Covid-19 Update:
Vaccines, Testing, and Therapeutics and a New variant

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

15 December 2021

WINTER
IS
COMING

with new variants

Agenda

❖ Current Pandemic data

❖ Vaccine Updates

❖ Boosters and Pediatric vaccines

❖ Covid Therapeutics

❖ Testing and the role of PCPs in oral antiviral therapeutics

❖ Long Covid

❖ Omicron

❖ End game for the pandemic

❖ Special Guest: Sarah Frazell - Dealing with Compassion Fatigue and Burnout

Current Pandemic Data

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Daily COVID-19 Report

592,679	**15,198,334**	**22.2**	**7,589**	**11,022**
cases cumulative	tests cumulative	7-day avg. case rate	total hospital census	deaths cumulative

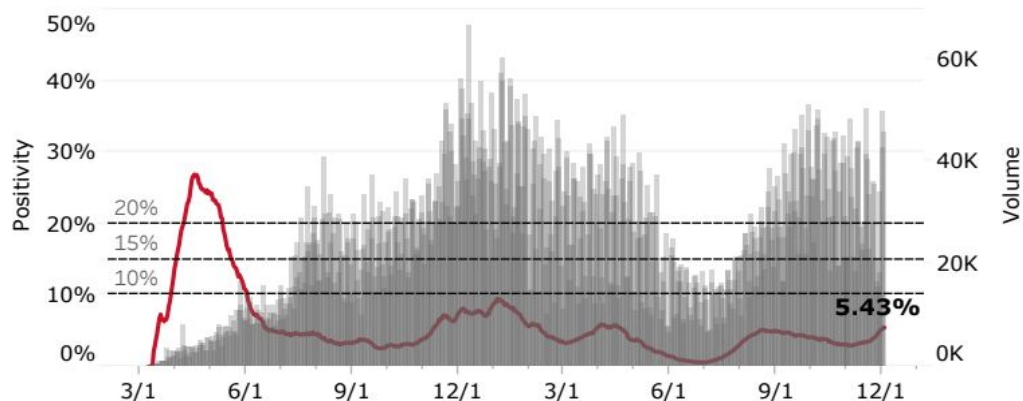| **1,866**	**45,443**	**5.43%**	**35**	**15**
cases reported yesterday	tests reported yesterday	7-day avg. positivity	change in total hospital census	deaths reported yesterday

7-Day Avg. Percent Positivity and Total Testing Volume
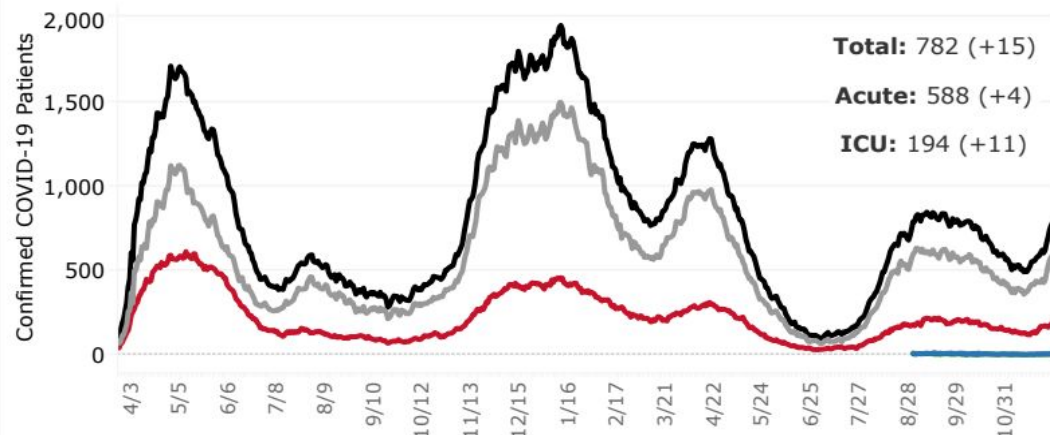*Since 3/1/20*

Daily New Cases
by Specimen Collection Date

Statewide Acute/ICU Beds Occupied by COVID Patients

Total: 782 (+15)

Acute: 588 (+4)

ICU: 194 (+11)

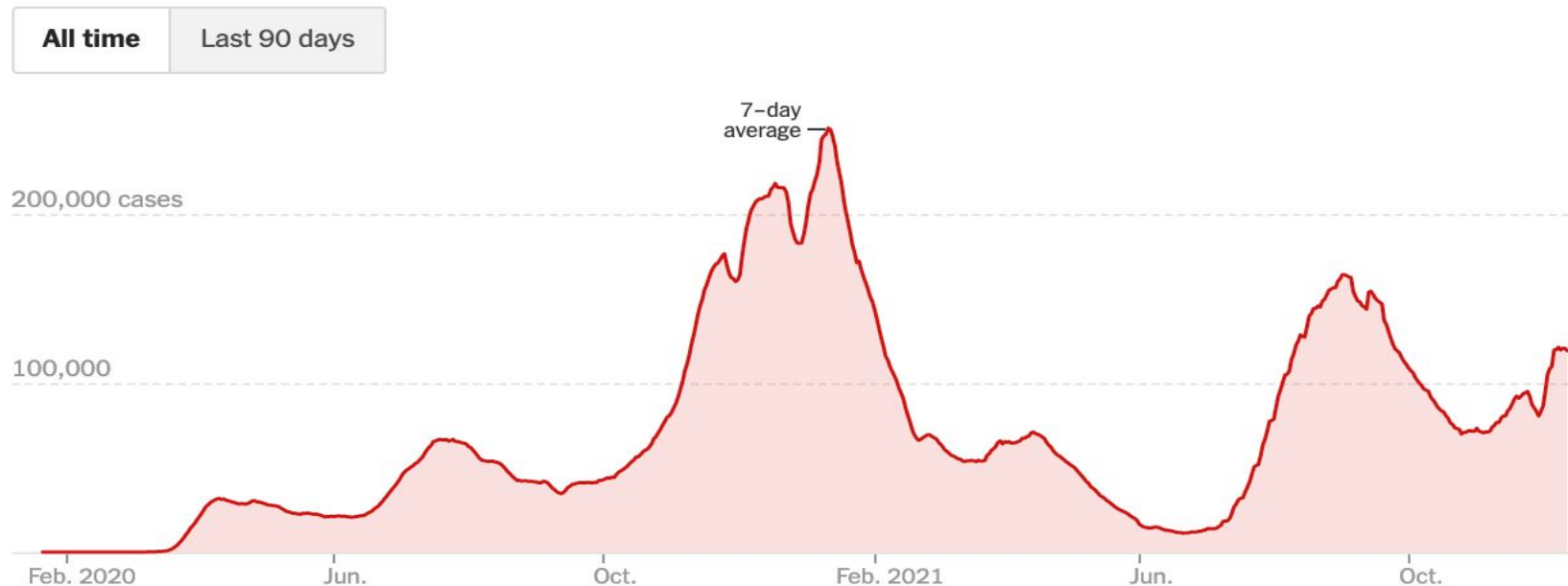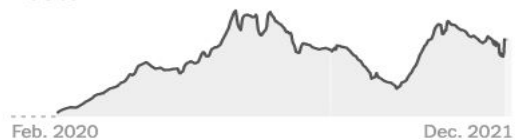## Daily Deaths
Confirmed and Probable
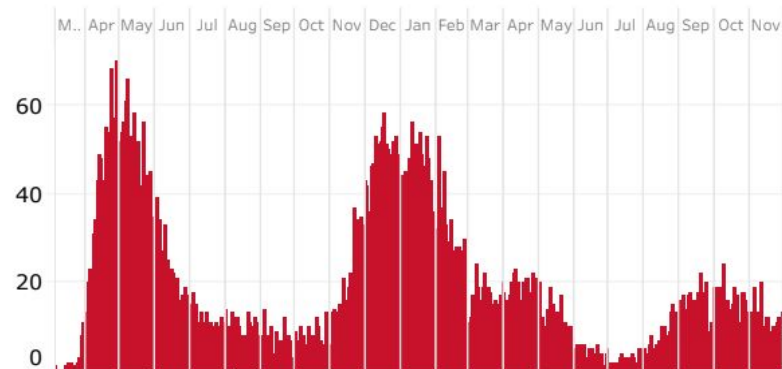
Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

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Overview of Current Pandemic Trends in the United States

New reported cases

| **All time** | Last 90 days |

7–day average

200,000 cases

100,000

Feb. 2020   Jun.   Oct.   Feb. 2021   Jun.   Oct.

Tests

Feb. 2020   Dec. 2021

Hospitalized

Feb. 2020   Dec. 2021

Deaths

Feb. 2020   Dec. 2021
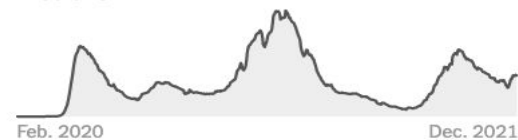
	DAILY AVG. ON DEC. 12	14-DAY CHANGE	TOTAL REPORTED
Cases	119,301	+43%	49,881,563
Tests	1,388,061	+2%	—
Hospitalized	65,962	+23%	—
Deaths	1,298	+32%	795,922

Data Updated 12/13/2021

US Community Transmission

Community Transmission in the United States,
November 21 – November 27
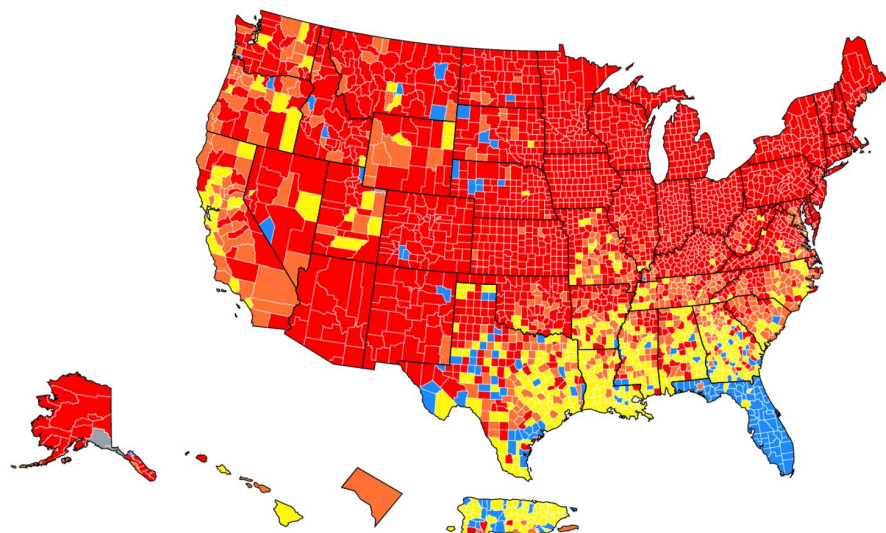
Community Transmission in the United States,
December 5 – December 11
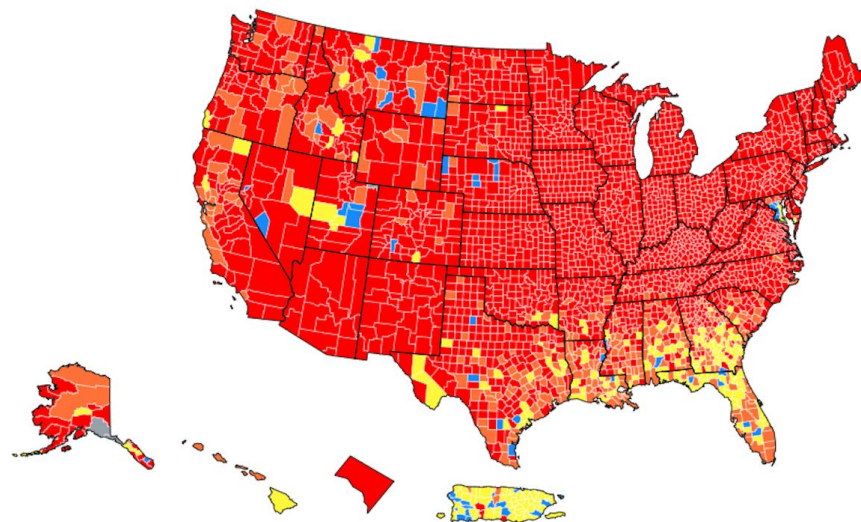
Community Transmission in US by County

