

# ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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

<b>Jurisdiction:</b>	Alaska
<b>Population Size:</b>	751,000

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

Testing is a vital part of Alaska’s strategy to contain the spread of COVID-19, protect Alaskans from the virus, preserve hospital capacity, and reopen our state’s economy. The Alaska Department of Health and Social Services (DHSS) has worked with private, public, and tribal health partners to expand testing capacity in our state, provide guidance to clinicians, and prioritize limited testing resources for Alaskans who are most at-risk. Although Alaska is currently a low-prevalence and a low population density area, the state faces unique challenges such as geographic logistics that includes distances of over 1,500 miles from the nearest commercial testing laboratory, isolated communities and lack of roads and other transportation infrastructure, as well as special and vulnerable populations including Alaska Native and American Indian communities. These logistical considerations bring potentially greater costs for testing implementation. Challenges also include support of critical industries and a systematic approach for non-resident workers and visitors screening. In 2019, tourism alone brought over 1 million visitors to the state of Alaska, the majority arriving within a 4-month time period. Critical industries bring an additional 150,000 seasonal workers into the state each year. Therefore, non-traditional laboratory sites will be a critical piece to increasing testing capacity statewide.

As plans move forward to reopen Alaska, robust testing capacity is needed to more rapidly identify infected people who are experiencing symptoms and others who may be asymptomatic in high-risk exposure settings (i.e. remote communities) or critical infrastructure groups. Testing will be a cornerstone of the state’s effort to contain, suppress, and mitigate local outbreaks of COVID-19 as economic and social activities expand across the state. Expanded testing across the state is necessary to:

- Track the movement of the virus in the state and identify hotspots of infection, so that state and local officials can assess the need for additional interventions to suppress and mitigate the spread of COVID-19
- Support contact tracing to contain the spread of the virus and prevent new infections
- Identify and manage illness among at high-risk groups (e.g. long-term care facilities, correctional facilities, underserved populations in urban and rural setting)
- Keep COVID-19 from entering into remote communities and environments where it is challenging to suppress and mitigate spread

The number of diagnostic tests needed:

In recent weeks, COVID-19 testing has increased to more than 4,300 nucleic acid or viral antigen tests per week in Alaska, with a cumulative total of more than 51,000 tests performed as of May 29, 2020. The Alaska Section of Epidemiology estimates that 36,577 nucleic acid or viral antigen tests are needed statewide per month initially to cover 5% of the state’s population. The monthly testing amount would

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

then need to increase to approximately 73,100 tests to include testing for people who are experiencing symptoms of COVID-19, as well as targeted testing among asymptomatic persons in clinical settings (i.e., hospitals, clinics, federally qualified health centers, and tribal village clinics), congregate settings (i.e., nursing homes, assisted living facilities, correctional facilities), as part of outbreak investigations and contact tracing, as part of enhanced surveillance for critical infrastructure workers within the fishing, oil, mining, and wildland fire service who travel to work in remote areas where other mitigation strategies may be limited, and as part of enhanced surveillance for airline travelers who come to visit Alaska from other areas where COVID-19 is circulating.

The State does not have immediate plans to utilize serologic testing as part of response efforts to identify people with active infection. There is still much to be learned about whether the antibodies detected provide true protection, and the long-term persistence of these antibodies or the duration of protection. On April 28, 2020, the Alaska Section of Epidemiology (SOE) revised its testing guidance for providers and expanded recommendations for clinical testing to include anybody with new, unexplained symptoms of COVID-19 which may include any of the following: fever, cough, shortness of breath, difficulty breathing, chills, decreased appetite, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea, rash, rigors, runny nose, sore throat, or sputum production.

