



Covid-19 and Equity Update

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

10 March 2021

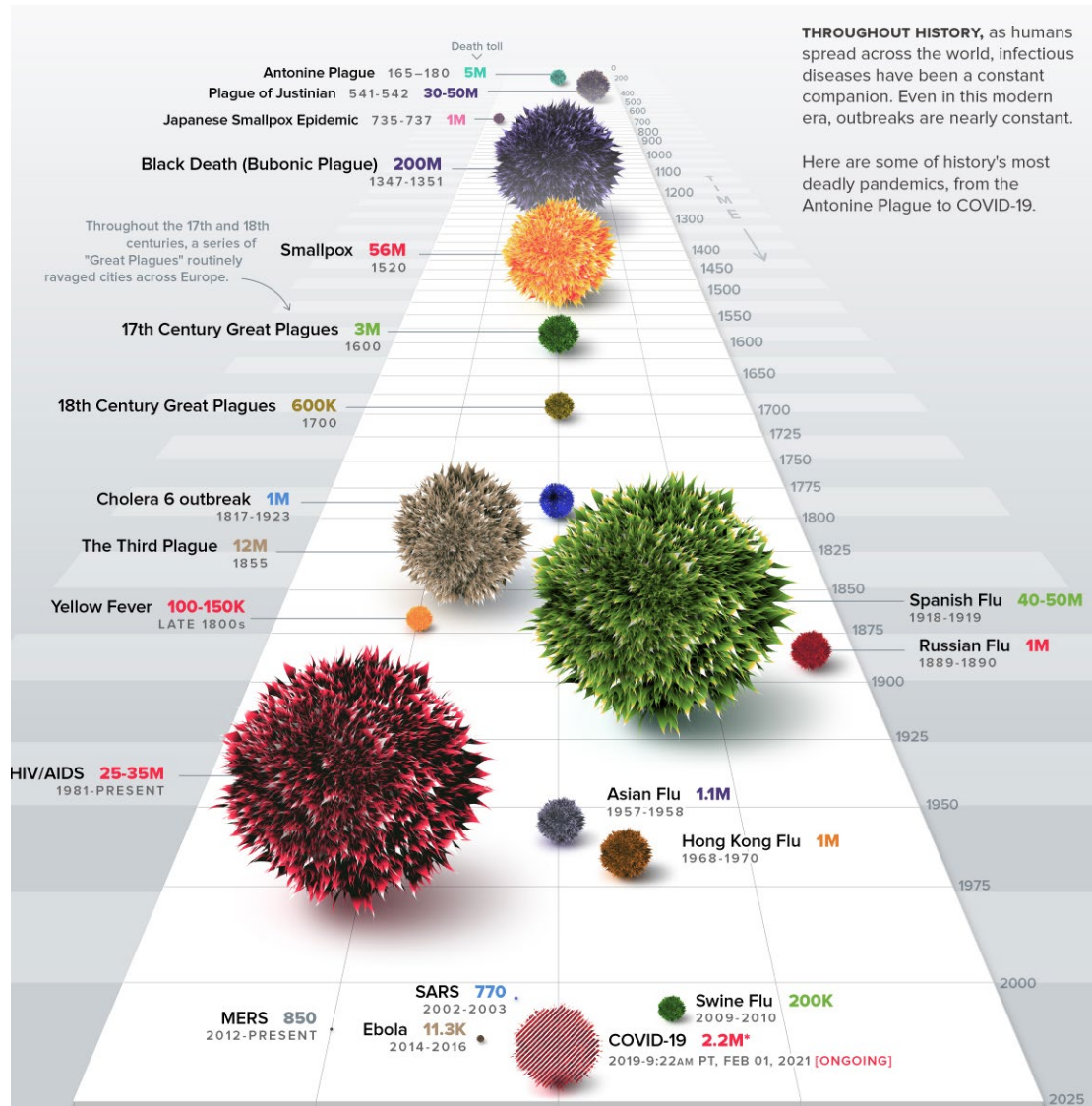
Vaccine Equity



Pandemics on the Rise

- ❖ Growing population and urbanization
- ❖ Encroaching into new environments
- ❖ Climate change
- ❖ Global travel
- ❖ Less equitable access to healthcare and later recognition of outbreaks in underserved areas

Pandemics in Time and Impact (increasing in frequency)



Source: 4
<https://www.visualcapitalist.com/history-of-pandemics-deadliest/>

Important Items This Week

- ❖ Covid epidemiologic indicators improved
- ❖ Vaccines in Phase 1c supply increasing
- ❖ Mass Vaccine sites open
- ❖ Monoclonal antibodies still appropriate for Covid + eligibles
- ❖ Now is the time to prepare for provider vaccination programs for greater access, greater acceptance, and equitable immunization

Daily COVID-19 Report

Data reported as of 3/10/2021 for data through 3/9/2021

389,566

cases cumulative

8,160,986

tests cumulative

13.3

7-day avg. case rate

6,965

total hospital adult census

7,820

deaths cumulative

900

cases reported yesterday

23,412

tests reported yesterday

3.61%

7-day avg. positivity

374

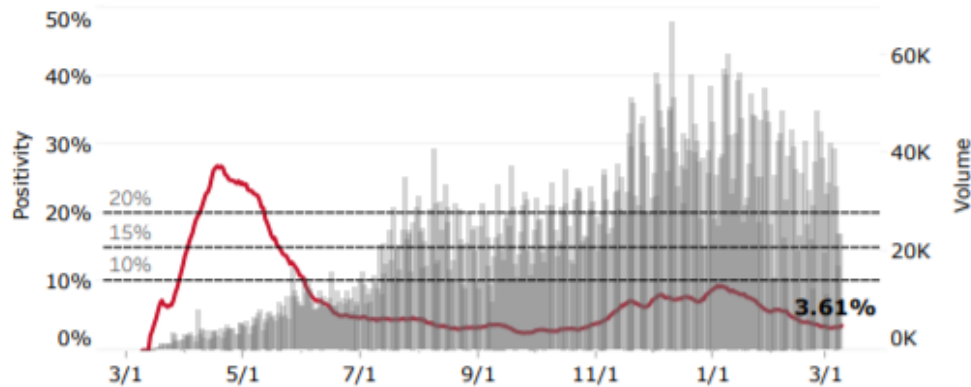
change in total hospital census

14

deaths reported yesterday

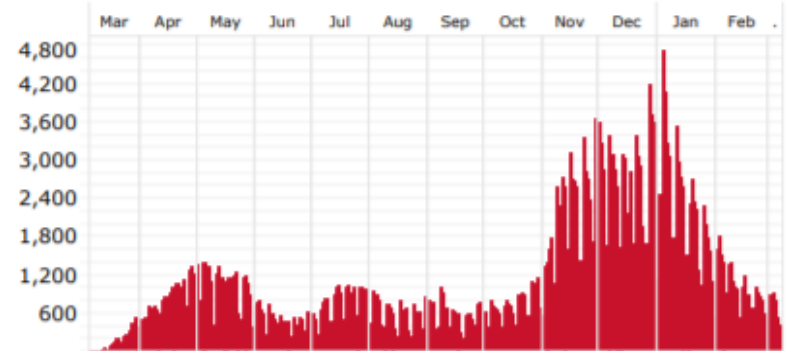
7-Day Avg. Percent Positivity and Total Testing Volume

