

# ELC ENHANCING DETECTION: NEW MEXICO TESTING PLAN

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

Jurisdiction:	New Mexico
Population Size:	2,100,000

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

#### Section I: 2020 Overarching Jurisdictional SARS-CoV-2 Testing Strategy

1. Describe the overarching testing strategy in your state or jurisdiction. This document updates New Mexico's May 30, 2020 submission to CDC that outlined New Mexico's testing accomplishments and plans for May and June 2020 and does not repeat the background and context described there.

In order to perform surveillance and epidemiologic analyses aimed at decreasing the incidence and prevalence of SARS-CoV-2 infection in New Mexico and informing ongoing response efforts, New Mexico has developed a testing plan that will: (1) build a sustainable testing capability for both nucleic acid amplification testing (NAAT) and serum antibody testing; (2) implement robust testing and surveillance in diverse urban, rural and tribal communities that prioritize New Mexico populations most vulnerable to COVID-19; and (3) monitor the disease trajectory and provide data and inform modeling to enable New Mexico to target its testing to contain SARS-CoV-2, avoid overwhelming our health care system, and save lives until a vaccine is widely distributed. New Mexico's testing plan is tied directly to the state's work to dramatically increase its case investigation, contact tracing and containment capabilities. Effective early identification of cases on a population basis will allow New Mexico to further open our economy and society while protecting the population from the threat of continuing expansion of SARS-CoV-2 infection.

The New Mexico Department of Health (NMDOH) operates a centralized statewide public health system, which enables it to coordinate the public health response to COVID-19 and effectively execute the strategies outlined in this plan. Three divisions of NMDOH are coordinating New Mexico's public health response: (1) the Public Health Division (PHD), which has staff located throughout the state and has extensive experience in infectious disease control, is leading statewide testing efforts; (2) the Scientific Laboratory Division (SLD), which is ultimately responsible for laboratory diagnostics which aid in identifying conditions of public health significance and outbreaks that may impact the public, is leading the state's COVID-19 laboratory testing work in partnership with other public and private laboratories; and (3) the Epidemiology and Response Division (ERD) is leading surveillance, case investigation, contact tracing, data analytics, research and reporting efforts. NMDOH staff, including those with clinical licenses, epidemiologists, disease prevention specialists and others coordinate investigations with employees of other state and local agencies, healthcare personnel, Indian Health Service (IHS), and tribal nations and agencies that serve them.

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NMDOH has created a Medical Advisory Team (MAT) that consists of over 170 clinicians, research scientists, DOH leadership and other experts to advise on a wide variety of topics and approaches during the pandemic. The MAT has developed extensive resources for clinicians and the general public and developed -- and continues to monitor -- the gating criteria used by the Governor and NMDOH to determine when and how to safely reopen the economy. The MAT's modeling team includes experts from Los Alamos National Laboratory and Sandia National Laboratories and posts weekly updates for the public to understand the status of COVID-19 throughout the state, including transmission rates and prevalence in different regions. That work will help New Mexico prioritize and plan weekly surveillance testing while NMDOH continues to focus on testing symptomatic individuals, providing rapid response to facilities and businesses where COVID-19 cases have been detected, and testing close contacts of positive cases.

The MAT's Testing Team is studying the use of sample pooling with assessment of the following key elements:

1. Optimal populations to be tested using pooling methodologies (e.g., low prevalence, asymptomatic)
2. Optimal methodologies for pooling (e.g., automated methods only, maximum number of specimens)
3. Necessary data collection elements at time of sample acquisition and reporting (presence of symptoms, member of high risk group)

The group has completed some small preliminary pooling tests and is looking to refine strategies in the coming weeks to combine the above three criteria.

New Mexico has one of the highest per-capita testing rates in the country and has been conducting targeted testing and contact tracing since our first case was reported. We may have been the first state in the country to begin testing asymptomatic individuals under revised testing criteria issued on April 1, 2020. Our plan ensures that well over 2% of the state's population is tested each month.

