Health & Human Services Agency
COUNTY OF TULARE
AGENDA ITEM

AGENDA DATE: July 21, 2020 REVISED

Public Hearing Required	Yes ☐	N/A ☒
Scheduled Public Hearing w/Clerk	Yes ☐	N/A ☒
Published Notice Required	Yes ☐	N/A ☒
Advertised Published Notice	Yes ☐	N/A ☒
Meet & Confer Required	Yes ☐	N/A ☒
Electronic file(s) has been sent	Yes ☒	N/A ☐
Budget Transfer (Aud 308) attached	Yes ☒	N/A ☐
Personnel Resolution attached	Yes ☐	N/A ☒
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes ☐	N/A ☒

CONTACT PERSON: Karen Elliott PHONE: 559-624-8000

SUBJECT: Approve the acceptance of the Community Sentinel Surveillance COVID-19 Allocation

REQUEST(S):

That the Board of Supervisors:

1. Approve the acceptance of funds from the California Department of Public Health in the amount not to exceed $125,000, retroactive to March 5, 2020 through March 15, 2021 for the Community Sentinel Surveillance project to support in the response to the COVID-19 crisis. This allocation is retroactive due to a delay in receiving the allocation from the State. It was impracticable for the Board to take action prior to March 5, 2020, due to the time needed to process, prepare, and submit the agenda item.

2. Find that the Board had the authority to accept the funds as of March 5, 2020 and that it was in the County's best interest to accept the funding on that date.

3. Approve the Capital Asset purchase of an automated Reverse Transcription Polymerase Chain Reaction (RT-PCR) Platform needed to perform essential laboratory tests that support the activities of the Community Sentinel Surveillance project in an amount not to exceed $100,000.

SUMMARY:

On March 6th, the United States President signed the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. This act provides funding from the Centers for Disease Control and Prevention (CDC) to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19). California received

$41,206,709 with 70% of the funds going to local jurisdictions. The California Department of Public Health allocated $125,000 of these funds to Tulare County Public Health Branch for support of the Community Sentinel Surveillance project.

COVID-19 community surveillance occurs through testing, in order to rapidly identify individual cases and potential disease outbreaks. The Tulare County Public Health Branch in collaboration with the California Department of Public Health (CDPH) will be conducting community surveillance at three (3) to five (5) locations throughout Tulare County. The purpose will be to 1) evaluate the prevalence of SARS-CoV-2 and other respiratory viruses in mildly ill individuals, and 2) expand access to testing in under-represented areas. On a weekly basis, the Public Health Branch will complete data reports, and submit them to CDPH.

Tulare County Public Health Laboratory is working as one of the 25 public health laboratories through the state of California testing samples for COVID-19. Efficient and rapid testing are the critical first steps of containing the spread of COVID-19. As COVID-19 continues to spread, this capacity will likely need to be expanded in order to meet demand. Additional equipment to complete Reverse Transcription Polymerase Chain Reaction (RT-PCR) testing surveillance is necessary. RT-PCR is the biological reaction by which viruses can be accurately identified. These reactions require specific equipment, or platforms, to accurately run to completion. It is the Food and Drug Administration (FDA) approved method to examine samples and determine if a person is a carrier of the active SARS-COV-2 virus, the virus that causes COVID-19.

FISCAL IMPACT/FINANCING:

The maximum amount of this allocation is $125,000 for the period of March 5, 2020 through March 15, 2021. This allocation is funded by the Centers for Disease Control and Prevention through the California Department of Public Health. Funding must be used to implement approved activities. The capital asset will be included in the Fiscal Year 2020/2021 budget. There is no net cost to the County General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's strategic business plan includes the Safety and Security initiative to plan and provide coordinated emergency preparedness response, recovery and mitigation capabilities for natural and manmade disasters. Acceptance of this funding will provide funds to help fulfill this initiative by ensuring the County continuous responding to this public health emergency.

