



COVID-19: FAQs FOR US SOUTHCOM

Updated Jan. 19, 2021

The Defense Department continually provides information and resources on a variety of coronavirus-related subjects for members of the DOD community and the general public. See the latest [DOD guidance on Coronavirus](#).

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1. BASICS

Q1.1. What is the Novel Coronavirus (COVID-19)?

A1.1. Coronavirus Disease 2019 (COVID-19) is a respiratory virus that was first identified in December 2019 in Wuhan, Hubei Province, China. This virus probably originally emerged from an animal source, but is now spreading from person-to-person. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. There are many types of human corona viruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. United States Southern Command (SOUTHCOM) is closely monitoring the situation and taking the necessary steps to keep all personnel safe.

Office of Primary Responsibility (OPR): SG

Q.1.2. What is the command guidance for HQ SOUTHCOM staff regarding Force Health Protection in a COVID-19 pandemic?

A1.2. Personnel assigned, attached, or on temporary duty to USSOUTHCOM must follow the [Workplace Protocols](#).

Office of Primary Responsibility (OPR): DCOS

Q.1.3. What is difference between Quarantine, Isolation, and Restriction of Movement (ROM)?

A1.3. Restriction of Movement (ROM) is a DoD umbrella term used for Quarantine and Isolation. Quarantine defines parameters for close contacts of COVID+ individuals to stay away from others. Isolation describes someone who is infected with the virus to stay away from others. Those in quarantine and isolation should reside at home (and in a separate room if not single household), avoid contact with any members/pets of the household, monitor symptoms, wear a mask, wash hands and disinfect areas whenever possible.

Office of Primary Responsibility (OPR): SG

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2. SPREAD

Q2.1. How does the virus spread?

A2.1. The virus that causes COVID-19 is thought to spread mainly from person to person, primarily through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet for a cumulative 15 minutes within a 24 hour period).

Office of Primary Responsibility (OPR): SG

Q2.2. How do I prevent the spread of COVID-19?

A2.2. Follow these simple steps to reduce the risk of transmission.

- Avoid close contact with people (stay 6 feet apart).
- Wear face coverings over mouth and nose.
- Wash your hands with soap and water often and for at least 20 seconds. If soap and water is not available, use hand sanitizer with at least 60% alcohol.
- Clean and disinfect frequently touched objects and surfaces.
- Avoid crowded indoor areas, and ensure indoor spaces are properly ventilated.
- Stay home and isolate when sick.

Office of Primary Responsibility (OPR): SG

Q2.3. Can COVID-19 be spread through food, including restaurant take out, refrigerated or frozen packaged food?

A2.3. Currently, there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always wash your hands with soap and water for at least 20 seconds for general food safety.

Office of Primary Responsibility (OPR): SG

Q2.4. What is community spread? Why does it matter at SOUTHCOM?

A2.4. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected. SOUTHCOM continues to work diligently to prevent community spread in the workplace.

Office of Primary Responsibility (OPR): SG

3. PREVENTION/CLEANING & DISINFECTION

Q3.1. What are the policies for institutional and personal cleaning (i.e. cleaning the spaces and cleaning my personal workspace)?

A3.1. See [Cleaning and Disinfection Guideline After Covid-19 Exposure](#). Every directorate and command group are given disinfecting bottles (2 equipment cleaning and one hand cleaning solution) and paper towels for every assigned personnel to use. Everyone should adhere by the "Work Area Sanitization Checklist," located on the inside of every main door leading to a workspace. If someone tests positive, the Rapid Response Cleaning Team will assist the section to ensure proper disinfection occurs.

Office of Primary Responsibility (OPR): HQ CMDT

Q3.2. What cleaning products should I used to protect against COVID-19?

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A3.2. Clean and disinfect frequently touched surfaces such as tables, doorknobs, light switches, key/badge pads, countertops, handles, desks, phones, keyboards, faucets, and sinks. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection. To disinfect, most common household disinfectants will work. See CDC's recommendations [for household cleaning and disinfection](#).

Office of Primary Responsibility (OPR): SG

4. SYMPTOMS & DISCONTINUING ISOLATION AFTER TESTING POSITIVE

Q4.1. What are the symptoms of COVID-19?

A4.1. Symptoms of COVID-19 include nasal congestion, running nose, fever, chills, cough, shortness of breath, sore throat, nausea, vomiting, diarrhea, loss of sense of taste or smell, headaches, fatigue, and body aches. Symptoms can start out mild and then worsen over time. Some individuals may have only 1 or even no symptoms during their infection.

Office of Primary Responsibility (OPR): SG

Q4.2. Is there a self-assessment I can conduct to evaluate my symptoms?

