

HHP/HPH COVID-19 Community Webinar Series

Thursday, August 5, 2021
12:00pm – 1:00pm

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Moderator – 08/05/21

Andy Lee, MD

Medical Director, Hawai'i Health Partners
Chief of Staff, Pali Momi Medical Center
Hawai'i Pacific Health

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Disclaimer:

- The following is intended as information resource only for HHP/HPH providers, clinicians, administrative and clinical leaders.
- Specific areas may not pertain directly to your clinical practice area and/or may not be applicable to your practice based on your existing workflows, infrastructure, software (e.g. EHR), and communications processes.

Webinar Information

- You have been automatically muted. You cannot unmute yourself.
- You will be able to submit questions via the Q&A section.
 - Due to time constraints, any unanswered questions will be addressed this week and posted on the HHP website
- A recording of the meeting will be available tomorrow on the HHP website and intranet.

How to Claim CME Credit

1. Step 1: Confirm your attendance

- You should have completed a brief questionnaire before joining today's live webinar.

2. Step 2: HPH CME team will email you instructions

- Complete and submit evaluation survey that will be emailed to you within one week of the offering.
- Your CE certificate will be immediately available to you upon completion of your evaluation.
- Questions? Email hphcontinuingeduc@hawaiiipacifichealth.org

CME Accreditation Statement

- In support of improving patient care, Hawai'i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
- Hawai'i Pacific Health designates this webinar activity for a maximum of 1.0 AMA PRA Category 1 Credit (s) TM for physicians. This activity is assigned 1.0 contact hour for attendance at the entire CE session.



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INTERPROFESSIONAL CONTINUING EDUCATION

Disclosures

- The planners and presenters of this activity report no relationships with companies whose products or services (may) pertain to the subject matter of this meeting



COVID-19 Updates

Gerard Livaudais, MD, MPH

Executive Vice President, Population
Health and Provider Networks,
Hawai'i Pacific Health

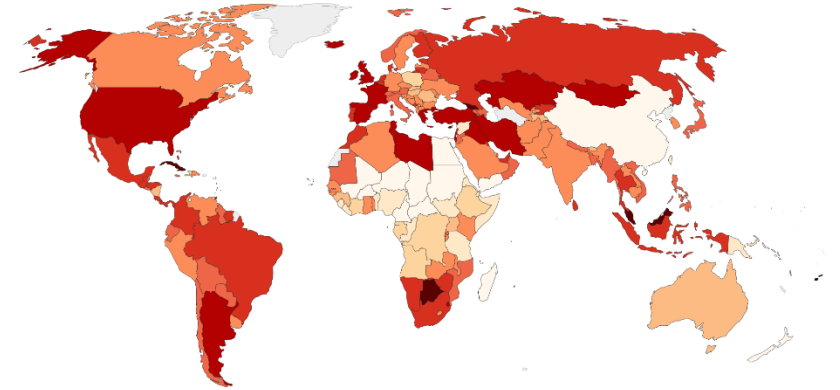
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Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

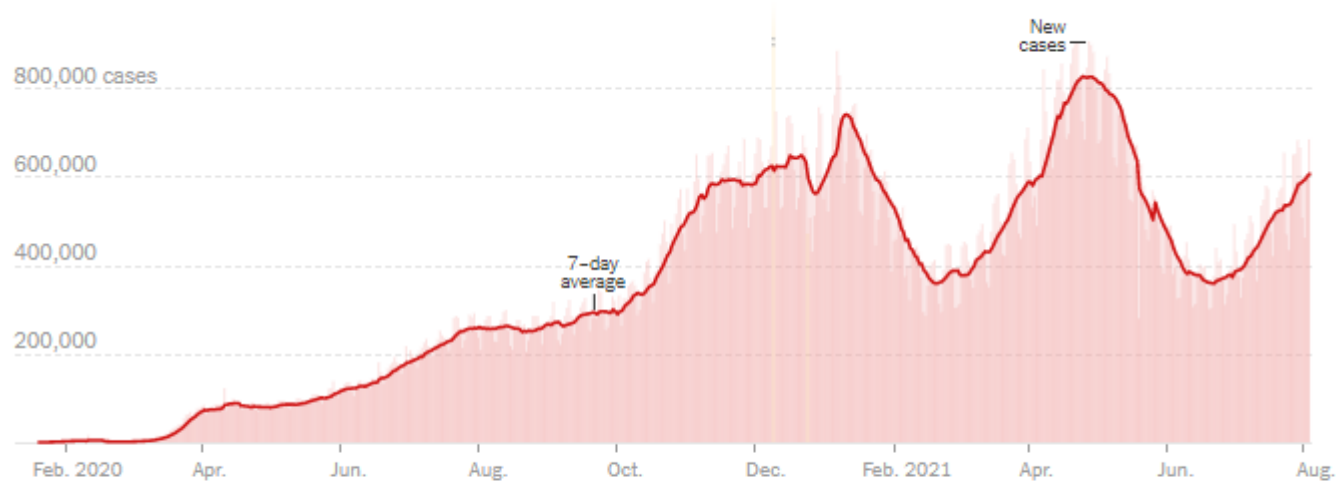
Worldwide



Source: Johns Hopkins University CSSE COVID-19 Data

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New reported cases

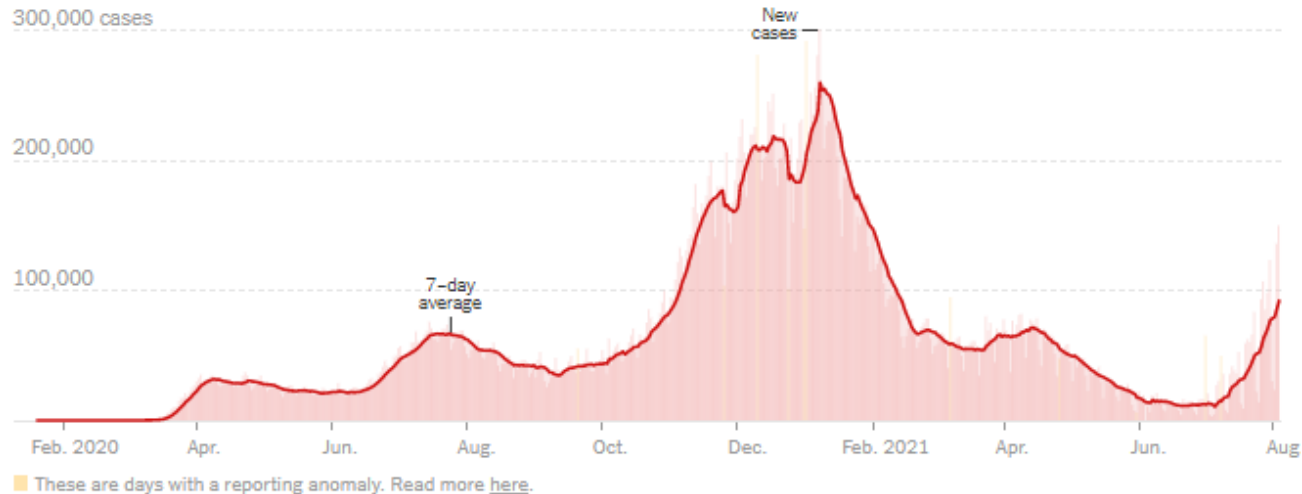


These are days with a reporting anomaly. Read more [here](#).

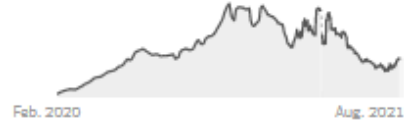
	DAILY AVG. ON AUG. 3	14-DAY CHANGE	TOTAL REPORTED
Cases	605,939	+16%	200,030,004
Deaths	9,292	-4%	4,251,922

United States

New reported cases



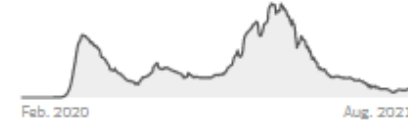
Tests



Hospitalized



Deaths



	DAILY AVG. ON AUG. 3	14-DAY CHANGE	TOTAL REPORTED
Cases	92,005	+139%	35,371,432
Tests	769,691	+41%	—
Hospitalized	50,659	+92%	—
Deaths	371	+49%	614,458

<https://www.nytimes.com/interactive/2021/us/covid-cases.htm>

CREATING A HEALTHIER HAWAII

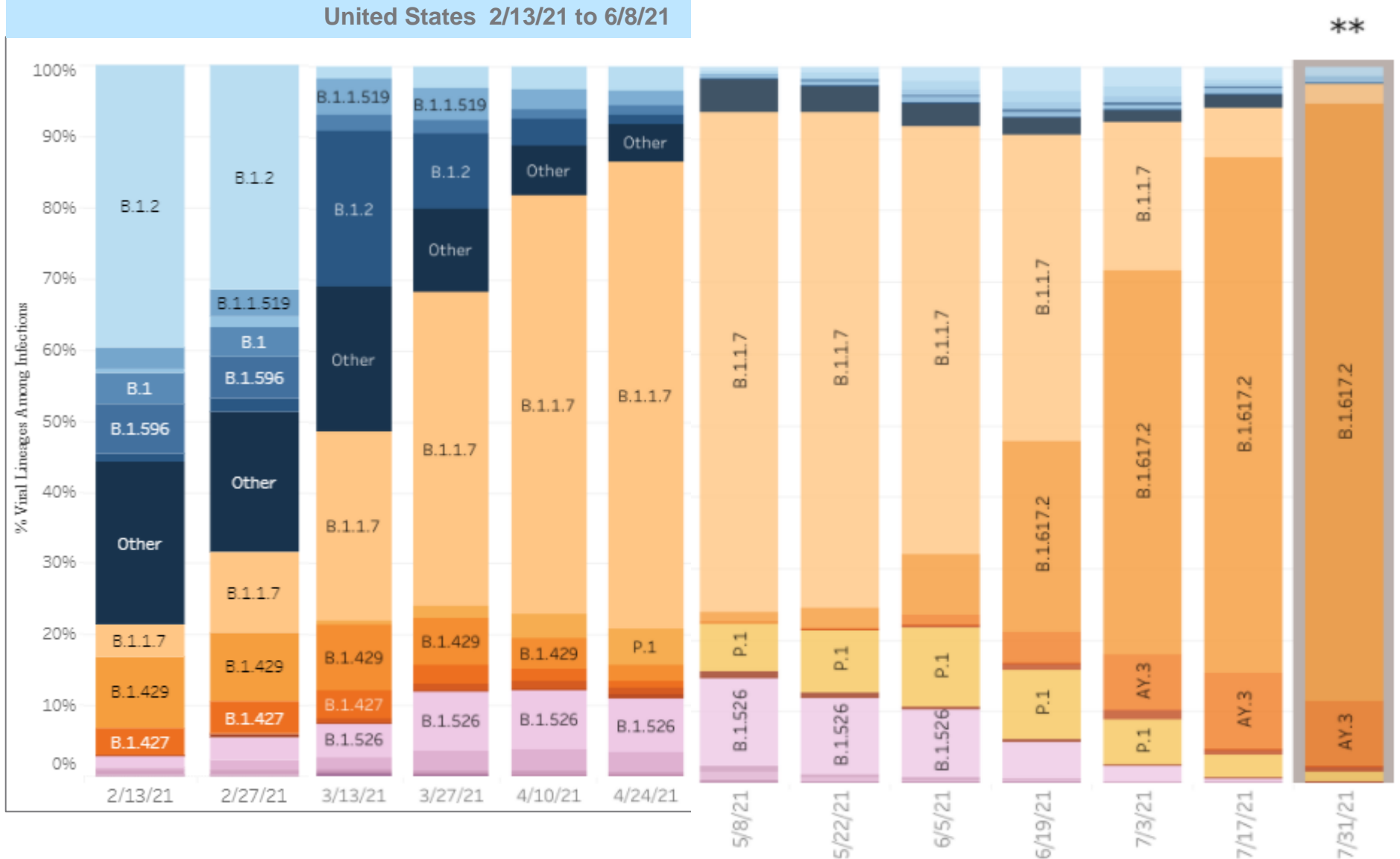
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Variants of Concern

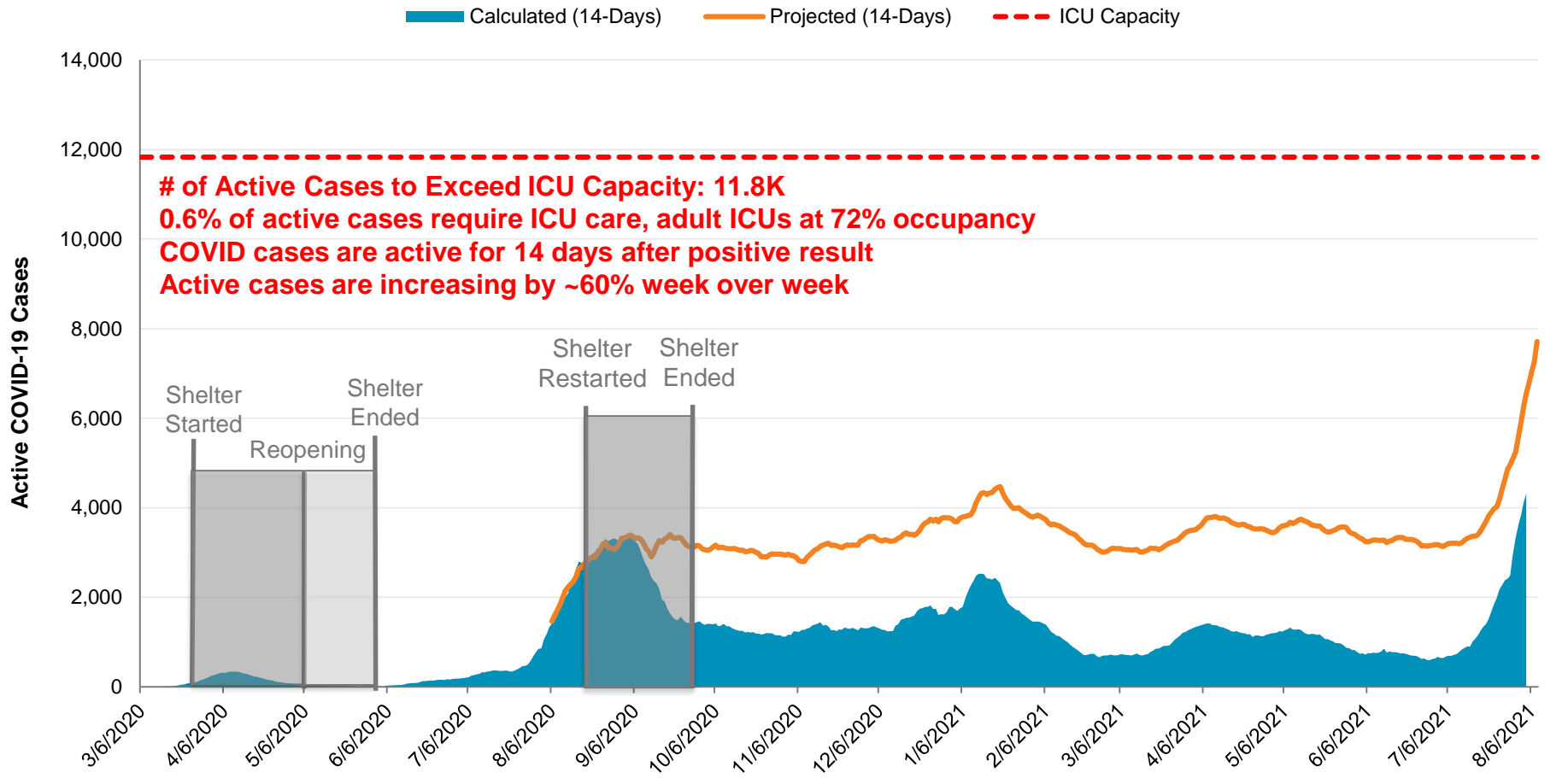
United States: 4/25/2021 – 7/31/2021

United States 2/13/21 to 6/8/21



Projected Active COVID-19 Cases

Hawaii Actual v. Projected Active COVID-19 Cases Updated 8/4/2021



COVID Pau Dashboard

7-Day Avg of New Cases

Region: State

317.3

As of Aug 2



Clusters Under Investigation

(Top 3 in Last 14 Days)

