

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 sign/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>

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 respiratory symptoms, even in the absence of COVID-19 testing, should be advised to remain at home 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/docd/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

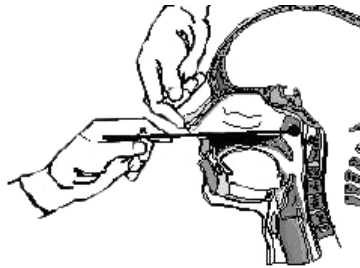
Appendix

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

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.