

# ELC ENHANCING DETECTION: MAINE TESTING PLAN

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

Jurisdiction:	Maine
Population Size:	1.3 million

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

It is important to note that the State of Maine has already met and exceeded the stated goal of testing a minimum of 2% of its population, or 26,000 monthly, by implementing several testing strategies.

Maine's focus now is on expanding testing even further, emphasizing the highest-risk populations.

Maine is using several testing strategies to achieve that further expansion. These include executing an even larger agreement with a major laboratory diagnostic company, IDEXX, to operationalize a mobile testing unit adjacent to our state public health laboratory and acquire a substantial number of test kits; standing up multiple specimen collection sites across the state; issuing a standing order for testing; granting new healthcare entities opportunities to conduct local testing; and purchasing additional testing equipment. As a result of these efforts, Maine CDC's Health & Environmental Testing Laboratory has removed all testing "tiers" or prioritizations within the public health laboratory and has recommended testing for all congregate settings after a single confirmed COVID-19 case. Given that Maine exceeded the 2% monthly minimum beginning in May 2020, the table below (#1b) provides data on testing capacity and volume already in use in Maine. Also, as of the date of this submission, Maine's 7-day weighted average PCR positivity rate was 0.95% and Maine was conducting 154 PCR tests/100K people.

a.) The Maine CDC Health and Environmental Testing Lab has acquired 2 Thermofisher Kingfisher high-throughput extraction platforms; continued use of existing Hologic Panther and (7) ABI 7500 Fast Dx high throughput instruments; hired additional staff; redeployed lab staff; and distributed 15 Abbott ID Now instruments to FQHCs, hospitals and clinics with a focus on testing vulnerable populations, such as people experiencing homelessness and migrant farm workers. Other entities are investigating purchasing Roche rapid testing platforms.

b.) Discussions are ongoing with private sector laboratory entities regarding purchase of a mobile testing lab, establishing multiple 'swab and send' sites at numerous locations (i.e., pharmacies and other retailers), and funding rural hospitals to conduct testing in local communities. In June, the State issued a request for applications around increasing 'swab and send' specimen collection sites, and the State continues to work with private sector partners to implement many of those applications.

c.) While the laboratory community in the State of Maine is starting to validate serology tests, they are waiting for a mandate from US CDC on how to use and interpret these tests. At present, Maine is recommending that physicians follow guidance from speciality groups, including the IDSA, with respect to use of and interpretation of serology testing. In a similar vein, Maine is also beginning to receive positive test results from antigen testing. We are evaluating the role of both serology and antigen

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testing going forward. With respect to serology, we are working with national groups, such as ASTHO, to study the role of such testing among staff of congregate care settings, such as nursing homes. In those settings, positive serology results could obviate the need for such staff members to undergo repeated PCR testing.

d.) State laboratorians hold meetings with the broader testing community on a weekly basis. The State of Maine has also partnered with private entities like IDEXX, which has loaned platforms to the State and donated numerous test kits. Maine also executed an agreement to purchase additional test kits from IDEXX, which more than tripled the Maine public health laboratory's overall testing capacity. Additionally, IDEXX and the Health and Environmental Testing Laboratory (HETL) will dually monitor supplies for the mobile lab to be located next to the state lab. HETL will monitor supplies for its laboratory. The lack of availability of swabs has been an issue. Hospital labs are reliant on the FEMA shipments of swabs and media which can be unpredictable. HETL, hospital and private labs hold weekly calls to discuss laboratory issues such as staffing, testing volumes and supply chains. Several hospitals have had kits, consumables and equipment diverted after purchase over the last few months. This is a serious concern and hampers our ability to track inventory when the+B2 federal government requisitions supplies destined for Maine, and other parts of the country. Examples of this include: a Maine healthcare systems purchased a second Hologic Panther machine several weeks ago; it is backordered until at the earliest mid-July. One was diverted months ago. A private laboratory purchased a Cobas 6800 machine several months ago; it is backordered with no shipping date.

