



MEMORANDUM

TO: Mayor and Council Members
FROM: Stephanie Hayden, Director
DATE: May 22, 2020
SUBJECT: HR 266 Testing Plan

A handwritten signature in blue ink, appearing to read 'SHayden', is written over a light blue horizontal line.

The purpose of this memorandum is to inform you that Austin Public Health will submit the attached “Plan for COVID-19 Testing and Related Epidemiology Response Activities for Calendar Year 2020” to the U.S. Secretary for Health and Human Services (HHS) today.

After consultation with the City’s legal department, the attached plan is being provided to HHS in compliance with HR 266 / Public Law 116-139. Under the terms of HR 266 / Public Law 116-139 (the Paycheck Protection Program and Healthcare Enhancement Act, effective April 24, 2020), the City is eligible for reimbursement for COVID-19 testing, contact tracing, and related purposes.

To date, the federal government has not provided guidance with regard to submitting the above-described plan. Under the terms of HR 266 and related federal law, it is not quite clear whether the City of Austin will be entitled to receive funds directly, or solely as a result of pass-through funds being provided to the State of Texas. Austin Public Health wishes to ensure that the City is complying with all requirements that may affect its eligibility to receive funds, by submitting the attached plan.

If you have any questions, or require additional information, please contact me at (512) 972-5010 or via email at Stephanie.Hayden@austintexas.gov.

Cc: Spencer Cronk, City Manager
Nuria Rivera-Vandermyde, Deputy City Manager
Chris Shorter, Assistant City Manager
Dr. Mark Escott, Interim Health Authority
Anne Morgan, City Attorney

Attachment

Plan for COVID-19 Testing and Related Epidemiology Response Activities for Calendar Year 2020



Executive Summary

The current plan outlines the current strategic approach for testing and epidemiologic response within the City of Austin and Travis County through the end of 2020. The current environment surrounding the COVID-19 pandemic continues to be ever evolving. Austin Public Health (APH) will be vigilant in monitoring the impact of changing community mitigation policies, positive test rate results, and community needs. With the impact of these changes being unknown, Austin Public Health is taking a flexible approach to planning for epidemiology response activities. This approach includes a phased-in, scalable response to changes in positive testing rates which may result from the statewide re-opening of businesses. Depending on available resources and community needs, APH may draw upon the best combination of options to address required testing levels. APH has processes in place to transition between or scale within the response phases described below as circumstances dictate. This plan lays out a testing strategy that includes Phase I, currently in place, and utilizes resources from across the community, within City of Austin departments, and County Departments.

Based on the current factors and all available information at this time, the chart below illustrates the projected combined testing capacity goals within Austin and Travis County through the end of 2020. This level of testing depicted represent a combined testing effort that includes APH, hospitals, public and private clinics, and private physicians.

| Type of Testing | May | June* | July* | August* | September* | October* | November* | December* |
|-----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Community | 7,000 | 20,000 | 40,000 | 40,000 | 40,000 | 40,000 | 40,000 | 40,000 |
| Target | 1,500 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 |
| Cluster | 1,500 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 |
| Mobile | 0 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 |
| TOTAL | 10,000 | 40,000 | 60,000 | 60,000 | 60,000 | 60,000 | 60,000 | 60,000 |

*These goals may be modified as the stage of the pandemic changes in the county and will be dictated by positivity rate with a goal of less than 5% in all community subgroups.

In order to achieve the above testing goals, APH will need to enhance existing testing operation supplies and human resources. It is estimated the following supplies and human resources will be needed, at a minimum. **

| Resource | May | June | July | August | September | October | November | December |
|--|-----|------|------|--------|-----------|---------|----------|----------|
| Test Site Staff (per day) | 50 | 100 | 150 | 150 | 150 | 100 | 100 | 100 |
| Investigation and Tracing Staff (per day) | 40 | 80 | 115 | 115 | 115 | 115 | 115 | 115 |
| Boxes of Gloves (100 gloves per box) | 285 | 714 | 1428 | 1428 | 1428 | 1428 | 1428 | 1428 |
| Boxes of Masks (N-95; 10 per box) | 35 | 56 | 80 | 80 | 80 | 80 | 80 | 80 |
| Boxes of Masks (surgical or other; 30 per box) | 25 | 76 | 114 | 114 | 114 | 114 | 114 | 114 |

**Other supplies and resources such as food, water, hand sanitizer, hand washing stations, portable toilets for staff at the testing site have been procured and will be maintained to match historical demand.

