

Update on COVID-19 Video Transcript

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Hello Aloha, and welcome to today's presentation.

My name is Abigail from the Developmental Disabilities Division Training Unit.

And, I would like to express my gratitude to all of you who signed on today, and took time out of your busy schedule.

Before I hand the mic over to our presenters, I have a few quick housekeeping announcements.

First of all, this presentation will be available on our website at health.hawaii.gov/ddd.

Next, to allow for a smooth presentation, all lines will be muted.

In the next few slides, I will be sharing additional features available on today's webinar platform.

So, once again, thank you so much for joining us, and I hope you enjoy today's presentation. Mahalo!

Closed captioning is available for today's presentation.

To enable this feature, first of all, look for your zoom toolbar on the bottom of your screen.

Next, click on the live transcript CC icon.

Next to the icon you should be clicking the little carrot right next to it. Click on "show subtitle".

The closed captions should be enabled on the bottom of your screen.

To disable this feature, go ahead and also click on "hide subtitle".

[Music Playing]

Please note, auto captions will not always transcribe with one hundred percent accuracy.

DDD will do its best and accurately caption the video when the video is posted to the DDD website.

[Music Playing]

For today's webinar, we will be using the chat function to provide you with valuable links and handouts for today's presentation.

Please locate the chat window by clicking on the talking bubble icon which is located in the zoom control panels below.

Next, to allow for a smooth presentation, all lines will be muted.

However, we'd still like to hear from you.

If you have a question for our team, please feel free to send it through our Q&A window — which is also accessible through the zoom control panels on the bottom of your screen.

So, type your questions away, and our panelists will be answering your question at the end of today's formal presentation.

If we don't get to your question during today's webinar, we will be providing you with an email address for you to reach out and ask any follow up questions.

[Music Playing]

Our live webinar will be beginning.

So, without any further delay, let's go ahead and kick things off with our administrator Mary Brogan.

Mary, take it away.

Mary: Good afternoon, everybody! Thank you so much for joining us today.

This webinar, we thought was really an important thing for us to present.

One of the most powerful tools that we have in fighting the pandemic is using accurate and timely information — having access to data and information from trusted sources that is current.

And really, as you know, all of us are watching numbers all the time.

So, data is the way for us to know what to do, and how our community is doing at any point in time. And, it's constantly changing.

So, having the most current and accurate information is really important.

Since the beginning of the pandemic, we (at DDD) have been working very closely with Med-Quest, and with Dr. Curtis Toma.

So, we have been kind of joined at the hip with him around... many of the initiatives since the early days — and in particular... particularly around the vaccination efforts — the mobile vaccination efforts (statewide).

And, that partnership, helped to show us all how important it is to work across different agencies to be able to come to the table and problem solve, very quickly.

And I... we are so grateful of the work of Dr Toma during the pandemic.

So, this is both in his role as the Med-Quest Medical Director, and is also for the for medical resources for you know the overall state efforts in response to the pandemic.

So, I think that Hawaii is truly fortunate to have somebody of his heart... and his smarts... for leading us in these efforts.

We're honored to have him, present to us today.

And then, we'll follow his updates with addressing any questions that you have — that you're put into the Q&A box (down at the bottom of your screen).

And with that, I'm going to turn this over to Dr. Toma.

Dr. Toma: Thank you Mary, doing a sound check...

Mary: You're fine!

Dr. Toma: Okay, great! Well... I really am. Thank you for the time. Appreciate it!

So, the name of today's talk is: "The Delta Makes a Difference. And, COVID update for..."

We did one earlier for Med-QUEST. This one is for a DDD.

The four things we'll talk about is... number one is cases.

So, looking at how Delta's more infectious — spreads more easily than other variants. We'll look at cases.

Second thing we'll look at is... hospital numbers.

So, the data on hospital numbers in Hawaii for COVID.

Third thing is... COVID immunization (itself).

And, the last thing is... kind of going forward.

So... kind of four buckets. There's 18 slides total — so maybe a one or two minutes per slide.

Next slide, please.

So, cases... cases is at the top. This is comparing August 2021 to August 2020.

So, back in August 2020, we had about 220 cases (we were between 200 and 250 at the peak).

Now, yesterday, our 7-day average was 880 cases.

So, it's about four times the level what it was back in August 2020 (so much more cases).

Today was like 860 (I think)... the 7-day average.

And, by the way, I don't look at the daily cases too much.

I look at the 7-day average (because the daily cases fluctuate too much).

In fact, there was a daily case of... like 1800 last week, and that was because of a lag in one of the labs reporting.

So, it was not a true daily kind of 1800 but... like a reporting catch up.

So, cases... four times what it was last year.

Now hospitals... (COVID hospitalizations) — last August we were at 300 for the state.

This year, we're at 430 (as of today... ballpark 430).

So, it's up almost one and a half times what it was a year ago.

For Oahu, we had 250 in [the] hospital last year, and we had 330 today.

So, it looks like it's approaching about one and a half times 2020.

So... the good news is... it doesn't (you know)... even though the cases are fourfold... the hospitalizations are not fourfold.

And then mortality... (the bottom slide) — so far we're below where we were at last year.

But, this is as of last Friday — so each bar is one week mortality.

We'll talk more about mortality in a future slide.

Next slide, please.

[Microphone noise]

So, cases... this graph on the bottom — it's cases per capita by Island.

So, if you're wondering "How are we doing (you know) adjusted for population..." — this graph is it.

So, on the graph (this is the past six weeks)...you can see big island is on the top (has the most cases per capita).

However, little bit of leveling off recently.

Oahu and Maui — we're tracking the same (second highest).

But recently, Oahu just increased the slope up.

So, Oahu is the second highest now... and [it] looks like... closing the gap with the Big Island.

So, it could be that... by next week, Oahu is the highest per capita (not just the highest total cases, but per population).

Maui recently trended down a little bit — so now Maui is third in per-capita cases.

