



Maryland Situation Update on Coronavirus Disease 2019 (COVID-19)

Maryland Department of Health
Infectious Disease Epidemiology and Outbreak Response Bureau

June 3, 2021

Webinar Agenda

- COVID-19 Epi Summary
- Addressing Vaccine Hesitancy-Part 4
- Vaccine Storage Requirements
- Discordant POC/PCR results
- CRISP/NHSN Reporting
- Project Firstline
- FAQs
- Q&A

<https://covidlink.maryland.gov/content/vaccine/govax/>



COVID-19 Epi Summary

Worldwide: COVID-19

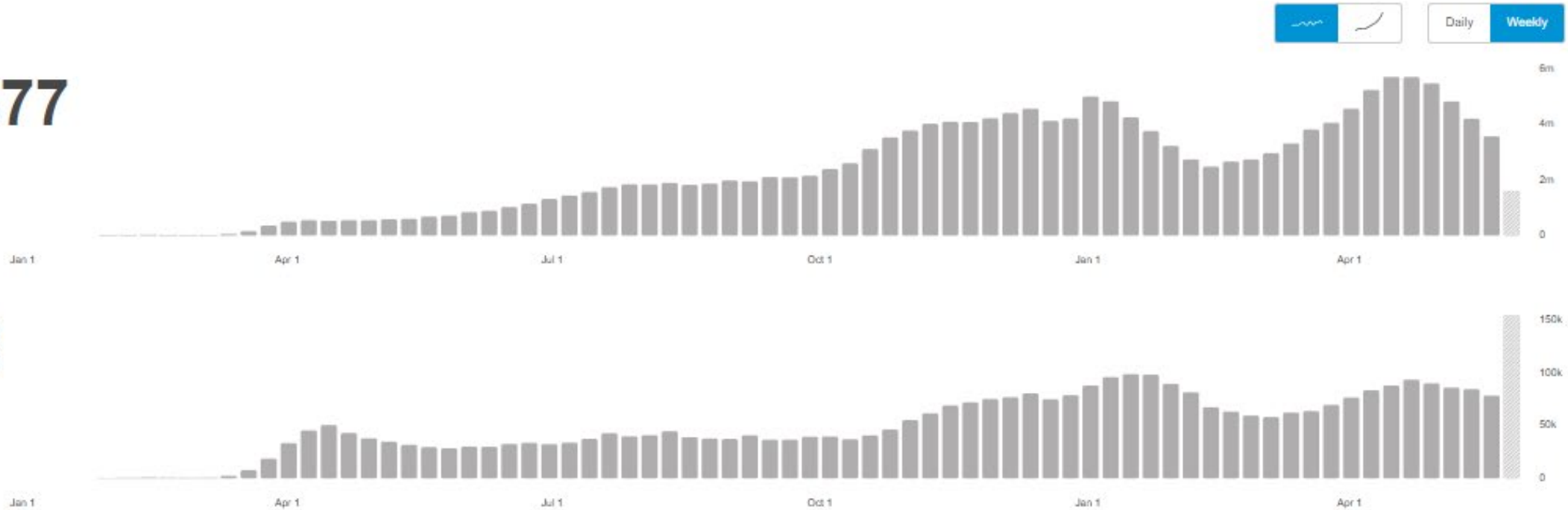
Global Situation

171,222,477
confirmed cases

3,686,142
deaths

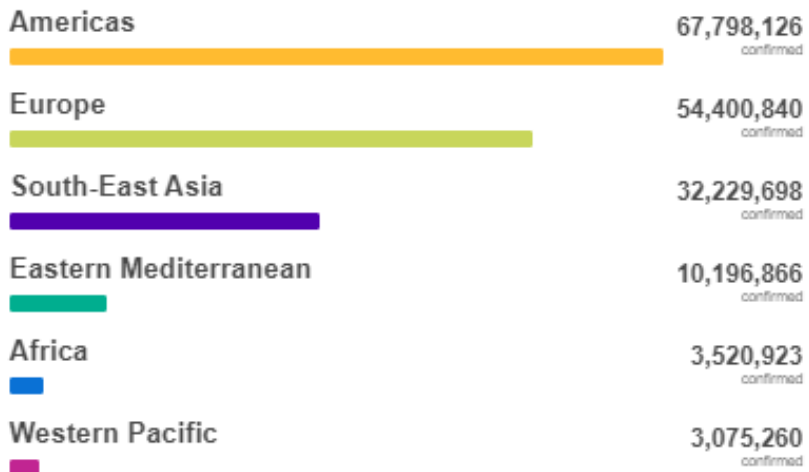
Source: World Health Organization

Data may be incomplete for the current day or week.

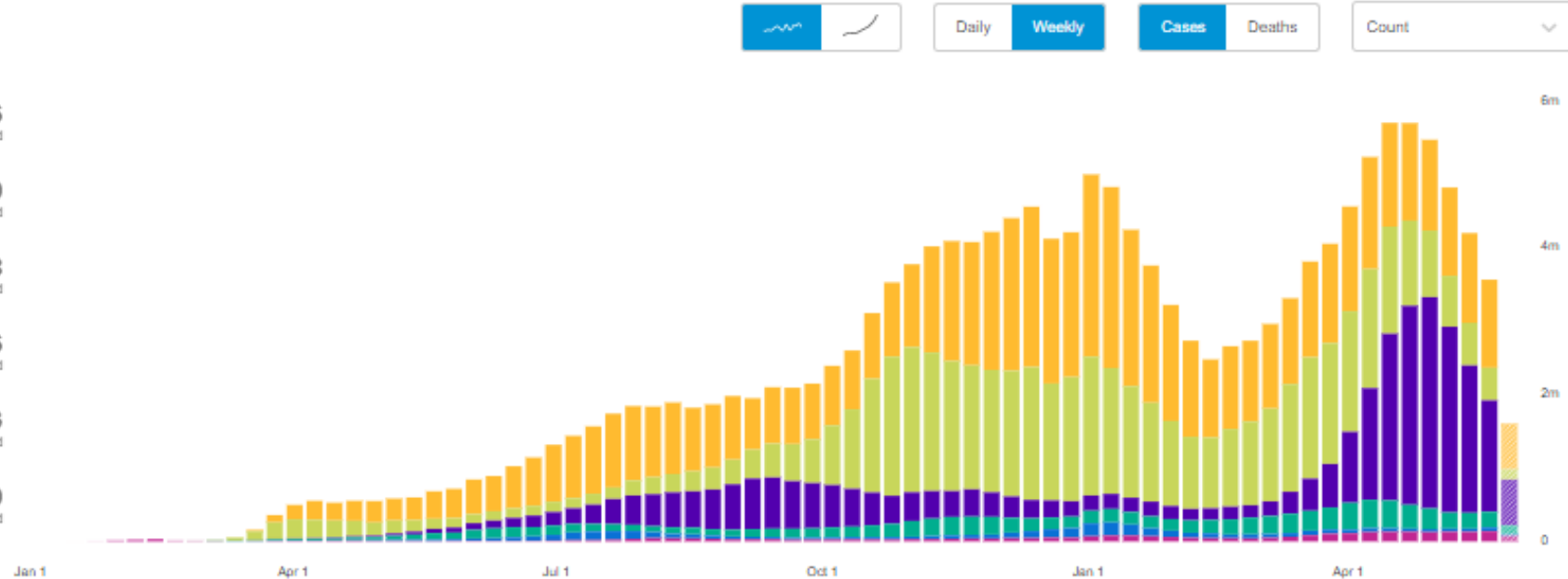


Worldwide: COVID-19

Situation by WHO Region



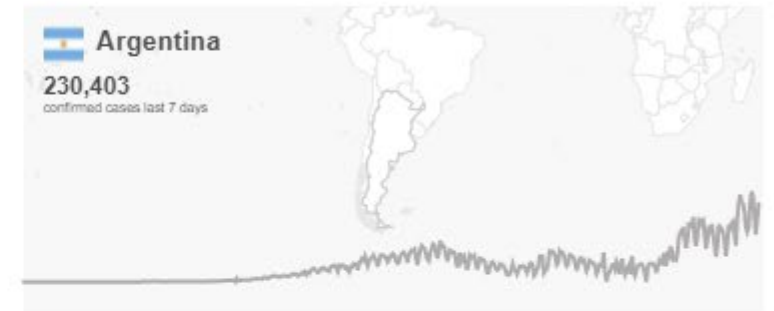
Source: World Health Organization
Data may be incomplete for the current day or week.



