COVID-19 (/coronavirus/2019-nCoV/index.html)

Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education (IHEs)

Updated Jan. 28, 2022

CDC has updated isolation and quarantine (/coronavirus/2019-ncov/your-health/quarantine-isolation.html) recommendations for the public, and is revising the CDC website to reflect these changes. These recommendations do not apply to healthcare personnel (/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) and do not supersede state, local, tribal, or territorial laws, rules, and regulations.

Summary of Recent Changes

Updates as of January 26, 2022 ⌃

- Updated to align with updated recommendations (https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html) for isolation of people with COVID-19 and quarantine, testing and masking for people who came into close contact (https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) with a person with suspected or confirmed COVID-19.

Previous Updates

Key Points

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely continue in-person learning as well as extracurricular activities and sports.
- As schools and institutions of higher education (IHEs) continue in-person learning, case investigation 🗎 (https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf) and contact tracing 🗎 (https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf), in combination with testing (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html), wearing a well-fitting mask (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/masks.html), and quarantine and isolation (https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html) are effective strategies to identify people with COVID-19 (cases) and to reduce transmission.
- K–12 schools and IHEs should collaborate (https://www.cdc.gov/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html) with state, tribal, local, and territorial (STLT) health departments when investigating positive COVID-19 cases and those who have been exposed (close contacts) to SARS-CoV-2.
- Students, staff, and educators with confirmed or suspected COVID-19 should isolate (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html) and stay away from the school/IHE premises until requirements for the end of isolation are met. (https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html)
- K–12 school and IHE officials should ensure timely reporting of COVID-19 cases to the health department, consistent with applicable federal, state, and local privacy and other laws, regulations, and policies. To aid in case investigation, K–12 school and IHE officials can establish mechanisms, in advance, to quickly assemble information and records to aid in the identification of people who have potentially been exposed and close contacts (https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) of people with COVID-19 at K–12 school or IHE facilities or events.

- As soon as possible after they are notified that someone in the K–12 school or IHE has tested positive for or been diagnosed with COVID-19, K–12 school and IHE officials should notify close contacts (https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) (and families of close contacts in the K–12 school setting) of exposure, in accordance with applicable privacy and other laws, regulations, and policies.

- Students, staff, and educators who have been in close contact (https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) with someone who has COVID-19 should follow recommendations (https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html) for quarantine (https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html), testing (https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html), and correctly and consistently wearing a well-fitting mask (https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html). Recommendations for quarantine vary based on whether a person is (1) up to date (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html) with recommended vaccines primary series vaccination and booster (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html) vaccination status, or (2) has a history (https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html) of prior COVID-19 infection in the past 90 days.

- Any close contacts who test positive for COVID-19 or who have symptoms (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) should begin isolation (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html) regardless of vaccination status or prior infection.

- Diagnostic testing (https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html) of close contacts is a useful strategy to detect new cases, prevent outbreaks, and interrupt the spread of COVID-19.

- All case investigation and contact tracing (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html) activities conducted should be consistent with STLT public health policies and applicable federal and STLT workplace, healthcare/medical, privacy, informed consent, data security, and confidentiality laws, regulations, policies, and requirements.

This guidance is for administrators and other staff of public and private K-12 schools and IHEs who are developing policies and coordinating case investigation and contact tracing. IHEs are composed of a diverse set of colleges, universities, and technical schools, including 2- or 4-year, public, private non-profit, private for-profit, comprehensive, research-focused, or special-mission institutions. This guidance can inform public health professionals when conducting case investigations and contact tracing in K-12 school and IHE settings.

This guidance is meant to supplement—not replace—any federal, state, tribal, local, or territorial privacy or public health and safety laws, rules, regulations, and policies with which K-12 schools and IHEs must comply.

Introduction

K–12 schools (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html) and IHEs (https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html) should be prepared for the identification of COVID-19 cases among students, staff, and educators; potential exposures to SARS-CoV-2; and outbreaks that might occur at school facilities or events. Case investigation and contact tracing (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html) are part of a comprehensive strategy to prevent transmission of SARS-CoV-2 in schools, which also includes the following components:

- Identifying potential hazards ↗ (https://www.osha.gov/coronavirus/safework) related to COVID-19 in the workplace and school/IHE environment.
- Promoting **vaccination of eligible students, staff, and educators.**
- **Promoting behaviors that reduce spread** of COVID-19 (e.g., universal and correct use of masks (/coronavirus/2019-ncov/prevent-getting-sick/masks.html), physical distancing (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html), handwashing (https://www.cdc.gov/handwashing/when-how-handwashing.html), and respiratory etiquette (https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html)).
- **Maintaining healthy environments** (e.g., ventilation (https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html), cleaning and disinfection (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)).
- **Maintaining healthy operations** (e.g., flexible employee leave ↗ (https://www.osha.gov/coronavirus/safework#role-employers-workers)and student attendance).
- **Assessing risk** through diagnostic (https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html)and expanded screening testing (https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html) in K–12 schools (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#screening-testing) and IHEs (/coronavirus/2019-ncov/community/colleges-universities/considerations.html).
- **Preparing for and responding to COVID-19 cases and exposures** (e.g., case investigation and contact tracing (https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html) and prevention measures) in school (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html) and IHE (https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html) settings.

For the purposes of this guidance, people are considered fully vaccinated against COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html) 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine. Booster shots are not a determining factor in defining who is fully vaccinated.

CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status.

Recommendations for people who have come into close contact (https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) with someone with COVID-19 vary based on vaccination status (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html), or a history of prior COVID-19 infection in the past 90 days. For detailed recommendations for quarantine, correctly and consistently wearing a well-fitting mask (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html), and getting tested (https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html) after close contact go to COVID-19 Quarantine and Isolation | CDC (https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html).

Please see the following websites for additional information:

- Guidance for Institutions of Higher Education (IHEs) | CDC (https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html)
- Guidance for COVID-19 Prevention in K-12 Schools | CDC (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html)
- Vaccines for COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html)
- COVID-19 Vaccine Recommendations for Teachers and School Staff (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups/teachers-childcare.html)
- Stay Up to Date with Your Vaccines | CDC (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html)

When Someone is Diagnosed with or Exposed to COVID–19

K–12 schools and IHEs should take action when a student, staff, educator, contractor, or volunteer is diagnosed with confirmed or probable (https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2020-08-05/) COVID-19. Jurisdictional case reporting criteria generally call for immediate notification of public health officials and CDC guidance encourages swift activation of case management, contact tracing, and local prevention protocols. Because of the virus's potential to spread to large numbers of people, open and timely communication are key to intervening immediately and preventing further transmission. Having a partnership with the health department is essential for schools and IHEs because it allows them to

- Coordinate communication with the person diagnosed with COVID-19;
- Determine next steps in the K–12 school (/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html) or IHE for contact tracing and expanded viral screening; and
- Decide whether the cancellation of classes or closure of buildings and facilities is necessary.

All activities and information collected by K–12 schools and IHEs should be consistent with applicable federal, state, tribal, local, and territorial privacy, public health, health/medical, and workplace laws and regulations. This is critical for maintaining trust with students, staff, educators, and the K–12 school/IHE community, and it is essential for legal compliance.

✓ *Facilitate isolation of students, staff, educators, contractors, or volunteers with suspected or confirmed COVID-19 and prompt reporting to the health department.*
K–12 schools and IHEs should ensure timely reporting of probable and confirmed cases to the relevant health department, in accordance with applicable privacy and other laws. While administrators are advised to defer to healthcare providers and health departments for the medical management of symptomatic students, staff, and educators and advice on their ability to safely return to class or work, administrators can be proactive.

- If a student, staff, educator, contractor, or volunteer is identified on campus or in a daily symptom screening check with COVID-like symptoms, administrators should take the following steps:
    - Regardless of the person's vaccination status, take immediate action when someone with COVID-like symptoms is identified on campus.

- Separate the symptomatic person from other students/staff and ensure the symptomatic person and anyone they have contact with wears a mask, until transportation home or to a healthcare provider can be arranged. This will require a dedicated area in the facility and disinfection afterward. See guidance on what to do if you are sick (/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html) for details on how to effectively separate someone with COVID-like symptoms. Consider ways to maintain privacy as may be required.
- Quickly refer the person with COVID-like symptoms to a healthcare provider to receive clinical evaluation and diagnostic testing (/coronavirus/2019-ncov/testing/diagnostic-testing.html) for SARS-CoV-2. People being evaluated for COVID-19 should inform their healthcare provider of their vaccination status at the time they arrive for care.

Although the risk that fully vaccinated (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html) people could become infected with the virus that causes COVID-19 is low, any fully vaccinated person who experiences symptoms consistent with COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html), should isolate themselves from others, (/coronavirus/2019-ncov/your-health/quarantine-isolation.html#isolation) be clinically evaluated for COVID-19, and be tested for SARS-CoV-2 if indicated.

- Consider taking the following steps if any student, staff, educator, contractor, or volunteer has a probable or confirmed diagnosis of COVID-19:
  - Refer people diagnosed with COVID-19 for isolation (/coronavirus/2019-ncov/your-health/quarantine-isolation.html) per CDC guidance and STLT health department protocols, and, consistent with the guidance and relevant protocols, do not allow them to return to the K–12 school/IHE premises until requirements to discontinue isolation are met (/coronavirus/2019-ncov/hcp/duration-isolation.html).
  - Encourage people diagnosed with COVID-19 to contact their healthcare provider for clinical management as necessary and advise them when to seek emergency medical attention (/coronavirus/2019-ncov/symptoms-testing/symptoms.html).
  - Encourage people diagnosed with COVID-19 or their parents/caregivers to answer the call (https://www.youtube.com/watch?v=u3dLoBj3YLo) from the health department or the K–12 school/IHE staff who will be following up with them (e.g., to discuss their diagnosis, assess needed isolation support, and get information about close contacts (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) who might have been exposed) to prevent further spread of the virus.
  - Encourage people diagnosed with COVID-19 or their parents/caregivers to talk to their close contacts (/coronavirus/2019-ncov/daily-life-coping/tell-your-contacts.html) while they are waiting to hear from the health department or school officials so that those close contacts can quickly begin quarantining and get tested.
  - Immediately report the case of COVID-19 to the health department, per STLT reporting protocols.
- If a student is diagnosed with probable or confirmed COVID-19 through the K–12 school/IHE clinic or health center, take steps to ensure reporting and documentation, consistent with Family Educational Rights and Privacy Act (FERPA) ⬈ (https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html), and to the extent applicable, HIPAA (HHS Office for Civil Rights (OCR) HIPAA ⬈ (https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html)) and other applicable state or local privacy laws.
- If a school staff member is diagnosed with probable or laboratory-confirmed COVID-19 through the K–12 school/IHE occupational health services program, take steps to ensure compliance with federal, STLT, Occupational Safety and Health Administration (OSHA ⬈ (https://www.osha.gov/coronavirus/standards#enforcement-other-standards)), and privacy laws in conducting case reporting and determining the next steps with case investigation and contact tracing for employees.
- If a case of COVID-19 or exposure is identified among students who live in on-campus housing, work with public health officials to take additional precautions (/coronavirus/2019-ncov/community/colleges-universities/considerations.html#section3).
  - Students diagnosed with COVID-19 (cases) or exposed to COVID-19 (contacts) might need to be moved to temporary housing locations. Students diagnosed with COVID-19 (cases) or exposed to COVID-19 (contacts) should not necessarily be sent to their permanent homes off-campus. Sending sick or potentially infectious students to their permanent homes could pose logistical challenges or risk of transmission to others either on the way to the home or once there.
  - Consult with public health officials to determine when, how, and where to move students diagnosed with COVID-19. Efforts should be made to determine appropriate housing and provide referrals for supportive services for the period in which the student may need to be isolated or quarantined (/coronavirus/2019-ncov/your-health/quarantine-isolation.html), and