The guidance also expanded testing to include people without symptoms who are admitted to a health care facility or are undergoing urgent/emergent procedures that put health care personnel at high-exposure risk as well as targeted testing among:

- Health care workers in hospitals and congregate living settings
- Residents of congregate living settings
- People involved in discrete outbreaks (in consultation with public health)
- People coming who are traveling into remote communities from areas where COVID-19 is circulating
- People who are part of critical infrastructure where other mitigation strategies may be limited

This expansion will make use of increasingly available testing capacity in Alaska, adding to the groups already prioritized for testing. Contact tracers will ensure prompt testing of symptomatic contacts as described in the active surveillance plan.

Estimates of laboratory and testing capacity (including workforce, equipment, supplies, and available tests):

There are over 100 sites in Alaska with sample collection and laboratory testing capacity. Testing capacity is diversified among several different instrument platforms. Five laboratories have high-throughput capacity (>500 tests daily/machine) with use of one Abbott M2000, seven ThermoFisher ABI, one Cepheid GeneXpert Infinity, and three Hologic Panther instruments. These laboratory sites include one hospital in the tribal health system, one private-sector hospital, both state public health laboratories, and the CDC Arctic Investigations Program. All of the other laboratories have low-throughput capacity instruments such as (113), Biofire (8), and Cepheid GeneXpert Xpress (28) instruments. Overall, testing capacity is limited at this time due to supply shortages in the availability of

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

sample collection materials (e.g. swabs, transport media), nucleic acid extraction kits, test kit amplification and detection reagents from manufacturers and suppliers. Testing capability also varies according to the ability to detect virus in asymptomatic persons (sensitivity) or test-specific limit of detection (genomes/mL), qualified lab personnel to run tests, and sufficient supplies of sample collection materials and lab test/reagent kit supplies.

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, including utilizing point-of-care or other rapid result testing for local outbreaks?

We will make sure to find and use all resources that Alaska has available for testing by taking the following actions:

- Ensure supply chain supports statewide testing
- Ensure individuals requiring testing will receive results in 48 hours
- Build additional testing capacity in communities of the state that do not currently have in-house testing

In order to optimize testing capacity throughout Alaska, infrastructure will be created at the Incident Command Post (ICP) within the Incident Management Team (IMT) to:

- Build testing capacity in underserved locations, including rural and frontier areas of the state, with added capacity of the Cepheid, and BioFire COVID-19 testing platforms
- Maintain a diverse testing platform that is not reliant on any one company, instrument, or reagent type
- Use contracts with large health systems and commercial laboratories for overflow testing
- Provide personnel training resources to expand the qualified workforce to utilize these platforms
- Coordinate in partnership with Tribal Health and Private Sector to provide CLIA and high-complexity testing support to laboratories statewide
- Provide technical assistance

Increase testing and laboratory supplies

Supplies that DHSS receives from HHS or through procurement from other sources will be allocated to private, public, and tribal health entities. Specimen collection supplies will be allocated and delivered to entities using the same framework as PPE distribution. A portion of supplies procured will be kept in state reserves for state missions (e.g., outbreaks in state facilities). Any additional Cepheid, , and BioFire lab test reagents that the state is able to procure will be provided to laboratories with instruments already in-house, using a system that prioritizes jurisdictions with the lowest testing rates, highest case numbers without testing available in their jurisdiction, or those that have other barriers to accessing testing in a timely manner. Testing capacity will be monitored through an electronic weekly survey. Reports will be made available to DHSS EOC leadership so that resources and strategies can be revised as needed.

# ELC ENHANCING DETECTION: ALASKA TESTING PLAN

b) Detail your approach to provide testing at non-traditional laboratory sites (e.g., retail sites, community centers, residential medical facilities, or pharmacies).

Enhance specimen collection

Specimen collection will be conducted by any of the following individuals:

- Any clinical provider
- Other health care entities
- Federally-Qualified Health Centers (FQHCs)
- Emergency Medical Services
- Self-collection, at mobile collection sites (e.g., drive-thru)

Specimen collection at non-traditional laboratory sites is being implemented in church parking lots and pharmacies as well as other potential sites in various communities.

c) Describe your strategy for serology testing, if applicable

Serology Testing is not being performed currently. There are three laboratories within the State of Alaska that have the ability to perform serology testing using the Bio-Rad EVOLIS and the Abbott Architect platforms. The State of Alaska hopes to begin serology testing in July 2020.