Our testing has provided us with extensive data to guide our testing strategy. In addition, the medical literature has identified other high prevalence populations for testing. Our strategy focuses on increasing testing in high prevalence areas, from a small assisted living facility to an entire region of the state, and also on the most vulnerable populations in our state.

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As of July 8, 2020, New Mexico had conducted 389,687 diagnostic tests, or approximately 18.5% of the total population. Testing increased significantly in May and June. We now test approximately 5,000-6,500 people every day.

Our goal was to increase daily testing capacity to 7,500 by June 1, 2020. Although we have the equipment to process those tests, we have been stymied by continuing challenges obtaining adequate supplies of reagent and collection kits. Assuming adequate testing supplies, we will be able to increase our capacity during 2020 to conduct 10,000 tests/day by September 1, 2020 and 12,000 tests/day by October 15, 2020 as we enter the flu season.

Because testing capacity will increase, Table 1.b. is not reflective of daily testing for the duration of the July 1 through December 31, 2020 timeframe. Rather, it details what we expect to see by early fall, when approximately 10,000 tests are processed per day.

a. How you will maximize the use of testing platforms (with an indication of which ones are high throughput), venues, and expanded workforce across your jurisdiction (e.g., public health labs, private, hospital, commercial academic, etc.) to rapidly scale testing to accommodate an increased demand for SARS-CoV-2 tests

New Mexico's current testing system relies on diverse systems and laboratories led by the NMDOH Scientific Laboratory Division. SLD utilizes ThermoFisher Kingfisher and ABI 7500 Fast DX instruments to complete on average 2,500 diagnostic tests per day.

The state's primary partner to date has been Tricore Reference Laboratories (Tricore), a New Mexico Laboratory services entity with significant capacity and experience staffing and operating hospital labs and a core lab facility. Tricore results fourteen million tests a year and has a highly complex molecular laboratory including molecular infectious disease. Tricore is also a reference laboratory for independent hospitals and other providers throughout New Mexico. They rely on a diverse set of instruments, including the Abbott m2000, Roche Cobas 6800, Diasorin mDX, Hologic Panther, Neumo DX, and Cepheid Xpert. Supply limitations have prevented Tricore from reaching their full capacity for COVID-19 testing. However, they do expect to bring enough additional capacity online to allow us to meet our statewide testing goals.

Additionally, NMDOH has worked with two health care providers with clinical laboratories to incorporate their Hologic Panther instruments into the state's testing plan. Both Pathology Consultants of New Mexico (PCNM) based in Roswell and CHRISTUS St. Vincent Hospital in Santa Fe began processing COVID-19 tests in May. Both entities are having challenges obtaining supplies, but we plan to add further testing capacity through those partnerships in the coming months.

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In addition to the mostly high-throughput testing done in these New Mexico laboratories, several national laboratories process samples from health care providers in our state, including Quest, LabCorp, and the Mayo Clinic. For example, CVS Health recently began testing at several pharmacies in New Mexico and relies on national laboratory partners to process those tests.

Finally, some health care providers in our state utilize point of care testing instruments to rapidly determine whether an individual is COVID-19 positive. This is particularly helpful for individuals being admitted to hospitals as well as for patients being discharged to long-term care facilities.

New Mexico will continually monitor positivity rates, spread rates, and new cases per 100,000 at the state, regional, and county level (to the extent data is available) in order to gauge whether and where testing capability is adequate and shift resources accordingly. Our specific goals for NAAT testing for the duration of 2020 include:

