



AMERICAN
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HEALTH
ASSOCIATION

ACHA COVID-19 Update: February 10, 2021

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 Updates

New Webinar—Addressing COVID-19 Mitigation at Rural, Small, and Medium Sized Institutions: Solutions from the Field

Friday, February 26, at 3:00 pm ET

Join our presenters as they discuss the unique challenges to implementing campus mitigation efforts at rural, small, and medium sized colleges and universities. Each presenter will discuss the obstacles the pandemic has posed on their campuses and the innovative ways they overcame these challenges.

[Register here.](#)

Submit Your Program or Policy for Inclusion in ACHA's Compendium of Behavioral Change Approaches to Reduce the Spread of SARS-CoV-2

ACHA, in partnership with CDC, developed a document to provide examples of [behavioral change approaches](#) implemented by colleges and universities to promote everyday strategies that reduce the spread of SARS-CoV-2.

ACHA is working to turn the existing document into a searchable online directory and is asking for IHEs to submit their programs and policies for inclusion in the directory.

Tell us about the approaches that your campus has been successful in using to reduce transmission by filling out [this form](#).

Prevention and Treatment

Prevent Epidemics: Should Everyone Wear Medical Masks to Prevent the Spread of COVID-19?

The featured article in the Prevent Epidemics' January 16-29 [Science Review](#) is an in-depth review of masks. The article reminds us that a mask serves two functions: source control and personal protection. With up to 50% of new SARS-CoV-2 infections originating from asymptomatic or presymptomatic persons, widespread community use of masks is important. With the new variant strains emerging, there is renewed interest in use of medical grade masks for the general public.

Recommendations:

- CDC continues to recommend against community use of medical masks to conserve supplies for HCWs.
- Widespread community use of non-medical and surgical masks can reduce the spread of COVID-19 through both source control and protecting the wearer.

- More concerted efforts to rigorously evaluate the real-world effectiveness of non-medical masks in the community are needed. Fundamentally, the most important factor is whether a mask is worn.
- For masks to reduce transmission, they must be worn whenever there is potential for transmission of SARS-CoV-2.
- No single intervention can be relied on to eliminate transmission. The best mask does not obviate the importance of physical distancing, increased ventilation, hand hygiene, and vaccination.

This [Medscape article](#) also discusses the need to wear better fitting masks and the use of mask fitters.

FDA Authorizes Monoclonal Antibodies for Treatment of COVID-19

U.S. Food and Drug Administration issued an [emergency use authorization](#) (EUA) for bamlanivimab and etesevimab administered together for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age or older weighing at least 40 kilograms [about 88 pounds]) who test positive for SARS-CoV-2 and who are at high risk for progressing to severe COVID-19. The authorized use includes treatment for those who are 65 years of age or older or who have certain chronic medical conditions. In a clinical trial of patients with COVID-19 at high risk for disease progression, a single intravenous infusion of bamlanivimab and etesevimab administered together significantly reduced COVID-19-related hospitalization and death during 29 days of follow-up compared to placebo. Bamlanivimab and etesevimab are not authorized for patients who are hospitalized due to COVID-19 or require oxygen therapy due to COVID-19.

Testing and Tracking/Tracing

Adoption and Implementation of Campus COVID-19 Testing Strategies: Webinar

February 22, 2021, 1:00 PM–3:00 PM EST

What new resources are available to implement testing programs in higher education? How are testing programs helping campuses operate during the pandemic? Join the National Academies of Sciences, Engineering, and Medicine for [this webinar](#) on February 22nd to explore key lessons learned, see how those lessons have been used for the spring 2021 semester, and share additional available resources that can help increase the implementation of successful testing programs on campuses. This discussion will extend beyond the scientific and technical aspects of testing to encompass how testing decisions and broader uptake of successful testing programs intersect with overall decisions about how to operate safely in the pandemic and manage the pandemic in campus communities.

This webinar is a follow up to the rapid expert consultation [COVID-19 Testing Strategies for Colleges and Universities](#), which presents 10 key lessons learned about campus COVID-19 testing programs during the fall 2020 semester.

