

FACILITATED ACCESS TO TESTING FOR HIGHER EDUCATION STUDENTS

RAG subgroup testing – 11 February 2021

CONTEXT

The current test capacity offers opportunities for a broader testing as a means to control the spread of SARS-CoV-2. In a RAG Testing advice of 4 February 2021 it was agreed that increasing testing in higher education students is a useful intervention¹. The arguments being that they often form large networks (“kot” bubble, household bubble...), there is sufficient evidence that frequent testing contributes to reducing the spread of the virus, the proportion of asymptomatic infections is higher in this age group, students are among those who will be vaccinated the latest, and there is a pressure to relax measures for psycho-social reasons. One possible strategy is voluntary repetitive screening of students, as has been piloted at ULiège. Universities and high schools are planning an alternative strategy in which access to testing will be facilitated, as part of a broader intervention to reduce transmission. This intervention, inspired by a KU Leuven initiative, has been presented in which an extension of test indications is part of the strategy. The RAG Testing was requested to give an advice on this proposed test strategy.

PROPOSED COUNTRY-WIDE INTERVENTION (INSPIRED BY KU LEUVEN INITIATIVE)

A proposed country-wide intervention inspired by the experience of KU Leuven has been succinctly described in a document entitled ‘Towards an integrated and sustainable strategy for the higher education sector’, and comprises three pillars:

1. Reinforced prevention

This pillar includes targeted communication and general guidance for students with regard to daily situations intrinsically associated with a higher risk of SARS-CoV-2 transmission and difficult psycho-social experiences (risk reduction in a “kot”, how to handle a week-end visit to the family, what to do after a possible exposition to the virus, how to support a student presenting psycho-social difficulties).

2. Facilitated access to testing

This pillar includes:

- Clear information: when and where students can get a SARS-CoV-2 detection test or psycho-social support;

¹ See : [AANBEVELINGEN BETREFFENDE HERHAALDELIJK TESTEN IN SPECIFIEKE BEVOLKINGSGROEPEN](#) or [RECOMMANDATIONS SUR LE DÉPISTAGE PÉRIODIQUE DANS DES POPULATIONS SPÉCIFIQUES](#)

- Allow self-assessed risk evaluation by students as a valid test indication: this additional indication will be limited to max 1 test per week and per student;
- Promote systematic screening in student communities, households and classrooms when an outbreak is suspected or confirmed;
- Promote systematic screening before (para)medical internships.

3. Reinforced contact tracing

This pillar includes targeted interventions aiming to investigate and break chains of transmission in the complex ecosystem of university campuses, in complement to the existing tracing activities organized by the government. This includes an individual assessment and a specific follow-up for students tested positive for SARS-CoV-2.

Universities would dedicate internal resources (mainly manpower) to implement this integrated strategy and would set up an inter-university platform allowing to facilitate exchange of good practices and information.

The proposed maximum number of tests performed in the context of self-assessment allowed per institution is proposed to be, for the starting phase, 1% per day of the student population. Considering a total higher education student population of roughly 500.000, this corresponds with a maximum of 5000 tests a day (assuming that all higher education institutes participate).

Students would present at an accredited testing center and the tests (RT-PCR) would be performed in the Platform Bis federal laboratories, to build upon the current logistical and administrative flows.

DISCUSSION

- The RAG agrees on the principle of self-assessment by students as a valid indication for testing, and informs that systematic screening before (para)medical internships is a lesser priority. There are many other situations where systematic screening could be equally useful (for example interims), changes of assignment are frequent over the year, and there is no sufficient evidence that testing only once is effective.
- Also with regards to systematic screening in student communities, households and classrooms when an outbreak is suspected or confirmed, there were doubts. Testing in the event of an outbreak will, in principle, be enhanced through the reinforced contact tracing. For broader testing in the event of an outbreak, the same approach could be used as for schools: the Mspoc is notified, a risk evaluation is done with input from the health inspectors, if needed, and a decision is made on a possible broader testing.
- The broadening of the test indications based on a risk self-assessment was judged as a potential effective strategy worth further exploring. Also, because the self-assessment will send a message to the students and might reinforce protective behavior. How the self-

assessment will be done, and on what criteria has not yet been defined. It has to be checked if the tools available at Sciensano could be used with possible adaptations.

- If the intervention is implemented, it needs to be done as soon as possible, well before the start of the exam period, to still have the desired effect.
- There was a suggestion to consider psychosocial problems as a consequence of “confinement measures” to be taken in consideration in a 4th associated pillar. Psychosocial problems should not be linked with testing.

RECOMMENDATIONS

The RAG recommends:

- That each higher education institution (university or university/higher education school association) develops, as soon as possible, a detailed implementation plan of an intervention to reduce SARS-CoV-2 transmission among their students. Ideally this plan is operationalized before contact teaching is reinitiated.
- This should be a comprehensive plan that encompasses more than just facilitating access to testing and has to comprise at least reinforcing protective measures and behavior change communication, reinforcing existing procedures with regard to contact tracing, quarantine and testing of high-risk contacts, reinforcing recognition of COVID-19 symptoms, early testing and isolation. The behaviour change communication should address and mitigate the risk of a false sense of security among students who tested negative, leading to less respecting control measures.
- To share examples of when a student can be tested based on a risk self-assessment. Ideally check before if already existing self-assessment tools can be used for this purpose, as it will also allow to have a link with existing testing and tracing systems.
- To integrate the additional testing within the existing testing systems, such as using existing testing centers and lab capacity.
- A generic protocol for universities and high school should be developed and introduced to the Task Force and the commissariat in order to evaluate the feasibility and the impact on lab capacity. Afterwards each university/high school could adapt the generic protocol to their specific situation.

The following experts contributed to this advice:

Emmanuel André (KU Leuven); Bénédicte Delaere (CHU-UCL Namur); Olivier Denis (CHU-UCL Namur); Frédéric Fripiat (AViQ); Herman Goossens (UAntwerpen); Marie Pierre Hayette (CHU-Liège); Yves Lafort (Sciensano); Barbara Legiest (ZG); Pieter Libin (UHasselt); Romain Mahieu

(COCOM); Elizaveta Padalko (UZGent); Sophie Quoilin (Sciensano); Olivier Vandenberg (LHUB-ULB); Ann Van den Bruel (Ku Leuven); Dimitri Van der Linden (UCLouvain); Steven Van Gucht (Sciensano); Pieter Vermeersch (UZ-Leuven)