SUBJECT: Approve the acceptance of the Community Sentinel Surveillance COVID-19 Allocation
DATE: July 21, 2020

ADMINISTRATIVE SIGN-OFF:

/s/Robert Stewart OBO
Karen M. Elliott
Director of Public Health

cc: County Administrative Office

Attachment(s) Allocation Letter – Award Number COVID-19-5411 County of Tulare
Attachment 1 – Scope of Work
Attachment 2 – Allowable Activities

BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA

IN THE MATTER OF APPROVE THE ACCEPTANCE OF THE COMMUNITY SENTINEL SURVEILLANCE COVID-19 ALLOCATION	))))	**Resolution No. _____** **Agreement No. _____**

UPON MOTION OF SUPERVISOR _____, SECONDED BY SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____ _____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * * * * * * * * * * * * * * * *

1. Approved the acceptance of funds from the California Department of Public Health in the amount not to exceed $125,000, retroactive to March 5, 2020 through March 15, 2021 for the Community Sentinel Surveillance project to support in the response to the COVID-19 crisis. This allocation is retroactive due to a delay in receiving the allocation from the State. It was impracticable for the Board to take action prior to March 5, 2020, due to the time needed to process, prepare, and submit the agenda item.

2. Found that the Board had the authority to accept the funds as of March 5, 2020 and that it was in the County's best interest to accept the funding on that date.

3. Approved the Capital Asset purchase of an automated Reverse Transcription Polymerase Chain Reaction (RT-PCR) Platform needed to perform essential laboratory tests that support the activities of the Community Sentinel Surveillance project in an amount not to exceed $100,000.

State of California—Health and Human Services Agency
California Department of Public Health

SONIA Y. ANGELL, MD, MPH
State Public Health Officer & Director

GAVIN NEWSOM
Governor

June 30, 2020

Dr. Karen Haught
Health Officer
County of Tulare
5957 S. Mooney Blvd.
Visalia CA, 93277

Authority:
Section 311(c)(1) of the Public Health Service Act
(42 USC 243(c)(1)

Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123)

Dear Dr. Karen Haught:

COVID-19 Crisis Response Funding
Award Number COVID-19-5411 County of Tulare

This letter covers COVID-19 Crisis Response reimbursement information for the period of March 5, 2020 through March 15, 2021. The Infectious Diseases Branch (IDB) is allocating **$125,000.00** to **County of Tulare** in order to support your participation in the California Department of Public Health Community Senintel Surveillance in accordance with the statement of work outlined in Attachment 1.

Your Agency may use discretion to allocate this funding to your highest priority response needs in the following categories (Attachment 2 – Allowable Activities):

- Biosurveillance

The following costs are unallowable:

- Research;
- Clinical care except as provided above in connection with countermeasures and mitigation; and
- Publicity and propaganda (lobbying):
    - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
        - publicity or propaganda purposes, for the preparation, distribution, or use of any material designated to support or defeat the enactment of legislation before any legislative body; and
        - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

CDPH will reimburse your Agency within 72 hours of invoice receipt. In order to receive your allocation, please complete and submit your invoice (Attachment 1 – Invoice) as soon as possible to: LHBTProg@cdph.ca.gov.

Please Submit the following to CDPH:

1. Invoice requesting reimbursement at your Agency's full allocation. Use the attached COVID-19 Invoice. Submit your invoice to: LHBTProg@cdph.ca.gov.

2. On a quarterly basis, beginning October 2020, submit an expenditure report and progress report to: LHBTProg@cdph.ca.gov.

Thank you for the time your Agency has and will continue to invest in this response. We are hopeful that this additional funding can support the needs of your public health laboratory and local health department and that it provides adequate resources for your participation in this surveillance project. If you have any questions or need further clarification regarding this project, please contact Seema Jain, MD, Chief of the Disease Investigations Section of the Infectious Disease Branch at Seema.Jain@cdph.ca.gov.

Sincerely,

Melissa Relles

Melissa Relles
Assistant Deputy Director
Emergency Preparedness Office
California Department of Public Health

Attachment 1. COVID-19 Community Sentinel Surveillance Project
Statement of Work

Local health jurisdictions (LHJs) participating in the CDPH Community Sentinel COVID-19 Surveillance agree to the following:

PATIENT ENROLLMENT AND DATA COLLECTION

- ❑ Enroll patients who meet the following eligibility criteria:

- Visit one of the selected healthcare facilities, and
- Meet the clinical criteria below. Listed symptoms should be new or worsening (i.e., exclude patients who chronically have these symptoms due to long-term comorbid conditions):

  - At least two of the following symptoms (if patient is non-verbal [e.g. infant] at least one of the following is sufficient):
    - Fever (measured or subjective)
    - Cough
    - Shortness of breath or difficulty breathing
    - Chills or rigors
    - Myalgia
    - Headache
    - Sore throat
    - New olfactory and taste disorder(s)

