

## ACHA Guidelines

# COVID-19 Considerations for Institutions of Higher Education, Fall 2023

On May 5, 2023, the World Health Organization (WHO) declared an end to the COVID-19 public health emergency of international concern, and on May 11, 2023, the Biden Administration ended the COVID-19 national emergency and public health declarations. As we enter the fourth year of the pandemic, COVID-19 hospitalizations, deaths, and case counts are in decline, while Omicron subvariants persist and continue to cause the majority of SARS-CoV-2 infection in the U.S. As recently as April 17, 2023, the WHO defined the XBB.1.16 subvariant, also known as Arcturus, as a variant of interest with properties suggesting greater transmissibility but less virulence. To date, neither the U.S. Centers for Disease Control and Prevention (CDC) nor WHO have deemed the pandemic over. However, institutions of higher education (IHEs) have already begun resuming pre-pandemic operations in anticipation of the long-awaited announcement of the endemic phase.

These guidelines are an update and a companion to the previous [ACHA COVID-19 guidelines](#) and serve as a resource for campuses in preparation for the next phase of the pandemic. Like previous ACHA COVID-19 guidelines, this document applies to the broad spectrum of college health and can be modified depending on available staff, finances, facilities, technology, and community resources, with full recognition that today's current information and considerations could quickly become obsolete.

## COVID-19 Vaccinations

Vaccination decreases the risk of severe illness, hospitalization, and death from SARS-CoV-2 infection, and thus remains a critical component of the campus response to COVID-19.

CDC updated its vaccine guidance on April 19, 2023, to recommend one dose of a mRNA bivalent vaccine for those six years and older, regardless of previous vaccine history, including whether they previously completed their (monovalent) primary series.

For those who cannot or will not receive an mRNA COVID-19 vaccine, the Novavax vaccine (a subunit protein vaccine) is an acceptable alternative.

On June 15, 2023, FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) [unanimously voted](#) that, for the 2023-2024 formulation of the COVID-19 vaccines for use in the U.S. beginning in the fall of 2023, the vaccine composition be updated to a monovalent COVID-19 vaccine with an XBB-lineage of the Omicron variant. Additionally, to simplify vaccine recommendations, CDC is considering a move to recommending once-a-year COVID-19 vaccination, similar to annual flu inoculations.<sup>1</sup> The science is continuing to evolve on mRNA vaccines, so campus leaders should continue to closely monitor the guidance from CDC and its Advisory Committee on Immunization Practices (ACIP).

### Considerations:

- Campuses should strongly recommend that all eligible students and employees receive at least one bivalent mRNA COVID-19 vaccine.
- If campuses choose to require a bivalent vaccine for some or all of its students, there should be a process in place to grant exemptions that align with exemption policies for other campus vaccine requirements.
- Additional bivalent doses should be made available on campus for anyone 65 years of age or older and those who are immunocompromised.
- If the campus does not have the resources to provide COVID-19 vaccination, arrangements should be made with local health resources to ensure easy access for the campus community.
- To counsel patients appropriately, providers should be familiar with the indications, contraindications, timing, and dosing for the authorized vaccines in the U.S.

<sup>1</sup> ACIP Presentation "COVID-19 Vaccines: Future Directions." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 24 Feb. 2023, <https://www.cdc.gov/vaccines/acip/meetings/slides-2023-02-22-24.html>.

## Communication and Access

With or without vaccine requirements, campuses should ensure clear communication and accurate information about vaccine safety and effectiveness and identify and address barriers to vaccination. When feasible, campuses should arrange for on-site access to vaccination, as students may not have the ability to travel to off-campus vaccination sites and international students might be coming from parts of the world lacking easy or consistent access to vaccines or boosters.

With the end of the public health emergency and the commercialization of the COVID-19 vaccines, financial barriers to vaccination may increase. However, until the federal stockpile of COVID-19 vaccines is exhausted, CDC's vaccine program will continue to provide COVID-19 vaccines without out-of-pocket expense. CDC's vaccines.gov site

(<https://www.vaccines.gov/search/>) provides three ways to find free vaccines at nearby locations. Because this federal program could end with little to no advance notice, to the extent possible, IHEs should continually assess and remove any financial barriers to vaccination for all community members.

