



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

Maryland Department of Health
Infectious Disease Epidemiology and Outbreak Response Bureau

August 26, 2021

Webinar Agenda

- COVID-19 Epi Summary
- Monoclonal Antibody Treatments -Dr. Howard Haft
- Vaccine Updates -Michal Thornton
- Addressing Vaccine Hesitancy-Segment 11 –Allison Ciborowski
- New Guidance
- FAQs
- Q&A

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

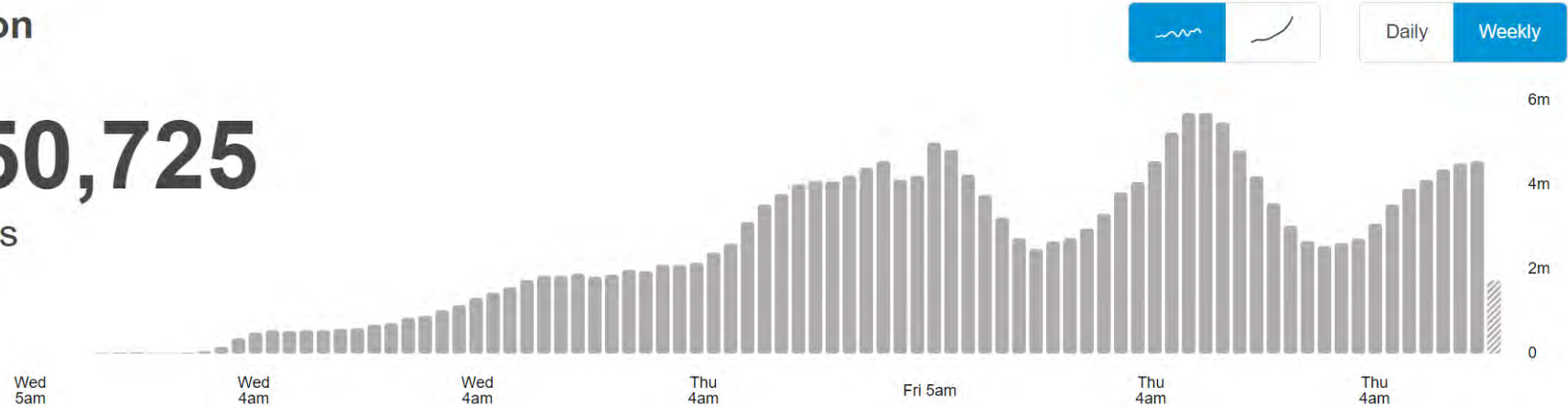


COVID-19 Epi Summary

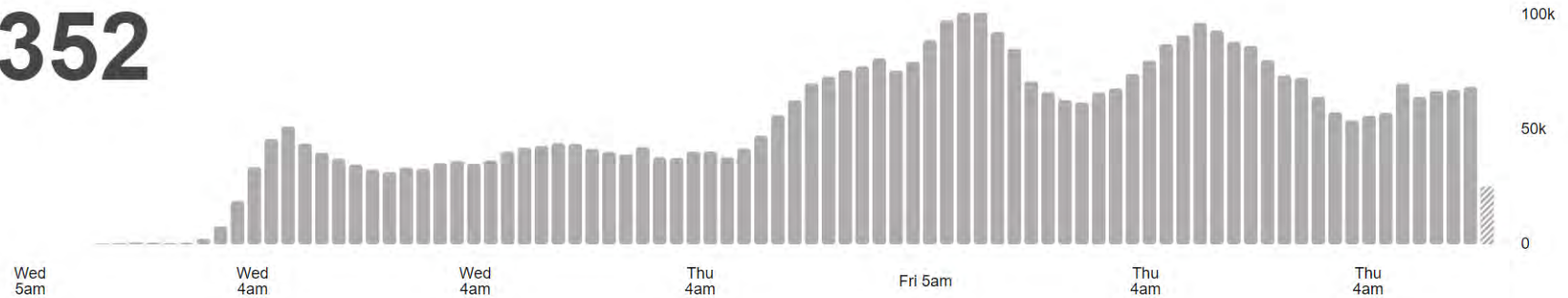
Worldwide: COVID-19

Global Situation

213,050,725
confirmed cases



4,448,352
deaths

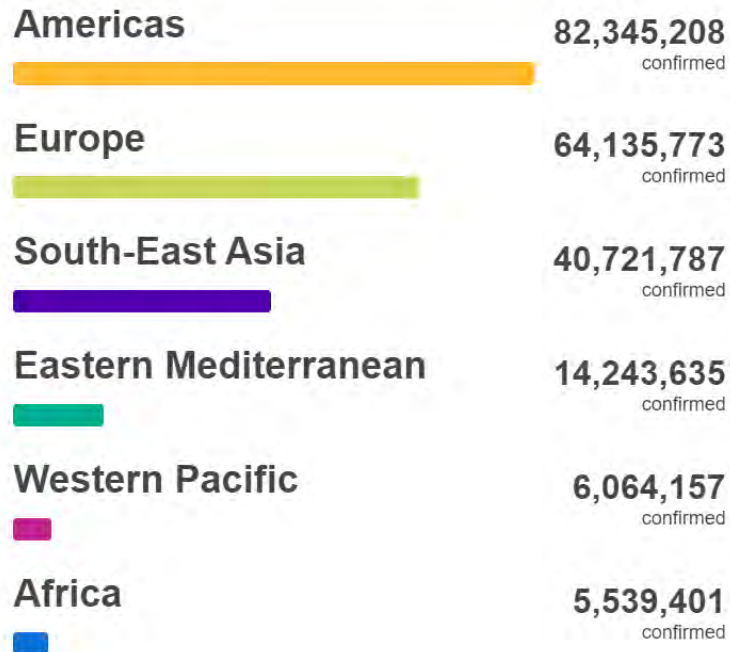


Source: World Health Organization

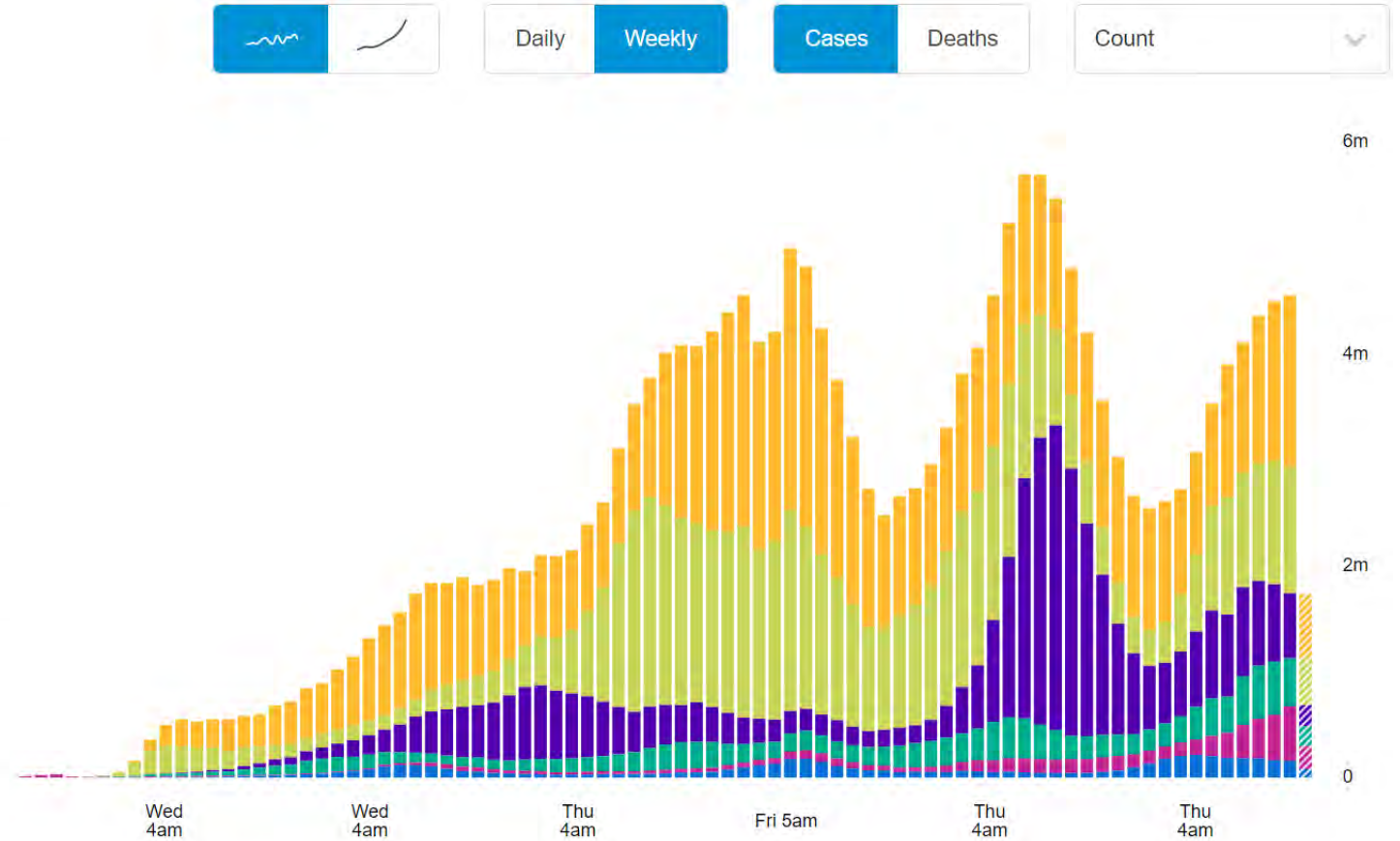
▨ Data may be incomplete for the current day or week.

