



COVID-19 Daily Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

11 May 2020

Covid-19

The battle for health and the economy



"This is not the end, it is not even the beginning of the end, but it is perhaps the end of the beginning."

Winston Churchill, Nov 1942

Agenda

- ❖ Today's Morbidity and Mortality Data Update
- ❖ Clinical Issues
 - Keeping Our Patients Safe during Recovery
 - Vaccines and Therapeutics
 - Pediatric Multi-System Syndrome
 - PPE
- ❖ Resources
- ❖ Guest Speaker
- ❖ Q & A
- ❖ Resources Appendix

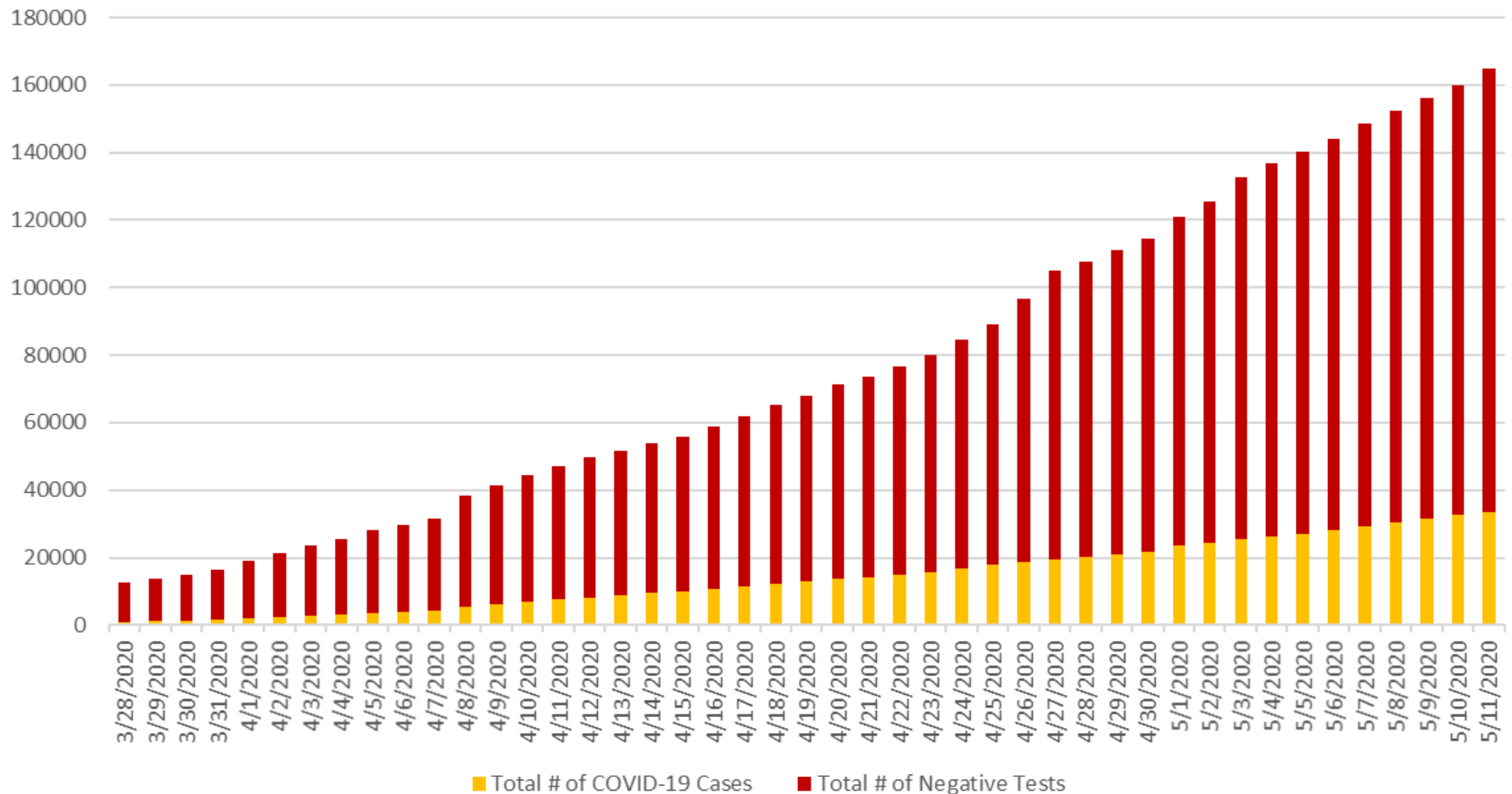
Morbidity and Mortality Update

	New Cases since May 7	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		1,300,696 (5/10)		78,771 (5/10)
Maryland	786	33,373	18.5%	1573

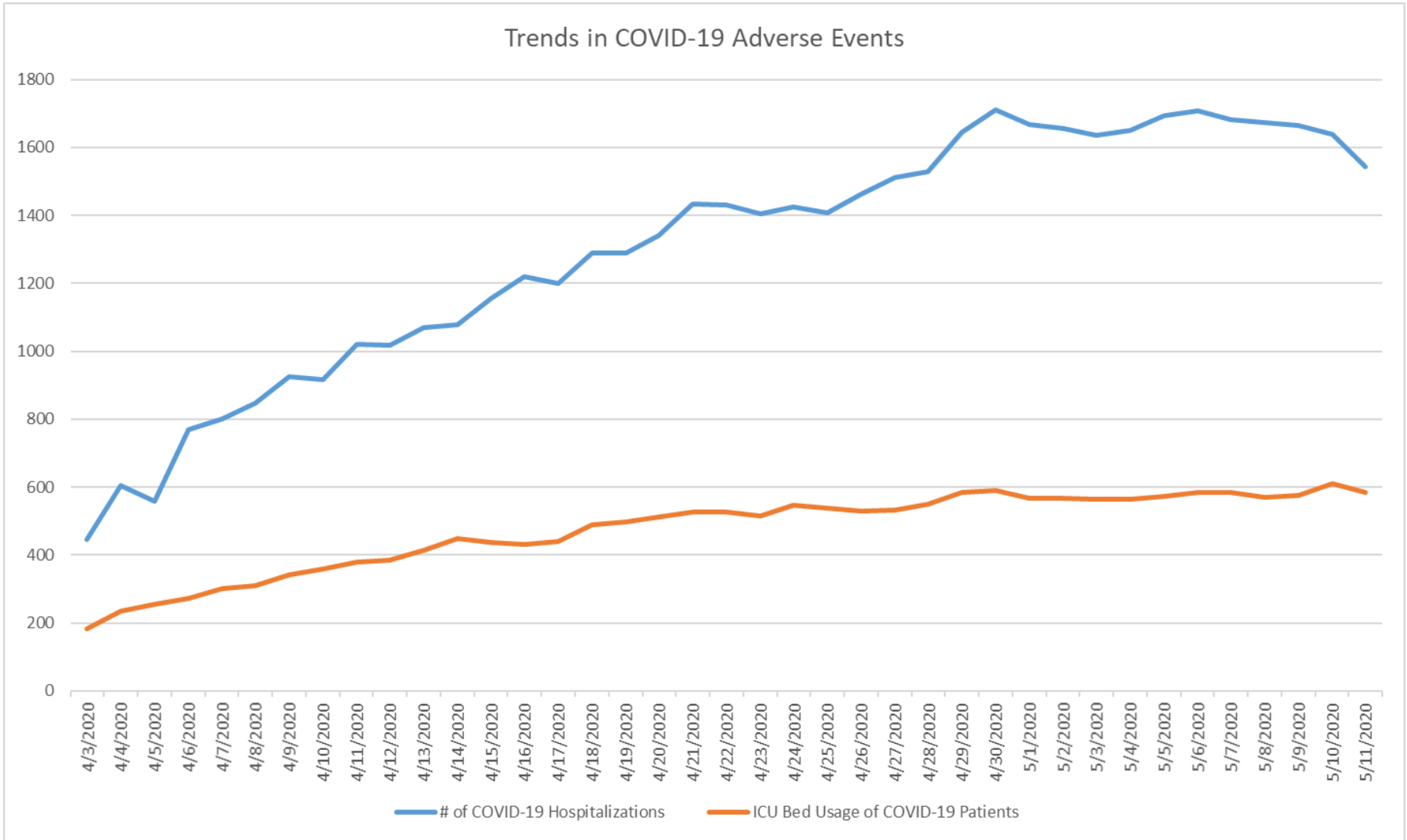
	20-29	30-39	40-49	50-59	60-69	70-79	80+
% of cases	12.88	17.83	17.95	17.10	12.75	8.51	7.88
Case rate (per 100,000)	533.29	728.01	772.46	658.49	627.47	744.70	1206.98
% of cases hospitalized	6.51	9.19	13.68	21.22	30.72	40.81	30.68
Rate hospitalized (per 100,000)	34.73	66.91	105.63	139.73	192.74	303.91	370.35

