



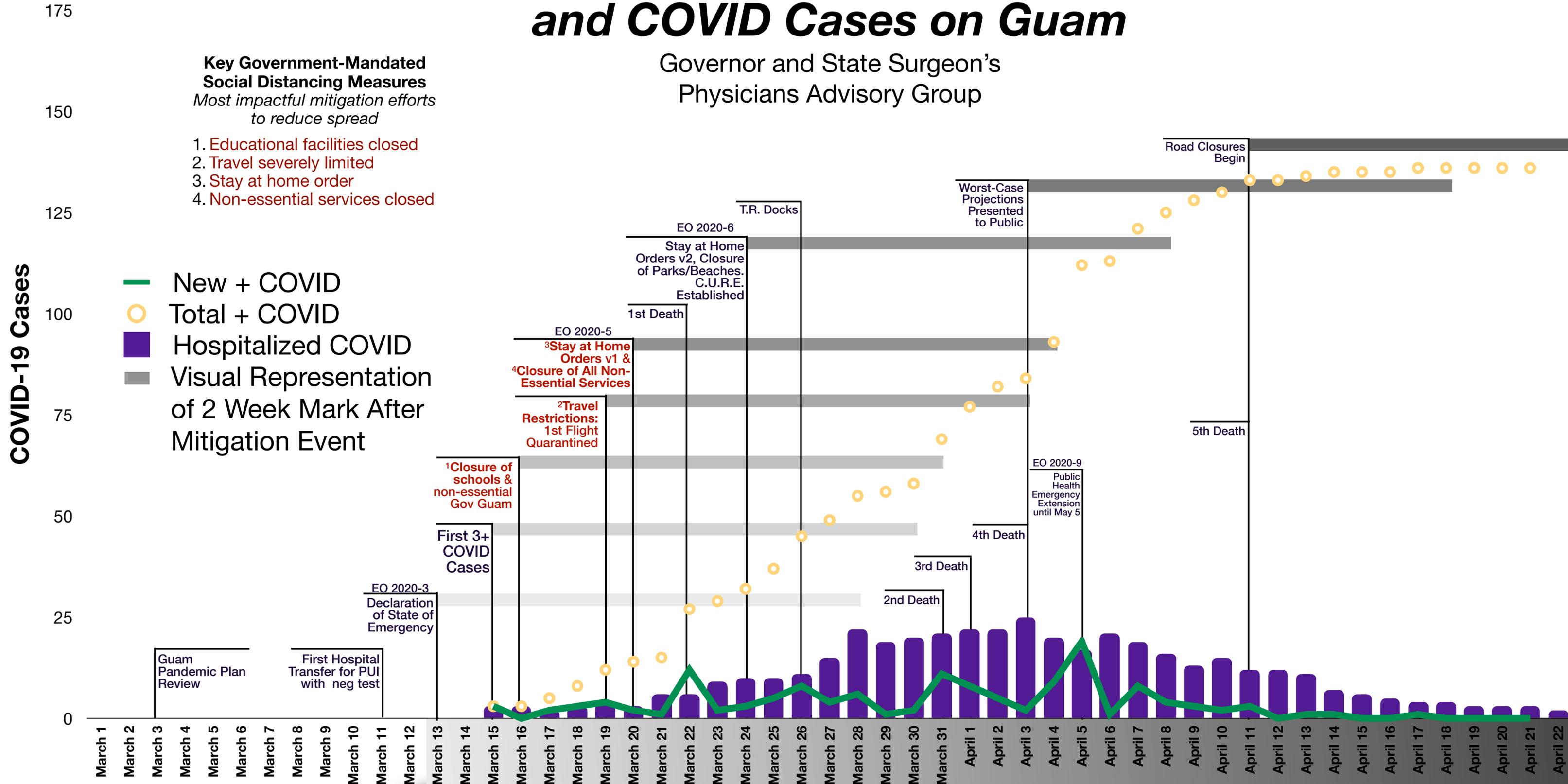
Public Briefing on COVID-19 Unified Response Efforts: Mitigation Review, Trajectory Update, & Testing Goals

Governor and State Surgeon's
Physician Advisory Group

April 22, 2020

Relationship of Mitigation Efforts and COVID Cases on Guam

Governor and State Surgeon's
Physicians Advisory Group



GUAM'S COVID-19 HOSPITAL CENSUS PROJECTIONS

IF CURRENT MITIGATION UNCHANGED FOR NEXT 6 MONTHS

As of April 22, 2020

We have significantly flattened the curve with our efforts. However, even this course it is not completely flat, thus a surge still looms in the distance. Albeit now a much slower surge than previous projections, the threat to overwhelm our hospital system could occur in the fall.

