



Covid-19 Update: The Fifth and Final Wave?

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

8 September 2021

Agenda

- ❖ Current Pandemic data
- ❖ Vaccine Updates
- ❖ Monoclonal antibodies
- ❖ Testing
- ❖ Long Covid
- ❖ Schools, masks and other controversies
- ❖ Measures to stop the spread of Covid in healthcare workplaces
- ❖ Questions from last webinar
- ❖ End game for the pandemic

Daily COVID-19 Report

Data reported as of 9/7/2021 for data through 9/6/2021

504,856

cases cumulative

12,214,093

tests cumulative

18.6

7-day avg. case rate

6,763

total hospital adult census

9,870

deaths cumulative

795

cases reported yesterday

16,311

tests reported yesterday

4.65%

7-day avg. positivity

207

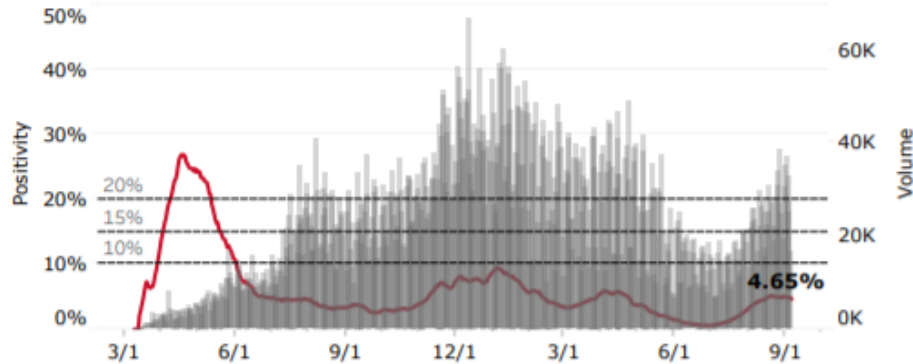
change in total hospital census

7

deaths reported yesterday

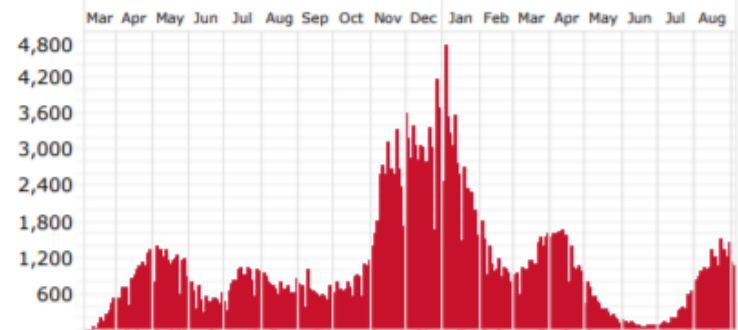
7-Day Avg. Percent Positivity and Total Testing Volume

Since 3/1/20

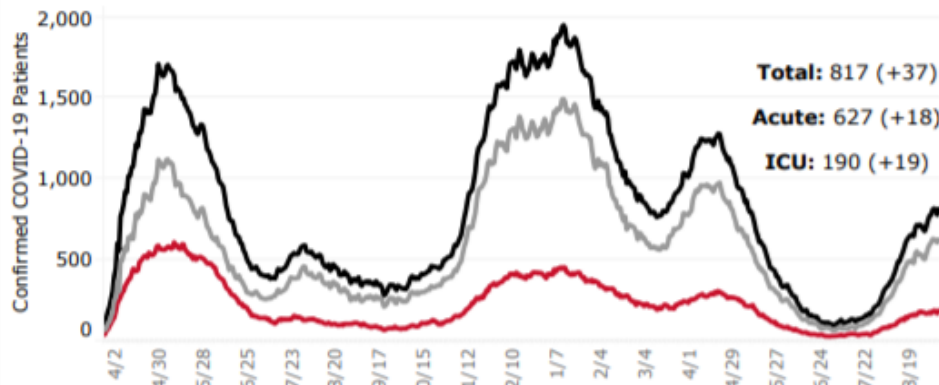


Daily New Cases

by Specimen Collection Date

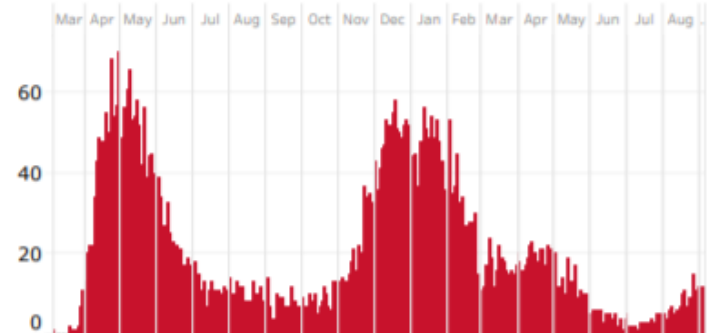


Statewide Acute/ICU Beds Occupied by COVID Patients



Daily Deaths

Confirmed and Probable



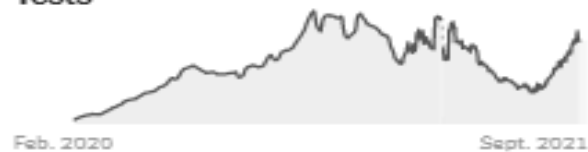
Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

