

The Optimise Study:
COVID-19 testing in
schools and attitudes
and concerns about
the current state of
the pandemic

Report 12 | November 2021



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The Optimise Study is a partnership between Burnet Institute and Doherty Institute in collaboration with University of Melbourne, Swinburne University of Technology, Monash University, La Trobe University, Murdoch Children's Research Institute, the Centre for Culture Ethnicity and Health, and the Health Issues Centre.

Optimise is a longitudinal cohort study that will follow up to 700 participants for a 12-month period. Study participants are not intended to be representative of the broader population but instead have been intentionally recruited from key groups who are considered to be:

- at risk of contracting COVID-19
- at risk of developing severe COVID-19 or,
- at risk of the unintended consequences of the restrictions

Participants are then asked to nominate people who play a key role in their lives, and where permission is given, these people are also invited to participate in the study. Establishing a map of social connections is important because it can be used to examine the influence of the social network on an individual or key groups 1) behaviour including adhering to government directions on COVID-19, 2) attitudes and level of engagement in key COVID-19 interventions such as testing and vaccination, and 3) experience of the unintended consequences of COVID itself, or the government restrictions imposed due to COVID-19. The resulting social map increases our understanding of the interplay between the individual, social and community-level impacts of COVID-19. For more detail on the Optimise study please visit <https://optimisecovid.com.au/>

SUMMARY

This report explores participants'

- attitudes towards the frequency of testing amongst primary and secondary school students in the event that a COVID-19 case was detected at a school
- attitudes towards the best way to administer the tests
- attitudes and concerns about the current state of the pandemic

Our findings are drawn from several Optimise research activities including:

- a snapshot survey conducted between 28 October and 4 November 2021 of 560 participants which assessed Optimise participants' views about the best ways to implement COVID-19 testing in schools and
- a Community Engagement Group (CEG) meeting involving community leaders from culturally and linguistically diverse (CALD) communities in Victoria held on 26 October 2021

To complement this, we have included findings from a Community Engagement Groups held on 16 November 2021 involving participants who represent key groups including: healthcare workers, international students, older people, people with chronic disease, young people, people who have previously had COVID-19, people living in regional Victoria and people living in crisis accommodation.

A rapid survey examining attitudes towards testing in schools

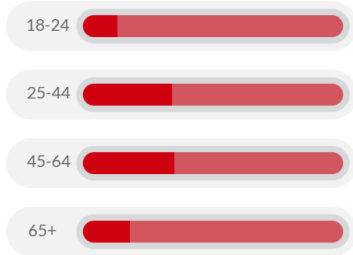
The Optimise Study has followed a cohort of over 700 Victorians since September 2020. A rapid survey was conducted between 28 October and 4 November 2021 to assess Optimise participants' views about the best ways to implement COVID-19 testing in schools. This included asking participants about their attitudes towards the frequency of testing primary and secondary school students in the event that a COVID-19 case was detected at the school, and their attitudes towards the best way to administer these tests. Of the 694 participants invited to complete the survey, 560 (80%) responded. The participants who completed the survey were representative of the Optimise survey cohort. Six participants completed phone-administered surveys with bilingual data collectors in Mandarin and Arabic.

These findings are complemented by a Community Engagement Group (CEG) meeting involving community leaders from culturally and linguistically diverse (CALD) communities in Victoria held on 26 October 2021. This CEG discussed a range of issues at this meeting although for the purposes of this report we have only included the findings that relate to rapid antigen tests of school students.

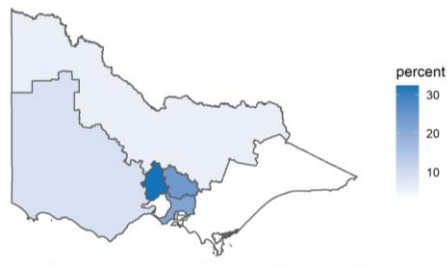
SUMMARY OF FINDINGS

- Fifty percent of participants agreed that it was acceptable to ask primary school students in a class where a COVID-19 case has been detected to test every day for one to two weeks in order to keep schools open. This was slightly more acceptable for secondary school students (54% agreed that it was acceptable).
- There was a higher level of acceptance to ask all students in a class where a COVID-19 case has been detected to take a single test (primary school parents), or to ask them to test twice a week (secondary school parents) so they could continue attending school.
- Less than 50% of people thought it was acceptable for primary and secondary students to do a rapid antigen test at least twice a week if no COVID-19 had been detected in a school.
- There were high levels of discomfort about sending a child to school if there was a confirmed case of COVID-19 in the child's class although parents were more comfortable if the case was detected in the school but not in their class.
- Thirty-one percent of participants agreed that self-administration of rapid antigen tests at home or school was feasible for primary school students. Participants were more supportive of self-administration of rapid antigen tests at school for secondary school students (51%) over self-administration at home (46%). Administration by a healthcare professional at the school trained to do so was the most preferred option amongst the cohort and parents of both primary and secondary school students.
- Participants of the CALD Community Engagement Group were concerned that daily rapid testing would not be acceptable to many children. Some participants thought less frequent testing or testing only when symptomatic would be more acceptable. Participants also raised concerns about the additional burdens this would place on parents who are already feeling the weight of requiring their children to take COVID precautions, wear masks and get to school earlier for staggered drop-off, and potential strains in relationships between parents and children and schools.
- Participants of the CALD Community Engagement Group raised the importance of clear communication around any rapid testing policy and ensuring that the rapid tests were easy to access and administer.