    monitor for symptoms or worsening symptoms (/coronavirus/2019-ncov/symptoms-testing/symptoms.html). Resources include information on providing home care (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html) and a checklist for other supportive services 📄 [291KB, 2 pages] (/coronavirus/2019-ncov/downloads/php/self-quarantine_form.pdf) for people diagnosed with COVID-19 who do not require hospitalization.

✔ *Assess people's risk of exposure to COVID-19 and conduct contact tracing in combination with wearing a well-fitting mask, testing, quarantine, and isolation.*

K–12 school and IHE administrators should collaborate with their relevant health department to assess the risk of exposure to COVID-19 when someone in the school/IHE setting is identified with a confirmed or suspected diagnosis of COVID-19.

- A number of factors (https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html) can influence risk of SARS-CoV-2 infection including type, proximity, and duration of exposure; environmental factors (e.g., ventilation (https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html)); vaccination status; (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html) prior COVID-19 infection (https://www.cdc.gov/coronavirus/2019-ncov/your-health/reinfection.html); and mask use (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html).

- An infected person can spread COVID-19 starting as early as 2 days before they have any symptoms (or for people with no COVID-like symptoms, 2 days before their positive specimen was collected). The majority of transmission occurs during the early period of infection.

- It is important to identify people who may have been exposed during the infectious period (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation-background.html) as well as the potential source of infection (https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/source-investigtion.html). Identification of close contacts (https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) should include all people in the K–12 school/IHE setting with consideration for the exception (https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) to the close contact definition for student-to-student transmission in the K–12 indoor classroom setting. Vaccination status is not considered in determining close contact, however public health recommendations for wearing a well-fitting mask (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/masks.html), testing (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html), and quarantine (https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html) may differ depending on a person's vaccination status or prior infection.

- Students, staff, educators, contractors, and volunteers who have had close contact (https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) with a person with COVID-19 should follow recommendations (https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html) for quarantine, testing, and correctly and consistently wearing a well-fitting mask. Recommendations vary based on primary series vaccination and booster (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html) vaccination status or history of prior infection in the past 90 days. The K–12 school and IHE environments may also include settings and events that have potential for extensive transmission of the virus (such as sporting events, student gatherings, lunchrooms, buses and other school/IHE transportation, dormitories, and other high-density housing settings on and off campus (https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e3.htm?s_cid=mm6939e3_w)).

When cases are identified in these settings, K–12 school and IHE administrators should notify close contacts (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) that they were exposed (and families of close contacts in the K–12 school setting), as soon as possible, after they are notified that someone in the K–12 school or IHE has tested positive or has been diagnosed with COVID-19.

- Correct (/coronavirus/2019-ncov/your-health/effective-masks.html) and consistent mask use (/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html) is a critical step that people can take to protect themselves and others from COVID-19. However, the type of masks used (/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html), and whether they are used consistently and correctly varies throughout the general population. Except in K–12 indoor classroom settings, mask use is not considered when defining a close contact during case investigation and contact tracing, regardless of whether the person diagnosed with COVID-19 or the person exposed to SARS-CoV-2 was wearing a mask.

✔ *Intervene to control clusters.*

When COVID-19 is introduced into the school environment, it can lead to transmission among students, staff, and educators. This is more likely to happen in areas of substantial or high community transmission or in areas with low vaccination coverage, as cases are more likely to be introduced into the school/IHE from the community.

K–12 schools and IHEs should monitor cases of COVID-19 among students, staff, and educators (consistent with privacy and other applicable laws) and promptly intervene to control the spread of infections. When more than one person has confirmed or probable COVID-19 in a classroom or other school/IHE setting, administrators should immediately collaborate with the local health department to determine the steps necessary to prevent further transmission if COVID-19 and clusters of illness. A cluster, in the K–12 school or IHE setting, is considered the first person to be infected (the index case) and two or more people with COVID-19 who had close contacts, places, and events in common and who likely were infected in school (i.e., school-associated cases). School administrators and the local health department should collaborate on a case investigation to determine where and how people were infected (the

and the local health department should collaborate on a case investigation to determine where and how people were infected (the source) and whether they were likely infected in school or outside of school.

