

Case Investigation and Contact Tracing for K-12 Schools

Updated February 19, 2021

Summary of changes from the previous version (February 19, 2021)

- Updated “Additional Resources” to reflect that [VDH criteria for ending isolation and quarantine](#) now includes information on who does not need to quarantine.

Summary of changes from the previous version (October 23, 2020)

- Added information and link to VDH interim guidance for child care facility collaboration with local health departments
- Updated information on employees and shared VDH/DOLI reporting portal

Introduction

The Centers for Disease Control and Prevention (CDC) has developed [Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools](#). The guidance contains detailed recommendations for schools to be planning and preparing to meet case investigation and contact tracing needs, including coordinating with the health department, as part of the COVID-19 pandemic response. The Virginia Department of Health (VDH) encourages schools to adopt this CDC guidance and agrees with CDC’s description of how case investigation and contact tracing is coordinated between schools and health departments in Virginia.

This VDH document supplements the CDC guidance and provides Virginia-specific requirements and procedures. It outlines the legal authorities related to disease reporting, case investigation, and contact tracing, including mandates for the protection of confidentiality, discusses the VDH role and resources for case investigation and contact tracing, and outlines the information needed from schools for these activities. Schools and local health departments should work together to define any additional detailed procedures that need to be implemented locally.

This VDH guidance applies to public and private K-12 schools. Child care programs may consider following the CDC Interim Guidance for Case Investigation and Contact Tracing in K-12 schools and this supplemental VDH guidance for K-12 schools because the same principles are anticipated to also apply to children in child care programs, whether in a center, preschool, or family day home setting. Licensed facilities should also refer to any specific guidance from their licensing agency. VDH has also developed [Interim Guidance for Child Care Facility Collaboration with Local Health Departments](#). This guidance contains information regarding illness detection, isolation of those with symptoms, testing, contact tracing, and facility closure.

VDH has developed a [table](#) of roles and responsibilities of public health and K-12 schools that lists multiple tasks associated with the COVID-19 preparedness and response efforts, including contact tracing. VDH provides more information in the [infographic](#) “Contact Tracing for COVID-19 in K-12 Schools: How to Prepare and What to Expect.”

Legal Authority

Disease Reporting

Public health case investigations begin when VDH receives a report of illness from a physician, laboratory, or hospital. As per the *Code of Virginia*, all practicing physicians and laboratories ([§32.1-36](#)) and all directors of medical care facilities ([§32.1-37](#)) must report diseases required by the Board of Health, including COVID-19.

Section [§32.1-37](#) of the *Code of Virginia* also requires persons in charge of schools, camps, and any program licensed by the state, including child care programs, to immediately report an outbreak of a disease. Persons required to report outbreaks may also voluntarily report additional information, at the request of the Department of Health for surveillance or epidemiological studies. Additional details about the disease reporting process are provided in the Virginia [Regulations for Disease Reporting and Control](#).

As employers, schools also have a responsibility to report cases of COVID-19 among staff members under the Virginia Department of Labor and Industry (DOLI) Emergency Temporary Standard, Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19 ([16 VAC 25-220-40.B.8.d & e](#)). Employees include full-time and part-time faculty and staff, temporary employees, and employees in joint employment relationships. Any positive case must be [reported](#) to VDH and DOLI within 24 hours of its discovery and a cluster of three or more positive employees identified within a 14-day period must also be reported to VDH and DOLI within 24 hours of identification.

Case Investigation and Contact Tracing

VDH's authority to conduct surveillance and investigation, including contact tracing, is provided by [§32.1-39](#) of the *Code of Virginia*. This authority applies to cases and outbreaks of preventable diseases and extends to each local health department in Virginia.

Confidentiality

According to [§32.1-41](#) of the *Code of Virginia*, VDH is required to maintain the anonymity of any persons reported to have a reportable disease, including COVID-19. Only the State Health Commissioner is authorized to release identifying information about any individual and that can be done only if pertinent to an investigation, research, or study. Anyone to whom such information is released must, in turn, preserve the anonymity of the information.

School-based Testing

In some school health centers, school-based healthcare professionals (e.g., school nurses) may perform point-of-care (POC) COVID-19 antigen testing after receiving a Clinical Laboratory Improvement Amendments (CLIA) [certificate of waiver](#). If school-based testing is established, the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act [requires](#) that all COVID-19 diagnostic and screening test

results (positive and negative results) be reported to the health department within 24 hours of test completion.

