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DEPARTMENT OF HEALTH

Covid-19 Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

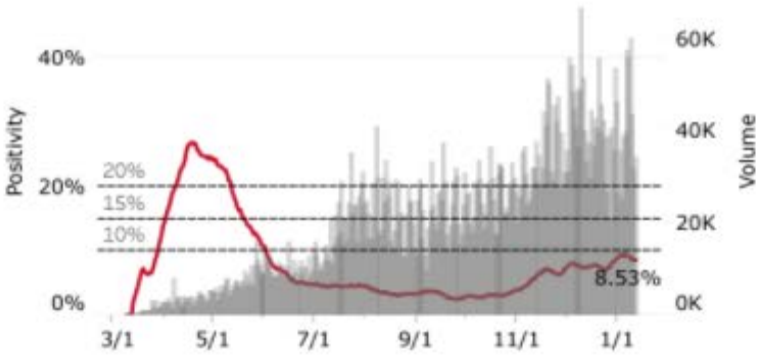
13 January 2021

COVID-19 Daily Report - Maryland Department of Health

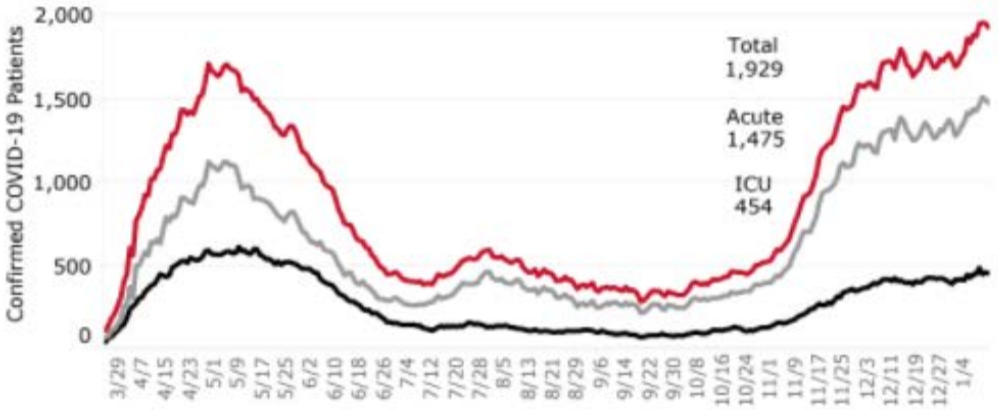
Data reported as of 1/13/2021 for data through 1/12/2021

314,867	+34,334	6,254,353	28,986	6,233
confirmed cases	tests reported	cumulative tests	confirmed cases hospitalized***	confirmed deaths
+2,516	**8.84%**	**8.53%**	**126**	**+37**
cases reported*	daily positivity	7-day avg. positivity**	newly identified hospitalizations	deaths reported

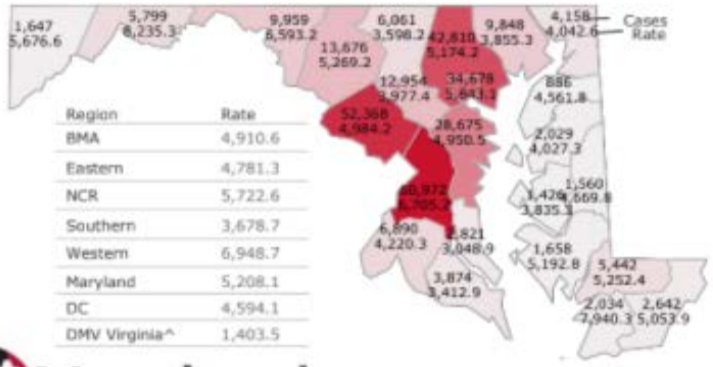
7-Day Avg. Percent Positive Testing** and Total Testing Volume



Statewide Acute/ICU Beds Occupied by COVID Patients



Cases and Rates by County of Residence



Region	Rate
BMA	4,910.6
Eastern	4,781.3
NCR	5,722.6
Southern	3,678.7
Western	6,948.7
Maryland	5,208.1
DC	4,594.1
DMV Virginia^	1,403.5

Daily Cases

by Specimen Collection Date

Daily Deaths

PROBABLE CONFIRMED

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All case-related counts on this dashboard are of individual people infected with COVID-19. Rates calculated using total confirmed cases and 2019 population estimates. Rates do not exclude recovered cases. Rates are calculated as cases per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

Report date: the day a case was reported to the Maryland Department of Health. Specimen date: the day the initial lab specimen was collected. BMA: Baltimore Metro Area; NCR: National Capital Region. DMV: DC, Maryland, and Virginia Area.

