ACHA COVID-19 Update: February 19, 2020

These updates have been provided by ACHA’s COVID-19 Task Force. Please forward this message to others on campus who may benefit. Non-members can subscribe to receive these and other messages here. We will continue to update the COVID-19 webpage with important alerts and resources.

By the Numbers

As of February 19, 2020, there is one more confirmed case of COVID-19 in a person under quarantine at Joint Base Lackland in San Antonio, Texas, along with 14 passengers returning to the U.S. from the Diamond Princess cruise ship bringing the total to 29 cases in the U.S. More than 600 people remain under quarantine in the U.S. because of their recent return from the epicenter of this outbreak in China.

China reported 1,749 new infections and 136 deaths as of February 19, 2020. The cumulative total to date is 75,285 cases and 2,009 deaths.

The current number of reported cases can be viewed in the WHO Emergency Public Dashboard.

Princess Cruise Ship Passengers

There were 542 passengers, including at least 40 Americans, on the Diamond Princess cruise ship who were confirmed infected with COVID-19. The cruise ship, carrying 2,666 passengers and 1,045 crew, represented the largest cluster of COVID-19 cases outside of China and was quarantined in the port of Yokohama, Japan, after 10 cases of coronavirus were reported on February 4, 2020. Two chartered flights brought Americans back to Travis Air Force Base in California and Lackland Air Force Base in Texas to begin an additional 14-day quarantine. Fourteen Americans who tested positive for COVID-19 were also evacuated. Of those, thirteen were flown to Omaha, Nebraska, to be treated at University of Nebraska Medical Center.

Entry Restriction, Quarantine, and Self-Isolation

As of February 2, 2020, all incoming travelers are being screened for travel in China in the proceeding 14 days and undergo a risk assessment. The risk assessment can result in a range of actions, including detection of symptoms and transport to a medical facility, mandatory quarantine, or release to home with self-monitoring and various degrees of supervision by local public health. Universities are advised in general to follow guidance from local public health authorities for return to school and work.

CDC Resources:

- Risk Assessment and Public Health Management
- Interim Guidance for Businesses and Employers to Plan and Respond to COVID-19

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Travel Guidance

On February 19, 2020, CDC issued travel guidance for Hong Kong, recommending that travelers practice usual precautions (Level 1 Travel Health Notice).

When and Whom to Test

Debate on how the cruise ship evacuation was handled is bringing additional scrutiny to the sensitivity of the test for COVID-19. CDC recommends testing people with a history of exposure who are also showing symptoms. Exposed individuals may not show symptoms early on and testing them too early can potentially miss an infection.

The rRT-PCR assay used by the CDC is highly sensitive. According to the CDC, “It’s not a question of the accuracy of the test...it’s a question of when the virus becomes detectable in the person.” The CDC is using an incubation period up to 14 days, meaning someone who is infected is expected to have symptoms some time during those 14 days. Testing too soon may produce false negatives.

CDC Resources:
- Evaluating and Reporting Persons Under Investigation (PUI)
- Flowchart to Identify and Assess 2019 Novel Coronavirus

Protecting Health Care Workers

On February 14, 2020, the Vice Minister of China’s National Health Commission announced more than 1,700 health care workers have confirmed infections with this virus in China, mainly in Hubei Province. Health care workers are on the front line of this disease and keeping them safe is of highest priority. CDC and WHO have published guidance for health care workers on how to protect themselves as they provide care, treatment, and services for these patients and their families. Thus far, no health care workers in the U.S have become infected in the workplace.

WHO and CDC Resources:
- COVID-19 Outbreak: Rights, Roles, and Responsibilities of Health Workers
- Infection Prevention and Control

National Surveillance of COVID-19

The CDC is working with five public health labs in Los Angeles, San Francisco, Seattle, Chicago, and New York City to begin testing for COVID-19. The idea is to use existing influenza and viral respiratory surveillance systems to help detect if and when the virus is spreading in the community. If the patients test negative for the flu, their specimen will be tested for COVID-19. The CDC plans to expand to more sites in the coming weeks to achieve national surveillance.

Business Continuity Planning

The risk of COVID-19 remains very low in the U.S.; however, the global financial and business impacts are growing. Universities should activate existing business continuity plans and plan for continued disruption in travel to and from China and potentially other parts of Asia over the coming months.

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Issues to consider include delays in arrival of admitted students from China in the summer and fall, current students from China unable to return after the spring semester, and cancellation of study abroad programs. Travel policies to affected areas on university business should be reviewed for faculty, staff, and students.

**CDC Resource:**


**Community Well-Being and Support**

Campuses should ensure they have robust communication plans in place to provide accurate information, dispel rumors, mitigate fear, and prevent stigma and discrimination associated with individuals from affected areas. Students from impacted communities may need financial and emotional support over the coming months.
