



# **Covid-19 Update: Vaccines, Testing and Therapeutics In Time for the Winter**

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

18 November 2021



WINTER  
IS  
COMING

# Agenda

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- ❖ Current Pandemic data
- ❖ Vaccine Updates
- ❖ Boosters and Pediatric vaccines
- ❖ Covid Therapeutics
- ❖ Testing and the role of PCPs in oral antiviral therapeutics
- ❖ Long Covid
- ❖ End game for the pandemic
- ❖ Polling questions: Molnupiravir

# Daily COVID-19 Report

Data reported as of 11/17/2021 for data through 11/16/2021

**573,835**  
cases cumulative

**14,649,998**  
tests cumulative

**14.0**  
7-day avg. case rate

**7,369**  
total hospital census

**10,854**  
deaths cumulative

**791**  
cases reported yesterday

**28,002**  
tests reported yesterday

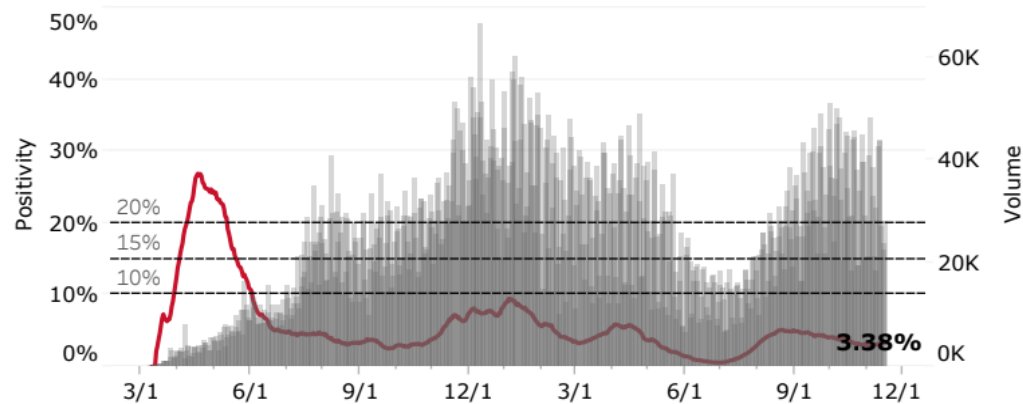
**3.38%**  
7-day avg. positivity

**245**  
change in total hospital census

**11**  
deaths reported yesterday

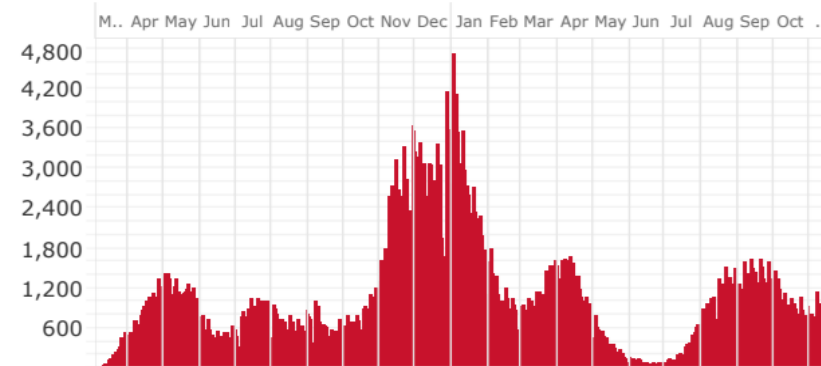
## 7-Day Avg. Percent Positivity and Total Testing Volume

