COVID-19 Weekly Testing Summary

On May 1, the Oregon Health Authority (OHA) released its COVID-19 Strategic Testing Plan for Oregon. The Strategic Testing Plan includes the following goals:

1. **Test more people living in Oregon for COVID-19 based on testing guidelines**, which were revised on June 2. These guidelines recommend testing all people with symptoms, and if resources are limited, recommend prioritizing testing higher risk groups including direct care or service workers, front-line workers, people whose first language is not English and people who identify as Black, African American, Latino, Latina, Latinx, American Indian/Alaska Native, Asian, Asian-American, Pacific Islander, or as having a disability. Data shows us that people in these communities are at higher risk for COVID-19 infection. The new guidance also expands testing recommendations for asymptomatic people to include close contacts of a person with COVID-19 and people exposed to COVID-19 in non-healthcare congregate settings (e.g. residential care facility, agricultural settings, food-packing plants, prisons, shelters, etc.), and seasonal agricultural workers arriving in Oregon.

2. **Use all available resources in Oregon, so all symptomatic people are tested for COVID-19**.

The Strategic Testing Plan is an essential component of active surveillance, which includes case investigation and contact tracing, to better understand and stop the spread of disease.

Summary of Oregon test results through 6/27/2020

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<tbody>
<tr>
<td>Positive</td>
<td>1</td>
<td>12</td>
<td>35</td>
<td>66</td>
<td>348</td>
<td>437</td>
<td>472</td>
<td>414</td>
<td>392</td>
<td>402</td>
<td>453</td>
<td>438</td>
<td>255</td>
<td>304</td>
<td>413</td>
<td>765</td>
<td>1137</td>
<td>1441</td>
<td>7,785</td>
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<tr>
<td>Negative</td>
<td>3</td>
<td>122</td>
<td>466</td>
<td>1,460</td>
<td>7,050</td>
<td>7,434</td>
<td>9,318</td>
<td>8,683</td>
<td>8,779</td>
<td>12,282</td>
<td>14,028</td>
<td>16,349</td>
<td>15,433</td>
<td>17,143</td>
<td>20,126</td>
<td>22,136</td>
<td>26,534</td>
<td>32,183</td>
<td>219,529</td>
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<tr>
<td>Total results</td>
<td>4</td>
<td>134</td>
<td>501</td>
<td>1,526</td>
<td>7,398</td>
<td>7,871</td>
<td>9,790</td>
<td>9,097</td>
<td>9,171</td>
<td>12,684</td>
<td>14,481</td>
<td>16,787</td>
<td>15,688</td>
<td>17,447</td>
<td>20,539</td>
<td>22,901</td>
<td>27,671</td>
<td>33,624</td>
<td>227,314</td>
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<tr>
<td>% positive</td>
<td>25.0%</td>
<td>9.0%</td>
<td>7.0%</td>
<td>4.3%</td>
<td>4.7%</td>
<td>5.6%</td>
<td>4.8%</td>
<td>4.6%</td>
<td>4.3%</td>
<td>3.2%</td>
<td>3.1%</td>
<td>2.6%</td>
<td>1.6%</td>
<td>1.7%</td>
<td>2.0%</td>
<td>3.3%</td>
<td>4.1%</td>
<td>4.3%</td>
<td>3.4%</td>
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As of June 27, Oregon’s cumulative positive testing rate is 3.4% of tests performed. This is considerably lower than the national average of 9%. Oregon’s number of tests performed has
been steadily increasing week after week, but the number of positive cases and the test positivity rate have increased significantly over the past month. This suggests increasing numbers of individuals with COVID-19, which is expected now that all counties are in Phase 1 or Phase 2 of reopening. Recent large outbreaks around the state have also contributed to these increases. We will continue to monitor these trends.

As of early June, we have reached the threshold of testing 2% of the Oregon population each month, the benchmark set by the Enhancing Detection supplement to the CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) cooperative agreement.

Testing capacity
In mid-May, the OSPHL, Kaiser Permanente, and Interpath laboratories went live with the Hologic Panther instrument, which increased the state’s testing capacity. St. Charles and Salem Health also hope to validate Panther instruments by mid-July. Currently, the OSPHL uses a validated Abbott Architect IgG assay to support seroprevalence work and is capable of reporting approximately 200 specimens per day.

OSPHL has distributed a survey to clinical labs around the state to quantify current in-state testing capacity. From the survey data, the most recent weekly capacity estimate is 33,000 tests for the week of June 10 to June 17. Due to expected supply constraints described below, OSPHL is anticipating a reduction in hospital COVID-19 testing capacity over the next 6 to 8 weeks. In such a scenario, facilities may need to seek out laboratories that are able to perform testing for prioritized populations, including symptomatic hospitalized patients.

Testing resources
OHA continues to fill requests for commercial laboratory testing through Quest and LabCorp. These contracts are designed to provide access to COVID-19 testing for entities that do not have access to laboratory testing through their own health system or commercial laboratory contracts. Commercial testing requests by local emergency managers are made via the ECC’s OpsCenter platforms.

The Oregon Public Health Clinical Laboratory Consortium is coordinating testing capacity of partner laboratories to perform testing for high risk and vulnerable populations if the Oregon State Public Health Laboratory is at capacity. This consortium is now reporting supply constraints from Roche, BD Max, and Hologic.

OHA continues to supply all laboratories and hospitals that have the Abbot ID NOW instrument with ID NOW test kits. The CDC International Reagent Resource (IRR) will supply states with 50 boxes of test kits and six packs of controls through an automatic shipment each week. This week, OHA has received its weekly allocation of 50 boxes of ID NOW test cartridges (24 tests per box). Fifteen ID NOW instruments were distributed to areas of the state that do not have in-house laboratory testing or that have high COVID-19 case counts.
Oregon continues to receive periodic shipments of testing swabs, universal transport media for specimen collection kits, and certain testing supplies and reagents from the US Department of Health and Human Services (HHS). These ongoing supplies will be available for counties and tribes to request through their Emergency Managers using OpsCenter.

OHA continues to explore opportunities to expand collection and testing services.

Supply chain issues
OHA has received information that testing supply allocations from several major manufacturers to OSPHL and clinical labs in Oregon are being or may be reduced due to increasing national demand. OSPHL is conducting a survey to assess current testing capacity and supply constraints and will provide updates in future testing summaries. Additional Cepheid test cartridge availability will continue to be limited, as the supplier is at production capacity and is planning to stop COVID-19 production so they can begin production on their other tests (influenza, etc.).

Supply shortages are impacting the volume of testing that can be performed at laboratories using these methods. A total of nine hospital laboratories are impacted; one has reported an inability to perform testing due to supply shortages.

Technical assistance
Oregon hospital laboratories and OSPHL continue to meet weekly to share technical information, updates about testing efforts, and information about supply-chain barriers. The OSPHL continues to provide technical assistance to laboratories who reach out for help implementing COVID-19 testing. OHA continues to evaluate COVID-19 testing platforms as they become available.

Congregate care settings
OSPHL continues to prioritize its testing to identify and control clusters of COVID-19 disease in congregate care settings, including long-term care and correctional facilities. As of May 1, OHA’s testing guidance includes a separate document with criteria for COVID-19 testing at OSPHL.

OHA is currently conducting a COVID-19 prevalence study using PCR testing at skilled nursing facilities, residential care facilities and assisted living facilities across the state. The results of this survey will be used to inform Oregon’s testing strategy in these high-risk populations. OHA plans to conduct a large seroprevalence study later this summer at the same facility types. Both studies will test all residents and staff.