# Clinical Laboratory COVID-19 Response Call Monday, February 7, 2022, at 3:00 PM ET

- Welcome
  - Jasmine Chaitram, CDC Division of Laboratory Systems
- How It Works: COVID-19 Sequencing From Patient Swab to Variant Classification
  - Justin Lee, CDC Laboratory and Testing Task Force
- Increasing Community Access to Testing (ICATT) Pharmacy Expansion Update
  - Daniel Parker, CDC Expansion of Screening and Diagnostics Task Force
- FDA Update
  - Tim Stenzel, US Food and Drug Administration (FDA)

## Division of Laboratory Systems (DLS)

#### Vision

Exemplary laboratory science and practice advance clinical care, public health, and health equity.

#### Mission

Improve public health, patient outcomes, and health equity by advancing clinical and public health laboratory quality and safety, data and biorepository science, and workforce competency.



## Four Goal Areas



## Quality Laboratory Science

 Improve the quality and value of laboratory medicine and biorepository science for better health outcomes and public health surveillance



Highly Competent Laboratory Workforce

 Strengthen the laboratory workforce to support clinical and public health laboratory practice



Safe and Prepared Laboratories

 Enhance the safety and response capabilities of clinical and public health laboratories



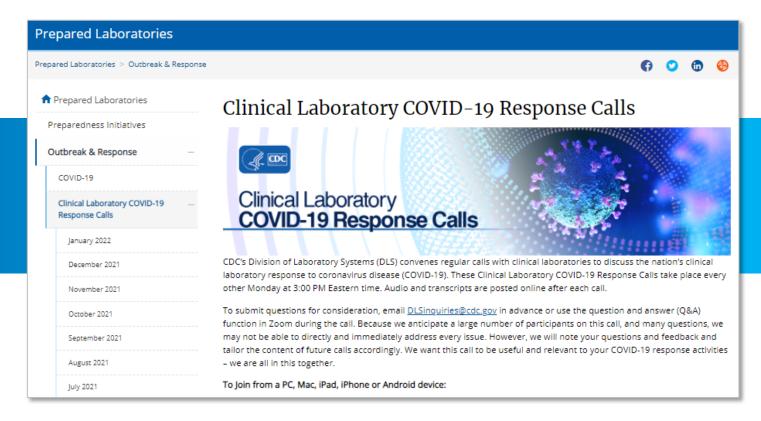
## Accessible and Usable Laboratory Data

 Increase access and use of laboratory data to support response, surveillance, and patient care

## CDC Preparedness Portal

https://www.cdc.gov/csels/dls/preparedlabs/covid-19-clinical-calls.html

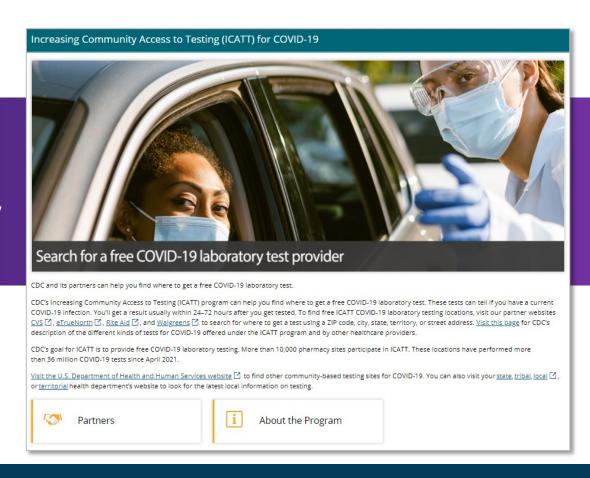
Find CLCR call information, transcripts, and audio recordings on this page



## Increasing Community Access to Testing (ICATT) for COVID-19

https://www.cdc.gov/icatt/index.html

CDC's ICATT program supports free COVID-19 laboratory testing in pharmacies and other locations in US communities that have been disproportionately affected by the pandemic



## Next Scheduled CLCR Call

The next call will be on Monday, March 7 from 3:00 PM to 4:00 PM ET



## We Want to Hear From You!

## **Training and Workforce Development**

Questions about education and training?

Contact LabTrainingNeeds@cdc.gov



## How to Ask a Question

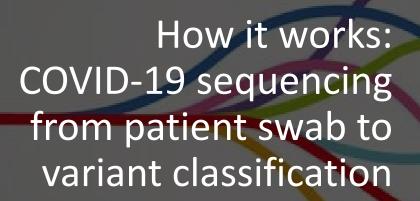
- Using the Zoom Webinar System
  - Click the Q&A button in the Zoom webinar system
  - Type your question in the Q&A box and submit it
  - Please do not submit a question using the chat button



- For media questions, please contact CDC Media Relations at media@cdc.gov
- If you are a patient, please direct any questions to your healthcare provider



Slide decks may contain presentation material from panelists who are not affiliated with CDC. Presentation content from external panelists may not necessarily reflect CDC's official position on the topic(s) covered.



Justin Lee
CDC Genomic Sequencing Lab
psd8@cdc.gov

## NGS Quality

- It's never been easier to generate sequence data.
- It's never been easier to analyze sequence data.

