



# **Covid-19 and Equity Update**

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

28 April 2021

# Agenda

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- ❖ Update on pandemic data
- ❖ Vaccine update
- ❖ Testing
- ❖ Monoclonal antibodies
- ❖ Virus variants

# It has been an eventful 2 weeks

- ❖ Vaccines surged in supply and then took a pause (J and J) and begins again
- ❖ Primary Care weighed in as vaccinators, adding to equity
- ❖ Mass Vax sites opened across the state and soon found open appointments
- ❖ Equity Taskforce accomplished dozens of missions- Maryland leading the nation in equity
- ❖ Monoclonal antibody therapy underused
- ❖ Virus variants of concern increased
- ❖ The world at large saw a spike in cases
- ❖ Maryland's 4<sup>th</sup> wave receding



# Daily COVID-19 Report

Data reported as of 4/28/2021 for data through 4/27/2021

**445,493**  
cases cumulative

**9,614,621**  
tests cumulative

**15.8**  
7-day avg. case rate

**7,281**  
total hospital adult census

**8,521**  
deaths cumulative

**1,002**  
cases reported yesterday

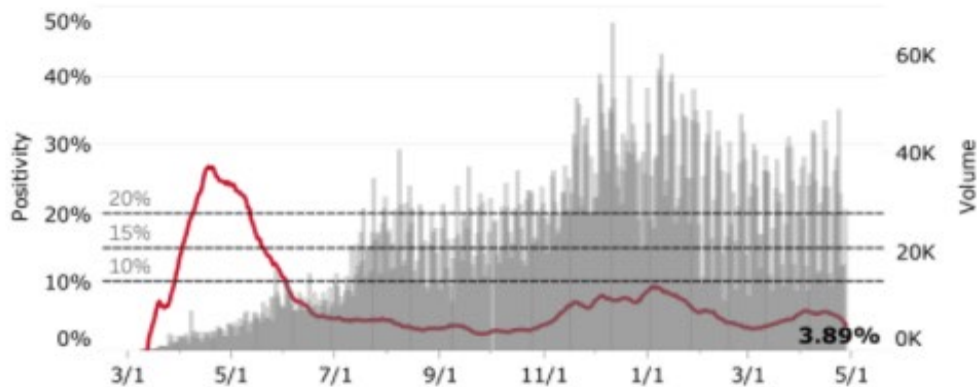
**28,436**  
tests reported yesterday

**3.89%**  
7-day avg. positivity

**190**  
change in total hospital census

**20**  
deaths reported yesterday

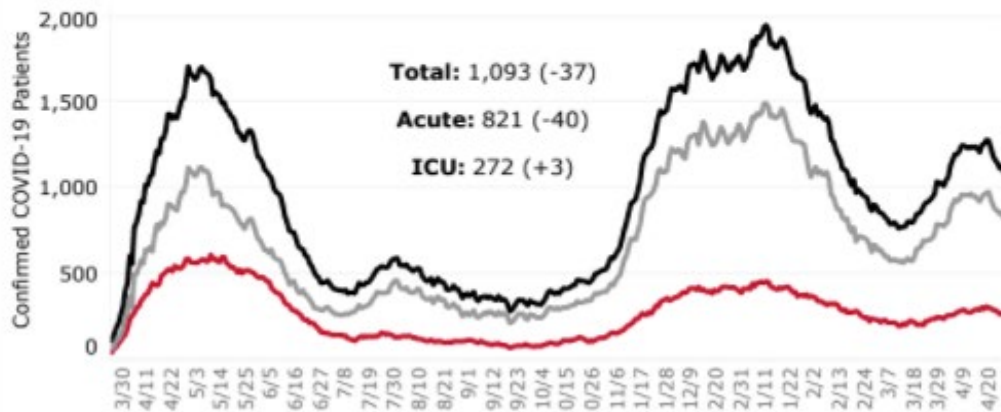
7-Day Avg. Percent Positivity and Total Testing Volume  
Since 3/1/20



Daily New Cases  
by Specimen Collection Date



Statewide Acute/ICU Beds Occupied by COVID Patients



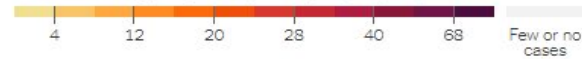
Daily Deaths  
Confirmed and Probable



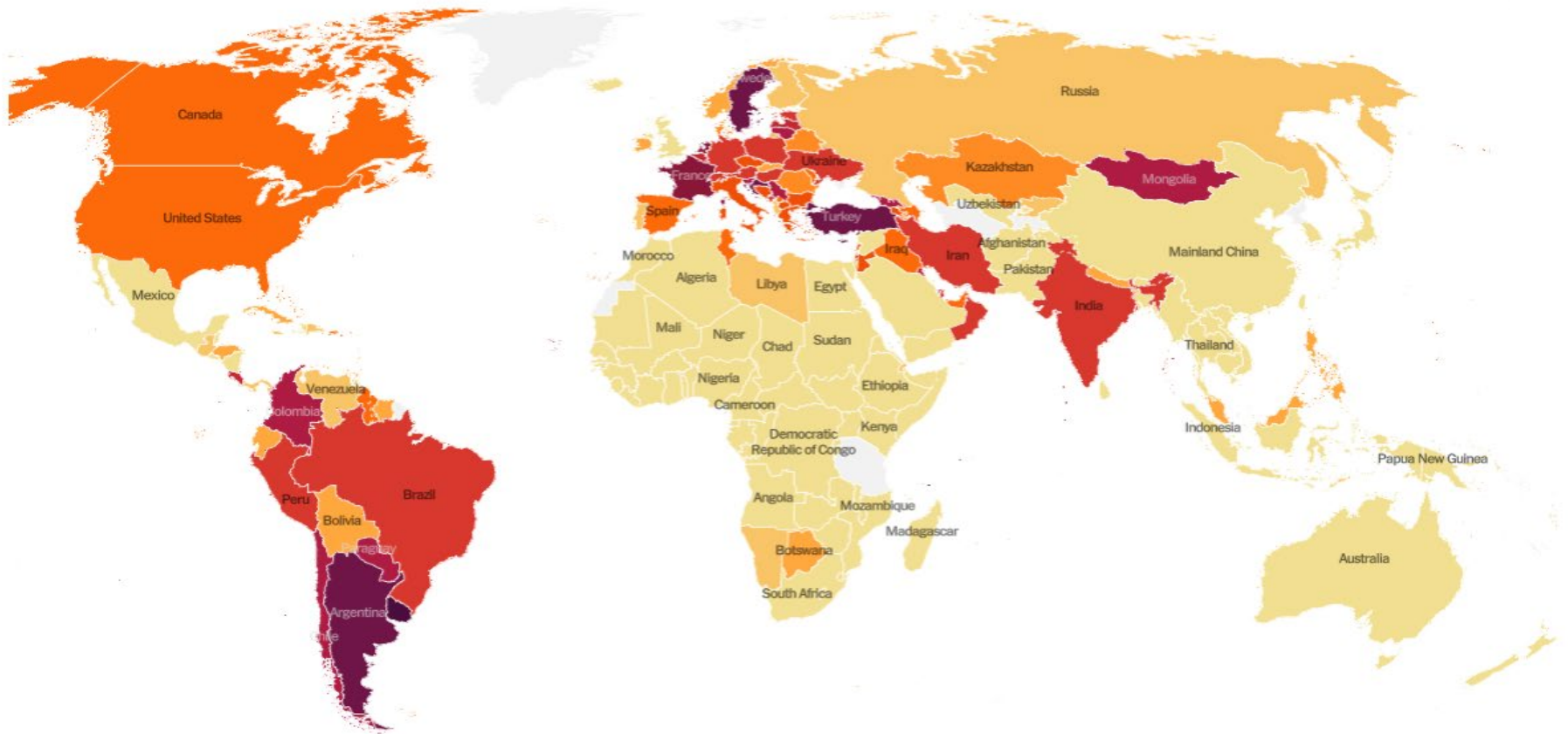
Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

# Global Cases- Surging in India

Average Daily Cases Per 100,000 People in the Past Week

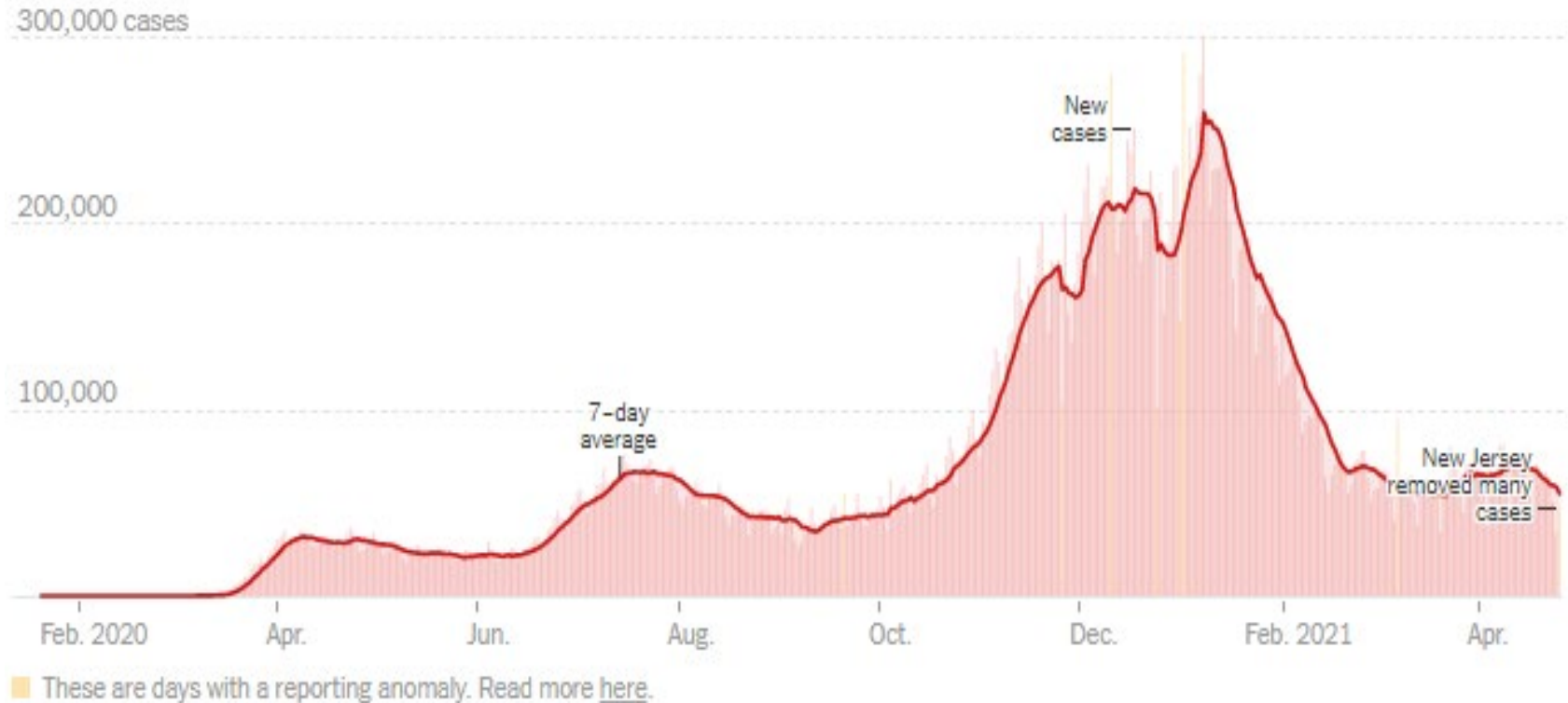


Double-click to zoom into the map.



