



# COMMUNITY SARS-CoV-2 SCREENING

## Rapid BinaxNOW™ Test-and-Respond Toolkit

### Summary

Implementation playbook for community-led rapid screening and responding during ongoing SARS-CoV-2 transmission to mitigate spread and support communities disproportionately affected by COVID-19.

# TABLE OF CONTENTS

PURPOSE.....	3
KEY PROGRAM ASPECTS.....	4
FINDING PARTNERS .....	4
IDENTIFYING POPULATIONS .....	4
PARTNER ROLES & RESPONSIBILITIES .....	4
I.    COMMUNITY .....	4
II.   PUBLIC HEALTH DEPARTMENT.....	5
III.  ADMINISTRATION .....	6
IV.  CLINICAL .....	7
V.   LABORATORY .....	8
VI.  DATA AND RECORD MANAGEMENT.....	9
COMMUNITY MOBILIZATION.....	10
STAFFING.....	10
SUPPLIES AND MATERIALS .....	10
SAMPLE COMMUNITY MOBILIZATION ACTIVITIES .....	11
TESTING PROCEDURES .....	12
STAFFING.....	12
PARTICIPANT TESTING PROCEDURES.....	13
NON-PARTICIPANT PROCEDURES (TESTING, RESULTS AND REPORTING).....	14
SUPPLIES AND MATERIALS .....	16
RESPONSE PROCEDURES .....	17
STAFFING.....	17
RESPONSE PROCEDURES.....	19
SUPPLIES AND MATERIALS .....	20
REPORTING .....	20
COLLABORATORS & FUNDERS.....	21

## PURPOSE

**The purpose of this playbook is to help communities heavily impacted by COVID-19 design, plan and implement culturally appropriate SARS-CoV-2 Test-and-Respond campaigns.**

“Rapid” Test-and-Respond campaigns provide centralized, community-facing and accessible COVID-19 testing with rapid results and no appointment or insurance requirements. In concert with the vaccine roll-out, these campaigns can help mitigate the spread of COVID-19, especially in communities at highest risk of transmission: low-income residents living in multi-generational or multi-family households and people who work in high-risk employment settings (e.g., frontline workers unable to shelter in place). In the United States, these are disproportionately communities of color where decades of economic and health disparities have been amplified by the COVID-19 pandemic. If infected, members of low-income communities are less likely to be able to self-isolate because of living conditions and economic need.

To address these issues, we created a community-led program supported by technical expertise that offers low-barrier rapid testing of asymptomatic and symptomatic individuals for SARS-CoV-2 (Test) and provides material, educational and financial support for self-isolation (Respond). This playbook details step-by-step guidance on setting up and running a Test-and-Respond hub and includes suggested partners for collaboration, roles and responsibilities, procedures for implementing a campaign, as well as suggestions on staffing, materials, and financial resources.

The goal of any Test-and-Respond campaign is to expedite diagnosis, reduce the times from infection to testing to self-isolation, increase the likelihood and duration of self-isolation among individuals who might not otherwise stay home (via financial and material support) and reduce infection and incidence of SARS-CoV-2 infection. With the increasing availability of COVID-19 vaccines, these testing hubs ideally will be co-located or are in close proximity to vaccine sites.



## KEY PROGRAM ASPECTS

### Finding partners

An inherently collaborative organization should oversee and implement Test-and-Respond operations. This organization should be comprised of and supported by leadership and representatives from the community, technical agencies, and the local public health department—all working under the principles of “Collective Impact” and towards the goal of standing up low-barrier Test-and-Respond campaigns in affected communities. Existing community organizations (or consortiums of community organizations) working side-by-side with persons with technical expertise (academic or private) and public health department are crucial for success.

### Identifying populations

An important first step is to partner with the local public health department to identify the geographic areas where the incidence of COVID-19 is the highest. For example, Unidos en Salud worked with the San Francisco Department of Health to identify the three census tracts with the highest COVID-19 incidence in the two weeks before the testing campaign start date. If less detailed data are available, consider the populations with the highest rates of infection (e.g., African American or Latinx) and then identify the census tracts or neighborhoods that have the highest proportion of individuals from these communities.

## PARTNER ROLES & RESPONSIBILITIES

Commitment and collaboration are required by all partners when planning and implementing a Test-and-Respond campaign. The following sections detail the key roles and responsibilities of executing a successful Test-and-Respond—from designing and documenting culturally appropriate campaign procedures, to getting community buy-in to navigating local bureaucracies. Unidos en Salud collaborators met several times a week for several weeks before, during and after the campaign to review procedures, share data and ensure that the campaign was meeting the needs of the community.

