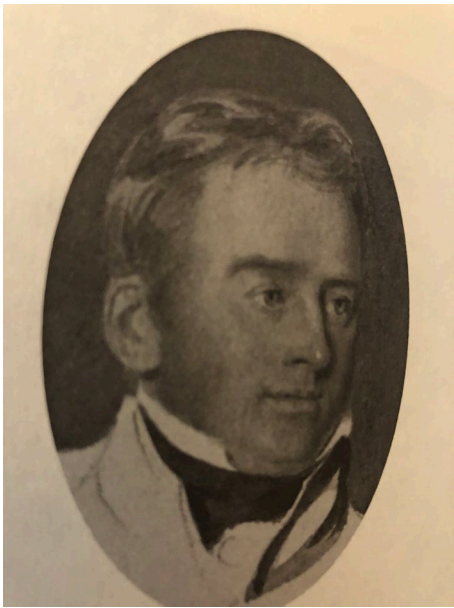




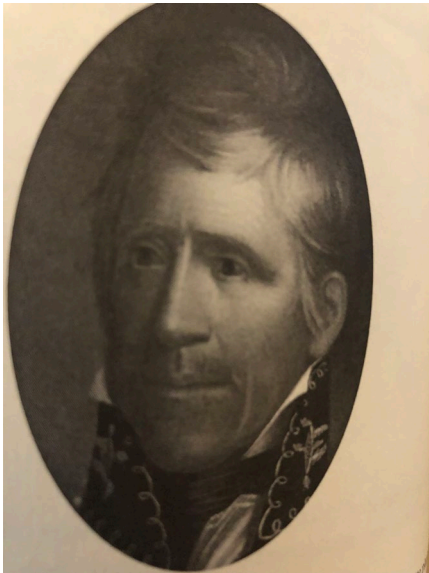
Covid-19 and Equity Update

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

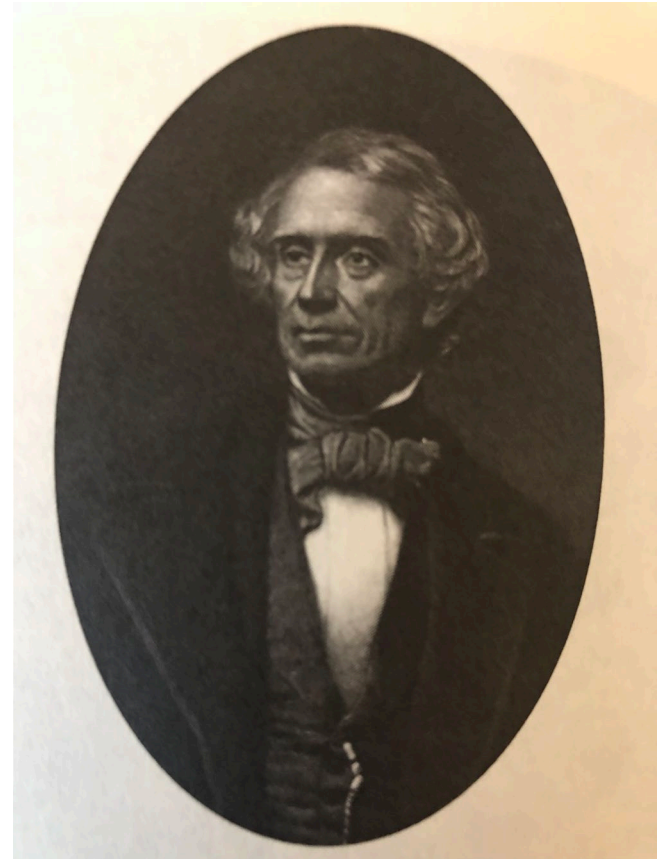
26 May 2021



Sir Edward Pakenham
Died; 8 January 1815



Andrew Jackson
Died 8 June 1845



Samuel F.B. Morse
24 May 1884
“What God Hath Wrought”

Agenda

- ❖ Encouraging update on pandemic data
- ❖ Vaccine update including Pediatrics
- ❖ Testing –ELC grant preview
- ❖ Monoclonal antibodies
- ❖ Virus variants
- ❖ Unwinding restrictions
- ❖ NASEM Report

