



# **Winter Surge Special Covid Update Webinar**

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

22 December 2021

A horizontal bar with a colorful, abstract pattern, similar to the one above the title, runs across the bottom of the slide.

We are in the midst of a worsening  
Covid-19 surge

This webinar will review the action  
steps you can take today and in the  
coming weeks to protect your patients

# Action Steps: What you can do now

## *Primary Care Triple Play*

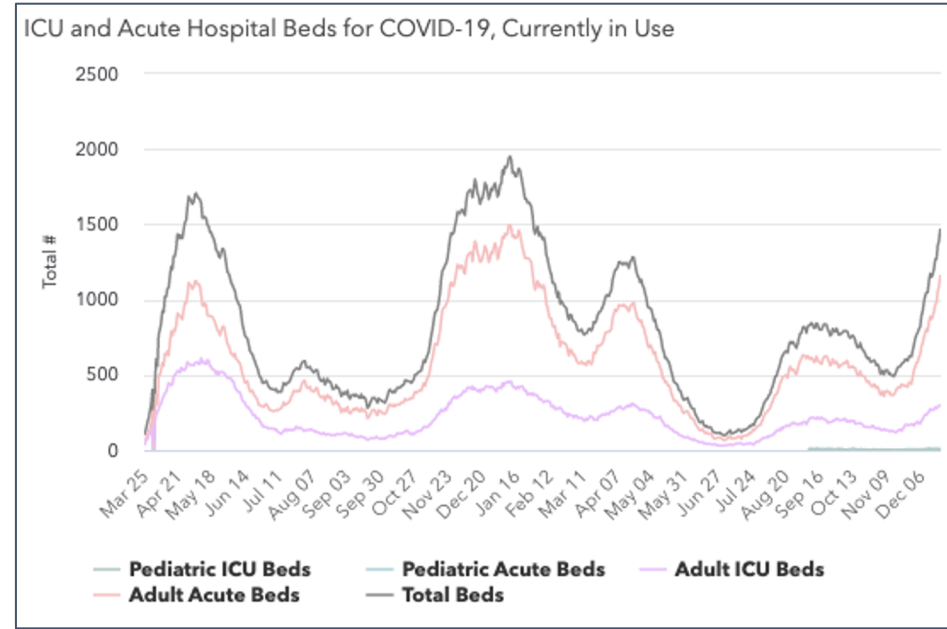
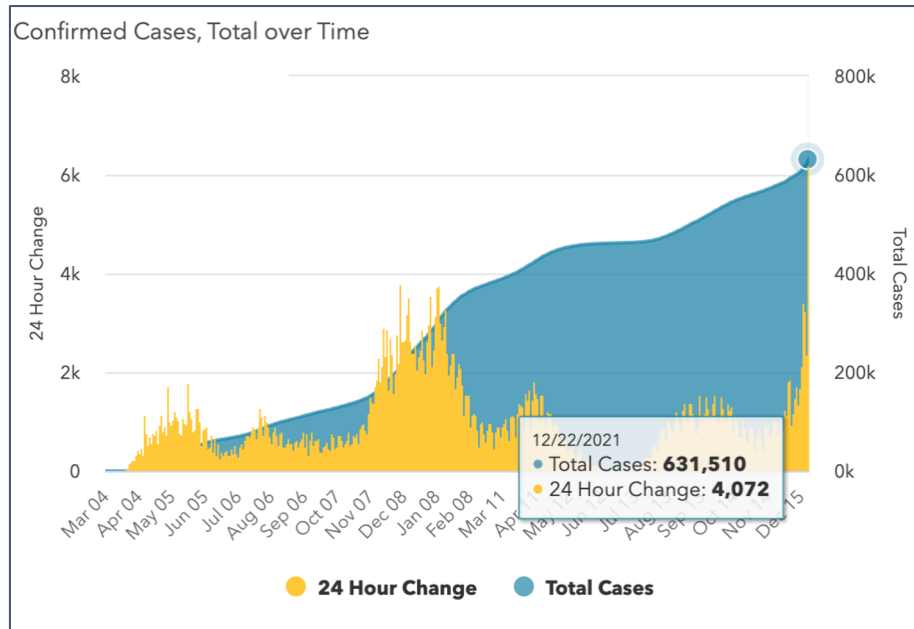
- 1) **Vaccines**: Outreach to patients who are unvaccinated or due for boosters and schedule a **vaccine appointment**
- 2) **Testing**: **Test patients** at your practice as needed, and order free POC tests from MDH [here](#)
- 3) **Therapeutics**: Refer patients to **monoclonal antibody treatment**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

