COVID-19 MANDATORY VACCINATION IMPLEMENTATION

GUIDANCE FOR DAF SERVICE MEMBERS

Deputy Director of Staff for COVID-19

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Chapter 1

INTRODUCTION

1.1. Purpose. This document provides Department of the Air Force (DAF) implementation guidance pursuant to the Department of Defense (DoD) Coronavirus Disease 2019 (COVID-19) vaccination mandate. Source documents can be found at https://usaf.dps.mil/teams/COVID-19/SitePages/Home.aspx.

1.2. Background.

1.2.1. On August 23, 2021, the U.S. Food and Drug Administration (FDA) approved the biologics license application for the Comirnaty vaccine, made by Pfizer-BioNTech, as a two-dose series for prevention of COVID-19 in persons aged 16 years or older. Previously, on December 11, 2020, the FDA issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine, which has the same formulation as the Comirnaty vaccine. Per FDA guidance, these two vaccines are "interchangeable," when prepared according to their respective instructions, and DoD health care providers should "use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine."

1.2.2. On January 31, 2022, the FDA approved the biologics license application for the Spikevax vaccine, made by Moderna, as a two-dose series for prevention of COVID-19 in persons aged 18 years or older. Previously, on December 18, 2020, the FDA issued an EUA for the Moderna COVID-19 vaccine, which has the same formulation as the Spikevax vaccine. Per FDA guidance, these two vaccines are "interchangeable" and DoD health care providers should "use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine."

1.2.3. All other vaccines authorized by the FDA under EUA will remain voluntary until they receive full FDA approval.

1.2.4. Following the FDA news release, the Secretary of Defense announced that the COVID-19 vaccine would be a requirement for all members of the Armed Forces under DoD authority on Active Duty or in the Ready Reserve, including the National Guard.

1.2.5. Service members voluntarily immunized with any FDA approved or authorized COVID-19 vaccine or World Health Organization (WHO) Emergency Use Listing (EUL) COVID-19 vaccine in accordance with (IAW) applicable dose requirements prior to, or after, the establishment of this policy are considered fully vaccinated.

1.3. Key Messages. Education of all levels in the command structure is crucial to ensuring the success of this program. The key messages for this vaccination effort are:

1.3.1. Our Airmen and Guardians need to be prepared to operate anytime, anywhere in the world.

1.3.2. Getting vaccinated ensures we are a ready force to meet our commitments to the nation while protecting the health of our team, families, and communities.

1.3.3. Those who refuse to obey a lawful order to receive the COVID-19 vaccine will be subject to appropriate administrative and disciplinary actions consistent with law and Department of the Air Force policy.

1.4. Applicability and Scope.

1.4.1. All individuals identified in section 1.2.4.

1.4.2. All other eligible personnel are strongly recommended to voluntarily receive any FDA approved or authorized COVID-19 vaccine or WHO EUL COVID-19 vaccine.

1.4.3. Service members who are actively participating in COVID-19 vaccine clinical trials begun prior to November 22, 2021 are exempted from mandatory vaccination against COVID-19 until the trial is complete, in order to avoid invalidating such clinical trial results.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. AF/DDS COVID-19.

2.1.1. As DAF Office of Primary Responsibility (OPR) for implementation of the vaccination mandate, develop and implement necessary DAF policy.

2.1.2. Provide program oversight.

2.1.3. Coordinate with other Services and agencies on policy implementation and execution as appropriate.

2.2. AF/SG.

2.2.1. Coordinate with the Director, Defense Health Agency (DHA).

2.2.2. Serve as the final appeal authority for all denied Religious Accommodation Requests (RARs) for exemption from vaccine mandate IAW DAFI 52-201.

2.3. MAJCOMs, FLDCOMs, DRUs, and FOAs.

2.3.1. Designate a staff element as OPR for managing implementation of DAF COVID-19 guidance; designate any Offices of Coordinating Responsibility (OCRs) as deemed necessary.

2.3.2. Consult with installations on vaccination issues which require command support.

2.3.3. Submit all requests for official meetings with 250 or more people, mission-critical official travel (for unvaccinated personnel), and exceptions to COVID-19 policy to HAF/ES workflow (haf-es.workflow@us.af.mil).

2.3.4. Serve as the RAR approval authority for granting COVID-19 vaccination exemptions per DAFI 52-201.

2.4. Installation Commanders.

2.4.1. Ensure compliance with DAF COVID-19 guidance by maintaining oversight and ownership of the installation's implementation plan for mandatory vaccination.

2.4.2. As needed, develop an installation implementation plan consistent with DoD and DAF guidance. The DAF plan may be used as the foundation for the installation's implementation plan.

2.4.3. As needed, designate a senior line officer as the installation Officer In Charge (OIC) to oversee the implementation of this guidance and the vaccination mandate.

2.4.4. Direct the Medical Treatment Facility (MTF) Commander or Senior Officer in the Reserve Medical Unit to coordinate the medical administrative and clinical functions of COVID-19 vaccination pursuant to this guidance.

2.4.5. Ensure all installation personnel are educated on the vaccine and the vaccination requirement IAW Chapter 3 of this guidance.

2.4.6. Submit requests for exception to policy to MAJCOMs, FLDCOMs, DRUs and FOAs for coordination.

2.4.7. Ensure all unvaccinated personnel comply with COVID-19 screening and testing requirements, and applicable safety standards. Leaders should continue to counsel all unvaccinated individuals on the health benefits of receiving the COVID-19 vaccine.

2.5. Public Affairs.

2.5.1. Ensure communication efforts prioritize service member education regarding the vaccine mandate and options for those refusing to obey lawful orders – including requests for medical and administrative exemptions or religious accommodation.

2.5.2. Coordinate responses to media queries in a timely manner and align messaging with SAF/LL in response to Congressional Inquiries and Requests For Information (RFIs).

2.5.3. Provide communication guidance to MAJCOM, FLDCOM, DRU and FOA Public Affairs directors to maintain DAF-level of release for COVID-related statistics and synchronize messaging.

2.5.4. Participates in Religious Resolution Teams at the MAJCOM, FLDCOM, DRU and FOA and DAF levels.

2.6. Legal Offices.

2.6.1. Educate personnel, as needed, on relevant legal issues.

2.6.2. Answer any inquiries regarding legal issues related to mandatory vaccination and this guidance (e.g., Freedom of Information Act requests and refusals to receive mandatory vaccinations) and provide guidance to commanders as needed/requested.

2.7. Chaplains.

2.7.1. Assist with RARs for exemption from vaccine mandate IAW DAFI 52-201.

2.7.2. The senior chaplain leads the Religious Resolution Team (RRT) in providing recommendations to commanders on how to resolve RARs. See Attachment 1, *Religious Accommodation Requests for Exemption from Vaccine Mandate*.