1. DEMOGRAPHICS



32% are aged between **18-34**



81% live in **metropolitan Melbourne**



12% speak a **language other than English** at home



42% are **parents or legal guardians**



19% have children attending **primary or secondary school**



24% are **healthcare workers**

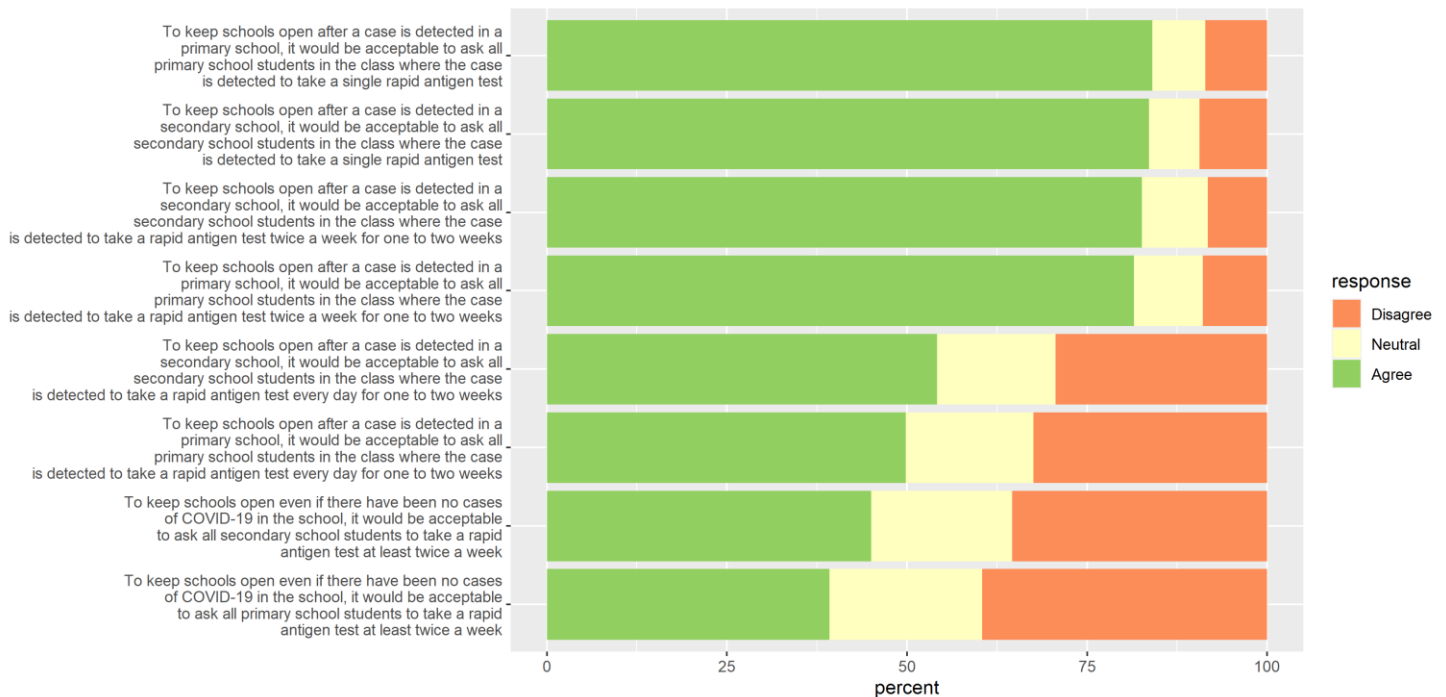


91% are **vaccinated**

2. TESTING STUDENTS TO KEEP SCHOOLS OPEN

Fifty percent of participants agreed that it was acceptable to ask primary school students where a COVID-19 case has been detected to test every day for one to two weeks in order to keep schools open. This was slightly more acceptable for secondary school students (54%). Less frequent testing was considered to be more acceptable to participants with over 80% of participants agreeing that an acceptable way to keep primary and secondary schools open once a COVID-19 case was detected in the school was to ask all students in the class to take a single test, or to ask them to test twice a week.

To what extent do you agree or disagree with the following statements?



