



AMERICAN  
COLLEGE  
HEALTH  
ASSOCIATION

## ACHA COVID-19 Update: September 16, 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 Summit

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

*The Call for Programs ends September 21! Submit a proposal [here](#).*

As the nation continues to navigate the COVID-19 pandemic, ACHA is committed to bringing college health and wellness professionals up-to-date information and resources for how to best manage the disease on campus. This summit is designed to provide institutions with best practices and strategies for how to respond to COVID-19 challenges and explore strategies for mass vaccinations.

We're specifically looking for submissions that address the following:

- Campus response to COVID-19
- Updates to vaccine policies
- Planning and conducting mass vaccination programs
- Mitigating the possibility for an outbreak on campus
- Responding to an outbreak on campus

The summit will take place December 8-9, and the Call for Programs deadline has been extended to September 21, 2020.

### ACHA "Ask the Expert" Webinar Series

#### ACHA COVID-19 Task Force "Ask the Expert": Wastewater Surveillance

Please join us as we hear from CDC and academic researchers about the potential role of wastewater surveillance to detect COVID-19 on college and university campuses. Wastewater surveillance is a promising strategy to understand changes in COVID-19 infections in communities, but there remain key questions about building-level sampling and testing, data processing and analysis, and interpretation of findings. The webinar will include a 30-minute presentation and a 30-minute Q&A session.

This webinar will be recorded and made publicly available on ACHA's YouTube channel.

**Date and Time:** Friday, September 25, 2020 1:30-2:30 PM ET

**Cost:** Free

[Register here.](#)

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## ACHF and Hologic Webinar

### **(Re)Introducing Best Practices in Sexual Health Promotion and Clinical Care in the COVID-19 Era**

On September 25, join members of the ACHA Sexual Health Promotion and Clinical Care Coalition's leadership team as they review the ACHA Guidelines: [Best Practices in Sexual Health Promotion and Clinical Care](#), provide suggestions for how to adapt in the COVID-19 era, answer participant questions, and preview a new toolkit designed to assist with organizational development and implementation. This webinar will be archived.

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

**Date and Time:** September 25, 2020, at 3:00 PM ET

**Cost:** Free

[Register here.](#)

## ACHA's Third COVID-19 Survey Report Now Available

With the constant changes necessary to operate in the COVID-19 era, it is critical to have access to timely, ongoing benchmarking data to compare and analyze how college health services at other institutions are responding.

ACHA has developed and administered a third survey to assist in the study of campus responses to the COVID-19 pandemic. These results represent a snapshot of the status of college health, mental health, and well-being services from August 4-7, 2020. [View the report here.](#)

## Data, Numbers, and Epidemiology

### **Substantial Underestimation of SARS-CoV-2 Infection in the U.S.**

This study published in the journal Nature suggests that [case counts do not "capture the total burden of the pandemic](#) because testing has been primarily restricted to individuals with moderate to severe symptoms due to limited test availability." During the first months of the pandemic, testing was prioritized for hospitalized patients, there were early flawed test kits, and the nasopharyngeal and throat swabs may have produced more false negatives. When the authors corrected for incomplete testing and imperfect test accuracy, they estimate the U.S. may have experienced over 6.4 million cases of COVID-19 by April 18, a number which is nine times the 721,245 confirmed cases at that time.

### **MMWR on Dining Out**

The CDC Morbidity and Mortality Weekly Report (MMWR) released on September 11 studied approximately 300 individuals who presented for SARS-CoV-2 testing at an outpatient testing or health care center at one of the 11 Influenza Vaccine Effectiveness in the Critically Ill (IVY) Network sites during July 1–29, 2020. [Positive cases were twice as likely to have dined in a restaurant](#) within 14 days of becoming ill.

## Transmission

### **According to Fauci, 40-45% of Infections Are Asymptomatic**

This Medscape article highlights Dr. Tony Fauci's [comments at a virtual meeting of clinicians hosted by the Society of Critical Care Medicine](#). He states that 40-45% of infections are asymptomatic, making universal mask wearing even more important. He also says a return to a sense of normalcy is not likely until mid-to-late 2021 and that with the fall flu season upon us, the next months will be critical for this country.

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## Prevention and Treatment

### Coronavirus Drug and Treatment Tracker

The New York Times [Coronavirus Drug and Treatment Tracker](#) provides a summary of the 21 most talked about treatments, giving each treatment one of the following labels: widely used, promising evidence, tentative or mixed evidence, not promising, and pseudoscience or fraud.

### Clinical Outcomes in Young Adults Hospitalized with COVID-19

This JAMA research letter discusses [clinical profiles and outcomes of 3,222 young adults \(ages 18 to 34\) hospitalized with COVID-19](#): 21% required intensive care, 10% required mechanical ventilation, and 2.7% died. Morbid obesity, hypertension, and diabetes associated with greater risks of adverse events and those with more than 1 of these conditions had comparable risks to middle-aged adults without the comorbid conditions. More than half requiring hospitalization were Black or Hispanic.

