Covid-19 Update
To Boost or Not to Boost

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

22 September 2021
Agenda

❖ Current Pandemic data
❖ Vaccine Updates
❖ Monoclonal antibodies
❖ Testing
❖ Third doses and boosters
❖ Variants
❖ Questions from last webinar
❖ End game for the pandemic
❖ Guest Speaker- Dr Robert Redfield- Former CDC Director
Overview of Current Pandemic Trends in the United States

New reported cases

Tests

Hospitalized

Deaths

<table>
<thead>
<tr>
<th></th>
<th>Daily Avg. on Sept. 19</th>
<th>14-Day Change</th>
<th>Total Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>148,202</td>
<td>-8%</td>
<td>42,065,351</td>
</tr>
<tr>
<td>Tests</td>
<td>1,615,783</td>
<td>+1%</td>
<td>—</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>94,101</td>
<td>-8%</td>
<td>—</td>
</tr>
<tr>
<td>Deaths</td>
<td>2,011</td>
<td>+29%</td>
<td>673,929</td>
</tr>
</tbody>
</table>

Source: New York Times

Data Updated 9/20/2021
US Community Transmission

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

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

Community Transmission in US by County

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Percent</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>3057</td>
<td>94.94%</td>
<td>0.96%</td>
</tr>
<tr>
<td>Substantial</td>
<td>78</td>
<td>2.42%</td>
<td>-0.43%</td>
</tr>
<tr>
<td>Moderate</td>
<td>44</td>
<td>1.37%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Low</td>
<td>16</td>
<td>0.5%</td>
<td>-1.68%</td>
</tr>
</tbody>
</table>

Source: CDC

Data Updated 9/20/2021
Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC

Source: CDC
Delta and Other Variants in the U.S.

Source: CDC
Variants and Case Prevalence in Maryland

Latest dates are noisy due to fewer samples, or missing from sequencing delays.

Source: Outbreak Info
Proportion Received At Least One Dose by Age in Maryland

Source: Maryland Department of Health
Unvaccinated 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

Risk
- **NPR**: Unvaccinated people are 11x more likely to die from Covid

Source: Maryland Department of Health, CDC, NPR
Maryland Cases by Vaccination Status

COVID-19 Cases by Vaccination Status

Source: Maryland Department of Health
Primary Care and Vaccines

Cumulative Doses Administered

151,380

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.

- 82.9% of Marylanders 18+ have received at least one vaccine dose
- 453 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. Jeffrey D. Gaber & Associates, PA - 93.75%
2. Linda M. Lang, M.D., LLC - 93.65%
3. Charlestown Medical Center - 93.03%
4. Dorchester Family Medicine - 92.27%
5. Marshak Medical Group - 92.13%

CTOs

1. Holy Cross Health, Inc. - 88.75%
2. Ascension Saint Agnes Community Health Partners - 84.38%
3. Greater Baltimore Health Alliance Physicians, LLC - 84.21%
4. University of Maryland Care Transformation Organization, LLC - 83.94%
5. Anne Arundel Medical Center Collaborative Care Network, LLC - 82.91%

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. Wasim Fakhar, M.D., PA - 1.95%
2. Maryland Family Care - 1.82%
3. Shawn Dhillon, M.D., PC - 1.78%
4. Transitional Care Clinic - 1.60%
5. MedStar Union Memorial Adult Medicine Center - 1.44%

**CTOs**
1. HCD International - 0.50%
2. Peninsula Regional Clinically Integrated Network - 0.45%
3. Atlantic General Hospital Corporation - 0.40%
4. MedChi Practice Transformation - 0.39%
5. MedStar Accountable Care, LLC - 0.35%

Note: percentages represent percent of MDPCP beneficiaries fully vaccinated
Waning Immunity, Boosters, and Pediatrics

❖ Approved and authorized by FDA
  ➢ mRNA for immunocompromised

❖ Recommended by FDA VRBPAC
  ➢ Pfizer booster for individuals 65+ and those with high risk for severe Covid

❖ On the Horizon:
  ➢ Pfizer booster for broader population
  ➢ Pfizer initial series for 5-11 population
  ➢ Moderna boosters
  ➢ J&J boosters

Source: FDA, NYTimes
Summary of vaccine effectiveness estimates since introduction of the Delta variant

