



COVID-19

Guidance for Institutions of Higher Education (IHEs)

Updated Nov. 1, 2021

Summary of Recent Changes

Updates as of November 1, 2021



- Updated guidance to reflect current recommendations for fully vaccinated persons, including recommending masking indoors in public for fully vaccinated persons in areas of substantial or high community transmission.
- Updated language about shared housing in IHE settings to clarify that these environments should be considered congregate housing.
- Updated section on sports to incorporate prevention recommendations.
- Incorporated information on SARS-CoV-2 testing and screening that was previously included in a separate guidance document.

[View Previous Updates](#)

Key Points

This guidance supplements and does not replace any federal, state, tribal, local, or territorial health and safety laws, rules, and regulations with which IHEs must comply.

- This guidance provides resources that IHE administrators can use to prevent the spread of SARS-CoV-2 among students, faculty, and staff during the COVID-19 pandemic.
- IHE administrators can help protect students, faculty, and staff and slow the spread of COVID-19, by encouraging vaccinations and using CDC's Guidance for IHEs.
- IHEs can help increase vaccine uptake among students, faculty, and staff by providing information about COVID-19 vaccination, promoting vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.
- For IHEs where all students, faculty, and staff are **fully vaccinated**, CDC recommends universal masking indoors in public in areas of [substantial or high transmission](#) in accordance with [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).
- For IHEs where **not everyone is fully vaccinated**, CDC recommends universal masking indoors in public for all persons who are unvaccinated regardless of level of community transmission, and universal masking indoors in public for all persons (fully vaccinated and not fully vaccinated) in areas of [substantial or high transmission](#).
- People who are fully vaccinated and who came into [close contact](#) with someone with COVID-19 should get tested 5-7 days after the date of last exposure, or immediately if symptoms develop, and wear a mask in public indoor settings for 14 days after exposure or until a negative test result. In general, quarantine is not needed as long vaccinated, exposed persons remain asymptomatic unless required by local rules or regulations.
- People who are not fully vaccinated who came into close contact should [quarantine](#) and get tested immediately

after being identified as a close contact. If the test is negative, they should get tested again 5–7 days after last exposure, or immediately if symptoms develop, and continue to quarantine.

- IHEs should implement an entry screening testing strategy for people who are not fully vaccinated prior to the beginning of each term.
- IHEs should implement a universal serial screening testing strategy for people who are not fully vaccinated in the context of moderate, substantial, or high community transmission of SARS-CoV-2 if sufficient testing capacity is available.

Introduction

This guidance is intended for any institution of higher education (IHE) that offers education or instruction beyond the high school level, such as colleges and universities, including community and technical colleges.

To determine your level of community transmission, please see [CDC's COVID Tracker](#).

This guidance is split into four sections to support IHEs in their decision making:


[Section 1: Offer and Promote COVID-19 Vaccination](#)

[Section 2: Guidance for IHEs Where Everyone is Fully Vaccinated](#)

[Section 3: Guidance for IHEs Where not Everyone is Fully Vaccinated](#)

[Section 4: General Considerations for All IHEs](#)

IHE administrators can determine, in collaboration with [tribal, state, local, and territorial public health officials](#) and in accordance with applicable law, how to implement CDC guidance while considering the needs and circumstances of the IHE within the context of their local community. IHE administrators should take into account [health equity considerations](#) for [promoting fair access to health](#). This guidance does not replace any applicable federal, state, tribal, local, or territorial health and safety laws, rules, and regulations with which IHEs must comply.

The Department of Education has a complementary handbook to this guidance, [ED COVID-19 Handbook Volume 3: Strategies for Safe Operation and Addressing the Impact of COVID-19 on Higher Education Students, Faculty, and Staff](#)  [4.87 MB, 57 Pages] [↗](#)

Section 1: Offer and Promote COVID-19 Vaccination

IHEs can play a critical role in offering and promoting vaccination to help increase the proportion of students, faculty, and staff that are vaccinated to help slow the spread of COVID-19 and prevent interruptions to in-person learning.

Vaccination is the leading prevention strategy to protect individuals from COVID-19 disease and end the COVID-19 pandemic. Current COVID-19 vaccines authorized and approved for use in the United States are safe and [effective](#), widely accessible in the U.S., and available at no cost to all people living in the U.S. Learn more about the [Benefits of Getting a COVID-19 Vaccine](#).

IHEs can help increase vaccine uptake among students, faculty, and staff by providing information about and offering COVID-19 vaccinations, promoting vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. IHE administrators may refer to CDC's [Workplace Vaccination Program](#) as instructive to help [prepare for](#) campus vaccination.

To increase access to vaccines, IHEs can:

- Provide on-site vaccination in IHE facilities or local vaccination sites through partnerships (e.g., existing occupational and student health clinics, IHE-run temporary vaccination clinics, mobile vaccination clinics brought to the IHE).

- Consider hosting a mass vaccination clinic or setting up smaller vaccine venues on campus to promote vaccination.
- Connect with your local or state health department or health system to learn what might be possible.
 - If you are not already working with your local or state health department, consider reaching out for assistance with promoting and implementing vaccinations within the IHE community. The local or state health department can assist with coordination of vaccination clinics and offer local vaccine expertise.
 - Refer to [CDC guidance](#) for help planning vaccination clinics held at satellite, temporary, or off-site locations.
 - Refer to the [American College Health Association's website](#) [🔗](#) for a compilation of guidance and resources for hosting a mass vaccination clinic and other best practices.
- Use trusted messengers to promote vaccination, including current and former students.
- Consider offering multiple locations and vaccination times to accommodate student work and academic schedules.
- Facilitate access to off-site vaccination services in the community (e.g., pharmacies, mobile vaccination clinic set up in community locations, partnerships with local health departments, healthcare centers and other community clinics, partnerships with student organizations).
 - Visit [vaccines.gov](#) to find out where students can get vaccinated in your community and identify locations near to campus.
 - Offer free transportation to off-site vaccination sites for students who need assistance.
- Offer flexible, supportive sick leave options (e.g., paid sick leave), in accordance with applicable laws and IHE policies, for employees with [side effects](#) after vaccination. See CDC's [post-vaccination Considerations for Workplaces](#).
- Offer flexible excused absence options for students receiving vaccination and those with side effects after vaccination.

To promote vaccination, IHEs can

- Develop educational messaging for vaccination campaigns to [build vaccine confidence](#) and consider utilizing student leaders and athletes as spokespersons.
- Ask student and other organizations who are respected in IHE communities to help build confidence in COVID-19 vaccines and promote the benefits of getting vaccinated.
- Ask students, faculty, and staff to promote vaccination efforts in their social groups and their communities.

Certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have had previous experiences that affect their trust and confidence in the healthcare system. [Vaccine confidence](#) may be different among students, faculty, and staff. IHE administrators should tailor communications and involve trusted community messengers, including those on social media, to promote vaccinations among those who may be hesitant to receive COVID-19 vaccination.

IHEs can consider verifying the vaccination status of their students, faculty, and staff. Administrators can determine [vaccine record](#) verification protocols, in accordance with state and local laws.

See [COVID-19 Vaccine Toolkit for Institutions of Higher Education \(IHE\), Community Colleges, and Technical Schools](#) for more information.

Section 2: Guidance for IHEs Where Everyone is Fully Vaccinated

This section is intended for IHEs that have a fully vaccinated campus. Currently available vaccines in the United States are effective at protecting vaccinated people against symptomatic and severe COVID-19. Fully vaccinated people are less likely to become infected and, if infected, to develop symptoms of COVID-19. They are at substantially reduced risk of severe illness and death from COVID-19 compared with unvaccinated people.

Infections in fully vaccinated people (breakthrough infections) happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. Moreover, when these infections occur among vaccinated people, they tend to be mild.

However, [evidence](#) suggests that fully vaccinated people who do become infected with the Delta variant can be infectious and can spread the virus to others.

IHEs should comprehensively engage their IHE networks to establish and promote a vaccination environment that is safe and [equitable](#) for all students, faculty, and staff.

Some students, faculty, or staff might not be able to get a COVID-19 vaccine due to medical or other conditions or reasons. IHEs will need to determine prevention strategies, accommodations, and policies for any students, faculty, or staff who cannot be vaccinated.

IHEs where all students, faculty, and staff are fully vaccinated prior to the start of the semester can return to full capacity in-person learning. CDC recommends universal use of masks indoors in public in areas of [substantial or high transmission](#), in accordance with [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).

Outbreaks can and do occur in IHEs. Careful planning can help IHEs make decisions about prevention strategies and steps to take to limit transmission, avoid outbreaks when possible, and contain outbreaks when they do occur.

Data suggest immune response to COVID-19 vaccination might be reduced in some immunocompromised people. Administrators should advise students, faculty, and staff with weakened immune systems on the importance of talking to their healthcare providers to discuss activities and [precautions](#) they may need to take to prevent COVID-19. Currently, CDC recommends continued masking and physical distancing for people with weakened immune systems. CDC [recommends](#) that people with moderately to severely compromised immune systems receive an additional dose of mRNA COVID-19 vaccine. In addition to additional doses of vaccine for immunocompromised people, other individuals may be eligible for a booster dose of vaccine based on [age or medical, occupational, or other conditions](#).

Wearing a Mask

CDC recommends universal use of masks indoors in public for IHEs in areas of [substantial or high transmission](#). Wearing a mask indoors in public including at lower levels of transmission is most important for people who are immunocompromised and those who are unvaccinated. Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household (including a dorm room or suite) is immunocompromised or at [increased risk for severe disease](#), or if someone in their household is unvaccinated. Fully vaccinated people should also continue to wear a mask where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. Public indoor settings include classrooms, hallways, food halls, and any other settings on or off campus where members from different households may interact.

Current data suggest the risk of transmission of SARS-CoV-2 in outdoor settings is minimal. In general, fully vaccinated people do not need to wear a mask outdoors. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised or unvaccinated.

IHEs should be supportive of students, faculty, or staff who choose to continue to wear a mask for any reason.

IHEs that require universal mask policies should make exceptions for the following categories of people:

- A person with a disability who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 et seq.).
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

Physical Distancing

Physical distancing is not necessary for fully vaccinated students, faculty, and staff on campus for IHEs where everyone is fully vaccinated except as indicated in [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).

Housing and Communal Spaces

Shared housing (such as dormitories) in IHE settings is considered a congregate setting. People living and working in this type of housing may have challenges with physical distancing and other prevention strategies to prevent the spread of SARS-CoV-2. Shared housing includes a broad range of settings, such as dormitories, apartments, condominiums, student or faculty/staff housing, and fraternity and sorority housing. People who are fully vaccinated in shared housing should

follow [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#). Roommates/suite-mates can be considered a household and do not need to use masks or physically distance within the household "unit" (e.g., dorm room or suite) unless someone in the household is ill.

Handwashing and Respiratory Etiquette

IHEs should continue to facilitate health-promoting behaviors such as [handwashing](#) and [respiratory etiquette](#) to reduce the spread of infectious disease in general.

Cleaning, Improving Ventilation, and Maintaining Healthy Facilities

IHEs should continue to follow [cleaning, disinfecting, and ventilation recommendations](#), including routine cleaning of high touch surfaces and shared objects as well as maintaining improved ventilation.

Testing

People who are fully vaccinated do not need to undergo routine COVID-19 screening testing. If feasible, IHEs may choose to include fully vaccinated people in screening testing in the event of an outbreak in a dormitory or residence hall, given the risk of transmission in these congregate settings. If a fully vaccinated person came into [close contact](#) with someone with COVID-19, they should get tested within 5-7 days and wear a mask indoors in public for 14 days after exposure or until a negative test result. Any person who experiences [COVID-19 symptoms](#) should get a COVID-19 test, regardless of whether they have had a known close contact and regardless of vaccination status. Refer to CDC's [Interim Public Health Recommendations for Fully Vaccinated People](#) for more information.

Symptom Screening

Encourage students, faculty, and staff to perform daily health screenings for infectious illnesses, including COVID-19. Encourage students, faculty, and staff with signs or symptoms of infectious illness to stay home when sick and/or seek medical care. A [COVID-19 self-checker](#) may be used to help decide when to seek COVID-19 testing or medical care. If symptom screening is conducted, ensure that symptom screening is done safely, respectfully, and in accordance with any applicable federal or state, local or territorial privacy and confidentiality laws.

Contact Tracing in Combination with Isolation and Quarantine

Prompt collaboration between IHEs and health departments to implement [case investigation](#) 📄 and [contact tracing](#) 📄 can effectively break the chain of transmission and prevent further spread of the virus in the IHE setting and the community. All COVID-19 case investigation and contact tracing should be done in coordination with state, local, tribal, and territorial public health authorities and in accordance with local requirements and guidance, as well as any applicable federal, state, local or territorial privacy laws. IHEs should continue to support investigation and contact tracing detailed in [CDC's Guidance for Case Investigation and Contact Tracing in IHEs](#).

