Update on COVID-19 Diagnostic Testing
05-13-20

Dr. Alana Sterkel
PhD, D(ABMM), SM(ASCP)CM
Assistant Director
Communicable Disease Division
Wisconsin State Laboratory of Hygiene

Erin Bowles
MT(ASCP)
WCLN Network Coordinator
Communicable Disease Division
Wisconsin State Laboratory of Hygiene
Contents

• Situation Update
• Badger Bounce Back Plan
• New HANs
• Testing updates
• Data reporting
• Q and A
Notice

This information is subject to rapid change.

Please refer to our webpage for the most up to date guidance

http://www.slh.wisc.edu/clinical/diseases/covid-19/

The WSLH does not endorse products of any kind
IF IT WORKS, IT WORKS.
Global Impact

Johns Hopkins University Global Coronavirus Tracking:
https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6
COVID-19 in the US
Wisconsin

<table>
<thead>
<tr>
<th>Status</th>
<th>Number (%) of People as of 5/12/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Test Results</td>
<td>112,748</td>
</tr>
<tr>
<td>Positive Test Results</td>
<td>10,611</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>1,877 (18%)</td>
</tr>
<tr>
<td>Deaths</td>
<td>418</td>
</tr>
</tbody>
</table>

https://www.dhs.wisconsin.gov/outbreaks/index.htm
COVID-19 Testing


*Not all labs reporting

Testing is on the Rise - US

Testing Progress To Date

- 28-Mar: 788,000
- 4-Apr: 1,620,000
- 11-Apr: 2,960,000
- 18-Apr: 4,170,000
- 25-Apr: 5,230,000
- 2-May: 6,830,000
Survey Results

*Badger Bounce Back Plan Goal: 12,000 test/day

Data collected by voluntary reporting from public, private, and commercial laboratories in Wisconsin. All data are estimates and do not reflect actual number of tests performed in the state. Capacity is dependent on availability of test supplies and adequate staffing.

https://bi.wisconsin.gov/t/COVID19_Analytics/views/LabDashboards/PublicDashboard?origin=card_share_link&:embed=y&:isGuestRedirectFromVizportal=y
Labs Across Wisconsin Rising to the Challenge

COVID-19 Lab Participation Rate Over Time
Last updated 5/12/2020 8:45:25 AM
Updated every 15 minutes

https://bi.wisconsin.gov/t/COVID19_Analytics/views/LabDashboards/PublicDashboardLabs?isGuestRedirectFromVizportal=y&embed=y
Badger Bounce Back Plan

“Everyone in the state that needs a test should be tested, and through the Badger Bounce Back Plan, we’re taking a comprehensive approach to make sure that’s the case,”- Governor Evers

Four key goals for testing:
• Respond to every employer, corrections, and congregate care outbreak
• Test every nursing home resident and staff member
• Establish community testing programs for symptomatic individuals in target communities
• Ensure everyone who is experiencing COVID-19 symptoms gets a test
Outbreak Testing

- Should always be coordinated with local public health officials
  https://www.dhs.wisconsin.gov/lh-depts/counties.htm
- Collection supplies are available from the SEOC distribution center
- Collection assistance is available from the National Guard
- Fee-exempt testing is available at WSLH, MHDL, and Exact Sciences
Testing Long Term Care Facilities

- 373 Facilities in Wisconsin
- Free testing for all residents and staff offered by the State
- In coordination with local public health officials
- Collected by the National Guard
- Tested at Exact Sciences
Community Test Sites

- Often led by the National Guard
- Also from health systems
- Often fee-exempt
- Most Drive up, some walk-up
- Most with and some without appointment
- Most with and some without symptoms
- Testing mostly done by Exact Sciences but also other Clin. labs

*If your healthcare system would like to be on the map go to the website, short survey

https://www.dhs.wisconsin.gov/covid-19/testing.htm
Testing is on the Rise- WI

*Badger Bounce Back Plan Goal: 12,000 test/day

*Testing and Contact Tracing can stop the spread!
Survey updates

Molecular testing only

Wisconsin State Laboratory of Hygiene

Current capacity means max you can test in a day for up to a week (WI patients only)

