2020 Overarching Jurisdictional SARS-COV-2 Testing Strategy

Jurisdiction:	New Mexico
Population Size:	2,100,000

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

Section I: 2020 Overarching Jurisdictional SARS-CoV-2 Testing Strategy

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

This submission outlines New Mexico's testing accomplishments and plans for May and June 2020 and will be updated to incorporate additional plans for July-December 2020. In order to perform surveillance and epidemiologic analyses aimed at decreasing the incidence and prevalence of SARS-CoV-2 infection in New Mexico and informing ongoing response efforts, New Mexico has developed a testing plan that will: (1) build a sustainable testing capability for both nucleic acid amplification testing (NAAT) and serum antibody testing (antibody testing); (2) implement robust testing and surveillance in diverse urban, rural and tribal communities that prioritize New Mexico populations most vulnerable to COVID-19; and (3) monitor the disease trajectory and provide data and modeling to provide ongoing data and feedback to enable New Mexico to contain the virus until a vaccine is widely distributed. New Mexico's testing plan is tied directly to the state's work to dramatically increase its case investigation, contact tracing and containment capabilities. Effective early identification of cases on a population basis will allow New Mexico to further open our economy and society while protecting the population from the threat of continuing expansion of SARS-CoV-2 infection.

Background

New Mexico is the fifth-largest state geographically and has a population of approximately 2.1 million people living in 33 counties. County populations vary from as few as 625 people (Harding County) to nearly 680,000 people (Bernalillo County, which includes the City of Albuquerque). New Mexico also has 23 tribes and pueblos. New Mexico is a minority-majority state with 49% of the population Hispanic, 38% white, 10% American Indian, 2% African-American and 1% Asian or Pacific Islander. Much of New Mexico is rural, and the state has vast tribal lands. There are many hard-to-reach and underserved populations in the state, with 19.5% of New Mexicans living in poverty in 2018 (the second-highest poverty rate in the nation). New Mexico also shares a border with four other states (Arizona, Colorado, Oklahoma and Texas) and an international border with Mexico.

The New Mexico Department of Health (NMDOH) operates a centralized statewide public health system, which enables it to coordinate the public health response to COVID-19 and effectively execute the strategies outlined in this plan. The DOH has created a Medical Advisory Team that consists of over 170 clinicians and research scientists to advise on a wide variety of topics and approaches during the pandemic. Three divisions of NMDOH are coordinating New Mexico's public health response: (1) the

Public Health Division (PHD), which has staff located throughout the state and has extensive experience in infectious disease control, is leading statewide testing efforts. PHD will also administer the COVID-19 vaccine when it becomes available; (2) the Scientific Laboratory Division (SLD), which is ultimately responsible for diagnosing conditions of public health significance and outbreaks that may impact the public and has led the state's COVID-19 laboratory testing work in partnership with other public and private laboratories; and (3) the Epidemiology and Response Division (ERD), which is leading surveillance, case investigation, contact tracing, data analytics, research and reporting efforts. NMDOH staff, including those with clinical licenses, epidemiologists, disease prevention specialists and others coordinate investigations with employees of other state and local agencies, healthcare personnel, Indian Health Service (IHS), and tribal nations and agencies that serve them.

New Mexico has one of the highest per-capita testing rates in the country and has been conducting targeted testing and contact tracing since the first case was reported in New Mexico on March 11. We may have been the first state in the country to begin testing asymptomatic individuals under revised testing criteria issued on April 1, 2020. Our plan ensures that well over 2% of the state's population is tested each month.

Our testing to date has provided us with extensive data to guide our testing strategy. In addition, the medical literature has identified other high prevalence populations for testing. Our strategy focuses on comprehensive testing in high prevalence areas, from a small assisted living facility to an entire region of the state, and also on the most vulnerable populations in our state. The table below shows an example of the combination of external and internal data sources that we are currently using to prioritize testing.

Population	Test Positivity Rate	Data Source
Homeless Shelters	~30-50%	Med. Literature, SF and LA, CA
Northwest New Mexico Region	14.8%	NM Testing Data
Nursing Facility Residents	8.3%	NM Testing Data
Nursing Facility Staff	4.7%	NM Testing Data
Assisted Living Facility Residents	2.5%	NM Testing Data
Assisted Living Facility Staff	1.9%	NM Testing Data

As of May 28, 2020, New Mexico had conducted diagnostic testing of 183,544 people in the state, approximately 8.8% of the total population. Testing has increased significantly in May and the state has the capacity to test approximately 5,000 people per day depending on the availability of testing supplies. Our goal is to increase daily testing capacity to 7,500 by June 1, 2020. Table 1.b. reflects testing plans for June 2020 for 7,500 individuals per day.

a. How you will maximize the use of testing platforms (with an indication of which ones are high throughput), venues, and expanded workforce across your jurisdiction (e.g., public health labs, private, hospital, commercial academic, etc.) to rapidly scale testing to accommodate an increased demand for SARS-CoV-2 tests.