Since 3/1/20

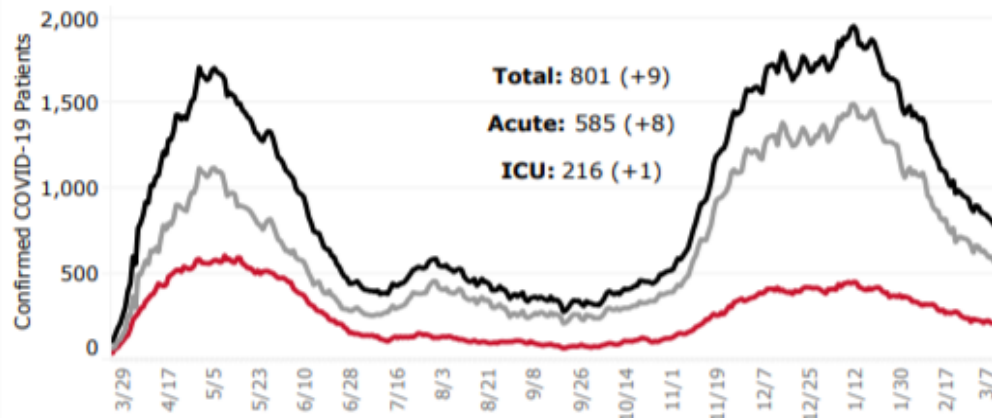


Daily New Cases

by Specimen Collection Date



Statewide Acute/ICU Beds Occupied by COVID Patients



Daily Deaths

Confirmed and Probable

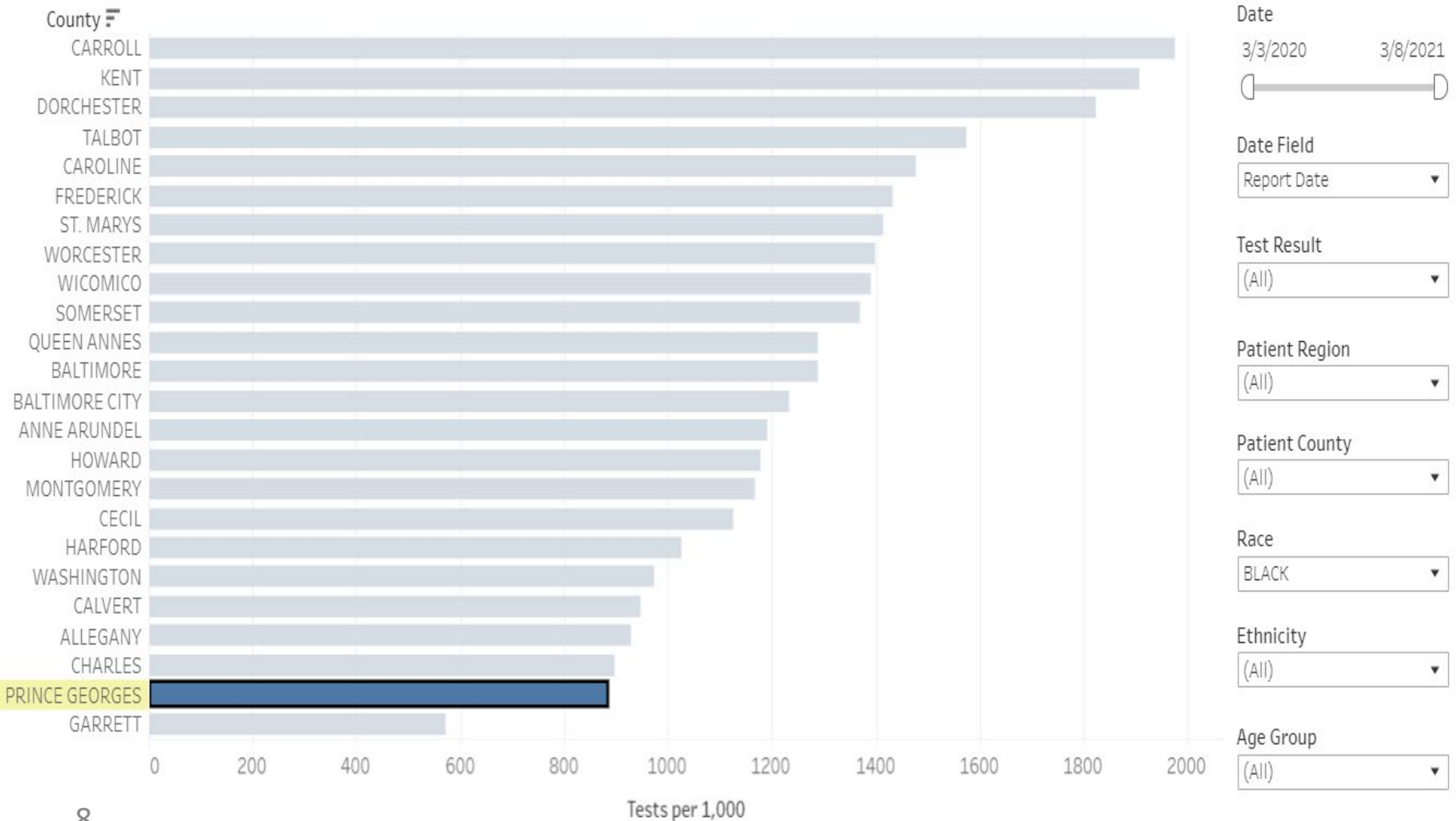


Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

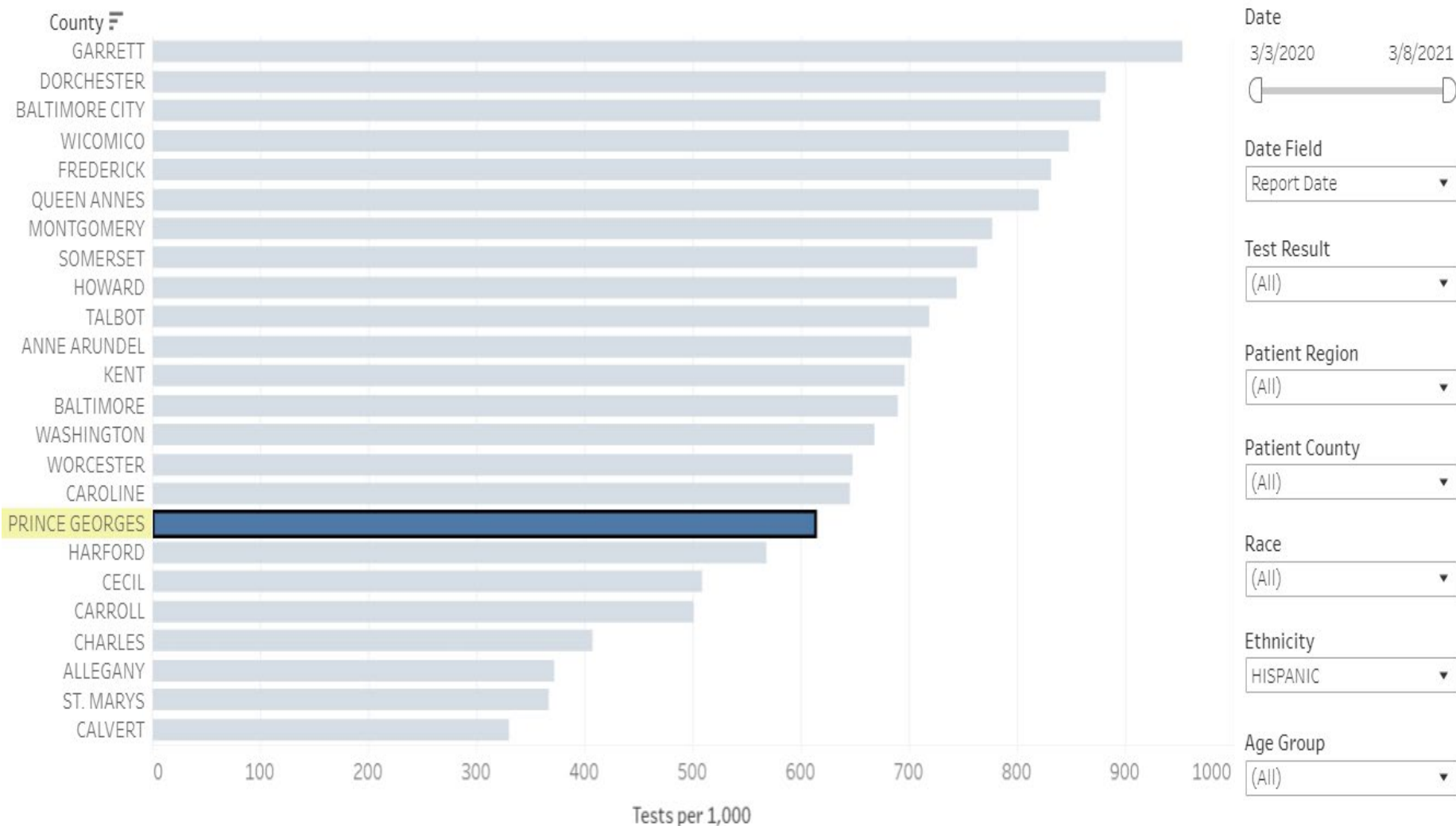
Lack of Equity During Covid-19

- ❖ Testing- less
- ❖ Cases-more
- ❖ Hospitalization-more
- ❖ Deaths- higher rates
- ❖ Vaccination- lower rates
- ❖ Other therapies - mAbs

African American Covid Testing / 1000



Hispanic Covid Testing / 1000



Maryland Resident Recorded COVID-19 Deaths

Reported as of March 9, 2021 at 5:00pm

Race / Ethnicity	Confirmed		Probable*		Race / Ethnicity	Population by Race 2019	Mortality Rate per 100,000 population**
	Number	% of Total	Number	% of Total			
Hispanic	717	9%	15	8%	Hispanic	643,822	111.4
NH Black	2,684	34%	65	36%	NH Black	1,866,852	143.8
NH White	4,014	51%	95	52%	NH White	3,090,330	129.9
NH Asian	273	3%	7	4%	NH Asian	426,593	64.0
NH Other	81	1%	0	0%	NH Other		
Unknown	51	1%	0	0%	Unknown		

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

**Based on confirmed COVID-19 deaths.

Vaccine Administration



DEPARTMENT OF HEALTH

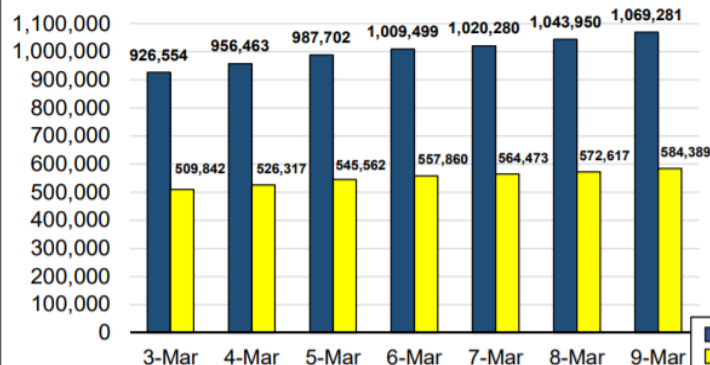
COVID Vaccine Summary

NUMBERS ARE PRELIMINARY AND SUBJECT TO CHANGE

Current as of: 03/10/2021

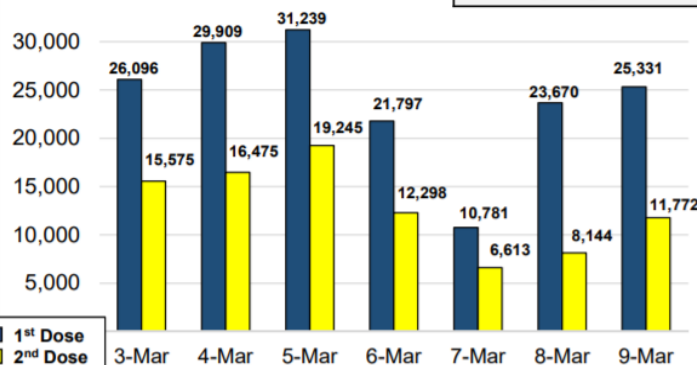
Vaccines Administered (Cumulative)

Cum. Total: 1,653,670

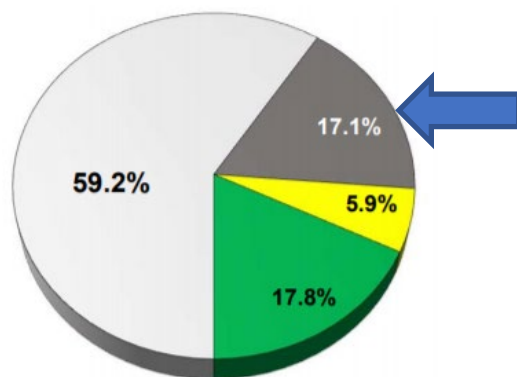


Vaccines Administered (Last 7 Days)

Last Day Total: 37,103
7-Day Avg.: 36,992

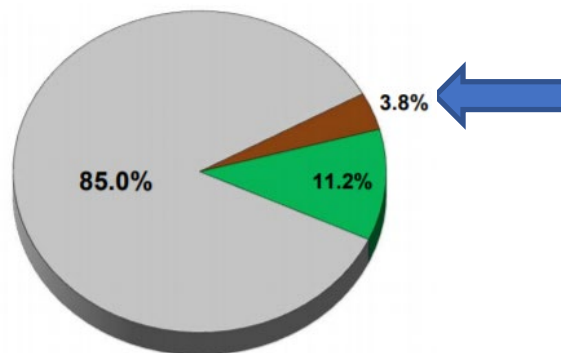


Race (First Dose)



White Black Asian Other

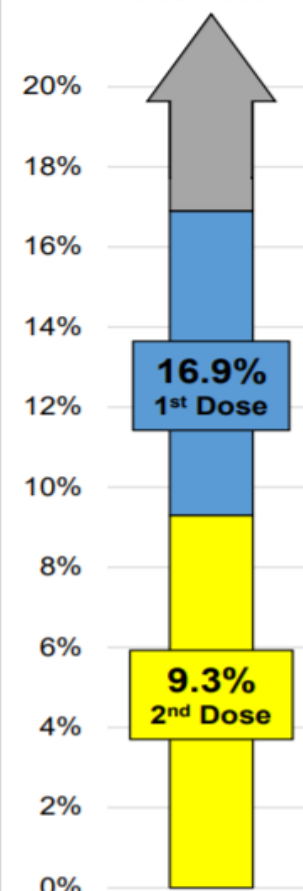
Ethnicity (First Dose)



