



## The Senate

STATE CAPITOL  
HONOLULU, HAWAII 96813

December 8, 2020

Honorable Ronald D. Kouchi  
President of the Senate  
Thirtieth State Legislature  
State of Hawaii

Dear Sir:

Re: Senate Special Investigating Committee on COVID-19

Meeting on December 4, 2020  
2:00 p.m.  
Hawaii State Capitol

Your Senate Special Investigating Committee on COVID-19, established pursuant to S.R. No. 198, S.D. 1 (Regular Session of 2020), begs leave to report as follows:

The purpose and intent of the Committee is to:

- (1) Assess and advise the Senate regarding the State of Hawaii's COVID-19 plans and procedures;
- (2) Confirm the development of state and county departmental plans and procedures;
- (3) Review and assess current state and county departmental plans and procedures;
- (4) Review and assess whether state and county departmental plans and procedures are properly and timely implemented to safeguard public health and safety;
- (5) Review, assess, and monitor the State's expenditure of federal and state COVID-19 relief funds;
- (6) Communicate and disseminate information obtained therefrom; and

- (7) Issue subpoenas.

On December 4, 2020, your Committee met with the following:

- (1) Dr. Libby Char, Director of the Department of Health;
- (2) Dr. Emily Roberson, Disease Investigation Branch Chief of the Department of Health; and
- (3) Dr. Sara Kemble, Deputy State Epidemiologist of the Department of Health.

## **FINDINGS OF THE COMMITTEE**

### **I. Opening Statements**

Senator Donovan Dela Cruz called the hearing to order, introducing Drs. Char, Roberson, and Kemble from the Department of Health. Senator Dela Cruz introduced the topics to be discussed and requested an update on COVID-19 clusters and surges.

### **II. Presentation from the Department of Health**

Drs. Kemble, Roberson, and Char began with a presentation covering the following topics:

- **Data for Action:** The Department of Health (DOH) has updated the State's COVID-19 dashboard to include updated metrics that are guideposts for DOH decision-making; travel-related COVID-19 cases for residents and non-residents by county; and raw numbers.
- **School Metrics and On-Site Assessments:** DOH continues to work with the Department of Education (DOE) to develop thresholds for learning models, focusing on the specific action teachers must take in individual classrooms. The DOH has also made field visits to DOE schools to examine how schools are implementing DOH's guidance.
- **Investigations and Contact Tracing:** Data was presented on the performance metrics used to evaluate the success of contact tracing, the result of attempts to contact potentially exposed persons via the contact tracing effort, and the timeliness of such contact.

- Clinical Partnerships: DOH reported that Federally Qualified Health Centers (FQHC) are also participating in contact tracing. DOH continues to work on increasing the use and uptake of electronic case reporting.
- Current Department Priorities: DOH noted that its current priorities include preparing for the distribution of the vaccine; continuing public education; encouraging provider engagement, strategic investigation, contact tracing, and monitoring; and focusing on a whole-of-community response.

In response to follow up questions from your Committee, the following information was provided:

- For the month of October, approximately sixty-five per cent of those contacted for contact tracing could be reached, while thirty-five per cent could not.
- Contact tracers included in the staffing count worked at least twenty-six hours per week.
- Contact tracing is not a single task and encompasses many roles. The DOH is currently realigning staff to move workers from positions of less need to those of greater need. The DOH will provide information as to the overtime being paid to various positions in the contact tracing efforts.
- The DOH opined that when cases reach about ten cases per one hundred thousand people within a population, contact tracing is less effective in controlling the spread of COVID-19. At that point, public mitigation strategies are the most effective defense in controlling the spread of COVID-19. As communities decrease their infection rates "in tiers", that is, less than ten cases per one hundred thousand people, contact tracing becomes more effective. Additionally, contact tracing would not entirely be halted as case numbers increase; instead, only certain aspects of contact tracing become less of a priority when case numbers reach higher benchmarks.
- The DOH's weekly cluster reports provide effective targeting strategies in specific communities.
- The DOH is relying on their updated metrics to determine which contact tracing roles are the most effective and which are least effective.
- The DOH has already submitted requests for budgeting for further contact tracing apart from moneys allocated from the CARES act. Your Committee communicated that the Senate would like to be apprised of plan specifics for the purpose of formulating a budget.

- Both DOE and DOH perform contact tracing in schools. This is because schools are the first to learn about COVID-19 cases and have the best information regarding with whom an infected person has been in contact. The DOH then shares public health knowledge and further carries out notifications. This partnership is expected to be effective in scaling up contact tracing efforts because DOH's resources such as investigators can then be utilized in cases of more complex clusters that require more intense examination.
- In speaking on a specific COVID-19 case reported at an Oahu middle school, the DOH contacted one hundred individuals as part of their contact tracing effort. Out of those one hundred people, only one other student was found to be infected despite risk factors (such as movement to different classrooms and mingling with other students) being in play. In that particular case, the infected student was sitting less than six feet from and directly in front of the initially-infected person, showing that following existing guidelines are important. The information was shared with the school.
- DOH has circulated and made available on its website a singular guidance document to the schools. However, there is a difference between DOH guidance, such as proper distancing, mask-wearing, and hand washing and the actual implementation of these measure that needs to be performed at each individual school, which do not all have the same challenges. While schools and teachers can share innovative ideas that have been successful in implementing safety measures, your Committee expressed that these suggestions should come from the DOH, as DOH a recommendation would carry more weight.
- DOH reported that breakrooms and lunchrooms are the biggest cause of transmission in schools.
- While the DOH's cluster reports are available on its website, your Committee found that the reports need to be highlighted and more widely disseminated in the community. DOH will look into featuring the cluster reports more prominently online.
- There is currently no requirement that businesses report COVID-19 outbreaks among their staff. However, it is expected that businesses notify DOH if they have three or more employees who test positive within a two-week period. The business sector will be the next focus of DOH efforts to provide guidance.
- In discussing the City and County of Honolulu's requirement that restaurants keep patrons' contact information in case the DOH needs it for contact tracing, DOH stated that the length of time for keeping of these records have not been

