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)
2. 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
3. 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, 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:

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

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1 [https://emergency.cdc.gov/han/2020/han00429.asp](https://emergency.cdc.gov/han/2020/han00429.asp)
2 Refer to Appendix—Updated HDOH Risk Assessment and Management Guide

** 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

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**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
   - 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.

### Exposure Risk Categories

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<thead>
<tr>
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<th>High Risk</th>
<th>Medium Risk</th>
<th>Low Risk</th>
<th>No Identifiable Risk</th>
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<tbody>
<tr>
<td></td>
<td>□ Intimate contact with a case without precautions</td>
<td>□ Any travel (past 14 days) from a location where CDC has confirmed community spread*</td>
<td>□ Being in the same indoor environment (e.g., airplane, restaurant) for a prolonged period but not having close contact with a case</td>
<td>□ Brief interactions with cases that are not intimate or close</td>
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### Management Guidance - *if symptomatic*

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

- Rule out other respiratory illness
- Provide routine medical care


Risk associated with travel to a mainland US state will be assessed on a case-by-case basis.

3/11/2020