

# MEETING MINUTES

<b>EVENT:</b>	<b>Testing Surge Workgroup</b>	<b>Date / Time:</b>	July 31, 2020 @ 1130
<b>Author:</b>	Lindsay Garfinkel	<b>Approved:</b>	August 21, 2020

**Required Attendees (X=Present):**

	<b>NCDHHS</b>	<i>Sec. Mandy Cohen</i>	X	<b>NCDHHS</b>	<i>Dr. Betsey Tilson</i>
X	<b>NCDHHS</b>	<i>Dr. Scott Shone</i>		<b>NCDHHS</b>	<i>Dr. Cardra Burns</i>
X	<b>NCDHHS</b>	<i>Dr. Zack Moore</i>		<b>NCDHHS</b>	<i>Dr. Shannon Dowler</i>
	<b>NCDHHS</b>	<i>Jay Ludlam</i>		<b>NCDHHS</b>	<i>Azzie Conley</i>
X	<b>NCDHHS</b>	<i>Amanda Fuller-Moore</i>	X	<b>LabCorp</b>	<i>Traci Butler Dr. Clay Gibson</i>
X	<b>Quest</b>	<i>Natalie Jackson</i>	X	<b>Duke</b>	<i>Dr. Michael Datto</i>
X	<b>MAKO</b>	<i>Josh Arant</i>	X	<b>Atrium Health</b>	<i>Dr. Gerald Capraro</i>
X	<b>UNC Health</b>	<i>Dr. Melissa Miller</i>	X	<b>NC Medical Society</b>	<i>Dr. Garrett Franklin</i>
X	<b>Old North State Medical Society</b>	<i>Dr. Charlene Green</i>	X	<b>NCCHCA</b>	<i>Chris Shank</i>
	<b>Community Member</b>	<i>Dr. Mark Massing</i>	X	<b>Mecklenburg Cty</b>	<i>Dr. Meg Sullivan</i>
X	<b>NC Board of Pharmacy</b>	<i>Jay Campbell</i>	X	<b>NC Healthcare Association</b>	<i>Dr. John Fallon</i>
	<b>NCALHD</b>	<i>Stacie Saunders , Lisa Macon-Harrison</i>		<b>NC Institute of Public Health</b>	<i>Doug Urland</i>
	<b>Resolve to Save Lives</b>	<i>Marina Smelyanskaya</i>	X	<b>UNC Gillings School of Global Public Health</b>	<i>Dr. Kauline Cipriani</i>
X	<b>Manatt (in support of NC DHHS)</b>	<i>Nina Pudukollu</i>		<b>Guests:</b>	<i>Chris Dobbins, John Morrow, Correll McRae (NCDHHS)</i>
	<b>Ernst/Young (in support of NC DHHS)</b>	<i>Kendall Ford, Brian Weeks</i>			

**Agenda:**

- I. **Welcome, Roll Call, and approval of July 24<sup>th</sup> Minutes**—Dr. Shone (5 min)
- II. **Opening Remarks**—Secretary Cohen, if available (5 min)
- III. **New Business**
  - a. **Test Trends and Hot Topics**—Dr. Tilson (5 min)
  - b. **CHAMP Testing Update**—Dr. Dowler (10 min)
  - c. **NC Prevention Testing Tracing and Supports Policy Follow-Up Discussion**—Emily Carrier (10 min)
  - d. **Collection and Testing Capacity and Barrier Survey Results**—Dr. Shone (10 min)
  - e. **Test Modality Matrix Follow-up Discussion**—Dr. Shone (5 min)
  - f. **WH/HHS Surveillance Testing Recommendation Discussion**—Dr. Shone (15 min)

# MEETING MINUTES

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

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

Due Date	Organization POC	Task
ASAP	All	Review the testing modality matrix and send any comments/recommendations for the content or audience type to Dr. Burns or Dr. Shone
ASAP	Dr. Shone	Dr. Shone to get an update on when the Pooling paper will be publicly released
8/7	Dr. Shone	Add commercial lab pooling, serology, saliva testing, and data/metrics to the agenda for next week

