RADx Program Overview

December 2023





Overview of RADx Program

Agenda

1 2 3 RADx Program Overview Program Chair: Dr. Tara Schwetz

RADx Tech Program Chair: Dr. Bruce Tromberg

RADx-UP Program Chairs: Dr. Eliseo Perez-Stable & Dr. Richard Hodes

RADx-rad Program Chair: Dr. Richard Woychik

RADx Data Hub Program Chair: Dr. Susan Gregurick

Conclusion



Warm & Caring Atmosphere
 Clean & Safe Environment
 Qualified staff
 20 Years Experience

773.614.892

"Now is the time for that unmatched American ingenuity to bring the best and most innovative technologies forward to make testing for COVID-19 widely available."
— Former NIH Director Francis S. Collins, M.D., Ph.D.

> E. Jason Wambsgans/Chicago Tribune via Getty Images

RADx Program



What?

The Rapid Acceleration of Diagnostics (RADx) Program was developed in 2020 to **speed innovation in the development, commercialization, and implementation of technologies for COVID-19 testing.**



Why?

The rapid worldwide spread and impact of COVID-19 created a need for accurate, reliable, and readily accessible testing on a massive scale.



How?

To meet this challenge, RADx created programs that made it possible to **rapidly scale-up testing across the country and enhance access to those most in need.**



Rapid Acceleration of Diagnostics (RADx) Program Objectives

RADx Tech

Accelerate innovation in the development, commercialization, and implementation of technologies for COVID-19 testing. The RADx Tech/Advanced Testing Program (ATP) innovation funnel was designed to compress the customary technology development timeline from years down to just months.

RADx Underserved Populations (RADx-UP)

Study COVID-19 testing access and uptake to reduce disparities for underserved and vulnerable populations.

RADx Radical (RADx-rad)

Develop and advance novel, non-traditional approaches or new applications of existing approaches for testing.

Data Management Support

Build an infrastructure for and support coordination of the various data management needs of many of the COVID-19 efforts.





RADx Tech: *Beginning*

April 20, 2020

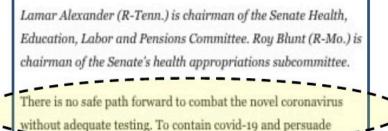
<8M tests/month, mainly in labs

The Washington Post

Opinion: We need more covid-19 tests. We propose a 'shark tank' to get us there.

Opinion by Lamar Alexander and Roy Blunt

April 20, 2020 at 8:46 p.m. EDT



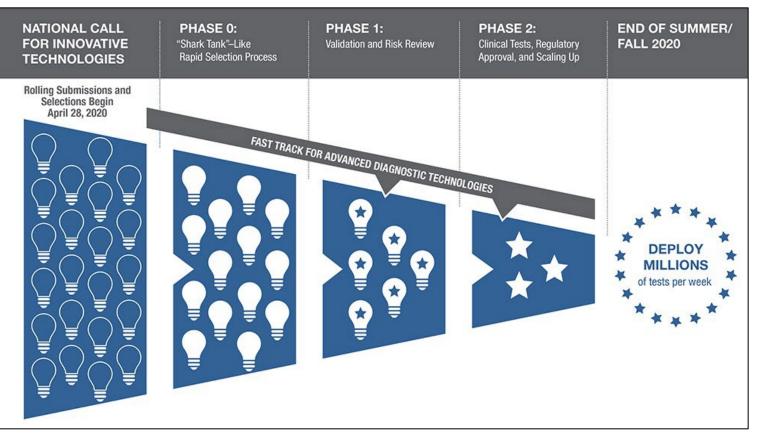
April 24, 2020

4th Congressional Supplement (\$1.5B NIH)

April 29, 2020

RADx Launched; Goal: POC, OTC >> Lab 10s millions test/month by fall 2020

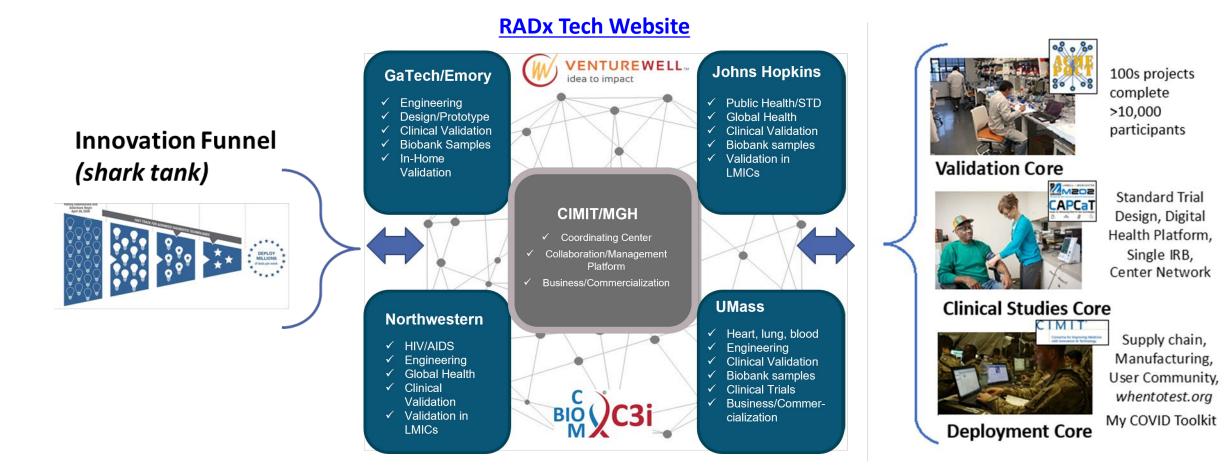
Innovation Funnel (Shark Tank)



RADx Tech: Structure

NIBIB Point of Care Tech Research Network (POCTRN U54)

