Covid-19 Update: The New Wave

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

25 August 2021

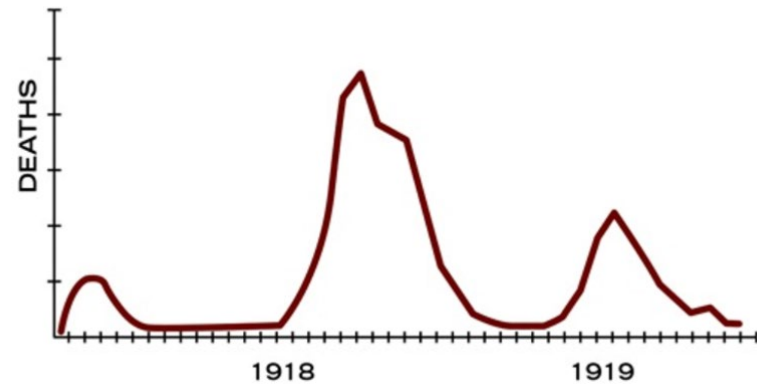# Riding the Waves

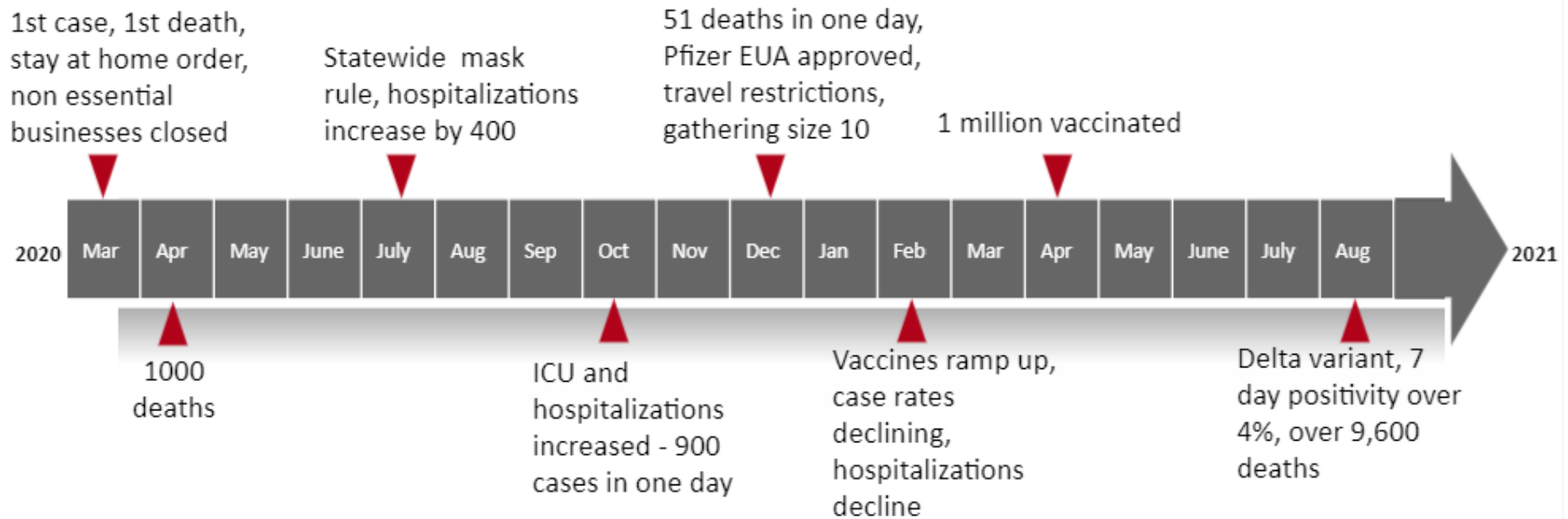Figure. 1918 Pandemic Waves[3]

Table. 1918 Pandemic Waves			
Wave	1	2	3
Dates	Spring 1918	Fall 1918	Winter 1918–1919
Severity	Mild	Virulent	Less virulent
Deaths	50 million to 100 million, mainly young adults and pregnant women		
Mortality Rate	5%, up to 33% of isolated populations		

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Agenda

- ❖ Current Pandemic data
- ❖ Vaccines
- ❖ Virus Variants
- ❖ Monoclonal antibodies and testing
- ❖ Long Covid
- ❖ Boosters and immunity
- ❖ Need to continue good public health practices
- ❖ Schools, mask mandates and controversy
- ❖ Avoiding burnout
- ❖ End games for pandemic
- ❖ Q&A

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Timeline of Pandemic Events

1st case, 1st death, stay at home order, non essential businesses closed

Statewide mask rule, hospitalizations increase by 400

51 deaths in one day, Pfizer EUA approved, travel restrictions, gathering size 10

