

Testing update for 9am call

Working group:

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August 17, 2020

Context

- The health of the MIT community and those around us is contingent upon an effective testing program (among other things)
- This requires much more than the testing (although that by itself is a substantial challenge)
 - Covid Access
 - Covid Pass
 - Clear understanding of who needs access to campus and at what frequency
 - Means to ensure compliance
 - Process controls and dashboards
 - Understanding of failure modes and back-up plans to mitigate those
 - Communications to the community
- And it needs to be ready in little or no time

Overview

- There is a great team of people working on this from MIT Medical, IS&T, DSL, Communications, Emergency Management
 - They are coordinating with many others across campus and at the Broad Institute
- In sum: it is going well so far, but we still have a lot of work to do
- We ask for your patience, flexibility, and feedback as we ramp-up and determine how best to operate in "steady-state"

Outline

- How many tests do we need to administer?
- Demonstrating current capability
- Scaling current capability
- Help-desk – common issues
- The Broad contract, back-ups, contact tracing and other items

Testing protocol (as described to Covid Pass users)

Everyone will have three testing days to comply with the initial requirement (we currently test MTWRF, 8:00am to 4:00pm).

Going forward, **those who access campus more frequently will be tested more frequently, and those who access campus less frequently will be tested less frequently**, as described in yesterday's letter:

- Our goal is that every individual who is now using Covid Pass for regular campus access should have a new baseline test by next Thursday, August 20.
- Going forward, people living in MIT residence halls will need to test at least twice weekly; tests should be no more frequent than every 3-4 days.
- Non-resident students, faculty, and staff who are on campus 4 days or more per week will also need to test at least twice weekly.
- Non-resident students, faculty, and staff who are on campus 1-3 days per week will need to test at least once per week.
- Anyone accessing campus less frequently will need a test on file within the past 7 days to gain access to campus. If it has been more than 7 days since the last test, the person must be tested before access is granted and should plan in advance for this.
- Note: One time access is intended for individuals who have to come in for a short period of time on one day. They will not require a test. However, one time access should not be granted to an individual in your DLC who has to be on campus multiple days in a row, or more often than once a month.

As a reminder we will monitor Covid Pass regularly to ensure the community is accessing the campus appropriately.

Notes on testing protocol

- The schedule for testing, and the time for individuals to comply are likely to change as we learn more about when people access campus and how that impacts the testing work flow
- **We are likely to move to a LESS flexible schedule with a shorter time to comply**
- For example:
 - “Your next required test is Wednesday, August 26th. If you are unable to complete it on that day, your access to campus will be temporarily suspended until you complete the test, which you may do on any testing day after the 26th.”
- Also, we are not able to accept external tests in lieu of these requirements (due to workload associated with manual entry)

How many tests do we need to administer?

- This is uncertain
 - More than half the people in Covid Access are not accessing the campus
 - We don't know how many people will access campus as we scale up in Phase 2
- **9,000-17,000** individuals this fall
- Will require **14,000-30,000** tests per week
- **Survey to get a better estimate will go out today to the 8000 current Covid Pass users**
- 8% of those in Covid Pass may not have appropriate status for accessing campus (employment ended, not eligible to register, others). **We will be asking their supervisors to verify their status or they will be removed.**

Demonstrating current capability

Goal

- As soon as possible demonstrate 1000-1500 tests/day

Not a stress test per se

- Required for current announced protocol since unobserved self-swabbing is not yet approved
- Will need to double this in two weeks unless unobserved self-swabbing is approved