Overview of Current Pandemic Trends in the United States

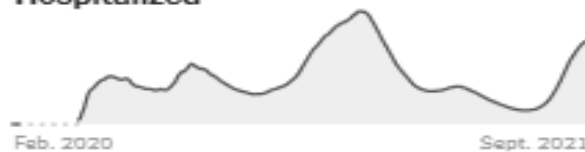
New reported cases



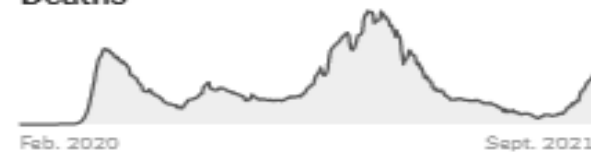
Tests



Hospitalized



Deaths



DAILY AVG. ON SEPT. 2

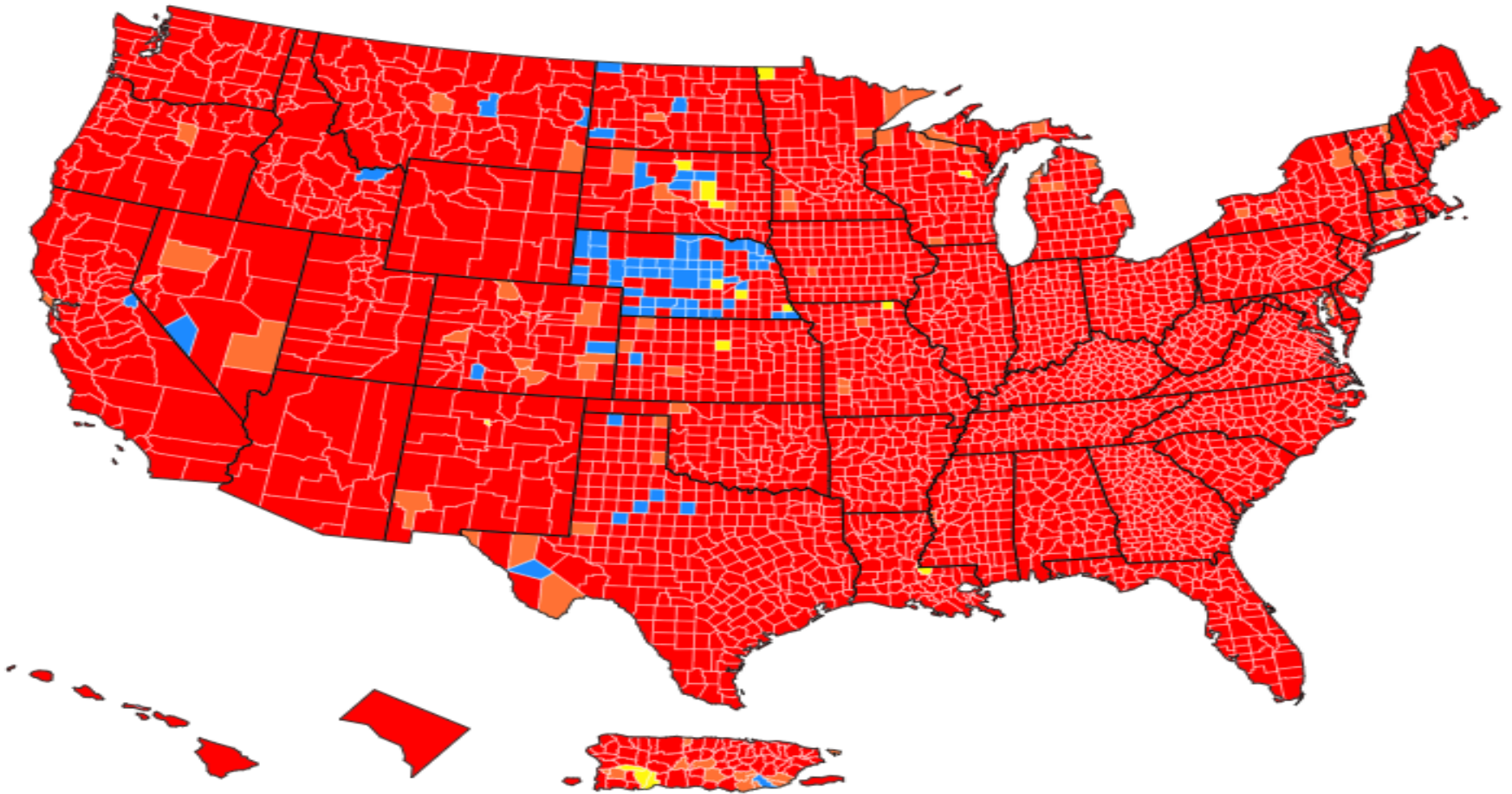
14-DAY CHANGE

TOTAL REPORTED

Cases	164,326	+14%	39,766,950
Tests	1,368,588	+25%	—
Hospitalized	101,572	+16%	—
Deaths	1,521	+67%	645,917

