



AMERICAN
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ACHA COVID-19 Update: October 14, 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

Recording Available: SARS-CoV-2 Testing Webinar

A recording is available from our Q&A last week about the various testing options available to student health centers. Many campuses have changed their testing strategies one or more times as they try to adapt to the changing landscape of the pandemic. Hear about the pros and cons of each testing type and see what’s working for other campuses as you begin to plan for a second semester. The recorded webinar is available on [ACHA's YouTube channel](#).

Registration Open: Contact Tracing, Isolation and Quarantine—Systems for Small, Medium and Large Colleges and Universities

Friday, October 23, 2020, at 2:00-3:00 PM ET

Please join us as we hear from small, medium, and large colleges and universities about their experiences managing contact tracing, isolation, and quarantine during the fall term. Hear what’s working, what’s not, and how they adapted in real time to meet the need. The webinar will include a 30-minute presentation and a 30-minute Q&A session.

[Register here.](#)

Upcoming Webinars

Creating Support Systems for Students in Isolation and Quarantine

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

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. Registration will open soon.

CDC Updates

CDC Expands COVID-19 Risk Warning to Include Overweight People

CDC's expanded the [list of conditions or cofactors that increase the risk of severe illness](#) if infected with SARS CoV-2. Added to the list are obesity (BMI >30 but <40) and smoking or history of smoking. Being overweight (BMI >25 but <30) was added to the “might be at increased risk for severe illness if infected with SARS CoV-2” list.

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Data, Numbers, and Epidemiology

Transmission Dynamics by Age Group in COVID-19 Hotspot Counties

This [MMWR analyzed temporal trends in percent positivity by age group](#) (0–17, 18–24, 25–44, 45–64, and ≥65 years) in 767 "hotspot counties" 45 days before and 45 days after their identification as hotspots. The 767 hotspot counties detected during June 1–July 31 represented 24% of all U.S. counties and 63% of the U.S. population.

In hotspot counties, particularly those in the South and West, percent positivity increased earliest in younger age groups, followed by several weeks of increasing percent positivity among older age groups. Percent positivity among 0–17 and 18–24 year olds began increasing 31 days before hotspot identification, followed by increases in percent positivity among 25–44 year olds, 45–64, and ≥65 (increasing 28 days, 23 days, and 20 days, respectively, before hotspot identification). At the time of hotspot detection, the highest percent positivity was among persons aged 18–24 years (14%), followed by those aged 0–17 years (11%), 25–44 years (10%), 45–64 years (8%), and ≥65 years (6%). Percent positivity among persons aged 18–24 years was near its peak of 15% by the date of hotspot detection; however, among other age groups, percent positivity continued to increase for 21–33 days after hotspot detection, peaking at 10%–14%, and the decline for other age groups was slower than that for persons aged 18–24 years.

The authors conclude by underscoring "the importance of reducing transmission from younger populations to those at highest risk for severe illness or death" and the "urgency of health care preparedness in hotspot counties, which are likely to experience increases in COVID-19 cases and hospitalizations among older populations in the weeks after meeting hotspot criteria."

Factors Influencing Risk for COVID-19 Exposure Among Young Adults Aged 18-23 Years—Winnebago County, Wisconsin, March–July 2020

This MMWR early release describes how Winnebago County, Wisconsin, experienced [an increase in COVID-19 with the largest increase among young adults](#) (age 18-23). The authors examined characteristics of COVID-19 cases and drivers of behaviors in the 18–23-year-old age group to identify factors associated with exposure. Of the 30 young adults who were interviewed, 13 described social or peer pressure to not wear a mask and perceived severity of disease outcome for themselves as low but high for loved ones at risk. Having low perceived severity of disease outcome might partly explain why, when not in physical contact with loved ones at risk, young adults might attend social gatherings or not wear a mask. Exposure to misinformation and unclear messages has been identified as a driver of behavior during an outbreak, underscoring the importance of providing clear and consistent messages about the need for and effectiveness of masks. Framing communication messages that amplify young adults' responsibility to protect others and target perceived social or peer pressure to not adhere to public health guidance might persuade young adults to adhere to public health guidelines that prevent the spread of COVID-19.

First Confirmed U.S. Cases of COVID-19 Reinfections

In *The Lancet Infectious Diseases*, researchers [describe the first confirmed cases of SARS-CoV-2 reinfection in the U.S.](#), a 25-year-old man from Nevada and a 42-year-old man from Virginia. Both tested positive about two months after testing positive the first time, and both had a different strain of the virus, suggesting reinfection. A third U.S. case in a 62-year-old man has emerged but has not yet been peer-reviewed. In the first two cases, illness was more severe than the first COVID-19 diagnosis, which is unusual. More research is needed to understand whether the severity of symptoms is related to a higher dose of viral exposure or if antibody dependent enhancement occurred. When antibody levels are low, they can't neutralize the virus but can still bind to them, allowing the virus to enter and replicate. This article suggests that everyone, even those who have had COVID-19 before, should protect themselves from COVID-19 infection by wearing a face mask in public, maintaining 6 feet of physical distance, and washing and sanitizing hands often.