- Fully vaccinated people who have come into [close contact](#) with someone with COVID-19 should be tested 5-7 days following the date of their exposure and wear a mask indoors in public for 14 days or until they receive a negative test result. They should [isolate](#) for 10 days if they test positive. They also should monitor for [symptoms of COVID-19](#) for 14 days following exposure.
 - Most fully vaccinated people with no COVID-19-like symptoms do not need to [quarantine](#) or be restricted from school or work following an exposure to someone with suspected or confirmed COVID-19, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.
 - Fully vaccinated people who live in a household with someone who is immunosuppressed, at [increased risk of severe disease](#), or unvaccinated (including children <12 years of age) could also consider masking at home for 14 days following a known exposure or until they receive a negative test result.
- Fully vaccinated people who experience [symptoms consistent with COVID-19](#) should [isolate themselves from others](#), be clinically evaluated for COVID-19, and tested for SARS-CoV-2 infection.

Section 3: Guidance for IHEs Where Not Everyone is Fully Vaccinated

IHEs where not everyone is fully vaccinated will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated on campus which requires decision making to protect the people who are not fully vaccinated.

General Considerations

Multiple factors should inform the optimal implementation of layered prevention strategies by IHEs. Ideally, consideration would be given to both the direct campus population as well as the surrounding community. The primary factors to consider include: 1) [level of community transmission](#); 2) [COVID-19 vaccination coverage](#), including among students, faculty, and staff; 3) implementation of a robust, frequent SARS-CoV-2 screening testing program with high participation from the campus population who is not fully vaccinated; and 4) any local COVID-19 outbreaks or increasing trends. Discussion of these factors should occur in collaboration with local or state public health partners. Outbreaks can and do occur in IHEs. Careful planning can help IHEs make decisions about prevention strategies and steps to take to limit transmission, avoid outbreaks when possible, and contain outbreaks when they do occur.

Prevention Strategies that Reduce Spread

IHE administrators should create programs and policies that facilitate the adoption and implementation of [prevention strategies](#) to slow the spread of COVID-19 at the IHE and in the local community. Evidence-based prevention strategies, including vaccination, should be implemented, and layered in IHE settings. Key prevention strategies include

- [Offering and promoting vaccination](#)
- [Consistent and correct use of masks](#)
- [Physical distancing](#)
- [Testing for COVID-19](#)
- [Contact tracing](#) in combination with [isolation](#) and [quarantine](#)
- [Handwashing](#) and [respiratory etiquette](#)
- Maintaining [healthy environments](#) (increased [ventilation](#) and [cleaning](#))
- Maintaining healthy operations ([communications](#), [supportive policies](#) and [health equity](#))

These prevention strategies remain critical in IHE and community settings with mixed populations of both people who are fully vaccinated and people who are not fully vaccinated.

Particularly in [areas of substantial to high transmission](#), IHEs in collaboration with their local or state health department may consider maintaining or implementing additional prevention strategies including physical distancing and mask use indoors by all students, faculty, staff, and other people such as visitors, including those who are fully vaccinated.

Wearing a Mask

When people consistently and correctly wear a mask, they [protect others as well as themselves](#). Consistent and [correct mask use](#) by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained.

- **Indoors:** CDC recommends consistent and correct mask use indoors in public for people who are not fully vaccinated, at all levels of community transmission. CDC also recommends universal masking indoors in public for people who are fully vaccinated in [areas of substantial or high community transmission](#).
 - Wearing a mask in public is most important for people who are immunocompromised including at lower levels of community transmission. Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at [increased risk for severe disease](#), or if someone in their household is unvaccinated.
 - Public indoor settings include classrooms, hallways, food halls, and any other settings on or off campus where members from different households may interact.
- **Outdoors:** In general, people do not need to wear masks when outdoors. However, particularly in areas of [substantial to high transmission](#), CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

All people should also continue to wear a mask where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. IHEs should be supportive of fully vaccinated people who choose to wear a mask at all levels of community transmission.

IHEs that require universal mask policies should make exceptions for the following categories of people:

- A person with a disability who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 et seq.).
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

Physical Distancing

[Physical distancing](#) means keeping space of at least 6 feet (about 2 arm lengths) between people who are not in the same household in both indoor and outdoor spaces. People who are not fully vaccinated should continue to practice physical distancing.

Promote physical distancing by

- Hosting virtual-only activities, [events, and gatherings](#) (of all sizes).
- Holding activities, events, and gatherings outdoors in areas that can accommodate physical distancing, when possible.
- Spacing out or blocking off rows, chairs, and/or table seating positions in communal use shared spaces (such as classrooms, dining halls, locker rooms, laboratory facilities, libraries, student centers, and lecture rooms).
- Limiting occupancy and requiring mask use by all people, including drivers, on [campus buses/shuttles or other vehicles](#). Alternate or block off rows and increase [ventilation](#) (i.e., open windows if possible).

Housing and Communal Spaces

Shared housing (such as dormitories) in IHE settings is considered a congregate setting. Special considerations exist for the prevention of COVID-19 in congregate settings. People living and working in this type of housing may have challenges with physical distancing and other mitigation strategies to prevent the spread of SARS-CoV-2 infection. Shared housing includes a broad range of settings, such as dormitories, apartments, condominiums, student or faculty/staff housing, and fraternity and sorority housing. People who are fully vaccinated in shared housing should follow [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#). Roommates/suite-mates can be considered a household and do not need to use masks or physically distance within the household "unit" (e.g., dorm room or suite) unless someone in the household is ill.

IHEs should consider:

- If the IHE designates fully vaccinated dorms, floors, or complexes, those areas should follow [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).
- Housing students who are not fully vaccinated in single rooms instead of shared rooms when feasible.¹
- Establishing cohorts, such as groups of dorm rooms or dorm floors that do not mix with other cohorts to minimize transmission across cohorts and facilitate contact tracing. All units that share a bathroom should be included in a cohort.
- Close or limit the capacity of communal use shared spaces such as dining areas, game rooms, exercise rooms, and lounges, if possible, to decrease mixing among non-cohort people who are not fully vaccinated. Consider limiting use of communal use shared space to people who are fully vaccinated.
- Limit building access by non-residents, including outside guests and non-essential visitors, to dorms and residence halls.

Testing for SARS-CoV-2 Infection

[Testing](#) can slow and stop the spread of COVID-19. Testing must be carried out in a way that protects individuals' privacy and confidentiality, is consistent with applicable laws and regulations, and integrates with state, local, and tribal public health systems.

IHEs where not everyone is fully vaccinated should conduct [diagnostic or screening testing](#) of students, faculty, and staff.


- [Diagnostic testing](#) is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19, or when a person who is not fully vaccinated is asymptomatic but has recent known or suspected exposure to SARS-CoV-2.
- Screening testing is intended to identify infected people who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission.

