

ELC ENHANCING DETECTION: GEORGIA TESTING PLAN

2020 Overarching Jurisdictional SARS-COV-2 Testing Strategy

Jurisdiction:	Georgia
Population Size:	10,617,423

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

Testing Strategy Overview

The previous report to HHS described the State of Georgia’s testing plan for May and June, and that testing had already reached 2% of the population. In this report, the State describes the testing plan for July through December 2020, which includes a combined strategy of testing at-risk and vulnerable populations, testing individuals identified as close contacts through expanded contact tracing, and continued testing upon request to the general population. In addition, as a key enabler of Georgia’s public health activities, the State will need to update current IT surveillance and laboratory management systems to improve data integration and standardization, monitoring, and reporting.

Beginning in July, Georgia will incrementally scale testing from 2% up to 4% of the population by December 2020. The State’s goal is to complete approximately 2 million PCR tests within this 6-month time period. The incremental approach planned allows for resource adjustments to accommodate the increase in testing, particularly the availability of testing kits and testing reagents. This approach sets a month by month goal, with approximately 245,454 tests in the month of July, a steady increase of 0.33% per month, reaching approximately 420,799 completed tests in the month of December.

Serologic and New Testing Capabilities

Interim CDC guidance states that serologic assays for SARS-CoV-2 now have Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration (FDA). However, it is important to minimize false positive test results by choosing an assay with high specificity and to focus on testing populations and individuals with an elevated likelihood of previous exposure to SARS-CoV-2.

As described in the prior report, the State has taken steps to proactively support and assess the value of serology-based tests. One of these efforts includes Department of Public Health (DPH) participation with the CDC in a city of Atlanta (Fulton/DeKalb counties) study to determine population-based seroprevalence. DPH is also working with the University of Georgia to support the development of additional high sensitivity and high specificity serological tests. DPH has partnered with the Rollins School of Public Health at Emory to support a population-based statewide serologic survey with funding from the National Institutes of Health and the Woodruff Foundation. In this survey, up to 1,200 households across Georgia will receive home test kits for both PCR and serologic testing with planned follow up. In addition, DPH is developing a plan to utilize the Georgia Public Health Laboratory (GPHL) for future serological testing when improved accuracy of tests become available. Collectively, these activities will help determine the extent of virus spread throughout Georgia communities.

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DPH is interested in using the new multiplex testing capability when it becomes available, particularly for annual influenza testing. Once approved by FDA under EUA authorities, DPH will consider ways to add this additional capability into Georgia's broader public health strategy.

At-Risk and Vulnerable Population Testing

Based on available information and CDC guidance, DPH has flagged several populations for additional focused testing over the next six months. These populations include:

- Long-term care facilities (residents and staff)
- Migrant workers
- Other farm workers
- Poultry, meatpacking, and carpet facility employees
- Elderly/older adults (65+)
- Selected *race/ethnic groups (African American and Hispanic)
- Prisoners and correctional facility staff
- Persons experiencing homelessness

There are additional populations who require testing because of their specific job functions, such as healthcare workers, law enforcement officers, and first responders. These individuals are encouraged to follow CDC guidelines for testing and prioritizing their access to testing will be accommodated as part of general population testing or through other healthcare providers. Additionally, the State has implemented a plan for expanded contact tracing and testing. This new policy follows current CDC guidance and recommends COVID-19 testing for all close contacts either when/if they become symptomatic or at day 10 of quarantine.

Testing Platform Expansion

Within the State of Georgia, DPH has the overall responsibility for leading the COVID-19 public health response. In this role, DPH provides updated guidance to Georgia's residents through public information and prevention campaigns and a dedicated COVID-19 response website. In addition, DPH directs the implementation of measures to slow the spread of the virus including testing and contact tracing in partnership with Public Health Districts, and plays a key role in collecting, analyzing, and reporting statewide data. The specimen points of collection (SPOC) strategy used by DPH to quickly stand up testing locations across the State has proven effective and will continue to serve the citizens of Georgia in this testing expansion phase. Another effective measure has been the ability of Districts/counties to

