The purpose of this memo is to release information regarding laboratory testing for the Coronavirus Disease (COVID-19) “Viral tests check samples from your respiratory system (such as swabs of the inside of the nose) to tell you if you currently have an infection with SARS-CoV-2, the virus that causes COVID-19”\(^1\). This guidance, developed by the Wildland Fire Medical and Public Health Advisory Team (MPHAT), provides information on why the FMB is recommending that there is not a reliance on the usage of laboratory tests for COVID-19 during wildland fire incident management activities. The MPHAT’s role is to advise on all medical and public health related aspects of wildland fire regarding COVID-19 planning, prevention and mitigation. The group consists of interagency representation and interdisciplinary expertise that includes Centers for Disease Control National Institute for Occupational Safety and Health (CDC-NIOSH) and Chief Medical Officers from the U.S. Forest Service (USFS) and Department of Interior (DOI).

The potential for sporadic outbreaks of Coronavirus Disease (COVID-19) within the wildland fire workforce is expected to complicate field operations and may degrade overall wildland firefighting capability during the 2020 season. The wildland fire community is implementing mitigation strategies to reduce potential disease outbreaks and impacts. These mitigations have been issued in preceding Fire Management Board (FMB) memoranda (https://sites.google.com/a/firenet.gov/fmb/home/information/memorandums/fmb-memorandums-2020) and offer the best risk-benefit options at this time.

As national efforts to reopen the economy and return to the workplace have begun, there is widespread interest in laboratory testing to assess risk among returning employees (including wildland fire personnel) and manage COVID-19 in the workplace. The MPHAT has evaluated the current state of COVID-19 laboratory testing and, as of April 28\(^{th}\), 2020, has found the following:

- Current testing for COVID-19 includes polymerase chain reaction testing which specifically identifies the presence or absence of virus particles in body fluids of infected individuals and Immuno-assay testing which is an assessment of the immune (antibody) response to infection thus determining if an individual has been, or is currently, infected.
- Due to the rapid emergence of the COVID-19 pandemic, laboratory tests are currently being developed under emergency use authorizations by the Food and Drug Administration (FDA); this means the tests are developed without proper validation.
- Current tests yield a significant number of false-negative determinations.
Reliance on poor-quality tests, resulting in erroneous false-negative findings, will significantly increase the likelihood of exposing employees within the fire camp environment to COVID-19 infection while providing a false sense of security.

Given the limited accuracy of available testing, current COVID-19 tests provide limited-to-no screening value for the wildland fire community. Furthermore, the medical community does not yet have a good understanding of the immune response to this infection and cannot rely on recovered individuals being immune to reinfection.

In summary, the MPHAT does not support or recommend utilizing COVID-19 laboratory testing as a risk mitigation/screening measure among wildland fire fighters at the time of this issuance. Changes in testing capabilities and advancements are continuously improving. As new information becomes available, the MPHAT will re-evaluate this position and issue updated recommendations.

**Distribution:**
Fire Executive Council Members
National Multi-Agency Coordinating Group Members
NWCG Executive Board Members
COVID-19 Coordinators

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