And, Kauai has been the lowest throughout the pandemic.

So, that's how the islands rank up. Now, the percent positive — it's highest for Oahu and Big Island.

So, that's important too... because the cases on this graph only depends on what cases you pick up.

So, if the percent positive is high, you tend to be missing more cases.

There's more than you see on the graph.

But, it does look like the two highest percent positives are the two highest on the graph.

So, it's probably a good reflection.

Next slide, please.

So... cases by age (by age group) — so this is the past (not the past two months).

So, it looks like the young adult group is the highest age group for COVID — followed by children (second), and middle-aged adults (third), and 65-plus (last). And, that really hasn't changed.

We've just had more cases in each age band, but the age band ranking is the same.

But, you can see by far... most of the patients are either young adults now, or children.

Next slide, please.

So... jumping to hospitalizations.

So, this is COVID hospitalizations... over time.

So, state COVID patients in the hospital.

And, you have to be active with COVID to be counted in this number.

So, there's more than this... like... say they recovered from COVID, but they [are] still in the hospital — they wouldn't be counted on this.

Or, if you had COVID in the past... you get hospitalized you're not counted in this. This is active COVID.

So, you can see... (and this graph is 13 months)...

So, it's 400 days. So, you can see on the top right, how steep that slope looks... is kind of scary.

But there's, if you look at the top right corner there's a little bit of leveling off in hospitalizations the past week.

And, then you can see how we peaked at 300 last year for the state, and about... 425-430 today.

So, almost one and a half times. But what's really interesting... if you go down to the bottom graph.

That's the same graph — that's state COVID hospitalizations. But, instead of 400 days or 13 months, it's 40 days.

So, you get a better feel for the true slope of the curve.

Because, the top graph was really... the x-axis was really compressed.

So, this is about 40 days. So, you can see on this one that hospitalization did charge up in July and early August.

But, the last week it's a little bit of leveling off.

So that's, that's a good sign. So, the rate of increase in COVID hospitalization is not as high now.

So that's good news.

Next slide.

So, this is the same. But, instead of state COVID hospitalizations, this is Oahu COVID hospitalizations.

But, [its] almost the same shape — (you know) the past 13 months. You can see the peak we had last August / September, and the peak we have today.

[The] peak for Oahu was 250 last year. We're at about 330 now.

But, same phenomena (you know) — that top graph is 400 days (so that x-axis is really compressed).

The bottom axis is about 40 days.

So, you can see this slope — even on Oahu it's leveling... it's trying to level a little bit.

So... our hope is that (you know) this trend of kind of leveling off in the cases might continue (that's everybody's hope right now).

But, good sign for sure.

Next slide, please.

So, this is Maui on the top, and Big Island on the bottom (the past 40 days or so).

So, the good news is Maui hasn't been that high.

And then, it's come down from high of 40... to about 28 today.

So, not just leveling off, but a little bit of decline in the past week (a good sign).

But, Maui has two things that we're watching really closely.

One is... Maui has the lowest rate of COVID immunizations by Island.

So, at any time, it could uptick again.

The other thing on Maui is... Maui only has one hospital.

So, when Maui ... if they ever get overrun, then there's no place to send the patients.

So... Maui's doing good though (for this week), but being watched very closely.

The bottom graph is the big island, the past month and a half.

Now the big island... there's an error on August 29th (by the way).

So, on August 29th, that big dip — that's not a true dip.

That's a reporting error. I think they accidentally input Maui's number for the beginning of August 29th.

So, right now, there's about 60 — it's in the 60s for the Big Island for COVID hospitalizations and still trending up (not as fast as it was earlier, but still trending up).

So, the big island has a couple of unique features.

One is their the second lowest rate for COVID vaccinations.

So, its slightly above Maui.

But, the big island has some healthcare infrastructure issues in general — even pre-COVID.

So, health care capacity has some limits on the Big Island — with the hospital [in] Hilo, the one in Kona, and a very small one in Waimea.

So, Big Island is being watched very closely — because Big Island is already being stressed right now (at capacity).

And, we'll talk a little bit more about that [in] a future slide.

Next slide, please.

So, this is a summary of what we went over in the last slide. So... back in August 2020, we peaked at around 300 for COVID hospitalizations.

In September 2020, it was on the decline.

Hopefully, we see that this September... but we'll see.

Then, for nine months, Hawaii had the lowest rate of hospitalization (probably in the nation). It was super low for nine months,

And then, in July of this year, we started to uptick — we went from 40 to 120 in the hospital. And then... the lines below is... each week (starting in August 1st).

So, in August 1st, we went 120 to 180.

August 8th — we went 180 to 280.

August 15th — we went 280 to 380.

August 22nd — we went 380 to 420.

And then, this week (so far) we went for 420 to 440.

So, the... the good news on this is that the rate of increase in hospitalization appears to be going down a little bit (or not as steep slope).

So, that's really good news — and it matches what we saw in the graphs earlier (this is just the actual numbers themselves).

At any time, it could go up, but it's a good trend.

Now the numbers itself.... it's really deceiving.

So, if we say the state COVID hospitalizations went up by two, then it might be that you had 50 COVID admissions overnight and 48 discharges, and it'll only go by two.

So, when you hear the news reporter say: "Today the state had seven new COVID admissions"... that's not true, the net of seven was what's reported.

So, you might have had 40 COVID admissions and 33 discharges.

So, just to let you know that sometimes the media reports it incorrectly.

And, you know, right now we're... if you see the red bubble on the graph to the right... that's like, kind of where we're at now.

We have too many patients in the hospital. So, what we did was... that dotted line (the healthcare capacity), we've moved that up (because we brought in some FEMA nurses).

There's about 400 now in the state that came in.

And, there's about 200 more coming in — they're here for two months.

So, that's raised a dotted line up.

So, we're doing better for now, but it'd be really helpful if the COVID cases slowed down and got spread over time — because then it would be less stressful for the hospitals.

