



COVID-19 Daily Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

15 April 2020



You are the next
"Greatest Generation"

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

Key Takeaways

- ❖ You remain on the front line against COVID-19 in Maryland - **Act Now**
- ❖ You are uniquely positioned to identify at-risk populations, provide important social distancing information to them, and serve their healthcare needs through telemedicine. **No one can do this better than you!**
- ❖ **Your Role in this epidemic will continue to evolve**

Agenda

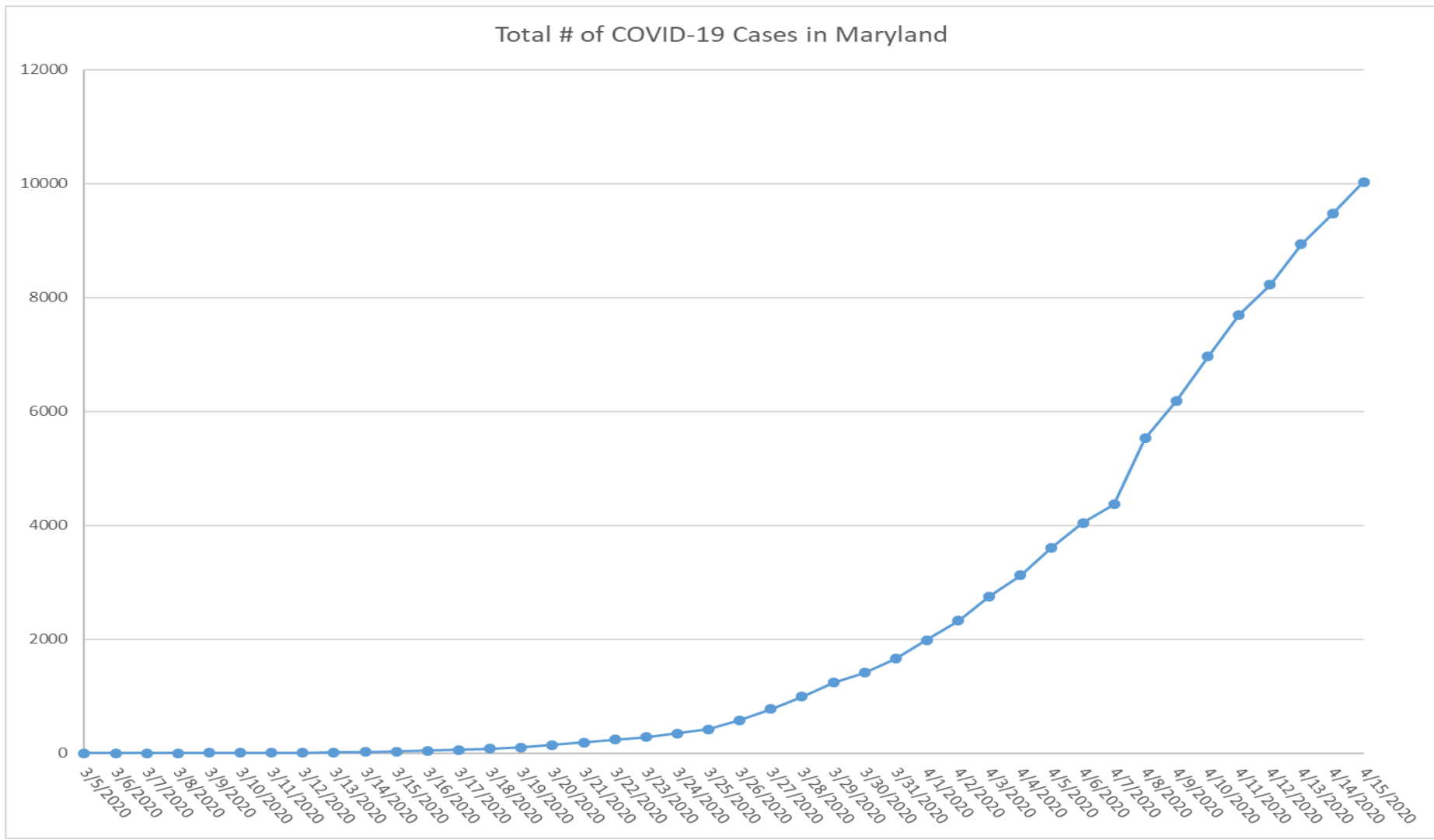
- ❖ Today's key updates
- ❖ What's Important Now (WIN)
- ❖ Messaging
- ❖ Testing Locations
- ❖ Patient Management
- ❖ PPE Sources/Requests
- ❖ Aligned Program Updates – Hospital Surge, Vulnerable Populations
- ❖ Announcements
- ❖ Behavioral/Mental Health Guest Speaker
- ❖ Q & A
- ❖ Resources

Morbidity and Mortality Update

	New Cases since Apr 14	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		605,390		24,582
Maryland	560	10,032	2231	340