Key partners fell into the following categories:

### I. Community

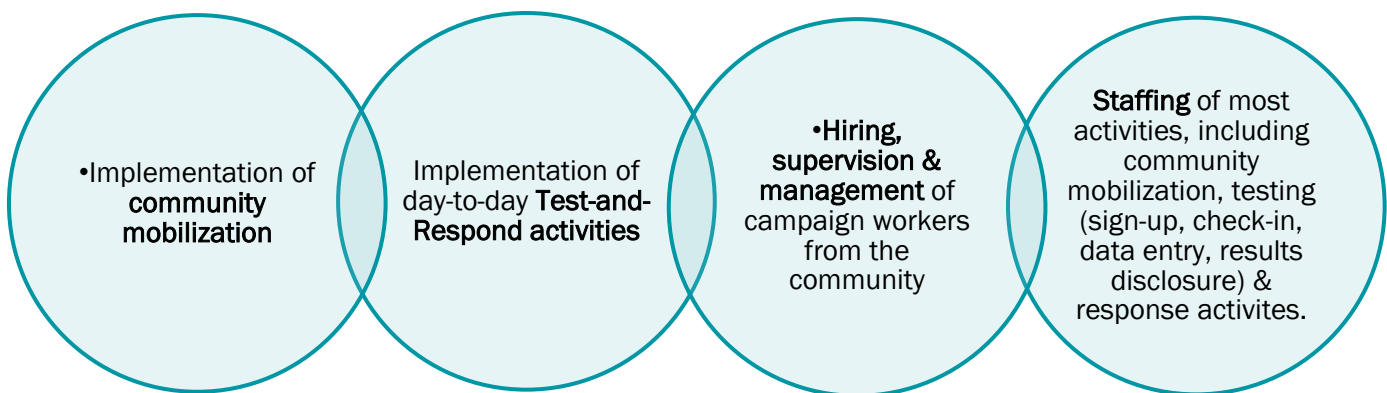
Co-leadership of Test-and-Respond campaign with community partners is fundamental. In addition to co-designing the campaign, they also lead: 1) Community mobilization, including spreading the word and promoting testing among business owners and key communities, 2) Community Education and 3) Staffing—ensuring language and culturally concordant staff at the campaign. Community organizations that have “on-



the-ground” experience mobilizing and canvassing for political campaigns, organizing large community events and managing short-term employees are critical to a successful campaign, and represent the community’s priorities. Also important is partnering with organizations led by bilingual and bicultural representatives and leaders from the impacted communities.

For Unidos en Salud, early co-leadership from community members was essential to building a successful campaign. The partnership should be established up front, before any planning or designing, so the voices of the community shape the project from the start—and not after the fact. Another important component is educational messaging about 1) the need for frequent and repeat testing in areas with high and ongoing COVID-19 transmission 2) the phenomenon of asymptomatic spread. Unidos en Salud also engaged a community liaison with both community and technical expertise as part of the leadership structure to ensure rapid and effective communication between community and technical members of the leadership structure.

### KEY RESPONSIBILITIES



### KEY ROLES

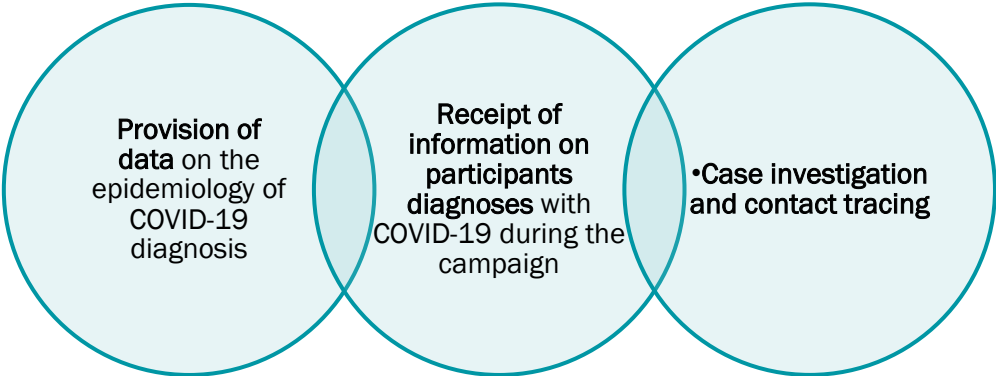
Leaders from key community organizations	Lead and guide design of campaign, including addressing issues as they arise
Community Liaison	Liaison between community, government agencies and clinical components of Test-and-Respond campaign
Community Mobilization Lead	Responsible for implementation of community mobilization, including supervision and management of community mobilization staff
Response Lead	Responsible for managing implementation of response activities, including supervision and management of response staff
Volunteer Coordinator	Responsible for recruitment, training and scheduling of on-site community campaign workers

## II. Public Health Department

Partnership with the local or regional public health department is key to targeting communities with the highest need for a Test-and-Respond campaign. It also can be a powerful two-way-street in that

after individuals test positive, public health staff can seamlessly execute contact tracing to identify possible additional cases. The public health department can partner with the on-site Test and Respond team to develop processes to ensure same-day—or within 24 hours—case investigation and contact tracing. In order to reduce duplication of services, the onsite response team exchanged information with the public health department on whether people who test positive would receive groceries and cleaning supplies from the Test-and-Respond campaign.