## Vaccines

### Network for Excellence in Health Innovation Vaccine Summit Series

The Network for Excellence in Health Innovation (NEHI) is hosting a webinar "[Looming Challenges of COVID-19 Immunization: Preparing the Immunization Infrastructure](#)" on September 22 at 1:00 PM ET. Keynote Speaker Congresswoman Donna Shalala is joined by experts in immunization information systems and vaccine policy, pharmacists, and payers to address actions needed to ensure the equitable distribution of and access to COVID-19 vaccines.

### Paul Offit's Biggest Vaccine Concerns

In [this interview](#), Medscape Editor Eric J. Topol, MD, discusses vaccine development and other topics with Paul A. Offit, MD, Director of the Vaccine Education Center at Children's Hospital of Philadelphia. Dr. Offit describes how the current language like "warp speed," "finalist," and "race for a vaccine" connotes that the vaccines are being rushed, though he also states that "As long as the phase 3 trials don't get truncated, we're okay." They have a wide-ranging discussion of the vasculitis and inflammation caused by SARS-CoV-2, long term COVID-19 symptoms, antibody response, broadening the diversity of the trial participants, and the likelihood of a viable vaccine prior to November.

### New York Times Vaccine Tracker

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

## Testing and Tracking/Tracing

### Responding to COVID-19: A Science-Based Approach Webinar Series

As part of a webinar series, the American Public Health Association (APHA) and the National Academy of Medicine are offering the webinar "[Until We Have a Vaccine: Surveillance, Testing and Contact Tracing](#)" on September 16, 5-6:30 p.m. ET. The webinar will discuss the many aspects of COVID-19 containment, including best practices for disease surveillance and outbreak identification, testing strategies and opportunities, and progress on contact tracing. Registration is free, and participants can earn 1.5 CME, CHES, CNE, or CPH education credits.

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## British Company Launches 20-Second Test

British company iAbra [launched a COVID-19 saliva test](#) “Virolens” which is purported to have 99.8% sensitivity and 96.7% specificity and provide results in 20 seconds. Trials were performed at Heathrow airport.

## 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)

## SUNY Launches COVID Dashboard for Entire System

The State University of New York system (SUNY) recently launched a [dashboard](#) that provides numbers for all 64 schools in its system. [According to SUNY Chancellor](#) Jim Malatras, "As coronavirus cases spring up on our college campuses, we are reviewing real-time case data around the clock. This data is crucial to helping SUNY make quick, smart decisions that contain COVID-19 and protect our campus communities." The data is reported by each campus every 24 hours and added daily to the dashboard.

## Gen Z Is Taking the Pandemic Seriously

According to this [Harris poll of 1,048 teens/young adults](#) (aged 16-23) performed on August 10-12, the majority of those who responded said they were strictly following all the important safety protocols, like wearing masks and maintaining social distancing, and trying to get others to follow along, as well. Harris notes that “These findings are a stark contrast with the college-town outbreaks and scenes of crowded bars that have helped create a narrative of careless young people spreading the virus.”

## Campuses Fueling Nation’s Hottest Outbreaks

This [USA Today article](#) states that “of the 25 hottest outbreaks in the U.S., communities heavy with college students represent 19 of them.”

## Mental Health

### The Rise of Firearm Suicide in Young Americans

Everytown for Gun Safety has released a report on the [increase in the firearm suicide rate among young people](#). The report states, “The unprecedented COVID-19 pandemic has significantly disrupted the lives of teens and young adults well beyond the illness itself....Experts are concerned that social isolation, along with fear about the virus, can increase feelings of anxiety and loneliness, two factors that elevate the risk of suicide for people of all ages. The COVID-19 pandemic’s negative effects on mental health will likely continue as many schools and universities cut back on in-person activities.” The report makes recommendations for action including implementing policies that limit easy and immediate access to firearms, increasing awareness of risk factors, improving access to mental health care, and supporting America’s youth.

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## Health Disparities/Health Equity

### COVID-19 Disparities in Nutrition and Obesity

This NEJM perspective describes the barriers to a healthy diet and how nutrition disparities are driven by socioeconomic, educational, and environmental disadvantages. In the U.S. a poor diet has surpassed tobacco as the leading underlying cause of death. People with food insecurity and living in food deserts do not have access to healthier food options leading to increased BMI. The [disparities in nutrition and obesity correlate with the racial and ethnic disparities of COVID-19](#), particularly in Black, LatinX, Native American, and Native Alaskans.

### Racial, Economic, and Health Inequality and COVID-19 Infection in the U.S.

Researchers performed an ecological study of the [associations between infection and mortality rate of COVID-19 and demographic, socioeconomic, and mobility variables](#) from 369 counties (total population, 102,178,117) from the seven most affected states (Michigan, New York, New Jersey, Pennsylvania, California, Louisiana, Massachusetts). The analysis showed that “counties with more diverse demographics, higher population, education, income levels, and lower disability rates were at a higher risk of COVID-19 infection. However, counties with higher proportion with disability and poverty rates had a higher death rate. African Americans were more vulnerable to COVID-19 than other ethnic groups (1981 African American infected cases versus 658 Whites per million).”

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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