Daily COVID-19 Report

Data reported as of 5/25/2021 for data through 5/24/2021

458,680
cases cumulative

10,287,967
tests cumulative

5.3
7-day avg. case rate

6,634
total hospital adult census

8,838
deaths cumulative

160
cases reported yesterday

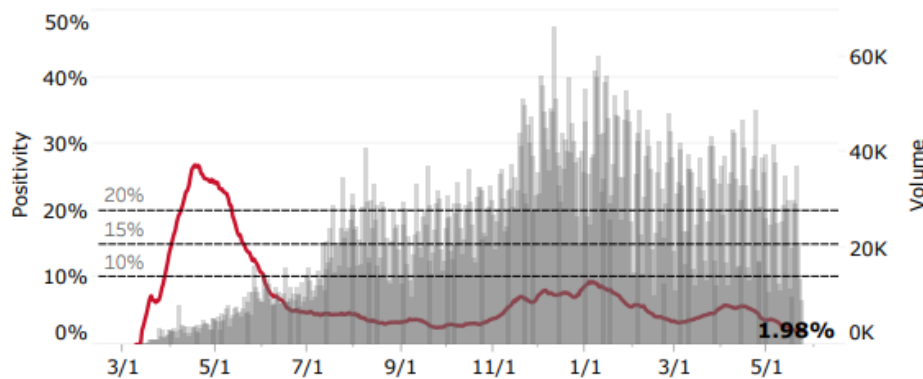
9,042
tests reported yesterday

1.98%
7-day avg. positivity

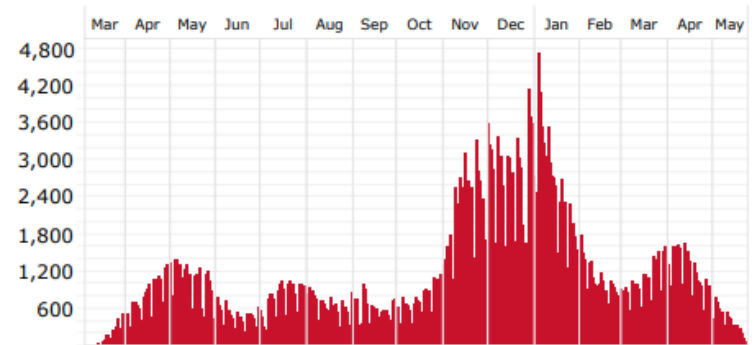
74
change in total hospital census

7
deaths reported yesterday

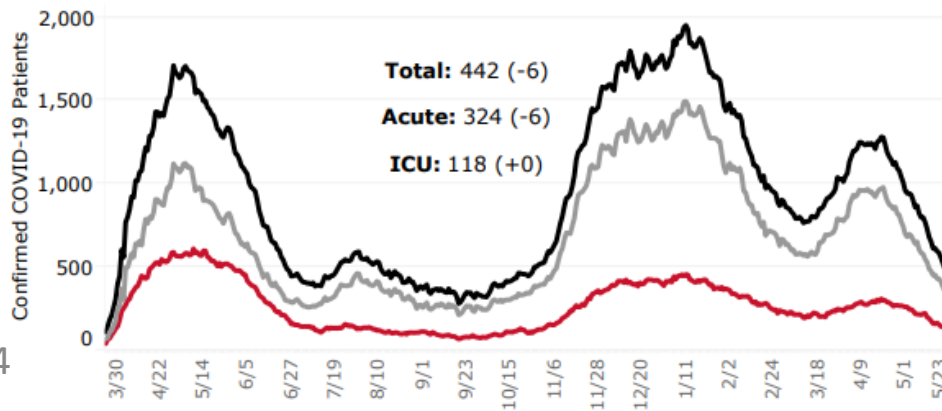
7-Day Avg. Percent Positivity and Total Testing Volume Since 3/1/20



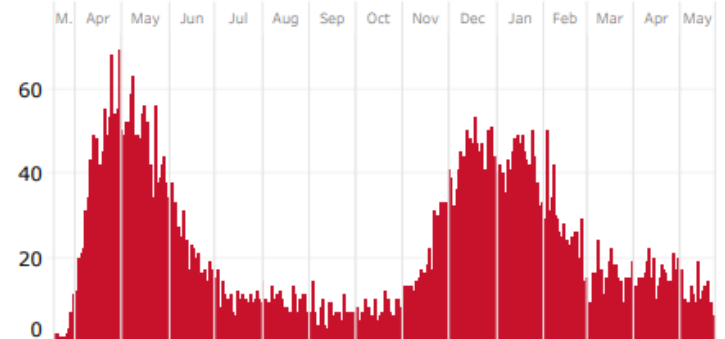
Daily New Cases by Specimen Collection Date



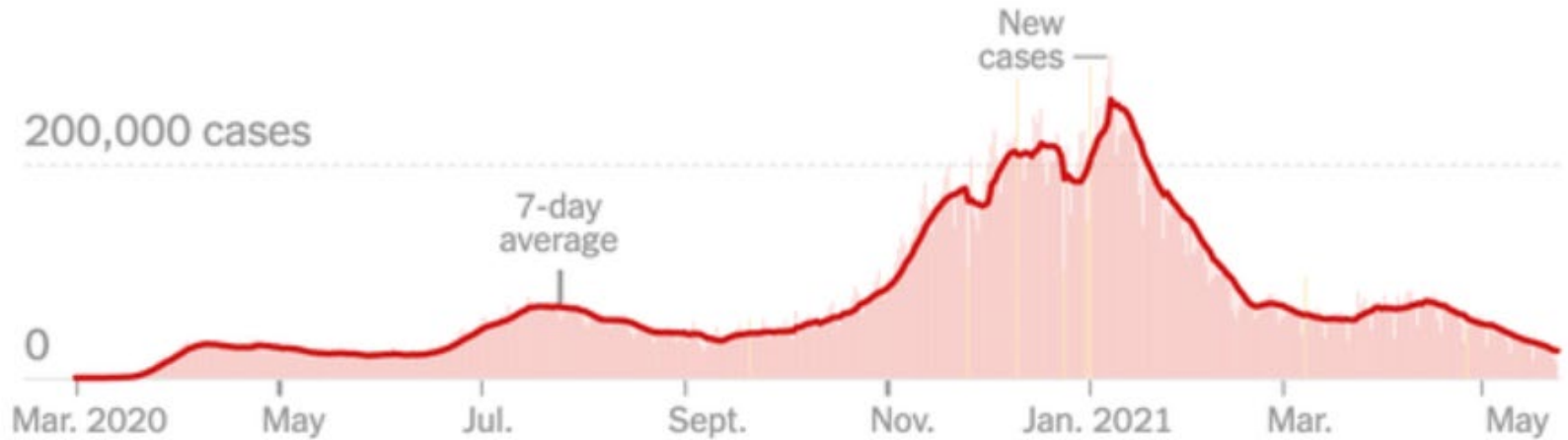
Statewide Acute/ICU Beds Occupied by COVID Patients



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.