Non-Hispanic Hispanic Other

Current as of: 03/10/2021

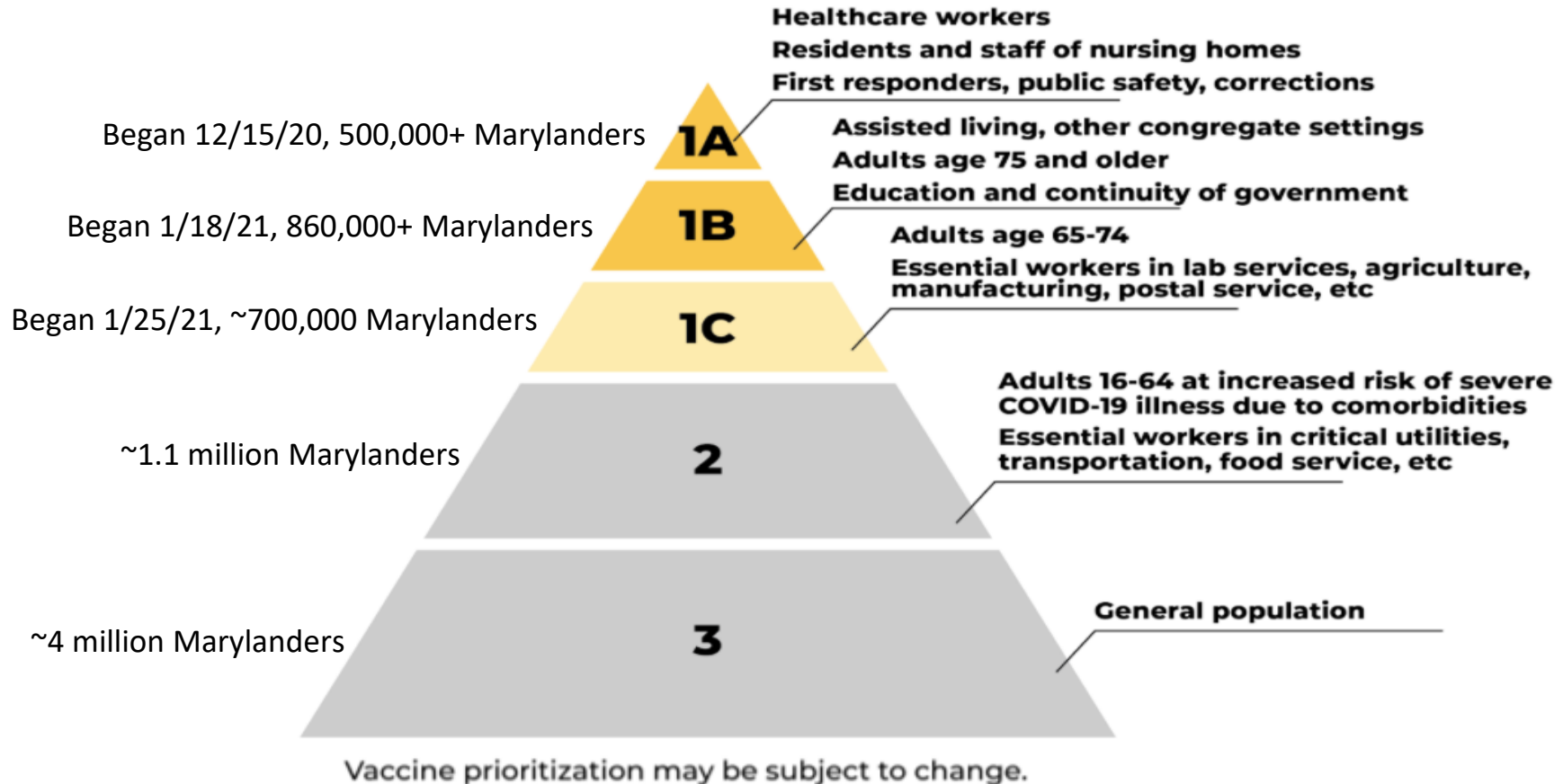
Percentage of Maryland Citizens Vaccinated



Equity call to action

- ❖ Equitable Access- make sure all of your patients know how to reach you during Covid for care, testing and/or referrals
- ❖ Use the CRISP Vaccine Tracking Tool to outreach to your African American and Hispanic patients about Covid vaccination
 - Reduce vaccine hesitancy
 - ❖ Address differential efficacy of vaccines
 - ❖ Become vaccinators

Priority Groups

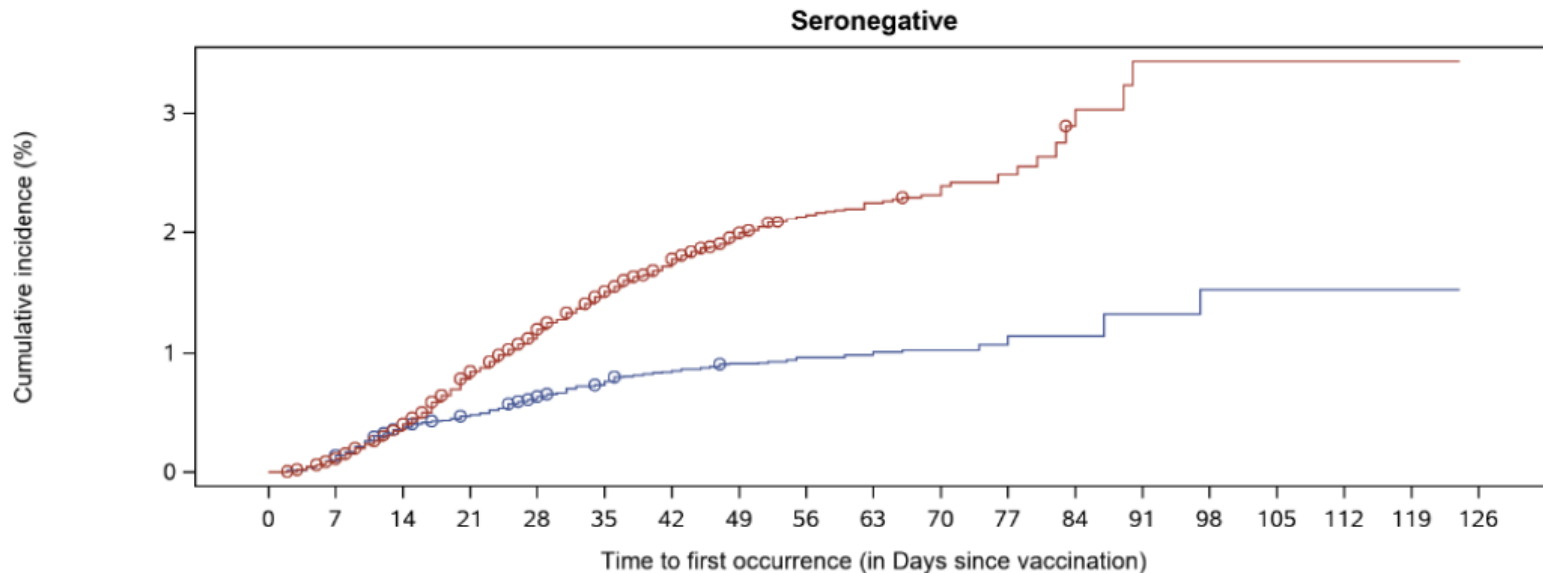


J and J Vaccine Efficacy

- ❖ Primary endpoint - 66.9% (95% CI 59.0, 73.4) when considering cases occurring at least 14 days after the single-dose vaccination and 66.1% (55.0, 74.8) when considering cases occurring at least 28 days after vaccination.
- ❖ Secondary endpoints blind-adjudicated severe/critical COVID-19 occurring at least 14 days and at least 28 days after vaccination of 76.7% (54.6, 89.1) and 85.4% (54.2, 96.9), respectively demonstrated vaccine efficacy against central laboratory confirmed and
- ❖ In a post hoc analysis of all COVID-19 related hospitalizations starting 14 days after vaccination there were 2 cases in the vaccine group (with no cases after 28 days) compared with 29 cases in the placebo group (with 16 cases after 28 days). As of February 5, 2021, there were 7 COVID-19 related deaths in the study in the placebo group and no COVID-19 related deaths in the vaccine group.

J and J Vaccine compared to placebo

Figure 1. Cumulative Incidence Curve of Centrally Confirmed Moderate to Severe/Critical COVID-19 Cases With Onset at Least 1 Day After Vaccination, Full Analysis Set





**Primary endpoint - 66.9% (95% CI 59.0, 73.4)
when considering cases occurring at least 14
days after the single-dose vaccination and
66.1% (55.0, 74.8) when considering cases
occurring at least 28 days after vaccination.**

J and J vaccine safety

- ❖ injection site pain (48.6%)
- ❖ headache (38.9%)
- ❖ fatigue (38.2%)
- ❖ myalgia (33.2%)
- ❖ Rare tinnitus, thromboembolic events, not statistically different from control
- ❖ One case serious allergic reaction- not anaphylaxis


Next Potential Vaccines

	AstraZeneca 	NOVAVAX 
<i>Vaccine Type</i>	Viral Vector	Protein-Based
<i>Schedule</i>	<ul style="list-style-type: none">• Two dose regimen• 4 weeks apart	<ul style="list-style-type: none">• Two dose regimen• 3 weeks apart
<i>Efficacy</i>	<ul style="list-style-type: none">• 62% to 90%, depending on dosage	<ul style="list-style-type: none">• 89.3%, UK trial
<i>Storage</i>	<ul style="list-style-type: none">• Stable in refrigerator for at least 6 months	<ul style="list-style-type: none">• Stable in refrigerator

Current Vaccine Providers

- ❖ Local Health Departments
- ❖ Hospitals
- ❖ National Pharmacy Chains -
- ❖ Local Pharmacies
- ❖ Kaiser
- ❖ FQHCs
- ❖ State Mass vax sites
 - Baltimore Convention Center
 - M/T Stadium
 - Six Flags
 - Regency stadium
- ❖ Primary Care pilot week of 3/22/21

CRISP Vaccine Tracking Tool

 **VACCINE DATA SERVICE** Connecting *Providers with Technology* to Improve Patient Care

ENS Panel / MDPCP Practice: Demo Practice-1 [MDPCP Practice - 999999] Apply Hoye, Tim Logout

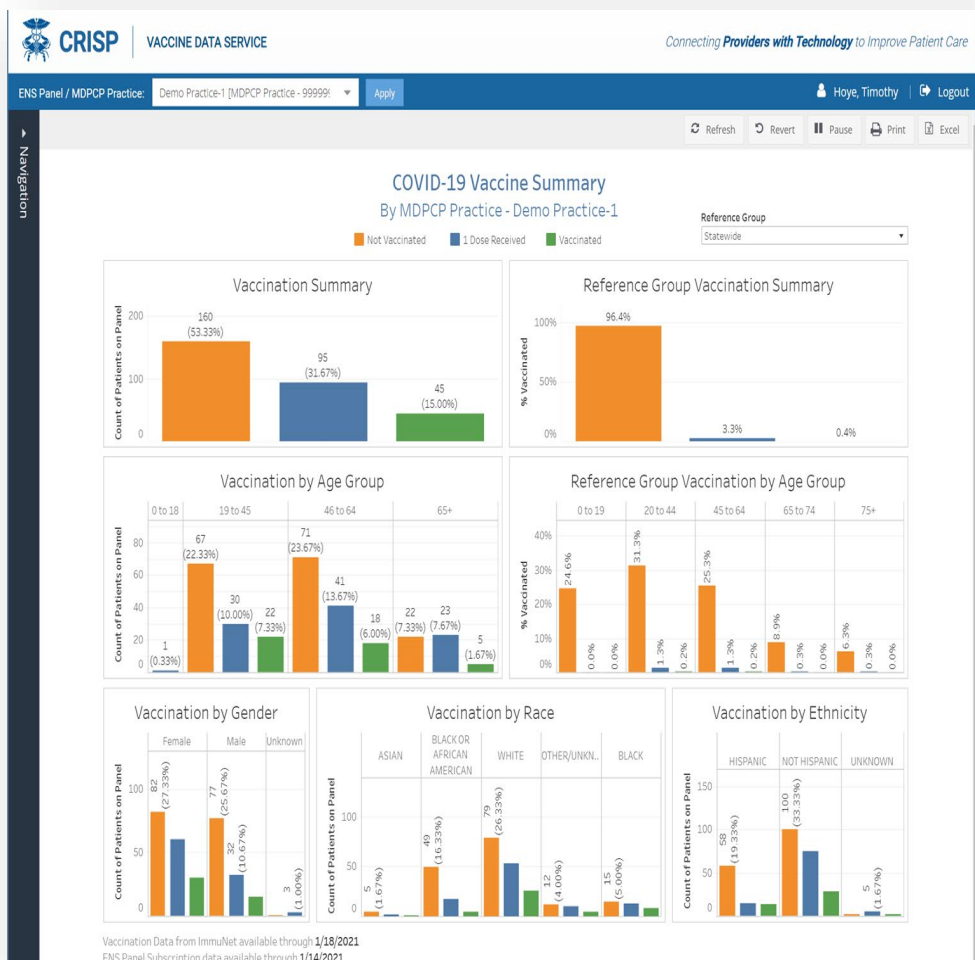
Vaccination data from ImmuNet available through **01/24/2021**
 ENS Panel Subscription data available through **01/14/2021**
 *Double click on row to edit