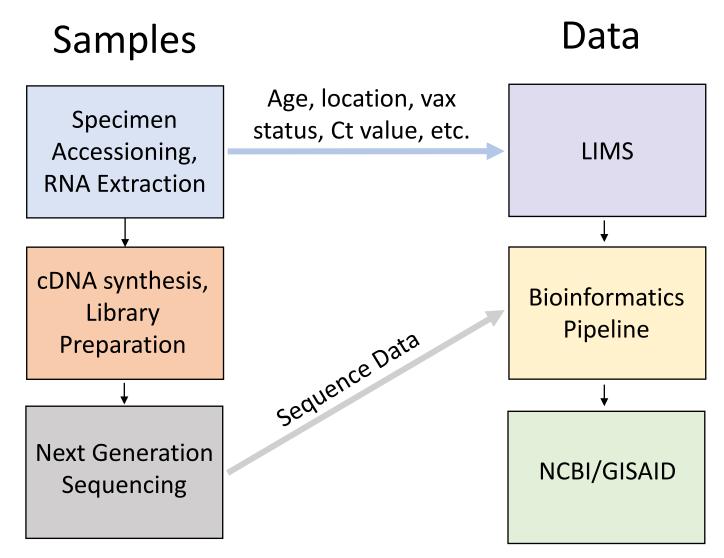
Come on…everyone's doing it!

## NGS Quality



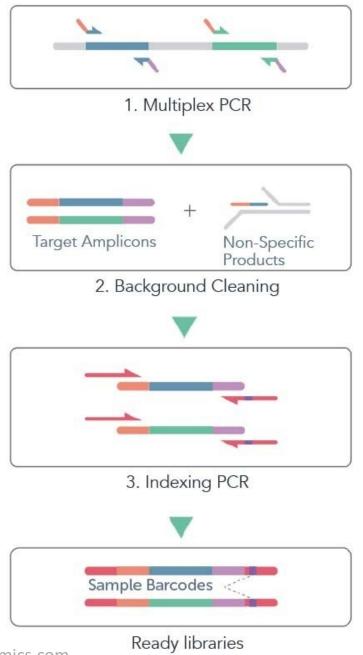
- It's never been easier to generate sequence data.
- It's never been easier to analyze sequence data.
- But it is still difficult to generate & analyze GOOD sequence data!

## Sequencing overview



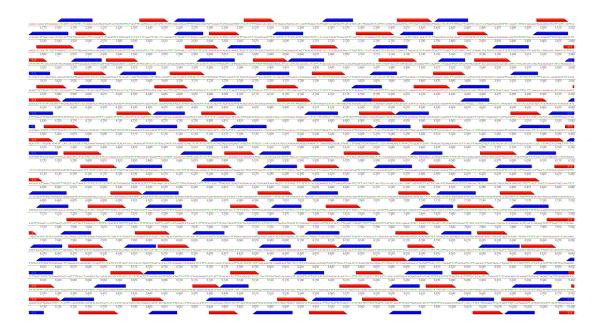
## 1. Multiplex PCR Target Amplicons Non-Specific Products 2. Background Cleaning 3. Indexing PCR Sample Barcodes « Ready libraries