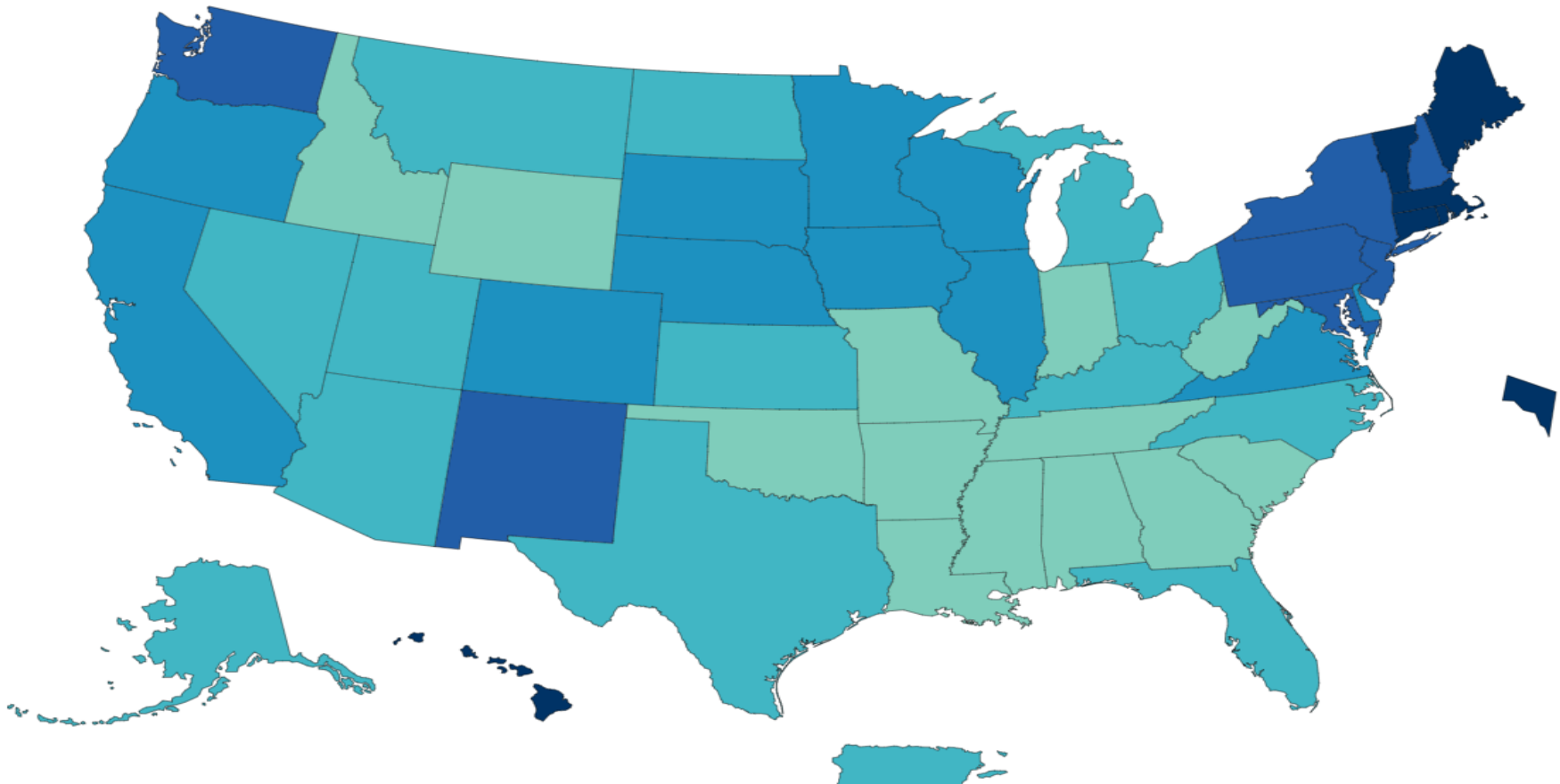


	TOTAL REPORTED	ON MAY 23	14-DAY CHANGE
Cases	33.1 million+	14,144	-38% →
Deaths	589,517	189	-15% →
Hospitalized		28,492	-22% →

