

# ELC ENHANCING DETECTION: NEW YORK TESTING PLAN

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

Jurisdiction:	New York
Population Size:	11,000,000

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

The aim of the grant is to, at minimum, achieve a diagnostic testing capacity of 220,000 tests/month which is 2% of the upstate population (excluding New York City (NYC)) and to increase that number as needed. NYS is currently performing an average of 50,000 diagnostic tests per day, and proportionally, 29,000 diagnostic tests per day outside of NYC. This represents approximately 8.0% of the upstate population tested with diagnostic analyses per month. The NYS Department of Health (NYSDOH) has and will continue to operate a robust testing program that will be scaled based on need. With the surge of COVID-19 cases in April 2020, NYS responded quickly by increasing the scale and scope of testing and these efforts continued through June despite the cases of COVID-19 declining. NYS has positioned itself, through the activities described below, to increase testing rapidly to respond quickly to increased incidence of disease as well as to continue to perform surveillance of vulnerable populations and the general public. While the NYSDOH will continue to implement diagnostic testing that surpasses 2% of the upstate population, the current diagnostic testing rate (8%) may decline in the future if disease incidence continues to decline, but NYSDOH will ensure that at least 2% of the upstate population continues to be tested for the duration of the award (or as directed by the CDC). In addition, to date, the NYSDOH has performed sero-surveys in multiple geographic areas of the state covering over 57,000 individuals. NYS may perform additional periodic sero-surveys, depending on the way in which the pandemic evolves. The NYS testing plan is described below.

(a) MAXIMIZE TESTING (a)(1) The NYSDOH is using a multifaceted approach to maximize testing capacity for COVID-19. The laboratories involved include NYSDOH's Wadsworth Center (WC) as well as hospital and commercial laboratories. Since WC received authorization from the FDA under an EUA for real-time PCR on February 29, 2020, the WC has validated multiple nucleic acid extraction methods and specimen types. WC has itself performed diagnostic testing on over 92,000 specimens using the NYS FDA-EUA authorized assay and the CDC FDA-EUA authorized semi-automated assay. WC also uses the Cepheid XpertXpress for high priority assays that require a rapid turn-around-time and the NeuMoDx platform for a high throughput sample-to-answer system. (a)(2) Additionally, in March 2020, the FDA approved NYS to use its regulatory review process to authorize the State's public and private labs to begin manual, semi-automated, and automated diagnostic testing for COVID-19. (a)(3) NYS has provided potentially high-volume laboratories with equipment (7500 Fast PCR platforms, EZ1 extraction systems), supplies (extraction kits, PCR primers and probes, negative and positive controls), and technical assistance. In conjunction with the Office of Emergency Management, NYS has provided over 1.3 million collection kits to drive through sites and counties since the beginning of March 2020. To mitigate the shortage of viral transport medium (VTM), the NYSDOH arranged for a local private manufacturing company (Regeneron) to produce 500,000 vials of VTM. (a)(4) NYS had deployed the Abbott rapid assay in nursing homes to test employees, but they were temporarily pulled in view of subsequent guidance from the FDA. This equipment was redistributed in June to specific hospitals identified through a NYSDOH electronic survey assessing laboratory capacity that showed these facilities were in need of equipment and reagents to perform testing. (a)(5) In order to provide additional capacity, the NYSDOH has initiated a major

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contract for both molecular diagnostic testing as well as serology testing with a commercial laboratory (BioReference) to support testing from the drive-through sites. With this award, NYSDOH will continue to use contractual partnerships to support testing needs and ensure adequate capacity. (a)(6) In addition, NYS has paired seven commercial labs with specific nursing homes in order to support, at minimum, weekly testing of staff.