New Mexico's current testing system relies on diverse systems and laboratories led by the NMDOH Scientific Laboratory Division. SLD utilizes ThermoFisher Kingfisher and ABI 7500 Fast DX instruments to process more than 2,000 diagnostic tests per day. A new ThermoFisher Kingfisher was brought online in May, allowing us to increase capacity to at least 2,200 per day in June with adequate supplies.

The state's primary partner to date has been Tricore Reference Laboratories (Tricore), a New Mexico Laboratory services entity with significant capacity and experience staffing and operating hospital labs and a core lab facility. Tricore results fourteen million tests a year and has a highly complex molecular laboratory including molecular infectious disease. Tricore is also a reference laboratory for independent hospitals and other providers throughout New Mexico. They rely on a diverse set of instruments, including the Abbott m2000, Roche Cobas 6800, Diasorin mDX, Hologic Panther, Neumo DX, and Cepheid Xpert. Supply limitations have prevented Tricore from reaching their full capacity for COVID-19 testing. However, they do expect to bring enough additional capacity online in the month of June to allow us to meet our statewide testing goals.

Additionally, NMDOH has worked with two health care providers with clinical laboratories to incorporate their Hologic Panther instruments into the state's testing plan. Both Pathology Consultants of New Mexico (PCNM) based in Roswell and CHRISTUS St. Vincent Hospital in Santa Fe began processing COVID-19 tests in May. Both entities are having challenges obtaining supplies, but we plan toadd further testing capacity through those partnerships once they are able to obtain a steady stream of supplies.

In addition to the mostly high throughput testing done in these New Mexico laboratories, several national laboratories process samples from health care providers in our state, including Quest, LabCorp, and the Mayo Clinic. For example, CVS Health recently began testing at nine pharmacies in New Mexico and will rely on national laboratory partners to process those tests.

Finally, health care providers in our state utilize point of care testing instruments to rapidly determine whether an individual is COVID-19 positive. This is particularly helpful for individuals being admitted to hospitals as well as for patients being discharged to nursing homes or assisted living facilities.

Our maximum daily capacity for high throughput molecular diagnostic testing in May was approximately 5,000 tests/day but because of supply shortages, it was difficult to reach those numbers. With sufficient

supplies, we will have capacity to conduct 7,500 NAAT tests/day by June 1, 2020. Our overall goals for NAAT testing are:

- Total diagnostic testing of at least 7,500 New Mexicans per day (two-week average) by the end of June 2020.
- Ongoing diagnostic testing in all 33 New Mexico counties of anyone who is symptomatic or has been exposed to someone with COVID-19 and follow-up contact tracing testing.
- Surveillance testing of asymptomatic at-risk populations/facilities in six broad categories: 1) tribal population; 2) long-term care facilities 3) special populations; 4) minority populations; 5) correctional facilities and 6) essential employees (described in Section II).
- Rapid response testing when cases occur in one of those six categories or in another contained environment.

b. Detail your approach to provide testing at non-traditional laboratory sites (e.g., retail sites, community centers, residential medical facilities, or pharmacies)

New Mexico has been conducting drive-through testing at numerous sites around the state since mid-March. We have conducted testing at public health offices, hospitals, federally qualified health centers, community centers, long-term care facilities, state and county correctional facilities, juvenile justice facilities, homeless shelters and other congregate care facilities. We have partnered with community organizations, including churches and other religious organizations, to conduct community outreach and education and promote community testing events, including several recent events to target African-American and other minority communities in the state. In addition, NM has partnered with private entities such as Walmart to perform drive through testing in high prevalence areas requiring rapid responses to identify and contain early presymptomatic infection amongst associates within retail stores.

Because of our testing capabilities, we have been able to conduct testing in every county in New Mexico and to deploy testing teams to areas of concern in Northwestern New Mexico, including in the Navajo Nation and certain pueblo communities. We have significant experience partnering with tribal communities and their sovereign governments and IHS on public health strategies, including during this pandemic.

c. Describe your strategy for serology testing, if applicable.

