



Covid-19 Update: The Final Push Vaccines, Boosters, Testing and Monoclonal Antibodies

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

20 October 2021

Triple Plays



A Chronological List of Every Triple Play in Major League Baseball History

MLB #	Date	Inn	LG	Fielding Team	HA	Batting Team	Men On	Scored
1.	05-13-1876	5	NL	Mutuals	at	Dark Blues	1-2-3	4-3-4
2.	06-29-1876	6	NL	Brown Stockings	vs	Mutuals	1-3	6-3-5
3.	09-13-1876	9	NL	Athletics	vs	Red Stockings	1-2	5-4-3
4.	07-14-1877	7	NL	Red Caps	at	Brown Stockings	1-2	4-3-4
5.	07-14-1877	8	NL	Dark Blues	at	White Stockings	1-2	4-3-5
6.	08-01-1877	5	NL	Grays	vs	Brown Stockings	1-2-3	9-1-2-3-6-2-2
7.	05-08-1878	8	NL	Grays	vs	Red Caps	1-3	8-8-4

We Can Win This Game With A Triple Play

- ❖ Push vaccines
 - The last hesitant unvaccinated- accounting for deaths
 - 5-11-year-old
 - Boosters for all
 - Third doses for the immunocompromised
- ❖ Monoclonal antibodies
 - All eligible positive cases
 - All unimmunized contacts
- ❖ Testing
 - Primary care offices
 - Schools
 - Businesses
 - Home testing and more

Agenda

- ❖ Current Pandemic data
- ❖ Vaccine Updates
- ❖ Monoclonal antibodies
- ❖ Testing
- ❖ Third doses and boosters
- ❖ Variants
- ❖ End game for the pandemic
- ❖ Guest Presentation: Health Outcomes, Housing and Zip Codes

Daily COVID-19 Report

Data reported as of 10/20/2021 for data through 10/19/2021

552,524
cases cumulative

13,722,165
tests cumulative

14.1
7-day avg. case rate

7,297
total hospital census

10,526
deaths cumulative

717
cases reported yesterday

29,212
tests reported yesterday

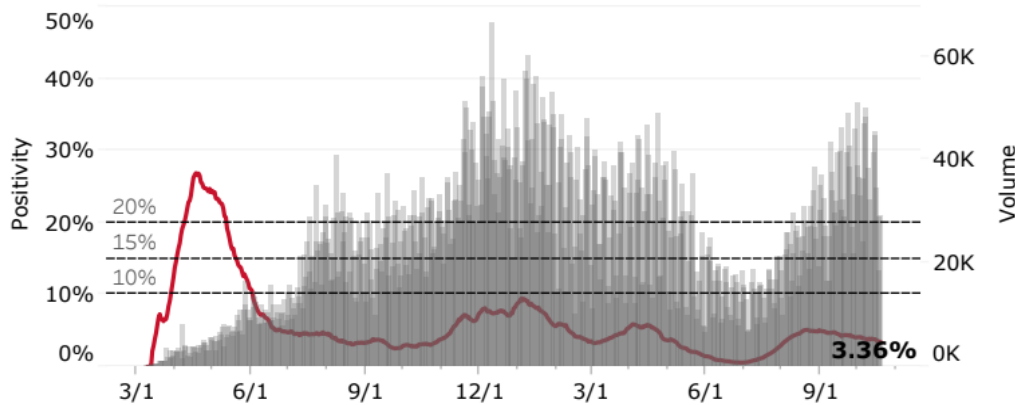
3.36%
7-day avg. positivity

349
change in total hospital census

22
deaths reported yesterday

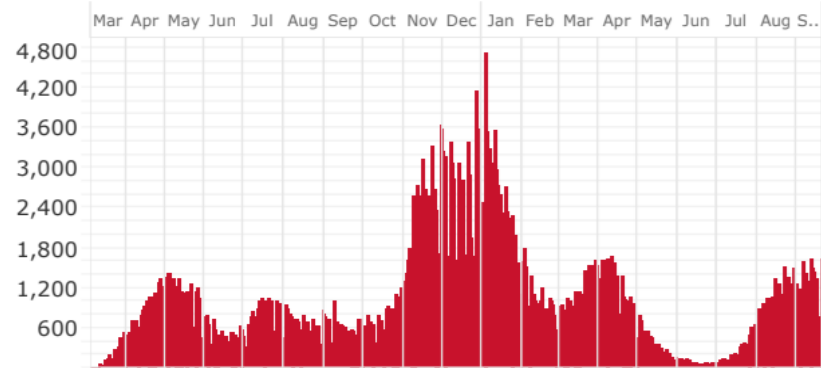
7-Day Avg. Percent Positivity and Total Testing Volume

Since 3/1/20

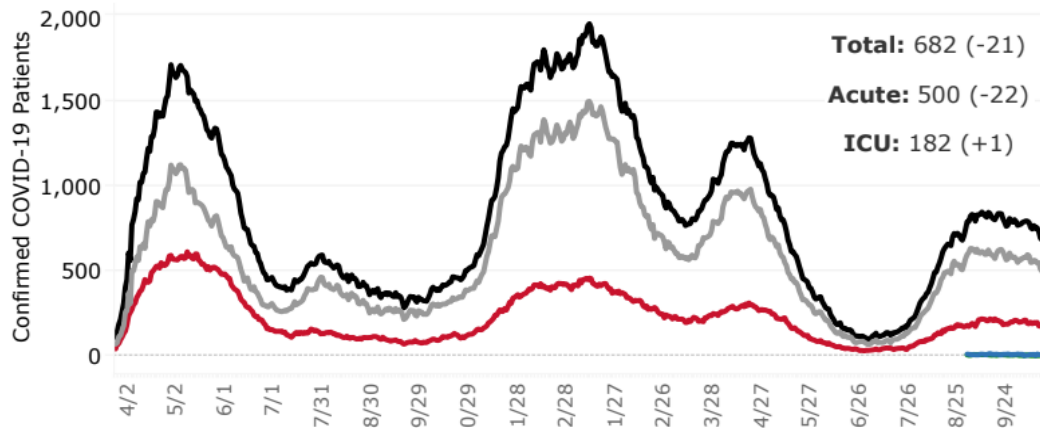


Daily New Cases

by Specimen Collection Date

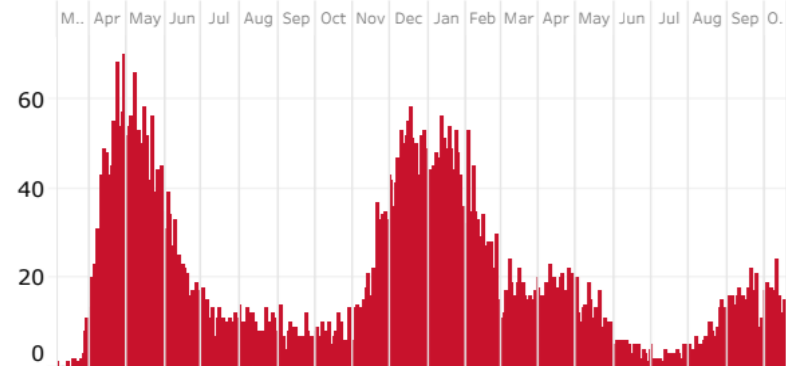


Statewide Acute/ICU Beds Occupied by COVID Patients



Daily Deaths

Confirmed and Probable



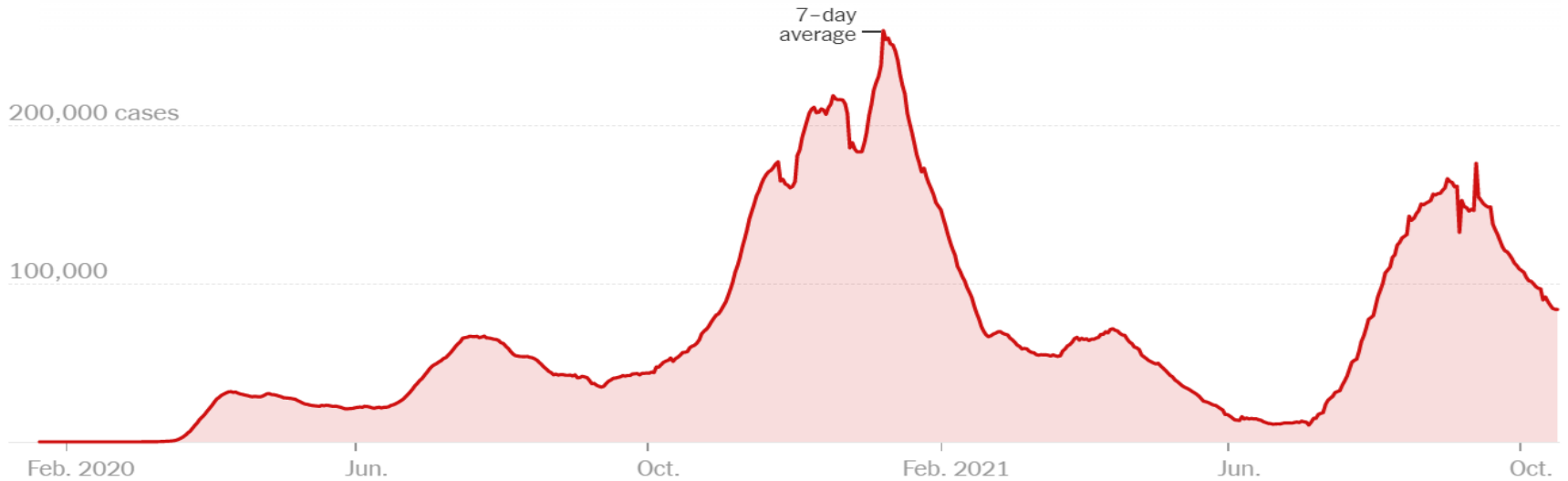
Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

