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ACHA COVID-19 Update: August 26, 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 COVID-19 Virtual Summit 2: 344 Days and Counting

As the nation continues to navigate the COVID-19 pandemic, ACHA is committed to bringing college health and wellness professionals up-to-date information and resources for how to best manage the disease on campus. We have changed the title of the Infectious Diseases and Outbreaks Summit to **COVID-19 Virtual Summit 2: 344 Days and Counting** (named for the number of days since the first known case to the summit date) to better reflect this goal. This summit is designed to provide institutions with best practices and strategies for how to respond to COVID-19 challenges and explore strategies for mass vaccinations.

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

This summit was previously titled Strategies to Prevent and Respond to College-based Infectious Diseases and Outbreaks and was scheduled for October. The summit will now take place December 8-9, and the Call for Programs deadline has been extended to September 14, 2020.

Submit a proposal [here](#).

Data, Numbers, and Epidemiology

Possible Reinfection

Dr. Kwok-Yung Yuen and colleagues of the University of Hong Kong [have reported](#) what may be the first confirmed case of COVID-19 reinfection. The report, which has been accepted by the journal *Clinical Infectious Diseases*, details how a 33-year-old Hong Kong man was diagnosed with COVID-19 on March 26, with symptoms of fever and a deep productive cough. He was hospitalized and released on April 14 after two negative SARS-CoV-2 tests taken a day apart. On August 15, he tested positive for SARS-CoV-2 when returning from Spain. This time he was asymptomatic and had a high CRP level and viral load which quickly declined. Whole genome sequencing identified the first viral genome in March was most closely related to SARS-CoV-2 strains from the U.S. or England and the second viral genome in August was most closely related to strains from Switzerland and England.

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Wide Variation of Antibody Levels in Patients Recovered from COVID-19

This [CIDRAP article](#) describes a study of 175 patients who recovered from mild cases of COVID-19. Of the 175 patients, 165 (94%) had significantly higher levels of COVID-19 antibodies in the convalescent phase of infection than 13 uninfected controls. Antibody levels were medium-low in 29 patients (17%), medium-high in 69 patients (39%), and high in 25 patients (14%). Older COVID-19 patients tend to have higher antibody levels yet worse outcomes, leading to questions regarding the assumption that antibodies protect against future coronavirus infection.

Four Scenarios on Developing Immunity to COVID-19

This [STAT article](#) provides four scenarios on the aftermath of infection with COVID-19.

- Sterilizing immunity: the body's immune system fends off the pathogen without developing infection. This is the ideal scenario but unlikely.
- Functional immunity: most likely and occurs after actual disease or vaccination. The body's immune system is primed, wanes, and then has memory with reexposure to pathogen.
- Waning immunity: similar to functional immunity as immunity wanes and reexposure to pathogen results in milder disease.
- Lost immunity: no memory of the immune system to infection. A follow up infection is as bad as the first one.

COVID Tracking Project Update

This [COVID Tracking Project map](#) shows improvement in hotspots and that the virus is slowing in the south and southwest. California is holding steady, while Wyoming and Delaware have seen increases of greater than 50% in the past week. Maine's 7-day average has increased by 117% when their numbers doubled from 11 cases per day to 23.

Pediatric SARS-CoV-2

[This study](#) from Massachusetts General Hospital and published in the *Journal of Pediatrics* enrolled 192 patients (up to 22 years old) who presented with symptoms of COVID-19 or were deemed a contact. The study states that "Forty-nine children (26%) were diagnosed with acute SARS-CoV-2 infection; an additional 18 children (9%) met criteria for MIS-C. Only 25 (51%) of children with acute SARS-CoV-2 infection presented with fever; symptoms of SARS-CoV-2 infection, if present, were non-specific. Nasopharyngeal viral load was highest in children in the first 2 days of symptoms, significantly higher than hospitalized adults with severe disease ($P = .002$). Age did not impact viral load, but younger children had lower ACE2 expression ($P=0.004$). IgM and IgG to the receptor binding domain (RBD) of the SARS-CoV-2 spike protein were increased in severe MIS-C ($P<0.001$), with dysregulated humoral responses observed.

