

# ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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

Jurisdiction:	Alaska
Population Size:	751,000

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

Testing is a vital part of Alaska’s strategy to contain the spread of COVID-19, and to protect Alaskans from the virus, preserve hospital capacity, and reopen our State’s economy. The Alaska Department of Health and Social Services (DHSS) has worked with private, public, and tribal health partners to expand testing capacity in our State, provide guidance to clinicians, and prioritize limited testing resources for Alaskans who are most at-risk. Although Alaska is currently a low-prevalence and has a low population density area, the State faces unique challenges such as geographic logistics that includes distances of over 1,500 miles from the nearest commercial testing laboratory, isolated communities, and lack of roads and other transportation infrastructure, as well as special and vulnerable populations including Alaska Native and American Indian communities. These logistical considerations bring potentially greater costs for testing implementation. Challenges also include support of critical industries and a systematic approach for screening non-resident workers and visitors. In 2019, tourism alone brought over 1 million visitors to the State, with the majority arriving in a 4-month time period. Critical industries bring an additional 150,000 seasonal workers into the State each year. Therefore, non-traditional laboratory sites will be a critical piece to increasing testing capacity statewide.

As plans move forward to reopen Alaska, robust testing capacity is needed to more rapidly identify infected people who are experiencing symptoms and others who may be asymptomatic in high-risk exposure settings (i.e. remote communities) or critical infrastructure groups. Testing will be a cornerstone of the State’s effort to contain, suppress, and mitigate local outbreaks of COVID-19 as economic and social activities expand across the State. Expanded testing across the State is necessary to:

- Track the movement of the virus in the State and identify hotspots of infection, so that state and local officials can assess the need for additional interventions to suppress and mitigate the spread of COVID-19
- Support contact tracing to contain the spread of the virus and prevent new infections
- Identify and manage illness among at high-risk groups (e.g. long-term care facilities, correctional facilities, underserved populations in urban and rural settings)
- Keep COVID-19 from entering into remote communities and environments where it is challenging to suppress and mitigate spread

The number of diagnostic tests needed:

Since May 29, 2020, the volume of testing has significantly increased from 51,000 cumulative tests performed to over 128,000 tests just five weeks later. The Alaska Section of Epidemiology (SOE) estimates that 36,577 nucleic acid or viral antigen tests are needed statewide per month initially to cover 5% of the State's population. The monthly testing amount would then need to increase to

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approximately 73,100 tests to include testing for people who are experiencing symptoms of COVID-19, as well as targeted testing among asymptomatic persons in clinical settings (i.e., hospitals, clinics, federally qualified health centers, and tribal village clinics), congregate settings (i.e., nursing homes, assisted living facilities, correctional facilities), as part of outbreak investigations and contact tracing, as part of enhanced surveillance for critical infrastructure workers within the fishing, oil, mining, and wildland fire service who travel to work in remote areas where other mitigation strategies may be limited, and as part of enhanced surveillance for airline travelers who come to visit Alaska from other areas where COVID-19 is circulating.

The State does not have immediate plans to utilize serologic testing as part of response efforts to identify people with active infection. There is still much to be learned about whether the antibodies detected provide true protection, and the long-term persistence of these antibodies or the duration of protection.

On April 28, 2020, the SOE revised its testing guidance for providers and expanded recommendations for clinical testing to include anybody with new, unexplained symptoms of COVID-19 which may include any of the following: fever, cough, shortness of breath, difficulty breathing, chills, decreased appetite, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea, rash, rigors, runny nose, sore throat, or sputum production.

The guidance also expanded testing to include:

- People without symptoms who are admitted to a health care facility or are undergoing urgent/emergent procedures that put health care personnel at high-exposure risk
- Health care workers in hospitals and congregate living settings
- Residents of congregate living settings
- People involved in discrete outbreaks (in consultation with public health)
- Persons who travel into remote communities from areas where COVID-19 is circulating
- People who are part of critical infrastructure where other mitigation strategies may be limited

This expansion will make use of increasingly available testing capacity in Alaska, adding to the groups already prioritized for testing. Contact tracers will ensure prompt testing of symptomatic contacts as described in the active surveillance plan.