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COVID-19 Predict Dashboard

This [dashboard](#) from researchers at Case Western Reserve University provides an at-a-glance look at the U.S. during the pandemic. The dashboard consists of daily counts, an interactive map with multiple views including infection rates, case fatality rate, deaths/100,000, cases/100,000 and much more.

Prevention and Treatment

PPE Preservation Planning Toolkit

This [toolkit](#) is designed to aid any PPE-using organization to plan and implement preservation strategies. It provides estimates of the value of implementing preservation actions to reduce (use of), to reuse, or to repurpose PPE, as described in the [Coronavirus \(COVID-19\) Pandemic: Personal Protective Equipment Preservation Best Practices fact sheet](#), in conventional, contingency, or crisis capacity conditions (as defined in the Centers for Disease Control and Prevention's [Optimizing Supply of PPE and Other Equipment during Shortages](#)). Users enter data on their current or prospective PPE use practices. The toolkit assists users to understand types of preservation strategies their organizations may implement and provides estimates of positive impacts of using those strategies in increasing the duration of a specified PPE supply.

Characteristics Associated with Adults Remembering to Wash Hands in Multiple Situations Before and During the COVID-19 Pandemic

This [CDC MMWR](#) analyzed survey data of 3,624 adults during two weeks in October 2019 and of 4,053 participants during two weeks in June. The same handwashing question was asked in both surveys: "In which of these situations/settings are you most likely to remember to wash your hands?" with the response options provided in a randomized order: 1) after using the bathroom at home; 2) after using the bathroom in public; 3) after coughing, sneezing, or blowing one's nose; 4) before eating at home; 5) before eating at a restaurant; and 6) before preparing food at home. Participants could select all options for which they would be likely to remember to wash their hands and could choose as many of the six response options as were applicable.

The percentage of U.S. adults who reported remembering to wash their hands in four of the six circumstances has increased during the COVID-19 pandemic compared with pre-pandemic levels. The rate of remembering to wash hands was 2.3 times higher among respondents after coughing, sneezing, or blowing their nose; 2.0 times higher before eating at a restaurant; 1.7 times higher before eating at home; and 1.4 times higher after using the bathroom at home. Men, young adults aged 18–24 years, and white adults were less likely to remember to wash hands in multiple situations. Strategies to motivate more frequent hand washing and specific circumstances should be identified and implemented, particularly in the low hand washing demographics.

Coronavirus Regulations: A State-by-State Week in Review

Law 360 provides a breakdown of some [COVID-19-related state measures](#) from the past week.

Vaccines

Two Major Vaccine Trials Paused for Safety Reasons

Johnson & Johnson announced it is [pausing the dosing and enrollment of all its COVID-19 clinical vaccine trials](#) due to an unexplained illness in a participant. A study pause temporarily halts the dosing and recruitment of new patients so safety data can be reviewed. This allows Johnson & Johnson time to determine whether the participant's illness was related to the vaccine and whether to resume the study. Also, one day after the Johnson & Johnson announcement, Eli Lilly paused their clinical trial of an antibody treatment on hospitalized patients, all of whom also received remdesivir.

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Webinar: Coronavirus Vaccine Update From the FDA

Peter Marks, MD, PhD, directs the US FDA's Center for Biologics Evaluation and Research (CBER) and will “call the balls and strikes” on any COVID-19 vaccine, according to FDA Commissioner Stephen Hahn, MD. He joins JAMA Editor Howard Bauchner, MD, for an update on vaccine progress to date and prospects for pre-election political interference in the FDA approval process. Recorded October 5, 2020. [Watch here.](#)

COVID-19 Vaccine Hesitancy

This [Medscape article](#) covers an address by Paul Offit, MD, at the virtual American Academy of Pediatrics 2020 National Conference. Dr. Offit, director of the Vaccine Education Center, believes the vaccine will be 75% to 80% effective at preventing mild to moderate disease but notes that means 25% could still get moderate to severe disease. According to Dr. Offit, anti-vaccine sentiment is high but understandable because of the speed of vaccine development and concern of shortcuts being taken. To counter this, Dr. Offit believes clinicians should educate patients, communicate transparently to patients about what we do and don't know, and reassure the community that the vaccines are being thoroughly evaluated.

Seven Looming Questions About the Rollout of a COVID-19 Vaccine

With four vaccines now in phase 3, Bill Foege, former CDC Director and current co-chair of the National Academy of Medicine Panel that recently published its recommendations for priority allocation, cautions about distribution of a vaccine to the entire world.