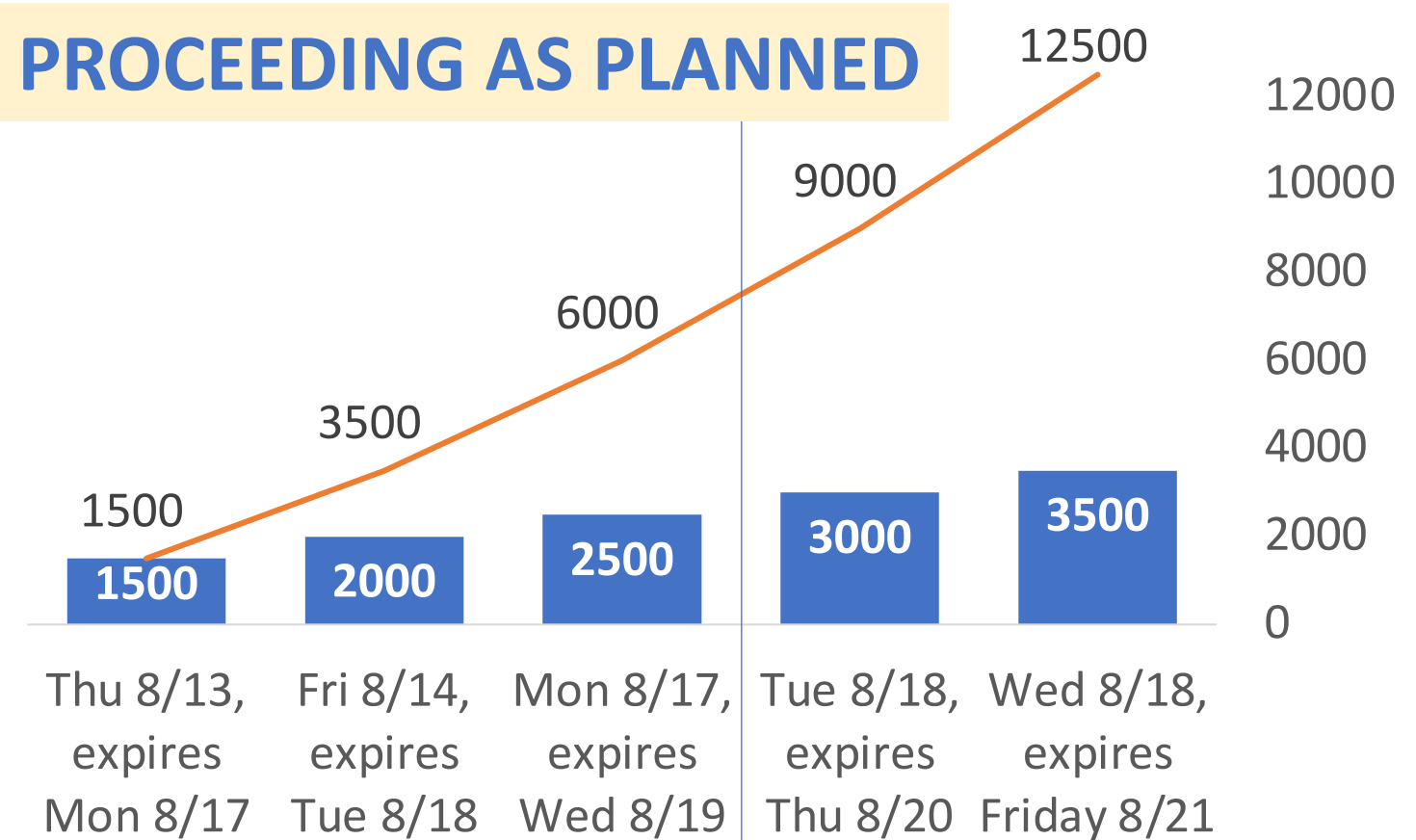
Progress

- Invites went out last week as planned, more this week
- Communication describing ramp-up went to all Covid Pass users
- Had our second and third highest days (**Thursday = 465, Friday = 563**)*
- Everything went smoothly
- 92% of test turn-around times were 24 or fewer hours over the last week

