NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEETING AGENDA

NCPH North Carolina Public Health

EVENT:	**Testing Surge Workgroup**	***Date / Time:***	June 26, 2020 @ 1130
Author:	Lindsay Garfinkel, EY	***Approved:***	August 21, 2020

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

Required Attendees (X=Present):

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

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. ***SARS-CoV-2 antigen testing Clinician update*** —Dr. Moore (5 min)
c. ***Update on new collection sites or testing partnerships***—Dr. Massing (10 min)
d. ***Collection and Testing Capacity and Barrier Survey Results*** —Dr. Shone (15 min)
e. ***Pooled Specimen Testing Discussion***—Dr. Capraro (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

-	Scott Shone	Discuss the issue that FQHCs could not log into the survey with the team and fix for future surveys
-	Scott Shone	Share the PPE barrier with PPE team so that they can do outreach about the stockpile at the state
-	Cardra Burns/Scott Shone	Raise Abbott issues to the federal partners

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

*NOTE: No Meeting 3 July 2020.

I. ***Welcome and Roll Call***—Dr. Burns (5 min)

II. ***Opening Remarks***—Secretary Cohen, if available (5 min)
   a. Dr. Tilson:
      i. Trends: NC is not trending in the right direction; the number of cases is continuing to increase, but acceleration is slowing; percent positive is between 8%-10%; hospitalizations are increasing, but there is still capacity; early warning has increased (may overwhelm hospital capacity); many states in the SE have seen a resurgence linked with easing restrictions
      ii. Testing capabilities and policies/phases: NC has expanded testing capacity, but slowed down last week likely due to supply chain issues; we need to think through other strategies to ramp up testing capacity (e.g. being precise in our response in specific counties and populations); the biggest rate of growth has been in people in the ages between 20 and early 40s as well as in community spread (not congregate living) and in the LatinX population (note that the African American population is still disproportionate); we need to think through where and how we want to test in a way that those populations trust (e.g. deploying mobile tests); the state went through an RFQ for strategic testing and tracing and Dr. Dowler identified places for high risk testing; we need to focus on prevention strategies (working with workplaces, especially in high density occupations; increasing requirements for face coverings as this has had dramatic positive effects in the NE and especially as return to school is approaching)

III. ***New Business***
   a. ***Test Trends and Hot Topics***—Dr. Shone (5 min)
      i. Trends were covered by Dr. Tilson's opening remarks and Dr. Burns moved on to the next agenda item
      ii. Dr. Burns added that the state's website includes additional data about testing by county
   b. ***SARS-CoV-2 antigen testing Clinician update*** —Dr. Moore (5 min)
      i. Dr. Moore shared that the Scientific Council Group assisted in the creation of antigen testing guidance
         1. Re-enforced that a negative test with suspected COVID-19 should be followed up with an FDA approved molecular test
         2. More considerations are coming for surveillance

3. Case definitions: a positive antigen test is considered a probable, but not confirmed case; NC is not reporting probable cases
    a. Dr. Moore has heard about false positive antigen testing which causes hesitation and concern to make them confirmed cases
    b. Dr. Moore shared that there is also discussion about false positive molecular tests
4. Keeping antigen and PCR testing separate in reporting

ii. Dr. Moore shared that we are working on being able to receive antibody data (large volumes of positives and negatives); there is also a legal perspective about reporting this data

iii. Question from Dr. Sullivan: What guidance should counties follow for reporting antigen tests?
1. Response from Dr. Moore: Counties should follow the same guidance and be cautious about confirmed and probable cases and how to present data in a way that's helpful, but does not combine confirmed and probable cases or lead to confusion

c. ***Update on new collection sites or testing partnerships***—Dr. Massing (10 min)

i. Quest Diagnostics (Reporter: Natalie Jackson)
1. Molecular: 7,418
2. Serology: 784
3. Total: 8,202
4. Positivity rate: 10%
5. Starting to get large number of COVID-19 tests in – turnaround time is increasing

ii. Mako Medical Labs (Reporter: Josh Arant)
1. Working with Mecklenburg County Public Health to stand up a weekend free drive thru site this weekend, Saturday and Sunday. 1000 collections each day = 2000 collections Saturday and Sunday from 9A to 3P each day
2. MAKO is performing between 1000 – 2500 tests per day for NC Residents
3. Adding 2 additional quant studios next week which brings the total to 9; Turnaround time: 95% within 24 hours; 98% within 48 hours
4. Dr Sullivan: Mecklenburg and MAKO are partnering for a 2-day testing event on Saturday (6/27) and Sunday (6/28) at the health department building from 9:00 am – 3:00 pm with a capacity of up to 1,000 tests per day; have been encouraging individuals who meet the guidance to be tested; Mecklenburg will be owning the logistics and follow up

iii. ECU/Vidant (Reporter: Dr. John Fallon)
1. Did close to 3,400 PCR tests last week and 153 were positive for a 4.3% positivity rate
2. Turnaround time is under 2 hours
3. Turnaround time is under 12 hours for quant studio and BD Max
4. Percent positivity:

