

The following message is being sent to all Senate members, academic assistant deans, and academic department managers.

UC SANTA BARBARA

Academic Senate

Divisional Chair's Newsletter

January 18, 2022

Dear Colleagues,

As we look forward to the end of January and our goal of returning to fully in-person instruction, I write with an update on the COVID-19 situation on our campus, and possible implications for the rest of our winter quarter. The information below was provided and/or vetted by the medical experts on our COVID-19 Working Group, including Prof. Scott Grafton, M.D. (Psychological and Brain Sciences, COVID-Mitigation Program Coordinator); Prof. Stu Feinstein (Molecular, Cellular, and Developmental Biology, COVID-19 Response Team Coordinator); Dr. Vejas Skripkus, M.D. (Executive Director of Student Health, Campus Physician); and Dr. Mary Ferris, M.D. (Campus COVID-19 Clinical Advisor). I am very grateful to our campus medical experts, who have been working throughout most of the pandemic to ensure that our university's policies and practices follow (and, often go beyond) public health guidance, and are optimized to allow for the smooth operation of our campus. The team continues to update and revise its analyses based on the latest campus, County, State, national and international data. Each of them gave an informative presentation at last week's Faculty Legislature meeting. If you missed it, you can view the 27-min video recording [here](#).

Current campus conditions. Our overall campus positivity rate is 7.78%, according to our campus [dashboard](#) on Jan 17. This value is a combination of results from the campus screening program (random testing) and from symptomatic screening (people who seek testing because they feel ill). The underlying prevalence of infection is more accurately judged by the results from our campus Early Detection Random testing program, which showed a positivity rate of 8.57% for the first week of winter quarter (based on 1,062 tests), declining to 6.55% for the second week of winter quarter (based

on 580 tests). This pattern was expected due to the return of many students at the beginning of the quarter, followed by a lower rate several days after their move-in. Housing, Dining, and Auxiliary Services estimate that about 70% of our students have already returned to the local area.

From the student health perspective, two important public health considerations for campus operations influence our plans to resume regular classroom instruction: the capacity of our quarantine and isolation (Q/I) housing, and the ability of Student Health Services (SHS) to manage the medical care of any infected students. This morning, Q/I housing for students was at 28% capacity. None of the students who tested positive this year have required more than regular medical attention, and SHS is taking care of them with no problems so far. The campus medical team is not aware of any employees who have required more serious medical attention due to COVID-19 infection this quarter either.

To ensure that most of our students have an opportunity to receive the booster shot as soon as possible, the campus is collaborating with the Santa Barbara Public Health Department to provide free booster clinics at Embarcadero Theater in IV. The clinic operated several days last week and today. It will run again on Jan 21, 25 and 28. Anyone (including faculty, staff, and community members) can make an appointment through [MyTurn](#), and the clinic will also accept walk-ins.

In the first two weeks of winter quarter, UCSB offered 48 in-person classes with 865 students enrolled. Starting Jan 18, a total of 122 classes (half in the Humanities and Fine Arts) with over 3,000 enrolled students will have an in-person component. This represents about 6.5% of all winter classes being offered. The low number is in part due to the many challenges that instructors face in ensuring that students can participate remotely. Dual mode instruction is very challenging in many courses, and not possible in others. This is an important consideration in our discussions about longer-term instructional modalities.

Instructors teaching performance or recreation classes this month with students who are exempt from wearing face masks due to the nature of the class can use rapid antigen tests to screen students twice weekly, or weekly campus PCR tests, as required by public health guidelines. The rapid antigen tests can be requested [here](#) (for more information, use this [email](#)). All other students should be encouraged to get regular PCR tests at Loma Pelona. All instructors and students can obtain high quality face masks through their Departments, and at numerous locations around campus. Most campus facilities remain open, although many are experiencing staffing shortfalls this month. Intercollegiate Athletics will resume in-person events with limited community spectators and verification of vaccination status and masking in late January (most UCs recently

announced similar policies). Arts & Lectures will hold only virtual events in January due to a lack of student workers, and an inability to hold events for which in-person class participation is required.

COVID-19 in our community. While the situation in our local community is serious, fortunately there has been much less severe disease and hospitalization so far compared to previous surges. The County's COVID-19 [dashboard](#) is reporting ca. 1,170 new cases per day, but this is almost certainly an undercount because it does not include home self-tests. The County test positivity rate of 21.8% (as of Jan 14) is not an unbiased representation of disease prevalence, since it counts largely people who sought testing because they are symptomatic. A more useful and immediate indicator of the stress on our local health care system is hospital capacity. The County is reporting that 75% of all beds are occupied (23% by COVID-19 patients), and 95% of adult ICU beds are occupied (19% by COVID-19 patients). It is important to all of us that any university activities do not worsen this situation.