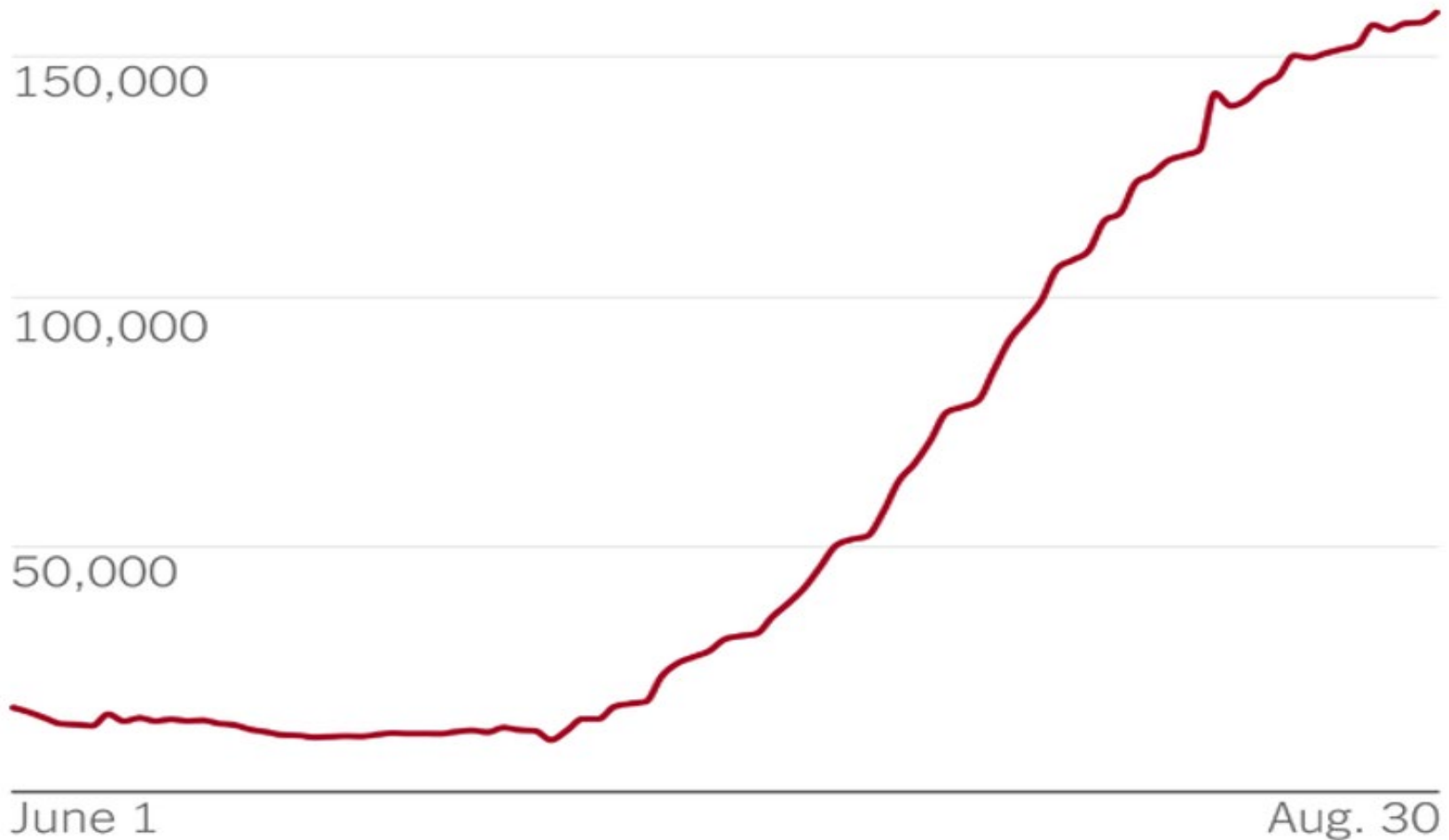
US Community Transmission

Community Transmission in the United States, August 27 – September 2



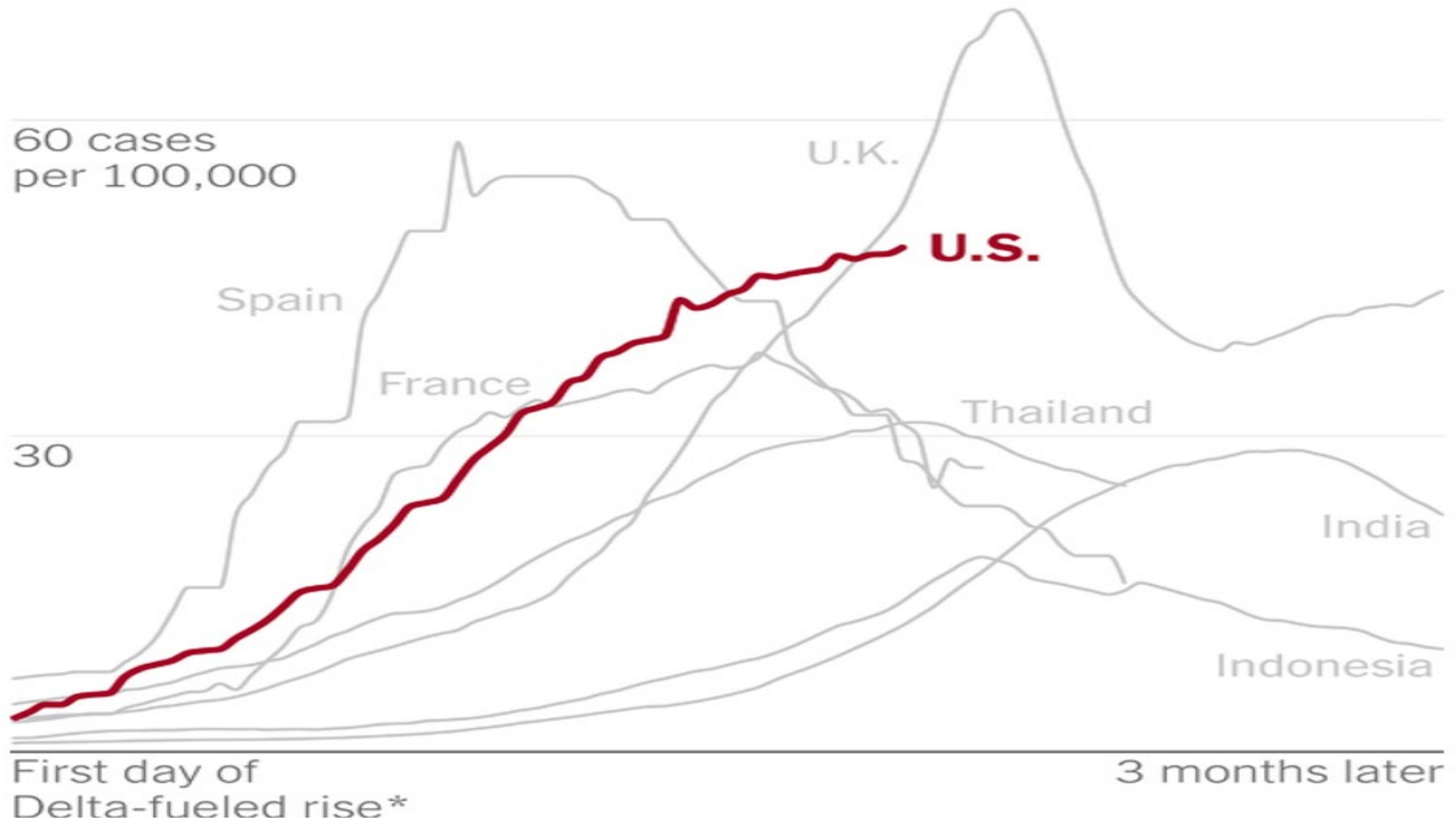
Rise in New Daily U.S. Covid Cases Over Summer 2021

Daily average new Covid cases in the U.S.