Next slide, please.

So, this is COVID hospitalizations by Island.

And, by the way, the pictures on the bottom (the bottom left) is Maui hospital staff.

They were standing outside when... somebody did a fly by to honor the... hospital workers.

The picture on the bottom right is Hilo Medical Center staff, and the middle is Hilo Medical Center.

So, lots of really good work by the hospital staff.

So, for the state we're [at] 440.

Oahu — we are around 340.

So, Oahu's population is about 71% of the state.

Right now, we have about 77% of the COVID hospitalizations.

So, we have slightly more than expected — you know, based on our population.

But, we also have a lot more healthcare capacity on Oahu.

So, like we saw with Queens West last weekend (you know... getting overrun), we were able to shift admissions to other hospitals.

And, also on Oahu we have Tripler — so if the commercial side gets overrun, we can always put in a request to the military to take a civilian hospitalization.

So, there's a lot more flex on Oahu, but a lot more cases per capita on Oahu.

Now, on the Big Island — Big Island today had 64 COVID patients.

They do have 14% of the population... and right now they have 15% of the COVID hospitalizations.

So, the Big Island's... better percentage-wise than Oahu, but the Big Island has very limited capacity.

So, the amount of flex they have... they don't have Tripler.

They don't have other hospitals to transfer to.

So, Big Island's busy pre-COVID — (just in general) with their docs and nurses.

So, Big Island is doing okay... they've got a lot of traveling nurses coming in, but... have to watch Big Island very closely because of their capacity.

So, very, very challenging for the Big Island.

If they stay where they're at now (in numbers) we're okay — because we have a lot of traveling nurses that came in.

But, if it goes up a lot more, it'll be really stressful for the Big Island.

Maui is doing better. So, despite having the worst vaccination rates, and the most outbreaks throughout the year, currently (this week), Maui's not doing too bad.

So, Maui is at 28, they have 12% of the state population, and 6% of the COVID cases.

So, Maui we were watching closely though because one hospital (yeah) — so one hospital gets overrun, then no place to go.

But, currently doing okay. And Kauai (by far) has done the best (probably) during this COVID outbreak.

Kauai has a really strong District Health Officer — it's a local pediatrician Janet Berreman. She's been really proactive in all aspects, really.

Next slide, please.

So, jumping to COVID immunizations. So, COVID immunizations... the state is at 74% for 12 plus. So, I like the 12 plus... column because 12 plus... the percentages are just so much better.

And so, so for COVID immunization Hawaii ranks, top three or four in the nation (in terms of best rates of COVID immunizations).

Now the... flip side to that though is... Hawaii also ranks the lowest in the nation... (the past year and a half) in COVID cases.

So, even though we're the highest in COVID immunization, we're the lowest in terms of per capita COVID cases (the past year-and-a-half).

Of course, it's been high the past month... but year-and-a-half, we don't have too many.

So, when you look at the combination of COVID immunizations and COVID cases, then we're not so high. Because, there's two ways you can be immune, right?

One is you get the vaccine. The other is you had COVID.

So, even though we're high in immunization we're not that high in protected patients.

So, Oahu is that 76%. That's the highest in the state. That's really good.

And, if you look at the urban core of Oahu — which goes from Hawaii Kai to Miliani, then we're super high.

We're like... probably 10% higher (like maybe 86% on average).

So, that stretch... Hawaii Kai, Honolulu... all the way up to Mililani — very high vaccination rates.

Once you go beyond that though — very low immunization rates. So... even lower than Maui.

So, even though we're on Oahu (we say Oahu is doing the best)... it depends what your zip code is... how well your neighborhood is doing.

So, Big Island is doing a second lowest.

But, the Big Island... what they did really well is... they did a really, really good job vaccinating the elderly, the care homes, and the medically-fragile kind of population.

So, their sickest patients... they did really good, getting out to them.

But, in their general population... not so good.

So, Big Island (like Oahu)... the shipment zip codes that are much slower than even Maui... but as an island, they did better than Maui.

And then, Maui has the lowest immunization rate (as an Island).

And, then Kauai is second highest.

And, the areas that are low in vaccination are rural — the further you are from Honolulu, the lower the rates.

The further you are from Hilo... the lower the rates.

And, if you're low income...

If you're low income, Medicaid, or poverty, then the chances of you being unvaccinated is much lower.

So, even in high vaccinated areas (like Honolulu)... if you go to... (like) pockets of Kalihi, or where the community health centers are.

They have very high-percent positives, and very low vaccination rates in the communities.

Also, if you are Native Hawaiian (for whatever reason)... Native Hawaiians did really good with low COVID hospitalizations, low COVID rates (back in 2020).

But, in terms of immunizations, Native Hawaiian & Other Pacific Islander is low.

So, all of a sudden this year... they're higher (in terms of cases and hospitalizations) — which they were not last year.

And then, age is another trend.

The younger you are... the more likely you are to be unvaccinated.

Next slide, please.

So, this is something I put together... just to show a visual of... if you're vaccinated or unvaccinated, what's your chance of going to the hospital.

So, if you're unvaccinated (which is the big green bubble, top-left)... that's 76% of Oahu.

Now, that population makes up about 10% of Oahu's COVID hospitalizations.

Now the interesting thing about that is that... that big green bubble, it includes... all of the elderly, and all of the medically frail... population that get immunized.

So, that's a group that normally goes into that hospital, or normally make up the blue bubble anyway.

So, it's... amazing that the blue bubble is so small compared to the... pool of patients.

Now, another interesting thing about the blue bubble... that little blue bubble... that's vaccinated patients that end up in hospital.

Half of that blue bubble comes from a very, very small population of 3% of our population that's immunocompromised.

So, this is the group that's transplant, or you have cancer, you had chemotherapy, but you have some severe immunocompromised condition (beyond say... like high blood pressure, diabetes) — but a really kind of severe immuno-compromised condition.

