Comments on the Maryland Commission on Public Health Draft Slate of Recommendations for Public Comment

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Comment on the Draft Slate of Partnerships Recommendations for Public Comment.

Maryland Commission on Public Health. 2025 Jun 9. https://health.maryland.gov/coph/Documents/Reference/Recommendation%20Slate%202025-06-09.v0.pdf. Submitted to MD.CoPH@maryland.gov (CC "Dushanka V. Kleinman" <dushanka@umd.edu>, Shane Hatchett <shane.hatchett@advent.solutions>, "Borah, Sarah" <sborah@cdcfoundation.org>) on July 2025.

These are the abbreviations I used:

- CDC: US Centers for Disease Control and Prevention
- COVID-19: Coronavirus Disease of 2019
- K-12: School grades kindergarten through 12.
- LHD: Local health department
- MDH: Maryland Department of Health
- US: United States of America

The following recommendations relate to creating partnerships. One of my prior recommendations had been to create a mechanism for flexible partnerships that could:

1. Replace CDC guidance functions. It would be a huge job for MDH, even with LHDs, to analyze published evidence and write consequent guidelines. Fortunately, there is expertise available both in and out of state and the US that already have, or are, tackling the same issues: professional organizations, academia, nonprofit organizations, and government agencies. The sudden loss of federal public health jobs has increased the supply of people who would be willing to consult. The mix of partnerships would vary by the issue to be studied and expertise available.
2. Manage particular ongoing public health initiatives, such as any K-12 school-based program.
3. Manage other recommendations that the Commission on Public Health made, to partner with academia, businesses, medical entities, etc.

Since the partnership mix should depend on the relevant expertise and sectors, a master governance partnership should be set up to establish, provide support, and monitor partnerships for specific needs and programs.

Please see individual comments in the table and my separate recommendation attached at the end for more details.

Table. Md CoPH recommendations related to partnerships.

Recommendation Name, ID, and page	Recommendation/ Rationale	Bright Comment
Improving the Visibility of Public Health *(ID: CPE-045), p 5*	Develop a "Maryland Public Health Issue of the Month" series, MDH in collaboration with academic partners, to enhance the visibility of the valuable work going on at the local level, clarify the scientific evidence around a timely topic, or call attention to an emerging issue or outbreak. *Rationale: Wide dissemination to the public and policy makers could enhance the trust in and visibility of the valuable work going on at the local level, clarify the scientific evidence around a timely topic, or call attention to an emerging issue or outbreak. The series can explain what solutions are being used today and what the needs are to strengthen Maryland's capacity to address the issue. Examples could include a short infographic on a particular topic with what solutions are being used today and what the needs are to strengthen Maryland's capacity to address the issue.*	I suggest also inviting expert speakers who may be from additional sectors: local and national professional associations, local and national nonprofit organizations, volunteers, non-Maryland academia, non-Maryland state agencies, and non-US organizations. They can participate remotely if travel is burdensome. Rationale: Experts in every public health sector have the potential to teach something of value to Maryland public health professionals.
IT and Analytics Workforce *(ID: DIT-047), p 9*	Invest in a state Public Health Information Technology (IT) workforce by supporting academic centers in training the current and future workforce in information technology, information systems and data analytics. Incentivize workforce retention through loan forgiveness, in-state tuition and following commitment to public sector employment. Use the savings from consolidation of electronic systems to translate into more competitive hiring practices. Encourage a hybrid IT workforce that places individuals at the point of maximal effectiveness. *Rationale: This recommendation addresses the lack of and barrier to securing contemporary IT expertise in Maryland's public health workforce and proposes ways to achieve this expertise.*	The training should include in-class, term paper, internship, and thesis level collaborations to collect, organize, and analyze real data. The relevant disciplines include computing technology, data science, and data analysis. Rationale: Academic involvement could be more than what is described in the recommendation.

Recommendation Name, ID, and page	Recommendation/ Rationale	Bright Comment
Public Health Business Advisory Board *(ID: FND-010), p 12*	Create a Public Health Business Advisory Board to stimulate public health funding from the business sector to prevent health problems such as diabetes and substance use disorders that lead to higher employer costs. As a result of preventable somatic and behavioral health problems, Maryland businesses lose significant amounts of money to workplace absences, poor productivity, workplace errors that result in injuries and lawsuits, employee turnover, and higher health insurance premiums. *Rationale: This recommendation could facilitate employer funding of public health initiatives that would reduce business losses from preventable illnesses. Businesses have a financial self-interest in investing in prevention efforts to keep workers healthier. The economic losses to businesses from many health problems are greater than the associated medical costs.*	The advisory board should also include experts from state health professional associations and academia. Rationale: These members could advise on prioritizing, designing, and evaluating initiatives.
MDH Public Health Grand Rounds Series *(ID: GOC-043), p 16*	Develop a MDH Public Health Grand Rounds Series to be a forum for horizontal communication across MDH departments that would allow sharing of successes of public health initiatives and successes in implementation. A Grand Rounds Series could provide a way to come together regularly around an important topic of shared interest. LHDs could participate as well as audience members or presenters. Community partners, the public and legislators could be invited to the Grands Rounds presentations. *Rationale: This recommendation would provide visibility to public health initiatives within MDH, how they interact with other parts of MDH, the LHDs and partners beyond. It would create a routine gathering time and place for mutual learning, networking and broadly communicating lessons learned from successful programs.*	I suggest also inviting expert speakers who may be from additional sectors: local and national professional associations, local and national nonprofit organizations, volunteers, non-Maryland academia, non-Maryland state agencies, and non-US organizations. They can participate remotely if travel is burdensome. Rationale: Experts in every public health sector have the potential to teach something of value to Maryland public health professionals.

Recommendation Name, ID, and page	Recommendation/ Rationale	Bright Comment
Development and Support of Academic Health Department Partnerships *(ID: GOC-026), p 16*	Development and support of academic Health Department partnerships to enhance the organizational capabilities of governmental public health systems and enrich academic public health practice programs. MDH, LHDs, and academic institutions should work towards implementing academic health department (AHD) models at state and local levels that involve formal agreements with academic institutions in the state, including Historically Black Colleges and Universities (HBCUs). This effort may involve establishing an AHD community of practice in Maryland to develop template memorandum of understanding (MOUs), suggested actions that academic institutions can take to meaningfully engage with public health departments, and defining standards for a well-functioning AHD model in Maryland. *Rationale: Improved partnerships with academic institutions will strengthen the practice and study of public health by creating bidirectional relationships with local educational institutions. This will also reduce the time it takes for innovations and interventions to be implemented as part of normal practices by way of strong connection with programs grounded in evidence-based practices. AHDs provide opportunities for students to gain practical experience and fulfills service requirements for faculty positions. Additionally, this is a key component of the Commission on Education of Public Health (CEPH) accreditation for Schools and Programs of Public Health.*	The training should include in-class, term paper, internship, and thesis level collaborations to collect, organize, and analyze real data. The relevant disciplines include computing technology, data science, and data analysis. Rationale: Academia can provide up to date expert consultations. Public health departments can provide real data, which is often in short supply in academia.

Recommendation Name, ID, and page	Recommendation/ Rationale	Bright Comment
Broaden & Strengthen Medical Reserve Corps *(ID: WKF-014), p 21*	Expand and enhance local engagement for the existing Maryland Responds Medical Reserve Corps by (1) renaming it to the "Maryland Responds Health Reserve Corps" and explicitly recruiting non-clinical personnel capable of assisting during public health emergencies, disease outbreaks, natural disasters, and other crises that strain the healthcare and public health systems and (2) supporting more robust, locally-focused and trained county-based volunteer corps. The legislature should allocate dedicated resources for this expansion and provide grants to Local Health Departments to recruit needed non-clinical personnel and build a more robust, locally focused and trained county-based volunteer corps and ensure emergency public health response readiness. *Rationale: By investing in the continued development, health expansion, sustainability and enhancement of the local participation in the Maryland Responds Medical Reserve Corps, Maryland will be better positioned to protect public health and respond swiftly and effectively during times of great need.*	Many non-clinical volunteers, such as epidemiologists, laboratory professionals, and safety experts, can provide valuable expertise in the case of emergencies. Many of them could work remotely, and thus serve geographically diverse areas. Rationale: Maryland currently has an ongoing need to analyze the evidence for COVID-19 prevention measures and rewrite guidance, given the CDC's failure to adequately do so. The ongoing reductions in CDC staff and advisers signal the need for Maryland to build its own capabilities for emergency guidance, such as for avian flu.
Appoint a Statewide Volunteer Coordinator for Emergency Preparedness *(ID: WKF-053), p 21*	Appoint a Statewide Volunteer Coordinator for Emergency Preparedness to oversee a process to maximize human resources in an emergency and accelerate the process of hiring, deployment, placement, procurement, and resource distribution. *Rationale: This recommendation would enhance the ability to rapidly deploy and maximize human resources from one region to another region within the state during an emergency. The benefit of a centralized system is the ability to redistribute resources to where they are most needed.*	Many of the volunteers could work remotely, and thus serve geographically diverse areas. Rationale: Incorporation of remote volunteers could strengthen emergency response.

Recommendation for Consideration by the Maryland Commission of Public Health

Shortname: "Partnerships for Programs"

Proposed by Roselie A. Bright, Sc.D.

Recommendation:

Maryland (Md) should form a partnership to form, oversee, and conduct cross-cutting continuous and temporary programs.

The partnership should have representation from the Maryland Department of Health (MDH) and the Local Health Departments (LHDs). This partnership should, in turn, create other program-specific partnerships that could draw from the universe of other Maryland departments, Maryland local governments, academia within and outside Maryland, state or national professional associations, nonprofit organizations, community groups, individual volunteers, and other organizations or people, as appropriate. Some example applications include:

- A partnership of MDH, LHDs, Maryland Department of Labor, universities, health professional associations, volunteers, and willing counterparts in other states could be set up to do its own evaluations of the public health science and federal policies and recommendations. Where the science doesn't support federal policies or recommendations, Md should develop and use its own science-based policies and recommendations. This partnership would be ongoing. See "2025 06 30-- comments on Md CoPH data-related recs".

- A partnership of MDH, LHDs, Maryland Department of Public Schools, universities, and appropriate experts could be formed to select a school emotional resilience program to implement in a few school districts as a pilot program. The partnership should evaluate and report the effectiveness of the pilot program, and make recommendations to expand, modify, or drop the program. See Appendix II for details "2025 06 30-- comments on Md CoPH rec K-12 educ".

Statement of Principle that Underlies this Recommendation:

Now that federal support is no longer reliable and the Md budget is tight, Md needs to find creative ways to replace the federal functions. Other states are facing the same issues. Md (state and local) public health programs should be based on the available expertise, including other states, non-government entities, and the public. Investment in public engagement increases success, and that can apply to the engagement of non-government entities, as well.

Focus Areas:

There is no obvious one focus area. It overlaps with organization, analytics, human resources, funding, and communication and public engagement. The examples in the Appendices are from the COVID-19, maternal and infant mortality, and overdose focus areas.

Aligned with the Following Strategic Priority:

Responding to the Following Findings (assessment findings or demonstrated evidence):

Federal agencies are removing websites [1-2]. Federal public health grants and contracts are being slashed [3-4]. However, the needs they met remain.

In the 3/13/25 Md Commission on Public Health meeting slides, the Assessors' recommendations included:

- "Explore how to establish and strengthen academic-public health partnerships, including establishing career pipelines; leverage expertise of leaders of health-related associations" (page 79), and

- "Explore additional partners and volunteers: retired military veterans, AmeriCorps, public health, nursing, or med student volunteer networks" (page 80).

How this Recommendation will Improve the Delivery of Foundational Public Health Services (Evidence and Rationale for the Recommendation):

An outcome of public health partnerships might be a greater sense that public health is a shared enterprise for the common good among scientists, practitioners, public and private organizations, and the interested public.

Funding Required to Implement the Recommendation:

The most direct method of implementation is to staff enough specialists to form and support the main- and sub-partnerships. The Assessment indicated that there is currently a shortage of some types of staff, and there is general knowledge that the Md budget is tighter than it has been for years. Therefore, a way to reduce the amount of funding needed could include using existing expertise within the state agencies and LDH. This main partnership would identify sub-partnerships for specific programs, that would draw on the following strategies, as appropriate:

- expanding existing public health partnerships with other states.
- expanding existing partnerships with academia and professional organizations.
- forming new partnerships with other state, professional organizations, and academic organizations across the country. This would spread the labor. Some of it could be done by students under faculty supervision.
- forming new partnerships with nonprofit patient organizations that can provide expertise that has been untapped.

Expected timeline to implementation:
If endorsed, implementation could begin with the main partnership. Within a few months it should identify a sub-partnership for a program to be quickly implemented as a pilot, and identify an evaluation plan.

To whom (entity, organization, population, etc.) is this action directed?

MDH would take the lead, with the support of LDHs and existing partners, as appropriate.

Who is the suggested entity to be accountable for or lead this action?

The main partnership.

How will health equity be addressed for this action?

Health equity considerations would be part of all components of the recommendation.

Which entity or group would be responsible for implementation?

The main partnership.

What additional actions are needed to create, implement, or sustain this recommendation?

Willingness to think outside the box to promote public health.

What outcome measures/processes are expected to monitor improvement?

The main partnership would set these up for the sub-partnerships.

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Comment on Youth Program in the Draft Slate of Recommendations for Public Comment.

Maryland Commission on Public Health. 2025 Jun 9. https://health.maryland.gov/coph/Documents/Reference/Recommendation%20Slate%202025-06-09.v0.pdf. Submitted to MD.CoPH@maryland.gov (CC "Dushanka V. Kleinman" <dushanka@umd.edu>, Shane Hatchett <shane.hatchett@advent.solutions>, "Borah, Sarah" <sborah@cdcfoundation.org>) on July 2025.

