



Covid-19 Update: The Beginning of the End of Omicron

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

26 January 2022



**We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time**

T.S. Eliot Four Quartets-

The Little Giddings

Agenda

- ❖ Action Steps
- ❖ Current surge data
- ❖ Vaccines and boosters
- ❖ Therapeutics
- ❖ Testing
- ❖ Guest Presentation on Burnout: Beth Romanski
- ❖ Q/A

Action Steps: What you can do now

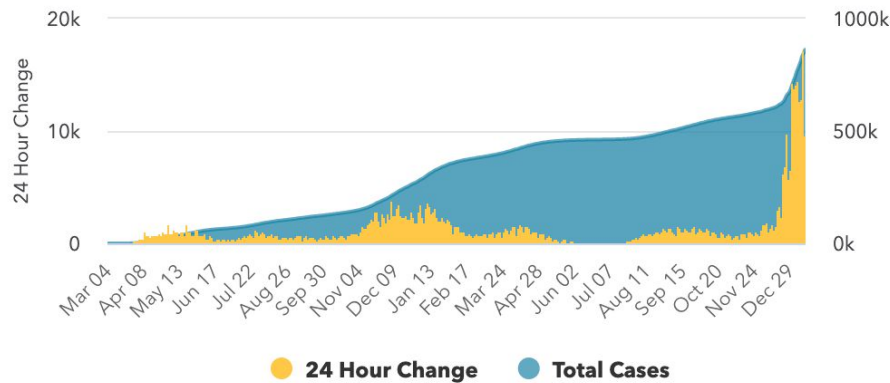
Primary Care Triple Play

- 1) **Vaccines**: Outreach to patients who are unvaccinated or due for boosters and schedule a **vaccine appointment**
- 2) **Testing**: **Test patients** at your practice as needed, and order free POC tests from MDH [here](#)
- 3) **Therapeutics**: Refer eligible patients to **oral antivirals and monoclonals**, as early as possible in alignment with NIH prioritization
- 4) Practice self care for yourself and your staff

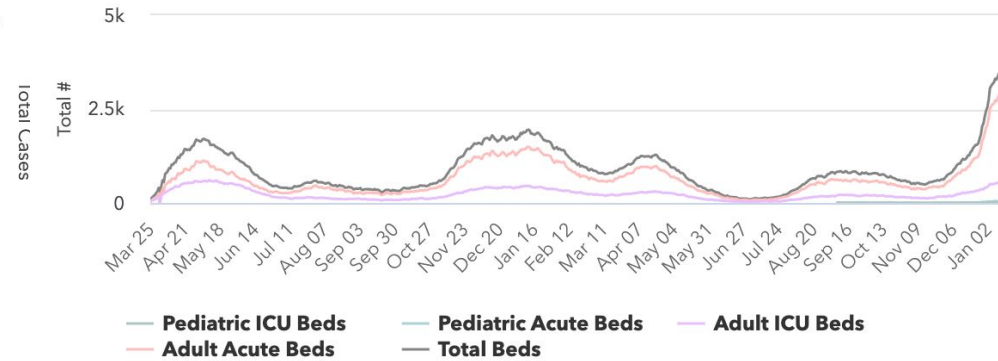
Current Surge Data

Cases and Hospitalizations in Maryland

Confirmed Cases, Total over Time



ICU and Acute Hospital Beds for COVID-19, Currently in Use

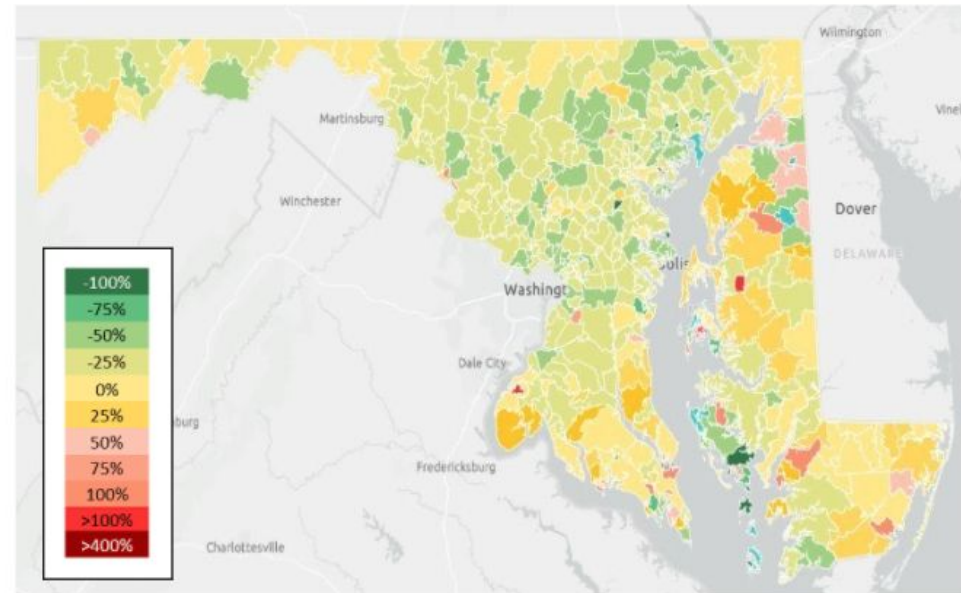


- ❖ Confirmed cases: 943,613 (24hr change = +2,900)
- ❖ Testing % positive: 12.57% (24hr change = -0.90%)
- ❖ Currently hospitalized: 2,234 (24hr change = -127)
- ❖ Hospitalizations in Maryland are dropping at the [fastest rate in the country](#) since its peak on 1/11

Cases have declined in all MD counties since last week although some specific zip codes on the eastern shore have seen increases

Cases by county				
County	Weekly average (prior 4 weeks)	Week ending 1/19	Percent change	5+ vaccination rate
Allegany	876	1,347	-42%	↓ 64%
Anne Arundel	5,276	3,476	-42%	↓ 74%
Baltimore	4,584	3,450	-32%	↓ 73%
Baltimore City	5,687	4,386	-34%	↓ 78%
Calvert	1,599	1,114	-43%	↓ 68%
Caroline	2,399	1,639	-41%	↓ 58%
Carroll	1,404	852	-49%	↓ 77%
Cecil	2,457	1,657	-47%	↓ 56%
Charles	5,105	3,528	-39%	↓ 63%
Dorchester	2,265	1,391	-44%	↓ 64%
Frederick	2,449	1,908	-42%	↓ 68%
Garrett	1,498	965	-50%	↓ 54%
Harford	3,162	2,234	-42%	↓ 67%
Howard	3,148	2,128	-47%	↓ 83%
Kent	1,245	991	-35%	↓ 65%
Montgomery	10,759	7,649	-36%	↓ 80%
Prince George's	5,027	3,429	-33%	↓ 65%
Queen Anne's	1,580	1,255	-5%	↔ 72%
Somerset	600	653	-45%	↓ 70%
St. Mary's	2,938	1,817	-41%	↓ 64%
Talbot	1,263	788	-37%	↓ 75%
Washington	1,655	1,289	-33%	↓ 61%
Wicomico	1,715	1,296	-37%	↓ 62%
Worcester	1,101	823	-39%	↓ 68%
Maryland	70,507	50,065	-39%	↓ 72%

Week ending 1/19/22, % Change in COVID cases, by zip code

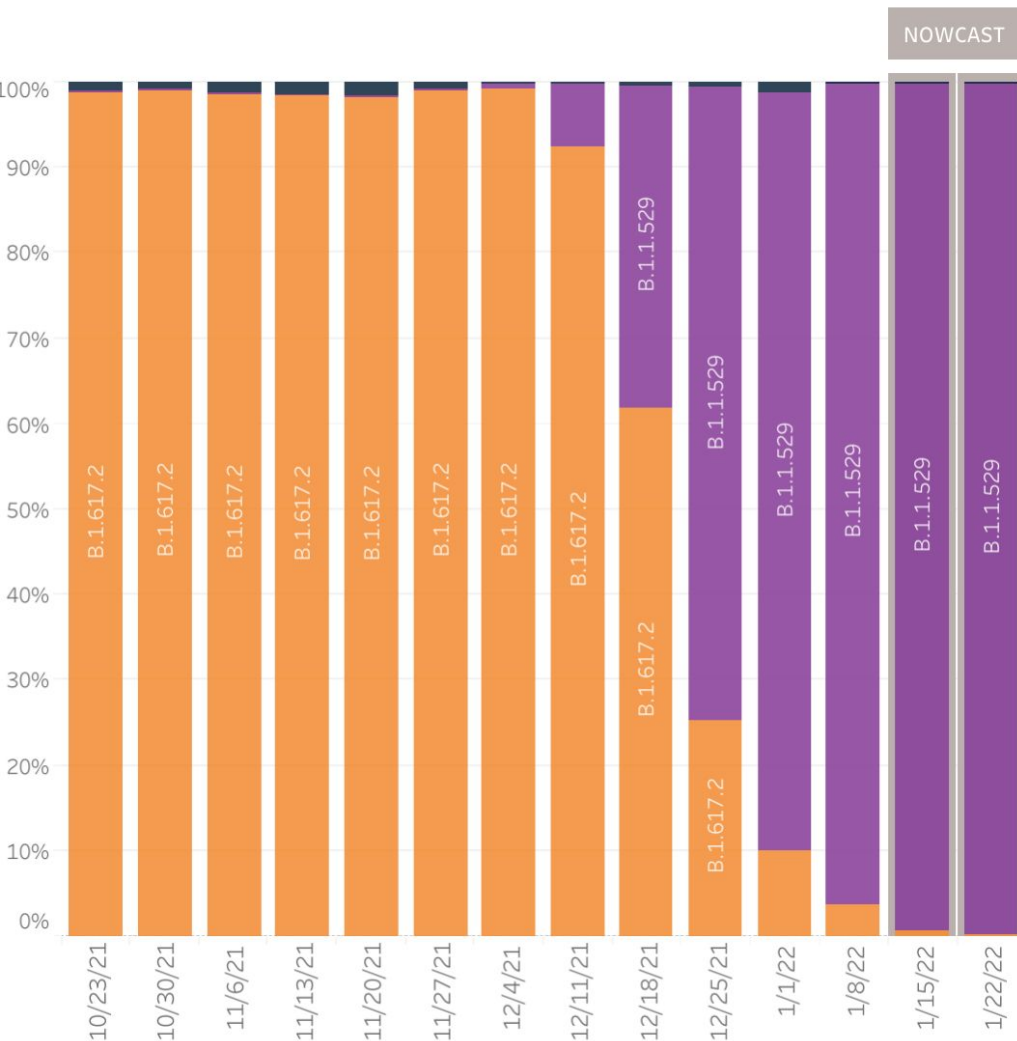


↑ High weekly increase %
 ↗
↔
↘
↓ High weekly decrease %



United States: 10/17/2021 – 1/22/2022

Omicron in the U.S.



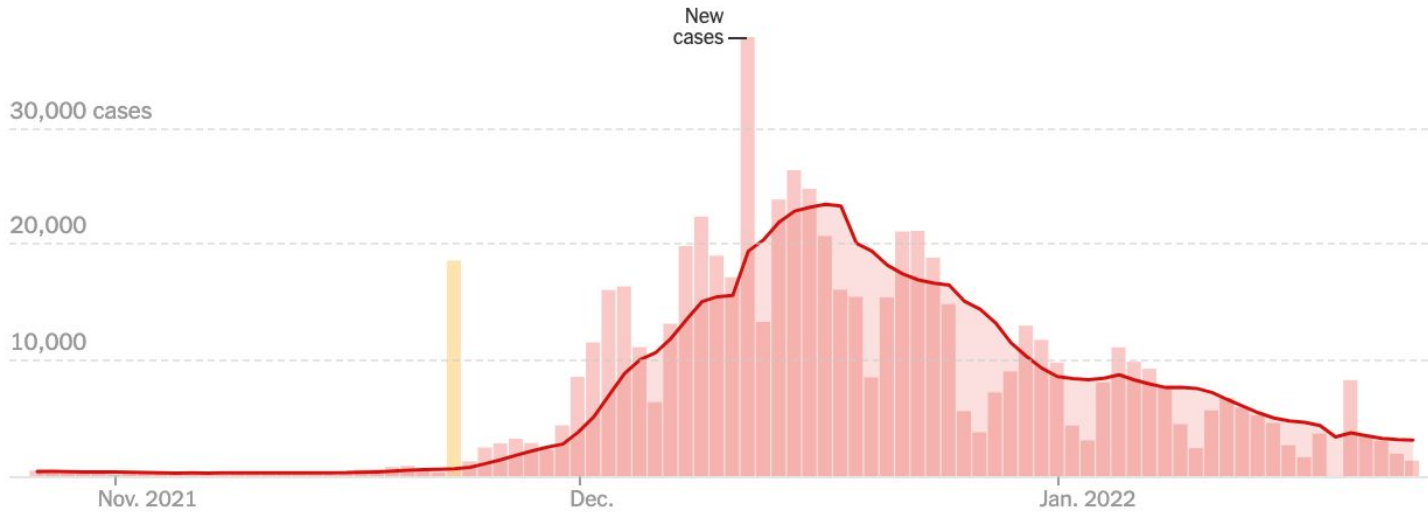
NOWCAST

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	99.9%	99.8-99.9%
Delta	B.1.617.2	VOC	0.1%	0.1-0.2%
Other	Other*		0.0%	0.0-0.0%

As of 1/22, CDC estimates Omicron makes up 99.9% of Covid cases

Omicron Trajectory

- ❖ Epi curves sharp up and sharp down
- ❖ South Africa
 - Past week - new cases: 21,770 (record high: 140,577)



These are days with a reporting anomaly. Read more [here](#).

