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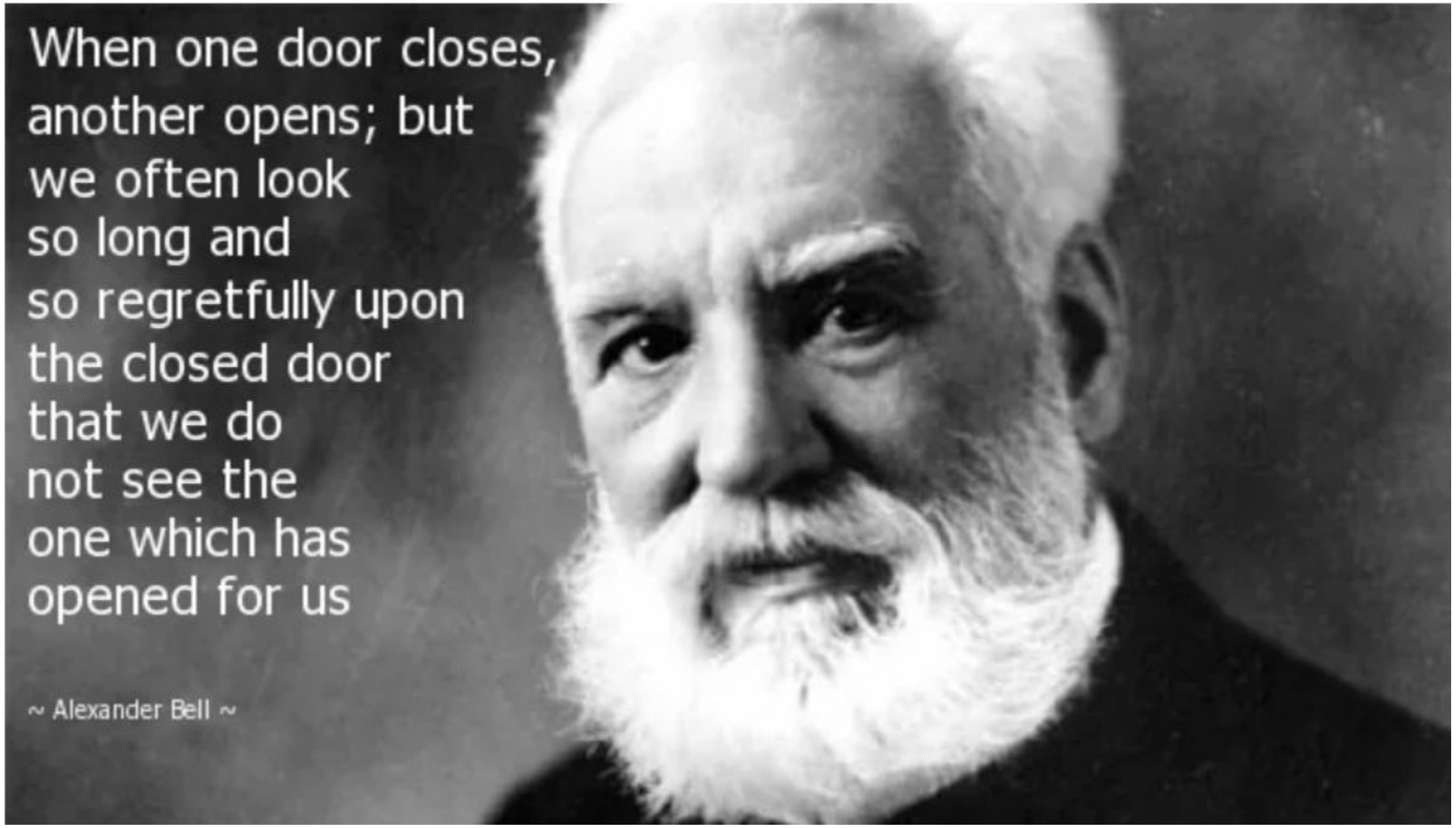
Covid-19 Update: The New Normal

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

9 February 2022



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Agenda

- Action Steps
- Current surge data
- The new customary care
- Vaccines and boosters
- Therapeutics
- Testing
- Poll questions
- Guest Presentation on Influenza: Dr. Sohail Qarni
- Q/A

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Action Steps: What you can do now
Primary Care Triple Play

1) **Vaccines**: Outreach to patients who are 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

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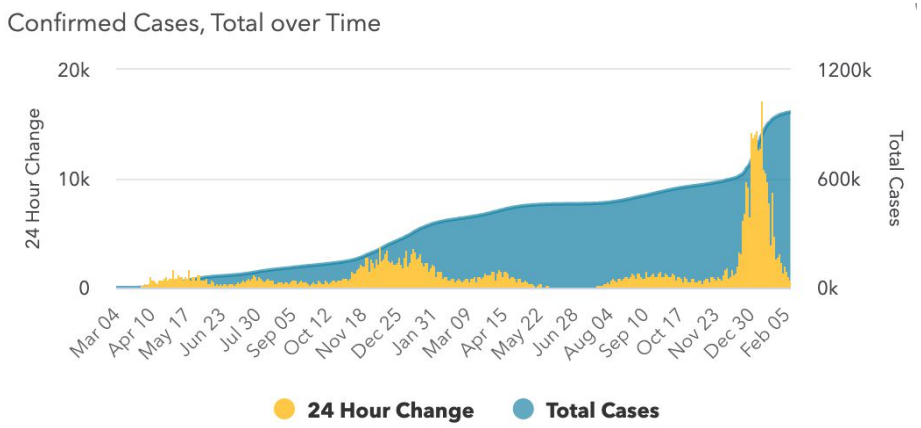
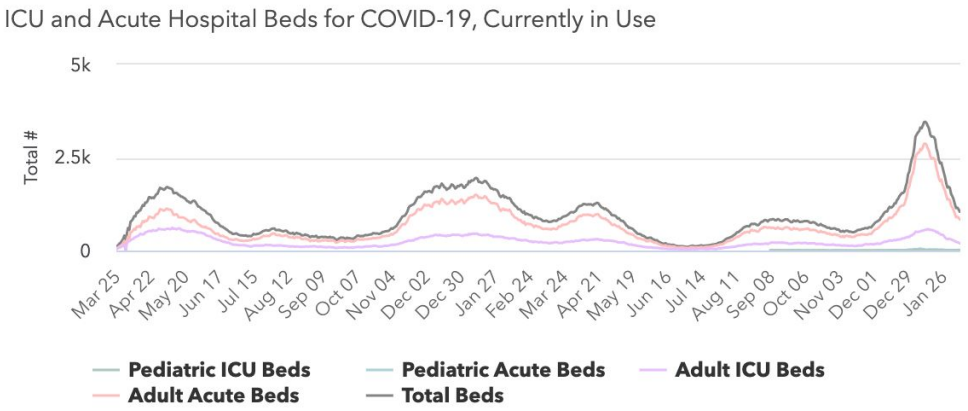
Cases and Hospitalizations in Maryland
Sustained and Rapid Decline



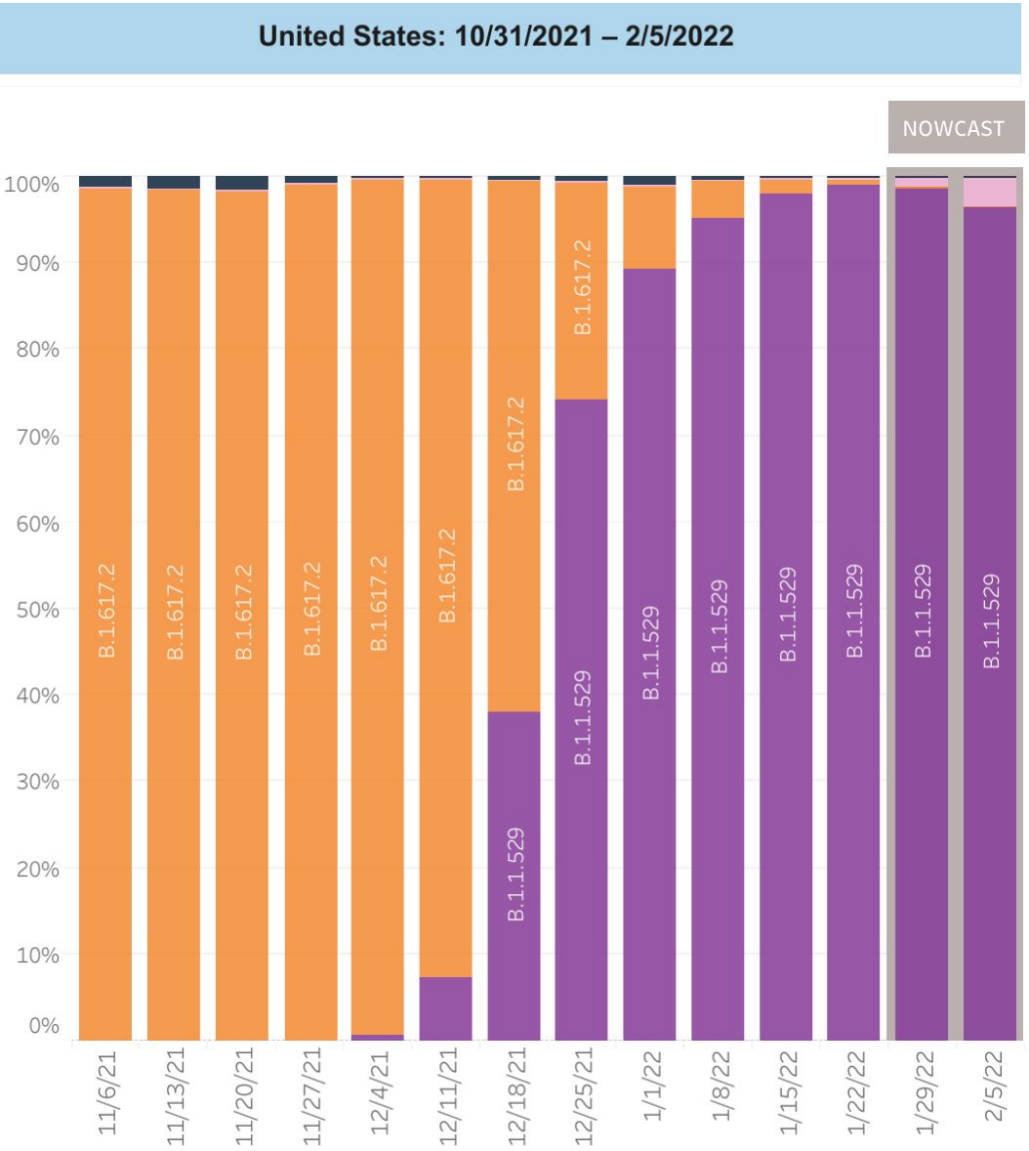


- Confirmed cases: 966,817 (*24hr change = +751*)
- Testing % positive: 5.39% (*24hr change = -0.42%*)
- Currently hospitalized: 1,044 (*24hr change = -67*)

Source: MDH

Updated: 2/9/2022

Omicron in the U.S.



WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	96.4%	93.2-98.2%
	BA.2	VOC	3.6%	1.8-6.8%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

As of 2/8, CDC estimates Omicron makes up 100% of Covid cases

Source: CDC

Updated: 2/8/2022

Omicron BA.2

- Variations of Omicron have started to appear in more than 62 countries and 36 states
- Some preliminary information:
  - Hospitalizations among BA.1 cases and BA.2 cases are about the same
  - Appears more transmissible
  - Vaccines are expected to protect from progression to severe Covid

location	BA.2 found		when found**	
	total	cumulative prevalence*	first	last
Worldwide	35,308	2%	15 Nov 2021	1 Feb 2022
Maryland, United States	**5**	**< 0.5%**	**7 Jan 2022**	**20 Jan 2022**
United States	309	< 0.5%	14 Dec 2021	27 Jan 2022

Source: CNBC, Outbreak Info

Maryland Governor Actions

- VaxCash 2.0 Promotion - begins 2/15
  - Weekly drawings for Marylanders that have obtained boosters (drawings are for $500,000)
  - Promotion will continue for ten weeks and a grand prize of $1M will be awarded on 5/3
- As pandemic posture fades we move back to the "New Customary Care"
  - Pent up demand for prevention and screening
  - Pent up demand for chronic disease management
  - Pent up demand to foster the provider- patient relationship
  - Pent up demand for behavioral health care
  - New demands to care for those physically and emotionally wounded by the pandemic
  - Continued demand for vaccines and boosters

Source: The Office of the Governor, MD Lottery

The New Door That Has Opened

- Incorporating the many lessons learned:
  - Equity
  - Data driven care
  - Expanded testing access and POC tests
  - Expanded access to vaccines
  - New therapeutics
  - Collaboration with public health

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Vaccines (Focus on Boosters and Pediatrics)

