



AMERICAN  
COLLEGE  
HEALTH  
ASSOCIATION

## ACHA COVID-19 Update: February 3, 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

#### Updated Reopening Checklists Available

Updated versions of the following ACHA checklists are available:

- [Checklist for Considerations Related to Reopening Campus Medical Service Operations](#)
- [Checklist for Considerations Related to Reopening Campus Mental Health Service Operations](#)

#### 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](#).

### CDC Updates

#### New CDC Issued Guidance on TB Tests and mRNA COVID-19 Vaccines

CDC has issued the following guidance on [TB tests and mRNA COVID-19 vaccines](#): "While there is no immunologic reason to suggest that a TST or TB blood test (i.e., IGRA) would impact the effectiveness of COVID-19 mRNA vaccines, given that much is left to learn about the mRNA vaccine platform, it would be reasonable to administer mRNA COVID-19 vaccine on the same day as a TB test, if needed, or to delay the TB test for 4 weeks. Healthcare providers should weigh the risks and benefits of delaying TST/IGRA with all recipients of COVID-19 mRNA vaccination. This is particularly relevant for health care personnel, including health care students and college health professionals."

#### U.S. COVID-19 Cases Caused by Variants

CDC updated its "[Emerging Variant Cases in the United States](#)" map depicting the state-by-state location of cases caused by the three variants of concern: B.1.1.7 (UK), B.1.351 (South Africa), and P.1 (Brazil). The fine print at the end is a reminder that the cases identified are based on a sampling of SARS-CoV-2 positive specimens only and do not represent the total number of cases caused by the three known variants circulating in the U.S.

## **Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs**

CDC has [issued an order](#), effective February 2, that all individuals older than age 2 using public transportation must wear a face mask that covers both the mouth and the nose. This order includes passengers and operators who are awaiting, boarding, disembarking, or traveling on airplanes, ships, ferries, trains, subways, buses, taxis, and ride-shares as they are traveling into, within, or out of the U.S. and U.S. territories. This applies also while at transportation hubs (airports; bus, ferry, train, and subway stations; seaports) and all other locations where people board public transportation.

## **Data, Numbers, and Epidemiology**

### **COVID-19 Risk by County and County-Specific Guidance on Risk**

The New York Times created this [interactive map](#) showing the risk level, average daily case counts, and incidence by county in each state. This county-specific guidance for common activities can help people lower their personal risk of getting COVID-19 and help them protect their communities. The advice was developed with public health experts at Johns Hopkins Bloomberg School of Public Health and [Resolve to Save Lives](#), an initiative of Vital Strategies, and will be updated regularly.

### **New COVID Cases Plunge 25% or More as Behavior Changes**

This [article](#) from Medscape describes how public health experts are attributing the recent decrease in new COVID-19 cases in a dozen states to changed behaviors, growing fears of the virus, the end of the holiday travel surge, and more mask wearing and physical distancing. Eva Lee, a professor at Georgia Tech, says, "the decline reflects the natural course of the virus as it infects a social web of people, exhausts that cluster, dies down and then emerges in new groups."

### **Trends in Outbreak-Associated Cases of COVID-19**

This [CDC MMWR](#) looked at several outbreaks in Wisconsin that were linked to outbreaks on college and university campuses, long-term care facilities, and correctional facilities. Outbreaks were defined as the occurrence of two or more confirmed cases of COVID-19 among persons who worked or lived together OR among persons who attended the same facility or event, did not share a household, and were identified within 14 days of each other. Using that criteria, there were 5,757 outbreaks between March 4 and November 16, yielding a total of 57,991 confirmed cases of COVID-19. Of the 5,757 outbreaks, 26.8% were at long-term care facilities, 15% at colleges and universities, and 14.9% at correctional facilities. The authors state that "given the importance of college and university outbreaks as potential early indicators of outbreaks in other settings, colleges and universities should work with public health officials to strengthen surveillance and mitigation strategies to prevent COVID-19 transmission." This aligns with recommendations in ACHA's [recent reopening guidelines](#).