**Daily case increase uses report date. **Positivity calculated using a 7-day rolling average*

****This is for MD residents only and includes cases reported as COVID positive, including after an individual may have been discharged. This is different from bed utilization.*

^DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

Important Items This Week

- Anticipate more cases, hospitalization and deaths in weeks to come
- Hospitals near capacity
- Staffing shortages looming- volunteer and paid opportunities via MarylandMedNow
- Vaccines in Phase 1a
- Opportunity to reduce hospitalization using monoclonal antibodies
- Important to continue testing to identify candidates for mAbs
- Contact tracing is being overwhelmed- inform positive patients to quarantine
- Continue using COVID-19-specific workflows to mitigate virus spread

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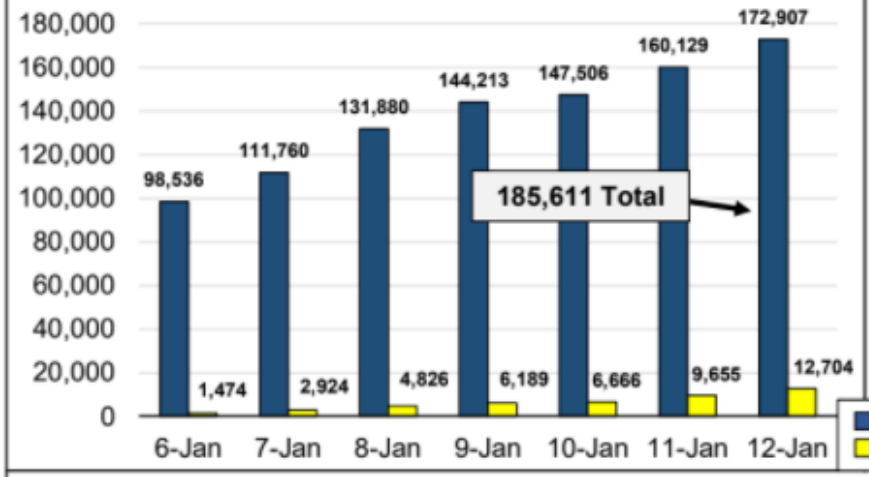
COVID Vaccine Summary

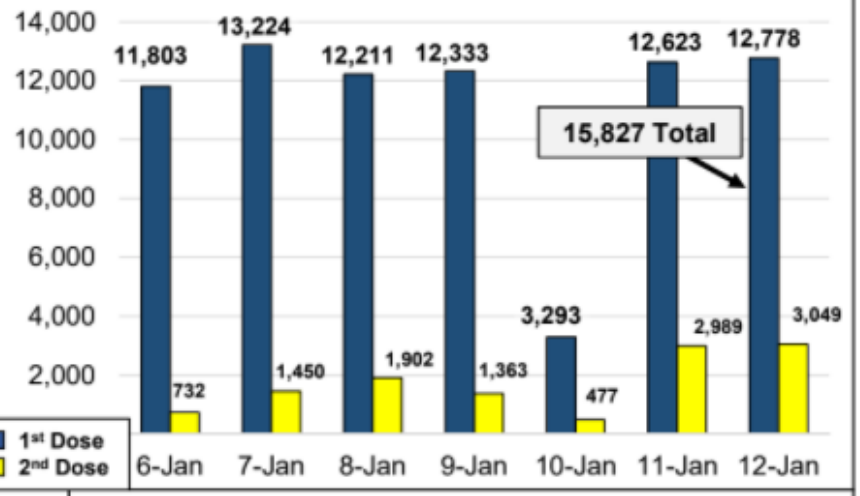
NUMBERS ARE PRELIMINARY AND SUBJECT TO CHANGE

Current as of: 01/13/2021

Vaccines Administered (Cumulative)



