

From: [Mee, Caroline M](#)
To: [Higa, Stephanie M](#); [Vereze, Lori A](#); [Menino, Tanyalee](#); [Labrador, Landon J](#); [Maura Tresch \(midtresch@gmail.com\)](#); [Glidewell, Romey J](#); [Camacho, Maureen](#); [David Saldana \(gdavidsaldana@gmail.com\)](#); [Rio Banner](#); [Mark Pedri \(mpedri@mac.com\)](#); [Peter Yamamoto](#); [Banner, Richard O](#); [Feenstra, Sarah R](#); [Hatakeyama, Deane I](#); [Lettich, Louise M](#); [Mee, Caroline M](#); [Oyama, Lisa L](#); [Pedri, Mark S](#); [Ravi, Dave](#); [Saldana, Gary D](#); [Yamamoto, Peter](#); [Yamamoto, Peter](#); [Yuen, Charlotte N](#); [Assily, Mahina O](#); [Bartolome, Wendy A](#); [Lopez, Jennifer D](#)
Cc: [Mee, Caroline M](#); [CarolineMMee@gmail.com](#); [Agaran, Tina K](#); [Takenaka, Gavin K](#)
Subject: Questions; Medical Advisories
Date: Friday, April 3, 2020 2:24:46 PM
Attachments: [Covid Medical Advisory 1.21.20.pdf](#)
[Covid Medical Advisory 2.3.2020.pdf](#)
[Covid Medical Advisory 2.14.2020.pdf](#)
[Covid Medical Advisory 2.26.2020.pdf](#)
[Covid Medical Advisory #4 - 3.4.2020.pdf](#)
[Covid Medical Advisory #5 - 3.11.2020.pdf](#)
[Covid Medical Advisory # 6 - 3.18.2020.pdf](#)
[Covid Medical Advisory #7 - 3.25.2020.pdf](#)
[Covid Medical Advisory # 8 - 4.1.2020.pdf](#)
[COVID & CPAPs.pdf](#)

Attached please find copies of all the Medical Advisories about COVID-19 released by the Hawaii Department of Health. The last one, # 8, answered a question proposed by Dr. Ravi – The DOH does NOT recommend use of the Rapid COVID-19 either to diagnose COVID-19 nor to clear someone who has tested positive.

Similarly, I looked on the CDC website and it does not recommend imaging (Chest Xray or CT) to diagnose COVID because they are not specific and overlap other infections. The only method is viral testing, even if imaging is suggestive.

I also tried to find out whether CPAP use increases risk of transmission. (Thanks to Steph who forwarded some info from ResMed, one of the big CPAP manufacturers. I found an article (attached) noting that First Responders in Seattle decided not to use CPAP or BiPap machines as makeshift ventilators for patients with respiratory distress because of a risk they might aerosolize the virus. Although the FDA put out guidance about using modified CPAPs and BiPAPs as ventilators, it did so only if they were modified by use of a filtration system to minimize aerosolization.

As a result, one expert, Dr. Christopher Winter, indicated that patients talk to their clinician about when/whether to stop using their CPAP and also consider sleeping in another room even if asymptomatic. He reportedly was working on a guide for this but, when I tried to follow up, found he referred to the website for the American Academy of Sleep Medicine but our firewall keeps blocking it. I was able to look at it on my phone and it says substantially the same thing. The CO2 valve on the CPAP might aerosolize the virus so patients should isolate if sick and should consider it even if well. If they are unable to isolate, they should consult their clinician about alternatives to CPAP. I'll try to print out that information when I am home and send it to you later.

In the meantime, I think each facility should probably pull up the list of patients on CPAP and consider whether their condition has changed such that they can do without a CPAP (perhaps they have lost weight, etc.) . If not, we may have to consider some way to isolate them when they are sleeping.

Caroline Mee, MD

Medical Director
Department of Public Safety
Phone (808) 587-1250
Fax (808) 587-3378

4

DAVID Y. IGE
GOVERNOR OF HAWAII



BRUCE S. ANDERSON, Ph.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to
File:

March 4, 2020

MEDICAL ADVISORY: UPDATE #4—CORONAVIRUS DISEASE 2019 (COVID-19)

Dear Healthcare Provider:

The Centers for Disease Control and Prevention (CDC) criteria to guide evaluation of persons under investigation (PUI) for COVID-19¹ have been updated as of March 4, 2020. Criteria were expanded to a wider group of symptomatic patients in anticipation of clinicians being able to access laboratory tests for diagnosing COVID-19 in the future through clinical laboratories authorized by FDA under an Emergency Use Authorization (EUA).

To make the best use of limited resources, prior authorization by the Disease Outbreak Control Division (DOCD) will continue to be required for testing at the State Laboratories Division (SLD). Prioritization for testing at SLD will include:

- **Hospitalized patients with:**
 - Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) AND a history of travel from affected geographic areas within 14 days of symptom onset²
 - Fever with severe acute lower respiratory illness (e.g., pneumonia, acute respiratory distress syndrome [ARDS]) without alternative explanatory diagnosis (e.g., influenza)
- Persons with clinical signs/symptoms of COVID-19 who have had close contact³ with a laboratory confirmed COVID-19 patient within 14 days of symptom onset.

The criterion for hospitalized persons with severe acute lower respiratory disease and no travel history allows COVID-19 testing for patients in whom there is *a high index of clinical suspicion*. It is not a directive regarding which patients should be tested. Providers should *use clinical judgment in evaluating patients* for suspected COVID-19 as not all patients with severe lower respiratory disease who have a negative influenza or other respiratory pathogen testing result should necessarily be considered for COVID-19 testing. For patients who have severe acute lower respiratory disease and do not have an identified COVID-19 epidemiologic risk factor, clinicians should perform routine evaluation, including testing for common causes of community-acquired pneumonia, before notifying the Hawaii Department of Health (HDOH) of the case and requesting testing, unless there is a high index of clinical suspicion for COVID-19.

For severe lower respiratory illness in hospitalized patients with no identified epidemiologic risk, clinical features that may increase suspicion of COVID-19 include:

- ARDS
- infiltrative process on chest x-ray (e.g., bilateral infiltrates consistent with viral pneumonitis)
- bilateral ground-glass opacities on chest computerized tomography
- unexplained lymphopenia or thrombocytopenia

¹<https://www.cdc.gov/coronavirus/2019-nCoV/hcp-clinical-criteria.html>

²<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

³ See footnote #3 at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp-clinical-criteria.html>

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

MEDICAL ADVISORY: UPDATE #4—CORONAVIRUS DISEASE 2019 (COVID-19)

MARCH 4, 2020

PAGE 2

If clinical and radiologic presentations are equivocal, the following epidemiologic exposures within the 14 days preceding symptom onset should increase suspicion for COVID-19:

- Close contact with an ill traveler who was in an affected country, or
- Being a healthcare provider who may have had exposure to a person with unrecognized COVID-19.

IMPORTANT: Patients with mild/moderate febrile respiratory symptoms, even in the absence of COVID-19 testing, should be advised to remain at home for the duration of their illness to prevent the spread of illness in our community.

Other reminders and updates:

- Implement policies and practices *before* patient arrival, *upon* arrival, and *throughout the duration* of the patient's visit to ensure exposures to respiratory pathogens, including the COVID-19 virus are minimized.⁴
 - Immediately implement recommended infection prevention and control practices if you suspect a patient has COVID-19.
 - Given the current concerns, consider implementing precautions for all patients with any acute respiratory illness.
- Persons who have traveled from a country with widespread ongoing transmission² are now advised to stay home and monitor their health for 14 days. Only persons returning from China and Iran (restricted entry into the United States) will be actively monitored by HDOH.
- Submission of specimens for testing to the State Laboratories Division (SLD):
 - **MUST** have *prior authorization by the Disease Outbreak Control Division (DOCD).*
 - Collect one (1) nasopharyngeal (NP) swab (see Appendix) and one (1) oropharyngeal (OP) swab
- Healthcare facilities/clinics should review current visitor policies and consider limiting visitors or at least screening them for illness.

This is a rapidly evolving situation. To ensure you are accessing the latest information, please visit HDOH's clinicians' page at: <https://health.hawaii.gov/doh-for-healthcare-providers/news-updates/> or CDC's COVID-19 website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

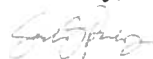
Please notify infection control personnel and DOCD immediately if your patient has severe respiratory symptoms and you suspect COVID-19.

If you have any questions or need to report a PUI, please contact us at one of the numbers below.