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quickly stand-up “pop-up” SPOCs in areas of increased or emergent community spread. The testing platforms in the May/June report are updated below:

- The 156 DPH SPOCs (Fixed and Mobile) located in the 18 Public Health Districts will remain in place for the next several months and will be adjusted as needed to meet the public demand for testing and the State’s expanded testing plan. SPOCs will continue their local outreach to at risk and special populations, offer mobile “pop-up” SPOCs when individuals cannot travel to a fixed SPOC site including “walk-up testing sites” and supplement special population testing where needed (e.g. long-term care facilities). In addition, DPH will partner with long-term care facilities to provide testing supplies and encourage these facilities to utilize their own clinical staff and laboratories to test residents and staff members.
- With testing expansion, additional personnel and resources will be allocated to those SPOCs in geographical areas with large anticipated testing needs. The planned month by month incremental increase in testing should provide enough ramp up time, to include training and onboarding of new staff, while still allowing SPOCs to maintain their current testing throughput as well as address local outbreaks or hotspots as they develop. We currently have a process in place for the SPOCs to request additional DPH staffing support and this will continue to be leveraged through December 2020.
- Public Health Districts (PHD) will continue to routinely assess local and regional factors and deploy targeted outreach and mitigation efforts in urban and rural settings. The PHD staff will continue to leverage community involvement and partnerships to ensure targeted testing and outreach to vulnerable populations and those identified through contact tracing. Priority partnerships already exist with predominantly African American churches and businesses serving African American communities, churches and other businesses serving Hispanic communities, long-term care facilities, and other emerging high-risk facilities/businesses. These partnerships are essential to reaching our targeted at risk populations.
- DPH will continue to work with the broad testing community to identify problems and co-develop effective solutions. Our most frequent interactions – almost daily - have been with the laboratories used primarily by DPH for specimen testing, but DPH has ongoing collaborations and communications with other testing sites within in the State such as CVS, Walgreens, and Federally Qualified Health Centers. DPH has worked to establish and maintain strong relationships with these entities in order to collectively face challenges going forward.

Adequate SPOC staffing and supplies are essential to execute the expanded testing plan over the next six months. Current SPOC staffing varies on their rural or urban location and each SPOC is staffed with a mix of clinical and non-clinical staff. Nurses assume multiple roles and are responsible for nasopharyngeal specimen collection, assessment and triage, education, management and leadership, and staffing call centers to provide referrals and follow-up on lab results. Additionally, SPOCs must have translators and bi-lingual clinicians available as needed, especially for the poultry farms and meatpacking sites in northern Georgia and farms utilizing migrant workers. Local staffing will continue to be supplemented by DPH using contract personnel. This process is in place and will continue to be

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leveraged to provide the staffing support required. Likewise, DPH will continue to coordinate with SPOCs to determine and source required supplies. In that regard, Georgia is very dependent on the current level of testing kit support from CDC/HHS, without which the State could not have reached the 2% testing goal. The expanded testing strategy assumes that this level of support will continue and that testing supplies, in excess of those provided by CDC/HHS, will be purchased from private vendors from Federal funds provided to Georgia, along with an assumption that these supplies will remain available to purchase.

Investment in Surveillance Infrastructure

The DPH's disease surveillance system and infrastructure has been challenged by the magnitude of the COVID-19 pandemic. The current patchwork of multiple systems and the lack of interoperability and data standardization limits the ability to quickly aggregate county level information into a comprehensive statewide surveillance system. Quickly accessing data on outbreaks, calculating incidence rates, and cohort demographic profiles is required for contemporary management of public health issues. While the SendSS system performs the core functions of disease surveillance, it does not incorporate advanced analytics, nor does it interface well with other reporting systems. These gaps at times require "paper and pen" or manual approaches to gather the data necessary for COVID-19 monitoring, which introduces risk for documentation errors in data collection. A similar scenario is experienced with the Lab Information Management System (LIMS) which reports the results of lab testing. This lack of a cohesive, singular or integrated information system is one of the most significant limiting factors to rapidly identify and implement a comprehensive approach to contain, mitigate, and prevent disease outbreaks. An advanced comprehensive surveillance system will require significant new investments in both software and hardware, and DPH is proactively collecting system requirements to move in this direction. Some of these requirements include a more accessible portal for data entry by PHD staff and other medical professionals with a duty to report notifiable diseases, and advanced analytics to aggregate data into dashboards with actionable information.