Region: State

Exposure Setting	Total Cases	Clusters
Correctional Facilities	286	1
Other	39	4
Bars & Nightclubs	31	1

As of Jul 22

7-Day Avg of % Tests Yielding Positive Results

Region: State

6.0%

As of Aug 1

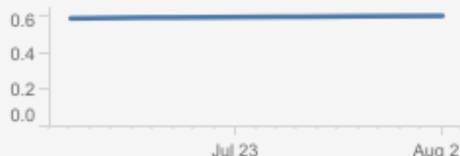


% of Residents Fully Vaccinated

State Value

60%

As of Aug 2



Current COVID Hospitalizations

State Value

145

As of Aug 2

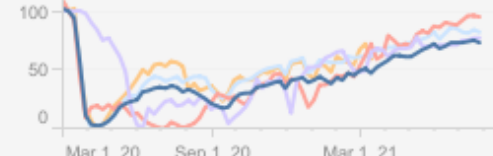


UHERO Economic Pulse Index

State Value

73 ↓

As of Jul 24



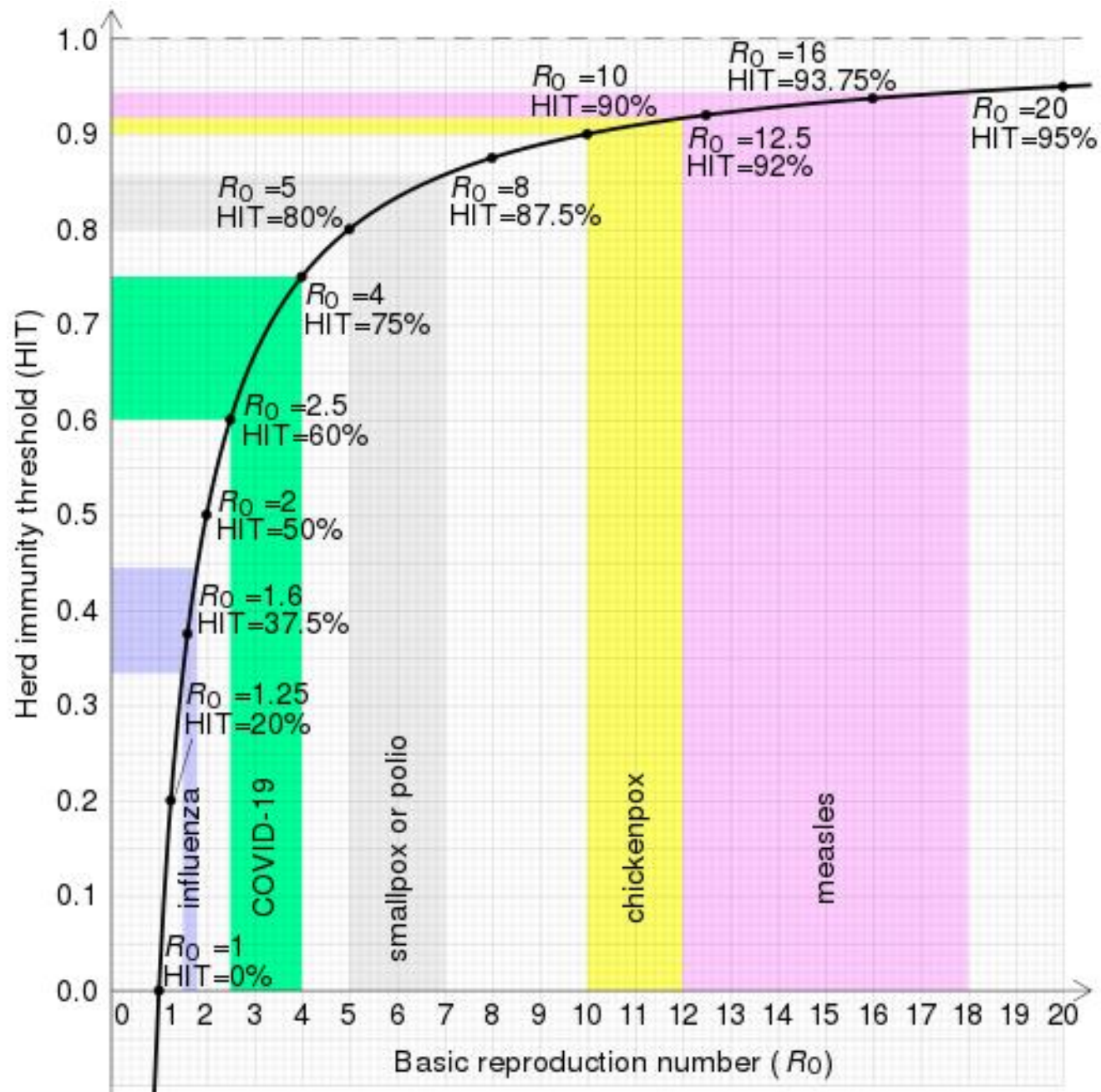
<https://covidpau.org/>

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Disease	Transmission	R ₀	HIT ^[a]
Measles	Aerosol	12–18 ^{[1][2]}	92–94%
Chickenpox (varicella)	Aerosol	10–12 ^[3]	90–92%
Mumps	Respiratory droplets	10–12 ^[4]	90–92%
COVID-19 (Delta variant)	Respiratory droplets & aerosol	5–9.5 ^[5]	80–89%
Pertussis	Respiratory droplets	5.5 ^[10]	82%
Smallpox	Respiratory droplets	3.5–6.0 ^[11]	71–83%
COVID-19 (Alpha variant)	Respiratory droplets & aerosol	4–5 ^[12]	75–80%
COVID-19 (Gamma variant)	Respiratory droplets & aerosol	3.95 (3.3–4.6) ^[13]	75–80%
COVID-19 (ancestral strain)	Respiratory droplets & aerosol ^[15]	2.9 (2.4–3.4) ^[16]	65% (58–70%)
SARS	Respiratory droplets	2–4 ^[17]	50–75%
Diphtheria	Saliva	2.6 (1.7–4.3) ^[18]	62% (41–77%)
Common cold	Respiratory droplets	2–3 ^[19]	50–67%
Ebola (2014 Ebola outbreak)	Body fluids	1.8 (1.4–1.8) ^[20]	44% (31–44%)
Influenza (2009 pandemic strain)	Respiratory droplets	1.6 (1.3–2.0) ^[21]	37% (25–51%)
Influenza (seasonal strains)	Respiratory droplets	1.3 (1.2–1.4) ^[22]	23% (17–29%)
MERS	Respiratory droplets	0.47 (0.29–0.80) ^[25]	0% ^[c]



Outbreak of SARS-CoV-2 Infections, Including CO Breakthrough Infections, Associated with Large Pul Barnstable County, Massachusetts, July

Catherine M. Brown, DVM¹; Johanna Vostok, MPH¹; Hillary Johnson, MHS¹; Meagan Burns, MPH¹; Radhi Rebecca T. Sabo, MPH²; Noemi Hall, PhD²; Anne Foreman, PhD²; Petra L. Schubert, MPH¹; Glen Lawrence C. Madoff, MD¹; Stacey B. Gabriel, PhD³; Bronwyn MacInnis, PhD³; Daniel J. Park, PhD³; Kat Deirdre Arvidson, MSN⁴; Taylor Brock-Fisher, MSc⁵; Molly Dunn, DVM⁵; Amanda Kearn

FIGURE 1. SARS-CoV-2 infections (N = 469) associated with large public gatherings, by date of specimen collection and vaccination status — Barnstable County, Massachusetts, July 2021

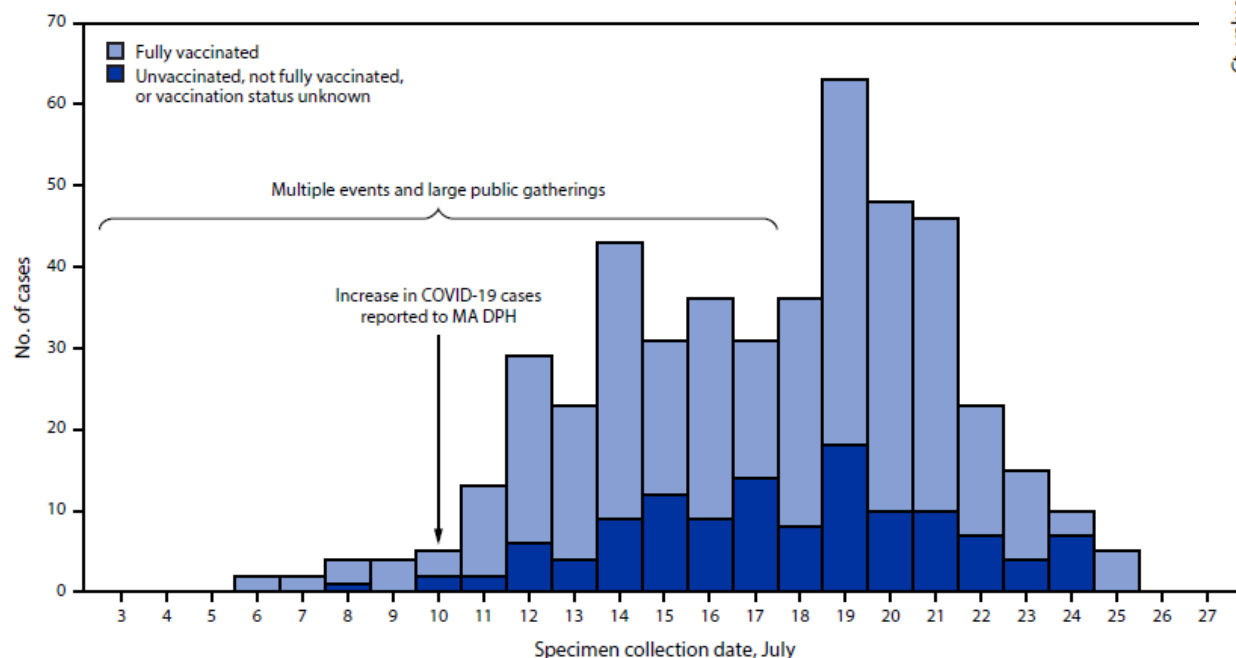
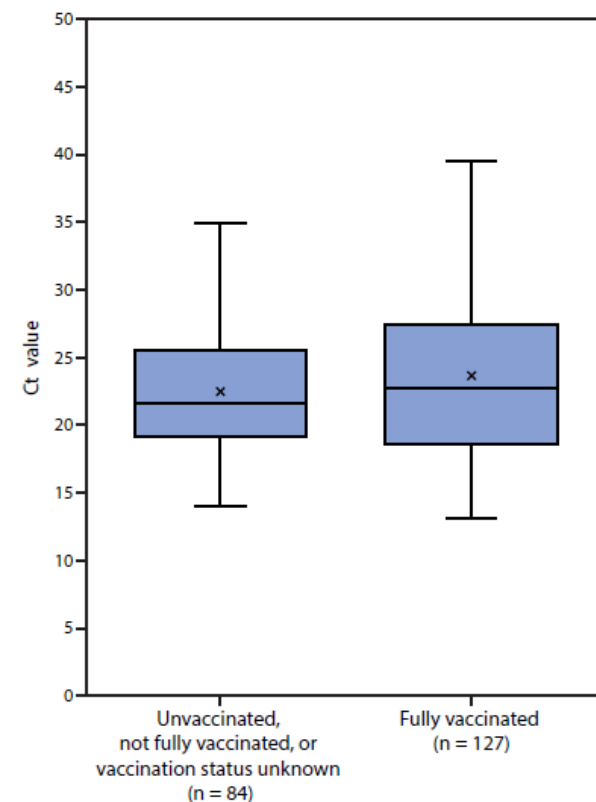
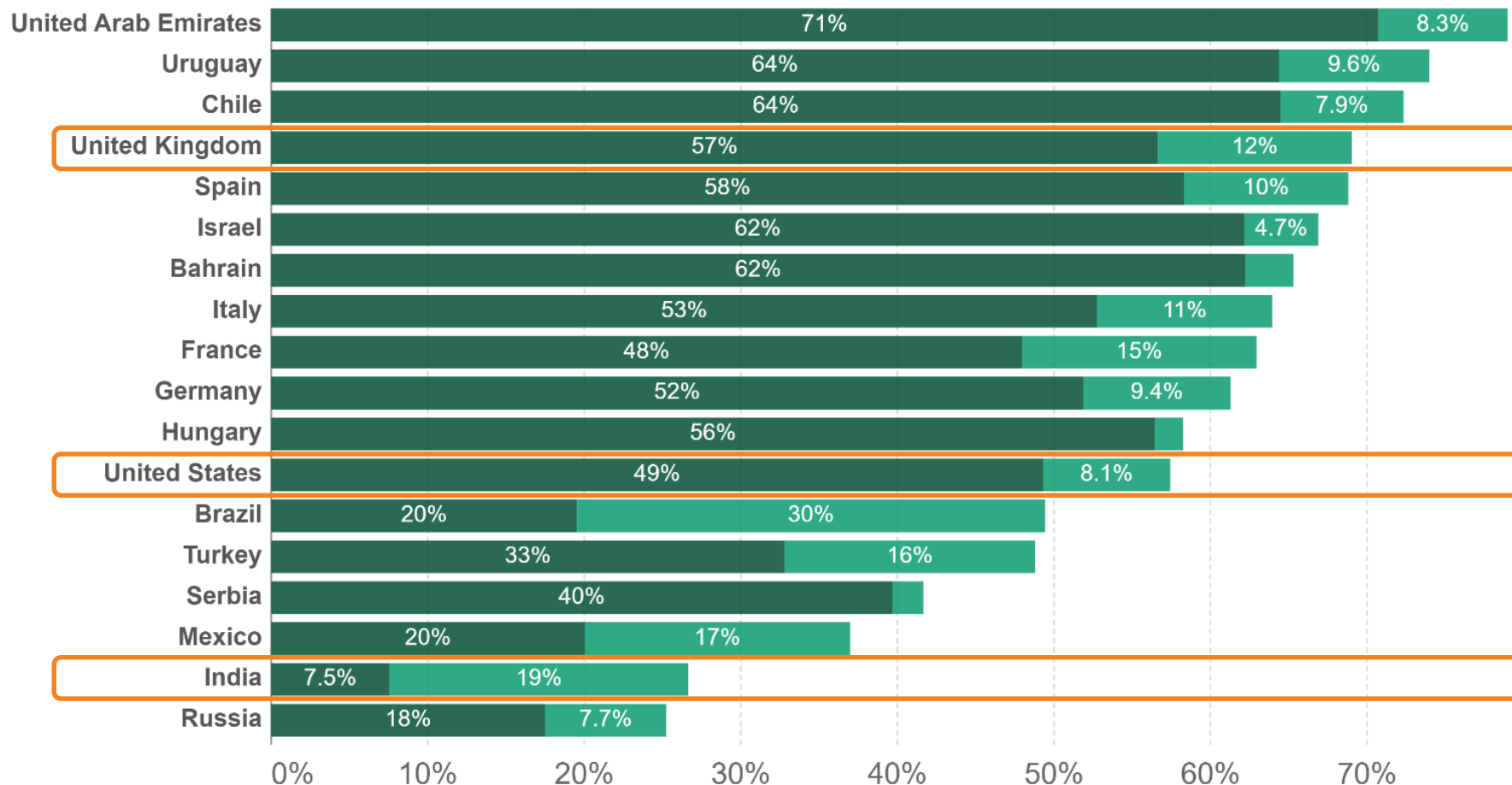