# US Cases

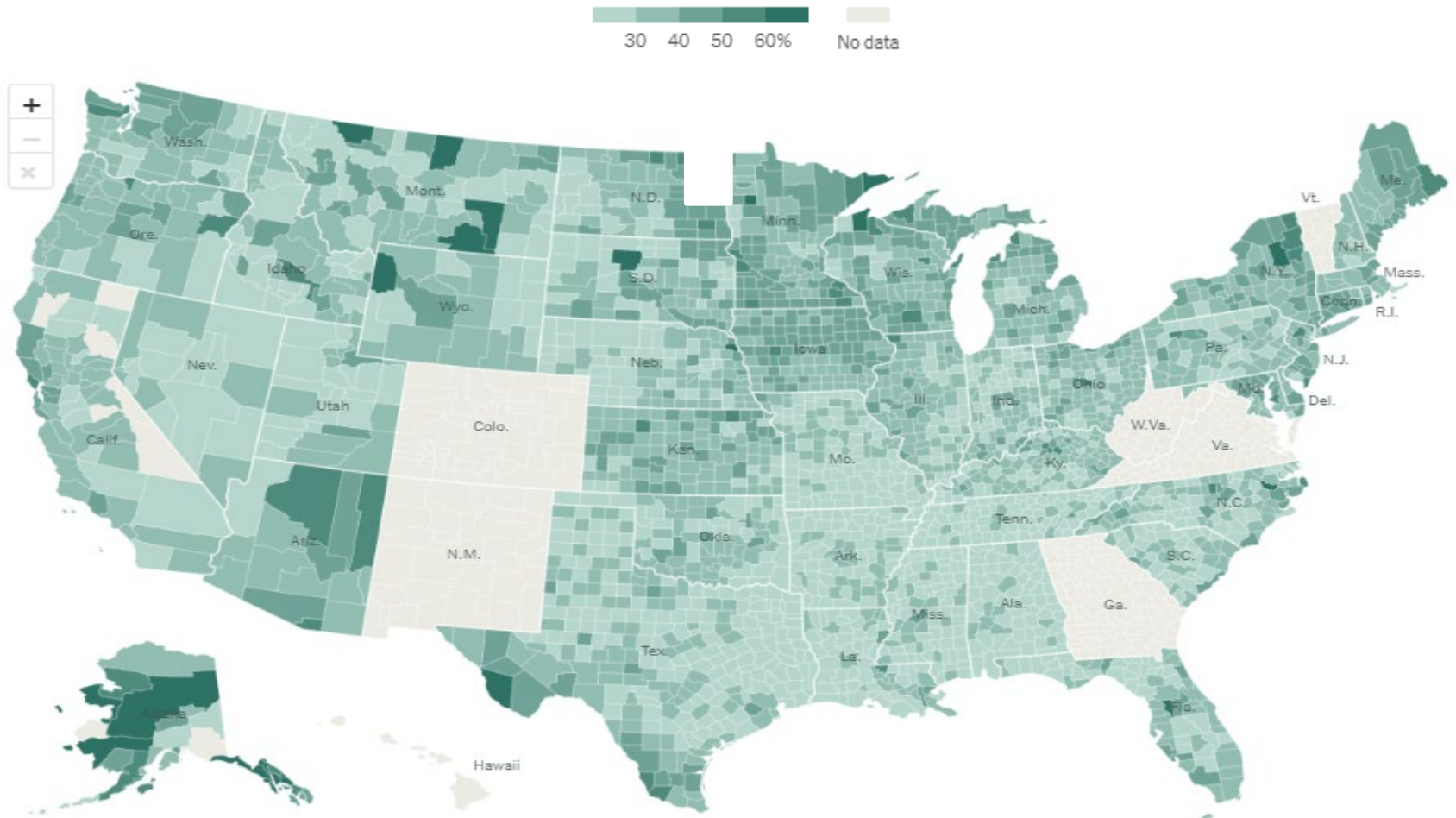
## New reported cases





# US Vaccinations

Pct. of residents age 18+ that are fully vaccinated



# Johnson & Johnson Vaccine Use

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- ❖ On 4/23, ACIP met and voted to resume the use of J and J vaccine for anyone 18 or older
- ❖ As of 4/22, ~ 8 million doses of Johnson & Johnson vaccine administered in the United States, 14 cases of TTS occurred among women between ages of 18 and 48, with symptoms occurring 6 to 13 days after vaccination
- ❖ Now important to communicate the low risk and high reward to reduce the expected vaccine hesitancy



# Risk of Blood Clots

While we work to investigate the root cause of blood clots associated with the Johnson & Johnson and AstraZeneca vaccines, these statistics help compare our relative risks.

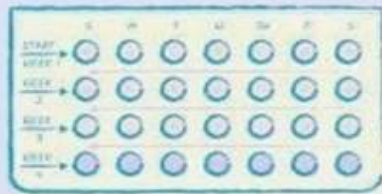
## Johnson & Johnson/Janssen COVID Vaccine

6 reports of blood clots  
in 6.8 million doses  
**9 people in 10 million**



## AstraZeneca COVID Vaccine

79 reports of blood clots  
in 20.2 million doses  
**39 people in 10 million**



## Birth Control

5,000 to 12,000 people  
in 10 million



## Smoking

17,630 people  
in 10 million



## COVID-19

1,650,000 people  
in 10 million

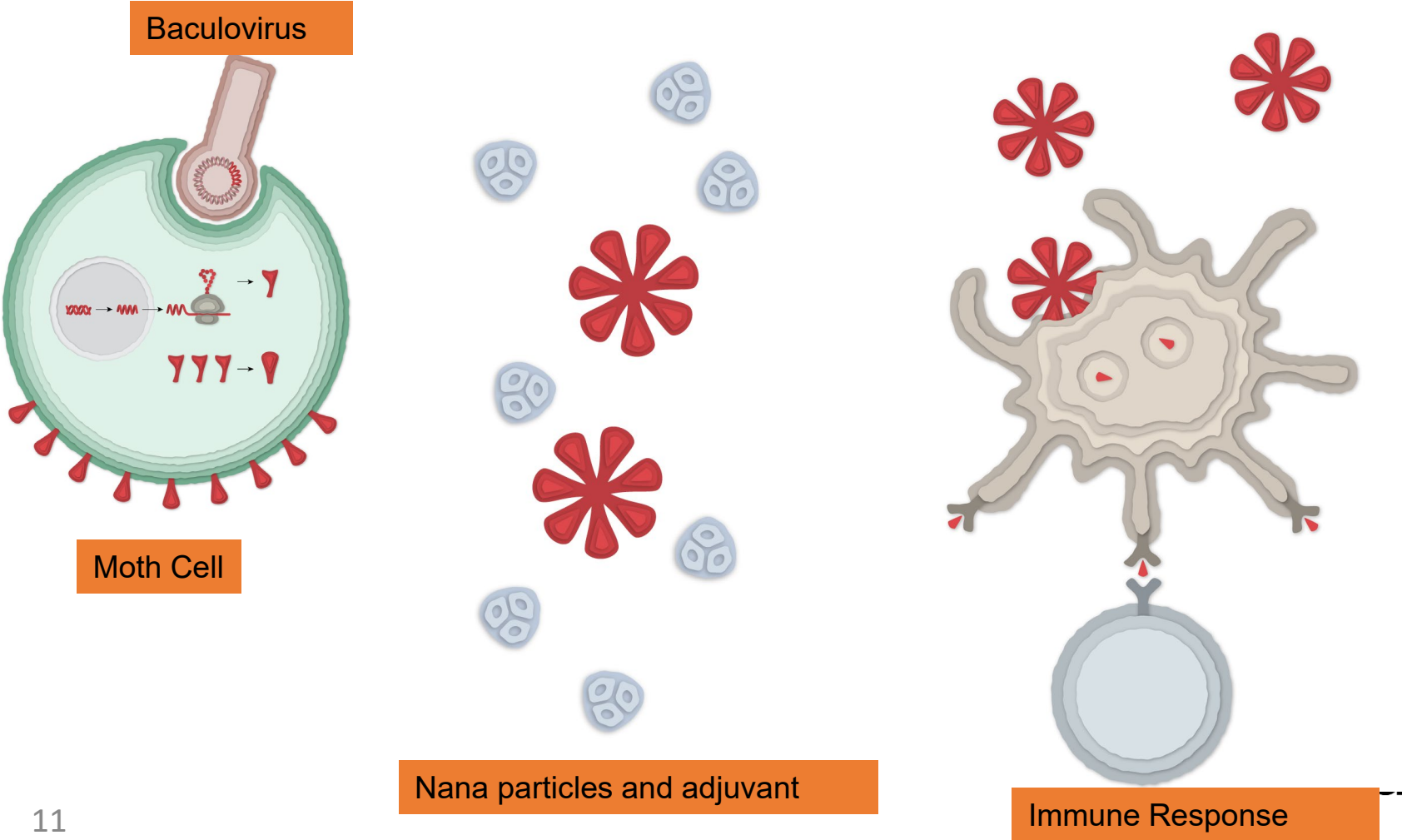
# New Vaccine on the Horizon

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## ❖ Novavax

- Spike protein nanoparticle –similar to flu and HPV vaccines
- Refrigerator stable
- Two doses
- 96% effective but only 49% against B.1.351 (SA variant)- new modification in production
- 100 M doses for US this year – billions world wide
- FDA submission in May 2021
- Details to follow

