

ELC ENHANCING DETECTION: FLORIDA TESTING PLAN

2020 Overarching Jurisdictional SARS-COV-2 Testing Strategy

Jurisdiction:	Florida
Population Size:	21 million

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

Florida, with a population of 21 million residents, has been asked to ensure testing of at a minimum 420,000 residents each month to meet the ELC Enhancing Detection Goals. Below we describe the overarching Florida testing effort and the CDC funded testing effort coordinated by local county health departments (CHDs) that will ensure that testing is community-wide includes vulnerable populations.

Florida Department of Health (Department) is an integrated public health agency with CHDs in each of the state's 67 counties. The CHDs work closely with county governments and health care stakeholders in each local community. The Department has three public health laboratories located in Jacksonville, Miami and Tampa. Florida's emergency management services (EMS) are also coordinated through the Department and EMS personnel have been actively engaged statewide in this response.

In response to the emerging COVID-19 outbreak, Governor Ron DeSantis declared a State of Emergency for COVID-19 on March 9, 2020. The State Emergency Response Team (SERT), which includes a very active and integrated Emergency Support Function 8 representing public health, has been activated and personnel has worked closely with county emergency management and public health officials to ensure the availability of testing personnel, laboratories, test supplies, and PPE for community testing sites. The SERT has regular conference calls with emergency managers, health care and other stakeholder groups (such as faith-based communities, legislative leaders and school superintendents) to ensure that guidance and resources are distributed effectively. Licensed health care facilities and professionals (including pharmacists) receive regular updates on websites and by emails and fax. Resource requests are made through electronic data systems (Web EOC and ReadyOp) from local emergency management and public health officials. We plan to continue to maintain a centralized approach to respond to resource requests for supplies and personnel from local communities to support the COVID-19 response through SERT. Personnel have been activated to help facilitate the surge of purchasing and human resources related mission requests.

The State of Florida has expanded our community testing activities in several ways. The SERT has sponsored community-based drive through testing and walk up sites. Walk up sites have been placed to reach residents in minority populations and those with restricted mobility as a result of health concerns or transportation needs. In addition, specific testing outreach has been conducted to homeless populations and in communities with seasonal agricultural workers. Local county supported testing sites are also available. These sites are strategically placed throughout the state targeting areas with increasing cases, population centers, and vulnerable populations. Currently there are 13 counties which operate 21 state supported testing sites. For a list of the state supported testing sites visit <https://www.floridadisaster.org/covid19/testing-sites/>. Community organized sites are not represented

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on these websites as the locations and operational parameters are established by the community organizations

Florida has a large number of vulnerable persons residing in long-term care facilities. The SERT has coordinated an extensive effort to rapidly detect and respond to outbreaks in these facilities and acute health care settings caring for long-term care patients. During the spring we performed testing at the public health laboratories and 8 contracted laboratories for an approximate daily capacity of 45,000 tests. On June 22, 2020, there had been more than 14,500 cases among residents and personnel at approximately 1,300 facilities identified. The Florida SERT tested all personnel and residents of Florida nursing homes and assisted living facilities between April 11 and June 1. This includes testing of approximately 252,000 persons at 3,889 facilities. The SERT contracted with a commercial laboratory to support this testing. In addition, a mobile van with point of care testing capability (GeneXpert) was deployed to support this effort. On June 15, 2020 the Florida Agency for Health Care Administration filed an emergency rule requiring all skilled nursing facilities test their staff every two weeks between June 15-September 15, 2020 using the Curative self swab. In addition, county health departments are working closely with health care facilities with vulnerable populations to ensure regular testing and follow up.(See below)

The SERT is also coordinating closely with local and state law enforcement to monitor for outbreaks in correctional facilities. To date, we have uncovered outbreaks in 157 correctional facilities with 3,900 cases. Testing of symptomatic personnel and inmates is recommended.

Between June 1 and June 30, 940,597 persons (4.5% of Florida's population) were tested for SARS CoV-2 virus or antigen in Florida. 134 of 176 CLIA certified hospital laboratories in Florida perform COVID-19 testing averaging about 9,000 specimens per day. In addition, antibody testing is also occurring in all 67 Florida counties. The results are reportable and to date 272,000 persons tested for IgG or total antibodies with a statewide positivity rate of 4%.

The SERT continues to expand testing services by adding walk ups areas with vulnerable populations and is working with several business partners to provide testing on their commercial properties. In addition, the SERT continues to explore further using Curative and BioIQ in home self collected specimens as another avenue to ensure access to COVID testing.

