Interim Considerations for Institutions of Higher Education Administrators for SARS-CoV-2 Testing

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These interim considerations are based on what is currently known about SARS-CoV-2 and COVID-19 as of the date of posting, June 30, 2020.

The US Centers for Disease Control and Prevention (CDC) will update these considerations as needed and as additional information becomes available. Please check the CDC website periodically for updated interim guidance.

Note: This document is intended to provide considerations on the appropriate use of testing and does not dictate the determination of payment decisions or insurance coverage of such testing, except as may be otherwise referenced (or prescribed) by another entity or federal or state agency. CDC is a non-regulatory agency; therefore, the information in this document is meant to assist institutes of higher education (IHEs) in making decisions rather than establishing regulatory requirements.

As some institutions of higher education (IHEs) open in the United States, CDC offers considerations for ways in which IHEs can help protect students, faculty, and staff and slow the spread of the coronavirus disease 2019 (COVID-19). Testing to diagnose COVID-19 is one component of a comprehensive strategy and should be used in conjunction with promoting behaviors that reduce spread, maintaining healthy environments, maintaining healthy operations, and preparing for when someone gets sick.

These CDC considerations are meant to supplement—**not replace**—any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which IHEs must comply. Implementation should be guided by what is feasible, practical, and acceptable, as well as tailored to the needs of each community.

IHEs vary considerably in geographic location, size, and structure. As such, IHE officials should determine, in collaboration with state and local health officials, whether to implement any testing strategy, and if so, how to best do so.

Symptom screening and testing are strategies to identify individuals with COVID-19. In addition to screening and testing, COVID-19 contact tracing is an effective disease control strategy that involves identifying individuals and their contacts. Screening, testing, and contact tracing are actions that can be taken to slow and stop the spread of COVID-19. These strategies must be carried out in a way that protects individuals' privacy and confidentiality and is consistent with applicable laws and regulations. In addition to state and local laws, IHE administrators should follow guidance from the Equal Employment Opportunity Commissionexternal icon when offering testing to faculty, staff, and students who are employed by the IHE. IHEs also should follow guidance from the U.S. Department of Education on the Family Educational Rights and Privacy Act (FERPA)pdf iconexternal icon and the Health Insurance Portability and Accountability Act (HIPAA) and their applicability to students and COVID-19 contact tracing and testing.

Types of tests to identify SARS-CoV-2, the virus that causes COVID-19

Viral tests approved or authorized by the Food and Drug Administration (FDA) are recommended to **diagnose current infection** with SARS-CoV-2, the virus that causes COVID-19. Viral tests evaluate whether the virus is present in a respiratory sample. Results from these tests help public health officials identify and isolate people who are infected in order to minimize SARS-CoV-2 transmission.

Antibody tests approved or authorized by the FDA are used to **detect past infection** with SARS-CoV-2. CDC does not currently recommend using antibody testing as the sole basis for diagnosing current infection. Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with a current COVID-19 infection. In addition, it is currently not known whether a positive antibody test indicates immunity against SARS-CoV-2; therefore, antibody tests should not be used at this time to determine if an individual is immune.

CDC recommendations for SARS-CoV-2 testing are based on what is currently known about the virus. SARS-CoV-2 is new and what is known about it continues to change rapidly. Information on testing for SARS-CoV-2 will be updated as more information becomes available.

When testing might be needed

This document describes scenarios when IHEs may need to conduct SARS-CoV-2 viral testing for students, faculty, or staff, though ultimate determinations for such a test rest with IHEs in consultation with local health officials:

- Testing individuals with signs or symptoms consistent with COVID-19
- Testing asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission

Testing individuals with signs or symptoms consistent with COVID-19

Consistent with CDC's recommendations, individuals with COVID-19 signs or symptoms should be referred to a healthcare provider for evaluation on whether testing is needed. In some locations, individuals can also visit their state or local health department's website to look for the latest local information on testing.

One strategy to identify individuals with COVID-19 signs or symptoms is to conduct daily symptom screening such as temperature screening and/or symptom checking for students, faculty, and staff. These screenings are one of many strategies IHEs can use to help lower the risk of COVID-19 transmission. However, because symptom screenings are not helpful for identification of individuals with COVID-19 who may be asymptomatic or pre-symptomatic, symptom screening alone will not prevent all individuals with COVID-19 from entering the IHE. Screenings should be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations. IHEs may use examples of screening methods found in CDC's General Business FAQs.