FIGURE 2. SARS-CoV-2 real-time reverse transcription–polymerase chain reaction cycle threshold values* for specimens from patients with infections associated with large public gatherings, by vaccination status† — Barnstable County, Massachusetts, July 2021§



Share of people vaccinated against COVID-19, Aug 2, 2021

■ Share of people fully vaccinated against COVID-19 ■ Share of people only partly vaccinated against COVID-19

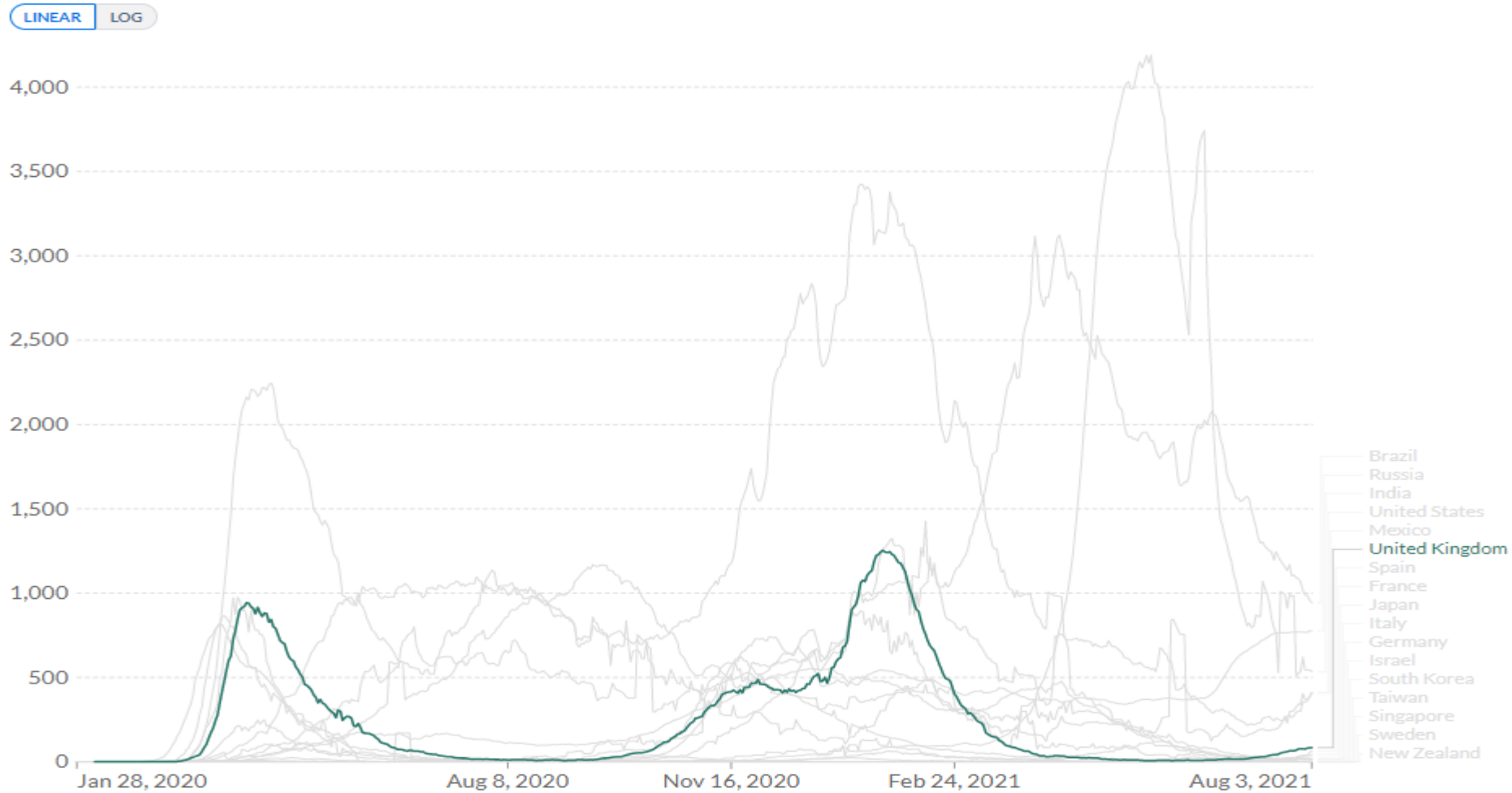


Source: Official data collated by Our World in Data. This data is only available for countries which report the breakdown of doses administered by first and second doses in absolute numbers.

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Daily new confirmed COVID-19 deaths

Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.



Source: Johns Hopkins University CSSE COVID-19 Data

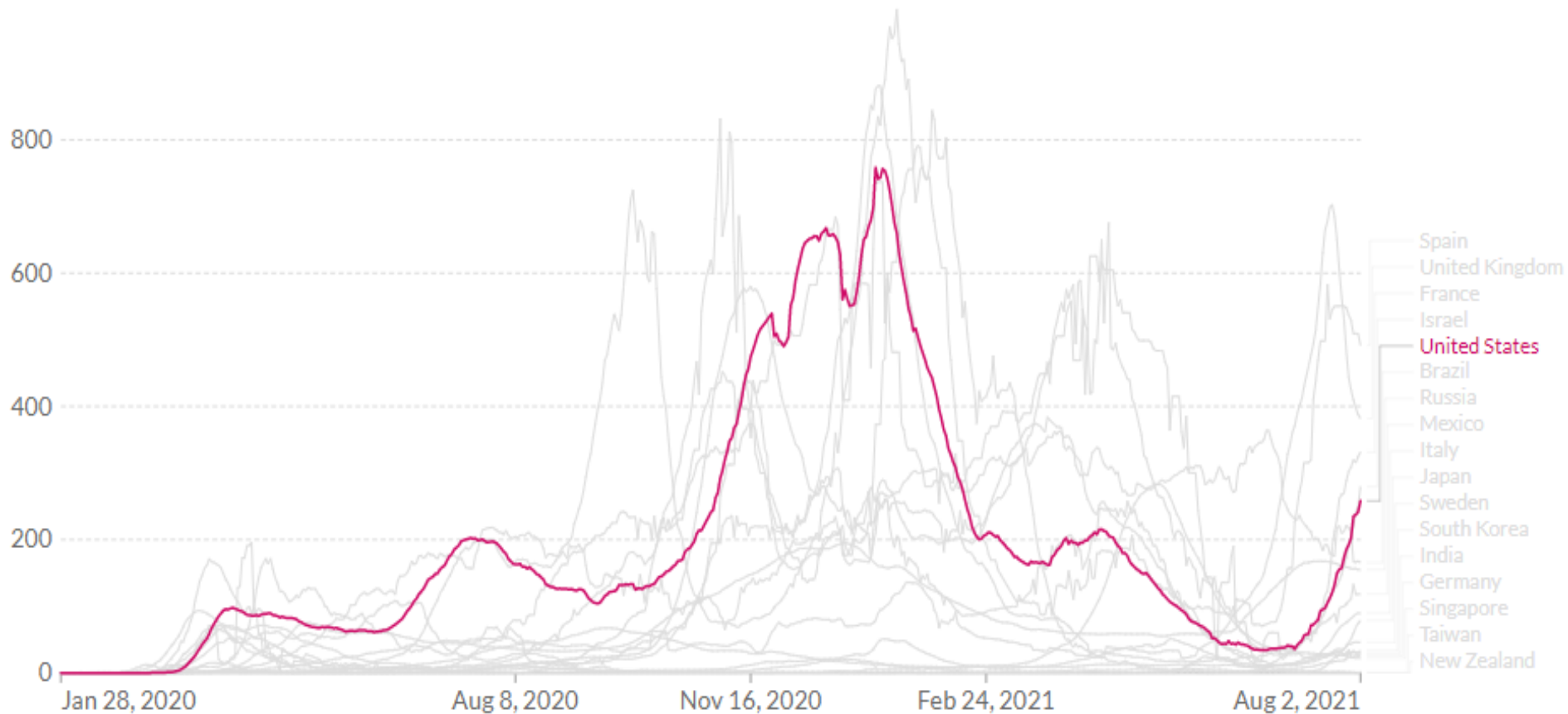
CC BY

Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

LINEAR

LOG



Source: Johns Hopkins University CSSE COVID-19 Data

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COVID-19 Vaccine and Virology

Marian Melish, MD

Pediatric Infectious Disease Division Chief

Medical Director of Infection Control

Kapi'olani Medical Center for Women and Children, Hawai'i Pacific Health

Professor of Pediatrics, Tropical Medicine and Medical Microbiology

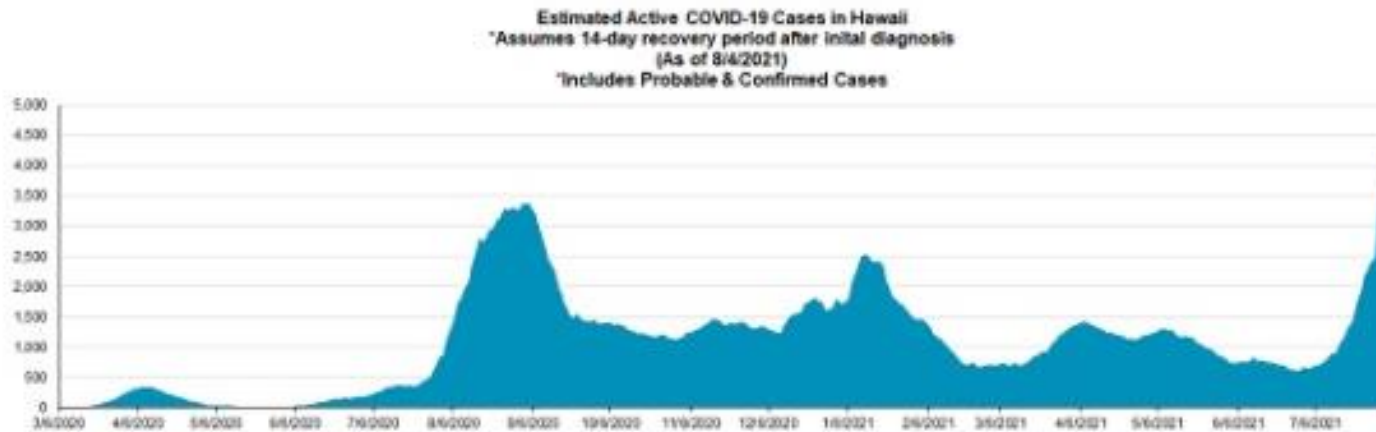
University of Hawai'i, John A. Burns School of Medicine

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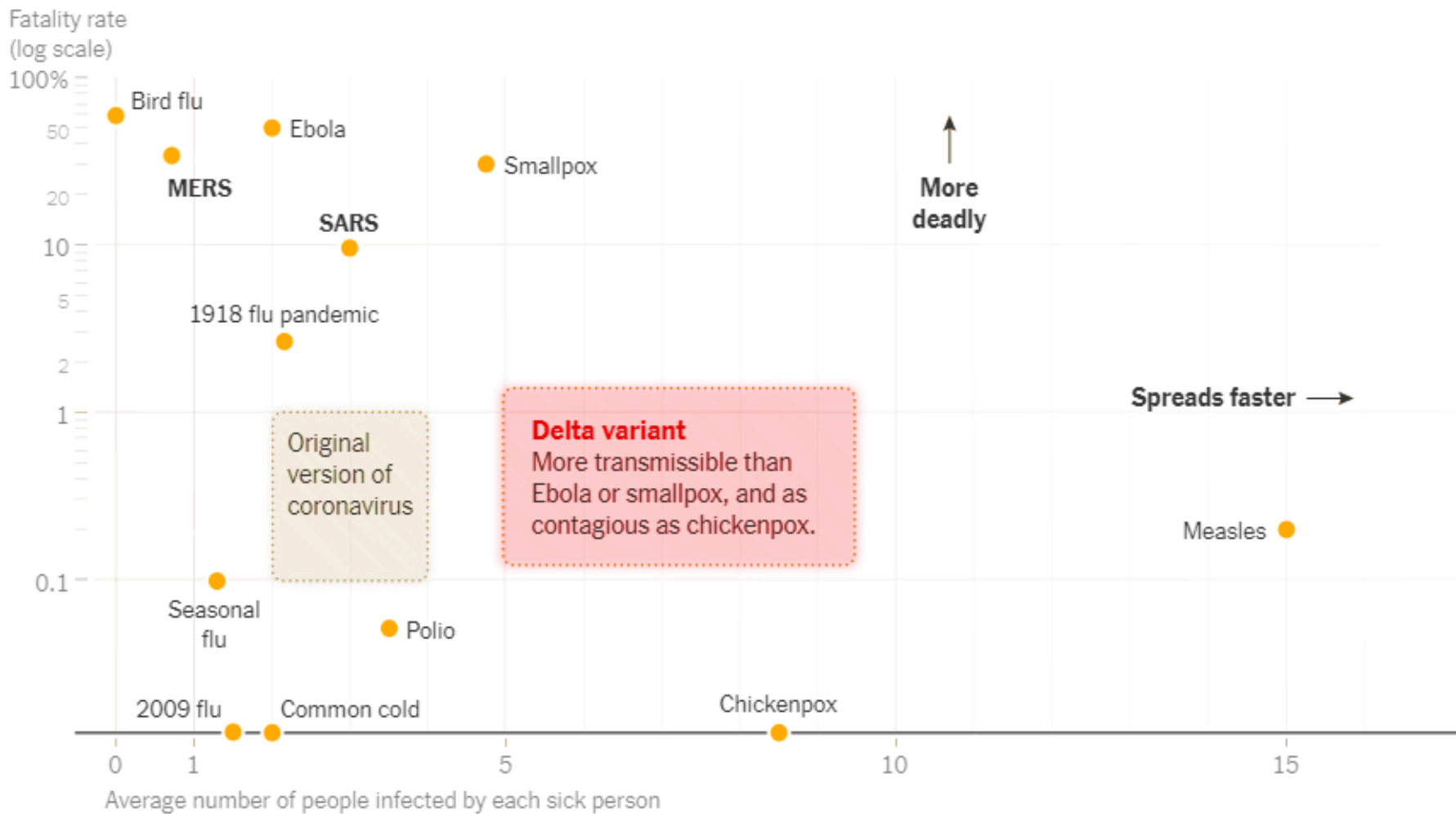
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Where are We? August 2021



This is not where we thought we would be!