Since 3/1/20

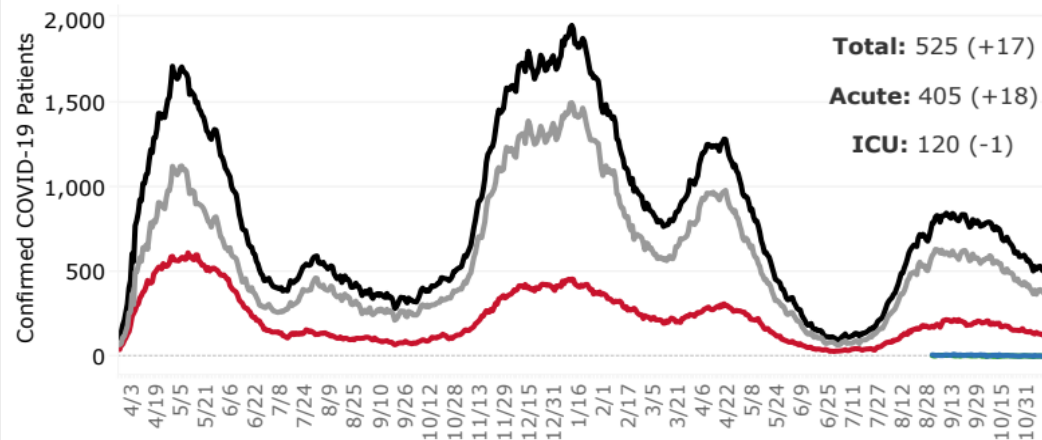


## Daily New Cases

by Specimen Collection Date

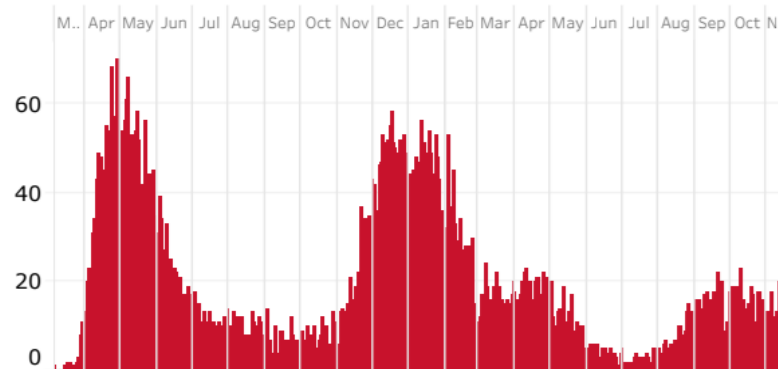


## Statewide Acute/ICU Beds Occupied by COVID Patients



## Daily Deaths

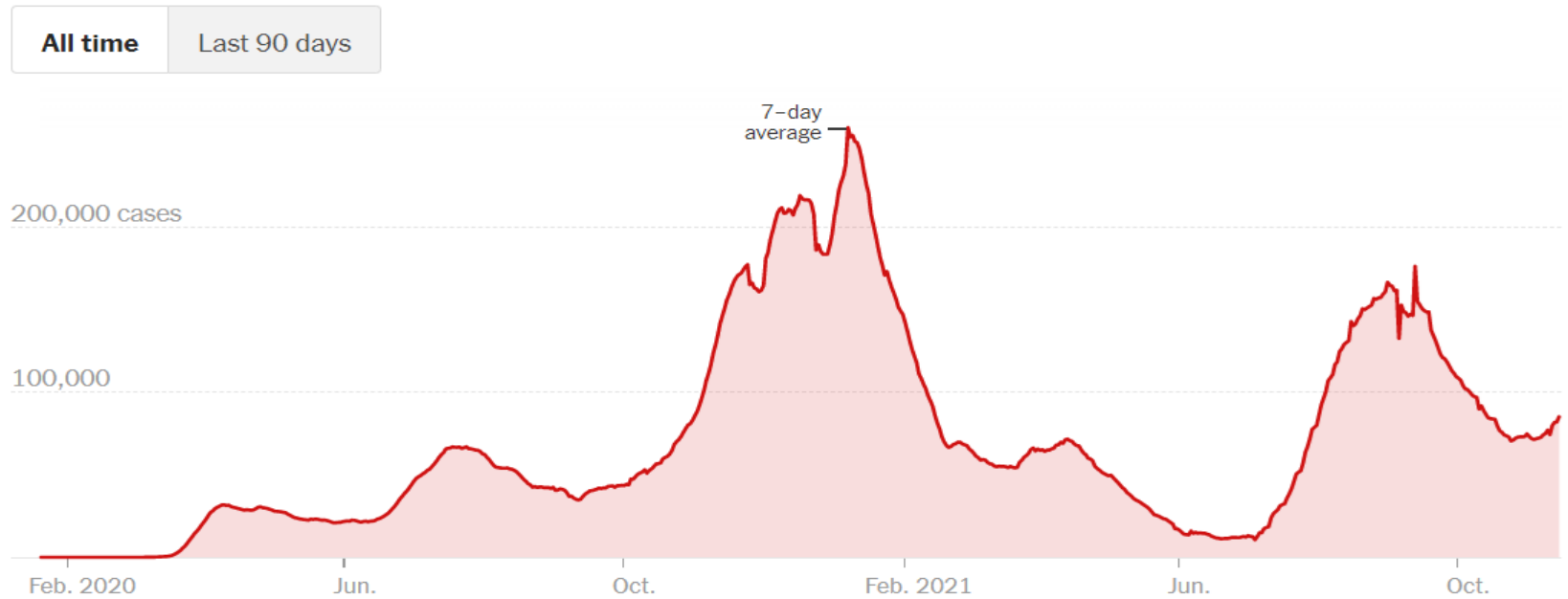
Confirmed and Probable



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

# Overview of Current Pandemic Trends in the United States

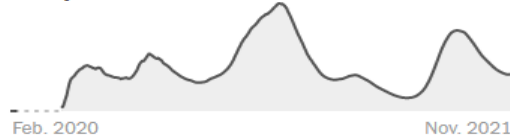
## New reported cases



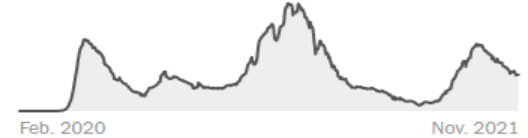
### Tests



### Hospitalized



### Deaths



DAILY AVG. ON NOV. 15

14-DAY CHANGE

TOTAL REPORTED

Cases

84,863

+14%

47,185,246

Tests

1,425,447

+13%

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Hospitalized

47,119

-5%

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Deaths

1,129

-14%

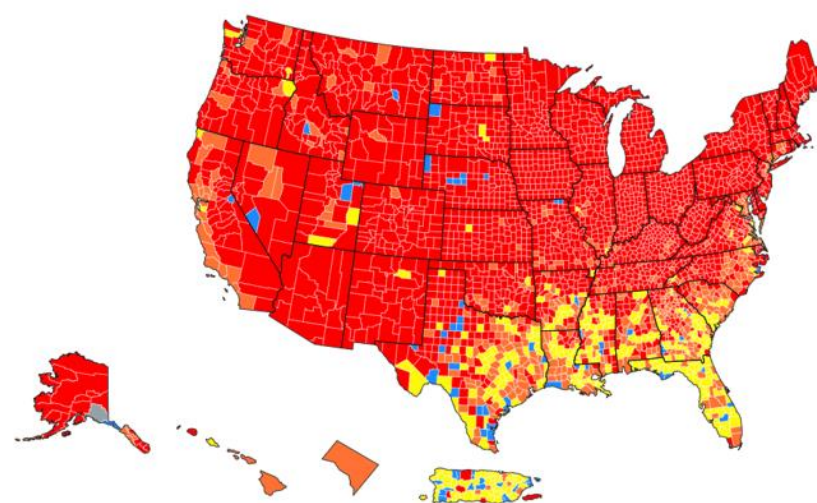
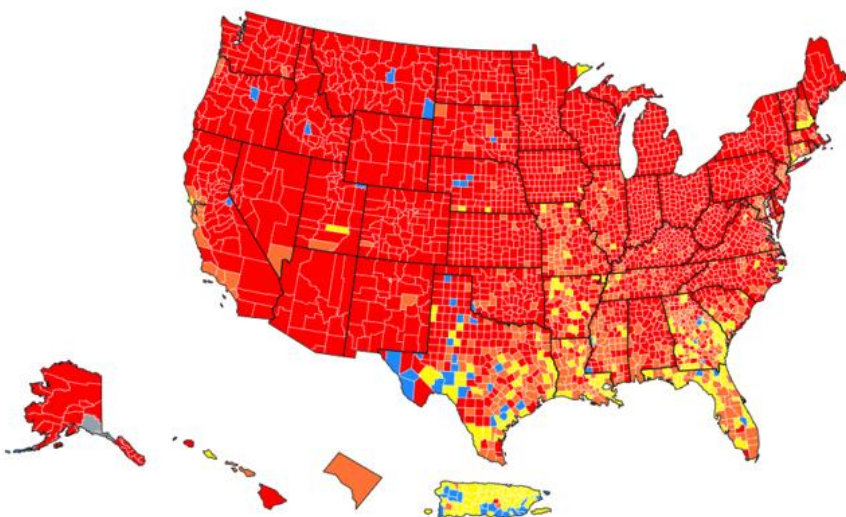
763,178



# US Community Transmission

Community Transmission in the United States,  
October 24 – October 30

Community Transmission in the United States,  
November 9 – November 15

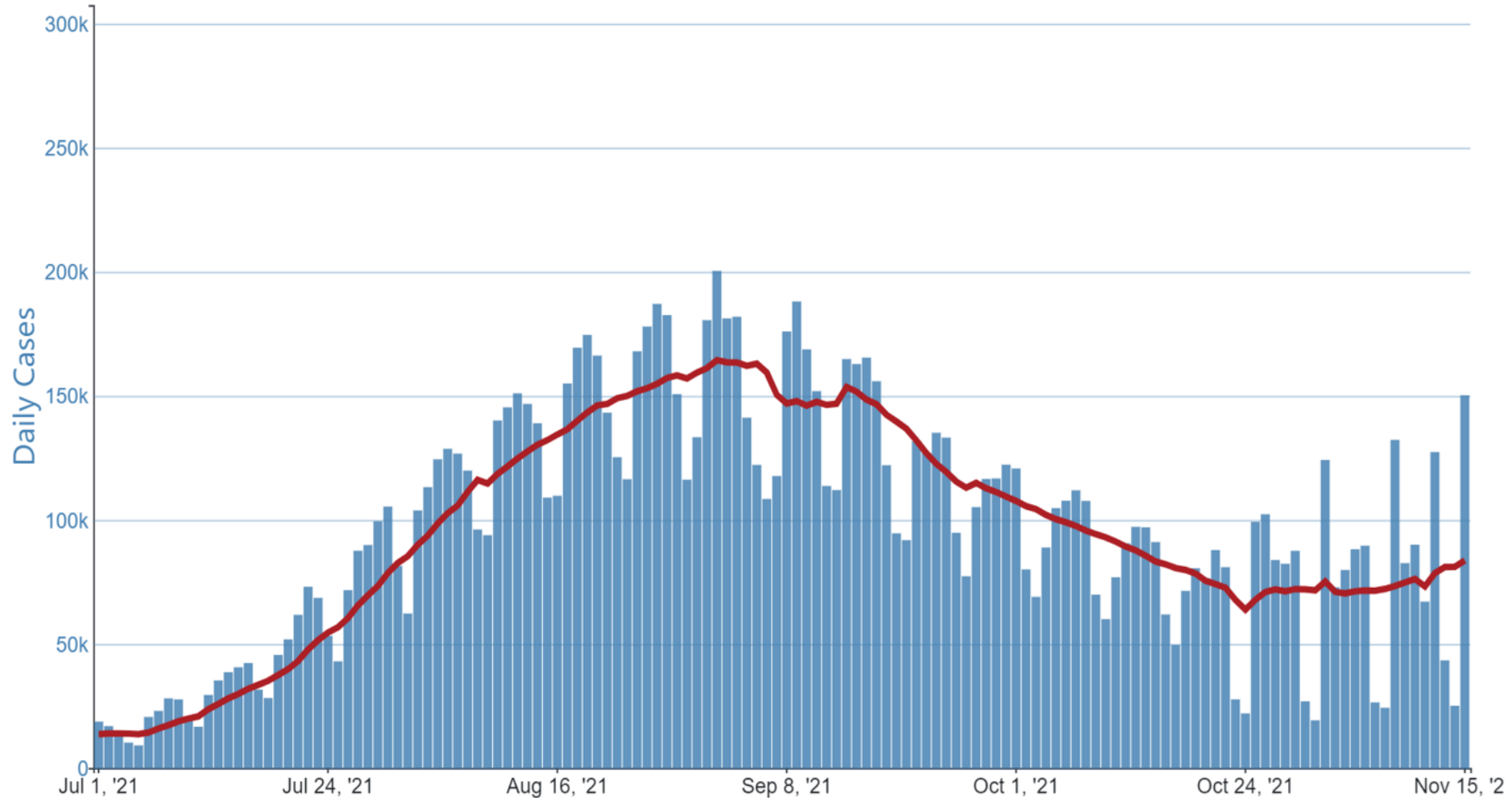


Community Transmission in US by County

	Total	Percent	% Change
High	2301	71.42%	1.64%
Substantial	485	15.05%	-2.2%
Moderate	356	11.05%	0.34%
Low	77	2.39%	0.22%