- A source investigation (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/source-investigtion.html) is a valuable approach to contact tracing (/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html). It involves looking back over the **14 days** *before* someone's symptoms began or before their COVID-19 test specimen was collected (for people with no COVID-like symptoms) to identify people (close contacts (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact)), places, and events (/coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html) that might have been the source of the infection for the person with COVID-19. Source investigation provides opportunities to identify events or gatherings where transmission might have occurred and helps detect clusters of illnesses (/coronavirus/2019-ncov/php/community-mitigation/prioritizing-non-healthcare-assessments.html) and outbreaks (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/outbreaks.html).

- Another approach is to look beyond close contacts (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) to identify additional people who were infected – for example, by testing (/coronavirus/2019-ncov/hcp/testing-overview.html) people who attended an event where another attendee was later confirmed to have COVID-19 or testing asymptomatic persons with recent known or suspected exposure to SARS-CoV-2 (/coronavirus/2019-ncov/hcp/testing-overview.html#ConsiderationsScenarios) in the K–12 school or IHE facility. This approach is useful for several reasons:
  - It helps schools and IHEs identify additional people with COVID-19 who may not be named as close contacts but were in the same room, bus, cohort, or pod or who attended the same event.
  - It helps schools and IHEs identify people without symptoms (or before they develop symptoms) who might be contagious so that measures can be taken to prevent further transmission in the K–12 school/IHE environment.

- These strategies are valuable because they create more opportunities for K–12 school and IHE administrators to protect the health and well-being of the school community and their families.

Link students, educators, and staff to vaccination services.

During their interactions with students, educators, and staff, case investigation and contact tracing (/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html) staff can help people with COVID-19 and their contacts access vaccination services.

- Case investigators and contact tracers can proactively educate and link people to COVID-19 vaccination services through current case investigation and contact tracing efforts:
  - Emphasize the importance of getting a COVID-19 vaccine once they are eligible (/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html).
  - Connect people to vaccination services by scheduling vaccination appointments (/coronavirus/2019-ncov/vaccines/How-Do-I-Get-a-COVID-19-Vaccine.html) or providing information about vaccination events.
    - COVID-19 vaccine locations near you can be found by searching vaccines.gov (https://www.vaccines.gov/), texting your ZIP code to 438829, or calling 1-800-232-0233. Additional information can be found on the How do I find a COVID-19 vaccine (/coronavirus/2019-ncov/vaccines/How-Do-I-Get-a-COVID-19-Vaccine.html)? webpage.
    - CDC also provides information on how to use the case investigation and contact tracing workforce to enhance access to COVID-19 vaccination services. (/coronavirus/2019-ncov/php/contact-tracing/vaccine-support.html)
  - Emphasize ways they can connect people to vaccination services (/coronavirus/2019-ncov/vaccines/How-Do-I-Get-a-COVID-19-Vaccine.html) and share resources (/coronavirus/2019-ncov/vaccines/index.html) when soliciting information about people who may have been exposed to COVID-19 (contacts (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact)). This may serve as an additional incentive for people to provide information on their contacts so that their contacts can receive assistance accessing vaccine services.
  - Explain vaccine eligibility (/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html), answer questions (/coronavirus/2019-ncov/vaccines/faq.html), and dispel myths (/coronavirus/2019-ncov/vaccines/facts.html).
- Case investigators and contact tracers can assist and support after vaccination.
  - Follow-up with people eligible for vaccination (/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html) to ensure that they have received all necessary doses of vaccines, encourage enrollment in v-safe (/coronavirus/2019-ncov/vaccines/safety/vsafe.html), and provide other support as needed. This may help build trust and promote case investigation, contact tracing, and vaccination services (/coronavirus/2019-ncov/vaccines/How-Do-I-Get-a-COVID-19-Vaccine.html) within the community.

- Case investigators and contact tracers can link people to other supportive services to improve and facilitate access to vaccination services.
  - Connect people to language translation, transportation, homebound assistance, and other services to facilitate vaccination.

Ways K–12 Schools and IHEs Can Prepare

[State, tribal, local, and territorial (STLT) health departments](/publichealthgateway/healthdirectories/healthdepartments.html) have the authority to conduct [contact tracing](/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html). CDC encourages K–12 schools and IHEs to collaborate with health departments when COVID-19 is identified in a school employee or student and when investigating school-related exposures to COVID-19. K–12 school and IHE activities should supplement health department activities, to the extent allowable by applicable privacy and other laws, to ensure that people diagnosed with COVID-19 K–12 and those exposed to COVID-19 in the K–12 school and IHE setting are identified and receive proper follow-up.

K–12 schools, IHEs, and health departments should establish policies and procedures before they identify a COVID-19 case on the K–12 school/IHE campus that include promotion of COVID-19 vaccination to protect students, staff, and educators. To prepare for implementation of case investigation and contact tracing, K–12 school and IHE administrators should take the following steps.

