

25 May 2021

BRIEF19

A daily review of covid-19 research and policy

RESEARCH BRIEFING

How Utah's testing strategy might help keep schools open.

With most American cities, including the most “covid-19-concerned,” set to fully [reopen](#) schools this fall, not to mention the anticipation of many colleges [returning](#) to normal, it would behoove school systems to have rigorous testing strategies in place in order to sustain education and extracurricular activities. In considering the best way forward, we take a look at prevention measures implemented in two Utah high schools, which were the subject of last Friday's CDC [Morbidity and Mortality Weekly Report](#).

Given the obvious social, interpersonal, and educational implications of missed classroom and extracurricular time, the Utah Department of Health and school partners sought to evaluate two testing strategies aimed at reducing remote learning. The first strategy, dubbed “Test to Play,” required testing every 14 days for those wishing to participate in extracurricular activities. The second, called “Test to Stay,” required school-wide testing in order for in-person instruction to continue, rather than transitioning to remote instruction. The first strategy was utilized at 127 of Utah's 193 public schools (66 percent), while the second was used at 13 schools.

Of the nearly 60,000 students tested between November 2020 and March 2021, only 3.2 percent received a positive test for SARS-CoV-2. The students who tested positive (and close contacts) were asked to complete a 10-day quarantine, starting from the day of the result. The “Test to Play” strategy allowed 95 percent of scheduled winter athletic competitions to go ahead as planned, and the “Test to Stay” plan saved an estimated 109,752 in-person instruction days.

The most interesting component of the “Test to Stay” strategy, was that the program was implemented specifically in places where outbreaks were noted to have occurred, and yet despite that, the 13 schools that opted in were able to maintain in-person schooling for 70 percent of their students. Furthermore, only 90 of the nearly 14,000 students received a positive test (0.7 percent). Meanwhile, 16 other schools crossed the pre-determined “outbreak threshold,” but opted instead to transition immediately to remote based learning. Seemingly, the “Test to Stay” plan facilitated a significant amount of in-person learning with minimal adverse effects.

In a country where life seems to be returning to some semblance of normalcy, it will be important to maintain effective protocols to deal with the inevitability of outbreaks and setbacks, especially for students in age groups not yet approved for vaccination. Utah might be on to something that we and others have long advocated: testing saves lives and in the case of parents and children looking to get back to in-person schooling, improves lives too.

—Fred Milgrim, MD

POLICY BRIEFING

Free covid-19 information for India. Why we stepped up.

Throughout the covid-19 pandemic, the *Brief19* mission has been to help the general public make sense of the news, spread reliable medical information, and dispel myths. When the covid-19 outbreak spun out of control in India last month, we watched in horror. For the past two weeks, over 4,000 people in India have died each day, a staggering figure.

During a Clubhouse Q&A that I attended (Clubhouse is a popular app that allows public conversation, like a chatroom, except with actual live audio) with several hundred people in the

United States and around the world, it became clear to me that misinformation among the public in India was rampant. People did not know what to tell their relatives in India what to do. Indian-American physicians told us of stories about worried people spending exorbitant amounts of money on treatments that are expensive and do not work, while often not knowing the important things to do that we know can help.

Because of this, someone suggested that we take content from *Brief19*, and create a short, digestible, evidence-based, PDF document which we could then have translated into several languages spoken in India. The hope was to then disseminate these resources to as many people in need of good information as possible. An Indian-American medical student named [Gurpal Viridi](#) and I spent the next week or so putting together the [English-language version](#), with external vetting and review by five trusted Covid-19 experts. We then had our template translated into multiple languages. As of now, the document has been translated into ten languages spoken in India. Each of the PDFs is available for free and easy to share from [our website](#). We plan to add more languages, including those spoken in other areas of the world where outbreaks occur and where good information may be hard to find.

Thousands of people have already accessed these documents. (We got a boost when Chelsea Clinton [re-tweeted](#) a link to our project last week). We urge our readers to share these resources with anyone who they may benefit. As the covid-19 pandemic worsens elsewhere, we will also be looking for help identifying more languages to add.

—*Jeremy Samuel Faust, MD MS*

Kimi Chernoby, MD, JD, Policy Section Founder, Joshua Niforatos, MD Research Section Editor, Frederick Milgrim, MD, Editor-at-Large, Joshua Lesko, MD Lead Policy Analyst, Barb Cunningham, Copy-editor, Benjy Renton, Thread-of-the-Week, Anna Fang, Week-in-Review, Megan Davis, social media, Kane Elfman PhD, Publishing and Design, Jeremy Samuel Faust MD MS, Editor-in-Chief.
<http://www.brief19.com/> Twitter: [@brief_19](#) submissions@brief19.com. Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health and public policy.