		Total	Percent	% Change
🟥	High	2576	79.95%	0.96%
🟧	Substantial	364	11.3%	0.78%
🟨	Moderate	227	7.05%	-1.4%
🟦	Low	51	1.58%	-0.28%

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Looking Back to 2020 - Hospitalization

Trends in COVID-19 Adverse Events

We are at 1,100 and rising currently

— # of COVID-19 Hospitalizations   — ICU Bed Usage of COVID-19 Patients
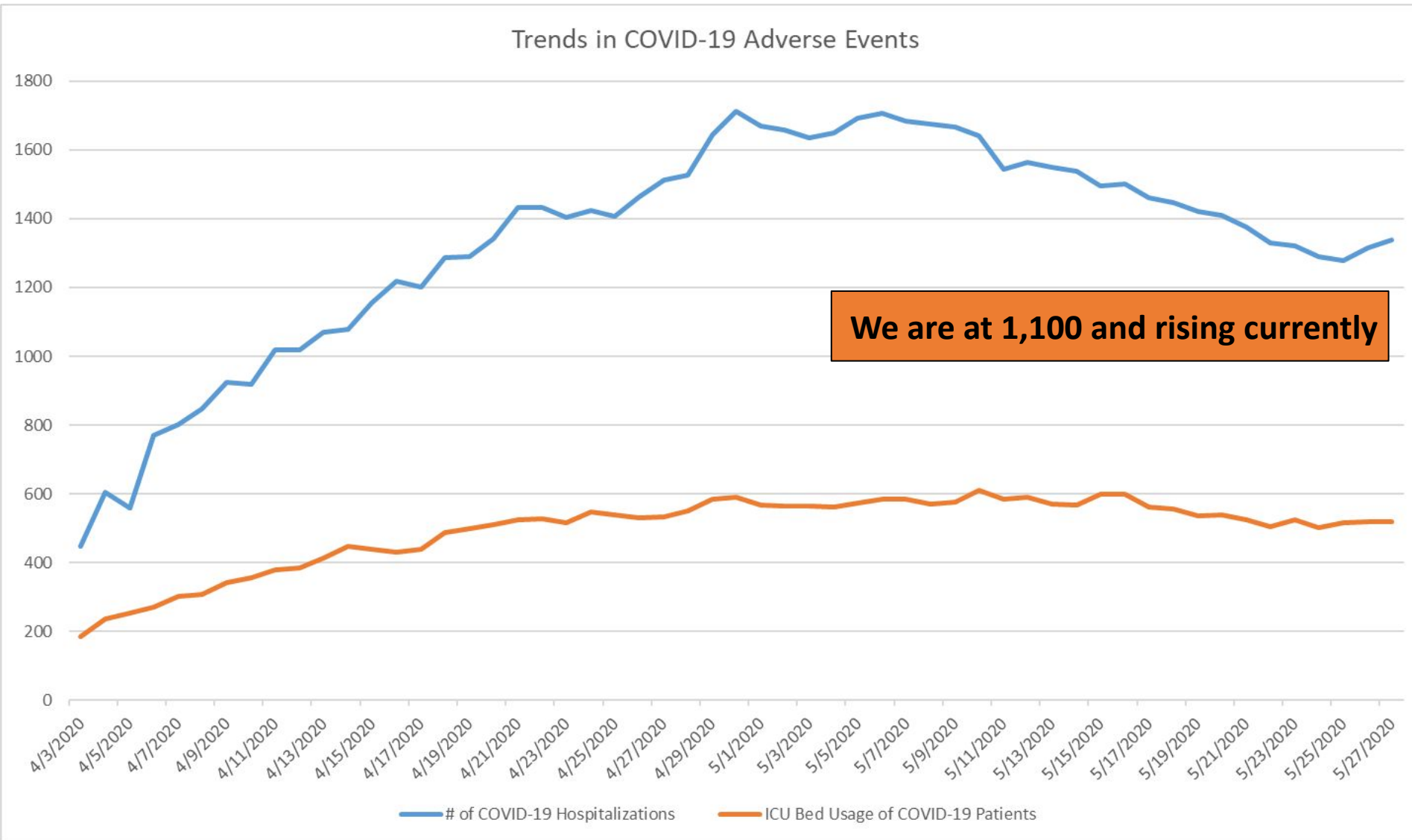
Current Covid Hospitalizations

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

— **Pediatric ICU Beds**   — **Pediatric Acute Beds**   — **Adult ICU Beds**
— **Adult Acute Beds**   — **Total Beds**

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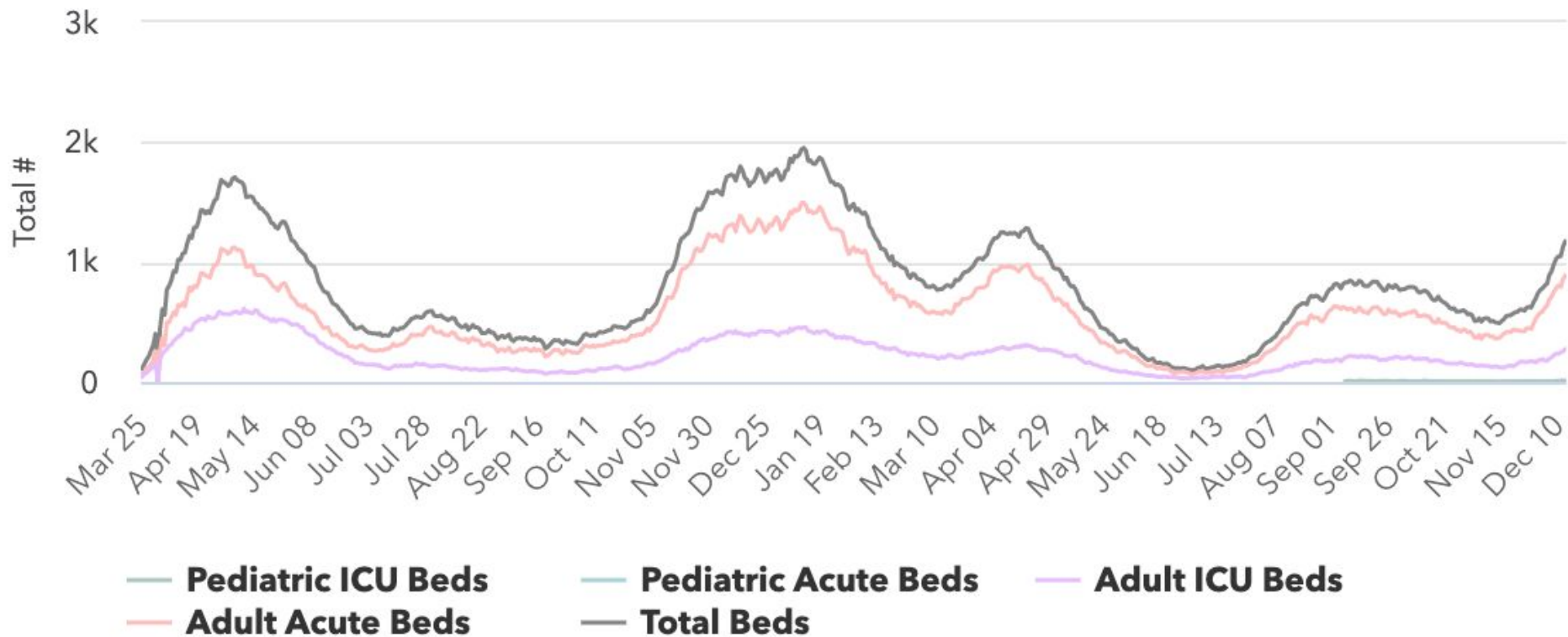
Looking Back to 2020 - Deaths

Currently 10 or less per day
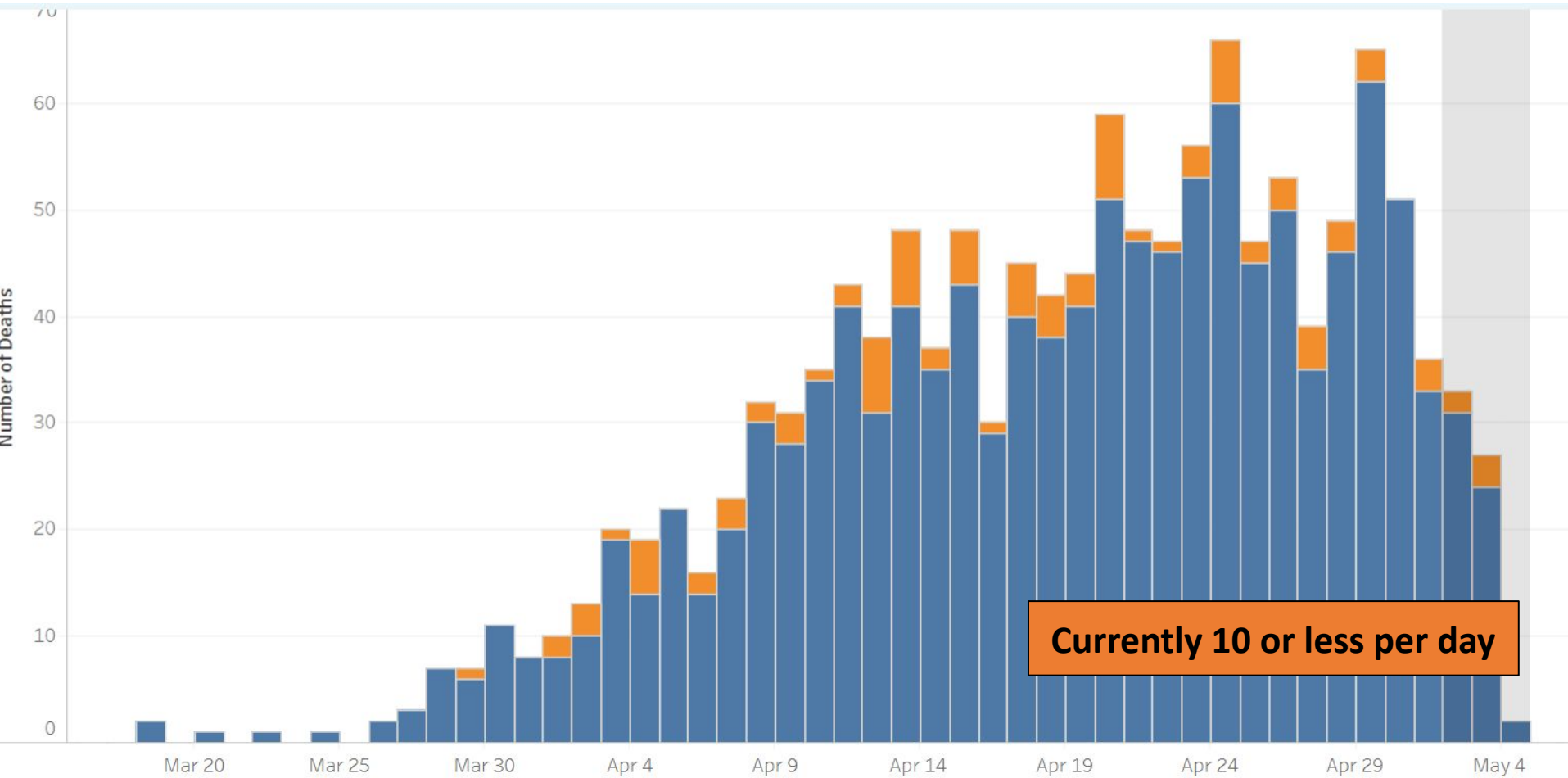
Current Covid Deaths