	DAILY AVG. ON JAN. 24	14-DAY CHANGE	TOTAL REPORTED
Cases	3,110		
Deaths	168		

Maryland Governor Actions

- ❖ [30 day state of emergency](#) began on 1/4
- ❖ Additionally, on 1/24, [Governor Hogan issued an executive order](#) to expand staffing in hospitals, nursing homes, and pharmacies
 - Licensing flexibility for pharmacists and technicians in pharmacies
 - Allows nursing students to serve as licensed practitioners
 - Allows respiratory therapy students to assist in EMS workforce
- ❖ [Expansion of testing sites and additional relief](#)
- ❖ [Extension of open enrollment for Maryland Health Connection](#) through 2/28

Vaccines

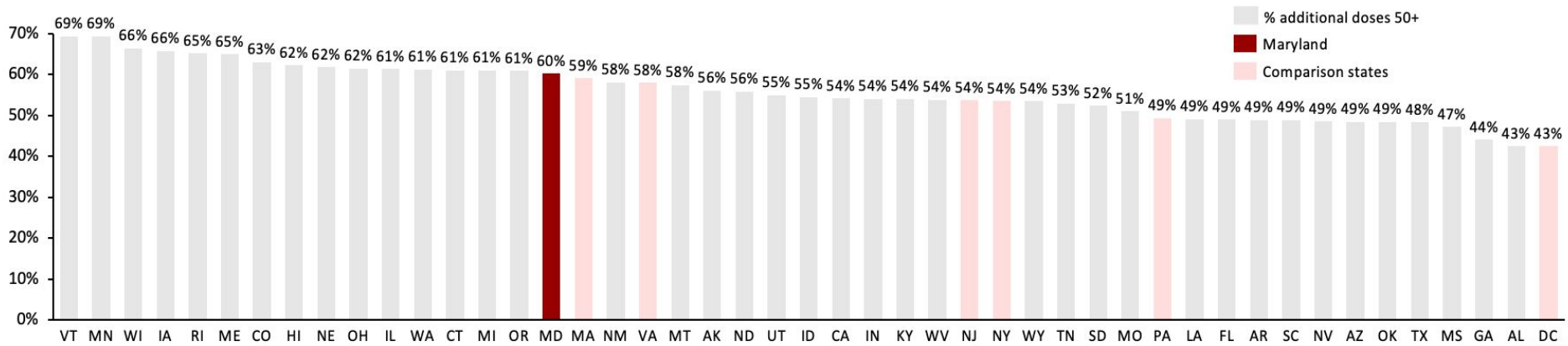
Providing and Referring for Vaccines

- ❖ Join the Maryland Primary Care Vaccine Program
 - [Enroll in ImmuNet](#), [set up EHR or CSV reporting](#), and [register in ImmuNet](#)
- ❖ ImmuNet ordering
 - 5-11 Pediatric Pfizer, 12+ Pfizer, 18+ Moderna, and 18+ J&J vaccines are available to order

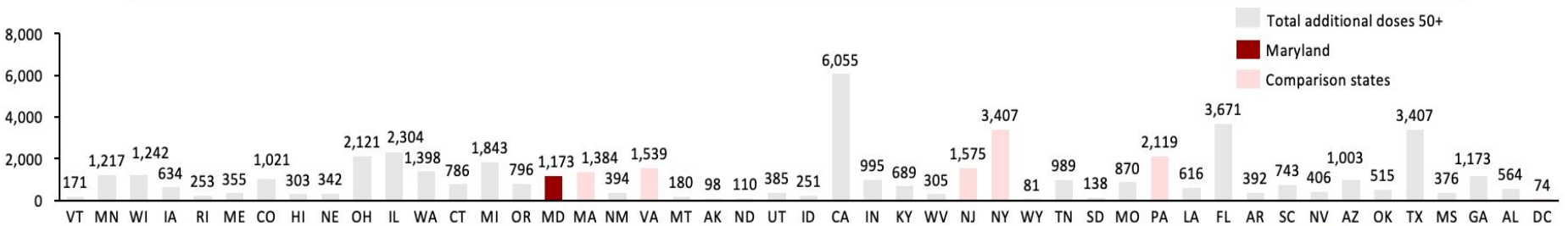
Vaccine	Ordering Minimum
Pfizer 12+	300
Moderna 18+	140
J&J 18+	100
Pfizer 5-11	100; Maximums are based on specialty

Maryland is outpacing all comparison states and territories in 50+ booster administration

State rankings on percentage of 50+ population receiving additional doses as of Jan 19th, 2022¹



Total additional doses for 50+ population as of Jan 19th, 2022, in thousands



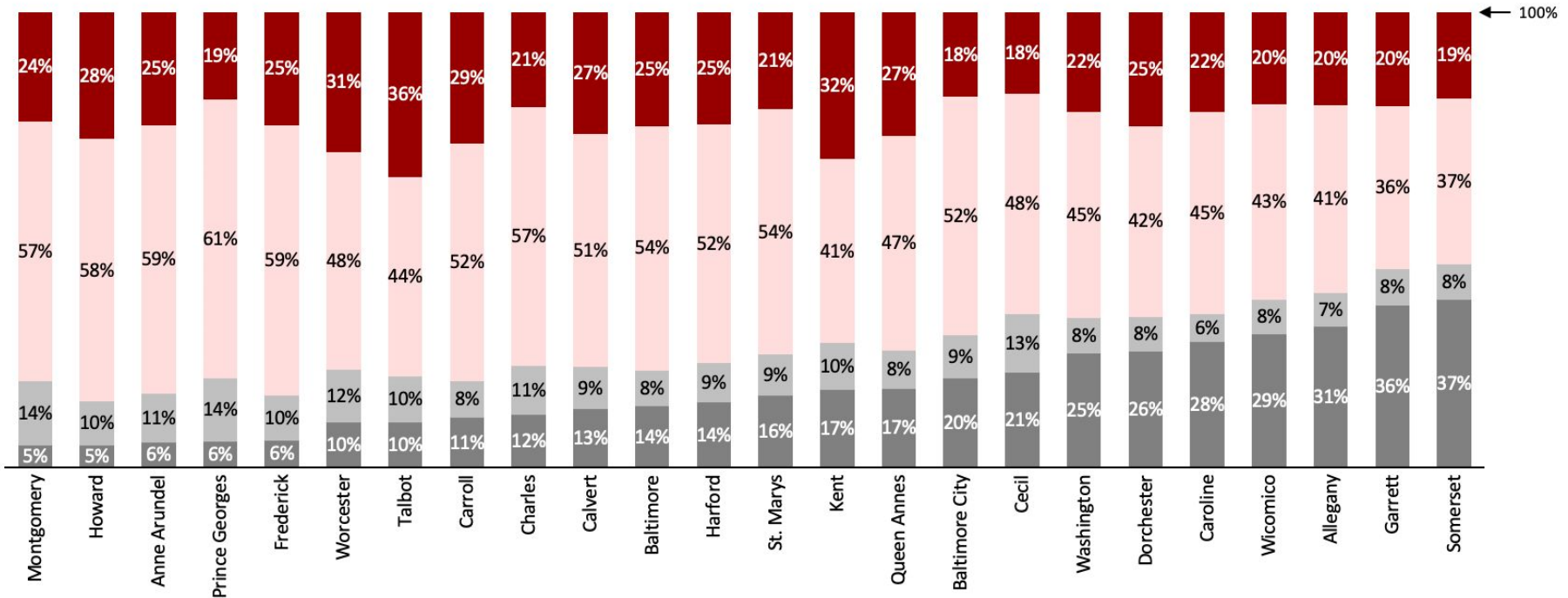
1. Although DC is a territory, it was included for the purpose of state comparison. NC and NH have been excluded due to data availability/linkage issues
Source: CDC

While a large percentage of 50+ population is fully vaccinated, additional efforts are needed to achieve booster goals of 70% (and 80% for 65+)

Maryland County vaccination progress for 50+ population by county as of Jan 21, 2022

Partially vaccinated residents are calculated as the difference between total 2nd doses and total 1st doses

■ Fully Vaccinated & Boosted
 ■ Fully Vaccinated & Not Boosted
 ■ Partially Vaccinated (PFR, MOD)
 ■ Unvaccinated

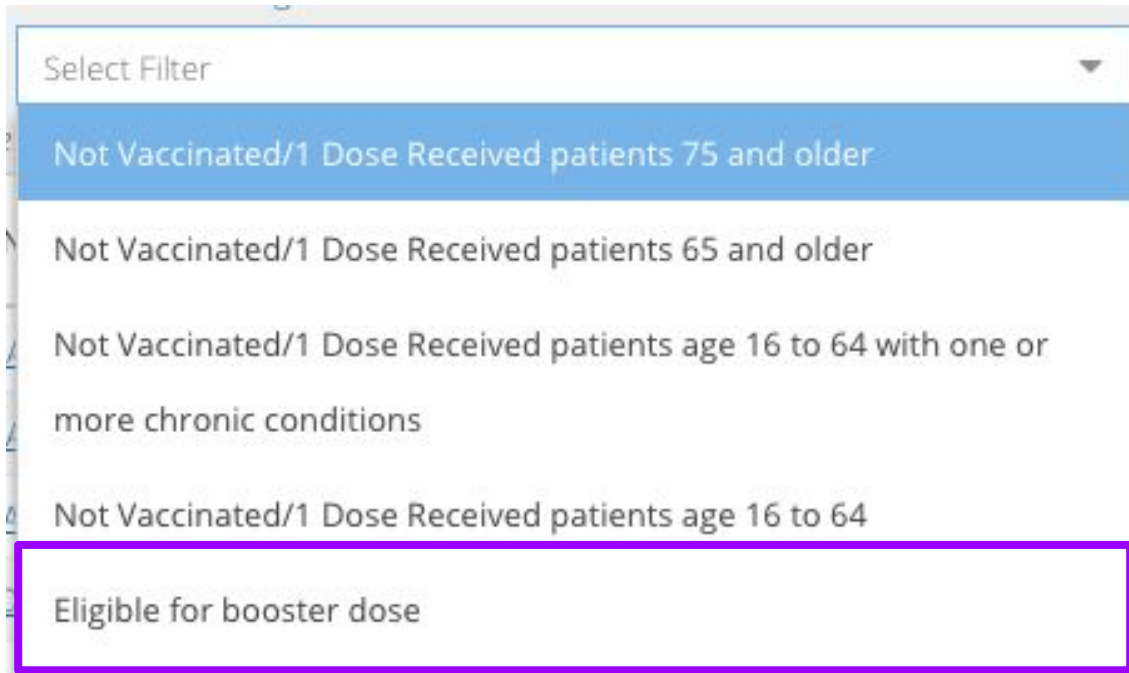


Boosters

What did you get?	When are you eligible for a booster?	Who is eligible for a booster?	What should you get for your booster?
Pfizer	5 months after 2nd dose	12+	<i>Pfizer or Moderna</i>
Moderna	5 months after 2nd dose	18+	<i>Pfizer or Moderna</i>
J&J	2 months after single dose	18+	<i>Pfizer or Moderna</i>

- ❖ *Updated: [COVID-19 Vaccine Booster Guide for PCPs](#)
- ❖ ***Boosters are our best protection against Omicron and many vulnerable patients have not received boosters***

CRISP Booster Eligible Filter



- ❖ Filter shows who is due for a booster who have not yet received one
- ❖ This has been updated to the new **5 month** timeline
- ❖ Use the filter to find your patients to outreach for booster doses

Note: this filter does not currently filter out deceased patients. Use the “Expired” column in the Vaccine Tracker to further filter out deceased patients. A fix for this is in the works.