Oahu (Disease Reporting Line).....	(808) 586-4586
Maui District Health Office.....	(808) 984-8213
Kauai District Health Office.....	(808) 241-3563
Big Island District Health Office (Hilo).....	(808) 933-0912
Big Island District Health Office (Kona).....	(808) 322-4877
After hours on Oahu.....	(808) 600-3625
After hours on neighbor islands.....	(800) 360-2575 (toll free)

We appreciate your continued assistance in protecting our community.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist
Hawaii Department of Health

Appendix

⁴ https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

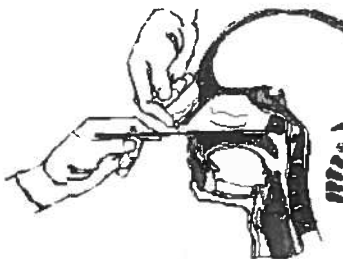
**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

Instructions for Collection of Nasopharyngeal Specimen

Appendix

Specimen Collection Criteria for COVID-19:

- a) Patient must have fever (temperature > 100° F oral or equivalent) **AND**
 - b) Patient must have cough OR shortness of breath (in the absence of a known other cause)
1. Always store viral transport medium (VTM) at room temperature. Make sure the VTM is a clear pink solution before use. (Discard if it is cloudy or turns yellow.)
 2. Use only the sterile flocked swab provided. (Do NOT use calcium alginate swabs or swabs with wooden shafts.)
 3. Collect ONE nasopharyngeal swab.
 4. Nasopharyngeal swab procedure (see diagram for appropriate positioning):
 - a) Remove swab from its wrapper.
 - b) Immobilize patient's head and insert swab into a nostril back to the posterior nares.
 - c) Leave the swab in place for up to 10 seconds. If resistance is encountered during insertion of the swab, remove it and attempt insertion on the opposite nostril.
 - d) Remove the swab slowly.



5. Break/bend the swab shaft to permit closure of vial cap and make sure screw caps are securely fastened and taped with parafilm or masking tape to avoid leakage. Place the specimen in the same tube of viral transport media. Write the patient's **name**, **date** of specimen collection, and **specimen type** (source of specimen) on the tube. ***Refrigerate tube immediately.***
6. Seal the specimen tube in a zip-lock bag clearly marked with a biohazard symbol.

[MORNING NEWS](#)
[LIVE](#) [Live Radio](#)
[PLAYLIST](#)

[DONATE](#)



Shots

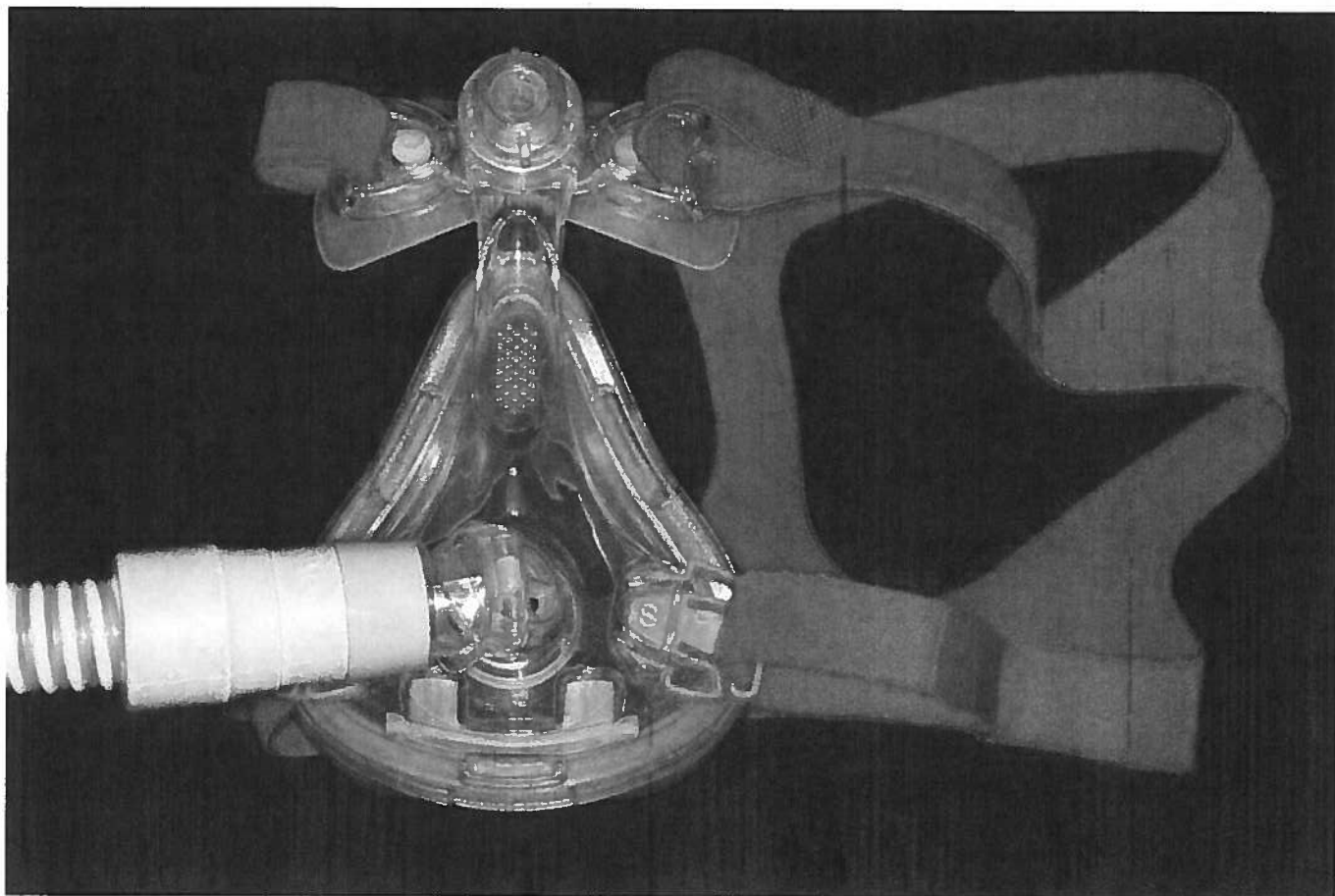
THE CORONAVIRUS CRISIS

CPAP Machines Were Seen As Ventilator Alternatives, But Could Spread COVID-19

March 27, 2020 · 5:00 AM ET

MARKIAN HAWRYLUK

FROM **KHN**



The mouthpiece of a CPAP (continuous positive airway pressure) device delivers enough pressurized air to keep the breathing passage of someone who has obstructive sleep apnea open throughout the night.

Dr P. Marazzi/Science Source

The limited supply of ventilators is one of the chief concerns facing hospitals as they prepare for more COVID-19 cases. In Italy, where hospitals have been overwhelmed with patients in respiratory failure, doctors have had to make difficult life-or-death decisions about who gets a ventilator and who does not.

In the U.S., emergency plans developed by states for a shortage of ventilators include using positive airway pressure machines — like those used to treat sleep apnea — to help hospitalized people with less severe breathing issues.

While that measure could stretch the supply of ventilators and save lives, it has a major drawback. Officials and scientists have known for years that when used with a face mask, such alternative devices can possibly increase the spread of infectious disease by aerosolizing the virus, whether used in the hospital or at home.

Indeed, that very scenario may have contributed to the spread of COVID-19 within a Washington state nursing home that became ground zero in the United States. First responders called to the Life Care Center of Kirkland starting Feb. 24 initially used positive airway pressure machines, often known as CPAPs, to treat residents before it was known the patients were infected with COVID-19.

"It's best practice for us for people with respiratory illnesses," said Jim Whitney, medical services administrator for the Redmond Fire Department, whose crews responded to the nursing home's 911 calls. "We had no idea that we potentially had COVID patients there."



SHOTS - HEALTH NEWS

First Responders Are 'Trying To Stay Ahead' Of Coronavirus



CORONAVIRUS LIVE UPDATES

Ventilator Makers Ask U.S. Government To Manage Distribution

It was only later that King County public health officials advised Redmond Fire and other first responders in the region not to use those machines for patients suspected of

having COVID-19 infections. Whitney said responders were using the machines with specialized filters, which can reduce the amount of virus released. But county public health authorities recommend that first responders avoid using CPAP machines altogether. Redmond Fire has now discontinued use of CPAPs for COVID patients.

"It's truly out of an abundance of caution for our people and for the community that we put it on the back shelf, unless we can confirm it was the best use for our patient," Whitney said.

The misstep represents a classic example of how the health care system is playing catch-up in its effort to deal with the rapidly escalating pandemic, and how critical information about combating the novel coronavirus can be slow to reach those on the front lines.

The American Society of Anesthesiologists issued guidance on Feb. 23 discouraging CPAP use in COVID-19 patients — advice largely informed by experience with the SARS epidemic in 2003. Studies dating to 2003 suggest that such devices can pump viruses into the air, potentially increasing the spread of a contagious disease.

During the SARS outbreak in Toronto, half of all SARS cases, including three deaths, occurred among health care workers. Some of the greatest risk arose when doctors and nurses were exposed to aerosolized virus through the use of positive airway pressure machines or other respiratory therapy devices.

The experiences from the Life Care Center of Kirkland now have doctors rethinking their strategies when faced with ventilator shortages, and their advice to first responders about using CPAP machines in the field.