The New York Times

Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population

Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population



The Race to 70%- Statewide

COVID-19 Vaccination Dashboard

CDC: 18+ Population with at Least One Dose

68.3%

Source: CDC Covid Data Tracker

Fully Vaccinated

2,789,960

Doses Administered

5,936,293

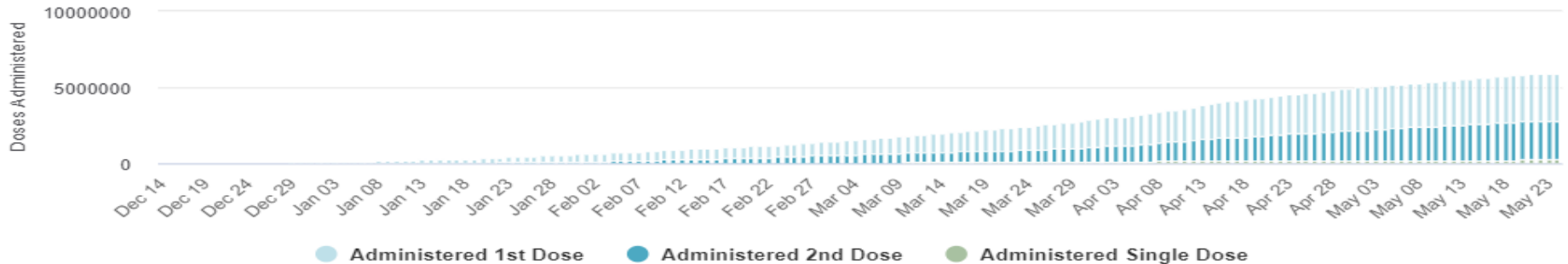
All Doses Administered

Vaccinations by Dose

Doses Distributed

7,681,760

Vaccinations Administered by Date



Vaccination Administered by Date

Current State: MDPCP Rollout

Vaccines Administered
Last Week

10,340

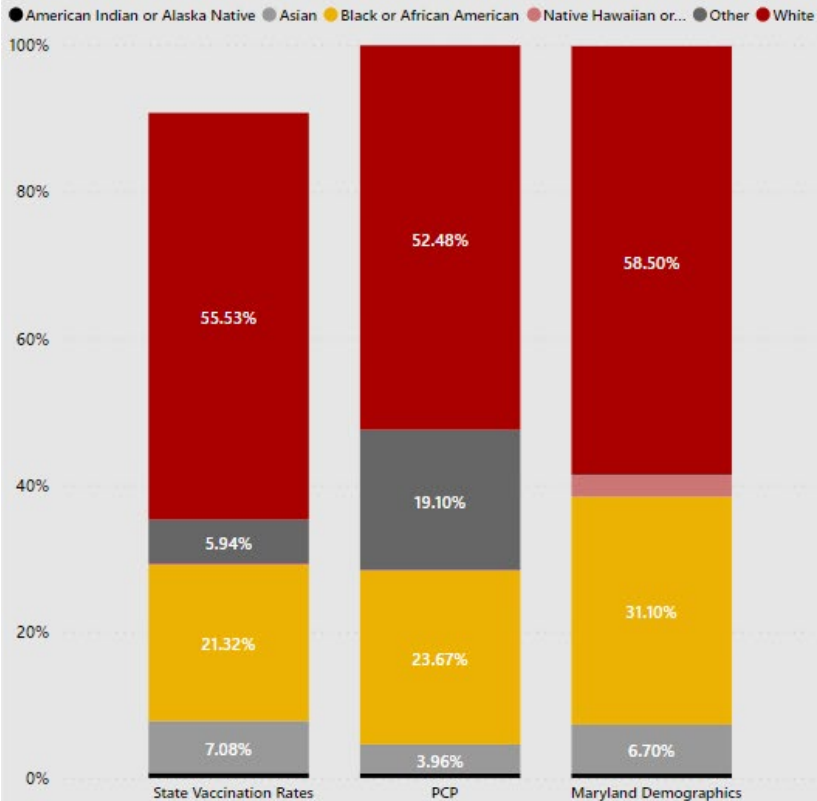
Vaccines Administered
Cumulative

93,912

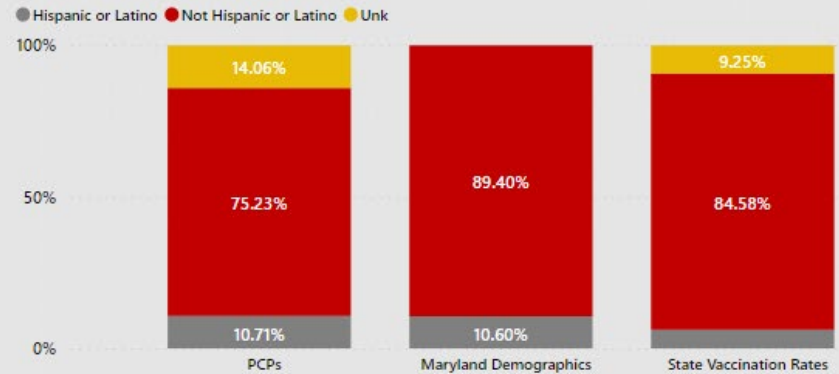
Data as of:
5/22/2021
4:52:16 AM



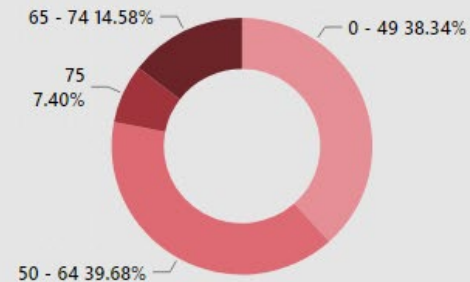
Breakdown by Race



Breakdown by Ethnicity

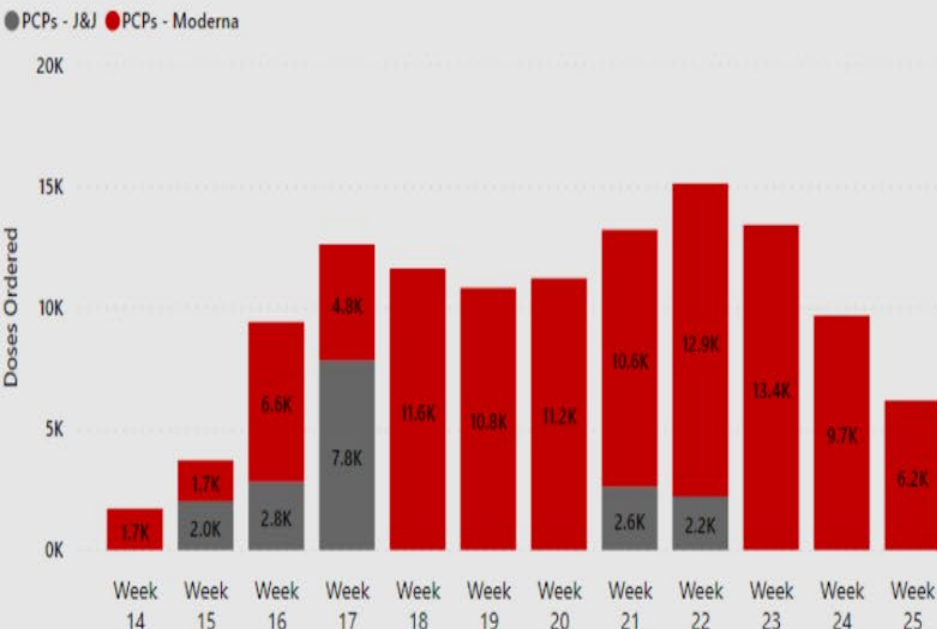


Breakdown by Age





First and Single Doses Ordered by Week



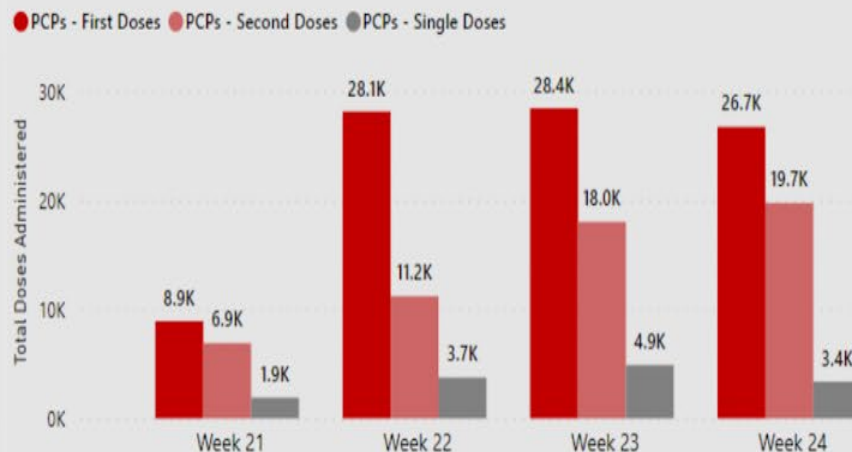
Program Participants



Total Doses Administered - First, Second, and Single



Survey Reported Doses on Hand by Week



On hand inventory estimates are based on weekly returning provider survey results, which usually receives a ~75-80% practice response rate.
PCP Participant data includes internal medicine and family medicine practices primary care practices

Pediatric Vaccine Program

- ❖ Pfizer EUA approved by FDA for 12-15 year old
- ❖ ACIP approved and allowed co-administration with other vaccines
- ❖ Safety and efficacy data strong
- ❖ FDA revised the storage allowing 31 days in refrigerator
- ❖ Pfizer planning 30% of shipments to be 450 vials beginning in June 2021

Pediatric Covid Vaccine Logistics


- ❖ Mass vax sites
- ❖ Pharmacies
- ❖ Local Health Departments
- ❖ Large Pediatric/ Family Practice sites with freezer and refrigerator capacity
- ❖ Smaller practice sites with hub and spoke model
- ❖ Possible school and pop up clinics

Primary Care Covid Vaccine Allocation Process

- ❖ If your practices meet the technical prerequisites, you are invited to receive Covid vaccine now
- ❖ Technical prerequisites
 - Is reporting EHR data to ImmuNet AND
 - Has registered for a Covid PIN
- ❖ If your practice meets the technical requirements and has not received onboarding instructions, reach out to mdh.pcmode@maryland.gov

Vaccine Preparation and Communications Toolkits

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

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

Vaccine Preparation Toolkit link [here!](#)

This section is useful for any staff who communicates with patients, including your front desk staff.