Additional information about testing and recommendations for diagnostic testing, including recommendations for people who are fully vaccinated and those who are not, are provided in [Section 4: General Considerations for All IHEs](#).

Screening testing of asymptomatic persons without recent known or suspected exposure to SARS-CoV-2 for early identification, isolation, and disease prevention

In IHE settings, with frequent movement of students, faculty, and staff between the IHE and the community, entry screening testing at the start of each term combined with serial screening testing for unvaccinated persons can help prevent or slow the spread of COVID-19. One study suggests that 96% of infections could be prevented from routine screening testing on college campuses in conjunction with extensive physical distancing and mandatory mask policies.⁶ Incentivizing voluntary testing for unvaccinated persons may also be considered (such as requiring testing for attending certain in-person activities).

- Students, faculty, and staff who are fully vaccinated and those with a laboratory-confirmed SARS-CoV-2 infection in the last 90 days can refrain from routine screening testing, if feasible.

Before the beginning of each term, IHEs should implement entry screening testing for all students who are not fully vaccinated, including those who live off campus. IHEs should also consider implementing entry screening testing for faculty and staff who are not fully vaccinated. In screening settings where antigen tests are used, confirmatory laboratory-based NAAT testing is recommended for individuals who test positive, if they do not have symptoms of COVID-19 or a known recent exposure. For interpretation of screening test results, please see the [Antigen Test Algorithm](#) .

In areas of [low community transmission](#), entry screening testing alone prior to the beginning of each term may be sufficient. In areas of [moderate community transmission](#), CDC recommends IHEs implement both universal entry screening testing and expanded serial screening testing at least weekly if sufficient testing capacity is available. In areas of [substantial or high community transmission](#), CDC recommends universal entry screening testing and expanded serial screening testing at least **twice** weekly if sufficient testing capacity is available. See Table 1.

Regardless of the level of community transmission, in the context of an outbreak at an IHE, CDC recommends initiation of increased serial screening testing among students, faculty, and staff who are not fully vaccinated, in addition to rapid case investigation and contact tracing. If feasible, IHEs may consider including fully vaccinated people in screening testing in the event of an outbreak in a dormitory or residence hall, given the risk of transmission in these congregate settings. Testing a random sample of asymptomatic students, faculty, and staff is one strategy to increase the timeliness of outbreak detection.⁷ Additional testing could also be triggered by indications of increased community transmission (e.g., from positive testing results from [wastewater surveillance](#)).

If sufficient testing capacity is not available, expanded screening testing of specific groups (e.g., testing all students from a particular residential hall based on density of housing or if a cluster is detected) or less frequent serial testing may be considered to help rapidly identify and isolate infectious people. [Pooled testing](#) is another strategy that may reduce the burden of testing.

Testing strategies may also include increasing availability of testing for asymptomatic people who are not fully vaccinated and who frequently come into contact with students, faculty, and staff (e.g., individuals who work in businesses that serve the IHE community), or who frequently visit campus (e.g., at community places of worship, public coffee shops), but are not formally affiliated with the IHE, in addition to diagnostic and screening testing efforts.



CDC’s IHE testing recommendations are similar to testing guidelines set forth by the [American College Health Association](#)  .

Table 1. Potential Actions based on Community Indicator Level

Prevention Strategy ²	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Implement universal entry screening				
Implement universal entry screening and expanded screening testing for unvaccinated persons at least weekly if there is sufficient testing capacity				
Implement universal entry screening and expanded screening testing twice weekly for unvaccinated persons if there is sufficient testing capacity				

¹[Levels of community transmission](#) defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

²Regardless of level of community transmission, IHEs may consider including fully vaccinated people in screening testing in the event of an outbreak in a dormitory or residence hall, given the risk of transmission in these congregate settings

Contact Tracing in Combination with Isolation and Quarantine

Case investigation and contact tracing

All COVID-19 case investigation and contact tracing should be done in coordination with state, local, tribal, and territorial public health authorities and in accordance with applicable federal, state, local, and territorial legal requirements and guidance. IHE administrators should take a proactive role in preparing for COVID-19 case investigation and contact tracing detailed in [CDC's Guidance for Case Investigation and Contact Tracing in IHEs](#). It is important that case investigations and contact tracing are conducted in a [culturally appropriate](#) manner consistent with applicable privacy, public health, healthcare, and workplace laws and regulations.

- Case investigation and [contact tracing](#) are essential interventions in a successful, multipronged response to COVID-19, and should be implemented along with other prevention strategies such as [offering and promoting vaccination](#) and [consistent and correct use of masks](#).²
- Contact tracing with students, faculty, and staff associated with the campus should be anticipated as a crucial strategy to reduce further transmission once a case is identified consistent with applicable privacy, public health, healthcare, and workplace laws and regulations.

Consistent with applicable privacy laws, such as the Family Educational Rights and Privacy Act (FERPA), IHE officials should plan to provide information and records to aid in the identification of exposures, and notify [close contacts](#), as appropriate, of exposure as soon as possible after the IHE is notified that someone in the IHE has tested positive or been diagnosed with COVID-19.

Quarantine and isolation

Some students, faculty, and staff might develop symptoms of COVID-19 while on campus. IHE administrators should be prepared for this possibility and should clearly communicate to students, faculty, and staff actions to take when responding to someone who is sick (or may be sick) with COVID-19. IHE administrators should collaborate with local public health authorities to create a plan for [quarantine](#) and [isolation](#) to protect persons by preventing exposure to people who have or might have COVID-19. IHEs should facilitate isolation of students, staff, educators, contractors, or volunteers with suspected or confirmed COVID-19 and prompt reporting to the health department and follow [Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education](#).

- All persons who experience [symptoms consistent with COVID-19](#) should [isolate themselves from others](#), be clinically evaluated for COVID-19, and tested for SARS-CoV-2.
- Fully vaccinated people who have come into [close contact](#) with someone with COVID-19 should be tested 5-7 days following the date of their exposure and wear a mask indoors in public for 14 days or until they receive a negative

test result. They should isolate if they test positive.

- Fully vaccinated people who live in a household with someone who is immunosuppressed, at [increased risk of severe disease](#), or unvaccinated (including children <12 years of age) could also consider masking at home for 14 days following a known exposure or until they receive a negative test result.
- Fully vaccinated people should monitor for [symptoms of COVID-19](#) for 14 days following an exposure.
- Unvaccinated persons who have been in [close contact](#) with someone who has COVID-19 should be tested with a viral test immediately after being identified, and if negative, tested again 5-7 days after the last exposure or immediately if symptoms develop during quarantine. Regardless of test result, they should quarantine at home for 14 days after exposure. [Options to shorten quarantine](#) include acceptable alternatives of a 10-day quarantine or a 7-day quarantine combined with testing and a negative test result.