THE CORONAVIRUS CRISIS

U.S. Hospitals Prepare Guidelines For Who Gets Care Amid Coronavirus Surge



THE CORONAVIRUS CRISIS

People With Disabilities Say Rationing Care Policies Violate Civil Rights

"In general, we're just telling them not to use it," said Dr. Comilla Sasson, an associate clinical professor of emergency medicine at the University of Colorado School of Medicine. "Because we are concerned about community spread, and we have to assume that anybody with respiratory distress is a COVID patient."

And doctors even suggest that those who use the devices at home should take precautions to prevent infecting others.

How CPAPs spread the coronavirus

Ventilators are machines that push air in and out of the lungs through tubes inserted down patients' airways when they have trouble breathing on their own. The machines allow health care providers to fine-tune the volume of air supplied, the rate of breathing, the amount of oxygen and the pressure as needed.

Both hospital and home versions of positive airway pressure machines are much simpler devices that use high pressure to push air into the airway, generally through a face mask. Continuous positive airway pressure machines, known as CPAPs, provide a continuous flow of air at a constant pressure. More advanced bilevel versions, called BiPAPs, which can be used at home or in health care facilities, push the air in, but then lower the pressure to allow the air to be exhaled.

"You can actually function certain BiPAP machines to run like ventilators," said Dr. James Finigan, a pulmonology and critical care specialist at National Jewish Health in Denver.

The key issue, Finigan said, is how the device connects to the patient. Ventilators require a breathing tube and operate as closed systems with a filter that traps any pathogens. Face masks generally used on CPAPs or BiPAPs allow air to escape, pumping the virus into the surroundings and potentially infecting other patients, caregivers or anyone nearby.

Positive airway pressure machines are often the first step in the standard algorithm for hospitals or emergency personnel when treating people with certain breathing problems. Finigan said in patients with standard respiratory failure, doctors might

first see if patients can get by on high-flow nasal oxygen or on BiPAP machines to avoid intubation and sedation.

"If your hope is that maybe this might be a temporizing measure that might hold them from hours to a couple of days, you'll try to use the mask," Finigan said. "There are some situations where somebody is breathing OK, but is just having trouble getting enough oxygen. Theoretically, a CPAP might be enough to get them enough oxygen. But, again, doing it with a mask is more likely to generate an aerosol and create an infectious problem."

Dr. Jeff Sippel, a critical care specialist at UCHHealth, based in Aurora, Colo., said BiPAPs could be used for COVID-19 in a closed system without a mask, if patients are first fitted with a breathing tube.

"The hardware actually fits," he said.

The jury-rigged devices could then be used for less severe COVID-19 patients, as well as for other patients who might not be first in line for a ventilator. More severe cases would still require full mechanical breathing like that provided by a ventilator, and it's unlikely that BiPAP could fully make up for the undersupply of ventilators in a full-blown outbreak.

Some doctors have suggested that governors should put out a call for people with spare BiPAP machines in their homes to donate them to hospitals. But Sippel said hospitals have other steps they would take first.



SHOTS - HEALTH NEWS

How Monoclonal Antibodies Might Prove Useful Against The Coronavirus

Doctors are investigating whether they can connect multiple patients' breathing tubes to a single ventilator. At UCHHealth, for example, the hospitals have close to 700 ventilators, Sippel said, and could potentially use roughly a fifth to ventilate two people at the same time.

This week, the Food and Drug Administration provided guidance that allows hospitals to modify respiratory devices, including ventilators, CPAPs and BiPAPs, during the public health emergency, as long as they take steps to prevent aerosolization of the virus.

What about CPAPs for home use?

Dr. Christopher Winter, a sleep medicine specialist in Charlottesville, Va., said people who rely on CPAP machines at home for sleep apnea can continue to use them as long as they have no symptoms of COVID-19. But they should speak to their physicians if they develop upper respiratory symptoms, to help determine whether they should continue.

Winter is working on a guide with — and for — other clinicians to help them decide when patients infected with COVID-19 should keep using their CPAP machines.



SHOTS - HEALTH NEWS

Beyond Annoying: How To Identify The Sounds Of A Troublesome Snore

"When does the balance of shooting it all through your house outweigh the negatives to the individual by not using it?" Winter asked.

Anybody who uses a CPAP machine at home, he said, may want to sleep in a separate room from loved ones to avoid infecting them. That's true even if the person with apnea doesn't have any COVID-19 symptoms. And if patients are advised by their doctors to stop using their machines, Winter says, they should also avoid driving, because they may be sleep-deprived.

In most parts of the U.S., the need for extra breathing devices in health care facilities is not yet critical. But hospitals are bracing for a surge in patients who will need respiratory support.

"This is getting real now," said Dr. Matthew Wynia, an internist and bioethicist who has been working on UCHHealth's COVID-19 plans. "We are about to be slammed."



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to
File

April 1, 2020

MEDICAL ADVISORY: UPDATE #8—CORONAVIRUS DISEASE 2019 (COVID-19)

Dear Healthcare Provider:

The Hawaii Department of Health (HDOH) is providing the following COVID-19 updates:

TESTING:

- A) For patients with symptoms compatible with COVID-19, continue to send specimens directly to the clinical laboratories. To ensure the clinical laboratories are aware of prioritization for testing, please clearly indicate the priority group on the laboratory request sent with the specimen (e.g., “symptomatic first responder, critically ill ICU patient, etc.”).

HDOH recommends prioritizing the following groups of *symptomatic* patients for testing:

Priority 1:

- Hospitalized patients
- Healthcare workers

Priority 2:

- Patients in long-term care facilities
- Patients ages 65 years and older
- Patients with underlying conditions
- First responders

For additional information, including priorities to decrease community spread during periods of rapidly increasing hospital cases, visit <https://www.cdc.gov/coronavirus/2019-ncov/downloads/priority-testing-patients.pdf>

The ordering clinician is responsible for advising their patient regarding their COVID-19 test results. Do NOT advise patients to call HDOH for results as they will be redirected back to the ordering clinician.

- B) Rapid antigen or IgM/IgG tests for COVID-19 currently being marketed **are not recommended** for either diagnostic testing or to “clear” persons who have tested positive previously for COVID-19 through a CLIA-approved laboratory.
- These tests have not been reviewed by the US Food and Drug Administration (FDA).
 - Tests may lack sensitivity (i.e., false negatives).
 - False positive results may occur because of cross reactivity with non-COVID-19 coronavirus strains (i.e., common coronavirus HKU1, NL63, OC43, or 229E).

MEDICAL ADVISORY: UPDATE #8—CORONAVIRUS DISEASE 2019 (COVID-19)

April 1, 2020

Page 2

- Serologic tests should not be used to diagnose acute COVID-19 infections. Detectable antibodies typically may take at least a week if not longer to develop, and duration of circulating antibodies may be months. As this is a novel virus, data regarding COVID-19 serologic testing in general are lacking.

ISOLATION AND QUARANTINE:

Please advise symptomatic patients who are tested for COVID-19 to remain at home, separated from family members, until they receive their test results. Remind patients that even if their COVID-19 test results are negative, they should remain at home for the duration of their illness.

For patients who test **POSITIVE** for COVID-19:

- Complete the Person Under Investigation (PUI)/Case Report Form¹ and fax to the Disease Outbreak Control Division (DOCD) at (808) 586-4595. COVID-19 is an **URGENTLY REPORTABLE** condition.
- Advise patient to remain at home until they no longer need to be in isolation (see “Discontinuation of Home Isolation for Persons with COVID-19 [Interim Guidance]”²); HDOH will coordinate isolation requirements for patients with providers.

The following instruction sheets are available for patients and providers at <https://health.hawaii.gov/coronavirusdisease2019/for-clinicians/resources/> and as appendices to this advisory:

- What To Do If You Have Been Tested for COVID-19
- What To Do If You Test Positive for COVID-19
- What Contacts Should Do If Someone In The Household is Tested for or Tests Positive for COVID-19
- What To Advise Patients Who Are Tested For COVID-19 (for Providers)
- What To Do If A Patient Tests Positive For COVID-19 (for Providers)

MEDICAL MASKS

HDOH continues to recommend medical masks for *persons who are ill* to decrease transmission to others. As you are aware, there is an ongoing severe shortage of Personal Protective Equipment (PPE), including medical masks. There are no data to support wearing masks to protect against disease, and use by persons unaccustomed to wearing masks may actually encourage frequent touching of the face. Masks, however, may serve as “*source-control*” (e.g., preventing spread of germs to others by the wearer) to supplement social distancing.

SIGNS AND SYMPTOMS OF COVID-19

The signs and symptoms of COVID-19 at illness onset vary, but according to data collected and reviewed by the Centers for Disease Control and Prevention,³ over the course of the disease, persons may experience the following:

¹ <https://health.hawaii.gov/docd/files/2020/01/Hawaii-PUI-Form-nCoV-2019.pdf>

² <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

³ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

MEDICAL ADVISORY: UPDATE #8—CORONAVIRUS DISEASE 2019 (COVID-19)

April 1, 2020

Page 3

- Fever (83–99%)
- Cough (59–82%)
- Fatigue (44–70%)
- Anorexia (40–84%)
- Shortness of breath (31–40%)
- Sputum production (28–33%)
- Myalgias (11–35%)

Additionally, headache, confusion, rhinorrhea, sore throat, hemoptysis, vomiting, and diarrhea have been reported, but are less common (<10%). Older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms.