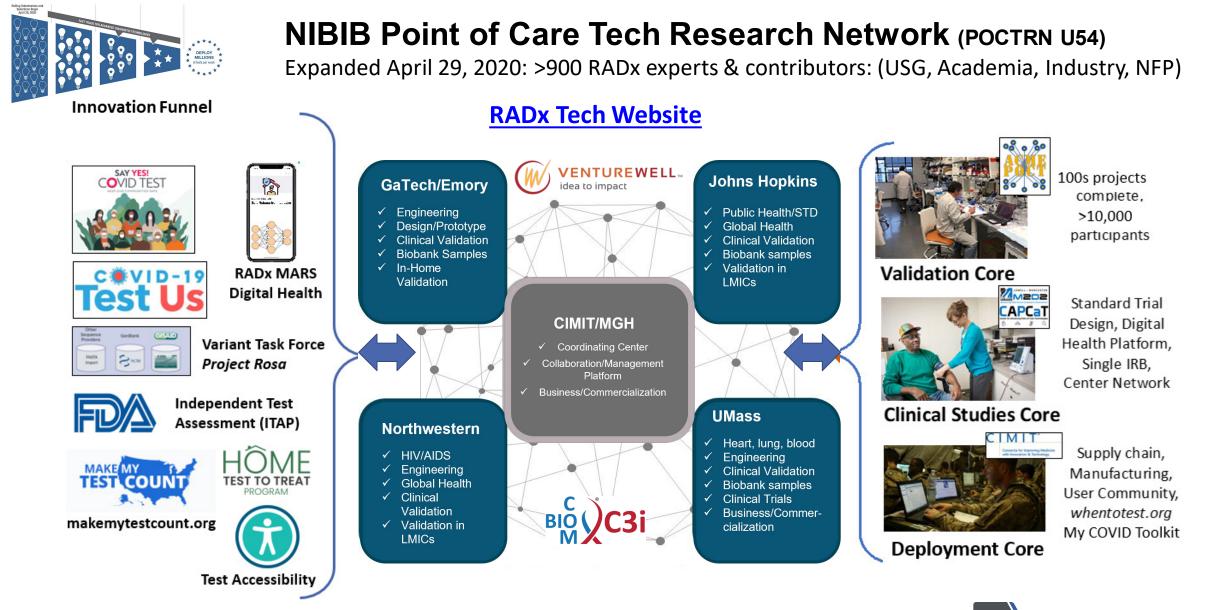
Expanded April 29, 2020: >900 RADx experts & contributors: (USG, Academia, Industry, NFP)



