



## Louisiana Department of Health Testing Plan Summary

This document was created to serve as a summary of the full COVID-19 testing plan submitted to the federal government. This document gives an overview of the state's testing goals and strategies. The Governor's Health Equity Taskforce provided feedback on this comprehensive plan to ensure increased testing across the state addresses and reaches these communities.

### Overview

In February 2020 the World Health Organization officially named the novel coronavirus causing a global outbreak of the respiratory disease COVID-19, which stands for severe acute respiratory syndrome coronavirus 2. Cases of COVID-19 are identified through laboratory testing for the virus, most often through the collection of a specimen with a swab in the middle of the back of the nose.

In Louisiana, testing for the virus began February 29, 2020. The first case of COVID-19 in the State was diagnosed on March 9, 2020. Since then more than 38,800 cases and more than 2,600 deaths associated with COVID-19 have been identified in Louisiana. As of May 27, 2020 overall positivity in the State is 11.1% positivity reflecting 347,647 test results.

### Louisiana Testing Goals

- Increase baseline testing by 100,000 tests by end of May
- Achieve monthly testing at 4% per capita
- Achieve 2% per capita tested in all parishes by the end of May
- Achieve state positivity of 10% or less as a state and regionally

### Louisiana Testing Plan

Louisiana's testing plan features a multipronged approach to test vulnerable populations, including congregate settings (such as nursing homes and correctional facilities), communities with insufficient access to testing (including African American and rural communities), and populations that require specialized approaches to testing (including populations with special needs).

COVID-19 testing has been parsed into three categories:

(1) intrinsic testing that is currently occurring in hospitals and community laboratories is supporting the medical operations, healthcare workers and first responders in the community;

(2) state reference laboratories labeled as network, are supporting testing in congregate settings; these labs have higher throughput capacity, ensure turnaround times of 24-48 hours from receipt of specimens, and can provide customer training, support and outreach, as well as courier services; and



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(3) out-of-state commercial laboratories, which have even higher throughput capacity, but are not able to prioritize specific samples or offer the rapid turnaround times of local labs; commercial labs are supporting mobile testing and Federally Qualified Health Centers.

### Louisiana Laboratory Testing and Testing Action Collaborative

Louisiana's laboratory testing plan provides a regionalized approach and prioritizes laboratory testing within the communities where they are located, as much as possible. This approach allows for shorter transports and faster turnaround times for testing, better specimen integrity during transport, and more long-term infrastructure for the future. Louisiana's public-private approach also supports local businesses and the state's economy. The network laboratories are continually increasing capacity and currently are able to perform 19,300 Polymerase Chain Reaction (PCR) tests per day.

To manage the multiple network laboratories, the state created a hub and spoke model to give each regional leadership team and network laboratory a support framework. The Testing Action Collaborative (TAC) which was created at the beginning of April will support this hub and spoke model, increase coordination of COVID-19 testing efforts and design a collaborative statewide testing model. The TAC is made up of members from academic organizations, research facilities, private and public laboratories, law enforcement, insurance companies, professional physician organizations, and the State Lab and Epidemiology teams. The TAC meets weekly or more as needed, with workgroups focused on supply chain coordination, geographic coordination of statewide testing and serology testing.

### Testing for Congregate Settings

As of May 25, 2020, 213 of Louisiana's nursing homes are reporting one or more residents or staff with COVID-19, which account for 6240 cases among residents and staff and 1075 deaths among residents. Additionally, 108 other adult residential facilities account for 607 cases among residents and 91 COVID-related deaths among residents.

Asymptomatic and preclinical viral shedding has been found to play a significant role in the transmission of SARS-COV-2 in congregate settings<sup>1,2</sup>, so the State plans to test all nursing home residents and staff for SARS-COV-2 using Real-Time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) as part of a statewide initiative to reduce the positivity in nursing home settings. Testing the state's nursing home population and staff is currently in progress.

Test collection will be conducted using several models: (1) nursing homes collecting specimens using the healthcare worker staff employed by the nursing homes; (2) the use of testing strike teams assembled

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<sup>1</sup> McMichael TM, Clark S, Pogosjans S, et al. COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:339-342.

<sup>2</sup> Tobolowsky FA, Gonzales E, Self JL, et al. COVID-19 Outbreak Among Three Affiliated Homeless Service Sites — King County, Washington, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:523–526.



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by the Office of Public Health; and (3) the use of contracted testing teams directed by the Office of Public Health.

Once the initial canvass of all nursing homes is complete, subsequent testing will follow on a weekly basis for all negative residents and staff for the month of June. Positive staff will quarantine for two weeks and will return to work utilizing CDC recommended essential healthcare worker precautions. From July through December, all negative staff will be tested weekly. The intervals and extension of testing will be adjusted as deemed necessary by the Office of Public Health Epidemiology to proactively mitigate transmission of infection. As CDC issues additional guidance on intervals of testing and serological testing, this protocol may change to a different model through the progression of the testing from May through December 2020.

The same interval testing will be recommended in the following congregate settings:

- Incarceration and state facilities
- Developmentally Disabled group homes
- Adult care residential facilities

### Community Level Testing

Testing at the community level is designed to be flexible and responsive to the needs of populations with limited access to healthcare and mistrust of the medical community. The goal of community-based testing is to meet Louisiana's vulnerable populations in their own communities and to deliver testing resources in a way that removes barriers such as lack of transportation or medical insurance.

Community level is targeted toward parishes and ZIP codes with high positivity relative to total testing, areas where there has been little testing to date, and areas where testing access has been limited for African Americans and other minority populations. The State will utilize mobile and drive-up testing sites, partnerships with FQHCs and Rural Health Clinics, and partnerships with local churches to reach these populations.

