

WV Department of Health and Human Resources (DHHR) Interim Guidance for COVID-19 Testing of Adults and Children Who Work in Or Attend K-12 School

Why Testing Matters

The goal of all COVID response in school settings is to keep students and staff healthy and in school. Viral testing strategies in partnership with schools should be part of a comprehensive approach. Testing should not be used alone, but in combination with other prevention strategies to reduce risk of transmission in schools. When schools implement testing combined with prevention strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19.

Types of COVID-19 Tests

There are two main types of viral tests that can be used to diagnose someone with COVID-19: nucleic acid amplification tests (NAATs) and antigen tests. Please reference the Center for Disease Control and Prevention (CDC) COVID-19 [Testing Overview](#) website for the most up-to-date information on the types of COVID-19 tests.

Testing Strategies

Testing for COVID-19 can help quickly identify those who are infected and those who have been exposed but have yet to develop symptoms. School testing programs can increase family confidence in school attendance and reduce barriers to testing access in a community.

Diagnostic testing refers to testing done on someone who has symptoms consistent with COVID-19 or has had a close contact with someone with a confirmed case of COVID-19. The ability to do rapid testing on-site can facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation. Rapid antigen testing works to prevent in-school transmission while minimizing in-person learning time lost.

Screening testing refers to testing done on someone without symptoms or known close contact with someone with COVID-19. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing. Screening testing may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented. More frequent screening testing can increase effectiveness, but feasibility of increased testing in schools needs to be considered. Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect student, teacher, and staff privacy consistent with school and district policy around student consent, obtain parental consent for minor students and/or consent from students themselves.

To be effective, the screening program should test at least once per week, and rapidly (within 24 hours) report results. Screening testing more than once a week might be more effective at

interrupting transmission. Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not fully vaccinated, or conducting pooled testing of cohorts. To facilitate safer participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools may consider implementing screening testing for participants who are not fully vaccinated. Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Schools can implement screening testing of participants who are not fully vaccinated up to 24 hours before sporting, competition, or extracurricular events. Schools can use different screening testing strategies for lower-risk sports.

CDC Screening Testing Recommendations for K-12 Schools by Community Transmission

Adapted from: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports ² and extracurricular activities ³ at least once per week for participants who are not fully vaccinated.		Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

¹ Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

² Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling.

³High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

Schools/Districts may request to participate in any of the testing options below:

1. **Diagnostic testing** for all individuals, including students and school staff, who are symptomatic or had a known exposure to a confirmed positive case, and/or

2. Routine (e.g.) surveillance testing of all unvaccinated students and adults (see [CDC screening testing recommendations](#))
3. **Test to play for athletes**, coaches, higher risk activities (e.g. chorus and band) on a routine basis (e.g. weekly) and/or within 48 hours prior to events or tournaments
4. **Holiday or break testing** for students and staff within 48 hours prior to return to school
5. **Special event testing** for students, staff and attendees within 48 hours prior to event

WV Screening Testing Program

In April 2021, the CDC released funding to states to support screening testing for school year 2021-22. The WV Bureau for Public Health has elected to use funds to provide a state contracted vendor to provide testing support to K-12 schools throughout the state, on an opt-in basis.

State Responsibilities

- Provide list of school/districts with lab vendors
- Pay for lab vendors to provide testing to schools/districts
- Provide consultation on testing plan implementation

Lab Vendor Responsibilities

- Provide turnkey testing solutions to schools/districts
- Perform the test sample collection and processing
- Obtain results of tests
- Report aggregate test results to WV Bureau for Public Health
- Complies with laboratory reporting requirements, reportable disease rule 64 CSR-7
- Provide school/district contact information to WV Bureau for Public Health to establish weekly school reporting

School/ District Responsibilities

- Decide on screening testing plan and communicate with lab vendor
- Obtain consent prior to testing students
- Provide adequate space to perform testing on-site
- Coordinate students/staff for screening testing
- Collaborate with local health department to provide appropriate quarantine/isolation guidance
- Work closely with local health department to mitigate transmission of COVID-19 in schools
- Report aggregate numbers of staff and students tested weekly by COB Monday the following week: <https://www.surveymonkey.com/r/3W9T3H9>
- Identify and maintain primary contact for weekly reporting and communicate information to lab vendor