Max optimal capacity
# Survey Results

## Wisconsin COVID-19 Molecular Testing Capacity

<table>
<thead>
<tr>
<th>Laboratories actively testing</th>
<th>Laboratories planning to test</th>
<th>Current state capacity (tests/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>36</td>
<td>13,795 *</td>
</tr>
</tbody>
</table>

*Data collected by voluntary reporting from public, private, and commercial laboratories in Wisconsin. All data are estimates and do not reflect actual number of tests performed in the state. Capacity is dependent on availability of test supplies and adequate staffing.*

[https://bi.wisconsin.gov/t/COVID19_Analytics/views/LabDashboards/PublicDashboard?origin=card_share_link&embed=y&isGuestRedirectFromVizportal=y](https://bi.wisconsin.gov/t/COVID19_Analytics/views/LabDashboards/PublicDashboard?origin=card_share_link&embed=y&isGuestRedirectFromVizportal=y)
What If I Can’t Meet the Demand for Testing?

- Consider different testing options
  - Diversify testing/diversify supply streams
- Contract with a reference lab
  - 4 local reference labs
- Send approved specimen to a public health lab
  - The State Lab or the Milwaukee city lab
What Tests are Being Used?

https://bi.wisconsin.gov/t/COVID19_Analytics/views/LabDashboards/TestingMethods?origin=card_share_link&:embed=y&:isGuestRedirectFromVizportal=y

WISCONSIN STATE LABORATORY OF HYGIENE - UNIVERSITY OF WISCONSIN
What are the Challenges?

Current state capacity (tests/day)  
Optimal Capacity with All Labs
Growth Potential

13,795  
20,929  
52%

Lab Supply Shortage Reasons

Genexpert cartridges  
Number of Labs: 48

Abbott ID Now cartridges  
Number of Labs: 14

BD Max supplies  
Number of Labs: 6

BioFire supplies  
Number of Labs: 6

Collections Kits (NP swab and/or VTM)  
Number of Labs: 21

ID Now Instrument

Other  
Number of

*Please continue to submit these updates!
Allocation Decisions

**MAYBE**

- ThermoFisher KingFisher/TaqPath supplies
- Abbott ID NOW test kits
- Hologic Panther TMA test kits

***Survey responses are driving these conversations***
Local Collection Kits

- WSLH partnered with the Wisconsin Veterinary Diagnostic Lab (WVDL) and Gentueri, Inc.
- Locally Produced- does not compete
- Uses the CDC Protocol and an FDA approved NP swab
- Requires refrigerated storage (up to 12 months)
- NEW room temp stability studies show stable at room temp for 5 weeks and counting!
The following supplies and services to facilitate laboratory COVID-19 testing are available at no charge to qualifying Wisconsin clinicians, local and tribal health centers, clinical laboratories, skilled nursing facilities, and other approved entities collecting specimens in response to COVID-19. The supplies and laboratory services are intended for the purpose of expanding Wisconsin’s existing COVID-19 testing capacity. Please do not use these supplies and services for the purpose of replacing your own existing testing resources. You may not bill third-party payors for these supplies and services (for more information about billing, click here).

**Room Temperature Collection Kits:** Specimen collection materials including viral transport media (VTM) and a nasopharyngeal (NP) swab. Room temperature storage. [Collection Instructions]

**Refrigerated Collection Kits:** Specimen collection materials including VTM and NP swab. **NOTE:** May be shipped and stored for up to 5 weeks at room temperature, or stored refrigerated (2-8°C) for up to 12 months. [Package Insert Collection Instructions]

**Exact Sciences Collection Supplies and Laboratory Services:** Specimen collection materials including saline and a nasal swab. Room temperature storage. **NOTE:** Supplies intended for testing performed by Exact Sciences at no charge. For collection instructions and additional information go to: [Exact Sciences]

**Swab Only:** NP swab alone, FDA approved.

**VTM Only:** CDC protocol VTM. **NOTE:** May be shipped and stored for up to 5 weeks at room temperature, or stored refrigerated (2-8°C) for up to 12 months. [Package Insert]

**Small Category B Return Shipping Materials:** Insulated cooler with category B UN3373 label, 2 cool pack. Can hold up to 40 collected specimens.