# How the Novavax Vaccine Works



# Vaccine news

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- ❖ CDC issues guidance that fully vaccinated people no longer need to [wear masks outdoors in most situations](#), including while
  - Walking, running, hiking, and biking while alone or with members of their household
  - Attending small outdoor gatherings
- ❖ Maryland health officials are reviewing mask-wearing policies; Maryland's mask mandate remains for now
- ❖ Moderate drinking is unlikely to impair the immune response to the Covid vaccine, but [heavy drinking might](#)
- ❖ No-appointment vaccinations are now available at the following mass vaccination sites
  - Baltimore Convention Center Field Hospital
  - Greenbelt Metro Station
  - Navy-Marine Corps Memorial Stadium
  - Wicomico Youth & Civil Center
  - Hagerstown Premium Outlets
  - Six Flags America Theme Park
  - Regency Furniture Stadium
  - Ripken Ironbirds Stadium
  - M&T Bank Stadium

# Vaccine Allergic Reactions

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## ❖ Mass General [Study](#) Results

- 64,900 individuals received first dose of a vaccine
- 52,805 (81%) of these individuals filled out symptom survey
- Acute allergic reactions reported by 1,365 individuals
- Anaphylaxis occurred in 16 individuals

## ❖ Reminder to have epi and Benadryl on hand

# MDPCP Covid Vaccine Program

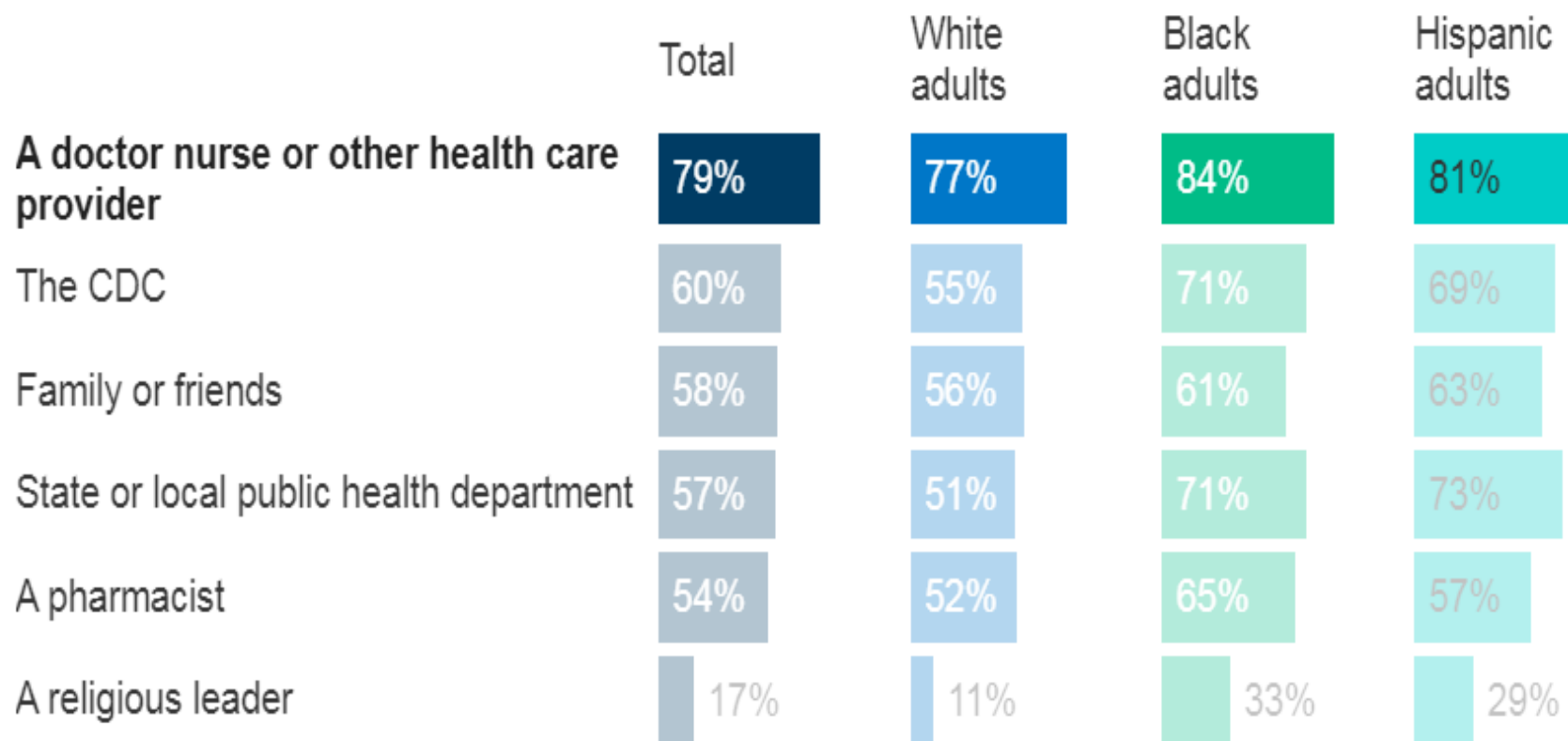
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- ❖ Nationally and in Maryland there has been little emphasis on engaging primary care in the Covid vaccine campaign- Attention by White House Vaccine leadership
- ❖ Serving as proof of concept for successful Covid vaccination at primary care practices
- ❖ Achieve more equitable vaccine distribution through targeted outreach to African American and Hispanic populations
- ❖ Recent CDC guidance to jurisdictions to use PCPs for vaccine equity:

[“Expanding COVID-19 Vaccine Distribution to Primary Care Providers to Address Disparities in Immunization Guide for Jurisdictions”](#)



Percent who say they are likely to turn to each of the following when deciding whether to get a COVID-19 vaccine:

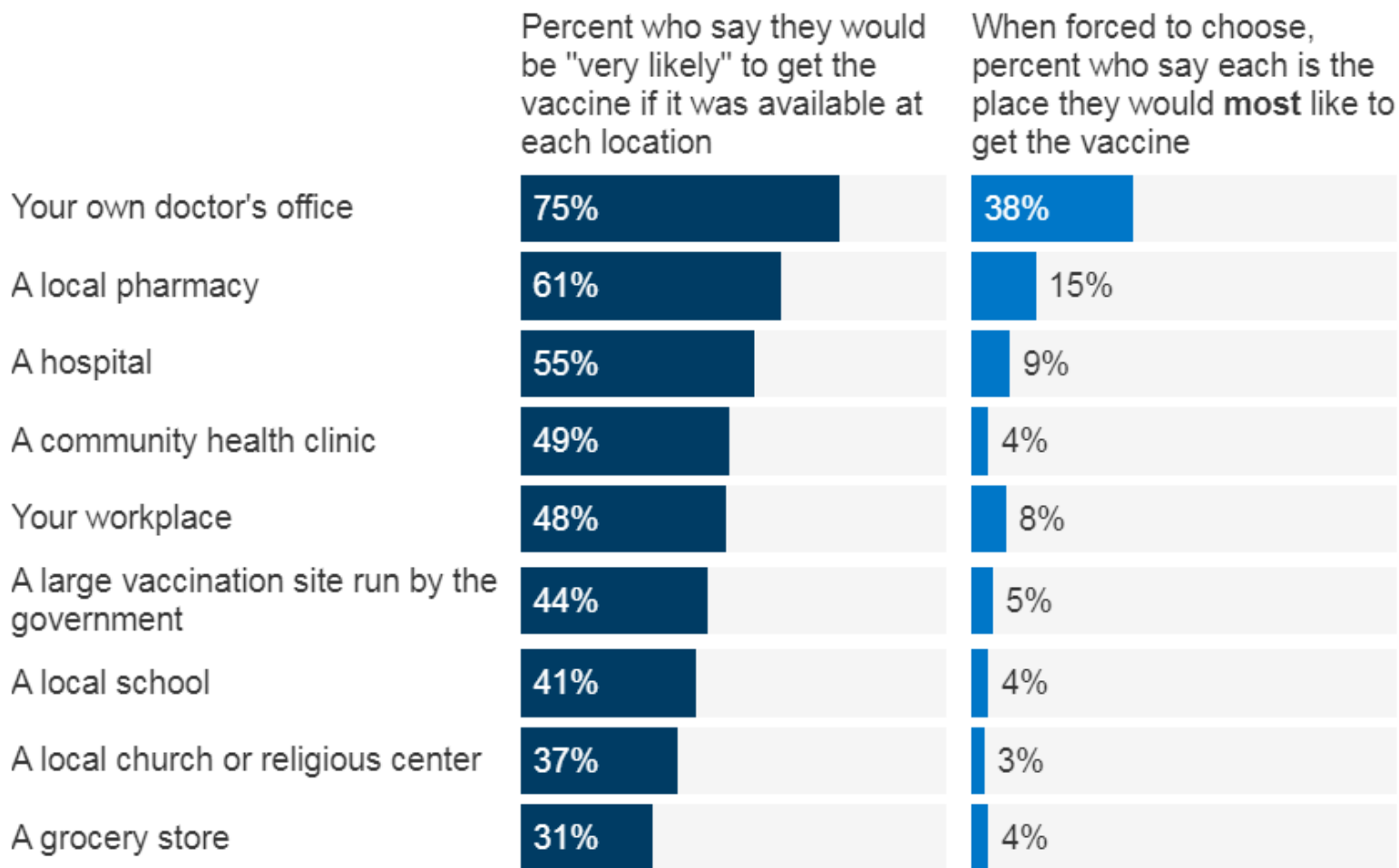


NOTE: Among those who have not yet been vaccinated. See topline for full question wording.

SOURCE: [KFF COVID-19 Vaccine Monitor \(Jan. 11-18, 2021\)](#) • [Download PNG](#)

**[KFF COVID-19  
Vaccine Monitor](#)**

If the COVID-19 vaccine was available at..., how likely would you be to go there to get it?  
Of the following places, where would you MOST like to be able to get the vaccine?

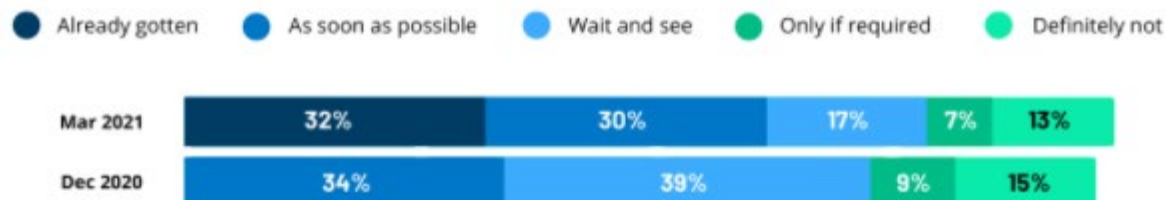


NOTE: Based on those who have not received the COVID-19 vaccine, and would get vaccine as soon as possible, wait and see, or if required. See topline for full question wording.  
SOURCE: [KFF COVID-19 Vaccine Monitor \(Feb. 15-Feb. 23, 2021\)](#). • [Download PNG](#)

# Addressing Vaccine Hesitancy

## What Have We Learned So Far About COVID-19 Vaccine Confidence, Messages, and Messengers?

Vaccine enthusiasm has increased as more people have seen their friends and family members get vaccinated



Messages about the vaccines' effectiveness work best with the "wait and see" group

**66%**

66% of people in the "wait and see" group say they are more likely to get the COVID-19 vaccine if they heard that vaccines are nearly 100% effective at preventing hospitalization and death from COVID-19.