Worldwide: COVID-19

New cases reported in the past 7 days

Situation by Country, Territory or Area



U.S.: COVID-19

Maps, charts, and data provided by CDC, updated daily by 8 pm ET[†]

TOTAL CASES

33,113,930

+9,358 New Cases

7 DAY CASE RATE PER 100,000

32.9

TOTAL DEATHS

592,232

+431 New Deaths

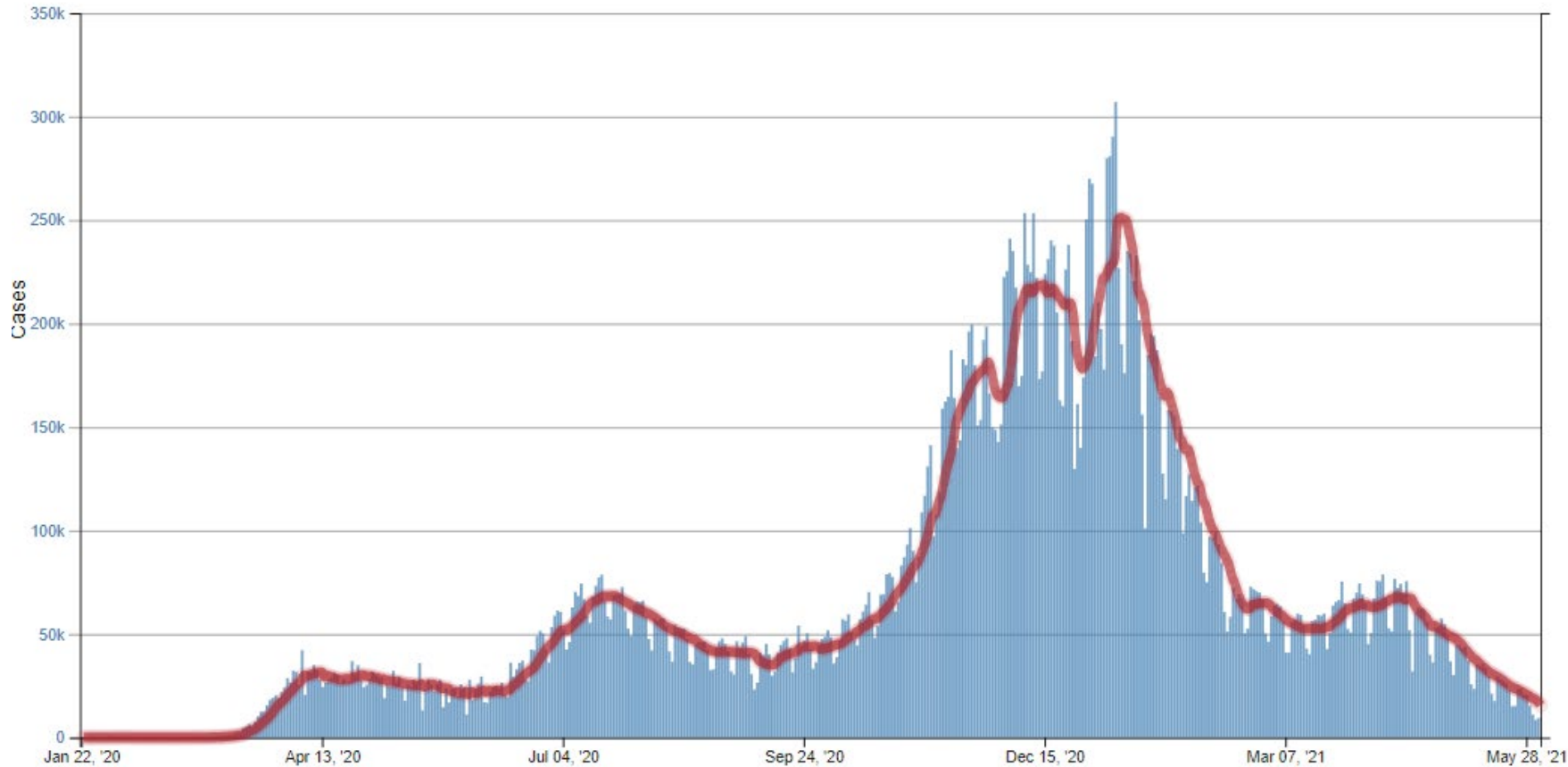
CDC | Data as of: June 2, 2021 6:53 PM ET. Posted: June 2, 2021 8:16 PM ET

CDC, https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days, accessed 6/3/21

Daily US Trends in COVID-19 Cases

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

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

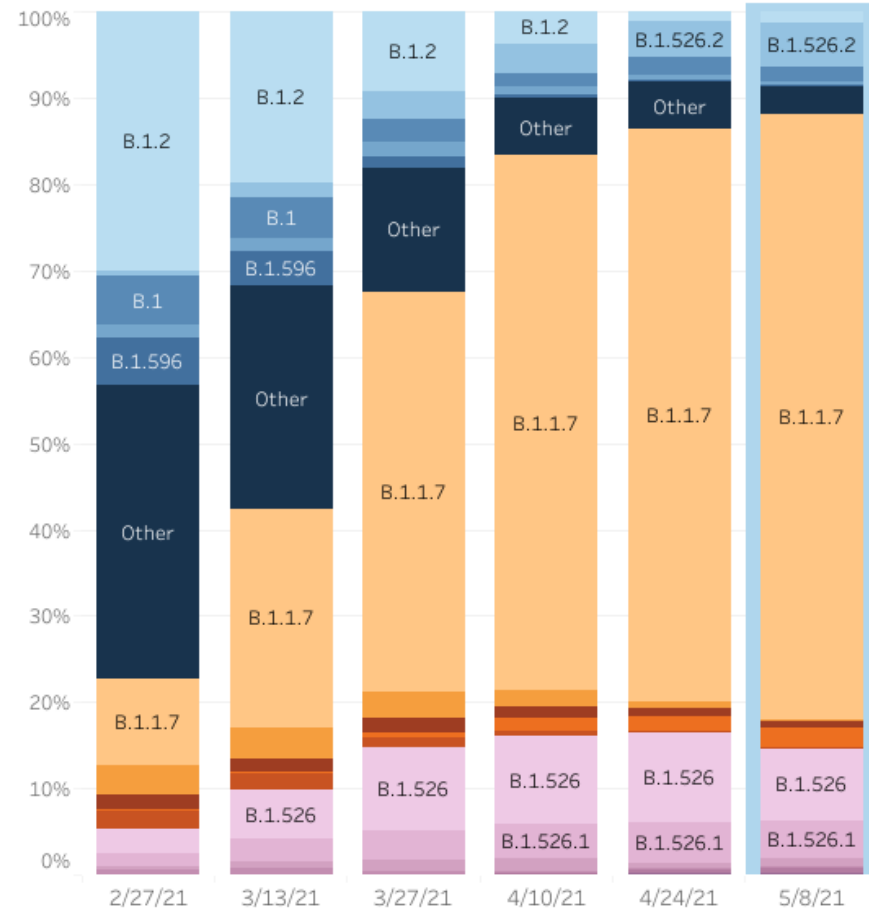


Source: CDC, <https://www.cdc.gov/covid-data-tracker/index.html#trends>, accessed 6/3/21