- Have been notified about SARS-CoV-2 either verbally or in writing

- ❑ Collect a respiratory specimen from enrolled patients for SARS-CoV-2 and respiratory viral panel test per current CDC guidance for SARS-CoV-2[1]

- ❑ Collect required data elements (and preferred data elements, if possible) on enrolled patients per the attached protocol

LABORATORY TESTING

- ❑ All sites agree that:
  - A maximum of 50 specimens per week will be shipped to the VRDL.
  - Specimens submitted to the VRDL for SARS-CoV-2 or respiratory viral panel (RVP) testing will be submitted with either:
    - A test requisition form to be completed electronically using a computer: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/VRDL_General_Purpose_Specimen_Submittal_Form.pdf. Once the form is completed on the computer, sites agree to print it out and include ONE completed form for EACH specimen submitted.
      OR
    - A group file accessioning form (contact the VRDL at 510-307-8585 if interested in batch submittal of specimens)
  - Sites will abide by the following storage and shipping requirements:
    - Specimens should be kept refrigerated at 4°C and shipped on cold packs if they can be received by the lab in less than 3 days (72 hours) of collection date.

- If samples cannot be received by the laboratory in less than 3 days of the collection date, they should be frozen at -70°C or below and shipped on dry ice.
- Prior to shipping to the VRDL, sites will notify the VRDL of their shipment by secure email at VRDL.Mail@cdph.ca.gov
- Sites will ship a maximum of 50 specimens, at least weekly, to:

  CDPH VRDL
  Attn: Specimen Receiving
  850 Marina Bay Parkway
  Richmond, CA 94804

- ❑ Sites acknowledge and agree to provide the VRDL with both 1mL of original specimen and any remaining extract for each specimen submitted
- ❑ Sites acknowledge that they were informed that:
  - SARS-CoV-2 testing performed at the VRDL is diagnostic and turnaround time is approximately 48 hours from receipt of the specimens at the VRDL
  - The primary purpose of RVP testing is for surveillance purposes
    - Negative RVP results cannot be reported as diagnostic
    - Positive RVP results can be reported as diagnostic
    - Turnaround time for RVP testing is 2 to 3 weeks
- ❑ If the VRDL will perform both SARS-CoV-2 testing and a full RVP, the local Public Health Laboratory agrees to send the original specimen to the VRDL. Please complete a submittal form or group file accessioning form as described above.

- ❑ If the local Public Health Laboratory will perform SARS-CoV-2 testing but will not perform a full RVP (e.g. no testing for other respiratory viruses, only influenza testing, etc.), the local Public Health Laboratory agrees to send a split of the original specimen (at least 1mL) to the VRDL for all or some RVP testing AND any remaining extract from the local Public Health Laboratory SARS-CoV-2 testing. Please complete a submittal form or group file accessioning form as described above and include the result of the SARS-CoV-2 testing as well as other respiratory testing, if any, conducted by the Public Health Laboratory.
  - If 1mL aliquots of original specimens will not be received by the VRDL in less than 3 days of the collection date, they should be frozen at -70°C or below and shipped on dry ice.
  - Please store remaining extracts at -70°C or below and ship on dry ice.
  - Please keep the 1mL of original specimen paired with its corresponding extract when shipped to the VRDL (on dry ice).

WEEKLY DATA TRANSMISSION TO CDPH

- ❑ By Friday of each week, transmit complete data on all patients enrolled the week prior (e.g., by Friday, 5/22 transmit data on patients enrolled from 5/10-5/16)
  - If sites will use CalREDIE for data management, sites agree to:
    - Enter data into CalREDIE per the attached protocol
      AND
    - Email a line list of enrolled patient CalREDIE incident IDs (or patient name and date of birth) to CDPH (COVCommunitySurveillance@cdph.ca.gov) via secure email

- If sites will not use CalREDIE for data management, sites agree to:
  - Email a linelist of complete data for all enrolled patients to CDPH (COVCommunitySurveillance@cdph.ca.gov) via secure email
- If laboratory results are pending for a patient, those results can be submitted the following week

❑ By Friday of each week, per the attached protocol, transmit healthcare facility data from the week prior to CDPH via email (COVCommunitySurveillance@cdph.ca.gov) using Appendix E

☐ The LHJ will provide the following information to CDPH. Email information to covCommunitySurveillance@cdph.ca.gov.