COVID-19 Growth in Maryland

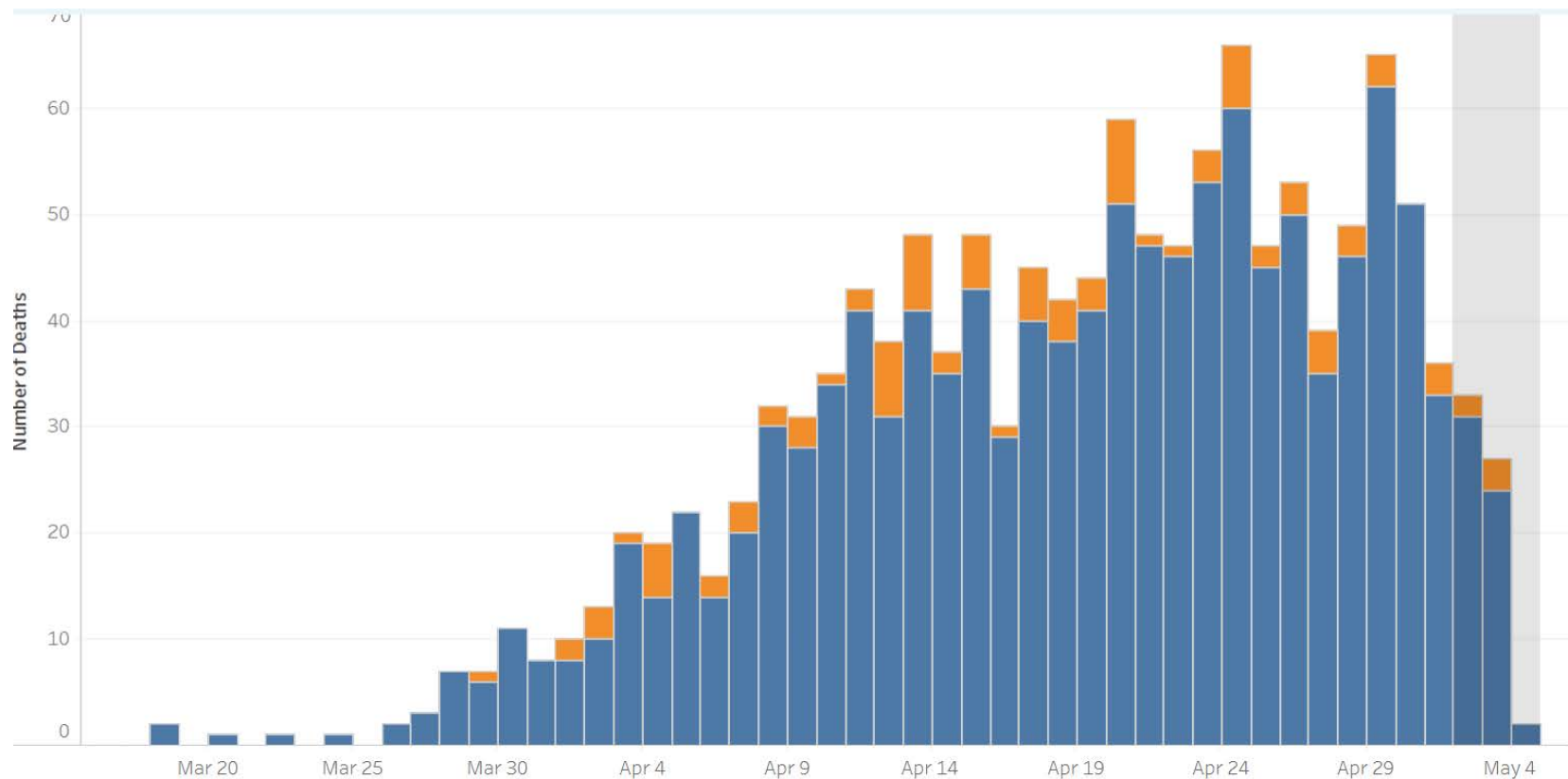
Increase in Total # of COVID-19 Cases and Negative COVID-19 Tests Over Time



