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## V.I. Dept. of Health Responds to Plaskett Criticism Over Coronavirus Testing

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The VI Department of Health (VIDOH) pushed back against criticism last week from Congresswoman Stacey Plaskett, who told a Philadelphia radio host that the territory was not testing enough residents for the deadly COVID-19 respiratory disease.

Citing Harvard University and U.S. Centers for Disease Control and Prevention benchmarks for positive test results, or “positivity rates,” the VIDOH said in prepared statement that the VI is conducting sufficient testing to understand the rate of coronavirus infection in the territory.

The health department provided the following prepared statement:

"Is the Virgin Islands conducting enough testing? Yes, according the Harvard benchmark of ~10% positivity rates. The US Virgin Islands is doing extremely well and social distancing and other measures implemented have been extremely effective. The percent positive rate has steadily declined from 15.2% in March, to 3.4% in April, and in May is only been 0.6%. The Territory has recently transitioned to ALL testing being performed on island. Prior to this yuh time, specimens were also being sent to CDC in order to expedite testing as laboratory capacity was put in place locally.

"The other benchmark Harvard has used as sufficient testing is the ability to test all symptomatic cases and their contacts. The Department of Health, in collaboration with partners, has had the ability to test all symptomatic patients and their contacts since the beginning of local transmission. The majority of States, due to their size and burden, were unable to meet this goal and are increasing their testing to meet mass testing benchmarks. Based on available models and predictions the DOH will continue to meet this benchmark and will further improve response capabilities by transitioning to all local testing.

"The final mass testing benchmark set out by CDC and the Federal Government is for all States/Territories is monthly testing of at least 2% of the population. For USVI this is approximately 2000 tests per month. The number of tests conducted in April and May have been approximately 1500 and 1300, respectively. This is slightly below the CDC and Federal benchmark but is justifiable based on the Harvard criteria and the most robust predictive models available ([link](#) and [link](#)). The test per day target recommendations vary between the Federal Government, others models and guidance, and what is currently being conducted by about 10-20%.

"While the CDC and Federal Government have recommended a 2% benchmark it ignores the guidance of other models such as from Harvard. The USVI is already testing all available symptomatic individuals and their contacts. As discussed above, the current testing numbers in USVI are sufficient given the positivity rates because USVI ability to test all symptomatic individuals and contacts. More testing is not necessarily better testing when infection rates are low. This is also counterproductive to use limited resources and supplies to continue testing primarily negatives. In order to be best prepared, a phased strategy is needed to preserve limited resources and supplies, until more become available, and to have supplies to respond to increases. It is also important that tests are available for priority surveillance and groups with increased risk. Regardless, USVI will reach the 2% benchmark in June as it will begin including antibody testing for additional public health surveillance to better understand the true prevalence in USVI among high risk groups."