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

- I. **Welcome and Roll Call**—Dr. Shone
- II. **New Business**
  - a. **Test Trends and Hot Topics**—Dr. Tilson
    - i. Dr. Tilson highlighted that the COVID metrics show a potential stabilization in case rate. Hospitalizations are slightly up (a known lagging indicator). Hospital capacity remains available. Return to school is the next large event to prepare for (both K-12 and University). From a strategic perspective, State is stressing the importance of prevention in addition to testing and tracing.
    - ii. Dr. Shone shared the forward-looking perspective that the Test Surge group needs to prepare for other known risks and trends (flu testing) in the fall. Dr. Shone recommends adding this to the agenda for the group to address going into August.
  - b. **CHAMP Testing Update**
    - i. Dr. Tilson reported 7659 tests have been performed at 81 events which aimed to support testing in historically marginalized populations. There has been strong representation in the African American population and lower than expected representation in the LatinX community. The LatinX community continues to report high positivity rates.
    - ii. The State has been holding “secret shopper” events to monitor and correct adherence to best practice test administration. Results have been positive and minor corrections identified.
    - iii. Dr. Fallon reported that overall rates Vidant (covering events in Eastern NC) testing by race are: White: 30000 tested 4.1% positive; Black: 23,000 tested, 7.8% positivity; LatinX: 2,700 tested 22.7% positive.
  - c. **NC Prevention Testing Tracing and Supports Policy Follow-Up Discussion**

- i. State continue to stress preventative message and have heard this reflected in updated Federal press

d. **Collection and Testing Capacity and Barrier Survey Results**

- i. Dr Shone reports that for the second iteration of the Lab Capacity survey, there were ~100 responses. Staffing remains a top issue. This is an issue across the lifecycle of COVID. Reagent is another top priority. There is no change in messaging here and this is anticipated to be a barrier through 2020. Hologic has received a Federal contract for \$70M to produce reagent for Panther line. This means a greater supply coming in, but the timeline is early 2021.
- ii. Pooling and antigen testing are top of mind for many respondents in the survey. Discussions are ongoing related to both topics.
- iii. Find My testing addition of a site was also noted as a challenge in the survey. Please reach out to Dr. Shone if this persists for assistance.
- iv. Dr. Shone shared an update on Lab turnaround time. Overall, turnaround time is beginning to decrease. The State lab highest TAT was five days but has dropped to three days.

e. **Test Modality Matrix Follow-up Discussion**

- i. Since the last meeting, feedback from Testing Matrix last time was incorporated and updated. Dr. Shone projected the Matrix for discussion and highlighted that this is to be a living source document and internally facing. Consumer-appropriate communications will be developed using this as a source and fit for their audience.
- ii. Dr. Shone opened the floor for input for how to modify the Matrix and develop content fit for specific audiences.
  - 1. Dr. Capraro requested a discussion about how to modify this matrix to educate providers and system administrators. Dr. Capraro expressed that the Matrix is appropriate as-is to be used as a tool with providers, with certain clarification on lab-based terminology
  - 2. Dr. Fallon agrees and thinks CMO, lab staff, and certain administrators or clinical folks would be an appropriate. Agrees that this matrix is not appropriate for public consumption
  - 3. Dr. Meg Sullivan supports that is an urgent need to educate and guide providers and administrator on how to judiciously administer tests
  - 4. Dr. Melissa Miller agreed that this should be kept internal and leveraged for external communications
- iii. Dr. Tilson added that a challenging group may be the Colleges as they desire to perform repeat testing on their populations that may not be recommended in the current Matrix.
  - 1. Dr. Shone agreed that using this to help set up the Flu/COVID approach. Also echoed that the universities are going to be a challenge to get agreement on the guidance.