The recommendation in the following table has some overlap with a proposal I made (attached) to create an emotional resilience K-12 program. Please accept my attached recommendation.

Table. Recommendation related to establishing a K-12 program.

Recommendation Name, ID, and page	Recommendation/ Rationale	Bright Comment
Increased Health Literacy Through Youth Education *(ID: CPE-019), p 5*	Establish a Public Health Education for Youth Task Force to create a K-12 age-appropriate, standards-aligned, and culturally relevant public health curricula focusing on topics like disease prevention, health equity, communication, and critical thinking, The curricula will increase familiarity with and literacy of public health concepts in students so that as adults, community members will have improved understanding of personal and public health and also be inspired to join the public health workforce. The Task Force will be composed of educators, pediatricians, public health professionals, and curriculum designers to develop a curriculum) *Rationale: Public health literacy begins in childhood. By embedding public health concepts into K–12 education, Maryland can create generational change, empowering youth to become informed decision-makers, effective communicators, and future contributors to the public health system. This recommendation can support communication and public engagement, health equity and community partnership, and public health infrastructure.*	In addition, an emotional resiliency program could have a similar structure, but employ a curriculum that promotes resiliency in the face of bullying, trying home circumstances, misinformation, mental distress, crime, and easy access to drugs of abuse. Rationale: similar programs have reduced school dropouts, bullying, referrals to mental health services, teen pregnancy, childhood and adult crime, and childhood and adult drug abuse. See my separate recommendation.

Recommendation for Consideration by the Maryland Commission of Public Health

Md Implements School Social Resilience Program to Address Maternal and Infant Health and Overdoses

Shortname: "K-12 Emotional Resilience"

Proposed by Roselie A. Bright, Sc.D.

Recommendations:

1. To prevent maternal and infant health mortality and overdoses, as well as other public health needs, a partnership of Maryland (Md) entities should select a school emotional resilience program to implement in a few school districts as a pilot program.
2. The partnership should evaluate and report the effectiveness of the pilot program, and make recommendations to expand, modify, or drop the program.

Statement of Principle that Underlies this Recommendation:

Every Md resident wants to be happy. Happiness is a function of emotional resilience.

Emotional resilience helps people appropriately deal with setbacks, conflicts, and distressing situations, which can otherwise lead to overdoses and addiction, maternal and child health related to adolescent parenthood, victimization, bullying, crime, mental illness, somatic illness, reduced education attainment, lower-paying or unemployment, and/or suicide.

Md should invest in programs that prevent major problems that are costly to the well-being, clinical health, public health, public safety, and economic productivity of the state population. Early prevention is less expensive and more effective than intervening with distressed people, or treating diagnosable problems.

The public wants to be engaged with improving public health in Md. Public engagement will help the program succeed and benefit the implementers as well as the target students, school staff, and involved families.

Focus Areas:

It involves the following "Selected Health Issues": Overdoses, and Maternal and Infant Mortality. All working groups could be involved.

Responding to the Following Findings (assessment findings or demonstrated evidence):

Interest in Prevention Programs and Public Engagement

The Assessment (see Appendix IIA at the end of this document) of public health staff resulted in comments that Md should have more upstream prevention programs, that addiction programs are understaffed, and maternal and infant health programs are understaffed. Participants also recommended partnering with health-related associations, academia, and volunteers.

Need for a School Emotional Resilience Program

Happiness is a function of emotional resilience [1-2]. Emotional resilience helps people appropriately deal with setbacks, conflicts, and distressing situations [3]. Preventable child and adolescent mental health problems are burgeoning in the US and lead to ongoing disruptive problems in adulthood [4].

Substantial proportions of Md youth (middle school or high school) have experienced childhood trauma or adverse childhood experiences (ACE), including home factors, bullying in school, and having carried a weapon (including at school). Most of the ACE are preventable [5-6].

The Maryland Department of Health (MDH) estimated that 80% of mental health diagnoses implicated ACEs. ACE prevention could reduce the number of people requiring behavioral health services by 14% (37,000 people). MDH is developing treatment plans [5].

"During the 2021-22 school year, 5000 public school students from kindergarten to 12th grade were reported to have possessed firearms in the United States" [7-8]. In Maryland, guns "were the leading cause of death among children and teens ages 1-17 in 2022" [9]. For the US, school shootings have been increasing [10]. Children who are directly and indirectly exposed to school violence suffer greater risks of addiction, anxiety, depression, post traumatic stress disorder, academic failure, and criminal activity [10].

Because children with somatic and/or chronic illness are susceptible to emotional distress and bullying, clinicians need to enquire about their patients' emotional health and advocate for school-based, as well as psychotherapy-based, interventions [11].

Positive factors, including comfort with seeking help from adults outside the family, extracurricular activities, and safety at school, reduce the risk of behavioral health challenges from community ACEs. [6]

Setbacks, conflicts, and distressing situations can otherwise lead to victimization, bullying, crime, addiction, early pregnancy, mental illness, somatic illness, reduced education attainment, lower-paying or un-employment, and/or suicide [1, 12-13]. These preventable major problems are costly to the well-being, clinical health, public health, public safety, and economic productivity of the state population [12, 14-16].

Evidence that a School Emotional Resilience Program Would Address the Problem

School-based intervention programs have successfully improved:
- emotional resilience [11-12, 17-18],
- happiness scores [19],
- academic scores [12, 18],
- anxiety rates [12],
- depression rates [12, 19],
- addiction rates [11],
- ultimate employment quality and rates [12],

- suicide rates [19],
- disability rates [12, 19],
- gun-carrying rates in school [20], and
- bullying in school [11].

School-based intervention programs have correlated with population level maintenance or improvements in:
- happiness scores [21],
- gun violence rates [22], and
- child suicide rates for 2000, 2017, and 2022 [23].

Information About Existing School Emotional Resilience Programs

Ineffective bullying policies include suspension, exclusion, fighting back, grouping bullies together, and single awareness-raising events [11].

Early prevention is less expensive and more effective than intervening with distressed people, or treating diagnosable problems [6, 24].

There are many descriptions of effective emotional resilience school programs [1, 6, 11, 17-18, 25-28]. Programs that combine a component that includes all students and staff are effective [11]. Programs that target children at risk, such as experiencing household domestic violence, are effective [6]. Effectiveness increases by adding a component that intervenes with students at risk or already troubled [1].

The website for the Md Mental and Behavioral Health promotes "mind resilience" with a general program description [3]. The concepts are congruent with programs that have been shown to be effective [1, 6, 11, 17-18, 25-28]. However, there are no apparent implementation guides and plans, which would be necessary. Such guides and plans could be chosen from among programs that have worked [1, 6, 11, 17-18, 25-28].

How this Recommendation will Improve the Delivery of Foundational Public Health Services (Evidence and Rationale for the Recommendation):

Many reviews of studies [11-12, 18] [29-34] have shown that improving emotional resilience results in less need for public health and related services to mitigate or treat children who:
- become addicted to substances,
- become a parent before graduation [4],
- are relatives of ill, imprisoned, addicted, or deceased people [1],
- behave disruptively in school,
- become victims of bullies [13],
- witness violence [13],
- bring guns or other serious weapons to school, to either protect themselves or force their will (or both) [4],
- experience declining academic performance [4],
- feel unsafe at school,
- inappropriately use social media, and/or
- want to or do harm themselves, including suicide [4].

Lasting effects would also reduce the corresponding needs for adults who graduate from the program, and school staff [4]. Parents and other community participants will also benefit.

Funding Required to Implement the Recommendation:

The most direct method of implementation is to directly pay for study, implementation, and evaluation. Federal grants are likely to not be available. State funds are tight. Under the "Partnerships for Progams" initiative (see "2025 06 30 Bright-- comments on Md CoPH partnership recs.pdf" sent separately) the main partnership should create a sub-partnership with academics, unions, community groups, and private foundations for volunteer and monetary support. The sub-partnership should involve local groups, such as parent teacher associations, in the geographic areas where the pilot program will be implemented. The Assessment indicated that MDH and LDH staff would like to form productive partnerships with relevant Md components, academics, community groups, and volunteers.

Legislation Required to Implement the Recommendation:

I don't know if legislation would be required.

Expected timeline to implementation:

If endorsed, implementation could begin with a pilot of a few districts or clusters and expand from there for several years.

Is it an operational, program, organizational, or policy action or a combination?

All.

To whom (entity, organization, population, etc.) is this action directed?

For the pilot program, a joint sub-partnership of participating organizations would take the action in a few Md K-12 school districts or clusters, and would involve the entire staff and student body of the participating districts or clusters. Local groups such as parent teacher associations would be invited to join. Parents would be informed and invited to participate more intensely. Selection of the districts or clusters would need to account for the distributions of social determinants of health, health equity, and other risk factors. Pairs of comparable districts or clusters would need to be set up, with one for intervention and the other for comparison of outcomes. The sub-partnership would identify a team to conduct an evaluation of the pilot and make recommendations for further action.

Who is the suggested entity to be accountable for or lead this action?

A joint sub-partnership of leaders from participating organizations would take the lead and be accountable. The main partnership would choose other appropriate partners, such as the Md Department of Education and the Md Deputy of Secretary of Health for Mental and Behavioral Health, academia, professional organizations, LDHs, unions, local school districts, local community groups, people who conducted similar successful programs, etc.

How will health equity be addressed for this action?

Health equity considerations would be part of all components of the recommended program. As stated above, emotional resilience is a method of counteracting social determinants of ill-health, so it would both improve staff and student skills. It was also shown to improve skills the most for staff and students who start with less-developed skills and are at higher risk [11].

Which entity or group would be responsible for implementation?

The sub-partnership mentioned above would be responsible for implementation and evaluation.

What additional actions are needed to create, implement, or sustain this recommendation?

Willingness to think outside the box to promote and implement science-based public health programs. Fundraising in the private sector will be key. Engaging the public to gain their support, insights, and help will also improve the likelihood of success.

What outcome measures/processes are expected to monitor improvement?

There are several existing state statistical measures that could be used:

- reports of in-school incidents [35];
- health of children and teens:
  - mental health [36-37],
  - addictions [36, 38-39],
  - teen births [40, 42-43],
  - trauma [36, 40-41],
  - homelessness [36-37],
  - crash statistics [44],
  - suicide [42],
  - violent deaths [40, 42], and
  - nonviolent deaths [38, 40, 42];
- academic performance:
  - standardized scores [45], and
  - graduation from elementary, middle, and high school [45]; and
- employment rates [46-47].

When the statistics are provided by federal (such as CDC or Department of Education) data, if the federal government discontinues publication then Md will need to publish the data themselves (see separate file "2025 06 30 Bright-- comments on Md CoPH data-related recs.pdf" for more details), for example, the Maryland Overdose Data Portal [38]. The program implementers will need to devise and implement pre-implementation and post-implementation measures of effectiveness.

Citations (non CDC, non MDH):

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Appendix to K-12 Emotional Resilience Recommendation: Relevant Findings from the Assessment

The Assessment was reported in the March 13, 2025, meeting of the MdCoPH. It came from a survey of staff in the MdDoH and LDHs. The presentation had staff input as well as remarks by the assessors. Combined, the LDHs have 548 behavioral health staff.

Table of relevant, to publication of Md data, findings and phrases from the 3/13/25 slide presentation about opinions gathered from Md DOH and LDHs staff.

Phrase or Finding	**Page**
Combined, the LDHs have 548 behavioral health staff.	30
There is a shortage of addiction medicine staff.	48
For Data and Information Technology, there is insufficient funding for evaluation and quality improvement cycles	49
Need better data to support decision making	50
Useful dashboards to track progress in reducing overdoses is underway	57
Addressing overdoses: workforce shortages	57
"Widespread recognition that upstream strategies (e.g., substance use prevention efforts) are needed to reduce addiction and a multitude of downstream consequences, not only overdoses"	57
Maternal and Infant Mortality: "Clear recognition that upstream strategies are needed	58
Maternal and Infant Mortality: "Need to strengthen data infrastructure"	58
"Maryland's efforts to reduce health care costs"	63
"Prevention-oriented strategies are insufficiently funded"	63

"Data systems are needed to identify 'cases' early"	63
"Widespread recognition that additional emphasis on prevention is strongly needed"	63
Health Equity: "Clear recognition of unquestionable health inequities"	64
Health Equity: "Need for upstream strategies to address social determinants of health"	64
Health Equity: "Movement toward equitable access to services"	64
Participants recommendation: "Leverage health-related associations for advice and implementation of large initiatives"	68
Participant's recommendation:"Expand core expertise with panels of expertise that can provide technical assistance when needed (e.g., Consumer Health Information Hub)"	68
Participant's recommendation:"Strengthen partnerships with academic institutions to establish a more solid school-to-job pipeline and to offer creative opportunities for career advancement"	71
Participant's recommendation:"Fund a volunteer coordinator position to provide continuity and leverage volunteer participation to improve emergency preparedness"	72
Participant's recommendation:"Establish a public health electronic health record system (e.g., explore how to leverage existing systems or existing plans for data systems) "	73
Participant's recommendation:"Create forums for showcasing and sharing experiences of models that hold promise or are successful"	76
Assessors' recommendation regarding Demonstrating Value: "Explore how to demonstrate return-on-investment and cost effectiveness for public health activities, including prevention strategies"	78
Assessors' recommendation regarding Prevention Science: "Develop academic programs that specifically train individuals with expertise in prevention approaches"	79
Assessors' recommendation: "Explore additional partners and volunteers: retired military veterans, AmeriCorps, public health, nursing, or med student volunteer networks"	80
Assessors' recommendation regarding Expanding Community Partnerships: Assess existing relationships and discuss opportunities for collaboration with the faith- based community related to health and explore broader collaboration with new non- traditional partners"	80

Table Note: "3/13/25 slides" = Agenda and materials for the March 13, 2025, meeting of the Maryland Commission on Public Health [https://health.maryland.gov/coph/Documents/Meetings/2025-03-13%20CoPH%20Agenda%20%26%20Materials.pdf]. These table entries are from the Assessment of MDH and LDH staff.