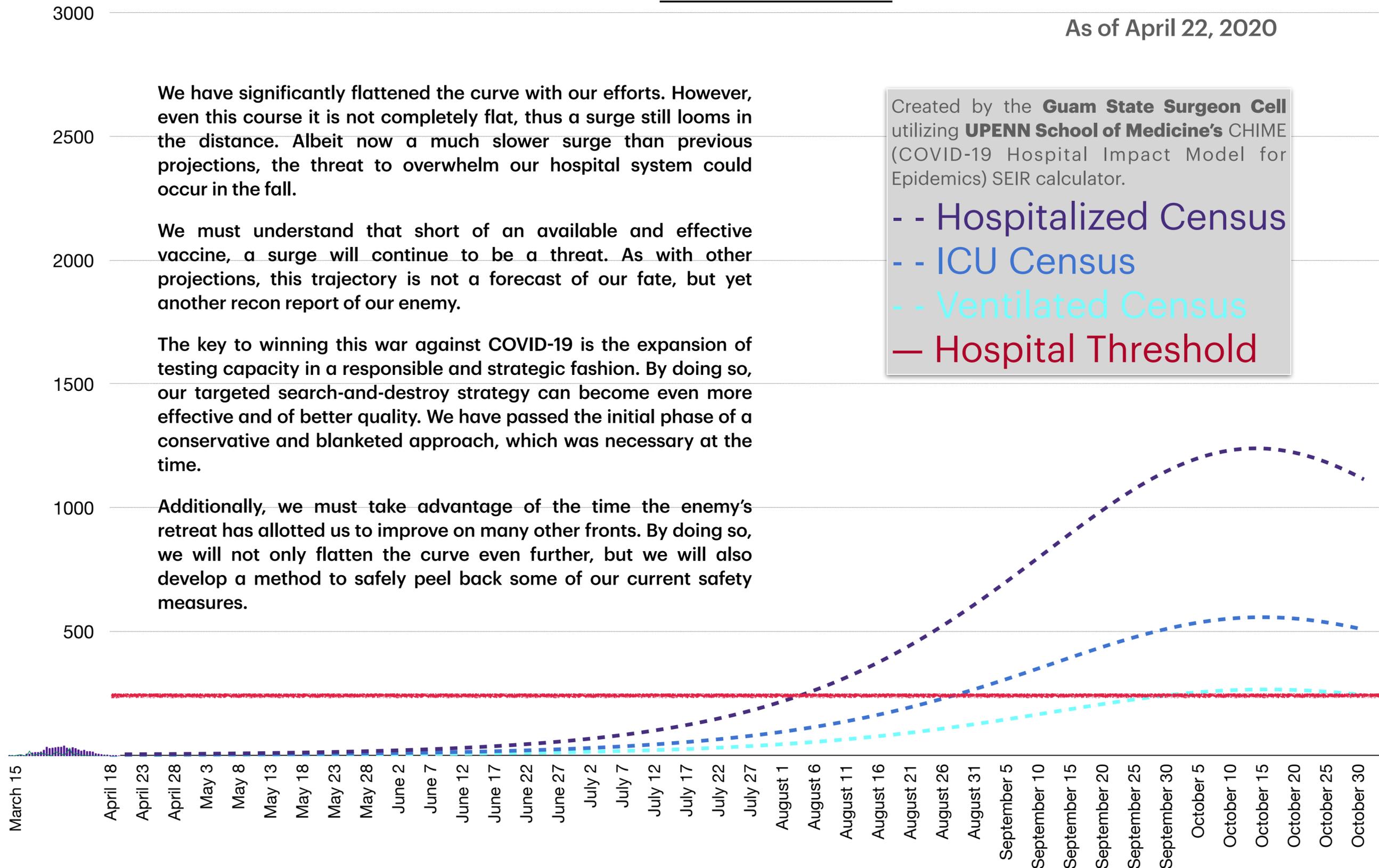
We must understand that short of an available and effective vaccine, a surge will continue to be a threat. As with other projections, this trajectory is not a forecast of our fate, but yet another recon report of our enemy.

The key to winning this war against COVID-19 is the expansion of testing capacity in a responsible and strategic fashion. By doing so, our targeted search-and-destroy strategy can become even more effective and of better quality. We have passed the initial phase of a conservative and blanketed approach, which was necessary at the time.

Additionally, we must take advantage of the time the enemy's retreat has allotted us to improve on many other fronts. By doing so, we will not only flatten the curve even further, but we will also develop a method to safely peel back some of our current safety measures.

Created by the **Guam State Surgeon Cell** utilizing **UPENN School of Medicine's CHIME** (COVID-19 Hospital Impact Model for Epidemics) SEIR calculator.