Worldwide: COVID-19

Situation by WHO Region



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



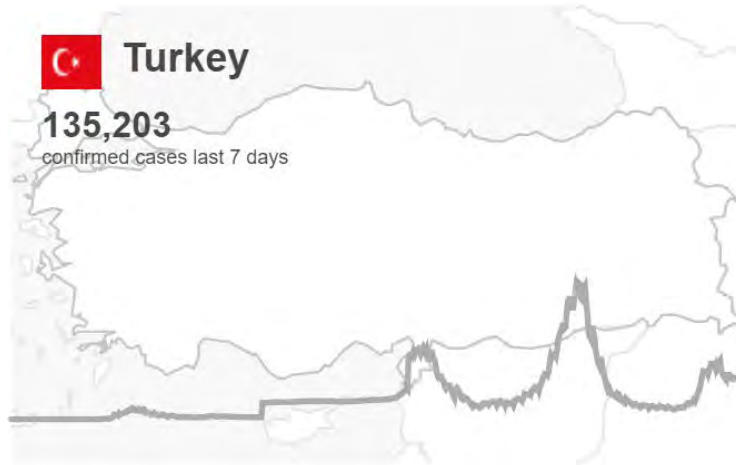
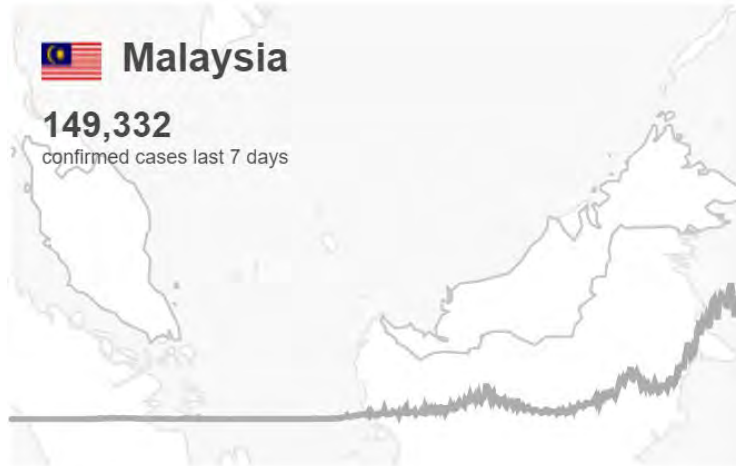
Worldwide: COVID-19