established and such data was not a priority to DOH in its current investigations. Your Committee raised concerns about whether there are privacy issues with the data collection, especially in light of the fact that DOH does not view it as necessary for contact tracing at this time. Your Committee urged the DOH to take a more active role in advising the business community about safety recommendations.

- Your Committee expressed concerns about patients at hospitals being tested for COVID-19 and being sent home by taxi without informing the driver that patient has tested positive. DOH has not heard of such cases but does not agree with such procedures.

### **III. The Safe Travels Program**

The Safe Travels Program is under the auspices of Lieutenant Governor Josh Green and Major General Kenneth Hara. The DOH's role is to evaluate the testing protocol.

### **IV. The State's Plan to Distribute Vaccines**

Dr. Libby Char was asked about the DOH's plan for distributing the COVID-19 vaccine. Dr. Char reported that the DOH is currently working on the plan. "Tier 1 employees", or front line health care workers, will be the first to receive the vaccine. Dr. Char noted the following challenges of the distribution plan:

- The vaccine is fragile and requires specific cold storage. It is possible there is not enough cold storage in the State. The DOH is examining how much adequate cold storage is in the State and how to acquire more cold storage or dry ice.
- The details of acquiring the vaccine are not clear. There are multiple vaccine manufacturers, but none has yet been approved for distribution. The DOH does not know which type of vaccine or how many doses of each the State will receive.
- Stakeholders across the State, including FQHCs, have been engaged and are discussing the distribution of the vaccine.

### **V. The Centers for Disease Control's (CDC) Recommendation of a Second Test**

Your Committee finds that on December 2, 2020, the CDC updated its guidance for travel, recommending that travelers take a pre-flight test (one to three days before flying) and a second test (three to five days after arrival), and staying home for seven days even if the traveler tested negative. According to the guidance, the safest course of action is staying home for at least ten days after travel. The DOH made the following statements regarding the CDC guidelines:

- The DOH recommends following the CDC's guidance and always has recommended two tests; however, DOH's role is only to make recommendations regarding health to the administration, and the ultimate policy decision lies with the others in the administration.
- The DOH believes that a polymerase chain reaction (PCR) test is necessary for a pre-flight test because the test is more accurate and sensitive. However, an antigen test is acceptable for a post-arrival test.
- Your Committee expressed concerned that there is ambiguity in how the CDC guidance is being interpreted. One interpretation is that the CDC guidance only recommends a test before a traveler leaves their home destination and a test after they return to their home destination – not after arrival in the State. The DOH does not read the guidance the same way and provide its own guidance that tests are conducted both pre-flight and post-arrive into the State.

## **VI. The CDC's Recommendation of Shortening Quarantine**

Your Committee further finds that on December 2, 2020, the CDC also updated its guidance by shortening the recommended quarantine period from fourteen to ten days for persons exposed to a positive COVID-19 case. The DOH made the following remarks regarding the CDC's guidance:

- The CDC's guidance only applies to medical quarantine for people who have been exposed to COVID-19. The guidance does not apply to those persons living in congregate residential settings such as retirement communities or correctional facilities.
- Your Committee questioned why this policy did not also apply to travelers who have not definitively been exposed to COVID-19. DOH responded that travel policy will be reexamined, but that the fourteen day quarantine for persons arriving in the State is part of the Governor's emergency orders. The DOH stated they will make recommendations to the Governor for the next emergency order.

## **VII. Miscellaneous Questions**

Your Committee inquired further on various topics. The DOH provided the following information:

- The DOH includes in its case numbers all persons who have taken and received a positive test within the State and residents who receive positive tests out of State.

- If a visitor to the State takes a test out of State and receives a positive result in the State, that person is not included. The DOH keeps data on those cases, but it is not included in the positivity case count on the State's website. The DOH understands that this leads to an underreporting.
- Non-resident visitors are being contact traced; however, travelers are reluctant to cooperate with DOH.
- Given the timeline of vaccine distribution, vaccinations as a part of the safe travels program will likely be introduced until the end of the summer, 2021.
- DOH has met with hotels to provide guidance and expects that the hotels will implement mitigation measures; however, the DOH does not provide oversight or policy enforcement to the hotel sector.
- Traveler positivity numbers will be updated to the State's website but will not change the State's positivity rate because the number of total people who were tested remains unknown.

#### **VIII. CLOSING REMARKS**

Your Committee noted that the meeting was concluded based on time restraints of the participants and that a further hearing may be called in order to discuss these topics further.

Your Committee adjourned the meeting at 4:43 p.m.

Respectfully submitted,

Senate Special Investigating Committee  
on COVID-19

Sen. Donovan M. Dela Cruz  
Sen. Jarrett Keohokalole  
Sen. Michelle Kidani  
Sen. Donna Mercado Kim  
Sen. Sharon Moriwaki  
Sen. Kurt Favella

cc: All Senators