

Virginia Department of Health
Tele-Press Conference on Testing in Virginia
Moderator: Marian Hunter
May 6, 2020
11:00 AM

Operator: Welcome and thank you for standing by. For the duration of today's conference all parties will be in listen only mode until the question and answer section of the conference. At that time you may press star one on that phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to hand the conference over to Miss (Marianne Hunter). Thank you, you may begin.

(Marian Hunter): Thank you. Good morning everyone. Thank you for joining our call today. My name is (Marian Hunter), and I'm a public relations coordinator for the Virginia Department of Health Office of Communications. Today we're joined by the Virginia Department of Health Northwest Region Health Emergency Coordinator (Michael Keatts) and the Division of Consolidated Laboratory Services Director, (Dr. Denise Toney), PhD. As well as the Virginia Department of Health Chief Medical Examiner, (Dr. William Gormley), MD, PhD.

Our subject matter experts today will give a brief update on testing in Virginia, followed by a question and answer session. Today's call is being moderated by an operator. So when we get to the Q&A portion of the call, please follow their instructions to ask a question.

Now, I would like to welcome (Michael) to share a brief update on testing.

(Michael Keatts): So good morning. And I'm (Michael Keatts), I'm a Regional Emergency Coordinator with (VDH), under the Office of Emergency Preparedness. Just

kind of want to bring you up to speed with efforts so far and how we're looking at the end of this month.

So, in general, as we enter this first week in May, we're in a much better place than we were a month ago in terms of our testing capacity, our testing accessibility, as well as our active testing efforts. Of course our testing capacity has steadily increased in the last four weeks amongst public health labs, hospital and (state) labs, as well as our commercial labs.

So the state public health lab is now able to form 600 tests per day, with a rapid turnaround time, and is currently meeting all public health testing requests. There are over a dozen hospital systems throughout the state that can now perform in-house COVID-19 testing and they, too, have increased their daily capacities, with some providing testing support to other hospitals without such capabilities.

(UVA) and (DCU) hospital labs have also offered some of their additional testing capacities to augment public health testing efforts, bringing a total of 1,350 tests per day that can be performed for public health related testing.

Testing supply means that the CPE test reagents and (subject collection slots) that still run with it, continue to improve with each passing week.

FEMA in coordination with the White House Coronavirus Task Force, has allocated multiple shipments of collection swabs and transport media to Virginia that will be arriving throughout this month, with some supplies already received.

Our overall testing count throughout Virginia has improved substantially since last month, where we may have seen 2 to 3,000 persons tested per day, now we have more than - more recently, over 6,500 persons are being tested per day.

And as far as improving accessibility to testing, with this increased testing capacity, VDH just this week updated testing guidance to COVID-19 that broadens testing criteria for additional categories of high risk populations and they are grouped as either high priority or priority level and similar to CDC's recent update testing guidance.

The testing criteria now includes persons without symptoms who are prioritized by clinicians based on their best clinical judgment and as needed for medical procedures. (Dr. Karen Remley), a former Virginia State Health Commissioner, and who is now helping to lead Virginia's testing efforts, has been working closely with private care physician groups, (federally) qualified health clinics, and free clinics throughout the state to better understand their testing barriers, provided (case) testing, such as testing criteria, that I just mentioned, as well how to better equip and train these providers that would like to perform testing or need better guidance on where they can send their patients for testing.

To help those clinicians and patients locate available test sites, (VDH) maintains a map on the (VDH COVID-19 web page) that lists all known testing sites in Virginia. This is updated on a regular basis and has grown from 58 sites back in April to now more than a 160 sites. So a user simply enters their current location on the map and it will populate with sites within a certain mileage range.

Also added to the site, we're starting to see some retail pharmacy chains, they have been guided and supported by the US Health and Human Services, to set up testing sites in Virginia. We currently have two and we expect more to come online soon.

Regarding our active testing efforts, VDH is currently actively conducting point (prevalence) testing at several high-risk facilities, such as nursing homes, correctional facilities, and other group settings.

The type of testing aims to test all residents and staff to detect a prevalence of infection and it can be used to assist with infection control measures, such as separating those infected from the non-infected and to help reduce the spread and transmission of infection.

