



Covid-19 Flash Update

**Maryland Department of Health
Maryland Primary Care Program
Program Management Office**

1 February 2021

The third wave is receding- will there be more waves?



Daily COVID-19 Report

Data reported as of 2/1/2021 for data through 1/31/2021

355,636
cases cumulative

7,038,562
tests cumulative

29.5
7-day avg. case rate

6,714
total hospital adult census

6,978
deaths cumulative

1,163
cases reported yesterday

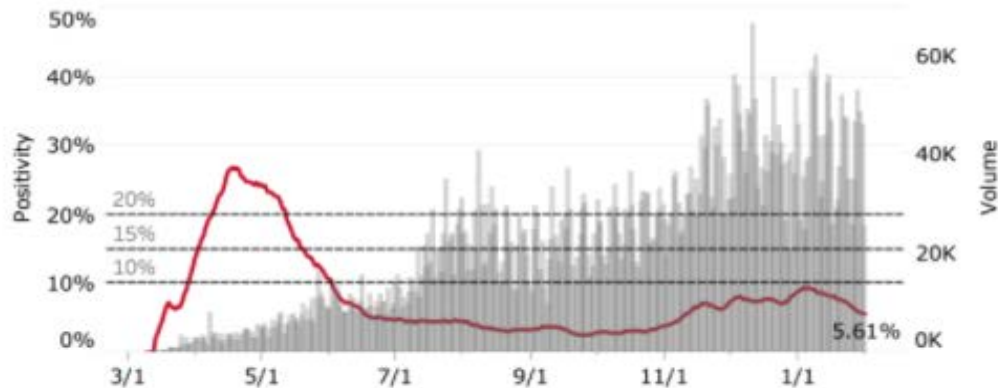
25,408
tests reported yesterday

5.61%
7-day avg. positivity

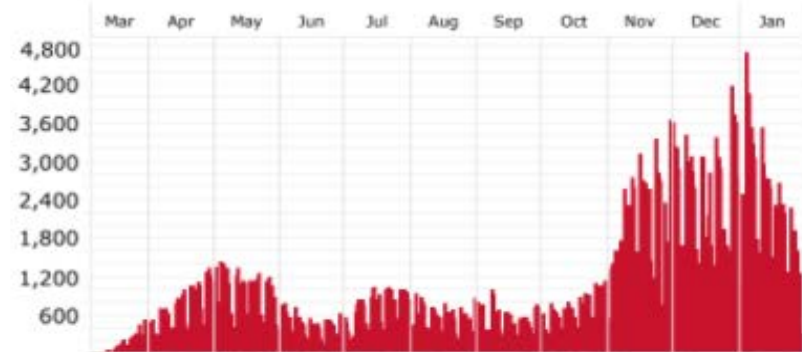
-328
change in total hospital census

27
deaths reported yesterday

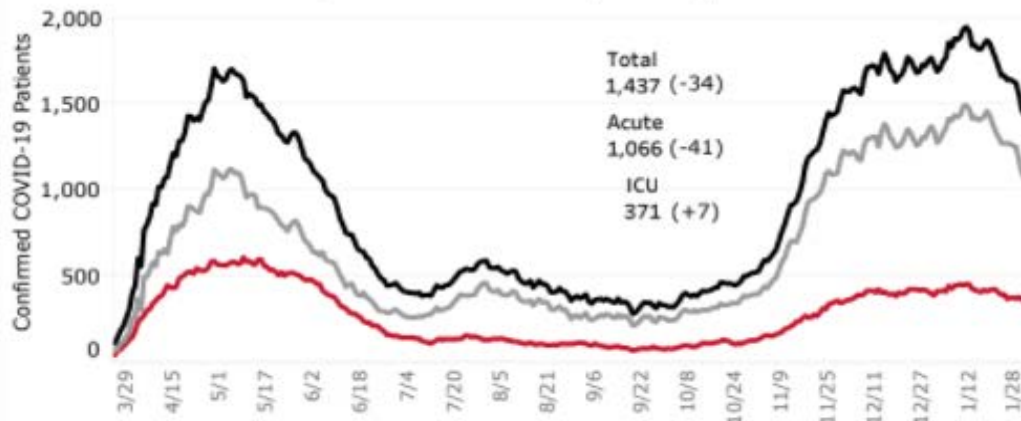
7-Day Avg. Percent Positivity and Total Testing Volume Since 3/1/20