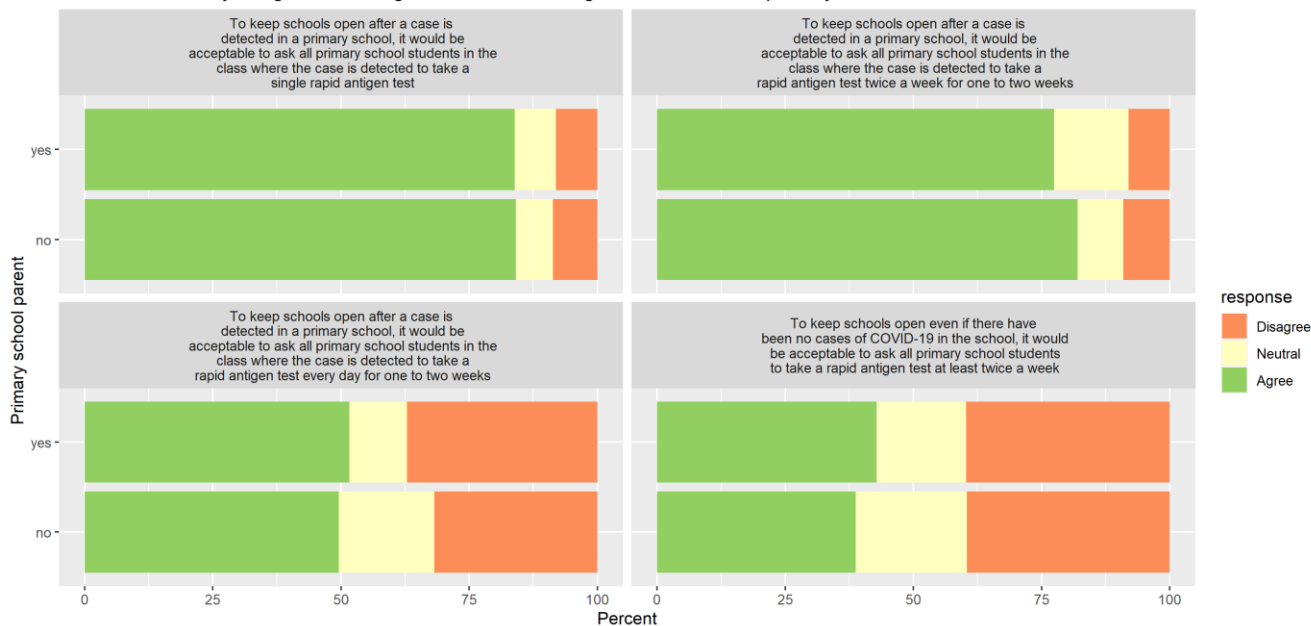
All community leaders in the CALD Community Engagement Group felt daily rapid testing of children to keep schools open was highly problematic. They felt it was unlikely children would comply consistently with daily tests, particularly with nasal swabs. Community leaders reported some teenagers with symptoms already refused PCR testing therefore expecting they would comply with asymptomatic rapid testing was unrealistic.

Younger children may not like the invasive nature of a nasal swab every day. A couple of community leaders felt less frequent rapid testing of children may be more acceptable than daily testing (e.g. once a week or only when symptomatic).

3. TESTING STUDENTS AMONG PARENTS OF PRIMARY SCHOOL STUDENTS

According to participants who are parents of children attending primary school, 50% agreed with a rapid antigen test every day for one to two weeks after a COVID-19 case has been detected in a class to keep schools open. It was more acceptable amongst parents for primary school students in the class where a case is detected to take one test (84%) or to be tested twice weekly (77%). Forty-three percent agreed that it would be acceptable to test students at least twice a week if there was no COVID-19 detected in the school.