Duration of Delta Surges in the U.S. and Other Countries

Length of Covid surges fueled by the Delta variant

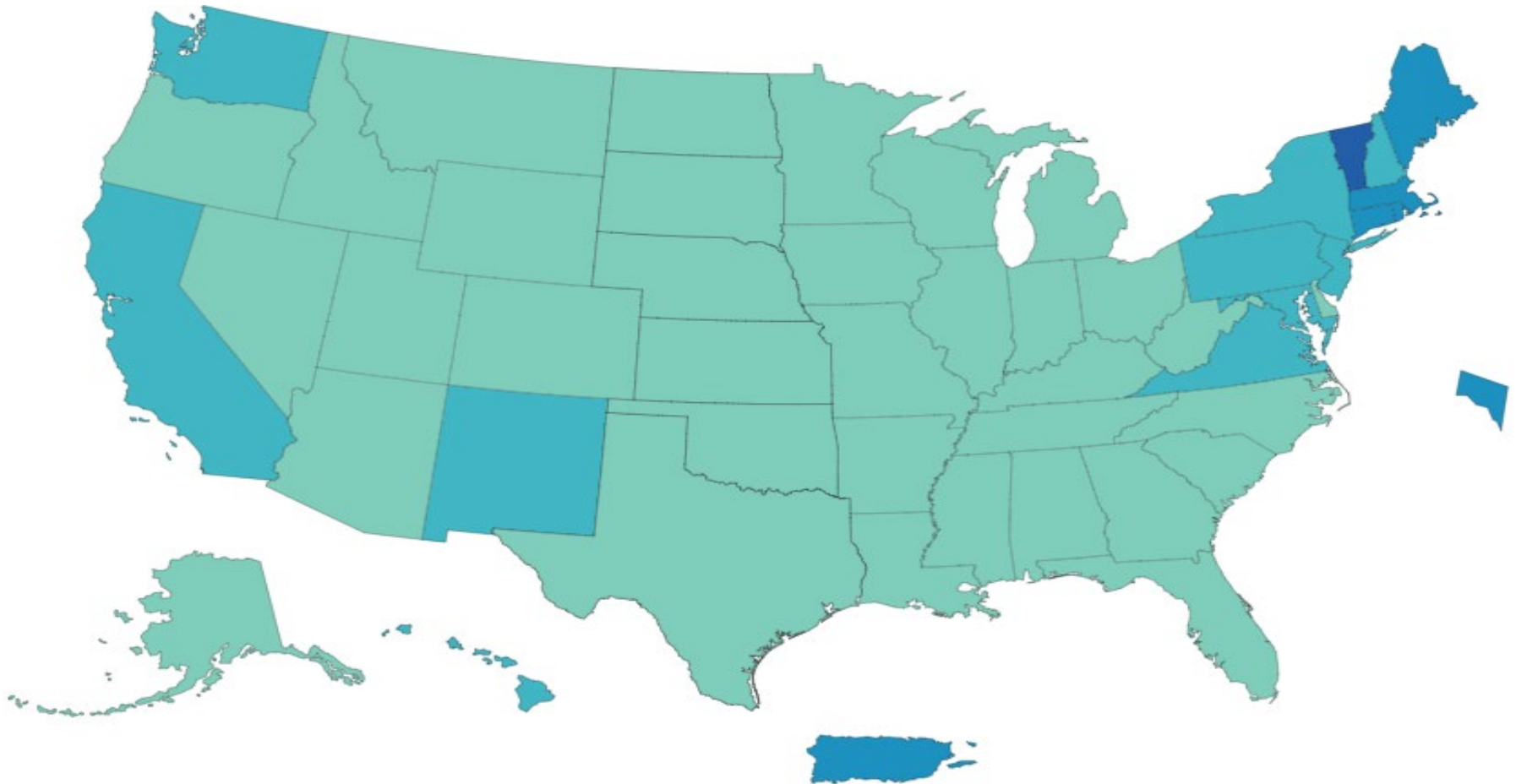


* Between February and July 2021, depending on the country.

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 per 100,000

○ No Data 0 1 - 120,000 120,001 - 130,000 130,001 - 140,000 140,001 - 150,000 150,001 +



Statewide Vaccination Data

COVID-19 Vaccination Dashboard

CDC: 18+ Population with at Least One Dose

81.5%

Source: CDC Covid Data Tracker

Fully Vaccinated
3,767,812

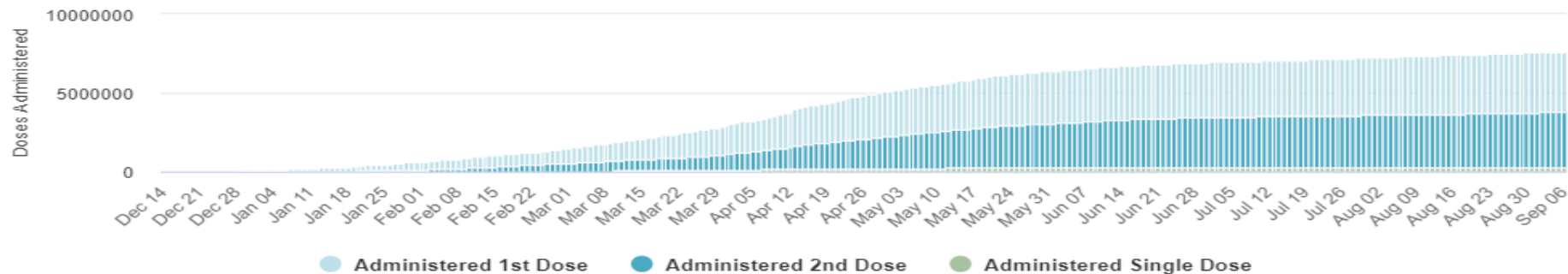
Doses Administered
7,616,568

All Doses Administered

Vaccinations by Dose

Doses Distributed
9,529,070

Vaccinations Administered by Date



Vaccination Administered by Date

Primary Care Vaccine

Report Date: 9/1/2021 4:52:15 AM



Cumulative Doses Ordered	Cumulative Doses Administered	Cumulative Doses on Hand	PCP Participants	PCP Ready to Receive
282,167	147,805	134,026	432	494