- Anticipated or actual start date;
- Estimated number of specimens per week;
- Which tests will be performed by the local public health laboratory;
- Which tests will be performed by the VRDL; and
- Names and addresses of anticipated partner healthcare facility sites or details on the locations of drive through testing sites or pop-up clinics.

[1] Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19) Guidelines for Clinical Specimens. https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html.

Attachment 2 – Allowable Activities

Domain 1	Activity Category	Allowable Activities
Incident Management for Early Crisis Response	Emergency Operations and Coordination	Examples of allowable activities: o Conduct jurisdictional COVID-19 risk assessment. o Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders. o Implement public health actions designed to mitigate risks in accordance with CDC guidance. o Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial and Tribal Public Health Agencies. o Provide technical assistance to local and tribal health departments on development of COVID-19 response plans and respond to requests for public health assistance. o Activate the jurisdiction's emergency operations center (EOC) at a level appropriate to meet the needs of the response. ▪ Staff the EOC with the numbers and skills necessary to support the response, assure worker safety and continually monitor absenteeism. ▪ Use established systems to ensure continuity of operations and implement COOP plans as needed. o Establish call centers or other communication capacity for information sharing, public info and direct residents to available resources. o Activate emergency hiring authorities and expedited contracting processes. o Assess the jurisdiction's public health and healthcare system training needs. o Provide materials and facilitate training designed to improve the jurisdiction's public health and healthcare system response. Focus on infection prevention and control strategies and implementation/triggers for crisis/contingency standards of care. o Implement procedures to notify relevant personnel and participate in CDC national calls and Clinician Outreach and Communication Activity (COCA) calls. o Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.
	Responder Safety and Health	Examples of allowable activities: o Assure the health and safety of the jurisdiction's workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, responder mental health support. Determine gaps and implement corrective actions. o Implement PPE sparing strategies for public health/healthcare system workforce in accordance with federal guidelines. o Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions and gather lessons learned. o Establish a team of communicators that can interpret CDC guidance and assist with implementation of worker safety and health strategies. o Create tools to assist and anticipate supply chain shortages, track PPE inventory.

		o Develop personal protective equipment (PPE) strategies consistent with CDC guidance for hospitals, outpatient clinics, long term care facilities and other facilities; work with suppliers and coalitions to develop statewide plans for caching or redistribution/sharing. This strategy should be integrated with healthcare coalitions' system plans for purchasing, caching, and distributing PPE and accessing the Strategic National Stockpile. o Purchase required PPE (if available).
	Identification of vulnerable populations	Examples of allowable activities: o Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes. o Update response and recovery plans to include populations at risk. o Enlist other governmental and non-governmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them to available social services. o Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA). o Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to prevention of COVID-19. o Identify gaps and implement strategies that encourage risk-reduction behaviors.
Domain	**Activity Category**	**Allowable Activities**
Jurisdictional Recovery	Jurisdictional Recovery	Examples of allowable activities: o Recovery efforts to restore to pre-event functioning. o Conduct a Hotwash/After Action Review and develop an improvement plan.
Domain	**Activity Category**	**Allowable Activities**
Information Management	Information Sharing	Examples of allowable activities: o Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, EMS providers, and the public. o Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations, and incident management responders. o Develop new systems or utilize existing systems to rapidly report public health data. o Develop community messages are accurate, timely and reach at risk populations.
	Emergency Public Information and Warning and Risk Communication	Examples of allowable activities: o Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures. ▪ Work with health communicators and educators on risk communications efforts designed to prevent the spread of COVID-19 virus.

		○ Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications). ○ Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed. ▪ Conduct rapid assessment (e.g., focus groups) of existing messaging and communications activities (e.g., web-based, social media) related to prevention of COVID-19. ▪ Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and make adjustments to communications as needed. ○ Contract with local vendors for translation (as necessary), printing, signage, audiovisual/public service announcement development and dissemination. ○ Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors. ○ Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach. ○ Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging. ○ Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (e.g., diagnostic testing, clinical guidance).
Domain	**Activity Category**	**Allowable Activities**
Countermeasures and Mitigation	Nonpharmaceutical Interventions	Examples of allowable activities: ○ Develop plans and triggers for the implementation of community interventions, including: ▪ Activating emergency operations plans for schools, higher education, and mass gatherings; ▪ Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and ▪ Integrating interventions related to social services providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations. ○ Anticipate disruption caused by community spread and interventions to prevent further spread. ▪ Planning for school dismissal including continuity of education and other schoolbased services (e.g.; meals); ▪ Ensuring systems are active to provide guidance on closure of businesses, government, and social services; ▪ Ensuring systems are in place to monitor social disruption (e.g., school closures); ▪ Ensuring that services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions.