**Large Category B Return Shipping Materials:** Insulated cooler with category B UN3373 label, 4 cool packs. Can hold up to approximately 200 collected specimens.

The supplies and laboratory services are intended for the purpose of expanding Wisconsin’s existing COVID-19 testing capacity. The supplies and laboratory services are available for testing symptomatic and asymptomatic individuals based on clinical guidelines established by the organization requesting the materials.

[https://covid19supplies.wi.gov/Testing](https://covid19supplies.wi.gov/Testing)
Serology testing

- A growing number of serologic tests for detection of IgG and/or IgM antibodies against SARS-CoV-2 have received FDA approval under an Emergency Use Authorization and are now commercially available. The sensitivity and specificity of these tests are variable, and the results should be interpreted with caution.

- While SARS-CoV-2 antibody tests can provide evidence of past COVID-19 infection, DHS recommends against using these tests for diagnosis of active infection. Diagnosis of acute infection should be based on molecular detection methods such as PCR.

- If antibody testing is obtained for the purpose of documenting past infection, all positive anti-SARS-CoV-2 IgM, IgG or total antibody test results should be reported to public health via the Wisconsin Electronic Disease Surveillance System (WEDSS). Negative antibody test results should not be reported to public health.

- It is not currently known whether or to what degree the presence of SARS-CoV-2 antibodies confers protection from future infection. As such, it is inappropriate to use the results of antibody testing for the basis of any decisions related to returning to work or infection control practices within health care or other workplace settings.

https://content.govdelivery.com/accounts/WIDHS/bulletins/2897e5f
FDA cracks down on Serology tests

- The “Wild West” of antibody testing
- FDA reports 250 developers bringing products to the market
- FDA now requiring EUA and gave manufacturers 10 days to submit data or take their tests of the market.
  - “stop illicit tests from entering the U.S.”,
- Be on high alert and to make informed purchasing decisions regarding these tests.
- Report unauthorized tests to FDA

https://www.fda.gov/news-events/fda-voices/insight-fdas-revised-policy-antibody-tests-prioritizing-access-and-accuracy
**Testing of Asymptomatic People**

In congregate living settings and workplaces where physical distancing is difficult to maintain, symptom-based screening alone is unlikely to detect all cases and testing a broader group of asymptomatic individuals may be necessary to control transmission.

On May 3, the CDC revised its guidance related to testing priorities:

- **Persons without symptoms** who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

- In Wisconsin, DHS recommends COVID-19 testing for asymptomatic individuals in the following situations:
  - As part of public health investigations, such an outbreak involving multiple cases in a workplace.
  - For individuals in congregate living situations such as nursing homes or assisted living facilities.
  - In health care settings, when needed to inform infection control interventions, such as before aerosol-generating procedures.
  - In community settings, when testing of close contacts of confirmed cases would inform local public health interventions, such as contact tracing investigations, or decisions about location of quarantine or isolation.

[https://content.govdelivery.com/accounts/WIDHS/bulletins/28aaf76](https://content.govdelivery.com/accounts/WIDHS/bulletins/28aaf76)
Discontinuation of Isolation

- **Symptomatic** individuals with suspected or confirmed COVID-19 should remain in isolation until:
  - At least 10 days have passed since symptoms first appeared, **AND**
  - At least 3 days (72 hours) have passed since recovery. Recovery is defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath)

- **Asymptomatic** individuals with lab-confirmed COVID-19 should remain in isolation until:
  - At least **10 days** have passed since the collection date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms.
    **NOTE**: patients who develop COVID-19 symptoms during this period should extend isolation precautions for at least 10 days from the date of symptom onset (see above).

- Optional test-based strategy: DHS recommends the above strategies for discontinuation of isolation for most individuals; however CDC also provides guidance for a “**test-based strategy**” that may be considered in some circumstances, including immunocompromised persons. The decision to use a test-based strategy should take into consideration the availability of sufficient testing supplies and laboratory capacity, and is likely to result in longer time-periods for isolation.