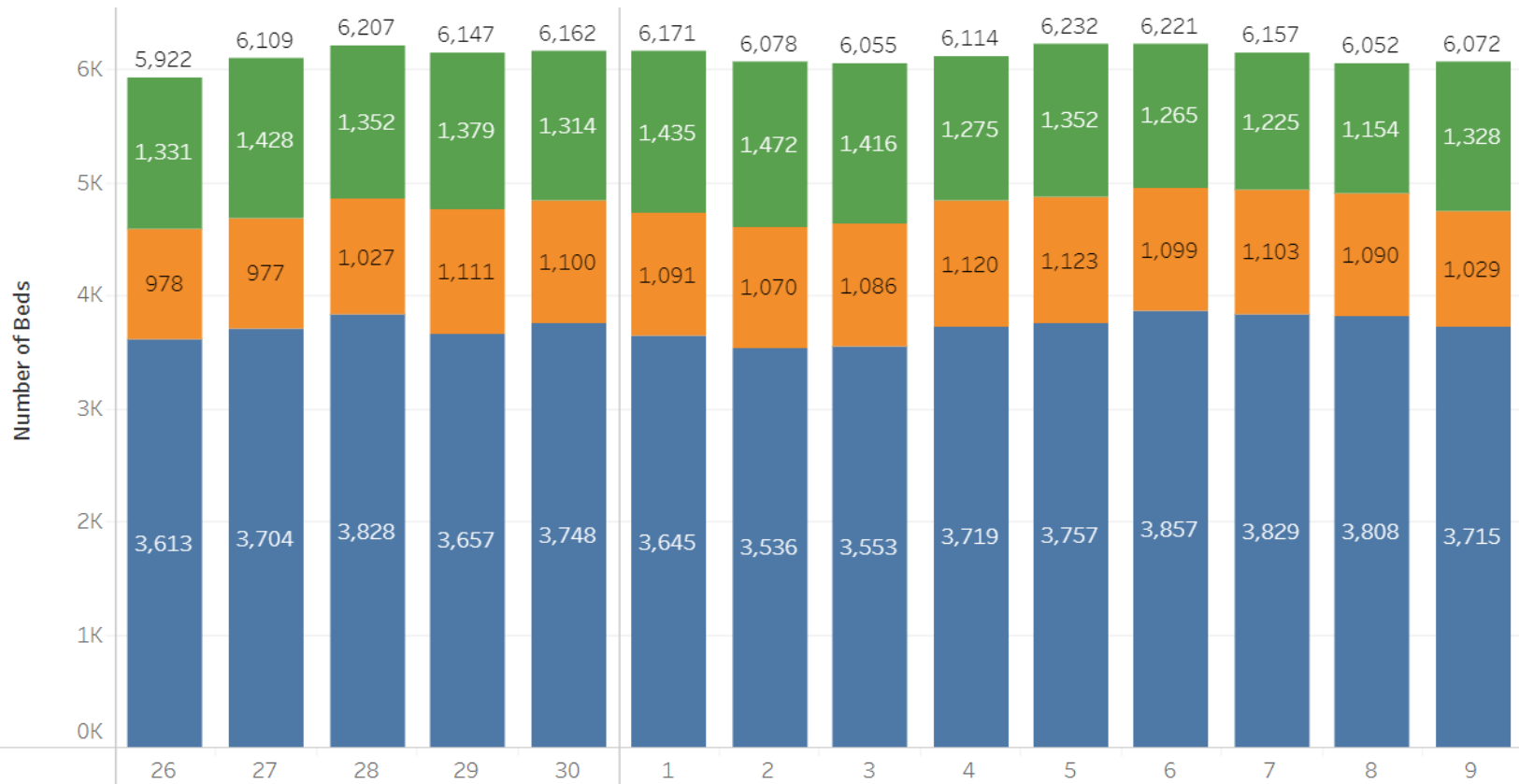
COVID-19 Hospitalizations



Deaths by Day



Hospital Capacity and Usage



- Available Beds
- Hospitalized Confirmed COVID Patients
- Beds Occupied Non-COVID

Maryland COVID-19 in Congregate Facility Settings

Confirmed Staff Cases

1,895

Confirmed Staff Deaths

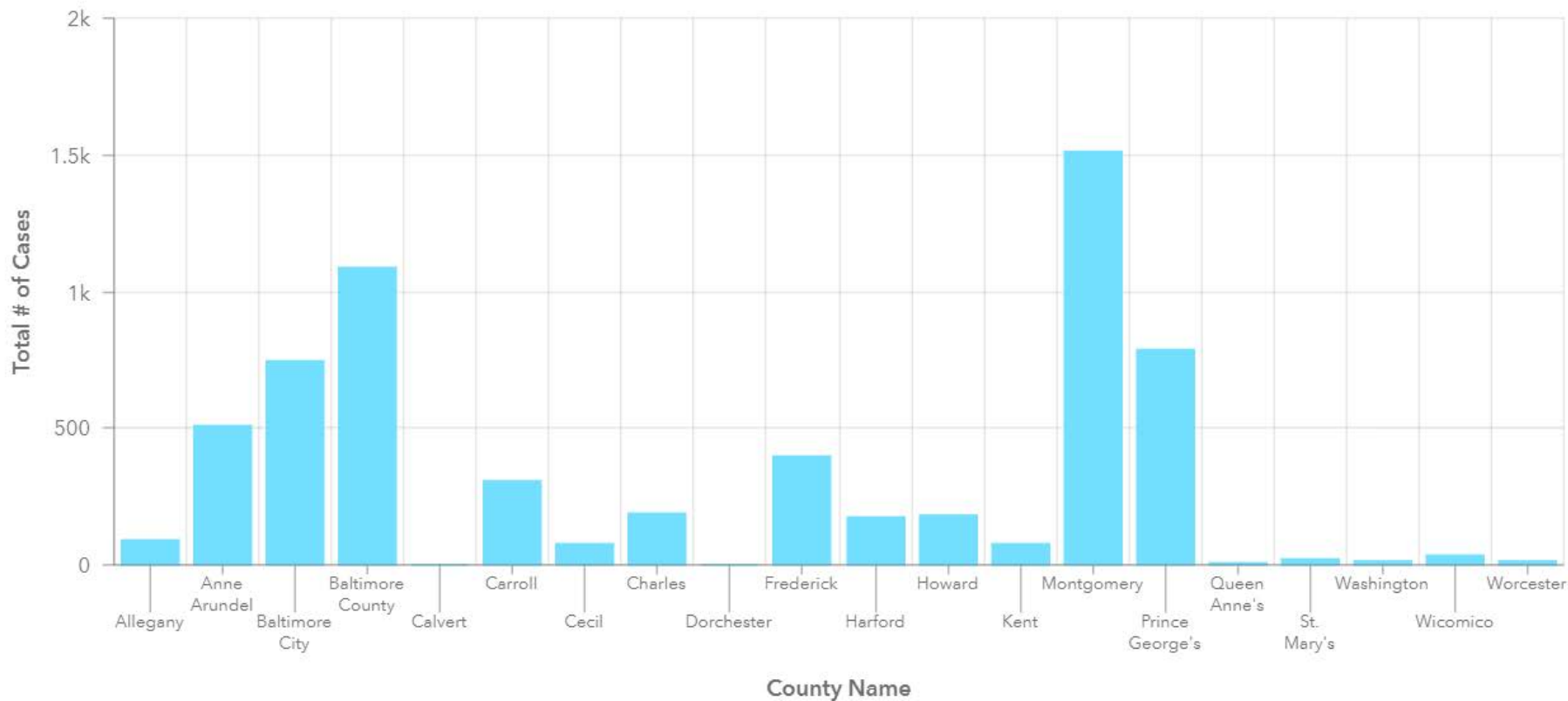
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Confirmed Resident Cases

