



# How universities can make reopening safer this autumn

Universities should consider five key factors ahead of the start of the new academic year, say **Simon Williams** and **Gavin Yamey**

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One year ago, when universities in the United States reopened for their fall semester, the outcome was disastrous. At that time the US had about 55 000 new daily cases and had “no federal covid-19 control plan or coordinated vision for safely reopening universities.”<sup>1</sup> In the United Kingdom, like the US, chaotic reopenings sparked outbreaks that plunged “entire flats and halls of residence into lockdown.”<sup>2,3</sup>

Now, with universities on both sides of the Atlantic again set to reopen, higher education institutions are “once again confronting the challenges posed by SARS-CoV-2 in their planning for safe operations during the approaching academic year.”<sup>4</sup> The challenges are heightened by the delta variant, which is estimated to be twice as transmissible as the original coronavirus strain and is now dominant in the US and the UK.<sup>5</sup>

It remains critically important to protect students from covid-19. While it’s true that covid-19 rarely kills young adults, they certainly can become ill and can also develop long term symptoms: studies suggest that about 10% of infected people at any age can develop long covid.<sup>6</sup> Infected students can infect older, vulnerable adults on campus, including teachers and university maintenance or service staff. Evidence also shows that campus outbreaks can drive infection in the communities around the university.<sup>7</sup>

So, what steps can universities take to make autumn reopening safer? We believe that there are five key considerations.

## Key factors

First and foremost is the level of vaccination coverage. A new modelling study has found that colleges that achieve vaccine coverage of over 90% may safely return to normality.<sup>4</sup> In other words, say the study authors, “campus activities can be fully resumed while holding cumulative cases below 5% of the population without the need for routine, asymptomatic testing.”<sup>4</sup> Such high coverage rates will be difficult to attain unless colleges have a mandate—and indeed many US colleges and universities require all students, staff, and faculty to be vaccinated before returning this autumn.<sup>8</sup> If vaccination coverage is below 90%, colleges will have to rely on measures such as regular testing, masking, and distancing to keep campuses safe.

Students in England, at the time of writing, will not be required to show proof of vaccination.<sup>9</sup> The government is trying out various incentive schemes, as well as vaccine passports in nightclubs, to boost the number of young people getting vaccinated.<sup>10,11</sup>

The reasons for vaccine hesitancy are complex, but one is a lack of urgency due to a reduced perception of individual risk and the inconvenience of making appointments.<sup>12</sup> Universities can increase uptake by offering vaccinations on site. Planning ahead, discussions for booster jabs are under way—in the UK, vulnerable groups are due to be offered them from September<sup>13</sup>—and health service and vaccine providers can work with universities to facilitate and increase uptake of booster jabs on campuses.

Second, universities on both sides of the Atlantic are considering delaying or phasing in their autumn reopening or incorporating a blended learning approach. Universities should consider a phased return to avoid a mass migration of all of their students over a matter of weeks (the UK, for example, has about two million higher education students).

Third, wherever possible, universities, governments, and other relevant stakeholders and funders should invest in ensuring adequate ventilation throughout campuses, including in classrooms and accommodation. Between now and the start of the academic year there’s sufficient time for substantial investment in high efficiency particulate air (HEPA) filters and CO<sub>2</sub> monitors to ensure adequate ventilation throughout university buildings.<sup>14</sup>

This investment will provide benefits not just in the short term in relation to covid-19 but also in the longer term, for covid and other respiratory diseases including “freshers’ flu,” a group of illnesses caused by various viruses.<sup>15</sup> In the initial weeks of term, outdoor classrooms and social spaces should be introduced and encouraged where possible.

Fourth, effective contact tracing, combined with effective on-campus testing, isolation, and support, is key to minimising the effects of transmission on and beyond campuses. And additional resources to ensure adequate support for self-isolation should be made available, to encourage adherence and mitigate any negative impact of self-isolation.<sup>16</sup>

## Masking

Finally, masks still have a role to play in certain circumstances. In the US, the Centers for Disease Control and Prevention recently changed its guidance to say that everyone, not just unvaccinated people, should wear a mask indoors in places with high levels of transmission.<sup>17</sup> Its new guidance was based on data suggesting that, if a vaccinated person becomes infected, the cycle threshold value—an indication of how much virus a person is carrying—may be the same as in an unvaccinated infected person.<sup>18</sup> Some US universities, such as Duke University, are making indoor masking mandatory along with vaccination.<sup>19</sup>

Public opinion in the UK and the US remains favourable towards maintaining face masks, particularly in crowded settings.<sup>20 21</sup> Social distancing in large classrooms should be retained in certain circumstances, such as where local community rates are high. Where this is not possible, and where large group classrooms (for example, lecture halls) are deemed pedagogically important, masks should be required as a precautionary measure for the initial phase after reopening.

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