

We, the undersigned members of the Hawai`i Doctors Pandemic Advisory Committee, submit the following testimony in opposition to HB1286. While we are encouraged by the steady decline in new COVID-19 cases in Hawai`i and the US after the January surge, we believe that mandating a rigid “one size fits all” statewide travel procedure is unacceptably risky to the State’s residents and to our economy. We believe this because it eliminates the ability of the Governor and mayors to respond in locally appropriate ways to pandemic emergencies. Such emergencies are entirely possible and even likely given the major flaws in pre-travel testing and the emergence of COVID-19 variants that are markedly more transmissible and/ or cause more severe disease. These and other issues may well impact our islands differently. Additional considerations follow:

### **Efficacy of Post-arrival Testing and Safe Travels Opt Out**

- The Centers for Disease Control official recommendation is to **not** travel at this time.
- The CDC recommends testing on day 3-5 after travel with a 7-day quarantine.
- The science is very clear that a Safe Travels program, relying on a single pretest, will miss 30-40% of those infected with SARS-CoV-2 because the test cannot detect infected people in the early days of the infection<sup>1</sup>.
- All air passengers coming to the United States, including U.S. citizens, are now **required** to have a negative COVID-19 test result or documentation of recovery from COVID-19 **before boarding** a flight to the United States. Hawai`i is not afforded the same protection for transpacific travel from the continental US regardless of the current level of disease activity in the state of origin. Therefore, the efficacy of the single pretravel test to prevent infectious travelers from arriving in Hawai`i relies on the honesty of the traveler and their desire to obtain a quarantine exemption upon arrival here.
- HB1286 proposes a vaguely defined new option for certain travelers to obtain a quarantine exemption after arrival by offering retesting or accepting test results well after arrival, which would further undermine the limited efficacy of the single pretravel test by encouraging more potentially infectious travelers to board flights to Hawai`i. The State of Hawai`i currently has no standardized process for identifying which travelers have results pending from a trusted testing partner or exactly when they were made aware of the results, though we understand a pilot project involving a new app is seeking to solve these issues by eliminating the reliance upon the travelers to upload their test results.
- Each time an infectious traveler is allowed travel represents a potential to infect a cluster of other travelers bound for Hawai`i with the COVID-19 virus, or a dangerous variant, not to mention forcing other travelers seated nearby into quarantine as close contacts of positive cases.
- Though the frustration some travelers have had in obtaining a pretravel test results from a trusted testing partner prior to travel is understandable, this difficulty is often a reflection of disease activity exceeding the testing capacity near the location of departure. Difficulty in

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<sup>1</sup>[https://www.burnet.edu.au/system/asset/file/4349/Final\\_Report\\_9November2020\\_Final.pdf?fbclid=IwAR0qEtm4A2r60tD43qQtWrSc0KVXQuKgZ9aMj2Zsy56h51pj-YUe\\_fESIAs](https://www.burnet.edu.au/system/asset/file/4349/Final_Report_9November2020_Final.pdf?fbclid=IwAR0qEtm4A2r60tD43qQtWrSc0KVXQuKgZ9aMj2Zsy56h51pj-YUe_fESIAs)

obtaining a test result within 72 hours of travel may therefore be beneficial in discouraging travel from locations experiencing a surge.

- Since leaving the Safe Travels Program, Kaua`i returned to virtually no cases, while Maui, which stayed in the program, increased from ~1% of the state’s cases to having 18% of the state’s cases, most recently exceeding the daily case count of Oahu.
- Kauai’s choice to opt out of Safe Travels and implement the Enhanced Movement Quarantine (Bubble Resort) protocol with a mandatory second test on day 3 post arrival has yielded striking differences in COVID-19 disease burden compared to islands participating in the State-wide Safe Travels plan; indeed, the latter more closely resemble a major urban area on the mainland (Seattle), with new case rates ranging between 15 – 25 fold greater than Kauai. The economic and social benefits of enabling local businesses and residents to remain in the least restrictive Tier 4 while Oahu has been subjected to Tier 2 restrictions since October should not be completely overlooked either as Kauai starts to make plans to restart in-person teaching at elementary and secondary schools.

***New cases/14 days/100,000 population from February 1-14, 2021:***

Seattle-King County	156
Maui	130
Oahu	74
Hawai`i	105
Kaua`i	5

### **Risk Posed by Variants**

- At least three cases of the B.1.1.7 (UK) variant are now known to have entered Hawai`i, and each case of this variant is known to cause 35-55% more infections than previous COVID-19 viral strains. This variant has also been estimated to cause 40-60% more hospitalizations, 30%-70% more deaths, and recently forced London into lockdown again<sup>2</sup>. Mathematical models (below) of the potential impact of this variant in Hawaii also accounting for variable vaccination rates demonstrate the potential for this variant to completely alter the course that the pandemic would follow under current trends, which is comparable to recent variant models made by Canadian experts<sup>3</sup>.

