



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

February 14, 2022

RE: Physician Support Packet For COVID-19

Maryland clinicians have seen firsthand the impact of the COVID-19 pandemic on their patients. As we pass two years in our fight against COVID-19, primary care clinicians remain one of the most-trusted voices to which patients can turn for guidance and reliable information during these challenging times.

We need your continued help to educate your unvaccinated patients about the importance of getting vaccinated and to educate your vaccinated patients about the importance of getting boosted. Please keep on reminding them – early and often.

We especially need your help to steer any eligible patient to the appropriate COVID-19 medical therapeutic treatments, whether it is EVUSHELD, PAXLOVID, or an IV-based treatment, as soon as possible. The U.S. Department of Health and Human Services Therapeutic Distribution Locator can [be found here](#).

The Maryland Medicaid Program, in collaboration with the State's nine Medicaid managed care organizations, has developed the Physician Support Packet For COVID-19, which is a compilation of information and resources to support your practice in caring for patients in today's COVID-centric environment. This packet also provides you the opportunity to earn up to 4.5 free Continuing Medical Education (CME) credits.

We hope you find this packet a valuable resource and encourage you to submit your evaluations for CME credits at your earliest convenience, as two of the sections have time-sensitive deadlines.

Thank you to our partners at [Aetna Better Health](#), [Amerigroup Community Care](#), [CareFirst BlueCross Blue Shield Community Health Plan Maryland](#), [Jai Medical Systems](#), [Kaiser Permanente](#), [Maryland Physicians Care](#), [MedStar Family Choice](#), [Priority Partners](#), and [UnitedHealthcare](#) for their contributions to this project.

Sincerely,

A handwritten signature in black ink that reads "Dennis R. Schrader". The signature is fluid and cursive, written in a professional style.

Dennis R. Schrader
Secretary



Maryland Department of Health

PHYSICIAN SUPPORT PACKET FOR COVID-19

ISSUED

2-15-2022



PHYSICIAN SUPPORT PACKET FOR COVID-19

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NOTE: Each section title of the Physician Support Packet for COVID-19 and the patient informational materials are formatted as individual documents for easy reuse.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and the Behavioral Health Administration of the Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

CMEs are awarded at no cost for Physicians, as will Participant Certificates from other disciplines, which can qualify for a continuing education credit. Participants should check with their certifying organizations to see how these would apply.

DESIGNATION STATEMENT

MedChi designates this enduring material activity for a maximum of *4.5 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

DISCLOSURES

The Authors have reported no relevant financial relationships to disclose.

MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.

HOW TO OBTAIN CONTINUING MEDICAL EDUCATION CREDIT

For each title in the packet, you will need to complete an evaluation to claim the title's assigned credits. Complete the online evaluation form at [Physician Support Packet for COVID-19 Evaluation](#).

Choose a title from the drop-down list to complete the evaluation for the selected title. Click submit when completed.

LEARNING OBJECTIVES AND COMPLETION DATES BY TITLE

COVID-19 AND COVID-19 ASSOCIATED QUESTIONS AND ANSWERS

- 1.25 CME credit expires on **May 15, 2022**
- Learning objectives
 - To provide education and resources about COVID-19 to clinicians and patients
 - To provide responses to questions and concerns patients may have that may prevent them from getting vaccinated

PHYSICIAN SUPPORT PACKET FOR COVID-19

- Authors: Michael Alan Horberg, MD, MAS, FACP, FIDSA, Stephanie Scharpf, MBA, Patryce Toye, MD, MBA, FACP, and Eleanor McKenna Pitt Wilson, MD, MHS

COVID-19 THERAPEUTICS

- 1.00 CME credit expires on **March 15, 2022**
- Learning objectives
 - To educate providers on how to use COVID Therapeutics, including monoclonal antibodies, in the treatment of COVID-19
 - To educate providers on the appropriate candidates and information on directing patients in need of this therapy
- Authors: Howard Haft, MD, MMM, CPE, FACPE, Michael Alan Horberg, MD, MAS, FACP, FIDSA, and Patryce Toye, MD, MBA, FACP

PRIMARY AND PREVENTATIVE CARE

- 1.25 CME credit expires **August 15, 2022**
- Learning objectives
 - To educate the practitioner about the impact of the COVID-19 pandemic on preventive care
 - To educate the practitioner on how the pandemic has indirectly harmed patients through missed preventive care services
- Authors: Maislyn A. Christie, MD, MBA and Kevin Park, MD

BEHAVIORAL HEALTH ACCESS AND SUICIDE RISK POPULATIONS

- 0.75 CME credit expires **August 15, 2022**
- Learning objectives
 - To increase awareness about the behavioral health resources available to Marylanders
 - To understand some of the available resources within Maryland Public Behavioral Health Systems
 - To have a general knowledge of when and how to access these behavioral health resources
 - To foster ongoing collaboration between physical and behavioral health providers
 - To support effective and efficient care for health services recipients
 - To mitigate against adverse health outcomes and assist Primary Care Providers with additional care coordination
- Authors: Lisa A. Burgess, MD, CCHQM, Godwin Oshegbo, PhD, LCPC, LCADC, and Steven Whitefield, MD

SOCIAL DETERMINANTS OF HEALTH (SDOH) RESOURCES

- 0.25 CME credit expires **August 15, 2022**
- Learning objectives
 - To educate practitioners on SDoH resources available to patients
 - To provide local resources for patients who need assistance with the SDoH
- Authors: Nina F. Miles Everett, MD, MBA, FACP, CCHQM, Thomas “Jomy” Mathew, MD, John Moore, MD, Kathy Pettway, MS, and Steven Whitefield, MD

PATIENT INFORMATIONAL MATERIALS

PATIENTS MATERIALS

- [COVID-19 Patient Information](#)
- [COVID-19 Questions and Answers](#)