And this month, VDH in partnership and with assistance from the Virginia National Guard Testing Team, is actively scheduling point of prevalence survey testing at several nursing home facilities throughout the state and this is occurring daily and will continue in the weeks ahead.

So in addition to the point prevalence testing, the Virginia National Guard has also determined testing teams and other logistical support groups to assist VDH health districts with community testing efforts. Many of which are targeted to specific under-served populations.

Current and (financed) community testing events are being actively coordinated by health districts throughout the state and in all regions. And as with point prevalence testing, these events will be occurring daily.

So as we move through this month we will continue to build on these efforts with an overall goal of making testing more accessible and available to all those that are in need of a testing.

And I'll turn it over to (Dr. Toney) from the state lab because she would like to discuss current efforts there.

(Denise Toney): Good morning.

So with respect to the public health and response regarding laboratory testing within the commonwealth, as (Michael) has alluded to, testing in Virginia continues to be a collaborative effort involving a variety of different laboratories serving very specific roles and specific settings with respect to the testing that they are providing.

This collaboration includes private commercial laboratories, hospital healthcare systems and their laboratories, universities that have stepped up to help and assist with the COVID response efforts, and as well as the state laboratory.

So as the director of the state laboratory, I think it's important to understand what the role of the state lab is regarding responding to emergencies such as the pandemic. The state laboratory in Virginia is a consolidated laboratory and so we provide direct testing support for public health but another role that we play is to provide coordination with hospitals and universities and any of the testing laboratories within the commonwealth that are providing services so that the response effort is seamless, it is coordinated, and that laboratories performing testing for human health issues are using tests that are appropriate and have been validated to support the intended use of the information. And so that's an important role of the state laboratory.

As (Michael) has mentioned the state laboratory began our testing efforts in late February and at that time we were the only laboratory that was providing testing for the novel coronavirus. Since that time we have expanded our testing capability and capacity from just performing a few tests per week to now performing or having the ability to test upwards to 600 patients per day and that testing is in response to those samples that have been approved by the Virginia Department of Health.

In addition, we are working to implement (the allowed testing) to include the detection of anti-bodies to the novel coronavirus and then we are also performing advanced molecular characterization of samples that have tested positive for the coronavirus, using next generation sequencing technology so that we can monitor the strains and the different viruses that are circulating. The types within the commonwealth and to allow us to provide information as to the circulation of these variants and the viral strains. (To firm up) as our public health intervention efforts are being successful. We are also sharing

this information with the national and international communities so that we can help learn more about this novel coronavirus.

Other supportive efforts at the state lab is participating in is the provision of collection supplies throughout the commonwealth so that there are adequate materials to support all of the testing that is being conducted throughout Virginia and the distribution of these supplies to the health department, hospitals, and clinics that are hosting point prevalent surveys for determining the extent and the presence of the novel coronavirus within Virginia.

So with that I think I will stop and turn it back over to our moderator.

(Marian Hunter): Thank you, Dr. (Toney). After that update we are now ready for our question and answer portion of the call. Please follow the operator's instructions if you have a question.

Operator: Thank you. We will now begin the question and answer session. If you would like to ask a question, please press star one on your phone and record your name clearly. Your name is needed in order to introduce your question. If you choose to withdraw your question please press star two. Again, to ask a question, please press star one, it will take a few moments for questions to come through. Please stand by.

Operator: The first question comes from -- one moment. (Christine Lehman) from (WebMD Health News), your line is open

(Christine Lehman): Thank you. I would like to know if the combined efforts totaled the goals that Governor (Northam) said which was 60,000 tests daily and are those strictly the viral testing and is that what you mean by point prevalence?

(Michael Keatts): Hey, this is (Michael Keatts), I'm not sure of that particular goal. That said, we are targeting 10,000 tests per day overall for the entire state and I mentioned earlier we're just shy of 7,000 that have already been performed so

we are close to that particular goal, our benchmark.

Point prevalence testing does add to the total test counts. Again, we're aggressively pursuing that with a lot of our long-term care facilities and also correctional facilities as needed. So that will naturally increase the test count. (Crosstalk) Go ahead.

(Christine Lehman): Right but are point prevalence -- are you distinguish the diagnostic from the anti-body testing when you say point prevalence or are just referring to the diagnostic testing?

