Executive Board

Asymptomatic COVID-19 Testing

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February 22, 2021

Gene D. Block  
UCLA Chancellor

Re: UCLA Health COVID-19 Case Data Reporting and Asymptomatic Testing

Dear Chancellor Block,

On behalf of the Executive Board, thank you for your response on November 19, 2020, to our October 21, 2020 letter raising concerns about asymptomatic testing policies and availability. The Academic Senate has been heartened by the infrastructure now in place.

However, we remain concerned about the lack of transparency of UCLA Health data on COVID-19 cases. Per the attached letter from the Faculty Welfare Committee (FWC) dated December 9, 2020, “[FWC] Members unanimously agree that the data on COVID-19 cases at UCLA Health need to be transparent and available to the public, in a form similar to the COVID-19 case reporting of the UCLA general campus.” Currently some COVID-19 case data at UCLA Health are available only to some Health Sciences faculty members. It is our understanding that UCLA Health has declined multiple campus requests to share data on students, staff and faculty more broadly.

At its meeting on February 18, 2021, the Executive Board unanimously endorsed the FWC letter, below. Members believe the campus will benefit from a wider and more transparent reporting of UCLA Health data on COVID-19 cases. The general campus webpage, “Confirmed cases of COVID-19 among the campus community,” provides a model.

As always, we appreciate the opportunity to opine on the crucial issues facing the campus and look forward to working with you to address them.

Sincerely,

Shane White  
Chair, UCLA Academic Senate

Encl.

Cc: Jody Kreiman, Vice Chair/Chair Elect, UCLA Academic Senate  
Michael Meranze, Immediate Past Chair, UCLA Academic Senate  
Huiying Li, Faculty Welfare Committee Chair, UCLA Academic Senate  
April de Stefano, Executive Director, UCLA Academic Senate  
Elizabeth Feller, Principal Policy Analyst, UCLA Academic Senate
December 9, 2020

Shane White, Chair
Academic Senate

Re: UCLA Health COVID-19 Case Data Reporting and Asymptomatic Testing

Dear Chair White,

At its meeting on November 17, 2020, the Faculty Welfare Committee discussed the issue regarding UCLA Health COVID-19 case data reporting and asymptomatic testing. Committee members offered the following comments.

Members unanimously agree that the data on COVID-19 cases at UCLA Health need to be transparent and available to the public, in a form similar to the COVID-19 case reporting of the UCLA general campus. Currently the COVID-19 case data at UCLA Health are available only to those in Health Sciences. The Committee would like to ask the Executive Board to request comparable information on Health Sciences from the administration.

Regarding asymptomatic testing, it appears that the clinical faculty and staff in Health Sciences who are not involved in teaching or research are currently not offered regular COVID-19 testing. Committee members believe that offering the tests should be equitable. Thus, the tests should be offered to the clinical faculty and staff in the health system, as is done for the general campus. Members in Health Sciences opined that testing every week may become an issue as there may not be enough tests for everyone. Additionally, those in Health Sciences are already taking precautions, so it may not need to be mandatory. However, this should not preclude them from being tested should they need or want to do so. FWC members recommend that COVID-19 tests should be made available to anyone who wants them, even if they have no symptoms.

If you have any questions, please contact us via the Faculty Welfare Committee’s interim analyst, Elizabeth Feller, at efeller@senate.ucla.edu.

Sincerely,

Huiying Li, Chair
Faculty Welfare Committee

cc: Jody Kreiman, Vice Chair/Chair Elect, Academic Senate
Michael Meranze, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Interim Analyst, Faculty Welfare Committee
Members of the Faculty Welfare Committee
November 19, 2020

Dear Chair White and Members of the UCLA Academic Senate Executive Board,

Thank you for your October 21 letter detailing concerns with UCLA’s asymptomatic COVID-19 testing policy and the campus’s testing infrastructure. I apologize for my delay in responding to your message. Doing what we can to protect the health and safety of our community – and, notably, our frontline workers – is absolutely essential, and I greatly appreciate the Senate’s attention to these issues.

In regard to your concern about asymptomatic testing for UCLA Health faculty and staff, while we have not mandated asymptomatic testing within the health system, we are currently planning for a change in testing policy that will allow UCLA Health employees who wish to be screened for COVID-19 to be tested whenever they so desire. Our aim is to have this new voluntary testing policy in place in December. Of course, any UCLA Health employees who exhibit COVID-19 symptoms or who come into close contact with someone with the virus are immediately referred to a UCLA Health testing site for testing as well.

