

Summer School Guidance and Recommendations



On July 13, 2021, the Governor’s State of Emergency will be rescinded, which means that state-based COVID requirements in schools will be lifted on that date. LEAs are encouraged to continue implementing the mitigation practices outlined in the guidance below. As CDC continues updating its guidance for the 2021-2022 school year, the Division of Public Health and the Department of Education will communicate with LEAs to update recommendations for Delaware schools.

Table of Contents

Requirements and Guidance1

Positive Cases, Close Contacts, and Exposures5

Returning to School/Work Process and Letters.....11

COVID-19 Testing.....12

Vaccines and Vaccination13

Requirements and Guidance

With the [29th Modification of the Governor’s Executive Order](#) (effective 5/21/21), what requirements are still in place for schools?

During summer school, students and staff should maintain a minimum of three feet distance apart, including when seated at desks or standing in classrooms. Desks should remain facing the same direction and if tables are used, students should be seated a minimum of three feet apart with face coverings.

Students and staff in schools should continue to wear face coverings, except when eating or drinking or if the individual is unable to wear a face covering for health reasons. This guidance applies to summer school; further guidance for the school year 2021-2022 is forthcoming.

What about in the cafeteria? Do students still need to be 6 feet apart while unmasked and eating?

Students should be seated a minimum of three feet apart when eating (6 feet is ideal when individuals are unmasked). Face coverings should be worn until students begin eating and replaced when they are done eating. This guidance applies to summer school; further guidance for the school year 2021-2022 is forthcoming. If schools face the choice of maintaining distancing during lunch or ensuring that every student can attend school in person, the Division of Public Health believes it is more important that every student be able to attend school in person than maintain distance during lunch.

What are the requirements for school buses?

Federal law currently requires mask-wearing on buses, except when doing so would inhibit the health of the individual. Schools should refer to the [CDC guidance on school buses](#) when transporting students.

CDC recommends that schools create distance between children on the bus *when possible*. Schools should minimize student contact to the extent possible, such as loading the bus from back to front, and opening windows to increase ventilation when possible. Schools may consider assigning seats to be able to better conduct contact tracing if necessary. If schools face the choice of maintaining distancing on buses or ensuring that every student can attend school in person, the Division of Public Health believes it is more important that every student be able to attend school in person than maintain distance on buses.

Do students need to wear face coverings during outdoor recess or outdoor activities during summer school or camp?

No, however LEAs may be more restrictive than the state's requirements.

How should schools increase ventilation in classrooms?

Good ventilation is a critical component of mitigating the risk of COVID-19. [CDC recommends](#) opening windows or increasing airflow as much as possible in indoor spaces and allowing students to be outside as much as possible, such as for lunch or snack time. Other options may include improvements to the building's HVAC system, adding specific types of air filters in rooms, placing fans near windows to increase circulation and air exchange, and other approaches.

How should we be cleaning our facilities, including indoor classrooms and spaces, as well as outdoor facilities?

Additional, enhanced, or specific cleaning is not necessary, as recent research demonstrates that the COVID-19 virus is rarely transmitted via surfaces. Commonly touched surfaces (doorknobs, railings, etc.) should be cleaned according to existing school and district facility procedures. An EPA-approved disinfectant or prepared bleach solution should be used to ensure effectiveness against COVID-19, as well as other viruses and bacteria. CDC and EPA have guidance for cleaning and disinfecting schools and a simple decision tool for assistance. For more information on cleaning and disinfecting practices, please see: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>.

Outdoor areas such as playgrounds require only routine cleaning but not disinfection. Based on current CDC guidance:

- Spraying cleaning products or disinfectants in outdoor areas – such as on sidewalks, roads, or groundcover – is **not** necessary, effective, or recommended.
- High-touch surfaces made of plastic or metal, such as grab bars, play structures, and railings, should be cleaned regularly.
- Cleaning and disinfection of wooden surfaces (such as wood play structures, benches, tables) or groundcovers (such as mulch and sand) is not recommended.

For additional information on cleaning, please refer to CDC's resources at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> .

