

## VDH Guidance for Public Health Prioritization of COVID-19 Point Prevalence Surveys

Updated August 18, 2020

### Background

Point-prevalence surveys (PPS) are used to identify the number of people with a disease or condition at a specific point in time. A PPS for COVID-19 entails testing individuals who have not tested positive in the past three months in a designated setting on one day, regardless of symptoms. The results indicate the number and percent positive for the virus that causes COVID-19 on that specific day. With current testing using PCR methodology, the PPS is used to determine current infections; it does not indicate [resolved past infections](#) or exposures and cannot be used to predict the likelihood of future infection. However, when used as part of a multipronged surveillance strategy, a PPS could lead to enhanced case detection in the tested population. A PPS may be considered early in an investigation if the congregate setting has the ability to isolate individuals who test positive for the disease.

### Additional Guidance Documents

The Virginia Department of Health (VDH) has published several guidance documents with testing recommendations, including PPS, for different settings. This guidance document is a supplement to the following:

#### Assisted Living Facilities

- *Testing Guidance Coming Soon*
- [DSS ALF Recommendations for Reopening](#)

#### Colleges and Universities

- [VDH Interim Testing Recommendations for Colleges and Universities](#)

#### Correctional Facilities

- [VDH Interim Guidance for Correctional Facilities](#)

#### Critical Infrastructure Workplaces

- [VDH Testing Strategies in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified](#)

#### K-12 Schools and Child Care Programs

- [VDH Interim Testing Recommendations for K-12 Schools and Child Care Programs](#)

#### Nursing Homes

- [VDH Nursing Home Guidance for Phased Reopening](#)
- [VDH Interim Point-of-Care Antigen Testing Recommendations](#)

### Collaboration

In light of limited staff to collect specimens for testing, Personal Protective Equipment, public health testing capacity and testing supplies, VDH is collaborating with different partners to successfully perform PPS in congregate settings. Please refer to Table 1 for a list of congregate settings prioritized for public health testing. If public health is supporting testing, the public health lab will use PCR testing.

### Prioritization

To meet the demand for high-risk settings while recognizing limitations in testing capacity, VDH is prioritizing PPS by setting as shown in Table 1. A baseline PPS refers to a PPS performed at a facility, regardless of whether sporadic COVID-19 infections have been previously identified. A PPS in response to an outbreak refers to a PPS performed after a facility has identified at least two individuals with confirmed COVID-19 at the facility. Public health testing can also be used to [confirm an outbreak](#) before performing a PPS. To confirm an outbreak, the congregate setting could work with the local health department to test 2-5 individuals with signs or symptoms of COVID-19. If an outbreak is confirmed but the congregate setting does not meet priority criteria for public health PPS, the facility could seek to perform a PPS using a private lab. As laboratory testing capacity and supplies to support testing increase across the Commonwealth, VDH will revise this guidance. Facilities may choose to coordinate with a private laboratory to conduct a PPS, if public health resources are not available to support testing. Private laboratory testing capacity continues to expand in Virginia. For a list of private labs, please visit [here](#).

**Table 1. Public Health Supported PPS Testing Prioritization**

Setting	PPS and Prioritization
Nursing Homes*	Initial baseline PPS
Assisted Living Facilities*	Initial baseline PPS
Correctional Facilities	PPS in response to an outbreak, when indicated based on VDH guidance
Other Congregate Settings (e.g., group home)	PPS in response to an outbreak, when indicated based on VDH guidance
<a href="#">Critical Infrastructure Workplaces</a>	PPS in response to an outbreak, when indicated based on VDH guidance
Institutions of Higher Learning (IHEs)**	PPS not recommended
K-12 Schools and Childcare Programs**	PPS not recommended

\*Nursing homes and assisted living facilities are receiving funding to support their response to COVID-19. Public health can also support testing to confirm an outbreak, and in exceptional circumstances, may also be able to perform additional testing if warranted.

\*\* Testing all students and staff in school settings, daycares and IHEs has not been systematically studied. Implementation of a universal approach to testing in schools may pose challenges, such as the lack of infrastructure to support routine testing and follow up in the school setting, unknown acceptability of this testing approach among students, parents, and staff, lack of dedicated resources, practical considerations related to testing minors and potential disruption in the educational environment. Implementation of other infection preventive measures (e.g., social distancing, cloth face covering, hand washing, enhanced cleaning and disinfecting) is recommended in these settings and it is not known if universal testing would be more beneficial than these measures. CDC and VDH do not recommend universal testing of all students and staff at this time.

**Congregate Setting Responsibilities**

Decisions to pursue a public health supported PPS should be made in consultation with the local health department (LHD). The following considerations should be implemented by the congregate setting:

- Identify staff who will collect, label, and package the specimens (nasopharyngeal swab).
- Supply the necessary personal protective equipment (PPE) for those who will collect specimens (gloves, goggles, facemask).
- Ensure specimens are collected on all residents and/or staff on the same day.
  - Ensure residents with access or functional needs also receive testing.
- Ensure specimens are appropriately packaged and transported to the laboratory.
- Obtain verbal consent for the testing.
- Collect data on each individual being tested, including name, date of birth, race/ethnicity, location within the congregate setting, temperature, signs or symptoms of illness, and other data elements identified in advance by the LHD.
- Complete testing requisition (digital or manual) form for each individual being tested properly in accordance with VDH and testing laboratory requirements.
- Create a clear and written plan for how to implement recommendations, including addressing potential workforce issues, following results of PPS.
- Provide routine follow-up on individuals as needed and requested by the LHD, including monitoring and reporting of those who are negative to determine if they develop symptoms to aid in identifying individuals who are pre-symptomatic, incubating disease and to assess prevention measures.

**The LHD will have varying capacity and ability to assist with the above mentioned responsibilities because of the extent of responding to a pandemic.** If the PPS is approved by VDH, facilities should plan on 72 hours or more from request to implementation because of the demand and logistics with positioning collection kits. If the congregate setting is unable to meet these considerations, please work with the LHD. The LHD will work with the VDH Community and Facility Testing Group to identify solutions and available resources.