A4.2. SOUTHCOM staff should make the COVID-19 self-assessment a part of their daily routine. Before leaving the house, review the checklist. If you answer 'yes' to ANY of the questions below, DO NOT COME TO WORK. Call the SOUTHCOM Army Health Clinic at 305-437-0779 and notify your supervisor.

- In the past 24-hours, have you had a fever or felt "feverish?"
- Do you have one or more of the following symptoms?
 - ✓ Cough
 - ✓ Shortness of Breath/Difficulty Breathing
 - ✓ Fatigue
 - ✓ Congestion or Runny Nose
 - ✓ Body Aches
 - ✓ Loss of Taste and/or Smell
 - ✓ Diarrhea
 - ✓ Nausea or Vomiting
 - ✓ Chills or Fever
 - ✓ Muscle or Body aches
 - ✓ Headache
- Have you traveled overseas in the last 14 days?
- Have you had contact with someone sick or someone diagnosed with COVID-19 in the last 14-days?

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q4.3. If I am diagnosed with COVID-19, when can I discontinue isolation and return to work?

A4.3. Follow the [Discontinuing Restriction of Movement & Returning to Work After Travel or Illness](#) and [Return to Work flowchart](#). Earlier CDC guidance utilized 2 negative tests to discontinue isolation. Repeat testing is **NO** longer recommended per [CDC](#) policy. Individuals should **NOT** undergo a repeated COVID-19 test within 90 days of the initial positive test unless directed by a medical provider.

Office of Primary Responsibility (OPR): SG

5. FACE COVERINGS

Q5.1. What kind of face covering should I wear?

A5.1. The CDC recommends that a *cloth face covering* be worn to prevent the spread of COVID-19. Wear approved cloth face masks at all times unless in a private office alone, or when eating or drinking. Cubicles regardless of

physicals barriers or sneeze guards are *not* considered private offices. Cloth face masks must also be worn in hallways/stairwells/elevators, parking lots, and other public spaces. Face shields and bandanas are not a substitute for cloth face masks. Masks with exhalation valves or vents that do not filter exhaled air are not approved for use. Face shields may be worn in addition to masks. Surgical masks, N95 masks, and double layer neck gaiters may be worn in place of cloth masks.

For the sake of clarity and consistency for SOUTHCOM personnel, it is preferred that masks should be of neutral solid colors, but other colors and patterns are permitted if they are workplace appropriate and, for military members, IAW service specific guidance. However, masks with logos, words, or symbols are not authorized.

Face coverings should fit snugly, secured with ear loops or ties, and be worn over both the nose and mouth at all times unless in a private office alone or when eating or drinking. They should have ability to be laundered and machine dried without damage or change in shape.

Office of Primary Responsibility (OPR): SG

Q5.2. Are there any known negative effects for wearing a mask for 8+ hours a day?

A5.2. **No.** Wearing a cloth face covering may feel strange or uncomfortable, especially at first. However, wearing a face covering does not cause carbon dioxide buildup or reduced oxygen levels for the wearer. Though you may have seen false news on social media platforms, science does NOT support that there are long-term health consequences from wearing masks. Masks should be laundered regularly per CDC guidance.

Office of Primary Responsibility (OPR): SG

Q5.3. Must I wear a facemask at the outdoor gym?

A5.3. **Yes.** Cloth facemasks are required on the USAG-Miami, including at the outdoor gym.

Office of Primary Responsibility (OPR) Garrison Management

Q5.4. Do I still practice social distancing requirements even when wearing a mask?

A5.4. **Yes,** there are multiple methods of protection that should be used simultaneously (e.g. hand washing, avoiding close contact, covering coughs/sneezes, cleaning and disinfecting, monitoring personal health). Cloth face masks are meant to prevent someone from transmitting the disease to others (i.e. “source control”); latest research also shows that they provide some protection to the individual wearing the mask.

Office of Primary Responsibility (OPR): SG

6. TESTING

Q6.1. When should I get tested?

A6.1. A: COVID-19 PCR and antigen testing (“swab tests”) check for the presence of the COVID-19 virus in your body at the time of the test. If you have COVID-19 symptoms and risk for exposure, you should get tested. For symptoms, please see [section 4.2 of FAQs](#). If you are identified as a close contact of someone with COVID, then you should be tested after your notification— regardless of symptoms onset. Recommended window for testing is 3-5 days after exposure.

Remember to inform your supervisor if you are sick and/or if you have been tested. You should not return to work while your results are pending. If you are sick or exposed to COVID-19, you can return once cleared by a medical provider.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q.6.2. Where can I get tested if I am sick or exposed to COVID-19?

