



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

October 5, 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: Travel Regulations & Follow-Ups

This letter is a response to your letter dated September 29, 2020 regarding Travel Regulation & Follow-ups. The Department of Health's (DOH) role in the travel process is focused on providing subject-matter expertise on COVID-19 traveler health screening questions, safe practices, and ensuring proper COVID-19 testing products and protocols are utilized for transpacific travel purposes. To document the proper test products and protocols the DOH collaborates with the Office of the Attorney General to vet and approve trusted testing partners (TTP) as identified through the Lt. Governor's travel pre-arrival workgroup. TTPs adhere to observed specimen collection of an approved nucleic acid amplification test (NAAT) which is processed by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

- 1. Please provide further insight into how pre-flight testing will work and what regions of the world can expect to have access to this testing. For example, Japan requires a test in advance of travel similar to that of our state. Can you provide an update on the status of discussions with Japan and other international destinations and any knowledge you have in the deviation in protocol among the countries?**

Addressing pre-flight test requirements and the corresponding policies and procedures is an all-of-community approach. While DOH has established standards for pre-flight testing, many departments and stakeholders play an important role in ultimately coming to an understanding of what qualifies as an approved pre-travel test and how it is operationalized across industries. The DOH is a member of the Lt. Governor's pre-arrival workgroup, which includes partners from Department of Transportation (DOT), HI-EMA, Office of the Attorney General, Hawaii Visitor and Convention Bureau, HMSA, Hawaiian Airlines, private laboratories, and other members of the visitor industry.

The current pre-flight testing program requires continental United States (CONUS) travelers to take an approved NAAT which is processed by a CLIA-certified laboratory within the 72-hour window of the last leg of their departing flight to Hawaii. Hawaii currently has seven (7) approved pre-flight TTP, with a few more in the review phase. Travelers with a documented negative test result from these partners will be exempted from the 14-day travel quarantine. These tests are largely available to the entire

CONUS, particularly because an observed, at-home test, mailed to a CLIA-certified lab, is part of the trusted testing partner program.

Our understanding is that this same type of test is readily available in Hawaii's largest travel markets. The Lt. Governor's pre-arrival workgroup has not spent much time discussing international travel requirements. Japan's pre-flight test has recently been discussed. The DOH has been in discussions with the Japan Consulate General Office in Hawaii. Japanese officials have also been in conversations with various State entities (e.g., DOT-Airports, Department of Business, Economic Development & Tourism (DBEDT), and Hawaii Tourism Authority (HTA)). We continue to address matters related to pre-flight tests and travel originating in Japan.

South Korea has also reached out to DBEDT regarding pre-flight testing. Hawaiian Airlines, part of the Lt. Governor's pre-arrival workgroup, provided a list of tests they believe are available in South Korea.

2. Additionally, is your department aware of what destinations will mandate outbound travel procedures like a pre-test or symptom screening? If yes, please provide the following information:

- a. Who is manufacturing the tests?**
- b. What is the cost?**
- c. Will our supply needs be met?**
- d. How long will test results take?**

As you are aware, there is no national standard or program for pre-flight tests or air travel. We are aware of the State of Alaska's travelers program, and DOH consulted with them when developing Hawaii's travelers program. We also understand that other countries require pre-flight tests (in addition to other prevention protocols, such as mandatory quarantine at the government's direction). In the United States, the Food and Drug Administration (FDA) approves COVID-19 tests through their Emergency Use Authorization (EUA) program. Alaska and Hawaii utilize tests that are EUA-approved. We cannot speak to the manufacturers, costs, supply chain issues, and test-result time for the tests that Alaska has been using.

