

APH Recommendations for COVID-19 Screening Testing in Pre-K – 12 Schools

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APH strongly recommends that Pre-K through 12th grade schools implement screening testing of non-overlapping samples of at least 25% of not fully vaccinated students and staff weekly in such a way that **100% of not fully vaccinated students and staff are tested at least monthly**. Schools with the capacity and resources to do so are encouraged to test a higher percentage of the campus population each week, so that all individuals who are not fully vaccinated can be tested more often over the course of a shorter time period.

The CDC highlights [screening testing](#) as a key prevention strategy for schools to consider. As the CDC explains, “Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and [isolate](#) cases, [quarantine](#) those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education.”

[Modeling from the UT COVID-19 Consortium](#) demonstrates that **proactive COVID-19 testing (i.e. screening testing), when combined with quarantine of exposed close contacts following the detection of cases, can significantly reduce infections in schools**. The modeling also projects that **the higher the proportion of students wearing masks, the lower the percentage of students projected to be infected**. Compared to a school with no masking or proactive testing, in a high transmission scenario, a school with 100% of students wearing masks is projected to have 60% fewer infections and a school with 50% of students masking and proactive weekly testing is projected to have 84% fewer infections. The modeling showed that universal masking with proactive weekly testing would further reduce the risk of infection.

In alignment with the CDC, the screening testing recommendations in this document refer [to screening testing of individuals who are not fully vaccinated](#). Schools that do not know the vaccination status of students and/or staff should provide everyone with information about the testing program and encourage all those not fully vaccinated to participate. If a school chooses to do so and resources allow, schools could invite these individuals to participate as well. However, CDC guidance provides that [people who are fully vaccinated do not need to participate in screening testing](#).

Note, while the focus of this document is screening testing, schools can also use tests for diagnostic purposes. Diagnostic testing is used in situations in which a teacher or student has developed COVID-19 symptoms or when there is a cluster of cases in a classroom and the school wants to determine if there are any other positive cases in the class. When testing a symptomatic individual, APH recommends schools use a rapid antigen test.



This document seeks to provide guidance to schools on carrying out a screening testing program. The document is organized as follows:

- I. Key Recommendations
- II. Selecting a Sample to Test and Deciding on Testing Frequency
- III. Types of Tests
- IV. Pooled Testing
- V. Who to Test and How Often Based on Risk Stage
- VI. School Testing Plan Elements
- VII. Positive Results among Participants
- VIII. Reporting Test Results

I. Key Recommendations

1. Request testing resources: Schools are encouraged to participate in the [Texas Education Agency \(TEA\) and the Texas Department of State Health Services \(DSHS\) K-12 COVID-19 Testing Project](#) which provides funding and support for public and private schools to administer rapid antigen and/or PCR COVID-19 tests.

2. Obtain consent: School systems must receive parental consent for students under 18 to participate in a screening testing program. While schools may not know the vaccination status of students and staff, schools are urged to strongly encourage everyone who is not fully vaccinated to take advantage of the free periodic testing in order to help:

- They find out earlier if they are infected or have been exposed to someone who has COVID-19
- Prevent the spread of COVID-19 infection and illness in the school

Informed consent requires disclosure, understanding, and free choice, and is necessary for teachers, staff (who are employees of a school) and students' families, to act independently and make choices according to their values, goals, and preferences.

3. Routinely test a sample of students and staff: Most schools do not have the resources or capacity to test all unvaccinated students and staff weekly. Therefore, APH recommends schools test a non-random sample of at least 25% of not fully vaccinated students and staff weekly during Stages 2, 3, 4, and 5 of the [COVID-19 Risk-Based Guidelines](#), and continue testing non-overlapping samples of the school population weekly, in such a way that all participating students and staff are tested over the course of a testing cycle that is a maximum of 4 weeks long. See section II for more considerations about selecting a sample and testing frequency.

4. Routinely test those involved in sports: APH recommends conducting routine screening testing of all not fully vaccinated students and adults involved in sports. See section IV for recommendations about who to test and how often based on the level of COVID risk by sport and by Stage of Risk. Additionally, APH recommends and the [CDC advises](#) that schools consider testing participants who are not fully vaccinated up to 24 hours before competition. Finally, high schools may want to consider implementing a ["Test to](#)

[Play” strategy](#) to encourage vaccination and/or testing among student athletes and those participating in other extra-curricular activities.

- 5. Routinely test those involved in high-risk extracurricular activities:** Consider conducting screening tests for not fully vaccinated students and adults involved in extracurricular activities with an elevated risk of spreading COVID-19, such as band and choir.

Note, it is not recommended to retest individuals who have tested positive for COVID-19 in the last three months, have recovered, and continue to have no symptoms of COVID-19.