Schools should promote and facilitate routine handwashing for students and faculty throughout the day, particularly after returning to classes from recess, physical education, or other activities, as well as before and after eating.

Are face coverings required for sports?

Face coverings are not required for *outdoor* practice or play, but are recommended for when athletes are on the sidelines and/or social distancing cannot be maintained. Face coverings are recommended for coaches, officials, and spectators.

For sports conducted in *indoor school facilities*, all participants, including coaches, should wear face coverings even during practice or play.

The removal of face coverings for practice or play does increase risk of transmission of the virus and, as such, may result in a higher number of quarantined students should a positive case be identified on a sports team or activity group.

Are face coverings required for Physical Education (PE) or non-sports physical activity?

If students are indoors, they should wear face coverings during PE, and should engage in activities that promote social distancing of at least 3 feet or more. Students should also wash their hands after physical education as a healthy practice, particularly if shared materials were used as part of the lesson (i.e. balls, parachutes, etc.).

Face coverings during outdoor physical education class are not necessary, especially if at least 3 feet of social distancing can be ensured, such as if students will be spread out along a field or track or not engaging in close interaction. Face coverings should be replaced as students reconvene for class or to re-enter the school building.

Are face coverings and social distancing required for performing arts programs this summer?

Indoors, students should be seated or standing at least 3 feet apart, facing the same direction, and wearing face coverings.

Schools should consider engaging in performing arts outdoors to the extent possible. Outdoors, face coverings are not necessary. No requirements remain in place for singing, performing, or playing instruments, such as bell covers for horns and other brass instruments, but these measures are still encouraged.

What rules apply for pools or camps that are on our school campus but not run by our district or school?

DPH recommends that summer camps follow [CDC's camp guidance](#) for social distancing and face coverings, particularly with younger children who have not been vaccinated. Camp programs should consider creating and maintaining stable groups or cohorts. Camps should be able to account for campers and counselors during the day to enable contact tracing, should that

be required. Campers and counselors should not come to camp if they are exhibiting symptoms of COVID-19 or are quarantined because of an exposure.

[DPH's guidance](#) states that pools should follow [CDC's guidelines for vaccinated and unvaccinated persons](#). The pool is encouraged to have a written plan documenting plans and procedures to protect swimmers and staff from COVID-19, both in and out of the water.

Should schools continue to use daily health screeners for summer programs?

Yes, schools should continue to use their daily health screener to identify anyone who is exhibiting any potential symptoms of COVID-19 or have had an exposure to a positive case. A symptomatic individual should seek guidance from a healthcare provider and/or be tested for COVID-19. An exposed individual should quarantine according to DPH guidance.

Are field trips allowed during summer programming?

Schools may consider field trips on a case-by-case basis. To reduce the risk of transmission and viral spread, eligible participants, including students, staff, and any chaperones should consider being vaccinated as soon as possible. In planning potential field trips, schools should consider the number and age of students involved, transportation required that allows for maximum spacing, chaperones needed, and whether the students will be in large, crowded environments. CDC and DPH recommend that all unvaccinated individuals practice safe mitigation strategies, including social distancing and mask wearing. COVID coordinators can contact their DPH liaisons to discuss possible options for field trips.

Can we start planning for fall trips for sports or performing arts (such as marching band)?

Delaware has no current travel restrictions in place. To reduce the risk of transmission and viral spread, eligible participants, including students, staff, and any chaperones should consider being vaccinated as soon as possible. CDC and DPH recommend that all unvaccinated individuals continue to practice social distancing and mask wearing. Schools/districts should consider transportation options that allow for as much spacing on buses as possible; masks are required on buses for all individuals. Additionally, schools/districts should create and disseminate protocols for safe mitigation practices while on trips, such as masking and distancing while in hotels or crowded spaces, ensuring students adhere to state and local requirements, and isolating individuals who become ill while traveling.

If staff members are fully vaccinated, can they remove face coverings when together in classrooms without students?

Yes, however LEAs may be more restrictive than the state's requirements.