✔ *Become familiar with applicable legislation, regulations, guidelines, policies, and other resources*
> All case investigation and contact tracing activities should be consistent with STLT public health policies and applicable federal and STLT workplace, healthcare/medical, privacy, informed consent, data security, and confidentiality laws, regulations and requirements. Related resources include but may not be limited to:

- U.S. Equal Employment Opportunity Commission ⧉ (https://www.eeoc.gov/coronavirus)
- Americans with Disabilities Act ⧉ (https://www.ada.gov/)
- Section 504 of the Rehabilitation Act ⧉ (https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973)
- Family Educational Rights and Privacy Act ⧉ (https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html)
- Occupational Safety and Health Administration ⧉ (https://www.osha.gov/SLTC/covid-19/)
- HHS Office for Civil Rights (OCR) HIPAA ⧉ (https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html)

Localized differences in laws and regulations, characteristics and trends of COVID-19 cases, and public health infrastructure might influence policies and procedures regarding case investigation, [contact tracing](/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html), reporting requirements, [testing](/coronavirus/2019-ncov/symptoms-testing/testing.html), isolation, and quarantine (/coronavirus/2019-ncov/your-health/quarantine-isolation.html) practices. CDC encourages K-12 schools and IHEs to contact their STLT health departments to learn about the local policies and procedures.

- K–12 school and IHE administrators need to be aware of reporting requirements, including OSHA's record keeping requirements ⧉ (https://www.osha.gov/coronavirus/standards#enforcement-other-standards) and STLT health and safety codes regarding reporting of infectious disease, case investigation, and contact tracing. K–12 school and IHE administrators should contact their health department for local reporting requirements and procedures.
- The U.S. Department of Education released FERPA & Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions ⧉ (https://studentprivacy.ed.gov/resources/ferpa-and-coronavirus-disease-2019-covid-19) to help K–12 school and IHE officials protect student privacy and clarify allowable disclosures of personally identifiable information (PII) from education records under FERPA. The U.S. Department of Education has also created a sample FERPA consent form 📄 ⧉ (https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions.pdf#page=9) that educational institutions may choose to use.

✔ *Establish roles, responsibilities, and agreements.*
While health departments have the primary responsibility for case investigation and contact tracing of communicable disease, school and IHE administrators are responsible for the health and safety of the K–12 school 📄 ⧉ (https://www2.ed.gov/documents/coronavirus/reopening.pdf) and IHE learning environment. This responsibility includes protecting the school community and the workplace with specific requirements ⧉ (https://www.osha.gov/coronavirus/standards#enforcement-other-standards) to protect their employees. K–12 school and IHE involvement with the health department case investigation or contact tracing process might vary. It will depend on the applicable federal and STLT laws and regulations; authority and capacity of the health department; and the expertise and capacity of the K–12 school or IHE administrators to participate in these activities. CDC's Case Investigation and Contact Tracing in Non-healthcare Workplaces: Information for Employers Guidance (/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html) outlines potential roles and responsibilities of schools and other employers for case investigation and contact tracing.

> Considerations:

- Define roles, responsibilities, and communication points of contact with health departments and initiate formal standard operating procedures and collaborative agreements as appropriate. This can provide clarity on the local case investigation and contact tracing process, potential roles and responsibilities for health department and school/IHE personnel, and

and contact tracing process, potential roles and responsibilities for health department and school/IHE personnel, and occupational health and safety programs that might be able to help if a case is identified. In some instances, formal agreements might be necessary to outline data reporting requirements and data sharing agreements or specify health department and school/IHE staff roles/responsibilities. Agreements may vary based on the level of expertise and capacity of the K–12 school or IHE to take a more proactive, hands-on role in case investigation and contact tracing activities, and linkage to COVID-19 vaccine services.

- Identify appropriate K–12 school/IHE **personnel to provide leadership and oversight of case investigation and contact tracing activities** in the K–12 school and IHE setting (e.g., administrator, faculty with subject matter expertise, school nurse). Activities might include consultation with public health subject matter experts in establishing plans, policies, and procedures; communication with the health department in case investigation and contact tracing; and coordination of K–12 school/IHE activities when a suspected or confirmed case of COVID-19 or exposure to COVID-19 is identified and linking to COVID-19 vaccine services.

- Designate a **point of contact for COVID-19 communication** (e.g., administrator, school nurse, office, designated staff liaison). This person should become familiar with resources and tools for K–12 schools and IHEs, coordinate messaging, and respond to COVID-19 concerns within the K–12 school/IHE community.

- Identify appropriate **personnel to conduct case investigation and contact tracing activities**. Define roles and responsibilities for K–12 school/IHE occupational health clinics/programs and student health centers. Make distinctions between the role as a healthcare provider with responsibilities for case reporting, and the role as advisor(s) or active participant(s) in case investigation, contact tracing, outbreak response, and vaccine education and linkage services. K–12 schools and IHEs should ensure compliance with applicable federal and STLT OSHA, privacy and other applicable laws in selecting staff and implementing case investigation and contact tracing activities with students, staff, and educators.

- Provide knowledge and skill-based training 📕 (/coronavirus/2019-ncov/downloads/php/open-america/FS-Training-Contact-Tracing-Workforce.pdf) for personnel conducting case investigation and contact tracing to properly discuss cases and exposures taking into consideration the need to securely manage identifiable information. Awareness of applicable federal and STLT laws regarding patient privacy and confidentially should be a priority. Ensure that, consistent with applicable laws, training and signed confidentiality, privacy, and data security agreements are in place for all personnel conducting case investigation and contact tracing. K–12 schools and IHEs should ensure that trainings and resources are coordinated with local health departments to maintain a cohesive program within the jurisdiction. Additional training resources can be found on the CDC COVID-19 Contact Tracing Training and Resources website (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-training.html).