SECTIONS THAT MAY ALSO BE USED FOR PATIENT MATERIALS

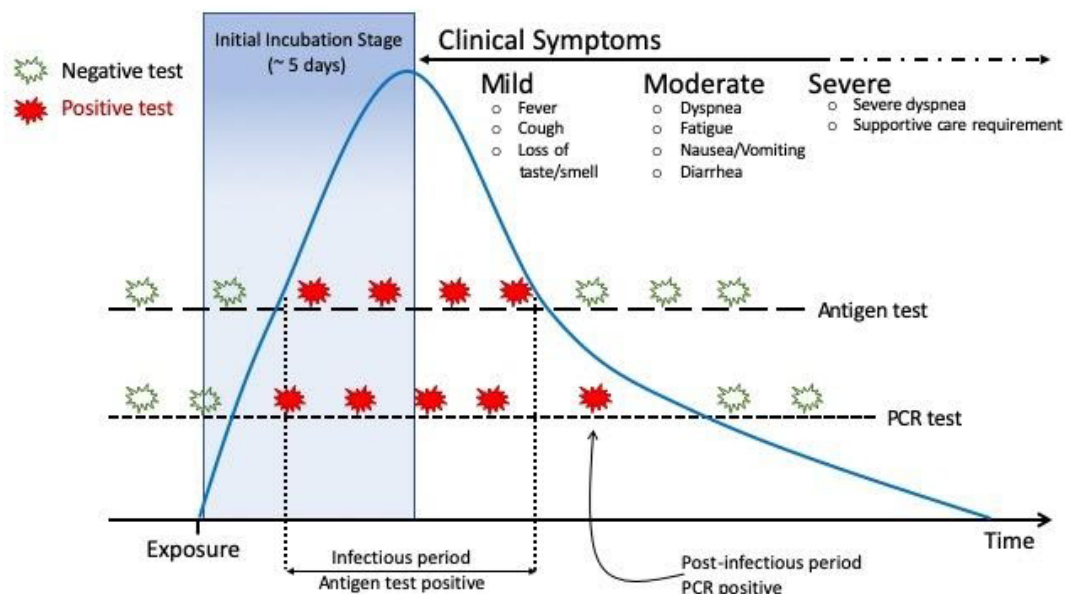
- [Behavioral Health Access and Suicide Risk Populations](#)
- [Social Determinants of Health Resources](#)

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COVID-19 AND COVID-19 ASSOCIATED QUESTIONS AND ANSWERS

SUMMARY

SARS-CoV-2 is a member of the family of coronaviruses, which contain viruses that cause the common cold and more serious outbreak infections, including the viruses known to cause SARS (Severe Acute Respiratory Syndrome) and MERS (Middle Eastern Respiratory Syndrome). Because SARS-CoV-2 is an RNA virus, it can mutate quickly, and variants can emerge frequently in response to selective pressures. The most recent variant of concern, the Omicron variant (officially designated B.1.1.529) first reported in South Africa, is now the predominant form recovered from patients in Maryland, accounting for more than 70% of new COVID-19 cases in December 2021, replacing the previous variant of concern, the Delta variant.



SARS-CoV-2 is transmitted via respiratory fluids (droplets and aerosols) and replicates in the upper airways and lungs. Following exposure, most people will develop symptoms after about 5 days, with a range of 2-12 days for most patients. The typical course of COVID-19 has distinct phases (see Figure above): following exposure, the initial incubation stage begins as the virus starts to replicate within the nasal mucosa. The patient may then enter the early symptomatic stage, with fever and cough, which may be accompanied by lymphopenia and loss of taste or smell. If the virus is not contained, the patient's symptoms may progress, usually 5-7 days after

COVID-19 AND COVID-19 ASSOCIATED QUESTIONS AND ANSWERS

symptom development, as replication within the lungs increases and dyspnea progresses. During this time, lung imaging will show ARDS-like changes, and supportive care may be required. Preliminary data suggests the [Omicron variant may replicate more in the upper airway but less in lung, leading to increased transmission but milder disease in some patients](#)

THE MOST COMMON SYMPTOMS OF COVID-19

Fever or chills	Cough	Headache	Sore throat	Diarrhea
Shortness of breath	New loss of smell or taste	Fatigue and myalgias	Congestion/ rhinorrhea	Nausea/ Vomiting

CERTAIN CONDITIONS PREDISPOSE TO MORE SEVERE COVID-19 DISEASE

The conditions that predispose to more severe disease include:

- Age, with >80% of deaths occurring in patients >65 years
- Immunosuppressive conditions, including transplantation, chemotherapy, or HIV
- Pregnancy
- Chronic lung diseases
- Diabetes, Type 1 and Type 2
- Chronic heart, lung, or kidney disease

POST-COVID SYMPTOMS OR LONG COVID

Following COVID, regardless of initial disease severity, some patients have reported persistent symptoms (reports vary widely, ranging from 30 to 80% of patients). These post-COVID symptoms, aka “Long COVID”, most commonly include:

- Embolism/cardiovascular disease (8-62%)
- Fatigue/malaise (37-58%)
- Dyspnea on exertion/exercise intolerance (37-56%)
- Brain fog/problems with concentration (23-40%)
- Hair loss (35%)
- Impotence/erectile dysfunction (28%)
- Insomnia (26%)

In addition to these symptoms, reports of [multi-system inflammatory syndrome in children](#) (MIS-C) and [adults](#) (MIS-A), a serious but extremely uncommon (less than 2 cases per 100,000 pediatric infections, prevalence unknown in adult populations) toxic shock-like syndrome, have emerged. Similarly, myocarditis (0.2% of COVID-recovered adult patients, up to 8% of

COVID-19 AND COVID-19 ASSOCIATED QUESTIONS AND ANSWERS

adolescent and pediatric patients) can be a rare but serious complication of COVID-19 infection. (Importantly, myocarditis in adults following COVID infection is 100-fold more common compared to myocarditis post-COVID-vaccination, which while reported, occurs in an estimated 0.0002% of vaccinees. There are currently no reports of post-vaccination myocarditis in children 5- to 11- years old.)

PREVENTION

The best ways to prevent severe COVID-19 disease are to **limit exposure** (by wearing a mask and practicing social distancing), **improve immunity** (by receiving the vaccine, including booster doses), **practice surveillance** (test routinely if you develop symptoms or have an exposure), and **promptly treat** COVID-19 infections.

LIMIT EXPOSURE: MASKING AND SOCIAL DISTANCING

The CDC recommends that all persons over the age of 2 wear a [mask](#) indoors to prevent COVID-19 transmission. Cloth masks slightly reduce the risk of transmission, while surgical masks, KN95 masks, and fitted N95 respirators offer progressively more protection (see Figure based on CDC data, right). [Social distancing](#) of at least six feet, improved ventilation, and hand washing also protect against COVID transmission.

IMPROVE IMMUNITY: VACCINATION AND PROPHYLACTIC THERAPEUTICS

While vaccination against COVID-19 offers some protection against SARS-CoV-2 infection (reducing your chance of SARS-CoV-2 infection by up to 80%), their greatest achievement is reducing the risk of having symptomatic (reducing your risk of symptoms by up to 90%) or severe disease (reducing your risk of hospitalization and death by 93 and 99% respectively; in other words, those who are vaccinated are 17 time less likely to be hospitalized). Those who are vaccinated but develop breakthrough infections are also 40% less likely to infect others, although this protection wanes over time. Vaccination also appears to lower the risk of developing [post-COVID syndrome](#) or so-called “Long COVID.” The levels of vaccine protection against the Omicron variant are still unknown, but existing vaccines appear to retain at least partial efficacy.