## Immunizations Received Outside the U.S.

As of May 11, 2023, COVID-19 vaccination for international travelers to the U.S. will no longer be required.

However, international community members who have not yet received a mRNA bivalent vaccine should be encouraged to do so soon after arrival to the U.S. Those who are 65 years of age or older or considered immunocompromised should be encouraged to receive two U.S. authorized or approved mRNA bivalent vaccine doses at least two months apart.

## Natural Immunity

Past infection with SARS-CoV-2 can offer immunity on some level, but the degree and duration of natural immunity is still unknown. CDC recommends COVID-19 vaccination even if a person has already experienced SARS-CoV-2 infection. Additional guidance on the timing of vaccination post-infection can be found [here](#).

## Masking

Consistent and correct masking is an effective tool to combat the spread of COVID-19 where case counts are high or increasing and in high-risk situations.<sup>2, 3, 4, 5, 6, 7</sup> Higher-risk locations include crowded or poorly ventilated surroundings including public transportation (such as campus buses) and public transportation hubs. Higher-risk situations also include those in which [vulnerable individuals](#) with increased risk of developing severe disease, hospitalization, and death may be exposed to the virus.

### Considerations:

- IHEs should make masks readily available at the campus health center and, if local levels of COVID-19 warrant mask use, at other campus locations. Students at high risk of SARS CoV-2 exposure or at high risk of COVID-19 complications should be advised to use KN95 or N95 masks for personal protection, and IHEs should consider providing such masks to this subset of students.
- Recognize that some people may choose to continue to mask even though the campus or community may not require it. It is important that students, faculty, and staff respect and support these personal health decisions.

<sup>2</sup> Islam H, Islam A, Brook A, Rudrappa M. Evaluating the effectiveness of countywide mask mandates at reducing SARS-CoV-2 infection in the United States. *J Osteopath Med.* 2022 Jan 27;122(4):211-215. doi: 10.1515/jom-2021-0214. PMID: 35086185.

<sup>3</sup> Motallebi S, Cheung RCY, Mohit B, Shahabi S, Alishahi Tabriz A, Moattari S. Modeling COVID-19 Mortality Across 44 Countries: Face Covering May Reduce Deaths. *Am J Prev Med.* 2022 Apr;62(4):483-491. doi: 10.1016/j.amepre.2021.09.019. Epub 2021 Nov 11. PMID: 35305777; PMCID: PMC8580811.

<sup>4</sup> Liu J, Hao M, Chen S, Yang Y, Li J, Mei Q, Bian X, Liu K. Numerical evaluation of face masks for prevention of COVID-19 airborne transmission. *Environ Sci Pollut Res Int.* 2022 Feb 9. doi: 10.1007/s11356-022-18587-3. Epub ahead of print. PMID: 35141824.

<sup>5</sup> Coyle JP, Derk RC, Lindsley WG, Boots T, Blachere FM, Reynolds JS, McKinney WG, Sinsel EW, Lemons AR, Beezhold DH, Noti JD. Reduction of exposure to simulated respiratory aerosols using ventilation, physical distancing, and universal masking. *Indoor Air.* 2022 Feb;32(2):e12987. doi: 10.1111/ina.12987. PMID: 35225389; PMCID: PMC8988470.

<sup>6</sup> Chang CN, Chien HY, Malagon-Palacios L. College reopening and community spread of COVID-19 in the United States. *Public Health.* 2022 Mar;204:70-75. doi: 10.1016/j.puhe.2022.01.001. Epub 2022 Jan 11. PMID: 35176623; PMCID: PMC8747949.

<sup>7</sup> Donovan CV, Rose C, Lewis KN, Vang K, Stanley N, Motley M, Brown CC, Gray FJ Jr, Thompson JW, Amick BC 3rd, Williams ML, Thomas E, Neatherlin J, Zohoori N, Porter A, Cima M. SARS-CoV-2 Incidence in K-12 School Districts with Mask-Required Versus Mask-Optional Policies - Arkansas, August-October 2021. *MMWR Morb Mortal Wkly Rep.* 2022 Mar 11;71(10):384-389. doi: 10.15585/mmwr.mm7110e1. PMID: 35271560; PMCID: PMC8912000.