[https://content.govdelivery.com/accounts/WIDHS/bulletins/28aaf76](https://content.govdelivery.com/accounts/WIDHS/bulletins/28aaf76)
Some People Remain PCR Positive for a Long Time

- PCR Positive does not mean infective
- Most people have negative viral cultures by 9 days from symptom onset (CDC unpublished)
- Viral culture not recommended for test of cure (BSL3)
TaqPath and New Comments

To further increase our COVID-19 testing capacity and diversify our testing methods, the WSLH has validated and is now using the ThermoFisher TaqPath COVID-19 assay.

Test comments you may receive when we run the TaqPath assay:

**Positive** - Test result is positive for SARS-CoV-2.

**Negative** - Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiologic information.

**Inconclusive** - This test result is inconclusive. It did not meet the full criteria for the presence of SARS-CoV-2. If clinically warranted, repeat testing is suggested.

**Invalid** - This specimen exhibited inhibition in the PCR assay. If clinically warranted, repeat testing is suggested.

**On every test** - This test is a real-time PCR assay intended for the qualitative detection of SARS-CoV-2, the virus that causes COVID-19 disease. This assay has Emergency Use Authorization (EUA) from the U.S. Food and Drug Administration for specimens collected from individuals suspected of COVID-19 by their healthcare provider. Test parameters have not been validated for screening in asymptomatic patients.

Fact Sheet for Healthcare Providers: [https://www.fda.gov/media/136111/download](https://www.fda.gov/media/136111/download)
Fact Sheet for Patients: [https://www.fda.gov/media/136114/download](https://www.fda.gov/media/136114/download)
Recent Publications Comparing different assays

Comparison of Commercially Available and Laboratory Developed Assays for in vitro Detection of SARS-CoV-2 in Clinical Laboratories
https://jcm.asm.org/content/jcm/early/2020/04/27/JCM.00821-20.full.pdf

Comparison of Four Molecular In Vitro Diagnostic Assays for the Detection of SARS-CoV-2 in Nasopharyngeal Specimens
https://jcm.asm.org/content/jcm/early/2020/04/24/JCM.00743-20.full.pdf
Table 4. Same-sample comparison of five testing platforms for SARS-CoV-2

<table>
<thead>
<tr>
<th>Panel ID</th>
<th>UW LDT</th>
<th>UW DiaSorin</th>
<th>UW Cobas 8800</th>
<th>Xpert Xpress Sars-CoV2</th>
<th>LabCorp Seattle</th>
<th>Panther Fusion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N1 Ct</td>
<td>N2 Ct</td>
<td>N1 Ct</td>
<td>N2 Ct</td>
<td>N1 Ct</td>
<td>N2 Ct</td>
</tr>
<tr>
<td>Neg 01</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 02</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 03</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 04</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 05</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 06</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 07</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 08</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 09</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 10</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 11</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 12</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Neg 13</td>
<td>NDETE</td>
<td>NDETE</td>
<td>N.D.</td>
<td>N.D.</td>
<td>NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Pos 01</td>
<td>30.7</td>
<td>30.2</td>
<td>29.2</td>
<td>30</td>
<td>30.5</td>
<td>31.0</td>
</tr>
<tr>
<td>Pos 02</td>
<td>28.5</td>
<td>28.7</td>
<td>27.2</td>
<td>28</td>
<td>29.6</td>
<td>30.5</td>
</tr>
<tr>
<td>Pos 03</td>
<td>28.6</td>
<td>28.8</td>
<td>27.3</td>
<td>28.4</td>
<td>30.4</td>
<td>32.2</td>
</tr>
<tr>
<td>Pos 04</td>
<td>25.2</td>
<td>24.4</td>
<td>22.4</td>
<td>23.8</td>
<td>26.1</td>
<td>26.2</td>
</tr>
<tr>
<td>Pos 05*</td>
<td>35.4</td>
<td>35.6</td>
<td>NDETE/NDETE</td>
<td>33.6</td>
<td>36.2</td>
<td>37.5</td>
</tr>
<tr>
<td>Pos 06</td>
<td>27.2</td>
<td>26.7</td>
<td>25</td>
<td>26.9</td>
<td>26.4</td>
<td>27.3</td>
</tr>
<tr>
<td>Pos 07</td>
<td>26.3</td>
<td>25.5</td>
<td>22.2</td>
<td>23.3</td>
<td>25.9</td>
<td>26.1</td>
</tr>
<tr>
<td>Pos 08</td>
<td>33.8</td>
<td>34.4</td>
<td>33</td>
<td>33</td>
<td>31.2</td>
<td>38.5</td>
</tr>
<tr>
<td>Pos 09</td>
<td>18</td>
<td>17.6</td>
<td>15.3</td>
<td>16.4</td>
<td>19.4</td>
<td>19.5</td>
</tr>
<tr>
<td>Pos 10</td>
<td>31.9</td>
<td>32.1</td>
<td>31.1</td>
<td>31.1</td>
<td>31.9</td>
<td>33.6</td>
</tr>
<tr>
<td>Pos 11</td>
<td>31.3</td>
<td>31.3</td>
<td>28.1</td>
<td>29.2</td>
<td>30.5</td>
<td>32</td>
</tr>
<tr>
<td>Pos 12*</td>
<td>37.4</td>
<td>NDETE</td>
<td>NDETE</td>
<td>NDETE/42.6</td>
<td>42.7/NDETE</td>
<td>NDETE</td>
</tr>
<tr>
<td>Pos 13</td>
<td>32.6</td>
<td>33.9</td>
<td>32.5</td>
<td>32.5</td>
<td>NDETE</td>
<td>35.7</td>
</tr>
</tbody>
</table>