UCLA Health’s decision not to require broad asymptomatic testing was made because of significant differences between the clinical and campus environments. Entry to UCLA Health buildings is controlled, and employees already operate under strict health guidelines that include symptom screening, required use of medical-grade personal protective equipment and intensive mandatory disinfection procedures. UCLA Health Vice Chancellor Mazziotta and President Spisso have been and continue to be advised by experts in infectious disease prevention who have concluded that the existing protocols preclude the need for required asymptomatic testing. UCLA Health’s testing policy is consistent with guidelines established by the Los Angeles County Department of Public Health and the U.S. Centers for Disease Control and Prevention, and aligns with the protocols in place at our peer health systems here and across the country.

In regard to your call for additional COVID-19 testing sites and more robust testing infrastructure on campus, I am pleased to report that we recently opened a new outdoor testing site at Switzer Plaza, which is currently seeing about 300 visitors per day but has a capacity of 1,000 per day. This site joins our existing testing facilities in the Grand Horizon Ballroom in Covel Commons and Collins Court in the John Wooden Center, as well as a COVID-19 Mobile Testing Bus whose location changes throughout the week. We are also in the final stages of establishing an additional site to accommodate employees with late night shifts during the week. My hope is that this range of convenient testing options alleviates your concerns, though Ashe Center staff would be happy to discuss any specific issues you may have.
Again, thank you for your thoughts on these urgent issues, and please do not hesitate to reach out if I can be of further assistance.

Sincerely,

Gene D. Block
Chancellor

ec: Michael Beck, Administrative Vice Chancellor
    Emily Carter, Executive Vice Chancellor and Provost
    April de Stefano, Executive Director, UCLA Academic Senate
    Jody Kreiman, Vice Chair/Chair Elect, UCLA Academic Senate
    Michael Meranze, Immediate Past Chair, UCLA Academic Senate
Community Screening for COVID-19: Proposal to Return & Recovery Task Force

Peter Katona, MD, Chair, Infection Control Working Group
John Bollard, Chair, Symptom Monitoring & Testing Working Group

The following principles were used to guide the proposed testing plan:

1. The test must be scientifically sound, with a high disease specificity and sensitivity as well as high predictive values of a positive or negative test.
2. The turnaround time for test results should be less than 48 hours.
3. The plan must be implementable and flexible enough to pivot based on disease prevalence and campus or community positivity and Rt rates.
4. The campus Exposure Management (contact tracing) team is in place.
5. Certain groups pose a higher risk than others and should be tested accordingly.
6. Excludes Health System employees.

Group 1--Mandatory

It is recommended that the following groups test weekly (every 5-9 days), and that all increase to twice weekly should the positivity rate of any one group reach 2% (all numbers are estimates):

- Students living in UCLA residence halls (700)
- Students living in university-owned undergraduate apartments (900)
- *Students living in fraternity and sorority houses (400)
- Residence Hall and Housing staff (professional and student) who have regular interaction with students (750)
- Faculty-in-Residence (65)
- Faculty, TAs and students involved with in-person courses (750)
- K-12 faculty and staff who are onsite (100)
- K-12 students over the age of 5 (1000)
- Essential staff (those working full or part-time on the Westwood campus) (3000)
- Students involved in the research ramp-up (2700)

*Cannot be mandated, but is highly recommended

Group 2--Mandatory

It is recommended that the following groups are randomly tested daily so that individuals are tested every two weeks (every 12-16 days), and increase to every week or greater should either the campus or their cohort’s positivity rate reach 2%:

- Faculty involved in the research ramp-up (4,200)
- Graduate students living in University apartments who do not fall in at least one of the groups mentioned above (3,500)
Group 3—Recommended

It is recommended that the following groups test regularly, and that resources are focused on encouraging and supporting testing for them:

- Graduate and undergraduate students living in the vicinity of campus and not part of any cohort listed above are encouraged to undertake asymptomatic weekly testing (~10,000)
- UCLA faculty, staff and students working in remote University locations without easy access to the Westwood campus testing sites are encouraged to undertake asymptomatic testing every two weeks, unless living and working in cohort or region in tier 3 or 4 when such testing is less beneficial.

Notes:

1. The Athletic Department is conducting regular surveillance antigen testing—in close collaboration with Ashe clinical leadership—based on a schedule determined both by campus physicians and Pac-12 league guidelines. Regular reports will be provided to the Symptom Monitoring & Testing Working Group and elevated to the Task Force as appropriate.
2. The family members of students living in university-owned housing should be encouraged to test regularly, using community resources. Should outbreaks occur, or the positivity rate of these housing communities climb to 2% or above, these family members will be included in campus testing efforts on a voluntary basis.