



AMERICAN
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ASSOCIATION

ACHA COVID-19 Update: January 20, 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

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](#).

Updated Checklist for Reopening Mental Health Services

An updated version of the [Checklist for Considerations Related to Reopening Campus Mental Health Service Operations](#) is available.

Data, Numbers, and Epidemiology

SARS-CoV-2 Transmission from People Without COVID-19 Symptoms

This [JAMA article](#) used an analytical model to assess the proportion of transmission from presymptomatic, never symptomatic (or asymptomatic), and symptomatic individuals across a range of scenarios in which the investigators varied the time of the infectious period. For all estimates, the infectious period duration remained at 10 days but peak infectiousness was varied between 3 and 7 days. Under a range of assumptions of presymptomatic transmission and transmission from individuals with infection who never develop symptoms, the model presented here estimated that more than half of transmission comes from asymptomatic individuals.

Findings once again show the importance of universal masking, physical distancing, hand hygiene, and vaccination. "These measures can also be supplemented by strategic testing of people who are not ill, such as those who have exposures to known cases (e.g., contact tracing) or are at high risk of exposing others (e.g., congregate facility staff, those with frequent contact with the public). Multiple measures that effectively address transmission risk in the absence of symptoms are imperative to control SARS-CoV-2."

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Prevention and Treatment

Why Aren't We Wearing Better Masks?

This [Atlantic article](#) discusses the use of cloth masks and making better mask options available to the public. The authors, who also wrote "An Evidence Review of Face Masks Against COVID," published in the *Proceedings of the National Academy of Science*, discuss the advantage of medical-grade masks, known as N95s in the U.S., FFP2 in the EU, and KN95 in China. Cloth masks reduce the transmission of coronavirus from the wearer and confer some protection as well.

Testing and Tracking/Tracing

Genetic Variants of SARS-CoV-2 May Lead to False Negative Results with Molecular Tests for Detection of SARS-CoV-2

The FDA sent [this letter](#) to clinical lab staff and health care providers, giving recommendations to address possible false negative results and updated information regarding three tests that have been issued an EUA: Accula SARS-CoV-2, TaqPath COVID-19 Combo Kit, and Linea COVID-19 Assay Kit.

The FDA further recommends clinical laboratory staff and health care providers who use molecular tests for the detection of SARS-CoV-2 to:

- Be aware that genetic variants of SARS-CoV-2 arise regularly and false negative test results can occur.
- Be aware that tests that use multiple genetic targets to determine a final result are less likely to be impacted by increased prevalence of genetic variants.
- Consider negative results in combination with clinical observations, patient history, and epidemiological information.
- Consider repeat testing with a different test (with different genetic targets) if COVID-19 is still suspected after receiving a negative test result.

Comparison of Saliva and NP Swab NAAT for Detection of SARS-CoV-2

This [JAMA study](#) reviewed 16 published peer-reviewed articles evaluating salivary nucleic acid amplification testing (NAAT) sensitivity and specificity compared to the more invasive NP swab. Diagnostic sensitivity for salivary NAAT was comparable to that reported for nasopharyngeal (NP) swab NAAT, setting up the saliva test as a viable alternative, which may be more widely accepted, require less direct contact by health care providers, and preserve PPE.

Evaluation of Abbott BinaxNOW Rapid Ag Test for SARS-CoV-2 Infection at Two Community-Based Testing Sites

This [CDC MMWR](#) describes a comparison of the performance of the BinaxNOW test collected via anterior nasal swabs to the RT-PCR testing collected using nasopharyngeal (NP) swabs in 3,419 paired specimens collected from individuals aged 10 and older at two community testing sites in Pima County, Arizona, in November 2020. The sensitivity of the BinaxNOW antigen test was lower among specimens from asymptomatic persons (35.8%) than among specimens from symptomatic persons (64.2%). Specificity (99.8%–100%) was high in both asymptomatic and symptomatic groups. Among specimens with positive viral culture, the sensitivity of the BinaxNOW antigen test compared with real-time RT-PCR in specimens from symptomatic participants was 92.6%.

