



U.S. Army Europe and Africa COVID-19 Frequently Asked Questions

Q. Are there any special requirements to enter Germany besides my ID card, passport and orders?

A: Yes. Stay up-to-date on all European entry requirements by visiting [Re-Open EU](#)

- To enter Germany by air, you must have a COVID-19 PCR, TMA, LAMP or rapid antigen test 48 hours prior to arrival and the test result must:
 - Be available as a printout or in electronic form;
 - The certificate needs to be personalized (including name, address, date of birth of the person tested)
 - It has to be available in the German, English or French language
 - The proof must include the test method and the test result
 - The test result needs to be validated by a physician or a recognized laboratory.
- Antibody tests are not accepted, children aged 5 and under are exempted.
- If you have been in a risk area (which includes the US) in the last 10 days you are required to complete this [Digital Registration on Entry](#) and provide proof of registration when entering the country. More information is available at the [Federal Foreign Office website](#) and the [Ministry of Health \(in German only\)](#).
- If you are arriving from a new variant area or high incidence area you may be subject to stricter rules. Visit [Re-Open EU \(Germany\)](#) for more information.

Q. Should I wear a face mask?

A: Yes. Military personnel, DoD civilians, their family members, and DoD contractors must wear an approved mask while on any Department of Defense facility. For more information visit [DoD Announces Use of Masks and Other Public Health Measures](#).

NOTE: When not on a DoD installation, everybody aged above 6 must wear a face mask in public transport, public buildings and shops. Medical masks (surgical masks, KN95, or FFP2 masks) are required. If you are stopped wearing anything other than the above mentioned masks you may receive a 50€ fine. Face masks should also be worn in places where social distance (1.5 meters) cannot be maintained.

Q. What does quarantine mean?

A: Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. This is also referred to as Restriction of Movement (ROM.)

Q. Who does the quarantine apply to?

A: Quarantine rules are different, based on individual circumstances and location. It is recommended you coordinate closely with your sponsor as the rules change often. Please read the [Department of Defense, Memorandum for Force Health Protection Guidance](#) for more information.



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Q. What should an individual do if they are directed to quarantine?

A. Individuals who have been directed to quarantine must:

- Stay within place of quarantine and monitor your health for signs of respiratory illness (cough, sore throat, shortness of breath, or fever exceeding 100 F).
- Do not travel, visit public/crowded areas, or use public transportation.
- If living with family members or roommates, maintain separate living space to the greatest extent possible. While this does not preclude all personal contact, limit proximity to at least 6 feet as much as possible.
- Increase hand washing frequency, particularly before and after personal interactions.
- Open windows to increase air flow.
- Use separate sleeping arrangements and hygiene areas when possible.
- Do not prepare food for quarantine individuals.
- Sanitize shared spaces after utilization.

Q. While an individual is in quarantine, will they be able to leave the isolation location?

A. No. All personnel are restricted from leaving their quarantine location during the quarantine period.

Q. Who is responsible for supporting COVID-19 positive or quarantined individuals?

A. The unit is required to support COVID-19 positive individuals and those on quarantine. Support is a whole-of-command effort beginning with the individual's chain of command and the appointed sponsor.

Q. How long does quarantine last?

A. Currently, you must complete a 10-day quarantine upon arrival in Germany. The quarantine period may be shortened by taking a second PCR test no less than 5 days after arrival. If the result of this test is negative, the period of quarantine can end. Stay up-to-date on all European entry requirements by visiting [Re-Open EU](#).

Q. If a family member, DoD civilian, contractor or HN employee abides by the quarantine and remains at their residence and misses work, will he or she be entitled to any financial compensation?

A. Currently the time spent on quarantine will not count towards service member or civilian leave. Financial compensation will be determined on a case-by-case basis please work closely with your supervisors and chain of command.

Q. How will they get food, groceries, and other life necessities?

A. The Exchange Concierge and Commissary Concierge programs are available at both the Exchange and Commissaries to accommodate the needs of quarantined personnel accessing bare essential items. Contact your local ACS Volunteer Coordinator for details.



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Q. Who pays for COVID tests? Can I be reimbursed for a COVID test?

A. Service Members, Department of the Army Civilians, and their dependents may be reimbursed for the cost of the COVID-19 test if it is mandated by law for official travel to or from OCONUS locations and is not available through a Federal dispensary. The cost of the COVID-19 test may be reimbursable. The cost of the office visit, mileage, parking, and any other fees associated are not reimbursable. Read the memorandum: [Testing and Reimbursement in Accordance with Official Travel To or From OCONUS Locations](#) for more information.