# Tiled amplicon enrichment of SARS-CoV-2



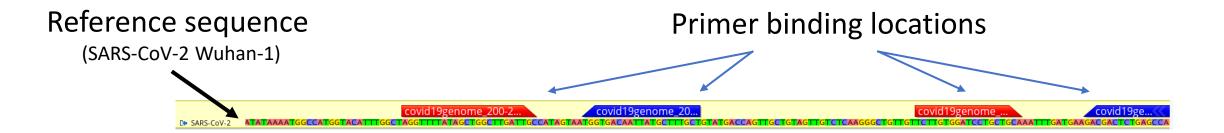
Tiled amplicon enrichment of SARS-CoV-2

Primer scheme we use currently at CDC: ~300 primer pairs



## How does sequencing work?





#### Reference sequence Primer binding locations (SARS-CoV-2 Wuhan-1) covid19genome\_200-2... covid19genome 20. covid19genome ... covid19ge.. ATATAAAATGGCCATGGTACATTTGGCTAGGTTTTATAGCTGGCTTGATTGCCATAGTAATGGTGACAATTATGCT GCTGTAGTTGTCTCAAGGGCTGTTGTTCTTGTGGATCCTGCTGCAAATTTGATGAAGACGACTCTGAGCCA VA01000:72:H... ATATAAAATGGCCATGGTACATTTGGCTA-GTTTTATAGCTGGCTTGATTGCCATAGTAA REV A01000:72:H... ATATAAAATGGCCATGGTACATTTGGCTAG<mark>T</mark>TTTTATAGCTGGCTTGATTGCCATAGTAA ATGCTTTGCTGTATGACCAGTTGCTGTAGTTGTCTCAAGGGCTGTTGTTCTTGTGGATCCTGCTGCAAATTTGATGAAGACGACTCTGAGCCA ♥**A01000:72:H...** ATATAA【ATGGCCA<mark>G</mark>GGTACATTTGGCTAG<mark>T</mark>TTTTATAGCTGGCTTGATTGCCATAGTAA ATGCTTTGCTGTATGACCAGTTGCTGTAGTTGTCTCAAGGGCTGTTGTTCTTGTGGATCCTGCAAATTTGATGAAGACGACTCTGAGCCA REV A01000:72:H... ATATAAAATGGCCATGGTACATTTGGCTAG<mark>T</mark>TTTTATAGCTGGCTTGATTGCCATAGTAA REV A01000:72:H... 