



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

In reply, please refer to:
File:

May 1, 2020

MEDICAL ADVISORY: UPDATE #11—CORONAVIRUS DISEASE 2019 (COVID-19)

Dear Healthcare Provider,

As of April 23, 2020, 601 cases of COVID-19 had been reported to the Hawaii Department of Health (HDOH). Just over half (52%) were male, and the median age for all cases was 47 yrs (range 0–96 yrs) with only 17 (3%) being pediatric cases. Sixty-seven (11%), all adults, required hospitalization; 13 (2%) had died. Considering all 16 persons who have died to date, somewhat more (63%) were male compared with all cases. Those who died also tended to be older (median 75 yrs, range 50–89 yrs) with 75% having some comorbidity.

For the 601 cases, the most common symptoms noted among adults included cough (77%), fever (70%, subjective and measured), and myalgia (55%). Chills, shortness of breath, rhinorrhea, and various gastrointestinal symptoms were also reported to lesser extent, and 15% reportedly had no symptoms. Anecdotally, loss of smell and/or taste have been reported among some cases; these and other subtle symptoms are being investigated. Among the elderly, in whom symptoms may be subtle, we observed reports of altered mentation and decreased activities of daily living. For pediatric cases, symptoms were often mild and sometimes absent (29%) with cough (67%) and rhinorrhea (58%) most commonly reported, and fever only noted in 44%.

TESTING

COVID-19 activity in Hawaii has markedly decreased,¹ but a low level of community transmission continues. Please remain alert and consider the findings above as you assess your patients to determine whether they should be tested. To further assist you, please refer to the Centers for Disease Control and Prevention (CDC) updated priorities² for testing patients with suspected COVID-19 infection. The diagnostic test of choice for acute COVID-19 is RT-PCR.

High Priority

- Hospitalized patients
- Healthcare workers, workers in congregate living settings, first responders **with symptoms**
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with symptoms**
- Persons identified through public health cluster and selected contact investigations

Priority

- Persons **with symptoms** of potential COVID-19 infection, including fever, cough,

¹ <https://health.hawaii.gov/coronavirusdisease2019/what-you-should-know/current-situation-in-hawaii/#epicurve>

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

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shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat

- Other groups or persons prioritized for testing as part of public health investigation or surveillance activities

When sending specimens to the clinical laboratories, clearly indicate the priority group on the laboratory request form sent with the specimen (e.g., symptomatic healthcare worker).

Note that while a variety of serologic tests are now available on the commercial market, the performance and interpretation of these tests as well as immunity after infection are not yet well defined. **Serologic tests should NOT be used for patient management (e.g., for acute COVID-19 diagnosis, release of persons from quarantine, or return-to-work clearance).** An unreliable test result may lead to further spread of disease in our communities.

Testing at the State Laboratories Division (SLD) supports public health investigations and surveillance activities with emphasis on vulnerable populations and includes:

- Residents or employees of congregate settings that serve vulnerable populations (e.g., long-term care facilities, assisted living facilities, residential care homes, homeless shelters, residential treatment facilities)
- Persons involved in front-line COVID-19 response efforts (e.g., emergency medical services, law enforcement, firefighters, public safety workers)
- Close contacts of a confirmed case (Note: not all close contacts of confirmed cases require testing if results will not alter clinical or public health actions)
- Persons identified through COVID-19 cluster investigations
- Persons with suspect COVID-19 identified through airport screening
- Hospitalized patients with suspect COVID-19, if clinical laboratory testing is not readily available

Submit a PUI form (<https://health.hawaii.gov/docd/files/2020/01/Hawaii-PUI-Form-nCoV-2019.pdf>) via facsimile to the Disease Outbreak Control Division at (808) 586-4595 to request testing at SLD.

SENTINEL SURVEILLANCE

The Sentinel Surveillance program is designed to detect community spread of COVID-19 and is based on the framework of the existing influenza surveillance program. To provide an accurate indication of community spread, it is critical to have sentinel providers in all areas of the state. Data reported by sentinel providers will provide a picture of COVID-19 activity in Hawaii. Interested primary care clinicians should please visit <https://health.hawaii.gov/docd/for-healthcare-providers/influenza-information/influenza-like-illness-ili-outpatient-surveillance/> for more information on becoming a Hawaii Influenza-Like Illness (ILI) sentinel provider.

DISCONTINUATION OF ISOLATION FOR PERSONS WITH COVID-19

Recently published data³ and experience illustrate that while SARS-CoV-2 can be detected by

³ Wölfel et. al., Nature, 1 Apr 2020, doi [10.1038/s41586-020-2196-x](https://doi.org/10.1038/s41586-020-2196-x)

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PCR for prolonged periods of time following COVID-19 illness, live virus is cultivable for a much shorter period. Because of the unsuitability of PCR for determining duration of infectiousness, along with practical and ethical challenges of enforcing prolonged isolation of patients with persistently positive PCR for SARS-CoV-2, we recommend the following UPDATED guidance for discontinuation of isolation. For symptomatic persons with COVID-19:

- At least 10 days have passed since symptoms first appeared, OR
- At least 3 days (72 hours) after resolution of fever without the use of anti-pyretics, WHICHEVER IS LONGER; AND
- Improvement in respiratory symptoms (e.g., cough, shortness of breath)

For asymptomatic persons with COVID-19, discontinue isolation when:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test; AND
- No subsequent illness and remained asymptomatic.

This recommendation will prevent most but cannot prevent all instances of secondary spread. The risk of transmission after recovery, is likely substantially less than that during illness. A more conservative approach (longer duration of isolation, at least 14 days since symptom onset or, for those with mild or no symptoms, positive test) may be appropriate for persons with immunocompromising conditions (e.g., oncology patients) or who are returning to congregate settings (e.g., long-term care or assisted living facilities, residential care homes, shelters for persons experiencing homelessness) where vulnerable populations may be exposed. Test-based release from isolation may be considered for patients who remain hospitalized or for those in the community on a case-by-case basis in consultation with HDOH.

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>

COVID-19 is considered an URGENT CATEGORY NOTIFIABLE CONDITION; providers are required to report any persons suspected to have COVID-19 or any test result positive for COVID-19. If you have any questions or need to report a patient with suspected/confirmed 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