Source: <https://covid19.who.int/> accessed 8/26/21



Worldwide: COVID-19

Source: <https://covid19.who.int/> accessed 8/26/21



U.S.: COVID-19

https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases, Accessed 8/26/21

United States at a Glance

Cases Total **38,150,911** Last 30 Days



Deaths Total **629,139** Last 30 Days

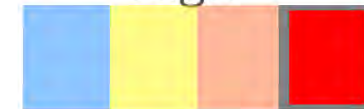


73.4% of Adults with At Least One Vaccination



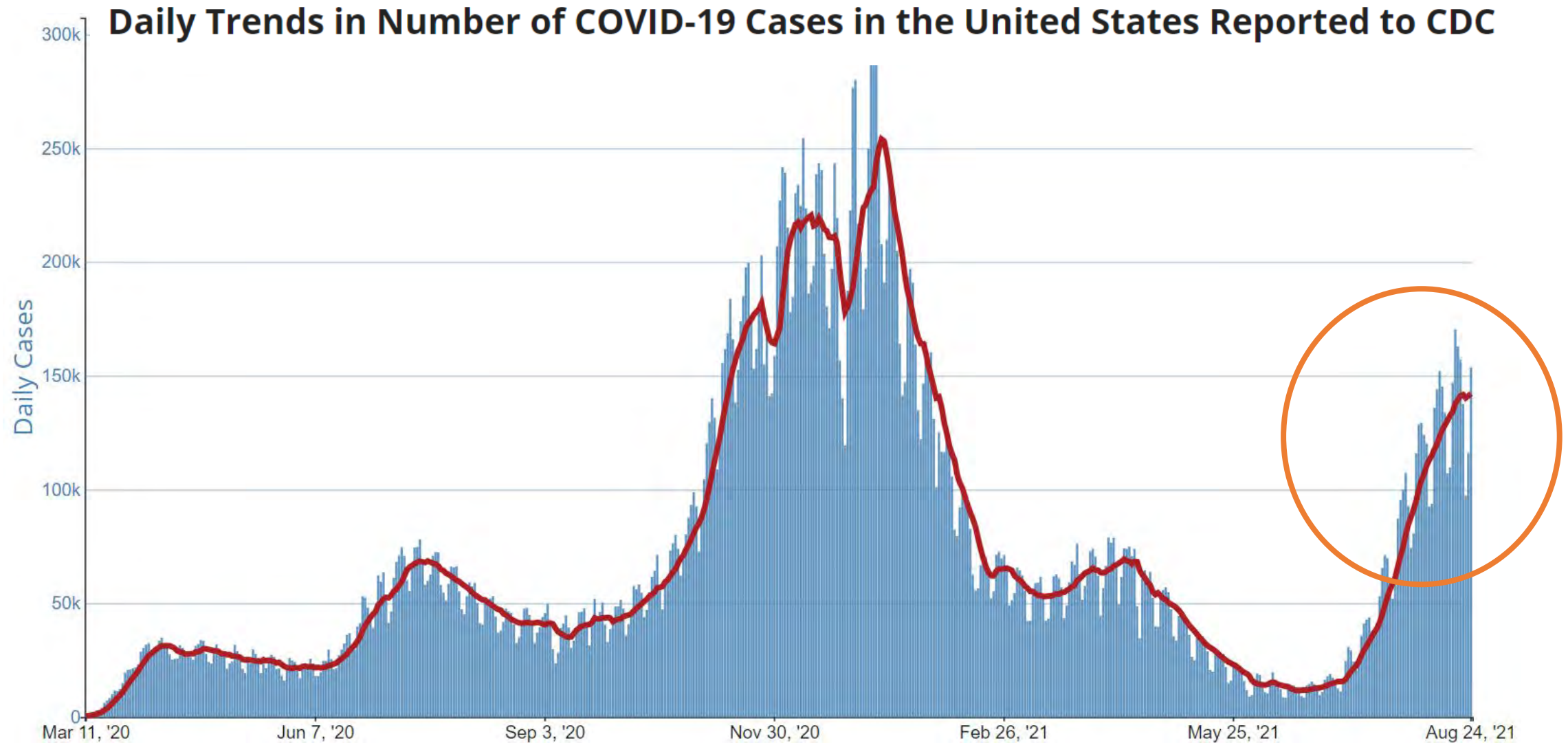
Community Transmission

High



U.S.: COVID-19

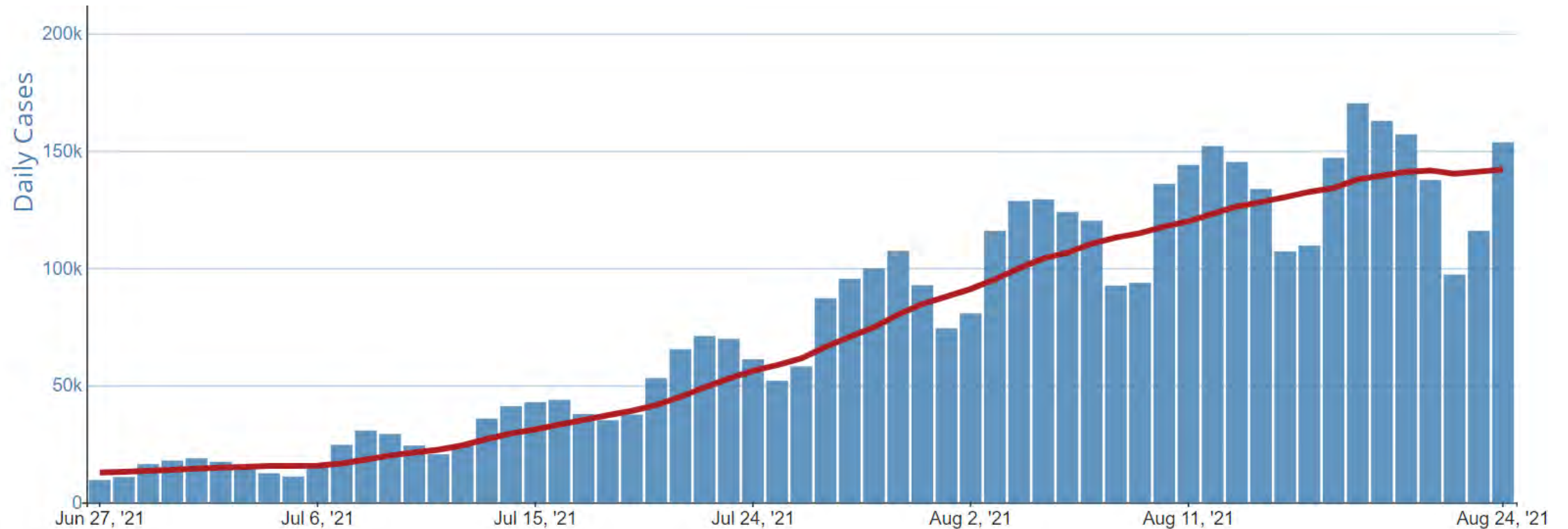
https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases, Accessed 8/26/21