Third Doses for Immunocompromised

- ❖ After completing the primary series, some moderately or severely immunocompromised people should get an additional primary shot
- ❖ Pfizer
 - Individuals that are 5+
 - Moderately-to-severely immunocompromised
 - 28 days after second dose
- ❖ Moderna
 - Individuals that are 18+
 - Moderately-to-severely immunocompromised
 - 28 days after second dose

Updates to Moderna Vial Labels

- ❖ The FDA recently updated the [Moderna EUA](#) to include some updates to the vial labels
- ❖ What has changed:
 - An indication that the volume is 5.5 mL
 - Doses for primary series and booster injections
 - A reminder to not exceed a maximum of 20 punctures per vial
- ❖ Note that one full dose is 0.5 mL and each vial includes 11 full doses
- ❖ All other information will remain the same

Primary Care and Vaccines

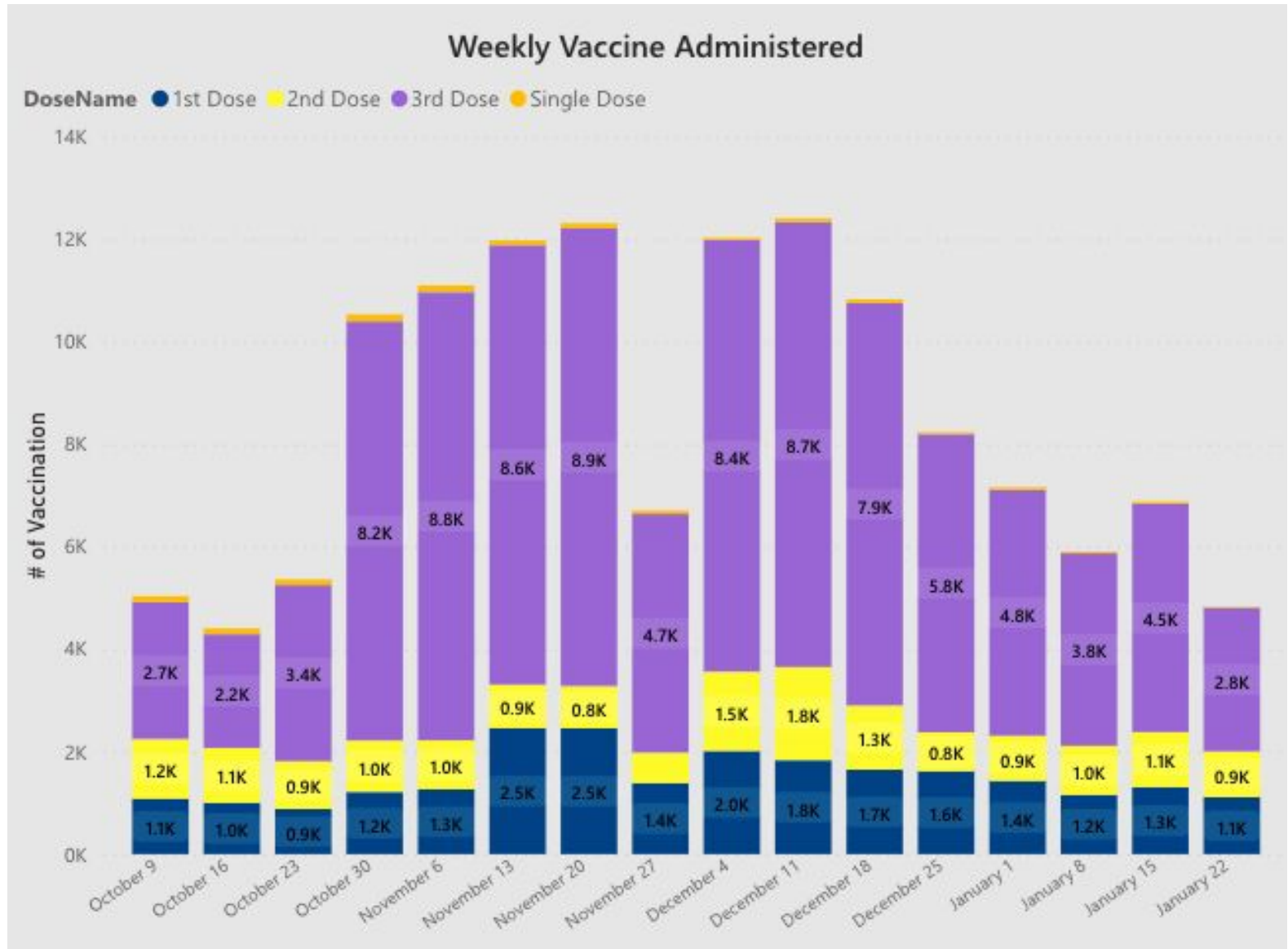
Cumulative Doses Administered

350,698

- ❖ 494 primary care practices are involved in the Primary Care Vaccine Program

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

Primary Care and Booster Doses



Delta and Omicron Effectiveness: Comparing Primary Series and Boosters

- ❖ Among individuals seeking testing for COVID-like illness in the US in December 2021:
 - 3 doses of mRNA COVID-19 vaccine (compared with unvaccinated and those with only 2 doses) was less likely among cases with symptomatic SARS-CoV-2 infection compared with test-negative controls
 - These findings suggest that **receipt of an mRNA booster dose**, relative to being unvaccinated and to receipt of 2 doses, **was associated with protection against both the Omicron and Delta variants**, although the higher odds ratios for Omicron suggest less protection for Omicron than for Delta

Pediatrics Vaccination Data

In Maryland, as of 1/26/22:

- ❖ Among 5-11-year-olds:
 - **41.2%** have received at least 1 dose
 - **30.8%** have received 2 doses
- ❖ Among 12-15-year-olds:
 - **75.4%** have received at least 1 dose
 - **68.3%** have received 2 doses
 - **47,090** 12-15 year olds in MD have received a booster
- ❖ Among 12-17-year-olds:
 - **80.7%** have received at least 1 dose
 - **70.4%** have received 2 doses
 - **38,195** 16-17 year olds in MD have received a booster

Vaccine Mandates

- ❖ Supreme Court Decision on Vaccine Mandates
 - Against mandate for businesses with 100 or more employees (OSHA rule)
 - In favor for healthcare workers
- ❖ National Impact
 - Restrictions on vaccine mandates in 11 states now enforceable
 - Liberal SC Justices - “stymies the Federal Government’s ability to counter unparalleled” threats”
- ❖ Provider Impact
 - Details on who is directly impacted by this can be found in [this CMS document](#)

Therapeutics

Covid Therapeutics- Overview

Timing is critical → the sooner the better

- ❖ Remdesivir- new indication for ambulatory
 - 3 day protocol
 - Antiviral infusion
- ❖ Monoclonal Antibody - Sotrovimab
 - Prioritize patients per [NIH prioritization guidelines](#)
 - [Bam/etes and RegenCov paused](#)
- ❖ Oral Antivirals - Paxlovid and Molnupiravir
 - Early prescribed treatment
- ❖ Long acting IM Prophylaxis - Evusheld (AstraZeneca)
 - Prophylaxis for immunocompromised
 - Hospital allocation only currently

NIH Guidance on Outpatient Therapeutic Preferences

- 1) Paxlovid - by prescription
- 2) Sotrovimab - by referral
- 3) Remdesivir - by prescription
- 4) Molnupiravir - by prescription

[NIH guidelines link](#)

Monoclonal Antibody Referrals

❖ Referral Options

- Option 1: [CRISP eREFERRAL for Monoclonal Antibody Infusion](#)
- Option 2: [Maryland Referral Form for Monoclonal Antibody Infusion Treatment](#) (Updated weekly)
- 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](#), [REGEN-COV](#), 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? 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? ² 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* 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.	

¹ Sotrovimab is not authorized for post-exposure prophylactic administration and is only commercially available at this time.
² Close 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 (sneezing or coughing, for example). See this website for additional details: <https://www.cdc.gov/soronets/2019/mom-if-you-are-still-immunizing.html>
³ Individuals 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/soronets/2019/mv-vaccines.html#vaccinated-considered>
⁴ For further information as what qualifies an individual as high risk please see slide 39 of the Monoclonal Antibody Clinical Implementation Guide available at: https://www.dhs.gov/emergency-events/covid19/investigation-MCM/Documents/USG_COVID19-1x_Playbook.pdf



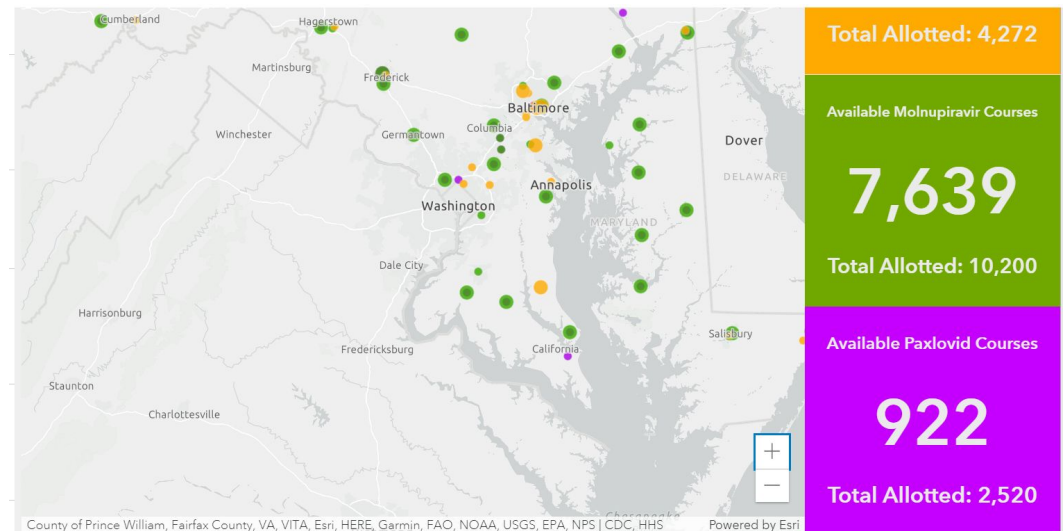
Oral Antiviral Agents Overview

- ❖ [Paxlovid FDA EUA](#) and [Molnupiravir FDA EUA](#)
- ❖ Dedicated pharmacies across state - list provided in “Clinician Letter”
 - Prescribed medication
- ❖ Start within 5 days of symptoms - sooner the better
- ❖ Proof of positive Covid test
 - Can be any type of Covid test
- ❖ No cost to patients for treatment
 - Delivery fees may apply

Oral Agent Inventory Confirmation

- ❖ Check inventory prior to ordering to ensure availability:
 - Use this [Federal Therapeutics Locator website](#) to identify where you can refer patients and the inventory available at those locations:

Please note: the MedChi website will no longer be updated with inventory information



Paxlovid

- ❖ FDA authorized an [EUA for Paxlovid](#) on 12/22
- ❖ USG purchased 10 million courses for first half of 2022
 - 750 doses for Maryland per week
- ❖ Eligibility
 - Intended for mild-to-moderate Covid in **12+ adults** weighing at least 40 kilograms that test positive and are at high risk for progression to severe Covid-19
 - Medication must be initiated within 5 days of the onset of symptoms
- ❖ Study data
 - Paxlovid appears to cut the risk of hospitalization and death by 89%
- ❖ Dosage information in [FDA Fact Sheet](#)

Paxlovid Prescribing Details

- ❖ Renal impairment adjustments
- ❖ Cautions after use regarding oral contraceptives
- ❖ Untreated or uncontrolled HIV cautions
- ❖ Medication interactions
 - Cytochrome P3A inhibitor
 - Drugs that use P3A for metabolism may be increased
 - P3A inducing drugs may reduce effectiveness of Paxlovid
 - [See Fact Sheet for Healthcare Providers](#) for full prescribing information

Molnupiravir

- ❖ FDA authorized an [EUA for Molnupiravir](#) on 12/23
- ❖ USG allocating 300,000 courses initially (3.1 million total)
 - 4,500 doses for Maryland
- ❖ Eligibility
 - Intended for mild-to-moderate Covid in **18+ adults** weighing at least 40 kilograms that test positive and are at high risk for progression to severe Covid-19
 - Medication must be initiated within 5 days of the onset of symptoms
 - *Not indicated during pregnancy*- needs post use contraception
- ❖ Study data
 - Molnupiravir appears to cut the risk of hospitalization and death by 30%

Remdesivir for Outpatient Therapy

- ❖ FDA approved for high risk ambulatory patients
- ❖ For individuals 12 years and older and weighing 40 kg or more
- ❖ Treatment
 - Remdesivir 200 mg IV on Day 1, followed by Remdesivir 100 mg IV daily on Days 2 and 3
 - Initiated as soon as possible and within 7 days of symptom onset
- ❖ Study data
 - 3 consecutive days of IV Remdesivir resulted in an 87% relative reduction in risk of hospitalization or death compared to placebo

Evusheld - Long Acting Prophylaxis

- ❖ On 12/8, the FDA issued an [EUA for Evusheld](#)
 - Moderate to severe immune compromise
 - Unable to take vaccine due to severe allergy
 - IM dosing at 6 month intervals
- ❖ Allocation
 - Directly to hospital partners and monoclonal providers
 - Referrals expanding - Weekly updates for providers
- ❖ Data submitted to FDA to consider an EUA for treatment
- ❖ Referrals available through Mercy, Calvert Health and Hatzalah for eligible patients (more information in Appendix)

Testing

Testing Options

- ❖ View this [comparison tool](#) for Covid testing options
- ❖ Rule of Thumb:
 - Symptomatic patient?
 - Conduct a point-of-care test as early as possible once symptomatic
 - Asymptomatic patient?
 - Conduct a PCR test 5 days after known exposure

Point-of-Care Tests

- ❖ [Order](#) and use point-of-care tests to rapidly diagnose symptomatic patients
- ❖ Tests can be conducted outside of a lab setting including congregate care facilities, physician offices, etc. Results typically ready in ~ 15 minutes
- ❖ [Rapid point-of-care testing toolkit](#)
- ❖ Note: The FDA has updated and expanded the expiry dates for the Abbott BinaxNOW tests
 - Further information including kit lot numbers, original expiration dates, and updated expiration dates can be found [here](#)

Takeaways: Triple Play Strategy

Triple Play and Takeaways for Primary Care

- ❖ Covid isn't over
- ❖ Unlike this time last year, we now have **baseball bats**, a **better pitch**, and **protective gear**
- ❖ The Triple Play will lead us through Omicron and the Winter season
 - **Vaccines - including boosters**
 - **Testing - test at your practice**
 - **Therapeutics - prescribe antivirals and mAb referrals**



The COVID-19 Triple Play: Three Keys to COVID Mitigation in Primary Care



There are many strategies and a lot of information out there related to COVID-19. With the winter holidays around the corner, focus on three essential areas for primary care to mitigate COVID-19 -- primary care's triple play. Below you will find the three essential focus areas and related links to guide your practice.