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A6.2. For the best care, you should seek care with your primary care manager. If enrolled at the SOUTHCOM Army Health Clinic, call 305-437-1753 (or 305-437-3742, Nurse Advisory Line) or report to the COVID trailer during duty hours. If screening determines you need to be tested, they will swab you at the COVID trailer (available weekdays during 0730-1200 and 1300-1430hrs) while you remain in your car.

For work-related exposures (that is you were exposed to someone at the HQ who tested positive), the SOUTHCOM Army Health Clinic can evaluate all staff (to include civilians and contractors).

Additionally, there are many **local test centers** offering free testing:

<https://www.miamidade.gov/global/initiatives/coronavirus/testing-locations.page>

<https://www.broward.org/CoronaVirus/Pages/Collection-Sites.aspx>.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q6.3. How I can I get a screening test for COVID-19 if required for travel?

A6.3. **For official travel:** Supervisors should submit a memo detailing the date of travel, location of travel, and the type of test required for entry to the country. Submit the memo as soon as the need for a COVID-19 test is identified to: usarmy.gordon.medcom-eamc.mbx.southcom-lab-covid-19@mail.mil. Once the memo is received by the laboratory a calendar invite will be sent out with the date and time of testing along with additional screening documentation to bring along to lab for testing. For any questions, please contact the Lab at 305-437-1163/1164.

For unofficial travel: Clinic beneficiaries can contact their primary care manager to request testing. Non-beneficiaries seeking screening for unofficial travel should contact their primary care manager or a local community test site.

CDC recommendation: The CDC recommends testing 1-3 day priors to international and domestic travel. Do not travel if positive results. Upon return, testing 3-5 days after your trip and reduce non-essential activities for a full 7 days post travel, even if you are negative. If you do not test post-travel, consider reducing non-essential activities for 10 days.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q6.4. Is antibody testing available at the clinic?

A6.4. **Yes.** Antibody testing looks for past infection. Per CDC guidance, antibody testing should not be used to diagnose a current COVID infection. To determine if you are currently infected, you need a test to see if the virus is in your system (i.e. swab for PCR test). If you are enrolled at the SOUTHCOM Army Health Clinic, your primary care manager can order antibody testing if medically indicated. Based upon DOD and CDC guidance, antibody testing is NOT part of our current "Return to Workplace" guidelines nor our surveillance program.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q6.5. What's the rate of "false positives" in COVID tests?

A6.5. The COVID-19 PCR test (the "swab test") tests for the virus in the body at the time of testing. The rate of false positives is very low. If a person has symptoms consistent with COVID-19 and a positive COVID-19 PCR test, we can be confident that the person has COVID-19. Some infected people will NOT show any symptoms – these asymptomatic individuals may be misinterpreted as a "false positive," but they are actually "true positives." Although these asymptomatic individuals feel normal, they can still spread the virus to others. Additionally, you may have a positive test on one date and then a negative test a day or a week later – this is normal, because as a person recovers from COVID-19 they no longer shed the virus. For optimal force protection, we will treat all positive COVID-19 PCR tests as "true positives," and follow the USSOUTHCOM return to work guidance for all cases.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q6.6. How many times can a person be tested?

A6.6. A: This depends on the situation. If a person has COVID-19 symptoms but tests negative and their symptoms persist, they should follow-up with their primary care provider to see if repeat testing is indicated. If a person then recovers but gets sick again weeks or months later, testing could be considered at that future time.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q6.7. Who can be tested for COVID-19 at the SOUTHCOM Army Health Clinic?

A6.7. If you are *enrolled* in the SOUTHCOM Army Health Clinic, you can be screened at the COVID trailer. *If testing is recommended, the clinic can perform rapid testing and/or send a PCR test to a reference lab.* The type of test that is performed will depend upon your clinical situation. The SOUTHCOM Army Health Clinic can evaluate non-enrolled staff, including civilians and contractors, for work-related exposures (that is if you're exposed to someone who tested positive here at the HQ). Be advised the clinic does not treat nor test children under 18 years old.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q6.8. Can I return to work while awaiting my test results?

A6.8. **It depends.** If you are tested due to symptoms or exposure concern, **NO** you cannot return until your results are back AND you are cleared by the clinic. If you are randomly tested as part of our surveillance program OR for pre-operative clearance, then **YES** you can return while awaiting results.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q6.9. What does a positive antibody test mean? Does it mean you are immune?

