Dear Colleagues,

We want to thank many of you for sharing your concerns about the coming fall semester with your department chairs, your deans or directors and with me and the provost directly. We know there is trepidation about the return of students to our campus community and we want to assure you we have consulted widely with our own and outside experts in public health and believe that we are taking appropriate measures to keep our community safe. We will continue to evaluate circumstances and change our plans as necessary.

As we ramp up to welcome a reduced number of students, faculty and staff back to campus, our goal is to continue to serve our mission to the greatest extent possible, while balancing that with the health and safety of everyone involved. Short of a total lockdown, there is nothing we can do right now as individuals, as a university, or as a society that does not involve risk and mitigation strategies.

We hope you had the opportunity last week to listen to the faculty-focused town hall discussion moderated by College of Literature, Science, and the Arts Dean Anne Curzan or the staff-focused meeting moderated by Executive Vice President Kevin Hegarty. It was helpful to hear questions directly from members of the community, and we hope the responses were helpful to you and others.

The university’s plans are informed by the latest safety measures recommended by the Centers for Disease Control and Prevention, the state of Michigan and the guidance of U-M experts from public health, education, medicine, engineering and others across our campus community. We recognize that these are complex issues about which thoughtful people will disagree.

Testing
Our strategy around screening tests for virus infection in community members without symptoms has elicited many questions. We welcome this opportunity to summarize the testing regimen we will follow as well as to explain the rationale and the range of considerations that underlie these decisions.

From a public health and safety perspective, testing is one of the many tools we have integrated into our public health-informed practices to reactivate in-person activities on campus. Testing identifies those who are sick and does not itself prevent the disease of course, which is why we have incorporated testing as an integrated part of our layered approach.

All students will be expected to practice enhanced social distancing for two weeks before coming to Ann Arbor, and students moving into our residence halls and apartments will be tested for COVID-19 before they arrive on campus. Those who test positive will have to remain at home for at least 10 days before coming to Ann Arbor. Students who arrive on campus not having been tested will be given a test and limited in their interactions until results are back. These interventions will decrease the number of students who unknowingly bring disease back to our community.
Anyone who is symptomatic will be tested, with students tested through University Health Service and university faculty and staff tested through their health care providers. We have set aside 600 single rooms for isolation or quarantine for students if needed. And we are training a team of public health and other graduate students who will serve as contact tracers, under professional guidance, for our campus community.

**Health tracking**

Each day, all members of our community coming to campus will be expected to check themselves for COVID-19 symptoms by answering a brief set of questions using our daily symptom checker tool, which offers advice on where to seek care if you are not well. We will be rolling out new features of this tool – now called ResponsiBLUE – in the coming days, including making it available as an Apple or Android smartphone app.

There also will be surveillance testing of several thousand students, faculty and staff each week on a random opt-in basis throughout the semester (statistical approaches will be used by public health faculty experts to correct for the sample biases introduced by using an opt-in approach). We anticipate screening around 3,000-3,500 individuals weekly, based on a program developed by Emily Martin, an infectious disease epidemiologist and associate professor in our School of Public Health. This testing can be focused on highest risk individuals, especially those living in communal housing. At this time, there is nothing from public health guidance that suggests we should be conducting widespread testing of asymptomatic individuals.

We are aware of the efforts by other universities to develop and implement new homegrown tests that are in effect start-up research, although a few of these have recently received emergency use authorization by the U.S. Food and Drug Administration. The challenge with mass testing at other institutions is that it has not yet been implemented, so the approach has yet to be proven to be effective.

**Other testing efforts**

Many questions remain surrounding the sensitivity and specificity of these homegrown, high-throughput tests. To the extent that COVID-19 is an asymptomatic infection with a low prevalence, the number of false positives might result in hundreds of uninfected students being mistakenly identified every week, each requiring follow-up placing a drain on our case investigation and quarantine capacity. Furthermore, a false positive test might cause tremendous stress and anxiety. In addition, an inaccurate test can provide false assurance to a student whose subsequent behavior might then result in an increased likelihood of disease spread.