a. Pre-procedure: .5% positivity
b. Emergency procedure: 2.3% positivity
c. Ambulatory: 9% positivity

iv. LabCorp (Reporter: Clay Gibson):
1. Close to 70,000 last week from NC – CVS and FQHC sites are growing (adding a few thousand sites)
2. 8.7% positivity rate

v. Duke (Reporter: Dr. Michael Datto):
1. Tested 6,200 patients in the past 7 days
2. Positivity rates are broken down to look at specific groups
   a. Outpatient: 19% positivity (down from 23% after Memorial Day Weekend, but up from 8% during lockdown) – struggling with certain populations in Durham County which is causing the outpatient percent positivity to be high
   b. Pre-procedure: .5% - there was a dramatic increase in pre-procedural testing which may drop overall percent positive rates artificially
3. Running out of reagents
4. Lack of supplies is a challenge and Dr. Datto stated that supplies are not coming to Duke and that Duke only has enough supplies for a few more days of testing
5. Continuously having failures with the Alinity machine, the new Abbott platform
6. Concerned about testing capacity

vi. UNC (Reporter: Dr. Melissa Miller):
1. Positivity rates:
   a. Pre-procedure: 1%
   b. Symptomatic: there has been a rise from 5% to 10%
2. Soft launched 1 Alinity machine and there have been no issues thus far
3. Running out of Cepheid
4. Doing community swabbing through respiratory diagnostic centers and mobile units in rural locations (beyond Chatham into Lee County down to Siler City and moving east in NC) – positivity rates for mobile units are significantly higher
   a. Dr. Burns noted that mobile units are mostly targeting the LatinX population and that other community testing events have seen higher positivity rates

vii. NCCHCA (Reporter: Chris Shank):
1. Distributed a survey:
   a. 69% of members responded the following:
      i. 96% said that they have capacity to test on site
      ii. 81% have capacity to do mobile testing

iii. 2-3 days turnaround time
iv. 4400 (total) tests done last week
v. 64% positivity rate
    1. White Hispanic: 46% positive using PCR testing
    2. African American: 13% positive
    3. Hispanic Latinos: 15% positive

viii. HTP testing (Reporter: Dr. Shannon Dowler):
1. Dr. Tilson has referenced this with the CHAMP work
2. This is how we are getting community testing to HMPs around the state
3. Methodology: looked at NC with focus on HMP populations and performed an analysis that included population densities, age risk, chronic disease, workplace (construction and migrant farm workers), and selected priority zip codes based on filters such as if that zip code already has a testing site
4. We will be deploying HTP sites in communities that don't have testing sites and can reach the vulnerable populations
5. We also have the Operation 9 counties that we focused on and will include in task order that we are putting out by EOD today (6/26)
6. 170 zip codes total with over 2 million people in the HMP population total
7. This is part of a longer-term strategy to get the HMP population into those testing sites now in hopes that they will go to the same sites for immunizations once available
8. The task orders will have very specific requirements (partner with communities, have culturally and linguistically specific staff, linkage to medical home – and there will be a "secret shopper program" to ensure compliance)
    a. Question from NC Board of Pharmacy (Jay Campbell): What is our strategy for messaging/advertising about masks? This messaging has been overwhelmed by conspiracy theorists and there is not enough PSA about masking. The NC Board of Pharmacy can help with this messaging.
        i. Dr. Burns noted that NC DHHS is concerned about this too
        ii. Dr. Tilson agreed and answered:
            1. That it would be good for this group to know that we have a great social media toolkit on the website to be aware of and push out through each entity's own platform (especially about face masks and

having that messaging come from non-political people); the state is working with healthcare/business communities to push out this messaging

2. The state's Communications team is thinking through other PSAs and will work with high profile individuals for PSAs
3. That it's important to know the rate of spread in each population to target messaging to populations who need it most (for example, there is a team working on a request for a PSA about wearing masks in Spanish)

iii. Dr. Green (Old North State Medical Society) suggests that large hospitals test HMP as they are coming to community testing centers and prohibiting testing surges

d. ***Collection and Testing Capacity and Barrier Survey Results*** —Dr. Shone (15 min)

i. Dr. Shone asked the group to share the survey out with their network more. Chris Shank reported that FQHCs received error messages when trying to log into the survey. Dr. Shone to discuss this issue with the team and address.

ii. State Lab (Reporter: Dr. Shone):

1. Highest week of specimen submitted to state lab (over 3,600 samples submitted in 7 days)
2. Still standing up high throughput platform – working to increase daily capacity and hoping for improvements before 7/4
3. Turnaround time has increased (3 days)
4. Percent positivity is almost at 14% because the criteria to submit to the state lab is more restrictive and the state lab has supported focused collection efforts in the Hispanic community

iii. Deployed lab capacity survey and received results through Tuesday (6/23)

1. Dr. Shone reported that there will be changes to the survey as it was difficult to analyze the text-based questions

iv. High level executive summary of lab capacity survey results (Reporter: Dr. Shone):