- Vaccines remain effective in preventing **hospitalization** and **severe disease** but might be less effective in preventing **infection** or milder symptomatic illness.
- Reasons for lower effectiveness likely include both **waning over time** and **Delta variant**.
<table>
<thead>
<tr>
<th>Variants of Concern</th>
<th>Natural History</th>
<th>Transmissibility Compared to Wuhan</th>
<th>Monoclonal Resistance</th>
<th>Vaccine Resistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha</td>
<td>First after Wuhan-now gone</td>
<td>50% more</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Beta</td>
<td>S. Africa late 2020 US January 2021 Gone now</td>
<td>50% more</td>
<td>some</td>
<td>some</td>
</tr>
<tr>
<td>Gamma</td>
<td>Brazil late 2020 US January 2021 Little now</td>
<td>No change</td>
<td>some</td>
<td>some</td>
</tr>
<tr>
<td>Delta, Delta+</td>
<td>Oct 2020 India March in US, now dominant</td>
<td>Highly transmissible 60% higher than Alpha</td>
<td>minimal</td>
<td>minimal</td>
</tr>
<tr>
<td><strong>Variants of Interest</strong></td>
<td><strong>Columbia 2021</strong> 39% of infections Little in US</td>
<td>unknown</td>
<td>likely</td>
<td>likely</td>
</tr>
<tr>
<td>Mu</td>
<td>UK, Nigeria December 2021</td>
<td>unknown</td>
<td>possible</td>
<td>unknown</td>
</tr>
<tr>
<td>Eta</td>
<td>New York Oct 2020-disappearing now</td>
<td>unknown</td>
<td>some</td>
<td>some</td>
</tr>
<tr>
<td>Iota</td>
<td>India 2020- now disappearing</td>
<td>unknown</td>
<td>some</td>
<td>unknown</td>
</tr>
<tr>
<td>Kappa</td>
<td>Peru 2020- now disappearing</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
</tr>
</tbody>
</table>
Monoclonal Antibodies

- Currently available by state allocation, changed last week from direct order

- **EUA**
  - Subcutaneous administration
  - Expanded use – clinical judgment
  - Expanded use- post exposure prevention
  - Bam- Etese paused and then resumed
  - Bam-Etes and Regeneron for PEP
  - HHS Protect registration and reporting required
  - Pharmacists for subq Regeneron
Monoclonal Antibodies

Figure 1. mAbs Infusions by Week

Figure 2. Cumulative mAbs Infusions by Week

Figure 3. mAbs Infusion Sites in Maryland

Figure 4. Cumulative Hospitalizations and Fatalities Avoided by Week

mAbs Infusion Overview

Total mAbs infusions: 11,691
Change Last Week: +677

Statewide Impact

Cumulative Hospitalizations Avoided: 549
Change Last Week: +31
Cumulative Fatalities Avoided: 225
Change Last Week: +13
Cumulative mAbs Allocation Utilization rate: 86%
Change Last Week: -2%
Percent of Eligible Infused: 34%
Change Last Week: -0%
Percent of Eligible and Symptomatic Infused: 57%
Change Last Week: -0%
Cumulative mAbs Locations: 13,626
Number of mAbs Locations: 43
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

❖ As of September 15, there were Covid outbreaks in 95 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

Source: [Maryland State Department of Education, MDH](#)
Prepare for Flu Season

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

Source: CDC, Health Affairs
Updates to State Orders

❖ **Revised Vaccination Matters Order**
  ➢ Directive for Assisted Living Programs, Developmental Disabilities Residential Group Homes, and Residential Drug Treatment Centers to offer additional dose to residents or initial series if unvaccinated

❖ **Revised Nursing Home Matters Order**
  ➢ Directive for Nursing Homes to offer additional dose to residents or initial series if unvaccinated
President Biden’s Covid Action Plan

❖ **White House Covid Plan**

❖ Topline messages:

- Vaccination is pathway out of pandemic
- Vaccination protects loved ones, keeps children safe, and protects the economy
- Booster doses will be available to eligible populations, when approved
Biden Administration Releases $25B In COVID-19 Relief

❖ The $25.5 billion will be split into two sections:
   ➢ $8.5 billion in American Rescue Plan (ARP) Resources
   ➢ $17 billion for Provider Relief Fund (PRF) Phase 4

❖ Applications open 9/29
   ➢ There will be one application for both funding opportunities
   ➢ Will be open for 4 weeks

❖ Technical assistance
   ➢ HHS will host webinars on 9/30 and 10/5
   ➢ More materials on the HHS website

Maryland Department of Health
Questions From Last Webinar

Q: *Can the COVID-19 booster vaccine be provided at the same time as the seasonal flu vaccine?*

- Yes. The CDC has recently updated its recommendations and has determined that it is okay to provide a COVID-19 vaccine and any other vaccine at the same visit for patients.

Q: *Which populations are eligible for monoclonal antibody treatment?*

- This [FDA EUA](https://www.fda.gov) outlines eligible populations for monoclonal antibody treatments:
  - Individuals 12+ that have tested positive for Covid
  - Potential to progress to severe SARS-CoV-2 or risk of hospitalization
Questions From Last Webinar

Q: What are the estimates for breakthrough infections for vaccinated individuals?