You will not be reimbursed for COVID tests if you are on non-official/leisure travel.

Q. Can I take commercial air for my PCS?

A. All U.S. Soldiers, Department of the Army Civilians, and their dependents as applicable, who are authorized official permanent change of station travel to and from Germany and Italy and who are attached to or assigned to U.S. Army Europe and Africa will use the Patriot Express to the maximum extent possible for PCS travel between the continental United States and destinations outside the continental United States in Germany and Italy. See [AE Command Memorandum 2020-021](#) for more information.

Q. What is the difference between Restriction of Movement (ROM), quarantine, and isolation?

A. Restriction of Movement is an umbrella term used for an individual or group to prevent or diminish the transmission of a communicable disease.

- The following are categories of ROM:
 - Isolation - You have COVID or are reasonably suspected because you are displaying symptoms. This ROM is the physical separation of an individual or group for a minimum of 10 days in an isolation facility or residence following the onset of symptoms. Release from isolation is cleared medically through testing.
 - Quarantine - Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.

Q. What's the difference between physical distancing vs social distancing?

A. Social distancing, also called "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 arm lengths) from other people who are not from your household in both indoor and outdoor spaces. Both terms are acceptable and may be used along with the context provided above as best serves the understanding of your specific audiences.

Q. How do the COVID-19 restrictions affect official travel?

A. Please read the [Department of Defense, Memorandum for Force Health Protection Guidance](#) for more information. For U.S. Army Europe and Africa Soldiers and employees, a travel decision reference tool for official travel is located on the [COVID Coordination SharePoint Page \(CAC required\)](#). This tool is ONLY used to determine official travel restrictions.



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Q. How is unofficial travel (leave) affected by COVID-19 restrictions?

A. Individuals must follow host nation rules and restrictions when conducting unofficial travel or leave. It is highly recommended to monitor host nation news and local garrison websites for the most current information before making leave plans. Another source of information is the European Union website [Re-open EU](#) and the [State Department COVID-19 Country Specific Information](#). Keep in mind family members who return from travel to countries that require quarantine, may result in sponsors having to quarantine as well.

Q: How do I get my vaccination?

A: Regional Health Command Europe Medical Treatment Facilities (MTF) are eager to vaccinate the military community as quickly as possible. Army MTF's are distributing the vaccine doses as quickly as they are received. Keep in mind that distribution of the vaccine may vary from one clinic to another based on how much vaccine that clinic received, how many people are in each population group, etc. To find a vaccination site near you, visit: <http://www.tricare.mil/VaccineAppointments>.

The best way to stay up-to-date on information specific to your area is to visit your MTF's website (links below).

- [Ansbach](#)
- [Baumholder](#)
- [Brussels](#)
- [Dental Health Command](#)
- [Grafenwöhr](#)
- [Hohenfels](#)
- [Kaiserslautern](#)
- [Landstuhl](#)
- [SHAPE](#)
- [Stuttgart](#)
- [Vicenza](#)
- [Vilseck](#)
- [Wiesbaden](#)

Every Monday, the MTF will post updates on the status of their COVID-19 vaccine distribution process to keep you informed about where they are in the distribution process and what you should expect when you are contacted. We ask for your continued patience with this process. Our medical community is working very hard to vaccinate everyone as quickly as possible. We appreciate your understanding and commitment to the fight to move past this pandemic. Stay informed by visiting the Regional Health Command Europe COVID Vaccine update webpage at [Military Health System Europe, Patient Resources, COVID-19 Vaccination Information](#)



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Q. Where should I be vaccinated?

A. To the greatest extent possible, beneficiaries who are enrolled at Military Treatment Facilities (MTF) should come to the MTF to be vaccinated. This will ensure the maximum number of vaccine opportunities allocated to jurisdictions other than DoD are available for the non-DoD population. However, you can be vaccinated at any DoD MTF worldwide, based on eligibility and vaccine availability. TRICARE beneficiaries who receive care at DoD MTFs on a 'space-available' basis can alternately receive vaccine through the local, or host nation, civilian jurisdiction pending availability and host nation requirements.