US: SARS-CoV-2 Variants

HHS Region 3: 2/14/2021 – 5/8/2021

HHS Region 3: 4/25/2021 – 5/8/2021



Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

| | Lineage | Type | %Total | 95%CI | |
|-----------------------------|-----------|-------|--------|------------|--|
| Most common lineages | B.1.1.7 | VOC | 70.1% | 61.5-77.5% | |
| | B.1.526 | VOI | 8.5% | 5.1-13.8% | |
| | B.1.526.2 | | 5.1% | 1.8-13.6% | |
| | B.1.526.1 | VOI | 4.4% | 2.0-9.4% | |
| | P.1 | VOC | 2.3% | 1.2-4.2% | |
| | B.1 | | 1.7% | 1.0-2.9% | |
| | B.1.2 | | 1.2% | 0.9-1.8% | |
| | B.1.1.519 | | 0.3% | 0.2-0.5% | |
| Additional VOI/VOC lineages | B.1.596 | † | 0.0% | NA | |
| | B.1.525 | VOI | 0.9% | 0.6-1.4% | |
| | B.1.351 | VOC | 0.8% | 0.3-2.1% | |
| | B.1.617.2 | VOI | 0.8% | 0.3-2.2% | |
| | B.1.429 | † VOC | 0.1% | 0.0-0.8% | |
| | B.1.617.1 | † VOI | 0.1% | 0.0-0.3% | |
| | B.1.427 | † VOC | 0.1% | 0.0-0.4% | |
| | P.2 | † VOI | 0.0% | 0.0-0.1% | |
| | B.1.617 | † VOI | 0.0% | NA | |
| | B.1.617.3 | † VOI | 0.0% | NA | |
| Other* | Other | | 3.5% | 2.4-4.9% | |

* Other represents >200 additional lineages, which are each circulating at <1% of viruses

† Fewer than 10 observations of this variant during the selected time/location context