Expanded Testing Communications

Expanded testing will require coordinated messaging across the State, supporting the local interventions of the PHD. DPH is developing a strategic communications campaign for contact tracing, to include the use of social media and surveys. DPH will leverage this campaign to add additional materials to support a State-wide approach to expanded testing, as well as targeted materials for local use by the PHDs. DPH is also working in collaboration with the Metropolitan Atlanta Chamber as well as the Georgia Chamber to specifically target information to statewide business and their employees. Another approach that has worked well is outreach and collaboration between local SPOCs and churches. With close coordination, SPOCs can be on site for church events to conduct testing and churches help to communicate the availability of testing within their congregations and communities. This approach has also worked well for pop-up SPOC use for at risk populations such as migrant farm workers and will be leveraged for testing other at-risk populations in the next six months.

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Innovative Testing Strategies

Unconventional and innovative strategies to reach targeted populations are critical in responding to local outbreaks over the next six months. The management of outbreaks and guidance and contingency planning for congregate settings including long term care facilities, farms, meatpacking plants, homeless shelters, and correctional facilities, are an essential requirement of the State's expanded testing plan. Additionally, as research and data emerge, potential new priority populations will be identified as vulnerable or high-risk. As the State begins to ease social distancing restrictions and employers fully reopen their businesses, other populations could become infected and hot spots may develop across the State, to include the following:

- School personnel and teachers
- University students, faculty and staff
- Summer camps staff and campers
- Daycare staff
- Airport staff
- Coastal towns and other areas of tourism
- Churches

The State's plan to address these emerging high-risk areas will use a combination of technology and simple process improvements. For example, DPH will increase the use of social media boosting to target public health information to followers and non-followers. Key public health messaging around areas of increasing risk with updates on key local information such as encouraging the use of masks and where to get tested will be highlighted. In addition, DPH works with employers in the State to provide guidance, collaborate on developing standard operating procedures and protocols for workforce care and physical return to work for various industries (manufacturing facilities, professional office space, schools etc.).

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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*	Previously reported	Previously reported	245,454	280,519	315,584	350,649	385,714	420,779	1,998,699
Serology	Previously reported	1,200	60	60	1,020	60	60	1,020	3,480
TOTAL	0	1,200	245,514	280,579	316,604	350,709	385,774	421,799	

*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)
DPH SPOC Sites	Community-based	Ipsium	4,500	0	Nursing home staff and residents, African-American residents, Hispanic residents, Elderly, Department of Corrections staff, Migrant workers, Farm workers, Homeless, Meatpacking & Poultry Industry workers, Carpet Industry workers; ability to flex to hot spots
DPH SPOC Sites	Community-based	Quest	1,000	0	Nursing home staff and residents, African-American residents, Hispanic residents, Elderly, Department of Corrections staff,

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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)
					Migrant workers, Farm workers, Homeless, Meatpacking & Poultry Industry workers, Carpet Industry workers; ability to flex to hot spots
DPH SPOC Sites	Community-based	LabCorp	2,000	0	Nursing home staff and residents, African-American residents, Hispanic residents, Elderly, Department of Corrections staff, Migrant workers, Farm workers, Homeless, Meatpacking & Poultry Industry workers, Carpet Industry workers; ability to flex to hot spots
LabCorp Serology Testing	Commercial or private lab	LabCorp	0	114	
Walgreens	Drive-thru testing site	Abbott ID Now	150	0	
Walmart	Drive-thru testing site	E True North	500	0	High-risk rural areas
CVS	Drive-thru testing site	Abbott ID Now	2,000	0	General public. Note: The large rapid testing site is being closed. However, CVS is shifting operations from that single location to 86 drive-thru local testing sites at their retail

