PURPOSE

This document describes mitigation measures for in-person meetings, conferences, or events (hereafter referred to as meetings) to reduce the risk of COVID-19. Meeting organizers are advised to coordinate with local public health authorities to ensure these measures are followed and any site-specific concerns are addressed. This document is consistent with the requirements and restrictions for mitigation measures as described in the Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance, Revision 4, 30 January 2023. The most up-to-date guidance is available at: https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/.

BACKGROUND

The COVID-19 Community Level, as defined by the U.S. Centers for Disease Control and Prevention (CDC), is a tool to help communities decide what prevention steps to take based on data related to new COVID-19 cases and hospital usage data. Communities are rated High, Medium, or Low based on three CDC data points: new COVID-19 admissions, the percent of staffed inpatient beds occupied by COVID-19 patients, and total new COVID-19 cases as described in Table 1 below. See the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html) for further details on determining Community Levels. The Community Level for a specific county is readily available at: https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html.

Table 1. CDC COVID-19 Community Levels and Indicators

<table>
<thead>
<tr>
<th>New COVID Cases (per 100,000 population in the last 7 days)</th>
<th>Indicators</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 200 COVID cases</td>
<td>New COVID-19 admissions per 100,000 population (7-day total)</td>
<td>&lt; 10.0</td>
<td>10.0 - 19.9</td>
<td>≥ 20.0</td>
</tr>
<tr>
<td></td>
<td>Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)</td>
<td>&lt; 10.0%</td>
<td>10.0 - 14.9%</td>
<td>≥ 15.0%</td>
</tr>
<tr>
<td>≥ 200 COVID cases</td>
<td>New COVID-19 admissions per 100,000 population (7-day total)</td>
<td>NA</td>
<td>&lt; 10.0</td>
<td>≥ 10.0</td>
</tr>
<tr>
<td></td>
<td>Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)</td>
<td>NA</td>
<td>&lt; 10.0%</td>
<td>≥ 10.0%</td>
</tr>
</tbody>
</table>

RECOMMENDED MITIGATION MEASURES

General

At all COVID-19 Community Levels, installations must follow the most stringent state, local, or installation protective measures and must follow any additional requirements based on the installation Health Protection Condition (HPCON) level. Commanders and meeting organizers may choose to implement more stringent (protective) measures than are required by the CDC Community Level. Meeting organizers should review applicable state and local regulations regarding in-person meetings and installation policies if the in-person meeting is on a military installation.

Encourage all eligible attendees to be fully vaccinated and, optimally, up-to-date on recommended COVID-19 vaccinations per CDC guidance:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html. The FDA-authorized vaccines remain the most effective means of preventing severe disease, hospitalization, and death from COVID-19, including all known variants. The risk of infection and severe outcomes further decreases for those who have received a booster dose of vaccine.

During travel to and from the meeting, individuals should practice non-pharmaceutical interventions (NPIs) including washing hands often or using alcohol-based hand sanitizer and practicing good personal hygiene. They should also consider wearing enhanced masks.

Individuals with underlying medical conditions that place them at high risk for severe illness from COVID-19 should consult with their personal healthcare provider before deciding whether to participate in any in-person meeting.

Make handwashing and/or sanitizer stations convenient to meeting participants.

Encourage meeting attendees to stay home if they are experiencing symptoms of COVID-19 or other influenza like illness (e.g. fever, sore throat, cough). Provide this messaging in pre-meeting materials (e.g. welcome letters).

Ensure ventilation, including heating or air-conditioning (HVAC system), has been optimized to reduce the potential for SARS-CoV-2 transmission with increased air changes per hour.

Provide handouts or wallet cards with POC information to local installation medical providers to facilitate communication and reporting if an individual develops symptoms consistent with COVID-19.

Whenever possible, limit the number of attendees or increase the space available to keep the density of personnel as low as practical. This increases the effectiveness of ventilation systems and reduces the probability of close contact with infected persons.

For lodging, people should have their own room and bathroom facilities, if possible.
Masks/respirators are not required at Low or Medium COVID-19 Community Levels, but remind attendees that they may choose to wear a mask if they wish to reduce their risk of exposure and infection. The Defense Centers for Public Health – Aberdeen (DCPH-A) recommends following the most current CDC guidance on masking (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html). The use of N95, KN95, or KF94 masks (i.e., respirators) is preferred when such masks are available. An alternative is using a three-layer mask. These types of masks offer better protection than paper or cloth single-layer masks.

These additional protective measures can be employed to help reduce overall risk in areas of higher community levels:

- If masks are required, eliminate eating and drinking during the meeting to eliminate time without masks.
- Move indoor meetings to outdoor locations.
- Encourage attendees to self-administer an over-the-counter rapid antigen test immediately before the meeting to detect current infection.

PUBLIC HEALTH SUPPORT

Meeting organizers should consult with local public health support or the installation or military treatment facility/clinic public health emergency officer (PHEO) for more detailed guidance and to address local questions.

Additional support is also available by contacting the DCPH-A COVID-19 Task Force via their group email box (usarmy.apg.medcom-aphc.mbx.covid-19-task-force@health.mil).