This is a rapidly evolving situation. To ensure you are accessing the latest information, please visit HDOH’s COVID-19 webpage at: <https://health.hawaii.gov/coronavirusdisease2019/> or CDC’s COVID-19 website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

WHEN TO NOTIFY DOH OF A CONFIRMED OR SUSPECTED COVID-19 CASE

Please notify infection control personnel (as appropriate) and DOCD immediately if:

- You have received positive COVID-19 test results for a patient tested at clinical laboratories
- You suspect a cluster of acute respiratory illness, especially in a congregate setting

Notification for these scenarios should occur regardless of whether testing is requested from HDOH or clinical laboratories. Suspected COVID-19 is considered an URGENTLY REPORTABLE condition.

If you have any questions or need to report a patient with suspected COVID-19, please contact us at one of the numbers below.

Oahu (Disease Reporting Line)..... (808) 586-4586
Maui District Health Office..... (808) 984-8213
Kauai District Health Office..... (808) 241-3563
Big Island District Health Office (Hilo)..... (808) 933-0912
Big Island District Health Office (Kona)..... (808) 322-4877
After hours on Oahu..... (808) 600-3625
After hours on neighbor islands.....(800) 360-2575 (toll free)

We appreciate your continued assistance in protecting our community.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist

Appendices

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****



WHAT TO DO IF YOU HAVE BEEN TESTED FOR COVID-19

To avoid the spread of illness to others, follow these guidelines until you receive your COVID-19 test results:

- Stay home except to get medical care**
 - Remain at home until you receive your COVID-19 results
 - Even if your COVID-19 results are negative, you should remain at home until you have recovered
- Avoid using any kind of public transportation, ridesharing, or taxis**
- Separate yourself from other people in your home**
 - Stay in a specific “sick room” if possible
 - Use a separate bathroom if available
 - If you need to be around other people in or outside of the home, wear a facemask
 - If possible, eat in your room (have someone leave your meal outside your door)
 - Avoid sharing personal items with other people in your household (e.g., dishes, towels, bedding)
 - Clean all surfaces that are touched often (e.g., counters, doorknobs). Use household cleaning sprays or wipes according to the label instructions
- Get rest and stay hydrated**
- Monitor your symptoms carefully.** If your symptoms get worse, call your usual healthcare provider immediately
- For medical emergencies, call 911** and notify the dispatch personnel that you *may* have COVID-19
- Cover your cough and sneezes**
- Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



WHAT TO DO IF YOU TEST POSITIVE FOR COVID-19

To avoid the spread of illness to others, you should follow these guidelines:

- Stay home except to get medical care**
 - Remain at home until a Department of Health Officer tells you that you no longer need to be in isolation
- Avoid using any kind of public transportation, ridesharing, or taxis**
- Separate yourself from other people in your home**
 - Stay in a specific “sick room” if possible
 - Use a separate bathroom if available
 - If you need to be around other people in or outside of the home, wear a facemask
 - Avoid sharing personal items with other people in your household (e.g., dishes, towels, bedding)
 - Clean all surfaces that are touched often (e.g., counters, doorknobs). Use household cleaning sprays or wipes according to the label instructions
- Make a list of everyone with whom you have had close contact while you were ill**—Department of Health staff will be calling you for this information.
- Get rest and stay hydrated**
- Monitor your symptoms carefully.** If your symptoms get worse, call your usual healthcare provider immediately
- Respond immediately when Department of Health staff calls daily to monitor you while you are in isolation**
- For medical emergencies, call 911** and notify the dispatch personnel that you have COVID-19. Emergency warning signs for COVID-19 may include:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - Newly developed confusion
 - Difficulty arousing from sleep
 - Bluish lips or face
- Cover your cough and sneezes**
- Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



WHAT CONTACTS SHOULD DO IF SOMEONE IN THE HOUSEHOLD IS TESTED FOR OR TESTS POSITIVE FOR COVID-19

- All household contacts should remain at home until test results return
- If COVID-19 test results are **NEGATIVE**, household contacts to the person who was tested may leave home if they are symptom-free
- If COVID-19 test results are **POSITIVE**:
 - Household contacts must remain at home until 14 days **AFTER** the person with COVID-19 is released from isolation
 - Household contacts who develop symptoms of COVID-19 (fever, cough, shortness of breath) should call their usual healthcare provider and let them know they have been in contact with a person with COVID-19
- Have sick person keep to a separate bedroom and bathroom (if possible)
- If the person cannot be separated, have the person wear a facemask when around others
- Avoid having any unnecessary visitors
- Monitor the sick person for worsening symptoms
 - Contact the person's healthcare provider if symptoms get worse
 - Call 911 for medical emergencies (inform dispatch personnel that the person has COVID-19)
- Prevent the spread of germs
 - Avoid sharing personal household items (e.g., dishes, towels, bedding)
 - Clean and disinfect all frequently touched surfaces (e.g., tables, doorknobs, light switches, handles, phones, keyboards, toilets, sinks, faucets, etc.)
 - Food
 - The sick person should eat (or be fed) in their room or away from others
 - Wash dishes and utensils using gloves and hot water
 - Clean hands after handling used food service items
 - Laundry
 - Wear disposable gloves
 - Wash hands with soap and water as soon as you remove the gloves
 - Trash
 - If possible, dedicate a lined trash can for the sick person.
 - Use gloves when removing garbage bags and handling/disposing of trash
 - Wash hands afterward
 - Clean hands often
 - Wash hands often with soap and water for 20 seconds
 - Always wash immediately after removing gloves and after contact with a sick person
 - If soap and water are not readily available, use hand sanitizer that contains at least 60% alcohol.
 - Avoid touching your eyes, nose, and mouth with unwashed hands



WHAT TO ADVISE PATIENTS WHO ARE TESTED FOR COVID-19

To avoid the spread of illness to others, please advise patients the following (patient handout: "What To Do If You Have Been Tested For COVID-19" available at: <https://health.hawaii.gov/coronavirusdisease2019/for-clinicians/resources/>)

- 1) Patients should remain at home except to get medical care
- 2) Advise patients:
 - a. How they will be notified of their COVID-19 laboratory test results
 - i. As the clinician who ordered the COVID-19 test, you are responsible for advising your patient regarding the COVID-19 test result
 - ii. Do NOT advise patients to call the Hawaii Department of Health (HDOH) for their results
 - b. To stay at home until they receive their COVID-19 test results—advise patients, even if their COVID-19 results are negative, they should remain at home for the duration of their illness to avoid infecting others
 - c. To avoid any kind of public transportation, ridesharing, or taxis
 - d. To separate themselves from other people in their home
 - i. Stay in a specific "sick room" if possible
 - ii. Use a separate bathroom if available
 - iii. If they need to be around other people in or outside of the home, wear a facemask
 - iv. Arrange for someone to prepare and provide meals for them
 - v. Avoid sharing personal items with other people in their household (e.g., dishes, towels, bedding)
 - vi. Clean all surfaces that are touched often (e.g., counters, doorknobs). Use household cleaning sprays or wipes according to the label instructions
 - e. To get rest and stay hydrated
 - f. To monitor their symptoms carefully. Notify you immediately if their symptoms get worse
 - g. For medical emergencies, call 911 and notify the dispatch personnel that they may have COVID-19
 - h. To cover their coughs and sneezes
 - i. To wash their hands often with soap and water for at least 20 seconds or clean their hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



WHAT TO DO IF A PATIENT TESTS POSITIVE FOR COVID-19

- 1) Complete the Person Under Investigation/Reporting Form (<https://health.hawaii.gov/docd/files/2020/01/Hawaii-PUI-Form-nCoV-2019.pdf>) and fax to HDOH, Disease Outbreak Control Division at (808) 586-4595.
- 2) Inform patient of test results
- 3) To avoid the spread of illness to others, please advise patient of the following (patient handouts: "What To Do If You Test Positive For COVID-19" and "What Contacts Should Do" available at: <https://health.hawaii.gov/coronavirusdisease2019/for-clinicians/resources/>)
- 4) Advise patient to:
 - a. Stay at home until you determine they no longer need to be in isolation (see below)
 - b. Avoid any kind of public transportation, ridesharing, or taxis
 - c. Separate themselves from other people in their home
 - i. Stay in a specific "sick room" if possible
 - ii. Use a separate bathroom if available
 - iii. If they need to be around other people in or outside of the home, wear a facemask
 - iv. Avoid sharing personal items with other people in their household (e.g., dishes, towels, bedding)
 - v. Clean all surfaces that are touched often (e.g., counters, doorknobs). Use household cleaning sprays or wipes according to the label instructions
 - d. Get rest and stay hydrated
 - e. Respond immediately when Department of Health staff calls daily to monitor isolation
 - f. Monitor their symptoms carefully. Notify you immediately if their symptoms get worse
 - g. Call 911 for medical emergencies and notify the dispatch personnel that they have COVID-19
 - h. Cover their coughs and sneezes
 - i. Wash their hands often with soap and water for at least 20 seconds or clean their hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

DISCONTINUATION OF HOME ISOLATION FOR PERSONS WITH COVID-19

Persons with COVID-19 who have symptoms may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed since *recovery* defined as resolution of fever and myalgias without the use of antipyretic medications

OR

- At least 7 days have passed *since symptoms first appeared*

Whichever is longer and assuming improvement in respiratory symptoms (e.g., cough, shortness of breath)

Note, above is meant as a general guideline. The Department of Health will be monitoring any persons who are identified as positive and will work with providers regarding appropriate release of patients from isolation.

