

Responsible RestartOhio

Principles for Developing a Screening Testing Program for Institutions of Higher Education (IHE)

Background

This document provides updated guidance on COVID-19 testing strategies for institutions of higher education (IHE's) in Ohio. In July 2020, the Ohio Departments of Health (ODH) and Higher Education (ODHE) collaborated to provide guidance to IHE's regarding COVID-19 testing strategies.

Based on the original guidance, all IHE's are required to have a diagnostic testing strategy for symptomatic students, faculty and staff or for those identified for testing through a contact tracing investigation. Whether done internally by the IHE itself or through a testing partner (i.e., local hospital, commercial lab vendor, etc.), all IHE's have implemented some form of this required strategy.

For those IHE's that offer on-campus housing, another previously required element is the need for the IHE to participate in contact tracing and to provide adequate quarantine/isolation space in order to rapidly relocate students who have tested positive to a separate space (e.g., special IHE housing, local hotel, etc.) to reduce the risk of further spread of the infection.

Principles for Developing a Screening Testing Program

This document outlines a new recommendation, supported by ODH and ODHE in close consultation with IHE's and local public health officials, that any IHE with on-campus student housing should develop a screening testing program focused on testing asymptomatic individuals as outlined below. While this recommendation is directed to those IHE's with on-campus housing, ODHE and ODH are also supportive of the development of screening testing programs for IHE's with only commuter students if such a program is considered beneficial by the IHE's leadership. Principles to guide Ohio's IHE's as they develop a screening testing program are listed below.

Given that vaccine allocation, once available, will be done initially to populations of patients at higher risk for severe disease, it is generally expected that a COVID-19 vaccine will not be widely available for IHE students until well into the 2021 calendar year. Therefore, we believe that IHE's will continue to need a testing strategy in place for at least the next calendar year.

Over the past two months, representatives from ODHE and the Governor's Office consulted numerous IHE Presidents and local public health officials to get feedback on various screening testing approaches. With the beginning of the fall academic term, we also now have the experience of our IHE's over recent weeks to better understand the value of such screening testing programs.

Local pandemic conditions, the relative availability of financial and human resources as well as testing capacity, and the unique nature of each IHE in terms of scale will be critical elements in determining the specific screening testing program for each IHE. Of note, the [CDC](#) continues to not recommend one-time "entry testing" for asymptomatic students, faculty and staff at IHE's. However, some testing at the beginning of a term may be useful as part of an ongoing screening testing program that extends through the academic term.

Each screening testing strategy has pros and cons, and there are many trade-offs between cost, testing capacity/supply chain, turnaround time, logistical complexity, specimen collection methodology and accuracy that an IHE's leaders need to consider prior to choosing a specific testing platform and methodology. Principles to guide an IHE in determining the volume, frequency and type of COVID-19 screening testing to pursue are outlined below:

1. ODH and ODHE **strongly recommend** that each IHE with on-campus housing develop a screening testing strategy to guide its activities over the next year. If not currently in place at an IHE with on-campus housing, implementation of a new screening testing program should be completed as soon as possible during fall term, 2020 and continued into spring term, 2021.
2. A risk-based approach should be used in selecting groups to be tested in a screening testing program. Once the risk assessment is completed, decisions must be made by the IHE (in consultation with local public health officials) about the volume and frequency of testing for higher risk groups – e.g. those who live in residence halls or who, as a result of other factors (e.g. athletics, marching band, involvement in educational experiences that place them in contact with other high risk groups, such as clinical settings, etc.) are unable to consistently maintain physical distancing standards. Populations within the IHE at higher risk of contracting COVID-19 should be higher priority for testing, but, as testing capacity and IHE resources allow, the elements of a testing program should be modified to include testing for personnel essential to the continuity of campus operations, moderate and lower risk populations, or to increase the frequency of testing.
3. Repeat testing of the same populations through the course of an academic term is most likely more beneficial compared to the single administration of a COVID-19 test at the beginning of the term. As noted above, the CDC specifically does not recommend one-time “entry testing” of returning students, faculty and staff outside of a more comprehensive testing program.
4. The type of specimen collection chosen by the IHE should take into account the invasiveness of the collection method with a goal of reducing discomfort, increasing compliance/acceptance and reducing adverse events when possible.
5. The test processing method chosen by the IHE should take into account the turnaround time with a goal to minimize the period between specimen collection and test results so that positive cases can be more quickly isolated from the rest of the campus community.
6. The scope and platform for a screening testing program designed by the IHE should take into account the financial and human resources available to each IHE, understanding that all resources are limited.
7. As new testing technology (e.g., antigen testing) and processes (e.g., pooled testing) become more widely available, IHE's should continue to re-evaluate their screening testing strategy to continue to optimize test accuracy, turnaround time and cost. A new testing platform should be well-validated prior to utilizing it in any testing strategy (minimally should have Emergency Use Authorization approval from the FDA).
8. Each IHE should develop its screening testing program in consultation with local public health officials in order to take local pandemic conditions into account. An IHE's testing strategy may need to be altered during the course of an academic term based on changes in the positivity rate and the number of cases per capita in their local community, region, or communities in the region. This is especially true for IHE's with a larger proportion of students living off-campus where risk on campus may be effectively driven by the risk of transmission in the local community.
9. Testing strategies for asymptomatic IHE-affiliated students, faculty or staff should be implemented in a way that avoids a negative impact on the local or regional testing capacity for symptomatic, non-IHE affiliated individuals.