

Hawai'i State COVID-19 Surveillance and Monitoring



May 2020

COVID-19 Surveillance and Monitoring

Reopening the state

requires strong surveillance and monitoring programs to efficiently identify and investigate positive cases and control disease spread.

This will require timely reporting by community partners and additional DOH staffing.



Clinical provider reporting of cases and deaths is an essential part of the public health response to COVID-19. Timely and complete reporting is necessary. DOH receives disease reports 24/7 and continues to monitor and verify these reports.



Electronic laboratory reporting (ELR) received from testing facilities are monitored and analyzed. Reports are received 24/7 through automated messaging.

Building on influenza surveillance

Statewide sentinel surveillance network:

32

volunteer providers

- 17** Honolulu County
- 6** Hawai'i County
- 5** Maui County
- 4** Kaua'i County

20

community health centers



Cluster surveillance:

Long-term care and schools are required to report any influenza-like illness (ILI) clusters.



Death records are reviewed and monitored for reports of **pneumonia and influenza**.



Severe, unexplained illness reports from emergency departments and intensive care units are also monitored.

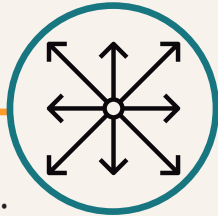


International air traveler surveillance:

Federal law requires commercial airlines to report incoming ill travelers from international destinations.

Enhanced Surveillance and Monitoring and Surge Staffing

Enhanced surveillance



DOH is expanding surveillance of the following:

- Port of Entry (Air and Water)
- Hospital Admissions/ER/ Ambulances
- Long-Term Care Facilities
- Serosurvey (blood test)
- Non-traditional data sources



HealthSpace digital monitoring tool

Digital monitoring of COVID-19 contacts significantly expands DOH reach and monitoring capacity.

Through HealthSpace, contacts can provide their health information through a secure online survey. Responses are directly transmitted to DOH.

HealthSpace was rolled out at the end of April and is expected to be fully implemented by May 31. This tool will expand monitoring by approximately 5x the current capacity.

Surge staffing



DOH surge capacity planning for up to **1,000** cases per day may require up to **200** staff to extend the capacity for monitoring and investigation.

Surge staffing support currently includes: Medical Reserve Corps, universities, and rapid-hire staff

23

in-house
epidemiology
specialists

69

volunteer
extenders