



GREATER WASHINGTON PARTNERSHIP

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FOSTERING UNITY. ADVANCING GROWTH.



INCLUSIVE RECOVERY: ACCELERATING REOPENING

*Increased testing is
the through-line*

The scientific and public health conversation on COVID-19 testing continues to evolve rapidly, but a consensus is emerging that leads to an immediate opportunity for the Greater Washington region to lead the country in reopening more rapidly and safely.

FOR THE BOARD OF
DIRECTORS

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CONSENSUS

#1

Rapid, frequent, fast turn-around, easy-to-administer testing for asymptomatic as well as symptomatic citizens is a critical screening and surveillance tool that should be rolled out as broadly and quickly as possible.



"MASS TESTING INVOLVES PRO-ACTIVE ASYMPTOMATIC TESTING OF A DEFINED GROUP; EITHER THROUGH UNIVERSAL PROVISION OF ACCESSIBLE TESTING TO THAT GROUP OR AS A REQUIREMENT BEFORE ENTERING A PARTICULAR SETTING."



"TESTING CAN HELP CLOSE THE GAP BETWEEN NORMALCY AND WHERE WE ARE. IF AMERICANS WANT TO SAFELY SEND KIDS TO SCHOOL, EAT IN A CAFE, GO TO A BASKETBALL GAME, OR GET ON A PLANE, THE U.S. NEEDS TO TEST A LOT MORE PEOPLE A LOT FASTER."

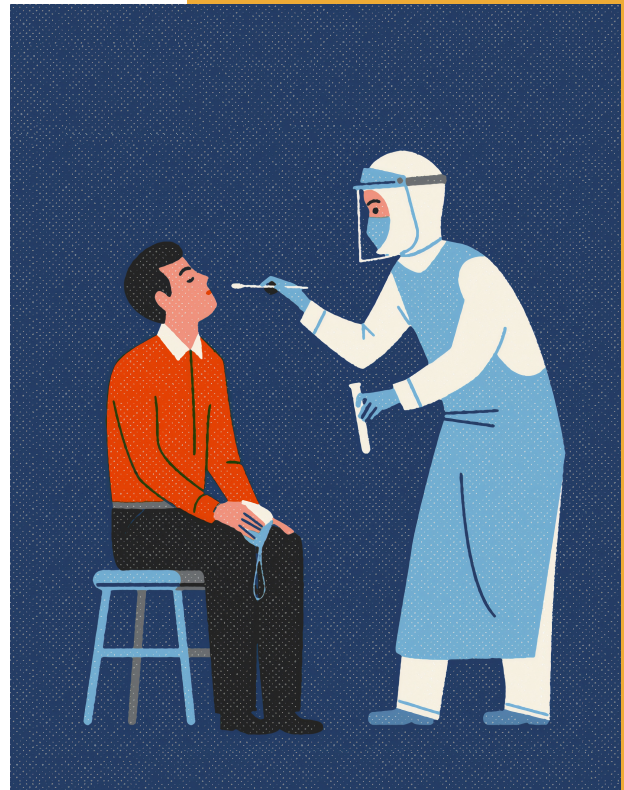


"THE C.D.C. SEEKS TO DISSUADE PEOPLE WHO ARE ASYMPTOMATIC FROM BEING TESTED. YET THIS GROUP POSES BOTH THE GREATEST THREAT TO PANDEMIC CONTROL AND THE GREATEST OPPORTUNITY TO BRING THE PANDEMIC TO AN END. IT IS WITH THIS GROUP THAT OUR COUNTRY HAS FAILED MOST MISERABLY."

CONSENSUS

#2

Those regions and institutions that have adopted a high-frequency, high-volume testing strategy have been able to reopen more quickly and safely -- and stay open.



Higher Education



"A PRIMARY REASON MANY COLLEGES IN MA, NY, ME AND VT HAVE EXPERIENCED FEW CORONAVIRUS OUTBREAKS THIS FALL HAS BEEN FREQUENT, WIDESPREAD TESTING. AT 108 COLLEGES AND UNIVERSITIES, THAT TESTING IS BEING DONE WITHIN A CAREFULLY ORCHESTRATED SYSTEM RUN BY THE BROAD INSTITUTE."