**KEY RESPONSIBILITIES**



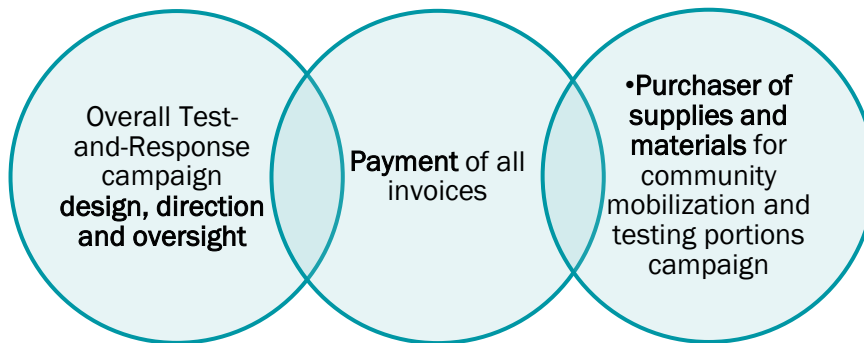
**KEY ROLES**

COVID-19 Surveillance Coordinator	Responsible for providing info on individuals diagnosed with COVID-19 in local jurisdiction (e.g., by date of diagnosis, census tract, demographic characteristics)
COVID-19 Case Investigation Lead and Liaison	Responsible for receiving results; coordinating case investigation and contact tracing and response activities with campaign

**III. Administration**

The administration partner acts as the campaign director and oversees the entire Test-and-Respond scope. In the Unidos en Salud’s example, their academic partner assumed the administration role. However, this role could just as easily have been the local health department or a community-based partner. This type of administrative structure was streamlined to ensure real-time and open communication between community and technical partners.

## KEY RESPONSIBILITIES



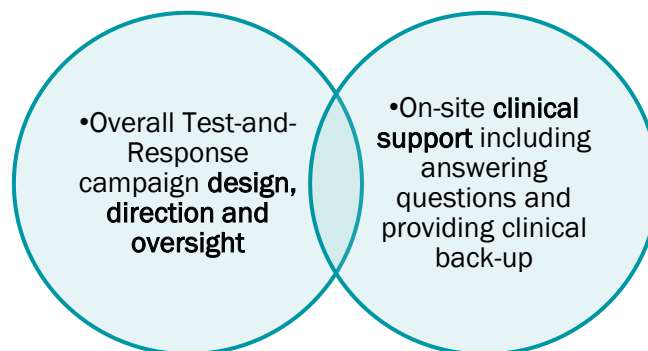
## KEY ROLES

Test-and-Respond Director	Responsible for vision, convening leadership, and improving and adapting Test-and-Respond approach
Project Director	Oversees design, purchasing, invoice payments
Administrator	Provides administrative support to Test-and-Respond Director and Project Director

## IV. Clinical

In Unidos en Salud’s case, their academic partner provided clinical support for the Test-and-Respond campaign. However, on-demand clinical support can be provided by public or private partners either on-site or remotely. The clinical team comprises one On-site Clinical Provider, one Response Clinical Director, and two to three callers to disclose positive SARS-CoV-2 results.

## KEY RESPONSIBILITIES

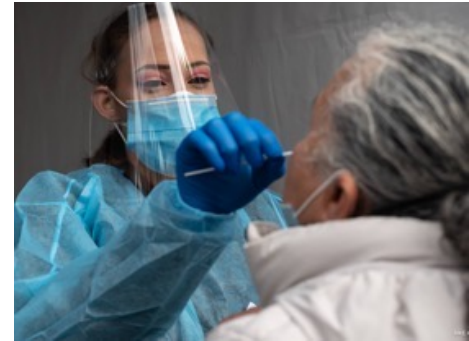


## KEY ROLES

Response Lead	Oversees response team and coordinates referrals to community resources for isolation and quarantine
On-site or Back-Up Clinical Provider	Provides clinical decision-making support to disclosure team and triages participants with moderate to severe symptoms