Estimates of laboratory and testing capacity (including workforce, equipment, supplies, and available tests):

There are over 100 sites in Alaska with sample collection and laboratory testing capacity. Testing capacity is diversified among several different instrument platforms. Five laboratories have high-throughput capacity (>500 tests daily/machine) with use of one Abbott M2000, seven ThermoFisher ABI, one Cepheid GeneXpert Infinity, and three Hologic Panther instruments. These laboratory sites include one hospital in the tribal health system, one private-sector hospital, both state public health laboratories, and the CDC Arctic Investigations Program. All of the other laboratories across the State have low to moderate throughput capacity instruments such as Abbott ID NOW, BioFire, and Cepheid Xpert Xpress instruments. Overall, testing capacity is limited at this time due to supply shortages in the

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availability of sample collection materials (e.g. swabs, transport media), nucleic acid extraction kits, and test kit amplification and detection reagents from manufacturers and suppliers. Testing capability also varies according to the ability to detect virus in asymptomatic persons (sensitivity) or test-specific limit of detection (genomes/mL). Other considerations include qualified lab personnel to run tests, and sufficient supplies of sample collection materials and lab test/reagent kit supplies.

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, including utilizing point-of-care or other rapid result testing for local outbreaks?

We will strive to use all resources that Alaska has available for testing by taking the following actions:

- Ensure supply chain supports statewide testing
- Ensure individuals requiring testing will receive results in 48 hours
- Build additional testing capacity in communities of the State that do not currently have in-house testing

In order to optimize testing capacity throughout Alaska, infrastructure will be created at the Incident Command Post (ICP) within the Incident Management Team (IMT) to:

- Build testing capacity in underserved locations, including rural and frontier areas of the State, with added capacity of the Cepheid, Abbott ID NOW and BioFire COVID-19 testing platforms
- Maintain a diverse testing platform that is not reliant on any one company, instrument, or reagent type
- Use contracts with large health systems and commercial laboratories for overflow testing
- Provide personnel training resources to expand the qualified workforce to utilize these platforms
- Coordinate in partnership with Tribal Health and Private Sector to provide CLIA and high-complexity testing support to laboratories statewide
- Provide technical assistance

Increase testing and laboratory supplies

Supplies that DHSS receives from HHS or through procurement from other sources will be allocated to private, public, and tribal health entities. Specimen collection supplies will be allocated and delivered to entities using the same framework as PPE distribution. A portion of supplies procured will be kept in state reserves for state missions (e.g., outbreaks in state facilities). Any additional Cepheid, Abbott ID NOW, and BioFire lab test reagents that the State is able to procure will be provided to laboratories with instruments already in-house, using a system that prioritizes jurisdictions with the lowest testing rates, highest case numbers without testing available in their jurisdiction, or those that have other barriers to accessing testing in a timely manner. Testing capacity will be monitored through an electronic weekly survey. Reports will be made available to DHSS EOC leadership so that resources and strategies can be revised as needed.

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

Providing testing at non-traditional lab sites not only affords convenience to the individuals being swabbed but also prohibits the individuals from having to go to a physician's office to do so, possibly mitigating the risk of exposure. Drive-through sites have been employed using grocery store and church parking lots. Various collection sites at pharmacies and many airports provide ways in which large groups of individuals can get tested.

Enhance specimen collection

Specimen collection will be conducted by any of the following individuals:

- Any clinical provider
- Other health care entities
- Federally-Qualified Health Centers (FQHCs)
- Emergency Medical Services
- Self-collection, at mobile collection sites (e.g., drive-through)

c) Describe your strategy for serology testing, if applicable

Serology testing is not being performed currently in the State. At this time, there are not enough available data to determine whether or not an immune response confers immunity or for how long. Antibody detection of SARS-CoV-2 would allow better estimates of disease prevalence, and if our positive case count grows, widespread testing might allow a better understanding of how many people have actually been infected.

There are three laboratories within the State of Alaska that have the ability to perform serology testing. Two Native hospitals are employing the use of the Abbott Architect to offer serology testing. The Alaska State Virology Lab in Fairbanks is validating their serology test on the Bio-Rad EVOLIS in July, and it will be used in the event that we need to engage its use. The State of Alaska has also procured the Premier Biotech Rapid COVID-19 antibody test (EUA granted 6/9/2020).

We are limiting use of serology tests for the evaluation of recovered individuals for convalescent plasma donations, in limited population-based seroprevalence studies, and in concert with other clinical information by physicians who are well-versed in interpretation of serology results.

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.

