



AMERICAN
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ASSOCIATION

ACHA COVID-19 Update: November 4, 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 “Ask the Expert” Webinar Series

Registration Open: Creating Support Systems for Students in Isolation and Quarantine

Please join us as our experts discuss the significant mental health needs of students in isolation and quarantine and how to put systems in place to best support these students. The webinar will include a 20-minute presentation and a 40-minute Q&A session.

Date and time: Friday, November 6, 2020, at 2:00-3:00 PM ET

Cost: Free [Register here.](#)

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.](#)

Thank you to our generous event sponsors:



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CDC Updates

CDC Partner Update November 9, 2020: COVID-19 Vaccine Distribution and Safety Overview

CDC will host its weekly partner call for updates on the COVID-19 response, including new resources for the private sector and the general public.

Date: Monday, November 9, 2020

Time: 3:00-4:00 p.m. ET

Dr. Cliff McDonald, Acting Chief Medical Officer for the CDC COVID-19 Emergency Response; Dr. Nancy Messonnier, Director of the CDC Vaccine Task Force; and Dr. Tom Shimabukuro, Team Lead Vaccine Safety Team, CDC COVID-19 Vaccine Task Force, will present on vaccine distribution and safety.

Please submit your questions by 11/4 so that we can group similar questions and answer as many as possible. Please email eocevent337@cdc.gov with "Partner Call 11/09" in the subject line. Register in advance for this webinar: [COVID-19 Vaccine Distribution and Safety Overview](#). The call will be recorded and posted with previous Partner Update webinars [here](#).

CDC Updates "Interim Guidance for Routine and Influenza Immunization Services during the COVID-19 Pandemic"

CDC recently updated its [Interim Guidance for Routine and Influenza Immunization Services during the COVID-19 Pandemic](#). Updates include:

- Clarifications added to the "Purpose of the Guidance".
- Paragraphs added to "Additional Considerations for Influenza Vaccination" subsection.
- Updates made to "Vaccination of Persons with Suspected or Confirmed COVID-19 or Persons with a Known Exposure." This section is now titled "Deferring Routine Vaccination Visits for Persons with Suspected or Confirmed COVID-19 Who Are in Isolation or Persons with a Known COVID-19 Exposure Who Are in Quarantine."
- New section added titled, "Additional Considerations for Influenza Vaccination of Persons in Healthcare Facilities and Congregate Settings During the COVID-19 Pandemic."

The Immunization Action Coalition has provided a summary of these updates [here](#).

CDC Provides Influenza Update

This [video-on-demand](#) from CDC provides information on the importance of flu vaccination during COVID-19, frequently asked questions about influenza vaccine, storage and handling, administration recommendations, and best practices for the 2020–21 influenza season.

Data, Numbers, and Epidemiology

MMWR: Transmission of SARS-CoV-2 Infections in Households

This MMWR is part of an ongoing [prospective study of household transmission of SARS-CoV-2](#). For this analysis, 101 households (including 101 index patients and 191 household members) were enrolled and completed ≥ 7 days of follow-up. The median number of household members per bedroom was one. Of the 101 index patients, 70 (69%) reported spending fewer than 4 hours in the same room with one or more household members the day before and 40 (40%) the day after illness onset. Forty (40%) index patients reported sleeping in the same room with one or more household members before illness onset and 30 (30%) after illness onset. Secondary infection rate was approx. 50%. Fewer than one half of household members with confirmed SARS-CoV-2 infections reported symptoms and many reported no symptoms throughout 7 days of follow-up. The authors conclude the potential for transmission from asymptomatic secondary

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contacts is substantial and that transmission in households occurs quickly and can originate from both children and adults. The importance of quarantine/isolation of household contacts and all household members, wearing a mask in shared spaces, and adoption of other well-established preventive measures can reduce the probability of household transmission.