Time it takes to transmit an infectious dose of Covid-19

		PERSON NOT INFECTED IS WEARING			
		Nothing	Cloth mask	Surgical mask	N95
PERSON INFECTED IS WEARING	Nothing	15 min.	20 min.	30 min.	2.5 hours
	Cloth mask	20 min.	27 min.	40 min.	3.3 hours
	Surgical mask	30 min.	40 min.	1 hour	5 hours
	N95	2.5 hours	3.3 hours	5 hours	25 hours

It will take 25 hours for an infectious dose of Covid-19 to transmit between people wearing non-fit-tested N95 respirators. If they're using tightly sealed N95s—where only 1% of particles enter the facepiece—they will have 2,500 hours of protection.

COVID-19 AND COVID-19 ASSOCIATED QUESTIONS AND ANSWERS

Boosting is important: the hospitalization rate in vaccinated/boosted 80+ year olds is less than among unvaccinated 20–29-year-olds!

In patients less able to respond to the vaccines (those with chronic infections, immunosuppression, or underlying immunodeficiencies) or those with pregnancy, prophylactic monoclonal antibodies may offer additional protection, especially after an identified exposure.

PRACTICE SURVEILLANCE: ROUTINE ASYMPTOMATIC AND POST-EXPOSURE TESTING

Asymptomatic (routine) testing and post-exposure testing are [available](#). While PCR testing has the highest sensitivity and specificity, the turnaround times are longer (ranging from 3-5 days depending on the lab). Rapid antigen testing kits, with results available usually within 15 minutes to an hour, are available commercially and elsewhere. The CDC maintains information regarding isolation (for those testing positive for COVID-19) and quarantine [guidance](#) for those with known COVID exposures, based on symptoms and vaccination status. *Prompt diagnosis after an exposure allows for earlier and more effective treatment.*

PROMPTLY TREAT: EARLIER TREATMENT IS MORE EFFECTIVE

COVID-19 therapies are effective, but timing is important. Antiviral therapies are most effective earlier in the course of disease, and steroids and immunomodulating therapies can help mitigate disease severity in symptomatic patients. But treatments vary based on time since exposure and symptom development, severity of symptoms, patient factors and comorbidities, and SARS-CoV-2 variant prevalence. Please consult the most updated guidance at [covidLINK.maryland.gov](https://covidlink.maryland.gov).

FOR MORE INFORMATION AND REFERENCES

- WHO, SARS-CoV-2 Variant Tracking, <https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/>
- Centers for Disease Control and Prevention
 - COVID-19 Index <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - Long COVID <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>
 - Multisystem Inflammatory Syndrome in Children (MIS-C) <https://www.cdc.gov/mis/mis-c.html>
- Maryland Department of Health, <https://covidlink.maryland.gov/content/>

TALKING TO PATIENTS ABOUT COVID-19

The below resources are intended to help you, the provider, be prepared to address questions and concerns about the COVID-19 vaccine. Providers may wish to share [COVID-19 Questions and Answers](#) with patients.

FOR MORE INFORMATION AND REFERENCES

- CDC, Myths and Facts about COVID-19 Vaccines, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html?s_cid=11356:can%20the%20vaccine%20give%20you%20covid%20:sem.ga:p:RG:GM:gen:PTN:FY21
- Hopkins Medicine, COVID-19 Vaccines: Myth Versus Fact, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid-19-vaccines-myth-versus-fact>
- Mayo Clinic, COVID-19 vaccine myths debunked, <https://www.mayoclinichealthsystem.org/hometown-health/featured-topic/covid-19-vaccine-myths-debunked>

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COVID-19 PATIENT INFORMATION

COVID-19 is a disease caused by a virus. This virus is called a corona virus. You can get COVID-19 by being physically close to someone who has the virus. Symptoms may show up from **2-14 days after coming into contact with the virus**. If you have fever, cough, or other symptoms, you might have COVID-19. People with COVID-19 report symptoms that may be mild, moderate, or severe. Severe symptoms can occur in anyone. But the severe symptoms may happen more often in two groups. These two groups include older people and people who have certain medical problems.

EMERGENCY CARE NEEDED

If you have:

- Trouble breathing
- Continued pain or pressure in the chest
- New problems thinking clearly
- Not being able to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



SPREAD FROM PERSON TO PERSON (THIS IS CALLED TRANSMISSION)

COVID-19 spreads when a person who is infected with the virus breathes out. When the person breathes out air, droplets come out of the mouth or nose. These droplets can hold the virus. People who are closer than six feet from the infected person are most likely to get infected themselves.

THREE MAIN WAYS THE VIRUS SPREADS FROM PERSON TO PERSON:

1. Breathing in air when close to an infected person. The person can be breathing out small droplets that hold the virus.
2. When small droplets land on other people's eyes, nose, or mouth. This can happen when droplets are released through a cough or sneeze.
3. Touching eyes, nose, or mouth with hands that have the virus on them

COMMON SYMPTOMS

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Diarrhea
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting

CHILDREN

Children can get sick with COVID-19. Most children with COVID-19 have mild or no problems. Babies younger than one and children with certain health problems may end up having more serious illness from COVID-19. Some children have developed a rare but serious disease that is linked to COVID-19. This disease is called [multisystem inflammatory syndrome \(MIS-C\)](#). When a person has MIS-C different body parts can become inflamed.



POST-COVID CONDITIONS

Most people with COVID-19 get better within weeks of being sick. Some people can continue to have problems with COVID. Some people can have new health problems after they get better from COVID. These problems can happen even if people are not very sick from COVID at first.

These problems are called **post-COVID conditions**. They can show up **more than four weeks** after first being infected. Older people and those who have other health problems are more likely to get sicker.

FOR MORE INFORMATION AND REFERENCES

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>



<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Spread>



<https://www.cdc.gov/coronavirus/2019-ncov/variants/understanding-variants.html>



<https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19/antibodies.html>



COVID-19 QUESTIONS AND ANSWERS

DO COVID-19 VACCINES CAUSE VARIANTS?

The COVID vaccines do not cause variants. COVID-19 vaccination can help stop new variants from forming. Variants happen when the virus is free to infect people. It can reproduce giving the natural mutation process a chance to make variants. The more it reproduces, the more likely a variant will develop.