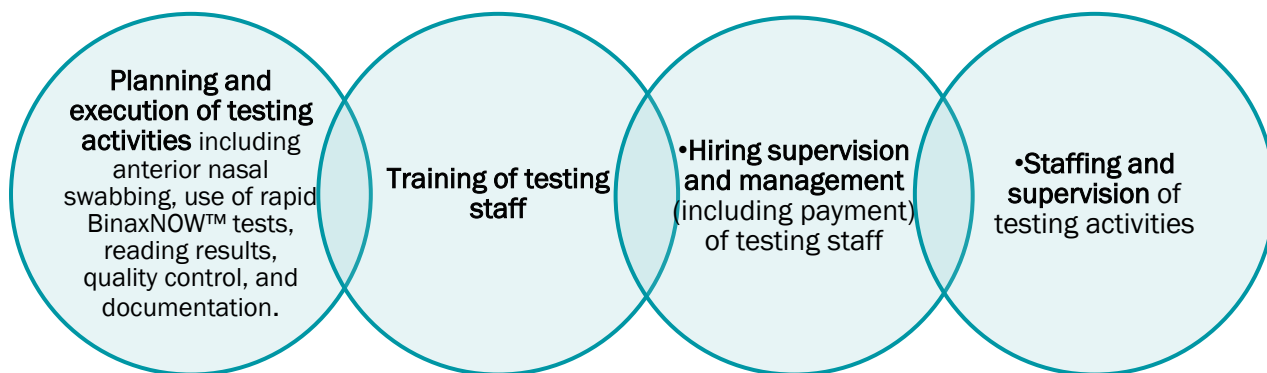
## V. Laboratory

The laboratory partner is integral to the design of any Test-and-Respond campaign, including the layout and workflow of the testing site. This partner must also have Clinical Laboratory Improvement Amendments (CLIA) certification as it is required to conduct SARS-CoV-2 testing activities and report results. Another crucial aspect of laboratory services is quality control. The Abbott BinaxNOW™ rapid test has excellent performance in detecting people with the highest probability of transmission. Therefore, it's critical that the laboratory partner ensures active infections are detected and false positives are minimized. This is accomplished through proper training and thorough oversight throughout the testing initiative. For Unidos en Salud, the laboratory partner was a company that provides mobile phlebotomy and laboratory services, is committed to equity, and has a diverse and culturally competent staff (bayareapls.com).



A Laboratory technician swabs a Mission resident at a pop-up site. Credit: Mike Kai Chen/Freelance

### KEY RESPONSIBILITIES



### KEY ROLES

Laboratory Director	Expert on Abbott BinaxNOW™ test; responsible for training On-site Laboratory Lead, creating and adjusting protocols based on continuous evaluation of workflow and results, and completing quality control of test kits and process
On-site Laboratory Lead	Oversees testing process and troubleshoots problems if they arise, acts as tie-break for reading of test results, signs off on positive results, and provides on-site training to new technicians. Reports to Laboratory Director
Swabber(s)	Greets participant, collects anterior nasal swab, and delivers swab to testing table
Tester(s)	Trained operator of Abbott BinaxNOW™ test; performs tests on site, acts as second independent reader of result



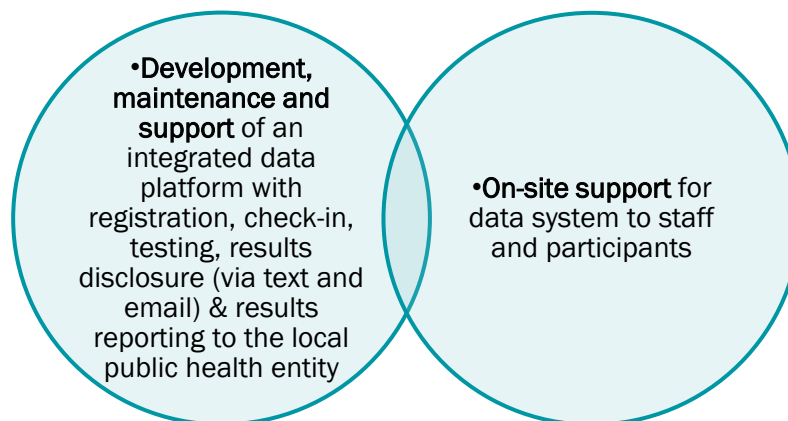
Reader(s)

Trained operator of Abbott BinaxNOW™ test; monitors pending card tests and reads and records results when tests are complete

## VI. Data and Record Management

The data partner provides reliable and real-time data updates and has linkages to the regional public health reporting system, which is necessary to ensure accuracy and efficiency of testing activities. Their technology platform should facilitate participant registration, label printing, lab integration, results notifications, and state reporting—and it must be easy to use for staff and volunteers. Unidos en Salud initially stitched together disparate systems for registration, testing and results disclosure but then transitioned to a system via an outside vendor (e.g., Primary Health). This more reliable system automated manual tasks, reduced data entry errors, and streamlined operations.