5

DAVID Y. IGE
GOVERNOR OF HAWAII



BRUCE S. ANDERSON, Ph.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to
File.

March 11, 2020

MEDICAL ADVISORY: UPDATE #5—CORONAVIRUS DISEASE 2019 (COVID-19)

Dear Healthcare Provider:

With private laboratories now offering COVID-19 testing, there are options for testing symptomatic persons in the absence of travel to affected areas or known exposure to another case. Clinicians should *continue to use your judgment to determine if a patient has signs/symptoms (fever and/or symptoms of acute respiratory illness such as cough, difficulty breathing) compatible with COVID-19. Priorities for testing may include:*¹

- Hospitalized patients who have signs and symptoms compatible with COVID-19 (to inform decisions related to infection control)
- Other symptomatic persons such as adults aged ≥65 years and persons with chronic medical conditions (e.g., diabetes, heart disease, chronic lung disease, chronic kidney disease, and/or immunocompromise) that may put them at higher risk for poor outcomes
- Any persons, including healthcare personnel, who within 14 days of symptom onset, had close contact, especially without precautions, with a suspect or laboratory-confirmed COVID-19 patient or have a history of travel from affected geographic areas.

Other causes of respiratory illness (e.g., influenza), which are still more common than COVID-19, should be considered. Hawaii Department of Health will continue to investigate cases of concern,² and COVID-19 testing at the State Laboratories Division (SLD) will still require prior authorization by the Disease Outbreak Control Division (DOCD; refer to phone numbers below).

Please encourage patients with mild/moderate febrile respiratory symptoms, even in the absence of COVID-19 testing, to remain at home for the duration of their illness to prevent the spread of disease in our community. They should be advised to contact you by phone for guidance about clinical management. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician **early in the course of even mild illness.** Persons with severe symptoms, such as difficulty breathing, should seek care immediately.

The Centers for Disease Control and Prevention (CDC) have posted updated Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings:³

- Updated Personal Protective Equipment (PPE) recommendations for care of patients with known or suspected COVID-19 include:

¹ <https://emergency.cdc.gov/han/2020/han00429.asp>

² Refer to Appendix—Updated HDOH Risk Assessment and Management Guide

³ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

- Facemasks acceptable alternative when respirators unavailable or in short supply. Prioritize available respirators for procedures likely to generate respiratory aerosols—highest exposure risk to healthcare personnel (HCP).
 - Facemasks protect the wearer from splashes and sprays
 - Respirators, which filter inspired air, offer respiratory protection
- Continue to use eye protection, gown, and gloves
- If shortage of gowns, prioritize for aerosol-generating procedures, care activities where splashes and sprays anticipated, and high-contact patient care activities that provide opportunities for pathogen transfer to HCP hands and clothing.
- When supply chain restored, return to using respirators for patients with known or suspected COVID-19.
- Care for patients with known or suspected COVID-19 in a single-person room with the door closed. Reserve Airborne Infection Isolation Rooms (AIIRs) for patients undergoing aerosol-generating procedures.
- Identify and implement source control (e.g., putting a face mask on patients presenting with symptoms of respiratory infection) early to prevent transmission in healthcare facilities.

This is a rapidly evolving situation. To ensure you are accessing the latest information, please visit HDOH’s clinicians’ page at: <https://health.hawaii.gov/docd-for-healthcare-providers/news-updates> or CDC’s COVID-19 website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

WHEN TO NOTIFY DOH OF A SUSPECTED COVID-19 CASE:

Please notify infection control personnel (as appropriate) and DOCD immediately if your patient has acute respiratory symptoms AND had close contact with a confirmed case or travel from an area with ongoing transmission, OR if your patient has severe respiratory symptoms and you suspect COVID-19. Notification for these scenarios should occur regardless of whether testing is requested from DOH or clinical laboratories. Suspected COVID-19 is considered an **URGENTLY REPORTABLE condition.**

If you have any questions or need to report a patient with suspected COVID-19, please contact us at one of the numbers below.

- Oahu (Disease Reporting Line)..... (808) 586-4586
- Maui District Health Office..... (808) 984-8213
- Kauai District Health Office..... (808) 241-3563
- Big Island District Health Office (Hilo)..... (808) 933-0912
- Big Island District Health Office (Kona)..... (808) 322-4877
- After hours on Oahu..... (808) 600-3625
- After hours on neighbor islands.....(800) 360-2575 (toll free)

We appreciate your continued assistance in protecting our community.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist
Hawaii Department of Health

Appendix

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****










Coronavirus Disease 2019 (COVID-19)

Hawaii Department of Health (HDOH) Risk Assessment and Management Guide

1) IF COVID-19 symptoms are present: Fever > 100.3°F **AND** Lower respiratory illness (cough or shortness of breath) that cannot be explained by another diagnosis

2) THEN place mask on patient and assess exposure risk:

Case is defined as a symptomatic person with laboratory-confirmed COVID-19 (or clinically diagnosed if laboratory testing not available)
 Intimate contact is defined as living with, being an intimate partner of, or caring for a person w/ confirmed COVID-19 outside of a healthcare facility
 Close contact is defined as being within 6ft for a prolonged period or having direct contact with infectious secretions of a case (e.g., being coughed on)
 Precautions are defined as continuous use of PPE
 PUI stands for person under investigation <https://health.hawaii.gov/docc/files/2020/01/Hawaii-PUI-Form-nCoV-2019.pdf>

Exposure Risk Categories	Management Guidance - if symptomatic
<p>High Risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intimate contact with a case <i>without precautions</i> 	<ol style="list-style-type: none"> 1. Isolate the patient in a private room or separate area  2. Wear appropriate PPE for all patient interactions  3. Evaluate patient according to PUI definition  4. Alert HDOH at (808) 586-4586  5. Pre-notify all healthcare services 
<p>Medium Risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any travel (past 14 days) from a location where CDC has confirmed community spread* <input type="checkbox"/> Intimate contact with a case <i>while using precautions</i> <input type="checkbox"/> Close contact (non-intimate) with a case <i>without precautions</i> 	<p>Rule out other respiratory illness </p>
<p>Low Risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> Being in the same indoor environment (e.g., airplane, restaurant) for a prolonged period but <u>not</u> having close contact with a case <input type="checkbox"/> Brief interactions with cases that are not intimate or close <p>No Identifiable Risk</p>	<p>Provide routine medical care </p>

*See CDC's COVID-19 Travel Information for list of locations: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
 Risk associated with travel to a mainland US state will be assessed on a case-by-case basis.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

March 25, 2020

MEDICAL ADVISORY: UPDATE #7—CORONAVIRUS DISEASE 2019 (COVID-19)

Dear Healthcare Provider:

The Hawaii Department of Health (HDOH) is providing the following COVID-19 updates:

TESTING:

Do **NOT** test asymptomatic persons, even if they are contacts of persons with COVID-19. Results may not predict who will get sick and will not change the need for or duration of quarantine of close contacts of a known case. For patients with symptoms suggestive of COVID-19 (i.e., fever plus cough or shortness of breath), clinicians should send specimens directly to clinical laboratories, now that they have the capacity for COVID-19 testing. However, because testing supplies and personal protective equipment (PPE) remain in critically short supply nationwide, we recommend prioritizing the following specific groups of *symptomatic* patients:

- Persons age 65 years and older, especially those living in congregate settings (i.e., longterm care facilities or assisted living facilities)
- Individuals who have chronic medical conditions, including immunosuppression, and may require altered management if infected with COVID-19 (your clinical judgement is essential for this population)
- Critically ill patients with acute respiratory illness, for whom clinical management and infection control procedures may differ based on a positive COVID-19 test.
- Healthcare workers (HCWs) and first responders

Please complete the Person Under Investigation (PUI)/Case Report Form¹ for any patient who tests **POSITIVE** for COVID-19 and fax to the Disease Outbreak Control Division (DOCD) at (808) 586-4595. COVID-19 is an **URGENTLY REPORTABLE** condition.