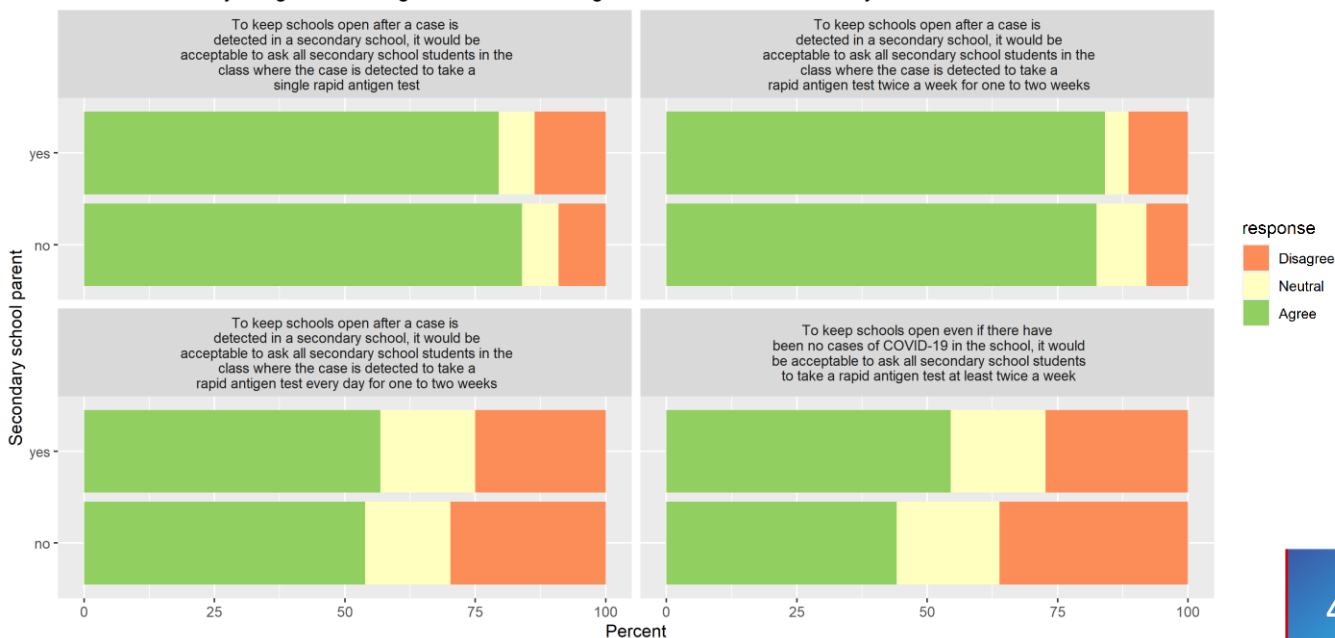
To what extent to you agree or disagree with the following statements about primary schools?



4. TESTING STUDENTS AMONG PARENTS OF SECONDARY SCHOOL STUDENTS

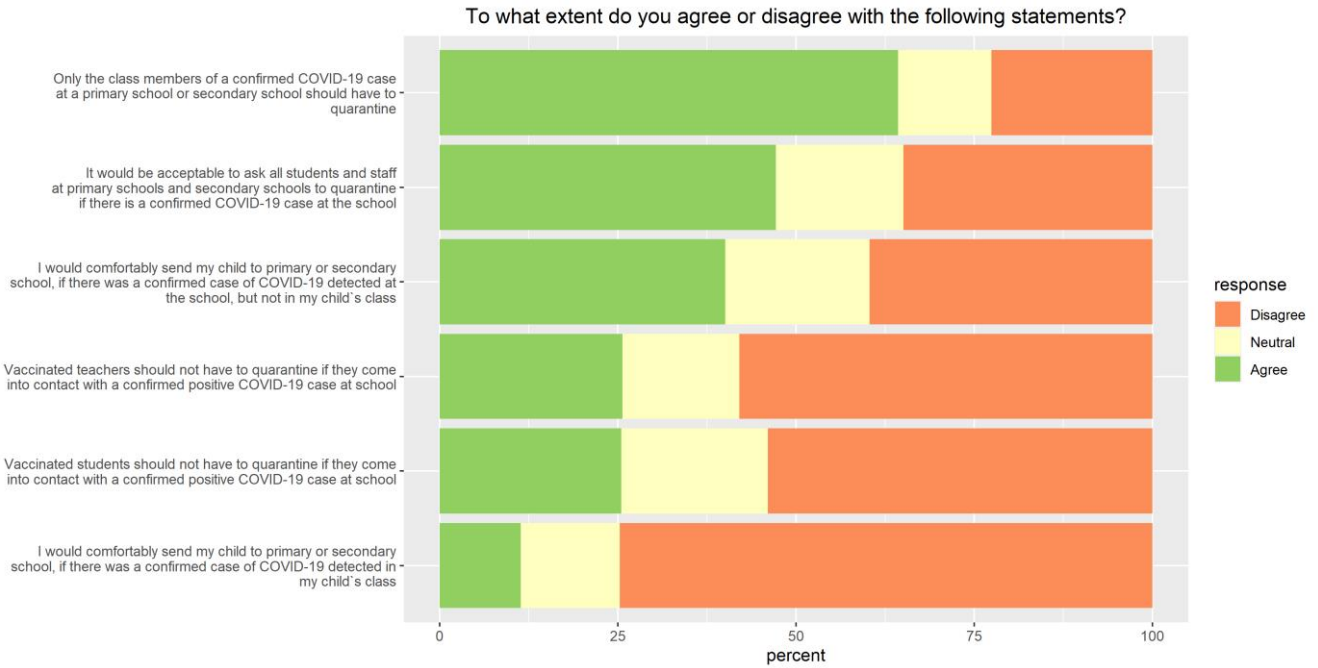
According to participants who are parents of children attending secondary school, 57% agreed with a rapid antigen test every day for one to two weeks after a COVID-19 case has been detected in a class to keep schools open. It was more acceptable amongst parents for primary school students in the class where a case is detected to be tested twice weekly (84% agreed that it was acceptable) or to take one test (80% agreed that it was acceptable). Fifty-five percent agreed that it would be acceptable to test students at least twice a week if there was no COVID-19 detected in the school.