Vaccines

- Order [COVID-19 vaccines](#) on Thursdays between 8:00-4:00PM
- Fill out 5-11 Pediatric vaccine surveys during state allocation phase
- Outreach to patients to get them in for initial vaccines and **booster** dose appointments
- Refer patients to a [vaccinating site](#) or request a [mobile vaccination clinic](#) via this [form](#)



Testing

- Order free Point-of-Care tests in order to quickly diagnose patients
 - [Ordering form](#)
- Consider PCR testing for asymptomatic patients
 - Review [this webinar](#) (beginning at 51:00) for PCR testing options
- Use [this toolkit](#) to guide testing protocols and communication



Therapeutics

- Refer eligible patients for monoclonal antibody treatment
 - Refer in [CRISP](#) or use this [referral form](#)
- Prepare for the roll out of Molnupiravir, which will be [reviewed by the FDA](#) on 11/30, by ordering Point-of-Care tests to rapidly diagnose

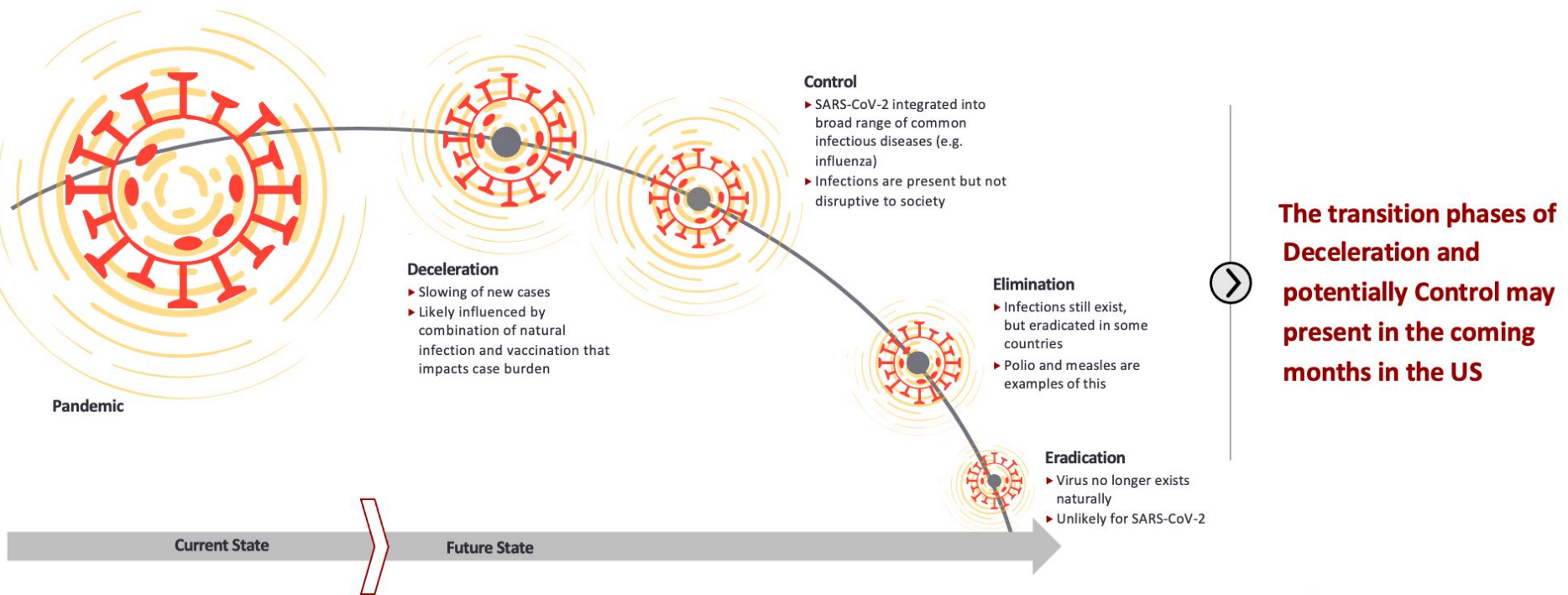


With this triple play, we can send COVID-19 to the dugout!

Page 1



There are proposed stages of post-pandemic transition; not all may be achievable with SARS-CoV-2



Take Care of Yourself and Your Staff

- ❖ It is not selfish to take breaks and you cannot work nonstop
- ❖ Check in on your team and talk about your feelings and experiences
- ❖ Connect with family and friends

*You have been an essential part of the Covid response
and have saved countless lives*

Thank you for all that you do!

Guest Presentation

Beth Romanski

- ❖ Director of Professional and Continuing Education and adjunct faculty member at Maryland University of Integrative Health
- ❖ Professional wellness educator
- ❖ Founder of MyHealthyTransitions Health Coaching
- ❖ Co-Host of the Wellness Warriors Radio podcast

Maryland University of Integrative Health (MUIH)

Maryland University of Integrative Health is one of the leading academic institutions for integrative health in the nation.

MUIH promotes whole-person and community health and wellness through relationship centered integrative health education, care, and leadership.

Through discovery and exploration, MUIH delivers progressive educational programs as pathways to fulfilling and impactful careers, uses evidence-informed practice and innovative clinical models to



Maryland University *of* Integrative Health

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The Department of Professional and Continuing Education (PCE) supports MUIH's mission by delivering progressive educational programs, fostering mutually beneficial partnerships, and providing learning opportunities for complementary and integrative health (CIH) practitioners and healthcare professionals to expand their knowledge and develop new areas of expertise.

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Presentation Objectives

- Recognize signs of burnout and the health and workplace-related implications of chronic stress
- Discover simple strategies to effectively manage stress and to optimize productivity
- Identify opportunities to build skills and healthy behaviors for enhanced wellbeing
- Model best practices of leadership to cultivate a culture of wellness, prioritizing self-care
- Develop a personalized wellness plan to apply approaches into daily life

Burnout in Healthcare

- In late 2020, a survey of over 1,100 healthcare workers by Mental Health America found that **93% of healthcare workers were experiencing stress, 86% reported experiencing anxiety, 77% reported frustration, 76% reported exhaustion and burnout, and 75% said they were overwhelmed.**
- **Burnout has increased among United States health care professionals, with over one-half of physicians and one-third of nurses experiencing symptoms.** The burnout is detrimental to patient care and may exacerbate the impending physician shortage.

Participant Poll

How would you rate your current level of stress and/or burnout?

- Extremely High
- High
- Moderate
- Low
- Very Low

STRESS





***Take
a
Paus
e***

Presentation Disclaimers

- This presentation is educational in nature and not meant to serve as medical advice, diagnosis or treatment. Seek out a licensed healthcare provider if you feel you could benefit from professional support related to specific health-related concerns or conditions.
- This is not easy work – simply be open to the possibilities.
- I'm on the path with you.
- Take what works for YOU and leave the rest.



Stress, Burnout & Health

Recognizing Stress

Stress means different things to different people. Everyone encounters stress.

What does stress mean to you?

A ***“physical, mental, or emotional strain or tension,”*** or ***“a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize.”***¹



Autonomic Nervous System (ANS)

Sympathetic Nervous System

"Fight or Flight"



Parasympathetic Nervous System

"Rest" or "Digest"



Acute vs. Chronic Stress



Microstressors

- Negative feedback from boss
- Traffic jam during commute
- Argument with significant other
- Implicit bias & discrimination
- Unrealistic work deadlines
- Social media
- TV news
- Overflowing email inbox
- Back-to-back Zoom meetings
- Insensitive comments
- Loved one's medical diagnosis
- Difficult conversations
- Chronic back pain
- Unexpected bills to pay

Chronic Stress Impact

- Compromised immunity
- Digestive issues
- Difficulty concentrating
- Poor decision-making
- Buffering activities – poor health choices
- Compromised relationships
- Sleep disruptions (too little/too much)
- Fatigue
- Emotional instability
- Reproductive problems
- Hormonal imbalances
- Autoimmune conditions
- Weight gain or loss
- Change in appetite (overeating/undereating)
- High blood pressure
- Cardiovascular disease
- Diabetes
- Depression
- Anxiety

Common Stress Responses

Fight

- The goal of the “fight” is self-preservation and protection from pain through *conflict*.
 - Irritability, anger, aggression, disagreeability

Flight

- The intent of “flight” is protection from pain through *escape*.
 - Chronic worry, perfectionism, avoiding, overworking

Freeze

- “Freeze” types attempt to self-preserve through *dissociation*.
 - Feeling stuck, procrastination, dissociation, inaction, shame

Fawn

- “Fawning” is an attempt at self-preservation and safety through *placation*.
 - People pleasing, conflict avoidance, difficulty saying no and setting boundaries, putting others needs before own

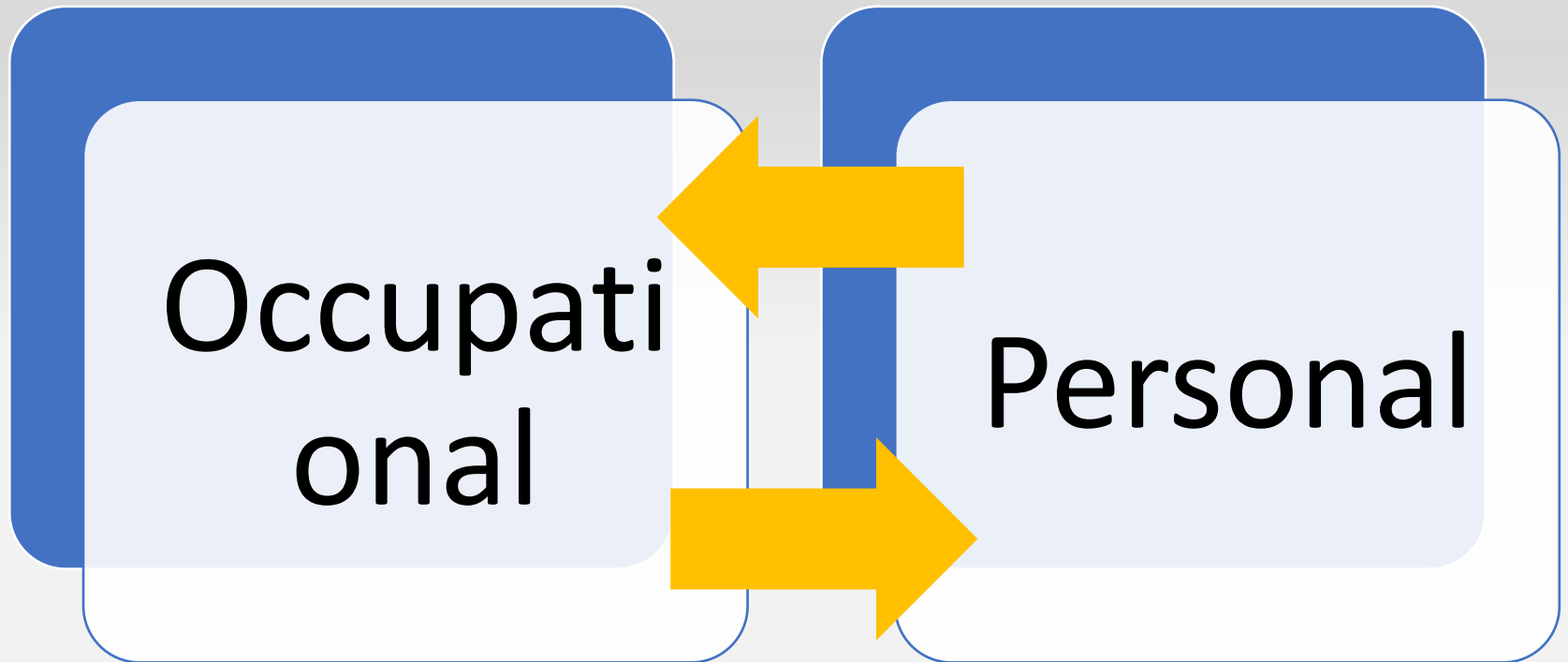


Burnout

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:¹

- feelings of energy depletion or exhaustion;
- increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- reduced professional efficacy.

Burnout Influence



12 Stages of Burnout

Excessive Ambition

Pushing Yourself to Work Harder

Neglecting Personal Care and Needs

Displacement of Conflict

Changes in Values to Validate Self Worth

Denial of Problems and Shame

Social Withdrawal

Obvious Behavior Changes

Confusion of Identity

Inner Emptiness

Depression

Mental or Physical Collapse



Building Resilience



Resilience

Resilience is the capacity to recover quickly and “bounce back” from difficulties and adversities the ability to adapt to change.