"THANKS TO AGGRESSIVE COVID-19 TESTING AT UNIVERSITY OF ILLINOIS'S MAIN CAMPUS, U OF I HAS BECOME A NATIONAL MODEL FOR HOW TO CARRY ON SAFELY DURING A PANDEMIC DESPITE A ROCKY START IN SEPTEMBER."



"“MASSIVE TESTING, MASSIVE TESTING,” IS HOW CORNELL UNIVERSITY'S PRESIDENT, MARTHA E. POLLACK, EXPLAINED HER INSTITUTION'S LOW COVID RATES. “FOLLOWED UP WITH VERY CAREFUL CONTACT TRACING AND THEN SUPPORTED ISOLATION AND QUARANTINE.” CORNELL'S MOST RECENT WEEKLY POSITIVITY RATE IS 0.02 PERCENT."

Sports Leagues



"THE TESTING OF PLAYERS AND TEAM EMPLOYEES WOULD BECOME AN AFFORDABLE AND CONSISTENT OCCURRENCE, AND IT COULD HELP FANS KEEP THEMSELVES SAFE BEFORE AND AFTER EVENT ATTENDANCE."



"THE LATE SEPTEMBER ARRIVAL OF RAPID-RESPONSE ANTIGEN TESTS ... WILL ALLOW FOOTBALL TEAMS TO TEST PLAYERS FOR COVID-19 IMMEDIATELY BEFORE PRACTICE AND GAMES, THEREBY PREVENTING ON-FIELD TRANSMISSION BY PRE-SYMPTOMATIC OR ASYMPTOMATIC PLAYERS."

K-12



"BY COMBINING RAPID TESTING WITH PROTECTIVE MEASURES ... SCHOOLS CAN BOTH PROTECT STUDENTS, TEACHERS, AND ADMINISTRATORS FROM COVID-19 AND DETECT NEW CASES TO REDUCE THE RISK OF FURTHER TRANSMISSION."



"CANYONS IS ALSO AN EXAMPLE OF HOW THE NATION'S 13,000 SCHOOL DISTRICTS ARE STRUGGLING TO FIND WORKABLE POLICIES IN THE ABSENCE OF CLEAR STANDARDS FROM THE FEDERAL GOVERNMENT AND MANY STATE GOVERNMENTS."

Other



"TESTING ALL PASSENGERS WILL GIVE PEOPLE BACK THEIR FREEDOM TO TRAVEL WITH CONFIDENCE AND THAT WILL PUT MILLIONS OF PEOPLE BACK TO WORK."



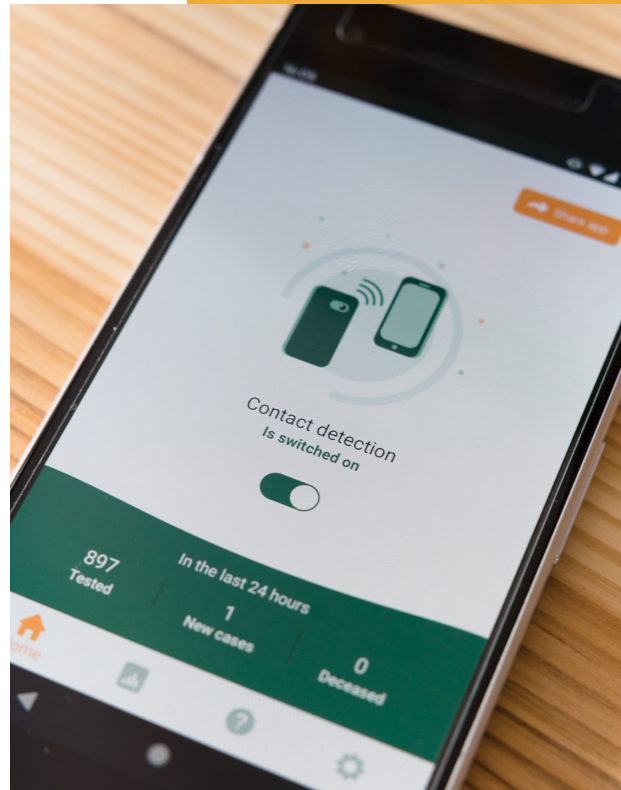
"AMAZON SAID IT IS CURRENTLY CONDUCTING THOUSANDS OF TESTS A DAY AND IS PLANNING TO RAMP UP TO 50,000 TESTS A DAY ACROSS 650 SITES BY NOVEMBER."

