AMERICAN COLLEGE HEALTH ASSOCIATION

Reopening for the Fall Semester 2021: Frequently Asked Questions

June 16, 2021

1. **What is the definition of a "fully vaccinated" campus?**

   "Fully vaccinated" is often used to describe a campus with a vaccine requirement where all non-exempt persons are vaccinated. Even on a fully vaccinated campus, there will be unvaccinated employees and students, as well as those for whom vaccination might have reduced effectiveness (e.g., those with significantly impaired immune function).

2. **What options are available to track vaccinations and to display them?**

   This is an evolving subject. At institutions with a requirement or waiver, tracking can take place in the same fashion as other requirements are documented. Vaccine information should be securely stored and protected by relevant employee health and medical privacy laws. Access to individual-level data should be limited to supervisors and others with a "need to know." Aggregated data may be shared with administrative leadership and perhaps with the broader campus community. Campuses should develop a policy about vaccine access and storage before collecting information. Provisions should include protections for employees and students with religious and/or medical accommodations. Institutions without a vaccine requirement should consider surveys of student, faculty, and staff populations.

3. **Should we consider individuals who have received vaccines that have not received EUA by FDA or not on WHO's EUL as fully vaccinated?**

   This is a decision which at this time is being determined by campuses on a case-by-case basis. There are multiple resources available to inform this decision, including CDC and WHO materials. The determination of this answer together with ongoing re-evaluation over the coming months as new data and possibly additional vaccines are available may lead to changes in acceptance or non-acceptance of WHO-approved vaccines. When collecting vaccine information, specifically track vaccine types so that individuals who have received a vaccine that is not authorized/listed by WHO or FDA can be identified in the event of exposures or outbreaks or as additional information about vaccines become available. The utilization of a standing collaborative group of appropriate IHE parties for these and other COVID-related decisions can be invaluable. See these resources:

   WHO EUL of COVID-19 Vaccines (as of June 3, 2021)

   WHO COVID-19 Tracker

   CDC Accepted Vaccines

   CDC Guidance: For Those Vaccinated Outside the US

   Under "What about international students" in their FAQ on Vaccination Requirements, American University provides an excellent example of clear communication on this complicated topic.

4. **What advice do you have regarding physical distancing, masking, and other non-pharmaceutical interventions for high-risk individuals (e.g., those in high-risk age groups, immunosuppressed individuals, etc.)?**

   The advice is contingent upon several factors, including the health of the individual, their vaccination status, the percentage of the population vaccinated in the community, and venue considerations (number of people, air exchange, and (indoor or outdoor setting). Risk of contracting the disease exists where there is co-mingling of vaccinated and unvaccinated people. However, under these conditions, masking, physical distancing, avoidance of indoor events—especially those involving large groups—and hand hygiene continue to be effective mitigation strategies to reduce risk. Specific recommendations should be determined on a case-by-case basis in consultation with the individual's health care provider/specialist. Accommodations should be handled through existing campus disability services policies and offices whose early involvement is critical in individual cases.

5. **How can you reduce risk of transmission in a heavily utilized space (office, classroom, lecture hall, etc.) on a campus where vaccination is not required?**

   In the absence of a requirement, a robust vaccination campaign along with easy access to vaccination is critical. That said, the mitigation strategies employed throughout the pandemic continue to be relevant and effective. Assessing and upgrading air carrier/filtration systems is an important strategy. Opening windows, standard cleaning protocols, easy access to hand sanitizer, masking, physical spacing of seating, and ongoing education about mitigation strategies/risk reduction remain effective.

6. **How will precautions for dining and meal plans be handled?**

   Like so many situations in the coming months, this will hinge almost entirely upon the vaccination status of students, faculty, and staff. However, even on a campus with extensive or required COVID-19 vaccination in fall 2021, there will be populations of unvaccinated individuals, including those with medical and other approved exemptions, and visitors of many types (unless dining services are restricted to subsets of the campus population, such as students only). Therefore, it is advisable to continue many of the previously made modifications to campus dining services and to consult the recommendations in the ACHA fall 2021 reopening guidelines. Certainly, campuses should maximize ventilation and air flow in indoor dining facilities and continue to offer expanded outdoor dining options. We recommend that in most settings, dining staff should be required to wear gloves and practice other hygiene and mitigation approaches, both for their protection and the protection of patrons. In many settings, masks for staff should be considered, including settings without comprehensive vaccination. Consider consulting with your public health experts and gauge your approach after consideration of the current guidelines in your surrounding community, particularly on campuses with significant numbers of visitors.