https://www.poctrn.org



RADx Tech: *Programs*

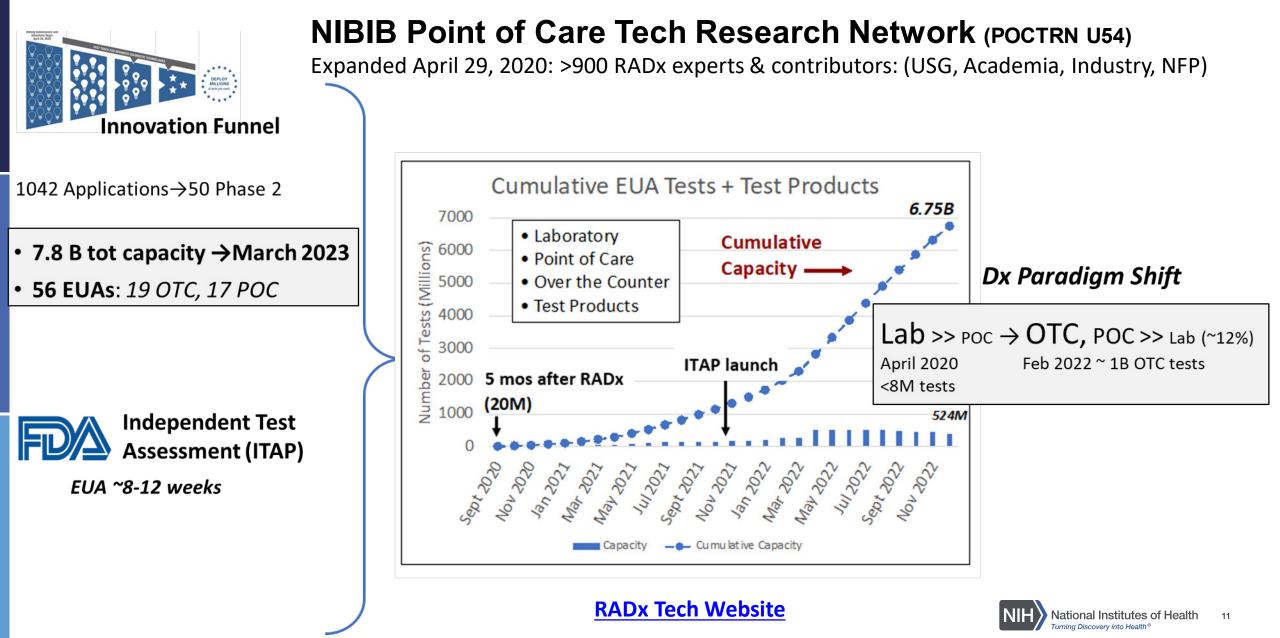


https://www.poctrn.org

National Institutes of Health

10

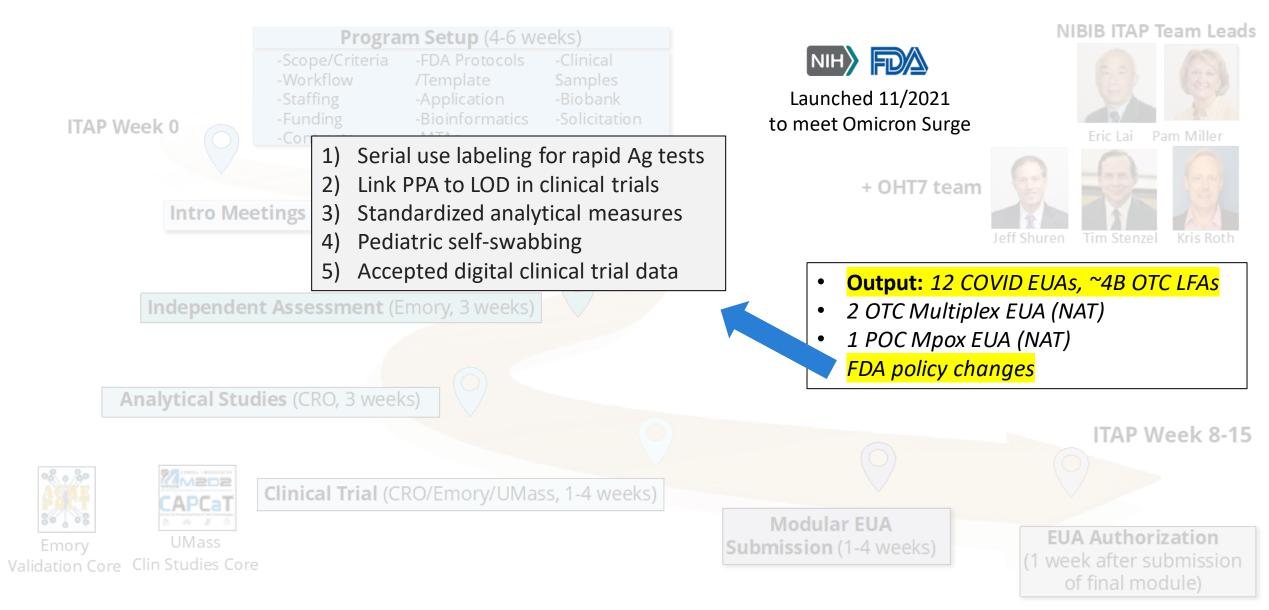
RADx Tech: *Accomplishments*



RADx Tech: Accomplishments (Continued) Process Innovation

NIBIB ITAP Team Leads Program Setup (4-6 weeks) – Scope/Criteria – FDA Protocols – MTAs /Template - Workflow - Clinical – Application Samples - Staffing Bioinformatics – Biobank **ITAP Week 0** Eric Lai Pam Miller - Funding Launched 11/2021 – Solicitation to meet Omicron Surge Contracts + OHT7 team Intro Meetings & Risk Assessment (2 weeks) Jeff Shuren Tim Stenzel Kris Roth **Output:** 12 COVID EUAs, ~4B OTC LFAs 2 OTC Multiplex EUA (NAT) Independent Assessment (Emory, 3 weeks) 1 POC Mpox EUA (NAT) FDA policy changes Analytical Studies (CRO, 3 weeks) ITAP Week 8-15 Clinical Trial (CRO/Emory/UMass, 1-4 weeks) Modular EUA LOWELL · WORCESTER **EUA Authorization** Submission (1-4 weeks) (1 week after submission APCaT of final module) da M UMass Emory Validation Core **Clinical Studies** National Institutes of Health 12 Turning Discoverv into Health Core

RADx Tech: *Accomplishments* (Continued)





RADx Tech: Next?

NIBIB Point of Care Tech Research Network (POCTRN+)*

Expanding RADx concept/structure with partnerships



Innovation Funnel (shark tank)



Independent Test Assessment (ITAP)

Projects

- 1) OTC/POC COVID multiplexed, high performance, accessible Dx
- 2) POC Mpox and multiplexed STD Dx
- 3) POC HCV Dx for Test to Treat
- 4) POC/OTC HIV + viral load Dx
- 5) Neurotechnologies
- 6) Maternal Health Technologies
- 7) Fetal Monitoring Technologies

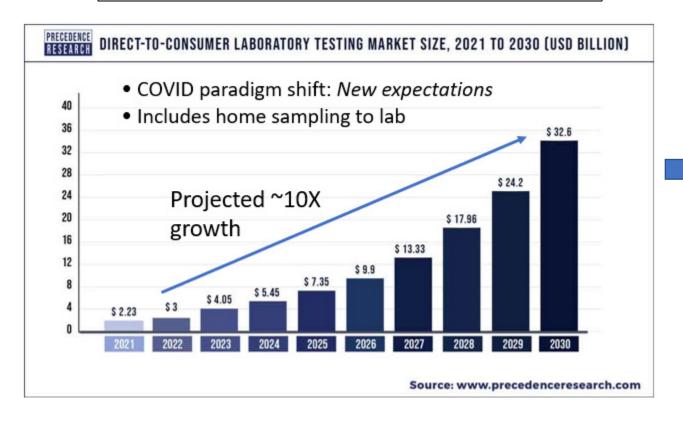
USG, NFP Partners

NIH OD, NIAID, NIDA, NICHD, ORWH, NINR, OAR, NIH BluePrint, CDC, FDA, ASPR, Gates Foundation



RADx Tech: Next?

Consumers @home/POC are the new Dx Market



Drivers, Sustainability

- L) Dx Tech advances/investments during COVID
- 2) Expansion of Telehealth: *better w/OTC Dx*
- 3) Other pathogens, chronic disease, prevention

Dx led precision medicine:

Better prevention & Tx management, Improved access & outcome

Challenge: How to use, report, standardize, & interpret tests, "invisible" to HealthCare (EHR, CMS, Drs., etc.)





Racial and Ethnic Minorities are Disproportionately Affected by COVID-19 - April 2021

Risk for COVID-19 Infection, Hospitalization, & Death by Race and Ethnicity

Rate ratios compared to White Persons	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino
Cases	1.6x	0.7x	1.1x	2.0x
Hospitalized	3.5x	1.0x	2.8x	2.8x
Death	2.4x	1.0x	1.9x	2.3x

Table Source CDC as of April 23, 2021: Risk for COVID-19 Infection by Race/Ethnicity (CDC)



Racial and Ethnic Minorities are Disproportionately Affected by COVID-19- December 2022

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Hospitalized	2.5x	0.7x	2.1x	1.8x
Death	2.0x	0.8x	1.6x	1.7x

Table Source KFF as of December 25, 2022: Cumulative Age-Adjusted Risk of COVID-19 Infection, Hospitalization, and Death, Compared to White People in the United States



RADx-UP and Community Engaged Research

- Research initiated in full partnership with community members
- Address the concerns and problems together and decide on research plan
- Partnerships based on trust, mutual benefits, complementary skills, and focus on health
- Expand capacity and deploy tests
- Mitigation strategies and deploy interventions
- Social, ethical, and behavioral factors