Launching a Saliva-Based SARS-CoV-2 Surveillance Testing Program on a University Campus

In [this study](#), researchers describe UC Berkeley's voluntary, asymptomatic saliva testing program known as the Innovative Genomics Institute Free Asymptomatic Saliva Testing (IGI-FAST) study, launched in summer 2020. For voluntary, asymptomatic testing to succeed, the authors reasoned that saliva testing was ideal because sample collection was simple, tolerable, inexpensive, did not require physical contact with health care workers, minimized PPE use, and could be tested rapidly and robustly. This paper provides a detailed account of the logistics, enrollment, and follow up surveys from participants. Key observations from participants:

- Convenience is critical.
- Saliva presents challenges but should not be ignored as an option (remembering not to eat, drink, chew gum, smoke, or brush teeth just prior)
- Establish regular testing as a social norm.

- Establish a robust communication system.

This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.

Wastewater Surveillance for SARS-CoV-2 on College Campuses: Initial Efforts, Lessons Learned and Research Needs

This [preprint paper](#) covers the use of wastewater monitoring by colleges and universities to manage COVID-19 on their campuses. This paper draws on the efforts of 25 colleges in 15 different states to characterize, compare, and identify lessons learned during the fall 2020 academic period. The study found a wide variety of approaches have been developed at different colleges, depending on their financial and technical resources, physical characteristics of their campus infrastructure, and decision needs. Common to all their experiences, however, was the need for multidisciplinary collaboration and iterative adaptation based on local experience. Based on these insights, the authors propose a framework for design, implementation, and evaluation of campus wastewater surveillance systems. This comparative study suggests that it is important to collaboratively identify decision-makers' needs, establish appropriate communication approaches, and develop a wastewater monitoring strategy. The framework and insights offered in this paper may help guide other institutions (colleges, nursing homes, prisons, businesses, etc.) looking to develop or expand their wastewater surveillance efforts.

This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.

Re-Entry Testing Curbs 150+ COVID Cases from UConn Campuses

This [update](#) from UConn Today includes a link to its Spring Reopening Plan and its public facing dashboard. UConn's reentry testing of residential students identified 76 positives who were subsequently placed in quarantine. Another 75 positive cases were found in reentry testing for off-campus students who have on-campus commitments such as class, work, or research. In addition, residential students will be tested at least weekly this semester. Off-campus students with on-campus commitments will be tested weekly through the end of February. They are also performing wastewater surveillance for SARS-CoV-2 and will soon add tracking for flu virus in the wastewater too.

Vaccines

CDC COVID-19 Vaccination Webpage

CDC consolidated Moderna and Pfizer [vaccine information and related vaccine resources](#) on a single page that includes links to tracking data and considerations for establishing satellite vaccine clinics.

President Biden Announces Increased Vaccine Supply, Initial Launch of the Federal Retail Pharmacy Program, and Expansion of FEMA Reimbursement to States

The White House recently [announced](#) its intent to:

- Expand vaccine supply to 10.5 million doses nationwide this week.
- Launch phase 1 of the Federal Retail Pharmacy Program, a public-private partnership with 21 national pharmacy partners and networks of independent pharmacies representing over 40,000 pharmacies nationwide.
- Increase reimbursements to states for the cost of National Guard Personnel and emergency costs via FEMA. Additionally, the federal government will retroactively reimburse states for FEMA-eligible services such as PPE, emergency feeding actions, and sheltering at risk populations.

Below is more information about the Federal Retail Pharmacy Program (FRPP).

Federal Retail Pharmacy Program (FRPP)

The Federal Retail Pharmacy Program for COVID-19 Vaccination is a collaboration between the federal government, pharmacy partners, and states and territories to increase access to COVID-19 vaccination across the United States. This partnership involves 21 national pharmacy partners and independent pharmacy networks, representing over 40,000 retail and long-term care pharmacy locations nationwide.