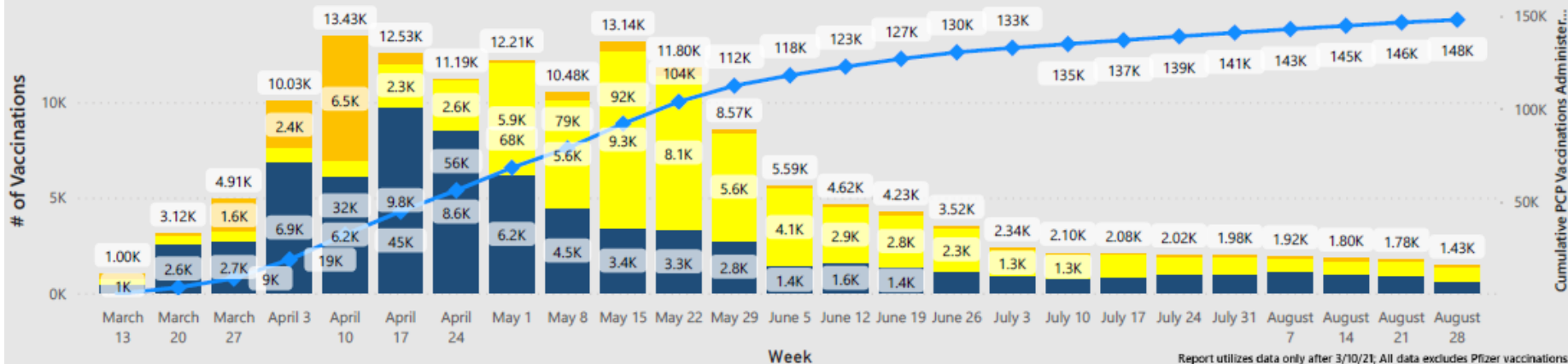
All Doses Ordered + Transfers

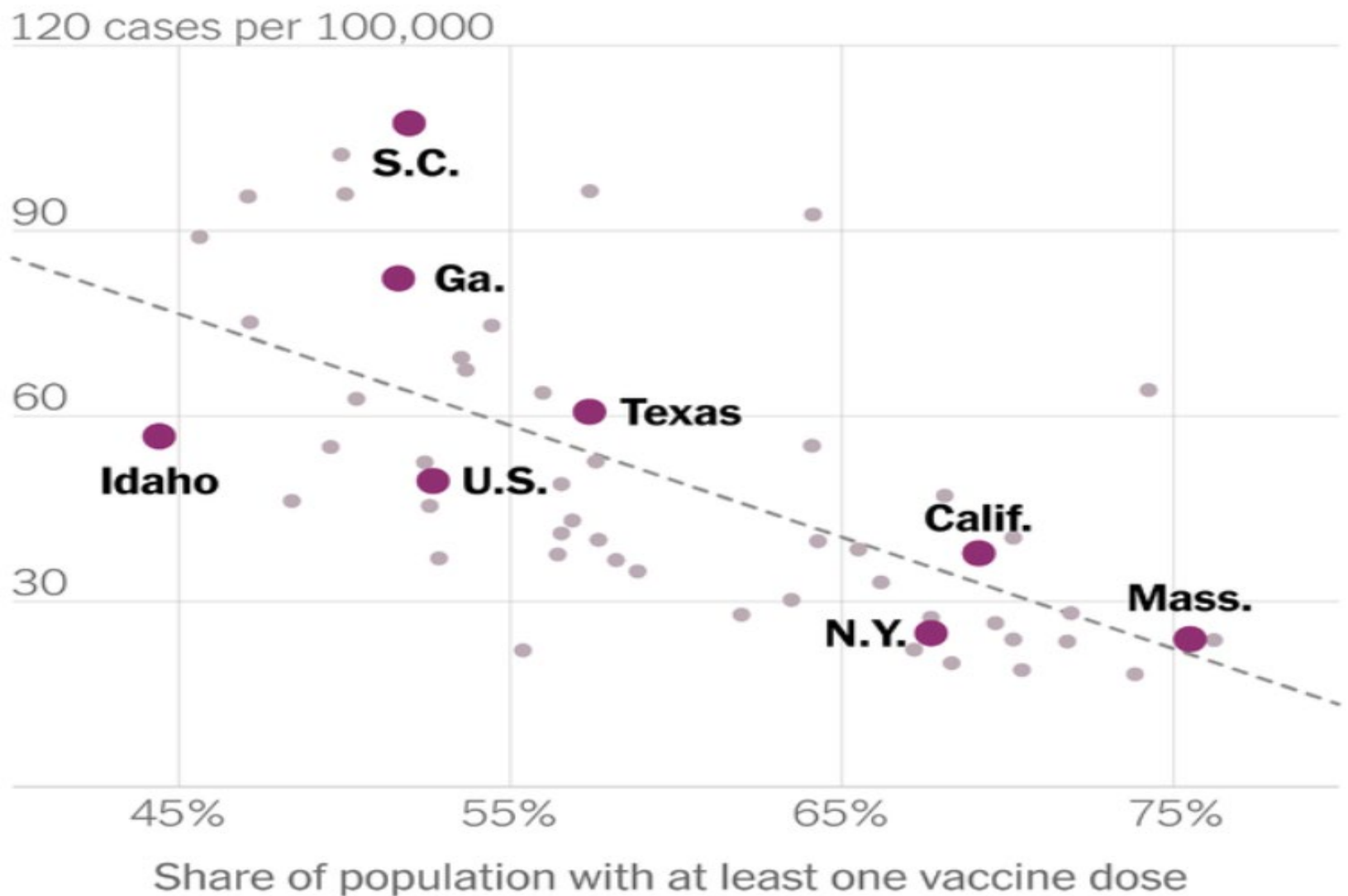
NDC ● Janssen ● Moderna



Weekly Vaccine Administered

DOSE_NAME ● 1st Dose ● 2nd Dose ● Single Dose ● Cumulative PCP Vaccinations Administered





Data as of Sept. 2; cases are the 7-day daily average. The New York Times

As of September 2, the 7-day daily average in Maryland case rate was about 20 per 100,000 and 80% of Marylanders age 12 and older had received at least one dose of a Covid vaccine



We are excited to acknowledge the top 5 MDPCP practices and CTOs for Covid-19 vaccination efforts!

Practices

1. Linda M. Lang, M.D., LLC - 93.12%
2. Charlestown Medical Center - 93.03%
3. Jeffrey D. Gaber & Associates, PA - 92.61%
4. Dorchester Family Medicine - 92.27%
5. Marshak Medical Group - 91.85%

CTOs

1. Holy Cross Health, Inc. - 88.64%
2. PHS Doctors CTO - 86.03%
3. Ascension Saint Agnes Community Health Partners - 83.96%
4. Greater Baltimore Health Alliance Physicians, LLC - 83.91%
5. University of Maryland Care Transformation Organization, LLC - 82.80%

Note: percentages represent percent of MDPCP beneficiaries fully vaccinated

We are excited to acknowledge the top 5 MDPCP practices and CTOs for accomplishing the biggest improvement in vaccinating their unvaccinated patients in the last week!