# Current Surge Data

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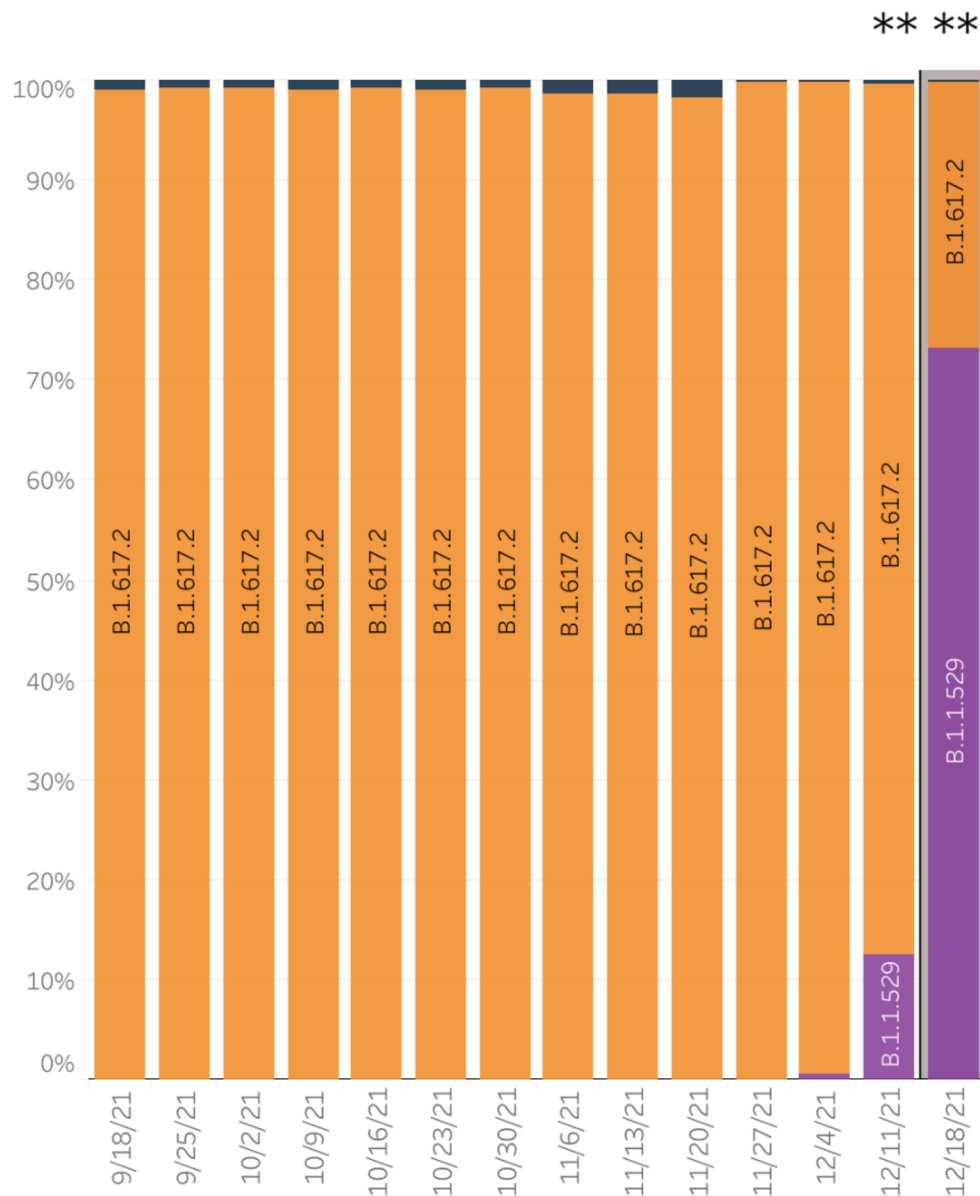


