## 2020 Overarching Jurisdictional SARS-COV-2 Testing Strategy

Jurisdiction:	FSM
Population Size:	110,000

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

FSM is fortunate to not have any cases of COVID-19. Robust travel restrictions have been in place since the FSM President declared a state of Emergency on January 31, 2020. This declaration has recently been extended to September 30, 2020. Points of entry screening have been in place since February 2020. FSM is planning to repatriate stranded residents as soon as audits of quarantine and facilties and associated systems confirm that FSM is sufficently ready to receive these residents. Repatriation plans have been delayed many times, but we anticipate the first lot of cistranded citizens tor eturn to FSM at end of July 2020. The numbers of repatriated residents at a time, will be aligned to the number of available quarantine rooms within the country. The current testing strategy is to test all persons under investigation (PUI) according to current defintions. Additionally FSM is testing all hospitalized Severe Acute Rspiratory Syndrome cases (flags have been set on FSM Electronic Health Records to alert using to test SARI case fpr COVID-19). The FSM testing algorithm lists the following categories for persons to be tested by priority: 1. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath, and non-traumatic anosmia), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset; OR, 2. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset; OR 3. A patient with severe acute respiratory illness (SARI)- fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation; OR 4. A patient showing Influenza-like illness (ILI)- onset of fever of 38 °C and cough within the last 10 days; OR 5. A patient showing loss of smell and taste in the absence of an alternative diagnosis. FSM has 8 ID NOW devices and 8 Gene Xpert IV analyzers. These analyzers are placed in state health service laboratories. Teams of Public Health personnel have been trained on Infection Prevention and Control and Speciment Collection procedures. These personnel are able to collect specimens from persons at quarantine sites. Additional health personnel have been placed at Community Health Centres (5 Pohnpei, 5 Yap, 3 Chuuk, 3 Kosrae) who are able to collect specimens and have these specimens sent via Health Services courier to nearest testing laboratory. Community Health Centres are connected to FSM Health Network: and can use this network to access testing results. Since there are no confirmed cases in FSM, serology testing is not applicable at this time. However, if this testing was indicated, testign would be performed using FDA Approved rapid tests inthe community; at Community Health Centre, Dispensaries and Health posts. FSM as well as the Pacific Islands Health Officers Association are monitoring test kit supply, reagent inventory and staffing on a weekly basis. FSM has volunteer registries (ESAR VHP, FSM Medical Reserve Corps and Micronesia Red Cross Volunteers). If required, some of these volunteers could be given 'just-in-time' training to assist with community serology specimen collection, data collection and entry and testing. Additionally students from College of Micronesia Health programs could be recruited to assit health teams. Resource tracking and response updates are shared locally and regionally via a series of scheduled weekly Zoom calls.FSM follows guidance from CDC on most

appropriate testing strategies and platforms to use. FSM has agreements with Guam and Hawaii Public Health Laboratories. FSM has a very good working reationship with these laboratories and they have always been very responsive to FSM's requests for assistance and to help with confirmatory testing or if FSM is experiencing problens with procurement of supplies. Additionally FSM Department of Health and Social Affairs has recently signed Letters of Agreement for SARS-CoV-2 testing with Guam Regional Medical City and Diagnostic Laboratory Servies in Hawaii as a backup testing sites if Public Health Laboratories in Guam and Hawaii are unable to provide services to FSM.

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*	26	20	400	400	500	500	400	400	2,646
Serology	0	0	0	0	200	400	500	500	1,600
TOTAL	26	20	400	400	700	900	900	900	

<sup>\*</sup>Each jurisdiction is expected to expand testing to reach a minimum of 2% of the jurisdictional population.

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

Name of testing entity	<b>Testing venue</b> (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic through-put	Daily serologic through-put	Specific at-risk populations targeted (list all)
Pohnpei State Hospital	Public health lab	n/a	32	0	Health Care Works, Patient with co- morbidities (diabetes, COPD) Persons in very low socio-economic groups in muligenerational housing (Community surveys have identified these households)
Chuuk State Hospital	Public health lab	n/a	32	0	Health Care Works, Patient with co- morbidities (diabetes, COPD) Persons in very low socio-economic groups in muligenerational housing (Community surveys have ideantified these households)

Name of testing entity	<b>Testing venue</b> (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic through-put	Daily serologic through-put	Specific at-risk populations targeted (list all)
Yap State Hospital	Public health lab	n/a	32	0	Health Care Works, Patient with co- morbidities (diabetes, COPD) Persons in very low socio-economic groups in muligenerational housing (Community surveys have ideantified these households)
Kosrae State Hospital	Public health lab	n/a	32	0	Health Care Works, Patient with co- morbidities (diabetes, COPD) Persons in very low socio-economic groups in muligenerational housing (Community surveys have ideantified these households)
Kolonia Community Health Centre	Community-based	Pohnpei State Lab	20	0	as above
Pohnlangas Dispensary	Community-based	Pohnpei State Lab	12	0	as above
Sokehs Dispensary	Community-based	Pohnpei State Lab	12	0	as above
Lukohp Dispensary	Community-based	Pohnpei State Lab	12	0	as above
Wone, Kitti Dispensary	Community-based	Pohnpei State Lab	12	0	as above