(Michael Keatts): So all current testing is diagnostic. We're not doing (serological) testing currently.

(Christine Lehman): Okay.

Operator: The next question comes from (Cameron Thompson) with (CVS-6). Your line is open.

(Cameron Thompson): Perfect. Hi. I know it's saying on the website issues regarding getting today's latest numbers I'm just wondering are you able to provide that for us where those numbers stand today and regarding the (serological) testing -- do you have more information about when that will start being rolled out? I know there has been concerns about the accuracy of some of those tests.

(Michael Keatts): I'll address the count. The daily counts are available publicly going back as far back as early or mid-March and they're usually update by 10 o'clock daily and if you go to the COVID-19 - VDH COVID-19 website the data dashboard, there's a data download system and you can find information there.

(Denise Toney): And I can speak to the (serology tests). So currently there are a handful of laboratories that are looking to implement (serological) testing and I do believe there are a couple of private commercial labs that may already be performing (serology) tests.

With respect to the accuracy, what has recently changed and is important for folks to be aware of is that FDA has recently released guidance for serologic tests that require now that anyone that is performing a serologic test or companies that are offering test kits and test devices now have new requirements that must be met through the Food and Drug Administration and they now have to apply for emergency use authorization.

There are a handful of tests that have already completed these requirements and have applied for and received emergency use authorization through the FDA and that these tests can be used for testing on clinical patients but they are not intended to be diagnostic tests. They are be used for surveillance purposes and they can be for public health investigational purposes and so that will be the goal moving forward.

So the reports that have been out in the media about some of the unreliability in the serologic tests, I do believe and I'm hopeful will be addressed by this new FDA requirement for manufacturers to have to register and meet a level of performance expectations in order to be able to receive approval.

(Marian Hunter): This is (Marian Hunter). I wanted to give a brief update on the case information today. I know that there was a technical issue overnight and VDH is working to resolve that error. We don't have the information yet but as soon as we have anything available we will share an update online.

If you do have any questions regarding case count information, I would like you to please direct those to the Virginia Joint Information Center and their email is (covid19jic@vdem.virginia.gov). Thank you.

Operator: The next question comes from (Mike Hill) with (Kingsport Times News). Your line is open.

(Mike Hill): Thank you. Yes. Two very quick questions.

The VDH stopped posting the numbers of tests by health district and we didn't know if they were going to resume that. And also (Dr. Oliver) last week had said that we would see the COVID-19 data by zip code. And we were curious about what the standing is on (going live in parts)?

(Michael Keatts): Well, this is (Michael Keatts). I understand that the data team, they've been working on the dashboard, are phasing in enhancements throughout the next week or so as a (hands on) on the previous week or two.

(Mike Hill): Alright. But the VDH should be posting the test numbers (stock by district) which (stopped at the last week and a half). We didn't know if that was going to resume again.

(Michael Keatts): I'm not sure but we could get that information for you.

(Mike Hill): Thanks. Okay.

Operator: The next question comes from (Max Thornberry) with the (Northern Virginia Daily). Your line is open.

(Max Thornberry): Hey, Dr. (Toney), I wanted to circle back around to kind of what you said about - I think I understood you, are there different strains of COVID-19 circulating around the country so that what we're seeing here in Virginia may be different than what they're seeing in New York? Do have that right? And if so, how is that going to affect treatment for it when we have a more solid treatment regime ready to go?

(Denise Toney): So I probably - and I should say they're not specific strains. What we call them is that they have - when you look at the genetic sequencing of the virus, what we are we seeing them cluster into our genetic groupings and there are different groupings of the virus that are highly similar to each other but they do distinguish themselves at a level of specificity when you're doing next

generation sequencing.

And so what this allows us to do is to create cluster maps of the different viruses with respect to them being different strain types. It doesn't fall into that level of difference between the different viruses. So it would not impact treatment for the COVID-19 virus, but what it does allow us to do is to determine where some of these viruses may have originated.

So for example in some of the data that we have generated thus far in our sequencing, we can tell that we've had multiple introductions into the commonwealth of the COVID-19 from Southeast Asia and from Europe and also even domestically because at the sequencing level, which is the highest level of resolution of the virus, there are differences enough that allow us to cluster them in to different groupings but not to the level that it would suggest that difference that would impact treatment or like you would with an influenza strain. Does that make sense?