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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)
					stores throughout Georgia and will utilize PCR testing.
Hospitals	Hospitals or clinical facility	Bako Diagnostics, Diatherix, Quest, Bioreference, Labcorp, Mayo, GPHL, internal lab	7,000	400	
QUESTDIRECT-CONSUMER INT TEST	Commercial or private lab	Quest	0	159	
DPH SPOC Sites	Community-based	GPHL	500		Nursing home staff and residents, African-American residents, Hispanic residents, Elderly, Department of Corrections staff, Migrant workers, Farm workers, Homeless, Meatpacking & Poultry Industry workers, Carpet Industry workers; ability to flex to hot spots
Health Centers	Federally Qualified Health Center	LabCorp, Quest, Clinical	50	0	Health Centers are located in medically underserved communities, both rural and urban. While anyone is eligible for testing,

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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)
		Path and Bioreference			Health Centers specialize in serving at risk populations- low income, socio-economic disparities, culturally diverse, elderly, disabled, ethnic minorities, homeless, mental health, behavioral health and patients with substance use disorder.
Nursing Homes and Personal Care Homes	Other	Augusta University Lab and GPL	2,389	0	Elderly and disabled populations; plan is to test all residents and staff within 14-20 days
Prisons	Other	GPL	200		Prison population; We are proactively testing inmates as they are adjudicated and are actively monitoring emerging outbreaks in the prison system and responding accordingly.

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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.

As described in Narrative 1, Georgia's approach to reach up to a 4% population testing target is centered around incremental increases in testing that incorporate at-risk and vulnerable populations, while ensuring resource availability. DPH will execute this plan using four primary testing laboratories: the Georgia Public Health Laboratory (GPHL), Ipsum Diagnostics, LabCorp, and Quest. In addition, DPH will leverage capacity from Georgia State University, Augusta University, and the Centers for Disease Control and Prevention (CDC) for surge. DPH will continue to promote testing conducted by hospitals and the private sector (pharmacies, urgent care centers) while monitoring other testing activities in health care and businesses across the State to ensure that sufficient testing is available. DPH will use specimen point of care (SPOC) sites, both fixed and pop-up, to conduct targeted outreach and accommodate members of the public who request testing, as well as to reach and test identified at-risk populations. SPOC personnel also must respond to documented outbreaks or hotspots and will continue to do so during the next 6 months. Additionally, Public Health Districts (PHD) have created internal strike teams that can quickly respond to sites that a traditional SPOC is not feasible (industry, farms).

Testing Expansion Model

DPH has developed a model that estimates the number of individuals by county and by PHD for expanded testing. The model uses Georgia's total population subdivided into segments based on demographic data provided by DPH, Census, and other government sources. Using identified at-risk populations and reasonable assumptions about testing frequency, the model takes into consideration testing of selected priority populations (e.g. African Americans and Hispanics, nursing home staff, etc.) particularly impacted by COVID-19, estimates counts for contact testing, and includes anticipated SPOC testing throughput. This allows DPH to model additional laboratory testing capacity that might be required for the expanded testing plan by county and by health district. The model can be modified by adding newly identified at risk populations and new or changing assumptions as additional information becomes available. The model will be maintained and updated to help DPH understand and quickly respond to trends, risks, and resource requirements.

Testing Capacity Expansion through Partnerships and Collaborations

DPH does not anticipate immediate reductions in the current number of SPOCs located across the 18 public health districts but expects to create "pop-up" locations as needed and increase or decrease SPOC activities based on data trends and in response to outbreaks or hotspots. DPH will work with PHDs to ensure that enough resources are allocated to SPOCs where the expanded testing plan might require testing above current capacity. DPH is also working with the PHDs to mitigate the impact of summer weather by modifying site hours to ensure the safety of staff and patients in the summer heat. Maintaining SPOC capacity and capability is essential to the expanded testing plan, which also includes accommodating expanded contact tracing. As previously discussed, trained public health staff will

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facilitate timely outreach to those diagnosed with COVID-19 and exposed contacts and facilitate testing when needed