Daily New Cases by Specimen Collection Date



Statewide Acute/ICU Beds Occupied by COVID Patients



Daily Deaths Confirmed and Probable

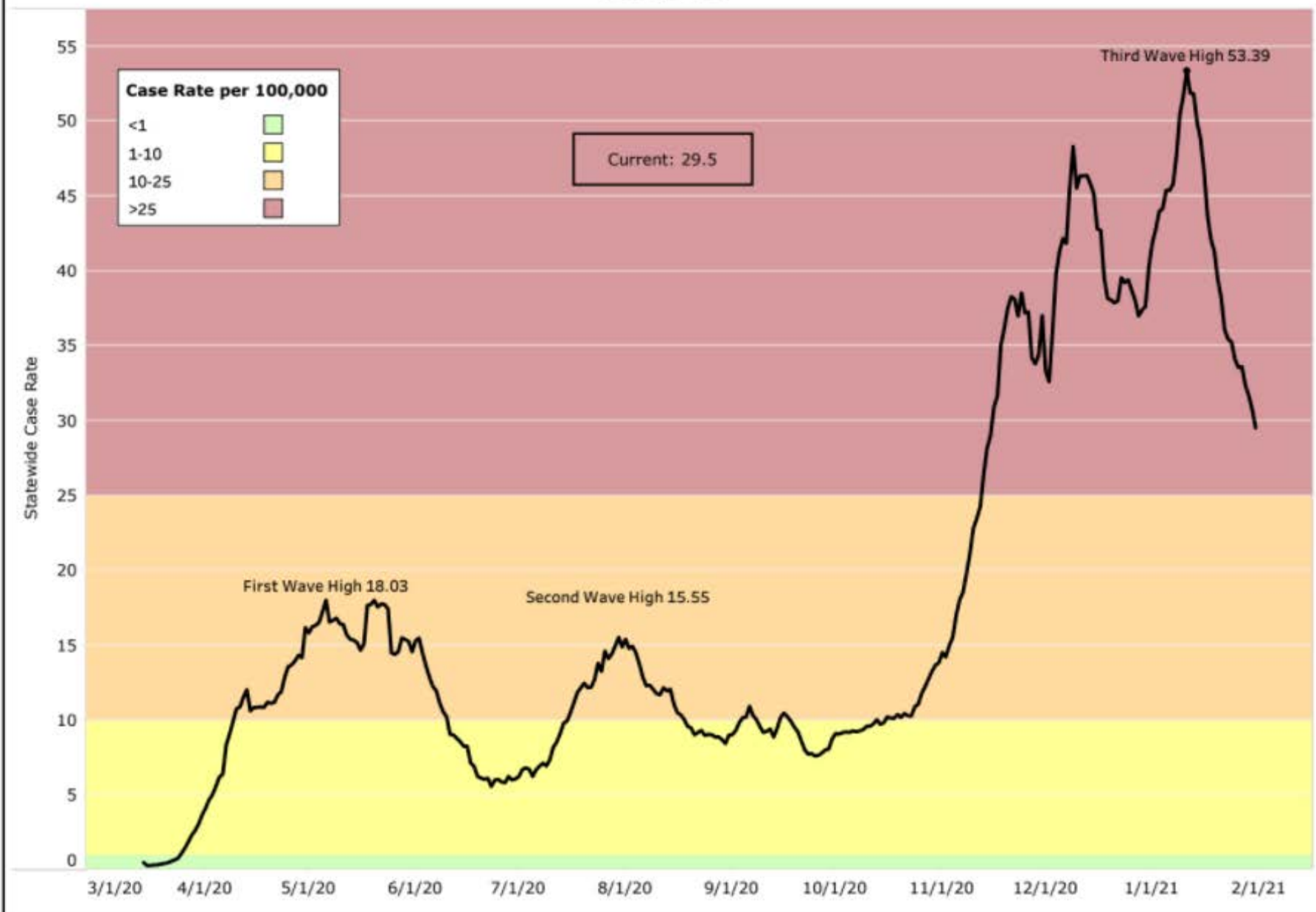


Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

Statewide 7-Day Average New Case Rate

Data reported as of 2/1/2021 for data through 1/31/2021

Since 3/14/20



Statewide Acute/ICU Beds Occupied by COVID Patients

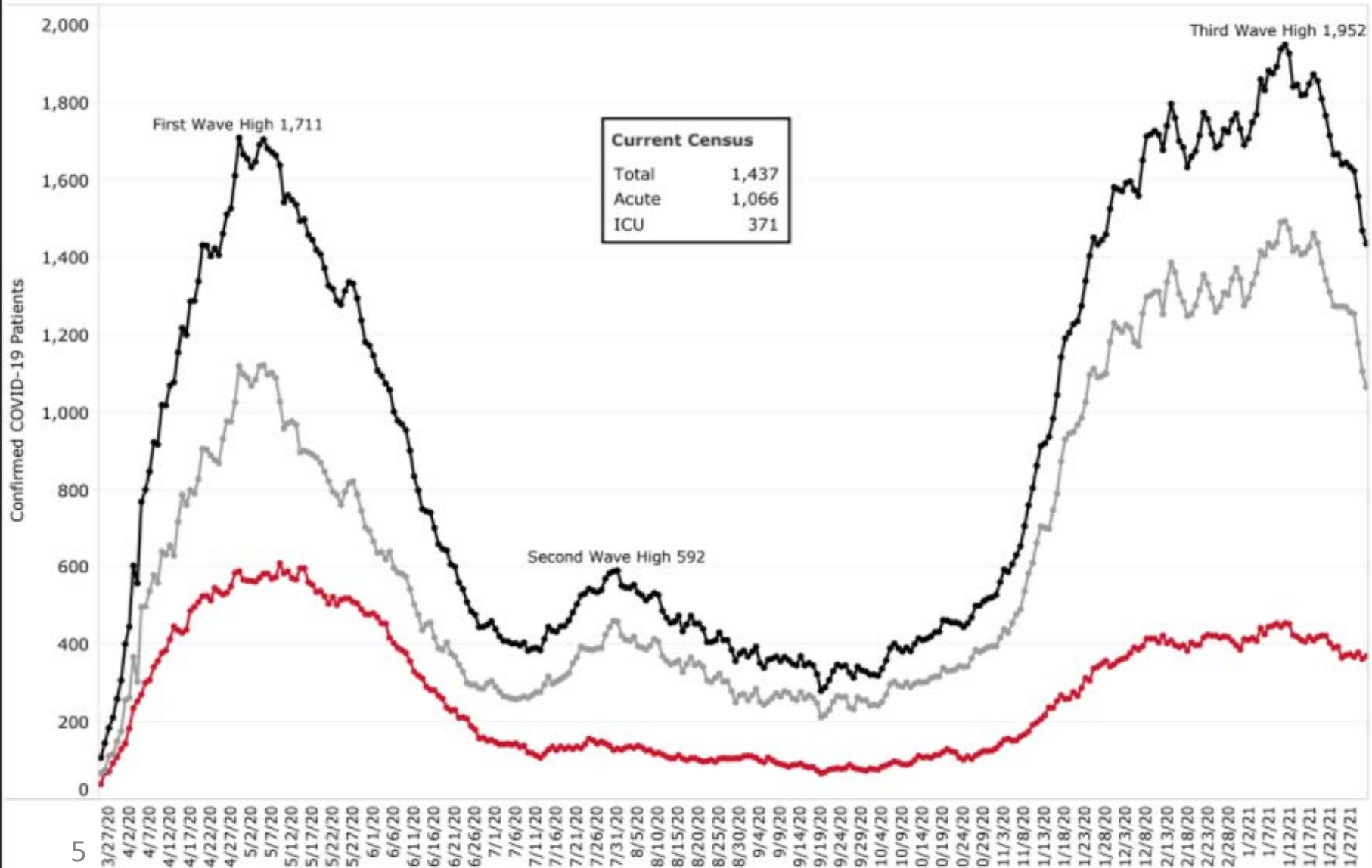
Data reported as of 2/1/2021 for data through 1/31/2021

Since 3/25/20

■ Total

■ Acute

■ ICU



Maryland Resident Recorded COVID-19 Deaths

Reported as of January 31, 2021 at 5:00pm

	Confirmed	Probable*
Total	6,978	176

Age Group	Confirmed		Probable*	
	Number	% of Total	Number	% of Total
0-9 yrs	3	0%	0	
10-19 yrs	6	0%	1	1%
20-29 yrs	32	0%	1	1%
30-39 yrs	72	1%	6	3%
40-49 yrs	196	3%	4	2%
50-59 yrs	537	8%	23	13%
60-69 yrs	1,097	16%	18	10%
70-79 yrs	1,775	25%	33	19%
80+ yrs	3,258	47%	90	51%
Unknown	2	0%	0	

Gender	Confirmed		Probable*	
	Number	% of Total	Number	% of Total
Male	3,606	52%	90	51%
Female	3,372	48%	86	49%

Race / Ethnicity	Confirmed		Probable*	
	Number	% of Total	Number	% of Total
Hispanic	653	9%	15	9%
NH Black	2,431	35%	62	35%
NH White	3,534	51%	92	52%
NH Asian	245	4%	7	4%
NH Other	66	1%	0	
Unknown	49	1%	0	

Place of Death	Confirmed		Probable*	
	Number	% of Total	Number	% of Total
DOA	3	0%	1	1%
ER/Outpatient	235	3%	37	21%
Home	345	5%	38	22%
Hospice	547	8%	7	4%
Inpatient	4,030	58%	35	20%
Nursing Home	1,571	23%	48	27%
Other	247	4%	10	6%

Race / Ethnicity	Population by Race 2019	Mortality Rate per 100,000 population**
Hispanic	643,822	101.4
NH Black	1,866,852	130.2
NH White	3,090,330	114.4
NH Asian	426,593	57.4
NH Other		
Unknown		

*Probable indicates signs and symptoms of COVID-19 but lab test results not available.