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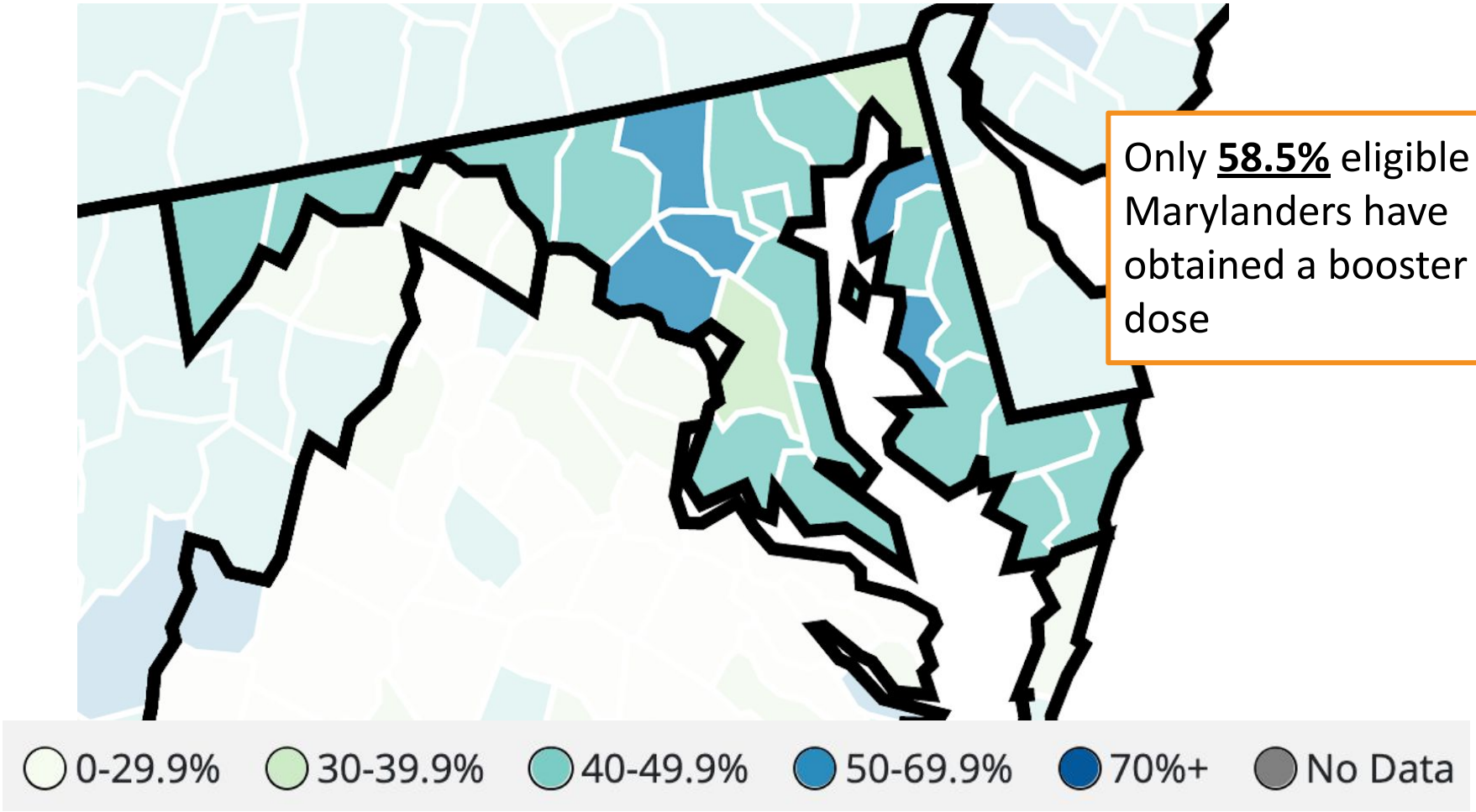
Providing and Referring for Vaccines

- Join the Maryland Primary Care Vaccine Program
  - Enroll in ImmuNet, set up EHR or CSV reporting, and register in ImmuNet
- ImmuNet ordering now standard
- As new vaccines emerge to address new variants of coronavirus and emerging diseases we will not likely go back to a state-based system but will rely on primary care
  - To inform patients
  - To administer vaccine
  - To track success

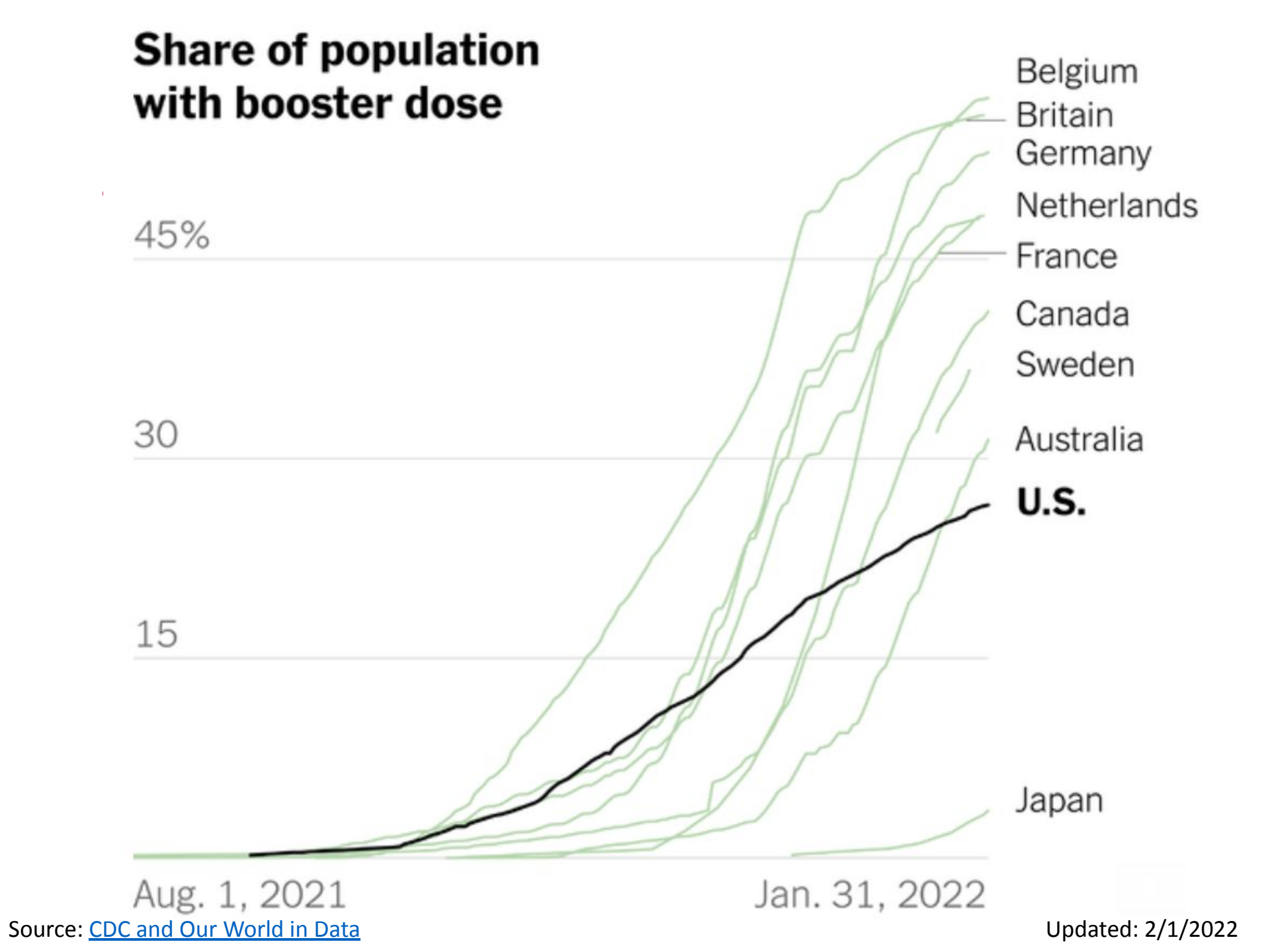
Vaccine	Ordering Minimum
Pfizer 12+	300
Moderna 18+	140
J&J 18+	100
Pfizer 5-11	100

Percent of Fully Vaccinated Population with a Booster Dose in Maryland



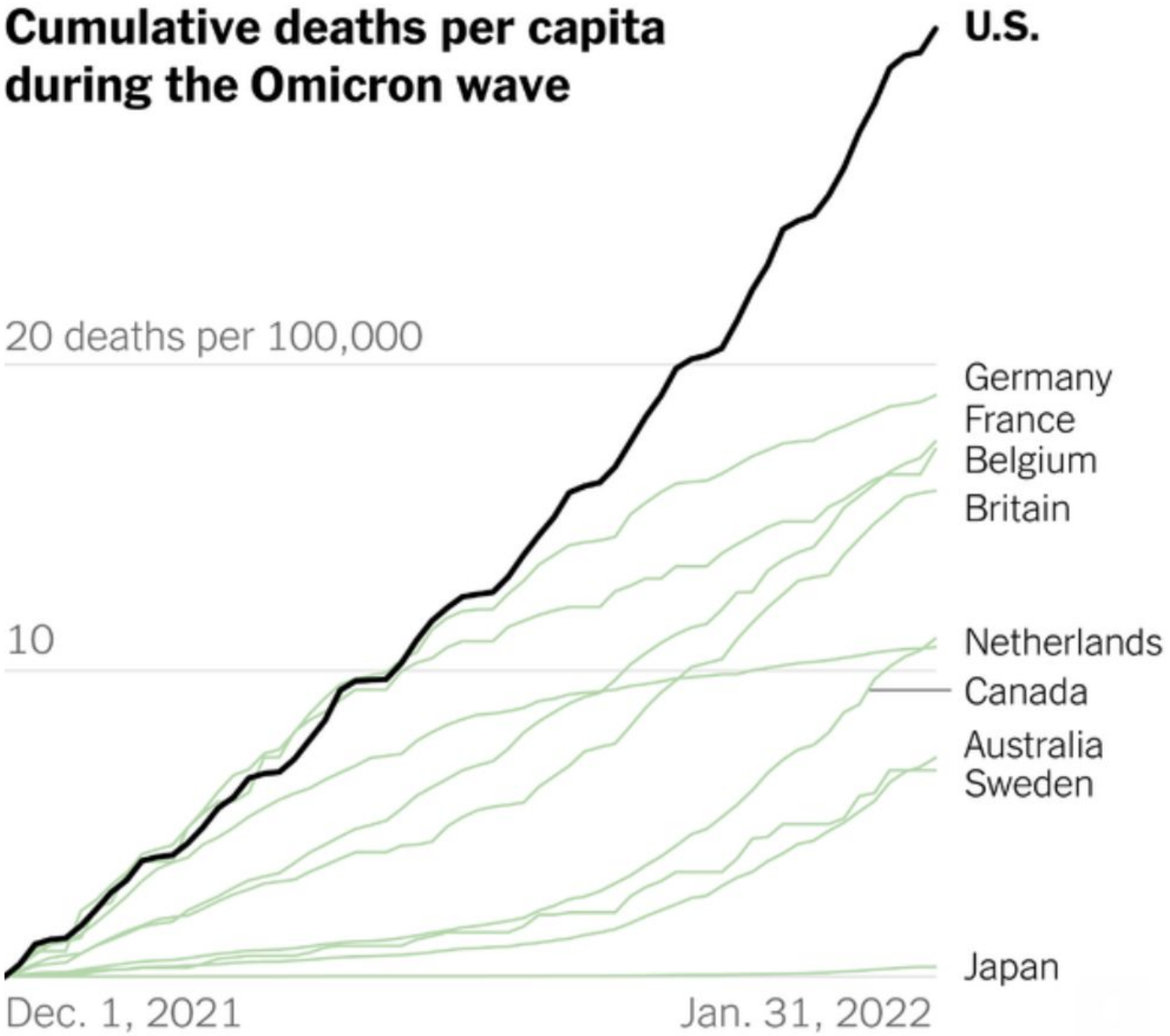
Source: CDC

Updated: 2/7/2022



Source: CDC and Our World in Data

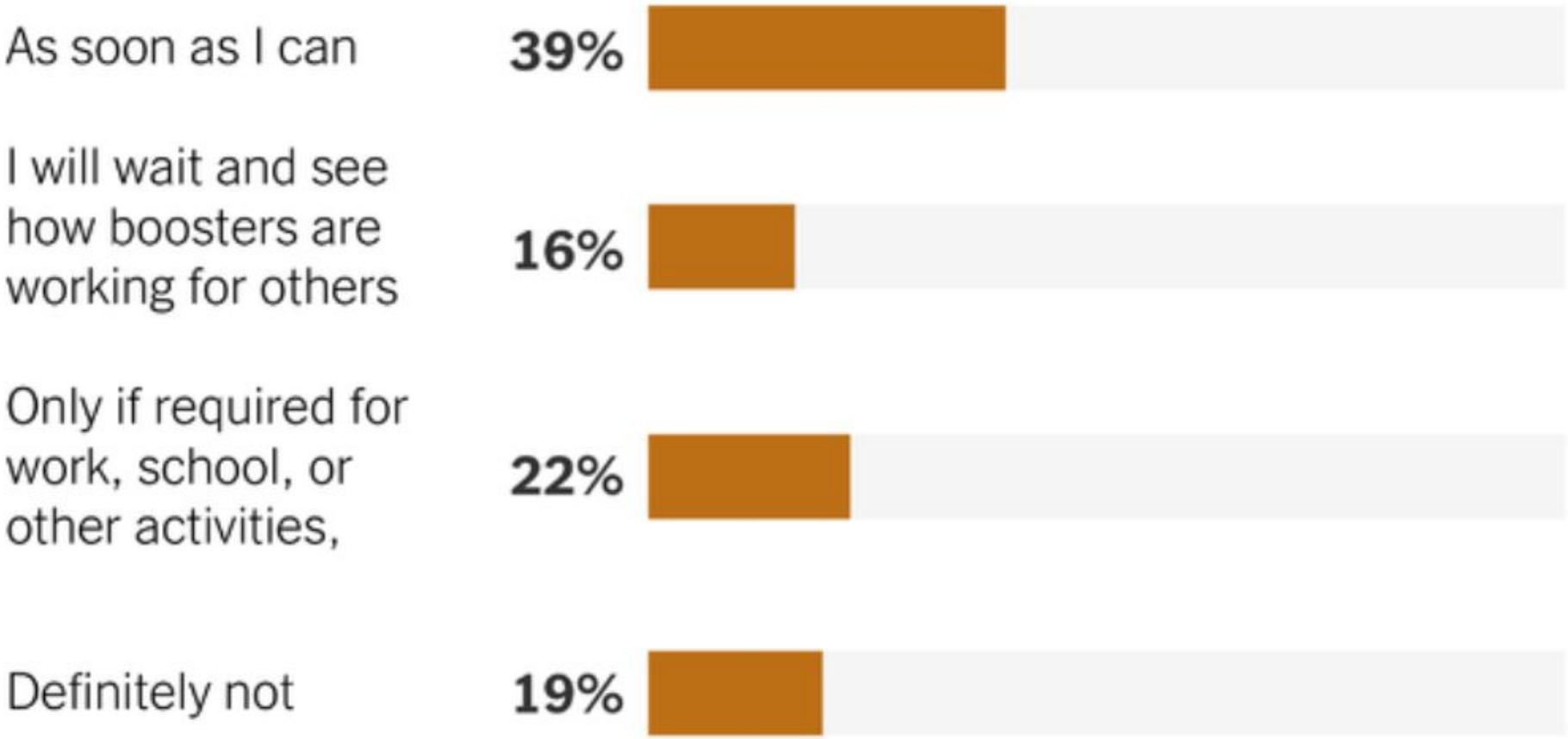
Updated: 2/1/2022



Source: CDC and Our World in Data

Updated: 2/1/2022

Will you get a booster dose?