CONSENSUS

#3

Price remains a constraint on demand:

- The least expensive PCR test in the region is \$50, not inclusive of collection and reporting.
- Asymptomatic testing is not uniformly reimbursed by insurance



Largest Virginia-based private lab company

BASED ON DISCUSSIONS WITH LOCAL TEST PROVIDERS, CONDUCTING AN ESTIMATED 7.8M TESTS IN A 6 MONTH PERIOD IN THE CAPITAL REGION, WOULD COST APPROXIMATELY \$50 PER TEST (\$390M TOTAL).



EMPLOYER ASSESSMENTS DONE BY GWP & PARTNERS SUGGEST THAT A PRICE POINT OF \$20 PER TEST OR LOWER IS NECESSARY TO CONVINCE EMPLOYERS TO DEPLOY FREQUENT HIGH VOLUME TESTS FOR EMPLOYEES.

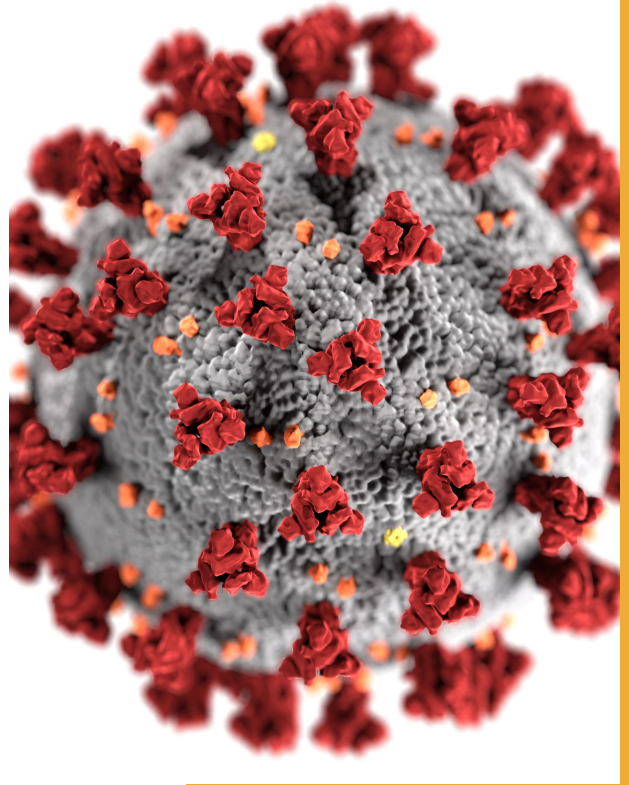
BROOKINGS

"CLARIFYING AND ENFORCING EXISTING LAW IS IMPORTANT, BUT MORE IS ALSO NEEDED TO GUARANTEE FINANCING FOR COVID-19 TESTING THAT PROMOTES PUBLIC HEALTH GOALS."

CONSENSUS

#4

Rapid improvements in test technologies and administration can be expected to drive price down quickly. Antigen and Saliva-based testing are two immediate options.



Antigen Testing



*"RESEARCH SHOWS RAPID ANTIGEN TESTS CAN WORK IN A REAL WORLD SETTING -- WITH ASYMPTOMATIC AND SYMPTOMATIC PEOPLE."
- DR. MICHAEL MINA, HARVARD UNIVERSITY*



"THE ABBOTT BINAXNOW TESTS WILL BE INTEGRATED INTO THE STATEWIDE TESTING SYSTEM TO SIGNIFICANTLY IMPROVE CAPACITY AND TURN-AROUND-TIMES FOR BOTH SYMPTOMATIC INDIVIDUALS AND FOR SCREENING. RAPID TESTING WILL ENSURE THAT WE ARE ABLE TO GET PEOPLE WHO ARE POSITIVE INTO ISOLATION IN A TIMELY MANNER, AS WELL AS QUARANTINING OF THEIR CLOSE CONTACTS."