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.

- The Testing Group was formulated to be able to discuss testing strategies and logistics with key members (Emergency Operations Center, Laboratories, Hospitals and Clinics, Tribal facilities, etc.)
- HL7 messaging (results to EPI from Labs, LabOnline (ordering/results
- Weekly survey to facilities regarding their ever changing needs for supplies, staffing, training, reporting to EPI, etc.
- Daily briefings from key players to discuss updates with testing logistics (Unified Command and Leadership, Laboratory, Testing Group, Contact Investigations, Epidemiology, Rural Health Planning/Public Health Nursing, Data Management Group, Health Care Preparedness and Response Strategies, Division and Behavioral Health, OSMAP, Emergency Medical Services, Senior and Disabilities Services, Industry, Manufacturing, Logistics, Finance, Public Information Officers, Department of Law, Department of Public Safety, ASPR TRACIE, Information Call Lines and Points of Contact)

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

**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*	27,645	36,550	73,100	73,100	73,100	73,100	73,100	73,100	502,795
Serology	0	0	96	200	400	400	400	400	1,896
TOTAL	27,645	36,550	73,196	73,300	73,500	73,500	73,500	73,500	

**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)
354 Medical Group (Eielson AFB Lab)	Hospitals or clinical facility	Eielson	4			
ABC Life Choices	Hospitals or clinical facility	Kenai	40			
Alaska Native Medical Center	Hospitals or clinical facility	Anchorage	80			Alaska Native/American Indian
Alaska Native Medical Center	Hospitals or clinical facility	Anchorage	8			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Alaska Native Medical Center	Hospitals or clinical facility	Anchorage	470			Alaska Native/American Indian
Alaska Native Tribal Health Consortium	Other	Anchorage	1,000			Alaska Native/American Indian
Alaska Regional Hospital	Hospitals or clinical facility	Anchorage	80			
ALASKA STATE PUBLIC HEALTH LAB - FAIRBANKS	Public health lab	Fairbanks	500			Elderly, Disabled, Nursing Homes, Prisons and Other Congregate Living Settings, Racial and Ethnic Minorities, HCW, PEH
ALASKA STATE PUBLIC HEALTH LAB - FAIRBANKS	Public health lab	Fairbanks	1,000			Elderly, Disabled, Nursing Homes, Prisons and Other Congregate Living Settings, Racial and Ethnic Minorities, HCW, PEH
Alaska State Public Health Laboratory	Public health lab	Anchorage	400			Elderly, Disabled, Nursing Homes, Prisons and Other Congregate Living Settings, Racial and Ethnic Minorities, HCW, PEH

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Alaska State Public Health Laboratory	Public health lab	Anchorage	16			Elderly, Disabled, Nursing Homes, Prisons and Other Congregate Living Settings, Racial and Ethnic Minorities, HCW, PEH
Alaska State Public Health Laboratory	Public health lab	Anchorage	1,000			Elderly, Disabled, Nursing Homes, Prisons and Other Congregate Living Settings, Racial and Ethnic Minorities, HCW, PEH
Bartlett Regional Hospital	Hospitals or clinical facility	Juneau	80			
Bassett Army Community Hospital-Ft. Wainwright	Hospitals or clinical facility	Fairbanks	80			
Bristol Bay Area Health Corporation (Kanakanak Hospital)	Hospitals or clinical facility	Dillingham	80			
Capstone Clinic	Hospitals or clinical facility	Wasilla	80			

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
CDC Arctic Investigations Program	Other	Anchorage	100			
Central Peninsula Hospital	Hospitals or clinical facility	Soldotna	80			
Central Peninsula Hospital	Hospitals or clinical facility	Soldotna	8			
Chief Andrew Isaac Health Center-TCC	Federally Qualified Health Center	Fairbanks	80			Alaska Native/American Indian
Fairbanks Memorial Hospital	Hospitals or clinical facility	Fairbanks	80			
Independence Park Medical Services	Hospitals or clinical facility	Anchorage	80			