Q. When can healthy beneficiaries (all others) expect to receive their vaccine in Europe?

A. Army Medical Treatment Facilities in Europe are offering COVID-19 vaccine appointments to all eligible beneficiaries. As always, appointment availability is based on projected delivery and receipt of vaccine.

Q. Since you're vaccinating all eligible beneficiaries now, does that mean you've completed vaccinating all high-risk individuals? If not, why have you started vaccinating all tiers?

A. Army Medical Treatment Facilities in Europe have vaccinated a sufficient number of people in the priority tiers and the European theater is scheduled to receive over 83,000 first dose vaccines between April 12 and May 7, which has enabled MTFs to be able to start offering vaccinations to all eligible military community members. (Per USEUCOM website: <https://www.eucom.mil/current-focus-areas/covid-19-vaccine-distribution/>)

Q. Will MTFs prioritize people with high-risk conditions, or hold a certain number of appointments for people in priority tiers (1a, 1b, 1c)?

A. MTFs are doing their best to prioritize high-risk individuals for vaccinations. We expect there to be sufficient appointments available in the coming weeks to administer a first dose to all eligible populations interested in receiving the vaccine by early June.

Q. What are the DoD priorities for COVID vaccinations?

A. The distribution process is tier-driven to protect our military community from COVID-19 as quickly as possible. However, Army Medical Treatment Facilities in Europe are offering COVID-19 vaccine appointments to all eligible beneficiaries. As always, appointment availability is based on projected delivery and receipt of vaccine. [Click here for the full priority distribution plan.](#)

Q. Can children be vaccinated against COVID-19?

A. We are working on a plan to bring a limited supply of Pfizer vaccine to the military community in Europe, specifically for our adolescent population. As you may have heard, the Emergency Use Authorization for the Pfizer vaccine currently includes 16-17 year olds. We expect an initial shipment in mid to late May for that age group, but we anticipate the FDA will soon approve the Pfizer EUA for 12-15 year olds as well. When that happens, our goal is to bring over additional Pfizer vaccine for that age group, also. Details of those plans are being finalized, but as soon as we know more we will let you know how and where the Pfizer vaccine will be offered to our adolescent population.



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Q. What brands of COVID-19 vaccine are being used in U.S. Army Europe and Africa?

A: Currently, U.S. Army Europe is distributing the Moderna, J&J/Janssen and we expect to receive in the next few weeks the Pfizer/BioNTech.

Q. Can Local National employees get the COVID Vaccine from our MTFs?

A. The health of our Local National employee population is very important to us and we have begun vaccinating this population with the rest of our military communities. The criticality of our Local National employees cannot be overstated. They are integrated into just about every mission from medical and emergency services to logistical and food service. We are extremely happy to have an agreement with our with host nation governments for approval to vaccinate this vital population of our communities. This will go a long way in protecting the health and well-being of our Total Force.

Q. How do you define a "high-risk" beneficiary (Tier 1c) in terms of COVID Vaccine prioritization?

A. High-risk beneficiaries, as defined by the U.S. Centers for Disease Control and Prevention are:

- Adults of any age with the following conditions:
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Down Syndrome
 - Obesity (BMI of 30 or higher)
 - Immunocompromised state (weakened immune system) from solid organ transplant
 - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Sickle cell disease
 - Type 2 diabetes
- Anyone over the age of 65

Q. How do I make an appointment at my local MTF?

A. The majority of Army MTFs in Europe are using the Defense Health Agency (DHA) appointing portal to make vaccine appointments (<https://informatics-stage.health.mil/COVAX/>). For the most up-to-date information, check your local MTF website or Facebook page.

Q: How long will protection last following vaccination?

A. We do not know how long protection will last following vaccination but it will be critically important to measure long-term protection. 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.

Q. Can someone get COVID-19 from the vaccine?

A. No, it is not possible to get COVID-19 from vaccines. Vaccines against COVID-19 use inactivated virus, parts of the virus, or a gene from the virus. None of these can cause COVID-19.

Q. Will DoD require all service members to receive the vaccine?

A. The vaccination distribution at this time is voluntary and in accordance with the DoD guidance as part of the Emergency Use Authorization (EUA) only.



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Q. How will DoD track personnel who receive a COVID vaccine?

A. DoD will track COVID vaccine administration through existing medical record reporting systems.

Q. If I already had COVID-19, should I still get a vaccine?

A. Yes, because duration of immunity following COVID-19 infection is unknown, and the vaccine may be effective in protecting previously infected people.