"RAPID COVID-19 TEST SHOWS PROMISE IN COMMUNITY TEST SETTING -- TEST CAN ID INFECTIOUS INDIVIDUALS IN 15 MINUTES, COULD HELP QUELL CONTINUED HIGH TRANSMISSION AMONG MISSION LATINX POPULATION."

Saliva-based Testing



"DR. SCOTT GOTTLIEB BELIEVES YALE UNIVERSITY'S SALIVA-BASED CORONAVIRUS TEST IS AN IMPORTANT DEVELOPMENT IN THE UNITED STATES PANDEMIC RESPONSE."



"SALIVADIRECT IS A NEW PROCESS DEVELOPED AT THE YALE SCHOOL OF PUBLIC HEALTH TO TEST PERSONS SUSPECTED OF HAVING COVID-19 FOR THE VIRUS, SARS-COV-2. IT IS IDEAL FOR LARGE-SCALE TESTING AND OFFERS A NUMBER OF ADVANTAGES OVER TRADITIONAL TESTING METHODS."



"SELF-COLLECTED ANTERIOR NASAL AND SALIVA SPECIMENS VERSUS HEALTHCARE WORKER-COLLECTED NASOPHARYNGEAL SWABS FOR THE MOLECULAR DETECTION OF SARS-COV-2."



COVIDCHECK COLORADO IS BUILDING A NATIONAL MODEL BY PROVIDING SCHOOL DISTRICTS AND ORGANIZATIONS ACCESS TO COVID-19 TESTING, SYMPTOM TRACKING AND TOOLS TO SUPPORT PUBLIC HEALTH DEPARTMENT CONTACT-TRACING EFFORTS. THE PROJECT WILL MOVE ENTIRELY TO THE SALIVADIRECT PROTOCOL FOR ALL TESTING STARTING LATE OCTOBER.

CONSENSUS

#5

There is debate on appropriate test sensitivity and specificity for widespread, fast, asymptomatic testing due to the risk of false positives; however, it is increasingly manageable.



"RAPID FOLLOW-UP CONFIRMATORY TESTING WILL BE NEEDED TO DETERMINE WHETHER INDIVIDUALS SHOULD CONTINUE TO SELF-ISOLATE – IT IS IMPORTANT TO RAPIDLY ISOLATE INFECTIOUS INDIVIDUALS, BUT EFFORTS WILL BE NEEDED TO QUICKLY RELEASE FALSE POSITIVES."



"PRETEST PROBABILITY ASSESSMENTS SHOULD BE CONSIDERED, AND CLEAR EVIDENCE-BASED GUIDELINES ON INTERPRETATION OF TEST RESULTS DEVELOPED."



"UNCERTAINTY AND DISRUPTION ALSO CAST NEW DOUBT ON THE RELIANCE ON RAPID TESTING TO SPOT, AND PREVENT, VIRUS OUTBREAKS AS THE LEAGUE PLOWS AHEAD WITH ITS SCHEDULE."

Figure 1: Simulated results of testing strategies to reduce SARS-CoV-2 transmission.