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
JBER Hospital Lab	Hospitals or clinical facility	Anchorage	80			
JBER Hospital Lab	Hospitals or clinical facility	Anchorage	8			
Ketchikan Medical Center, Peace Health	Hospitals or clinical facility	Ketchikan	80			
Medical Park Family Care	Hospitals or clinical facility	Anchorage	80			
Medical Park Family Care	Hospitals or clinical facility	Anchorage	8			
Norton Sound Regional Hospital	Hospitals or clinical facility	Nome	80			
Norton Sound Regional Hospital	Hospitals or clinical facility	Nome	8			

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Petersburg Medical Center	Hospitals or clinical facility	Petersburg	80			
Providence Alaska Medical Center	Hospitals or clinical facility	Anchorage	8			
Providence Alaska Medical Center	Hospitals or clinical facility	Anchorage	80			
Providence Alaska Medical Center	Hospitals or clinical facility	Anchorage	400			
Providence Kodiak Island Medical Center	Hospitals or clinical facility	Kodiak	80			
Samuel Simmonds Memorial	Hospitals or clinical facility	Utqiagvik	80			

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
SEARHC Juneau	Hospitals or clinical facility	Juneau	80			
SEARHC Mt. Edgecumbe Hospital	Hospitals or clinical facility	Sitka	80			
South Peninsula Hospital	Hospitals or clinical facility	Homer	8			
Southeast Medical Clinic	Hospitals or clinical facility	Juneau	80			
US HealthWorks Medical Group of Alaska	Hospitals or clinical facility	Anchorage	80			
Valley Medical Care	Hospitals or clinical facility	Juneau	80			
Alaska State Public Health Laboratory	Public health lab	Anchorage	40			

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Alutiiq Health Center-KANA	Other	Kodiak	40			Alaska Native/American Indian
Annette Island Service Unit	Other	Metlakatla	40			Alaska Native/American Indian
Arctic Slope Native Association	Other		40			Alaska Native/American Indian
Bartlett Regional Hospital	Hospitals or clinical facility	Juneau	40			
Beacon Clinic	Other	Deadhorse	40			
<a href="#">Bethel Family Clinic</a>	Hospitals or clinical facility	Bethel	40			
Bristol Bay Area Health Corporation	Other	New Stuyahok	40			
Bristol Bay Area Health Corporation	Federally Qualified Health Center	Togiak	40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Camai Community Health Clinic	Federally Qualified Health Center	Naknek	40			Alaska Native/American Indian
Capstone Clinic	Hospitals or clinical facility	Wasilla	40			
CATG Yukon Flats Health Center	Federally Qualified Health Center	Fort Yukon	40			Alaska Native/American Indian
Central Peninsula Hospital/Heritage Place	Hospitals or clinical facility	Soldotna	40			LTC
Chief Andrew Isaac Health Center	Federally Qualified Health Center	Fairbanks	40			Alaska Native/American Indian
Chief Andrew Isaac Health Center-TCC	Federally Qualified Health Center	Fairbanks	40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Chistochina-Mount Sanford Tribal Consortium	Other	Gakona	40			Alaska Native/American Indian
Chugachmiut	Other	Port Graham	40			Alaska Native/American Indian
Chugachmiut	Other	Tatitlek	40			Alaska Native/American Indian
Copper River Native Association	Other	Tazlina	40			Alaska Native/American Indian
Copper River Native Association-Pharmacy	Other	Copper Center	40			Alaska Native/American Indian
Cordova Community Medical Center	Hospitals or clinical facility	Cordova	40			LTC
Cross Road Medical Center	Federally Qualified Health Center	Glennallen	40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Cross Road Medical Center	Federally Qualified Health Center	Delta Junction	40			Alaska Native/American Indian
Cross Road Medical Center - North Country Clinic, Grizzly Lake (mailing)	Federally Qualified Health Center	Gakona	40			Alaska Native/American Indian
Dahl Memorial Clinic	Federally Qualified Health Center	Skagway	40			Alaska Native/American Indian
Dena'ina Health Clinic	Other	Kenai	40			Alaska Native/American Indian
Eastern Aleutian Tribes	Federally Qualified Health Center	Akutan	40			Alaska Native/American Indian
Eastern Aleutian Tribes	Federally Qualified Health Center	Atka	40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Eastern Aleutian Tribes	Federally Qualified Health Center	Cold Bay	40			Alaska Native/American Indian
Eastern Aleutian Tribes	Federally Qualified Health Center	King Cove	40			Alaska Native/American Indian
Eastern Aleutian Tribes	Federally Qualified Health Center	Sand Point	40			Alaska Native/American Indian
Ethel Lund Medical Center-SEARHC	Other	Juneau	40			Alaska Native/American Indian
Fairbanks Interior CHC - Tri-Valley Community Center, Healy	Federally Qualified Health Center	Healy	40			Alaska Native/American Indian
First Care Huffman	Hospitals or clinical facility	Anchorage	40			