Individual health care providers are the most trusted messengers when it comes to information about the COVID-19 vaccines

# Primary Care Vaccinators in the News

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**Health Secretary Schrader visits  
Wellspring Family Medicine in Garrett County**



**Governor Hogan visits  
Menocal Family Practice  
In Frederick**

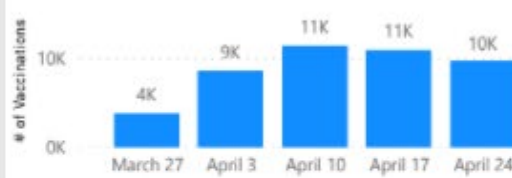
Program Participants		Ready to receive next week				
191		238				
1. Receiving Doses This Week	2. Ready to Receive Vaccine	3. Enrolled COVID PIN Not Reporting	4. Enrolled Reporting No COVID PIN	5. Enrolled, Not Reporting, No COVID PIN	6. Backlog	Total
175	48	30	110	57	29	522

Data as of last week

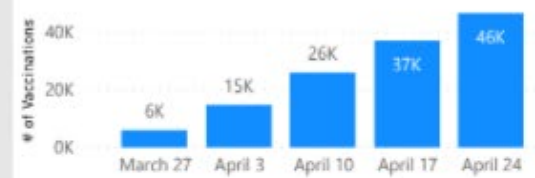
Program Participants \*\*



Weekly Vaccine Administered



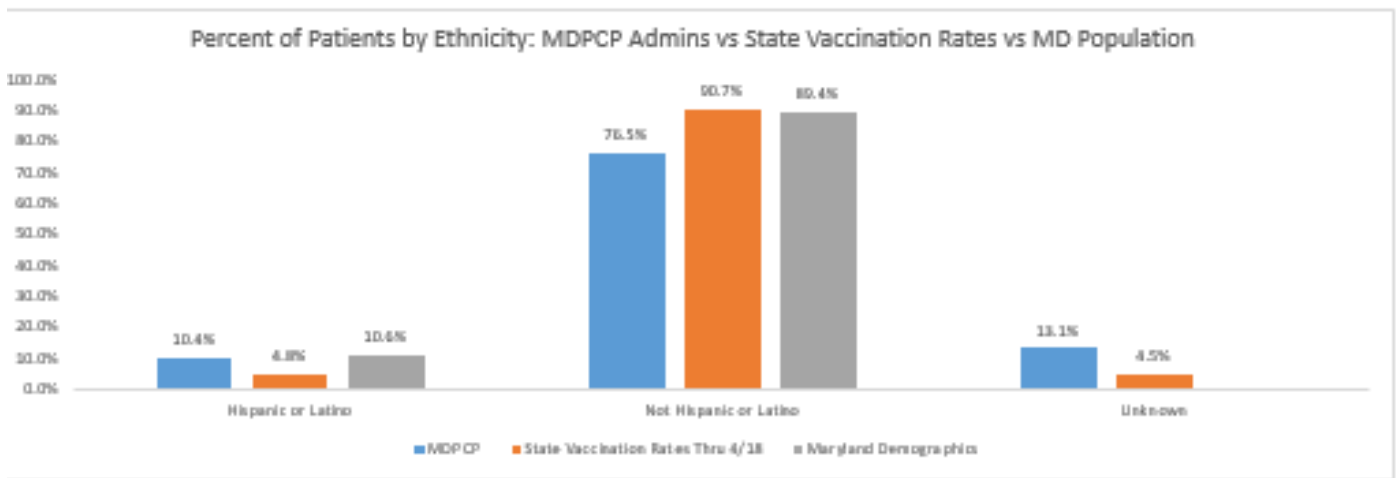
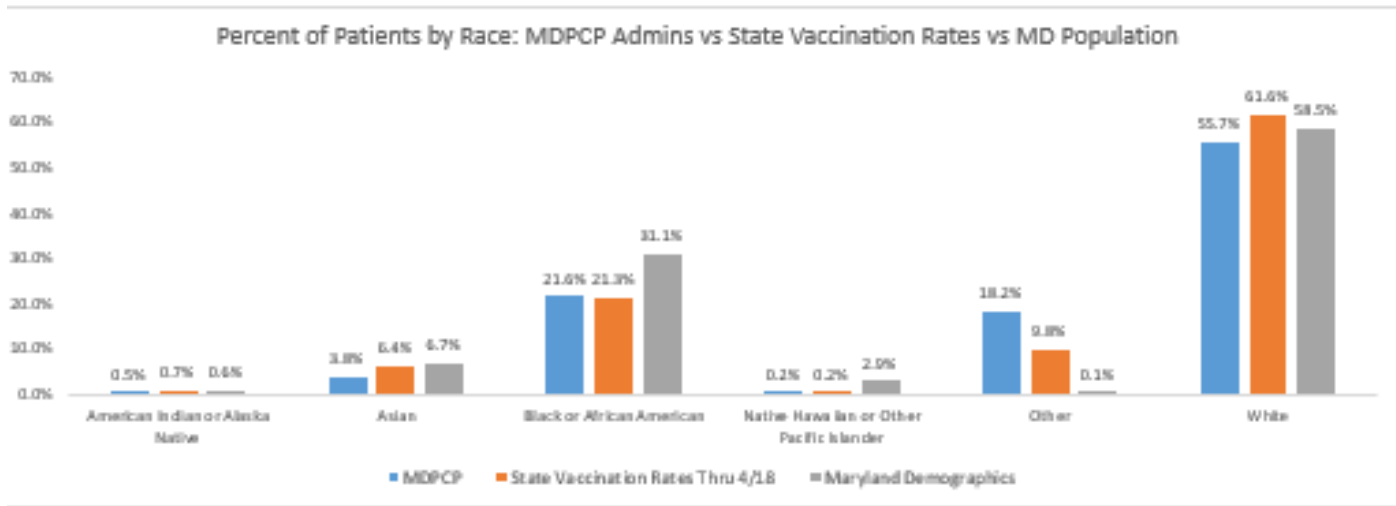
Cumulative Vaccine Administered



Status	Actions	Legend	Description
1. Receiving Doses This Week	None	Program Participants	Providers have been allocated or previously allocated vaccines
2. Ready to Receive Vaccine	None	Ready to receive next week	Providers are eligible to receive vaccines
3. Has COVID pin; ability to report administration data is being tested	CRISP working with providers and EHR vendors		
4. Currently reporting other vaccination types; in process for COVID pin	MDH working with providers to register		
5. Does not currently vaccinate and does not have a COVID pin	MDH / EY working on outreach		
6. Potential for outreach to engage in process	MDH / EY working on outreach		

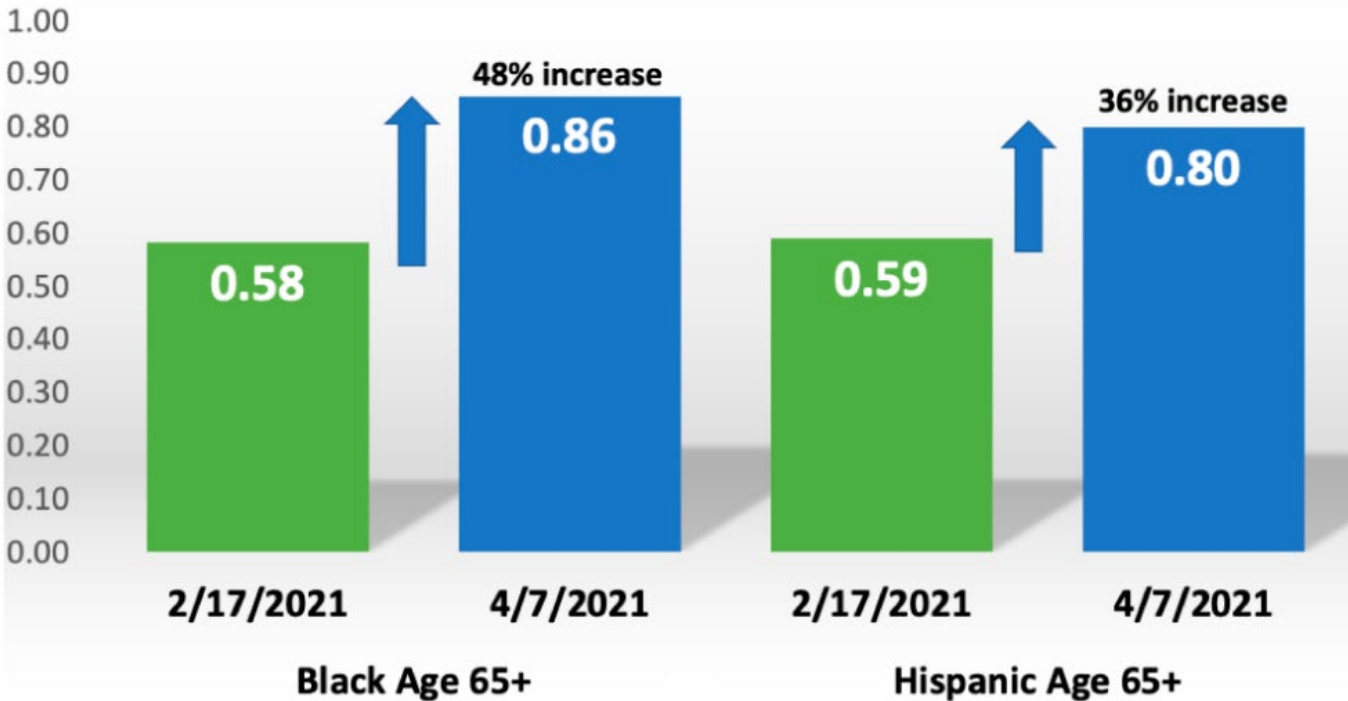
\* 13 providers pending  
\* 44 providers declined to participate  
\*\* Historical Data changes may occur due to weekly status changes  
Data current as of: 4/26/2021

# Weeks 1-4 Cumulative: MDPCP Vaccinations by Race/Ethnicity





# Statewide Improvement in Equity



Source: The authors, based on data from the Chesapeake Regional Information System for our Patients (CRISP).  
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

<https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0126>



# MDPCP Covid Vaccine Allocation Process

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- ❖ If your practice is fully onboarded with ImmuNet and registered as a Covid vaccinator, you are eligible for vaccine allocation through MDPCP
- ❖ As vaccine supply is still limited, not all eligible practices will receive vaccine immediately
- ❖ If your practice is chosen for vaccine allocation, you will receive a survey on Monday asking if you are ready and willing to administer 100 doses the following week. The survey will come with additional information for your practice
- ❖ After the initial week, you will receive a survey every Monday asking your ideal capacity for doses for the following week

# Early Lessons Learned

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- ❖ Vaccine hesitancy is significant
- ❖ Latinx community issues are more access than hesitancy
- ❖ Every practice site is different
- ❖ Onboarding to ImmUNET takes time and effort
- ❖ Primary Care providers are eager to vaccinate their patients
- ❖ Many patients will only be vaccinated by their providers
- ❖ Vaccine allocation logistics are complicated

# Vaccine Toolkit

- ❖ Workflows
- ❖ Access
- ❖ Immunet registration
- ❖ Vaccine Storage and handling
- ❖ Billing and coding

Toolkit link  
[here!](#)

## 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 will keep you and your patients from getting seriously ill even if you do get COVID-19.

