

HEALTH

Indiana wants to see testing for coronavirus increased. How feasible is that?

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Published 5:00 a.m. ET Apr. 28, 2020 | Updated 8:55 a.m. ET Apr. 28, 2020

Many of the scenarios for easing the societal restrictions coronavirus has imposed hinge on greatly increasing testing for the virus. But up until now, testing has been limited to those at greatest risk.

That could soon change. Last week, State Health Commissioner Dr. Kris Box opened the door to expanding testing, recommending that anyone with symptoms be tested.

Some models have suggested that testing across the country needs to at least triple from where it is now, ideally testing not only people who have symptoms but also asymptomatic people who have been exposed to the virus. Box has said she'd like to see about 6,300 tests performed a day. As of Monday, the heaviest testing day to date was April 17th, when 3,539 tests were done.

This all raises an important question: How feasible is it for Indiana to triple — or even double — testing and make tests available to everyone with symptoms?

That might prove daunting.

For one, local hospital officials report that testing materials can be in short supply. Also, some sites may not have capacity at this point to expand testing much beyond what they're currently doing.

The experience of Indiana University Health's Pathology Laboratory illustrates the problem.

On one hand, the lab has ramped up to meet demand. The lab has purchased new equipment and hired additional staff to work around the clock.

Capacity is there, but not the means

Currently the lab has the capacity to do about 3,500 tests, but it is only doing about 900 to 1,000 tests a day because of limited reagents for the tests, said Clark Day, vice president for lab services.

Still, Day said, the lab is planning to increase the number of tests run each week for the coming weeks, using a range of equipment that relies on different agents to analyze the samples.

“There’s no upper limit,” Day said. “We’re trying to get to the point where we can test up to 15,000 a day.”

Already the lab, which is helping the state and other hospitals, has performed about 15,500 tests, 3,065 of which were positive. IU Health has also established outpatient sites in Indianapolis, Lafayette, Bloomington and Muncie where people can go with a doctor’s order for testing.

Eli Lilly’s lab has tested more than 25,000 people. At its downtown drive-thru clinic the pharmaceutical company will screen health care workers, essential workers, first responders and others deemed at risk. In addition two weeks ago Lilly kicked off a study of asymptomatic central Indiana residents, which will run through mid-May.

But company officials said that the company does not want to become testing central for the state. Instead, Lilly hopes to draw on its expertise to show other labs how they can step up to help the state reach its testing goals, said the company’s chief scientific officer Dr. Daniel Skovronsky.

“Until then, we’re happy to fill the gap,” Skovronsky said. “I hope that it’s not going to be indefinite. We have other important work to do at Eli Lilly.”

Marion County steps up

Nor is it solely a matter of finding a lab to analyze the swab. Increased testing will require individuals to collect the swabs as well. To that end, the Marion County Public Health Department last week announced it will start a community clinic the health department in association with Eastern Star Church at the church’s Eastside location.

Two more community clinics in other Indianapolis locations will follow in the coming

weeks, said Dr. Virginia Caine, director of the Marion County Public Health Department. Eventually the health department hopes to be running about 3,000 tests a week.

The IU Health lab will process the samples from these clinics.

Caine said that she had been trying to start clinics for more than two months but the county health lab could not find a place to purchase necessary reagents for the test until June 1st.

For other health facilities, swabs to perform the tests have been a limiting factor.

Wednesday Box reported that swabs have been “the biggest issue.” The following day she announced that the state has more than 100,000 swabs, from Eli Lilly, the federal government and other sources.

Still, she said, “We know the need is much greater.”

Additional relief could come in the form of an at-home testing kit that the FDA approved earlier this week. However, experts remain divided on whether such tests, which do not sample from the back of the nose, are more likely to yield false negatives.

Eskenazi situation 'in flux'

For now, hospital officials here report concern over swabs.

At Eskenazi Health the situation is “in flux,” said Dr. Amy Beth Kressel, Eskenazi’s medical director for infection prevention and antimicrobial stewardship.

The Indianapolis hospital initially had two testing sites but now just does outpatient testing at its hospital Downtown.

Eskenazi has performed more than 1,500 tests, of which 517 have returned positive, giving it about a 30% positive rate. The rate across the state has tended to be just under 20%. The hospital system has been sending its specimens to Lilly and IUH but hopes to be able start testing in-house soon, Kressel said.

At this point Eskenazi has been advising its doctors to prioritize the patients at highest risk for severe disease for testing but that could change if more tests and materials become available, Kressel said.

“We see this as stewardship. If we have limited capacity for testing in the community then we want to focus on people at highest risk,” she said. “As we expand our testing capability, we will open that up.”

Doctors decide at Franciscan Health

Franciscan Health has let its physicians decide whether or not to refer symptomatic patients for testing in recent weeks, said Dr. Christopher Doehring, vice president of medical affairs. Patients can go to sites near the Indianapolis or Mooresville hospital emergency departments or two outpatient upper respiratory clinics.

As of Tuesday, Franciscan had tested 3,268 people, 556 of whom were positive. The hospital system’s lab in Hammond conducts the tests.

Each day the hospital administers between 150 to 200 tests, depending on its supply of swabs and viral medium. One of the hospital’s two main suppliers has been a factory out of Italy, which has been hit hard by the virus.

As the state has allowed hospitals to resume elective surgeries this week, Doehring said it would be ideal to pretest all of these patients before performing procedures on them.

For now, without more than a week of supplies, that’s not likely to happen.

“We have sufficient capacity to treat everybody who’s currently coming,” he said. “Part of the ideal model would be pretesting but unfortunately we don’t have unlimited testing capacity.... The idea that you would consider ramping up to screen all pre-procedural patients becomes very difficult at that point.”

Instead of doing universal screening of all patients before elective surgeries, the hospital plans to do selective testing. In less urgent cases, they may recommend that the patient postpone the procedure. Without universal testing to identify people who are infected but asymptomatic, Doehring said, the hospital will proceed as though every patient is positive.

And for now, despite health officials’ best efforts, in some instances, not even everyone who has symptoms of coronavirus can be assured of getting a test.

Last week, Box said she has heard from people who have told her they were sick and suspected they had COVID-19 but could not get tested.

"I know it's a problem," she said. "We're working very hard to make sure that doesn't happen."

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