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## ACHA COVID-19 Update: August 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.*

### ACHA Infectious Diseases Virtual Summit

#### Updated Call for Programs Deadline: August 24

With the arrival of COVID-19, our nation was reminded of the tremendous toll that infectious diseases can have on our students and our learning communities. ACHA is currently seeking presenters for a virtual summit [Strategies to Prevent and Respond to College-based Infectious Diseases and Outbreaks](#), taking place this fall.

We're specifically looking for submissions that address the following:

- Campus response to COVID-19
- Updates to vaccine policies
- Planning and conducting mass vaccination programs
- Mitigating the possibility for an outbreak on campus
- Responding to an outbreak on campus

The goal of this summit is to provide learners with strategies on how they can prevent infectious disease on campus and to provide them with the knowledge they need to effectively contain these diseases when an outbreak occurs. **Submit a proposal [here](#).**

### Data, Numbers, and Epidemiology

#### COVID-19 Risk Among Health Care Workers

This [Lancet article](#) was a prospective study using the COVID-19 Symptom Study app between March 24 and April 23, 2020. Front-line health care workers (HCWs) had at least a threefold increased risk of COVID-19, compared with the general community, even after accounting for other risk factors. Black, Asian, and minority ethnic HCWs are at especially high risk of SARS-CoV-2 infection, with at least a fivefold increased risk of COVID-19 compared with the non-Hispanic white general community. Among front-line HCWs, reuse of PPE or inadequate PPE were associated with increased risk of COVID-19. Front-line HCWs who worked in inpatient settings (where providers most frequently reported PPE reuse) and nursing homes (where providers most frequently reported inadequate PPE) had the greatest risk. Non-white health care workers were disproportionately affected by lack of PPE and more likely to work in clinical settings with greater exposure to patients with COVID-19.

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## **CDC Says Media Misinterpreted Updates**

In CDC's [guidance](#) on how long to quarantine and isolate, the media mistakenly reported that COVID-19 infection conferred immunity for three months. CDC immediately put out a [media statement](#):

On August 3, 2020, CDC updated its isolation guidance based on the latest science about COVID-19 showing that people can continue to test positive for up to 3 months after diagnosis and not be infectious to others. Contrary to media reporting today, this science does not imply a person is immune to reinfection with SARS-CoV-2, the virus that causes COVID-19, in the 3 months following infection. The latest data simply suggests that retesting someone in the 3 months following initial infection is not necessary unless that person is exhibiting the symptoms of COVID-19 and the symptoms cannot be associated with another illness.

## **What We Know and What We Don't About COVID-19**

This [Stat article](#) is similar to the [Elemental article](#) "9 Things Experts Have Learned About Covid-19 So Far" that was included in last week's update. This new article is a good review of what we understand about COVID-19. What we do know is a much longer list, but this article includes some important questions that still need answers.

- How long is immunity conferred after infection?
- What happens if or when there is reinfection?
- How much virus is necessary to cause infection?
- How many people have been infected?

## **Contact Settings and Risk for Transmission**

This [Annals of Internal Medicine prospective cohort study](#) evaluates the risk for transmission of SARS-CoV-2 to close contacts in different settings and looked at 3,410 close contacts of 391 index cases traced between January 13 and March 6. The study flow diagram provides an easy to read snapshot of the contacts and case management. Overall findings: secondary attack rate was low at <4%, highest for household contacts. The risk for transmission via public transportation or health care settings was low. Those with more severe symptoms had a higher transmission capacity.

## **COVID-19 Risks and Vaping/Smoking**

This [study published in the Journal of Adolescent Health](#) demonstrated the risk of COVID-19 infection and history of smoking and vaping. Those who vaped were five times more likely to receive a diagnosis of COVID-19. Those who vaped and smoked were 7 times more likely. Potential reasons for this increased likelihood are the amount of face touching that vapers and smokers perform and the sharing of vaping devices. Actionable insights for include education and prevention messaging and advocacy for more regulation of these products.

## **Obesity and Mortality**

This [Annals of Internal Medicine article](#) is a retrospective cohort study of 6,916 Kaiser Permanente Southern California members diagnosed with COVID-19 between Feb 13 and May 2. Approximately 42% of the U.S. population is obese and about 9% are severely obese (BMI >40). Obesity was strongly associated with risk for death. Male and younger patients with high BMI seemed to be at particularly high risk. In the Kaiser prepaid system with better access to care, the authors did not detect differences with many of the sociodemographic and clinical characteristics in prior literature related to social determinants of health and chronic conditions. The study demonstrates the "leading role severe obesity has over other highly correlated risk factors, providing a clear target for early intervention."

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## Prevention and Treatment

### COVID-19 and College Campuses

This [FAQ-formatted article](#) was taken from materials produced by CDC, WHO, and Johns Hopkins. It provides recommendations to decrease the risk of transmission while on campus.