### STEPS

- 1 Complete ImmuNet requirements AND including site onboarding AND vaccinators registration (vaccination ordering not available currently)**  
**Complete MDH "New Entity COVID VAX Clinic Info" form**
- 2 Educate and encourage your team to get vaccinated**  
*as part of the Maryland Vaccination Priority Phase 1A*
- 3 Share with your patients how to locate a vaccination site**  
*and identify patients for each vaccination priority phase*
- 4 Prepare for vaccine\* administration**
  - *by developing workflows for storage, handling and administration*
  - *identifying patients to outreach based on risk and equity using CRISP*

Current  
Phase:

**1C**

as of 2/17/21

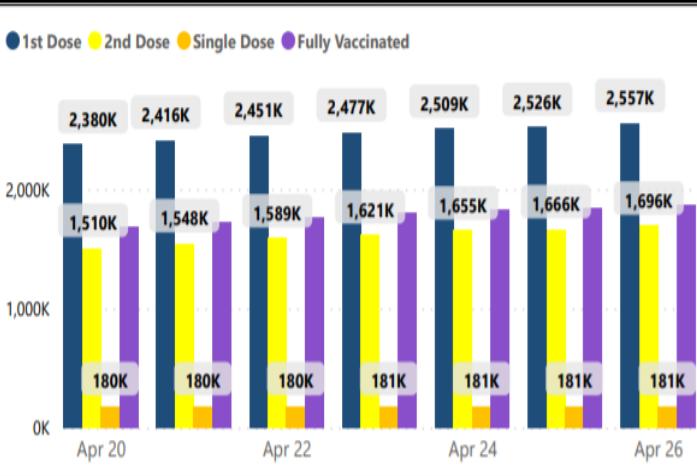
\*NOTE: Due to the ultra cold storage and allocation size requirements for the Pfizer vaccine, it is unlikely this vaccine will be used in many primary care offices.

mdh.pccmodel@maryland.gov

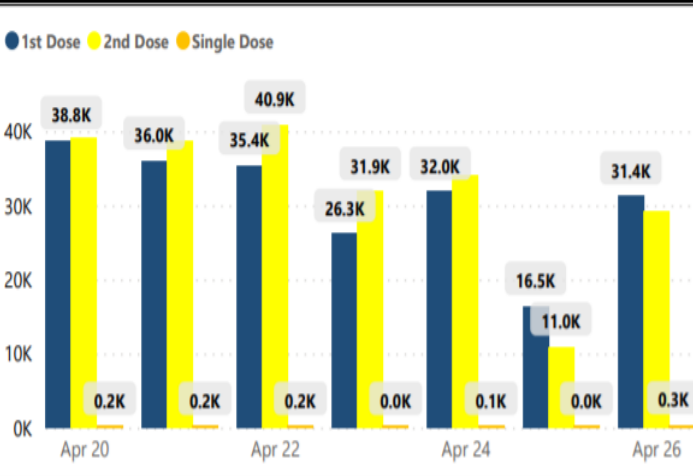
Page 1

# Statewide Vaccine Administration

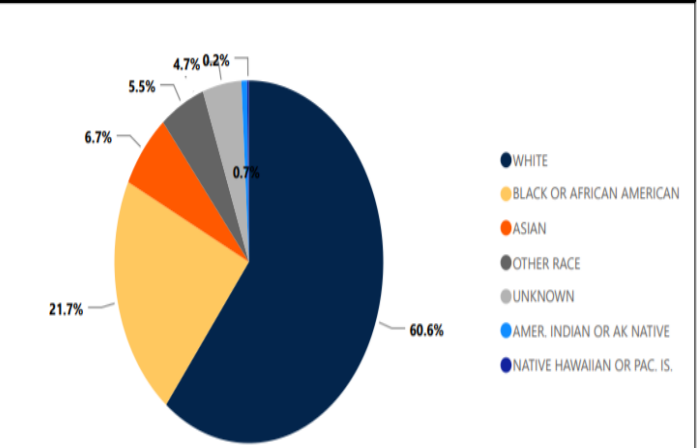
Cumulative Vaccines Administered



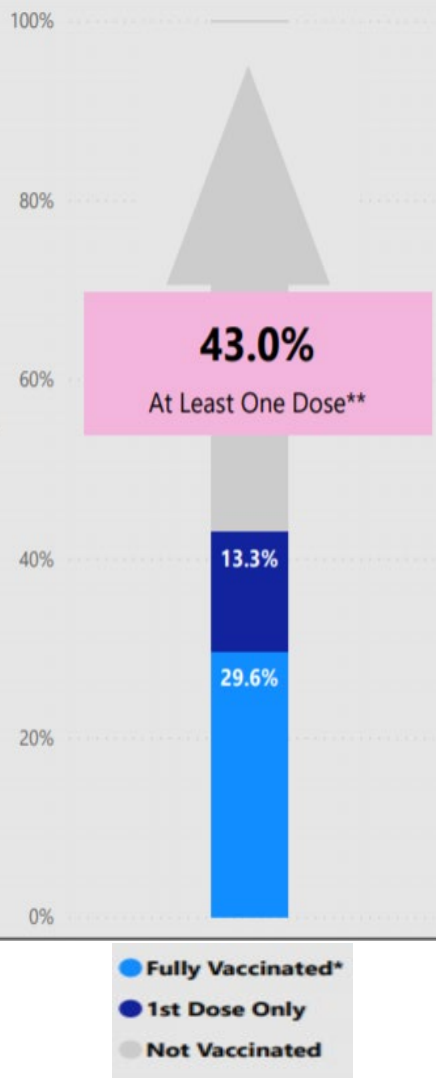
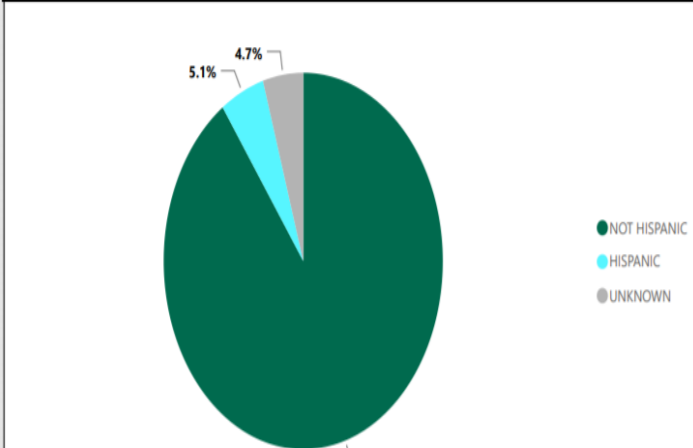
Daily Vaccines Administered



Share of Vaccines Administered (2nd and Single Dose) by Race



Share of Vaccines Administered (2nd and Single Dose) by Ethnicity



# CRISP Vaccine Tracker Tool

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- ❖ Powerful tool unique to Maryland providers
- ❖ Visibility on patients vaccine status
- ❖ Ability to sort by age, race, ethnicity, medical conditions to facilitate process and equitable outreach
- ❖ Crisp Reporting Services (CRS) tool
- ❖ Uses Medicare attribution



# CRISP Vaccine Tracking Tool

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

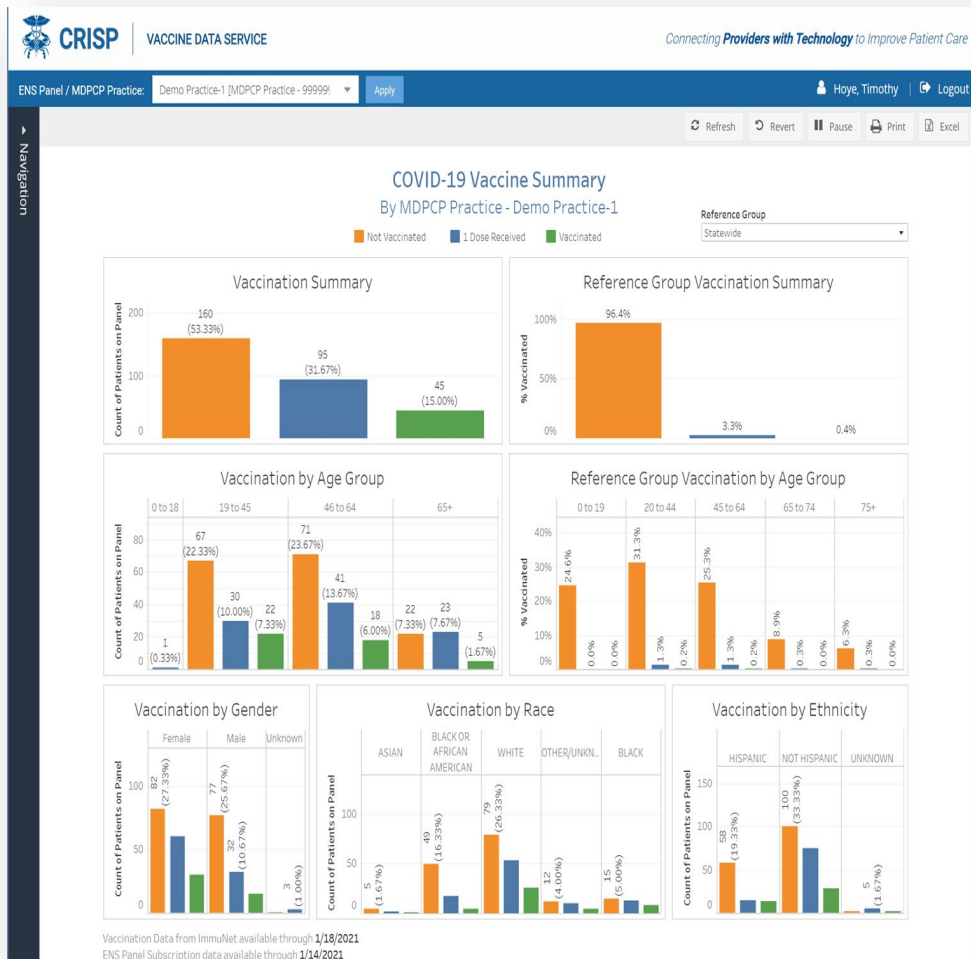
ENS Panel / MDPCP Practice: Demo Practice-1 (MDPCP Practice - 999995) Apply Hoye, Tim Logout

