

ELC ENHANCING DETECTION: KANSAS TESTING PLAN

2020 Overarching Jurisdictional SARS-COV-2 Testing Strategy

Jurisdiction:	Kansas
Population Size:	2,913,314 (Census, 2019)

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

Kansas currently has an initial statewide strategy for COVID-19 specimen collection and testing. The goal of this strategy is to facilitate a rapid increase in statewide testing using all testing sites and platforms available. KDHE will work with vendors, laboratories, and local sampling sites to help ensure that testing supplies and platforms are in place or easily mobilized to support communities, Kansas local health departments, and to support the early detection of outbreaks in congregate settings.

a) KDHE has developed an interactive map with all current and potential laboratories capable of performing diagnostic and serological SARS-CoV-2 tests. This map provides locations, instrumentation, capacity and any current barriers to testing at that site. Utilizing this map and a simplified public facing map and commercial laboratory list, organizations, facilities and others can identify local testing options or alternate testing facilities to ensure reasonable turn around times and performance. These tools will also enable KDHE to facilitate supplies or deploy equipment to laboratories in areas where there is either not enough testing being performed or where there is an outbreak and a need for rapid testing locally. By having both current and potential capacities, KDHE can monitor the available capacity across the state to ensure it is adequate and facilitate expanding that capacity as needed for any given circumstance.

b) Kansas currently has partnered with WalMart to provide testing in three counties through their mobile testing units and will be transitioning to provide testing in some of their physical locations. CVS pharmacies will also be providing at least 10 collection/testing sites in local Kansas markets. Kansas also currently deploys the Abbott ID NOW point of care machines, along with the needed test kits, to counties dealing with outbreaks in meat packing facilities. KDHE provides sampling supplies and provides testing for a number of local health department-led drive through testing sites across the state. KDHE is looking to develop specific strategies for placement of rapid testing platforms in mobile units.

c) Kansas has purchased the Diazyme automated platform for serology testing (IgG and/or IgM). KDHE is in the process of designing either a large-scale geographic or a community-level seroprevalence survey.

d) As described above, KDHE has already established locations and details about the testing facilities available in Kansas. KDHE has also established relationships with most of the vendors with testing equipment located in Kansas. KDHE will set up a combination of calls, emails and/or surveys to maintain current communications with these facilities and vendors to identify any needs or changes to either their scope or their capacity. This may be accomplished utilizing the relationship with the CLIA surveyors (part of the Office of Laboratory Services and KDHE), the State Preparedness Training Coordinator, trade associations and direct communications between laboratory directors/managers.

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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*	58,300	60,000	60,000	60,000	70,000	90,000	70,000	60,000	528,300
Serology		1,000	3,000	6,000	10,000	10,000	10,000	10,000	50,000
TOTAL	58,300	61,000	63,000	66,000	80,000	100,000	80,000	70,000	

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)
Kansas Office of Laboratory Services (KDHE Laboratories)	Public health lab		1,200	500		Corrections Facilities; nursing homes and congregate living facilities, homeless shelters and support of local health departments.
	[Select One]					

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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.

a) The KDHE Office of Laboratory Services expanded capacity in May from 300 to 1000 plus samples per day. This expansion included the addition of PerkinElmer Chemagic extraction platform and a Janus liquid handling system. Prior to this, the office added additional Qiagen Qiacubes to increase capacity using the CDC EUA. The state public health lab has the capability to further expand if necessary to 2,000 plus samples per day if needed using current equipment but expanding staff to include multiple shifts per day. KDHE will continue to evaluate other high throughput platforms such as the Hologic Panther. Further expansion is being realized through partnerships with charitable organizations and a university health system as well as increasing capacity in a university laboratory and various commercial labs. KDHE will continue to partner with local health departments and other organizations to conduct drive through testing and/or collection sites as needed around the state. The state lab will also explore contract laboratory services to support overflow testing as well as expanded testing in long term care facilities.

b) KDHE is implementing the strategy for mandatory testing of residents and staff in all 317 Medicaid licensed nursing facilities. If this strategy is effective and resources allow, this testing will be mandated in all other adult care homes categories. KDHE is currently supporting testing through the state laboratory of all asymptomatic and symptomatic staff and residents in congregate settings once the first case is identified in that setting. The state laboratory has supported expanded testing of both symptomatic and asymptomatic staff and inmates at several state correctional facilities. It is expected that the state laboratory will also support homeless shelters as commercial laboratories begin to do more of the long term care facilities (LTCF). KDHE is also working with the Kansas Department of Aging and Disabilities (KDADS) to develop ongoing testing strategies for LTCFs. KDHE will also explore the possibility of supporting drive through collection sites or mobile testing sites through local community centers or organizations in neighborhoods that may be underserved.

c) As described in the jurisdictional overarching strategy, KDHE will maintain contact with all testing facilities in the state. If areas of underutilization are identified, KDHE will work with local health departments and organizations to make sure that resources are being utilized fully. KDHE will also support these efforts with their public information office and messaging encouraging testing of citizens. Likewise if there are issues with supplies in these facilities, KDHE will attempt to direct supplies to them. Currently all SARS-CoV-2 testing in Kansas (positive and negative) is reported to the state surveillance system (EPITRAX). This data is then sent to the CDC for assimilation into the national database. This system also ensures that all local health departments can access results of testing done on their county residents. Couriers and overnight shipping is utilized by both commercial laboratories as well as the state laboratory.

d) KDHE has purchased and installed two Diazyme instruments to perform serological testing. These instruments can be used for either IgG or IgM or both and have a modest daily capacity of 800 samples. As noted in the jurisdictional strategy, Kansas is developing plans for seroprevalence surveys that would

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use these instruments. In addition there are several other laboratories that have various serological testing equipment that may be used for various purposes.

e) KDHE will continue to work with local health departments and other community partners to expand testing in vulnerable populations through implementing rapid testing platforms and community- based specimen collection in vulnerable populations to ensure access to testing and to quickly identify areas with increasing risk of transmission in order to ensure rapid deployment of community mitigation efforts and resources .

f) Expansion of testing in the state public health laboratory will mostly occur due to increase staffing to allow the continued diagnostic testing while at the same time increasing serological testing. KDHE has already partnered with a local university for temporary staffing needs. KDHE will address additional staffing needs through a combination of the CDC Foundation, temporary agencies as well as direct recruitment. Currently much of the laboratory staff are cross trained with their current duties as well as various components of the SARS-CoV-2 assays. This means that new staff can be trained into the other/traditional programs which is often quicker with more support. KDHE has been working with vendors to assure supply chain for their expanded testing. No additional supplies are anticipated for May/June, beyond what the agency has or is receiving from FEMA. For the period beyond June, KDHE will be going back to the vendors and confirming their supply chains to meet the testing goals outlined

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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			2	4					6
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)				1					1
Volume of additional swabs needed to meet									0

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BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
planned testing levels ⁺⁺									
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels ⁺⁺									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 PerkinElmer; 200/day Cepheid	1000/day PerkinElmer; 200/day Cepheid; 1000/dayHologic Panther					
FOR SEROLOGIC TESTING									
Number of additional* equipment and devices to meet	2								2

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BY MONTH:	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
planned testing levels									
Volume of additional reagents needed to meet planned testing levels, by testing unit and platform (i.e. 100K/day - Hologic panther; 100k/day - Thermofisher)		200/day Diazyme IgG and IgM	800/day IDiazyme IgG and IgM						

* 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.