### COVID-19 Consensus Guidance on Face Coverings

The Association of American Medical Colleges (AAMC) released its [five-page consensus document](#) compiled from CDC documents, state and local guidance, and public health experts providing national guidance on face coverings including who should wear them, when they should be worn, how they should fit, construction, and the reasons why they should be worn. This document is a supplement to their [publication](#) "The Way Forward on COVID-19: A Roadmap to Reset the Nation's Approach to the Pandemic".

### Challenges of Designing and Implementing Standard of Care Protocols During COVID-19

This [NEJM commentary article](#) highlights Brigham and Women's Hospital's (BWH) efforts in developing triage protocols for scarce resources, known as Crisis Standards of Care (CSC). CSC policies provide concrete guidance to prioritize who receives scarce resources. The authors state, "Above all, it is critical to involve community stakeholders early in the process, and to ensure representation from vulnerable groups, including racial and ethnic minorities, and those with disabilities. Without input from these groups, CSC protocols miss critical considerations and risk perpetuating existing inequities."

### Measure the Risk of Airborne Coronavirus

This [National Geographic article](#) features a mathematical model from UC Boulder that provides a rough estimate of your risk of infection from aerosolized SARS-CoV-2 during various settings and activities. Other parameters include group size, room size and high vs. low incidence location. Bottom line: it's another article on the need for face coverings to prevent transmission.

### Heartburn Drug May Help with COVID-19

This [Medscape article](#) reviewed a study published in the American Journal of Gastroenterology by Mathers et al of a retrospective observational single-center review of hospitalized patients treated with IV or oral famotidine (trade name Pepcid). Primary outcomes: in-hospital death, requirement for mechanical ventilation, and a composite of death or requirement for ventilation. Secondary outcomes included serum markers of disease severity. In this small study, famotidine use was associated with reduced risk of hospital mortality and lower risk of the combined death or intubation endpoint. Use of famotidine was also associated with significantly lower median peak C-reactive protein levels and lower median procalcitonin levels. More research needs to be conducted.

## Vaccines

### New York Times Vaccine Tracker

The New York Times continues to track vaccine development phases in this [interactive coronavirus vaccine tracker](#).

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## **U.S. Lacks Plan for Getting Vaccine to Communities of Color**

This [Politico article](#) decries the lack of a national strategy to ensure a viable COVID-19 vaccine will reach the communities of color when that vaccine becomes available. In the absence of a national strategy, some local groups are setting up their own plans, but this piecemeal approach will not reach all the individuals who are likely to fall through the cracks. The article states, "a comprehensive vaccination strategy would have some essential features. It would ensure clinical trials are diverse. It would engage underserved communities to understand their attitudes toward a vaccine and address their concerns. Finally, local groups with deep relationships to people in their communities, like houses of worship, would serve as important links to resources. None of that has come together yet for COVID-19."

## **Testing and Tracking/Tracing**

### **ACHA Testing Update**

Following up on its June 2020 brief on the state of testing and considerations for mass testing, the ACHA COVID-19 Task Force released its [COVID-19 Testing Update](#) for August. This update addresses the performance of different tests available and some recommendations for those tests. It also covers testing priorities and capacity, including symptomatic testing, asymptomatic or surveillance testing, and testing of contacts.

### **EUA for Saliva Test**

The FDA provided an Emergency Use Authorization (EUA) for the [Yale-developed rapid saliva-based test](#) that is currently being utilized by the NBA. The method, called SalivaDirect, is less invasive, faster, and less expensive than the nasopharyngeal swabbing PCR test and has similar specificity.

### **MIT's COVID-19 State-of-the-Art Testing Trailer**

MIT has built its own [COVID-19 testing trailer](#) that serves as an indoor site for asymptomatic testing. They took an interdisciplinary approach, consulting with physicians, nurses, medical engineering, facilities, mechanical engineering, and architects, and the trailer can enable testing of up to 1,500 people a day.

### **Evaluation of IHE Testing Plans**

This [study](#) (not yet peer-reviewed) describes the researchers evaluation of on-campus testing plans and share the results of this [database](#):

To contribute to an evaluation of university preparedness for the COVID-19 pandemic, we assessed a crucial element: COVID-19 on-campus testing. We examined testing plans at more than 500 colleges and universities throughout the US, and collated statistics, as well as narratives from publicly facing websites. We discovered a highly variable and muddled state of COVID-19 testing plans among US institutions of higher education that has been shaped by discrepancies between scientific studies and federal guidelines. We highlight cases of divergence between university testing plans and public health best practices, as well as potential bioethical issues.

### **Wanted: Cheap, Frequent, Rapid Testing**

In this [Harvard News interview](#), Michael Mina, epidemiologist and professor at Brigham and Women's Hospital and Chan School of Public Health, discusses the need for inexpensive daily or every other day self-performed rapid tests to stop the transmission of SARS-CoV-2. He estimates the current testing available catches less than 3% of cases early enough to stop transmission. Two hurdles to this approach are the regulatory landscape and resources needed to bring enough tests to market.

