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ACHA COVID-19 Update: January 6, 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

COVID-19 Virtual Summit 2: 344 Days and Counting—Recording Package Available

If you missed this live event, originally held December 8-9, 2020, a complete package of session recordings is available. This package includes access to 18 hours of on-demand video recordings and slides for most sessions. In-depth descriptions of each session are available in the [Summit Program](#).

[Learn more here.](#)

Thank you to our generous event sponsors:



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New ACHA Guidelines on Reopening Campus for the 2021 Spring Semester

[These guidelines](#) from ACHA's COVID-19 Task Force provide updated considerations and guidance for campus presidents, chancellors, and senior leaders and college health professionals to inform their planning for the upcoming semester.

Advocating for SARS-CoV-2 Vaccine for College Health Professionals

Please see these [advocacy tips](#) as you develop your strategy for ensuring that your campus providers are included in the local vaccination effort in Phase 1a.

Mass Vaccination Guidance and Resources

The ACHA COVID-19 Task Force has gathered [these resources](#) to assist members in planning for mass vaccination clinics. ACHA has also added a [section on vaccines](#) to its COVID-19 resource page.

Upcoming Webinars

Strategic Health Communication to College Students During a Pandemic

Live Event: January 12, 2021

2:00 pm-3:00 pm EST

CHES credit available!

[Register Today!](#)

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Radical Self-Care for the Director During an Era of Chaos and Challenge: Connecting with Resilience and Courage When You Are Running on Empty

Live Event: January 14, 2021

12:00 pm- 1:00 pm EST

Part of the free webinar series from the ACHA Faculty and Staff Resiliency Task Force.

[Register Today!](#)

CDC Updates

Emerging SARS-CoV-2 Variants

This [CDC update](#) describes the three known SARS-CoV-2 variants currently circulating.

- The U.K. variant, also known as B.1.1.7: this variant has been detected in the U.S. This variant is associated with more efficient and rapid transmission but thus far no impact on the severity of disease or vaccine efficacy.
- The South African variant, also known as B.1.351: this variant has shown multiple mutations in the spike protein. Thus far no impact on disease severity or vaccine efficacy.
- A Nigerian variant, also known as B.1.207: it is unknown when this variant first emerged. Thus far no evidence of impact on disease severity or that it is contributing to increased transmission in Nigeria.

Updates to Clinical Considerations for Vaccines

CDC updated its [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#). Updates include:

- Additional information on antibody therapies and COVID-19 vaccination
- Information on COVID-19 vaccination and outbreak management
- Additional information on vaccination of immunocompromised persons
- Updates to contraindications and precautions to vaccination
- Information on COVID-19 vaccination and tuberculin skin testing

CDC Updates Vaccine Gateway Pages

CDC has refreshed its [gateway pages](#) to include practical materials for administration, storage, and handling of each authorized COVID-19 vaccine.

Updated Travel Guidance

CDC updated its international travel guidance to align with its newer quarantine recommendations. The guidance still recommends international travelers wear a mask in shared spaces inside the home for 14 days if they have returned to a household shared with people who didn't travel with them.

If the traveler participated in higher-risk activities during international travel, they are also advised to

- Get tested 3-5 days after travel AND stay home for 7 days after travel.
 - Even if you test negative, stay home for the full 7 days.
 - If your test is positive, [isolate](#) yourself to protect others from getting infected.
- If you don't get tested, it's safest to stay home for 10 days after travel. (This was changed from 14 days)
- Avoid being around people who are at [increased risk for severe illness](#) for 14 days, whether you get tested or not.

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Update to Considerations for Institutions of Higher Education

CDC updated its [considerations for IHEs](#) to clarify the cleaning and disinfection sections.

Data, Numbers, and Epidemiology

COVID-19 Stats: Incidence by Age Group March 1-November 14, 2020

According to [this CDC MMWR](#), during late March–late May 2020, COVID-19 incidence was highest among adults aged ≥80 years, with a peak in incidence in the week beginning April 12. In June, incidence increased in all age groups, with the most rapid rate of increase and highest overall incidence among young adults aged 18–24 years; the rate in this group continues to be the highest among all age groups. During late September–early October, weekly incidence decreased briefly among young adults aged 18–24 years only, then continued to steadily increase among all age groups through November 14.

COVID Act Now Compare Tool

This tool provides [local COVID data](#) for informed decision-making during the pandemic. The map shows risk levels for the 50 states and 3,200 counties using three key metrics (daily new cases, infection rate, and positive test rate). Those metrics were changed on December 21, and ICU capacity and contact tracing are still displayed but no longer factored into a location's risk level. This change was made to differentiate between risk and preparedness and is now more closely aligned with the White House Task Force's current reports, which determine risk level based on daily new cases/100K and test positivity.

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](#) web page at www.immunize.org/covid-19. See also IAC's [Ask the Experts: COVID-19](#) web page.