Overview of Current Pandemic Trends in the United States

New reported cases

All time

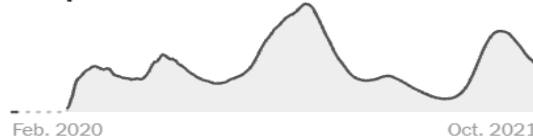
Last 90 days



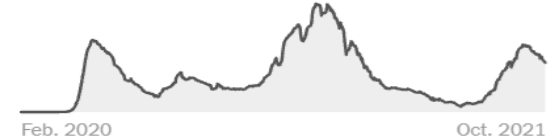
Tests



Hospitalized



Deaths



DAILY AVG. ON OCT. 17

14-DAY CHANGE

TOTAL REPORTED

Cases

83,576

-22%

44,914,859

Tests

1,433,920

-18%

—

Hospitalized

60,753

-19%

—

Deaths

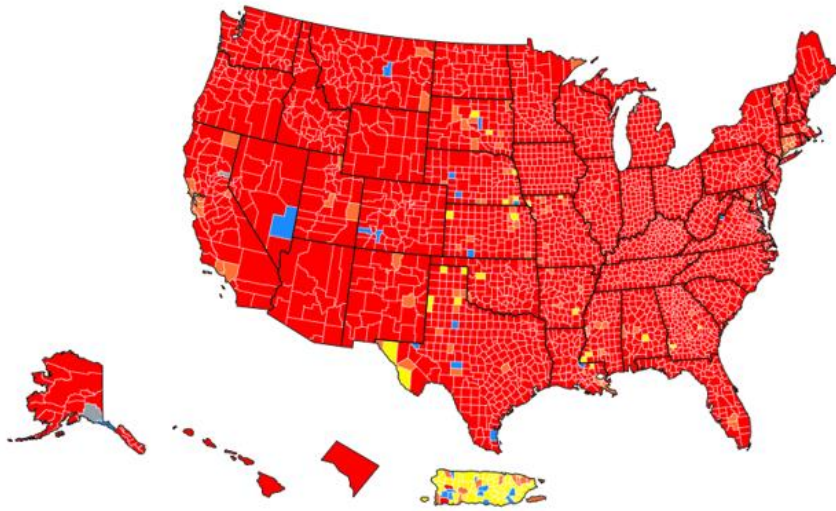
1,528

-19%

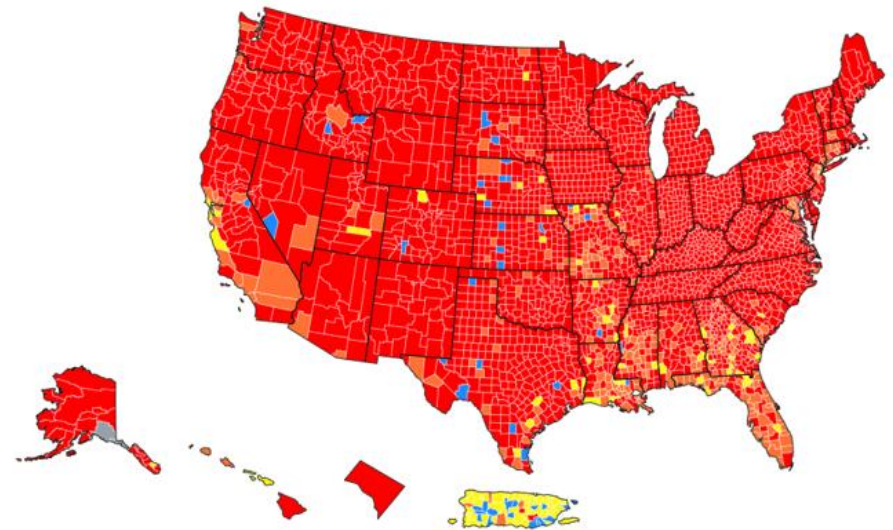
724,499

US Community Transmission

Community Transmission in the United States,
September 26 – October 2



Community Transmission in the United States,
October 12 – October 18



Community Transmission in US by County

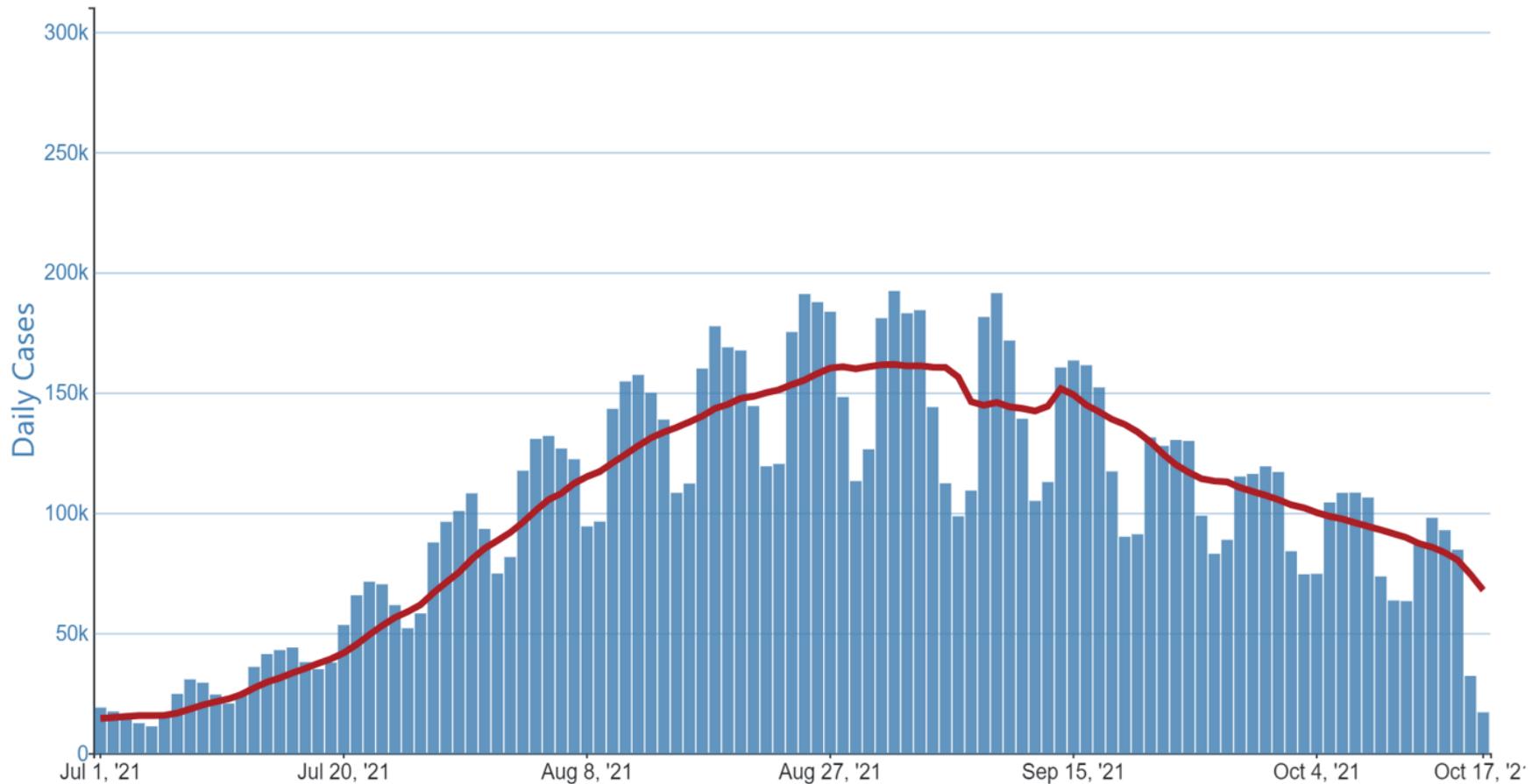
	Total	Percent	% Change
High	2733	84.82%	-4.41%
Substantial	319	9.9%	3.29%
Moderate	122	3.79%	1.02%
Low	43	1.33%	0.06%



Data Updated 10/18/2021

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC

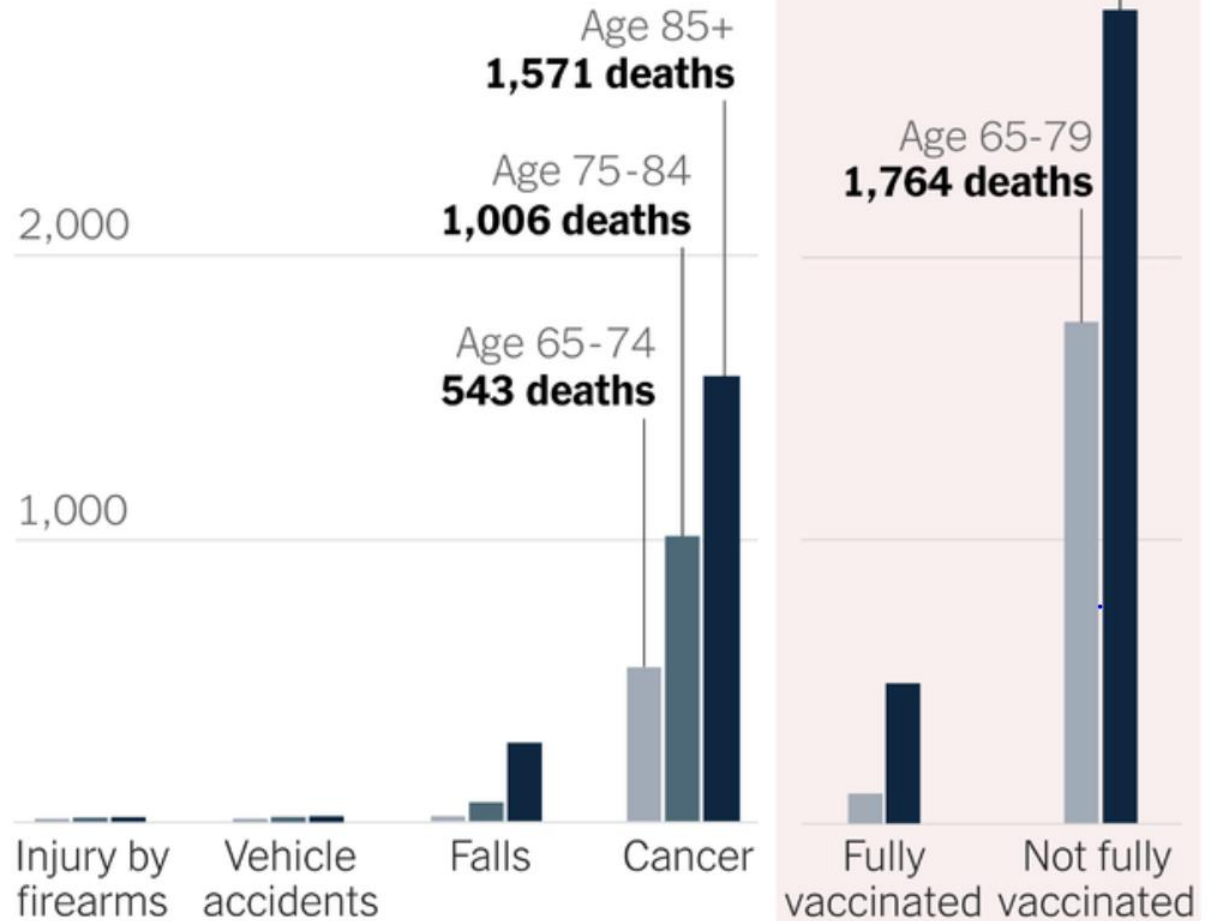
Daily Trends in Number of COVID-19 Cases in The United States Reported to CDC