How to Communicate with Your Patients

Some of the nation's leading practices for effective communication styles include:


- Appeal to emotions, such as the motivation to protect oneself and loved ones along with the desire to connect with others
- Direct, clear, and common-sense-driven messages are perceived as informative and believable
- Offer advertisements/communications in multiple languages
- Refer viewers to additional resources (See materials for patients on Page 11)

These responses can be extra powerful coming from a trusted advisor like a primary care provider.

Top 3 most effective messages for patients who get the vaccine:


- Protect myself
- Protect family and friends
- Help get life back to normal

Patients can use these affirmations as motivation



Key things to know about the vaccine: (adapted from the CDC)

- COVID-19 vaccines are safe and effective
- You may have side effects after vaccination, but these are normal
- People who have been fully vaccinated can start to do some things that they had stopped doing because of the pandemic



Talking Points to Hot Topics (Vaccine Hesitancy)

For more detailed talking points, please refer to the resource titled "COVID-19 Vaccine Hesitancy: The Ultimate Guide of Talking Points to Address Patient Concerns" ([Link](#))

I'm worried about the cost of the vaccine.

- All COVID vaccines are free of charge for Marylanders

I am worried about the side-effects of the vaccines.

- Some patients experience mild side effects after receiving the vaccine
- Side-effects pale in comparison to the chance of you, or a loved one, getting COVID-19 and falling seriously ill
- Side-effects do not include contracting COVID-19 or other serious health conditions
- All research indicates that getting the vaccine is the best way to prevent COVID-19

Page 2 | mdh.pcr

Vaccine Communication Toolkit link [here!](#)

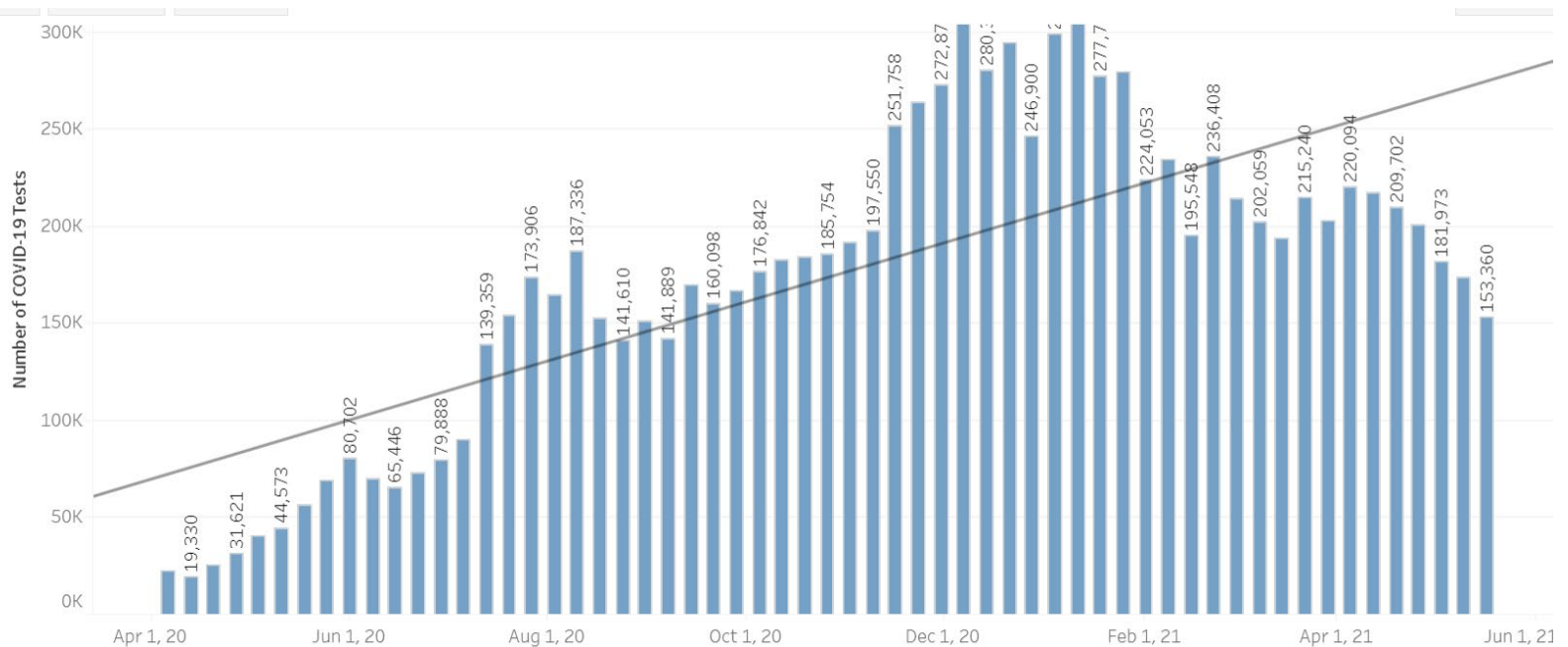
Call to Action: Use the CRISP Vaccine Tracker to find your unvaccinated patients

Every practice, *whether a vaccination site or not*, can do the following to reach unvaccinated patients:

- 1. Use the CRISP Vaccine Tracker** to identify your practice's MDPCP beneficiaries who are still unvaccinated. Access the Vaccine Tracker at <https://vacctrac.crisphealth.org/>
- 2. Sort your practice's unvaccinated patients by provider**
- 3. Conduct direct outreach** from provider to discuss why and how to get vaccinated
 - 1. Use the [Covid-19 Vaccine Communication and Outreach Strategies in Primary Care](#)** as a guide in your outreach.
 - 2. If your practice is not a vaccinating site, use the [Maryland Covid-19 Vaccination Site Locator](#)** to find a vaccination site near your patients

Covid Testing

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



Covid Testing

- ❖ 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

Expanding Laboratory Capacity Grant- the next phase in Primary Care- Public Health Integration

- ❖ ELC cooperative grant from CDC to states
- ❖ MDPCP funds to provide POC platforms for primary care providers with digital connections to MDH through CRISP
- ❖ Reporting on current and future conditions of epidemiologic importance
 - Covid-19
 - Influenza
 - RSV
 - others

Monoclonal Antibody Therapy

- ❖ Only therapy for ambulatory Covid-19 patients
- ❖ Target high risk, as early as possible in course
- ❖ 32% of eligible received therapy last week
- ❖ Opportunity to avoid worsening and hospitalization
- ❖ Referral form undergoing revisions
- ❖ New EUA allows for “clinical judgement” for those at risk

Declining Demand for Monoclonal Antibody Therapy- but still many untreated

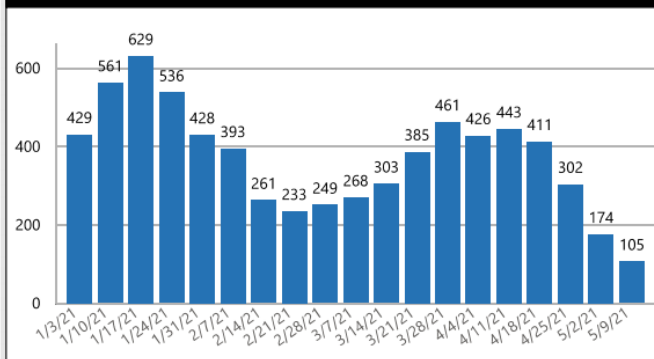


Monoclonal Antibody Summary

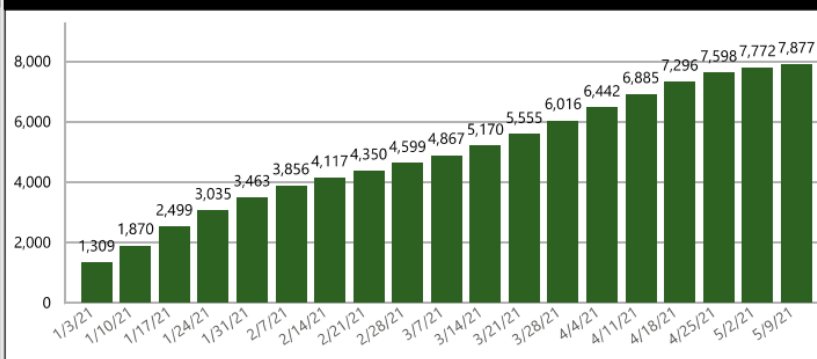
Summary
Reporting Period: 1/3/2021 - 5/9/2021