(b) INCREASE NUMBER OF TESTING LABORATORIES AND NON-TRADITIONAL SITES: (b)(1) NYS is a CLIA-exempt state and has a lab oversight program, the Clinical Laboratory Evaluation Program (CLEP), that regulates all labs performing testing on samples collected in NYS. CLEP has been very active in working with additional labs that want to on-board COVID-19 testing and permits them when they are appropriate. As of April 19, 2020, there were 217 labs that were approved for COVID-19 testing and as of May 21, 2020, there were 355. (b)(2) In addition, NYS has passed an Emergency Order permitting pharmacists, for the duration of the pandemic, to collect specimens and perform tests using FDA-EUA authorized waived tests. (b)(3) NYSDOH plans to increase capacity of testing laboratories through strong support of two local public health labs in upstate NY (Erie County) and downstate NY (Westchester County). (b)(4) NYSDOH also plans to further establish additional testing locations in non-traditional settings such as pharmacies, faith-based organizations, and drive-through and walk-through clinics in rural areas and other underrepresented areas. (b)(5) With respect to sample collection, there are hundreds of sample collection sites across NYS including sites run by the State and others operated by local governments, private companies including health care facilities (hospitals, urgent care, and primary care facilities), pharmacies, not-for-profit organizations, and others. These sample collection facilities are dynamic and cover all counties of the state and include rural and urban communities to increase accessibility. New test sites are deployed when needs arise in a given area/population. The public is provided an online resource to find the closest sampling collection locations at <https://coronavirus.health.ny.gov/find-test-site-near-you>. Further, the NYSDOH has deployed diagnostic sample collection teams to specific locations and facilities based on COVID-19 incidence, especially in congregate (occupational and living) settings when the risks of exposure are significant. Collectively, these activities will continue to be expanded and scaled through the support of the ELC award and based on need with particular focus on vulnerable populations and underserved communities and minorities. Please note, table #1B captures the NYSDOH run drive-through sample collection sites, WC laboratory, BioReference laboratory who is under contract to perform diagnostic and serology testing for the State, and a list of upstate counties (excluding NYC) and their average number of individuals tested per day to reflect throughput. In NYS, commercial laboratories, clinical laboratories, and non-traditional sites performing COVID-19 testing must electronically report test results to the NYSDOH via the Electronic Clinical Laboratory Reporting System (ECLRS); these data are monitored daily and in general, around 200 laboratories are performing diagnostic tests and around 100 laboratories are performing serology tests on a given day. This laboratory capacity along with hundreds of sample collection sites support the robust testing performed in NYS.

(c) STRATEGY FOR SEROLOGY TESTING: (c)(1) The WC has developed three NYS CLEP-approved serology assays: (1) a microsphere-based total antibody immunoassay using the SARS-2-CoV N protein as antigen and blood collected by a venipuncture as the specimen source, (2) an equivalent high throughput IgG assay using blood obtained from a finger stick and collected on filter paper as a blood spot, and (3) a virus neutralization assay using isolate USA-WA1/2020 and Vero E6 cells. Assays #1 and #3 are used to qualify potential plasma donors in collaboration with other NYS institutions. Assay #2 has been used in multiple mobile sero-surveys in both specific and random populations around NYS. As of mid-June, NYS

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has surveyed 15,883 patrons of grocery stores, 2,268 first responders, 8,361 health care workers, and 18,168 others including essential State employees and other community members. It is the NYSDOH's intention to continue to perform sero-surveys using the bloodspot-based assay in both specific and random populations to monitor whether or not seroprevalence in the population is increasing. In addition, a commercial laboratory, under contract with the NYSDOH is providing serology testing to a broader population. All serology results are captured by NYS's reporting system. (c)(2) NYSDOH plans to stand up fixed sites for serology-based testing to assist with health care worker testing, back to work initiatives, and other public health related testing. NYSDOH will increase serology testing, as needed, in community-based settings, vulnerable populations, underserved communities and minorities, and other populations such as incarcerated individuals, migrant workers, and those in rural settings.

(d) COMMUNICATION AND OUTREACH to the broader testing community occurs at multiple levels.

(d)(1) Beginning on May 27, 2020, all labs reporting COVID-19 testing results to the NYSDOH are required to complete an electronic survey regularly (currently weekly) to provide equipment, platform, and capacity information to the NYSDOH. The NYSDOH evaluates the information to track throughput to maximize use and to identify and address (where possible) challenges (platform and supply needs, shortages, etc). This real-time monitoring and tracking of capacities and barriers will position the NYSDOH to rapidly respond to surges in COVID-19 incidence. (d)(2) Both WC SMEs and the regulatory program SMEs will regularly communicate with the testing laboratories by phone and email to trouble shoot technical problems and resolve regulatory issues. (d)(3) NYSDOH will continue to provide a weekly webinar with health care providers during which a testing update will be provided. (d)(4) Guidance documents for sampling and testing stakeholders as well as the general public will continue to be updated regularly and provided on the NYSDOH website. (d)(5) The NYSDOH will maintain several COVID-19-specific BMLs to which labs can send questions that are forwarded to SMEs for a response.