Q. Which Select Reserve and National Guard personnel will receive the vaccine?

A. Selected Reserve personnel include drilling members of the Federal Reserve and National Guard. Selected Reserve personnel on orders for more than 30 days are included in the active component.

Q. Will DoD administer vaccines to non-US personnel affiliated with DoD activities?

A. The Department released initial guidance for COVID-19 vaccination eligibility on December 7, 2020. To supplement this guidance, DOD is evaluating additional policy options to ensure military readiness by protecting the health and well-being of the Department's Total Force. Options being considered include extending COVID-19 vaccination support to other DoD-affiliated personnel, such as non-U.S. personnel who are employees or selected DoD contractors; members of allied, coalition, or partner forces stationed on DoD installations; or embedded non-U.S. personnel providing direct support. Additional guidance is expected to be published before the end of the year.

Q. Will DoD supply vaccines to international Allies and partners?

A. The Department is a global leader with unmatched ability to simultaneously protect the homeland and support domestic and international COVID-19 response efforts. As a critical partner in the U.S. government-led and coordinated global pandemic response, we are working with interagency partners to develop an implementation plan to facilitate international access to U.S. Government COVID-19 vaccines.

Q. What is an Emergency Use Authorization (EUA)?

A. Drugs and vaccines have to be approved by the Food and Drug Administration (FDA) to ensure that only safe and effective products are available to the American public. In situations when there is good scientific reason to believe that a product is safe and is likely to treat or prevent disease, the FDA may authorize its emergency use under specific circumstances. Vaccines authorized for emergency use are offered on a voluntary basis.

Q. What has DoD done to ensure the vaccines they are distributing are safe?

A. Vaccines and therapeutics to prevent and treat diseases 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 Trials the experimental drug or treatment is given to a larger group of people to see if it is effective and to evaluate its safety further. 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. Manufacturers 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



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before they are authorized for use and distribution.

Q. If you are already vaccinated, can you still test positive for COVID-19?

A. According to the CDC, a growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection and potentially less likely to transmit COVID-19 to others. However, further investigation is ongoing. The risks of COVID-19 infection in fully vaccinated people cannot be completely eliminated as long as there is continued community transmission of the virus. Vaccinated people could potentially still get COVID-19 and spread it to others. That's why it's so important for everyone to continue to practice COVID-19 safety measures like wearing a mask and practicing social distancing.

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

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

Q. Should we still wear masks and practice physical distancing once a vaccine is available?

A. Yes. The intent of the vaccine is to prevent the spread of COVID 19. Even those who are fully vaccinated still need to wear approved face coverings and practice physical distancing to limit the spread of the virus.. We will continue to recommend wearing masks and practicing physical distancing, for everyone, until pandemic risk of COVID-19 is substantially reduced.

Q. What are the symptoms of possible COVID-19 infection?

A: Typical symptoms for COVID-19 can include, but are not limited to: a temperature at or above 100° Fahrenheit, night sweats or chills, a persistent cough, shortness of breath, loss of taste or smell, and/or sore throat.

Q. What should I do if I think I have COVID-19?

A. **Do not go to work or send your child to school/daycare.** Please contact your health care provider before visiting a medical treatment facility. TRICARE beneficiaries should call the Nurse Advice Line at one of the following toll-free numbers based on your location:

- Bahrain: 800-06432
- Belgium: 0800-81933
- Germany: 0800-071-3516
- Greece: 00-800-4414-1013
- Italy: 800-979721
- Spain: 900-82-2740
- Turkey: 00-800-44-882-5287
- UK: 0800-028-3263
 - To access the Nurse Advice Line (NAL) from a cell phone in Europe you must first call your clinic appointment line and choose the option for the Nurse Advice Line.
 - Non-TRICARE beneficiaries should contact their primary care provider or Insurance Provider for advice.



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- As always, if you are experiencing respiratory distress, or believe you have a life threatening condition, please call emergency services or report to the closest emergency room.

Q. Who can get tested, and how?

A. The guidance is the same for all Army Medical Treatment Facilities here in Europe. Our MTFs screen patients in accordance with Department of Defense and The Centers for Disease Control and Prevention guidelines Testing is based on four priorities:

- A person who exhibits symptoms that include, but are not limited to as temperature of 100° F or higher, night sweats or chills, persistent cough and shortness of breath
- A person that has been identified by a tracer team as having been in close contact with a person that is COVID-19 positive
- A person who is in an identified “high risk” work area as defined by having two or more COVID-19 positive cases within the same workspace or workgroup
- Other people identified by the Senior Responsible Officer as being at risk.