May 10, 2021
Data as of: 5/9/2021

mAbs Infusions by Week



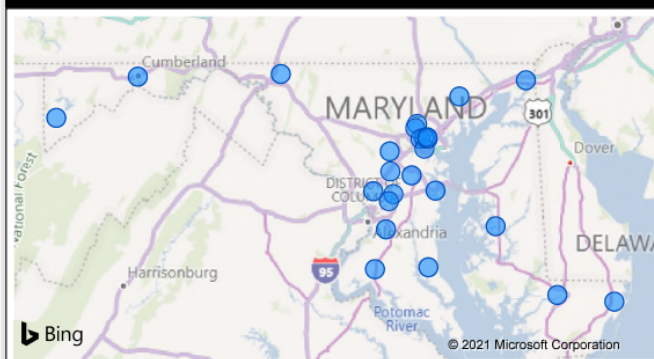
Cumulative mAbs Infusions by Week



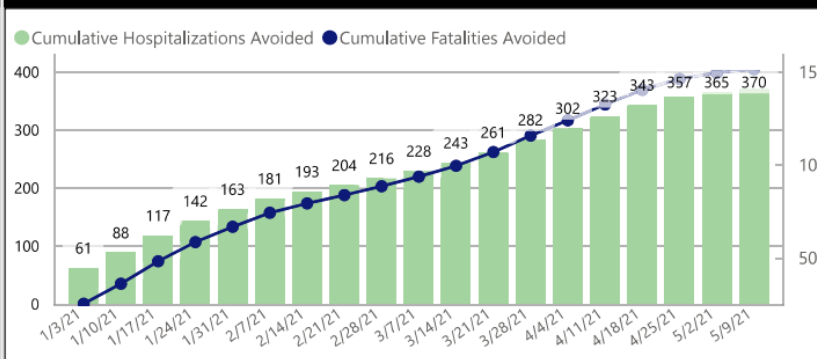
Statewide Impact



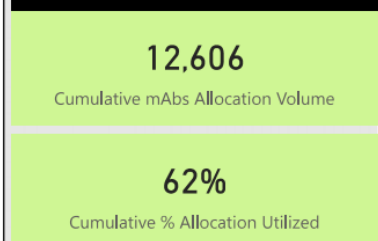
mAbs Infusion Sites in Maryland



Cumulative Hospitalizations and Fatalities Avoided by Week



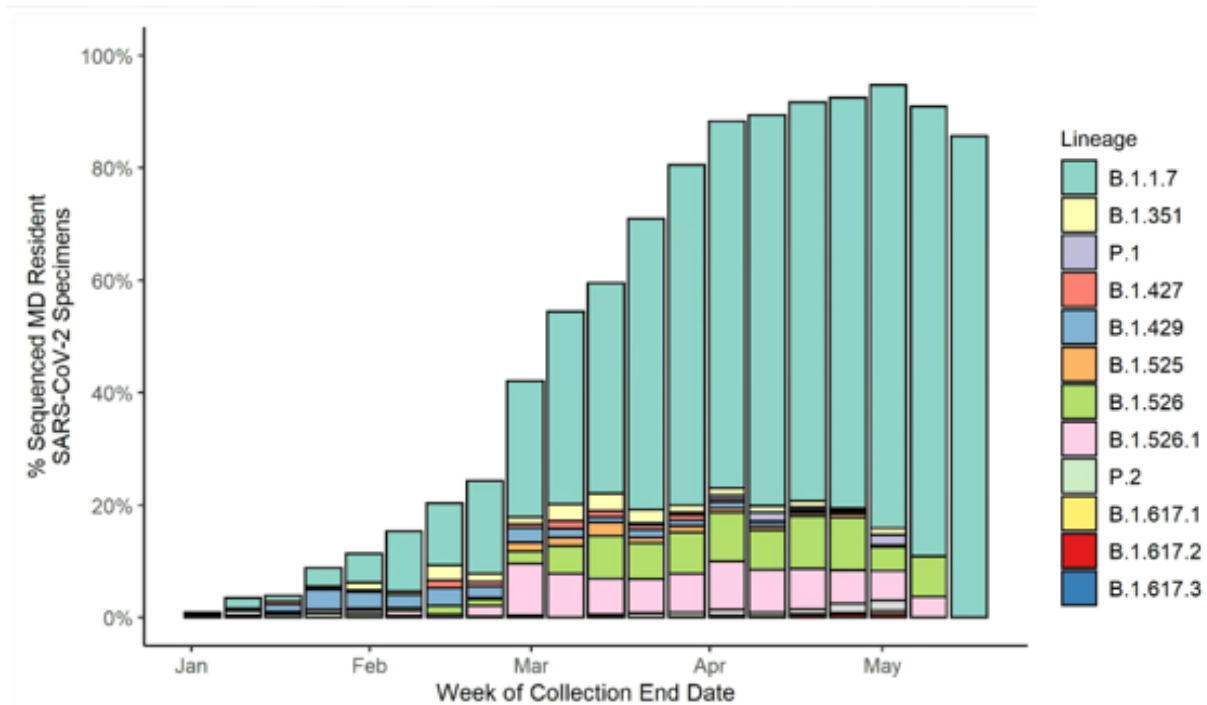
Statewide Utilization Statistics



Virus Variant

- ❖ 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
- ❖ P1 mAb resistance in Mass and Illinois
- ❖ Virus variants - [reporting](#)

Proportion of Sequenced Specimens Identified as VOC/VOI



Source: GISAID

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

- ❖ 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

***Primary Care: America's Health in a New Era
Institute of Medicine - 1996***

After decades of relative neglect in a health care system that placed most of its emphasis on specialization, high technology, and acute care medicine, the value of primary care is again being recognized as part of the wave of reform that is sweeping the U.S. health care industry. There are numerous indications of the increasingly important role being played by primary care.

National Academy – 25 years later–



"High-quality primary care is the foundation of a high-functioning health care system and is critical for achieving health care's quadruple aim (enhancing patient experience, improving population health, reducing costs, and improving the health care team experience)"

- 1. Pay for primary care teams to care for people, not doctors to deliver services.**
- 2. Ensure that high-quality primary care is available to every individual and family in every community.**
- 3. Train primary care teams where people live and work.**
- 4. Design information technology that serves the patient, family, and the interprofessional care team.**
- 5. Ensure that high-quality primary care is implemented in the United States**

How do we know when it is over?

- ❖ 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

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, 6/9/21- Special webinar on pediatric/family practice](#)
- [Wednesday, 6/23/21](#)
- [Wednesday, 7/7/21- 100th and final Covid -19 update in this series](#)

❖ Guest Speakers

- Titus Abraham, MD, (Physician) and Melonie Martiniano (Care Manager), Annapolis Internal Medicine

Guest Speakers

Titus Abraham, MD
Physician

Melonie Martiniano
Care Manager



Appendix

Resources and Links

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


Contact Tracing

Methods


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

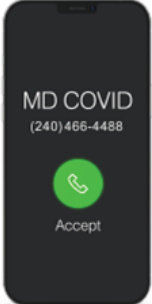
Thank You for Getting Tested for COVID-19

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

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](#)

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](#)

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**

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'](#)

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

Food Resources

❖ 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

- ❖ 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/>)