From a survey of 530 vaccinated adults who had not already received a booster, Jan. 2022 | Source: Kaiser Family Foundation

Source: NYTimes

Updated: 2/7/2022

Fully Vaccinated Population with a Booster Dose in Maryland by Age

Total Booster doses given	2,079,434
% of Fully Vaccinated Population ≥ 18 Years of Age with a Booster Dose	51.10%
% of Fully Vaccinated Population ≥ 50 Years of Age with a Booster Dose	63.30%
% of Fully Vaccinated Population ≥ 65 Years of Age with a Booster Dose	72.20%
% of Fully Vaccinated Population with a Booster Dose	**58.50%**

Please note *that these are adjusted percentages that capture percentages of the fully vaccinated populations in each age bracket compared to some MDH data which is unadjusted*

Source: CDC

Updated: 2/7/2022

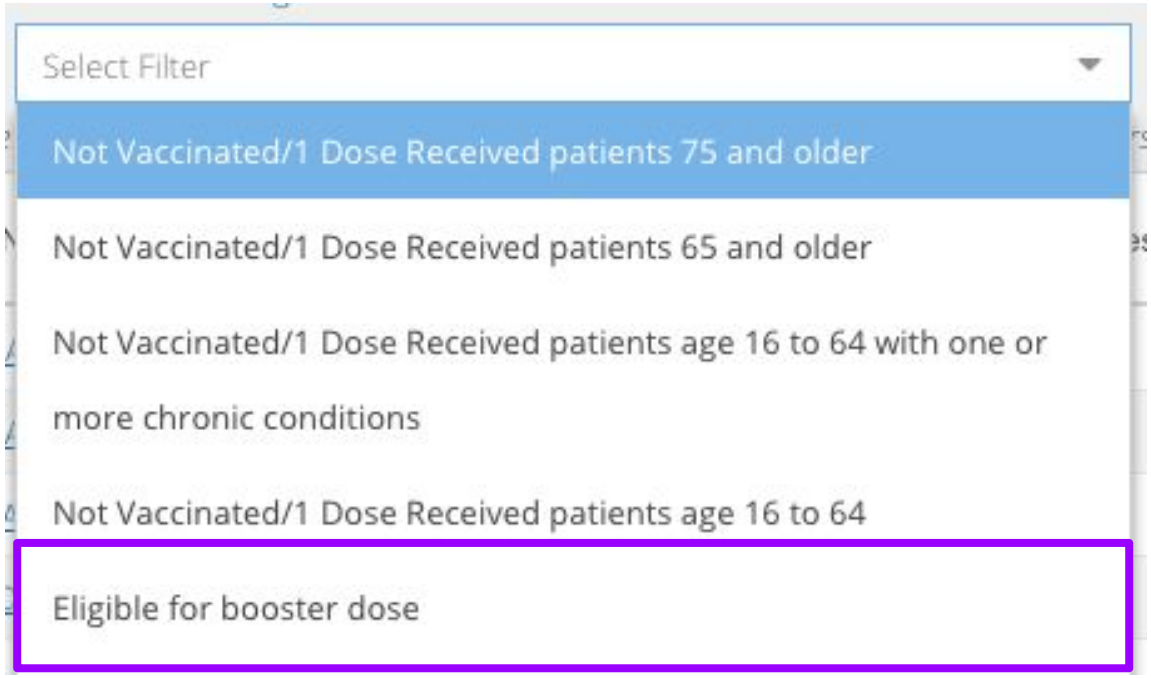
Boosters

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+**	*Pfizer or Moderna*
Moderna	**5 months** after 2nd dose	18+	*Pfizer or Moderna*
J&J	2 months after single dose	18+	*Pfizer or Moderna*

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

Source: CDC

CRISP Booster Eligible Filter as a First Step in Data Driven Care



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.

- 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

Primary Care and Vaccines - A Strong Current Position

Cumulative Doses Administered
367,612

- 496 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

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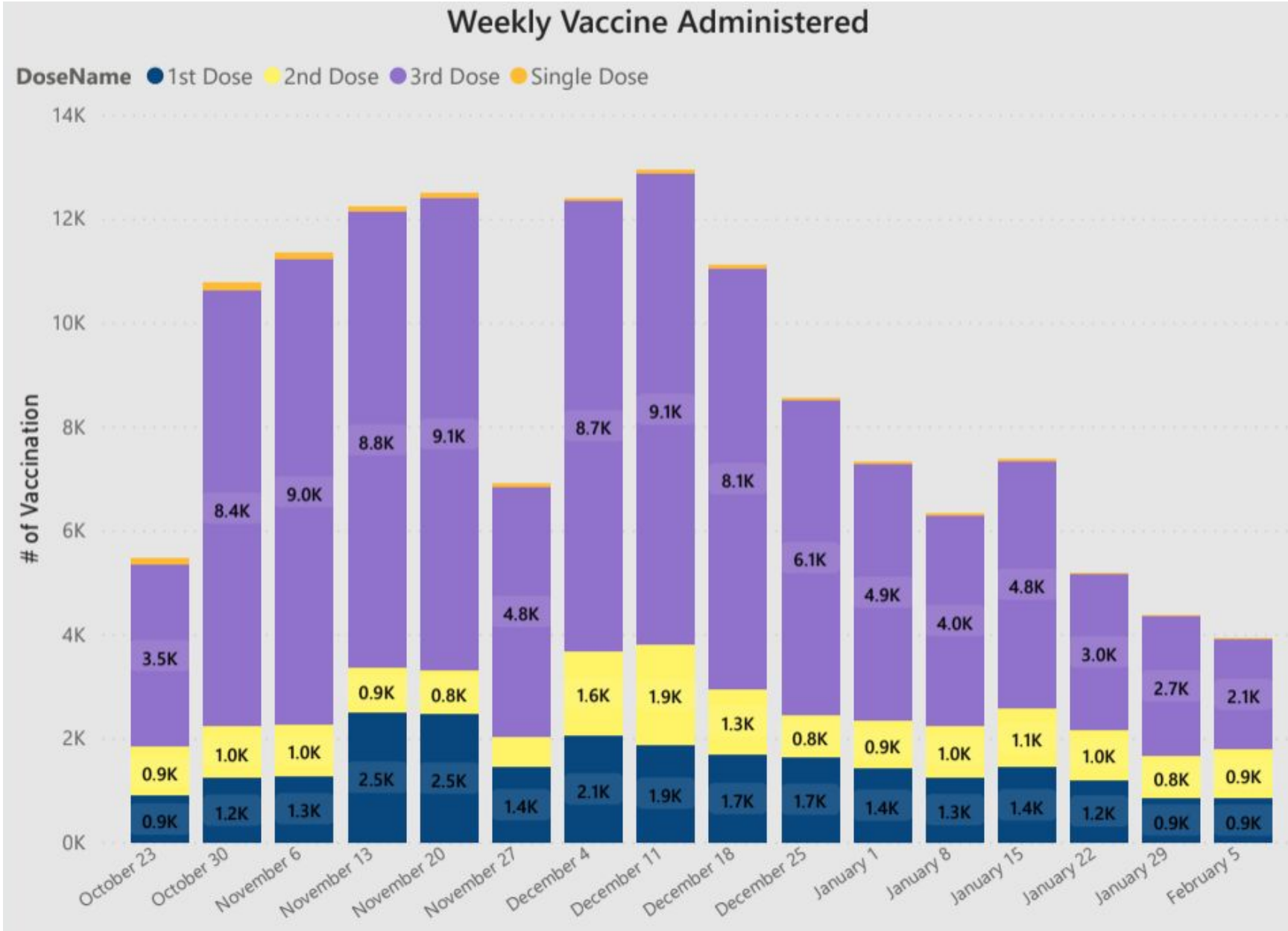
Data Updated 2/9/2022

Primary Care and Booster Doses



Pediatrics Vaccination Data

In Maryland, as of 2/9/22:

- Among 5-11-year-olds:
  - **43.3%** have received at least 1 dose
  - **34.8%** have received 2 doses
- Among 12-15-year-olds:
  - **76.3%** have received at least 1 dose
  - **69.6%** have received 2 doses
  - **57,675** 12-15-year-olds in MD have received a booster
- Among 12-17-year-olds:
  - **82.1%** have received at least 1 dose
  - **71.9%** have received 2 doses
  - **41,741** 16-17-year-olds in MD have received a booster

Source: AAP

Updated: 2/9/2022

Therapeutics

Covid Therapeutics - Overview
Moving back to "Customary Care"

Timing is critical → the sooner the better

- Primary Care is the foundation of diagnosis and treatment for acute illness
- Rapid diagnosis of Covid-19 and/or other treatable conditions using POC tests
- Understanding the specific patients risk and benefit from the various therapies
- Prescribing or referring for the appropriate therapy in a timely manner
- Providing ongoing care for the patient and monitoring process

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

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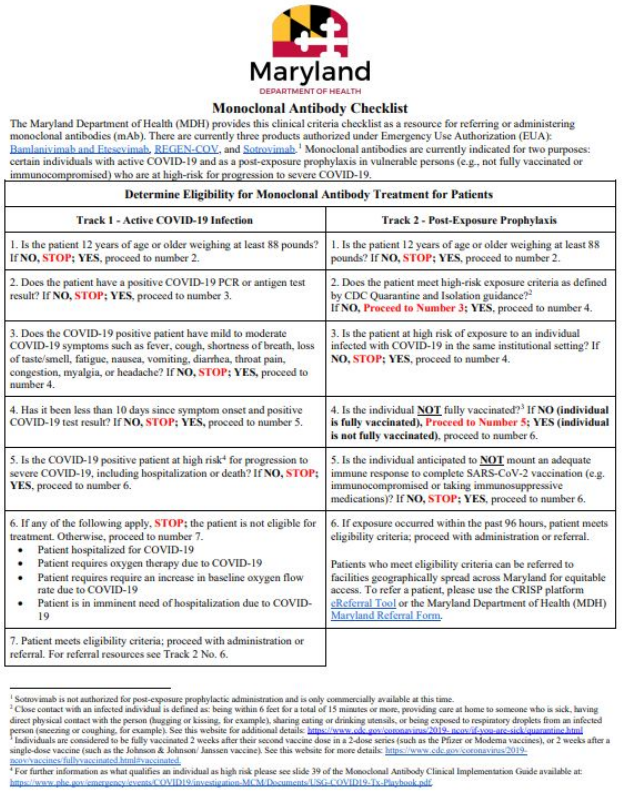
Monoclonal Antibody Referrals

- 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)



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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?[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. • 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/coronavirus/2019-ncov/if-you-are-sick/quarantine.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 Modema 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/coronavirus/2019-ncov/vaccines/fullyvaccinated.html#vaccinated.
[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.phe.gov/emergency/events/COVID19/investigation-MCM/Documents/USG-COVID19-Tx-Playbook.pdf

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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

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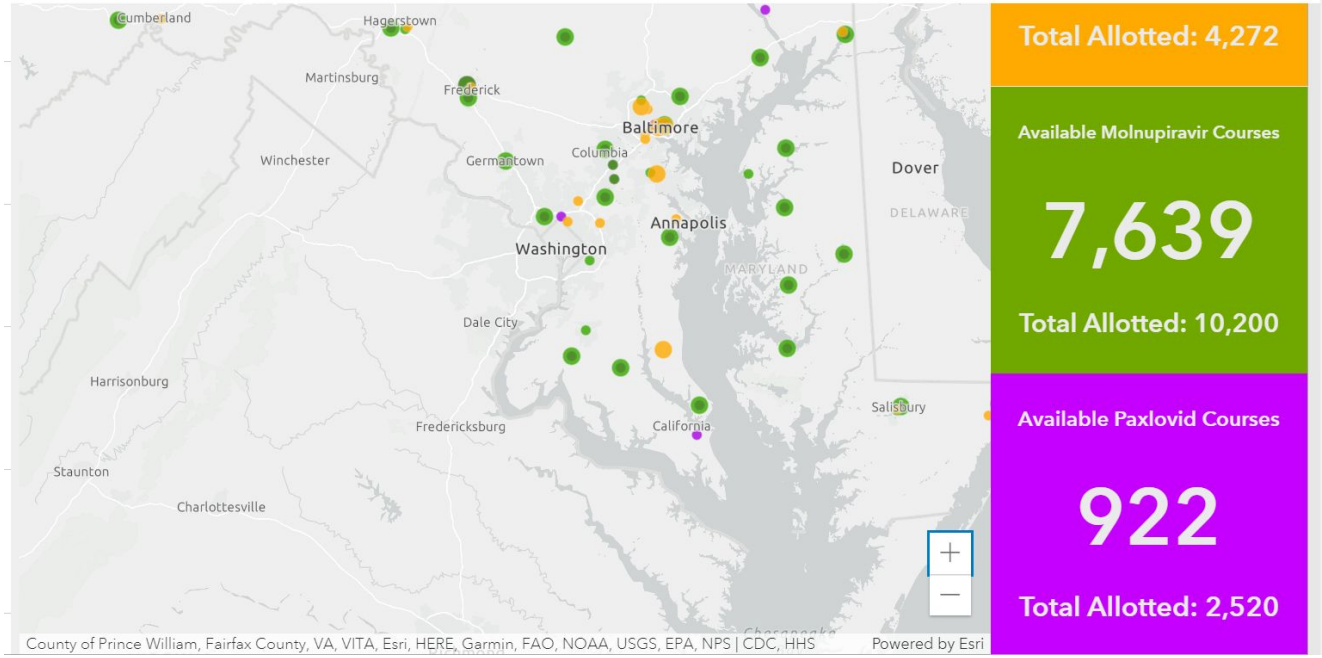
Source: FDA, FDA