(Max Thornberry): Yes it does, thank you.

Operator: Our next question from (Mel Leonore) with (RPD). Your line is open.

(Mel Leonore): Hi, yes. I just was hoping that you could expand a little bit more on the point prevalence testing you said is happening or will happen at nursing homes around the state. You said the Virginia National Guard is helping with that effort. Can you just talk more about where that stands right now, how many nursing homes already have had access to this testing and how many more you expect to have it by the end of this week?

(Michael Keatts): I can just say that there has been previous point prevalence testing at nursing homes. It was largely based on requests or need but now the we've kind of shifted the posture to target nursing homes proactively and so they have a list of 100 maybe based on priority. We have a point prevalence survey testing team and they're reaching out to various facilities to offer that point

prevalence testing service.

So it's - our teams are matched up from the National Guard on a daily basis as those facilities do desire to have that testing and currently for this week all national guard testing teams are booked with those efforts and they're continuing to be scheduled in the weeks ahead.

So I don't have a specific end number I just know there's a target of 100 at this point.

Operator: The next question comes from (Kate Masters) with (Virginia Mercury). Your line is open.

(Kate Masters): Thanks. I also had a question about the point prevalence testing. I was wondering about the specific criteria for which nursing homes are selected for those surveys and then also in the increase of testing numbers that we're seeing, how many of those or what percent of those increases are attributable to point prevalence testing at congregate care facilities?

(Michael Keatts): Yes. I'm not (sure) of the specific criteria that - the surveillance team has that. And again they're working as a team to develop and implement that. But we could provide that to you.

And secondly we don't know exactly what portion of the point prevalent testing adds to the overall testing at this point but obviously it does increase the testing count at some of these facilities have 75 to 150 tests that are run in one day.

(Kate Masters): And do you think that it makes up a significant portion of the increase that we're seeing?

(Michael Keatts): Well, what you've seen so far is not the degree it will happen in the weeks ahead because at this point it just started but there's more proactive efforts to

target these facilities. So the testing that was counted previously wouldn't account for this new approach.

(Kate Masters): I see.

Operator: The next question comes from (Carol Vaughn) with (Eastern Shore Post). Your line is open.

(Carol Vaughn): Alright, thanks. The testing facilities over here has told us that they are conducting testing of all their employees this week was about 23,000. Do you all have any information from them on when we can expect to get the results from all that and is this just a one-time effort or do you expect to see, you know, more rounds for testing as we go along from them?

(Michael Keatts): So this is (Michael Keatts). Can't speak to the testing that's actually occurring in the (Poultry Plant) facility itself, but we are - Eastern Shore Health District is currently planning to do a large community testing event this weekend with National Guard support and this will be for the community, outside of the plant.

(Carol Vaughn): Thanks.

Operator: The next question comes from (Carol Kearney) with (WCYD). Your line is open.

(Carol Kearney): Yes. I wanted to ask you. We've seen lots of reports about Virginia being 49th in the nation for testing and I think it's no secret that we've lagged behind here where I am in Bristol we cover the Tennessee side too and right now they're offering testing to anybody who wants it as well as the county health department as well as these mass drive through testings on the weekend. Why is that - what is it that put us behind on this?

(Michael Keatts): Well, this is (Michael), I can't say specific factors about how we compare to

other states, there's a lot of factors involved and it could be testing criteria and as I mentioned early we have expanded our testing guidance and criteria to be broader in scope with different categories of high risk populations and additionally we've changed our testing count, I think, in the last week. We'd previously recorded on our public website of persons tested. And some folks could have more than one test and we weren't reporting total tests conducted but now we report both total tests as well as persons tested.

(Carol Kearney): So has there been, I don't know, a hold up on getting supplies to do more testing because there's significantly less testing done in Virginia.

(Michael Keatts): I'm not sure - you know there were concerns about backlog in late March and early April and we wanted to have a backlog resolved with one commercial lab and this was a concern for patients and hospitals they were admitted and they were waiting 5 to 10 days or more for test results to come back and this was requiring staff who were attending those patients to burn through PPE which was pretty scarce at the time, and so since then a lot of those issues and backlogs have been resolved. And that's why with this month they're really moving ahead and quickly testing on the (large front).

