

2020 Overarching Jurisdictional SARS-COV-2 Testing Strategy

Jurisdiction:	CNMI
Population Size:	55,000

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

In 1978, the CNMI Department of Public Health was formed under the executive branch of government. Over the next thirty years it came to operate the sole hospital and emergency department, provide 90% of outpatient care to the residents, maintain one of two dialysis centers on island and provide all behavioral, environmental, population health services. Our unique organizational structure allows us to focus on both public health and clinical care for the same target population.

a) In response to the Governor’s COVID-19 Task Force, the CNMI COVID-19 testing strategy is multiprong. We utilize high throughput machines, DialPlexQ Solgent and ABI 7500 Fast Dx, to support large scale testing in the community at locations such as our drive-thru airport testing. In addition, we utilize GeneXpert for rapid testing of smaller groups as part of our port of entry screening protocol, which is also implemented as a directive from the Governor. Lastly, we utilize the Abbott ID NOW as point of care in the hospital and outpatient settings.

b) Owing to the Governor’s Task Force testing strategy, our approach to offer nontraditional testing includes drive-thru testing at the Saipan International Airport, Rota International Airport as well as our Tinian and Rota Health Centers, and Hemodialysis Center. Due to our integrated healthcare system delivery, and the need for appropriate biosafety protection, our strategy maximizes strategically situated testing locations on island which are linked to our primary laboratory processing site, CHCC Laboratory, the only CLIA approved laboratory in the CNMI. We are continuously assessing for additional testing sites, however, with limited laboratory and clinical workforce, it is more efficient for CHCC to maximize staff time with respect to setting up testing locations and also specimen collection by utilizing fixed locations.

c) While we are extremely interested in implementing FDA approved serological testing for COVID, unfortunately after contacting the manufacturer, Abbott/Alere, we were informed that as a Territory/Commonwealth we are ineligible to receive or procure necessary platforms for antibody testing. As our data suggests our curve has flattened, we would greatly appreciate intervention with this U.S. manufacturer to allow CHCC to obtain this testing platform as it would provide us with data of previous infections. These data would improve our contact tracing and response efforts.

d) CHCC maintains a healthcare coalition which is a partnership between the private healthcare community and CHCC. The healthcare coalition has been instrumental in previous times of disaster such as Super Typhoon Yutu. The Governor’s COVID-19 Task Force has supplemented the healthcare coalition with additional private community stakeholders representing many businesses especially the vast hotel industry which is key to our tourism economy. Through the Governor’s Task Force, we brought these partners together to support testing needs especially for

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their employees as they plan to return to normal strategy. Specially for private providers, CHCC through our routine care transition meeting interact with providers to assess their status of swab, PPE's, and staffing to support their testing of staff and patients.

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*	3,100	3,255	3,418	3,589	3,768	3,956	4,154	4,362	29,602
Serology	0	0	0	0	0	0	0	0	0
TOTAL	3,100	3,255	3,418	3,589	3,768	3,956	4,154	4,362	

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)
CHCC	Hospitals or clinical facility		188	0		Elderly, disabled, home health visiting, prisons, healthcare workers, and government/business workers
CHCC	Hospitals or clinical facility		15	0		PUI's, healthcare workers with symptoms, inbound/outbound travelers, hospital bound/clinic/pre surgery/hemodialysis patients

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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)
CHCC	Hospitals or clinical facility		10	0		PUI's, healthcare workers with symptoms, inbound/outbound travelers, hospital bound/clinic/pre surgery/hemodialysis patients

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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.

