



Office of the Provost

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MEMORANDUM

To: William Braham, Faculty Senate Chair
Vivian Gadsden, Faculty Senate Chair-Elect
Kathleen Hall Jamieson, Faculty Senate Past Chair

CC: Karen Detlefsen, Vice Provost for Education
Benoit Dubé, Associate Provost and Chief Wellness Officer
Jack Heuer, Vice President for Human Resources
Anne Papageorge, Vice Provost for Facilities and Real Estate Services

From: Laura W. Perna

Date: September 22, 2021

Subject: Return-to-Classroom Question

Thank you for sharing the draft of the information you plan to distribute to the Senate Executive Committee. Responses to the additional questions are below. Please let me know if you have other questions.

1. What specific criteria will the University use to judge whether it is necessary to move to Alert Level 3 and online teaching? The information provided on the website is worded relatively vaguely:
 - a) Rising transmission and cases in Philadelphia and neighboring communities.
 - b) Evidence of significant community spread.
 - c) Significant increase in the presentation of other illness (flu, strep, mono, and mumps for example).
 - d) Restrictions coming from the CDC, the Commonwealth, or the Philadelphia Department of Public Health.

Could you share more details? For instance, how much must transmission rates rise? What is the threshold for the number or extent of breakthrough infections on campus, or in the city, that will trigger such a move? What is the basis for concluding that a 1% positivity rate is low and hence not worrisome?

The Philadelphia Department of Public Health and the CDC use <5% as a benchmark for low community transmission. Additionally, our campus positivity rates are always assessed in their specific contexts before any public health guidance is offered. For example, one School

or Center can have an outbreak, but that would not necessitate a change to the guidance for the entire campus. On the other hand, the City may impose new restrictions in response to a community-wide increase in transmission, which would then impact our campus operations. This was the case with the indoor mask mandate last August. We appreciate the frustration this nuanced guidance creates, but the University's guidance remains data-driven and aligned with public health agencies.

2. The University reports that there has been no in-class transmission of COVID on campus. However, because many instructors and some students commute via public transit, that process exposes them to a much less vaccinated and less well-masked population during a time of high community transmission in closed quarters over periods sometimes in excess of 30 minutes and with limited to no physical distancing. The University calculates that the risk on in classroom transmission is small. What is its calculation of its risk of such commuting? And would the University consider permitting time-shifted in-person work schedules to make it possible to commute using mass transit during hours in which the transit vehicles are less crowded?

The University has, for years, provided the opportunity for flexible schedules to accommodate employees while also balancing the operational needs of the school/center. These are typically local decisions at the school/center level.

The Philadelphia Department of Public Health has not set restrictions for public transit. As a reminder, fomite (or surface) transmission is extremely infrequent. SEPTA has highlighted some of the protective elements present in its public transit system:

- *Ventilation: its vehicles are well ventilated and air circulation occurs every two to three minutes; this is in excess of recommendations in place for restaurants, for example.*
- *Filtration: SEPTA is upgrading to high-efficiency cabin air filters.*
- *Cleaning protocols have been modified and their frequency increased.*
- *Masking is now mandatory*

SEPTA recently launched a new tool that offers customers [Seat Availability](#) information for buses. This trip planning resource also provides a snapshot of the number of seats and riders on a given vehicle. In the coming months this feature will be expanded to cover all modes of service including the Market Frankford, Broad Street and Norristown Lines, Regional Rail and Trolleys.

Our best protection comes from our robust community vaccination rates alongside our indoor mask mandate. Penn's overall vaccination is currently greater than 95%. As of late September, the City reports that 70% of Philadelphia are fully vaccinated and nearly 84% have received at least one dose.

3. What is the false negative rate of the COVID saliva tests on which Penn is relying? How are the estimated false positive and false negative rates being adjusted for marginalized groups, for whom medical prediction rates are usually less accurate? When a student has symptoms but the test says that they are COVID negative, should we (and may we) ask that they physically distance by sitting in a separate designated area of our classrooms?

The Negative Predictive Value of the assay at the current community prevalence (0.7%) is >99.9%. If you applied the assay to the symptomatic prevalence (7.5%), it would still be >99.0%.

The biggest sources of a false negative are where oral/nasal shedding in an infected individual is low. There are two scenarios that would be associated with this: virus is present in the deeper airways and lungs in greater quantity than in the upper respiratory tract when our samples are taken (these patients are usually quite sick) or the individual is very early in an infection/exposure and the virus hasn't replicated enough to be detectable (day 1-4 after exposure).