Symptom Screening

[Symptom screening](#) will fail to identify some people who have the virus that causes COVID-19. Symptom screening cannot identify people with COVID-19 who are asymptomatic (i.e., do not have symptoms) or pre-symptomatic (have not developed signs or symptoms yet but will later). Others might have symptoms that are so mild that they might not notice them.

- IHEs should encourage students, faculty, and staff to perform daily health screenings at home for infectious illnesses, including COVID-19, and encourage students, faculty, and staff with signs or symptoms of infectious illness, including COVID-19, to stay home when sick and/or seek medical care. A [COVID-19 self-checker](#) may be used to help decide when to seek COVID-19 testing or medical care.
- If symptom screening is conducted, IHEs should ensure that symptom screening is done safely, respectfully, and in accordance with any applicable federal, state, local or territorial privacy and confidentiality laws.

Communicating Prevention Strategies

- Designate staff member(s) or a specific office to be officially responsible for replying to COVID-19 concerns. When students, faculty, or staff develop [symptoms](#) of COVID-19, test positive for COVID-19, or are [exposed](#) to someone with COVID-19, they should report to the IHE designated staff or office.
- Post signs in highly visible locations (such as building entrances, restrooms, and dining areas) and [communicate](#) with students, faculty, and staff via email and social media about prevention strategies, such as getting a COVID-19 vaccine, consistent and correct use of masks, physical distancing, [handwashing](#) (or use of hand sanitizer), [covering their mouths and noses](#) with a tissue or use the inside of their elbow or mask if they cough or sneeze. Signs should include visual cues. Use [CDC's print communication materials](#) developed to support COVID-19 recommendations. Materials are available in multiple languages and free for download and may be printed on a standard office printer.
- Use simple, clear, and effective language (for example, in [videos](#)) about behaviors that reduce the spread of COVID-19 when communicating with students, faculty, and staff (such as on IHE websites, in emails, and on IHE [social media accounts](#)).
- Students, faculty, and staff should attend a virtual training on all campus prevention strategies, policies, and procedures. This type of training can be useful for incoming students who were not in attendance during the previous academic year.
- Use [communication methods](#) that are accessible for all students, faculty, staff, and other essential visitors (such as parents or guardians). Ensure materials can accommodate diverse audiences, such as people who have [limited English proficiency \(LEP\)](#) and people with [disabilities](#). Partnerships to provide public service announcements (PSA) might be useful, such as The Corporation for Public Broadcasting (CPB) [PSA to Houston-based tribal and Historically Black Colleges and Universities](#) [↗](#). The CPB [↗](#) campaign is expected to provide trusted, life-saving information to populations that have been disproportionately affected by the pandemic.³

Section 4: General Considerations for All IHEs

This section is intended for all IHEs regardless of policy on COVID-19 vaccination. The considerations included here will help IHEs to prevent any infectious illness transmission among students, faculty, staff, and visitors.

Testing for SARS-CoV-2 Infection

[Testing](#) to rapidly detect and isolate infectious individuals can reduce transmission of SARS-CoV-2, the virus that causes COVID-19. People living and working in congregate settings, including IHEs, are at increased risk of spreading SARS-CoV-2 infection. As such, there are special considerations for IHE administrators when planning for SARS-CoV-2 screening and diagnostic testing. Testing should be one component of comprehensive COVID-19 prevention in IHEs. If IHEs offer widespread testing, individuals with mild symptoms, those who have symptoms but thought they were not ill with COVID-19, and those with pre-symptomatic and asymptomatic infections might be identified. Implementation of CDC testing guidance can help IHEs protect students, faculty, staff, and adjacent communities and slow the spread of SARS-CoV-2.² [Prevention strategies](#) (vaccination, physical distancing, correct and consistent use of face masks, hand hygiene, cleaning regularly, and appropriate ventilation) should be implemented along with all testing strategies.⁵

Vaccination and SARS-CoV-2 Testing

Prior receipt of a COVID-19 vaccine will not affect the results of SARS-CoV-2 viral tests (NAAT or antigen). People who are fully vaccinated do not need to undergo routine COVID-19 screening testing.


IHEs may consider maintaining documentation of individuals' vaccination status to inform testing, contact tracing efforts, and quarantine protocols as appropriate and to the extent allowable by applicable federal, state, local and territorial law. CDC recommends that [fully vaccinated](#) people with no COVID-19-like symptoms and no known exposure be exempted from routine screening testing programs. Vaccination information should be obtained with appropriate safeguards and in accordance with federal, state, local and territorial laws to protect personally identifiable information from unlawful release. Testing must be carried out in a way that protects individuals' privacy and confidentiality, is consistent with applicable laws and regulations, and integrates with state, local, and tribal public health systems.

Information about testing for SARS-CoV-2, test types, and other considerations for testing is available on CDC's [Overview of Testing for SARS-CoV-2 \(COVID-19\)](#) page.

Diagnostic testing: Testing persons with signs or symptoms consistent with COVID-19

People with [COVID-19](#) signs or symptoms, regardless of vaccination status, should be immediately separated from others (e.g., students, employees, visitors), masked (if not already), and sent home to isolate or to a campus-sponsored isolation room/floor/building. If symptoms are severe, they should be sent to a healthcare facility for medical care.

The [Coronavirus Self-Checker](#) is a tool to help people make decisions on when to seek testing and appropriate medical care. CDC recommends that anyone with signs or symptoms of COVID-19 get tested and follow the advice of their healthcare provider. People with COVID-19 signs or symptoms should only leave isolation to get tested or receive medical care. For more information on testing, including information on testing among persons with confirmed infection in the past 90 days, see the [Overview of Testing for SARS-CoV-2](#).

- Positive test results using a viral test ([Nucleic Acid Amplification Test](#) – NAAT – or antigen) in people with signs or symptoms consistent with COVID-19 indicate that the person has COVID-19. A negative antigen test in people with signs or symptoms of COVID-19 should be confirmed by a laboratory-based NAAT, a more sensitive test. Results from NAATs are considered the definitive result when there is a discrepancy between the antigen and NAAT test. For more information, see the [Antigen Test Algorithm](#) .
- People with positive results should [isolate at home](#), in a campus-sponsored isolation room/floor/building, or if in a healthcare setting, be placed in an area with [appropriate precautions](#). They should remain in isolation until they have met the criteria established by CDC for discontinuing [home isolation](#) or for [discontinuing precautions in a healthcare setting](#). Positive test results should be promptly reported to public health authorities as appropriate and consistent with applicable federal, state, local or tribal privacy laws, to allow for case investigation and contact tracing.