*Known positive patients in process of clearing virus

NDETE, Not Detected
N.D., Not Done
Alinity M

- Sample to answer
- CLIA High complexity
- LOD 100 copies/mL
- Nasal swabs, NP, and OP, BAL

Table 4. Clinical Evaluation of the Alinity m SARS-CoV-2 Assay

<table>
<thead>
<tr>
<th>Alinity m SARS-CoV-2</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>47</td>
<td>2(^a)</td>
</tr>
<tr>
<td>Negative</td>
<td>0</td>
<td>55</td>
</tr>
</tbody>
</table>

\(^a\) These samples had an Alinity m SARS-CoV-2 CN at 40.99.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Agreement</th>
<th>Exact 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPA</td>
<td>47</td>
<td>100%</td>
<td>(92.5, 100.0)</td>
</tr>
<tr>
<td>NPA</td>
<td>57</td>
<td>96.5%</td>
<td>(87.9, 99.6)</td>
</tr>
</tbody>
</table>
CRISPR in Diagnostics

- Sherlock CRISPR SARS-CoV-2 Kit (Sherlock BioSciences, Inc.)
- 3 steps: Extraction, RT-LAMP, transcription and targeted cleavage of reporter by CRISPR
First Antigen Test

- Quidel Sofia2 SARS Antigen FIA
- NP and nasal swabs
- No VTM or <1 mL VTM
- **80% sensitive**, 100% spec
- Negative results should be treated as **presumptive** and confirmed with a molecular assay
- Identification of SARS-CoV-2 nucleocapsid protein antigen
- Lateral flow Ab sandwich assay for use in the Sofia 2 instrument
- CLIA labs: high, moderate, or waived complexity
- Authorized for use at the Point of Care (POC)

https://www.fda.gov/media/137885/download
What’s to Come?
Change in hours

The Wisconsin State Laboratory of Hygiene (WSLH) Communicable Disease Division (CDD) is committed to providing COVID-19 testing 7 days a week for the foreseeable future. We have experienced a decline in weekend afternoon deliveries and customer service calls that necessitate some changes to our weekend specimen receiving and customer service hours of operation. Testing (including published turnaround time for COVID-19 testing) will not be affected by this change.

NEW - WSLH CDD Specimen Receiving and Customer Service Weekend Hours:

<table>
<thead>
<tr>
<th>Department</th>
<th>Saturday Hours of Operation</th>
<th>Sunday Hours of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Receiving</td>
<td>6:30 AM – 12:30 PM</td>
<td>9:00 AM – 12:30 PM</td>
</tr>
<tr>
<td>Customer Service</td>
<td>7:45 AM – 12:30 PM</td>
<td>Emergency Pager for emergencies</td>
</tr>
</tbody>
</table>
Memorial Day Hours

Please note the following changes in our hours of operation for WSLH CDD Specimen Receipt and Customer Service due to the observance of Memorial Day.