Maryland: COVID-19

Confirmed Cases

460,194

24hr Change: +134

Persons Tested Negative

3,495,623

24hr Change: +5,260

Testing Volume

10,445,345

24hr Change: +21,576

Testing % Positive

1.39%

24hr Change: -0.05

Confirmed Deaths

9,414

24hr Change: +4

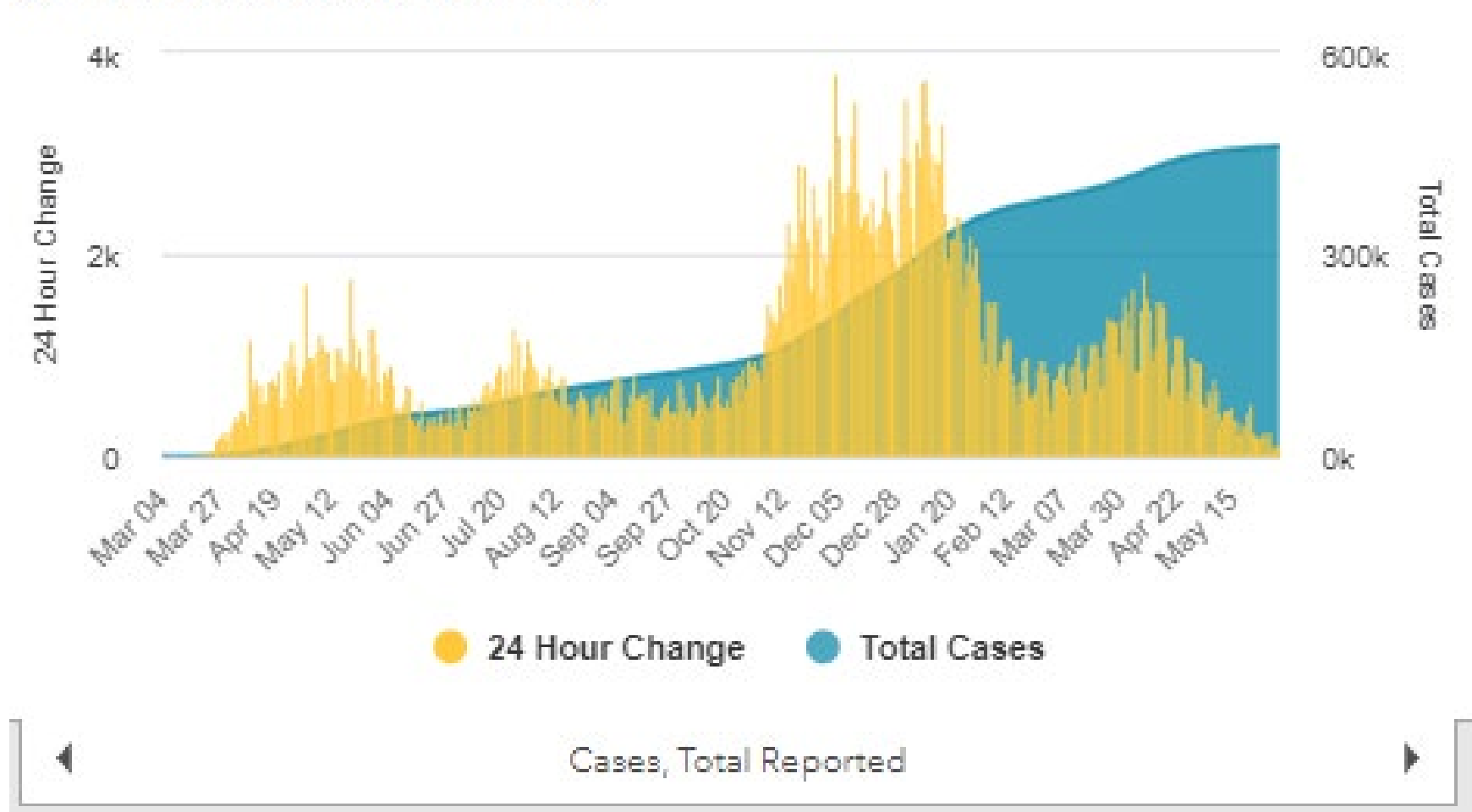
Currently Hospitalized

347

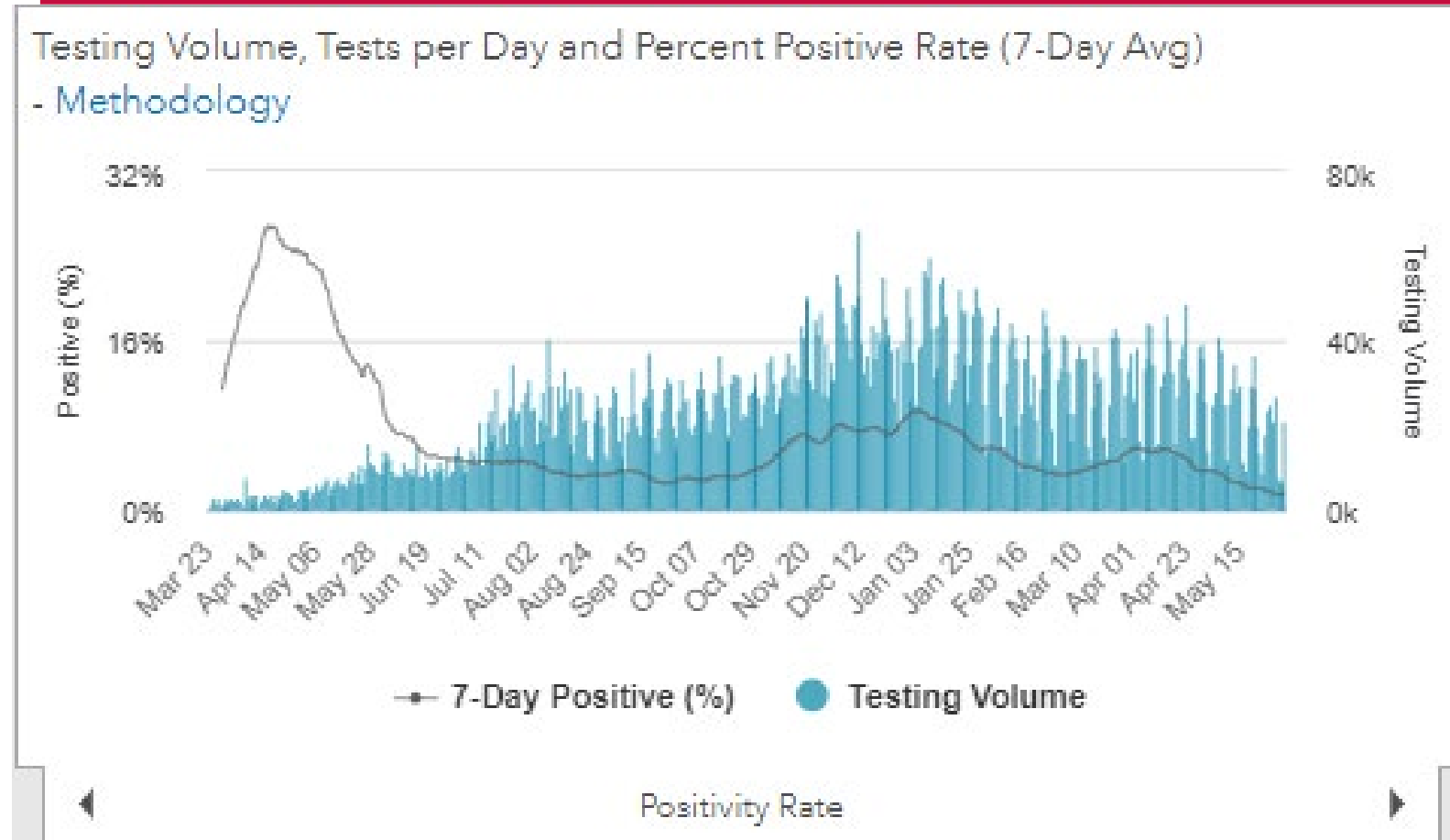
24hr Change: 2

Maryland: COVID-19

Confirmed Cases, Total over Time



Maryland: COVID-19

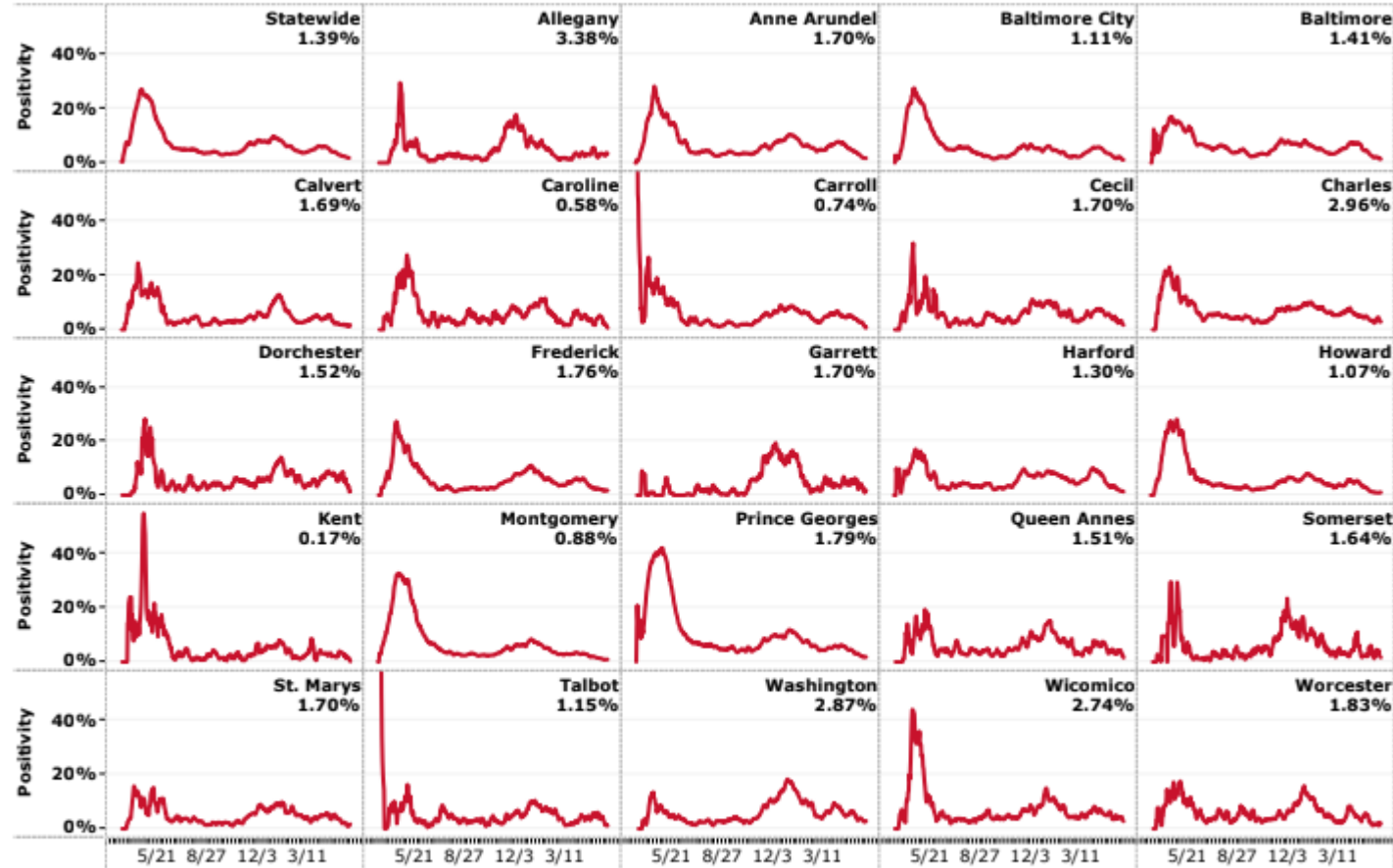


Source: <https://coronavirus.maryland.gov/>, accessed 6/3/21

Maryland: COVID-19

7-Day Avg. Percent Positivity by County- Since March 1, 2020

Data reported as of 6/3/2021 for data through 6/2/2021



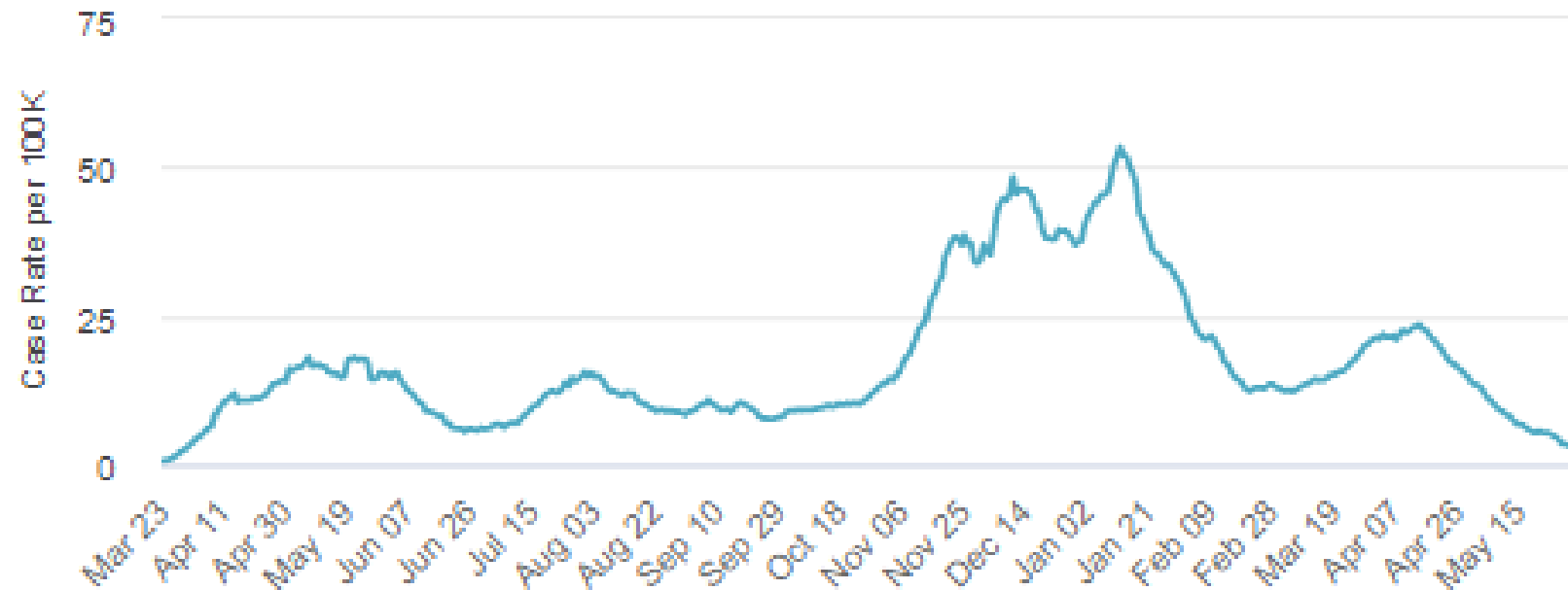
As of 6/3/21:

Statewide: 1.39%

0 jurisdictions above 5%!

