



AMERICAN
COLLEGE
HEALTH
ASSOCIATION

ACHA COVID-19 Update: December 2, 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.

One Week Left to Register for the ACHA COVID-19 Virtual Summit 2: 344 Days and Counting

Check Out These Exciting Programming Updates!

Date and Time: December 8-9, 2020, 12:00 PM ET to 5:00 PM ET

[Register Here](#)

Opening Panel: COVID-19 Conversations: Applying Lessons Learned: Tune in to the opening session to hear from leaders at a diverse group of schools, both large and small, and how they are applying lessons learned from this past year on their campuses.

Day Two Kickoff: Development and Planning for the SARS-CoV-2 Vaccine: Discussion how to best plan for the SARS-CoV-2 vaccine from one of Emory University's principal investigators for the SARS CoV-2 investigational vaccine mRNA-1273.

Session and CE details are available [here](#).

Thank you to our generous event sponsors:



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CDC Updates

CDC COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Professionals

CDC recently released a self-paced 27-slide [module for health care providers who will be administering COVID-19 vaccine](#). This module provides health care providers with information about COVID-19 vaccine Emergency Use Authorization and safety, as well as general information about vaccine storage, handling, administration, and reporting. Continuing education is not offered for this module but a certificate of completion is available.

Updated Vaccine Storage and Handling Toolkit

The [CDC Vaccine Storage and Handling Toolkit](#) has been updated with an addendum to address proper storage, handling, transport, and emergency handling of COVID-19 vaccines. The addendum will be updated as new COVID-19 vaccine products are approved. The addendum can be found on page 49.

(Continues on next page)

CDC Provides Options to Reduce Quarantine for Contacts of Infected Persons

Local public health authorities determine and establish the quarantine options for their jurisdictions. CDC currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, [CDC has provided options to shorten quarantine](#) and considers these options as acceptable alternatives.

Public Health Guidance for Potential COVID-19 Exposure Associated with International or Domestic Travel

CDC updated its [travel guidance](#) to align with updated recommendations for testing after higher risk travel. Higher risk activities include:

- Travel from a country or U.S. territory with a Level 2, Level 3, or Level 4 [Travel Health Notice](#).
- Going to a large social gathering like a wedding, funeral, or party.
- Attending a mass gathering like a sporting event, concert, or parade.
- Being in crowds like in restaurants, bars, fitness centers, or movie theaters.
- Taking public transportation like trains or buses or being in transportation hubs like airports.
- Traveling on a cruise ship or river boat.

Recommendations include:

- Quarantine for 14 days after travel if no testing is performed.
- Get tested 3-5 days after travel AND stay home for 7 days after travel, regardless of negative test.

CDC Quietly Removes Guidance Pushing for School Reopenings

In late October, CDC removed two controversial guidance documents with no public announcement. The documents, reportedly written by political appointees outside the CDC, pushed for schools to reopen in the fall and downplayed the transmission risks of COVID-19 to children and others. [CDC's website now states](#) that "the body of evidence is growing that children of all ages are susceptible to SARS-CoV-2 infection and contrary to early reports might play a role in transmission."

Data, Numbers, and Epidemiology

Coronavirus Update with Nicholas Christakis, MD, PhD, MPH

In this [JAMA Network Learning Video](#) recorded November 23, 2020, Yale Sterling Professor Nicholas A. Christakis, MD, PhD, MPH, returns to JAMA's Q&A series to discuss the surge in US cases and other recent pandemic developments. In the Q&A, Dr. Christakis predicts this third wave will be worse than the previous ones and will continue to worsen. He also hypothesizes that it will take about another year to get adequate manufacturing, distribution, deployment, and acceptance of SARS-CoV-2 vaccines. He predicts between half a million to a million people will die before this pandemic is over.