Diagnostic testing: Testing of asymptomatic persons with recent known or suspected exposure to SARS-CoV-2

In partnership with the appropriate state or local health department, IHEs should consider how they will conduct case investigations and trace known and potential [close contacts](#) of students, faculty, and staff diagnosed with COVID-19. Identifying close contacts can help reduce the spread of SARS-CoV-2 when unvaccinated close contacts quarantine.

- Close contacts who are not fully vaccinated should be tested using a viral test immediately after being identified, and if negative, tested again in 5–7 days after last exposure or immediately if symptoms develop during quarantine (symptomatic close contacts should be tested regardless of vaccination status). If feasible, broader testing beyond close contacts (such as testing a dorm) may be done simultaneously with other strategies to control transmission of SARS-CoV-2 on campus.
- Fully vaccinated [close contacts](#) should get tested within 5-7 days after exposure and wear a mask indoors in public for 14 days after exposure or until a negative test result.

The feasibility of identifying and testing close contacts may vary by IHE and the local health department. If individual contact tracing is not feasible, IHEs may consider testing all people who were in the proximity of a person confirmed to have COVID-19 (e.g., those who shared communal spaces or bathrooms) or testing all individuals within a shared setting (e.g., testing all residents on a floor or an entire residence hall).

Actions to Support Testing

IHE administrators should follow state and local laws as well as guidance from [the Equal Employment Opportunity Commission](#)  when offering testing to faculty, staff, and students who are employed by the IHE. IHEs also should follow guidance from the U.S. Department of Education on the [Family Educational Rights and Privacy Act \(FERPA\)](#) and the [Health Insurance Portability and Accountability Act \(HIPAA\)](#)  and their applicability to students and COVID-19 contact tracing and testing.

For students

IHE administrators and healthcare providers should provide options to immediately separate students with COVID-19 and their close contacts by providing virtual learning options and self-isolation and self-quarantine rooms in residence halls or other housing facilities. Students should receive support managing COVID-19 symptoms, including medical care when necessary, as well as support managing emotional issues related to isolation or quarantine and the provision of [alternative food service arrangements](#) for those who live on campus.

For faculty and staff

IHE administrators should offer alternative teaching and work-from-home options for faculty, instructors, and staff who have COVID-19 and unvaccinated persons who have been identified as a close contact, provided that they are well enough to continue working remotely. IHEs should consider implementing flexible sick leave and [supportive policies and practices](#).

Communication plan

IHEs should [implement communications campaigns](#) using behavior-based and actionable strategies to increase prevention, testing, isolation, and quarantine. Communication plans for prevention should also include any relevant guidance on returning to campus after traveling (e.g., holiday breaks, sports-related travel).

In accordance with state, territorial, tribal, and local laws and regulations, IHEs should make a plan to communicate with individuals who have a confirmed COVID-19 diagnosis and those suspected of having COVID-19, as well as to communicate relevant information about known cases to other students, faculty, and staff in a way that protects personally identifiable information. If privacy can be ensured and appropriate privacy laws complied with, the IHE may also want to be made aware of SARS-CoV-2 test results and symptoms through voluntary reporting by their students, faculty, and staff.

Testing of previously positive individuals

CDC does not recommend retesting (including screening testing) individuals who do not have symptoms and had a positive test within [90 days](#) of the initial testing date. Data currently suggest that some individuals who were previously infected with SARS-CoV-2 will continue to test positive due to residual virus material but are unlikely to be infectious.

Cleaning, Improving Ventilation, and Maintaining Healthy Facilities

When to clean

Cleaning with products containing soap or detergent reduces germs on surfaces and objects by removing contaminants and may weaken or damage some of the virus particles, which decreases risk of infection from surfaces.

[Cleaning high touch surfaces and shared objects once a day is usually enough](#) to sufficiently remove virus that may be on surfaces unless someone with confirmed or suspected COVID-19 has been in your facility. Disinfecting (using disinfectants on [U.S. Environmental Protection Agency \[EPA\]’s List](#) [↗](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection. For more information on cleaning your facility regularly and cleaning your facility when someone is sick, see [Cleaning and Disinfecting Your Facility](#).

When to disinfect

You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces, such as:

- High transmission of COVID-19 in your community
- Infrequent hand hygiene
- The space is occupied by people at [increased risk for severe illness from COVID-19](#)

If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean AND disinfect the space.

Use disinfectants safely

Always read and [follow the directions](#) on how to use and store cleaning and disinfecting products. [Ventilate](#) the space when using these products.

Always follow standard practices and appropriate regulations specific to your facility for minimum standards for cleaning and disinfection. For more information on cleaning and disinfecting, see [Cleaning and Disinfecting Your Facility](#).

Improving ventilation

Improving ventilation is an important COVID-19 prevention strategy for IHEs. Along with [other preventive strategies](#), protective ventilation practices and interventions can reduce the airborne concentration of viral particles and reduce the overall viral dose to occupants. For more specific information about maintenance and use of ventilation equipment and other ventilation considerations, refer to CDC’s [Ventilation in Buildings webpage](#). CDC’s [Ventilation FAQs](#) and [Improving Ventilation in Your Home](#) webpage further describe actions to improve ventilation. Additional ventilation recommendations for different types of IHE buildings can be found in the [American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) schools and universities guidance document](#) [📄](#) [↗](#).

Handwashing and respiratory etiquette

IHEs should facilitate health-promoting behaviors such as [handwashing](#) and [respiratory etiquette](#) to reduce the spread of infectious illnesses including COVID-19. IHEs can place visual cues such as [handwashing posters](#), [stickers](#), and other materials in highly visible areas. They can [download and print handwashing materials](#) or order handwashing materials from CDC for free using [CDC-INFO on Demand](#).

Food service and communal dining

Currently, there is [no evidence](#) to suggest that COVID-19 is spread by handling or eating food. However, consuming refreshments, snacks, and meals with persons not from the same household may increase the risk of getting and spreading COVID-19 among people who are not fully vaccinated because masks are removed when eating or drinking.

- **Promote prevention measures.** Require staff and volunteers to [wash their hands](#), and encourage diners to wash their hands or use an alcohol-based hand sanitizer (before and after serving or eating). In indoor dining areas, people who are not fully vaccinated should wear a mask and physically distance when not actively eating or drinking. This includes when waiting in line to pick up a meal, in the cashier line, and when sitting down to eat. People who are fully vaccinated should wear a mask in indoor dining areas when not actively eating or drinking in areas of substantial or high community transmission. People who are not fully vaccinated should wear a mask in these settings regardless of community transmission levels.
- **Increase airflow and ventilation.** Prioritize outdoor dining and [improved ventilation in indoor dining spaces](#).
- **Avoid crowding.** In areas with substantial to high levels of community transmission, or campuses that include a mixed population of vaccinated and unvaccinated persons, stagger use of dining areas, reduce seating capacity, and use markers and guides to ensure that people remain at least 6 feet apart when waiting in line to order or pick up.