Assumptions

Certain assumptions were made when developing this plan, which include:

- The best combination of available testing operation options will be used depending on the circumstances at a given time.
- Test kits will be readily available through the remainder of the calendar year.
- An accurate at-home test kit will be available to the public.
- Masks, gloves, and other essential supplies will be readily available through the remainder of the calendar year.
- The pool of qualified candidates needed to staff the testing site is large enough to fill all the staffing needs at the testing site as well as case investigation, contact tracing, and monitoring activities.
- APH, and the City of Austin will be able to provide to the staff at the testing sites adequate shelter for relief from environmental conditions during the summer months. This will allow APH to cycle in workers throughout the day if hours at the testing site are expanded to include afternoon hours.
- Funding for all test kits, supplies, and staffing needs will be available either through the federal government or through the City of Austin.
- Our partners in the community including hospitals, public health clinics, and private physicians, will continue to provide their current level of testing and will be able to expand testing operations as needed through the end of the calendar year.

Phase I

APH is currently in Phase I of this testing plan which will continue until May 31, 2020. The goal for this phase is to provide 2,000 tests per week across the community along with the related epidemiology response activities including case investigation, contact tracing and active monitoring. This testing goal includes APH's capacity of 1,750 per week (7,000 per month) along with testing provided by community partners such as CommUnityCare (Travis County), hospitals, and private medical providers.

Testing

1. Community-Based Testing

- During Phase I, APH's capacity to test at point of testing (POT) drive-through locations is 350 nasal pharyngeal swab tests per day for a total of 1,750 tests per week (350 x 5 testing days).
- Currently, APH offers one community-based point of testing site located in north-central Austin.
- The screening assessment for testing is done via APH's online website/testing application: <http://www.austintexas.gov/covid19>. Individuals log onto the site and complete a screening assessment that includes information on basic demographics, symptomatology, exposures, and underlying health conditions.
- If qualified, the screening application will direct the individual to register for an account and provide additional contact information. The account is similar to a patient portal used by physicians' offices. Labels for the test samples are generated from this system and help to

ensure the accuracy when matching individuals and test samples. Each qualified individual can select a convenient testing day and time from a list of available times. Individuals can log back into the system to change schedule test time and to view test results.

- The drive-through test site is open from 9:00am to 1:00pm on Tuesdays through Saturdays. If demand increases, these hours may be extended or changed. Adding evening hours to accommodate individuals with scheduling conflicts is another option.
- Other options to increase testing include increasing the use of mobile walk-up testing operations and APH-supported expansion of testing by community partners (hospital systems, CommUnityCare, private medical providers and/or expanded home based testing)
- Individuals that do not have personal vehicles or other transportation are referred to CommUnityCare (CUC), a Travis County Federally Qualified Health Center (FQHC) health care system. CUC offers testing at a different site each day with hours between 9:00am-12:00pm and 1:00pm-4:00pm. These sites are placed within easy reach from public transportation.
- APH utilizes the services of one primary lab to retrieve test samples from the test site and arrange for courier delivery to a lab in Denton, Texas. APH also uses a secondary lab that can be called into service when testing supplies run short. The secondary lab is also used for testing congregate living and workplace situations.

2. First Responder/Critical Infrastructure Testing

- The City of Austin has a testing site specifically for first responders such as EMS, firefighters, police, front-line public health workers, and workers supporting critical infrastructure. The actual testing is out of APH's purview. However, first responders access the same on-line test scheduling website for screening and scheduling. Individuals that qualify for testing are tested at a separate test site from the public drive-through site. All test results are reported back to APH to follow up with contact screening if necessary. Currently, approximately 25-40 tests per day are administered at this site, seven days a week.

3. Cluster Specific Testing

- APH is using cluster testing for specific sites where positive cases have already been identified and the population at those sites is vulnerable. Examples include nursing home facilities and other congregate living settings.

4. Targeted Testing

- APH performs targeted testing in limited situations. An example is testing at work sites where workers may be exposed to increased contacts over a period of days or weeks. Work locations that were deemed essential, such as construction sites, are prime targets.
- Targeted testing is designed to identify asymptomatic cases in a high-risk or vulnerable population.
- Targeted testing used in conjunction with contact tracing may contain widespread outbreaks by isolating asymptomatic cases or cases where close contact with a known case has occurred.