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:



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 – will increase around April
- 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

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Source: Pfizer, FDA EUA, FDA Fact Sheet

Paxlovid Prescribing Details

- Paxlovid Point-of-Care Reference Guide
- 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%

Source: Merck, FDA EUA, FDA Fact Sheet

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

Source: NEJM, FDA

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
- Providers interested in having Evusheld allocations - details to follow in weekly provider Therapeutics Memo

Source: FDA, FDA Fact Sheet

Evusheld Outreach Efforts

- MDH efforts
  - Information on covidLINK
  - Direct provider communication
    - Weekly memo sent through Board of Physicians with referral methods
    - PCP weekly newsletter
  - Allocation priority to sites with Community provider access
  - Part of 12/31 treatment update press release
  - Added 10 sites since program began including Kaiser, ASCs, community provider, and pharmacy
  - Site follow-up to discuss utilization improvement options
- System/Partner efforts
  - Self-referral option
    - Hatzalah
  - Information on website
    - Soleil, Meritus
  - Outreach to community providers
    - Adventist, LifeBridge, Saint Agnes, Hatzalah, Soleil
  - Large-scale treatment events
    - Saint Agnes
  - Internal referral
    - Saint Agnes, Adventist, UMMS, MedStar, Atlantic General, UPMC, Western MD, JHM, NIH, Kaiser
  - Community referral
    - Mercy, CalvertHealth, LifeBridge, Soleil, PRMC, Garrett Regional

Testing

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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
- 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

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

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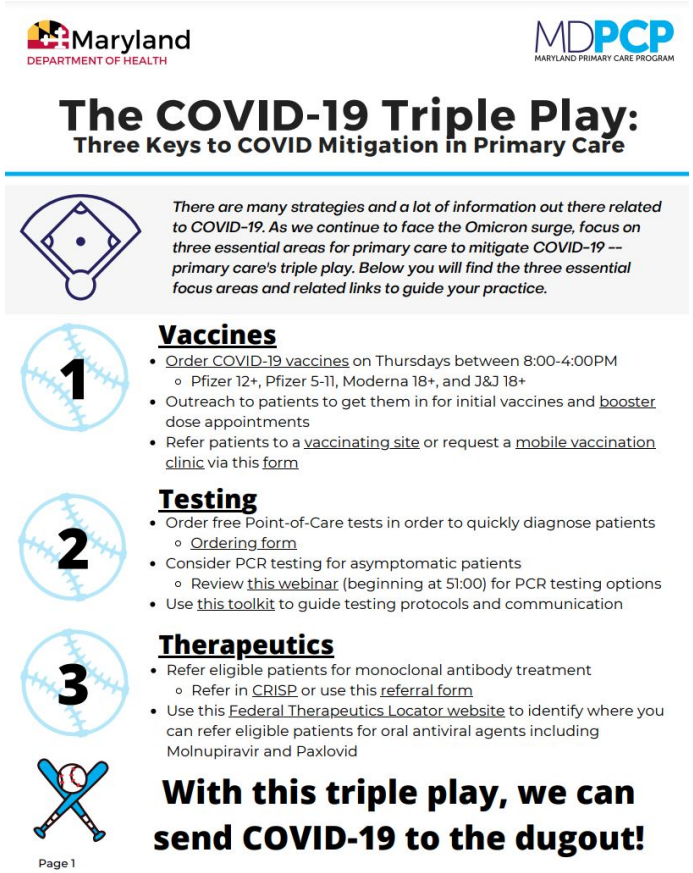
Takeaways: Triple Play Strategy

Triple Play and Takeaways for Primary Care

- Covid isn't over but it is moving toward control
- 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**



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MDPCP MARYLAND PRIMARY CARE PROGRAM

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. As we continue to face the Omicron surge, 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.

1 Vaccines

- Order COVID-19 vaccines on Thursdays between 8:00-4:00PM
  - Pfizer 12+, Pfizer 5-11, Moderna 18+, and J&J 18+
- 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

2 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

3 Therapeutics

- Refer eligible patients for monoclonal antibody treatment
  - Refer in CRISP or use this referral form
- Use this Federal Therapeutics Locator website to identify where you can refer eligible patients for oral antiviral agents including Molnupiravir and Paxlovid

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

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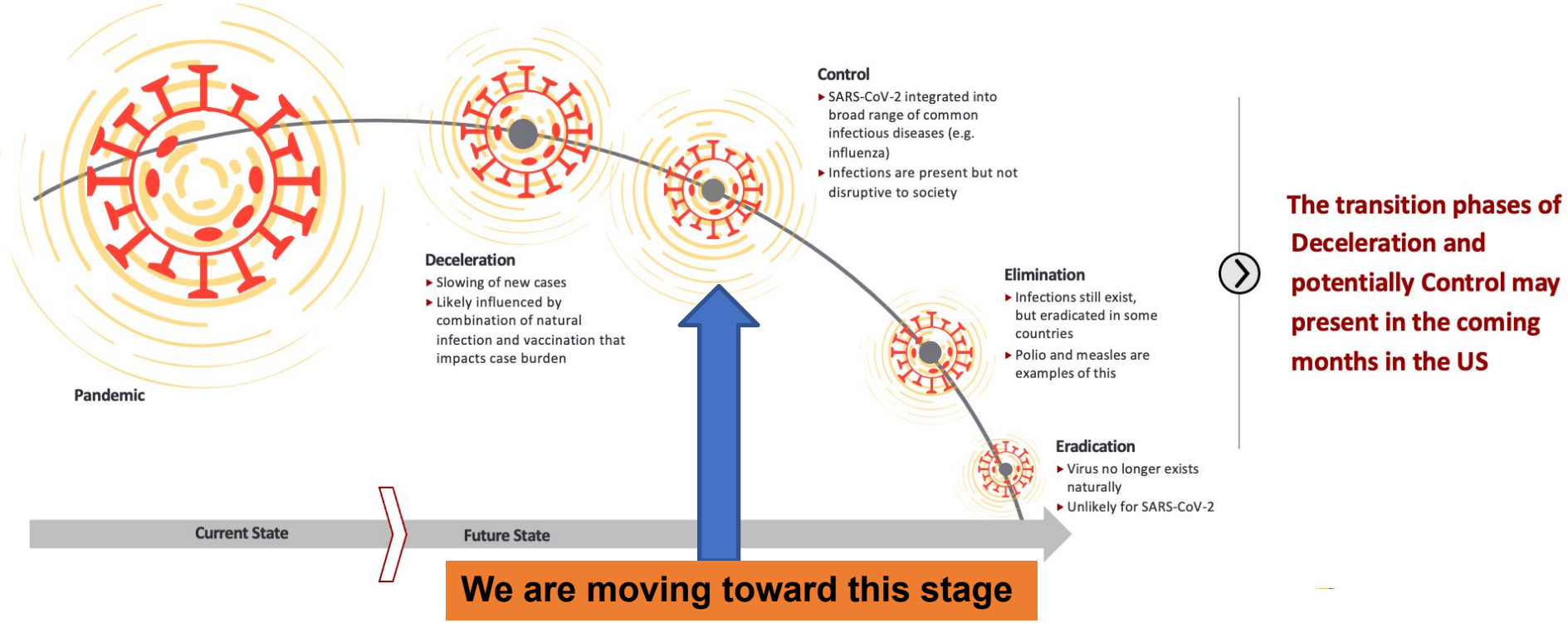
There are proposed stages of post-pandemic transition; not all may be achievable with SARS-CoV-2



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Source: Presentation by Dr. Anthony Fauci to the World Economic Forum, 17 Jan 2022

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!

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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, 2/23, 5:00 PM - 6:30 PM
  - Registration link here

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
- Long COVID and Fatiguing Illness Recovery Program
  - Monthly webinars, register here
- Networking in Primary Care
  - Thus, 2/24 at 5:00 PM, register here

Poll Questions

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Guest Presentation

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Dr. Sohail Qarni

- Medical Director for Prevention and Health Promotion Administration at Maryland Department of Health
- Senior Medical Advisor for the Testing and Vaccination Program at the Maryland Department of Health

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Pandemic to Endemic Influenza
February 9,2022

Sohail Qarni MD MPH FAAFP
Medical Director & Chief Medical Officer forCovid-19 Testing and Vaccination
Prevention and Health Promotion Administration
Maryland Department of Health

This information is current as of January 22, 2022, unless otherwise noted, and subject to change.

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Agenda

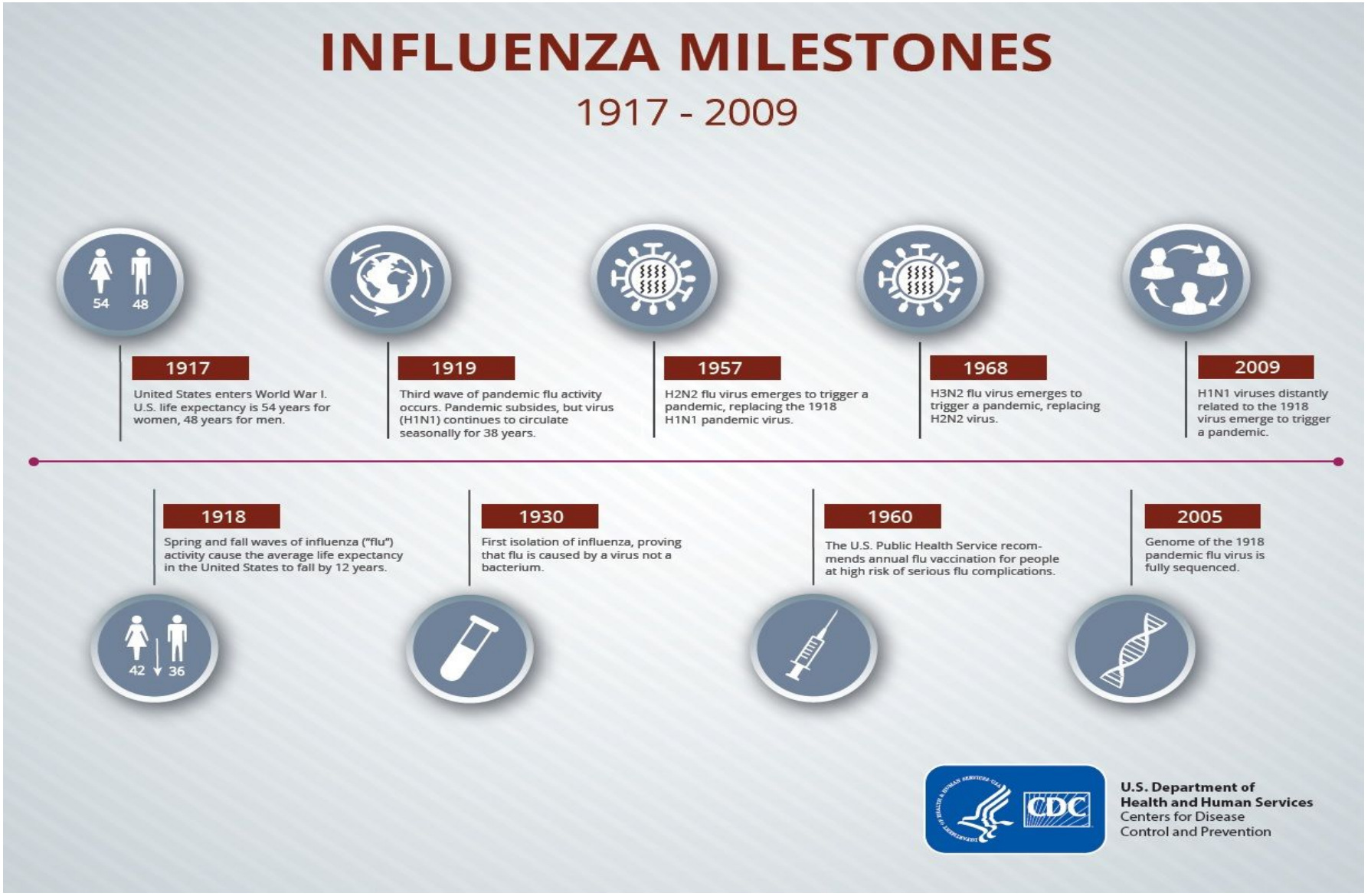
- Epidemiology
- Genetic makeup
- Influenza Vaccine
- Influenza Therapeutics
- Influenza in Maryland

"The Wuhan" of Influenza Pandemic

A small ocean-side village in Alaska called Brevig Mission would become both testament to this deadly legacy as well as crucial to the 1918 virus's eventual discovery.

Today, fewer than 400 people live in Brevig Mission, but in the fall of 1918, around 80 adults lived there, mostly Inuit Natives.