To ensure outreach to vulnerable populations each County Health Department (CHD) has been charged testing 2% of the county population, with a focus on vulnerable populations, each month. CHDs will expand on the current testing services within their county to ensure this goal is achieved. Targeted outreach will be conducted to underserved communities such as homeless, farm workers, service industry workers, ethnic minority as well as under and uninsured community members based on county specific findings from local community health assessment efforts. As integrated Department resources to complete this goal will be provided to them. CHDs are reporting weekly on the progress and through established CHD calls progress will be monitored and evaluated. We also prioritize responding to disease clusters in these vulnerable groups, in June, as a result of multiple disease clusters in agricultural

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communities, a concerted effort was made to test and implement control measures in these communities statewide. More than 7,000 agricultural workers have been tested to date in 25 counties as part of this outreach effort. We have also had a deployed team from CDC to help plan testing and other disease efforts for later this fall when the seasonal workers return to Florida.

The State has purchased the recently approved point of care antigen test from Quidel. The distribution plan will be based on need and requests from local communities but see the utility of these in congregate settings and in vulnerable populations where real time test results may be of particular value. We have also seen a rapid uptake of these rapid tests in our community. More than 700 positive Quidel antigen test results have been reported from health care providers to the Florida Department of Health to date. As antigen-based point of care tests with high sensitivity and specificity become available we will work with health care provider and community partners to facilitate access to rapid testing for outbreak detection and screening of essential workers.

The Department of Health are expanding serological testing and utilizing serology testing data in a variety of ways. As mentioned previously, private providers in Florida are performing antibody testing using commercial laboratories and more than 1% of Florida's population have already received an antibody test. The Department is also partnering with OneBlood and receive antibody data monthly from statewide testing of blood donor. In addition, we are partnering with CDC on a couple of serosurveys. One, which has already been published, looked at LabCorp samples from south Florida. The second is a longitudinal study where patients are followed over time. The State of Florida has purchased 200,000 Cellex antibody tests which have been deployed to five drive through sites as well as hospitals. Priority testing has been offered to health care workers and first responders, but testing is also available to the general public. To date, approximately 35,000 of these tests have been conducted. Lastly, we are expanding antibody testing capacity in our public health laboratories. The focus on this testing, which will start off slowly and expand later this fall, will be on the public health work force starting out and then based on testing data, essential workers, vulnerable populations and populations of particular interest (such as children) to ensure we have a representative sample of Florida's population in ongoing serological testing.

Long turnaround time from commercial laboratories have been a concern in Florida. We are in the process of further enhancing our testing capability by increasing our testing capacity in Florida's public health laboratories to ensure timely turnaround for time sensitive samples. With our three public health laboratories we are able to shift overflow samples between laboratories. We also have a contract in place with a commercial laboratory (Bioreference) when the daily sample volume in the public health laboratory exceeds capacity. We are asking for financial support for our public health laboratory capacity enhancement. By enhancing the capacity for high through put testing at our public health laboratories we can ensure timely testing and reporting of community and sentinel surveillance tests as well as testing related to outbreak response. The Jacksonville public health laboratory will be our lead public health testing site for, what we anticipate to be, an intense testing effort associated with the Republican National Convention scheduled in late August. We anticipate redirecting other samples to our two other public health laboratories at that time, and as mentioned, already have a contract and a process in place to redirect overflow specimens to a commercial laboratory if needed. We are also asking for financial support for our laboratory data system as well as our case reporting data system, which manages our electronic laboratory reports (ELR) from private laboratories. Florida has a robust ELR system that receives reports from 310 laboratories, encompassing about 98% of all COVID-19

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laboratory reports. Positive and negative COVID-19 PCR, antigen and antibody results are reportable in Florida per emergency rule 64DER20-18 adopted on April 8, 2020.

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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*	619,005	940,597	450,000	450,000	450,000	450,000	450,000	450,000	4,259,602
Serology	2,000	5,000	5,500	10,000	15,000	20,000	100,000	189,000	346,500
TOTAL	621,005	945,597	455,500	460,000	465,000	470,000	550,000	639,000	

*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)
BPHL	Public health lab		13,700	6,300	Elderly, disabled, nursing home residents, prisoners, health care workers, employees of high-risk facilities, critical infrastructure workforce, childcare providers, and others as identified in partnership with County Health Departments and Bureau of Epidemiology.
State Emergency Response Team (SERT)	Commercial or private lab	RealDx	3,000		nursing homes, Residents/Employees, FDEM