Frequently Asked Questions

This [FAQs page](#) offers answers to the general public and also makes note of the CDC's Pharmacy Transfer Program which allows states and territories to transfer allocated vaccine doses to these federal pharmacy partners to help vaccinate target populations in their community. Any pharmacies not enrolled with CDC as COVID-19 vaccination providers can enroll directly with a state or territory's immunization program to offer vaccinations in their communities.

Understanding the Federal Retail Pharmacy Program (FRPP) for COVID-19 Vaccination

This CDC page provides [background on the FRPP](#) as key to President Biden's strategy of increasing access particularly to those populations at high risk for severe disease due to COVID-19. Ultimately, the FRPP will include 40,000 pharmacies nationwide as vaccine doses become more available. Most Americans live within five miles of a pharmacy, and pharmacists are trained to counsel, educate, and administer vaccines.

Pharmacies Participating in the Federal Retail Pharmacy Program (FRPP)

CDC posted a state-by-state list of the [retail pharmacies receiving vaccines](#) through the Federal Retail Pharmacy Program beginning the week of February 8.

Data on Vaccine Hesitancy

This CDC MMWR "[COVID-19 Vaccination Intent, Perceptions, and Reasons for Not Vaccinating Among Groups Prioritized for Early Vaccination](#)" shows that from September to December, the proportion of adults reporting intent to receive COVID-19 vaccine as absolutely certain or very likely increased significantly by 9.7 percentage points (from 39.4% to 49.1%), with the largest increase among adults age 65 and older. The proportion reporting non-intent decreased by 6.0 percentage points (from 38.1% to 32.1%) and across most sociodemographic groups. Younger adults; women; Black persons; adults living in nonmetropolitan areas; and adults with lower educational attainment, with lower income, and without insurance were most likely to report that they did not intend to receive COVID-19 vaccination. Recommendations include:

- Tailoring information to address concerns of communities and individuals including essential workers, minority populations, and public about safety and efficacy of the vaccine and the vaccine development process.
- As trusted information sources, health care workers can use CDC-recommended guidance to have effective conversations with patients about vaccination.

Additionally, the [KFF COVID-19 Vaccine Monitor](#) is an ongoing research project tracking the public's attitudes and experiences with COVID-19 vaccinations. Some [key findings from January 2021](#) show that nearly half (47%) of the public wants to get a COVID-19 vaccine ASAP or has already gotten one—up since December when a third were in the most eager category and that knowing someone who has been vaccinated correlates with enthusiasm. Black and Hispanic adults and those with lower incomes are less likely than their White and higher-income counterparts to say they have personally received at least one dose of the vaccine or that they know someone who has. Black and Hispanic adults are also among those most likely to say they want to "wait and see" how the vaccine is working for other people before getting vaccinated themselves.

Last-Mile Logistics of COVID Vaccination: The Role of Health Care Organizations

The author of this [NEJM opinion piece](#) uses the business term "last mile," which is well known in the supply chain and ecommerce worlds as the last step in the process of getting their product/message/communication to

their customer. In the race to immunize, the last mile is getting the vaccine into the arms of individuals. To reach the last mile, health care systems must accomplish four tasks of new and unfamiliar work:

1. Earning the trust of people—both in the public and in the health care workforce—who are reluctant to be vaccinated.
2. Managing demand and immunizing people who are ready to be vaccinated.
3. Engaging in communication with the public—aiming to go beyond answering "Frequently Asked Questions"—to build trust.
4. Regional coordination with government and other institutions. The government may be purchasing, allocating, and distributing the vaccine, but last-mile logistics depend heavily on the private sector. Neither government nor private organizations can be successful on their own.

