

Partner Briefing Update COVID-19 Testing

Aug 28, 2020



COVID-19 Cases in Virginia



Dashboard Updated: 8/26/2020, Data entered by 5:00 PM the prior day.

Total Cases*

115,458

Confirmed†
110,437

Probable†
5,021

Total Hospitalizations**

9,326

Confirmed†
9,264

Probable†
62

Total Deaths

2,515

Confirmed†
2,382

Probable†
133

Select Measure
(Affects Map and Bar Chart)

- Cases
- Hospitalizations
- Deaths

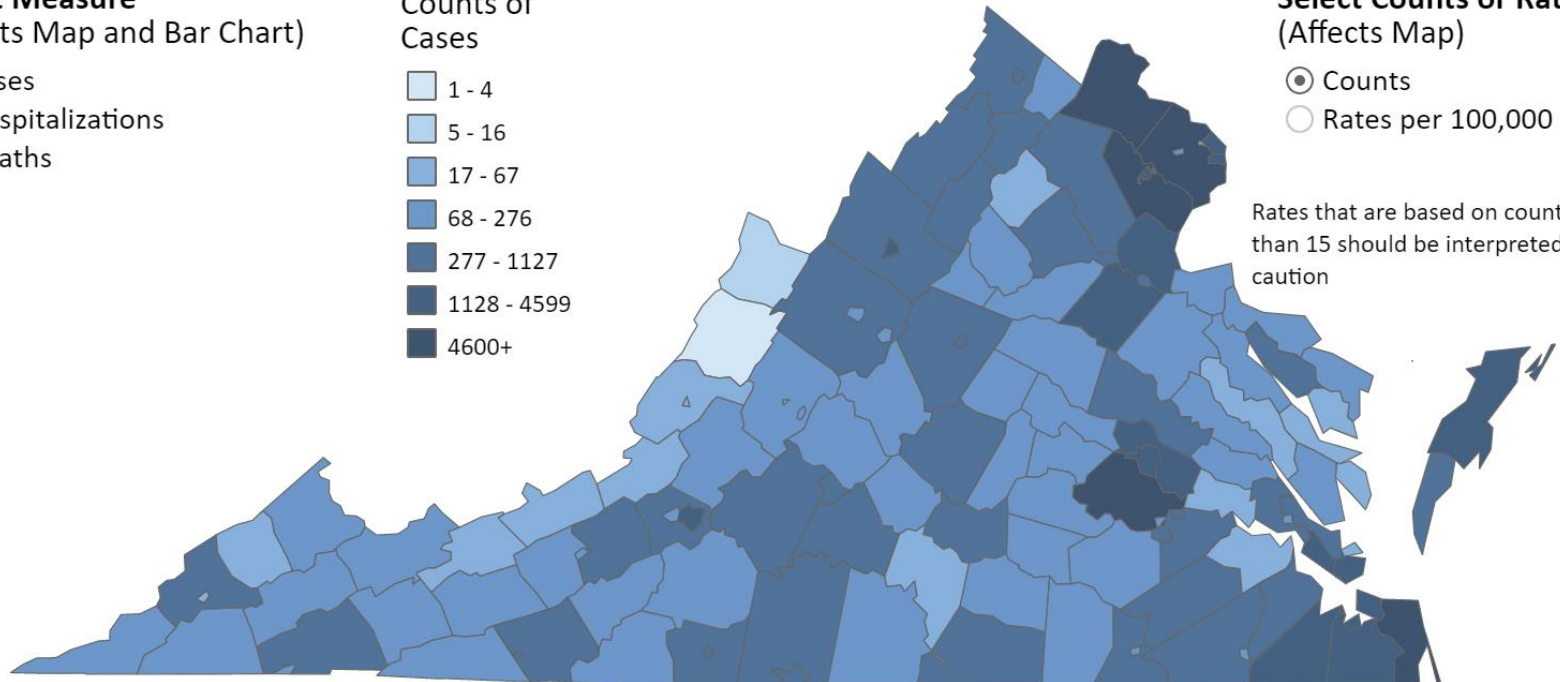
Counts of Cases

- 1 - 4
- 5 - 16
- 17 - 67
- 68 - 276
- 277 - 1127
- 1128 - 4599
- 4600+

Select Counts or Rates
(Affects Map)

