

ELC ENHANCING DETECTION: LOUISIANA TESTING PLAN

2020 Overarching Jurisdictional SARS-COV-2 Testing Strategy

Jurisdiction:	Louisiana
Population Size:	4,660,000

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

The Louisiana Department of Health (the Department) includes the state Office of Public Health and one state lab servicing all nine public health regions. Initial testing for SARS-COV-2 began in Louisiana’s state lab on February 29, 2020. Louisiana has gone from a very limited amount of testing that was only available in our state lab to now having commercial labs across the state to complete and report as many tests as possible. Since then, more than 38,500 cases and 2,600 deaths associated with COVID-19 have been identified in Louisiana. As of May 27, 2020, overall positivity in the State is 11.1% since the first case, reflecting 347,647 test results.

While Louisiana has tested more than 7.4% of the state’s 4.66 million citizens, some parishes (counties) have exceeded 45% positivity with 2.5% of the parish tested. In April, a little more than 26% of parishes had fewer than 2% per capita tested. Louisiana’s goals include: increasing baseline testing by 100,000 tests by end of May; achieving monthly testing at 4% per capita; achieving 2% per capita tested in all parishes by the end of May; and achieving state positivity of 10% or less. To accomplish this, the Department will focus on rural parishes, congregate settings, underserved and minority communities, and hot spots. Federal support has been instrumental to scaling SARS-COV-2 testing efforts to date, and will be even more critical as we partner across the public, private, and academic sectors to double our testing efforts in support of contact tracing to suppress further spread of SARS-COV-2.

Louisiana’s testing plan features a multipronged approach to test vulnerable populations, including congregate settings (such as nursing homes and correctional facilities), communities with insufficient access to testing (such as African American and rural communities), and populations that require specialized approaches to testing (such as populations with special needs).

The State formed a multi-sector Testing Action Collaborative (TAC) at the beginning of April to increase coordination of SARS-COV-2 testing efforts and design a collaborative statewide testing model. The TAC is made up of members from academic organizations, research facilities, private and public laboratories, law enforcement, insurance companies, professional physician organizations, and the state lab and epidemiology teams. The TAC meets weekly, with sub-workgroups focused on supply chain coordination, geographic coordination of statewide testing, and serology testing meeting as needed between the weekly meetings. The TAC facilitates robust communication through email and phone calls outside of scheduled meetings, and leverages shared documents and collaboration software to track supply and resource needs across members.

SARS-COV-2 testing has been parsed into three categories: (1) intrinsic testing that is currently occurring in hospitals and community laboratories; (2) state reference laboratories, which have higher throughput capacity, ensure turn-around times of 24-48 hours from receipt of specimens, and can provide customer

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training, support and outreach, as well as courier services; and (3) out-of-state commercial laboratories, which have even higher throughput capacity, but are not able to prioritize specific samples or offer the rapid turn-around times that local labs can.

Louisiana's laboratory testing plan provides a regionalized approach and prioritizes laboratory testing within the communities where they are located, as much as possible. This approach allows for shorter transports and faster turn-around times for testing, better specimen integrity during transport, and more long-term infrastructure for continued testing into the future. Louisiana's public-private approach also supports local businesses and the state's economy. The network laboratories are continually increasing their capacity, but currently have the capacity to perform 19,300 PCR tests per day.

To manage the multiple network laboratories, the state created a hub and spoke model to give each regional leadership team and network laboratory a support framework. Facilitation arose out of the Testing Action Collaborative and was enhanced with laboratory technical masters to form multi-specialty assistance to transition from the current testing process of using the state lab, to using a private lab, complete with their own processes, paperwork and reporting.

In addition to traditional laboratory and clinical settings, the State is providing testing in the following settings: (1) mobile and drive-up testing sites; (2) testing strike teams for nursing homes and other congregate settings; (3) partnerships with Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and churches to provide testing for underserved communities; and (4) partnerships with local Walmart pharmacies, local Walgreens pharmacies, and LA Fresenius dialysis centers.

