



# **Covid-19 Update: Boosting, Third Doses, Younger Children and Monoclonal Antibodies**

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

6 October 2021

# Agenda

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- ❖ Current Pandemic data
- ❖ Vaccine Updates
- ❖ Monoclonal antibodies
- ❖ Testing
- ❖ Third doses and boosters
- ❖ Variants
- ❖ Questions from last webinar
- ❖ End game for the pandemic
- ❖ Guest Presentation: PROPS Portal

# Daily COVID-19 Report

Data reported as of 10/6/2021 for data through 10/5/2021

**539,053**

cases cumulative

**13,217,318**

tests cumulative

**19.4**

7-day avg. case rate

**7,129**

total hospital adult census

**10,303**

deaths cumulative

**1,077**

cases reported yesterday

**36,037**

tests reported yesterday

**3.91%**

7-day avg. positivity

**357**

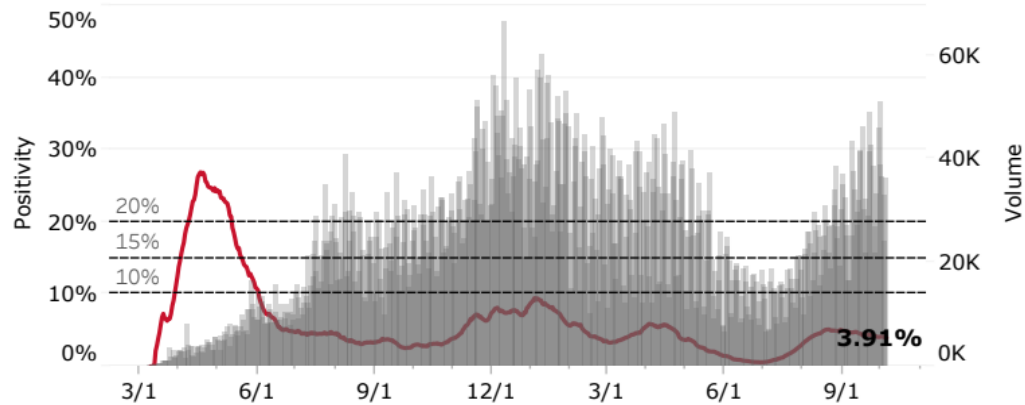
change in total hospital census

**21**

deaths reported yesterday

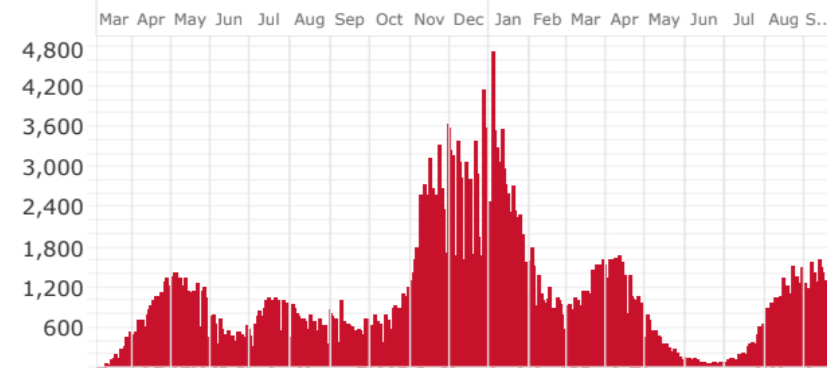
## 7-Day Avg. Percent Positivity and Total Testing Volume

