ACHA COVID-19 Update: January 13, 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

**Brief Survey to Help Us Understand Mitigation Efforts on College Campuses**

The ACHA COVID-19 Task Force is asking for your participation in a brief reflection survey. This survey should take only a few minutes to complete and will help us understand what mitigation efforts you believe worked and didn’t work on your campus this past semester.

ACHA is now working closely with CDC to better understand mitigation efforts on college campuses and results from this survey will help guide that work. Surveys have been sent to one representative at each school and links will remain open until January 20 at noon Eastern. Please contact Robyn Buchsbaum at rbuchsbaum@acha.org with any questions or concerns.

CDC Updates

**New Testing and International Air Travel Requirements**

CDC issued an order requiring all air passengers age 2 or older arriving in the U.S. from a foreign country to get tested for COVID-19 infection no more than 3 days prior to flight departure and to provide proof of the negative test result or documentation of having recovered from COVID-19 to the airline before boarding the flight. The CDC order, linked within the website, provides explicit details of the requirements and the exemptions, which include crew members, federal law enforcement personnel, and members of the U.S. military traveling under orders.

Data, Numbers, and Epidemiology

**Genomic Evidence of In-Flight Transmission of SARS-CoV-2 Despite Predeparture Testing**

This Emerging Infectious Diseases study details in-flight transmission of SARS-CoV-2 among seven passengers during a flight from the United Arab Emirates to New Zealand on September 29, with two passengers likely to be the index case patients (infected before the flight), four infected during the 18-hour flight, and the remaining passenger infected during quarantine between travel companions after the flight. All seven were in aisle seats within two rows of the presumed index case patients. Five of the seven had negative predeparture tests. Mask wearing was not mandatory on the flight or in predeparture areas in Dubai. This study highlights the need for a multilayered mitigation strategy.

**Map of U.S. COVID-19 Cases Caused by Variants**

This interactive map from CDC provides a state-by-state COVID-19 variant case count, which will be updated three times a week on Mondays, Wednesdays, and Fridays.

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**Vaccines**

**IAC Launches New COVID-19 Vaccine Webpage**

The large body of COVID-19 vaccine information continues to expand daily, making it challenging for healthcare professionals to stay up to date with the newly released COVID-19 resources for frontline vaccinators. To assist you in finding the key information you need, the Immunization Action Coalition (IAC) has launched its new COVID-19 Vaccine webpage at www.immunize.org/covid-19. See IAC’s summary of items included on the new webpage. See also IAC’s Ask the Experts: COVID-19 web page.

**CDC COVID-19 Vaccine Website**

CDC updated its COVID-19 Vaccine website, which includes links to each state’s health department, prioritization and plan.

**What to Expect After Getting a COVID-19 Vaccine**

This CDC webpage contains information for patients on common side effects of the vaccine and getting a second dose. The dosing interval of the Pfizer vaccine (3 weeks or 21 days) and the Moderna vaccine (1 month or 28 days), and CDC notes that while there is no maximum interval between the first and second doses for either vaccine, patients should not get the second dose earlier than the recommended interval.

The page also includes a printable one-page handout for health care providers to customize and provide to patients after their COVID-19 vaccination.

**IAC Provides Summary of CDC and FDA Dosing Interval Guidance**

The Immunization Action Coalition has shared a helpful summary about scheduling vaccine dose #2 at 21 or 28 days. Per CDC and FDA, doses should not be scheduled sooner.

On January 6, CDC revised Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States. The portion regarding dosing intervals is summarized below:

- Routine Scheduling. Do not schedule people to receive dose #2 earlier than recommended (i.e., 21 days for Pfizer-BioNTech or 28 days for Moderna).
- Inadvertent Early Doses. Dose #2 inadvertently administered as much as 4 days too early (“grace period”) should be considered valid.
- No Maximum Interval. There is no maximum interval between dose #1 and dose #2 for either vaccine. If dose #2 is administered beyond 21 or 28 days, there is no need to restart the series or repeat the dose.
- Errors. Vaccine administration errors should be reported to the Vaccine Adverse Event Reporting System (VAERS).

**Looming Challenges of COVID-19 Immunization: Moving Forward**

*January 27, 2021 at 1:00 PM ET*

Join the Network for Excellence in Health Innovation (NEHI) for the final summit in its Looming Challenges of COVID-19 Immunization Series. The summit will focus on successes, challenges, and future plans with respect to COVID-19 immunizations.

