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CDC Releases New COVID-19 Guidance for Colleges and Universities with Focus on Testing

The Centers for Disease Control and Prevention (CDC) issued guidance earlier this year on dealing with the COVID-19 pandemic. That earlier guidance did not recommend testing of students or employees. Many colleges and universities followed that guidance, and when some of them reopened this fall, they saw substantial outbreaks of the disease. The CDC has since then changed its guidance.

Last week the CDC issued updated interim Guidance for colleges and universities with respect to "Testing, Screening and Outbreak Responses for Institutions of Higher Education (IHEs)." The CDC notes that this Guidance supplements other applicable laws and regulations, is not required by law, will be updated, and that its implementation should be guided by what is feasible and practical and should be tailored to the needs of the community.

The Guidance is lengthy and should be read in its entirety. The following excerpts are particularly significant for colleges and universities.

The Guidance addresses the following issues:

- Testing for SARS-CoV-2 (the virus that causes COVID-19 infection)
- Considerations for the likelihood of transmission in off-campus settings
- Additional resources for institutions of higher education

The majority of the Guidance addresses testing. It focuses on the following areas:

- Types of tests
- When testing might be performed
- Testing individuals with signs or symptoms consistent with COVID-19
- Testing asymptomatic individuals with recent known or suspected exposure to a person with COVID-19
- Considerations for developing a testing strategy for SARS-CoV-2 among students, faculty, and staff should an outbreak occur at the college
- Tiered approach and inclusion criteria for SARS-CoV-2 testing of persons with possible exposure should an outbreak occur at the college
- Testing asymptomatic individuals without known exposure to a person with COVID-19 via entry testing and periodic repeat testing

The Guidance suggests a tiered approach in planning and implementing a testing program:

Tier 1 (highest priority for testing)

- Students, faculty and staff in the same classroom as the individual with COVID-19 (without being six feet or more apart at all times in the classroom) for at least 15 minutes or more beginning two days before the individual with COVID-19 became symptomatic (or, for asymptomatic individuals, two days prior to specimen collection) until the time of isolation.
- Students sharing a room or bathroom in a residence hall, living in fraternity/sorority, house or living together in off-

campus housing with an individual who is COVID-19-positive.

- Students, faculty, and staff who have used the same dining hall at roughly the same time(s) as an individual with COVID-19.
- Students, faculty and staff who are on or involved with the same athletic team as an individual with COVID-19.
- Students, faculty and staff who have attended campus events or unsanctioned social gatherings (such as off-campus parties) where social distancing was not strictly adhered to with one or more individuals with COVID-19.
- Students, faculty and staff identified as a close contact through case investigation and contact tracing. This includes evaluating proximity and length of contact with the individual with COVID-19.

Tier 2 (next highest priority for testing)

- Students, faculty and staff in the same classroom as the individual with COVID-19 with at least 6 feet distance between individuals at all times.
- Students, faculty or staff in the same residence hall or campus housing, but not sharing a room or bathroom.
- Students, faculty staff, and visitors who take public transit/shuttle buses with at least six feet distance at the same time as an individual with COVID-19.

Tier 3 (next highest priority for testing, after tier 2)

- Students, faculty and staff who have spent time in a common space (e.g., common rooms, libraries) but not at the same time as the COVID-19-positive individual, but where short duration exposure to those with confirmed COVID-19 cannot be definitively ruled out.
- Students, faculty and staff who are generally in-person at the institution on a different schedule and in different rooms than the individual with confirmed COVID-19, but exposure cannot be definitively ruled out.
- Students attending a class taught by a faculty member or instructor who was exposed to a COVID-19-positive student in a different classroom (Tier 1 or Tier 2), and where exposure to the students in additional classes cannot be definitively ruled out.

Testing asymptomatic individuals without known exposure to a person with COVID-19 via entry testing and periodic repeat testing might prevent or reduce SARS-CoV-2 transmission:

- Some colleges and universities have implemented policies requiring testing of all students, faculty and staff for COVID-19 before allowing campus entry (entry testing or universal one-time testing or two-phase entry testing) or testing repeatedly throughout the semester or at specific intervals as decided by the school and the health department. Testing a random sample of asymptomatic students, faculty, and staff could increase the timeliness of outbreak detection and response by rapidly identifying and isolating COVID-19 cases that would have otherwise gone undetected without testing. Implementation of mitigation strategies (e.g., social distancing, masks, hand hygiene, enhanced cleaning and disinfection) should go along with any of the various testing strategies.
- Colleges and universities implementing a testing program will need to support their testing efforts, such as isolating confirmed cases, quarantining those awaiting test results and close contacts, contact tracing once a case is identified, and reviewing infection prevention and control practices and implemented mitigation strategies. College officials should work with health department staff if the college plans to do entry testing and/or repeat testing.

Institutions should consider strategies for addressing transmission in off-campus settings

Many colleges and universities are adopting approaches to reduce the risk of SARS-CoV-2 transmission on campus through increased social distancing in classrooms and dining halls, requirements for face masks, reducing density of on-campus housing and various testing strategies. However, off-campus community settings including apartments, bars and restaurants and community spaces related to campus (e.g., spaces for athletic events, mass gatherings of communities

of faith, sorority and fraternity organizations or other groups) might pose a higher risk of SARS-CoV-2 transmission than classroom settings if social distancing policies and mitigation procedures are not being followed. Colleges should communicate frequently to students, faculty and staff about the risks in these settings and the potential impact on the college's ability to function. The communication methods should be accessible for all, including those with disabilities and limited English proficiency (e.g., through interpreters and translated materials).

Information for campus health center personnel

The Guidance includes examples of "select examples of testing strategies some IHEs are implementing in addition to other mitigation practices to reduce transmission of COVID-19." This section lists issues that health centers may wish to consider prior to implementing a testing strategy.

Helpful links:

- Testing to diagnose COVID-19
- Strategies for promoting behaviors that reduce spread, maintaining healthy environments, maintaining healthy operations and preparing for when someone gets sick.
- CDC Guidance for caring for themselves for individuals capable of self-care.
- CDC's emergency warning signs that suggest the need for emergency medical care.
- CDC has released "Indicators for Dynamic School Decision Making" which specifies indicators for community COVID-19 burden and implementation of mitigation strategies to guide decision making for K-12 schools. These indicators might have relevance for colleges that draw the majority of their students from the immediate local community and with limited or no on-campus residential facilities for students.
- Rapid antigen tests are typically performed at or near the point of care and return results in approximately 15 minutes. The FDA has provided an FAQ for health care providers who are using diagnostic tests in screening asymptomatic individuals, and the Centers for Medicare & Medicaid Services will temporarily exercise enforcement discretion for the duration of the COVID-19 public health emergency under CLIA for the use of antigen tests for asymptomatic individuals. In addition, HHS has provided PREP Act coverage for any qualified practitioner testing asymptomatic persons in congregate settings.
- FDA FAQs on testing for SARS-CoV-2.

Consistent with CDC's recommendations, individuals with COVID-19 signs or symptoms should talk to their healthcare provider about testing. In some locations, individuals can also visit their health department's website to look for the latest information on testing.

If you have any questions about the information presented here, please contact Barbara A. Lee, J.D., PhD., any attorney in Bond's Higher Education practice or the attorney in the firm with whom you are regularly in contact.

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