Confirmed and Probable Deaths, Totals by Date of Death

Updated: 12/3/2021
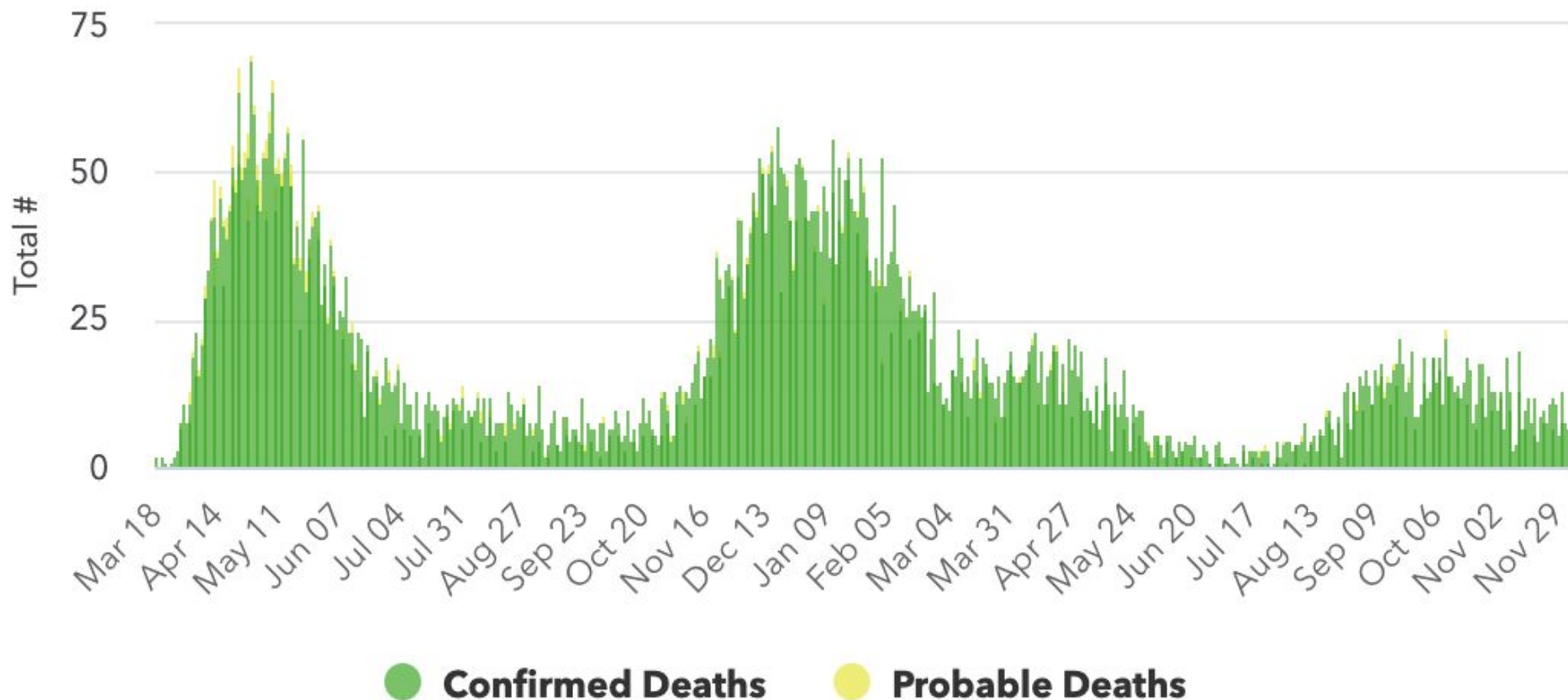
Governor Hogan's Action Plan

❖ [Press release](#) regarding state response to the rise in COVID-19 hospitalizations

❖ Actions:

➢ Close coordination with Maryland hospitals

➢ State establishes Surge Operation Center (SOC)

➢ Statewide COVID-19 hospitalization thresholds for actions

➢ Directing hospitals to immediately submit pandemic plans

➢ Expediting healthcare staffing needs

➢ Urging vaccinations, **both initial series and boosters**

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Source: [Governor's Press Release](#)

Vaccine Updates

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Primary Care and Vaccines

Cumulative Doses Administered
292,971

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

❖ 90.2% of Marylanders 18+ have received at least one vaccine dose

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

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Data Updated 12/1/2021

Primary Care and Vaccines
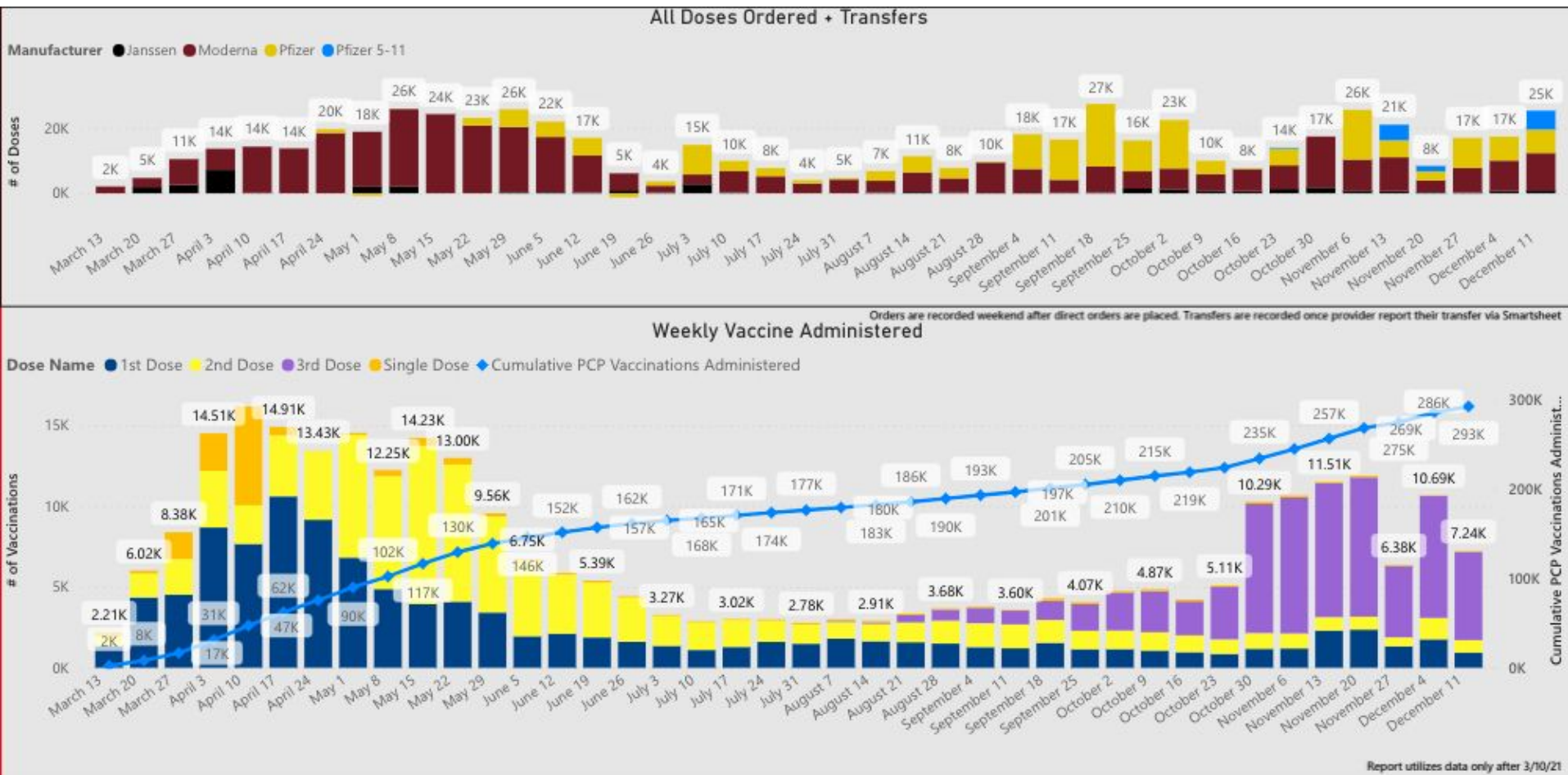
Booster administrations in primary care are *decreasing*…

Maryland Primary Care Administered Vaccine Type Breakdown
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Report Date: 12/14/2021 5:10:52 AM
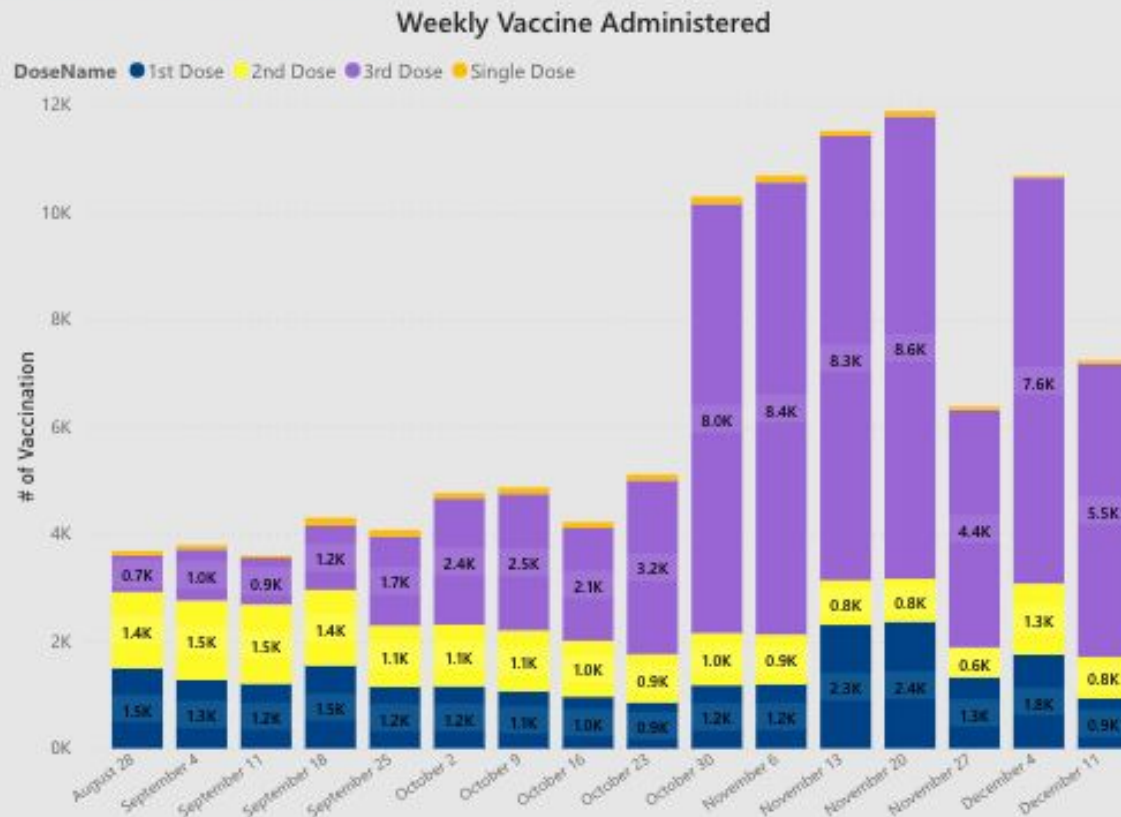
Administered Vaccine Type Breakdown