Phases of the RADx-UP Program: Focal Areas

Phase I

- ✓ Build COVID-19 testing *infrastructure*
- *Rapidly* implement testing and other capabilities to mitigate COVID-19 health disparities
- Investigate the social, ethical, and behavioral barriers to testing

Phase II

- ✓ Integrate *new* advances
- ✓ *Expand* studies and populations
- Add school-based studies focused on testing access and effectiveness for returning to schools
- Investigate the social, ethical, and behavioral barriers – testing & vaccination

Phase III

- ✓ Investigate the social, ethical, and behavioral barriers
- ✓ Emphasize *rapid testing*
- ✓ Build on school-based studies focused on testing access and effectiveness for staying in school

Phase IV

- ✓ Analyze existing RADx-UP data from multiple project sites to gain novel insights
- ✓ Investigate dissemination and implementation research focused on COVID-19 testing interventions





Data as of 11/29/2023





253 Community-engagement resources in the RADx-UP library



Partnering for Impact writing teams

*Count reflects common data elements data only, not actual tests conducted in the program (in the millions)



120

Projects submitting CDEs to CDCC



Coordination & Data Collection Center



404,632

Enrolled participants (direct participants)





447,955 COVID-19 tests conducted

COVID-19 tests conducted (direct participants, CDEs only*)



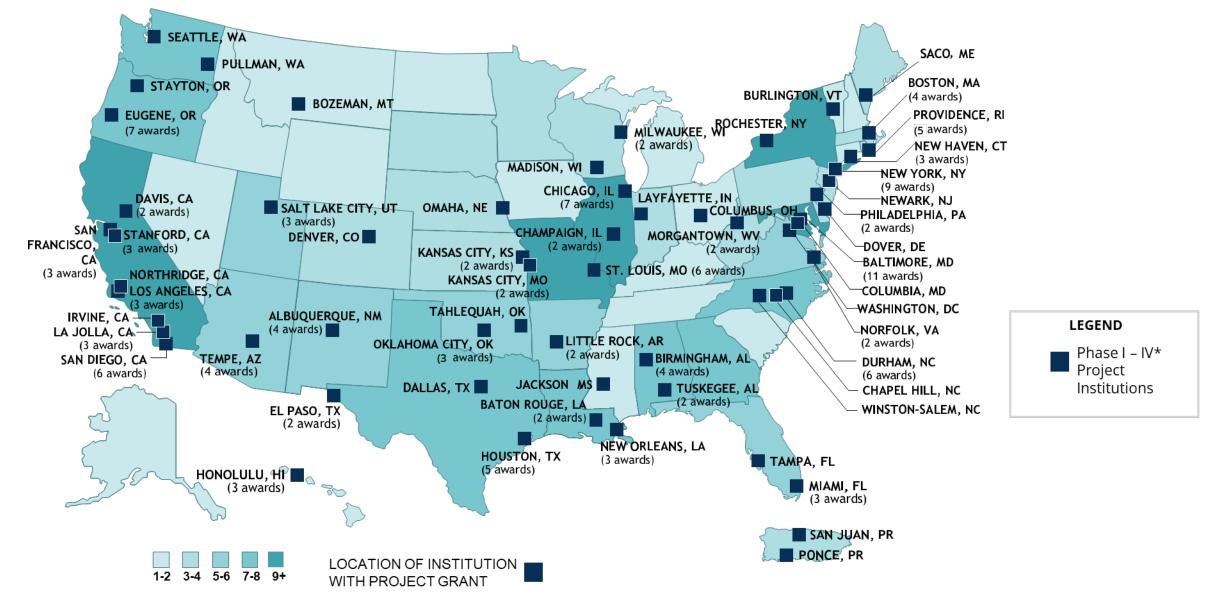
Published research articles



25 Rapid Research Pilot Awards



RADx-UP Awardee Locations (142 Projects Phase I-IV)





What's the Buzz around RADx-UP?

In 2022, a special issue "<u>RADx-UP: Community-Based COVID-19</u> <u>Testing and Research in Underserved Population</u>" was published in the *American Journal of Public Health*.



RADX-UP: COMMUNITY-BASED COVID-19 TESTING AND RESEARCH IN UNDERSERVED POPULATIONS

Partnerships, pp. S844, S846, and S887 Data Dashboards, pp. S850 and S858 Community Engagement, pp. S904–S923 COVID-19 Testing, pp. S878–S892 Vaccines, pp. S896 and S900



In 2023, a supplement "Evidence for the Safe Return to School With COVID-19 Testing" was published in *Pediatrics*.





Keeping Children Safe in Schools



The ABC Science Collaborative concluded that:

- ✓ Offering in-school testing increased testing uptake of close contacts and allowed for shortened quarantine durations
- ✓ Nursing staff were critical to the success
- ✓ Where resources were limited, testing was more difficult
- ✓ Motivations: convenience, keeping others safe
- ✓ *Concerns*: implications of positive test

COVID-19 Testing and Vaccination Behaviors Among Hispanic/Latino Participants



Examining COVID-19 testing and vac

behaviors by heritage and linguistic preferences among Hispanic, Latino, RADx-UP participants

Preventive Medicine Reports Volume 35, October 2023, 102359

Emily M. D'Agostino ^{a b c} X 🛛 , Jorge Ramirez Garcia ^d, Suzanne R. Bakker Ester Kim Nilles ^b, Troy A. Stefano ^f, Haley R. Martin ^g, Annette Hungler ^f, Re Krista M. Perreira ¹, Marianna K. Baum ^g, David Brown ^f

- * Department of Orthopaedic Surgery, Occupational Therapy Doctorate
- of Population Health Sciences, Duke University School of Medicine, E ^b Duke Clinical Research Institute, Duke University School of Medicine,
- ° Duke Global Health Institute, Duke University School of Medicine, Du
- ^d Oregon Research Institute & Prevention Science Institute, University c USA
- School of Nursing, Department of Biomedical Informatics, Data Science In University, New York, NY, USA
- ^f Herbert Wertheim College of Medicine, Florida International University, Miar
 Robert Stempel College of Public Health and Social Work, Florida Internation Miami, FL, USA
- ^h Edson College of Nursing and Health Innovation, Arizona State University, P
 ⁱ Department of Social Medicine, University of North Carolina School of Medi
 Hill, NC, USA



Overview

COVID-19 severely affected Hispan

"Hispanic") populations in the U.S.

with a high rate of COVID-19 infections

and deaths compared to other group

access testing and vaccination service

Yet, helping Hispanic communities

was a challenge across the nation.

