



Campus Health Response Committee (CHRC)

Campus Response Metrics and Mitigation Strategies

The Campus Health Response Committee (CHRC) is responsible for continuously monitoring real-time data on virus testing and new infections, as well as our capacity to perform contact tracing and provide needed isolation and quarantine support to those who are infected with COVID-19. They have recommended and university leadership has endorsed the identification of a set of situations (Response Metrics) that would prompt consideration of more intensive local or campus-wide policies to slow the transmission of COVID-19 (Mitigation Tools and Enhanced Mitigation Strategies). It is important that response actions are targeted towards the reasons for COVID-19 increases. For this reason, these Response Metrics, once met, will prompt a broader review by public health and medical experts convened by the Dean of the School of Public Health and who will further review the data along with the CHRC and evaluate the options for use of any of the Mitigation Tools and Enhanced Mitigation Strategies. In the event a review is initiated, the University president will be informed and will consult with academic and executive leadership about next steps in U-M's response based on the recommendation of the public health and medical experts.

Response Metrics

Current information on cases, PCR testing, and capacity of public health and medical systems is essential to inform policy. Information must be tracked across multiple streams of indicators. These streams include close monitoring for increases in disease spread and strain on health system and public health system capacity, to ensure that infected individuals can be cared for and subsequent transmission contained. These thresholds and metrics are based on those currently in use at the state and county level, as well as national guidelines.

The following changes have been made to previously-posted guidance:

- Case increase metric was changed to a one-week doubling time to take into account speed of increase.
- CHRC will monitor increases in case rate in vaccinated and unvaccinated individuals.
- Overall percent positivity was removed, which is expected to be a less stable metric with new changes in PCR testing. This was replaced by percent positivity among people participating in weekly asymptomatic testing.
- Percent positivity and case level in the community was replaced with CDC transmission levels, which take into account [cases and percent positivity](#).
- Addition of wastewater monitoring and consideration of local genomic surveillance data.



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Situations potentially leading to changes in campus policy will include *any of the following*:

1. Disease Transmission:

- Doubling of cases within 7 days in student, staff, or faculty, determined in partnership with the Washtenaw County Health Department. Increases in case rate will be closely monitored overall, and compared between vaccinated and unvaccinated individuals.
- Percent positivity of 3% among asymptomatic individuals participating in regular surveillance testing through Community Sampling and Tracking program. The majority of these individuals will be unvaccinated. This corresponds with the [state percent positivity threshold from level "Low" to "A"](#).
- [CDC Transmission Level for Washtenaw County](#): *High*
- Wastewater monitoring indicates increasing activity in a group or area that has low numbers in case surveillance. Evidence of transmission of a new variant of concern identified in regional genomic surveillance that requires reconsideration of public health measures.
- Two clusters (e.g. ≥ 3 individuals with classroom contact and no other known exposures) will prompt a review of campus mitigation strategies.

2. Strain on Public Health Capacity:

- Occurrence of clusters that exceed the ability or capacity for full contact tracing or notification, as determined by Washtenaw County Health Department.
- Cases exceed resources available for prompt case investigation (24 hours from health department notification to U-M in at least 75% of cases) and prompt contact tracing (48 hours to first attempt for 50% of contacts) for our Faculty/Staff/Student population.
- Isolation and quarantine housing projected to reach 80% capacity [280 beds] within 14 days.

3. Strain on Community and Campus Health System Capacity:

- Inability to assess symptomatic individuals and return results within a reasonable and actionable turnaround time (≤ 3 days).
- Test volume at University Health Service exceeds 250 tests per day.
- Local health systems experiencing internal surge levels (e.g., including >300 visits per day for UHS, local medical systems no longer able to sustain normal levels of non-COVID care).
- Diminished inpatient and critical care bed capacity at Michigan Medicine (e.g. restricting availability of elective care), based on capacity assessments per Michigan Medicine.
- Diminished supply of personal protective equipment (PPE).



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Mitigation Tools and Enhanced Mitigation Measures

As explained above, if a metric is met, this will result in a review of the data by the Campus Health Response Committee as well as other public health and medical experts and a review by university leadership to consider implementation of additional mitigation measures. Potential responses to increases in COVID-19 transmission should be targeted when possible towards the source of the increase—a cluster of infections within a residence hall for example. Specific monitoring of vaccinated and unvaccinated populations will enable targeting of interventions (e.g. testing) to these specific groups if needed. If transmission continues to increase, responses should prompt a greater use of mitigation measures that extend across larger segments of the university community. Below is a list of examples of mitigation and data collection tools available for university-level mitigation. The list is not meant to be exhaustive but to describe the range and types of measures that could be considered.

Initiatives currently in place. These tools may be able to be increasingly used or further enforced to support epidemic response:

- Entrance screening of ResponsiBLUE at selected locations.
- Required ResponsiBLUE for all students, faculty and staff coming to campus for class, work or other activities.
- Required COVID-19 vaccination for students, staff and faculty.
- Required weekly asymptomatic PCR testing for individuals with vaccine exemption or otherwise not fully vaccinated.
- Asymptomatic PCR testing made available to all students, staff and faculty at no cost, 6 days per week.
- Wastewater surveillance for campus and surrounding community.
- Universal indoor masking (recommended by CDC when [transmission level for the county is Substantial or High](#)).
- Genomic surveillance for selected clusters, in partnership with the state Bureau of Labs. This enables us to track local variant prevalence, as vaccine effectiveness in the field is a combination of variant effect, age effect, and waning.

Initiatives that may be implemented in the future:

Population measures to increase physical distancing and de-densify campus spaces:

- Increased masking, e.g. outdoors and/or in residence halls.
- Restrict in-person extracurricular activities.
- Restrict gatherings (indoor/outdoor) on campus or off campus, including athletic event attendance, in partnership with local public health.
- Increased PCR testing of unvaccinated individuals, or initiating surveillance PCR testing among cohorts of vaccinated individuals.
- Quarantine of vaccinated close contacts, in partnership with state and county health officials.
- Restrictions in university-affiliated travel outside of the local area.



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- Close campus gathering locations including bars and restaurants, in partnership with local public health.
- Shelter-in-place (e.g. stay in living space except for food, medical services, or for work), in partnership with local public health.
- Close residence halls – this measure must be evaluated and undertaken with care due to the risk of seeding infections from the student population into other communities.

Classroom mitigation measures:

- Increase assigned seating to reduce need for whole-class notification.
- Provide remote learning for unvaccinated students.
- 2-week pause to in-person classes.
- Reduction in in-person class size (e.g. remote learning or cohorting for larger classes).
- Change to remote classes.

Resources:

CDC Algorithm for Determination of Community Transmission Level: <https://covid.cdc.gov/covid-data-tracker/#county-view>

CDC Guidance for Institutions of Higher Education: <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html>

American College Health Association Considerations for Reopening Institutions of Higher Education for the Fall Semester 2021: https://www.acha.org/documents/resources/guidelines/ACHA_Considerations_for_Reopening_IHEs_for_Fall_2021_5.25.21.pdf