January 31, 2020

TO: Chancellors, Presidents and Provosts 
Texas Institutions of Higher Education

FROM: Harrison Keller, Ph.D.  
Commissioner of Higher Education

SUBJECT: Coronavirus Information for Institutions of Higher Education

Last week, cases of 2019 novel coronavirus (2019-nCoV) were confirmed for the first time in the United States. One of the first identified cases was in a university student in Arizona. While no confirmed cases of 2019-nCoV have been identified yet in Texas, there have been two university students in Texas who met the U.S. Centers for Disease Control and Prevention (CDC) criteria to be tested for the illness. Both of those students subsequently tested negative for 2019-nCoV.

Given these recent developments, we want to share the attached information and recommendations developed by the Texas Department of State Health Services (DHS) to assist in preparing for the possibility of a student being infected with 2019-nCoV on your campus. Please share this information as you deem most appropriate at your institution, and do not hesitate to contact the Coordinating Board if we can be of assistance in your efforts.

c: Governmental Relations Officers

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Recommendations

I. Communication

- Provide information and resources to students and employees on recent 2019 novel coronavirus developments. Monitor the sites below for updates as 2019-nCoV developments are evolving rapidly and CDC guidance may change.
  - For the most recent news on novel coronavirus in Texas, go to the Texas Department of State Health Services (DHS) webpage at https://dshs.texas.gov/coronavirus/.

II. Identify Those at Increased Risk for 2019 Novel Coronavirus

- Ensure that students and employees are aware of criteria for those at increased risk of 2019-nCoV. Any student or employee who recently traveled from China or had contact with a confirmed case of novel coronavirus should take the following steps:
  - Monitor their health for 14 days after leaving China or after having contact with a confirmed case;
  - If they develop fever, cough, or have difficulty breathing, they should stay home and limit their contact with other people as much as possible. They should contact university health officials or their medical provider and advise them of their recent travel and current symptoms; and
  - Follow any special instructions issued from university health or their health care provider.
- Students and employees should assess latest CDC travel advisories when planning travel.

III. Collaboration with Local Public Health

- University health centers should work closely with their local health department to report individuals who develop fever, cough, or difficulty breathing within 14 days of travel to China or exposure to a confirmed case of novel coronavirus. Your local health department can assist you in evaluating suspected cases. If warranted, they can provide guidance on specimen collection and shipping procedures for testing.
  - A listing of Texas local health departments can be found online at www.dshs.texas.gov/idcu/investigation/conditions/contacts. You can also reach your local health department by calling 1-800-705-8868.
IV. Planning and Assessment

- Universities should review current emergency plans in place to respond to a potential infectious disease activity occurring on campus. Discuss accountability and responsibility as well as resources for key stakeholders (e.g., campus health services and mental health staff, student housing personnel, security, communications staff, physical plant staff, food services director, and academic staff) engaged in planning and executing specific components of emergency plans.

V. Infection Control

- There is still much to be learned about 2019-nCoV. Based on current data, CDC advises that this novel coronavirus is likely spread in a similar manner to other respiratory illnesses like influenza. Given that, the best recommendations to preventing the spread of respiratory illness include the following:
  - Wash hands often with soap and water for at least 20 seconds.
  - Avoid touching eyes, nose, and mouth with unwashed hands.
  - Avoid close contact with people who are sick.
  - Stay home when sick.
  - Cover coughs.
  - Clean and disinfect frequently touched objects and surfaces.

- Further information regarding infection control within a healthcare setting is available to provider of campus health services from the CDC.

We hope these recommendations will assist you in better preparing for a possible response to 2019-nCoV.
Frequently Asked Questions

Q: What is 2019 Novel Coronavirus?
A: The 2019 Novel Coronavirus, or 2019-nCoV, is a new respiratory virus first identified in Wuhan, Hubei Province, China. Learn about 2019 Novel Coronavirus.

Q: What is a novel coronavirus?
A: A novel coronavirus (CoV) is a new coronavirus that has not been previously identified.

