

UR AAUP Healthcare Working Group

Statement on COVID Precautions: Surveillance Testing and Masking

Sep 7, 2021

While the UR chapter of AAUP recognizes that resources are limited, we would like to urge the University administration to reconsider COVID prevention policies on the River and Eastman Campuses. This request reflects the fact that understanding of COVID-19 Delta risks and transmission has changed since June of 2021, when predictions related to transmission by vaccinated people were considerably more optimistic, and continues to change rapidly. We therefore urge the University administration to:

- Expand surveillance testing from only unvaccinated individuals to all students.
- Clarify mask quality requirements (e.g, N95/KN95/KF94, surgical or multilayer cloth that fits tightly and completely and reliably covers nose and mouth), facilitate student mask wearing, and maintain a requirement for masks until COVID-19 vaccines are available for all members of the larger community (e.g., children).

At the present time, University faculty and staff, many of whom live with and/or care for vulnerable individuals, are being asked to make personal risk assessments about possibly asymptomatic breakthrough infections in the absence of current real-world data from the campus community. These risk assessments affect not just the type of mask a person chooses, but also a host of associated decisions related to office hours and activities that support students (e.g., review sessions, writing groups). In short, although we don't know what we don't know, faculty and staff are being asked to take personal responsibility for what is a serious

community concern. This situation poses a serious equity problem for the university and risk to surrounding not-yet-vaccinated areas.

The need for surveillance testing

Even in the best of circumstances, it is likely that COVID-19 will spread among students. Current vaccines in use in the USA are not--and were not designed to be--fully protective against infection. Instead, they strongly reduce the incidence of symptomatic disease (to different degrees). While all vaccines approved by the US government, as well as the two major vaccines available worldwide, appear to be strongly protective against severe cases, recent estimates of protection against mild disease range widely (from roughly 40-90 percent; [for an overview, see this website from Yale Medicine, updated for the Delta variant](#)). Furthermore, the efficacy of Pfizer's vaccine at least may be dropping with time since vaccination ([Mizrahi et al., 2021, MedRxiv](#)). At least some students are very likely to contract COVID, and some of these are likely to be contagious (see below). It is also worth noting that, in a small study of healthcare workers in Israel where screening upon exposure was possible, mild breakthrough cases left 20% of participants with symptoms 6 weeks post-infection, suggesting that even vaccinated individuals have a risk of contracting long COVID ([Bergwerk, 2021](#)).

Because the vaccines reduce the incidence of symptomatic illness, it is likely that many students will be infected without knowing it. These individuals, as well as ones who know they are sick, can transmit disease, especially to unvaccinated individuals; indeed, it was this sort of data that caused the CDC to call for indoor masking once again ([Dyer, 2021](#)). While solid, peer-reviewed research results on this topic remain sparse, there is evidence that some individuals remain infectious for at least three days ([Shamier, et al. 2021, MedRxiv](#)). *Given that, in the absence of routine testing, many students will not know that they are infectious, it seems highly likely that there will be some transmission.* Indeed, reports from comparable institutions

suggest that this is already occurring: although [Duke University](#) started with indoor masking and 99% vaccination among students, it has had to strengthen masking requirements, extending them to eating areas and outdoors, in response to an [outbreak that has infected at least 300 students](#). Duke emphasizes that many of the cases were asymptomatic: many of those students would not know if they were infecting others.

We do not know if we have a comparable level of infections already at the UR. In the absence of surveillance testing, [the university's COVID page reports](#) only testing of (1) unvaccinated people; (2) people who have sought testing at UHS; or (3) people who sought testing elsewhere and voluntarily reported. This strategy is likely to underreport infections, which may lull people into complacency, while yielding the risky situation in which individuals are unknowingly exposed and, in turn, expose vulnerable individuals around them.

University policies seem to rely heavily on the idea that classroom exposures are minimal and that exposures of faculty and staff are thus fairly independent of the rate of infection in students.

We see several difficulties with this assumption:

- The only real data on classroom exposures was collected pre-Delta, but Delta is more contagious than earlier strains ([Dyer, 2021](#)). In addition, classroom densities were much lower during the first year with COVID before Delta, and absence of confirmed classroom transmission does not mean that it is not happening, given that people often have multiple exposure routes.
- It assumes that mask usage substitutes for distancing. [The CDC website](#) states that exposure of an infected individual outside of K-12 schools *with or without masks* that occurs closer than 6 feet and for more than 15 minutes counts as an exposure. On the other hand, the new guidance for K-12 schools emphasizes 3 feet of separation (with kids in the classroom not moving around), which is less conservative. However, even

with the 3 foot separation, such “exposure” describes the reality of any professor or TA teaching a small group class (and any student) in a small classroom near to capacity.