With Cases Rising, What Policymakers Need to Know

In [this interview](#), Amesh Adalja, a senior health scholar at the Johns Hopkins University, talks about improving treatments, preventing infections and understanding science as coronavirus case numbers rise and winter approaches. Some of the highlights : treatments are better for hospitalized patients; as of yet, there are no great treatments for keeping people out of the hospital; public health in this country is highly decentralized and CDC has effectively been sidelined since February; and young people may not die from COVID-19 but may have significant impairment.

Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives on Pathology, Risks, and Return to Play

This JAMA Cardiology article provides [consensus recommendations on return to play \(RTP\) for athletes](#) and reevaluates the prior May 2020 American College of Cardiology's Sports and Exercise Cardiology Section's RTP document for athletes infected with SARS-CoV-2. It addresses the most common questions posed by the media and in clinics, athletic training rooms, among cardiologists who participate in the care of athletes. Comprehensive cardiovascular testing should be considered for groups including:

- Athletes with moderate or severe COVID-19
- Individuals with protracted COVID-19 symptoms of at least 10 days
- Those who develop symptoms during the escalation back into training
- Athletes older than 65, particularly those with pre-existing cardiovascular disease, diabetes, or persistent symptoms

Take special note of Return-to-Play Algorithms and the box “Adapted Myocarditis Summary Taken From “Eligibility and Disqualification Recommendations for Competitive Athletes with Cardiovascular Abnormalities: Task Force 3”. A significant change from the Original Consensus RTP Algorithm for the Competitive Athlete is that in cases of asymptomatic COVID-19 infection, complete exercise abstinence has been reduced from 14 days from the date of the positive test result to 10 days.

Prevention and Treatment

JAMA's Q&A Series: Coronavirus Update with Anthony Fauci

In this interview recorded October 28, Anthony Fauci discusses the [latest developments in the COVID-19 pandemic](#), including the continued importance of nonpharmaceutical interventions (masking, handwashing, physical distancing) for managing rising case numbers in the US and globally.

MMWR: COVID-19 Mitigation Behaviors by Age Group

This CDC MMWR provides four important [insights into the practice of mitigation behaviors among U.S. adults](#) to prevent the spread of SARS-CoV-2. Self-reported engagement in mitigation behaviors (mask wearing, handwashing, physical distancing, crowd and restaurant avoidance, and cancellation of social activities) differed significantly by adult age group. During April–June 2020, the prevalence of these behaviors was lowest among adults aged 18–29 years and highest among those aged >60 years. The report states that "these findings underscore the need to prioritize clear, targeted messaging and behavior modification interventions, especially for younger adults, to encourage uptake and support maintenance of recommended mitigation behaviors proven to slow the spread of COVID-19."

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Higher Rates of Masking Could Prevent 130,000 Deaths

A new modeling [study](#) shows that universal mask-wearing can prevent 130,000 deaths between now and the end of February. According to the [study's authors](#), "achieving universal mask use (95% mask use in public) could be sufficient to ameliorate the worst effects of epidemic resurgences in many states. Universal mask use could save an additional 129,574 (85,284–170,867) lives from September 22, 2020 through the end of February 2021, or an additional 95,814 (60,731–133,077) lives assuming a lesser adoption of mask wearing (85%), when compared to the reference scenario."

Using N95 Masks for More than Two Days May Increase Failure Rate

This Medscape article looked at [a study that evaluated N95 masks that had been reused by health care workers](#). This single-center trauma unit study evaluated fit and quality of seal over a five-day period. Only individuals who had been assigned masks that were the correct size and had been fit tested were included. A total of 115 masks were evaluated and results showed that when used for more than 2 days, nearly half of masks fail. "This suggests that disposable N95 respirators should only be safely used for two shifts," Ronald Check, MD, St. Luke's University Hospital, Bethlehem, Pennsylvania, said in a presentation of his research at the American College of Emergency Physicians (ACEP) 2020, which was held online. The article notes that a worldwide shortage of N95 masks has forced health care workers to reuse masks intended for single use.