Q: What is the source of 2019-nCoV?
A: Public health officials and partners are working hard to identify the source of the 2019-nCoV. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Analysis of the genetic tree of this virus is ongoing to know the specific source of the virus. SARS, another coronavirus that emerged to infect people, came from civet cats, while MERS, another coronavirus that emerged to infect people, came from camels. More information about the source and spread of 2019-nCoV is available on the 2019-nCoV Situation Summary: Source and Spread of the Virus.

Q: How does the virus spread?
A: This virus probably originally emerged from an animal source but now seems to be spreading from person-to-person. It’s important to note that person-to-person spread can happen on a continuum. Some viruses are highly contagious (like measles), while other viruses are less so. At this time, it’s unclear how easily or sustainably this virus is spreading between people. Learn what is known about the spread of newly emerged coronaviruses.

Q: How can I help protect myself?
A: Visit the 2019-nCoV Prevention and Treatment page to learn about how to protect yourself from respiratory illnesses, like 2019-nCoV.

Q: What should I do if I had close contact with someone who has 2019-nCoV?
A: There is information for people who have had close contact with a person confirmed to have, or being evaluated for, 2019-nCoV infection available online.

Q: What are the symptoms and complications that 2019-nCoV can cause?
A: Current symptoms reported for patients with 2019-nCoV have included mild to severe respiratory illness with fever, cough, and difficulty breathing. Read about 2019-nCoV Symptoms.

Q: Should I be tested for 2019-nCoV?
A: If you develop a fever and symptoms of respiratory illness, such as cough or shortness of breath, within 14 days after travel from China, you should call ahead to a healthcare professional and mention your recent travel or close contact. If you have had close contact with someone showing these symptoms who has recently
traveled from this area, you should stay home and contact your university campus clinic or healthcare professional and mention your close contact and their recent travel. They will work with your public health officials and CDC to determine if you need to be tested for 2019-nCoV.

Q: Am I at risk for 2019-nCoV infection in the United States?  
A: This is a rapidly evolving situation and the risk assessment may change daily. The latest updates are available on CDC’s 2019 Novel Coronavirus website.

Q: Has anyone in the United States gotten infected?  
A: Yes. The first infection with 2019-nCoV in the United States was reported on January 21, 2020. See the current U.S. case count of infection with 2019-nCoV.

Q: Has anyone in the Texas gotten infected?  
A: As of January 29, 2020, no cases of 2019-nCoV have been reported in Texas. See the current Texas information on 2019-nCoV.

Q: Am I at risk for novel coronavirus from a package or products shipping from China?  
There is still a lot that is unknown about the newly emerged 2019 novel coronavirus (2019-nCoV) and how it spreads. Two other coronaviruses have emerged previously to cause severe illness in people (MERS and SARS). 2019-nCoV is more genetically related to SARS than MERS, but both are betacoronaviruses with their origins in bats. While we don’t know for sure that this virus will behave the same way as SARS and MERS, we can use the information from both of these earlier coronaviruses to guide us. In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of 2019-nCoV associated with imported goods and there have not been any cases of 2019-nCoV in the United States associated with imported goods. Information will be provided on the 2019 Novel Coronavirus website as it becomes available.

Q: Is it safe to travel to China or other countries where 2019-nCoV cases have occurred?  
A: The situation is evolving. Stay up to date with CDC’s travel health notices related to this outbreak. These notices will be updated as more information becomes available.

Q: What if I recently traveled to China and got sick?  
A: If you were in China and feel sick with fever, cough, or difficulty breathing, within 14 days after you left, you should

• Seek medical care right away. Before you go to a doctor’s office or emergency room, call ahead and tell them about your recent travel and your symptoms.
• Avoid contact with others.
• Not travel while sick.
• Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
• Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer if soap and water are not available.

CDC does have additional specific guidance for travelers available online.

Footnotes to FAQs

1Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

2Close contact is defined as—

a. being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a novel coronavirus case.

b. having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC’s Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.