Is there guidance for situations when we cannot adhere to some or all of the mitigation strategies?

The Delaware Department of Education's [Mitigation Strategies: Working with Students with Special Needs](#) provides considerations for teachers and school staff to address many situations when mitigation strategies, such as mask wearing, cannot be implemented for all students or for the entire school day.

Can school LEAs create policies that are more restrictive than the state's requirements?

Yes, as mentioned above, LEAs may be more restrictive than the state's requirements.

Positive Cases, Close Contacts, and Exposures

A positive student case has been reported to our summer program. What are the first steps that the COVID Coordinator should take?

Schools and districts should have a designated COVID Coordinator available for each day of summer programming, as well as a clearly communicated plan for parent/caregivers on reporting positive cases to the school. The COVID Coordinator should create an internal process for receiving reports and work with teachers and school staff to gather as much information as possible including: name, DOB, onset of symptoms or test date, date positive results received, the last date the child was in school or around other students outside of school, and as many other details about the case as possible.

The COVID Coordinator should then complete the DPH data collection form, which will greatly expedite the investigation and contact tracing process and submit the case report through the online system or by calling the DPH School Epidemiology Team. Epidemiologists can discuss cases/possible cases and the best course of action for the schools.

The COVID Coordinator should then convey the following to the family of the positive case:

- If a student has a symptomatic POSITIVE case of COVID-19, the student should *isolate* for **at least 10 days from the onset of symptoms and until at least 24 hours of symptom improvement without fever while not on fever-reducing medication.**
- If a student has an *asymptomatic* POSITIVE case of COVID-19, the student should *isolate* for **10 days following the test date (specimen collection date) as long as the individual remains without symptoms.**

Summer program personnel should convey the following to the *families of close contacts*:

- If an unvaccinated student is a close contact of a positive case, the student should *quarantine* for **10 days from the date of his or her last exposure to the positive case member, or 7 days with a negative test, either PCR at day 5 or 6 following the exposure or an Antigen test on the 7th day after exposure.** Example: If exposure was on a Tuesday, a test could be taken as early as Sunday. If negative, the quarantine period could end and normal activities could resume on Wednesday (7 full days after exposure). Individuals should continue to monitor symptoms for 14 days after exposure.
- School personnel should also convey that DPH may change the above advice on the number of close contacts once DPH has completed its contact tracing investigation.

What if we have a situation that needs a response quickly so the school can make an operational decision, such as whether a group of students needs to stay home the following day?

If a summer program requires DPH advice before proceeding, the designated COVID Coordinator should call their DPH Liaison *first* and together, you and your liaison can determine

next steps, which may include calling DPH's School Epidemiology Team. When leaving the initial message for DPH's School Epidemiology Team or speaking with an epidemiologist, the school nurse should state that the situation is "emergent" (goal of response within 1 hour) or "urgent" (goal of response within 4 hours). The level of urgency is based on operations, not on medical acuity. For example, if a sports team should not be practicing or students should stay home, the epidemiologists should know this at the start of the case investigation.

Will DPH'S School Epidemiology Team issue "clearance" letters to students or staff specifying when they may return to school?

Yes, however, due to case volumes, these letters may be delayed. If a student or staff has not received a clearance letter, the COVID Coordinator, in consultation with the DPH School Epidemiology Team or Liaison, may clear a student or staff after verifying that the below protocol has been followed:

- Asymptomatic positive cases may return to school after 10 days from the date of a positive test.
- Symptomatic positive cases may return to school 10 days from the onset of symptoms as long as they have seen 24 hours of symptom improvement without fever while not on fever-reducing medication. Schools may choose to require a doctor's note before return to school for symptomatic positive cases.
- Close contacts may return to school:
 - **10 days from the date of their last exposure to the positive case member, or**
 - **7 days with a negative test, either a PCR test on day 5 or 6 after exposure, or Antigen test on the 7th day after exposure,** provided they are not exhibiting symptoms and have not had any new exposure. Individuals should continue to monitor symptoms for 14 days after exposure.