**Based on confirmed COVID-19 deaths.

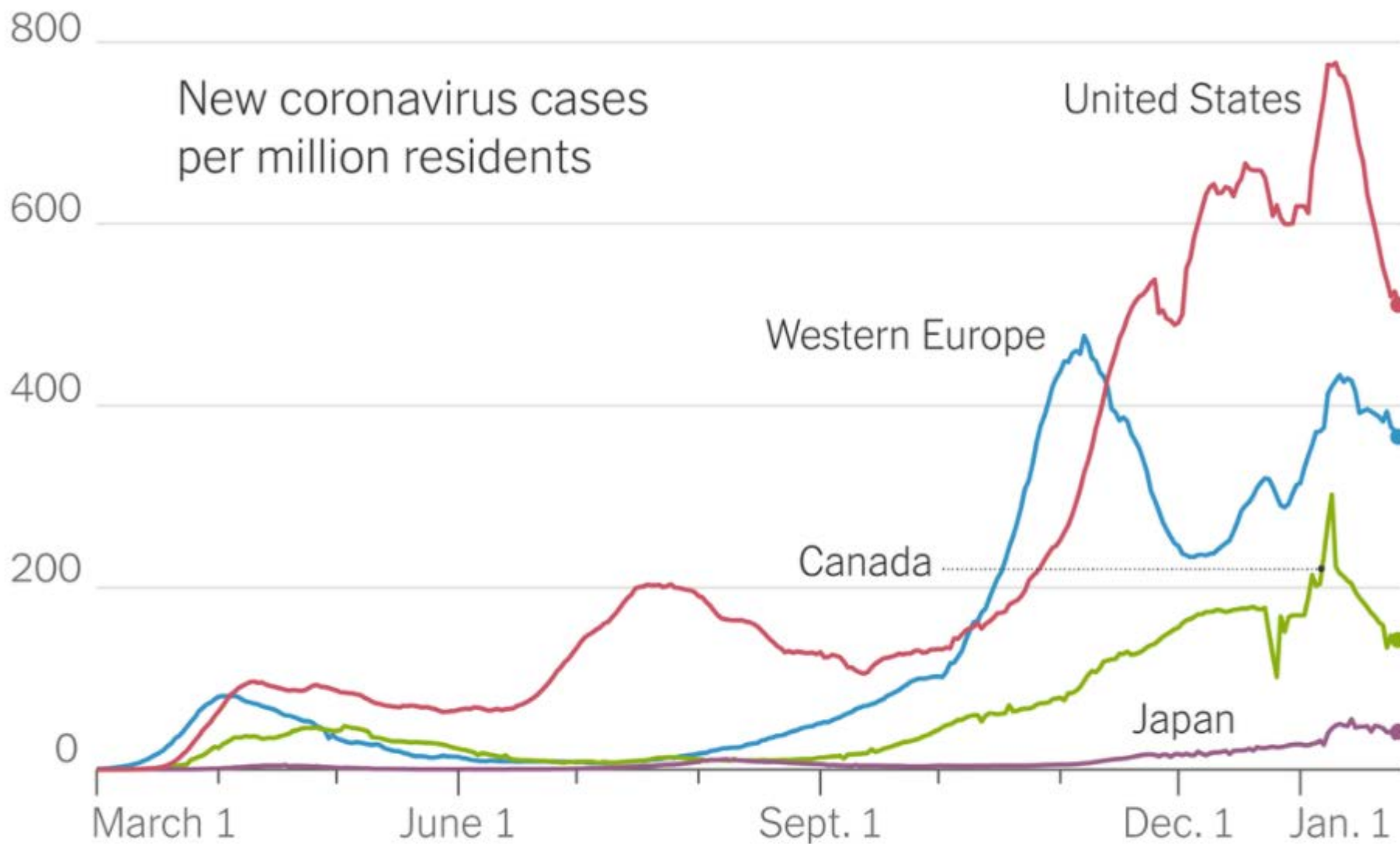


Chart shows averages of previous seven days. Western Europe includes 11 countries, from Germany to Britain.

Important Items This Week

- ❖ Encouraging leading indicators, deaths are trailing indicator
- ❖ Hospitals have more non Covid patients
- ❖ Vaccines in Phase 1a and 1b and 1c but supply is short
- ❖ Opportunity to reduce hospitalization and treat patients using monoclonal antibodies
- ❖ Important to continue testing
- ❖ Emerging variants of Covid virus
- ❖ Continue using COVID-19-specific workflows to mitigate virus spread
- ❖ Health equity is still an issue
- ❖ Vaccine and mAb hesitancy are best addressed by trusted providers

Vaccine Administration



Maryland

DEPARTMENT OF HEALTH

COVID Vaccine Summary

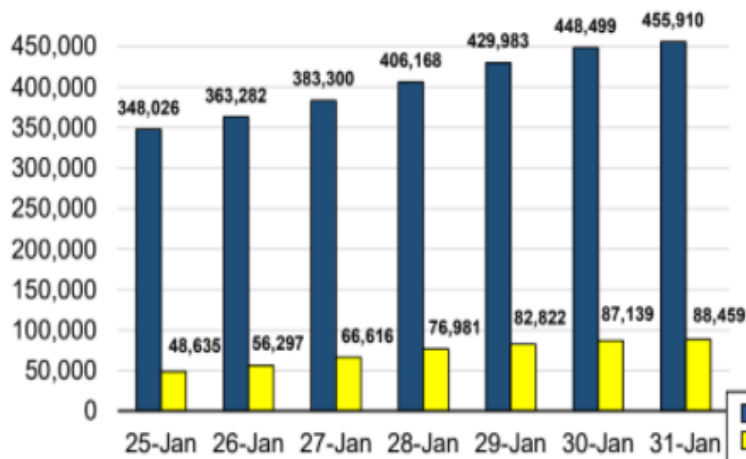
NUMBERS ARE PRELIMINARY AND SUBJECT TO CHANGE

Current as of: 02/01/2021

Current as of: 02/01/2021

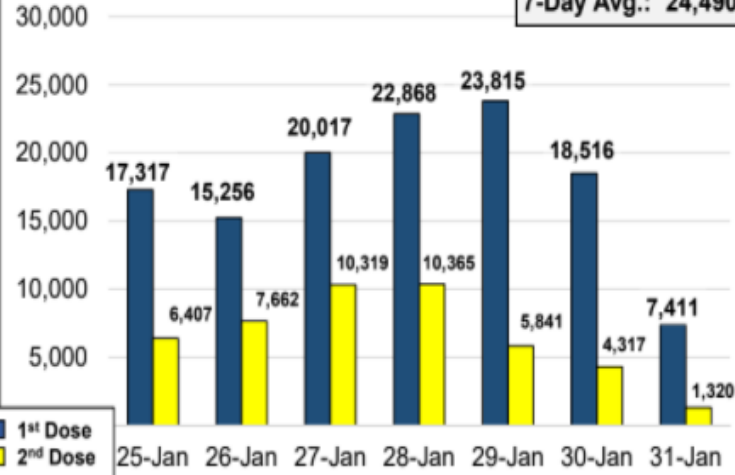
Vaccines Administered (Cumulative)

Cum. Total: 544,369

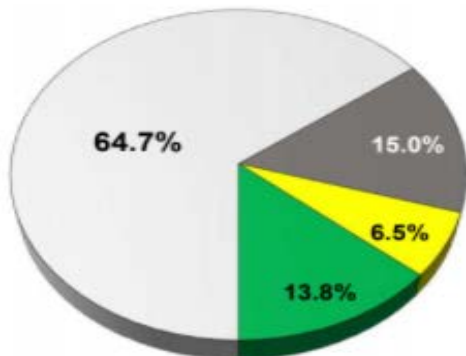


Vaccines Administered (Last 7 Days)