- Capacity to test 10,000 New Mexicans per day by September 1, 2020 and 12,000 per day by October 15, 2020
  - Ongoing diagnostic testing in all 33 New Mexico counties of:
    - o symptomatic individuals
    - o close contacts of COVID+ individuals
    - o 100% testing of residents and staff in a congregate setting where a case has been identified.
    - o Rapid response: 100% testing of individuals in a workplace who meet the DOH definition of “close contact” or work in a high-risk workplace.
    - o Additional and follow-up testing in facilities and places of business as directed by NMDOH based on data and experience with the disease.
  - Surveillance testing of asymptomatic vulnerable populations/facilities in six broad categories: 1) tribal population; 2) long-term care facilities 3) special populations; 4) minority populations; 5) correctional facilities and 6) certain essential employees (described in Section II).
- b. Detail your approach to provide testing at non-traditional laboratory sites (e.g., retail sites, community centers, residential medical facilities, or pharmacies)

New Mexico has been conducting drive-through testing at numerous sites around the state since mid-March. We have conducted testing at public health offices, hospitals, federally qualified health centers,

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community centers, long-term care facilities, state and county correctional facilities, juvenile justice facilities, homeless shelters and other congregate care facilities. We have partnered with local governments and community organizations, including churches and other religious organizations, to conduct community outreach and education and promote community testing events, including several recent events to target African-American, refugee and other minority communities in the state. NMDOH leadership is conducting weekly calls with the NM Primary Care Association and community health centers that received HRSA funding to coordinate testing, particularly in minority and special populations; some of them are using mobile units and/or testing at community locations outside their health centers. We also have significant experience partnering with tribal communities and their sovereign governments and IHS on public health strategies, including during this pandemic.

c. Describe your strategy for serology testing.

New Mexico plans to phase in the use of antibody testing to conduct population-based surveillance. This plan is based on current information about antibody tests and may change as the tests are improved and evidence further demonstrating their usefulness becomes available.

We plan to hire a vendor to conduct a seroprevalence survey in New Mexico, testing by strata to ensure that all five health regions and six subgroups in the state are covered: The survey will be conducted every two months, resulting in three sampling events in 2020.

Additionally, a longitudinal survey will be conducted among the same groups identified above, testing the same persons in a given strata over time to assess COVID-19 seroconversion and persistence of antibodies. This survey would also be conducted every two months, resulting in three sampling events in 2020.

The antibody testing capacity required for this surveillance work is in addition to antibody testing that may be conducted for other purposes as more evidence emerges about what the presence of COVID-19 antibodies means for individuals. The MAT is continuing to monitor the research on antibody testing.

d. Describe how you will communicate, collaborate and coordinate with the broad testing community within your state to ensure alignment in approach and progress toward jurisdictional goals. Plan should include regular outreach to testing partners to monitor test kits, supply, and reagent inventory and staffing levels.

New Mexico has developed effective systems of regular communication, collaboration, and coordination with the testing community around the state. Tricore currently services the three largest health systems

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in New Mexico and has a unified IT system to collect, analyze and report testing results to NMDOH. NMDOH is in daily contact with core testing partners in the private sector to gather information on the status of supplies and instrument issues that are arising. We correspond regularly with partners who collect specimens and with the laboratories that process tests to inquire about their supplies, inventory, and capacity. The state regularly assists non-state entities in acquiring needed supplies.

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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*	150,000	225,150	232,500	232,500	300,000	340,000	360,000	372,000	2,212,150
Serology	0	0	2,000	2,000	5,000	5,000	5,000	5,000	24,000
<b>TOTAL</b>	150,000	225,150	234,500	234,500	305,000	345,000	365,000	377,000	

\*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)
Nursing Home and ALF Medical Staff; Public Health Division Staff	Commercial or private lab	Tricore Reference Lab.	467		nursing homes and assisted living facilities (staff and residents)
Medical Unit in Corrections; Public Health Division Staff	Commercial or private lab	Tricore Ref. Lab.	150		adult and juvenile correctional facilities (staff and inmates)