# Cases and Hospitalizations in Maryland



- ❖ Confirmed cases: 631,510 (*24hr change = +4,072*)
- ❖ Testing % positive: 12.15% (*24hr change = 0.5%*)
- ❖ Currently hospitalized: 1,465 (*24hr change = 73*)

United States: 9/12/2021 – 12/18/2021



# Omicron in the U.S.

USA				
WHO label	Lineage #	US Class	%Total	95%PI
Delta	B.1.617.2	VOC	26.6%	5.1-65.8%
Omicron	B.1.1.529	VOC	73.2%	34.0-94.9%
Other	Other*		0.1%	0.0-0.4%

**As of 12/18, CDC estimates  
Omicron makes up 73% of  
Covid cases**

# Action Step One: Vaccines

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# CDC Updated Recommendations

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- ❖ On 12/16, the CDC updated its recommendations on COVID-19 vaccines to include a clinical preference for the two mRNA vaccines (Pfizer and Moderna) over J&J
- ❖ J&J still available

# Action Steps:

## Providing and Referring for Vaccines

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- ❖ Join the Maryland Primary Care Vaccine Program
  - [Enroll in ImmuNet](#), [set up EHR reporting](#), and [register in ImmuNet to be a COVID-19 vaccine administrator](#)
- ❖ Order vaccines on Thursdays between 8:00 AM - 4:00 PM
  - [ImmuNet Ordering Guide](#)
- ❖ Vaccinate (primary series and boosters) at your practice
- ❖ If you cannot vaccinate at your practice, outreach to your patients to recommend vaccination and boosters. Refer patients to a [vaccinating site](#) or request a [mobile vaccination clinic](#) via this [form](#)
  - Filter available for 5-11 y.o. vaccination sites

# Boosters

## WHO IS ELIGIBLE FOR A BOOSTER?

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

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



Call 855-MDGOVAX or visit [covidvax.maryland.gov](https://covidvax.maryland.gov) to schedule your booster appointment.