7. **Assuming the campus is fully vaccinated, is there a reduced urgency to implement COVID-mitigating ventilation and filtration upgrades?**

   If a campus is fully vaccinated, the institution should still attempt to make ventilation and filtration upgrades. HVAC improvements provide benefits beyond COVID-19 mitigation, and future airborne pandemics are likely. A good resource is the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) Guidance for Building Operations During the COVID-19 Pandemic.

8. **If COVID-19 vaccination is not required, should masking, distancing, and regular asymptomatic testing continue?**

   Unvaccinated individuals and those with immunocompromised conditions should continue to wear masks and physically distance themselves in public indoor and crowded outdoor settings as per CDC

guidance. Surveillance testing should continue with a focus on unvaccinated individuals. The frequency will depend upon the vaccination rate and the case rate both on campus and in the community.

9. **Some campuses are removing distancing and masking requirements even though they are not requiring vaccination. How are they accomplishing this?**

   Many campuses are moving away from an environment of requirements for masks to an environment of personal choice. These campuses are working to encourage and incentivize vaccination and strongly encouraging unvaccinated individuals to opt to adhere to masking wearing and physical distancing event when not required.

10. **What are some suggestions for SHS when the state bans vaccine mandates?**

    If vaccines are not mandated, the SHS can still encourage vaccination in various ways, including the use of incentives, social media campaigns, and emphasizing the benefits of vaccination. It is also important to ensure easy access to vaccines, understand reasons for low vaccine uptake, and improve vaccine confidence. Additional resources on ACHA's campus COVID-19 vaccine initiative (CoVAC) may be found here.

11. **Should a person who tests positive for SARS-CoV-2 or has been recently infected get vaccinated against COVID-19? If so, when?**

    CDC recommends that individuals who have had COVID-19 still get vaccinated. We are still learning how long immunity from infection lasts and vaccines can provide additional immunity. Individuals can be vaccinated any time after they have completed their period of self-isolation and symptoms have resolved. Vaccination is particularly important to provide protection against new and emerging variants for which the individual may not have natural immunity.

12. **Should students who have been fully vaccinated be tested for COVID-19 if symptomatic? And if so, is an antigen test preferred over PCR given the length of time PCR can remain positive?**

    The likelihood of COVID-19 in a fully vaccinated individual is low, but consideration of a SARS-CoV-2 infection should remain in the differential diagnosis. CDC recommends testing symptomatic individuals even if they have been vaccinated.

    Both antigen and PCR testing are acceptable choices for testing a fully vaccinated individual. Antigen testing a symptomatic person is highly diagnostic and has the advantage of results being available in 15-30 minutes. If an individual has been diagnosed with COVID-19 within the past 90 days, it is possible that a PCR test may remain positive from the initial infection despite disease resolution.

13. **Is antigen testing approved for emergency use for asymptomatic patients? Or is antigen testing for asymptomatic patients an "off-label" use? Do you anticipate changes to the EUA regarding asymptomatic testing?**

    Yes, screening asymptomatic persons with antigen tests is currently considered "off label." The FDA has more detailed information regarding use in this setting. CDC guidance also describes use of antigen testing with asymptomatic persons. In such cases, a positive test should be confirmed with a NAAT.

14. **The EUA for the Binax Now rapid antigen test does not currently include testing for surveillance purposes within the student population. Is there an expectation that this may change for the fall?**

    The CDC provides this guidance for antigen testing for screening purposes.

15. **Will antibody testing be done as a standard to verify consistent longevity of immunity?**

    At this point in time antibody testing is not considered a means to verify longevity of immunity nor can it confirm current immunity.

16. **What are the recommendations for testing for symptomatic individuals?**

    Antigen testing with this group is advantageous. It has very good sensitivity and specificity and the time advantage and cost savings can be significant. However, PCR testing is still the most sensitive test and is especially useful if locally available with results available within 24-48 hours. If symptoms have been present for longer than 7 days, the PCR test is a better choice. PCR testing also allows for genetic sequencing to determine which variant or variants are circulating.

