

GUIDANCE FOR MITIGATING

COVID-19

AT INSTITUTIONS OF HIGHER EDUCATION

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“We have the tools to return to college safely during this pandemic.”

While resurging disease will challenge efforts to protect college-aged students, faculty, and staff in colleges and universities, there is abundant experience from the 2020-2021 academic year relevant to a safer return for the 2021-2022 academic year. The best way to protect faculty, students, and staff in these congregate settings is to decrease community transmission - through vaccination and other layered public health measures.

Colleges and universities preparing for the 2021-22 academic year require revised guidance reflecting lessons learned from the on-going COVID-19 pandemic. Current guidance must also account for the changing landscape of coronavirus variants and address vaccination among school-aged children, school employees, and community residents.

Proactive COVID-19 prevention and mitigation measures were effective in allowing schools that employed them to safeguard in-person education as much as possible, even prior to readily available vaccination. In this context, schools should implement a combination of

1. Mandatory vaccination
2. Universal masking in public spaces indoors
3. Decrease opportunities for spread
4. Disease surveillance
5. Home isolation of infected faculty, staff, and students
6. Quarantine of unvaccinated persons exposed to an individual with COVID-19 to protect the health of students, teachers and staff, and community members at large.

New and more transmissible variants of SARS-CoV-2 virus, particularly the Delta variant, represent a significant threat for many communities heading into the fall of 2021. **The Delta variant is estimated to be significantly more transmissible than previous versions of the virus causing COVID-19, and it appears to cause more severe disease, even in younger persons.**^{1 2}

¹ Public Health England (2021, June 2021). SARS-CoV-2 variants of concern and variants under investigation in England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001354/Variants_of_Concern_VOC_Technical_Briefing_17.pdf

² Sheikh A., McMenamin J., Taylor B., Robertson C. (2021, June 14). SARS-CoV-2 Delta VOC in Scotland: demographics, risk of hospital admission, and vaccine effectiveness. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901358-1>

However, the COVID-19 vaccines available in the U.S. continue to provide good protection against infection with all variants (including Delta). Additionally, vaccines are highly effective in preventing hospitalization and death, but vaccination rates in many communities across the state remain dangerously low. The Delta variant is currently responsible for rising numbers of people diagnosed with COVID-19 across the country. Many states with lower vaccination rates, such as Louisiana, Nevada, Florida, Missouri, Arkansas, and Alabama are experiencing sharp increases in hospitalizations,

Due to the Delta variant, many states will experience much higher community transmission rates by late summer, when schools are ready to open. Vaccination rates for adults 18-24 year remain low. Consistent with summer camps, **congregate settings, such as colleges, will represent a significant risk for transmission of COVID-19.** This will accelerate community epidemics and lead to more illness, making colleges and universities less safe. Additionally, as we learned last fall, college aged student outbreaks increase community transmission and place vulnerable adults at risk.^{3 4 5}

Increasing vaccine uptake for students, staff, and faculty must be the priority for the safe reopening of colleges and universities. Leadership should emphasize information and education outreach for students, staff, and faculty as well as enhanced access to vaccines. Achieving appropriate vaccination rates in our communities will lead to less COVID-19 both inside and outside schools, creating a safer community environment in which schools can operate.

In addition to enhanced vaccination, colleges and universities this fall should implement a layered strategy of non-pharmaceutical interventions that include enhanced ventilation of indoor spaces, universal face masks, surveillance testing, home isolation of confirmed cases, and quarantine of close contacts of cases. Specific recommendations for this layered approach include:

1. Mandatory vaccination

- Several tools exist for encouraging vaccine uptake.

³ Leidner AJ, Barry V, Bowen VB, et al. Opening of Large Institutions of Higher Education and County-Level COVID-19 Incidence — United States, July 6–September 17, 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:14–19. DOI: <http://dx.doi.org/10.15585/mmwr.mm7001a4>

⁴ Ivory D., Gebeloff R., and Mervosh S. (2020, December 12). ‘Young People Have Less Covid-19 Risk, but in College Towns, Deaths Rose Fast.’ *The New York Times*. <https://www.nytimes.com/2020/12/12/us/covid-colleges-nursing-homes.html?action=click&module=Top%20Stories&pgtype=Homepage>

⁵ Hannah Lu, Cortney Weintz, Joseph Pace, Dhiraj Indana, Kevin Linka & Ellen Kuhl (2021) Are college campuses superspreaders? A data-driven modeling study, *Computer Methods in Biomechanics and Biomedical Engineering*, DOI: 10.1080/10255842.2020.1869221

- If vaccination remains optional, require disclosure of vaccination status, especially in the setting of registration campus housing assignment, sports, clubs, event ticket purchases, and other actions that lead to aggregate and interactive settings.