### **Young and Middle-Aged Adults Responsible for Most COVID Spread**

This [Axios brief](#) summarizes the key points of a study published in Science, "Age Groups That Sustain Resurging COVID-19 Epidemics in the U.S." The authors analyzed national aggregate cell phone mobility data from more than 10 million people using Four-Square's location technology. They cross-validated with a second data set using Emodo, a phone intelligence provider and linked their data to age-specific COVID-19 mortality data to estimate how non-pharmaceutical interventions, changing contact intensities, age, and other factors have interplayed and led to resurgent disease spread. The Axios brief has a nice visual displaying that those in the 20–49-year age group were responsible for the majority of virus transmission last year.

## Prevention and Treatment

### Mask Wearing and Control of SARS CoV-2 Transmission

CDC's [January 29 Science Update](#) includes "Mask Wearing and Control of SARS CoV-2 Transmission in the USA," a study that was published in the Lancet and which evaluated results from over 378,000 individuals responding to serial surveys self-reporting use of masks.

Key findings:

- 84.6% of respondents reported they were very likely to wear a face mask to the grocery store, 40.2% reported they did so to visit friends and family, and 4.7% reported they were not likely at all to wear a mask in either setting.
- A 10% increase in self-reported mask-wearing was associated with a significantly increased odds of community transmission control (OR 3.53, 95% CI 2.03-6.43).
- Communities with both high reported mask-wearing and physical distancing had the highest predicted probability of transmission control.
- Reported mask usage continued to increase after statewide mask mandates were introduced; however, the increases were not significant.

Implications: A higher proportion of mask-wearing and physical distancing was associated with a higher probability of SARS-CoV-2 transmission control; however, mask mandates alone are not sufficient to control the ongoing pandemic and additional health interventions are needed.

## Testing and Tracking/Tracing

### U.S. Cuts \$231 Million Deal to Provide 15-Minute COVID-19 At-Home Tests

This [NPR article](#) announces the \$231.8 million deal with Ellume, an Australian company that manufactured the first at-home test for SARS-CoV-2 that is available without a prescription. The test received EUA by the FDA in December. As part of the deal, Ellume will provide 8.5 million tests to the federal government, and the U.S. Department of Defense will help fund construction of Ellume's first manufacturing plant in the U.S. Once the plant is able to reach full capacity, it will produce up to 19 million tests per month. In the meantime, Ellume will deliver 100,000 tests per month to the U.S. An anterior nasal swab is used for sample collection and then placed into a digital analyzer linked to a smartphone app. The test will cost approximately \$30. According to Dr. Michael Mina, Harvard epidemiologist, "this is a step in the right direction." However, he clarifies that there is a critical need for "tests that are highly accessible, abundant, can be used frequently, provide immediately actionable results and are \$5 [or less] per test. A test that does not meet each of these [criteria] will not perform well as a public health test to fight this pandemic."

## Vaccines

### Johnson & Johnson Vaccine 85% Efficacious Against Severe COVID Globally

Johnson & Johnson [released](#) interim phase 3 results of its 44,000 participant study conducted in the U.S., South America, and South Africa. The vaccine candidate provides 85% efficacy globally against severe COVID-19 illness. Overall efficacy against moderate to severe COVID-19 28 days post-vaccination was 66% globally, 72% in the U.S., 66% in Latin America, and 57% in South Africa. Differences in efficacy in different geographic areas likely reflects the variants circulating in those areas. It is a single-shot adenovirus vaccine requiring only regular refrigeration and can be stored up to three months in the refrigerator at 36-46 degrees F. Janssen/Johnson & Johnson plan to provide a billion doses by the end of the year.

## Comparing Pfizer, Moderna, and Johnson & Johnson Vaccines

This [Stat News article](#) compares the two currently available vaccines as well as the Johnson & Johnson vaccine, for which the company recently released phase 3 results. The article compares efficacy, number of doses, side effects, storage requirements, and more.

## Get Vaccine News in IAC Express

The Immunization Action Coalition's weekly update, [IAC Express](#), provides updates on what's new and of practical interest in U.S. immunization. Those looking for the best way to stay up to date about what's new in immunization for primary care providers are encouraged to subscribe [here](#). The newsletter provides a series of articles succinctly summarizing the week's important immunization developments, such as the new or updated vaccine recommendations from the Centers for Disease Control and Prevention (CDC) and vaccine licensures by the Food and Drug Administration. You'll read about newly posted Vaccine Information Statements and their translations, new immunization education materials from IAC, just-released resources from CDC and other organizations, important journal articles, and information about webinars and other educational opportunities, many offering free continuing education credit.

