## MEETING MINUTES

**EVENT:** Testing Surge Workgroup  
**Date / Time:** June 12, 2020 @ 1130  
**Author:** Dale Cowan, NCNG  
**Approved:** August 21, 2020

Enter information below: (text box will automatically expand, numbering is automatic)

### Required Attendees (X=Present):

<table>
<thead>
<tr>
<th>Organization</th>
<th>Attendee Name</th>
<th>Present/Not Present</th>
<th>Organization POC</th>
<th>Task</th>
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<tr>
<td>NCDHHS</td>
<td>Sec. Mandy Cohen</td>
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<td>Dr. Betsey Tilson</td>
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<td>Jay Ludlam</td>
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<td>Amanda Fuller-Moore</td>
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<td>LabCorp</td>
<td>Dr. Michael Datto</td>
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<td>Dr. Gerald Capraro</td>
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<td>Atrium Health</td>
<td>Dr. Garrett Franklin</td>
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<td>Dr. Charlene Green</td>
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<td>NCCHCA</td>
<td>Chris Shank</td>
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<td>Medical Society</td>
<td>Dr. Charlene Green</td>
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<td>Mecklenburg Cty</td>
<td>Dr. Meg Sullivan</td>
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<td>NC Board of Pharmacy</td>
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<td>NC Healthcare</td>
<td>Dr. John Fallon and Dr. Mary Jo Cagle</td>
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<td>Stacie Saunders</td>
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<td>Christie Burris</td>
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### 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)

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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.
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


**Next Meeting:** 19 June 2020, 1130-1230
Microsoft Teams [Link](https://teams.microsoft.com/l/team/19%3ad123456789abcdefg%40tenant.onmicrosoft.com/new?l=en-US); Phone: 984-204-1487, Conference ID: 575 272 672#