Maryland: COVID-19

7 Day Moving Average Case Rate per 100K by Jurisdiction - [Full Screen View](#)



Select County

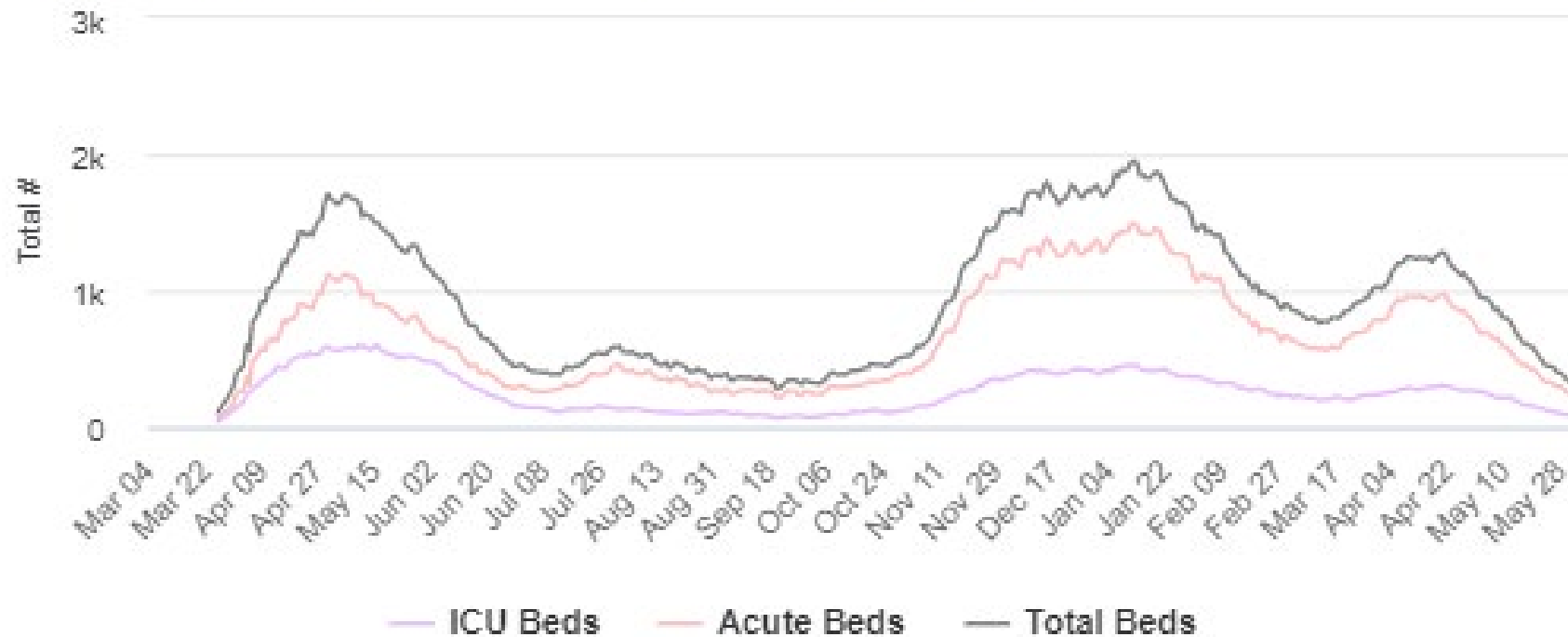
Statewide

Case Rate per 100K

5/26/21: 2.6
per 100k

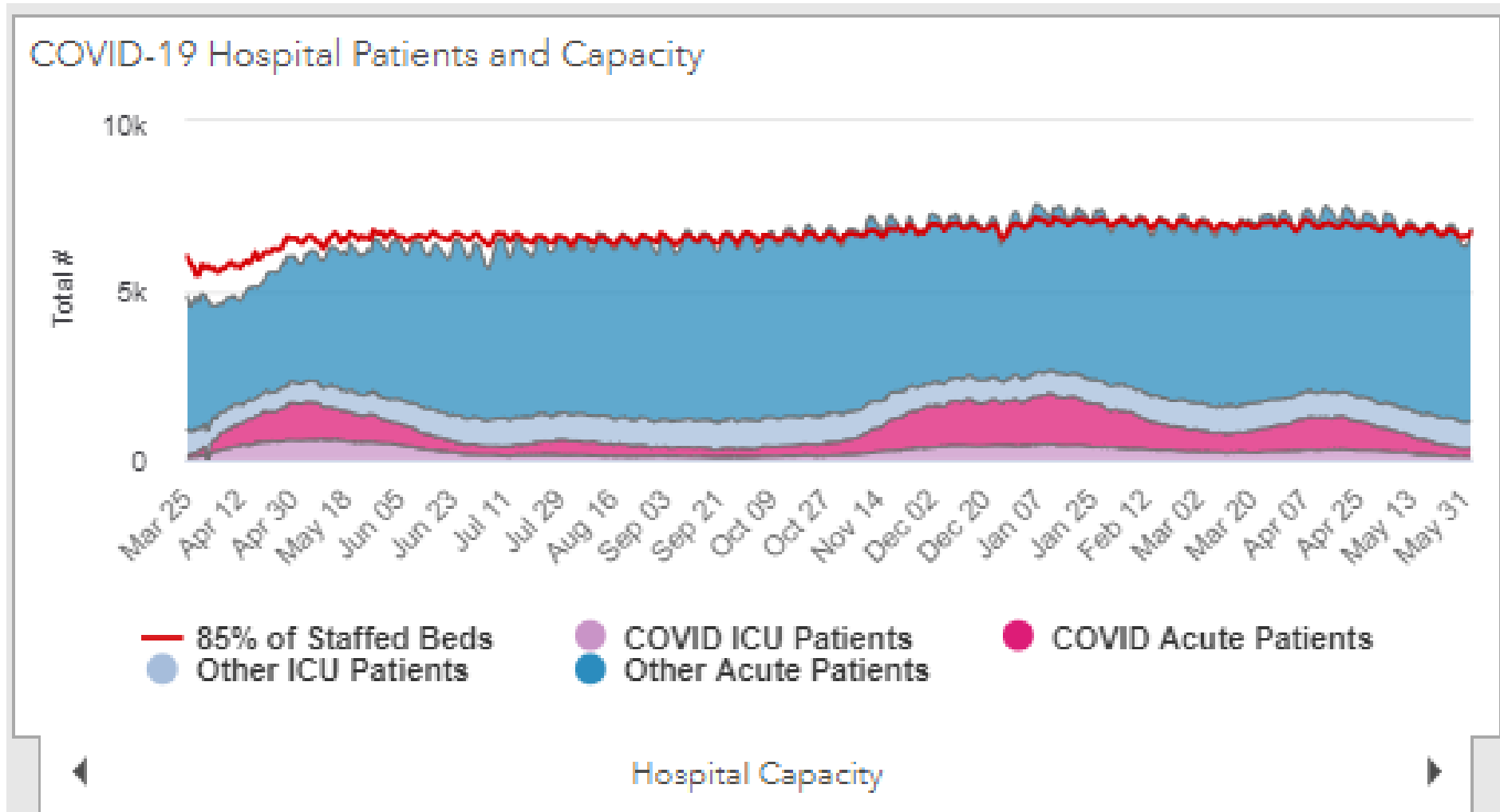
Maryland: COVID-19

ICU and Acute Hospital Beds for COVID-19, Currently in Use



Hospitalizations, Current

Maryland: COVID-19



Maryland Influenza Epi Update

- Influenza-like illness (ILI) activity in Maryland was **minimal**.
- Maryland sentinel clinical laboratories tested 647 specimens for flu and 26 (4.0%) tested positive. Of those, 10 (38%) were influenza Type A and 16 (62%) were influenza Type B.
- The Maryland Public Health Laboratory tested 25 specimens for influenza and 0 tested positive.
- 0 influenza-associated hospitalization was reported.
- 0 influenza-associated deaths were reported.

