

The CDC's unscientific "Test to Stay" program: A pro-corporate COVID-19 policy to keep schools open

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Amid an unprecedented surge in the COVID-19 pandemic due to the highly transmissible Omicron variant, the Biden administration and all state governments are intent on reopening K-12 schools after the holiday break, no matter the human cost. This week, millions of school-aged children have been forced back into thousands of overcrowded, poorly-ventilated classrooms in K-12 public schools, a criminal policy which will further accelerate the surge in infections, hospitalizations, long-term illness and deaths due to COVID-19.

Alongside the ongoing loosening of safety mitigations at K-12 campuses, many districts across the US will be implementing various forms of "Test to Stay" (TTS), a COVID-19 testing program designed to keep schools open as children become infected. This reckless policy was recently endorsed by the Biden administration and given pseudo-scientific justification by the Centers for Disease Control and Prevention (CDC) through their official TTS guidelines.

The CDC guidelines for TTS state that unvaccinated and exposed students may remain in school if those students adhere to CDC quarantine guidance outside of the K-12 school setting and are tested in school. The CDC guidelines, which were designed prior to Omicron, falsely claim that the testing program is a "safe" and successful means of reducing the loss of in-person school days from at-home quarantine.

Allowing children knowingly exposed to COVID-19 to stay in school as part of a "modified quarantine" is entirely unscientific. TTS, which is solely aimed at keeping students in school so their parents remain at work, parallels and coincides with the recent release of CDC guidelines for quarantine and isolation of adults, designed to force sick and exposed workers back into workplaces prematurely. TTS is yet another expression of how the CDC has become a political tool for the ruling elite, providing official sanction for their homicidal policies.

The reopening of K-12 schools last semester played a leading role in the infection of over 3.4 million children in the span of just five months. The CDC itself has documented 1,040 child deaths in the US since the pandemic began, with a staggering 535, or over half of all reported deaths, occurring in the past four months since September 1.

With the deepening surge in Omicron cases, pediatric hospitalizations have reached record levels. According to data

from the CDC, for the week of December 26-January 1, a record average of 574 children under 18 years old were hospitalized each day with COVID-19, a 95.7 percent increase from the week prior. The latest data from the American Academy of Pediatrics (AAP) released Monday found that a record 325,340 children were infected with COVID-19 last week, when schools were closed due to the holidays.

According to the CDC guidelines, unvaccinated and masked close contacts are allowed to have a modified quarantine of seven days while still attending in-person school as opposed to a 10-day quarantine at home. After a COVID-19 positive case is reported, school staff are expected to identify exposed close contacts, and test eligible students 2-4 times at school over the course of a seven-day period using rapid antigen tests (RATs).

Close contacts who were unmasked during COVID-19 exposure must quarantine at home but are not required to show proof of a negative test prior to returning to campus. Despite the well-documented science proving that vaccinated children can become infected and infect others, including through asymptomatic infection, fully vaccinated close contacts can remain on campus without testing as long as they do not have symptoms.

Evaluations of two studies on separate TTS pilot programs, one in Lake County, Illinois, and another in Los Angeles County, California, were published last month in the CDC's Morbidity and Mortality Weekly Report (MMWR) and are being used to justify the testing program. The studies deceptively highlight that thousands of in-person school days were saved because of the program, while claiming without sufficient evidence that no significant increase in secondary transmission took place on campuses.

The two studies, overseen by the CDC itself, are invalid and only serve to prop up a testing program which allows unchecked spread in schools and surrounding communities. Numerous limitations to the findings are listed in each study, three of which are worth noting in detail here:

1. The study findings are not applicable to populations with high community transmission.

The TTS studies took place prior to the Omicron surge, during August-October 2021, when the initial stage of the Delta wave was causing its first rise in cases. Case rates have skyrocketed in both counties since the studies were conducted. According to the CDC,

as of January 2, 93.1 percent of counties in the US are currently experiencing high rates of community transmission.

The Lake County, Illinois study, which had a student and staff population size of 71,651, admits that “the findings might not be generalizable to areas with higher COVID-19 incidences and lower vaccination rates.” Case rates have exploded since the study period from a seven-day average of 100 cases to 725 cases as of January 2. Vaccination rates have increased from 53 to 73.5 percent fully vaccinated, yet children are still largely unvaccinated and vulnerable. In Los Angeles County, the seven-day average of cases has skyrocketed from 1,000 during the study period to over 17,000 as of January 2.