As of May 25, 2020, 213 of Louisiana's nursing homes are reporting one or more residents or staff with COVID-19, which account for 6240 cases among residents and staff and 1075 deaths among residents. Additionally, 108 other adult residential facilities account for 607 cases among residents and 91 COVID-related deaths among residents. Asymptomatic and preclinical viral shedding has been found to play a significant role in the transmission of SARS-COV-2 in congregate settings, so the state plans to test all nursing home residents and staff for SARS-COV-2 using Real-Time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) as part of a statewide initiative to reduce the positivity in nursing home settings. Testing the state's nursing home population and staff is estimated to take two weeks to accomplish, being completed by the end of May. Test collection will be conducted using several models: (1) nursing homes collecting specimens using the healthcare worker staff employed by the nursing homes, (2) the use of testing strike teams assembled by the Office of Public Health, and (3) the use of contracted testing teams directed by the Office of Public Health. After each facility has been fully tested once, the state will oversee repeat testing of all individuals testing negative on a weekly basis to facilitate early detection and isolation or cohorting of newly infectious individuals. Once the resident population reaches stability with no new infections over several tests, weekly repeat testing will focus on nursing home staff. Any previously stable facility in which an individual becomes newly symptomatic and subsequently tests positive for SARS-COV-2 will resume comprehensive repeat testing of all residents and staff not known to have SARS-COV-2.

Testing at the community level is designed to be flexible and responsive to the needs of populations with historically poor access to healthcare and mistrust of the medical community. The goal of community-based testing is to meet Louisiana's vulnerable populations in their own communities and to deliver testing resources in a way that removes many of the traditional barriers such as lack of transportation or medical insurance. Testing delivered at the community level is targeted toward

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parishes and zip codes with high positivity relative to total testing, areas where there has been little testing to date, and areas where testing access has been limited for African Americans and other minority populations. The State will utilize mobile and drive-up testing sites, partnerships with FQHCs and Rural Health Clinics, and partnerships with local churches to reach these populations.

There is an extensive network of FQHCs with 36 organizations operating 260 clinic sites across the state. These safety net partners have committed to increasing testing within their clinics. A recent survey identified that the biggest limiting factor in increasing collection is the availability of collection kits. The State and the United States Department of Health & Human Services are working together to ensure FQHCs have sufficient collection kits for the testing needs in their communities.

Similarly, in some areas Rural Health Clinics and other free clinics have partnered with the State to ensure low-income and rural citizens have access to no-cost testing. Louisiana has 170 RHCs. While federal and state law ensures all private insurers provide first dollar coverage for SARS-COV-2 testing and public insurance provides such testing at no cost, some facilities charge a nominal or other fee for an office visit. Many FQHCs, Rural Health Clinics and free clinics have been instrumental in providing true no-cost testing.

The State's serology testing strategy includes use of serology testing in sentinel surveillance, seroprevalence studies through academic partners, and individual testing through clinics and health systems. Serology testing is being incorporated into the State's sentinel surveillance program, detailed in section 2 of this plan. Two seroprevalence studies are currently underway in southern Louisiana, and we plan to expand one of these and support a third study in northern Louisiana as part of our testing strategy. These studies will provide an estimated point prevalence of antibodies against SARS-COV-2 which will be helpful in estimating the total population infected with SARS-COV-2 and the susceptible population that remains at risk for infection without vaccination. General access to serology testing is available through clinical and health systems and will be used, as clinically relevant, to assess previous exposure to SARS-COV-2. Finally, the State intends to support studies of COVID-19 transmission and disease dynamics across community settings, including amongst school children and staff, certain businesses, and prisons.