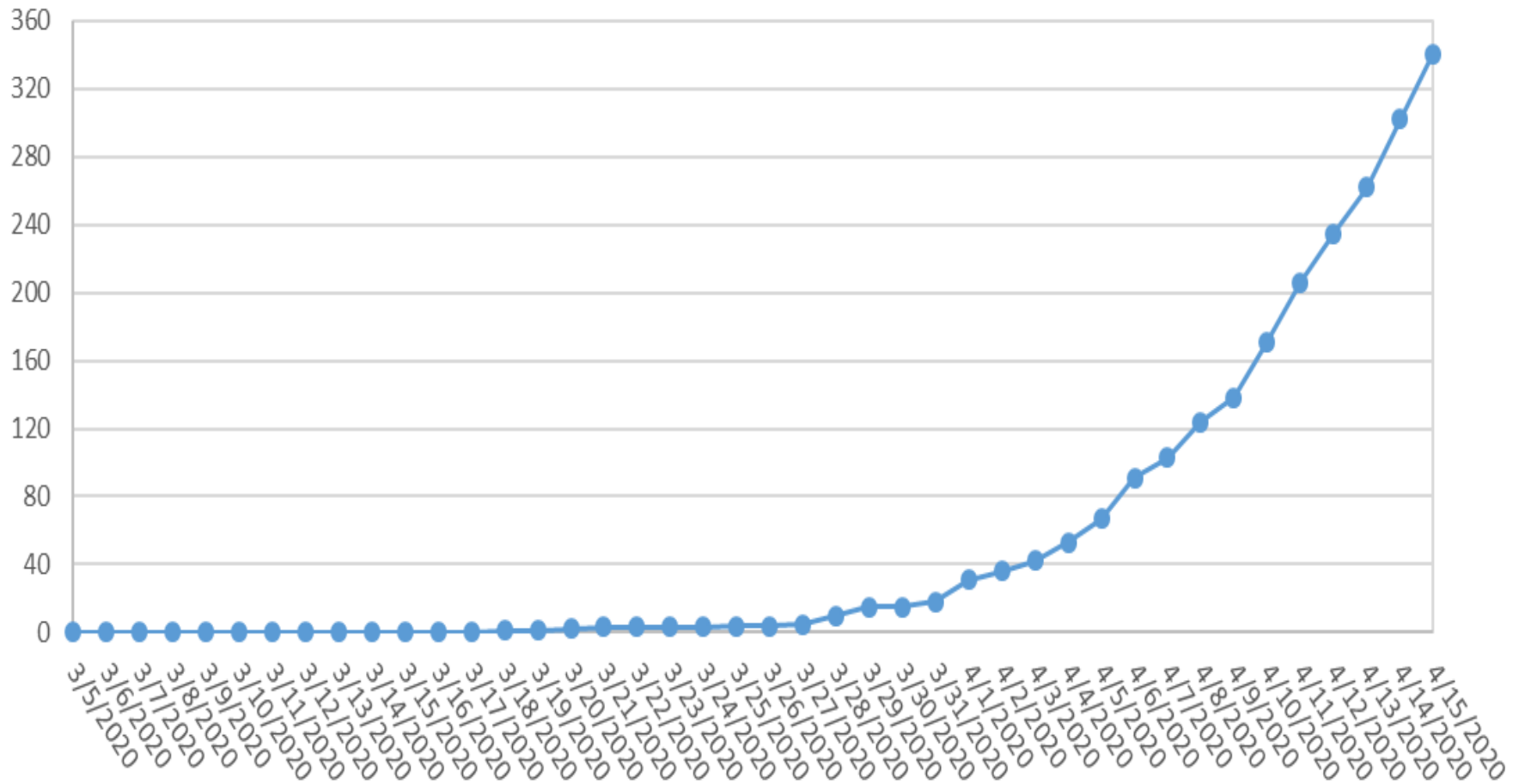
	30-39	40-49	50-59	60-69	70-79	80+
Case rate (per 100,000)	204.26	233.19	231.34	217.37	264.84	320.3310
% of cases hospitalized	10.90	16.92	22.44	33.45	44.26	37.82
Rate hospitalized (per 100,000)	22.26	39.47	51.92	72.7	117.21	121.16
Death Rate (per 100,000)	1.47	0.90	3.46	11.06	24.12	56.45