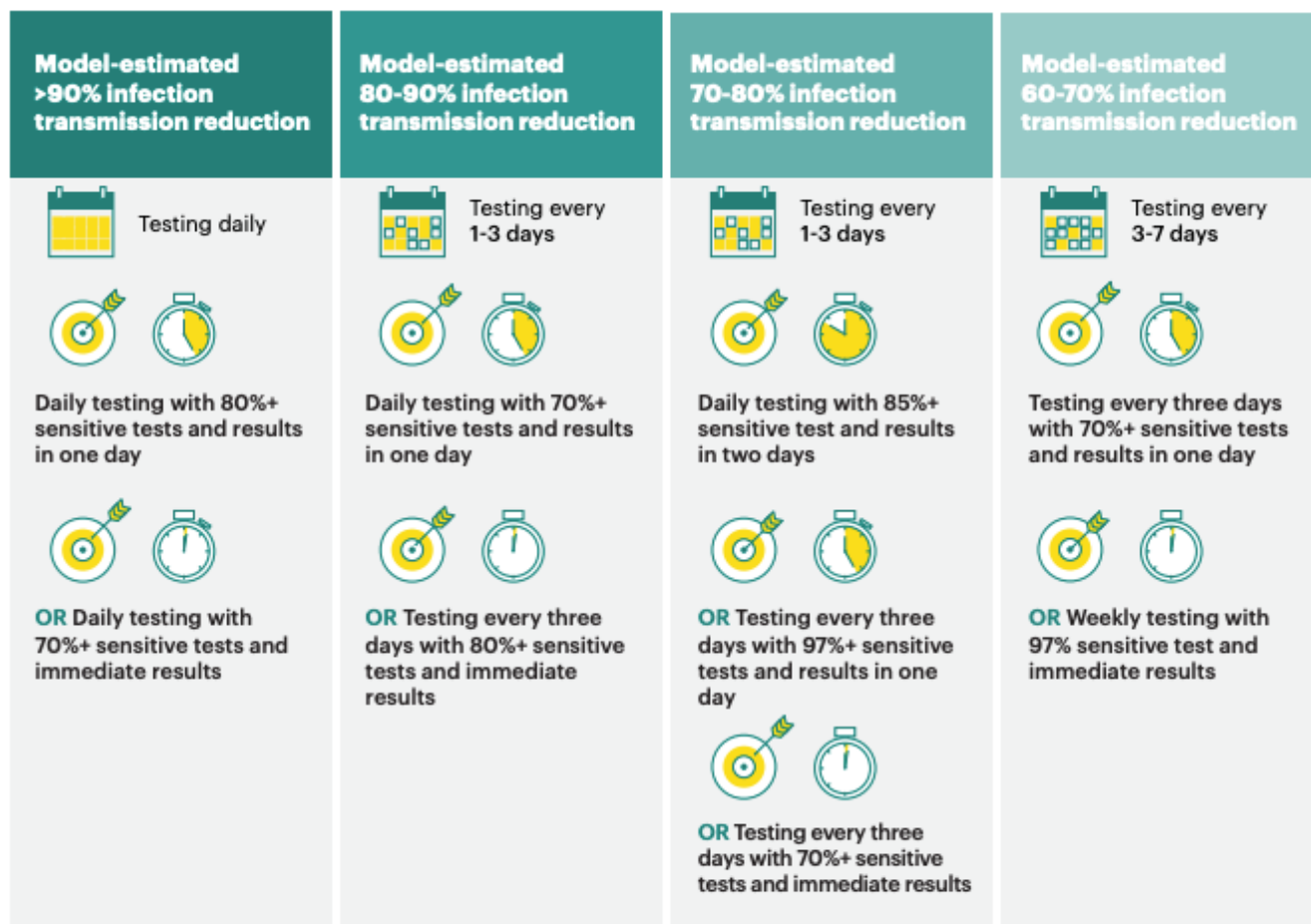


Figure 1 illustrates how several alternative testing strategies may achieve similar predicted reductions in SARS-CoV-2 transmission. Components of the simulated testing strategies include test frequency (from daily to every 7 days), test sensitivity, and time to result return. Test frequency and time to result return were most influential on projected transmission reduction. These results are based on a simulation model and assume perfect isolation and no further transmission from detected cases. This is a modified figure from "A National Decision Point: Effective Testing and Screening for Covid-19."

Source:

"Risk Assessment and Testing Protocols for Reducing SARS-CoV-2 Transmission in K-12 Schools", a study published by Rockefeller Foundation, Duke University, and Johns Hopkins University.

CONSENSUS

#6

The Capital Region should collectively press for full Federal funding for a national fast and frequent, asymptomatic testing program (FFAST).



STAT

"WIDESPREAD AND ACCESSIBLE TESTING IS AN ESSENTIAL COMPONENT OF OUR NATION'S RESPONSE TO THE COVID-19 PANDEMIC... THE LACK OF A NATIONAL COVID-19 TESTING STRATEGY IS STANDING IN THE WAY OF THE GOVERNMENT'S OFT-REPEATED PROMISE THAT "ANYONE WHO WANTS A TEST CAN GET A TEST."