- - Hospitalized Census
- - ICU Census
- - Ventilated Census
- Hospital Threshold



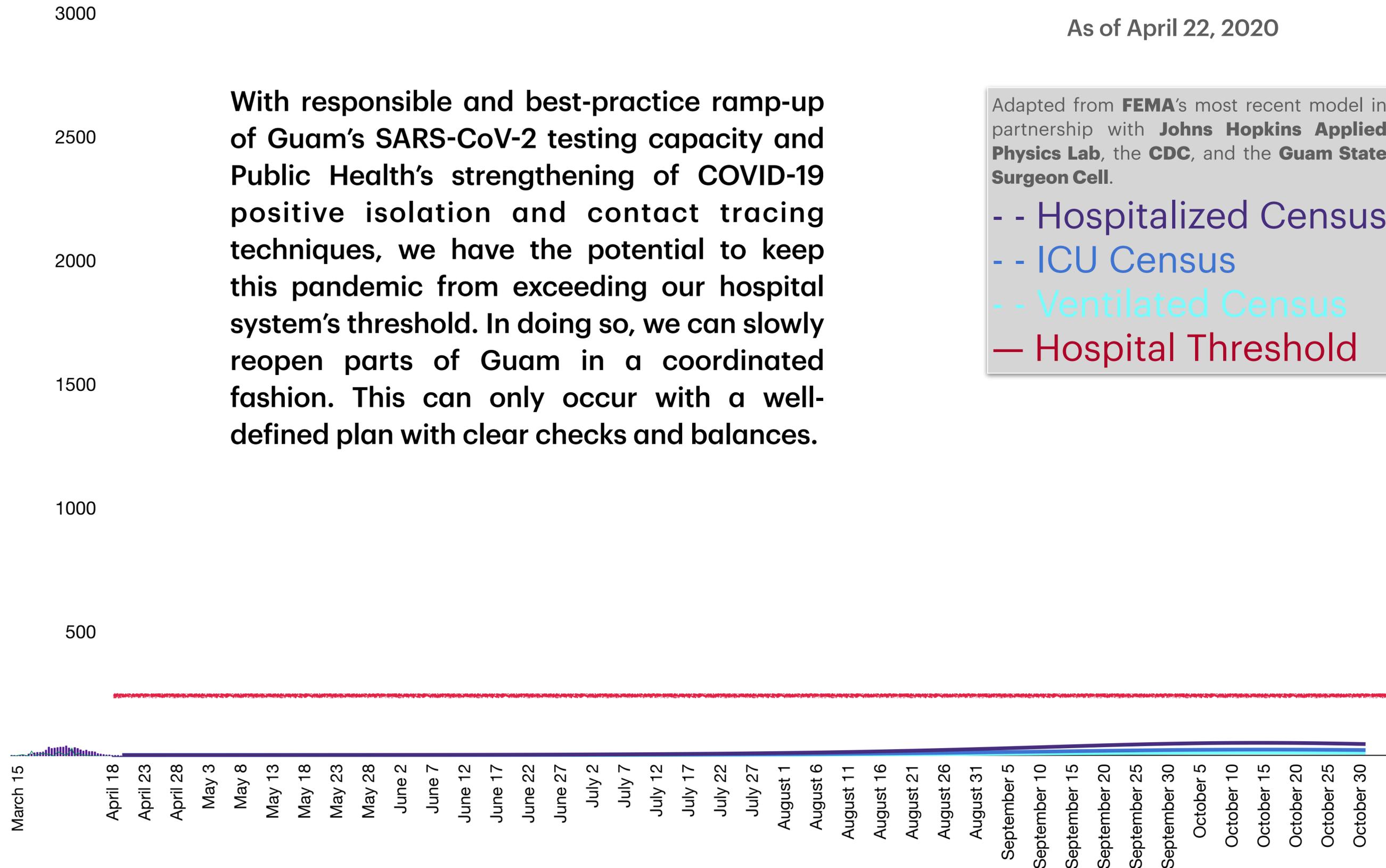
GUAM'S COVID-19 HOSPITAL CENSUS PROJECTIONS WITH BEST-CASE MITIGATION OVER NEXT 6 MONTHS