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Ilanka Community Health Center	Federally Qualified Health Center	Cordova	40			Alaska Native/American Indian
Iliuliuk Family Health Services	Federally Qualified Health Center	Unalaska	40			Alaska Native/American Indian
Kanakanak/Bristol Bay	Federally Qualified Health Center	Dillingham	40			Alaska Native/American Indian
Kananak Hospital	Hospitals or clinical facility	Dillingham	40			
Kenaitze Indian Tribe	Other	Kenai	40			Alaska Native/American Indian
Ketchikan Indian Community	Other	Ketchikan	40			Alaska Native/American Indian
Ketchikan Indian Community		Ketchikan	40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Kodiak Community Health Center	Federally Qualified Health Center	Kodiak	40			Alaska Native/American Indian
Maniilaq Association	Federally Qualified Health Center	Kotzebue	40			Alaska Native/American Indian
Maniilaq Association	Federally Qualified Health Center		40			Alaska Native/American Indian
Mat Su Regional Medical Center/Mat Su Regional Urgent Care	Hospitals or clinical facility	Palmer	40			
McGrath Subregional Health Center	Federally Qualified Health Center	McGrath	40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Medical Park Family Care	Hospitals or clinical facility	Anchorage	40			
Metlakatla Indian Community	Other	Metlakatla	40			Alaska Native/American Indian
Mill Bay Health Center-KANA	Federally Qualified Health Center	Kodiak	40			Alaska Native/American Indian
Mount Sanford Tribal Consortium	Other	Gakona?	40			Alaska Native/American Indian
Native Village of Eyak	Federally Qualified Health Center	Cordova	40			Alaska Native/American Indian
Nilavena Subregional Health Center	Federally Qualified Health Center	Iliamna	40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Norton Sound Health Corp	Federally Qualified Health Center	Gambell	40			Alaska Native/American Indian
Norton Sound Health Corp	Federally Qualified Health Center	Savoonga	40			Alaska Native/American Indian
Norton Sound Health Corp	Federally Qualified Health Center	Unalakleet	40			Alaska Native/American Indian
Norton Sound Regional Hospital-Pharmacy	Hospitals or clinical facility	Nome	40			Alaska Native/American Indian
Oonalaska Wellness Center-APIA	Federally Qualified Health Center	Unalaska	40			Alaska Native/American Indian
PeaceHealth Ketchikan Medical Center	Hospitals or clinical facility	Ketchikan	40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Peninsula Community Health Services	Federally Qualified Health Center	Soldotna	40			Alaska Native/American Indian
<a href="#">Peninsula Community Health Services CHC Kenai</a>	Federally Qualified Health Center	Kenai	40			Alaska Native/American Indian
Petersburg Medical Center	Hospitals or clinical facility	Petersburg	40			LTC
Providence Kodiak Island Medical Center	Hospitals or clinical facility	Kodiak	40			LTC
Providence Seward Medical & Care Center	Hospitals or clinical facility	Seward	40			LTC
Providence Valdez Medical Center	Hospitals or clinical facility	Valdez	40			LTC