Quick Filter: Save Filters Clear Filters Excel Export

Patient Name ↑	Vaccine Status	Outreach Status	Notes	First Dose Vaccine Date	Final Dose Vaccine Date	Age	Chronic Condition Count	First Dose Vaccine	Final Dose Vaccine	First Dose Administering Facility
ALAN THOMAS	Not Vaccinated	1st Dose Scheduled	Called Patient on 1/25...			71	0			
ANNE THOMAS	Vaccinated			12/14/2020	01/11/2021	67	2	Pfizer - COVID-19, ...	Pfizer - COVID-19, m...	CVS Pharmacy S
ALAN THOMAS	1 Dose Received			01/04/2021		64	1	Moderna - COVID-1...		JH Howard Coun
ANNE THOMAS	Not Vaccinated	Vaccine Hesitant				44	0			
ANNE THOMAS	Vaccinated			12/15/2020	01/12/2021	93	0	Pfizer - COVID-19, ...	Pfizer - COVID-19, m...	CVS Pharmacy S
ANNE THOMAS	Not Vaccinated					62	0			
ANNE THOMAS	1 Dose Received			12/20/2020		62	5	Pfizer - COVID-19, ...		Walgreens #1511
ANNE THOMAS	1 Dose Received	Final Dose Outreach		12/27/2020		76	0	Moderna - COVID-1...		Anne Arundel Co
ANNE THOMAS	1 Dose Received			01/08/2021		62	0	Pfizer - COVID-19, ...		Holly Cross Hospi

- ❖ This tool is live now! User Guide Link:
<https://vacctrac.crisphealth.org/#help/User%20Guide>
- ❖ Vaccination data updated daily from ImmuNet (IIS)
- ❖ Includes patient demographics, Chronic Condition Flags to identify patients at high risk
- ❖ User editable status to track outreach efforts

CRISP Vaccine Tracking Tool



Summary Reports

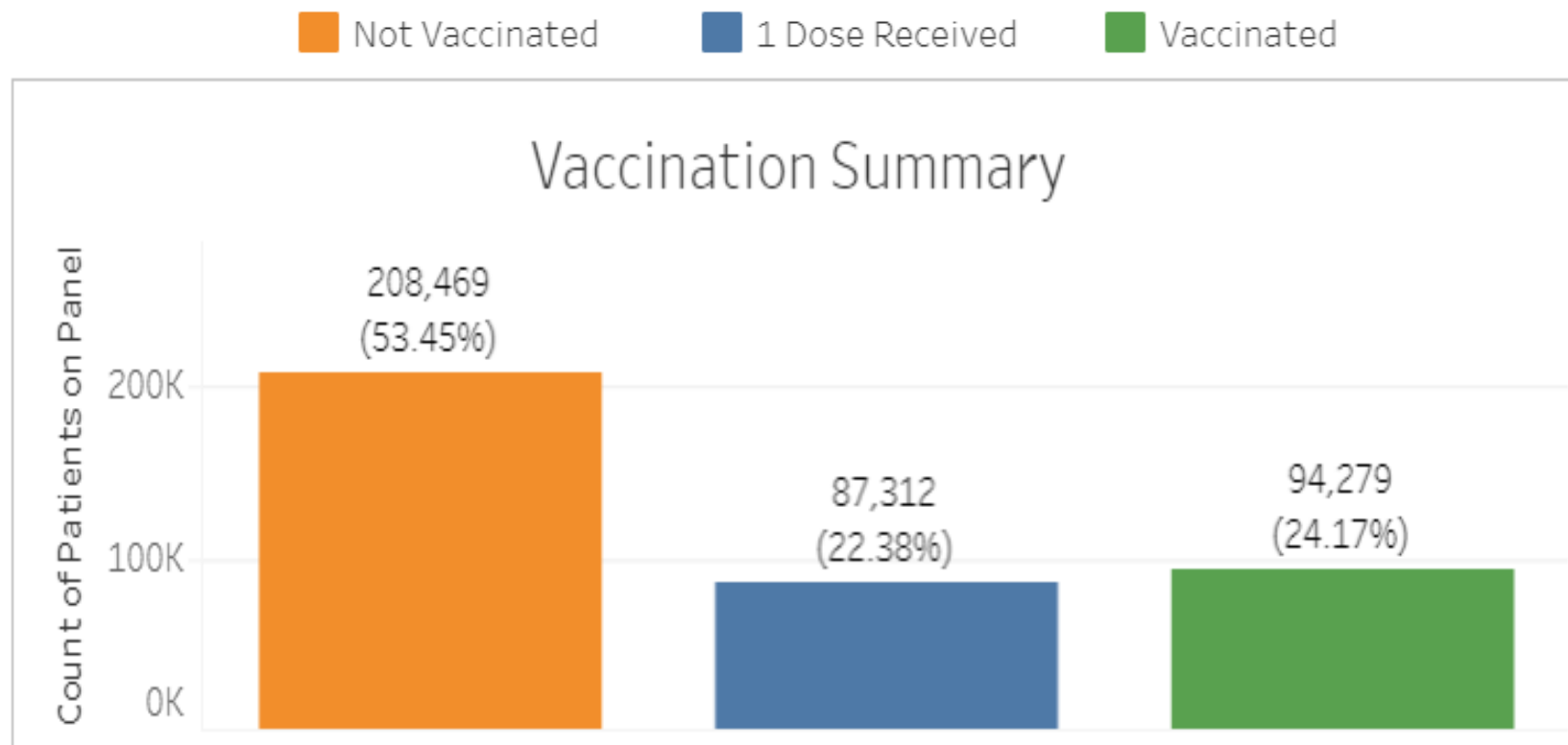
- ❖ Compare your Practice to MD Statewide population or relevant Peer Groups
- ❖ Compare by demographic fields
- ❖ Track a practice's patient vaccination status over time

Report Training Webinars

- ❖ [Friday 2/26, 10am](#)

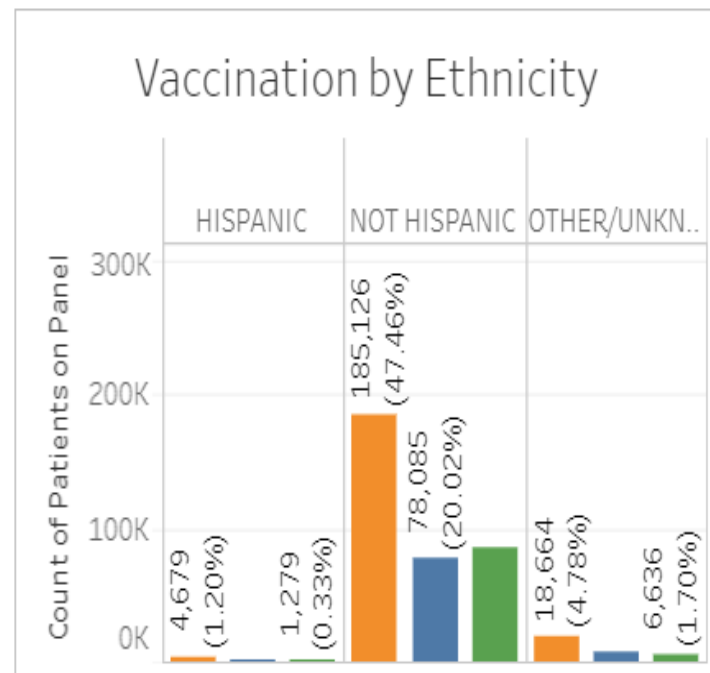
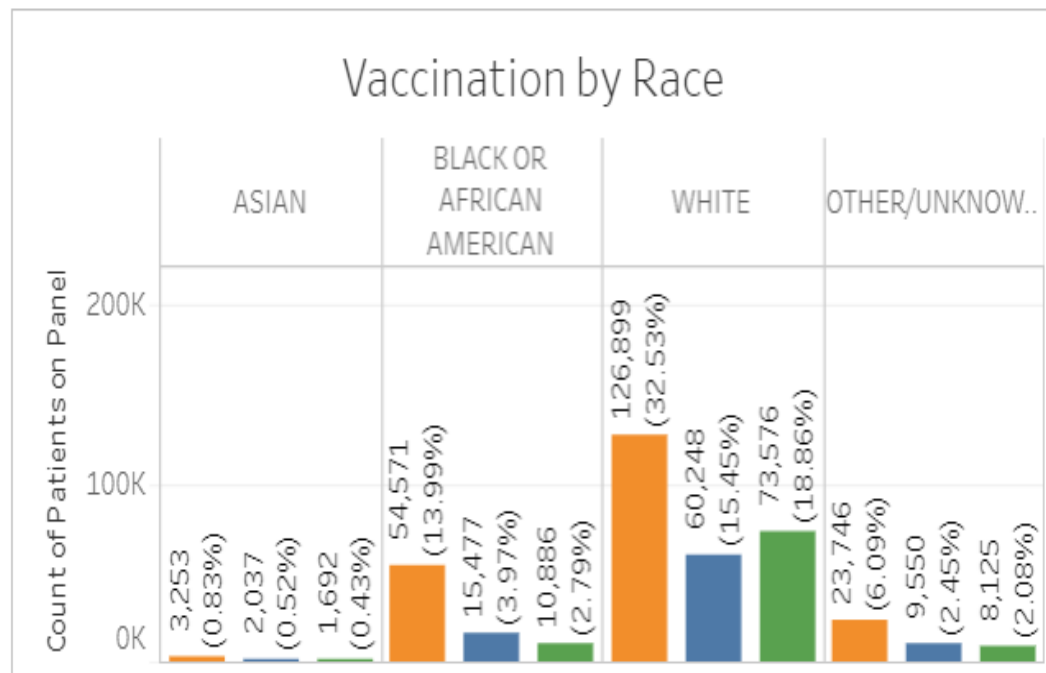
MDPCP Only - Vaccination Summary

Medicare Fee-For-Service Attributed Beneficiaries Only



MDPCP Only - Vaccination by Race & Ethnicity

Medicare Fee-For-Service Attributed Beneficiaries Only



Not Vaccinated

1 Dose Received

Vaccinated

COVID-19 Vaccination Support Center

- ❖ Maryland Departments of Health and Aging collaboration
- ❖ Designed to assist those without internet access to support Covid vaccination appointments
 - Available to all Marylanders who are eligible for a vaccine
- ❖ Open seven days a week, 7am-10pm
- ❖ Also targeting outgoing calls to segmented groups of seniors



**1-855-MDGOVAX
(1-855-634-6829)**

Register in ImmuNet to be a potential Covid-19 Vaccinator

- ❖ Please register **as soon as possible** if your practice plans to order vaccines
- ❖ [2/11 Provider Letter](#)
- ❖ [ImmuNet COVID19 Vaccine Registration Guide](#) (steps beginning page 2 for Non-VFC; page 5 for VFC)
- ❖ Registration completion does not mean the vaccine will immediately be available for ordering
 - Once ordering is open for all providers in ImmuNet, notification will be sent to all registered providers

