

COVID-19 Interim Testing Recommendations for K-12 Schools and Child Care Programs

VDH Interim Recommendations as of July 2, 2020

Revisions were made on July 2, 2020 to reflect the following:

- Added a link to CDC considerations for K-12 school administrators for SARS-CoV-2 testing
- Noted that schools are not expected to conduct testing, should refer persons with symptoms of COVID-19 to a healthcare provider or testing site, and those that opt to conduct widespread testing should refer to CDC’s list of factors to consider

General Testing Recommendations

Consistent with CDC’s guidance, [VDH recommends](#) diagnostic testing using molecular (PCR) or antigen testing methods to evaluate individuals for COVID-19 as follows:

	<u>Private/Commercial Lab Testing</u>	<u>Public Health Lab Testing</u>
High Priority	<ul style="list-style-type: none"> ● Hospitalized patients* ● Healthcare workers and first responders with COVID-19 symptoms* ● Un- or underinsured persons with COVID-19 symptoms* ● Residents and workers with COVID-19 symptoms* in, or newly arriving to, congregate settings (e.g., long-term care facilities, prisons, jails, or behavioral health facilities) 	<ul style="list-style-type: none"> ● Contact and outbreak investigations ● Residents and workers with COVID-19 symptoms* in, or newly arriving to, congregate settings (e.g., long-term care facilities, prisons, jails, or behavioral health facilities) ● Un- or underinsured persons with COVID-19 symptoms*
Priority	<ul style="list-style-type: none"> ● Persons with COVID-19 symptoms* ● Persons without symptoms <ul style="list-style-type: none"> ○ Close contacts of cases** ○ Prioritized by clinicians based on their best clinical judgment (e.g. for medical procedures) 	<ul style="list-style-type: none"> ● Public health monitoring, including point prevalence surveys ● Sentinel surveillance and seroprevalence studies ● Community testing clinics

*[Description of symptoms associated with COVID-19.](#)

**A close contact is any individual who has been within 6 feet of an infected person for at least 15 minutes starting from 2 days before the person became sick (or 2 days before specimen collection if asymptomatic) until the person was isolated.

Actions to Take in Response to Positive Test Results

A person with a positive diagnostic test result should stay home and self-isolate for at least 10 days (if using the symptom-based strategy for determining when to discontinue home isolation), and close contacts of that person should be identified and quarantined until at least 14 days after last exposure to the person with the positive result. (www.vdh.virginia.gov/content/uploads/sites/182/2020/04/Home-IsolationQuarantine-Release-Graphic_FINAL.pdf)

Considerations for K-12 Schools and Child Care Programs

VDH testing recommendations for schools and child care programs involve establishing a testing strategy that assures students and staff have access to testing as needed. At a minimum, schools and child care programs should have the ability to identify individuals reporting illness, immediately provide a [cloth face covering](#) if appropriate based on the age and condition of the person, and place the child and/or staff person in a private room until the person can go seek care or be picked up by a parent. The ill person should not ride the bus home. If emergency transport is needed, call 9-1-1 and notify the operator that the ill person could have COVID-19.

VDH recommends having a low threshold for identifying anyone who may be exhibiting any sign or symptom of COVID-19 (www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html). As ill individuals are identified, schools that provide on-campus housing should ensure their medical needs are met, they are separated from others until test results are available or longer if the result is positive, and a process is in place to identify and quarantine their close contacts. Additional information can be found here: www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

VDH recommends diagnostic testing (e.g., molecular or antigen testing) for these situations:

- Symptomatic people with suspected COVID-19, including school nurses, students, and teachers/staff
- As resources permit, asymptomatic close contacts of people with COVID-19
 - For COVID-19, a close contact is defined by CDC as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset (or, for asymptomatic patients, 48 hours prior to positive specimen collection) until the time the patient is isolated.
 - Close contacts who are at [higher risk for severe COVID-19](#) should be prioritized for testing
 - VDH recommends testing asymptomatic close contacts 5-7 days after exposure. If testing is negative, the close contact should continue with 14-day self-quarantine.
- If a cluster of cases is identified, the school should immediately notify the local health department (LHD) and work with the LHD to identify the at-risk population. Depending on the situation, the LHD may develop a plan for testing within the defined group of potentially exposed individuals.