Since 3/1/20

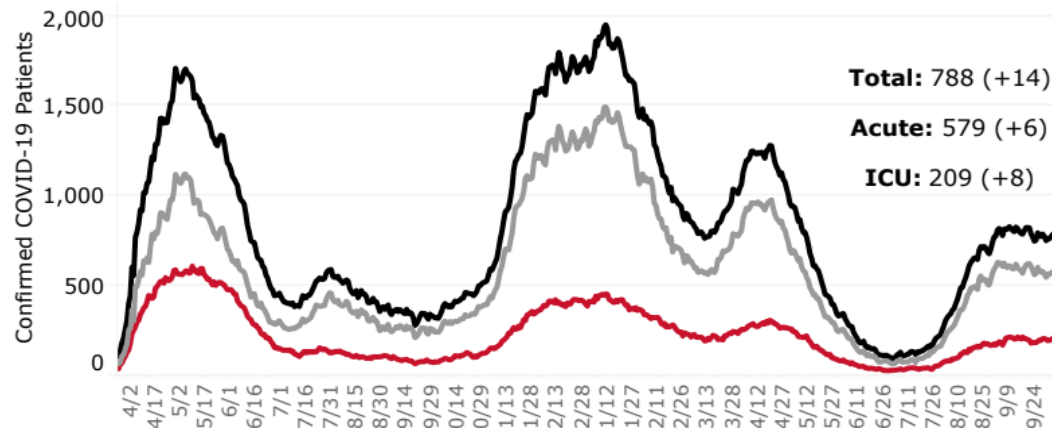


## Daily New Cases

by Specimen Collection Date

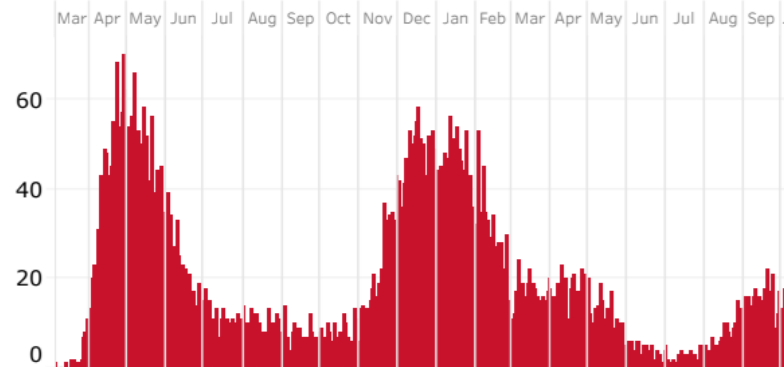


## Statewide Acute/ICU Beds Occupied by COVID Patients



## Daily Deaths

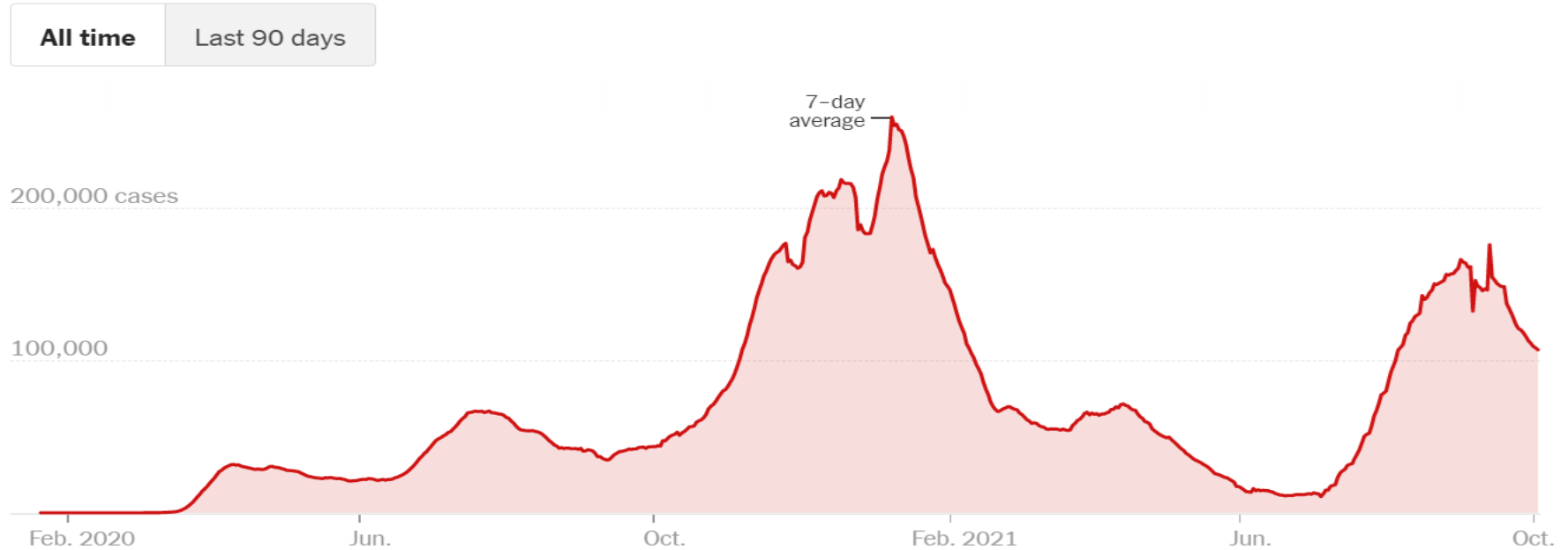
Confirmed and Probable



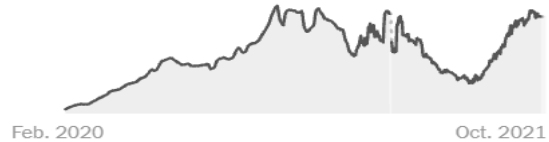
Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