Total COVID-19 Cases in Maryland

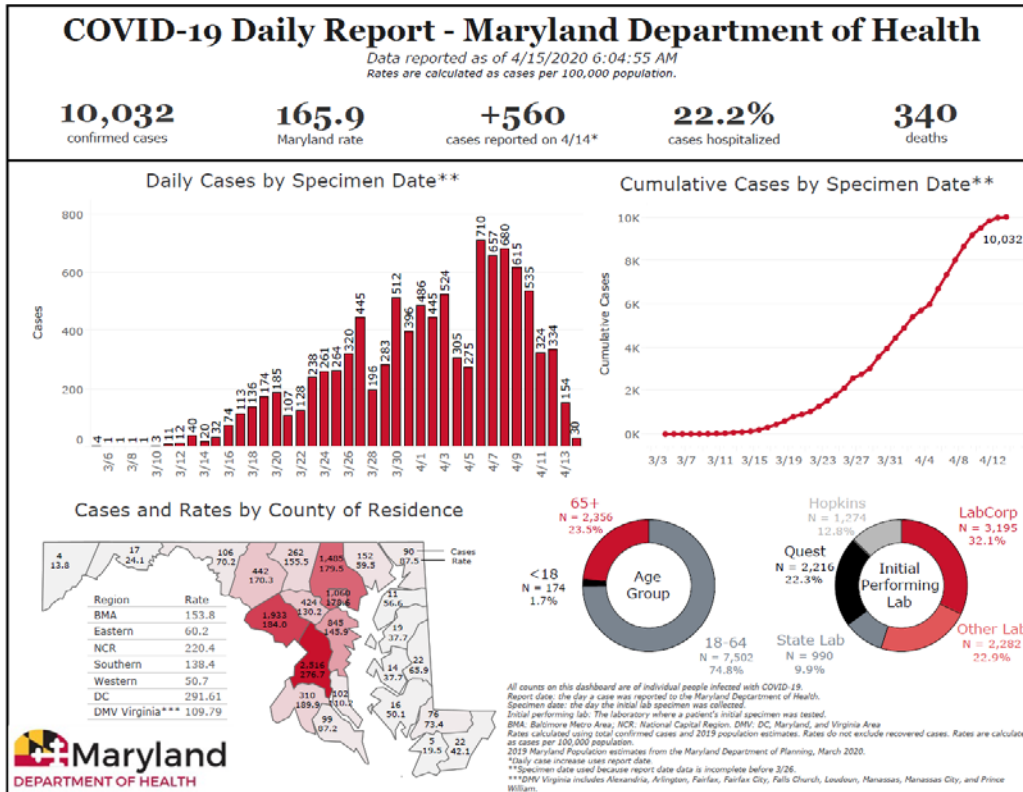


Total COVID-19 Deaths in Maryland

Total # of COVID-19 Deaths in Maryland

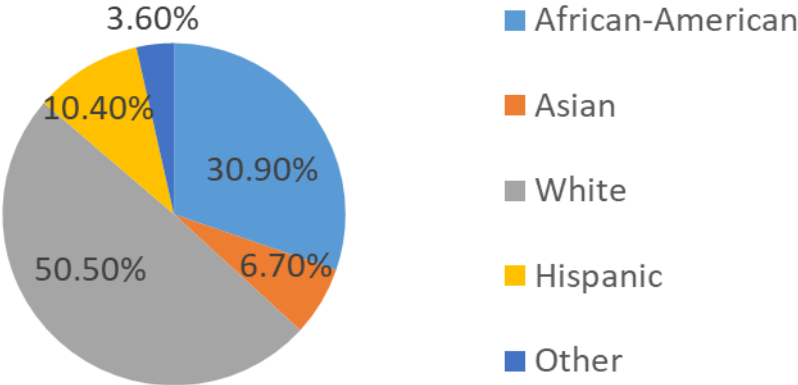


MDoH Detailed Daily Report

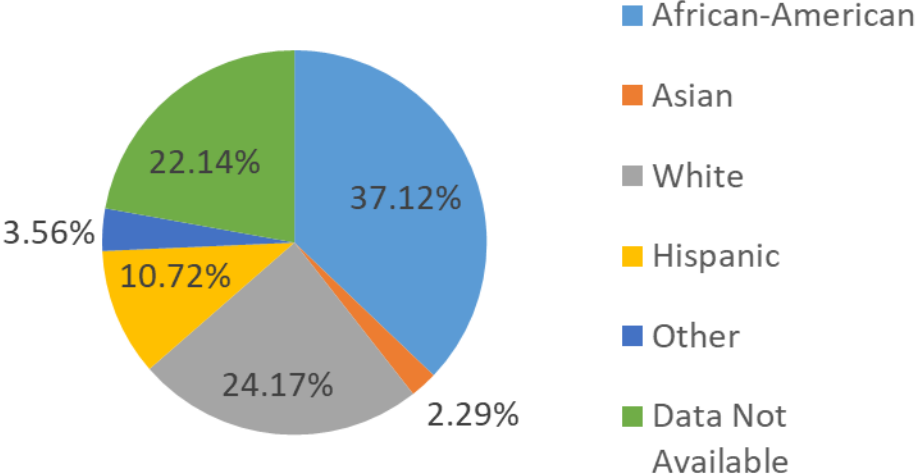


Impact of COVID-19 in Maryland, By Race

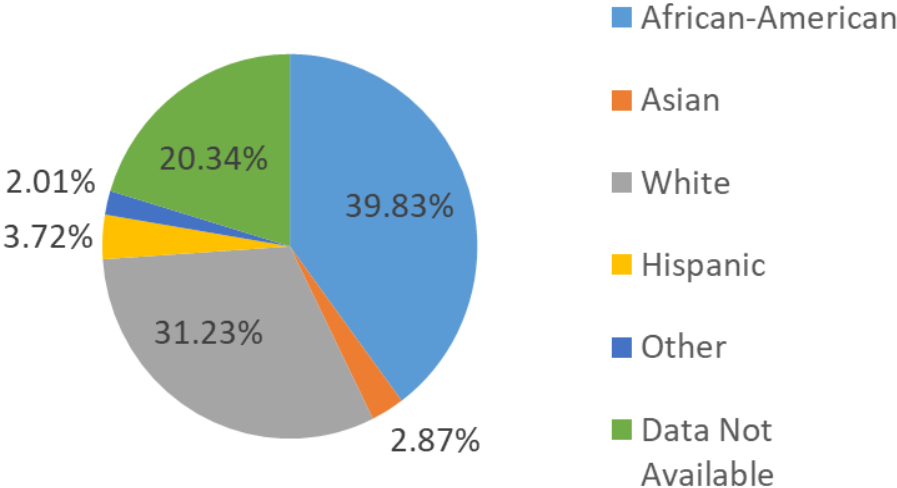
% of **Population** of Maryland, By Race
(Estimate)



