Mid-Michigan District HEALTH DEPARTMENT
CLINTON • GRATIOT • MONTCALM

Central Michigan District Health Department
Promoting Healthy Families, Healthy Communities

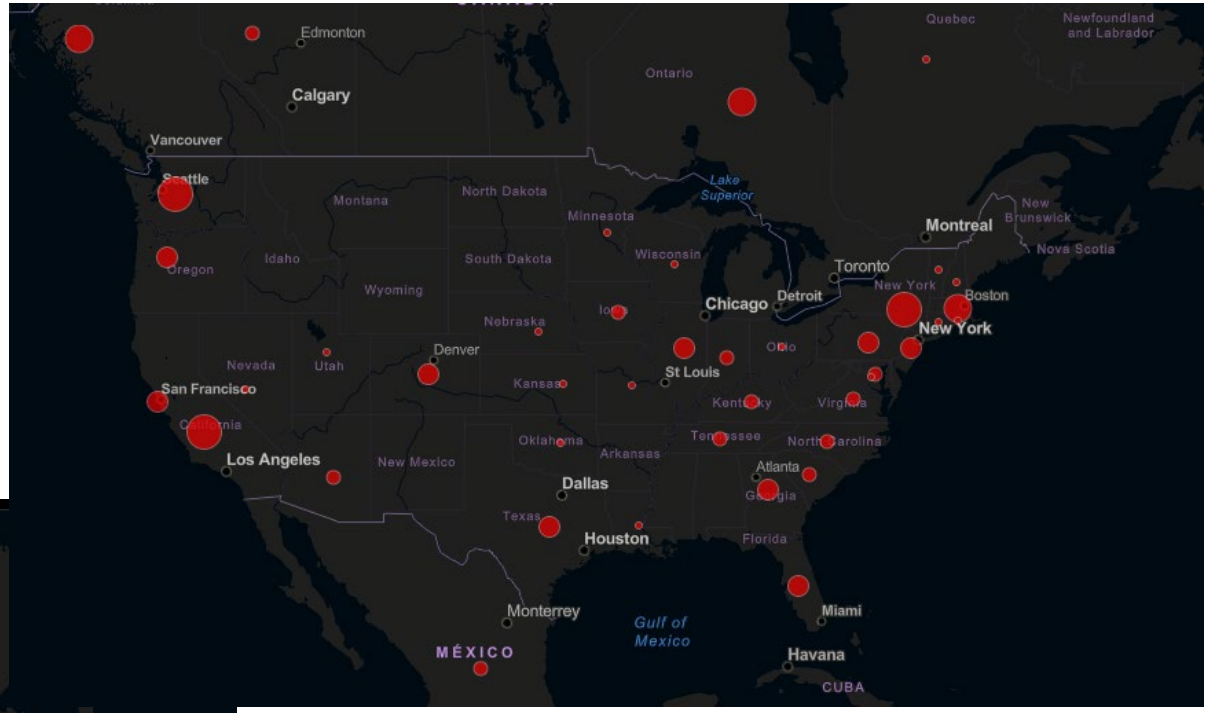
District Health Department #10
Healthy People, Healthy Communities

SARS-COV-2/COVID-19
COMMUNITY STAKEHOLDER CONFERENCE CALL FOR COLLEGE & UNIVERSITY PERSONNEL

Thursday, March 12, 2020
10:00 a.m. – 11:00 a.m.

Jennifer Morse, MD, MPH, FAAFP
Medical Director

Current Situation



As of 3/10/2020, 2 PM:

Total Cases:	117,730
Recovered:	64,391
Deaths:	4,259
Total Cases in US:	800
Total Deaths in US:	26

EPIDEMIOLOGY

- Findings from the Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) (55,924 laboratory confirmed cases as of 2/20/20)
  - Only 2.4% of cases were in individuals under 18 years old (77.8% were in those 30 to 69 years old)
  - Infected children (18 and under) were identified primarily through contact tracing; were in households with infected adults
  - There were no episodes they knew of where transmission occurred from child to adult
  - Only a very small proportion of those under 19 years of age have developed severe (2.5%) or critical (0.2%) disease

EPIDEMIOLOGY

- Findings from the Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) (55,924 laboratory confirmed cases as of 2/20/20), continued
  - Approximately 80% had mild to moderate disease, which includes non-pneumonia and pneumonia cases
  - 13.8% had severe disease
  - 6.1% were critical
  - Asymptomatic infection was also reported