ARE THE ALARMING RUMORS ABOUT COVID-19 VACCINES TRUE?

Through clinical tests worldwide, COVID-19 vaccinations currently available have been proven to be safe and effective against severe illness, hospitalization, or death from COVID. However, online misinformation has led to many misconceptions and myths which may come up with patients.

None of the COVID-19 vaccines contain microchips, nor do they make you magnetic. Like all vaccinations, the vaccine causes your immune system to make antibodies to better fight this virus. There are no heavy metals or mercury in any of the vaccines. The vaccine will also not alter your DNA in any way, as has been misreported.

None of the vaccines have live virus nor do they have an entire virus particle. They can make someone feel sick – fatigue, fever, myalgia and arthralgias – but those symptoms just show that the immune system has been activated, not an infection with SARS-CoV-2 virus.

Misinformation can be countered with good information from Maryland Department of Health at [covidLINK.maryland.gov](https://www.cdc.gov/coronavirus/2019-ncov/index.html) or from the Centers for Disease Control and Prevention (CDC) at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

HOW DOES THE COVID-19 VACCINE AFFECT FERTILITY, PREGNANCY, AND CHILDBIRTH IN WOMEN??

The COVID-19 vaccine will not affect fertility. Getting COVID-19, on the other hand, can have a potentially serious impact on pregnancy and the mother's health. The COVID-19 vaccine encourages the body to create copies of the spike protein found on the coronavirus's surface. This "teaches" the body's immune system to fight the virus that has that spike protein on it. During the Pfizer vaccine tests, 23 women volunteers involved in the study became pregnant, and the only one who suffered a pregnancy loss had not received the actual vaccine, but a placebo.

SHOULD PREGNANT AND BREASTFEEDING WOMEN GET THE COVID-19 VACCINE?

If you are pregnant or breastfeeding, you should get a COVID-19 vaccine. Getting a COVID-19 vaccine can protect you from severe illness due to COVID-19. Vaccination can also help

COVID-19 QUESTIONS AND ANSWERS

pregnant women build antibodies that might protect their babies. COVID-19 vaccines do not cause you to get the COVID-19 virus, including in pregnant women or their babies. None of the COVID-19 vaccines have the live virus that causes COVID-19. They all have been found safe for mothers and babies while breastfeeding. Both the American College of Obstetrics and Gynecology, and the American Academy of Pediatrics recommend the COVID-19 vaccine for all prenatal and postnatal mothers, and adults with a vagina and uterus getting the COVID-19 vaccine.

IF I HAVE ALREADY HAD COVID-19, DO I NEED A VACCINE?

Evidence continues to show that getting a COVID-19 vaccine is the best protection against getting COVID-19, whether you have already had COVID-19 or not. A study published on August 15, 2021, shows that if you had COVID-19 before and are not vaccinated, your risk of getting it again is more than two times higher than for those who had COVID-19 and got vaccinated. While data suggests there is some level of immunity for those who had COVID-19, it is not known how long it keeps you from getting COVID-19 again. And the level of immunity from the vaccines after having COVID-19 is higher than the level of immunity for those who had COVID-19 but did not vaccinate.

HOW CAN WE TRUST THAT IT IS SAFE AND EFFECTIVE?

Studies found that the first two vaccines are both about 95% effective — and reported no serious or life-threatening side effects. While it may have seemed quick, this was technology 15 years in the making. COVID-19 lent itself perfectly to use this technology.

WHAT ARE THE SIDE EFFECTS OF THE COVID-19 VACCINE?

The Pfizer and Moderna COVID-19 vaccines can have side effects, but the vast majority are short term —not serious or dangerous. The vaccine makers report that some people have pain where they got the shot, body aches, headaches or fever lasting for a day or two. These are signs that the vaccine is working to stimulate your immune system. If symptoms last beyond two days, you should call your doctor. If you have allergies — especially severe allergies that require you to carry an EpiPen — talk about the COVID-19 vaccine with your doctor, who can assess your risk and give you more information about if and how you can vaccinate safely.

DO THE COVID-19 VACCINES REALLY WORK SINCE YOU CAN STILL GET COVID-19 AFTER BEING VACCINATED?

COVID-19 vaccination will protect most people from getting sick with COVID-19, ranging from 66% to 100% effective. A small percentage of fully vaccinated people will still get COVID-19 if exposed to the COVID-19 virus. These are called vaccine breakthrough cases. However,

COVID-19 QUESTIONS AND ANSWERS

vaccination can make illness less severe. If you are fully vaccinated, the overall risk of hospitalization and death due to COVID-19 is much lower than among unvaccinated people with similar risks.

DO THE CURRENT COVID-19 VACCINES PROTECT AGAINST THE COVID-19 VARIANTS?

While research suggests that COVID-19 vaccines may be slightly less effective against the variants, the vaccines still protect you against severe COVID-19. And at present, all variants appear sensitive to the vaccines.

DO CHILDREN NEED A COVID-19 VACCINE SINCE THEY DO NOT GET SEVERELY SICK WITH COVID-19?

While many children only have mild to moderate symptoms from COVID-19, there have been thousands of cases of serious illness, hospitalization, or even death nationwide from this virus among children. COVID-19 is especially dangerous if the child has underlying health conditions such as asthma or obesity. If your child gets COVID-19, a COVID-19 vaccine could prevent him or her from becoming severely ill or having short-term or long-term problems. A COVID-19 vaccine can also prevent your child from getting and spreading the virus that causes COVID-19. Getting a COVID-19 vaccine can also help keep your child in school and more safely have playdates and take part in sports and other group activities.

WERE THE COVID-19 VACCINES MADE USING FETAL TISSUE?

Neither the Pfizer/BioNTech nor Moderna vaccines for COVID-19 have fetal cells, and fetal cells were not used in their development or production. In two animal studies, researchers performed laboratory testing of the vaccines using historically harvested fetal cell lines. However, both animal studies were done after these vaccines were already in phase 3 clinical trials.

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COVID-19 THERAPEUTICS

AS OF FEBRUARY 15, 2022

SUMMARY

Certain COVID-19 therapeutics have emergency use authorization status to treat high risk individuals, including monoclonal antibodies (mAb) and oral antivirals. Therapeutics offer safe and effective treatment against COVID-19 that can reduce symptom severity and keep high-risk people out of the hospital. Due to limited supply from the Federal government, treatment should be directed for use in high risk individuals consistent with [NIH Guidelines](#).