1 million vaccinated

2020	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	2021

1000 deaths

ICU and hospitalizations increased - 900 cases in one day

Vaccines ramp up, case rates declining, hospitalizations decline

Delta variant, 7 day positivity over 4%, over 9,600 deaths

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Daily COVID-19 Report

Data reported as of 8/23/2021 for data through 8/22/2021

487,893	**11,791,829**	**17.0**	**6,739**	**9,726**
cases cumulative	tests cumulative	7-day avg. case rate	total hospital adult census	deaths cumulative

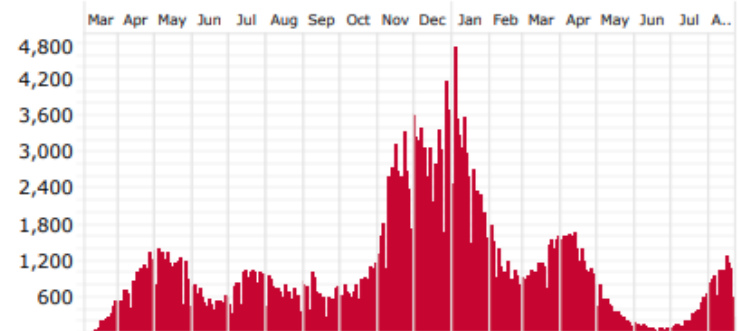| **925**	**21,763**	**4.97%**	**-130**	**5**
cases reported yesterday	tests reported yesterday	7-day avg. positivity	change in total hospital census	deaths reported yesterday

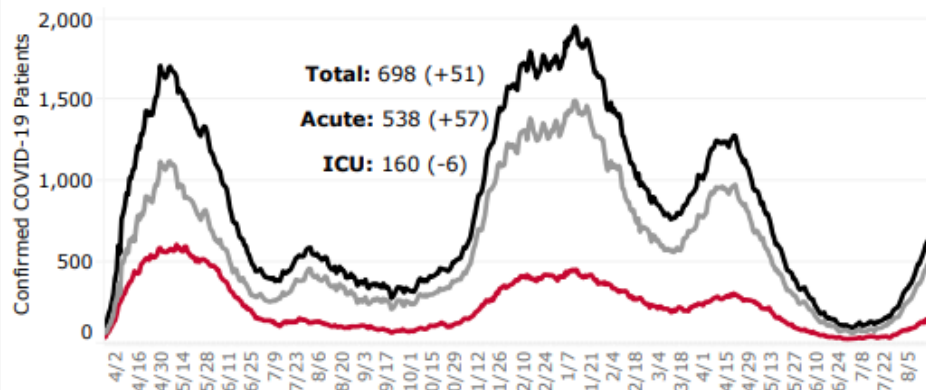## 7-Day Avg. Percent Positivity and Total Testing Volume
Since 3/1/20
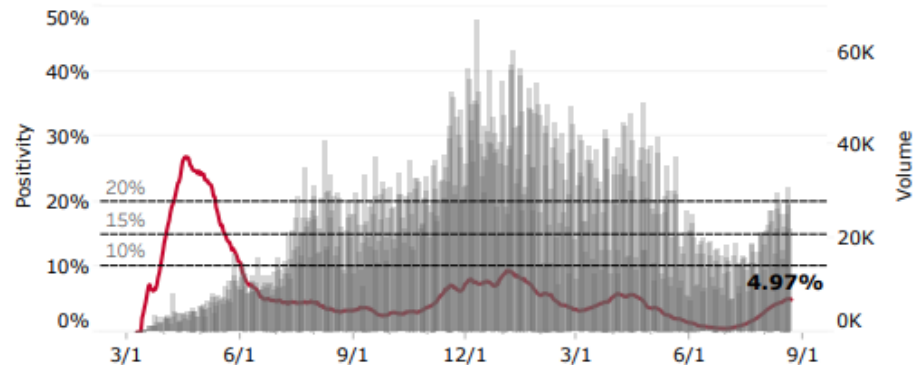
Daily New Cases
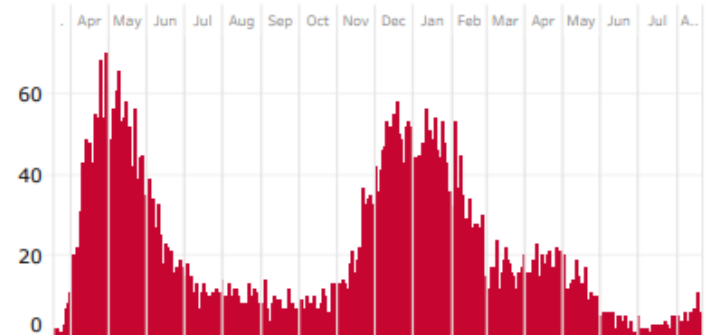*by Specimen Collection Date*