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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)
Medical Unit in Corrections; Public Health Division Staff	Public health lab	Scientific Laboratory Division	336		adult and juvenile correctional facilities (staff and inmates)
Public Health Division Staff; Medical Partners via drive through events	Commercial or private lab	Tricore Ref. Lab.	80		tribal, pueblos and navajo nation members
Medical Unit in Corrections; Public Health Department Staff	Public health lab	Scientific Laboratory Division	200		tribal, pueblos and navajo nation members
Private Hospitals and Clinics	Commercial or private lab	Tricore Ref. Lab.	1,800		symptomatic persons
Medical Partners via drive through events; Public Health Division Staff	Commercial or private lab	Tricore Ref. Lab.	1,200		congregate settings, workplace outbreak response



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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)
Public Health Division Staff	Public health lab	Scientific Laboratory Division	600		congregate settings, workplace outbreak response
Public Health Division Staff	Public health lab	Scientific Laboratory Division	1,000		known contacts identified by epidemiologic contact tracing not captured elsewhere
Medical Partners via drive through events; Public Health Division Staff	Commercial or private lab	Tricore Reference Lab.	140		essential workers (healthcare, first responders, childcare, education etc)
Public Health Department Staff	Public health lab	Scientific Laboratory Division	60		essential workers (healthcare, first responders, childcare, education etc)
Medical Unit in Corrections; Public Health Division Staff	Commercial or private lab	Tricore Ref. Lab.	25		racial and ethnic minorities
Public Health Division Staff	Public health lab	Scientific Laboratory Division	35		racial and ethnic minorities

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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)
Public Health Department Staff	Public health lab	Scientific Laboratory Division	30		persons experiencing homelessness
Public Health Division Staff	Public health lab	Scientific Laboratory Division	120		special populations (ie persons with disabilities, domestic violence shelters, youth shelters, residential treatment centers, community homes)
Private Hospitals and Clinics	Commercial or private lab	Tricore Ref. Lab.		1,000	tribal populations, minority community, correctional facilities, special populations, Nursing homes and other congregate living settings, essential employees
Public Health Division Staff	Public health lab	Scientific Laboratory Division		4,000	tribal populations, minority community, correctional facilities, special populations, Nursing homes and other congregate living settings, essential employees
Private Hospitals and Clinics	Hospitals or clinical facility		250		symptomatic persons in rural and acute care hospitals
Hospitals or Clinical Facilities	Hospitals or clinical facility		150		congregate settings, workplace outbreak response
CVS	Drug store or pharmacy		350		symptomatic individuals, contacts of positive cases, high-risk populations

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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)
FQHC's	Public health lab	Scientific Laboratory Division, Tricore Ref. Lab.	750		symptomatic individuals, contacts of positive cases, high-risk populations
Private Hospital and Clinics	Commercial or private lab	Christus St. Vincents	400		symptomatic individuals, contacts of positive cases, high-risk populations
Hospitals or Clinical Facilities, Public Health Division Staff	Commercial or private lab	Pathology Consultants of NM	250		symptomatic individuals, contacts of positive cases, high-risk populations
Hospitals or Clinical Facilities, Public Health Division Staff	Commercial or private lab	NMSU	400		symptomatic individuals, contacts of positive cases, high-risk populations
Private Hospitals and Clinics	Commercial or private lab	out-of-state lab	600		symptomatic individuals, contacts of positive cases, high-risk populations
Private Hospitals and Clinics	Hospitals or clinical facility		800		symptomatic persons in rural and acute care hospitals, congregate setting or workplace outbreak response

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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.

#### Section II: 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. Describe how the health departments will directly expand testing capacity through their public health labs, contracts, partnerships, and other arrangements (e.g., adding testing capacity in local health departments, contracting with new labs, partnering with academic and community-based organizations, establishing drive-thru testing sites, testing capacity in local health departments, contracting with new labs, partnering with academic and community-based organizations, establishing drive-thru testing sites, etc.) Provide specifics about planned expansions of existing capacity, including procurement of new testing equipment or device platforms.

NMDOH contracted with two of the largest health systems in the state to conduct testing, which enables NMDOH to coordinate testing sites and ensure adequate coverage of priority populations and communities. The state's federally qualified health centers are ramping up their testing efforts as well, utilizing HRSA funding.