Is the Delta variant more virulent?

- Younger, Sicker, Quicker? New York Times August 3, 2021
- Sheikh A, Public Health Scotland, et al. Lancet 347:2461-2, 6/26/21
 - Letter to the Editor: Semi peer reviewed
 - Delta variant cases increased risk of hospitalization vs Alpha variant
 - Hazard ratio 1.85
- Ong SWX, Chew CJ. Lancet pre-print. Singapore
 - Odds Ratio Delta variant vs “wild type” for Oxygen, ICU, Death 4.90
- Unpublished Canadian report
- CDC Internal report
- Reports of serious COVID in Children in Southern US hospitals
- Personal experience over past 2 weeks: Myself and MFM Group

COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care

Practice Advisory ⓘ | December 2020

Updated July 30, 2021

1. Pregnant Women should get COVID vaccine
2. Lactating Women Should get COVID vaccine
3. Health Care Practitioners should “Lead by Example” by getting and urging vaccine
4. Unvaccinated patients should have vaccine recommendation discussion documented in charts



COVID-19 Laboratory Testing Update

Owen Chan, MD, PhD

Medical Director

Pali Momi Medical Center, Clinical Labs of Hawai'i

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Laboratory Testing UPDATE

*What to do if I'm vaccinated
and encounter a COVID-infected person?*

and

A discussion about the Delta variant of SARS-CoV-2



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

When You've Been Fully Vaccinated

How to Protect Yourself and Others
Updated **July 27, 2021**

“If you’ve been around someone who has COVID-19, **you should get tested 3-5 days after your exposure, even if you don’t have symptoms.**”

- You should also wear a mask indoors in public for 14 days following exposure or until your test result is negative.
- You should isolate for 10 days if your test result is positive.”

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>

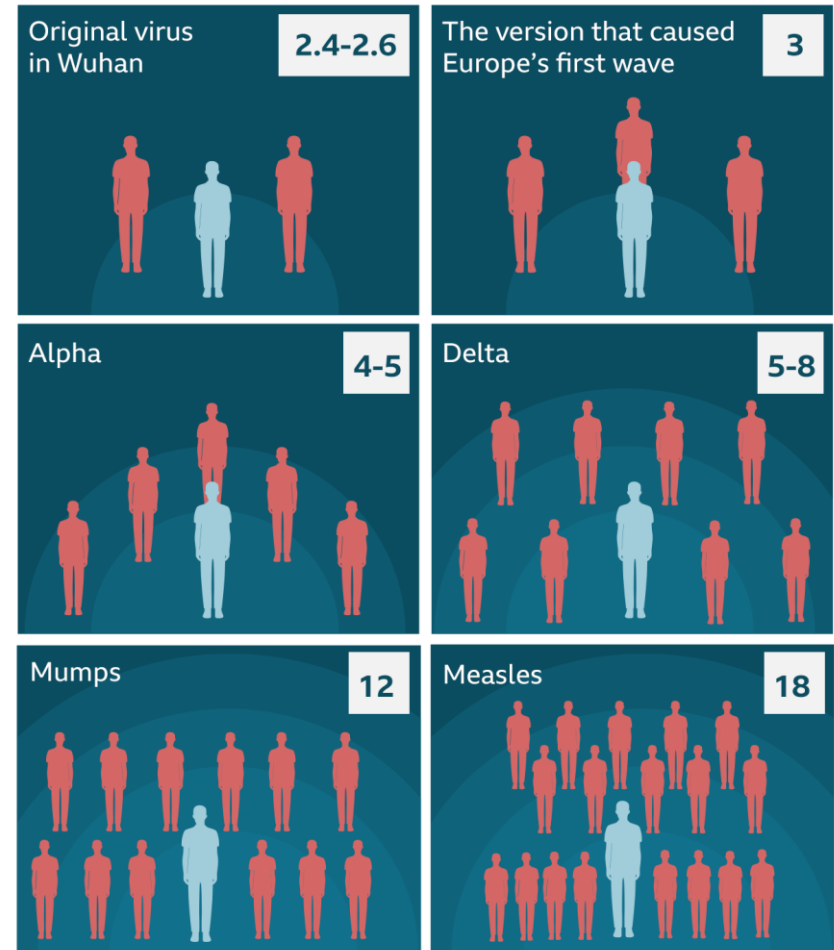
Why?

The Delta variant (B.1.617.2):

- 1) is now the dominant version of SARS-CoV-2
- 2) is highly transmissible

How the R0 numbers of Covid-19 variants and other diseases compare

The more contagious, the higher the R0 number



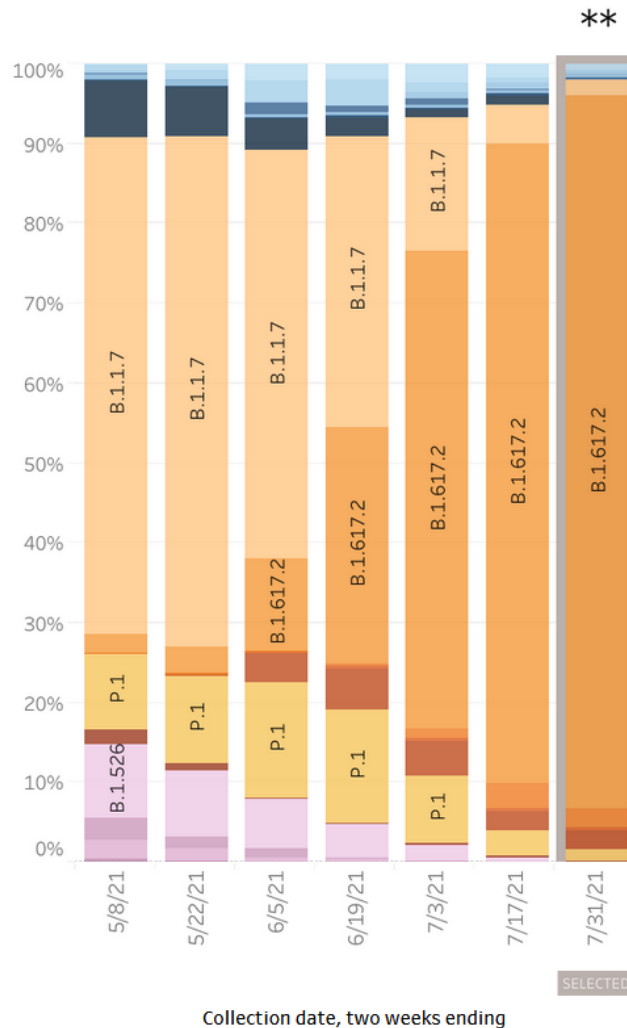
Source: Imperial College, Lancet, Australian government

BBC

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HHS Region 9: 4/25/2021 – 7/31/2021



HHS Region 9: 7/18/2021 – 7/31/2021 NOWCAST

Region 9 - Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau

WHO label	Type	%Total	95%PI
Alpha	B.1.1.7	VOC	2.0% 0.0-8.8
Beta	B.1.351	VOC	0.0% 0.0-2.9
Gamma	P.1	VOC	1.5% 0.0-5.9
Delta	B.1.617.2	VOC	89.4% 79.4-9
	AY.3	VOC	2.9% 0.0-8.8
	AY.2	VOC	2.3% 0.0-8.8
	AY.1	VOC	0.2% 0.0-2.9
Epsilon	B.1.427	VOI	0.0% 0.0-2.9
	B.1.429	VOI	0.0% 0.0-2.9
Eta	B.1.525	VOI	0.0% 0.0-2.9
Iota	B.1.526	VOI	0.2% 0.0-2.9
	B.1.621		0.8% 0.0-5.9
	B.1.621.1		0.4% 0.0-2.9
	B.1.628		0.4% 0.0-2.9
	B.1		0.1% 0.0-2.9
	A.2.5		0.1% 0.0-2.9
	B.1.617.3	VOI	0.0% 0.0-2.9
	Other*		0.0% 0.0-2.9
	B.1.626		0.0% 0.0-2.9

* Enumerated lineages are VOI/VOC or are circulating >1% in at least one HHS region during at least one two week period; remaining lineages are aggregated as "Other".

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

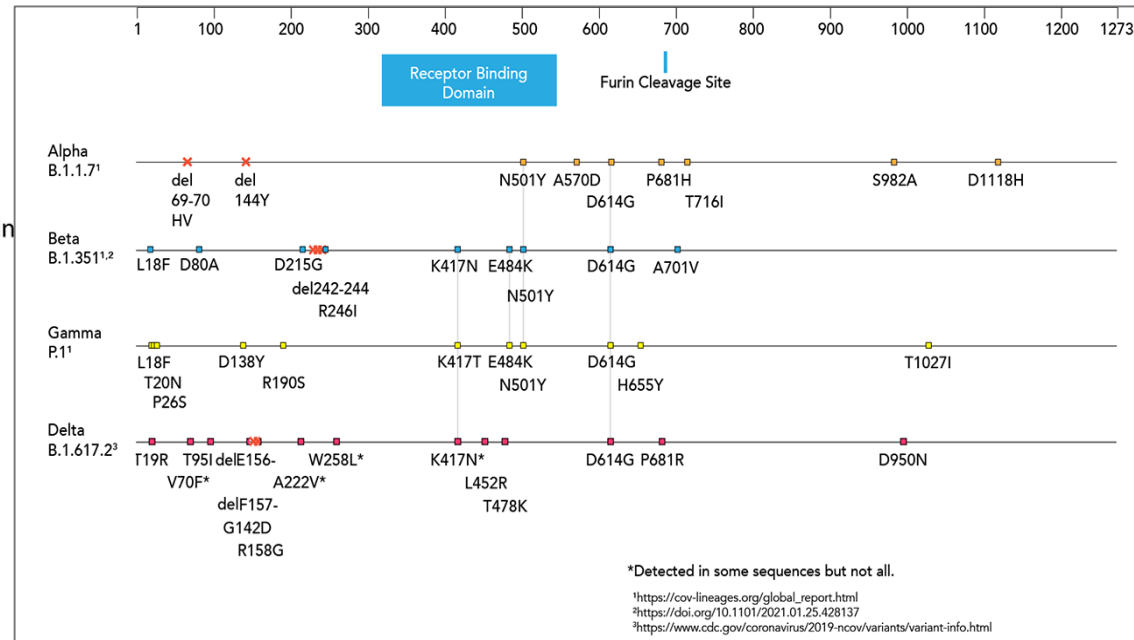
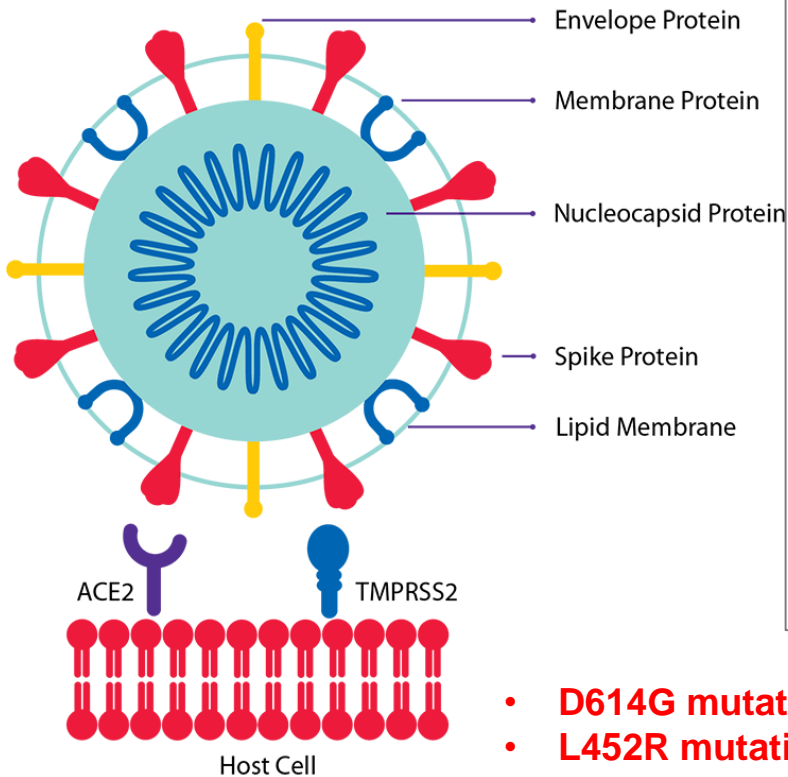
Sublineages of P.1 and B.1.351 (P.1.1, P.1.2, B.1.351.2, B.1.351.3) are aggregated with the parent lineage and included in parent lineage's proportion. AY.1, AY.2, and AY.3 are no longer aggregated with B.1.617.2.

Since May 2020, the Delta variant has increased in proportion and become the dominant version of SARS-CoV-2.