# Overview of Current Pandemic Trends in the United States

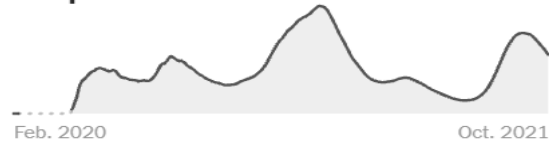
## New reported cases



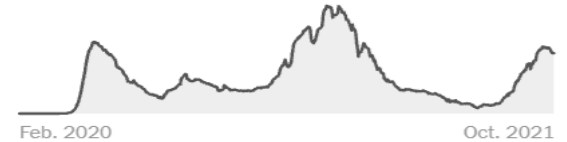
### Tests



### Hospitalized



### Deaths



DAILY AVG. ON OCT. 3

14-DAY CHANGE

TOTAL REPORTED

Cases

106,941

-28%

43,654,161

Tests

1,671,300

+2%

—

Hospitalized

75,268

-20%

—

Deaths

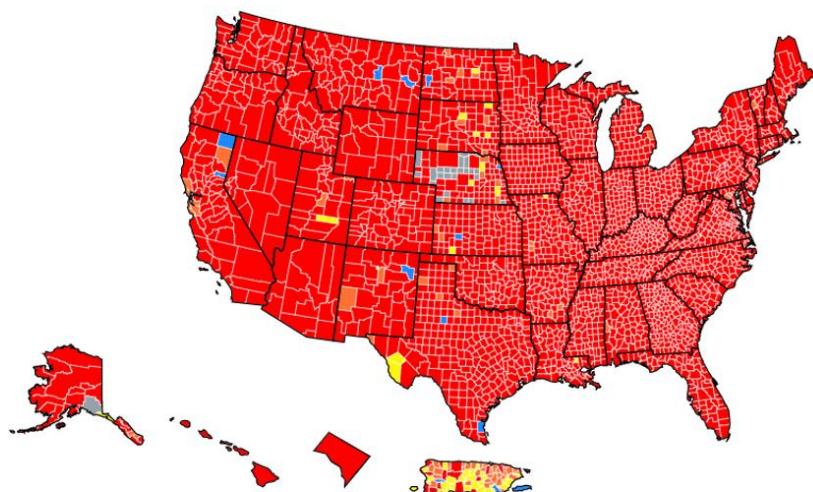
1,878

-7%

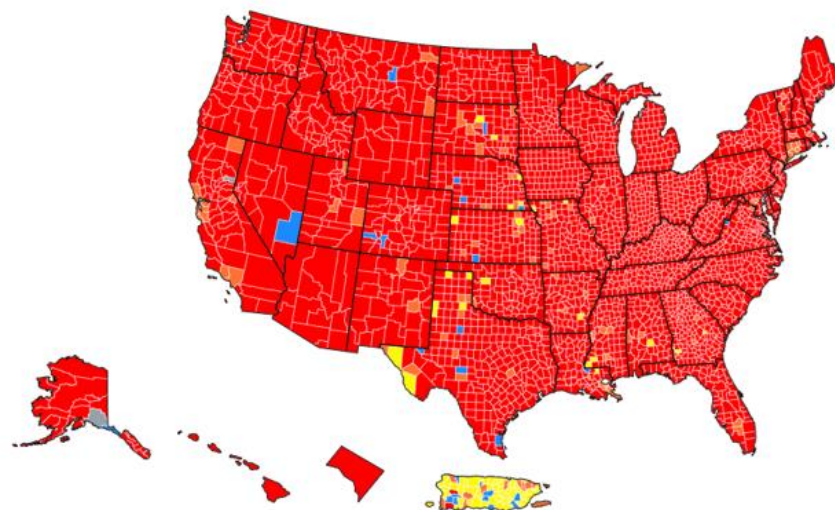
701,326

# US Community Transmission

Community Transmission in the United States,  
September 13 – September 19



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

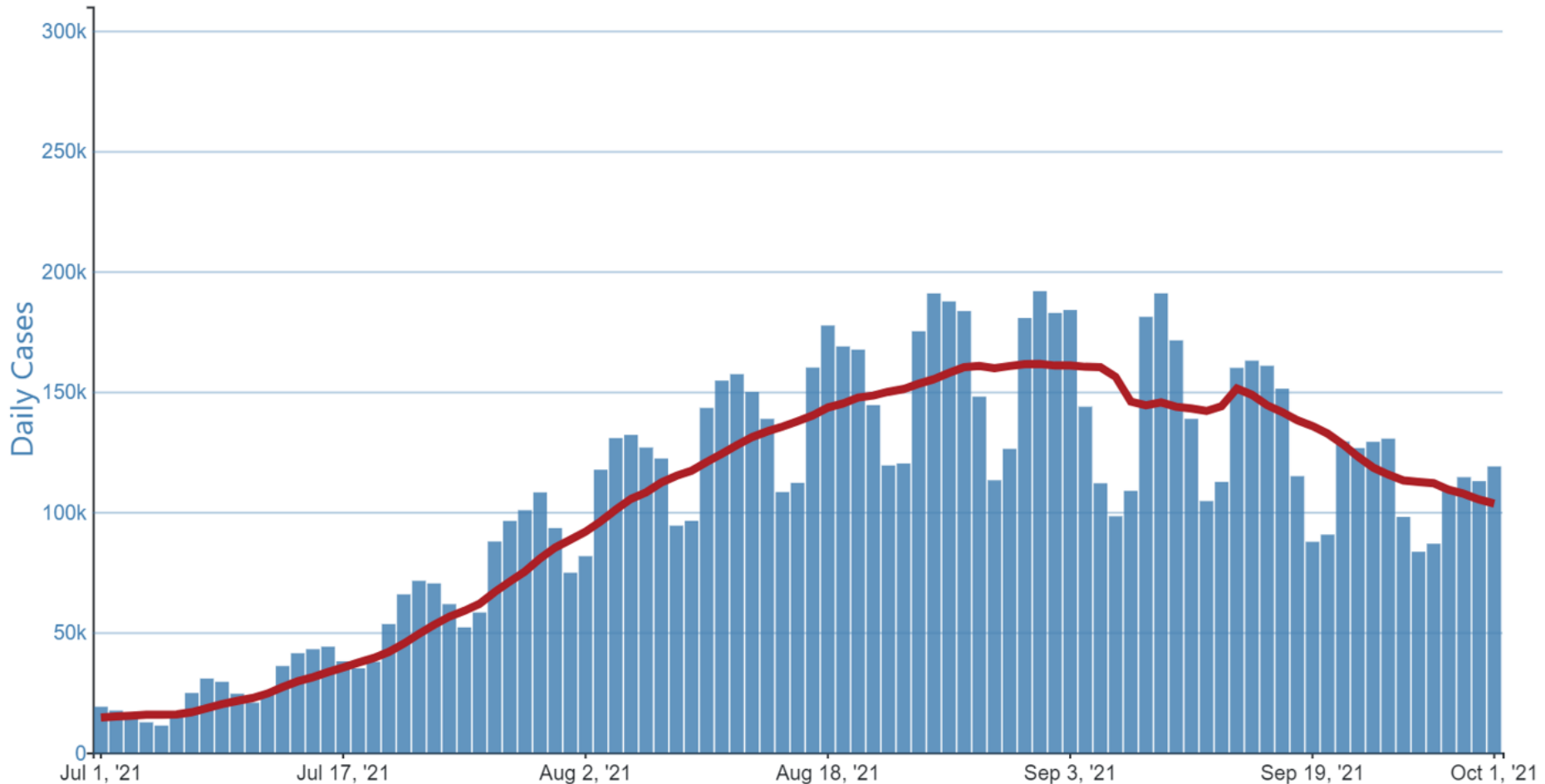


Community Transmission in US by  
County

	Total	Percent	% Change
High	3057	94.94%	0.96%
Substantial	78	2.42%	-0.43%
Moderate	44	1.37%	0.4%
Low	16	0.5%	-1.68%

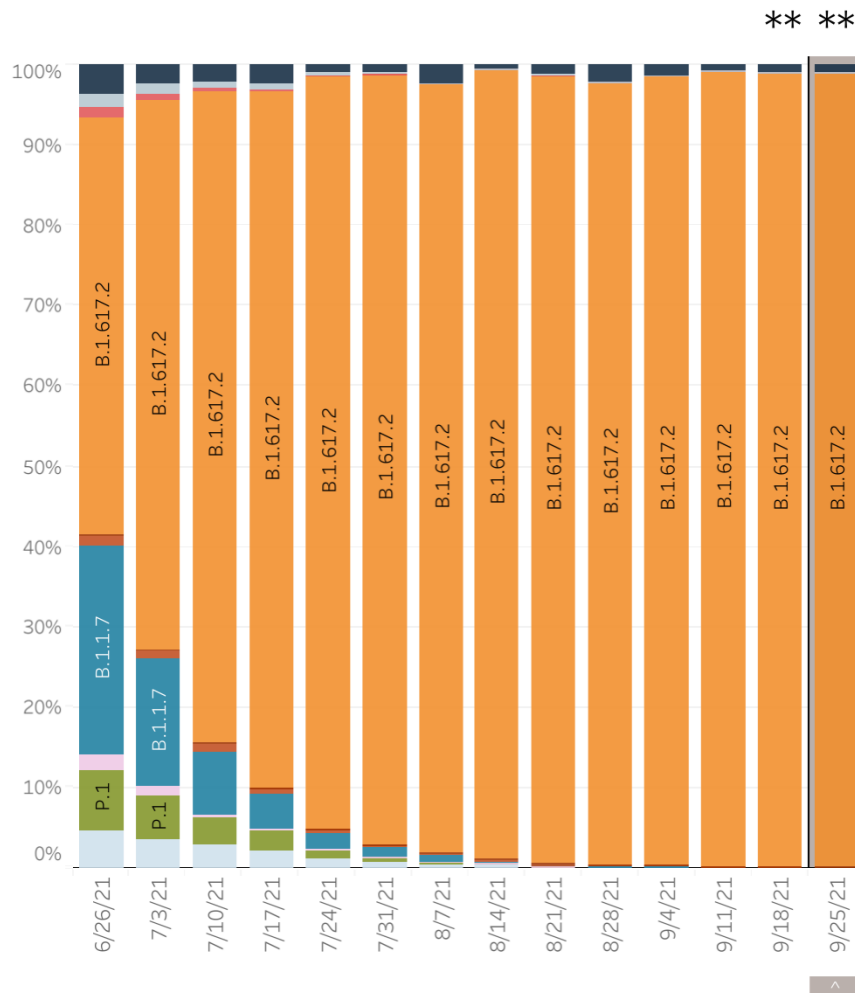
# Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC

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# Delta and Other Variants in the U.S.

United States: 6/20/2021 – 9/25/2021



United States: 9/19/2021 – 9/25/2021 NOWCAST

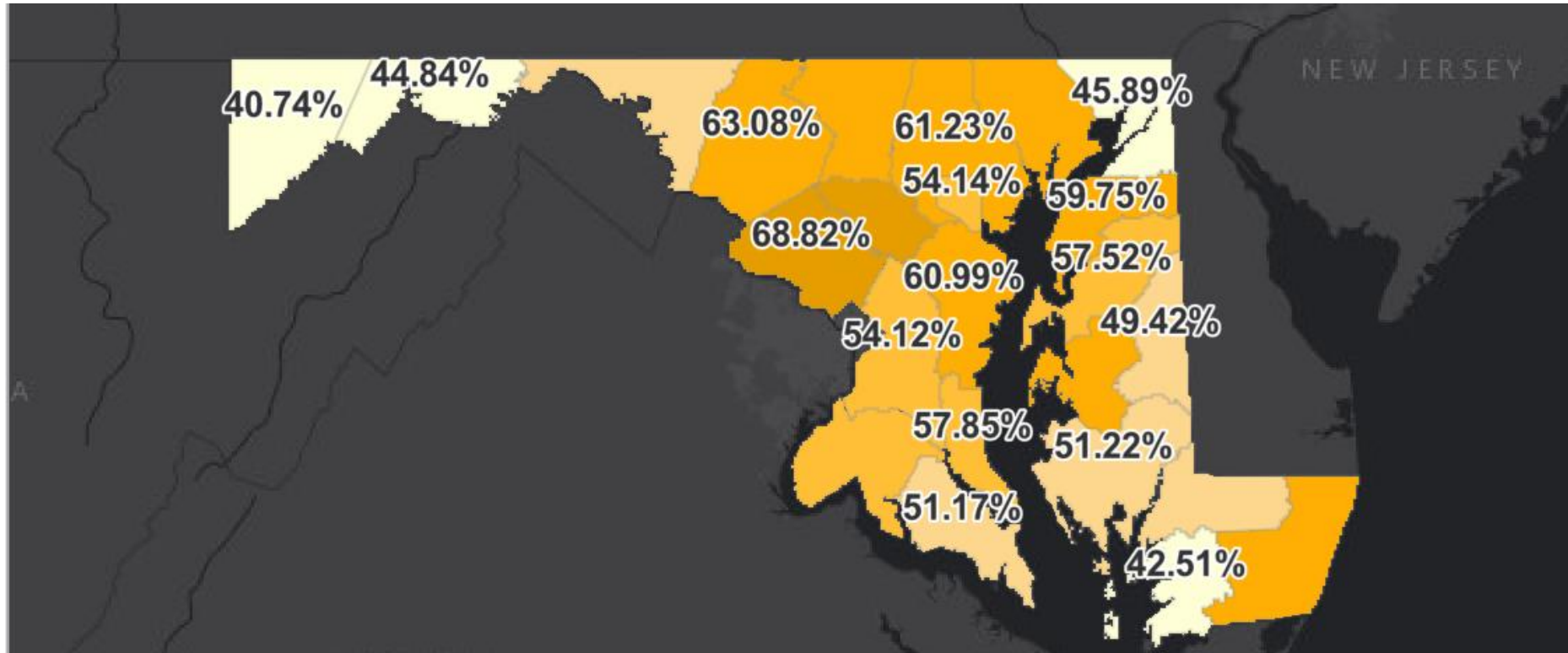
USA					
WHO label	Lineage #	US Class	%Total	95%PI	
Alpha	B.1.1.7	VBM	0.0%	0.0-0.2%	
Beta	B.1.351	VBM	0.0%	0.0-0.2%	
Gamma	P.1	VBM	0.0%	0.0-0.2%	
Delta	B.1.617.2	VOC	99.0%	97.9-99.8%	
	AY.1	VOC	0.1%	0.0-0.5%	
	AY.2	VOC	0.0%	0.0-0.2%	
Iota	B.1.526	VBM	0.0%	0.0-0.2%	
Kappa	B.1.617.1	VBM	0.0%	0.0-0.2%	
Mu	B.1.621	VBM	0.0%	0.0-0.2%	
N/A	B.1.628		0.0%	0.0-0.2%	
	B.1.637		0.0%	0.0-0.2%	
Other	Other*		0.9%	0.0-1.9%	