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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*	33,536	40,000	62,000	120,000	140,000	145,000	140,000	140,000	820,536
Serology	3,112	4,000	4,400	4,800	5,200	5,700	6,200	6,800	40,212
<b>TOTAL</b>	<b>36,648</b>	<b>44,000</b>	<b>66,400</b>	<b>124,800</b>	<b>145,200</b>	<b>150,700</b>	<b>146,200</b>	<b>146,800</b>	

\*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)
Maine CDC Health and Environmental Testing Laboratory	Public health lab		400	0	The state public health lab tests all populations, and focuses on at-risk populations not necessarily covered by hospitals, such as: congregate care settings, correctional facilities, and people experiencing homelessness. Note: diagnostic throughput reflects actual PCR testing volume, including positive, negative, and indeterminate results, per day based on the past week (July 3 – July 9). Maximum testing capacity is 1000/day, which has been reached on several days. The Maine CDC lab

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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)
					does not have testing "tiers" for prioritization in place. Any specimen sent at the direction of a health care provider is tested.
NorDX CORE LAB	Commercial or private lab		590	25	Patients with symptoms, nursing home residents/employees with symptoms, healthcare worker exposures, presurgical (elective). As of June 1, will test all admissions. Testing from hospitals, including inpatients, transfers, and outpatients. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on actual test volume from July 1 to July 8.
Large reference labs (e.g., Mayo, Quest, ARUP, LabCorp)	Commercial or private lab		419	50	Serves all populations, including outpatient clinics, hospitals, and others. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on actual test volume from July 1 to July 8.
York Hospital Laboratory 15 Hospital Drive York, ME 03909	Hospitals or clinical facility	HETL, Quest, In house	128	5	Inpatients, HCW, First responders, Presurgical patients, inpatients; symptomatic outpatients; outpatients with a history of symptoms; people experiencing homelessness. York Hospital has also stood

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					up a community testing site using Abbott ID NOW devices. They are conducting roughly 400 tests/week via this method.
Maine Medical Center Laboratory 22 Bramhall St Portland, ME 04102	Hospitals or clinical facility		5	0	People experiencing homelessness and ED patients. Note: Reflects estimated volume of 5 tests/day.
Southern Maine Health Care Laboratory 1 Medical Center Drive Biddeford, ME 04005	Hospitals or clinical facility		5	0	Inpatients and symptomatic outpatients Note: Reflects estimated volume of 5 tests/day.
Mercy Hospital Laboratory 144 State Street	Hospitals or clinical facility		10	0	Presurgical patients, ED patients, patient facility transfers. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on actual test volume from June 1 to July 8.

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Portland, ME 04101					
St. Mary's Health System – Laboratory  318 Sabattus Street  Lewiston, ME 04240	Hospitals or clinical facility		5	0	Presurgical patients, ED patients, patient facility transfers. Note: Reflects estimated volume of 5 tests/day.
St. Joseph Hospital  360 Broadway  Bangor, ME 04401	Hospitals or clinical facility		5	0	Presurgical patients, ED patients, patient facility transfers. Note: Reflects estimated volume of 5 tests/day.
EMMC – Laboratory  417 State St  Bangor ME 04401	Hospitals or clinical facility		5	0	Presurgical patients, ED patients, patient facility transfers. Note: Reflects estimated volume of 5 tests/day.

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Maine Mobile Health Program, Inc.  9 Green St. / PO Box 405  Augusta, ME 04332	Community-based		30	0	Seasonal agricultural workers; employees of seafood and meat processing facilities. Note: Reflects estimated volume of 30 tests/day.
Waldo County General Hospital  118 Northport Ave, Belfast, ME 04915	Hospitals or clinical facility		5	0	Presurgical patients, ED patients, patient facility transfers. Note: Reflects estimated volume of 5 tests/day.
Central Maine Medical Center - Laboratory  300 Maine St.  Lewiston, ME 044240	Hospitals or clinical facility		245	0	Presurgical patients, ED patients, patient facility transfers. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on actual test volume from June 1 to July 8.
Mid Coast Hospital	Hospitals or clinical facility		7	0	Presurgical patients, ED patients, patient facility transfers. Note: actual PCR testing volume, including positive, negative, and

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123 Medical Center Dr, Brunswick, ME 04011					indeterminate results, per day based on actual test volume from June 1 to July 8, as well as estimated ID NOW volume of 5/day.
St Joseph's Bangor	Hospitals or clinical facility	Mayo, HETL, ALI	25	0	Inpatients, outpatients, SNFs or presurgical patients requiring negative results. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on the past week (July 3- July 9)
Cary Medical Center	Hospitals or clinical facility		16	0	Currently symptomatic inpatients but soon symptomatic outpatients and symptomatic LTCF residents. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on the past week.
VA ME HCS PLMA	Hospitals or clinical facility		14	0	Employees, Presurgical patients, Inpatients ,CLC, Symptomatic patients. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on the past week (July 3- July 9)
InterMed	Hospitals or clinical facility	Quest	28	20	Urgent care. Tier I patients, but are starting to test Tier II patients as well (asymptomatic



