

ELC ENHANCING DETECTION: MISSISSIPPI TESTING PLAN

2020 Overarching Jurisdictional SARS-COV-2 Testing Strategy

Jurisdiction:	Mississippi
Population Size:	2,989,260

1. Describe the overarching testing strategy in your state or jurisdiction.

The overarching strategy of the Mississippi State Department of Health (MSDH) is to provide a consistent and scalable testing capacity to inform county level incidence, to provide access to testing of vulnerable populations and to provide hotspot or targeted enhanced testing as indicated by the current epidemiology. This will be accomplished through enhancement and assurance of testing capacity in the Mississippi Public Health Laboratory (MPHL), numerous commercial laboratories, hospitals, Federally Qualified Health Centers (FQHC), in Long Term Care Facility (LTCF) settings and other healthcare facilities and clinics. Several testing methodologies are available to providers in Mississippi including RT-PCR, serology, and antigen through various commercial laboratories, hospital laboratories, and MPHL, and through rapid test platforms in hospital emergency departments and clinics throughout the state. The wide availability of these tests has provided broad reach to testing throughout the state, with some limitations noted in reagents, collection kits and cartridges and other testing supplies. However, in recent weeks, approximately 17,000 -21,000 tests for COVID-19 per week have been conducted in Mississippi consistent with a 2% monthly testing expectation. MSDH will focus on expanding testing capacity throughout the state to address availability of testing in vulnerable populations, including in higher risk settings, in both traditional and non-traditional settings. This will be accomplished through the expansion of testing platforms within the MPHL using multiple EUA approved platforms already possessed by the laboratory; specifically, capacity will be increased through Abbott m2000rt, Thermo TaqPath and Hologic Panther platforms. By using these platforms MPHL will have the capacity to perform 3,564 molecular tests per day, with testing priorities of LTCF employees and residents, outbreaks, healthcare workers, first responders, and close contacts to cases. To expand testing within areas with the highest incidence of hospitalized patients with COVID-19, the MPHL distributed 14 instruments to expand testing in areas based on need. MSDH will continue to support testing with these instruments through the distribution of test kits received from the International Reagent Resource (IRR), with testing directed at hospitalized patients, symptomatic individuals, and healthcare workers. The deployment of instruments and test kits expanded the testing capacity to facilities that had no means to provide testing in their communities. The MPHL will continue to provide support for additional and increased testing in other laboratories and hospitals in the state through mechanisms such as supply of reagents or test collection kits, ordering from multiple vendors to maintain capacity, through federal support and in-state manufacturing and through frequent communication and monitoring supplies. The MPHL has conducted several surveys to assess for COVID-19 testing capacity, resources, and testing platforms used in hospitals and laboratories across the state. The MPHL Outreach Services provided packaging and shipping guidance for specimen transport, including job aids and consultation acceptable shipping supplies. To identify additional barriers MSDH and MPHL will continue to network with over 200 private providers that perform testing. We will continue to provide a list of all the testing sites in Mississippi, with additional sites added as they are identified MSDH. MSDH will continue to conduct weekly calls with providers throughout the state to inform about testing strategies, and is continuing to provide the most up to date guidance to providers around testing priorities, best practices for testing

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methodologies and indications for testing to maximize testing to inform incident data, identify outbreaks, and perform presurgical and pre-procedure testing for asymptomatic individuals. The MPHL is partnering with the University of Mississippi Medical Center (UMMC) Laboratory to provide an additional overflow capacity of 1,000 samples per day, and MSDH will develop contracts with other commercial and hospital laboratories that already serve Mississippi to develop additional overflow capacity based on need. MSDH will expand capacity through an existing relationship with UMMC to provide mobile testing at non-traditional sites (e.g., churches, central areas within a community), is developing contracts with Community Based Organizations, and clinics to provide testing in non-traditional sites, and MSDH will expand testing in residential care settings (employees and residents) based on outbreak status, incidence within a county and based on CMS guidelines. MSDH is working individually with LTCFs to build their capacity for testing to provide baseline and outbreak related testing. MSDH is working with at least one pharmacy chain for testing and will continue to identify additional partners, with the director of the Public Health Pharmacy serving as a direct contact to the pharmacies in the state. UMMC is conducting a seroprevalence study of 1000 tests in June 2020, and MSDH is planning a broader seroprevalence study on a sampling in counties identified with high, medium and lower incidence to conduct an additional 1300 tests.