To refer patients, see (includes names of infusion sites):

- [CRISP eREFERRAL for Monoclonal Antibody Infusion](#)
- [Maryland Referral Form for Monoclonal Antibody Infusion Treatment](#)

To locate available therapeutics, see the [Department of Health and Human Services \(HHS\) COVID-19 Therapeutics Locator](#).

CURRENT OUTPATIENT TREATMENT OPTIONS

MONOCLONAL ANTIBODY TREATMENT

- Treatment is for patients diagnosed with COVID-19 (rapid antigen or PCR test) with mild to moderate symptoms who are at high-risk for progression to severe disease.
- Treatment window ends at day ten. In other words, treatment is not advised after ten days of symptom onset and positive test (should make referrals no later than day seven if possible).
- Patients should be tested and diagnosed as early from symptom onset as possible.
- A patient must be evaluated for eligibility by a provider to receive a referral for mAb treatment. Only the highest-risk patients should be recommended. Due to limited supply from the Federal government, therapeutics are prioritized for individuals in skilled nursing facilities, with very limited supplies available for community provider referral. More information on monoclonal antibodies is available at covidLINK.maryland.gov.

ORAL ANTIVIRAL

Two oral antivirals currently have emergency use authorization status from the FDA: [Paxlovid](#) (Pfizer) and [molnupiravir](#) (MERCK). These oral antivirals are treatment for active COVID-19 for individuals at high-risk of hospitalization. They are available by prescription only and should be taken within five days of symptom onset. Due to limited supply from the Federal government, MDH has prioritized skilled nursing facilities, FQHCs, and certain retail pharmacy partners to receive allocation.

EVUSHELD LONG-ACTING ANTIBODY

[Evusheld](#) is a long-acting antibody for individuals with moderate to severe immunodeficiency, or documented allergy to all available COVID-19 vaccines. It is pre-exposure prophylaxis given to individuals without COVID-19 or a recent exposure

Providers interested in referring their patients for treatment should be in contact with the hospitals listed in **Appendix A**.

A LIST OF SIX CONDITIONS THAT MAY RESULT IN IMPAIRED ABILITY TO MOUNT AN IMMUNE RESPONSE TO VACCINES (CDC)

1. Active treatment for solid tumor and hematologic malignancies
2. Receipt of solid-organ transplant and taking immunosuppressive therapy
3. Receipt of CAR-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy)
4. Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
5. Advanced or untreated HIV infection (people with HIV and CD4 cell counts $<200/\text{mm}^3$, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
6. Active treatment with high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day when administered for ≥ 2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

FOR MORE INFORMATION AND REFERENCES

- FDA Evusheld Emergency Use Authorization, <https://www.fda.gov/media/154704/download>
- FDA Fact Sheet for Healthcare Providers: Emergency Use Authorization For Evusheld, <https://www.fda.gov/media/154701/download>
- FDA Fact Sheet for Patients, Parents and Caregivers Emergency Use Authorization (EUA) of Evusheld, <https://www.fda.gov/media/154702/download>
- FDA Frequently Asked Questions on the Emergency Use Authorization for Evusheld, <https://www.fda.gov/media/154703/download>
- AstraZeneca background and references document, <https://www.astrazeneca.com/media-centre/press-releases/2021/evusheld-long-acting-antibody-combination-authorized-for-emergency-use-in-the-us-for-pre-exposure-prophylaxis-prevention-of-covid-19.html>

APPENDIX A

SITES RECEIVING AN EVUSHELD ALLOCATION*

<ul style="list-style-type: none"> • Adventist Takoma Park ACS • Adventist White Oak Medical Center • Atlantic General Hospital • CalvertHealth Medical Center • ChristianaCare Union Hospital • FrederickHealth Hospital • Garrett Regional Medical Center • Hatzalah of Baltimore • Johns Hopkins Hospital • Kaiser Permanente 	<ul style="list-style-type: none"> • Luminis Health Anne Arundel Medical Center • Luminis Health Doctors Community Medical Center • MedStar Franklin Square Hospital Center • Mercy Medical Center • Meritus Medical Center • Saint Agnes Hospital • TidalHealth Peninsula Regional Medical Center • University of Maryland Medical Systems • UPMC Western Maryland Medical Center
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*Treatment available for ages 12+. Other facility specific restrictions may apply. Contact the facility for more information.

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PRIMARY AND PREVENTATIVE CARE

ADULT

CANCER SCREENINGS

The COVID-19 pandemic has discouraged people from screening, diagnosis, and treatment of many diseases. Cancers are among these diseases. It is well known that early in the pandemic, there was a steep decline in the number of new cancer diagnoses in the United States. Some patients avoided screening and routine visits; others were told to stay away from face-to-face visits and had their diagnoses or treatments delayed. The NIH estimates that from breast and colorectal cancer (CRC) alone, there will be a 1% increase in deaths by 2030, or roughly 10,000 more deaths from these cancers.

The number of deaths may soar even higher if we do not match or exceed pre-pandemic screening levels. A large study showed that screening rates for breast cancer and CRC plummeted early in the pandemic. Rates then recovered by July 2020 to almost expected levels. This still leaves over 2 in 100 women having missed their mammogram and over 1 in 100 men and women having missed their CRC screening.

These statistics make it critical that we encourage our patients to “catch up”, especially since the pandemic may last longer than we may once have thought. We as clinicians may need to be more flexible on how our 45–75-year-old patients get screened for CRC. The options are currently:

- FOBT – every year
- Stool DNA test – once every 3 years
- CT colonography – once every 5 years
- Flexible sigmoidoscopy – once every 5 years
- Colonoscopy – once every 10 years

And we as clinicians may need to find creative ways to encourage our 50–74-year-old women to get a mammogram.

DIABETES

The COVID-19 pandemic has substantially harmed people with diabetes. Even early in the pandemic, people with diabetes who become infected with COVID were found to be at 2.8 times higher risk of having severe COVID disease. More recently, researchers are coming to

PRIMARY AND PREVENTATIVE CARE

realize that people with diabetes who are COVID positive are at higher risk of death from other causes as well. People with diabetes and COVID were 3.6 times as likely to die as people with diabetes who tested negative for COVID.

One preventable way to reduce the harm the pandemic has caused is to use every visit as an opportunity to educate, schedule, and order routine screenings. You may be seeing your diabetic patients in-person or by telehealth for another reason – it is still worth your time to review the diabetes care checklist with your patients. Items on this checklist can include:

- A blood pressure check
- A review of your patient diabetic medication history and adherence
- A review of blood sugars for episodes of high and low blood sugars
- A review of other medications important to treat diabetes, like statins
- A foot exam
- A retinal eye exam
- A hemoglobin A1c
- A test for microalbuminuria

Researchers do not know if optimal treatment of people with diabetes will immediately benefit patients during the pandemic. It certainly will prevent some missed opportunities because our patients with diabetes are not coming to us as much as we would like.