- Campus health services staff and patients entering the health center should mask if experiencing respiratory symptoms or have tested positive for COVID-19 and are within the isolation period.<sup>8</sup>
- Establish parameters in advance that will dictate a shift to campus-wide masking recommendations and proactively communicate the parameters before masking recommendations are implemented.

## Testing and Surveillance

Approaches to testing and surveillance for SARS-CoV-2 have evolved throughout the pandemic, but testing remains a crucial tool to identify SARS-CoV-2 infection so that treatment, isolation, and contact notification may begin as soon as possible.

### Diagnostic Testing

All individuals should be tested for COVID-19 if experiencing symptoms. Close contacts of infected individuals should be tested on day six post-exposure if asymptomatic, but sooner if symptoms develop. Following a positive home test result, students should notify direct contacts and their primary care provider or student health service, don a mask, and isolate immediately. The FDA has released updated guidance regarding rapid home antigen test use and advises repeat testing following a negative result if a person has been exposed, regardless of the presence or absence of symptoms. Specific recommendations may be found [here](#).

Campus community members should be encouraged to have their own supply of home antigen tests. It is unclear at this time if insurance companies and health plans will reimburse for purchase of home antigen tests after the public health emergency declaration ends on May 11, 2023. Ensuring students have ready access to testing through campus health, local pharmacies, or the local public health department is critical in limiting transmission. If possible, campus health centers should explore purchasing home antigen tests and providing these for free to students or for a small fee.

### Surveillance

Many of the surveillance and data tracking sites that health professionals relied on during the previous three years have decreased their reporting frequency or stopped reporting altogether. Surveillance remains

important to identify upward trends or emerging threats. IHEs may consider continuing to monitor data that is accessible and meaningful to their locations, such as detection of SARS-CoV-2 in wastewater, hospitalizations, new cases, or genomic surveillance for new variants.

### Wastewater Surveillance

Wastewater surveillance may be useful for IHEs as an early indicator of the presence of SARS-CoV-2 before COVID-19 cases are reported on campuses. It can identify trends in community infection and may be especially helpful as COVID-19 vaccination coverage, layered public health prevention strategies, and other surveillance efforts wane. Weekly updated county level wastewater surveillance data can be found at <https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>.

## Isolation Accommodations

CDC isolation recommendations continue to evolve. The latest recommendations, dated March 21, 2023, can be found [here](#).

Though immunity through vaccination and infection has blunted the morbidity and mortality of COVID-19, and most healthy, immunocompetent, traditional college-aged students will experience mild or no symptoms if infected with SARS-CoV-2, managing the isolation process continues to be disruptive for both the student and the institution. With fixed levels of housing inventory, many IHEs have already reevaluated their approach to managing their resources while optimizing the health and safety of those who are infected or exposed to SARS-CoV-2 while living in campus-provided housing.

Universities should consult with student health services and develop protocols identifying the appropriate length of isolation for infected individuals, accommodations for immunosuppressed students or students at higher risk of serious illness, reporting processes, and any test-out requirements.

<sup>8</sup> Thompson ER, Williams FS, Giacini PA, Drummond S, Brown E, Nalick M, Wang Q, McDonald JR, Carlson AL. Universal masking to control healthcare-associated transmission of severe acute respiratory coronavirus virus 2 (SARS-CoV-2). *Infect Control Hosp Epidemiol*. 2022 Mar;43(3):344-350. doi: 10.1017/ice.2021.127. Epub 2021 Mar 29. PMID: 33775264; PMCID: PMC8111184.