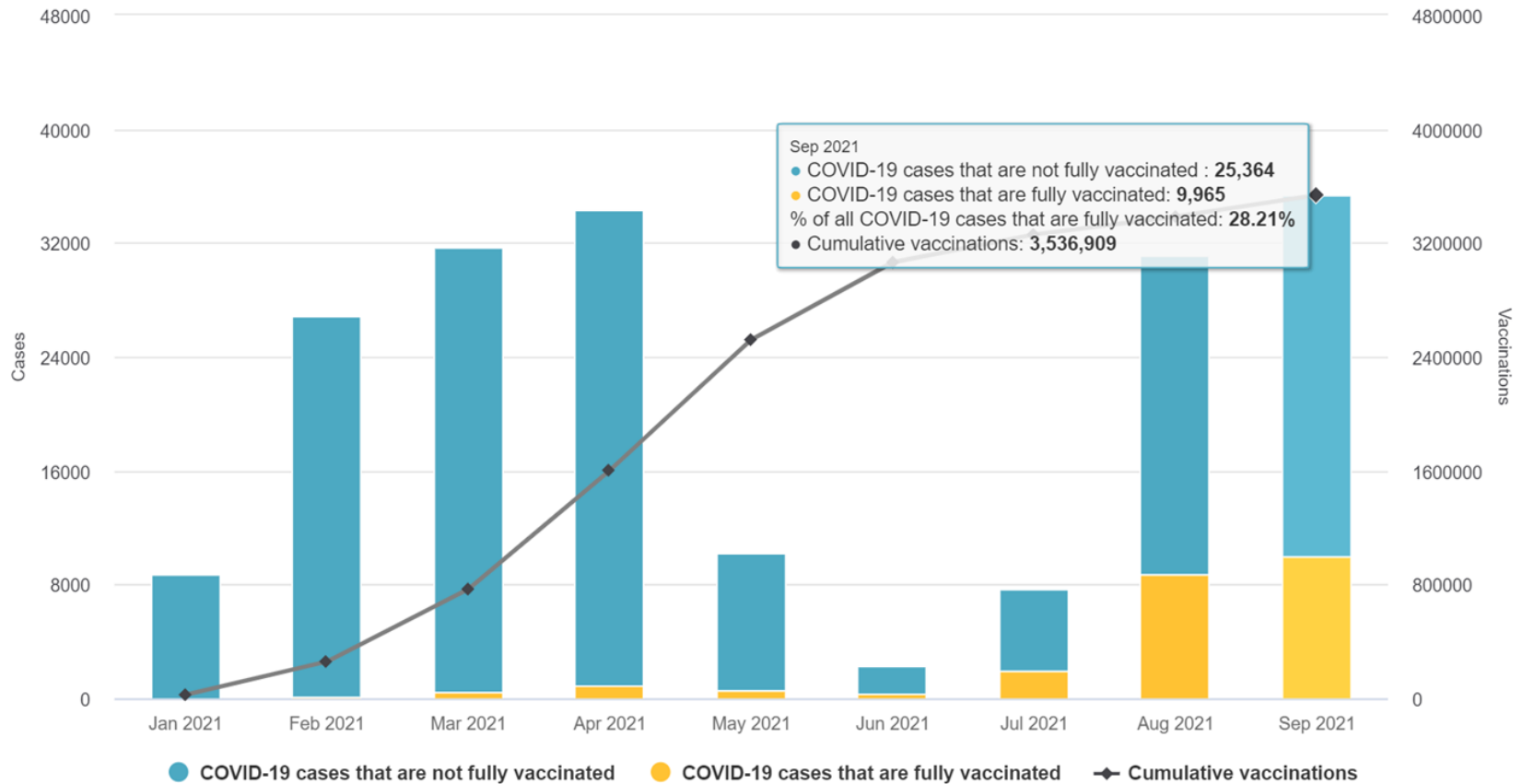
# Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC

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# Maryland Cases by Vaccination Status

## COVID-19 Cases by Vaccination Status





# Primary Care and Vaccines

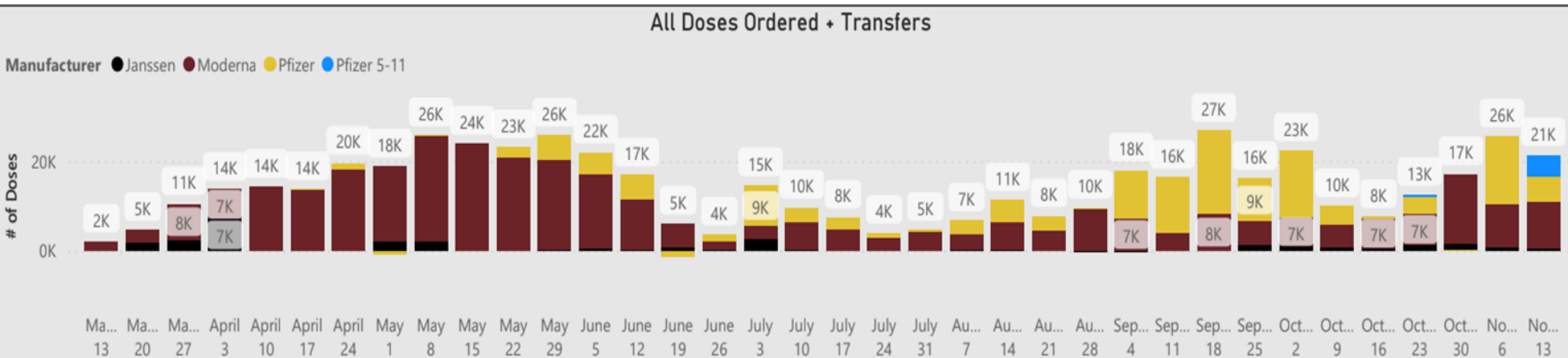
Cumulative Doses Administered

**250,581**

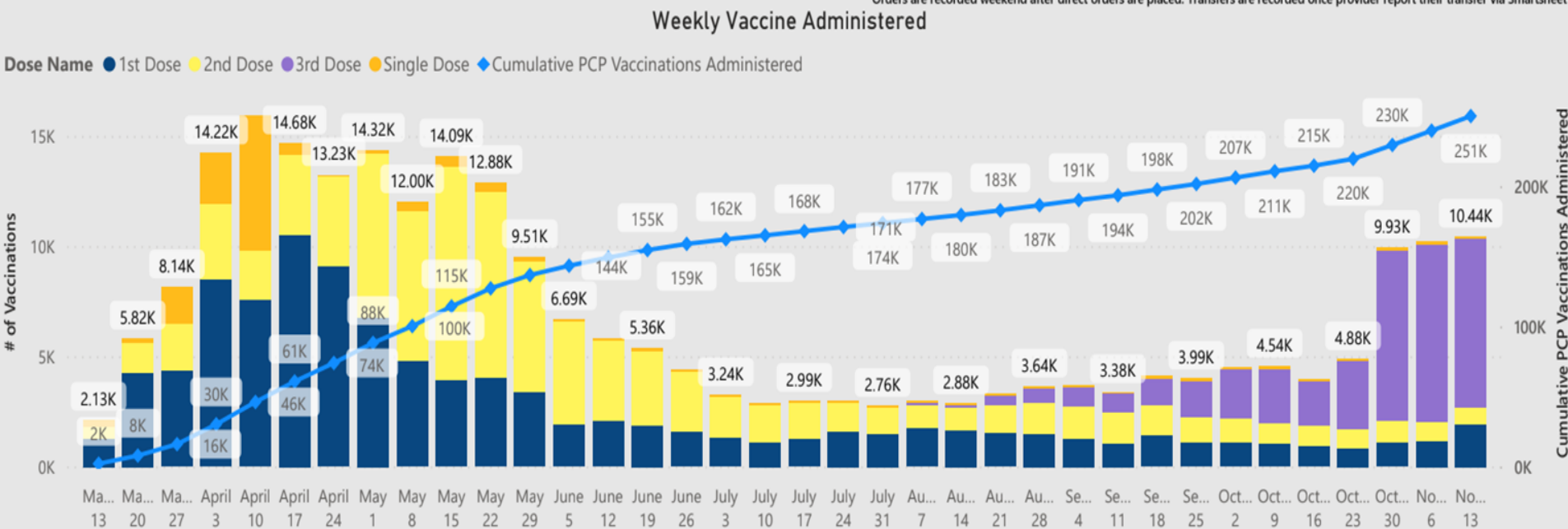
**Primary care providers are one of the most influential people in patients' lives and with increasing cases, we are inviting all providers to join the vaccination efforts**