If a positive staff person or parent/caregiver of a student do not receive a call from DPH's contact tracing team after 72 hours from the positive test result notification or after the school nurse reported the case to DPH's School Epidemiology Team, they should reach out to the contact tracing team at 844-611-3231. Individuals should respond to calls from this number or from contact tracing.

What is the protocol for siblings or other household members of a positive case?

If the siblings or other household members are fully vaccinated, they do not need to quarantine. If a person tests positive in the same household as an unvaccinated student or staff member, the student or staff member should quarantine immediately and should continue quarantining for 10 additional days from the date of the last exposure to the positive case. The quarantine period may last between 7-10 days but if the positive household member is unable to isolate away from others in the household, those exposed to the positive case would need to quarantine for an additional 7-10 days after the last exposure; this quarantine period may last up to 20 days. The exception to this policy is if the positive case is able to isolate within the house and has no exposure to the other household members. In that case, the household member may return to school 10 days from their last exposure to the positive case. Note that if allowed by district or school policy, individuals may be able to resume school or work on the 8th day after completing the 7 day quarantine period with a negative PCR test on day 5 or 6 after last exposure or antigen

test on the 7th day since the last exposure, or later. Individuals should continue to monitor symptoms for 14 days after exposure.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

If there is confusion about the facts of the case, school personnel should call DPH's School Epidemiology Team.

Who in the community gets told when there is a positive case?

- Summer programs should implement their usual procedures for notification of infectious diseases to the school community, per state, local district, or school policy and practice for infectious disease management.
- The summer program should notify the school community when a person who tested positive was in the building while students were present.

Will DPH's School Epidemiology Team call the summer program to alert staff of a positive case?

It is more likely that the program will be notified by a student, parent or family member, or staff member that they are positive before DPH's School Epidemiology Team receives the lab results. As such, the program will need to act before DPH's School Epidemiology Team can begin its official investigation or contact tracing. If DPH's School Epidemiology Team identifies school-connected positive cases in their system that have *not* yet been reported to DPH's School Epidemiology Team by the school, the DPH Liaisons will send those identified cases to the school. Sometimes, in the time between when the school reports the case and DPH's School Epidemiology Team receives the positive test result, the school has made a report, in which case, the school does not need to do anything further.

What should we do if we receive results of a positive case and that individual is at school?

- Isolate the suspected case of COVID-19 in an area separated from other students and staff and notify parents/guardians to pick up the student as soon as possible.
- Compose a list of in-school close contacts to be quarantined, place those individuals in an area separated from other students and staff, and notify parents/guardians to pick up students as soon as possible. If more than one student is in isolation because of a confirmed positive test, but the status of a student is unknown, those students should be separated, even if the second student is exhibiting symptoms consistent with COVID-19.
- Limit movement among students and staff in the impacted area.
- If there is a medical emergency, call 911.

How should we clean after having sick students or staff at school?

According to the [CDC's cleaning and disinfection guidance](#), if a sick person or an individual diagnosed with COVID is connected to an individual office or other space within the previous 24 hours, you should clean and disinfect the spaces they occupied. Spaces should be closed off until the area is cleaned and disinfected, waiting for as long as possible (at least several hours) before doing so to allow the viral load to decline. While cleaning and disinfecting, school staff should open windows or use fans or HVAC to increase circulation, wear protective equipment, and use EPA approved cleaning and disinfecting products as directed on the label. Further:

- If the person has been in the space **less than 24 hours ago**, school staff should clean and disinfect the space.
- If the person has been in the space **more than 24 hours ago**, cleaning will suffice, and the space may be disinfected according to everyday practices required by the school.
- If the person was in the space **more than 3 days ago**, no additional cleaning beyond regular cleaning practices is required.

Who is considered a close contact?