4,323

Confirmed Resident Deaths

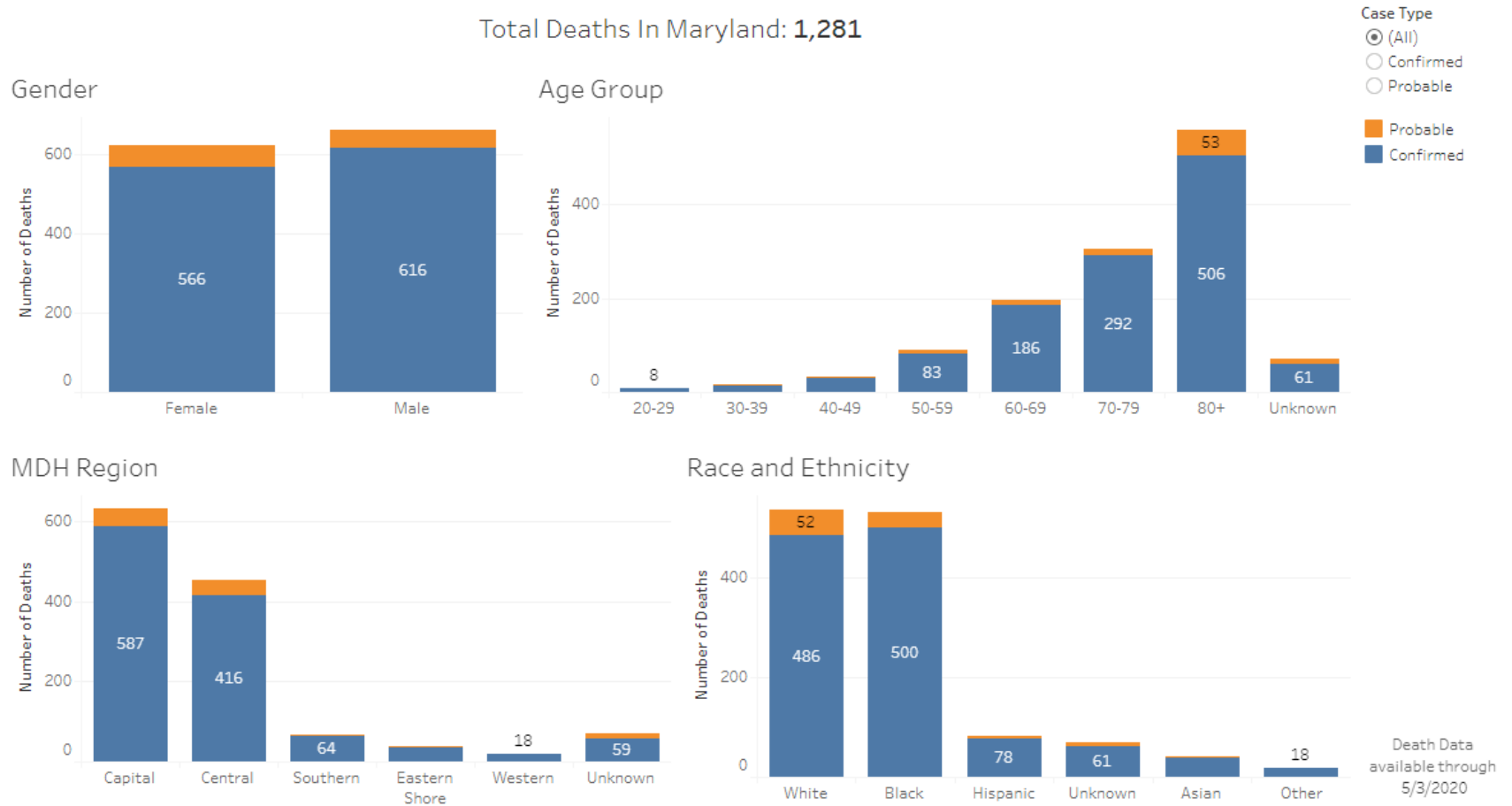
792



COVID-19 Fatalities

Please note: Numbers are of deaths reported by the Maryland Vital Statistics Administration - Maryland residents only.
As with all reports, do not distribute this information publicly.

Total Deaths In Maryland: **1,281**



PRIMARY CARE REOPENING ROADMAP

1

OBTAIN SUPPLIES

- PPE
- Testing kits

2

DEVELOP TESTING PROTOCOLS

- Sample strategy
- Screening vs. test and returning results
- Limit on testing patients/visit
- Location

3

CONDUCT SELF-TESTING AND MODIFY PROTOCOLS

4

MODIFY HOURS AND SAFETY PROTOCOLS

- Screen and return test results
- Limit number of patients
- Staggered hours, visit duration
- Screen
- Additional screening steps with return patients
- Additional measures into a protocol based on a risk factor analysis
- Location
- Patients are screened to see if coming in
- Screen prior, screen on site for return patients, screen

5

CONDUCT OFFICE VISITS AND TEST PATIENTS

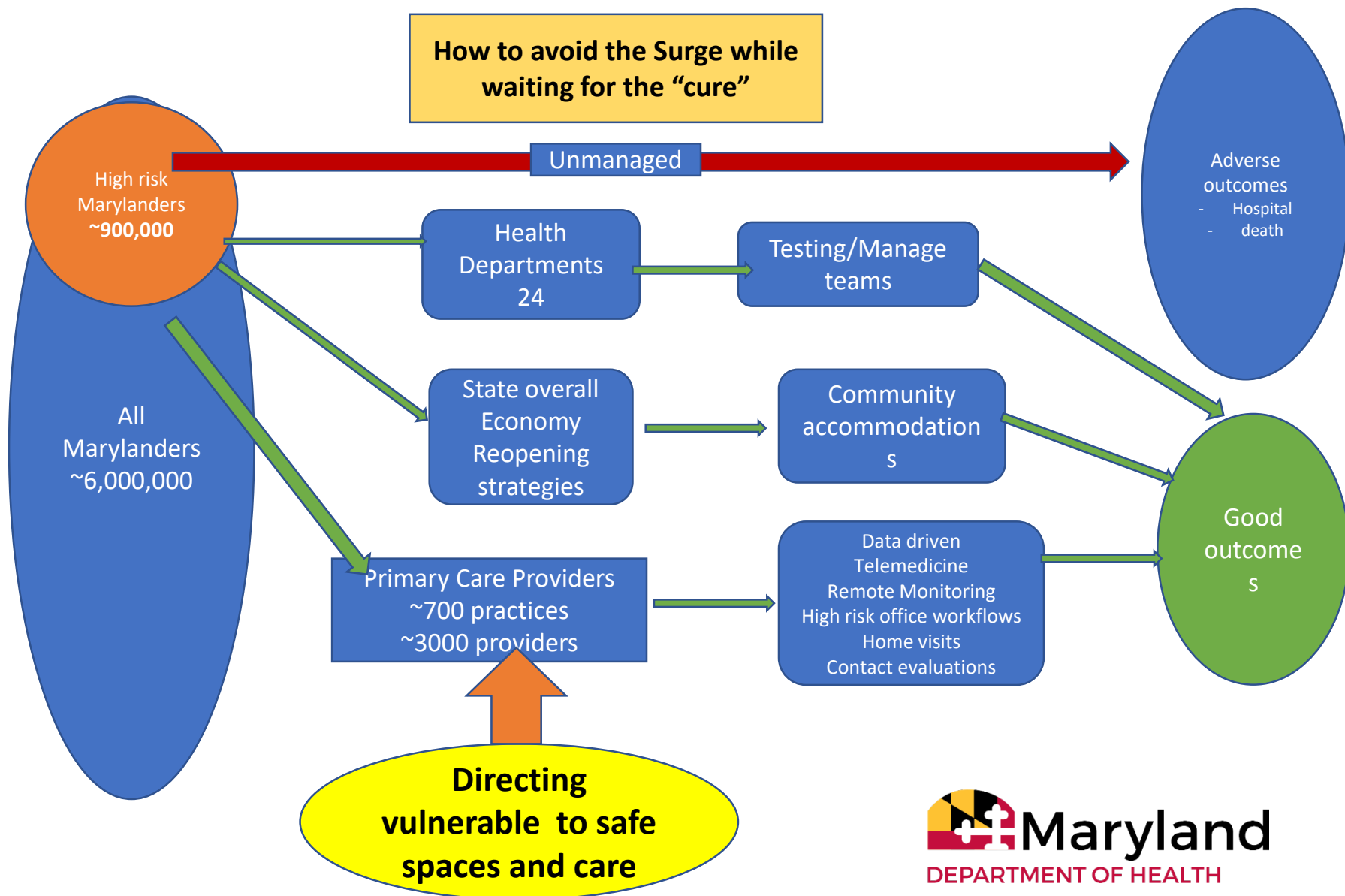
- Screen prior to visit and test patients that meet criteria and/or test
- Screen and test (screen and test or screen & return test results)
- Screen prior to visit and test patients that meet criteria and/or test
- Screen patients to see if coming in
- Screen prior to visit and test patients