NMDOH also has contracted with Tricare to increase overall statewide lab capacity. Tricare has performed approximately half of New Mexico's total testing to date and has agreed to conduct testing for the state's long-term care facilities.

NMDOH plans to partner with New Mexico State University (NMSU) to establish a clinical diagnostic testing laboratory in southern New Mexico. NMSU plans to acquire and utilize a Hologic Panther and ThermoFisher Kingfisher Flex/ABI 7500 Fast DX, bringing significant capacity for processing COVID-19 tests to a portion of the state that currently lacks high-throughput testing capability. This will substantially reduce the time period from sample acquisition to results, allowing for quicker isolation and contact tracing of positive cases.

NMDOH also plans to acquire an additional instrument (ideally the Hologic Panther) and work with a hospital in northern New Mexico to establish high-throughput testing capability in that part of the state. This will substantially reduce the time period from sample acquisition to results, allowing for quicker isolation and contact tracing of positive cases.

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Finally, we plan to expand utilization of point-of-care instruments, purchasing approximately 50 additional machines in 2020. These instruments will be deployed to rural areas and utilized for outbreak response and in other unique situations where time or distance make the transport of specimens to a laboratory impractical. Assuming we can obtain needed testing supplies for these and existing instruments, point-of-care testing will be a critical component of our planned expansion of testing capacity.

b. How testing needs of vulnerable and at-risk populations will be prioritized, including the elderly, disabled, those living in congregate settings including nursing homes and prisons, racial and ethnic minorities, healthcare workers, and among persons experiencing homelessness.

New Mexico's surveillance strategy blends prioritization of populations with the highest risk and the highest prevalence of COVID-19. We have prioritized six key populations for our ongoing surveillance work: (1) tribal communities (2) long-term care facilities (3) special populations (described below) (4) minority communities (5) correctional facilities and (6) certain essential workers. NMDOH has created teams to address the needs of these populations and congregate care facilities that are particularly vulnerable to SARS-CoV-2. The Governor has also assigned cabinet secretaries with responsibility over certain facilities and workers to assist NMDOH in developing both surveillance plans and rapid response efforts when a case is confirmed.

Our priority for testing will always remain testing of symptomatic individuals, individuals with contact with known cases, and rapid response testing in a facility or vulnerable community with a known case. For ongoing surveillance of our six key populations, we will rely on ERD and our modelling team at the MAT to help identify higher prevalence communities and regions of the state to guide testing priorities. Increases in positivity rates, spread rates, or new daily cases per 100,000 at the regional or local level will trigger surveillance testing in areas and populations where there are the highest risks.

Additionally, based on a growing body of evidence – including New Mexico and national data -- we have made changes to our surveillance testing plans to prioritize testing of staff and other personnel who enter “closed” congregate care settings where the risk of extensive spread among residents before cases have been confirmed is particularly high: long-term care facilities and correctional facilities.

The six priority groups (described in more detail in our May 30th submission) are:

### 1. Tribal Communities

The 220,000 tribal members in New Mexico have a much higher prevalence of infection, and many have comorbidities that can increase risk of complications or death related to COVID-19. We will continue to

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monitor available data and work closely with the 23 sovereign nations in New Mexico and with IHS to ensure adequate testing in tribal communities. We will prioritize specific communities based on increases in positivity rates, spread rates and/or new daily cases per 100,000.

## 2. Long-Term Care Facilities: Nursing Homes and Assisted Living Facilities

New Mexico is testing all staff and residents after a first reported case at long-term care facilities and will continue testing all staff and residents once every week until there are no further cases for 14 days. For facilities without any known case, New Mexico is conducting baseline testing of 100% of residents and staff. New Mexico will continue statewide surveillance testing of staff along with all new residents and those returning from a hospital or other facility.