Practices

1. Doctors Community Practices at Bowie - 2.07%
2. Wasim Fakhar, M.D., PA - 1.95%
3. Chesapeake Wellness Center, LLC - 1.65%
4. Louis Silverstein, M.D. - 1.53%
5. Shawn Dhillon, M.D., PC - 1.53%

CTOs

1. HCD International - 0.50%
2. Western Maryland Physician Network, LLC - 0.46%
3. Atlantic General Hospital Corporation - 0.46%
4. InterMed Associates IPA, LLC - 0.46%
5. Maryland Collaborative Care Transformation Organization - 0.40%

Note: percentages represent percent of MDPCP beneficiaries fully vaccinated

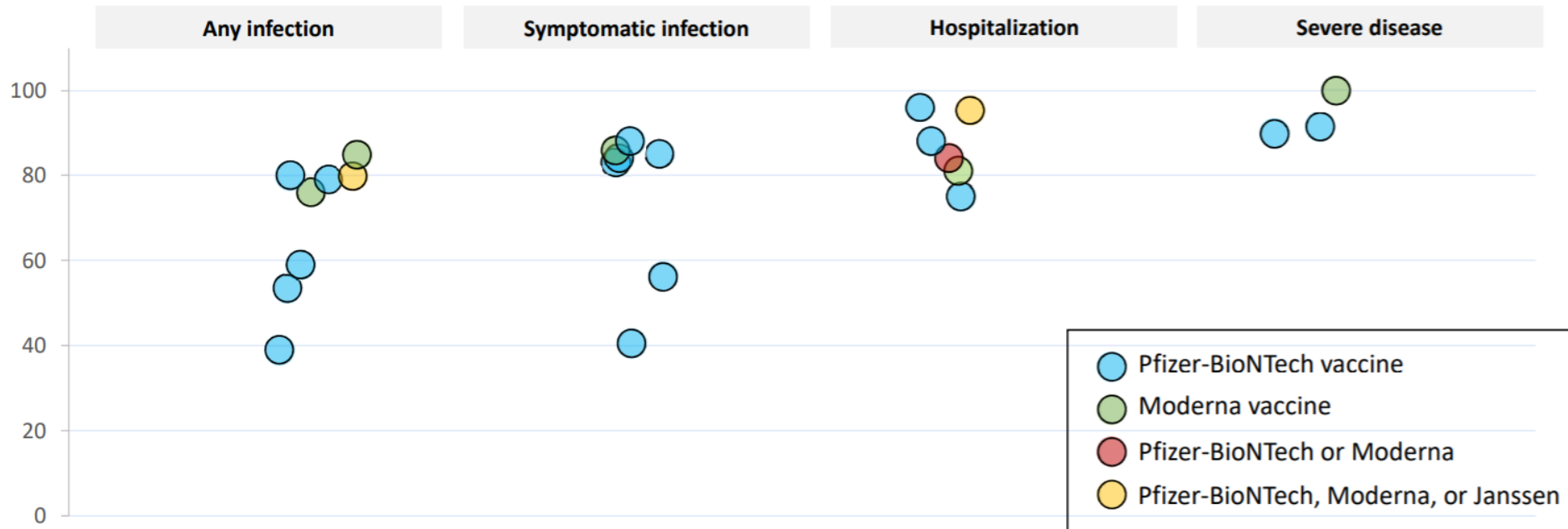
Coadministration of the Covid Vaccines With Other Vaccines

- ❖ The CDC has determined that Covid vaccines and other vaccines may now be administered without regard to timing
 - This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day, as well as coadministration within 14 days
- ❖ Best practices for multiple injections include:
 - Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable
 - Separate injection sites by 1 inch or more, if possible
 - If multiple vaccines are administered at a single visit, administer each injection in a different injection site
- ❖ CDC guidance about coadministration of Covid vaccines and other vaccines available [here](#)

Waning Immunity and boosters?

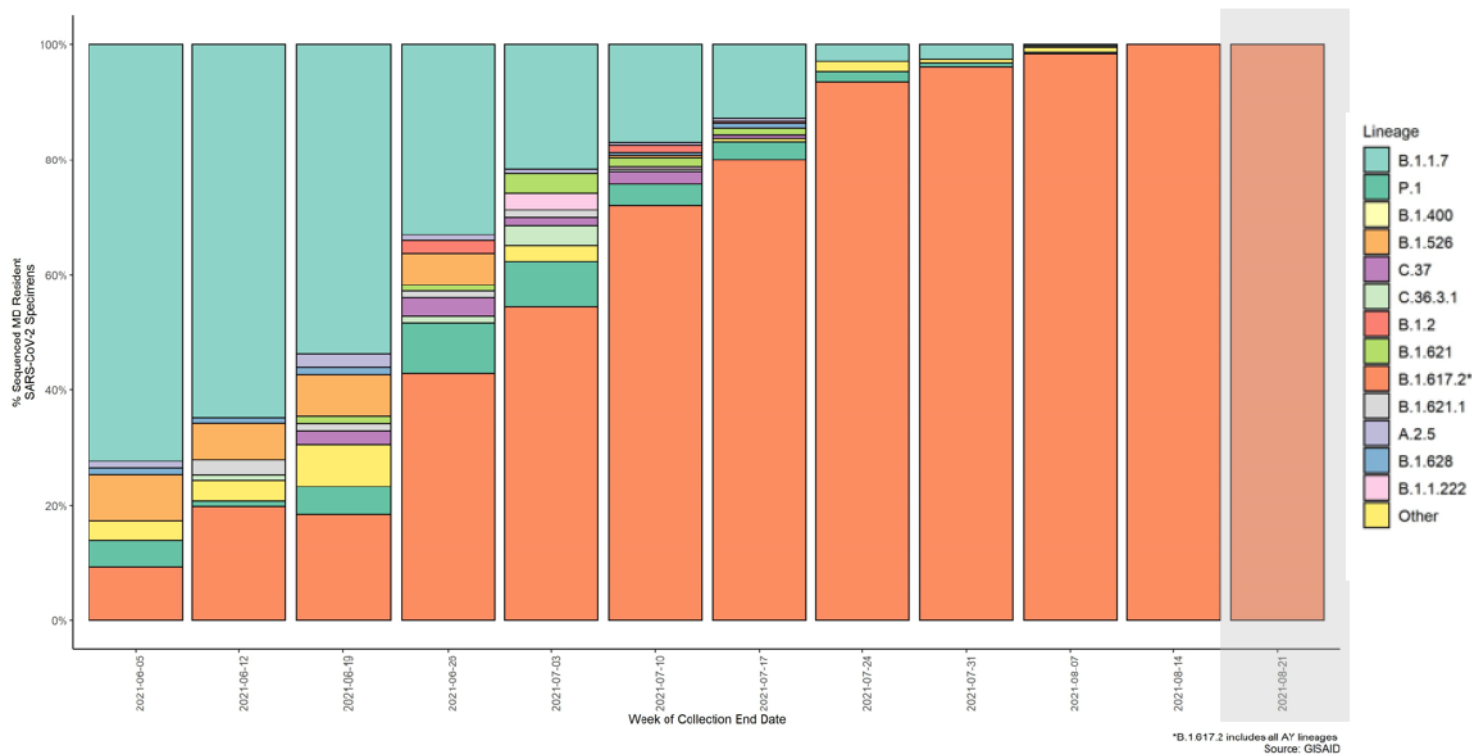
- ❖ mRNA for immunocompromised
- ❖ Pfizer booster on track
- ❖ Moderna delayed
- ❖ J and J further delayed
- ❖ Prioritization based on age/employment/ clinical condition
- ❖ Potential use of antibody levels