New Mexico plans to phase in the use of antibody testing to conduct population-based surveillance. This plan is based on current information about antibody tests that are now available or will soon become available and may change as the tests are improved and evidence further demonstrating their usefulness becomes available.

We plan to conduct a seroprevalence survey in New Mexico, testing by strata to ensure that all five health regions and six subgroups in the state are covered: The survey will be conducted every two months, resulting in three sampling events in 2020. We estimate 13,330 antibody tests would be administered in each sampling event for a total of approximately 40,000 antibody tests.

Additionally, a longitudinal survey will be conducted among the same groups identified above, testing the same persons in a given strata over time to assess COVID-19 seroconversion and persistence of antibodies. This survey would also be conducted every two months, resulting in three sampling events in 2020. We estimate 6,670 antibody tests would be administered in each sampling event for a total of approximately 20,000 antibody tests.

The antibody testing capacity required for this surveillance work is in addition to antibody testing that may be conducted for other purposes as more evidence emerges about what the presence of COVID-19 antibodies means for individuals.

d. Describe how you will communicate, collaborate and coordinate with the broad testing community within your state to ensure alignment in approach and progress toward jurisdictional goals. Plan should include regular outreach to testing partners to monitor test kits, supply, and reagent inventory and staffing levels.

New Mexico has developed effective systems of regular communication, collaboration, and coordination with the testing community around the state. Tricore currently services the three largest health systems in New Mexico and has a unified IT system to collect, analyze and report testing results to NMDOH. NMDOH is in daily contact with core testing partners in the private sector to gather information on the status of supplies and instrument issues that are arising. We correspond regularly with partners who collect specimens and with the laboratories that process tests to inquire about their supplies, inventory, and capacity. The state regularly assists non-state entities in acquiring needed supplies.

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*	150,000	225,150							375,150
Serology	0	20,000							20,000
TOTAL	150,000	245,150	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 through-put**	**Daily serologic through-put**	**Platforms or devices used** (list all)	**Specific at-risk populations targeted** (list all)
Nursing Home and ALF Medical Staff; Public Health Department Staff	Commercial or private lab	Tricore Reference Lab.	707			Nursing Homes and assisted living facilities (staff and residents)

Name of testing entity	**Testing venue** (select from drop down)	**Performing Lab** (if different from testing entity)	**Daily diagnostic through-put**	**Daily serologic through-put**	**Platforms or devices used** (list all)	**Specific at-risk populations targeted** (list all)
Nursing Home and ALF Medical Staff; Public Health Department Staff	Public health lab	Scientific Laboratory Division	348			Nursing Homes and assisted living facilities (staff and residents)
Medical Unit in Corrections; Public Health Department Staff	Commercial or private lab	Tricore Ref. Lab.	250			adult and juvenile correctional facilities (staff and detainees)
Medical Unit in Corrections; Public Health Department Staff	Public health lab	Scientific Laboratory Division	100			adult and juvenile correctional facilities (staff and detainees)

Name of testing entity	**Testing venue** (select from drop down)	**Performing Lab** (if different from testing entity)	**Daily diagnostic through-put**	**Daily serologic through-put**	**Platforms or devices used** (list all)	**Specific at-risk populations targeted** (list all)
Public Health Department Staff; Medical Partners via drive through events	Commercial or private lab	Tricore Ref. Lab.	1,050			tribal, pueblos and navajo nation members
Medical Unit in Corrections; Public Health Department Staff	Public health lab	Scientific Laboratory Division	650			tribal, pueblos and navajo nation members
Private Hospitals and Clinics	Commercial or private lab	Tricore Ref. Lab.	1,000			symptomatic persons

Name of testing entity	**Testing venue** (select from drop down)	**Performing Lab** (if different from testing entity)	**Daily diagnostic through-put**	**Daily serologic through-put**	**Platforms or devices used** (list all)	**Specific at-risk populations targeted** (list all)
Medical Partners via drive through events; Public Health Department Staff	Commercial or private lab	Tricore Ref. Lab.	1,200			congregate settings outbreak response
Public Health Department Staff	Public health lab	Scientific Laboratory Division	600			congregate settings outbreak response
Public Health Department Staff	Public health lab	Scientific Laboratory Division	700			epidemiologic contact tracing not captured elsewhere