"TESTING IS OUR WAY OUT OF THIS CRISIS. INSTEAD OF RICOCHETING BETWEEN AN UNSUSTAINABLE SHUTDOWN AND A DANGEROUS, UNCERTAIN RETURN TO NORMALCY, THE UNITED STATES MUST MOUNT A SUSTAINABLE STRATEGY WITH BETTER TESTS AND CONTACT TRACING, AND STAY THE COURSE FOR AS LONG AS IT TAKES TO DEVELOP A VACCINE OR CURE."

CONSENSUS

#7

This won't be the last public health crisis, so it's critical that the region develops a plan to sustain the necessary resilient response public health infrastructure for the long-term



COUNCIL *on*
FOREIGN
RELATIONS

"THE VIRTUAL INEVITABILITY AND HIGH POTENTIAL TOLL OF FUTURE PANDEMICS MAKE INVESTMENTS IN PREVENTIVE AND MITIGATORY MEASURES BOTH SENSIBLE AND COST EFFECTIVE"

BBC
NEWS

"IN THE LAST 20 YEARS, WE'VE HAD SIX SIGNIFICANT THREATS - SARS, MERS, EBOLA, AVIAN INFLUENZA AND SWINE FLU," PROF MATTHEW BAYLIS FROM THE UNIVERSITY OF LIVERPOOL TOLD BBC NEWS. "WE DODGED FIVE BULLETS BUT THE SIXTH GOT US." AND THIS IS NOT THE LAST PANDEMIC WE ARE GOING TO FACE, SO WE NEED TO BE LOOKING MORE CLOSELY AT WILDLIFE DISEASE."

**healthcare
innovation**
PEOPLE. PROCESS. TECHNOLOGY TRANSFORMATION.

"THE COVID CRISIS DEMONSTRATES THAT IN STATES WITH STRONG HEALTH INFORMATION EXCHANGES, THE HIE CAN PLAY THE ROLE OF INTERMEDIARY BETWEEN PROVIDERS AND PUBLIC HEALTH."

CALLS-TO-ACTION



1

FFAST: FAST, FREQUENT ASYMPTOMATIC TESTING

Paid by a mix of insurance, cash, and donations

2

PROGRAMS ROLLED OUT ACCORDING TO URGENCY

Starting with K-12 schools in VA, MD, and D.C. starting January 1, 2021

3

CONSISTENT GUIDELINES USED ACROSS THE CAPITAL REGION

Advocate for evolution of policies such as:

- validating positive screening with PCR within 24 hours
- reporting test type along with test results
- common public health measures (masks, distancing, quarantine, contact tracing)
- consistent public health messaging related to vaccination

4

LONG-TERM RESILIENT REGIONAL PUBLIC HEALTH RESPONSE & INFRASTRUCTURE PLAN

Staff GWP to continue its work on the above through June 30, 2021

THIS CAN NEVER HAPPEN AGAIN.

COST + VALUE

There are 2.2M preK-12 students throughout these jurisdictions; a program to fast-test all of these for 20 weeks starting January 1, 2021 would cost \$880 million.



THE VALUE TO THE REGION'S ECONOMY - AND REPUTATION - OF REOPENING MORE QUICKLY IS AT A MINIMUM MULTIPLES OF THIS PROSPECTIVE COST.



"WE ESTIMATE THAT THE REAL GDP GROWTH RATE WILL DECLINE 5 PERCENT FOR EACH MONTH OF PARTIAL ECONOMIC SHUTDOWN."



"THIS WOULD BE ESPECIALLY DAMAGING FOR DISADVANTAGED GROUPS, CHILDREN IN PARTICULAR. IF SCHOOLS CAN'T REOPEN SAFELY FOR IN-PERSON LEARNING, LOW-INCOME KIDS WILL FALL EVEN FURTHER BEHIND THEIR PEERS."

NEXT STEPS

There are no technical hurdles to executing this plan. It just takes committed, collective leadership.



OUR COLLECTIVE CLOUT IS MUCH GREATER.

- *MD and VA have cooperated toward this goal already by joining a 10-state pact organized by the Rockefeller Foundation to buy 500,000 rapid antigen tests.*
- *Virginia has made recent moves to buy more rapid tests.*
- *The Rockefeller Foundation is launching a pilot with Washington DC public schools for 20,000 free + rapid antigen tests.*

**LET'S ACCELERATE AND
SOLVE THIS TOGETHER.**