Testing at the State Laboratories Division (SLD) will focus on supporting public health investigations and surveillance activities, including:

- Symptomatic close contacts of confirmed cases
- Clusters of illness, especially in congregate settings, compatible with COVID-19
- Sentinel surveillance

HEALTHCARE WORKERS:

Healthcare facilities, if not already, should implement plans to maximize the availability of staff.

- Given the current mandatory 14-day quarantine required of all travelers in Hawaii as well

¹ <https://health.hawaii.gov/docd/files/2020/01/Hawaii-PUI-Form-nCoV-2019.pdf>

as the epidemiological risk associated with travel, discourage any travel for HCWs. To prevent critical staffing shortages, healthcare facilities may consider, especially for HCWs traveling interisland² to provide medical care, allowing a HCW, who has traveled, to work as long as they wear a medical mask for the 14-day period while in the healthcare facility as well as adhere to appropriate and frequent hand hygiene.

- HCWs who travel should minimize interactions with others not in the treatment setting and while traveling.
- As recommended for all HCWs, for those who travel, establish a protocol to pre-screen any patients seen by the traveling HCWs (e.g., specialty group) to detect patients with respiratory symptoms. Place a medical mask on any patient with a respiratory illness. HCWs should have at minimum a medical mask and eye protection readily available to use immediately if they encounter any patient with respiratory illness.
- Ensure HCWs do NOT come to work while ill. Any HCW who develops illness while working should immediately go home. A HCW diagnosed with COVID-19 who worked while symptomatic presents a critical risk for staff depletion given the recommended 14-day quarantine for close co-worker contacts.
- Emphasize the importance of social distancing and infection control to staff, including and especially when outside of the healthcare facility.

PATIENTS REQUIRING TREATMENT ON ANOTHER ISLAND

Patients requiring treatment on another island should be screened for respiratory symptoms before returning to their home island. When on the other island, limit interactions with others to only those necessary for treatment. HCWs involved in such treatment should be screened to ensure they have no respiratory symptoms.

DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS³ FOR PATIENTS WITH COVID-19 IN HEALTHCARE SETTINGS⁴:

Hospitalized patients may have longer periods of COVID-19 detection compared with patients with mild or moderate disease. Severely immunocompromised patients may also have longer periods of COVID-19 detection and prolonged shedding. These groups may be contagious for longer than others. In addition, placing a patient in a setting where they will have close contact with individuals at risk for severe disease warrants a conservative approach. Facilities may consider a non-test-based strategy⁵ (e.g. time-since-illness and time-since recovery strategy), especially when testing is not readily available, to discontinue Transmission-Based Precautions or extend the period of isolation beyond the non-test-based strategy duration on a case-by-case basis in consultation with HDOH. An alternative may be a test-based strategy⁶ for patients who

² Transport teams who have limited, brief interactions with others as part of transports may continue to work without need for precautions but should self-monitor for illness.

³ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

⁵ Medical Advisory, Update #6: https://health.hawaii.gov/docd/files/2020/03/MedAdvisory-Update6-COVID19_03182020.pdf

⁶ Test-based strategy: Resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms (e.g., cough, shortness of breath), AND negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).

require prolonged hospitalization, are severely immunocompromised, or are being transferred to a long-term care or assisted living facility.

DISPOSITION OF PATIENTS WITH COVID-19⁴:

Patients with COVID-19 can be discharged from healthcare facilities when clinically indicated. Meeting criteria for discontinuation of Transmission-Based Precautions is *not* a prerequisite for discharge.

For patients discharged to home:

- Isolation should be maintained at home if the patient is discharged before discontinuation of Transmission-Based Precautions.
- The decision to send the patient home should be made in consultation with the patient's clinical care team and HDOH and should consider the home's suitability for and patient's ability to adhere to home isolation recommendations.

For patients discharged to a long-term care or assisted living facility (LTCF/ALF),

- If Transmission-Based Precautions were NOT discontinued while the patient was hospitalized, these Precautions should be continued in the LTCF/ALF. LTCFs/ALFs may elect to discontinue Precautions using either a test-based or non-test-based strategy and work with HDOH to determine when to discontinue Precautions.
- If Precautions have been discontinued before transfer to the LTCF/ALF and symptoms have improved, patients should be considered cleared and Precautions not required.

All LTCF/ALF staff MUST be provided with the PPE needed to keep themselves and the residents safe, including gloves, gowns, facemasks, and eye protection.

OTHER REMINDERS AND UPDATES:

The following resources are available for your patients:

- Centers for Disease Control and Prevention's "Coronavirus Self-Checker" to help patients make decisions about seeking appropriate medical care:
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
- HDOH's COVID-19 Home Care Guide (5 Steps to Follow if You Feel Sick):
<https://health.hawaii.gov/docd/files/2020/03/COVID-19-Home-Care-Guide-HDOH.pdf>

This is a rapidly evolving situation. To ensure you are accessing the latest information, please visit HDOH's clinicians' page at: <https://health.hawaii.gov/docd/for-healthcare-providers/news-updates/> or CDC's COVID-19 website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

WHEN TO NOTIFY DOH OF A CONFIRMED OR SUSPECTED COVID-19 CASE

Please notify infection control personnel (as appropriate) and DOCD immediately if:

- You have received positive COVID-19 test results for a patient tested at clinical laboratories
- You suspect a cluster of acute respiratory illness, especially in a congregate setting

Notification for these scenarios should occur regardless of whether testing is requested from HDOH or clinical laboratories. Suspected COVID-19 is considered an URGENTLY REPORTABLE condition.

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

MEDICAL ADVISORY: UPDATE #7—CORONAVIRUS DISEASE 2019 (COVID-19)

March 25, 2020

Page 4

If you have any questions or need to report a patient with suspected COVID-19, please contact us at one of the numbers below.

Oahu (Disease Reporting Line)..... (808) 586-4586
Maui District Health Office..... (808) 984-8213
Kauai District Health Office..... (808) 241-3563
Big Island District Health Office (Hilo)..... (808) 933-0912
Big Island District Health Office (Kona)..... (808) 322-4877
After hours on Oahu..... (808) 600-3625
After hours on neighbor islands.....(800) 360-2575 (toll free)

We appreciate your continued assistance in protecting our community.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File

January 21, 2020

**MEDICAL ADVISORY: UPDATE AND INTERIM GUIDANCE ON
OUTBREAK OF 2019 NOVEL CORONAVIRUS (2019-nCoV) IN
WUHAN, CHINA**

Dear Healthcare Provider:

An outbreak of a 2019 novel coronavirus (2019-nCoV) in Wuhan City, Hubei Province, China has been developing since December 2019. This outbreak now includes over 300 confirmed infections and several deaths in China with confirmed cases also in Thailand, Japan, the Republic of Korea, and the United States (one case in Washington State). While human-to-human transmission appears limited and the severity of illness appears less than SARS, the situation continues to evolve, and the Hawaii Department of Health (HDOH) is monitoring closely. There are *no direct flights from Wuhan, China to Hawaii*; however, residents/visitors from China may still enter our state from other U.S. or international ports of entry. The following recommendations are provided to facilitate management of such persons who may be ill:

Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Please obtain a detailed travel history for all patients. Anyone meeting the following CDC criteria¹ should be reported immediately to HDOH by phone (number listed below).

Clinical Features	&	Epidemiologic Risk
Fever and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, history of travel from Wuhan City, China. – or – In the last 14 days before symptom onset, close contact ² with a person under investigation for 2019-nCoV while that person was ill.
Fever or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact ² with an ill laboratory-confirmed 2019-nCoV patient.

Reporting, Testing, and Specimen Collection

Please collect multiple clinical specimens from different sites:

¹ <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

²Close contact is defined as—

a) being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a novel coronavirus case.

– or –

b) having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

- Lower respiratory (at least sputum)
- Upper respiratory (two [2] nasopharyngeal [NP] specimens)
- Serum

Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset and sent directly to the State Laboratories Division (SLD). At this time, diagnostic testing for 2019-nCoV can be conducted *only* at CDC. A positive result on commercially available respiratory virus panels is NOT indicative of suspected 2019-nCoV infection.

Interim Healthcare Infection Control Recommendations

Although the transmission dynamics have yet to be determined, per CDC recommendations:

- Place surgical mask on all PUI patients and place in a private room with door closed, ideally an airborne infection isolation room if available.
- Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield).

For additional infection control practice resources, see CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>).

Providers should notify infection control personnel and HDOH's Disease Outbreak Control Division immediately if any patients meet PUI criteria for 2019-nCoV.

If you have any questions or need to report a PUI, please contact HDOH at one of the numbers below.