EPIDEMIOLOGY

- Findings from the Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) (55,924 laboratory confirmed cases as of 2/20/20), continued
  - As of 20 February, 2114 of the 55,924 laboratory confirmed cases had died; giving a crude fatality ratio (CFR) of 3.8%
  - The overall CFR varied by location and intensity of transmission
    - CFR was 5.8% in Wuhan vs. 0.7% in other areas in China
    - In China as a whole, the overall CFR was higher in the early stages of the outbreak
      - It was 17.3% for cases in the beginning of January and had reduced over time to 0.7% for patients with symptom onset after the beginning of February
    - The highest mortality among people over 80 years of age (CFR 21.9%)

MITIGATION STRATEGIES AND RESPONSE WILL BE BASED ON LEVEL OF COMMUNITY TRANSMISSION

Level of Community Transmission	Description
None/Minimal	Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.
Moderate	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.
Substantial	Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.

Source: CDC, Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission. https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf

POTENTIAL MITIGATION ACTIVITIES FOR COLLEGES/UNIVERSITIES IF **NO** COVID-19 TRANSMISSION IN COMMUNITY (PREPAREDNESS PHASE)

- Know where to find local information on COVID-19 and local trends of COVID-19 cases (www.cdc.gov/coronavirus and www.mi.gov/coronavirus)
- Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic.
- Review and update emergency operations plan (including planning for social distancing measures, distance learning if feasible) or develop plan if one is not available.
- Evaluate whether there are students or staff who are at increased risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact.
- Encourage staff and students to stay home when sick and notify school administrators of illness (schools should provide non-punitive sick leave options to allow staff to stay home when ill).
- Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette).
- Clean and disinfect frequently touched surfaces daily.
- Ensure hand hygiene supplies are readily available in buildings.

Source: CDC, Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission. https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf

POTENTIAL MITIGATION ACTIVITIES FOR COLLEGES/UNIVERSITIES IF MINIMAL/MODERATE COVID-19 TRANSMISSION IN COMMUNITY

- Implement social distancing measures:
  - Reduce the frequency of large gatherings and limit the number of attendees per gathering.
  - Alter schedules to reduce mixing (e.g., stagger entry/dismissal times)
  - Limit inter-school interactions
  - Consider distance or e-learning in some settings
- Consider regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors (if feasible).
- Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing.
- Students at increased risk of severe illness should consider implementing individual plans for distance learning, e-learning.

Source: CDC, Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission. https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf

POTENTIAL MITIGATION ACTIVITIES FOR COLLEGES/UNIVERSITIES IF SUBSTANTIAL COVID-19 TRANSMISSION IN COMMUNITY

- Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism.
- Cancellation of school-associated congregations, particularly those with participation of high-risk individuals.
- Implement distance learning if feasible.

Source: CDC, Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission. https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf

UNDERLYING MEDICAL CONDITIONS THAT MAY INCREASE THE RISK OF SERIOUS COVID-19 FOR INDIVIDUALS OF ANY AGE

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** including receiving dialysis
- **Chronic liver disease** (e.g., cirrhosis, chronic hepatitis)
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury.

Source: CDC, Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission. https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf

MDHHS INTERIM RECOMMENDATIONS FOR COVID-19 COMMUNITY MITIGATION STRATEGIES ANNOUNCED **MARCH 11, 2020**

Universities and colleges:

- Educate students and the community about COVID-19 and preventative hygiene practices.
- Regularly clean and disinfect frequently touched surfaces, like doorknobs, keyboards, cell phones, and light switches.
- Encourage staff and students to stay home when sick.
- Cancel or postpone large gatherings, conferences, and sporting events (e.g., greater than 100 people in a shared space).
- Consider tele-learning opportunities, as feasible.
- Communicate and reinforce best practices for washing hands and covering coughs and sneezes.
- Students and faculty at risk of severe illness should implement plans for distance learning.

MDHHS INTERIM RECOMMENDATIONS FOR COVID-19 COMMUNITY MITIGATION STRATEGIES MARCH 11, 2020

Workplaces:

- Encourage employees to stay home when sick and to notify supervisors of illness.
- Communicate and reinforce best practices for washing hands covering coughs and sneezes.
- Regularly clean and disinfect frequently touched surfaces, like doorknobs, keyboards, cell phones, and light switches.
- Ensure hand hygiene supplies are readily accessible throughout the workplace.
- Encourage staff to tele-work when feasible, particularly individuals at risk of severe illness.
- Implement social distancing measures as feasible, including limiting in-person meetings.
- Limit large work-related gatherings (e.g., staff meetings and after-work functions).
- Limit non-essential work travel.
- Cancel or postpone large gatherings, conferences, and sporting events (e.g., greater than 100 people in a shared space).
- Discourage employees from eating meals in a large group setting, such as a cafeteria.
- Tailor continuity of operation plans to the COVID-19 threat.