These protocols will help your healthcare provider determine whether or not you need to be tested for COVID-19.

Q. What is considered “close contact,” and what should I do if I’ve come into close contact with a COVID-19 positive individual?

A. A contact event is generally described as: 1) being within six feet of a COVID-19 positive individual for a cumulative period of 15 minutes or more in a 24 hour period. 2) being in an enclosed area or workspace (i.e., an office) with a COVID-19 positive individual for 10 minutes or more, or 3) contact with respiratory or bodily fluid (i.e., coughed or sneezed on, cared for at home, etc.) from a COVID-19 positive individual. If you have been in close contact with someone who is COVID-19 positive contact your health care provider as explained above. As a close contact of someone who is COVID-19 positive, you are required to isolate in your residence for 10 days from last contact with the infected individual unless you are fully vaccinated (14 days after receiving the last dose of the vaccine provided). See Guidelines for Isolation and Restriction of Movement below.

Q. What happens when someone tests positive for COVID-19?

A. Personnel who test positive for COVID-19 will isolate (completely restricted to quarters) for at least 10 days following the onset of symptoms or date of positive test if you are positive without symptoms (asymptomatic). If an individual has completed 10 days in isolation since the onset of symptoms AND if the individual has been free of symptoms for 24 hours without the use of fever reducing medication (Tylenol, etc.) and improvement of symptoms, the individual is eligible for release. If the individual still has symptoms, he/she will remain in isolation until they meet the criteria for release. Release authority for positive individuals is a medical provider or public health worker, functioning under the authority of a supervising garrison public health emergency officer.

Q. What if one person in a family is identified as having had “close contact” with a COVID-19 positive person, what does that mean for the rest of their family?

A. Close contacts of someone who is COVID-19 positive, are placed in quarantine for 10 days from date of exposure unless the close contact is fully vaccinated. The close contact should separate from



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the rest of the family, but as long as that individual doesn't develop symptoms - then family members are not categorized or restricted. Family members should maintain separate living space to the greatest extent possible. While this does not preclude all personal contact, limit proximity to at least six feet as much as possible. If the close contact begins to develop symptoms, he/she should also be placed in quarantine.

Q. What if one person in a family tests positive for COVID-19, what does that mean for the rest of their family?

A. A family member who tests positive for COVID-19 will be placed into isolation. The other family members are considered close contacts and are required to quarantine until eligible for release unless fully vaccinated. If any of the close contact family members develop symptoms, they will be tested and placed in isolation until eligible for release. The original COVID positive family member is not required to quarantine or isolate once they have been cleared for release by a medical provider or public health professional.

Q. What do I do if my Installation Medical Treatment Facility is closed?

A. TRICARE beneficiaries should call the Nurse Advice Line at one of the following toll-free numbers based on your location:

- Bahrain: 800-06432
- Belgium: 0800-81933
- Germany: 0800-071-3516
- Greece: 00-800-4414-1013
- Italy: 800-979721
- Spain: 900-82-2740
- Turkey: 00-800-44-882-5287
- UK: 0800-028-3263

To access the Nurse Advice Line (NAL) from a cell phone in Europe you must first call your clinic appointment line and choose the option for the Nurse Advice Line.

Non-TRICARE beneficiaries should contact their primary care provider or Insurance Provider for advice. As always, if you are experiencing respiratory distress, or believe you have a life threatening condition, please call emergency services or report to the closest emergency room.

Q: Are COVID-19 Screening Clinics still open, and what is the current testing criteria?

A: Yes, all Army COVID-19 Screening Clinics continue to operate. Regional Health Command-Europe is providing up-to-date status information on their website at

<https://rhce.amedd.army.mil/COVID19info.html>. Testing is available for those who have had contact with a confirmed COVID positive case, an/or are experiencing flu-like symptoms: fever, cough, sore throat, shortness of breath, fatigue, muscle aches/pains, headache, loss of taste/smell, congestion/runny nose, nausea/vomiting/diarrhea.

Q. Are Army Medical Treatment Facilities in Europe seeing patients?

A. Regional Health Command-Europe is providing up-to-date status information on their website at <https://rhce.amedd.army.mil/COVID19info.html>.