U.S.: COVID-19

https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases, Accessed 8/26/21

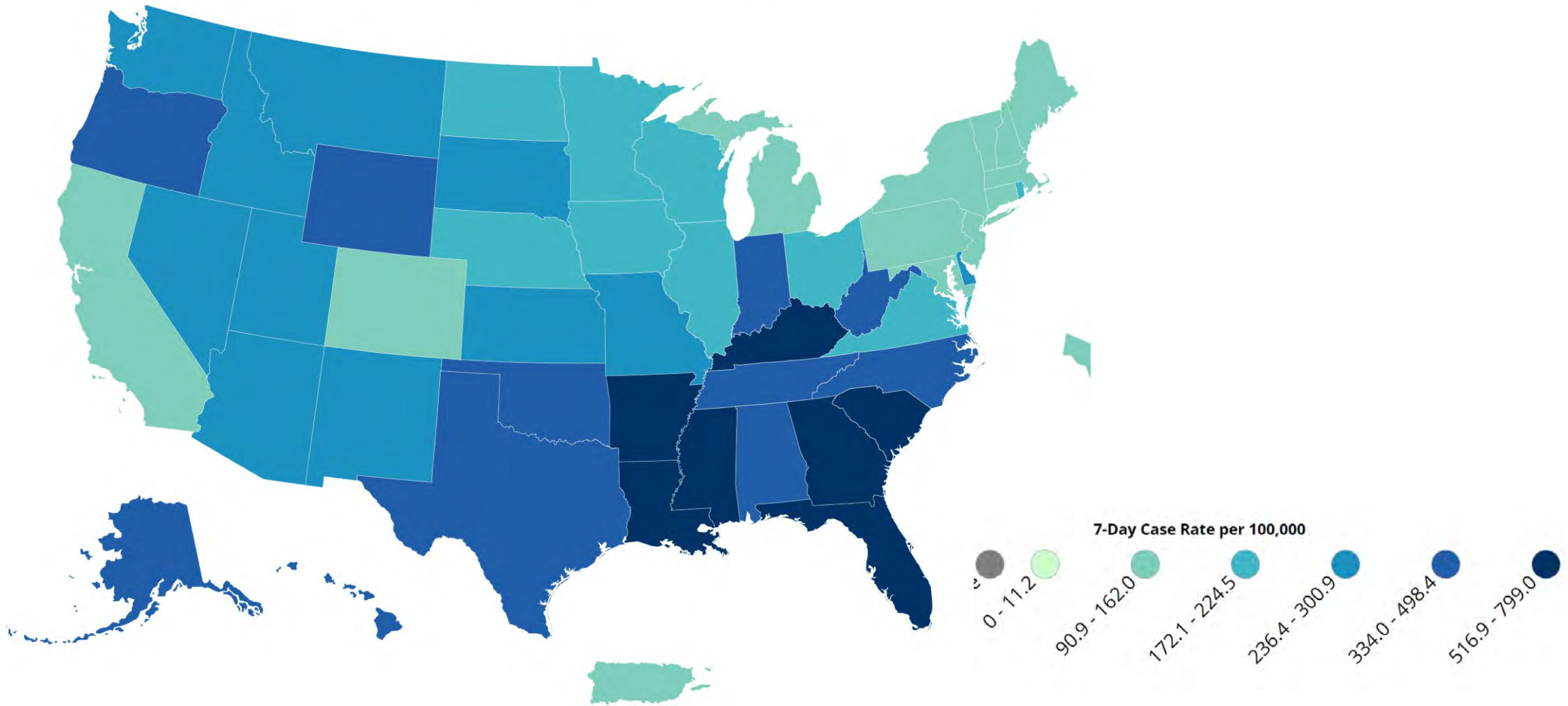
Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