Comment on Draft Slate of Data-related Recommendations for Public Comment.

Maryland Commission on Public Health. 2025 Jun 9. https://health.maryland.gov/coph/Documents/Reference/Recommendation%20Slate%202025-06-09.v0.pdf. Submitted to MD.CoPH@maryland.gov (CC "Dushanka V. Kleinman" <dushanka@umd.edu>, Shane Hatchett <shane.hatchett@advent.solutions>, "Borah, Sarah" <sborah@cdcfoundation.org>) on July 2025.

These are the abbreviations I used:

- CDC: US Centers for Disease Control and Prevention
- CMS: US Centers for Medicare and Medicaid Services
- COVID-19: Coronavirus Disease of 2019
- K-12: School grades kindergarten through 12.
- LHD: Local health department
- MDH: Maryland Department of Health
- US: United States of America

These are recommendations that relate to the data analysis and display recommendation I had made. My comments specific to each draft recommendation are in the table. My full recommendation is attached.

Table 1. Recommendations related to data.

Recommendation Name, ID, and page	Recommendation/ Rationale	Bright Comment
Data Use Efficiency *(ID: DIT-036), p 8*	Streamline the processes of data use, including data use agreements across state and local government agencies and non-government entities to maximize access to appropriate data for use in tracking, research, and funding to demonstrate savings/return on investment across agencies. *Rationale: This recommendation focuses on creating a process to accelerate data use approvals and sharing capacity.*	Please also include data that has been routinely sent to CDC and CMS to publish. Rationale: CDC and CMS data publication has become unreliable due to cuts in resources and staffing, and threats of censorship.

Recommendation Name, ID, and page	Recommendation/ Rationale	Bright Comment
Central Community Portal *(ID: DIT-053), p 10*	Create a central community portal designed for use by the public to include an interactive, downloadable dashboard, tools for community engagement with a data collection function, and education with a focus on Maryland specific data sets. *Rationale: This recommendation would provide greater transparency and access to Maryland health and related data sets, which tend to be housed within their own sponsoring administration's website. It also can improve the ability of governmental public health to work with community partners to collect, report and use public health data. A central portal can facilitate the public's access and improve the ability to engage community and multi-sector partners in the community health improvement process and creation of a plan to address priority solutions.*	Please also include data that has been routinely sent to CDC and CMS to publish. Rationale: CDC and CMS data publication has become unreliable due to cuts in resources and staffing, and threats of censorship.

Recommendation Name, ID, and page	Recommendation/ Rationale	Bright Comment
Assessing and Strengthening the Public Health Laboratory System *(ID: CCR-058), p 27*	Appropriate funding for an assessment of the laboratory system (public and private) to meet Maryland's public health needs. Determine capacity and address the most crucial upgrades needed to the public health laboratory system in Maryland using recommendations from the HP2030 and the Association of Public Health Laboratories' (APHL) 2023 Public Health Laboratory Capability Assessment. Consider whether there are potential elements that could be adopted from models such as Maryland's Active Bacterial Core Surveillance (ABCs) Emerging Infection Program (EIP) or other lab networks such as PulseNet, Food Emergency Response Network, or the Laboratory Response Network. Explore whether the Electronic Laboratory Reporting is used to best effect for data sharing and standardization. Explore cooperative agreements with other (private or public) laboratories or ways to establish an alternative sustainable support framework in the case of the absence of federal support. Investigate whether Maryland has a dedicated laboratory supply chain and/ or stockpile that would be sufficient/able to meet increased demand during an emergency. If it doesn't already exist, fund a stockpile of any nonperishable laboratory materials. *Rationale: A laboratory network that is responsive and modern is essential to a number of public health capabilities and functions. The Commission's assessment did not include a comprehensive study of the laboratory capabilities.*	New technologies, such as wastewater surveillance for, and public reporting of, pathogens and toxins, need to also be incorporated into Maryland's public health laboratory system. Rationale: Wastewater surveillance provides public health information that is independent of and complementary to medical reporting and medical records.

Draft Recommendation for Consideration by the Maryland Commission of Public Health

Shortname: "Md Itself Evaluates Science"

Proposed by Roselie A. Bright, Sc.D.

Recommendation:

Maryland (Md) should do its own evaluation of the public health science and federal policies and recommendations. Where the science doesn't support federal policies or recommendations, Md should develop and use its own science-based policies and recommendations.

Statement of Principle that Underlies this Recommendation:

Md (state and local) public health actions and education should be based on updated, valid scientific evidence, whether the federal official information is true, misleading, or false.

Focus Areas:

There is no obvious one focus area. It overlaps with organization, analytics, human resources, funding, and communication and public engagement. The examples are from the COVID-19 focus area.

Responding to the Following Findings (assessment findings or demonstrated evidence):

From the beginning of the COVID-19 pandemic, the public has witnessed the muzzling of CDC experts [1] who raised the alarm about what the nation could experience, their departures [2], and then replacements by people with presumably much less public health experience. In more recent years there have been persistent misstatements by the CDC (see Appendices A and B). Unfortunately, Md websites either linked directly to the CDC websites or provided information that was even less supported by science. See Appendix A for an analysis of information regarding masking, and Appendix B for an analysis of how many days COVID-19-infected people can transmit the illness to other people. Masking effectiveness and length of transmissibility are the crucial bases for public recommendations regarding mask use and isolation policies.

Before 2019, it was reasonable for states to rely on CDC information. CDC had built a stellar reputation over decades that was taught to and emulated by equivalent organizations around the world. It makes sense that one specialized group would analyze the science and shepherd the formation of consensus recommendations on behalf of the nation.

Unfortunately, in 2019, the CDC began to post recommendations that were less and less based on scientific evidence. In 2025, entire CDC webpages have disappeared. It is clear that Md can no longer rely on CDC recommendations.

Recent surveys of US adults have documented opinions about CDC and state health departments. A study of attitudes towards three federal agencies in 2020 found that trust in CDC declined, while trust in FEMA and USPS increased [3]. In 2022, a significant proportion said that health recommendations by the CDC and states were "politically influenced and inconsistent" [4]. The next year, significant proportions, again,

distrusted CDC and their state health department [5]. A study of public health professionals' opinions echoed these statements [6].

In 2024, public comments in the MdCoPH Assessment included reports that the federal and state websites are confusing and conflicting. They also say they want to be able to rely on federal and state websites because directly consulting the scientific papers is difficult. See the details in Appendix C.

Meanwhile, Md residents still need a place to get reliably science-based public health information that is relevant to them, and new public health threats (measles, bird flu, and tuberculosis) are developing.

How this Recommendation will Improve the Delivery of Foundational Public Health Services (Evidence and Rationale for the Recommendation):

Performing science-based reviews will restore the quality of Md public health education and recommendations. Trust by consumers who understand the science will be restored. If the method of implementation is to expand public health partnerships, an outcome might be a greater sense that public health is a shared enterprise for the common good among scientists, practitioners, public and private organizations, and the interested public.

Funding Required to Implement the Recommendation:

The most direct method of implementation is to staff enough epidemiologists and other specialists to do the review work. The Assessment indicated that there is currently a shortage of epidemiology staff, and there is general knowledge that the Md budget is tighter than it has been for years. Therefore, a way to reduce the amount of funding needed could include:

- using existing expertise within the state agencies and LDH.
- expanding existing public health partnerships with other states.
- expanding existing partnerships with academia and professional organizations to do the reviews, draft educational materials, and draft recommendations, to be approved by the MDH.
- forming new partnerships with other state, professional organizations, and academic organizations across the country to form a sort of alternate CDC to do the reviews, draft educational materials, and draft recommendations. This would spread the labor. Some of it could be done by students under faculty supervision.
- forming new partnerships with nonprofit patient organizations that have volunteer or paid epidemiologists and other specialists who can provide expertise that has been untapped.

Partnerships would be governed as described in the separate recommendation to form partnerships (see above).

Expected timeline to implementation:
If endorsed, implementation could begin with a topic-specific pilot and expand from there for several years.

Is it an operational, program, organizational, or policy action or a combination?

This would be a policy that directs organizational change (formation of partnerships) to do our own scientific reviews, education, and recommendations (operational actions).

To whom (entity, organization, population, etc.) is this action directed?

MDH would take the lead, with the support of LDHs and existing partners, as appropriate.

Who is the suggested entity to be accountable for or lead this action?

The Md Secretary of Health.

How will health equity be addressed for this action?

Health equity considerations would be part of all components of the recommendation.

Which entity or group would be responsible for implementation?

The Md Secretary of Health. The LDHs would use the MDH results.

What additional actions are needed to create, implement, or sustain this recommendation?

Willingness to think outside the box to promote science-based public health.

What outcome measures/processes are expected to monitor improvement?

For each scientific evaluation, the current and resulting websites would be assessed for accuracy. An independent science-based organization could be recruited to provide the assessments. A larger study would be to assess the public's opinion of whether the resulting websites and communications are useful to them.

Citations:

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2. Sullivan B. CDC Official Who Warned Americans Coronavirus Could Cause 'Severe' Disruption Resigns. NPR. 2021 May 7. https://www.npr.org/2021/05/07/994685964/cdc-official-who-warned-americans-coronavirus-could-cause-severe-disruption-resi.

3. Pollard MS, Davis LM. Decline in Trust in the Centers for Disease Control and Prevention During the COVID-19 Pandemic. Rand Health Q. 2022 Jun 30; 9(3): 23. https://pmc.ncbi.nlm.nih.gov/articles/PMC9242572/.

4. SteelFisher GK, Findling MG, Caporello HL, et al. Trust in US federal, state, and local public health agencies during COVID-19: Responses and policy implications. Health Affairs. 2023 Mar; 42(3). DOI: 10.1377/hlthaff.2022.01204. Covered by Tin A. A quarter of Americans distrust CDC recommendations, survey finds. CBS News. 2023 Mar 7. https://www.cbsnews.com/news/cdc-recommendations-survey-trust/.

5. SteelFisher GK, Findling MG, Caporello HL, et al. Trust and 2024 Public Priorities for the CDC and State Health Departments. JAMA Health Forum. 2024;5(5):e240862. DOI: 10.1001/jamahealthforum.2024.0862.

6. Jirmanus LZ, Valenti RM, Griest Schwartzman EA, et al. Too Many Deaths, Too Many Left Behind: A People's External Review of the U.S. Centers for Disease Control and Prevention's COVID-19 Pandemic Response. AJPM Focus. 2024 Aug; 3(4): 100207. DOI: 10.1016/j.focus.2024.100207.

Appendix A: Comparison of Masking Statements by CDC and MDOH, in Relation to the Science (below)

Appendix B: Comparison of COVID-19 Onward Transmission Time by CDC in Relation to the Science (below)

Appendix C: Relevant Findings from the Assessment (below)

Appendix A:
Comparison of Masking Statements by CDC and MDOH, in Relation to the Science

This appendix documents an instance when Centers for Disease Control and Prevention (CDC) statements don't follow the science, and Maryland Department of Health (MDOH) statements don't follow the CDC, or don't follow the science. I chose masking and respirator use because of the scientific demonstrations that they are effective for controlling COVID-19 transmission in a variety of settings and yet, most people aren't wearing masks or respirators, even in healthcare settings or schools. A prior version of this document was initially contributed as a working paper to the Communications and Public Engagement Working Group (CPE WG) of the Maryland Commission on Public Health (MdCoPH) in 2024. References to CDC and MDOH websites are given for October 2024 and updated for March 2025.

What the Science Says

Fortunately, an excellent review regarding masking was published last year:

> Greenhalgh T, MacIntyre CR, Baker MG, et al. Masks and respirators for prevention of respiratory infections: a state of the science review. Clin Microbial Rev. 2024 May 22:e0012423. DOI: 10.1128/cmr.00124-23.

It reviews many aspects of masking and respirators. It uses both quantitative and qualitative review methods and explains them well. The authors concluded:

1. "[T]here is strong and consistent evidence for airborne transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and other respiratory pathogens." Respiratory aerosols, compared with droplets or direct contact, are by far the dominant mode of transmission of respiratory infections. Infectious respiratory aerosols are generated by both asymptomatic (a substantial mode) and symptomatic people. Infectious respiratory aerosols are generated by breathing, speaking, shouting, and singing. Therefore, effective controls are ventilation, air filtration, reducing indoor crowding, and wearing well-fitting respirators (especially by everyone working with patients).
2. "[M]asks are, if correctly and consistently worn, effective in reducing transmission of respiratory diseases and show a dose-response effect." Both laboratory studies and well-designed "real world" studies demonstrate this. Continuous respirator use in a health care setting was effective; intermittent respirator use was close to ineffective.
3. "[R]espirators are significantly more effective than medical or cloth masks."
4. "[M]ask mandates are, overall, effective in reducing community transmission of respiratory pathogens." Same for mask use, and respirators > pleated mask > cloth mask.
5. "[M]asks are important sociocultural symbols; non-adherence to masking is sometimes linked to political and ideological beliefs and to widely circulated mis- or disinformation."
6. "[W]hile there is much evidence that masks are not generally harmful to the general population, masking may be relatively contraindicated in individuals with certain medical conditions [listed in the

article, Table 5], who may require exemption. Furthermore, certain groups (notably D/deaf people) are disadvantaged when others are masked."

7. "[T]here are risks to the environment from single-use masks and respirators." Respirators can be used for longer than surgical masks. Respirators generate less waste if they are re-used.