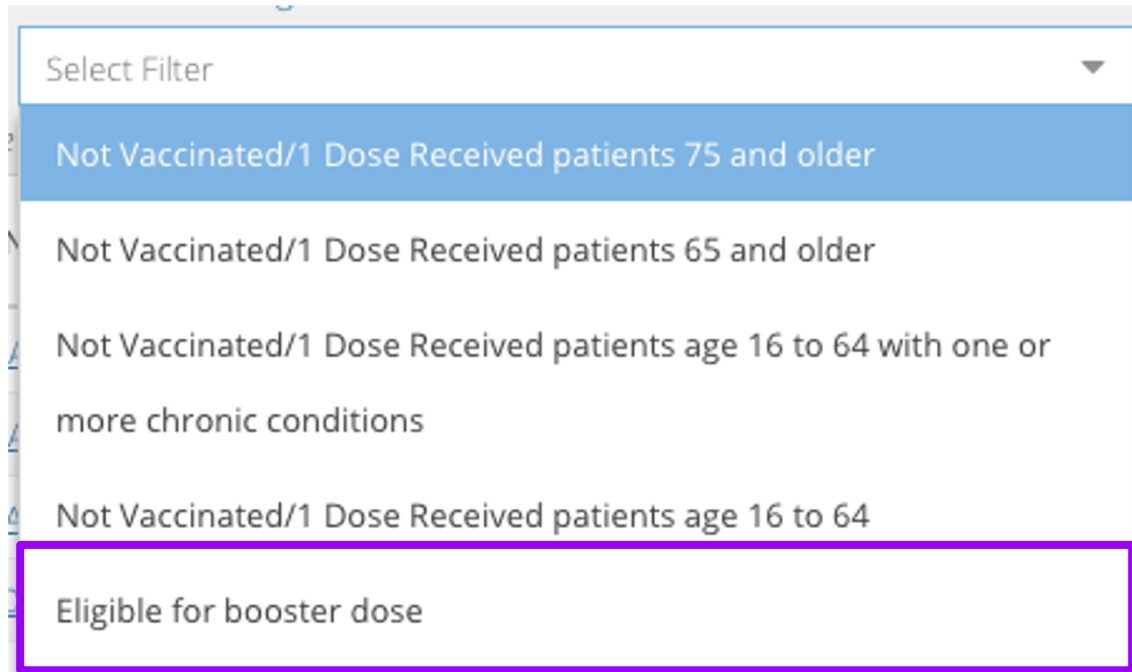


❖ [COVID-19 Vaccine Booster Guide for PCPs](#)

❖ *Boosters are our best protection against Omicron and many vulnerable patients have not received boosters*



# CRISP Booster Eligible Filter



Select Filter ▼

- Not Vaccinated/1 Dose Received patients 75 and older
- Not Vaccinated/1 Dose Received patients 65 and older
- Not Vaccinated/1 Dose Received patients age 16 to 64 with one or more chronic conditions
- Not Vaccinated/1 Dose Received patients age 16 to 64
- Eligible for booster dose**

*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.*

- ❖ New CRISP Vaccine Tracker filter shows patients due for a booster who have not yet received one.
- ❖ ***Use the filter to find your patients to outreach for booster doses***

# Outreaching to Patients

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## ❖ 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

- [Public Health Collaborative Holiday safety tips](#)
- The National Hispanic Medical Association - [Vaccinate for All Toolkit](#) (available in [Spanish](#))
- [Vaccine Outreach Call Script](#)
- [Vaccine Communication & Outreach Strategies in Primary Care](#)



# Action Step Two: Therapeutics

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# Covid Therapeutics

*Timing is critical → the sooner the better*

- ❖ Monoclonal Antibodies
  - IV infusion or Subq injection
  - Treatment
  - Post Exposure Prophylaxis
- ❖ Oral Antivirals - Paxlovid EUA authorized today
  - Early Prescribed Treatment
- ❖ Long-acting IM Prophylaxis - Evusheld (AstraZeneca)
  - Prophylaxis for immunocompromised

# Monoclonal Antibody Therapy

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- ❖ In short supply and high demand
- ❖ Inventory running low
- ❖ Sotrovimab resilient against Omicron
- ❖ Update: Bam/ete and Regen-Cov are ineffective against Omicron and have been pulled
- ❖ Prioritize patients (*see next slide*)
- ❖ Ensure referrals are fully and accurately completed to avoid rejection

# NIH Guidelines on Prioritization

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- ❖ Treatment over PEP
- ❖ Unvaccinated over vaccinated
- ❖ Other priorities to consider
  - Early in course
  - B cell abnormalities
  - Solid organ transplants
  - Severe underlying conditions

# Oral Antiviral Agents: Paxlovid and Molnupiravir

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- ❖ FDA EUA authorization for Paxlovid **12/22**
- ❖ State allocations
- ❖ Prescribed medication - use DEA number
- ❖ Dedicated pharmacies cross state - list to be provided in “Clinician Letter”
- ❖ Initial distribution also to SNFs and FQHCs
- ❖ Start within 5 days of symptoms - sooner the better
- ❖ Pregnancy restrictions
- ❖ POC testing is key

# Paxlovid

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- ❖ FDA authorized an [EUA for Paxlovid](#) on 12/22
- ❖ 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%

# Molnupiravir

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## ❖ Oral antiviral

- Intended for mild-to-moderate Covid in adults that test positive and are at high risk for progression in severity
- Medication must be initiated within 5 days of the onset of symptoms

## ❖ Molnupiravir - Merck and Ridgeback Biotherapeutics' oral antiviral treatment

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

## ❖ Current status and next steps

- It is expected that the FDA will review AMDAC's endorsement in the next few days