In this study, researchers wanted to understand if national heritage and language affected whether Hispanic community members participated in

COVID-19 testing and got vaccinated

"Hispanic" population and that testing

and vaccination varied by language and heritage across the diverse population.

They gained their insights from a large

dataset contributed by 18 research

projects across the U.S. that were

part of the NIH RADx® Underserved Populations research initiative

RADX-UP.ORG

They found that there is no single

Latino, or Spanish (hereafter,

COVID-19 TESTING & VACCINATION IN THE HISPANIC POPULATION

How behaviors differed by national heritage and language preference

During the COVID-19 pandemic, the National Institutes of Health made a significant investment to study ways to reduce health disparities. Through the RADx-UP initiative, researchers and community leaders across the country partnered around COVID-19 testing to learn alongside underserved communities. Now, the RADx-UP consortium is looking at this nationwide dataset to identify effective strategies for reducing disparities to improve health for all.

RADx-UP CDCC Dr. Emily D'Agostino Publication in Preventive Medicine Reports.

 n = 3308; mean age = 44.1 years [SD = 14.9], 60% women; 83% spoke other than English at home

- Reference population = Mexican participants
- ✓ Findings:
 - ✓ Puerto Rican or Dominican more likely to get tested for COVID-19
 - ✓ South American participants more likely to get tested and vaccinated
- Speaking Spanish (vs. English) or another language at home = more likely to get vaccinated
- Spanish-speaking participants with Mexican, Cuban, or Central American heritage = more likely to get vaccinated
- Highlights heterogeneity in testing and vaccination
- Culturally specific interventions that vary by heritage may be warranted
- Designing national public health services that are culturally appropriate for the wide range of Hispanic communities is challenging, largely because different Hispanic populations have settled in different parts of the U.S., have retained language and cultural norms in different ways, and participate in testing and vaccination

Opportunities and Challenges from the RADx-UP initiative after 44 months

- NIH support for a community-engaged network of communityacademic partnerships
- Developed and implemented common data elements across >80% of projects
- Data sharing in central repository for analyses
- Mechanism to disseminate science-based information and return of results to communities
- Continuous effort to sustain trust
- Sustainable financial support to CBOs





RADx-rad Overview

Overarching Program Goals

- 1. Support new, **non-traditional approaches** and **new applications of existing tools** that address gaps in COVID-19 testing and surveillance
- 2. Develop platforms that can be deployed in future outbreaks of COVID-19 and other, yet unknown, diseases

Phase I



~\$108M in Extramural Funding, including PreVAIL klds, a research effort to study Multisystem Inflammatory Syndrome in Children (MIS-C)



49 Extramural Awards issued to 45 unique institutions in 20 states; also supported 2 intramural projects



Example Research Technologies

- **Predicting viral-associated inflammatory disease severity** in children with laboratory diagnostics and artificial intelligence
- Novel biosensing and chemosensory testing for COVID-19 screening
- Wastewater-based detection of SARS-CoV-2
- Multimodal surveillance methods for high-risk populations
- **Exosome-based** technologies towards multi-parametric and integrated approaches for SARS-CoV-2

Phase II



Commercialization support provided in coordination with **SEED**

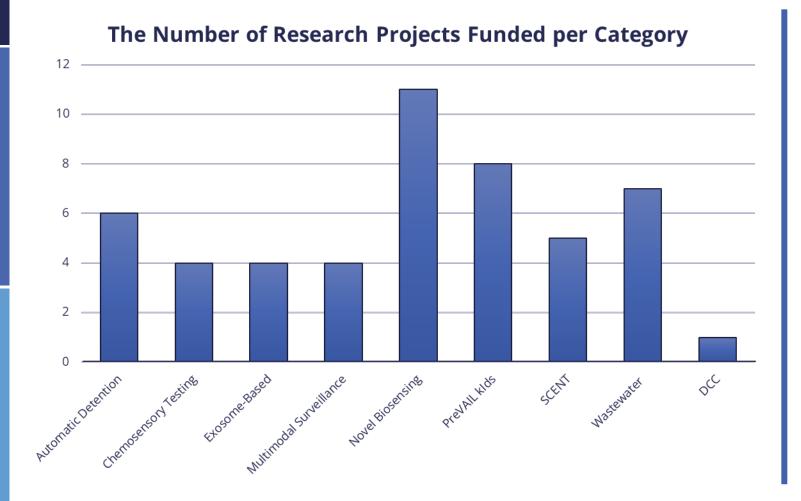


Long Covid Computational Challenge (L3C) which supported creative data-driven solutions that meaningfully advance the current understanding of the risks of developing PASC/Long COVID



RADx-rad Overview of Projects

Researchers from across the U.S. submitted creative applications, to fund 50 projects to 45 unique institutions in 20 states.



Examples of Funded Research

- Optimization and clinical validation of novel and repurposed technologies, such as chemosensory approaches and exosomebased detection technology for SARS-CoV-2 detection.
- Approaches to using **wastewater-based** and other environmental analysis for SARS-CoV-2 detection, to **provide real-time information and forewarning of disease spread**.
- Development of prognostic algorithms to stratify Multisystem Inflammatory Syndrome in Children (MIS-C) and severe COVID-19 in children.
- Support of a Computational Challenge for creative data-driven solutions to advance the current understanding of the risks of developing Long COVID.