VDH Leadership and Resources

VDH will lead case investigation and contact tracing activities in Virginia. This will maximize the consistency of approach, coordination of resources, and protection of confidentiality. Partnerships with individual communities and schools/child care programs are vital to the success of these activities. VDH has a long history of conducting case investigation and contact tracing as methods of communicable disease control, is authorized by [§32.1-39](#) of the *Code of Virginia* to conduct contact tracing, and has tools and information systems in place to ensure it is done consistently by each [health district](#) across the state. VDH has a large team of contact tracers, who are trained and positioned to conduct these activities with the goal of limiting the spread of the disease. VDH does not recommend that K-12 schools and child care programs procure or develop their own software or hire their own case investigators or contact tracers. The COVID-19 case investigation and contact tracing processes that will be led by VDH are explained on the [VDH Contact Tracing webpage](#).

Information Systems

VDH receives reports of COVID-19 through various means. Clinicians are encouraged to use the [VDH Online Confidential Morbidity Report Portal](#) to report suspected or confirmed cases as soon as they are identified. Some disease reports are sent to the local health department on paper forms. Most laboratories can submit electronic reports that are automatically loaded into a VDH information system, while other reports are received on paper and manually entered into the system. VDH has established the [COVID-19 Point -of- Care \(POC\) portal](#) that allows healthcare professionals to submit results of rapid COVID-19 tests. VDH and DOLI share an [online reporting portal](#) where reports of COVID-19 cases and clusters among employees are submitted in accordance with the DOLI emergency temporary standard for COVID-19. These are the primary information systems that VDH manages for case investigation and contact tracing:

- Virginia Electronic Disease Surveillance System (VEDSS) - VEDSS is the system VDH uses to report, track, and manage laboratory data and case investigations of reportable diseases in Virginia.
- Virginia Outbreak Surveillance System (VOSS) - VOSS is the surveillance system used to report, track, and manage outbreak investigations of reportable diseases or other health conditions in Virginia.
- Sara Alert - A tool used for public health monitoring and reporting of individuals exposed to or infected with COVID-19.

Access to VDH electronic data systems (VEDSS, VOSS, and Sara Alert) is limited to trained and approved VDH users. The partnership between VDH and schools does not extend to include access by school/child care representatives to these secure systems. VDH disease surveillance work is strictly governed by the

Code of Virginia and all systems follow HIPAA data security standards. The systems contain information beyond that which is needed by schools and child care programs, and VDH must protect the confidentiality of the records contained in them.

During the COVID-19 emergency, the State Health Commissioner has authorized the release of data on outbreaks of COVID-19 that are associated with K-12 schools. The new COVID-19 Outbreaks in Education Settings [dashboard](#) will share a line list of outbreaks and associated cases and deaths in K-12 schools. Only educational institutions with more than 30 students and staff will appear on the dashboard. Outbreak-associated case or death counts less than 5 will be marked as an * to protect confidentiality.

Information Needed from Schools

Schools play an important role in assisting public health officials in identifying teachers, staff, or students who have COVID-19 symptoms or who had recent close contact with someone with COVID-19. Schools must be prepared to provide the following information to the LHD:

- Schools should provide the LHD with contact information for the school's designated COVID-19 liaison and a backup for the health department to contact regarding case investigation and contact tracing.
- Schools must report outbreaks to the LHD as required by the *Code of Virginia and Regulations for Disease Reporting and Control*.
- Schools must report COVID-19 cases in staff to VDH and clusters of three or more cases among staff to both VDH and DOLI as required by the DOLI emergency standard for COVID-19.
- Schools that receive a CLIA waiver and conduct point-of-care testing for COVID-19 must report all test results to VDH in accordance with the requirements of the CARES Act funding and procedures established by VDH.
 - VDH has developed a [reporting portal for point-of-care \(POC\) COVID-19 test results](#). This portal will assist testing sites in meeting the [requirement of the CARES Act](#) to report every diagnostic and screening test performed to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 within 24 hours of completing the test. Sites conducting POC testing will need to first register to utilize the reporting portal. During this one-time registration, facilities will provide site information and select the types of testing equipment utilized.
 - Sites that have been reporting positive POC results through the [VDH Online Confidential Morbidity Report Portal](#) will not need to do so any longer once they begin reporting through the POC Reporting Portal. For other reports not involving POC testing, healthcare providers should continue to report patients with suspected or confirmed COVID-19 through the [VDH Online Confidential Morbidity Report Portal](#).

