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MARINE CORPS INSTALLATIONS PACIFIC-MCB CAMP BUTLER BULLETIN 1610

From: Commanding General, Marine Corps Installations Pacific-MCB Camp Butler
To: Distribution List

Subj: MCIPAC-MCBB COVID-19 IN-STRIDE GUIDANCE FOR UNITS IN OKINAWA

Ref: (a) FRAGO 03 to HQMC Coronavirus Response EXORD: Update to Reporting
(b) COMMCICOM FRAGO 034 to MCICOM OPORD 02-20
(c) USFJ Force Public Health (FHP) Order 23-001
(d) FRAGO 006 to III MEF/MARFORJ COVID-19 Outbreak Response EXORD 23-001
(e) MARADMIN 354/21 dtd 9 Jul 2021
(f) DoD Force Health Protection Supplement 20: DoD Guidance for Personnel Traveling During the COVID-19 Pandemic
(g) Deputy Secretary of Defense Memorandum: Updated Mask Guidance for all DOD Installations and Other Facilities (28 July 2021)

Encl: (1) Restriction of Movement and Quarantine Guidance
(2) Face Coverings and Mask Wear Policy
(3) Off-Duty Activities
(4) Definitions
(5) FAQ about Pre-Travel COVID-19 Tests

1. Applicability. This Bulletin applies to Marine Corps installations and camps in Okinawa. Informed by the references, all Marine Corps Installations Pacific-MCB Camp Butler (MCIPAC-MCBB) installation commanders throughout the region shall implement policies tailored to their location's conditions in conjunction with their respective regional service component, using this Bulletin for guidance.

Situation. On 30 January 2023, the Department of Defense (DoD) released the latest COVID-19 guidance, removing many previous requirements. Additionally, the Government of Japan (GoJ) recently announced they will downgrade COVID-19 from a Category 2 infectious disease (same as tuberculosis and severe acute respiratory syndrome) to a Category 5 infectious disease (same as influenza), starting 8 May 2023. This transition means state of emergencies and quasi state of emergencies will no longer be declared for COVID-19, regardless of the number of COVID-19 cases. Effective 13 March 2023, GoJ and the Okinawa Prefectural Government (OPG) adjusted their mask policy, allowing individuals to use their own judgement on when to wear a mask in public, unless a business or facility continues to require masks. GoJ and OPG recommend wearing a mask while using public transportation and within medical facilities. For clarity, Status of Forces Agreement (SOFA) personnel visiting an off-base business such as a grocery store, can choose to wear a mask or not if the store has no mask requirement. However, if the store maintains a mask requirement, indicated by a sign near the entrance, SOFA personnel are expected to respect that and wear a mask while inside. In similar news, the White House announced the COVID-19 national and public health emergencies in the United States will end on 11 May 2023. Last, with the DoD COVID-19 vaccine mandate rescinded, Indo-Pacific Command, U.S. Forces Japan, and III Marine

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Expeditionary Force (MEF)/U.S. Marine Corps Forces Japan (MARFORJ) requirements for personnel deploying/Temporary Additional Duty (TAD) to or from Japan have been rescinded as well. Although Japan's borders are now open, travelers must have received at least one COVID-19 vaccination booster (no pre-travel test and no arrival test required) or conducted a molecular COVID-19 test within 72 hours of the international flight to Japan (no arrival test required). Children 6 and under may assume the vaccination status of their least vaccinated parent/guardian present during the travel. Travelers who fail to meet either of those requirements must conduct arrival testing in Japan. Travelers who require arrival testing risk the chance of testing positive at a commercial airport in mainland, Japan. If a traveler tests positive at a commercial airport, isolation at a GoJ isolation facility is the most likely COA. The GoJ questionnaire remains a requirement and serves as a helpful tool to expedite entry (quarantine, immigration, and customs). The questionnaire can be found at: <https://arqs-qa.followup.mhlw.go.jp/>.

2. Cancellation. MCIPAC-MCBBBul 1610 dated 27 July 2022.

3. Mission. MCIPAC-MCBB executes deliberate Force Health Protection (FHP) measures to mitigate the risk of COVID-19 transmission within the MCIPAC-MCBB community in order to protect the force and maintain readiness.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. MCIPAC-MCBB employs conditions-based, medically informed measures to protect the health of personnel who work and live aboard MCIPAC-MCBB installations, preserve force readiness, and protect the local community. Exercising sound judgment, disciplined adherence to social distancing requirements, vaccinations, and proper wear of face coverings are all critical to ensure our MCIPAC-MCBB population remains safe from the lasting effects of COVID-19, and that we keep faith with our SOFA members, our tenants, and the local community.