*highest day was June 4, 610 tests

7000-9500 Covid Pass users: plan to test them “all”* in 5 days

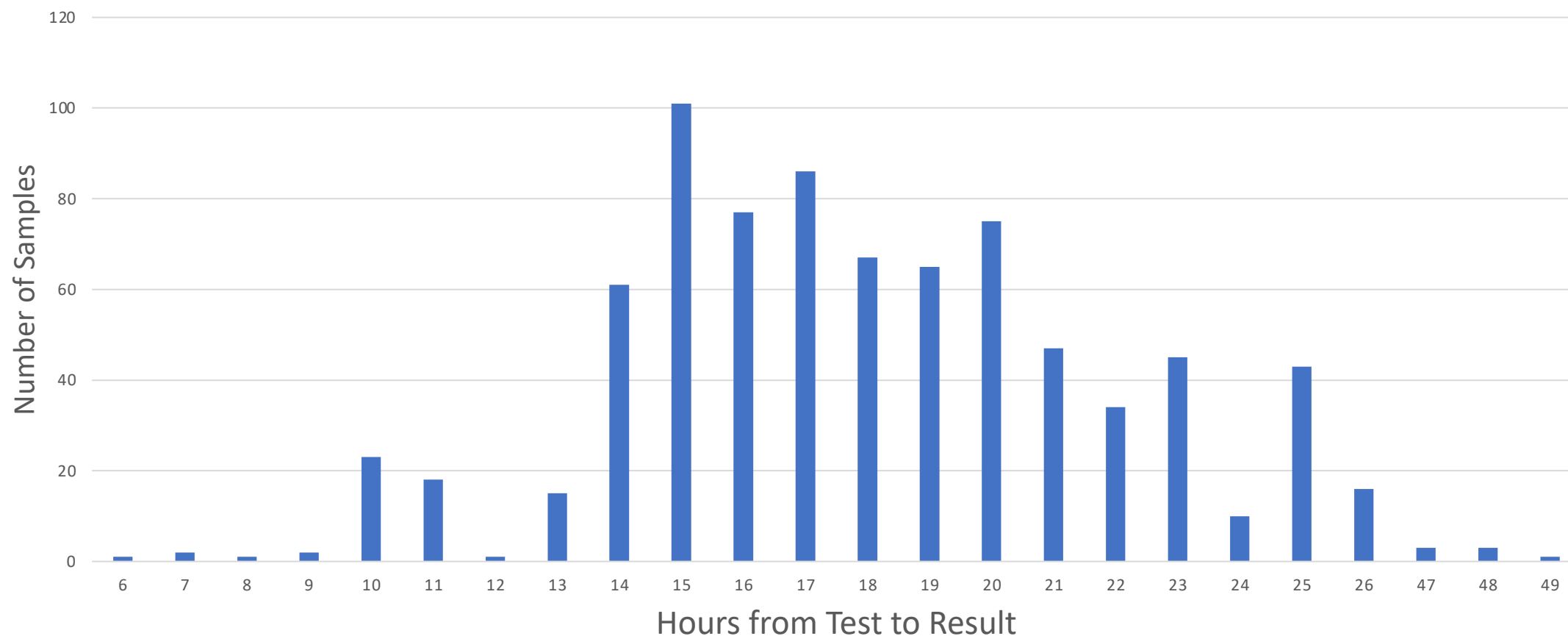
- Started with invitations to residents Thursday
- Random selection of all others, 3 full testing days to comply
- Testing yield on invitations has been as low as 20-25% without requirements in place



*As noted, more than half the users of Covid Pass are NOT accessing campus. **What is shown in this chart are invitations.** We do not know how many people will be tested.

Testing turn-around time: 92% in 24 hours

(does NOT include data from CovidPass outage*, data from the last week of testing)



* Even including data from Covid Pass outage worst case was 62 hours

If people do not complete the testing?

- For those not living on campus, card access will be turned off
- For those living on campus, access to campus will be turned off, but not access to their residence
 - DSL has worked with stakeholders to develop a detailed compliance/disciplinary process

A first run of the on-campus compliance/disciplinary process will begin at 4pm today

- By this evening all those living in campus residences should have completed their test
 - They will all receive a reminder this morning
- If they do not complete the testing, we will begin our compliance/disciplinary process
 - Some will have good reasons for not completing the test, some may not
- This is an important first run of our processes and protocols (led by Don Camelio)
 - We are establishing time-bound objectives for each part of the process and performance expectations (e.g. within in 24 hours 95% of non-compliant individuals will have received a test)

Time is of the essence

S	M	T	W	T	F	S
Aug 9	10	11	12	13 Push to 1500; 465 tests at Medical	14 Push to 2000, 563 tests at Medical	15
16	17 Push to 2500; Required training notification; Survey	18 Push to 3000	19	20 Student training required	21	22
23	24	25	26	27	28	29 UG move in
30 UG move in	31 Reg Day	Sep 1	2	3	4	5
6	7 Labor Day	8 In Person Classes	9	10	11	12

Scaling current capability

- Broad Institute processing of unobserved self-swabbed tests is not yet approved
- **We have a belt and suspenders approach through extending staffing and testing hours in our existing trailers**
- 12 hours/day, 7 days per week = 18,100 tests/week with trailer
- Second existing trailer = additional 9,600 tests/week
- Total = **28,000 tests/week** (not including Sloan capability)
- **MIT Medical increasing staff now**

Help-desk operations

We centralized requests and questions into a queue/clearing house, much as we do with the MIT Atlas center

- covidapps-help@mit.edu
- have appropriate staff, includes phone support

Common issues are the same as with research ramp-up

- Logistics (“I am away from campus, what does the deadline mean for me?”)
- Asking for documentation for negative results for travelers (can we put this within Covid Pass to be used as valid documentation?)
- Building access rules (“Will I be locked out of my dorms? How do I get access to Building X? Who do I contact?”)
- Grad student spouses without Kerberos
- Where do I find my test results? [NOT in HealthELife, in Covid Pass]

Other items

- Contact tracing is ready
- Considering expanded testing hours
- Will need to develop improved scheduling of testing
- Comms team building a “journeys-based” web site to help users determine how to access campus/get tested/etc.
- New Broad Institute contract in place; back-up plans also developed
- Iterative improvement, assessing failure modes
 - Suzanne Blake creating a tabletop exercise building on comprehensive failure mode analysis already developed by MIT Medical

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