Example Research Technologies – Phase I

WASTEWATER DETECTION

Wastewater analysis observed and detected emerging variants of COVID

HIGHLIGHTS:

Wastewater analysis **provided data that linked detection of COVID-19 variants in wastewater** with detection of the same variants in clinical samples from buildings/locations associated with the wastewater collection.

Wastewater detection **was shown to precede outbreaks of infection** as detected in the clinical samples.

FUTURE OPPORTUNITIES:

Commercialization efforts have been started with the creation of prototype testing equipment with industry backing.

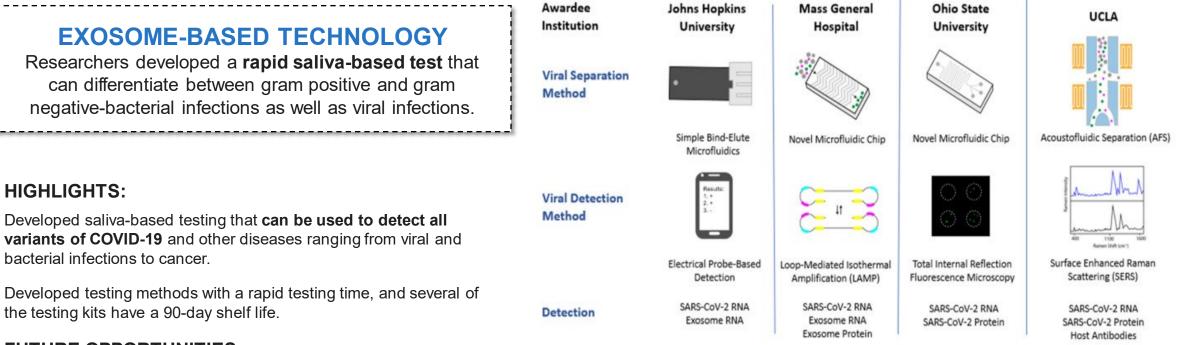
Wastewater testing has started to **expand into testing for other viruses, bacteria, and drugs.**



Walter E. Lamar, Ph.D., executive director of Occupational Health, Safety and Compliance for the University of Miami Medical Campus, sets up an autosampler in a manhole on the University of Miami's campus. Image courtesy of Matthew Roca.



Example Research Technologies – Phase I



FUTURE OPPORTUNITIES:

Exosome based testing has been **licensed to external companies for the scalability of manufacturing** of the testing devices.

Development of **technologies to be used for detecting multiple viruses**, characterizing cancer biomarkers, and predicting response to therapies.

Exosome Based Technology:

The RADx-rad Exosome research utilizes microfluidic based platforms for the viral separation and isolation. The steps are:

- 1. The Isolation of intact viral particles
- 2. Enrichment of intact viral particles
- 3. Detection of SARS-CoV-2 through electrical probe-based detection, loop-mediated isothermal amplification, total internal reflection fluorescence microscopy, and surface enhanced Raman spectroscopy

Source:

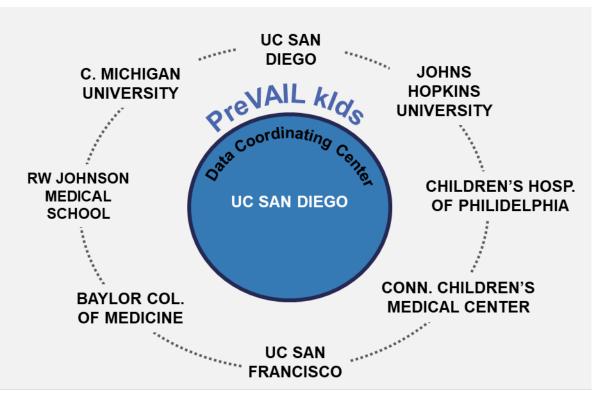
Happel C, Peñalber-Johnstone C, Tagle DA. Pivoting Novel Exosome-Based Technologies for the Detection of SARS-CoV-2. Viruses. 2022 May 18;14(5):1083. doi: 10.3390/v14051083. PMID: 35632824; PMCID: PMC9148162.

Predicting Viral-Associated Inflammatory disease severity in children with Laboratory diagnostics and artificial Intelligence



Program Goals and Structure

PreVAIL klds supports innovative research to develop **novel**, **unique**, **and non-traditional approaches** to identify and **characterize the spectrum of SARS-CoV-2-associated illnesses**, such as multisystem inflammatory syndrome in children (**MIS-C**).



Program Highlights

- All 8 Teams successfully transitioned to R33 phases after fulfilling their R61 milestones
- Prospective Enrollment: 8024 individuals
- Retrospective Enrollment : 237766 individuals
- 93 research publications and an additional 65 in preparation
- Broad patient populations from >75 sites across 30 US states and international collaborators in UK, Canada, South Africa, Asia, and South America
- 7 teams have been funded for a supplemental study aimed to validate assays and algorithms developed in the R61 stage

Scientific Highlights

- Developing and validating algorithms to differentiate MIS-C from similarly presenting diseases to optimize treatment
- Determining **immune function biomarkers** that can **predict** COVID-19 **severity** through RNA and epigenomic analyses
- Identifying RNA biomarkers that distinguish MIS-C from non-MIS-C and severe COVID-19 from mild/asymptomatic COVID-19
- Developing **RNA and Proteomic signatures of MIS-C** and other inflammatory syndromes to develop new diagnostic tools

Phase II - L3C Summary

Research Question: If infected with SARS-CoV-2, who is more susceptible to developing PASC/Long COVID?

Challenge Scope: Develop, train, and test AI/ML models and algorithms using N3C data, creating open-source tools for using structured medical records to identify which patients infected with SARS-CoV-2 have a high likelihood of developing PASC/Long COVID

KEY STATS		Rank	Winners	Prize
	Teams Submitted Complete Models - High submission-per-team engagement level for a	First Place	Convalesco	\$200k
	Challenge	Second Place	Geisinger AI Lab	\$150k
29	Models ran successfully and were scored in Technical Review	Third Place	UC Berkeley	\$100k
12	Federal Judges participating in Federal	Hon. Mention	University of Wisconsin Madison BMI	\$16.6k
Re	Review	Hon. Mention	Penn	\$16.6k
10	Models evaluated in the Top 25% Federal Review Phase	Hon, Mention	Ruvos	\$16.6k

Summary of Winner's Scientific Details: Team Convalesco, based out of the University of Chicago, designed a lightweight, portable model which achieved a 0.87 AUROC and uses 131 total features (100 temporal features and 31 static demographic features) and included a cumulative-risk-over-time visualization dashboard for the model interpretation. The model's features included:



Conditions from the acute phase sometimes associated with PASC, as well as prior viral exposure of any type





Bloodwork



Certain drug exposures during the acute phase



RADx-rad Key Accomplishments



As of October 2023,...

