain
- (13) Fatigue
- (14) Sore or "scratchy" throat
- (15) Runny nose or congestion

b. Confirmed positive: The person has tested positive for COVID-19 at AHC-S or another testing location. COVID-19 positive persons may display symptoms or may have no symptoms (asymptomatic).

c. Presumed positive: The person has COVID-19 symptoms and a strong epidemiologic link to a case, without a positive COVID-19 test result. A medical provider has determined that the individual will be considered COVID-19 positive and managed in the same way as a confirmed positive case.

SUBJECT: COVID-19 Guidelines

d. Person under investigation (PUI): A person with symptoms possibly consistent with COVID-19 that is awaiting COVID-19 testing results.

e. Contact tracing: The process of interviewing a confirmed or presumed COVID-19 positive person to determine their close contacts that may have been exposed to the virus and at risk of infection. AHC-S Team Trace conducts contact tracing on all COVID-19 cases, and may coordinate with local host nation public health authorities to ensure notification of all close contacts.

f. Close contact: A person who had close contact with a confirmed or presumed positive COVID-19 case. Close contact is defined as being within six feet of a person for 15 minutes (cumulative). The timeline of concern for close contact is from two days prior to onset of the COVID-19 positive person's symptoms, or two days prior to the collection of test specimen in an asymptomatic COVID-19 positive person. Examples of close contacts include family members, household members, friends, sports teammates, coaches, and small group members. Persons with less than 15 minute duration of contact but with a significant exposure (e.g., directly coughed or sneezed on) are considered close contacts. The wear of cloth face coverings decreases risk of transmission, but does not eliminate risk for close contacts and does not impact whether quarantine will be recommended.

g. "Ring Contact": Applies to students within a classroom. Specifically, a student sitting immediately next to a positive case in either the classroom or on the bus. Includes seats in front of, behind, left, right and diagonals. In the current setting of high prevalence and widespread community transmission, ring contacts will be considered close contacts and will incur the same quarantine requirements.

h. Classroom contacts: Students and teachers who are in the same classroom or bus as a positive case, but not classified as a ring contact. At the current time, classroom contacts are not considered close contacts and will typically incur no quarantine obligation unless additional positives are found within the classroom or bus.

i. Other contacts: These include persons who are in proximity to a COVID-19 positive person but do not meet the definition of a close contact. They may be identified as part of case investigation and their disposition will be individualized.

j. Contact of a contact: Someone who is a contact of a close contact of a COVID-19 case. For example, if a parent of a child is COVID-19 positive, the child is a close contact. If that child is on a sports team, then the rest of the team is a contact of a contact. There is an exception to this rule however: If the contact of a contact is a member of the same household, they are treated as a close contact for quarantine purposes. For example, if a service member is a close contact of a COVID-19 positive co-worker and is put on 10 days quarantine and cannot quarantine from the rest of their household, then the other members of the household, who are technically contact of contacts, also must quarantine.

SUBJECT: COVID-19 Guidelines

k. Isolation: Confirmed or presumed positive persons will enter “isolation”. Those in isolation will remain in their quarters and stay separate from household members to the maximum extent possible. If possible, the person in isolation should have their own room, own bathroom, and food should be brought to them. Those in isolation will only leave the home, wearing a face mask and maintaining six feet of physical distance from others, to seek medical care, if necessary. Even if a person can effectively isolate from the rest of their household members, in most cases those other members of the household will likely qualify as close contacts and will also be required to quarantine in their quarters.

l. Quarantine: Close contacts will quarantine; this means they are not known to be infected but are at risk due to exposure, and therefore must stay away from others. Those in quarantine will remain in their quarters and stay separate from household members to the maximum extent possible. If possible, they will have their own room, own bathroom, and food brought to them. Those in quarantine will depend on units for life support. They will only leave the home, wearing a face mask and maintaining six feet of physical distance from others, to seek medical care, if necessary.

m. Social Distancing: Distancing measures taken by persons with symptoms who have tested negative for COVID-19 and do not have a strong epidemiologic link that would require them to quarantine. Persons who are social distancing should try to keep their distance from others and be extra vigilant regarding hand washing, mask wear, coughing and other hygiene measures. Household members are not required to quarantine for exposure to someone social distancing. However, they should take common sense measures such as avoiding “get togethers”, having people over to the house, visiting others, etc.