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GTACATTTGGCTAG<mark>T</mark>TTTTATAGCTGGCTTGATTGCCATAGTAATGGTGACAATTATGCTTTGCTGTATGACCAGTTGCTGTAGTTGTCTCAAGGGCTGTTGTTCTTGTGGATCCTGCAAATTTGATGAAGACGAC REV A01000:72:H.. ;TACATTTGGCTAG¶TTTTATAGCTGGCTTGATTGCCATAGTAATGGTGACAATTATGCTTTGCTGTATGACCAGTTGCTGTAGTTGTTCTAAGGGGCTGTTGTTCTTGTGGATCCTGCTGCAAATTTGATGAAGACGACT( REV A01000:72:H... GTACATTTGGCTAGTTTATAGCTGGCTTGATTGCCATAGTAATGGTGACAATTATGATTTGCTGTATGACCAGTTGCTGTAGTTGTTCTCAAGGGCTGTTGTTCTTGTGGATCCTGCAAATTTTGATGAAGACGACTCT REV A01000:72:H... GTACATTTGGCTAG<mark>T</mark>TTTTATAGCTGGCTTGATTGCCATAGTAATGGTGACAATTATGCTTTGCTGTATGACCAGTTGCTGTAGTTGTCTCAAGGGCTGTTGTTCTTGTGGATCCTGCTAGATTTGATGAAGACGACTCT-AGCCA REV A01000:72:H.. GTACATTTGGCTAGTTTTATAGCTGGCTTGATTGCCATAGTAATGGTGACAATTATGCTTTGCTGTATGACCAGTTGCTGTAGTTGTCTCAAGGGCTG REV A01000:72:H.. GTACATTTGGCTAGTTTTTATAGCTGGCTTGATTGCCATAGTAATGGTGACAATTATGCTTTGCTGTATGACCAGTTGCTGTAGTTGTCTCAAGGGCTG REV A01000:72:H... 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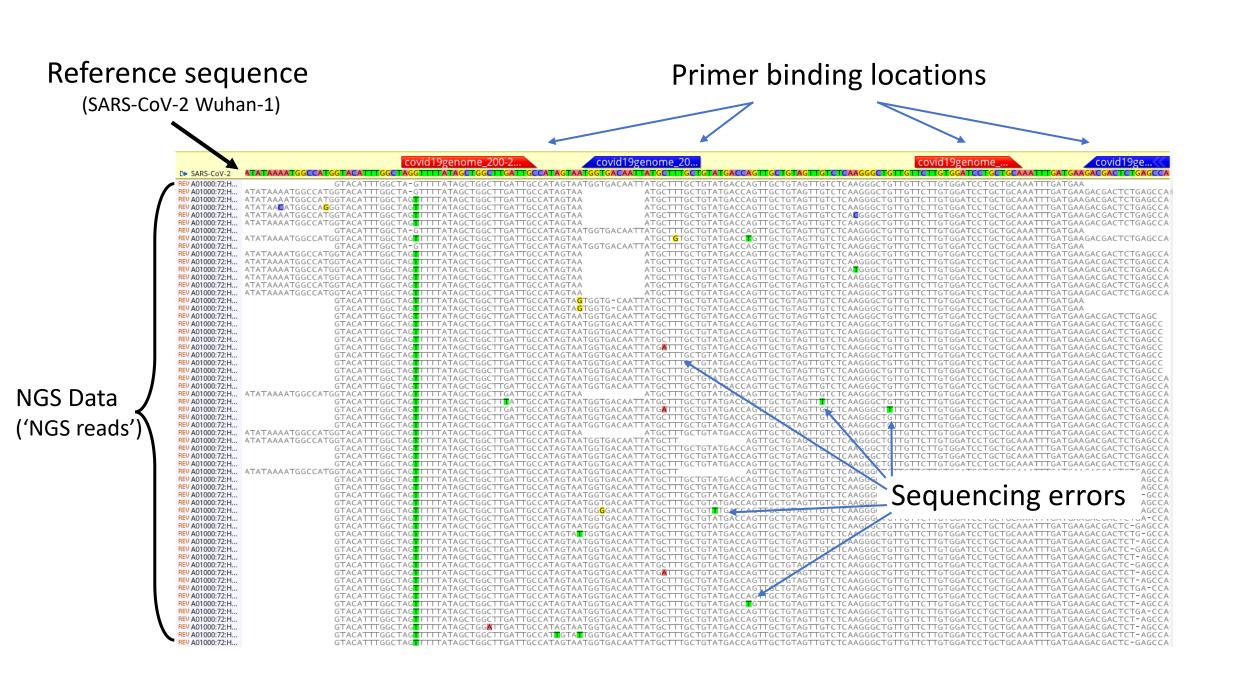
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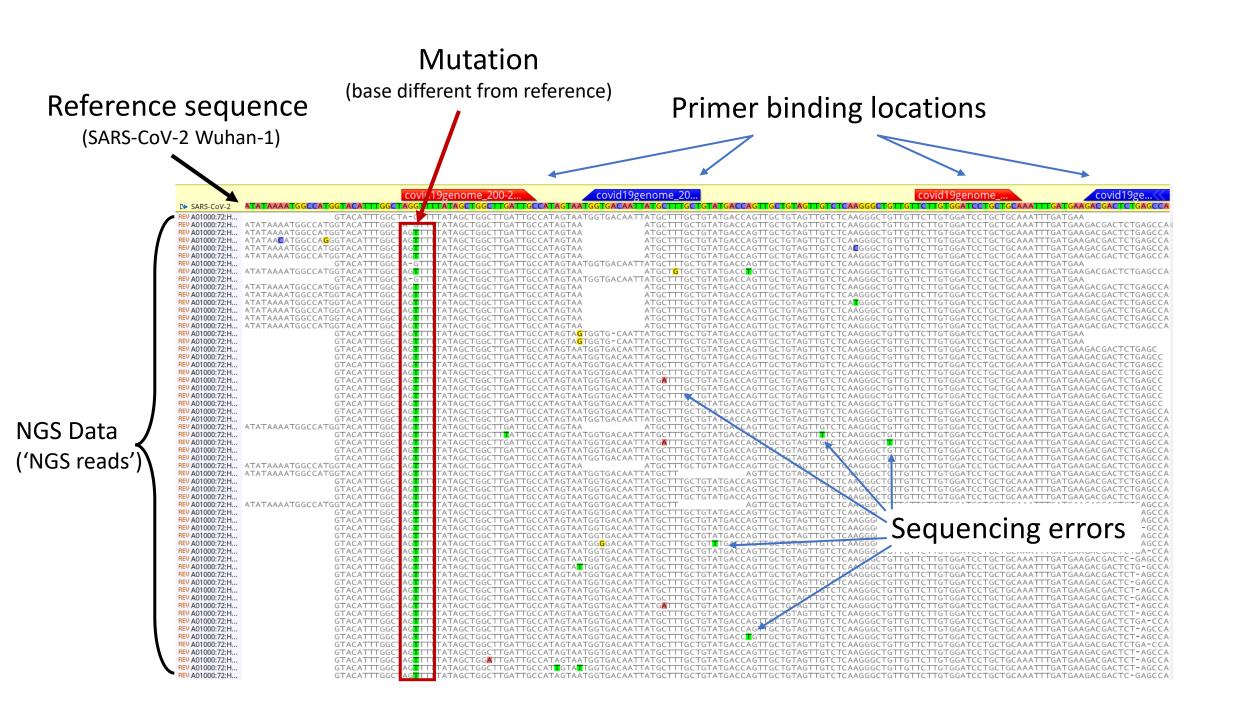
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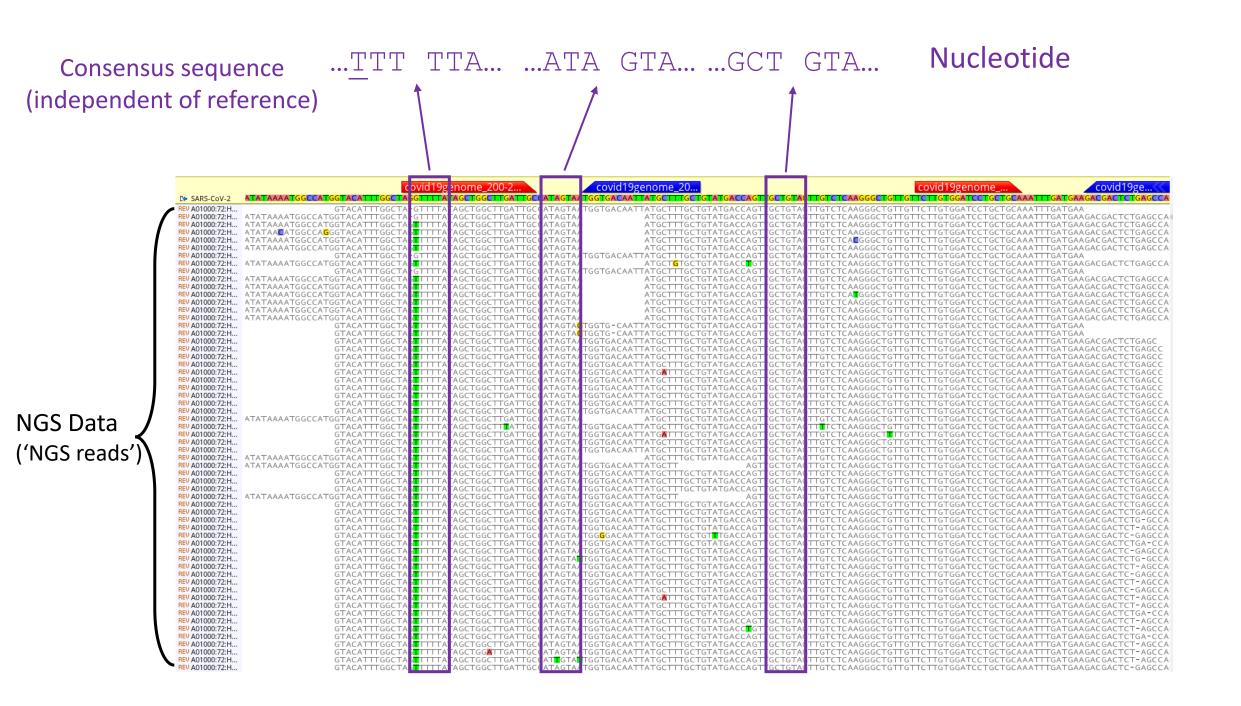
REV A01000:72:H..