6

EXPAND OFFICE VISITS AND TESTING

- If the area region is more available to test

How to avoid the Surge while waiting for the "cure"



Maryland Strong: Roadmap to Recovery

- ❖ Maryland has flattened and lengthened the curve
- ❖ “Roadmap to Recovery” developed based on recovery plans issued by the federal government, the National Governors Association, Johns Hopkins and the American Enterprise Institute, and experts on Maryland’s Coronavirus Response Team
- ❖ <https://governor.maryland.gov/recovery/>
- ❖ 4 building blocks:
 - Expanded testing capacity (On Track)
 - Increased Hospital Surge Capacity (Ahead of Schedule)
 - Ramping up Supply of PPE (On Track)
 - Robust Contact Tracing (On Track)

Governor Hogan's Statement 5/6/20

- ❖ Achievements:
 - Expanded testing
 - More beds for surge capacity
 - PPE supply is growing
 - Hiring hundreds of contact tracers
- ❖ **Electives may start at the discretion of healthcare providers; staff and patients must be screened, and physical distancing must be maintained in waiting areas**
- ❖ Walking, running, biking, golf, tennis, boating, fishing and camping are allowed
- ❖ Closed activities at state parks and beaches reopening for exercise

New/Current Governor Directive – May 6, 2020 - Testing

Criteria: Healthcare providers should use their judgment; also encouraged to test for other causes of respiratory illness

- Check often CDC guidance: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

Priorities: prioritize COVID-19 test orders as follows:

- I. Symptomatic hospitalized patients
- II. Symptomatic patients and staff in nursing homes, long-term care facilities, and other congregate living facilities housing individuals who are medically fragile, or as directed by the Maryland Department of Health (MDH)
- III. Symptomatic emergency medical service personnel, healthcare workers, correctional officers, law enforcement personnel, and other first responders
- IV. Symptomatic high-risk, unstable patients whose care would be altered by a diagnosis of COVID-19
- V. Persons identified through public health cluster and selected contact investigations; or
- VI. Persons without symptoms prioritized by MDH or a local health department, or at the direction of an MDH-designated response team

❖ All providers and facilities offering COVID-19 testing will test all presenting at testing sites with a healthcare provider's order and/or who meets the CDC criteria without regard to that person's ability to pay, type of health insurance, or participation in any particular provider network.

Directive (cont.) – Elective & Non-Urgent Medical Procedures may resume May 7, 2020

These measures must be in effect:

1. **Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate**
2. Facilities and providers must have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
 - i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
 - ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
 - iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests
3. Social distancing must be maintained in all waiting areas
4. All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.
5. All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>
 - i. All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields
 - ii. Patients should wear a face covering whenever possible
6. Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments

Directive (cont.) – May 6, 2020 – PPE Conservation Order

Subject to availability, all healthcare providers are required to immediately implement the CDC Strategies to Optimize the Supply of PPE and Equipment:

1. Use facemasks beyond the manufacturer-designated shelf-life during patient care activities
2. Implement limited re-use of facemasks. The healthcare provider must not touch the outer surfaces of the mask during care, and mask removal and replacement must be done in a careful and deliberate manner
3. Prioritize facemasks for:
 - i. Essential surgeries and procedures
 - ii. During care activities where splashes and sprays are anticipated
 - iii. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
 - iv. Performing aerosol generating procedures, if respirators are no longer available
4. Exclude healthcare providers at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients

Additional Comments on Reopening

- Define elective vs necessary care- clinical judgement
- Widespread community transmission continues
- Define one week supply of PPE
- Request permission from Secretary MDH
- Social distancing in offices
- Safe registration and waiting workflows
- Screening for Covid
- Wearing masks
- A healthcare facility's managing authority or the responsible healthcare provider shall certify to MDH via secretary.health@maryland.gov that all of the above conditions for resumption of elective and non-urgent medical procedures have been met prior to resuming operations. A copy of this self-certification notice shall be posted prominently in the facility for the attention of patients and staff.

Pediatric Multisystem Inflammatory Syndrome

- ❖ Possibly linked to COVID-19 infection status
- ❖ Symptoms:
 - Overlap with Kawasaki Disease and Toxic Shock Syndrome
 - Possible elevated inflammatory markers, fever and abdominal symptoms, rash, myocarditis & other cardiovascular changes
 - Some patients have developed cardiogenic or vasogenic shock requiring ICU; may occur days to weeks post-acute COVID-19 illness
- ❖ ESSENTIAL to recognize early and report to an inpatient specialist, including to critical care!
- ❖ Most patients presenting with this syndrome have tested positive for SARS COV-2 or corresponding antibodies
- ❖ Hospitals must immediately report cases to their state department of health

State Launches Maryland PPE Network Supplier Portal

- ❖ 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
- ❖ Large daily deliveries come into the state's warehouses
- ❖ For additional business resources during COVID-19, visit businessexpress.maryland.gov/coronavirus

Personal Protective Equipment (PPE) Requests

- ❖ Routed through Local Health Departments
- ❖ Priority as previously stated - may change over time
- ❖ Remain in scarce supply
- ❖ [PPE request forms and local contacts](#)
- ❖ [PPE Supplier List](#)

Help your patients get health coverage

- ❖ Maryland Health Connection, the state's health insurance marketplace, has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19.