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



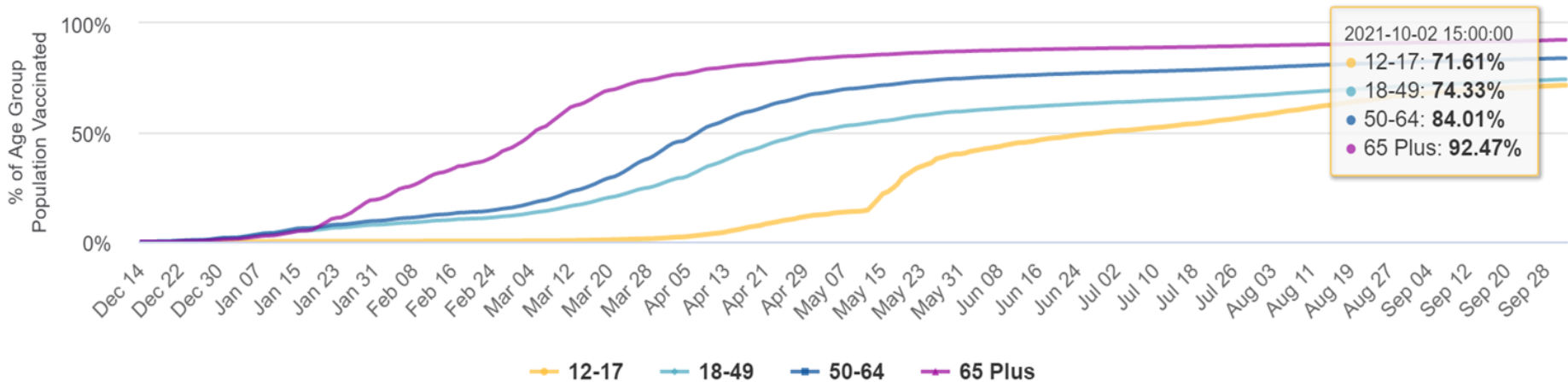
# Proportion Vaccinated by County

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# Proportion Received At Least One Dose by Age in Maryland

Percent of Age Group Population - Received at Least One Dose



# Unvaccinated Hesitant Populations

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- ❖ 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

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- ❖ On 9/29, the [CDC issued an urgent health advisory](#) encouraging pregnant individuals to obtain a Covid vaccine
  - Only 31% of pregnant individuals are vaccinated
  - As of 9/27, there have been 125,000 confirmed Covid cases among pregnant individuals
  - Pregnant individuals with Covid have an increased risk of:
    - ✓ Hospitalization
    - ✓ Death from Covid
    - ✓ Adverse pregnancy outcomes

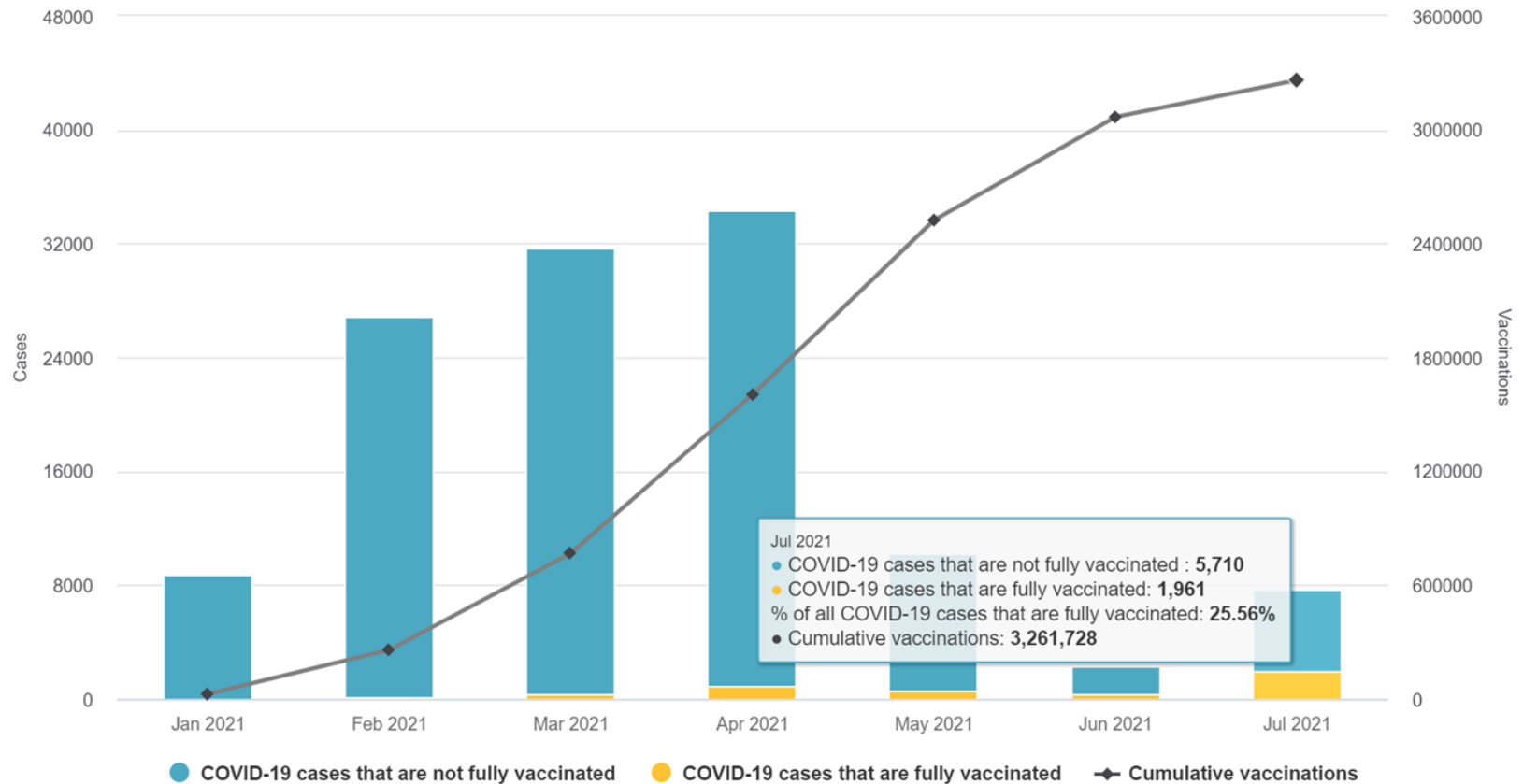
❖ GoVAX Fast Facts brochure

12



# Maryland Cases by Vaccination Status

## COVID-19 Cases by Vaccination Status



# Primary Care and Vaccines

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Cumulative Doses Administered

