ACHA COVID-19 Update: June 24, 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

Registration to Open Soon for ACHA’s Virtual Summit

Join ACHA for the COVID-19 Virtual Summit: Planning for Now, Building for the Future. This live event takes place July 28 and 29, 2020, from 12:30-4:30 pm EDT each day.

As we prepare to resume academic instruction, we’ll use this virtual summit to think creatively about keeping our students, faculty, and staff physically and mentally healthy and what campus health and well-being looks like on the other side of COVID-19. Learn more.

Data, Numbers, and Epidemiology

Resolve to Prevent Epidemics Metrics and Science Review

The Resolve to Prevent Epidemics newsletter includes updated metrics as of June 19, 2020.

The group’s Science Review for the week of June 13-20 includes sections on COVID-19 trends in the United States, an update on face masks, fecal transmission, dexamethasone use in those with severe COVID-19 illness, and weekly research highlights.

Asymptomatic Carriage of COVID-19

This NEJM letter to the editors reviews the outbreak on the Diamond Princess cruise ship and focuses on the 96 individuals who were asymptomatic at the time of testing. Click on the link to the Supplementary Index, which has a nice flow chart of the 96 patients and their outcomes. Bottom line: more needs to be understood about asymptomatic transmission and carriage.

COVID-19 Immunity

This article from the journal Nature describes how researchers in China looked at a very small sample size of 37 asymptomatic individuals who were diagnosed with COVID-19 by RT PCR testing. They compared against 37 positive and symptomatic individuals. The investigators evaluated IgG and IgM antibodies and found that asymptomatic individuals shed virus longer and 40% became seronegative during the convalescent phase, compared to 13% of symptomatic individuals. The authors write:

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In this study, we observed that IgG levels and neutralizing antibodies in a high proportion of individuals who recovered from SARS-CoV-2 infection start to decrease within 2–3 months after infection. In another analysis of the dynamics of neutralizing antibody titers in eight convalescent patients with COVID-19, four patients showed decreased neutralizing antibodies approximately 6–7 weeks after illness onset. One mathematical model also suggests a short duration of immunity after SARS-CoV-2 infection. Together, these data might indicate the risks of using COVID-19 'immunity passports' and support the prolongation of public health interventions, including social distancing, hygiene, isolation of high-risk groups and widespread testing.

**Reproductive Number (Rt) Map**
This interactive tool looks at Rt over time in the world, U.S, states, and counties.

**CDC Tool for Cases by County**
This tool identifies cases and deaths by each county and provides a way to see all states without having to find the individual public health department sites.

**MMWR on Case Surveillance and Comorbidities**
This report describes demographics, underlying health conditions, symptoms, and outcomes among 1,320,488 laboratory-confirmed COVID-19 cases reported to CDC between January 22–May 30. Hospitalizations were six times higher among patients with a reported underlying condition (45.4%) than those without reported underlying conditions (7.6%). Deaths were 12 times higher among patients with reported underlying conditions (19.5%) compared with those without reported underlying conditions (1.6%). Most frequently reported underlying conditions: cardiovascular disease, diabetes, and chronic lung disease.

**Health Disparities**

**COVID Racial Data Dashboard**
This newest dashboard from the COVID Tracking Project includes the latest race and ethnicity data from every state and territory that reports it (49 out of 56 states and territories).

**Testing and Tracking/Tracing**

**Center for Health Security National Serosurvey Report**
Johns Hopkins posted this 37-page report on serosurveys. It is a good review of serology/antibody testing. The lead author provided these key takeaways.

- Serology testing can give public health leaders situational awareness to make decisions about PPE allocation, mitigation efforts, and ultimately-vaccine procurement.
- Many people are interested in serology testing for individual decision making, but this is premature—we don't yet know how long protection lasts, and tests on the market are not very accurate.
- Because of this, antibody testing currently reveals more about the population than about individuals.
- The US government should create a central repository for this information that could also serve as an international resource.

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Reopening

**Challenges of Return to Work**

This NEJM [article](#) builds on the work of the Massachusetts High Technology Council who assembled a group of medical, business, and legal experts to look at the public health challenges of returning workers primarily in commercial establishments. According to the article "Educational and other institutional and service settings face broader challenges, because of their custodial and quasi-custodial relationships with students and clients, who most often have no employment relationship to these entities but whose close institutional ties lead them to spend much continuous time within their facilities. We highlight instances in which student and client relationships pose challenges that are substantially different from those that attend commercial establishments."

**Computer Models Help Inform Fall Opening Plans**

This Chronicle of Higher Ed [article](#) [paywall] highlights UC San Diego's computer modeling of various aspects of campus living and learning and resultant COVID cases. Capping class size to 50 is a risk reducer. The Chronicle article references another article on computer modeling, “[Simulating COVID-19 in a University Environment](#)”. That model looks at an imaginary large university of 20,000 students and 2,500 instructors in a 100-day semester. Beware that these online articles are not peer-reviewed. Inside Higher Ed provides a [summary](#) of the article.

**Prevention and Treatment**

**Operation Warp Speed**

This HHS [fact sheet](#) describes the government's plan to develop 300 million doses of a viable vaccine for COVID-19 by January 2021.

**Monitoring and Evaluating Community Mitigation Strategies**

CDC recently released [An Approach for Monitoring and Evaluating Community Mitigation Strategies for COVID-19](#), which describes CDC's approach to evaluating community mitigation strategies and provides overarching considerations to support state, territorial, or local health departments, tribal health organizations, or others in monitoring and evaluating COVID-19 community mitigation strategies, including a logic model, suggested monitoring and evaluation questions, and potential data sources. The approach considers outcomes that minimize COVID-19 morbidity and associated mortality, effects of community mitigation strategies on long-standing health disparities and social determinants of health, and how communities thrive socially, emotionally, and economically.