(2) Concept of Operations. The MCIPAC-MCBB COVID Response Cell will coordinate with the Joint COVID Response Cell (JCRC), the U.S. Naval Hospital Okinawa (USNHO), other tenant organizations and MCIPAC-MCBB installations in order to develop and disseminate COVID-19 policies and handle reporting requirements.

b. Tasks

(1) MCIPAC-MCBB Camp and Installation Commanders

(a) Ensure the training, education, and compliance with COVID-19 policies, including Restriction of Movement (ROM), travel, and mask wear, for all personnel and implement additional guidance needed to respond to local conditions as required.

(b) Ensure Situation Reports (SITREPS) and additional reporting requirements are submitted via the reporting timelines and formats that have been established via separate correspondence.

(c) Ensure mask wear requirements are current and publicly communicated for widest dissemination to include being posted at all gates and on managed websites.

(2) Communication Strategy and Operations (COMMSTRAT). Be prepared to assist installation and camp commanders to design, produce, and distribute physical signs and digital information to managed websites to communicate the mask wear requirement.

c. Coordinating Instructions

(1) ROM in Japan, for personnel arriving from outside the country, is determined by vaccination status and entry testing. All travelers will carry a physical or electronic copy of their completed vaccination card or other medical record of vaccine administration for verification on arrival. The manner in which the ROM is conducted and the length of ROM can be found in enclosure (1).

(2) Mask wearing requirements are outlined in enclosure (2).

(3) Prohibited off-base activities are identified in enclosure (3).

(4) Unvaccinated personnel are prohibited from transporting individuals that require ROM or from being assigned to any isolation support billet.

(5) All personnel are required to comply with the staff directives and posted mitigation measures when on other U.S. installations.

(6) MCIPAC-MCBB personnel in Japan shall adhere to all travel and COVID-19 related guidance, restrictions and policy to include required pre-travel and entry testing. Any unresolved travel approval authority clarifications should be addressed to the MCIPAC-MCBB G-1 by the member's military or supervisory chain of command.

(7) All MCIPAC-MCBB personnel should practice good Operations Security. All Protected Health Information (PHI) and Personally Identifiable Information (PII), when transmission is required, will be transmitted via encrypted email and if databases are sent, password protected. No collaboration platform is to be used to communicate PHI/PII.

(8) Day Pass and Escorted Host-Nation Visitors. Camp or station commanders throughout the region will determine local policy for visitor access for their respective installations based on their risk assessments.

(9) Regardless of vaccination status, participation in counseling, religious services, and other essential services where social distancing can be maintained is authorized. Essential services include: medical appointments and counseling (marriage, Alcoholics Anonymous, etc.); veterinary services; grocery shopping; banking and bill payment; gas stations; vehicle repair services; postal services; and specific PCS-related activities.

(10) All personnel shall self-monitor for COVID-19 symptoms. If any symptoms of concern develop (fever or chills, sore throat, fatigue, loss of taste or smell, cough, congestion, headache, runny nose, muscle aches, difficulty breathing, nausea, and diarrhea), personnel will call the USNHO or their medical provider to speak with a medical representative to address follow on actions.

5. Administration and Logistics

a. Administration

(1) This Bulletin and enclosures can be provided upon request through your supervisor or your sponsor and/or their chain of command. Definitions are provided in enclosure (4).

(2) Information regarding Exceptions to Policy (ETP) can be provided upon request through your supervisor or your sponsor and/or their chain of command.

b. Logistics. Commanders are responsible for completing any administrative requirements as well as coordinating and supporting the sustainment and life support for any individual in isolation or quarantine.

6. Command and Signal

a. Command. This Bulletin is applicable to uniformed personnel, SOFA dependents, civilians, contractors, host-nation employees, and all other persons granted access to Marine Corps installations, facilities, or areas on Okinawa.

(1) Military Personnel. Violations by military personnel are subject to punishment under Article 92, Uniform Code of Military Justice (UCMJ) as violations of a lawful general order. Commanders will become familiar with Article 84 of the UCMJ (Breach of Medical Quarantine).