# Evusheld - Long Acting Prophylaxis

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- ❖ On 12/8, the FDA issued an [EUA for Evusheld](#)
  - Moderate to severe immune compromise
  - Unable to take vaccine due to severe allergy to all
  - IM dosing at 6 month intervals
- ❖ Allocation
  - Available week of 20 December
  - Allocation directly to hospital partners
    - 888 total doses for next 2 weeks
    - Very limited supply
  - Referrals done in hospitals
- ❖ Clinician letter with contact information - coming soon



# Moderate to Severe Immunocompromise

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- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts  $<200/\text{mm}^3$ , history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e.,  $\geq 20$  mg prednisone or equivalent per day when administered for  $\geq 2$  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

# Action Steps: Referring to Treatment

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- ❖ Refer eligible patients to monoclonal antibody treatment
  - See appendix for referral resources
- ❖ POC test and prescribe oral agents when available
- ❖ *The earlier the better*

# Action Step Three: Testing

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# Ordering Point-of-Care Tests

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- ❖ Available point-of-care tests can be ordered using this [order form link](#)
- ❖ Please note, deliveries of point-of-care tests may take up to **two weeks** after the orders are placed by MDH.

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

# Refer for Testing

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- ❖ 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](#)

# Takeaways: Triple Play Strategy

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# Patient Scenarios

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- ❖ Patient is asymptomatic, has no known exposures, and completed initial series of the vaccine in March 2021
  - Provide patient a Pfizer or Moderna (half dose) booster dose
- ❖ Patient is symptomatic and has a known exposure
  - Provide patient a rapid point-of-care test or refer patient for testing
- ❖ Patient is asymptomatic and has a known exposure
  - Consider PCR testing for the patient

# Patient Scenarios

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- ❖ Patient is asymptomatic and Covid positive
  - Instruct patient to self isolate and monitor symptoms
  - Instruct patient to follow [CDC Quarantine and Isolation Guidelines](#)
- ❖ Patient is symptomatic and Covid positive
  - If patient is eligible, refer for monoclonal antibody treatment or oral antiviral Paxlovid
  - If patient is not eligible, instruct patient to isolate and monitor symptoms, following [CDC Quarantine and Isolation Guidelines](#)



# Triple Play and Takeaways for Primary Care

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



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



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



### **Vaccines**

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



### **Testing**

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



### **Therapeutics**

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



Page 1

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



# Take Care of Yourself and Your Staff

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- ❖ 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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# Poll Question

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# Question and Answer Session

# CME

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



# Announcements

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- ❖ **Open enrollment is live for Maryland Health Connection** - Additional information is in the Appendix of this slide deck
- ❖ [COVID-19 Triple Play Strategy Guide](#)

# Announcements

## ❖ Holiday ordering:

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

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

# Appendix

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## Resources

# Pfizer 'Gray Cap'

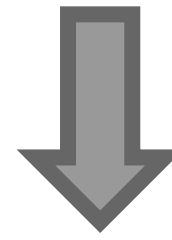
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- ❖ Beginning 12/23, a new Pfizer vaccine formulation will become available (Pfizer Tris-sucrose Adult Formulation)
- ❖ For all 12+ individuals
- ❖ Changes to ordering and handling:
  - They will have a gray cap
  - Will be available in smaller 300-dose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



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

# More on 'Gray Cap'



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

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

# Holiday Vaccine Ordering

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- ❖ Holiday ordering will be limited
  - Ordering in ImmuNet will be available on Thurs, 12/23
    - No deliveries between Thurs, 12/23 - Mon, 12/27
    - **Orders placed on 12/23 will be delivered Tues, 12/28 and Wed, 12/29**
  - Ordering in ImmuNet will be available on Thurs, 12/30
    - No deliveries between Thurs, 12/30 - Tues, 1/4
    - **Orders placed on 12/30 will be delivered Wed, 1/5**