Related to the tests Hawaii has been procuring and is working on securing, we have the following test types as part of our overall testing strategy:

- Real-Time Reverse Transcriptase-polymerase chain reaction (RT-PCR) tests which are processed in DOH's State Laboratory as well as other CLIA-certified laboratories in Hawaii
- Point-of-care molecular test – Abbott ID Now
- Rapid antigen tests (e.g., Quidel Sofia, Becton Dickinson Veritor, Abbott BinaxNOW)

We continue to actively monitor for additional COVID-19 tests that will likely be available in the United States upon FDA EUA approval.

Supply chain for all these tests and related supplies have been similar to the personal protective equipment (PPE) supply chain issue we faced in the early months of the

pandemic. For example, when DOH submitted a request to increase funding to procure rapid antigen tests, the Abbott BinaxNOW was available. Hawaii was entering into a multistate purchasing hui to assure enough rapid antigen tests could be manufactured and that Hawaii would be able to secure such tests. Suddenly, we were alerted by the manufacturer that the federal government purchased all Abbott BinaxNOW test kits for the next three months, and the earliest we may be able to secure a purchase is in late December 2020. While the traditional RT-PCR test supply chain has improved over the months, reagents remain scarce with a limited number of manufacturers able to produce them. As such, DOH State Lab and the other CLIA-laboratories have an ongoing collaboration to support each other for RT-PCR supply needs. DOH State Lab has provided testing supplies to partner labs in order to keep in-state testing levels stable. Additionally, labs have been diversifying the types of test analysis equipment, so they are not severely hampered by supply chain interruptions.

As much work that has been done to procure and coordinate testing supplies in Hawaii, our size and scale limit our ability to obtain point-of-care and rapid test supplies. Suppliers have stated that a bulk of future production of other rapid antigen tests are committed to entities that have larger purchasing power than Hawaii. For example, professional sports leagues and many college football conferences have agreements to guarantee supply of Quidel Sofia rapid antigen tests. And the federal government's sudden purchase of three months of production of Abbott BinaxNOW has left states scrambling to secure the other rapid tests. This is the kind of broken supply chain that is reminiscent of the PPE supply chain problems.

3. Will pre-flight symptom screening be considered or not?

Yes, pre-flight screening is conducted through the Safe Travels portal, where travelers need to provide responses to health-related questions.

4. Upon arrival, will symptom screening be required for trans-pacific travel statewide?

All post-arrival processes have been developed through a partnership between DOT, Office of Enterprise Technology Solutions (ETS), HTA, and DOH. Travelers are required to complete the Safe Travels application within 24 hours of their trip; this application includes self-disclosure of certain health symptoms. Upon arrival, travelers' temperatures are monitored via DOT's thermal scanners. Travelers reporting symptoms or those who are flagged by the DOT thermal scanners will go through a secondary screening at the airport, in a location away from the general traveler traffic. This secondary screening includes fever chills, cough, shortness of breath/difficulty breathing, sore throat, and having taken medication to bring down a fever. Travelers in secondary screening will also be offered a COVID-19 test. Travelers in need of emergency medical attention will be addressed by normal Airport emergency medicine protocols.

5. What specific safeguards are in place to account for subsequent interisland travel?

All counties have access to the Safe Travels non-health data. They are able to utilize this data for their county-specific travel quarantine and enforcement programs. Additionally, the Governor's and Mayors' offices have discussed interisland travel issues,

including DOH-facilitated meetings with all counties on September 16th and 24th. The DOH cannot speak to the decisions the Mayors and Governor are making.

6. Regarding our discussion on the contact tracing app, will incoming travelers be required to download the app at the airport? If yes, what is the status of location-logging app development, and will other functionality be required of the app?

Currently, travelers will not be required to download the AlohaSafe app at the airport.

7. What pre-travel notifications are currently being utilized to make travelers aware of the new procedures at or before the travel date?

The Safe Travels portal and hawaiiicovid19.com site provides information to travelers. All travelers are required to complete the application within 24 hours of their trip. Once someone completes the application, the system is set up to send messages to travelers. DBEDT has developed targeted messages to travelers with input from DOH. We continue to collaborate with DBEDT public health messaging.

