

## VDH Guidance for Public Health Prioritization of COVID-19 Point Prevalence Surveys Updated June 1, 2021

### 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 and COVID-19 vaccination status. The results indicate the number and percent positive for the virus that causes COVID-19 on that specific day. Using PCR or antigen tests, 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) and the Centers for Disease Control and Prevention (CDC) have published several guidance documents with testing recommendations, including PPS, for different settings. This guidance document can serve as a supplement to the following:

#### Assisted Living Facilities

- [CDC Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)
- [CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)

#### Correctional Facilities

- [CDC Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities](#)
- [CDC Guidance on Management of COVID-19 in Correctional and Detention Facilities](#)

#### Critical Infrastructure Workplaces

- [VDH Testing Strategies in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified](#)
- [CDC Testing Strategy for Coronavirus \(COVID-19\) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case Is Identified](#)

#### Institutions of Higher Education

- [CDC Interim Guidance for SARS-CoV-2 Testing and Screening at Institutions of Higher Education](#)

#### K-12 Schools

- [VDH K-12 Schools Testing website](#)
- [CDC Operational Strategy for K-12 Schools through Phased Prevention](#)
- [CDC Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#)

#### Nursing Homes

- [VDH Interim Antigen Testing Recommendations](#)
- [CDC Testing Guidelines for Nursing Homes](#)
- [CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)

**Other Congregate Settings**

- [VDH Table of COVID-19 Prevention Recommendations for Non-Healthcare Congregate Settings](#)

**Collaboration**

COVID-19 testing capacity in Virginia has expanded substantially over the course of the pandemic. VDH and the Division of Consolidated Laboratory Services (DCLS) continue to offer testing supplies and resources, including specimen collection supplies, laboratory capacity, courier service, and resources for specimen collection. As of this writing, the Virginia National Guard (VANG) and turnkey laboratory vendors are providing further support for PPS in congregate settings. Turnkey vendors are likely to continue collaborating with VDH when VANG demobilizes. Please refer to [Table 1](#) for a list of congregate settings prioritized for public health testing.

**Prioritization**

Because individuals in certain settings are at higher risk for transmission of SARS-CoV-2 or severe COVID-19, 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 an outbreak. Typically, an outbreak is defined as two or more 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 (LHD) 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. Additionally, 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 is widely available in Virginia.

**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 Education (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.

\*\*VDH recommends IHEs follow CDC’s [Interim Guidance for SARS-CoV-2 Testing and Screening for Institutions of Higher Education \(IHEs\)](#) to develop testing plans that include diagnostic and screening testing. These plans should be informed by community-level data available on the VDH [website](#).

\*\*\*VDH recommends diagnostic and screening testing as additional layers of prevention in K-12 schools, where feasible. Testing is not required for schools to provide in-person instruction and should be offered on a voluntary basis. Testing does not replace other prevention measures; however, testing in combination with other prevention measures like physical distancing and wearing masks

can help protect students, teachers, and staff from COVID-19. Additional recommendations and resources are available at VDH's [K-12 Schools Testing website](#).

### **Congregate Setting Responsibilities**

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

- Identify staff who will collect, label, and package the specimens (e.g., nasopharyngeal swab).
- Supply the necessary personal protective equipment (PPE) for those who will collect specimens (gloves, gowns, 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 or written 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, COVID-19 vaccination status, and other data elements identified in advance by the LHD.
- Complete testing requisition (digital or manual) form for each individual being tested 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 the 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 Testing Group to identify solutions and available resources.

### **Revision History**

- June 1, 2021: Under Background, added that COVID-19 vaccination status should not be considered when determining who to test during a PPS; added antigen tests as a type of viral test used for a PPS. Under Additional Guidance Documents, updated documents under the Assisted Living Facilities, Correctional Facilities, K-12 Schools, and Nursing Homes sections; added a new section for Other Congregate Settings. Under Collaboration, updated to reflect expanded testing capacity and resources in Virginia, including collaboration with VANG and turnkey lab vendors. Under Prioritization, removed the list of private labs, which is no longer regularly updated; updated footnotes for IHEs and K-12 Schools to reflect current testing considerations in these settings. Under Congregate Setting Responsibilities, added COVID-19 vaccination status as a data element that should be collected during a PPS.
- August 18, 2020: Original version posted.