MDHHS INTERIM RECOMMENDATIONS FOR COVID-19 COMMUNITY MITIGATION STRATEGIES MARCH 11, 2020

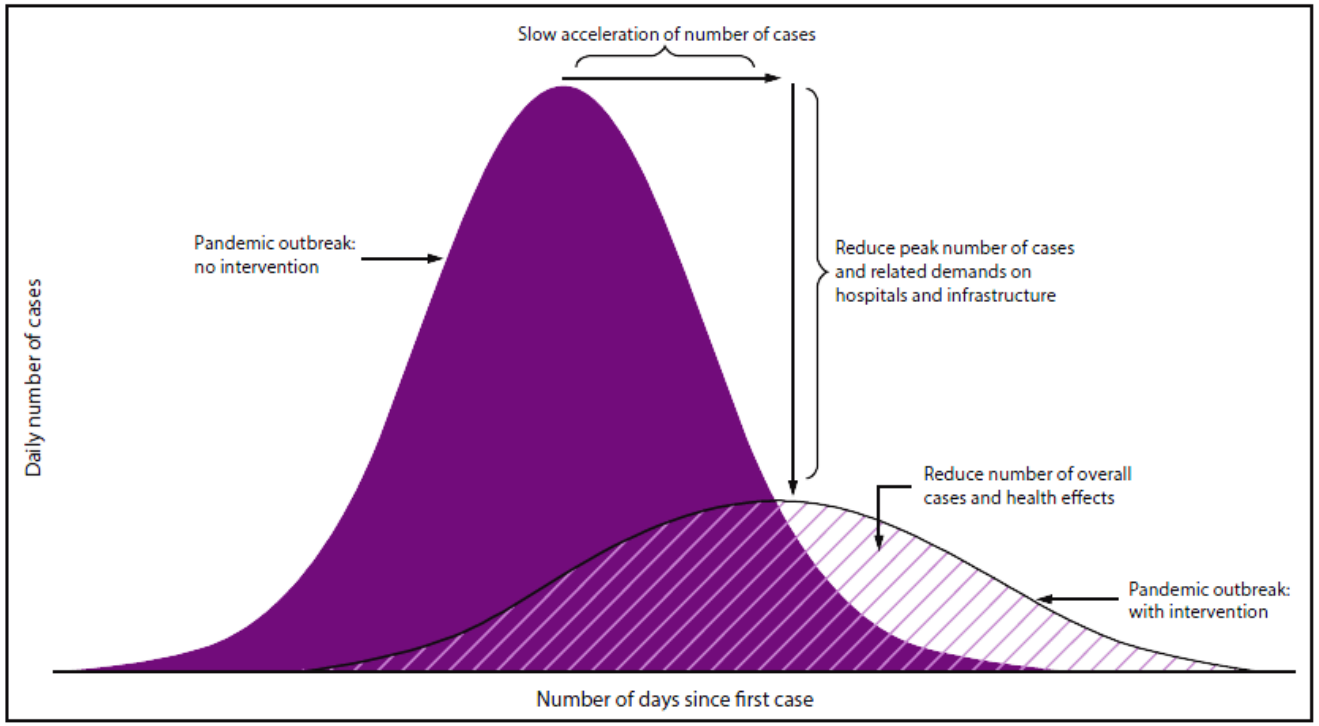
Other mass events:

- Cancel or postpone large gatherings, conferences, and sporting events (e.g., greater than 100 people in a shared space).
- Regularly clean and disinfect frequently touched surfaces, like doorknobs, keyboards, and light switches.
- Communicate and reinforce best practices for washing hands and covering coughs and sneezes.

DISCUSSION OF MITIGATION STRATEGIES

- Why bother?
  - SARS-CoV-2 is very infectious, large amount of population could be sick at same time, overload health care system

FIGURE 1. Goals of community mitigation for pandemic influenza



Source: Adapted from: CDC. Interim pre-pandemic planning guidance: community strategy for pandemic influenza mitigation in the United States—early, targeted, layered use of nonpharmaceutical interventions. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. https://stacks.cdc.gov/view/cdc/11425.