% of Total COVID-19 **Cases** in Maryland, By Race



% of Total COVID-19 **Deaths** in Maryland, By Race



Modeling the Surge

3 days since peak resource use on
April 11, 2020

All beds needed
1,449 beds



All beds available
3,961 beds



Bed Shortage
0 beds

ICU beds needed
256 beds



ICU beds available
266 beds



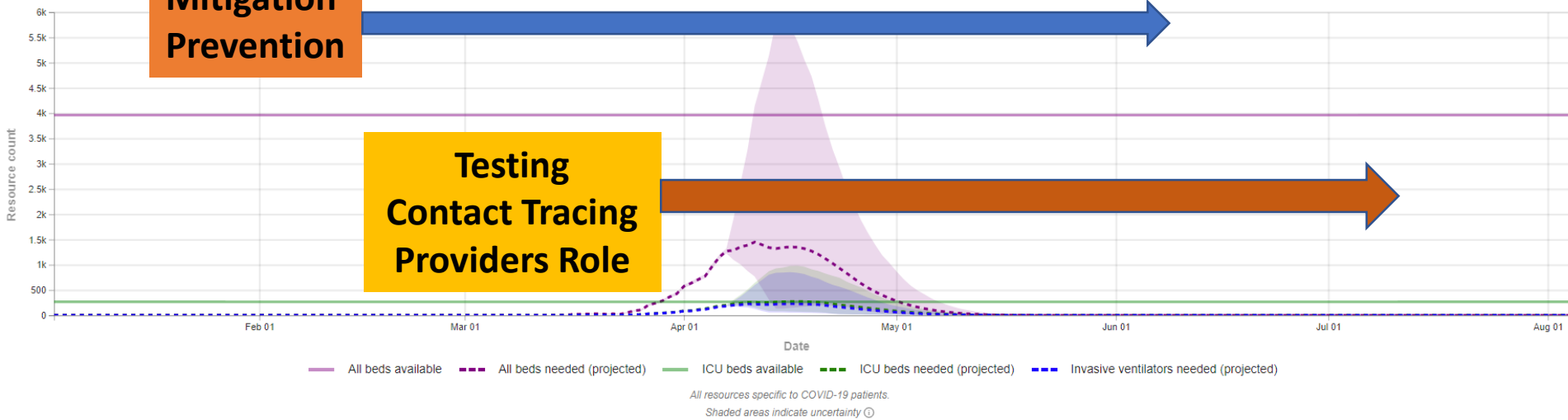
ICU Bed Shortage
0 beds

Invasive ventilators needed
221 ventilators

**Mitigation
Prevention**

All resources All beds ICU beds Invasive ventilators

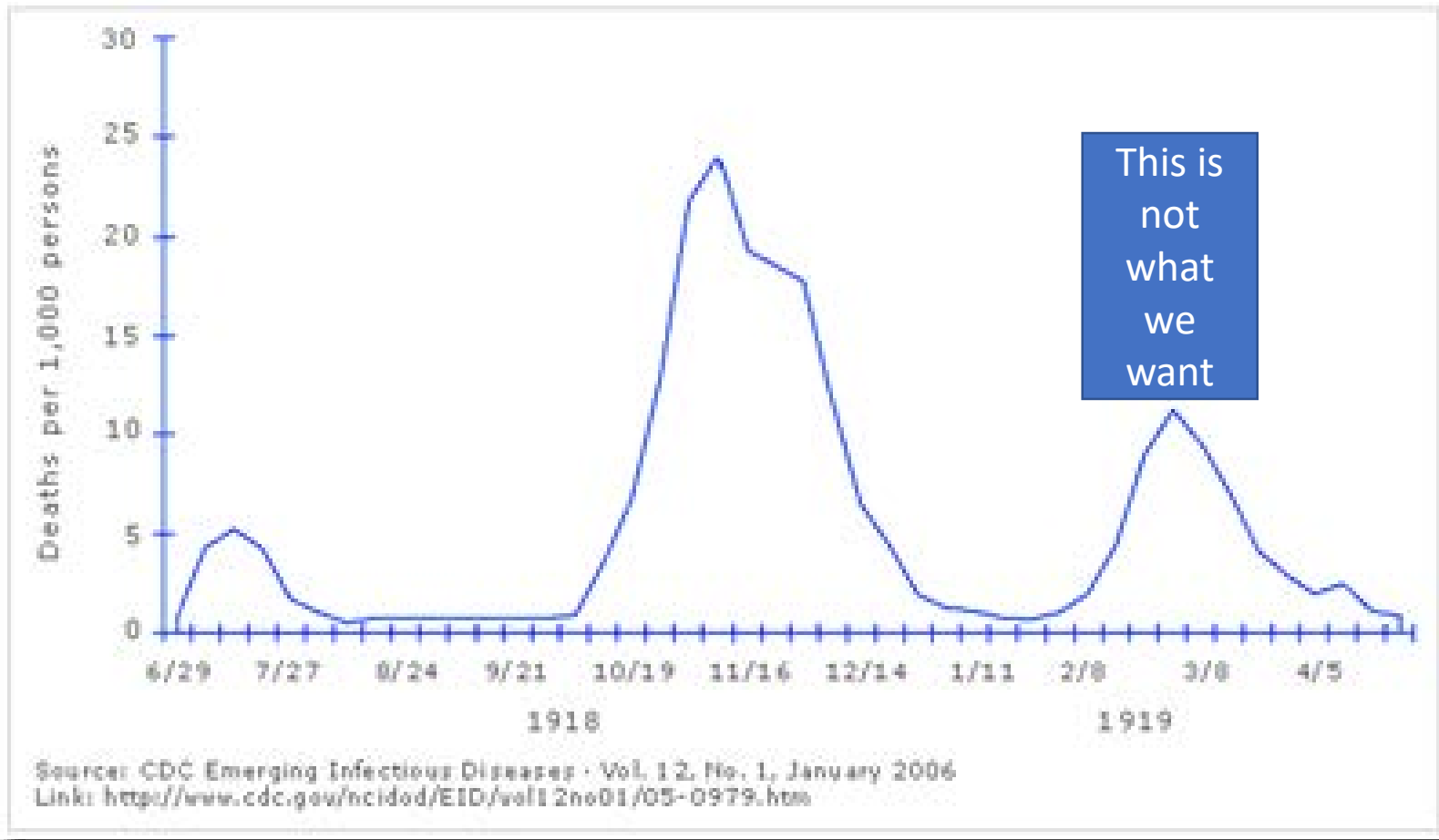
**Testing
Contact Tracing
Providers Role**



<https://covid19.healthdata.org/projections>

1918 Flu Pandemic

Below: Three pandemic waves: weekly combined influenza and pneumonia mortality, United Kingdom, 1918–1919



What's Important Now (WIN)

- ❖ Identify and contact high-risk patients
- ❖ Maximize non-face-to-face visits using telemedicine
- ❖ Identify appropriate candidates for testing
- ❖ Maximize clinical management of patients
- ❖ Stay current, stay safe
- ❖ **TELEMEDICINE is the new normal**
- ❖ **Federal COVID-19 Telehealth Program: \$200 mil to help healthcare providers use telehealth**

Messaging to All Patients

- ❖ *Stay home, stay away from this virus* – it can kill you, anyone can carry the virus
- ❖ We are here to support your medical needs - call
- ❖ Ensure your caregiver is also maintaining distance from others and frequently handwashing
- ❖ Maintain at least a 2-week supply of food and medicine
- ❖ Get exercise, rest and social connections - safely

Opportunities to Volunteer and Serve

- ❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)
 - <https://mdresponds.health.maryland.gov/>
 - Complete [Road to Readiness](#)
- ❖ [NIH serosurvey](#): Donate blood samples to help the NIH determine how many US adults without confirmed history of COVID-19 infection have antibodies to the virus

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

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](#)

Testing Locations – what is known

Testing Site Name	Location	Contact
MedStar St. Mary's Hospital	25500 Point Lookout Rd., Leonardtown, MD 20650	301-475-4911
UMMS, Upper Chesapeake Hospital	500 Upper Chesapeake Dr., Bel Air, MD 21014	443-843-8880
LifeBridge Health, Carroll Hospital	200 Memorial Ave., Westminster, MD 21157	410-601-2222
LifeBridge Health, Sinai Hospital	2401 W. Belvedere Ave., Baltimore, MD 21215	410-601-2222
Greater Baltimore Medical Center Health Partners	555 W. Towsontown, Blvd., Towson, MD	443-849-6819
Queen Anne's County Health Department	1000 College Circle, Wye Mills, Talbot, MD 21679	443-262-9900
Frederick Health Tollhouse	501 W. 7 th St., Frederick, MD 21701	240-215-6310
FedEx Field	Prince George's County	301-883-6627
<u>MedStar Health</u>	Ctrl + click on "MedStar Health" to your left	

Reaching Out to Vulnerable Populations

- ❖ Long-term care residents
 - Skilled Nursing Facilities
 - Assisted Living Facilities
 - Continuing Care Retirement Communities
- ❖ Homeless
- ❖ Group homes, Foster Homes
- ❖ Inmates
- ❖ Others with marginal social support

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**

Personal Protective Equipment (PPE) Requests

- ❖ Routed through Local Health Departments
- ❖ Priority as previously stated - may change over time
- ❖ Remain in scarce supply

- ❖ Find PPE request forms and local contacts [here](#)

Primary Care Collaborative (PCC) Clinician Survey

- ❖ PCC represents a broad group of public and private organizations and supports the growth of high-quality primary care against COVID-19
- ❖ Partnered with the Larry A. Green Center to weekly survey PC clinicians: How are you responding and what is your capacity?
- ❖ Please go to: thepcc.org/covid
 - Survey results for weeks 1 to 4
 - Portal to complete the weekly Friday-Monday survey

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

- ❖ Future Spotlights - Specialty Care, Pediatrics
- ❖ This week:
 - Thursday – Collaborative Care Model - Mindoula
 - Friday – Practitioners and Zachary Rabovsky, CareFirst BlueCross BlueShield
- ❖ Today: Behavioral Health Guest Speaker introduced by Dr. Aliya Jones, MDoH Deputy Secretary of Behavioral Health
 - Stephanie R. Knight, MD
 - Chief of Psychiatry, University of Maryland Medical Center - Midtown Campus
 - Assistant Professor of Psychiatry, University of Maryland School of Medicine

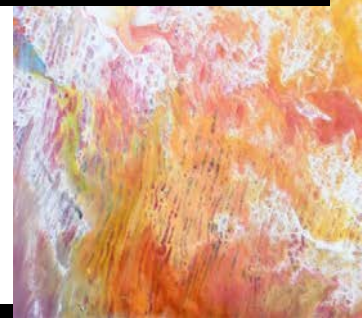
Maryland Primary
Care Program

LEARNED HELPLESSNESS IN COVID TIMES

Stephanie Knight, M.D.