Other key points made in the review include:

- COVID-19 isn't seasonal and has peaked multiple times per year.

- What governments and leaders say and do influences attitudes and the behavior of the public. "When government and public health leaders nationally or globally regularly advocate for and model mask wearing in public, this can contribute to developing and promoting strong public support. Conversely, when leaders fail to wear masks or make negative comments about them, these actions also significantly detract from the public health messaging (301)." "Since the early months of the COVID-19 pandemic, there have been multiple examples of major health agencies and government leaders (up to and including the World Health Organization) promoting incorrect or misleading narratives about how SARS-CoV-2 is transmitted and the best modes of prevention. These include downplaying the value of universal masking, or even taking a specific position *against* masks, overemphasizing droplet-oriented measures such as hand hygiene, and failing to convey the superior benefits of respirators over cloth or medical masks, leading to public confusion and overreliance on handwashing and hand sanitizing in the community (62)."

- "[G]iven that masking is an effective (though not perfect) intervention for controlling the spread of respiratory infections, and that it may be particularly important in the early stages of pandemics (when the pathogen may be unknown and drugs and vaccines are not yet available), improving understanding among scientists, clinicians, policymakers and the public about the effectiveness of masks and respirators is an urgent priority. The continuing recalcitrance of many (though not all) in the infection prevention and control community on this issue could prove a major threat to public health in future pandemics, particularly since such individuals often hold influential positions on global and national public health decision-making bodies."

- "[A]s the COVID-19 pandemic continues into a fifth (and, quite possibly, subsequent) year, the grave danger posed by ideologically driven anti-mask narratives to public and global health should be acknowledged and systematically addressed. Anti-mask sentiment is increasing, along with anti-vaccine sentiment (413), and this bodes ill for both the current and any future pandemics. While there are no simple solutions to the problem of widespread disinformation, clear and consistent messaging from public health bodies on masks and other mission-critical topics would help considerably."

FYI, the references cited in the above quotes are:

62. Greenhalgh T, Ozbilgin M, Tomlinson D. 2022. How COVID-19 spreads: narratives, counter narratives, and social dramas. BMJ. 2022; 378:e069940. DOI: 10.1136/bmj-2022-069940.

301. Lupton D, Southerton C, Clark M, Watson A. The face mask in COVID times: a sociomaterial analysis. De Gruyter, Berlin. 2021. DOI: 10.1515/9783110723717.

413. Marks P, Califf R. 2024. Is vaccination approaching a dangerous tipping point?. JAMA. 2024; 331:283–284. DOI: 10.1001/jama.2023.27685.

Summaries of Three Key Facts and What CDC and MDOH Say About Them

In this section I select three key related facts from the scientific review. For each, I created a table of related statements I found on the CDC and MDOH websites. (Pdfs of the URLs from 10/27/24 and 3/18/25 are attached at the end of this appendix.) Following each table, I present my critique of the sites in light of the science.

Table 1. The science (above) says masks/respirators reduce risk of catching COVID-19. What do the CDC and MDOH sites say?

Organization	Statement	URL(s)
CDC	Wearing a mask isn't a "core prevention strategy". It is an "additional prevention strategy" to use when respiratory viruses transmission is high, or you "or those around you have risk factors for severe illness", or you "or those around you were recently exposed to a respiratory virus, are sick, or are recovering".	10/27/24: https://www.cdc.gov/covid/prevention/index.html https://www.cdc.gov/respiratory-viruses/guidance/index.html. 3/18/25: Similar statements are on https://www.cdc.gov/respiratory-viruses/prevention/.
CDC	There are many actions you can take to help protect you, your household, and your community from COVID-19. CDC's Respiratory Virus Guidance provides actions you can take to lower the risk of COVID-19 transmission (catching and spreading COVID-19) and lower the risk of severe illness if you get sick.	10/27/24 and 3/18/25: https://www.cdc.gov/covid/about/index.html.

Organization	Statement	URL(s)
CDC	"Wearing a mask can help lower the risk of respiratory virus transmission. When worn by a person with an infection, masks reduce the spread of the virus to others. Masks can also protect wearers from breathing in infectious particles from people around them." [*Added by 3/18/25:* "Different masks offer different levels of protection. Wearing the most protective one you can comfortably wear for extended periods of time that fits well (completely covering the nose and mouth) is the most effective option."] [*Added by 3/18/25:* "When choosing to wear a mask, choose the most protective type you can. Determine how well it fits. Gaps can let air leak in and out. Check for gaps by cupping your hands around the outside edges of the mask. If the mask has a good fit, you will feel warm air come through the front of the mask and may be able to see the mask material move in and out with each breath. • Learn about proper technique for wearing an N95 respirator. ***Organizations can*** • Provide free, high-quality masks to your workforce or visitors in times of higher respiratory viral spread."] "All of the prevention strategies described in this guidance can be helpful to reduce risk. They are especially helpful when: - Respiratory viruses are causing a lot of illness in your community. - You or the people around you were recently exposed to a respiratory virus, are sick, or are recovering - You or the people around you have risk factors for severe illness."	10/27/24, modified by 3/18/25: https://www.cdc.gov/respiratory-viruses/prevention/masks.html.

Organization	Statement	URL(s)
MDOH	COVID-19 FAQs cite CDC Respiratory Virus Guidance update from 3/1/2024 and lists the core prevention strategies, that don't include masks. Later, MDOH mentions wearing masks while still being infected to prevent spread to others. Under "Travel": "If you have been exposed to a person with COVID-19 within the previous 10 days you should consider yourself at risk, test often and consider wearing a mask while traveling. If you are not up-to-date with your COVID vaccines, take preventive measures to protect yourself and others on any trip, such as getting tested before and after travel and wearing a mask for the duration of your trip." Under how to support oneself if have COVID-19: [No mention of masks.] "Continue to maintain proper infection control techniques such as hand-washing and social distancing, and get vaccinated."	10/27/24 and 3/18/25: https://health.maryland.gov/covid/Pages/COVID-19-FAQs.aspx.
MDOH	The Information for Parents and Guardians page only talks about vaccines and long Covid and doesn't mention masks at all.	10/27/24 and 3/18/25: https://health.maryland.gov/covid/Pages/Information-for-Parents-and-Guardians.aspx
MDOH	For healthcare settings, MDOH says if the # of admissions for respiratory virus exceeds a threshold, "broad facility-wide source control should be implemented in all patient care areas and patient-facing healthcare settings" but doesn't define what the control is.	10/27/24 and 3/18/25: https://health.maryland.gov/phpa/Pages/resp-virus-metric.aspx

Organization	Statement	URL(s)
MDOH	I searched within COVID-19 for "masks". I found a letter from DOH and State Dept of Ed that links to March 2024 guidance, and mentions masking at school while sick. [*Additional item found in search on 3/18/25:* A letter from State Superintendent of Schools and Deputy Secretary for Public Health Service on 7/11/2023, which recommends CDC websites and says "local health departments will recommend control measures that may include ... mask usage for cases and contacts".]	10/27/24: https://health.maryland.gov/covid/Documents/Respiratory%20Virus%20Guidance%20Schools%20and%20Child%20Care_March%202024.pdf#search=masks. 3/18/25: https://health.maryland.gov/covid/Documents/Memorandum-COVID-19%20Schools%20and%20Child%20Care.pdf#search=masks.
MDOH	I searched within MDOH for "broad source control" and found a 1/12/24 draft for schools. It defines it as universal masking for school health suites and also says school health staff should use "Personal Protective Equipment appropriately", without a link or explanation. [*Additional item found in search on 3/18/25:* A 1/14/25 letter from MDOH to Public and Non-public School Contacts that recommends "broad source control (masking) in all patient care areas and says school health suites are included. The letter doesn't mention the rest of the school.]	10/27/24: https://health.maryland.gov/covid/Documents/Respiratory%20Virus%20Source%20Control%20for%20Schools%20draft_1-12-24.pdf#search=%22broad%20source%20control%22. 3/18/25: https://health.maryland.gov/phpa/mch/Documents/School%20Health%20Services/Respiratory%20Virus%20Source%20Control%20for%20Schools%20draft_1-14-25.docx.pdf#search=%22broad%20source%20control%22.

Critique of contents of Table 1:

- Respirators are so effective they should be a CDC core prevention strategy. Instead, they are relegated to the status of secondary protection in special cases.
- Between 10/27/24 and 3/18/25, CDC strengthened its statements to encourage N95 respirator use by individuals and organizations.
- MDOH doesn't emphasize masks as much as CDC does, especially for health care settings and schools. What MDOH says is very weak compared to what the science says.

Table 2. The science says respirators are much more effective than surgical/medical/cloth masks for reducing the risk of catching COVID-19. What do the CDC and MDOH sites say?

Organization	Statement	URL(s)
CDC	There are many different types of masks that have varying abilities to block viruses depending on their design and how well they fit against your face. Cloth masks generally offer lower levels of protection to wearers, surgical/disposable masks usually offer more protection, international filtering facepiece respirators (like KN95 respirators) offer even more, and the most protective respirators are NIOSH Approved® filtering facepiece respirators (like N95® respirators). [*Additional statements on 3/18/25:* "When worn by a person who has a virus, masks can reduce the chances they spread it to others. Masks can also protect wearers from inhaling germs; this type of protection typically comes from better fitting masks (for example, N95 or KN95 respirators)." "When choosing to wear a mask, choose the most protective type you can." "Learn about proper technique for wearing an N95 respirator." Organizations can "[P]rovide free, high-quality masks to your workforce or visitors in times of higher respiratory viral spread." The cover photo features a medical mask.]	10/27/24 and 3/18/25: https://www.cdc.gov/respiratory-viruses/prevention/masks.html
MDOH	The last mentions I found when searching the MDOH site for "respirator" were "Documents" from the Hogan administration.	10/27/24 and 3/18/25

Critique of contents of Table 2:

- CDC gives good information about the relative effectiveness of the types of masks and respirators, yet fails to describe the absolute effectiveness of respirator. Thus, the important effectiveness of respirators isn't conveyed to the readers.
- MDOH hasn't mentioned respirators since the Hogan administration. The only references to respirators can only be found by searching for "respirator" and are clearly not endorsed by the current administration.

Table 3. The science says a substantial amount of COVID-19 transmission is from asymptomatic individuals. What do CDC and MDOH sites say?

Organization	Statement	URL
CDC	"Anyone infected with COVID-19 can spread it, even if they do **NOT** have symptoms."	10/27/24 and 3/18/25: https://www.cdc.gov/covid/about/index.html
MDOH	I found no statements regarding asymptomatic or presymptomatic transmission,	

Critique of the contents of Table 3:

- The CDC statement says asymptomatic infected people can spread COVID-19, but doesn't give a quantitative estimate. This fails to convey the size of the danger of asymptomatic spread. One of the main rationales for universal respirator use is the constant risk of asymptomatic spread.
- MDOH doesn't mention this fact in its readily available sites.

Conclusions

1. The CDC has not fully communicated important results of scientific research regarding the high effectiveness of respirators for preventing COVID-19 transmission.

2. MDOH has communicated even less information on the topic than the CDC.

3. The lack of communication about respirators is a disservice to the public.

4. The CPE WG should discuss the discrepancies in what gets communicated, explore the reasons for them, and propose options to repair them.

https://www.cdc.gov/covid/prevention/index.html

COVID-19

JULY 12, 2024

How to Protect Yourself and Others

WHAT TO KNOW

- CDC's Respiratory Virus Guidance provides strategies you can use to help protect yourself and others from health risks caused by COVID-19 and other respiratory viruses.
- These actions can help you lower the risk of COVID-19 transmission (spreading or catching COVID-19) and lower the risk of severe illness if you get sick.

Core Prevention Strategies

CDC recommends that all people use core prevention strategies to protect themselves and others from COVID-19:

- Stay up to date with COVID-19 vaccines.
  - Although vaccinated people sometimes get infected with the virus that causes COVID-19, staying up to date on COVID-19 vaccines significantly lowers the risk of getting very sick, being hospitalized, or dying from COVID-19.
- Practice good hygiene (practices that improve cleanliness)
- Take steps for cleaner air

When you are sick:

- Use precautions to prevent spread, including staying home and away from others (including people you live with who are not sick) if you have respiratory symptoms.
  - Learn when you can go back to your normal activities.
- Seek health care promptly for testing and/or treatment if you have risk factors for severe illness. Treatment may help lower your risk of severe illness, but it needs to be started within a few days of when your symptoms begin.

Order Your 4 Free At-Home COVID-19 Tests

Every U.S. household is eligible to order 4 free at-home tests. Your order of COVID tests is completely free – you won't even pay for shipping. Want to know when your tests are coming? Sign up to receive email alerts when you order!

Learn More and Order Your Tests

Additional Prevention Strategies

In addition, there are other prevention strategies that you can choose to further protect yourself and others.

- Wearing a mask and putting distance between yourself and others can help lower the risk of COVID-19 transmission.
- Testing for COVID-19 can help you decide what to do next, like getting treatment to reduce your risk of severe illness and taking steps to lower your chances of spreading COVID-19 to others.

What to watch out for

Using these prevention strategies can be especially helpful when:

- Respiratory viruses, such as COVID-19, flu, and RSV, are causing a lot of illness in your community

- You or those around you have risk factors for severe illness
- You or those around you were recently exposed to a respiratory virus, are sick, or are recovering

Check Your Community

Find out if respiratory viruses are causing a lot of illness in your community. Data updated weekly.