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- The Testing Group was formulated to discuss testing strategies and logistics with key members (Emergency Operations Center, Laboratories, Hospitals and Clinics, Tribal facilities, etc.)
- Weekly ECHO calls for Subject Matter Experts to answer questions for healthcare workers via ZOOM and Facebook Livestream.
- HL7 messaging will forward test results to the SOE and to other Hospital Information Systems from the State Public Health Laboratories.
- LabOnline implementation for electronic test orders and results so that healthcare providers can see results from the State Public Health Laboratories immediately, eliminating the need to fax reports
- Weekly survey to facilities regarding their ever-changing needs for supplies, staffing, training, reporting to SOE, etc.
- Daily briefings from key players to discuss updates with testing logistics (Unified Command and Leadership, Laboratory, Testing Group, Contact Investigations, Epidemiology, Rural Health Planning/Public Health Nursing, Data Management Group, Health Care Preparedness and Response Strategies, Division and Behavioral Health, OSMAP, Emergency Medical Services, Senior and Disabilities Services, Industry, Manufacturing, Logistics, Finance, Public Information Officers, Department of Law, Department of Public Safety, ASPR TRACIE, Information Call Lines and Points of Contact)

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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*	27,645	36,550	85,000	85,000	85,000	85,000	85,000	85,000	574,195
Serology	0	0	96	1,500	1,500	1,500	1,500	1,500	7,596
<b>TOTAL</b>	27,645	36,550	85,096	86,500	86,500	86,500	86,500	86,500	

\*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	Testing venue (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)
354 Medical Group (Eielson AFB Lab)	Hospitals or clinical facility	Eielson	4		
ABC Life Choices	Hospitals or clinical facility	Kenai	40		
Alaska Native Medical Center	Hospitals or clinical facility	Anchorage	80		Alaska Native/American Indian
Alaska Native Medical Center	Hospitals or clinical facility	Anchorage	8		Alaska Native/American Indian

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Alaska Native Medical Center	Hospitals or clinical facility	Anchorage	470		Alaska Native/American Indian
Alaska Native Tribal Health Consortium	Other	Anchorage	1,000		Alaska Native/American Indian
Alaska Regional Hospital	Hospitals or clinical facility	Anchorage	80		
ALASKA STATE PUBLIC HEALTH LAB - FAIRBANKS	Public health lab	Fairbanks	500		Elderly, Disabled, Nursing Homes, Prisons and Other Congregate Living Settings, Racial and Ethnic Minorities, HCW, PEH
ALASKA STATE PUBLIC HEALTH LAB - FAIRBANKS	Public health lab	Fairbanks	1,000		Elderly, Disabled, Nursing Homes, Prisons and Other Congregate Living Settings, Racial and Ethnic Minorities, HCW, PEH
Alaska State Public Health Laboratory	Public health lab	Anchorage	400		Elderly, Disabled, Nursing Homes, Prisons and Other Congregate Living Settings, Racial and Ethnic Minorities, HCW, PEH
Alaska State Public Health Laboratory	Public health lab	Anchorage	16		Elderly, Disabled, Nursing Homes, Prisons and Other Congregate Living Settings, Racial and Ethnic Minorities, HCW, PEH

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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	Specific at-risk populations targeted (list all)
Alaska State Public Health Laboratory	Public health lab	Anchorage	1,000		Elderly, Disabled, Nursing Homes, Prisons and Other Congregate Living Settings, Racial and Ethnic Minorities, HCW, PEH
Bartlett Regional Hospital	Hospitals or clinical facility	Juneau	80		
Bassett Army Community Hospital- Ft. Wainwright	Hospitals or clinical facility	Fairbanks	80		
Bristol Bay Area Health Corporation (Kanakanak Hospital)	Hospitals or clinical facility	Dillingham	80		
Capstone Clinic	Hospitals or clinical facility	Wasilla	80		
CDC Arctic Investigations Program	Other	Anchorage	100		
Central Peninsula Hospital	Hospitals or clinical facility	Soldotna	80		



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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	Specific at-risk populations targeted (list all)
Central Peninsula Hospital	Hospitals or clinical facility	Soldotna	8		
Chief Andrew Isaac Health Center-TCC	Federally Qualified Health Center	Fairbanks	80		Alaska Native/American Indian
Fairbanks Memorial Hospital	Hospitals or clinical facility	Fairbanks	80		
Independence Park Medical Services	Hospitals or clinical facility	Anchorage	80		
JBER Hospital Lab	Hospitals or clinical facility	Anchorage	80		
JBER Hospital Lab	Hospitals or clinical facility	Anchorage	8		
Ketchikan Medical Center, Peace Health	Hospitals or clinical facility	Ketchikan	80		
Medical Park Family Care	Hospitals or clinical facility	Anchorage	80		