V A01000:72:H..

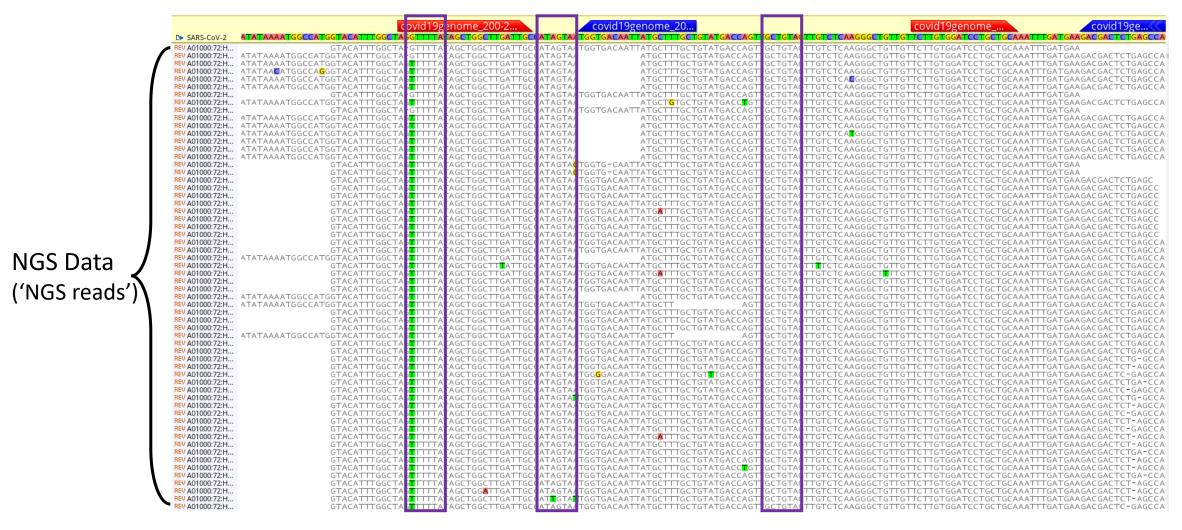
REV A01000:72:H...







Consensus sequence ...TTT TTA... ...ATA GTA... ...GCT GTA... Nucleotide (independent of reference) ...Phe Leu... ...Ile Val... ...Ala Val... Amino Acid (Val)



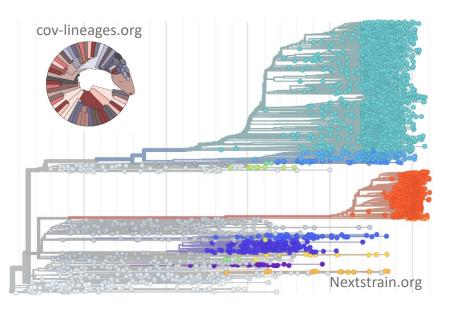
## From consensus to lineage assignment...

## Translated Consensus Sequence

```
...<u>T</u>TT TTA ... ATA GTA ... GCT GTA...

...Phe Leu ... Ile Val ... Ala Val...
(Val)
```