- resilience requires active engagement and practice to develop resources to sustain wellbeing - *self awareness, mindfulness, self care, positive relationships & purpose*
- being resilient doesn't mean that a person won't experience challenges or distress
- as much as resilience involves “bouncing back” from difficult experiences, it can also involve profound personal growth

RESILIENCE

System



ENVIRONMENT



COMMUNITY



INDIVIDUAL



Psychological



Physiological



Molecular

Challenge



Reaction



Resist



Recover better
(adaptive response)



Recover



Recover but worse than before
(maladaptive response)



Collapse

Rethinking Resilience



BOUNCE BACK



BOUNCE
FORWARD

Resilience as a Skillset



- Flexibility
- Optimism
- Confidence in Coping
- Challenge Orientation vs. Threat

Resilience Continuum



- Resilience more likely exists on a continuum that may be present to differing degrees across multiple domains of life.¹
- Reflect on a time when you faced adversity or a challenging time and how you overcame it and grew as a result. *What did that experience teach you?*

¹Steven M. Southwick, George A. Bonanno, Ann S. Masten, Catherine Panter-Brick & Rachel Yehuda (2014) Resilience definitions, theory, and challenges: interdisciplinary perspectives, *European Journal of Psychotraumatology*, 5:1, DOI: [10.3402/ejpt.v5.25338](https://doi.org/10.3402/ejpt.v5.25338)



Stress Management Strategies



Quick Strategies to Relieve Stress in the Moment

- **4 by 4 Breathing Method**
 - Practice – breathe 4 counts in, hold 4 counts, exhale 4 counts, pause 4 counts
 - Heart Rate Variability (HRV) regulation
- **Maintain an Observer's Mind**
 - Stepping outside of yourself to look at the situation from an objective lens
 - Shifting habitual reactions
- **Story vs. Phenomena**
 - Perception vs. fact

Shifting from Habitual Reaction to a Choice

“I’m frustrated”

“I accept I’m feeling frustrated.”

“I’m choosing to feel frustrated.”

DEPARTMENT OF HEALTH

Source: Balles, T. (2015). *Becoming a healing presence: a guide for those who offer care*. iUniverse.com

Perceptions of Stress

Avoidin

gg

Adaptin

gg

Mindfulness:
awareness with
non-judgement

Observers Mind in Practice

What did you notice after skipping lunch?

How did you feel the morning after staying up so late?

How did you feel after responding to work emails until 9pm?

Were you drinking enough water before you got your headache?

Observers Mind in Practice

How did you feel after you exercised?

How did you feel after you had a good nights' sleep?

How did you feel after eating a healthy meal mindfully without distraction?

How did you feel after connecting with a good friend?

Meta-Awareness:
*being aware of
what we're aware
of*

Discovering Wellness

Exploring a holistic model of wellbeing

Dimensions of Wellness

*Wellness is an active process through which people become aware of, and make choices toward, a more successful existence.*¹

Bio-individuality – unique to everyone

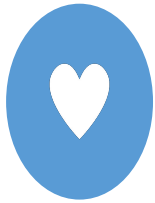
Self-efficacy – refers to an individual's belief in his or her capacity to execute behaviors necessary to produce specific outcomes. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment.²



¹National Wellness Institute (2018). The six dimensions of wellness. Retrieved from <https://nationalwellness.org/resources/six-dimensions-of-wellness/>

²Bandura (1977, 1986, 1997).

Cultivating Wellbeing



EMOTIONAL



INTELLECTUAL



MENTAL



NUTRITION
(PHYSICAL)



SPIRITUAL/SELF



MOVEMENT
(PHYSICAL)



SLEEP/REST



ENVIRONMENTAL



FINANCIAL



SOCIAL/
RELATIONSHIPS



CAREER/PURPOSE

Promoting Wellbeing

A common theme shared amongst various approaches to defining and measuring wellbeing is an emphasis on the ***extent to which people are doing well in life (a positive state)***, rather than whether they are experiencing disease and dysfunction (NCCIH, 2021).



Wellness Wheel Activity



Explore presentation resources:
Wellness Wheel Handout

Action Step:

Select one dimension to focus on for the next 7-21 days

Wellness Wheel Instructions:

The 12 sections of the Wheel represent life balance.

Please look over each category. Feel free to add anything that is important to you in the "other" category. Also you may rename any category so that it is meaningful to you and the wheel overall represents your balanced life.

Next, taking the center of the wheel as 0 and the outer edge as 10, draw a line at your level of satisfaction in each area, at this time in your life. Looking at the wheel overall, you may get a sense of how balanced your life feels to you now.

**Setting
Healthy
Goals –
S.M.A.R.
T.(I)
Approac
h**

S – Specific

M – Measurable

A – Achievable

R – Realistic

T – Time-bound

I - Important



Action Before
Outcome

Healthy Habit Steps

Define
your
“Why”

Start
Simple

Know
Yourself

Develop
a Plan

Get
Started

Adjust &
Refine

Practice
& Repeat

Acknowledge
Success

Build and
Progress

Solution-Oriented Approach:

**Prioritize
Self-Care**

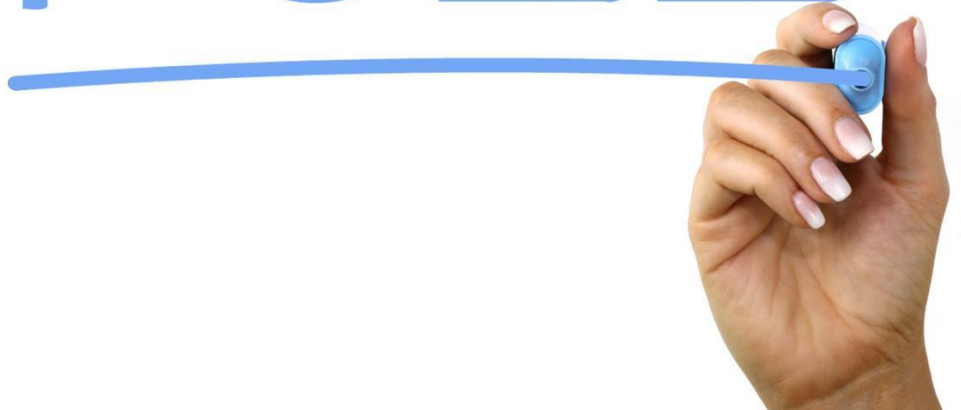
*...while redefining
what “care of self”
means to make it
relevant to YOU*



Participant Poll – *Respond in the Chat*

- What is your perception of “self-care”?
- How often do you engage in self-care activities?


POLL



Defining Self Care

According to The World Health Organization, *self-care is “the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider.”*

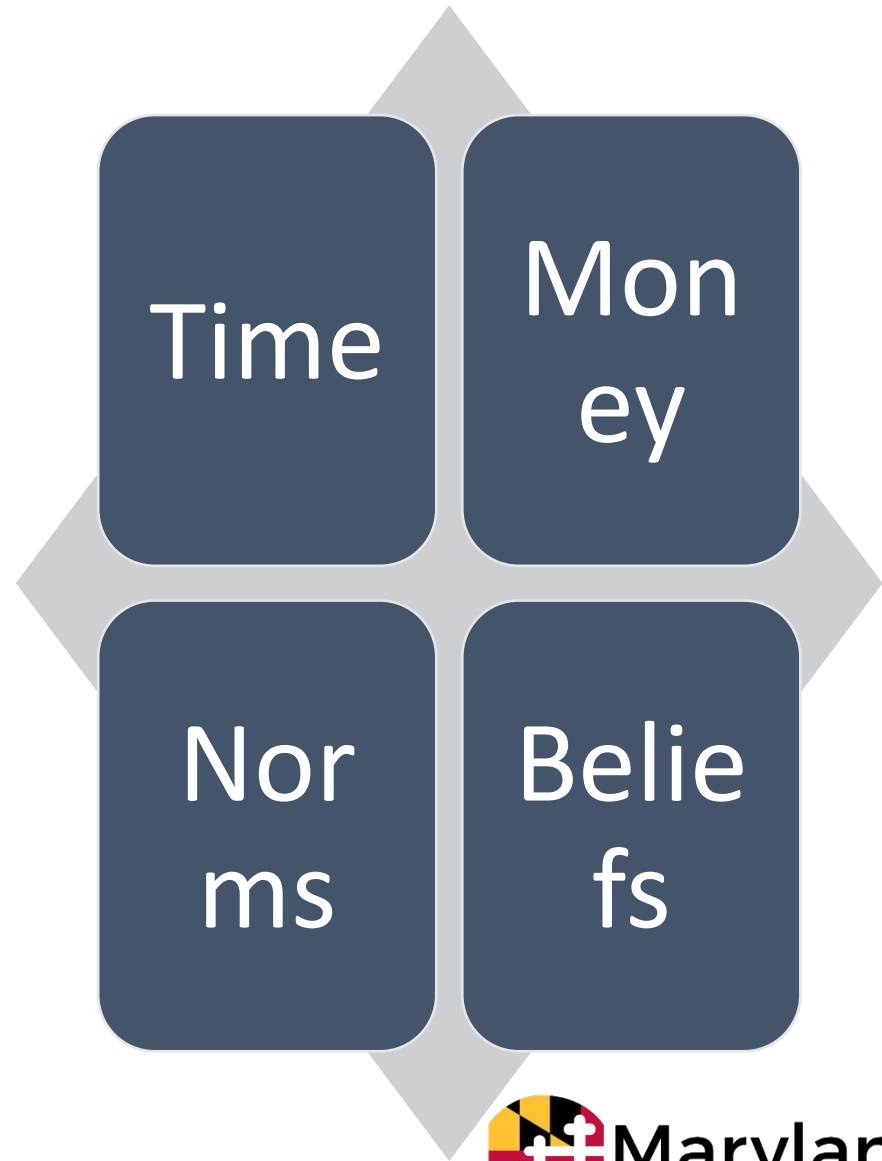
This definition includes several factors that emphasize taking responsibility for your own health and wellness. Self-care refers to daily habits and lifestyles which influence health management. It can also be applied to action steps and decision-making processes in response to environmental changes affecting our health (WHO, 2019).



Proactively
and
consistently
taking care
of your self
(and your
health)

Self Care Simplified

Reframing Common Barriers to Self-Care





Redefining Self Care

Self-Care Shifts

Reactive Proactive

Sporadic Sustainable

Balancing Energy Systems



Energy
Depleting



Energy
Renewing

Personal Self-Care Menu

Now review your self-care Inventory you created and write down ideas for various self-care practices that fit into each of the following categories. You can use this menu to create self-care routines and also as inspiration when you are in a moment of stress.

Daily/Weekly Practices	5-15 minute Practices	30 minute Practices	1-hour Practices	Longer Practices

Collective Wellness

Exploring a holistic model of wellbeing

Collective Impact

Individual

Organization

Clients /
Patients

Gratitude Outcomes

Grateful people

Report higher levels of happiness and life satisfaction

Are more resilient to stress

Get along better with others

Are less depressed

Achieve more

Are more helpful and generous



DEPARTMENT OF HEALTH

Source: Gratitude Nurses
Toolkit (2021)

Gratitude Impact

STUDY:

- Health care providers twice weekly wrote down things for which they were grateful.

RESULTS:

- Reductions in perceived stress (28%) and depression (16%) in health care practitioners.
- “Such positive effects can also lead to an improvement in both productivity and quality of patient services.”

Cultivating an Attitude of Gratitude

Benefits: *Easy, accessible and free*

Practice Tips:

- Pair with daily activities (e.g., brushing your teeth, work meetings)
- Practice both giving and receiving (yourself and others)
- Make it frequent and visible

A dandelion seed head is shown in the lower-left corner, with its stem extending downwards. Numerous seeds are captured in mid-air, scattered across the upper and middle portions of the frame, suggesting a gentle breeze. The background is a clear, deep blue sky. The entire scene is framed by a white, hand-drawn style border.

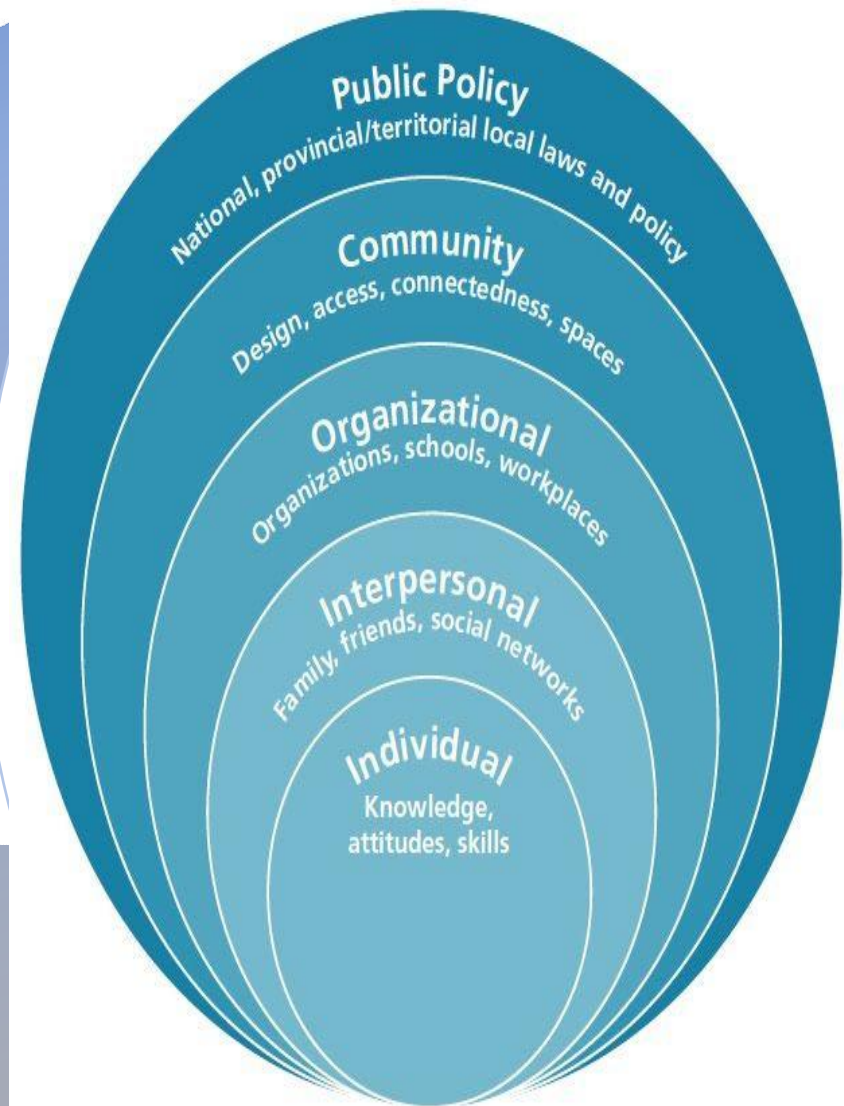
Gratitude Moment

What are you grateful for today?