2. Universal face masking when indoors for all students, faculty, staff, and guests regardless of vaccination status

- Universal masking is recommended because a sizable portion of the student population is not yet vaccinated.
- While vaccinated persons do much better when vaccinated, transmission of variants remains possible to and from vaccinated persons particularly when community rates are high; monitoring vaccine status of students, staff and faculty may be inconsistent, and most communities have insufficient COVID-19 vaccination levels.
- Universal use of face masks is proven to reduce transmission of the virus and to protect those who are not vaccinated.⁶

3. Decrease opportunities for spread

- Consider options to decrease the density of diners. Approaches to this include
 - a) table and chair spacing;
 - b) extended dining hours;
 - c) boxed meal options; and
 - d) flexible dining plan with arrangement to be able to use meal plan occasionally at other locations.
- Where possible, increase laboratory and other interactive class sections to decrease the number of students.
- Reconsider whether large aggregate events should occur, and carefully evaluate risk and manner of conduct in aggregate events that remain

4. Disease surveillance (school surveillance and testing programs)

- Close tracking of influenza-like illness and absenteeism among students, faculty, and staff, with transparent reporting so that opportunities for improved risk management can be identified and employed early
- Utilization of some form or daily symptom screener
- Voluntary individual, pooled, combined with wastewater testing programs can provide early warning of growing case rates and prevent clusters. A growing body of

⁶ Centers for Disease Control and Prevention. (2021, May 7). *Science Briefs*. https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fmasking-science-sars-cov2.html

evidence suggests that testing is an important intervention in creating a safe in-person environment.^{7 8 9}

- In the case of student housing, an active program of monitoring should be implemented for a weekly or bi-weekly sample of all unvaccinated students to detect an increase in disease transmission. Consider placing students into cohorts based upon vaccination status.

5. Home isolation of infected faculty, staff, and students

- This policy follows accepted public health practice for COVID-19 and is consistent with current [CDC guidelines](#).

6. Home isolation of confirmed COVID-19 cases and follow CDC quarantine guidelines for unvaccinated students and staff that have been exposed to COVID-19

Additionally, colleges and universities should consider:

- Enhanced building [ventilation](#), cleaning [and disinfection](#)
- Adoption of an accessible and all-encompassing approach for mental health support

As colleges and universities implement these layered interventions, they should monitor community conditions and adjust school policies to align with the latest information about the pandemic. Important community factors include:

- Local COVID-19 transmission and hospitalization rates,
- Test positivity rate,
- Vaccination statistics, and
- COVID-19 prevalence and transmission in colleges and universities.

Current data suggests that masking mandates can be relaxed when there are robust public health practices combined with a decline in cases to below 5-25 cases/million/day. To facilitate this, health departments should continue publicizing this data on their public dashboards; universities should consider displaying their own results from disease surveillance to optimize risk communication in the context of their specific learning environment. Administrators should refine approaches when specific policies are not working. In executing their plans, college and university leaders must closely communicate and coordinate with students, staff, and faculty,

⁷Lanier WA, Babitz KD, Collingwood A, et al. (2021, May 28). COVID-19 Testing to Sustain In-Person Instruction and Extracurricular Activities in High Schools — Utah, November 2020–March 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:785–791. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e2.htm>

⁸Faherty L., Master B., Steiner E., et al. (2021). COVID-19 Testing in K–12 Schools: Insights from Early Adopters. *RAND Corporation* https://www.rand.org/pubs/research_reports/RRA1103-1.html

⁹Crowe J., Schnaubelt A., Schmidt-Bonne S., et al. (2021, April 17). Pilot program for test-based SARS-CoV-2 screening and environmental monitoring in an urban public school district. *medRxiv*. <https://www.medrxiv.org/content/10.1101/2021.04.14.21255036v1.full.pdf>

state and/or local public health authorities, school health, local primary care practitioners, and other medical experts.