Vaccination data from ImmuNet available through **01/24/2021**  
ENS Panel Subscription data available through **01/14/2021**  
Quick Filter: Select Quick Filter Save Filters Clear Filters Excel Export  
*\* Double click on row to edit*

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
ALICE THORNTON	Not Vaccinated	1st Dose Scheduled	Called Patient on 1/25 ...			71	0			
ANDREW THORNTON	Vaccinated			12/14/2020	01/11/2021	67	2	Pfizer - COVID-19, ...	Pfizer - COVID-19, m...	CVS Pharmacy S...
AL BOND	1 Dose Received			01/04/2021		64	1	Moderna - COVID-1...		JH Howard Coun...
ANGELA BOND	Not Vaccinated	Vaccine Hesitant				44	0			
ETHEL MCELLEN	Vaccinated			12/15/2020	01/12/2021	93	0	Pfizer - COVID-19, ...	Pfizer - COVID-19, m...	CVS Pharmacy S...
BARBARA BOND	Not Vaccinated					62	0			
NATHAN JENNIFER	1 Dose Received			12/20/2020		62	5	Pfizer - COVID-19, ...		Walgreens #1511...
WALTER BOND	1 Dose Received	Final Dose Outreach		12/27/2020		76	0	Moderna - COVID-1...		Anne Arundel Co...
WALTER BOND	1 Dose Received			01/08/2021		62	0	Pfizer - COVID-19, ...		Holy Cross Hosp...

- ❖ User Guide Link: <https://vacctrac.crisphealth.org/#help/User%20Guide>
- ❖ Vaccination data updated daily from ImmuNet (IIS)
- ❖ 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

# Increase in Vaccine Payments

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- ❖ Medicare reimbursement for Covid vaccine administration has increased as of 3/15:

Single Dose	Two Dose Regimen
\$40	\$80 (\$40 for each dose)

- ❖ [CMS website link](#)
- ❖ [Overview of other payers](#)
- ❖ No co-payments, no cost to patients

# Covid Testing

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- ❖ Volumes declining but remains important
- ❖ Primary Care role in testing critical, including Point of Care tests
- ❖ Testing
  - Point of Care Testing in office - interested practices should fill out this [Google Form](#) as soon as possible

# Covid Testing

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## ❖ Testing is

- The only way we can identify who has an active Covid infection
- The only way we can inform active patients and their close contacts to self isolate to avoid spreading to others
- The only way we can identify patients who will benefit from mAb therapy
- Safe, simple, accurate, and no cost to patients – this is a rarity among tests

## ❖ Point of care tests are accurate in symptomatic patients, and the results are quickly available

# Monoclonal Antibody Therapy

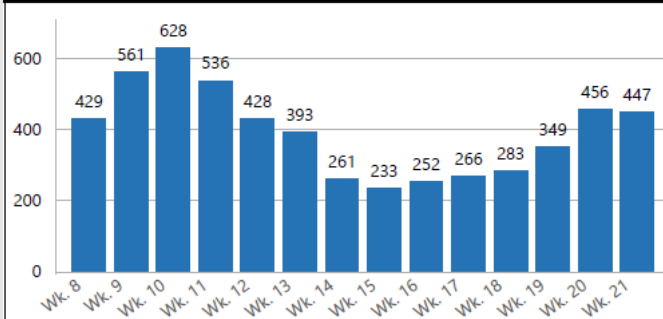
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- ❖ Only therapy for ambulatory Covid-19 patients
- ❖ Target high risk, as early as possible in course
- ❖ 38% of eligible received therapy last week
- ❖ Opportunity to avoid worsening and hospitalization

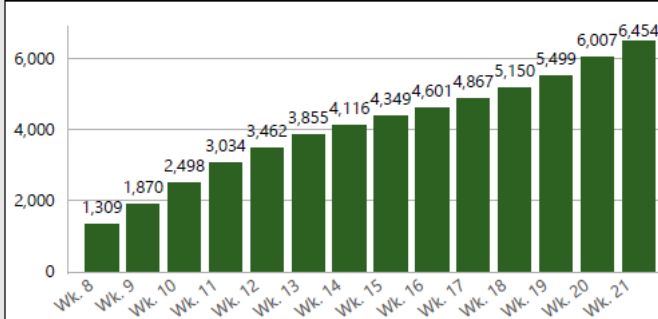
# Monoclonal Antibody Summary

Reporting Period: 1/3/2021 - 4/4/2021

## mAbs Infusions by Week



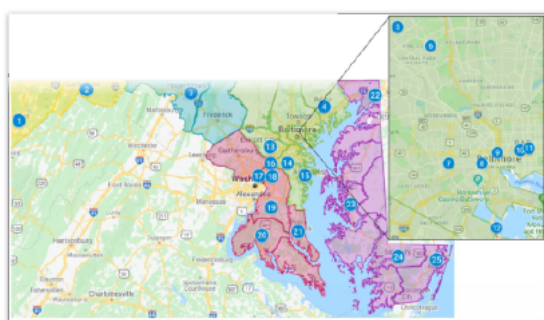
## Cumulative mAbs Infusions by Week



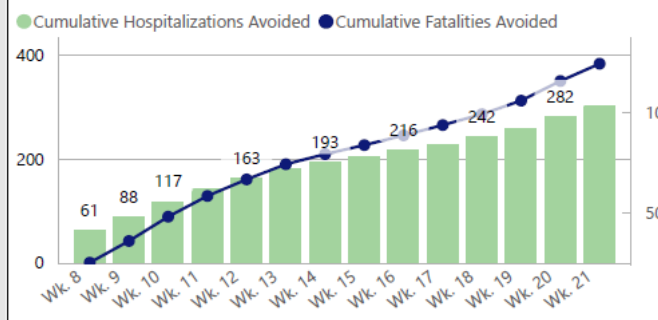
## Statewide Impact

<b>27</b>
Number of mAbs Locations
<b>6,454</b>
Cumulative mAbs Infusions
<b>303</b>
Cumulative Hospitalizations Avoided
<b>124</b>
Cumulative Fatalities Avoided

## mAbs Infusion Sites in Maryland



## Cumulative Hospitalizations and Fatalities Avoided by Week



## Statewide Utilization Statistics

<b>12,606</b>
Cumulative mAbs Allocation Volume
<b>6,454</b>
Cumulative mAbs Utilization Volume
<b>51%</b>
Cumulative % Allocation Utilized

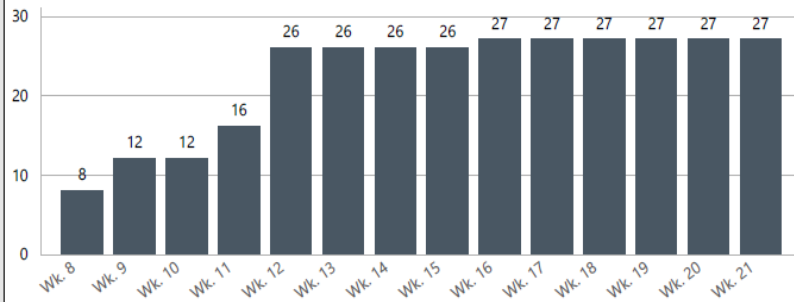
Note: Waiting on dynamic data source for gender, race, and geographical data to make each table dynamic.



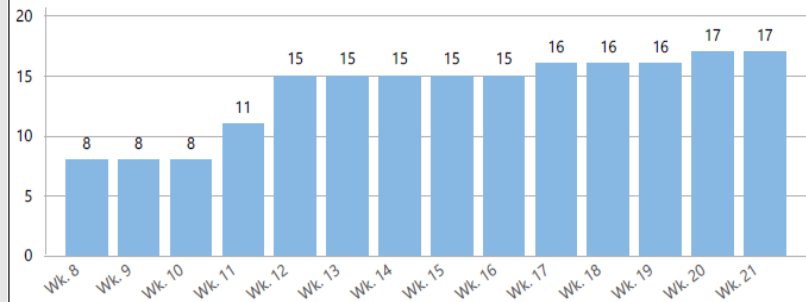
## Monoclonal Antibody Summary

Reporting Period: 1/3/2021 - 4/4/2021

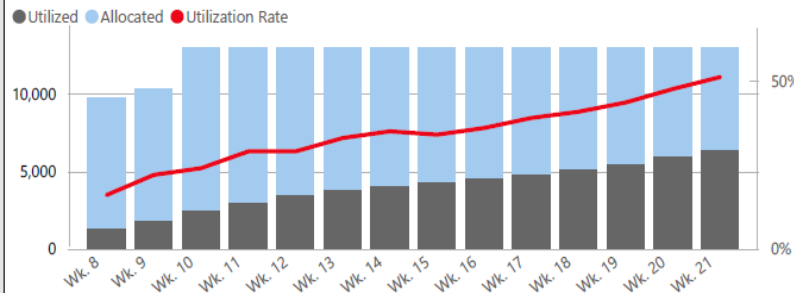
**mAbs Infusion Locations by Week**



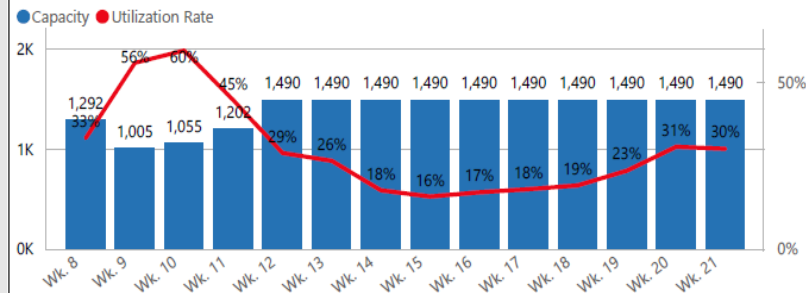
**Counties Served with mAbs Infusion by Week**