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Q. Are Army Dental Clinics in Europe seeing patients?

A. Regional Health Command-Europe is providing up-to-date status information on their website at <https://rhce.amedd.army.mil/COVID19info.html>.

Q. Who gets tested and how does it work?

A. Note for Tricare beneficiaries: Off-post testing is only reimbursable if required by an off-post provider as part of an evaluation and treatment plan.

- Everyone should observe strict quarantine protocol (see details below) while waiting to test or receive results. Results for Service Members, Civilian employees, and contractors should be available the following day, and those of family members within the next 48-72 hours.
- New arrivals (PCS or TDY) and any community members returning from travel to the United States (official or non-official) or other locations via commercial air must undergo testing and quarantine upon arrival at quarters.
- If you are not contacted by the clinic due to a positive test and you are not symptomatic, there is no medical clearance required to exit quarantine after 10 days.
- Support for quarantining families is available, whether from the unit sponsor, the volunteer shopper program, or a combination.

Q. What should I do if I think I have coronavirus?

A. If you have symptoms related to COVID (e.g. cough or shortness of breath) AND meet ONE of the following criteria:

- Travel to an affected region in the last 10 days
- Close contact with a laboratory-confirmed case of COVID-19 in the last 10 days

Please stay home and contact a healthcare professional for additional medical advice! Contact your healthcare provider via telephone and mention your travel history and your symptoms.

Please do not go to your healthcare provider's waiting room or to the local Hospital Emergency Department unless directed by your healthcare provider or the Nurse Advice Line.

Q. What are the different COVID-19 Risk Categories?

A. There are three risk categories:

- High risk - activities where safe physical distancing is not possible or difficult to enforce and/or the nature of the activity requires person-to-person contact for extended periods, such as fitness centers, child development centers and playgrounds.
- Medium risk - activities that normally require person-to-person contact for extended periods, but that can be modified through controls that limit frequency, intensity and time of possible exposure, such as passport and ID card services, veterinarian services and barber and beauty shops.
- Low risk - activities where physical contact is not required and/or transmission through incidental contact is unlikely given the implementation of protocols that ensure physical distancing, sanitation and protective barriers, such as post exchanges and commissaries, postal and bank operations, golf courses and car care centers.



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Q. I took a COVID-19 test on post, how do I get the results?

A. Retrieve test result through Tricare Online – ALL Active Duty, Family Members, GS Civilians and Contractors can register for a Tricare Online Account even if you do not have Tricare insurance.

- Go to www.tricareonline.com
- Click Log in in the upper right corner to get to the portal.
- Select: Need an account? * Select: I am one of the following....
- Fill in required information. WAHC Wiesbaden will be your MTF
- Complete token authentication
- Once you have an account, select Log- in
- Once logged in, click on Health Record
- Select the Laboratory Results Tab from the column on the left side of the page.

Q. What is HPCON and when does it change?

A. HPCON stands for Health Protection Condition Levels. Installation commanders use the HPCON framework to select an appropriate response to a public health emergency or incident of public health concern. The framework clarifies uncertainty associated with these situations and provides options based on the scope and severity of the situation. The following is a brief description of each HPCON level.

- Normal Operations. No known health risks, other than diseases endemic to the area surrounding the installation.
- HPCON Alpha (A) – Limited Disease Threat. There is a limited threat to personnel based on the existence of a disease or unusual human health threat that has the potential to rapidly move into the local area (i.e., an area defined by each installation as consisting of a predetermined distance or a list/map depicting by-name counties surrounding the installation).
- HPCON Bravo (B) – Moderate Disease Threat. There is a moderate disease threat and/or a real risk of exposure to personnel due to a significant outbreak of disease in the local area or imminent spread of disease to the local area. HPCON B would be employed by the commander if notified by the PHEO that there has been an initial case identification of a contagious disease, such as a novel influenza, or a dramatic increase in the risk of acquiring a new significant disease from the environment within the local area.
- HPCON Charlie (C) – Substantial Disease Threat. There is a substantial threat of disease for personnel due to a local epidemic outbreak of a disease with a high morbidity rate, imminent spread of such a disease to the local area, and/or a wide area of contamination that requires special or costly avoidance procedures.
- HPCON Delta (D) – Severe Disease Threat. A local epidemic with a high mortality rate or imminent spread of such a disease to the local area will drive enactment of HPCON D.