MDPCP Practices fully onboarded in ImmuNet	365
MDPCP practices registered as Covid-19 vaccinators	137
Difference -- these are the practices that should register as a Covid-19 vaccinator now	228

CDC Public Health Recommendations for Fully Vaccinated People

- ❖ Individuals are fully vaccinated if
 - Two weeks or more has passed since they received the second Moderna or Pfizer dose
 - Two weeks or more has passed since they received the single-dose Johnson & Johnson vaccine
- ❖ Fully vaccinated people can
 - Visit with other fully vaccinated people indoors without wearing masks or physical distancing
 - Visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing
 - Refrain from quarantine and testing following a known exposure if asymptomatic

CDC Public Health Recommendations for Fully Vaccinated People

❖ Fully vaccinated should continue to

- Take precautions in public like wearing a well-fitted mask and physical distancing
- Wear masks, practice physical distancing, and adhere to other prevention measures when visiting with unvaccinated people who are at increased risk for severe COVID-19 disease or who have an unvaccinated household member who is at increased risk for severe COVID-19 disease
- Wear masks, maintain physical distance, and practice other prevention measures when visiting with unvaccinated people from multiple households
- Avoid medium- and large-sized in-person gatherings
- Get tested if experiencing COVID-19 symptoms

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

Health Care Provider 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 (Preferred)

Send eReferral via the CRISP Unified Landing Page
(Starter guide: pp. 1-7, 25-35)

OR Option 2

Complete referral form ([link](#) at top) and submit directly to infusion site

*(Infusion sites listed on next page)

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

CRISP eReferral Tool for Monoclonal Infusion Treatment

Referral Program

3 Organization
ABC Infusion Center

Programs
Bamlanivimab
Description for Infusion Center

Information about Bamlanivimab, including Fact Sheets and Manufacturer Instructions/Package Inserts for Healthcare Providers and for Patients/Parents/Care Givers, can be found at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs> (scroll to section on Drugs and Biologic Products).

- ❖ Allows providers to refer patients to Monoclonal Antibody Infusion Site
 - 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](#)

Emerging Variants in the United States

❖ # of Variant Cases in Maryland

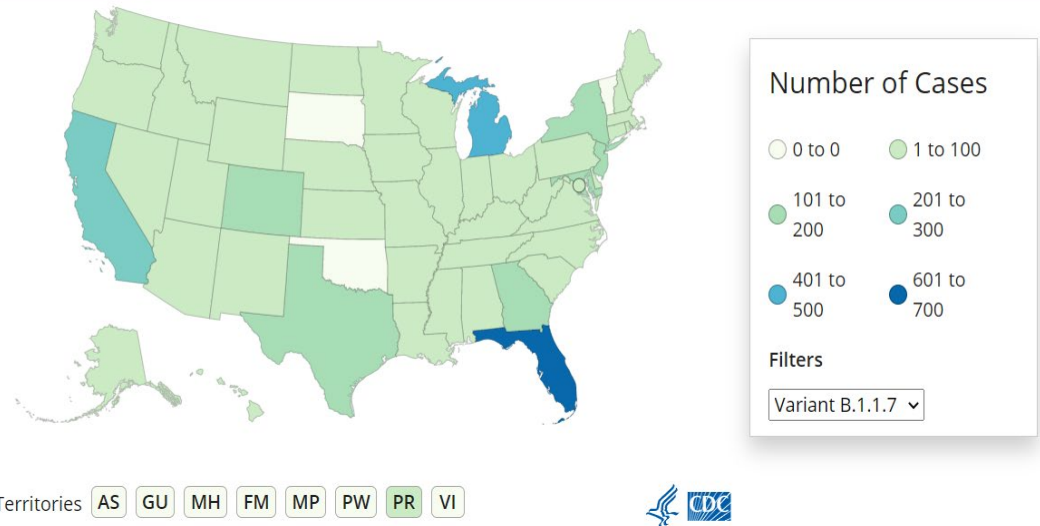
- B.1.1.7 Variant: 126
- P.1 Variant: 1
- B.1.351 Variant: 13

❖ B.1.526 accounted for ~25% of New York coronavirus genomes that were sequenced and deposited into a variant database in 2/2021

[New variant reporting to MDH](#)

30

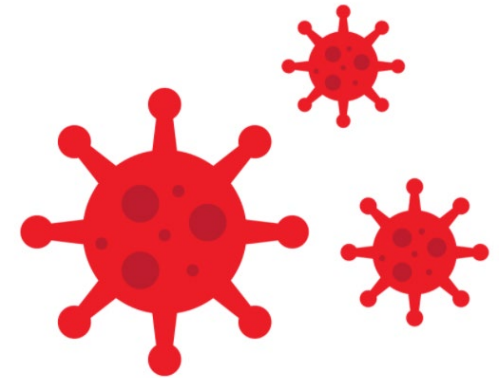
Emerging Variant Cases in the United States**



Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	3037	49
B.1.351	81	20
P.1	15	9

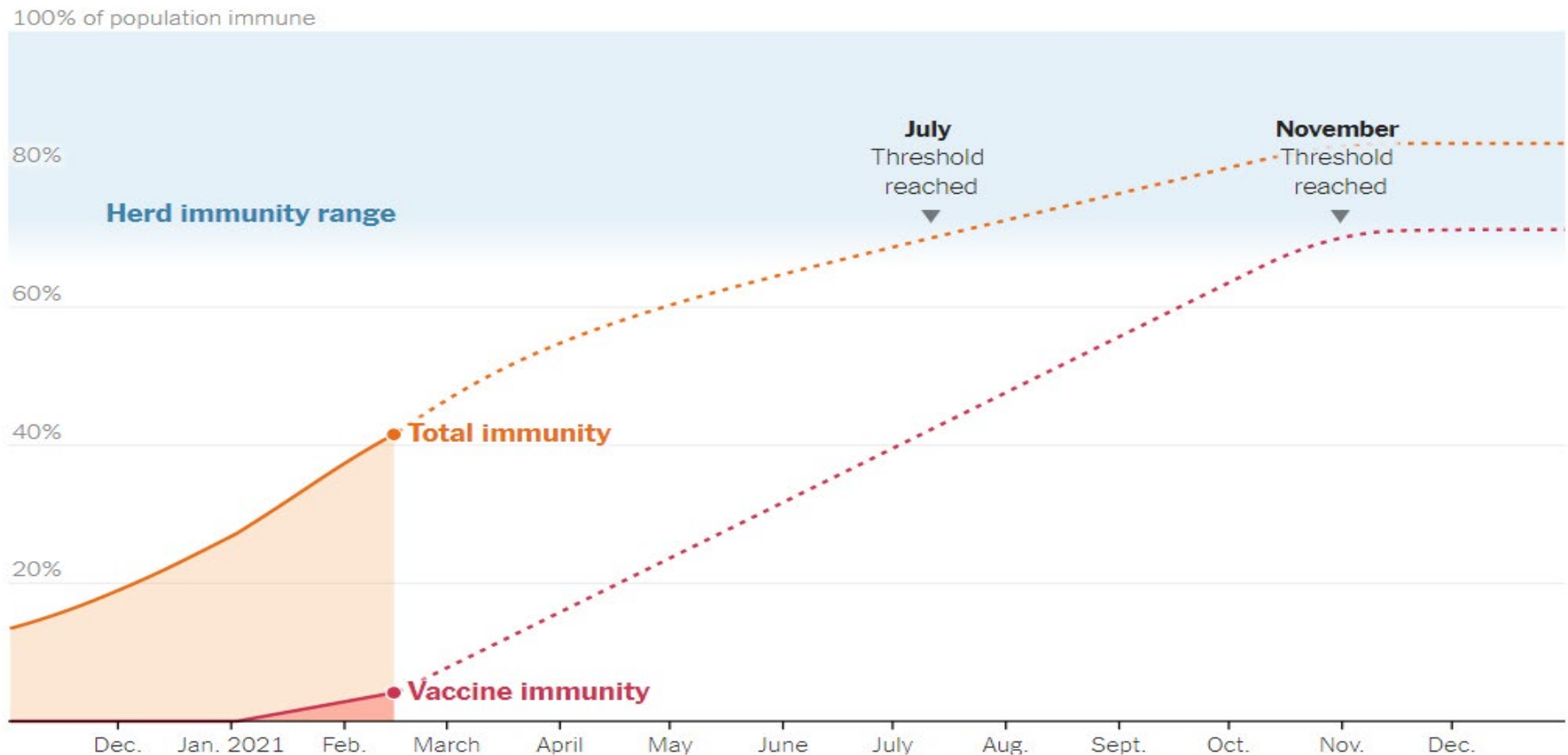
Variants take home messages

- ❖ Variants are normal and expected
- ❖ The vaccine are still highly effective against the variants
- ❖ Vaccine producers can make alterations if needed
- ❖ In regard to which vaccine to take
 - **Take the first available**



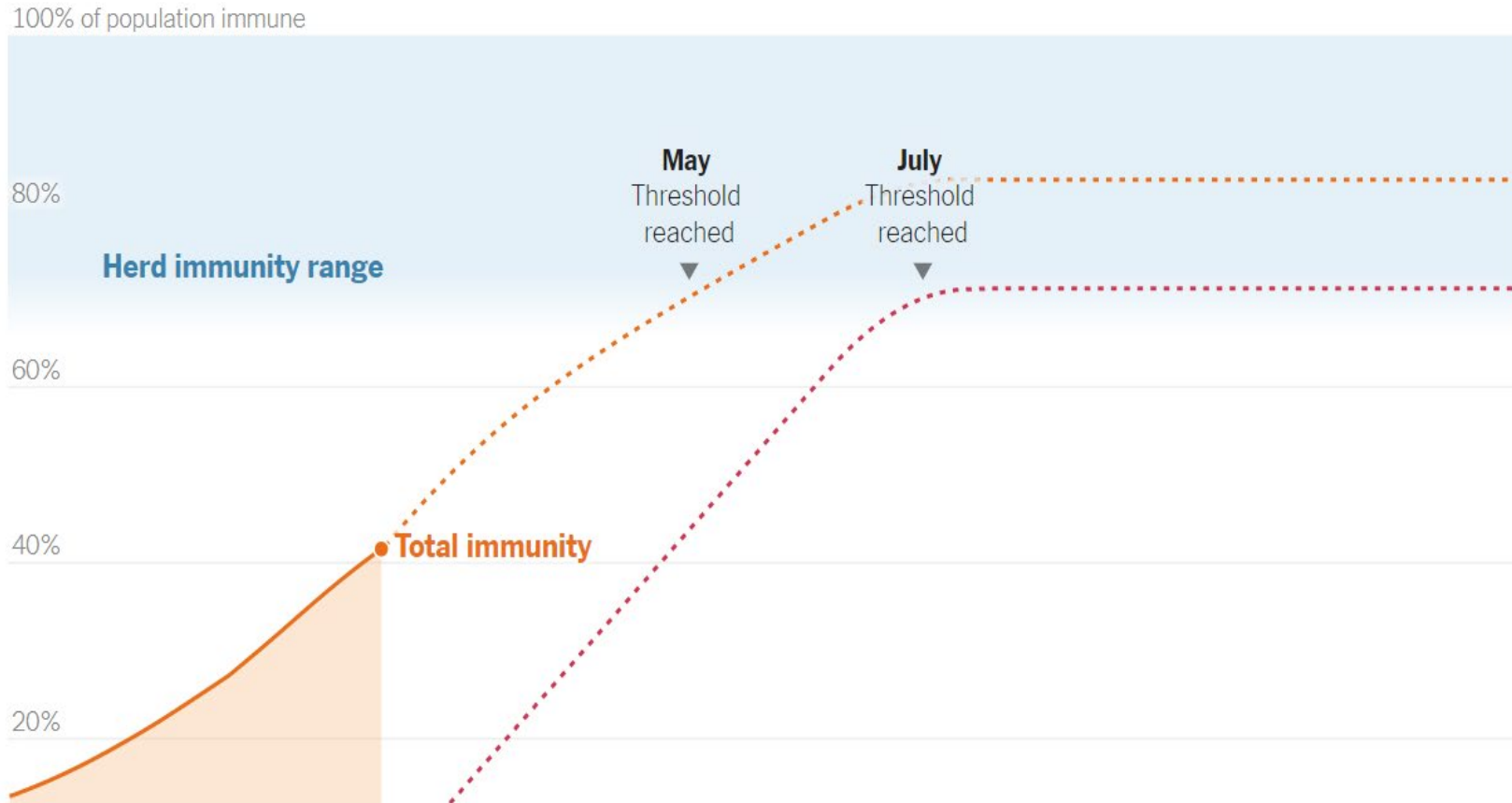
Herd Immunity Timeline, Approximate Current Pace (1.7 Million Shots Per Day)

If we continue at our current pace, we could reach the herd immunity threshold by **July**. In that time, **100,000** people could die from the virus.