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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*	220,000	220,000	220,000	220,000	220,000	220,000	220,000	220,000	1,760,000
Serology	220,000	220,000	220,000	220,000	220,000	220,000	220,000	220,000	1,760,000
TOTAL	440,000	440,000	440,000	440,000	440,000	440,000	440,000	440,000	

\*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)
Albany	Drive-thru testing site	BioReference	1,000		General population
Binghamton	Drive-thru testing site	BioReference	1,000		General population
Bronx site 1	Drive-thru testing site	BioReference	1,000		General population
Bronx site 2	Drive-thru testing site	BioReference	1,000		General population

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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)
Brooklyn	Drive-thru testing site	BioReference	1,000		General population
Erie	Drive-thru testing site	BioReference	1,000		General population
Glen Island	Drive-thru testing site	BioReference	1,000		General population
Nassau	Drive-thru testing site	BioReference	1,000		General population
Niagara	Drive-thru testing site	BioReference	1,000		General population
Queens	Drive-thru testing site	BioReference	1,000		General population
Rochester	Drive-thru testing site	BioReference	1,000		General population
Rockland	Drive-thru testing site	BioReference	1,000		General population
Suffolk	Drive-thru testing site	BioReference	1,000		General population
Staten Island	Drive-thru testing site	BioReference	1,000		General population

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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)
Utica/Rome	Drive-thru testing site	BioReference	1,000		General population
Wadsworth Center	Public health lab		1,500	8,000	Populations in nursing homes, adult care homes, prisons, health care facilities, congregate living settings, a variety of critical outbreak settings, first responders, and general population
BioReference (31D0652945)	Commercial or private lab		18,100	2,800	Populations in nursing homes and other settings, general population. (The through-put was based on a 6-day average. For diagnostic testing, daily through-put varies with some days exceeding 25,000 samples analyzed.)
Albany County Wide	Other		749	190	General population and targeted. Sample collection sites include hospitals and associated clinics, urgent care facilities, physician offices and health care centers; community based facilities, pharmacies, retail stores, etc
Allegany County Wide	Other		120	6	Same as above

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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)
Broome County Wide	Other		776	53	Same as above
Cattaraugus County Wide	Other		248	43	Same as above
Cayuga County Wide	Other		278	48	Same as above
Chautauqua County Wide	Other		400	58	Same as above
Chemung County Wide	Other		248	32	Same as above
Chenango County Wide	Other		227	10	Same as above
Clinton County Wide	Other		275	38	Same as above
Columbia County Wide	Other		188	47	Same as above
Cortland County Wide	Other		163	16	Same as above
Delaware County Wide	Other		155	19	Same as above

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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)
Dutchess County Wide	Other		900	362	Same as above
Erie County Wide	Other		2,357	1,393	Same as above
Essex County Wide	Other		127	41	Same as above
Franklin County Wide	Other		168	49	Same as above
Fulton County Wide	Other		176	18	Same as above
Genesee County Wide	Other		159	28	Same as above
Greene County Wide	Other		107	33	Same as above
Hamilton County Wide	Other		13	4	Same as above
Herkimer County Wide	Other		317	32	Same as above
Jefferson County Wide	Other		261	15	Same as above



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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)
Lewis County Wide	Other		80	2	Same as above
Livingston County Wide	Other		152	14	Same as above
Madison County Wide	Other		201	33	Same as above
Monroe County Wide	Other		2,443	154	Same as above
Montgomery County Wide	Other		207	17	Same as above
Nassau County Wide	Other		4,217	4,302	Same as above
Niagara County Wide	Other		543	192	Same as above
Oneida County Wide	Other		953	153	Same as above
Onondaga County Wide	Other		1,520	409	Same as above
Ontario County Wide	Other		287	24	Same as above