Operator: The next question comes from (Calvin Penn) with (The Citizen). Your line is open.

(Calvin Penn): Thank you. I wanted to ask about testing and case numbers here in (Harrisonburg), Virginia. Currently we're standing at from what I saw this morning 525 which what I - from what we've seen before is the highest case rate per capita in the state. We - I also remember currently that we had 100% testing at the (Accordias Long-term Care Facility) here in the city.

I just wanted to ask what - how does - do you know how the rate of testing here in (Harrisonburg) compares to the rest of the state?

(Michael Keatts): Yes. This is (Michael). I can't currently comment on how that compares with

the rest of the state although when test requests were made we are able to meet those requests.

(Calvin Penn): Okay.

(Michael Keatts): And it has been targeted. Community efforts just recently this last weekend.

(Calvin Penn): Right. Is there any way to know, like, exactly how many tests have been conducted? Or does (VDH) have those figures?

(Denise Toney): This is Dr. (Toney). Do we believe that these numbers were as one of the other reporters mentioned these numbers were being reported on the (VDH) website that would give you a break out of where all the testing was occurring across the districts.

Man 1: Okay. Thank you.

Operator: The next question comes from (Chris Horne) with (Way V TV), you're on the line.

(Chris Horne): Hi. This question is for (Michael). You had mentioned that there are retail pharmacy chains that are now part of the effort to do testing. What are those chains, are they using the same methodology that we would find in other testing sites and how confident can we be in the accuracy of the results?

(Michael Keatts): Well, currently there are two sites (RiteAid) in (Virginia Beach) and (Colonial Heights). And they are using approved testing methods and specimen collection processes. So they should be accurate. They use offsite commercial labs and their testing criteria at the time that they set up were based on CDC priorities one and two, and that could be adjusted with the recent revisions of CDC testing guidance.

And as I mentioned here the current discussions with other pharmacy chains

and they're anticipating establishing testing sites as early as next week and we're assisting with the placement and locations, we're looking for under-served areas where testing is in need of.

(Chris Horne): So it's (RiteAid) two locations, (Virginia Beach) and (Colonial Heights). Is that correct?

(Michael Keatts): That's correct.

(Chris Horne): Okay. (Crosstalk)

(Michael Keatts): And this is support provided by (HSF), and they helped guide with states, we see those testing support sites.

(Chris Horne): And so it's the same company but just two locations within the same chain, is that what you're saying? I want to make sure I understood.

(Michael Keatts): Yes, that's correct.

(Chris Horne): And when you - this terminology, just for definition when you guys say (serological) testing, is that the same as anti-body testing?

(Denise Toney): That is correct. So with the serological test -- you are looking - the specimen type is (serum) or, you know, collecting a blood sample and you can either look for the presence anti-body or you can look for the presence of antigen and it's different than some of the molecular test that use a nasal pharyngeal or a nasal specimen that looks for the actual presence of the virus.

Operator: The next question comes from (Evan Watson), with (WZEC). Your line is open.

(Evan Watson): Hey there. Thanks so much. A quick one first, I've two as well. We keep getting requests for recovered numbers. I'm curious if you have any plans to

publish those if you will have that ability in the future, if you can say anything about that?

(Michael Keatts): This is (Michael Keatts). I'm not sure if that's an active strategy right now. I think our state's awaiting CDC guidance on what - how that's defined because they want to be in sync with other states with the same standards and definition of that.

(Evan Watson): Okay, so awaiting guidance to see if you will post any kind of recovery numbers in the future.

(Michael Keatts): Correct. And a lot of that again depends on the CDC definition of a recovery for the patient.

(Evan Watson): Okay. And my second question here - based on the numbers on the site, so long-term care facilities, the deaths in those and those outbreaks amount to about 59% of all the states total tests which makes Virginia one of the highest in the country for that care percentage. I'm wondering if you could speak to why there's such a large percentage of deaths in our senior care centers and what's being done about that currently.

(Michael Keatts): (I currently can't really address that question). That would be for our surveillance team to address. But like I said we are aggressively pursuing these point prevalence testing proactively to try and prevent outbreaks and reduce spread of disease.