This understanding is consistent with the standard that Cornell is using (see link to [Cornell's website](#)). Many classroom situations could cause this type of exposure--especially in light of the UR having the largest incoming class so far.

- In the absence of adequate social distancing, this policy heavily relies on consistent, efficacious mask usage. While masks are protective in a range of settings, published studies emphasize that (1) the mask must be close fitting, and surgical or N95-style masks are more efficacious than cloth ([Liang, et al. 2021](#)); and (2) in observations of college students, not everyone wears the mask well at all times ([Barrios, 2021](#)). It is not possible to buy true surgical masks over-the-counter at drugstores (available masks say “not for medical use”), and most of our students seem to have either those over-the-counter masks or cloth ones, many of which are the less efficacious stretchy, ill-fitting single layer ones that often gap over the nose. Similarly, observations of mask wearing during the first week of classes confirm the idea that students, even now, are not reliably wearing masks snugly. Furthermore, college is a time where unmasked social events are likely to take place, at least off-campus.
- It assumes that the classroom is the only place where exposure occurs. The dining halls and coffee shops are a notable exception to this, as it is impossible to mask fully while eating, thus exposing River Campus Dining Services staff. The libraries may be another setting, depending on where staff members are working.

This issue is not limited to transmission to university faculty and staff, but is also applicable to the surrounding community. Some parts of Rochester have extremely low vaccination rates (see [this website](#), and [this one](#)) and many university students interact with people in these communities on a regular basis, through living arrangements or community projects. This

situation could lead the university to spark cases in the community that could stress Strong Memorial Hospital and other local providers of healthcare. It also undermines the important goal of minimizing infections in K-12 students and keeping students in school.

Comparable institutions in regions with similar transmission and vaccination rates have recognized these risks and chosen to do surveillance testing. For instance, Cornell has plans for [entry testing, surveillance testing of faculty, staff, and students](#) and [quarantine plans](#):

The University of [Rochester's COVID-management page](#) states that:

The University will follow CDC, New York State, and Monroe County guidance as warnings of a COVID surge in Monroe County or among the University community become apparent, The CURT and the University Emergency Operations Committee (EOC) will continue to coordinate University planning. These groups will respond to significant changes with consideration of additional control interventions (e.g., limitations on gatherings, limitation on in-person instruction, shutdown certain operations or areas) and/or enhanced surveillance (e.g. asymptomatic testing).

The River Campus policies, while they clearly reflect risk-benefit calculations, seem to be reactive, rather than proactive: that is, when we already know we have a problem, we will start testing. In the interests of a smooth semester, as well as community safety and equity, it seems far more prudent to know where we stand and take action proactively.

The need for clarity on mask mandates and mask quality

Part of the difficulty in the masks covered above is considerable flexibility as to what constitutes a mask. Most data has been gathered on surgical or N95 masks, whereas the information on cloth masks is less clear. However, everyone seems to be in agreement that close-fitting woven

masks are better than stretchy single-layer ones, gaping masks or gaiters. Thus, one simple way to improve mask usage might be to mandate and provide a certain quality of mask. While the university website describes where and under what conditions to wear a mask, it does not specify the quality of the mask. One simple way might be to say that if the mask is not a medical-grade mask, then it has to meet the conditions that the [CDC suggests](#), with emphasis on “woven” and “close-fitting” and “lacking slits or valves” as well as proper placement and fit. This in turn requires that some expectations be established that students will comply with the specifics. Another option might be to be more aggressive about supplying suitable masks. While students do have the option to receive non-medical quality paper masks at places on the River Campus and Eastman, many students do not seem to be using these options, and they are not readily available in many buildings.

In addition to lack of clarity about the type of mask to be used, we are also concerned about when the mask mandate might be lifted, in rapidly changing conditions. The policy quoted above, and the [University of Rochester's mask policy](#), do not mention how or when mask mandates might be revisited. We are concerned that a drop in apparent numbers in Monroe County to the “moderate” range might trigger the River Campus to revoke the mask mandate, [in accordance with CDC](#).

However, this choice would be problematic. The core of this argument is that masks should be *preventative, rather than reactive*: we wish to prevent as much transmission as possible to communities that have not yet been vaccinated. This includes individuals under the age of 12 in Rochester, as well as members of historically disadvantaged communities surrounding the university that have found it hard to access vaccinations. In addition, local community rates may not reflect the reality on the River Campus (more highly vaccinated than average, so more likely to be asymptomatic during infection; closer congregate living; younger age).

Conclusion:

In the interests of community, we call on President Manglesdorf and the CURT and University Emergency Operations Committee (EOC) committees and all those involved in responding to this evolving pandemic to institute surveillance testing and to strengthen masking requirements, provide more transparency around how these decisions are made, and involve university faculty more closely in these decisions.

Non-URL References (URLs are embedded):

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