Check the latest data

SOURCES

CONTENT SOURCE:

National Center for Immunization and Respiratory Diseases; Coronavirus and Other Respiratory Viruses Division

https://www.cdc.gov/respiratory-viruses/guidance/index.html

Respiratory Illnesses

MARCH 1, 2024

Respiratory Virus Guidance

WHAT TO KNOW

Each year, respiratory viruses are responsible for millions of illnesses and thousands of hospitalizations and deaths in the United States. In addition to the virus that causes COVID-19, there are many other types of respiratory viruses, including flu and respiratory syncytial virus (RSV). The good news is there are actions you can take to help protect yourself and others from health risks caused by respiratory viruses.

CDC's Respiratory Virus Guidance

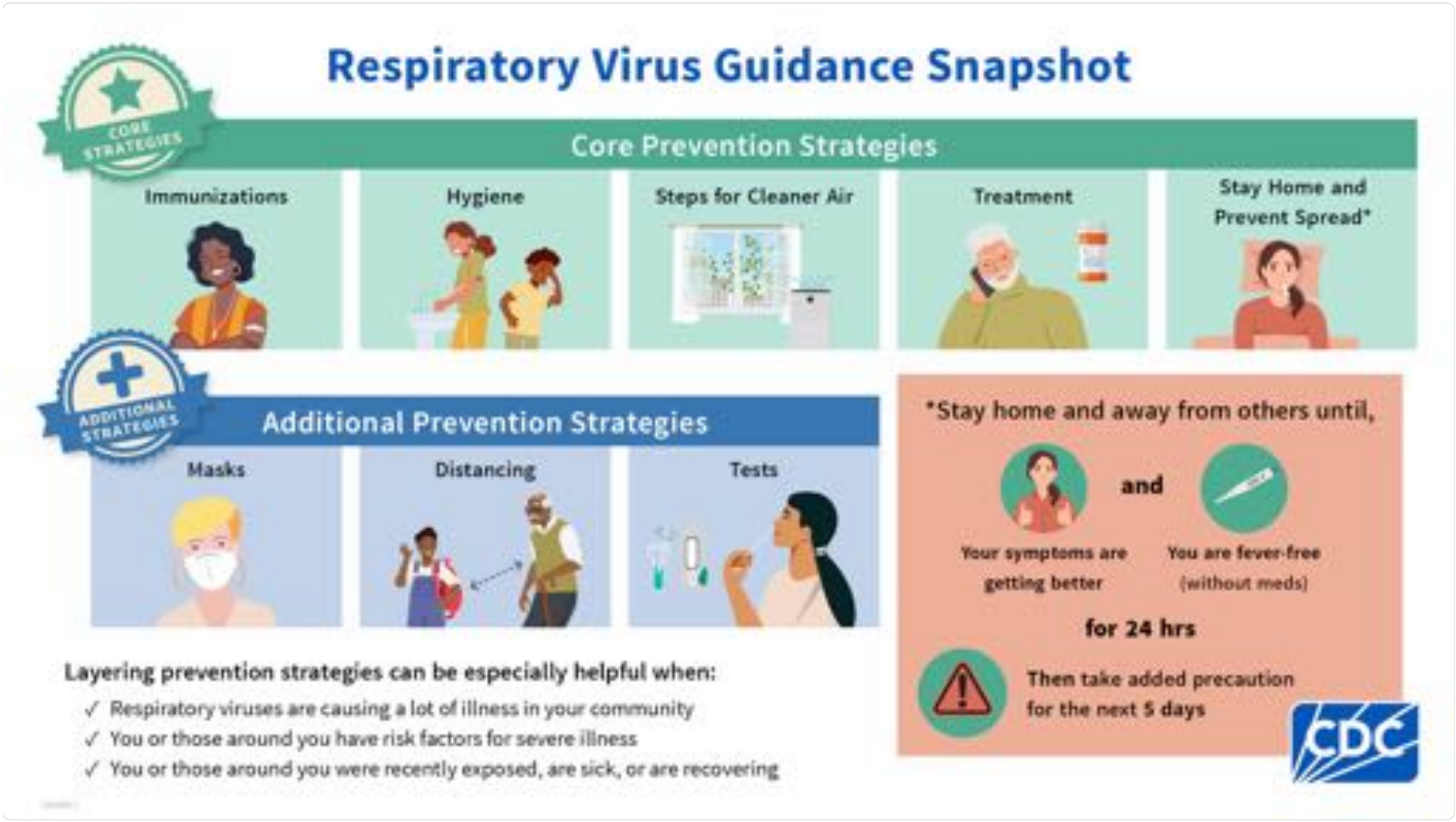
This guidance provides practical recommendations and information to help people lower risk from a range of common respiratory viral illnesses, including COVID-19, flu, and RSV.

Preventing Respiratory Viruses

- Core Prevention Strategies
  - Immunizations for Respiratory Viruses
  - Hygiene and Respiratory Virus Prevention
  - Taking Steps for Cleaner Air for Respiratory Virus Prevention
  - Preventing Spread of Respiratory Viruses When You're Sick
  - Treatment of Respiratory Viruses
- Additional Prevention Strategies
  - Masks and Respiratory Virus Prevention
  - Physical Distancing and Respiratory Viruses
  - Testing and Respiratory Viruses

Get the Guidance Summary Graphic

Download and share this infographic that summarizes key strategies in the guidance.



CDC's respiratory virus guidance consists of 5 core and 3 additional prevention strategies.

Español PNG

Special Considerations

In addition to CDC's Respiratory Virus Guidance, there are several special considerations for people with certain risk factors for severe illness.

Risk Factors for Severe Illness from Respiratory Viruses

- Older Adults
- Young Children
- People with Weakened Immune Systems
- People with Disabilities
- Pregnant People

Treatment as Prevention

Treatment is a core prevention strategy to lower risk from respiratory viruses.

Keep Reading:
Treatment of Respiratory Viruses

About the Guidance

- Background for the Guidance
- Frequently Asked Questions

Notice

CDC offers separate, specific guidance for healthcare settings (COVID-19, flu, and general infection prevention and control). Federal civil rights laws may require reasonable modifications or reasonable accommodations in various circumstances. Nothing in this guidance is intended to detract from or supersede those laws.

SOURCES

CONTENT SOURCE:

National Center for Immunization and Respiratory Diseases (NCIRD)

https://www.cdc.gov/respiratory-viruses/prevention/

Respiratory Illnesses

MARCH 1, 2024

Preventing Respiratory Viruses

WHAT TO KNOW

- CDC's Respiratory Virus Guidance provides practical recommendations and information to help people lower health risks posed by a range of common respiratory viral illnesses, including COVID-19, flu, and RSV.

Overview

Each year, respiratory viruses are responsible for millions of illnesses and thousands of hospitalizations and deaths in the United States. In addition to the virus that causes COVID-19, there are many other types of respiratory viruses, including flu and respiratory syncytial virus (RSV). The good news is there are actions you can take to help protect yourself and others from health risks caused by respiratory viruses.

Prevention strategies

Core prevention strategies

CDC recommends 5 core prevention strategies for everyone to help protect themselves and others from severe respiratory illnesses.

CDC recommends that all people use core prevention strategies. These are important steps you can take to protect yourself and others:

- Stay up to date with immunizations
- Practice good hygiene (practices that improve cleanliness)
- Take steps for cleaner air
- When you may have a respiratory virus:
  - Use precautions to prevent spread
  - Seek health care promptly for testing and/or treatment if you have risk factors for severe illness; treatment may help lower your risk of severe illness

Additional prevention strategies

People can choose any or all of these 3 additional prevention strategies for extra protection from severe respiratory illnesses.

Additional prevention strategies you can choose to further protect yourself and others include:

- Masks
- Physical distancing
- Tests

Key times for prevention

All of the prevention strategies described in this guidance can be helpful to reduce risk. They are especially helpful when:

- Respiratory viruses are causing a lot of illness in your community.
- You or the people around you were recently exposed to a respiratory virus, are sick, or are recovering.
- You or the people around you have risk factors for severe illness.
    - Many factors can make it more likely for someone to become very sick from a respiratory virus. In addition to this guidance, there are several specific considerations for people with certain risk factors for severe illness (young children, older adults, people with weakened immune systems, women who are pregnant, and people with disabilities).
- You may not be aware of the things that can make others more vulnerable to serious illness. Using the core prevention strategies will provide a degree of protection regardless. If you are unsure about the health condition or risk status of those around you, the most protective option is choosing to use additional prevention strategies, like masking, physical distancing, and testing.

Notice

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SOURCES

CONTENT SOURCE:

National Center for Immunization and Respiratory Diseases (NCIRD)

https://www.cdc.gov/covid/about/index.html

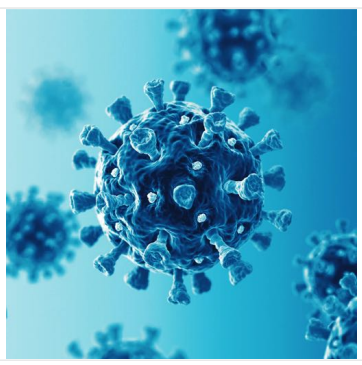
COVID-19

JUNE 13, 2024

About COVID-19

KEY POINTS

- COVID-19 (coronavirus disease 2019) is a disease caused by the SARS-CoV-2 virus.
- It can be very contagious and can spread quickly.
- As of June 1, 2024, nearly 1.2 million people have died of COVID-19 in the U.S.



MORE INFORMATION

For Everyone | Health Care Providers | Public Health

Learn about COVID-19 and how it spreads

About COVID-19

COVID-19 most often causes respiratory symptoms that can feel much like a cold, the flu, or pneumonia. COVID-19 may attack more than your lungs and respiratory system. Other parts of your body may also be affected by the disease. Most people with COVID-19 have mild symptoms, but some people become severely ill.

Keep Reading:
Symptoms of COVID-19

Some people, including those with minor or no symptoms, will develop Post-COVID Conditions – also called "Long COVID."

Keep Reading:
Long COVID Basics

How COVID-19 spreads

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. Other people can breathe in these droplets and particles, or these droplets and particles can land on others' eyes, nose, or mouth. In some circumstances, these droplets may contaminate the surfaces they touch.

Anyone infected with COVID-19 can spread it, even if they do **NOT** have symptoms. COVID-19 can even spread from people to animals in some situations.

Risk factors for severe illness from COVID-19

Some people are more likely than others to get very sick if they get COVID-19. This includes people who:

- are older
- are immunocompromised (have a weakened immune system)
- have certain disabilities or
- have underlying health conditions

Understanding your COVID-19 risk and the risks that might affect others can help you make decisions to protect yourself and others.

Keep Reading:
People with Certain Medical Conditions and COVID-19 Risk Factors

About variants

Viruses are constantly changing, including the virus that causes COVID-19. These changes occur over time and can lead to the emergence of variants that may have new characteristics, including different ways of spreading. Slowing the spread of the virus, by protecting yourself and others, can help slow new variants from developing.

Prevention

There are many actions you can take to help protect you, your household, and your community from COVID-19. CDC's Respiratory Virus Guidance provides actions you can take to lower the risk of COVID-19 transmission (catching and spreading COVID-19) and lower the risk of severe illness if you get sick.

Keep Reading:
Staying Up to Date with COVID-19 Vaccines

Keep Reading:
Respiratory Virus Guidance

SOURCES

CONTENT SOURCE:
National Center for Immunization and Respiratory Diseases; Coronavirus and Other Respiratory Viruses Division

https://www.cdc.gov/covid/about/index.html

COVID-19

JUNE 13, 2024

About COVID-19

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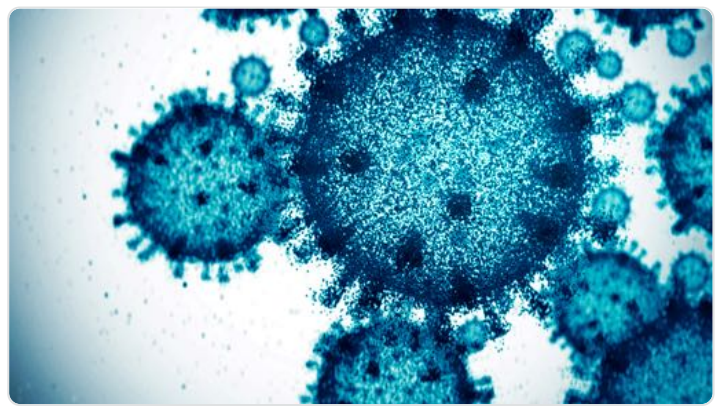

MORE INFORMATION

For Everyone | Health Care Providers | Public Health

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Symptoms of COVID-19

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COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. Other people can breathe in these droplets and particles, or these droplets and particles can land on others' eyes, nose, or mouth. In some circumstances, these droplets may contaminate the surfaces they touch.

Anyone infected with COVID-19 can spread it, even if they do **NOT** have symptoms. COVID-19 can even spread from people to animals in some situations.

Risk factors for severe illness from COVID-19

Some people are more likely than others to get very sick if they get COVID-19. This includes people who:

- are older
- are immunocompromised (have a weakened immune system)
- have certain disabilities or
- have underlying health conditions

Understanding your COVID-19 risk and the risks that might affect others can help you make decisions to protect yourself and others.

Keep Reading:
People with Certain Medical Conditions and COVID-19 Risk Factors

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Prevention

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Keep Reading:
Staying Up to Date with COVID-19 Vaccines

Keep Reading:
Respiratory Virus Guidance

SOURCES

CONTENT SOURCE:
National Center for Immunization and Respiratory Diseases; Coronavirus and Other Respiratory Viruses Division

https://www.cdc.gov/respiratory-viruses/prevention/masks.html

Respiratory Illnesses

MARCH 1, 2024

Masks and Respiratory Viruses Prevention

WHAT TO KNOW

- Wearing a mask is an additional prevention strategy that you can choose to further protect yourself and others.

An additional strategy to further protect yourself and others

When choosing to wear a mask, choose the most protective type you can. Facial hair that lies along the sealing area of a respirator, such as beards, will interfere with respirators that rely on a tight facepiece seal to achieve maximum protection.