As of April 22, 2020

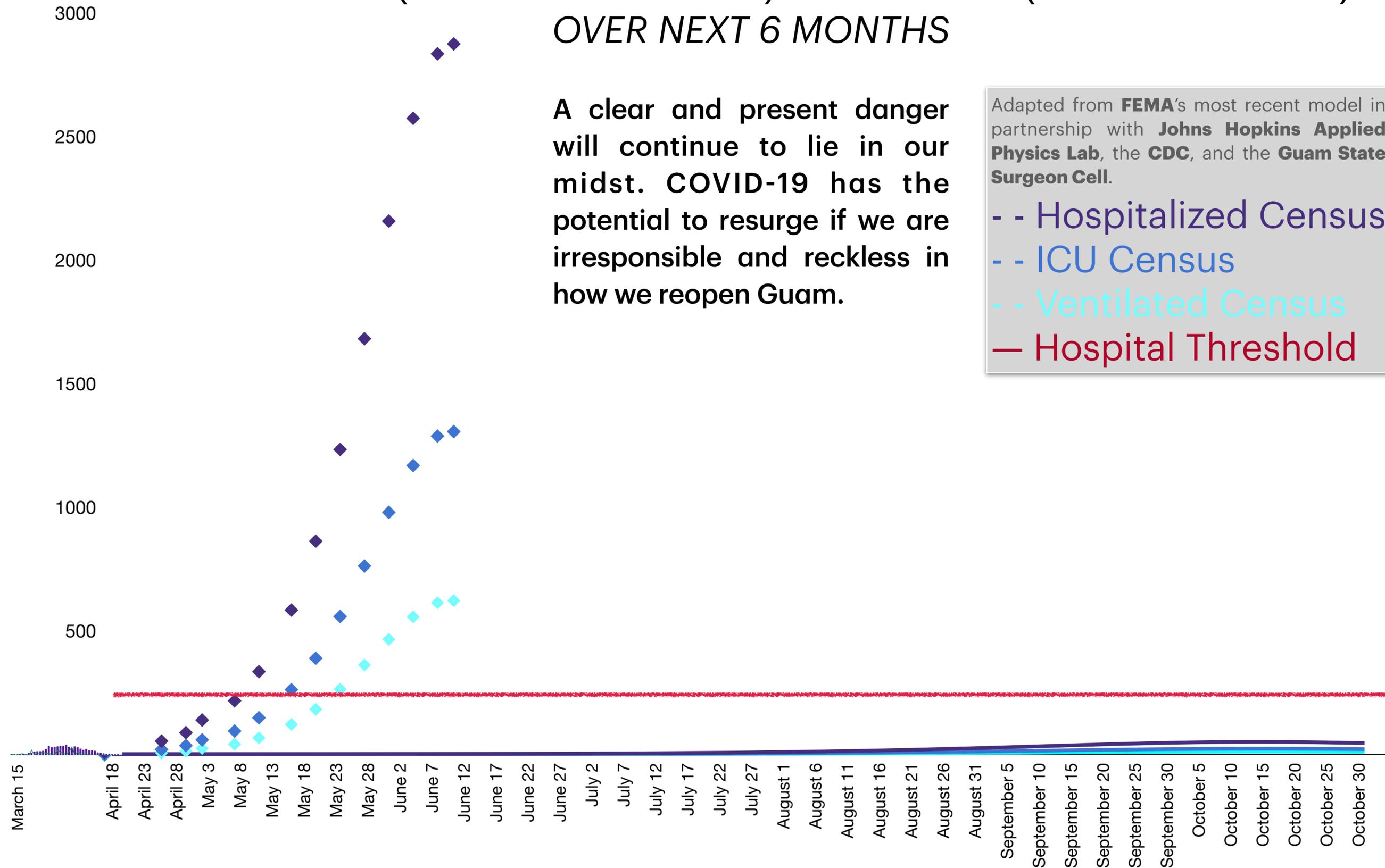
With responsible and best-practice ramp-up of Guam's SARS-CoV-2 testing capacity and Public Health's strengthening of COVID-19 positive isolation and contact tracing techniques, we have the potential to keep this pandemic from exceeding our hospital system's threshold. In doing so, we can slowly reopen parts of Guam in a coordinated fashion. This can only occur with a well-defined plan with clear checks and balances.

Adapted from **FEMA's** most recent model in partnership with **Johns Hopkins Applied Physics Lab**, the **CDC**, and the **Guam State Surgeon Cell**.

- - Hospitalized Census
- - ICU Census
- - Ventilated Census
- Hospital Threshold



GUAM'S COVID-19 HOSPITAL CENSUS PROJECTIONS OF WORST-CASE (FULLY UNMITIGATED) & BEST-CASE (FULLY MITIGATED) OVER NEXT 6 MONTHS



A clear and present danger will continue to lie in our midst. COVID-19 has the potential to resurge if we are irresponsible and reckless in how we reopen Guam.

NEW TESTING MINDSET

EARLY PHASE

(before we had adequate testing)

If you have mild symptoms, are without chronic disease and not feeling super sick...



...don't come in to be seen, just stay home and isolate.

NEW PHASE

If you have any COVID symptoms...



...you must get tested right away.