To what extent to you agree or disagree with the following statements about secondary schools?



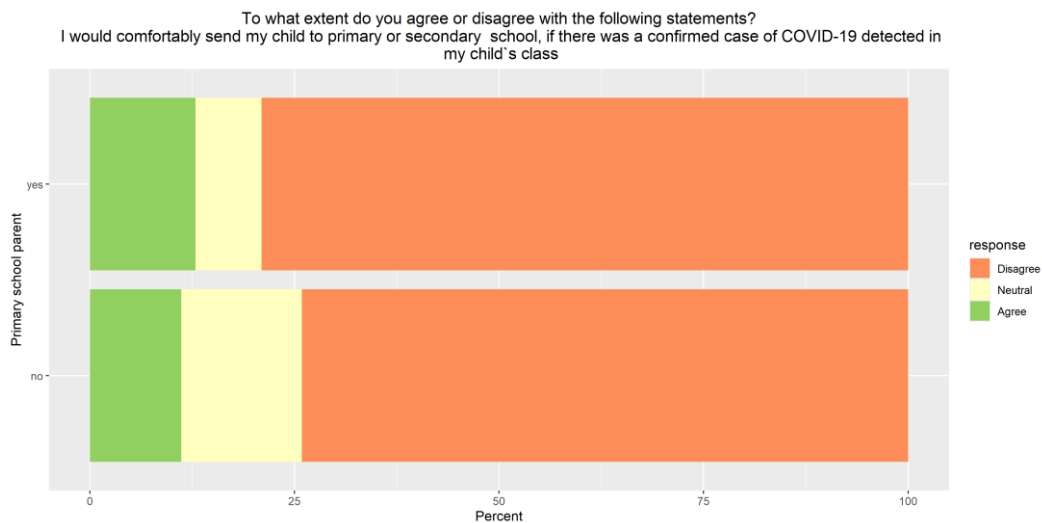
5. RESPONSES TO DETECTION OF CASES WITHIN A SCHOOL

When asked about measures implemented in schools after the detection of a COVID-19 case, 64% of the cohort strongly agreed or somewhat agreed that only the class members of a confirmed case should have to quarantine. Eleven percent agreed that they would comfortably send their child to school if there was a confirmed case of COVID-19 detected in their child's class, whereas 40% agreed that they would comfortably send their child to school if there was a confirmed case of COVID-19 detected in the school but not in their child's class.

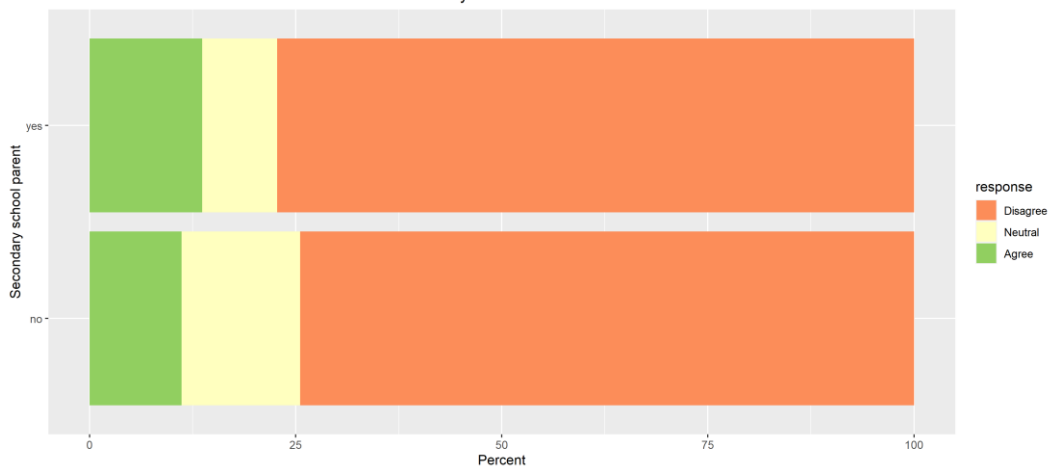


6. SENDING A CHILD TO SCHOOL IF THERE WERE A CASE OF COVID-19 IN A CLASS

Participants were mostly uncomfortable with sending their child to school if there was a case of COVID-19 in their class. Seventy-nine percent of primary school parents and 77% of secondary school parents disagreed with the statement that they would comfortably send their child to school if there was a confirmed case detected in their child's class.