How to Enroll:

- Enroll online at MarylandHealthConnection.gov
- Call 1-855-642-8572. Deaf and hard of hearing use Relay service. Help is available in 200 languages.
- Download the free “Enroll MHC” mobile app to enroll on a phone/tablet.
- Navigators throughout the state can answer questions and enroll consumers by phone

Loss of employer health coverage results in a special enrollment period

- ❖ Loss of employer-sponsored coverage qualifies your patients for a special enrollment period. They can enroll in a private health plan through Maryland Health Connection within 60 days of the loss of employer-sponsored coverage.
- ❖ Before your patients enroll in COBRA, encourage them to check out Maryland Health Connection. Most plans are less expensive and offer comprehensive coverage. Once they enroll in COBRA, they will not be eligible for coverage through Maryland Health Connection until the annual open enrollment period in the fall or until 18 months of COBRA has ended.
- ❖ Loss of income or decreased income may cause a change in eligibility for financial help or Medicaid. Enrollment in Medicaid is year-round.

ImmuNet – sign up NOW to receive COVID-19 vaccine once developed

- ❖ Secure web-based MDoH registry
- ❖ Essential to register NOW to receive vaccine when one will be ready

The screenshot shows the Maryland ImmuNet website in a web browser. The browser's address bar displays the URL `mdimmunet.org/prd-IR/portalHeader.do`. The website header includes the text "Production Region" and navigation links for "Maryland.gov", "Phone Directory", "State Agencies", and "Online Services". The main banner features the Maryland state flag and the text "ImmuNet: Maryland's Immunization Information System" and "DEPARTMENT OF HEALTH". A yellow "WEBSITE NOTICE" box states: "ImmuNet works best with the most current version of Internet Explorer or Google Chrome." Below the banner is a navigation bar with links for "Home", "Resources", "About Us", and "Contact Us". The central area contains a login form with a blue padlock icon, "User Name" and "Password" input fields, a "Login" button, and a "Forgot Password" link. A "Register Now" link is located at the bottom right of the login form. The footer of the website shows a row of small images of people.

Physician Support Line – (888) 409-0141

- ❖ Peer-to-peer national support line; for physicians by physicians
- ❖ Free service staffed by US-licensed volunteer psychiatrists
- ❖ Not focused on COVID-19; all topics may be discussed
- ❖ Open to DO/MD/international equivalents at the attending, fellow, resident, intern, and research levels
- ❖ Currently non-practicing physicians are also welcome
- ❖ Confidential
- ❖ No appointment needed
- ❖ Open every day 8 am until midnight (EST)

MDPCP Staff Training Academy



MedChi approved: 3.5 AMA PRA Category 1 Credits™

New PY1 MDPCP Practices: Virtual Training 001

Friday, May 15 (1:00 pm - 4:00 pm) - Please register [Here](#)

PY2 MDPCP Practices: Virtual Training 002

Friday, May 22 (1:00 pm - 4:00 pm) - Please register: [Here](#)

Resources in the Appendix Slides

❖ Patients

- Meals on Wheels
- Caregiver Services Corps
- Senior Call Check Program

❖ Providers

- PPE
- Financial Support
- Testing
- Telemedicine
- CDC Guidelines
- Volunteering & Employment Opportunities

CME Accreditation and Designation

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

CME Disclosures and Evaluation

- ❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.
- ❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.
- ❖ Please complete an evaluation at: [COVID-19 Update Evaluation](#)

Announcements

- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Future Spotlights
 - Specialty Care & Guest Practitioners
 - Behavioral Health Wednesdays
 - Minority Healthcare & Outcomes Disparities – May 11, 18, 25
 - Pediatrics – May 15 (11:30 am-12:30pm)
- ❖ Today: Maryland Disparities in COVID-19 Cases and Deaths
 - Dr. Noel Brathwaite, PhD, MSPH
Director, Office of Minority Health and Health Disparities



COVID-19 Of Numbers & History

**Noel Brathwaite, PhD, MSPH, Director,
Office of Minority Health and Health Disparities**

May 11, 2020

INTRODUCTION

Hypothesis: Numbers cannot be separated from the history that gives life to those numbers

Goal: to explore the relationship between numbers and history

- **Love Numbers, And to Keep scores**
- **Also liked History: memorable number related series**
- **The daily numbers in counts and rates**
 - **More likely to**
 - **Less likely to**
 - **Just as likely to**
 - **Nearly the same as**
 - **The same as**

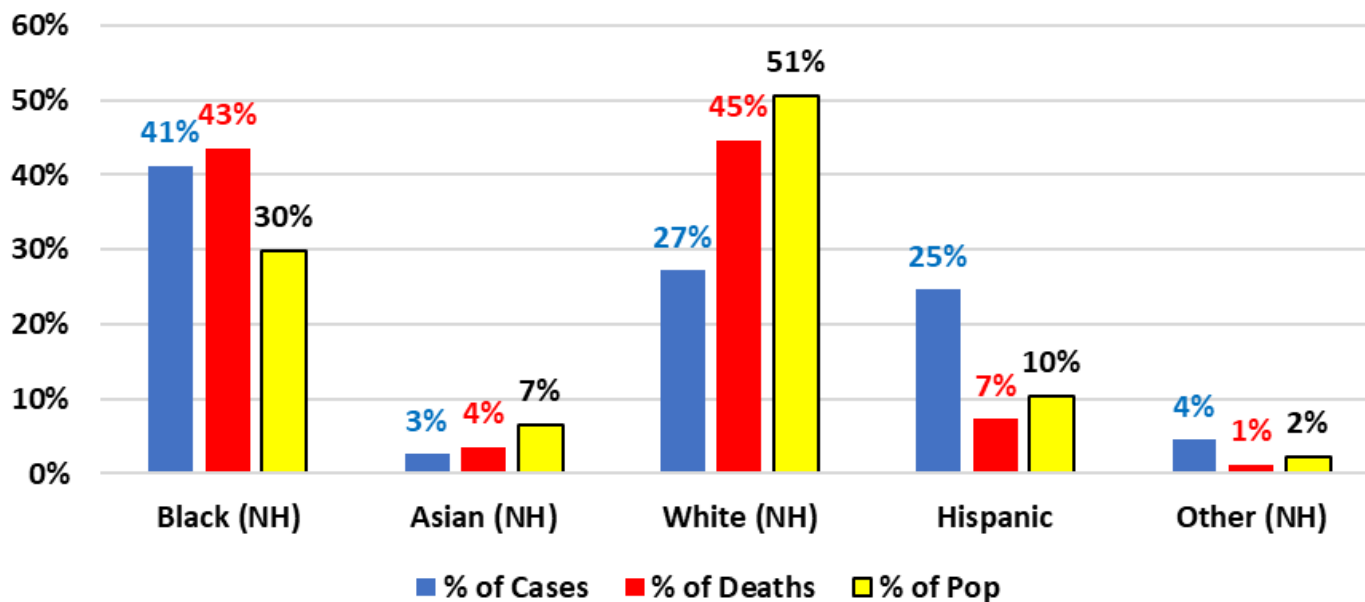
NUMBERS REVEAL HISTORY

➤ HISTORY OF
DIFFERENCE

➤ HISTORY OF CAUSE

Maryland Disparities in COVID Cases and Deaths

Race/Ethnic Distribution of Cumulative COVID Cases and Deaths Vs. Population, Maryland 5/7/2020
*(Percent of Cases and Deaths of Known Race
Missing race: 24% of cases, 7% of deaths)*