Covid Compared to Other Causes of Death

Rate of death among older Americans

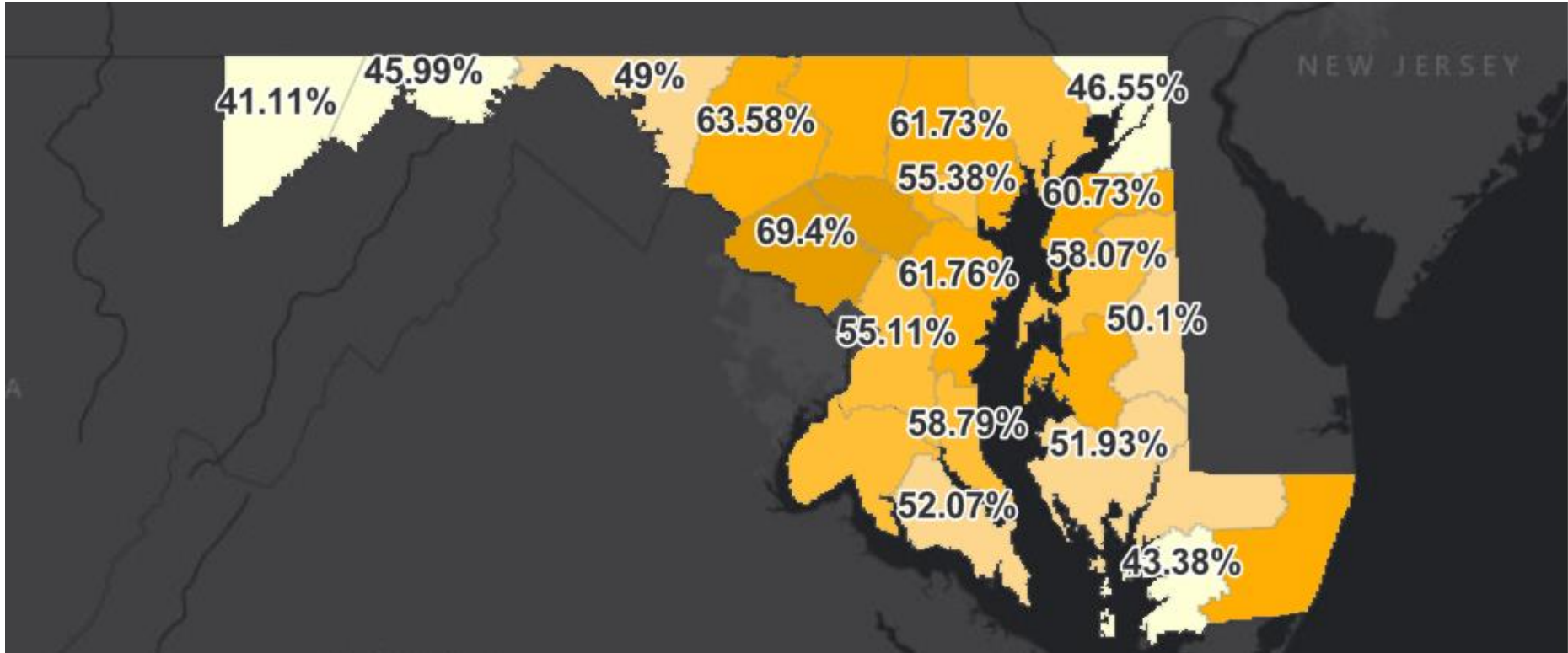
3,000 deaths per 100,000 people



Vaccines

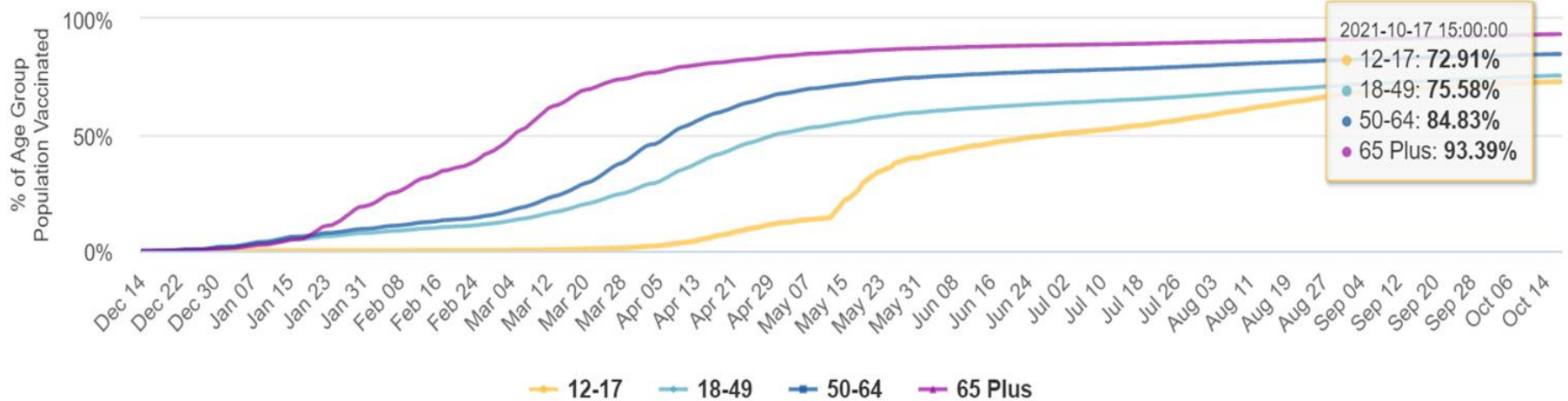
- ❖ The first and most important out in the triple play
- ❖ Primary Care providers are the key players in completing this part of the play

Proportion Vaccinated by County



Proportion Received At Least One Dose by Age in Maryland

Percent of Age Group Population - Received at Least One Dose



Unvaccinated Hesitant Populations

- ❖ Unvaccinated communities in the U.S. include:
 - Pregnant individuals
 - Individuals with one or more disability
 - Areas with higher Social Vulnerability Index (SVI)
 - Areas with higher Area Deprivation Index (ADI)
 - Rural areas (MD: Western Maryland, Eastern Shore)
 - Younger age groups
 - Influenced by ideologies and misinformation
- ❖ Risk
 - [NPR](#): Unvaccinated people are 11x more likely to die from Covid

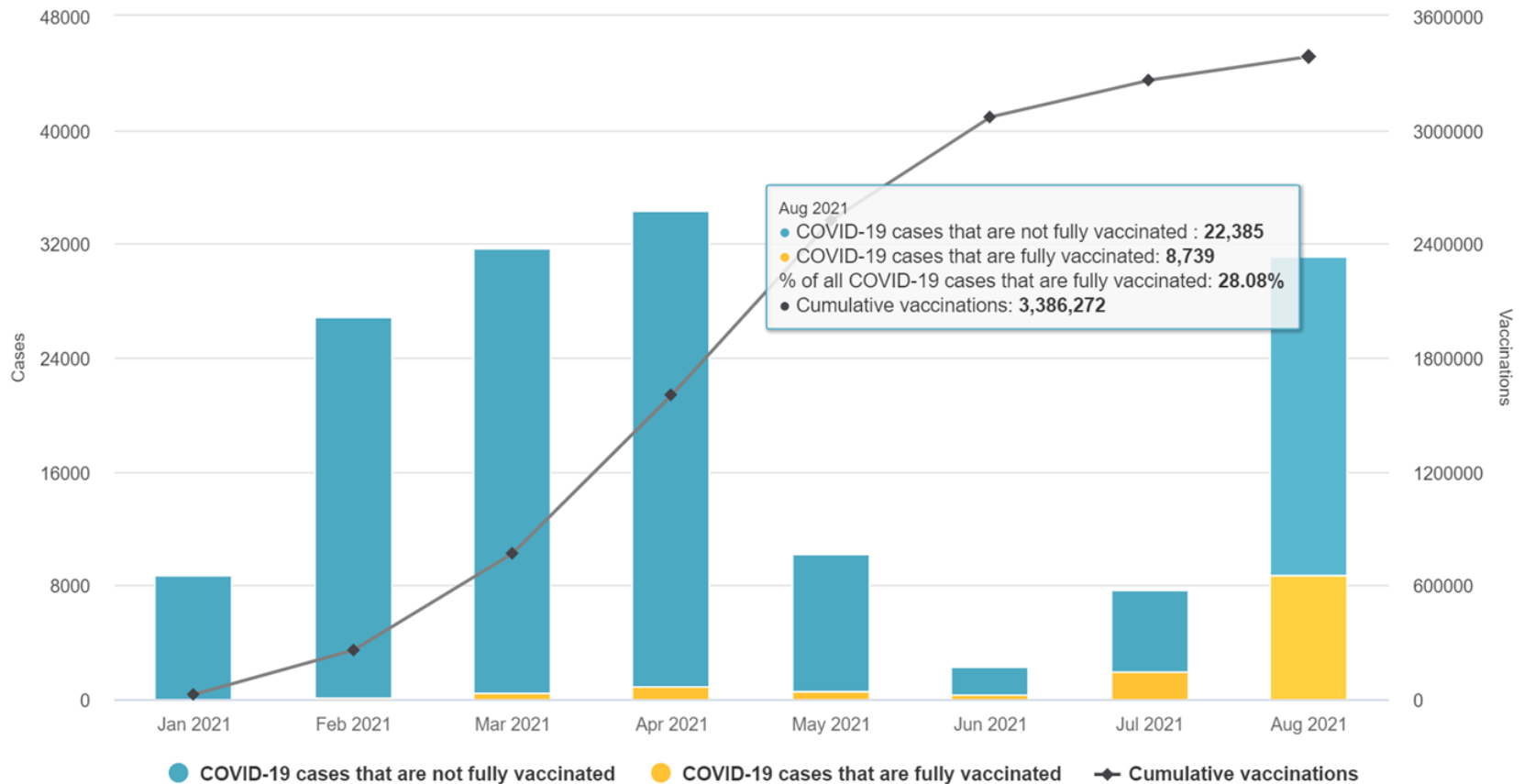


Pregnant Individuals

- ❖ [CDC issued an urgent health advisory](#) encouraging pregnant individuals to obtain a Covid vaccine
 - Only 34% of pregnant individuals are vaccinated
 - As of 10/18, there have been over 131,000 confirmed Covid cases among pregnant individuals
 - Pregnant individuals with Covid have an increased risk of:
 - ✓ Hospitalization
 - ✓ Death from Covid
 - ✓ Adverse pregnancy outcomes
- ❖ GoVAX Fast Facts brochure