New MMWR Podcast Series

MMWR Weekly COVID-19 Briefing is a weekly podcast to update readers on the latest scientific information from CDC's COVID-19 response. In each episode, MMWR Editor-in-Chief Dr. Charlotte Kent provides an overview of the latest scientific information published in MMWR. New episodes are posted every Monday. Subscribe [here](#) or on [Apple Podcasts](#), [Stitcher](#), and [Google Play](#).

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Prevention and Treatment

EUA for Convalescent Plasma Treatment

Late Sunday night, President Trump broke the news about the FDA's Emergency Use Authorization (EUA) for convalescent plasma. This [STAT brief](#) provides a good review of the data surrounding its use and the major concerns. The article describes the Mayo Clinic study of 35,000 patients who received convalescent plasma. Those who received plasma within three days of diagnosis had a seven-day death rate of 8.7% compared to a mortality rate of 11.9% in patients receiving plasma after four or more days. Lack of a randomized control arm was a criticism of the study.

EPA Approves Long-Lasting Disinfectant

EPA has [approved SurfaceWise2](#), the first long-lasting disinfectant against COVID-19. The disinfectant is touted to continuously kill viruses on surfaces for 7 days. The approval currently only applies in Texas for the product to be used for American Airlines facilities and planes and two facilities of Texas-based Total Orthopedic Sports and Spine Clinics.

Monitoring and Evaluation Action Guide: Wearing Masks as a COVID-19 Community Mitigation Strategy

This [CDC update](#) provides a logic model and a framework to evaluate mask wearing and includes practical considerations and examples of evaluation questions, indicators, and data sources.

Vaccines

MMR for COVID-19 Prophylaxis

This [American Society for Microbiology article](#) discusses using the MMR vaccine to train leukocyte precursors in the bone marrow (myeloid derived suppressor cells or MDSCs) to function more effectively against pathological inflammation. The authors hypothesize the induction of these MDSCs inhibits or reduces the severe lung inflammation due to COVID-19. The authors state, "Adults who had received the MMR vaccine in childhood likely still possess antibody titers against the targeted viruses but not the shorter-lived trained innate leukocytes. At the very least, the MMR vaccine would provide added protection against measles, mumps, and rubella for older adults....With the added induction of the trained innate cells, the MMR vaccination could provide protection against the worst sequelae of COVID-19. In direct support of this concept, it was recently reported that the milder symptoms seen in the 955 sailors on the U.S.S. Roosevelt who tested positive for COVID-19 (only one hospitalization) may have been a consequence of the fact that MMR vaccinations are given to all U.S. Navy recruits."

Interim Framework for COVID-19 Vaccine Allocation and Distribution in the U.S.

The Center for Health Security developed this [policy statement](#) with three broad ethical considerations:

- **Promoting the common good:** limiting the number of deaths while promoting economic and social well-being.
- **Justice, fairness, and equity:** ensuring everyone who is in a priority group for early vaccination is offered the vaccine. This entails reaching out to some groups that may be hard to reach but are at high risk or are essential workers.
- **Legitimacy:** how we decide whom to prioritize and whether the process will be viewed by the public as trustworthy.

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Advisory Committee on Immunization Practices Updates Influenza Recommendations

The Advisory Committee on Immunization Practices (ACIP) [released recommendations for the 2020-2021 flu season](#). They recommend that everyone who is 6 months or older who doesn't have an absolute contraindication needs an age-appropriate flu vaccination to reduce prevalence of influenza illness, reduce the confusion in symptoms that are similar to COVID-19, and decrease the strain on the health care system.

New York Times Vaccine Tracker

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

Testing and Tracking/Tracing

ACHA Testing Update

Following up on its June 2020 brief on the state of testing and considerations for mass texting, 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.