5. Mobile Testing

- Mobile testing is the primary method used for performing Cluster and Targeted Testing. One of our contractor laboratories provides much of the mobile testing for APH. In addition, APH's partner, CommUnityCare offers walk-up testing through a mobile test site that relocates daily to published test sites in the community.

6. Hospitals and Private Physician Testing

- The City of Austin and APH have long-established partnerships with hospitals, private labs, and private physicians for disease surveillance in the Austin-Travis County area. All positive test results are reported to APH in accordance with state laws that mandate the reporting of communicable diseases to local health departments.

Monitoring or Surveillance

As of May 12, 2020, the City of Austin and Travis County population is approximately 1.3 million people with 2,712 positive cases. APH has an established epidemiology response team that conducts case investigations of positive cases and close contacts. APH is augmenting this team with experienced staff from other areas within APH and temporary employees. The team of approximately 40 staff members is made up of epidemiologists, research analysts, nurses, social workers, and various other staff members who are all experienced with client interaction. The primary role of the team is to conduct detailed investigation of cases and identify "close contacts". Close contacts are considered household members or people who they have been in close proximity (within 6 feet) for a period of 10 minutes or more. The epidemiology response teams attempt to contact those close contacts to determine if they are experiencing symptoms, and if so provide them instructions to obtain testing. If no symptoms are present, the contact will be educated on COVID-19 symptoms and given instructions for receiving testing if they develop symptoms in the future.

Resources

1. Laboratory Capacity

2. APH currently contracts with two diagnostic laboratories that provide test kits and laboratory analysis of tests using Real-Time RT-PCR diagnostic panels for COVID-19. The primary contract lab performs the testing for the community-based test site with the capability of processing and transporting the maximum number of tests each day. Currently, the contract allows for the processing of 20,000 test specimens with an option of an additional 20,000 specimens through the end of 2020. APH will continue to monitor the volume of testing kits and replenish the inventory to match historic demand. APH will maintain an inventory to sustain at least one week of testing. APH utilizes a second contract laboratory for cluster specific and mobile testing. This includes testing clusters identified in nursing homes, long-term care facilities, jails, and worksites. The secondary lab also serves as a back-up to the primary lab in emergency situations. As a contingency for higher than anticipated volumes, the secondary lab has partnered with another local lab. **Other resources**

The City of Austin is in full support of minimizing the spread of COVID-19 and the community-based testing effort receives support from a number of City departments to assist in both community-based, cluster-specific, mobile testing, and the associated administrative duties.

- Austin Police Department provides security
- Austin/Travis County EMS provides Infectious Disease Response Unit personnel for mobile and cluster testing.
- Austin Transportation Department assists with traffic flow
- Austin's Communications and Technology Management Department provides technical support
- Administrative departments such as Purchasing and Human Resources provide streamlined resource procurement assistance
- APH also uses reassigned employees from various units within the department to staff shifts at the drive-through test site and for contact tracing.

Phase II

Statewide shelter-in-place mitigation polices began easing on May 1, 2020. It is expected that the ease of restrictions will result in increased social interactions and close contact with potentially ill individuals, but also increases in exposures to surfaces where the virus may linger. As communities begin to reopen and the availability of testing increases throughout the community, APH anticipates an increase in the number of individuals seeking testing. This increased testing may result in a subsequent increase in the number of positive cases.

APH is currently ramping up to begin Phase II on June 1, 2020 in anticipation of an increase in testing needs. The goal for Phase II is to have the capacity to provide 5,000 tests per week across the community along with the related epidemiology response activities. This number of tests includes APH's testing capacity and testing provided by other resources such as CommUnityCare (Travis County), hospitals, and private medical providers.

Testing

- The goal of Phase II is to scale up testing capability by utilizing the options that best fit the needs of the community including expanding the hours of operation at the testing site and possibly offering evening hours to accommodate individual's scheduling conflicts.
- Another option is adding a second test site, if needed. Ideally, a second site will be strategically situated to offer a geographical alternative to the north-central site. Every attempt will be made to locate the site in an area that is easily accessible and within close proximity to underserved communities within the city. However, the availability and size of the site are limiting factors.
- The hours of operation at a second site can mirror the hours at the current testing site but can be scaled up or down based on demand.
- Other options to increase testing include increasing the use of mobile walk-up testing operations and APH supported expansion of testing by community partners (hospital systems, CUC, private medical providers and/or expanded home based testing).
- Reassigned staff and temporary employees will be hired to supplement the staff assigned to support testing operations. The process for identifying and hiring additional staff will begin during Phase I and will continue as needed. Particular attention will be given to hiring applicants

who are fluent in multiple languages to ensure coverage for all populations within the Austin-Travis County area.