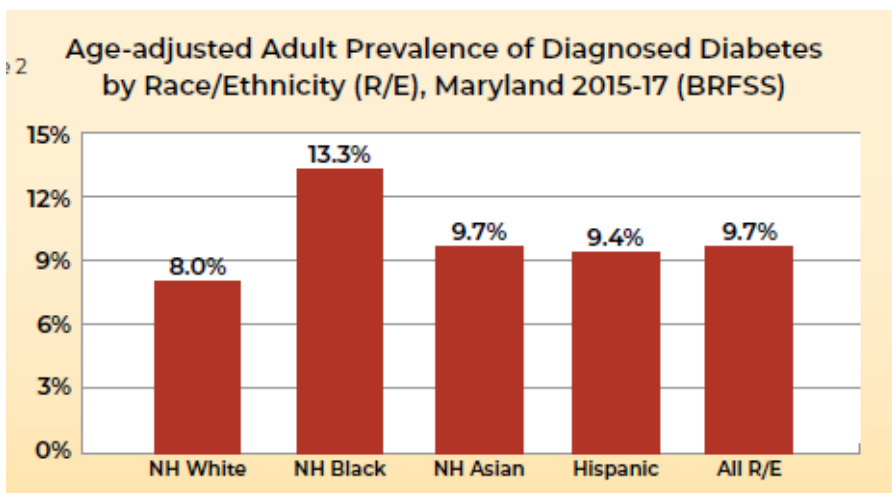


Blacks are over-represented in cases and deaths (more co-morbids)

Hispanics are over-represented in cases, not deaths (young population, job exposures?)

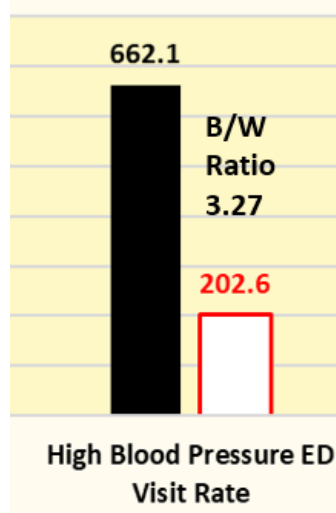
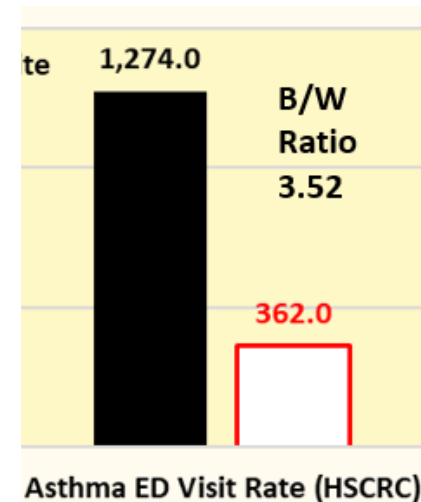
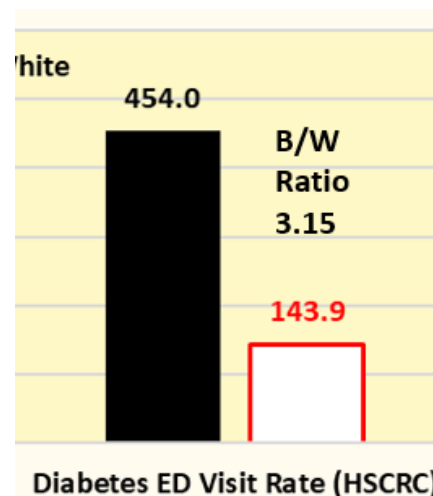
Whites have deaths out of proportion to cases (older pop)

Maryland Disparities in COVID-19 Relevant Comorbidities



Minorities have higher disease prevalence for several relevant high-risk COVID comorbidities

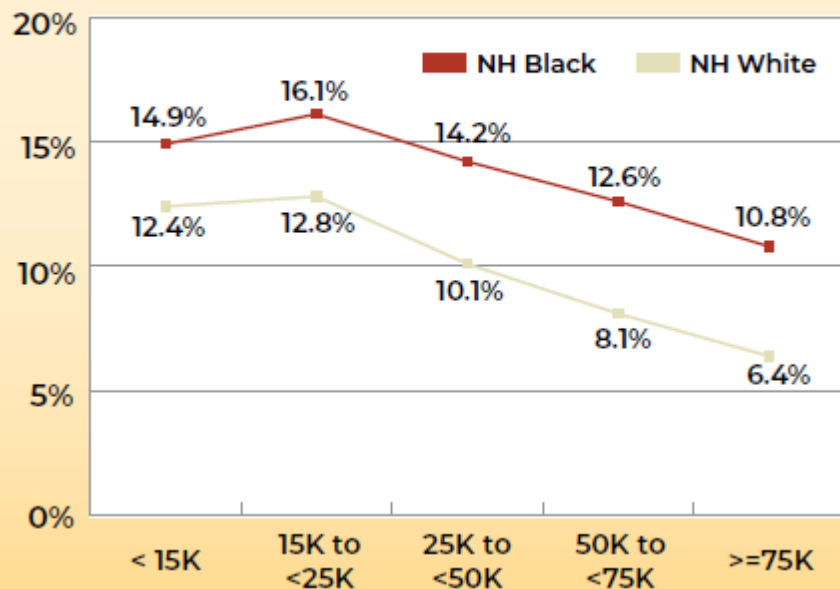
And higher severity (seen in the huge ED visits disparities that exceed prevalence disparities)