Now, if you're in that 3% of the population, you make up 50% of that blue bubble (which is amazing to me).

So, that's why the CDC... they allowed a booster shot for that group (the immuno-compromised group).

So, if you take out that immuno-compromised group, then that blue bubble would be half the size (which is 5%) of the hospitalizations (which is amazing).

Now, go down to the red bubble on the left.

That's unvaccinated on Oahu, 24%.

They make a 90% of the covered hospitalizations.

And, what's really fascinating there... is that little red bump on the left... that includes the vast majority of their healthy population.

Middle aged, young adult... people that don't normally end up in hospital are all of a sudden making up 90% of our hospitalizations.

So, that's just a visual to kind of... we hear of these things in the media... but to see a visual... is helpful.

Next slide, please.

So, this is COVID vaccination by geography.

So, this is zip codes.

So, your chance of getting vaccinated depends on your zip code (interestingly).

So, on Maui, even though they have the lowest vaccination rate by Island, actually, they don't have too many zip codes that are low.

So, Maui's low area is Haiku.

That runs from Kahalui to Hana. But, otherwise Maui as an Island... doesn't have too many areas that stand out.

Now, contrast that to the Big Island — Big Island has a higher rate of vaccination than Maui.

But, there's huge areas that are much lower than Maui.

So, you can see the entire Puna district (kind of South of Hilo)... low un-vaccinated.

Then the entire Kau district.

You go volcano, Pohala, Naahelu — all the way to South Point Ocean View — all really low vaccination.

And those... so dark is good, light is bad.

So, those later green areas that's less than 35% vaccinated — which is amazing, right?

Because, you think of Honolulu we're (like) probably 85% in an urban core.

So, South Kona is also low.

And then, Hilo, Honokaa pretty high.

Parts of Kohala pretty high.

But, large areas of the Big Island are low, and that kind of correlates with the hospitalization we're seeing at Hilo and at Kona, you know... they're probably coming from these lower vaccinated areas up to the hospitals.

And then, we go to, Oahu.

This is a nice visual of a high vaccination rates going from Hawaii Kai to Mililani.

But you go past Mililani — Wahiawa, North Shore, low.

Also, Hauula on the Windward side, low. But Kaneohe, Kailua, high.

Then you go further out... west.

Ewa Beach and Kapolei — interestingly... you're really low.

So, that's despite having a lot of middle class families there yeah.

And then, you go to Waianae. Waianae is low (a lot less than 35%).

So, that matches what you've been seeing at the hospital unit.

You know... Queens West, they got over run last weekend. It was in the media... they had to... transfer patients and go and divert.

That's a lot of patients coming out of the low vaccinate areas — Ewa Beach, Kapolei and Waianae.

So, it's following the vaccination trends, for sure.

Now, also, what you can't see is that dark green good vaccinated area, all through Honolulu.

It doesn't separate out by income — so if you look at by income, and probably by Native Hawaiian/ Other Pacific Islander, then it will be low.

So, like parts of Kalihi, and parts of the community health centers in town, they sit in areas that are very high COVID rates, very low vaccination rates.

But, they're kind of hidden — because [the] population is so high in Honolulu.

Okay. Next slide, please.

So, this is mortality.

Top chart is the state, middle chart is Oahu.

And, you can see — this is the past 13 months.

So, you see the bump that we had last August / September was in the 30s per week (each bar is a one week mortality). So... last year we had in the 30s dying per week in September.

This year... so far it's been in the low teens.

But, coming up this Friday, the weekly report... it'll be high (because we had some deaths this week).

So, it'll probably look like last September / August.

That may be in the 30s (is my guess).

But, we'll probably stay there.

My hope is that we'll kind of look like we did last year... not go higher... for mortality.

The other interesting thing about mortality is... COVID mortality only makes up a subset of all mortality.

So, how many people... died the past thirteen months? It's about 1000 per month.

So, we had about 13,000 deaths expected (the past 13 months).

That same 13 months, we had 600 COVID deaths.

So, COVID deaths make up about 45% of total deaths in Hawaii.

So, COVID deaths make up only a small percentage of the total deaths in Hawaii.

And, if you are vaccinated, you're a much smaller part of that 600. It's currently single digits.

So, if you are vaccinated, your chance of death is lower from COVID than from being in a car accident.

So, typically, a car accident might be 100 deaths a year (on average).

So, that's not to take COVID lightly.

You should still respect COVID, and do all your precautions.

But, you shouldn't spend your time in fear of COVID.

Don't worry, you're not going to die of COVID

So, you shouldn't be worried about that on a daily basis.

But, you should still do your part in all the precautions — because some people will die.

Okay. Next slide, please.

So, this is children. So, the light blue is all cases (adult cases), and the dark blue is children cases.

So, the important point is... children cases (the amount of kids that get COVID) is a function of the total COVID population.

So, in all states, all counties... the amount of children that get COVID, it's reflected by the amount of adults that have COVID.

So, whatever your population is... then the children will be a subset of that.

Next slide, please.

So, [the] picture on the top-right corner — that's a sign at a New Orleans Children's Hospital.

And, the sign says: "Employees must wipe away tears before returning to work."

And, that was such a sad sign.

But, I think that sign is for two reasons.

One is because... you have to focus on the work at hand — you have to focus on what you have to get done.

You don't have time to be thinking of those type of things.

But, the other reason is... they don't want people crying so much because you could be infectious too (is my thinking).

So, this is a sign on the bathroom door at Children's Hospital in New Orleans.

So... New Orleans... rough month because they had even more cases than Hawaii. And, they had the hurricane. So, rough times for them.

And then, that bottom picture... is just a picture I got, if you Google "children COVID hospitalizations".

But, it's an important picture, because... for kids... when they go to the hospital with this, it's really hard for kids.

Because if you look at the workers... the workers are in mask — their face shield, gown, gloves, and they're coming at you.

It's almost like a monster just coming at you, right (if you're a kid)?