Social-Ecologic al Model

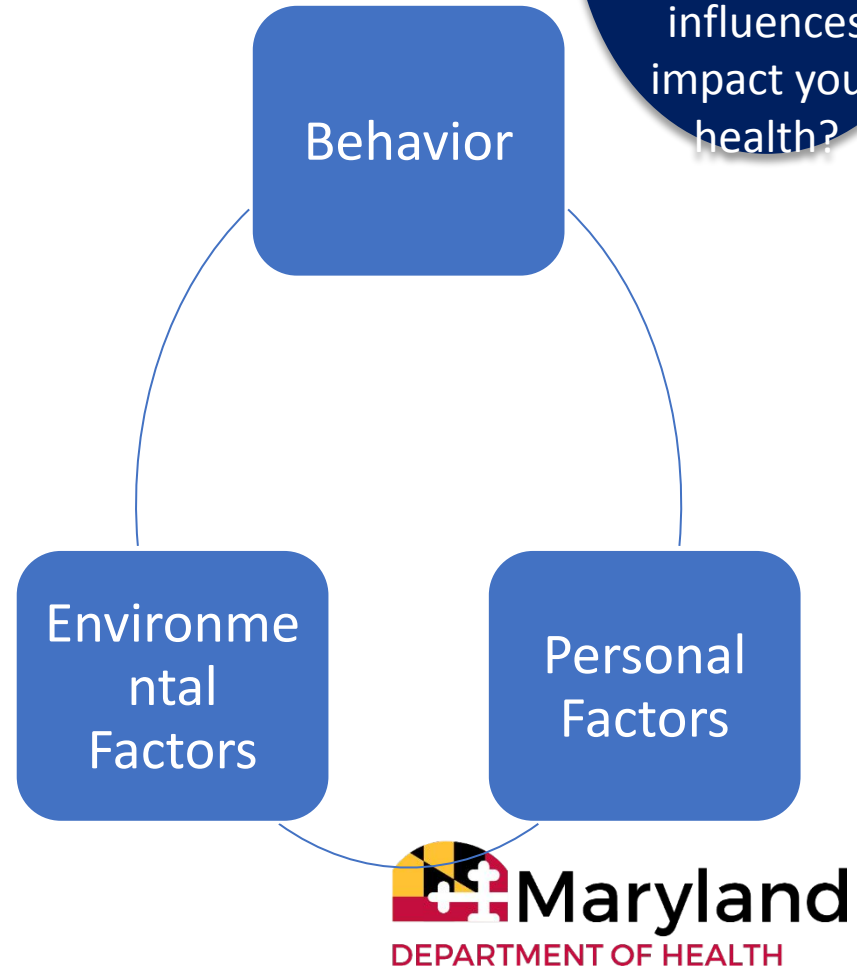
Health is determined by influences at multiple levels (e.g., public policy, community, institutional, interpersonal, and intrapersonal factors)¹

- How can you effect your personal sphere of influence?
- How can leaders within the organization create structures and opportunities to engage in wellness-building activities?
- Modeling and normalizing health promoting behaviors is



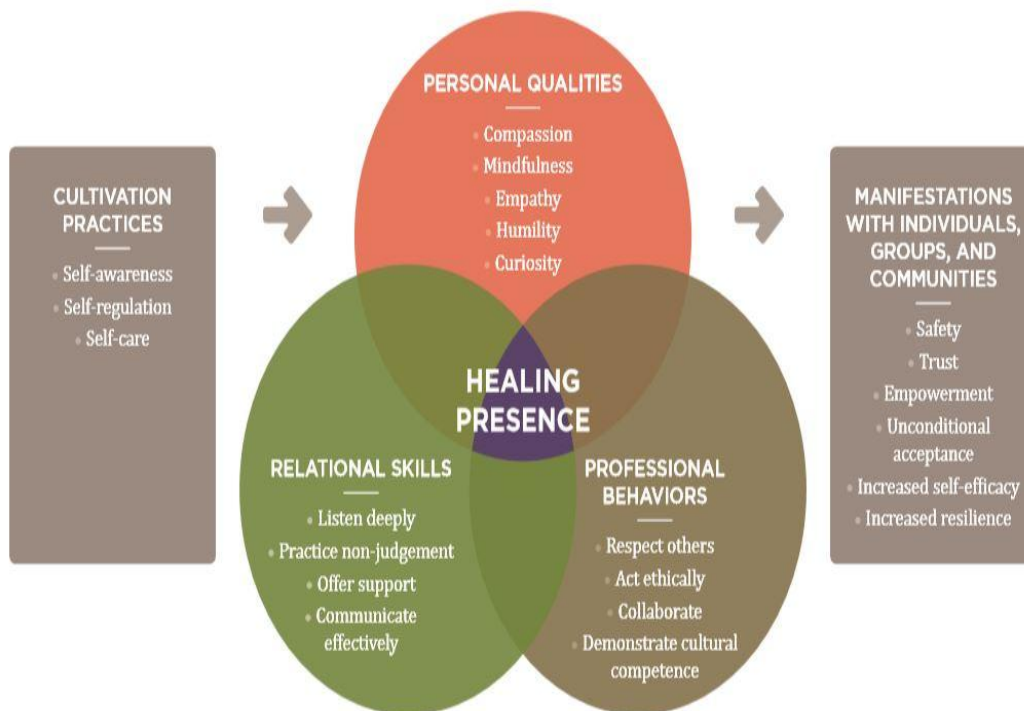
Reciprocal Determinism

- Social Cognitive Theory (SCT) is an interpersonal level behavioral theory that emphasizes the dynamic interaction between people (personal factors), their behavior, and their environments.
- **People can be both adopters of change and agents of change.**



HEALING PRESENCE

Healing presence is a constellation of personal qualities, relational skills, and professional behaviors that can have a transformational influence on individuals, groups, and communities. Healing presence is an antecedent to optimal health and healthcare interventions; it transcends technical skill and supports the innate wholeness of individuals and their capacity to heal themselves. The qualities, skills, and behaviors that make up healing presence can be intentionally cultivated through specific practices.



Version 6-7-18

Healing Presence | Resilienc e

Healing Presence in Healthcare

- Love
- Good intention
- Spiritual grace
- Belief
- Focused awareness
- Direction of energy
- Openness to healing
- Listening
- Creativity
- Reconciliation
- Imagination
- Connectedness or relationship

Healing Presence in Everyday Life

Humility

- Down-to-earth with an appreciation and awareness of one's place in relation to all other beings. Admission of flaws,

Patience

- Let go of the outcome. Not “leaning forward” into the future. Waiting without goal. Trusting the inherent timing of

Compassion

- We are all in this together. Recognizing our sameness. We are not separate. Listen from the heart.

Healing Presence in Everyday Life

Empathy

- Seeing the world through the eyes of the other. Understand their world view.

Respect

- Honor the stage and level of each person. Honor the uniqueness and innate goodness of everyone. Appreciation that each human being is a fresh way the universe

Integrity

- Being congruent in words, actions, and energetic presence.
Being integrated with our deepest, most expansive self.
Being integrated with our valued principles.

Healing Presence in Everyday Life

Courage

- Having the fortitude to challenge our assumptions and prejudices, and to step out of our comfort zone to grow.
Ability and willingness to confront the unknown.

Centered

- Grounded, in touch with our bodies. Feeling aligned in body, mind, and spirit. Relaxed presence that comes from being in touch with our core.

Flexible

- Having the willingness to adapt and change.
Non-identification with positions and points of view.

Healing Presence in Everyday Life

Confident

- Trusting in our true nature. Trusting in what is happening in the moment and in the process of discovery. Having faith in ourselves.

Lighthearted

- Ability to laugh at ourselves. Sense of humor about life while appreciating contradictions and absurdity.

Becoming a Healing Presence

Self-care

Resilience

Mindfulness

Self-Awareness

Self-Efficacy

Empathy/Compassion

Listening

Acceptance

Healing Presence Action Plan

Deepening My Healing Presence: Development Action Plan



GOAL What healing presence attributes do you plan to embody with more ease?	EVIDENCE How will you know when you have achieved this goal? What will you be doing and saying differently?	ACTIVITIES AND STRATEGIES What specific actions and practices will you take on to enhance this healing presence attribute?	ACCOUNTABILITY AND SUPPORTS Who can you rely on and what structures or reminders can you put in place to support you as you practice enhancing this healing presence attribute?
EXAMPLE: Patience	I will be able to rest in the precious present moment.	Positive self-talk, self-assurance	I will enlist the support of: My classmates and instructor; My partner I will post a note on my desk: PATIENCE



Visioning Exercise

Health is a journey, not a destination

“If you don’t prioritize your life, someone else will.”

– Greg McKeown

Participant Reflections



What have you learned about yourself or the world as a result of the pandemic?



What can you take with you to continue to build resilience?



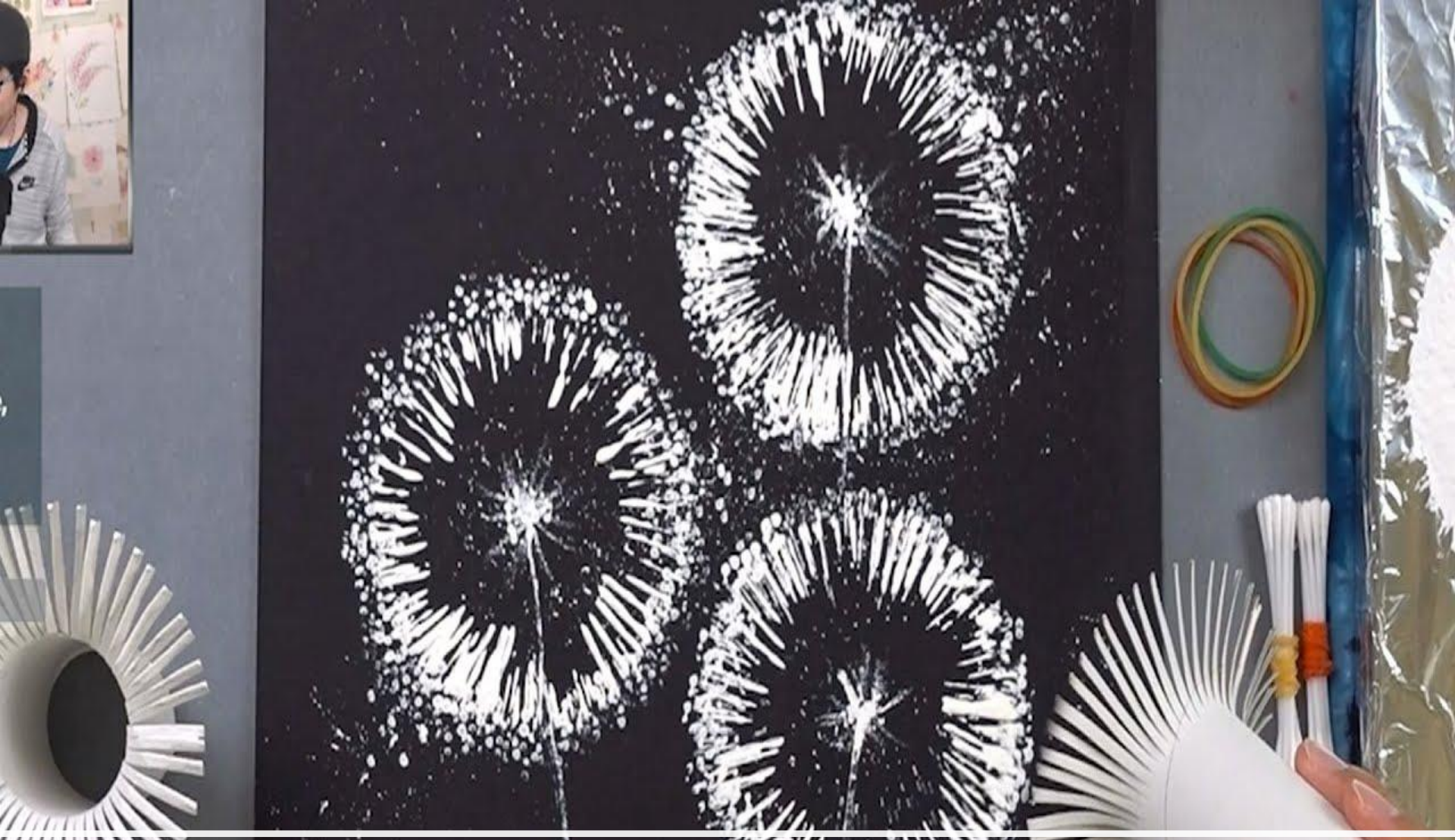
What are you grateful for?



