

ELC ENHANCING DETECTION: GEORGIA TESTING PLAN

2020 Overarching Jurisdictional SARS-COV-2 Testing Strategy

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| Jurisdiction: | Georgia |
| Population Size: | 10,617,423 |

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

Overall COVID-19 Strategy

Throughout the COVID-19 pandemic, the State of Georgia has worked to mitigate the spread of coronavirus through a variety of strategies and with the full engagement of public health authorities within the State, districts and counties. These strategies continue to evolve as information about the virus, potential therapeutics, vaccines, and new Federal guidance is issued. The Governor has charged the Georgia Department of Public Health (DPH) with overall responsibilities for leading the public health response. In that role, DPH provides updated guidance to Georgia’s residents through public information awareness campaigns and a dedicated COVID response website, implements measures to slow the spread of the virus, and plays a key role in testing, along with collecting and reporting statewide data.

Testing is an essential part of identifying, mitigating, and containing the disease to protect Georgia’s populations. While the initial testing plan closely followed Centers for Disease Control and Prevention (CDC) recommendations to limit testing to hospitalized patients and symptomatic high priority individuals, the State is currently working to remove barriers so that any individual who believes they have been exposed to COVID-19 can get tested. Widespread testing will allow DPH to determine the prevalence of the disease, whether the rate of positive cases is decreasing over time, and if control and mitigation measures are successful. As the State implements its reopening plans, testing is a critical path for keeping vulnerable populations safe, quickly identifying those with active disease, and for ensuring the safety of those returning to work. Testing is also the first step and a key component of the State’s Contact Tracing Plan and helps to identify hot spots for targeted deployment of resources.

The State surpassed the initial cumulative 2% testing goal on May 7, 2020, with 210,000 completed molecular tests. Since the onset of the pandemic, the State has continued to expand testing capacity. Listed below are the number of tests completed by month and reported to DPH for the last three months.

For Month of March: 21,088 PCR Tests; 0 Antibody Tests Cumulative Through March: 21,088 PCR Tests; 0 Antibody Tests

For Month of April: 143,494 PCR Tests; 6,993 Antibody Tests Cumulative Through April: 164,582 PCR Tests; 6,993 Antibody Tests

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For May (as of 5/30/20): 290,256 PCR Tests; 77,810 Antibody Tests Cumulative Through May 30:
454,838 PCR Tests; 84,803 Antibody Tests

The current testing strategy calls for further expansion to reach the President's goal of testing a minimum of 2% of the State's population per month. To reach this goal, Georgia must test approximately 7,000 people per day, or 210,000 individuals per month and process those specimens in a timely manner. The sections that follow describe the State's efforts to reach this goal for the months of May and June. The subsequent report, due June 15, 2020, will provide the approach for expanding testing capacity for the remainder of the 2020 calendar year.

Testing Strategy and Support for Improving Capabilities and Capacities

Over the past two months, the State has rapidly scaled testing to meet the needs of the State and the objectives outlined by the White House and the Governor. During the initial phase of the pandemic, and with the national shortage of testing kits, the State followed CDC guidance and restricted testing to hospitalized patients and targeted symptomatic high priority populations, to include:

- Healthcare workers and other first responders
- Persons working with and caring for vulnerable populations, such as long-term care facility staff
- Persons living in congregate settings where the disease can spread rapidly,
- Persons with a chronic medical condition, and
- Persons over 60 years of age

Simultaneously, the State quickly assessed statewide testing needs, laboratory capacities, and resource availabilities. A subgroup of the Governor's Coronavirus Emergency Preparedness Committee, in partnership with DPH, led an effort to increase the State universities' laboratory testing capacity and viral transport media production, identify ways to respond to testing surges, and coordinate efforts to process COVID-19 samples. Subsequently, the State provided resources to expand laboratory capacities for several university labs and the Georgia Public Health Laboratory (GPHL), as well as purchase reagents, collection tubes, and swabs. As an example of this investment, GPHL's testing capacity expanded from 100 tests/day to 1000 tests/day.

In early March, DPH established a system of specimen points of collection (SPOCs) sites modeled from previous DPH plans to rapidly distribute pharmaceuticals through Points of Distribution. SPOCs are located in all 18 Public Health Districts and 159 counties and are led by local public health personnel. To support this strategy, DPH developed a centralized referral system in SENDSS for healthcare providers to refer patients to SPOCs for testing. Once a patient is screened, DPH officials contact the patient to schedule an appointment at the SPOC closest to their location. DPH provide SPOCs with testing kits and personnel, developing courier alternatives, and work with the laboratory facilities to continuously assess

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and balance testing capacity. This requires daily collaboration, coordination, and communication across the Public Health Districts and with the SPOCs.