And, our normal reflex is to smile at kids, and have them smile back.

But, you can't really do that when you're in COVID — because you have to have all these precautions.

So, the kids... they can't see you, and you can't... They cue off non-verbal, right?

So, it's hard for the kids. And, you got to put an IV...

You gotta put in, you know... do all kinds of stuff like... this guy's suctioning.

And so, it's sad... when kids get hospitalized for COVID.

Now, 1% of children... end up in [the] hospital (on average). This is in Hawaii.

And, many other states is about there.

So, this is 1% of the COVID cases.

So, if we have 500 COVID cases in children this week, then we would expect five cases at Kapiolani this week.

So, it's purely a function of a percentage of the kids that have COVID.

Now, the number of kids that have COVID depends on two factors.

It depends on the number of unvaccinated adults in your community.

And, it also depends on what type of government restrictions we put in (like shutdowns and things).

But, that's really it.

So, those two factors determine how many kids are in a hospital.

You know, of course, families can do more — like you can vaccinate your adults, bubbling the kid...

But really... it'll just... the number of kids who had COVID would determine the number of hospitalizations with COVID.

And, that'll be determined by the adults that are unvaccinated.

So...

So, if I was a unvaccinated adult, and I was a anti-vaxxer... I would get vaccinated.

Because, it means that less kids would get COVID.

That would be my personal choice (that I would choose).

And, that's what I would hope some of adults would choose — not for their own belief... but to protect more kids (yeah).

So, the quote on the bottom is a statement by American Academy of Pediatrics Infectious Disease Group (this year).

And, their quote is... "Kids don't tend to drive what's going on... they tend to reflect what's going on in the surrounding community."

So, children are just there. They just do what you normally do.

And, the amount of kids that will get sick — it just depends on how widespread COVID is in the community.

And, then on that line, there hasn't been that many kids getting COVID at school from other kids — some of it has been through staff or outside of school.

So, just as an FYI.

Next slide, please.

So, this was an interesting... article... that was written by a developmentalist named "Wendy Ross".

And, she's a pediatric developmental [Doctor]... she writes really with great clarity.

And, she writes from the perspective of the patients. So, I'll read... the last... just the last two paragraphs of that article.

She said, I'd like to imagine a different story for Sarah.

This is that ID/DD patient that was in hospital.

Perhaps she never gets sick — because she's prioritized for vaccination — which... we did in Hawaii (thank God).

If she does get hospitalized, instead of having... to just use words, she's given pictures to help her show where she feels pain.

Also, one of her parents is allowed to accompany her... to the hospital (easing communication with medical staff).

When Sarah is discharged, she receives a care plan she understands that is designed to prevent a possible quick return to the hospital.

Knowing that their smiles may not be detectable... to Sarah beneath their mask.

The discharge team tells her what a great job she's done in handling this very difficult situation.

So... DDD much like children... yeah?

They just... poor think for those guys.

So, just perspective of a DDD patient.

Next slide, please.

And, I did want to highlight some of the... really positive things that DDD did this year that was really kind of a shining beacon during the COVID crisis. But...

One of the things that DDD did was really, really helpful is really proactive with COVID immunization (in terms of group homes, care homes, DD homes) — like just, you know, organizing... (you know) all the rosters of patient contact numbers... getting education out, scheduling. And, really great work by Sandy Kakugawa's team, and Mary Brogan in kind of organizing that.

So, strong work.

A lot more lives would have been lost without that project (I'm sure).

Also, DDD's been pretty successful, (maybe more than other groups) in terms of getting PPE from Department Health and HIEMA.

So that's, you know, kudos to them.

Also, the educational materials, was really good.

So, what we did for Med-QUEST is we scanned all kind of different areas.

And, even HIEMA... we scanned like different handouts, flyers, education materials that went out.

And, in the end, what we found out was that the DDD handouts were the best handouts — so that's the ones we ended up using (even for MedQuest).

And, our homes was... and DDD... they just seem to have expertise in messaging, right?

I guess because they're just good at it. So... good materials came out of DDD.

Some contact tracing efforts through DDD... you know we... we were obviously behind with the state efforts and contact tracing... so lots of things have to be done outside of DOH now.

Some good capacity there.

Some good educational sessions, you know... opportunities like this, and within DDD.

It's been helpful.

Also, the clinical consults with your medical doctor is really helpful. So...

Not just did Dr. Ryan Lee head the Windward COVID vaccine efforts... but having a pediatric neurologist is really, really helpful in understanding how sick some of our population of DDD can get. So... it's really helpful to have Dr. Lee.

And then, we're hoping to do some work going forward with something called monoclonal antibodies.

And, we can talk a little bit more about that, under the Q and A (if [you are] interested).

And, DDD did some good work in transitions in and out of the hospital, and two different programs. So... the last point on this slide is that... (and this comes from a New England Journal article) is that intellectual disability is the strongest independent risk factor (other than age) for COVID-19 mortality.

And, that's from a New England Journal Catalyst article (March 5, 2021).

So, if you're looking for a really quick read that has a lot of data — that's a really good reference there.

And, what catalyst does is... New England Journal... they do a lot of hard science articles —but the catalyst version is more practical implications for policy and for hospitals.

And so, it's kind of... the New England Journal Catalyst is kind of the practical version of New England Journal of Medicine.

And, I think we're almost done.

Next slide, please.

Okay, this will be the last slide. So... the last slide is...

Don't fear COVID, but respect it.

You know... you can think of the mortality... slides that we went over and... (you know) don't spend your time in fear with COVID, but respect it.

Think of it like driving a car, right?

There's certain things you cannot do when you drive a car like... speed excessively, drink and drive...

So, same with COVID — just certain things you have to do.

But, don't dwell on it.

We don't think every day... I'm going to die in a car accident (you know). But, take your precautions seriously.