*University of Maryland School of Medicine,
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Chief of Psychiatry, UMMC-Midtown



Overview

Rates of depression and anxiety are expected to increase during & after the CoVID pandemic. The omnipresence of the pandemic adds a layer of stress and symptom complexity which may be difficult to navigate.

Today we'll review...

- Depressive disorders & their etiologies, diagnostic requirements
- The concept of learned helplessness, how it relates to CoVID-19, and its influence on rates of depression
- Coping & treatment



DEPRESSIVE DISORDERS & LEARNED HELPLESSNESS



sit amet, consectetur

Depressive Disorders

- Major depressive disorder (MDD)*
- Persistent depressive disorder (a.k.a. dysthymia)*
- Premenstrual dysphoric disorder*
- Substance-/Medication-induced depressive disorder
- Depressive disorder due to another medical condition
- Other specified depressive disorder
- Unspecified depressive disorder*
- Disruptive mood dysregulation disorder



Depressive disorders

COVID Exaggerates Psychological Etiologies

Psychological Contributors to Depression

Loss (real or imagined)

Anger directed toward self

Absent or unsatisfactory bonds

Learned helplessness (*especially prevalent in healthcare workers!*)

CoVID Manifestation

Death of loved ones, patients, colleagues
Imagining the death/suffering of those individuals

Excessively strong desire to be in control
leads to overemphasis on restricting
emotions, which are then directed inward

Social distancing & quarantine, anyone?

We don't have control over jobs, stock
market, even patients → feel under
constant threat and can't do anything to
control it!



Learned helplessness

Covid Exaggerates Psychological Etiologies

Learned Helplessness

Survival mode!

Constant activation of fight/flight pathways
High anxiety, reclusiveness, isolative behavior, less likely to be helpful to others
because fearful of own survival

What is Learned Helplessness exactly?

- People face repeated, high-stress situations where they lack control and experience severe distress → They become conditioned to expect bad outcomes or events without a way to escape them
- They “learn” that they can’t change the situation and that they’re helpless → Even when they could enact/impact change, they don’t



Learned helplessness

Learned Helplessness (LH)

Survival mode!

Lose motivation

Difficult to make decisions - become passive

Lose perspective that responses can control trauma

Increase stress levels

People stop using their adaptive responses
“I can’ t change that. I’ ll always be _____.”



Learned helplessness

Concept outlined by psychologists Martin Seligman and Steven Maier in the 1960s and 1970s

Experiments with dogs (1970) and rats (1975) where electrical shocks were administered

Subcategories of LH:

- *Universal helplessness*: “Nothing can be done. No one can make it better.”
 - Tend to externalize the source of the problem & the helplessness related to it
 - Someone/something else is at fault
- *Personal helplessness*: “Other people could get out of this difficult situation, but I can’t. I am uniquely incapable of making a difference or finding a solution.”
 - Tend to internalize and find personalized reasons for the situation
 - Emphasizes personal inadequacies as source of problem – “I’m the reason this is happening to me. I’m at fault.”
 - Worsens low self-esteem



Learned helplessness

LH is more likely to occur in people who are:

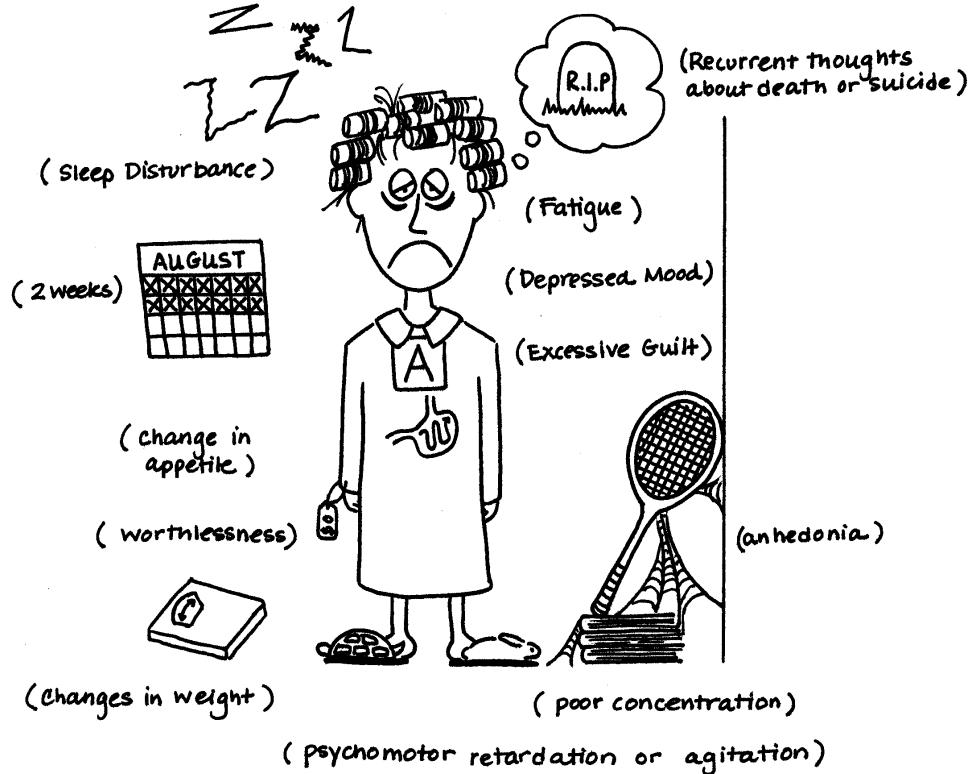
- Older age, because they already have changing roles and physical decline. Living in an institution is linked with LH. (Foy & Mitchell, 1990)
- Chronically stressed (Brown, Seyler, Knorr, Garnett, & Laurenceau, 2016)
- Anxious (Raufelder, Regner, & Wood, 2018)
- More reactive in anticipation of pain (Strigo, Simmons, Matthews, Craig, & Paulus, 2008)