- ❖ 87.7% of Marylanders 18+ have received at least one vaccine dose
- ❖ 459 primary care practices are involved in the Primary Care Vaccine Program

# Primary Care and Vaccines



Orders are recorded weekend after direct orders are placed. Transfers are recorded once provider report their transfer via Smartsheet



Report utilizes data only after 3/10/21

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

## **Practices**

1. M Rita Ghosh MD, PC - **93.43%**
2. Charlestown Medical Center - **92.92%**
3. Linda M. Lang, M.D., LLC - **92.59%**
4. Dorchester Family Medicine - **92.45%**
5. Doctors Saba, Koltz and Walters - **92.45%**

## **CTOs**

1. Holy Cross Health, Inc.- **89.29%**
2. PHS Doctors CTO - **86.77%**
3. Greater Baltimore Health Alliance Physicians, LLC - **85.86%**
4. Ascension Saint Agnes Community Health Partners - **85.76%**
5. University of Maryland Care Transformation Organization, LLC - **84.69%**



*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. Prime Medicine, LLC - **3.07%**
2. MedStar Medical Group Family Medicine (Fort Lincoln) - **1.69%**
3. Sinai Hospital of Baltimore, Inc. (Belvedere Ave) - **1.43%**
4. Sinai Hospital of Baltimore, LLC - **1.30%**
5. Raman Tul, M.D., PC - **1.22%**

## **CTOs**

1. HCD International - **0.50%**
2. Western Maryland Physician Network, LLC - **0.35%**
3. Anne Arundel Medical Center Collaborative Care Network, LLC - **0.32%**
4. University of Maryland Upper Chesapeake Health System, Inc. - **0.30%**
5. InterMed Associates IPA, LLC - **0.29%**



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

# Boosters

## ❖ Pfizer

- At least **six months** after 2nd dose
- [Some populations](#)



## ❖ Moderna


- At least **six months** after 2nd dose
- [Some populations](#)
- Note: Moderna booster is a half dose

## ❖ J&J

- At least **two months** after initial dose
- [Everyone](#) who obtained J&J

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





### COVID-19 Vaccine Booster Guide for PCPs

Last Updated 10/27/2021


This guide is designed to assist you with identifying eligible populations for COVID-19 vaccine boosters, timing of eligibility, and how to provide eligible patients with booster doses.


Quick Links:  
[CDC Media Announcement on Booster Recommendations \(10/21/2021\)](#)  
[FDA Recommendations on COVID-19 Vaccine Boosters \(10/20/2021\)](#)

#### PFIZER

The CDC now recommends a booster injection for the following populations that have previously obtained the Pfizer COVID-19 primary series:

- 65 years and older
- Age 18+ who live in [long-term care settings](#)
- Age 18+ who have [underlying medical conditions](#)
- Age 18+ who work or live in [high-risk settings](#)

 These populations are eligible for a booster injection [six months](#) after completing the primary series

 [Pfizer Storage and Handling Guide Link](#)

#### Pfizer CPT Codes

- 0001A for the first dose of Pfizer
- 0002A for the second dose of Pfizer
- 0003A for the third dose of Pfizer (immunocompromised)
- **0004A for the booster dose of Pfizer**

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# Heterologous Dosing - Mixing and Matching

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- ❖ 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



# 5-11 Yr Old Pediatric Pfizer Vaccine

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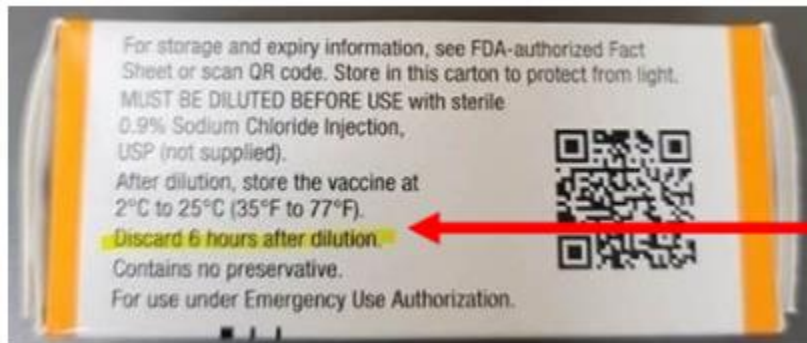
- ❖ Two dose regimen, dose 2 can be administered 21 days after dose 1
- ❖ Different product from 12+
- ❖ Will require reconstitution
- ❖ Allocation
  - Current: State-based allocation
  - Future: Direct ordering
  - Providers will need to manage 2nd dose appointments through supply provided; **no separate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

# Pediatric Vaccine Data

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- ❖ In Maryland, 75% of 12-17-year-olds have received at least 1 dose, compared to 59% nationally
- ❖ As of November 18:
  - 71,300 (14.3%) of Maryland's 5–11-year-olds have received a 1st dose
  - Doses have been administered in all 24 jurisdictions

# Update: Correction to Pfizer Label



Should read "Discard 12 hours after dilution"

- ❖ The Pfizer Pediatric 5-11 orange vial labels were printed before the FDA EUA was released
  - Labels state, "discard 6 hours after dilution"
- ❖ The 10/29 FDA EUA states can be used up to **12 hours** after dilution

# 5-11 Pfizer Ordering

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- ❖ 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
- ❖ Week 3 cadence
  - Allocation survey expected to be sent to ImmuNet providers on Mon, Nov 22
  - Survey responses tentatively due by Sun, Nov 28

***Additional information in  
appendix***

# Monoclonal Treatment Eligibility

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## ❖ Who Qualifies for Treatment?

### ➤ mAb treatment is for adults and adolescents (12 and older) who:

- ✓ Recently tested positive for COVID-19
- ✓ Are within 10 days of first experiencing symptoms
- ✓ Do not need to be hospitalized for COVID-19
- ✓ Weigh at least 88 pounds

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

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

# Self-Referral Options for Patients

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- ❖ 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



# Provider-Facing Resources

- ❖ Webinars- over 100
- ❖ Clinician Letters
  - “Checklist” to assist providers in determining patient eligibility for mAbs.
- ❖ Ease in making referral
  - Option 1: [CRISP eREFERRAL for Monoclonal Antibody Infusion](#)
  - Option 2: [Maryland Referral Form for Monoclonal Antibody Infusion Treatment](#) (Updating to include sites where PEP is available)
  - Some sites allow patients to self-refer for evaluation (listed on referral materials)