**mAbs Infusion Allocation and Utilization Rate by Week**



**mAbs Infusion Capacity and Utilization Rate by Week**





## Weekly Summary: Monoclonal Antibody Allocation and Distribution

**7,210** Monoclonal Antibody Infusions Administered: Nov - April 19 2021

### Key Facts

1. A reported total of 7,210 patient infusions reported since November 2020, equaling 365 patient infusions for week 23.
2. Maryland has avoided approximately **338** hospitalizations and **139** deaths due to monoclonal antibody infusions.
3. As of 4/16/21, FDA revoked the EUA for bamlanivimab when administered alone. [See here.](#)

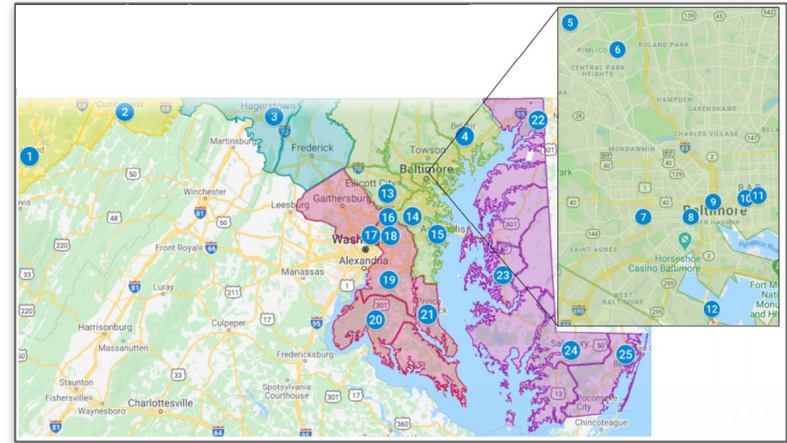


Figure 1. Summary Distribution of Infusion Sites across Maryland

### Monoclonal Antibody Patient Demographic Summary in Maryland by Race, Patient Residence, and Age (next slide)

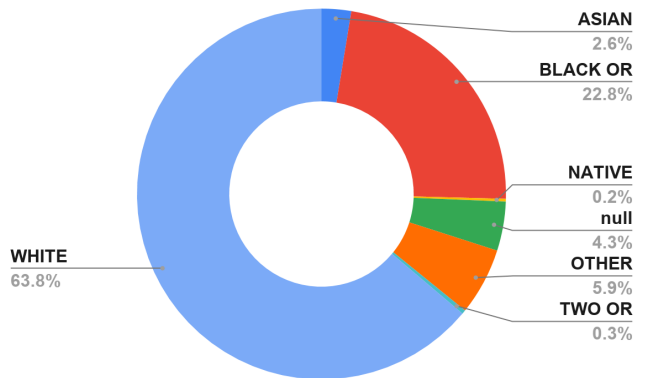
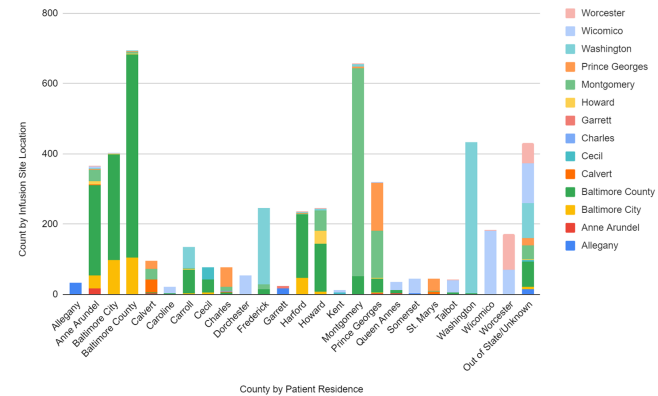


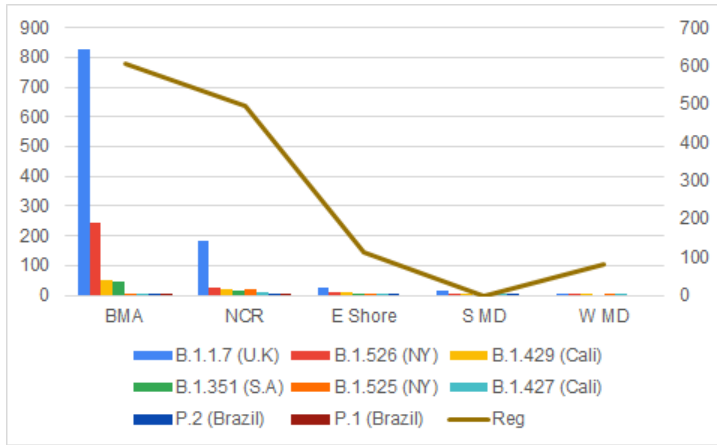
Figure 2. Summary of Patient Characteristics by Race, Nov - April 21, 2021



*nt less than 10 are suppressed.*

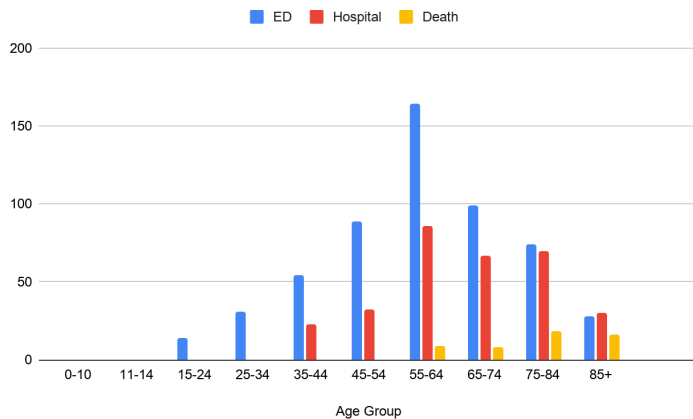
Figure 3. Summary of Patient County Residence by Infusion Site Location Nov - April 21, 2021

**Figure 4.** SARS-CoV-2 Variants in Maryland as Compared to Regeneron Availability, Nov 2020 - April 10, 2021



**Note:** FDA reports “no change” for mAbs against B.1.17. On 4/16/2021, FDA revoked the EUA for bamlanivimab when administered alone due to variant activity.

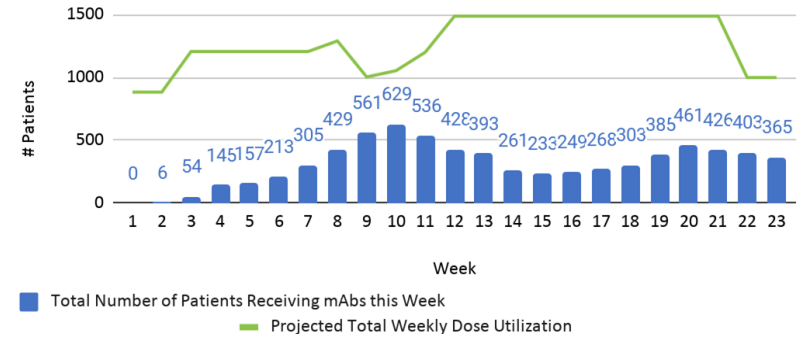
**Figure 5.** Summary of Patient Health Outcome by Age Groupings, Nov 2020 - April 21, 2021



**Note:** Median age equals 64 years; At day 29, the percentage of patients who went to the ED was 9% (461), hospitalized was 5% (270), and expired was 1% (46). Data with a count less than 10 are suppressed.

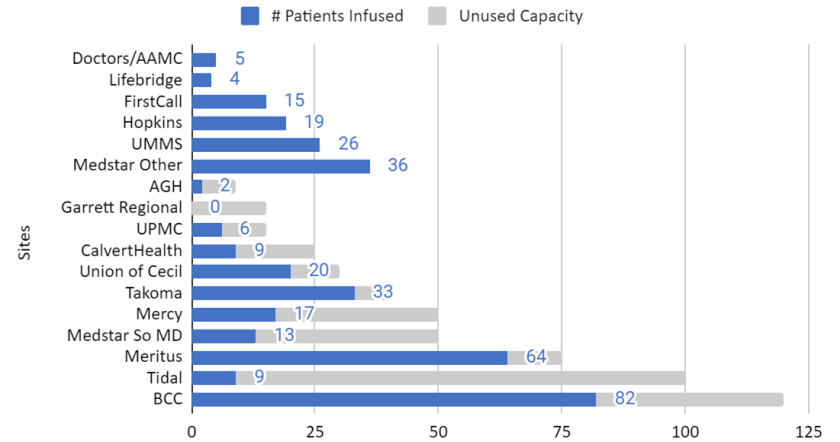
Updated as of 4/20/2021 for previous weeks (11/23 – 4/11/2021)

**Figure 6.** Summary of Monoclonal Antibody Usage by Capacity and Week among All Sites, November 2020 - April 19, 2021



**Note:** Totals are updated for previous weeks.

**Figure 7.** Summary of Capacity and Number of Patients Infused among Hospital-based sites, Week 23



**Note:** MedStar Other: Franklin Sq, Good Samaritan, St. Mary’s, Montgomery, and Union; UMMS: Upper Chesapeake, Charles Regional, Laurel, and Shore Regional. Hopkins: Howard, Bayview, Weinberg Oncology.

# FDA Summary of mAb Antiviral Resistance

**Table 1. Combined Summary of Pseudovirus Neutralization Data for SARS-CoV-2 Variant Substitutions with Regeneron, Bamlanivimab + Etesevimab Together, and Bamlanivimab Alone (1,2,3)**

Lineage with Spike Protein Substitution	Fold Reduction in Susceptibility		
	REG	Bam + Etes	Bam
B.1.1.7 (UK origin)	no change(c)	no change(b)	no change(b)
B.1.351 (South Africa origin)	no change(c)	>45(c)	>2,360(c)
P.1 (Brazil origin)	no change(c)	>511(c)	>2,360(c)
B.1.427/B.1.429 (California origin)	no change(c)	7.4	>1,020(c)
B.1.526 (New York origin)d	no change(c)	17	>2,360(c)

C: No change: <2-fold reduction in susceptibility.

B: No change: <5-fold reduction in susceptibility.

C: No activity observed at the highest concentration tested. Bamlanivimab alone, and Bam+Etes together are unlikely to be active against variants from this lineage.

