APHL Laboratory Alert: COVID-19 All PHL Lab Call

February 26, 2020

Call Summary

Main Contact Emails

CDC Emergency Operations Center (EOC) Contact: 770-488-7100
CDC Respiratory Virus inbox: respvirus@cdc.gov
APHL EOC Contact: eoc@aphl.org
APHL Informatics Contact: informatics.support@aphl.org

Introduction *(Scott Becker, APHL)*

APHL's Request to FDA: Enforcement Discretion

On Monday, APHL sent a letter to the FDA to request enforcement discretion of the Emergency Use Authorization (EUA), which requested that public health laboratories (PHLs) be allowed to work on developing their own assay as part of a "group EUA approach". FDA is willing to enter into a dialogue about the approaches we can take and the APHL COVID-19 Task Force will meet with the FDA later today to discuss this response as well as ways we can help prepare laboratories in the future.

There is a presidential press conference tonight at 6:00 pm with CDC leadership; it is likely to cover the steps the administration is taking to deal with COVID-19.

Partners' Emergency Supplemental Funding Requests

On Monday, APHL joined with other partner organizations to advocate for emergency supplemental funding for the public health response. The group sent letters to the White House and Congress; the administration also sent their support request to Congress. ASTHO and NAACHO are on Capitol Hill this week and they are actively discussing this is well.

APHL has just sent two documents to Laboratory Directors that will be discussed on the call. An additional document will be coming later today. FDA will walk through the documents.

COVID-19 CDC Update *(Dan Jernigan, CDC)*

Currently there are 59 confirmed cases of COVID-19 in the US and the potential for additional cases remains high. CDC is focused on getting the diagnostic tests out and establishing a surveillance system that utilizes the existing influenza structure.

FDA Briefing *(Timothy T. Stenzel, FDA; Laura Rose, CDC)*

FDA has been working with CDC to establish three parallel pathways forward to improve access to testing:

1. CDC and FDA have been evaluating the N3 probe and determined that at this time, N3 is not necessary. Moving forward, only N1 and N2 probes will be used. For PHLs that received the original kit, there will be a pathway forward as long as their verification did not fail N1 or N2 (described in greater-detail below). Using this pathway, FDA and CDC hope to have 40 PHLs up and running with testing by the end of the week.
2. CDC is manufacturing a new lot of N1 and N2 in conjunction with Integrated DNA Technologies (IDT). These new materials were received by CDC today and are scheduled to undergo enhanced quality control (QC) testing over the next few days. The new lot should be out soon.
3. IDT has 180 full kits that they are holding in reserve from the same lot. These will be undergoing expanded QC testing at CDC and will be available to PHLs once QC is complete.

PHLs will be receiving three new documents in relation to these changes: a supplement to the instructions for use to the EUA, a supplement to the verification instructions and a document that describes and clarifies the four pathways to testing laboratories have.

The supplement to the instructions for use will describe changes that are necessary to move away from the use of N1, N2 and N3 to <u>just N1, N2 and RNase P</u>. The supplement details the adjustment of materials for setup and provides replacement interpretation of results and reporting. <u>Of note: peak specimen testing type and time has not yet been determined for this virus; there is a possibility of false negatives. Patients that present with illness and travel history that would make COVID-19 a possibility should not be ruled out completely from one negative test result.</u>

The supplement to the verification instructions describe the internal verification testing procedures. These are the same as the original instructions and are attached here for those laboratories that did not attempt verification yet and may need a copy.

The final document (to be released) outlines the four different options laboratories have moving forward with the N3 modification to the kit:

1. Laboratories that received the original kits and <u>have not attempted verification</u> yet may proceed with verification using only N1, N2 and RNase P using the manufacturer's instructions for use plus the supplemental instructions. If they successfully pass verification and are able to meet their internal CLIA requirements, they may proceed with testing.
2. Laboratories that received the original kits and <u>failed verification due to N3 reactivity</u> should use their original verification data to evaluate N1, N2 and RNase P according to the supplement instructions for use. If they are able to pass the verification based on their original verification data using the new interpretation, and are able to meet their internal CLIA requirements, they may proceed with testing.
3. Laboratories that received the original kits and <u>failed verification for *any reason other than N3 reactivity*</u> should **not** attempt verification with the reagents they currently have and should wait for new materials to ship from CDC.
4. Laboratories that the original received kits, <u>passed verification and are currently testing using N1, N2, N3 and RNase P</u> together should continue to offer testing services.

Simultaneously, these laboratories should look back at their original verification data using the supplemental instructions for use to determine if they meet the modified verification requirements. These laboratories should plan to transition to only testing for N1, N2 and RNase P.

Multiple parties have been in touch with CMS and made them aware of these changes and CDC plans to follow up with them after the call.