COVID-19 Vaccines and Allergic Reactions

This CDC site provides [recommendations on what to do if experiencing an allergic reaction to the COVID-19 vaccine](#). Anyone with a severe allergic reaction (anaphylaxis) or a "non-severe allergic reaction" with symptoms of hives, swelling, wheezing/respiratory distress within four hours after vaccination (also known as an immediate allergic reaction) should NOT receive the second dose of an of the mRNA COVID-19 vaccines. Those with allergic reactions to polyethylene glycol (PEG) or polysorbate (which is not in the vaccine but is related to PEG) should NOT receive the vaccine.

Those with a history of allergies, even severe allergies unrelated to vaccines or injectable medications, may get vaccinated. Those with an immediate allergic reaction to a vaccine or any injectable medication should discuss with their physician prior to proceeding.

CDC COVID Data Tracker

This site and interactive map provides the [latest data on COVID-19 vaccinations](#) (as well as data on case trends and more). As of January 6, 17,020,575 COVID-19 vaccine doses have been distributed and only 4,836,469 people have received one dose.

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CDC Web-on-Demand Modules for Providers Administering COVID-19 Vaccines

CDC has posted three [web-on-demand CE modules](#) for health care providers who will administer COVID-19 vaccines:

- COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers: this module provides healthcare providers with information about COVID-19 vaccine Emergency Use Authorization and safety, as well as general information about vaccine storage, handling, administration, and reporting (15 minutes)
- Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know (30 minutes)
- Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know (30 minutes)

Testing and Tracking/Tracing

Performance of an Antigen-Based Test for Asymptomatic and Symptomatic SARS-CoV-2 Testing at Two University Campuses – Wisconsin, September–October 2020

This [CDC MMWR](#) evaluated Quidel's Sofia SARS Antigen Fluorescent Immunoassay (FIA) compared to RT-PCR test for SARS-CoV-2 among asymptomatic and symptomatic individuals at two universities in Wisconsin over a 12 day period. Test comparisons were performed on 1,098 nasal swabs including 1,051 pairs from university A and 47 pairs from university B. At time of collection, 227 (20.7%) participants reported experiencing one or more COVID-19 symptoms and 871 (79.3%) were asymptomatic. Of the 227 symptomatic participants, 34 (15%) were antigen positive and 40 (17.6%) were RT-PCR positive, yielding antigen testing sensitivity of 80% and specificity of 98.9%. PPV was 94.1% and NPV 95.9%. Of the 871 asymptomatic participants, 21 paired tests (92.4%) were antigen positive and 17 (2.0%) were RT-PCR positive, yielding antigen testing sensitivity of 41.2% and specificity of 98.4%. PPV was 33.3% and NPV 98.8%.

The Sofia test for SARS-CoV-2 is inexpensive and provides results within 15 minutes but 1 in 5 patients with symptoms and confirmed COVID-19 via RT-PCR received a negative rapid antigen test. People with symptoms and a negative rapid test should get a confirmatory RT-PCR test, wear a mask, and remain isolated until nucleic acid amplification (e.g. RT-PCR) test results. Similarly, asymptomatic persons with a positive antigen test should consider undergoing a confirmatory test with a nucleic acid amplification test.

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)

The Value of Virus Mitigation

This [article](#) from Inside Higher Ed reviews ACHA's [new guidelines](#) and the recent Annals of Internal Medicine study "[College Campuses and COVID-19 Mitigation: Clinical and Economic Value.](#)" In the study, the authors modeled two background strategies: a closed campus strategy with online education only and an open campus without mitigation interventions and examined 24 mitigation strategies with a variety of variables and applied costs and quality of life. Four major findings:

- Even if campuses remain closed, there will likely be many infections among faculty from the community and among students who live off campus in and around the college town.
- A mandatory mask-wearing policy alone would reduce infections the most. Combining a mask-wearing policy and extensive social distancing would prevent 87% of infections and cost \$170/infection prevented.

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- Adding routine testing to a policy with mask-wearing and extensive social distancing reduced infections the most but at a high cost per infection prevented. Reducing test costs to \$1 per test would yield a much better value for strategies involving testing every 3 days.
- Most infections among students were from other students. Most faculty infections were not from students.

U.S. Colleges Grapple with COVID Safety for Impending Spring Semester

This Guardian article discusses [what to expect for spring semester](#) as the virus continues to surge. The article describes the varied plans for the fall and the concerns of reopening particularly amidst the high case counts of COVID-19.

As the Pandemic Worsens, Colleges Prepare to Test Their Spring Plans

The Chronicle of Higher Ed article describes [various testing plans](#) as campuses reopen in the spring. Testing considerations ranging from entry and twice weekly surveillance testing to testing only CDC's top two tiers (symptomatic students and close contacts of confirmed COVID-19 individuals). Ultimately, it all comes down to resources.

Health Disparities

Poor Vaccine Planning Could Increase the Pandemic's Racial Divide

This [Axios article](#) highlights the challenge of ensuring communities of color receive the COVID-19 vaccine. Though state and federal government have incorporated equity into their vaccine distribution plans, enforcement of priorities will be difficult and likely will rely on the honor system. Rural Americans, Black Americans, and essential workers have the highest level of vaccine hesitancy, and Black Americans are disproportionately likely to be essential workers. Ease of access and establishing trust are critical. One suggestion is to administer vaccines in a setting in which vulnerable people can comfortably access and trust, like a local church.

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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