Week	1st Dose	2nd Dose	3rd Dose	Single Dose	Total
December 11	936	771	5,470	58	7,235
December 4	1,751	1,323	7,564	40	10,678
November 27	1,327	557	4,427	66	6,377
November 20	2,363	801	8,620	99	11,883
November 13	2,304	831	8,290	87	11,512
November 6	1,198	927	8,427	126	10,678
October 30	1,180	971	8,003	132	10,286
October 23	858	899	3,243	109	5,109
October 16	966	1,043	2,101	111	4,221
October 9	1,068	1,133	2,546	119	4,866
October 2	1,159	1,149	2,355	100	4,763
September 25	1,152	1,141	1,663	117	4,073
September 18	1,546	1,411	1,199	145	4,301
September 11	1,208	1,476	868	47	3,599
September 4	1,278	1,480	957	78	3,793
August 28	1,499	1,419	684	81	3,683
Total	**110,759**	**99,925**	**67,056**	**15,214**	**292,954**

Report utilizes data only after 2/10/21

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

Practices

1. M Rita Ghosh MD, PC - **96.90%**
2. Dr. Luis A. Casas, M.D. - **95.42%**
3. Holy Cross Health, Inc. (Russell Ave) - **94.89%**
4. Doctors Saba, Koltz and Walters - **94.55%**
5. Charlestown Medical Center - **94.53%**

CTOs

1. Holy Cross Health, Inc.- **92.44%**
2. PHS Doctors CTO - **89.08%**
3. Greater Baltimore Health Alliance Physicians, LLC - **88.07%**
4. Ascension Saint Agnes Community Health Partners - **87.79%**
5. University of Maryland Care Transformation Organization, LLC - **86.92%**

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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. Huma Shakil, M.D., PA - **12.68%**
2. WMHS Primary Care Center - **9.84%**
3. WMHS Primary Care (Cumberland) - **9.09%**
4. Shiv C. Khanna, M.D., PA - **6.97%**
5. WMHS Primary Care Center (Lavale) - **5.37%**

CTOs

1. Western Maryland Physician Network, LLC - **9.24%**
2. Aledade Accountable Care 30, LLC - **0.46%**
3. Peninsula Regional Clinically Integrated Network - **0.28%**
4. Meritus Health ACO, LLC - **0.22%**
5. Management Solutions, LLC - **0.20%**

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Note: percentages represent percent increase of MDPCP beneficiaries fully vaccinated

Boosters and Pediatric Vaccines

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Boosters

WHO IS ELIGIBLE FOR A BOOSTER?

Marylanders ages 16-17 are eligible for the Pfizer booster only. Marylanders 18 and older may choose which vaccine they want for a booster, even if it is different from the original vaccine received.

What did you get?	When can you get a booster?	Who is eligible for a booster?
Pfizer	6 months after 2nd dose	16 years and older
Moderna	6 months after 2nd dose	18 years and older
Johnson & Johnson	2 months after single dose	18 years and older

Call 855-MDGOVAX or visit covidvax.maryland.gov to schedule your booster appointment.

BOOSTER SHOT COVID-19

GoVAX | Let's end COVID, Maryland. | Maryland DEPARTMENT OF HEALTH

❖ [COVID-19 Vaccine Booster Guide for PCPs](#)

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Source: [CDC](#)

How long does vaccine immunity last?

❖ In general
➢ Highly variable among individuals
■ Age
■ Underlying conditions
■ Genetics
❖ J and J
➢ 2 months initial
❖ Pfizer
➢ 6 months
❖ Moderna
➢ 6 months
❖ After boosters
➢ Unknown

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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

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5-11 Yr Old Pediatric Pfizer Vaccine

❖ Two dose regimen, dose 2 can be administered 21 days after dose 1
❖ Different product from 12+
❖ Will require reconstitution
❖ Allocation
  ➢ Current: State-based allocation
  ➢ Future: Direct ordering
  ➢ Providers will need to manage 2nd dose appointments through supply provided; **no separate allocation for 2nd doses**
❖ MDH Toolkit for 5-11 Pediatric Pfizer Vaccine
 ➢ Password: 5+Vaccine

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Pediatric Vaccines

❖ In Maryland, as of 12/14:

➤ **27.6% of 5-11 year olds** have received at least 1 dose

➤ **76.9% of 12-17 year olds** have received at least 1 dose

❖ Nationally, as of 12/14:

➤ *18% of 5-11 year olds* have received at least 1 dose

➤ *61% of 12-17 year olds* have received at least 1 dose

❖ *Doses have been administered in all 24 jurisdictions across Maryland*

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Source: AAP

5-11 Vaccine Administrations by Provider Type
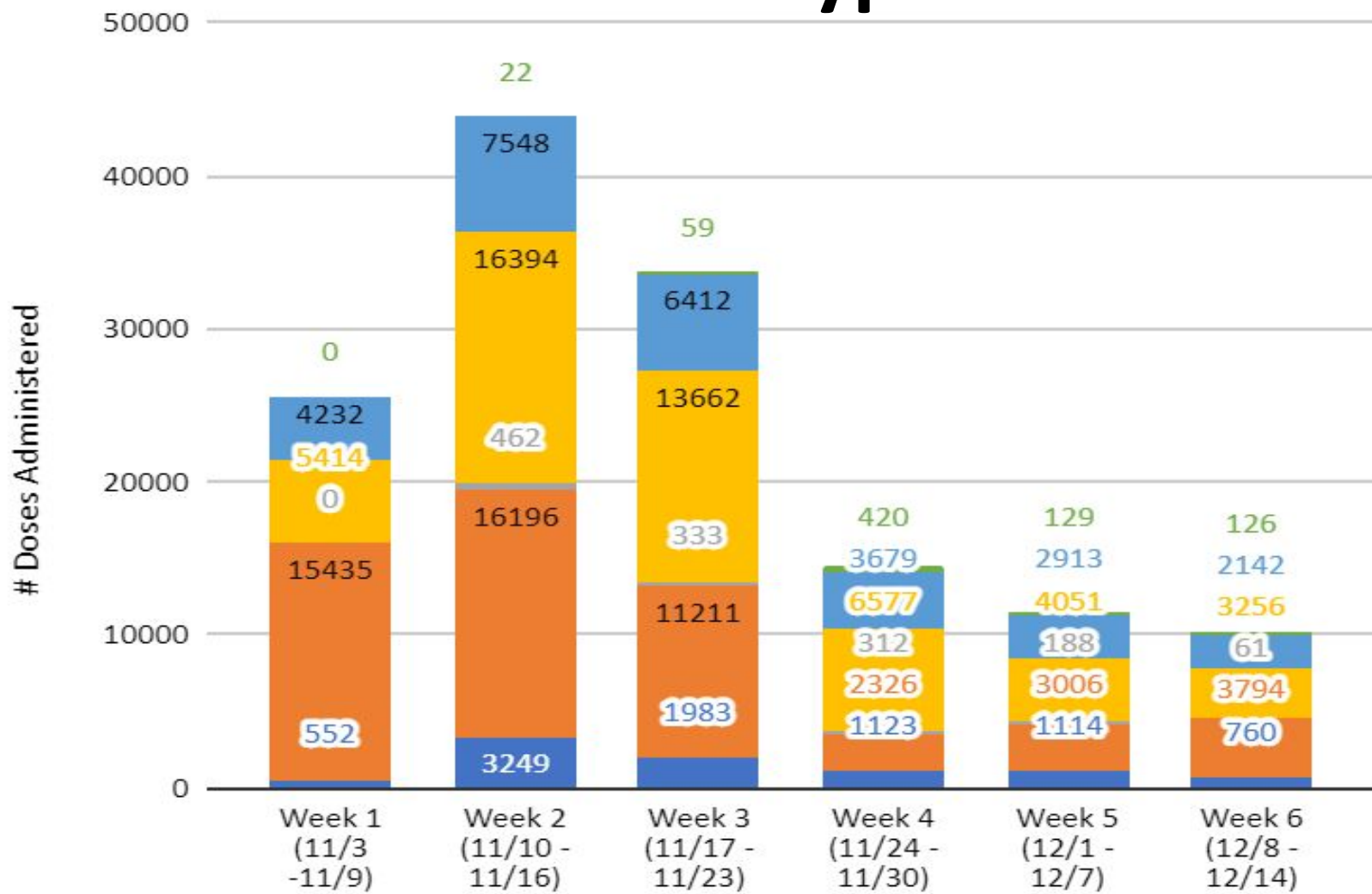
5-11 Pfizer Ordering

❖ Until further notice, 5-11 vaccine requests will be collected from providers in a weekly allocation survey

➢ Sent to providers in ImmuNet (VFC and non-VFC)

➢ Minimum of 100 dose requests

❖ Next allocation timeline

➢ Allocation survey will be sent out Fri, Dec 17

✔ Due Tues, Dec 21 at 4PM EST

Additional information in appendix

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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**

Source: FDA Fact Sheet

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

Holiday Vaccine Ordering

❖ Holiday ordering will be limited

➢ Ordering in ImmuNet will be available on Thurs, 12/23

■ No deliveries between Thurs, 12/23 - Mon, 12/27

■ **Orders placed on 12/23 will be delivered Tues, 12/28 and Wed, 12/29**

➢ Ordering in ImmuNet will be available on Thurs, 12/30

■ No deliveries between Thurs, 12/30 - Tues, 1/4

■ **Orders placed on 12/30 will be delivered Wed, 1/5**

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Covid Therapeutics

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Covid Therapeutics

Timing is critical → ***the sooner the better***

❖ Monoclonal Antibodies
  ➢ IV infusion or Subq injection
  ➢ Treatment
  ➢ Post Exposure Prophylaxis

❖ Oral Antivirals- very soon
  ➢ Treatment

❖ Long acting IM Prophylaxis - Evusheld (AstraZeneca)
  ➢ Prophylaxis for immunocompromised

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Monoclonal Treatment - Expanded Age Eligibility (Lilly)

❖ **Who Qualifies for Treatment?**

➢ **mAb treatment is for all ages 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

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Monoclonal Antibody Treatment: Post-Exposure Prophylaxis

❖ Who is eligible for post-exposure prophylaxis?

