Tracking US Coronavirus Testing Capacity

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Updated Monthly Capacity Numbers: Current EUA's

624M	904M	814M	731M	683M
January 2022	February 2022	March 2022	April 2022	May 2022

No update on capacity estimates this week.

What Happened Last Week

The FDA issued one new EUA, seven amendments to existing EUAs, and no new safety/policy communications in the past week:

- New EUA's (1):
  - Antigen Tests (1): PHASE Scientific International
- New Amendments to Existing EUAs (7):
  - Molecular Tests (3): Premier Medical Lab Services | Diversified Med'l | BioFire Defense
  - Antigen Tests (3): Siemens Healthineers | Maxim Biomedical | SD Biosensor
  - Serology Tests (1): Megna Health

New & Noteworthy

Next up: BA.2. No clear prognosis for how it will affect the US

The Omicron BA.2 sub-lineage appeared in the CDC's variant tracking for the US at the end of January. Since then, it's been displacing its older sibling (BA.1.1.529, aka Omicron Classic) as fast as Omicron displaced Delta, roughly doubling its share of the nation's sequenced virus each week. As of the week of March 1 (the most recent data from the CDC), it accounted for 23% of sequenced cases in the US.

BA.2 sports six additional spike-protein mutations on top of the 21 it shares with Omicron Classic, and it's already dominant across Europe and Asia. In China and Hong Kong, BA.2 is wreaking havoc among COVID-naive populations, especially unvaccinated older citizens. While it appears clear that this sub-variant is on its way to taking over in the US, we don't yet know the impact it will have here. Does enough of our population have enough vaccine or infection-based immunity to keep BA.2 cases from overwhelming hospitals yet again? Will folks in the US be willing to put masks back on if case levels rise? I guess we'll find out.

New WHO guidance: Self-testing should be part of the toolkit

The Director-General of the World Health Organization (WHO) discussed COVID and Ukraine at a media briefing last week, emphasizing the importance of testing: "WHO is concerned that several countries are drastically reducing testing. This inhibits our ability to see where the virus is, how it's spreading, and how it's evolving." WHO also acknowledged, formally, "that COVID-19 self-testing . . . should be offered as part of SARS-CoV-2 testing services", in addition to professionally administered tests. Commentary: We couldn't agree more.

CMS updates COVID-19 testing guidance for nursing homes

While they lowered COVID testing requirements in most places, CMS updated their guidance for nursing homes to emphasize the importance of testing for any resident or staff member, vaccinated or not, after close contact with a COVID-positive staff member or resident. Routine monitoring, by contrast, is only recommended when community transmission levels are moderate, substantial, or high, and then only for staff who are not "up to date" on their vaccinations.

As cases fall, COVID spending in free fall

COVID-based hospital caseloads have been declining precipitously, which is great news. Unfortunately, last week's request for $65 billion additional funding for COVID vaccination and treatment (and some testing) was stripped from a broad spending bill, with little chance of passing the Senate in any form. As a result, the White House has announced significant reductions in spending on both current supply and future research programs. The UK is following a similar pattern: Free testing will end April 1, as will many parts of the world's most successful public health surveillance testing. (Of note: While 233 wastewater surveillance US sites are showing declining virus titers, 145 are reporting dramatic increases.) Commentary: We are in a COVID lull, but the virus is unlikely to disappear completely. Hope that there is no resurgence of Omicron or arrival of a new variant is not much of a strategy. We all want to reclaim at least some level of normalcy in our lives. But we've had two years to learn these lessons. The best way to manage a crisis is to avoid it - we have to AT LEAST implement a better and more comprehensive surveillance plan.

Food for Thought

Applying the Lessons of the Pandemic: Testing Edition, Episode 6

As part of their COVID Year Two anniversary newsletter, McKinsey included a version of the old David Letterman Top 10 list: 10 lessons learned from the first two years of COVID. Some of the items on the list are more like observations - yup, vaccine development sure has come a long way, and we appear to be in a nationwide re-thinking of work. Others are meatier. The overarching themes: communication, community, and willingness to accept change:

Communication: You can have the best public-health policies in the world, but if people don't trust you, they won't work. And in order for people to trust you, you have to communicate with them transparently and effectively.