A6.9. **The CDC does not have enough information** yet to say how protected someone might be from being infected again if they have antibodies. In general, a positive antibody test is presumed to mean a person has been infected with SARS-COV-2, the virus that causes COVID-19, at some point in the past. It does NOT mean they are currently infected. Antibodies usually start developing within 1-3 weeks after infection.

In other words, the CDC It is not clear that you are immune if you have a positive antibody test. Confirmed and suspected cases of reinfection with the virus have been reported, but remain rare. Until there is more data, everyone should continue to follow all FHP measures (masks, distancing, disinfecting, etc) despite a positive antibody test. Per CDC guidance, antibody tests should NOT be used to determine who can return to work or to determine who should be grouped together at schools or dormitories (for example).

Office of Primary Responsibility (OPR): SG

Q6.10. If I test positive for COVID-19, should I be tested again to be cleared to return to work?

A6.10. **No.** Per CDC guidance, testing should NOT be done at the end of your 10 day isolation. In fact, retesting is NOT recommended for the 90 days after a positive test unless clinically indicated (i.e. your doctor tests you again later because you get sick and his/her evaluation didn't find another cause for your symptoms). Please see [section 4.3. of FAQs](#) for return to work procedures.

Office of Primary Responsibility (OPR): SG

Q6.11. Can someone test negative and later positive for COVID-19?

A6.11. **Yes.** You may test negative if the sample was collected early in your infection and test positive later during this illness. You could also be exposed to COVID-19 after the test and get infected then. Even if you test negative, you still should take steps to protect yourself, your family and the SOUTHCOM Team.

Office of Primary Responsibility (OPR): SG

7. CLOSE CONTACT

Q7.1. What if I came into close contact with someone who has COVID-19?

A7.1. If you believe you are a close contact of someone with COVID-19, please *contact your primary care provider for assessment and testing*. The CDC defines “close contact” within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. If you meet this outlined criteria, you should notify your supervisor, [quarantine immediately](#) and contact your medical provider. DO NOT COME TO WORK.

Office of Primary Responsibility (OPR): Rapid Response Team

Q7.2. Am I considered a close contact for tracing even if wearing a face covering around the infected individual?

A7.2. **Yes.** Although facemasks decrease transmission, the CDC still considers you a close contact as defined in the answer above. This is out of abundance of caution.

Office of Primary Responsibility (OPR): Rapid Response Team

Q7.3. If someone is positive in the building and I had contact with them, will I be personally notified?

A7.3. **Yes.** The Command has a robust Rapid Response team that ensures proper case investigation, contact tracing, and cleaning occurs with each positive care on the USAG-Miami. This team works closely with unit and HQ leadership to ensure that potential contacts are each interviewed/assessed. [Click here for more information](#) on the Rapid Response process.

Office of Primary Responsibility (OPR): Rapid Response Team

Q7.4. If my spouse (roommate or child) tests positive, when does my 14 days quarantine begin?

A7.4. Your 14-day quarantine begins when you have fully isolated from the positive patient. For example, if you are caring for your family member daily or unable to isolate from him/her, then your quarantine start date would start when he/she finishes their isolation period. Thus you would be in quarantine for a total of 24 days. The CDC has useful scenarios to help you calculate your quarantine. [COVID-19: When to Quarantine | CDC](#)

Office of Primary Responsibility (OPR): SG

Q7.5. What if I was around someone who was identified as a close contact?

A7.5. If you have been around an **asymptomatic** coworker who was identified as a close contact to a person with COVID-19, you do NOT need to be tested for COVID-19. Continue to monitor yourself for any symptoms of COVID-19, wear your mask and practice good social distancing – per our standard HQ COVID mitigation rules.

Office of Primary Responsibility (OPR): Rapid Response Team

8. CONTACT TRACING

Q.8.1. What is contact tracing?

A8.1. Contact tracing prevents the spread of COVID-19 at SOUTHCOM. In general, contact tracing involves identifying people who have COVID-19 (cases) and their contacts (people who may have been exposed) and working with them to interrupt COVID-19 transmission. For COVID-19, this includes asking cases to isolate and contacts to quarantine at home voluntarily.

Contact tracing for COVID-19 typically involves

- Interviewing people with COVID-19 to identify everyone with whom they had close contact (6-feet or closer for 15 minutes or more) during the time they may have been infectious,
- Notifying contacts of their potential exposure,

- Referring contacts for testing,
- Monitoring contacts for signs and symptoms of COVID-19, and
- Connecting contacts with services they might need during the self-quarantine period.

Office of Primary Responsibility (OPR): Rapid Response Team

9. TELEWORK & RETURN OF WORKFORCE TO HEADQUARTERS

Q9.1. What is SOUTHCOM's policy regarding return of the workforce to the headquarters?