➢ Individuals with significant medical condition(s) who have no Covid-19 symptoms, but have been exposed in the past four days to a known or suspected case of COVID-19 and are in one of the following categories:

   ■ Are not fully vaccinated

   ■ Are vaccinated but not expected to have an adequate immune response to the vaccine

   ■ Are in a congregate living situation such as a nursing home or prison

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Source: FDA

Nov 24, 2021

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Monoclonal Antibody Summary
Summary
Reporting Period: 11/9/2020 - 11/21/2021

Data as of: 11/21/2021

mAbs Infusions Overview

Total mAbs Infusions	Total mAbs Inventory
22,425	7,062
▲ Change Last Week	▼ Change Last Week
+1043	-69

Statewide Impact

Cumulative Hospitalizations Avoided	1,053
▲ Change Last Week	+49
Cumulative Fatalities Avoided	431
▲ Change Last Week	+20
Cumulative mAbs Allocation Utilization Rate	78%
▲ Change Last Week	+4%
% Eligible Infused (a)	60%
▲ Change Last Week	+1%
% Eligible and Symptomatic Infused (a)	100%
▲ Change Last Week	+2%
Cumulative PEP Infusions (b)	431
▲ Change Last Week	+71
Cumulative mAbs Allocation	28,864
Number of mAbs Locations	39

Figure 1. mAbs Infusions by Week
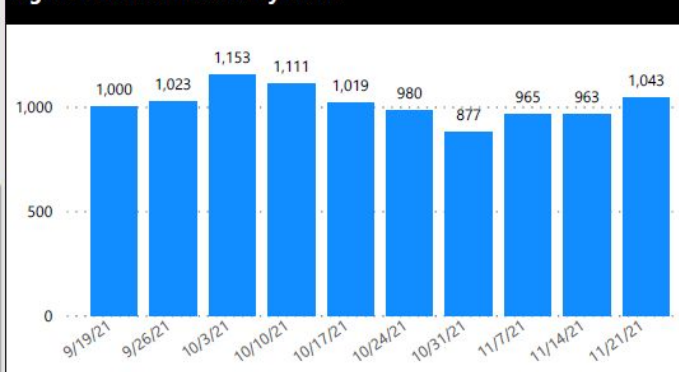
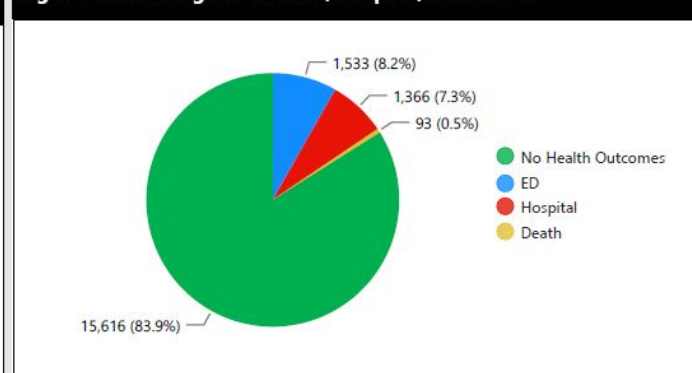**Figure 2. Percentage of Total ED, Hospital, and Death (c)**

- 1,533 (8.2%)
- 1,366 (7.3%)
- 93 (0.5%)
- 15,616 (83.9%)

Legend: No Health Outcomes, ED, Hospital, Death

Figure 3. mAbs Infusion Sites in Maryland by Site Type and Region

- Hospital System (34)
- Community (5)
- Pharmacy Hubs ()

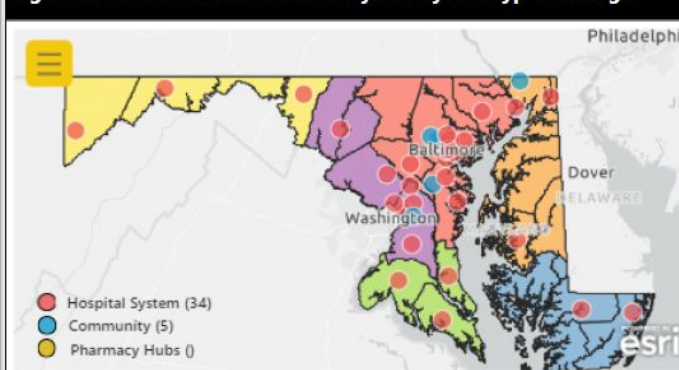**Figure 4. Cumulative Hospitalizations and Fatalities Avoided by Week**

Cumulative Hospitalizations Avoided · Cumulative Fatalities Avoided

(a) Total eligible does not include those eligible for Post-Exposure Prophylaxis (PEP). The percentage here is inflated due to infusions for PEP. These will be reported separately in future reports.
(b) Post-Exposure Prophylaxis (PEP) infusion is mAbs infusion ASAP after known or suspected COVID-19 exposure.
(c) The health outcome data source is obtained from CRISP and does not include those reporting manually to MDH via PROPS.

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NIH Guidelines on Prioritization

❖ Treatment over PEP

❖ Unvaccinated over vaccinated

❖ Other priorities to consider

➢ Early in course

➢ B cell abnormalities

➢ Solid organ transplants

➢ Severe underlying conditions

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Source: NIH

Antiviral Treatment: Molnupiravir

❖ Molnupiravir - Merck and Ridgeback Biotherapeutics' oral antiviral treatment

➢ Phase 3 trial indicates a reduction in risk of hospitalization or death by around 30% in high risk unvaccinated Covid patients

❖ Initial study data

➢ 6.8% of patients treated were hospitalized within 29 days

➢ 9.7% of placebo patients were hospitalized or died by day 29

➢ 1 deaths among treated patients and 9 deaths among placebo patients by day 29

❖ Current status and next steps

➢ FDA AMDAC endorsed an EUA for Molnupiravir on 11/30

➢ The FDA will review AMDAC's endorsement and provide an authorization *soon*

➢ The CDC will provide a final recommendation

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Antiviral Treatment: Paxlovid

❖ Paxlovid - Pfizer oral antiviral treatment

❖ Initial study data

➢ Paxlovid appears to cut the risk of hospitalization and death by 89%

➢ 0.8% of patients treated were hospitalized within 28 days

➢ 7.0% of placebo patients were hospitalized or died within 28 days

❖ Plans for next steps

➢ Pfizer has submitted data to the FDA to consider an EUA for Paxlovid

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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 to all
  ➢ IM dosing at 6 month intervals
❖ Allocation
  ➢ Available week of 20 December
  ➢ Allocation directly to hospital partners
    ■ 888 total doses for next 2 weeks
    ■ Very limited supply
  ➢ Referral through heme/on or other
❖ Clinician letter with contact information

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Source: [FDA](#), [FDA Fact Sheet](#)

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 $<200/mm^3$, 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

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Testing and the Role of PCPs in Oral Antiviral Therapeutics

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Point-of-Care Testing

❖ PCPs will be essential to the rollout of new oral antiviral therapies

➢ Eligible patients need to be diagnosed within 5 days of the onset of symptoms

❖ Providers will be able to send Rx for antivirals to selected pharmacy partners

Key to early diagnosis: Point-of-Care Testing

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Ordering Point-of-Care Tests

❖ Available point-of-care tests can be ordered using this [order form link](#)

❖ Please note, deliveries of point-of-care tests may take up to **two weeks** after the orders are placed by MDH.

Call to Action: Prepare your practice by [requesting point-of-care tests](#) ***before you run out*** and be ready to conduct prerequisite tests for all eligible patients

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Long Covid

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Long Covid

❖ Three main categories of Long Covid
  ➢ Severe Long Covid
    ■ Increased time in hospital, severe adverse effects
    ■ Multiorgan effects
    ■ Increased potential for autoimmune conditions
  ➢ Extended Recovery Long Covid
    ■ Longer time to recovery
    ■ Ongoing symptoms particularly lethargy
  ➢ Mysterious Long Covid
❖ Resources
  ➢ CDC Caring for People with Post-COVID Conditions

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Source: CDC, JAMA

Flu Season Is Here

❖ Flu vaccines recommended for all individuals that are 6 months old and older

❖ [Patients who visit medical offices](#) after patients with influenza-like illnesses are more likely to show signs of influenza-like illness within the following two weeks than non-exposed patients

❖ CDC FAQs for the 2021 – 2022 season are [here](#)

> ***Reminder***: Annual influenza vaccinations can be [co-administered with the COVID-19 vaccine](#), including initial injections and booster doses

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Omicron Variant

Omicron in the U.S.

12/1: First case in U.S. reported

Legend

○ No   ● Yes
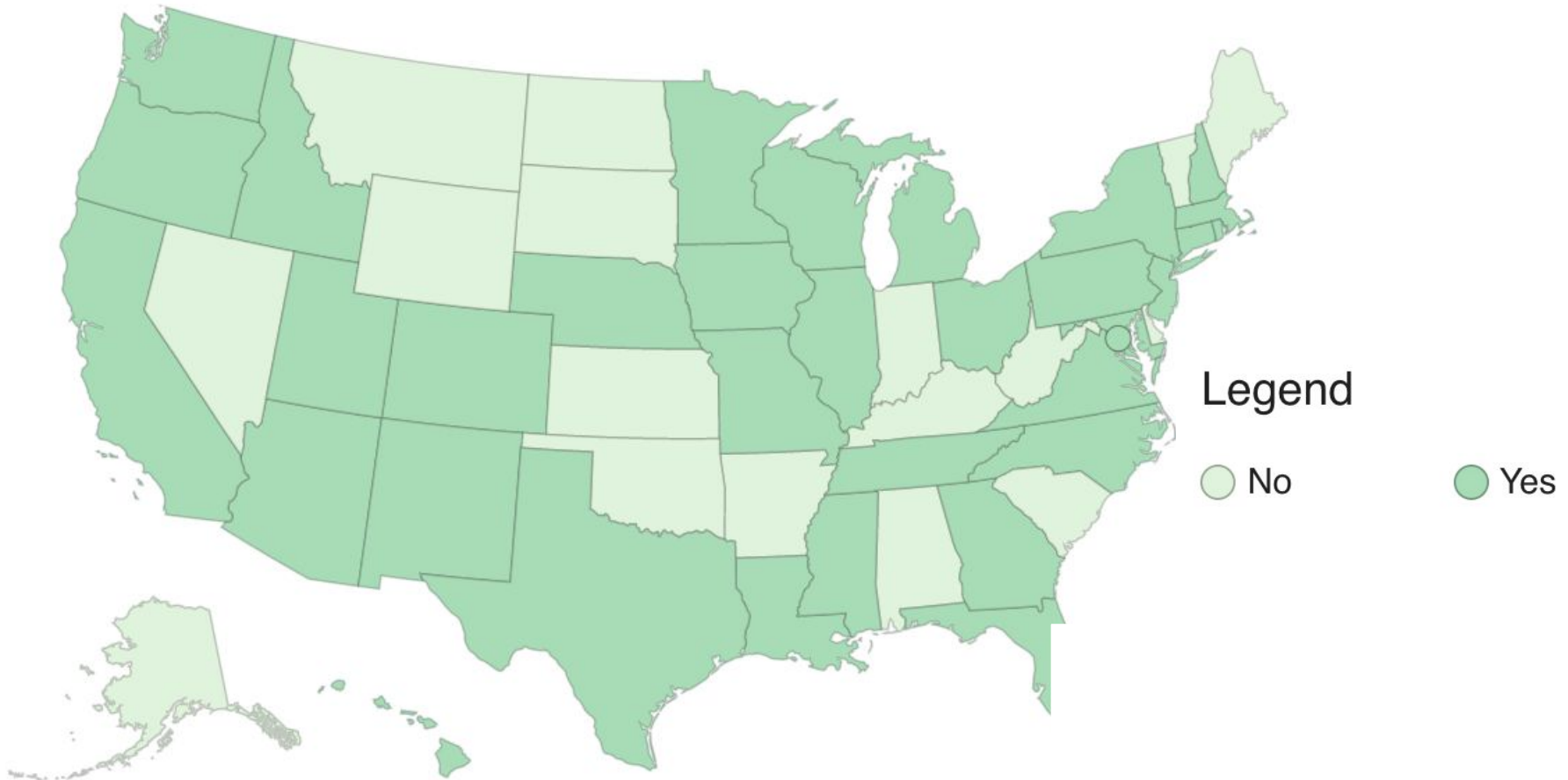
Omicron

❖ Infection and spread
  ➢ Omicron will likely spread more easily than the original SARS-CoV-2 virus
    ■ Comparison to Delta variant is unknown
❖ Severity
  ➢ More data is needed to know, but studies have indicated that Omicron might be less severe than Delta
❖ Vaccines and treatment
  ➢ Vaccines are expected to be effective if eligible patients have obtained **booster** doses
  ➢ More data is needed for Covid treatments, but based on Omicron's genetic makeup some treatments are expected to remain effective and others may be less effective

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Source: CDC

End Game

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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 - in clinics**
➢ **Therapeutics - mAb referrals, more coming**

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

Will it ever be truly "over"

❖ **End games - and Herd Immunity**

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

"Everything will be okay in the end. If it's not okay, it's not the end."

