

Week in Review: 19 – 23 October 2020

BRIEF19

A daily review of covid-19 research and policy.

POLICY BRIEFING

Universities and coronavirus testing. An update from the ivory towers.

The University of Michigan [announced](#) the imposition of an immediate stay-at-home order for the campus amid a significant spike in cases on October 20. Michigan students account for over 60 percent of local cases, leaving questions as to how universities should best manage testing on campus. The particulars of the University of Michigan order have come under scrutiny because of its exemption of athletes, though athletes are being screened with far greater frequency than the broader university population, which has maintained a voluntary surveillance testing program in which just over 5,700 are [enrolled](#) (a small share of the university community, of 48,000 students, faculty, and staff). The University of Michigan is hardly unique in experiencing a COVID outbreak necessitating a stay-at-home order, with such universities as [Providence College](#), [San Diego State University](#), the [University of Arizona](#), and the [University of Colorado-Boulder](#) experiencing the similar woes in September.

Despite rising covid-19 cases nationwide, the federal government has not issued adequate nationwide guidance on testing in university settings, resulting in a patchwork system. While some universities such as the University of California system are enforcing across-the-board testing for all students living on-campus, others are only conducting testing on a voluntary basis, which raises concerns about the extent to which students will choose to comply with recommendations. Indeed, the University of Tennessee [reported](#) on October 16 that voluntary participation in covid-19 testing fell from 65 percent to just 48 percent in one week, despite students living in residence halls signing agreements to participate in testing. A concern is that students are facing “testing fatigue” because of the frequency of voluntary covid-19 testing regimens. To counteract the low rates of voluntary testing, some universities such as the University of South Carolina are [offering](#) “freebies,” such as a university t-shirt and a raffle entry for larger prizes in exchange for participation in testing, with such incentives resulting in increased though still inadequate student testing.

It is vital that universities function during the pandemic, and with appropriate testing strategies, more in-person learning should be feasible. However, as the colder weather forces students indoors, voluntary testing strategies—even those with incentives—may not be enough. Absent meaningful national standards for testing and tracing in university settings, universities must step up before outbreaks are observed.

Universities have had to prioritize public health over individual liberty in the past. Most institutions typically compel measles, mumps, and rubella (MMR) and meningococcal vaccinations as a condition for attending school on campus, so as to avoid the spread of these diseases. Amid a deadly pandemic in which cases are rising across the nation and are expected to increase in the coming weeks, a failure to adopt a similarly strong stance in favor of mandatory testing puts university communities in grave danger and impedes student learning. [23 October 2020](#).

—Miranda Yaver, PhD

Lingering questions about a vaccine rollout.

Many things are still unknown about some of the vaccine candidates currently being tested. [Plans](#) from the National Academies, Engineering, and Medicine (NAEM) and Operation Warp Speed offered different schedules and priorities, and a new [timeline](#) released by the United States Centers for Disease Control and Prevention (CDC) have further muddied the waters. Combine this with past [tensions](#) between state governors and the federal government relating to multiple aspects of

who wields what authority during the pandemic, and might come as no surprise that governors are seeking to lay a foundation for vaccine rollout before it happens.

What is surprising is that leadership within the National Governors Association from both sides of the aisle are [seeking](#) a meeting to discuss logistics of a vaccine campaign with President Trump. The driving force behind this effort was the White House's September solicitation of plans from state health departments for a fully-realized vaccination plan. Unfortunately, the declared deadline for such plans has come and gone.

In the absence of a concrete production timeline, requirements for prioritization of inoculation, or even predicted quantities, state leaders have faced a shifting logistics quagmire in the middle of an unprecedented pandemic and have found themselves unable to comply. *Various*.[20 October 2020](#).
—Joshua Lesko, MD

New CDC travel safety recommendations. Masks on before “wheels up!”

The Centers for Disease Control and Prevention (CDC) has [released](#) interim guidance on the wearing of masks while using public transportation. The upshot: wear one. This should not be seen as surprising, given the safety of masks, and the high likelihood that their use decreases the spread of SARS-CoV-2. Of course, given the political meddling that has affected life at the CDC, we take nothing for granted.

Specifically, the CDC *strongly* recommends wearing a mask that covers the nose and mask for all passengers and personnel, and further endorses their use by “conveyance operators” (e.g. bus drivers, pilots) with enforcing compliance and using appropriate means to ensure the safety of all riders. The CDC states that the operators should refuse to allow people to board who refuse to wear masks.

The guidance does allow exemptions for brief periods. Such periods including when eating or drinking, when necessary to comply with legal identification processes, and in extreme circumstances such as being unconscious or being unable to remove a mask on one's own.

The CDC further recommends exemptions for children under two years of age, individuals with written instructions from a licensed medical provider (although we are concerned that this could be abused and misused by some medical professionals), a person who requires the visualization of another's mouth for communication purposes, or if wearing a mask would interfere with one's safety, as per federal occupational guidelines or the operation of a conveyance.

It is encouraging to see the agency firmly stating the efficacy of masks in reducing the spread of the coronavirus. The guidance gives public transportation drivers and operators permission—indeed a mandate—to monitor mask adherence of passengers and to “disembark any person who refuses to comply.” *The Centers for Disease Control and Prevention*. [21 October 2020](#).

—Joshua Lesko, MD

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.