Statewide Acute/ICU Beds Occupied by COVID Patients

Total: 698 (+51)
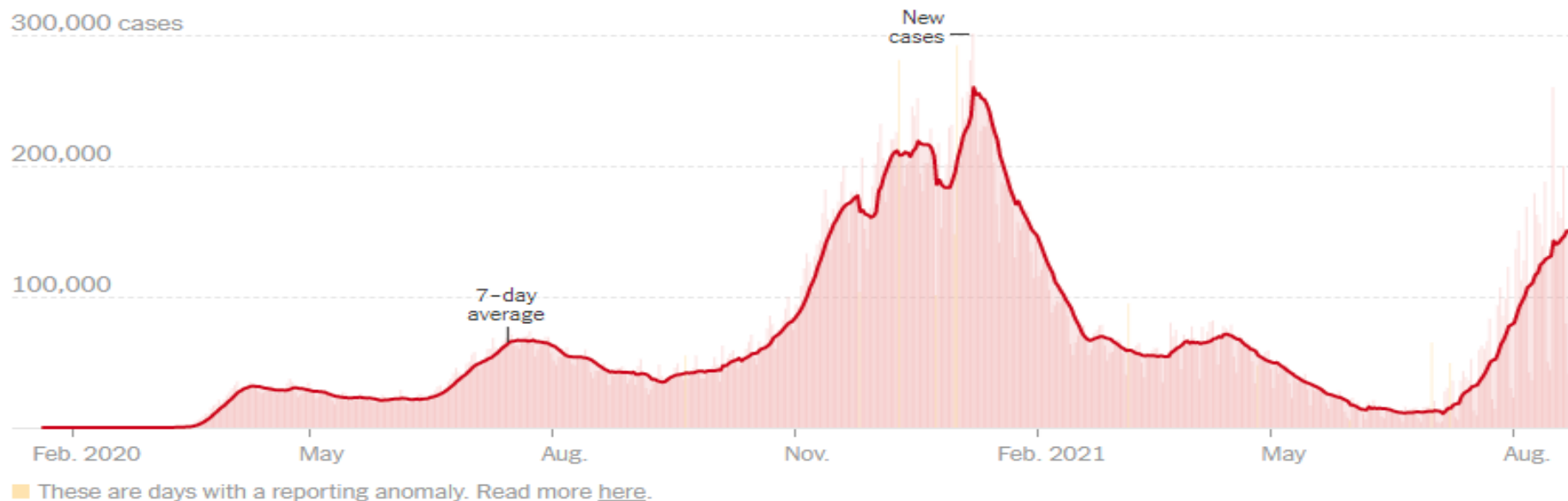**Acute:** 538 (+57)
ICU: 160 (-6)
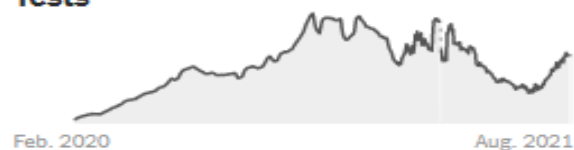

Daily Deaths
Confirmed and Probable

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.

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Overview of Current Pandemic Trends in the United States

New reported cases

300,000 cases

200,000

100,000

New cases —

7-day average

Feb. 2020   May   Aug.   Nov.   Feb. 2021   May   Aug.

■ These are days with a reporting anomaly. Read more here.