Maryland Cases by Vaccination Status

COVID-19 Cases by Vaccination Status



Primary Care and Vaccines

Cumulative Doses Administered

210,145

Primary care providers are one of the most influential people in patients' lives and with increasing cases, we are inviting all providers to join the vaccination efforts

- ❖ 85.3% of Marylanders 18+ have received at least one vaccine dose
- ❖ 448 primary care practices are involved in the Primary Care Vaccine Program

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

Practices

1. Charlestown Medical Center - **92.92%**
2. Linda M. Lang, M.D., LLC - **92.59%**
3. Doctors Saba, Koltz and Walters - **92.45%**
4. Dr. Luis A. Casas, M.D. - **92.31%**
5. Dorchester Family Medicine - **92.27%**

CTOs

1. Holy Cross Health, Inc. - **88.75%**
2. PHS Doctors CTO - **86.20%**
3. Greater Baltimore Health Alliance Physicians, LLC - **85.22%**
4. Ascension Saint Agnes Community Health Partners - **85.20%**
5. University of Maryland Care Transformation Organization, LLC - **84.24%**

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. Manchester Medical Center, LLC - **1.71%**
2. Frederick Health Medical Group, Myersville - **1.52%**
3. MedStar Union Memorial Adult Medicine Center - **1.44%**
4. Petek Donmez, M.D., PC - **1.36%**
5. Doctors Community Practices Laurel - **1.33%**

CTOs

1. Holy Cross Health, Inc. - **0.37%**
2. Western Maryland Physician Network, LLC - **0.29%**
3. Management Solutions, LLC - **0.26%**
4. HCD International - **0.25%**
5. Netrin Accountable Care, LLC - **0.23%**

Note: percentages represent percent increase of MDPCP beneficiaries fully vaccinated

Third Doses - Completing Initial Series for Immunocompromised Individuals

- ❖ Approved and authorized by the [FDA](#) and [CDC](#)
 - mRNA for moderately to severely immunocompromised people
 - At least 28 days after second dose
 - **Supporting data:**
 - ✓ Studies have indicated that fully vaccinated immunocompromised people have accounted for a large proportion of hospitalized “[breakthrough cases](#)”
 - ✓ [Additional data and clinical considerations](#)

Immunocompromised Individuals

- ❖ The CDC defines immunocompromised individuals as the following:
 - Been receiving active cancer treatment for tumors or cancers of the blood
 - Received an organ transplant and are taking medicine to suppress the immune system
 - Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
 - Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
 - Advanced or untreated HIV infection
 - Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response
 - People should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them

Boosters

- ❖ Applies to Pfizer only at this time
- ❖ At least six months after 2nd dose
- ❖ Pfizer Eligibility:
 - 65 years and older
 - Age 18+ who live in [long-term care settings](#)
 - Age 18+ who have [underlying medical conditions](#)
 - Age 18+ who work in [high-risk settings](#)
 - Age 18+ who live in [high-risk settings](#)

On The Horizon: Other Boosters

- ❖ Moderna and J&J
 - 10/21 [ACIP meeting](#) on VRBPAC recommendations
 - ACIP recommendations & CDC final recommendations
- ❖ Likely timeframes
 - Moderna: 6 months after last dose
 - J & J: 2 months after last dose
- ❖ Approximately 100 million additional people would be eligible for boosters
- ❖ Other likelihoods:
 - Mix and match possible
 - Moderna booster - half dose

On The Horizon: Pediatric Vaccines

❖ Pfizer vaccine for 5-11-year-olds

- What we know:
 - Lower dose - not interchangeable with adult dose - ***do not stockpile current Pfizer inventory for 5-11***
 - 5-11 vaccines will have an **orange** lid and **orange** border (age will be marked in **red** on label)
- What is likely:
 - 100 doses in shipment boxes (initial minimum 300 doses only first week)
 - 2 dose regimen, 21 days apart
 - 180,000 doses initial 3 weeks
- Initial state-based allocation, followed by direct ordering

❖ Recommendations

- 10/26 [FDA VRBPAC meeting](#) on 5-11-year-olds Pfizer primary series

On The Horizon: Pediatric Vaccines

❖ Storage

- Ultracold until expiration
- Refrigerator for **10 weeks**
- Storage time is cumulative (count ultracold *and* refrigeration)
- May **NOT** be stored in regular freezer
- Will still be delivered on dry ice

❖ Ordering and allocation

- For the initial roll out: a large, pro-rata/pre-order
 - Plenty of vaccine, limitations in distribution capacity
 - 1170 orders paused first week (10/29-11/4)
- Pre-ordering (Week 0) in 3 waves
- Delivery will differ depending on wave



On The Horizon: Pediatric Vaccines

- ❖ Ordering and allocation
 - Receive confirmation of order AFTER the EUA authorization
 - Vaccines that are pre-positioned may not be administered until ACIP recommendation
 - Week 0 only: minimum order for providers is 300 doses; 100 doses minimum order Week 1 and thereafter
 - Providers will need to manage 2nd dose appointments through supply provided; **no separate allocation for 2nd doses**

Additional information in appendix

Pfizer-BioNTech COVID-19 Vaccines

PRELIMINARY – SUBJECT TO CHANGE PENDING REGULATORY GUIDANCE AND AUTHORIZATION/APPROVAL

Description	Current Adult/Adolescent Formulation (1170 and 450 packs)	Future Pediatric Formulation
	<i>Dilute Prior to Use</i>	<i>Dilute Prior to Use</i>
Age Group	12 years and older	5 to <12 years**
Vial Cap Color	PURPLE 	ORANGE 
Dose	30 mcg	10 mcg
Injection Volume	0.3 mL	0.2 mL
Fill Volume (before dilution)	0.45 mL	1.3 mL
Amount of Diluent* Needed per Vial	1.8 mL	1.3 mL
Doses per Vial	6 doses per vial (after dilution)	10 doses per vial (after dilution)
Storage Conditions		
ULT Freezer (-90°C to -60°C)	9 months	6 months
Freezer (-25°C to -15°C)	2 weeks	N/A
Refrigerator (2°C to 8°C)	1 month	10 weeks

Q: Can the current adult/adolescent formulation (purple cap) be used to vaccinate children 5 to <12 years old once the vaccine is authorized for this age group?

A: No. For children under 12 years of age, you cannot use the current formulation and will need to use the future pediatric (orange cap) formulation.

Purple Cap – Adult/Adolescent: Authorized only for aged 12 years and older



Orange Cap – Pediatric: Future authorization for aged 5- to 12 years. A separate vaccine formulation specific for a 10mcg dose will be introduced.



NOTE: Use of the current adult/adolescent formulation (purple cap) to prepare doses for children 5 to <12 years would result in an injection volume for the 10mcg dose of 0.1mL, which is both generally considered too small for typical IM injections and has not been studied.

*Diluent: 0.9% sterile Sodium Chloride Injection, USP (non-bacteriostatic; DO NOT USE OTHER DILUENTS

**The vaccine is currently under emergency use authorization review by the Food and Drug Administration (FDA) for children 5 to <12 years old

For Official Use Only - DO NOT DISTRIBUTE

Pfizer Ordering in ImmuNet

- ❖ Due to pediatric Pfizer vaccine rollout, there will be a freeze on fulfilling and shipping the 12+ Pfizer vaccine orders that are made on 10/28
 - What does this mean?
 - ✓ Orders for any COVID-19 vaccine can be placed on 10/28 in ImmuNet during the normally scheduled ordering window
 - ✓ Orders from 10/28 will be delayed in shipping and can be expected to arrive the week of 11/8

Hub and Spoke Vaccine Delivery

- ❖ For adult Pfizer vaccine
- ❖ For Adolescent Pfizer vaccine
- ❖ New portal (PROPS) - coming soon!
- ❖ LHDs and others serve as hubs
- ❖ Pediatricians and other primary care are spokes

COMING SOON: The PROPS Provider Portal is expected to be rolled out to all practices during the week of 10/25

Maryland.gov
PROPS Portal

Home Support Request Marketplace Inventory Management Forms

4 Your Health... Logout Welcome Test Major Provider

Messages (6)

TRANSFER MARKETPLACE
[Transfer Marketplace](#)

INVENTORY MANAGEMENT
[Transfer Form](#)
[Wastage Form](#)
[Inventory Survey](#)

RESOURCES & INFORMATION
[FAQ](#)
[Contact US](#)
[Moderna Expiration Checker](#)
[Janssen Expiration Checker](#)

Beta Testing Feedback



Wish[es] PROPS was available 6-8 months ago...extremely useful and consolidates daily and weekly efforts into one user-friendly platform.



[Transfer Marketplace] Map functionality is very helpful and works well. We can visualize dose availability to eliminate back-and-forth.



Ticket request capability is great for getting questions answered.

Monoclonal Antibody Therapy

- ❖ Second out in the triple play
- ❖ Primary care providers are on second base
- ❖ Prevent deaths, prevents hospitalizations
- ❖ Sadly, many hospitalized and die without benefit of this therapy

Monoclonal Antibodies Updates

The Only Outpatient Covid-19 Therapy

- ❖ Currently available from USG by allocation to each state (150,000 doses national/week)
 - Maryland receiving 1984 doses this week
- ❖ Subcutaneous administration available for Regeneron
 - Post Exposure Prophylaxis for unvaccinated , high risk
 - Expanded patient qualifications – clinical judgment
 - Bam-Etes and Regeneron for PEP
 - HHS Protect registration and reporting required

Map of Treatment Locations

- ❖ mAb treatments are offered across the state, and certain sites are able to offer home infusion across multiple counties
- ❖ Access is not equitably distributed: Western and Eastern have fewer providers offering treatment



Patient Facing Resources

❖ Website

- [Landing page](#)-- general page highlighted at Governor's 9/30 press conference
- [FAQ](#)-- detailed information about mAb

❖ Contact tracing

- Direct text message to all contacts and people with positive tests (ages 18+) linking to Landing Page (Eng. & Sp.)
- mAb information sent to Interviewed Cases & Exposed Contacts at conclusion of contact tracing interview

❖ Site Access and PEP status

- Flyer with treatment location list, PEP information, and self-referral information