IHE administrators and healthcare providers should immediately separate students, faculty, or staff with COVID-19 symptoms by providing distance learning options, isolation rooms in dormitories or other housing facilities, and providing alternative food service arrangements for those who live on campus. As part of symptom screenings, IHEs should be prepared to refer symptomatic individuals to an appropriate health care provider who will determine when viral testing for SARS-CoV-2 is appropriate.

IHEs can encourage individuals with suspected or confirmed COVID-19 to go to their place of residence, a designated isolation housing location (if living on-campus), or a healthcare facility depending on how severe their symptoms are, and follow CDC guidance for caring for oneself. IHEs can also encourage individuals to watch for emergency symptoms and seek emergency medical care if these symptoms occur.

Testing asymptomatic individuals with recent known or suspected exposure to a person with COVID-19

Testing is recommended for all close contacts of persons diagnosed with COVID-19:

- Because of the potential for asymptomatic and/or pre-symptomatic transmission, it is important that contacts of individuals diagnosed with COVID-19 be quickly identified and tested. Feasibility of identifying and testing close contacts will likely vary by IHE and their local context.
- Additionally, in accordance with state and local laws and regulations, IHEs should work with local health officials to inform those who have had close contact with a person diagnosed with COVID-19 to wear cloth face coverings if they are able, quarantine in their living quarters or a designated housing location, and self-monitor for symptoms for 14 days.

In some settings, broader testing, beyond close contacts, is recommended as a part of a strategy to control transmission of SARS-CoV-2:

- In IHEs, residence halls, laboratory facilities, and lecture rooms may be settings with the potential for rapid and pervasive spread of SARS-CoV-2.
- Expanded testing might include testing of all people who were in proximity of an individual confirmed to have COVID-19 (e.g., those who shared communal spaces or bathrooms), or testing all individuals within a shared setting (e.g., testing all residents on a floor or an entire residence hall). Testing in these situations can be helpful because in high density settings it can be particularly challenging to accurately identify everyone who had close contact with an individual confirmed to have COVID-19. For example, students who do not know each other could potentially be close contacts if they are both in a shared communal space.
- IHEs might want to consider that some people are at increased risk of severe illness from COVID-19. Everyone is at risk for getting COVID-19 if they are exposed to the virus, but some people are more likely than others to become severely ill, which means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die.
- Decisions about the level of risk and the scope of testing should be made in coordination with state, territorial, Tribal, and local health officials.

Testing asymptomatic individuals without known exposure to a person with COVID-19

Testing of all students, faculty and staff for COVID-19 before allowing campus entry (entry testing) has not been systematically studied. It is unknown if entry testing in IHEs provides any additional reduction in person-to-person transmission of the virus beyond what would be expected with implementation of other infection preventive measures (e.g., social distancing, cloth face covering, hand washing, enhanced cleaning and disinfection). **Therefore, CDC does not recommend entry testing of all returning students, faculty, and staff.**

However, some IHEs are planning to adopt and implement this testing approach. IHEs planning for this testing approach should take into account the following:

- Acceptability of this testing approach among students, their families, faculty and staff.
- Limited availability of dedicated resources and the logistics needed to conduct broad testing among students, faculty, and staff in IHE settings. Examples of resources include trained staff to conduct tests, personal protective equipment, and physical space for conducting testing safely and ensuring privacy.
- Limited usefulness of a single administration of testing. Single administration could miss cases in the early stages of infection or subsequent exposures resulting in transmission, and would only provide COVID-19 status for individuals at that specific point in time.
- Specific features of their campus. For example, residential college communities that do not have frequent interaction with surrounding communities might have less potential exposure to COVID-19 than an IHE campus with commuter students or campuses where students engage frequently and/or live within the community.

In areas with moderate to substantial community transmission where resources allow, local health officials and IHEs may consider testing some or all asymptomatic students, faculty, and staff who have no known exposure (e.g., students in congregate housing such as residence halls) to identify outbreaks and inform control measures.

More resources for Institutions of Higher Education:

- For more information on facility-wide testing for asymptomatic individuals, please see the Standardized procedure for broad-based testing for SARS-CoV-2.
- For additional considerations for reducing COVID-19 spread in IHEs, see the Considerations for Institutions of Higher Education.
- For information about daily life and coping during COVID-19 for students, faculty, and staff:
  - Encourage employees and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
  - Promote employees and students eating healthy, exercising, getting sleep and finding time to unwind.
  - Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
  - Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746
- Communities, Schools, Workplaces, and Events: Information for Where You Live, Work, Learn, and Play

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