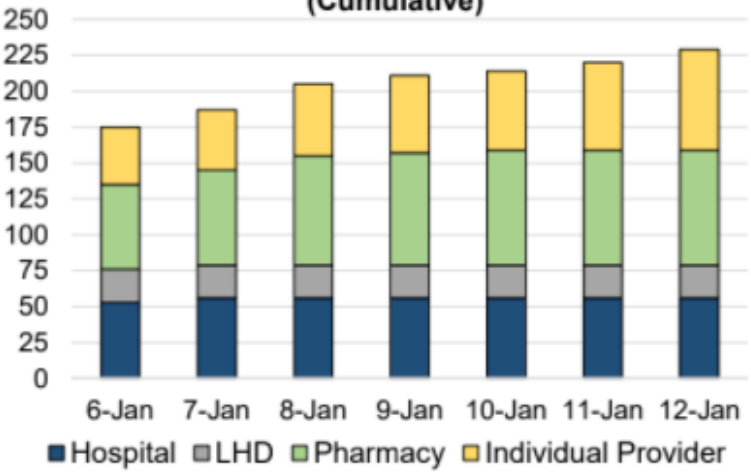
Vaccines Administered (Last 7 Days)



Administrations as Percentage of Units Delivered

Provider	Number	Allocation	Delivered	Doses Administered	Admin/ Delivered
Hospitals	56	322,200	320,200	104,747	32.7%
Local Health Departments	24	137,425	137,425	49,345	35.9%
Fed/CVS/ Walgreens	80	73,125	73,125	19,522	26.7%
Other	70	16,450	16,450	11,997	72.9%
Total	230	549,200	547,200	185,611	33.9%

Actively Administering Providers (Cumulative)



Vaccination Phase

1A

Vaccination Phase Description

1st Dose Receive

164,907

24hr Change +12,778

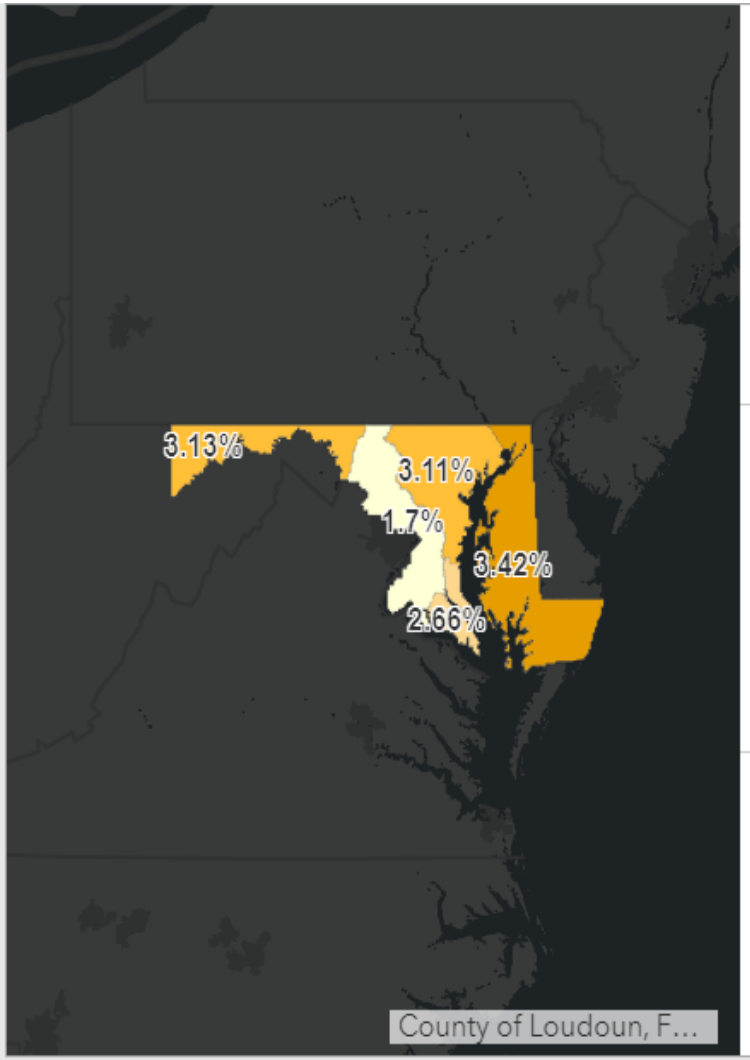
1st Dose V...

2nd Dose Received

12,704

24hr Change +3,049

2nd Dose ...