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Recommendations:

- Despite their reduced sensitivity to detect infection compared with real-time RT-PCR, antigen tests might be particularly useful when real-time RT-PCR tests are not readily available or have prolonged turnaround time.
- Rapid antigen tests can be an important tool for screening because of their quick turnaround time, lower requirement for resources, high specificity, and high positive predictive value (PPV) in settings
- of high pretest probability (e.g., providing testing to symptomatic persons, to persons with a known COVID-19 exposure, or where community transmission is high).
- The quicker turnaround time can speed identification and isolation of infectious persons and will be particularly important in communities with high levels of transmission.
- Community testing strategies focused on preventing transmission using antigen testing should consider serial testing (e.g. in kindergarten through grade 12 schools, institutions of higher education, or congregate housing settings), which might improve test sensitivity in detecting infection.
- When the pretest probability for receiving positive SARS-CoV-2 test results is elevated (e.g. for symptomatic persons or for persons with a known COVID-19 exposure) a negative antigen test result should be confirmed by nucleic acid amplification testing (NAAT).
- Asymptomatic persons who receive a positive BinaxNOW antigen test result in a setting with a high risk for adverse consequences resulting from false-positive results (e.g. in long-term care facilities) should also receive confirmatory testing by NAAT.

Vaccines

Prevent Epidemics Science Review

The [science review for December 19-January 8](#) includes a review of vaccine rollout in countries and the U.S. that have vaccinated relatively high proportions of their populations. The article focused on Bahrain, Israel, and West Virginia. Potential bottlenecks or barriers to success were summarized into three categories: logistics, policy issues, and vaccine acceptability.

Answers to COVID-19 Vaccination Questions for Healthcare Providers

This [YouTube video](#) was produced by the Ad Council and the COVID Collaborative and is one in a series of videos with appearances by notable physicians to address questions related to vaccine safety, availability, approval, etc. to anticipate how to address questions from patients. There is also an appeal by Dr. Fauci to get vaccinated to demonstrate confidence in the vaccine.

College Campuses

Higher Education Webinar: Planning for Vaccine Rollouts

Last week, as part of the Council for Foreign Relations Academic Webinar series, Anita Barkin, co-chair of the ACHA COVID-19 Task Force, led [a discussion](#) on the role of colleges in disseminating vaccines and provided rollout recommendations for campus communities.

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They're Called #TeamNoSleep

This [Chronicle of Higher Ed article](#) describes some of the unsung heroes of colleges and universities: the student affairs professionals who in "normal times" are the employees who "deal with Maslow's hierarchy of needs. Everything from shelter and safety to civic engagement and cultivating a sense of belonging falls under their purview." Managing the pandemic, the social justice issues, and supporting needs 24/7 for 10 months has taken its toll. Says one person interviewed, "Student-conduct and residence-life employees have had to monitor students for a new range of behavior: not wearing a mask, not social distancing properly, gathering in large groups. Partying in a pandemic comes with heightened danger, and heightened consequences. Enforcing those rules hasn't been easy. No one entered the field 'because they love being the fun police.'"

Does Your College's COVID-19 Dashboard Make the Grade?

This [University Business article](#) discusses the "We Rate COVID Dashboards" website and the importance of creating a public-facing dashboard. Some considerations for a campus dashboard:

- How well are your categories labeled?
- When was the last time your data was updated? Daily, weekly?
- Does it contain county or city-level data?
- How often are people being tested?
- What is the test turnaround time?
- How many students are in isolation and in quarantine?

The next evolution for dashboards will likely include vaccine information. Of the 349 dashboards that have been reviewed to date, two campuses—Wagner College and Amherst College—have received the highest rating of A++.

Mental Health

Emotional Well-Being Under Conditions of Lockdown

This [article from the Journal of Happiness Studies](#) examined the extent to which being outdoors versus indoors, the experience of loneliness, and screen time are associated with emotional well-being during the pandemic. A total of 281 participants in Austria completed a daily questionnaire three times a day for 21 days asking about the number of people around them, how lonely they felt, whether they were inside or outside, and a subjective happiness scale. At the end of the day, they recorded the total hours spent in front of a screen that day. Findings include:

- Being outdoors was associated with higher emotional well-being; being outdoors provides opportunities to physically and psychologically escape from the stressors of household confinement (e.g., lack of personal space, boredom), maintain some social relationships and improve social capital, engage in physical activity, and develop a sense of connection with the world outside.
- Loneliness was associated with poorer emotional well-being.
- Greater screen time was significantly associated with higher loneliness, which suggests that under conditions of lockdown, screen time per se may not necessarily be an effective means of buffering against feelings of isolation.
- The association between loneliness and well-being was stronger when indoors, which again highlights the benefits of being outdoors.

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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