While different narratives exist as to how the 1918 virus came to reach the small village – whether by traders from a nearby city who traveled via dog-pulled sleds or even by a local mail delivery person – its impact on the village's population is well documented. During the five-day period from November 15-20, 1918, the 1918 pandemic claimed the lives of 72 of the villages' 80 adult inhabitants.



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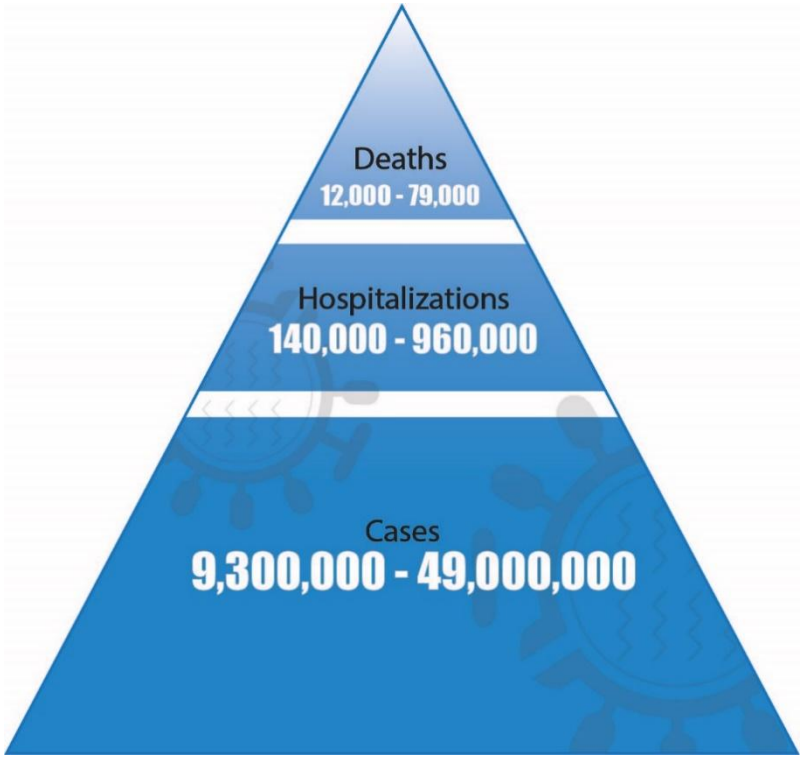
Estimated Range of Annual Burden of Flu
United States, 2010-11 through 2017-18 Influenza Seasons

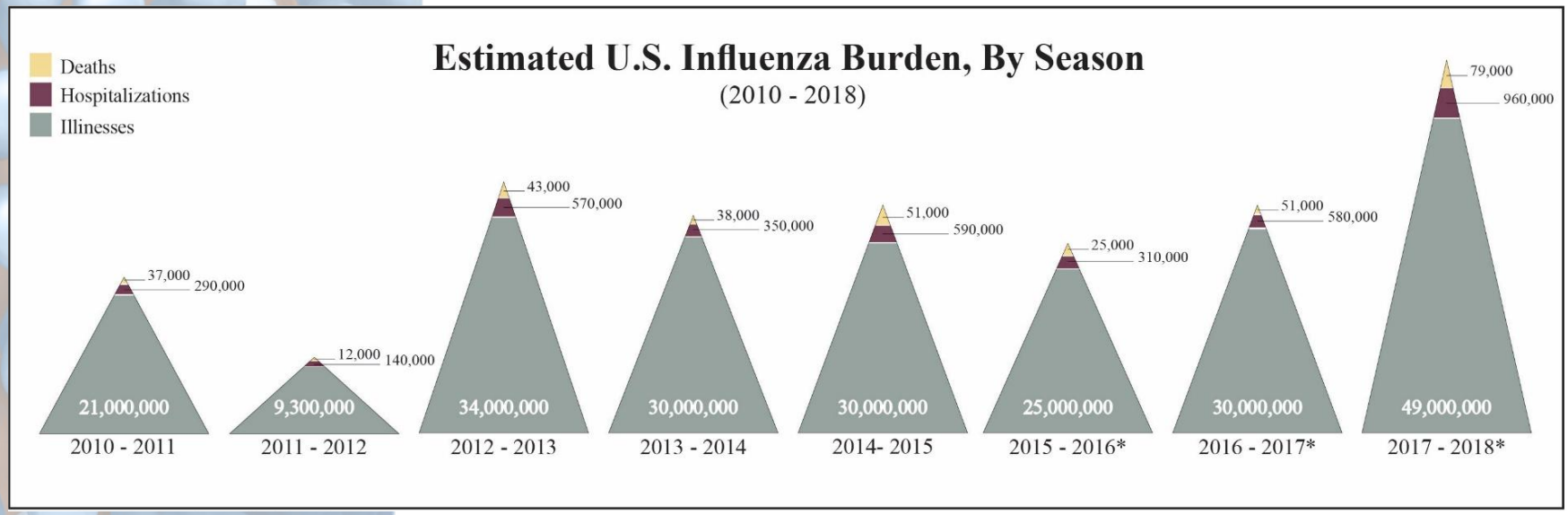
The burden of influenza disease in the United States can vary widely and is determined by a number of factors including the characteristics of circulating viruses, the timing of the season, how well the vaccine is working to protect against illness, and how many people got vaccinated. While the impact of flu varies, it places a substantial burden on the health of people in the United States each year.

CDC estimates that influenza has resulted in between 9.3 million – 49.0 million illnesses, between 140,000 – 960,000 hospitalizations and between 12,000 – 79,000 deaths annually since 2010.



https://www.cdc.gov/flu/about/burden/index.html

Estimated Influenza Disease Burden, by Season
United States, 2010-11 through 2017-18 Influenza Seasons



https://www.cdc.gov/flu/about/burden/index.html

Estimated Influenza Disease Burden, by Season
United States, 2010-11 through 2017-18 Influenza Seasons

	Symptomatic Illnesses		Medical Visits		Hospitalizations		Deaths	
Season	Estimate	95% Cr I	Estimate	95% Cr I	Estimate	95% Cr I	Estimate	95% Cr I
2010-2011	21,000,000	(20,000,000 – 25,000,000)	10,000,000	(9,300,000 – 12,000,000)	290,000	(270,000 – 350,000)	37,000	(32,000 – 51,000)
2011-2012	9,300,000	(8,700,000 – 12,000,000)	4,300,000	(4,000,000 – 5,600,000)	140,000	(130,000 – 190,000)	12,000	(11,000 – 23,000)
2012-2013	34,000,000	(32,000,000 – 38,000,000)	16,000,000	(15,000,000 – 18,000,000)	570,000	(530,000 – 680,000)	43,000	(37,000 – 57,000)
2013-2014	30,000,000	(28,000,000 – 33,000,000)	13,000,000	(12,000,000 – 15,000,000)	350,000	(320,000 – 390,000)	38,000	(33,000 – 50,000)
2014-2015	30,000,000	(29,000,000 – 33,000,000)	14,000,000	(13,000,000 – 16,000,000)	590,000	(540,000 – 680,000)	51,000	(44,000 – 64,000)
2015-2016 *	25,000,000	(24,000,000 – 28,000,000)	12,000,000	(11,000,000 – 13,000,000)	310,000	(290,000 – 340,000)	25,000	(21,000 – 31,000)
2016-2017 *	30,000,000	(28,000,000 – 32,000,000)	14,000,000	(13,000,000 – 16,000,000)	580,000	(520,000 – 660,000)	51,000	(44,000 – 64,000)
2017-2018 *	49,000,000	(46,000,000 – 53,000,000)	23,000,000	(21,000,000 – 25,000,000)	960,000	(870,000 – 1,100,000)	79,000	(69,000 – 99,000)

* Estimates from the 2015-2016, 2016-2017, and 2017-2018 seasons are preliminary and may change as data are finalized.

https://www.cdc.gov/flu/about/burden/index.html

Genetic Characterization

CDC and other public health laboratories around the world have been sequencing the gene segments of influenza viruses since the 1980s. CDC uses genetic characterization for several reasons:

- To determine how closely "related" or similar flu viruses are to one another genetically.
- To monitor how flu viruses are evolving or changing over time.
- To identify genetic changes that affect the virus's properties. For example, to identify the specific changes that are associated with influenza viruses spreading more easily, causing more severe disease, or developing resistance to antiviral drugs.
- To assess how well a flu vaccine might protect against a particular influenza virus based on its genetic similarity to the virus.
- To monitor for genetic changes in influenza viruses circulating in animal populations that could enable them to infect humans.

Types of Influenza Vaccines During the 2021-2022 Influenza Season

- CDC recommends use of any licensed, age-appropriate influenza vaccine during the 2021-2022 influenza season.

- Available influenza vaccines include:
  - quadrivalent inactivated influenza vaccine,
  - recombinant influenza vaccine, or
  - live attenuated influenza vaccine (LAIV4).

- No preference is expressed for any influenza vaccine over another.

The vaccines were designed far in advance to fight the flu strains expected to dominate the United States during the 2021-22 flu season: H3N2, H1N1, and two strains of influenza B.

H3N2, the major strain, mutated in a way that means the flu vaccines don't match up against it very well

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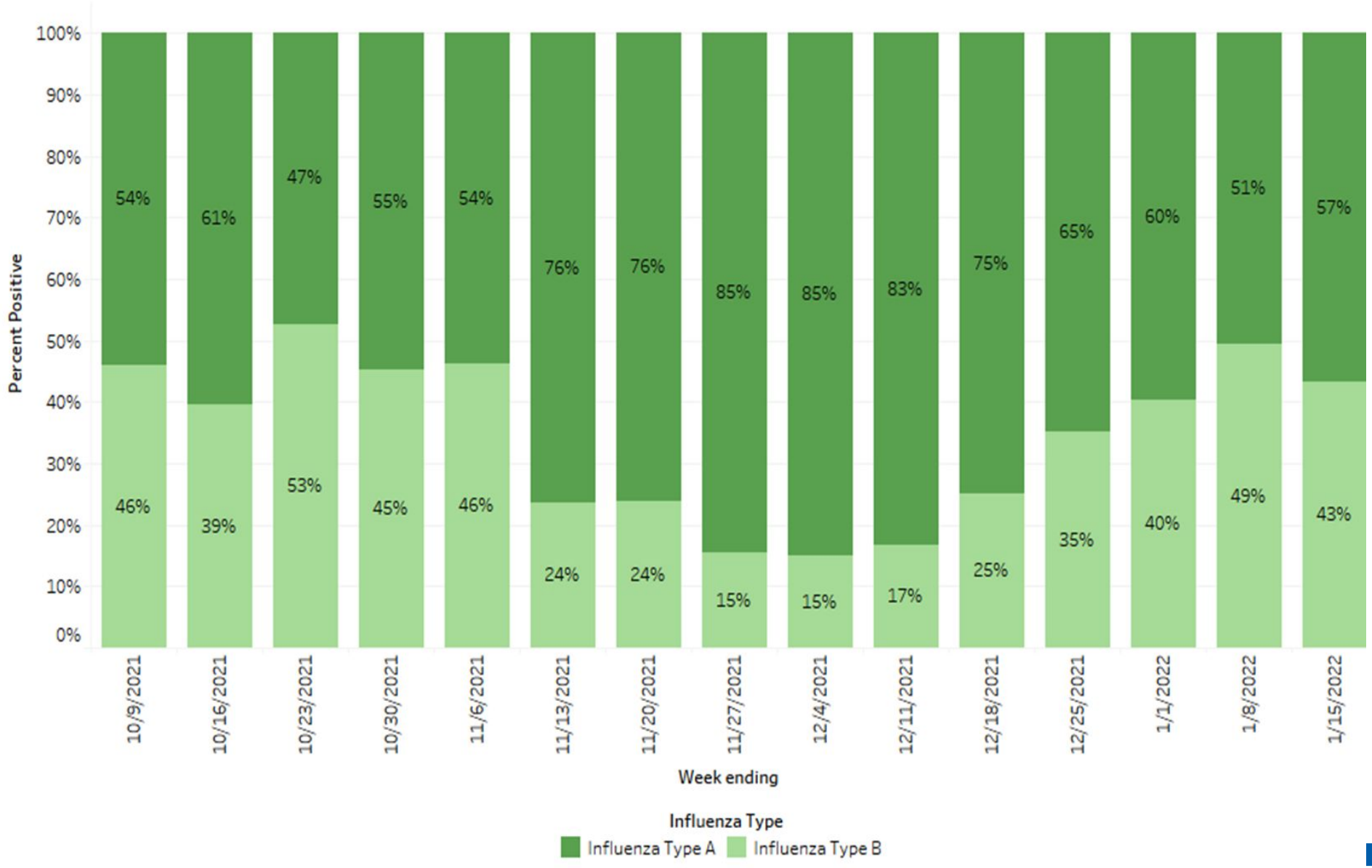
Clinical Laboratories Percent Positive Influenza by Subtype 2021-2022 Influenza Season