The State also partnered with Augusta University to leverage the AUHealthExpressCare App. This App allows for telemedicine screening and referral to SPOC sites across the State for testing. As of May 22, 2020, 18,010 televisits have been completed.

SPOC testing sites have expanded to include mobile/pop-up sites for deployment to more rural areas of the State, identified hotspots, and to reach targeted populations unable to travel to the fixed sites. They have also expanded to include individuals who may have been exposed to the virus – regardless of symptoms or their type of employment. The Public Health Districts continuously assess both local and regional factors and deploy targeted outreach and mitigation efforts in both urban and rural settings. To date, Public Health District staff have leveraged community involvement and partnerships to ensure targeted testing and outreach to both vulnerable populations and those requiring specialized contact, including predominantly African American churches, long-term care facilities, and Spanish-speaking communities. DPH supported SPOCs have collected 144,722 molecular specimens thus far.

The Governor has tasked members of the Georgia National Guard 201st Regional Support Group and 48th Infantry Brigade Combat Team to provide non-clinical staffing augmentation and courier services from SPOCs to testing laboratories, support fixed testing sites at 16 SPOCs, help operate partnership testing sites with Augusta University Medical Center at 9 sites, and operate 48 mobile testing teams. These mobile testing teams have been deployed to areas throughout the State to conduct specimen collections at long-term care facilities, meat processors, and other high-risk settings where traveling to a fixed testing site is not feasible. To date, the National Guard has collected 44,441 specimens in support of their specimen collection mission profile.

Due to the initial shortage of testing supplies, DPH prioritized the GPLH for hospital specimen testing and entered into agreements with commercial labs to process SPOC specimens. Initially, these agreements were with LabCorp (contracted locally with specific county health departments) and Quest (statewide partnership) to ensure that all Public Health Districts had access to testing kits and specimen testing. However, the national demand for test kits led to both a shortage of kits and increased turn-around times for testing results across the State. DPH responded by signing an additional contract with Ipsum Diagnostics, a Georgia based molecular laboratory. Ipsum initially committed to processing a minimum of 2,100 specimens per day and providing the necessary test kits to meet this goal. This contract has since been expanded, and Ipsum is currently providing DPH with a minimum of 15,000 test kits per week to meet testing demands, in addition to expanding testing capacity with new equipment. Additional testing kits provided by the Federal government are distributed to the SPOCs and hospitals based on anticipated needs and current throughput.

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Currently, we are using available testing capacity at LabCorp (approximately 2000 tests/day with a 2-4 day turnaround for reporting), Quest (approximately 1000 tests/day with a 3 days turnaround for reporting), GPLH (approximately 1000 tests/day with a 1-2 day turn around for reporting), Ipsum (approximately 4000-6000 tests per day with a turnaround for reporting of 1-3 day), Augusta University (approximately 1000 tests/day capacity with 1-2 day turnaround for reporting), and Georgia State University (approximately 500 tests/day capacity with 2-3 day turnaround for reporting). We are in constant communication with these laboratories and monitor testing via daily updates through a web portal. Due to the backlog of test processing at some of the labs, we developed a load balancing plan to better align the number of specimens to the available capacity at each lab. With new equipment purchases and implementation at both GPLH and Ipsum we anticipate that laboratory capacity will expand sufficiently to clear existing backlogs and to process over 7,000 SPOCs specimens/day by the end of May. All testing results, whether they are positive or negative, are reported to DPH electronically.

Testing at Non-Traditional Laboratory Sites

In addition to these efforts, the State has engaged in testing at non-traditional site such as malls, churches, convention centers, and nursing homes to ensure all demographics and vulnerable populations have access to testing. Specifically, the State has engaged with several notable partnerships with Walgreens, Walmart, and CVS that allow for an expanded approach to non-traditional testing. Specifically:

- CVS partnered with the State to establish the first commercially operated testing site in metro Atlanta on the campus of Georgia Tech. CVS screens and schedules individual using a web-based application. CVS utilizes the Abbot ID Now testing machines and through nasal self-swabbing, provides results to patients within 30-60 minutes. Results are reported to DPH via electronic laboratory records.
- Walmart collaborated with HHS to identify higher risk rural areas in need of testing and established five SPOC sites in different rural geographic regions of the state. Walmart utilizes their pharmacists to monitor patients performing a nasal self-swab. They partnered with a private laboratory that provides results to the patients within 24 hours, as well as to DPH.
- Walgreens Pharmacy established a testing site in North Fulton county and utilizes a web-based application for screening and scheduling. Walgreens utilizes staff pharmacists to monitor patients nasal self-swabbing and analyzes the samples via Abbot ID now machines. Results are provided to the patients the next day and to DPH via ELR.