CDC Testing Guidance Confusion

This [New York Times article](#) covers the recent changes that CDC made to its [testing guidelines](#). The guidelines now exclude people who do not have symptoms, regardless of whether they have been recently exposed to the virus. There are two primary areas of concerns, given that people can transmit the disease when pre-symptomatic or asymptomatic:

1. If you have been in close contact (within 6 feet) of a person with a COVID-19 infection for at least 15 minutes but do not have symptoms
2. If you are in a high COVID-19 transmission area and have attended a public or private gathering of more than 10 people (without widespread mask wearing or physical distancing)

CDC's recommendations for people who fall into the above categories now state:

- You do not necessarily need a test unless you are a vulnerable individual or your health care provider or state or local public health officials recommend you take one.
 - A negative test does not mean you will not develop an infection from the close contact or contract an infection at a later time.
- You should monitor yourself for symptoms. If you develop symptoms, you should evaluate yourself under the considerations set forth above.
- You should strictly adhere to CDC mitigation protocols, especially if you are interacting with a [vulnerable individual](#). You should adhere to CDC guidelines to protect vulnerable individuals with whom you [live](#).
- If you are tested, you should self-isolate at home until your test results are known, and then adhere to your health care provider's advice. [this last bullet applies only to #2 above.]

CDC's wording leaves the decision to test to the physician or local public health. Note that CDC still does not endorse mass asymptomatic testing.

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Infectious Diseases Society of America Updated Guidelines

On August 18, the Infectious Diseases Society of America (IDSA) added to [their guidelines](#) a new section on serologic testing recommending against serologic testing to diagnose infection within the first two weeks of symptom onset and also do not recommend IgA or IgG/IgM combination testing. Guidelines recommend IgG antibody testing in symptomatic patients with a high clinical suspicion and repeatedly negative nucleic acid amplification tests. IgG or total antibody testing can also be used three to four weeks after symptom onset to detect evidence of past infection for clinical or epidemiological purposes.

Guide to Case Investigation and Contact Tracing

The Association of State and Territorial Health Officials (ASTHO) produced this [Issue Guide: COVID-19 Case Investigation and Contact Tracing](#) that provides background and key considerations on technology-enabled enhancement of case investigations and contact tracing, technological options, and implementation issues in adopting these technologies. ASTHO also created this [Simple Answers to Top Questions](#) guide in July.

Deep Throat Saliva Collections for Diagnosing COVID-19

This [Medscape article](#) discusses a study that evaluated the diagnostic performance of deep-throat saliva vs. sputum, nasopharyngeal, and throat swabs collected from 50 patients with SARS-CoV-2 infection. The overall SARS-CoV-2 RT-PCR positive rate for all specimen types was 79.2%, with the highest positive rates for sputum (89.4%), followed by pooled nasopharyngeal and throat swabs (80.9%) and deep-throat saliva (68.7%). The false-negative rates for deep-throat saliva were substantially higher among patients who were unable to produce sputum (22.2%) than among those who produced sputum (8.3%).

Dr. Birx Calls for More Testing

In the first public break with CDC's testing guidance, Dr. Deborah Birx calls for both [entry and surge testing capability for IHEs](#).

CDC's Nationwide Wastewater Surveillance System (NWSS)

NWSS is [ramping up its efforts](#) through partnerships with state, local, tribal, and territorial health departments. Sewage surveillance has been shown to be a leading indicator of disease burden.

Reopening

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

What Past Disasters Can Teach About Supporting Staff During COVID-19

This [Institute for Healthcare Improvement \(IHI\) blog post](#) provides highlights from a "Caring for a Caregiver" series by Dr. Joshua Morganstein, Associate Professor and Assistant Chair in the Department of Psychiatry and Assistant Director at the Center for the Study of Traumatic Stress at the Uniformed Services University

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of the Health Sciences. Dr. Morganstein addressed the leadership behaviors and system supports to address the mental health and well-being needs of health care providers. Major points he touches upon are: leaders at all levels shape community response; stress is like a toxin; no one should go it alone; supporting resetting and reintegration; supporting staff through multiple losses (grief leadership); nurturing hope; uncertainty can be challenging, especially for health care workers.

Health Disparities

New Guidelines Available: Supporting Vulnerable Campus Populations During the COVID-19 Pandemic

A new set of guidelines from the ACHA COVID-19 Task Force are now available: [Supporting Vulnerable Campus Populations During the COVID-19 Pandemic](#). These guidelines have been approved by the ACHA Board of Directors, but we are accepting comments from members which will be considered for upcoming revisions to the document. Please [submit any comments](#) by Friday, September 4.

See all updates here: 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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