As of 7/31/21, the Delta variant comprised 89.4% of cases in our region.

Why
**is the Delta variant (B.1.617.2)
highly transmissible?**

The Delta variant has mutations that increase infection:



- **D614G mutation increases spike density and increases cell entry efficiency**
- **L452R mutation prevents antibodies from neutralizing the virus**

<https://www.sigmaaldrich.com/>

Nat Commun. 2021 Feb 8;12(1):848.

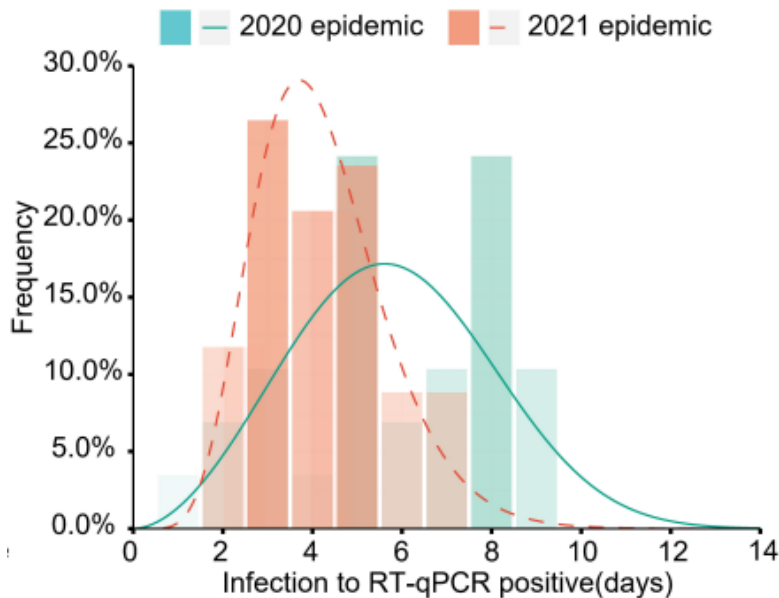
Nat Commun. 2020 Nov 26;11(1):6013.

medRxiv [Preprint]. 2021 Mar 9:2021.03.07.21252647.

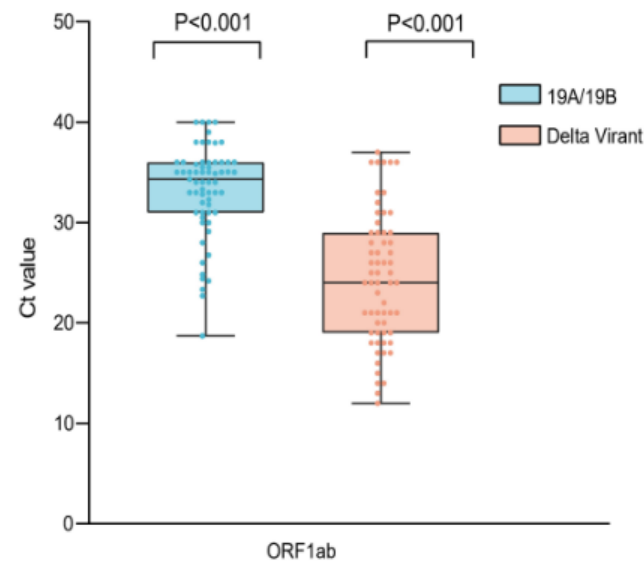
<https://asm.org/Articles/2021/July/How-Dangerous-is-the-Delta-Variant-B-1-617-2>

<https://www.pbs.org/newshour/health/how-these-mutations-made-delta-the-most-transmissible-covid-variant-yet>

2020 SARS-CoV-2 compared to 2021 Delta variant:



Time from exposure to positive RT-PCR is shorter for Delta variant



Delta variant has lower Ct values (higher viral loads)

“The viral loads in the Delta infections were ~1000 times higher than those in the earlier 19A/19B strain infections on the day when viruses were firstly detected.”

In an infected person, the Delta variant replicates in greater number.

Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Catherine M. Brown, DVM¹; Johanna Vostok, MPH¹; Hillary Johnson, MHS¹; Meagan Burns, MPH¹; Radhika Gharpure, DVM²; Samira Sami, DrPH²; Rebecca T. Sabo, MPH²; Noemi Hall, PhD²; Anne Foreman, PhD²; Petra L. Schubert, MPH¹; Glen R. Gallagher PhD¹; Timelia Fink¹; Lawrence C. Madoff, MD¹; Stacey B. Gabriel, PhD³; Bronwyn MacInnis, PhD³; Daniel J. Park, PhD³; Katherine J. Siddle, PhD³; Vaira Harik, MS⁴; Deirdre Arvidson, MSN⁴; Taylor Brock-Fisher, MSc⁵; Molly Dunn, DVM⁵; Amanda Kearns⁵; A. Scott Laney, PhD²

Centers for Disease Control and Prevention
MMWR

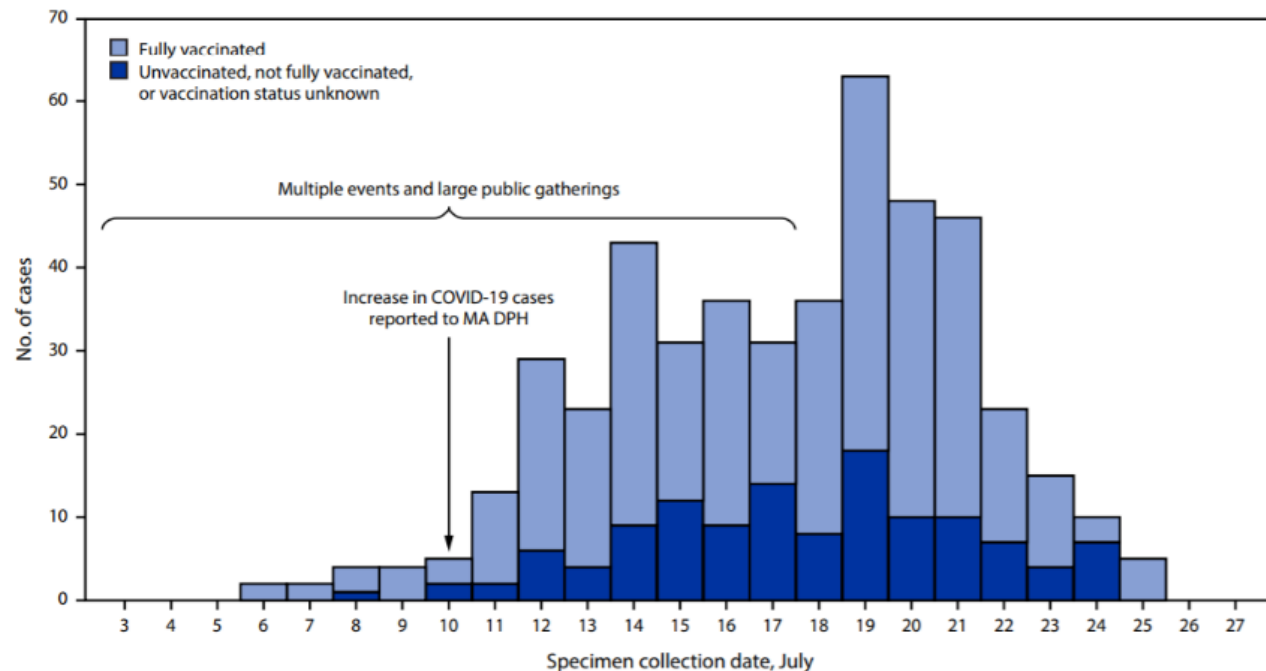
Early Release / Vol. 70

Morbidity and Mortality Weekly Report

July 30, 2021

- 469 cases of COVID-19 associated with multiple summer events and large public gatherings
- Vaccination coverage among eligible Massachusetts residents was 69%.
- 346 (74%) occurred in fully vaccinated persons. →
- Testing identified the **Delta variant** in 90% of specimens from 133 patients.

FIGURE 1. SARS-CoV-2 infections (N = 469) associated with large public gatherings, by date of specimen collection and vaccination status* — Barnstable County, Massachusetts, July 2021



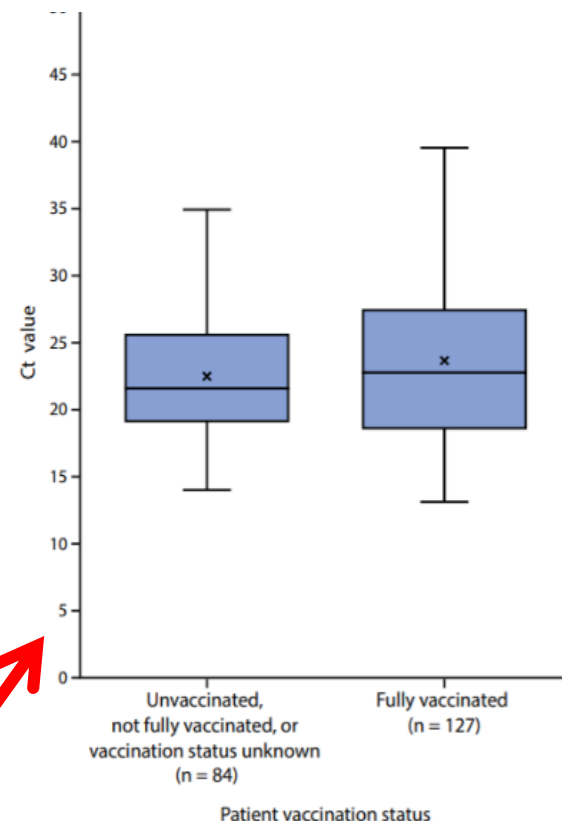
Vaccinated persons can be infected (“breakthrough infection”).

Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Catherine M. Brown, DVM¹; Johanna Vostok, MPH¹; Hillary Johnson, MHS¹; Meagan Burns, MPH¹; Radhika Gharpure, DVM²; Samira Sami, DrPH²; Rebecca T. Sabo, MPH²; Noemi Hall, PhD²; Anne Foreman, PhD²; Petra L. Schubert, MPH¹; Glen R. Gallagher PhD¹; Timelia Fink¹; Lawrence C. Madoff, MD¹; Stacey B. Gabriel, PhD³; Bronwyn MacInnis, PhD³; Daniel J. Park, PhD³; Katherine J. Siddle, PhD³; Vaira Harik, MS⁴; Deirdre Arvidson, MSN⁴; Taylor Brock-Fisher, MSc⁵; Molly Dunn, DVM⁵; Amanda Kearns⁵; A. Scott Laney, PhD²

- Total cases of COVID-19 infection associated with multiple summer events and large public gatherings: 469
- Proportion of total infected that were fully vaccinated: 346 (74%)
 - Proportion of vaccinated patients with breakthrough infection experienced symptoms (most common being cough, headache, sore throat, myalgia, and fever): 274 (79%)
 - Proportion of vaccinated patients with breakthrough infection that was hospitalized: 4 (1.2%)
 - No deaths

Cycle threshold values (viral amount) were similar among specimens from patients who were fully vaccinated and those who were not.



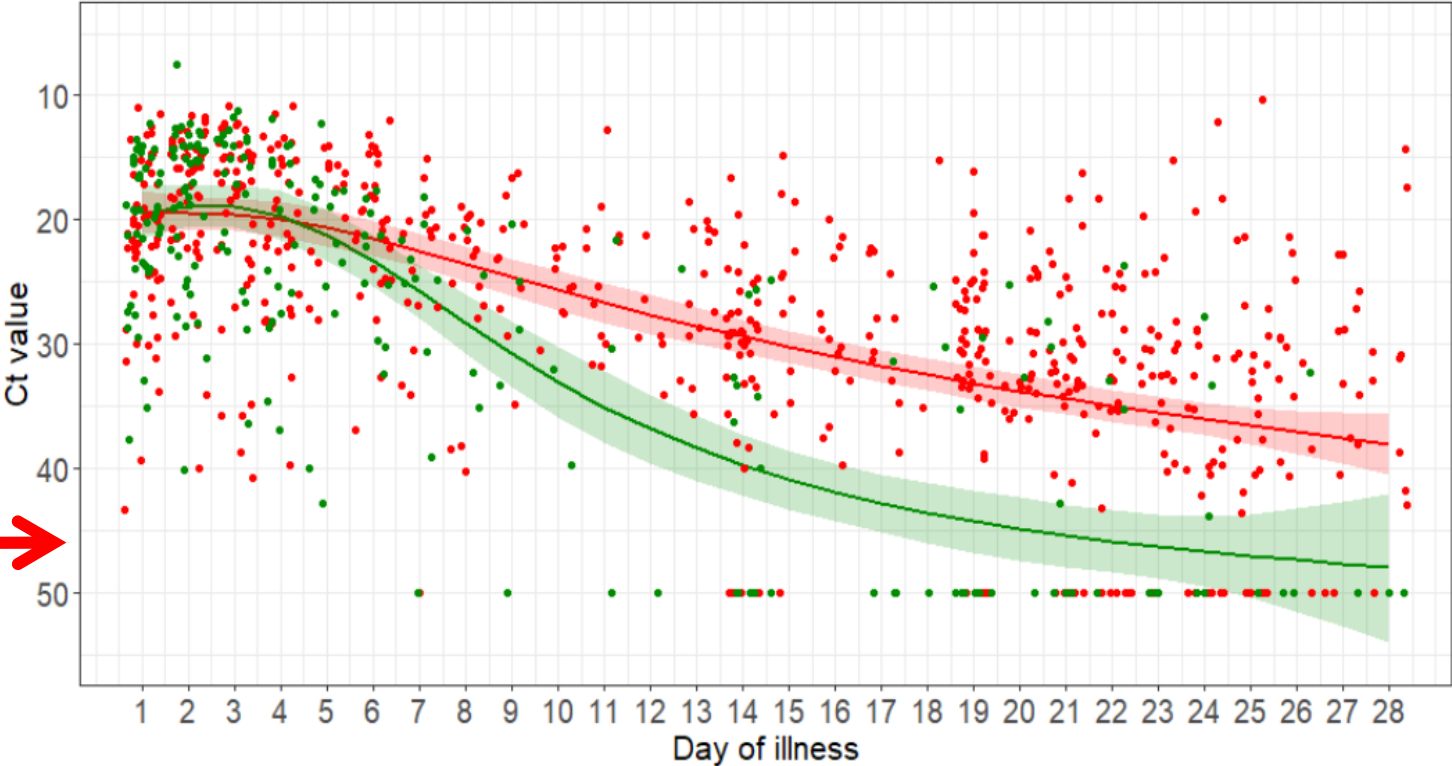
- **Vaccinated persons can be infected, but generally mild symptoms**
- **Vaccination does not alter the amount of detectable virus in an infected person**

Po Ying Chia, MBBS^{1,2,4}; Sean Wei Xiang Ong, MBBS^{1,2}; Calvin J Chiew, MPH^{1,3}; Li Wei Ang, MSc¹; Jean-Marc Chavatte PhD¹; Tze-Minn Mak, PhD¹; Lin Cui, PhD¹; Shirin Kalimuddin, MPH^{5,6}; Wan Ni Chia, PhD⁶; Chee Wah Tan, PhD⁶; Louis Yi Ann Chai, PhD^{7,8}; Seow Yen Tan, MBBS⁹; Shuwei Zheng, MBBS¹⁰; Raymond Tzer Pin Lin, MBBS¹; Linfa Wang, PhD⁶; Yee-Sin Leo, MPH^{1,2,4,8}; Vernon J Lee, PhD³; David Chien Lye, MBBS^{1,2,4,8}; Barnaby Edward Young, MB BChir^{1,2,4}

N=218 with B.1.617.2 infection (vaccinated and unvaccinated)

Unvaccinated Vaccine-breakthrough

- mRNA vaccines are highly effective at preventing symptomatic and severe COVID-19 associated with B.1.617.2 infection
- Vaccination is associated with faster decline in viral RNA load





Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

When You've Been Fully Vaccinated

How to Protect Yourself and Others

Updated July 27, 2021

“If you’ve been around someone who has COVID-19, **you should get tested 3-5 days after your exposure, even if you don’t have symptoms.**

- You should also wear a mask indoors in public for 14 days following exposure or until your test result is negative.
- You should isolate for 10 days if your test result is positive.”