Despite the changes to mitigation requirements, CDC’s definition of close contact remains the same: an individual who has been in close proximity (within 6 feet) of a laboratory-confirmed or probable COVID-19 individual for a total of 15 minutes or more on either or both of the two days (48 hours) prior to the individual’s symptom onset or positive test. In general, if students are seated sitting in the classroom, other students should not be considered close contacts if they are at least 3 feet apart, properly wearing a face covering, and with everyone facing the same direction at all times. In all other school settings, individuals who meet the 15-minute total time of exposure while less than 6 feet should be considered close contacts, with or without face coverings. Close contacts for adults would be those within 6 feet for a cumulative total of 15 minutes over the previous two days with a positive case. However, the identification of close contacts will be assessed on the facts of each unique situation.

The decision to quarantine students or teachers should be based on **known** potential for exposure. To assist schools in identifying close contacts, consider the following questions. If schools can answer the below questions as follows, then it is unlikely an entire class or school would need to quarantine:

- Are classrooms set up with students at desks, seated in chairs at least 3 feet apart, facing forward? Yes
- Are precautions taken to ensure students are spaced 6 feet apart while waiting in line? Yes
- Are masks worn at all times except during lunch, snack, sips of water, etc.? Yes
- Other than when seated at desks, do all organized activities ensure that students are not closer than 6 feet from each other for more than incidental contact? Yes
- Other than when seated at their desks, have school personnel witnessed students spending more than 15 minutes of time less than 6 feet apart from the positive student? No

What if exposure may have taken place at lunch or recess?

The school nurse, in consultation with DPH Liaison and/or DPH’s School Epidemiology Team if needed, will assess unique situation and determine the best course of action. In general, the following principles apply:

Outdoor lunch:

- If students are outdoors, 6 feet apart, without masks – *no quarantine necessary*
- If students are outdoors, closer than 6 feet, without masks – *quarantine is necessary*

Indoor lunch:

- If students are indoors, 6 feet apart, without masks while eating – *no quarantine necessary*
- If students are indoors, closer than 6 feet, without masks while eating – *quarantine is necessary*

Outdoor recess:

- If students are outdoors, masked, and school personnel are not aware of sustained* contact closer than 6 feet – *no quarantine necessary*
 - *Note: incidental contact, such as briefly running past another student, does not require quarantine. Examples of sustained contact include: playing basketball or football.

Indoor recess:

- If students are indoors, masked, and school personnel are not aware of sustained* contact closer than 6 feet – *no quarantine necessary*
 - *Note: incidental contact, such as briefly running past another student, does not require quarantine. Examples of sustained contact include: playing basketball or football.

What is the difference between isolation and quarantine?

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

- **Isolation** separates sick people with a contagious disease from people who are not sick.
- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. Quarantine is a required precaution to protect others from exposure should the person become positive after an exposure. **Quarantine is considered a mitigation strategy; it is not just implemented during an outbreak situation.** Source: <https://www.cdc.gov/quarantine/index.html>

It is likely that schools will have more individuals identified and out of school because they are *quarantined* – identified as close contacts of positive cases – rather than positive cases in *isolation*.

Do individuals who have been confirmed positive for COVID-19 in the past or are fully vaccinated still need to quarantine?

No, individuals who have tested positive in the previous 90 days for COVID-19 do not need to quarantine during this period. Likewise, a fully vaccinated individual (who is two weeks post the second dose or only dose of the vaccine) does not need to quarantine after a known or suspected

exposure to a positive case if asymptomatic, but should still monitor for symptoms of COVID-19 for 14 days following an exposure.

If someone is currently COVID-19 positive, they should isolate, regardless of their vaccination status.

Schools might ask for confirmation of the positive case or vaccination record to verify that the individual would not need to quarantine.

What should you do if you are a parent (or teacher) and think you or your child(ren) have been exposed or receive information that you are a close contact of a positive individual?

The parent/teacher should contact the school nurse or COVID Coordinator, who will work with the school to ensure learning continuity for students through virtual learning during the quarantine period. Once the case who exposed the person has been interviewed, contact tracers will reach out to anyone identified as a close contact and conduct an interview and recommend quarantine. The school nurse does not need to contact DPH's School Epidemiology Team for exposures unrelated to school personnel or students, as these cases will be identified by contact tracers. If DPH learns of the school-related positive case first, a DPH Liaison will contact the school nurse. An individual who becomes symptomatic following a suspected exposure should consult a health care provider and consider being tested for COVID-19.

