



# Tracking US Coronavirus Testing Capacity

VOLUME 4, ISSUE 12

March 23, 2022

## Updated Monthly Capacity Numbers: Current EUA's

<b>624M</b>	<b>904M</b>	<b>814M</b>	<b>731M</b>	<b>683M</b>
January 2022	February 2022	March 2022	April 2022	May 2022

*No update on capacity estimates this week.*

## What Happened Last Week

*The FDA issued six new EUAs, three amendments to existing EUAs, and no new safety/policy communications in the past week:*

- New EUA's (6):
  - Molecular Tests (5): Minute Molecular | Helix | Quest Diagnostics DTC (3) including pooled test
  - Collection Kits (1): Quest Diagnostics DTC
- New Amendments to Existing EUAs (3):
  - Molecular Tests (2): BioRad | Tempus Labs
  - Antigen Tests (1): Ellume

## New & Noteworthy

*Pandemic programs ending over here and over there*

Government attitudes toward COVID are clearly in the process of changing both in the US and the UK, going from an emergency footing to something closer to business as usual. The latest sign in Britain: The [end](#) of the [REACT](#) study, which included a surveillance program that sent home antigen tests to 150K randomly selected citizens each month and provided some of the best epidemiologic data of the pandemic. On our side of the pond, HHS will no longer require testing sites working under a CLIA waiver to report [negative antigen test results](#) or either positive or negative antibody test results.

While those two changes will affect epidemiologists' ability to track the pandemic (especially the loss of REACT), the other big change this week will significantly impact access to tests: as of yesterday, the US federal government will [no longer cover the cost of COVID testing](#) for uninsured people, due to lack of funds. After April 5, they won't pay for vaccines, either. [Commentary](#): It's extraordinarily disappointing to see that the US is unwilling to find the money to support health care for its most vulnerable citizens.

*It can be done for weather. Why not for COVID?*

Two former CDC directors joined forces to write an opinion piece in The Hill, urging [better standardization and coordination of infectious-disease data](#) across the nation. There's already a precedent for this sort of thing, they note: "The National Weather Service relies on a decentralized network of satellites, radar sites and local data... Their authority to do this does not flip on once a storm begins." Having such a system in place could have saved lives during the COVID pandemic - creating one now could still save lives in the future.

# Food for Thought

*Here we go again... and again*

Amidst deep worries about the likely lack of funding for COVID tests, the [closing of public testing sites](#), and the elimination of federal reimbursement for testing, there was a bevy of articles this week about the importance of testing. Our favorite comment came in a *New York Times* piece on the [FDA's partnership with Emory University](#) to test the tests: "The flashiest developments in medicine typically involve treatments and cures, but the pandemic has been a case study in the importance of diagnostics." Most of the coverage was about the doom cycle of no investment in testing and no advance purchases of tests, leading to repetition of the test supply crisis from this winter and last summer. Scott Becker, CEO of Association of Public Health Labs, said it well in this [Politico piece](#): "We've learned absolutely nothing."

Commentary: We could not agree more. We would love to have the free market manage this, but we have seen that it does not work. We understand short-term memory issues - but it was only eight weeks ago. Let's not lose the gains that we have made and declare victory prematurely.

## *Applying the Lessons of the Pandemic: Testing Edition, Episode 7*

**Want to know how to get there? Just read the roadmap.**

News from a little while ago that we haven't been able to cover in depth yet: The publication of [Getting to and Sustaining the Next Normal: A ROADMAP for Living with COVID](#). With some of the pandemic's best-known names on the author and contributor lists, the hefty document highlights 12 topics presented as critical to getting to a true "next normal" (which, the authors argue, we haven't yet achieved, no matter how much we may pretend that we have). The Big 12, as we read them:

**1:** Let's start paying attention to the other respiratory viruses that kill people, too (especially flu, RSV).

**2 and 3:** We need a strong yet simple national dashboard to keep the public apprised of the infectious-disease situation across the country and the response to it. We need improved data infrastructure, disease surveillance, and access to testing, too (a dashboard is only as good as the data that feeds it).

**4, 5, 6 and 8:** We know how to decrease the spread of respiratory diseases - improve indoor air quality and get people vaccinated - so let's do that. If people do get sick, let's make sure they have access to treatment. And when we say "people," we mean everyone, not just the folks with easy access. That requires global investment and culturally sensitive on-the-ground outreach.

**7:** Can we please figure out Long COVID sooner rather than later? Commentary: If we don't - we will be paying for increased medical costs for a long time to come.

**9:** We need more health care and public health workers (especially in emergency situations), and they need support to do their jobs properly.

**10 and 11:** We should have a biosecurity czar as part of the National Security Council, to coordinate pandemic responses and communication. As tough as COVID has been, the next pandemic could be worse, so let's use communication tactics that have actually been shown to work, okay?

**12:** Schools and child-care centers should be the last places to close, not the first. If they need help, give them support to stay open safely.

Commentary: At this point in the pandemic, these goals should just be common sense. What's shocking is how unlikely it is that most of them will be implemented, given everything we've been through. Why is it so hard to plan for the future while we are not in a crisis? If part of the challenge is to reduce spending, the best way to do that is to plan - crisis spending undermines confidence and costs more.

## *K-12 Round Up:*

Two brief data points on the state of COVID mitigation priorities in K-12 schools these days. Over 90% of the top 500 school districts are now mask-optional, per Burbio. However, over 40% of reporting districts planned to spend ESSER III funds on their HVAC systems (i.e., on improvement of air quality).

The Good News is...

Your mom was right - wash your hands before dinner

Reports of gastrointestinal illness outbreaks in England were [52% lower during the first six months of the pandemic](#) as compared to the previous five-year average, according to a recent study in BMJ Open. While the cause was likely multifactorial - fewer people were bothering to go to the doctor during that time, for example - increased emphasis on hand hygiene is likely to have played a significant role. So, wash your hands before you eat, just like your mom told you to. And keep those fingers out of your mouth while you're at it.

## Latest Monthly Capacity Estimates

Test Type	Nov '21	Dec '21	Jan '22	Feb '22	Mar '22	April '22	May '22
<b>ANTIGEN</b>							
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
<b>Antigen Total</b>	<b>315M</b>	<b>401M</b>	<b>447M</b>	<b>722M</b>	<b>643M</b>	<b>580M</b>	<b>555M</b>
<b>MOLECULAR</b>							
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
<b>Molecular Total</b>	<b>190M</b>	<b>185M</b>	<b>177M</b>	<b>182M</b>	<b>171M</b>	<b>151M</b>	<b>128M</b>
<b>Total Test Capacity</b>	<b>505M</b>	<b>586M</b>	<b>624M</b>	<b>904M</b>	<b>814M</b>	<b>731M</b>	<b>683M</b>

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