In Reply We thank Schuster et al for providing important context about school testing programs in response to our article.1 We wholeheartedly agree that schools, particularly those with English-language-learning and low-income student populations, have faced logistical barriers in implementing testing programs and that these challenges need to be considered in schools’ decisions about the role of testing.

Members of our study team have worked closely with school districts and state programs to implement and evaluate school-based SARS-CoV-2 testing and screening programs throughout the COVID-19 pandemic. We have observed many of the challenges highlighted by Schuster et al, including high costs and staff time commitment associated with screening programs,2 limited assay sensitivity or specificity and difficulties in reflex testing of pooled samples with fast turnaround time,3 and reduced return on investment when community COVID-19 cases are low.4 Nevertheless, in our experience, some schools, including those with diverse student bodies, smoothly navigated testing logistics during the 2021 to 2022 school year with intensive efforts from parents, administrators, and nursing teams. In other settings, we used the article’s1 modeling results to advise against a focus on screening testing when expected uptake was low. Looking forward, to the extent that there remains a need for school testing in the coming year—for example, to minimize disruption during future waves, especially if new variants of concern arise—we are optimistic that widespread availability of rapid tests can substantially simplify school testing efforts, allowing home-based testing without laboratory involvement.

In the context of these challenges, we believe that modeling studies play an important role in understanding the potential impact of health interventions, both direct and downstream, if implemented at varying levels of uptake, and weighing whether health intervention benefits may be worth financial and human resource costs. However, model results provide only part of the information needed for decision-making, with other considerations including equity, feasibility, prioritization of key populations, and political will. We believe that the results of our study1 and the experience of Schuster et al both lend support to well-founded pleas for better resources to support school-based health interventions.

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