DPH will continue to partner with private labs, community-based organizations, the university lab consortium, long-term care facilities, and private sector companies statewide to support the testing expansion plan. These partnerships include both traditional and non-traditional testing capabilities such as CVS, Walgreens, Walmart, LabCorp, Quest, and Ipsum. The State will also rely on other testing capabilities and resources such as Augusta University and CDC, and leverage Georgia State University for additional testing surge and viral transport media production. These were detailed in the May-June report to HHS to include the specific types of equipment used at the various testing laboratories. In addition, DPH has identified the laboratories planning to invest in new equipment over the next six months; the State will proactively leverage this increased capacity to ensure adequate resources for the State's expanded testing plan.

These laboratories are listed below:

GPHL:

Existing:

- Perkin Elmer COVID assay (Extraction-Chemagic, PCR-7500FastDx)
- ThermoFisher COVID (Extraction-KingFisher, PCR-7500FastDx)
- Abbott m2000
- Hologic Panthers COVID
- CDC COVID-19 Assay (Extraction-Magnapure LC, PCR-7500FastDx)

Planned:

- Procure Kingfisher to replace one currently on loan. Add NextSeq2000 for high throughput sequencing to detect and characterize SARS-Cov-2 among other circulating respiratory viruses for surveillance and outbreak characterization

IPSUM:

Existing:

- Quant Studio 12K Flex instruments (both open array technology and 384 well blocks), recently added patient portals in both English and Spanish, expanded staffing and hours of operation, and added additional biosafety hoods.

Planned: Ability to rapidly scale up additional testing capacity and specimen collection devices upon demand.

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LABCORP:

Existing:

- Roche (Cobas), ThermoFisher and Panthers

Planned: To be determined

QUEST:

Existing:

- Hologic Panthers, Roche, Cepheid Genexpert

Planned: To be determined

Prioritized Testing for At-risk and Vulnerable Populations

COVID-19 has had a disproportionate impact on certain populations, and DPH has prioritized testing and identified vulnerable and at-risk groups within the expanded testing plan (e.g. long-term care facilities (residents and staff); migrant and other farm workers; poultry, meatpacking, and carpet facility employees; elderly/older adults (65+); African-American and Hispanic populations; prisoners & correctional facility staff; and those experiencing homelessness). Using the previously described model, DPH can preferentially increase testing within certain at-risk populations – or add others as new information becomes available. The model calculates the number of individuals within each at risk population by county and by health district. It also estimates the laboratory testing capacity required and whether new SPOC or lab resources will be required. According to the model, based on underlying assumptions and the specific targeted at risk populations, DPH would conduct approximately 245,454 tests in July and increase that number incrementally to reach 280,519 in August; 315,584 in September; 350,649 in October; 385,714 in November; and 420,799 in December. The projected total number of tests for the 6 month period is 1,998,700.

For each month, the model estimates the number of individuals for testing within each identified at-risk group. For example, in the month of December, the model estimates that 374,137 tests will be required within the identified at-risk populations. It also allows for estimates by county or health district. For example, for December, the model estimates 19,175 tests for the at-risk populations in DeKalb County, with an overall testing estimate of 22,529. This allows each county or health district to proactively design outreach plans and match staffing and other resource needs.

Serology Testing

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As stated in narrative one, the State is considering how to incorporate serologic testing into its comprehensive testing strategy in the future. We will base some of our decision making on the results of the statewide seroprevalence assessment currently being implemented by the Rollins School of Public Health at Emory University; results are anticipated by August. The aims of this assessment are to conduct a probability sample to estimate a one-month prevalence of (1) SARS-CoV-2 active infections and (2) antibody response to SARS-CoV-2. Researchers will establish a cohort and conduct follow up testing on participants with negative serology results. This will allow for calculations of incidence for active infections and antibody response. DPH is working with the study team and will provide the testing results to participants. These data will be used to develop models that can inform the trajectory of the epidemic in Georgia and inform future planning for serologic testing.