EDITORIAL BY SENIOR SCHOLAR AT THE JOHNS HOPKINS CENTER FOR HEALTH SECURITY: "WE DON'T NEED TO CLOSE SCHOOLS TO FIGHT THE CORONAVIRUS"

- No clear evidence closing schools for COVID-19 will slow this outbreak
- Most of what we know about school closures on disease transmission is based on influenza
  - Children and young adults can be vulnerable to influenza and are important drivers of infections
  - During 2009 H1N1 influenza pandemic, many schools closed, however studies found children often congregated outside of the home, visited public sites, despite recommendations against doing so
- There have been relatively few children infected with COVID-19
  - Possible they have very mild disease that goes unnoticed or untested
  - However, there is no evidence children contribute to the spread of COVID-19

Source: Nuzzo, J. 3/10/20. We Don't Need to Close Schools to Fight the Coronavirus. The New York Times. https://www.nytimes.com/2020/03/10/opinion/coronavirus-school-closing.html

OTHER CONSIDERATIONS

- Spring break travel and other travel
- Campus visitors: recruiting, etc.
- International programs
- Large campus events
- Absenteeism
- Program/campus closures
- Blame and discrimination

Sources: Jacobs, J., Marriott, K., Logan, T. COVID-19 Webinar (March 4, 2020). Association of College and University Housing Officers-International (ACUHO-I), the American College Health Association (ACHA), and the National Consortium for Building Healthy Academic Communities (BHAC). https://www.acuho-i.org/resources/cid/7289?portalid=0?portalid=0?portalid=0

ACHA Guidelines: Preparing for COVID-19 https://www.acha.org/documents/resources/guidelines/ACHA_Preparing_for_COVID-19_March-3-2020.pdf

INTERNATIONAL PROGRAMS: WHERE ARE YOUR PEOPLE?

- What student groups are currently studying overseas?
- Which of faculty are teaching or working abroad, on sabbatical, doing research in other parts of the world? countries?
- How do you protect them?
- Do they need to return to the US?
- Upon return to the US, what is your protocol?

PLANNING FOR ARRIVALS TO CAMPUS

- Travelers returning from areas with widespread community transmission (Level 3 Travel Health Notice: currently China, Iran, South Korea, Italy) should receive instructions to self-quarantine and advised to actively monitor for symptoms of illness (fever and respiratory symptoms).
  - Those coming from China and Iran will be followed by their local health department
  - Students in quarantine will need special assistance (steps for preparing for this can be found in "Campus Preparation in ACHA Guidelines: Preparing for COVID-19 https://www.acha.org/documents/resources/guidelines/ACHA_Preparing_for_COVID-19_March-3-2020.pdf)
- Currently quarantine is not recommended to any other to international or U.S. locations; self-observation for fever and respiratory symptoms for 14 days after travel to any area with community spread of COVID-19 can be encouraged.