# 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
  - 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



# CDC 5-11 Vaccine Resources

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- ❖ Preparation & Administration Guide - [https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer\\_PED\\_PrepAdmin.pdf](https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_PED_PrepAdmin.pdf)
- ❖ Storage & Handling Summary - [https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer\\_PED\\_StorageHandling\\_Summary.pdf](https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_PED_StorageHandling_Summary.pdf)
- ❖ Storage & Handling Labels - [https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer\\_PED\\_StorageLabel.pdf](https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_PED_StorageLabel.pdf)
- ❖ Beyond Use Guidance & Labels - [https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer\\_PED\\_BUD-Labels.pdf](https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_PED_BUD-Labels.pdf)
- ❖ Transporting Vax to Clinics - [https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer\\_TransportingVaccine.pdf](https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/Pfizer_TransportingVaccine.pdf)

# CDC General Vaccine Resources

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- ❖ Pre-Vaccination Checklist - <https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf>
- ❖ COVID-19 Vaccine Quick Reference Guide for Healthcare Professionals - <https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html>
- ❖ Interim Clinical Considerations for COVID-19 Vaccinations - <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
- ❖ Other Pfizer Vaccine Resources - <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>

# Additional Resources

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- ❖ 5-11 Pfizer EUA Fact Sheet for Healthcare Providers - <https://www.fda.gov/media/153714/download>
- ❖ 5-11 Pfizer EUA Fact Sheet for Recipients and Caregivers - <https://www.fda.gov/media/153717/download>
- ❖ FAQs for All Pfizer COVID-19 Vaccines - <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine-frequently-asked-questions>

# Appendix

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## **Monoclonal Antibody Treatment Information and Resources**

# 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

# 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

# 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 Emapalumab](#), [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.

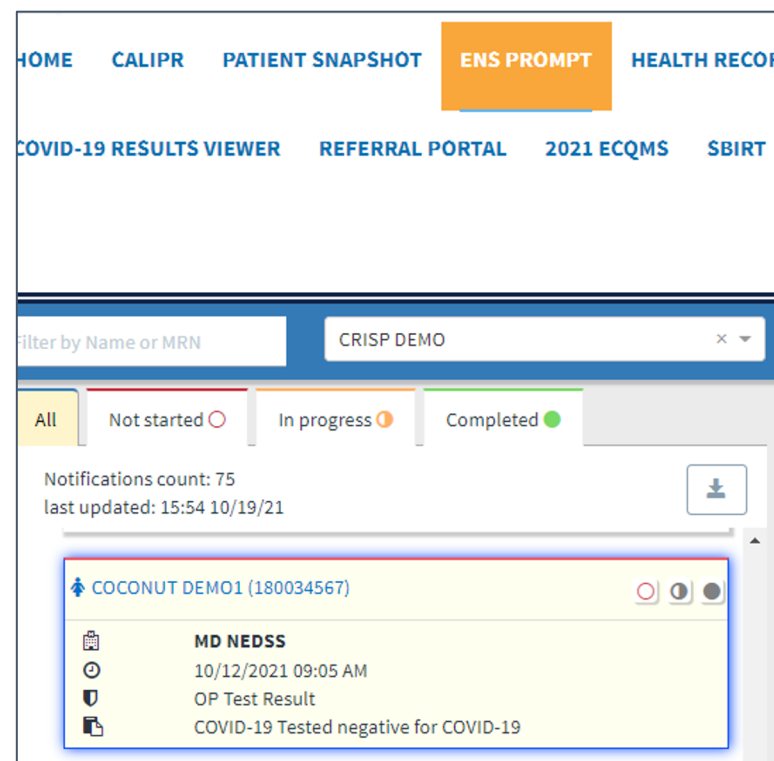
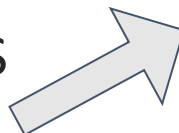
Determine Eligibility for Monoclonal Antibody Treatment for Patients	
Track 1 - Active COVID-19 Infection	Track 2 - Post-Exposure Prophylaxis
1. Is the patient 12 years of age or older weighing at least 88 pounds? If <b>NO</b> , <b>STOP</b> ; <b>YES</b> , proceed to number 2.	1. Is the patient 12 years 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? 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? 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>2</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 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.maryland.gov/health/covid19/covid19-qa-and-a.aspx>  
<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.maryland.gov/health/covid19/covid19-qa-and-a.aspx>  
<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.maryland.gov/health/covid19/covid19-qa-and-a.aspx>