Daily Total: 8,731
7-Day Avg.: 24,490

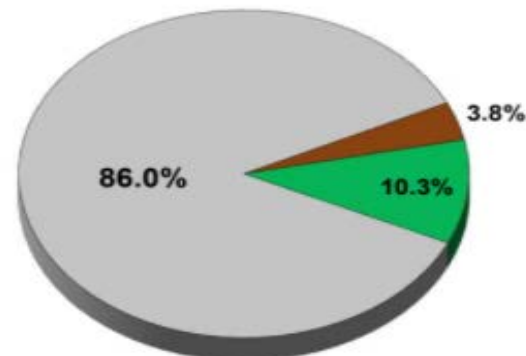


Race (Cumulative)



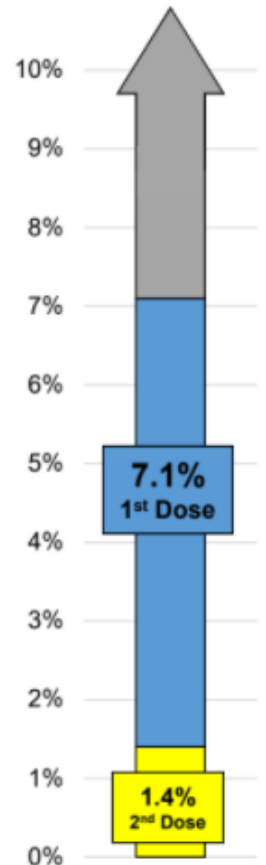
White Black Asian Other

Ethnicity (Cumulative)



Non-Hispanic Hispanic Other

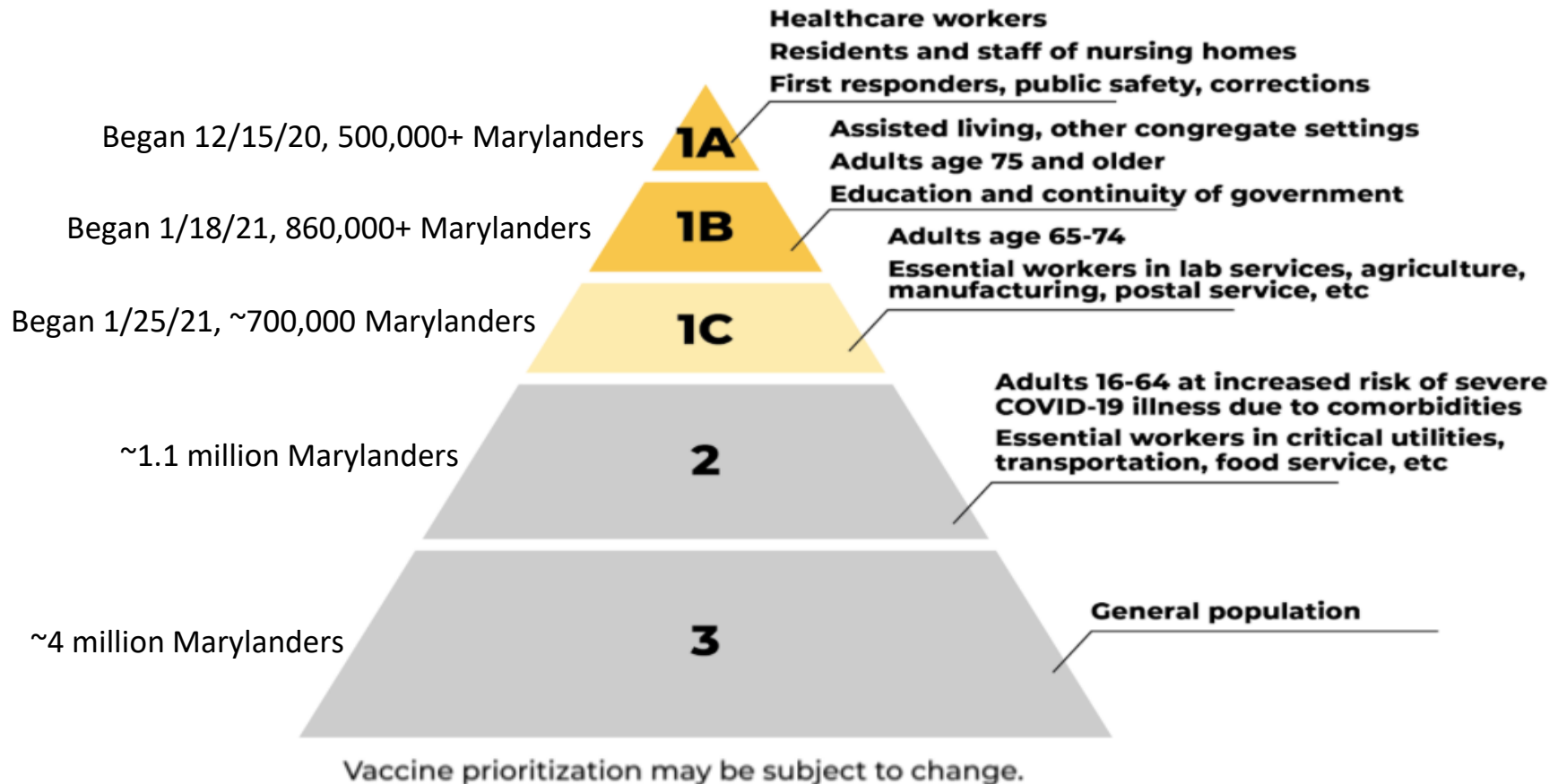
Percentage of Maryland Citizens Vaccinated



Projection and Current Allocation/Vaccination

- ❖ Currently allocation ~72,000 doses
- ❖ Week over week increase in percent population vaccinated- 2.3%
- ❖ Current level of vaccination- 7%
- ❖ Target for herd immunity- 70%
- ❖ Weeks to herd immunity at current rate- 27
- ❖ ETA Herd Immunity- week 32- September 2021
 - Sooner as vaccine rate increases
 - Sooner if count natural immunity
 - May be affected by variants, new vaccines

Priority Groups



Current Vaccines



<i>Schedule</i>	<ul style="list-style-type: none"> • Two dose regimen • 17-21 days apart (can extend) 	<ul style="list-style-type: none"> • Two dose regimen • 28 days apart (can extend)
<i>Indications</i>	<ul style="list-style-type: none"> • 16 years and older • Pregnant and lactating can be considered • Caution with those with h/o anaphylaxis 	<ul style="list-style-type: none"> • 18 years and older • Pregnant and lactating can be considered • Caution with those with h/o anaphylaxis
<i>Administration and Distribution</i>	<ul style="list-style-type: none"> • Ultracold storage, 5 days in refrigeration • 985 doses per box • 15 and 30 minute observation periods 	<ul style="list-style-type: none"> • Up to 30 days in refrigerator • 100 doses per box • 15 and 30 minute observation periods

Johnson and Johnson to follow (Likely February)

Future Vaccines

❖ Johnson and Johnson

- EFFICACY: 72% in United States, 66% in Latin America, 57% in South Africa
DOSE: 1 dose
TYPE: Muscle injection
STORAGE: Up to two years frozen at -4°F (-20°C), and up to three months refrigerated at $36-46^{\circ}\text{F}$ ($2-8^{\circ}\text{C}$).