## Monoclonal Antibody Checklist

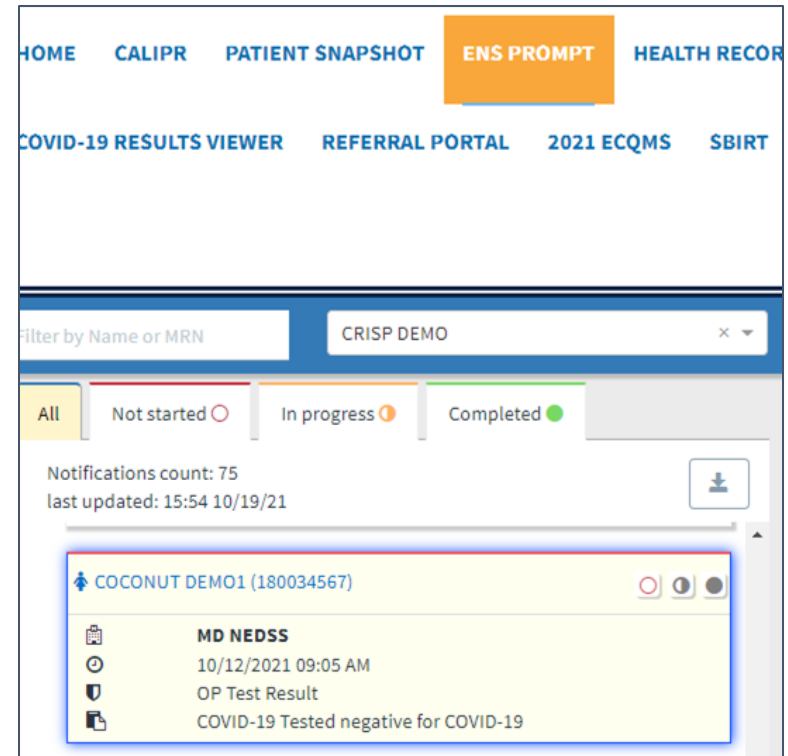
The Maryland Department of Health (MDH) provides this clinical criteria checklist as a resource for referring or administering monoclonal antibodies (mAb). There are currently three products authorized under Emergency Use Authorization (EUA): [Bamlanivirumab and Emapresnyl](#), [REGN-COV2](#), and [Sotrovimab](#).<sup>1</sup> 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 <b>NO</b> , <b>STOP</b> ; <b>YES</b> , proceed to number 2.	1. Is the patient 12 years of age or older weighing at least 88 pounds? If <b>NO</b> , <b>STOP</b> ; <b>YES</b> , proceed to number 2.
2. Does the patient have a positive COVID-19 PCR or antigen test result? If <b>NO</b> , <b>STOP</b> ; <b>YES</b> , proceed to number 3.	2. Does the patient meet high-risk exposure criteria as defined by CDC Quarantine and Isolation guidance? <sup>2</sup> If <b>NO</b> , <b>Proceed to Number 3</b> ; <b>YES</b> , 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 <b>NO</b> , <b>STOP</b> ; <b>YES</b> , 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 <b>NO</b> , <b>STOP</b> ; <b>YES</b> , proceed to number 4.
4. Has it been less than 10 days since symptom onset and positive COVID-19 test result? If <b>NO</b> , <b>STOP</b> ; <b>YES</b> , proceed to number 5.	4. Is the individual <b>NOT</b> fully vaccinated? <sup>3</sup> If <b>NO</b> (individual is fully vaccinated), <b>Proceed to Number 5</b> ; <b>YES</b> (individual is not fully vaccinated), proceed to number 6.
5. Is the COVID-19 positive patient at high risk <sup>4</sup> for progression to severe COVID-19, including hospitalization or death? If <b>NO</b> , <b>STOP</b> ; <b>YES</b> , proceed to number 6.	5. Is the individual anticipated to <b>NOT</b> mount an adequate immune response to complete SARS-CoV-2 vaccination (e.g., immunocompromised or taking immunosuppressive medications)? If <b>NO</b> , <b>STOP</b> ; <b>YES</b> , proceed to number 6.
6. If any of the following apply, <b>STOP</b> ; the patient is not eligible for treatment. Otherwise, proceed to number 7. <ul style="list-style-type: none"> <li>• Patient hospitalized for COVID-19</li> <li>• Patient requires oxygen therapy due to COVID-19</li> <li>• Patient requires require an increase in baseline oxygen flow rate due to COVID-19</li> <li>• Patient is in imminent need of hospitalization due to COVID-19</li> </ul>	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 ( <a href="#">eReferral Tool</a> ) or the Maryland Department of Health (MDH) <a href="#">Maryland Referral Form</a> .
7. Patient meets eligibility criteria; proceed with administration or referral. For referral resources see Track 2 No. 6.	

<sup>1</sup> Sotrovimab is not authorized for post-exposure prophylactic administration and is only commercially available at this time.  
<sup>2</sup> 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 (coughing or sneezing, for example). See this website for additional details: <https://www.cdc.gov/media/releases/2020/s111920-covid-19-close-contact.html>  
<sup>3</sup> Individuals are considered to be fully vaccinated 2 weeks after their second vaccine dose in a 2-dose series (such as the Pfizer or Moderna vaccines), or 2 weeks after a single-dose vaccine (such as the Johnson & Johnson/Janssen vaccine). See this website for more details: <https://www.cdc.gov/vaccines/imz/2021/01/21/covid-19-vaccine.html>  
<sup>4</sup> For further information as to what qualifies an individual as high-risk please see slide 19 of the Monoclonal Antibody Clinical Implementation Guide available at: <https://www.mdh.state.md.us/immunity-system/COVID19/monoclonal-antibody-MH-DCO/COVID19-19-FAQs.pdf>

# Practice mAb Referral Workflow

- 1) Daily, go into the CRISP ENS PROMPT to [view new positive Covid-19 test results](#) for your patients
- 2) For Covid-positive patients, assess every patient for [mAb eligibility](#)
- 3) For eligible patients, call the patient to recommend mAb treatment
  - a) See this [patient-facing website](#)
- 4) Refer the patient to mAb treatment through [CRISP](#) or [externally](#)



# Monoclonal Antibody Treatment: Post-exposure Prophylaxis

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- ❖ Who is eligible for post-exposure prophylaxis?
  - Individuals with significant medical condition(s) who have no Covid-19 symptoms, but have been exposed in the past four days to a known or suspected case of COVID-19 and are in one of the following categories:
    - ✓ Are not fully vaccinated
    - ✓ Are vaccinated but not expected to have an adequate immune response to the vaccine
    - ✓ Are in a congregate living situation such as a nursing home or prison

## Monoclonal Antibody Summary

### Summary

Reporting Period: 11/9/2020 - 11/7/2021

Nov 12, 2021

Data as of: 11/7/2021

#### mAbs Infusions Overview

Total mAbs Infusions	Total mAbs Inventory
20,354	6,134
Change Last Week	Change Last Week
+900	+475

#### Statewide Impact

Cumulative Hospitalizations Avoided	956
Change Last Week	+43
Cumulative Fatalities Avoided	391
Change Last Week	+17
Cumulative mAbs Allocation Utilization Rate	76%
Change Last Week	+1%
% Eligible Infused (a)	68%
Change Last Week	+6%
% Eligible and Symptomatic Infused (a)	113%
Change Last Week	+9%
Cumulative PEP Infusions (b)	280
Change Last Week	+45
Cumulative mAbs Allocation	26,932
Number of mAbs Locations	38

Figure 1. mAbs Infusions by Week

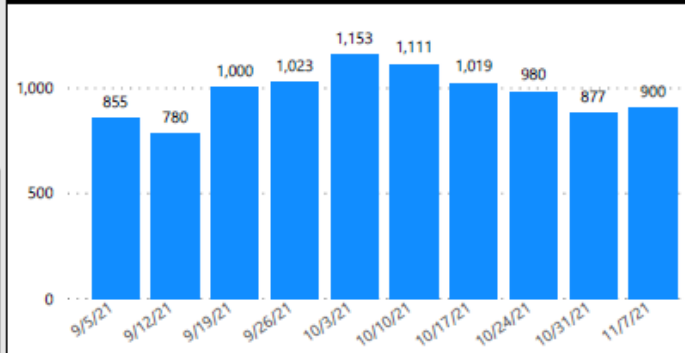


Figure 2. Percentage of Total ED, Hospital, and Death (c)

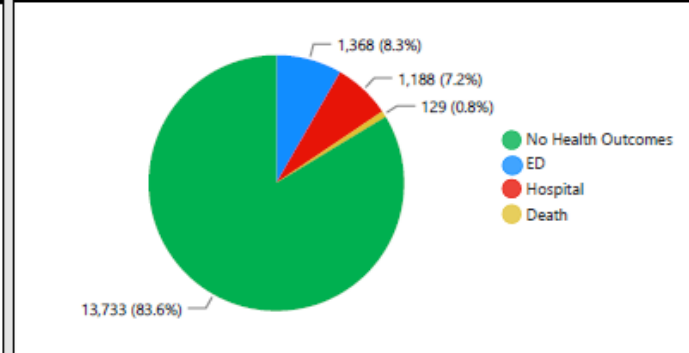


Figure 3. mAbs Infusion Sites in Maryland by Site Type and Region

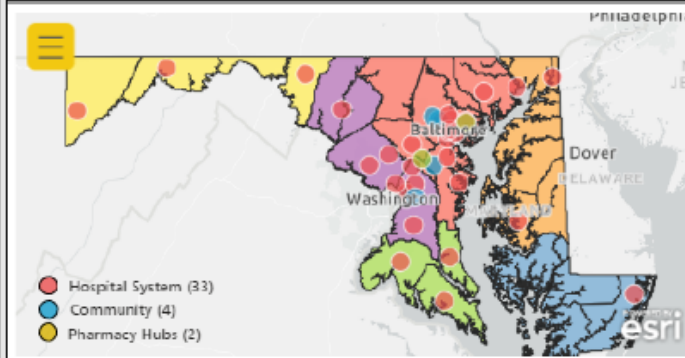
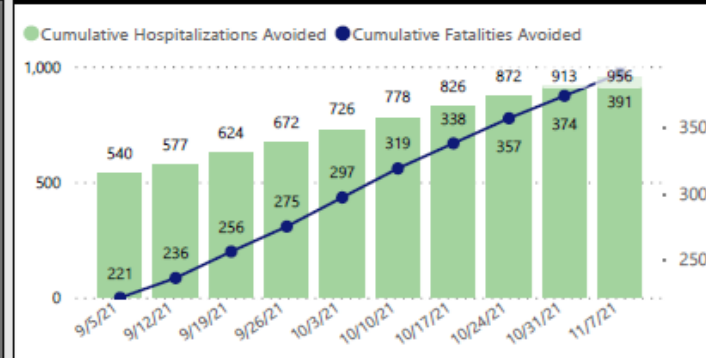


Figure 4. Cumulative Hospitalizations and Fatalities Avoided by Week



(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.