So, the state... you know... one of the messaging that came out of Libby Char (and always really clear messaging... and, she is an ER doc, so her messaging tends to be really clear)... is that we cannot be all things for all people.

We just cannot.

So, she mentioned the four kind of buckets they have to take care of the... one is contact tracing, two is isolation / quarantine, three is COVID testing, four is COVID vaccination.

And, each of those four buckets is stressed right now.

So, each group has to step up. Each group has to be accountable. Each family has to do more (is her message).

So, that's good... because that's clear, and that kind of tempers expectations.

But, having said that... I do believe that... entities like DDD, like Med-QUEST, (you know) like DHS (like the safety net kind of providers)... we can do some more.

So, we can be some things to some people.

So, don't be overwhelmed, but we'll do what we can (both at work and at home), you know with your relatives and neighbors, but there are some things we can do. So, that's what we shoot for.

And, one of the really memorable quotes that I had this week was from our public information officer.

We were on a call. And then, she entered the call as well.

Hope is on the horizon. So... in all the work that you do at DDD — we are the hope on the horizon. You are the hope on the horizon.

So, you have to step up.

We have to step up.

Med-QUEST has to step up.

So, we have to do a little bit more.

Because, the state's message from DOH is: "We cannot be all things to all people." So... we find [the] kind of areas that are left behind and kind of step up (you know).

So, also remember to stay home, not just if you have COVID, but also if you might have been exposed.

if you might have symptoms, then [plan] to stay home.

And then, think about (you know), these under-served populations (like DD, like children), and how we can step up.

We do have some progress on quarantine and isolation. So... on the isolation side, we were able to secure one more hotel.

So, the capacity is up a little bit.

The vaccinations are up quite a bit.

The past... that's the silver lining to the pandemic is there's an uptick in vaccination. So, that's good!

There's lots of groups like the community health centers (or we call them FQHCs) that are really stepping up... doing more COVID testing, doing more vaccines.

And, those groups are really stressed with staffing but they're really stepping up... answering the call.

So, I just want all of you to know that there are many many groups that you don't see in the news that are really stepping up.

When I watched the news, (you know) it feels like everything's falling apart.

But, it's not falling apart.

There's like entities that are rising to the challenge.

And, as you mentioned, there's more placement options now for isolation (still a shortage).

The state is still recommending "isolate in place," but there are some capacity building.

And, I think that's all I had Mary... for my presentation.

Mary: Thank you Dr. Toma. I think that... Cliff is going to moderate the Q&A.

Cliff: Aloha, thank you, thank you! We want to... give a big Mahalo to Dr. Curtis Toma for sharing his time and update on COVID-19 here in Hawaii.

I will jump in. I want to encourage everybody to use the Q and A (should you have any questions).

We do have some time. So, go ahead and ask your questions. Use the Q&A... function, and we will get down to the question here.

First one here is... "What response would you suggest to give to a person says that they do not need to be vaccinated (because they're already got COVID)?

[No Audio]

Mary: Dr. Toma, can you take that one?

Dr. Toma: OK... sorry about that.

I was just on mute,

But... yeah. So, for Christine's question... it's probably good to acknowledge that... "yes, if you had COVID you have some antibodies to COVID."

But, if you get the vaccine, you have much more antibodies to the COVID disease. So, you have much more protection.

You can get COVID again.

It's true that you can get COVID again (if you're vaccinated also). But, if you had COVID, you can get COVID again. There's different variants... now.

So, I would still recommended it.

Over...

Thank you Dr Toma. I'm going to jump around. I'm going to look at this last question — because it's kind of similar.

From your professional standpoint... how would you advise speaking with a legal guardian who was against having their family member vaccinated?

Dr. Toma: Ooo... tough one. So, I would just focus on the... advantages of getting vaccine. So, I wouldn't argue what their side is... I would just argue... the advantages side. So, if you are vaccinated, then you're less likely to get COVID.

If you are vaccinated, then you're less likely to get severely ill from COVID.

If you are vaccinated, you're less likely to get in the hospital from COVID.

So, those are points that we do know.

And then, also, I would focus on a patient. So, if the patient is a DDD patient, then they already have a risk factor to get more severely ill from COVID.

And, if the patient has DD and another medical condition, then you have two risk factors already.

Now, if you're a DDD patient... you're... you have three times the risk of the general population of ending up in the hospital (if you get COVID).

So, you're more likely to end up in hospital (if you have COVID).

You also have six times the risk of mortality than the general population (if you're DDD patient).

So, I don't know if the caregiver knows that part. Then, it would be a more informed decision.

Cliff: Thank you, Dr Toma.

Okay.

Dr. Toma: And, if you want more detail on this... on the data behind that... it's in that 1 New England Journal article I cited earlier (in the PowerPoint).

Cliff: OK, thank you Dr Toma.

We have a couple questions about booster shots.

So, first one is "Is a booster shot recommended for those who are not immunocompromised. And if so, when will the booster be available to the general public?"

Dr. Toma: Ahh... you know... I'd have to double check on that, but I do know that the early thought is that... boosters would be recommended for the elderly (eight months after their second shot).

So, I don't know if this guidance is going to change. It's not formal guidance yet from the CDC.

But, they're... they're thinking about eight months, and they might move that timeline up.

So, for us... for the... group that did the care home project, we're thinking around mid-October, we're going to try to repeat that run for the booster.

But, we don't know a lot of other detail besides that right now.

There's more detail forthcoming on the booster.

Cliff: And, likewise, I think of more information is upcoming. So... person who asked about additional information... COVID-19 booster shot... what is it, who is eligible, how to register for the shot, standby, more information will be coming (yeah). Great question.

Next question is: "How long... (sorry kind of moved here) how long is the Delta surge anticipated to last... and has Hawaii reached the peak of the Delta surge?"

Dr. Toma: You know, honestly, we don't know. But, I can tell you this... (you know) in other areas that... had the Delta surge come through (like in India and Europe), then... they were looking at kind of five weeks of a steep rise up, and then five weeks of a kind of a decline in cases.