(2) Department of Defense (DoD) Civilian Employees. Failure to comply with this Bulletin by U.S. civilian employees may result in disciplinary, administrative action and/or a determination that the employee has failed to adjust to the overseas environment.

(3) SOFA Dependents. Violations by SOFA dependents may result in administrative sanctions, up to and including loss of command sponsorship and an early return of dependents.

(4) Other Personnel with Installation Access. Commands, installations, family members, DoD and host nation civilian employees, DoD retirees, contractors, and any other personnel with access and a desire to gain and maintain access to installations must follow service member Health Protection Condition (HPCON) directives as they apply to on-installation resources and activities.

b. Signal. This Bulletin is effective as of date signed. This policy shall be reviewed and updated as the operating environment warrants.



J. L. HAMMOND
Deputy Commander

DISTRIBUTION: List A

Restriction of Movement and Quarantine Guidance

1. When entering Japan, arrival testing and Restriction of Movement (ROM) are not required if pre-travel (within 72 hours) was negative and conducted via MOLECULAR (nucleic acid amplification test such as RT-PCR, LAMP, TMA, NEAR [e.g. Abbott ID-NOW]) testing. If MOLECULAR testing was not conducted prior to travel to Japan or personnel who did not receive a molecular test within 72 hours of flight to Japan then an arrival test is required. If negative, there are no ROM or further restrictions, regardless of vaccination status. If positive, transition to isolation. Once redeploying personnel have received a second negative PCR COVID-19 test, ROM is considered complete. Personnel who have received at least one COVID vaccination booster do not require a pre-travel test.

a. Exercise and operations occurring outside Japan may not require these additional testing measures due to occurring in locations with a stable COVID-19 situation. The III MEF G-3 will approve which locations do not require these additional testing measures. For these approved locations, redeploying personnel will follow normal entry/reentry testing and ROM requirements for Japan. TFSG can provide details on which locations are approved for normal.

b. All travelers entering Japan should have a copy of their orders on their person. For Status of Forces Agreement (SOFA) personnel who are not service members, orders may be in the form of: civilian employees – letter of employment; contractors- letter of authorization; dependents – a copy of the Permanent Change of Station (PCS) orders to Japan.

c. Up-To-Date. Those who are less than 6 months since second Moderna dose, less than 6 months since second Pfizer dose, less than 2 months since Janssen dose OR the traveler has been received all booster doses when eligible in accordance with (IAW) Centers for Disease Control and Prevention (CDC) and Department of Defense (DoD) guidance with any booster of choice).

(1) For those personnel who must conduct an arrival test. The test must be performed by the commercial airport or performed under competent oversight on a U.S. installation upon entry into Japan from another country.

(a) An international entry test at a commercial airport will meet this requirement.

(b) Mask wear off base is still required.

(c) Up-to-date travelers must be in receipt of a negative arrival COVID-19 test result before using any additional public transportation to include follow-on domestic flights or trains.

d. Fully Vaccinated but Not Up-To-Date (UTD). Those who are more than 6 months since second Moderna dose, more than 6 months since second Pfizer dose, more than 2 months since Janssen dose AND not boosted. These personnel who are fully vaccinated (but not up-to-date) shall travel directly to their domicile and will be restricted to a U.S. installation(s) for a ROM period of 7 days (168 hours after arrival in Japan) if they elect to not be tested OR 3 days if they elect to be tested no earlier than day 3. The following conditions apply during ROM:

(1) Public transportation is authorized, with a negative arrival test result test performed by the commercial airport or performed under competent oversight on a U.S. installation, in the first 24 hours after arrival to allow travelers to arrive at their domicile. Strict COVID-19 mitigation measures must be followed to include mask wear, avoiding crowds, practicing social distancing procedures, and hand and cough hygiene. After arrival to their final destination, public transportation is not authorized during the ROM period.

(2) On or after day 3 of ROM individuals may take a viral COVID-19 test and if the result is negative they may end ROM after day 3.

(3) Asymptomatic Individuals may exit ROM without a viral test after day 7 of ROM, with approval from a Certified Medical Authority.

(4) Personnel residing off-installation, must remain in their domicile or may conduct travel non-stop between their domicile and place of work on a U.S. installation via Personally Owned Vehicle (POV)/Government Owned Vehicle (GOV) or cycling/walking during their ROM. Off-installation the use of mass transit is not authorized, except as stated for transportation to domicile per paragraph (1).