8. What other specific notifications, if any, are being considered?

The DOH is collaborating with ETS to send a post-arrival notification about what a traveler should do if they experience symptoms of being ill. Travelers will be reminded to seek appropriate health care, and to contact 211 if they need assistance finding a health care provider. As mentioned above, DOH has been collaborating with DBEDT on traveler-oriented public health messaging, including coordination of call center scripts for travelers and keeping the visitor industry pages up-to-date and coordinated with hawaiiicovid19.com.

Additional questions regarding CDC grant requirements:

1. Testing turnaround times

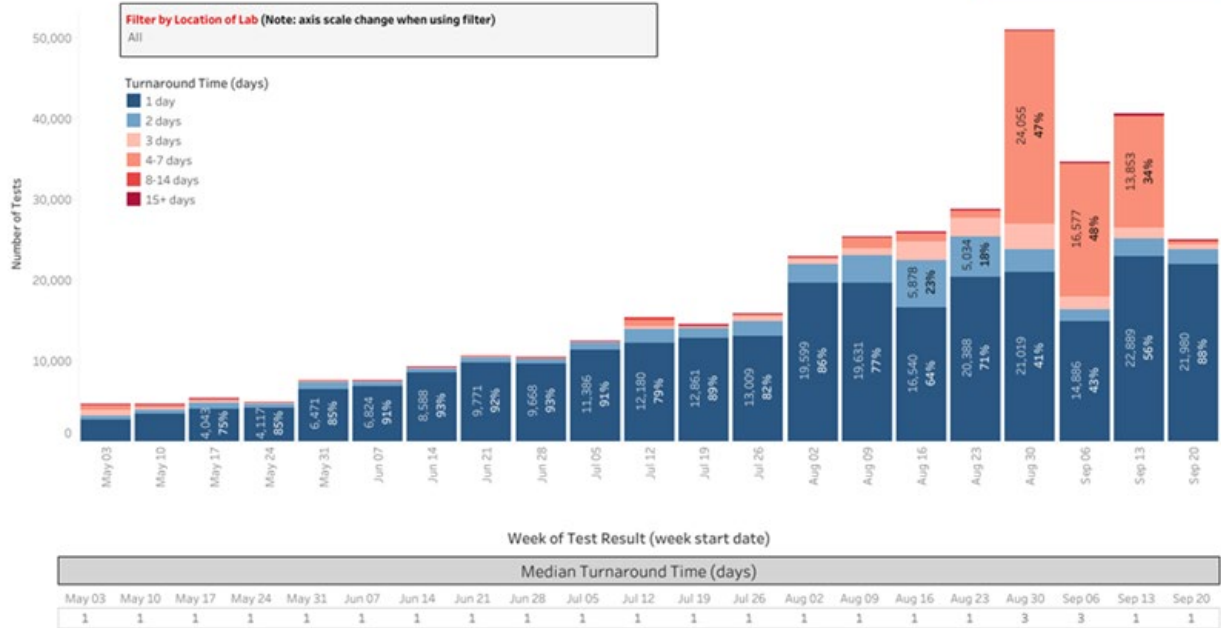
Testing turnaround times are posted publicly on our DOH Disease Outbreak Control Division (DOCD) dashboard, daily, and is also embedded in the State COVID-19 website at hawaiiicovid19.com. Image of the visualization is in-line, below, and attached as a PowerPoint slide (downloadable from the DOCD Tableau dashboard).

https://experience.arcgis.com/experience/eb56a98b71324152a918e72d3ccdfc20/page/page_5/

COVID-19 Lab Testing Turnaround Time, Hawaii 2020

Last updated September 27, 2020 (updated weekly)

[View Main Testing](#)



2. Case investigation timeliness

DOCD is working on a trend chart similar to the one for testing turnaround time above which will be featured on the state dashboard. At this time, we are able to share a snapshot of data compiled from the first two weeks after rolling out our new First Contact Calling (FCC) protocol. Under the new protocol, a FCC brief triage interview is first attempted for most cases in order to identify priority cases for more in-depth investigation. Certain cases which can be rapidly identified as priority cases bypass the first contact call and are assigned directly to investigators. The following table represents outcomes of the first contact calls within 1 day of case report.