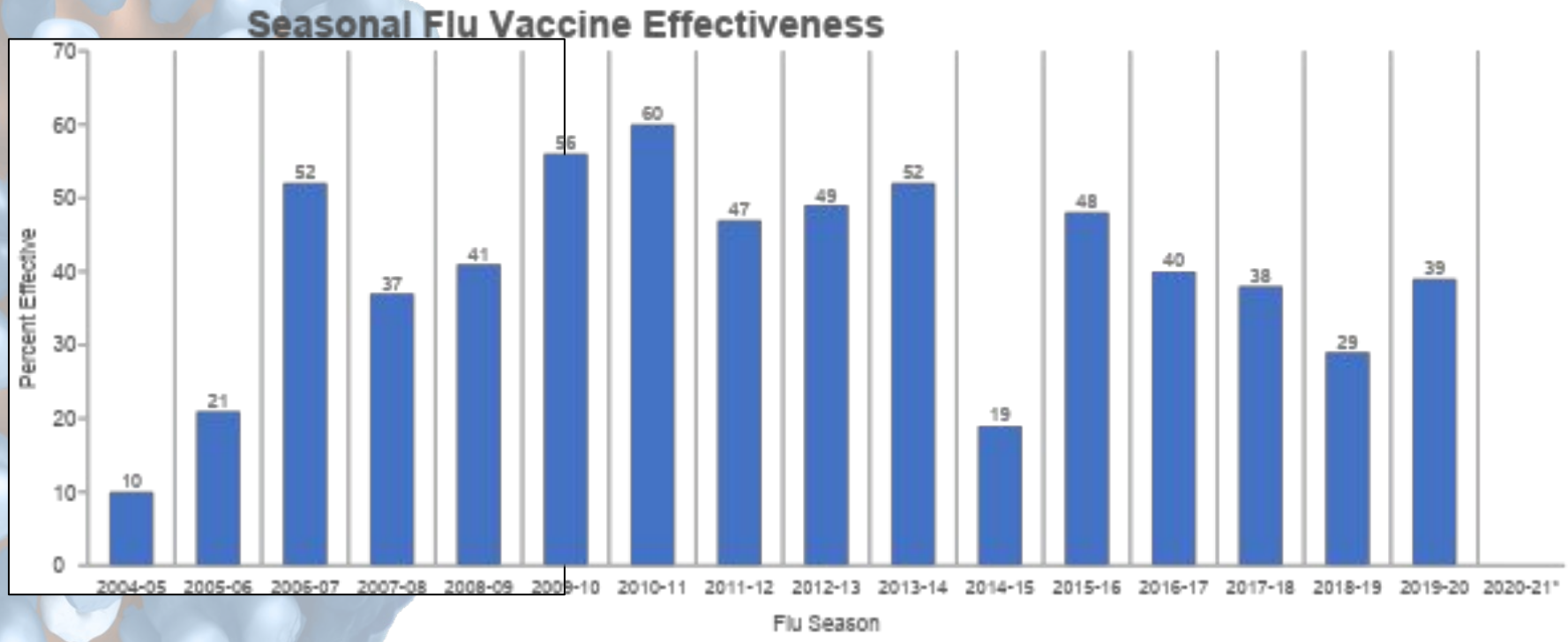


Influenza vaccine effectiveness

Flu vaccination has been shown in several studies to reduce severity of illness in people who get vaccinated but still get sick.

A 2021 study showed that among adults, flu vaccination was associated with a 26% lower risk of ICU admission and a 31% lower risk of death from flu compared to those who were unvaccinated.

Effectiveness of Seasonal Flu Vaccines from the 2005 – 2021 Flu Seasons



*2020-2021 flu vaccine effectiveness was not estimated due to low flu virus circulation during the 2020-2021 flu season.
Source: https://www.cdc.gov/flu/professionals/vaccination/effectiveness-studies.htm

An outbreak at the University of Michigan affected more than 700 people, with about 26% of those who tested positive having been vaccinated against the flu.

Though vaccines may not stop H3N2, it looks like they'll prevent serious infection from that strain.

Studies have clearly shown that seasonal influenza vaccines consistently prevent hospitalizations and deaths even in years where there are large antigenic mismatches.

Antiviral Therapeutics Resistance

- Influenza viruses with reduced susceptibility or resistance to antivirals can occur sporadically or emerge during or after antiviral treatment in some patients (e.g., immunocompromised).

- Oseltamivir (tamiflu) resistance in influenza A(H3N2) and A(H1N1) viruses can develop during treatment, particularly in young children, and immunocompromised persons.

- Human-to-human transmission of influenza A(H1N1) viruses with an H275Y mutation in viral neuraminidase conferring resistance to oseltamivir has been reported among severely immunocompromised patients in hospital units, and in the community but currently appears to be uncommon.

- Following treatment with baloxavir (Xofluza), emergence of viruses with molecular markers associated with reduced susceptibility to baloxavir has been observed in clinical trials in immunocompetent children and adults, with higher detection among baloxavir-treated pediatric patients aged <12 years compared with adults.

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Weekly Influenza Surveillance Update
Week ending January 15, 2022 (MMWR Week 2)

Respiratory Activity Levels
Minimal
✓Low
Moderate
High
Very High

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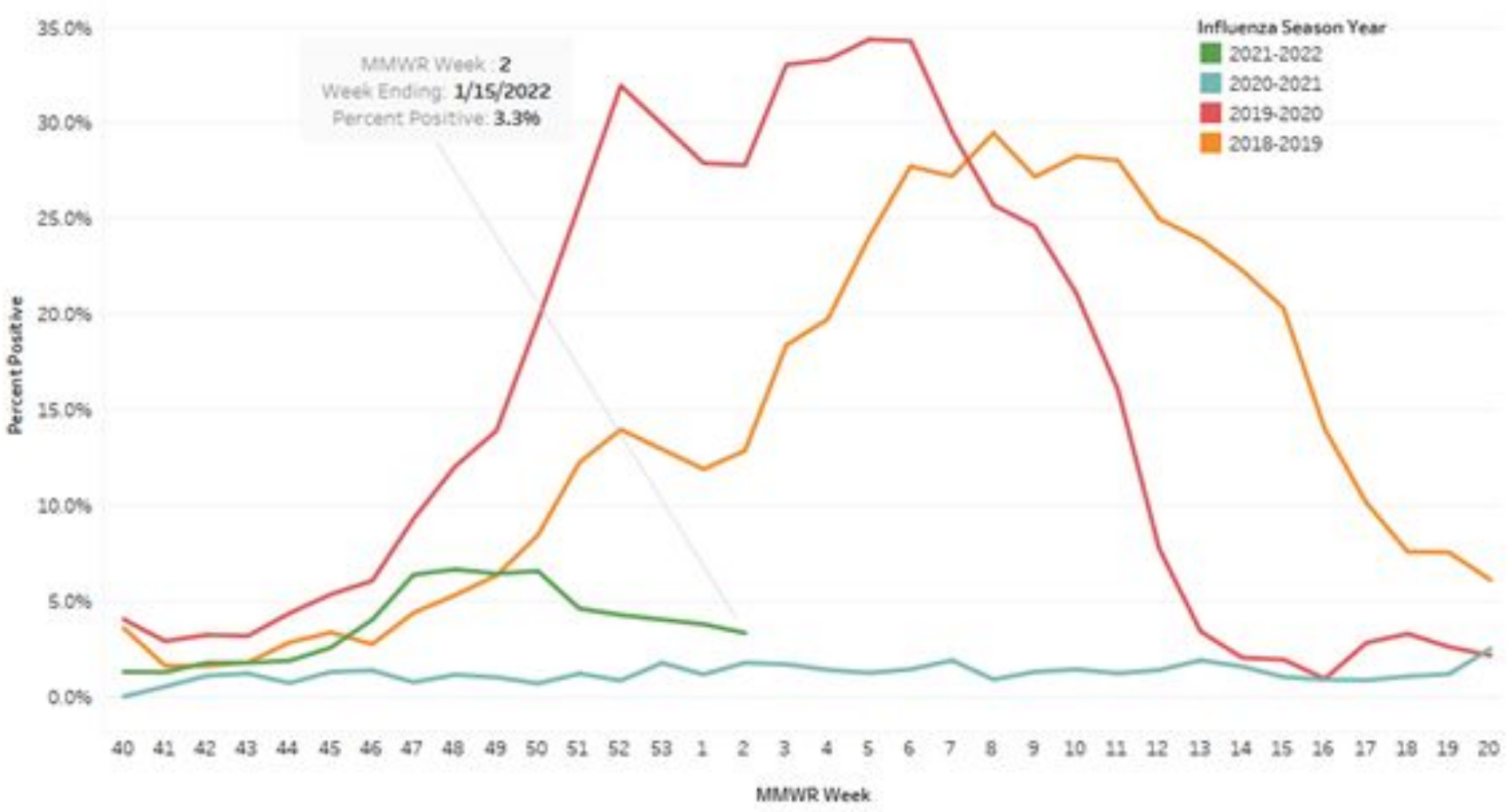
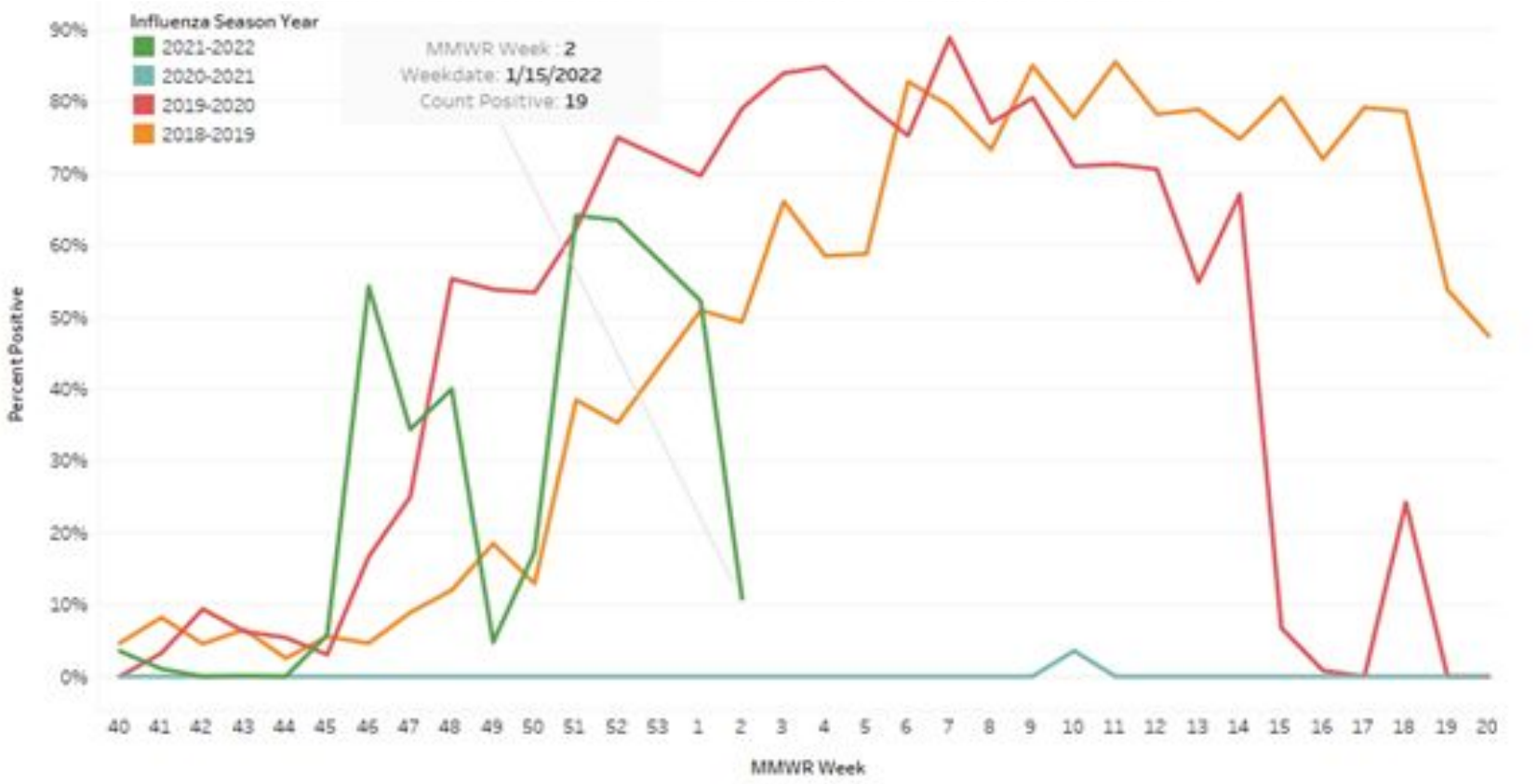
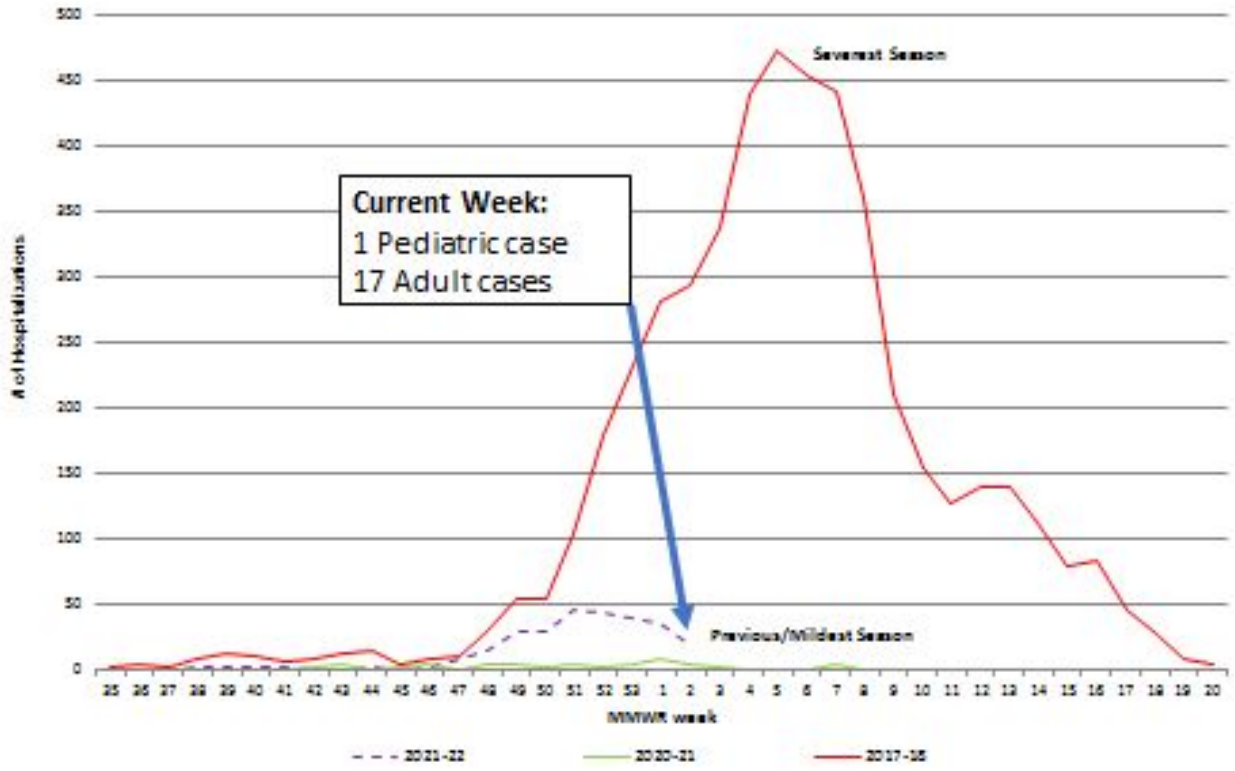
Clinical Laboratories Influenza Test Percent Positive