Wearing a mask can help lower the risk of respiratory virus transmission. When worn by a person with an infection, masks reduce the spread of the virus to others. Masks can also protect wearers from breathing in infectious particles from people around them. Different masks offer different levels of protection. Wearing the most protective one you can comfortably wear for extended periods of time that fits well (completely covering the nose and mouth) is the most effective option.

How it works

Generally, masks can help act as a filter to reduce the number of germs you breathe in or out. Their effectiveness can vary against different viruses, for example, based on the size of the virus. When worn by a person who has a virus, masks can reduce the chances they spread it to others. Masks can also protect wearers from inhaling germs; this type of protection typically comes from better fitting masks (for example, N95 or KN95 respirators).

There are many different types of masks that have varying abilities to block viruses depending on their design and how well they fit against your face. Cloth masks generally offer lower levels of protection to wearers, surgical/disposable masks usually offer more protection, international filtering facepiece respirators (like KN95 respirators) offer even more, and the most protective respirators are NIOSH Approved® filtering facepiece respirators (like N95® respirators).

Steps you can take

Individuals can

- When choosing to wear a mask, choose the most protective type you can. Determine how well it fits. Gaps can let air leak in and out. Check for gaps by cupping your hands around the outside edges of the mask. If the mask has a good fit, you will feel warm air come through the front of the mask and may be able to see the mask material move in and out with each breath.
- Learn about proper technique for wearing an N95 respirator.

Organizations can

- Provide free, high-quality masks to your workforce or visitors in times of higher respiratory viral spread.

Key times for prevention

All of the prevention strategies described in this guidance can be helpful to reduce risk. They are especially helpful when:

- Respiratory viruses are causing a lot of illness in your community.
- You or the people around you were recently exposed to a respiratory virus, are sick, or are recovering
- You or the people around you have risk factors for severe illness.

Notice

CDC offers separate, specific guidance for healthcare settings (COVID-19, flu, and general infection prevention and control). Federal civil rights laws may require reasonable modifications or reasonable accommodations in various circumstances. Nothing in this guidance is intended to detract from or supersede those laws.

SOURCES

CONTENT SOURCE:
National Center for Immunization and Respiratory Diseases (NCIRD)

Quick Links

- COVID-19 Data
- COVID-19 FAQs
- Information for Parents and Guardians
- Clinical Resources

COVID-19 FAQs

Q: How can I best prevent respiratory illnesses, including COVID-19, flu and RSV?

On March 1, 2024, the CDC issued new Respiratory Virus Guidance for the general public and in community settings, which provides practical recommendations and information to help people lower health risks posed by a range of common respiratory viral illnesses, including COVID-19, flu, and RSV.

CDC offers separate, specific guidance for healthcare settings (COVID-19, flu, and general infection prevention and control).

Core Prevention Strategies

This CDC guidance emphasizes the following prevention strategies for common respiratory viral illnesses:

- Stay up to date with immunizations
- Practice good hygiene (practices that improve cleanliness)
- Take steps for cleaner air
- When you may have a respiratory virus:
    - Use precautions to prevent spread
    - Seek health care promptly for testing and/or treatment if you have risk factors for severe illness; treatment may help lower your risk of severe illness

CDC guidance for respiratory viruses is as follows:

- Stay home and away from others (including people you live with who are not sick) if you have respiratory virus symptoms that aren't better explained by another cause.
- You can go back to your normal activities when, for at least 24 hours, both are true:
    - Your symptoms are getting better overall, and
    - You have not had a fever (and are not using fever-reducing medication).

- When you go back to your normal activities, take added precaution over the next 5 days, such as taking additional steps for cleaner air, hygiene, masks, physical distancing, and/or testing when you will be around other people indoors. This is especially important to protect people with factors that increase their risk of severe illness from respiratory viruses.

Q: What is COVID-19?

COVID-19 is a disease caused by a virus called SARS-CoV-2. Most people with COVID-19 have mild symptoms, but some people become severely ill. Older adults and people who have certain underlying medical conditions are more likely to get severely ill. For more information on COVID-19, visit the Centers for Disease Control and Prevention's (CDC) COVID-19 website.

Q: Who should get tested for COVID-19?

The CDC recommends the following people should get tested for COVID-19:

- People who have symptoms of COVID-19, regardless of vaccination status or prior infection;
- People who were exposed to COVID-19 and do not have symptoms;
- People in certain high-risk settings;
- People who will be in close contact with someone at high risk for severe COVID-19.

People who have tested positive for COVID-19 within the past 30 days and recovered do not need to get tested following an exposure as long as they do not develop new symptoms.

There are testing sites available throughout Maryland, at pharmacies and local health departments. Many private providers also offer testing for patients. Rapid at-home tests are also available from local health departments and pharmacies. In many circumstances, tests are provided at no out-of-pocket cost to individuals. However, individuals should contact their health plan prior to receiving a COVID-19 test to determine whether testing is covered by the plan in their circumstance.

There are two types of tests widely available for COVID-19. A PCR test is performed in a laboratory using a collected sample from a patient, and results may take 24 hours or more to be found. Antigen tests are rapid tests, with results apparent within 15 minutes.

Q: What should I consider about COVID-19 when making plans to travel?

The CDC recommends you are up-to-date with all COVID-19 vaccines before travel.

People who are sick, or have recently tested positive for COVID-19 should not travel with others. If you have been exposed to a person with COVID-19 within the previous 10 days you should consider yourself at risk, test often and consider wearing a mask while traveling.

If you are not up-to-date with your COVID vaccines, take preventive measures to protect yourself and others on any trip, such as getting tested before and after travel and wearing a mask for the duration of your trip.

Q: Are COVID-19 vaccines safe and effective?

COVID-19 vaccines, and recommended follow-up booster shots, are the best way to prevent serious illness due to COVID-19, according to the CDC and other health officials. The vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19.

All Marylanders 6 months and older are eligible for a COVID-19 primary vaccine series and many are eligible for follow-up booster doses. Vaccinations are available through pediatricians and other physicians, hospitals, local health

departments, and pharmacies.

Please see the CDC website for the current eligibility criteria for available COVID-19 boosters. Individuals are encouraged to speak with their providers about their COVID vaccine options.

Find a COVID-19 vaccine pharmacy near you at vaccines.gov.

Q: What COVID-19 treatment options are available?

Treatments for COVID-19 are now widely available, and include oral antivirals (pills) and Remdesivir infusion. COVID-19 medications are now available through your doctor, local pharmacies, and health clinics. If you have COVID-19 symptoms and test positive, do not wait to get treated. You must begin oral COVID-19 medication within 5 days of your first COVID-19 symptoms.

Although these treatments are not cures, they may lessen the severity of symptoms and help keep high-risk patients out of the hospital.

Ask your provider if you are eligible for COVID-19 treatments which may lessen symptom severity. There are Test to Treat locations throughout Maryland which offer rapid testing, clinical evaluation, and oral antiviral medications if recommended and you can find these sites by visiting the federal Test to Treat Locator (hhs.gov).

For telehealth options:

- Medstar Health provides 24/7/365 access for acute conditions via MedStar eVisit for telehealth visits. The MedStar eVisit clinical team has significant COVID experience. Patients with symptoms, positive home COVID tests, or other concerns can be evaluated remotely and determine a plan for care, including prescribing medications, referral for remdesivir infusion or being directed to in-person care when needed. Visit MedStar Health E-visit or download the MedStar eVisit app from the Apple or Android app store. Most insurance is accepted to cover the visit; patients not using insurance have a $59 charge.
- CVS Telehealth: Visit the CVS Covid-19 Resource Center if you are experiencing symptoms and are seeking a COVID-19 test. If you have already tested positive for COVID-19 you can schedule an appointment with a MinuteClinic provider from the site, who can assess your diagnosis. Eligible patients will be able to receive a prescription for an oral antiviral if that treatment is appropriate. Most insurance is accepted to cover the visit; patients not using insurance have a $59 charge.

Check with your insurance provider about costs associated with COVID treatments.

Q: Who is now eligible for COVID-19 vaccines and boosters?

All Marylanders 6 months and older are eligible for vaccination. Please see the

CDC website for more details on the current eligibility criteria for available COVID-19 vaccines and boosters.

Q: Do the COVID-19 vaccines have any side effects?

After the COVID-19 vaccination, you may have some side effects. The side effects of the COVID-19 vaccination may feel like the flu and might even affect your ability to do daily activities, but they should go away in a few days.

Q: What can I do to support myself if I have COVID-19, or anxiety about disease?

Recognize the things you can control. Take care of your body. Take deep breaths, stretch, meditate, and exercise. Keep yourself grounded. Try to get regular sleep and maintain a healthy diet and exercise. It is not unusual for individuals to experience disruptions in both eating and sleeping during a crisis, and it is very important to try to maintain healthy habits, and to avoid strategies such as using drugs or alcohol to handle stress.

Make time to unwind and remind yourself that strong feelings will fade. Share your concerns and how you are feeling with a friend or family member. Maintain healthy relationships. Maintain a sense of hope and positive thinking.

Stay connected. Reaching out to people you trust is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. You can use the phone, email, text messaging, and social media to connect with friends, family, and others.

Continue to maintain proper infection control techniques such as hand-washing and social distancing, and get vaccinated.

Check how realistically you are viewing the situation. Avoid dramatic media and rely on credible sources of information, such as the CDC. Social media is not always a reliable source of health information.

Call your health care provider if stress reactions interfere with your daily activities for several days in a row.

Q: Where can I find additional support if I feel myself struggling with mental or behavioral health issues?

- **988 Suicide & Crisis Lifeline**

Call or text 988, or chat online (988Lifeline.org) for 24/7 access to mental health, substance use or suicide prevention support.

- **Black Mental Health Alliance**

blackmentalhealth.com

Call 410-338-2642 or email info@blackmentalhealth.com

- **CDC**

Mental Health and Coping with COVID-19

Strategies to Help Children Cope With a Disaster

Taking Care of Your Emotional Health

- **Center for the Study of Traumatic Stress**

Coronavirus and Emerging Infectious Disease Outbreaks Respons

- **MDH's Operation Roll Call**

Maryland veterans can also enroll in Operation Roll Call (1-877-770-4801) — a program that offers regular check-in calls and a chance to talk to someone who can offer support.

- **MD Mind Health**

Text "MDMindHealth" to 898-211 to sign up to receive encouragement, reminders, and resources for staying connected. For the Spanish language version text "MDSaludMental." Young Marylanders can text "MDYoungMinds" for supportive, youth-focused mental health messages.

- **National Association of School Psychologists**

Helping Children Cope With Changes Resulting From COVID-19

- **SAMHSA**

SAMHSA's Disaster Distress Helpline provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories: 1-800-985-5990

Warning Signs and Risk Factors for Emotional Distress

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COVID-19 FAQs

Q: How can I best prevent respiratory illnesses, including COVID-19, flu and RSV?

On March 1, 2024, the CDC issued new Respiratory Virus Guidance for the general public and in community settings, which provides practical recommendations and information to help people lower health risks posed by a range of common respiratory viral illnesses, including COVID-19, flu, and RSV.

CDC offers separate, specific guidance for healthcare settings (COVID-19, flu, and general infection prevention and control).

Core Prevention Strategies

This CDC guidance emphasizes the following prevention strategies for common respiratory viral illnesses:

- Stay up to date with immunizations
- Practice good hygiene (practices that improve cleanliness)
- Take steps for cleaner air
- When you may have a respiratory virus:
  - Use precautions to prevent spread
  - Seek health care promptly for testing and/or treatment if you have risk factors for severe illness; treatment may help lower your risk of severe illness

CDC guidance for respiratory viruses is as follows:

- Stay home and away from others (including people you live with who are not sick) if you have respiratory virus symptoms that aren't better explained by another cause.
- You can go back to your normal activities when, for at least 24 hours, both are true:
  - Your symptoms are getting better overall, and
  - You have not had a fever (and are not using fever-reducing medication).

- When you go back to your normal activities, take added precaution over the next 5 days, such as taking additional steps for cleaner air, hygiene, masks, physical distancing, and/or testing when you will be around other people indoors. This is especially important to protect people with factors that increase their risk of severe illness from respiratory viruses.

Q: What is COVID-19?

Q: Who should get tested for COVID-19?

Q: What should I consider about COVID-19 when making plans to travel?

The CDC recommends you are up-to-date with all COVID-19 vaccines before travel.

People who are sick, or have recently tested positive for COVID-19 should not travel with others. If you have been exposed to a person with COVID-19 within the previous 10 days you should consider yourself at risk, test often and consider wearing a mask while traveling.

If you are not up-to-date with your COVID vaccines, take preventive measures to protect yourself and others on any trip, such as getting tested before and after travel and wearing a mask for the duration of your trip.

Q: Are COVID-19 vaccines safe and effective?

Q: What COVID-19 treatment options are available?

Q: Who is now eligible for COVID-19 vaccines and boosters?

Q: Do the COVID-19 vaccines have any side effects?

Q: What can I do to support myself if I have COVID-19, or anxiety about disease?

Recognize the things you can control. Take care of your body. Take deep breaths, stretch, meditate, and exercise. Keep yourself grounded. Try to get regular sleep and maintain a healthy diet and exercise. It is not unusual for individuals to experience disruptions in both eating and sleeping during a crisis, and it is very important to try to maintain healthy habits, and to avoid strategies such as using drugs or alcohol to handle stress.

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Information for Parents and Guardians

COVID-19 Information for Parents

Help protect your whole family and fight COVID's impact in your community by getting yourself and your children 6 months and older vaccinated against COVID-19.

Why vaccinate children against COVID-19?

What parents and caretakers need to know.

