



AMERICAN
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ACHA COVID-19 Update: November 11, 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.

ACHF and Hologic Webinar

Case Studies: Best Practices in Sexual Health Promotion and Clinical Care in the COVID-19 Era

Join health promotion practitioners and clinical providers as they discuss how they have implemented aspects of the ACHA Guidelines: [Best Practices in Sexual Health Promotion and Clinical Care](#) and how they have adapted their practices to COVID-19. There will be time for Q&A at the end.

Date and time: Friday, November 13, 2020, at 3:00 PM ET

Cost: Free [Register here.](#)

This webinar is sponsored by the American College Health Foundation with support from Hologic.

ACHA COVID-19 Virtual Summit 2: 344 Days and Counting

Summit Registration Is Open

Date and Time: December 8-9, 2020, 12:00 PM ET to 5:00 PM ET

Since the first reports of a cluster of pneumonia of unknown origin in December 2019, our nation is reminded of the tremendous toll that infectious diseases such as COVID-19 can have on our students and our learning communities. This summit will provide an update on institutions of higher education responses to COVID-19 and will explore strategies for disease mitigation. Continuing education credit and speaker details will be announced soon. [Learn more here.](#)

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CDC Updates

Recent CDC updates include:

- The pandemic is worsening in part due to small family gatherings, and CDC continues to provide guidance and advisories on its page "[Holiday Celebrations and Small Gatherings.](#)"
- CDC launched a [new page](#) on their website dedicated to education on the COVID-19 vaccine planning efforts.
- CDC updated information on [when to delay your travel](#) because of COVID-19.

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- CDC updated resources and a [toolkit for people ages 15 to 21](#) designed for youth and young adults to keep them healthy as they venture out.
- CDC updated interim guidelines for [collecting, handling, and testing clinical specimens](#) from persons for COVID-19 and clarification on language for the collection of anterior nasal specimens.
- CDC has updated their list of [potential treatments](#) for severe illness of COVID-19.
- CDC updated information on the current clinical management of COVID-19 which includes [infection prevention and control measures](#) and supportive care, including supplemental oxygen and mechanical ventilator support when indicated.
- CDC updated information on the use of [masks](#) to help slow the spread of COVID-19.

Data, Numbers, and Epidemiology

What We've Learned About How COVID-19 Spreads

This [14-minute podcast](#), part of the Public Health On Call series produced by Johns Hopkins School of Public Health, covers what we've learned about transmission, the CDC's changing guidance on "close contacts," the riskiest settings for transmission, and how current guidance may be even more effective than a vaccine.

Persistent Symptoms, Especially Cough and Dyspnea, Common in Patients During COVID-19

This Cleveland Clinic Journal excerpt looked at [longitudinal symptoms](#) from findings from chart reviews of 107 patients with COVID-19 seen at Emory University in Atlanta between April 3 and May 16. Patients presented to the clinic 1 to 96 days after symptom onset (median 14 days with 61% reporting persistent symptoms in the convalescent phase (>28 days after onset). The study evaluated symptoms during the acute phase (<7 days), subacute phase (7-28 days), and the convalescent phase (>28 days). Cough persisted throughout all phases in 75 % of patients. In the convalescent phase, dyspnea was present in 42.4% of patients, dyspnea on exertion 66.7%. Chest tightness 60.6%, sinus congestion 30.3%, body aches and headache 24.2%, and altered taste or smell 24.2%.

High Prevalence of Pericardial Involvement in College Student Athletes Recovering from COVID-19

This Journal of the American College of Cardiology article describes a study that [evaluated 54 student athletes](#) who returned to campus in July 2020 after uncomplicated COVID-19 disease. Screening echocardiograms were performed on all 54 and 48 (89%) had cardiac magnetic resonance (CMR) imaging. For the 48 student athletes who had both imaging studies, 19 (39.5%) showed pericardial late enhancements with associated pericardial effusion. Importantly, no athlete showed imaging features suggesting an ongoing myocarditis. However, this was a small study without long-term follow-up.

Children Produce Weaker Coronavirus Antibodies

This New York Times article describes the paradox seen in [children's response to COVID-19](#). Children infected with SARS-CoV-2 produce fewer types of antibodies and had a weaker antibody response compared to adults, suggesting children clear the infection much faster, sparing them from severe symptoms. Fewer and weaker antibodies does not mean that children would be more at risk of reinfections. The [study](#), published in Nature, analyzed antibodies to SARS-CoV-2 in four groups of patients:

- 19 adult convalescent plasma donors who recovered without hospitalization
- 13 adults hospitalized with ARDS from severe COVID
- 16 children hospitalized with MIS-C
- 31 children without MIS-C (about 50% were completely asymptomatic)

Individuals in each group mounted an antibody response. The children primarily developed IgG antibody. Neither group of children had antibodies to the nucleocapsid. "Because this protein is found within the virus and not on its surface, the immune system would only see it and make antibodies to it if the virus were widely disseminated in the body." Adults made several antibody types to the spike protein and other viral proteins, which were more powerful at neutralizing the virus. Lower levels of antibody in children may also explain why children seem to transmit the virus less efficiently than adults.