**155,838**

**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**

- ❖ 84.1% of Marylanders 18+ have received at least one vaccine dose
- ❖ 459 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 - **92.68%**
2. Linda M. Lang, M.D., LLC - **92.59%**
3. Dr. Luis A. Casas, M.D. - **92.31%**
4. Dorchester Family Medicine - **92.27%**
5. Doctors Saba, Koltz and Walters - **92.21%**

## **CTOs**

1. Holy Cross Health, Inc. - **88.26%**
2. PHS Doctors CTO - **85.86%**
3. Ascension Saint Agnes Community Health Partners - **84.89%**
4. Greater Baltimore Health Alliance Physicians, LLC - **84.79%**
5. University of Maryland Care Transformation Organization, LLC - **83.91%**

*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. Crain Medical, PA - **3.36%**
2. Baltimore Healthcare, PC - **1.77%**
3. Sinai Hospital of Baltimore, LLC - **1.30%**
4. Gilchrist Elder Medical Care - **1.29%**
5. Grace Family Health and Wellness Center Baltimore - **1.18%**

## **CTOs**

1. HCD International - **0.50%**
2. Greater Baltimore Health Alliance Physicians, LLC - **0.39%**
3. Anne Arundel Medical Center Collaborative Care Network, LLC - **0.32%**
4. Ascension Saint Agnes Community Health Partners - **0.30%**
5. InterMed Associates IPA, LLC - **0.30%**

*Note: percentages represent percent of MDPCP beneficiaries fully vaccinated*



# Third Doses - Completing Initial Series

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- ❖ 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

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- ❖ 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

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- ❖ Applies to Pfizer only at this time
  - Moderna and J and J to follow
- ❖ At least six months after 2nd dose
- ❖ 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](#)

# Pediatric Vaccines

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- ❖ Pfizer may have approval for 5-11 year olds
  - Lower dose - not interchangeable with adult
  - May or may not be two dose regime
  - Probably in smaller shipments
  - October for FDA data review
  - ACIP to follow
  - May be direct ordering with some hub and spoke
- ❖ Others to follow
  - 10/14 [FDA VRBPAC meeting](#) on adult Moderna boosters
  - 10/15 [FDA VRBPAC meeting](#) on adult JJ boosters
  - 10/20-21 [ACIP meeting](#) on VRBPAC recommendations
  - 10/26 [FDA VRBPAC meeting](#) on 5-11 year olds - Pfizer primary series

# Hub and Spoke Vaccine Delivery

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- ❖ For adult Pfizer vaccine
- ❖ For adolescent Pfizer vaccine
- ❖ New portal (PROPS) for ordering- details in guest presentation
- ❖ LHDs and others serve as hubs
- ❖ Pediatricians and other Primary care are spokes
- ❖ Details to follow

# Monoclonal Antibodies Updates

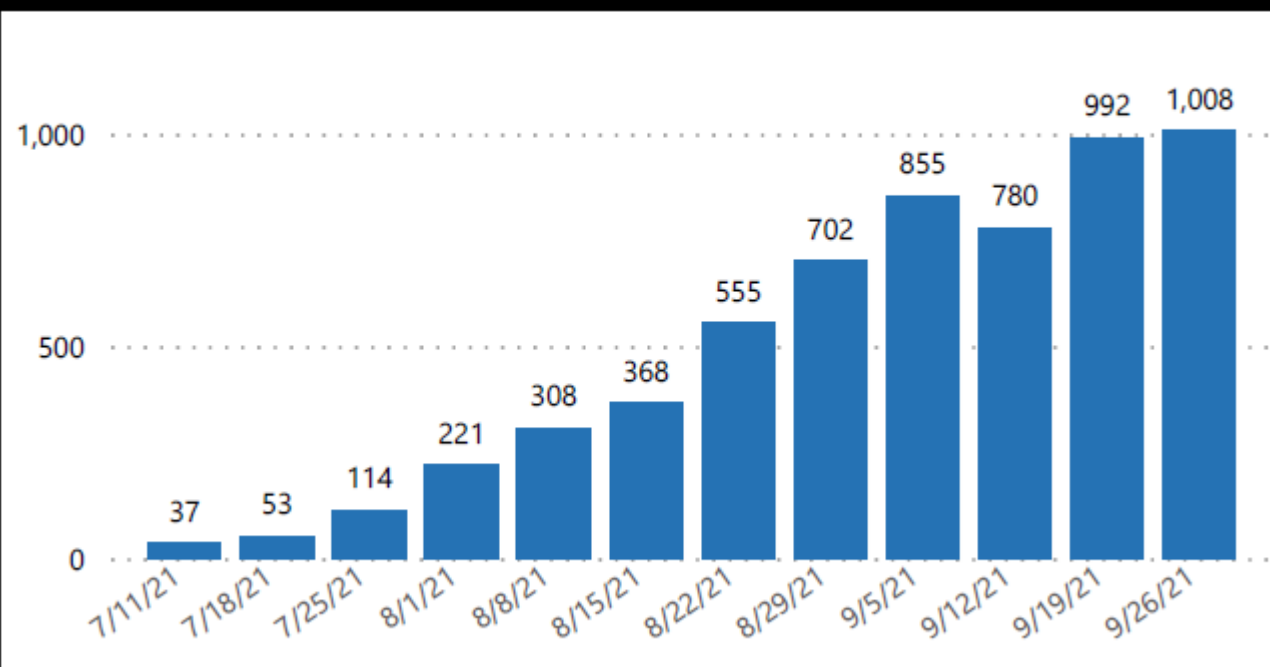
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- ❖ Currently available from USG by allocation to each state (150,000 doses national/week)
  - Maryland receiving 1974 doses this week
- ❖ Subcutaneous administration available for Regeneron
  - Post Exposure Prophylaxis for unvaccinated , high risk
  - Expanded patient qualifications – clinical judgment
  - Bam-Etes and Regeneron for PEP
  - HHS Protect registration and reporting required

# Monoclonal Antibodies

Through 9/26/2021

**Figure 1. mAbs Infusions by Week**



## mAbs Infusion Overview

Total mAbs infusions

14,291

Change Last Week

+1008

## Statewide Impact

Cumulative Hospitalizations Avoided 671

Change Last Week +47

Cumulative Fatalities Avoided 275

Change Last Week +19

Cumulative mAbs Allocation Utilization rate 84%

Change Last Week -4%

Percent of Eligible Infused 40%

Change Last Week -9%

Percent of Eligible and Symptomatic Infused 67%

Change Last Week -14%

Cumulative mAbs Allocation 16,954

Number of mAbs Locations 43

# 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
<b>bamlanivimab and etesevimab<sup>1</sup></b> (Eli Lilly) <sup>***</sup>	Dose: 700 mg bamlanivimab and 1400 mg etesevimab <sup>***</sup> Route: Intravenous administration Post-administration monitoring: 60 minutes	N/A
<b>casirivimab and imdevimab<sup>2</sup></b> (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
<b>Sotrovimab<sup>3</sup></b> (Glaxo Smith Kline)	Dose: sotrovimab 500mg Route: Intravenous Post-administration monitoring: 60 minutes	N/A

<sup>\*\*\*</sup> 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

<sup>1</sup> [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>)

<sup>2</sup> [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>)

<sup>3</sup> [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 Treatment Eligibility

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## ❖ Who Qualifies for Treatment?