<https://phpa.health.maryland.gov/influenza/Pages/flu-dashboard.aspx> Accessed 6/3/2021

US: COVID-19 Vaccinations

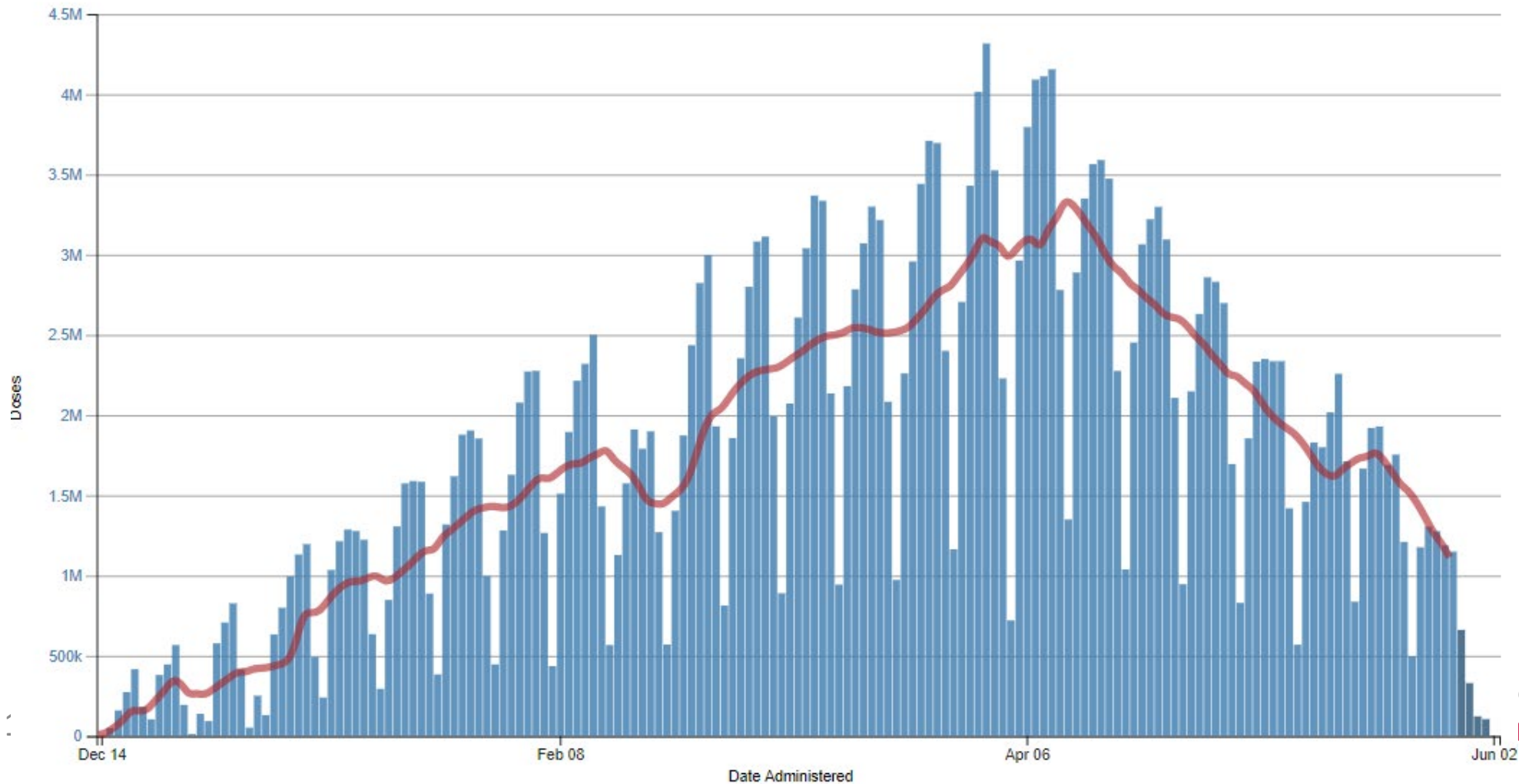
Source: <https://covid.cdc.gov/covid-data-tracker/#vaccinations> accessed 6/3/21

| People Vaccinated | At Least One Dose | Fully Vaccinated |
|-----------------------------------|-------------------|------------------|
| Total | 168,734,435 | 136,155,250 |
| % of Total Population | 50.8% | 41% |
| Population ≥ 12 Years of Age | 168,600,274 | 136,146,391 |
| % of Population ≥ 12 Years of Age | 60.2% | 48.6% |
| Population ≥ 18 Years of Age | 162,272,565 | 133,852,464 |
| % of Population ≥ 18 Years of Age | 62.9% | 51.9% |
| Population ≥ 65 Years of Age | 47,013,699 | 40,978,487 |
| % of Population ≥ 65 Years of Age | 86% | 74.9% |

US: COVID-19 Vaccinations

Source: <https://covid.cdc.gov/covid-data-tracker/#vaccinations> accessed 6/3/21

Daily Count of Total Doses Administered and Reported to the CDC by Date Administered, United States