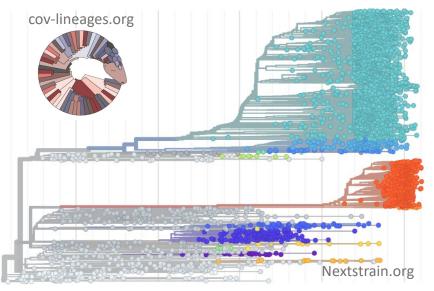
#### **Taxonomic Classification**



## From consensus to lineage assignment...

## Translated Consensus Sequence

#### **Taxonomic Classification**



WHO Designation for Variants of Concern

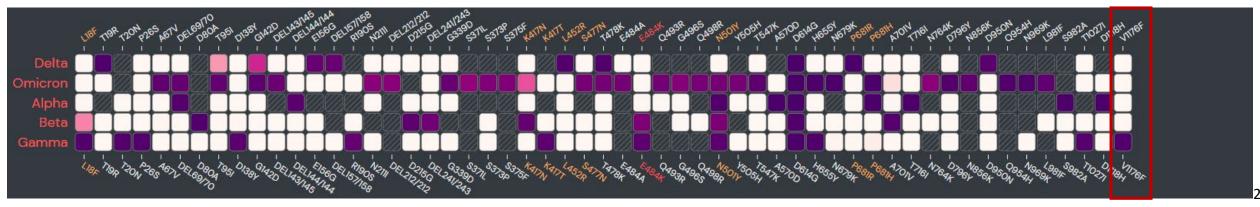
Alpha

Beta

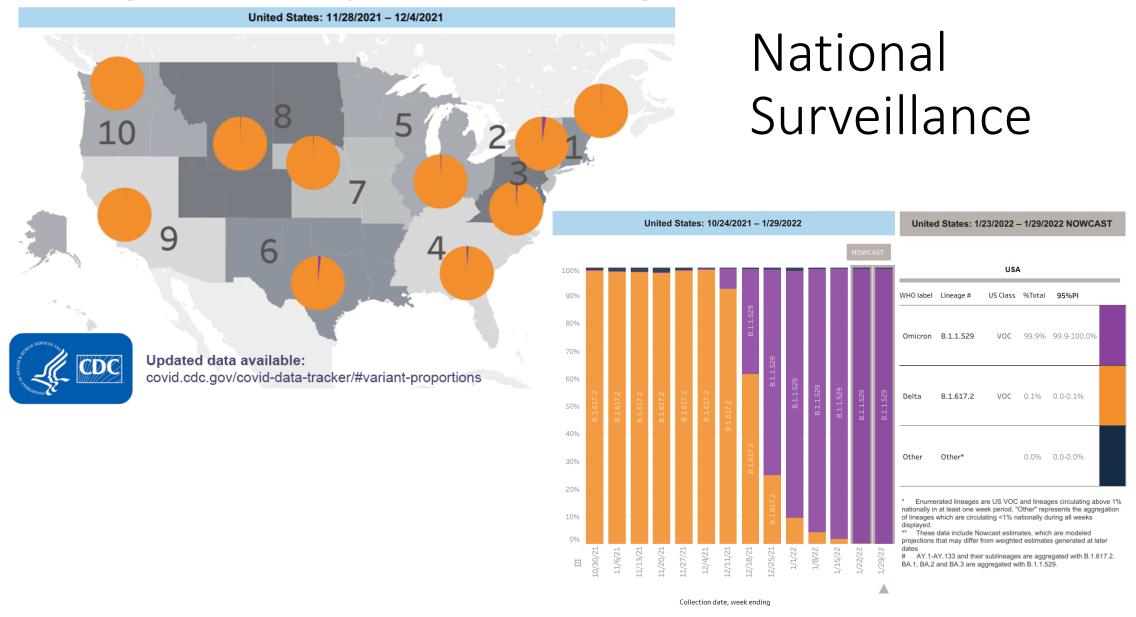
Gamma

Delta

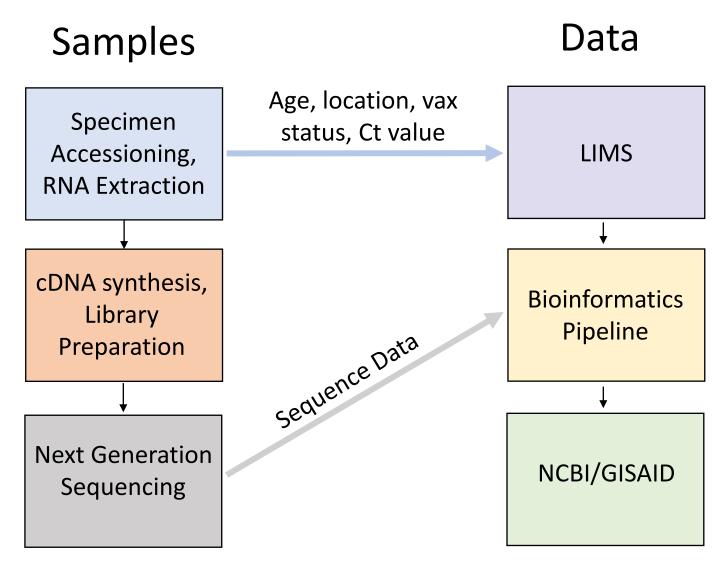
**Omicron** 



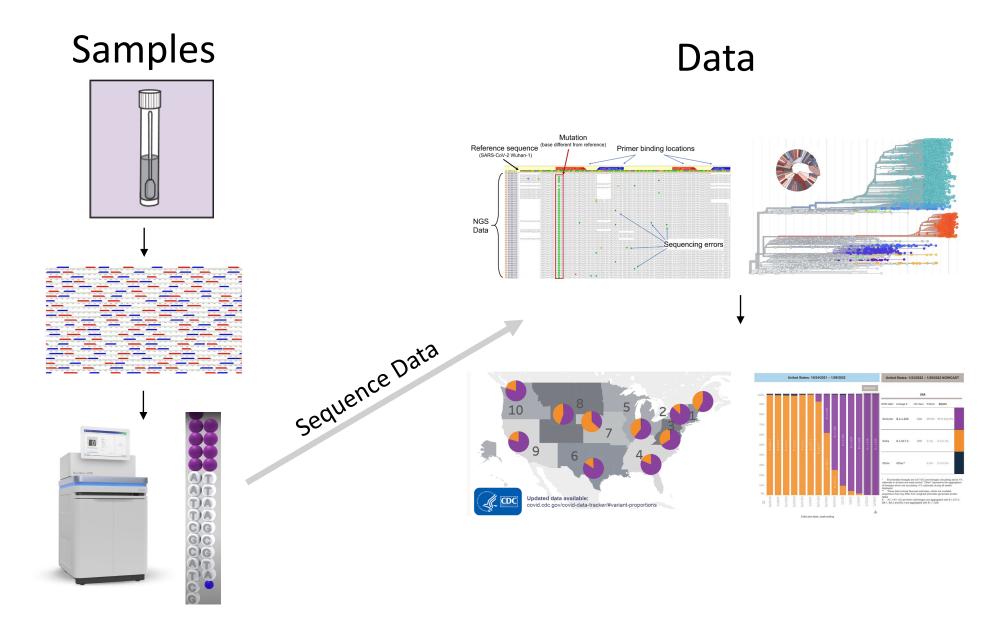
#### Weighted Estimates of Proportions of SARS-CoV-2 Lineages



