UC MERCED PUBLIC HEALTH WORK GROUP UPDATE - JULY 2020

COVID-19 has forced all of us to drastically change our daily lives, and UC Merced is no exception. As you know, in March, the university scaled back operations and sent almost 90% of us home to decrease our risk of contracting COVID-19. We have been working tirelessly to understand this new disease, anticipate how it will impact our campus when we eventually return and, most importantly, create a working and learning environment that mitigates the risk of COVID-19 infection among our campus community.

The campus Public Health Team was tasked with developing a campus strategy for reopening that mitigates COVID-19 risk and controls spread of the disease at the campus population level with the goal of supporting academic progress and degree attainment for our students, and research productivity for our faculty. Accomplishing this is challenging at best in the largest, most resourced universities. UC Merced, the youngest and most under-resourced of the UC campuses, has the additional challenge of being located in a rural area with limited health care infrastructure. Throughout our planning process, our decisions and strategies have been governed by the above constraints in addition to the rapidly-changing disease spread and testing limitations in our region. Below is our progress to date in making the campus safer for your return.

First, we formed the UC Merced Public Health Work Group, which is part of the campus Emergency Operations Center. This team consists of over 25 experts from health care, faculty, staff, students and administration across our campus as well as the chancellor and provost, who were divided into the following subgroups:

- disease modeling
- testing
- contact tracing
- quarantine and isolation
- education and behavior change
- information technology
- legal and regulatory
- disaster preparedness
- finance
- evaluation

Next, members of the Public Health Work Group team joined, and continue to actively participate in, the UC System work groups that include the COVID 19 Testing and Contact Tracing, Symptom Tracking, Faculty Senate COVID-19 response, and Public Health and Policy work groups. We both engaged and partnered with the Merced County Department of Public Health and have participated in their thrice-weekly calls to guide our strategy development. We have, and continue to, actively engage our sister universities — UCSF, UC Davis, UC San Diego and UC Berkeley — to understand how they are approaching reopening and access their lessons learned in real time. The information garnered from this rich network has enabled us to design and begin to implement an integrated public health strategy that will respond to the rapidly changing COVID-19 pandemic. Our progress to date is outlined below as we prepare for the start of the fall term on Aug. 26, 2020.
Modeling - This group has created models that describe different COVID-19 disease burdens ranging from mild to severe, COVID-19 outbreaks, interactions between and impact on campus housing, class size, use of face coverings, physical distancing, quarantine, isolation, and testing strategies for returning to campus.

Health care Infrastructure - A campus-based health care infrastructure has to be able to support COVID-19 testing, contact tracing and case investigation, quarantine and isolation. Unlike UC Merced, many of our sister universities have associated health care centers that provide a rich infrastructure upon which to integrate COVID-19 response initiatives. One stop service, on campus, must be a central component assure rapid identification and treatment of those who might have COVID-19. The Student Health Service is now building an infrastructure to support expanded testing, quarantine and isolation for students. UC Merced does not have occupational health services on campus to support testing for employees. The infrastructure is now being built to provide these services. Discussions are well under way with a local practice to contract for occupational health services for COVID-19 testing on campus for all of our employees. This will enable us to mitigate spread through rapid diagnosis and treatment of COVID-19 as well as detect outbreaks earlier when they are easier to control.

Symptom tracking - Symptom tracking is one of the cornerstones for keeping our campus safe and mitigating COVID-19 risk for all. Each day before leaving your residence hall or home to come to work at any campus facility, you must complete a single-question confidential symptom survey. Your response, yes, no, not on campus, is all that is recorded. If you answer yes, your name and email address will be sent to the COVID-19 Response Center coordinator who will navigate you to the Student Health Service (undergraduate and graduate students) or occupational health (employees and post-doctoral students) clinics for evaluation and COVID-19 testing. Again, the goal is to mitigate the risk of infecting others on our campus. Any personal health information received by the COVID-19 Response Center will be managed and maintained as protected medical information.

Testing - The UC system has mandated that all students and employees have access to testing with 24-hour turn around for results. We have secured commitments from UCSF and are procuring the same commitment from UC Davis to meet this mandate. All testing results will be available within 24-48 hours of having your test sample taken. We anticipate that this service will be available within 2 weeks.

