

Case Investigation and Contact Tracing for K-12 Schools

Updated August 19, 2021

Note: The revision history has been moved to the end of this document.

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Introduction

The Centers for Disease Control and Prevention (CDC) has developed and updated [Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education \(IHEs\)](#). 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 [Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education \(IHEs\)](#) and this supplemental VDH guidance for K-12 schools because most of the same principles are anticipated to apply to children in child care programs, whether in a center, preschool, or family day home setting. There is one [exception](#) to the close contact definition that applies only to K-12 schools and not to child care settings. Licensed facilities should also refer to any specific guidance from their licensing agency. VDH has 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 epidemiologic studies. Additional details about the disease reporting process are provided in the Virginia [Regulations for Disease Reporting and Control](#).

As employers, schools have a responsibility to report cases of COVID-19 among staff members under the Virginia Department of Labor and Industry (DOLI) [Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19](#) (16 VAC 25-220-40.B.7.d & e). Additionally, as employers, schools have a responsibility to report cases of COVID-19 among employees or children under “[12VAC5-90-90. Those required to report.](#)” Employees include full-time and part-time faculty and staff, temporary employees, and employees in joint employment relationships. Specific reporting requirements include:

- Any positive case must be [reported](#) to VDH and DOLI within 24 hours of its discovery
- A cluster of two or more positive employees identified within a 14-day period must be reported to VDH within 24 hours of identification
- A cluster of three or more positive employees identified within a 14-day period must also be reported to DOLI within 24 hours of identification.
- Any public or private school, as defined in [§35.1-1](#) of the Code of Virginia shall report immediately to the local health department the presence or suspected presence of an outbreak among staff or children. See reporting requirements [here](#) for additional information.

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

Testing is part of a comprehensive strategy to contain potential outbreaks and is a key component of contact tracing and case investigation. **CDC and VDH strongly recommend COVID-19 testing in schools and COVID-19 testing remains an important mitigation strategy, intended to be combined or layered with other prevention strategies such as [masking](#), [vaccination](#), and [physical distancing](#).** VDH and Virginia Department of Education (VDOE) are partnering to launch a new COVID-19 testing program. More information on this program can be found on the [VDH K-12 Testing webpage](#). Information and guidance on school testing can be found on the [CDC Operational Strategy for K-12 Schools through Phased Prevention webpage](#).

VDH recommends that K-12 schools establish [screening testing programs](#) in accordance with CDC recommendations outlined in the [Guidance for COVID-19 Prevention in K-12 Schools](#) together with public health partners. Screening testing can promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters. 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](#).

Collaboration between VDH and the K-12 school is critical to ensure effective contact tracing, including notifying close contacts of their potential exposure. Typically, VDH notifies [close contacts](#); in some cases, the K-12 school might notify close contacts if this has been agreed upon by the LHD.

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 also 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 final permanent 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 COVID-19 Outbreaks by Selected Exposure Settings [dashboard](#) provides a list of outbreaks and associated cases and deaths in K-12 schools. Only educational institutions with more than 30 students and staff appeared on the dashboard. Outbreak-associated case or death counts less than 5 are 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 should also familiarize themselves with appropriate VDH and VDOE guidance, such as the [Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools](#). However, 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*.
- As stated previously, schools must [report](#) clusters of two or more positive COVID-19 cases in staff to VDH and clusters of three or more positive COVID-19 cases among staff to DOLI as required by the DOLI final permanent 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.
- Schools should also consider the following actions:
 - Schools should consider developing risk communication plans in concert with and be prepared to work with local health departments on contact tracing.

- Ask parents or caregivers to monitor children’s health daily. Students and staff should stay home when sick and follow all recommendations from public health officials.
- Provide remote learning exceptions and teleworking options for students and staff with [certain medical conditions](#) who are more likely to develop severe COVID-19.
- In accordance with CDC recommendations, VDH recommends that [prevention strategies](#) be intensified if levels of community transmission and/or impact to school indicators worsen. Schools should assess the situations where close contact occurred and implement focused interventions to address possible contributors to the outbreak, such as [masking](#) and [physical distancing](#) as appropriate if not already implemented.

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 adult case-patient or parent/guardian of a minor 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

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 and DOE have developed [Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools](#) to reinforce the importance of in-person learning and support school divisions in making decisions on [masking](#) and other prevention measures, such as [physical distancing](#) and [testing](#) in accordance with CDC recommendations.

VDH has a [booklet](#) (also with [infographics only](#)) and [algorithm](#) 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](#).

Revision History

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

- Moved revision history to the end of document and added table of contents
- Added Code of Virginia reporting information

- Added CDC and VDH recommendations for COVID-19 testing and layered mitigation strategies.
- Added a link to the [VDH K-12 Testing webpage](#)
- Replaced link to archived webpage [Operational Strategy for K-12 Schools through Phased Prevention](#) with link to [Guidance for COVID-19 Prevention in K-12 Schools](#)
- Linked out appropriate CDC and VDH webpages for additional detail and information
- Added additional information and considerations from and link to the [Interim Guidance for COVID-19 Prevention in PreK-12 Schools](#)

Summary of changes from the previous version (May 27, 2021)

- Added information about collaboration between VDH and the K-12 school being critical to ensure effective contact tracing, including notifying close contacts of their potential exposure.
- Added information that the definition of close contact should not change, irrespective of physical distancing considerations used by K-12 schools.
Updated links to CDC's Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education (IHEs)

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