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Medical Park Family Care	Hospitals or clinical facility	Anchorage	8		
Norton Sound Regional Hospital	Hospitals or clinical facility	Nome	80		
Norton Sound Regional Hospital	Hospitals or clinical facility	Nome	8		
Petersburg Medical Center	Hospitals or clinical facility	Petersburg	80		
Providence Alaska Medical Center	Hospitals or clinical facility	Anchorage	8		
Providence Alaska Medical Center	Hospitals or clinical facility	Anchorage	80		
Providence Alaska Medical Center	Hospitals or clinical facility	Anchorage	400		
Providence Kodiak Island Medical Center	Hospitals or clinical facility	Kodiak	80		
Samuel Simmonds Memorial	Hospitals or clinical facility	Utqiagvik	80		

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SEARHC Juneau	Hospitals or clinical facility	Juneau	80		
SEARHC Mt. Edgecumbe Hospital	Hospitals or clinical facility	Sitka	80		
South Peninsula Hospital	Hospitals or clinical facility	Homer	8		
Southeast Medical Clinic	Hospitals or clinical facility	Juneau	80		
US HealthWorks Medical Group of Alaska	Hospitals or clinical facility	Anchorage	80		
Valley Medical Care	Hospitals or clinical facility	Juneau	80		
Alaska State Public Health Laboratory	Public health lab	Anchorage	40		
Alutiiq Health Center-KANA	Other	Kodiak	40		Alaska Native/American Indian

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Annette Island Service Unit	Other	Metlakatla	40		Alaska Native/American Indian
Arctic Slope Native Association	Other		40		Alaska Native/American Indian
Bartlett Regional Hospital	Hospitals or clinical facility	Juneau	40		
Beacon Clinic	Other	Deadhorse	40		
Bethel Family Clinic	Hospitals or clinical facility	Bethel	40		
Bristol Bay Area Health Corporation	Other	New Stuyahok	40		
Bristol Bay Area Health Corporation	Federally Qualified Health Center	Togiak	40		Alaska Native/American Indian
Camai Community Health Clinic	Federally Qualified Health Center	Naknek	40		Alaska Native/American Indian

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Capstone Clinic	Hospitals or clinical facility	Wasilla	40		
CATG Yukon Flats Health Center	Federally Qualified Health Center	Fort Yukon	40		Alaska Native/American Indian
Central Peninsula Hospital/Heritage Place	Hospitals or clinical facility	Soldotna	40		LTC
Chief Andrew Isaac Health Center	Federally Qualified Health Center	Fairbanks	40		Alaska Native/American Indian
Chief Andrew Isaac Health Center-TCC	Federally Qualified Health Center	Fairbanks	40		Alaska Native/American Indian
Chistochina-Mount Sanford Tribal Consortium	Other	Gakona	40		Alaska Native/American Indian
Chugachmiut	Other	Port Graham	40		Alaska Native/American Indian
Chugachmiut	Other	Tatitlek	40		Alaska Native/American Indian

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Copper River Native Association	Other	Tazlina	40		Alaska Native/American Indian
Copper River Native Association-Pharmacy	Other	Copper Center	40		Alaska Native/American Indian
Cordova Community Medical Center	Hospitals or clinical facility	Cordova	40		LTC
Cross Road Medical Center	Federally Qualified Health Center	Glennallen	40		Alaska Native/American Indian
Cross Road Medical Center	Federally Qualified Health Center	Delta Junction	40		Alaska Native/American Indian
Cross Road Medical Center - North Country Clinic, Grizzly Lake (mailing)	Federally Qualified Health Center	Gakona	40		Alaska Native/American Indian
Dahl Memorial Clinic	Federally Qualified Health Center	Skagway	40		Alaska Native/American Indian

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Dena'ina Health Clinic	Other	Kenai	40		Alaska Native/American Indian
Eastern Aleutian Tribes	Federally Qualified Health Center	Akutan	40		Alaska Native/American Indian
Eastern Aleutian Tribes	Federally Qualified Health Center	Atka	40		Alaska Native/American Indian
Eastern Aleutian Tribes	Federally Qualified Health Center	Cold Bay	40		Alaska Native/American Indian
Eastern Aleutian Tribes	Federally Qualified Health Center	King Cove	40		Alaska Native/American Indian
Eastern Aleutian Tribes	Federally Qualified Health Center	Sand Point	40		Alaska Native/American Indian
Ethel Lund Medical Center-SEARHC	Other	Juneau	40		Alaska Native/American Indian
Fairbanks Interior CHC - Tri-Valley Community Center, Healy	Federally Qualified Health Center	Healy	40		Alaska Native/American Indian