Tests

Feb. 2020   Aug. 2021

Hospitalized

Feb. 2020   Aug. 2021

Deaths

Feb. 2020   Aug. 2021
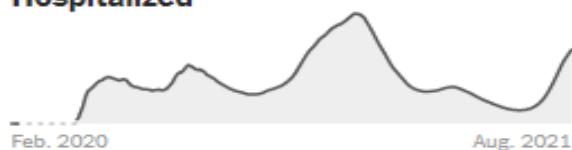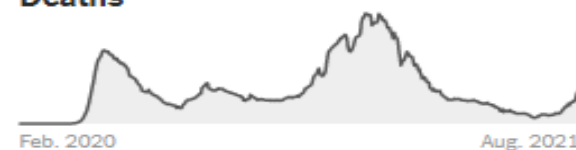
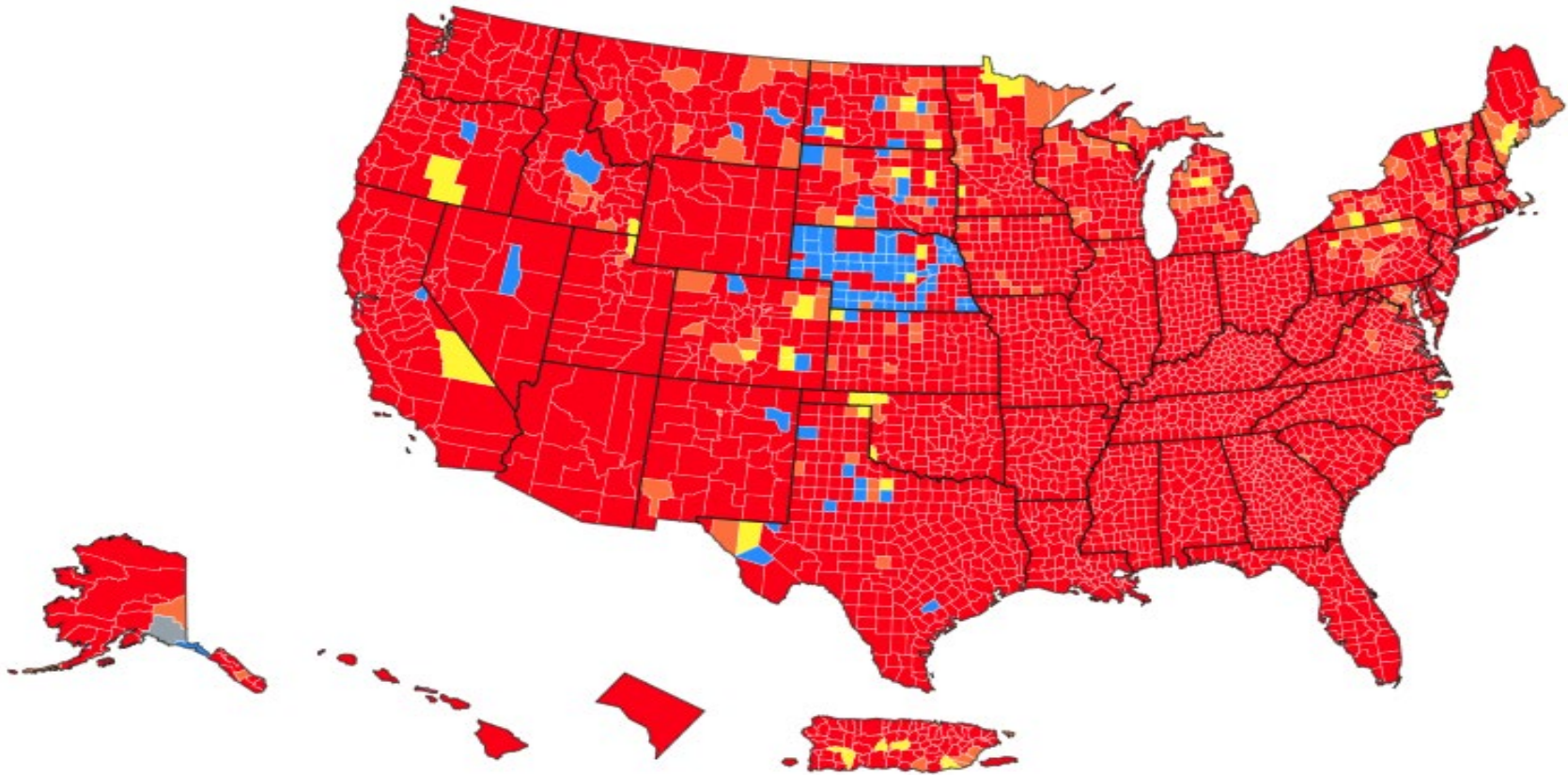|	DAILY AVG. ON AUG. 22	14-DAY CHANGE	TOTAL REPORTED
Cases	149,675	+36%	37,777,607
Tests	1,152,222	+23%	—
Hospitalized	92,482	+43%	—
Deaths	1,008	+95%	628,285