# New Covid-19 Ambulatory Therapeutics

## *Anticipated Treatments*

Drug	Treatment	Prophylaxis	FDA submission
<u>Molnupiravir</u> (Merck)	Oral drug 5d course Initiate within 5d after diagnosis Not for use in pregnancy	Studies underway	10/11/2021 submitted 11/30/2021 VRBPAC
AZD7442 (Astra-Zeneca)	N/A	Long-acting antibody (LAAB) intramuscular injection Lasts 6 months	10/5/2021 submitted
Ritonavir ( <i>Paxlovid</i> ; Pfizer)	Oral drug 5d course Initiate within 3d after diagnosis	Possible	11/5/2021 Studies halted, EUA submission plans announced

# Antiviral Treatment: Molnupiravir

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- ❖ Molnupiravir - Merck and Ridgeback Biotherapeutics' oral antiviral treatment
  - Phase 3 trial indicates a reduction in risk of hospitalization or death by around 50% in high risk unvaccinated Covid patients
- ❖ Study data
  - 7.3% of patients treated were hospitalized within 29 days
  - 14.1% of placebo patients were hospitalized or died by day 29
  - 0 deaths among treated patients and 8 deaths among placebo patients by day 29
- ❖ Plans for next steps
  - FDA AMDAC to review data and consider an EUA for Molnupiravir on 11/30
  - If authorized, could be first oral antiviral medicine for Covid



# Antiviral Treatment: Paxlovid

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- ❖ Paxlovid - Pfizer oral antiviral treatment
  - Paxlovid appears to cut the risk of hospitalization and death by 89%
- ❖ Plans for next steps
  - Pfizer has submitted data to the FDA to consider an EUA for Paxlovid

# AstraZeneca- Prophylactic long acting mAb

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

# Immunocompromised Individuals

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- ❖ The CDC defines immunocompromised individuals as the following:
  - Been receiving active cancer treatment for tumors or cancers of the blood
  - Received an organ transplant and are taking medicine to suppress the immune system
  - Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
  - Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
  - Advanced or untreated HIV infection
  - Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response
  - People should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them

# ***Call to Action: Oral Antiviral Therapy***

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- ❖ Primary Care Providers are central to success
  - Early diagnosis and treatment will be essential
- ❖ Game plan:
  - MDH has available POC tests for providers
  - Pharmacies will be centrally located and ready to accept prescriptions
- ❖ Prerequisites:
  - Negative pregnancy tests
  - Positive Covid tests

Call to Action: Prepare your practice by [requesting point-of-care tests](#) and be ready to conduct prerequisite tests for all eligible patients by **12/1/21**

# Point-of-Care Testing

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- ❖ 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](#)**

# Long Covid

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## ❖ 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](#)



# Flu Season Is Here

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- ❖ Timeline
  - Occurs in the fall and winter
  - Most of the time the flu peaks in between December and February
- ❖ 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](#)

# Will it ever be truly “over”

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## ❖ End games - and Herd Immunity

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



*“Everything will be okay in the end. If it’s not okay, it’s not the end.”*

- John Lennon

# CME Accreditation and Designation

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

# CME Disclosures and Evaluation

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

# Future Webinars

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**Thank you to all of our providers and their staff who have been true healthcare heroes throughout the pandemic**

*Regular Wednesday Covid-19 Updates occur every other week:*

- ❖ Wednesday, 12/1, 5:00 PM-6:30 PM
  - Registration link [here](#)
- ❖ Wednesday, 12/15, 5:00 PM-6:30 PM
  - Registration link [here](#)

# Announcements

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- ❖ Vaccine ordering next week via ImmuNet
  - Ordering date is NOT 11/25, it will instead be:  
**Tuesday, 11/23**
- ❖ BHA/MedChi Behavioral Health Webinar, “Coping with the Behavioral Health Impact of the Pandemic”
  - Thurs, 12/9 at 5:00 PM
  - Registration link is [here](#)
- ❖ Open enrollment is live for Maryland Health Connection - Additional information is in the Appendix of this slide deck

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# Polling Questions: Molnupiravir

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# Question and Answer Session



# Appendix

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## Pediatric Covid Updates

## *COVID-19 Vaccination Planning Update*

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# **Pfizer Vaccine: 5-11 years Ordering/Allocations**



## **5-11 Pfizer Vaccine: Ordering & Allocation**

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- 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
- Email notifications for Week 1 orders sent out Fri, Nov 12
- Allocation request survey for Week 2 sent out Mon, Nov 15, due Tues, Nov 16th

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

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- Week 3 Cadence
  - Allocation survey expected to be sent to ImmuNet providers on Mon, Nov 22
  - Survey responses tentatively due by Wed, Nov 28

## **5-11 Pfizer Vaccine: Ordering & Allocation (cont'd)**

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- The Maryland Department of Health expects that allocated vaccine doses are managed in a manner that ensures maximum utilization and minimal wastage; do not anticipate any second dose supply issues and ask that providers plan and order accordingly
- Some providers have reported being unable to extract more than 9 doses of Pfizer pediatric vaccine
  - Questions may be directed to Pfizer Vaccines US Medical Information: Phone # 1(800) 438-1985

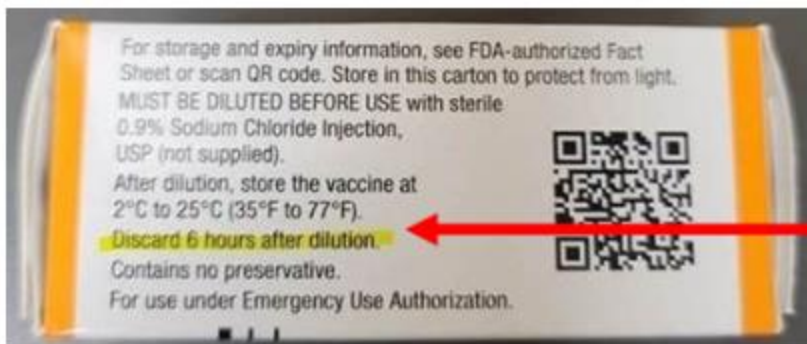
## **5-11 Pfizer Vaccine: Ordering & Allocation (cont'd)**

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- CDC will not be supplying syringes with the correct increments in the ancillary kits
  - Syringes have 1.2 mL to 1.4 mL but not 1.3mL
  - Providers should use syringes they are most comfortable with

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

- Labels on the Pfizer Pediatric (orange) vials were printed in anticipation of EUA approval with “Discard 6 hours after dilution.”
- However, the FDA approved the vaccine for **discarding 12 hours after dilution**
- Updated information is printed in the EUA and Fact Sheets; the information in this **Fact Sheet supersedes** the number of hours printed on vial labels and cartons



Should read "Discard 12  
hours after dilution"

## **5-11 Pfizer Vaccine: Ordering & Allocation (cont'd)**

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- Reallocation/Transfer Guide
  - From Pfizer: no limit on number of transfers as long as cold chain is maintained
  - MDH Bulletin:  
<https://files.constantcontact.com/f93c2691101/1a439c0c-ab48-4127-9087-138ddb8e6328.pdf>
  - New CDC redistribution/transfer guidance:  
[https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer\\_TransportingVaccine.pdf](https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_TransportingVaccine.pdf)



## *COVID-19 Vaccination Planning Update*

# 5-11 Pfizer Vaccine: Training

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### Friday 11/19/2021

Pfizer Manufacturer Series

**Time: 12:00 PM – 1:00 PM ET**

**Platform: WebEx**

[Attendee link – November 19 – 12 PM ET](#)

**PzpX4ZPnT63**

### Monday 11/22/2021

Pfizer Manufacturer Series

**Time: 5:00 PM – 6:00 PM ET**

**Platform: WebEx**

[Attendee link – November 22 – 5 PM ET](#)