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## Contact Tracing Success Story

This brief [submission](#) to the NEJM's COVID-19 Notes Series was written by Dr. Ryan Close and colleagues and provides Dr. Close's firsthand account of his team's success in contract tracing at the Fort Apache Reservation. He credits their success to strong partnerships with tribal leaders who supported their public health measures, pulse ox measurements, and good old fashioned "knocking on doors and talking to patients." This New York Times [article](#) describes how Native Americans have been disproportionately affected by this virus, and the Apaches have been infected at 10 times the rate of others in Arizona. However, this story tells how intensive contact tracing done by Dr. Close and his team, pulse ox monitors, and utilization of community members in the contact tracing teams have resulted in death rates of 1.3% compared to 2.1% in the rest of Arizona.

## Reopening

### The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces

This [policy paper](#) from the Harvard Global Health Institute states "the single best policy to support school reopening prior to development of a vaccine or treatment is suppression of COVID to near zero case incidence. This can be achieved via universal mask wearing, rigorous social distancing, reduction or elimination of congregant settings, and Testing, Tracing, and Supported Isolation (TTSI)." It calls for phased reopenings of K-12 schools with priorities for in-person instruction beginning with grades K-5 and grades 6-8 in lower level incidence jurisdictions. Grades 9-12 are deemed capable of remaining in a remote environment to shift all resources towards the lower grades. It uses the COVID Act Now incidence parameters and links to risk levels.

### What to Expect from College This Fall

This [U.S. News update](#) is an 18-slide presentation summarizing the transformation of the fall experience utilizing data from the College Crisis Initiative site, CDC, and examples from various IHEs. It's a nice summation and is reminiscent of ACHA's reopening guidelines.

### Higher Ed's Moment of Truth

This [Inside Higher Ed article](#) recaps the multiple demands, stakeholders, risks, politics, and student behaviors that are already sinking the months of campus planning and additional expenses assumed.

### Experts Discuss the COVID-19 Measures Colleges Need to Take to Reopen Safely

This [discussion](#) from HealthDay is about getting college students back on campus safely and the COVID-19 testing measures that could help and includes Professor David Paltiel, MBA, PhD from the Yale School of Public Health and Dr. Natasha Martin, an infectious disease modeler from UC San Diego leading the #ReturnToLearn program.

### The Cost of Taking a Gap Year

This [Bloomberg opinion piece](#) discusses how a year of remote learning still holds more monetary value than a gap year. If one in five students take a gap year now, the class of 2022 will be 20% larger (if students graduate in four years); economists call this the cohort effect. This larger cohort lowers the chances of getting a job right after graduation, causes lower wages, and higher unemployment. The author also calculates the net present value (NPV) of a college degree. Using average earnings, and an average cost of college, the NPV of that degree/education is over \$1.4 million. With a gap year, the NPV drops by \$49,000.

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## List of College Reopening Plans

The Chronicle continues to [track individual colleges' reopening plans](#) and has partnered with Davidson College's [College Crisis Initiative \(C2i\)](#). The fall 2020 data includes opening plans of almost 3,000 IHEs and can be filtered by institution type, infrastructure, enrollment, endowment size, and several variables pertaining to athletics.

## Mental Health

### Breaking Barriers to Quality Mental Health Care for LGBTQ Youth

The Trevor Project, a non-profit organization dedicated to suicide prevention in LGBTQ teens and young adults, published [this survey](#) of 40,000 LGBTQ young people (ages 13-24) between December 2, 2019 and March 31, 2020. Eighty-four percent of respondents wanted access to mental health care. Of those who wanted care, 54% didn't receive it. According to the study, "the most commonly endorsed barrier was inability to afford care (53%). Other universal barriers include previous negative experiences (22%) as well as transportation concerns, such as having no way to get to the location (20%) or having the location be too far away (10%). Youth-specific concerns relating to not wanting to get parental permission (36%) and having parents who refused to allow care (16%) were also endorsed by LGBTQ youth. LGBTQ-specific barriers included concerns around being outed (22%), not having their LGBTQ identity understood (20%) or overly focusing on their LGBTQ identity (16%), and not finding a provider who was LGBTQ (11%)."

The study's authors state the pandemic has exacerbated the barriers to mental health care including school closures, isolation in a home which may not be accepting, and connectivity concerns. Recommendations include improving cultural competency of providers, allowing care without parental consent for some, increasing funding, and expanding telemental health.

See all updates here: [https://www.acha.org/ACHA/Resources/Topics/COVID-19\\_Update.aspx](https://www.acha.org/ACHA/Resources/Topics/COVID-19_Update.aspx)

ACHA COVID-19 Page: <https://www.acha.org/COVID-19>



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