



MEETING MINUTES



EVENT:	Testing Surge Workgroup	Date / Time:	June 12, 2020 @ 1130
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Author:	Dale Cowan, NCNG	Approved:	August 21, 2020
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Enter information below: (text box will automatically expand, numbering is automatic)

Required Attendees (X=Present):

	NCDHHS	<i>Sec. Mandy Cohen</i>	X	NCDHHS	<i>Dr. Betsey Tilson</i>
X	NCDHHS	<i>Dr. Scott Shone</i>	X	NCDHHS	<i>Dr. Cardra Burns</i>
X	NCDHHS	<i>Dr. Zack Moore</i>	X	NCDHHS	<i>Dr. Shannon Dowler</i>
X	NCDHHS	<i>Jay Ludlam</i>	X	NCDHHS	<i>Azzie Conley</i>
	NCDHHS	<i>Amanda Fuller-Moore</i>	X	LabCorp	<i>Traci Butler</i>
X	Quest	<i>Natalie Jackson</i>		Duke	<i>Dr. Michael Datto</i>
X	MAKO	<i>Josh Arant</i>	X	Atrium Health	<i>Dr. Gerald Capraro</i>
X	UNC Health	<i>Dr. Melissa Miller</i>	X	NC Medical Society	<i>Dr. Garrett Franklin</i>
X	Old North State Medical Society	<i>Dr. Charlene Green</i>	X	NCCHCA	<i>Chris Shank</i>
X	NCCHCA	<i>Dr. Mark Massing</i>	X	Mecklenburg Cty	<i>Dr. Meg Sullivan</i>
X	NC Board of Pharmacy	<i>Jay Campbell</i>	X	NC Healthcare Association	<i>Dr. John Fallon and Dr. Mary Jo Cagle</i>
X	NCALHD	<i>Stacie Saunders</i>	X	NC Institute of Public Health	<i>Doug Urland</i>
X	NC HIEA	<i>Christie Burris</i>	X	UNC Gillings School of Global Public Health	<i>Dr. Kauline Cipriani and Tim Thomas</i>
X	NCNG (in support of NC DHHS)	<i>Dale Cowan</i>		Manatt (in support of NC DHHS)	<i>Emily Carrier</i>

Agenda:

- I. **Welcome and Roll Call**—Dr. Burns (5 min)
- II. **Opening Remarks**—Secretary Cohen, if available (5 min)
- III. **New Business**
 - a. **Test Trends and Hot Topics**—Dr. Shone (5 min)
 - b. **June 8th Provider Guidance**—Dr. Tilson or Dr. Moore (5 min)
 - c. **Update on new collection sites or testing partnerships**—Dr. Massing (10 min)
 - d. **Vidant COVID-19 Dashboard Presentation** —Dr. Fallon (15 min)
 - e. **Antigen Testing Discussion Continuation** —Dr. Caparo (15 min)
- IV. **Due Outs Assigned and Closing**—Drs. Burns, Tilson, or Moore, if available (5 min)

Tasks / Due Outs: (List the recommended lead responsible for each task)

Due Date	Organization POC	Task



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Discussion by Major Topic: (Information not covered on slides or handouts)