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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*	200,000	286,689	216,572	192,656	214,304	181,446	181,646	214,804	1,688,117
Serology	0	8,000	7,000	7,000	7,000	7,000	7,000	7,000	50,000
TOTAL	200,000	294,689	223,572	199,656	221,304	188,446	188,646	221,804	

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

Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
New Orleans Metropolitan Area Nursing and Adult Care Homes	Other	Stone Clinical Laboratories, LLC	8,000	335		Nursing Home and Adult Care Living facility residents and staff

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
Baton Rouge Metropolitan Area Nursing and Adult Care Homes	Other	Stone Clinical Laboratories, LLC	8,000	335		Nursing Home and Adult Care Living facility residents and staff
Southeast Coastal Area Nursing and Adult Care Homes	Other	Stone Clinical Laboratories, LLC	8,000	335		Nursing Home and Adult Care Living facility residents and staff
Northshore Area Nursing and Adult CareHomes	Other	Stone Clinical Laboratories, LLC	8,000	335		Nursing Home and Adult Care Living facility residents and staff

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
State run 24 hour Living Facilities	Public health lab	Stone Clinical Laboratories, LLC	8,000	335		Nursing Home and Adult Care Living facility residents and staff
Group Homes for the developmentally disabled	Other	Stone Clinical Laboratories, LLC	8,000	335		Group homes for the developmentally disabled-residents and staff

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
Acadiana Area Nursing and Adult Care Homes	Other	Omega	1,000	6,000		Nursing Home and Adult Care Living facility residents and staff

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Southwest Louisiana Area Nursing and Adult Care Homes	Other	Omega	1,000	6,000		Nursing Home and Adult Care Living facility residents and staff

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
Central Louisiana Nursing and Adult Care Homes	Other	LSUHS	1,200	2,000		Nursing Home and Adult Care Living facility residents and staff
Northwest Louisiana Area Nursing and Adult Care Homes	Other	LSUHS	1,200	2,000		Nursing Home and Adult Care Living facility residents and staff
Northeast Louisiana Area	Other	LSUHS	1,200	2,000		Nursing Home and Adult Care Living facility residents and staff

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Nursing and Adult Care Homes						
New Orleans and Baton Rouge Metropolitan Area Homeless Shelters	Other	TULANE	100	0		Homeless individuals
Migrant Workers	Federally Qualified Health Center	Premier Laboratory Services	3,000	4,000		Migrant workers

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Elderly	Other	Premier Laboratory Services	3,000	4,000		Elderly population

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Statewide Nursing and Adult Care Homes	Other	OPH LAB	1,000	0		Nursing Home and Adult Care Living facility residents and staff

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Migrant Workers	Other	OPH LAB	1,000	0		Migrant workers

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
Incarcerated	Other	OPH LAB	1,000	0		Incarcerated Individuals

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Contract Tracing	Other	OPH LAB	1,000	0		Individuals identified in contact tracing as having exposure to positive individuals
Incarcerated	Other	Curative	2,000	0		Incarcerated individuals
Surveillance/ Asymptomatic	Other	Curative	2,000	0		Surveillance and asymptomatic individuals

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						as part of return to work phase of testing
Quest Diagnostics	Federally Qualified Health Center	Quest Diagnosis	1,700			Community Based Testing, Hospital, Clinics, Drive-thru testing, FQHC
Labcorp	Federally Qualified Health Center	Labcorp	455			Community Based Testing, Hospital, Clinics, Drive-thru testing, FQHC
Clinical Pathology Laboratories	Federally Qualified Health Center	Clinical Pathology Laboratories	30			Community Based Testing, Hospital, Clinics, FQHC
Access Health Louisiana	Federally Qualified Health Center	Labcorp	50			FQHC
CrescentCare	Federally Qualified	Labcorp	133			FQHC

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
	Health Center					
NOELA Community Health Center	Federally Qualified Health Center	Labcorp/ Quest	35			FQHC
St. Thomas Community Health Center	Federally Qualified Health Center	Labcorp	50			FQHC
DePaul Community Health Center	Federally Qualified Health Center	Quest Diagnosis	133			FQHC
EXCELth, Inc.	Federally Qualified Health Center	Labcorp	100			FQHC
Priority Health Care	Federally Qualified	Labcorp	100			FQHC