(5) During the ROM period, fully-vaccinated individuals may have access to all on-installation facilities while maintaining strict COVID mitigation procedures

(6) Upon receipt of a negative COVID-19 test in Japan, by either Medical Treatment Facility or approved commercial means (to include Japanese testing conducted upon arrival to commercial international airports), essential services off installation is authorized for vaccinated personnel.

e. Unvaccinated. All others. All personnel who are not fully vaccinated shall travel directly to their domicile and remain there for a ROM period of 7 days (168 hours after arrival in Japan). Exiting domicile for animal welfare is authorized during ROM. The following conditions apply during ROM:

(1) Public transportation is authorized, with a negative arrival test result test performed by the commercial airport or performed under competent oversight on a U.S. installation, in the first 24 hours after arrival to allow travelers to arrive at their domicile. Strict COVID-19 mitigation measures must be followed to include mask wear, avoiding crowds, practicing social distancing procedures, and hand and cough hygiene. After arrival to their final destination, public transportation is not authorized during the ROM period.

(2) On or after day 3 of ROM, individuals may take a viral COVID-19 test and if the result is negative they may end ROM after day 3.

(3) Asymptomatic individuals may exit ROM without a viral test after day 7 of ROM, with approval from a Competent Medical Authority (CMA).

f. Individuals within 90 days of a positive COVID-19 result

(1) All personnel arriving in Japan from another country that have tested positive for COVID-19 within the previous 90 days will follow a ROM based on their vaccination status. These individuals would not normally undergo repeat testing within 90 days per CDC recommendations, but testing is required on entry at Japanese commercial airports. If the test is positive, the traveler will isolate on a U.S. installation until the competent medical authority approves an alternate plan. After completion of ROM, asymptomatic individuals may have the restriction to their installation (their residence if living outside an installation or if denied access to a U.S. installation) removed. ROM exit testing on or after day 3 is not required with approval from a CMA. The following procedures apply:

(a) Previous results will be reviewed by a unit travel coordinator who has been designated in writing to perform this function or competent medical authority. All travelers will carry a physical or electronic copy of their appropriate documentation approved by a CMA. Commands who appropriately verify previous status may choose to allow their personnel to conduct the ROM period prescribed above.

(b) The individual must remain asymptomatic for the duration of the respective ROM period. If symptoms occur, the individual will coordinate with the base Public Health Emergency Officer or competent medical authority and follow COVID-19 procedures for isolation/quarantine.

g. Installation Commanders shall ensure strict compliance with ROM requirements by newly arrived personnel from outside Japan. For example, personnel who are not fully vaccinated will not be allowed to attend newcomer briefs until the completion of ROM requirements. Installation commanders will ensure processes are in place to document or certify the completion of ROM by newly arrived personnel.

2. All personnel (to include DoD civilian and contract personnel IAW their statement of work) deployed to or Temporary Additional Duty/Temporary Duty (TAD/TDY) to Japan must be fully vaccinated prior to entering Japan. This includes operational movement, individual augmentees, and exercise support personnel.

3. ROM Exceptions to Policy (ETP)

a. Transient Aircrew will follow the fully vaccinated/unvaccinated procedures of the transient location, if more restrictive than the guidance published in reference (d).

b. Emergency Leave and Red Cross Notifications in Japan

(1) For personnel currently in a travel-related ROM status, who need to take emergency leave due to circumstances such as Red Cross notifications, the ROM waiver authority for MCIPAC-MCBB personnel is Commanding General (CG), MCIPAC-MCBB. Emergency Leave (E-Leave) may be routed for approval based on the judgment of the O-5 Commander or equivalent supervisors for U.S. Appropriated Fund (APF)/Non-appropriated Fund (NAF) employees. E-Leave Exceptions to Policy's will not delay the traveler's departure and will be processed on the first business day after command notification of the family emergency.

(2) Travelers will develop a mitigation plan for transit from ROM location to final destination as part of the ETP package that limits or denies exposure to others. The mitigation plan will include, but is not limited to: COVID-19 PCR test, travel itinerary, any COVID-19 safety measures implemented such as wearing a face covering, plan upon arrival at final destination, plan upon return to home station (such ROM and exit testing).