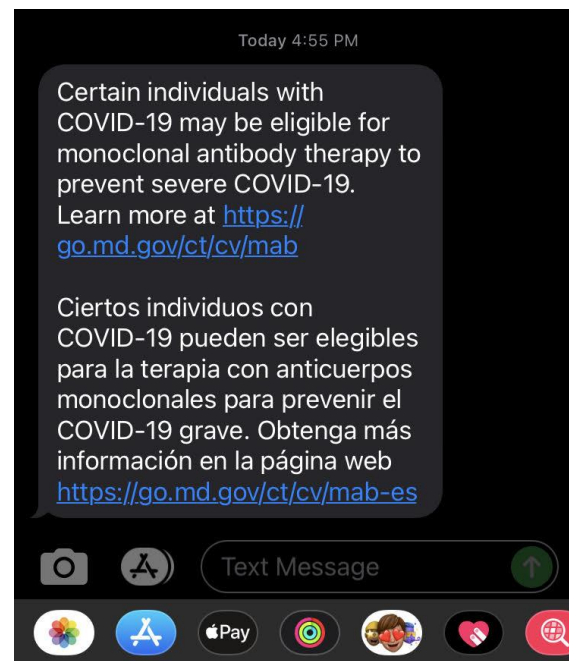
Self-Referral Options for Patients

- ❖ Patients should coordinate with their respective physician or care provider before contacting a location to schedule an appointment.
- ❖ Patients without a healthcare provider, contact [eVisit](#) to schedule a virtual appointment or complete a [self-referral form](#).
 - Eligible patient(s) will be referred to an infusion site for treatment.
- ❖ For those without internet access or a healthcare provider, they may contact the **MDH-supported monoclonal antibody call center** at **410-649-6122** (Monday – Friday from 8 a.m. to 5 p.m) and speak to a clinician to review eligibility.
 - *Odenton VFD, City of Praise Ministries, and [MDmAbs](#) also accept direct patient contact to determine eligibility and/or schedule treatment

Pre-Call Text

- ❖ Automated text message sent to all cases (age 18 and above), newly reported to contact tracing, typically prior to the first outbound call
- ❖ Implemented 10/9/2021
- ❖ Text links to the new mAb landing page promoted in Governor's September 30th press conference

**~2,700 texts sent from
10/9-10/14**



Script for Cases and Exposures

- ❖ Script read to all interviewed cases and exposed contacts during contact tracing interview
- ❖ Content from resource material sent to interviewed cases and exposed contacts at the conclusion of their contact tracing interview

“Before we end the call, I have information about a treatment that you might qualify for called monoclonal antibody treatment. The treatment is available for COVID patients with symptoms, and for post-exposure prophylaxis (to help prevent disease) in people who were exposed to COVID-19.

“It can help reduce symptoms and keep you from needing to go to the hospital. This treatment is available to those at high risk of becoming seriously ill from COVID-19, including people over 12-years-old with certain chronic medical conditions, and those who are not fully vaccinated or who are not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination. If you are interested, we recommend that you talk to your doctor immediately. There is no cost to receive this treatment.

“If you don't have a doctor you can still access monoclonal antibody treatment by calling 410-649-6122 for a consultation or by visiting <http://umms.org/BCCInfusion> to fill out a self-referral form.”

Provider-Facing Resources

- ❖ Webinars- over 100
- ❖ Clinician Letters
 - “Checklist” to assist providers in determining patient eligibility for mAbs.

- ❖ Ease in making referral
 - Option 1: [CRISP eREFERRAL for Monoclonal Antibody Infusion](#)
 - Option 2: [Maryland Referral Form for Monoclonal Antibody Infusion Treatment](#) (Updating to include sites where PEP is available)
 - Some sites allow patients to self-refer for evaluation (listed on referral materials)



Monoclonal Antibody Checklist

The Maryland Department of Health (MDH) provides this clinical criteria checklist as a resource for referring or administering monoclonal antibodies (mAb). There are currently three products authorized under Emergency Use Authorization (EUA): [Bamlanivimab and Etesevimab](#), [REGN-COV2](#), and [Sotrovimab](#).¹ Monoclonal antibodies are currently indicated for two purposes: certain individuals with active COVID-19 and as a post-exposure prophylaxis in vulnerable persons (e.g., not fully vaccinated or immunocompromised) who are at high-risk for progression to severe COVID-19.

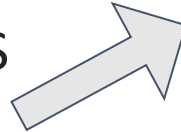
Determine Eligibility for Monoclonal Antibody Treatment for Patients	
Track 1 - Active COVID-19 Infection	Track 2 - Post-Exposure Prophylaxis
1. Is the patient 12 years of age or older weighing at least 88 pounds? If NO , STOP ; YES , proceed to number 2.	1. Is the patient 12 years of age or older weighing at least 88 pounds? If NO , STOP ; YES , proceed to number 2.
2. Does the patient have a positive COVID-19 PCR or antigen test result? If NO , STOP ; YES , proceed to number 3.	2. Does the patient meet high-risk exposure criteria as defined by CDC Quarantine and Isolation guidance? ² If NO , Proceed to Number 3 ; YES , proceed to number 4.
3. Does the COVID-19 positive patient have mild to moderate COVID-19 symptoms such as fever, cough, shortness of breath, loss of taste/smell, fatigue, nausea, vomiting, diarrhea, throat pain, congestion, myalgia, or headache? If NO , STOP ; YES , proceed to number 4.	3. Is the patient at high risk of exposure to an individual infected with COVID-19 in the same institutional setting? If NO , STOP ; YES , proceed to number 4.
4. Has it been less than 10 days since symptom onset and positive COVID-19 test result? If NO , STOP ; YES , proceed to number 5.	4. Is the individual NOT fully vaccinated? ³ If NO (individual is fully vaccinated), Proceed to Number 5 ; YES (individual is not fully vaccinated), proceed to number 6.
5. Is the COVID-19 positive patient at high risk ⁴ for progression to severe COVID-19, including hospitalization or death? If NO , STOP ; YES , proceed to number 6.	5. Is the individual anticipated to NOT mount an adequate immune response to complete SARS-CoV-2 vaccination (e.g. immunocompromised or taking immunosuppressive medications)? If NO , STOP ; YES , proceed to number 6.
6. If any of the following apply, STOP ; the patient is not eligible for treatment. Otherwise, proceed to number 7. <ul style="list-style-type: none"> • Patient hospitalized for COVID-19 • Patient requires oxygen therapy due to COVID-19 • Patient requires require an increase in baseline oxygen flow rate due to COVID-19 • Patient is in imminent need of hospitalization due to COVID-19 	6. If exposure occurred within the past 96 hours, patient meets eligibility criteria; proceed with administration or referral. Patients who meet eligibility criteria can be referred to facilities geographically spread across Maryland for equitable access. To refer a patient, please use the CRISP platform eReferral Tool or the Maryland Department of Health (MDH) Maryland Referral Form .
7. Patient meets eligibility criteria; proceed with administration or referral. For referral resources see Track 2 No. 6.	

¹Sotrovimab is not authorized for post-exposure prophylactic administration and is only commercially available at this time.
²Close contact with an infected individual is defined as being within 6 feet for a total of 15 minutes or more, providing care at home to someone who is sick, having direct physical contact with the person (hugging or kissing, for example), sharing eating or drinking utensils, or being exposed to respiratory droplets from an infected person (coughing or sneezing, for example). See this website for additional details: <https://www.cdc.gov/covid19/about/faq-2022-02-22.html>
³Individuals are considered to be fully vaccinated 2 weeks after their second vaccine dose in a 2-dose series (such as the Pfizer or Moderna vaccines), or 2 weeks after a single-dose vaccine (such as the Johnson & Johnson Janssen vaccine). See this website for more details: <https://www.cdc.gov/vaccines/imz/faq-2021-07-16.html>
⁴For further information as what qualifies an individual as high risk please see slide 19 of the Monoclonal Antibody Clinical Implementation Guide available at: <https://www.dhs.gov/eoexecutiveorders/document/COVID-19-response-plan-MCM/monoclonal-Ab-COVID-19-EP-Checklist.pdf>



Practice mAb Referral Workflow

- 1) Daily, go into the CRISP ENS PROMPT to [view new positive Covid-19 test results](#) for your patients
- 2) For Covid-positive patients, assess every patient for [mAb eligibility](#)
- 3) For eligible patients, call the patient to recommend mAb treatment
 - a) See this [patient-facing website](#)
- 4) Refer the patient to mAb treatment through [CRISP](#) or [externally](#)



HOME CALIPR PATIENT SNAPSHOT **ENS PROMPT** HEALTH RECORDS

COVID-19 RESULTS VIEWER REFERRAL PORTAL 2021 ECQMS SBIRT

Filter by Name or MRN CRISP DEMO

All Not started In progress Completed

Notifications count: 75
last updated: 15:54 10/19/21

COCONUT DEMO1 (180034567)

MD NEDSS
10/12/2021 09:05 AM
OP Test Result
COVID-19 Tested negative for COVID-19

Additional Monoclonal Information

Indications for Outpatient COVID-19 mAbs

Monoclonal Antibody Indications and Routes of Administration

Monoclonal Antibody	TREATMENT of Mild to Moderate COVID-19 Infection within 10 days of symptom onset in patient with high risk of progression to severe disease	POST-EXPOSURE PROPHYLAXIS for individuals who are not fully vaccinated or immunocompromised, with high risk of progression to severe disease
bamlanivimab and etesevimab¹ (Eli Lilly) ^{***}	Dose: 700 mg bamlanivimab and 1400 mg etesevimab ^{***} Route: Intravenous administration Post-administration monitoring: 60 minutes	N/A
casirivimab and imdevimab² (REGEN-COV)	Dose: casirivimab 600mg and imdevimab 600mg Route: Intravenous is preferred route, however subcutaneous injection may be utilized in situations where there would be a delay in intravenous administration Post-administration monitoring: 60 minutes	Dose: casirivimab 600mg and imdevimab 600mg Route: Intravenous or subcutaneous Post-administration monitoring: 60 minutes
Sotrovimab³ (Glaxo Smith Kline)	Dose: sotrovimab 500mg Route: Intravenous Post-administration monitoring: 60 minutes	N/A

^{***} Based on the most currently available data, [bamlanivimab and etesevimab are now authorized](https://www.fda.gov/media/151719/download) in all U.S. states, territories, and jurisdictions (9/2/21) [https://www.fda.gov/media/151719/download]

Refer to product Emergency Use Authorizations for detail on indications and administration

¹ [Fact Sheet for Health Care Providers Emergency Use Authorization of Bamlanivimab and Etesevimab](https://www.fda.gov/media/145802/download) (https://www.fda.gov/media/145802/download)

² [Fact Sheet for Health Care Providers Emergency Use Authorization of REGEN-COV™ \(casirivimab and imdevimab\)](https://www.fda.gov/media/145611/download) (https://www.fda.gov/media/145611/download)

³ [Fact Sheet for Health Care Providers Emergency Use Authorization of Sotrovimab](https://www.fda.gov/media/149534/download) (https://www.fda.gov/media/149534/download)

Monoclonal Antibody Treatment: Post-exposure Prophylaxis

- ❖ Who is eligible for post-exposure prophylaxis?
 - Individuals with significant medical condition(s) who have no Covid-19 symptoms, but have been exposed in the past four days to a known or suspected case of COVID-19 and are in one of the following categories:
 - ✓ Are not fully vaccinated
 - ✓ Are vaccinated but not expected to have an adequate immune response to the vaccine
 - ✓ Are in a congregate living situation such as a nursing home or prison

Testing

- ❖ The final out and the game winner to restore normality and a robust economy
- ❖ Primary care close the deal with onsite testing and making sure the ball isn't dropped for all other results

Why is Testing Important

- ❖ Identify those that can spread Covid-19
- ❖ Return to work
- ❖ Return to school
- ❖ Contact tracing
- ❖ This information will facilitate the containment of spread and the opening of the economy
- ❖ Identify those eligible for monoclonal therapy

COVID-19 Data Explorer

This report allows you to view 6 different measures for the group according to the Chart Lines selection. Use the Separate Charts selector to view view multiple charts at once. The chart type determines the presentation of the measure. Daily data points are 7-day moving averages of selected measure. Population adjusted measures use 2019 Population Estimates grouped by Age Group, Gender, Race, Ethnicity, and County.