MDH Laboratories Percent Positive Influenza by Influenza Season



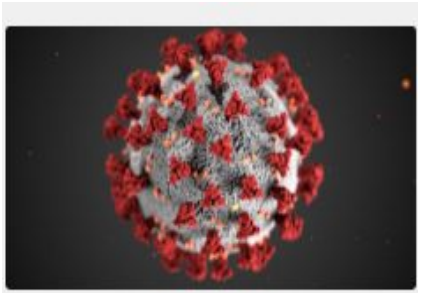
Lab Confirmed Influenza Hospitalizations – MMWR02



2021 -2022 Season Totals		
Pediatric Cases	Adult Cases	Season Total
26	210	236

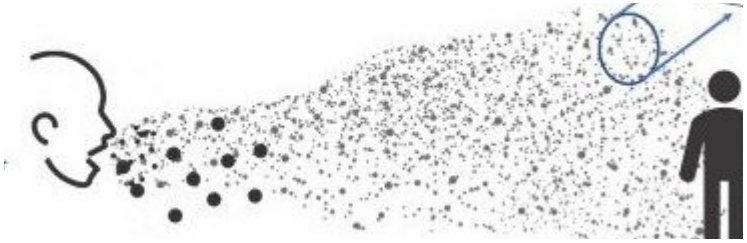
Season	Total	Peak Week	Dominate Subtype
2014-15	3656	Wk 52 (12/21-12/27	H3
2015-16	1657	Wk 10 (3/6-3/12)	2009 H1
2016-17	3566	Wk 8 (2/19-2/25)	H3
2017-18	4703	Wk 5 (1/28-2/3)	H3
2018-19	3261	Wk 5 (1/27-2/2)	H3 & 2009 H1
2019-20	3675	Wk 6 (2/2-2/8)	2009 H1 & B
2020-21	67	Week 1 (1/3-1/9)	B

The Covid Effect



For the 2019-20 flu season, the overall cumulative end-of-season hospitalization rate was **66.2 per 100,000**.

The overall cumulative hospitalization rate for the 2020-21 flu season was **0.8 per 100,000**.



Once COVID-19-related restrictions are eased or lifted, it is possible that influenza viruses will circulate widely due to lack of infection-induced population immunity over the past two years.

In the 2019-20 season, more than 22,000 people in the U.S. died from the flu; last year, deaths decreased to about 700 for the 2020-21 season.

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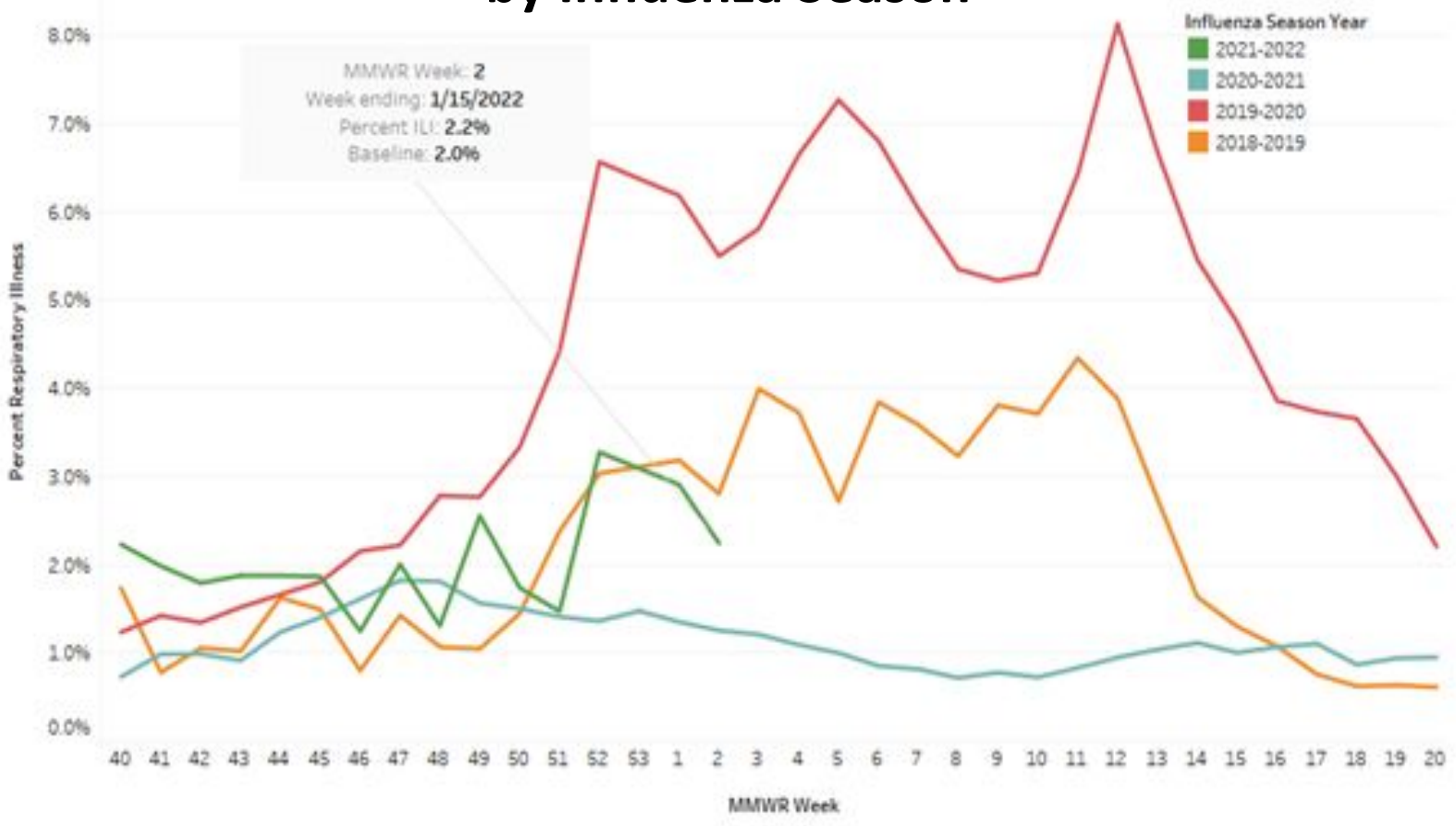
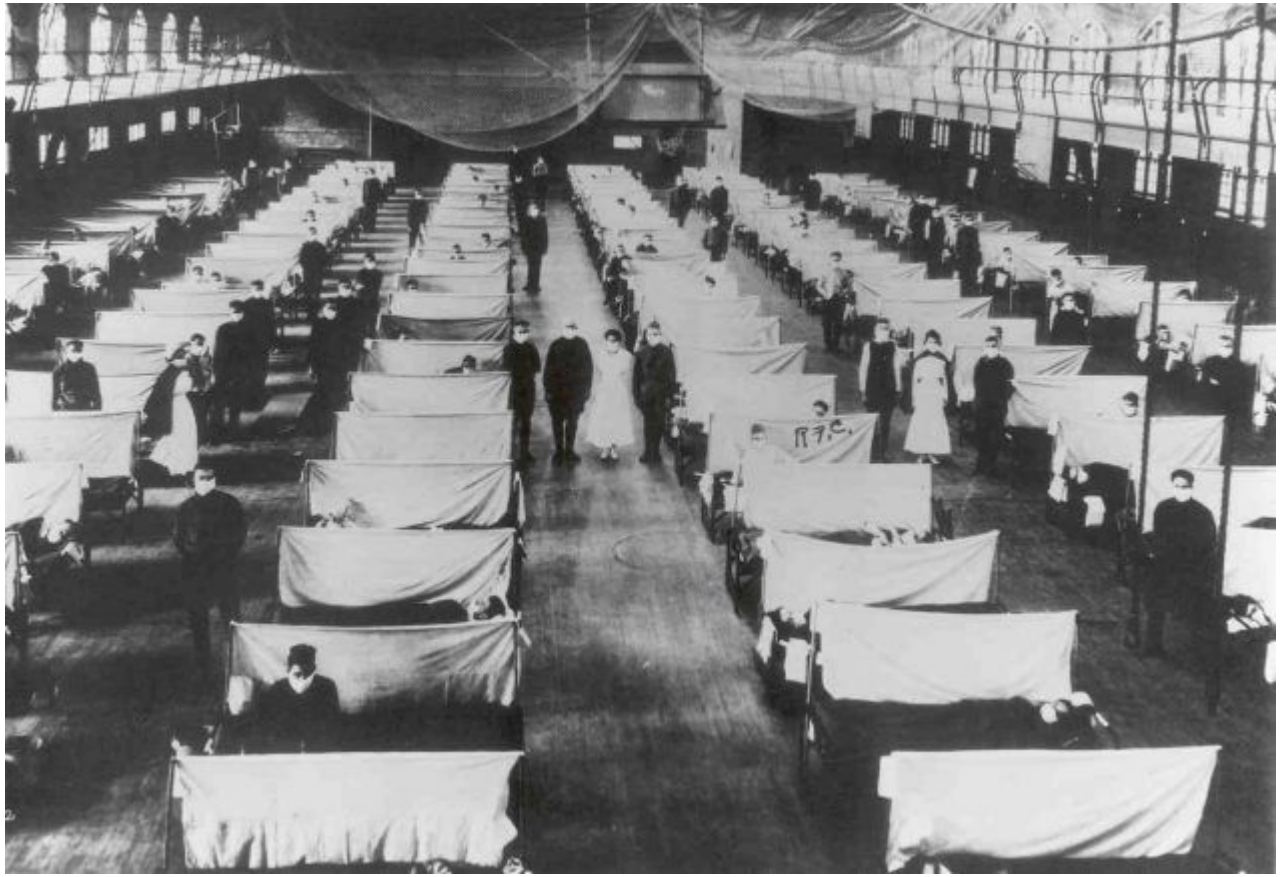
Sentinel Providers Percent Respiratory Illness by Influenza Season



1918: Popup Influenza Hospital



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1908: Masking Was Still In

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Medical Staff Shortage!!!!

Be A Nurse

Earn $15 to $25 per week

Thousands are taking up this congenial respected vocation. Offers unusual social advantages. Excellent income. Any woman of 18 or over can learn under our simple, perfected system.

LEARN AT HOME

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You can email me at: SOHAIL.QARNI@MARYLAND.GOV
Or Call : 410-767-6717

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Question and Answer Session

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CME

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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*

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Appendix

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Vaccine Resources

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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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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℃(36-46℉) 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

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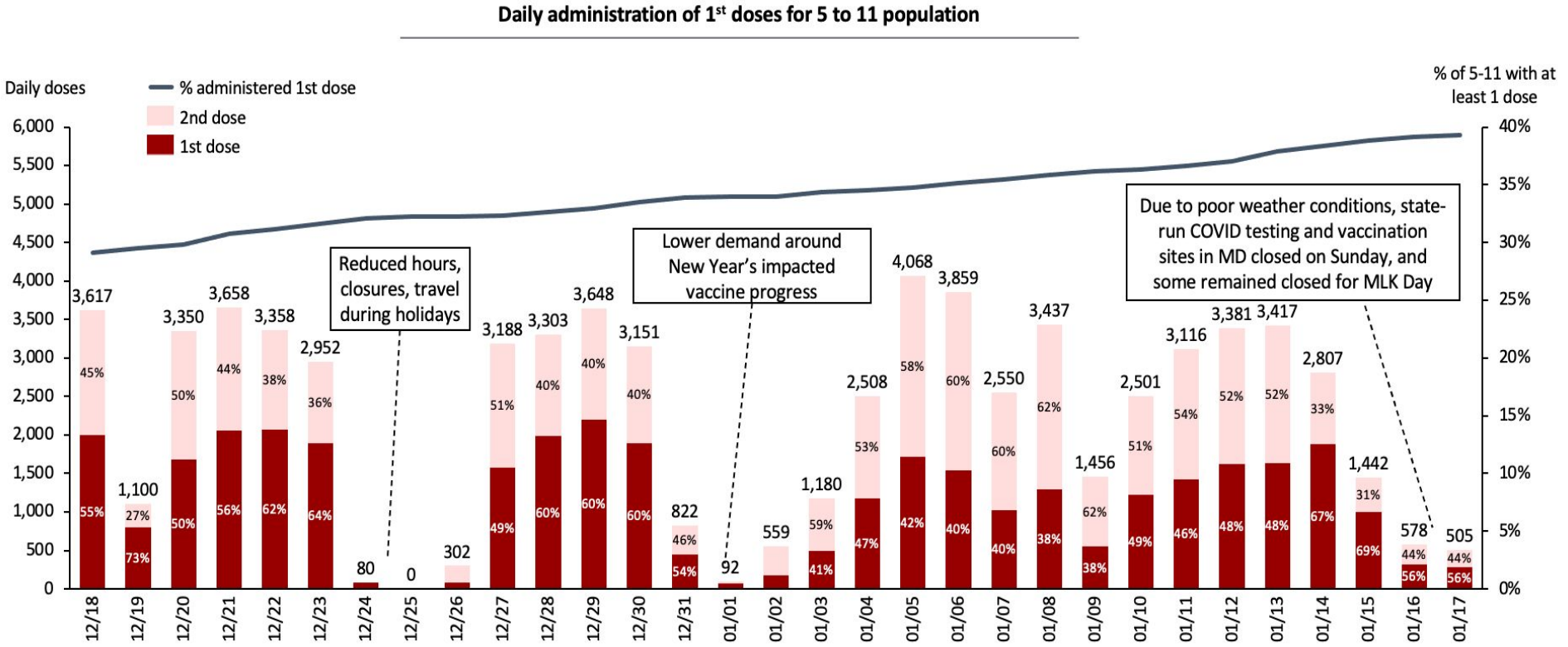
1st dose vaccinations for 5-11 populations are slowly increasing despite holiday related closures and poor weather conditions



Source: CRISP; MDH; CDC; WUSA; CBS Baltimore

Therapeutics Information and Resources

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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
- 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

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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	• 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	• 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	• Vaccinated individuals at high risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors) **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.
4	• Vaccinated individuals at risk of severe disease (anyone aged ≥65 years or anyone aged <65 with clinical risk factors) **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.