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Samuel Simmonds Memorial Hospital	Hospitals or clinical facility	Utqiagvik	40			
SEARHC Gustavus	Federally Qualified Health Center	Gustavus	40			Alaska Native/American Indian
Seldovia Village Tribe	Federally Qualified Health Center	Homer	40			Alaska Native/American Indian
Seward Community Health Center	Federally Qualified Health Center	Seward	40			Alaska Native/American Indian
South Peninsula Hospital	Hospitals or clinical facility	Homer	40			LTC
Southcentral Foundation	Federally Qualified Health Center		40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Southeast Alaska Regional Health Consortium	Federally Qualified Health Center	Haines	40			Alaska Native/American Indian
Southeast Alaska Regional Health Consortium	Other	Juneau	40			Alaska Native/American Indian
Southeast Alaska Regional Health Consortium	Federally Qualified Health Center	Klawock	40			Alaska Native/American Indian
Southeast Alaska Regional Health Consortium	Federally Qualified Health Center	Sitka	40			Alaska Native/American Indian
St George Medical Center-APIA	Federally Qualified Health Center	St George	40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Sunshine Community Health Center	Federally Qualified Health Center	Talkeetna	40			Alaska Native/American Indian
SVT Health and Wellness	Federally Qualified Health Center	Seldovia	40			Alaska Native/American Indian
Wildflower Court	Other	Juneau	40			Alaska Native/American Indian
Wrangell Medical Center-SEARHC	Federally Qualified Health Center	Wrangell	40			Alaska Native/American Indian
Yakutat Community Health Center	Federally Qualified Health Center	Yakutat	40			Alaska Native/American Indian
Yakutat Tlingit Tribe	Federally Qualified Health Center	Yakutat	40			Alaska Native/American Indian

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)
Yukon Flat Health Center-CATG	Federally Qualified Health Center	Fort Yukon	40			Alaska Native/American Indian
Yukon Kuskokwim Delta Regional Hospital	Hospitals or clinical facility	Bethel	40			
Yukon Kuskokwim Delta Regional Hospital	Federally Qualified Health Center	St Mary's	40			Alaska Native/American Indian
Yukon Kuskokwim Health Corp	Federally Qualified Health Center	Bethel	40			Alaska Native/American Indian
Yukon Kuskokwim Health Corp	Federally Qualified Health Center	Tooksok Bay	40			Alaska Native/American Indian

## 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 expansion of testing in Alaska is important to help protect our Alaska Native communities, the residents and staff of congregate living facilities, healthcare workers, the elderly or disabled, those with underlying conditions as well as those within the homeless/sheltered communities. It is imperative that the State of Alaska is aptly equipped to stay on the forefront of testing to protect these vulnerable populations. Expansion of testing is important to allow Alaska's diverse and complex health care system to safely care for both those with COVID-19 and Alaskans with other health issues. Testing is a key part of re-opening healthcare and delivering necessary health services while at the same time ensuring hospitals have surge capacity for COVID-19.

1. Increase the average weekly testing rate in each region to 125 tests per 10,000 people using newly expanded testing guidance, increased sample collection and laboratory test supplies, and enhanced specimen collection capabilities.
2. Ensure increased sample collection materials and lab test supplies are maintained with increased volume demand as health mandates change.
3. Develop additional testing capacity within health systems.
4. Support the appropriate use of point of care instruments ( and Cepheid) in geographically isolated areas.
5. Implement use of electronic technology to help people access healthcare; virtual assessment tool to assess risk for COVID-19, link to a testing site locator map that provides site-specific contact info and hours of operation, and a secure means to access to lab test results.

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, etc.). Provide specifics about planned expansions of existing capacity, including procurement of new testing equipment or device platforms.