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					<p>contacts of positive patients, symptomatic patients &lt; 60 without comorbid conditions). Note: tiers are devised by InterMed. Note: for testing via Panther and Diasorin XL, focus is on Tier II and patients who need pre-surgical screening (not live as of writing). Note: tiers are devised by InterMed. Note: actual testing volume, including positive, negative, and indeterminate results, per day based on the past week (July 3- July 9)</p>
Greater Portland Health, 243 Oxford st, Portland Maine	Federally Qualified Health Center		5	0	People experiencing homelessness and/or loss to follow up. Note: Reflects estimated volume of 5 tests/day.
Northern Maine Medical Center, Ft. Kent	Hospitals or clinical facility	HETL, ALI, CMC	5		No targeted population. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on the past week (July 3- July 9)
Redington Fairview G. H.	Hospitals or clinical facility	NLL	15		High risk patients w/ symptoms; e.g. COPD, Oncology patients, immunocompromised patients, pts with uncontrolled diabetes, etc. Note: actual PCR testing volume, including positive, negative, and

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					indeterminate results, per day based on the past week (July 3- July 9)
Biocerna Labs			52		Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on actual volume from July 1-8.
Affiliated Laboratories Inc (Bangor)	Hospitals or clinical facility		373		Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on actual volume from July 1-8.
Bioreference Laboratories, Inc.	Commercial or private lab		8		Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on actual volume from July 1-8.
Bridgton Hospital	Hospitals or clinical facility		26		Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on actual volume from June 1 - July 8.
Concentra Urgent Care	Commercial or private lab		2		Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on the past week (July 3- July 9)

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PCHC, 992 Union Street suite J, Bangor, Maine 04401	Federally Qualified Health Center		5	0	People experiencing homelessness. Note: Reflects estimated volume of 5 tests/day.
Maine General Medical Center	Hospitals or clinical facility		76		Inpatients; patients prior to transfer to LTCF; presurgical. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on actual test volume from June 1 to July 8.
MDLAB	Commercial or private lab		1		Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on the past week (July 3- July 9)
Mako Laboratories and Mako Medical Laboratories	Commercial or private lab		143		Long-term care facility patients. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on the past week (May 20 – May 26)
Martin's Point (various sites)	Hospitals or clinical facility		4		Outpatients. Note: actual testing volume, including positive, negative, and indeterminate results, per day based on the past week (July 3- July 9)

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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)
Massachusetts Dept of Health	Public health lab		3		Maine residents who sought health care in MA. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on the past week (July 3- July 9)
New Hampshire Public Health Lab	Public health lab		4		Maine residents who sought health care in New Hampshire. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on the past week (July 3- July 9)
Rumford Community Hospital	Hospitals or clinical facility		16		Symptomatic inpatients. Note: actual PCR testing volume, including positive, negative, and indeterminate results, per day based on actual test volume from June 1 to July 8.

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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.**

a) The Maine CDC has undertaken a number of actions to significantly expand the state's testing capacity. Most recently, Maine CDC entered into a significant agreement with IDEXX to stand up a mobile laboratory on the site of our existing public health laboratory. This mobile laboratory will be dedicated entirely to COVID19 testing. The mobile laboratory is expected to go online in late-July 2020 or August 2020. The mobile laboratory will be brought online in stages. When fully operationalized, with three full-time shifts/day, the mobile laboratory will augment the State's existing capacity and provide for up to 25,000 tests/week. This increased demand will be used to provide testing for "Swab & Send" sites being stood up around the state, as well as nursing facility staff testing and potential testing of students who are returning to colleges, universities, and schools. In addition to this significant initiative, the State of Maine has also undertaken the following measures to expand testing: Executing a contract with IDEXX, including a loan from IDEXX for a KingFisher platform to the Health and Environmental Testing Lab, a donation of 3,000 tests, and Maine CDC purchasing a significant number of test kits from IDEXX. Maine CDC is also utilizing the Hologic Panther platform to perform higher throughput testing, including securing an agreement to purchase 5,000 tests, with the ability to reorder as needed. We have also distributed 15 Abbott ID Now platforms and several hundred test kits to FQHCs, hospitals, and clinics throughout the state with a focus on migrant workers and vulnerable populations, including people experiencing homelessness, people at a high risk of loss to follow up, and minority populations. We are utilizing existing PCR capability with (7) ABI 7500 Fast DX instruments and obtained another KingFisher testing platform. As noted earlier, Maine is also establishing 'Swab and Send' sites at multiple locations around the state with a focus on vulnerable populations. The intention behind the sites is to perform testing consistent with the State of Maine's Standing Order for COVID19 testing, issued on June 18, 2020. Maine is also working to fund rural hospitals to conduct testing in local communities. Maine CDC is lending a lower-throughput testing instrument (i.e., Qiagen platform) to rural health facilities to expand testing availability at a local level. From a staffing perspective, Maine CDC has redeployed numerous staff to quickly respond to the pandemic in Maine, and is using volunteers for contact tracing. We are contracting with a staffing company to hire up to 50 case investigators, and contract tracing enrollers and monitors to support Sara Alert, the web-based tool Maine has selected for contract tracing. We have also hired additional staff at the Health and Environmental Testing Lab (HETL), and plan to hire, very roughly, an additional 6-12 contracted staff for every additional 1000 tests conducted. HETL expanded hours of operation from 5 to 7 days a week with extended hours of operations, running 2 shifts daily M-F, with the possibility of adding a 3rd shift, if needed. HETL also purchased 2 freezers and 2 refrigerators for additional storage capacity of reagents and other lab consumables.