## Normalizing Vaccine Hesitancy in Communities of Color

In the first person account, "[I'm a Black Doctor who Didn't Trust the COVID Vaccine. Here's What Changed My Mind](#)," Dr. Eugenia "Gina" South, assistant professor of emergency medicine at the University of Pennsylvania, describes her journey beginning with her vaccine mistrust and ending with her getting dose 1 of the COVID-19 vaccine. Her story is representative of many in our communities of color. She states that educating herself on how the vaccine had been created and reading the experiences of people of color and trusted Black physicians who participated in vaccine trials, among other things, is what led her to change her mind. Dr. South ends with this powerful message: "Let's normalize hesitancy to take a new vaccine. Shaming people who have questions will not encourage uptake. Skepticism is especially salient for Black people, for whom centuries of mistreatment and harm from systems meant to serve and protect have engendered mistrust. Health systems and public health agencies rushing to address vaccine hesitancy among Black people must first acknowledge their own role in creating and perpetuating mistrust. The goal should then be, in partnership with Black people, to create forums for conversation and opportunities to have questions answered in nonjudgmental ways by trusted messengers."

## Demographic Characteristics of Persons Vaccinated During the First Month of the COVID-19 Vaccination Program

This [CDC MMWR](#) reports that 12,928,749 individuals received at least one dose of COVID-19 vaccine from December 14, 2020, to January 14, 2021. This represents approximately 4% of the total U.S. population and 5% of those 16 and older. The 1a priority group of health care workers and long-term care facility workers and residents were also joined by other groups depending on how states expanded ACIP guidance. Among those who received the first dose AND had available demographic data, 63% were women, 55% were >50 years old, and 60.4% were white. Analysis was hindered by lack of race/ethnicity information in half of the population who initiated vaccination this first month. This varied across jurisdictions, including six which reported no race/ethnicity data. Differences in how race/ethnicity data are collected and categorized make comparison difficult as well.

Recommendations:

- The findings underscore the need for more complete reporting of race and ethnicity data at the provider and jurisdictional levels to ensure rapid detection of and response to potential disparities in COVID-19 vaccine administration.
- Jurisdictions should monitor the demographic characteristics of vaccinated persons to identify emerging disparities.

- As vaccination expands to include additional groups, monitor coverage by the Social Vulnerability Index, which uses U.S. Census Bureau variables to identify communities that might need support, to ensure equity and to identify communities where focused immunization efforts might be required.
- To increase coverage among persons in Phase 1a, as vaccination expands into additional populations, unvaccinated health care personnel and LTCF residents should continue to be offered COVID-19 vaccine.

## 7 in 10 Students Believe Colleges Can Require COVID-19 Vaccinations

In a recent [College Pulse survey](#), 1,000 undergraduate students responded to this question: "Do you think colleges have the right to require students to get vaccinated before returning to campus?" Overall, 71% responded yes. Those in private schools were more likely to affirmatively answer with 78% vs public schools at 69%. A recent Stat/Harris Poll Survey reported 77% of college students say they are likely to get a COVID-19 vaccine as it becomes available. Students of color are less likely than white students to say they're very likely to get vaccinated (45% vs. 57%) and more likely to say they're somewhat likely to (30% vs. 21%).

## College Campuses

### Spring Semester Campus Reopening Models

The Chronicle of Higher Education has collaborated with Davidson College's [College Crisis Initiative](#) (C2i) to present the [campus reopening models for the spring semester](#). The Chronicle notes that "most colleges have stuck with similar plans to what they had in the fall (we tracked fall plans [here](#)), though you'll notice [some differences](#). Vastly fewer colleges are opening fully online, and many fewer colleges are opening fully in person as colleges move to more mixed options."