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Table #1a: Number of individuals planned to be tested, by month

BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
Diagnostics*	75,000	90,000							165,000
Serology	0	1,300							1,300
TOTAL	75,000	91,300	0	0	0	0	0	0	

Table #1b: Planned expansion of testing jurisdiction-wide

Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
MPHL	Public health lab		3,564			nursing homes, healthcare workers, elderly, disabled, personal care homes, racial and ethnic minorities, prisons, first responders, contacts

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
Singing River Health System -Ocean Springs/Pasagoula	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Highland Community Hospital	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Merit Health - Natchez	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Boliver Medical Center	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Magnolia Regional Health Center	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Greenwood Leflore Hospital	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Southwest MS Regional Medical Center	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers

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MFI Outreach Lab	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
South Sunflower County Hospital	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
GA Carmichael Family Health Center	Community-based		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Open Arms Healthcare Center	Community-based		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
South Central Regional Medical Center	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Baptist Medical Center-Leake	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Baptist Memorial Hospital - Attala	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers

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Tippah County Hospital & Tippah County Health & Rehab	Hospitals or clinical facility		10			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Field Health System - Hospital	Hospitals or clinical facility		15			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Baptist Memorial Hospital Golden Triangle	Hospitals or clinical facility		18			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Merit Health - River Regional	Hospitals or clinical facility		40			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
UMMC	Hospitals or clinical facility		1,000			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Merit Health Wesley	Hospitals or clinical facility		25			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
GV Sonny Montgomery VAMC	Hospitals or clinical facility		4			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Merit Health-Central	Hospitals or clinical facility		192			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Ocean Springs Hospital	Hospitals or clinical facility		75			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Baptist Memorial Hospital Golden Triangle	Hospitals or clinical facility		18			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Forrest General Hospital	Hospitals or clinical facility		20			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Delta Regional Medical Center	Hospitals or clinical facility		75			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
St. Dominic Hospital	Hospitals or clinical facility		2,000			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
AEL	Commercial or private lab		3,000			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Quest	Commercial or private lab		3,000			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Metric Lab	Commercial or private lab		2,000			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Lab Corp	Commercial or private lab		3,000			elderly, disabled, pre-existing conditions, racial and ethnic minorities, healthcare workers
Hattiesburg Clinic	Hospitals or clinical facility		70			elderly, disabled, pre-existing conditions, racial and ethnic minorities

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2020 Direct Expansion of SARS-COV-2 Testing by Health Departments

2. Describe your public health department's direct impact on testing expansion in your jurisdiction.

Many of the strategies outlined in the overarching strategy are applicable in the direct expansion of testing capacity within the Mississippi State Department of Health (MSDH) and through the Mississippi Public Health Laboratory (MPHL). Through the use of multiple EUA approved platforms already possessed by the laboratory, the MPHL's daily testing capacity is 3,564 molecular-based tests. The MPHL will source reagents and supplies through multiple means including the International Reagent Resource (IRR), various commercial vendors, and local organizations for the in-state manufacturing of specimen collection material. The MSDH was given emergency authority to allow the rapid procurement of supplies, test kits, collection kits, instruments, and equipment needed for COVID-19 testing. The MPHL will recruit and hire additional testing and support staff to meet the needs of current and increased testing. An expedited hiring process is being used by MSDH Human Resources to shorten the timeframe for onboarding newly hired staff. The MSDH and MPHL will reconfigure workspaces to practice safe distancing and to accommodate increased staff. The testing priorities at the MPHL are LTCF employees and residents, outbreaks, healthcare workers, first responders, and close contacts to cases. The MPHL will continue contracting with the University of Mississippi Medical Center (UMMC) to provide overflow testing of approximately 1,000 tests per day, and will contract with other existing hospital and commercial labs within the state to provide additional overflow capacity. The MPHL will explore ways to expand testing within the state, such as the implementation of antigen testing in high-incidence areas, identifying laboratories with available COVID-19 testing capacity, and by providing testing support to organizations in high-incidence areas. The MSDH will continue to partner with staff from the National Guard and the UMMC to perform onsite mobile testing clinics at churches, long term care residential facilities for baseline (baseline testing has been completed at all 211 facilities as of 29 May 2020, with more than 25,000 tests conducted on LTCF employees and residents) and outbreak testing, and mobile test sites directed at vulnerable and high risk settings including those areas with a higher incidence of morbidity and mortality in the African American community and through partnerships with the Mississippi Band of Choctaw Indians (MBCI). Outbreak testing will also be conducted around outbreaks in correctional institutes and industries as needed. Long term care settings will be addressed through a combination of direct onsite testing support and monitored on-site facility collection through the provision of test collection supplies. Baseline testing of all 211 long term care facilities in the state has been completed as of 29 May 2020 with MSDH conducting more than 25,000 employees and residents tests. MSDH will continue to conduct testing of symptomatic and asymptomatic residents and employees at these facilities around outbreaks (one positive resident or one employee equals an outbreak), with additional weekly testing based on county incidence and cases over a two-week period. There are currently over 100 outbreaks in long term care settings. Testing support of LTCF outbreaks will continue until the outbreak is resolved. MSDH Office of Health Disparities is partnering with African American communities in Mississippi to target churches and other non-traditional settings to activate mobile testing clinics through the existing mechanisms described earlier. MSDH has retained a platform to perform rapid testing of healthcare workers and MSDH employees when symptomatic. The MSDH Office of Epidemiology is establishing contracts with clinics, providers and Community Based Organizations targeted in areas of higher incidence with a goal of 10 clinics per week performing 70