- **Consider offering to-go options** and serve individually plated meals. If traditional self-serve stations are offered, CDC provides [recommendations](#) to reduce the risk of getting and spreading COVID-19.
- **Clean regularly.** For food contact surfaces, continue following all routine requirements for cleaning and sanitization. Non-food contact surfaces should be cleaned at least daily. If someone with COVID-19 has been in the facility in the previous 24 hours, non-food contact surfaces should be disinfected. See CDC's [Food and COVID-19](#) for more detailed information. Food service operators can find more detailed recommendations relevant to food service establishments in [Considerations for Restaurant and Bar Operators](#) and FAQs for Institutional Food Service Operators. For more information on COVID-19 adapted community food serving and distribution models, visit [Safely Distributing School Meals during COVID-19](#).

Water systems

The [temporary shutdown or reduced operation](#) of IHEs and reductions in normal water use can create hazards for returning students, faculty, and staff. Check for hazards such as mold, *Legionella* (the bacteria that causes [Legionnaire's Disease](#)), and [lead and copper contamination](#) [↗](#) from plumbing that has corroded.

- For more information, refer to the [ASHRAE Guidance for Building Operations During the COVID-19 Pandemic](#) [↗](#), [CDC Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#) and the Environmental Protection Agency's [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#) [↗](#).

Service animals and other animals in campus buildings

- At this time, there is no evidence that animals play a significant role in spreading SARS-CoV-2, the virus that causes COVID-19, to people. We are still learning about this virus, but we know that it can spread from people to animals in some situations, especially during close contact.
- Refer to CDC's [Guidance for Handlers of Service and Therapy Animals](#) and the [American Veterinary Medical Association \(AVMA\) services, emotional support and therapy animals](#) [↗](#) page when making decisions about allowing therapy animals in campus buildings on a case-by-case basis.

Health Equity

[Long-standing systemic health and social inequities have put many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19](#). American Indian/Alaska Native, Black, and Hispanic persons are disproportionately affected by COVID-19; these disparities exist among all age groups, including school-aged children and young adults. Because of these disparities, in-person instruction on campuses might pose a greater risk of COVID-19 to disproportionately affected populations. For these reasons, health equity considerations related to in-person instruction are an integral part of decision-making. Partnerships among academic, public health and laboratory systems could be established or strengthened to better utilize point-of-care tests and engage underserved communities.

Addressing social and racial injustice and inequity is at the forefront of public health. Administrators can help to protect [people at increased risk for severe COVID-19](#) and [promote health equity](#) by implementing the following strategies:

- Encourage and support people to [get vaccinated](#) as soon as they can.
- Offer options for accommodations, modifications, and assistance to students, faculty, and staff at [increased risk for severe illness](#) that limit their exposure risk and allow for education and or work opportunities (such as virtual learning, telework, and modified job responsibilities) to remain available to them.
- Provide inclusive programming and make options available for people with special [healthcare needs](#) and [disabilities](#) that allow on-site or virtual participation with appropriate accommodations, modifications, and assistance (for example, people with disabilities may need additional support to access and use technology for virtual learning).
- Put in place policies to protect the privacy and health information of all people, consistent with applicable laws.
- Train people at all levels of the organization to identify and address all forms of discrimination consistent with applicable laws and IHE policies.
- Work with others to connect people with resources (for example, healthy foods and stable and safe housing) and services to meet their physical, spiritual, and mental health needs.
- Identify students who might be [experiencing homelessness](#) or [food insecurity](#), and identify [resources](#) [↗](#) and strategies to address these and other needs related to COVID-19.

Considerations for students, faculty, and staff with disabilities

- [People with disabilities](#) should be highly encouraged to get vaccinated and be fully integrated into the most appropriate learning environment with the proper accommodations.
- Disability resource centers should review policies and procedures to assess/qualify students for new accommodations, modifications, and assistance that might be needed due to changes in response to the COVID-19 pandemic.
- Consider the individualized approaches for COVID-19 prevention that may be needed for some people with [disabilities](#).
- Provide accommodations for people who might have difficulty with mask use, such as some people with disabilities or certain medical conditions. Allow exceptions in the IHEs mask use policy. People concerned about their ability to consistently and correctly use a mask should consult with their healthcare provider or IHE disability resource center, for suggested [adaptations and alternatives](#).
- Ensure education remains accessible for students with disabilities as prevention strategies to reduce cases of COVID-19 are implemented.
- Encourage all students, faculty, and staff to discuss any accommodations they might need with the IHE's disability resource center.

Gatherings, Events, and Visitors

Crowded settings still present a greater risk of transmission among people who have not been fully vaccinated, especially when they bring together people of unknown vaccination status from different communities where community transmission is substantial to high. People who are not fully vaccinated should continue to avoid large gatherings, but if they choose to attend, they should wear well-fitting masks that cover the mouth and nose, maintain physical distancing, and practice good hand hygiene. For mixed campus IHEs, in-person instruction should be prioritized over extracurricular activities, including sports and school events, to minimize risk of transmission in schools and to protect in-person learning. Mixed campus IHEs may consider limiting the size of gatherings to maintain physical distance as an additional measure.

Sports and Gyms

Due to increased exhalation that occurs during physical activity, many sports put athletes, coaches, trainers, and staff at [increased risk](#) for getting and spreading COVID-19, especially among those who are not fully vaccinated. Close contact sports and indoor sports are particularly risky.⁴

Prevention strategies in these activities remain important and should comply with IHE policies and procedures. People who are fully vaccinated can refrain from quarantine following a known exposure if asymptomatic. They should be tested 5-7 days following exposure and wear a mask for 14 days indoors in public or until they receive a negative test result. Athletes, coaches, trainers, and staff should refrain from sporting activities when they have symptoms consistent with COVID-19 and should isolate and be tested.

- IHEs should [offer and promote vaccination](#) to all athletes, coaches, trainers, and staff.
 - IHEs can help increase vaccine uptake among athletes, coaches, staff, and spectators by providing information about COVID-19 vaccination, promoting vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.
- IHEs are strongly encouraged to use screening testing for athletes, coaches, trainers, and staff who are not fully vaccinated to facilitate safe participation and reduce risk of transmission – and avoid jeopardizing in-person education due to outbreaks.
- IHEs should establish testing protocols for athletes, coaches, and support staff who are not fully vaccinated prior to travel. Physical distancing can be difficult when flying or traveling by bus. Follow [CDC guidance for travel during the COVID-19 pandemic](#).
- IHEs should establish policies for athletes, coaches, staff, and spectators.
 - IHEs should consider requiring proof of vaccination or a negative test result for attendance at large sporting events, especially indoors.
 - In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised or unvaccinated.