- Outline procedures to assess implementation and conduct quality assurance of case investigation and contact tracing activities.

✔ *Develop policies and procedures for case investigation and contact tracing*
K-12 school and IHE administrators and public health officials should work together to determine who will take the lead in case investigation 📕 [603 KB, 1 page] (/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf) and contact tracing 📕 [510 KB, 1 page] (/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf).

Considerations:

- Develop standard operating procedures, including recommended case interview (/coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html) and contact notification (/coronavirus/2019-ncov/php/notification-of-exposure.html) scripts or talking points and resource documents that staff can use when conducting case investigation and contact tracing.
  - Policies should include considerations for the different K–12 school and IHE structures: both off- and on- campus housing of students; multiple types of staff (e.g., full time staff, contract staff, substitute staff, guest speakers); teacher engagement (e.g., cohorting, staggered schedules); and varying interactions with the community (e.g., student volunteer hours, volunteers, and chaperones for school events).
  - Policies and procedures should also include COVID-19 vaccine information for faculty, teachers and staff (/vaccines/covid-19/planning/school-located-clinics/how-schools-can-support.html), children and teens (/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html), linkage to COVID-19 vaccination services (/coronavirus/2019-ncov/vaccines/How-Do-I-Get-a-COVID-19-Vaccine.html) and resources (/coronavirus/2019-ncov/vaccines/index.html) and post-vaccination support. CDC encourages K–12 schools and IHEs to consult occupational health programs, as well as OSHA ↗ (https://www.osha.gov/SLTC/covid-19/), FERPA ↗ (https://studentprivacy.ed.gov/resources/ferpa-and-coronavirus-disease-2019-covid-19), and other privacy guidance to determine acceptable policies and practices related to K–12 school/IHE employees and students.

- Determine who is most appropriate to communicate with cases and close contacts, among school students, staff, educators, contractors, volunteers, and the extended K–12 school/IHE community (e.g., parents, caregivers, guardians,

housemates, roommates). The scope of case investigation and contact tracing for K–12 schools and IHEs is sometimes limited to outreach to their students (through parents/guardians if minors), staff, educators, and contractors.

- Collaborate with health department staff to facilitate testing and contact tracing among community members (e.g., housemates at current residence, including student housing or community housing; family members, including children who might attend other schools, childcare programs or other early care settings, and other relatives), and work closely with health department and city/county officials to jointly craft communication (/eis/field-epi-manual/chapters/Communicating-Investigation.html) regarding potential exposure sites within the community. Resources include

  – The CDC Field Epidemiology Manual: Communicating During an Outbreak of Public Health Investigation (/eis/field-epi-manual/chapters/Communicating-Investigation.html)

  – COVID-19 Contact Tracing Communications Toolkit (/coronavirus/2019-ncov/php/contact-tracing-comms.html)

  – Crisis Emergency Risk Communication (CERC) Introduction 📄 (https://emergency.cdc.gov/cerc/ppt/CERC_Introduction.pdf)

- Review with public health officials the data required for a case investigation and contact tracing, and identify the best methods of gathering, storing, and communicating necessary information. Maintain compliance with federal and STLT confidentiality, privacy and data security laws, regulations, and standards. K–12 school and IHE administrative data management systems may vary greatly in design and accessibility. The health department can provide information relevant to a case investigation and contact tracing.

- Ensure privacy and confidentiality of people diagnosed with and potentially exposed to COVID-19 to comply with local and federal regulations and to maintain trust with students, staff, and educators.

- Anticipate sharing of case information about people with COVID-19 and identified close contacts in a bi-directional way between schools and health departments. The school may become aware of a person (student, staff) with COVID-19 before the health department is aware and vice versa. For example, the health department may receive a report of a case or a cluster of cases affiliated with a school setting before the school is aware.

- Develop secure methods (e.g., secure email, reporting portals, secure file transfer protocols) to share information between health departments and schools and to prevent the unauthorized release of private information.

- Share detailed information about group activities and student attendance, including the dates when they occurred. Real-time sharing of information on cases is critical in identifying close contacts and clusters of infections. Details about the dates of events can help schools and IHEs clearly communicate information needed to identify cases and close contacts and establish isolation and quarantine periods for people.

- Case investigation and contact tracing resources include:

  – Case Investigation and Contact Tracing for COVID-19 (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html)

  – Case Investigator's Interview Tool: Talking with People about COVID-19 (/coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html)

  – Contact Tracer's Interview Tool: Notifying People About an Exposure to COVID-19 (/coronavirus/2019-ncov/php/notification-of-exposure.html)

  – Interim Customizable Non-Healthcare Workplace Infection Control Assessment and Response (WICAR) tool 📄 (/coronavirus/2019-ncov/downloads/php/OccEpiToolkit_WICAR.pdf)

✔ *Consider policies and procedures to support expedited determination of exposure risk and close contacts.*
K–12 school (/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html) and IHE administrators are in a pivotal position to provide information on many of the factors that help public health officials determine the risk of exposure, including the type and duration of potential exposure (/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html), how physically close people were when the potential exposure happened, environmental factors (e.g., ventilation (/coronavirus/2019-ncov/community/schools-childcare/ventilation.html), classroom size/configuration, physical distancing, schedules), and mask use (/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html).

