

Contact Tracing and Affiliate Notification Program

A key tool in controlling the spread of COVID-19 in our community is rapid case identification and contact tracing. In coordination with DC Health, American University has implemented an Affiliate Notification Program. The goal of this program is to ensure the timely identification of community member contacts when there is a confirmed case within the AU community so that these contacts can self-monitor symptoms or quarantine in accordance with [DC Health guidelines](#). AU community members with a physical presence on the university premises and have potential contact with other AU students, faculty, or staff members will be part of this program. These efforts do not replace the need for contact tracing by appropriate DC Health officials, who remain responsible for complete contact tracing efforts throughout the DC community at-large.

Process

If you test positive for COVID-19 and are an AU student, faculty, or staff member with a physical presence on campus, you can expect to be contacted by an AU COVID case coordinator (hereinafter known as case coordinator). Here is a brief overview of what to expect during each phase of the process:

1. Case identified

We will be notified of your positive test result when you submit the [Self-Report Form](#). If you take a test through AU's testing program, we will automatically be notified if you test positive.

2. Case opened

If you are an AU student, faculty, or staff member with a physical presence on campus, your case will be assigned to a case coordinator.

3. Tracing

Your case coordinator will contact you via phone and help connect you with any AU resources you may need. They will work with you to determine whether you had close contact with any campus community members.

If your case coordinator is unable to reach you by phone, they will leave a voicemail and send a text message and email alert asking you to call back. Per the [Health and Safety Directive on COVID-19 Exposure, Positive Test, or Suspected Infection](#), AU community members who test positive for COVID-19 are expected to comply with the Affiliate Notification Program and cooperate with contact tracing efforts. Failure to do so may result in disciplinary action.

4. Notification to affiliate contacts

Your case coordinator will notify any close contacts identified during the tracing phase and provide them with preliminary guidelines for self-monitoring symptoms or quarantining, depending on their vaccination status. Your case coordinator will also ensure each close contact is aware of applicable campus support resources and answer any questions or concerns related to the exposure notification. They will share the date of potential exposure to your close contact(s) but will generally not provide identifying information about you.

The Affiliate Notification Team will make several attempts to reach all close contacts via email, phone call, voicemail, and text message. To help ensure timely notification, please ensure your emergency information is updated in [Rave](#).

5. Coordination with DC Health

Select information gathered by your case coordinator will be shared with DC Health to assist its contact tracing efforts. You should expect DC Health to contact you to identify additional contacts and to provide guidance on when you may end isolation.

Proximity Notification and Surveillance Testing

In addition to individual contact tracing, the university will use a proximity surveillance testing strategy to further ensure the health and safety of students, faculty, and staff and slow the spread of COVID-19. Proximity testing is testing individuals who do not necessarily meet the threshold of a close contact but are known to share a physical setting for a prolonged period with someone who has tested positive.

Examples of groups who share physical settings and may be asked to complete proximity testing include:

- Sports teams
- Faculty/staff departments with communal or shared office spaces
- Residence halls
- Classes
- Clubs (e.g., fraternities/sororities, etc.)

Proximity testing will be advised when one of the following criteria is met:

- Three or more cases within a 14-day period
- One case with six or more close contacts from the same group is identified
- The positive individual attended class during their infectious period

Individuals in recognized groups who meet the above criteria will receive an email from the AU Affiliate Notification Team recommending that they participate in voluntary surveillance testing and information on how and when to get tested.

Questions regarding the Affiliate Notification Program can be sent to CovidNotification@american.edu, or a member of the team can be reached at 202-885-7950.

Definitions

Close contact: Someone who was within 6 feet of an infected person for at least 15 minutes over a 24-hour period, starting from 2 days before illness onset (or for asymptomatic infected people, 2 days prior to positive test collection) until the time the infected person is isolated.

Exception to close contact definition in Schools (Pre-K-12th Grade and Adult Education):

In the indoor classroom setting, the close contact definition excludes students who were 3–6 feet away from an infected fellow student where both students were engaged in consistent and correct use of well-fitting face masks AND other layered prevention strategies were in place (such as universal mask wearing regardless of vaccination status, physical distancing, and increased ventilation).

Proximity contact: An individual who does not meet the definition of a close contact but is known to have shared a physical setting for a prolonged period of time with someone during the time they may have been infectious. *Note:* Individuals in this category are at very low risk of contracting COVID-19, and do not need to quarantine, but are recommended to get tested out of an abundance of caution and as part of the university's surveillance testing strategy.

Fully vaccinated: An individual is considered fully vaccinated at day 14 after completion of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).

PCR test: PCR tests look for pieces of genetic material of SARS-CoV-2, the virus that causes COVID-19, in the nose, throat, or other areas in the respiratory tract to determine if the person has an active (i.e., current) infection. In communities where transmission rates are low and mitigation efforts are effective, PCR testing is more reliable at detecting active infection.

Antigen test: Antigen tests look for pieces of proteins that make up the SARS-CoV-2 virus, the virus that causes COVID-19, to determine if the person has an active (i.e., current) infection. For someone with symptoms, it can be used as a point-of-care test to quickly determine who has an active infection. With the current evidence, DC Health does not recommend that antigen tests be used for screening people with no symptoms or known exposures because they have lower sensitivity than PCR tests.

Infectious period/Contact tracing window: The period of time when an infected person can spread COVID-19, starting from 48 hours (or 2 days) before the person has any symptoms or tests positive for COVID-19.

Incubation period: The time period between when someone is exposed to an infectious agent and when the first symptoms appear. The incubation period is different for every pathogen. The incubation period for COVID-19 can be as little as 2 days and as long as 14 days. This is the reason why 14 days has been used as the recommended length of quarantine time for someone who has been exposed to COVID-19.

Isolation: Isolation separates sick people who have tested positive for COVID-19 from people who are not sick to minimize the spread of the virus.

Quarantine: Quarantine is used to separate someone who might have been exposed to COVID-19 and may develop illness away from other people. Quarantine helps prevent spread of disease that can occur before a person knows they have the virus.