

Information from Eva Aagaard, Senior Associate Dean for Medical Education

Regarding student differences

The only asymptomatic testing is for Danforth undergrads. This is surveillance testing of a population, not testing for individuals. Surveillance testing in the undergrads as performed as an early warning signal. Undergrads are surveilled because they are more likely to live communally, are young and are less likely to adhere to public health measures, and because of their age, they are more likely to be infected and asymptomatic.

Even in this population of higher risk individuals, currently [11/14/2020], asymptomatic tests have a positivity rate [of 0.6%](#). Expanding asymptomatic testing when we are entering a surge and have limited capacity for diagnostic testing of ill people is not advisable.

Regarding occupational (employee) health policies:

We are not testing exposures at this time through Occupational Health. Occupational Health does test exposures when there is any evidence of workplace-based exposure that cannot be explained or where multiple people in a single area/ unit/ lab, etc become positive. This is called a cluster investigation.

Immediate testing (except in a cluster investigation) would be ineffective because most people will not convert until after day 5, with some not converting until as late as day 14, with most between day 5-10. The purpose of testing exposures is to enhance contact tracing. It primarily is of use outside of a work setting and when measures for public health are not in place- e.g., parties. In the case of non-healthcare workers, it doesn't help the individual since the duration of quarantine remains exactly the same- 14 days from last exposure.