### KEY RESPONSIBILITIES



### KEY ROLES

On-Site Data Lead

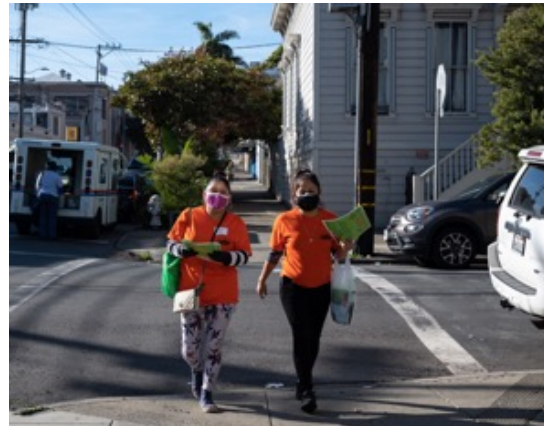
Provides technical support during campaign



## COMMUNITY MOBILIZATION

**Unidos en Salud conducted community mobilization along commercial corridors near the campaign site and within three high-COVID-19 incidence census tracts three days prior to the Test-and-Respond campaign launch.**

The organization allocated a pair (2) of promotores (all community members trained on basic information on COVID-19) to each of the three targeted census tracts, a pair of promotores to commercial corridors (i.e., all businesses, including laundromats), and a pair of promotores to high-density housing units (i.e., low-income and public housing, single-room occupancy hotels, assisted living facilities). They scheduled 12 individuals each day in anticipation that some would not be able to participate.



Unidos en Salud volunteers go door-to-door encouraging Mission residents to be tested at a pop up COVID-19 test site.

Credit: Mike Kai Chen/Freelance

Consider limiting community mobilization activities to five hours a day and have some staff remain “on-call” during the testing campaign in case the number of participants dwindles, and more outreach is needed.

### Staffing

Community Mobilization Lead	Oversees community mobilization. Trains and supervises community mobilizers.
Community Mobilizers (10)	Conduct door-to-door mobilization activities, including education and distribution of fliers. Prioritize bilingual individuals and community health workers.

### Supplies and Materials



**T-shirts with campaign logo for each staff member**



**Personal protective equipment (PPE) i.e., surgical masks, face shields, gloves, hand sanitizer**



**Food and drink for community mobilizers**



**Campaign fliers, cards, posters and tape**

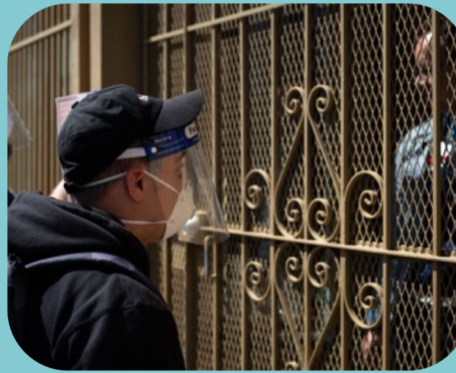


**Clipboard and pen**



**Backpack or bag for supplies (mobilizers bring their own)**

## Sample Community Mobilization Activities



### Business Outreach

Door-to-door mobilization **along commercial corridors near the testing campaign site**

- Inform proprietors about testing campaign
- Invite all employees to testing campaign
- Distribute testing campaign cards and fliers
- Ask proprietors to display testing campaign poster
- Answer questions about testing campaign
- Tape fliers to all utility poles

### Residential Outreach

Door-to-door mobilization **within three-high incidence census tracts**

- Inform residents about testing campaign
- Invite residents to testing campaign
- Distribute testing campaign fliers
- Answer any questions about testing campaign

### High-Density Housing

Door-to-door mobilization **at high-density housing locations**

- Inform managers and reception staff about testing campaign
- Ask manager to display testing campaign posters
- Inform residents about testing campaign
- Invite residents to testing campaign
- Distribute testing campaign fliers and cards
- Answer any questions about testing campaign

## TESTING PROCEDURES

### This toolkit provides information for use of the rapid Abbott BinaxNOW™ SARS-CoV-2 antigen test.

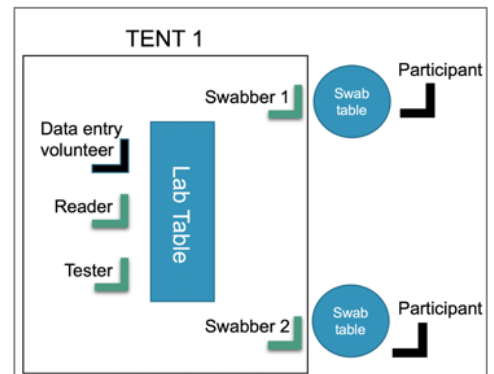
Training of staff occurs prior to the start of a Test-and-Respond campaign. Unidos en Salud provided testing technicians with a digital overview of the testing initiative, role-specific written protocols, and training videos (see [unitedinhealth.org](http://unitedinhealth.org)). Technicians also attended a 1.5 hour Zoom training that reviewed this information as well as personal protective equipment (PPE) instructions. Last, technicians were required to complete role-specific quizzes to ensure workflow and techniques were understood prior to the testing day. On the morning of first shift, technicians received hands-on training and ran Abbott BinaxNOW™ positive and negative controls under supervision of the On-site Laboratory Lead. They also received role-specific demonstrations of the workflow.