These factors, in addition to people's vaccination status (/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html#anchor_1615143423092)and prior history of COVID-19 infection (/coronavirus/2019-ncov/php/reinfection.html), are important to determining who might be exposed and next steps (e.g., quarantine, testing, symptom monitoring), to reduce risk of further spread of the virus.

CDC's Guidance for COVID-19 Prevention in K–12 Schools outlines specific physical distancing recommendations (/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#physical-distancing), classroom seating tips, and other prevention strategies. It also provides guidance on how to document important details about the school/IHE environment, prevention measures in place, and attendance at classrooms and events to allow a fast and accurate assessment of people's risk of exposure so those who were potentially exposed can be notified.

K–12 schools and IHEs should identify systems and personnel necessary to gather and transmit the information and be prepared to

K–12 schools and IHEs should identify systems and personnel necessary to gather and transmit the information and be prepared to answer, at minimum, the following questions:

- How quickly can you provide information on the K-12 school/IHE environment, including:
    - Facility/setting (e.g., building or room structure, ventilation, and seating arrangements-including physical distancing)?
        - How easily can you access documentation of students, staff and educators who are seated within six feet of each other?
    - Prevention measures you are taking (e.g., mask use policies or practices, staggered schedules)?
- How can you identify everyone quickly (e.g., students, educators, staff, volunteers, contractors) in a classroom or shared space at a specific time?
    - How is this information retrieved from the K-12 school/IHE data system?
- Do contacts have to be identified one at a time or can you access information on group exposure (e.g., all students, teachers, volunteers) in one classroom?
- Can you easily determine which students are onsite on staggered schedules, and identify classrooms and seating assignments, including which students are assigned to individual cohorts or learning pods?
- How is classroom attendance monitored and documented?
- How quickly can you determine attendance at shared dining or meals? Does your policy include assigned seating?
    - How is this information documented? If it is not, how can this information be gathered?
- How quickly can you access information on K-12 school/IHE support services (e.g., counseling, tutoring, study groups, work-study)?
    - How is this information documented? If it is not, how can this information be gathered?
- How are K–12 schools/IHEs assemblies, sports events, and other extracurricular activities structured and how is information about them recorded?
    - What information is obtained about participants and attendees?
- What information (e.g., point of contact, school name, or team roster) is captured at events involving multiple schools?
- How easily can you provide information on K–12 school/IHE-sponsored or related housing and transportation?
    - Housing (e.g., on or off campus dormitories, Greek life residences)?
        - Can you easily determine housing or room assignments, access visitor logs and determine attendance at events (e.g., study groups, gatherings) that have recently taken place?
    - Transportation (e.g., busing to/from K-12 school/IHE, campus transportation, busing, or other transportation to extracurricular events)?
        - Can you easily determine those in attendance, physical spacing and seating assignments?
    - How will your K-12 school or IHE provide contact information (e.g., name, demographics, phone number, email, home address) and other relevant information (e.g., symptom monitoring, test results, lists of school and community contacts) for students (or their families), staff, educators, and contractors to support case investigation and contact tracing?
        - Will this need to be retrieved manually or supported by technology, such as a student information system?
        - What privacy and confidentiality release forms are in place or will need to be completed to support data sharing?

        - How will this information be shared in a way that is compliant with data privacy, confidentiality, and security standards?

✔ Consider technology tools to improve efficiency and evaluation

Information technology can be an important asset for many aspects of case investigation and contact tracing (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html), including real-time situational awareness of attendance, assessment of space and distance, identification of cases and contacts, and more. K–12 schools and IHEs may consider implementing technology solutions to augment case investigation and contract tracing efforts, including:

- Case Management Tools (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/digital-contact-tracing-tools.html#anchor_1607980102232) can enable automation of case information, contact notification, and follow-up, making the contact tracing process faster and more efficient and streamlining the electronic capture and management of data on patients and contacts.
    - These tools allow patients and contacts to self-report electronically (e.g., demographic information, self-monitored symptoms, contacts, services needed).

- Workflows may integrate with surveillance systems or other workforce management tools (e.g., virtual call centers, test scheduling, support services).
- Proximity and Exposure Notification Tools (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/digital-contact-tracing-tools.html#anchor_1607980135523) can help identify contacts and notify them of exposure faster than traditional contact tracing alone. These are voluntary, opt-in tools using Bluetooth or GPS technologies (most commonly via smartphone apps) that can be used to estimate the proximity and duration of an individual's exposure to someone diagnosed with COVID-19. More data (from pilots and limited implementations) are needed to quantify the public health value of these tools.

Information technology can enable K-12 schools and IHEs to track, review, and evaluate their own response activities quickly. CDC's Guidelines for the Implementation and Use of Digital Tools to Augment Traditional Contact Tracing 📄 [125 KB, 5 pages] (/coronavirus/2019-ncov/downloads/php/guidelines-digital-tools-contact-tracing-508.pdf) outlines different types of digital tools, highlighting minimum requirements and preferred features. Resources include:

- Digital Tools for Contact Tracing (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-resources.html#digital-tools)
- Preliminary Criteria for the Evaluation of Digital Contact Tracing Tools for COVID-19 📄 [107 KB, 3 pages] (/coronavirus/2019-ncov/downloads/php/prelim-eval-criteria-digital-contact-tracing.pdf)

✔ *Proactively educate K-12 school and IHE communities*

Timely and open communication about what to expect if a person with COVID-19 is identified among the school community is essential. Informing the K–12 school and IHE students, staff, educators, and families about the steps they should take to protect themselves and others (/coronavirus/2019-ncov/prevent-getting-sick/prevention.html) and prevent the spread of COVID-19 is also essential.

