August 19, 2020

The Honorable Alex Azar  
Secretary  
Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Dr. Robert Redfield  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30329

Dear Secretary Azar and Dr. Redfield:

We write to request information on the Department of Health and Human Services’ (HHS) and Centers for Disease Control and Prevention’s (CDC) plans to collect and report information on coronavirus disease 2019 (COVID-19) cases linked to institutions of higher education. As colleges and universities start the new academic year, there is wide variation in their plans for residential life and in-person learning¹ and there is currently no national method for reporting and tracking COVID-19 cases at these institutions.² Because of the susceptibility of college campuses to outbreaks and the frequency of student travel across state lines, we urge you to coordinate with state and local health officials to ensure complete, transparent, and timely national reporting of COVID-19 cases linked to institutions of higher education.

Although much is still unknown about COVID-19, it is clear that congregate living settings, such as nursing homes,³ group homes,⁴ prisons and jails,⁵ and cruise ships,⁶ are especially vulnerable to outbreaks of the virus. Under normal circumstances, colleges and

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universities bring together students, faculty, and staff in close proximity to live and learn—a model vulnerable to outbreaks during the COVID-19 pandemic. To address these inherent vulnerabilities, many institutions are working diligently to modify their operations to protect the health of their students, faculty, and employees, and the communities in which they live. This has resulted in a number of different approaches to reopening. A recent survey found that nearly 40% of institutions plan to have at least some form of in-person instruction in the fall, with another 25% still deciding their plans.\(^7\)

Physical distancing, masks, outdoor instruction, and other strategies may be effective at mitigating widespread transmission of the virus, but despite these best efforts, COVID-19 cases are still likely to emerge on college campuses in the fall and beyond. Even before students have returned to campus, the New York Times has estimated that more than 6,600 COVID-19 cases have already been linked to colleges and universities.\(^8\) Outbreaks have been traced to fraternities, football teams, and construction sites.\(^9\) Less than a week after starting classes, the University of North Carolina at Chapel Hill has already identified four clusters of infected students,\(^10\) and Oklahoma State University has placed an entire sorority chapter in quarantine after 23 members tested positive for COVID-19.\(^11\) Currently the public is relying on voluntary reporting by institutions of higher education, which varies widely, to understand the role of college campuses in the spread of the virus.\(^12\) While the CDC’s guidance for colleges and universities encourages coordination with local health officials in accordance with applicable privacy laws, it does not specify a standardized format or level of detail for reporting cases or the frequency with which cases should be disclosed to the public.\(^13\) This lack of guidance is likely to create a patchwork of inconsistent information across states, localities, and the nation, undermining transparency and efforts to address the pandemic.

HHS and CDC have a crucial coordinating role in ensuring consistent, complete, and timely reporting across states and the nation, and understanding the potential interstate nature of outbreaks linked to colleges and universities. Many students attend residential institutions of higher education in a different state than their permanent residence, which can lead to inconsistencies in how cases are reported.\(^14\) Additionally, outbreaks may cross state and local

\(^9\) Id.
borders if students return home after contracting the virus on campus. Much is still unknown about how this virus will affect students and staff and how it may spread on campuses; the CDC has conducted narrow case studies of outbreaks linked to college students, but national data would support more comprehensive research, which could then guide decisions about which mitigation strategies are most effective.

Furthermore, HHS, CDC, and state and local public health departments should work together to collect demographic data in a standardized format from institutions of higher education in order to monitor any disparities among affected students and staff. The coronavirus pandemic has exposed stark racial disparities in health outcomes across the country, and these disparities in the broader community have been reflected in other congregate living settings, such as nursing homes. Public reporting of demographic data is essential to understanding the effect of the pandemic on different populations within campus communities and to inform appropriate policy responses. For example, an outbreak among support staff will require a different approach than cases traced to student gatherings or social events.

In order to better understand how HHS and CDC plan to work with state and local health officials to collect consistent and timely data on COVID-19 cases linked to institutions of higher education, we request answers to the following questions no later than September 2, 2020:

1. What further guidance do HHS and CDC plan to provide to institutions of higher education on how COVID-19 cases should be reported to state, local, and federal health officials, including the timeline for reporting suspected and confirmed cases, demographic data on each case, and how reporting should comply with applicable privacy laws?

2. How do HHS and CDC plan to aggregate and publish data on cases linked to institutions of higher education at the national level? Will this public data include demographic information, including sex, age, race/ethnicity, and disability status? If HHS and CDC do not have plans for this data collection and publication, why not?

3. To date, what guidance have HHS and CDC provided to state and local public health departments about the type of demographic data that should be collected and disclosed to the public related to COVID-19 cases linked to institutions of higher education?

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4. How do HHS and CDC plan to study outbreaks of COVID-19 linked to institutions of higher education to understand which mitigation efforts are most and least effective?

5. Have HHS or CDC officials coordinated with officials from the Department of Education regarding COVID-19 data collection at institutions of higher education? If so, please describe the nature, dates, and individuals involved with this coordination.

Thank you for your consideration of this urgent matter.

Sincerely,

/s/ Elizabeth Warren
Elizabeth Warren
United States Senator

/s/ Tina Smith
Tina Smith
United States Senator

/s/ Chris Murphy
Chris Murphy
United States Senator