❖ Astra- Zeneca- Oxford

- VACCINE NAME: AZD1222 (also known as Covishield in India)
EFFICACY: 62% to 90%, depending on dosage
DOSE: 2 doses, 4 weeks apart
TYPE: Muscle injection
STORAGE: Stable in refrigerator for at least 6 months

Current Vaccine Providers

- ❖ Local Health Departments
- ❖ Hospitals
- ❖ National Pharmacy Chains- SNF and LTC facilities
- ❖ Local Pharmacies
- ❖ Kaiser
- ❖ FQHCs
- ❖ State Mass vax sites- soon
 - FedEx Field
 - M/T Stadium

Primary Care Practice Preparation for COVID-19 Vaccinations



- Wearing masks and social distancing help reduce your chance of being exposed to the virus or spreading it to others, but these measures are not enough. Vaccines boost your immune system so it will be ready to fight the virus if you are exposed.
- Getting a COVID-19 vaccine may help keep you and your patients from getting seriously ill even if you do get COVID-19.

STEPS

1. Complete ImmuNet requirements *including site onboarding AND vaccinator registration (vaccination ordering not available currently)*
2. Educate and encourage your team to get vaccinated *as part of the Maryland Vaccination Priority Phase 1A*
3. Direct your patients to a vaccination site *by identifying patients for each vaccination priority phase*

Current Phase:

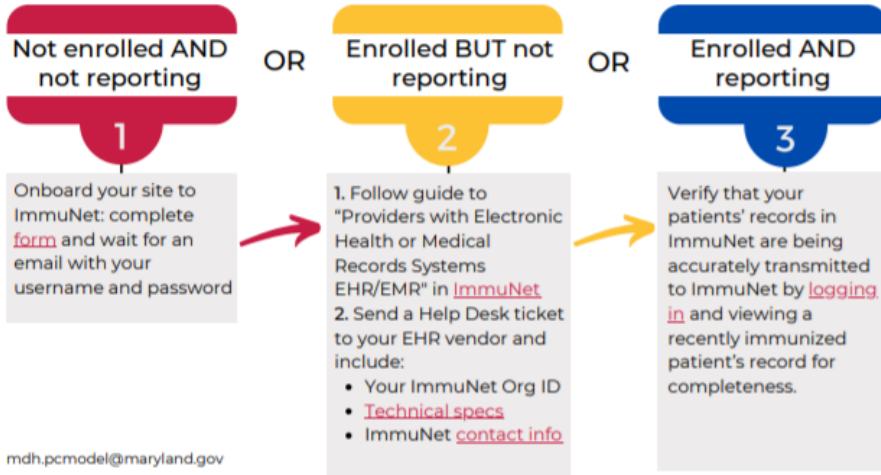
1C

as of 1/25/21

STEP 1: Complete ImmuNet Requirements

1A: Onboard your site to ImmuNet

(Check with your MDPCP Practice Coach if you do not know your status)



mdh.pcmodel@maryland.gov

1B: Register as a vaccinator site (if you plan on administering vaccines) ** As of 1/19/21, currently not in effect

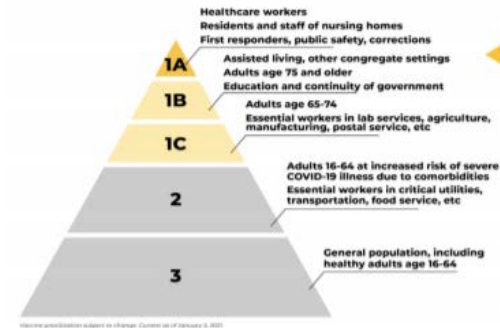


Vaccinator Resources

Manufacturer Storage and Handling - [Moderna](#) | [Pfizer](#)

Emergency Use Authorization Fact Sheets - [Moderna](#) | [Pfizer](#)

STEP 2: Educate and Encourage Your Team to Get Vaccinated



Healthcare workers are in prioritization Phase 1A and should contact their affiliated hospital system or Local Health Department to make arrangements for vaccination.



Educational Resources

1. COVID Vaccine Education and Equity Project: [Talking to Family and Friends about Covid-19 Vaccination](#)
2. CDC: [COVID-19 Vaccine Basics: What Healthcare Personnel Need to Know](#)
3. CDC: [Pfizer](#) and [Moderna](#) Product Info Sites
4. CDC: [Building Confidence in COVID-19 Vaccines Among Your Patients](#)
5. CDC: [Learn About the New mRNA COVID-19 Vaccines](#)

mdh.pcmodel@maryland.gov

STEP 3: Direct Your Patients



3A: Identify patients with COVID-19 vaccine priority criteria

1A

- All licensed, registered and certified health care providers
- Residents and staff of nursing homes
- First responders, public safety, corrections

1B

- Residents and staff of Assisted living facilities, independent living, and other congregate facilities
- Adults age 75 and older
- Education staff, including K-12 teachers, support staff and daycare providers
- People in Continuity of government
- Law enforcement and firefighters, EMS
- Correctional health care staff and officers
- Front line judiciary staff

1C

- Adults age 65-74
- Essential workers in lab services, food/agriculture, manufacturing, postal service, grocery/convenience stores, public transit

2

- Adults 16-64 at increased risk of severe COVID-19 illness due to comorbidities
- Essential workers in critical utilities, transportation, food service, etc

3

- General population, including healthy adults age 16-64

Vaccine prioritization may be subject to change. The state has adopted a rolling vaccine allocation model, meaning it may not wait for every member of a particular group to get vaccinated before moving ahead; individuals will still have the opportunity to be vaccinated in subsequent phases.

3B: Share information on vaccination sites

Vaccine locator and scheduling site: covidvax.maryland.gov

Instruct your patients to schedule directly with the hyperlink listed above. Please note that vaccine supply and appointment availability are limited currently.

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
- ❖ Evidence suggests use of mAb products in **OUTPATIENT** settings to **REDUCE HOSPITALIZATION**

Monoclonal Antibody Referrals

- ❖ Early evidence suggests promise of mAb products in **OUTPATIENT** settings to **REDUCE HOSPITALIZATION**
- ❖ mAbs **likely to be most beneficial if given to patients early** in symptom progression

Keep [this reference document](#) handy for quick info on mAb referrals

Primary Care Practice referrals to Monoclonal Antibody Infusions

- Monoclonal antibodies (mAbs) directly neutralize the COVID-19 virus and are intended to prevent the progression of disease
- mAbs are 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**

Process to refer your patients

- 1. Review patient eligibility criteria**
for patients with mild-moderate symptoms. Full criteria listed by FDA ([Bamlanivimab](#), [Casirivimab](#) and [Imdevimab](#)).
- 2. Perform a COVID-19 PCR or Point-of-Care Rapid Antigen Test**
(POC Antigen Tests can be supplied by MDH: complete this [form](#) if interested).
- 3. Refer your positive patients to a partnering infusion site* ASAP**
to start treatment within 10 days of onset of symptoms.