Name of testing entity	**Testing venue** (select from drop down)	**Performing Lab** (if different from testing entity)	**Daily diagnostic through-put**	**Daily serologic through-put**	**Platforms or devices used** (list all)	**Specific at-risk populations targeted** (list all)
Medical Partners via drive through events; Public Health Department Staff	Commercial or private lab	Tricore Reference Lab.	335			essential workers (healthcare, childcare, utility, food and other retail)
Public Health Department Staff	Public health lab	Scientific Laboratory Division	165			essential workers (healthcare, childcare, utility, food and other retail)
Medical Unit in Corrections; Public Health Department Staff	Commercial or private lab	Tricore Ref. Lab.	125			racial and ethnic minorities

Name of testing entity	**Testing venue** (select from drop down)	**Performing Lab** (if different from testing entity)	**Daily diagnostic through-put**	**Daily serologic through-put**	**Platforms or devices used** (list all)	**Specific at-risk populations targeted** (list all)
Public Health Department Staff	Public health lab	Scientific Laboratory Division	75			racial and ethnic minorities
Public Health Department Staff	Public health lab	Scientific Laboratory Division	75			persons experiencing homlessness
Public Health Department Staff	Public health lab	Scientific Laboratory Division	125			special populations (ie persons with disabilities, Domestic Violence Shelters)
Private Hospitals and Clinics	Commercial or private lab	Tricore Ref. Lab.		450		tribal populations, minority community, correctional facilities, special populations, Nursing homes and other congregate living settings, essential employees

Name of testing entity	**Testing venue** (select from drop down)	**Performing Lab** (if different from testing entity)	**Daily diagnostic through-put**	**Daily serologic through-put**	**Platforms or devices used** (list all)	**Specific at-risk populations targeted** (list all)
Public Health Department Staff	Public health lab	Scientific Laboratory Division		450		tribal populations, minority community, correctional facilities, special populations, Nursing homes and other congregate living settings, essential employees
Private Hospitals and Clinics	Hospitals or clinical facility		250			symptomatic persons in rural and acute care hospitals
Hospitals or Clinical Facilities	Hospitals or clinical facility		500			tribal populations, minority community, correctional facilities, special populations, Nursing homes and other congregate living settings, essential employees

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.

Section II: 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.

a. Describe how the health departments will directly expand testing capacity through their public health labs, contracts, partnerships, and other arrangements (e.g., adding testing capacity in local health departments, contracting with new labs, partnering with academic and community-based organizations, establishing drive-thru testing sites, testing capacity in local health departments, contracting with new labs, partnering with academic and community-based organizations, establishing drive-thru testing sites, etc.) Provide specifics about planned expansions of existing capacity, including procurement of new testing equipment or device platforms.

NMDOH has contracts with two of the largest health systems in the state to conduct testing, which enables NMDOH to coordinate testing sites and ensure adequate coverage of priority populations and communities. NMDOH has also contracted with Tricore to increase overall statewide lab capacity. Tricore has performed approximately half of New Mexico's total testing to date.

NMDOH is also working with New Mexico's federally qualified health centers that received funding from HRSA to ensure that testing in their facilities is aligned with overall state goals and priorities and to provide support and resources. NMDOH is also coordinating with CVS Health and other health care providers statewide to ensure that testing data from national laboratories and low throughput instruments is quickly transmitted to NMDOH ERD. We plan to expand utilization of point of care instruments, purchasing at least fifteen additional machines in the month of June. These instruments will be deployed to rural areas and utilized for outbreak response and in other unique situations where time or distance make the transport of specimens to a laboratory impractical. Assuming we can obtain needed testing supplies for these and existing instruments, point of care testing will be a critical component of our planned expansion of testing capacity.

b. How testing needs of vulnerable and at-risk populations will be prioritized, including the elderly, disabled, those living in congregate settings including nursing homes and prisons, racial and ethnic minorities, healthcare workers, and among persons experiencing homelessness.

New Mexico's strategy blends prioritization of populations with the highest risk and the highest prevalence of COVID-19. NMDOH has developed teams to address the needs of various populations and

congregate care facilities that are particularly vulnerable to SARS-CoV-2. We have prioritized 6 key areas:

1. Tribal Communities

According to 2015 Census data, approximately 10.6% of the New Mexico population is American Indian/Alaska Native. However, this population accounts for more than half of New Mexico's COVID-19 cases. The 220,000 tribal members in New Mexico have a much higher prevalence of infection, and many have comorbidities that can increase risk of complications or death related to COVID-19. New Mexico is committed to aggressively fighting COVID-19 in tribal communities. We are also committed to disrupting the siloed approach to tribal health, working with our federal partners at IHS to mount a cohesive and unified response to this crisis. New Mexico will conduct weekly surveillance testing of 11,000 individuals or 5% of the total tribal population.