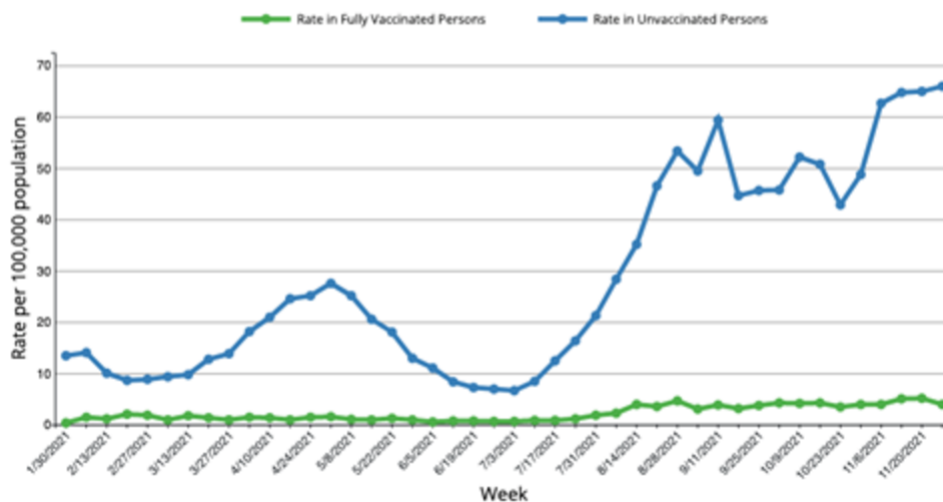
Another indicator of disease prevalence in our community comes from the comprehensive testing conducted by the Santa Barbara Union School District (SBUSD). On Jan 13, they [reported](#) having test results for over 91% of SBUSD students. Based on their 6.9% positivity rate, the district announced an immediate resumption of all extracurricular activities, including athletics and academic clubs.

New data, models, and projections. The Omicron variant now represents more than 98% of cases in the US and in California, according to the CDC's [tracker](#). The higher contagiousness of Omicron (about double that of the Delta variant) is the cause of the steep rise in the case rate that we have seen since late December, and it is expected to also lead to a steep decline as the number of people susceptible to infection falls in late January. We expect a peak in COVID-19 infections in our local community in the next week, based on models of transmission dynamics in our community and the emergence of local peaks throughout California. This prediction is aligned with recent wastewater testing [results](#) in several Bay Area communities, Sacramento and Davis, which show that the amount of virus in circulation has already peaked and in many cases is declining. By January 31, the overall risk of transmission in our community is expected to be relatively low because many people who were infected will have recovered, and they will not be susceptible to reinfection or capable of transmitting COVID-19 for some time.

A large, very recent California [study](#) of patients throughout Southern California confirms promising initial indications that Omicron causes less severe illness relative to Delta in all groups of people, regardless of age, vaccination status, or underlying health conditions. This lower virulence multiplies the protection offered by our vaccines against

hospitalization. The [CDC](#) has confirmed the high effectiveness of vaccination in preventing hospitalization in all age groups. Unlike in the early stages of the pandemic, when everyone was unvaccinated and age was a strong risk factor, the new data show that the absolute risk of hospitalization for vaccinated people over 65 is close to the risk in people aged 18-39. A visual breakdown according to various age groups can also be found on the CDC website.

Age-Adjusted Rates of COVID-19-Associated Hospitalizations by Vaccination Status in Adults Ages ≥ 18 Years, January–November 2021



There is more encouraging news as we gain more information about the effects of vaccination. One new [dataset](#) from Canada shows that the hospitalization rate over the past 120 days among triple-vaccinated people 80+ years old is lower than the hospitalization rate among unvaccinated people aged 12-29. Another new [study](#) based on data collected from March 2020 through November 2021 showed that vaccination reduces the incidence of post-COVID-19 symptoms in people who experienced a breakthrough infection to the baseline level, that is, vaccinated people who are subsequently infected experience long-COVID symptoms no more frequently than people who were never infected.

I recognize that returning to the campus and the classroom is a source of anxiety for many of us. For this reason, our medical experts and modelers have been working to update our models for classroom transmission to include the latest information about community infection rates among vaccinated people. Their results suggest that classroom transmission will continue to be low despite the presence of Omicron, due to the very high vaccination rate of our campus community and its universal masking. When community prevalence begins to decline as we pass the peak likely in the

coming week, the probability of infected students in the classroom will decline as well, reducing the likelihood of campus transmission even more. Furthermore, the many students who have recovered from this surge are very unlikely to be reinfected later this academic year. These two factors together (the declining number of infected persons, and the increasing number of recovered persons) greatly suppress the probability of campus transmission. We remind instructors with medical accommodations and those who live with people who are immunosuppressed that they are still covered under the [policy](#) allowing for remote instruction during winter quarter.

Instruction in February and beyond. Our faculty hold a variety of opinions about returning to classroom instruction. An Associated Students poll conducted a little over a week ago also showed undergraduate student opinion is also split on what kind of instruction students want for the rest of the quarter. Nevertheless, I believe the trajectory we are on and the indicators described above will allow us to responsibly resume classes on campus soon. The campus has [stated](#) its intent to recommence in-person instruction starting January 31. This shift has important ramifications for instructors planning the rest of the quarter, including the style of their examinations and the conduct of discussion-based seminars and laboratory classes, among other factors. Throughout this week, the COVID-19 Working Group will continue to monitor conditions, gather and analyze pandemic-related data, and provide input. We expect this information will allow us to confirm the mode of instruction by the end of the week for the rest of winter quarter.

Sincerely,

Susannah Scott

Chair, Santa Barbara Division



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