3. What to do when feeling ill.

a. Onset of symptoms. Members of the USAG Stuttgart Community must self-monitor for symptoms of COVID-19 every day. If symptoms are noted, they should stay at home, avoid group activities (work, school, sports), and seek medical evaluation through AHC-S. If symptoms develop at work contact they should contact their supervisor, leave the work space, and seek medical evaluation. In the school setting, parents will be contacted and students who develop symptoms will be isolated from others in a supervised setting with climate control while awaiting pickup. For additional information on clinic testing hours and procedures visit <https://rhce.amedd.army.mil/stuttgart/>

b. Those who have been tested for COVID-19 due to symptoms are considered PUIs and will remain in isolation until their COVID-19 status is determined. PUIs who test negative for COVID-19 are expected to social distance (*see above) from others. If the COVID-19 test is negative and they are symptom free for 48 hours, the person can return to work or school after 72 hours. Example: Sore throat on Monday and test negative for COVID 19, no sore throat on Tuesday or Wednesday, can return to work on Thursday. If symptoms worsen, medical personnel may recommend continued social distancing and/or repeat testing.

SUBJECT: COVID-19 Guidelines

4. Protocol for isolation, quarantine and testing of COVID-19 cases and contacts.

a. COVID-19 positive persons. These people will isolate as directed by the PHEO for AHC-S for 10 days. They should be largely symptom free for the last 72 hours of isolation. For example, persistent fevers, cough, moderate to severe shortness of breath or persistent diarrhea would constitute major symptoms and require an extension past the required 10 days. However, if there is mildly persistent fatigue, slight exercise intolerance, or continued loss of smell, then they may release at the 10 day point. Start date for isolation will be first day of symptoms or date of test if the patient does not have any symptoms. Repeat testing is generally not recommended or required for confirmed COVID-19 persons but may be in unique situations; the medical provider will advise if this is the case. Asymptomatic testing (e.g., for sentinel surveillance, or following travel) will not be conducted in the 90 days following a positive COVID-19 test. If a recovered COVID-19 positive person develops symptoms within 90 days following their infection, they should be tested to evaluate for the possibility of a new COVID-19 infection. Additionally, persons who tested positive for COVID do not need to enter quarantine again if they are exposed to a case within 90 days of their test as long as they do not have symptoms. If the exposure is more than 90 days from their positive COVID test, then they will need to enter quarantine.

b. Close contacts of COVID-19 positive persons. These people will quarantine until 10 days after the last contact with the COVID-19 positive person. Close contacts will usually be tested for COVID-19 soon after being identified and may be tested again on day 8 days later to determine if they were infected from their exposure. If any test is positive, the close contact becomes a confirmed positive and begins isolation until 10 days past the day their positive test was taken or their symptoms developed. Close contacts will self-monitor for symptoms of COVID and seek evaluation if they develop. Close contacts cannot test out of quarantine. The 10-day duration of quarantine is in line with CDC guidance.

c. Contacts of contacts generally do not incur a quarantine obligation and may continue interacting in the community. However, when household members are unable to separate from a close contact within the home, they must quarantine along with the close contact.