Baltimore Metropolitan Area
(Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, Howard)
Count of Vaccinated: 85,683
Proportion of Population Vaccinated: 3.11%

Eastern Shore
(Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester)
Count of Vaccinated: 15,641
Proportion of Population Vaccinated: 3.42%

National Capital Region
(Charles, Frederick, Montgomery, Prince George's)
Count of Vaccinated: 40,737
Proportion of Population Vaccinated:

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Updated 1/13/2021

ImmuNet registration for Covid Vaccine now open

- More information is available at Quick Reference Guide: COVID-19 Vaccine Registration & Ordering
  (steps beginning page 2 for Non-VFC; page 5 for VFC)
- Please register as soon as possible if your practice plans to order vaccines
  - Note: if you do not receive email verification after registering, please check Junk/Spam inbox or email ImmuNet help desk
- Registration completion does not mean the vaccine will immediately be available for ordering
  - You will be notified when vaccines are available for ordering in ImmuNet
- This process is to become a Covid vaccinator for your patients. For vaccinating your staff, reach out to your Local Health Department

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About Monoclonal Antibodies

- Monoclonal antibodies (mAbs) directly neutralize the COVID-19 virus and are intended to prevent the progression of disease
- mAbs likely to be most beneficial if given to patients early in symptom progression
- Product delivered via single IV infusion administration
- Early evidence suggest promise of mAb products in **OUTPATIENT** settings to **REDUCE HOSPITALIZATION**

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Source: Operation Warp Speed Therapeutics: Monoclonal Antibody Playbook for outpatient administration (Version 2.0)

Point-of-Care Rapid Antigen Tests to Identify Monoclonal Antibody Eligible Patients

- Tests provided to practices willing to test and refer symptomatic patients eligible for mAb therapy
- Interested practices should fill out this Google Form as soon as possible
  - After filling out the form, Maryland Department of Health staff will contact you with next steps
- More information is available here

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Patient Information and Workflows

- Reinforce scheduled visits
- Separate sick and well to the extent possible
- Avoid waiting room crowds
- Outdoors screening and testing as possible
- Tailor staff and resources to need
- Telehealth, including testing, when applicable
- Quarantine period for positive tests shortened to 10 days for asymptomatic

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Five things you can do as Health Care Providers

1. **Identify all your high risk patients** —use the Covid Vulnerability Index (CVI) in CRISP, your EHR, and your intuition and do outreach and communication
   - Advise patients to continue to use social distancing and wear masks
2. **Provide vulnerable patients with expanded care** through telemedicine and special accommodations if they need face-to-face care
3. **Offer testing for all patients, every visit -** test and check patient results - refer eligible patients for Monoclonal antibodies infusion treatment
4. **Stay current, stay safe**—stay current by keeping up-to-date with CDC guidelines and case rates in your area. For up-to-date information, visit CDC, MDH, and MDPCP sites. Stay safe by taking all necessary infection control precautions when seeing patients
5. **Prepare for a vaccine** - address vaccine hesitancy with patients, enroll in ImmuNet and set up reporting now, and work with your patients to get them flu shots

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Department of Family Science
School of Public Health

Preparing Primary Care Providers for COVID-19 Vaccination Programs

Sandra Crouse Quinn, PhD
Maryland Department of Health
COVID-19 Update Webinars
January 13, 2021

UNIVERSITY OF MARYLAND

Let's talk…

1. What do we know about the factors that predict influenza vaccine behavior? Which of these are relevant now?

2. How can you answer common questions?

3. What can you do to make a difference?

Key Predictors of Flu Vaccine Uptake
(N=819 African Americans, 838 Whites)

- Higher disease risk, higher uptake; however, when perceived risk of vaccine side effects increased, uptake decreased
- Social norms
- Trust in health care provider and importance of their recommendation
- Trust in the flu vaccine and the vaccine process
- Knowledge

How was the vaccine development timeline accelerated while ensuring safety?

- Researchers used existing clinical trial networks.*
- Manufacturing started while the clinical trials were still underway.
- mRNA vaccines are faster to produce.
- Three independent committees were engaged in review and approval.
- FDA &CDC prioritized review, authorization, and recommendation of COVID-19 vaccines.

*For more, visit the COVID-19 Prevention Network: ww.coronaviruspreventionnetwork.org/about-covpn

Were people like me in the clinical trials? Was it safe and effective for them?

Pfizer (43,931): 13% Hispanic, 10% African American, 6% Asian, 45% between 56-85

Moderna (30,000): 20% Hispanic, 10% African American/Black, 4% Asian, 29% over the age of 65

There were no significant differences in safety and efficacy by racial or ethnic group.

What are the myths about messenger RNA (mRNA) vaccines?

- *"It will alter our DNA"*
  - Do not affect our DNA; mRNA does not enter the cell nucleus.
- *"It will give me COVID-19"*
  - Doesn't contain live virus-cannot give you COVID-19
- *"It's brand new, experimental, never been tried"*
  - mRNA vaccines have been studied for influenza, Zika, rabies, and cytomegalovirus (CMV).