And then, maybe a couple weeks at the top. So, I do know this... that the rate of increase of our cases... the slope is decreasing.

And, same with the hospitals even... the slope is decreasing. So, unless it picks up again... it looks to me (and this is just my personal opinion) that we might be approaching that peak (is my guess, you know).

Cliff: Thank you, Dr. Toma.

Umm... let me see here. Question from Lae: "We understand that we cannot require Waiver participants to get vaccinated... but many providers are requiring [that] staff get the vaccine. How would you recommend we respond to the staff who argue that our participants are putting them at risk?"

Dr. Toma: I would argue that its the opposite. Like... the participants are just there right?

So, it's usually (like with children)... it's usually staff or someone going in and out that's (kind of) bringing it to the participants.

But, you know, Lae that reminds me of another question that came up was... "What if the patient's... family is unvaccinated, and they want to take the patient home, right? Then, what do we do?"

So... I think I would be... more worried... if the patient was unvaccinated (the ARCH resident) was unvaccinated, and they were going home.

I would be less worried if they already had COVID, and they were going home to the family unvaccinated... coming back to the ARCH home.

Is another... Sorry, Cliff. I just remembered that Lae had asked that question earlier offline. So... Just answered that one.

Cliff: Thank you, Doctor!

Um, let's see here.

Is it true that fully-vaccinated people are... less likely infectious, or likely less infectious for less time than unvaccinated people?

Dr. Toma: Yeah, that's the assumption. We don't have a lot of studies on that.

But it... that assumption makes sense to me — because you're less symptomatic, you're less ill — so you tend to shed less virus.

And, you tend to spread less virus (like coughing and sneezing).

So, there's... if you look up good articles on how much less... infectious you are... there is no good evidence yet. I think a lot of it will be retrospective. But...

But, it does make sense to me that you are less infectious.

And, that's probably going to be the case with evidence (kind of holding out later on).

Cliff: Okay. Thank you Dr Toma. I know, we kind of... kind of mentioned about standing by and getting more information regarding the boosters. But, I wanted to ask these questions here.

Are the booster shots necessary for everyone, or just the people with underlying health conditions?

Dr. Toma: Yeah... so right now, the booster is just that (you know) severely immuno-compromised group.

I think, in the very near future, they're going to add like... elderly and children conditions.

And then, even later down the line they might recommend a booster for everybody in general (a third shot booster).

But, that's not recommended yet. But, it's probably coming.

Cliff: Okay, great questions! And, thank you for answering Dr. Toma.

One more question here. "We have a person who is fully-vaccinated can get COVID. How would that person know? What might be the symptoms?"

Dr. Toma: It varies... so you might not know. So, I think that's... that's actually happening.

Like... people were... because you get less sick, you might not even know you have COVID. That's true!

That's why... you should still do all your precautions (you know)... like the mask and the distancing — when you're... especially when you're around other people who might be medically frail.

But, we do think that... most of the spread in the community is from the unvaccinated... because you tend to be more symptomatic.

But, can you get it if you're vaccinated, and can you spread it?

The answer would be yes. You'd have to say "yes".

Cliff: Thank you, Dr Toma.

Now, the question we have here is: "We have [an] unvaccinated participant... who goes to family home every once in a while. What can we do... because every time he is putting the other participants in the group home at risk (probably)?"

Dr. Toma: That's a tough one. I don't know what the answer to that was.

But I was thinking to that scenario earlier, and I couldn't come up with a good answer.

Of course... the best answer is... if you can convince either the patient or the family to get vaccinated, but I'm sure many people have tried.

Yeah... sorry. No good answer [for] that one.

Cliff: The question we have here: "Why do they include previous days number counts to daily number counts?"

Because of glitches in the count system.

It's just alarming when you see a number in the... (I guess)... over thousands.

Dr. Toma: Yeah... I agree. I feel the same when I see those numbers. But... what I was told was that it was like a technical error in reporting from one of the labs.

So, it's like one lab that went over multiple days... then (kind of) that batch correction came in.

Cliff: Thank you.

Dr. Toma: That's why you would recommend not paying too much attention to the daily counts... and kind of looking at the 7-day average trend line.

Cliff: That's a good tip! Thank you, Dr Toma.

How do we know that the spread is occurring from residents (rather than tourists)?

Dr. Toma: How do we know? You know... I don't know. I don't know the answer to that.

[No Audio]

I think... I think just adding on to that question... I know a lot of unknown.

It's hard to kind of tell... but especially since tourists or returning residents who traveled to the mainland are from states with [a] high number of infected individuals. Yeah, yeah...

I know it's hard... yeah.

Dr. Toma: I do know that when they did the contact tracing earlier, and they did (kind of) look backs... then, the vast majority were... we had much more residents returning home spreading... than visitors spreading.

So, they did that through... kind of contact tracing our friends.

They also test travelers — either you test or get vaccinated before you come in.

But, you don't have to do that as a returning resident.

Cliff: Ok... thank you, Dr Toma.

Now the question here... we do have: "What time frame would you recommend for someone to quarantine after returning from travel to the mainland?"

We hear varied recommendations from 10 to 14 days. Some argue that if vaccinated... it is okay to resume normal activities or interaction the day of your return.

Dr. Toma: Yeah...

I think the general recommendation is 10 days (instead of 14 days).

And... I don't know what the official DOH policy is... if you've been vaccinated.

If you've been vaccinated, you're very unlikely to catch and spread COVID (when you returned from a trip).

Cliff: I'm just going to jump around... ask this question: "Is CMS DHS MedQuest and or DOH-DDD considering mandating vaccines for direct support professionals?"

Mary: Maybe I'll jump in on that one, because I was on a call with CMS yesterday, and asked that question, because... I just want to clarify... because so many have asked me that. And, CMS... which we would follow because we're a Medicaid program (as is DHS), we would take our... direction / our guidance from CMS, and also, Office of Civil Rights, and they (as of this time) have not issued any kind of mandate... for direct support professionals or.... participants in our program.