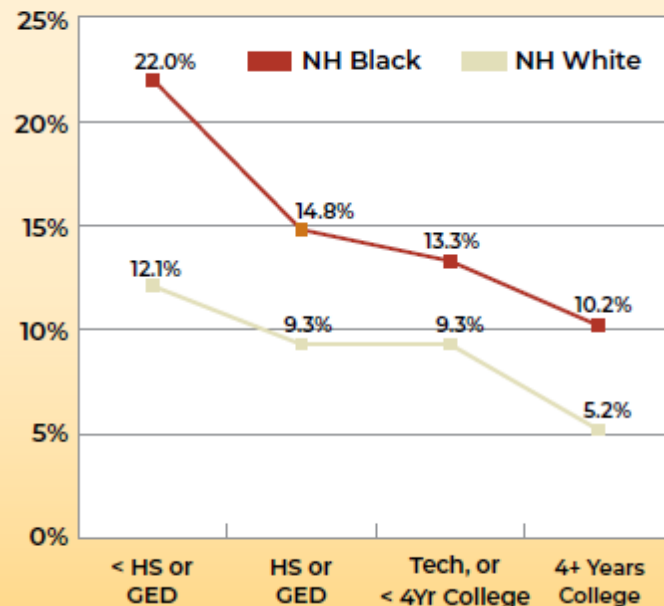
Age-adjusted rate per 100,000 population, 2017 data, HSCRC

Role of Social Determinants: Diabetes Example

Age-adjusted Adult Prevalence of Doctor Diagnosed Diabetes, by Income and Race, Maryland 2015-17 (BRFSS)



Age-adjusted Adult Prevalence of Diagnosed Diabetes, by Education and Black or White Race, Maryland 2015-17 (BRFSS)



**Income/Education matters regardless of race,
Race matters regardless of income/education.
Minorities have lower income/education, and
do worse at every level of income/education.**

OUR MISSION

The Office of Minority Health and Health Disparities' (MHHD) mission is to address the social determinants of health and eliminate health disparities by leveraging the Department's resources, providing health equity consultation, impacting external communications, guiding policy decisions and influencing strategic direction on behalf of the Secretary of Health.

SEEKING PARTNERSHIP



I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

PRIORITIZING VULNERABLE POPULATIONS

- NURTURE AND NATURE
 - Genes and Environment
- BREAKING THE CHAIN
 - Mistrust, Poverty, Structural Racism, Health Seeking Behaviors

LESSONS FROM COVID-19 TODAY FOR TOMORROW

- An expanded mission/The whole person
- Clinical Investigation
- Merged with social need investigation

FINAL THOUGHTS

ANY QUESTIONS?

Appendix

Resources and Links

COVID-19 Testing Site Information

- ❖ Patients require a provider order for referral to testing sites
- ❖ Providers contact your local hospital or use the link below
- ❖ Sites are subject to host location restrictions and availability
- ❖ MD is also piloting drive-thru testing at several Vehicle Emissions Inspections Program (VEIP) locations – [FAQs available here](#).
- ❖ Current list of testing sites, please click [here](#)

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**

Billing for End-of-Life Planning

- ❖ Billable event with AWW or Separate Encounter
- ❖ 99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- ❖ 99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

Support for Patients at Home

❖ Food

- Meals on Wheels

❖ Caregivers

- Visiting nurses and caregivers

❖ Emotional support

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

Caregiver Services Corps (CSC)



- ❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers to senior citizens in their homes to help with:
 - Individuals' self-administration of medications
 - Ambulation and transferring
 - Bathing and completing personal hygiene routines
 - Meal preparation and arranging for delivery of groceries and/or prepared meals
 - Teaching how to use video technologies to connect with loved ones and/or healthcare providers
- ❖ Healthcare providers should alert their patients they are being referred
- ❖ Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need
- ❖ Operates in Kent, Queen Anne's, Talbot, Caroline, Dorchester, Somerset, Wicomico, and Worcester Counties with plans to expand elsewhere

Hospital Surge Preparedness

- ❖ Convention Center needs medical staff – Visit <https://www.linkedin.com/jobs/view/1788387174>
 - ❖ Tents and Modular Units - including ICUs
 - ❖ Expansion within facilities
 - ❖ Professional student staffing
- |
- ❖ Employment opportunities for healthcare professional and support staff:
www.MarylandMedNow.com

Opportunities to Volunteer and Serve

- ❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)
 - <https://mdresponds.health.maryland.gov/>
 - Complete [Road to Readiness](#)

Staying Current - Sources

- ❖ [CDC](#)
- ❖ [MDH COVID-19 information page](#)
- ❖ [MDPCP COVID-19 webpage](#)
- ❖ Local Health Departments
- ❖ [CONNECT](#)
- ❖ Clinician Letters
- ❖ Multiple Resource Links in Appendix

MedChi/CareFirst/Backline Grant

CareFirst BlueCross BlueShield (CareFirst) and the Maryland State Medical Society (MedChi) launched a grant program that will equip additional Maryland physicians with the technology they need to provide needed virtual care during the COVID-19 pandemic and beyond

Eligibility Requirements

- The medical practice and medical license are in Maryland
- The medical practice is a private, independent group of five or fewer physicians
- The practice enrolls in Backline after March 1, 2020 as the result of the COVID-19 crisis
- MedChi has confirmed the practice's enrollment with DrFirst
- Enrollment in Backline occurs before December 31, 2020

Application Steps

Can be completed in less than 5 minutes

- Complete the application linked [here](#)
- Email completed application to amullin@medchi.org
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

Grant Amount

\$300 per eligible physician



Federal Emergency Funds for Small Business

- ❖ [Disaster Loan Assistance](#) (from Small Business Administration)
 - Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
 - [FAQs](#)
- ❖ [CARES Act](#) (pending federal legislation)
 - Sets up a \$350 billion loan program for small businesses
 - Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
 - Maximum loan amount is \$10 million
 - Loans can cover payroll, rent, utilities, or existing debt obligations
 - Interest rates cannot exceed 4%
 - If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
 - Loans will be available through the [Small Business Administration](#) and Treasury-approved banks, credit unions, and some nonbank lenders

State Emergency Funds for Small Business

- ❖ [COVID-19 Layoff Aversion Fund](#) (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)
 - Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs
 - Award of up to \$50,000 per applicant
 - Will be quick deployable benefit and customizable to specific business needs
- ❖ [View the One-Pager](#)
- ❖ [COVID-19 Layoff Aversion Fund Policy](#)
- ❖ [COVID-19 Layoff Aversion Fund Application](#) (Excel)
- ❖ Submit your completed application to: LaborCOVID19.layoffaversion@maryland.gov.

Food Resources

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

➤ [Maryland Summer Meals](#)

➤ [Montgomery County](#)

➤ [Prince Georges County](#)

➤ [Charles County](#)

➤ [Frederick County](#)

[Howard County](#)

[Anne Arundel County](#)

[St. Mary's County](#)

[Harford County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time

Resources for Specific Groups

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

Resources and References

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

State Emergency Funds for Small Business

- ❖ [Maryland Small Business COVID-19 Emergency Relief Loan Fund](#)
 - \$75 million loan fund (to be paid to for-profit business only)
 - Loans are up to \$50,000
 - No interest or principal payments due for the first 12 months
 - Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum
- ❖ [Maryland Small Business COVID-19 Emergency Relief Grant Fund](#)
 - \$50 million grant program for businesses and non-profits
 - Grant amounts of up to \$10,000
 - Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020
- ❖ [Emergency Relief Fund FAQ](#)
- ❖ Questions or concerns
email fpaaworkflowcoordinator.commerce@maryland.gov.