




MEMORANDUM

Date: May 26, 2020

To: The Honorable Chairman and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator 

Re: **County Public Health Regional Testing Strategy for Active Virus and Antibody Testing**

Active Viral Testing

The County's approach to testing has been to prioritize testing resources in a way that protects the most vulnerable populations to the greatest extent possible. This means focusing on those locations and congregate facilities that have been proven to have the highest rate of infection and the highest serious risk for medical illness and/or death. These are the locations to be prioritized for active viral testing both baseline and follow up.

Our public health agency has compiled a list of all of the locations (494 licensed facilities serving more than 12,059 patients and at least 6,000 staff, contractors, vendors and clinicians) that house vulnerable populations including skilled nursing facilities, assisted living facilities, homeless shelters and nursing homes. It is these locations where patients are most vulnerable to COVID-19 and where we have experienced the most serious complications and death. They are our testing priority.

The State of Arizona has recently accelerated an action the County had already begun – that is to focus testing resources on patients and staff in Medicare Certified Skilled Nursing Facilities on Friday May 15. Health Department staff has been working with these facilities since early March, facilitating testing of residents and providing ongoing technical assistance with infection control and staffing support resources. Assisted Living Facilities were also recently identified by the state as vulnerable settings for future prioritized for testing. These facilities along with senior housing and shelter settings have been part of the congregate settings where the County has already facilitated testing in coordination with El Rio Health and other partners.

Our public health agency is currently completing the development of a comprehensive list of these facilities as well as the number of patients and most importantly the number of staff providing services and clinicians serving this unique population such as respiratory therapists, occupational therapists and others. Any strategy that would only test patients while ignoring other potential sources of infection within these facilities is flawed.

Therefore, our "regional testing efforts" will be initially directed to providing the active viral PCR testing to patients in these facilities and then to their employees and vendors. Once a

baseline is established, the effort will focus on providing regular repeat viral testing of patients, employees and/or vendors as appropriate. The PCHD also continues to identify potential COVID-19 clusters that result in case investigations and appropriate contact testing.

This will place a serious stress on our testing capacity, availability of test kits and laboratory analysis, but we will prioritize our limited testing resources to the previously described facilities, as this is the most appropriate public health response.

Antibody Testing or Serology

With respect to antibody testing or serology, such is appropriate and should continue. The University of Arizona serology testing for healthcare workers and first responders is an important first step but we must remember that as the participant consent form well articulates, this is still an exploratory study rather than a tool that can be acted upon individually for clinical management or staffing decisions. To imply that the presence of antibodies represents a "Certificate of Immunity" is a disservice to the employee and the public they serve. To do so provides a seriously misplaced false sense of security. The County has supported this activity through funding of the American Red Cross (\$27,500) and Vitalynt (\$35,960), but we also bear a responsibility to understand and communicate the limitations of this research. Recently the American Medical Association issued guidance that called into question the use of serology tests to prove individuals would be safe from reinfection of COVID-19. This is advice well heeded and should be appropriately considered by others who believe serology testing will lead us to the path of normalcy.

Summary

I have and will continue to place my faith in our professional medical and public health staff for advice. It is important during this time of promises for a quick resolution of this pandemic to be honest and forthright and respect their professional opinions. I have and will continue to respect those opinions and support their actions.

In summary, based on numerous conversations with our public health professionals our testing strategy is as follows:

1. Viral or PCR Testing:

- a) For vulnerable populations in congregate housing such as skilled nursing facilities, nursing homes, stepdown healthcare facilities, assisted living facilities, group homes – with active virus testing for occupants of said facilities as well as staff and clinicians serving these facilities.
- b) For persons with symptoms of COVID-19.
- c) For persons with a credible belief that they have been exposed to someone with COVID-19.

2. Antibody or Serology Testing:

- a) Populations most at risk for transmitting or contracting COVID-19 such as healthcare workers or first responders.
- b) The general population who has had an illness similar to COVID-19 since January 2020.
- c) Other specific populations as indicated to establish the rate of past infection in the community.

Finally, it should be noted that all of these test results both positive and negative are privacy protected through state and federal law. Only the positive viral test results are made available to the local public health agency for action, and only after they are disclosed to the state.

CHH/anc

- c: Jan Leshar, Chief Deputy County Administrator
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Dr. Bob England, Director, Health Department
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