TOPIC: How should testing resources be allocated to best target priority groups?

STATE OF PLAY: WHAT'S THE LATEST

Last week, some California counties announced that free testing would be available to all residents. Yet, testing shortages prevent most states from meeting the White House criteria for 'robust testing'. Because of complex supply chains, misallocation of testing inputs (e.g., swabs, transport media), and scale manufacturing challenges, shortages will likely continue.

Testing scarcity has led to prioritization of access. National agencies and associations - the CDC, ASTHO and ISDA - have set guidelines around four key groups: 1) Hospitalized patients 2) Health workers and first responders 3) Residents and workers in congregate living facilities 4) Individuals at risk of COVID complications (i.e., the elderly, those with underlying conditions).

In the last month, certain states - primarily those with greater access to testing resources - have expanded priority populations to include essential workers, rural communities and underserved communities (e.g., communities of color, low-income communities, homeless populations).

THE BIG PICTURE: WHY IT MATTERS, WHAT MIGHT BE NEXT?

Testing suppliers have needed - and will continue to need - two levels of support: national guidance on nationwide allocation and local coordination to best deploy tests. Large commercial labs, like LabCorp and Quest have entered into public-private partnerships to coordinate efforts at hospitals, government-run testing sites, and company-run testing sites (CVS, Walmart). While established players are well-positioned to work with federal and state governments, market entrants face challenges coordinating with the public sector.

In addition to guiding and coordinating testing deployment, states are also serving as direct buyers of test kits. Maryland, for example, recently purchased 500,000 test kits on behalf of its residents. Testing companies looking to allocate resources in alignment with state priorities can likely rely on state procurement teams as centralized buyers of supply.

As novel testing technologies come to market, and as employers begin to explore employee testing, relevant stakeholders must assess which tests are best suited to address the needs of different populations. New point-of-care (POC) tests and at-home saliva tests will require targeted deployment and additional coordination to maximize impact across priority groups:

- Due to fast (< 1 hour) and onsite results, POC tests are preferred for targeting healthcare workers, rural communities and homeless populations.
- At-home, saliva-based tests are preferred for at-risk individuals as well as residents in congregate settings. At-risk groups (e.g., elderly or infirm) often cannot leave residences

and benefit from remote collection. Conregrate facility testing requires large-scale collection and preservation, which is easier with saliva than with nasopharyngeal swabs.
- Unlike other priority groups, essential workers and first responders do not have the same collection or processing needs. For now, these groups can be best served through widely available nasal tests at mass drive-through testing sites.
- Non-essential employees will likely be best addressed through employer-led programs. Testing frequency will depend on the risk profile of the workplace, but a minimum weekly cadence is likely to be the standard. Employers looking to develop a program should do so in coordination with local governments. For example, Las Vegas casinos are partnering with the city's Convention and Visitors Authority to distribute employee tests.

THE QUESTIONS WE'RE ASKING

TESTING COMPANIES
- Are national testing suppliers coordinating with federal and local governments to prioritize states with the greatest testing need (i.e., FEMA's Diagnostics Task Force)?
- Which populations are testing suppliers best positioned to target based on their testing method (e.g., sample collection method, assay technology)?

GOVERNMENT INSTITUTIONS
- How can governments keep testing suppliers up-to-date on evolving prioritization?
- Do states' testing supply mix meet the unique needs of their priority populations?

CEOs AND BUSINESS LEADERS
- For businesses looking to set up their own testing programs, what scale and frequency of employee testing would be necessary for the program to be effective?
- In absence of an employer-led testing program, what other forms of employee surveillance may be effective to protect workers (i.e., contact tracing and isolation)?

WHAT STS IS DOING ABOUT IT

- STS is working to increase testing capacity nationwide by connecting testing companies with innovative organizations that have mobilized to address critical testing needs.
- STS is elevating new testing technologies that have differential impact for priority populations among funding partners (i.e., saliva-based tests, at-home tests, POC tests).

LEARN MORE: OTHER EXPERTS AND SOURCES
- COVID Exit Strategy: Tracking states as they make progress toward new normal
- Harvard's Global Health Institute state testing needs model
- The White House Opening Up America: Testing overview
- CDC interim guidance for employers responding to coronavirus disease