- Provide information about the effectiveness of vaccination (/coronavirus/2019-ncov/vaccines/index.html) and where people can be vaccinated locally.
- Share messages with students, educators, and others about the importance of case investigation and contact tracing, including the parents' and guardians' role in helping students identify people, places, events, and activities (/coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html) where exposure might have occurred, and how staff, students, educators and others in the school community can safely quarantine or isolate and monitor symptoms.
- Make sure messages about case investigation and contact tracing are in plain language, are culturally and linguistically appropriate, are framed in a way that prevents stigma and discrimination, and are coordinated with the health department to ensure consistency within the local community. Resources to help you develop communication materials for school and IHE settings include:
  - Crisis and Emergency Risk Communication (CERC) (https://emergency.cdc.gov/cerc/)
  - CERC in an Infectious Disease Outbreak 📄 (https://emergency.cdc.gov/cerc/resources/pdf/315829-A_FS_CERC_Infectious_Disease.pdf)

- Student leaders and interest groups can help deliver peer-to-peer education and culturally appropriate messages to encourage participation in prevention strategies (e.g., wearing masks, physical distancing) and contact tracing. To facilitate timely and accurate information, K–12 school/IHE student housing and community-based housing providers can encourage student leaders and interest groups to collaborate with public health officials when a case is identified.

Additional information to complement broader CDC considerations for K–12 schools and IHEs:

✔ Guidance, Tools and Resources for Schools (/coronavirus/2019-ncov/community/schools-childcare/index.html) and College, Universities, and Higher Learning (/coronavirus/2019-ncov/community/colleges-universities/considerations.html)
- Guidance for COVID-19 Prevention in K–12 Schools (/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html)
- Science Brief on Transmission of SARS-CoV-2 in K–12 Schools (/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html)
- Considerations for Institutions of Higher Education (/coronavirus/2019-ncov/community/colleges-universities/considerations.html)
- Testing and Screening at Institutions of Higher Education (IHEs) (/coronavirus/2019-ncov/community/colleges-universities/considerations.html)
- Overview of Testing for SARS-CoV-2 (COVID-19) (/coronavirus/2019-ncov/hcp/testing-overview.html)
- US Department of Education COVID-19 Resources for Schools, Students, and Families ⧉ (https://www.ed.gov/coronavirus?src=feature/)

✔ **Additional Contact Tracing Resources:**
- Contact Tracing Resources for Health Departments (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-resources.html)
- COVID-19 Contact Tracing Communications Toolkit for Health Departments (/coronavirus/2019-ncov/php/contact-tracing-comms.html)
- COVID-19 K-12 Guidance for Classification of Clusters and Outbreaks 📄 ⧉ (https://www.cdc.gov/coronavirus/...)

- COVID-19 K-12 Guidance for Classification of Clusters and Outbreaks 📄 ⬆ (https://preparedness.cste.org/wp-content/uploads/2021/08/CSTE-Standardized-COVID-19-K-12-School-Surveillance-Guidance-for-Classification-of-Clusters-and-Outbreaks.pdf)
- Contact Tracing: Do Your Part To Keep Your Family, Friends, and Community Safe (Infographic) (/coronavirus/2019-ncov/daily-life-coping/contact-tracing-infographic.html)
- When to Quarantine (/coronavirus/2019-ncov/your-health/quarantine-isolation.html)
- Contact Tracing (/coronavirus/2019-ncov/easy-to-read/contact-tracing.html)
- What to Expect with Contact Tracing (/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html)
- Contact Tracing Frequently Asked Questions and Answers (/coronavirus/2019-ncov/faq.html#Contact-Tracing)
- Key Steps to Take While Waiting for Your Test Result (Fact sheet) 📄 [223 KB, 2 pages] (/coronavirus/2019-ncov/downloads/php/318271-A_FS_KeyStepsWhenWaitingForCOVID-19Results_3.pdf)
- Answer the Call – Contact Tracing Video (https://www.youtube.com/watch?v=u3dLoBj3YLo)
- How To Talk To Your Close Contacts (Fact sheet) (/coronavirus/2019-ncov/daily-life-coping/tell-your-contacts.html)

Previous Updates ⌄

Updates as of October 19, 2021

- Based on evolving evidence, CDC recommends fully vaccinated people get tested 5-7 days after close contact with a person with suspected or confirmed COVID-19.

Updated August 5, 2021

- Updated diagnostic testing links
- Revised to reflect updated guidance for K–12 schools and institutions of higher education, including considerations for people fully vaccinated against COVID-19 (/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html) and situations when K–12 students are not considered close contacts (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html).

Updated April 22, 2021

- This guidance combines the previously published *Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools* and *Interim Guidance for Case Investigation and Contact Tracing in Institutions of Higher Education (IHEs)*.
- It addresses implications of updated information on identifying close contacts (/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact), testing for COVID-19 (/coronavirus/2019-ncov/php/testing.html), vaccination (/coronavirus/2019-ncov/vaccines/index.html), mask use (/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html), isolation (/coronavirus/2019-ncov/your-health/quarantine-isolation.html#isolation), and quarantine (/coronavirus/2019-ncov/your-health/quarantine-isolation.html#quarantine) for K-12 school and IHE settings.

Last Updated Jan. 28, 2022