(Marian Hunter): This is (Marian Hunter)--

Operator: The next question comes from--

(Marian Hunter): Before we go to the next one I just wanted to confirm that our call today is solely focused on testing. So if there are additional questions regarding case information, long-term care facilities, or some of the data on the website we

are happy to assist with this through the COVID-19JIC e-mail. And so I would just like to direct any of those questions to that. Thank you, next question.

Operator: The next question comes from (Alexa Duran) with (WY Daily), your line is open.

(Alexa Duran): Well, now that you just said that. My question was about contact tracing and so I don't even you still want me to ask it here or to just direct it to the e-mail. But I was just curious how the Virginia Department of Health was addressing contact tracing, is stepping up those efforts, and whether or not the department was considering using some of the new technology that tracks interactions.

(Michael Keatts): So this is (Michael) and I can just comment as we move from mitigation to containment, our surveillance teams and state leaders they are looking to increase and expand our workforce for contact tracing. So that's currently in development and they're also evaluating technology to assist with that effort.

(Alexa Duran): Okay, thank you.

Operator: Okay, and if you would like to ask a question, please press star one. If you would like to withdraw your question, please press star two. The next question comes from (Rowen Life) with the (Roanoke Times). Your line is open.

(Rowen Life): Yes. So I had a couple of questions. One was on the point prevalence surveys and you had said that you have a list of a 100 or so that you were reaching out to - how did you (get that) list and are these places where they have already had outbreaks or are you going into places to see what's happening?

(Michael Keatts): I'm unable to speak about the criteria of how that list was developed. That was done under our surveillance team.

(Denise Toney): And I can just comment - I'll just make a couple of comments based on my

discussions in the way that the point prevalent surveys were being executed that these were in establishments that did have either outbreaks that were documented or they had several positive cases and in those situations the Virginia Department of Health did reach out to those facilities to ask if they were interested in having a point prevalent survey conducted at their individual facility but I think that the initial targeting was those facilities that had documented positive cases or an outbreak that was confirmed by laboratory testing.

(Rowen Life): And so with the results of the test, I was a little confused with the answered -- are those part of the whole total that is coming in with the diagnostic test as well? Or will those be separated out and reported differently as the data available for the public to see?

(Denise Toney): At the current time they're being compiled into the number of - total number of cases.

(Rowen Life): Okay. And then I had question about the serology testing. Are those test results also being recorded to (VDH) and combined in the total numbers or are those being broken out separately part of - what are the plans to deal with those?

(Denise Toney): At the current time I do believe the information is being reported to the Virginia Department of Health but I do not think that they are being included in the total numbers at this time.

(Rowen Life): Alright. And that data is not published.

(Denise Toney): I do not believe so.

Operator: The next question comes from (Marie Albezzar) with the (Daily Press). Your line is opening.

(Maria Albezzar): Hi. Yes. I was wondering if you could talk about the volume of testing at state prisons, if you could just kind of go into who is being tested, how often they're being tested, and how many are being tested?

(Michael Keatts): From my awareness, when they do a point prevalence test at correctional facilities all occupants of the facility are tested at the same time.

(Maria Albezzar): And is this point prevalence testing being done at all of the facilities right now?

(Michael Keatts): I believe those are on an as need basis or are requested, if they have an outbreak. So that's evaluated by our review surveillance teams. It's not the same as the long-term care approach where they're proactively reaching out to those facilities.

Operator: The next question's from (Ashley Boyle) with (WDDJ 7). Your line is open.

(Ashley Boyle): Thank you, but my question's already been taken so. I'm good. But thank you.

Operator: Okay and as a reminder to ask a question please press star one. If you want to withdraw your question, please press star two. The next question comes from (Kristin Lehman) with (WebMD Health News). Your line is open.

(Kristin Lehman): Yes. Thank you. I want to go back to the federal assistance that you're receiving. It sounds like you're starting to get a supply of the reagents in these lab -- has that been the limiting factor in expanding testing so far?

(Denise Toney): Hi, this Dr. (Toney) I can speak to that question. I think early on that was definitely a limiting factor. Access to the nasal pharyngeal swabs and viral transport media. I also think that there were other supply chain issues that impacted specific aspects of the testing depending on what tests you were performing and so I think that that also had some issues early on.