2.7.3. To avoid the appearance of conflicts of interest, Chaplains who have submitted an RAR (for their own exemption from vaccine mandate) will not serve on any RRT.

2.8. Unit Commanders.

2.8.1. Ensure unit personnel are educated on the vaccine and the vaccination requirement IAW Chapter 3 of this guidance.

2.8.2. Enforce compliance with the vaccination mandate from the Secretary of Defense and the Secretary of the Air Force by issuing an order for all unvaccinated members under the unit's command to receive the COVID-19 vaccine.

2.8.3. For personnel subject to the vaccination mandate, manage cases of individual refusal to receive the vaccine. Begin taking refusal management steps as soon as possible following notification by the MTF of vaccine refusal by a unit member.

2.8.4. Ensure all unvaccinated personnel comply with COVID-19 screening and testing requirements, and applicable safety standards. Leaders should continue to counsel all unvaccinated individuals on the health benefits of receiving the COVID-19 vaccine.

2.8.5. Ensure Service members receive the duty time necessary to obtain the mandatory COVID-19 vaccination, whether through the DoD or private providers; up to four hours per vaccination event is authorized. While the COVID-19 vaccination booster is not mandatory, Service members will be granted a four-hour pass to receive the appropriate booster in accordance with CDC guidelines; this applies retroactively to service members who have already received the COVID-19 vaccination booster.

2.8.6. Ensure the COVID-19 vaccination status of all assigned Service members is appropriately coded in readiness reporting systems.

2.9. Military Treatment Facility Commanders or Local Equivalent.

2.9.1. Provide oversight for all medical administrative and clinical aspects of vaccination IAW DHA-IPM 20-004.

2.9.2. Assign medical provider(s), as needed, to support:

2.9.2.1. The installation's Religious Resolution Team (RRT) and medical counseling for personnel requesting religious accommodation;

2.9.2.2. The medical evaluation of personnel requiring medical exemptions; and

2.9.2.3. Notification of commanders if the initial refusal of the COVID-19 vaccine takes place in the MTF or Points of Dispensing (PODs).

2.9.3. Ensure appropriate medical personnel are educated on the clinical and policy aspects of the vaccine program (see Chapter 3). When requested, provide additional information to Commanders and individuals.

2.9.4. Ensure a process is in place for access to health care for individuals who may have an adverse reaction to the vaccine.

2.9.5. Ensure those receiving vaccination are offered education prior to vaccine administration.

2.9.6. Oversee management of adverse events IAW DHA-IPM 20-004.

2.9.7. Ensure providers are educated on evaluation processes for medical exemption requests.

2.10. Vaccine Site Coordinators.

2.10.1. Ensure education and training of vaccinators on current vaccination policy is accomplished IAW Defense Health Agency-Immunization Healthcare Division (DHA-IPM) 20-004 and any supplemental guidance from DHA-IHD.

2.10.2. Ensure the most current version of the FDA Fact Sheet is readily available/distributed at education venues and within the MTF until an Advisory Committee on Immunization Practices (ACIP)-approved Vaccine Information Statement (VIS) becomes available.

2.10.3. Continue to coordinate with the vaccine coordinators and logistics champions.

2.10.4. For personnel deploying to countries where a yellow shot record is required, ensure COVID-19 vaccine is also documented in their yellow shot record.

2.11. Individuals Receiving Vaccination.

2.11.1. Read the applicable COVID-19 vaccination FDA Fact Sheet for education on the risks and benefits of vaccination.

2.11.2. Address any questions or concerns with medical staff prior to receiving the vaccine.

2.11.3. Service members who receive the vaccination outside a military facility will provide documentation to their unit health monitor and medical unit within 72 hours of vaccination.

Chapter 3

EDUCATION PLAN FOR MANDATORY VACCINATION

3.1. General. Education is the key to a successful COVID-19 vaccination program. Commanders at all levels are responsible for educating their personnel before vaccination. This educational program will inform personnel of the following:

3.1.1. The Comirnaty (Pfizer) and Spikevax (Moderna) vaccines are FDA-approved for the prevention of severe COVID-19 disease, hospitalization, and death.

3.1.2. Known and potential benefits and risks of Comirnaty (Pfizer), Spikevax (Moderna), or any future FDA-approved COVID-19 vaccine.

3.1.3. Only an FDA-licensed vaccine may be mandated; however, Service members may be voluntarily immunized with any FDA approved or authorized COVID-19 vaccine or WHO EUL COVID-19 vaccine prior to or after the establishment of this policy and are considered fully vaccinated.

3.1.4. The FDA and Centers for Disease Control and Prevention (CDC) have monitoring systems in place to ensure that any safety concerns continue to be identified and evaluated in a timely manner.

3.2. Key Messages.

3.2.1. Our Airmen and Guardians need to be prepared to operate anytime, anywhere in the world.

3.2.2. Getting vaccinated ensures we are a ready force to meet our commitments to the nation while protecting the health of our team, families and communities.

3.2.3. Those who refuse to obey a lawful order to receive the COVID-19 vaccine will be subject to appropriate administrative and disciplinary actions consistent with law and Department of the Air Force policy.

3.3. Education for Individuals. All unvaccinated personnel must receive education on the COVID-19 vaccinations before receiving the vaccine. This applies to individuals initiating or continuing the vaccination series.

3.3.1. The primary mode of providing education to individuals is the FDA Fact Sheet that will be disseminated at the Immunizations Clinic and/or PODs at a minimum.

3.3.2. Prior to receiving a fully FDA-approved COVID-19 vaccine or EUA/EUL COVID-19 vaccine, individuals must have had the opportunity to review the product-specific information.

3.3.2.1. Upon arrival at the MTF to receive the COVID-19 vaccine, individuals will be offered a copy of the product specific Fact Sheet.

3.3.2.2. Prior to administering the COVID-19 vaccine, the immunization technician will confirm that the patient understands the information in the FDA Fact Sheet. Any questions should be addressed prior to vaccination.

3.4. Education for Medical Personnel. Medical personnel are the primary source of information on the disease, the vaccine, and vaccine side effects. For those individuals who experience an adverse event associated with the vaccine, medical personnel will provide the appropriate treatment and referral, if necessary, for diagnosis and treatment of medical conditions.

3.4.1. The MTF Commander or local equivalent will ensure that healthcare professionals and vaccinators involved in COVID-19 vaccination review comply with implementation guidance.

3.4.2. Medical personnel involved with vaccination must understand healthcare-access guidance, procedures for reporting in the Vaccine Adverse Events Reporting System (VAERS) and reasons for medical exemption.