(3) An ETP for individuals in quarantine or isolation due to exposure to a COVID-19 positive individual as well as any individuals showing signs of COVID-19 symptoms will not be granted.

c. Departing Japan via Commercial Air before completion of ROM

(1) All travelers arriving in Japan from another country are prohibited from using commercial air, while in a ROM, quarantine, or isolation status. If attempting to depart Japan via commercial air before completing ROM, it requires an ETP approved by the Chief of Staff, United States Forces Japan (USFJ) and coordination with the Government of Japan via USFJ J5 Plans and Policy for Alliance Management identifying those that are leaving. ETPs will be limited to those required for operational impacts and humanitarian reasons, and not for morale or quality of life purposes.

(2) Transportation to a Japanese international airport for a flight departing the country must be done via POV/GOV. For personnel in Okinawa, this means Military Air/Gov-Chartered air must be utilized to get personnel approved by this ETP to an international airport in mainland, Japan. Upon

arriving to mainland, Japan via military aircraft (MILAIR), if follow-on ground transportation is needed, it must be conducted via POV/GOV or approved chauffeured vehicles.

(3) The following information will be included with the ETP package: Individual(s) Name; Flight Number/Arrival/Departure Times/Airport; Verification of POV/GOV transport plan; Verification of COVID-19 test w/in 72 hours of departure;

(4) Individual(s) will not be authorized to travel if they exhibit COVID-19 symptoms on date of departure.

(5) Once endorsed by the CG MCIPAC-MCBB, ETPs will be sent to USFJ Mailbox J5 at indopacom.yokota.usfj-j54.list.all@mail.mil for USFJ approval, Ccing TFSG CORC@usmc.mil.

4. Quarantine guidance is now based on several factors and personnel will be considered UTD or Non-UTD close contacts.

a. UTD Close Contacts are those who are less than 6 months since second Moderna dose, less than 6 months since second Pfizer dose, less than 2 months since Janssen dose OR the close contact has been boosted (with any booster of choice); this guidance is subject to change based on CDC recommendations. These personnel are not required to be tested unless symptomatic.

b. Non-UTD Close Contacts are those more than 6 months since second Moderna dose, more than 6 months since second Pfizer dose, more than 2 months since Janssen dose AND not boosted. These personnel will conduct a 5 day quarantine (confined to domicile) followed by 2 days restricted to U.S. installations and should test on day 5 or later after last known exposure. If close contacts are not identified until after day 5 and they have been asymptomatic the entire time since last exposure a test is not required. A Non-UTD Close Contact may only leave the domicile for testing and must return immediately after testing.

c. If a close contact lives with a positive patient:

(1) UTD Close Contacts are not required to test unless symptomatic.

(2) Non-UTD/Unvaccinated Close Contact(s) will be confined to their domicile through the positive patient's isolation period. After the positive patient is deemed recovered by competent medical authority, the Non-UTD Close Contact will begin their 5 day strict quarantine and be tested on day 5 or later.

(3) If at any point a close contact becomes symptomatic, the patient should be tested as a person under investigation (PUI) and isolate. If the test is negative, the close contact will continue with the close contact timeline. If the test is positive, the close contact will transition to positive protocols.

d. For personnel previously positive within the last 90 days who remain asymptomatic after recovery, in the event of subsequent close contact with confirmed positive individuals, additional quarantine (including post-travel quarantine) is not necessary or recommended as long as they remain symptom-free. Consultation with CMA is required to make a final determination.

(1) These individuals will continue to self-monitor for symptoms of COVID-19 for the Duration of the next 10 days but quarantine and testing is not required.

(2) In the event they become symptomatic, they should immediately self-isolate and seek medical attention to determine if repeat testing is necessary.

5. All contact traces should be completed within 24 hours and CDC contact trace logs must be sent to usn.butler.navhospokinawaja.mesg.covidcellsupervisors@mail.mil, CC'ing MCIPAC_COVID-19@usmc.mil and TFSG_CORC@usmc.mil.

6. For travelers in quarantine status, the pre-travel test within 3 days (MILAIR) or 1 day (COMAIR) of travel must be on or after day 5 (MILAIR) or must be on or after day 7 (COMAIR) of quarantine otherwise an additional test will be required for travel.

7. Marine Forces Japan personnel who test positive on the arrival test at Haneda or Narita should call Fuji Express for transportation to Camp Fuji at 080-8591-8983/8977.