Summary of vaccine effectiveness estimates since introduction of the Delta variant



- Vaccines remain effective in preventing **hospitalization** and **severe disease** but might be less effective in preventing **infection** or milder symptomatic illness
- Reasons for lower effectiveness likely include both **waning over time** and **Delta variant**

Variants of concern in Maryland



Maryland: 7/31-8/14/21*	
Lineage	% Total
B.1.617.2	98%
Other	<2%

*Week of Collection End Date

*B.1.617.2 includes all AY lineages
Source: GISAID

10

Mu variant in Maryland
53 sequenced
30 unvaccinated
20 vaccinated

17

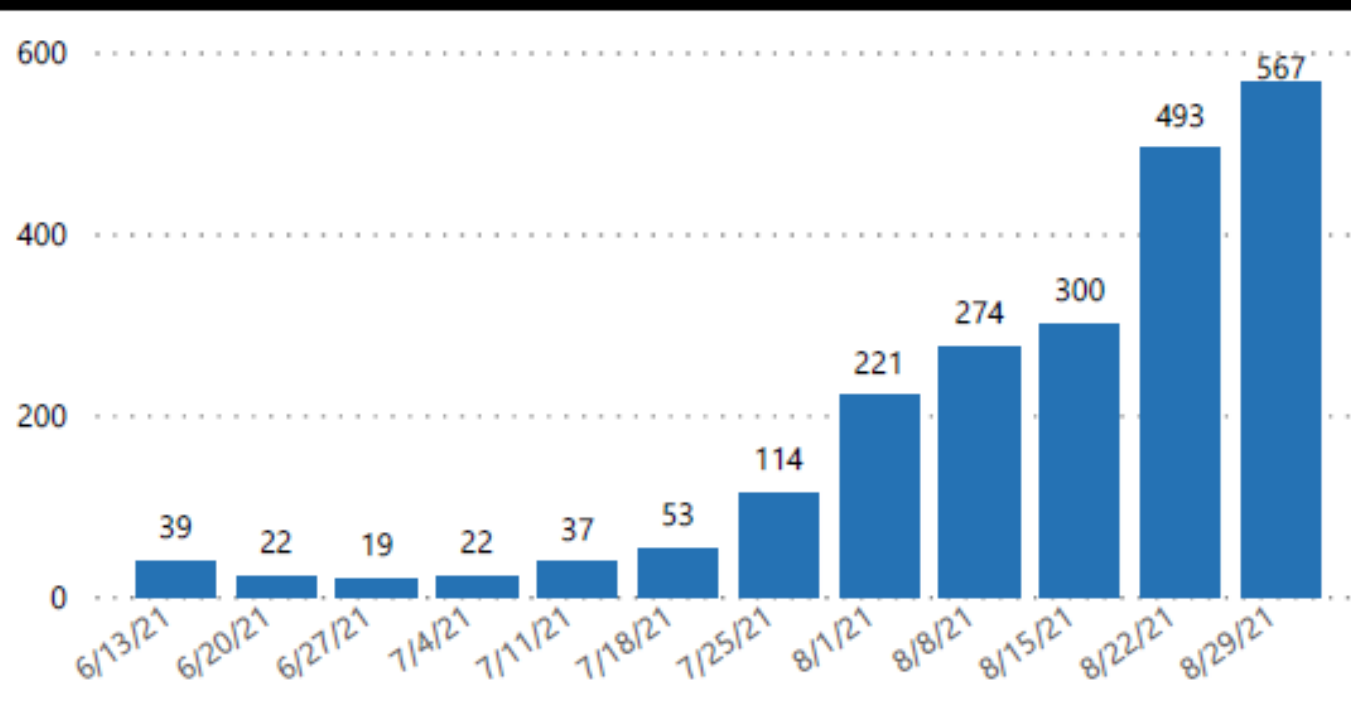
Variants of Concern	Natural History	Transmissibility Compared to Wuhan	Monoclonal Resistance	Vaccine Resistance
Alpha	First after Wuhan- now gone	50% more	No	No
Beta	S. Africa late 2020 US January 2021 Gone now	50% more	some	some
Gamma	Brazil late 2020 US January 2021 Little now	No change	some	some
Delta,Delta+	Oct 2020 India March in US, now dominant	Highly transmissible 60% higher than Alpha	minimal	minimal
Variants of Interest				
Mu	Columbia 2021 39% of infections Little in US	unknown	likely	likely
Eta	UK, Nigeria December 2021	unknown	possible	unknown
Iota	New York Oct 2020- disappearing now	unknown	some	some
Kappa	India 2020- now disappearing	unknown	some	unknown
Lambda	Peru 2020- now disappearing	unknown	unknown	unknown

Monoclonal Antibodies

- ❖ Currently available by direct order from AmerisourceBergen
- ❖ EUA
 - Subcutaneous administration
 - Expanded use – clinical judgment
 - Expanded use- post exposure prevention
 - Bam- Etese paused and then resumed
 - HHS Protect registration and reporting required