Students with new onset symptoms should be reminded to report them through PennOpen Pass in order to receive appropriate clinical guidance. All students attending in-person instruction are expected to have a green PennOpen Pass. It is also important to remember that masking, in combination with our high community vaccination rates are our most effective layers of protection against COVID-19.

4. We report our health status on PennOpen Pass. Is the University tracking exposure to (and contraction of) COVID by the household members of faculty and staff? Many faculty and staff (who are themselves fully vaccinated) are very concerned about “carrying COVID home” from the Penn campus to vulnerable household members, including immunocompromised persons as well as children too young to be vaccine-eligible.

PennOpen Pass allows for faculty and staff to report possible exposure through two questions on the daily symptom attestation: (1) faculty and staff are asked whether they have been in contact with someone newly diagnosed with COVID-19 in the past 7 days, and (2) whether they have been in contact with someone who had developed a fever and flu-like symptom after that person had a recent exposure to COVID-19.

Contact tracing interviews are only conducted with members of the Penn community. If household members are identified as close contacts, appropriate guidance is offered to the identified family members.

For Penn community members with school-aged children at home, the City of Philadelphia announced this week that it is now recommending daycares and K-12 schools follow the CDC guidance that incorporates weekly screening of unvaccinated individuals into school-based COVID-19 prevention and mitigation strategies.

It remains possible for a member of the Penn community to become infected while on Penn's campus and bring the infection home to vulnerable members. Based on over 18 months of contact tracing information, this would be associated with a shared meal with someone in close proximity as all documented campus-transmissions occurred under these circumstances. All members of the Penn community are reminded to make good choices when engaging with colleagues and peers.

The data also confirms that our multilayered mitigation strategies are working: Our multilayered mitigation strategies—vaccination, masking, testing, and contact tracing—continue to help prevent further exposure and spread in our community. Through the

utilization of PennOpen Pass to report symptoms and exposures, we continue to limit the introduction of COVID-19 to campus.

Transmission risk is omnipresent and cannot be eliminated. However, our multi-layered approach is working and all indicators suggest that it is being embraced by our community.

5. There is concern throughout the questions about the quality of masks used by and available to the faculty and students. Could the University ensure that masks sold in the Penn Bookstore are high quality? Could departments provide surgical masks and fitted-cloth over-masks or N95s for teaching faculty?

The masking guidance has remained unchanged even as the more transmissible delta variant has become the dominant strain: an effective mask consists of at least two layers of fabric that cover the nose and mouth snugly, creating a barrier for respiratory particles. An effective mask prevents the wearer from blowing out a candle or match.

In light of the delta variant, many have adopted more sophisticated masks such as the N-95 and KN-95 masks. This additional layer of protection can be achieved through double masking by wearing a daily use surgical mask as a first layer and a traditional cloth mask as a second layer. N95 respirators only provide the expected protection when used correctly and [are fit tested](#).

Surgical masks have been distributed to all Business Administrators who oversee common pool classrooms. The contact information for building administrators is generally posted in classrooms along with contact information for technology support. Instructors may also contact their department administrator for help reaching out to the appropriate building administrator. EHRS would be happy to provide masks to anyone who requests them: EHRS@EHRS.upenn.edu

As a reminder, masking is one element of our multilayered approach.

6. “Brain fog” is a symptom that could be career ending for academicians. Is the University studying the brain fog that accompanies approximately 20% of COVID cases? Are doctors in our hospital able to treat it? Are we seeing it among our community members who have had COVID? If a University employee suffers brain fog after contracting a breakthrough infection as a result of exposure to COVID at Penn, will that be a basis for disability accommodations?

We are very fortunate to benefit from the clinical expertise of our colleagues at Penn Medicine. “Brain fog,” as well as other symptoms of long-COVID are being studied at Penn where clinical resources can be accessed. All employees can avail themselves of disability accommodations by following the appropriate process through Office of Affirmative Action and Equal Opportunity.

7. Is Penn planning to provide booster vaccines to faculty, staff, and students when FDA authorizations and recommendations advise that it would be helpful for certain age groups or those with certain conditions should receive them?

The FDA recently recommended booster shots of the Pfizer vaccine for individuals who are 65 or older. While official guidelines have yet to be issued, vaccines continue to be available at Penn and Penn Medicine.