COVID-19 Pandemic Mitigation Strategies for Colleges & Universities - Fall Semester 2022

COVID-19 surges around the United States again in what experts consider the most transmissible variant of the pandemic yet. The Omicron variant BA.5 causes a fresh wave of cases, reinfections, and hospitalizations across the country.¹ We asked Dr. Richard Carroll, an immunologist and microbiologist involved in the detection of infectious diseases, to provide his expert analysis on the Omicron variants. He focuses on what Institutions of Higher Education (IHEs) can do in preparation for the upcoming fall semester to help suppress the spread of COVID-19 and concurrently manage other related effects of the pandemic on college-aged adults.

**Top Five Recommendations:**

- Consider providing over the counter (OTC), self-administered antigen rapid test kits and N95/KN95 masks to all students, faculty, and staff at the beginning of the term to use as needed
- Ask individuals to “self-test” if in close contact with a known SARS-CoV-2 positive case, at the first sign of symptoms, or for general self-awareness; some individuals may feel uncomfortable in large groups if case counts are high in the local community (see CDC Community Tracker)²
- Follow CDC guidelines for self-isolation of individuals with a confirmed positive for at least 5-full days and wear a well-fitted mask³
- Educate students, faculty, and staff around the benefits and availability of COVID-19 boosters⁴
- Provide easily accessible tools for building mental health “resiliency” for college-aged adults; “Nearly half of college students surveyed by Fortune reported their overall mental health has worsened since the pandemic”⁵

**Analysis of Omicron BA.5 and other Subvariants:**

The CDC estimates the Omicron subvariant BA.5 now accounts for more than 77.9% of all new infections in the country, with BA.4 at 12.8%. However, there is no evidence currently available to suggest BA.4 or BA.5 cause more severe disease than other variants or Omicron lineages.⁶

More than half of the COVID-19 tests administered by Walgreens in its California stores have returned with positive results. Surveys of wastewater
in the Bay Area suggest this surge could be the biggest yet. People infected with BA.5 remain infected about 2 days longer than previous strains, but the risk of hospitalization so far has been diminished.\(^7\)

Charles Chiu, an infectious-disease specialist and virologist at the University of California, San Francisco, says emerging data suggests the BA.5 variant is so infectious and able to evade the protections of vaccination and prior infection that it could be unstoppable.\(^8\)

Compared to Government reports, a German study results suggest a 2.39-fold higher prevalence of SARS-CoV-2 infections and implies the actual prevalence of SARS-CoV-2 may be higher than detected by current surveillance systems; so, current pandemic surveillance and testing strategies need to be adapted.\(^9\)

COVID herd immunity cannot be achieved unless 80% of the adult population is vaccinated. Vaccine efficacy is more important than vaccine uptake, so a highly efficacious vaccine can flatten the curve even if vaccine uptake is low.\(^10\)

Another recent study\(^{11}\) reported that overall, 20% of IHEs implemented all surveyed CDC-recommended nonpharmaceutical interventions (NPIs), while a majority implemented a subset. IHE size and location were associated with degree of NPI implementation (larger schools adopted more NPIs vs. smaller schools). The most frequently utilized were learning environment changes (91%), practiced as one or more of the following:

- distance or hybrid learning opportunities (98%),
- 6-feet spacing (60%), and
- reduced class sizes (51%).

Additionally, 88% of IHEs specified facemask protocols, 78% physically modified common areas, and 67% offered COVID-19 testing. Among the 33% of IHEs offering ≥50% of courses in person, having <1,000 students were associated with having implemented fewer NPIs than IHEs with ≥1,000 students.

Yale epidemiologists report a practical strategy for COVID surveillance on the part of companies, teams, schools, and communities.\(^{12}\)

- Frequent, regular antigen rapid (AR) testing, plus isolating people who test positive, cuts the risk of out-of-control COVID outbreaks.
- Testing frequently can repress transmission within a community. This strategy is possible since AR tests deliver results fast, making up in
speed for what they may lack in sensitivity. Antigen rapid tests have an edge when used frequently to test groups of people.

- Every-other-day AR testing works to suppress COVID outbreaks.
- Testing on alternative days to quarantine entry could increase the diagnostic sensitivity of the testing strategy even more than adding a test on entry. Antigen rapid tests can be suitable alternatives to a single RT-PCR, especially for short quarantines of one or two days.
- The ability of AR tests to reduce post-quarantine transmission depends on (1) how long quarantine lasts and (2) how fast results come back. Also, when the AR tests are taken in relation to a person’s infection status - before, during, or after symptoms appear - is also important.
- When testing to exit a two-day or shorter quarantine, a negative quick-turnaround AR test can reduce COVID transmission more effectively than a 24-hour-turnaround PCR test.
- Speed is key. Though less accurate than the PCR test, AR testing gives results in minutes, while a PCR test may take many hours or even days, hampering real-time detection of who is infectious. People may contract or transmit COVID while they wait for results.
- With masking, ventilation, vaccines, and other related measures in place, the protection that frequent testing can offer is even stronger.