Monitoring

In addition to the temporary employees hired for the testing operations, additional employees with backgrounds in social work, case work, research analysis, and epidemiology will be brought on board to address the additional demands of epidemiology case investigation and contact tracing. With an increase in testing and the ease of shelter in place mitigation policies comes an increase of cases and close contacts. Although many employers are continuing their work-from-home policies, many restaurants, hair and nail salons, and retail operations are beginning to open at a reduced level. In addition, by June 1, the start of Phase II, it is likely that even more easing of social distancing policies will occur. This will result in more non-familial close contacts to investigate, trace, and monitor.

Other resources

The same resources from Phase I will continue to be utilized throughout Phase II. It appears sufficient lab capacity is available to APH for this phase. On an as-needed basis, APH can draw on resources from across APH and the City of Austin and use temporary employees or staffing agencies to meet staffing needs.

Phase III

This phase will be implemented if the rate of positive test results reaches 5% of tests in any given week. It will continue while the positive test rate remains at this level. Once positive rates begin to drop below this level, APH will reevaluate the need for the increased testing.

Testing

The goal for Phase III is to have the capacity to provide an additional testing across the community along with the related epidemiology response activities. Options to increase testing include increasing the use of mobile walk-up testing operations and APH supported expansion of testing by community partners (hospital systems, CUC, private medical providers, and/or expanded home based testing). In addition, it may be necessary to expand testing hours and increase staffing at the community test site(s). Staffing needs may be addressed by reassigning staff from other areas of APH as well as hiring additional temporary employees.

Monitoring

As needed, additional employees with backgrounds in social work, case work, research analysis, and epidemiology will be brought on board to address the increased requirements for epidemiology case investigation and contact tracing.

Conclusion

With the uncertainty surrounding COVID-19, APH believes the best approach to meeting the testing needs of the Austin community is one that is flexible and scalable. The phased-in approach allows APH to scale up testing if test results indicate the spread of infection is increasing. APH also can scale back testing when positive rates indicate the virus is under manageable. APH will utilize resources within its divisions, across the City of Austin, and across the community. With a wide variety of options for

expanding testing capacity, APH will be able to meet the needs of testing and related epidemiology response activities of the community through the end of calendar year.

Resources

The City will continue to monitor federal and state government regulations, guidance, guidelines, and information regarding testing including the following resources and websites:

- U.S. Department of Health and Human Services Center for Disease Control and Prevention (CDC), “Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)”; <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html> (updated May 3, 2020; page last reviewed by publisher on May 5, 2020; web page last reviewed for currentness on May 21, 2020).¹
- CDC, “Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)”; <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html> (updated May 5, 2020; page last reviewed by publisher on May 20, 2020; web page last reviewed for currentness on May 21, 2020).
- CDC, “Information for Health Departments on Reporting Cases of COVID-19”, <https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html> (publication date unknown; page last reviewed by publisher on May 5, 2020; web page last reviewed for currentness on May 21, 2020).
- CDC, “Guidelines for Submitting Specimens to CDC for Laboratory Testing for SARS-CoV-2”, (Form 50.34) Version 1.2 (March 9, 2020); available at the following hyperlink: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>.
- Texas Department of State Health Services, “COVID-19 Specimen Collection and Submission Instructions”; Version 6.0 (updated April 13, 2020); available under the heading, “Laboratory Testing” at: <https://www.dshs.state.tx.us/coronavirus/public-health.aspx> (web page updated May 19, 2020; page last reviewed for currentness on May 21, 2020).
- CDC, “Staffing Resources, Get and Keep America Open Supporting states, tribes, localities, and territories” <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/staffing.html> (updated May 21, 2020; page last reviewed by publisher on May 21, 2020; web page last reviewed for currentness on May 21, 2020).
- CDC, “Support for States, Tribes, Localities and Territories”² <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/index.html> (page last reviewed by publisher on May 21, 2020; web page last reviewed for currentness on May 21, 2020).
- CDC, “Contact Tracing, Get and Keep America Open Supporting states, tribes, localities, and territories”, <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact->

¹ “CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.” Topics on this web page include: “Priorities for COVID-19 Testing”, “Recommendations for Viral Testing, Specimen Collection, and Reporting”; Recommendations for Antibody Testing” and “Additional Resources”.