Review of Etiology and Diagnosis



Depressive disorders



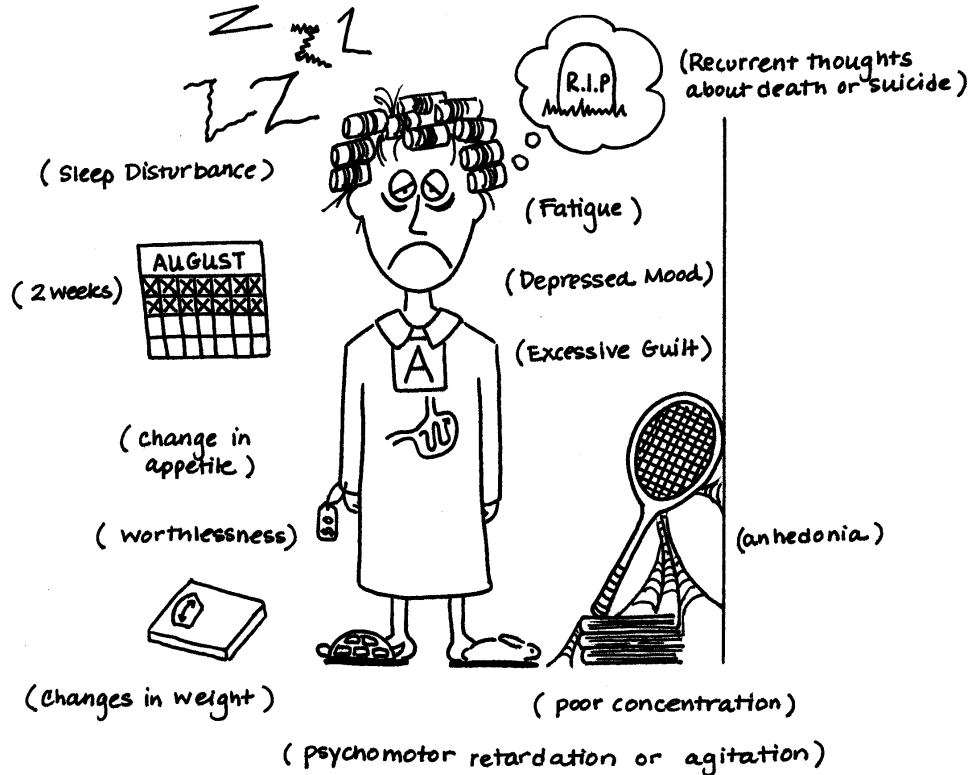
MAJOR DEPRESSIVE DISORDER

5 sx for most of the day, nearly every day, x 2 week period

At least 1 sx must be depressed mood or anhedonia



Depressive disorders

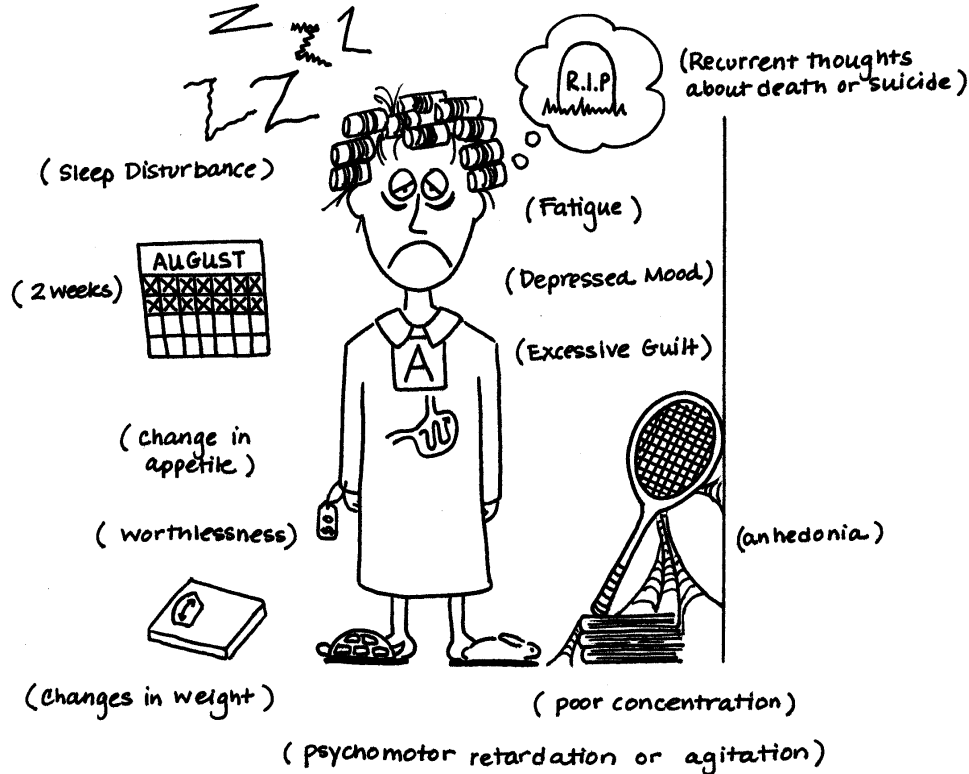


MAJOR DEPRESSIVE DISORDER

- (1) Depressed mood most of the day
- (2) Markedly decreased interest or pleasure
- (3) Significant weight loss (or gain)
- (4) Insomnia or hypersomnia
- (5) Psychomotor retardation or agitation
- (6) Fatigue or loss of energy
- (7) Feelings of worthlessness or excessive guilt
- (8) Diminished ability to think or concentrate or indecisiveness
- (9) Recurrent thoughts of death



Depressive disorders



MAJOR DEPRESSIVE DISORDER

Symptoms cause marked distress or impairment

Symptoms not due to effects of a substance

Symptoms not better explained by a different disorder

There has never been an episode of mania or hypomania

Screen with SIGECAPS



Depressive disorders

Depression vs. Grief!