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Decline in Public's Willingness to Get Vaccinated

In this JAMA study, National Trends in the US Public's Likelihood of Getting a COVID-19 Vaccine, researchers examined willingness to get the vaccine. A cohort of 8,167 U.S. adults over a two-week period in April and a two-week period in December responded to a single question, "How likely are you to get vaccinated for coronavirus once a vaccine is available to the public?" From April to December, the percentage stating they were somewhat or very likely to get vaccinated declined from 74% to 56%, highlighting the need for educational campaigns to raise the public's willingness to consider COVID-19 vaccination.

COVID-19 Vaccine Communication Resources

These vaccine communication resources can assist in communicating the importance of vaccination and other mitigation strategies:

- Ad Council: Coronavirus Response
- Institute for Public Relations: COVID-19 Resources for PR Professionals
- The de Beaumont Organization
- Immunization Action Coalition

College Campuses

- College Crisis Initiative (C2i) (Davidson College)

Five Scenarios for Containing the COVID-19 Pandemic and Returning to a “New Normal”

This Stat article was written by three former university researchers who are now working for Verily, a company that provides wraparound COVID-19 programs known as “Healthy at Work,” which is currently being used by several campuses. The researchers used modeling that factored in infection rates on campus, prevalence in the local community, use of nonpharmaceutical interventions (NPI), and vaccine uptake to help university officials and their other clients understand how frequently to test. The researchers used 1% or less as the acceptable rate of suppression of viral transmission that would lead to safe return to work or school, meaning when 1% or less of the population is infected at a given time, the situation is manageable and acceptable. The researchers identified five scenarios and included this helpful table.

Managing College Students’ COVID-19 Vaccine Hesitancy

This University Business article looked at a survey asking the question "Will you be vaccinated for the coronavirus when vaccines are available to you?" to 592 graduate and undergraduate students. Their responses: Yes: 299 (50.6%); No: 176 (29.8%); Not sure: 114 (19.3%)

Comments from those who responded no and not sure indicated they needed more information. Marketing Professor, C. Kevin Synnot, from Eastern Connecticut State University, noted the implications are clear. Information campaigns must begin now. He had multiple suggestions, including wide publicity with updated information placed as table tents in dining locations, chalk on walkways, flyers around campus, in classrooms, bus stops, etc. Use all available social media and provide upscale swag for those who get vaccinated.

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Opening of Large Institutions of Higher Ed and County-Level COVID-19 Incidence

This CDC MMWR looked at 101 university counties with large not-for-profit colleges or universities (enrolling at least 20,000 students) which started fall term between July 27 and August 28 to evaluate the effect of their instructional format (remote vs in-person) on COVID-19 incidence during the 21 days before through 21 days after the start of classes. Researchers found that:

- Remote-instruction university counties (22) experienced a 17.9% decline in mean COVID-19 incidence.
- In-person instruction university counties (79) experienced a 56.2% increase in COVID-19 incidence.
- Counties without large colleges and universities (3,009) experienced a 5.9% decline in COVID-19 incidence.
- The percentage of counties identified at least once as a hotspot increased for all three groups, with the highest percentage observed in in-person instruction university counties (30.4% absolute increase), followed by remote-instruction university counties (9.1%) and non-university counties (1.5%).
- In-person instruction at colleges and universities was associated with increased percentage in test positivity.

Though there were several limitations to this study, its recommendations are sound and align with ACHA’s guidelines:

- Implementation of increased mitigation efforts at colleges and universities is critical.
- Testing students for COVID-19 when they return to campus and throughout the semester might be an effective strategy to rapidly identify and isolate new cases to interrupt and reduce further transmissions.
- Colleges and universities should work to achieve greater adherence to the recommended use of masks, hand hygiene, social distancing, and COVID-19 surveillance among students, including those who are exposed, symptomatic, and asymptomatic.
- College and university administrators should work with local decision-makers and public health officials to strengthen community mitigation, in addition to continuing efforts to slow the spread of COVID-19 on college and university campuses.