Maryland Vaccine Dashboard

COVID-19 Vaccination Dashboard

CDC: 18+ Population with at Least One Dose

70.3%

Source: CDC Covid Data Tracker

Doses Administered
6,191,415

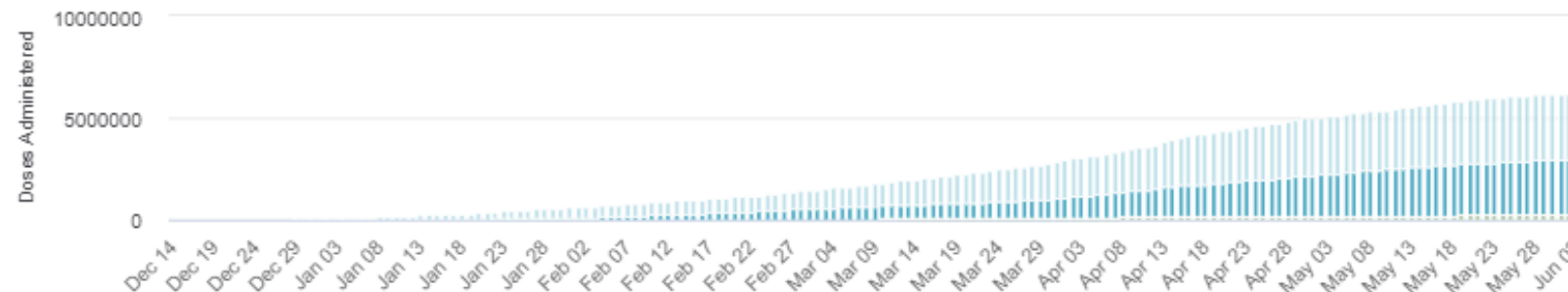
All Doses Administered

Vaccinations by Dose

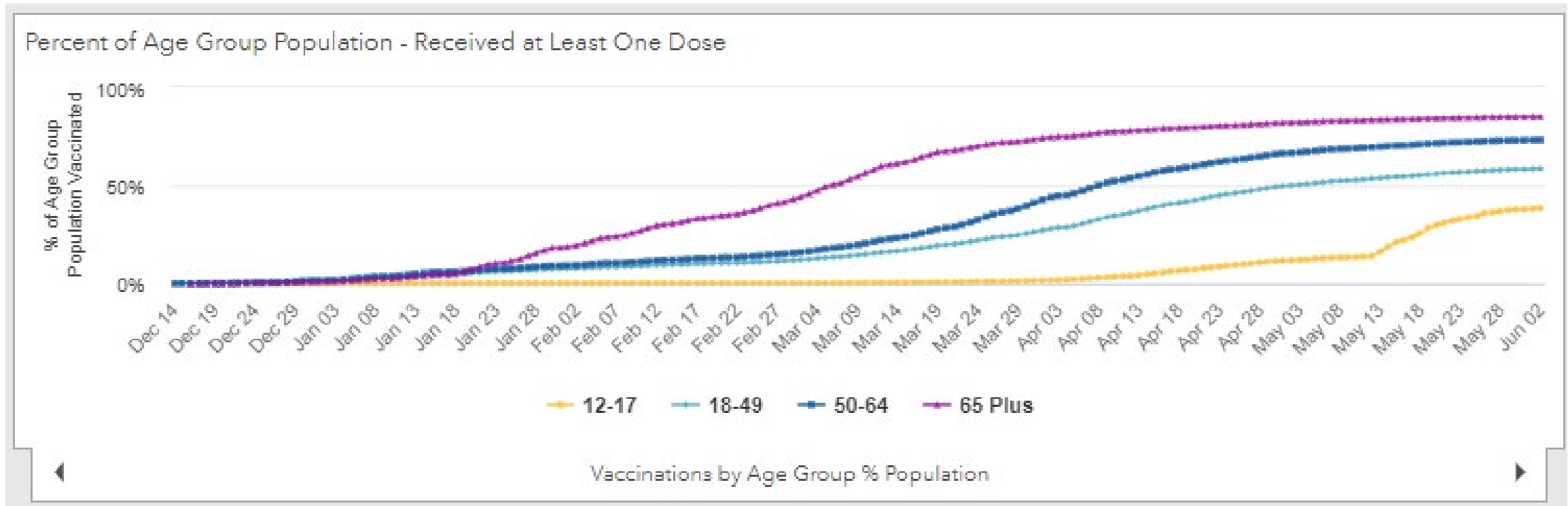
Fully Vaccinated
2,946,173

Doses Distributed
8,124,860

Vaccinations Administered by Date



Maryland Vaccine Dashboard



Addressing Vaccine Hesitancy

Kevin Heffner

LifeSpan Network



Let's end COVID, Maryland.

**Nursing
home staff,
let's get
vaccinated.**

**Make an appointment at
covidvax.maryland.gov**



Building Vaccine Confidence

Segment 4

June 3, 2021

Kevin Heffner, CAE, MAGS

LifeSpan Network



"The clinical trial data has demonstrated the vaccines reduce the rate of COVID by 90 percent. Our best interventions to slow case transmission in 2020 were social interventions like masking and distancing, which resulted in only a 20 percent to 60 percent reduction in COVID."

Source: University of Alabama-Birmingham

https://www.newswise.com/coronavirus/five-benefits-of-getting-a-covid-19-vaccine/?article_id=751071



Top 5 Benefits of Getting a COVID Vaccine

- You can attend small events in person
- You can travel
- You can reconnect with loved ones and coworkers
- You could see immediate health benefits
- You could experience long-term benefits





“The ongoing survey of tens of thousands of people showed 34 percent of unvaccinated people said they would get vaccinated for a \$100 reward. That was only six points higher than responses for a \$25 reward, but it suggests there are unvaccinated people who could be swayed.”

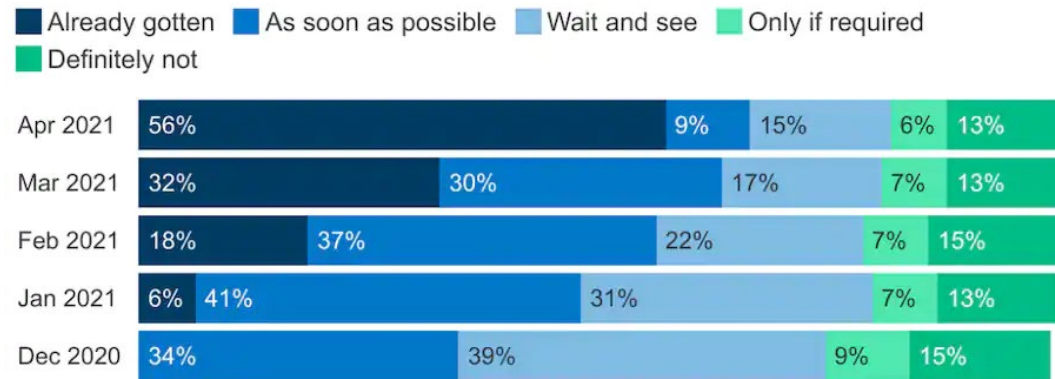
Source: Washington Post
<https://www.washingtonpost.com/politics/2021/05/10/free-beer-free-money-what-data-shows-works-vaccine-skeptics/>



What Data Says Works on Vaccine Skeptics

Over Half Of Adults Report Receiving A COVID-19 Vaccine, But Demand May Be Slowing As Eager Group Shrinks

Have you personally received at least one dose of the COVID-19 vaccine, or not? When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will...?



NOTE: December 2020 survey did not have an option for respondents to indicate they had already been vaccinated. See topline for full question wording.
 SOURCE: KFF COVID-19 Vaccine Monitor

KFF COVID-19
 Vaccine Monitor

- Money. \$100 incentives move the needle.
- Beer . . . Yes, Beer.



Vaccine Storage Requirements

Vaccine Storage and Handling

- Watch this training video from Vaccine Preventable Diseases carefully before receiving any vaccine

<https://www.youtube.com/watch?v=6c3I2zBpiRU>

Resources

- <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>
- Pfizer:
 - <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>
 - <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/storage-summary.pdf>
- Moderna
 - <https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html>
 - <https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/storage-summary.pdf>
- J&J
 - <https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/index.html>
 - <https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/downloads/janssen-storage-handling-summary.pdf>

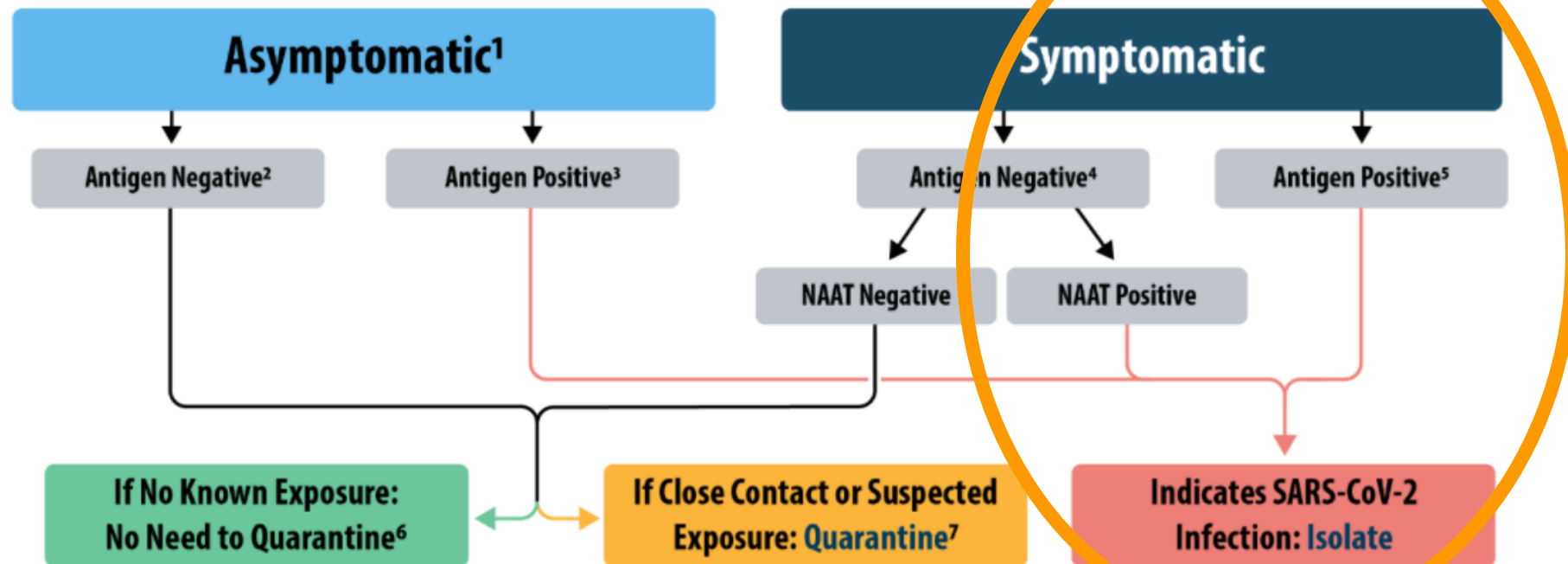
CDC Clarification Regarding Interpretation of Discordant Antigen/PCR Results

Interim Guidance for Antigen Testing for SARS-CoV-2

Updated May 13, 2021 [Print](#)

Using Antigen Tests for SARS-CoV-2 in Community Settings

Figure 2. Antigen Test Algorithm for Community Settings



Community Setting: Flowchart Interpretation for Symptomatic Ag+/PCR-

How to manage a **symptomatic, antigen test-positive** individual with **negative PCR** test (collected within 48 hours of Ag test)?