Option 1

Send an e-Referral via the CRISP Unified Landing Page ([Starter guide: pp. 1-7, 24-34](#))

OR

Option 2

Complete this [referral form](#) and submit directly to infusion site

Adult Eligibility Criteria

At least 1 of the following:

1. BMI ≥ 35 ;
2. Chronic kidney disease;
3. Diabetes;
4. Immunosuppressive disease;
5. Receiving immunosuppressive treatment;
6. Age ≥ 65 years; OR
7. Age ≥ 55 years AND have any of the following:
 - Cardiovascular disease
 - Hypertension
 - COPD/other chronic respiratory disease

★ As of 1/19/21, sites are as follows (in alphabetical order): Adventist – Takoma Park, Atlantic General, Baltimore Convention Center Field Hospital, MedStar Southern Maryland, Meritus Health, Peninsula Regional-Tidal Health, UMPC

mdh.pcmol@maryland.gov



Monoclonal Infusion Sites

- ❖ Hospital based sites – 10+
- ❖ Alternative Sites- 2
- ❖ Independent sites
- ❖ SNFs

2,525

**Maryland Monoclonal Antibody Infusion
Treatments Administered: Nov - Jan 24 2021**

- ❖ *Maryland has avoided 118 hospitalizations due to monoclonal antibody infusions (number needed to treat = [21.3](#))*
- ❖ *A total of approximately 188 infusions have occurred in the nursing home settings (out of the 2,525 infusions)*
- ❖ *Approximately 25% of monoclonal antibody treatment received in state has been utilized at this point in time*

Updated as of 1/26/2021 for previous weeks (11/23 – 1/24/2021)

Figure 1. Summary Distribution of Infusion Sites across Maryland by Region



Note: Blue indicated established hospital-based infusion sites.
Purple indicates planned regional subsidiary sites.

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CRISP eReferral Tool for Monoclonal Infusion Treatment

- ❖ Allows providers and select members of their staff to refer patients to Monoclonal Antibody Infusion Sites
 - Garrett Regional Memorial will begin using it on 2/2/2021
 - Charles Regional Memorial will begin using it in about a week
 - Not used by Baltimore Convention Center Field Hospital and Hatzalah of Baltimore
 - All other sites use the tool
- ❖ [Monoclonal Antibody eReferral Instructions](#)

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

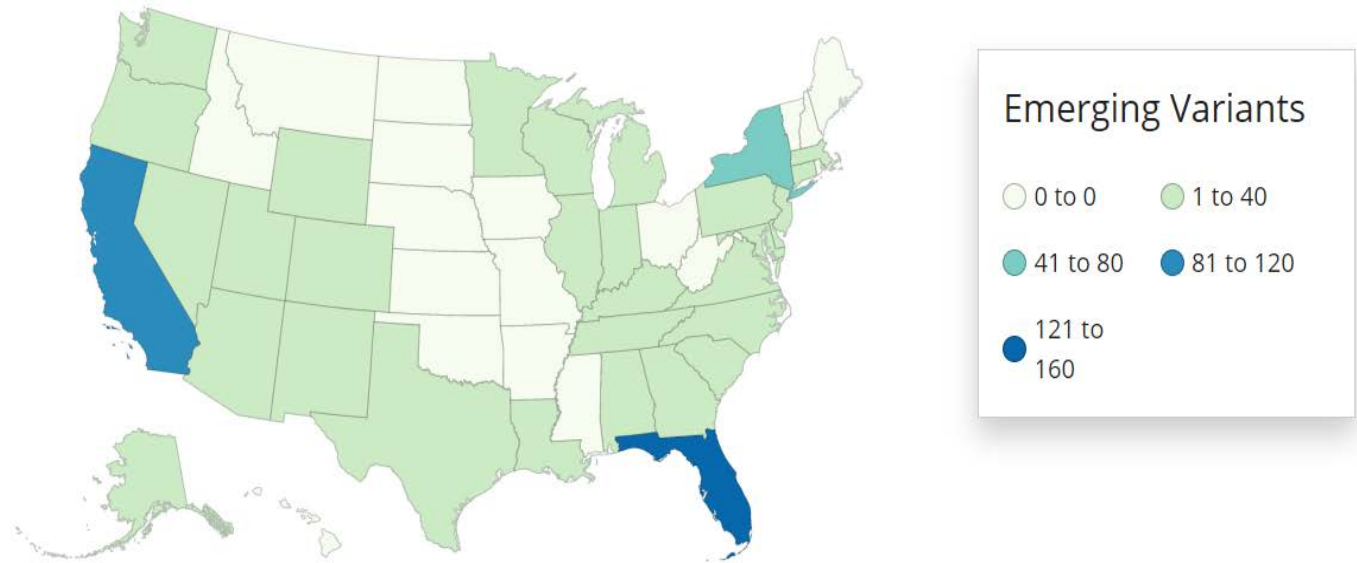
- ❖ Tests provided to practices willing to test and refer symptomatic patients eligible for mAb therapy
- ❖ Interested practices should fill out this [Google Form](#) as soon as possible
 - After filling out the form, Maryland Department of Health staff will contact you with next steps
- ❖ More information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

Multiple COVID-19 variants are circulating globally

B.1.1.7	1.351	P.1
<ul style="list-style-type: none">• Appears to have originated in the UK with an unusually large number of mutations• Was first detected in 9/2020• Spreads more quickly and easily than other variants• No evidence it causes more severe illness or increased risk of death• Highly prevalent in London and southeast England	<ul style="list-style-type: none">• Has emerged in South Africa, is independent of B.1.1.7• Originally detected in 8/2020• Shares some mutations with B.1.1.7• On 1/30/2021, Governor Larry Hogan announced there was a case of this variant in Maryland	<ul style="list-style-type: none">• Emerged in Brazil• Was identified in four travelers from Brazil, who were tested during routine screening at Haneda airport outside Tokyo, Japan• Contains a set of additional mutations that may affect its ability to be recognized by antibodies• One known case in the United States