5. Exceptional Situations.

a. School populations have special quarantine requirements. Students identified as close contacts (*including ring contacts) of other students (friend groups, sitting right next to the positive student, same sport teams, small groups, etc.) will quarantine for 10 days from last exposure and will be tested immediately as well as 8 days later. If negative at the 8 day mark and no symptoms, the quarantined student may return after 10 days. Classroom contacts and bus contacts, who are not identified as close contacts/ring contacts, *will incur no quarantine obligation*. They are expected to be extra-vigilant to any COVID-19 symptoms and test immediately if any symptoms

SUBJECT: COVID-19 Guidelines

develop. Classroom contacts and bus contacts, as a group, will not be tested unless symptoms develop. This policy may change as community prevalence rates change and/or as the policies of the local German schools change.

b. Extended Quarantine: There is potential for extended quarantine requirements within households. Families with confirmed or presumed COVID-19 cases will consult with Team Trace to ensure understanding of each person's quarantine requirements. For example, the parent becomes positive and the family is quarantined. A child in the family develops symptoms and also tests positive. The parent recovers and is cleared to return to work. Other family members may still be in quarantine due to risk of infection and the virus spreading within the household. Households will need to develop their own specific plans to minimize extended quarantines from daily exposure to the positive within their household.

6. Travel quarantine and testing guidance.

a. Those who arrive or return to USAG Stuttgart from areas outside of Germany considered high risk by the Robert Koch Institut (RKI) will quarantine for 10 days from arrival. They should test for COVID-19 on day 1-2 from arrival, and again no earlier than their 8th day from arrival. If negative on day 8 and without symptoms, the traveler may release from quarantine on day 10. USAG Stuttgart does not authorize any working or modified quarantine following travel. Some units/commands on USAG Stuttgart have policies for modified quarantine for their personnel. If those in a quarantine following travel develop symptoms concerning for COVID-19, they will seek testing.

b. Those who arrive for Permanent Change of Station from any international location must quarantine for 10 days (even if coming from a low risk area per USAREUR guidance). Same testing guidance for testing on day 1 and day 8 applies.

c. The RKI list of high-risk locations changes frequently and will be monitored before and during any travel:

https://www.rki.de/DE/Content/InfAZ/N/Neuartriges_Coronavirus/Risikogebiete_neu.htm
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d. Household members of persons who are in a quarantine due to international travel must remain physically separated from the traveler. If this cannot be achieved, then the members of the household must also quarantine. If there is daily interaction between a recent traveler and the household, then the household will incur a quarantine obligation. Recently infected household members could transmit virus for 2 or more days at work if allowed to freely interact with a recent traveler and continue with work and school.

7. Release from home isolation and quarantine.

a. COVID-19 positive. Persons with COVID-19 will be released from isolation by the public health authority at AHC-S. These persons will drive through the COVID-19

SUBJECT: COVID-19 Guidelines

testing line once the PHEO directed isolation period is complete. They will return to work or school after release in accordance with their school or unit COVID-19 policy.

b. Close Contacts in quarantine. The public health authority at AHC-S will provide quarantine release information. Those who do not develop symptoms or test positive during quarantine will be released after 10 days assuming a negative test on day 8 and no symptoms. No visit to the clinic is necessary. Return to work or school in accordance with the school or unit COVID-19 policy.

c. Other Contacts. If classroom or other groups of contacts are directed to stay at home, public health authorities will provide guidance on when to return to school and re-engage with the community.

8. Communication.

a. The USAG Stuttgart PHEO will communicate guidance and recommendations in regard to COVID 19 to the Stuttgart Military Community in a timely manner.

b. DODEA Schools in Stuttgart will notify parents each time a COVID-19 case occurs in the school or during bus transport. This is to allow for informed decisions regarding in-person education. Personal health information is protected by law and will not be disseminated.

c. Individuals are expected to notify their immediate supervisor that they have been placed in isolation. Units may receive notification through the USAG Stuttgart channels. Return to work is in accordance with local policy and coordinated through the chain of command.

9. Guidance is subject to change depending on the COVID-19 situation in the community, host nation and/or policies from higher headquarters.

10. The point of contact for this memorandum is LTC Troy Baker, USAG Stuttgart Public Health Emergency Officer, who can be reached at us.army.medcom-dcs-dental.list.hbg-stuttgart-web@mail.mil.

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