In 1978, the CNMI Department of Public Health was formed under the executive branch of government. Over the next thirty years it came to operate the sole hospital and emergency department, provide 90% of outpatient care to the residents, maintain one of two dialysis centers on island and provide all behavioral, environmental, population health services. Our unique organizational structure allows us to focus on both public health and clinical care for the same target population.

a) As the sole island base laboratory for the CNMI, CHCC, in response to the Governor's COVID-19 testing strategy is leading the implementation of plans to expand testing capability. Initially during the month of March 2020, we could only utilize off island testing locations, initially in the CDC Atlanta, then the State of Hawaii Public Health Laboratory, and finally closer to home at Guam Public Health Laboratory. Beginning in April 2020, we began the steps towards establishing high throughput for the community as a surveillance testing tool. We began with one platform (DialPlexQ Solgent) and have expanded to a total of three platform with the inclusion of the GeneXpert and Abbott ID NOW. We will be adding our fourth and fifth platforms - Biofire, ABI 7500 Fast Dx - in June 2020. We have been able to achieve these expansions through support from the ELC laboratory funding, CDC IRR and WHO. Increasing the throughput of COVID-19 testing, CHCC considering procuring Cepheid GeneXpert Infinity 48 to meet anticipated increase in testing demand by tourist and residents traveling off island.

b) Through the Governor's COVID-19 Task Force and in partnership with other government agencies and the CHCC healthcare coalition, we have established a testing strategy focused on populations at risk in the CNMI. These include the elderly, disabled, home health visiting, prisons, healthcare workers, government, and business workers. These at risks populations will be prioritize through the provision of in-home/facility testing.

c) As a sole provider of testing in the CNMI, along with vast geographical from the U.S. mainland, our most pervasive challenge is a consistent supply chain for testing reagents and consumables. We have been able to outcome this challenge with bulk procurement however this creates other challenges such as storage, inventory and expiration tracking. We have established management tools to track our daily consumption, which allows us to be more efficient with procurement.

d) While we are extremely interested in implementing FDA approved serological testing for COVID, unfortunately after contacting the manufacturer, Abbott/Alere, we were informed that as a Territory/Commonwealth we are ineligible to receive or procure necessary platforms for antibody testing. As our data suggests our curve has flattened, we would greatly appreciate intervention with this U.S. manufacturer to allow CHCC to obtain this testing platform as it would provide us with data of previous infections. These data would improve our contact tracing and response efforts.

e) We have established management tools to track our daily consumption, which allows us to forecast our testing needs and plan accordingly for conducting testing across multiple target audiences including community testing, facility-based testing, vulnerable populations. Currently, the Governor's COVID-19

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Task Force strategy is focus on community testing mostly on residents, our strategy will be revised as the Task Force considers opening our borders to tourist.

f) Given workforce recruitment is challenging in our location we have resorted to short term recruitment strategies such as partnering with CDC foundation, requesting laboratory staff through activation of our EMAC, temporary support from DOD and other regional partners. Our HR Department maintains an open continuous posting for specialty laboratory personnel such as Microbiologist. Our laboratory team maintains tracker to monitor use of reagents test kits, collection materials, and other consumables to resupply our supply chain and to accommodate for longer lead times than experienced in the U.S. mainland.

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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	4	0	0	0	0	0	0	0	4
FOR DIAGNOSTIC TESTING									
How many additional* testing equipment/devices are needed to meet planned testing levels? (provide an estimated number, and include platform details in narrative above)	0	0	0	0	0	1	0	0	1
Volume of additional swabs needed to meet planned testing levels ⁺⁺	0	500	525	551	579	608	638	670	4,071
Volume of additional media (VTM, MTM, saline, etc.) needed to meet	0	500	525	551	579	608	638	670	4,071

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BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
planned testing levels ⁺⁺									
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	500/mo- GeneXpert	525/mo- GeneXpert	551/mo- GeneXpert	579/mo- GeneXpert	608/mo- GeneXpert	638/mo- GeneXpert	670/mp- GeneXpert	
FOR SEROLOGIC TESTING									
Number of additional* equipment and devices to meet planned testing levels	0	4	0	0	0	0	0	0	4
Volume of additional reagents needed to meet planned testing levels, by testing unit and platform (i.e. 100K/day - Hologic panther;	0	500/mo- Abbott IGg	525/mo- Abbott IGg	551/mo- Abbott IGg	579/mo- Abbott IGg	608/mo- Abbott IGg	638/mo- Abbott IGg	670/mo- Abbott IGg	

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BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
100k/day - Thermofisher)									

* 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.