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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)
Orange County Wide	Other		844	576	Same as above
Orleans County Wide	Other		101	14	Same as above
Oswego County Wide	Other		328	41	Same as above
Otsego County Wide	Other		155	28	Same as above
Putnam County Wide	Other		262	231	Same as above
Rensselaer County Wide	Other		338	65	Same as above
Rockland County Wide	Other		867	1,055	Same as above
Saratoga County Wide	Other		488	137	Same as above
Schenectady County Wide	Other		486	83	Same as above
Schoharie County Wide	Other		50	16	Same as above

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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)
Schuyler County Wide	Other		50	4	Same as above
Seneca County Wide	Other		111	18	Same as above
St. Lawrence County Wide	Other		307	35	Same as above
Steuben County Wide	Other		166	13	Same as above
Suffolk County Wide	Other		4,509	3,381	Same as above
Sullivan County Wide	Other		172	71	Same as above
Tioga County Wide	Other		129	11	Same as above
Tompkins County Wide	Other		295	52	Same as above
Ulster County Wide	Other		583	206	Same as above
Warren County Wide	Other		183	32	Same as above

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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)
Washington County Wide	Other		213	18	Same as above
Wayne County Wide	Other		315	12	Same as above
Westchester County Wide	Other		3,220	2,342	Same as above
Wyoming County Wide	Other		95	31	Same as above
Yates County Wide	Other		79	4	Same as above

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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 NYSDOH will continue to operate a robust testing program and ensure that, at minimum, diagnostic testing is performed on 2% of the NYS upstate population on a monthly basis. This goal, as NYS gradually re-opens will be achieved by (1) maintaining current testing strategies, (2) intensifying contact tracing, comprehensively monitoring, and testing contacts of infected persons, and (3) ensuring that the most vulnerable populations and underserved communities are tested. The purpose is to ensure that the R0, the measure of the number of people an infected person will transmit the virus to, is maintained at less than one. NYSDOH will accomplish this in the following multicomponent manner:

(a)(1) MAXIMIZE CAPACITY AND ACCESS AND OPTIMIZE TESTING: In addition to utilizing multiple platforms, the WC has developed and continues to explore alternate methods for sample collection to streamline collection and enhance convenience and accessibility. WC developed a new, less intrusive test for COVID-19 that is completed through a saliva sample or alternately, a self-administered short nasal swab in the presence of a health care professional. Additionally, health care professionals can self-administer the test without another health care professional present. Private companies, academic institutions, and medical facilities continue to coordinate with the NYSDOH for guidance to discuss proposed new methods of sample collection and testing (including pooling strategies). The NYSDOH will continue to engage stakeholders to facilitate the expansion of sampling and testing options. With respect to equipment, WC is requesting funds to purchase a Cepheid GeneXpert Infinity System to increase high throughput testing capacity. (a)(2) INCREASE TESTING SITES: NYS is a CLIA-exempt state and has a lab oversight program, the Clinical Laboratory Evaluation Program (CLEP), that regulates all labs performing testing on samples collected in NYS. CLEP has been very active in working with additional labs that want to on-board COVID-19 testing and permits them when they are appropriate. As of April 19, 2020, there were 217 labs that were approved for COVID-19 testing and as of May 21, 2020, there were 355. In addition, NYS has passed an Emergency Order permitting pharmacists, for the duration of the pandemic, to collect specimens and perform tests using FDA-EUA authorized waived tests. In addition, support will be provided to two County Laboratories in impacted areas of the state, to enhance their capacity for testing. (a)(3) CONTACT TRACING: NYS has established a contact tracing work force of over 4,000 individuals using both local health department and contract staff and is working closely with the 57 counties to ensure that all contacts of PCR-confirmed infected persons are contacted, placed in quarantine, monitored for the development of symptoms, and tested as needed. Based on contact tracing investigations, the NYSDOH has deployed diagnostic sample collection teams to specific locations and facilities, especially in congregate (occupational and living) settings when the risks of exposure are significant. The NYSDOH is expanding this contact tracing work for the general public and within nursing homes and adult care facilities. (a)(4): DRIVE-THROUGHS: NYS maintains fifteen regional drive-throughs as testing sites. Drive-through sampling sites are a critical part of the program to test for COVID-19. These facilities reduce density and the potential for spread by keeping people who are sick or at risk of having contracted coronavirus out of healthcare facilities where they could infect other people. Drive-through testing sites will be expanded as needed based on burden of disease and local need.

