COVID-19 Interim Testing Recommendations for Colleges and Universities

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 institutions of higher education for SARS-CoV-2 testing
- Noted that institutions that opt to conduct widespread testing should refer to CDC's list of factors to consider

Revisions were made on June 4, 2020 to reflect the following:

- Updated VDH testing recommendations (table).
- Updated close contact definition for asymptomatic persons with COVID-19 (changed from 10 days before specimen collection date to 2 days before specimen collection date)

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:

	Private/Commercial Lab Testing	Public Health Lab Testing
High Priority	• 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)	• 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	• Persons with COVID-19 symptoms*
	• Persons without symptoms
	  o Close contacts of cases**
	  o Prioritized by clinicians based on their best clinical judgment (e.g. for medical procedures)
		• 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 a) 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 Colleges and Universities

VDH testing recommendations for colleges and universities include establishing a testing strategy that assures students and faculty have access to testing as needed. At a minimum, colleges and universities should have the ability to identify individuals reporting illness, ensure they have access to the medical care they need, and provide or identify access to testing for symptomatic students or faculty. Additionally, colleges and universities should have the ability to isolate cases and quarantine close contacts of cases. 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 individuals are identified, colleges and universities should ensure they are separated from others until test results are available or longer if the result is positive, and have a process in place to identify and quarantine their close contacts.

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

- Symptomatic people with suspected COVID-19, including healthcare workers at student health centers, students, and faculty/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, 2 days 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 college/university 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 in offering diagnostic testing on campuses is that the results of the tests are valid for the time of specimen collection only. A person can become infected after the test 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 campus community.

Some colleges and universities 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 campus.

At this time, VDH does not recommend campus-wide testing of students or faculty/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 this 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

If testing is conducted by the college or university, ensure that staff have been trained on specimen collection and appropriate personal protective equipment (PPE) use and 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. Considerations for Institutes of Higher Education
www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html

CDC. Interim Considerations for Institutions of Higher Education Administrators for SARS-CoV-2 Testing

www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/ihe-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:

- American College Health Association: www.acha.org/
- Virginia Association of College and University Medical Directors