Face Coverings and Mask Wear Policy

1. Status of Forces Agreement (SOFA) status personnel are no longer required to wear a mask while indoors or outdoors on USFJ installations when community transmission in the local area is below the high level, as defined by the Center for Disease Control (CDC), unless required by the local commander or in the situations listed in paragraphs 2 and 3 below. When in foreign countries, mask wear off installation is required IAW local host nation policy.

a. When the CDC COVID-19 Community Level is high in the local area, indoor mask-wear is required for all SOFA personnel and visitors, regardless of vaccination status.

b. When the CDC COVID-19 Community Level is medium or low in the local area, indoor mask-wear is not required for SOFA personnel or visitors, unless more rigorous measures have been implemented locally. Masks must be worn by all visitors, patients, and personnel working in Department of Defense (DoD) healthcare facilities in accordance with DoD and Defense Health Agency guidance. Regardless of the CDC COVID-19 Community Level, mask wear is required for Persons under Investigations (those with symptoms), positive patients in their isolation window, and close contacts in their quarantine window.

c. Regardless of the CDC COVID-19 Community Level, mask wear is required for PUIs (those with symptoms), positive patients in their isolation window and for 10 full days after testing positive, and close contacts for 10 full days.

2. It is recommended that all individuals wear masks on DoD conveyances (e.g., aircraft, maritime vessels, and buses) and in government cars, vans, or other low occupancy transportation assets when more than one person is present.

3. Individuals will wear a mask in government cars, vans, or other low occupancy transportation assets in areas where the COVID-19 Community Level is high when traveling with others.

4. The local area is defined as the installation's local commuting area taking into account on base locations and off-base locations which SOFA affiliated personnel regularly visit or commute. In Okinawa, the local area is defined as the island of Okinawa.

5. CDC uses a combination of three metrics to define the level threshold for community transmission levels found at www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html#anchor_82254. Currently Okinawa is at the medium level.

6. Base/Camp commanders may impose mask wearing for the protection of the force on their installation.

Off-Duty Activities

1. Leave and Liberty. Marine Corps Installations Pacific-MCB Camp Butler (MCIPAC-MCBB) Status of Forces Agreement (SOFA) status personnel in locations other than Okinawa will comply with Health Protection Condition Level (HPCON) requirements established by the installation and/or other applicable commander. All persons must also comply with country, state, or local guidance at their travel destination even if this is more restrictive than this or guidance or that prescribed by higher headquarters.

a. For MCIPAC-MCBB SOFA personnel in Japan leave and liberty throughout Japan may be delegated to O-3 commander. It is the responsibility of the approving authority to ensure unvaccinated travelers understand the local installation guidance where they are traveling to or prefectural guidance if the leave location is not near a U.S. installation.

b. For service members in Japan, leave to all locations is in accordance with pre-COVID 19 policies.

c. Leave for civilian employees will be handled in accordance with existing regulations and guidance. Use of Space-A travel must be approved by exception to policy by the first O-6/GS15 in the supervisory chain.

d. At this time, there are no prohibited off-base activities for personnel regardless of vaccination status.

e. Leave and Liberty in Okinawa (See Figure 1 below).

f. For areas not near a U.S. installation, follow prefectural guidance.

2. Annex B Exceptions to Policy (ETP)

a. Blanket exceptions are not authorized. Exceptions to the off-base prohibited activities in Japan require written approval from the first O-6 in the chain of command. Such approval may be granted for compelling cases where the activity is determined to be necessary for humanitarian reasons or warranted due to extreme hardship.

b. O-6 commanders may grant curfew exceptions of limited duration on an individual, event-by-event basis for specific circumstances. Grade-based blanket exceptions are not authorized.

c. For civilian employees, exceptions to the restrictions identified above will be specific in nature, issued on a case by case basis, and approved in writing by a GS-14/15 (NAF equivalent) in the supervisory chain. Issues involving contractors will be raised to the appropriate contracting officer who will seek guidance from the installation commander where the contractor performs work.

d. ETPs should not be approved to circumvent prohibited activities, such as the use of an off-base gym. ETPs are meant to address emergent circumstances only.