The new set of reagents and slides that we are getting will definitely help support and facilitate expanded testing and assurance that we will have all the necessary collection materials needed to support all of the testing that Virginia wants to do moving forward.

(Kristin Lehman): Did you receive any of the rapid ID COVID-19 tests from the HHS that can turn around results in less than 13 minutes?

(Denise Toney): Are referring to the (Abbott ID Now) strips?

(Kristin Lehman): Yes. They're the test and the devices and the self contained unit.

(Denise Toney): Yes. So the state laboratory did receive from HHS 15 instruments -- the (Abbott ID Now) instruments which we worked with Virginia Department of Health and Virginia Hospital Healthcare Association to deploy out to specific hospital sites throughout the commonwealth and in addition we are in a position to place weekly orders for reagents. The test cartridges as well as the control material to run the (Abbott ID Now) tests and as we receive those supplies we are sending them out to the 15 or to the sites that have received the 15 instruments.

What I can say is that our orders are not being filled at the capacity that we are ordering them so there is some supply chain issues there.

Operator: The next question comes from (Jackie DeSisco) with (WRIC). Your line is open.

(Jackie DeSisco): Hi. So I remember last week you guys had said that you were finalizing some new contracts and that would allow you increase testing by about 3,000 a day by next week -- so this week. So I'm wondering if that is still on track and when you guys expect to get to that goal of 10,000 a day?

(Michael Keatts): So this is (Michael). The state did go into a contract agreement with a

commercial lab late last week to help provide additional collection kits as well as for lab processing. And this has assisted in our effort, especially on the large volume request. And what's the second part of your question?

(Jackie DeSisco): So are - because you guys said you were at like, 5,500 right now. I think last week you were just under 6,000 so when will we see those additional 3,000 tests daily from those contracts or that contract come online and when are we expecting to get to the 10,000 -- that total goal?

(Michael Keatts): Yes. I understand that there's additional efforts to secure other contracts with commercials to make that a more sustainable supply for the weeks ahead and just based on the testing requests and consideration of the new testing criteria, it's likely that our counts will go up and increase in the next few weeks and especially with point prevalence testing. So it's probably obtainable very soon.

(Jackie DeSisco): And if I could just add to clarify in the point prevalence testing. You said that you have, you know, kind of a 100 facilities as far as nursing homes go that you have on your list. How many facilities can actually be surveyed in one day? How quickly do you expect to get through that 100?

(Michael Keatts): Well, I know that they're trying to group them geographically to make it more efficient. Especially for the (guard) team but we're probably looking at two or three a day and it depends on the number of residents and the number who have to be tested.

(Jackie DeSisco): Thank you.

(Michael Keatts): The next question comes from (Bill Shapiro) with (NBC News Radio). Your line is open.

(Bill Shapiro): Good morning. I was calling hoping I could get some clarity on the (queue) for the testing and where the bottleneck is in regards to - the governor has during the press conferences said that capacity is at varying levels throughout

the months and the last couple of months, but the testing numbers that we're seeing through the website, many days aren't hitting near what he says are - is capacity. So is the capacity issue in the lab? Is it with doctors reticent to administer tests? Is it the lack of tests or is it the lack of testing supplies?

(Michael Keatts): So this is (Michael). You know the past count may be healthcare providers were not as aware or got information that they shouldn't test just based on the concerns of supply at the time. So that's part of the current effort with (Dr. Rimley), just to try and reach out to these private care communities, the federal clinics, and free clinics to educate, to identify barriers, and to provide the resources that they may need or the education or training that they may need to do on site testing or to provide guidance on where they can refer patients too.

(Bill Shapiro): We have heard from doctors that they believe the testing is more difficult or requires more paperwork than they want to do, so that they are not necessarily administering the test unless all the criterias are met. It is - it sounds like you guys are trying to tackle that.

(Michael Keatts): Exactly. That's the current effort to identify those barriers so there can be barriers to on-site testing, whether it's PPE or just knowing how to perform the procedures for testing and collection. Or where they can (refer) a patient. So that's actively ongoing. And that's just for additional testing.

(Bill Shapiro): Thank you.