**YKwPs6P85cH**

### Tuesday 11/23/2021

Pfizer Manufacturer Series

**Time: 5:00 PM – 6:00 PM ET**

**Platform: WebEx**

[Attendee link – November 23 – 5 PM ET](#)

**S4wspGuhN33**

### Monday 11/22/2021

Pfizer Manufacturer Series

**Time: 5:00 PM – 6:00 PM ET**

**Platform: WebEx**

[Attendee link – November 22 – 5 PM ET](#)

**YKwPs6P85cH**

## **Standing Order**

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- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet certain criteria without the need for clinician examination or direct order from the attending provider at the time of the interaction
  - Also permitted to use local Standing Orders
- Information on the standing order procedure and additional clinical considerations can be found on the [CDC Website](#)

## Additional Notes

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- “Whitelist” these email addresses
  - [cvgovernment@pfizer.com](mailto:cvgovernment@pfizer.com); [Pfizer.logistics@controlant.com](mailto:Pfizer.logistics@controlant.com);  
[onsitemonitoring@controlant.com](mailto:onsitemonitoring@controlant.com)
  - [mdh.covidvax@maryland.gov](mailto:mdh.covidvax@maryland.gov)
- Check your spam folders for email communications
- Vaccine can be co-administered with other vaccines, including the flu shot
- Direct ordering in ImmuNet (12+ Pfizer, Moderna, J&J) for week of Thanksgiving will be **Tues, Nov 23** (NOT Thursday); deliveries expected by Mon, Nov 29

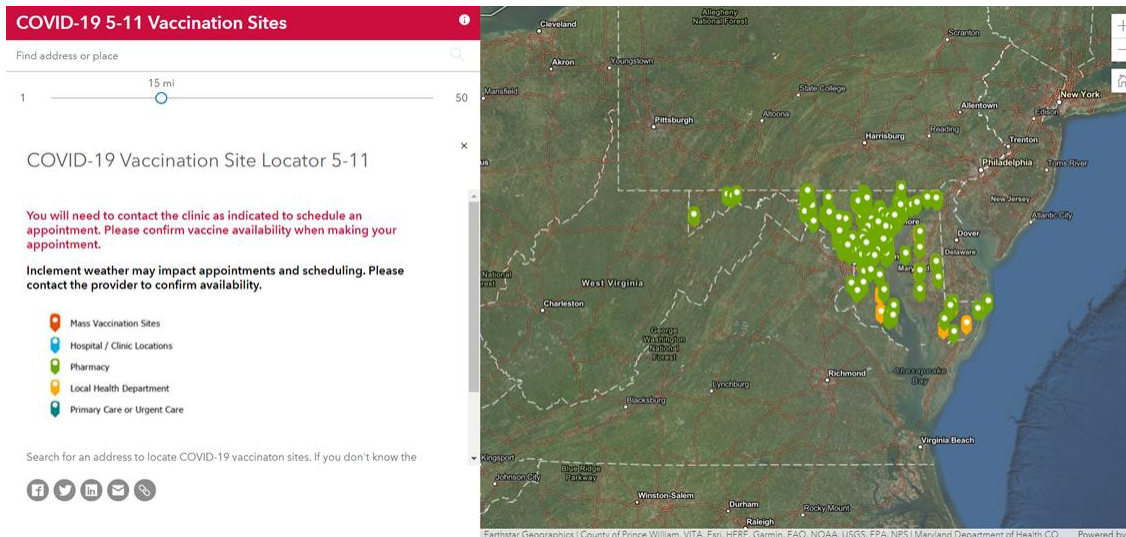
*COVID-19 Vaccination Planning Update*

# Resources



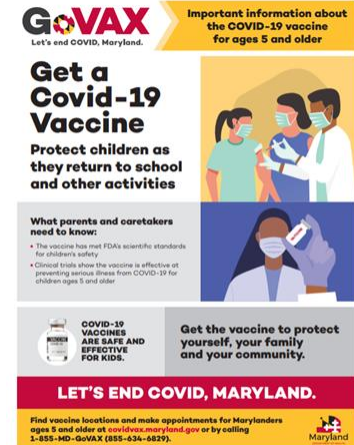
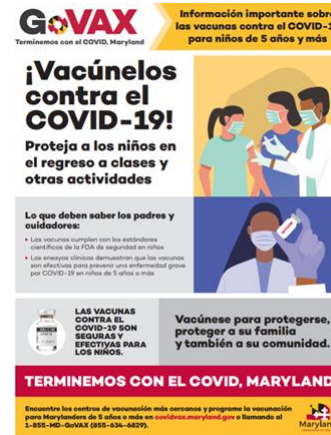
# How to Find Vaccine for 5-11 year olds

- Current covidLINK vaccination site finder:  
<https://coronavirus.maryland.gov/pages/vaccine>
- Search for providers administering to children 5-11



# 5-11 Vaccine Communication Toolkit

- ❖ The MDH Office of Communications has created a 5-11 Vaccine Communications toolkit, including FAQ, flyers, customizable clinic announcements, social media content, and videos
- ❖ Resources available in multiple languages
- ❖ Access the toolkit at <https://bit.ly/2ZSE82s> (password: 5+Vaccine)
- ❖ Contact: [maureen.regan@maryland.gov](mailto:maureen.regan@maryland.gov)



# Appendix

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## Monoclonal Antibody Treatment Information and Resources

# Monoclonal Antibodies Updates

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- ❖ Currently available from USG by allocation to each state (100,000 doses national/week)
  - Maryland receiving 1414 doses this week
- ❖ Subcutaneous administration available for Regeneron
  - Post Exposure Prophylaxis for unvaccinated , high risk
  - Expanded patient qualifications – clinical judgment
  - Bam-Etes and Regeneron for PEP
  - HHS Protect registration and reporting required



# Patient Facing Resources

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## ❖ 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

# Additional Monoclonal Information

## Indications for Outpatient COVID-19 mAbs

### Monoclonal Antibody Indications and Routes of Administration

Monoclonal Antibody	TREATMENT of Mild to Moderate COVID-19 Infection within 10 days of symptom onset in patient with high risk of progression to severe disease	POST-EXPOSURE PROPHYLAXIS for individuals who are not fully vaccinated or immunocompromised, with high risk of progression to severe disease
<b>bamlanivimab and etesevimab<sup>1</sup></b> (Eli Lilly) <sup>***</sup>	Dose: 700 mg bamlanivimab and 1400 mg etesevimab <sup>***</sup> Route: Intravenous administration Post-administration monitoring: 60 minutes	N/A
<b>casirivimab and imdevimab<sup>2</sup></b> (REGEN-COV)	Dose: casirivimab 600mg and imdevimab 600mg Route: Intravenous is preferred route, however subcutaneous injection may be utilized in situations where there would be a delay in intravenous administration Post-administration monitoring: 60 minutes	Dose: casirivimab 600mg and imdevimab 600mg Route: Intravenous or subcutaneous Post-administration monitoring: 60 minutes
<b>Sotrovimab<sup>3</sup></b> (Glaxo Smith Kline)	Dose: sotrovimab 500mg Route: Intravenous Post-administration monitoring: 60 minutes	N/A

<sup>\*\*\*</sup> Based on the most currently available data, [bamlanivimab and etesevimab are now authorized](https://www.fda.gov/media/151719/download) in all U.S. states, territories, and jurisdictions (9/2/21)  
[<https://www.fda.gov/media/151719/download>]

Refer to product Emergency Use Authorizations for detail on indications and administration

<sup>1</sup> [Fact Sheet for Health Care Providers Emergency Use Authorization of Bamlanivimab and Etesevimab](https://www.fda.gov/media/145802/download) (<https://www.fda.gov/media/145802/download>)

<sup>2</sup> [Fact Sheet for Health Care Providers Emergency Use Authorization of REGEN-COV™ \(casirivimab and imdevimab\)](https://www.fda.gov/media/145611/download) (<https://www.fda.gov/media/145611/download>)

<sup>3</sup> [Fact Sheet for Health Care Providers Emergency Use Authorization of Sotrovimab](https://www.fda.gov/media/149534/download) (<https://www.fda.gov/media/149534/download>)

# Monoclonal Treatment Eligibility

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## ❖ Who Qualifies for Treatment?