Emerging Variants in the United States

Emerging Variant Cases in the United States*†

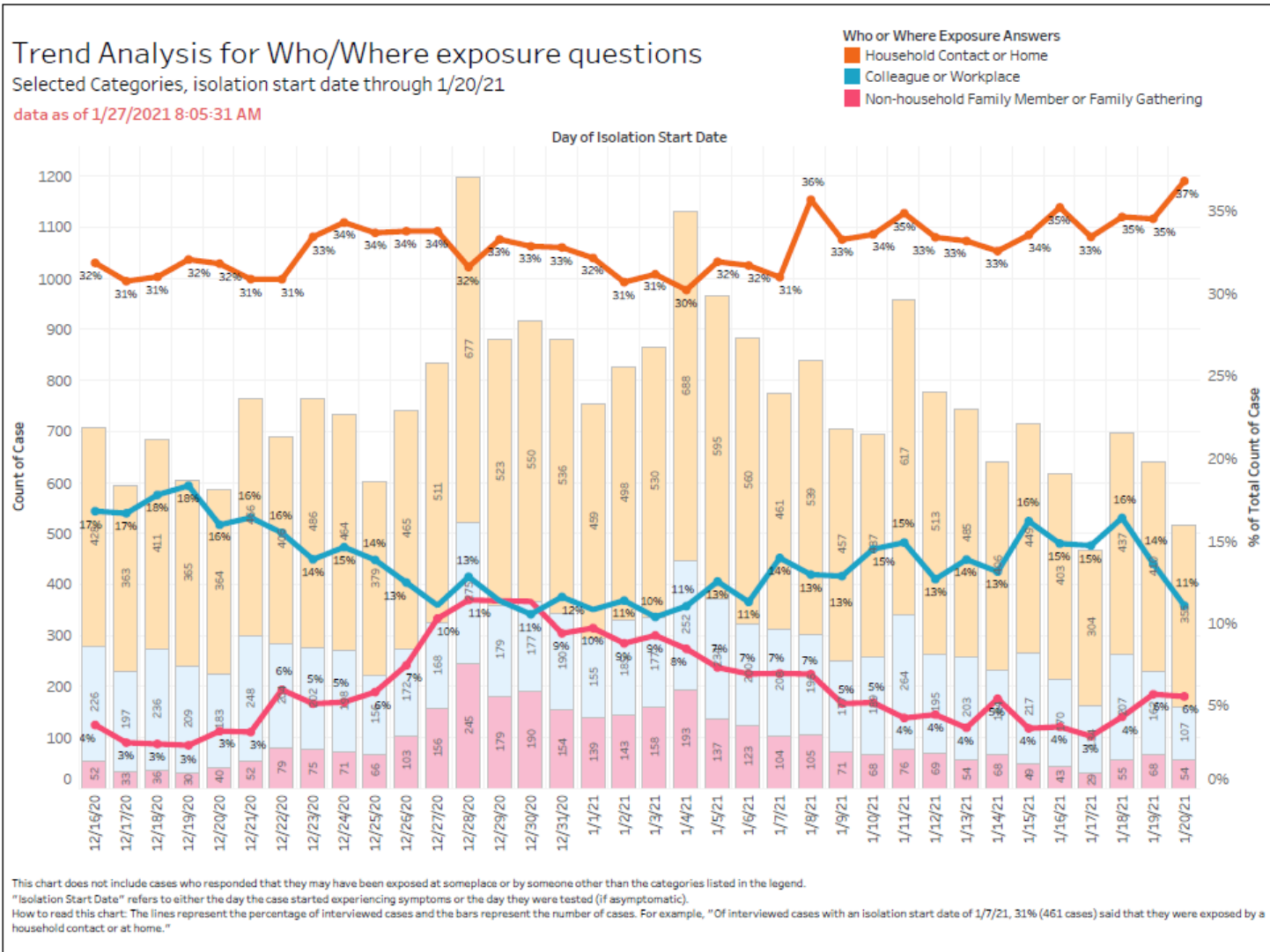


Territories AS GU MH FM MP PW PR VI



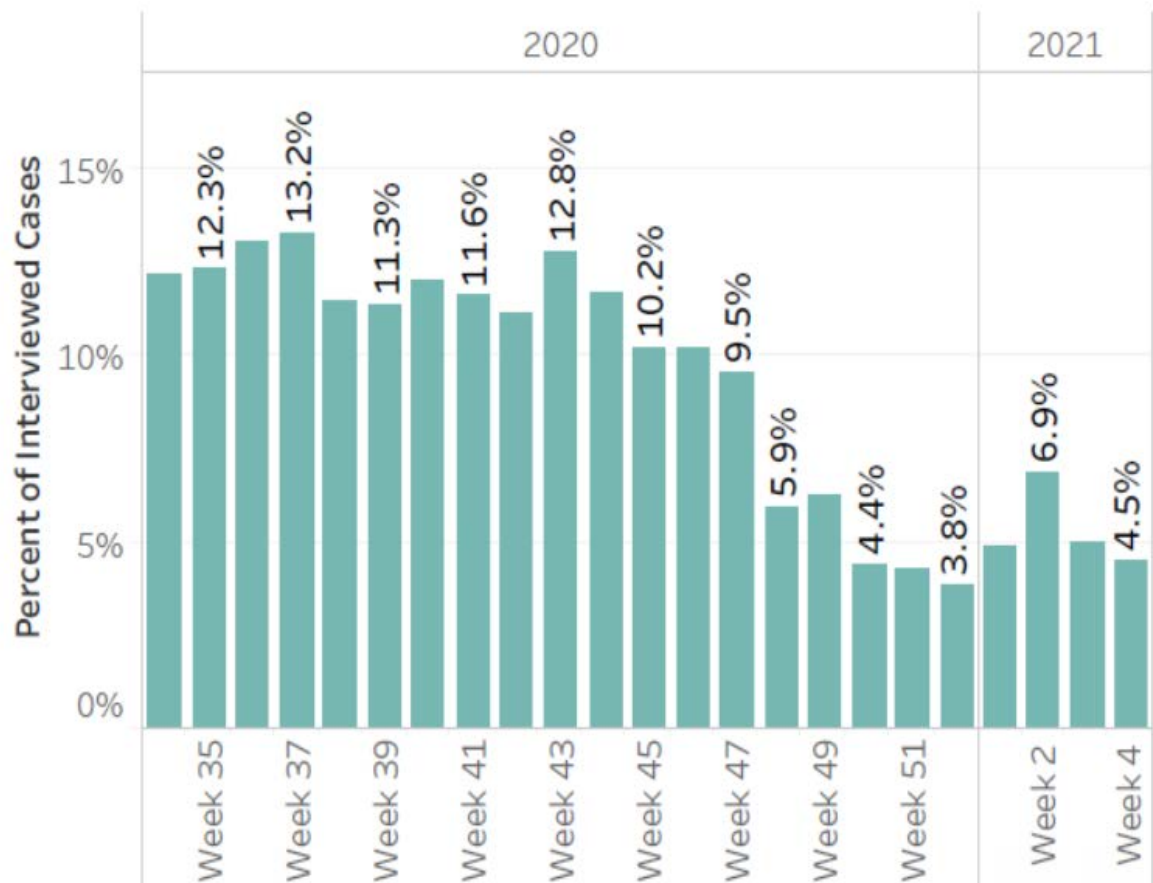
Variant	Reported Cases in US	Number of States Reporting
B.1.1.7	467	32
B.1.351	3	2
P.1	1	1

Contact Tracing- Source



Contact Tracing- Out of State Travel

Travel by Week, 8/16/20 to 1/23/2021



land


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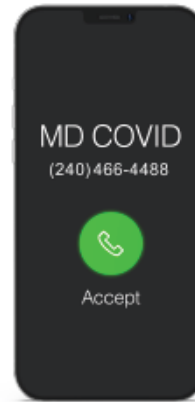
Thank You for Getting Tested for COVID-19

Follow directions from your testing facility on when and how you will receive your test results.



What Happens Next

- ▶ **Stop the spread.** Stay at home and separate from others if you were tested because you have symptoms or were exposed.
- ▶ **Identify the people you might have exposed.** Make a list of everyone you came in close contact with starting two days before your symptoms started or two days before your test date (if you don't have symptoms). Close contact means within 6 feet for a total of 15 minutes or more. If you test positive, a contact tracer will provide guidance to the people on the list.
- ▶ **Scan the QR code** and opt-in or download the MD COVID Alert app. 
- ▶ **Add MD COVID**, (240)466-4488, to your contacts.
- ▶ **Answer the call** when you see "MD COVID" or (240)466-4488 on your caller ID. If you test positive, a contact tracer will call you. Your participation helps slow the spread of COVID-19. **Any information you share is CONFIDENTIAL.**
- ▶ **Learn more** at covidlink.maryland.gov



**ADD
YOUR
PHONE.
FIGHT
COVID-19.**
**GET COVID-19
EXPOSURE ALERTS**

MD COVID
ALERT

Learn more about how contact tracing can fight COVID-19 at covidlink.maryland.gov

  @MDHealthDept
Updated 1/7/2021

 **Maryland**
DEPARTMENT OF HEALTH

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 and 7 days based on negative test (after 5 days)