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First Care Huffman	Hospitals or clinical facility	Anchorage	40		
Ilnka Community Health Center	Federally Qualified Health Center	Cordova	40		Alaska Native/American Indian
Iliuliuk Family Health Services	Federally Qualified Health Center	Unalaska	40		Alaska Native/American Indian
Kanakanak/Bristol Bay	Federally Qualified Health Center	Dillingham	40		Alaska Native/American Indian
Kananak Hospital	Hospitals or clinical facility	Dillingham	40		
Kenaitze Indian Tribe	Other	Kenai	40		Alaska Native/American Indian
Ketchikan Indian Community	Other	Ketchikan	40		Alaska Native/American Indian
Ketchikan Indian Community		Ketchikan	40		Alaska Native/American Indian
Kodiak Community Health Center	Federally Qualified Health Center	Kodiak	40		Alaska Native/American Indian



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Maniilaq Association	Federally Qualified Health Center	Kotzebue	40		Alaska Native/American Indian
Maniilaq Association	Federally Qualified Health Center		40		Alaska Native/American Indian
Mat Su Regional Medical Center/Mat Su Regional Urgent Care	Hospitals or clinical facility	Palmer	40		
McGrath Subregional Health Center	Federally Qualified Health Center	McGrath	40		Alaska Native/American Indian
Medical Park Family Care	Hospitals or clinical facility	Anchorage	40		
Metlakatla Indian Community	Other	Metlakatla	40		Alaska Native/American Indian
Mill Bay Health Center-KANA	Federally Qualified Health Center	Kodiak	40		Alaska Native/American Indian
Mount Sanford Tribal Consortium	Other	Gakona?	40		Alaska Native/American Indian

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Native Village of Eyak	Federally Qualified Health Center	Cordova	40		Alaska Native/American Indian
Nilavena Subregional Health Center	Federally Qualified Health Center	Iliamna	40		Alaska Native/American Indian
Norton Sound Health Corp	Federally Qualified Health Center	Gambell	40		Alaska Native/American Indian
Norton Sound Health Corp	Federally Qualified Health Center	Savoonga	40		Alaska Native/American Indian
Norton Sound Health Corp	Federally Qualified Health Center	Unalakleet	40		Alaska Native/American Indian
Norton Sound Regional Hospital-Pharmacy	Hospitals or clinical facility	Nome	40		Alaska Native/American Indian
Oonalaska Wellness Center-APIA	Federally Qualified Health Center	Unalaska	40		Alaska Native/American Indian
PeaceHealth Ketchikan Medical Center	Hospitals or clinical facility	Ketchikan	40		Alaska Native/American Indian

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Peninsula Community Health Services	Federally Qualified Health Center	Soldotna	40		Alaska Native/American Indian
Peninsula Community Health Services CHC Kenai	Federally Qualified Health Center	Kenai	40		Alaska Native/American Indian
Petersburg Medical Center	Hospitals or clinical facility	Petersburg	40		LTC
Providence Kodiak Island Medical Center	Hospitals or clinical facility	Kodiak	40		LTC
Providence Seward Medical & Care Center	Hospitals or clinical facility	Seward	40		LTC
Providence Valdez Medical Center	Hospitals or clinical facility	Valdez	40		LTC
Samuel Simmonds	Hospitals or clinical facility	Utqiagvik	40		

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Memorial Hospital					
SEARHC Gustavus	Federally Qualified Health Center	Gustavus	40		Alaska Native/American Indian
Seldovia Village Tribe	Federally Qualified Health Center	Homer	40		Alaska Native/American Indian
Seward Community Health Center	Federally Qualified Health Center	Seward	40		Alaska Native/American Indian
South Peninsula Hospital	Hospitals or clinical facility	Homer	40		LTC
Southcentral Foundation	Federally Qualified Health Center		40		Alaska Native/American Indian
Southeast Alaska Regional Health Consortium	Federally Qualified Health Center	Haines	40		Alaska Native/American Indian
Southeast Alaska Regional Health Consortium	Other	Juneau	40		Alaska Native/American Indian

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Southeast Alaska Regional Health Consortium	Federally Qualified Health Center	Klawock	40		Alaska Native/American Indian
Southeast Alaska Regional Health Consortium	Federally Qualified Health Center	Sitka	40		Alaska Native/American Indian
St George Medical Center-APIA	Federally Qualified Health Center	St George	40		Alaska Native/American Indian
Sunshine Community Health Center	Federally Qualified Health Center	Talkeetna	40		Alaska Native/American Indian
SVT Health and Wellness	Federally Qualified Health Center	Seldovia	40		Alaska Native/American Indian
Wildflower Court	Other	Juneau	40		Alaska Native/American Indian
Wrangell Medical Center-SEARHC	Federally Qualified Health Center	Wrangell	40		Alaska Native/American Indian
Yakutat Community Health Center	Federally Qualified Health Center	Yakutat	40		Alaska Native/American Indian