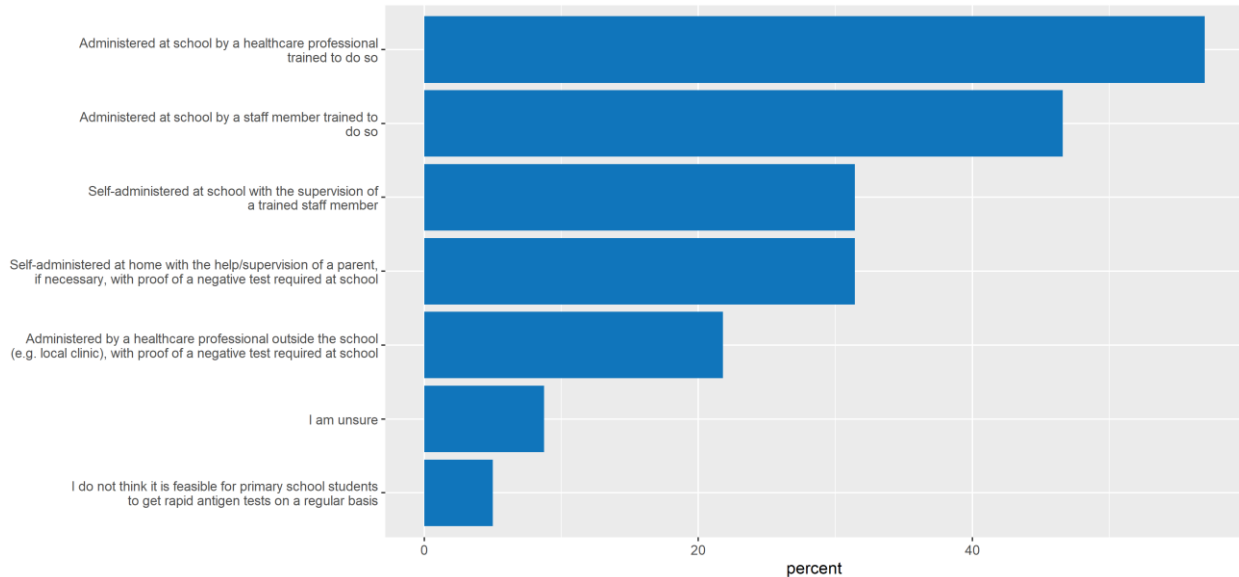
To what extent do you agree or disagree with the following statements?
 I would comfortably send my child to primary or secondary school, if there was a confirmed case of COVID-19 detected in my child's class



7. FEASIBILITY OF TESTING IN PRIMARY SCHOOLS

Overall, most participants thought that the easiest way to implement rapid antigen testing for **primary school students** would be via a healthcare professional at the school trained to do so (57%). This was followed by a staff member at the school trained to do so (47%) and self-administration either at school or at home (31% respectively). **Parents of primary school students** were most supportive of the tests being administered by a staff member (51%) or healthcare professional trained to do so (48%), followed by self-administration of rapid antigen tests at home (44%).

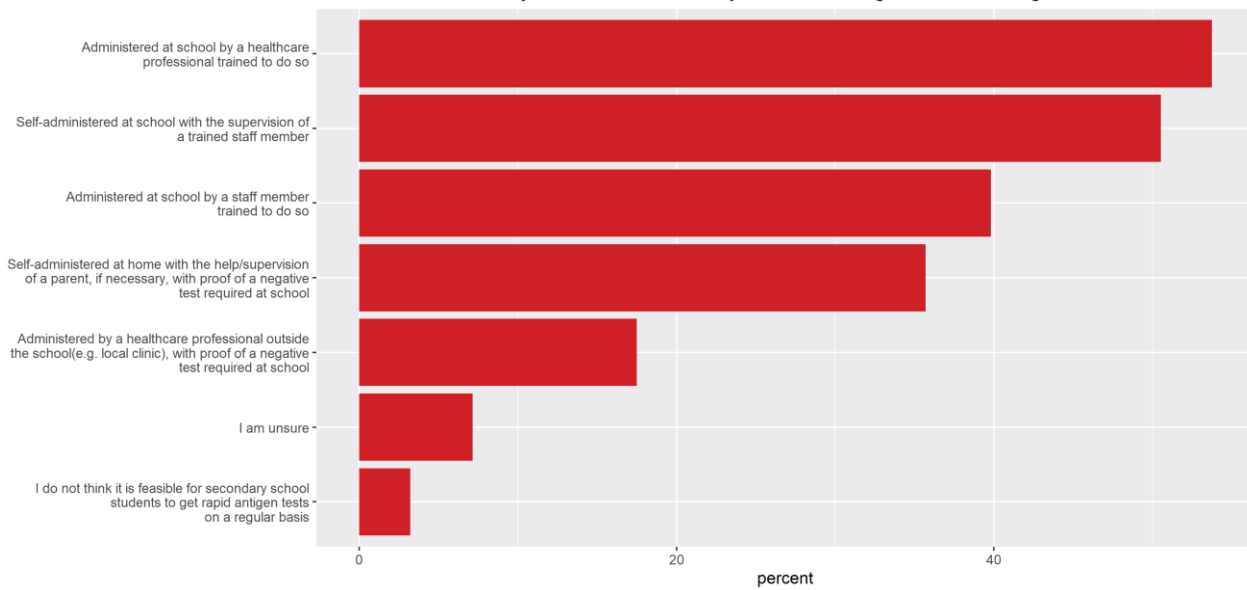
Which of the following would be the easiest way to implement rapid antigen testing for primary school students, if they were asked to get tested on a regular basis?