Poll: New National Conversation About COVID-19 Urgently Needed to Overcome Partisan Divide and Save Lives

Ten months into the COVID-19 pandemic, Americans remain divided along party lines about how serious the virus is and what steps should be taken to contain it, according to [a new poll](#) by pollster Frank Luntz and the de Beaumont Foundation, a group that focuses on improving state and local public health. The poll also reveals language that political and health leaders can use to reach all audiences, build trust in public health measures, and save lives. (See this [COVID Communications Cheat Sheet](#)). In addition to other insights,

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the poll highlights the urgent need to change our pandemic lexicon in order to help bridge key differences and rally Americans across the country and across the political spectrum to adopt life-saving public health precautions. For example:

- Forty-nine percent consider a "pandemic" more "significant, serious, and scary" than "COVID-19" (39%) or "the coronavirus" (13%).
- Respondents had a much more positive reaction to "a stay-at-home order" than a "lockdown" or "aggressive restrictions."
- Saying that policies to combat the pandemic are "fact-based" is more effective than saying they're based on "science," "data," or "medicine."
- Respondents reacted more positively when rules and regulations to address COVID-19 are called "protocols" rather than "mandates," "directives," "controls," or "orders."
- More than 4 in 5 respondents prefer "face masks" over "facial coverings."

Prevention and Treatment

Stop the Spread PSA

The Hastings Center, a nonpartisan and nonprofit bioethics research institute, released a four-minute [public service announcement](#) describing how to return to daily life and restore the economy by implementing universal masking, testing, contact tracing, and targeted self-isolation.

IDSA Guidelines on the Treatment and Management of Patients with COVID-19

The Infectious Disease Society of America (IDSA) released [updated treatment recommendations](#) that include revisions to sections on lopinavir/ritonavir, tocilizumab, and remdesivir. Guidelines also include updated information on bamlanivimab, recommending against routine use for ambulatory patients with COVID-19.

Vaccines

ACIP Votes on Who Should be First to Receive Vaccine

The CDC [Advisory Committee on Immunization Practices \(ACIP\)](#) voted yesterday recommending health care workers and residents and employees of nursing homes (and similar facilities) be the first to receive COVID-19 vaccine. According to the ACIP webpage:

ACIP approved the following recommendation by majority (13-1) vote at its December 1, 2020 emergency meeting.

When a COVID-19 vaccine is authorized by FDA and recommended by ACIP, vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) should be offered to both 1) health care personnel* and 2) residents of long-term care facilities.**

This recommendation has been adopted by the CDC Director.

*Health care personnel are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials

**Long-term care facility residents are defined as adults who reside in facilities that provide a variety of services, including medical and personal care, to persons who are unable to live independently

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There are roughly 21 million health care workers and three million residents and employees of long-term care facilities. Pfizer and Moderna (the two vaccines currently in the EUA approval process) estimated they will have sufficient vaccines for a two-dose regimen for up to 22.5 million Americans by the end of the year. CDC will apportion vaccine supply to states proportional to the size of each state's adult population. The next priority tier likely will include the 87 million essential workers in the U.S, followed by adults with medical conditions placing them at higher risk of severe illness, and those older than 65. This [New York Times FAQ article](#) covers questions about vaccine distribution, safety, and availability.

The chairs of the ACHA Vaccine-Preventable Diseases Committee represent ACHA and college health on the ACIP. ACHA is monitoring any updates and will inform our membership.

U.K. Grants EUA to Pfizer-BioNTech Vaccine

The U.K. [formally granted an EUA](#) for the Pfizer-BioNTech COVID-19 vaccine and plans to begin vaccination of high priority groups early next week. They anticipate 10 million doses by year's end.