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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)
SERT	Commercial or private lab	NW Pathology	10,000		nursing homes, Residents/Employees, FDEM
SERT	Commercial or private lab	RealDx	3,000		nursing homes, Residents, FDEM
SERT	Commercial or private lab	NW Pathology	10,000		nursing homes, Residents, FDEM
SERT	Commercial or private lab	Genetworx	7,500		Elderly, All, FDEM
SERT	Commercial or private lab	Bioreference	4,000		All, FDOH
SERT	Commercial or private lab	LabCorp	10,000		
SERT	Commercial or private lab	Quest	10,000		
SERT	Commercial or private lab	Biollections	1,500		
County Health Activities	Commercial or private lab	MDL	15,000		
Mobile Testing (Bus)	Public health lab	StatLab	300		elderly

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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)
SERT	Commercial or private lab	Curative	10,000		nursing home staff
SERT	Commercial or private lab	Niznik	700		

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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.

Florida Department of Health (Department) is an integrated public health agency with county health departments (CHDs) in each of the state's 67 counties. The CHDs work closely with county governments and health care stakeholders in each local community. The Department has three public health laboratories located in Jacksonville, Miami and Tampa. Florida's emergency management services (EMS) are also coordinated through the Department and EMS personnel have been actively engaged statewide in this response.

The State Emergency Response Team (SERT), which includes a very active and integrated Emergency Support Function 8 representing public health, has been activated and personnel has worked closely with county emergency management and public health officials to ensure the availability of testing personnel, laboratories, test supplies, and PPE for community testing sites. The SERT has regular conference calls with emergency managers, health care and other stakeholder groups (such as faith-based communities, legislative leaders and school superintendents) to ensure that guidance and resources are distributed effectively. Licensed health care facilities and professionals (including pharmacists) receive regular updates on websites and by emails and fax. Resource requests are made through electronic data systems (Web EOC and ReadyOp) from local emergency management and public health officials. We plan to continue to maintain a centralized approach to respond to resource requests for supplies and personnel from local communities to support the COVID-19 response through SERT. Personnel have been activated to help facilitate the surge of purchasing and human resources related mission requests.

In addition, in close collaboration with hospitals and long-term care facilities the SERT has facilitated extensive testing efforts at long term care facilities and ensured laboratory testing access for hospitals through the public health laboratories and contracts with 8 private laboratories for an approximate daily capacity of 45,000 tests. Between April 25, 2020 and May 24, 2020, 539,318 persons (2.6 % of Florida's population) have been tested for SARS CoV-2 virus or antigen in Florida. In addition, reports showing 113,000 persons tested for IgG or total antibodies during the same time period have also been received. As an established emergency management system Florida will continue these proven practices to achieve the 2% monthly goal.

The State of Florida has expanded our community testing activities in several ways. The SERT has sponsored community-based drive through testing and walk up sites. Walk up sites have been placed to reach residents in minority populations and those with restricted mobility as a result of health concerns or transportation needs. In addition, specific testing outreach has been conducted to homeless

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populations and in communities with seasonal workers. Local county supported testing sites are also available. These sites are strategically placed throughout the state targeting areas with increasing cases, population centers, and vulnerable populations. Currently there are 13 counties which operate 21 state supported testing sites. For a list of the state supported testing sites visit <https://www.floridadisaster.org/covid19/testing-sites/>. Community organized sites are not represented on these websites as the locations and operational parameters are established by the community organizations.

A mixed approach will continue to be utilized moving forward which provides counties the opportunity to support the locations or the state to provide the services to test the populations.

The State of Florida has purchased 200,000 Cellex antibody tests which have been deployed to five drive through sites as well as hospitals. To date, approximately 5,000 of these tests have been conducted. The State has also purchased the recently approved point of care antigen test from Quidel. The distribution plan will be based on need and requests from local communities.

Florida has a large number of vulnerable persons residing in long-term care facilities. The SERT has coordinated an extensive effort to rapidly detect and respond to outbreaks in these facilities and acute health care settings caring for long-term care patients. During the spring we performed testing at the public health laboratories and 8 contracted laboratories for an approximate daily capacity of 45,000 tests. On June 22, 2020, there had been more than 14,500 cases among residents and personnel at approximately 1,300 facilities identified. The Florida SERT tested all personnel and residents of Florida nursing homes and assisted living facilities between April 11 and June 1. This includes testing of approximately 252,000 persons at 3,889 facilities. The SERT contracted with a commercial laboratory to support this testing. In addition, a mobile van with point of care testing capability (GeneXpert) was deployed to support this effort. On June 15, 2020 the Florida Agency for Health Care Administration filed an emergency rule requiring all skilled nursing facilities test their staff every two weeks between June 15-September 15, 2020 using the Curative self swab. In addition, county health departments are working closely with health care facilities with vulnerable populations to ensure regular testing and follow up.(See below)

The SERT continues to expand testing services by adding walk ups areas with vulnerable populations and is working with several business partners to provide testing on their commercial properties.