DSM-IV had a “bereavement exclusion” = patients could NOT be dx with MDE if sx's occurred within 2 months after the death of a loved one

DSM-5 was modified to acknowledge that bereavement is a severe stressor that can precipitate the onset of a major depressive episode

	Grief	MDE
Predominant Affect	Feelings of emptiness, loss	Persistent depressed mood, inability to anticipate happiness or pleasure
Course of dysphoria	Tends to decrease in intensity over days to weeks, may occur in waves (“pangs of grief”)	Persistent
Range of affect	Retains ability to demonstrate positive emotions and humor	Pervasive unhappiness, misery
Thought content	Preoccupation with thoughts & memories of the deceased	Self-critical, pessimistic ruminations
Self-esteem	Preserved	Worthlessness, self-loathing are common
Thoughts of death	Focused on the deceased and about “joining” the deceased	Focused on ending one’s own life because of feeling worthless, undeserving, unable to cope with pain of depression



Depressive disorders

- Remission = 2 mon without sx's or only 1-2 sx's present to a mild degree
- 50% of patients have a second episode
 - Each new episode increases the risk for future recurrence
 - Each recurrent episode is typically more severe and with more abrupt onset
- Greater chance of recurrent MDE if:
 - Severe sx's in most recent episode
 - Inadequate treatment
 - Discontinuation of effective tx
 - Young age
 - Persistence of mild depressive sx's during remission
 - Multiple previous episodes of depression
 - High expressed emotion in the family
 - Marital problems
 - Psychotic sx's, prominent anxiety, co-morbid personality disorder



Depressive disorders

Increased Risk for Suicide

Demographics	Symptoms
Male	Severe depression
Recent personal loss	Anxiety
Single, widowed or divorced	Hopelessness
Older age	Psychosis, especially with command hallucinations
Caucasian	

Suicidal Thinking	History
Specific plan	Previous attempts, especially if many or severe
Means to carry out the plan	Family history of suicide
Absence of protective factors	Active substance abuse
Rehearsal of the plan	Previous psychiatric hospitalization for any reason
High lethality of method	



Next Steps?



1. Why are you alive?

2. Who depends on you, and why?

3. Whom do you depend on, and why?

4. How do you help other people in your community and the world?

5. How do you take care of yourself?

6. How do you provide for yourself and your family?

7. What are you passionate about?

8. What do you love doing?

McLean questions about meaning and purpose



How do I discourage Ih?

- Validate emotions – This doesn't mean you're encouraging bad behavior though!
 - Someone loses their job, goes out into the community in anger and intentionally intrusive, acting out, violating social distancing
 - Reaction is to shame them for the behavior
 - Instead, allow them to have a voice and express what's going on (frustration, fear, anger)





COPING SKILLS AND TREATMENT

Again???

Just try it...

We have control over very few things in this pandemic, and the uncertainty of every situation adds to our individual and collective distress. However, you always have domain over your PERSPECTIVE.

If you find yourself in one of those “moments” – head propped up on your hands, feeling like what you’re doing won’t be enough, overwhelmed by all of the to-do’s racing through your brain, etc. – don’t try to muddle through it.

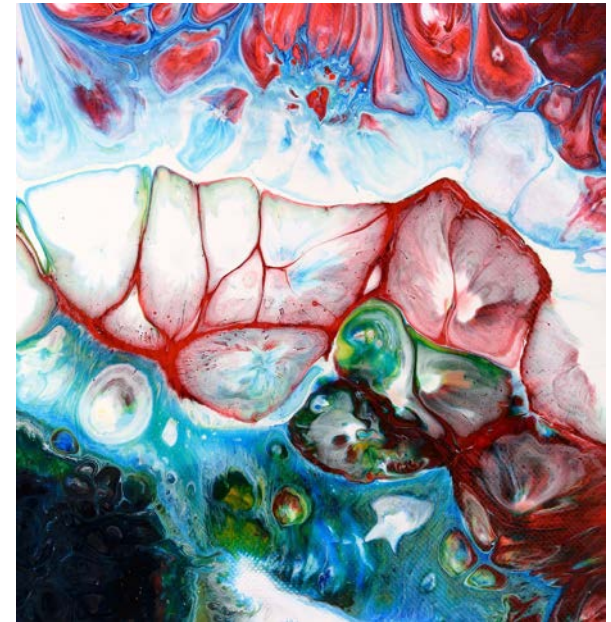
Take a deep breath and focus...



Coping with it all

When you're in a tough moment...

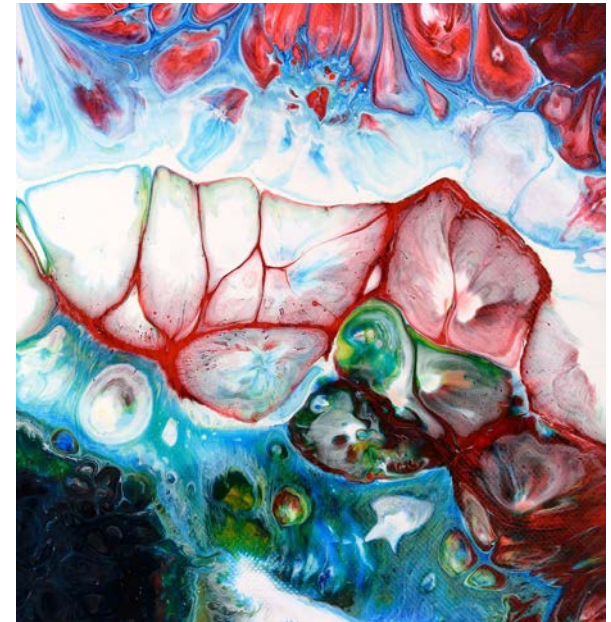
- **Remind yourself why you're here.**
- Know the **detailed ins and outs of your role, your program's plan of action, and/or your part in the larger algorithm.** Confusion seems inevitable in these situations, so when it comes time for a tough choice, you'll know the key elements already and can make an efficient, impactful decision.
- Have at least **two non-work-related, non-COVID, casual conversations each day.** You are a valuable human being and you deserve some relief!
- Keep something on you or in your office which has a **comforting smell that you associate with a positive memory.** When you need to calm down and refocus, triggering your olfactory pathways with that scent will get the job done!



Coping with it all

When you're in a tough moment...

- Don't let teleconferencing/video meetings keep you in your chair for too long. Put your phone on speaker and walk around the room while you're in the meeting. **Get up and move!**
- **Reach out to your support network!** Call up your mentor from years back and use them as a sounding board. They'll be glad to hear from you and grateful that you still revere them.
- Remember that RIGHT NOW, you are living the moments that you will reflect on in 5, 10, 20, 30+ yrs when people ask you about how the Pandemic of 2020 affected you. **Get in the moment.**
- Make yourself do these things as routinely as you get up and go to work. Self-care is most effective when it's part of your everyday life.



Frozen orange/tangerine technique

Here's another tip called the **frozen orange technique**. This can be helpful for anxiety, acute distress, or any kind of emotionally overwhelmed state of being. It's a quick, straightforward method to bring you back to center and ground you in the moment.