1. There were 165 complete, unique responses to the survey (mostly LHDs, healthcare systems, and individual hospitals)
2. The survey from April identified a capacity of 17,000 per day; the current survey showed an increase and reported a capacity of 41,000 if there were enough supplies
    a. Collection capacity reported was just over 40,000 and reported collections were around 26,000-27,000
    b. Dr. Shone reported that the numbers match, which is good for the quality submitted

3. Barriers:
    a. Dr. Shone was surprised that the number one barrier for collection/testing is staffing, but the state lab is hiring additional technicians and others are doing the same to have enough staff to do collections, testing, and contact tracing
    b. Collection supplies: Dr. Shone noted that while this was a top barrier, this should not be a barrier as the state has ample supplies of swabs and media from the federal government that the federal government will continue providing through the end of the calendar year (an allocation based on NC's testing goals). Dr. Shone asked the group to do outreach to educate partners who are seeing this as a barrier. Dr. Shone added that if any entity on the call or any of their stakeholder groups need swabs or media, they can request it from the state website
    c. PPE: Dr. Shone will share this barrier with PPE team so that they can do outreach about the stockpile at the state
    d. Reagents: For testing, reagents are the #2 reported barrier after staffing; Dr. Shone noted that they need details of which reagents are a barrier (e.g. M2000 and Cepheid are known major problems) – Dr. Shone shared that HHS said that there is no resolution for Cepheid until 2021 – received who has these instruments from the federal government and are doing outreach – sharing this information will be a priority
        i. Question from Dr. Datto (Duke): Is Cepheid giving an indication as to if it's getting worse, better, or the same?
            1. Dr. Shone responded that it is staying the same because they are controlling what is going out. Dr. Shone relayed that HHS acknowledged that they are directing supplies to, "rural areas that are dependent only on the Cepheid platforms." Dr. Shone added that there is an open dialog between the state and federal partners (for example, the state has brought up Roche reagents 8800 and 6800 that have been a barrier and can raise Abbott issues (front end extraction reagents).
            2. Dr. Datto (Duke) raises that they only have enough supplies to last until Wednesday.
            3. Dr. Burns notes that she and Dr. Shone will raise this issue.

4. Dr. Datto shared that M2000 is the platform that they do all of the outpatient testing on (400-500 per day)

e. Barrier: Hologic has come up with an alternative solution – a hard cap solution that requires removal upon reloading – pierceable caps have to be dedicated for female reproductive health line – the State Lab was going to rely on Panthers – Hologic has many reagents, but it's the pierceable caps – the state lab will bring Panthers on in August instead of July – there is a bio-safety concern around opening tubes

4. Dr. Shone asked the group to let him know immediately if they are having specific issues so that he can raise them. Dr. Shone told Dr. Capraro (Atrium) that Mayo is having the same issues as them.

v. Dr. Shone told the group that manufacturers have increased swabs and media (not the first options), but that on the testing platform side, capacity raised to where we were, not where we want to go – will be a challenge going into the fall – some are saying won't have until next year

vi. Dr. Burns told the group that they do not need to wait until Friday meetings to share their needs. Dr. Burns recommended contacting herself or Dr. Shone with any needs throughout the week.

vii. Dr. Shone told the group that the state has access in a short window to get Thermo Fisher TaqPath reagents and that the state will be stocking up as that is what the state will use for high throughput, but that if anyone needs any to reach out

viii. Dr. Shone shared that there is an overabundance of Abbott ID Now instruments from HHS that can be distributed if anyone needs them (50 kits per week or can be 100)

1. Dr. Datto shared with the group that from his experience, these can be effective in the right patient population

ix. Dr. Shone said that the team will continue to go through the data, learn lessons with the survey, add a first question to identify the survey taker (are you a LHD, healthcare system, etc.) in order to better sort the data

x. Dr. Shone thanked those on the call for pushing the survey out and asked that they assure stakeholders that we will have data

xi. Dr. Shone shared with the group that he will have slides to present on the data next week

xii. Dr. Shone shared with the group that this survey was marked as a best practice by HHS to assess capacity and barriers needed to be raised in the state

e. ***Pooled Specimen Testing Discussion***—Dr. Capraro (15 min)

i. Dr. Burns said that as the meeting has run over the allotted time, this topic will be added to next week's agenda

ii. Dr. Capraro said that the group should talk about this before the 10th and have consensus to provide guidance for institutions and the state

iii. Dr. Burns said that the study council about antigen/serology testing might be able to meet about this and address

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iv. Dr. Burns and Dr. Capraro determined will be a call early next week for the Scientific Council (including Dr. Datto and Dr. Miller) to discuss pool testing. Dr. Burns asked EY to assist in scheduling this meeting.

IV. ***Due Outs Assigned and Closing—***Drs. Burns, Tilson or Moore, if available (5 min)

a. Dr. Burns reminded the group that there will not be a meeting next Friday
b. Dr. Shone reminded the group that the State Lab will be open over the holiday

Next Meeting:	10 July 2020, 1130-1230 Microsoft Teams Link; Phone: 984-204-1487, Conference ID: 575 272 672#