Source: New York Times

Data Updated 8/23/2021

US Community Transmission

Community Transmission in the United States, August 15 - August 21
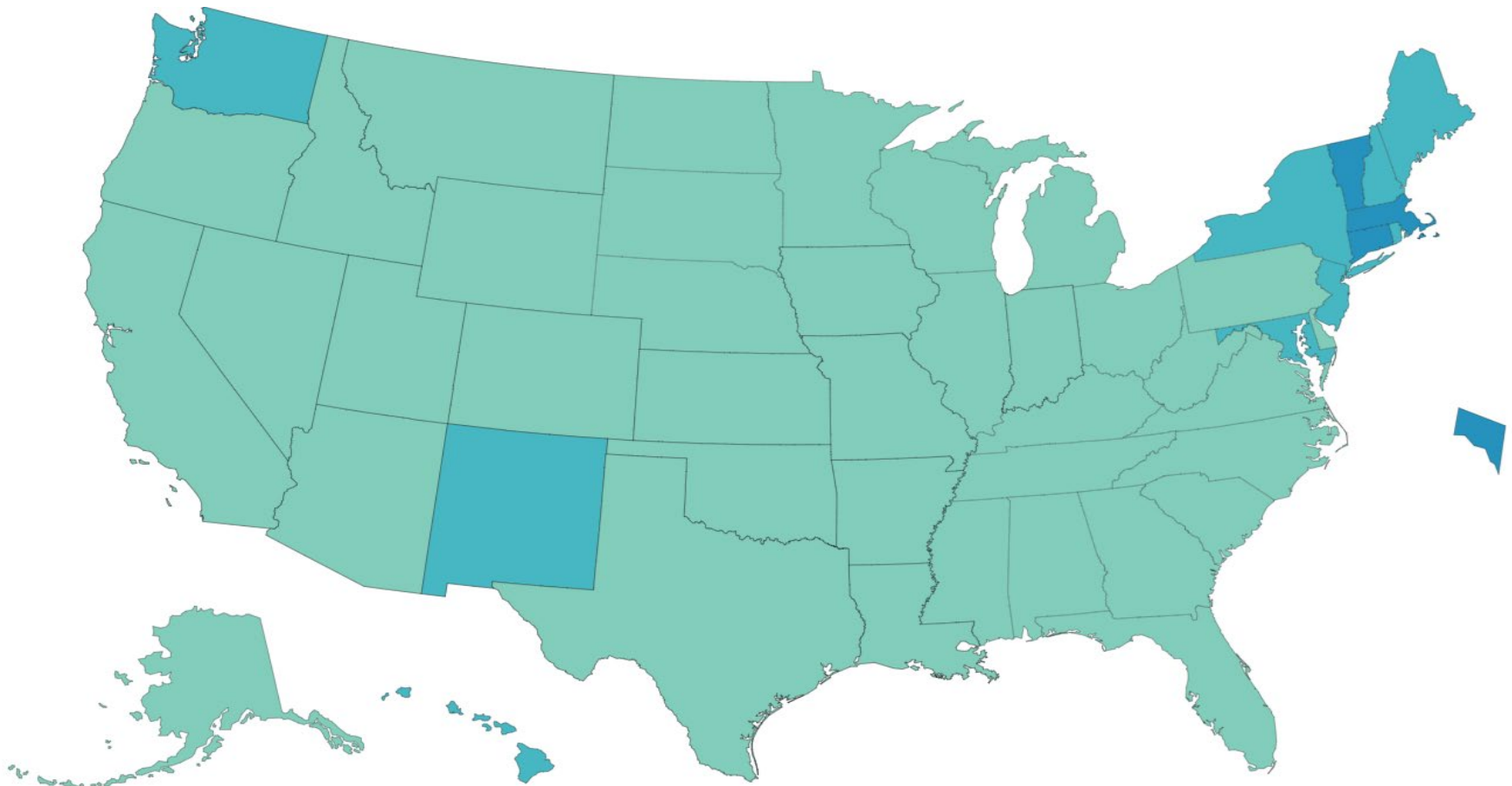

High   Substantial   Moderate   Low   No Data

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

Data Updated 8/23/2021

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Primary Care Vaccine
Report Date: 8/17/2021 4:52:16 AM

Cumulative Doses Ordered	Cumulative Doses Administered
260,773	141,117

Breakdown by Race and Ethnicity

Race	PCP	Maryland Demographic	State Vaccination
American Indian or Alaska Native	0.68%	0.60%	0.77%
Asian	3.73%	6.70%	6.91%
Black or African American	28.78%	31.10%	25.24%
Native Hawaiian or Other Pacific Islander	0.21%	2.90%	0.26%
Unknown	13.23%	0.10%	10.86%
White	53.37%	58.50%	55.97%

Ethnicity	PCP	Maryland Demographic	State Vaccination
Hispanic	11.21%	10.60%	9.78%
Non Hispanic	83.15%	89.40%	85.75%
Unknown	5.64%	0.00%	4.47%

Onboarding Progress Terminology

Status	Actions
1. Receiving Doses This Week	None
2. Ready to Receive Vaccine	None
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

Legend	Description
Eligible to Order Vaccines Next Week	Providers are eligible to receive vaccines
Program Participants	Providers have been allocated or previously allocated vaccines

Administered Vaccinations by Age Groups

- 80+ 3.88%
- 50-59 20.14%
- 70-79 9.68%
- 60-69 18.84%
- 20-29 13.11%
- 30-39 15.39%
- 40-49 15.88%

Maryland Demographics based on 2021 Census Population Estimates
Demographic Breakdown data utilizes CRISP enhanced data, providing more accurate insights
Report utilizes data only after 3/10/21
All data excludes Pfizer vaccinations

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

Practices

1. Charlestown Medical Center (92.80%)
2. Linda M. Lang, M.D., LLC (92.06%)
3. Jeffrey D. Gaber & Associates, PA (92.05%)
4. Dorchester Family Medicine (91.90%)
5. Marshak Medical Group (91.85%)