- **mAb treatment is for adults and adolescents (12 and older) who:**
  - ✓ Recently tested positive for COVID-19
  - ✓ Are within 10 days of first experiencing symptoms
  - ✓ Do not need to be hospitalized for COVID-19
  - ✓ Weigh at least 88 pounds

## ➤ Are in one of the following high-risk categories:

- ✓ Are age 55 to 64 AND have cardiovascular disease, hypertension, chronic respiratory diseases or COPD
- ✓ Have diabetes, obesity, kidney disease or other serious chronic conditions
- ✓ Are 65 years old or older
- ✓ Are pregnant
- ✓ For adolescents: high BMI, sickle cell disease, heart disease, neurodevelopmental disorders, a medical-related technological dependence, asthma or other chronic respiratory disease
- ✓ Or who have been determined by their healthcare provider to be at high risk for worsening and/or hospitalization

# Monoclonal Antibody Treatment: Post-Exposure Prophylaxis

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- ❖ 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

# Provider Referrals

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- ❖ CRISP ULP
- ❖ Clinician Letter with links
- ❖ [mAb Letter with Checklist 09.27.2021.pdf](#)
- ❖ Provider Resources
  - [Referral form](#)
  - [NIH guidance on Anti-SARS-CoV-2 Antibody Products](#)
- ❖ Monoclonal infusion sites open for referrals

# Merck Oral Covid Medication

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- ❖ Molnupiravir - Merck and Ridgeback Biotherapeutics' oral antiviral treatment
  - Phase 3 trial indicates a reduction in risk of hospitalization or death by around 50% in high risk unvaccinated Covid patients
- ❖ Plans for next steps
  - Merck to seek emergency use authorization in U.S. and submit marketing applications to other global drug regulators
  - If authorized, could be first oral antiviral medicine for Covid
- ❖ Study data
  - 7.3% of patients treated were hospitalized within 29 days
  - 14.1% of placebo patients were hospitalized or died by day 29
  - 0 deaths among treated patients and 8 deaths among placebo patients by day 29

# AstraZeneca Antibody Therapy

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- ❖ Long-acting antibody combination intended to prevent Covid via IM injection
- ❖ Currently, AstraZeneca is seeking an emergency use authorization from the FDA for antibody therapy
- ❖ Supporting data:
  - A late-stage trial indicated a 77% reduction in people developing Covid symptoms
  - Trials have indicated that this therapy could offer up to 12 months of protection

# Testing *Future*

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## 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

# Schools, Masks and Other Controversies

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- ❖ As of September 29, there were Covid outbreaks in 162 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

# Prepare for Flu Season

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- ❖ 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

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*Q: Where is monoclonal antibody treatment being offered?*

- ❖ The monoclonal antibody treatment locations in Maryland can be found on the MDH FAQs page [here](#). Additional locations can be found on the [HHS website](#).

# The Landscape of Primary Care

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*“The primary care platform is resilient but has weakened, with patient needs exceeding pre-pandemic levels.”*

- ❖ An August survey of primary care providers revealed:
  - 64% report telemedicine has been key to maintaining access for patients
  - 70% report patients now take more time
  - 65% report that mental health concerns are increasing among children
- ❖ MDPCP wants to recognize these concerns and reiterate our commitment to assisting you in caring for your patients

# Will it ever be truly “over”

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## ❖ 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

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- ❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.
- ❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at [fberry@medchi.org](mailto:fberry@medchi.org)

# CME Disclosures and Evaluation

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- ❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.
- ❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.
- ❖ *Attendees can receive CME credit by completing [this evaluation](#) after each webinar. MedChi will then be in contact with the certificate*

# Announcements

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**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:*

- ❖ October 20, 2021 (5:00 pm – 6:30 pm)
  - Registration link: <https://attendee.gotowebinar.com/register/6889114766114859790>
- ❖ 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>



# **PROPS Portal Overview**

**Presented by Michael Shalosky and Gregory Williams**

**Inventory Monitoring / Transfer Marketplace**

*October 2021*

# COVID-19 has required MDH to develop secure, real-time communication methods with the provider

## Features

## Benefits / Key Components

## Beta Testing Feedback

PROPS Portal

### Inventory Management & Provider Support

**Enhanced provider experience through single platform for bi-directional communication /** *Reconciliation report; Power BI dashboards: inventory, administrations, wastage, and expiring doses; FAQ page; ticket request system; alerts and notifications; single platform for surveys, wastage, and transfers*

### Transfer Marketplace

**Increased participation of smaller providers through hub and spoke /** *Central location for approving transfers; excess doses advertisement; visibility into offering Provider logistics and delivery details; claim excess doses; excess doses alerts and notifications; Provider-to-Provider vaccine transfer support; auto-record vax transfers*

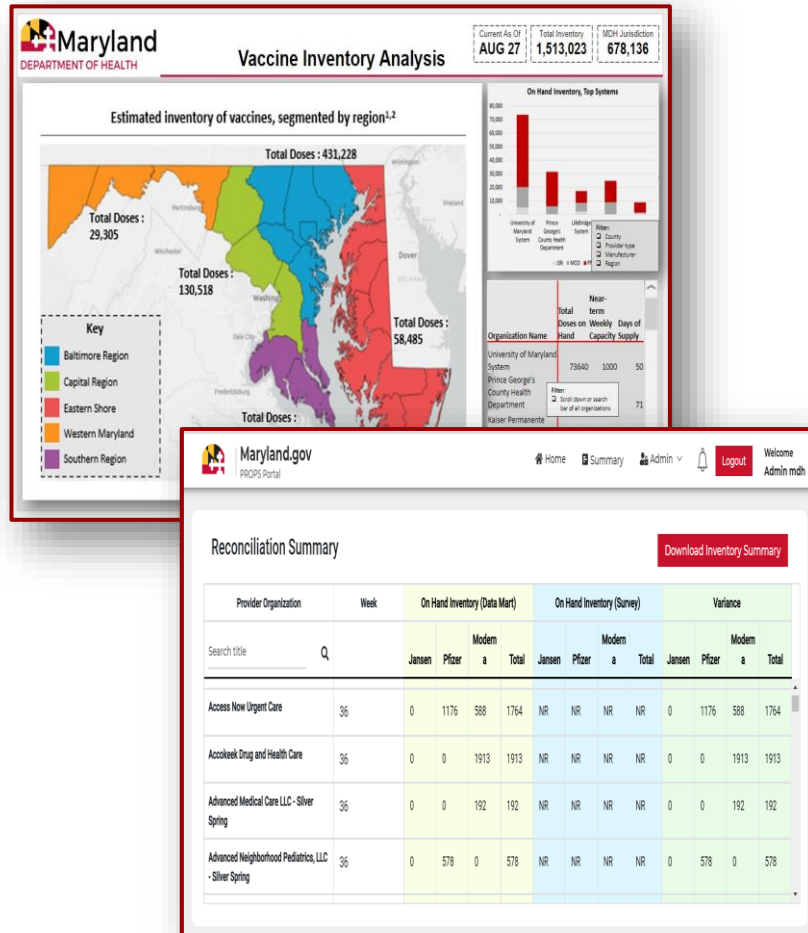
“ Wish[es] PROPS was available 6-8 months ago...extremely useful and consolidates daily and weekly efforts into one user-friendly platform.