How would parents or staff find out if they are a close contact?

The school may find out before DPH's School Epidemiology Team receives lab results, so the school may make the first contact about an exposure. Once DPH's School Epidemiology Team receives the lab results and initiates an investigation, individuals will receive a call from a contact tracer, usually within 24 hours or as soon as possible after DPH receives the positive lab results. DPH's School Epidemiology Team will initiate the investigation as soon as possible, which may be longer than 24 hours due to delay in reporting. If staff are not close contacts, DPH will not notify them of any positive cases in the school setting.

Who are the DPH Liaisons and what is their role?

DPH Liaisons are assigned to school districts, charters, and private/parochial schools to provide a connection to DPH.

DPH Liaisons **can**:

- Respond to specific case-related questions in coordination with DPH epidemiology/contact tracers
- Advise on situation-specific questions
- Review policies and procedures
- Share information between DPH, Department of Education, and school districts/charters and schools
- Provide support and guidance to school nurses, as needed
- Connect schools with DPH epidemiologists
- Present information to staff, parents, and/or school community
- Review materials or presentations developed by schools/districts
- Disseminate research, findings, or guidelines developed

DPH Liaisons **cannot**:

- Provide personnel advice about employee benefits, leave, etc.
- Provide legal guidance
- Serve as epidemiologists, contact tracers, or testing advisors
- Make final decisions for schools or districts related to policy or guidance to students or faculty
- Require any actions
- Serve as regulators or enforcers

Returning to School/Work Process and Letters

When can students or staff return to work/school following quarantine or isolation?

The school Epidemiology Team and the assigned epidemiologist/contact tracer will provide individuals with specific instructions on when they can return to work/school. Individuals who tested positive are asked to isolate for 10 days from the positive test or the onset of symptoms. The individuals should also be fever free, without the use of fever reducing medication, and show an improvement of symptoms for a minimum of 24 hours before returning to work or school. If a student or staff member is a close contact of a positive case, the student should *quarantine* for **10 days from the date of his or her last exposure to the positive case member, or 7 days with a negative test result with either a PCR test on day 5 or 6 following the exposure, or Antigen test on the 7th day after exposure.** Individuals should continue to monitor symptoms for 14 days after exposure.

How will schools know when students or staff are “cleared”?

DPH will provide a letter that states the date of return for each person; individuals should request the letter during the first discussion with the contact tracer/epidemiologist. Individuals need to complete their case investigation and monitoring to receive a letter. If the individual is an out-of-state resident, the individual will need to contact the out-of-state public health authority. However, a school nurse, in consultation with the lead nurse and COVID Coordinator, may clear a student or staff after verifying that appropriate DPH protocols for isolation or quarantine have been followed.

Should we require a negative test before we allow a student or staff member back to school/work?

DPH currently uses a symptom- or time-based method for deciding the duration of isolation periods, as some individuals may continue to test positive for COVID for 90 days without being infectious. If a student or staff member is a close contact of a positive case, the student or staff member should *quarantine* for **10 days from the date of their last exposure to the positive case member, or 7 days with a negative PCR or Antigen test on the 5th day after exposure, or later.**

If we want to have events for our school community, how can we plan to do so safely?

Schools should consider implementing mitigation strategies in and out of school, including at events. However, gatherings are important to build community – from sporting events to movie nights to recognition ceremonies – schools should create plans for larger events that account for

how they will account for attendees, how attendees might be distanced, whether participants will wear face coverings if outdoors, provided access to handwashing or hand sanitizer, and how frequently cleaning and disinfection will occur. For gatherings held before July 13, 2021, schools must have approved plans for events over 250 people, submitted to HSPcontact@delaware.gov. These plans will not be required after July 13, 2021 when the State of Emergency is expected to be lifted, however, having plans in place for safe events will still be recommended.

COVID-19 Testing

Are teachers routinely tested?