Serology Testing

Serology testing can help determine the spread of disease within a population. However, CDC interim guidance suggest that the coronavirus antibody test may still not be sufficiently reliable for screening purposes or determining with certainty that an individual who tests positive will be protected from

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future infection. Considering this guidance, we do not anticipate using COVID-19 serologic testing during the months of May and June.

The State has taken steps to proactively support and assess the value of serology-based tests. One such step is the participation of Fulton and DeKalb counties with the CDC in performing serology testing. This study has concluded, and results will be published soon. OPB has provided funding to the University of Georgia to develop serological tests. Once validated and approved, this assay could be run on the various testing platforms across the State's regional coordinating hospitals and SPOC sites could easily add this type of specimen collection to their current testing inventory. The state continues to assess the value of serology-based testing for non-diagnostic purposes and has the lab capacity to offer this testing in the future.

Communication, Collaboration, and Coordination

Meeting the State's testing goals requires a well-coordinated plan with ample resources, along with the agility to quickly adapt to changing demands and conditions. The State supports public health districts and county health departments with resources to improve and expand testing. This includes strategic investments to expand testing capabilities; implementing technology approaches to improve both testing and contact tracing processes; providing sufficient test kits, reagents, transport media; and balancing testing loads to shorten reporting cycles and clear backlogs. Challenges in the short term are to maintain sufficient testing supplies and ensure that targeted populations are tested (e.g. long term care facilities, rural areas of the State, and identified hot spots throughout the state).

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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* | 212,348 | 212,348 | Provided in June 15th response | 424,696 |
| Serology | 0 | 0 | Provided in June 15th response | 0 |
| TOTAL | 212,348 | 212,348 | 0 | 0 | 0 | 0 | 0 | 0 | |

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

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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) |
|--------------------------|---------------------------------------|---|-----------------------------|----------------------------|--------------------------------------|---|
| DPH SPOC Sites | Community-based | Ipsium | 4,000 | 0 | | Rural, migrant/contract farmers, African-American community; ability to flex to hot spots |
| DPH SPOC Sites | Community-based | Quest | 1,000 | 0 | | Rural, migrant/contract farmers, African-American community; ability to flex to hot spots |
| DPH SPOC Sites | Community-based | LabCorp | 740 | 0 | | Rural, migrant/contract farmers, African-American community; ability to flex to hot spots |
| LabCorp Serology Testing | Commercial or private lab | LabCorp | 0 | 114 | | |

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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) |
|------------------------|---------------------------------------|---|-----------------------------|----------------------------|--------------------------------------|--|
| Walgreens | Drive-thru testing site | Abbott ID Now | 150 | 0 | | |
| Walmart | Drive-thru testing site | E True North | 500 | 0 | | High-risk rural areas |
| CVS | Drive-thru testing site | Abbott ID Now | 1,000 | 0 | | |

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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) |
|-------------------------------|---------------------------------------|---|-----------------------------|----------------------------|--------------------------------------|--|
| Hospitals | Hospitals or clinical facility | Bako Diagnostics, Diatherix, Quest, Bioreference, Labcorp, Mayo, GPHL, internal lab | 1,589 | 400 | | |
| QUESTDIRECT-CONSUMER INT TEST | Commercial or private lab | Quest | 0 | 159 | | |

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| DPH SPOC Sites | Community-based | GPHL | | | | |
|----------------|-----------------|------|-----|---|--|--|
| | | | 500 | 0 | | |

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| Name of testing entity | Testing venue (select from drop down) | Performing Lab (if different from testing entity) | Daily diagnostic throughput | Daily serologic throughput | Platforms or devices used (list all) | Specific at-risk populations targeted (list all) |
|------------------------|---------------------------------------|---|-----------------------------|----------------------------|--------------------------------------|---|
| Health Centers | Federally Qualified Health Center | LabCorp, Quest, Clinical Path and Bioreference | 50 | 0 | | Health Centers are located in medically underserved communities, both rural and urban. While anyone is eligible for testing, Health Centers specialize in serving at risk populations- low income, socio-economic disparities, culturally diverse, elderly, disabled, ethnic minorities, homeless, mental health, behavioral health and patients with substance use disorder. |