3.4.3. Medical personnel must understand the healthcare provider's roles and responsibilities with medical and administrative exemptions to include religious exemptions.

3.4.4. Personnel providing COVID-19 immunizations must acknowledge completion of training IAW DHA-IPM 20-004.

3.4.5. The Chief of Medical Staff (SGH) will ensure education on the vaccine and the vaccination requirement is accomplished for: clinical supervisors of vaccinators, preventive medicine and public health staff, relevant healthcare providers (e.g., allergy-immunology, ambulatory care, flight medicine, emergency care), and any other provider designated by the Medical Commander.

Chapter 4

MEDICAL ISSUES

4.1. Vaccine Administration.

4.1.1. Administer COVID-19 vaccine IAW DHA-IPM 20-004.

4.1.2. The Individual Medical Readiness (IMR) report in the Aeromedical Services Information Management System (ASIMS) will turn "red" for personnel not fully vaccinated by the deadline established for their service component.

4.1.3. An order to receive the COVID-19 vaccine is not related to the colors in ASIMS. The colors are for MTF tracking purposes only.

4.1.4. For individuals recently diagnosed with COVID-19, treated with monoclonal antibodies, or treated with convalescent plasma, administer COVID-19 immunization in accordance with recommendations from the CDC, recommendations from the CDC's Advisory Committee on Immunization Practices (ACIP), and FDA guidelines.

4.2. Pregnancy and Nursing Considerations.

4.2.1. The COVID-19 vaccine is recommended during pregnancy. Pregnant Service members (without an approved exemption) are mandated to receive COVID-19 vaccination. This is consistent with guidance from the CDC, American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM). However, a pregnant Service member with concerns about vaccination during pregnancy may pursue a temporary medical exemption following vaccine counseling from their healthcare provider. The temporary medical exemption expires at the end of the pregnancy.

4.2.2. As needed, consult medical providers to weigh the benefit/risk of vaccinating with any COVID-19 vaccine during pregnancy.

4.2.3. Nursing is not an approved criteria for a medical exemption. Nursing mothers (unless under a medical exemption for another approved medical exemption) are mandated to receive an FDA-approved COVID-19 vaccine.

4.2.4. Individuals seeking information related to vaccination during pregnancy or while nursing are encouraged to access the following website: https://www.acog.org/womens-health/faqs/coronavirus-covid-19-pregnancy-and-breastfeeding.

4.3. Pre-vaccination Screening.

4.3.1. All patients will be medically screened prior to administering the COVID-19 vaccine, to ensure there are no contraindications for receiving the vaccine.

4.4. Adverse Reactions.

4.4.1. General Information. Medical personnel must be prepared to manage perceived or actual adverse events after vaccination: how to minimize them, respond to them, and report them IAW AFI 48-110. Treat each concern with care; some symptoms following COVID-19 vaccination may or may not be caused by the vaccination.

4.4.2. Immunization Technician's Role. Immunization technicians will have the most current version of the FDA Fact Sheet and other sources of information available, which provide details on potential side effects. If a patient returns to the clinic after receiving a vaccination and indicates that they had an adverse reaction, the immunization technician can, again, provide these information sources to the patient. If the adverse reaction is anything more than a mild, local reaction, the patient should be referred to a provider. In every case, the patient should be given the option of seeing a provider.

4.4.3. Any serious adverse event temporally associated with any FDA approved or authorized COVID-19 vaccine or WHO EUL COVID-19 vaccine should be immediately evaluated by a privileged healthcare provider. Adverse event management should be thoroughly documented in medical records.

4.4.4. Adverse reactions from DoD-directed immunizations are Line of Duty (LOD) conditions.

4.4.5. Adverse event reporting will be conducted IAW DHA-IPM 20-004.

4.5. Medical Exemptions.

4.5.1. Granting medical exemptions must be performed by a privileged military health care provider IAW AFI 48-110. See Attachment 2, *Medical Exemption Process*. Medical exemptions may be based on pre-existing conditions or result from vaccine adverse reactions and should be consistent with the CDC Interim Clinical Considerations for Use of COVID-19 Vaccines: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid- 19%2Finfo-by-product%2Fclinical-considerations.html#vaccinated-part-clinical-trail.

4.5.1.1. For the COVID-19 vaccines, IAW CDC guidance, contraindications include: 1) severe allergic reaction (anaphylaxis) after previous dose or to a component of the specific COVID-19 vaccine; 2) immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the specific COVID-19 vaccine; and 3) development of pericarditis or myocarditis after the first dose, or current unresolved myocarditis / pericarditis; 4) treatment with monoclonal antibodies or convalescent plasma, 90 days; 5) Multisystem Inflammatory Syndrome in Adults (MIS-A), until cleared by patient's specialty care team authorize 60 day temporary exemption; 6) acute SARS-CoV-2 infection (confirmed), and until the member has met criteria to discontinue isolation, authorize 30 day temporary exemption; 7) and for duration of pregnancy, (if member desires) after counseling that pregnant women are strongly encouraged to take the vaccine.

4.5.1.2. Previous COVID-19 infections or positive serology do not exempt Service members from full vaccination requirements. (At this time, DoD, consistent with CDC recommendations, has not determined that a serological test is sufficient to meet the immunization requirements). Only "MT" or "Medical, Temporary" medical exemption code should be used in ASIMS. A temporary medical exemption for up to 365 days allows future evaluation against other fully approved/biologics license application vaccines.

4.5.2. Granting of medical exemptions may require a duty status change or deployment limitation for the individual. Any change in duty status/deployment eligibility/assignment limitation due to a medical exemption must be processed IAW applicable AFIs.

4.5.2.1. Use ASIMS medical exemption codes IAW AFI 48-110 IP, Table C-1.

4.6. COVID-19 Vaccine Tracking and Documentation.

4.6.1. The Public Health Office or the Base Operational Medicine Clinic (BOMC) will assist commanders and their designees with ASIMS access.

4.6.2. COVID-19 vaccination documentation will ensure clinical decision making is captured.

4.6.2.1 Vaccination sites using the Military Health System (MHS) GENESIS system will continue to use this Electronic Health Record (EHR) platform for vaccination documentation.

4.6.2.2 Vaccination sites using the Armed-Forces Health Longitudinal Technology Application (AHLTA) system will use either ASIMS or AHLTA. Do not double document. Data entered into ASIMS or AHLTA will flow to the other.

4.6.2.3 ASIMS can be used as an alternate in locations (Guard/Reserve) who do not have access to AHLTA/MHS GENESIS but do have ASIMS/ Health Artifact and Image Management Solution (HAIMS) capabilities.