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
	Health Center					
Odyssey House Louisiana	Federally Qualified Health Center	Labcorp	100			FQHC
Baptist Community Health Services	Federally Qualified Health Center	Labcorp/ACCU	175			FQHC
InclusivCare	Federally Qualified Health Center	Labcorp/ Quest	200			FQHC
Common Ground Health Clinic	Federally Qualified Health Center	Labcorp	50			FQHC
St. Gabriel Health Clinic	Federally Qualified	CPL	100			FQHC

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	Health Center					
Innis Community Health Centers, Inc.	Federally Qualified Health Center	Labcorp	40			FQHC
Southeast Community Health Systems	Federally Qualified Health Center	Labcorp	35			FQHC
Open Health Care Clinic	Federally Qualified Health Center	CPL	100			FQHC
CareSouth Medical & Dental	Federally Qualified Health Center	Labcorp/ Quest	50			FQHC
Primary Care Providers for a Healthy Feliciana	Federally Qualified	Labcorp/ Quest	50			FQHC

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
	Health Center					
Teche Action Clinic	Federally Qualified Health Center	Labcorp	50			FQHC
Southwest Primary Care	Federally Qualified Health Center	Quest Diagnosis	175			FQHC
Iberia Comprehensive	Federally Qualified Health Center	Quest Diagnosis	175			FQHC
SWLA, Lafayette	Federally Qualified Health Center	Quest Diagnosis	175			FQHC

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
SWLA Center for Health Services, Winnfield	Federally Qualified Health Center	Quest Diagnosis	175			FQHC
Winn Community Health Center, Inc.	Federally Qualified Health Center	Labcorp	75			FQHC
David Raines Community Health Centers	Federally Qualified Health Center	LSUS	133			FQHC
Mercy Medical Health Center	Federally Qualified Health Center	PGL	100			FQHC
Outpatient Medical Center	Federally Qualified Health Center	Labcorp	25			FQHC

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Name of testing entity	Testing venue (select from drop down)	Performing Lab (if different from testing entity)	Daily diagnostic throughput	Daily serologic throughput	Platforms or devices used (list all)	Specific at-risk populations targeted (list all)
Primary Health Services Center	Federally Qualified Health Center	Quest Diagnosis	50			FQHC
Morehouse Community Medical Centers	Federally Qualified Health Center	LabCorps/Specialty	50			FQHC
Delhi Community Health Center	Federally Qualified Health Center	Labcorp	35			FQHC
Tensas Community Health Center	Federally Qualified Health Center	LabCorp/MedComp/LSUS	50			FQHC

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

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

The State continues to expand overall testing capacity through the State Lab, partnerships across the state, and contracts to meet any gaps in testing capacity. The State has invested over \$500,000 in equipment and over \$3 million in supplies and reagents for its public health lab. The State Lab is utilizing the Abbott m2000; the KingFisher Extraction with Thermo TaqPath; the Biomerieux EasyMag/EMAG; and the Qiagen Viral RNA manual kit/MagnaPure Compact/MagnaPure 96-CDC Platform for testing.

Network Laboratory capacity for May and June is projected to be 868,500 tests in May and June. Additional testing through the end of the calendar year provides for 3,551,200 tests. These daily capacity values are dependent on the laboratories' ability to procure the required supplies and reagents. This has been an ongoing challenge for all in-state laboratories.

The State continues to expand overall testing capacity through the State Lab, partnerships across the state and has executed contracts for laboratory services, community testing, Congregate Facility Testing Teams (CFTT) and Infection Control Assessment And Response (ICAR) teams.

Laboratory services will quickly, efficiently, and correctly test and report COVID-19 Polymerase Chain Reaction (PCR) results. Community testing teams will work within their communities to staff mobile and diagnostic testing sites. CFTTs will work in congregate settings as needed which include nursing homes, intermediate care facilities, group homes, jails, prisons, state facilities, adult residential care providers including adult care living facilities, and homeless shelters. ICARs will provide information, tools, and resources to control and prevent the spread of COVID19 in healthcare settings. Infection-control assessments will be conducted onsite at facilities and include review of safety and cleaning practices, visitor restrictions, monitoring and screening of residents and staff, PPE use, and a plan for resident grouping based on positivity rates.