Although the proposed testing programs at Cornell and Illinois are being discussed as "standards," there actually is not a standard approach that has been rigorously evaluated.

Focusing on asymptomatic testing draws resources from symptomatic testing, quarantine, contact tracing, and behavior modification. Our advisory groups feel it is important to put time and energy on what matters the most. The essential aspects of mitigation include physical distancing, masks, handwashing, screening, etc.

**Testing capacity**

Our current testing capacity remains limiting as well. Michigan Medicine has a total testing capacity of about 10,000 tests per week. While this number is expected to increase in coming weeks and months, the overall capacity is monitored closely. Our top priority for testing...
remains individuals with suspected COVID-19 followed by asymptomatic individuals with recent exposure to the virus. Large-scale testing of asymptomatic individuals for public health surveillance is the lowest priority for this limited resource and may limit or slow down testing for those with symptoms.

The resources required to collect, process and follow up on more than 15,000 results a day far exceeds what our infrastructure can currently support. Indeed, at this point, testing all students, faculty and staff on a twice a week basis would represent more than half the total number of tests currently being done in the entire state of Michigan. Furthermore, the purely logistical challenge of performing ongoing testing on this scale, especially of students, has been illustrated at other institutions.

Other experiences also suggest that after a few weeks, non-compliance among students might become common and we see many problems with making such testing mandatory or linking it to building access as some schools have done. Nonetheless, we will track the experience with frequent mass testing at other institutions and move in that direction if efficacy is proven and testing at that level becomes possible for us as new tests are developed and implemented here. Our clinical diagnostic labs at Michigan Medicine are currently evaluating self-administered saliva and nasal swab testing as developed by the University of Illinois and by Yale for potential implementation in broader screening efforts on campus and in our community.

**Lowering density**

The density of students will be lower than normal as we do not expect all U-M students to return to Ann Arbor this fall. At this point in time we know that about 70 percent of credit hours for undergraduates will be taken fully remotely, with many hybrid courses offering the option to attend remotely as well. For students who do choose to come back to Ann Arbor, we have made numerous preparations to keep the community as safe as possible, from a universal face-covering requirement to efforts to reduce density in buildings and restricting seating in dining halls. Crowding in buildings and across the Diag will be diminished due to the absence of large courses (greater than 50 students) that meet in person.

We have reason to be encouraged from our recent experiences in Michigan Medicine, in our research community, and with our graduate and professional students. Serology studies (that test for antibodies) have revealed rates of SARS-CoV-2 in our frontline healthcare workers lower than that found in many communities despite their high levels of exposure to COVID-19 patients. We have reactivated our research labs with up to 7,000 persons per day coming to our buildings with only four documented cases of COVID-19 and no spread within our facilities. And finally, we’ve had more than 1,500 graduate and professional students living on campus and thousands more pursuing their studies here this summer with very low infection rates.

Please take a look at our several recent communications to students, families, staff and faculty for further details.

There certainly is no way to completely eliminate personal risk, but we believe that by implementing a set of layered approaches, the campus will be able to serve its mission with approximately the same level of safety for employees that is involved when going to a supermarket, dining with your family outdoors on Main Street, or sitting in a backyard at a distance with friends.

Because the situation regarding the spread of COVID-19 continues to evolve rapidly, the university has posted information on fall planning efforts and updates for the U-M community
on a dedicated Maize & Blueprint website. One new element that will be added in the coming week is a dashboard of COVID-19 activity in our community. It will be updated weekly.

Campus experts and leaders will continue to track disease metrics on campus and in the surrounding area, our capacity to test and perform contact tracing, our quarantine space and the status of our health system and will pull back if the situation dictates.

Thank you again for sharing your concerns.

Sincerely,

Mark S. Schlissel, M.D., Ph.D.
President

Susan M. Collins, Ph.D.
Provost and Executive Vice President for Academic Affairs

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Please do not reply to this email, as this address is not monitored. You may send an email to President Schlissel at presoff@umich.edu