FOR MORE INFORMATION AND REFERENCES

- Health.gov/news, [Keeping up with Routine Care and Preventive Services Safely During COVID-19](#)
- Prevention.va.gov, Healthy Living, [Preventive Care During COVID-19](#)

PEDIATRIC

PREVENTION

Over the last year the COVID-19 pandemic has impacted the routine well visits. Many children have fallen behind receiving their routine vaccines. Data has shown a decline in VFC -funded pediatric vaccine ordering which is consistent with decrease in vaccine administration.

Make prevention your mantra and make the most out of an in-person patient encounter. Illnesses from preventable disease can affect a child's growth and development.

- Make the first months of life count. Talk about growth and development.
- Maximize your in person visits catch-up immunizations.

PRIMARY AND PREVENTATIVE CARE

- Convert simple sick evaluations into a partial preventative visit and administer vaccine when possible.

PRESCHOOL AND SCHOOL AGE 3-11 YEARS

Time to think school, education and in person learning.

The effect of COVID-19 on early childhood includes developmental issues, widening education gap and adverse childhood experiences.

- Identify children that have not had a routine visit.
- Convert simple sick evaluations into a partial preventative visit and administer vaccine when possible
- Talk about school performance and progress. Help families get the educational support they need

ADOLESCENTS

The effects on an adolescent of the lock down and peer isolation are numerous. Parent and teens are worried about school disruptions and not leaning enough, decrease physical activity and its effect on obesity, and the increase internet and social media use and the associated stress.

- Talk about stress and coping with stress to all of your adolescents. Talk about future plans. Screen with PHQ-9 and make an appropriate referral for mental health support.
- Review vaccine records on all visits and provide the opportunity to get your adolescents immunized.
- Review for peer and intimate relationships.
 - Screen for STIs

FOR MORE INFORMATION AND REFERENCES

- Centers for Disease Control and Prevention
 - [Resources to Encourage Routine Childhood Vaccinations](#)
 - [Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020 | MMWR](#)
- Social Security Administration [Childhood and Adolescence in the Time of Covid19](#)
- Johns Hopkins Bloomberg School of Public Health (jhu.edu) [Teen Mental Health During COVID-19](#)

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BEHAVIORAL HEALTH ACCESS AND SUICIDE RISK POPULATIONS

PATIENT CRISIS AND PROVIDER REFERRAL

211

- Available 24/7
- **Call 211**, and press 1
 - Let them know your patient needs help with a crisis or
 - Let them know that you want a behavioral health provider for your patient
- **Visit** pressone.211md.org
- **Text** your patient's zip code to 898-211 (TXT-211)

OPTUM - MARYLAND MEDICAID PATIENTS ONLY

- Business Hours: 8:00 am to 6:00 pm ONLY
- Call 1-800- 888-1965 or TTY 711

OTHER BEHAVIORAL HEALTH RESOURCES

- Local jurisdictions during business hours can also help find a provider through the [Maryland Association of Behavioral Health Authorities Directory](#).
- Veterans Crisis Line
 - Call 1-877-770-4801 or text 8980211
 - Visit <https://health.maryland.gov/bha/veterans/Pages/Home.aspx>
- Mental Health Supports During COVID-19 Crisis
 - <https://health.maryland.gov/bha/Pages/mental-health-supports-during-the-COVID-19-Crisis.aspx>

PEOPLE AT GREATER RISK OF SUICIDE

<https://www.samhsa.gov/suicide/at-risk>

BEHAVIORAL HEALTH ACCESS AND SUICIDE RISK POPULATIONS

ADULTS OVER THE AGE OF 45 - ESPECIALLY MEN

- 80% of all deaths by suicide in the U.S. are men and women ages 45-54
- Men age 85+ have the highest suicide rate of any group

VETERANS

- An average of 20 veterans die by suicide each day:
https://www.mentalhealth.va.gov/suicide_prevention/prevention
- 17.4% of Marylanders who died by suicide (2015-2018) had served in the Armed Forces:
<https://bit.ly/MDAFV2019SuicideReport>

LGBTQ

- 17% of LGB adults attempted suicide during their lifetime, compared with 2.4% of the general U.S. population (2016):
<https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>
- 40% transgender adults attempted suicide during their lifetime (2015):
<https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>
<https://suicidepreventionlifeline.org/help-yourself/youth/>

YOUTH

- Suicide is the second leading cause of death of young people ages 10 -24 years:
<https://suicidepreventionlifeline.org/help-yourself/youth/>
- At least one LGBTQ youth (ages 13-14) attempts suicide every 45 seconds:
<https://www.thetrevorproject.org>
- Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP):
 - Visit mdbhipp.org
 - Call 855-MD-BHIPP for help with youth crisis



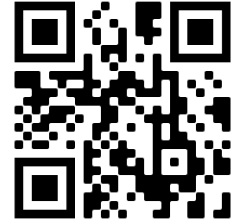
SOCIAL DETERMINANTS OF HEALTH RESOURCES

RESOURCES FOR HELP

211

Helps connect Marylanders to physical, mental health, substance use and human services.

- Call 211 or text 898-211
- Referral specialists listen, identify all unmet needs, connect callers to resources and follow-up when needed
- Ongoing, supportive text messages
- Searchable resource database
- Disaster alerts and information



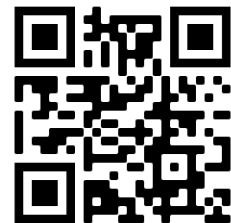
AUNT BERTHA

Aunt Bertha is a one-stop way to find help. On their site you can find links to help with food, housing, and employment help in your zip code. Once you enter your zip code, Aunt Bertha locates agencies who can help you in your neighborhood.



CHARMCARE

CHARMCare is a free online resource guide that can be used to search for free or reduced-cost programs and services in Baltimore City. The directory has information for resources that can help with needs like food, housing, transportation, utilities, employment, education, mental healthcare, and substance use care.



SOCIAL DETERMINANTS OF HEALTH RESOURCES

MEDICAID HEALTHCHOICE MANAGED CARE ORGANIZATIONS

Contact HealthChoice providers for help finding resources for food, housing, clothing, and transportation.