## Sequencing overview



## Summary: patient swab to variant classification



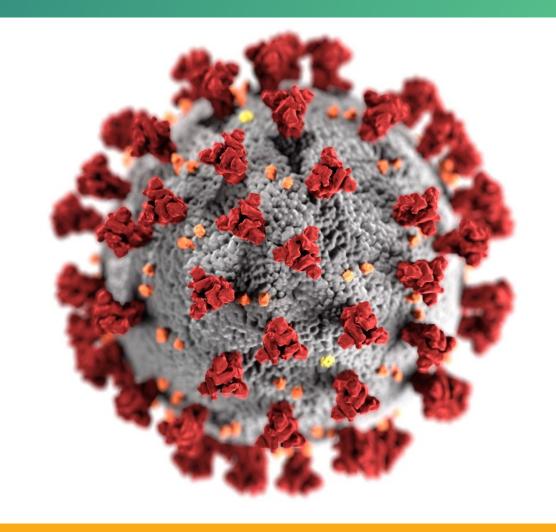
## Acknowledgements

- National SARS-CoV-2 Strain Surveillance Program Contributors
- Sample processing
  - Accessioning: CDC STATT Lab
  - RNA extraction: CDC COORS Lab
- Sequencing: Genomic Sequencing Lab
- Analysis: Strain Surveillance and Emerging Variants Bioinformaticians
- CDC COVID-19 Laboratory and Testing Task Force
- CDC COVID-19 Epidemiology Task Force

#### **Increasing Community Access to Testing (ICATT) Pharmacy Expansion Update**

Daniel Parker, MBA
ICATT Pharmacy Program Lead
Centers for Disease Control and Prevention (CDC)

February 2, 2022





cdc.gov/coronavirus

## **Background**

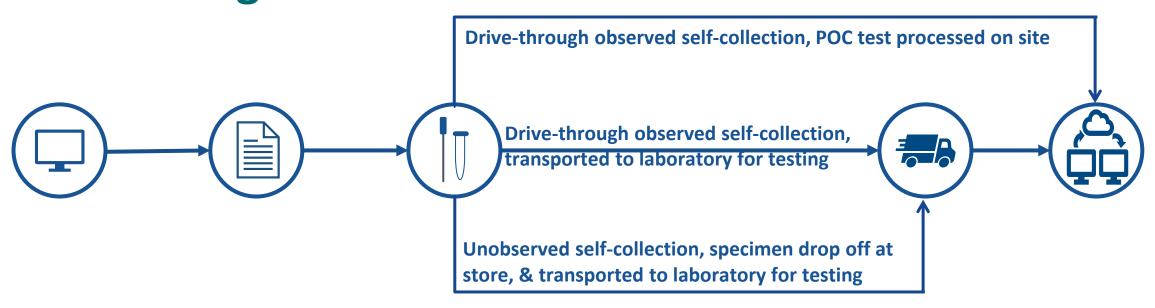
- ICATT partners with pharmacies to provide no-cost testing to communities that have been disproportionately affected by the pandemic
  - ~32.1M pharmacy tests to date
  - 10,230 pharmacy sites in all 50 states, DC, and PR
  - 40% of tests performed for racial/ethnic minorities
  - 53% of current facilities are in high SVI census tracts
- ICATT's Expansion Goal: Expand to 20,000 pharmacy testing sites across the nation by the end of March 2022, making free testing available to these communities.
- Independent pharmacies will be added to the ICATT program by subcontracting to eTrueNorth (eTN), an ICATT testing partner.
- State governments interested in expanding their independent pharmacy testing base can encourage independent pharmacy groups to apply to the ICATT program.

## eTrueNorth End-to-End Testing Services

- eTN partners with independent pharmacies and provides:
  - Staff training, patient registration and scheduling, testing and specimen shipping supplies, results reporting<sup>1</sup>, physician orders, reimbursement for each resulted test through subcontract with eTN
- Testing options include<sup>2</sup>
  - Laboratory-based Nucleic Acid Amplification Tests (NAATs) with observed or unobserved self-collection
  - Point-of-care (POC) testing
- Testing models<sup>2</sup> are optimized for use:
  - In drive through pharmacies, non-drive through pharmacies, and non-pharmacy retail locations
  - With technical and non-technical staff

<sup>1.</sup> Results reported according to all state and federal laws. 2. Not all testing models will be available to every site.

## **eTN Testing Models**



## Registration and Scheduling<sup>1</sup>

- Patient registers on the eTN platform, completes COVID-19 assessment, and selects appointment
- time CDC 1

#### **Store arrival**

- Patient arrives at store and presents voucher number for testing
- Drive-through or walk in to obtain self-collection kit OR customer service walks self-collection kit to the car

#### **Self-Collection**

- Patient self-collects specimen, observed or unobserved
- POC tests are processed on site<sup>3</sup>

#### Transportation<sup>2</sup>

- Store packages observed selfcollection specimens and prepares for FedEx/UPS daily pickup
- Patient packages unobserved selfcollection specimens for and drops in FedEx pickup box
- Laboratory performs NAAT testing