4.6.3. ASIMS will serve as the tracking mechanism for immunizations of Airmen and Guardians.

4.6.4. For personnel deploying to countries where a yellow shot record is required, document that COVID-19 vaccine in their yellow shot record.

4.7. Medical Logistics/Vaccine Distribution. The US Army Medical Materiel Agency (USAMMA) is responsible for coordinating the distribution of COVID-19 vaccine within DoD.

4.7.1. Base level medical logistics personnel can order the COVID-19 vaccine from USAMMA.

4.7.2. Medical personnel will ensure proper vaccine storage requirements are met.

4.7.3. Medical personnel will monitor vaccines for any relevant shelf-life extensions.

4.8. Aircrew Management.

4.8.1. Adverse reactions to vaccines are rare. Benefits of administration of vaccine for this population far outweigh the risks. After receiving a COVID-19 vaccine, all flyers, controllers, and special warfare Airmen (DD Form 2992 holders) will maintain access to medical care on the ground and not perform aviation-related duties (e.g., flying, controlling, or jumping) for a period of 48 hours after each dose IAW DAF Memorandum, *HAF SII 20-02: DNIF Guidance for COVID Vaccines*, December 21, 2020. No formal grounding is required for uncomplicated immunizations.

Chapter 5

ADMINISTRATIVE ISSUES

5.1. Exemptions.

5.1.1. Service members may request medical or administrative (including RARs) exemptions from the COVID-19 vaccine mandate. Administrative and medical exemptions may be authorized under AFI 48-110 IP. Service members on approved terminal leave (or with an approved retirement/separation date as described in SecAF memorandum, *Supplemental Coronavirus Disease 2019 Vaccination Policy,* December 7, 2021) may receive an administrative exemption. RARs may be approved under DAFI 52-201. Commanders at the MAJCOM, FLDCOM, DRU, or FOA level are the approval authority. The DAF Surgeon General (AF/SG) is the final appeal authority for RARs. See Attachment 3, *COVID-19 Vaccination Process Military Members*.

5.1.1.1. Service members who receive a denial of their RAR, medical, or administrative exemption request have five (5) calendar days to begin a COVID-19 vaccination regimen, submit an appeal to the Final Appeal Authority, request a second opinion (medical), or request to separate/retire (if able) on or before April 1, 2022, or no later than the first day of the fifth month following initial or final appeal denial. For the Air Force Reserve, if eligible, Individual Mobilization Augmentee (IMAs) and Traditional Reserve (TRs) may request to retire on or before 1 June 2022 and will be placed in a no pay/no points status not later than 60 days post notification, while eligible Active Guard and Reserve (AGR**)** members may be able to retire if they can be in terminal leave status NLT 60 days from RAR notification.

5.1.1.2. Service members who receive a denial of their RAR appeal or second opinion if requested by the member (medical), have five (5) calendar days to begin a COVID-19 vaccination regimen, or request to separate/retire (if able) on or before April 1, 2022, or no later than the first day of the fifth month following initial or final appeal denial. For the Air Force Reserve, if eligible, Individual Mobilization Augmentee (IMAs) and Traditional Reserve (TRs) may request to retire on or before 1 June 2022 and will be placed in a no pay/no points status not later than 60 days post notification, while eligible Active Guard and Reserve (AGR**)** members may be able to retire if they can be in terminal leave status NLT 60 days from RAR notification.

5.1.1.3. Official documentation from the unit commander including the appropriate administrative code and duration (specific date, temporary, indefinite) of exemption will be presented to the Immunization Clinic to be entered into ASIMS.

5.2. Healthcare Access Guidelines. At the time of immunization, all vaccine recipients will be provided information on potential adverse events.

5.2.1. Whenever an individual presents to an MTF expressing a belief that the condition for which the treatment is sought is related to an immunization received in a DoD clinic, they are authorized initial or emergency care to evaluate and treat an actual or perceived adverse reaction. Care may also be provided by a civilian medical facility in the following circumstances: an individual believes the situation to be an emergency and the civilian hospital is the nearest facility or an individual is on leave status, TDY or in a non-duty status (ARC personnel) and there are no MTFs within 50 miles. Pre-approval may still be required depending on the specific circumstances when not an emergent situation. Refer to AFI 48-110 for additional guidance.

5.2.1.1. ARC Personnel. If a member suffers an adverse reaction from a DoD-directed immunization, it is a LOD condition.

5.3. Refusal Management.

5.3.1. Military Members. A commander ordering a military member to take the COVID-19 vaccine constitutes a lawful order. When issuing an order to a military member to take the COVID-19 vaccine, if an individual indicates he or she is going to refuse the COVID-19 vaccination or has initially refused the vaccination the following approach should be used: find out why the individual is reluctant.

5.3.1.1. Provide the member with appropriate education.

5.3.1.2. Combinations of concerns may require education by a number of people; for example:

5.3.1.2.1. Concerns with vaccine safety, efficacy, or health risks should be sent to the supporting medical organization (if not previously accomplished). Medical education should be tailored to the specific concerns of the individual (efficacy, reproduction, allergic reactions, etc.) and should be accomplished by a health care provider knowledgeable about the COVID-19 vaccine and who is able to address the specific medical concerns of the individual. The medical counseling will be documented in the individual's medical record.

5.3.1.2.2. If the member is still reluctant after additional education, send the member to the Area Defense Counsel for an explanation of the potential consequences of his/her refusal. Members of the Air Force Reserve may attend virtual sessions with the Area Defense Counsel.

5.3.1.3. The commander should ensure the order, and accompanying counseling on appropriate resources, is documented in writing.

5.3.1.4. If the member refuses to follow the order to vaccinate, consult with the servicing Staff Judge Advocate's office for appropriate action.

5.3.1.5. Notify the Immunization Clinic of the decision so the proper administrative code can be entered in ASIMS.

5.3.2. Management of Vaccine Refusal in the Immunization Clinic.

5.3.2.1. If an individual subject to the vaccination requirement, as identified in paragraph 1.2.4 of this guidance, refuses an FDA-approved COVID-19 vaccine, the technician should notify the Immunization Clinic NCOIC/OIC before that individual leaves the clinic. The NCOIC/OIC (or technician if they are not available) should verify again that the individual has been offered the FDA Fact Sheet and the opportunity to ask questions. Notify the SGH. (Note: IAW FDA guidance, Comirnaty (Pfizer) has the same formulation and can be used interchangeably with the FDA-authorized Pfizer-BioNTech COVID-19 vaccine; and Spikevax (Moderna) has the same formulation and can be used interchangeably with the FDA-authorized Moderna COVID-19 vaccine. Providers can use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine.)