### ➤ mAb treatment is for adults and adolescents (12 and older) who:

- ✓ Recently tested positive for COVID-19
- ✓ Are within 10 days of first experiencing symptoms
- ✓ Do not need to be hospitalized for COVID-19
- ✓ Weigh at least 88 pounds

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

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

# Appendix

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## **Maryland's Official Health Insurance Marketplace: Open Enrollment Information**

# What's New with Maryland Health Connection

November 2021



# Maryland's Official Health Insurance Marketplace

**Open Enrollment**  
**November 1, 2021**

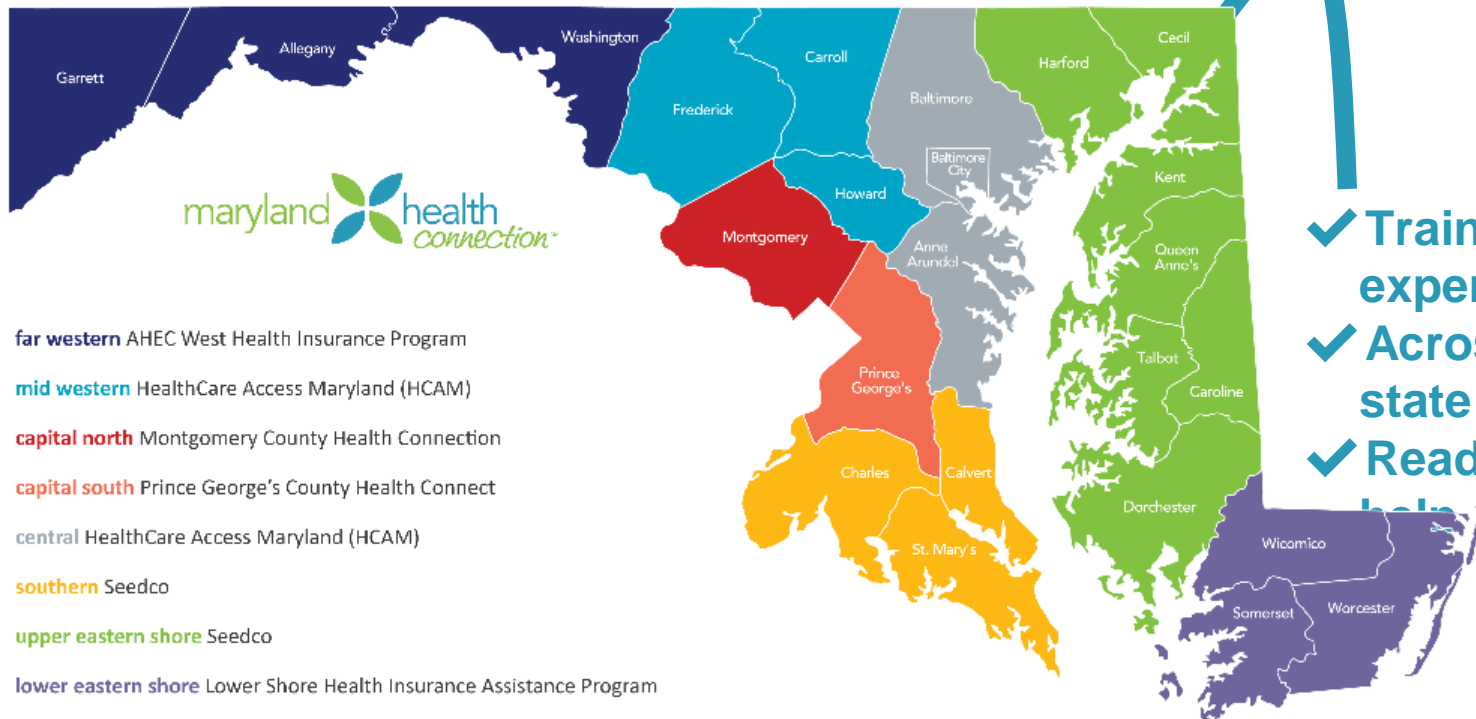
**January 15, 2022,**  
to be covered for  
2022



[www.MarylandHealthConnection.gov](http://www.MarylandHealthConnection.gov)

[www.MarylandHealthConnection.gov/es](http://www.MarylandHealthConnection.gov/es)

# Where to Find Help



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

# The Only Place to Get Financial Help

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





# More Savings for More Marylanders

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

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

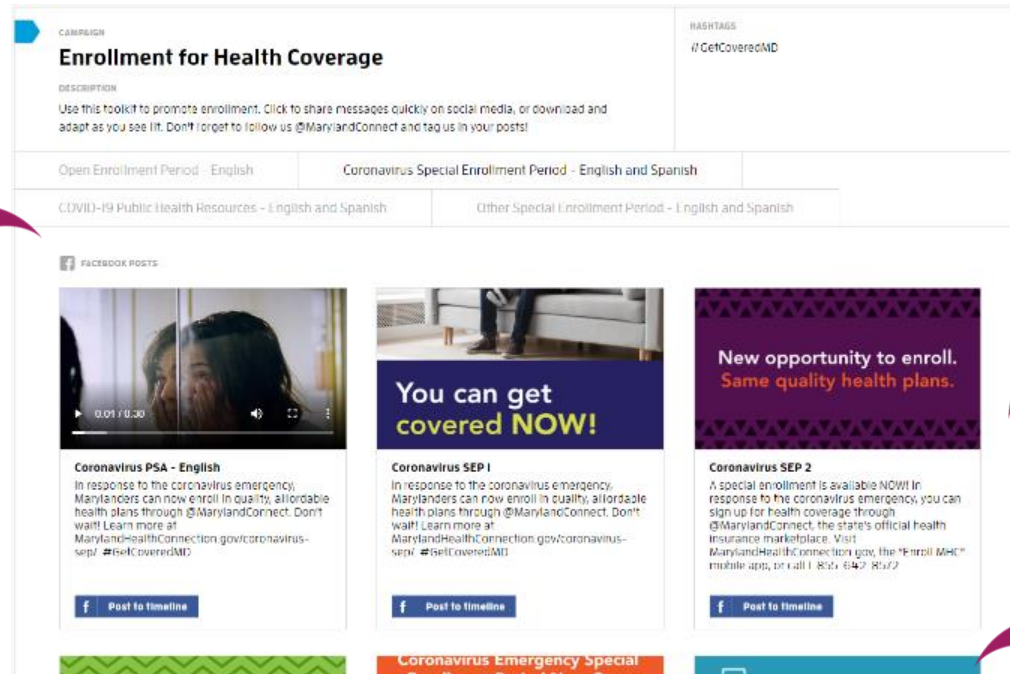
Did you know Maryland has **new discounts for young adults** ages 19-34? They're new for 2022 health plans!



# TheSocialPressKit.com/MarylandConnect

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

Variety of  
messages  
and  
languages



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

A large, stylized graphic of a leaf or flower with five petals, rendered in a lighter shade of green, positioned on the left side of the slide.

Enrollment ends  
**January 15.**

#GetCoveredMD



@MarylandConnec

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# Appendix

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## Resources and Links

# General Vaccine Resources

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

# Covid-19 mAb Treatment Criteria

## ❖ Patient Criteria

- Use clinical judgment
- Have BMI  $\geq 35$
- Have chronic kidney disease
- Have diabetes
- Are currently receiving immunosuppressive treatment
- Are  $\geq 65$  years old
- Are  $\geq 55$  years old and have
  - ✓ Cardiovascular disease, or
  - ✓ Hypertension, or
  - ✓ Chronic obstructive pulmonary disease/other chronic respiratory disease
- Are 12 – 17 years old AND have
  - ✓ BMI  $\geq 85^{\text{th}}$  percentile for their age and gender based on CDC growth charts, or
  - ✓ Sickle cell disease, or
  - ✓ Congenital or acquired heart disease, or
  - ✓ Neurodevelopmental disorders, or
  - ✓ A medical-related technological dependence, or
  - ✓ Asthma

# Scheduling In-Office Appointments

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

# Scheduling In-Office Appointments

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



# CDC Guidelines for Covid Patient Management

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

# Personal Protective Equipment (PPE) Sources and Requests

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

# Personal Protective Equipment (PPE) Sources and Requests

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

# Provider/Patient Mental Health Resources

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## ❖ Providers

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

## ❖ Patients

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

# Health Equity Resources

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

# Telehealth Resources

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

# Support for Patients at Home

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## ❖ Food

- Meals on Wheels

## ❖ Caregivers

- Visiting nurses and caregivers

## ❖ Emotional support

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

# Food Resources

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

➤ [Maryland Summer Meals](#)

[Howard County](#)

➤ [Montgomery County](#)

[Anne Arundel County](#)

➤ [Prince Georges County](#)

[St. Mary's County](#)

➤ [Charles County](#)

[Harford County](#)

➤ [Frederick County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time



# Resources for Specific Groups

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

# Resources and References

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