Oahu (Disease Reporting Line)..... (808) 586-4586
Maui District Health Office..... (808) 984-8213
Kauai District Health Office..... (808) 241-3563
Big Island District Health Office (Hilo)..... (808) 933-0912
Big Island District Health Office (Kona)..... (808) 322-4877
After hours on Oahu..... (808) 600-3625
After hours on neighbor islands.....(800) 360-2575 (toll free)

We will continue to keep you apprised and provide updated guidelines as needed and as this situation evolves. Thank you for your help in protecting our community.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to
File

February 3, 2020

**MEDICAL ADVISORY: UPDATE AND GUIDANCE ON OUTBREAK OF
2019 NOVEL CORONAVIRUS (2019-nCoV)**

Dear Healthcare Provider:

We are providing interim guidance for clinicians to assist in identifying and assessing patients who may be infected with novel coronavirus (2019-nCoV) originally detected in Wuhan City, Hubei Province, China.

Clinicians should ask:

- Does the person have fever or symptoms of lower respiratory infection, such as cough or shortness of breath?

AND

- Has the patient traveled to mainland China within 14 days of symptom onset?

OR

- Has the patient had close contact with a person confirmed with 2019-nCoV infection?

If both exposure and illness are present:

- Place a facemask on the patient and isolate in a private room
- Assess clinical status
- Inform your facility's infection control personnel
- If person meets Patients Under Investigation (PUI) criteria (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>), **inform the Hawaii Department of Health immediately** (see numbers below) and **collect two (2) nasopharyngeal (NP) specimens as soon as possible**
 - Send one (1) specimen for respiratory viral panel testing at your clinical lab
 - Send one (1) specimen to SLD to be tested for 2019-nCoV

See the attached flowchart and laboratory specimen collection and processing guidance (<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>) for further information.

This guidance is based on current knowledge of the characteristics of clinical illness and the geographic distribution of current cases. However, as you are aware, **this is a rapidly evolving situation**, subject to change as more information/data becomes available. To ensure you are accessing the latest information, please visit HDOH's clinicians' page at: <https://health.hawaii.gov/docd-for-healthcare-providers/news-updates/> or the Centers for Disease

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

Control and Prevention 2019 Novel Coronavirus website at:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

As this international outbreak continues to evolve, it is critical that all healthcare providers continue to emphasize the importance to patients and the public of basic respiratory disease prevention and infection control practices including:

- Get your flu shot.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Providers should notify infection control personnel and HDOH's Disease Outbreak Control Division immediately if any patients meet PUI criteria for 2019-nCoV.

If you have any questions or need to report a PUI, please contact HDOH at one of the numbers below. If you know providers who are not receiving this medical advisory directly and would like to be added to our distribution list, please email DOH.EPI1 with name, contact email and telephone, and medical specialty.

Oahu (Disease Reporting Line)..... (808) 586-4586
Maui District Health Office..... (808) 984-8213
Kauai District Health Office..... (808) 241-3563
Big Island District Health Office (Hilo)..... (808) 933-0912
Big Island District Health Office (Kona)..... (808) 322-4877
After hours on Oahu..... (808) 600-3625
After hours on neighbor islands.....(800) 360-2575 (toll free)

We appreciate your assistance in protecting our community.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist

Attachment

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****



2

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to
File:

February 14, 2020

**MEDICAL ALERT: CORONAVIRUS DISEASE-19 IDENTIFIED IN TOURIST
AFTER RETURN TO JAPAN**

Dear Healthcare Provider:

The Hawaii Department of Health (HDOH) has been notified by the Centers for Disease Control and Prevention (CDC) that they were alerted by Japan counterparts regarding a person who was recently in Hawaii and who has been diagnosed with Coronavirus Disease-19 (COVID-19, formerly known as 2019-nCoV) after returning to Japan. The asymptomatic traveler was on Maui from January 28–February 3, 2020. However, while in Honolulu (between February 3–7, 2020), the traveler developed mild cold-like symptoms *without fever*. After returning to Japan, the person developed a fever which within days progressed to pneumonia and was subsequently confirmed as COVID-19. The incubation period for COVID-19 is estimated to range from 2–14 days. Therefore, providers should be aware persons who may have been infected through exposure to this traveler would present with symptoms any time between February 5–21, 2020.

At this time, we are not aware of any close, prolonged contacts this traveler may have had with others while here, although investigation is ongoing. Casual, brief contact should pose low to no risk. Note the criteria to guide evaluation of persons under investigation (PUI) for COVID-19¹ include clinical symptoms AND a history of travel to mainland China OR close contact with a laboratory confirmed case. Much is still unknown about transmission; however, we ask you to consider COVID-19 in patients (even those without history of travel to mainland China) who have fever AND signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath), **that cannot be explained by another diagnosis**. Please note influenza cases are currently increasing in Hawaii, and signs and symptoms of COVID-19 overlap with those associated with other respiratory tract infections. Testing for other common respiratory pathogens should be performed as clinically indicated.

If you suspect a patient may have SARS-CoV-2 (virus that causes COVID-19, formerly 2019-nCoV) infection:

- Place a facemask on the patient and isolate in a private room
- Follow the CDC's guidance on Infection Prevention and Control recommendations in healthcare settings²
- Inform your facility's infection control personnel
- **Inform the Hawaii Department of Health immediately** (see numbers below)
- **Collect two (2) nasopharyngeal (NP) specimens**

¹<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

²<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

MEDICAL ALERT: CORONAVIRUS DISEASE-19 IDENTIFIED IN TOURIST AFTER RETURN TO JAPAN

February 14, 2020

Page 2

- Send one (1) specimen for respiratory pathogen panel testing at your clinical laboratory
- Send one (1) specimen to SLD to be tested for SARS-CoV-2

It is critical all healthcare providers practice and emphasize the importance to patients and the public of basic respiratory disease prevention and infection control practices including:

- Get your flu shot.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

This is a rapidly evolving situation, subject to change as more information/data becomes available. To ensure you are accessing the latest information, please visit HDOH's clinicians' page at: <https://health.hawaii.gov/doed-for-healthcare-providers/news-updates> or the Centers for Disease Control and Prevention COVID-19 website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Providers should notify infection control personnel and HDOH's Disease Outbreak Control Division immediately if any patients have severe respiratory symptoms and are suspected to have COVID-19.

If you have any questions or need to report a PUI, please contact HDOH at one of the numbers below.

Oahu (Disease Reporting Line)..... (808) 586-4586
Maui District Health Office..... (808) 984-8213
Kauai District Health Office..... (808) 241-3563
Big Island District Health Office (Hilo)..... (808) 933-0912
Big Island District Health Office (Kona)..... (808) 322-4877
After hours on Oahu..... (808) 600-3625
After hours on neighbor islands.....(800) 360-2575 (toll free)

We appreciate your ongoing assistance in protecting our community.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist
Hawaii Department of Health

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

3

DAVID Y. IGE
GOVERNOR OF HAWAII



BRUCE S. ANDERSON, Ph.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File

February 26, 2020

MEDICAL ADVISORY: UPDATE ON CORONAVIRUS DISEASE 2019 (COVID-19)

Dear Healthcare Provider:

The Hawaii Department of Health (HDOH) is providing the following updates regarding Coronavirus Disease 2019:

- The period when a person may present with symptoms after possible exposure to the COVID-19 infected visitor from Japan has passed.
- Please be aware, the Centers for Disease Control and Prevention (CDC) continues to update Travel Advisories to include countries with **ongoing community transmission**.¹
- To assist providers in determining risk categories for COVID-19 (High, Medium, Low, No Identifiable Risk), HDOH has developed a Health Risk Assessment and Management Guide—see attached Appendix.
- Current criteria for persons under investigation (PUI) for COVID-19² include:
 - Clinical features of febrile lower respiratory illness
 - Fever AND
 - Cough or shortness of breath
 - AND either 1) travel to China or 2) close contact with a confirmed case
 - Absence of an alternative diagnosis that explains the clinical presentation
 - On a case-by-case basis, HDOH may consider testing of persons who meet the clinical criteria, **require admission**, and traveled to an area recognized by CDC as having ongoing community transmission
- Submission of specimens for testing to the State Laboratories Division (SLD) **MUST** have prior authorization by HDOH’s Disease Outbreak Control Division.
- Please ensure your/your facility’s policies and procedures are in place to minimize exposure to respiratory pathogens, including COVID-19 virus.
 - Place a facemask on patient with suspected COVID-19, and put patient in a separate examination room with door closed. Place the patient in an airborne isolation room, if available. (SOURCE CONTROL)
 - When caring for a patient with suspected COVID-19, adhere to standard, contact, and airborne precautions, including use of eye protection. (COVER MUCOUS MEMBRANES)
 - Healthcare providers with unprotected exposure to persons with COVID-19³ will be subject to active monitoring and work restrictions for 14 days after the last exposure.

¹<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

²<https://www.cdc.gov/coronavirus/2019-ncov/hep/clinical-criteria.html>

³<https://www.cdc.gov/coronavirus/2019-ncov/hep/guidance-risk-assesment-hep.html>

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

This is a rapidly evolving situation. To ensure you are accessing the latest information, please visit HDOH's clinicians' page at: <https://health.hawaii.gov/docd-for-healthcare-providers/news-updates/> or the Centers for Disease Control and Prevention COVID-19 website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Providers should notify infection control personnel and HDOH's Disease Outbreak Control Division immediately if any patients have severe respiratory symptoms and are suspected to have COVID-19.