Entering New Testing Phase

SYMPOMATIC

NOT SYMPTOMATIC

PRIORITY FOR SARS-CoV-2 LOCAL TESTING SLOTS

i.e. Same-day Testing & Results

1. Acutely ill patients seen in emergency departments and hospitals are still first priority
2. All Symptomatic Patients:
 - a) Any ill frontline health care workers and first responders
 - b) **Anyone with one of the following: fever, cough, shortness of breath, sore throat, or disruption of taste or smell should present for testing at Tier 2 clinics**

Tier 2 Clinics

1. Public Health Clinics
2. AMC
3. FHP
4. SDA

PRIORITY FOR SELECTED ASYMPTOMATIC TESTING*

3. Asymptomatic close contacts of known positives
4. Very high-risk persons and their caregivers that are asymptomatic:

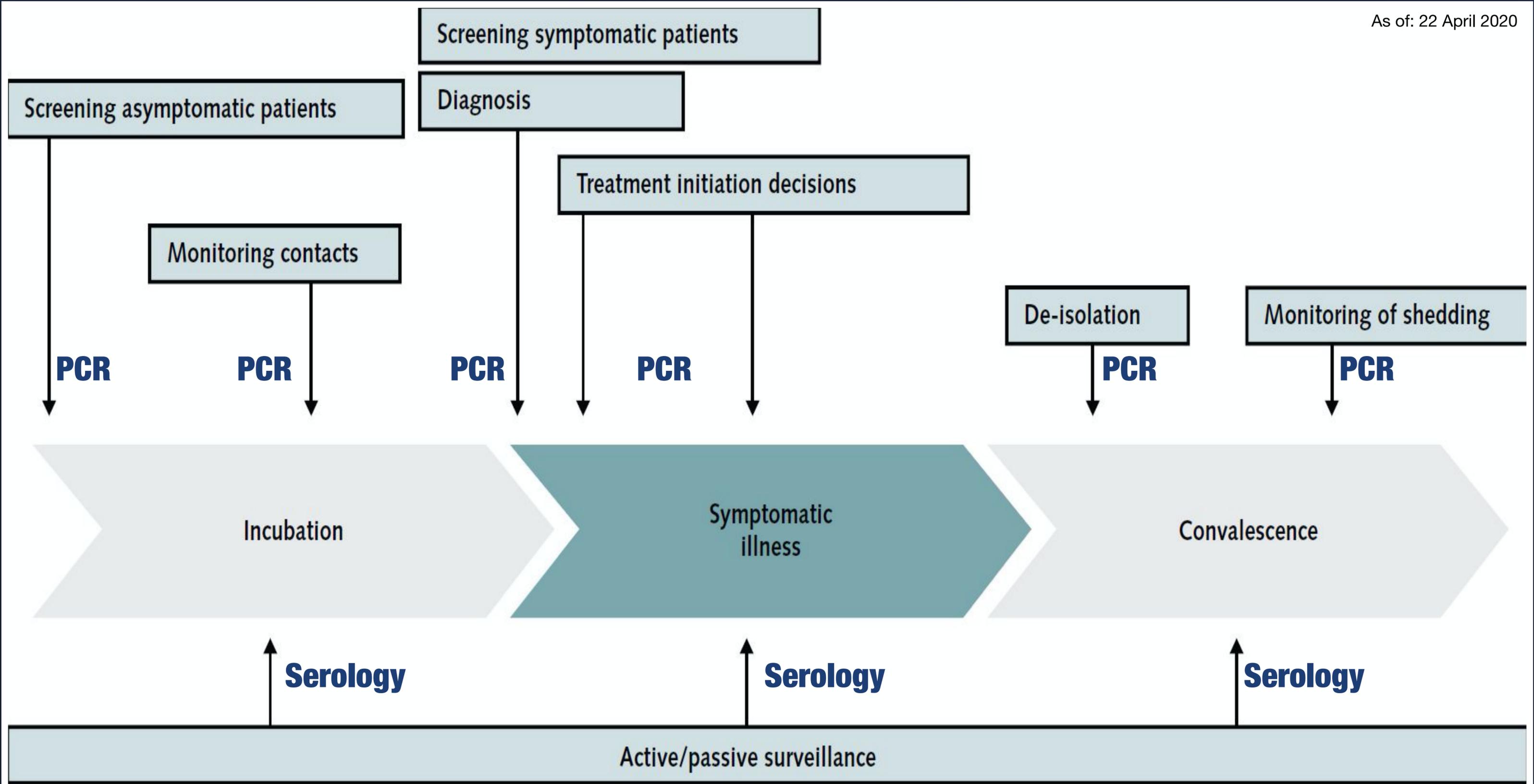
As determined by PAG and Public Health, given definition and criteria will evolve over time
5. Asymptomatic frontline health care workers and first responders
6. Large family homes that house moderate to high-risk persons:

Example: multi-generational or multi-family homes

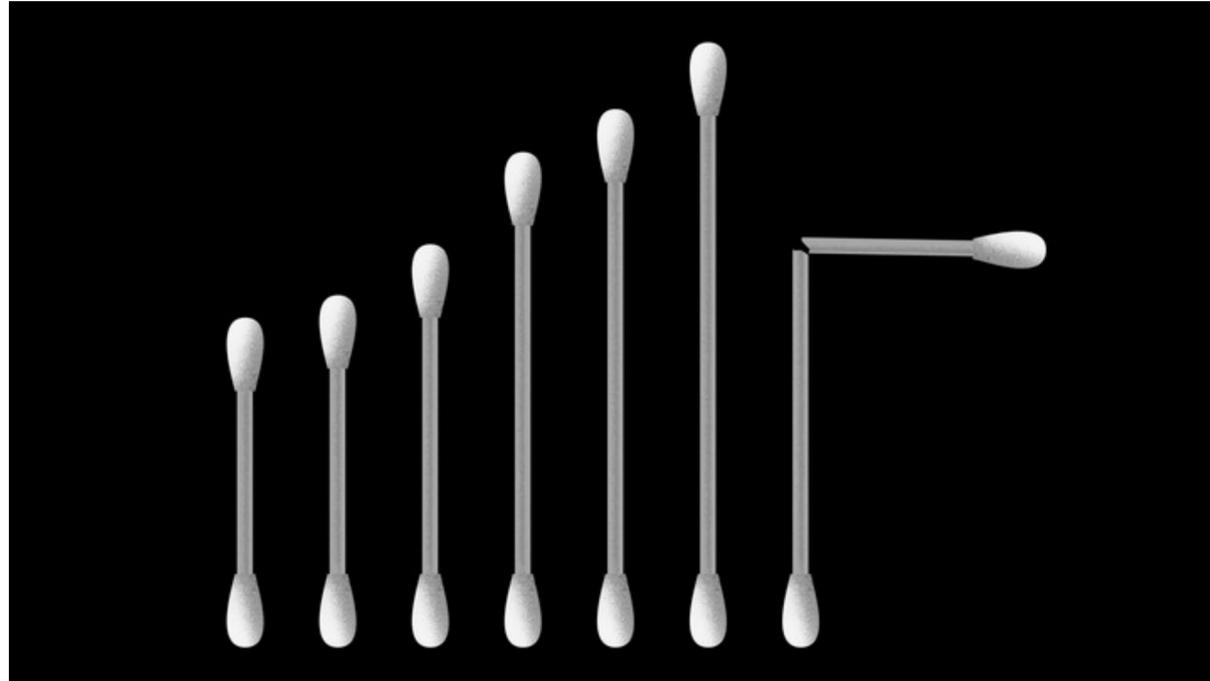
*Samples will be included in daily local testing batches as capacity allows, otherwise may be tested off-island.

PCR/NAAT (Molecular) Tests with US FDA Emergency Use Authorization is Our Minimum Standard for Clinical Practice

As of: 22 April 2020



Testing Goal #1: <10% Test Positivity Rate



Source: The Atlantic. A New Statistic Reveals Why America's COVID-19 Numbers Are Flat

Test Positivity Rate

(Not the same as Prevalence Rate)

Per WHO, countries should aim to have <10% test positivity rate. This would mean we are likely casting a wide enough net to identify all positives in the community.

AREA	COVID TEST POSITIVITY RATE
New York City	55%
New Jersey	50%
New York State	41%
United Kingdom	30%
Lombardy, Italy	28%
USA	20%
Guam	13.5%
Canada, Germany Denmark	6-8%
South Korea, Australia, New Zealand	2%