## Residential housing considerations:

- Providing separate isolation accommodations for infected students is ideal though often not feasible given fixed levels of housing inventory. Acceptable alternatives in other congregate housing configurations:
  - Isolate at home if able to travel by private vehicle.
  - Isolate in place while offering the COVID-negative roommate alternative housing accommodations.
  - Infected and exposed roommate(s) remain together with the caveat that the uninfected roommate is informed of the risks of sharing living space with an infected individual. Such information could be included in the housing contract with potential language that living in a campus/residential setting places the individual at risk for exposure to communicable disease. In a situation in which a roommate becomes infected, the campus may not be able to provide an alternative living situation. The campus' general counsel should be included in the development of the language.
- Students at higher risk of medical complications should be encouraged to apply for housing accommodations at the start of the term so that they might be assigned to a private room and avoid the risk of exposure through an infected roommate. IHEs may also consider having limited emergency housing available for an immunocompromised student who is not already in a single room.
- Ensure students have access to KN95 or N95 masks, meals, and academic and support services for the duration of the student's confinement as defined by CDC.

## Long COVID

Long COVID, now labeled more formally as post-acute sequelae of SARS-CoV-2 (PASC), is defined as “signs, symptoms, and conditions that continue or develop after initial COVID-19 or SARS-CoV-2 infection.” The signs, symptoms, and conditions are present four weeks or more after the initial phase of infection; may be multisystemic; and may present with a relapsing-remitting pattern and progression or worsening over

time, with the possibility of severe and life-threatening events even months or years after infection. Information on common symptoms of Long COVID can be found [here](#).

Long COVID is a diagnosis of exclusion, as no specific diagnostic testing has been identified. The non-specificity of symptoms, lack of a diagnostic test, and absence of awareness or documentation of a prior SARS-CoV-2 infection can lead to misdiagnosis or delayed diagnosis. While it is believed that most symptoms of Long COVID will resolve within six months, the trajectory toward resolution can be fraught and variable. It is considered a disability under the Americans with Disabilities Act (ADA) if it substantially limits one or more major life activities.

Neurological symptoms and cognitive impairment can significantly impact academic progress or ability to return to work. Comorbid mental health diagnoses, including depression and anxiety, have been similarly debilitating. There have been notable similarities with other chronic illnesses such as myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), dysautonomia, and especially postural orthostatic tachycardia syndrome (POTS), and those who develop these symptoms may have them lifelong.

Data presented by the Kaiser Family Foundation (KFF) in January 2023<sup>9</sup> demonstrates the percentage of people who currently have Long COVID and the percentage of those reporting Long COVID symptoms have declined since June 2022. Nevertheless, estimates of Long COVID's impact on the workforce is significant, with range of 500,000 to 4 million individuals affected by Long Covid.

Though research has provided substantial information and insights into Long COVID, diagnostic tests and effective therapeutics remain elusive. The National Institutes of Health (NIH) is currently conducting a research project, called the [RECOVER Initiative](#), to understand how people recover from COVID-19 and why some people develop Long COVID.

### Considerations:

- If the student health service is involved in writing accommodation letters for students who are significantly impacted by Long COVID, there should be close collaboration between student

<sup>9</sup> Kaiser Family Foundation. (2023, January 26). *Long covid: What do the latest data show?* KFF. Retrieved May 3, 2023, from <https://www.kff.org/policy-watch/long-covid-what-do-latest-data-show/>

health services and the institution's accommodations processes. Recommendations should be symptom(s)-specific (e.g., profound fatigue requiring assistance with mobility around campus) and time-limited (e.g., three months). Written guidelines are available [here](#).

- Clinicians and those who support the care of patients should review the treatment and care of Long COVID, ME/CFS, and POTS and have ongoing continuing education of these diseases.

## Travel

IHE-associated international travel has resumed and is expected to rebound to pre-pandemic levels with U.S. students, faculty, and staff traveling abroad for study abroad programs, work, research, business, conferences, or recreation. Many COVID-19 testing, vaccination, and documentation requirements have been lifted, easing barriers for international travel. Similarly, COVID-19 vaccination and testing requirements have been lifted for international students and faculty entering the U.S. effective May 11, 2023. However, travelers must remain vigilant. Diligently masking when appropriate and practicing excellent hand hygiene remain important for disease transmission prevention. Researching and planning for current destination- and transportation-related vaccination and testing requirements well in advance of travel remains essential, as is contingency planning in the event of SARS-CoV-2 exposure or infection. Travelers should be sure to bring their CDC COVID-19 immunization document and/or a copy of the document on their travels.