CDC Laboratory Team Update *(Wendi Kuhnert-Tallman, CDC)*
CDC is re-manufacturing kits and hopes to have them out in the very near future. CDC has an enhanced QC process and wants to stress that making this right this time is of the utmost importance.

Biosafety FAQs and Updates to the CDC Guidance (Bill Arndt, CDC)
CDC provided some FAQs on biosafety and the updates will be on CDC's website within the next 24 hours.

Questions and Answers (Q&A)

Q: Is the newly manufactured kit going to have the N3 component? Will laboratories be expected to implement and validate the new kits and discontinue the modified version of the test with N1,N2 and RNase P?
A: The newly manufactured kit will not include the N3 component. Going forward, the test is intended to be run with just N1, N2 and RNase P. CDC is working with the FDA to amend the EUA to reflect this.

Q: Will PHLs still receive negative results from specimens sent to CDC?
A: There will be no change in how CDC reports results. Once states start testing (and sending cases to CDC for confirmation), CDC will still send encrypted PDFs of all results.

Q: How will the exclusion of N3 in the kit affect PHLIP messaging?
A: CDC will follow up on this and work with APHL to get clarification.

Q: For a PHL that failed N3 upon initial verification (option 2 above), if they go back and perform testing and find a failure in N1, what steps should the PHL take?
A: The package insert instructions will provide instructions for this; the testing would need to be repeated. For indeterminate and positive results, those samples should be sent to CDC for confirmation.

To further clarify, if a PHL has verified N1 and N2 and then experiences a failure in N1 upon further specimen testing, they should reach out to CDC.

Q: Our laboratory had both N1 and N3 issues (option 3 above), what can we do if we fall into this group and really need to be able to test? When will the new lot of kits come out?
A: CDC recognizes that there may be some issues in the N1 component of the current kit. In the re-manufacturing process, CDC does not expect these issues to persist (kits will go through enhanced QC). CDC hopes to be able to provide an update on the release date soon.

Q: If a PHL is able to verify the original kit using the new procedures, can they proceed with testing without notifying CDC?
A: There is no change to the EUA and therefore notification is not required. CDC is working with APHL to develop a voluntary data collection tool, which will be sent to PHL directors shortly.

Q: Has the CDC EUA assay detected cases in asymptomatic people?
A: Yes, the CDC assay has identified cases from asymptomatic people.

Q: Will the EUA package insert be updated to reflect the N3 changes?
A: Yes, the EUA package insert will be updated and distributed officially.

Q: Can PHLs purchase primer/probe sets or other reagents directly from IDT (lot #500383)?
A: CDC is qualifying the materials they have received from IDT. CDC will be in communication if the lot they have passes QC. The qualification will be limited to the lot that passes CDC's QC. CDC will need to check if this is the same lot referenced in the question.

Q: For sites doing surveillance, can they order additional kits from IRR?
A: For the new lot of manufactured kits, CDC will not initially have enough kits to send one to each of the 95 US PHLs. Prioritized PHLs (i.e. quarantine sites and airport-funneling sites) will get the new kits first, followed by PHLSs that didn't receive kits from the first release.

Q: How will PUI number generation occur moving forward?
A: PUI numbers should be put into electronic messaging (via PHLIP, not LRN messenger). Initially CDC was defining PUI numbers, but states will have the ability to do this soon. CDC is working with their epidemiologists to determine how this transition will happen.

Q: Will COVID-19 be a nationally notifiable disease?
A: It is not currently a nationally notifiable disease however CDC will be discussing this with CSTE and others.

Q: Can PHLs use the current kits to proceed with testing as long as N1 and N2 are working?
A: Yes, that is correct.

Q: Once the new kits are released, will PHLs still be able to use the materials from the old kits?
A: This has not yet been determined. When new kits are available, CDC will provide an update on how to handle the old kits.

Q: Can PHLs send serial specimens from cases to CDC for testing in order to conserve their reagents?
A: Yes, that is fine.

Q: For PHLs who do not report results using PHLIP, are there additional instructions?
A: CDC will reach out to those PHLs offline.

Q: Will the supplement for the instructions for use include expanded criteria for testing to include patients under surveillance? If not, what is the timeline for that?
A: The EUA for surveillance is still being worked out. CDC recently received an enforcement discretion from FDA, which allows us to move forward with surveillance testing. As a condition of the enforcement discretion being granted, patients that are tested with identifiable specimens need to be adequately informed that the test is not cleared or approved by FDA and that there are consequences if they test positive (e.g. quarantine, contact tracing). Please make sure that this is conveyed to those

in your jurisdiction that are performing testing. Of note: the enforcement discretion for surveillance applies to PHLs using the CDC EUA kit.

Q: Is there a timeline for when the new N1 and N2 materials are coming out?
A: CDC cannot provide a date but hopes to have more information later this week/over the weekend.