\- John Lennon

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CME Accreditation and Designation

❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at **fberry@medchi.org**

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CME Disclosures and Evaluation

❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.

❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.

❖ *Attendees can receive CME credit by completing this evaluation after each webinar. MedChi will then be in contact with the certificate*

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, 1/5, 5:00 PM-6:30PM
  ⬧ Registration link [here](#)
❖ Wednesday, 1/19 5:00 PM - 6:30 PM
  ⬧ Registration link [here](#)

Announcements

❖ **Open enrollment is live for Maryland Health Connection** - Additional information is in the Appendix of this slide deck

❖ Pfizer COVID-19 trainings
  ➢ Thurs, 12/16 @ 12-1PM
    ✔ [Attendee link](#), Password: cVST3X9Rff2
  ➢ Fri, 12/17 @ 12-1PM
    ✔ [Attendee link](#), Password: ybW7Pnf6nN2

❖ [COVID-19 Triple Play Strategy Guide](#)

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Announcements

❖ Holiday ordering:

	Thursday, Dec 23	Friday, Dec. 24	Saturday, Dec. 25	Sunday, Dec. 26	Monday, Dec. 27	Tuesday, Dec. 28	Wednesday, Dec. 29
PFIZER	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries	Normal Deliveries	Normal Deliveries
McKesson Specialty	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries	Normal Deliveries	Normal Deliveries

	Thursday, Dec 30	Friday, Dec. 31	Saturday, Jan. 1	Sunday, Jan. 2	Monday, Jan. 3	Tuesday, Jan. 4
PFIZER	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries
McKesson Specialty	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries

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Guest Speaker: Sarah Frazell, LCSW-C

❖ Director of Behavioral Health Programs at Primary Care Coalition in Montgomery County

❖ Co-Chair of the Social Workers Unraveling Racism Committee with the National Association of Social Worker, Maryland Chapter

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Dealing with Compassion Fatigue and Burnout

► PRESENTER: SARAH FRAZELL, LCSW-C

Learning Objectives

- ► Explain the difference between compassion fatigue and burnout

- ► Identify signs and symptoms of burnout and compassion fatigue

- ► Select and Implement 3 personalized self-care actions

- ► Apply the strategies of compassionate curiosity and locus of control when providing care to patients/clients

Let's Take a Pause...

Square Breathing Exercise
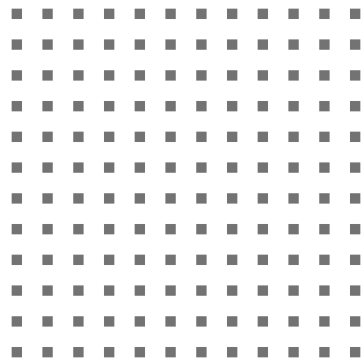
Compassion Fatigue

- ► Physical, mental, and emotional exhaustion arising from **caring for others**

- ► Occupational hazard of working in the helping fields- sometimes referred to as "the cost of caring"

Signs and Symptoms

- ► Lack of energy and interest in helping others

- ► Change in worldview

- ► Procrastination and avoidance

- ► Irritability

- ► Physical symptoms (sleep problems, GI problems, headaches)

- ► Intrusive thoughts

- ► Ethical violations or cutting corners

Burnout

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

(World Health Organization)

Signs and Symptoms

- ► Frequent Illness
- ► Cynicism
- ► Isolation
- ► Irritability

Compassion Fatigue Vs. Burnout

Compassion Fatigue	Burnout
Can have a rapid onset after exposure to traumatic material	Emerges over time
Caused by exposure to traumatic material	Caused by work conditions
Impact of helping others	Impact of stressful workplace
Quicker recovery time	Longer recovery time

Self Assessment

- ► Self-Assessment for Professional Quality of Life (Burnout, Compassion Satisfaction, Compassion Fatigue)

Collective Trauma and Grief of COVID-19

- ► Collective trauma- experiencing in "real time" with our community

- ► Lack of control

- ► Lack of certainty, including an end-date

- ► Ambiguous/anticipatory grief and loss

- ► Everyone is experiencing some type of loss

- ► Accepting that this is our reality and our "normal for now"

- ► We won't make it out of this unscathed- there will be loss and there are no perfect answers

Compassion Fatigue and Decisions of Others

- ► Many healthcare workers share frustration and exhaustion related to others' decisions (I.e. vaccine hesitancy, lack of masks and social distancing)

- ► Compassionate curiosity and empathy, as well as locus of control can be strategies to assist

Compassionate Curiosity

- ► Pausing and getting curious about ourselves and others

- ► Asking questions to understand where someone is coming from

Locus of Control

External- up to other people/systems

Internal: You can control/influence
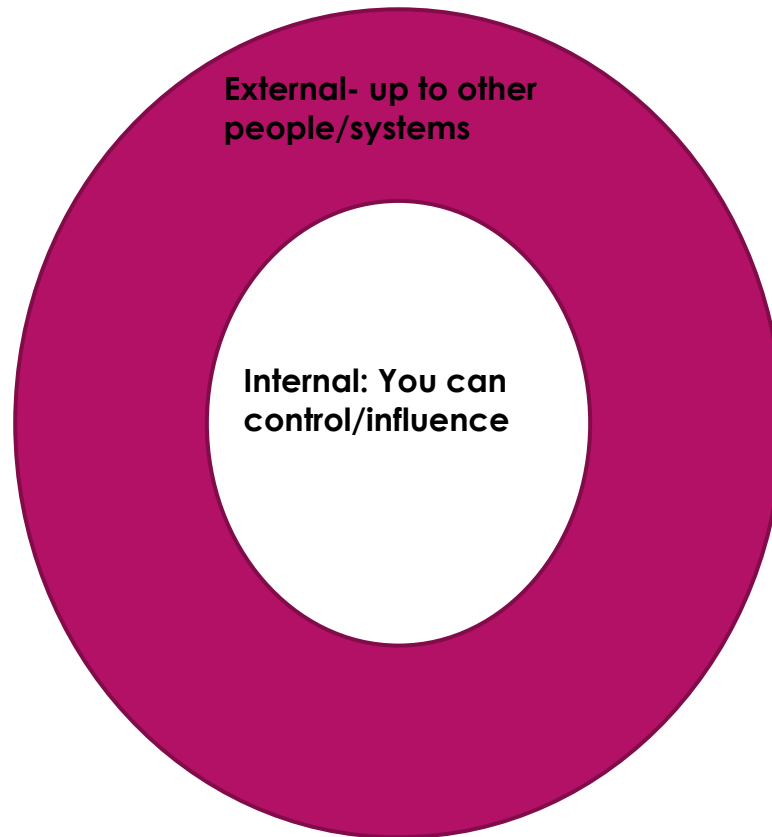
Self Care

Self-care is any activity that we do deliberately in order to take care of our mental, emotional, and physical health

- Raphailia Michael, MA

Manage Media Input

► Set specific times in your schedule when you will check a reputable source for a specific amount of time.

► Set an action item step after you read the news, such as donating money to your favorite small business, calling your representative, or just taking deep breaths.

► Avoid scrolling- most phones have apps so you can set limits on the amount per day.

► Avoid videos- especially websites with autoplay!

► Avoid checking news right when you wake up and right before bed.

► If you have high trauma exposure at work, consider different types of entertainment that won't expose you to more traumatic or violent content.

Take care of your body

► Prepare basic need items such as medications, prescriptions, and some healthy pantry-stable foods.

► Eat a balanced diet- comfort foods can be good in moderation but also try to get enough protein, fruits, and vegetables.

► Drink water throughout the day.

► Take stretch breaks.

► Exercise.
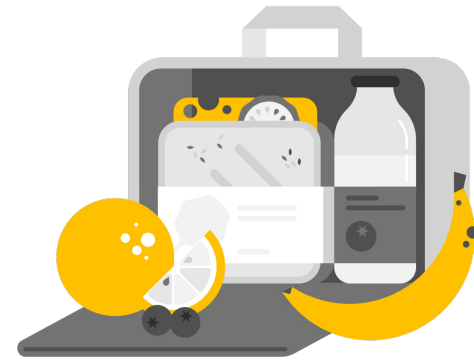
Take Care of your Emotional Health

- Feel your feelings.
- See a therapist- many are offering telehealth options.
- Engage virtually with religious communities- many are streaming services or offering other options.
- Cook or learn a new hobby.
- Read an inspirational book or listen to a podcast.
- Explore a mantra- "I will focus on day by day" or "This is a new situation. I will do the best I can today."
- Make a mental note (or even better, physically write down) positive things you see happening.
- Meditate.
- Say No.

Simple Mindfulness Exercises

Mindfulness is the practice of being aware of your body, mind, and feelings in the present moment, in order to create a feeling of calm.

► Notice your feet on the ground.

► In the morning, visualize a peaceful color/shield around you before starting your daily routine.

► Have something to touch while sitting with patients or engaging in a difficult conversation with a family member or colleague (such as a ring, small stone, etc).

► Pay attention to the tastes, smells, sensations of what you are eating vs. rushing through your lunch while checking email.

Practice Self-Care in your work

► Healthy and supportive relationships with colleagues and supervisors are a critical part of our self-care .

► Many people's routines have changed, whether they are teleworking, working different hours, or implementing new ways to care for patients. Be patient with yourself and others in adjusting to these new schedules.

► Write out a tentative schedule and a couple goals at the beginning of each day. Include scheduled breaks for movement and food.

► Schedule check ins with team members and supervisors- video is ideal! Take time to talk about how you are feeling.

► Engage in rituals/routines to separate the boundary between work and free time.

► Find time to work on long term passion projects.

► Consider what you do have control over- scheduling patients with a variety of types of concerns, working on a passion project

► Consider creating a "have done" list of accomplishments in addition to your "to-do" list

For Leaders/Managers

- ► If you are a manger, think about what you can implement **and model** for your team.

- ► Practice what you preach: take leave, don't send emails late at night, and be honest with staff about some challenges you are having and what you are doing for self-care.

- ► Anxiety is contagious and so is calm: Your role is to take care of yourself in addition to taking care of your staff and helping them build up their resilience to stress.

Share Responsibility

► We are working at a challenging time and responses will require the skills and work of many different people and systems.

► A temptation can be to try to be everything to all people, especially when other systems aren't working correctly- it is ok and necessary to ask for help.

► Remember that the current situation is still new and your role is also staying well- this is a marathon and not a sprint.

► Be aware of negative self-talk that can lead to burnout such as "It would be selfish to take a break" or "My needs are not important."

You are not Atlas
carrying the world
on your shoulder.
It is good to remember
that the planet is
carrying you.