### General considerations:

- Prior to travel, international travelers should research and remain current on relevant [COVID-19 rules and regulations which might impact travel](#).
- **Active involvement of an international travel decision-making body at every IHE** remains crucial for vetting and endorsing IHE-associated international travel.
- **IHEs should build in contingencies** related to COVID-related delays and needs. This may include isolation or quarantine at any point in travel, including outbound or incoming transit, and could involve unanticipated needs for lodging, additional funds, adequate essential medications, reticketing, insurance arrangements, etc. This is especially

important to consider for IHE-associated group travel which could be significantly impacted by such situations.

- All IHE-associated international travelers should be required to possess **appropriate international travel health insurance including evacuation insurance** without pandemic exclusions.
- Travelers should remember that **increased transmission of newer COVID-19 variants** has been well-documented and that asymptomatic infections and transmission, including among fully vaccinated individuals, is presumptively common. COVID-related risks may be greater when participating in international travel.
- CDC continues to [strongly recommend masking when in transportation hubs around the world](#), including the U.S.
- Travelers should **consider bringing an appropriate supply of self-tests** (rapid antigen) for personal use in the event of exposure or illness.
- Travelers may discuss with their health care provider their **eligibility and access to Paxlovid** or an appropriate antiviral during travel if indicated.
- **Travelers should not travel when ill**; see [CDC guidelines](#).
- **Travelers should practice appropriate COVID-related public health behaviors when traveling**, both to protect their own health as well as that of others, including the populations en route, at destinations, and upon their return home.

## Health Literacy/Health Communications

To ensure campus communities are best prepared to manage all health threats on campus, including COVID-19, **college health professionals must build up their own communication strategies and invest in developing their campus community's health literacy.**

Consistent, relevant, and tailored communications from college health services yields multiple benefits when part of a robust and candid dialogue between professionals and the community they serve.<sup>10</sup>

<sup>10</sup> Clinical and Translational Science Awards Consortium., United States., National Institutes of Health (U.S.), Centers for Disease Control and Prevention (U.S.), (2011). *Principles of community engagement*. [https://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf)

In addition to preventing vacuums of information into which mis- and disinformation will flow, such communication builds trust between the campus community and college health professionals, empowers people to be actively engaged in their own health and well-being, and may improve their health outcomes.<sup>11,12</sup>

Investing in health literacy skill development also yields multiple benefits. In addition to increasing the likelihood that campus community members can identify high-quality information from the mis- and disinformation that overwhelms their information environment, they learn to assess credibility of information sources, refine their own information sharing practices, and positively influence their friends and family members.<sup>13</sup>

### Considerations

- Build or strengthen continuous dialogue between campus health professionals and the campus community, including students, faculty, and staff.
- Assess and utilize the communication channels and sources preferred by campus communities.
- Employ evidence-based strategies for sharing health information (e.g., storytelling) and use messages that have been tested for efficacy and cultural responsiveness.
- Identify and work with diverse trusted messengers.

### Conclusion

March 11, 2023, marked the third anniversary of the WHO's declaration of the global COVID-19 pandemic. At this point, most IHEs are operating in a "post COVID" world, weary yet wiser from having established testing sites, mass vaccination clinics, contact tracing systems, quarantine and isolation accommodations, innumerable health and safety protocols, and remote (telehealth, telemental health, work) services. Every single aspect of the institution required some process or structural change. This was no small feat.

While the worst of the pandemic is likely past us, much work remains. While young people are less impacted by SARS-CoV-2 infection, even mild infection results in class absences and missed academic work. Additionally, many people who are older and/or considered immunocompromised are maintaining strict COVID precautions.