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(b) TESTING FOR VULNERABLE AND AT RISK POPULATIONS. The Governor has required that all residents of NYS nursing homes be tested and that nursing home employees also be tested, at minimum, weekly. NYS has been divided into two regions: upstate and downstate. Downstate testing of nursing home residents is being performed under contract with a commercial laboratory and testing in upstate counties is provided by WC. To support testing of staff, the State has paired seven commercial labs with specific nursing homes. Beginning in June 2020, systemic testing is underway in Adult Care Facilities. Additionally, WC is testing samples from non-traditional submitters including correctional facilities and adult and group homes. As NYS re-opens, additional high-risk settings will be subject to additional COVID-19 testing requirements, as needed. High risk settings and populations will be identified through contact tracing, sentinel surveillance, local health departments communications, community partners, and other sources. The NYSDOH is also collaborating internally across programs and with other State agencies to identify and reach at risk populations to provide education and information about/access to COVID-19 testing as needed. For example, the NYSDOH will explore through its AIDS Institute, using the broad network of community-based services and facilities to reach additional populations (including at risk populations and communities of color). To assist with sample collection in facilities and other settings, the NYSDOH has and will continue to use a combination of personnel, contracted nurses, the National Guard and local health department staff to build the workforce for timely and high-volume collection. To successfully reach limited or non-English speaking individuals and populations, the NYSDOH regularly translates public information and outreach materials related to COVID-19 in numerous languages and has made accommodations to provide bilingual representatives (or interpretation services) to support contact tracing, testing and outreach activities in the field. These activities will continue.

(c) OVERCOMING BARRIERS: (c)(1) TRANSPORT of specimens to the WC has been a crucial issue because of the importance of maintaining a short turnaround time. NYSDOH has established a highly coordinated Critical Specimen Transport System, including State and local Police, to support this logistical function and has been crucial in its success. With this award, a courier service will be pursued to sustain this critical need for rapid transport of specimens to WC. (c)(2) Laboratory Information Management System (LIMS): At the WC, this experience has identified gaps in our current accessioning and laboratory information management system (LIMS) that limit efficiency. The pandemic has exposed the need for a patient portal to allow rapid access of test results to the public and avoid the overwhelming burden of requests for test results and reports that has occurred to date. The WC plans to enhance our current system to allow for easier upload of test requests and reporting of laboratory results. WC also needs to establish automatic processes for the upload of laboratory data into our LIMS from the numerous new testing platforms that we have obtained to be able to manage the test data. (c)(3) REPORTING: NYS Public Health Law (PHL) requires laboratories that perform tests for screening, diagnosis, or monitoring of COVID-19 to report all results, including positive, negative, and indeterminate results through the Electronic Clinical Laboratory Reporting System (ECLRS). Laboratories can report to ECLRS through HL7 interfaces, flat file uploads, and manual data entry through the ECLRS web interface. Labs are required to report test type, specimen source, full patient address, phone, sex, race, and ethnicity. Large commercial labs must instruct their clients that patient demographic information is required in the order request. Efforts have been made to improve reporting, and with the ELC award, the NYSDOH will work to enhance, expand and streamline numerous aspects of data collection and reporting. (c)(4) MONITORING STATUS: Beginning on May 27, 2020, all labs reporting COVID-19 testing results to the NYSDOH are required to complete an electronic survey regularly (currently weekly) to monitor

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equipment, platforms, and capacities. The NYSDOH evaluates the information to track throughput to maximize use and to identify and address (where possible) challenges (platform and supply needs, shortages, etc). (c)(5) COMMUNICATION: Both WC SMEs and the regulatory program SMEs will regularly communicate with the testing laboratories by phone and email to trouble shoot technical problems and resolve regulatory issues.