➡ Treat as **negative** test result

Per CDC: “For symptomatic, antigen positive cases with high likelihood of infection (close contact with or suspected exposure to a person with COVID-19 within the last 14 days and is not fully vaccinated and has not had a SARS-CoV-2 infection in the last 3 months), a laboratory-based confirmatory NAAT is not recommended. However, if one is performed, ... and if the results are discordant between the antigen test and the confirmatory NAAT, in general, the confirmatory test result should be interpreted as definitive for the purpose of clinical diagnosis.”

Outbreak Setting: Symptomatic

Ag+/PCR-

- MDH has generally advised treating these as **positive** cases in outbreak settings, particularly healthcare settings with medically vulnerable patients/residents. For now, we recommend continuing this approach.
- As disease prevalence decreases, the risk of false positives for rapid antigen tests increases.
- Performing PCR testing first, rather than rapid antigen testing, will provide more accurate results, and avoid these challenges in interpreting discordant results.
- Questions: MDH Outbreaks Team (410-767-6700)

CRISP and NHSN Vaccination Data

Vaccination Data

- Enter data into CRISP at least every Wednesday before 11AM
- After the deadline of 11am EST Wednesday has passed, the next opportunity to submit updated vaccination data will be the following Wednesday. If your facility does not meet this deadline for staff census, resident census, and vaccination data, the dashboard will show DNS for your facility.

STAFF CENSUS

Please note that CMS has released new guidance for reporting facility vaccination metrics. MDH has reviewed the guidance and has aligned our definition of STAFF with the definition used by CMS. Please note the CMS 'Staff' definition includes persons/groups that our prior definition did not.

Correct Resident and Staff census data is necessary to accurately calculate the percentage of persons at your facility who are partially or fully vaccinated.

CMS definition of STAFF:

"STAFF" means those individuals who work in the facility on a regular (that is, at least once a week) basis, including individuals who may not be physically in the LTC facility for a period of time due to illness, disability, or scheduled time off, but who are expected to return to work. This also includes individuals under contract or arrangement, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, or volunteers, who are in the facility on a regular basis, as the vaccine is available.

Please **INCLUDE** Staff members in the following categories, in-line with the above definition. If a Staff member worked multiple shifts/days, count them only once when you report each week.

- **Nursing staff:** registered nurse, licensed practical nurse, vocational nurse
- **Clinical staff:** physician, physician assistant, advanced practice nurse
- **Aide:** certified nursing assistant, nurse aide, medication aide, and medication technician
- **Other staff or facility personnel:** regardless of clinical responsibility or resident contact, not included in the categories above (maintenance, environmental services, etc.)
- **Independent contractors/Volunteers:** Workers that are actually employed by other staffing agencies or volunteers who are not direct employees of your facility, but who are in the facility on a regular basis (at least one a week). This includes hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, etc.

VACCINATION

NHSN has released new mandatory updates to questions regarding Resident and Staff vaccination status. These questions will appear in your weekly survey.

Please only include current Resident and Staff members in your vaccination totals. If a Resident was vaccinated but has been discharged, do not include that Resident in your vaccination entries. If a Staff member was vaccinated but no longer works at your facility, do not include that Staff member in your vaccination entries.

Each Resident or Staff member will only be entered in ONE of the following categories:

1. Only dose 1 of Pfizer COVID-19 Vaccine OR
2. Only dose 1 of Moderna COVID-19 Vaccine OR
3. Dose 1 and dose 2 of Pfizer COVID-19 vaccine OR
4. Dose 1 and dose 2 of Moderna COVID-19 vaccine OR
5. Dose of Janssen COVID-19 vaccine OR
6. Complete COVID-19 vaccination series: unspecified manufacturer OR
7. Unvaccinated due to medical contraindication or exclusion to COVID-19 vaccine OR
8. Offered but declined COVID-19 vaccine OR
9. Unvaccinated who want to be vaccinated OR
10. Unknown COVID-19 vaccination status

Consolidated Patient Census Questions

- Previously were asked the count of current residents by room type
- New question asks for total resident census and a bed breakdown for vacant beds only

Total number of residents **NOT** including assisted living residents. (Count the number of beds occupied)

Total number of facility beds:

The occupied/vacant inputs should add up to this number.

The top question is your current resident census

The vaccination section uses this resident census to validate the number of residents (un)vaccinated

Bottom question is the total number of facility beds

Total facility beds- current census= vacant beds

Consolidated Patient Census Questions

Beds that are vacant, available, and staffed in each of the following:

Private room

Semi-private room - two to a room

Semi-private room - three to a room

Semi-private room - four to a room

Break out the number of vacant beds by room type

Please note: vacant beds+ patient census must equal total facility beds. If it does not, you will receive a data validation error



Project Firstline

About Project Firstline

- Anyone working in a healthcare facility needs a foundational knowledge of infection control and must understand and be ready to implement infection control protocols and procedures throughout their work day, including during every patient care activity and healthcare interaction
- Together, the collaborative will provide millions of frontline healthcare workers and members of the public health workforce the infection control training they need to protect the nation from infectious disease threats

Project Firstline trainings are:

- Accessible- no matter your previous training or educational background, you'll be able to understand each video.
- Concise- to fit around your busy schedule, each video lasts approximately 10 minutes.
- Interactive- to keep you engaged, each video has built-in knowledge checks.

Continuing Education

- First course to offer CE: available
CE includes CME, CNE, CPE
- <https://www.train.org/cdctrain/course/1097685/compilation>
- More CE opportunities to come



FAQs

FAQ #1: What do I do if the vaccine data posted on Friday is incomplete or not accurate?

- Vaccine data including staff and residents census and number of staff and residents vaccinated must be entered into CRISP on Wednesday before 11AM
- Please check your data for accuracy because it can not be changed after 11AM on Wednesday
- If you think the data posted on the website on Friday is not what you entered, email CRS-Team@crisphealth.org to troubleshoot
- Your next opportunity to enter data will be the following Wednesday, and the data will be updated again the next Friday

FAQ# 2: Can we continue to practice extended use of N-95s or face masks?

- Conventional Strategy:
 - Extended use of N95 respirators can be considered for source control while HCP are in the healthcare facility
 - When used for this purpose, N95s may be used until they become soiled, damaged, or hard to breathe through.
 - N95s should be immediately discarded after removal.
- Extended use of N95s used as PPE is a contingency strategy

FAQ#3: Can we continue to reuse PPE?

A: No, unless you can demonstrate you are having an actual supply shortage.

- PPE reuse is a crisis capacity strategy for the conservation of PPE and may not be implemented during times of adequate supply.
- CDC: Once personal protective equipment (PPE) supplies and availability return to normal, **healthcare facilities should promptly resume conventional practices**. The supply and availability of NIOSH-approved respirators have increased significantly over the last several months.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>

FAQ#4: If a resident is not fully vaccinated when they are admitted, can they end observation early if they meet fully vaccinated criteria during their observation period?

- No
- Concern is that someone may be infected and incubating before being admitted- if already infected then reaching fully vaccinated status will not prevent infection

FAQ#5: When will people need booster shots of COVID-19 vaccine?

- We do not know if or when booster doses of any of the COVID-19 vaccines will be recommended

FAQ#6: When can we have in person tours?

- When CMS changes the guidance away from a person-centered approach to visitation

FAQ #7: Can we use our water fountains?

Yes, with precautions.

- To minimize the risk of [Legionnaires' disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems, water-using devices, and water features (e.g., ice machines, drinking fountains, decorative fountains) are safe to use after a prolonged shutdown or reduced operation.
- Drinking fountains, like all high-touch surfaces, should be cleaned and disinfected, but encourage residents, workers, volunteers, and visitors to bring their own water to minimize use and sharing of water fountains.
- Place hand sanitizer near frequently touched surfaces like water fountains

<https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/considerations.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>

Questions?

MDH.IPCOVID@maryland.gov