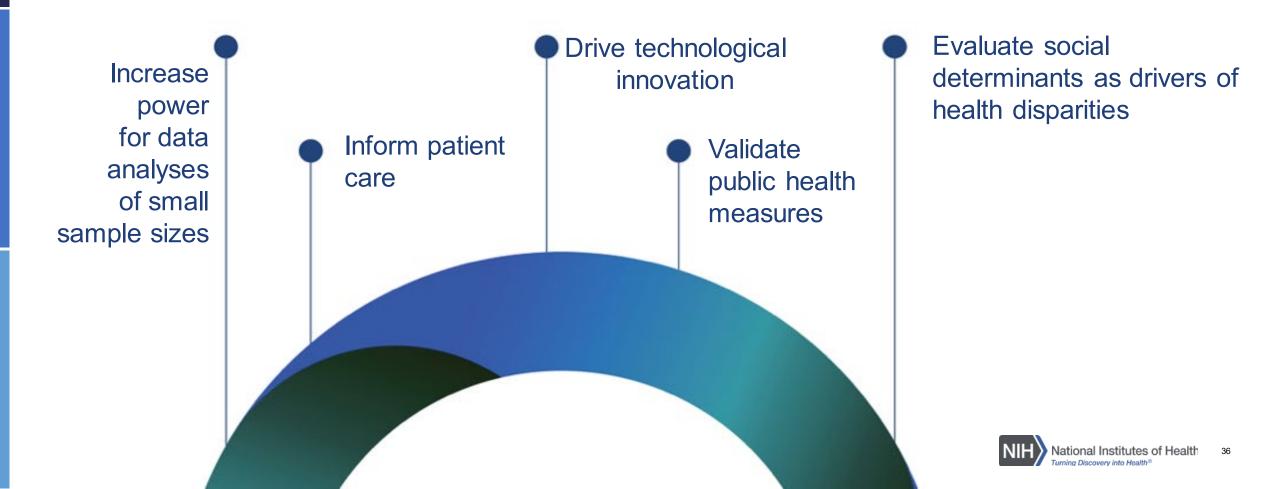
- 7 Projects submitted Pre-EUA applications, 1 Project submitted EUA application
- 32 filed and granted patents or released as open source tools
- 23 projects met with the FDA
- 26 project teams submitted Primary Publications
- 10 projects were awarded commercialization support



RADx Data Hub

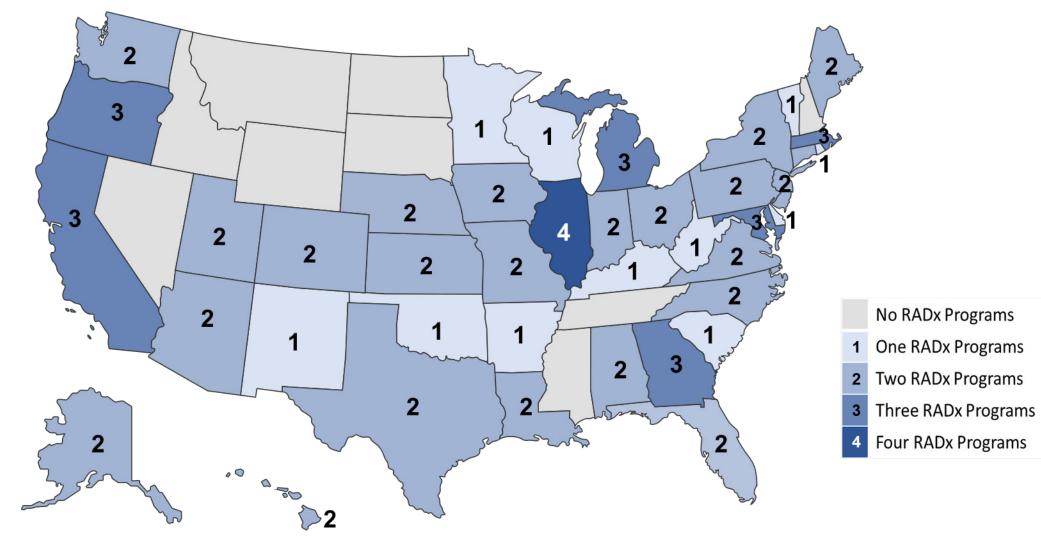
The Value of RADx Data

Provide researchers with data and tools to answer questions that may inform the COVID-19 response and better equip us to deal with future pandemics



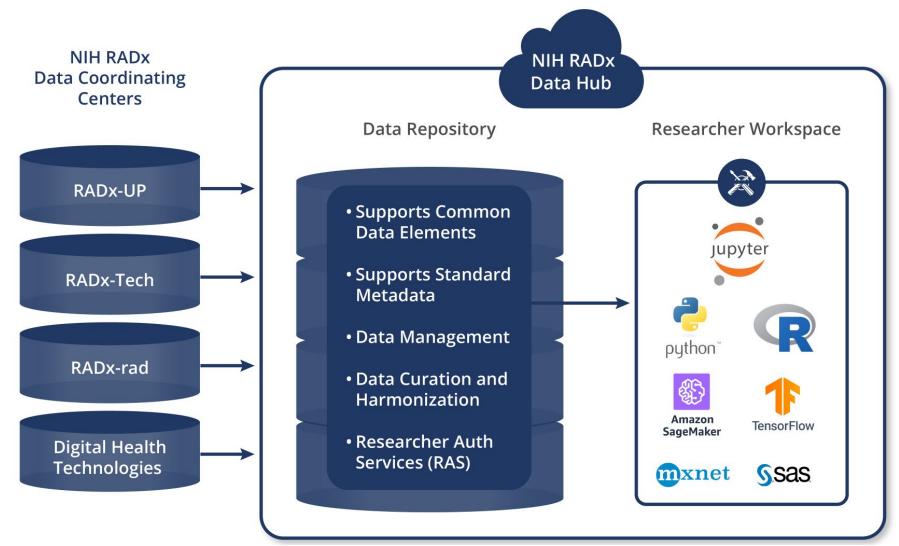
RADx Data Data Sources

The data collection of the participants in RADx Data Hub are spread across the country with many states represented by multiple RADx study programs.