Aetna Better Health of Maryland	1-866- 827-2710
AMERIGROUP Community Care	1-800-600-4441
CareFirst Community Health Plan	1-844-613-8978
Jai Medical Systems	1-888-524-1999
Kaiser Permanente	1-866-223-2347 or 301-321-5126 Leader: Miryan Machado
Maryland Physicians Care	1-800-953-8854
MedStar Family Choice	1-410-933-2200, Option 2 Email: MFC-MDCaseManagementDept@medstar.net CM Coordinator: Tarsha Williams at 410-933-2234
Priority Partners	1-800-654-9728
United Health Care Community Plan	https://uhhealthierlives.com – enter zip code to find nearby resources.



AUTHOR BIOSKETCHES FOR PHYSICIAN SUPPORT PACKET FOR COVID-19

Lisa A. Burgess, MD, CCHQM, is the chief medical officer (CMO) and director of quality integrated care management for Maryland Health Care Financing and Medicaid within the Maryland Department of Health (MDH). Dr. Burgess completed her medical education and a post-graduate research fellowship with the University of Kentucky. She also completed a general psychiatry residency through Virginia Commonwealth University and a child and adolescent psychiatry fellowship with the Johns Hopkins Hospital. She is board-certified in general psychiatry and child and adolescent psychiatry, as well as health care quality and management (subspecialties: physician advisor and managed care) by the American Board of Quality Assurance and Utilization Review Physicians. Dr. Burgess has served the state of Maryland since 2012, first working in the Medicaid Pharmacy Program until 2016 before moving to her current role as CMO. Her additional position of director of quality integrated care management was added in 2021. Dr. Burgess advocates consistently for the collaboration and coordination of MDH with its partners and stakeholders to support the department's vision: lifelong health and wellness for all Marylanders.

Maislyn A. Christie, MD, MBA, serves as senior medical director with Maryland Physicians Care. Dr. Christie received her medical degree from Howard University College of Medicine. She completed her residency in pediatrics as well as adolescent and young adult medicine through a fellowship at Children's Medical Center in Washington, DC. Dr. Christie has spent the last 11 years in managed care in Maryland. She spent her early career as a primary care provider in Prince George's County and remains involved in clinical care. Along with handling the daily functions of medical management, Dr. Christie is closely involved with the SIU and HEDIS teams.

Nina F. Miles Everett, MD, MBA, FACP, CCHQM, is the chief medical officer for Aetna Better Health of Maryland. In her role, she provides oversight of the clinical programs designed to improve the health of their members and the communities in which they live. She received her bachelor's degree from the University of Pennsylvania, her medical degree from Howard University College of Medicine, and her master's of business administration from the University of Maryland Global Campus. Dr. Miles Everett also trained in primary care at Johns Hopkins Bayview and Montefiore Medical Center and completed a fellowship in HIV primary care and substance abuse. She is a board-certified internist who is also board-certified in healthcare quality and management by the American Board of Quality Assurance and Utilization Review Physicians. Professional memberships include the Institute of Medicaid Innovation, American College of Physician Executives, the American College of Medical Quality, and the American College of Physicians, in which she is distinguished as a fellow.

AUTHOR BIOSKETCHES FOR PHYSICIAN SUPPORT PACKET FOR COVID-19

Howard M. Haft, MD, MMM, CPE, FACPE, serves as the senior medical advisor to the Maryland Primary Care Program of the Maryland Department of Health (MDH). He received his undergraduate degree from the University of Rhode Island, attended medical school at Pennsylvania State University, and completed a post-graduate internship and residency at Brown University. He obtained his master's degree from Tulane University School of Public Health and Tropical Medicine. Dr. Haft is board-certified in internal and emergency medicine, and he is recognized by the American Board of Physician Executives as a Certified Physician Executive (CPE) and as a fellow of the American College of Physician Executive (ACPE). During the Covid-19 pandemic, Dr. Haft has served as the medical planner and lead on the Vulnerable Populations Task Force and Covid-19 Therapeutics programs. In addition, Governor Larry Hogan appointed Dr. Haft to serve as the deputy secretary for public health services in the MDH. He has held multiple academic appointments at University of California Davis, McDonough Graduate School of Business and Georgetown University School of Medicine. Dr. Haft has also led several organizations, such as ConMed (founder and chief medical officer), Maryland Healthcare (president), Maryland Foundation for Quality Healthcare (president), and Health Partners (medical director). Additionally, Dr. Haft has provided emergency medical care for disasters including Hurricane Katrina, the Haitian earthquake, and those affecting remote Caribbean locations. Dr. Haft's career has been dedicated to solving complex medical care delivery challenges and implementing programs to serve diverse populations in Maryland and across the nation. He has six adult children and lives with his wife in southern Maryland.

Michael Alan Horberg, MD, MAS, FACP, FIDSA, is associate medical director for the Kaiser Permanente Mid-Atlantic Permanente Medical Group (MAPMG). In this role, his areas of responsibility include research, medical education, community health, Medicaid, genetics, HIV and STDs, transgender health, and infection control and prevention. He also serves as executive director of the Mid-Atlantic Permanente Research Institute (MAPRI), where he supervises all research activities in Kaiser Permanente Mid-Atlantic States (KPMAS). As associate medical director for medical education, he is the designated institutional official for KPMAS. Dr. Horberg serves as the medical director for KPMAS Community Health, the Medicaid leader for MAPMG, and the CMO for KPMAS in Maryland Medicaid, as well as helping lead clinical operational efforts in both Maryland and Virginia Medicaid and serving on the KPMAS Medicaid Executive Committee. Dr. Horberg leads HIV, STD, infection prevention, and transgender health care efforts in the KPMAS region, and HIV and STD care program-wide for Kaiser Permanente. This year, he is leading the opening of Pride Medical and KPMAS' Gender Pathways programs and clinics within KPMAS. Dr. Horberg leads the Medical Genetics and Genomics strategy for MAPMG and is executive sponsor for KPMAS' Commission on Cancer Accreditation and National Surgical Quality Improvement Program. Dr. Horberg attended Boston University Medical School and received his master's of advanced studies degree from the University of

California San Francisco. He completed his residency in internal medicine (categorical) at University of Chicago Michael Reese Hospital and Medical Center.

Thomas “Jomy” Mathew, MD, is the chief medical officer for United Healthcare’s Community and State Plan for Maryland and the District of Columbia. He is a board-certified internist who specializes in the care of hospitalized patients with a focus on palliative and hospice care. While continuing to practice clinically, he has also spent the last eight years of his career committed to addressing challenges in transitions of care, population health, and provider advocacy through value-based care initiatives.

