

For Africa, this seems like a technology that ought to be deployed as soon as possible. It astounds me that there are no documented cases in East Africa yet – that defies everything we know about air traffic with China. Providing an opportunity for low-tech testing in Addis, or Kampala, or Nairobi, or Dar es Salaam seems like a highly desirable outcome.

My two cents.

Francis

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**From:** Trevor Mundel (b) (6)  
**Sent:** Monday, March 9, 2020 5:57 PM  
**To:** Collins, Francis (NIH/OD) [E] <(b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>  
**Cc:** Dan Wattendorf <(b) (6)>; Jennifer Weisman (b) (6)>  
**Subject:** COVID-19

Dear Francis, Tony,

I wanted to give you a heads up on a call that Bill will have with Vice President Pence tomorrow around the COVID-19 situation. As you might be aware, we have been running an influenza transmission study in Seattle for the last 2 years. This involves at-home testing for ILI-symptomatic individuals (who log-in via a web app) and collection of nasal swabs, which are then sequenced for a range of respiratory pathogens. Dan can give you more details on this study if you have questions. When the Coronavirus situation arose, we added this to the list of pathogens and hence were able to detect some of the early cases in Washington.

The CDC has been very interested in the approach and at one point we had the highest screening capacity in the US (though only 400 samples per day, so I hope this is no longer true). At the same time, we have developed a COVID-19 at-home screening and information system with robust software that approximates what China was doing but also takes into account the opt-in requirements that are necessary in the US.

We want to propose going beyond the Seattle area- this would be gated only by availability of testing. We can deploy this ready-now system more broadly in the US. Ideally we would also do a parallel outreach to some African countries. I'd be interested in your views and would be happy to jump on a quick call.

Warm regards,  
Trevor

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