Ensuring a Resilient U.S. Prescription Drug Supply

The Center for Infectious Disease Research and Policy (CIDRAP) released the sixth in its series of reports related to the pandemic. This report describes [the role of the supply chain and its disruption during the pandemic](#), causing shortages of critical drugs to treat patients with COVID-19 such as propofol, albuterol, midazolam, hydroxychloroquine, cisatracurium, rocuronium, fentanyl, azithromycin, vancomycin, and others. A list of recommendations is also included on page 6.

Testing and Tracking/Tracing

Testing Turnaround Time Decreases but Remains Too Slow

From July to September, researchers with the COVID-19 Consortium for Understanding the Public's Policy Preferences Across States conducted three waves of a large, 50-state survey. They recently released a [report](#) that shows that the average turnaround time for COVID-19 test results has decreased but is still too slow to support broad contact tracing. Key takeaways:

- Average testing times have fallen since April (from 4.0 days to 2.7 days in September)
- Across all months, Black respondents wait almost an entire day more than white respondents for their test results (4.4 days to 3.5 days, on average)
- In the September and August waves, the average respondent waited 6.2 days between seeking a test and receiving test results
- Only 56% of those who tested positive for COVID-19 report being contacted as part of a contact tracing attempt

The Consortium is a joint project of Northeastern University, Harvard University, Rutgers University, and Northwestern University. Find previous reports online at www.covidstates.org.

States Undercount Positive Rapid Tests, Masking the Spread of Disease

This New York Times article highlights the [inconsistent public reporting of positive point of care \(POC\) antigen tests](#). Washington DC, Vermont, North Dakota, California, Texas, Missouri, New Jersey, and Maryland do not publicly share case counts of their positive antigen tests. Another six states (Washington, Illinois, Massachusetts, Hawaii, Louisiana, and Georgia) count positive antigen tests separately and most

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report less frequently. Non-traditional centers doing antigen testing, such as nursing homes, urgent care centers and colleges, may not realize they need to report or may do so more slowly/less efficiently. Public health departments are providing training to non-traditional centers on how to share test data, but the lack of technical support and labor-intensity of training hinders these efforts. The nation will reach its testing goals as POC tests become available and home testing explodes, but as one public health official states in the article, "from a public health perspective that's a good thing. From a surveillance perspective that becomes a nightmare," because of the anticipated exacerbation in undercounting.

A Rapid Virus Test Falts in People Without Symptoms, Study Finds

Another New York Times article reviewed an unpublished study of a [head-to-head comparison of PCR and rapid tests](#). According to the article, "researchers at the University of Arizona found that, in symptomatic people, a rapid test made by Quidel could detect more than 80 percent of coronavirus infections found by a slower, lab-based PCR test. But when the rapid test was used instead to randomly screen students and staff members who did not feel sick, it detected only 32 percent of the positive cases identified by the PCR test."

AAMC Recommendations for COVID-19 Testing: The Current State and the Way Forward

The Association of American Medical Colleges (AAMC) has called for a national testing strategy and [outlines its recommendations](#) for testing 9 million people per day. The recommendations include diagnostic and screening tests and a list of categories of individuals who should be tested.

- [AAMC Recommendations for COVID-19 Testing Appendix A](#): outlines the proposed testing strategies and approximation of the populations to be tested. College and university students and faculty/staff are at the very bottom of the list.
- [AAMC Recommendations for COVID-19 Testing Appendix B](#): a compilation of various national testing strategy proposals including those from Harvard Global Health, Duke, and Rockefeller Institute.

Vaccines

Moderna Finishes Enrollment for Phase 3 Trial

Moderna [announced](#) that it has completed enrolling the 30,000 participants it needs for its phase 3 COVID-19 vaccine trial. The company says that 37 percent of trial participants are people of color and that 42 percent of participants represent high-risk groups.

JAMA's Q&A Series: Vaccine Update with Paul A. Offit, MD

In this interview recorded October 27, Dr. Paul Offit provides [an update on progress in COVID-19 vaccine development](#). Dr. Offit summarizes the arguments in several areas of tension, such as making vaccines available via emergency use authorization versus the standard drug approval process, what it takes to know a vaccine is effective (using the polio and Hib vaccines as examples), and why the risk/benefit ratios make a difference in the rollout of this vaccine (versus rollout of HPV or rotavirus vaccine).