A9.1. There is no push to return to 100% staffing. The return of the workforce is conditions based. Directors shall return staff to the HQ based upon local conditions, using science and sound judgement. We have shown that we can successfully telework. We have also identified that many important missions require access to secure systems within the HQ. Force Health Protection remains our priority. We have shown that we can safely return without internal COVID transmission.

Office of Primary Responsibility (OPR): J1

Q9.2. Is telework authorized?

A9.2. Telework continues to be authorized. Individuals should work with their chain of command. Directors and staff should feel comfortable leveraging telework to mitigate the impacts as COVID rates rise in the local community. Specific instructions regarding high-risk employees and those with dependent care concerns can be found in the [Workplace Protocols](#).

Office of Primary Responsibility (OPR): J1

10. HIGH-RISK MEDICAL CONDITIONS

Q10.1. Where can I find the list of medical conditions at increased risk for severe illness from COVID-19?

A10.1. Visit [the Center for Disease Control \(CDC\) for the latest updates](#) on high-risk medical conditions.

Office of Primary Responsibility (OPR): SG

Q10.2. What is the SOUTHCOM policy for those at high-risk, for those that live with some who is high-risk, or those who have dependent care concerns?

A10.2. Specifics can be found on page 3 of the [Workplace Protocols](#)

Office of Primary Responsibility (OPR): DCOS

11. LEAVE/TRAVEL

Q11.1. What is the personal leave policy for DoD Service members assigned or attached to US SOUTHCOM?

A11.1. SOUTHCOM follows service specific guidance for leave. In addition to that guidance, the [SOUTHCOM Military Personnel Leave and Absence Program](#) and the [Travel Restrictions Policy](#) states authorized leave outside the local area will be approved at a level no lower than the element/unit commander or equivalent.

It must include a USSOUTHCOM Pre- and Post-Travel Risk Assessment Forms found here:

[Pre-Travel Risk Assessment Form](#)

[Post-Travel Risk Assessment Form](#)

Members should not travel if they have had close contact with someone who has tested positive for COVID-19 within the past 14 days.

Office of Primary Responsibility (OPR): J1

Q11.2. What is the official travel policy?

A11.2. Official travel, TDY and PCS still require conditions-based examination of both locations. The SOUTHCOM Chief of Staff is the approval authority for Headquarters Exception to Policy requests.

Office of Primary Responsibility (OPR): J1

Q11.3. What should I do before, during & after travel to stay safe?

A11.3. **Before traveling**, CDC recommends a viral test (1-3 days before departure), self-monitoring for symptoms, wearing masks, social distancing and hand hygiene. Travelers to self-isolate if symptoms develop OR if testing is positive. **During travel**: CDC recommends taking precautions to protect others during travel and until 14 days after arrival by social distancing, wearing masks (including while at home), hand hygiene and self-monitoring. **After travel**: CDC Recommends testing 5 days after return, combined with self-monitoring and a 7-day period of staying at home even if test is negative. If testing is not available, this period should be extended to 10 days. Avoid contact with people at higher risk for severe illness for 14 days, regardless of testing. Follow all DOD & SOUTHCOM ROM rules (see Q11.4).

Office of Primary Responsibility (OPR): SG

Q11.4. Is Restriction of Movement (ROM, e.g. quarantine) required upon return from travel?

A11.4. **It depends.** Per DOD & SOUTHCOM policy, pre-travel & post travel risk assessments are required for ALL official travel, and required for unofficial travel for military members. Civilians and contractors are encouraged to use the forms as well for leave.

For domestic US travel, decision on whether ROM is required upon return is made at the Directorate level based upon travel risk.

For travel OCONUS to US, DOD Force Health Protection supplement #12 drives ROM requirements. Upon return from Level 1 & 2 countries, ROM decisions are made at Directorate level based upon risk. ROM is required upon return from Level 3 & 4 countries. While the CDC allows an individual to test and be released at 7 days, DOD guidance still requires a 14-day quarantine. Follow [Return to Work After Travel Protocols](#).

Office of Primary Responsibility (OPR): SG

12. EXCEPTION TO POLICY TO RETURN TO WORK FOR MISSION ESSENTIAL DUTIES

Q12.1. Can personnel that traveled overseas to a Level 2-4 country or were in close contact with a COVID-19 positive individual return to work before the mandatory 14-day restriction of movement (ROM)?

A12.1. **Yes.** Only if the first General Officer/Flag Officer or SES in the person's immediate chain of command determines they are mission essential, low risk of exposure to others, and tested negative for the presence of SARS-CoV-2 as documented on the [Exception to Return Post Overseas Travel](#) form.