What is an EUA?

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic.

Under an EUA, FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives.

https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained#:~:text=An%20Emergency%20Use%20Authorization%20(EUA)%20is%20a%20mechanism%20to%20facilitate,the%20current%20COVID%2D19%20pandemic.

Statutory Requirements (October 2020 Guidance)

- Declared public health emergency
- Based on evidence available, it is reasonable to believe that the vaccine will be effective in prevention
- Known and potential benefits outweigh known and potential risks
- No adequate alternative available
- 50% effectiveness standard and two months safety data.

Public Understanding of Language used in Emergency Use Authorization

- Limited understanding of terminology.
- Terms used in EUA fact sheets (“experimental”, “accelerated approval”, and “off-label”) prompted strong negative emotions.
- The phrase “Emergency Use Authorization” triggered mixed responses, ranging from “important” and “helpful” to “risky”, “suspicious”, “desperate”, and “over-controlling”.
- All participants reported a significant need for more information.

Liu, Quinn, et al, 2017

Language from the Fact Sheets

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

These may not be all the possible side effects of the Pfizer-BioNTech COVID-19 Vaccine. *Serious and unexpected side effects may occur.*

Pfizer-BioNTech COVID-19 Vaccine is still being studied in clinical trials.

Robust vaccine safety monitoring systems exist

- **Existing** systems and data sources are used to monitor safety of vaccines post-authorization and post-licensure, such as:
  - Vaccine Adverse Event Reporting System (VAERS)
  - Vaccine Safety Datalink (VSD)
  - Clinical Immunization Safety Assessment (CISA)
  - Biologics Effectiveness and Safety System (BEST)

- **New** systems have been developed to monitor COVID-19 vaccine safety, such as **v-safe:**
  - Active surveillance that uses text messaging to initiate web-based survey monitoring.
  - Will provide telephone follow up to anyone who reports medically significant adverse events.

How can we increase trust and confidence?

How can we increase uptake of the COVID-19 vaccine?

Opportunities to strengthen trust and reduce hesitancy

✓Knowledge about COVID-19, the vaccine, the vaccine process and recommendations;

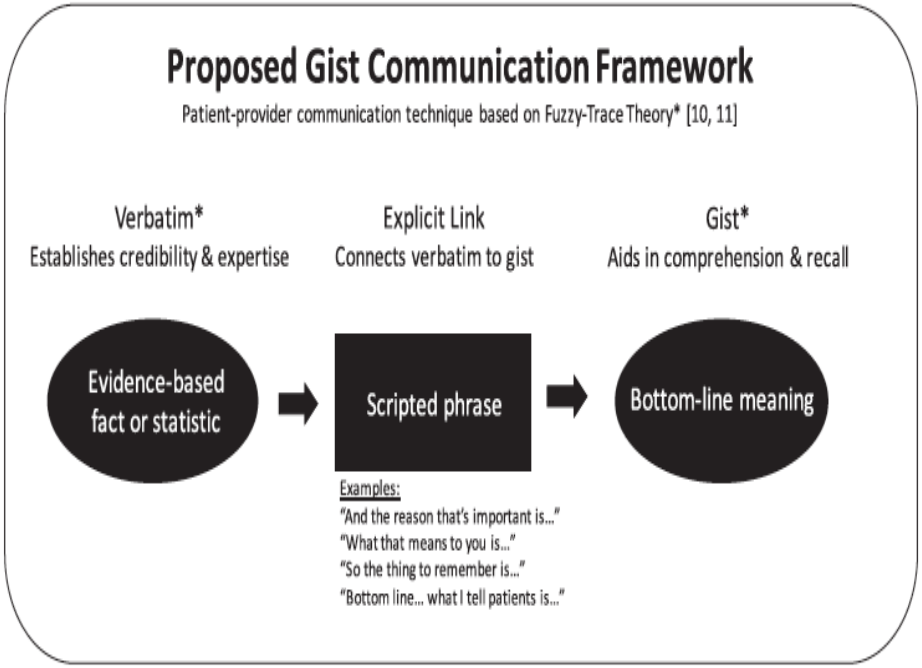
✓Perceived risk of vaccine side effects and perceived disease risk;

✓Individual and collective benefits of the vaccine.

Role of Health Care Professionals

- Demonstrate empathy
- Acknowledge that it is okay to have questions and concerns.
- Acknowledge what we know and what we don't know.
- Be ready to answer questions about efficacy and safety, particularly for specific populations.
- Be a role model & take the vaccine.
- Make a strong recommendation.