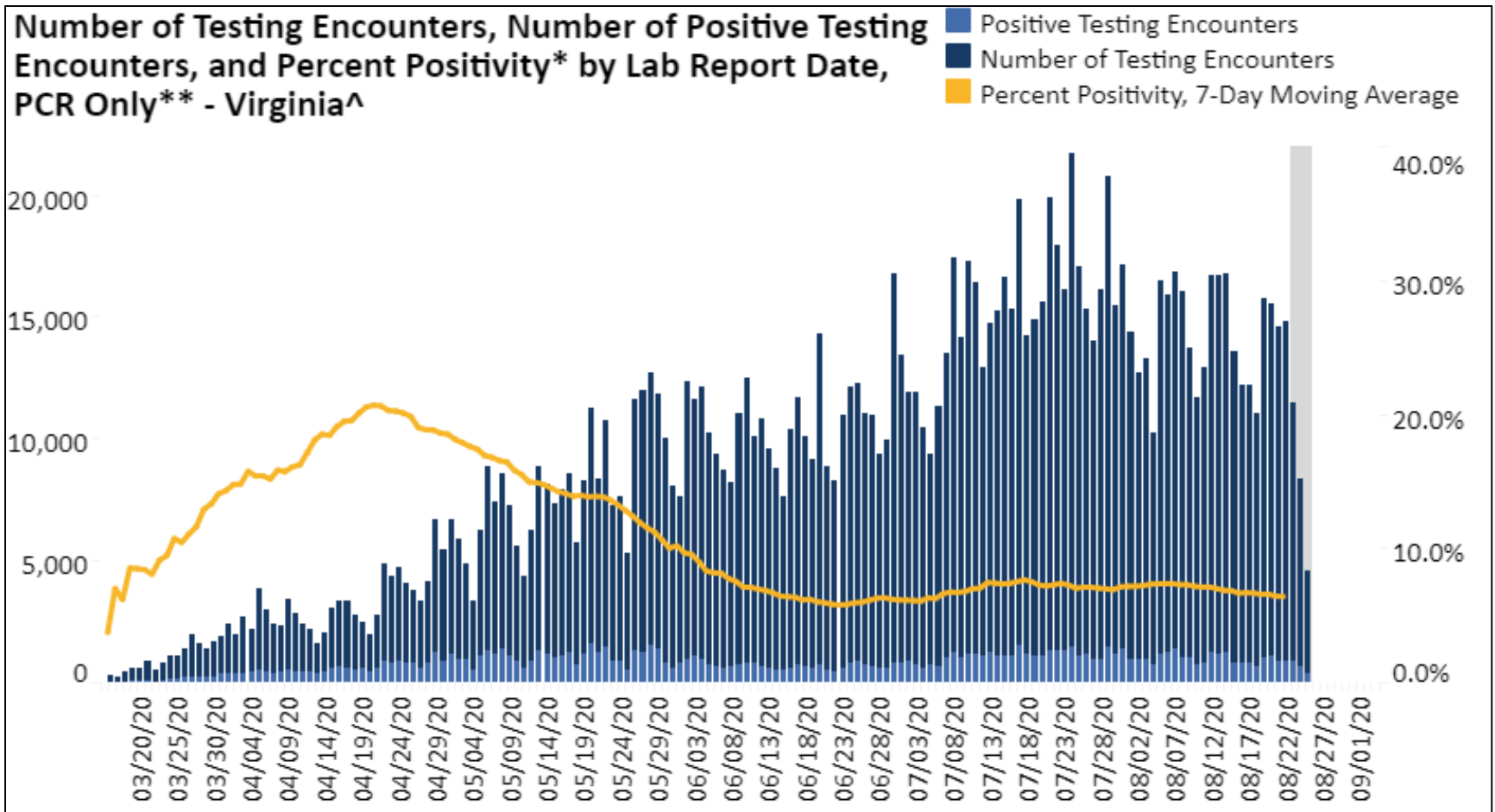
- Counts
- Rates per 100,000

Rates that are based on counts less than 15 should be interpreted with caution

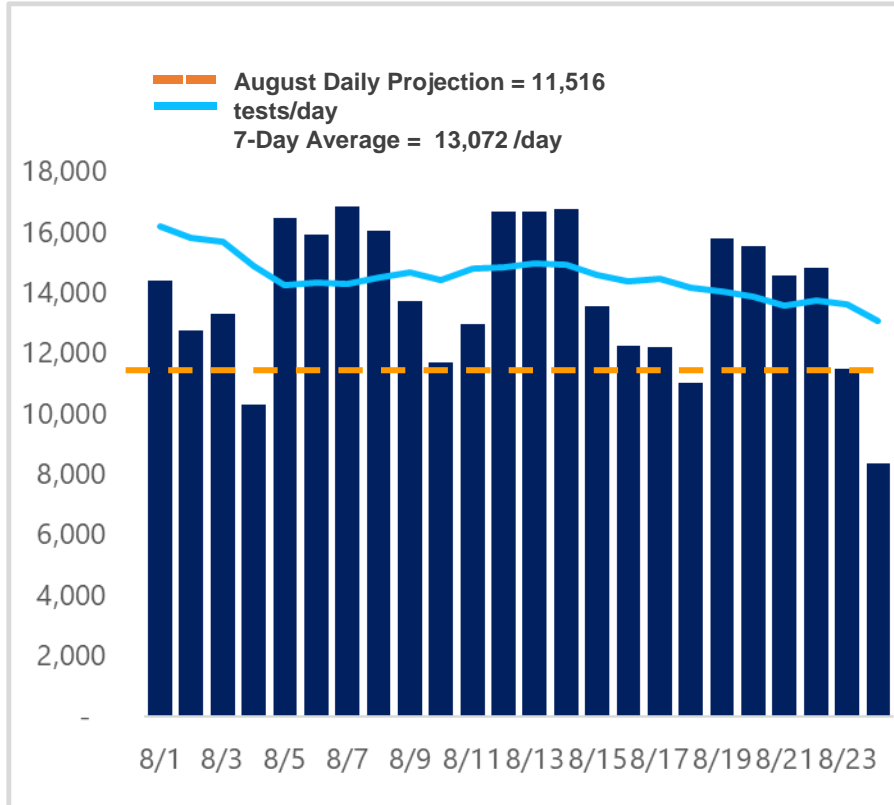


Select Region

Statewide Testing Encounters and Percent Positivity



Daily Statewide Number of Tests Conducted



Progress Toward August Testing Projection

August Projection 357,004

Tests to Date 333,822 (94%)

Projection to Date* 276,390 (77%)

*Projection to Date represents the number of tests that should have been completed by this time in the month to track to the monthly testing projection.

Recap: Progress Toward July Testing Projection

July Projection 298,970

Tests Conducted in July 478,113

Virginia met **160%** of the July testing projection.