The pandemic exposed significant shortcomings in public health infrastructure and vulnerabilities in numerous areas including data collection, the supply chain, communication, consistent messaging, and [health equity](#). Though tempting, college health cannot yet completely turn the page on the pandemic. Long COVID, ongoing surveillance, data tracking, misinformation/disinformation, and vaccination will continue to challenge our resources for the foreseeable future. As IHEs yearn to move past COVID, college health professionals should anticipate retaining the bulk of this work on behalf of the campus, while resuming essential and elective services.

To move forward, IHEs must keep one eye on the future and one on the past to retain lessons learned, improve access to care and services, optimize public health messaging, increase trust with stakeholders, and address the burnout of faculty, staff, and students. IHEs should continue to promote policies that are as inclusive as possible and should continue to take every opportunity to increase vaccine uptake and vaccine confidence in the campus community.

College health professionals gained enormous credibility and recognition throughout the pandemic, highlighting the essential public health role and responsibility of monitoring, protecting, and advocating for the health and safety of the campus. College health must leverage this higher profile to retain a "seat at the table"; maximize available resources; and champion equitable, inclusive, culturally competent care and services.

*These updated guidelines were developed by the American College Health Association Emerging Public Health Threats and Emergency Response COVID-19 Guidelines Committee.*

<sup>11</sup> Office of the Surgeon General, United States, Department of Health and Human Services. *Health Misinformation - Current Priorities of the U.S. Surgeon General*, [www.hhs.gov/surgeongeneral/priorities/health-misinformation/index.html](http://www.hhs.gov/surgeongeneral/priorities/health-misinformation/index.html). Accessed 3 May 2023.

<sup>12</sup> Association of American Medical Colleges. (n.d.). *The principles of trustworthiness*. Center For Health Justice. <https://www.aamchealthjustice.org/our-work/trustworthiness/trustworthiness-toolkit>. Accessed 3 May 2023.

<sup>13</sup> Centers for Disease Control and Prevention. (2023, March 31). *What is health literacy?* Centers for Disease Control and Prevention. <https://www.cdc.gov/healthliteracy/learn/index>.

## Resources

### CDC Vaccine Information

Stay Up to Date with COVID-19 Vaccines

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

[Use of COVID-19 Vaccines in the United States - Interim Clinical Considerations](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

COVID-19 Vaccines for People Vaccinated Outside the United States Appendix B

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-b>

Finding Your Immunization Record Through Your State's IIS

<https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html#state>

### Treatment and Prophylaxis

NIH Coronavirus Disease 2019 (COVID-19) Treatment Guidelines

<https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf>

NIH Guidelines: Therapeutic Management of Nonhospitalized Adults With COVID-19:

<https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/nonhospitalized-adults--therapeutic-management/>

NIH Guidelines: Prevention of SARS-CoV-2 Infection

<https://www.covid19treatmentguidelines.nih.gov/overview/prevention-of-sars-cov-2/>

### Wastewater Surveillance

Public Health Interpretation and Use of Wastewater Surveillance Data

<https://www.cdc.gov/healthywater/surveillance/wastewater-surveillance/public-health-interpretation.html>

### ACHA CoVAC Resources

Credible Social Media Sources

[https://www.acha.org/CoVAC/Resources/Credible\\_Sources\\_of\\_Information/CoVAC/Resources/Credible\\_Social\\_Media\\_Sources.aspx](https://www.acha.org/CoVAC/Resources/Credible_Sources_of_Information/CoVAC/Resources/Credible_Social_Media_Sources.aspx)

Addressing Misinformation

[https://www.acha.org/VaxForward/Talking\\_About\\_Vaccines/Addressing\\_Misinformation/VaxForward/Addressing\\_Misinformation.aspx](https://www.acha.org/VaxForward/Talking_About_Vaccines/Addressing_Misinformation/VaxForward/Addressing_Misinformation.aspx)

Using TikTok to Combat COVID-19

[https://www.acha.org/documents/CoVAC/Using\\_TikTok\\_to\\_Combat\\_COVID-19\\_Dec2021.pdf](https://www.acha.org/documents/CoVAC/Using_TikTok_to_Combat_COVID-19_Dec2021.pdf)