2. The participating schools lacked universal testing and contact-tracing to accurately assess transmission in schools before and after TTS implementation.

The majority of K-12 districts across the US do not conduct regular surveillance testing. As a result, most cases detected in schools are through symptomatic testing at off-campus sites. Research published in the Proceedings of the National Academy of Sciences in February 2021 determined that more than 50 percent of community transmission was from asymptomatic and pre-symptomatic cases, and it is well known that children are predominantly asymptomatic carriers and drivers of transmission. Based on this research, millions of asymptomatic cases among children have gone largely undetected and unreported.

For both studies, data on secondary infections at school as well as spread to household contacts was not included from athletics outbreaks, a major driver of infection among students, nor from identified close contacts who had to quarantine at home because they chose not to participate in TTS or were not wearing a mask when exposed.

Both studies highlight low secondary infection rates among TTS schools, but there is no real evidence to substantiate this due to a lack of robust universal testing and contact tracing systems in place to monitor accurate transmission rates before and after TTS was adopted.

3. The lack of staffing and resources in many schools make TTS impossible on a large scale.

The Illinois study noted that only schools with sufficient staffing and testing resources participated in TTS, which the study notes, “might have resulted in low transmission levels that are not generalizable to low-resource schools.” Still, throughout the study period, some participating schools reported a lack of testing supplies, requiring TTS participants to access off-site testing.

In the Los Angeles County study, only 432 out of the 2,067 K-12 public schools in the county participated in the study. Significantly, Los Angeles Unified School District (LAUSD), the largest district, which represents one-third of the county’s student population, did not participate in the study.

Of the 1,635 LA County schools that did not participate in the program, 75 percent, or 1,226 schools, are in the most disadvantaged neighborhoods in the county, according to the California Healthy Places Index (HPI). According to the CDC study, these disadvantaged schools “cited resource-related reasons for not adopting TTS.” Just 26 percent, or 112, of the schools participating in the TTS program were in the most disadvantaged

neighborhoods in the county, providing a skew in the data toward lower infection rates as the majority of participating schools serve populations in the county with lower case rates on average.

According to the guidelines of TTS, contact tracing, testing, and masking of students during in-school quarantine are expressed as “integral to minimize risk of transmission.” Yet, implementing contact tracing and testing, as well as monitoring mask use during exposure and in-school quarantine, is near impossible for many schools across the US, which face significant staffing shortages, crumbling infrastructure, and lack of resources.

Still, the CDC gives its full support to TTS. True to its political intentions of providing a means for schools to be kept open regardless of the level of viral transmission, the CDC studies also call for “continued efforts to simplify school quarantine strategies” for schools that are not able to implement TTS. As districts plan to force schools open over the next two weeks, various iterations of the already inadequate TTS program are being developed and implemented.

An alarming version of TTS, named “Focused Test to Stay,” recently emerged out of preliminary research from Duke University and the ABC Science Collaborative. This twisted program advises that unmasked exposed students be allowed to remain learning in-person under a reduced in-school quarantine of only five to seven days instead of 10 days, provided that testing is conducted. Masked exposed students can remain in-person with no required follow-up testing.

The Duke study took place during November and December among only 360 students in five public schools and one charter school in North Carolina. Researchers falsely claim this is a safe alternative to the original TTS that will not require as many tests, which has proven to be a barrier for many schools.

Despite the explosion of cases across the US, the ruling elite continues to carry out its agenda of mass infection. The three largest districts in the US—New York City Public Schools, Los Angeles Unified School District, and Chicago Public Schools—with a combined student population of nearly 2 million, are fully reopening schools and implementing their own versions of TTS, setting a precedent for the entire K-12 public school system to adopt the program and keep schools open.

Mass opposition has exploded in response to the reopening of schools in these key districts. Educators, parents and students increasingly recognize that a social crime is taking place that will only result in further unnecessary infections, death, and long-term illness.

The entire political establishment, as well as the corporate media and the unions which have supported the TTS program, prioritize profits over human lives. The working class must take the initiative to fight for its own interests and wage an independent, globally coordinated struggle to close schools as part of a broader strategy to stop the spread of COVID-19 and end the pandemic.



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