XENOPHOBIA, FEAR, DISCRIMINATION, AND COMMUNITY VALUES

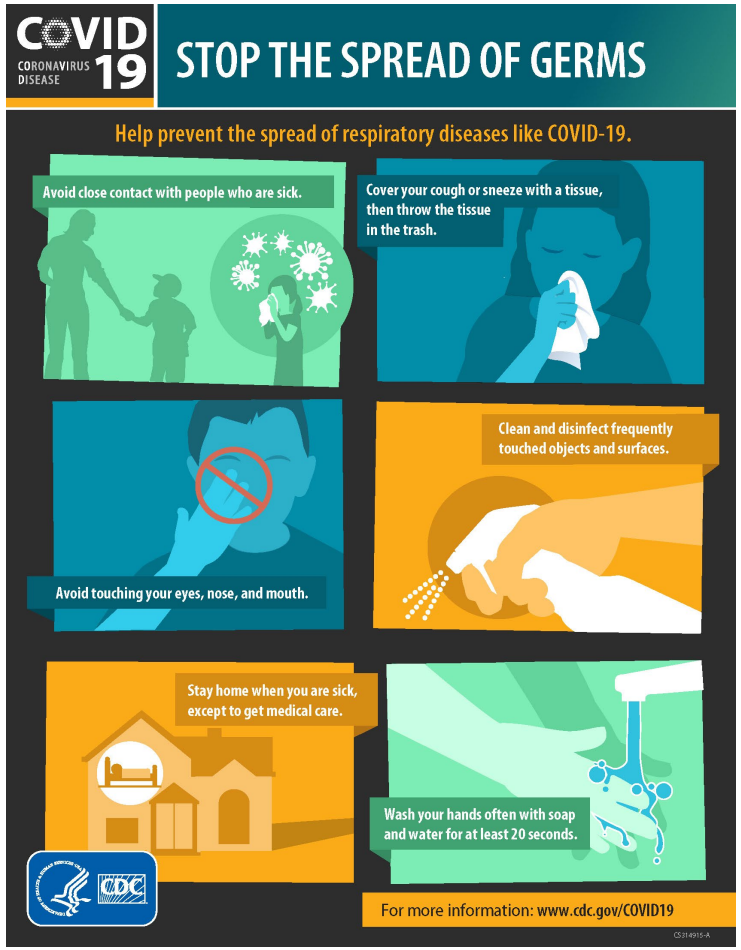
- Origins of COVID-19 and current travel warnings may lead to xenophobic responses within campus community
- Knowledge of travel history in staff/student may lead to discrimination, fear by others on campus
- Some school community members might have friends and family still living in regions that are most heavily affected by the outbreak and struggling with stress/fear
- Encourage individuals who experience discrimination to report these experiences to the appropriate office at the university (e.g., office of ombudsperson, equal employment opportunity, affirmative action, diversity/inclusion, etc.)
- Don't limit travel histories or similar screenings only to individuals from a specific racial/ethnic background
- . Offer support through the counseling center, chaplain's office, employee assistance program, or other similar resources
  - CDC Stigma and Resilience https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.html
  - Mental Health and Coping During COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html
  - Coronavirus and Emerging Infectious Disease Outbreak Response https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response
  - Department of Education's Office of Civil Rights Coronavirus Statement https://content.govdelivery.com/accounts/USED/bulletins/27f5130

EMERGENCY PREPAREDNESS

- Form a committee to monitor and update, follow best practices, key administrators, med staff, public affairs, dean of students, campus housing, international office staff need to be involved
  - See ACHA Guidelines: Preparing for COVID-19 from March 3 https://www.acha.org/documents/resources/guidelines/ACHA_Preparing_for_COVID-19_March-3-2020.pdf
  - H1N1 & Higher Ed LESSONS LEARNED: Pandemic Influenza Tools, Tips, and Takeaways from the Big 10+2 Universities http://www.cidrap.umn.edu/sites/default/files/public/downloads/big102webfinal_0.pdf (additional resources/ideas at http://www.cidrap.umn.edu/public-health-practices/search?f[0]=field_potential_partners%3A69)

HOUSING AND RESIDENCE LIFE CONSIDERATIONS

- Facilities planning
  - Infection prevention strategies:
    - Tissue, trash cans, respiratory hygiene reminders, air circulation
    - Adequate handwashing supplies, handwashing reminders, hand sanitizer
    - Social distancing options (moving desks apart), identify open rooms with private bathrooms for quarantined, etc.
  - Environmental Cleaning and Disinfection Recommendations https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html
  - Ensure continuity of meal programs



OTHER RESOURCES

- CDC Resources for Institutes of Higher Education https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html
- GUIDE FOR DEVELOPING HIGH-QUALITY EMERGENCY OPERATIONS PLANS FOR INSTITUTIONS OF HIGHER EDUCATION: https://rems.ed.gov/IHEGuideIntro.aspx Readiness and Emergency Management for Schools (REMS)
- COVID-19 ("Coronavirus") Information and Resources for Schools and School Personnel https://www.ed.gov/coronavirus
- Guidance for interruptions of study related to Coronavirus (COVID-19) https://ifap.ed.gov/electronic-announcements/030520Guidance4interruptionsrelated2CoronavirusCOVID19

CONTACTS

District Health Department #10

Counties:
Crawford/Kalkaska/Lake/Manistee/
Mason/Mecosta/Missaukee/Newaygo/
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231-305-8647

Central Michigan District Health Department

Counties:
Arenac/Clare/Gladwin/Isabella/Marion/
Osceola/Roscommon

Melissa DeRoche
Emergency Preparedness Coordinator
Public Information Officer
(989) 773-5921 ext. 1433

Mid-Michigan District Health Department

Counties:
Clinton/Gratiot/Montcalm

989-831-5237
Follow Prompts