CTOs

1. Holy Cross Health, Inc. (88.2%)
2. PHS Doctors CTO (85.08%)
3. Greater Baltimore Health Alliance Physicians, LLC (83.43%)
4. Ascension Saint Agnes Community Health Partners (83.39%)
5. University of Maryland Care Transformation Organization, LLC (82.24%)

Note: percentages represent percent of MDPCP beneficiaries fully vaccinated

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Full FDA Approval of Covid-19 Pfizer Vaccine

❖ Announced on August 23
❖ Approved for administration to persons 16+
❖ Remains eligible under emergency use authorization, including
  ➢ For individuals 12 through 15 years of age
  ➢ For the administration of a third dose in certain immunocompromised individuals
❖ More information available here

FDA approves first COVID-19 vaccine

Source: FDA

Additional Reimbursement for Covid-19 Vaccines

❖ CMS will now pay to administer additional doses of Covid-19 vaccines consistent with the FDA EUAs (rate is $40/dose)

  ➢ CPT code 0003A for the Pfizer vaccine

  ➢ CPT code 0013A for the Moderna vaccine

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13

Source: Johns Hopkins Medicine, Maryland Academy of Family Physicians

Messaging on Pregnancy, Fertility, and Covid-19 Vaccines

❖ CDC recommends Covid-19 vaccination for all people who are pregnant, breastfeeding or trying to get pregnant now or in the future.

❖ Data show that pregnant and recently pregnant people are more likely to get severely ill if infected with Covid-19, and the highly contagious delta variant makes it even more important for eligible people to get vaccinated.

❖ There is no evidence to show that getting a vaccine increases the risk of miscarriage. The CDC's recommendation is based on further evidence about the safety of Covid-19 vaccines and a new analysis of current data from the CDC's v-safe pregnancy registry.

❖ There is no evidence that fertility problems are a side effect of any vaccine, including Covid-19 vaccines.

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Delta Variant (B.1.617.2)

❖ More highly transmissible (R_0 ~7)
❖ Not reliant on superspreader events for perpetuation; most people infected with the Delta variant create clusters of infection
❖ Now the predominant variant in the United States
❖ Higher threshold for "herd immunity" 85+%
❖ Sweeping through unvaccinated areas in the US
❖ Vaccines effective but less; breakthrough infections are infrequent
❖ Responsible for most hospitalizations and deaths

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Source: JAMA Network, The Atlantic

Monoclonal Antibodies Updates

❖ Regeneron available by direct order from Amerisource Bergen

❖ New EUA- link

  ➢ Subcutaneous administration

  ➢ Expanded use – clinical judgment

  ➢ Expanded use- post exposure prevention

  ➢ Expanded use- monthly use for those at high risk and immunocompromised

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# CRISP eReferral Tool for Monoclonal Antibody Infusion Referrals

❖ Allows providers and their staff to refer patients to Monoclonal Antibody Infusion Sites

❖ Provides Monoclonal Antibody Infusion Sites with

  ➢ A comprehensive list of referred patients

  ➢ The ability to update the referring physician and/or staff member all within one easy to navigate environment

❖ Supports practices in their identification of non-medical patient needs and allows for those patients to be connected to the appropriate community-based organizations (CBOs)

❖ Automates communication channels between CBOs and referring parties within the same platform and workflow

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Monoclonal Antibody Sites

Region and Site	How to Refer
Region 1: UPMC Western Maryland	Email form to WMD-Covidantibody@upmc.edu
Region 1: Garrett Medical Center	Fax form to 301-533-4198
Region 2: Meritus Medical Center	Fax form to 301-790-9229
Region 3: Baltimore Convention Center Field Hospital	Visit umms.org/ICReferral to submit a form via secure, HIPAAcompliant upload.
Region 3: UM Upper Chesapeake Health	Fax referral form to 443-643-1545; or use CRISP Referral System
Region 3: Anne Arundel Medical Center	Fax form to 442-481-5744
Region 3: MedStar Harbor Infusion Center	Fax form to 443-583-0651; or visit MedStar Harbor Infusion Center Referral Form via secure link
Region 3: Hatzalah of Baltimore	Submit to Hatzalah Infusion Center Referral Form via secure link or email Covidtherapy@hatzalahbaltimore.org
Region 3: Odenton Volunteer Fire Department	Call 443-459-1095
Region 3: City of Praise Family Ministries	Call 443-459-1095
Region 4: Atlantic General Hospital	Fax form to 410-641-9708
Region 4: TidalHealth	Email form to CovidTX@Tidalhealth.org; or Fax form to 410- 912-4959
Region 5: Adventist Takoma Park	Fax form to 301-891-6120
Region 5: Doctor's Community Hospital	Fax referral form to 240-542-3451
Region 5: Charles Regional Medical Center	Fax referral form to 301-934-1798; or use CRISP Referral System
Region 5: UMMS Capital Regional Health: Laurel 3-4-5	Call to schedule at 301-256-9234; Fax referral form to 301-256- 9224; or use CRISP Referral System

