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## ACHA COVID-19 Update: July 22, 2020

*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 COVID-19 Virtual Summit

#### CE Credit Available—Register by Friday, July 24

- Registration has been extended through July 24 for ACHA's [virtual summit](#), held in partnership with the American Council on Education (ACE)!
- Earn up to 5 hours of continuing education credit for physicians/physician assistants, certified health education specialists, psychologists, and certified counselors. (Nurses may request CME for non-physicians.)

See the [summit agenda](#) for a full list of sessions.

The event will take place July 28–29, from 12:30–4:30 pm EDT each day. ACHA members are eligible for discounted registration.

Thank you to the event sponsors for their generous support. Learn more about them [here](#).



[aetnastudenthealth.com](http://aetnastudenthealth.com)



Student  
Resources



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## Data, Numbers, and Epidemiology

### Tracking COVID-19 in the U.S.

In this document, [Tracking COVID-19 in the United States: From Information Catastrophe to Empowered Communities](#), Prevent Epidemics provides a 15-item list of “Essential Indicators for Effective COVID-19 Response.” The list includes nine indicators that should be reported immediately and six that should be reported as soon as possible if data is not currently available. An example of an ideal state-level dashboard is on page 18.

### NIH Repository of COVID-19 Research Tools

[This website](#) provides access to COVID-19 related data collection tools (CRFs, DCFs, instruments, surveys, questionnaires) that are currently in use. The source of each instrument has been verified and contact information is provided in case additional information is needed. NIH is also striving to provide access to study protocols/study designs and data dictionaries to enhance timeliness for end use, as well as data interoperability and harmonization. Please note, these data collection tools cannot be considered broadly validated and investigators are encouraged to perform validation studies.

### Immunity to COVID-19

This [article](#) from The Guardian discusses the longitudinal Kings College Study of the immune response to COVID-19. Neutralizing antibody rises and then peaks about 5 weeks after symptom development and quickly wanes within 3 months. The hopes for long-lasting immunity with a vaccine are diminishing. An annual vaccination may be more likely.

### How to Understand COVID-19 Numbers

This is an easy-to-understand [article](#) from ProPublica on how to interpret COVID-19 numbers including case rates, hospitalizations, death rates, and more.

### Seroprevalence of Antibodies to SARS-CoV-2 in 10 Sites in the U.S.

In this cross-sectional [study](#) of 16 025 residual clinical specimens, estimates of the proportion of persons with detectable SARS-CoV-2 antibodies ranged from 1.0% in the San Francisco Bay area (collected April 23-27) to 6.9% of persons in New York City (collected March 23-April 1). Six to 24 times more infections were estimated per site with seroprevalence than with coronavirus disease 2019 (COVID-19) case report data.

### CDC Posts Hospital Data Again

The Trump administration has [reversed](#) the decision denying CDC's ability to post hospital data on COVID-19 patients.

### Symptom Profiles of a Convenience Sample of Patients with COVID-19 Jan-Apr 2020

This [MMWR](#) provides symptom information of 164 patients with COVID-19. Nearly all experienced fever, cough, and shortness of breath. A wide variety of other symptoms were also reported; chills, myalgia, headache, fatigue, and the presence of at least one GI symptom (most commonly diarrhea) were each reported by >50% of patients. These other symptoms were reported more commonly after testing guidelines were expanded. This change might reflect an expansion of the types of patients eligible for testing and an increased awareness of other COVID-19 symptoms over time, such as changes in smell or taste. Few differences in symptom profile were notable by age or sex. Hospitalized patients (many of whom were older) more frequently reported experiencing fever, cough, and shortness of breath. Changes in smell or taste were more commonly reported by women than by men.

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## Updated COVID-19 Tracking Maps

National Geographic updated their [maps and data sets](#) as of July 19. The maps and tables are interactive and include a map of the U.S., with information in individual cities/towns, the states seeing the most changes in cases and deaths, and complete state-by state information and trends.

## Tracking COVID-19 Excess Deaths

This [article](#) from *The Economist* describes excess deaths in various countries that report these numbers. Halfway through the article is a nice picture of how to read the excess death charts. Excess deaths are the number of people who die from any cause in a given region and period compared with the historical average. The biggest spike has been in Moscow, with 11,100 more fatalities than usual between April and June and an official COVID-19 toll of 3,800.

## Testing and Tracking/Tracing

### FDA Gives EUA to Quest for Pooled Testing

This [article](#) from The Hill announces Quest Diagnostics has received the green light to begin pooled testing (four specimens to be tested at once).

### Purdue Announces New National Testing Partnership

Purdue University [announced](#) last Friday its partnership with Rutgers University and Vault Health to test students for COVID-19 using the first FDA emergency-use-authorized saliva test. The National Hockey League, the PGA Tour, and Major League Soccer are also using this test. It's free to students and supervised via a telehealth visit. Early results from 504 students participating showed 3 positives, all asymptomatic.

## Reopening

### CDC FAQs on Event Planning

Perhaps in anticipation of sporting events or political rallies, CDC has posted [FAQs](#) on planning for large events.

### Insights from Patients

This NEJM [article](#) describes a survey evaluating the concerns patients have returning for routine care. Fifty-five percent of survey respondents delayed routine care due to anxiety of infection with COVID-19. According to the article, "Six specific interventions were suggested as being most valuable to assuaging fears about contracting Covid-19. The most commonly listed precautions were implementation of appropriate infection control measures, maintenance of social/physical distancing in waiting rooms, and screening of all potential contacts, whether it be clinical providers, staff or fellow patients."

### The Half-Campus Model

Craig Roberts, an epidemiologist and ACHA COVID-19 Task Force member, was interviewed for this Inside Higher Ed [article](#) looking at bringing only portions of the student body back to campus in efforts to reduce density as a primary mitigation means.

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## List of College Reopening Plans

The Chronicle of Higher Education continues to [track individual colleges' reopening plans](#). This other recent [article](#) details the change in plans of several IHEs that initially planned in-person instructions of some degree but have now pivoted to remote learning due to the surging pandemic.

## Prevention and Treatment

### New York Times Vaccine Tracker

The New York Times has created an [interactive coronavirus vaccine tracker](#) to quickly see which development phase vaccines are in.

### U.S. Government Engages Pfizer to Produce Millions of Doses of COVID-19 Vaccine

The U.S. Department of Health and Human Services and the Department of Defense (DoD) today [announced](#) an agreement with U.S.-based Pfizer Inc. for large-scale production and nationwide delivery of 100 million doses of a COVID-19 vaccine in the United States following the vaccine's successful manufacture and approval. The agreement also allows the U.S. government to acquire an additional 500 million doses.

### Promising UK Vaccine Candidate

This Lancet [article](#) discusses the candidate vaccine known only as ChAdOx1 nCoV-19 in a single blind randomized controlled study in five sites in the UK. Participants were randomized to the candidate vaccine or to MenACWY. Those receiving the candidate vaccine produced both T cells and antibodies, with T-cell responses peaking on day 14 and IgG responses rising by 28 days after vaccination. Fatigue and headache were the most common systemic side effects. A group of 10 non-blinded volunteers also received a booster dose of vaccine 28 days after the first dose, which had neutralizing activity by day 56 in all participants.

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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