Prevention and Treatment

FDA Authorizes Monoclonal Antibody for Treatment of Mild-to-Moderate COVID-19

FDA issued an emergency use authorization (EUA) to Eli Lilly [for the investigational monoclonal antibody therapy bamlanivimab](#). Bamlanivimab is authorized for patients with positive results of direct SARS-CoV-2 viral testing who are 12 years of age and older weighing at least 40 kilograms (about 88 pounds), and who are at high risk for progressing to severe COVID-19 and/or hospitalization. This includes those who are 65 years of age or older, or who have certain chronic medical conditions. Monoclonal antibodies are laboratory-made proteins that mimic the immune system's ability to fight off harmful antigens such as viruses. Bamlanivimab is administered via a single intravenous infusion and should be given as soon as possible after a positive COVID-19 test and within 10 days of developing symptoms. [According to Eli Lilly](#), the U.S. government will allocate 300,000 doses of bamlanivimab to high-risk patients, with no out-of-pocket costs for the medication.

Seven Ways to Fix this Pandemic and Stop the Next One

In this Medscape article, Dr. Eric Toner, a senior scientist at Johns Hopkins Bloomberg School of Public Health, shares [seven pandemic lessons learned](#) that should be utilized to prevent the next pandemic.

- Americans need to embrace the fact that public health interventions such as social distancing, wearing masks and avoiding crowded indoor areas really work.
- Infectious disease experts must get a better understanding of the asymptomatic spread of SARS-CoV-2.
- The U.S. government needs greater control over the medical-supply chain.
- The U.S. must create a high-level, permanent federal office with the authority, political power, and budget to prepare for and immediately respond to catastrophic health emergencies, including pandemics.
- American hospitals need much more surge capacity.
- To mitigate the effect of any infectious disease, rapid testing that provides results in hours (or even minutes), not days, would make all the difference.
- The U.S. suffers immensely without consistent leadership and communications.

Prevent Epidemics Weekly Science Review

The [Prevent Epidemics Weekly Science Review](#) included articles on COVID-19 and Mass Transit, Reopening K-12 Schools and Community Spread, and Monoclonal Antibodies. Neither mass transit nor K-12 school reopenings have contributed significantly to community transmission, when rates of community transmission are low and schools have non-pharmaceutical interventions in place. The MedRxiv preprint, Optimal COVID-19 Quarantine and Testing Strategies, may change our approach to the length of quarantine based on a testing regimen.

Antibody Cocktail for COVID-19 Cuts Viral Load, Medical Visits

This article reports on an additional 500 patients in this ongoing phase 2/3 randomized double blind trial [evaluating REGN-COV2 \(Regeneron\) plus standard of care](#) in the treatment of COVID-19 against placebo in the outpatient setting. REGN-COV2 consists of two potent, virus-neutralizing antibodies that bind to the receptor binding domain of the spike protein of the SARS-CoV-2 virus. The analysis confirms earlier results demonstrating the treatment reduced viral load, was well-tolerated, had less frequent serious adverse events compared to placebo, reduced COVID-19 related medical visits, and showed no significant difference in virologic or clinical efficacy between high and low doses of the antibody cocktail.

Testing and Tracking/Tracing

Potential for False Positive Results with Antigen Tests for Rapid Detection

This [FDA letter to clinicians and lab staff](#) provides reminders of the risk of false positive results with antigen tests for SARS-CoV-2 and has a list of recommendations which include:

- Proper storage of the test components.
- Follow instructions for reading the test at the appropriate time.
- Minimize risks of cross-contamination when testing multiple specimens.
- Ensure proper timing when processing multiple specimens in batch mode.
- Remember role of positive predictive value (PPV) when interpreting results from diagnostic tests.
- In low incidence counties, consider performing confirmatory RT-PCR tests within 48 hours.

What Are All the Different Kinds of COVID-19 Tests?

This article from the Johns Hopkins School of Public Health Expert Insights [reviews testing types](#), including problems with tests. The article also covers the future of testing types, which includes list breath-based testing, saliva testing refinements, and more interest in pooled testing to conserve resources.

Vaccines

CDC COVID-19 Vaccination Program Operational Guidance

The [COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook](#) serves as an interim playbook for state, territorial, tribal, and local public health programs and their partners on how to plan and operationalize a vaccination response to COVID-19 within their jurisdictions. The document's sections cover specific areas of COVID-19 vaccination program planning and implementation and provide key guidance documents and links to resources to assist those efforts. Many, but not all, of the COVID-19 Vaccination Program activities described may overlap with routine activities; routine immunization and pandemic influenza program activities can serve as a foundation for COVID-19 vaccination planning.