-Vandana Shiva-

Resources

- Kunimura, Ami: The Self Care Institute. https://www.selfcareinstitute.com/

- Lipsky, L. v. D., & Burk, C. (2009). *Trauma stewardship An everyday guide to caring for self while caring for others*. San Francisco, CA: Berrett-Koehler Publishers.

- Richards, C. *Caring Safely: Prevent Compassion Fatigue and Burnout* https://caringsafely.org/

- "Stop, breathe, think" app/website- special meditations available for COVID

    https://www.stopbreathethink.com/about/

Need More Support?

- ► National Suicide Prevention Hotline: 1-800-273-8255
- ► Regional connection to behavioral health resources:
  - ○ Maryland and Virginia: 211
  - ○ DC: 1-888-793-4357
  - ○ Link to resources for coping with stress related to COVID-19: https://www.every-mind.org/7493-2/

Contact Information

Sarah:

Sarah_frazell@primarycarecoalition.org

Question and Answer Session

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Appendix

Pediatric Covid Updates

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COVID-19 Vaccination Planning Update

Pediatric Vaccination Data Update

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Pediatric Vaccination Data

In Maryland, as of December 14, 2021:

- 27.6% of 5-11 year olds have received at least 1 dose, compared to 18% nationally

- 76.9% of 12-17 year olds have received at least 1 dose, compared to 61% nationally

- Doses have been administered in all 24 jurisdictions

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Proportion of Eligible US Children Ages 12-17 Who Received At Least One Dose of the COVID-19 Vaccine, by State of Residence
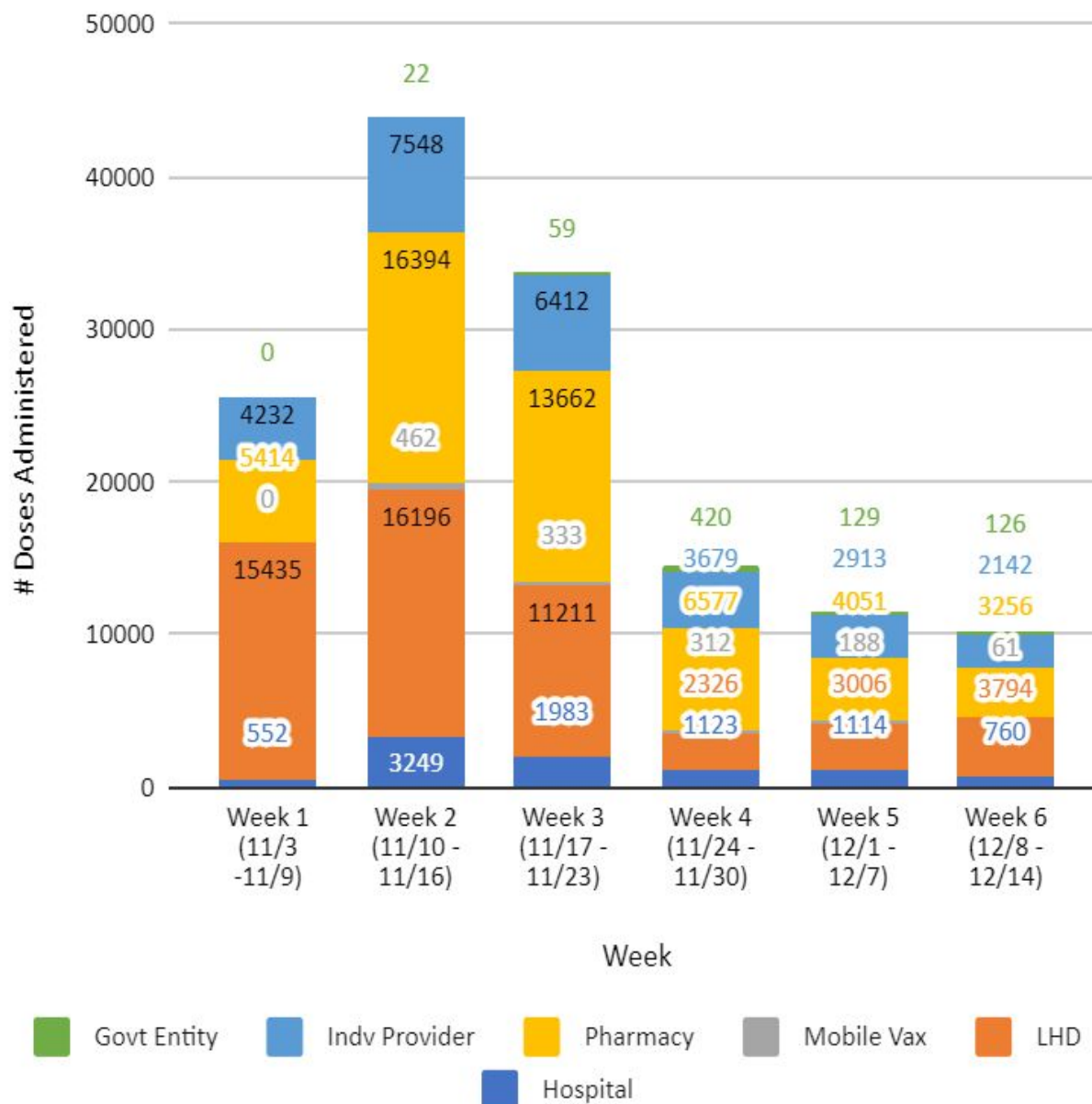
Received At Least 1 Dose — *as of 12.8.21*

37%   84%

~ State reported a 48% jump in the cumulative number of 12-17 year-olds having received a first vaccine dose between 12.1.2021 (44,422) and 12.8.2021 (65,600).

Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: https://data.cdc.gov/Vaccinations/COVID -19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc). Idaho information not available. Check state's web sites for additional or more recent information

67%
46%
42%
64%
60%
54%
70%
VT: 83%
NH:67%
MA:84%
RI: 81%
CT:82%
NJ:74%
DE:62%
MD:77%
DC:82%
74%
63%
37%
54%
48%
56%
60%
66%
54%
49%
45%
42%
64%
52% ~
77%
59%
54%
47%
46%
72%
40%
53%
48%
51%
45%
62%
41%
39%
47%
58%
41%
59%
83%

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Proportion of Eligible US Children Ages 5-11 Who Received At Least One Dose of the COVID-19 Vaccine, by State of Residence

Received At Least 1 Dose — 4% to 47% — as of 12.8.21

WA 23%, OR 24%, CA 22%, NV 9%, ID 15% (not available), MT 14%, WY 18%, UT 9%, AZ 15%, CO 26%, NM 21%, ND 28%, SD 16%, NE 18%, KS 15%, OK 10%, TX 13%, MN 28%, IA 16%, MO 14%, AR 5%, LA 5%, WI 20%, IL 24%, MS 6%, MI 17%, IN 11%, KY 13%, TN 9%, AL 10%, OH 15%, GA 10%, FL 11%, PA 20%, NY 20%, WV 4%, VA 28%, NC 16%, SC 10%, VT 47%, NH 17%, MA 37%, RI 32%, CT 27%, NJ 21%, DE 17%, MD 25%, DC 28%, ME 33%, AK 20%, HI 21%

Source: AAP analysis of data series titled "COVID-19 Vaccinations in the United States, Jurisdiction". CDC COVID-19 Data Tracker (URL: https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc). Idaho information not available. Check state's web sites for additional or more recent information

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5-11 Vaccine Administrations by Provider Type

COVID-19 Vaccination Planning Update

Pfizer Vaccine 5-11 years:

Ordering & Allocation

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

- Week 4 vaccines to be delivered from Mon, Dec 13 to Thurs, Dec 15

- Week 5

  - Allocation request survey will be sent out Fri, Dec 17

  - Responses due by Tues, Dec 21 at 4 PM EST

  - Requests will be placed to federal govt. on Thur, Dec 23

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Pfizer Vaccine: Training

Tuesday 12/14/2021

Pfizer Manufacturer Series

Time: 5:00 PM – 6:00 PM ET

Attendee link – December 14 – 5 PM ET

H3WuiDZtd22

Wednesday 12/15/2021

Pfizer Manufacturer Series

Time: 12:00 PM – 1:00 PM ET

Attendee link – December 15 – 12 PM ET

gpPQjEdZ494

Thursday 12/16/2021

Pfizer Manufacturer Series

Time: 12:00 PM – 1:00 PM ET

Attendee link – December 16 – 12 PM ET

cVST3X9Rff2

Friday 12/17/2021

Pfizer Manufacturer Series

Time: 12:00 PM – 1:00 PM ET

Attendee link – December 17 – 12 PM ET

ZnuC32Puqy5

For training dates into January 2022:
https://www.pfizermedicalinformation.com/en-us/medical-updates

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COVID-19 Vaccination Planning Update

Holiday Vaccine Ordering & Delivery

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Holiday Vaccine Ordering & Delivery

- Christmas
    - No vaccine will be delivered Thur, Dec 23 thru Mon, Dec 27
    - Orders placed in ImmuNet on Thur, Dec 23 will be delivered Tues, Dec 28 and Wed, Dec 29

	Thursday, Dec 23	Friday, Dec. 24	Saturday, Dec. 25	Sunday, Dec. 26	Monday, Dec. 27	Tuesday, Dec. 28	Wednesday, Dec. 29
PFIZER	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries	Normal Deliveries	Normal Deliveries
McKesson Specialty	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries	Normal Deliveries	Normal Deliveries

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Holiday Vaccine Ordering & Delivery (cont.)

- New Year
  - No vaccine will be delivered Thur, Dec 30 thru Tues, Jan 4
    27
  - Orders placed in ImmuNet on Thur, Dec 30 will be delivered Wed, Jan 5

	Thursday, Dec 30	Friday, Dec. 31	Saturday, Jan. 1	Sunday, Jan. 2	Monday, Jan. 3	Tuesday, Jan. 4
PFIZER	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries
McKesson Specialty	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries

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Pfizer Vaccine: 12+

12+ Pfizer Vaccine Updates

- Current Pfizer vaccine product for 12+ has "purple cap" (i.e., Pfizer PBS)
- Pfizer PBS will be cycled out and new "gray cap" product - Pfizer Tris-sucrose Adult Formulation - made available for direct ordering Thur, Dec 23 (ImmuNet every Thurs)
  - 300 dose minimum order
  - No diluent required
  - May be stored in fridge up to 10 weeks

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)

Storage Conditions

	Dilute Before Use	Do Not Dilute	Dilute Before Use
Ultra-Low-Temperature (ULT) Freezer [-90°C to -60°C (-130°F to -76°F)]	9 months[†]	6 months[‡]	6 months[‡]
Freezer [-25°C to -15°C (-13°F to 5°F)]	2 weeks	DO NOT STORE	DO NOT STORE
Refrigerator [2°C to 8°C (35°F to 46°F)]	1 month	10 weeks	10 weeks
Room Temperature [8°C to 25°C (46°F to 77°F)]	2 hours prior to dilution (including any thaw time)	12 hours prior to first puncture (including any thaw time)	12 hours prior to dilution (including any thaw time)
After First Puncture [2°C to 25°C (35°F to 77°F)]	Discard after 6 hours	Discard after 12 hours	Discard after 12 hours

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COVID-19 Vaccination Planning Update

Resources

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CDC 5-11 Vaccine Resources

❖ Preparation & Administration Guide -
https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_PED_PrepAdmin.pdf

❖ Storage & Handling Summary -
https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_PED_StorageHandling_Summary.pdf

❖ Storage & Handling Labels -
https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_PED_StorageLabel.pdf

❖ Beyond Use Guidance & Labels -
https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_PED_BUD-Labels.pdf

❖ Transporting Vax to Clinics -
https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_TransportingVaccine.pdf

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CDC General Vaccine Resources

❖ Pre-Vaccination Checklist - https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf

❖ COVID-19 Vaccine Quick Reference Guide for Healthcare Professionals - https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html

❖ Interim Clinical Considerations for COVID-19 Vaccinations - https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

❖ Other Pfizer Vaccine Resources - https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html

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Additional Resources

❖ 5-11 Pfizer EUA Fact Sheet for Healthcare Providers - https://www.fda.gov/media/153714/download

❖ 5-11 Pfizer EUA Fact Sheet for Recipients and Caregivers - https://www.fda.gov/media/153717/download

❖ FAQs for All Pfizer COVID-19 Vaccines - https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine-frequently-asked-questions

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Appendix

Monoclonal Antibody Treatment Information and Resources

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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

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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

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Self-Referral Options for Patients

❖ Patients should coordinate with their respective physician or care provider before contacting a location to schedule an appointment.