The health departments will directly expand testing capacity through facilities that house high-throughput testing instrumentation such as hospitals and public health laboratories. The State Public Health Laboratories, both in Anchorage and in Fairbanks, each have a Hologic Panther that is capable of running over 1000 tests per day. The tribal hospital, ANMC, also has a Panther. The State Public Health Labs have a combined total of 7 ThermoFisher ABI 7500 Fast instruments that have a daily throughput of 120 samples each. Ramped up testing would allow the state labs to process over 2500 samples per day. Providence, a non-profit hospital, houses a Cepheid Infinity that has the capacity for 48 modules although they currently only have 16 available for testing. If the State can support capacity at Providence by purchasing modules for the instrument and providing cartridges, another 400+ tests can

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

be run daily. Additionally, several moderate through-put instruments have been strategically placed in high-volume areas of industry workers. There are over 85 instruments sitting in remote parts of Alaska that are used to test all incoming travelers/workers as well as any symptomatic individuals. If each instrument is run daily to capacity, with an adequate supply of collection materials, testing reagents and the personnel to run the testing, we will have the ability to reach our goal of testing at least 5% of Alaska's population per month, in addition to industry workers.

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.

The testing needs of vulnerable and at-risk populations is the State of Alaska's top priority. As Alaska has low prevalence of positive cases, we are able to place our energies in asymptomatic screening and surveillance strategies for the many different populations that are susceptible to COVID-19.

Rural strategy - Identification, containment, and eradication

Activities are informed by community and tribal organization desires and may include enhanced testing:

1. In communities with testing capacity: perform symptom screen and diagnostic (nucleic acid or antigen detection) testing on everyone upon arrival.
2. In communities with testing capacity: repeat symptom screen and diagnostic (nucleic acid or antigen detection) testing on persons 5-7 days after arrival.
3. In communities without testing capacity: all symptomatic persons are offered testing. Samples are collected and sent to another facility for testing. Strike teams deploy with mobile testing equipment if there is a confirmed case in a village that does not have testing capacity. In this instance, all residents are tested.
4. In communities without testing capacity: all visitors must be tested and cleared before arrival.

Correctional facility strategy - Identification, containment, and eradication

Activities:

1. Every new remand gets a medical screening evaluation which includes testing for COVID-19 regardless of symptoms. There are roughly 600 new remands a week. These samples will be sent to the State Public Health Lab.
2. Broad-based testing as part of contact tracing in outbreak situations.
3. Staff are screened for symptoms daily and nasal swabs are self-collected weekly through either a local drive-through facility station or in-house with a self-collection kit. There are approximately 1,460 active staff over 14 different correctional facilities in Alaska.

# ELC ENHANCING DETECTION: ALASKA TESTING PLAN

Long-term care facilities and congregate living setting strategy - Identification, containment, and mitigation

Activities:

1. Building internal testing capacity such that they are able to test in-house according to their ongoing needs will be challenging. There are approximately 9,633 residents and participants and 11,161 staff members that require baseline testing.
2. Residents that do not leave the facility are given baseline testing.
3. Residents that leave the facility are tested weekly.
4. Staff are tested weekly, screened daily.
5. All symptomatic residents and staff are tested.

Critical infrastructure industries in remote community setting strategy - Identification, containment, and eradication

Activities:

1. Workers traveling into Alaska to work will follow quarantine orders prescribed in Health Mandate 10: International and Interstate Travel Order for Self-Quarantine.
2. PCR screening tests will be done on all workers either within 48 hours prior to beginning travel to Alaska, within 48 hours prior to beginning onward travel to their final destination community, or upon arrival at their destination community.

Healthcare System strategy - Identification, containment, and mitigation

Activities:

1. All patients are screened for recent illness, travel, fever, or recent exposure to COVID-19.
2. All hospital admissions are tested for COVID-19.
3. All symptomatic patients are tested.
4. All patients waiting for a pre-operative procedure are tested 48 hours prior to surgery.
5. All Healthcare Workers are screened for symptoms daily and tested weekly.
6. All symptomatic first-responders are tested.
7. Testing occurs in-house if at a hospital or at the State Public Health Lab if tested via medical clinic, urgent care center, or at a physician's office.