FDA Fact sheets recently updated antiviral resistance **section 15**:

1. [Fact Sheet For Health Care Providers Emergency Use Authorization \(Eua\) Of Bamlanivimab \(fda.gov\)](#)
2. [Fact Sheet For Health Care Providers Emergency Use Authorization \(Eua\) Of Bamlanivimab And Etesevimab \(fda.gov\)](#)
3. [Fact Sheet For Health Care Providers Emergency Use Authorization \(Eua\) Of Regeneron \(Casirivimab With Imdevimab\) \(fda.gov\)](#)

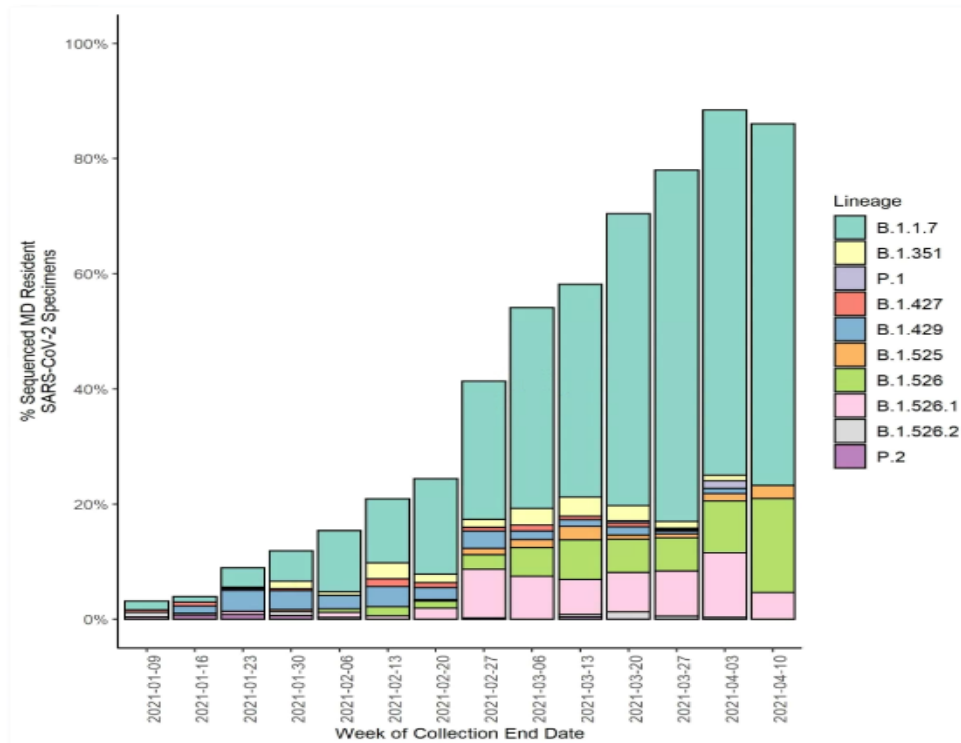
# Virus Variant

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- ❖ This is expected for the natural course of viruses
- ❖ Common in coronaviruses, more likely with greater volumes of virus
- ❖ Sequencing increased dramatically
- ❖ Over 1,000 mutations, most clinically not relevant
- ❖ Virus variants - [reporting](#)

# Maryland Variant of Concern/ Interest

Proportion of Sequenced Specimens Identified as VOC/VOI, February 09 - April 10, 2021



1. [SARS-CoV-2 Variant Classifications and Definitions;](#)
2. [Variant Proportions in the U.S.;](#)
3. [US COVID-19 Cases Caused by Variants](#)

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Not For Redistribution**

# Lack of equity during Covid-19 continues- you can make a difference

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- ❖ Disparity from less access
  - Covid testing
  - Monoclonal antibody therapy
  - vaccinations
- ❖ Disparity with greater negative impact
  - Deaths
  - Hospitalizations
  - Covid cases
- ❖ How you can help
  - POC and PCR office testing
  - Referral to mAbs
  - Vaccinating your patients



# How do we know when it is over?

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- ❖ Now is the time for you to make this a reality
- ❖ 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- with increasing exceptions among vaccinated persons



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

— John Lennon

# General Vaccine Resources

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- ❖ [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
  - ❖ CDC [Moderna vaccine storage](#)

# CME Accreditation and Designation

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- ❖ 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](mailto:fberry@medchi.org)

# CME Disclosures and Evaluation

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- ❖ 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

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## ❖ Learn from:

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

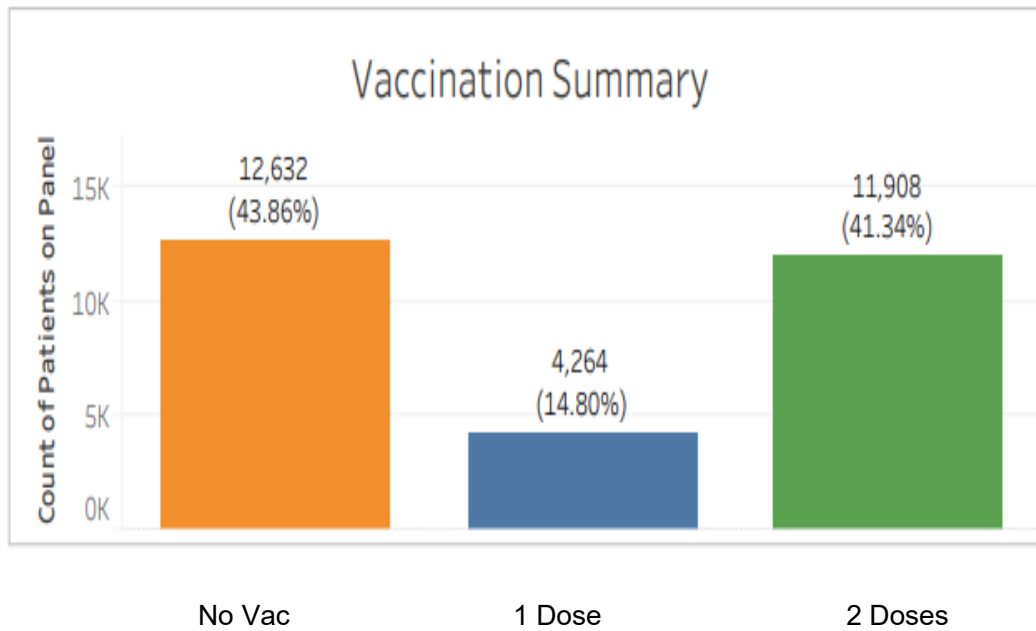
## ❖ Wednesday Covid-19 Update

- [Wednesday, 5/12/21 \(5-6:30pm\)](#)
- [Wednesday, 5/26/21 \(5-6:30pm\)](#)

## ❖ Guest Speakers

- John Lease, Practice Administrator, Calvert Internal Medicine Group
- Nayantara Mendonca, MD, Physician, Calvert Internal Medicine Group

# CALVERT INTERNAL MEDICINE *Group*



Source CRISP – April 26, 2021

# CALVERT INTERNAL MEDICINE *Group*

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## The Journey - Post Traumatic Growth

- Practice Moves from <0.5% Telehealth Daily Visits to >75% in Several Days
- Practice Begins Office-based COVID Testing
- COVID Drive-Up Testing Initiated at One Primary Care Site
- Practice Initiates Office-Based Rapid Testing
- COVID Drive Up-Testing Expanded to Three Primary Care Sites
- Practice Partners with Calvert County Health Department to Vaccinate Practice Patients
- Practice Joins MDPCP Practice Vaccine Project
- Practice Adds Vaccine Testimonials to Waiting Rooms' Electronic Signage and Social Media Platforms
- Drive-up Vaccinations Initiated
- Drive-up Vaccinations Coupled with Drive-Up Testing



# Appendix

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## Resources and Links


# Contact Tracing

## Methods


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

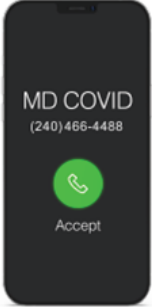
### Thank You for Getting Tested for COVID-19

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](https://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](https://covidlink.maryland.gov)

  @MDHealthDept  
Updated 1/7/2021

# Multiple COVID-19 variants are circulating globally

B.1.1.7	B.1.351	P.1
<ul style="list-style-type: none"><li>• Variant name is a reference to its lineage</li><li>• Appears to have originated in the UK with an unusually large number of mutations</li><li>• Was first detected in 9/2020</li><li>• Spreads more quickly and easily than other variants</li><li>• Some evidence it causes more severe illness or increased risk of death</li><li>• Highly prevalent in London and southeast England</li><li>• Doubling every 10 days in the United States</li><li>• Vaccines appear to work well against it</li></ul>	<ul style="list-style-type: none"><li>• Variant name is a reference to its lineage Has emerged in South Africa, is independent of B.1.1.7</li><li>• Originally detected in 8/2020</li><li>• Shares some mutations with B.1.1.7</li><li>• Clinical trials of vaccines show they offer less protection against this variant than other variants</li><li>• The FDA is preparing a plan to update vaccines if B.1.351 surges in the United States</li></ul>	<ul style="list-style-type: none"><li>• Variant name is a reference to its lineage</li><li>• Emerged in Brazil</li><li>• Was identified in four travelers from Brazil, who were tested during routine screening at Haneda airport outside Tokyo, Japan</li><li>• Contains a set of additional mutations that may affect its ability to be recognized by antibodies</li><li>• Is a close relative of B.1.351</li><li>• May be able to overcome the immunity developed after infection by other variants</li></ul>

# New Variant Reporting to MDH

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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](#)

# Covid-19 mAb Treatment Criteria

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## ❖ Patient Criteria

- Have BMI  $\geq 35$
- Have chronic kidney disease
- Have diabetes
- Are currently receiving immunosuppressive treatment
- Are  $\geq 65$  years old
- Are  $\geq 55$  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

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- ❖ [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](#)

# Scheduling In-Office Appointments

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- ❖ 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

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- ❖ 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

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- ❖ 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**

# Personal Protective Equipment (PPE) Sources and Requests

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- ❖ 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

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- ❖ 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](https://businessexpress.maryland.gov/coronavirus)
- ❖ Providers may also request PPE from the non-profit ['Get Us PPE'](#)

# Provider/Patient Mental Health Resources

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## ❖ Providers

- “Helping the Helpers and Those They Serve,” a [webinar series](#) from the Maryland Department of Health Behavioral Health Administration and MedChi (on the 2<sup>nd</sup> and 4<sup>th</sup> 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

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- ❖ [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

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- ❖ [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

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- ❖ 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

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

# Food Resources

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❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:

➤ [Maryland Summer Meals](#)

[Howard County](#)

➤ [Montgomery County](#)

[Anne Arundel County](#)

➤ [Prince Georges County](#)

[St. Mary's County](#)

➤ [Charles County](#)

[Harford County](#)

➤ [Frederick 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

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- ❖ 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

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- ❖ 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/>)