2. Long-Term Care Facilities: Nursing Homes, Assisted Living Facilities

Nursing home and assisted living facility residents are particularly vulnerable to COVID-19 infection because of their advanced age, prevalent underlying comorbidities, and their characteristic living arrangements. Mortality rates for COVID-19 are highest in the elderly population. In New Mexico, 474,000 (22.7%) people are 60 years or older and 78,500 (3.8%) are 80 years or older.

NMDOH is testing all staff and residents within 24 hours of a first reported case at long-term care facilities and will continue testing all staff and residents once every week until there are no further cases for 14 days. For facilities without any positive cases, NMDOH will randomly test a range of up to 35% of staff and residents during June 2020 and is developing a longer-term strategy based on CDC guidance for the rest of the year. NMDOH will also continue to test all COVID-like illness (CLI) as needed (approximately 5% of all residents) with or without a detected case in the facility.

3. Special Populations: Persons with Significant Behavioral Health Needs, Persons with Disabilities, the Homeless and Survivors of Domestic Violence

Several vulnerable communities, many with limited access to health care, housing and other resources, are particularly at risk from the virus. During the public health emergency, New Mexico has provided targeted services and supports for at-risk youth, adults with serious mental illness, people struggling with addiction, homeless persons and survivors of domestic abuse. NMDOH will partner with community-based service providers and other organizations to ensure significant testing of these New Mexicans.

NMDOH's Developmental Disabilities Services Division (DDSD) has expertise in addressing the needs of persons with developmental disabilities. DDSD will identify the facilities and congregate-care locations

and specific approaches to testing for this particularly vulnerable population in coordination with the New Mexico Developmental Disabilities Planning Council. In May 2020, NMDOH tested personnel who provide services to persons with developmental disabilities.

4. Minority Communities

COVID-19 has had a devastating impact on African-Americans across the country due to various social determinants of health and a higher occurrence of chronic health conditions. In New Mexico, African-Americans make-up approximately 2% of the population, potentially placing nearly 43,000 residents at higher risk for COVID-19. NMDOH has partnered with churches and community groups to conduct testing in African-American communities.

NMDOH has also developed relationships with local governments and community-based organizations to conduct surveillance testing in other minority communities, including immigrant and refugee communities.

5. Correctional Facilities

State prisons, county adult detention facilities and state and county juvenile justice facilities are particularly vulnerable to infection and quick spread of the virus. The state Corrections Department operates 11 facilities, and New Mexico counties operate over two dozen adult and juvenile detention facilities. In May 2020, New Mexico conducted surveillance testing of all staff and 25% of inmates in all state correctional facilities and in state and county juvenile justice facilities. We have begun conducting similar surveillance testing in county-run adult detention facilities. The state will continue to test all newly-admitted detainees and 5% of staff at juvenile justice and state correctional facilities and conduct similar surveillance at county-run correctional facilities on a weekly basis. More widespread testing within a facility will take place if any positive individuals are identified.

6. Essential Workers

NMDOH initiated broader testing of asymptomatic essential workers in mid-April. For the purposes of surveillance and response, NMDOH will focus on essential workers who, if infected, could have a significant impact either 1) through contact with large numbers of people, 2) through contact with highly vulnerable populations or 3) because their positions are critical to community infrastructure and operations while COVID-19 remains a threat to New Mexicans. New Mexico's Medical Advisory Team is developing recommendations on the most effective approach to essential workforce surveillance which will be incorporated into the state's plans for the remainder of the year.

Essential workers include healthcare workers, first responders, childcare providers, utility workers, grocery store, restaurant and other retail workers.

c. How barriers to efficient testing will be identified and overcome, including those related to underutilization of available assets and supply-chain difficulties, and considerations with end-to-end logistics of testing (from sample collection to reporting to public health and CDC).

Unavailability of testing supplies, particularly nasopharyngeal swabs and reagent, has been the single most significant challenge in meeting our testing goals. The state provides significant leadership and coordination in obtaining and distributing those supplies, but we continue to operate with minimal excess supplies on hand, immediately distributing test kits and utilizing reagent as soon as it arrives in the state. This hampers our ability to plan testing events in advance and slows down our collection efforts. While we will continue to seek out new suppliers and work directly with manufacturers to obtain needed supplies, we will also need additional federal support to ensure that we receive the full quantity of testing supplies we need in a timely, reliable manner.