Schools may opt-in to the screening testing program by contacting one of the following state contracted lab vendors:

K-12 Testing Turnkey Vendor's	
Contract Lab	Primary Contact for Lab
App Labs	Corey Palumbo 304-389-0912
Q Labs	Mary Collins 304-320-6619
Roxby Labs	Dr. Natasha Smith 304-218- 1379
West Virginia Labs	Laura Easterling 304-533-7269
School Based Health Clinics	John Kennedy 304-320-5780

Reporting results

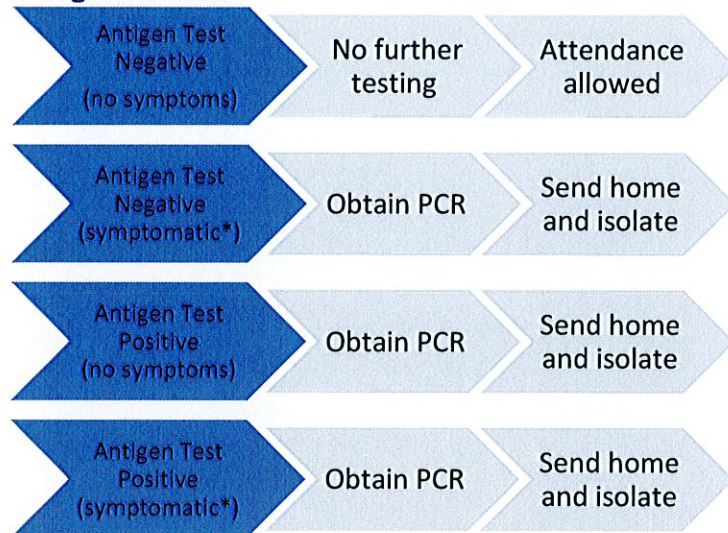
Because testing is being offered as a screening surveillance program only aggregate test results will be required to be reported by vendor laboratories. All screening testing will be done at the school using rapid antigen tests. Any student and/or staff member that tests positive via rapid antigen test will receive a confirmatory PCR on the same day.

Individuals who test positive via rapid antigen test and had the confirmatory PCR test should be sent home immediately. Rapid antigen results should be considered a false positive when a follow up confirmatory PCR test is collected on the same day and yields a negative test result. Rapid antigen tests can produce false positive when a person is asymptomatic and/or prevalence is low in the county.

Confirmatory PCR results will be reported electronically to the local/state health department per the reportable disease rule 64 CSR-7. Local health departments are encouraged to work with their schools for proper case and contact investigation in the school setting.

If a minor is positive for COVID-19 (rapid or PCR), the vendor laboratory will notify parent/guardian via telephone.

School Testing Flow Chart



- *Symptomatic is defined as having one or more of the following symptoms: new onset cough or shortness of breath OR two or more of the following symptoms: fever (100.4°F or higher), chills, muscle pain, sore throat, fatigue, congestion, loss of sense of smell or taste, or gastrointestinal symptoms of diarrhea, vomiting, or nausea.
- PCR results are considered confirmatory results and will be reported electronically by the lab to the local/state health department.
- If a person is given an alternative diagnosis (e.g. strep throat, influenza, etc.) they should stay home from school following West Virginia Department of Education standard exclusion criteria for communicable diseases in schools.
- If anyone in a child's household (parent, grandparent, sibling, etc.) tests positive for COVID-19, the child will need to be kept home in quarantine for 10 days or for 7 days after receiving a negative test result (test must occur on day 5 or later) unless the child is fully vaccinated.

Reporting requirements

Schools are required to complete an online survey weekly that reports the number of students and staff tested for the previous week. Report aggregate numbers of staff and students tested weekly using the following survey link: <https://www.surveymonkey.com/r/3W9T3H9>. School contacts for weekly reporting should be identified and communicated to lab vendor.

COVID-19 Prevention in K-12 Schools

WV Bureau for Public Health recommends that in-person instruction is prioritized for the 2021-22 school year. Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Schools are encouraged to implement layered prevention strategies to reduce

transmission in the school setting consistent with CDC guidelines for [COVID-19 Prevention in K-12 Schools](#).