U.S.: COVID-19

https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases, Accessed 8/26/21

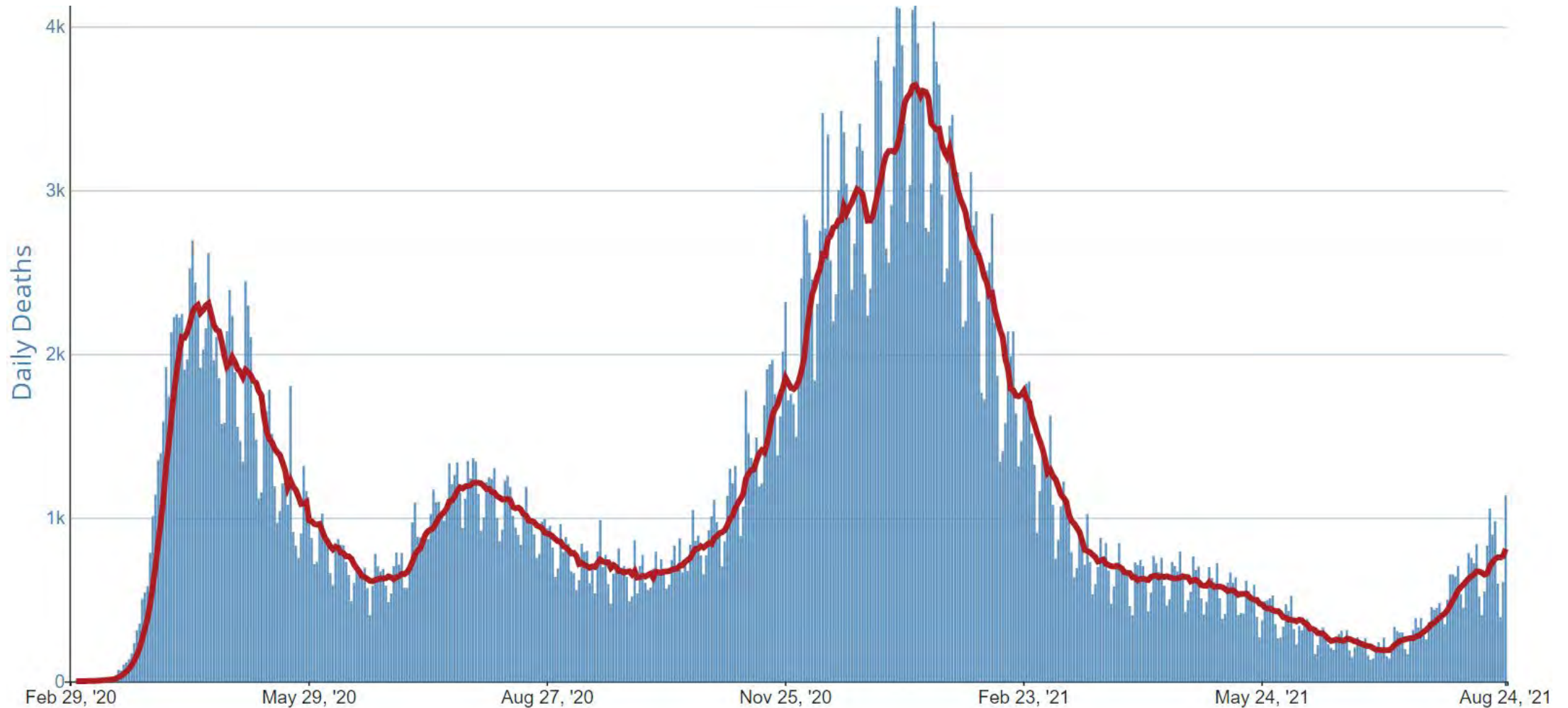
US COVID-19 7-Day Case Rate per 100,000, by State/Territory