Office of Primary Responsibility (OPR): CoS

13. KEY LEADER ENGAGEMENTS (KLE) AND VISITORS

Q13.1. What is the process for General/Flag Officers requesting KLE visits in the SOUTHCOM AOR?

A13.1. For approval, personnel must submit a [Travel Exception to Policy Request Form](#) detailing the COVID mitigation plans and country requirements per [SOUTHCOM guidance](#). An example form is found [here](#). The number of travelers should be minimized to mission-essential. Strict compliance with FHP measures is expected – including avoiding meals in restaurants and group meals.

Office of Primary Responsibility (OPR): J5

Q13.2. What is the process for requesting KLEs at the SOUTHCOM HQ?

A13.2. Requests for Key Leader Visits to USSOUTHCOM Headquarters are submitted by the USSOUTHCOM organization sponsoring the visit (SCO, Directorate Lead, etc.) through the USSOUTHCOM tasker system and approved by the COS in accordance with the [Visitor Policy and Procedures](#).

Office of Primary Responsibility (OPR): J5

Q13.3. What is the process for hosting any visitors to the SOUTHCOM HQ or Conference Center of the Americas?

A13.3. Requests for visitors are coordinated through the COS office in accordance with [Visitor Policy and Procedures](#).

Office of Primary Responsibility (OPR): JEVb

14. RESERVIST

Q14.1. How do I drill at USSOUTHCOM?

A14.2. Any reservist traveling to USSOUTHCOM to perform battle assemblies (BA), must complete the Pre-Travel Risk Assessment form upon arrival. Once you arrive at USSOUTHCOM, you will drive through the COVID-19 Trailer checkpoint (available weekdays during 0730-1200 and 1300-1430hrs) to be screened. Please see attached directions. Before departing USSOUTHCOM all reservists must complete the Post Travel Risk Assessment form. [Both forms located here](#), should be emailed to your supervisor.

Office of Primary Responsibility (OPR): M&RA

Q14.2 Frequently Asked Questions to Reserve Program Managers.

A14.2. For service specific guidance click on the hyperlinks below:

- [Army Desk FAQs](#)
- [Air Force Desk FAQs](#)
- [Navy Desk FAQs](#)
- [Marine Desk FAQs](#)
- [Coast Guard Desk FAQs](#)

Office of Primary Responsibility (OPR): J1

Q14.3. What if I'm performing my drill on the weekend and cannot be screened?

A14.3. Supervisors will coordinate with the HQ CMDT office 305-437-3818/3837 to obtain a thermometer prior to drill weekend. The designated person will ensure all reservists' temperatures are checked while drilling at USSOUTHCOM.

Office of Primary Responsibility (OPR): M&RA

Q14.4. What if a reservist develops symptoms while drilling?

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A14.4. If a reservist is symptomatic, the individual immediately must go to the nearest “Urgent Care” to be screened. Supervisors will notify their command on the reservist receiving medical assistance and [contact the Reserve Program Manager \(RPM\)](#) for further guidance.

Office of Primary Responsibility (OPR): M&RA

15. ADDITIONAL REFERENCES FOR SUPERVISORS

Q15.1. What do I do if a staff member notifies me that they have a sick family member? Should I instruct them to come in to work or stay home?

A15.1. A useful checklist for this and many other scenarios can be found in the [Tips for Leadership](#).

Office of Primary Responsibility (OPR): SG

Q15.2. What do I do if a staff member notifies me that he/she has tested positive for COVID-19 at a local testing site?

A15.2 You need to notify the JOC ASAP using the template found on the [Rapid Response Playbook](#) site. Follow the directions in the Playbook to alert the Rapid Response team with your section’s seating chart and potential close contacts. You will work with the HQ Commandant’s office to cordon off the workspace and get it disinfected as needed.

Office of Primary Responsibility (OPR): Rapid Response Team

Q15.3. We want to host a holiday social in our section? What are the rules? What approval is required?

A15.3. Per [Holiday Social Guidance](#), you can submit your plans to the Chief of Staff office for approval.

Office of Primary Responsibility (OPR): CoS

Q15.4. It is challenging to accommodate everyone during the “maximum holiday” leave block. Are there alternatives?

A15.4. Senior leadership encourages Directors/Supervisors to expand the leave window to allow individuals to safely take leave while covering mission requirements as noted in [the Chief’s memo](#).

Office of Primary Responsibility (OPR): CoS

16. VACCINES

Q16.1. Who is first priority for the vaccine? Will personnel be prioritized based on their military, civilian, or contractor status?