5.3.2.2. SGH will ensure appropriate commanders are aware of refusals.

5.3.2.3. Vaccine refusal should be handled with the appropriate regard to the individual's privacy.

5.3.3 Service members who continue to refuse to obey a lawful order to receive the COVID-19 vaccine after their exemption request or final appeal has been denied or retirement/separation has not been approved will be subject to initiation of administrative discharge proceedings pursuant to SecAF memorandum, *Supplemental Coronavirus Disease 2019 Vaccination Policy,* December 7, 2021. Discharge characterization will be governed by the applicable Department of the Air Force Instructions. Service members separated due to refusal of the COVID-19 vaccine will not be eligible for involuntary separation pay and will be subject to recoupment of any unearned special or incentive pays.

Chapter 6

SCREENING TESTING

6.1. COVID-19 Screening Testing Requirements.

6.1.1. When screening testing is made available and local testing procedures are established, DAF Service members who are not fully vaccinated (as defined in this guidance) are required to undergo COVID-19 screening testing at least weekly when entering a DoD facility. This requirement also applies to foreign military personnel assigned to DAF units and to DAF Service members who have an exemption request under review, or who are exempted from COVID-19 vaccination.

6.1.2. DAF provided COVID-19 screening testing will be executed by DAF using COVID-19 self-collection kits or self-tests that have been authorized or approved by the FDA. For unit/workcenter testing, only the FDA approved (EUA or full FDA approved) Over-The-Counter (OTC) test kits may be used. When DAF does not provide test kits, Host Nation Service members may utilize Host Nation FDA-equivalent approved test kits. Additionally, Host Nation tests may be used to conduct screening testing of Service members and Host Nation civilian employees IAW with DoDI 6200.02 and DoDM 6440.02.

6.1.3. The COVID-19 screening test result must be negative for the individual to access their worksite or otherwise be granted entry into a DoD facility. If the screening test is administered off-site, the negative test result must be from a test performed within the preceding 72 hours. If the negative test result is more than 72 hours old, a new test is required.

6.1.4. Commanders will determine the appropriate manner to execute the DAF screening testing requirement with a locally established testing process using COVID-19 self-collection kits or self-tests that can be performed primarily on-site at the installation or facility with proper supervision (non-medical) and documentation of testing results. If on-site COVID-19 screening testing is not feasible, as an alternative, the self-testing can be performed at home or in other locations. (Note: these COVID-19 self-tests do not require a health care provider's clinical care order and are, therefore, considered an OTC test and do not require medical support or oversight to complete). If an individual wishes to undergo a screening test using a test other than that provided by DAF, a "viral test" (which includes both antigen and molecular tests) can be used.

6.1.5. Screening testing will be conducted at least weekly but commanders may require more frequent testing based on local community transmission, HPCON levels (e.g., HPCON Charlie and Delta), and the specific type of test kit used. Commanders and supervisors must consult with their servicing MTFs in establishing the testing frequency in order to ensure their process complies with test kit requirements. Units with no servicing MTF should defer to associated Public Health Emergency Officer (PHEO) or MAJCOM/FLDCOM PHEO for consultation. If an individual wishes to undergo a screening test using a test other than that provided by DAF, a "viral test (which includes both antigen and molecular tests under EUA or full FDA approval) can be used (in accordance with the instructions for use).

6.1.6. DoD Service members teleworking or working remotely on a full-time basis are not subject to weekly testing, but must provide a negative COVID-19 screening test result from a test performed within the preceding 72 hours prior to entry into a DoD facility.

6.1.7. DAF Service members are responsible for providing acceptable documentation or evidence of negative COVID-19 screening test results, upon receipt, to the appropriate supervisor, or authorized human resources official, in accordance with the locally established testing process. This documentation or evidence will likely consist of the paper test result (or photo thereof), or an electronic result displayed on a cell phone application. DAF Service members are not required to use their own personal equipment (e.g., their cell phones) for the purpose of documenting test results, but they may do so voluntarily.

6.2. Recordkeeping.

6.2.1. Commanders are responsible for tracking, maintaining (and reporting when required) compliance with screening testing requirements for DAF Service members in their organizations. Such compliance tracking need only consist of documenting that each individual who was required to test did so, with the frequency required.

6.2.2. For the purposes of complying with this policy, there is no requirement to maintain a record of screening test results at the individual level. However, if test results are maintained, Commanders are responsible for ensuring that supervisors maintain any COVID-19 test results provided by Service members in accordance with applicable law and policy, including appropriate privacy protection measures including keeping such records in a confidential file separate from other employee records. Any document which contains a test result along with personally identifiable information is considered a medical record and must be treated in accordance with law and policy applicable to medical records.

6.2.3. DAF Service members who are required to undergo COVID-19 screening testing will do so on official duty time, which is expected to take no more than one hour, per test, including travel time. Commanders and supervisors should only authorize DAF Service members to spend time obtaining a test during the Service member's regular duty hours and only for the amount of time necessary to travel to/from and obtain the test.

6.3. Actions After Test Results.

6.3.1. DAF Service members who have positive COVID-19 screening test results will be required to remain away from the workplace. DAF Service members with positive COVID-19 screening test results will take confirmatory laboratory-based molecular (i.e., polymerase chain reaction, or PCR) testing paid for by the DAF, and administered through local MTFs as resources allow. Those who are already eligible to receive care at MTFs should engage the normal appointment system to determine how best to obtain a confirmatory test. Those not already eligible to receive care at a MTF should contact a MTF to determine their capacity to provide the test. MTFs should be prepared for an increase in confirmatory testing, including ensuring adequate collection supplies and viable testing pathways to process the expected increase. If confirmatory testing is not available through an MTF, DAF Service members may be reimbursed for the cost of obtaining the test through a private provider. If confirmatory testing IS available at an MTF, but a DAF Service member declines to be tested there, they will not be eligible for reimbursement of any testing obtained through a private provider.

6.3.2. If the Service member's confirmatory test is negative, the individual is not deemed to be COVID-19 positive and will be allowed into the workplace.

6.3.3. If the Service member's confirmatory test is positive, Installation Public Health/MTF will be notified (for contact tracing) and the Service member will be required to remain out of the workplace in compliance with the most current CDC recommendations for disposition of confirmed or probable COVID-19 cases (in consultation with servicing Medical office).

6.3.4. Obtaining a laboratory-based confirmatory COVID-19 testing for initial positive screening test results is expected to take no more than 2 hours of official duty time; however, results from the screening test will need to be confirmed before the individual can enter the workplace.

6.3.5. Commanders and supervisors will monitor duty time usage and keep duty time used for testing within these parameters to the extent possible.