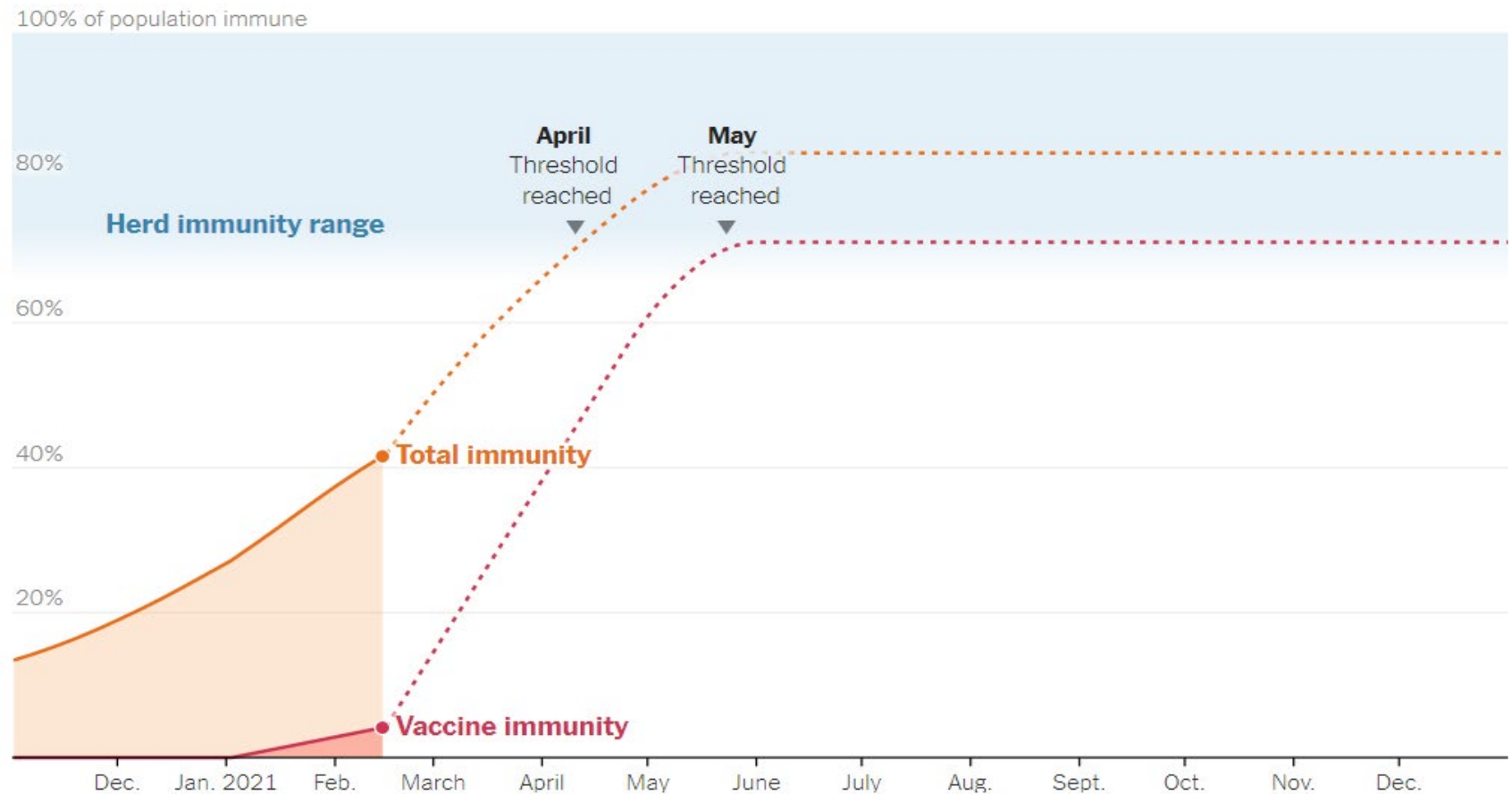
Herd Immunity Timeline, Supply Increase (3 Million Shots Per Day)

If the pace immediately increases to 3 million shots per day, we could reach the herd immunity threshold by **May**. In that time, **90,000** people could die from the virus.



Herd Immunity Timeline, Huge Supply Increase (5 Million Shots Per Day)

It's a stretch, but if the pace increases to 5 million shots per day, we could reach the herd immunity threshold by **April**. In that time, **80,000** people could die from the virus.



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
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, register as a Covid vaccinator in ImmuNet and plan for administration

How do we know when it is over?

- ❖ Vaccine rates and numbers are not the answer
- ❖ It is over when
 - Cases rates are at or near zero
 - Hospitalizations are at or near zero
 - Deaths are at or near zero
- ❖ Until then- facial coverings, social distancing, hand hygiene, avoid crowds
- ❖ Even after being vaccinated



“Everything will be okay in the end. If it's not okay, it's not the end.”

— John Lennon

CME Accreditation and Designation

- ❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.
- ❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at fberry@medchi.org

CME Disclosures and Evaluation

- ❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.
- ❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.
- ❖ *Attendees can receive CME credit by completing [this evaluation](#) after each webinar. MedChi will then be in contact with the certificate*

Announcements

❖ Learn from:

- Our [FAQs page](#) (last updated November 2020)
- [MDH FAQs](#)

❖ Wednesday Covid-19 Updates

- [Wednesday, 3/17/21 \(5-6:30pm\)](#)
- [Wednesday, 3/24/21 \(5-6:30pm\)](#)
- [Wednesday, 3/31/21 \(5-6:30pm\)](#)

❖ State and Regional Approaches to Equitable COVID-19 Vaccination Efforts – webinar from the Network for Regional Healthcare Improvement and the Duke-Margolis Health Policy Center

- [Thursday, 3/25/2021 \(3-4pm\)](#)

❖ Guest Speaker

- 39 ➤ Today –3/10 – Gael O’Sullivan, COVID19 Messaging for Vaccine Update



COVID19 Messaging for Vaccine Uptake

March 10, 2021

Gael O'Sullivan, Project Director

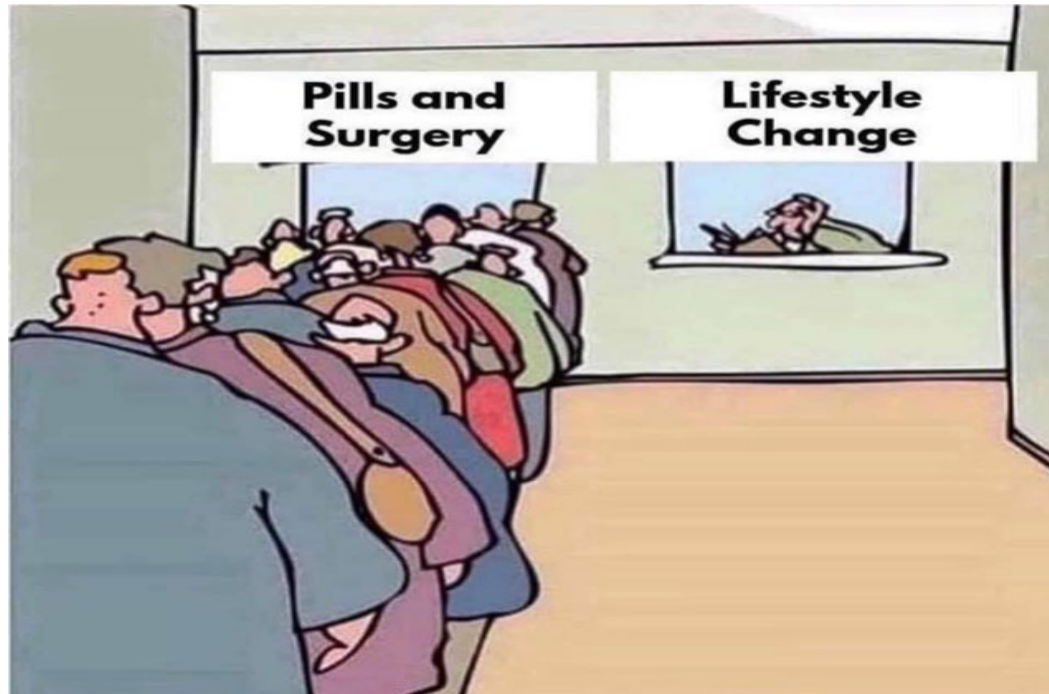
Business for Impact

GEORGETOWN UNIVERSITY
McDonough School of Business

GAEL O'SULLIVAN

- Georgetown University – BS, French
- George Washington University – MBA, International Marketing
- 30+ Years International Development Experience in Global Health
 - Public-private partnerships including non-profits
 - Social marketing
 - Social norm and individual behavior change
 - Global Health: family planning, sexual and reproductive health, HIV/AIDS, malaria, pandemic prevention, maternal and child health, tobacco control and prevention, alcohol harm reduction
 - 42 countries – Africa, Middle East, Europe, Asia, Caribbean (lived in Switzerland and Togo)

BEHAVIOR CHANGE IS HARD



1. **“Me” vs. “We”**
Self-interest vs. Social Good
2. **Fear and Control** – Self-preservation
3. **Cost/Benefit** –
Risk/Reward,
Incentive/Disincentive
4. **Knowledge, Attitudes, Values, Self-Efficacy** –
Behavioral Determinants
5. **Rumors, Myths, Disinformation** – Viral Spread, Who to Believe?



What Drives our
Behavior?