The Abbott BinaxNOW™ test was used in field operations because of its excellent 98% sensitivity and 100% specificity when compared to an anterior nasal swab RT-PCR test using a Ct<30 (high viral load) threshold as a metric in our prior work in an outdoor field setting and because it does not require equipment and because results are available within a half hour of testing. previous community testing campaign.

For Unidos en Salud, the community testing site was conveniently located outside a popular transportation hub (i.e., BART station) in a commercial district and close to three high-COVID-19-incidence communities. In addition to being accessible, this site was also chosen because of its neutral location in relation to historical neighborhood alliances. The staffing, procedures and resources used during this campaign are described on the subsequent pages. Using these procedures and resources, Unidos en Salud was able to test approximately 100 persons/hour (600 daily) participants (our goal) each day.



The location and layout of a testing site requires foresight and thorough planning of how people will travel through the hub.  
Credit: Mike Kai Chen/Freelance



This diagram shows how to set-up individual testing tents.

### Staffing

COMMUNITY	DATA	CLINICAL
Volunteer Coordinator	On-site Data Lead	On-site Clinical Provider
Registration (8)		
Check-in (4)	LABORATORY	OTHER
Foot Traffic Guide (2)	Laboratory Lead	Tent set-up/break-down
Data entry (3)	Swabbers (6)	Daily set-up/break-down workers
	Testers (3)	Security (1 day & 1 night)

## Participant Testing Procedures



### REGISTRATION

TIME: ~2 min. for self-registration &  
~7 min. for assisted registration

1. Participant approaches line outside of metal crowd control barricade
2. While in line, registration worker greets participant and explains registration process
3. Participant may either scan QR code and register themselves via phone connected internet OR registration worker registers participant via tablet connected to internet
4. Participant then waits in line



### CHECK-IN

TIME ~2 min.

5. Traffic worker points participant to available check-in worker
6. Participant approaches check-in desk
7. Check-in worker verifies participant name, DoB, and contact information on file is correct
8. Check-in worker prints testing labels



### SWABBING

TIME ~2 min.

9. Traffic worker(s) point participant to available swabber
10. Swabber takes labels from participant
11. Swabber verifies participant's name and date of birth
12. Swabber explains swabbing procedure
13. Swabber places label on empty test tube
14. Swabber conducts anterior swabbing in each nostril
15. Swabber places used swab in tube and places cap on tube
16. Swabber records time of swab on one of remaining labels and sticks remaining labels to cap of tube
17. Swabber reminds participant that a link to results will be texted and emailed to participant within 2 hours
18. Swabber excuses participant
19. Traffic worker directs participant to exit

## Non-participant Procedures (testing, results and reporting)



### TESTING

TIME: ~2 minutes

1. Swabber places test tube in rack on rectangular table in Testing tent in order of collection time
2. Tester wears new latex/nitrile gloves for each Abbott BinaxNOW™ test card
3. Tester opens Abbott BinaxNOW™ test card and lays it flat on table
4. Tester takes test tube out of rack and places one label onto front of Abbott BinaxNOW™ test card and one label onto paper testing log
5. Tester places six (6) drops of reagent in card
6. Tester checks that name and date of birth on tube and test card match
7. Tester takes swab out of test tube
8. Tester inserts swab in card, rotates swab three times in reagent and seals card securely
9. Tester records start and end time (computed as 15 min. after start time, using Test Time Calculator cheat sheet) on front of test card
10. Tester lays card flat on disposable chuck
11. Tester/Reader documents initials of Swabber, sample collection time and test start time on paper testing log



### READING TEST RESULTS

TIME: ~2 minutes

12. Reader monitors clock and when test end-time is reached
13. Reader picks up card and reads test results
14. Reader shows test card to Tester who independently reads result
15. Reader records result on front of test card
16. Reader records result (control band, sample band, final result), time results were read and initials in paper testing log
17. Reader places card on disposable chuck next to Data Entry worker



### DATA ENTRY

TIME: ~2 minutes

18. Data entry worker scans barcode sticker on front of test card to locate test record in software platform
19. Data entry worker enters test time and results (control band, sample band, final result) into test record software
20. Data entry worker takes photo of test card using external webcam and saves result record





## RESULTS DISCLOSURE

Automated

21. A text and email are automatically sent to participant that includes link to results



## QUALITY ASSURANCE

On-site process supervision by Laboratory Lead

- Periodically observes testing process at each testing tent; follows one sample from swab collection to result input
- Troubleshoots any issues in testing workflow that arise with testing staff
- Spot checks paper testing logs for completeness and for accurate timing