We are also investing in improved IT systems for gathering and reporting test results, for conducting case investigations and contact tracing, and to guide weekly and daily decisions on where testing needs to occur.

d. Describe the strategy for serology testing through the public health labs, if applicable, including specific platforms intended to be used.

The serology testing plan for population-based surveillance described in Section I will be conducted by NMDOH in collaboration with Tricore. Based on the recommendations of New Mexico's COVID-19 Medical Advisory Team, NMDOH will begin by relying on the Abbott Alinity i Analyzer as well as the Abbott Architect already on site. Both instruments will be able to run the Abbott IgG antibody tests. Additional capacity for serological testing will be available from Tricore using the DiaSorin Liaison SARS CoV-2 S1/S2 IgG assay.

e. Describe the health department's plan for resource utilization and how the jurisdiction will manage testing and alignment with SARS-COV-2 community mitigation policies, including sentinel surveillance for vulnerable populations.

Our first priority is identifying and isolating individuals with COVID-19 as soon as possible. Testing is readily available to individuals with COVID-19 symptoms or those who have been exposed to a COVID-19 positive individual at dozens of sites statewide operated by NMDOH and our partners. NMDOH coordinates "rapid response" testing, deploying teams directly to specific facilities or communities where a COVID-19 positive individual has been identified. The highly contagious nature of COVID-19 and its propensity for rapid spread in congregate settings such as long-term care facilities or in tribal communities where multigenerational families live in a single home places our most vulnerable people at highest risk of acquiring infection. Therefore, our rapid response efforts are generally focused on deploying testing teams to these high risk facilities and communities. We will continue to proactively and aggressively expand surveillance testing, especially in counties that are experiencing significant community spread, to identify early cases and thus reduce secondary and tertiary spread.

Positive cases and outbreaks will override surveillance testing. If an outbreak occurs in a community, our testing strategy will prioritize individuals identified through case investigations and contact tracing. NMDOH will also prioritize testing of healthcare personnel and first responders in those communities.

f. Describe the health department's plan to expedite and streamline procurement, hiring, and on-boarding of new staff. Should include planned steps and ability for the jurisdiction to acquire supplies, reagents, test kit, collection materials required for expanding testing indicated in table #2 (below).

NMDOH and its partner agencies have used emergency procurement plans to make purchases during the initial pandemic phase. The state has a planning group to coordinate its testing and contact tracing work that includes representatives from the Office of the Governor, the state public health laboratory, epidemiology and the testing and rapid response teams in multiple state agencies. NMDOH has launched accelerated hiring efforts to support both its testing and case investigation/contact tracing systems.

Access to nasal swabs and transport media will be critical to our ability to collect samples from individuals who need to be tested. Timely delivery of the reagent needed to operate SLD instruments and those of our commercial partners at maximum capacity is essential to ensuring that specimens are processed quickly. And new lab instruments will be needed to bring additional capacity to the state. While we will continue to do everything we can to procure needed supplies on our own, we do need assistance from the federal government to sustain enhanced testing capacity and supplies until we have a more reliable supply chain.

Additional personnel will be needed to collect samples and process tests. PHD intends to hire additional registered nurses and medical clerks to assist its rapid response team in performing screening and collecting COVID-19 specimens. Several of the requested nurses would be assigned specifically to nursing homes and other congregate care facilities to provide training on infection control measures and ensure compliance. SLD seeks to hire additional microbiologists to assist in performing laboratory testing, specimen collection kit preparation, specimen receiving and processing, specimen packaging and shipping and result reporting activities. New personnel NMDOH expects to hire by the end of June 2010 are included in Table 2.

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	35	50							85
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)	1	15							16
Volume of additional swabs needed to meet planned testing levels[++]	62,100	75,150							137,250
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels[++]	57,000	113,050							170,050

ELC ENHANCING DETECTION: NEW MEXICO TESTING PLAN

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 - Thermofisher)	500/day- Thermofisher	2000/day- Hologic Panthers500/day - Thermofisher 2,668/day - Cepheid Xpert Xpress SARS-CoV-2							
FOR SEROLOGIC TESTING									
Number of additional* equipment and devices to meet planned testing levels	0	0							0

ELC ENHANCING DETECTION: NEW MEXICO TESTING PLAN

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 - Thermofisher)	0	10k - Abbott Architect i2000SR; 10k - Liaison SARS CoV-2 S1/S2 IgG assay-DiaSorin							

* 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.