Campus Arrival Testing Strategy - As the number of people testing positive for COVID-19 has rapidly increased in many communities including ours, we have had to adjust our strategy for repopulating the campus. It is critical that we make every effort to decrease the risk of people returning to campus who are COVID-19 positive. Thus, we will require returning students to track their symptoms using our new app for 14 days prior arrival on campus and obtain a COVID-19 test within 7 days of their planned arrival to campus. Once on campus, student residents will retest within 7 to 10 days while sequestered on campus. All tests must be negative to be able to integrate fully into the campus community. Any member of the campus community who tests positive will need to isolate/quarantine in dorm rooms that have been set aside for this purpose (students) or at home (employees). If the state or county public health departments limit or suspend testing for people who are asymptomatic, we will continue our daily symptom tracking but test only employees and students who have symptoms. Returning students will be quarantined in their residence hall room for their first 14 days on campus. More detailed updates of this process will be released as needed.
Campus COVID-19 Surveillance - Monitoring COVID-19 on campus will be accomplished in two ways: symptomatic COVID-19 testing and random testing. Symptomatic testing means that anyone who develops symptoms will need to be tested to make sure that they do not have COVID-19. Random testing will allow us to sample a portion of employees and students chosen at random on the campus each month to detect an outbreak before it becomes serious. Anyone who is positive for COVID-19 will be isolated and their recent contacts quarantined. Students will still be able to keep up with their coursework through online access to courses while in quarantine or isolation.

Quarantine and Isolation - We have been talking about the terms quarantine and isolation. What are they and what does it mean for you?

**Quarantine** keeps someone who *might have been exposed* to the virus away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay in their room or home, separate themselves from others, monitor their health, and follow directions from the Student Health Service or occupational health.

**Isolation** separates people who *are infected with the virus* away from people who are not infected. People who are in isolation should stay home until it’s safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific “sick room” or area and using a separate bathroom (if available). Additional information about quarantine and isolation can be found here: [https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html)

UC Merced has made every effort to assure that those students who are in quarantine or isolation can continue their studies. Upon students entering quarantine or isolation, they will be provided a temporary private room accompanied by appropriate care and services such as daily health monitoring, meal deliveries, academic support, and access to counseling and psychological services. When in quarantine or isolation, students will be required to stay within their private dorm room or suite until they have been cleared by the Student Health Center to re-enter the community.

Contact Tracing - Contact tracing is another critical component for controlling COVID-19 on our campus. The Merced County Department of Public Health has recently recommended that UC Merced conduct its own contact tracing on campus to control COVID-19 on campus. This is useful only in the setting of a high community prevalence of positive tests because we are repopulating our campus and therefore have a reasonable chance of controlling COVID-19 on the campus. Thus, full cooperation of our employees and students is critical to our being able to both open and remain open during the fall semester. This week, eight people on our campus are completing their contact tracing training in partnership with the Department of Public Health and an additional three to four will complete their training by July 28. Our public health faculty are building our contact tracing program and working with our sister institutions to expedite the start up process.

What is contact tracing and how will it affect you? Contact tracing involves identifying people who have an infectious disease (cases) and their contacts (people who may have been exposed while interacting with them) and working with them to interrupt disease transmission. For COVID-19, this includes asking those who have tested positive to isolate themselves and contacts to quarantine at home voluntarily.
Contact tracing for COVID-19 typically involves:

- Interviewing people with COVID-19 to identify everyone with whom they had close contact during the time they may have been infectious,
- Notifying contacts of their potential exposure,
- Referring contacts for testing,
- Monitoring contacts for signs and symptoms of COVID-19, and
- Connecting contacts with services they might need during the self-quarantine period.

**Education and Behavior Change**  COVID-19 continues to require all of us to radically change our health behaviors to decrease our risk of getting the disease. Health behavior change is not easy until it becomes a habit. Our Education and Behavior Change Work Group, working closely with students, employees and faculty, has developed a health practices communication strategy that is tailored to our campus population, communication styles and diversity. Their strategy is multifaceted and includes new signage focusing on risk mitigation, online training and tailored messaging to create a campus culture of mitigating COVID-19 risk and infection.

**Additional information**  Members of the Emergency Operations Committee (EOC) have either integrated into or led the subgroups, thus ensuring full integration of disaster preparedness principles and practices into all public health strategies. The Office of Information Technology continues to work closely with virtually all of the subgroups given the high level of integration needed to effect the campus-wide COVID-19 response. The novelty of COVID-19 has placed a unique burden on the legal and regulatory subgroups. Privacy regulations have been carefully balanced with disease management, obtaining new knowledge of the disease, its treatment, clinical behavior and outcomes — a process that has been and will continue to be ongoing at the local, regional and national levels.

In summary, this is the first of our communications with you. We hope that this communication has provided needed information to help you as you plan your return to campus once the state and county public health Departments approve reopening of higher education institutions. This information is independent, though complementary, of other campus initiatives and is meant to focus solely on the public health aspects of COVID-19 mitigation. We will be posting COVID-19 FAQs in the near future and keep you updated as further information becomes available.