



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 EUAs (1):
 - Antigen Tests (1): Oceanit Foundry ASSURE-100 Rapid Test
- New Amendments to Existing EUAs (7):
 - Molecular Tests (2): Thermo Fisher TaqPath RNase Combo Kit 2.0 | Cue Health
 - Serology Tests (4): Bio-Rad Laboratories Platelia Total Ab | QIAGEN QIAreach Total Test | Jiangsu Well Biotech Orawell IgM/IgG Rapid Test | EUROIMMUN S1 Curve ELISA (IgG)
 - Collection Kits (1): Yale SalivaDirect

New & Noteworthy

Last season: NFL used Ct counts to end COVID time-outs

Kaiser Health News [reported](#) that the NFL released players from quarantine early this past season if the Ct count of their last positive PCR test was only "faintly positive" (>35). The result: 70% of players went back to the game before the 10-day quarantine (recommended by CDC at that time) was up.

Commentary: This is an appropriate protocol assuming that it is thoughtfully implemented, as we know that PCR is oversensitive to non-infectious individuals' post-recovery. As we have discussed in a series of blogs, reluctance to release Ct data even to physicians is unjustified. Yes, Ct values vary by test protocol, but creating a standard curve translates Ct count into comparable viral load. Yes, SARS-CoV-2 is a tissue-resident virus, so sampling can be variable, but that is a risk for positive/negative calls in any case. If Ct is low, the risk of infection is much higher than if Ct is high - why throw this essential information away?

Next season: NFL suspends all COVID testing and protocols

[Mandatory testing is being discontinued](#) in many arenas - and as of now that will include the NFL arenas, as the league has reached an agreement with its players association to eliminate all COVID surveillance testing. They have taken a [prudent approach](#), however, by requiring teams to continue reporting positives and testing symptomatic people, as well as maintaining a physical space for rapid testing, should it be needed in the future. They also acknowledge that if the prevalence of the virus changes, they may re-impose testing and other protocols, including masking.

We're looking at a lot of Long COVID

A nationwide [study](#) in Denmark has documented [Long COVID](#) symptoms six to 12 months after infection in nearly 30% of people who tested positive between September 2020 and April 2021. The questionnaire-based study, which hasn't yet been peer-reviewed, involved more than 61K adults (ages 15 and up) who'd had PCR-confirmed COVID, and more than 91K who tested negative. Of those who'd tested positive, 53% (compared to 11.5% of those who tested negative) reported at least one of the following conditions: difficulty concentrating, memory issues, sleep problems, or mental or physical exhaustion. Other common symptoms: lack of smell or taste, fatigue, shortness of breath, and decreased arm and/or leg strength.

Filling in the insurance-coverage gaps

First it was folks with private insurance. Next, folks with Medicare. Now, another group will be able to access eight free rapid tests per month: [military beneficiaries](#).

Food for Thought

Where, why and how did this all start?

The more we learn, the more it looks like the essential jump from animals to humans happened at the Wuhan wet market - and the more unlikely it seems that a laboratory leak - whether accidental or intentional - was involved. Unfortunately, the mystery persists because we have not figured out which species bridged the gap. By the time testing at the wet market was carried out - in early 2020 - the jump was months in the past. We may never know for certain exactly how COVID-19 began, but recent work provides compelling evidence that human-to-animal-to-human transmission is in our immediate future. (Mara published a [piece](#) on this in *The Timmerman Report*.)

Applying the Lessons of the Pandemic: Testing Edition, Episode 5

If it ain't broke...

Folks in Utah developed the first Test to Stay program, which worked so well in the fall and winter of the 2020-21 school year that the CDC published a [MMWR](#) documenting its success. The original protocol was a school-wide, voluntary testing program that kicked in only if cases reached a certain threshold: 1% of students in a large school (>1500 students) testing positive, or >15 students in a smaller school. If that threshold was crossed, students who wanted to come to school in person had to test.

Legislators in Utah changed that threshold to 2% / 30 students last March, against expert advice. And then they forbade schools from requiring masks in the 2021 - 22 school year. As the Salt Lake Tribune recently [reported](#), the one-two punch, coupled with the increased transmissibility of the Delta and Omicron variants, knocked Test to Stay flat. Instead of roughly 1% of students testing positive during Test to Stay, as they had before, positivity rates in the fall "were typically closer to 5%," and in some cases reached over 10%. Eventually, the state ran out of tests, and in January 2022, the program was suspended.

Commentary: Test to Stay wasn't designed to work in a mask-free environment during a surge. None of our COVID precautions work 100% on their own; that's why the [Swiss Cheese model](#) is so critical when surges happen. As we head into what we hope will be a lull, we need to remember that for the future.

K-12 Round Up:

If we can unmask there, we'll unmask anywhere

The nation's largest school district, [New York City](#), became mask-optional on Monday. Burbio reports that 292 of the nation's 500 largest districts have done the same, the highest number yet.

The Good News is...

Pre-pregnancy vaccination doesn't affect IVF outcomes

Three weeks ago, we reported on research showing that vaccination during pregnancy protects the baby as well as the mother. This week, a retrospective [study](#) soon to appear in *Fertility and Sterility* indicated that vaccination doesn't impede women's ability to become pregnant via in vitro fertilization. The research involved 400 age-matched women (200 vaxxed, 200 non-vaxxed), all of whom underwent IVF between January and April 2021 at Shamir Medical Center in Israel.

Latest Monthly Capacity Estimates

Estimated Monthly Capacity of All Tests (M)

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
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	731M	683M

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