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GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

In reply, please refer to:
File:

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

October 15, 2020

Senate Special Committee on COVID-19
State Capitol
415 S. Beretania Street
Honolulu, HI 96813

SENT VIA EMAIL

Dear Senate Special Committee on COVID-19:

RE: COVID-19 Testing Strategy and Approaches Executive Summary

The purpose of this executive summary is to provide an overview of the Hawaii State Department of Health's (HDOH) COVID-19 Testing Strategy and Approaches. The COVID-19 Testing Strategy provides a framework for different testing programs by defining testing objectives, describing the activities required to achieve the objectives, and securing the resources required for testing activities. The strategy accounts for the procurement of additional testing capacity and incorporation of new testing techniques such as the rapid Point-Of-Care (POC), antigen test. Antigen testing alleviates demand for RT-PCR testing however positive antigen tests must be confirmed using RT-PCR. The final strategy should be completed within a week.

**Testing Principles.**

- Affected populations have access to COVID-19 testing
- Application of testing protocols to optimize disease control
- Effective management of testing resources

**Testing Objectives.**

- Regularly reassess COVID-19 infection rates and levels of activity for diagnostic and surveillance testing based on clinical and epidemiological patterns.
- Provide timely COVID-19 testing results to Providers and HDOH for symptomatic patients that are hospitalized or placed in a sub-acute facility and individuals that have been in close contact with those with COVID-19 infection.
- Utilize surveillance testing through various surveillance programs such as the CDC ILI Net sentinel provider system, National Syndromic Surveillance Program (NSSP): Emergency Department (ED) visits, and in high risk settings such as congregate living situations.
- Provide guidance and communication to ensure all patients understand what actions to take upon awaiting and receiving results.
- Ensure testing sustainability and availability.
- Maintain quality assurance in testing standards, efficiency, and effectiveness.

**Testing Key Themes and Messages.**

- COVID-19 testing **does not** prevent or limit risks to acquiring COVID-19.
- Prevention from exposure using masks, distancing, and avoiding large gatherings is key. Testing is only one part of slowing the spread of COVID-19 infections and illness.

- No test is 100% reliable. Testing should be repeated or confirmed if symptoms persist or develop or if the results don't match the clinical presentation.
- Similar to testing for a strep throat, a negative diagnostic test only means that virus was not detectable at the time of testing (assuming it was a true negative test). Someone with a negative test today could have a positive test tomorrow or anytime in the future.
- At any time after that point of testing, individuals could develop or progress to COVID-19 infection that can be transmitted to others. Continue to adhere to face coverings and social distancing practices with people outside the household.

## Priority Testing Groups.

### PRIORITY TESTING GROUP 1

Diagnostic (POC & Confirmatory)

- Hospitalized individuals with COVID-19 symptoms.
- All individuals with COVID-19 symptoms in healthcare settings: inpatient and outpatient
- Healthcare workers, workers in congregate living settings, first responders with symptoms
- Residents in long-term care facilities or other congregate settings, including prisons and shelters, with symptoms
- Persons identified through public health cluster and selected contact investigations
- Symptomatic close contacts of confirmed

Surveillance (POC & Confirmatory)

- All above categories frequency dependent on the city/county positivity rate

*NP RT-PCR recommended for all symptomatic individuals

### PRIORITY TESTING GROUP 2

Surveillance (POC & Confirmatory)

- Individuals who are asymptomatic:
- Healthcare workers, workers in congregate living settings, first responders
- Residents in long-term care facilities or other congregate settings, including prisons and shelters
- Care providers of elderly or disabled people in the home
- Pre-op and - hospitalization patients
- Patients being discharged to stepdown care
- Close contacts of confirmed cases
- People experiencing conditions that may facilitate spread (e.g., living in highly dense situations, working/ living in high-risk conditions)
- People experiencing marginalized, systemic inequity, and health inequities

### PRIORITY TESTING GROUP 3

Surveillance (POC & Confirmatory)

- Individuals who have frequent interactions with the public, are asymptomatic, and work in:
  - Retail and manufacturing
  - Agriculture and food service
  - Public transportation
  - Education
  - Childcare & Daycare
  - Tourism

** Individuals can move to Group 1 or Group 2 circumstances dependent – symptomatic or contact with known positive

### PRIORITY TESTING GROUP 4

Surveillance (POC & Confirmatory)

- Implemented when testing turnaround time is less than 48 hours:
- Other individuals not specified above including those who are asymptomatic but believe they have a risk for being actively infected as well as routine testing by employers

** Individuals can move to Group 1 or Group 2 circumstances dependent – symptomatic or contact with known positive

| | Priority 1 | Priority 2 | Priority 3 | Priority 4 |
|---|---|---|---|---|
| RT-PCR | X | X | | |
| POC with confirmatory PCR | X | X | X | X |
| POC with repeat POC * | | X | X | X |
| At home testing repeat POC * | | | X | X |

*Interval testing may occur daily or up to 1-week between tests

**If RT-PCR supplies fall under 10-days on-hand, interval testing should be utilized as directed by DOH testing advisory group**

Additionally, there is a follow-up meeting with one of the Federally Qualified Health Centers (FQHC) to redefine roles and work on an MOA on Friday afternoon, October 16, 2020.

Sincerely,

Elizabeth A. Char, M.D.
Director of Health

cc: Senate President