COVID-19 Public Health Management Planning for a Return to Campus

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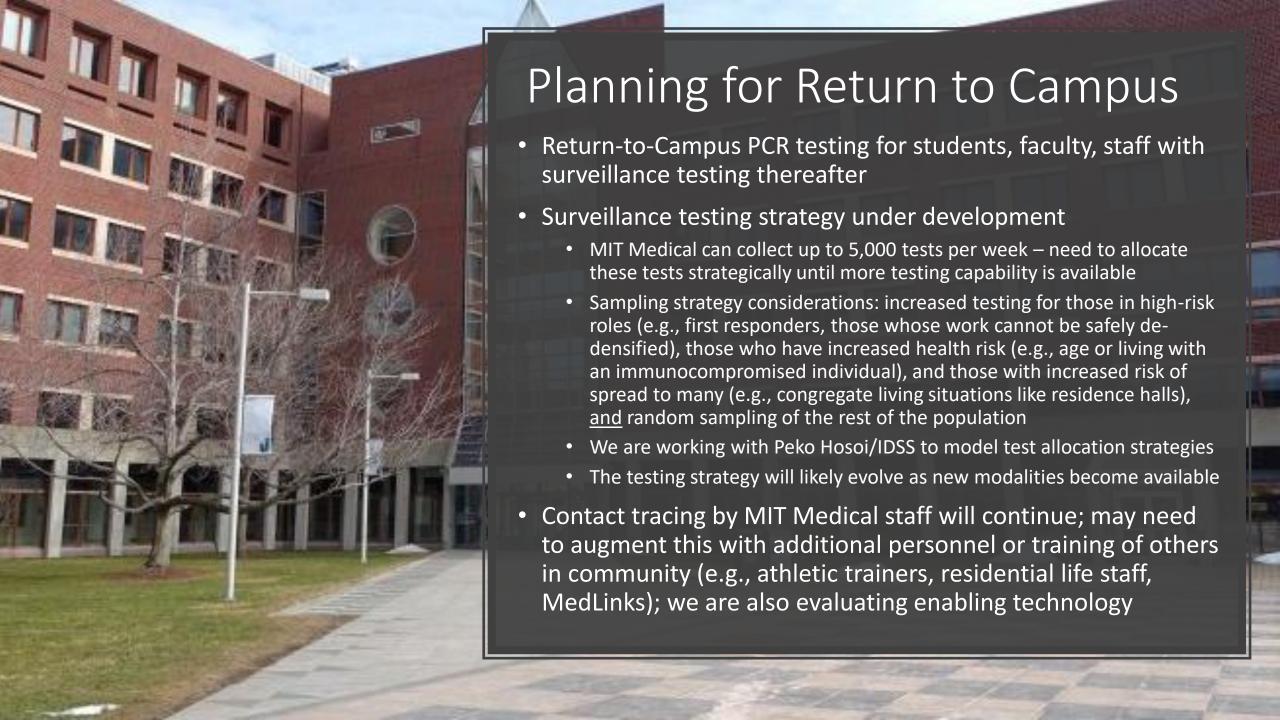
COVID Testing: Operations

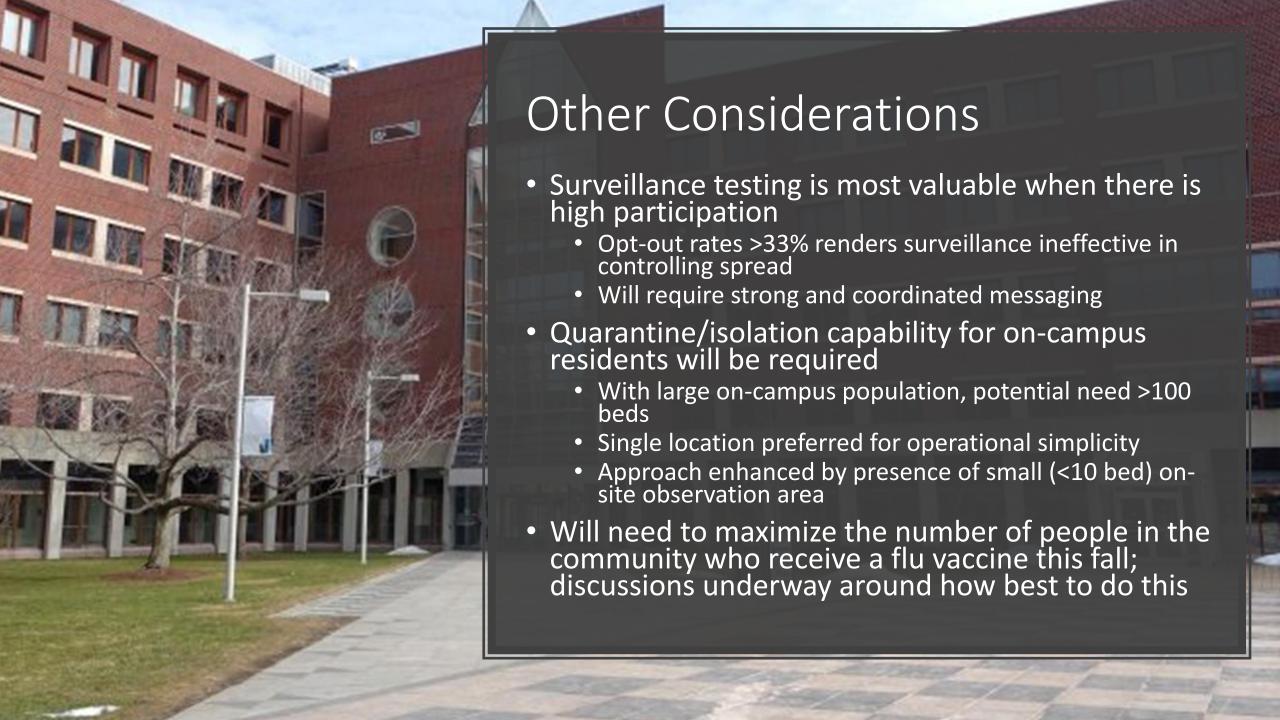
- Current and Near-term Capability May/June
 - Nasal Swab PCR processed by Broad Institute
 - Current: Two "swabbers" in tent adjacent to E23
 - Manual process for appointments and check-in through MIT Medical's EMR
 - Max throughput ~ 300/day
 - June: Four-six "swabbers" within Plexiglass enclosure in trailer adjacent to E23 (decreases PPE use for testing)
 - Highly automated check-in (< 30 seconds per test)
 - Max throughput ~1,000/day



COVID Testing: Looking Forward

- Testing for Current Infection PCR
 - Broad is working to validate saliva testing, considering buccal (cheek) swab also
 - In the future, may be able to move to observed self-collection, or fully remote
- Testing for Current Infection Antigen
 - Similar to in-office rapid strep test; E25Bio (Lee Gehrke) has EUA application pending
 - Nasal swab specimen; looks for particular proteins from the virus
 - Much less expensive and rapid turnaround time
- Testing for Prior Infection Antibody
 - Blood test requires blood draw or finger stick
 - Concerns over reliability with current versions false positives
 - Not clinically useful at this time but may be in the future
 - At large scale, only viable modality is finger stick







Building a healthier MIT, so MIT can build a better world.