❖ Data from Utah, Virginia, and Washington indicate that the this breakthrough infection rate is 1 in 5,000 for vaccinated individuals.
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

❖ Find closure to the pandemic in Maryland
  ➢ Cases rates are at or near zero consistently
  ➢ Hospitalizations are at or near zero consistently

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

❖ October 6, 2021 (5:00 pm – 6:30 pm)- Pediatric Focus
  ➢ Registration link: https://attendee.gotowebinar.com/register/365658906360341006

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

❖ Today: Guest Presentation by Robert Redfield, MD, Former Director of CDC and Professor of Medicine, University of Maryland
Guest Speaker: Robert Redfield, MD

- Former Director of the Centers for Disease Control and Prevention
- Senior Advisor for Public Health to Governor Larry Hogan
Appendix

Resources and Links
General Vaccine Resources

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

❖ Patient Criteria

➢ Use clinical judgment
➢ Have BMI >= 35
➢ Have chronic kidney disease
➢ Have diabetes
➢ Are currently receiving immunosuppressive treatment
➢ Are >= 65 years old
➢ Are >=55 years old and have
  ✓ Cardiovascular disease, or
  ✓ Hypertension, or
  ✓ Chronic obstructive pulmonary disease/other chronic respiratory disease
➢ Are 12 – 17 years old AND have
  ✓ BMI >=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

Source: FDA
Scheduling In-Office Appointments

❖ Patient calls in for an appointment
  ➢ Reception screens patient on the phone using the pre-visit screening template
  ➢ Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
  ➢ Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits

❖ Check In
  ➢ Practice remote check in and limited front-desk contact
  ➢ Consider using a triage zone outside of office or main area;
  ➢ Or use a barrier at the front desk
  ➢ Design your office to accommodate patients who come in specifically for Covid testing and triage, separate from patients who arrive for non-Covid related and elective procedures
    ✔ Ensure patients and staff do not cross between Covid and non-Covid areas
    ✔ Set aside a specific area for patients who come in for testing to wait and be triaged
Scheduling In-Office Appointments

❖ Checking out
   ➢ Practice remote check out, limit front desk exposure;
   ➢ Or use a barrier at the front desk

❖ If patient is paying co-pays, etc., set up credit card reader outside of the barrier

❖ Other workflow resources
   ➢ Care management workflows
   ➢ BMJ telemedicine workflow graphics
   ➢ CDC flowchart to identify and assess 2019 novel Coronavirus
   ➢ CDC telephone evaluation flow chart for flu
   ➢ CDC guidance for potential Covid-19 exposure associated with international or domestic travel
CDC Guidelines for Covid Patient Management

❖ Healthy people can be monitored, self-isolated at home
❖ People at higher risk should contact healthcare providers early, even if illness is mild
❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact
❖ Emergency Department and hospitals only when needed - not for screening or low risk/minimal disease

❖ Guidelines are important and powerful tools, but remember providers’ clinical experience and judgment are key to care
Personal Protective Equipment (PPE)
Sources and Requests

❖ Practices should initially request PPE through their usual vendors
❖ Practices should make their PPE requests through their local health departments
❖ Maryland PPE Manufacturers List – next slide
❖ National and international PPE supplier list
❖ PPE request form
Personal Protective Equipment (PPE) Sources and Requests

❖ Increasing Maryland’s supply of PPE – one of the 4 building blocks on the Road to Recovery

❖ Maryland has launched the Maryland Manufacturing Network Supplier Portal, an online platform that helps connect Maryland suppliers with buyers in need of critical resources

❖ For additional business resources during Covid-19, visit businessexpress.maryland.gov/coronavirus

❖ Providers may also request PPE from the non-profit ‘Get Us PPE’
Provider/Patient Mental Health Resources

❖ Providers

➢ “Helping the Helpers and Those They Serve,” a webinar series from the Maryland Department of Health Behavioral Health Administration and MedChi

➢ Heroes Health Initiative

❖ Patients

➢ Ask Suicide-Screening Questions toolkit

➢ CDC list of resources for coping with stress
Health Equity Resources

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

❖ Maryland Health Care Commission Telehealth
❖ Maryland Health Care Commission Telehealth Readiness Assessment Tool
❖ U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) for Professionals
❖ American Telehealth Association
❖ Maryland Telehealth Alliance
❖ National Consortium of Telehealth Resource Centers
Support for Patients at Home

❖ Food
  ➢ Meals on Wheels

❖ Caregivers
  ➢ Visiting nurses and caregivers

❖ Emotional support
  ➢ Support from family
  ➢ Phone calls and videochat to fight loneliness
  ➢ MD Department of Aging Senior Call Check Program
Food Resources

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

- [Maryland Summer Meals](#)
- [Montgomery County](#)
- [Prince Georges County](#)
- [Charles County](#)
- [Frederick County](#)
- [Howard County](#)
- [Anne Arundel County](#)
- [St. Mary's County](#)
- [Harford County](#)
- [Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

- Call 311 for locations and to schedule pickup time
Resources for Specific Groups

❖ Community- and Faith-Based Organizations

❖ Mass Gatherings and Large Community Events

❖ Non-Pharmaceutical Interventions for Specific Groups
Resources and References

❖ Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)
❖ CDC Travel Website (https://wwwnc.cdc.gov/travel/)