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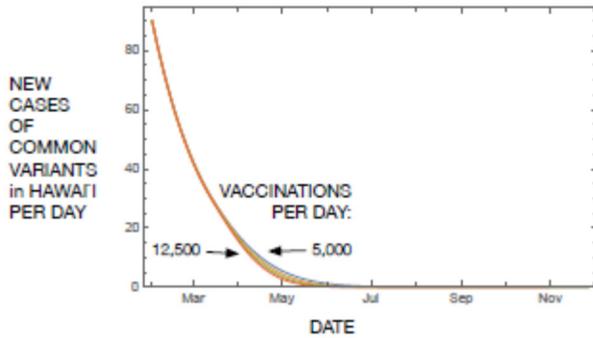
<sup>2</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/961042/S10\\_95\\_NERVTAG\\_update\\_note\\_on\\_B.1.1.7\\_severity\\_20210211.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961042/S10_95_NERVTAG_update_note_on_B.1.1.7_severity_20210211.pdf)

<https://www.forbes.com/sites/robertglatter/2021/02/15/uk-variant-likely-30-70-deadlier-new-research-finds/>

<https://www.usnews.com/news/health-news/articles/2021-02-15/uk-covid-variant-may-be-more-lethal-and-could-become-dominant-us-strain-by-march>

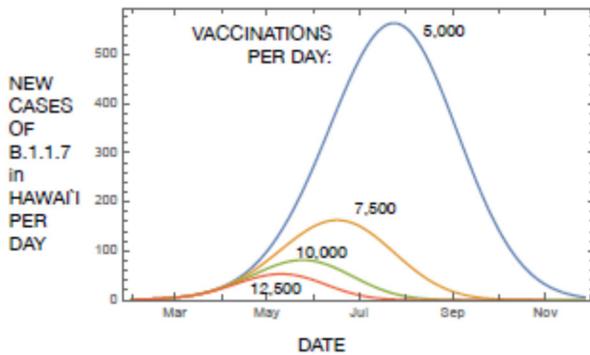
<sup>3</sup> <https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases-maladies/coronavirus-disease-covid-19/epidemiological-economic-research-data/update-covid-19-canada-epidemiology-modelling-20210219-en.pdf>

Cases on Feb. 1=90  
 $R_t = 0.91$   
 Vaccine Efficacy=95%



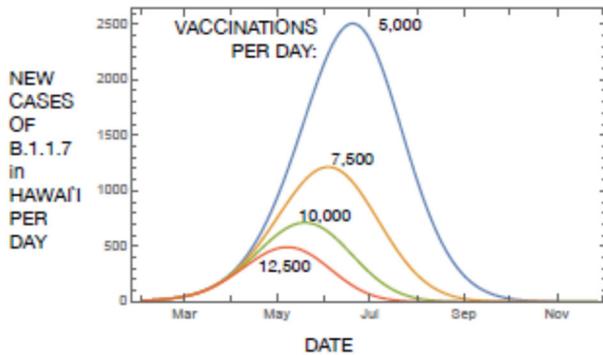
Daily cases approach zero by July 2021 if current trends continue without significant influence from the B1.1.7 variant regardless of the vaccination rate

Cases on Feb. 1=1  
 $R_t = 1.55 \times$   
 Vaccine Efficacy=95%



Daily cases could increase to 25-550 in July 2021 with just one February case of the B1.1.7 variant spreading at its maximum estimated reproduction rate ( $R_t=1.55$ ), returning Hawaii back to a similar situation it faced during the August 2020 surge when daily cases peaked above 300. Of note, this increase does not become apparent until April

Cases on Feb. 1=10  
 $R_t = 1.55 \times$   
 Vaccine Efficacy=95%



Acknowledging at least 3 known cases of the B1.1.7 variant in February, an estimate of a total of 10 cases in the community could dramatically alter the daily case count in July 2021 to 100-2500 under worst case scenario circumstances. Once again, this rise does not become obvious until April

- Aggressive local intervention, including city-wide lockdowns, have recently been triggered in Italy and New Zealand in response to the emergence of the B 1.1.7 variant in these locations. HB1286 would prevent counties from taking similar action, and effectively nullify the benefit of having the Pacific Ocean separating the counties, which otherwise constitutes a formidable obstacle to virus spread, while allowing the economy of unaffected counties to continue functioning unhindered.

- Despite evidence that 76% of the population of Manaus, Brazil had already been infected with the COVID-19 virus by October 2020, the emergence of the P1 variant in January 2021 was followed by a subsequent surge that exceeded the severity of the original surge, leading to a second lockdown. At least one case of reinfection with the P1 variant in a person who was known to have been previously infected by the COVID-19 virus has been confirmed<sup>4</sup>.
- The emergence of the vaccine resistant B.1.3.5.1 South Africa variant recently forced the country to halt a planned rollout of 1 million doses of the Astra-Zeneca vaccine<sup>5</sup>.
- California has identified an additional variant with evidence it may be more transmissible, more deadly, and has some potential for vaccine escape<sup>6</sup>.
- The more cases we detect by required post arrival testing beyond the requirements of the Safe Travels program, the more opportunities we have to perform genomic testing and identify dangerous variants before they lead to community spread and greater risk.

In conclusion, the effects of this bill to

1. force all counties to follow the lowest standard of the Safe Travels program while diminishing the efficacy of the program's pretravel test result requirement

and

2. prevent the Governor and Mayors from taking swift, county specific action in the future if pandemic trends worsen due to the introduction of a dangerous variant

are anticipated to potentially do more harm than good. The pressure for counties to promote economic recovery as soon as possible will continue to be influential without the risks of this bill as evidenced by Mayor Kawakami's recent announcement of his tentative plan to rejoin Safe Travels in mid-May presuming the recently hopeful pandemic trends are not altered by the known B.1.1.7 variant cases on Oahu and the vaccination rollout continues to progress towards herd immunity levels. Rather than forcing conformity to a statewide travel policy to be implemented several months into the uncertain future, consideration of science-based thresholds known to effectively reduce the risk of variant spread, such as the completion of vaccinations for 70% of eligible Hawai'i residents and the completion of vaccinations for workers involved in the travel/tourism industry would be a more prudent way to evaluate travel policy decisions in the face of this dynamic pandemic.

Sincerely,

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<sup>4</sup> <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2821%2900183-5/fulltext>

<sup>5</sup> <https://www.bbc.com/news/world-africa-55975052>

<sup>6</sup> <https://www.sciencemag.org/news/2021/02/coronavirus-strain-first-identified-california-may-be-more-infectious-and-cause-more>

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