17. **If a student is COVID-19 positive and shares a residence hall room with a vaccinated student, can the positive student isolate in the room? Or should they be moved to an isolation room?**

    There are several variables to consider. With that said, it is possible for someone to isolate in the same living environment. Ideally, a student who tests positive should be moved to an isolation room. Consultation with your local health department is recommended.

18. **What recommendations are there for student health services (SHS) staff who refuse or are exempt from COVID-19 vaccination (religious or medical exemptions)?**

    CDC still recommends use of masks for employees for source control already. Individuals who have not been vaccinated should continue to wear a mask. This is recommended regardless of whether the individual has had a recent or past infection with COVID-19.

19. **How can campuses address issues that will inevitably arise when faculty do not wish to be exposed to unvaccinated students or vice versa? What about athletes in the same situation?**

    The COVID-19 vaccine has been shown to be safe and highly effective. In fact, the vaccine has been shown to be significantly more effective than the other mitigation measures we have employed thus far, including masking and physical distancing. If someone has chosen to get the vaccine, they have protected themselves and can safely be around unvaccinated individuals with a very low risk of contracting the disease and even low risk of developing a severe illness. Faculty and students should be reminded that they are not aware of the vaccination status of students for other illnesses for which there are vaccines. If a faculty member cannot receive a vaccine for medical reasons, they should continue to practice other mitigation measures to protect themselves. This goes for students and student-athletes as well.

20. **What is ACHA's recommendation for which faculty/staff should be vaccinated?**

    As the ACHA's position on COVID-19 vaccination requirements states, "IHEs should examine the additional positive impact of a COVID-19 vaccine requirement for faculty, staff, and contractors on campus. At the very least, a vaccination requirement for all frontline student health staff is recommended, and faculty and non-health service staff should be strongly encouraged to get vaccinated. Every unvaccinated individual on campus presents a risk to themselves and to the campus community."

21. **For employees who are student-facing and unvaccinated, should they be required to wear a mask? Does the CDC allow for supervisors to know that status and implement that requirement?**

    Such a requirement will need legal review. In an environment in which a high percentage of persons are vaccinated and local transmission is low, wearing a mask may not be necessary (with a few exceptions, such as in a clinical environment). Individual vaccination status will be unknown at any institution that does not require vaccinations or accepts vaccination exemptions; therefore, employees should be highly

encouraged to wear masks. However, in some states it is illegal to mandate masks. Other states have adopted CDC guidance recommending unvaccinated individuals wear masks indoors and in crowded outdoor settings, and in some states, unvaccinated individuals may be required to wear masks to comply with state health and/or OSHA rules.

The Equal Employment Opportunity Commission (EEOC) has released recent guidance on whether an employer can require employees to be vaccinated. Federal EEO laws do not prevent an employer from requiring all employees physically entering the workplace to be vaccinated for COVID-19, so long as employers comply with the reasonable accommodation provisions of the ADA and Title VII of the Civil Rights Act of 1964 and other EEO considerations. However, individual state laws should be reviewed and IHEs should consult with legal counsel. Some states prevent organizations from requiring reporting of vaccination status or collecting COVID-19 vaccination information. In situations when direct supervisors are barred from knowing the vaccination status of their direct employees, institutions might be able to track vaccination status and simply report compliance to supervisors—e.g., persons who are vaccinated and those who have submitted exemptions might be considered equally "compliant."

22. **If the counseling center is co-located within the health center, should counseling and psychological serves (CAPS) staff and clients adhere to the masking, physical distancing, and other mitigation requirements of the health center?**

    Mitigation plans for the fall will vary for counseling centers. Campus plans will be based on the vaccination rates of students and staff on your campus, community COVID-19 rates, state laws, and comfort level of the staff. In general, CAPS should follow standard practices for other healthcare settings.

    If all individuals in a room are vaccinated, CDC indicates there is low risk and mitigation strategies such as wearing a mask would be optional. Regular cleaning of surfaces and hand washing continue to be recommended. If the counseling center is co-located with health services and health services require masks, then CAPS should develop policies consistent with health services.