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>

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Summary

The Delta variant (B.1.617.2):

- **Now the dominant version of SARS-CoV-2**
- **Highly transmissible**
 - Mutations that increase infection efficiency
 - Greater viral load
- **Vaccinated persons can be infected**
 - Early: Viral load comparable to unvaccinated
 - Later: Viral load decrease faster
- **Likely led to modification of CDC guideline**
 - Vaccinated: If exposed, test 3-5 days after



COVID-19 Treatment Updates

Douglas Kwock, MD

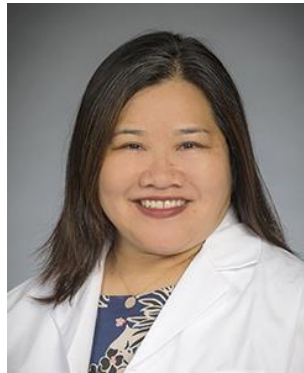
Vice President, Medical Staff Affairs

Hawai'i Pacific Health

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COVID-19: Return to School



Natascha Ching, MD, FAAP

Pediatric Infections Diseases, Kapi'olani Medical Center for Women and Children, Hawai'i Pacific Health Medical Group
Assistant Professor of Pediatrics, University of Hawai'i,
John A. Burns School of Medicine, Department of Pediatrics

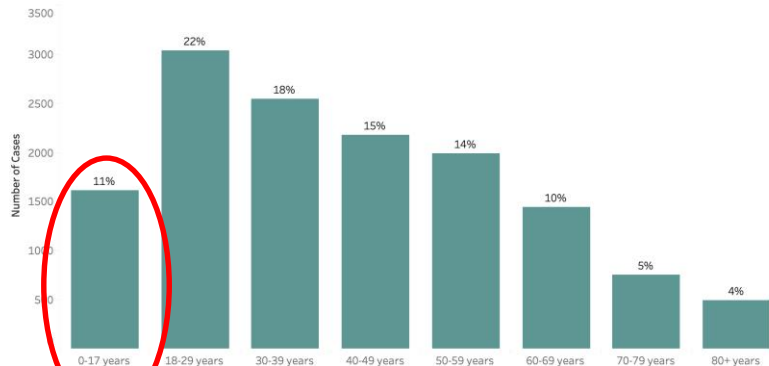
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Age of COVID-19 Cases*, Hawaii 2020
Last updated October 19, 2020 (updated weekly)

Oct 2020

Total Cases**
9,118



* Includes all cases diagnosed in-state (excludes residents diagnosed out-of-state)

** Excludes 4,949 cases with unknown hospitalization status

Outcomes

Gender

Table

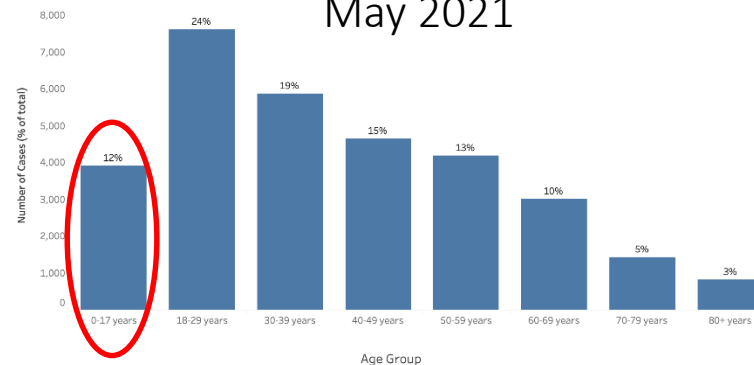
As of Aug 4, 2021:
14% of COVID-19 cases are in
pediatrics 0-17 years (5,919 of 42,213)



Age of COVID-19 Cases*, Hawaii 2021
Last updated Monday, May 3, 2021 (updated weekly)

Total Cases**
31,548

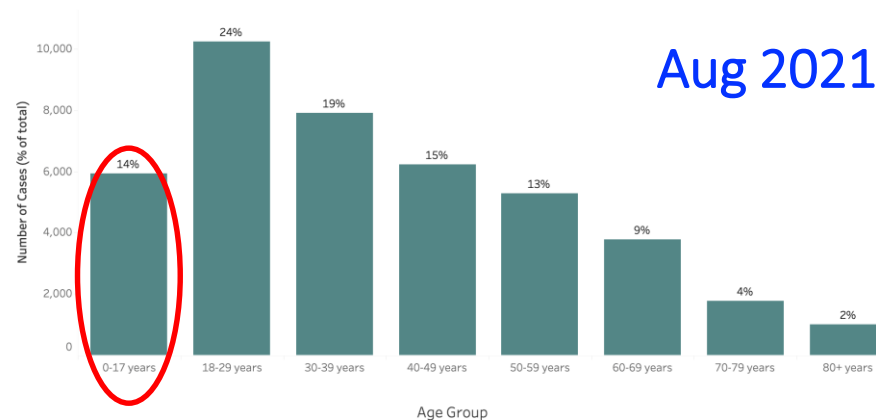
May 2021



Age of COVID-19 Cases*, Hawaii 2021
Last updated Wednesday, August 4, 2021 (updated weekly)

Total Cases†
42,123

Aug 2021



* Includes all cases diagnosed in-state (excludes residents diagnosed out-of-state); Includes both confirmed and probable cases

† Excludes 26 cases with unknown age

Outcomes

Gender

Table

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Prevention Strategies to Reduce Transmission of SARS-CoV-2 in Schools (CDC) *updated 3/19/2021*

- Regardless of the level of community transmission, critical that schools use and layer prevention strategies.
- **Five key prevention strategies** essential to safe in-person instruction and help prevent COVID-19 transmission in schools:
 1. Universal and correct use of mask
 2. Physical distancing
 3. Handwashing and respiratory etiquette
 4. Cleaning and maintaining healthy facilities
 5. Contact tracing in combination with isolation and quarantine
- Evidence suggests that many K-12 schools that have strictly implemented prevention strategies have been able to safely open for in-person instruction and remain open.
- **Testing** to identify individuals with SARS-CoV-2 infection and **vaccination** for teachers and staff provide additional layers of COVID-19 protection in schools.

CDC.Gov

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

American Academy of Pediatrics

COVID-19 Guidance Return to School - July 18, 2021

- **All eligible individuals should receive the COVID-19 vaccine:** Staff, Students and Community
- **All students older than 2 years and all school staff should wear face masks at school (unless medical or developmental conditions prohibit use)**
- **The AAP recommends universal masking in school at this time for the following reasons:**
 - Significant portion of students are not eligible
 - Protection of unvaccinated and to reduce transmission
 - Lack of system to monitor vaccine status, difficult to monitor or enforce
 - Universal masking effective strategy to create consistent message, expectations, enforcement and compliance
 - Possible low vaccination update within surrounding school community
 - Continued concerns for variants easily spread
- Added benefit of protection from other respiratory illnesses
- Adequate and timely COVID-19 testing resources available and accessible
- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission and test positivity rate throughout the community and schools, recognizing the differences between school districts, including urban, suburban, and rural districts.

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

CDC Guidance for COVID-19 Prevention in K-12 Schools

Updated Aug. 5, 2021

- Students benefit from in-person learning, and safely returning to in-person instruction in the fall 2021 is a priority.
- Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.
- **Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.**
- In addition to universal indoor masking, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as screening testing.
- Screening testing, ventilation, handwashing and respiratory etiquette, staying home when sick and getting tested, contact tracing in combination with quarantine and isolation, and cleaning and disinfection are also important layers of prevention to keep schools safe.
- Students, teachers, and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care.
- Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together consistently) to protect students, teachers, staff, visitors, and other members of their households and support in-person learning.
- Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies (e.g., physical distancing, screening testing).

Multiple Mitigation Strategies



[Hawaii Department of Health Guidance for Schools COVID-19 – Revised 7/26/2021](https://hawaiihealth.org/hawaii-covid-19-guidance-for-schools)

<https://hawaiihealth.org/wp-content/uploads/2021/07/School-guidance-COVID-19-Guidance-for-Schools-Updated-Jul-26-2021.pdf>

Table 1. Mitigation Strategies

Core Essential Strategies	<p>To be implemented in every situation.</p> <p>Because of the effectiveness of these strategies, in-person learning always requires these strategies be implemented in every situation.</p>	<ul style="list-style-type: none"> • Promote vaccination of staff and eligible students • Stay home if sick and go home if sick at school • Correct and consistent masking • Hand hygiene
Additional Mitigation Strategies	<p>To be applied in combination to the greatest extent possible, with priority given to those strategies higher on this list.</p> <p>Schools should evaluate which mitigation strategies they cannot practically implement, and which strategies can supplement the intended effects of that mitigation measure. For example, keep students within established small `ohana bubbles (cohorts), open windows to increase ventilation, and utilize air filtration systems for interior rooms, where 3 feet of physical distancing between students cannot be achieved.</p>	<ul style="list-style-type: none"> • `Ohana bubbles or cohorting • Improving ventilation • Physical distancing • Screening testing • Cleaning and disinfection

Return to school after COVID-19

- 10 days passed since symptoms first appears AND
 - 24 hours fever free w/o meds
 - Symptoms have improved
- OR
- If Asymptomatic, 10 days passed since lab test date
- No requirements for negative COVID-19 test or a clinicians note to return to school **after isolation and meets conditions above**

Incidence and Secondary Transmission of SARS-CoV-2 Infections in Schools - North Carolina

- Closed March 14, 2020 - July 15, 2020; First Quarter Aug 15, 2020 to Oct 23, 2020
 - 9 weeks in-person instruction in 11 school districts with nearly 100,000 students and staff
 - Secondary transmission of SARS-CoV2 extremely rare
 - n=773 students and staff - community acquired
 - n=32 infections acquired within school
 - No child to adult transmission within schools; No school closures
- **Limited within-school secondary transmission in person 1st 9 weeks**
- One cluster pre-K exempted from **mask wearing**
 - Closed, reversed mask wearing for PreK with no additional secondary transmission
 - 2 clusters in special needs environment while **eating together in close proximity**
 - Used face shield when mask not feasible
 - Eat outdoors, 6 ft apart, limited mask-off time to eat 15 minutes, no talking while eating and while masks off

COVID-19 Cases and Transmission in 17 K–12 Schools Wood County, Wisconsin - August 31–November 29, 2020

- Among 191 cases identified in students and staff members, **only 7 (3.7%) student cases, linked to in-school spread**
- With masking and cohorting, transmission risk within schools appeared low



Summary for Clinicians

- Core Essential Strategies and Layered Mitigation Prevention Strategies
- Clarify the mitigation strategies in the school environment when assessing risk
- Review all symptoms, even if attributed to other etiology (allergies)
- Remember that students and siblings are intertwined with one another in school as well as school based and club sports
- If positive COVID-19
 - Direct parent to contact school directly (school to start contact tracing)
 - Report to DOH and School liaison (if school has not done)
 - HDOH 808-587-6845 - School Liaison: option 4: **“school administer”**
 - Or option 5: **“physician or laboratory”** → DOH Disease officer of the day, not school specific

- Mahalo
- Questions?