❖ Patients without a healthcare provider, contact eVisit to schedule a virtual appointment or complete a self-referral form.

➢ Eligible patient(s) will be referred to an infusion site for treatment.

❖ For those without internet access or a healthcare provider, they may contact the **MDH-supported monoclonal antibody call center** at **410-649-6122** (Monday – Friday from 8 a.m. to 5 p.m) and speak to a clinician to review eligibility.

➢ *Odenton VFD, City of Praise Ministries, and MDmAbs also accept direct patient contact to determine eligibility and/or schedule treatment

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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)

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
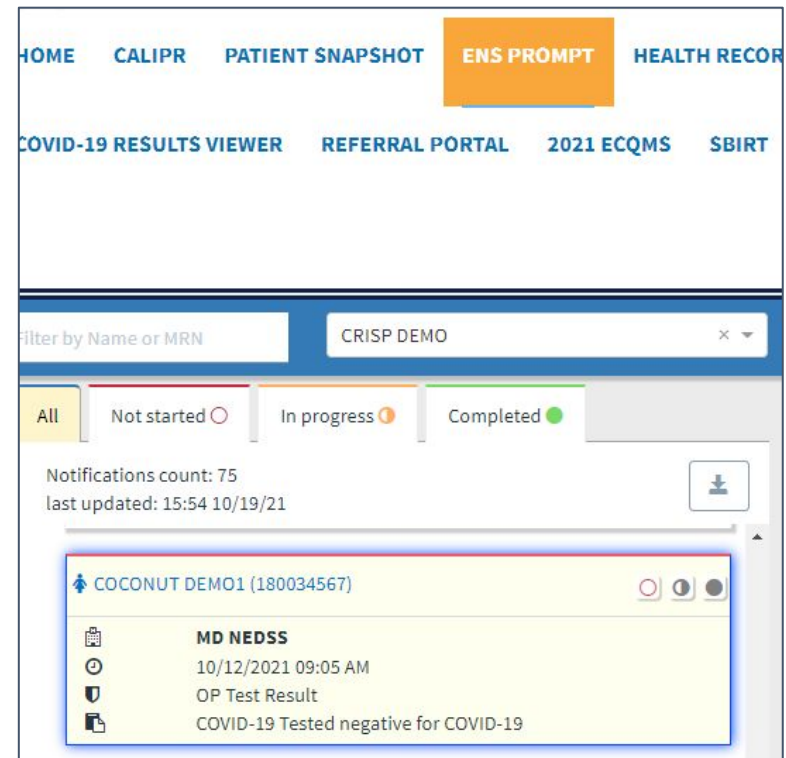
Additional Monoclonal Information

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 etesevimab[1] (Eli Lilly)***	Dose: 700 mg bamlanivimab and 1400 mg etesevimab*** Route: Intravenous administration Post-administration monitoring: 60 minutes	N/A
casirivimab and imdevimab[2] (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
Sotrovimab[3] (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 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)
[2] Fact Sheet for Health Care Providers Emergency Use Authorization of REGEN-COVTM (casirivimab and imdevimab) (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)

11

Appendix

Maryland's Official Health Insurance Marketplace: Open Enrollment Information

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Maryland's Official Health Insurance Marketplace

Open Enrollment
November 1, 2021
–
January 15, 2022,
to be covered for 2022

Tablet

Mobile

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

Where to Find Help

maryland health connection™

far western AHEC West Health Insurance Program

mid western HealthCare Access Maryland (HCAM)

capital north Montgomery County Health Connection

capital south Prince George's County Health Connect

central HealthCare Access Maryland (HCAM)

southern Seedco

upper eastern shore Seedco

lower eastern shore Lower Shore Health Insurance Assistance Program

✔ **Trained experts**
✔ **Across the state**
✔ **Ready to help**

maryland health connection™

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.**
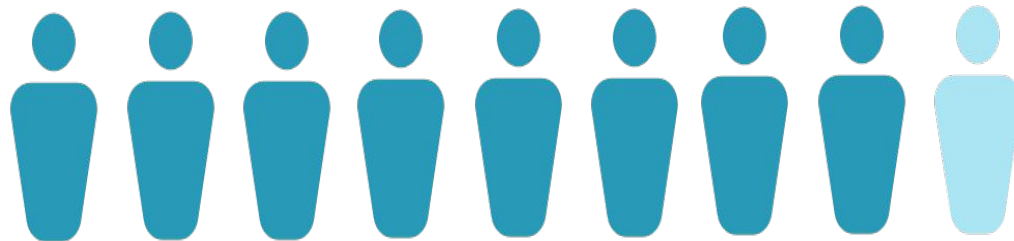
More Savings for More Marylanders

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!

Lower premiums. Same great coverage.

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
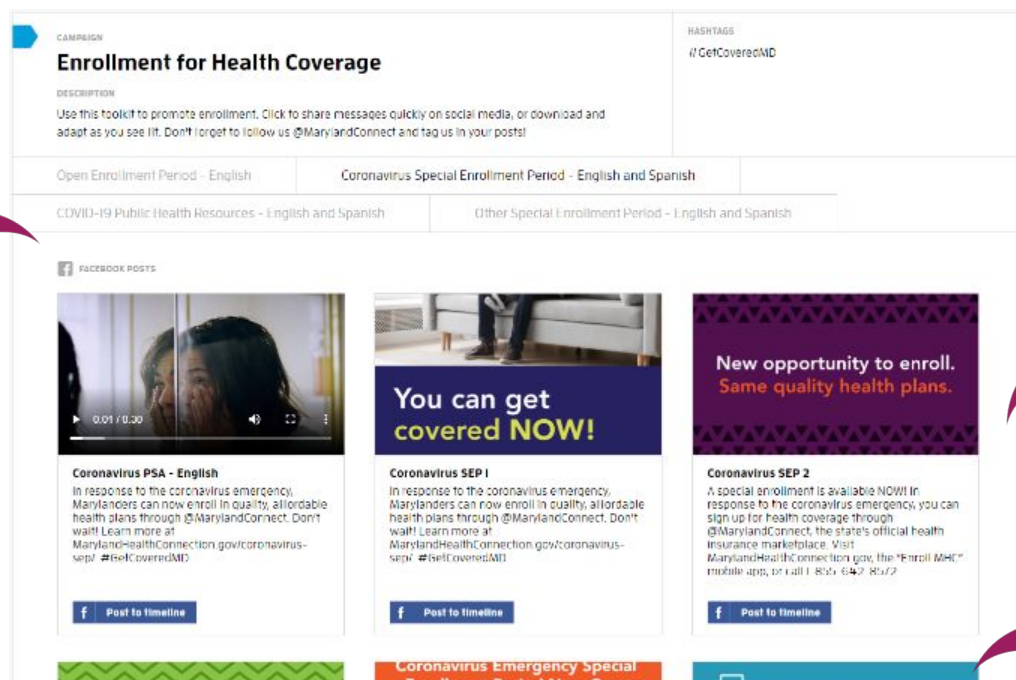
Easy to post videos and graphics

Already written text (you can adapt)

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Enrollment ends
January 15.

#GetCoveredMD

@MarylandConnect

Appendix

Resources and Links

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General Vaccine Resources

❖ CDC Covid-19 Vaccination Communication Toolkit - ready made materials, how to build vaccine confidence, social media messages

❖ New York Times Vaccine Tracker - information on every Covid 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

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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

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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

120

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Scheduling In-Office Appointments

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

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

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

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CDC Guidelines for Covid Patient Management

❖ Healthy people can be monitored, self-isolated at home

❖ People at higher risk should contact healthcare providers early, even if illness is mild

❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact

❖ Emergency Department and hospitals only when needed - not for screening or low risk/minimal disease

❖ **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

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Personal Protective Equipment (PPE) Sources and Requests

❖ Practices should initially request PPE through their usual vendors

❖ Practices should make their PPE requests through their local health departments

❖ Maryland PPE Manufacturers List – next slide

❖ National and international PPE supplier list

❖ PPE request form

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Personal Protective Equipment (PPE) Sources and Requests

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

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

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

❖ Providers may also request PPE from the non-profit 'Get Us PPE'

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Provider/Patient Mental Health Resources

❖ Providers

    ⬚ "Helping the Helpers and Those They Serve," a [webinar series](#) from the Maryland Department of Health Behavioral Health Administration and MedChi

    ⬚ [Heroes Health Initiative](#)

❖ Patients

    ⬚ [Ask Suicide-Screening Questions toolkit](#)

    ⬚ CDC [list of resources](#) for coping with stress

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Health Equity Resources

❖ Maryland Department of Health Office of Minority Health and Health Disparities (MHHD)

❖ Maryland Department of Health Minority Outreach and Technical Assistance Program overview

❖ MHHD fiscal year 2020 minority outreach and technical assistance program information

❖ Description of the term "health disparity"

❖ Implicit bias test

❖ "Hundreds of Days of Action as a Start to Address Hundreds of Years of Inequality" – New England Journal of Medicine article by Maulik Joshi, DrPH

❖ "Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine" – discussion draft for public comment by Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, The National Academies of Science, Engineering, Medicine

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Telehealth Resources

❖ [Maryland Health Care Commission Telehealth](#)

❖ [Maryland Health Care Commission Telehealth Readiness Assessment Tool](#)

❖ [U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) for Professionals](#)

❖ [American Telehealth Association](#)

❖ [Maryland Telehealth Alliance](#)

❖ [National Consortium of Telehealth Resource Centers](#)

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Support for Patients at Home

❖ Food
  - Meals on Wheels

❖ Caregivers
  - Visiting nurses and caregivers

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

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Food Resources

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

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

❖ Free meals available from 42 rec centers in Baltimore

- Call 311 for locations and to schedule pickup time

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Resources for Specific Groups

❖ Community- and Faith-Based Organizations (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html)

❖ Mass Gatherings and Large Community Events (https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html)

❖ Non-Pharmaceutical Interventions for Specific Groups (https://www.cdc.gov/nonpharmaceutical-interventions/index.html)

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Resources and References

❖ Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)

❖ CDC Coronavirus Website (https://www.cdc.gov/coronavirus/2019-nCoV/index.html)

❖ CDC National data on Covid-19 infection and mortality (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html)

❖ CDC Interim Guidance for Homes and Communities (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)

❖ CDC Interim Guidance for Businesses (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html)

❖ CDC Interim Guidance for Childcare and Schools (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html)

❖ CDC Travel Website (https://wwwnc.cdc.gov/travel/)

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