The most important factor to consider with diagnostic testing is that the results of the tests are valid for the time of specimen collection only. A person can become infected after the sample has been taken. The test results should not be seen as implying that someone who tested negative on the date of the test will continue to not pose a risk to the school community.

Schools and childcare facilities are not expected to offer testing for COVID-19 themselves. Some may elect to have health center staff involved in testing, but providing information to persons with symptoms of COVID-19 about resources that are available in the community for testing or for needed healthcare is sufficient.

At this time, VDH does not recommend facility-wide testing of students or staff upon arrival or at certain set intervals. In areas with low prevalence (presumably most of Virginia), there is a high likelihood of false positive or false negative test results (see CIDRAP resource for description of problems with Positive Predictive Value and Negative Predictive Value of tests in areas of low prevalence). Recommendations might change if prevalence increases in Virginia communities or as more information about SARS-CoV-2, the virus that causes COVID-19, becomes available. Those wishing to conduct widespread testing should refer to the [CDC testing considerations](#) and the section below on COVID-19 testing for factors to take into account in adopting a broader testing approach.

Serology (Antibody) Tests

Serology tests should not be used to diagnose acute COVID-19 infections. Serology tests indicate whether a person has had an exposure to SARS-CoV-2 at some point in the past but do not indicate whether the person is currently infected or infectious.

Serology testing should not be used to make decisions about living situations or the discontinuation of other disease control recommendations (e.g., practicing social distancing, using cloth face covers, frequent hand washing).

Interpretation of any test result should be based on published rates of sensitivity and specificity of the test used and the prevalence of infection in the community (presumed to be categorized as low in Virginia). For more information about the advantages and disadvantages of different test types and how to interpret test results, refer to the VDH resource [Factors to Consider When Offering Community-Based Laboratory Testing for COVID-19](#).

COVID-19 Testing

Some facilities may choose to conduct additional testing beyond the VDH testing recommendations, such as to conduct surveillance studies or to identify needs for further infection prevention measures, if they feel this is needed for their community. If testing is conducted by the school or child care facility, ensure that proper consent has been obtained, that staff have been trained on specimen collection and appropriate personal protective equipment (PPE) use, and that staff have adequate access to PPE, including gloves, goggles, and facemasks. Additionally, staff must be able to collect, label, and package the respiratory specimens, collect data on each person tested, including name, date of birth, locating information, temperature, and signs or symptoms of illness, and ensure proper packaging and transport of the specimens to a commercial or clinical laboratory that will be processing them. Unless testing is being coordinated by VDH for the purposes of public health surveillance or outbreak response, testing should be completed at a private/commercial laboratory. Once results are received from the laboratory, persons who test positive should be reported to the LHD, and response to individuals with positive diagnostic test results and their close contacts as well as identification of potential clusters discussed with LHD partners.

Resources

Center for Infectious Disease Research and Policy (CIDRAP). COVID-19: The CIDRAP Viewpoint May 20, 2020 Part 3: Smart Testing for COVID-19 Virus and Antibodies

www.cidrap.umn.edu/sites/default/files/public/downloads/cidrap-covid19-viewpoint-part3.pdf

CDC. Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)

www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

CDC. Childcare, Schools, and Youth Programs

www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

CDC. Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing

www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html

VDH. Factors to Consider When Offering Community-Based Laboratory Testing for COVID-19

www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_Factors-to-Consider-for-Community-Testing_052220_FINAL.pdf

Additional resources may be available from the Virginia Department of Education

www.doe.virginia.gov/