If you have any questions or need to report a PUI, please contact HDOH at one of the numbers below.

- Oahu (Disease Reporting Line)..... (808) 586-4586
- Maui District Health Office..... (808) 984-8213
- Kauai District Health Office..... (808) 241-3563
- Big Island District Health Office (Hilo)..... (808) 933-0912
- Big Island District Health Office (Kona)..... (808) 322-4877
- After hours on Oahu..... (808) 600-3625
- After hours on neighbor islands.....(800) 360-2575 (toll free)

We appreciate your continued assistance in protecting our community.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist
Hawaii Department of Health

Attachment













Coronavirus Disease 2019 (COVID-19) Hawaii Department of Health (HDOH) Risk Assessment and Management Guide

1) IF COVID-19 symptoms are present: Fever > 100.3°F **AND** Lower respiratory illness (cough or shortness of breath) that cannot be explained by another diagnosis

2) THEN assess exposure risk:

Case is defined as a symptomatic person with laboratory-confirmed COVID-19 (or clinically diagnosed if laboratory testing not available)
 Intimate contact is defined as living with, being an intimate partner of, or caring for a person w/ confirmed COVID-19 outside of a healthcare facility
 Close contact is defined as being within 6ft for a prolonged period or having direct contact with infectious secretions of a case (e.g., being coughed on)
 Precautions are defined as continuous use of PPE

PUI stands for person under investigation <https://health.hawaii.gov/docd/file/2020/01/Hawaii-PUI-Form-nCoV-2019.pdf>

Exposure Risk Categories	Management Guidance - if symptomatic
<p>High Risk</p> <p>Intimate contact with a case <i>without precautions</i></p>	<p>1. Place a mask on the patient </p> <p>2. Isolate the patient in a private room or separate area </p>
<p>Medium Risk</p> <p>Any travel from China* (past 14 days)</p> <p>Intimate contact with a case <i>while using precautions</i></p> <p>Close contact (non-intimate) with a case <i>without precautions</i></p>	<p>3. Wear appropriate PPE for all patient interactions  </p> <p>4. Evaluate patient according to PUI definition </p> <p>5. Alert HDOH  at (808) 586-4586</p> <p>6. Pre-notify all healthcare services </p>
<p>Low Risk</p> <p>Being in the same indoor environment (e.g., airplane, restaurant) for a prolonged period but <u>not</u> having close contact with a case</p>	<p>1. Rule out other respiratory illness </p> <p>2. Contact HDOH  at (808) 586-4586</p>
<p>No Identifiable Risk</p> <p><input type="checkbox"/> Brief interactions with cases that are not intimate or close</p>	<p>Provide routine medical care </p>

*Those who have traveled from another location where CDC has confirmed community spread will be assessed on a case-by-case basis in consultation with HDOH



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply please refer to
File

March 18, 2020

MEDICAL ADVISORY: UPDATE #6—CORONAVIRUS DISEASE 2019 (COVID-19)

Dear Healthcare Provider:

The Hawaii Department of Health (HDOH) is providing the following COVID-19 updates:

TESTING:

Currently, **prioritization for COVID-19 testing** at the State Laboratories Division (SLD) is as follows:

- Hospitalized patients with critical illness¹, regardless of exposure history
- Influenza-like illness clusters in congregate settings (e.g., nursing homes, health care facilities, schools, etc.) with negative influenza PCR testing
- Symptomatic close contacts of a confirmed case (with priority for healthcare worker contacts)

When requesting COVID-19 testing at SLD, complete the Person Under Investigation (PUI)/Case Report form² and fax it to the Disease Outbreak Control Division (DOCD; 808-586-4595). In addition, per the Hawaii Administrative Rules, Chapter 11-156, the PUI/Case Report form must also be completed for any person who tests positive for COVID-19 through a commercial laboratory. Please note COVID-19 is considered an URGENTLY REPORTABLE condition.

The Centers for Disease Control and Prevention (CDC) now recommends collecting **one (1) nasopharyngeal swab (NP)**. To optimize specimen sampling, consider using the same swab to sample the nasopharynx via both nares. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. Testing at SLD requires prior authorization by DOCD.

Testing supplies, including polyester swabs to collect specimens, are in **critically short supply** nationwide. Mildly ill patients without risk factors for severe disease³ from COVID-19 infection should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management.

PERSONAL PROTECTIVE EQUIPMENT (PPE):

There is a **severe** shortage of PPE both state and nationwide. Wearing a medical mask (rather than N95 or equivalent) with eye shield or reusable eye protection for collection of NP swab may be considered adequate protection. To further optimize PPE use, please consider implementing

¹ Fever $\geq 100.4^{\circ}\text{F}$, clinical evidence of pneumonia, progressive disease or significant oxygen requirement (up to and including intubation, ECMO), and influenza negative by PCR.

² <https://health.hawaii.gov/doecd/files/2020/01/Hawaii-PUI-Form-nCoV-2019.pdf>

³ Older patients, individuals with underlying medical conditions or are immunocompromised

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

MEDICAL ADVISORY: UPDATE #6—CORONAVIRUS DISEASE 2019 (COVID-19)

MARCH 18, 2020

Page 2

administrative and engineering controls that reduce the need for individual healthcare workers to don PPE. Strategies may include:

- Promoting telemedicine
- Limiting the number of healthcare workers in an exam room with patients under transmission-based precautions.

It is **imperative that healthcare workers DO NOT work while ill**. Do not risk exposing your patients and fellow healthcare workers to your illness. Additionally, healthcare providers need to practice social distancing to reduce their risk for acquiring any community-associated illness and being removed from the workforce while they are ill.

ISOLATION:

For both confirmed positive COVID-19 cases and those suspected to have COVID-19 infection but not confirmed (including those who have not been tested), isolation⁴ should be maintained until:

- At least 3 days (72 hours) after resolution of fever and myalgia without the use of antipyretics
- OR

- At least 7 days have passed since symptom onset

WHICHEVER IS LONGER

In both instances, there should be improvement in respiratory symptoms (e.g., cough, shortness of breath).

Healthcare workers⁵:

In addition to the above criteria, healthcare personnel should:

- Wear a facemask at all times while providing care to patients,⁶ especially those who are severely immunocompromised, until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette⁷
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Household members and other close contacts to a laboratory-confirmed COVID-19 case:

- Should remain at home until 14 days after the last contact with the confirmed case
- OR
- If ongoing contact with the confirmed case, should remain at home until 14 days after the confirmed case was “cleared” according to the above criteria.

SURVEILLANCE FOR COVID-19:

The COVID-19 Sentinel Surveillance program is designed to detect community disease transmission based on the framework of the existing influenza surveillance program. HDOH will randomly select influenza-negative specimens and test these for COVID-19. This surveillance is being conducted in

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hec-disposition-in-home-patients.html>

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hec-return-work.html>

⁶ Consideration may be given to not requiring facemask if the healthcare worker is placed on administrative or non-patient care/contact duties.

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

addition to ongoing testing and investigation of prioritized cases. Please **complete all fields on the HDOH influenza requisition form**⁸ (used for both the influenza and COVID-19 surveillance programs) and submit with respiratory specimens collected for a clinical diagnosis of influenza-like illness, to facilitate HDOH's investigations.

This is a rapidly evolving situation. To ensure you are accessing the latest information, please visit HDOH's clinicians' page at: <https://health.hawaii.gov/docd-for-healthcare-providers/news-updates> or CDC's COVID-19 website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

WHEN TO NOTIFY DOH OF A CONFIRMED OR SUSPECTED COVID-19 CASE

Please notify infection control personnel (as appropriate) and DOCD immediately if:

- **You have received positive COVID-19 test results for a patient tested at clinical laboratories**
- **You suspect a cluster of acute respiratory illness in a congregate setting**
- **Your patient is hospitalized with severe respiratory illness, and you would like to request testing for COVID-19 at SLD (Submit a PUI form via facsimile to DOCD at [808]586-4595. Do NOT submit PUI forms directly to SLD; authorization by DOCD is required to prevent your specimen from being rejected for testing.)**

Notification for these scenarios should occur regardless of whether testing is requested from HDOH or clinical laboratories. Suspected COVID-19 is considered an URGENTLY REPORTABLE condition.

If you have any questions or need to report a patient with suspected COVID-19, please contact us at one of the numbers below.

Oahu (Disease Reporting Line)..... (808) 586-4586
Maui District Health Office..... (808) 984-8213
Kauai District Health Office..... (808) 241-3563
Big Island District Health Office (Hilo)..... (808) 933-0912
Big Island District Health Office (Kona)..... (808) 322-4877
After hours on Oahu..... (808) 600-3625
After hours on neighbor islands.....(800) 360-2575 (toll free)

We appreciate your continued assistance in protecting our community.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist
Hawaii Department of Health

⁸ <https://health.hawaii.gov/docd/files/2020/03/Influenza-Specimen-Submission-Form.pdf>