Data source: VDH website

VDH COVID-19 Testing Goals

- **Provide Testing Support**

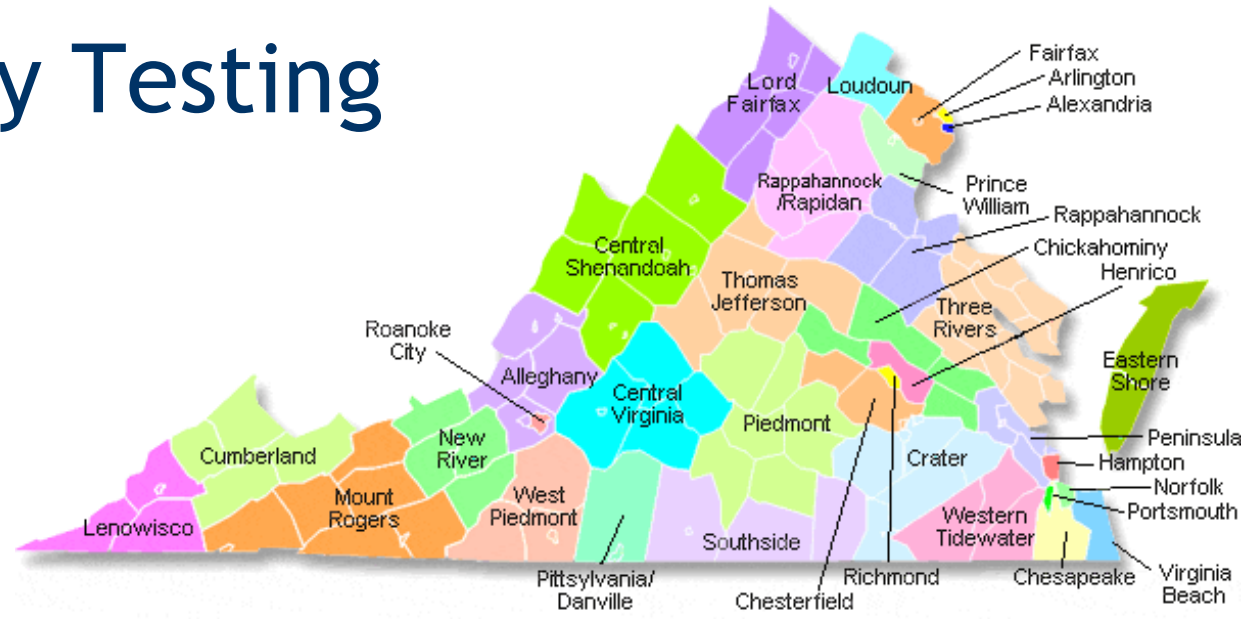
- Community Testing - Vulnerable Populations
- Congregate Settings - Point Prevalence Surveys
- Outbreak Testing - Long-term care facilities, places of employment/schools, etc.

- **Increase Capacity**

- Continue Private Contracts/Turnkey Vendors
- Partnership with Retail Pharmacies
- “One Lab” Model
- Multi-state Compact Agreement

Community Testing

- 35 Local Health Districts (LHDs)



- Each LHD has been provided a target number for testing based on number of cases and presumed contacts (Cases x 8)
- District variability - resources available, disease epidemiology, etc.
- Partnerships with Federally Qualified Health Centers, Free Clinics, Retail Pharmacies, Primary Care Providers, etc.

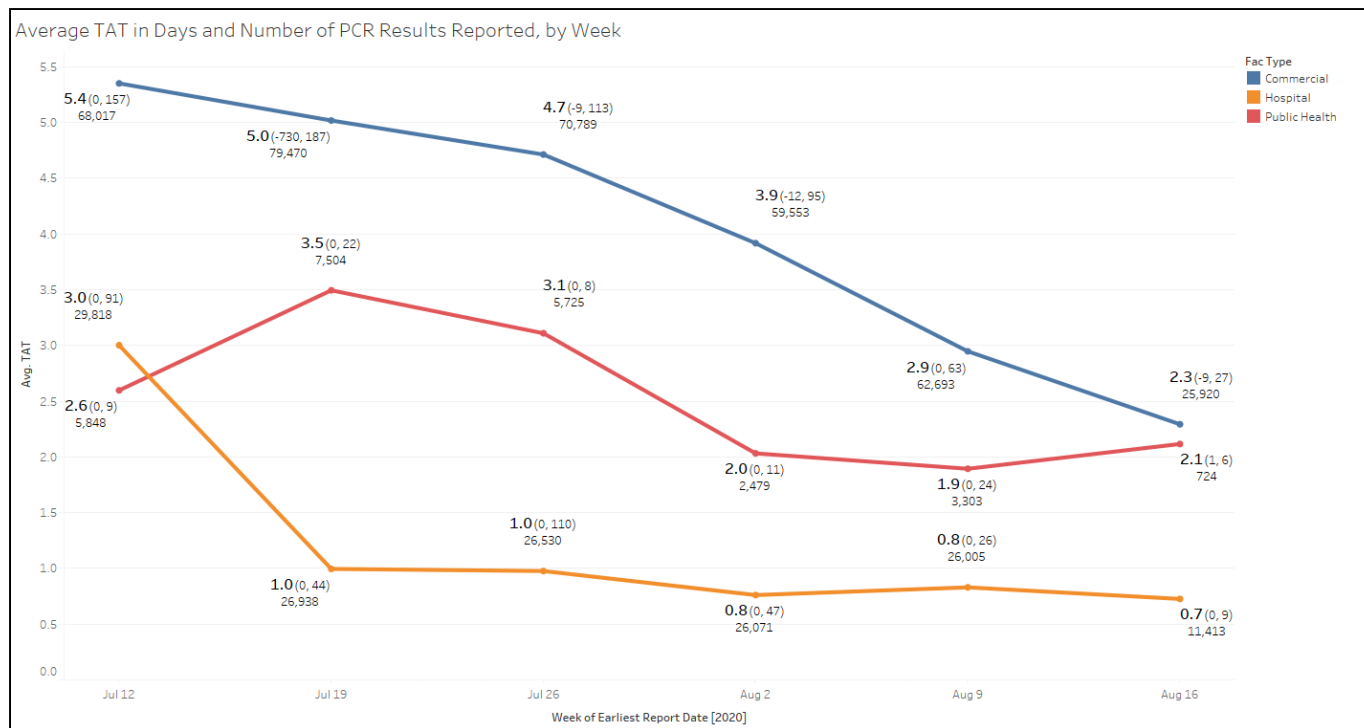
Point Prevalence Survey (PPS)