As with all reports, do not distribute this information publicly.

7 Day Moving Average of All Tests by Day

Measure Description: All COVID-19 tests by test reported date

Chart Type: 7-Day moving average by day of the raw count of the selected measure

Data Source: Maryland National Electronic Disease Surveillance System (NEDSS);

Data Available Through: 10/15/2021



Measure

- All Tests
- Positive Tests
- Positive Test Percent
- Confirmed Cases
- Admissions
- Deaths
- Individuals Vaccinated
- Cumulative Individuals Vaccinated
- Cumulative Individuals with at least 1 Dose

Chart Type

- Count
- Percent of Total
- Population Adjusted

Chart Lines

- None
- Age Group
- Gender
- Race
- Ethnicity
- Region
- County

Separate Charts

- None
- Age Group
- Gender
- Race
- Ethnicity
- Region
- County

Report Date
6/15/2021 to 10/15/2021 and Null values

Age Group
All

Gender
All

Race
All

Ethnicity
All

Region
All

County
All

Legend
■ Total

Primary Care POC testing

- ❖ MDH is expanding the use of point-of-care testing
- ❖ [MDH guidance](#) for point-of care testing
 - Rapid point-of-care testing [toolkit](#)
 - Point-of-care testing through MDPCP [request form](#)
 - Abbott BinaxNOW [getting started guide](#)

Schools, Masks and Other Controversies

- ❖ As of October 13, there were Covid outbreaks in 160 K-12 Maryland schools
 - More Information about # of outbreak-associated cases in schools available [here](#)
- ❖ **New:** Mask mandate for public schools in Maryland
 - On September 14, the Maryland State Board of Education and Department of Education gained approval for this statewide masking requirement
 - This [emergency regulation](#) will remain in effect for 180 days
- ❖ Several school districts employing testing protocols
 - Screening
 - Symptomatic
- ❖ Contact tracing is variable

Flu Season Is Here

- ❖ Timeline
 - Occurs in the fall and winter
 - Most of the time the flu peaks in between December and February
- ❖ Flu vaccines recommended for all individuals that are 6 months old and older
- ❖ [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 FAQs for the 2021 – 2022 season are [here](#)

The Landscape of Primary Care

Despite the negative impacts of the pandemic, relationships between clinicians and patients are mutually and positively reinforcing during this time

- ❖ A September survey of primary care providers revealed:
 - 74% have experienced a turnover in staff
 - 56% report the health of patients with previously well managed chronic conditions has become worse
- ❖ Despite the difficulty, joy in the workplace is still of note
 - 88% report the ability to get to know patients over time is one of the most rewarding things about their job
 - 82% say relationships with patients help to overcome miscommunication and confusion about COVID-19

Will it ever be truly “over”

❖ End games - and Herd Immunity

- Eradication- smallpox- none now
- Elimination- measles- near complete vaccine herd immunity
- Containment- flu- natural immunity plus vaccine



“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

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

Regular Wednesday Covid-19 Updates occur every other week:

- ❖ November 3, 2021 (5:00 pm - 6:30 pm)
 - Registration link: <https://attendee.gotowebinar.com/register/1219509446457832972>
- ❖ November 17, 2021 (5:00 pm - 6:30 pm)
 - Registration link: <https://attendee.gotowebinar.com/register/8498858063986174988>

Guest Speakers: Baltimore Integrated Complex Care at Home (ICCH)

- ❖ **Nancy Eldridge**, CEO of National Well Home Network
- ❖ **Tracey Oliver-Keyser**, Senior Vice President of the Office of Resident Services at the Housing Authority of Baltimore City
- ❖ **Kristi Poehlmann, MSN, APRN, A-GNPC-C**, Practicing Primary Care Provider and Consultant for National Well Home Network
- ❖ **Stefani Hartsfield**, Consultant, National Well Home Network

BALTIMORE INTEGRATED COMPLEX CARE AT HOME (ICCH)

Extending
Primary Care
Into the Home



Our Vision

There is a great urgency to reach people experiencing systemic health disparities. A better coordinated, more participatory system that links health care to where people live is essential.



Population Health Building Blocks

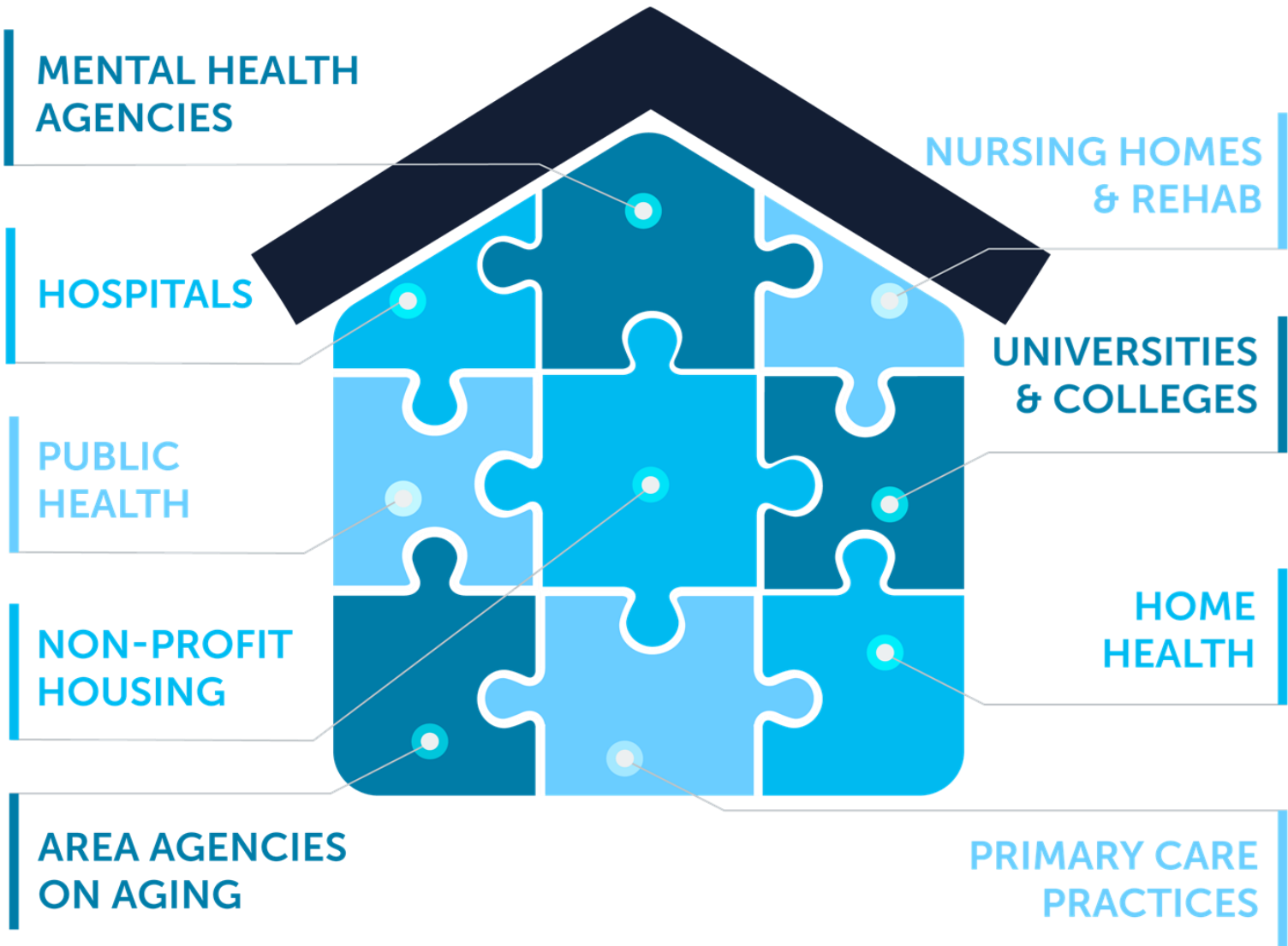
Create extenders into the community for Primary Care Practices

Harness the housing workforce to expand primary care reach

Embed teams where complex care patients live in publicly assisted housing and surrounding neighborhoods