CDC ACIP's Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine

This CDC MMWR [outlines the approach](#) the CDC Advisory Committee on Immunization Practices (ACIP) is taking to develop recommendations for assessing COVID-19 vaccine safety and efficacy, implementation, and allocation utilizing four ethical principles:

- Maximize benefits and minimize harms
- Promote justice
- Mitigate health inequities
- Promote transparency

Vaccine Tracker Updates

The New York Times [vaccine tracker](#) shows that 13 vaccines have reached phase 3 trials, 7 vaccines have been approved for early or limited use, and 0 vaccines have been approved for full use in the U.S. AstraZeneca has revealed preliminary results of good efficacy based on early trials, but [the results are now unclear](#) because of a "mistake" in how the initial vaccines were measured out.

10 Things Health Care Professionals Need to Know about U.S. COVID-19 Vaccination Plans

With the possibility of one or more COVID-19 vaccines becoming available before the end of the year, CDC has listed [10 things health care professionals need to know](#) about where those plans currently stand.

AMA Takes on Vaccine Misinformation, Physician Vaccines, and Racism

This Medscape article discusses [recent policies adopted by the American Medical Association \(AMA\) House of Delegates](#). According to an AMA press release, a new vaccination education policy is "aimed at educating physicians on speaking with patients about COVID-19 vaccination, bearing in mind the historical context of 'experimentation' with vaccines and other medication in communities of color, and providing physicians with culturally appropriate patient education materials." The AMA House of Delegates also adopted a new ethics policy stating "physicians who are not or cannot be immunized have a responsibility to voluntarily take appropriate actions to protect patients, fellow health care workers, and others," including refraining from direct patient contact. Finally, the House of Delegates adopted new policies recognizing race as a social construct and not a biological construct.

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Industry Resource Center Presentation on Flu Vaccine and Management During Pandemic

XOFLUZA: The Only Single-Dose Oral Treatment and Post Exposure Prophylaxis for the Flu

Presented by Genetech

Date and Time: December 3, 2020, at 2:00 pm-3:00 pm EST

Join us for a program to review and discuss a flu antiviral given as a single-dose, including review of multiple considerations for flu management in the midst of the COVID-19 pandemic. For full information, visit

Xofluza.com.

[Register here.](#)

Testing and Tracking/Tracing

EUA by FDA for COVID-19 Antibody Test, COVID-SeroKlir

Kantaro Biosciences received an emergency use authorization from the FDA for its semi-quantitative SARS-CoV-2 IgG antibody test kit, COVID-SeroKlir. According to this [press release](#), “unlike other antibody tests, COVID-SeroKlir determines the presence and precise level of IgG antibodies.” The test has shown 98.8% sensitivity and 99.6% specificity for detecting SARS-CoV-2 specific IgG antibodies against two virus antigens, the full-length spike protein and its receptor-binding domain. COVID-SeroKlir is a two-step enzyme-linked immunosorbent assay (ELISA) and can be used by any CLIA-certified laboratory without the need for proprietary equipment. Potential uses include assessment of vaccine response, determining past COVID-19 infections, and diagnosis of MIS-C and MIS-A.

College Campuses

- [Tracking Coronavirus Cases at U.S. Colleges and Universities](#) (New York Times)
- [Monitoring the Coronavirus Outbreak in Metro Areas Across the U.S.](#) (New York Times)
- [College Crisis Initiative \(C2i\)](#) (Davidson College)
- [Campuses Mandating Flu Vaccine](#) (Immunization Action Coalition)

National Academies Offer Guidance on Student Behavior and COVID-19 Testing for College Administrators Ahead of 2021 Spring Semester

Two new [rapid expert consultations](#) from the National Academies of Sciences, Engineering, and Medicine offer lessons learned from the 2020 fall semester regarding COVID-19 testing and guidance on student behavior, as college administrators plan for the 2021 spring semester.

[Encouraging Protective COVID-19 Behaviors Among College Students](#) explores how schools can encourage students to adopt behaviors that help prevent spread of the virus, such as mask wearing and physical distancing.