# MEETING MINUTES

2. Dr. Datto agrees that the universities may challenge the guidance.
3. Dr. Shone pointed out that the matrix shows that the only appropriate modality described on the matrix for asymptomatic university is pooling
  - a. Dr. Datto submitted suggested wording for pooled testing: If results are returned to tested individuals or their care providers for clinical decision-making (e.g. the decision to quarantine an individual, the need for follow up testing), testing must be performed in a CLIA accredited laboratory using an FDA authorized method.
- iv. Dr. Capraro requested an update on the timeline for releasing public guidance (pooling paper and other populations).
  1. Dr. Shone will take the matrix to the communications team to develop outward facing materials. Audiences to develop content for include: internal hospital, employers, universities.
- v. Dr. Sullivan asked Dr. Shone to clarify the messaging for Universities. Opened for discussion on what university guidance should be.
  1. Dr. Miller states that UNC does not have capacity to test or trace students on a regular basis. Commented that the Abbott EUA adding pooling was dropped. Dr. Miller commented that large scale testing of asymptomatic student populations using saliva was not appropriate
  2. Dr. Fallon shared that East Carolina University is performing symptomatic testing and following daily symptomology with an app. Results of the app tell the student what their next steps should be. This is for student, staff, faculty (to be rolled out next week). There is no consequence to lack of adherence. He shared that in June, athletes returned and in July there was an outbreak (>10%) and athletics were paused. Rates are currently back to being >10%.
  3. Dr. Franklin shared that as a NC State doctor serving the athletic population, they are looking heavily at pooled testing. NCAA has said they need weekly testing to allow competition. PCR testing was performed this week and there were no positive cases, but he is concerned about sustainability.
  4. Dr. Shone commented that there are only two EUA for pooling and additional discussion on how Universities might utilize this method could approach it.
- f. ***WH/HHS Surveillance Testing Recommendation Discussion***
  - i. Dr. Shone shared that every Monday, HHS sends NC a summary of status and recommendations. The report requires a response to recommendations.

# MEETING MINUTES

1. One recommendation was to operate State labs 24hrs a day. NC responded that they operate 16 hrs. a day and maintain turnaround times.
2. HHS also to recommend that the State Lab should be pooling 3-1 when turnaround time exceeded 48 hr. and that they pool cohabitants (family) to save resources. Dr. Shone commented that this would be challenging and create logistical issues, as described in the Pooling paper.
3. HHS is proposing requiring institutions with RNA platforms to use all available instruments to expand surveillance testing in the state K-12 and Higher Education. Dr. Shone expressed that there are challenges logistically with this and with maintaining integrity of the laboratory process.
  - a. Dr. Datto requested for clarification. Dr. Datto has significant concerns about the integrity of the laboratory testing with this request and states that the Regulatory bodies may have to make a statement to draw the distinction between Research and Diagnostic.
    - i. Dr. Shone agreed there are many outstanding questions. It is the understanding that University labs that have devices make them available.
    - ii. Dr. Miller drew the distinction that is the results are not going back to the individual then it can be classified as surveillance. If results are going back to the individual, then this becomes clinical or diagnostic.
    - iii. Dr. Datto emphasized that there is potentially a misuse of the term “surveillance”.

### III. ***Due Outs Assigned and Closing***

- a. Dr. Shone to provide answer on when pooling document will be publicly available
- b. Dr. Shone to provide answer on timeline and next steps on testing matrix once all additional feedback is received
- c. Agenda for next week to include:
  - i. Pooling in the commercial labs on the agenda for the next week
  - ii. Update on planning for Flu and respiratory pathogens, serology; new modalities; data and reporting;
  - iii. Dr. Fallon asked to add saliva testing and “ask on entry” testing and new regulations on coding orders.
    1. Dr. Shone shared that the FDA has decided that there is not a need for EUA on saliva. Encouraging comparison to NP for sensitivity rates. FDA sensitivity is projected to be >80% as the low bar.



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# MEETING MINUTES



<b>Next Meeting:</b>	7 August 2020, 1130-1230 Microsoft Teams <a href="#">Link</a> ; Phone: 984-204-1487, Conference ID: 575 272 672#