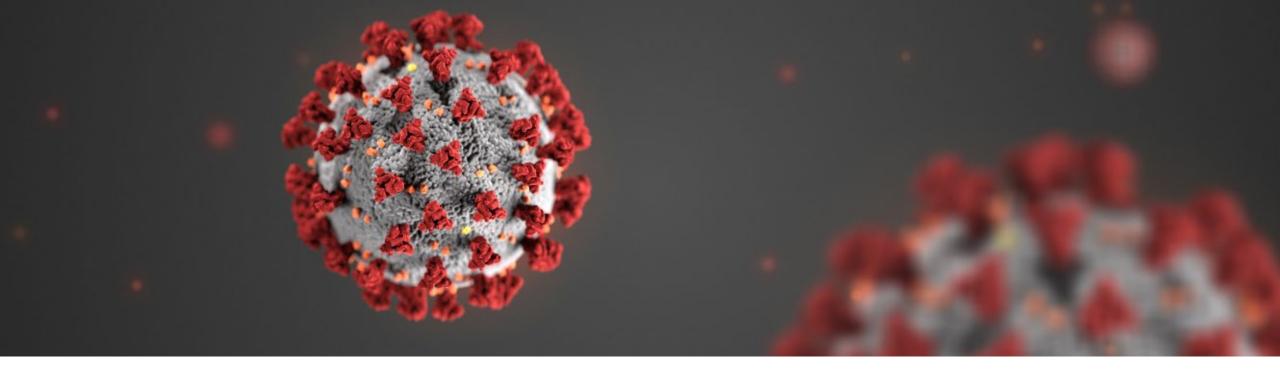
#### **Results Reporting**

- Patient receives email notification of result, and also has access to a 1-800 number
- eTN reports all test results to public health according to state and federal laws

- 1. Available testing options will depend on the pharmacy
  - . Excludes POC tests that are processed onsite at the pharmacy
  - POC test type and manufacturer may vary by location

## **Expansion Efforts: How to Help**

- Encourage independent pharmacy chains in your state to apply to the ICATT Program online: <a href="mailto:eocevent586@cdc.gov">eocevent586@cdc.gov</a>
  - ICATT will distribute an informational one-pager to assist with promotion
  - Associations/pharmacy entities should have a minimum of 10 pharmacy sites<sup>1</sup>
- In prioritizing this effort, states should account for testing needs especially within communities disproportionately affected by COVID-19 and consider factors such as:
  - Areas with intermediate to high SVI (> 0.5)
  - Areas with high testing demand
  - Areas with high community transmission levels
  - Areas with low vaccine coverage
  - Areas in communities that have very few or no community testing sites
- ICATT will continue to provide monthly pharmacy reports so states can track progress
- For questions contact ICATT at eocevent586@cdc.gov



For more information, contact CDC 1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



#### Center for Surveillance, Epidemiology, and Laboratory Services

## FDA Update

#### **Tim Stenzel**

U.S. Food and Drug Administration (FDA)



## U.S. Food and Drug Administration (FDA)

COVID-19 Emergency Use Authorization (EUA)
 Information for Medical Devices

https://www.fda.gov/medical-devices/emergencysituations-medical-devices/emergency-useauthorizations

COVID-19 In Vitro Diagnostic EUAs

https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas

COVID-19 Frequently Asked Questions

https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/coronavirus-disease-2019-covid-19-frequently-asked-questions

COVID-19 Updates

https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov

FDA Townhall Meetings

https://www.fda.gov/medical-devices/workshopsconferences-medical-devices/virtual-town-hall-seriesimmediately-effect-guidance-coronavirus-covid-19diagnostic-tests-06032020

Independent Evaluations of COVID-19 Serological Tests

https://open.fda.gov/apis/device/covid19serology/



## U.S. Food and Drug Administration (FDA)

- COVID-19 Diagnostic Development
   CDRH-EUA-Templates@fda.hhs.gov
- Spot Shortages of Testing Supplies: 24-Hour Support Available
  - 1. Call 1-888-INFO-FDA (1-888-463-6332)
  - 2. Then press star (\*)
- FDA MedWatch

https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program



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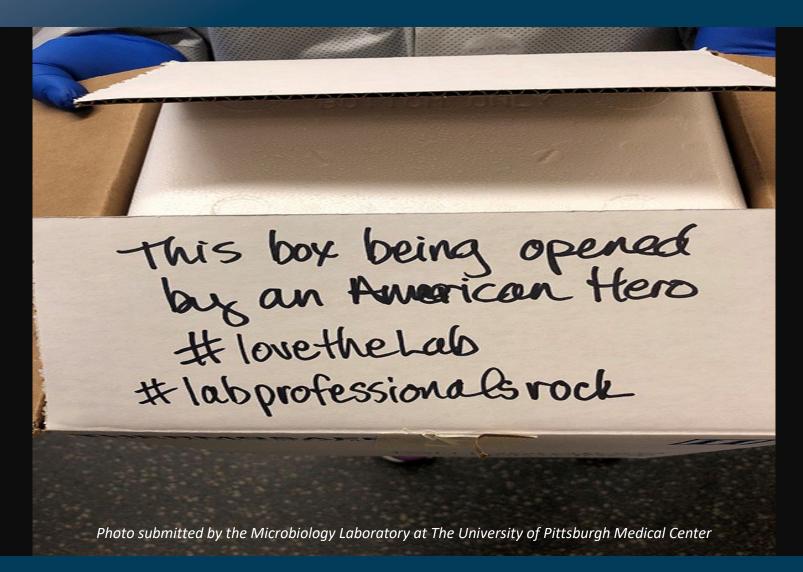
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