6.3.6. DAF Service members can be mandated by DAF authorities to quarantine or isolate, but may also be barred from the workplace until authorized to return.

6.4. Testing Refusals.

6.4.1. If a DAF Service member who is not fully vaccinated refuses COVID-19 screening testing that has been mandated due to their vaccination status (including those with an approved vaccination exemption), supervisors should consult with the servicing legal office regarding the appropriate disciplinary action available. Commanders and supervisors may prohibit service members from their worksites on the installation or facility to protect the safety of others, including while adverse action is pending. While prohibited from their worksites on the installation or facility, such Service members may be required to telework, as appropriate. If commanders do not prohibit such Service members from their worksites (due to critical mission needs), they must ensure appropriate mitigation measures are in place to ensure the safety of all employees.

6.4.2. An exemption from COVID-19 vaccination due to religious or medical accommodation does not result in an exemption from the COVID-19 screening testing required by this policy. If a DAF Service member requests an exemption from participation in COVID-19 screening testing on a religious or medical basis, such requests should be evaluated under DAFI 52-201.

6.5. Testing Kits.

6.5.1. Commanders will procure (through DLA) and provide these COVID-19 screening self-tests to DAF Service members (as well as contractors and official visitors if available) and establish local processes for where and how the tests will be distributed and conducted for not-fully-vaccinated individuals, and how results are to be reported. Commanders (or their designees) should work with their servicing MTF leadership, installation Public Health Emergency Officer and the MTF Logistics Flight to resource, order and supply organizations with approved testing kits. Organizations are responsible for funding required COVID-19 screening tests. See Attachment 4, *COVID-19 Home Testing Kits*.

6.5.2. COVID-19 self-tests must have Instructions for Use and FDA Approval, 510(K) premarket clearance or have an FDA EUA, and will be made available through the Defense Logistics Agency. Examples include the following:

6.5.2.1. Abbott BinaxNOW™ COVID-19 Self-Test (must test twice over 3 days with at least 36 hours between tests as outlined in FDA EUA).

6.5.3. These self-collection kits/self-tests are to be used within the FDA approved indication and the instructions should be carefully followed to increase the accuracy of the results.

6.5.4. If self-collection kits or self-tests as referenced above are not available to DAF Service members through DAF, Service members will be reimbursed for COVID-19 screening tests that require payment for the purposes of meeting the screening testing requirement (e.g., if the screening test is not available through the DAF and must be administered by a facility who charges for the test). Service members should not purchase or pay for tests without prior supervisory or commander approval.

6.5.5. Cost reporting for purchase of testing materials or reimbursement for DAF Service member tests should be in accordance with Office of the Under Secretary of Defense (Comptroller)/Chief Financial Officer of the Department of Defense, April 13, 2020, *DoD Response to the Novel Coronavirus – Cost Reporting Guidance*.

6.5.6. Service members seeking reimbursement should work with the applicable organization's resource advisor to submit OF 1164 Miscellaneous Pay Package to their local comptroller for processing. SAF/FM will provide additional guidance to comptrollers regarding reimbursements under separate cover.

6.5.7. Reserve component Service members who are not in a paid military duty status (and who are not otherwise DAF civilian employees) cannot be required to test at home or other locations not on-site; doing so is voluntary and at the member's own expense and on their own time.

ATTACHMENT 1

Post-Accession Immunization Religious Accommodation Requests		
STEPS		**NOTES**
1	**Service member** requests exemption of immunization requirement via RAR submitted to unit commander	Include, at minimum, Service member's name, grade, DoD identification number, faith group, unit, and specialty code of the Airman or Guardian, nature of the accommodation requested, religious basis for the request, a comment on the sincerity of the request, and the substantial burden on the member's expression of religion (DAFI 52-201, par. 5.3) • Example at DAFI 52-201, Attachment 6. • Decision authority is Service member's MAJCOM, FLDCOM, DRU, or FOA commander (DAFI 52-201, par. 6.6.1) • Service member has a temporary exemption from immunization while request is processing (DAFI 52-201, par. 2.12)
2	**Unit commander** counsels the Service member submitting the RAR	Unit commander should counsel member that noncompliance with immunization requirements may adversely affect readiness for deployment, assignment, international travel, or result in other administrative consequences (DAFI 52-201, par. 6.6.1.1) Unit commander's counseling must be documented in a memorandum and included with the RAR package
3	**Military medical provider** counsels the Service member submitting the RAR package	Counseling must be documented in a memorandum and included with the RAR package (DAFI 52-201, par. 6.6.1.) Military provider must ensure member is making an informed decision and should address, at minimum, specific info about the disease concerned, specific vaccine info (including product constituents, benefits, risks), and potential risks of infection for unimmunized individuals (AFI 48-110, para 2-6b.(3)(a)2.)
4	**Military Chaplain** interviews Service member submitting the RAR	Interview must be documented in a memorandum and included with the RAR package (DAFI 52-201, par. 5.4)
5	**Religious Resolution Team (RRT)** reviews Service member's RAR package	At Installation level, the RRT will include the commander (or designee), Senior Installation Chaplain (or equivalent), public affairs officer, staff judge advocate, and a medical provider (DAFI 52-201, par. 3.8.1.1) Wing/Delta Chaplain, as lead for RRT, shall write the memo to the decision authority detailing the RRT recommendation and any dissenting views of others (DAFI 52-201, par. 5.6.3)
6	**Staff Judge Advocate** Provides written legal review of Service member's RAR package	Legal review must be documented in a memorandum and included with the RAR package (DAFI 52-201)