II. Selecting a Sample to Test & Deciding on Testing Frequency

APH recommends that schools test a sample of people from each classroom or cohort each week, rather than a strategy of testing one class per grade per week. This strategy for selecting a sample to test will be more effective at detecting outbreaks early and preventing further infections. Said another way, testing one class per grade per week would increase the likelihood of an outbreak going undetected and spreading further. For instance, in an elementary school with 4 classes in each grade, it is better to test a sample of students from each class each week rather than testing all individuals in one class per grade per week.

APH further recommends that schools test the largest sample size each week over the course of the shortest testing cycle time period feasible. The larger the sample being tested, the more likely it is that asymptomatic and presymptomatic cases of COVID-19 will be discovered. Likewise, the shorter the testing cycle, the more successful the school is likely to be at discovering cases and reducing the risk of spread. Indeed, [the UT Austin COVID-19 Modeling Consortium](#) found that **the more frequently a school conducts screening testing of students, the lower the percentage of students projected to be infected.**

Examples:

- **Good:** 4-week cycle in which schools test 25% of the school population that is not fully vaccinated in week 1, a different 25% in week 2, etc.
- **Better:** 3-week cycle in which schools test 33% of the school population that is not fully vaccinated in week 1, a different 33% of the school population weekly, etc.
- **Even Better:** 2-week cycle in which the school tests 50% of the school population that is not fully vaccinated in week 1 and the other 50% in week 2.
- **Best:** The school tests 100% of the school population that is not fully vaccinated every week.

III. Types of Tests

There are two main types of diagnostic tests for COVID-19, antigen and molecular/PCR. The state’s K-12 COVID-19 Testing Program will make both rapid antigen and PCR tests available to schools to be used.

- **Antigen tests-** generally less expensive depending on the vendor; results available within 15-30 minutes; not as accurate as PCR tests
- **Molecular/PCR tests-** considered the gold standard for accuracy; results are typically available within 24-48 hours; generally more expensive than antigen tests depending on the vendor

IV. Pooled Testing

Pooled testing is a testing analysis strategy that mixes several samples from different individuals together in a pooled sample, known as a “batch.” The batch is then tested using a diagnostic test. When there is a positive test result in a batch, the [specimens in the batch will need to be retested individually to determine which individual\(s\) are positive](#).

Currently, pooled testing is done using PCR tests only. Pooled testing is a good option to consider as it is typically a less expensive way to do screening testing with PCR tests. APH learned that one of the state’s K-12 testing project [vendors](#) is offering PCR tests to schools for free for use in pooled testing. The procedure this vendor plans to use is as follows: Two test swabs will be collected from every individual tested. All swabs will be run through pooled testing first. If pooled testing returns a positive, then the second swab will be run to identify the positive individual(s).

APH recommendations and key considerations regarding pooled testing:

- 1. Use pooled testing at all stages of the [risk-based guidelines](#) if:**
 - PCR tests are available for free or at a reasonable cost;
 - Results can be received within 24 hours; and
 - A school has no reason to suspect that many students are infected.
- 2. If results cannot be received within 24 hours, then APH does not recommend pooled testing.** The CDC advises that when considering which tests to use for screening testing, schools or their testing partners should [choose tests that can be reliably supplied and provide results within 24 hours](#).
- 3. [Pooled testing works best](#) when the number of positives is expected to be very low.**
- 4. Keep batch sizes small and group students who are in the same class and sit close together into the same pooled testing batch.** In this way, if the batch tests positive, the students in the batch can be excluded from school while it is determined who in the batch is positive for COVID-19. Once that is determined, the case can be told to isolate, and close contacts of that person identified and advised to quarantine (including, most likely, the others in that batch who sit near that person). Smaller batch sizes will reduce the number of students that will need to be excluded from school if a batch tests positive.
- 5. Be aware that not all of the vendors in the state testing program offer a pooled testing option, and those that do, offer testing on varying batch sizes.**

V. Who to Test and How Often Based on Risk Stage

APH recommends basing decisions about who to test and how often on the [Stage of Risk](#) as follows:

Risk Stage 1

- **High-risk sports and extracurricular activities:** Once weekly screening testing for all student and adult participants who are not fully vaccinated

Risk Stage 2

- **General school population:** Screening testing for a sample of not fully vaccinated staff and students once per week
- **All sports and high-risk extracurricular activities:** Once weekly screening testing for all student and adult participants who are not fully vaccinated

Risk Stages 3 and 4

- **General school population:** Screening testing for a sample of not fully vaccinated staff and students once per week
- **Low- and intermediate-risk sports:** Once weekly screening testing for all student and adult participants who are not fully vaccinated
- **High-risk sports and extracurricular activities:** Twice weekly screening testing for all student and adult participants who are not fully vaccinated

Risk Stage 5

- **General school population:** Screening testing for a sample of not fully vaccinated staff and students once per week
- **Low- and intermediate-risk sports:** Once weekly screening testing for all student and adult participants who are not fully vaccinated
- **High-risk sports and extracurricular activities:** [The CDC recommends](#) that high-risk sports and extracurricular activities be cancelled or held virtually during Stage 5 unless all participants are fully vaccinated. (If a school chooses to allow high-risk activities to proceed during Stage 5, APH recommends the school conduct twice weekly screening testing of students and adults involved in the activity who are not fully vaccinated.)