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Yakutat Tlingit Tribe	Federally Qualified Health Center	Yakutat	40		Alaska Native/American Indian
Yukon Flat Health Center-CATG	Federally Qualified Health Center	Fort Yukon	40		Alaska Native/American Indian
Yukon Kuskokwim Delta Regional Hospital	Hospitals or clinical facility	Bethel	40		
Yukon Kuskokwim Delta Regional Hospital	Federally Qualified Health Center	St Mary's	40		Alaska Native/American Indian
Yukon Kuskokwim Health Corp	Federally Qualified Health Center	Bethel	40		Alaska Native/American Indian
Yukon Kuskokwim Health Corp	Federally Qualified Health Center	Tooksok Bay	40		Alaska Native/American Indian
Alaska Native Medical Center	Hospitals or clinical facility	Anchorage			Alaska Native/American Indian
Chief Andrew Isaac Health Center	Federally Qualified Health Center	Fairbanks			Alaska Native/American Indian

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State Public Health Lab	Public health lab	Fairbanks			

## 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.**

The expansion of testing in Alaska is important to help protect our Alaska Native communities, the residents and staff of congregate living facilities, healthcare workers, the elderly or disabled, those with underlying conditions as well as those within the homeless/sheltered communities. It is imperative that the State of Alaska is aptly equipped to stay on the forefront of testing to protect these vulnerable populations. Expansion of testing is important to allow Alaska's diverse and complex health care system to safely care for both those with COVID-19 and Alaskans with other health issues. Testing is a key part of re-opening healthcare and delivering necessary health services while at the same time ensuring hospitals have surge capacity for COVID-19.

1. Increase the average weekly testing rate in each region to 125 tests per 10,000 people using newly expanded testing guidance, increased sample collection and laboratory test supplies, and enhanced specimen collection capabilities.
2. Ensure increased sample collection materials and lab test supplies are maintained with increased volume demand as health mandates change.
3. Develop additional testing capacity within health systems.
4. Support the appropriate use of point of care instruments (Abbott ID NOW and Cepheid Xpert) in geographically isolated areas.
5. Implement use of electronic technology to help people access healthcare, and to provide technologies such as a virtual assessment tool to assess risk for COVID-19, a testing site locator map that provides site-specific contact info and hours of operation, and a secure means to access lab test results.

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, etc.). Provide specifics about planned expansions of existing capacity, including procurement of new testing equipment or device platforms.

The health departments will directly expand testing capacity through facilities that house high-throughput testing instrumentation such as hospitals and public health laboratories. The State Public Health Laboratories, both in Anchorage and in Fairbanks, each have a Hologic Panther that is capable of running over 1000 tests per day. The Native hospital in Anchorage, Alaska Native Medical Center (ANMC), also has a Panther. The State Public Health Labs have a combined total of 9 ThermoFisher real time thermal cyclers (3 are on loan from other state entities) that have a daily throughput of roughly 500 samples each using the ThermoFisher TaqPath COVID-19 kit. Providence, a non-profit hospital, houses a Cepheid Infinity that has the capacity for 48 modules, although currently they have 16 available for testing and another 16 ordered. If the State can support capacity at Providence by purchasing



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modules for the instrument and providing cartridges, another 400+ tests can be run daily. Additionally, several moderate throughput instruments have been strategically placed in high-volume areas of industry workers. There are over 85 Abbott ID NOW instruments sitting in remote parts of Alaska that are used to test all incoming travelers/workers as well as any symptomatic individuals. If each instrument is run daily to capacity, with an adequate supply of collection materials, testing reagents and the personnel to run the testing, we will have the ability to reach our goal of testing at least 5% of Alaska's population per month, in addition to industry workers.

The State of Alaska is building surge capacity outside of the hospital setting. Testing volume can be expanded while preserving testing resources with the use of a pooling strategy and partnering with other high throughput labs for testing overflow. There are strike teams through the State, including CDC's Arctic Investigations Program (AIP) and Tribal Health systems that can be assembled and deployed when called upon to provide collection and mobile testing services. The Alaska State Public Health Laboratories in Anchorage and Fairbanks are in the process of validating a pooled testing methodology to help equip the State for surge events, and they will be submitting their test to the FDA for approval soon. An MOU with AIP is being defined so that AIP can offer surge support for the State Public Health Labs. The DHSS EOC warehouse has multiple tents that are intended for both warm and cold weather environments. These tents can be set up to support a testing site if necessary.