² “In order to get and keep America open states, tribes, localities, and territories must be able to quickly identify new cases, break chains of transmission, and protect first responders and health care workers from infection. The purpose of this site is to serve as an easily accessible repository of guidelines, tools, and resources from CDC and others for states, tribes, localities, and territories.”

[tracing.html](#) (updated on May 15, 2020; web page last reviewed for currentness on May 21, 2020).

- CDC, “Health Departments: Interim Guidance on Developing a COVID-19 Case Investigation & Contact Tracing Plan”; available at the following hyperlink: <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing.html> (U.S. DHHS, CDC May 16, 2020).
- CDC, “Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic”, <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html> (publication date unknown; page last reviewed by publisher on April 29, 2020; web page last reviewed for currentness on May 21, 2020).
- CDC, “COVID-19 Staffing Guidance for State, Tribal, Local, and Territorial Health Departments” <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/staffing-guidance.html> (publication date unknown; page last reviewed by publisher on April 28, 2020; web page last reviewed for currentness on May 21, 2020).
- CDC, “Staffing Resources, Get and Keep America Open: Supporting states, tribes, localities, and territories; <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/staffing.html> (updated May 21, 2020; page last reviewed by publisher on April 28, 2020; web page last reviewed for currentness on May 21, 2020).
- CDC, ““Test for Current Infection” <https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html> (page last reviewed by publisher on May 10, 2020; web page last reviewed for currentness on May 21, 2020).
- CDC, Guidance on Interpreting COVID-19 Test Results, available at the following hyperlink: <https://www.cdc.gov/coronavirus/2019-ncov/testing/index.html> (publication date unknown; web page last reviewed by publisher on April 28, 2020; web page last reviewed for currentness on May 21, 2020).
- CDC, “CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again” (May 2020).
- The White House, CDC, Federal Drug Administration (FDA), “Testing Blueprint: Opening Up America Again” (April 27, 2020).
- CDC, “COVID-19 Sample Training Plans, Guidance, and Resources” <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/index.html> (page last reviewed by publisher on May 15, 2020; page last reviewed for currentness on May 21, 2020).
- CDC, “Identify Jurisdiction-Specific Contact Tracing Tools and Protocols,” <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/jurisdiction-specific-contact-tracing-tools.html> (page last reviewed by publisher on May 15, 2020; page last reviewed for currentness on May 21, 2020).
- CDC, “COVID-19 Training Resources” – hyperlink to train.org available at: <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/staffing.html>. Includes courses on COVID-19 Contact Tracing; CDC COVID-19 Contact Tracing, Guidance, Resources and Sample Training Plan; How to Put on and Remove Personal Protective Equipment; and a number of other topics.
- CDC, “Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission”, available at the following hyperlink: <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/community-mitigation.html> (March 12, 2020).

- CDC, Health Resources & Services Administration Health Center Program, “COVID-19 Frequently Asked Questions” <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html> (no date of publication; page last reviewed for currentness on May 21, 2020).
- Texas Department of State Health Services, “COVID-19 Testing Information” <https://www.dshs.state.tx.us/coronavirus/testing.aspx> (updated April 29, 2020; page last reviewed for currentness on May 21, 2020).
- Texas Department of State Health Services, “Information for Public Health” <https://www.dshs.state.tx.us/coronavirus/public-health.aspx> (updated May 19, 2020; page last reviewed for currentness on May 21, 2020).
- Texas Department of State Health Services, “Texas Health Trace for Administrators of Local Health Entities” <https://www.dshs.state.tx.us/tht/> ; available at the following hyperlink: <https://www.dshs.state.tx.us/coronavirus/public-health.aspx> (updated May 14, 2020; page last reviewed for currentness on May 21, 2020).
- Texas Department of State Health Services, hyperlink to “ASTHO and NCSD Online Contact Tracing Course” at <https://www.dshs.state.tx.us/coronavirus/public-health.aspx>; resource hyperlink: <https://learn.astho.org/p/ContactTracer>.