School-Based Testing Program

Mississippi State Department of Health
April 28, 2021
COVID-19 Cases by Date* through April 27, 2021**, Mississippi

- Cases — 7 Day Average

*Date: date of onset, test collection or report to MSDH; updated as case is investigated.
*** Illnesses that began during this time may not yet be reported

**Based on available data as of 6pm CT
New Teacher/Staff Cases, New Student Cases and New Outbreaks, By Week:
August 17, 2020 - Present
Quarantined Teachers/Staff and Students by Week:
August 17, 2020 - Present

Quarantined Students
Quarantined Teachers/Staff
School-Based COVID-19 Testing/Screening for MS School Districts

- Funding provided by CDC to support asymptomatic screening/testing for COVID-19 in K-12 school settings.
- Designed to provide an additional layer of prevention for teachers, employees, and students and facilitate continued in-person learning.
- Goal is to slow the spread of COVID-19 by rapid identification of potential cases through frequent serial testing.
- MSDH will implement the school-based screening with interested school districts through a Phased approach.
Phases

• Phase 1: Rapidly initiate school-based screening for the remainder of the school year and in school-sponsored summer activities through directly providing COVID-19 rapid test kits to each school district.
  • MSDH will provide additional support for this initiative.

• Phase 2: Set up a sustainable model with interested school districts through vendor agreements managed by MSDH to support on-site school-based testing through the 2021-2022 school year.
  • Vendors will be responsible for all aspects of testing including needed supplies and mandated reporting.
Phase 1-School Responsibilities

• Complete the MSDH School-Based Testing/Screening agreement to participate in Phase 1
• Complete CLIA certificate of waiver application
• Consent form for all interested students/teachers/staff
• Determine whether testing will be a requirement for school-sponsored extracurricular activities.
• Identify individuals responsible for conducting the tests on teachers/staff and students
• Identify individuals responsible for reporting to MSDH
  • Aggregate weekly reporting of total tests conducted in the school district and total positives
  • Individual named reporting of all positive tests
  • Individual named reporting of all test results (under development)
Phase 1-MSDH Responsibilities

- Provide BinaxNOW rapid antigen test kits to each school district
- Guidance on frequency and target population for screening
- Facilitate CLIA waiver application and pay for application fee.
- Through agreements with each school district, provide reimbursement to the school districts for each test conducted
- Support reporting to MSDH for both aggregate and individual test results.
- Provide access to training and provide technical assistance
Phase 1-Tests

• MSDH will provide BinaxNOW COVID-19 rapid antigen test kits to each school district.
• The BinaxNOW test is collected using a small nasal swab inserted a short way into the front of the nose and is well tolerated.
• The test provides a result in 15 minutes and is appropriate for use on asymptomatic individuals when performed serially.
• While collection is preferable by a school or district nurse, any staff member can be easily trained to perform and read the test.
Phase 1-CLIA Waiver

• In order for a school district to perform the tests on-site a CLIA Certificate of Waiver must be obtained.

• MSDH will provide a per-filled application and expedite approval

• MSDH will provide any additional training and support necessary, but this is a simple process.
Instructions for Completing the CLIA Certification Form:

1. Complete only the highlighted demographic information on page 1.

2. Skip to page 5 and have someone from the school administration office print, sign and date the highlighted section. This should be an original signature. (There are no requirements for a Director of Laboratory, just someone who will verify that the testing performed is waived).

3. If there are questions, please call or email either of the contacts below. When the applications are complete, please scan and email to CLIA-MSDH@msdh.ms.gov.

   Nancy Cheatham
   601-364-1115
   Nancy.cheatham@msdh.ms.gov

   Felicia Calcote
   601-364-2707
   felicia.calcote@msdh.ms.gov
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) APPLICATION FOR CERTIFICATION

I. GENERAL INFORMATION

- Initial Application
- Survey
- Change in Certificate Type
- Other Changes (Specify)

CLIA IDENTIFICATION NUMBER

(If an initial application leave blank, a number will be assigned)

Effective Date

FACILITY NAME

FEDERAL TAX IDENTIFICATION NUMBER

EMAIL ADDRESS

TELEPHONE NO. (Include area code)  FAX NO. (Include area code)

FACILITY ADDRESS — Physical Location of Laboratory (Building, Floor, Suite if applicable.) Fee Coupon/Certificate will be mailed to this Address unless mailing or corporate address is specified

NUMBER, STREET (No P.O. Boxes)

MAILING/BILLING ADDRESS (If different from facility address) send Fee Coupon or certificate

NUMBER, STREET

CITY  STATE  ZIP CODE  CITY  STATE  ZIP CODE
ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION

Any person who intentionally violates any requirement of section 353 of the Public Health Service Act as amended or any regulation promulgated thereunder shall be imprisoned for not more than 1 year or fined under title 18, United States Code or both, except that if the conviction is for a second or subsequent violation of such a requirement such person shall be imprisoned for not more than 3 years or fined in accordance with title 18, United States Code or both.