## 3. Special Populations: Persons with Significant Behavioral Health Needs, Persons with Disabilities, the Homeless and Survivors of Domestic Violence

Departments with oversight over congregate care facilities and shelters have developed plans for surveillance testing in these populations, including persons with developmental disabilities and their caregivers, domestic violence and homeless shelters, and youth residential treatment centers, all of which have been included in initial baseline surveillance testing.

## 4. Minority Communities

NMDOH has partnered with local governments, churches and community groups to conduct testing in African-American, refugee and immigrant communities throughout New Mexico. Testing is tied to community outreach and education efforts around COVID-19, testing and contact tracing.

## 5. Correctional Facilities

In May 2020, New Mexico conducted surveillance testing of all staff and 25% of inmates in all state and county correctional facilities and in state and county juvenile justice facilities. The state will continue to test all newly-admitted inmates and will increase statewide surveillance testing of staff at state and county-run correctional facilities. More widespread testing within a facility will take place if any positive individuals are identified.

## 6. Essential Workers

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For the purposes of surveillance and response, NMDOH will focus on essential workers who, if infected, could have a significant impact either 1) through contact with large numbers of people, 2) through contact with highly vulnerable populations or 3) because their positions are critical to community infrastructure and operations while COVID-19 remains a threat to New Mexicans. This includes healthcare workers, first responders, childcare providers, and educators, among others.

Testing of essential workers will focus primarily on rapid response to a known case. Any surveillance testing of this population will be driven by disease prevalence at the regional or county level. DOH will prioritize testing of these groups in high prevalence communities as part of our overall strategy to drive positivity rates down.

c. How barriers to efficient testing will be identified and overcome, including those related to underutilization of available assets and supply-chain difficulties, and considerations with end-to-end logistics of testing (from sample collection to reporting to public health and CDC).

Unavailability of testing supplies, particularly nasopharyngeal swabs and reagent, has been the single most significant challenge in meeting our testing goals. The state provides significant leadership and coordination in obtaining and distributing those supplies and has made significant progress recently, particularly in acquiring swabs. However, supply shortages continue to hamper our ability to plan testing events in advance and slow down our testing efforts. While we will continue to seek out new suppliers and work directly with manufacturers to obtain needed supplies, we will also need additional federal support to ensure that we receive the full quantity of testing supplies we need in a timely, reliable manner.

We are also investing in improved IT systems for gathering and reporting test results, for conducting case investigations and contact tracing, and to guide weekly and daily decisions on where testing needs to occur.

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

The serology testing plan for population-based surveillance described in Section I will be coordinated by NMDOH. Based on the recommendations of New Mexico's COVID-19 Medical Advisory Team, NMDOH will begin by relying on the Abbott Alinity i Analyzer as well as the Abbott Architect already on site. Both instruments will be able to run Abbott IgG antibody tests. Additional capacity for serological testing will be available from Tricore using the DiaSorin Liaison SARS CoV-2 S1/S2 IgG assay if needed.

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e. Describe the health department's plan for resource utilization and how the jurisdiction will manage testing and alignment with SARS-COV-2 community mitigation policies, including sentinel surveillance for vulnerable populations.

Our first priority is identifying and isolating individuals with COVID-19 as soon as possible. Testing is readily available to individuals with COVID-19 symptoms or those who have been exposed to a COVID-19 positive individual at dozens of sites statewide operated by NMDOH and our partners. NMDOH coordinates "rapid response" testing, deploying teams directly to specific facilities or communities where a COVID-19 positive individual has been identified. The highly contagious nature of COVID-19 and its propensity for rapid spread in congregate settings such as long-term care facilities or in tribal communities where multigenerational families live in a single home places our most vulnerable people at highest risk of acquiring infection. Therefore, our rapid response efforts are generally focused on deploying testing teams to these high-risk facilities and communities. We will continue to proactively and aggressively expand surveillance testing, especially in counties that are experiencing significant community spread, to identify early cases and thus reduce secondary and tertiary spread.

