

Student Health Services (SHS) continues to offer Tele-Health/Triage services to students.

Please contact us at medicalSHS@pasadena.edu or call us at 626-585-7244 (messages only).

We will respond to your inquiry during our business hours, Monday – Thursday 8:30a-4:30p, Friday 8:30a-12:30p.

A Partial Taste of Freedom for Fully Vaccinated People

The CDC published interim [public health recommendations](#) for fully vaccinated people. Those people may visit other fully vaccinated people indoors without wearing masks or distancing. They may also visit a single unvaccinated household without masks and distancing if everyone in that household is at low risk of severe COVID. If the gathering includes more than one unvaccinated household then the participants should wear masks and maintain social distance, and the event should take place outdoors or in a well-ventilated space.

These fully vaccinated persons are also exempt from quarantine following close contact with a COVID case assuming the fully vaccinated person remains asymptomatic. The benefits of reducing social isolation and relaxing quarantine requirements are felt to outweigh the residual risk of fully vaccinated persons becoming ill with COVID, and the even smaller theoretical risk of transmitting COVID to others. It is also hoped that the relaxed restrictions may help improve COVID vaccine acceptance and uptake. There is more detailed guidance for residents and employees of non-healthcare congregate settings and high-density workplaces.

More on the Variants

In a version of “Pokemon, gotta catch ‘em all”, [Houston, Texas](#) is the first city in the U.S. to document all of the recent COVID variants of concern (B.1.1.7, B.1.351 and P.1) and the U.S. variants of interest (B.1.526 and B.1.427/B.1.429). The extra step that Houston has taken is to collect detailed demographic and health information on the infected patients and connect that information to the variant detected. This patient data will help move our knowledge from inference to objective observations about transmissibility of variants, the severity of disease caused by variants, the response of variants to monoclonal antibody treatment and the ability of variants to evade immunity from prior illness and vaccine. Iceland and Israel appear to be collecting similar data.

The U.S. has capacity for a significant amount of genomic sequencing at a variety of institutions, but there have been barriers to connecting that capacity with samples and data. In early February, the U.S. [ranked 36th in the world](#) in sequencing SARS-CoV-2 cases with a rate of 0.36% of confirmed cases. The highest rate was in Hawaii at 2.6%, the lowest states were at 0.02%. California clocked in at the U.S. average. For comparison, Denmark leads the world, sequencing over 50% of its confirmed cases.

In mid-February, \$1.6 billion was pledged in the U.S. to improve testing access for schools and homeless shelters, which included support for the manufacturing of testing supplies. Some \$200 million of that pledge is to fund increased sequencing and is considered a down payment on funding in larger \$1.9 trillion COVID-19 relief bill that is now poised to pass. Some suggest that it will take \$2 billion to increase sequencing to 15% of confirmed cases in the U.S.

If you are curious about variants identified in California, the [California Department of Public Health](#) publishes data every Thursday. The [New York Times coronavirus variant tracker](#) provides updated information on variants of concern, variants of interest, and the nature of the individual mutations that are involved in these variants.

The Mystery of Long-Haul COVID

The NIH is launching a 4-year study of long-haul COVID symptoms with \$1.15 billion allocated by Congress. The NIH calls this condition “[Post-Acute Sequelae of SARS-CoV-2](#)” (PASC). It encompasses long-lasting symptoms of fatigue, fever, headache, shortness of breath and “brain fog” which range in severity from mildly annoying to incapacitating.

There are [anecdotal reports](#) of partial improvement to full resolution of PASC symptoms following COVID vaccination. The lack of comparison groups and long-term follow-up mean there is no definitive data regarding how many PASC patients may experience relief, how long it lasts, and whether the improvement is linked to vaccination. As Dr. Stanley Weiss, an infectious disease specialist and epidemiologist at Rutgers New Jersey Medical School says, “the way you progress in science and medicine, is that you take observations from astute observers and pursue them with scientific rigor.”