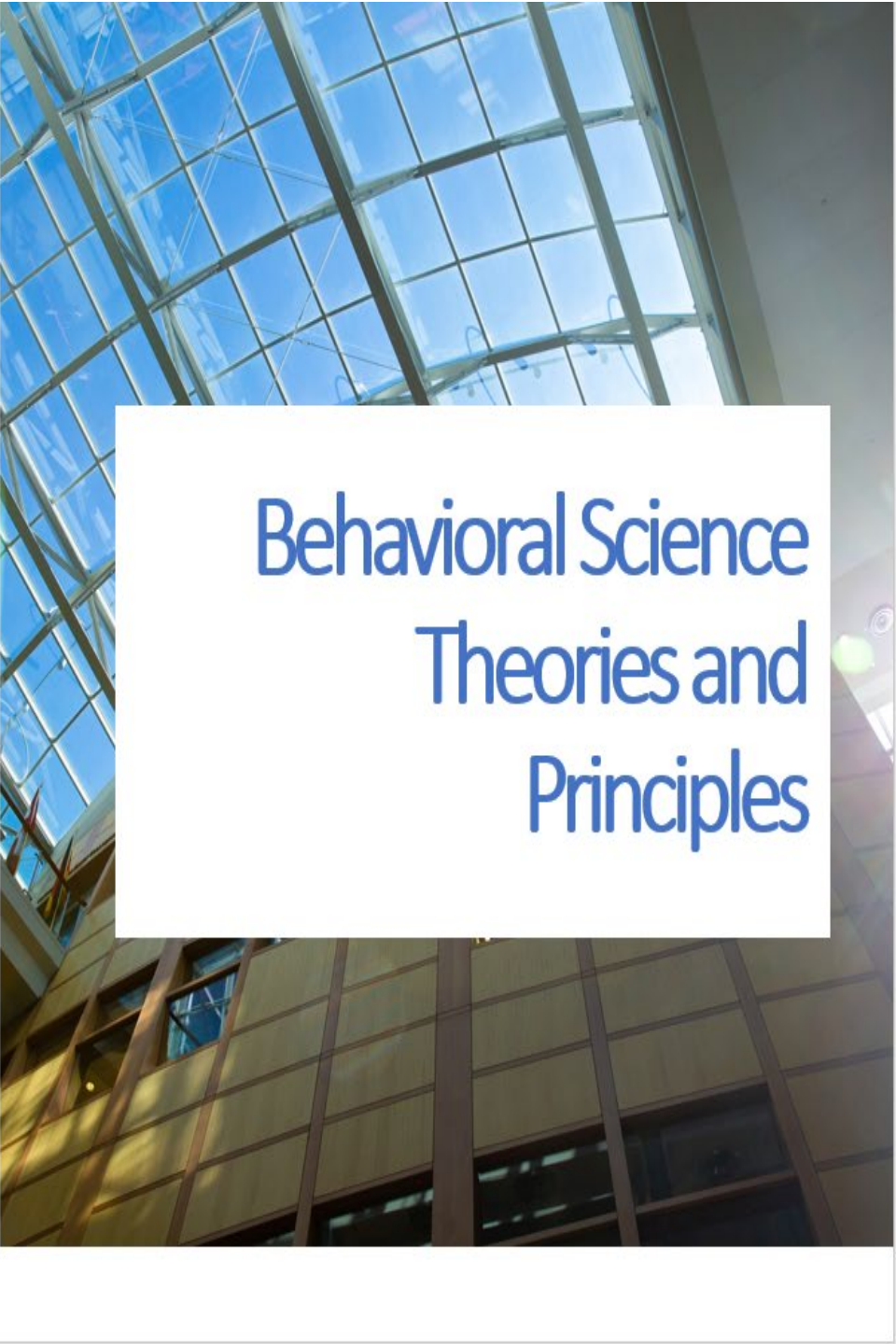
Individual Factors

1. We are Social Creatures
2. Descriptive Norms
3. Injunctive Norms
4. Who do we Trust and Respect?
5. Tipping Points



What Drives Social Norms?

1. **Extended Parallel Process Model:** Perceived Severity, Perceived Susceptibility + Response Efficacy, Self-Efficacy. **Risk Perception**
2. **Socio-Ecological Framework:** Individual, Family/Friends, Community, Enabling Environment
3. **Social Science Principles:** Implicit Bias, Dunning-Kruger Effect, Anchoring, Cognitive Dissonance, Reactance



Behavioral Science Theories and Principles

1. Understand and Segment **Audiences**
2. **The 4 P's Framework** – Product(Behavior), Place, Price, Promotion + Policy
3. Barriers to Change – **Exchange Theory**
4. Make it '**Fun, Easy and Popular**'



The Role of Social Marketing

BEHAVIOR CHANGE + SOCIAL NORM CHANGE IS HARD





**THANK YOU FOR PRACTICING
SOCIAL DISTANCING**



PLEASE STAY 2 CARTS APART

< >

Your hands carry
germs you can't see

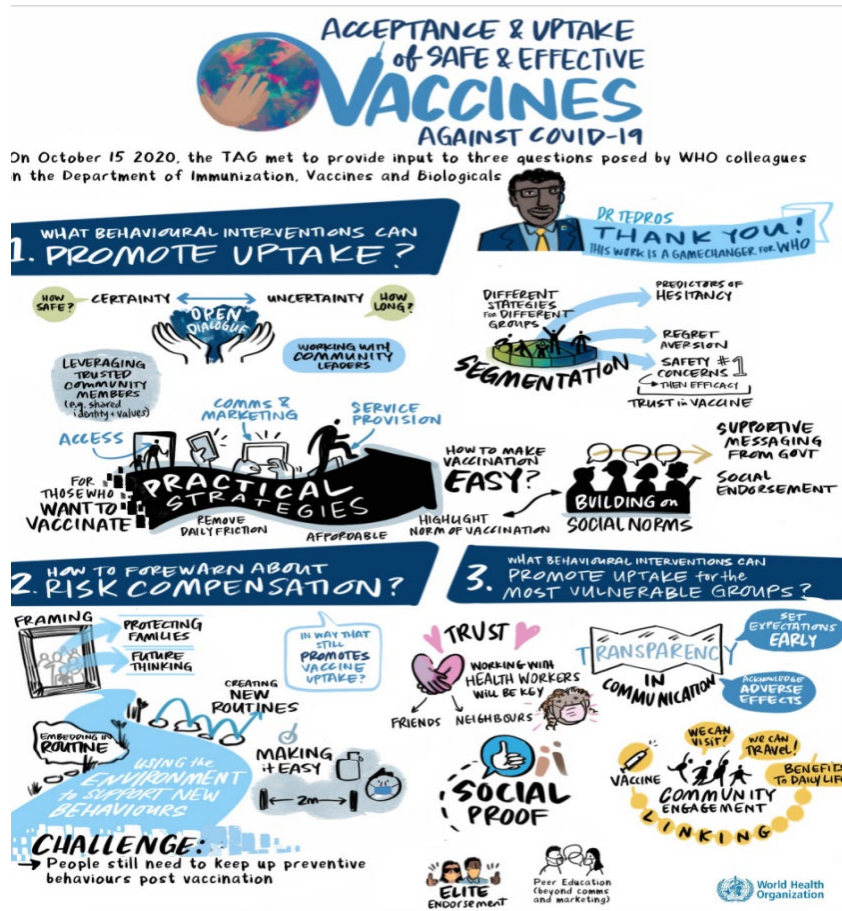


Wash your hands

www.cdc.gov/handwashing



AND NOW - WE WANT VACCINE UPTAKE TO BE THE NORM





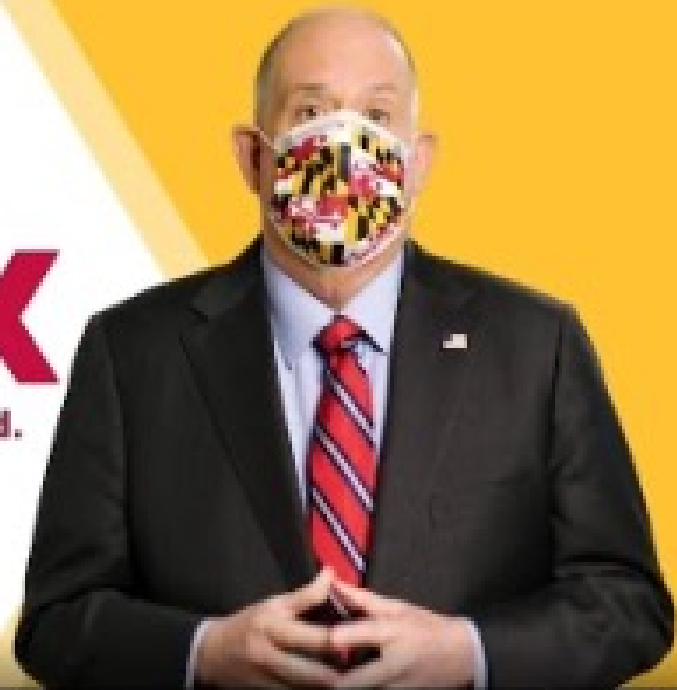




GoVAX

Let's end COVID, Maryland.

 Maryland
DEPARTMENT OF HEALTH



MESSY MESSAGING MILIEU

- Are the Vaccines Safe?
 - Operation 'Warp Speed'
 - Fetal Tissue Concern
 - Pregnant Women Were Not in Clinical Trials
 - Pharma Company Press Releases Framed Early Vaccine Communication
- Are Some Vaccines Safer than Others?
 - mRNA vs. J&J
 - Two Doses vs. One Dose
- Once Vaccinated, Can you Still Transmit Virus? Mask or Not to Mask? Can you Hug Loved Ones?
- 2020 Politics and Conflicting Guidance
 - "It's Under Control"
 - To Mask or Not to Mask; Evolving Science/Evidence Base
- **Individual Values and 'Freedom' vs. Collective Good and Public Health**

TIP: MEET PEOPLE WHERE THEY ARE

AUDIENCE SEGMENTATION IS KEY

- Approx. 60% say they want to be vaccinated
- Approx. 30% are 'Fence Sitters'
- Approx. 10% refuse

➤ Tailor Messaging to 'Fence Sitters'

- Women of Reproductive Age and Pregnant Women
- African-American Populations
- Latinx Populations
- White Republicans
- Health Care Workers

COVID COMMUNICATION TIPS: WHAT *NOT* TO DO

- Repeat Rumors and Misinformation
- Reinforce 'Hesitancy' – Talk about Vaccine 'Confidence' Instead
- Rely on Clinical and Technical Terminology
- Scold or Shame
- Overemphasize Medical/Technical Information at the Expense of Social and Cultural Factors

COVID COMMUNICATION TIPS: WHAT TO DO

- Acknowledge Patient Concerns; Practice Active Listening
- Use a Gain Frame, Not a Loss Frame – Emphasize Short-term Benefits
- It's Ok to Say "I don't know"
- Identify Other Trusted Sources of Information
- Emphasize Stories Over Statistics
- Behavior Change is a Process – One Clinical Interaction Unlikely to Result in Vaccine Uptake – and Clients are Exposed to Many Conflicting Messages in Other Spheres of Their Lives
- Take Home Materials, Calls to Action – e.g. Go to Website, Call Hotline, Agree on a Follow Up Time, Personalize Vaccine Appointments – In Different Languages

ADDITIONAL RESOURCES

CDC: National Strategy for the COVID-19 Response and Pandemic Preparedness

<https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>

CDC: National Forum on COVID-19 Vaccine

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/forum/resources.html>

National Academies: Strategies for Building Confidence in the COVID-19 Vaccines

<https://www.nap.edu/download/26068#>

WHO: Guide to Vaccines

<https://www.who.int/initiatives/act-accelerator/covax/covid-19-vaccine-country-readiness-and-delivery/acceptance-and-demand>

WHO: Behavioural Considerations for Acceptance and Uptake of COVID-19 Vaccines

<https://www.who.int/news/item/21-12-2020-behavioural-considerations-for-acceptance-and-uptake-of-covid-19-vaccines>

ADDITIONAL RESOURCES

American College of Preventive Medicine: We are Vaccine Confident Toolkit

https://www.acpm.org/initiatives/power-of-prevention/vaccine-confident/?utm_source=newsletter&utm_medium=content%20link&utm_campaign=vaccineconfident

University of Pennsylvania: Strategies to Boost Vaccination Rates

<https://penntoday.upenn.edu/news/Penn-Behavior-Change-for-Good-strategies-boost-vaccination-rates>