IAC Mass Vaccination Website and Webinar Recording Available

On October 15, the Immunization Action Coalition (IAC) hosted [Mass Vaccination Clinics: Challenges and Best Practices](#) webinar with nearly 900 attendees. During this 1.75-hour session, a panel of experienced providers described their successes and challenges in conducting mass vaccination clinics. The panelists highlighted best practices and offered practical information for conducting a successful mass vaccination clinic.

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The archived webinar is found on IAC's newest website: www.Mass-Vaccination-Resources.org. The website features a searchable list of resources for a variety of venues, including curbside, drive-through, and walk-through clinics; mobile medical vans; pharmacies; and schools. The database contains guidance documents, toolkits, publications, and other helpful resources that can be adapted to your community or individual healthcare setting.

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)
- [Campuses Mandating Flu Vaccine](#) (Immunization Action Coalition)

ACHA Brief: Considerations for Institutions of Higher Education as Students Return Home

The fall term has presented a myriad of challenges for institutions of higher education. Mitigation strategies were put in place; outbreaks of COVID-19 were dealt with; and students, faculty, and staff were supported through a stressful time. As the Thanksgiving holiday approaches and institutions prepare to end the fall term, planning for the safe exit from campus is quickly becoming a priority.

The ACHA COVID-19 Task Force has compiled a set of considerations for institutions as students get ready to return home, which describes key messaging that should be provided to students as they prepare to leave campus. [View the brief here.](#)

What Counts as Success in a COVID Semester?

For this [Inside Higher Ed article](#), the University of Vermont, Cornell, Northeastern, University of Kentucky, and University of Missouri-Columbia were asked about their decision to reopen and how they felt the semester has gone. All feel their decisions were sound. All implemented a significant public health infrastructure on campus, including testing, contact tracing, isolation/quarantine, masks, daily symptom checking, and distancing. There is no single measure of success, but low case counts are at the forefront.

The Case for Campus Chief Health Officers

This article states the case for adding another position to campus leadership teams: the [Chief Health Officer](#) (CHO). The authors showcase two women currently serving in that role, Pretti Malani, MD, at the University of Michigan and Bernadette Melnyk, PhD, RN, at The Ohio State University. According to the authors "the greatest value of a chief health officer would lie not in the number of newspaper headlines, primetime interviews, or website hits that he or she garnered but rather in the number of lives that he or she extended, or at least improved, through health-focused messaging, educational programming, and hands-on caregiving. To that end, legitimate measures of a CHO's impact might include readily available statistics such as vaccination rates; food-bank inventories; employee sick days; area alcohol and tobacco sales; air- and water-quality indices; mental-health interventions; opioid overdoses and deaths; campus sexual assaults; and hospital admissions."

Health Disparities

Latinx COVID-19 Health Inequities Report: Insights for the Health Care Field

The AMA released a new report compiling [current information on the disproportionate impact of COVID-19 on the Latinx community](#), the largest ethnic group in the nation. Latinx individuals make up 18% of the U.S. population, yet represent 33% of new COVID-19 cases. The report identifies anti-immigration and

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restrictive health insurance policies coupled with a lack of multilingual public health resources and limited access to digital health technologies as major contributors to the COVID-19 health inequities experienced by the Latinx community. The effects of COVID-19 on the Latinx population have not been widely addressed. Researchers cite a lack of consistent reporting of race and ethnicity data as a barrier to capturing the real impact of the pandemic on the Latinx community.

Excess Death Rate Disproportionately Impacted People of Color

According to a [report](#) from the CDC, 300,000 more people died during the period of January-October of 2020 compared to the typical number of deaths observed during the same period in previous years. The higher death rate disproportionately impacted people of color. The report also suggests that public health officials have undercounted COVID-19 deaths. The MMWR, Excess Deaths Associated with COVID-19, by Age and Race and Ethnicity – United States, January 26–October 3, 2020, can be read [here](#).

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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