What are the silver linings you have found?

Be the Dandelion





Dandelion Art Inspiration

Integrative Health Education for Life

- **Creating Wellbeing at Work**
- **Custom Training Programs**

Contact Us:

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Presenter: bromanski@muih.edu

Maryland University
of **Integrative Health**

PCE

Professional and
Continuing Education

Integrative Health
Education *for Life*



Question and Answer Session

Announcements

- ❖ Open enrollment has **been extended** for the Maryland Health Connection and **now closes 2/28/22** - Additional information is in the Appendix of this slide deck
- ❖ BHA and MedChi are hosting a Webinar Series, “Helping the Helpers and Those They Serve”
 - Next webinar is Thurs, 1/27 at 5PM titled, “*Empathy Fatigue During the Pandemic*”
 - Register [here](#)
- ❖ [Long COVID and Fatiguing Illness Recovery Program](#)
 - Monthly webinars, register [here](#)

Future Webinars

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:

- ❖ Wednesday, 2/2, 5:00 PM - 6:30 PM
 - Registration link [here](#)
- ❖ Wednesday, 2/9, 5:00 PM - 6:30 PM
 - Registration link [here](#)
- ❖ Wednesday, 2/23, 5:00 PM - 6:30 PM
 - Registration link [here](#)

CME

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*

Appendix

Vaccine Resources

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](#)

Outreaching to Patients

- ❖ Information and education
 - [Public Health Collaborative toolkit](#) for 5-11 Pfizer vaccines
 - [Public Health Collaborative toolkit](#) for COVID-19 boosters
 - [Public Health Collaborative messaging](#) for Omicron variant
- ❖ Communication resources
 - *New: Free Johns Hopkins University COVID Vaccine Ambassador Training
 - ✓ [Coursera link](#)
 - The National Hispanic Medical Association - [Vaccinate for All Toolkit](#) (available in [Spanish](#))
 - [Vaccine Communication & Outreach Strategies in Primary Care](#)

Stay “Up To Date” with Vaccines

- ❖ The CDC is now using the term “Up To Date” to indicate individuals that have obtained their primary COVID-19 vaccine series and any eligible booster doses
 - Examples of patients that are **up to date**:
 - 12+ patient has obtained doses 1 and 2 of Pfizer and a booster dose five months later
 - 18+ patient that is immunocompromised has obtained doses 1, 2, and 3 of Moderna and a booster dose five months later
 - Examples of patients that are **not up to date**:
 - 18+ patient has *only* obtained doses 1 and 2 of Moderna more than five months ago
- ❖ Definition of “fully vaccinated” indicates individuals that have completed the primary series

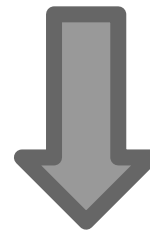
Pfizer 'Gray Cap'




- ❖ Beginning 12/23, a new Pfizer vaccine formulation will become available (Pfizer Tris-sucrose Adult Formulation)
- ❖ For all 12+ individuals
- ❖ Changes to ordering and handling:
 - They will have a gray cap
 - Will be available in smaller 300-dose configuration
 - Does not require diluent
 - May be stored at 2-8°C(36-46°F) for up to 10 weeks



Practices should use current remaining Pfizer inventory before ordering the Tris-Adult formulation

More on 'Gray Cap'



Description	Dilute Before Use	Do Not Dilute	Dilute Before Use
Age Group	12 years and older ^{1,2}	12 years and older ³	5 through 11 years ⁴ ("Age 5y to <12y" on vial label)
Vial Cap Color	Purple 	Gray 	Orange 
Dose	30 mcg	30 mcg	10 mcg
Dose Volume	0.3 mL	0.3 mL	0.2 mL
Amount of Diluent Needed per Vial*	1.8 mL	NO DILUTION	1.3 mL
Doses per Vial	6 doses per vial (after dilution)	6 doses per vial	10 doses per vial (after dilution)

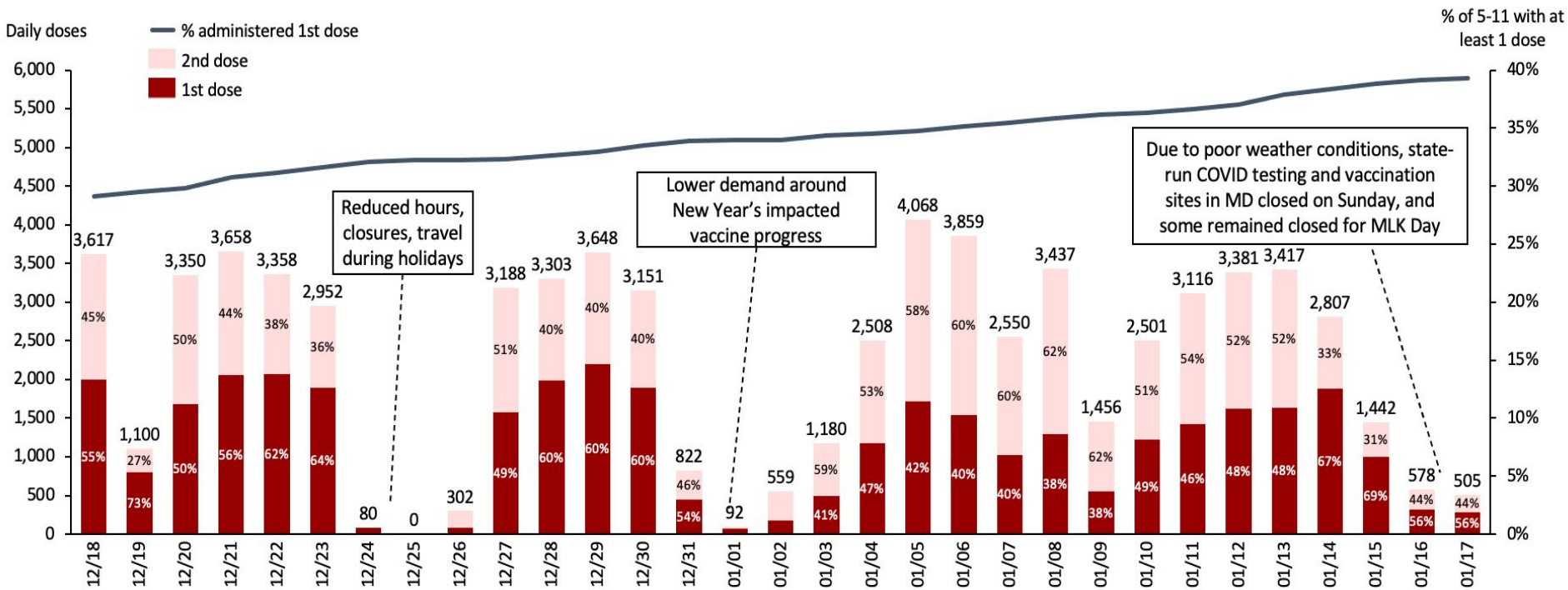
- ❖ [Pfizer Vaccine Formulation/Presentation Guide](#)
- ❖ Pfizer trainings are ongoing and additional information is in the announcements section of this slide deck

Heterologous Dosing - Mixing and Matching

- ❖ The CDC has now advised that booster doses can be a different vaccine type than the primary series
 - Ex: An individual that originally obtained Moderna for doses 1 and 2, can now obtain Moderna, Pfizer, or J&J for a booster if they are eligible for a booster dose
- ❖ All Moderna booster doses are a **half dose**, regardless of the individual's primary vaccine type

1st dose vaccinations for 5-11 populations are slowly increasing despite holiday related closures and poor weather conditions

Daily administration of 1st doses for 5 to 11 population



Therapeutics Information and Resources

Moderate to Severe Immunocompromise

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts $<200/\text{mm}^3$, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day when administered for ≥ 2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory
- Additional information on immunocompromised classifications can be found on the [CDC website here](#)

Monoclonal Treatment Eligibility

❖ 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

NIH Guidelines on Prioritization

Patient Level

- ❖ Treatment only now
 - No PEP with Sotrovimab
- ❖ Unvaccinated over vaccinated
- ❖ Other priorities to consider
 - Early in course
 - B cell abnormalities
 - Solid organ transplants
 - Severe underlying conditions

Tier	Risk Group
1	<ul style="list-style-type: none"> • Immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status (see Immunocompromising Conditions below); or • Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥ 75 years or anyone aged ≥ 65 years with additional risk factors).
2	<ul style="list-style-type: none"> • Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥ 65 years or anyone aged < 65 years with clinical risk factors)
3	<ul style="list-style-type: none"> • Vaccinated individuals at high risk of severe disease (anyone aged ≥ 75 years or anyone aged ≥ 65 years with clinical risk factors) <p>Note: Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.</p>
4	<ul style="list-style-type: none"> • Vaccinated individuals at risk of severe disease (anyone aged ≥ 65 years or anyone aged < 65 with clinical risk factors) <p>Note: Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.</p>

Patient Facing Resources

- ❖ Website
 - [Landing page](#)-- general page
 - [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

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). These 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.

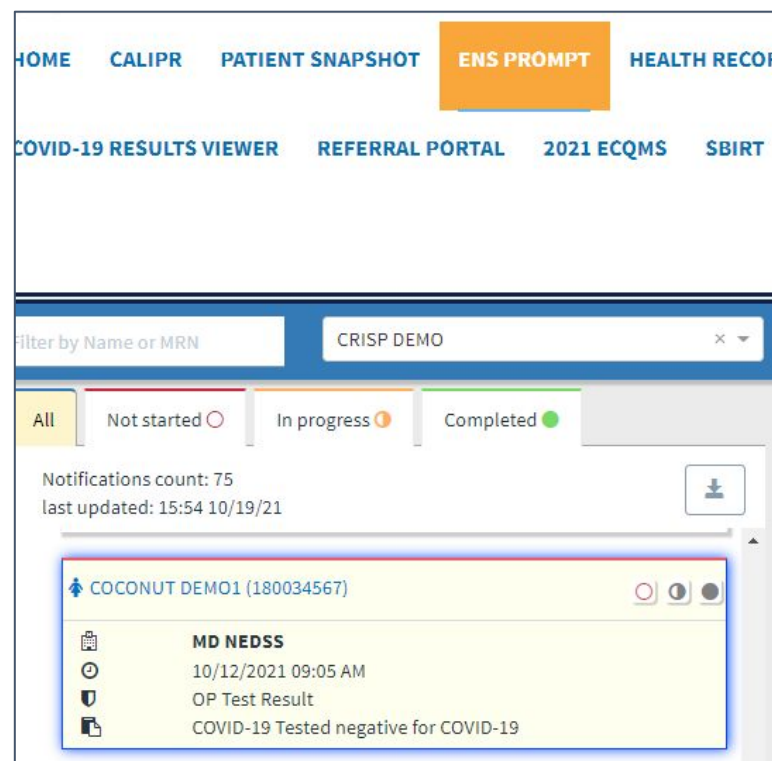
Determine Eligibility for Monoclonal Antibody Treatment for Patients	
Track 1 - Active COVID-19 Infection	Track 2 - Post-Exposure Prophylaxis
1. Is the patient 12 years of age or older weighing at least 88 pounds? If NO , STOP ; YES , proceed to number 2.	1. Is the patient 12 years of age or older weighing 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.	

¹ Sotrovimab is not authorized for post-exposure prophylactic administration and is only commercially available at this time.
² Close 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 (greeting 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/coronavirus/2019-nCoV/faq-close-contact.html>.
³ Individuals 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.html>.
⁴ For further information as what qualifies an individual as high risk please see slide 39 of the Monoclonal Antibody Clinical Implementation Guide available at: <https://www.dhs.gov/comptroller/office/COVID-19/implementation/MABImplementationGuideCOVID-19-042021.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](#)



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)

Paxlovid is **contraindicated** with **drugs that are highly dependent on CYP3A for clearance** and for which elevated concentrations are associated with serious and/or life-threatening reactions

- Alpha₁-adrenoreceptor antagonist: alfuzosin
- Analgesics: pethidine, piroxicam, propoxyphene
- Antianginal: ranolazine
- Antiarrhythmic: amiodarone, dronedarone, flecainide, propafenone, quinidine
- Anti-gout: colchicine
- Antipsychotics: lurasidone, pimozide, clozapine
- Ergot derivatives: Dihydroergotamine, ergotamine, methylergonovine
- HMG-CoA reductase inhibitors: lovastatin, simvastatin
- PDE5 inhibitor: sildenafil (Revatio) when used for pulmonary arterial hypertension (PAH)
- Sedative/hypnotics: triazolam, oral midazolam

Paxlovid is **contraindicated** with **drugs that are potent CYP3A inducers where significantly reduced nirmatrelvir or ritonavir plasma concentrations may be associated with the potential for loss of virologic response and possible resistance**. Paxlovid cannot be started immediately after discontinuation of any of the following medications due to the delayed offset of the recently discontinued CYP3A inducer

- Anticancer drugs: apalutamide
- Anticonvulsant: carbamazepine, phenobarbital, phenytoin
- Antimycobacterials: rifampin
- Herbal products: St. John's Wort

Evusheld Availability

- ❖ PCPs can contact one of the following hospitals that receives an allocation to determine if referrals are possible:

Adventist Healthcare Fort Washington Medical Center

Adventist Healthcare Takoma Park Campus

Adventist Shady Grove Medical Center

Adventist White Oak Medical Center

Atlantic General Hospital

CalvertHealth Medical Center

ChristianaCare Union

Franklin Square Hospital

Frederick Health Hospital

Garrett Regional Medical Center

139 Johns Hopkins Health System

Kaiser Permanente

Luminis Doctors Community Medical Center

Luminis Health Anne Arundel Medical Center

Mercy Medical Center

Meritus Medical Center

Sinai Hospital

Tidalhealth Peninsula Regional

UMMC

UPMC Western Maryland

National Institute of Health

Hatzalah of Baltimore

St Agnes Hospital

Adult or pediatric (age 12 and older and weight 40kg or greater) with mild to moderate COVID-19 & high risk for progression to severe disease

+

Is Patient:

- Hospitalized for COVID-19 **OR**
- Requiring O₂ **OR** an increase in baseline home O₂ due to COVID-19

No

Symptom onset within the past 5-7 days?