The State is focused on increasing testing in congregate, or group, settings like nursing homes, incarceration facilities, group homes and state facilities, and among those who are living in residential communities without easy access to testing. Nursing homes and other congregate settings are especially vulnerable to SARS-COV-2 spread. These settings need comprehensive testing and repeated testing for those who test negative as described in our Overarching Jurisdictional SARS-COV-2 Testing Strategy.

All nursing home residents and staff will be tested as part of a statewide initiative to reduce the positivity in nursing home settings. Once the initial canvass of all nursing homes is completed, subsequent testing will follow in the month of June on a weekly basis for all residents and staff who test negative for SARS-COV-2. Positive staff will quarantine for two weeks and will return to work after that period utilizing CDC recommended essential healthcare worker precautions. From July through

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December, all negative staff will be tested weekly. These intervals and extension of testing will be adjusted as deemed necessary by the Office of Public Health Infectious Diseases Epidemiology experts to proactively mitigate transmission of infection. As the CDC issues additional guidance on intervals of testing and the role of serological testing, this protocol may change. The estimated number of tests needed to complete the initial canvass of nursing homes is 51,000.

The same interval testing will be incorporated in the following congregate settings: Incarceration facilities; group homes for individuals with developmental disabilities; and other adult care living facilities.

Groups which require special collection provisions include the elderly at home, those in mission and homeless shelters, and migrant workers. To test elderly who have limited access to transport, partner organizations who go into the homes of elderly clients as part of their normal business operations will be utilized to facilitate in-home collections. Saliva specimens will be utilized to reduce any trauma to the patients. Mobile testing units will be utilized to travel to various missions and homeless shelters to bring testing to this transient population. Migrant workers may not be comfortable with traditional collection sites, so the state will partner with local churches to provide testing in order to increase access. Total test collections in May and June for these groups are anticipated to be 40,000 tests, and total test collections through December are expected to be 269,000 tests.

Louisiana has contracted with partners to test safety-net populations. Much like mobile testing sites, there have been community partners such as hospital and outpatient ambulatory consortia, who have provided testing and will continue to do so. These sites may be located in a commercial or drive-thru setting. These testing sites will continue to be supported and monitored by the State. In addition, the State will partner with existing community-based organizations and funded partners to support staff time associated with community-based testing efforts as determined by the Office of Public Health's Regional Medical Directors in each of Louisiana's nine health regions. Finally, the State will also contract with commercial partners to deliver in-home testing for contacts identified as part of Louisiana's comprehensive contact tracing initiative.

The State will operate a sentinel surveillance system which includes diagnostic and serologic testing for both sentinel and vulnerable populations. This system includes diagnostic testing for at least two school-based health clinics in each of the nine health regions of the state which will test at least 500 students and staff at each site each month; at least two nursing homes in each of the nine health regions of the state which will test at least 250 residents and staff at each site each month; and at least two other congregate settings in each of the nine health regions of the state which will test at least 100 residents and staff at each site each month. Additionally, the state will test these same populations at least once with serologic tests to monitor seroprevalence, and this may be repeated every one to two months after. It is projected that this system will result in 21,000 diagnostic tests and 50,000 serology tests.

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Testing across all populations is the critical first step to Louisiana's contact tracing system. This system is activated when the Office of Public Health's Infectious Disease Epidemiology receives a positive test result through electronic laboratory reporting. Louisiana rules require that all SARS-COV-2 related laboratory values, both PCR and serology and both reactive and non-reactive be reported swiftly to the state. The Department has upgraded its electronic laboratory reporting system recently to expand electronic reporting capacity beyond large laboratories to include point of care testing taking place in clinics across the state to ensure the state receives the largest proportion of SARS-COV-2 tests possible. Any positive results received by the Department are routed to the state's customer relationship management (CRM) system, and a trained contact tracer will reach out to the identified case to gather information about their clinical history, provide guidance, and generate a list of everyone the case has been in close proximity to for the 2 days prior to developing symptoms and all subsequent days until the individual is isolated. Those people who have come into contact with the case during the presumed period of infectiousness are called contacts. The CRM system is also used to direct contact tracers to engage with close contacts using motivational interviewing techniques to determine whether there was a likely exposure. For any contact who is currently asymptomatic and ambulatory, they will be provided guidance to quarantine for 14 days. For any contact who is experiencing symptoms of SARS-COV-2, even if those symptoms are mild, the call center team member will enter an order for an at-home test to be performed. The call center team member will also conduct a short needs assessment to determine the contact's housing stability, food security, and other social determinants of health measures. Laboratory testing of 53,000 contacts traced to positive individuals is projected.