A16.1. **No**, personnel will not be prioritized based on their status of military, civilian, or contractor. Initially, the supply of COVID-19 vaccines in the United States has been limited, this will increase in the coming weeks and months. We will use the DoD Prioritization Plan which is based upon CDC guidance. First focus is on those providing direct medical care, frontline essential workers, deploying forces, and those at the highest risk of developing severe illness from COVID-19. Recommendations were made with these goals in mind: decrease risk of death and serious disease on the most vulnerable population, preserve functioning of society, and reduce the extra burden COVID-19 is having on people already facing difficulties.

Office of Primary Responsibility (OPR): SG

Q16.2. Are the vaccines mandatory or voluntary? What is the request process?

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A16.2. **At this time, they are voluntary.** We will follow DoD guidance. Since the FDA authorized Pfizer and Moderna vaccines under an Emergency Use Authorization (EUA), personnel may voluntarily accept the vaccine and commands *cannot* impose punitive or administrative measures against individuals who exercise the right to decline. An EUA is a shorter process but no steps are skipped in the safety evaluation; this does NOT imply that the authorization was done too quickly or that the vaccine is unsafe.

For those employed at the SOUTHCOM Army Health Clinic, complete the [COVID Vaccine Form](#) to volunteer or defer the vaccine. You will be scheduled an appointment when your priority group is being vaccinated. For any questions call the Immunization NCOIC, at (305) 437-3381.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q16.3. Under what circumstances could the vaccine become mandatory?

A16.3. Following full FDA approval, the DoD may require a COVID-19 vaccine for military personnel or civilians in specific fields, as is the case for the annual influenza vaccine.

Office of Primary Responsibility (OPR): SG

Q16.4. How will the DoD distribute and administer the vaccine? When will the SOUTHCOM team receive it?

A16.4. DoD expects limited quantity and a phased delivery of the Moderna [COVID-19 vaccines via Operation Warp Speed](#) (for more information, visit the link). The initial pilot sites were selected based on capacity to receive ultra-cold vaccines, population, inclusion of each Military Service, and availability of an Immunization Healthcare Specialist. The SOUTHCOM Team received the vaccine in accordance with the DoD Phased Distribution Plan and began immunizations through the SOUTHCOM Army Health Clinic immediately after. We will continue to receive additional shipments over time and vaccinate individuals as safely and quickly as possible.

Office of Primary Responsibility (OPR): SG

Q16.5. Who do we anticipate will be able to get the vaccine at the SOUTHCOM Army Health Clinic once it's available?

A16.5. Employees at the SOUTHCOM Army Health Clinic – including mil, civ, contractor, and foreign military liaisons. In addition, Military Health System beneficiaries enrolled at the clinic here.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q16.6. What should I expect when receiving the vaccine?

A16.6. Early COVID-19 vaccines will be a two-dose sequence between 21 days (Pfizer) or 28 days (Moderna), depending on the product. Vaccines from different manufacturers will NOT be interchangeable, the brands must be the same for both doses. Vaccine recipients will be provided a copy of the CDC COVID-19 Vaccination Record Card after receipt of the vaccine with the disclosed manufacturer name. If you are a military service member, your medical records will be updated to reflect that you have been vaccinated.

Instructions will be provided regarding procedures for the second-dose appointment. Side effects are normal and should dissipate in a few days. For more information, visit the [CDC Vaccination page](#).

Office of Primary Responsibility (OPR): SG

Q16.7. If I already had COVID-19 and recovered, should I still get the vaccine?

A16.7. **Yes.** Vaccination is currently recommended because the duration of immunity following COVID-19 infection is unknown and the vaccine may have value in protection for previously infected people.

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Q16.8. Does immunity after getting COVID-19 last longer than protection from COVID-19 vaccines?

A16.8. We will not know how long immunity lasts until we have a vaccine and more data on how well it works. The protection someone gains from having an infection (called natural immunity) varies depending on the disease, and it varies from person to person. Since this virus is new, we don't know how long natural immunity might last. Current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection.

Office of Primary Responsibility (OPR): SG

Q16.9. Can a vaccinated person still transmit COVID-19?

A16.9. **Currently there is no data** on transmission blocking for Pfizer or Moderna's vaccine. Both vaccines work to protect individuals from disease symptoms, but it is unknown at this time whether vaccinated people can still transmit the virus as an asymptomatic infection. It is recommended by both the CDC and the DOD to continue to practice public health protective measures like washing your hands, wearing a mask and frequently cleaning common areas.

Office of Primary Responsibility (OPR): SG

Q16.10. Will we still need to wear mask and practice physical distancing after vaccination?