### Testing for Special Groups

Groups which require special collection provisions include the elderly at home, those in mission and homeless shelters, and migrant workers. Partner organizations who go into to the homes of elderly clients, as part of their normal business operations, will be utilized in facilitating in home collections of the elderly who have limited transportation. Saliva specimens will be utilized to reduce any trauma to the patients. Much like the mobile testing operations, mobile units will travel to various missions and homeless shelters to bring testing to this transient population. While migrant workers may not be comfortable with traditional collection sites, faith based communities will partner with the state to provide testing in a trusted setting.

### Partnerships

The State continues to expand overall testing capacity through the State Lab, partnerships across the



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state, and contracts to meet any gaps in testing capacity. The state has recently executed contracts for laboratory services, community testing, Congregate Facility Testing Teams (CFTT) and Infection Control Assessment and Response (ICAR) teams.

Laboratory services will quickly, efficiently, and correctly test and report COVID-19 Polymerase Chain Reaction (PCR) results. Community testing teams will work within their communities to staff mobile and diagnostic testing sites. CFTTs will work in congregate settings as needed. ICARs will provide information, tools, and resources to control and prevent the spread of COVID-19 in healthcare settings. Infection-control assessments will be conducted onsite at facilities and include review of safety and cleaning practices, visitor restrictions, monitoring and screening of residents and staff, PPE use, and a plan for resident grouping based on positivity rates.

The state is partnering with the following 11 commercial providers:

Provider	Contracted Service
<b>Omega Diagnostics, LLC</b>	Lab Services
<b>Premier Lab Services</b>	Lab Services
<b>Stone Clinical Laboratories</b>	Lab Services
<b>Tulane University Health Sciences Center (contract pending)</b>	Lab Services
<b>LCMC Health</b>	Testing Services – Regions 1,3 & 9 <i>2 CFTTs, 2 ICAR teams</i>
<b>LSU Health Shreveport</b>	Lab Services Testing Services – Region 7 <i>4 Community teams, 2 ICAR teams</i>
<b>New Orleans East Hospital</b>	Testing Services Regions 1, 3 & 9 <i>1 Community team</i>
<b>Ochsner Clinic Foundation</b>	Testing Services – Regions 1,2,3,4 & 8 <i>5 CFTTs, 5 ICAR teams</i>
<b>Pafford Medical Services, Inc</b>	Testing Services – Regions 2,4,5,6 & 7 <i>8 CFTTs, 8 ICAR teams</i>
<b>Safety Management Systems, LLC</b>	Testing Services – Regions 1,2,3,4 & 8 <i>5 CFTTs, 5 ICAR teams</i>
<b>Southwest LA AHEC</b>	Testing Services – Regions 2,4,5 & 7 <i>8 CFTTs, 6 ICAR teams</i>

The Louisiana Department of Health Office of Public Health will deploy partners to communities and regions where needs are identified.

[Click here](#) for a map of Louisiana Department of Health Regions.



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### Contact Tracing

Testing across all populations is the critical first step to Louisiana's contact tracing system. This system is activated when the Office of Public Health's Infectious Disease Epidemiology receives a positive test result through electronic laboratory reporting. Louisiana rules require that all COVID-19 related laboratory values, both PCR and serology and both reactive and non-reactive be reported to the state. The Department has upgraded its electronic laboratory reporting system recently to expand electronic reporting capacity beyond large laboratories to include point of care testing taking place in clinics across the state to ensure the state receives the largest proportion of COVID-19 tests possible. Any positive results received by the Department are routed to the state's customer relationship management (CRM) system, and a trained contact tracer will reach out to the identified case to gather information about their clinical history, provide guidance, and generate a list of everyone the case has been in close proximity to for the 2 days prior to developing symptoms and all subsequent days until the individual is isolated. Those people who have come into contact with the case during the presumed period of infectiousness are called contacts. The CRM system is also used to direct contact tracers to engage with close contacts using motivational interviewing techniques to determine whether there was a likely exposure. For any contact who is currently asymptomatic and ambulatory, they will be provided guidance to quarantine for 14 days. For any contact who is experiencing symptoms of SARS-COV-2, even if those symptoms are mild, the call center team member will enter an order for an at-home test to be performed. The call center team member will also conduct a short needs assessment to determine the contact's housing stability, food security, and other social determinants of health measures. Laboratory testing of 53,000 contacts traced to positive individuals is projected.

A Contact Tracing Action Collaborative (CTAC) has been established to address the infrastructure needs for implementing a comprehensive, statewide case investigation/contact tracing program. State participation includes experts across the Office of Public Health from Infectious Disease Epidemiology, Bureau of Health Informatics, the Testing Action Collaborative, and the Office of Technology Services. External participation includes hospital systems, both private and public, and other epidemiology professionals from institutions of higher education.

### Sentinel Surveillance

The State will operate a sentinel surveillance system which includes diagnostic and serologic testing for both sentinel and vulnerable populations. This system includes diagnostic testing for at least two school-based health clinics in each of the nine health regions of the state which will test at least 500 students and staff at each site each month; at least two nursing homes in each of the nine health regions of the state which will test at least 250 residents and staff at each site each month; and at least two other congregate settings in each of the nine health regions of the state which will test at least 100 residents and staff at each site each month. The State will test these same populations at least once with serologic tests to monitor seroprevalence. This may be repeated every one to two months after. It is projected that this system will result in 21,000 diagnostic tests and 50,000 serology tests.