John Moore, MD, is the plan performance medical director for Amerigroup Maryland. He has been with Amerigroup for five years, working mostly in the Virginia Medicaid market. Dr. Moore received his medical degree from Wake Forest and completed his pediatric residency training at University of Alabama at Birmingham. He is a board-certified pediatrician who practiced in rural North Carolina and suburban Virginia for 18 years before moving to Amerigroup. In his practice, he saw firsthand how important vaccines are to children’s health. He also vividly saw the crucial need to support the entire family, both medically and socially.

Godwin Oshegbo, PhD, LCPC, LCADC, is manager for medical clinical operations, MCO liaison, and care coordination team of Optum Maryland. Dr. Oshegbo joined Optum Maryland Behavioral Health Administrative Service Organization (BHASO) in 2020. He completed his PhD in public health policy at Walden University. He is a licensed mental health and addictions clinician with an extensive clinical care and system-of-care process improvement background. Dr. Oshegbo has worked as a behavioral health provider and program manager of the Anne Arundel Medical system (now Luminis Health), University of Maryland Medical System, Outpatient Addiction Treatment Services (OATS—Walter P. Carter Center), and most recently at Kaiser Permanente in the Maryland, DC, and Virginia area. He is a passionate advocate for emergency preparedness in health care, multidisciplinary integration, and advocacy with various grassroots organizations in the Baltimore and DC Metro areas.

Kevin Park, MD, is a medical director for CareFirst BlueCross BlueShield. He oversees many of CareFirst’s government program lines of business, including the Medicaid plan in Maryland, the Dual Special Needs Plan, and the Individual MA plan. A graduate of Harvard Medical School and a board-certified internist, he came to CareFirst BlueCross BlueShield after more than 20 years in payer-managed care. Most recently, he held the positions of vice president for quality and national medical director of Molina Healthcare. He then became chief medical officer and senior vice president of clinical care for Care Wisconsin First, a hybrid Medicaid and Medicare payer and care management organization that serves frail elders, people with multiple chronic conditions and people with developmental disabilities. Throughout his career, Dr. Park has sought to improve the quality of care of vulnerable populations and use data effectively to

manage the health of populations. He serves on the editorial board of the Journal for Healthcare Quality and actively engages in volunteer opportunities in the LGBTQ+ community.

Kathy Pettway, MAS, is the senior director and plan administrator of Priority Partners. She has been a leader in Johns Hopkins Medicine for over 20 years. She is responsible for oversight of regulatory, contractual, and legislative compliance for the plan. In collaboration with the Priority Partners board of directors, she assists in developing strategic goals and objectives. Ms. Pettway received her bachelor of science degree from the University of Virginia and her master's in administrative science from Johns Hopkins University. She serves on the boards of Education Plus and Focus on Women Magazine. Prior to joining Priority Partners, Kathy was a director in operations with Johns Hopkins HealthCare LLC. She was previously responsible for customer service, training, complaints and grievances, and quality assurance. She has a broad range of experience in all aspects of healthcare management and operations.

Stephanie Scharpf, MBA, is the chief operating officer for Jai Medical Systems Managed Care Organization, Inc. Jai Medical Systems is one of the top-rated Medicaid Health Plans in the United States, earning a 5 out of 5 rating from the National Committee for Quality Assurance's Medicaid Health Plan Ratings 2021. In fact, Jai Medical Systems is the only Medicaid plan to have achieved the 5 out of 5 rating for six consecutive years. Stephanie has been part of the Jai Medical Systems family since 1999. During that time, she has focused on quality assurance and ensuring that members have easy access to the preventive care they need. Stephanie earned her master's in business administration from Johns Hopkins University, Carey School of Business and her bachelor of science (biology concentration) from Evergreen State College. She also serves on the board of trustees at Broadmead Inc., a Dynamic Lifestyle Community.

Patryce Toye, MD, MBA, FACP, is the chief medical officer for the MedStar Family Choice Health Plans, owned and operated by MedStar Health, an integrated delivery system in the Baltimore Washington area. MedStar Family Choice is an NCQA-accredited health plan operating in Maryland and the District of Columbia. MedStar Family Choice has approximately 106,000 members in the central Maryland area and about 65,000 enrollees in DC. Dr. Toye received her undergraduate degree from Cornell University and attended medical school at the Johns Hopkins University School of Medicine. She also completed her internship and residency training in internal medicine at the Johns Hopkins Hospital. Dr. Toye is board-certified in internal medicine and a fellow of the American College of Physicians. She also holds a master's in business administration from Johns Hopkins University Carey School of Business. She was a medical director at MedStar Family Choice from 2000–2014, the senior medical director from 2014–2017, and the chief medical officer since 2017. Throughout her years of experience, she has helped set the medical policy, utilization policy, and quality agenda that have resulted in MedStar Family Choice's success.

Steve Whitefield, MD, since 2018 has served as the medical director for the Maryland Behavioral Health Administration of the Maryland Department of Health. He completed his residency in psychiatry at the University of Virginia School of Medicine, where he also completed medical school. Previously he worked with the District of Columbia's Department of Behavioral Health, where he served for nine years as a medical director in their outpatient mental health clinics. Prior to that, he had been the medical director of the Department's Saint Elizabeths Hospital. For eight years, Dr. Whitefield served as an assistant professor of psychiatry with the University of Maryland School of Medicine. This position predominantly included working at the Walter P. Carter Center, a state psychiatric hospital serving Baltimore. He also has private sector community and hospital experience, including providing psychiatric care at an opioid treatment program.

Eleanor Wilson, MD, MHS is an associate professor at the Institute of Human Virology and director of the Hepatitis Clinic at the Baltimore Veterans Administration. Her major area of work focuses on translational research of chronic viral infections, including HIV and viral hepatitis. During the COVID-19 pandemic, she has focused on understanding the pathogenesis of COVID-19, including the interaction between viral and host effects, particularly in immunocompromised patients. She is an investigator on several COVID-19 vaccination and therapeutic clinical trials. Dr. Wilson attended medical school at the Johns Hopkins Medical Institute, in Baltimore, Maryland. She completed residency training in internal medicine at Vanderbilt University Medical Center in Nashville, Tennessee, and subspecialty fellowship training in infectious disease at the National Institute of Allergy and Infectious Diseases in Bethesda, Maryland. She obtained her master's in clinical research as part of a collaborative program between Duke University and the National Institutes of Health. Before COVID-19, her areas of interest included expanding screening for both hepatitis B and C in at-risk populations, understanding the immunological responses in chronic viral hepatitis, and improving the care of advanced liver disease in patients following the successful treatment of hepatitis C.