Monoclonal Antibodies

Figure 1. mAbs Infusions by Week



mAbs Infusion Overview

Total mAbs infusions

10,357

Change Last Week

+567

Statewide Impact

Cumulative Hospitalizations Avoided 486

Change Last Week +26

Cumulative Fatalities Avoided 199

Change Last Week +10

Cumulative mAbs Allocation Utilization rate 82%

Change Last Week +5%

Percent of Eligible Infused 27%

Change Last Week +2%

Percent of Eligible and Symptomatic Infused 45%

Change Last Week +4%

Cumulative mAbs Allocation 12,606

Number of mAbs Locations 32

Testing *Future*

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

Long Covid

- ❖ Emerging medical condition
- ❖ Wide variety of symptoms
- ❖ Unknown duration
- ❖ No known treatment
- ❖ Not related to severity of illness
- ❖ Affects many healthy, young, and athletic people
- ❖ Unpredictable who will experience “long Covid”
- ❖ Prominent features include
 - “Brain fog” or cognitive impairment
 - Post-exertional malaise and/or poor endurance
 - Mood changes
- ❖ List of post Covid care centers available here:
<https://www.survivorcorps.com/pccc-md>

Schools, masks and other Controversies

- ❖ As of September 4, there were Covid outbreaks in 34 K-12 Maryland schools
 - More Information about # of outbreak-associated cases in schools available here:
<https://coronavirus.maryland.gov/pages/school-resources>
- ❖ No mask mandate for schools in Maryland- jurisdiction mandates only
 - On August 26, the Maryland State Board of Education adopted an emergency proposal that would mandate masks in all public schools in Maryland
 - The proposal cannot take effect unless it is approved by the General Assembly's Joint Committee on Administrative, Executive, and Legislative Review
- ❖ Several school districts employing testing protocols
 - Screening
 - Symptomatic
- ❖ Contact tracing is variable

Measures to Stop the Spread of Covid in Healthcare Workplaces

- ❖ The Occupational Safety and Health Administration has issued emergency temporary standards (ETS) that aim to improve healthcare workers' protection against Covid
- ❖ Employers must comply with the ETS provisions, including
 - Develop and implement a Covid plan (in writing if more than 10 employees)
 - Limit and monitor points of entry to settings where direct patient care is provided; screen and triage patients, clients, and other visitors and non-employees; implement patient management strategies
 - Develop and implement policies and procedures to adhere to Standard and Transmission-Based precautions based on CDC guidelines
- ❖ More information is available via [ETS fact sheet](#) and the “Is your workplace covered by the COVID-19 Healthcare ETS?” [informational document](#)

Prepare for Flu Season

- ❖ Occurs in the fall and winter
- ❖ Most of the time the flu peaks in between December and February
- ❖ [Patients who visit medical offices](#) after patients with influenza-like illnesses are more likely to show signs of influenza-like illness within the following two weeks than non-exposed patients
- ❖ CDC answers frequently asked questions for the 2021 – 2022 season are available [here](#)

Questions From Last Webinar

Q: Are there any statistics regarding chronic residual Covid occurring in vaccinated individuals?

- ❖ [30-40% of vaccinated individuals](#) report improvement with long-term Covid symptoms

Q: Does Covid itself have any bad effect on pregnancy or fertility?

- ❖ [Pregnant individuals](#) are at an increased risk for severe illness from Covid
- ❖ [Pregnant individuals](#) that contract Covid are at an increased risk for preterm birth and potentially other adverse events.

Questions From Last Webinar

Q: What is v-safe and how is it used?

- ❖ [V-safe](#) is a smartphone application that can be used after receiving a Covid vaccine to monitor post vaccine health status and symptoms
- ❖ [The application](#) uses text messages and surveys to provide personal health check-ins

Q: If an individual is treated with monoclonal antibodies, how long should they wait before obtaining a Covid vaccine?

- ❖ Individuals should wait [90 days](#)

Will it ever be truly “over”

- ❖ Do we find how to cohabitate with the virus,
or
- ❖ Find closure to the pandemic
 - Cases rates are at or near zero consistently
 - Hospitalizations are at or near zero consistently
 - Deaths are at or near zero consistently



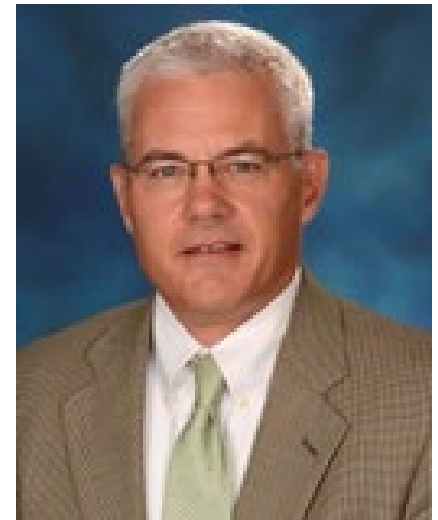
“Everything will be okay in the end. If it's not okay, it's not the end.”

— John Lennon

Guest Speaker

James D. Campbell, MD, MS

- ❖ Director of the University of Maryland Baltimore Clinical Research Training and Mentoring Program
- ❖ Member of the Committee on Infectious Diseases (COID or “Red Book Committee”) for the American Academy of Pediatrics
- ❖ Lead for the Maternal-Child Clinical Trials Section of the Center for Vaccine Development



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

Thank you to all of our providers and their staff who have been true healthcare heroes throughout the pandemic

Regular Wednesday Covid-19 Updates will resume every other week beginning in September

- ❖ September 22, 2021 (5:00 pm – 6:30 pm)
 - Registration link: <https://attendee.gotowebinar.com/register/3673167499319295501>
- ❖ October 6, 2021 (5:00 pm – 6:30 pm)
 - Registration link: <https://attendee.gotowebinar.com/register/3656589063360341006>
- ❖ October 20, 2021 (5:00 pm – 6:30 pm)
 - Registration link: <https://attendee.gotowebinar.com/register/6889114766114859790>
- ❖ Today: Guest Presentation by James D. Campbell, MD, MS, FAAP, Professor, University of Maryland School of Medicine

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](#)

Covid-19 mAb Treatment Criteria

❖ Patient Criteria

- Use clinical judgment
- 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

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
- [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](#)

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/>)