Additional considerations:

- For participants in sports or other extracurricular activities, it is recommended that schools test all those who are not fully vaccinated up to 24 hours before a game, performance, or trip, in addition to the routine screening testing of participants described above. Note, testing too early (more than 3 days before the event) is less beneficial than testing the day before or the day of the event.

Definitions:

High-risk sports: Sports that cannot be played outdoors or with masks, or in which participants cannot maintain physical distancing and close contact is frequent and/or prolonged

Low- and intermediate-risk sports: Sports that can be played either outdoors, or indoor with masks, or in which participants can more easily maintain physical distancing and close contact is limited and brief

Refer to [Austin Public Health Recommendations for the 2021–22 School Year on COVID-19 Operations for Pre-K to 12th Grade Schools](#) for examples of low-, intermediate-, and high-risk sports.

High-risk extracurricular activities: Activities in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors

VI. School Testing Plan Elements

A school's testing plan should have the following key elements in place:

1. Protocols for screening testing frequency based on community transmission rates, vaccination levels, and prevention strategies implemented at the school.
2. Protocols for providing or referring to diagnostic testing for students, teachers, and staff who come to school with symptoms and for students, teachers, and staff following exposure to someone with COVID-19.
3. Ways to obtain parental consent for minor students and assent/consent for students themselves. The CDC offers [customizable sample letters and FAQs on testing for parents and staff](#). TEA also provides a [sample permission slip](#) for testing.
4. Physical space to conduct testing safely and privately and a physical space to isolate positive cases quickly.
5. Ability to maintain confidentiality of results and protect student, teacher, and staff privacy.
6. A method to notify confirmed COVID-19 positive individuals to isolate.
7. A method to identify close contacts of confirmed COVID-19 positive individuals and notify them to quarantine.
8. A mechanism to report positive test results to APH and DSHS.
9. Adequate staffing to administer the testing plan.

VII. Positive Results among Participants

If through routine screening testing, a positive case is found:

- The COVID-19 positive individual identified should immediately isolate for 10 days from the date of the test
- Close contacts who are not fully vaccinated should quarantine.

Per CDC guidance, those who are [not fully vaccinated close contacts](#) should:

1. Get tested immediately and quarantine (stay at home and away from other people) immediately for a period of 14 days* from the date of their last exposure.
2. If they initially test negative, test again 5-7 days after the date of their last known exposure to determine if they have developed COVID-19 as early as possible and continue to quarantine for the full 14 days.* If

the second test is negative, continue to quarantine for the remainder of the 14-day* quarantine period. Isolate immediately if they develop symptoms of COVID-19 or test positive and notify the school so that the school can conduct any necessary contact tracing.

3. If the person who is quarantining does not develop symptoms of COVID-19 and does not test positive or is not tested, that person can go back into public spaces, including school, on day 15.*

** For APH guidance on length of quarantine, including scenarios in which someone could consider a quarantine period of less than 14 days, refer to the “How Long to Quarantine – Information for Child Care and Pre-K through 12th Grade Schools” flowchart link on this webpage – <https://www.austintexas.gov/schools>.*

Per CDC guidance, those who are [fully vaccinated close contacts](#) should:

1. Get tested 3-5 days after their last known exposure—even if they don’t have symptoms.
2. Wear a mask indoors in public for 14 days following their last exposure or until their test result is negative. (Note: Everyone, regardless of vaccination status, should wear a mask indoors in public in communities with substantial to high transmission, whether or not they have been exposed. Everyone should also wear a mask in K-12 schools at all times, regardless of vaccination status or the level of community transmission.)
3. Monitor for symptoms of COVID-19 for 14 days and get tested and isolate immediately if they develop symptoms of COVID-19.

VIII. Reporting Test Results

1. **Austin Public Health (APH)**- Positive results from tests conducted by schools should be included in the online reporting form used to report cases to Austin Public Health (APH). If your school/school system is not yet connected to the APH online reporting form, please email APHSchoolInfo@austintexas.gov to get connected.
2. **Texas Department of State Health Services (DSHS)**- Public school systems must report positive cases via the [DSHS COVID-19 Case Reporting Form](#) each Monday for the previous seven days.
3. **For schools participating in the [School Year 2021-2022 K-12 COVID-19 Testing Project](#)** through TEA and DSHS, all tests results – negative, positive, or inconclusive – must be reported in adherence with the vendor-specific reporting requirements.