# ELC ENHANCING DETECTION: ALASKA TESTING PLAN

School System strategy-Identification, containment, and mitigation

Activities:

1. All students and faculty are screened for symptoms daily
2. Students and faculty with symptoms are tested

Alaska tourists - Identification and mitigation

Activities:

1. Offer optional PCR screening tests to all airline travelers upon arrival at interstate hub airports to include Anchorage, Fairbanks, Juneau, and Ketchikan

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)

Barriers to efficient testing are identified as being collection kits not readily available or in low supply, reagent shortages and staffing. The State of Alaska has tried to add versatility to the testing kits that we are ordering so that there are alternate resources. We have started the ordering process for the Aptima SARS-CoV-2 Assay and hope to have an ongoing standing order. The collection tubes will be strategically distributed, targeting large-screen asymptomatic populations. VTM's are being produced by the Alaska State Virology Laboratory (ASVL) and also by the University of Alaska in Anchorage to help fulfill testing needs. 3D printed nasopharyngeal swabs are being manufactured locally. We also recognize that the State Public Health Laboratories are unable to handle all of the testing so many point of care instruments were distributed to various clinics and remote facilities around the state for local screening of symptomatic persons and the influx of travelers for the area. The State of Alaska also recognizes that even though their labs have high throughput instruments that have the capability of running roughly 2000 tests per day, personnel shortages would need to be addressed in order to provide the testing volume and reporting that is targeted for the State.

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

Alaska State Virology Laboratory will be validating the Bio-Rad Platelia SARS-CoV-2 Total Ab Assay (IgM, IgA, and IgG) on their semi-automated Bio-Rad EVOLIS. A kit comes with 96 tests and the instrument has a capacity of running 192 specimens every 3.25 hours with more than one run per day if needed. Reagent availability is potentially the first week of June. Validation will occur once reagents are received. Alaska State Section of Epidemiology does not have plans to utilize serological testing as part of the case investigation process to identify people with active or resolved infections. As Alaska has not had a significant percentage of their population test positive (~0.05%), it is hard to determine what the demand for testing would be.

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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.

Plans for sentinel surveillance in vulnerable populations include point of care screening for symptomatic individuals. Upon a positive result, the population will be screened with appropriate measures taken to ensure the mitigation of the virus. A phased-approach will focus on testing asymptomatic patients, those in industry (fishing, oil, and mining), those in congregate settings with community transmission and lastly travelers to the State of Alaska. We will increasingly test these priority groups until capacity is built and then transition the responsibility of testing to individual communities and/or facilities.

f) Describe the health department's plan to expedite and streamline procurement, hiring, and on-boarding 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

Fast tracked hiring of new staff has been streamlined utilizing a Letter of Agreement with the unions for targeted positions. This results in on-boarding a new hire within 1-2 weeks versus 1-2 months. This accounts for both non-permanent and permanent positions. Procurement requests have also been fast-tracked.

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

**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	1	6							7
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	8 Cepheid instruments (waived)							0
Volume of additional swabs needed to meet planned testing levels <sup>++</sup>	0	31,500							31,500
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels <sup>++</sup>	0	31,500							31,500

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

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)	4500 Hologic test reagents 30,000 TF test reagents	4500 Hologic test reagents 30,000 TF test reagents; 5000 Cepheid cartridges; 2500 reagents							9000 Hologic test reagents; 60,000 TF test reagents; 5,000 Cepheid cartridges
FOR SEROLOGIC TESTING									
Number of additional* equipment and devices to meet planned testing levels	0	0							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)	0	0							

\* Report new monthly additions only, not cumulative levels

## ELC ENHANCING DETECTION: ALASKA TESTING PLAN

++ For May and June, only include needs beyond the supplies provided by FEMA. Report new monthly additions only, not cumulative levels.