Source: NIH

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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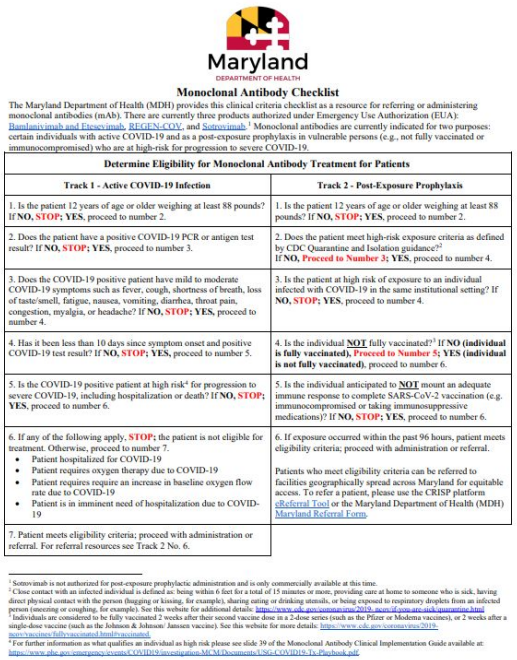
Provider-Facing Resources

- 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)



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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[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. • 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/coronavirus/2019-ncov/if-you-are-sick/quarantine.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/coronavirus/2019-ncov/vaccines/fully-vaccinated.html#vaccinated.
[4] For further information on what qualifies an individual as high risk please see slide 39 of the Monoclonal Antibody Clinical Implementation Guide available at: https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Documents/USG-COVID19-Tx-Playbook.pdf.

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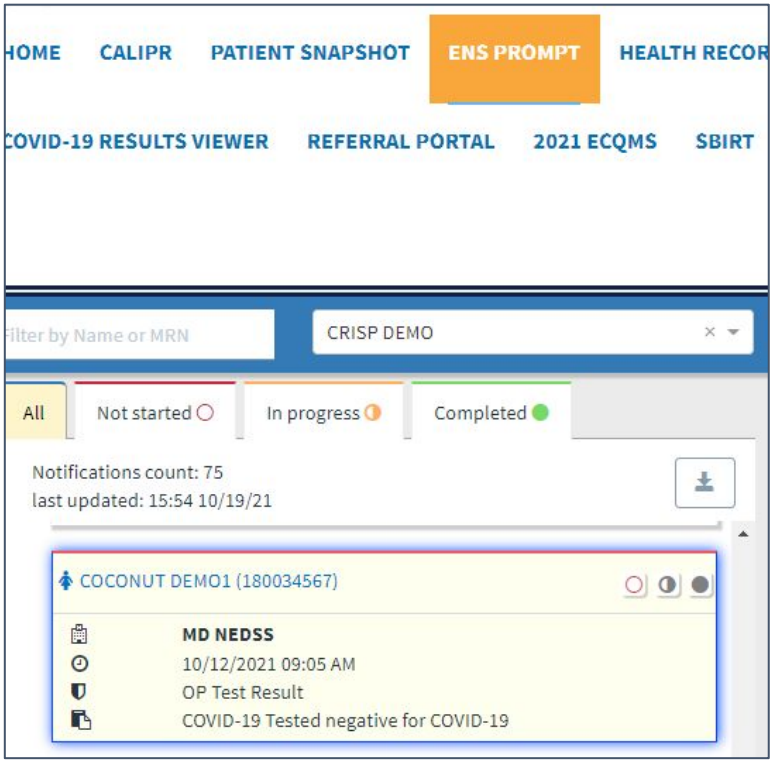
Practice mAb Referral Workflow

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



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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

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

- Alpha$_1$-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

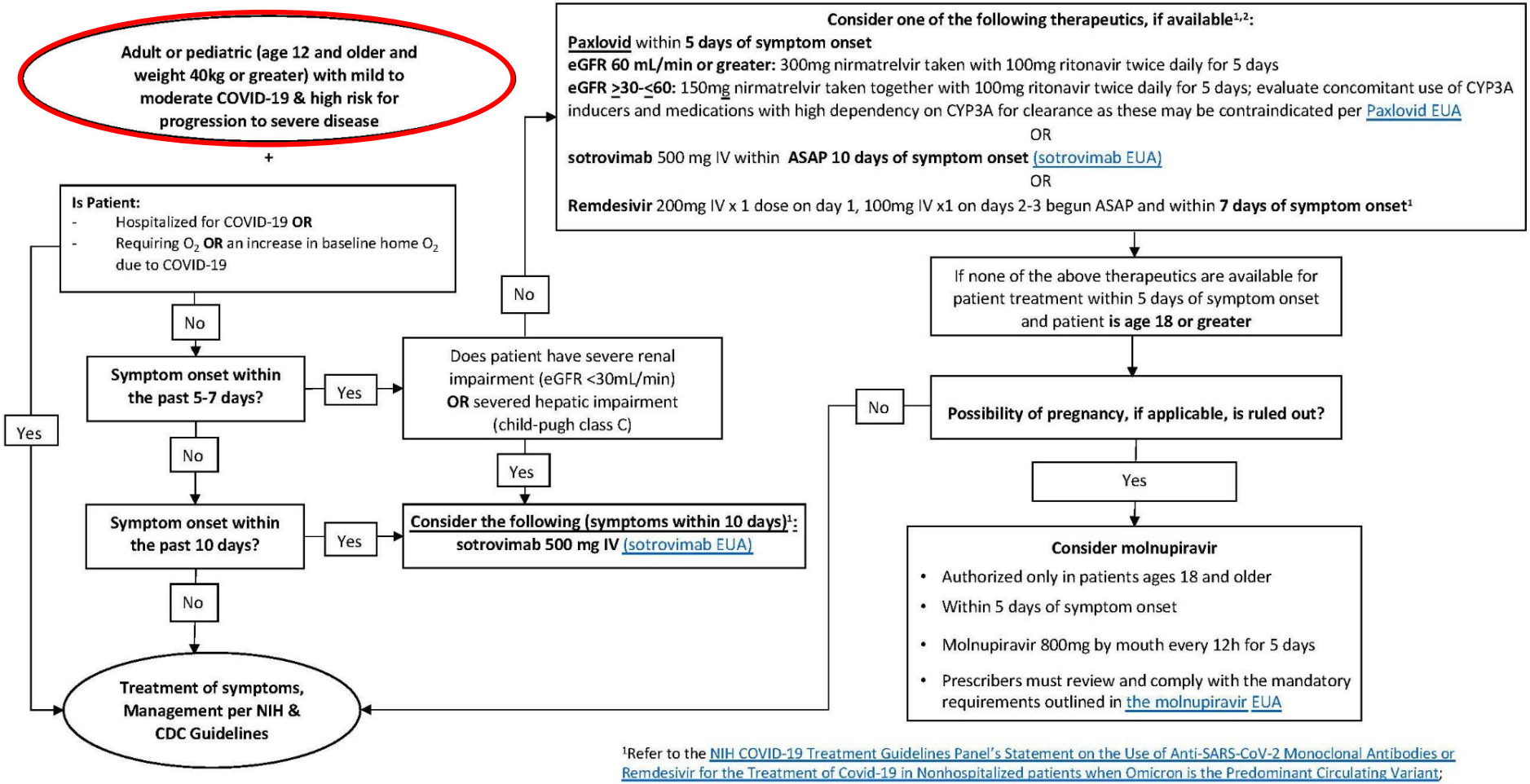
- Anticancer drugs: apalutamide
- Anticonvulsant: carbamazepine, phenobarbital, phenytoin
- Antimycobacterials: rifampin
- Herbal products: St. John's Wort

Source: FDA Fact Sheet

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
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



Limited use of bamlanivimab/etesevimab and REGEN-COV as they are not expected to be active against the Omicron variant[1]

December 30, 2021

[1]Refer 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

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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

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New CDC Quarantine and Isolation Guidelines

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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)

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Source: CDC, CDC

New CDC Quarantine and Isolation Guidelines

<u>If You Were Exposed to Someone with COVID-19 (Quarantine)</u>

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

Source: CDC

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

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Source: CDC

Maryland's Official Health Insurance Marketplace: Open Enrollment Information

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What's New with Maryland Health Connection

November 2021

maryland health connection℠

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

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

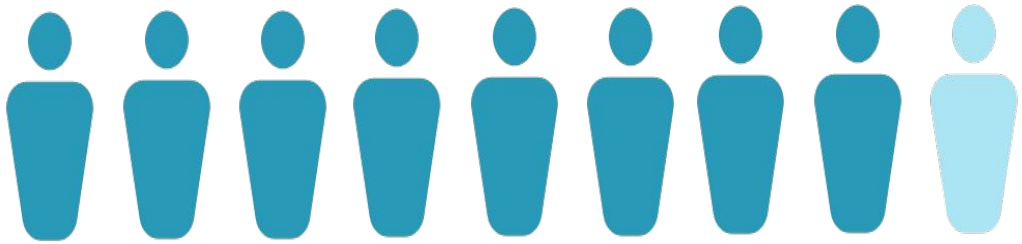
upper eastern shore Seedco

lower eastern shore Lower Shore Health Insurance Assistance Program

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

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!

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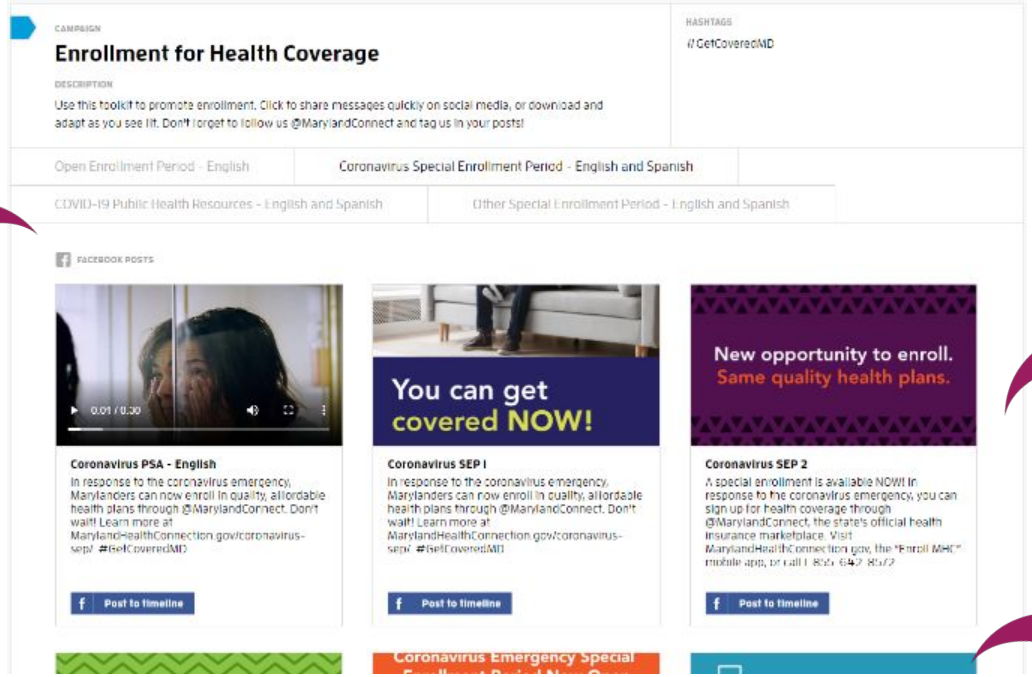
TheSocialPressKit.com/MarylandConnect

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)

Enrollment ends
January 15.

#GetCoveredMD

@MarylandConnect

General Resources and Links

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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

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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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Source: FDA

Scheduling In-Office Appointments

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

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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 video chat 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
  - Montgomery County
  - Prince Georges County
  - Charles County
  - Frederick County
  - Howard County
  - Anne Arundel County
  - St. Mary's County
  - Harford County
  - Calvert County
- Free meals available from 42 rec centers in Baltimore
  - Call 311 for locations and to schedule pickup time

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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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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"

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