“ [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.



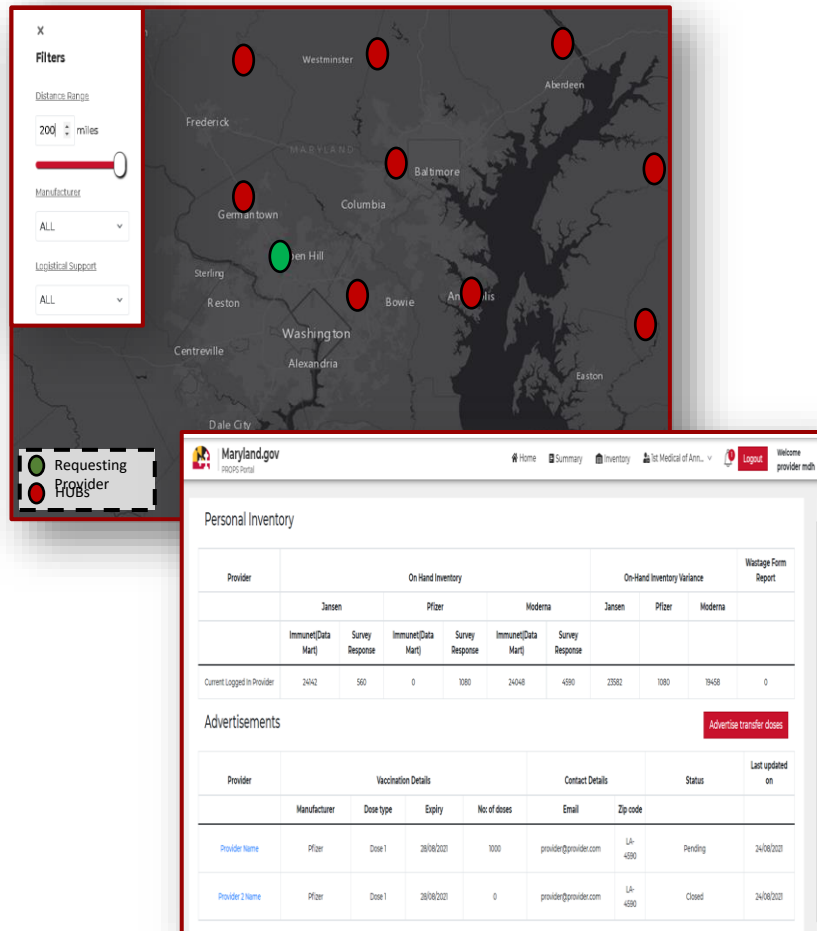
# Inventory Management & Provider Support



## Provider Benefits

- Consolidates Provider data input forms – including inventory survey, wastage, and transfer data – into a single, easy-to-use platform
- Enables tactful communication between Providers across the state
- Increases visibility of available doses throughout the state vaccine supply chain, decreasing risk of wastage
- Provides a central location for providers to submit issues (ticket request)
- Automatically updates ImmuNet with relevant Provider data (Pending)

# Transfer Marketplace




## Provider Benefits


- Increases visibility of doses available statewide and enables Providers to advertise and manage excess doses for transfer without state involvement
- Allows for vaccine requests that are lower than the minimum order quantities required in ImmuNet
- Reduces vaccine wastage throughout the state with dose advertisement capability
- Houses an automated interface to support Providers in facilitating vaccine transfers
- Enables offering Provider to include logistics and delivery details for advertised doses
- Automatically records completed transfers to show accurate inventory

# Appendix

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# PROPS Landing Page

[←](#) [→](#) [↻](#) [🏠](#) [🔒](#) <https://props.health.maryland.gov/#/home> 🔍 ⭐ ⚙️  ⋮

 **Maryland.gov**  
PROPS Portal


[🏠 Home](#) [📄 Support Request](#) [🏪 Marketplace](#) [📋 Inventory Management Forms](#) [👤 Adventist He...](#) [🔔](#) [Logout](#) **Welcome Major Provider**

**Messages (0)**




**TRANSFER MARKETPLACE**

Please click here to go to  
Transfer Marketplace



**INVENTORY MANAGEMENT**

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



**RESOURCES & INFORMATION**

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

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# Transfer Marketplace

← → ↺ 🏠 🔒 https://props.health.maryland.gov/#/provider-inventory ⌨ ⭐ ⭐ ⌨ 👤 ..



**Maryland.gov**  
PROPS Portal

🏠 Home

📄 Support Request

🏠 Marketplace

📄 Inventory Management Forms ▾

👤 Adventist He... ▾



**Logout**

Welcome  
Major  
Provider

Provider Organization	On Hand Inventory (Data Mart)				On Hand Inventory (Survey)				Variance			
	Jansen	Pfizer	Moderna	Total	Jansen	Pfizer	Moderna	Total	Jansen	Pfizer	Moderna	Total
No record found												