Consent: The applicant hereby agrees that such laboratory identified herein will be operated in accordance with applicable standards found necessary by the Secretary of Health and Human Services to carry out the purposes of section 353 of the Public Health Service Act as amended. The applicant further agrees to permit the Secretary, or any Federal officer or employee duly designated by the Secretary, to inspect the laboratory and its operations and its pertinent records at any reasonable time and to furnish any requested information or materials necessary to determine the laboratory’s eligibility or continued eligibility for its certificate or continued compliance with CLIA requirements.

PRINT NAME OF OWNER/DIRECTOR OF LABORATORY

SIGNATURE OF OWNER/DIRECTOR OF LABORATORY (Sign in ink)    DATE

NOTE: Completed 116 applications must be sent to your local State Agency. Do not send any payment with your completed 116 application.

STATE AGENCY CONTACT INFORMATION CAN BE FOUND AT:
Phase 1-Reporting

- Reporting of aggregate and individual name-based test results will be required as part of this participation

- Aggregate reporting- Each week, the participating school district will report the total number of tests conducted in the school district on teachers and students, and the total number of positives.

- Individual reporting of all positives and negative results through a separate platform (still under development)
Phase 1 - Testing Algorithm

Interested School districts will offer testing of asymptomatic teachers, employees and students as follows:

- All asymptomatic teachers weekly
- Any asymptomatic employees who wish weekly screening
- Any asymptomatic students who wish weekly screening
- Weekly screening of students (and teachers/coaches) participating in school sponsored extracurricular activities of any type, including sports, as a condition of participation (school district decision).
Phase 1-Testing Algorithm

Screening tests can also be utilized as follows

• Contacts to cases (15 minutes of cumulative contact over a 24-hour period at <6 feet): Unvaccinated students who are contacts to cases as described will not require exclusion from school for quarantine if receive testing every two days and remain asymptomatic. At the end of 7 days, they will no longer require testing.

• Screening tests may be utilized for asymptomatic students/teachers/staff participating in school-sponsored summer programs or other school sponsored activities as a condition of participation
Phase 1-Testing Algorithm

Additional Considerations:

- Fully vaccinated students and teachers/staff (2 weeks after completion of one-dose or two-dose COVID-19 vaccine series) do not require weekly asymptomatic screening.
- Fully vaccinated students and teachers/staff do not require quarantine or testing after contact to an infected person.
- This screening program is not designed for symptomatic individuals. Any symptomatic student or teacher/staff should continue to be excluded from school/school district and be evaluated by their primary medical provider.
Phase 1-Managing Positives and Negatives

Positive Tests

- Asymptomatic Individuals who test positive with the rapid screening test should be excluded from the school setting for 10 days from the date of the test as long as they remain asymptomatic. If they develop symptoms, they should be excluded for a full 10 days from the onset of symptoms and are fever free for 24 hours before returning.

- Asymptomatic individuals with a positive rapid test who have a negative molecular based COVID-19 test within 48 hours of the rapid positive do not require further exclusion and may return to the school setting. This only applies to molecular based tests (i.e., PCR) and does not include an additional antigen test or antibody tests.
Phase 1-Positive and Negative Tests

Negative Tests

- Asymptomatic individuals with a negative rapid test may continue in-person classes and extracurricular activities.
- Asymptomatic contacts to a case should receive rapid testing every two days until 7 days after last exposure to the positive case.
Parental Consent

- MSDH will provide a template for parental consent
PARENTAL CONSENT FORM

Mississippi COVID-19 Testing Program (for PreK-12 Students)

Dear Parent/Guardian

Your child’s School District is partnering with the Mississippi State Department of Health (MSDH) to offer voluntary school-based COVID-19 screening (testing) for unvaccinated students. The screening tests (BinaxNOW antigen tests) are rapid tests provided to the School District by MSDH that provide results within 15 minutes.

There is no cost to you or your family for these screening tests.

The purpose is to provide an additional layer of prevention to slow the spread of COVID-19 in school settings and in extracurricular activities.

The screening program is only for unvaccinated students who do not have symptoms (students with symptoms should be evaluated by their primary care provider). Participating students will be screened weekly using the rapid tests. The test uses a simple collection procedure by inserting a swab a short way in the nose and, it is well tolerated. All results will be reported individually by name and in aggregate form to MSDH and results will be provided to parents. Students who test positive will be excluded from the school setting and participation in school-sponsored activities for 10 days from the date of the test as long as they have no symptoms. Students with a positive rapid who have a negative molecular based COVID-19 test within 48 hours of the rapid positive do not require further exclusion and may return to the school setting. This only applies to molecular based tests (i.e., PCR) and does not include an additional rapid antigen test or antibody tests.

Additionally, students who are identified as contacts to a case will not require exclusion from school for quarantine if receive testing every two days and remain asymptomatic. At the end of 7 days, they will no longer require testing.

If you wish for your child to participate in this program, please complete the attached consent form.
Phase 1-Agreements

• MSDH will provide a link to submit a simple agreement for schools to participate in the program to
  • Receive the allocation of rapid tests
  • Receive reimbursement for tests conducted by the school district
  • Reimbursement will be dependent upon successful reporting of results each week.
Still interested?

• School/District Contact Information (Interest in COVID-19 Testing Program)

• https://www.surveymonkey.com/r/FWMSV3F
Questions?