Testing Goal #2: Capacity to Test 152 per 100K in One Day

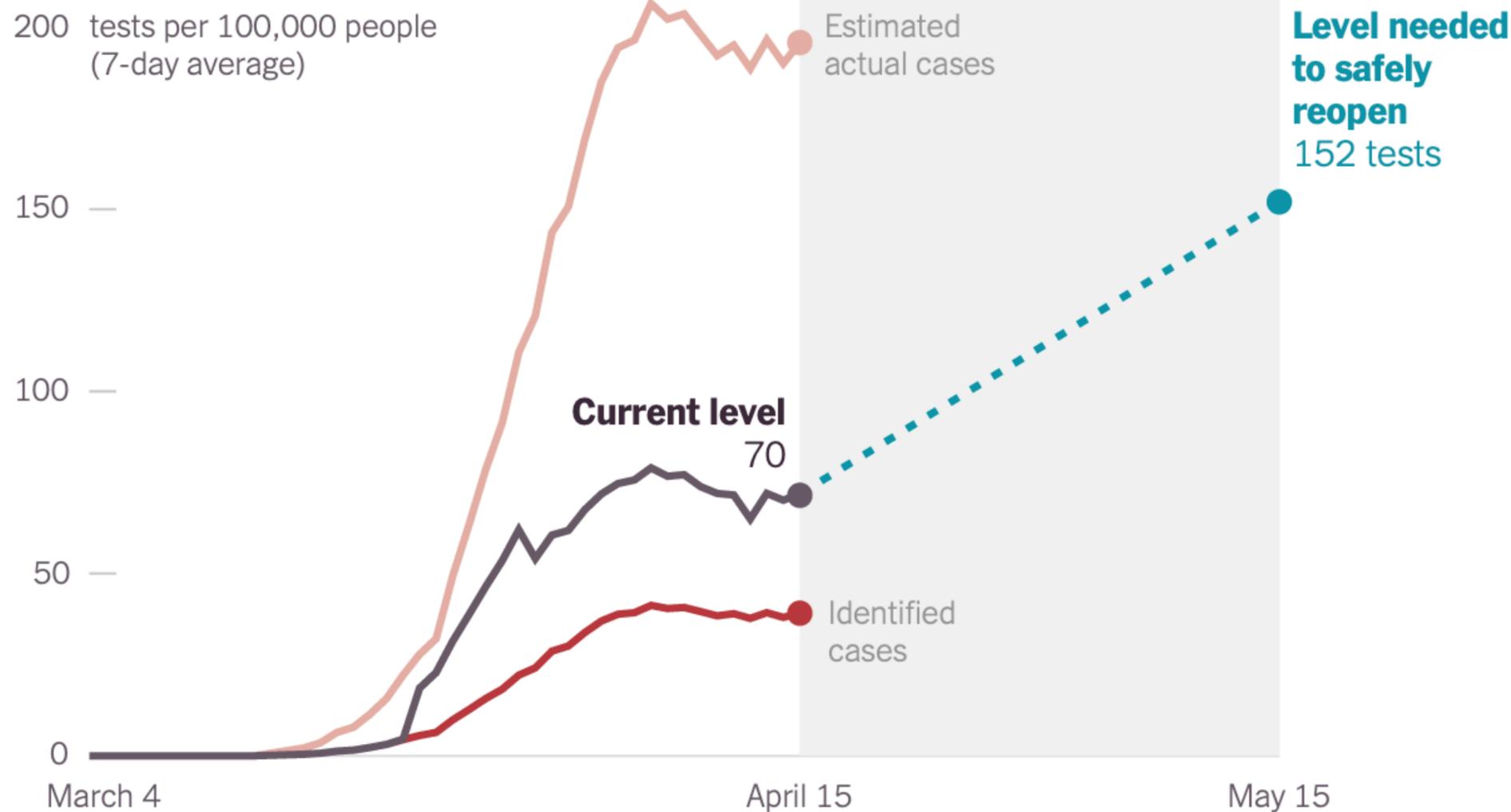
To Accomplish This We Need

2a) Machine Capacity

2b) Consistent Availability of Test Kits and Related Supplies

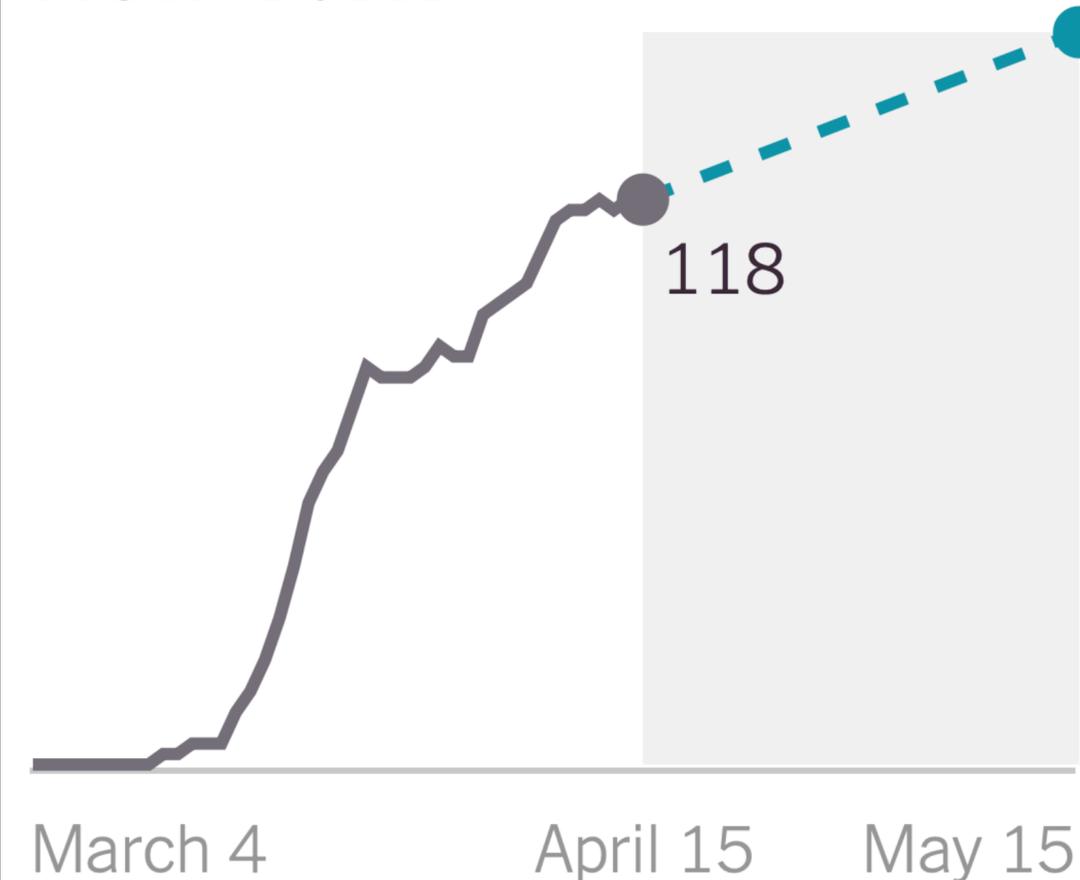
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Average Daily Tests in New Jersey