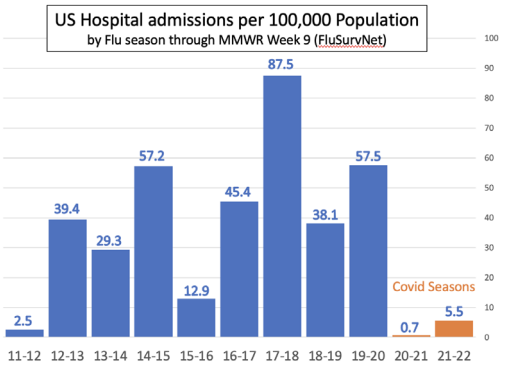
Community: Infectious disease touches every aspect of society, whether directly or indirectly, and the hub of that society is the schools - what happens there has ripple effects everywhere else. In a pandemic situation, supporting the community economically requires supporting public health, as well - the one doesn't work without the other. We also need to do a much better job of providing equitable vaccine access - both vaccines themselves and manufacturing capacity (which needs to be made available in low-income parts of the world).

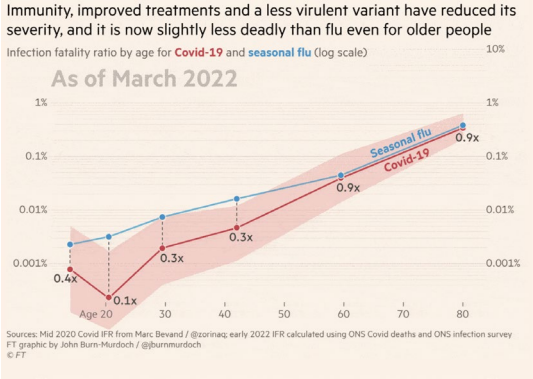
Change: Businesses and nations that were able - and willing - to shift gears quickly did better than those who weren't. They were able to do it because they communicated well with their people. And our society needs to respond to the events of the last two years by changing our investment priorities to include the "infrastructure and institutions" that will help us respond properly to the next SARS-CoV-2 variant - or the next pandemic.

K-12 Round Up:

Masking in schools works

We are starting to see real data from 2021, comparing districts with and without masks. A CDC report from 98% of Arkansas schools showed that fully masked districts had 23% fewer cases than those without masks. Duke published a report from 61 school districts in nine states, showing 72% fewer cases in masked vs. unmasked schools.





The Good News is…

The US continues to see low case incidence and declining deaths (although increases in Europe and Asia are worrisome).

An important milestone was reached in the UK, where the reported UK COVID fatality rate as of March 2022 compared favorably to a normal flu season across all age groups. For the under 50's, the COVID fatality rate is one third that of Influenza, and 10% lower for older age groups. With just six weeks to go in the 2021-22 season, it looks to be another historic low for influenza hospitalizations - just 5.5 hospitalizations per 100,000 through MMWR week nine. By this same point of the 2020-21 season, the numbers were even lower, at 0.7.

The Senate passed a measure to eliminate changing the clock every spring and fall - and it makes us very happy that the rest of the country may fall in line with Arizona and Hawaii. AND it was a unanimous vote - woohoo! We can only dream of additional bi-partisan measures on more issues in the future.

Latest Monthly Capacity Estimates

Test Type	Nov '21	Dec '21	Jan '22	Feb '22	Mar '22	April '22	May '22
ANTIGEN							
Antigen Professional + Point of Care EUA	174	185	187	187	181	165	156
Antigen OTC: Home/Self EUA	141	216	260	535	462	415	399
Antigen Total	**315M**	**401M**	**447M**	**722M**	**643M**	**580M**	**555M**

MOLECULAR							
Molecular Professional, Point of Care, OTC EUA	32	36	36	36	34	33	32
Lab Based PCR	130	130	125	130	124	108	90
Addt'l Lab Based PCR with Pooling	29	20	16	16	12	11	7
Molecular Total	**190M**	**185M**	**177M**	**182M**	**171M**	**151M**	**128M**

Total Test Capacity	**505M**	**586M**	**624M**	**904M**	**814M**	**731M**	**683M**

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