- COVID-19 can make children and teens of any age very sick and sometimes requires hospitalization. In rare situations, complications from COVID-19 can lead to death.
- Children can also suffer from long-term health problems after a COVID-19 infection, including Multisystem Inflammatory Syndrome in Children (MIS-C) and post-COVID conditions or "long COVID." Growing evidence suggests that COVID-19 vaccines may also lower the risk of MIS-C and post-COVID conditions.
- The vaccine has met FDA's scientific standards for children's safety.
- Clinical trials show the vaccine is effective at preventing serious illness and hospitalization from COVID-19 for children 6 months and older.
- Vaccinating children can help protect family members, including family members who may be at increased risk of getting very sick if they are infected.
- Vaccinating children 6 months years and older can help keep them in childcare or school, and help them safely participate in sports, playdates, travel, and other group activities.

Children and teens who have already had COVID-19 should still get vaccinated. For children who have been infected with COVID-19, their next dose can be delayed 3 months from when symptoms started or, if they did not have symptoms, when they received a positive test. Read the science about immunity from COVID-19 infection and vaccination.

COVID-19 Vaccines and other childhood vaccines, including the flu vaccine, can be given at the same doctor's visit.

Questions? Ask your pediatrician or health care provider about the pediatric COVID vaccine.

Vaccines & Eligibility for Children

Marylanders 6 months and older are eligible to get a COVID-19 vaccine to help protect against COVID-19. The Pfizer-BioNTech and the Moderna COVID-19 vaccines are now both authorized for children 6 months and older.

COVID-19 vaccine dosage is based on age on the day of vaccination, not on size or weight. Children get a smaller dose of COVID-19 vaccine than teens and adults that is the right amount for their age group.

Where can I get a pediatric COVID-19 vaccine?

- Check with your child's healthcare provider about whether they offer COVID-19 vaccination
- Check your local pharmacy's website to see if vaccination walk-ins or appointments are available for children

The COVID-19 vaccine is free regardless of a person's immigration or health insurance status.

Before and after your child's COVID-19 vaccine

The experience of getting a COVID-19 vaccine will be similar to the experience of getting other routine childhood vaccines. Use the CDC's tips to support your child before, during, and after they get a vaccine.

Your child may have some side effects, which are normal signs that their body is building protection. It is important to note that more than 90% of COVID-19 side effects are minor, and last only 1-2 days.

Possible short-term side effects from the COVID-19 vaccination

On the arm where your child got the shot:

- Pain
- Redness
- Swelling

Throughout the rest of the body:

- Tiredness
- Chills
- Muscle Pain
- Headache
- Fever
- Nausea

Further Reading:

- CDC's COVID-19 vaccine guidance for children & teens
- CDC FAQs for COVID-19 vaccination in children
- The Science Behind COVID-19 Vaccines: Parent FAQs (AAP)

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Current Maryland Weekly Source Control Metric for Healthcare Settings

MDH guidance: Broad facility-wide source control should be implemented in all patient care areas and patient-facing healthcare settings, including outpatient and longterm care, when the statewide combined weekly respiratory virus-associated hospitalization rate (as calculated by CDC) meets or exceeds 10 hospitalizations per 100,000 residents.

Broad facility-wide source control can be discontinued once the combined weekly respiratory virus-associated hospitalization rate has been below 10 hospitalizations per 100,000 residents for two consecutive weeks.

Current Maryland Weekly Respiratory Virus-Associated Hospitalization Rate

7.0*

Previous Maryland Weekly Respiratory Virus-Associated Hospitalization Rate

13.7*

GREEN	indicates less than 5.0 admissions per 100,000
YELLOW	indicates between 5.0 and under 10.0 admissions per 100,000
RED	indicates 10.0 admissions per 100,000 or greater

***Rates might be affected by reporting delays, and are subject to change as more data become available. As data are received each week, prior case counts and rates are updated accordingly.**

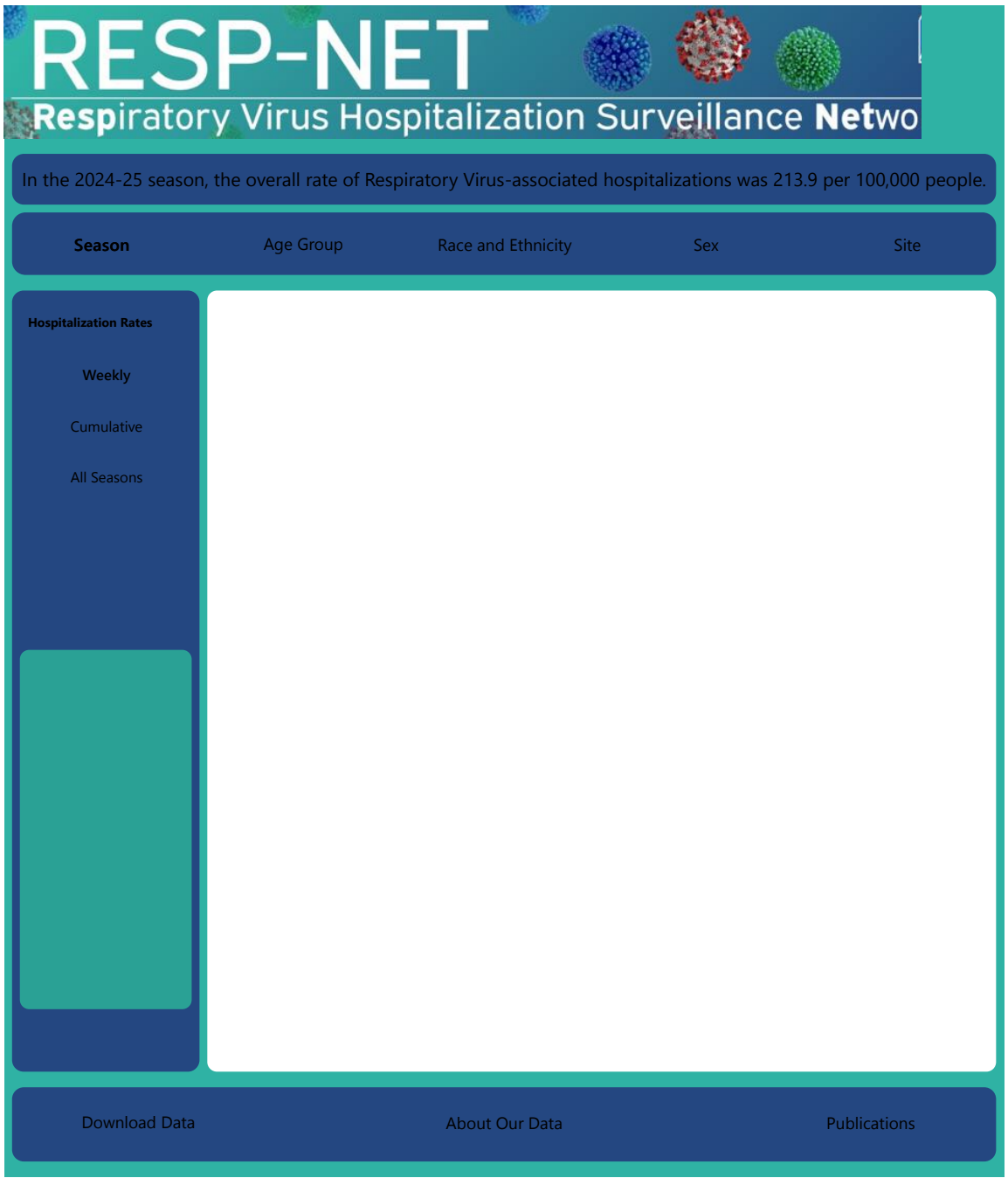
The rates noted above can be found on the RESP-Net CDC Interactive Dashboard below by following these steps:

1. Select "Combined" under the Pathogen filter (left of the graph).
2. Click on "State" on the top right hand portion of the graph. (This will enable the state filter left of the graph.)
3. Select "Maryland" under the State filter (left of the graph).
4. Hover over the points on the solid line to obtain the data values.

Give Feedback

[NOTE: The pdf printer wasn't faithful to the site. The following page is a screenshot of the dashboard.]

RESP-NET CDC Interactive Dash…



RESP-NET CDC Interactive Dashboard

RESP-NET

Respiratory Virus Hospitalization Surveillance Netwo

In the 2024-25 season, the overall rate of Respiratory Virus-associated hospitalizations was 213.9 per 100,000 people.

Season | Age Group | Race and Ethnicity | Sex | Site

Hospitalization Rates

Weekly

Cumulative

All Seasons

Filters

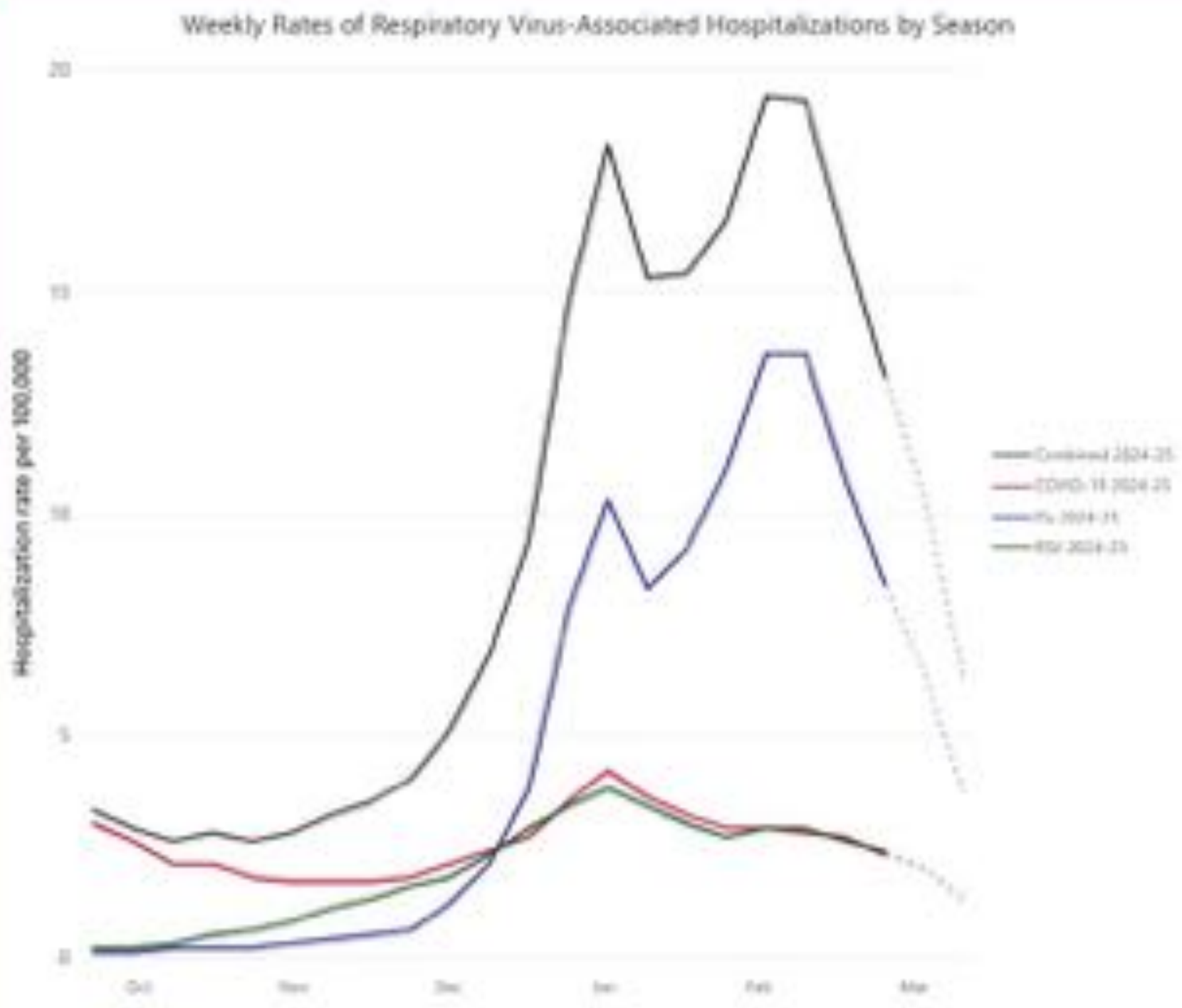
Season

2024-25

Pathogen

All

Reset Filters



Data last updated: March 17, 2025. [**Accessibility:** Right click on the graph area to display options such as show data as table and copy visual.

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https://health.maryland.gov/covid/Documents/Respiratory%20Virus%20Guidance%20Schools%20and%20Child%20Care_March%202024.pdf#search=masks

Maryland | DEPARTMENT OF HEALTH
Laura Herrera Scott, M.D., M.P.H., Secretary
STATE DEPARTMENT OF EDUCATION
Carey M. Wright, Ed.D., Interim State Superintendent of Schools

Memorandum

TO: Local Education Agencies
Nonpublic Schools
Licensed and Registered Child Care Providers

FROM: Carey M. Wright, Ed.D
Interim State Superintendent of Schools

Nilesh Kalyanaraman, MD
Deputy Secretary for Public Health Services

CC: Local Health Officers

DATE: March 14, 2024

SUBJECT: Updated CDC Respiratory Virus Guidance - Schools and Child Care Programs

---

The Maryland Department of Health (MDH) and Maryland State Department of Education (MSDE) endorse the Respiratory Virus Guidance recently issued by the Centers for Disease Control and Prevention (CDC) for use in schools and child care programs. This guidance provides recommendations and information to help people lower risk from a range of common respiratory viral illnesses, including COVID-19, influenza, and RSV (respiratory syncytial virus). These recommendations apply to community settings, including schools and child care programs.