(d) STRATEGY FOR SEROLOGY TESTING: (d)(1) WC has developed three NYS CLEP-approved serology assays: (1) a microsphere-based total antibody immunoassay using the SARS-2-CoV N protein as antigen and blood collected by a venipuncture as the specimen source, (2) an equivalent high throughput IgG assay using blood obtained from a finger stick and collected on filter paper as a blood spot, and (3) a virus neutralization assay using isolate USA-WA1/2020 and Vero E6 cells. Assays #1 and #3 are used to qualify potential plasma donors in collaboration with other NYS institutions. Assay #2 has been used in multiple sero-surveys in both specific and random populations around NYS. As of mid-June, 15,883 patrons of grocery stores, 2,268 first responders, 8,361 health care workers, and 18,168 others including essential State employees and other community members have been tested. It is the NYSDOH intention to continue to perform sero-surveys using the bloodspot-based assay in both specific and random populations to monitor whether or not seroprevalence in the population is increasing. With the ELC award, WC is requesting funding to purchase 3 Panthera punchers plus a stabilized table on which to place them to increase throughput capacity for the bloodspot assay. In addition, a commercial laboratory, under contract with the NYSDOH is providing serology testing to a broader population. With this award, the NYSDOH will continue to use contractual partnerships (contract laboratories) to support testing needs in the general population. All serology results are captured by NYS's reporting system.

(e) PLAN FOR RESOURCE UTILIZATION: (e)(1) Beginning on May 27, 2020, all labs reporting COVID-19 testing results to the NYSDOH are required to complete an electronic survey regularly to provide equipment, platform, and capacity information to the NYSDOH. This information allows the NYSDOH to re-direct testing if one particular lab is overwhelmed and to re-direct supplies to support a critical testing need including high risk outbreaks and surveillance in vulnerable populations. (e)(2) The NYSDOH will build on existing reporting systems and activities used for sentinel surveillance of the flu to expand and perform sentinel surveillance for COVID-19. This will provide another surveillance mechanism to inform decision making related to sampling needs and public health interventions for specific populations or areas including but not limited to underserved communities and minorities. (e)(3) The WC is evaluating pooling methodologies as a way of conserving reagents when testing in a low prevalence population. (e)(4) The WC is working with the CDC on the evaluation of the SARS-CoV-2/influenza multiplex assay.

(f)(1) NYSDOH PLAN TO EXPEDITE PROCESSES: (f)(1) The funds will be managed through the NYSDOH's sister organization, Health Research, Inc. (HRI). HRI is an independent, private, not-for-profit corporation qualified under sec. 501(c)(3) of the IRS Code. It is legally recognized by NYS as a "Research Institute" and a "State Affiliated Corporation" in State Finance Law (Section 53-a, State Finance Law). HRI's primary purpose is to provide a vehicle through which scientists and public health professionals can successfully compete for extramural grants to support public health programs. Clients include NYSDOH, Roswell Park Cancer Institute, and related outside organizations, both public and private. The flexibility, speed, and expertise provided by HRI are essential in attracting and securing this external grant funding in a highly competitive environment. HRI is an active partner with the ability to quickly recruit and hire qualified candidates and to execute contracts to assist its clients to carry out public health initiatives.

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(f)(2) In addition, the NYSDOH will working closely with the Office of Emergency Management within the Department of Homeland Security and Emergency Services to purchase and transport supplies, reagents, test kits, and collection materials.



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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	0	17	16	15	0	0	0	0	48
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)	TBD	TBD	1 Cepheid GeneXpert Infinity platform	NA	NA	NA	NA	NA	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>	100,000	100,000	500,000 additional (total is 2,000,000)	500,000	500,000	500,000	500,000	500,000	2,700,000
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels <sup>++</sup>	100,000	100,000	875,700 additional (total is 2,000,000)	875,700	875,700	875,700	875,700	875,700	4,578,500

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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)	8,000 tests per day, Multiple Platforms	8,000 tests per day, Multiple Platforms	8,000 tests per day, Multiple Platforms	8,000 tests per day, Multiple Platforms	8,000 tests per day, Multiple Platforms	8,000 tests per day, Multiple Platforms	8,000 tests per day, Multiple Platforms	8,000 tests per day, Multiple Platforms	
FOR SEROLOGIC TESTING									
Number of additional* equipment and devices to meet planned testing levels	3 Perkin Emer Panthera punchers	NA	NA	NA	NA	NA	NA	NA	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)	2,000 blood spots, antibodies, Luminex beads	2,000 blood spots, antibodies, Luminex beads	2,000 blood spots, antibodies, Luminex beads	2,000 blood spots, antibodies, Luminex beads	2,000 blood spots, antibodies, Luminex beads	2,000 blood spots, antibodies, Luminex beads	2,000 blood spots, antibodies, Luminex beads	2,000 blood spots, antibodies, Luminex beads	

\* 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.