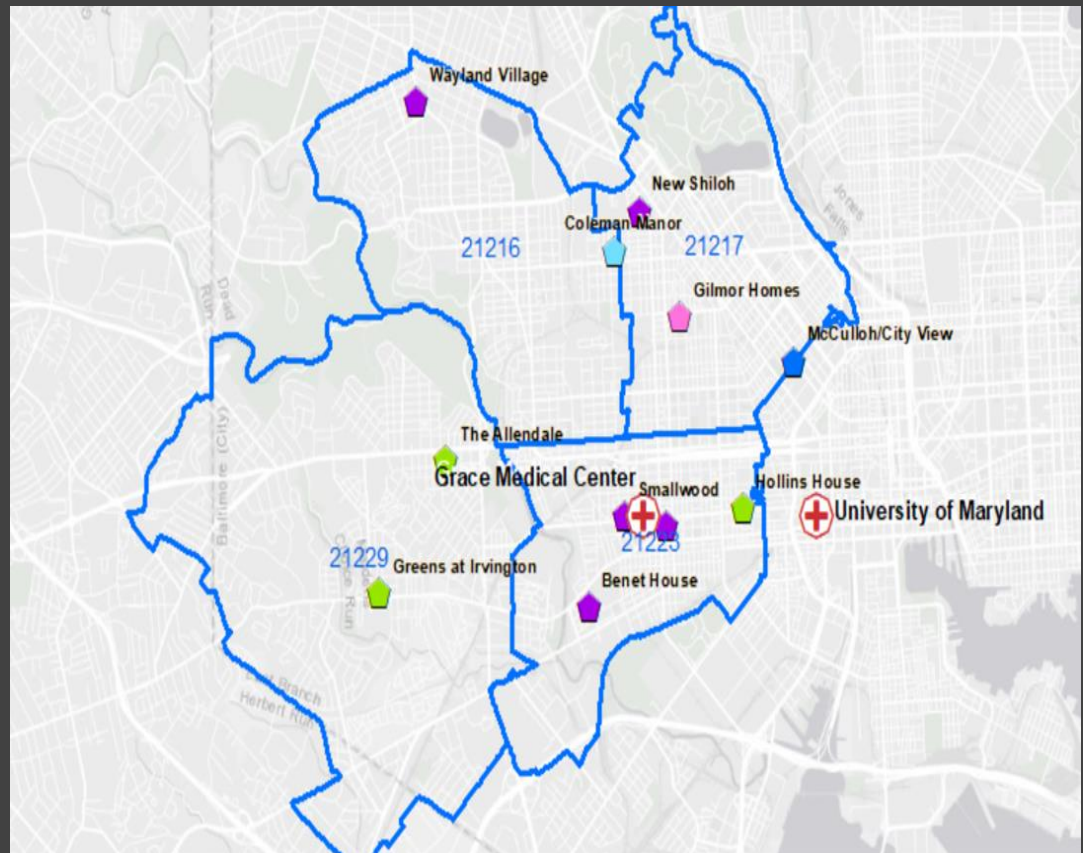
Create the community-level partnerships needed to access all programs and avoid duplication

Trusting relationships and empowerment lead to the motivation for healthy behaviors

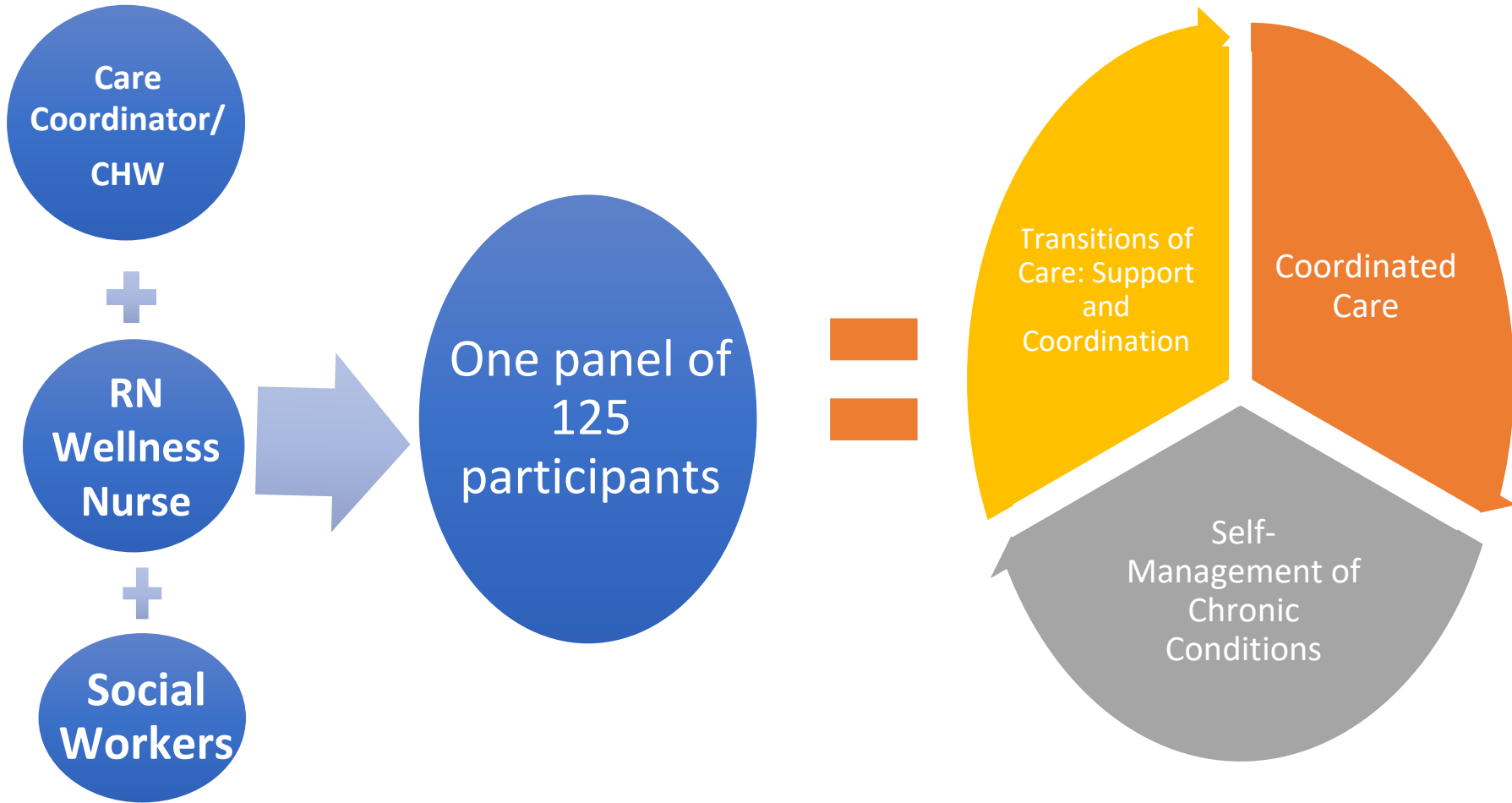


West Baltimore Housing Sites

- INTEGRATED COMPLEX CARE AT HOME: POWERED BY SASH™
- 5 owners
- 11 sites
- 1,677 units



Core of the ICCH Care Team



Housing Organization as Host and Hub

WHAT DO THE CARE TEAMS DO?



Learn
What Matters
to Every
Participant



Health
Assessment
& Screens



Individualized
Care Plans &
Data Informed
Community
Wellness Plan



System
Navigation
Support &
Communication
with Providers

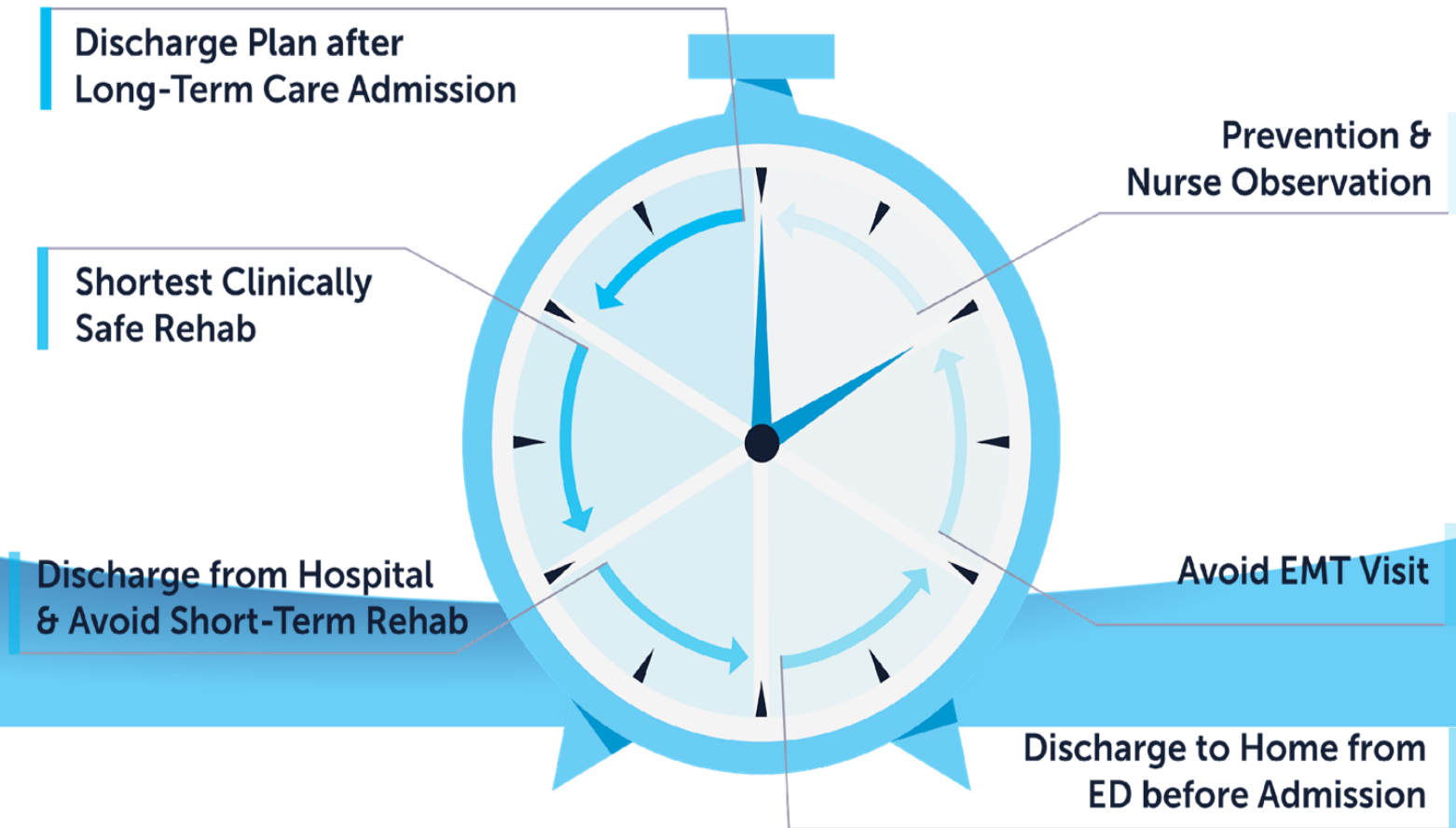


Medication
Support



Evidence Based
Programming

The Six Interruptors to Nursing Home Stays



Managing Chronic Conditions During COVID



Betty

- 78 years old
- 1 cat for company
- Loves to knit
- Diabetes, poorly controlled & hypertension
- Anxiety
- Family lives out of state

An estimated 41% of U.S. adults had delayed or avoided medical care by June 30, 2020, because of concerns about COVID-19.