Monoclonal Activity in Maryland
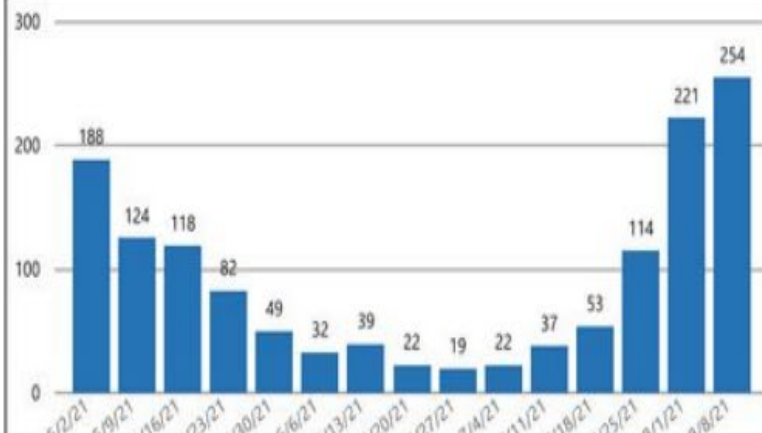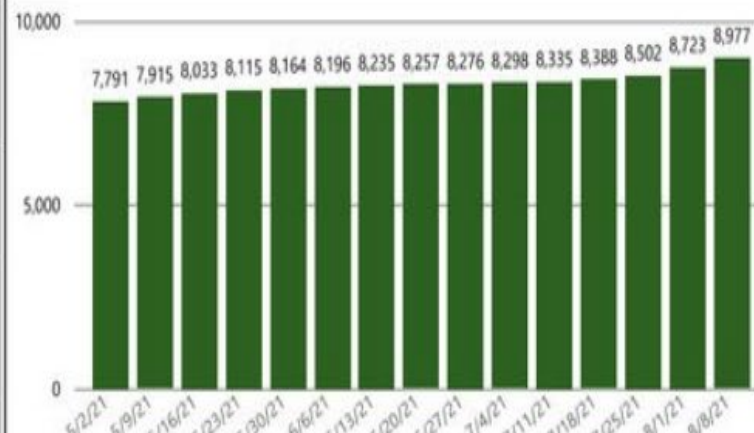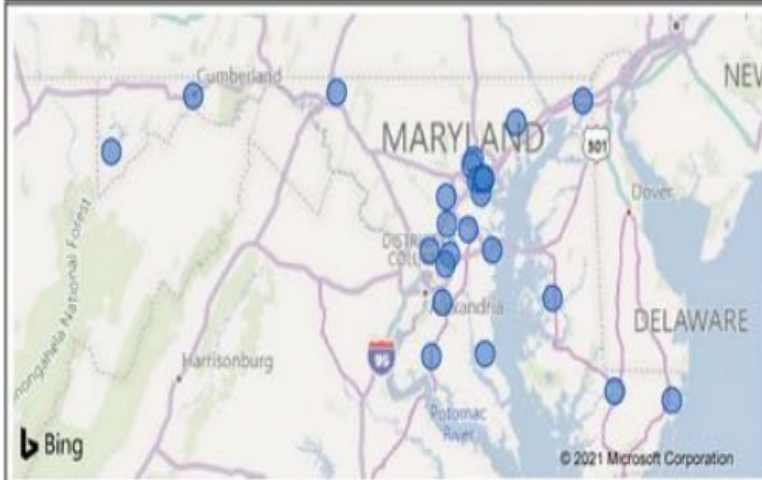
Testing 🧪 *Future*

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

❖ Prominent features include

➢ "Brain fog" or cognitive impairment

➢ Post-exertional malaise and/or poor endurance

➢ Mood changes

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Boosters and Immunocompromise

❖ 3rd immunizations for immunocompromised currently (CDC fact sheet available [here](#) and MDPCP fact sheet available [here](#))

➢ For individuals with moderate to severe immunocompromise; providers should develop own procedures to determine patient eligibility

➢ At least 28 days after fully vaccinated

➢ mRNA vaccines only- there has been no approval for Johnson and Johnson vaccines

➢ Preference to vaccine type fidelity

➢ Helps increase vaccine effectiveness

➢ Continue to emphasize other prevention measures

➢ Patients do not need a referral from their provider to receive a 3rd dose

➢ CDC advice for talking with immunocompromised patients available [here](#)