7	**Each commander** shall review the RAR package, endorse the Service member's request memo with recommendation for approval or disapproval and forward RAR package through the chain of command to the appropriate decision authority	Endorsements must address (DAFI 52-201, par. 6.6.1.5): • If there is a compelling government interest and any effect the accommodation will have on readiness, unit cohesion, good order and discipline, health, or safety, and impact on the duties of the member • whether less restrictive means can be used to meet the government's compelling government interest • 30 business days for CONUS requests (60 business days for OCONUS requests and requests from Reserve Component members not on active duty) from the date of submission to unit to final action by MAJCOM, FLDCOM, DRU or FOA commander and notification to the member (DAFI 52-201, Table 2.1) NOTE: Although AFI 48-110 says the AF only grants temporary immunization exemptions, the newer DAFI 52-201 states that approvals will remain in effect during follow-on duties, assignments, or locations, and for the duration of a Service member's military career. However, there may be a change in circumstances that requires the accommodation to be reevaluated in the future (e.g., deployment, new duties, or other material change in circumstances). (DAFI 52-201, par. 5.7.2) • DAFI 52-201, par. 5.7.3. New requests for the same accommodation are not necessary upon new assignment, transfer of duty stations, temporary duty, or other significant changes in circumstances, including deployment unless noted on the approval memorandum. DAFI 52-201, par. 5.7.4. Approved accommodations will continue unless the member's commander determines a compelling government interest exists requiring a temporary or permanent withdrawal of the approval. (T-1).
8	**MAJCOM, FLDCOM, DRU, or FOA commander** determines whether RAR approval, partial denial, or complete denial is appropriate	MAJCOM, FLDCOM, DRU or FOA commander will document the decision in a memorandum addressed to the Service member requesting the religious accommodation Memorandum will be routed through the Service member's wing commander (DAFI 52-201, par. 6.6.1.6) Service member must submit appeal within five (5) calendar days from notification of RAR denial
9	**Unit commander** notify Service member of the RAR decision	DAFI 52-201, par. 6.6.1.6
10	**Service member** may appeal a denied RAR to Surgeon General	Member shall address a memorandum to the appeal authority with a copy given to the previous disapproval authority and provide the memorandum to the unit commander for processing (DAFI 52-201, par. 5.8.2). The member must submit the appeal request within five (5) calendar days from the notice of denial. AF/SG is ultimate appeal authority for immunization exemptions (DAFI 52-201, Table 6.1) 30 business days to resolve appeal (DAFI 52-201, par. 2.10)

11	**Surgeon General** determines whether appeal approval, partial denial, or complete denial is appropriate	Within 30 business days of receipt, appellate authority will document the final decision in a memorandum addressed to the Service member requesting the religious accommodation Memorandum will be sent via CMS to Service member's wing commander (DAFI 52- 201, par. 2.10 and Table 6.1)
12	**Unit commander** notify Service member of the appeal decision	DAFI 52-201, par. 6.6.1.6
13	**Servicing FSS** ensure copy of the RAR package, decision, and final decision (as appropriate) is included in Service member's automated personnel records	Include all relevant documentation to facilitate future actions should conditions change

Checklist for Required Package Items	
	Member's request letter *(DAFI 52-201, par. 5.3 and 6.6.1)*
	Unit CC's written counseling with requestor *(DAFI 52-201, par. 6.6.1.1)*
	Chaplain's interview memo with requestor *(DAFI 52-201, par. 5.4 and 4.2.7)*
	Military medical provider counseling memo with requestor *(DAFI 52-201, par. 6.6.1.2 and AFI 48-110, par. 2-6b.(3)(a)2.)*
	Staff Judge Advocate legal review (DAFI 52-201, par. 5.6.2)
	Religious Resolution Team's recommendation (DAFI 52-201, par. 5.6.1 and 6.6.1.3)
	Chain of Command Recommendations (DAFI 52-201, par. 6.6.1.5). NOTE: there may be a change in circumstances that requires the accommodation to be reevaluated in the future (e.g., deployment, new duties, or other material change in circumstances). (DAFI 52-201, par. 5.7.2). We recommend CC endorsements consider whether to include any recommended circumstances that would require reevaluation (such as overseas PCS or deployments).

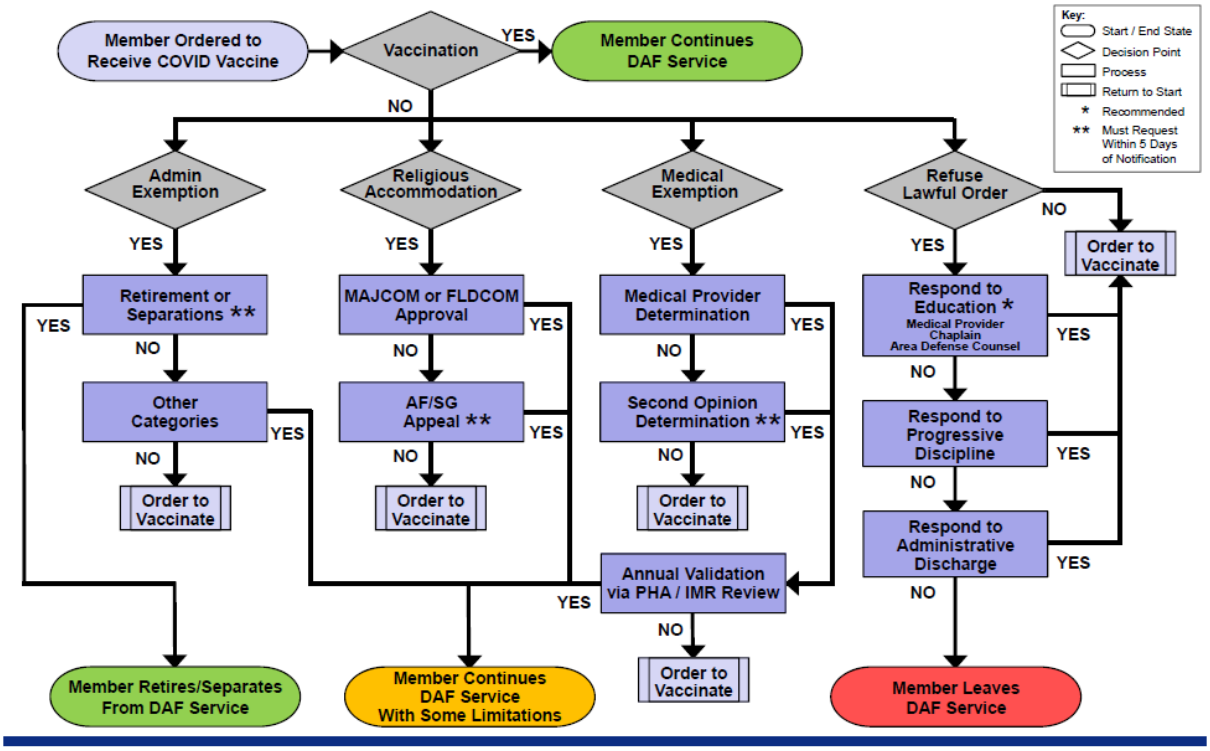
ATTACHMENT 2

Immunization Medical Exemption Requests		
STEPS		**NOTES**
1	**Member** requests medical exemption from COVID-19 immunization requirements	- Member notifies commander of possible contraindication to vaccine
2	**Unit commander** ensures member is evaluated by military medical provider	
3	**Military medical provider** evaluates member	- Provider evaluates potential contraindication based on the health of vaccine candidate and the nature of the vaccine under consideration; counsels member on vaccine compliance. Member may seek a second opinion.
4	**Medical provider** makes determination	- Provider documents exemption in ASIMS and electronic health record
5	**Commander** reviews ASIMS	- Commander ensures member's readiness status is accurately reported

ATTACHMENT 3

COVID-19 Vaccination Process

Military Members



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CAO 10 Dec 21

ATTACHMENT 4

COVID-19 Home Test Kits
Ordering Procedures

DLA has awarded contracts to three manufacturers for COVID-19 Home Tests. This guide serves as ordering instructions for all federally funded agencies requiring COVID-19 Home Tests. The contract is structured to provide a percentage of awards to each vendor based on the terms and conditions of the statement of work. At any given time one or more of the items may not be available to order due to allocations to each vendor.