# Practice mAb Referral Workflow

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



# Additional Monoclonal Information

## Indications for Outpatient COVID-19 mAbs

### Monoclonal Antibody Indications and Routes of Administration

Monoclonal Antibody	TREATMENT of Mild to Moderate COVID-19 Infection within 10 days of symptom onset in patient with high risk of progression to severe disease	POST-EXPOSURE PROPHYLAXIS for individuals who are not fully vaccinated or immunocompromised, with high risk of progression to severe disease
<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>)

# 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**

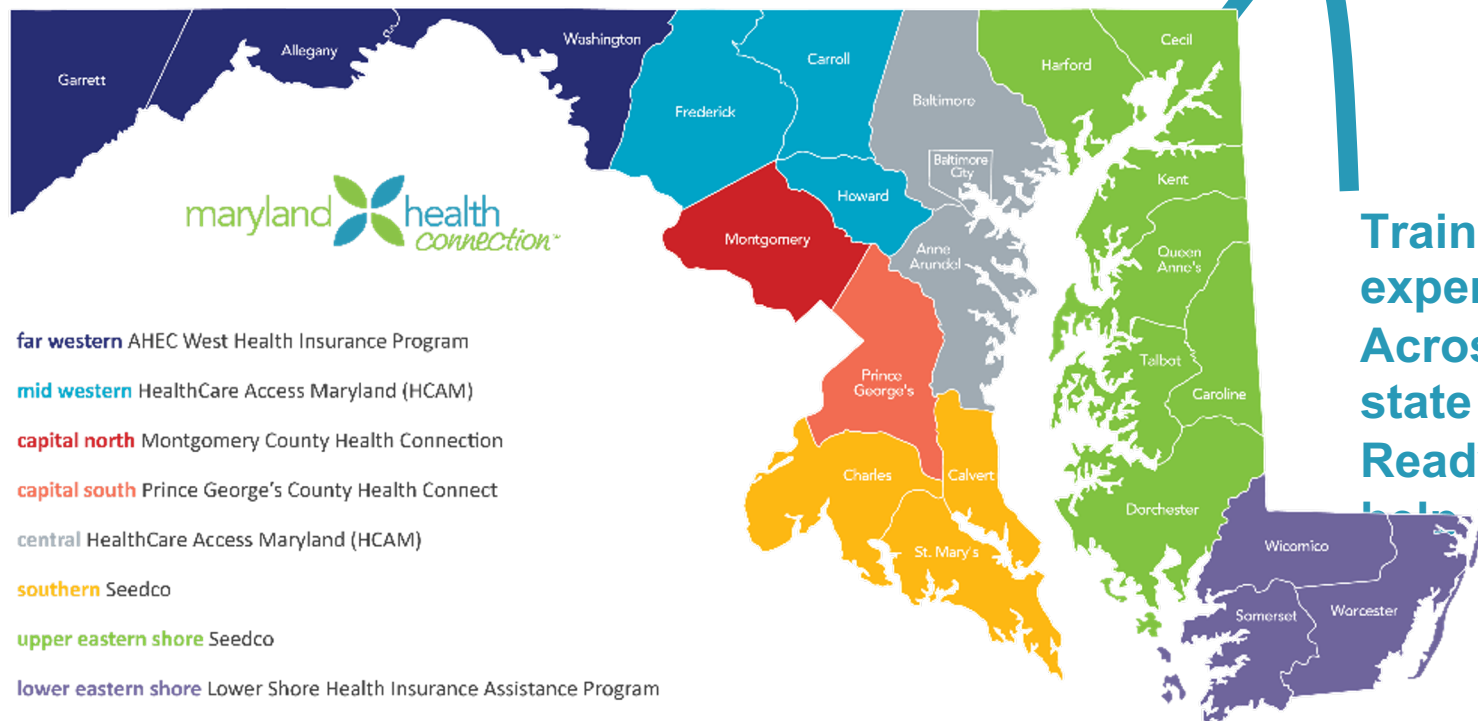
**January 15, 2022,**  
to be covered for  
2022