Core Prevention Strategies
The new CDC guidance recommends that all people use the following core prevention strategies for common respiratory viral illnesses:

- Stay up to date with immunizations;
- Practice good hygiene;
- Take steps for cleaner air;
- When you may have a respiratory virus:
    - Use precautions to prevent spread;
    - Seek health care promptly for testing and/or treatment if you have risk

factors for severe illness, as treatment may help lower your risk of severe illness.

Additional Prevention Strategies
The CDC outlines additional prevention strategies that can be taken to further protect yourself and others that include masks, physical distancing, and tests.

Preventing The Spread of Respiratory Viruses When You're Sick
Using precautions to prevent the spread of respiratory viruses when you are sick is a core prevention strategy to lower risk from respiratory viruses. Updated CDC guidance when people may have a respiratory virus is as follows:

- Stay home and away from others (including people you live with who are not sick) if you have respiratory virus symptoms that aren't better explained by another cause.
- You can go back to your normal activities **when, for at least 24 hours, both are true:**
    - Your symptoms are getting better overall, **and**
    - You have not had a fever (and are not using fever-reducing medication).
- When you go back to your normal activities, **take added precaution over the next 5 days**, such as taking additional steps for cleaner air, hygiene, masks, physical distancing, and/or testing when you will be around other people indoors. These additional precautions are especially important to protect people with factors that increase their risk of severe illness from respiratory viruses.

Risk Factors
In addition to CDC's Respiratory Virus Guidance, there are several specific considerations for people who are at higher risk for severe illness. Schools and child care programs should be aware of these considerations, including those for young children, people with weakened immune systems, and people with disabilities.

COVID-19 Testing
As a reminder, over the counter (OTC) test kits will continue to be provided by MDH to public and non-public schools upon request for the remainder of the 2023-2024 school year. Schools can distribute these test kits to students and families at their discretion.

Point of care (POC) test kits are available to School Based Health Centers (SBHCs) upon request.

Test kits can be ordered via a Google form. Orders are generally delivered the following week. Schools can email mdh.k12testing@maryland.gov with questions.

School and Child Care Outbreaks
Schools and child care programs must continue to follow existing procedures for reporting communicable diseases (COMAR 10.06.01) and immediately notify the local health department of an outbreak due to COVID-19, influenza, or RSV. The local health department will recommend control measures in response to the outbreak which may include both core and additional prevention strategies such as exclusion of ill students/children and staff, mask

usage for cases, increased handwashing, increased environmental cleaning, and parent/guardian notification.

In certain situations, additional control measures may be recommended by the health department. Schools and child care programs should refer to the Maryland Communicable Disease Summary for information about other reportable conditions.

Note: This guidance replaces *Guidance Regarding COVID-19 and Other Respiratory Illnesses in K-12 Schools and Child Care* issued by MDH/MSDE on July 11, 2023.

It is also important to note that CDC has different guidance for healthcare settings, including COVID-19, influenza, and general infection prevention and control. Certain elements of the guidance for healthcare settings apply to school health suites and SBHCs.

Questions about the respiratory virus guidance as it pertains to schools may be directed to Jasmin Whitfield at jasmin.whitfield@maryland.gov.

Questions about the respiratory virus guidance as it pertains to child care programs may be directed to Manjula Paul at manjula.paul1@maryland.gov.

https://health.maryland.gov/covid/Documents/Memorandum-COVID-19%20Schools%20and%20Child%20Care.pdf#search=masks

Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 12, 2024

Dear Public and Non-public School Contacts,

Greetings and Happy New Year. We are writing to share recommendations from the Maryland Department of Health (MDH) regarding respiratory virus infection prevention and control.

MDH currently recommends that healthcare settings implement broad source control (masking) in all patient care areas when the statewide combined weekly respiratory virus-associated hospitalization rate (as calculated by CDC) meets or exceeds 10 hospitalizations per 100,000 residents. This recommendation and the weekly statewide combined respiratory virus-associated hospitalization rate can be found here.

MDH considers school health suites to be healthcare settings for the purpose of these recommendations.

Broad source control in the school health suite consists of universal masking (i.e., masking of all school health staff when interacting with students and other staff in the health suite and masking of all students/staff who enter the health suite for any reason).

School health staff should implement additional key measures to prevent and contain the spread of respiratory infections, such as:

- Promoting vaccination against COVID-19, influenza, and RSV in eligible school staff and students;
- Encouraging testing and isolation of infected individuals at home as indicated;
- Using Personal Protective Equipment appropriately;
- Identifying and adhering to standard precautions;
- Optimizing ventilation in the school health suite.

Broad source control can be discontinued once the combined weekly respiratory virus-associated hospitalization rate has been below 10 hospitalizations per 100,000 residents for two consecutive weeks. Regular infection prevention and control measures should continue regardless.

As of January 12, 2024, the CDC data shows that the Maryland combined hospitalization rates for the weeks ending on January 6, 2024 and December 30, 2023 were 10.8 and 19.7 respectively.

For questions about these recommendations, please contact Jasmin Whitfield at jasmin.whitfield@maryland.gov. We appreciate your attention to this important matter.

Sincerely,

Jasmin Whitfield, MSN, MPH, DNP
School Health Program Manager
Maryland Department of Health

Jamie Perry, MD, MPH
Director of School Health
Maryland Department of Health

Appendix B:

Comparison of COVID-19 Onward Transmission Time by CDC in Relation to the Science

CDC Analysis

The Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC) met November 14-15, 2024, to, among other things, discuss and recommend the amount of time healthcare providers (HCPs) should be considered infectious after they've been exposed to SARS-CoV-2 or diagnosed with COVID-19. They also discussed the policies that would be recommended. This Appendix focuses on the assessment of the amount of time COVID-19-infected HCPs are contagious.

The CDC displayed [1] the results of studies of the Omicron variant that showed that it took up to 8, 9, 11, 14, or 15 days for all infected participants to stop shedding the virus (page 19). The table showed that the time for 90% of participants to stop shedding was 7, 9, and 10 days. They went on to recommend, on page 55, that infected HCPs, upon return to work, should wear a mask until the end of day 7 from the first day of symptoms.

These CDC recommendations seem to ignore their own documentation of transmission beyond 7 days from the first symptoms. There could be significant transmission after 7 days, in a setting where there are vulnerable patients and potentially vulnerable co-workers.

They later (page 24) noted that for patients with fever, shedding continued up to 5 days after the fever resolved, and yet, on page 55, they say HCPs may return to work if they have been symptom-free at least 24 hours. Here, again, their recommendation ignored their own evidence.
CDC went on to present the time to symptom onset in secondary cases from symptom onset in the primary case. The times varied up to 6, 7, 8, 9, 10, 11, and 13 days for BA.1 or mixed subvariants, and 4, 7, 8, 9, and 10 days for later subvariants (page 33). The 90% threshold was reached by day 8.

They then proceeded to recommend that HCPs that had been exposed to SARS-CoV-2 need to the following for only 5 days: wear a source control device (mask) and monitor for development of signs or symptoms (page 54). They made this recommendation even though asymptomatic people are major sources of infection (estimates have been 23% [2], 31% [3], 34% [4], 35% [5], 36% [6], 40% [7], 40% [8], and 45% [8] of study subjects). The 5-day recommendation ignores the expected transmission beyond 5 days.

My Analysis

How long should precautions be practiced after suspected exposure to SARS-CoV-2?

We want to know, if one has been likely exposed to the virus, how long to be on guard for having been actually infected. There are two measures in the scientific literature that can answer the question.

Incubation Period

The incubation period is the time from exposure to having symptoms (I'll discuss caveats below).

Most of the studies were from 2020, with decreasing amounts to the present. I couldn't find any data for 2024.

In 2020, elderly and otherwise-sick groups had up to an additional 2 days of incubation time [9].

Table of maximum (or 95th percentile) incubation times.

Time period	Variant	Unit	Days	Reference
Jan 2020	-	95th percentile	8	Becker 2020, in [10]
-	-	95th percentile	10 to 12	Hart, in [10]
China May 1, 2021, to Sep 30, 2022	BA.1	99th percentile	11	[11]
China May 1, 2021, to Sep 30, 2022	BA.2	99th percentile	9	[11]
London area Jun 2021 to Apr 2022	BA.1	maximum	10	[12]
London area Jun 2021 to Apr 2022	BA.2	maximum	12	[12]
Hong Kong, Jan 1 to Feb 15, 2022	Omicron, even for elderly	95th percentile	8	[13]
Hong Kong, Jan 1 to Feb 15, 2022	BA.2	maximum	9	[13]

I noted, but didn't write in this table, that the mean and maximum incubation times for Alpha and Delta were longer than for Omicron. The 14 day quarantine recommendation was based on the observed maximum incubation time in early 2020.

When using incubation time, I subtract 2 days to account for infectiousness starting 2 days before symptoms, as indicated by testing. Assuming the current strains behave like the ones in 2022, I think we can assume a 10 day period from exposure to testing positive.

Serial Interval

Some more recent data used the serial interval measure, which measures the time from symptom onset in the infector to symptom onset in the infectee (secondary infected case). Both studies used 2022 data:

- The 95th percentiles (adjusted for sampling bias and right truncation) of serial interval for these Omicron strains were [14]:
  - BA.4: 7.1 days
  - BA.5: 6.1 days
  - BA.2.12.1: 12.8 days
- In the other study [15] the maximum serial interval was 11 days.

I think serial interval is a fair proxy to the maximum time from exposure to the time to test positive.

Conclusion

Both estimates converge on 10 days being a reasonable assumption.

Comparison of CDC's Analysis and My Analysis

Even though we considered different sets of studies, the sets overlapped. The estimates for time to infection after exposure were similar. The main difference is the CDC's interpretation of that that means for policy seem unjustifiably short, and leave open the substantial possibility of contagious HCPs transmitting the SARS-CoV-2 virus at work.

Citations

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Appendix C: Relevant Findings from the Assessment

The Assessment was reported in the March 13, 2025, meeting of the MdCoPH. It came from a survey of staff in the MdDoH and LDHs. The presentation had staff input as well as remarks by the assessors. In late February, files with responses from a separate survey of the general public were sent to the MdCoPH Communications and Public Engagement Working Group.

Table of relevant, to Md itself evaluating science, findings and phrases from the presentations about opinions gathered from Md DOH and LDHs staff and the public.

Phrase or Finding	Source	Page
There are 45 epidemiologists/statisticians across the LHDs. Not clear if the IT people are among the 827 administrative support staff or the 43 "public information professionals".	3/13/25 slides	30
IT is listed under MDH.	3/13/25 slides	37
Shortage of epidemiologists	3/13/25 slides	48
Need better data to support decision making	3/13/25 slides	50
"Variability in expressed readiness for future infectious disease outbreaks"		56
Public mistrust of information is a problem.		62
Participants recommendation: "Leverage health-related associations for advice and implementation of large initiatives"	3/13/25 slides	68
Participant's recommendation:"Expand core expertise with panels of expertise that can provide technical assistance when needed (e.g., Consumer Health Information Hub)"	3/13/25 slides	68
Participant's recommendation:"Strengthen partnerships with academic institutions to establish a more solid school-to-job pipeline and to offer creative opportunities for career advancement"	3/13/25 slides	71
Participant's recommendation:"Fund a volunteer coordinator position to provide continuity and leverage volunteer participation to improve emergency preparedness"	3/13/25 slides	72
Participant's recommendation:"Ensure all LHDs have access to epidemiological support across content areas"	3/13/25 slides	73
Assessors' recommendations: "Explore how to establish and strengthen academic-public health partnerships, including establishing career pipelines; leverage expertise of leaders of health-related associations"	3/13/25 slides	79
Assessors' recommendations: "Explore additional partners and volunteers: retired military veterans, AmeriCorps, public health, nursing, or med student volunteer networks"	3/13/25 slides	80

"Conflicting opinions between the Federal and State guidance is confusing at times"	HlthCommSurvey Open Ended Questions.docx	3
Government websites can be very confusing.	HlthCommSurvey Open Ended Questions.docx	3
"Use of masking in public places and health care settings needs emphasis as well as info on COVID, Long COVID and research"	HlthCommSurvey Open Ended Questions.docx	3
MDH and LDH should more actively debunk myths, rumors, and misconceptions about health.	HlthCommSurvey Open Ended Questions.docx	3
Use local ER director to emphasize how bad a local outbreak is and what to do about it.	HlthCommSurvey Open Ended Questions.docx	3
Over time, short public health clips and messages can convey a lot of education.	HlthCommSurvey Open Ended Questions.docx	3
Journal articles about covid and long covid say different things than LDH and MDH. Ex. is posting photos of the health department without masks during an airborne pandemic. "This is very frustrating, especially because we should be able to trust our health departments and most people don't have the researching background/ free time that I do which is required to suss out accurate Covid info."	HlthCommSurvey Open Ended Questions.docx	4
AI responses uses info from sources that aren't quality or accurate.	HlthCommSurvey Open Ended Questions.docx	4
Government agencies should fact check and counter what Former President Trump and RFK Jr say	HlthCommSurvey Open Ended Questions.docx	4
PubMed is challenging to use.	HlthCommSurvey Open Ended Questions.docx	4
MDH and LDH were slightly more trusted than federal agencies.	HealthCommSurvey Results.xlsx-- Trustworthiness Tab	

Table Notes:

3/13/25 slides = Agenda and materials for the March 13, 2025, meeting of the Maryland Commission on Public Health [https://health.maryland.gov/coph/Documents/Meetings/2025-03-13%20CoPH%20Agenda%20%26%20Materials.pdf]. These table entries are from the Assessment of MDH and LDH staff.

HlthCommSurvey Open Ended Questions.docx, from the survey of the public.

HealthCommSurvey Results.xlsx-- Trustworthiness Tab, from the survey of the public.

The level of reliability of CDC "information" was not at all addressed in the Assessment.