



Tracking US Coronavirus Testing Capacity

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Updated Monthly Capacity Numbers: Current EUA's

624M	904M	814M	734M	706M
January 2022	February 2022	March 2022	April 2022	May 2022

No update this week.

What Happened Last Week

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

- New EUAs (1):
 - Molecular: OPTI COVID/Flu
- New Amendments to Existing EUAs (5):
 - Molecular Tests (1): Premier Med'l
 - Antigen Tests (3): FlowFlex Home | INDICAID At-Home | Quidel At-Home
 - Antibody Tests (1): Emory Med'l Lab IgG

New & Noteworthy

The Philadelphia Story - Mask Edition

Three weeks ago, Philadelphia took a unique step and reimposed an indoor mask mandate. Then, after the mandate had been in place for only four days, [city officials lifted it](#) - they believe that just announcing the mandate encouraged caution amongst citizens, causing new case rates to decline. This approach is one that several school districts have employed, changing their mask policies based on case numbers and trend data.

Commentary: Critics have said this is confusing. We say bravo! Instead of simply responding to political pressure, decision makers in Philly used community spread data to decide when to put on the masks - and when to take them off. Frustrating as it might sound to some, success in fighting a virus requires paying attention to what the virus is doing and reacting quickly to its ebbs and flows.

Food for Thought

Lessons Learned, Testing Edition, Episode 10

Remove barriers to communication and participation

The past two years have been a crucible for NIH. As the agency looks toward the post-pandemic (and post-Francis Collins) era, [Nature](#) covered the fundamental changes their scientists hope to see as a result of pandemic lessons learned:

- Reduce bureaucracy so that innovation can come at a faster pace
- Remove funding inequities based on a researcher's institution, career stage, race, or research area
- Implement strategies from social and behavioral science to more effectively address issues such as vaccine hesitancy
- Break out of the "insular ivory tower" by looking outside the agency for insights

Bottom line: Cast a wider net for ideas, and make sure everyone can participate.

Commentary: It's hard to argue against these goals (although we know some will), but the question is whether the agency has both the guts to tackle them and a plan to implement - not to mention the commitment to follow through.

Innovative and important "Test to Treat" program is underachieving

Two pieces this week ([The New York Times](#) and [The Financial Times](#)) describe the way-too-slow uptake of the Biden administration's Test to Treat program - a great idea handicapped by a lack of detailed implementation planning. The concept: if you get COVID symptoms, you pop over to a participating pharmacy and get tested there and, if you test positive, you receive treatment (the oral antiviral Paxlovid) all in one efficient visit. However, the structure of the US health care system has made the reality quite different.

To be most effective, Paxlovid must be started within five days (best <3 days) from symptom onset, which means you have to act fast - while you're sick and not at your best. But as these articles note, many places in the US have no Test to Treat pharmacies, and even those that do may not have the drug in stock. The end result is that getting tested, proving you are positive, getting access to someone who can prescribe the medication, proving you meet the currently narrow criteria for the drug, and finding a pharmacy that carries it often becomes - as it so often does in the US - a health-care gauntlet in which only the most resourceful succeed. This leaves too many to suffer (especially the uninsured, for whom HRSA is no longer paying for testing) and half of government supplied Paxlovid sitting on the shelf unused.

Commentary: It should not be so hard to have an effective public health system that stands ready to take on the challenges of mass testing, mass vaccination, mass treatment when these are essential. Let's use the current relative lull to establish realistic plans that enable President Biden's vision of a true one-stop Test to Treat program. (The administration just announced an additional [push](#) for the current program - we hope it helps.) With 90% reduction of the likelihood of hospitalization - funding it is the proverbial no-brainer. It saves money, avoids hospitalizations, and fuels the economy with reduction of sick days.

K-12 Roundup

Schools have returned from spring break and have one clear focus: getting through the rest of the school year. Going forward, we see three priorities in play:

- #1 Air quality and improved ventilation. The Biden administration has prioritized this and has made \$ available.
- #2 Mental health. Schools are using ESSER \$ to increase individual and group services to proactively manage burnout and mental health issues for all constituencies - especially kids.
- #3 Testing. Schools are slowing or eliminating COVID testing in schools. As an alternative, schools are beginning to implement a Test At Home via Backpack plan, in which schools make free OTC tests kits available to kids and / or parents.

The Good News is...

We can't vax the littles yet, but at least we can treat them

Many parents and grandparents are hoping for Christmas in June - in the form of a COVID vaccine for kids under age 5. While we hope one will be available soon, we now at least have the next-best thing: A COVID treatment for children ages 28 days and up. The antiviral injection (Veklury, aka remdesivir) is FDA-approved for kiddos weighing 3 kg or more who are either hospitalized or at high risk of poor outcomes. Here's hoping very few will need it.

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	418	422
Antigen Total	315M	401M	447M	722M	643M	583M	578M
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
Add'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	734M	706M

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