[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.**



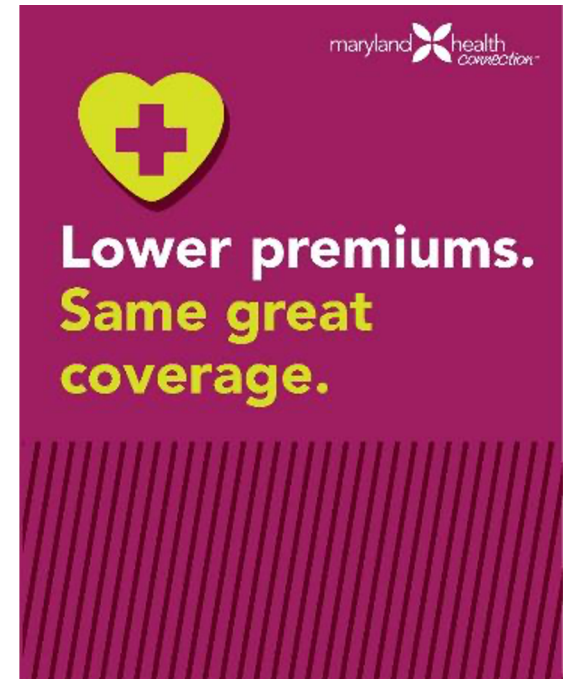


# More Savings for More Marylanders

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!

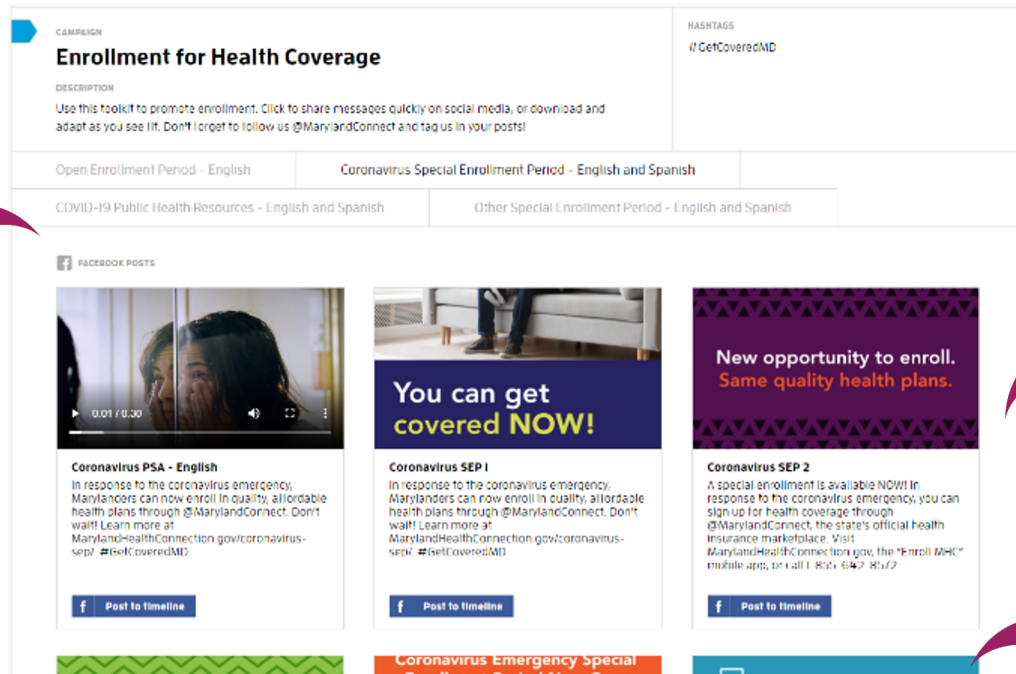




# TheSocialPressKit.com/MarylandConnect

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 green leaf graphic composed of several overlapping leaf shapes, 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](#)

❑ [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

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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/>)