Since September 2020, teachers have had access to routine at-home testing designed to identify any positive cases among asymptomatic population.

Where can students, families/caregivers, and staff be tested in the community?

Testing for COVID-19 is widely available across the state. To find the best option for you, please visit: <https://coronavirus.delaware.gov/testing/>.

Should school staff and students continue to participate in routine surveillance testing if they are fully vaccinated?

Fully vaccinated people generally do not need to continue routine testing for screening purposes but may consider continuing to participate in screening testing, such as Vault, based on individual risk assessment and should be tested if they have symptoms of COVID-19.

Unvaccinated individuals should continue to participate in screening testing at frequencies recommended by the Division of Public Health.

What is antigen testing and how does it work?

Antigen tests use a quick analysis to detect active virus in individuals, returning results within 15 minutes. In schools, antigen tests can be used on-site, sometimes referred to as “point-of-care” for the entire asymptomatic population without known exposure to detect previously unidentified positive individuals. If an individual does test positive, the school can quickly isolate that person, quarantine close contacts, and thereby reduce the risk of viral transmission. In a school setting, antigen testing is used more as a screening tool to identify potentially positive individuals, not as a diagnostic tool as it might be used in healthcare settings. Modeling studies have demonstrated that point-of-care or self-administered surveillance tests with fast turnaround time or frequent testing have high epidemiological value and can significantly mitigate transmission of cases in schools. These high-frequency tests of asymptomatic populations hold significant promise in stopping the spread of disease.

For more information on antigen testing in general, please see:

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>.

For more information on antigen testing in Delaware’s schools, please see:

https://www.doe.k12.de.us/cms/lib/DE01922744/Centricity/Domain/600/faq_schoolcriteria_152

[1.pdf](#) or the repository [COVID-19 School Health Forms & Resources](#) (<https://www.doe.k12.de.us/Page/4243>).

What is the difference between an antigen and PCR test?

Although both types of tests are designed to detect the presence of the COVID virus in individuals, they function in different ways. The antigen test uses a nasal swab and detects surface proteins; results are typically available within 15 minutes. A PCR test uses a nasal or an oral swab and analyzes for the presence of viral genetic material (RNA). Results are usually sent to a lab for a molecular analysis and results can take anywhere from 12 hours to several days, depending on lab capacity. Both are considered to be accurate at detecting virus in symptomatic individuals, though there is a risk of false negatives with both types of tests. Antigen tests have a slightly higher false positive rate in an asymptomatic population, but individuals can confirm the results with a PCR to rule out a false finding. Both can be called “rapid” tests, but it is important to know which type of test an individual receives to determine potential next steps. For example, if an asymptomatic individual tests positive using an antigen test, DPH recommends a confirmatory PCR test within 48 hours. If an asymptomatic individual tests positive using a PCR test, that individual is considered to be positive for COVID and should isolate accordingly. Until the results are confirmed, the individual should isolate based on the results of antigen test.

Vaccines and Vaccination

What does it mean to be “fully vaccinated?”

An individual is considered “fully vaccinated” two weeks after receiving the second dose of the Moderna or Pfizer vaccines or two weeks after the single dose of the Johnson & Johnson vaccine. Before the two-week period, an individual is not considered to be fully vaccinated and should continue to practice all mitigation strategies in all settings.

Do individuals still need to quarantine after an exposure to COVID-19 if they are fully vaccinated and asymptomatic?

According to CDC’s guidance, if the fully vaccinated (2 weeks after the second dose for Moderna or Pfizer, one dose of Johnson & Johnson vaccine) individual remains asymptomatic, there is no longer a need to quarantine after an exposure as long as they remain asymptomatic. However, individuals should continue to monitor for symptoms for 14 days following the exposure and if they experience symptoms, should isolate, consult with a healthcare provider, and consider being tested for COVID.

Can an individual who has had COVID-19 in the past 90 days receive the vaccine?

A person may and should receive the vaccine after having COVID-19, as long as that individual has been cleared from the 10-day isolation period and been fever- and symptom-free for at least 24 hours.