RADx Data Hub Vision

The RADx Data Hub is a cloud-enabled data repository that provides curated and de-identified COVID-19 study data, algorithms, and other capabilities generated by the NIH-supported RADx programs



Current RADx Data Hub Features



Study Registration

Employs dbGaP for increased findability and simplified data access



Secure Data Access

Employs NIH Researcher Auth Service (RAS) for user authentication and authorization to approved studies and data files



Data Discoverability

Discover 138 studies across all four RADx programs using the Data Catalog



Cloud-based Workspaces

Analyze RADx data using cloud-based tools in a secure environment



Sharable and Reusable Tools

Use Jupyter notebooks to create or reuse Python or R analysis tools

Available Studies for Research Use (as of 11/27/2023)

	89 Studies RADX-UP	39 Studies RADx-rad	7 Studies RADx Tech	3 Studies RADX-DHT	138 Studies Total
Expected # of Studies	126 studies	49 studies	13 studies	10 studies	198 studies
# of Data Files Available	152 data files	960 data files	17 data files	N/A	1,129 data files
# of Variables Available	24,474 variables	19,551 variables	1,442 variables	N/A	45,467 variables
Data Types	Studies include survey, clinical, diagnostic/test, biological sample, and/or sequencing data	Studies include also provide survey, clinical, diagnostic/ test, biological sample, and/or sequencing data	Studies include also provide diagnostic/test data, sequencing data, and/or images	Studies include also include survey and wearable/sensor data	Studies include Social Determinates of Health
Genomic Samples & Images	N/A	1,663 samples 0 images	233 samples 2,519 images	N/A	1,896 samples 2,519 images

Metadata Harmonization Challenges

Conflicting Standards



Different schemas and standards across diverse sources

Varying Quality



Usually incomplete, nonuniform, inaccurate, nor F.A.I.R. (Findable, Accessible, Interoperable, Reusable)

High Expertise Required



Requires combining technical proficiency, domain knowledge, and diverse metadata schema understanding

Achieved: RADx (C)DCCs adoption of RADx Metadata Specifications.
 Most RADx (C)DCCs now submit harmonized metadata.
 Next Steps: Determine future metadata submission expectations.
 Provides unified start-to-finish solution.
 Impact: New and improved data and metadata harmonization workflow.

Future RADx Data Hub Updates

Updates focus on increasing usability



Study Explorer

Metadata-driven advanced search, sort, and filtering across studies and datasets

- Faceted browsing: automatically updated after new study or data files released
- $\,\circ\,$ Search results in list or table view
- Enhanced study pages with information on datasets, documentation, and study variables
- Access to synthetic and training datasets



Metrics Reporting

Dynamic, on-demand reporting on content, harmonization, and user activity



Updated Researcher Workspace Improved workspaces with scalable, automated, and collaborative tools

- Preconfigured, scalable compute instances with Jupyter 3 notebook using Python or R
- Ability to create fully-automated machine learning workflows
- Data manipulation, analysis, and visualization capabilities with SAS



Improved Data Ingest

Enhanced upload processes, file categorization, and validation



Improved User Management — Additional user and institution attributes,

improved Support Request feature

RADx Data Accomplishments

Launched the RADx Data Hub website and cloud platform in Dec. 2022

- A secure workspace to combine authorized data use and analytics tools
- Enables researcher collaborations
- Ensures ability to share analyses results
- Created a framework for generating artificial intelligence-ready datasets
- **RADx® Tribal Data Repository (TDR):** Data for Indigenous Implementations, Interventions, and Innovations (D4I)
 - Enables researcher's access to RADx study data on COVID-19 and other health topics involving American Indian and Alaska Native participants.
 - Objectives
 - Administrative, Governance, and Tribal Consultation Logistics Adherence to the Tribal Nations laws & policies
 - **RADx TDR Build** Adherence to NIH IT security standards
 - Research Capacity & Education Resource Development & Implement

Stanford University, Stanford, CA, Native BioData Consortium (NBDC), Eagle Butte, SD, University of Wisconsin, Madison, WI, Arizona State University, Phoenix, AZ, University of Washington, Seattle, WA, Ohio State University, Columbus, OH, University of California – Santa Cruz, CA

Conclusion

The Legacy and Future of RADx

- Accelerated development, accessibility, and availability of COVID-19 diagnostic testing platforms.
- The RADx Tech infrastructure has been **used to address a range of other public health concerns**, such as fetal and maternal health, nervous system disorders, mpox, Hepatitis-C, and HIV.



RADx Tech

- **Built community engagement**, connecting underserved and vulnerable populations with COVID-19 mitigation resources; will continue to foster these relationships **for lasting impact**.
- Laid the foundation to prepare for future public health emergencies by successfully researching program implementation focused on underserved and vulnerable populations.



- Provided a mechanism that **supports innovative projects** to complement other SARS-CoV-2 detection and testing research, and to better diagnose acute and long-term conditions associated with COVID-19.
- Using a wide variety of technologies, showed the various ways informatics and technologies can be used to support future public health response to pandemics.



- Represents one of the largest collections of NIH COVID-19 testing data available to researchers.
- Will provide harmonized data across ~200 RADx studies that is findable, accessible, interoperable, reusable.
- The development of the **RADx Tribal Data Repository created a pathway for future collaboration** and data collection working with American Indian/Alaska Native communities.

