

## Student Migration & Community Vigilance

### Introduction:

In the spring of 2020, many secondary educational institutions closed prematurely due to the emergence of SAR-COV-2 virus otherwise known as CVOID 19. Across the United States, campuses have been actively developing plans to re-open for the 2020 fall term. According to the Chronical of Higher Education report, of 1,000 campus reopening plans, 61% of campuses will be returning students to in person semesters, 22% will offer mixed learning options and 8% have moved to all remote learning.<sup>1</sup>

Specifically, New York State leads the nation in the number of Colleges, Community Colleges, and Trade Schools (~470) and is the largest importer of college students from any other state including California.<sup>2</sup> In 2018-2019, NY State Higher Education reported higher education enrollment was estimated to be well over 1,000,000 students with about 350,000 part time students. In New York State, students migrating (otherwise known as Student Migration) from their formal residence to their college residence is substantial. New York State provided interim guidance for re-opening campus<sup>3</sup> that asked campus to create plans for the following scenarios: re-opening; monitoring; containment; and shut-down. These plans should reflect engagement with local communities and affiliated organizations. These plans are necessary, because college campuses have already been shown to produce outbreaks over the summer months.<sup>4</sup> A recent modeling study has also described the likely necessity of “screening every 2 days, uncompromising vigilance, and continuous attention to good prevention practices” in order to contain campus outbreaks.<sup>5</sup>

The intent of this document is to educate and provide guidance to local community organizations on student migration, risks and strategies to help ensure the safety of the communities.

### Student Migration and Risks:

#### Rural Communities:

- The movement of students across and into the state has the potential to both introduce (or re-introduce) SARS-COV-2 into small communities where there is little exposure
- Rural Communities: Student re-entry into small college communities dramatically increase the size of the population, and hence the size of those who are susceptible to infection.

#### All Communities:

- The movement of students across and into the state has the potential to both introduce (or re-introduce) SARS-COV-2 into communities
- Students re-entry into communities increases bi-directional exchanges (examples: consuming goods at stores; working off campuses). Part-time working students who have jobs off campus may increase risk for the students and local community.
- With the increase in population comes an increase in population density as well, which limits the ability to maintain distance, and increases the likelihood of close human encounters
- With the return of students, less optimal large gatherings are likely to occur, as students socialize, attend functions or parties (official or unofficial), or frequent restaurants and bars. These circumstances present

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<sup>1</sup> <https://www.chronicle.com/>

<sup>2</sup> <https://data.nysed.gov/highered-enrollment.php?year=2019&state=yes>

<sup>3</sup> [https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Higher\\_Education\\_Detailed\\_Guidelines.pdf](https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Higher_Education_Detailed_Guidelines.pdf)

<sup>4</sup> <https://www.nytimes.com/interactive/2020/07/28/us/covid-19-colleges-universities.html>

<sup>5</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768923>

very high risks for viral exposure, and for “super-spreader” events (where an individual with a high viral load, asymptomatic presentation, no precautions, etc. has the opportunity to expose and infect a large number of individuals at once).

- Micro-migrations may occur each weekend, as some students come and go to campus; larger migrations will re-occur around college breaks, when students can leave the area, and potentially bring virus back from regions with higher viral prevalence.

### Community Strategies

1. **COMMUNICATION WITH LOCAL CAMPUSES:** Act now to establish lines of communication between the community origination (hospital leadership, local health department leadership, emergency management, and college leadership). In particular, it may be valuable to know:
  - **Key dates** for student arrivals and departures, including **move-in days**, student **orientation**, the start and end of **major breaks**, and **major events** (in the event the college is still planning major events, which may be unlikely)
  - The **composition of the student body**, and particularly where students live permanently. Understanding how the student body is geographically composed, may be helpful in predicting whether there is a pool of students coming in from a high-prevalence area.
  - How the **college is planning** to operate in the context of the pandemic. Are they testing all students? Monitoring symptoms? Does the college have a plan for the quarantining of suspected or confirmed cases of COVID-19?
2. **PLAN:** Understand that there MAY be increased risk for an outbreak after the population changes and grows with the influx of students. Planning may include:
  - Re-stocking, and stockpiling, extra personal protective equipment (PPE). This may already be happening, but efforts should be increased in advance of student return
  - If possible, increasing capacity for SARS-COV-2 PCR-based testing, and most particularly rapid testing, capacity. PCR reagents are often in shortest supply, followed by staff. In the event of an outbreak, the hospital will likely want to test all patients, and regularly test staff.
  - Have a plan for a surge, both in general medical beds, as well as in the ICU.
3. **COMMUNICATE WITH OTHER MAJOR INSTITUTIONS THAT WILL BE AFFECTED:** The campus, emergency management, and health departments were mentioned first. However, infections that require hospitalization will likely not be students, but will be those who are infected downstream – food service and delivery workers, campus faculty and staff, and general community members. If there are skilled nursing facilities, group homes, etc. in the area, extra vigilance for highly susceptible populations and concentrated living environments may be warranted. Students may not directly affect a nursing home population, for example, but if an influx of students brings virus with it, this will impact the surrounding community, and may ultimately infiltrate highly susceptible populations.
4. **BE AWARE:** Situational awareness of how the community is reacting to the return of students may signal the likelihood of an outbreak. Are people in the community wearing masks? Are bars and restaurants full, or are they practicing distancing (spaced seating, limited crowds, etc.)? Have large events been cancelled, or are they moving forward (parent’s weekend, sporting events, club activities)? Are the students gathering in houses or enclosed spaces for large, dense parties? Are public areas generally more crowded?

5. **ENGAGE THE COMMUNITY:** The community has a vested interest in not seeing their critical access hospital overwhelmed. Partnership with local community members and stakeholder to improve the effective of public health messaging.<sup>6</sup> Public health messages should be promoting:

- Mask Use
- Distancing (both by individuals and business/institutions)
- Hygiene (Hand washing and cleaning surfaces)
- Symptom Monitoring & Testing
- Cooperation with contact tracing and quarantine requirements

#### Considerations

- While late adolescents and young adults are unlikely to require hospitalization in the event of infection, they may, in turn, infect other more vulnerable individuals. Establishing good lines of communication NOW, and building positive relationships, will be valuable should an outbreak become apparent.
- Many rurally communities whose population demographics radically shift when campuses are in session need to consider population density and demographics shifts when predicting and preparing for COVID -19. Some towns, for example, nearly double in population.

#### Conclusions

Communities should take a partnership approach to address the COVID-19 pandemic. The partnership should involve an equitable exchange of information with all partners contributing expertise and engaging in shared decision making. It should be noted that expertise in infection control, public health, medicine, and behavioral science cannot mitigate the spread of COVID -19 alone; the general community has tremendous value and expertise and should be seen as equals partners in addressing prevention and future COVID-19 infection.

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<sup>6</sup> <https://www.upstate.edu/publichealth/covid>