- Schools will be expected to assist health departments by providing information to identify close contacts of a student or staff member who is suspected or confirmed to have COVID-19. This could include class rosters, seating charts and other forms of information that would identify individuals who shared a space with someone with COVID-19 in classrooms, extracurricular activities, school-based events, bus transportation, and meals. Identifying and locating information (address, phone number, parent/guardian names) are needed to facilitate health department follow up of contacts. Schools should work with their LHD to identify what means of information sharing will be used. Information sharing will be conducted in accordance with VDH information security protocols, e.g., use of encryption if information is sent electronically.
 - VDH defines a close contact as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period or had direct exposure to respiratory secretions, starting from 2 days before illness onset (or, for asymptomatic patients, 2 days before test specimen collection) until they [meet the criteria to discontinue isolation](#).

Confidentiality Protection

VDH staff conducting case investigations and contact tracing understand and take seriously their legal requirement to preserve the confidentiality of the information collected during case investigations and contact tracing. They will follow strict procedures that allow for sharing the minimal amount of information that is deemed necessary to ensure protection of the health of others. VDH policy also ensures they will gain consent from a parent/guardian to interview and gather information from a child younger than 18 years old.

VDH staff will assess each situation in which a reported case of COVID-19 might pose a threat to the health of others. If information about an illness or exposure needs to be shared with others in order to implement disease control measures, VDH staff will adhere to the following successive steps to protect confidentiality:

- No disclosure of confidential information – this is preferred and can be accomplished whenever disease control measures can be instituted without any need to share any identifying information.
- Disclosure by affected person – the person infected or exposed (or parent/guardian) agrees to disclose their infection or exposure status to others who may need the information in order to take additional actions necessary to prevent or control the spread of disease
- Disclosure by health department authorized by affected person (or parent/guardian) – if the infected or exposed person (or parent/guardian) initially refuses to disclose his or her personal information, VDH staff provide additional explanation of the need for the information and receive permission from the affected person (or parent/guardian) for VDH to share the information with those who need it in order to take actions to prevent or control the spread of disease

- Disclosure by health department authorized by State Health Commissioner – if the affected person poses a risk to health and that person or his parent/guardian will not disclose the information or authorize VDH staff to disclose the information, then the State Health Commissioner will be petitioned to disclose the information in accordance with [§32.1-41](#) of the *Code of Virginia*.

In contact tracing, the named contacts will be told of their potential exposure to COVID-19, but the person to whom they were exposed will not be named unless there is documented evidence of approval by the parent/guardian in the case interview record.

Interviews involving teachers and staff should be accomplished without any risk to confidentiality. They will be asked to inform their school or child care contact (e.g., supervisor) of their need to remain at home to achieve [isolation and/or quarantine](#) for the period of time required by the health department. If they refuse to do so, VDH staff will follow the [Agency Confidentiality Policy](#) to determine next steps, as outlined above. Persons who are unwilling to disclose their own information when VDH believes the information is necessary for disease control will be asked to allow VDH to share the information with the facility.

When VDH staff determine that the disease control situation requires communication of confidential information and the person affected or his parent/guardian is not willing to share the information needed or to give VDH staff approval to share it, then the staff person will engage his or her supervisor and follow the steps through the chain of management to receive Commissioner approval to proceed with sharing the information.

Additional Resources

Testing is part of a comprehensive strategy to contain potential outbreaks and is a key component of contact tracing and case investigation. More information and guidance on school testing can be found on the [CDC Interim Guidance for Testing in K-12 Schools webpage](#).

To stay up-to-date with COVID-19 cases and outbreaks in different regions and schools/child care programs, information received is translated into data and displayed in several data dashboards including the [daily](#), [key measures](#), and [pandemic metrics](#).

VDH has a free COVID-19 exposure notification app called [COVIDWISE](#). This app is 100% voluntary. No GPS, location information, or personal identifiers will ever be collected or stored. VDH recommends schools and child care programs' employees, parents/guardians, and students (with parent/guardian permission) download COVIDWISE for their mobile devices to help protect the community while also protecting privacy.

VDH has a [booklet](#) describing when a child with COVID-19 symptoms or exposure should stay home from school and/or child care. More information on when to end isolation in non-healthcare settings, including information on who does not need to quarantine, can be found in this [infographic](#).