8. FEASIBILITY OF TESTING IN SECONDARY SCHOOLS

Overall, participants thought that the easiest way to implement rapid antigen testing for **secondary school students** would be via a healthcare professional at the school trained to do so (54%). This was followed by self-administration at school under staff supervision (51%) and administration at school via a staff member trained to do so (40%). **Parents of secondary school students** were most supportive of rapid antigen tests being administered by a healthcare professional trained to do so (49%), followed by self-administration at home (40%).

Which of the following would be the easiest way to implement rapid antigen testing for secondary school students, if they were asked to get tested on a regular basis?



Participants of the CALD Community Engagement Group raised concerns about rapid testing requirements placing unnecessary extra burdens on children and parents. Participants reported that children were already frustrated and stressed as a result of home-schooling and were now having to tolerate wearing masks. Parents too were already tired and expected to ensure their children took COVID precautions, wore masks and get to school earlier so they could enter school in different cohorts. Additionally, if children were non-compliant, some community leaders feared this would place pressure on parents’ relationships with their children as well as their relationships with the school. One community leader was concerned that rapid testing to attend school could lead to some children avoiding school. Concerns about the accuracy of rapid testing and how rapid test results would be monitored for school children was also raised.

9. INFORMATION NEEDS AND THE IMPORTANCE OF COMMUNICATION

If rapid testing of children was implemented, the CALD Community Engagement Group felt the government needed to communicate a very strong justification for the policy. They would also need to make sure the rapid tests were easy to access and administer. Government communication campaigns should also be directed at children to help motivate them to have rapid tests (e.g. linking rapid testing to seeing school friends and/or school being a safe place).

COMMUNITY ENGAGEMENT GROUP INSIGHTS

"IT'S A WHOLE NEW REALITY"

Many participants described difficulty integrating experiences of a newly opened up Victoria with the very recent past of lockdowns. As one participant said: "We're caught within this dichotomy of people who think that everything's gone back to normal and those who don't think that way".

A couple of participants felt Victoria had made significant progress in recent months in areas such as vaccination, but this was not reflected in the media (with the focus on anti-vaxxers). Another participant believed that the focus on the total vaccination rate for Victoria obscured that some LGAs have much lower vaccination coverage and much higher rates of COVID-19 transmission.

There were mixed experiences of businesses implementing or trying to implement COVID-19 safety measures. Some businesses were perceived as committed to the current government requirements and safety measures by having COVID-19 marshals at the entrance or training staff to ask politely whether people checked-in. Expectations of COVID-19 compliance were higher for bigger businesses with more resources. One participant described being less critical of smaller businesses/cafes: "they don't have the capacity to take on people who are going to freak out on them...a 17-year-old working in a café, it's not their fight".

For those not working in healthcare, the experience of being "directly" affected by COVID-19 was perceived as less overall, but still present. For example, one participant recently experienced a resident of her multi-storey apartment building testing positive for COVID. This participant was unsure whether she should isolate and had entered "self-induced isolation" but was unsure how long she needed to isolate. She contrasted this to past examples where whole apartment buildings were locked down following a positive case. She reported: "It did shake us up a bit". There was some discussion within the group about current guidelines for isolation in different circumstances, with those working in healthcare more aware of current guidelines.

Perceptions ranged from people being happy to be out of lockdown, with outdoor bars being full of young people, to being concerned about increased alcohol and other drug consumption. There was frustration with people who don't believe in COVID-19 and therefore do not take any preventive measures (e.g. physical distancing, mask wearing).

Government communication about "where to from here?" was perceived as lacking in the post-vaccination environment. People sought more information about government directions, and regular updates, similar to the daily briefings received during lockdown. One participant queried whether the lack of communication was intentional because the government was now focused on "rolling out all the good news".

EXPERIENCES OF AGGRESSION RELATED TO COVID-19 MEASURES

Experiences of unvaccinated people acting aggressively when asked to check-in by retail and hospitality staff were reported. One participant who works as a community engagement officer reported some businesses in his community were afraid to ask people to wear a mask or scan their QR code. He also reported his own experience of being threatened at work by community members who was against vaccination, including being told "this is how Nazism started" and "you know the mask you're wearing is poisonous". He felt the level of aggression can vary according to different locations within Melbourne. Another participant who lives in crisis accommodation reported:

"Some of the people in my community haven't been vaccinated and find it difficult that they cannot enter certain places because of this. This turns into an issue when they become aggressive or violent."

CONCERN ABOUT POPULATIONS MORE AT-RISK OF COVID-19

The representative of healthcare workers, who is also a critical care nurse liaison nurse practitioner, shared her experiences of caring for COVID-19 patients who were either unvaccinated, not fully vaccinated or vaccinated but with underlying medical conditions. She reported that some patients were being readmitted to ICU after recovering from COVID-19 due to their increased susceptibility to chest infections and pneumonia. She was also treating patients from boarding houses and shared accommodation who needed to be discharged into quarantine hotels because they could not isolate at home.