A Framework for Communication



"We know that the vaccine had very strong safety data and that side effects are short lived, like sore arms, tiredness and minor side effects.

The reason that is important for you is that with your Type II diabetes, you are more likely to have serious complications if you do get infected. The vaccine is effective in reducing cases of severe illness and hospitalizations.

I took the vaccine myself. I strongly recommend you take the vaccine today."

Broniatowski et al, 2016

Thank you for all you do for the health of your community

Photo credit: Quinn, 2014

Sandra Crouse Quinn, Ph.D.
Senior Associate Director
Maryland Center for Health Equity
Professor and Chair, Department of Family Science
School of Public Health
University of Maryland
College Park, MD
scquinn@umd.edu

Panel Discussion

- Sandra Crouse Quinn, PhD
  - Professor and Chair of the Department of Family Science and Senior Associate Director of the Maryland Center for Health Equity, School of Public Health at the University of Maryland
- Amar Duggirala, DO, MPH, FAAFP
  - Poolesville Family Practice
- Eric C Marshall, MD, FAAFP
  - Gerald Family Care, PC

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Appendix

Resources and Links

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Maryland Covid-19 Vaccination Plan

- Maryland has developed a Covid-19 vaccination plan to vaccinate all Marylanders interested in receiving vaccine
- Plan was released on Tuesday, October 20, 2020
- This is a working plan and subject to change as new information is received and the Covid-19 pandemic continues to evolve
- Copy of the plan can be found here:

https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_Covid-19_Vaccination_Plan_CDCwm.pdf

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Phased Approach

	Phase 1	Phase 2
Vaccine availability	Limited	Widespread
Approach	Targeted	Universal
Vaccine available to:	• Frontline healthcare workers • Other essential workers • Those at highest risk of developing complications from Covid-19 (ACIP high risk conditions)	• General public
Vaccine distribution by:	• Local health departments • Hospitals • Vaccination clinics (through LHDs) • Essential employer work sites	• Local health departments • Hospitals • Pharmacies • Primary care practices • Urgent care centers • School vaccination clinics

Covid-19 Vaccines/Immunization Information

- Maryland Covid-19 Vaccination Plan
- New York Times Coronavirus Vaccine Tracker
- ImmuNet Information
  - ImmuNet enrollment form
  - ImmuNet helpdesk contact information
  - Guidance for practices how about reporting to ImmuNet
  - Technical specifications for the EHR interface with ImmuNet
  - ImmuNet log-in information portal
- Summary of vaccines under development

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Covid-19 Testing Information

- One Pager on Contact Tracing After Testing
- Maryland Department of Health testing announcements and accessibility information and resources
- CDC Covid-19 testing overview
- MDPCP Roadmap to Recovery – Covid-19 testing guidelines
- Maryland Department of Health guidance regarding point of Care rapid antigen Covid testing
- myLAB Box - Covid-19 testing program for Maryland clinicians
- FDA letter to clinical laboratory staff and health care providers about the potential for false positive results with rapid antigen tests for Covid-19

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Primary Care Involvement

- Continue to encourage and vaccinate your patients with the flu shot
- Ensure that you are onboarded (connected) with ImmuNet to report vaccinations administered
- Once available, register to become a Covid vaccine provider
- Use the CVI tool to begin to identify your patients that are at a higher risk for Covid

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Covid-19 mAb Treatment Criteria

- Patient Criteria
  - Have BMI >= 35
  - Have chronic kidney disease
  - Have diabetes
  - Are currently receiving immunosuppressive treatment
  - Are >= 65 years old
  - Are >=55 years old and have
    - ✓ Cardiovascular disease, or
    - ✓ Hypertension, or
    - ✓ Chronic obstructive pulmonary disease/other chronic respiratory disease
  - Are 12 – 17 years old AND have
    - ✓ BMI >=85th percentile for their age and gender based on CDC growth charts, or
    - ✓ Sickle cell disease, or
    - ✓ Congenital or acquired heart disease, or
    - ✓ Neurodevelopmental disorders, or
    - ✓ A medical-related technological dependence, or
    - ✓ Asthma
- More information about mAb treatments is available via this video from the Department of Health and Human Services and Project ECHO