- Put a ripe orange in the freezer and keep it in there until you need it. When you're feeling especially anxious, overwhelmed, or frenetic, give yourself **five** minutes to do some "Minute Maid Mindfulness," as I'm calling it. **Focus** on your experience using all 5 senses:
- Slow down your breathing and relax your shoulders. Cup the orange in both hands and focus on its coldness. The temperature of the orange will naturally slow down your heart rate and reduce your anxiety level. For an added calming effect, hold the orange to your face near your temple.
- Look at the orange, noting its color and shape. If you're having trouble focusing, then count the dots in the orange skin to improve your concentration.



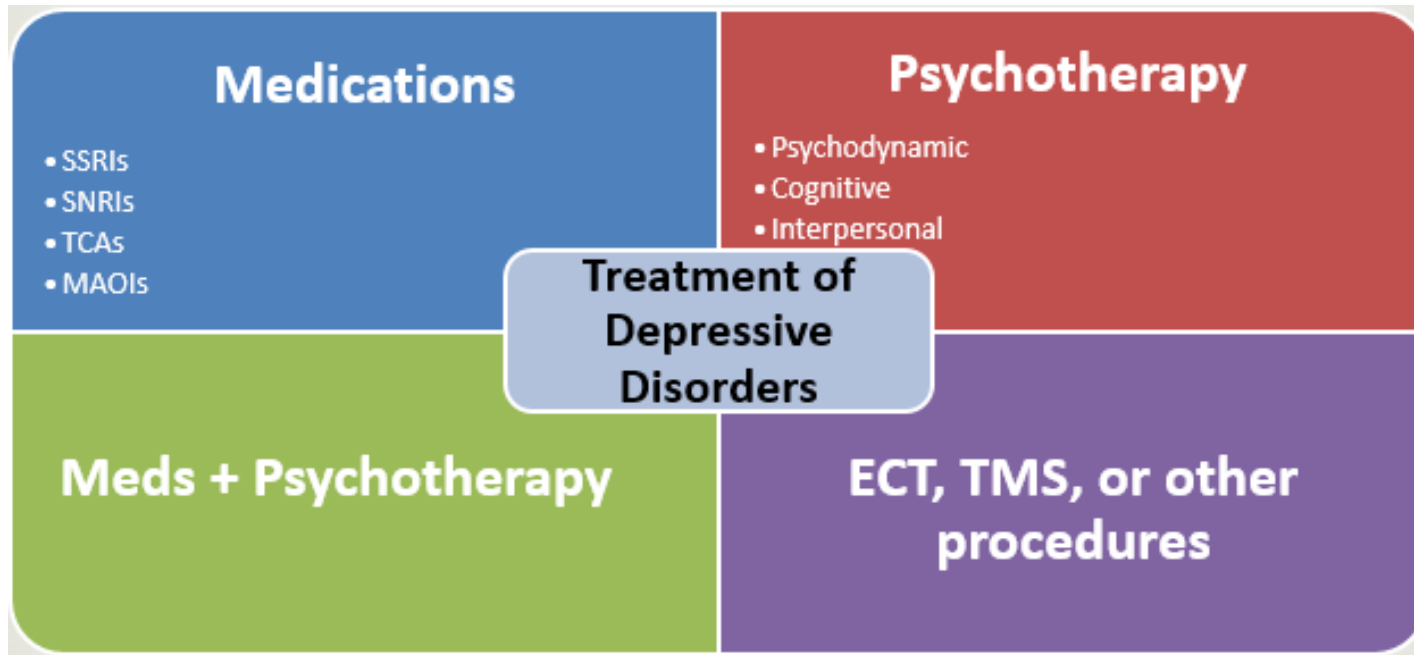
Frozen orange/tangerine technique

- Scrape the peel with your fingernail, taking note of any juice that sprays out. Smell the scratched area of the peel. If the aroma is associated with calm or happy memories, then allow those to come into your mind. If you don't already have positive associations with an orange scent, then create it now! Experience your new sense of calm and couple it with the smell of the fruit.
- Begin to peel the orange. Attend to the sound that's produced as the rind pulls away from the fruit.
- As you remove the outer rind, imagine depositing your stress & anxiety into the peel. When you're finished, throw those "feeling peelings" into the trash as a cleansing conclusion to your Minute Maid Mindfulness. If you need a boost of energy, prepare the rest of the orange so you can enjoy it as a snack.
- Bring a frozen orange to work with you on days when you anticipate needing some grounding moments, or keep one in the work freezer as a PRN! Take care.



Depressive disorders

Treatment! There is Hope...



Resources

Learned Helplessness: A Theory for the Age of Personal Control, by Christopher Peterson:

https://www.amazon.com/Learned-Helplessness-Theory-Personal-Control-dp-0195044673/dp/0195044673/ref=mt_paperback?_encoding=UTF8&me=&qid=

Learned Optimism: How to Change Your Mind and Your Life, by Martin Seligman: <https://www.amazon.com/Learned-Optimism-Change-Your-Mind/dp/1400078393>

An animated review of Seligman's book that covers the take-home points: <https://youtu.be/2hHNq45rEnU>

Quick summary of LH:

<https://www.medicalnewstoday.com/articles/325355#summary>

TED Talk from Martin Seligman, *The New Era of Positive Psychology*: <https://youtu.be/9FBxfd7DL3E>

<https://positivepsychology.com/explanatory-styles-optimism/>



References

<https://positivepsychology.com/learned-helplessness-seligman-theory-depression-cure/>

Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87*, 49-74. doi:10.1037/0021-843X.87.1.49

Cherry, K. (2014). What is learned helplessness and why does it happen? *VeryWell Mind*. Retrieved from <https://www.verywellmind.com/what-is-learned-helplessness-2795326>

Maier, S. F., & Seligman, M. E. P. (2016). Learned helplessness at fifty: Insights from neuroscience. *Psychological Review, 123*, 349-367. doi:10.1037/rev0000033

Miller, A. (2015). Avoiding “learned helplessness”. *Edutopia – Teaching Strategies*. Retrieved from <https://www.edutopia.org/blog/avoiding-learned-helplessness-andrew-miller>





THANK YOU

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Click [HERE](#) for information about the School of Medicine Department of Psychiatry, and [HERE](#) to learn about Behavioral Health at UMMC-Midtown!

Feedback to us at MDPCP

We are working to help you.

Please feel free to send us your feedback, ideas, and comments at: mdh.pcmode@maryland.gov

Q&A

Questions and Answers

Please type into the Questions box on the right side of your screen.

Staying Current - Sources

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

Appendix

Resources Links

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.