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The CDC Is Wrong

Testing is essential for colleges to reopen safely

By Carl T. Bergstrom | July 14, 2020

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Last month, the Centers for Disease Control and Prevention released updated guidance for institutions of higher education in dealing with the Covid-19 crisis. In that report, the CDC failed to recommend testing for students returning to campus, and went one step further: It issued an explicit statement of nonrecommendation.

Testing of all students, faculty and staff for Covid-19 before allowing campus entry (entry testing) has not been systematically studied. It is unknown if entry testing in IHEs provides any additional reduction in person-to-person transmission of the virus beyond what would be expected with implementation of other infection preventive measures (e.g., social distancing, cloth face covering, hand washing, enhanced cleaning and disinfection). **Therefore, CDC does not recommend entry testing of all returning students, faculty, and staff.**

The aim of such testing is to identify infected individuals with no or mild symptoms, and to isolate them to prevent them from transmitting disease to others. This is a proven means of disease control, and is being used everywhere from workplaces to

our armed forces to the NBA to the White House.

The CDC's decision not to recommend such testing for higher education is inexplicable and irresponsible, particularly given that colleges are environments where Covid-19 spreads easily, and large outbreaks are likely.

For example, a major cluster in fraternity housing at the University of Washington last week has infected more than 130 students, the University of Mississippi suffered an outbreak of over 160 cases associated with fraternity parties, the University of California at Berkeley had a large fraternity party cluster, and several college football teams have suffered sizable outbreaks already this summer.

If we cannot contain outbreaks during the minimal campus activity of summer, we cannot expect to fare better in autumn.

The language of the CDC statement makes a disingenuous appeal to an absence of evidence. It is true that we have never had students return to college amidst a Covid-19 pandemic, so we have no direct experience with the effects of testing in that specific scenario. But we know exactly what to expect. We have overwhelming evidence from numerous other settings that testing is effective above and beyond other measures at identifying infected individuals, and that by isolating such individuals we can reduce the spread of disease. The CDC's rationale for inaction is akin to observing that seatbelts save lives in Cleveland but refusing to recommend them in Cincinnati because that's a different city and "you never know."

We lack direct insight into the CDC's motivations. But the nonrecommendation poses serious cause for concern. The White House has discouraged widespread Covid-19 testing. The CDC has already capitulated to the White House on other aspects of its coronavirus guidance. In May, at the request of the West Wing, the agency walked back its meek suggestion that religious organizations "consider suspending or at least decreasing use of a choir/musical ensembles and congregant singing ... if appropriate within the faith tradition." Last week, in response to criticism from Vice President

Pence and President Trump, Director Robert Redfield of the CDC stressed that his agency's K-12 school guidelines were not binding and expressed a desire that they not be used to justify school closures.

Another possibility — not mutually exclusive — is that the CDC is concerned about the feasibility of entry testing, given the nationwide testing shortages. Rather than recommending against testing, the appropriate response would have been to issue a statement like: “The CDC recommends entry testing as a best practice for Covid-19 control on campuses. We recognize that this may not be feasible in some locations, but urge colleges to make every effort to implement such a program.”

Unclear as the motives may be, the consequences of this decision are easy to anticipate. The CDC has provided considerable cover to colleges that do not wish to deal with the expense and logistical challenges of entry testing or continuing testing throughout the semester. Already we are seeing institutions justify their planned inaction by appealing to the CDC guidelines.

As college students return to campuses around the country next month, they will bring coronavirus infections with them. Failing to take obvious precautions and carry out effective control measures puts students at risk. It puts university faculty and staff at risk. And it puts at risk the broader communities in which institutions of higher education are embedded.

While college students may be less likely to suffer severe outcomes from Covid-19, college outbreaks do not stay on campus. They incubate disease and amplify transmission chains that reach and kill members of more vulnerable populations. To allow universities to open without testing is to replicate the error at the root of the feckless and incoherent federal response: ignoring the available evidence, hoping for the best, and planning accordingly.

So what should colleges be doing in the absence of guidance from the nation's health-protection agency? First, they need to recognize that the CDC's direction is inadequate at best and may be politically compromised as well.

Second, administrators need to acknowledge that they cannot open for in-person instruction in the fall without realistic plans to prevent large outbreaks on campuses. Such plans are not going to come from the CDC, and so the responsibility for crafting them falls upon individual institutions. Doing little, hoping for the best, and planning to suspend operations when that fails? Such an approach is irresponsible, will cause unfair disruption for the student body, and puts the larger community in harm's way.

Entry testing is essential to start the semester from the best possible position. Continuing testing, isolation of positive cases, and at least basic contact tracing will temper the spread of disease on campus. These measures are expensive and pose logistical challenges. But the challenges can be overcome. Batch testing offers a way to stretch capacity considerably while reducing expenses. The cost of an ambitious testing program needs to be considered in light of the alternative: converting to online instruction entirely, or terminating in-person instruction midway through the semester as outbreaks spiral out of control.

Third, colleges need to plan ahead for what happens if an outbreak does get out of hand. Rather than trying to make decisions amid the fog of war, reopening plans need to clearly state the criteria that will trigger increased prevention measures, up to and including complete cessation of in-person instruction and any associated dormitory closures.

The CDC has failed to provide the necessary guidance for a safe reopening. Institutions of higher education must see this failure for what it is and rise to the challenge of protecting their communities, rather than exploiting this failure as an excuse to do less than is required.

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