There were reports and concerns from different participants about school children passing on the virus to unvaccinated parents and then onto vulnerable grandparents. One participant reported a family who were not vaccinated had all become ill with COVID-19 and subsequently become effective vaccine advocates in their community. One participant had noticed more advertisements for community-driven approaches to encouraging vaccination in vulnerable groups (e.g. vaccines offered to sex workers without needing any ID).

EVERYBODY ELSE IS GETTING BACK TO USUAL, BUT WHAT DOES THAT MEAN WITHIN THE HEALTH SYSTEM?

The representative for healthcare workers reported that whilst others in the community are getting back to normal, healthcare workers are still directly impacted by COVID-19 every day. She described that many healthcare workers had mixed emotions about coming out of lockdown. They felt positive about seeing family and friends but were also apprehensive about having less restrictions.

"I feel like I'm walking through this minefield of trying to live this normal life that we're all so keen to get back to, but on the other side knowing it could all go pear-shaped again from a work point of view".

Although there was pressure to return to "business-as-usual" within the hospital environment, it was challenging because COVID-19 wards and protocols were still needed. The representative for healthcare workers reported that many staff had left the health sector leading to overwork for those remaining. Approaches to improving mental health were welcomed, but their impact at an individual level was perceived as limited. Care packages prepared by the local community had lifted hospital workers' spirits and were regarded as more meaningful than organisational initiatives. Staff were increasingly reassured about the integrity of infection control processes when staff on COVID-19 wards were not contracting the virus.

OTHER ISSUES OF CONCERN

International students having difficulty with the vaccine registration system: The representative of international students reported she, and other international students, had experienced considerable difficulty having their vaccination status recognised due to the Australian Government system not correctly registering their surnames:

"So [the Australian Immunisation Register staff] put a search on my name and found my records registered under my surname only. The name in my passport is a bit odd because it shows my whole name. There is no "given name" and "surname/family/last name" columns. And I have four names arranged as [given name] [surname] [given name] [given name]. So my surname is not in the "last name" position. It might be a bit confusing for some, but that is "normal" to me and from where I grew up."

Private PCR tests now needed before overseas travel: This will add an additional expense to visiting friends/family overseas.

Rapid tests: One person in the group had bought a rapid test at the supermarket. Some others did not realise they were available yet. Questions remained about their accuracy, how to use them, where to purchase them and their cost.

Boosters: There was some discussion amongst the group about the longevity of immunity following AstraZeneca versus the Pfizer vaccines. Most participants were aware that adult booster shots were due 6 months after second vaccine unless immuno-suppressed (thus requiring a third dose).

School children: One participant reported their teenage daughter would check whether her school friends were vaccinated before inviting them over. Another participant described some primary school children who were not yet eligible to receive vaccines were being kept home because they were too young to be vaccinated and the parents were concerned they would contract COVID-19.

Anxiety about large scale events: One participant described being nervous about attending an upcoming concert but had decided to be pragmatic: "You can drive yourself crazy with [worrying about] all of these things if you let yourself, you really have to check in with yourself and 'what can I control?'" She also decided she would wear a mask to the event.

RECOMMENDATIONS

1

There is a clear need for ongoing communication from the state government to provide greater clarity around rules for isolation and quarantine, information about rapid tests and booster shots, and to offer some direction to answer the question: "where to from here?" including what the population can expect, and how to protect yourself and others (including those who are unvaccinated).

2

Streamline systems for international students and people from culturally and linguistically diverse communities to register their vaccination status.

REPORT PREPARED BY

Freya Saich
Katie Heath
Aimeé Altermatt
Alex Thomas
Thi Nguyen
Anna Wilkinson
Bronwen Merner
Sophie Hill
Stephanie Fletcher-Lartey
Lisa Gibbs
Freya Shearer
Mark Stoové
Katherine Gibney
Margaret Hellard

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Participants of the Community Engagement Group
Participants of the Qualitative Interviews
Optimise Data Collectors
Optimise Data Management Team
Optimise Qualitative Working Group
Optimise Knowledge Translation and Policy Working Group
Optimise Executive Committee

Burnet Institute
85 Commercial Road
Melbourne, Australia, 3004

burnet.edu.au

The Peter Doherty Institute
for Infection and Immunity
792 Elizabeth Street
Melbourne, Australia, 3000

doherty.edu.au

Chief Investigators

Professor Margaret Hellard AM
margaret.hellard@burnet.edu.au
+61 3 9282 2111

Dr Katherine Gibney
katherine.gibney@unimelb.edu.au
(03) 9035 3958

For More Information

Dr Stephanie Fletcher-Lartey
Study Coordinator
stephanie.fletcher@burnet.edu.au