First Contact Calls <i>Preliminary Results from First Two Weeks of New Protocol (9/4/20 - 9/17/20)</i> NOTE: These are statewide cases, of which the majority were Oahu cases		
	# Cases	% Cases
Initial Interview Completed by First Contact Callers <i>(Oahu Cases)</i>	744	46.7%
Initial Interview Completed by Disease Investigation Branch Investigation Teams <i>(Oahu Cases)</i>	127	8.0%
Initial Interview Completed by Neighbor Island District Health Office Investigators <i>(Maui and Hawaii County Cases)</i>	65	4.1%
No Phone Number in Laboratory Record	264	16.6%
Phone Number in Laboratory Record Disconnected or Wrong Number	102	6.4%
Case Did Not Answer or Return Calls <i>(If voicemail, minimum of 3 messages left)</i>	265	16.6%
Case Answered Phone but Refused to Complete Initial Interview	6	0.4%
Other <i>(Examples: Case was deceased; Case hospitalized without willing proxy)</i>	20	1.3%
Total	1593	100.0%

58.8%

41.2%

Summary:

59 % Completed Initial Interview

41 % Did Not Complete Initial Interview

23 % Did Not Complete Initial Interview Due to Lack of Accurate Contact Information

17 % Did Not Complete Initial Interview Due to Refusal or Lack of Response

1 % Did Not Complete Initial Interview Due to Other Reason

Because of the many changes made to the case investigation protocols since August, for time periods earlier than September 4, it is difficult to show a meaningful week-to-week trend analysis of the lag between date of report and date of first contact with a case. However, for a general sense of case investigation timeliness over time, shown below are the monthly measures on case investigation timeliness reported to CDC. When we first set out to measure the timeliness of case investigation, we found that the rate of interview completion was not available for enough cases in order to calculate timeliness reliably based on that variable. As a proxy, we evaluated time from report date to investigation start date. Please note that an investigation being started does not necessarily indicate that the case was reached for interview. The more recent analysis shown in the table above shows the breakdown of cases reached, and for those not reached, the reason the case was not reached.

Among cases prioritized for case investigation, proportion with investigation initiated within 24 hours of report to the case investigation unit

<u>Period June 25-July 24, 2020</u>	<u>Period July 25-August 24, 2020</u>
(n=761)	(n=5204)
76%	41%

3. Contact notification timeliness

Shown below is the monthly measure of contact notification timeliness for the first two months of required CDC reporting. There was a marked drop-off in timeliness of contact notification in the second month (07.25-08.24). We are in the process of reviewing the data for reporting of this measure for Period 08.25-09.24. Please note that some contact notification has been delegated to third parties since the beginning of the pandemic, such as contacts in healthcare settings, or among active duty military personnel living on base. Contacts identified and notified by third parties are not necessarily captured in our data system and hence may not be reflected in the numbers below. We also plan to develop a trend chart on contact notification for public posting. In order to accomplish this, we added workflow milestones in our data system to more completely and accurately capture various timepoints related to contact identification and notification. However, establishing the data workflow for continuous trend analysis is still a work in progress.

The DOH continues to hire additional contact tracing support staff for the possibility of future surges and will also be contracting support specifically for travel-related cases.

Among close contacts identified by cases interviewed, percent notified within 24 hours of initiation for follow-up

<u>Period June 25-July 24, 2020</u>	<u>Period July 25-August 24, 2020</u>
(n=922)	(n=1389)
98%	57%

Thank you for this opportunity to provide an update on the Safe Travels program and contact tracing.

Sincerely,



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

cc: Senate President