- CDC recommends universal indoor masking and reduced capacity or other strategies to promote physical distancing in indoor sports events.
- IHEs should improve ventilation in indoor settings for sporting events, training, practices, locker rooms, and other facilities by bringing as much fresh air into buildings as possible. Additional information is available on CDC's [Ventilation in Buildings](#) page.
- Athletes who are not fully vaccinated should wear masks at all times when indoors. In areas of substantial and high community transmission, fully vaccinated athletes should also wear masks when not actively participating in sport (e.g., on the sidelines and bench, in locker rooms).
- Coaches, trainers, and staff who are not fully vaccinated should wear masks at all times.
 - If an outbreak of COVID-19 occurs in a sports team, IHEs should work with their state or local health department to isolate people with COVID-19 symptoms and initiate, in accordance with applicable federal, state, local and territorial privacy laws, contact tracing procedures.

IHE administrators should also consider specific sport-related risks:

- **Setting of the sporting event or activity.** In general, the risk of SARS-CoV-2 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event (e.g., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms).
- **Physical closeness.** Spread of COVID-19 is more likely to occur in sports that require sustained close contact (e.g., wrestling, hockey, football).
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of athletes, coaches, staff, and spectators.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the sport.
- **Duration of time.** The risk of COVID-19 spread increases the more time athletes, coaches, staff, and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.
- **Presence of people more likely to develop severe illness.** People at increased risk of severe illness might need to take [extra precautions](#).

Study Abroad and Travel

IHEs planning study-abroad programs should check CDC's destination-specific [Travel Health Notices](#) (THN) for information about the COVID-19 situation in the [destination or host country](#) [↗](#). IHEs should postpone programs in destinations with very high COVID-19 levels (Level 4 Travel Health Notice). IHEs should have plans in place to take action if situations in the destination change and COVID-19 levels become very high during the program. IHEs may consider requiring vaccination as a condition of a study-abroad program.

IHEs planning study-abroad programs should advise and strongly encourage students to

- Get [fully vaccinated against COVID-19](#) before traveling.
- Follow CDC guidance for [international travel](#).
- Follow general public health considerations such as [handwashing](#), cleaning/disinfection and [respiratory etiquette](#).

Students may face unpredictable circumstances accessing medical care if they get sick or injured in their host country. Routine healthcare and emergency medical services may be impacted by COVID-19 at the destination.

Study-abroad programs should ensure that students are aware of and follow [all airline and destination entry requirements](#), such as testing, vaccination, mask wearing and quarantine. They should be aware that if they do not follow the destination's requirements, they may be denied entry and required to return to the United States. Programs and students should check with the Office of Foreign Affairs or Ministry of Health or the [US Department of State, Bureau of Consular Affairs, Country Information](#) [↗](#) page for destination-specific entry requirements. Before studying abroad, programs and students should consider obtaining insurance to cover health care and emergency evacuation while abroad.

Programs should advise students who are at [increased risk for severe COVID-19](#) to discuss any study abroad plans with their healthcare provider. For more information and guidance on safety precautions for students before, during, and after travel, please visit CDC's [Studying Abroad](#) webpage or CDC's Yellow Book section [Study Abroad and Other International Student Travel](#).

International Students

International students vaccinated outside of the United States should refer to [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#) for the need for vaccinations upon arrival in the United States.


Key Terms

Campus: The grounds and buildings of a university, college, or school (including community colleges and technical schools). The grounds include classrooms, libraries, outdoor and indoor common areas, sports stadiums, auditoriums, dorms and other housing, campus recreation centers, cafeterias, dining halls, etc.

Household: In IHE settings, roommates or suite-mates should be considered a household.

People who are not fully vaccinated: People who are not fully vaccinated are individuals of all ages, including children, who have not completed a vaccination series to protect against COVID-19.


Fully vaccinated people/People who are fully vaccinated: People are considered fully vaccinated for COVID-19 ≥ 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 2 weeks after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen)[†].

[†]This guidance applies to COVID-19 vaccines currently authorized or approved for emergency use by the U.S. Food and Drug Administration: Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J)/Janssen COVID-19 vaccines. This guidance can also be applied to COVID-19 vaccines that have been listed for emergency use by the [World Health Organization](#)  [↗](#) (e.g., AstraZeneca/Oxford).





Mixed campus: A mixed campus includes people who have completed their COVID-19 vaccination series and people who have not completed their vaccination series to protect against COVID-19.

Fully vaccinated campus: IHEs where all students, faculty, and staff have completed their [vaccination](#) series to protect against COVID-19 prior to returning to campus except those people who are unable to get the COVID-19 vaccine due to medical or other reasons.

Additional Resources

- [Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- [Resources for Colleges, Universities and Higher Learning](#)
- [Health Equity](#)
- [Worker Safety and Support](#)
- [Communication Resources](#)
- [CDC COVID-19 Vaccination Program Provider Requirements and Support](#)
- [Workplaces and Businesses](#)
- [Workplace Vaccination Program](#)
- [Guidance for U.S. Healthcare Facilities about Coronavirus \(COVID-19\)](#)
- [COVID-19 Behaviors Encouraging Protective Among College Students](#) [↗](#)
- [The Department of Education COVID-19 Handbook Volume 3: Strategies for Safe Operation and Addressing the Impact of COVID-19 on Higher Education Students, Faculty, and Staff](#)  [↗](#)

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Previous Updates

Updates from Previous Content

As of July 23, 2021:

- Removed the consideration to cohort by vaccination status

As of June 4, 2021

- Added Introduction language to reflect the latest information relevant to Institutions of Higher Education (IHEs)
- Added guidance on offering and promoting COVID-19 vaccination
- Added guidance on prevention strategies for IHEs where everyone is fully vaccinated and for IHEs where not everyone is fully vaccinated
- Added section on General Considerations for All IHEs
- Added section with Additional Considerations for All IHEs
- Added Key Terms
- Added References section
- Updated Resources section

As of December 31, 2020:

- Updated considerations for Direct Service Providers (DSPs)

As of October 5, 2020:

- Expanded considerations on care for students and staff when becoming ill in an IHE setting
- Updated considerations on ventilation
- Updated considerations on food service
- Updated considerations for contact tracing
- Updated considerations on recognizing signs and symptoms of COVID-19, screening, and testing
- Updated considerations on coping and support
- Updated considerations for Direct Service Providers (DSPs)