- Dr. Burns welcomed the group and conducted roll-call.
- Dr. Shone provided an update on testing trends and hot topics
 - Trends are going in a concerning direction
 - Upward trends in positive cases
 - Percent positive continues to be 8-10%
 - Hospitalizations are elevated
 - Hot topics update:
 - Capacity Survey draft has been disseminated; receiving feedback
 - Survey deploying on 15 Jun
 - Assessing capacity and specific barriers
 - Wrapping up work on ELC grant
 - Increase testing and contact tracing capacity
 - Working with nine counties to identify issues
- Dr. Massing followed up with new sites and partnerships
 - HRSA survey update has not been received in time for this meeting
 - Dr. Datto (Duke University Health Systems) reported increasing capacity by 1k tests/day
 - Natalie Jackson (Quest) added that testing is being provided at a variety of locations
 - 6.3% positivity rate
 - 2 new collection sites in Charlotte are open for testing
 - Dr. Cagle (NC Healthcare Assoc) deployed mobile clinics. Worked with congregational nurses. Mt. Zion completed 212 tests
 - Stacie Saunders (NCALHD) reported that the Alamance County Health Department is conducting a collection site today (12 Jun). 50 had been tested so far
 - Community event June 27, location TBD
 - Fixed collection site survey in Alamance County. Results expected 12 Jun
 - 970 specimens collected to date by the health department
 - June 30 – focus testing on shelters. More in July
 - Josh Arant (Mako) reported that testing increased again this week
 - Performed community collections in Martin, Washington, Roanoke, Chowan and Dare counties this week
 - Traci Butler (LabCorp) reported testing approximately 7k tests/day last week
 - Detection rate is consistent around 8.4%
 - Expanding testing with CVS throughout the state (6k tests last week)
- Dr. Moore spoke about the provider guidance that was updated 9 June.
 - Encouraged to increase testing in those without symptoms but have been potentially exposed
 - Clarification regarding guidance around groups at higher risk of exposure and a higher risk of severe illness, health care workers and vulnerable populations
 - Testing of those who were at mass gatherings and couldn't socially distance
 - Check My Symptoms on the website is for information purposes only
 - Important to get testing because it triggers contact tracing

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- Dr. Franklin did express that there is frustration on the provider side with the guidance
- Dr. Fallon gave an overview of Vidant's COVID19 Dashboard
 - Greenville NC has 8 community hospitals in eastern Carolina
 - Conducted single platform testing since the beginning of COVID19 in March
 - 4 different platforms now because of the ability to getting testing kits and reagents
 - Rapid tests – 2 platforms – 2 hour results; High throughput platforms – 12-hour results
 - 500 tests/day – increasing capacity at the end of June to 4k tests/day
 - Dashboard shows KPIs with cumulative data on top (tests ordered, tests collected, positive results, Abbott serology tests) and data from the previous day
 - Includes turnaround times, ordering reason and labs that are testing
- Dr. Capraro followed up to the Antigen testing discussion from the previous week. No new antigen tests coming through and no new data either
 - Dr. Shone added that there are challenges with more widespread testing. What's the acceptability of using Antigen testing as a sole diagnostic modality? Antigen testing is unacceptable alone, but there may be value in a combinational testing approach. Will get the team back together to discuss further
 - Dr. Capraro replied that point of care like antibody testing performed poorly.
 - Another testing issue was the Abbott id now – turned out to be not a very good test
 - Don't rush to Antigen testing without any data saying it's relevant to the more reliable testing sources
 - Add pooling issue to provide clear guidance to Sec. Cohen
- Dr. Tilson communicated that consensus is not to do universal testing upfront to get kids back into college (led by Dr. Roper, president of UNC system)
 - Testing numbers are surging 21k new tests today (12 Jun)
 - Still testing the right people
 - 10% percent positives today (12 Jun). The goal is to get the percent positives down to 5%. NC is one of the highest in the country (10%)
 - Updating provider guidance – test individuals at high risk of exposure. Almost ½ of cases are in the Latinx community
 - Mass gatherings, rallies, and protests are a concern. People are not adhering to the mass gathering limits, and there is increased exposure because of that
 - Kids haven't had a large exposure to date
 - No age limit for testing
 - Overall kids are low risk
 - Multi-inflammatory: kids are presenting with GI issues, and then it becomes more severe
 - Still need to think through the guidance for kids
 - CDC recommended against the universal screening of kids for K-12 entrance
- Dr. Fallon brought up that when patients are exposed (i.e., Healthcare workers), then all co-workers want to get tested. He sends them away to wait 6 days and then come in for testing.



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- Dr. Moore added that he wants to get them tested as close to 6 days as possible and identify people that may have exposed others
- Dr. Green said that the vulnerable populations' group has been talking a lot, and they want to find solutions. Don't hold data back so that we may have transparency in reporting
- Dr. Tilson closed with getting ahead of this. Think of mitigation on the back end, but we need to prevent on the front end

Provider guidance may be found at <https://files.nc.gov/ncdhhs/documents/files/COVID-19/COVID-19-Provider-Guidance-Final.pdf>

Next Meeting:	19 June 2020, 1130-1230 Microsoft Teams Link ; Phone: 984-204-1487, Conference ID: 575 272 672#