b) Vulnerable populations are a central focus of our testing strategy. Maine CDC has removed all 'tiers' or prioritizations for testing at its state public health lab, HETL, and also recommends universal testing for all congregate settings after a single case is identified. In addition, Maine CDC recently issued a Standing Order for COVID19 testing. The Standing Order expressly includes provisions covering populations such as migrant agricultural workers, individuals who work in settings that may place them

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in direct, daily contact with members of the public, and individuals who themselves be at an increased risk because of the nature of their potential exposures. This may include, for example, individuals whose housing conditions place them at an increased risk for respiratory viruses such as COVID19. In addition, Maine has focused on testing vulnerable populations, including people experiencing homelessness, by conducting universal testing of shelter residents, establishing contracts with local hotels for housing the homeless and other populations for isolation and quarantine, providing social services for these populations while isolated or quarantined, hiring a medical doctor/epidemiologist with experience with infectious disease outbreaks in vulnerable populations to connect COVID-19 cases to necessary social services, providing 15 Abbott ID NOW rapid test instruments to FQHCs, hospitals and clinics to address needs of vulnerable populations who may lack a health care provider or medical home. Maine CDC's decision to recommend universal testing in congregate living settings when one case (resident or staff) is identified is coupled with providing outbreak response teams to each congregate care facility outbreak, providing a recruitment specialist to congregate care facilities to locate and retain supplemental staff for facilities that experience staff shortages due to cases among staff, especially nursing homes, and working to procure PPE for staff working in congregate care settings. Since early in the COVID19 epidemic, Maine has been in frequent communication with tribal health centers and their leadership to provide assistance (where needed) and testing supplies. Maine has also focused on expanding testing to racial/ethnic minorities through partnerships with FQHCs and community-based organizations that serve those communities. As noted above, the combination of a Standing Order and "Swab and Send" sites makes testing more available to vulnerable populations. Maine CDC has also worked closely with an organization that serves populations of migrant agricultural workers to ensure their needs are met. Maine CDC has furnished that organization 2 (two) Abbott ID NOW platforms, as well as 146 test kits.

c) Maine significantly expanded its testing capacity with the acquisition of two additional high throughput platforms and a significant partnership with IDEXX to provide testing materials. In addition, and as noted above, Maine CDC is working with IDEXX to bring online a mobile testing unit adjacent to the existing public health laboratory, which unit will be devoted solely to COVID19 testing. With these resources, Maine CDC was able to remove the earlier prioritization of individuals necessitated by a lack of available tests nationwide and in Maine, and open testing up to anyone with a health care provider's order. We continue to search for avenues in which to expand capacity and better utilize existing capacity, specifically to increase demand for testing. In addition, HETL is making steady progress to implement iConnect's Lab Web Portal (LWP). APHL has selected LWP as the electronic test order and results (ETOR) portal for public health laboratories. LWP supports grant requirements to advance electronic implementation exchange and enhance collaboration between state epidemiology and laboratory groups. Crucially, LWP will allow the providers that send samples to HETL to electronically enter the patient metadata. This will help alleviate a constraint in our workstream. Providers will also be able to retrieve and print the reports for the submitted samples after our testing has been completed. This will eliminate the printing and faxing of the reports as is our current workflow. This enhancement to StarLims will lessen our administrative burden for Covid-19 testing. At this time, the principle barriers to expanded testing are (1) the availability of 'flocked' swabs for self-swabbing and (2) the availability of an additional ABI 7500 Fast DX device. On the former, Maine CDC has moved toward more widespread use of self-swabbing as a means to increase throughput at testing sites as well as reduce the PPE required. Per FDA, self-swabbing requires 'flocked' swabs, which are in high demand and thus, scarce. Maine CDC has attempted to procure flocked swabs and has encountered delays from