(CDC, Sept. 2020)

SASH™ - A System That Works

problem, is so efficient and makes you know you have an advocate to rely on. This has been proven again with a friend in trouble who called me for a decision about whether to call the ambulance to go to the ER or not. I immediately called Jen, and she has handled it from there.

We have a wonderful nurse, Jodi, who comes right over to solve a health issue. you can tell she is concerned, and cares about you. She also taught Tai Chi free of charge. So... Kudos to our SASH team.

- Betty made a plan with the care team
- Avoided potential high cost utilization
- Anxiety coaching / breathing mindfulness
- Avoided ulcer exacerbation
- Betty is healthy, and feels like she has people she can trust when she doesn't know what to do.

Medications...A Value Add Example

Home based medication reconciliation with an RN is vital to integrated care.

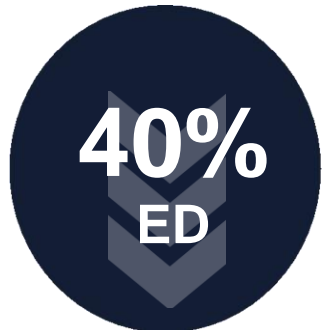


Cultural Impacts in Multiple Urban Settings

- Feeling Safe
 - Racial disparities in COVID-19 impact, PPE, media
- Medical system disparities and inconsistent understanding of disease
- Re-traumatization and support of embedded team
- Importance of faith
- Access to resources
- Cultural Baseline
- Creating a “New Normal”



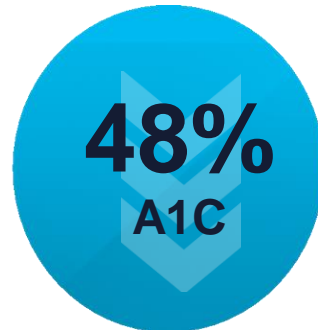
Improved Health Outcomes



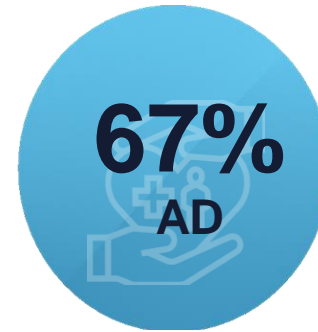
Decline in Emergency Department use among high utilizers



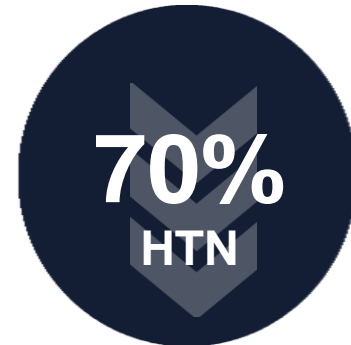
Decline in depression risk based on PHQ-2 total screen scores



In a diabetes self-management pilot reduced A1C levels in 6 months



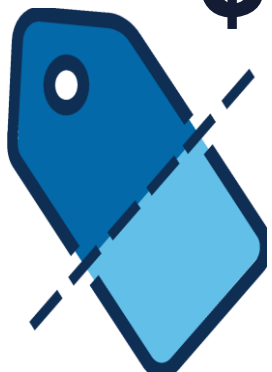
Entered into advance directives, well above the national average of 46%



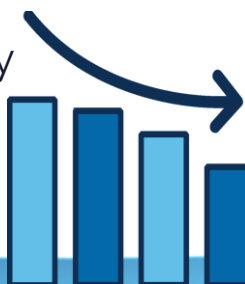
With hypertension decreased their blood pressure within 3-6 months

Demonstrated Cost Savings

**\$1450 per
year**



Reduction in rate of
growth Medicare
expenditures for every
urban-area SASH™
participant



**\$400/person
per year**

Reduction in rate of
growth of Medicaid
expenditures for
institutional long-term
care

For More Information



nancy.eldridge@wellhome.org
<https://www.wellhome.org/>

October 20, 2021

Question and Answer Session

Appendix

Additional Pediatrics Information

COVID-19 Vaccination Planning Update

Pfizer Vaccine: 12+



12+ Pfizer Vaccine: Packaging and Handling Updates

- Current 1170 packaging and storage will remain in effect until further notice
 - **New packaging will not begin shipping until the 1170 vaccine stock has been depleted, expected mid-Nov**
 - **NOTE:** 1170 will be paused 10/29-11/4 to focus on 5-11
- New packaging will have a **grey** lid and the label will have a **grey** border (current packaging - **purple** lid)
 - Ages will be marked in **red** on label
- **New 12+ doses will not require reconstitution**
 - No diluent will be included in the ancillary kit

12+ Pfizer Vaccine: Packaging & Handling Update (cont'd)

- Storage
 - Ultracold until expiration
 - Refrigerator for 10 weeks
 - Storage time is cumulative (count ultracold *and* refrigeration)
 - May **NOT** be stored in regular freezer
 - Will still be delivered on dry ice
- Packaging size - 2 options
 - 10 Pack - 60 doses
 - 25 pack - 150 doses - phased out
- Still have 6-hour limit once punctured.
 - Pfizer has submitted data to FDA for a 12-hour limit

COVID-19 Vaccination Planning Update

Pfizer Vaccine: 5-11 years



5-11 Pfizer Vaccine: Packaging and Handling

- Will have an **orange** lid and **orange** border around the label.
 - Ages will be marked in **red** on label.
- **Different** product from 12+
 - New NDC code
 - **Cannot** use 12+ interchangeably - **do not stockpile current Pfizer for 5-11**
 - $\frac{1}{3}$ dose of 12+ (10 mcg)
 - Based on **age**, not weight (even if age changes between shots)
 - 21 days between 1st and 2nd dose

5-11 Pfizer Vaccine: Packaging and Handling



- Shipping container
 - New product: single-use shipping container
 - Meant to store product for 3 days
 - Recipients asked to return temperature logger (NOT the shipper)
 - Destroy shipper as part of local site procedures; do **not** use for storage
- Do not use multi use/med shippers to store peds vax
- 10 dose vials in cartons of 10 vials each (100 doses)
 - Dimension information forthcoming

5-11 Pfizer Vaccine: Packaging and Handling

- **Will** require reconstitution.
 - Diluent and mixing syringes will be included in ancillary kit
- Storage
 - Ultracold until expiration
 - Refrigerator for **10 weeks**
 - Storage time is cumulative (count ultracold *and* refrigeration)
 - May **NOT** be stored in regular freezer
 - Will still be delivered on dry ice
- Ancillary kits included - needles, syringes, diluent alcohol swabs, limited PPE, shot cards; ship at the same time as the vaccine

Pfizer-BioNTech COVID-19 Vaccines

PRELIMINARY – SUBJECT TO CHANGE PENDING REGULATORY GUIDANCE AND AUTHORIZATION/APPROVAL

Description	Current Adult/Adolescent Formulation (1170 and 450 packs)	Future Pediatric Formulation
	<i>Dilute Prior to Use</i>	<i>Dilute Prior to Use</i>
Age Group	12 years and older	5 to <12 years**
Vial Cap Color	PURPLE 	ORANGE 
Dose	30 mcg	10 mcg
Injection Volume	0.3 mL	0.2 mL
Fill Volume (before dilution)	0.45 mL	1.3 mL
Amount of Diluent* Needed per Vial	1.8 mL	1.3 mL
Doses per Vial	6 doses per vial (after dilution)	10 doses per vial (after dilution)
Storage Conditions		
ULT Freezer (-90°C to -60°C)	9 months	6 months
Freezer (-25°C to -15°C)	2 weeks	N/A
Refrigerator (2°C to 8°C)	1 month	10 weeks

Q: Can the current adult/adolescent formulation (purple cap) be used to vaccinate children 5 to <12 years old once the vaccine is authorized for this age group?

A: No. For children under 12 years of age, you cannot use the current formulation and will need to use the future pediatric (orange cap) formulation.

Purple Cap – Adult/Adolescent: Authorized only for aged 12 years and older



Orange Cap – Pediatric: Future authorization for aged 5- to 12 years. A separate vaccine formulation specific for a 10mcg dose will be introduced.



NOTE: Use of the current adult/adolescent formulation (purple cap) to prepare doses for children 5 to <12 years would result in an injection volume for the 10mcg dose of 0.1mL, which is both generally considered too small for typical IM injections and has not been studied.

*Diluent: 0.9% sterile Sodium Chloride Injection, USP (non-bacteriostatic; DO NOT USE OTHER DILUENTS)

**The vaccine is currently under emergency use authorization review by the Food and Drug Administration (FDA) for children 5 to <12 years old

For Official Use Only - DO NOT DISTRIBUTE

COVID-19 Vaccination Planning Update

**Pfizer Vaccine: 5-11 years
Ordering/Allocations**



5-11 Pfizer Vaccine: Ordering and Allocation

- For the initial roll out: a large, pro-rata/pre-order
 - Plenty of vaccine, limitations in distribution capacity
 - 1170 orders paused first week (10/29-11/4)
- Pre-ordering (Week 0) in 3 waves
 - 10/20, 10/22, and 10/24
 - 40%, 30%, 30% ordering caps
 - Allocation assessments sent 10/15, due 10/18
- Delivery:
 - 1-5 business days after EUA approval (Wave 1)
 - 2-7 days after EUA approval (Wave 2)
 - 5-9 business days after EUA approval (Wave 3)

5-11 Pfizer Vaccine: Ordering & Allocation (cont'd)

- Receive confirmation of order **AFTER** the EUA authorization
- Week 0 only: minimum order for providers is 300 doses; 100 doses minimum order Week 1 and thereafter
- Providers will need to manage 2nd dose appointments through supply provided; **no separate allocation for 2nd doses**

5-11 Pfizer Vaccine: Ordering & Allocation (cont'd)

- Reallocation
 - From Pfizer: no limit on number of transfers as long as cold chain is maintained
 - New redistribution guidance will be released
 - Pfizer is offering training to providers twice a week (Tuesdays and Thursdays)

5-11 Pfizer Vaccine: Ordering & Allocation (cont'd)

- Pharmacies participating in the federal retail program will be able to order vaccine to select pharmacy locations
 - The pharmacy allocation will be much smaller than the state's
 - PREP act allows pharmacists to administer vaccine to children as young as 3 years old
 - Anticipated ordering in Wave 2
- Small quantities allocated for other federal entities

Additional Notes

- Providers receiving doses in Week 1 should be prepared to provide “shots in arms” immediately upon ACIP recommendation
- Vaccines that are pre-positioned may not be administered until ACIP recommendation
- After Week 1, allocations will continue until further notice

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 \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 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

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](#)

[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/>)