



# MEETING MINUTES

<b>EVENT:</b>	Testing Surge Workgroup	<b>Date / Time:</b>	June 5, 2020 @ 1130
<b>Author:</b>	Dale Cowan, NCNG	<b>Approved:</b>	August 21, 2020

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

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

	NCDHHS	Sec. Mandy Cohen		NCDHHS	Dr. Betsey Tilson
X	NCDHHS	Dr. Scott Shone	X	NCDHHS	Dr. Cardra Burns
	NCDHHS	Dr. Zack Moore		NCDHHS	Dr. Shannon Dowler
X	NCDHHS	Jay Ludlam	X	NCDHHS	Azzie Conley
	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
X	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
X	NCALHD	Stacie Saunders and Lisa Macon-Harrison	X	NC Institute of Public Health	Doug Urland
	NC HIEA	Christie Burris	X	UNC Gillings School of Global Public Health	Dr. Kauline Cipriani
X	Manatt Health	Emily Carrier	X	Quest?	Dr. Elysia & Dr. Young
X	NCNG (in support of NC DHHS)	Dale Cowan	X		Damian Alagia

**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. **Update on new collection sites or testing partnerships**—Dr. Massing (10 min)
  - c. **Proposed Long-Term Testing Strategy Presentation and Discussion**—Secretary Cohen or Dr. Burns (20 min)
  - d. **Sub-Workgroup Report Outs**
    - Scientific Study Council: Antigen Testing Recommendations—Dr. Datto (10 min)
    - Testing Strategies Vulnerable Populations Recommendations—Dr. Green (10 min)



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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

**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 in testing
  - 117% increase in testing overall; the daily average has doubled
  - [4 June] over 19k tests reported (highest)
  - Trends are increasing
  - Department has launched “Check my Symptoms” tool based upon the guidelines currently being used to determine whether or not testing is needed
  - Increase in positive cases – the highest number on 4 June; 8 or 9% positivity
- Dr. Massing followed up with updates on new collection sites or testing partnerships:
  - Community health centers weekly survey through HRSA
    - ½ of the health centers are responding
    - Tests are approaching 2k
    - 90% of the responding health centers have COVID19 testing
    - 90% of testing results are received in 2 days or less
    - 90% of positive tests are from ethnic and racial minority populations
    - Shortages in masks and gowns
  - Stacie Saunders (NCALHD) reported that DHHS at the national level had issued new guidance; HIEs are critical testing partners; new guidance on how HIEs fit into increase testing
  - Lisa Harrison (NCALHD) shared testing being completed in Granville-Vance and two sites in Henderson and Oxford.
    - Tests have been focused on long-term care and congregate living facilities.
    - 350 cumulative tests
    - 15-20 per week at each site
    - The bulk of work is addressing outbreak response
    - Planning a mobile testing site at Silo Baptist Church in Henderson
  - Josh Arant (Mako) reported on new testing sites in Dare and Hyde counties. There was a peak of 2500 tests on 4 June. Testing sites are increasing along with the daily numbers of testing
  - Natalie Jackson (Quest) had a 27% increase in testing this week and the positivity rate when down to 6.7% from 9%
  - Dr. Fallon (Vidant) sent over a dashboard with over 17k PCR tests, over 500 tests/day routinely being completed.

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- 7% positivity rate
- Test at the main hospital in Greenville & 8 hospitals in NC
- Testing is done for patients pre-procedures and for health care workers
- The plan is to test all patients coming into the hospital as well as visitors
- Hoping to have a capacity of 4-5k tests/day
- Dr. Burns presented the proposed long-term testing strategy plan (see slides). Discussion followed:
  - There is concern about not discussing the value of doing all this testing; constantly part of the discussion is who are we testing and what's the utility in that?
  - Dr. Burns said that we would have a strategy paper on this so that everyone can provide feedback.
  - Jay Ludlam explained that this is a similar process to how the department initiated Medicaid transformation and the move to managed care. The input was solicited, and the community provided feedback. Hopefully, the policy will be ready soon for the group
  - Dr. Sullivan (Mecklenburg) expressed concern about the impact of other labs (i.e., gonorrhea & chlamydia are now taking longer). Think about the implications on other public health issues
  - Dr. Franklin (NC Medical Society) added that there is stress on the provider level as they are trying to run their practice while having to also perform COVID testing
  - Dr. Massing (NCCHCA) echoed that in terms of what he's heard from CHCs. Value really needs to be understood
  - Stacie Saunders (NCALHD) said that LHDs are underfunded, and for this level of testing, the funding is not there. Health departments in the state are providing primary care and other services. How do we do all of this testing and provide care? Why is it required for all communities to come together? Health departments are required to do contact tracing, and the future of contact tracing needs to be discussed as they are doing 100% of it.
  - Dr. Burns added that contact tracing is apart of the broader strategy and only shared the testing portion of the strategy with this group.
- Dr. Capraro provided an update on antigen testing
  - Currently, antigen testing does not have value
  - Antigen testing uses a Sofia assay from Quidel – lateral flow device like a pregnancy test
  - Antigen is not ready for prime time testing; may be used down the road in conjunction with other tests; not recommended as a sole diagnostic
  - Dr. Fallon stated that he has lots of Sofias in the system and would like to try antigen testing to gain experiences with it
  - Dr. Capraro explained that a lab in PA attempted to use it, and it had a 60-70% false positive. Tests will have a number of false-positive results. Would like to see more competition in the marketplace
  - Dr. Young stated that the throughput of antigen testing is a one test for one patient at a time, but you need to have the people to do it. The system can get



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overwhelmed pretty quickly. Will we have the infrastructure to do molecular testing alone?

- Dr. Green provided an update on Vulnerable Populations.
  - NC360 and HIE systems have much of the answers for HMCs
  - Coordinate and collaborate to build more robust health systems
  - Increase testing surge
  - In 2 weeks, partnering with FQHCs and Chris Shank.
  - Adding pediatrics to do pediatric screenings
  - Supporting Dr. Burns in trying to find a better way to help patients get what they need
- In closing comments, Dr. Fallon asked about the Testing RFQ. Dr. Burns shared that the information on RFQ was sent out to the test surge workgroup.

**Next Meeting:**

12 June 2020, 1130-1230

Microsoft Teams [Link](#); Phone: 984-204-1487, Conference ID: 575 272 672#