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|---------------------------------------|-------|---------------------------------|-------|---|--|---|
| Nursing Homes and Personal Care Homes | Other | Augusta University Lab and GPLH | 2,389 | 0 | | Elderly and disabled populations; plan is to test all residents and staff within 14-20 days |
|---------------------------------------|-------|---------------------------------|-------|---|--|---|

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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) |
|------------------------|---------------------------------------|---|-----------------------------|----------------------------|--------------------------------------|---|
| Prisons | Other | GPHL | 200 | | | Prison population; We are proactively testing inmates as they are adjudicated and are actively monitoring emerging outbreaks in the prison system and responding accordingly. |

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.

As described in the overarching strategy, Georgia's COVID-19 approach centers around accessible and efficient testing for Georgians, especially for the State's vulnerable populations. The State's strategic plan focuses on scaling the existing testing infrastructure, increasing communication efforts, and expanding the workforce. To curb the spread of the virus and fully re-open the State, there must be adequate and available testing, community engagement, and an ability to trace contacts of new COVID-19 cases to prevent future outbreaks.

Georgia is using the State Electronic Notifiable Disease Surveillance System (SendSS), a web-based database for capturing and reporting notifiable diseases for the State. Furthermore, the State is performing contact tracing across all 18 public health districts using experienced existing staff, such as epidemiologists, and deploying other public health professionals as needed. The DPH established a COVID-19 Workforce Surge Plan to respond to anticipated increases in the number of close contacts identified, and to facilitate greater and timely outreach to those contacts. The Workforce Surge Plan recognizes the need to scale workforce capacity for contact tracing activities and to further supplement efforts underway across the State. To support, DPH will initially hire 1,000 contact tracers and expand capacity based on future needs.

Testing Capacity Expansion through Partnerships & Collaborations

The State continues to partner with private labs, community-based organizations, the university lab consortium, and private sector companies statewide to support a comprehensive approach to testing. These relationships are critical for the direct expansion of current and future testing capacity. DPH will continue collaborating with CVS, Walgreens, Walmart, LabCorp, Quest, and Ipsum, as well as develop new collaborations with other testing partners in the private sector. The primary goal is to provide ongoing, flexible, and collaborative support to the State's public health partners, while strengthening Georgia's public health system. In addition, the DPH goal is to promote and support the provision of additional reagents for the hospitals to ensure they can increase testing over their currently 25% capacity. Notable partnerships activities include the following:

- Through a partnership with Google, DPH launched a digital web-based contact tracing application to collect data and supply guidance to close contacts of cases in all health districts. The goal of using this application is to streamline a collection of epidemiologically relevant data on contacts and rapidly share necessary information on quarantining at home (self-isolation) and seeking testing immediately if exposed.

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- The Emory COVID-19 Response Collaborative (housed at the Rollins School of Public Health) will supplement DPH's surveillance, research, and monitoring activities through the Georgia COVID-19 PCR and Serology Survey. The study will survey households across the state to assess the prevalence of COVID-19 across the State and specifically within African-American and Latino communities.
- Additional investments of staff and reagents in the university lab consortium, anchored by the Georgia Public Health Lab, will result in expanded in-house capacity for testing.

Through partnerships with key laboratories, DPH believes that there is sufficient testing equipment in place to reach the 2% testing goal for the population. Each commonly used testing laboratory is listed below, along with the specific types of equipment for each.

GPHL:

- Perkin Elmer COVID assay (Extraction-Chemagic, PCR-7500FastDx)
- ThermoFisher COVID (Extraction-KingFisher, PCR-7500FastDx)
- Abbott m2000
- CDC COVID-19 Assay (Extraction-Magnapure LC, PCR-7500FastDx).

IPSUM:

- Quant Studio 12K Flex instruments (both open array technology and 384 well blocks)

LABCORP:

- Roche (Cobas), ThermoFisher and Panther

QUEST:

- Hologic Panthers, Roche, Cepheid Genexpert

Testing Plan for Vulnerable Populations

COVID-19 is particularly challenging for many segments of the population. DHP's approach to reaching Georgia's vulnerable and at-risk populations are a priority and summarized below:

- Long-term care facilities: Fifty seven percent (57%) of the residents and approximately thirty six percent (36%) of the staff at nursing homes have been tested by public health personnel and the

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National Guard in response to President Trump's goals. The goal is to test the remaining residents and staff in the next 20 days. Plans are in process for ongoing monitoring of staff and residents with testing as appropriate in June/July.