	Quarantine and Isolation Support	Examples of allowable activities: o Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible to be paid for by another source. o Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials. o Identify and secure safe housing for persons subject to restricted movement and other public health orders. o Develop and implement behavioral health strategies to support affected populations.
	Distribution and Use of Medical Material	Examples of allowable activities o Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including: ▪ Enhancement of immunization information systems ▪ Maintain ability for vaccine-specific cold chain management ▪ Mass vaccination clinics for emergency response ▪ Assess and track vaccination coverage ▪ Rapidly identify high-risk persons requiring vaccine ▪ Plan to prioritize limited MCM based on guidance from CDC and the Department of Health and Human Services (HHS) o Ensure jurisdictional capacity for distribution of MCM and supplies.
Domain	**Activity Category**	**Allowable Activities**
Surge Management	Surge Staffing	Examples of allowable activities: o Activate mechanisms for surging public health responder staff. o Activate volunteer organizations including but not limited to Medical Reserve Corps.
	Public Health Coordination with Healthcare Systems	Examples of allowable activities: o In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care. o Coordinate with HPP, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community. o Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs. o Train hospitals, long term care facilities and other high-risk facilities on infection prevention and control. o Actively monitor healthcare system capacity and develop mitigation strategies to preserve healthcare system resources. o Execute authorities for responding to healthcare system surge and implement activities to mitigate demands on the healthcare system. Plan to activate crisis/contingency standards of care.
	Infection Control	Examples of allowable activities: o Follow updated CDC guidance re: infection control and prevention and personal protective equipment. o Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as:

		▪ Changes in hospital/healthcare facility visitation policies, ▪ Social distancing, and ▪ Infection control practices in hospitals and long-term care facilities, such as: • PPE use, • Hand hygiene, • Source control, and • Isolation of patients.
Domain	**Activity Category**	**Allowable Activities**
Biosurveillance	Public Health Surveillance and Realtime Reporting	Examples of allowable activities: o Conduct surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up). o Assess risk of travelers and other persons with potential COVID-19 exposures. o Enhance surveillance systems to provide case-based and aggregate epidemiological data. o Enhance existing syndromic surveillance for respiratory illness such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites. o Enhance systems to identify and monitor the outcomes of severe disease outcomes, including among vulnerable populations. o Enhance systems to track outcomes of pregnancies affected by COVID-19. o Develop models for anticipating disease progression within the community.
	Public Health Laboratory Testing, Equipment, Supplies, and Shipping	Examples of allowable activities: o Assess commercial and public health capacity for lab testing. o Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public. o Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to LRN or CDC laboratories designated for testing. o Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations. o Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following: o Report weekly percent positive COVID-19 outpatient visits by age group. o Determine the rate of ILI/ARI outpatient visits and the rate of COVID-10 confirmed ILI patients. ▪ This allowable activity is similar to "Sentinel COVID-19 Surveillance, March 2020 and ILINet Enhancements in 2019. It may include, but is not limited to the following: • Conduct testing at public health laboratories • Describe modification of protocols and validation of specimen type other than NP/OP swabs, including validation of different swab types and self-swabbing for COVID-19 o Collaborate with Emerging Infection Program and Influenza Hospitalization Surveillance Network to modify existing FluSurv-NET program for COVID-19.

		o Enhance laboratory surge capacity plans. o Determine maximum lab test capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached. o Work with laboratory partners to ensure labs receive updated guidance on appropriate testing algorithms and sample types as additional information is acquired. o Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing. o Provide testing for impacted individuals.
	Data Management	Examples of allowable activities: o Ensure data management systems and in place and meet the needs of the jurisdiction. o Implement analysis, visualization, and reporting for surveillance and other available data, to support understanding of the outbreak, transmission, and impact of interventions. o Ensure efficient and timely data collection. o Ensure ability to rapidly exchange data with public health partners (including CDC) and other relevant partners. o Coordinate data systems for epidemiologic and laboratory surveillance.