Pfizer/BioNTech Vaccine Data Show 90% Efficacy in Early Results

The Pfizer and BioNTech [vaccine candidate BTN162b2](#) has been found to be 90% effective in preventing COVID-19 in previously uninfected trial volunteers. The phase 3 clinical trial for this two-dose vaccine candidate began July 27 and has enrolled 43,358 participants to date; 42% of enrollees have racially and ethnically diverse backgrounds. As of November 8th, 38,955 trial volunteers have received a second dose of the vaccine. Pfizer's CEO released a statement outlining plans to submit an EUA request to the FDA as soon as the required safety milestone is achieved, which is currently expected to be the third week of November. There will be logistical challenges in the distribution and storage of the vaccine, which must be stored at -70

to -80 degrees Celsius. Nonetheless, this vaccine candidate is promising, and 90% efficacy makes it more effective than the flu vaccine.

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COVID-19 Vaccine Allocation Ethical Complexities

In [this interview](#), David Marcus, MD, Clinical Ethicist at LIJ Medical Center in New York and former Director of the Medical Ethics Curriculum at the Zucker School of Medicine at Hofstra/Northwell, discusses some of the ethical issues related to equitable and effective vaccine allocation. He notes the framework from the National Academy of Sciences Engineering and Medicine (NASEM) "makes sense." Like the other allocation frameworks, NASEM's assumes there will not be enough vaccine for everyone initially. However, NASEM provides "allocation phases" explicitly aimed to "mitigate health inequities." NASEM lists four risk-based criteria to inform its framework.

- Risk of contracting COVID-19, which looks specifically at settings where the virus is circulating and people could have greater exposure as a result.
- Higher risk of severe morbidity and mortality if infected.
- Role of an individual in the lives of others, for example, those who perform ...functions in which societal or family lives or livelihoods depend on them and would be endangered if they are unable to perform those functions should be given priority.
- High likelihood of transmitting the infection to others

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)
- Campus Reopening Plans: [List of Colleges' Reopening Models](#) (The Chronicle of Higher Education) and [College Crisis Initiative \(C2i\)](#) (Davidson College)

Mental Health

One in Five COVID-19 Patients Diagnosed with a Mental Illness Within 3 Months of Testing Positive

This [Forbes article](#) reports on a study published in Lancet evaluating 62,354 patients diagnosed with COVID-19. One in five received a diagnosis of a psychiatric illness within three months of testing positive, with rates of anxiety, depression, and insomnia most elevated. Though there was no increase in new diagnoses of psychotic disorders, the authors did note the higher likelihood of relapse in individuals already living with the conditions. There was an "unexpected" finding in the research indicating those with a pre-existing psychiatric illness are 65% more likely to be diagnosed with COVID-19. The authors recommend additional studies in this area and suggest that having a psychiatric disorder should "be added to the list of risk factors for COVID-19".

Suicide Prevention Symposium: Mental Health in the Changing Higher Education Landscape

The New York State College Health Association (NYSCHA) is partnering with SUNY and the New York State Office of Mental Health to offer the virtual "Suicide Prevention Symposium: Mental Health in the Changing Higher Education Landscape" from December 1-10, 2020. The Symposium will include presentations, discussion groups, and networking sessions and is offering CME, CHES, MCHES, and PsyCE credits. See the [NYSCHA Annual Meeting](#) page for more information.

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Health Disparities

Doctors Worry Coronavirus Pandemic May Hit LGBTQ+ People Harder Than Most

Socioeconomic and health disparities of this pandemic are [hitting the LGBTQ+ community especially hard](#). It's unclear how severe the impact is because data reporting does not include sexual orientation and gender identity. The college age years of 18-24 are a key time for gender identity development and general psychosocial development, and the pandemic is making it more difficult for LGBTQ+ students to find a sense of community on campus and also impeding access to mental health services and gender-affirming services, like hormone therapy. Dr. Sarah Ketchen Lipson, co-principal investigator of the Healthy Minds Study, says, "This is a key time for higher education to not be cutting back on the availability of mental health services, and schools obviously have to make really difficult decisions in terms of their budgets. Schools may end up paying for that in a much bigger way if they are not tending to their students' mental health needs."

Telehealth During COVID-19: Does Everyone Have Equal Access?

In a letter to the editor in the American Journal of Psychiatry, providers in a psychiatric ambulatory care center at Brigham and Women's Hospital in Boston [describe the disparities in access to telehealth services/clinics](#). These disparities include the digital divide in both lower socioeconomic households and in the geriatric population and a lack of digital health literacy that has reduced patient attendance at visits. The authors make several recommendations: evaluate different modalities to enhance the visit, such as pairing audio only with video-enabled or in-person visits; provide easily accessible, understandable educational materials in multiple languages on videoconferencing, and enlist the services of a dedicated health care navigator to assist with onboarding and boosting digital health literacy.

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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