- Prisons: Proactively testing inmates as they are adjudicated, and actively monitoring emerging outbreaks in the prison system and responding accordingly.
- Homeless shelters: Preventing outbreaks among the homeless by partnering with community-based organizations to test shelter residents and assist with preventive measures recommended by the CDC. The metro-Atlanta region was prioritized due to its large shelter population. Through a partnership with Mercy Care and Fulton County Board of Health, all metro-Atlanta shelters were tested, and we identified specific hotels to isolate and quarantine homeless individuals and provide safe housing. We continue to actively monitor emerging outbreaks.
- Inner city clinics: Continuing to monitor over 30 federally-qualified community health centers throughout the state, many of which are in the metro-Atlanta region. These clinics received direct federal funding to conduct testing. DPH continues to coordinate with them on case reporting and contact tracing as necessary. Many of the Public Health test sites are also located in inner-city Atlanta and provide on-going testing/contact tracing.
- Asymptomatic: Collecting and analyzing data to identify hotspots across the state. The DPH SPOCs advertise the availability of testing for symptomatic and asymptomatic individuals. DPH will respond as necessary, including standing up additional SPOCs sites as hotspots emerge.
- Meat packing/poultry/farming: Proactively working with the poultry and agricultural industries (including chicken processing plants, blueberry, and other types of farms) to respond to emerging outbreaks through testing, social distancing, and infection control. In addition, DPH has partnered with community organizations to provide additional testing and prevention education as well as PPE for family members of workers to address high-risk community spread.

In conjunction with testing heavily in urban population centers, DPH concurrently focuses on rural areas—where testing is less accessible—using pop-up/mobile SPOCs and large, mass testing special events (drive through testing model), which are open for several days a week on a temporary basis and as needed based on hotspots and population need.

Overcoming Barriers to Testing

Barriers to testing remain a significant concern and assume a greater sense of urgency as Georgia moves forward with fully re-opening. Key barriers related to efficient testing are as follows:

- Replacement of the National Guard (NG) Logistical Support: The Georgia NG is providing essential assistance to support supply chain, logistics, and SPOC set up with 171 personnel. At SPOC sites where GaNG are present, their main duties include set up, take down, traffic flow, intake form completion, and supplying information to patients. When the GaNG federally supported mission ends,

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DPH will need to replace these staff with temporary contract staff to support the SPOC operations. We are currently developing a strategy to replace these assets with temporary hiring and will likely assign additional staff from county health departments to perform tasks outside of their regular duties and alter hours/days of traditional services. Many of Georgia's smaller counties have as little as three staff and service disruption is likely to occur. The DPH would rapidly need to hire 160-170 personnel to replace the NG. It will take time to recruit, hire, train, and on-board new personnel members.

- **Supply chain & logistics:** To reach a 2% testing goal, the State is dependent on the federal government for test kits and specific transport media to augment existing private lab resources. Often, DPH does not have visibility on when federal shipments will arrive, nor the quantity and type of stock provided. Recently, DPH received molecular transport medium (MTM) with the federal shipment which has limitation in many private lab testing platforms and can only be used by the state public health lab and Ipsum. It is also not widely used in the healthcare community, limiting the usability of the supply. Securing test kits and reagents for SPOCs is a challenge to directing supplies to the highest need areas and prevents DPH from properly planning with local health districts for longer periods of time. The DPH is attempting to mitigate this uncertainty by establishing and adjusting allocation strategies based on daily reports and information received from local SPOC sites utilizing up to four different types of kit resources (government and commercial). If the federal government reduces, or ceases to send, test kits to the Georgia, this could result in an unsurmountable challenge and the State will not meet the 2% testing goal without additional private lab resources. Additionally, Georgia supports the private sector healthcare community with swabs upon request and therefore, they are included in strategy and kit distribution as they make up a portion of the testing being done in the state. This too causes a strain on resources. If Georgia secures CARES funding, the State will provide additional testing supplies to the private sector.

Lab capacity: Increased testing requires efforts to ensure that individual laboratory capacity is not exceeded. During the initial response, the turn-around time varied between two to seven days depending on the lab, and there was concerns with results especially with nasal swabs (versus nasopharyngeal). The delays in turn-around time resulted in a backlog at some laboratories. To maximize testing efficiency at all laboratories. DPH has implemented a lab load-balancing plan, which will increase daily testing and account for the increase in testing to over 6,000 per day. DPH has also added temporary staff at GPHL to increase the testing capacity to over 2500 specimens/day.