22

Boosters for General Population

- ❖ 3ʳᵈ immunizations for others
  - ➤ Due to the possible waning effectiveness of vaccines
  - ➤ Will begin to be offered to previous mRNA vaccine recipients starting September 20
    - ✓ HHS anticipates booster shots will be needed for Johnson and Johnson vaccine recipients and expects more data about this vaccine in the next couple of weeks
  - ➤ 8 months after fully vaccinated
  - ➤ Priority similar to initial rollout
    - ✓ HCWs
    - ✓ SNFs
    - ✓ Seniors
    - ✓ Chronic illness
  - ➤ MDH is preparing for booster vaccination administration, asks all providers to prepare
- ❖ Maryland clinician letter available [here](#)

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Source: [Department of Health and Human Services](#), [MDH](#), Public Health Communications Collaborative

Johnson & Johnson Recommends Booster for Its Covid-19 Vaccine

- ❖ Johnson & Johnson announced data supports the use of its Covid-19 vaccine as a booster shot for previous recipients of the vaccine
  - ➢ Antibody levels in individuals who received a booster shot after six months were nine times higher than they were 28 days after they first received the vaccine
  - ➢ Significant increases in binding antibody responses were observed in individuals
    - ✓ Between the ages of 18 and 65
    - ✓ 65+ who received a lower booster dose
- ❖ Johnson & Johnson has indicated it will submit the study results to the FDA to argue for authorization of the Johnson & Johnson vaccine as a booster shot for individuals who previously received it
- ❖ Johnson & Johnson believes the data supports the use of its vaccine as a booster for previous Johnson & Johnson vaccine recipients eight months after the initial vaccination

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Source: Johnson & Johnson, National Public Radio

Marylanders Should Continue to Use Good Public Health Practices

❖ Marylanders should continue to get tested if they experience Covid-19 symptoms

❖ Marylanders should isolate if they have tested positive for Covid-19 in the past 10 days or if they are symptomatic

❖ Marylanders should continue wearing masks indoors even if they are fully masked in areas where the Covid-19 transmission level is "substantial risk" (areas where there are 50+ cases per 100,000 residents) or "high risk" (areas where there are 100+ cases per 100,000 residents). Every county in Maryland is "substantial risk" or "high risk"

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Source: The Baltimore Sun, CDC

Last Updated: 8/18/2021

Schools, masks and other Controversies

❖ No mask mandate for schools in Maryland- jurisdiction mandates only

❖ Several school districts employing testing protocols

  ➢ Screening

  ➢ symptomatic

❖ Contact tracing is variable

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Let's Pause

Over the past 16 months, you and your staff have been working nonstop to be present and deliver care to your patients:

- ❖ Covid-19 testing

- ❖ Mitigating risk

- ❖ Regular non-Covid care provision

- ❖ Covid-19 vaccines

Working through this pandemic has led to increased anxiety, stress, and higher demands which have led to an increase in burnout.

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Self Reflection

➜ *Why did you pursue a career in healthcare?*

➜ *What is your favorite thing about working in your practice?*

➜ *How do you, in your role, help push forward the goals of public health?*

➜ *How do you and your practice help meet patients where they are at?*

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Tips for Combatting Staff Burnout

❖ Conduct huddles, check-ins, and conversations with other staff members that acknowledge what is important to them in that moment both professionally and personally

❖ Empathize with staff when they encounter change and acknowledge the difficulty with adapting to new policies

❖ Invite staff to participate in decision-making capacities where appropriate

❖ Share what you know and don't know with all staff members along the way

❖ Connect daily work back to the mission of your organization
  ➢ How does the daily work fulfill your mission?
  ➢ Even when tasks seem menial, how do they contribute to the bigger picture?

❖ Behavioral Health Administration webinar series: *Helping the Helpers and Those They Serve*

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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

30

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**

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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*

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Announcements

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

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

- ❖ September 8, 2021 (5:00 pm – 6:30 pm)
  - ➢ Registration link: https://attendee.gotowebinar.com/register/5457730946292655373
- ❖ September 22, 2021 (5:00 pm – 6:30 pm)
  - ➢ Registration link: https://attendee.gotowebinar.com/register/3673167499319295501

Appendix

Resources and Links

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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-19 vaccine in development

❖ [New York Times Vaccine Distribution Tracker](#) – information on the distribution of Covid-19 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 >=85th 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

36

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Source: FDA

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-19 testing and triage, separate from patients who arrive for non-Covid-19 related and elective procedures
    ✓ Ensure patients and staff do not cross between Covid-19 and non-Covid-19 areas
    ✓ Set aside a specific area for patients who come in for testing to wait and be triaged

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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

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CDC Guidelines for Covid-19 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**

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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

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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']()

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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

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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

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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](#)

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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

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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

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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)

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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/)

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