Five things you can do to serve you patients

- 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 – POC for those eligible for mAb therapy**
- 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 plan for administration

Discussion and Q/A

- ❖ Last Flash Webinar next week
- ❖ Wednesday webinars continue through duration of Catastrophic Health Emergency declaration

Appendix

Resources and Links

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

Phased Approach

	Phase 1	Phase 2
<i>Vaccine availability</i>	Limited	Widespread
<i>Approach</i>	Targeted	Universal
<i>Vaccine available to:</i>	<ul style="list-style-type: none"> • Frontline healthcare workers • Other essential workers • Those at highest risk of developing complications from Covid-19 (ACIP high risk conditions) 	<ul style="list-style-type: none"> • General public
<i>Vaccine distribution by:</i>	<ul style="list-style-type: none"> • Local health departments • Hospitals • Vaccination clinics (through LHDs) • Essential employer work sites 	<ul style="list-style-type: none"> • Local health departments • Hospitals • Pharmacies • Primary care practices • Urgent care centers • School vaccination clinics

Current Vaccines



<i>Schedule</i>	<ul style="list-style-type: none"> • Two dose regimen • 17-21 days apart (can extend) 	<ul style="list-style-type: none"> • Two dose regimen • 28 days apart (can extend)
<i>Indications</i>	<ul style="list-style-type: none"> • 16 years and older • Pregnant and lactating can be considered • Caution with those with h/o anaphylaxis 	<ul style="list-style-type: none"> • 18 years and older • Pregnant and lactating can be considered • Caution with those with h/o anaphylaxis
<i>Administration and Distribution</i>	<ul style="list-style-type: none"> • Ultracold storage, 5 days in refrigeration • 985 doses per box • 15 and 30 minute observation periods 	<ul style="list-style-type: none"> • Up to 30 days in refrigerator • 100 doses per box • 15 and 30 minute observation periods

Vaccine Resources

- ❖ [CDC Covid-19 Vaccination Communication Toolkit](#) - ready made materials, how to build vaccine confidence, social media messages
- ❖ [New York Times Vaccine Tracker](#) - information on every Covid vaccine in development
- ❖ [New York Times Vaccine Distribution Tracker](#) – information on the distribution of Covid vaccines in the United States
- ❖ [MDH Covidlink Vaccine Page](#) - information on vaccine priority groups in Maryland
- ❖ [CDC Vaccine Storage and Handling Toolkit](#)
- ❖ [Project ECHO Webinar](#) - webinar on vaccines and Long Term Care Facilities, relevant for primary care

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](#)

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 $\geq 85^{\text{th}}$ 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

Covid-19 Testing Information

- ❖ [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](#)

Emerging Virus Variant

- ❖ Known as B.1.1.17
- ❖ Was first noticed in Britain. The number of B.1.1.17 cases have grown significantly there and in South Africa
- ❖ Has appeared in more than 30 countries, including the United States and Maryland
- ❖ B.1.1.17 variant seems to be between 10 percent and 60 percent more transmissible than the original virus

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

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

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**

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

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](#)

Personal Protective Equipment (PPE) Sources and Requests

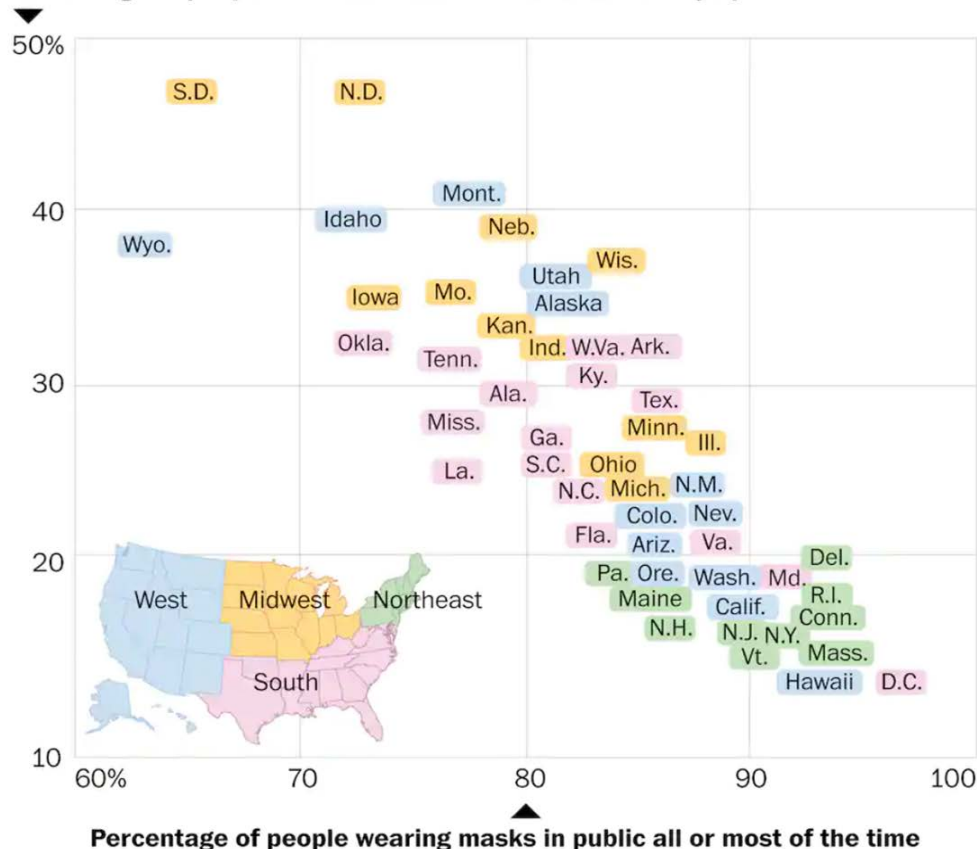
- ❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery
- ❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](#), an online platform that helps connect Maryland suppliers with buyers in need of critical resources
- ❖ For additional business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

Masks and Distancing Remain Critical

Masking up

Fewer covid-19 symptoms reported in states with higher rates of mask use.

Percentage of people who know someone with covid-19 symptoms



Data as of Oct. 19

Source: Delphi CovidCast, Carnegie Mellon University

THE WASHINGTON POST

❖ IHME model:

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

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](#)



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

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

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](#)

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](#)

Staying Current - Sources

- ❖ [CDC](#)
- ❖ [MDH Covid-19 information page](#)
- ❖ [MDPCP Covid-19 webpage](#)
- ❖ Local Health Departments
- ❖ [CONNECT](#)
- ❖ Clinician Letters
- ❖ Multiple Resource Links in Appendix

MedChi/CareFirst/Backline Grant

CareFirst BlueCross BlueShield (CareFirst) and the Maryland State Medical Society (MedChi) launched a grant program that will equip additional Maryland physicians with the technology they need to provide needed virtual care during the Covid-19 pandemic and beyond

Eligibility Requirements

- The medical practice and medical license are in Maryland
- The medical practice is a private, independent group of five or fewer physicians
- The practice enrolls in Backline after March 1, 2020 as the result of the Covid-19 crisis
- MedChi has confirmed the practice's enrollment with DrFirst
- Enrollment in Backline occurs before December 31, 2020

Application Steps

Can be completed in less than 5 minutes

- Complete the application linked [here](#)
- Email completed application to amullin@medchi.org
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

Grant Amount

\$300 per eligible physician



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

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/>)