Note: Estimated cases are five times the number of cases identified. The researchers estimate that at least 80 percent of people who have the virus have not been tested.

New York



EXPANDING GUAM SARS-COV-2 MACHINE TESTING

For Guam, We Need the Capacity to Run as Many as 258 Test per Day



ABI 7500
GPHL



40 Total Test Capacity per Day on Guam

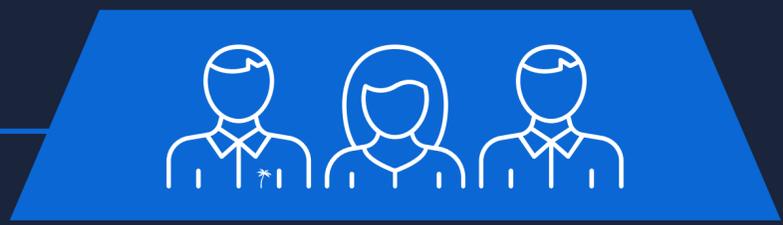
Abbott ID NOW x2
& BIOFIRE
GPHL, GMH, GUNG



134 Total Test Capacity per Day on Guam

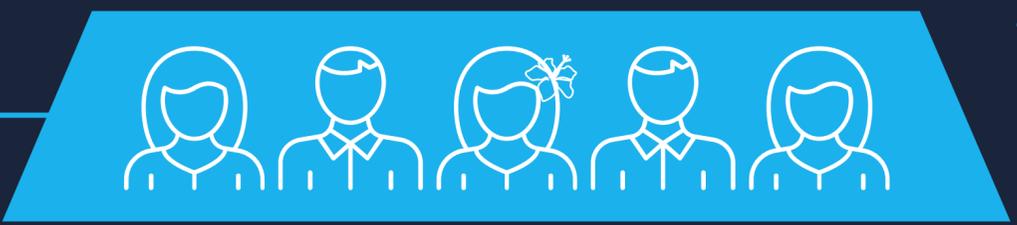
As of: 22 April 2020

BD MAX
GRMC



230 Total Test Capacity per Day on Guam

BD MAX
DLS



278 Total Test Capacity per Day on Guam

Cepheid Xpert x2
GPHL & GRMC



382 Total Test Capacity per Day on Guam

Need capacity to run 258 test per day needed

Assuming Full Availability of Testing Kits/Supplies.

Overview of Potential Testing Capacity on Guam

Test Modality and Location	TAT	Samples per Run	Max Runs per 24 hr	Max Results per 24 hr	Status		
Abbott ID NOW GMHA	15 min	1	60	60	Active		
Abbott ID NOW GPHL	15 min	1	24	24	Active		
ABI 7500 GPHL	6 hrs	20	2	40	Active		
BioFire GUNG	45 min	1	10	10	Active		
				134	<i>Current Potential Testing Capacity per Day</i>	79	<i>Daily Test per 100,000</i>
BD Max GRMC	6 hrs	24	4	96	Active later this week		
BD Max DLS	6 hrs	24	1-2	48	Unknown Activation		
Cepheid GeneXpert GRMC	45 min	2	20	40	?Activation later this week		
Cepheid GeneXpert GPHL	45 min	16	4	64	?Activation later this week		
				382	<i>*Potential Testing Capacity per Day When All Test Active</i>	225	<i>Daily Test per 100,000</i>

Guam needs the capacity to run 258 tests per day (152 per 100,000 people) to maintain COVID-19 suppression and to consider first stages of safely reopening. The ability to locally run up to 382 test per day is only based on the testing instrument's capability and standard hours of lab location. The greatest limiting factor will be the testing kits and other supply's flow and burn rate. It will also depend on proper staffing patterns of both the lab personal and those collecting samples.

*NOT factoring limits on test kits and other consumables