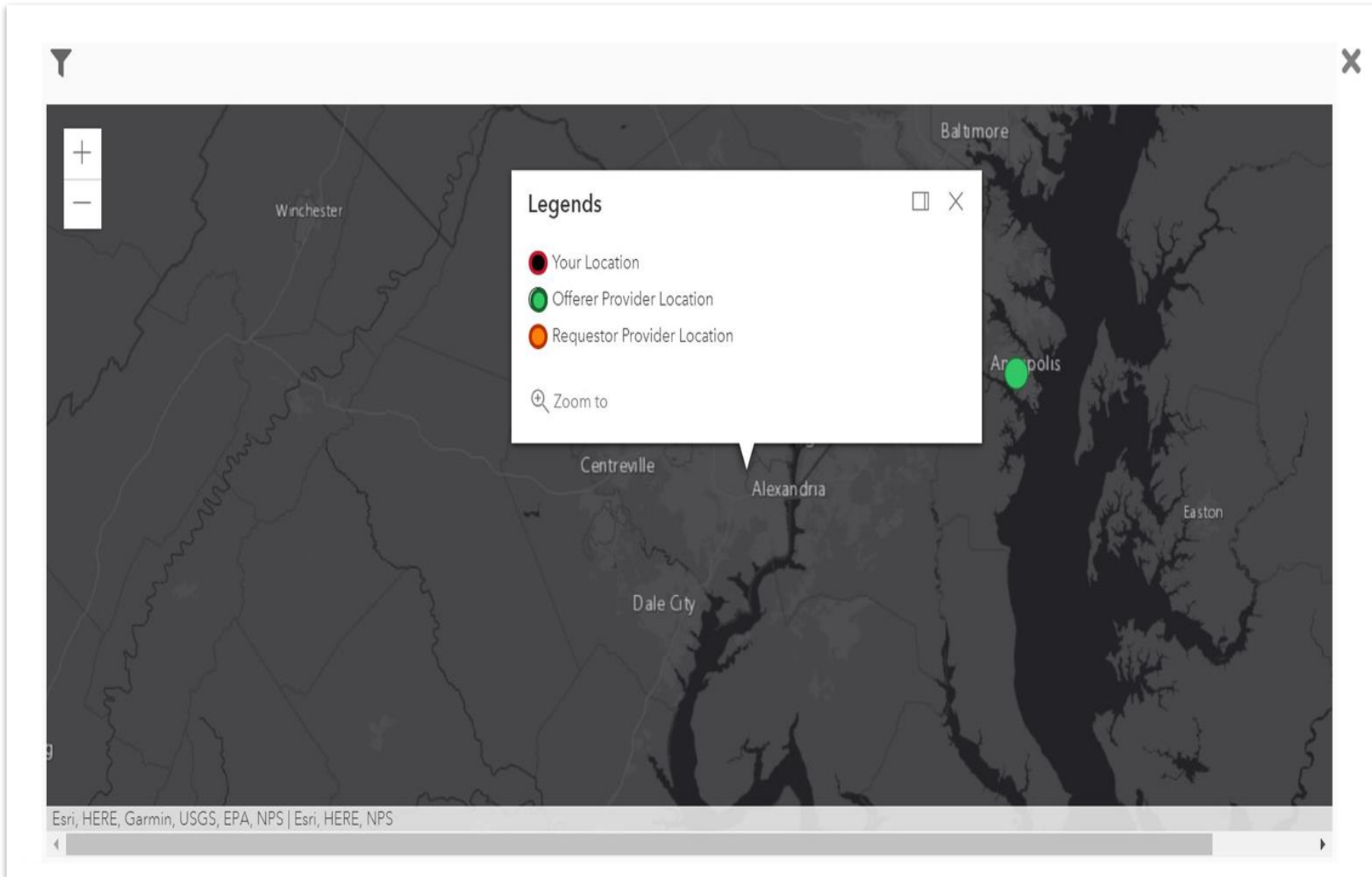
## Advertisements

**Show on-Map**

**Advertise Transfer Doses**

Provider	Vaccination Details		Contact Details		Status	Last updated on
	Manufacturer	Dose Amount	Email	Zip code		
<a href="#">Prince George's County Health and Human Services (HHS)</a>	Moderna	8	ielewis@co.pg.md.us	20245	Active	09/23/2021
<a href="#">Adventist HealthCare Rehabilitation</a>	Moderna	30	MajorProvider01@mdh.com	20251	Active	09/23/2021
<a href="#">AAMG Community Clinic - Forest Drive</a>	Pfizer	1	balaraman.sampath@gds.ey.com	435353	Closed	09/09/2021

# Transfer Marketplace



# Q&A Session

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# Appendix

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## Resources and Links



# General Vaccine Resources

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- ❖ [CDC Covid-19 Vaccination Communication Toolkit](#) - ready made materials, how to build vaccine confidence, social media messages
- ❖ [New York Times Vaccine Tracker](#) - information on every Covid vaccine in development
- ❖ [New York Times Vaccine Distribution Tracker](#) – information on the distribution of Covid vaccines in the United States
- ❖ [MDH Covidlink Vaccine Page](#) - information on vaccine priority groups in Maryland
- ❖ [CDC Vaccine Storage and Handling Toolkit](#)
- ❖ [Project ECHO Webinar](#) - webinar on vaccines and Long Term Care Facilities, relevant for primary care
- ❖ CDC [Moderna vaccine storage](#)

# 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  $\geq 85^{\text{th}}$  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

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- ❖ Patient calls in for an appointment
  - Reception screens patient on the phone using the [pre-visit screening template](#)
  - Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
  - Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits
- ❖ Check In
  - Practice remote check in and limited front-desk contact
  - Consider using a triage zone outside of office or main area;
  - Or use a barrier at the front desk
  - Design your office to accommodate patients who come in specifically for Covid testing and triage, separate from patients who arrive for non-Covid related and elective procedures
    - ✓ Ensure patients and staff do not cross between Covid and non-Covid areas
    - ✓ Set aside a specific area for patients who come in for testing to wait and be triaged

# Scheduling In-Office Appointments

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- ❖ Checking out
  - Practice remote check out, limit front desk exposure;
  - Or use a barrier at the front desk
- ❖ If patient is paying co-pays, etc., set up credit card reader outside of the barrier
- ❖ Other workflow resources
  - [Care management workflows](#)
  - [BMJ telemedicine workflow graphics](#)
  - [CDC flowchart to identify and assess 2019 novel Coronavirus](#)
  - [CDC telephone evaluation flow chart for flu](#)
  - [CDC guidance for potential Covid-19 exposure associated with international or domestic travel](#)

# CDC Guidelines for Covid Patient Management

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- ❖ Healthy people can be monitored, self-isolated at home
- ❖ People at higher risk should contact healthcare providers early, even if illness is mild
- ❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact
- ❖ Emergency Department and hospitals only when needed - not for screening or low risk/minimal disease
- ❖ **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

# Personal Protective Equipment (PPE) Sources and Requests

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- ❖ Practices should initially request PPE through their usual vendors
- ❖ Practices should make their PPE requests through their local health departments
- ❖ Maryland PPE Manufacturers List – next slide
- ❖ [National and international PPE supplier list](#)
- ❖ [PPE request form](#)

# Personal Protective Equipment (PPE) Sources and Requests

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- ❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery
- ❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](#), an online platform that helps connect Maryland suppliers with buyers in need of critical resources
- ❖ For additional business resources during Covid-19, visit [businessexpress.maryland.gov/coronavirus](https://businessexpress.maryland.gov/coronavirus)
- ❖ Providers may also request PPE from the non-profit [‘Get Us PPE’](#)

# Provider/Patient Mental Health Resources

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## ❖ Providers

- “Helping the Helpers and Those They Serve,” a [webinar series](#) from the Maryland Department of Health Behavioral Health Administration and MedChi
- [Heroes Health Initiative](#)

## ❖ Patients

- [Ask Suicide-Screening Questions toolkit](#)
- CDC [list of resources](#) for coping with stress



# Health Equity Resources

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- ❖ [Maryland Department of Health Office of Minority Health and Health Disparities](#) (MHHD)
- ❖ Maryland Department of Health Minority Outreach and Technical Assistance Program [overview](#)
- ❖ MHHD fiscal year 2020 minority outreach and technical assistance [program information](#)
- ❖ [Description](#) of the term “health disparity”
- ❖ [Implicit bias test](#)
- ❖ “Hundreds of Days of Action as a Start to Address Hundreds of Years of Inequality” – New England Journal of Medicine [article](#) by Maulik Joshi, DrPH
- ❖ “Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine” – [discussion draft](#) for public comment by Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, The National Academies of Science, Engineering, Medicine

# Telehealth Resources

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- ❖ [Maryland Health Care Commission Telehealth](#)
- ❖ [Maryland Health Care Commission Telehealth Readiness Assessment Tool](#)
- ❖ [U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act \(HIPAA\) for Professionals](#)
- ❖ [American Telehealth Association](#)
- ❖ [Maryland Telehealth Alliance](#)
- ❖ [National Consortium of Telehealth Resource Centers](#)

# Support for Patients at Home

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## ❖ Food

- Meals on Wheels

## ❖ Caregivers

- Visiting nurses and caregivers

## ❖ Emotional support

- Support from family
- Phone calls and videochat to fight loneliness
- MD Department of Aging [Senior Call Check Program](#)

# Food Resources

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

➤ [Maryland Summer Meals](#)

[Howard County](#)

➤ [Montgomery County](#)

[Anne Arundel County](#)

➤ [Prince Georges County](#)

[St. Mary's County](#)

➤ [Charles County](#)

[Harford County](#)

➤ [Frederick County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time

# Resources for Specific Groups

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- ❖ Community- and Faith-Based Organizations  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups  
(<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)

# Resources and References

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- ❖ Maryland Department of Health Coronavirus Website (<https://coronavirus.maryland.gov>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)
- ❖ CDC National data on Covid-19 infection and mortality (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)
- ❖ CDC Interim Guidance for Homes and Communities (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>)
- ❖ CDC Interim Guidance for Businesses (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>)
- ❖ CDC Interim Guidance for Childcare and Schools (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>)
- ❖ CDC Travel Website (<https://wwwnc.cdc.gov/travel/>)