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

When requesting COVID-19 testing at SLD, <u>complete the Person Under Investigation (PUI)/Case</u> <u>Report form² and fax it to the Disease Outbreak Control Division (DOCD; 808-586-4595)</u>. 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 <u>COVID-19</u> is considered an URGENTLY REPORTABLE condition.

The Centers for Disease Control and Prevention (CDC) now recommends collecting <u>one (1)</u> <u>nasopharyngeal swab (NP)</u>. 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. <u>Mildly ill patients without risk factors for severe disease³ from COVID-19 infection</u> <u>should be encouraged to stay home</u> 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 <u>optimize PPE use</u>, please consider implementing

In reply, please refer to: File:

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

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

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

MEDICAL ADVISORY: UPDATE #6—CORONAVIRUS DISEASE 2019 (COVID-19) MARCH 18, 2020 Page 2

<u>administrative and engineering controls that reduce the need</u> 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), <u>isolation⁴ should be maintained until</u>:

- 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).

<u>Healthcare workers</u>⁵:

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 <u>randomly select</u> influenza-negative specimens and test these for COVID-19. This surveillance is being conducted in

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

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

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

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

MEDICAL ADVISORY: UPDATE #6—CORONAVIRUS DISEASE 2019 (COVID-19) MARCH 18, 2020 Page 3

addition to ongoing testing and investigation of prioritized cases. Please <u>complete all fields on the</u> <u>HDOH influenza requisition form</u>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: <u>https://health.hawaii.gov/docd/for-healthcare-providers/news-updates/</u> or CDC's COVID-19 website at: <u>https://www.cdc.gov/coronavirus/2019-ncov/index.html</u>

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)	
Maui District Health Office	
Kauai District Health Office	
Big Island District Health Office (Hilo)	
Big Island District Health Office (Kona)	
After hours on Oahu	
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 <u>https://health.hawaii.gov/docd/files/2020/03/Influenza-Specimen-Submission-Form.pdf</u>