HPH Policies and Updates



Melinda Ashton, MD

Executive Vice President and Chief Quality Officer
Hawai'i Pacific Health



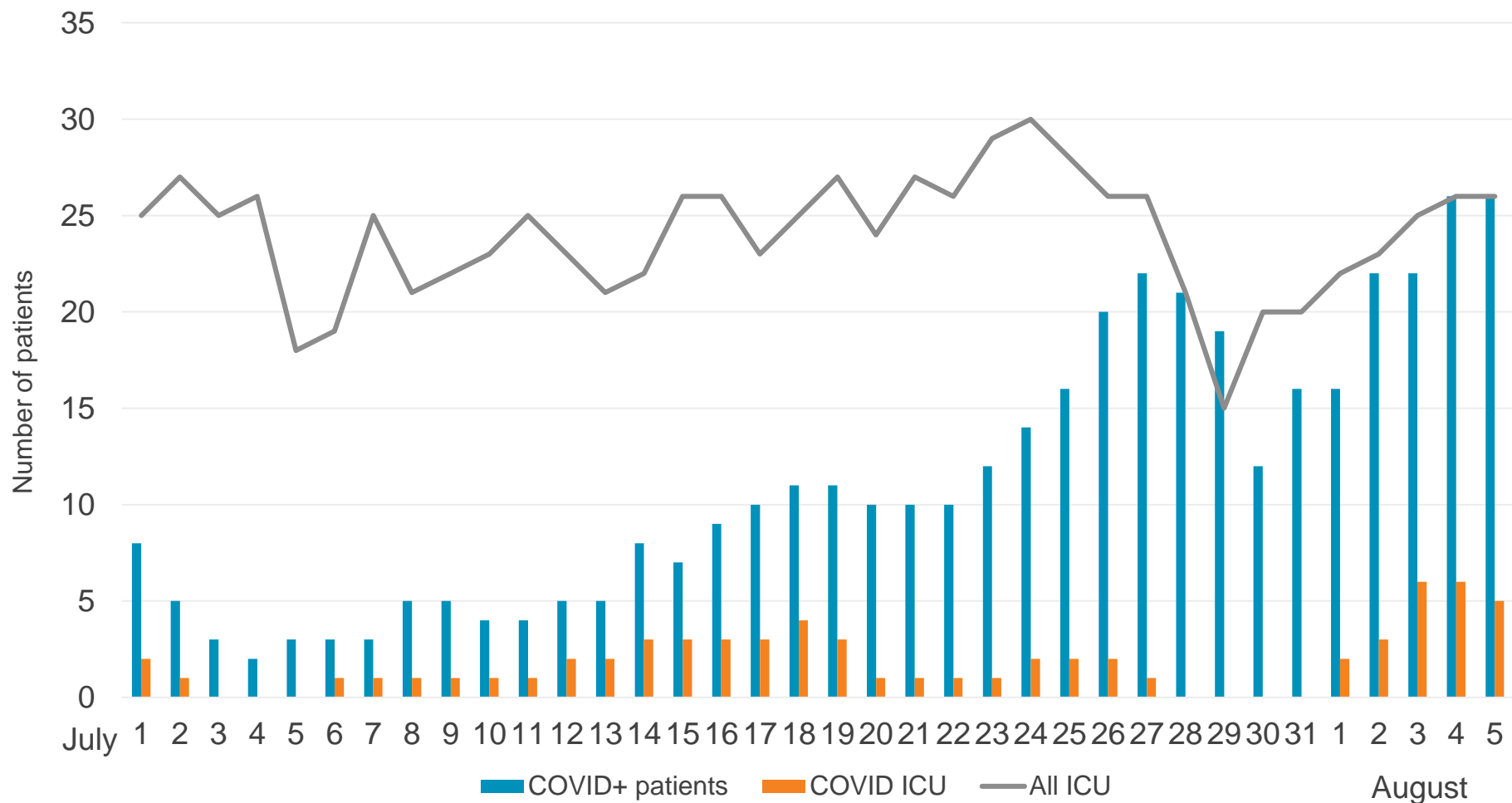
Shilpa Patel, MD

Pediatric Hospitalist, Kapi'olani Medical Center
Physician Liaison, Quality & Patient Safety
Hawai'i Pacific Health Medical

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PARTNERS**

Inpatient COVID-19 Activity: All HPH



Confirmed COVID-19 Inpatients at HPH: 08/05/21

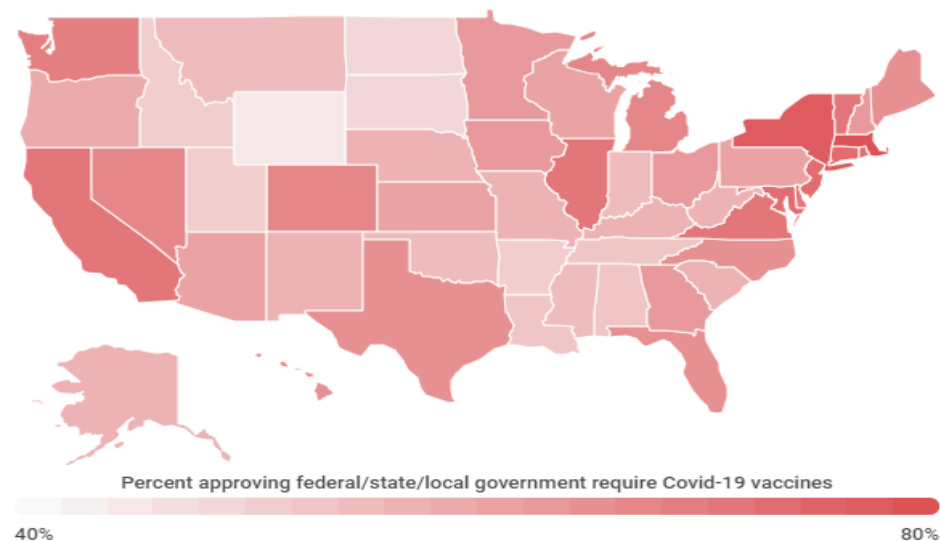
Age	KMCWC	PMMC	SMC	WMC	Total
<12	2				2
12-20	1				1
21-35		1	4		5
36-50		5	4		9
51-65		2	3		5
66-75		2	1		3
>75				1	1
Total	3	10	12	1	26

5 COVID ICU patients

Support for vaccine mandates in the U.S.

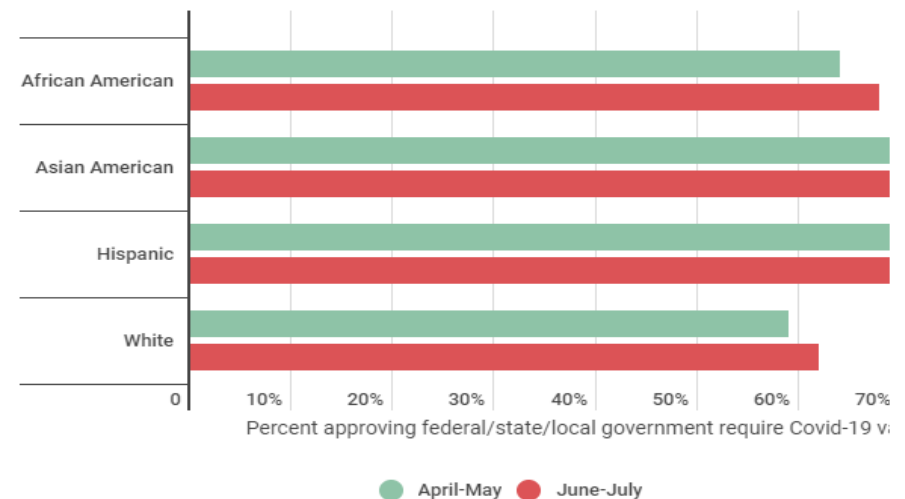
For the survey, researchers surveyed 20,669 individuals throughout all 50 states and the District of Columbia between June 9 and July 7, then compared the responses to data collected earlier this year between April and May.

The survey also found a majority of respondents in all but three states (North Dakota, South Dakota, and Wyoming) said they support vaccine mandates.



Source: Baum et. al., The COVID States Project, July 2021

When the data was broken down by race and ethnicity, the researchers found that 80% of Asian American respondents, 70% of Hispanic respondents, and 68% of African American respondents said they support a vaccine mandate, compared with 62% of white respondents.



Source: Baum et. al., The COVID States Project, July 2021

Mandatory Vaccinations for HPH HCWs

August 2, 2021

Dear Hawai'i Pacific Health Colleagues,

After fighting COVID-19 for more than a year and making such great strides in our initial vaccination efforts, it is disappointing to see the spike in COVID-19 cases here in Hawai'i these last few weeks. As COVID-19 hospitalizations increase, the vast majority of those hospitalized are unvaccinated. We are facing what is now being called a pandemic of the unvaccinated.

It is clear that vaccination against this disease is one of the greatest tools available to lessen the spread within our communities. As a health care organization, we have a responsibility to protect our employees, care providers and patients, which is why we will be implementing a requirement for all Hawai'i Pacific Health employees, providers, volunteers and partners to be fully vaccinated for COVID-19 by October 1.

This requirement is in line with COVID-19 vaccination mandates for health care workers already established by numerous hospitals and health care providers nationwide. Locally, the Healthcare Association of Hawai'i and other health care providers in our state will be announcing similar COVID-19 vaccination mandates along with Hawai'i Pacific Health during a joint news conference later today.

The goal of our mandate is to protect our patients, employees and their family members, others affiliated with Hawai'i Pacific Health, and the broader community from COVID-19 infection. The vaccine is safe and provides substantial protection from severe illness and hospitalization, which is important now more than ever with the highly contagious Delta variant accounting for the majority of infections.

Our vaccine mandate applies to all personnel who are employed by Hawai'i Pacific Health or an affiliate and those who provide services at our facilities, including hospital employees, clinical and non-clinical employees, physicians, licensed independent practitioners, members of medical staff, temporary workers, students, researchers, volunteers, clergy, contracted staff, vendors and agency personnel.

We recognize that some individuals cannot be vaccinated due to medical reasons, and our policy does allow for medical or religious exemptions. Those who receive an exemption will be required to get tested regularly for COVID-19.

The policy and answers to frequently asked questions are posted on the HPH intranet [here](#) under "COVID-19 Vaccination Requirement."

Currently, 85% of Hawai'i Pacific Health employees are already fully vaccinated. We must lead by example in order to help bring an end to this pandemic.

Thank you for all you continue to do for our patients. Knowing that the health care workers who care for them are vaccinated is additional reassurance we can provide our patients of their safety and well-being.

Ray Vara
President & CEO

Vaccination clinics (www.hawaiipacifichealth.org/covidvaccine)

Location	Appointments online	Walk ins	Vaccines provided
KMCWC	yes	yes	Pfizer, Moderna, J&J
Straub Urgent Care locations	no	yes	J&J
VaxSquad Bus	yes	yes	Pfizer, J&J
Wilcox Medical Center	yes	yes	Pfizer, J&J
HPH Emergency Departments	no	ED patients	J&J

Announcements

Expand All

About HPH

Our Leadership

Business Sites

Directories and Resources

Document Database
(Policies & Procedures)

HPH Fitness Center

Patient Experience

Patient Experience Blog

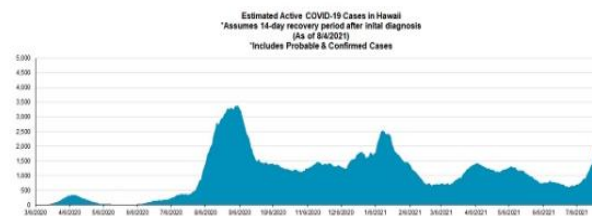
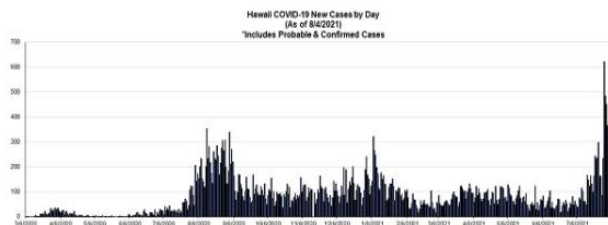
Telehealth

Training and Education

Intranet

Site Contents

COVID-19 UPDATES/ MEMOS



COVID-19 Vaccination Requirement:

- [Employee COVID Vaccine Policy 2021](#)
- [COVID 19 Vaccine Requirement FAQs](#)

FAQs:

- [COVID-19 Vaccine FAQs](#)
- [COVID-19 Vaccine FAQs for Managers](#)
- [COVID Convalescent Plasma \(CCP\) August 10, 2020](#)
- [FAQs for HPH Employees](#)
- [FAQs for HPH Manager](#)
- [FAQs for Employees Working from Home](#)
- [HPH Travel Protocol Effective 8/9/21](#)
- [FAQs – Patient Privacy Related to COVID-19](#)
- [Employee Health Reminders](#)
- [Working Together - Microsoft Teams and O365](#)

Self-Care

Leadership Resources

For Patients:

- [Multilingual Resources](#) (scroll down in this DOH site for handouts)
- [Stay Healthy And Informed With HPH](#)
- [What to do after you are tested for COVID-19](#)

COVID-19 Response Plan

Latest HPH COVID-19 Bulletins & Information (previous Bulletins in [archives](#)):

- [DOH COVID-19 Update #20 – Quarantine Guidance for Vaccinated Persons Following Exposure Feb 11, 2021](#)
- [Bulletin #356 August 4, 2021](#)
 - [Straub COVID-19 Drive-Up Specimen Collection Site Closure](#)
 - [CLH COVID-19 Technical Bulletin – Molecular Revision May 19, 2020](#)
 - [Visitor Policy Update and Guidelines on Masks Feb 26, 2021](#)
- [COVID-19 Hawai'i Cases August 4, 2021](#)
- [Beyond COVID 19: Concept Model & Indicators May 13, 2020](#)
- [Beyond COVID 19: Reopening Status Update](#)
- [HPH Surge Plan: KMCWC, PMMC, SMC, WMC](#)

Clinical/Workflow Algorithms and Specimen Collection:

- [COVID-19 Algorithms:](#)
- [Specimen Collection:](#)
- [Ambulatory COVID Monitoring Program:](#)
- [Isolation Code Blue Process:](#)

Airway Management:

PPE Guidelines:

PPE Donning and Doffing:

PPE & Medical Equipment Cleaning and Conservation:

COVID-19 Therapeutics (HPH):

PPE Protocol Changes Due to Delta Variant

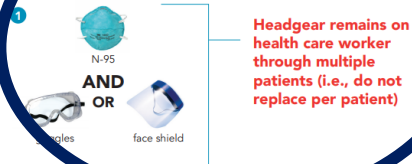
- Now revised to provide added protection for employees and other staff at our facilities. In many cases we are simply returning to prior practices:
 - We will now require the use **of CAPRs or N95s** (plus goggles or face shield) **for all ED patient interactions** and for **all Aerosol Generating Procedures** (gowns and gloves also required for AGPs). See below for AGP list.
 - In **non-clinical settings, we will now require face coverings** or **procedure/surgical masks to be worn when indoors**, unless the employee is alone in an office or other enclosed workspace, or is separated from others with protective barriers, or if physical distancing can be ensured. This includes all employees in all work situations at HPH (other than working from home), regardless of vaccination status.
 - **In clinical settings, masks and eye protection continue to be required at all times** (unless the clinician is alone in an office or other enclosed workspace).
 - We will implement **intensified visitor management** to enforce our visitor policies and to screen for known COVID risk, but will **not reinstitute temperature screening**. Fever is not a useful indicator of presence or absence of COVID-19 infection. If fever is present it is helpful, but it is rarely present early in the infection when infectivity is high.
 - We will **resume COVID-19 testing for all admitted inpatients**, regardless of vaccination status as of 7/29/21.
 - We will reinstate **pre-procedural COVID testing for all elective or scheduled procedures, regardless of patient vaccination status**. This will take a little longer to start, but should be in place for all procedures performed from 8/2/21 and beyond.

PPE for DIRECT PATIENT CAREGIVERS FOR ED

DIRECT PATIENT CARE = Touching/examining patient or contact for more than 10 min and within 6 feet

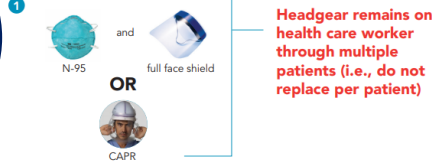
For any rule out or confirmed COVID patient go to [[LINK](#)]

General Patients: No Known COVID Risk



1. Fresh gloves for all patient contact. Gown for contact/standard precautions.
2. Break back tie in order to don gown over head gear.
3. Proper hand hygiene.