<table>
<thead>
<tr>
<th>DATE</th>
<th>WSLH CDD 2601 Agriculture Drive Specimen Receiving</th>
<th>WSLH CDD 2601 Agriculture Drive Customer Service</th>
<th>Gold Cross Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, May 22, 2020</td>
<td>6:00 AM – 4:30 PM</td>
<td>7:45 AM – 4:30 PM</td>
<td>Schedule Friday by noon for Friday pick-up with Saturday delivery</td>
</tr>
<tr>
<td>Saturday, May 23, 2020</td>
<td>6:30 AM – 12:30 PM</td>
<td>7:45 AM – 12:30 PM</td>
<td>Schedule Saturday by noon for Saturday pick-up with Sunday delivery</td>
</tr>
<tr>
<td>Sunday, May 24, 2020</td>
<td>9:00 AM – 12:30 PM</td>
<td>CLOSED</td>
<td>Schedule Sunday by noon for Sunday pick-up with Tuesday delivery</td>
</tr>
<tr>
<td>Monday, May 25, 2020</td>
<td>CLOSED</td>
<td>CLOSED</td>
<td>Schedule Monday by noon for Monday pick-up with Tuesday delivery</td>
</tr>
</tbody>
</table>
HHS Reporting

- On March 29th, hospital systems received a letter signed by Vice President Pence requesting reporting of COVID-19 testing data to the U.S. Department of Health and Human Services (HHS).
- CDC is working with the State Health Departments to provide aggregate data rather than having clinical labs report.
- WSLH is working with WDHS to discern if required data can be pulled from WEDSS and reported to CDC.
- WSLH has now expanded their reporting to the CDC to include the requested COVID-19 test results using data submitted to WEDSS.
- If your laboratory reports your COVID-19 test results to WEDSS either by ELR or WLR, your laboratory no longer needs to report daily to HHS.

To see the full CDC guidance, go to: https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html
HHS Reporting

On March 29th, Vice President Pence sent a letter to hospital systems across the country requesting reporting of COVID-19 testing data to the U.S. Department of Health and Human Services (HHS).

The WSLH has now expanded their reporting to the Centers for Disease Control and Prevention (CDC) to include COVID-19 test results needed to fulfill this requirement using data submitted to the Wisconsin Electronic Disease Surveillance System (WEDSS). If your health care system reports COVID-19 test results to WEDSS via Electronic Laboratory Reporting (ELR) or Web-based Laboratory Reporting (WLR), you no longer need to report daily to HHS.

An excerpt from CDC Coronavirus Disease reporting for laboratories follows:

*Any U.S. hospital laboratory that is reporting to their state or local health department will not need to also report to the HHS Protect System. However, U.S. hospital laboratories that opt to report directly to the HHS Protect System are requested to report aggregate test information in accordance with the instructions provided by HHS Secretary Azar in an April 10, 2020: [https://www.fema.gov/news-release/2020/04/10/coronavirus-covid-19-pandemic-hhs-letter-hospital-administrators](https://www.fema.gov/news-release/2020/04/10/coronavirus-covid-19-pandemic-hhs-letter-hospital-administrators].*

To see the full CDC guidance, go to: [https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html](https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html)

WCLN Webinars Return

Chemical Response Capabilities in Wisconsin

Wednesday 5/20/20 at noon to 1:00 PM

Description of Session:

• This session will highlight the chemical response side of the WI Laboratory Response Network (LRN) and provide insight on how the WSLH Chemical Response Division leads the response in Wisconsin. The speaker will explain the WSLH response to chemical threat agents, including chemical weapons exposure testing and discuss their work with responders. Stories of some recent situations involving chemical exposures will be sure to engage the audience.

• P.A.C.E. credit available

We hope you will join us for our next *COVID-19 Updates* webinar on Wednesday 5/27/20 from noon to 1:00 PM
Please Type Your Questions in the Question Box!