I think that what exists currently is the employer / employee relationship between... an employer or an agency, and their worker. And, that's where the authority lies to be able to mandate.

But, we wouldn't mandate. We would defer (for their workers) to the program itself.

And, that authority, I'll leave the... it does not exist for participants as a condition to receive care and benefit services.

Cliff: Thank you, Mary.

Mary: Mmm... hmm.

Cliff: Thank you.

Next question we have here: "If a person happens to be positive with COVID, and they aren't able to isolate (due to their current living situation), are there places for the participant to go in isolation (for example, like quarantine hotels)?"

Dr. Toma: Wow! Who asked that question?

Cliff: It is anonymous. [Laughing]

Dr. Toma: That's been a really hot topic. So, we've been in (really) a lot of dialogue with DOH on this.

Because, if you remember, one of the slides we had was... DOH position was... we can't be everything to everybody, right now... right? There's.... we don't have the capacity.

And, then we came back with... we need to do some things for some people. And, that was one of the topics was... you know...some people just don't have places to isolate.

And, the assumption that everybody at home is going to get sick anyway.... just leave them at home — is incorrect (I think) for some of our homes that have high-risk individuals. I think we can catch it early enough.

So, that's an area that we're working with DOH... to try to increase capacity — at least for... selected populations.

But, it's going to be unlikely that... (for general population / healthy homes) we'll find hotels to take them right now.

Cliff: Thank you!

Mary: If I could just tag onto that... when the isolation or quarantine hotels was available previously... a barrier that we ran into is... a lot of them that were available.... did not have wheelchair access (which we know many of our folks need) or personal support (you know, allowing another person to come with them).

So... that would be something you would have to talk about on a case-by-case basis, because... so many of our people will not be able to be isolated by themselves.

Dr. Toma: Yeah, but you know, Mary, if... you and Ryan want to work on that... like, trying to get like a selected population in and the criteria and things, and... maybe we could work on that, and present something to DOH.

Mary: OK.

We will do that. [Laughing]

Thank you.

Cliff: [Laughing] Thank you! Thank you! And, hopefully... (we saw your comment Dr. Lee)... as you continue to work and discuss, you know, we get a plan together... yeah. So, thank you so much Dr Toma!

And, thank you Mary, for sharing.

Another question we have here... and I'm trying to be mindful of the time (we have about four more minutes or so).

Would you suggest that vaccinated... participants may want to move (if they want to move) to another residence or another place... is it okay to do so if a person is unvaccinated, or what... would you suggest there?

So, if a person wants to move because a person is unvaccinated...

Mary: I think that... that person who is vaccinated and wants to... change residents.

That would be a discussion with their team or their case manager — because we do things based on choice (as you know).

So, unless Sandy has anything to add to my answer, I think that... our recommendation is to bring that up with your case manager.

Ann, you have anything?

Ann: No, nothing else to add.

Mary: Thank you!

Cliff: Mmm... hmm.

Ok... thank you!

As hospitalizations, seem to be declining, is it safe to assume that surgeries that were cancelled due to [overcrowding] or unavailable ICUs within the past few weeks will be... rescheduled soon? What happens if hospitalizations don't go down? Do these affected patients continue to just wait?

Dr. Toma: Yeah, that's a really good question! So, I don't see the hospitalizations going down... but it might be leveling off (the slope is decreasing).

So, I don't think the hospitals will be so quick to add on what's called "elective surgeries" yet.

A lot of them are on hold. It is unfair for all the patients waiting for elective surgery.

And, elective surgery is not what you're thinking. It's not a knee replacement / hip replacement.

It includes like... taking a tumor out for cancer.

So, elective surgery is anything you schedule for surgery. So, it is true that people also die waiting for care right?

Like cancer patients... you don't even know you have cancer unless you take it out. So... so they're... they're probably still on hold.

They could probably still be on hold for a little while longer.

Cliff: Thank you Dr Toma.

Now the question we have here... "Are all facilities or test centers required to report test results to the state?"

Dr. Toma: So... yes and no. So, that most of them... all the PCR is (you know, the swabs they get sent out to the lab) — those get reported.

But, some of the point of care antigen testing does not get reported.

So, that's... that is a gap area.

So, some of the big... large scale places that did antigen testing (like at Aloha Stadium where the city did some testing)... they would screen a patient... may be positive, and they would say: "Go see a doctor. Get another test to confirm."

So, if they never showed up with their... then they were missed in the counts (some of these tests).

Cliff: Thank you Dr Toma! We're hitting three o'clock. I'm going to ask one last question here.

Is it true that the longer we stay in this pandemic, more mutations may form.

And, the best way to deal with this is to vaccinate.

Dr. Toma: Yeah, I mean I have heard, Sarah Kimball the doc. Doc DC that yeah if you vaccinate enough, then you decrease the opportunities to get new variants.

And so, yeah... the short answer... I would say "yes, it helps".

Cliff: Thank you Dr Toma! We're at three o'clock. I want to just turn this back over to Mary (as we close this webinar off).

And again... thank you Dr Toma! Eric?

Mary: Yeah... thank you! When we started the Q&A, I only saw three questions, but I guess people thought about their questions as we went along.

And, we're sorry that we couldn't get to all of them. I think that some of them (like the legality of asking somebody if their vaccination is [current])...

I think... you can Google that, and there's a lot of information about... if you have a legitimate business reason to ask about status, and how to limit your questions.

So, with that, thank you so much for attending!

We hope to maybe do an update that has better data... in the weeks or months to come. And, just very pleased that so many people attended, and... are interested in learning more information... about the pandemic.

I think this kind of dialogue is going to help us all to be able to meet with correct information.

So, thank you everybody!

Bye. Thank you, Dr Toma!

Dr. Toma: Thank you.

[No Audio]