College Campuses

Observed Face Mask Use at Six Universities

This [CDC MMWR](#) multi-university observational study looked at mask use prevalence at six universities with mask mandates. A total of 17,200 persons were observed at six universities. Two-thirds (66.6%) of the observations took place indoors, and 69% took place on campus. Almost 86% observed persons wore masks, with 89.7% of those wearing them correctly. Most common were cloth masks (68.3%) and surgical masks (25.7%), followed by gaiters (3.8%) and N95-type masks (1.9%). Bandanas and scarves were rarely observed (0.3%). Overall, mask use was significantly more common indoors (94.0%) than outdoors (67.6%). The MMWR ends with:

- Mask use is likely to remain a critical COVID-19 mitigation strategy.
- CDC has made the training materials used in this study available for universities that would like to monitor mask use on their campuses.
- Universities have implemented multicomponent strategies that include masks, physical distancing, reduced residential density; surveillance and entry testing; educational campaigns; and other campus and community mitigation strategies.
- Monitoring mask use, tailoring messages to promote healthy behaviors (e.g., mask use, handwashing, and physical distancing) on and off campus, and developing measures to enforce or ensure compliance with healthy behaviors have the potential to improve implementation and effectiveness of public health strategies to prevent the spread of SARS-CoV-2.

A Cross-Sectional Analysis of Demographic and Behavioral Risk Factors of SARS-CoV-2 Antibody Positivity Among a Sample of U.S. College Students

In this [analysis](#), researchers looked at the relationship between drinking behaviors and SARS-CoV-2 positivity. The primary objective was to identify associations between demographic factors and social behaviors with SARS-CoV-2 seropositivity and self-reported positive SARS-CoV-2 diagnostic testing. The study included 1,076 Indiana University Bloomington (IUB) undergraduate students who had fingerstick serological testing for SARS-CoV-2 antibodies and 1,239 IUB undergrads in the infection history analysis. Seroprevalence of SARS-CoV-2 was 4.6%, and prevalence of self-reported SARS-CoV-2 infection history was 10.3%. Greek membership, having multiple romantic partners, knowing someone in one's immediate environment with SARS-CoV-2 infection, drinking alcohol more than one day per week, and socializing with more than four people when drinking alcohol increased both the likelihood of seropositivity and SARS-CoV-2 infection history. Recommendations included holding social events virtually or in settings where physical distancing is possible, avoiding excessive drinking, and drinking only with people living in the same household.

This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.

Mental Health

Trends in US Emergency Dept (ED) Visits for Mental Health, Overdose, and Violence Outcomes Before and During the COVID-19 Pandemic

This [study](#), published in JAMA, examines data from the National Syndromic Surveillance Program (NSSP), a collaboration of CDC, local and state health departments, and health care facilities. Using this data, the researchers evaluated changes in emergency department (ED) visits associated with mental health conditions (MHC), suicide attempts (SA), drug and opioid overdose (OD), interpersonal violence (IPV), and suspected child abuse and neglect (SCAN) in a timeframe before and during the pandemic (December 30, 2018, to October 10, 2020). The researchers found that ED visit rates for mental health conditions, suicide attempts, all drug and opioid overdoses, intimate partner violence, and child abuse and neglect were higher in mid-March through October 2020, during the COVID-19 pandemic, compared with the same period in 2019. The findings suggest that ED use and priorities for care seeking shifted during the COVID-19 pandemic, underscoring mental health, substance use, and violence risk screening and prevention needs during public health crises. Proposed intervention strategies include mass media campaigns that emphasize resilience, help-seeking, and available resources; strengthening economic supports to minimize financial stress; payment policies and regulatory changes to support expanded telehealth and addiction treatment services; and promoting social connectedness.

COVID's Mental Health Toll: How Scientists Are Tracking a Surge in Depression

This [article](#) from Nature describes the worldwide efforts to analyze "the mountains of data being collected in studies about mental health to link the impact of control measures to changes in people's well-being, and to inform the management of future pandemics." Studies and surveys conducted during the pandemic consistently show that young people, rather than older people, are most vulnerable to increased psychological distress, perhaps because their need for social interactions are stronger. Data also suggest that young women are more vulnerable than young men, and people with young children or a previously diagnosed psychiatric disorder are at particularly high risk for mental health problems. Scientists running large, detailed international studies say that they might eventually be able to show how particular COVID-control measures—such as lockdowns or restrictions on social interaction—reduce or exacerbate mental health stress and whether some populations, such as minority ethnic groups, are disproportionately affected by certain policies.

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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