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.

The testing needs of vulnerable and at-risk populations are the State of Alaska's top priority. As Alaska has a low prevalence of positive cases, we are able to place our energies in asymptomatic screening and surveillance strategies for the many different populations that are susceptible to COVID-19.

Rural strategy - Identification, containment, and eradication

Activities are informed by community and tribal organization desires and may include enhanced testing:

1. In communities with testing capacity: perform symptomatic screening and diagnostic (nucleic acid or antigen detection) testing on everyone upon arrival and again 5-7 days later.
2. In communities without testing capacity: all symptomatic persons are offered testing. Samples are collected and sent to another facility for testing. Strike teams deploy with mobile testing equipment if there is a confirmed case in a village that does not have testing capacity. In this instance, all residents are tested.
3. In communities without testing capacity: all visitors must be tested and cleared before arrival.

Correctional facility strategy - Identification, containment, and eradication

Activities:

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1. Every new remand receives a medical screening evaluation which includes testing for COVID-19 regardless of symptoms. There are roughly 600 new remands a week. These samples will be sent to the State Public Health Lab in Anchorage or Fairbanks, based on the facility location.
2. Broad-based testing of inmates as part of contact tracing in outbreak situations.
3. Correctional staff are screened for symptoms daily and nasal swabs are self-collected weekly through either a local drive-through facility station or in-house with a self-collection kit. There are approximately 1,460 active staff over 14 different correctional facilities in Alaska.

Long-term care facilities and congregate living setting strategy - Identification, containment, and mitigation

Activities:

1. Building internal testing capacity such that facilities are able to test in-house according to their ongoing needs will be challenging. There are approximately 9,633 residents and participants and 11,161 staff members who require baseline testing.
2. Residents who do not leave the facility are given baseline testing.
3. Residents who leave the facility are tested weekly.
4. Staff are tested weekly and screened for symptoms daily.
5. All symptomatic residents and staff are tested.

Critical infrastructure industries in remote community setting strategy - Identification, containment, and eradication

Activities:

1. Workers traveling into Alaska will follow quarantine orders prescribed in Health Mandate 10: International and Interstate Travel Order for Self-Quarantine.
2. PCR screening tests will be done on all workers either within 48 hours prior to beginning travel to Alaska, within 48 hours prior to beginning onward travel to their final destination community, or upon arrival at their destination community.

Healthcare System strategy - Identification, containment, and mitigation

Activities:

1. For each hospital, all patients are screened for recent illness, travel, fever, or recent exposure to COVID-19.
2. All hospital admissions are tested for COVID-19.

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3. All symptomatic patients are tested.
4. All patients waiting for a pre-operative procedure are tested 48 hours prior to surgery.
5. All healthcare workers are screened for symptoms daily and tested weekly.
6. All symptomatic first responders are tested.
7. Testing occurs in-house if at a hospital or otherwise at the State Public Health Lab if tested via a medical clinic, urgent care center, or a physician's office.

### School System strategy - Identification, containment, and mitigation

#### Activities:

1. All students and faculty are screened for symptoms daily.
2. Students and faculty with symptoms are tested.

### Alaska tourists - Identification and mitigation

#### Activities:

1. All travelers without a negative COVID-19 test result in hand will be tested at the airport upon arrival. These collections are being tested by Curative-Korva labs in San Dimas, CA.
2. The State of Alaska is working with CVS pharmacies in the Lower 48 to provide testing to travelers to Alaska prior to departure.
3. The State of Alaska is working with four companies that manufacture home test kits to allow for asymptomatic travelers to test prior to departing to Alaska: Picture Genetics, Everlywell COVID-19 Test Home Collection Kit, Vault Health, and LabCorp's Pixel.

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)

Barriers to efficient testing include collection kits not readily available or in low supply, reagent shortages, and testing staff. The State of Alaska has tried to add versatility to the testing kits that are ordered so that there are alternative resources. We are implementing a weekly standing order of the ThermoFisher TaqPath Combo Kit and have implemented a monthly order for the Hologic Aptima Multitest Swab Collection Kits and SARS-CoV-2 TMA assay. The collection tubes are strategically distributed, targeting congregate setting residents/staff/new remands, wildland firefighters, and outbreak situations. VTM's are being produced by the Alaska State Virology Laboratory (ASVL) and also by the University of Alaska in Anchorage to help fulfill testing needs. 3D printed nasopharyngeal swabs are being manufactured locally. We also recognize that the State Public Health Laboratories are unable

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to handle all of the testing so many point of care instruments were distributed to various clinics and remote facilities around the state for local screening of symptomatic persons and the influx of travelers for the area.