A Contact Tracing Action Collaborative (CTAC) has been established to address the infrastructure needs for implementing a comprehensive, statewide case investigation/contact tracing program. State participation includes experts across the Office of Public Health from Infectious Disease Epidemiology, Bureau of Health Informatics, the Testing Action Collaborative, and the Office of Technology Services. External participation includes hospital systems, both private and public, and other epidemiology professionals from institutions of higher education.

Additional barriers and the overall effectiveness of testing strategies will be monitored by measuring the percentage of the population tested at a parish level; percentage of positive test results at a parish level; and by monitoring population specific goals for high-risk populations.

Each of the nine regions will name a regional testing coordinator who will work directly with the Office of Public Health who will deploy testing teams, distribute specimen collection kits, monitor utilization of those kits, and monitor the processing of specimen delivered to the state lab. All lab results, negative and positive, are required by rule to be reported to the Office of Public Health. Reporting takes place through an electronic lab system that includes point of care testing. The Office of Public Health reports laboratory results to the CDC daily.

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In order to meet staff and resource needs, the State has used streamlined processes and procedures for hiring and procurement. The state lab has hired and onboarded additional staff, including clerical staff, through a temporary employee process that is commonly used for hurricanes and other disasters. In addition, other Department of Health employees have been activated to assist with accessioning clerical duties. Lastly, additional lab staff has been cross-trained to assist in the molecular virology lab. Onboarding has followed normal protocols, however, it has been done with an expedited timeline and has occurred during expanded work hours.

Procurement has been expedited using emergency procurement procedures available during emergency declarations. The State has utilized a “request for quote” procedure that state procurement has the capacity to initiate. This allows the product specifications to be distributed to thousands of vendors to provide a quote within a very short timeframe (24 hours). We have been successful with some collection supplies with this method. Unfortunately, reagent supplies are sole source products and have been a challenge to obtain for all in-state labs. We are using the International Reagent Resource for the state public health lab, but other labs in our state are not able to use this resource. Vendors are using protective allocations to manage their inventory, which is leaving some labs without the supply needed. At this time, the greatest threat to our test plan success is the inability to obtain the needed supplies and reagents to successfully execute the state testing plan.

Louisiana plans to use the CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response funding to provide for Office of Public Health State lab workforce augmentation, technology improvements, supplies and equipment. Combining the needs of both the state lab and commercial labs, the total estimated number of tests needed is 1,566,491.

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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	358		650						1,008
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)	Hologic Panther (1) TECAN EVO 150 (1) TECAN EVO 200 (1) TECAN EVO 200 ELISA (1) Abbot m2000 (1) Biomerieux (1) Thermofisher Kingfisher (1)								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 ⁺⁺	66,287	86,689							152,976
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels ⁺⁺	66,287	86,689							152,976
Volume of additional reagents needed to meet planned testing levels, by testing unit and platform (i.e. 100K/day - Hologic panther; 100k/day - Thermofisher)									
FOR SEROLOGIC TESTING									
Number of additional* equipment and devices to meet planned testing levels									0
Volume of additional reagents needed to meet planned testing levels, by testing unit and platform (i.e. 100K/day - Hologic panther; 100k/day - Thermofisher)		Diasorin 200/day	Diasorin 200/day	Diasorin 200/day	Diasorin 200/day	Diasorin 200/day	Diasorin 200/day	Diasorin 200/day	42,800

* 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.