**NOTE:** Many state health departments are aligning with HHS and will no longer require the reporting of SARS-CoV-2 negative antigen test results. This change should significantly reduce reporting requirements for colleges. IHEs should review their state’s health department website to determine the most current reporting requirements prior to the start of the fall semester.

The groundswell of a new wave is undeniable, and institutions will be forced to implement strategies to mitigate the effects of the Omicron BA.5 transmission and infection. Additionally, institutions will have to keep a close eye on Omicron BA.2.75 coming out of India. This variant contains many spike protein mutations, a probable second-generation descendent of the BA.2 variant, apparent rapid growth, and wide geographical spread. One mutation, G446S, is in the part of the spike protein that binds to receptors in our human cells and is associated with major immune (antibody) escape.

In addition to concerns regarding transmission and infection of new SARS-CoV-2 variants, the COVID-19 pandemic is affecting the mental health of many college students. Seventy-five percent of mental health conditions first appear when someone is between the ages of 18 and 24, and “nearly half
of college students surveyed by *Fortune* reported their overall mental health has worsened since the pandemic.”

Three in five college students reported being diagnosed with a mental health condition by a professional. The most common afflictions were anxiety and depression, according to a survey of 1,000 college students conducted by The Harris Poll in June 2022. Women in college are more likely to report a diagnosis than men: 67% compared with 51%. Part-time students tend to struggle more than their full-time classmates, the survey found. This issue confronts our nation by endangering the future workforce with no clear solution or reproducible strategy.

Nearly one third (31%) of currently enrolled students pursuing a bachelor's degree report they have considered withdrawing from their program for a semester or more in the past six months. A slightly higher percentage of students pursuing their associate degree, 41%, report they have considered “stopping out” in the past six months.

Recent Student Voice survey data from Inside Higher Ed and College Pulse shows that 9 out of 10 college students have struggled with their mental health. To that end, IHEs must shift their focus further upstream and co-design programming alongside students, faculty, and staff members. As an example, Colorado State University (CSU) has invested in robust multicultural counseling services, gender-affirming care, skill-building workshops, strong group therapy programs, an intensive outpatient program, and a range of digital mental health tools, as well as education and self-care resources will be necessary.

**About the Author:**
Dr. Carroll was on an expert panel for the American Association of Colleges and Universities (AASCU) titled, “What to Expect and How to Prepare for Fall 2021 Pandemic Conditions” where he accurately predicted the impact of the Delta Variant and provided options that school administrators should consider when preparing for a new semester. To learn more about Dr. Carroll or to watch the full AASCU webinar, click [HERE!](#)

**Spartan Medical** was the on-site testing provider for AASCU’s national conference and is working with schools across the country to provide mitigation strategies for the 2022/2023 school year.

As a single-source vendor, Spartan Medical can provide its supplies, staffing, services, and technology via customized *a la carte*, or as an all-inclusive turnkey solution. To learn more, click [HERE](#), and let us put a proven option in place, if/when needed, before the next surge.
Additionally, and based on Dr. Carroll’s recommendations, Spartan Medical is providing schools with the below over the counter, self-administered antigen rapid tests, point-of-care antigen rapid tests and self-administered PCR tests, so they can quickly react and help prevent outbreaks on campus.

- CareStart™ Over-the-Counter AR Test kit (2-pack),
- I-Health™ Over-the-Counter AR Test kit (2-pack),
- Abbott BinaxNOW™ Over-the-Counter AR Test kit (2-pack),
- FlowFlex™ Over-the-Counter AR Test kit (1-pack),
- INDICAID™ Point-of-Care AR Test kit (25 per pack),
- Celltrion™ Point-of-Care AR Test kit (25 per pack),
- Abbott BinaxNOW™ Point-of-Care AR Test kit (40 per pack),
- SalivaDirect™ RT-PCR Test (1 per pack); processed at a CLIA lab

To quickly react to a surge on campus, Spartan Medical also offers every college and university a no-cost, no-obligation, firm offer for the entire academic year school administrators can immediately implement if one or more of Spartan Medical’s COVID-19 services is required in response to an outbreak or other urgent need. To learn more about pricing for COVID-19 test kits or a no-cost, stand-by contract, please contact Ryan Argo, Operations Manager for COVID Solutions, at ryanargo@spartanmedical.com, or via direct line at 281-782-6781.

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5 Leonhardt, M. Crisis on campus: 60% of college kids are living with mental health disorders, and schools are woefully unprepared. Fortune. (July 12, 2022) [https://fortune.com/well/2022/07/12/mental-health-crisis-college-schools-unprepared/](https://fortune.com/well/2022/07/12/mental-health-crisis-college-schools-unprepared/)


8 NY Times (July 19, 2022) [https://www.nytimes.com/live/2022/07/19/world/covid-19-mandates-vaccine-cases](https://www.nytimes.com/live/2022/07/19/world/covid-19-mandates-vaccine-cases)