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

ASVL will be validating the Bio-Rad Platelia SARS-CoV-2 Total Ab Assay (IgM, IgA, and IgG) on their semi-automated Bio-Rad EVOLIS. Each kit comes with 96 tests and the instrument has a capacity of running 192 specimens every 3.25 hours with more than one run per day if needed. Alaska State Section of Epidemiology does not have plans to utilize serological testing as part of the case investigation process to identify people with active or resolved infections. As Alaska has not had a significant percentage of the population testing positive (~1.6%), it is hard to determine what the demand for testing would be that may necessitate serology testing.

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.

Plans for sentinel surveillance in vulnerable populations include point of care screening for symptomatic individuals. Upon a positive result, the population will be screened with appropriate measures taken to ensure the mitigation of further exposure. A phased-approach will focus on testing asymptomatic patients, those in industry (fishing, oil, and mining), those in congregate settings with community transmission, and lastly travelers to the State of Alaska. We will increasingly test these priority groups until capacity is built and then transition the responsibility of testing to individual communities and/or facilities.

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

Fast tracked hiring of new staff has been streamlined utilizing a Letter of Agreement with the unions for targeted positions. This results in on-boarding a new hire within 1-2 weeks versus 1-2 months. This accounts for both non-permanent and permanent positions. The State has also utilized temp agencies to fill immediate administrative data entry for testing being performed. Procurement requests have also been fast-tracked as all COVID-related purchases are now being handled directly by a subset of Procurement Specialists that can turn over an order within 24 hours.

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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	1	23	10	9	0	0	0	0	43
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)	0	0	0	0	0	0	0	0	0

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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 <sup>++</sup>	0	31,500	50,000	67,000	67,000	67,000	67,000	67,000	416,500
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels <sup>++</sup>	0	31,500	50,000	67,000	67,000	67,000	67,000	67,000	416,500

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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)	4500 Hologic test reagents 30,000 TF test reagents	4500 Hologic test reagents; 30,000 TF test reagents; 5000 Cepheid cartridges; 2,500 Abbott ID NOW reagents	18,000 Hologic 60,000 TF 5,000 Cepheid cartridges, 2,500 Abbott ID NOW kits	18,000 Hologic test reagents; 60,000 TF test reagents; 5,000 Cepheid cartridges, 2,500 Abbott ID NOW kits	18,000 Hologic test reagents; 60,000 TF test reagents; 5,000 Cepheid cartridges, 2,500 Abbott ID NOW kits	18,000 Hologic test reagents; 60,000 TF test reagents; 5,000 Cepheid cartridges, 2,500 Abbott ID NOW kits	18,000 Hologic test reagents; 60,000 TF test reagents; 5,000 Cepheid cartridges, 2,500 Abbott ID NOW kits	18,000 Hologic test reagents; 60,000 TF test reagents; 5,000 Cepheid cartridges, 2,500 Abbott ID NOW kits	117,000 Hologic test reagents; 420,000 TF test reagents; 35,000 Cepheid cartridges, 17,500 Abbott ID NOW kits
FOR SEROLOGIC TESTING									
Number of additional* equipment and devices to meet planned testing levels	0	0	0	0	0	0	0	0	0

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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	0	Platelia SARS-Co-V-2 Total Ab Assay 1 kit	Platelia SARS-Co-V-2 Total Ab Assay 1 kit; Abbott SARSCoV-2 IgG 500T assay 2 kits	Platelia SARS-Co-V-2 Total Ab Assay 1 kit; Abbott SARSCoV-2 IgG 500T assay 2 kits	Platelia SARS-Co-V-2 Total Ab Assay 1 kit; Abbott SARSCoV-2 IgG 500T assay 2 kits	Platelia SARS-Co-V-2 Total Ab Assay 1 kit; Abbott SARSCoV-2 IgG 500T assay 2 kits	Platelia SARS-Co-V-2 Total Ab Assay 1 kit; Abbott SARSCoV-2 IgG 500T assay 2 kits	Platelia SARS-Co-V-2 Total Ab Assay 7 kits; Abbott SARSCoV-2 IgG 500T assay 10 kits

\* 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.