Name of testing entity	<b>Testing venue</b> (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic through-put	Daily serologic through-put	Specific at-risk populations targeted (list all)
Tomil CHC	Community-based	Yap State Lab	12	0	as above
Gagil CHC	Community-based	Yap State Lab	12	0	as above
Maap CHC	Community-based	Yap State Lab	12	0	as above
Nimgill CHC	Community-based	Yap State Lab	12	0	as above
Colonia CHC	Community-based	Yap State Lab	20	0	as above
Weno, North CHC	Community-based	Chuuk State Lab	12	0	as above
Weno Central CHC	Community-based	Chuuk State Lab	12	0	as above
Weno South CHC	Community-based	Chuuk State Lab	12	0	as above
Tafunsak CHC	Community-based	Kosrae State Lab	12	0	as above
Utwe CHC	Community-based	Kosrae State Lab	12	0	as above
Malem CHC	Community-based	Kosrae State Lab	12	0	as above

# 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.

Expansion of Testing in the FSM: FSM plans to purchase additional modules for GeneXpert analyzers and also to purchase serology kits. Yap laboratory aims to set up PCR testing using the ABI7500 platform. Yap has never done this highly complex testing before and will need technical asssitance for start-up. FSM has been wait-listed for kits and analyzers, but continues to receive kits purchased under a purchasing consortium that includes the CDC/IRR, Pacific Islands Health Officers Association, HHS and WHO. Sufficient tests/kits have been received to meet testing plan estimated needs, while further kits are on back order to enable testing of approximately 10% of the total FSM population. Additional laboratorians may be recruited for short-term contracts as required. One additional technologist was hired for our Pohnei laboratory and started her contract on June 8, 2020. At present, with no confirmed cases and border closure, there is no currently little need for additional laboratory personnel. However, volunteer databases (VSAR-VHP, Micronesia Medical Reserve, Micronesia Red Cross Volunteers) contain details of volunteers and their skill sets who can be utilized to assit with expanded testing when required. Initial Household surveys are near completion to map vulnerable households: mulit-generationonal housing, and housing with persons with diabetes, pulmonary disease or other co-morbities. Persons in these housholds, and Healthcare workers and first responders have been identified as priority groups for testing if cases occur in the FSM. In fact data presented by Public Health agencies in Alaska, Arkansas, Oregon and Washington state have shown that the relative risk of COVID for Micronesians residing in mainland USA is 20 to 40 times the risk of the general US population: indicating that the entire FSM population is a 'risk group'. IT systems are being strengthened and more HCW placed at community centres to allow for decentralization of services and easier access to testing sites. Supply chain remains difficult, but the CDC/PIHOA/WHO collaboration has been able to fast track purchases for FSM and other island states. At present, given that FSM has no confirmed cases, and still has robust travel bans until September 30, 2020, serology testing is currently not indicated. However if cases were to be confirmed, FSM plans to conduct serology testing utilizing FDA approve rapid test kits. Serology testing will be made available in Community Health Centres and Dispensaries on the main islands of Kosrae, Pohnpei, Chuuk (Weno) and Yap (proper). If cases occur in outer islands, health teams will travel by ship to the outer islands and perform testing and train local health assistants in specimen collection and testing. FSM also has strong relationships with Hawaii and Guam Public Health Laboratories for additional testing when indicated. FSM has also recently signed Letters of Agreement with private laboratories: Guam Regional Medical City and Diagnostic Laboratory Services in Hawaii. FSM will continue to acquire kits based on estimated numbers in line with community mitigation strategies: numbers of most vulnerable popuations are being quantified, and numbers of incoming passsengers have also been estimated.

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	0	0	0	0	0	1	2	3	6
				FOR DIAGNO	STIC 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)	0	0	0	0	O	4	0	0	4

BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
Volume of additional swabs needed to meet planned testing levels**	0	0	0	0	700	900	900	900	3,400
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels**	0	0	0	0	700	900	900	900	3,400

BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
Volume of additional reagents needed to meet planned testing levels, by testing unit and platform (i.e. 100K/day - Hologic panther; 100k/day - Thermofish er)	0	0	0	0	0	900	900	900	2700
				FOR SEROLO	GIC TESTING				
Number of additional* equipment and devices to meet planned testing levels	0	0	0	0	0	0	0	0	0

BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
Volume of additional reagents needed to meet planned testing levels, by testing unit and platform (i.e. 100K/day - Hologic panther; 100k/day - Thermofish er)	0	0	0	0	200	400	500	500	1600

<sup>\*</sup> Report new monthly additions only, not cumulative levels

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