Participation in Fraternity and Sorority Activities and the Spread of COVID 19 Among Residential University Communities

This CDC MMWR examines the relationship between participation in fraternity and sorority activities and the transmission of SARS-CoV-2 among residential communities at a university in Arkansas (identified only as university A) at the opening of fall semester 2020. Sorority rush week was held August 17–22 and fraternity rush week was held August 27–31. A total of 965 confirmed and probable cases of COVID-19 were identified between August 20 and September 5, with 31% of patients reporting involvement in a fraternity or sorority activity. Of the 54 gatherings linking all the events, 49 (91%) were linked by participation in fraternity and sorority activities.

Recommendations:

- Student organizations should help ensure compliance with CDC-recommended COVID-19 mitigation measures, including limiting the size of social gatherings, adhering to physical distancing recommendations, requiring mask use, improving hand hygiene, and increasing testing.
- Encourage more virtual activities, including those related to fraternities and sororities.
- Health departments should work together with student organizations and university leaders, particularly during rush week, to ensure compliance with mitigation measures.

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Interim Guidance on the Preparticipation Physical Exam for Athletes During the SARS-CoV-2 Pandemic

The American Medical Society for Sports Medicine (AMSSM) issued this expert consensus guidance statement addressing the preparticipation physical exam (PPE) for grade school, high school, and college athletes. It adds a fifth goal to the pre-COVID-19 role of the PPE: "provide advice for student athletes and parents regarding exercise volume and intensity, participation in sport, and minimizing the risk of contracting the disease." This is a comprehensive document which provides recommendations for:

- Timing, setting, and structure of the PPE
- Evaluation of organ systems
- Vulnerable populations including those with pre-existing medical conditions
- Medical eligibility considerations and return to sport participation
- Anticipatory guidance
- Advocacy, legal concerns, and financial issues

Mental Health

Gallup State of the Student Experience: Fall 2020 Report

In the fall of 2020, Lumina Foundation and Gallup partnered to survey 2,064 students currently pursuing their associate degree and 3,941 pursuing their bachelor's degree and assessed:

- How has COVID-19 changed the student experience?
- To what extent have changes resulting from COVID-19 impacted the quality of the student experience?
- How, if at all, will COVID-19 impact students' ability to continue in their degree?

In addition to several other findings, the Executive Summary notes:

- Students who transitioned from in person classes to fully online in fall are faring worse in their well-being, are less likely to feel their professors care about them as a person, and are less likely to have a mentor.
- About a third of all currently enrolled students say they have considered withdrawing from courses in the past 6 months; the most cited reasons are COVID-19 and emotional stress.
- Black and first generation students are the least likely to say their school offers many of the services designed to combat the impact of COVID-19 and other challenges, including mental health and financial services.

Health Disparities

Public Health Messaging and Racial and Ethnic Health Knowledge Disparities

In this study, Comparison of knowledge and information-seeking behavior after general COVID-19 public health messages and messages tailored for Black and Latinx communities, published in the Annals of Internal Medicine, researchers looked at how the "paucity of public health messages that directly address communities of color might contribute to racial and ethnic disparities in knowledge and behavior related to coronavirus disease 2019 (COVID-19).” Key findings:

- Persons who received COVID-19 messaging videos had lower knowledge errors than persons who did not receive public health messaging videos. Other ways of tailoring messaging did not change effectiveness.
- Black physician presenters slightly increased information-seeking among Black participants.

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This randomized controlled trial of knowledge gaps and information-seeking about COVID-19 public health messaging among 14,144 Black and Hispanic/Latino respondents was conducted in May 2020. Intervention videos presented information on COVID-19 symptoms tailored by the presenter’s racial/ethnic concordance with viewers and several other message characteristics.

Implications: Public health messaging can reduce knowledge gaps about COVID-19, and racial representation in that messaging may improve information-seeking among Black or other communities of color.

**Online Event: Advancing Social Justice, Health Equity and Community**

*February 9 at 12:00 PM ET*

The Hastings Center will host [this event](https://www.acha.org/ACHA/Resources/Topics/COVID-19_Update.aspx) featuring Professor Patrick T. Smith of Duke University and Mildred Solomon, president of The Hastings Center, for an exploration of how thinking and insights afforded by Martin Luther King and the 20th century civil rights movement might help redress today’s widespread suffering and health inequities. How can values like dignity, solidarity, community (or what King termed the “beloved community”) be useful today? What can we do to acknowledge King’s notion of an “inescapable network of mutuality?”