Figure 1

<u>OFF-BASE ACTIVITY</u>	FULLY VACCINATED	UNVACCINATED
Bars, Nightclubs, Karaoke Clubs, Pachinko Parlors & other adult only establishments		
Tattoo Parlors		
Massage Therapy		

Barbershops/Hair & Nail Salons		
Restaurants		
Dining Indoors	Group of 4 or Family no longer than two hours	
Dining Outdoors		
Take-Out Orders		
Groceries / Retail / Malls / Farmers Markets		
Tourist Attractions		
Indoor (inside portions of aquarium, etc.)		
Outdoor (Zoo, Pineapple Park, etc.)		
Indoor Fish Markets & Indoor Flea Markets		
Festivals/Concerts		
Public Transportation (trains, buses, monorails)		
Charter Boats		
Hotels/AirBnBs		
Sports		
Indoor		
Outdoor		
PT		
Individual		
Group		
Martial Arts		
Recreation		
Indoor (bowling, indoor pools, etc.)		
Outdoor (fishing, pools, etc.)		
Arcades, Movie Theaters		
Group Activities: Birthday parties, BBQs, etc.		
Indoor		
Outdoor		
Gyms: Indoor, Outdoor		
Indoor		
Outdoor		

Definitions

1. Active Monitoring. The process in which a healthcare provider or medical treatment facility establishes regular communication with potentially exposed personnel to assess for the presence of fever, cough, or difficulty breathing. For personnel with high-risk exposures, this occurs at least once a day.
2. Close Contact. Close contact conditions are: 1) Being within approximately 6 feet (2 meters) of an individual for longer than 15 minutes cumulative within a 24 hour period, unless both parties were wearing masks or respirators; 2) Anyone with whom they had physical contact while caring for, living with, or visiting; 3) Anytime an individual visits a waiting room (data should only include duration and location; NOT other individuals within waiting room); 4) Anyone having direct contact with an individual's secretions or being around someone likely to generate respiratory aerosols (e.g., being coughed or sneezed on).
 - a. Up to Date (UTD): Are individuals who are less than 6 months since second Moderna dose, less than 6 months since second Pfizer dose, less than 2 months since Janssen dose OR the close contact has been boosted (with any booster of choice); this guidance is subject to change based on the Centers for Disease Control and Prevention (CDC) recommendations. These personnel will test between days 3-5 after last known exposure, but are not required to conduct a strict quarantine.
 - b. Non-Up to Date (Non-UTD): Are individuals who are more than 6 months since second Moderna dose, more than 6 months since second Pfizer dose, more than 2 months since Janssen dose AND not boosted. These personnel will conduct a 5-day strict quarantine (confined to domicile) and must test between days 3-5 after last known exposure. A Non-UTD Close Contact may only leave the domicile for testing and must return immediately after testing.
3. Confirmed COVID-19 Case. 1) Report of person with COVID-19 and meeting confirmatory laboratory evidence; 2) Individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19.
4. Exposure. Having come into contact with a cause of, or possessing a characteristic that is a determinant of, a particular health problem.
5. Healthcare. Contact(s) at hospital, Emergency Room, physician offices, dialysis centers, laboratories, dentist offices, pharmacies, ambulance transport, physical therapy, etc.
6. High-Risk/Low-Risk Locations. Risk classification of traveler origin location/areas will be conditions-based as determined by traveler's destination command Public Health/Competent Medical Authority; e.g. as of 5 May 2021 the Public Health Emergency Officer (PHEO) of U.S. Naval Hospital, Okinawa (USNHO) considered the United States a High-Risk location of origin and Australia a Low-Risk location of origin.
7. Isolation. The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease.
8. Outdoor Shared Space. An outdoor area where physical distancing cannot be maintained due to foot traffic or co-use.

9. Person Under Investigation (PUI). Any person who is currently under investigation for having the virus that causes COVID-19, or who was under investigation but tested negative for the virus PUI will be placed in a restriction of movement (ROM) status until cleared by medical authorities.

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

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

a. Travel-related ROM. The 3 or 7 day period following travel (Permanent change of station (PCS), operations, activities and investments (OAIs), temporary additional duty (TAD), leave and liberty, all forms of travel) requiring a restriction of movement. The day of arrival to the final destination is day 0 of travel-related ROM.

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

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

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

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

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

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

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

14. Viral Test

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

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

15. Domicile. For the purposes of this Bulletin, a domicile is defined as a location on a U.S. base/installation where lodging has been provided by the U.S. government, or a residences that is owned/rented by a Status of Forces Agreement (SOFA) individual off-installation or base. Domicile is not considered to be public hotels, or temporary lodging (i.e. AirBnB).