Positive cases and outbreaks will override surveillance testing. If an outbreak occurs in a community, our testing strategy will prioritize individuals identified through case investigations and contact tracing. NMDOH will also prioritize testing of healthcare personnel and first responders in those communities. As explained above, surveillance testing will prioritize higher risk areas, facilities and communities.

f. Describe the health department's plan to expedite and streamline procurement, hiring, and onboarding of new staff. Should include planned steps and ability for the jurisdiction to acquire supplies, reagents, test kit, collection materials required for expanding testing indicated in table #2 (below).

NMDOH and its partner agencies have used emergency procurement plans to make purchases during the initial pandemic phase. The state has a planning group to coordinate its testing and contact tracing work that includes representatives from the Office of the Governor, the state public health laboratory, epidemiology and the testing and rapid response teams in multiple state agencies. NMDOH has launched accelerated hiring efforts to support both its testing and case investigation/contact tracing systems.

Access to nasal swabs and transport media will be critical to our ability to collect samples from individuals who need to be tested. Timely delivery of reagents needed to operate SLD instruments and those of our commercial partners at maximum capacity is essential to ensuring that specimens are processed quickly. New lab instruments will be needed to bring additional capacity to the state. While we will continue to do everything we can to procure needed supplies on our own, we do need assistance from the federal government to sustain enhanced testing capacity and supplies until we have a more reliable supply chain.



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Additional personnel will be needed to collect samples and process tests. PHD intends to hire additional registered nurses and medical assistants to support its rapid response team in performing screening and collecting COVID-19 specimens. Several of the requested nurses would be assigned specifically to nursing homes and other congregate care facilities to provide training on infection control measures and ensure compliance. SLD seeks to hire additional microbiologists to assist in performing laboratory testing, specimen collection kit preparation, specimen receiving and processing, specimen packaging and shipping and result reporting activities. New personnel NMDOH expects to hire in 2020 are included in Table 2.

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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	5	10	15	20	37	32	28	20	167
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)	1	3	23	24	2	1	0	0	54

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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>	62,100	75,150	232,500	232,500	300,000	340,000	360,000	372,000	1,974,250
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels <sup>++</sup>	57,000	113,050	232,500	232,500	300,000	340,000	360,000	372,000	2,007,050

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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)	500/day- ThermoFisher	500/day- Hologic Panther, 500/day NeuMoDx, 500/day ThermoFisher, 500/day Roche 6800, 400/day Cepheid Xpert	500/day- Hologic Panther, 500/day NeuMoDx, 500/day Roche 6800, 400/day Cepheid Xpert	500/day- Hologic Panther, 500/day NeuMoDx, 500/day Roche 6800, 400/day Cepheid Xpert	1150/day- Hologic Panther, 400/day ThermoFisher, 500/day NeuMoDx, 500/day Roche 6800, 400/day Cepheid Xpert, 800/day Roche Liat	1150/day- Hologic Panther, 400/day ThermoFisher, 500/day NeuMoDx, 500/day Roche 6800, 400/day Cepheid Xpert, 800/day Roche Liat	2050/day- Hologic Panther, 500/day ThermoFisher, 500/day NeuMoDx, 600/day Roche 6800, 1000/day Cepheid Xpert, 1100/day Roche Liat	2050/day- Hologic Panther, 500/day ThermoFisher, 500/day NeuMoDx, 600/day Roche 6800, 1000/day Cepheid Xpert, 1100/day Roche Liat	
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	2k - Abbott Architect i2000SR	2k - Abbott Architect i2000SR	4k - Abbott Architect i2000SR; 1k - Liaison SARS CoV-2 S1/S2 IgG assay- DiaSorin	4k - Abbott Architect i2000SR; 1k - Liaison SARS CoV-2 S1/S2 IgG assay- DiaSorin	4k - Abbott Architect i2000SR; 1k - Liaison SARS CoV-2 S1/S2 IgG assay- DiaSorin	4k - Abbott Architect i2000SR; 1k - Liaison SARS CoV-2 S1/S2 IgG assay- DiaSorin	

\* 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.