

COVID-19

CORONAVIRUS DISEASE

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Physicians Caring for Texans

COVID-19 Screen in Schools Through State-Sponsored Rapid Antigen Testing

TMA COVID-19 Task Force and TMA School Reopening Workgroup

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The COVID-19 pandemic has caused significant disruption in school systems across Texas and severely impacted the availability of consistent in-person educational services. Thankfully, the incidence and risk of severe outcomes from COVID-19 appear to be less in pediatric patients, especially those under age 10. However, the threat of disease still exists for children. Although there is some evidence that children are less contagious than adults, they can serve as transmitters of disease to family members, teachers, and school staff who may belong to at-risk groups that face increased risk of more severe disease and mortality.

Rapid testing, as a part of a comprehensive COVID-19 screening program, can serve to identify asymptomatic, presymptomatic, or symptomatic children and adults infected with SARS-CoV-2, so they can be quickly isolated, reducing the frequency of school outbreaks and creating a safer environment for everyone while at school for in-person instruction. However, because of the need for a significant number of tests and resources to conduct a comprehensive program, this option will unlikely be possible for most schools to fully implement.

Rapid antigen testing can be used for screening individuals for asymptomatic infection or testing individuals with mild nonspecific illness consistent with COVID-19 symptoms. For rapid antigen tests:

- A positive test confirms the presence of infection.
- A negative test is more likely to miss an infection that a more sensitive polymerase chain reaction (PCR) test would detect.
- **A negative antigen test does not mean there is no COVID-19 infection.**

It is important to emphasize that rapid antigen testing outside the context of a physician's office is best suited for *screening* rather than for diagnostic purposes. Diagnostic testing is used to confirm the cause of symptoms. Clinicians take into consideration all known information from the patient's history and physical exam when determining the timing and type of testing to be used. Even when testing is carried out by a nonphysician under a physician's standing delegation orders, the nonphysician cannot exercise independent medical judgment.¹

Should rapid antigen testing be used in schools, the Texas Medical Association strongly recommends the following be a part of any responsible testing program:

- Development of a screening program that systematically tests all on-campus students and staff.
 - » If testing everyone on campus is not feasible, test a representative sample of the on-campus population.
 - » Testing should be repeated, with frequency increasing as community spread increases.

¹ Delegation of Duties by a Physician to a Nonphysician, Texas Medical Association. February 2017. tma.custhelp.com/ci/fattach/get/80421/0/file-name/2016+Delegation+OGC+White+Paper.pdf

- Testing conducted by a health care professional properly trained and wearing appropriate personal protective equipment (PPE), under the supervision and delegated authority of a Texas-licensed physician.
- Collaboration with local and state health departments that facilitates quick identification, reporting, and isolation of infected individuals and quarantining of all high-risk contacts.
- Prioritization of individuals exhibiting COVID-19-like symptoms for testing.
 - » **A negative test for symptomatic individuals does not rule out the possibility of COVID-19.** These individuals should self-isolate and be referred to a physician for further evaluation or referred for reverse-transcription polymerase chain reaction (RT-PCR) testing.
 - » A positive test, regardless of the presence of symptoms, should be considered a confirmed infection. The student or staff person should be isolated, and his or her close contacts quickly identified and quarantined.
- Quarantining any student or staff person with close contact to someone with COVID-19, even if the screening test is negative.² Those with close contact exposure should quarantine for the full recommended period (14 days) regardless of a negative test (PCR or antigen) result.

Who should not be tested at school:

- Anyone with craniofacial anomalies;
- Anyone (if a minor) whose legal guardian does not authorize testing;
- Anyone who refuses testing;
- Anyone who is unconscious, is having severe respiratory problems, or has any mental/emotional condition under which testing might pose a further health risk; and
- Anyone who tested positive in the previous three months and does not have symptoms.

Who should be referred to a physician:

- All symptomatic individuals,
- Anyone who refuses testing and is identified as a high-risk contact of a positive COVID-19 individual, and
- Anyone who experiences a complication while obtaining the sample for the test.

Lastly, a testing protocol is not a substitute for the primary prevention measures of social distancing, wearing a mask whenever possible, staying home when sick, and frequent handwashing and disinfecting. These measures, along with a rapid testing program, are essential for a comprehensive school infection prevention plan. These mitigation measures should still be strongly promoted as the best available defense in preventing the spread of COVID-19.

The above recommendations represent the appropriate considerations necessary for implementing an effective testing program. Any school considering testing should consult the Centers for Disease Control and Prevention's [Interim Considerations for Testing for K-12 School Administrators and Public Health Officials for further guidance](#). While it is challenging to balance the educational needs with the health and safety of our communities, we recognize testing in schools can be a valuable tool to allow for appropriate expansion of on-campus instruction. As we all continue the fight against COVID-19, we must stay vigilant in our efforts to protect the health and safety of Texans.

² The [Centers for Disease Control and Prevention](#) defines a close contact as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until the time the patient is isolated. Although various factors such as duration of exposure, proximity, and presence of symptoms can be considered in the determination, the definition is regardless if either individual was wearing a face covering.

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