### A California College Tries to Shield an Entire City from Coronavirus

This [New York Times article](#) describes the Healthy Davis Together initiative championed by University of California, Davis (UC Davis), which "public health experts say is the most ambitious program of its type in the country and could be a model for other universities." Over the past six months, using philanthropic dollars and CARE funds, UC Davis built the capacity to provide free coronavirus tests twice weekly with overnight results available to all 69,500 people in the city of Davis, and the hundreds of nonresidents who work there. They got the costs of the tests down to \$6 each. They have trained graduate students to perform contact tracing, recruited hotel and apartment owners to provide free isolation and quarantine housing, and hired 275 undergraduate ambassadors to dispel health disinformation and hand out free masks.

### The Colleges That Took the Pandemic Seriously

This [article](#) covers how many campuses evaluated their population and setting and developed mitigation strategies to control outbreaks. The author, Dr. Aaron Carroll, professor of pediatrics at Indiana University School of Medicine, provides a retrospective of how Indiana University (IU) marshalled its resources and collaborated with and/or copied ideas from other universities like Purdue and University of Illinois. For the spring semester, they plan to test 50,000 people a week. He estimates the testing and safety measures IU adopted will cost about \$700/student. He ends with this: "Beating COVID-19 requires resources, will, and a sense of shared sacrifice. The United States has too widely failed in the past year in providing these. Vaccines are rolling out too slowly, and new variants of the coronavirus are emerging. Figuring out how to live safely in this environment is imperative."

### Response to a COVID-19 Outbreak on a University Campus

This [CDC MMWR](#) looks at one university's response to a COVID-19 outbreak on its campus August 16–22 with 371 confirmed cases, averaging 26.5 cases/day and representing 15.3% of all tests performed. Of the 371

confirmed cases, 355 (96%) were undergraduate students and 13 (3%) were graduate students; 62% of the undergrads lived off campus. Another 160 positive cases were identified the second week, with 52% of those already in quarantine. Several large, off-campus parties were common sources of exposure for approximately two-thirds of the cases among the undergraduate students. The university responded by switching to online instruction for all undergraduate classes for a minimum of two weeks and instituting several additional temporary campus restrictions as well. Testing capacity was expanded, rapid antigen tests were used on the frontline with follow up PCR tests as needed. By September 2, positive cases declined, and campus restrictions were gradually relaxed. The authors write that "immediate, aggressive measures to decrease SARS-CoV-2 transmission through enhanced testing, timely contact tracing, provision of adequate isolation and quarantine space, increased screening of asymptomatic persons, and communication promoting adherence to mitigation strategies can help control COVID-19 outbreaks while minimizing disruptions to in-person instruction. This approach is consistent with recommendations for universities with outbreaks to avoid sending students home to avoid spreading infections into local and other communities."

## Mental Health

### For Emerging Adults, Pandemic Serves Up Unique Challenges

This [AP News article](#) describes the traditional college demographic as being in the stages of "emerging adulthood....a volitional, transitional period marked by exploration of life and love, work and world views," and the year-long pandemic's effects on what is typically "a key time to explore career options." According to Kathryn Sabella, director of research at the University of Massachusetts Medical School's Transitions to Adulthood Center for Research, "this generation is losing out on this key transition period....the limited amount of career exploration, the inability to seek out new jobs and secure those jobs, could definitely have long-term negative impacts." In studying the pandemic's effects on young people with mental health conditions, Sabella has found "patterns of isolation, angst, and uncertainty." This is also a critical time because mental health conditions can emerge at this period in life and can be particularly perilous for those subsets of the population aging out of the foster system. This is an interesting read featuring interviews with several students and recent graduates.

### Survey: Pandemic Hurt Students, but They Aren't Seeking Help

This [Inside Higher Ed article](#) discusses a survey of about 1,000 students attending two- and four-year colleges in the fall of 2020. The survey was published by Hobsons (an education technology company) in partnership with Hanover Research. Overall, 57% of returning undergrad participants said their learning experience during the semester was somewhat or significantly worse than the previous year. More of those attending four-year institutions expressed dissatisfaction than those attending two-year colleges (61% vs 37%). Sixty-eight percent of all students surveyed said that COVID-19 has "somewhat" or "very" negatively impacted their mental health. Despite these challenges and students' self-reported knowledge of support resources at their colleges, 77 percent of all students said they have not sought help from their college for their mental 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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