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

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

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

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

20. III Marine Expeditionary Force (MEF)/U.S. Marine Corps Forces Japan (MARFORJ) Personnel or SOFA Personnel: The terms III MEF/MARFORJ Personnel, SOFA Personnel, or Personnel includes service members, dependents, SOFA status civilians, and U.S. contractors.

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

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

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

24. Social Distancing. Also referred to as “physical distancing,” means keeping a safe space between yourself and other people who are not from your household. To practice social or physical distancing, stay at least 6 feet (about 2 arms’ length) from other people who are not from your household in both indoor and outdoor spaces. Social distancing should be practiced in combination with other everyday preventive

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actions to reduce the spread of COVID-19, including wearing masks, avoiding touching your face with unwashed hands, and frequently washing your hands with soap and water for at least 20 seconds.

FAQ about Pre-Travel COVID-19 Tests

1. Do I need a Pre-Travel COVID-19 Test leaving Okinawa?

a. Per the U.S. Centers for Disease Control and Prevention (CDC) guidance released on 11 June 2022 with an effective date of 0001 estimated departure time of 12 June 2022, press statements made by the White House, and United States Forces Japan (USFJ) Force Health Protection Order 22-005 published on 12 June 2022, pre-travel testing is no longer required for Status of Forces Agreement (SOFA) members on flights bound for the U.S. (Commercial Air and Military Air/Patriot Express).

b. If going to a location that requires pre-travel testing: COMAIR 1 day prior to flight; MILAIR 3 days prior to flight (we recommend testing 2 days prior to account for any flight delays); ensure you check and comply with the Foreign Clearance Guide requirements regarding your international destination.

2. Do I need a Pre-Travel COVID-19 test to return to Japan? (2 options):

a. (Option 1) Personnel age 2 or older may conduct a pre-travel molecular COVID-19 test (nucleic acid amplification test i.e. RT-PCR, LAMP, TMA, NEAR [e.g. Abbott ID-NOW]) no more than 72 hours before departure via commercial or military air. These personnel are exempt from ROM and arrival testing, regardless of vaccination status.

b. (Option 2) Personnel age 2 or older who cannot or chose not to receive molecular testing, must conduct pre-travel antigen COVID-19 no more than 3 days before departure via commercial or military air. Personnel who conduct pre-travel antigen testing are required to conduct arrival testing and ROM in accordance with their vaccination status, unless recovered from COVID-19 within 90 days. Such individuals must receive clearance from a healthcare provider or public health official and maintain a copy of the clearance letter in their possession during travel.

3. When and where do I go if going to international location that requires pre-travel testing?

a. Monday-Friday: MCIPAC-MCBB personnel will utilize USNHO drive thru. Weekend/Holiday testing for all SOFA personnel is conducted at the United States Naval Hospital Okinawa (USNHO) Drive Through.

4. How do I obtain my results?

a. For those with TriCare, test results will post in your TriCare Online account. Results will typically post in 2-4 hours if needing a 1 day test and on in the evening following your 3 day test.

b. For those without TriCare, please drop off a completed DD-2870 (boxes 1-13) at the time of your Drive-Through test. Explain your flight information in Box 8; an example is on the USNHO webpage. Your result will be emailed to the address you provide on the next calendar day.

5. What if it is the afternoon of the next day and I still do not have my results?

a. If it is after 2000 on the next day and you do not yet have your results, you should call your command/organization COVID-19 representative for assistance and they will help investigate.

6. I'm having symptoms that could be COVID-19. May I use the Pre-Travel COVID-19 Testing Line?

a. The laboratory process is a bit different for people with symptoms, so we ask that you do not go for

your travel test. Instead, contact your COVID-19 representative, call the Nurse Advice Line at 1-800-TRICARE, or schedule an appointment with your primary care manager to report your symptoms and arrange for diagnostic testing. This test will come back in plenty of time for your flight, and if the result is negative, you will still be permitted to depart. If you need immediate attention, go to the Emergency Department at the USNHO.

7. I have recovered from COVID-19. Do I still need the test?

a. If you have had COVID-19 within the last 3 months, you do not need to be retested. Bring your isolation discharge paperwork and a letter from a licensed healthcare provider or a public health official stating you are cleared to travel with you.