The Office of the Assistant Secretary for Health is hosting a series of meetings on COVID-19 testing to gather individual input from a wide range of stakeholders. The objective for this meeting was to continue to discuss testing strategies for K-12 schools.

Action Items

- The CDC is asked to consider reevaluating guidelines on the requirements for quarantining students and how to assess negative test results.
- Local officials are also interested in seeing data on whether hybrid instruction lowers disease transmission rates compared with fully in-person instruction.
- The Rockefeller Foundation invited participants to its Testing Solutions Group.
- Further comments or questions may be directed to ntif@hhs.gov.


The Assistant Secretary for Health said the number of cases of COVID-19 in the country has been increasing steadily for several weeks, but with a great deal of local variation. The federal government has sent 17.5 million new point-of-care Abbott BinaxNOW antigen tests to governors around the country, as well as millions of tests to places with acute need.

A presentation from the Centers for Disease Control and Prevention summarized data on the current operational status of schools. COVID-19 incidence has grown in children since June, with disease rates about twice as high in those aged 12-17 as those aged 5-11. Racial and ethnic disparities are becoming apparent. The CDC has released indicators to inform decisions on in-person learning. The main factors to consider are rates of community transmission, test positivity, and the ability of schools to implement mitigation strategies. Currently, more schools are offering hybrid instruction than fully in-person or fully virtual. Hybrid instruction typically focuses on social distancing by having fewer students on campus at any given time.

There is a great deal of local variation. Almost all states are allowing districts to make local decisions, although most states do specify some thresholds for opening and closing schools. It has been difficult to capture complete data on how schools are operating in the pandemic.

STATE EXPERIENCES IN SCHOOL OPENING

Representatives from the Idaho, Connecticut, and Mississippi Departments of Health provided updates on the status of schools in their states.

In Idaho, most schools are fully open. The state’s department of health is using funding from the CARES Act to offer PCR tests to un- and underinsured teachers and staff. The first shipments of BinaxNOW tests from the federal government were directed to schools. The state is also shipping masks to all schools, along with guidance on community transmission. In Idaho, local school boards often act independently, don’t mandate mask use, and face pressure to stay open, particularly for sports. Quarantines are typically limited to 5-7 days, with reentry allowed after a negative test result. There is pressure from parents and coaches to refuse testing to avoid shutdowns and
quarantines. The health administrator from Idaho said it would be helpful to have more flexible
guidance from the CDC on required lengths for quarantine, especially when students are masked.

In the northeast, there has been a sharp increase in COVID-19 case counts in the last four weeks. Local public health officials would be interested to know whether this is linked to a return to schools. In Connecticut, each school was required to submit a plan for mitigation. There has been good compliance with mandatory masking requirements in Connecticut. Currently 45% of districts have in-person instruction and 49% offer hybrid instruction, with only 5% of schools fully remote. An open question is whether the hybrid model offers a safety benefit over in-person schooling. Viral transmission rates appear to be low in structured environments with consistent mask wearing. There appear to have been close to zero cases of transmission within schools. Local officials would appreciate more guidance on testing: Who should be tested, and how often? In Connecticut schools, testing has not generally been used for asymptomatic surveillance.

In Mississippi, schools reopened in the second week of August, near the peak of local transmission rates, and school districts have had a great deal of autonomy. But there is a mask mandate for those aged 6 and older, and clear guidance on isolation and quarantining. Some families have pushed back against quarantine requirements. There have been outbreaks, but very little, if any, transmission appears to be happening in structured classroom settings. Transmission appears to be happening during sports, on buses, and during socializing, when masks are not worn. But there has been great resistance to closing unstructured activities. Private schools are refusing to cooperate with public health oversight. Mississippi has offered free asymptomatic testing, but there has been little demand for it. Testing is generally done when there are symptoms or concerns about exposure. People ask often about testing to get out of quarantine.

DISCUSSION

- The CDC is gathering data on the predictive value of negative tests at different time points.
- Schools would appreciate guidance on the advisability of routine surveillance testing.
- Consider imposing additional testing requirements on sports and activities.
- Whether to conduct widespread antigen tests depends on local prevalence of disease; otherwise false positives will be the large majority of positives. But retesting can help. For contact tracing, testing 5 days after exposure may be most reliable.

ROCKEFELLER K-12 REOPENING PILOTS

The Rockefeller Foundation is supporting more widespread testing. Better evidence is needed to guide effective and feasible testing protocols. Several inexpensive and rapid antigen tests are becoming available and will increase testing capacity into the first half of next year.

Screening tests are one part of a mitigation strategy and don’t relieve the need to socially distance, wear masks, and wash hands. A Rockefeller-funded report released this week recommends assessing risk in one’s testing context, considering the tradeoffs of different types of tests, and thinking about how results will be used. Widespread testing is not necessarily helpful in low-risk settings and is not sufficient on its own in high-risk settings. Routine screening testing is most helpful in moderate risk settings, but evidence will increase as test availability does. The Rockefeller Foundation is instituting pilot testing in schools.
DISCUSSION

- To institute more widespread testing in schools, data are needed, such as from pilot testing. There are regulatory issues to address as well.
- Is additional testing technology needed to support school reopening?
  - Rapid portable PCR tests are becoming available, which can give results in 20 minutes and could deal with the problem of false positives from antigen testing.