As stated previously each County Health Department has been charged testing 2% of the county population each month, most of this testing will be conducted at the public health laboratories (capacity 13,700 PCR test per day). CHDs will expand on the current testing services within their county to ensure this goal is achieved. Targeted outreach will be conducted to underserved communities such as homeless, farm workers, service industry workers, ethnic minority as well as under and uninsured community members based on county specific findings from local community health assessment efforts.

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As integrated Department resources to complete this goal will be provided to them. CHDs will report weekly on the progress and through established CHD calls progress will be monitored and evaluated. In addition, the CHDs will be working with the public health laboratory to increase access to the non-diagnostic antibody test among vulnerable populations and those at high risk. The public health laboratory is building capacity to conduct 6,300 antibody tests per day.

The SERT is also coordinating closely with local and state law enforcement to monitor for outbreaks in correctional facilities. As of July 1, 2020, we have uncovered outbreaks in 157 correctional facilities with more than 3,900 cases. Testing of symptomatic personnel and inmates is recommended.

We plan to enhance our testing capability in Florida's public health laboratories and are asking for financial support for this effort. We are in the process of increasing our capacity for PCR tests to 13,700 per day, to support the 2% population testing goal. We are also in the process of increasing antibody testing capacity to 6,300 tests per day. By enhancing the capacity for high throughput testing at our public health laboratories we can ensure timely testing and reporting of community and sentinel surveillance tests as well as testing related to outbreak response. The public health laboratories plan to hire staff to support additional shifts to meet the testing goals. The number and type of positions have been identified to fully staff these shifts including laboratory supervisors, lead scientists, laboratory technicians. Support staff positions have also been identified including maintenance mechanics, computer system specialists, accountants, and office specialists. We are also asking for financial support for our laboratory data system as well as our case reporting data system, which manages our electronic laboratory reports (ELR) from private laboratories. Florida has a robust ELR system that receives reports from 310 laboratories, encompassing about 98% of all COVID-19 laboratory reports. Positive and negative COVID-19 PCR, antigen and antibody results are reportable in Florida per emergency rule 64DER20-18 adopted on April 8, 2020. To reduce barriers to efficient testing by expanding electronic laboratory test data, BPHL will implement portable/mobile device packages (LabWare Portable Solutions) with health department clinics or collection sites to facilitate rapid collection of data that will be transmitted electronically to BPHL's Laboratory Information Management System (LIMS) to improve data quality and remove time-consuming patient demographic entry. BPHL will implement serology testing for the detection of SARS-CoV-2 antibodies by EUA assays. BPHL will implement testing on currently available instrumentation in the laboratory that includes; Ortho Clinical Vitros 3600, two instruments in Jacksonville and two instruments in Miami laboratories; Abbott Architect, two i1000 instruments in Miami and two i2000 instruments in Jacksonville. BPHL Jacksonville also has the automated Dynex Agility to perform additional lower-throughput testing if necessary e.g. BioRad IgG/IgA/IgM testing. Both the total antibody and IgG test will be verified on the Vitros and the IgG assay on the Architect. To supplement high throughput capacity, Jacksonville and Tampa will purchase DiaSorin Liaison XL Advanced instruments to run the IgG assay and Tampa will also purchase an Abbott Alinity. BPHL will establish a serology testing plan based on evaluation of the assays and the best choice of testing algorithm based on antibody isotype (IgM, IgG, IgA). Initially BPHL will work with a small number of local health departments and will target testing of health care workers, employees of high-risk facilities, critical infrastructure workforce, childcare providers, and others as identified in partnership with our County Health Departments and Bureau of Epidemiology. This testing will involve