Operator: The next question comes from (Nell Leonore), with (RTD). Your line is open.

(Nell Leonore): Hi, yes. Just two quick questions. One is -- by when do you think that we'll be able offer more broad widespread testing without people having to meet criteria as someone said it's been offered in Tennessee I think Los Angeles is offering the same and just what are the hurdles to getting there?

And then the other question was when you're calculating the positive rates of the number of people testing positive for COVID-19 are you using the number of people tested or total test performed and if you could talk about which measure's better and why?

(Michael Keatts): As mentioned earlier the testing guidance for Virginia has been updated and it's more inclusive of a broader population and actually for a lower priority that includes (uni testing) clinics. So those are the efforts that our health districts are currently planning. So there's a wider net of folks that can test based on that criteria. And I'm not sure about the data reports and how they compare, what the person has tested vs. total count.

Operator: The next question comes from (Meghan Holly) with (VPM). Your line is open.

(Meghan Holly): Yes. Thanks for speaking with us. I just have a couple of questions about the specific test types. Are you able to share the specific brands of testing, test kits that you're using and which ones require the nasal pharyngeal swabs vs. the - just nasal swabs that the CDC is now allowing?

(Denise Toney): So I can speak generally to that question. I think that when you're looking at the molecular test that looks for the virus there are a couple of dozen different types of tests that are commercially available that can be used and have been approved by the FDA for COVID-19 testing and the FDA maintains a - if you go to the FDA website you can look up all of the tests and they have recently updated their site so that you can see which ones of those tests have been approved and are available for use for clinical diagnostics.

With respect to the specimen type, most laboratories that are using these tests have - can validate the different swab types for use in their laboratories as well as the different collection medias so if you have a test - so for example, the state laboratory uses the CDC test and so with the CDC test early on we were only validated for use of that test with viral transport media with the nasal

pharyngeal swab. But as the pandemic continued and we knew that there was a desire to expand out and use different specimen types we conducted validation studies and bridging studies in our laboratory to allow us to expand as the FDA approved different medias and different swab types but we still have to validate those in our laboratory so that we can accept them.

Just because the FDA says, 'Now you can expect (sterile saline) as a transport media,' it doesn't mean that our laboratory can automatically begin accepting that media type. You still have to validate it and have the data as part of your quality management tactics to say that you can show that it is performing accurately.

So with - depending on the different laboratories and the different tests that they're using and the instrument vendors that they're using, each lab can choose to validate the different swab types and the different media types as they see fit.

(Meghan Holly): Got it. So it'd be accurate to say that that's still being done - that just the regular nasal swabs are not in wide use yet?

(Denise Toney): Based on my experience and communications with laboratories that are doing COVID-19 testing many of them are quickly expanding to be able to accept nasal specimens only because we understand that there is the issues associated with collecting a nasal pharyngeal that you have to have the appropriate PPE in order to collect the sample and the nasal sample is a much easier sample type to collect and it does not require the additional level of PPE that you would need if you were collecting an (anti) sample. So many labs have already initiated efforts to validate that specimen type so that they can accept it in their laboratory for testing.

(Meghan Holly): Got it.

(Marian Hunter): Okay. I just wanted to give a final warning. We are near the end of the call

today and we will have time for one more question. If we are unable to answer your question today, please e-mail them to (COVID19jic@vdem.virginia.gov). Thank you.

Operator: The next question comes from (Allen Sutterman) with the Associated Press. Your line is open.

(Allen Sutterman): Yes. Just a follow-up on the - when are we going to get to 10,000. Can you just - what's so special about that number? Why is that the goal? What's the significance of it?

(Michael Keatts): That is a good question and there's different models from FEMA and different groups about testing based on your population, but we just want to try to establish a goal moving forward to shoot for. It'll be adjusted as needed. And I just got our testing (numbers) doubled from last month and getting to that 10,000 number is obtainable. But there's really no hard line as far as, you know, if we'll stick with that but that's something we're shooting for currently.

Operator: There are no further questions.

(Marian Hunter): Thank you all for attending our call today. Like I mentioned before, if you have any additional questions, please direct them to (COVID19jic@vdem.virginia.gov). Thank you.

Operator: That does conclude this conference. Thank you for participating. You may disconnect at this time.

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