Yes

Does patient have severe renal impairment (eGFR <30mL/min) **OR** severe hepatic impairment (child-pugh class C)

Yes

Consider the following (symptoms within 10 days)¹:
sotrovimab 500 mg IV ([sotrovimab EUA](#))

No

Symptom onset within the past 10 days?

Yes

Treatment of symptoms, Management per NIH & CDC Guidelines

Yes

No

Consider one of the following therapeutics, if available^{1,2}:

Paxlovid within 5 days of symptom onset

eGFR 60 mL/min or greater: 300mg nirmatrelvir taken with 100mg ritonavir twice daily for 5 days

eGFR ≥30-≤60: 150mg nirmatrelvir taken together with 100mg ritonavir twice daily for 5 days; evaluate concomitant use of CYP3A inducers and medications with high dependency on CYP3A for clearance as these may be contraindicated per [Paxlovid EUA](#)

OR

sotrovimab 500 mg IV within **ASAP 10 days of symptom onset** ([sotrovimab EUA](#))

OR

Remdesivir 200mg IV x 1 dose on day 1, 100mg IV x1 on days 2-3 begun ASAP and within **7 days of symptom onset¹**

If none of the above therapeutics are available for patient treatment within 5 days of symptom onset and patient is **age 18 or greater**

No

Possibility of pregnancy, if applicable, is ruled out?

Yes

Consider molnupiravir

- Authorized only in patients ages 18 and older
- Within 5 days of symptom onset
- Molnupiravir 800mg by mouth every 12h for 5 days
- Prescribers must review and comply with the mandatory requirements outlined in [the molnupiravir EUA](#)

Limited use of bamlanivimab/etesevimab and REGEN-COV as they are not expected to be active against the Omicron variant¹

¹Refer to the [NIH COVID-19 Treatment Guidelines Panel's Statement on the Use of Anti-SARS-CoV-2 Monoclonal Antibodies or Remdesivir for the Treatment of Covid-19 in Nonhospitalized patients when Omicron is the Predominant Circulating Variant](#); Remdesivir is only approved for hospitalized individuals with COVID-19. Outpatient treatment is based on information from the literature ([Dec 22, 2021 Early Remdesivir to Prevent Progression to Severe Covid-19 in Outpatients](#); DOI: 10.1056/NEJMoa2116846)

² COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies is authorized for the treatment of COVID-19 in patients with immunosuppressive disease in either the outpatient or inpatient setting ([COVID-19 Convalescent Plasma EUA](#))

Testing

Point-of-Care Test Reimbursement

- ❖ Point-of-care tests are available for reimbursement
- ❖ Further guidance and information can be found in the MDH COVID-19 Reimbursable Laboratory Codes Fee Schedule document [here](#)
 - This document includes laboratory codes, as well as specimen collection fee information

Refer for Testing

- ❖ Use [this toolkit](#) to guide testing protocols and communication
- ❖ Consider PCR testing for asymptomatic patients
 - Review [this webinar](#) (beginning at 51:00) for PCR testing options
- ❖ Refer patients for testing at [one of these sites](#)

New CDC Quarantine and Isolation Guidelines

New CDC Quarantine and Isolation Guidelines

If You Test Positive for COVID-19 (Isolation)

Everyone, regardless of vaccination status:

- Stay home for 5 days
- If asymptomatic after 5 days, you can leave your house
- Continue to wear a mask around others for 5 additional days
- You may test at day 5 and without symptoms:
 - If positive, continue to isolate to day 10
 - If negative, end isolation and continue to wear a mask around others until day 10

If you have a fever or other symptoms, continue to stay home until symptoms resolve

(Quarantine guidelines on next slide)



New CDC Quarantine and Isolation Guidelines

If You Were Exposed to Someone with COVID-19 (Quarantine)

If you are unvaccinated or overdue for a booster:

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you can't quarantine you must wear a mask for 10 days.
- Test on day 5 if possible.

If you develop symptoms, get a test and stay home.

If you are vaccinated and boosted:

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

If you develop symptoms, get a test and stay home

Quarantine in High-Risk Congregate Settings

High-Risk Congregate Settings:

Everyone, regardless of vaccination status:

- High-risk congregate settings that have a high risk of secondary transmission
 - Examples: Correctional facilities, detention centers, homeless shelters, and cruise ships
- Residents quarantine for 10 days regardless of vaccination and booster status
- [CDC setting-specific guidance](#)

Maryland's Official Health Insurance Marketplace: Open Enrollment Information

What's New with Maryland Health Connection

November 2021



Maryland's Official Health Insurance Marketplace

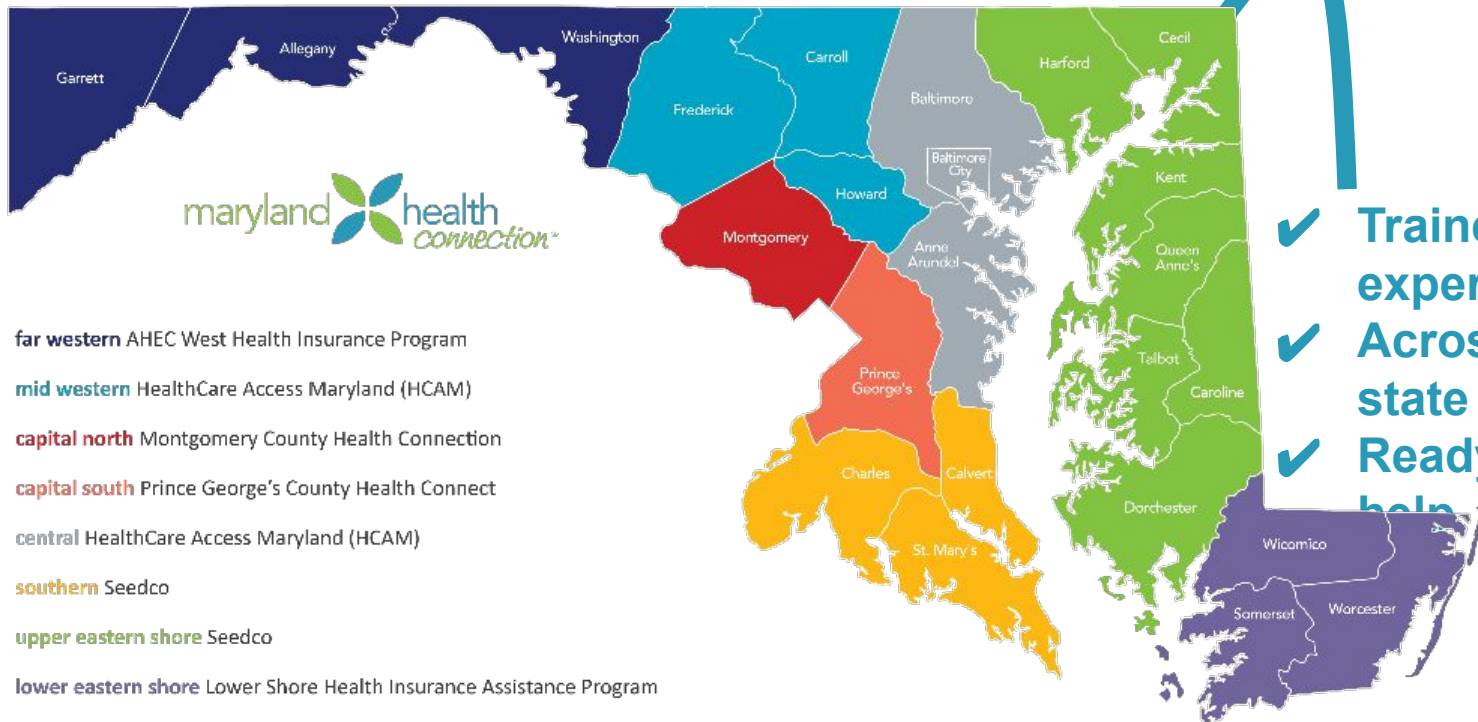
Open Enrollment
November 1, 2021

—
January 15, 2022,
to be covered for
2022



www.MarylandHealthConnection.gov
www.MarylandHealthConnection.gov/es

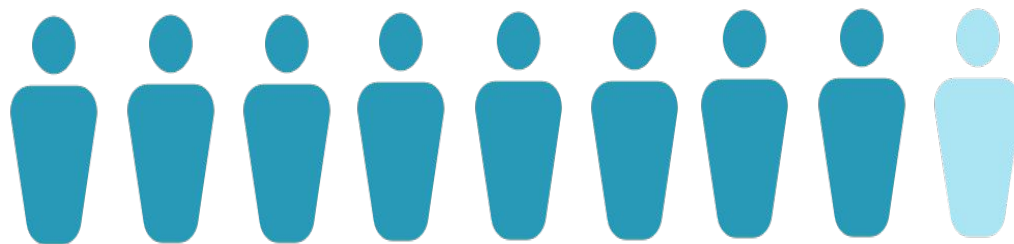
Where to Find Help



- ✓ Trained experts
- ✓ Across the state
- ✓ Ready to help

The Only Place to Get Financial Help

Maryland Health Connection is the only place Marylanders can get financial help to pay for their health plan. In fact, **9 out of 10 who enroll get savings.**



More Savings for More Marylanders

Did you know the **American Rescue Plan** includes big savings for health insurance?

- For the **uninsured**, it's worth checking out the 2022 health plan options – there are now new, bigger savings.
- If someone **didn't qualify for savings before** they should take another look because, for the first time, there are savings available for Marylanders with higher incomes.

Did you know Maryland has **new discounts for young adults** ages 19-34? They're new for 2022 health plans!



TheSocialPressKit.com/MarylandConnect

Visit our **Social Press Kit** for ready-to-post graphics to share on your social media channels, messaging to share with your community, and more.

Variety of messages and languages

CAMPAIGN
Enrollment for Health Coverage

DESCRIPTION
Use this toolkit to promote enrollment. Click to share messages quickly on social media, or download and adapt as you see fit. Don't forget to follow us @MarylandConnect and tag us in your posts!

HASHTAGS
#GetCoveredMD

Open Enrollment Period - English Coronavirus Special Enrollment Period - English and Spanish

COVID-19 Public Health Resources - English and Spanish Other Special Enrollment Period - English and Spanish

FACEBOOK POSTS

Coronavirus PSA - English
In response to the coronavirus emergency, Marylanders can now enroll in quality, affordable health plans through @MarylandConnect. Don't wait! Learn more at MarylandHealthConnection.gov/coronavirus-sep/ #GetCoveredMD

Coronavirus SEP 1
In response to the coronavirus emergency, Marylanders can now enroll in quality, affordable health plans through @MarylandConnect. Don't wait! Learn more at MarylandHealthConnection.gov/coronavirus-sep/ #GetCoveredMD

Coronavirus SEP 2
A special enrollment is available NOW! In response to the coronavirus emergency, you can sign up for health coverage through @MarylandConnect, the state's official health insurance marketplace. Visit MarylandHealthConnection.gov, the "Enroll MHC" mobile app, or call 1-855-642-8572

Easy to post videos and graphics Already written text (you can adapt)

Enrollment ends
January 15.

#GetCoveredMD



@MarylandConnec
t

General Resources and Links

Available and Free PPE

- ❖ MDH has free and available PPE
 - Supplies that are available include KN95 masks and N95 masks
- ❖ To request free PPE, fill out pages 3-4 of this [PPE request form](#) and submit the information to your local Health Department contact listed on pages 1-2

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 video chat 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/>)

Articles

- ❖ [“Effectiveness of Mask Wearing to Control Community Spread of SARS-CoV-2”](#)
- ❖ [“COVID-19 Vaccines vs Variants—Determining How Much Immunity Is Enough”](#)
- ❖ [“SARS-CoV-2–Specific Antibodies in Breast Milk After COVID-19 Vaccination of Breastfeeding Women”](#)
- ❖ [“Maternal and Neonatal Morbidity and Mortality Among Pregnant Women With and Without COVID-19 Infection: The INTERCOVID Multinational Cohort Study”](#)
- ❖ [“Assessment of SARS-CoV-2 Reinfection 1 Year After Primary Infection in a Population in Lombardy, Italy”](#)
- ❖ [“Sequelae in Adults at 6 Months After COVID-19 Infection”](#)
- ❖ [“How COVID-19 Affects the Brain”](#)