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patients coming to the county health department clinics or as part of outbreak investigations. Both molecular testing and antibody testing will be provided to each patient. Prior to expansion of antibody testing, data will be reviewed and appropriate roll out of antibody testing will be discussed with the Bureau of Epidemiology. In addition to clinical testing, antibody testing will be performed for surveillance purposes, at the request of the Bureau of Epidemiology, to assist in epidemiological investigation in certain populations. Additional instruments required for diagnostic molecular testing: May - 2 Hologic Panther instruments to supplement high throughput molecular diagnostic testing, ; June - 4 additional Hologic Panther instruments and 1 Hologic Panther Fusion module, 1; July - 4 additional Panther instruments; August - 3 Roche Cobas 6800. Additional instruments required for serology testing: May - 1 DiaSorin Liaison XL instrument to supplement high throughput, automated serology testing, ; June - 1 additional 1 DiaSorin Liaison XL, 1; July - 1 additional high throughput serology instrument, Abbott Alinity. [Note: Instruments that have already been purchased and are awaiting delivery include; 10 x Hologic Panthers, 1 x Panther Fusion, 1 x DiaSorin Liaison XL, and 3 x Roche Cobas 6800]. Requirement for swabs: 80% of testing will be with the Hologic Panther using the proprietary Hologic Multitest swab so additional swabs will be needed for 20% not collected in Multitest swab and collected and run on CDC assay, Panther Fusion, Abbott m2000, ThermoFisher TaqPath or Roche Cobas 6800. BPHL is making it's own VTM but to supplement this, some VTM will be required. BPHL does not want to use MTM as this cannot be run on the Hologic systems. There is a need for Hologic proprietary lysis tubes which are used if samples are not collected with the Hologic multitest swab and also for running samples on the Hologic Panther Fusion.

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Table #2: Planned expansion of testing driven by public health departments

BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
Number of additional* staff to meet planned testing levels	0	0	61	24	0	0	0	0	85
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)	2	5	4	3	0	0	0	0	14

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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 ⁺⁺	0	36,000	60,000	411,000	411,000	411,000	411,000	411,000	2,151,000
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels ⁺⁺	0	0	15,000	171,000	171,000	171,000	171,000	171,000	870,000

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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	All per day: 500 reagent kits for ThermoFisher KingFisher; 5,000 Hologic Panther TMA tests; 300 Hologic Panther Fusion tests (1,000 lysis tubes for panther tests not performed with MTS kit)	All per day: 900 reagents for CDC assay; 2,000 reagents kits for Roche Cobas; 500 reagent kits for ThermoFisher KingFisher; 10,000 Hologic Panther TMA tests; 300 Hologic Panther Fusion tests (1,700 lysis tubes for Panther tests not done with MTS kit)	All per day: 900 reagents for CDC assay; 2,000 reagents kits for Roche Cobas; 500 reagent kits for ThermoFisher KingFisher; 10,000 Hologic Panther TMA tests; 300 Hologic Panther Fusion tests (1,700 lysis tubes for Panther tests not done with MTS kit)	All per day: 900 reagents for CDC assay; 2,000 reagents kits for Roche Cobas; 500 reagent kits for ThermoFisher KingFisher; 10,000 Hologic Panther TMA tests; 300 Hologic Panther Fusion tests (1,700 lysis tubes for Panther tests not done with MTS kit)	All per day: 900 reagents for CDC assay; 2,000 reagents kits for Roche Cobas; 500 reagent kits for ThermoFisher KingFisher; 10,000 Hologic Panther TMA tests; 300 Hologic Panther Fusion tests (1,700 lysis tubes for Panther tests not done with MTS kit)	All per day: 900 reagents for CDC assay; 2,000 reagents kits for Roche Cobas; 500 reagent kits for ThermoFisher KingFisher; 10,000 Hologic Panther TMA tests; 300 Hologic Panther Fusion tests (1,700 lysis tubes for Panther tests not done with MTS kit)	

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BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
FOR SEROLOGIC TESTING									
Number of additional* equipment and devices to meet planned testing levels	1	1	1	0	0	0	0	0	3
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	All per day: 1,000 Abbott Architect/Alinity IgG reagents; 1,000 Ortho Vitros IgG reagents;	All per day: 3,000 Abbott Architect/Alinity IgG reagents; 2,300 Ortho Vitros IgG reagents; 1,000 DiaSorin Liaison XL reagents	All per day: 3,000 Abbott Architect/Alinity IgG reagents; 2,300 Ortho Vitros IgG reagents; 1,000 DiaSorin Liaison XL reagents	All per day: 3,000 Abbott Architect/Alinity IgG reagents; 2,300 Ortho Vitros IgG reagents; 1,000 DiaSorin Liaison XL reagents	All per day: 3,000 Abbott Architect/Alinity IgG reagents; 2,300 Ortho Vitros IgG reagents; 1,000 DiaSorin Liaison XL reagents	All per day: 3,000 Abbott Architect/Alinity IgG reagents; 2,300 Ortho Vitros IgG reagents; 1,000 DiaSorin Liaison XL reagents	All per day: 3,000 Abbott Architect/Alinity IgG reagents; 2,300 Ortho Vitros IgG reagents; 1,000 DiaSorin Liaison XL reagents

* Report new monthly additions only, not cumulative levels

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