[COVID-19 Testing Strategies for Colleges and Universities](#) says that based on campus responses in the fall 2020 semester, fast, frequent testing can help mitigate the spread of COVID-19 in a large and diverse university community, but it is only one part of a larger response. A comprehensive approach to preventing the virus requires colleges to rapidly isolate COVID-19 cases and quarantine their close contacts, and use contact tracing, mask wearing, and physical distancing, among other measures.

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Initial Results from a Massive Experiment: Over 3 Million Coronavirus Tests at New England Colleges

This public radio article describes the results of the more than 100 [New England colleges that partnered with the Broad Institute to perform surveillance testing](#). Through this initiative, nearly 6 million total tests have been performed, with 3.5 million of those tests being performed at colleges. The rates on college campuses overall have remained low, at approximately one in a thousand tests being positive. According to the Broad Institute, "schools that have done frequent testing of asymptomatic students have kept their rates at well below 1% positivity, whereas schools that use another approach, of only testing symptomatic or only contacts of positives, have a rate at least tenfold higher." The article notes that "those schools with higher positivity rates could also be affected by other factors, including their culture of social distancing and mask use. But it could be that testing helps with those elements as well.

U.S. Colleges Mull New Virus Protocols for Students' Return

This [PBS NewsHour article](#) spotlights St. Michael's College in Colchester, Vermont, and several other schools whose plans for the spring include virtual learning only, pre-arrival testing, frequent surveillance testing, as well as mask and distancing requirements.

Mental Health

Campus Telemental Health Webinar

Title: NCTRC Telehealth Hack - Setting Your Campus Telemental Health Program Up for Long Term Success

Hosted by: National Consortium of Telehealth Resource Centers

Date and Time: December 10, 2020, at 2:00 pm Eastern/11:00 AM Pacific

Presenters:

- Joy Himmel, PsyD, LCPC, NCC, RN - former Director of the Health & Wellness Center, Penn State University-Altoona; former Counseling Center Director, Ross University School of Medicine; site surveyor and Board of Directors member for the Accreditation Association for Ambulatory Healthcare (AAAHC); ACHA COVID-19 Task Force member
- Jay Ostrowski, MA, NCC, LPC-S, ACS, BC-TMH - CEO, Behavioral Health Innovation
- Kathy Chorba - Executive Director, California Telehealth Resource Center

[Register here.](#)

Health Disparities

Racial and Ethnic Disparities in COVID-19 Related Infections, Hospitalizations and Deaths

This Annals of Internal Medicine review article looked at 37 cohort and cross-sectional studies, 15 ecological studies, and data from CDC and American Public Media (APM) Research Lab to [evaluate racial and ethnic disparities during the pandemic](#) and noted six main findings:

1. African-American/Black populations experience disproportionately higher SARS-CoV-2 infection rates and excess mortality due to COVID-19 (high strength of evidence) but not higher case-fatality rates (moderate strength of evidence).
2. Hispanic populations experience disproportionately higher infection rates and excess mortality due to COVID-19, but not higher case-fatality rates (moderate strength of evidence).
3. African American/Black and Hispanic populations have an increased risk for hospitalization due to COVID-19 (moderate strength of evidence).

4. Asian populations appear to have similar rates of infections, hospitalizations, and deaths as White populations (low strength of evidence).
5. American Indian, Alaska Native, and Pacific Islander populations experience excess mortality due to COVID-19 (low strength of evidence).
6. Observed disparities are more likely to be due to exposure-related factors than susceptibility (that is, comorbid conditions) (low strength of evidence).

Bottom line: The first three findings above, with moderate to high strength evidence, finds African American/Black and Hispanic populations experience a disproportionate burden of SARS-CoV2 infections and COVID-19 related mortality but not higher case-fatality rates (mostly defined as in-hospital mortality), while there is insufficient evidence to draw strong conclusions regarding disparities for other racial/ethnic groups (items 4 and 5). Increased susceptibility to COVID-19 does not explain the observed disparities in the final item. More evidence is needed to confirm and evaluate the effects of health care access, exposure risks, and population density.

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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