A16.10. **Yes.** The intent of the vaccine is to prevent the spread of COVID-19. We still need to wear the appropriated face coverings and practice physical distancing in order to limit the spread of the virus. Additionally, initially, we will not have enough vaccine to vaccinate everyone who wants the vaccine and COVID-19 pandemic risks will continue. We will continue to recommend wearing masks and practicing physical distancing, for everyone, until the pandemic risk of COVID-19 is substantially reduced.

Office of Primary Responsibility (OPR): SG

Q16.11. What has the DoD done to ensure the vaccine(s) they are distributing is safe?

A16.11. DoD is confident in the stringent regulatory process and requirements of the FDA. Vaccines and therapeutics to prevent and treat disease are developed in stages. In Phase 1 Trials researchers test an experimental drug or treatment in a small group of people for the first time. In Phase 2 Trails the experimental drug or treatment is given to a larger group of people to see if it's effective and to further evaluate its safety. In Phase 3 Trials the experimental study drug or treatment is given to very large groups of people.

Researchers confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the experimental drug or treatment to be used safely. Manufactures are required to submit their raw data for the FDA to review. Safety, immune response, and efficacy data from the trial stages are submitted to the FDA before they are authorized for use and distribution.

Office of Primary Responsibility (OPR): SG

Q16.12. How long will protection last following vaccination?

A16.12. We do not know how long protection will last following vaccination but it will be critically important to measure long-term protection (at least two years) in the phase 3 trails and in other groups prioritized for early vaccination. We are still learning about the duration of protection following infection with COVID-19 and it is too early to tell how long protection will last.

Office of Primary Responsibility (OPR): SG

Q16.13. What is a COVID-19 mRNA vaccine? Could I get the virus from taking it?

A16.13. **No,** it is not possible to get COVID-19 from mRNA vaccines since they do not contain the inactivated virus. COVID-19 mRNA vaccines give instructions for our cells to make a harmless piece that looks like the "spike protein," which is found on the surface of the COVID-19 virus. Our bodies recognize that this protein should not be there, so

they build antibodies that will remember how to fight the virus that causes COVID-19 if we are infected in the future. With this vaccine, you will not test positive for a current infection, although you may test positive on an antibody test, which shows previous infection. For more information on how the Moderna vaccine works, please [review this article](#).

Office of Primary Responsibility (OPR): SG

Q16.14. If personnel develop symptoms after receiving the vaccine, will they be required to stay home and isolate?

A16.14. **Yes**, any symptomatic personnel should ROM until symptoms cease. Currently, there is no requirement for anyone receiving the vaccine to ROM immediately afterwards. The common side effects to the Moderna vaccine are fatigue, headache, muscular pain, and joint pain in persons between the ages of 18 and 65. For more information, feel free to view the data published in the Military Health System, [“Providing the Moderna COVID-19 Vaccine: Helping Recipients Understand What to Expect.”](#)

Office of Primary Responsibility (OPR): SG

Q16.15. Is the vaccine recommended and safe for pregnant women?

A16.15. People who are pregnant and part of a [group recommended](#) to receive COVID-19 vaccine, such as healthcare personnel, may choose to be vaccinated. It is recommended that pregnant people discuss with their medical provider their individual risks and the benefits from vaccination. For more information, see [CDC Vaccine Considerations for People who are Pregnant or Breastfeeding](#).

Office of Primary Responsibility (OPR): SG

Q16.16. If I have an underlying medical condition, should I take the vaccine?

A16.16. **It depends**, most individuals with underlying health conditions should get the vaccine – especially if they are at high risk for COVID-19 complications. People who have weakened immune systems, autoimmune conditions, and/or previous diagnosis of Guillain-Barre syndrome or Bell’s palsy should talk with their doctor before vaccination. People who are allergic to PEG or polysorbate should not get an mRNA COVID-19 vaccine. For more information, see [CDC Vaccination Considerations for Persons with Underlying Medical Conditions](#).

Office of Primary Responsibility (OPR): SG

Q16.17. How do I receive SOUTHCOM specific training about the vaccine? Is it mandatory?

A.16.17. **Yes**, the Vaccine Educational Training is mandatory for everyone who works on the installation. It is located on JKO by searching “SOU-COVID19-001” and [accessible at this link](#). You can also find the training link on [the Internal COVID-19 Resource page](#). Once completed, you will automatically receive credit.

Office of Primary Responsibility (OPR): DCMRA

Q16.17. Should I get the vaccine for influenza (flu shot)?

A16.17. **Yes**, it is very important to get the influenza vaccine, particularly this season when both influenza viruses and COVID-19 infect people.

Office of Primary Responsibility (OPR): SG