Aerosolizing Procedures: Regardless of Vaccination Status



1. Fresh gloves and gown. Break back tie in order to don gown over head gear.
2. Proper hand hygiene.

AEROSOLIZING PROCEDURES:

Nebulized Medication
Non-Invasive Ventilation
BiPAP/CPAP/High flow O2
High Frequency Ventilation
Chest Physiotherapy
Manual Ventilation
Intubation
Extubation
Bronchoscopy/BAL
Laryngoscopy

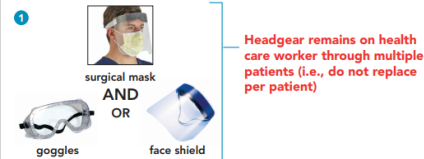
Tracheostomy
PFTs
Open Suction
CPR
Second Stage of Labor (Obstetric Patients)
Or –
Any procedure that involves upper airway secretions

HAWAII PACIFIC HEALTH
KAPOLANI PALI MOHI STRAUB WILCOX
CREATING A HEALTHIER HAWAII

PPE for DIRECT PATIENT CAREGIVERS for All Surgical and Sedation Procedures

DIRECT PATIENT CARE = Touching/examining patient or contact for more than 10 min and within 6 feet

No Known COVID risk and No Aerosolizing Procedure



1. Don and doff PPE per protocol.
2. Strict adherence to hand hygiene.

Aerosolizing Procedures: Regardless of Vaccination Status



If your fit test for the N-95 mask was unsuccessful, please contact your infection prevention staff and unit manager in advance for an alternative solution.

1. Don and doff PPE per protocol.
2. Strict adherence to hand hygiene.

AEROSOLIZING PROCEDURES:

Nebulized Medication
Non-Invasive Ventilation
BiPAP/CPAP/High flow O2
High Frequency Ventilation
Chest Physiotherapy
Manual Ventilation
Intubation
Extubation
Bronchoscopy/BAL
Laryngoscopy

Tracheostomy
PFTs
Open Suction
CPR
Second Stage of Labor (Obstetric Patients)
Or –
Any procedure that involves upper airway secretions

HAWAII PACIFIC HEALTH
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PPE for DIRECT PATIENT CAREGIVERS for Hospitalized Patients: MD, RN, APRN, PA, CNA, CCT, RT, PT, OT, SLP, Radiology Techs, Clinical Pharmacists, Dietitians, etc.

DIRECT PATIENT CARE = Touching/examining patient or contact for more than 10 min and within 6 feet

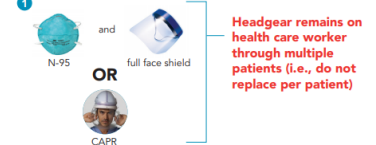
For any rule out or confirmed COVID patient go to [[LINK](#)]

General Patients: No Known COVID Risk



1. Fresh gloves for all patient contact. Gown for contact/standard precautions.
2. Break back tie in order to don gown over head gear.
3. Proper hand hygiene.

Aerosolizing Procedures: Regardless of Vaccination Status



1. Fresh gloves and gown. Break back tie in order to don gown over head gear.
2. Proper hand hygiene.

AEROSOLIZING PROCEDURES:

Nebulized Medication
Non-Invasive Ventilation
BiPAP/CPAP/High flow O2
High Frequency Ventilation
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Manual Ventilation
Intubation
Extubation
Bronchoscopy/BAL
Laryngoscopy

Tracheostomy
PFTs
Open Suction
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Any procedure that involves upper airway secretions

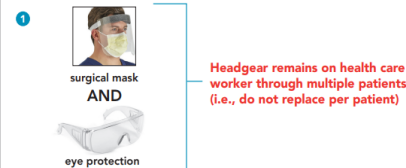
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PPE for OUTPATIENT SERVICES: Clinics, Urgent Cares, Respiratory Evaluation Clinics, etc.

DIRECT PATIENT CARE = Touching/examining patient or contact for more than 10 min and within 6 feet

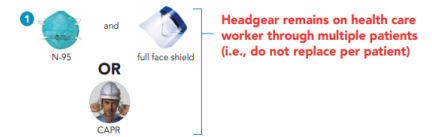
For any rule out or confirmed COVID patient go to [[LINK](#)]

General Patients: No Known COVID Risk



1. Fresh gloves for all patient contact. Gown for contact/standard precautions.
2. Break back tie in order to don gown over head gear.
3. Proper hand hygiene.

Aerosolizing Procedures: Regardless of Vaccination Status



1. Fresh gloves and gown. Break back tie in order to don gown over head gear.
2. Proper hand hygiene.

AEROSOLIZING PROCEDURES:

Nebulized Medication
Non-Invasive Ventilation
BiPAP/CPAP/High flow O2
High Frequency Ventilation
Chest Physiotherapy
Manual Ventilation
Intubation
Extubation
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Or –
Any procedure that involves upper airway secretions

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Updated Drive-up Specimen Collection

HPH COVID-19 Drive-Up Specimen Collection Sites and Test Orders

COVID-19 drive-up specimen collection sites are currently open at Kapi'olani Medical Center for Women & Children and Pali Momi Medical Center on O'ahu, and Wilcox Medical Center on Kaua'i.

We are monitoring the need for additional hours for our drive-up testing locations. Kapi'olani and Pali Momi have added additional capacity.

The updated schedule is here:

Hours are as follows:

- *Kapi'olani: Daily, 8 a.m.-12 p.m. (8 a.m.- 2 p.m. effective, August 5)*
- *Pali Momi: Monday-Saturday, 8 a.m.-1 p.m. (8 a.m. – 2 p.m. effective, August 5)*
- *Wilcox: Monday-Friday, 9 a.m.-12 p.m.*
- *Also, please note, the KMCWC site will be open on Admissions Day, Friday, August 20th.*

Appointments are required for the Kapi'olani and Pali Momi sites and can be scheduled through the Clinical Labs of Hawai'i website at ClinicalLabs.com/COVID.

On Kaua'i, screenings at Wilcox Medical Center are on a first-come, first-served basis. Wilcox also offers pediatric specimen collection Monday-Friday, 9 a.m. to 12 p.m.

Testing

Quick Reference: COVID-19 Testing Guidance

General Rule for Any Patients:

- All patients regardless of vaccination status should be screened for COVID-19 for pre-procedural and/or hospital admissions.
- If a patient had a recent COVID-19 infection, do not retest unless 3 months have passed from the initial positive as it is possible to continue to have a residual positive test after clearance.

Pre-procedural Screening Test:

- COVID NAAT (PCR or TMA) test is required for the following patients up to 72 hours prior to:
 - All elective surgical and scheduled C-section procedures regardless of patient's vaccination status.
 - Elective surgery should be delayed for COVID-19 positive patients.
 - For urgent/emergent surgical and C-section procedures: Perform rapid test per facility protocol (rapid PCR preferred). If unable to wait for test results or testing unavailable, proceed with the appropriate PPE protocol for COVID PUI.
 - For more details to this process, please refer to the "HPH PRE-PROCEDURAL COVID-19 TESTING ALGORITHM", available on the homepage intranet.
 - All non-surgical procedures for patients regardless of vaccination status (e.g. endoscopy, interventional radiology, sedation-related procedures, etc.).
 - Exception for NICU only: Mother's COVID test can be used on patient's behalf, including direct transfers from another hospital.

Admission Screening Test:

- COVID NAAT (PCR or TMA) test is required for the following patients:
 - All patients regardless of vaccination status.
 - Exception for NICU only: Mother's COVID test can be used on patient's behalf, including direct transfers from another hospital.
 -

To view or download the COVID-19 Testing Guidance, please visit the HPH intranet or click [HERE](#).

Exposure Management

- **Exposure and Testing Updates**

It is vital that anyone who works at HPH or who otherwise provides services at our facilities (vaccinated or not), self-monitor their health and not come to work if they have any symptoms of COVID-19. With the current degree of infection in our community and the Delta variant being so highly contagious, even mild illness symptoms should make you pause. Please assume that any congestion, cough, fever, headache, even nausea/vomiting and diarrhea may be COVID. DON'T come to work until you've been tested. If you lose your sense of taste or smell, that is COVID. Please call your supervisor and don't come in to work.

- **Post-Exposure Testing Guidance Updated**

Fully vaccinated employees and other health care personnel who have an exposure to a known positive and who are entirely well may come to work, wearing appropriate PPE for the activity they are engaged in. We require a post exposure test on day 3 after contact with the known positive person. If this test result is negative, the exposed fully vaccinated employee may continue to come to work as long as they remain entirely well.

We also strongly recommend that fully vaccinated people who return from out-of-state travel arrange to have a post travel test done on day 3, after return. We have not yet mandated this and will monitor the need to reinstitute a mandate.

We have moved the day of testing up to day 3, instead of the previously recommended day 5, because the Delta variant spreads quickly and causes a much larger amount of virus to be present. COVID-19 tests are expected to become positive earlier in the course of the infection.

Support for COVID + Patients

HPH Respiratory Evaluation Clinics and Urgent Care for COVID-19 Positive Patients

These clinics are staffed by physicians for adult (18 and over) patients with fever and respiratory symptoms (cough, difficulty breathing) and routine urgent care. It is **not an emergency department**. Patients are evaluated and appropriate tests will be taken, including COVID-19 specimen collection, as needed.

HPH COVID-19 Virtual Clinic for Video and Phone Visits

The HPH COVID-19 Virtual Clinic can be reached by calling 808-462-5430 (press option 3). The hours of operation are 8 a.m. to 8 p.m. daily. Hours are subject to change based on demand.

The Hawai'i Pacific Health COVID-19 Virtual Clinic for video and phone visits is open for our patients and the public. The purpose of the Virtual Clinic is to address patients with signs and symptoms of COVID-19 who are well enough to be seen without coming to the office and others who have concerns about COVID-19 exposure. The virtual team will recommend and facilitate pathways for care and order COVID-19 tests when clinically appropriate.

COVID-19 Monitoring Program Restarting

CREATING A HEALTHIER HAWAII

Kaua'i Medical Clinic Respiratory Evaluation Clinic

3-3240 Kuhio Highway, Suite B
Lihue, HI 96766

(Pediatric Isolation Room located between Wilcox Medical Center and Kaua'i Medical Clinic)

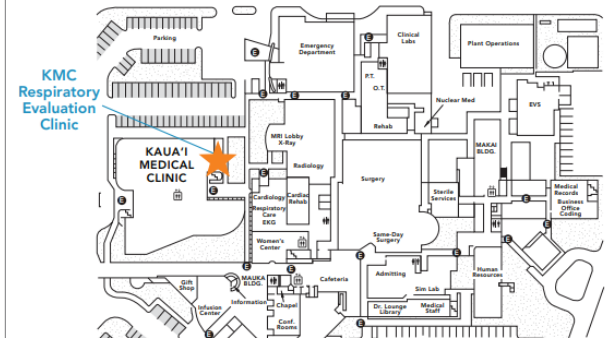
Monday-Friday, 8:30 a.m.-4:30 p.m.

The respiratory evaluation clinic is for patients 18 years old and over with fever and respiratory symptoms, such as cough or difficulty breathing.

Please call your primary care physician for an initial evaluation to determine if the respiratory evaluation clinic is appropriate for you. Patients that do not have a primary care physician may call 245-1504 to schedule a telephone visit with one of our respiratory clinic providers.

Patients will be evaluated and appropriate tests, including COVID-19, will be ordered as needed.

This clinic is not an emergency room. If you have a medical emergency, call 911 or go to your closest emergency room.



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WMC_Respiratory_ClinicRev_4/2020

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CVMP: 10-day COVID Monitoring Oversight

Tier 3 Criteria	PCP Monitoring	Complex Care Monitoring
<ul style="list-style-type: none">• ≥ 75• < 75 with CVD, ESRD, immunocompromised, severe COPD, cirrhosis, cancer, frailty or multiple comorbidities	Vaccinated Patients (PCPs can reach out to Complex Care on a case-by-case basis to monitor)	Unvaccinated Patients
<ul style="list-style-type: none">• Cough w/pain, wheezing or SOB >6 days; DOE, or chest tightness	NA	Unvaccinated and Vaccinated Patients
<ul style="list-style-type: none">• Hypoxemia (93% or less)• Infiltrates on CXR or CT chest	NA	Unvaccinated and Vaccinated Patients

CVMP referrals from ED, UC and Respiratory Clinic will be triaged by Complex Care and enrolled into CVMP monitoring or referred to PCP if appropriate

Pediatric Care Options

- We would like to remind you that the following options are available for pediatric patients who are sick and/or suspected to have contracted COVID-19.

- **Kapi‘olani Pediatric Outpatient Clinic**

HPH Medical Group Pediatricians will see patients, newborn up to age 18, with viral symptoms when their PCP determines that an in-person visit is required. Hours of operation are Monday – Friday, 1:30 p.m. – 5 p.m. This is located on the 3rd floor of the Diamond Head Tower in the Multidisciplinary Clinic. Providers with pediatric patient referrals should call (808) 763-2888 to make an appointment. Please note, this clinic is not for testing only. COVID testing should continue to be scheduled through the testing centers.

- **Kapi‘olani After Hours Clinic**

Open for in person appointments, virtual appointments or walk-ins. Hours of operation are Monday – Friday, 5 p.m. – 8 p.m.; Saturday, Sunday and holidays, 12 p.m. – 7 p.m. This is located on the 1st floor, in the Pediatric Outpatient Clinic. Children experiencing fever and respiratory symptoms (cough or difficulty breathing) or concerns associated with COVID-19 can walk-in with no appointment necessary to be seen by one of our pediatric health care professionals.

- For more information, or to schedule an appointment with either clinic, please call (808) 763-2888 from 8 a.m. – 8 p.m. (M-F) and 12 p.m. – 7 p.m. (weekends/holidays).

Revised Return to Work After Travel

- **Updated Out of State Travel Policy**
- Beginning on 8/9/21, all HPH employees should follow this updated and detailed travel protocol for an expedited return to work after out of state travel. Given the highly contagious nature of the Delta variant, and its ability to be transmitted among both vaccinated and unvaccinated individuals, HPH will require a negative COVID-19 test on day 3 for all HPH employees returning from travel regardless of vaccination status. We currently require testing on day 5 for all unvaccinated employees; this is being modified to testing on day 3 instead. This test is available to you within HPH at no cost to you.
- After travel, as long as you are entirely well, you may return to work as scheduled as long as you have received clearance from Employee Health. For fully vaccinated employees who are already traveling at the date of this announcement, we highly encourage the test at 3 days, however it is not required given that travel has commenced.

Q&A

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Next Webinar:

HHP Care Model and Disease Management Webinar: Dementia – Dr. Huidy Shu

**Thursday, August 12, 2021
5:30pm – 6:30 pm**

Please note: webinar topic is subject to change

Thank you!

- A recording of the meeting will be available afterwards.
- Unanswered question?
 - Contact us at Covid19Bulletin@hawaiiipacifichealth.org