Two of the manufacturers' items ***Quidel Corporation*** and ***Orasure Technologies*** will be available to order through direct delivery. ***Abbott Rapid DX*** home test will be available from the DLA Depot. Estimated delivery is 7 days after the placement of an order to CONUS destinations and the Medical Air Bridge for OCONUS. Maximum shelf-life can not be guaranteed.

At this time, due to allocations, only Quidel QuickVue and Orasure InteliSwab are available to order. Limited supplies of Abbott BinaxNow will be available within 30 days.

The items have been assigned NSNs and will be eligible for ordering through FEDMALL, MILSTRIP or ECAT as applicable and when available. The Abbott BinaxNow should be ordered through FEDMALL/MILSTRIP, the QuickVue and InteliSwab can be ordered through FEDMALL, MILSTRIP or ECAT. No matter what method is used to place your order, please remember to post receipt upon physical receipt of the material.

- FedMall Ordering - For those Federal customers who typically do not use DLA Troop Support Medical's ECAT system to place Orders, FedMall is available for you. Access FedMall at https://www.fedmall.mil/. Once orders are placed in FedMall, the orders will be routed to ECAT for order execution.
- ECAT Web Users - the Quidel and Orasure NSNs below will be available to you when you search for items.
- DMLSS/TEWLS Users - the NSNs below are in the Medical Master Catalog (MMC) and are available for you to source.

NSN	Nomenclature	Manufacturer	P/N	UOI	Notes	CONUS Price	OCONUS Price
6550-01-697-6662	QuickVue At-Home OTC COVID-19 Test	Quidel Corporation	20402	KT	(2 tests per kit)	$11.83	$15.67
6550-01-697-6646	InteliSwab™ COVID-19 ST OTC US	Orasure Technologies	1001-0622	CS	1 CS = 24 KT (2 Tests per kit)	$254.82	$337.52
6550-01-697-6628	BinaxNow COVID-19 Antigen Self Test	Abbott Rapid DX	195-260	CS	1 CS = 6 KT (2 tests per kit)	$106.75	$106.75

NOTE: If you get a cancellation for one item please reorder one of the other items that are available. We appreciate your patience as we ensure that each vendor receives the percentage as laid out in the contract. Each week we will update the ordering guide and advise as to which items will be available for ordering.

COVID-19 Home Test Kits

6550-01-697-6662 - Quidel QuickVue At-Home OTC COVID-19 Test
Manufacturer: Quidel Corporation,
Manufacturer Part Number: 20402
Sample type: Anterior nares swab. Dipstick test format; results in as little as 10 minutes.
Two-color results - blue control line and red test line; easy to read and interpret. All components included in kit - Ready to use, no need for additional equipment. Contains built-in procedural control features. Intended for the qualitative detection with or without symptoms.
For use under FDA Emergency use Authorizations
Actual packaging and components may vary from picture

Unit of Issue: KT (contains supplies to run 2 tests; intended for one person to run test twice with 24-36 hours in between tests)
Shelf-life: 24 months from date of manufacture

6550-01-697-6646 - Orasure InteliSwab™ COVID-19 ST OTC US
Manufacturer: Orasure Technologies
Manufacturer Part Number: 1001-0622
Sample Type: OTC Two-test rapid antigen test kit; Swab nostrils with gentle swab, swirl in the tube, and see results in 30-40 minutes. Unit box containing: Divided Pouch (2) - Each Containing: Test Device (1), Absorbent Packet (1), Developer Solution Vial (1) - (each vial contains 0.75 mL of a buffered saline solution with an antimicrobial agent); Test Stand (1); Positive Results Reference Card (1); Instructions for Use (in English and Spanish)

Unit of Issue: Case (CS) 1 CS = 24 KT (1 KT contains supplies to run 2 tests; intended for one person to run test twice with 24-36 hours in between tests)
Shelf-life: 9 months from date of manufacture

6550-01-697-6628 - Abbott BinaxNow COVID-19 Antigen Self Test
Manufacturer: Abbott Rapid DX
Manufacturer Part Number:
Sample Type: Anterior nasal (nares) swab sample; each box contains 2 test kits, each test kit consists of a card, a swab, and an individual small bottle of reagent; results in 15-30 mins; self-collected direct anterior nasal (nares) swab samples from individuals aged 15 years or older or adult collected anterior nasal swab samples from individuals aged two years or older. Test type: Lateral flow immunoassay.
Intended for the qualitative detection with or without symptoms.

Unit of Issue: Case (CS) 1 CS = 6 KT (1 KT contains supplies to run 2 tests; intended for one person to run test twice with 24-36 hours in between tests)
Shelf-life: 9 months from date of manufacture

Points of Contact

If you require assistance with ordering or status of orders, please contact the following DLA Troop Support points of contacts:

FedMall users can contact the DLA contact center as well as the following individuals at DLA Troop Support Medical:

- DLA Contact Center:
  - E-mail: dlacontactcenter@dla.mil
  - Telephone:
    - Toll Free: 877-DLA-CALL (877-352-2255)
    - Commercial: 269-704-7921
- DLA Troop Support

Area	POC	Email	Phone	Cell
FedMall Customers	Yvonne Poplawski	yvonne.poplawski@dla.mil	215-737-3102	215-298-2813
FedMall Customers	Stacy Perry	stacy.perry@dla.mil	215-737-3321	215-863-1002

ECAT Web users

- E-mail: DSCPECATHELP@dla.mil
- Telephone:
  - Toll Free: 800-290-8201 (7:00 AM to 5:00 PM)

DMLSS/TEWLS users can contact the ECAT Help Desk or the below:

Area	POC	Email	Phone	Cell
North Region	Annemarie Ervin	annemarie.ervin@dla.mil	215-737-3781	267-879-5303
South Region	Francis McGlinn Jr.	Francis.mcglinn2@dla.mil	215-737-2755	267-642-0840
West Region	Angela Atkinson	angela.atkinson@dla.mil	215-737-6033	267-355-3239
Fleet & Marines	Randy Owens	randall.owens@dla.mil	215-737-8704	267-374-7903
ECAT DoD	Marie Boggs	marie.boggs@dla.mil	215-737-4556	267-889-8821