- Furthermore, CDC recently agreed to augment testing capacity by providing 750 tests per day immediately and 600/day for the long term, which will have a direct impact on lab capacity.
- **Access to testing:** The virus has demonstrated the criticality of pandemic preparedness. COVID-19 exposed a lack of agile systems to test, mitigate, and contain a novel virus. Georgia had to quickly adapt and create flexible systems and adjust the use of systems currently in place. The DPH is adding a web-based self-referral portal (in addition to their provider referral system), to streamline and create a more efficient system that allows any Georgian to get tested at a SPOC. Individuals can schedule appointments on-line and via an app using a Microsoft Dynamics platform to pre-enter their intake form data (demographic information, pre-existing conditions, etc.). An appointment is then generated for them at the nearest SPOC. One option under consideration is moving all DPH specimen collection sites into health departments and augment these activities with additional temporary clinical staff. This would

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allow for the ramping down of drive through SPOCs and reduce the need for logistical support at the PH districts.

Serology Testing

Currently, we do not anticipate widely performing COVID-19 serologic testing until such time as these tests are verified and recommended by the CDC. However, as mentioned previously, a statewide COVID-19 serology household serology survey is being initiated by Emory COVID-19 Response Collaborative. GPHL currently has access to two different serology platforms (Abbott Diagnostics (i1000/2000) and Diasorin Liaison that can support COVID-19 IgG testing needs. Both platforms provide the capacity to provide over 5000 tests/day.

Strategy for Resource Utilization and Staff On-Boarding

To cover the State's diverse population, Georgia must hire a substantial number of resources to manage testing and align with community mitigation strategies. We will need to harness the capacity of the many individuals willing to assist as volunteers. Training, organizing, and managing a hybrid paid/volunteer workforce will require thoughtful strategies and capable leadership. Over time, to allow the public health system to transition back to "normal" operations, DPH will rely more on, and promote, the private sector to test individuals with health insurance through hospitals, urgent care centers, and pharmacies. CVS recently announced an expansion of testing in Georgia by utilizing various drive-throughs at CVS sites. For the uninsured or underinsured, DPH will encourage testing at health departments or FQHCs. Another option under consideration is utilizing EMS to test homebound individuals or people without transportation. Additionally, DPH will:

- Focus on program planning, implementation, and coordination by identifying areas requiring immediate assistance.
- Identify and supporting staff to work in the field alongside partners to investigate and stem COVID-19 outbreaks as they arise throughout the state.
- Strengthen COVID-19 sentinel surveillance, research, and monitoring to identify key areas where rapid support is needed and providing support through demonstration projects or other sources of funding. This includes an immediate opportunity to conduct the nation's first randomized statewide COVID-19 household serology survey in conjunction with an NIH-approved national survey.

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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 | 300 additional contact tracers; 26 temp lab staff | 171 logistical staff to replace National Guard; 20 nursing staff; 700 additional contact tracers; 2 full time lab staff | Provided in June 15th response | 0 |
| FOR DIAGNOSTIC TESTING | | | | | | | | | |

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| BY MONTH: | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | TOTAL |
|--|---|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------|
| How many additional* testing equipment/devices are needed to meet planned testing levels? (provide an estimated number, and include platform details in narrative above) | Perkin Elmer Janus sample reformatter, Perkin Elmer Chemagic, Perkin Elmer JANUS G3 qPCR Workstation, ThermoFisher-Kingfisher | 1 Additional Liquid handler (ex. Nimbus or Janus sample reformatter. | Provided in June 15th response | 0 |
| Volume of additional swabs needed to meet planned testing levels ⁺⁺ | Additional NP swabs to meet testing needs for specific situations | None | Provided in June 15th response | 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 media (VTM, MTM, saline, etc.) needed to meet planned testing levels** | Logistical issues with the type of media (ex. MTM) and the commercial labs. | None | Provided in June 15th response | 0 |
| Volume of additional reagents needed to meet planned testing levels, by testing unit and platform (i.e. 100K/day - Hologic panther; 100k/day - Thermofisher) | 1000/day Hologic, 1000/day Thermo, 368/day-Perkin-Elmer, 186/Abbott, | 1000/day Hologic, 1000/day Thermo, 368/day-Perkin Elmer, 186/Abbott | Provided in June 15th response | |
| FOR SEROLOGIC TESTING | | | | | | | | | |
| Number of additional* equipment and devices to meet planned testing levels | 0 | 0 | Provided in June 15th response | 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 | Provided in June 15th response | |

* 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.