Positive result sign-off by On-site Laboratory Lead

- Every positive result must be signed off prior to result submission in reporting software
- Reads test result on card, confirms it is positive; checks for name, date of birth on result screen and on card to ensure test result is associated with correct person; approves entry

### Protocol for Invalid Tests

*Follow these instructions if control band is blue or absent*

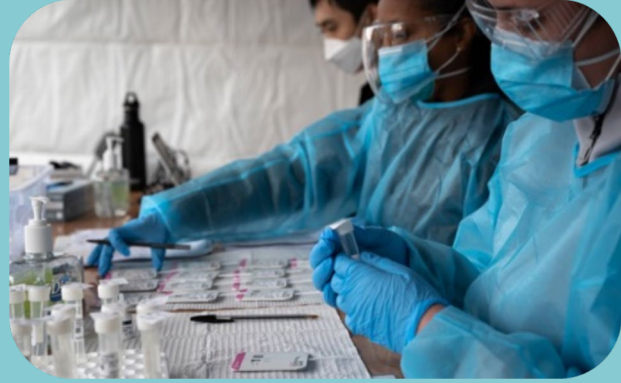
- Laboratory Lead is notified of invalid test results; identifies and troubleshoots cause
  - Enter result as “Invalid” in reporting software
  - Participant receives digital message notifying of invalid result and inviting back for repeat testing



## POSITIVE RESULTS IN ASYMPTOMATIC PERSONS

- At the present time, the BinaxNow test has EUA authorization for use only in persons with COVID-19 symptoms.
- While the rapid test can and should be used in screening of asymptomatic persons, obtaining confirmatory PCR testing is currently recommended for asymptomatic persons with a positive rapid antigen test.
- A positive BinaxNow test in asymptomatic people should still trigger swift public health action while awaiting the results of the confirmatory tests, including contact tracing, isolation and quarantine of the presumed case and their contacts.

## Supplies and Materials



### STRUCTURAL

#### Heavy duty tents

Check-in (1)  
Testing (3)  
Counseling (1)  
Supplies (2)  
Break (1)

#### Tables

Check-in (2)  
Each Testing Tent (1)  
Counseling (2)

#### Chairs (25)

### REGISTRATION

Metal Barricades  
Tablets  
Mobile Power Banks

Laminated QR Codes  
Information Sheets  
Wi-Fi Mobile Hotspots

### CHECK-IN

4 Laptops, Power Cords & Power Supply  
Label Printers & Paper

### PPE

All workers wear disposable surgical masks and have access to face shields if desired.

Laboratory staff wear disposable surgical gowns and latex/nitrile gloves and remove, but store, gowns during each break.

Swabbers and Testers change latex/nitrile gloves between each test.

### TESTING

#### Each tent requires

Disposable Chucks  
Test Tube Racks  
Biohazard Bucket  
Laptop  
Barcode Scanner  
USB External Webcam  
Wi-Fi Mobile Hotspot

Binder  
Pens  
Laminated Test Time  
Calculator sheet  
Laminated Role-specific  
Protocols  
Laminated Reader  
Decision-Tree Guide

#### Each test requires

Nasal Swab  
Test Tube  
Reagent

Abbott BinaxNOW™  
Test Card

### COUNSELING

Cell phones  
Laptop

### TRAFFIC

Flag

### ALL STAFF

Campaign T-Shirts





## RESPONSE PROCEDURES

**Representing the “Response” arm of a Test-and-Respond campaign, financial, material and clinical support are provided, as well as referrals to other resources (e.g., dedicated hotel rooms), to individuals who tested SARS-CoV-2 positive to facilitate self-isolation and to ensure appropriate clinical care.**

Breaking chains of COVID-19 transmission requires both testing and support for isolation. Delivering results and services in a rapid and efficient manner can lead to more effective isolation days. Support services include education, food, masks, sanitation supplies and financial support. In the setting of high transmission (e.g., > 5%), this type of support requires the scale-up of an administrative infrastructure to contact individuals and manage and deliver groceries, cleaning supplies, PPE and other resources needed to support isolation.

For context and planning purposes, Unidos en Salud maintained a case manager ratio of 1 manager for every 20 positives. During their campaign, they provided support to 500 individuals over four weeks, and during surge conditions, one case manager provided services to 20 people at a time. Longitudinal support was provided by language and culturally concordant community members and involved wellness checks, coordination of material and financial support, and linkages to health care and financial resources. Financial support to cover lost wages during isolation is an important component of the response package for people who do not have sick pay. In San Francisco, the Unidos en Salud team was able to refer participants to a city program call Right to Recover that paid them minimum wage for the duration of isolation. Programs that do not have access to city-wide wage replacement programs can consider adding adherence incentive gift cards or other services that provide financial support.