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Source: FDA

Scheduling In-Office Appointments

- Patient calls in for an appointment
  - Reception screens patient on the phone using the pre-visit screening template
  - Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
  - Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits
- Check In
  - Practice remote check in and limited front-desk contact
  - Consider using a triage zone outside of office or main area;
  - Or use a barrier at the front desk
  - Design your office to accommodate patients who come in specifically for Covid testing and triage, separate from patients who arrive for non-Covid related and elective procedures
    - ✓ Ensure patients and staff do not cross between Covid and non-Covid areas
    - ✓ Set aside a specific area for patients who come in for testing to wait and be triaged

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Scheduling In-Office Appointments

- Checking out
  - Practice remote check out, limit front desk exposure;
  - Or use a barrier at the front desk

- If patient is paying co-pays, etc., set up credit card reader outside of the barrier

- Other workflow resources
  - Care management workflows
  - BMJ telemedicine workflow graphics
  - CDC flowchart to identify and assess 2019 novel Coronavirus
  - CDC telephone evaluation flow chart for flu
  - CDC guidance for potential Covid-19 exposure associated with international or domestic travel

CDC Guidelines for Covid Patient Management

- Healthy people can be monitored, self-isolated at home
- People at higher risk should contact healthcare providers early, even if illness is mild
- Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact
- Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease

- **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

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Prepare Safe Workflows and Stock Sufficient PPE

- Ensure your practice has 30 days of PPE immediately available
- Consult usual suppliers and order PPE well in advance of anticipated need
  - There may be PPE shortages in the future
- Continue using PPE according to CDC guidelines
- Ensure safe workflows for all patients, particularly vulnerable patients

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Sources: Washington Post, Nature

Personal Protective Equipment (PPE) Sources and Requests

- Practices should initially request PPE through their usual vendors
- Practices should make their PPE requests through their local health departments
- Maryland PPE Manufacturers List – next slide
- National and international PPE supplier list
- PPE request form

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Personal Protective Equipment (PPE) Sources and Requests

- Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery
- Maryland has launched the Maryland Manufacturing Network Supplier Portal, an online platform that helps connect Maryland suppliers with buyers in need of critical resources
- For additional business resources during Covid-19, visit businessexpress.maryland.gov/coronavirus
- Providers may also request PPE from the non-profit 'Get Us PPE'

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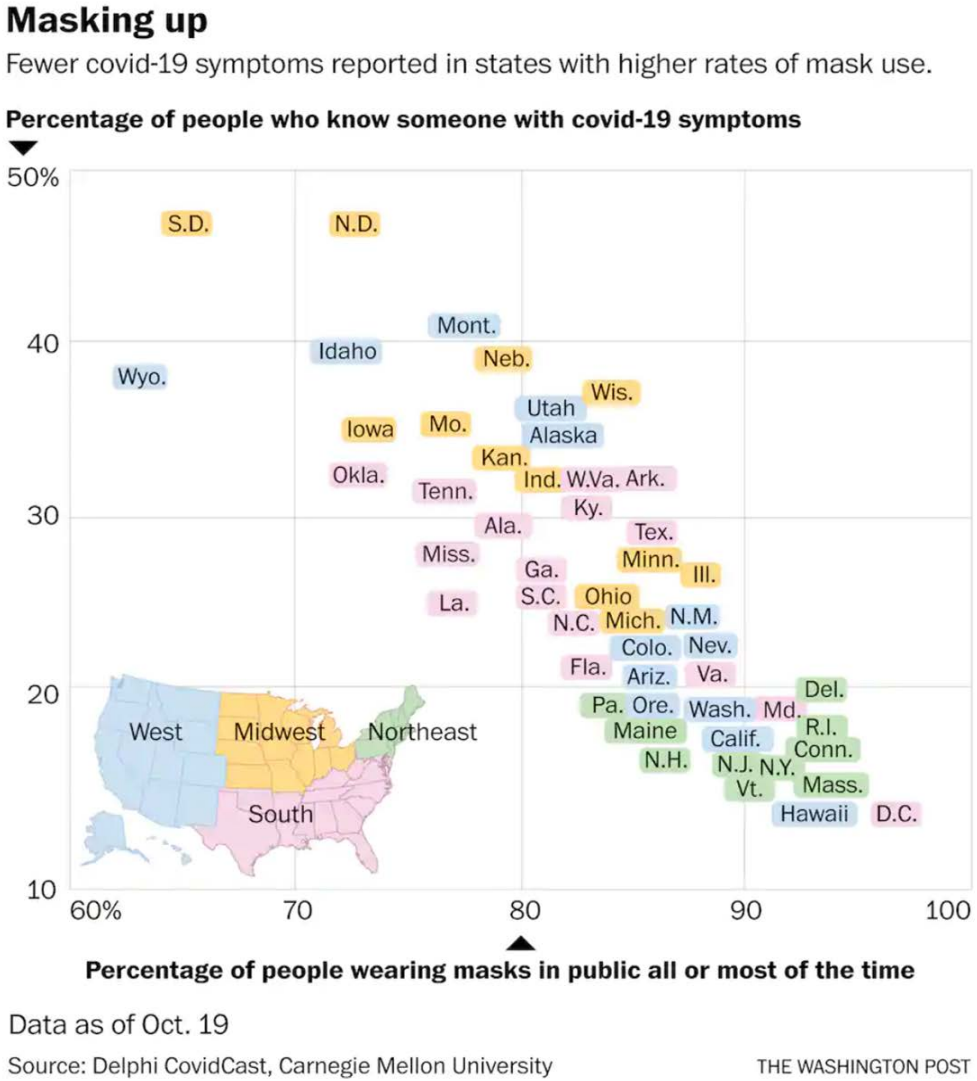
Masks and Distancing Remain Critical