- Testing of all individuals working or residing in a facility, whether or not they have symptoms, on one day; indicates number and percent positive for the virus.
- **PRIORITIES for PPS**
 - → BASELINE TESTING
 - Skilled nursing facilities/nursing homes, Assisted living facilities, Residential behavioral health facilities, Correctional Facilities, Other (homeless shelters, rehabilitation facility)
 - → OUTBREAK SETTING
- **Virginia National Guard Provided Key Support May-July 2020**
 - 376 Missions Completed: 95,064 tests including 223 Skilled Nursing Facilities and 65 Assisted Living Facilities.
 - Returning September 2020 (4 Teams)

Testing Turnaround Time Improvements

Need for testing beyond Molecular/PCR testing

- Alternative strategies to increase testing capacity and reduce Turnaround Times (TAT) to ensure appropriate containment strategies (isolation/quarantine/contact tracing)



Multistate Compact Agreement (Non-PCR based/Antigen Testing)

- Three rapid Point of Care antigen tests available under current FDA Emergency Use Authorization (EUA)
 - For individuals who are suspected of having COVID-19 by their healthcare provider within early days after symptom onset
- New consideration: use of antigen tests for rapid screening of *asymptomatic and pre-symptomatic* individuals to block onward transmission of the virus and to identify local outbreaks.
 - Infected individuals are contagious 2-3 days before experiencing symptoms
 - Up to 30-60% of SARS-CovV-2 cases are asymptomatic
- **Rationale: Rapid results, outweigh clinical-grade accuracy in stopping the spread of SARS-CoV2**

Multistate Compact Agreement (continued)

- States will collectively provide a large and clear demand signal to incentivize manufacturers to increase test productions (i.e. 500,000 tests/state)
 - The capital needed to procure bulk purchases of supply may exceed states' budgets. (Rockefeller Foundation prepared to help support and navigate through various financing options)
- A cooperative contract model streamlines multi-state procurements benefitting all participating states, while addendums allow incorporation of state considerations.
- States are responsible for determining testing volume, state distribution, test administration, results reporting, and intra-state marketing and communications.

Next Steps for VDH Testing

- Continue collaboration with the **Governor's Testing Advisory Council** (e.g. determine alternate testing strategies antigen, saliva testing, etc.), testing priorities, community messaging, and information dissemination of new technologies
- Implement **One-Lab Model**.
- VDH Central Office to Hire **Regional Strike Teams** that will response to “hot spots”/serve as surge support across the state.
- Local Health Districts continuing to hire additional team members to assist with local testing, and working with local governments to address testing need for vulnerable populations.
- Prepare for **potential increases in cases and outbreaks** with the re-opening of schools and universities in the fall.
- **Testing remains a cornerstone strategy for containment of illness.** Symptomatic > Asymptomatic.