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tests per day to be submitted through commercial labs. Current further plans for testing through the MPHL include syndromic surveillance through already established influenza-like illness provider network to submit a standard number of tests on both symptomatic and asymptomatic individuals. MSDH is also planning later in the summer to perform intensive testing of both symptomatic and asymptomatic close contacts to known cases through contact tracing and case investigation. MSDH is evaluating a pilot seroprevalence study that will utilize a sampling strategy in three counties to identify random households to enroll, with testing performed at the county health department (MSDH has 83 county health departments throughout the state) to estimate county prevalence. MSDH is planning in June to mandate all negative tests for SARS-CoV-2 as reportable, including from hospitals, commercial labs, and clinics performing rapid testing. SARS-CoV-2 positive tests are already reportable. Additionally, in June, MSDH is moving to a mandate of only electronic reporting of positive and negative tests for SARS-CoV-2. Positive and negative lab results may be reported in one of three mechanisms: Mississippi State Department of Health (MSDH) Online Case Reporting Mechanism, COVID-19 CSV reporting template uploaded daily for positive and negative results, and through Electronic Laboratory Reporting of positive and negative results. The CSV template is under development and will allow for direct reporting from facilities through an upload that will be converted to an HL-7 message for uploading in the MSDH surveillance database. This mandate will provide visibility for the testing being conducted in the state on a county basis and will assist with identifying a county level percent positive to assist with informing re-opening in an area.

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Table #2: Planned expansion of testing driven by public health departments

BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
Number of additional* staff to meet planned testing levels	20	10							30
FOR DIAGNOSTIC TESTING									
How many additional* testing equipment/devices are needed to meet planned testing levels? (provide an estimated number, and include platform details in narrative above)	3	0							3
Volume of additional swabs needed to meet planned testing levels ⁺⁺	35,000	40,000							75,000
Volume of additional media (VTM, MTM, saline, etc.) needed to	35,000	40,000							75,000

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BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
meet planned testing levels ⁺⁺									
Volume of additional reagents needed to meet planned testing levels, by testing unit and platform (i.e. 100K/day - Hologic panther; 100k/day - Thermofisher)	3500/month of May-Hologic Panther;564/day-Abbott m2000; 486/day-Thermo TaqPath	1400/day-Hologic Panther;192/day-Abbott m2000; 408/day-Thermo TaqPath							
FOR SEROLOGIC TESTING									
Number of additional* equipment and devices to meet planned testing levels	0	0							0
Volume of additional reagents needed to meet planned testing levels, by testing unit and platform (i.e. 100K/day -	0	1300/month							

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BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
Hologic panther; 100k/day - Thermofisher)									

* Report new monthly additions only, not cumulative levels

++ For May and June, only include needs beyond the supplies provided by FEMA. Report new monthly additions only, not cumulative levels.