BE Works: Overcoming Vaccine Hesitancy

<https://www.flipsnack.com/beworks/vaccine-hesitancy-a-behavioral-lens-on-a-critical-problem/full-view.html>

Bloomberg Philanthropies: COVID-19 Vaccine Toolkit for Mayors

<https://bloombergcities.jhu.edu/sites/default/files/2021-02/Vaccine%20Toolkit%20Public%20Engagement.pdf>

Washington Post: Vaccines and Infertility Disinformation

<https://www.washingtonpost.com/health/2021/02/22/women-vaccine-infertility-disinformation/>

Washington Post: Ad Council Campaign – “It’s Up to You”

<https://www.washingtonpost.com/health/2021/02/25/covid-vaccine-ad-council/>

ADDITIONAL RESOURCES

NPR: Tailored Messaging for COVID-19

<https://www.npr.org/sections/coronavirus-live-updates/2020/12/01/940818126/psychologist-says-tailored-messaging-is-key-for-effective-public-health-policy>

Surgo Ventures: How to Achieve High Vaccination Coverage

<https://surgoventures.org/resource-library/the-challenge-of-our-time-achieving-high-vaccination-coverage-during-the-covid-19-pandemic>

Surgo Ventures: Healthcare Workers and Vaccine Hesitancy

<https://surgoventures.org/resource-library/survey-healthcare-workers-and-vaccine-hesitancy>

Washington Post: Vaccine Hesitancy Isn't Just One Thing

https://www.theatlantic.com/ideas/archive/2021/02/vaccine-hesitancy-isnt-just-one-thing/618164/?utm_source=thinkglobalhealth&utm_medium=email&utm_campaign=New%20Campaign&utm_term=TGH

5 Pandemic Mistakes We Keep Repeating

<https://www.theatlantic.com/ideas/archive/2021/02/how-public-health-messaging-backfired/618147/>

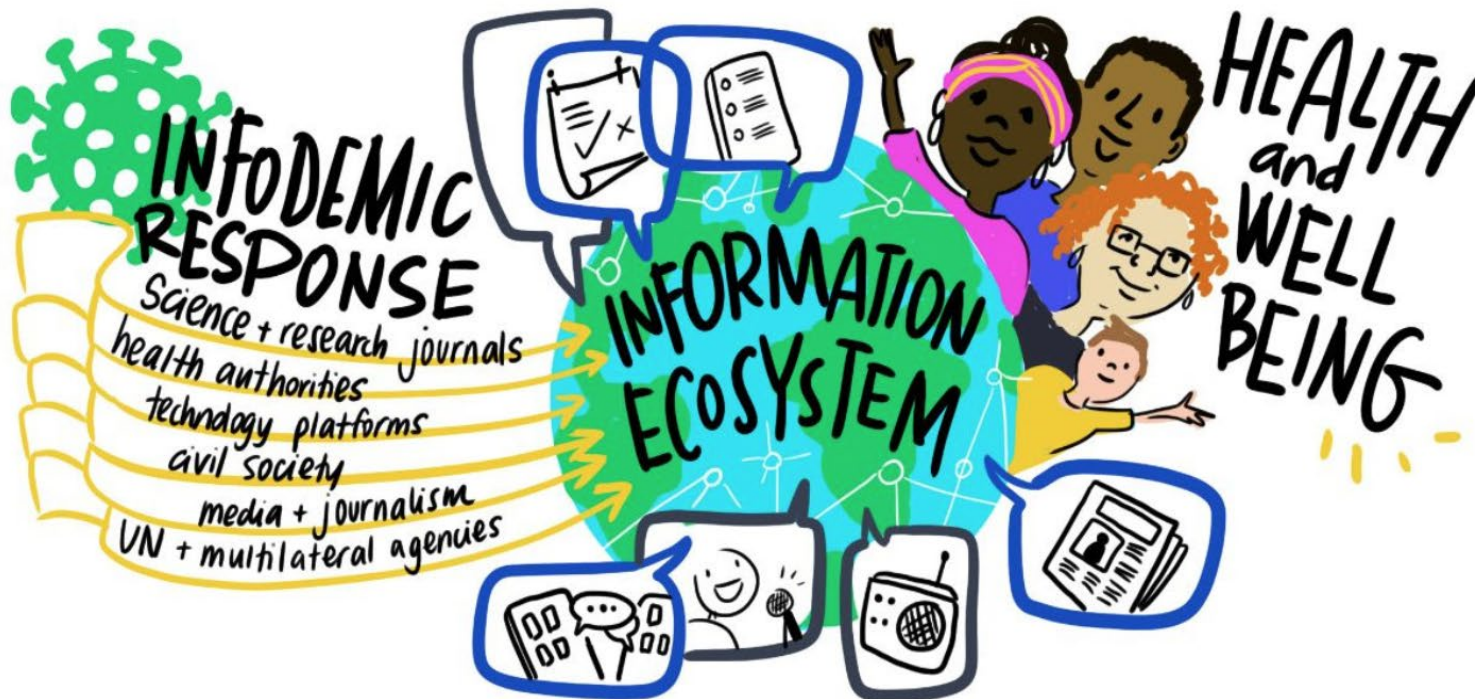
ADDITIONAL RESOURCES

Johns Hopkins Medicine: Vaccine Hesitancy

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid19-vaccine-hesitancy-12-things-you-need-to-know>

Language that Works to Improve Vaccine Acceptance

https://debeaumont.org/wp-content/uploads/2021/01/VaccineToolkit_1pger.pdf



Appendix

Resources and Links

Contact Tracing

Methods


- ❖ Contact tracer calls
- ❖ MD Covid Alert – cell phone
- ❖ Provider alerting

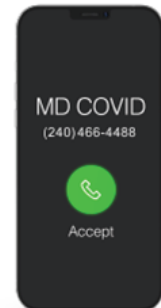
Thank You for Getting Tested for COVID-19

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

MDCOVID ALERT

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

 @MDHealthDept
Updated 1/7/2021

Monoclonal Infusion Sites

- ❖ Adventist–Takoma Park
- ❖ Atlantic General
- ❖ Baltimore Convention Center
- ❖ Hatzalah of Baltimore
- ❖ MedStar Health Southern Maryland
- ❖ Meritus Health
- ❖ TidalHealth Peninsula Regional
- ❖ UMPC
- ❖ New:
- ❖ Garrett Regional Memorial
- ❖ Upper Chesapeake Comprehensive Care Center
- ❖ Luminis Health @ Doctors and AAMC (2 sites)

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

Multiple COVID-19 variants are circulating globally

B.1.1.7	B.1.351	P.1
<ul style="list-style-type: none">• Variant name is a reference to its lineage• 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• Some evidence it causes more severe illness or increased risk of death• Highly prevalent in London and southeast England• Doubling every 10 days in the United States• Vaccines appear to work well against it	<ul style="list-style-type: none">• Variant name is a reference to its lineage 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• Clinical trials of vaccines show they offer less protection against this variant than other variants• The FDA is preparing a plan to update vaccines if B.1.351 surges in the United States	<ul style="list-style-type: none">• Variant name is a reference to its lineage• 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• Is a close relative of B.1.351• May be able to overcome the immunity developed after infection by other variants

New Variant Reporting to MDH

As part of these MDH surveillance efforts, MDH requests that clinicians report, via an online portal, COVID-19 cases among any of the following groups:

- ❖ **Individuals who first test positive for COVID-19 after receiving COVID-19 vaccination** (either one or two doses)
- ❖ **Severely immunocompromised individuals with prolonged COVID-19 infection**
- ❖ **Individuals suspected of reinfection** – specifically, symptomatic individuals who test PCR positive for SARS-CoV-2 more than 90 days after an initial infection from which they clinically recovered
- ❖ **Individuals with recent international travel** (travel in the 14 days prior to symptom onset)
- ❖ **Any other individuals for whom you have clinical suspicion of infection with a possible variant** (e.g., unusual clinical manifestation, etc.)

[Clinician Letter Link](#)

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

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](#)

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

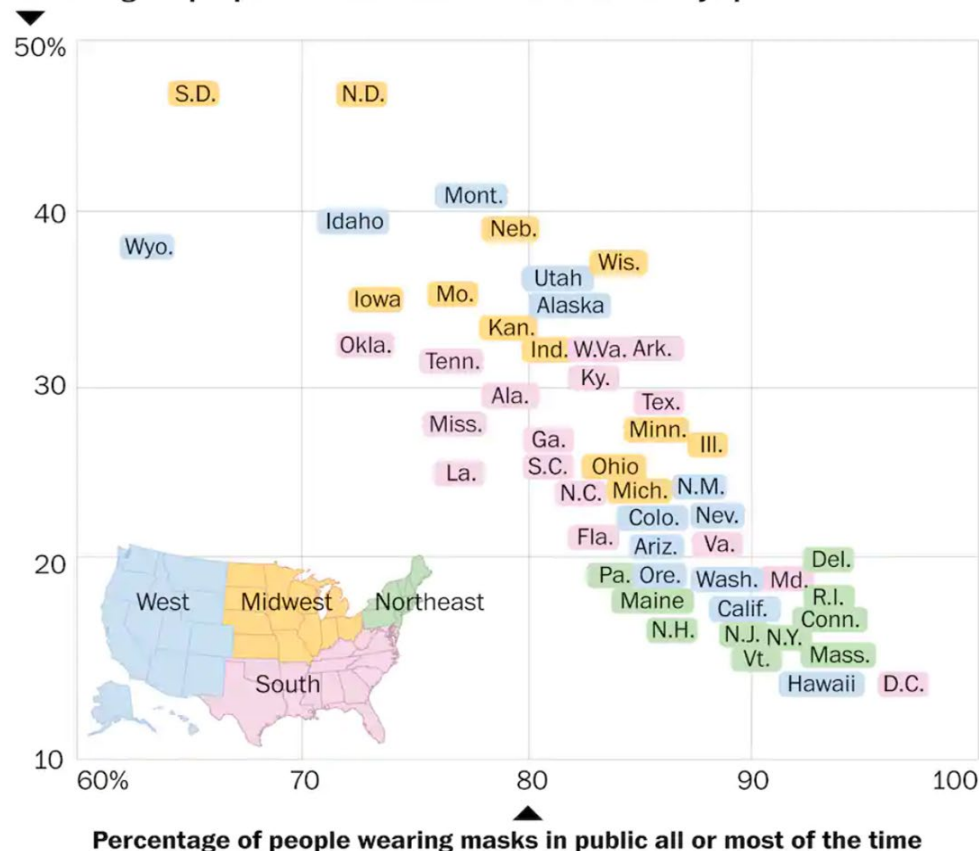
- ❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery
- ❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](#), an online platform that helps connect Maryland suppliers with buyers in need of critical resources
- ❖ For additional business 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

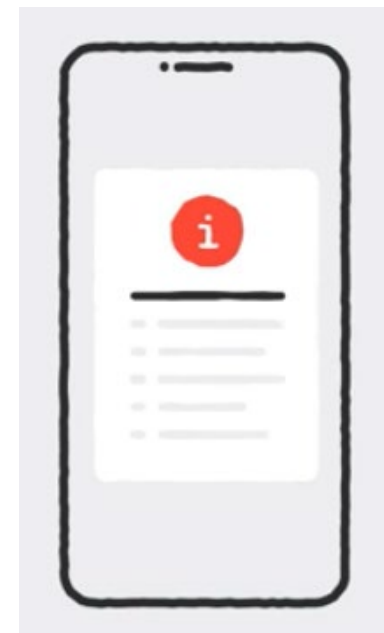
THE WASHINGTON POST

❖ 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/>)