This StatNews article lists [potential hurdles that might complicate the distribution](#):

- How do you define high risk health care workers? Essential workers?
- How do you prove you have a high-risk medical condition?
- How do you vaccinate special populations when there are little or no data on how the vaccines work for them?
- How widely can Pfizer and BioNTech's vaccine be distributed given its complex storage requirements? Their vaccine must be shipped and stored at -70 Celsius. Pfizer developed its own thermal shipping boxes that can hold up to 5,000 doses for up to 10 days but needs precisely 23kg of dry ice pellets to keep cold, which must be replenished within 24 hours after the shipper is first opened, and then five days after. Furthermore, the containers should not be opened more than twice a day and should not remain open for more than one minute at a time.
- How well can Pfizer and BioNTech's ordering system affect the rollout? The smallest order is 975 doses.
- With air travel slowed, can the vaccine get to its destination in a timely manner?
- How can we prevent theft and counterfeiting?

New York Times Vaccine Tracker

The New York Times continues to track vaccine development phases in this [interactive coronavirus vaccine tracker](#).

Testing and Tracking/Tracing

AAMC Guide to COVID-19 Tests and Testing

In advance of the Association of American Medical Colleges (AAMC) testing recommendations due out later this month, the AAMC's Research and Action Institute [addresses the most common questions about the different types of tests](#) for COVID-19 and when each type should be used in this FAQ-style guide to tests.

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A Testing Expert Breaks Down the Different COVID-19 Tests and Their Pros and Cons

This brief 16-minute [podcast](#) features Dr. Yuka Manabe, a Johns Hopkins expert in infectious diseases and testing, talks with Stephanie Desmon about the various types and methods of COVID-19 testing, their pros and cons when it comes to convenience and accuracy, the type of testing used at the White House, how current testing can be improved, and what innovations we might see in the near future.

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)

Spotlight on Three Colleges Who Are Controlling COVID-19

This University Business article looks at [three colleges who have managed to keep COVID-19 at bay](#): Bryant University in Rhode Island, Colby College in Maine, and UC San Diego in California. The common denominator appears to be extensive, frequent testing with quick turnaround times, layered on outdoor activities and outdoor classes, masking, and a shared purpose.

Campus Guidebook—Slowing the Spread at U.S. Colleges and Universities

This CDC partner call is scheduled for October 19 at 3:00 PM ET.

Dr. Cliff McDonald, Acting Chief Medical Officer, Dr. Greta Massetti, Lead, JCC Mitigations and Risk Working Group and Lead, CDC Community Interventions and Critical Populations Task Force, and Dr. Lisa C. Barrios, Lead, School Fieldwork Unit, State, Tribal, Local, and Territorial Support Task Force will present. LCDR Samantha Morgan, Deputy, Policy Unit Partnerships & Risk Management Team will moderate. Dr. McDonald will share updates on CDC's COVID-19 response, including the latest scientific information and what everyone should know about protecting themselves and others. In addition, Dr. Massetti and Dr. Barrios will review CDC COVID-19 guidance for Institutions of Higher Education in the presentation Campus Guidebook —Slowing the Spread at US Colleges and Universities.

Please submit your questions by 10/14 so that organizers can group similar questions and answer as many as possible. Please email eocevent337@cdc.gov with "Partner Call 10/19" in the subject line.

[Register here.](#)

College and University Presidents Respond to COVID-19: 2020 Fall Term Survey

In September, the American Council on Education (ACE) conducted a [pulse survey](#) of 295 college and university presidents. The top three pressing issues for the respondents were mental health of students, long-term financial viability, and mental health of faculty/staff. The section on COVID-19 safety measures showed that mask mandates were implemented by 96% of respondents, and only 32% reported requiring ongoing testing of students. Other safety messages included "providing PPE to faculty and staff" (88 percent), "reducing class sizes for social distancing" (87 percent), and "limiting faculty and staff travel" (83 percent).

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Mental Health

Recommendations for Higher Education Institutions and Employers on Promoting Mental Health and Well-Being of Students of Color

The Steve Fund Crisis Response Task Force released [recommendations](#) to help institutions of higher education and employers mitigate the mental health risks for young people of color caused by the COVID-19 pandemic, economic crisis, and ongoing social movement against racism.

Student Mental Health Survey

Active Minds published the results of its [survey of 2,051 students and their mental health](#) from September 2020. Their previous survey was administered in April 2020. There were several key findings. One in four students said depression significantly increased, 56% said their level of physical activity decreased, 89% experienced stress or anxiety due to COVID-19, 78% feel optimistic about the future, and two-thirds received information from their institutions about resources.

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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