### Staffing

#### DISCLOSURE TEAM

Referral Lead	Assigns cases to disclosure callers, coordinates referrals to community resources and Community Wellness Team
Disclosure Team Callers (3)	Calls cases to elicit medical history, perform needs assessment for isolation and quarantine resources, and educates on isolation and quarantine practices. Relays urgent medical questions to on-site Clinical Provider

#### CLINICAL SUPPORT

On-site Clinical Provider	Provides clinical decision-making support to disclosure team callers and call cases with moderate to severe symptoms to triage appropriate level of care. Correlates equivocal Abbott BinaxNOW™ results to advise next step (e.g., repeat test)
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## COMMUNITY WELLNESS TEAM

CWT Coordinator	Oversees CWT activities, including training and supervision of staff; management of resources
CWT Administrators (4)	Responsible for scheduling and distribution of vouchers and household delivery supplies
CWT Logistician	Responsible for purchasing, management and preparation of household delivery supplies
CWT Case Managers (8)	Responsible for phone follow-up and coordination of practical and clinical support to clients who test positive for COVID-19 and their households; provides regular wellness checks and links people to financial services and health care.
CWT Courier	Delivers food, cleaning supplies, etc. to household of clients who test positive for COVID-19.

## Response Procedures



### DISCLOSURE

1. Referral Lead assigns COVID ag+ individuals to Disclosure Team Callers in data system
2. Disclosure Team Caller calls individual and completes needs assessment using computer-assisted form
3. Disclosure Team Caller discusses diagnosis with individual, emphasizes need to self-isolate, and assesses need for Case Management to support isolation
4. Referral lead or Disclosure Team Caller make appropriate referrals to Clinical Support and external organizations (e.g., dedicated hotel rooms to support self-isolation)



### CASE MANAGEMENT

After needs assessment

1. Referral Lead assigns COVID-19 ag+ individual (case) to Case Manager
2. Disclosure Team Caller briefs Case Manager on needs assessment at end of day.
3. Notify the Department of Public Health to ensure no duplication of home support efforts.

Next day

4. Case manager reviews database to assess caseload
5. Case manager contacts COVID-19 ag+ individuals to assess needs for moral, clinical and practical support and to coordinate delivery of practical support (i.e., wage replacement, groceries, cleaning supplies, etc.)

Throughout self-isolation

6. Case Manager communicates with case to provide moral and practical support
7. Case Manager provides referral to Clinical Support if medical follow-up is needed
8. Case Manager coordinates receipt of services to support self-isolation
9. Logistician coordinates purchase groceries, cleaning supplies, etc.
10. Courier delivers money, groceries, cleaning supplies, etc. needed to support isolation
11. Case Manager and Courier assess adherence to isolation (note if not home at time of deliveries).
12. All staff take detailed notes and document in integrated data system.



### CLINICAL SUPPORT

MD staffs dedicated phone line during the campaign to address any clinical issues or questions.



### CASE INVESTIGATION/CONTACT INVESTIGATION

1. Data system automatically notifies state of COVID-19 ag+ individual.
2. Referral Lead notifies city Contact Investigation team of new COVID-19 ag+ individuals (to reduce time to contact tracing).
3. Department of Public Health conducts case investigation and contact tracing for new COVID-19 ag+ individuals.

## Supplies and Materials



### HOME DELIVERY ITEMS

- Personal protective equipment (latex gloves, disposable masks)
- Cleaning Supplies (disinfecting surface cleaner, sponges, toilet brush)
- Hygiene products (hand sanitizer, toilet paper)
- Groceries for 2 weeks
- Supportive care medication (i.e., cough syrup, ibuprofen)
- Financial support/wage replacement

### EXIT PACKAGE

- Grocery vouchers
- Reusable cloth masks
- Bilingual educational and community resource materials (community food resources, San Francisco primary care linkage hotline, COVID-19 information to be shared with friends and family, including free community testing sites)



## REPORTING

**Any high-quality data vendor will have integrated results monitoring and reporting into their data system.**

Although it is not essential that these be integrated into a single system, it is essential to: 1) report results to clients; 2) report results the state; and 3) monitor who has been tested and who is diagnosed with COVID-19 during the campaign.

### Clients

Unidos en Salud's data system automatically reported results to clients via link in SMS and email as available upon entry of results.

### State or other authorities

Their data system generated a standardized report, which was automatically transmitted to the state at the end of each day. This report included information on the test (date), the person tested (name, date of birth, address, demographic characteristics) and the results of each test.

### Monitoring

Their data system included standardized reports to monitor the testing and results of the campaign. These reports include information on the number of people tested, positivity rates and demographic and geographic descriptors of testers and positive cases.

## COLLABORATORS & FUNDERS

### Collaborators



Latino Task Force



Bay Area Phlebotomy



Primary Bio



San Francisco Dept. of Public Health



California Department of Health



SF Municipal Transportation Authority



UC Berkeley School of Public Health

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