Overcoming Barriers to Testing

Successfully reaching up to 4% population testing is dependent on several factors. These are listed below, with a mitigation plan for each:

- **Staffing and personnel shortages:** The Georgia National Guard (NG) provides essential assistance to support supply chain, logistics, and SPOC support. Should the NG be redeployed for other State priorities, to include emergency assistance for other events such as tornados or flooding or demobilized, DPH must quickly identify temporary contract staff to support the SPOCs including both clinical and non-clinical staff. In addition, SPOCs must have translators or bi-lingual clinicians available, especially when working with migrant farm workers and non-English speaking populations throughout the state. DPH will continue to provide staffing support to SPOCs based on their requirements through contracted services. New hires must also be trained and on-boarded.
- **Testing expansion infrastructure:** A comprehensive, technically updated, uniform statewide surveillance systems does not currently exist, and the DPH technical infrastructure remains antiquated and inadequate. While some districts have updated infrastructures in place, no cohesive statewide system currently exists, forcing a patchwork approach to collaboration, communication, and information sharing. DPH is in the beginning stages of developing a centralized data management platform. Using a phased approach, DPH aims to build a surveillance system of the future to augment public health decision making and response. An updated cloud-based Laboratory Information Management System (LIMS) and web-based portal system will enable faster integration and access to GPHL resources for public health as well as non-traditional public health submitters.
- **Supply chain and logistics:** To reach our 4% testing target, the State is dependent on the federal government for test kits and specific transport media to augment existing private lab resources. Often DPH is not timely informed about when federal shipments will arrive, nor the quantity and type of stock to be provided, hindering testing expansion planning and coordination efforts. Securing test kits and reagents for SPOCs remains a challenge for directing supplies for at-risk populations. DPH has worked with academic centers to produce viral transport media to stabilize a portion of our need. The DPH's continued mitigation efforts rely on establishing and adjusting allocation strategies based on daily reports and information received from local SPOC sites. Georgia also provides the private sector healthcare community, corrections, and LTCFs with swabs upon request, which are included in the test kit distribution, as these providers contribute an important portion of testing at the state-level. While this is a critical function for our agency, these needs can result in resource constraints. A reduction or

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cessation of federally supplied test kits will cripple the State's response strategy and could inhibit the state from reaching our testing goals.

- **Lab capacity:** The success of increased testing is also dependent on individual laboratories processing test kits expeditiously. To minimize delays, reduce backlog, and maximize testing efficiency at all laboratories, DPH's lab load-balancing plan has provided an important additional capability and will continue to be used over the next 6 months. In addition to continued efforts to expand diagnostic testing, GPLH, in collaboration with Georgia Institute of Technology, will develop bioinformatics workflows and technology to implement a diagnostic and surveillance testing algorithm that can be readily deployed to characterize circulating viruses while extending capacity to detect novel or unknown pathogens.

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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	Previously reported	Previously reported	0	0	0	0	0	0	0
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)	Previously reported	Previously reported	0	2 (Kingfisher, NextSeq2000) for public lab	0	0	0	0	0

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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 ⁺⁺	Previously reported	Previously reported	35,065	70,130	105,195	140,260	175,325	210,390	736,365
Volume of additional media (VTM, MTM, saline, etc.) needed to meet planned testing levels ⁺⁺	Previously reported	Previously reported	35,065	70,130	105,195	140,260	175,325	210,390	736,365

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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)	Previously reported	Previously reported	111,000/month/Thermofisher/Perkin Elmer/Abbot	111,000/month/Thermofisher/Perkin Elmer/Abbot	111,000/month/Thermofisher/Perkin Elmer/Abbot	111,000/month/Thermofisher/Perkin Elmer/Abbot	111,000/month/Thermofisher/Perkin Elmer/Abbot	111,000/month/Thermofisher/Perkin Elmer/Abbot	666000
FOR SEROLOGIC TESTING									
Number of additional* equipment and devices to meet planned testing levels	Previously reported	Previously reported	0	0	0	0	0	0	0

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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)	Previously reported	Previously reported	60/Abbot	60/Abbot	60/Abbot	60/Abbot	60/Abbot	60/Abbot	360

* 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.