- IHME model:
  - Universal mask use *saves 129,574 lives* before Feb 2021
  - 85% mask use *saves 95,814 lives* before Feb 2021

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Sources: Washington Post, Nature

MD COVID Alert App

- New opt-in cell phone app that notifies users if they have been exposed to somebody who is Covid-19 positive
- Mimics CDC close contact definition (6-feet or less for >15 minutes) with bluetooth
- Individuals who receive exposure notifications:
  - Receive advice to get tested
  - Receive information about possible exposure date
  - COVID-19 positive users may receive a call from a contact tracer
- More information is available here

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Sources: The Baltimore Sun, MDH

Provider/Patient Mental Health Resources

- Providers
  - "Helping the Helpers and Those They Serve," a webinar series from the Maryland Department of Health Behavioral Health Administration and MedChi (on the 2nd and 4th Thursdays of every month starting 11/12/2020)
  - Heroes Health Initiative
- Patients
  - Ask Suicide-Screening Questions toolkit
  - CDC list of resources for coping with stress

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Health Equity Resources

- Maryland Department of Health Office of Minority Health and Health Disparities (MHHD)
- Maryland Department of Health Minority Outreach and Technical Assistance Program overview
- MHHD fiscal year 2020 minority outreach and technical assistance program information
- Description of the term “health disparity”
- Implicit bias test
- “Hundreds of Days of Action as a Start to Address Hundreds of Years of Inequality” – New England Journal of Medicine article by Maulik Joshi, DrPH
- “Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine” – discussion draft for public comment by Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, The National Academies of Science, Engineering, Medicine

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Telehealth Resources

- Maryland Health Care Commission Telehealth
- Maryland Health Care Commission Telehealth Readiness Assessment Tool
- U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) for Professionals
- American Telehealth Association
- Maryland Telehealth Alliance
- National Consortium of Telehealth Resource Centers

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Support for Patients at Home

- Food
  - Meals on Wheels
- Caregivers
  - Visiting nurses and caregivers
- Emotional support
  - Support from family
  - Phone calls and videochat to fight loneliness
  - MD Department of Aging Senior Call Check Program

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Staying Current - Sources

- CDC
- MDH Covid-19 information page
- MDPCP Covid-19 webpage
- Local Health Departments
- CONNECT
- Clinician Letters
- Multiple Resource Links in Appendix

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Food Resources

- Nutrition: Inform patients that children can receive three free meals/day at sites listed on:
  - Maryland Summer Meals
  - Montgomery County
  - Prince Georges County
  - Charles County
  - Frederick County
  - Howard County
  - Anne Arundel County
  - St. Mary's County
  - Harford County
  - Calvert County
- Free meals available from 42 rec centers in Baltimore
  - Call 311 for locations and to schedule pickup time

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Resources for Specific Groups

- Community- and Faith-Based Organizations (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html)
- Mass Gatherings and Large Community Events (https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html)
- Non-Pharmaceutical Interventions for Specific Groups (https://www.cdc.gov/nonpharmaceutical-interventions/index.html)

Resources and References

- Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)
- CDC Coronavirus Website (https://www.cdc.gov/coronavirus/2019-nCoV/index.html)
- CDC National data on Covid-19 infection and mortality (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html)
- CDC Interim Guidance for Homes and Communities (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)
- CDC Interim Guidance for Businesses (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html)
- CDC Interim Guidance for Childcare and Schools (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html)
- CDC Travel Website (https://wwwnc.cdc.gov/travel/)

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