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manufacturers. Assistance on that front would be greatly appreciated. In addition, increasing testing capacity will require additional laboratory machinery. Specifically, Maine CDC is awaiting an additional ABI 7500 Fast DX device.

d)The lab community reports that, while they are starting to validate serology tests, they are waiting for a mandate from the US CDC on how best to use and interpret these tests. At present roughly 6.4% of all COVID-19 testing in Maine is via serology. Additionally, our plans have not changed from our May/June response - we continue to wait for guidance from US CDC. At this time, HETL has no plans to perform any serology tests for SARS CoV-2. Maine's hospital labs have validated multiple serology tests, but without clear interpretation guideline and statements addressing diagnostic value, these tests are not currently advertised to their medical staff. At present, Maine CDC is awaiting further guidance from US CDC regarding optimum use and interpretation of antibody testing before launching a full serology strategy.

e)Maine CDC maintains sentinel surveillance sites for influenza working primarily with primary health providers and hospitals. Since June, Maine CDC has worked with nursing facilities in Maine to conduct sentinel testing of staff. At present, a number of nursing facilities in Maine are conducting regular testing of all staff on a weekly or twice-monthly basis. Maine CDC is working with additional facilities to expand that testing. More recently, colleges and universities in the State of Maine have announced plans to test students, faculty, and staff as those groups return to campus in the fall. Colby College, located in Waterville, ME, has announced a plan to conduct 85,000 tests during the first semester of this upcoming school year. This plan entails multiple rounds of testing all members of the campus community, with arrangements for safe isolation for those who test positive. Similarly, the University of Maine system has announced plans to offer widespread COVID-19 testing at all seven of its campuses as students, faculty, and staff return this fall. Maine CDC will be working with these institutions, as well as other colleges, to plan for testing in the State. That is one reason we project a significant increase in testing volume statewide through the end of the year. We also intend to work with primary and secondary schools to incorporate testing, as needed and as requested by the Maine Department of Education, in partnership with Maine CDC.

f.) Maine CDC has implemented an emergency procurement process for sole sourcing entities in this declared extreme public health emergency, has stood up a streamlined review and approval process, including implementing a specialized prioritization for COVID related agreements and purchases, and has increased the credit line on the State procurement card to expedite purchases. In addition, Maine has entered into an exclusive agreement with IDEXX for numerous tests (5,000 weekly) on an ongoing basis. Maine has also entered into an agreement with Hologic to receive numerous tests (5,000 initially) for the Panther platform, bringing the total test capacity at HETL to 7,000 tests per week. HETL continues to regularly procure supplies, reagents, and other collection material as needed with the streamlined procurement processes noted above. For hiring and on-boarding of new staff, Maine has a multi-pronged approach including the re-deployment of dozens of Maine CDC and other state staff to assist with administrative tasks related to testing, entering of metadata, conducting case investigations and contact tracing, scheduling, and training. Maine is hiring additional contracted staff through an accelerated request for quote (RFQ) bidding process with staffing agencies. The staffing agency that won the bid through the RFQ process can hire up to 124 individuals in 7-11 different types of positions, all of which support the public health agency's efforts to conduct timely case investigations and contact tracing. This includes hiring enrollers and monitors for tracking close contacts in the SARA ALERT

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system, bringing on project managers to manage a greatly increased+B1 workforce and cases, informatics and logistics experts, and others to support increased testing and entering of metadata.



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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		6							6
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	6	1	0	0	0	0	0	7

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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	10,000	60,000	120,000	140,000	145,000	140,000	140,000	755,000
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels <sup>++</sup>	0	10,000	60,000	120,000	140,000	145,000	140,000	140,000	755,000

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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	10000	OPTI: 500/day	OPTI: 2000/day	OPTI: 3500/day	OPTI: 3500/day	OPTI: 3500/day	OPTI: 3500/day	10000
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	0	0	0	0	0	0	0

\* 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.