U.S.: COVID-19

<https://covid.cdc.gov/covid-data-tracker>, Accessed 8/26/21

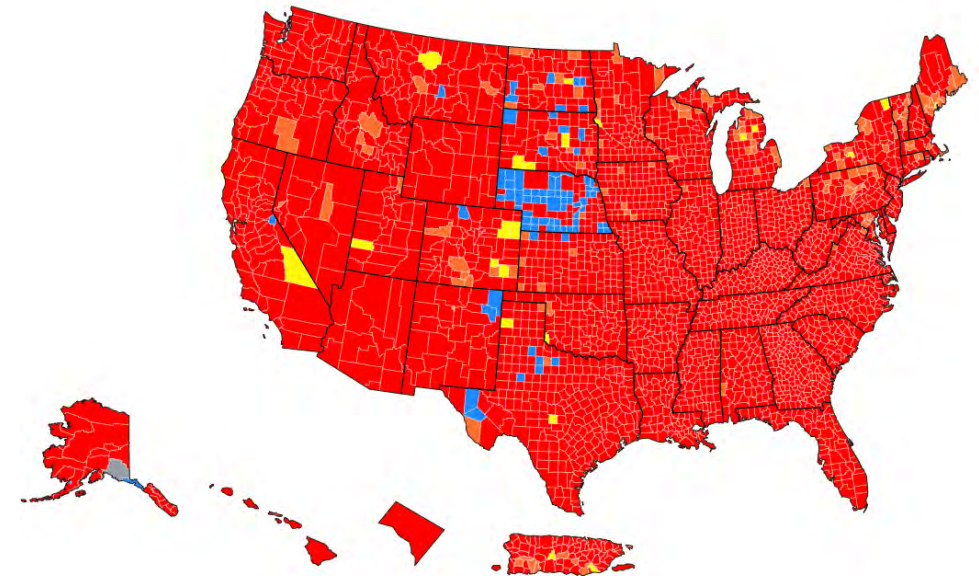
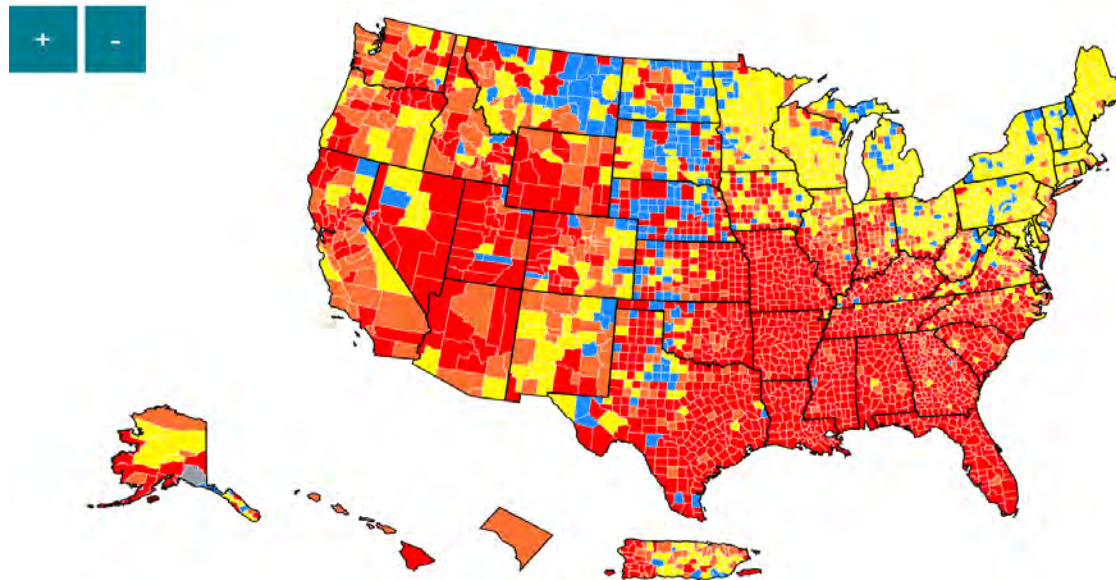
Daily Trends in Number of COVID-19 Deaths in the United States Reported to CDC



US: CDC County View- Community Transmission

July 26, 2021

August 26, 2021



● High ● Substantial ● Moderate ● Low ● No Data

CDC: County View

<https://covid.cdc.gov/covid-data-tracker/#county-view>

UNITED STATES LEVEL OF
COMMUNITY TRANSMISSION

High

7 DAY CASE RATE PER 100,000

299.5

7 DAY PERCENT POSITIVITY

9.97%

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

U.S.: COVID-19 Hospitalizations

Prevalent Hospitalizations of Patients with Confirmed COVID-19, United States

August 01, 2020 – August 23, 2021



Select a Jurisdiction

United States



85,611

Current 7-Day Average

Aug 17, 2021 – Aug 23, 2021

75,544

Prior 7-Day Average

Aug 10, 2021 – Aug 16, 2021

123,863

Peak 7-Day Average

Jan 05, 2021 – Jan 11, 2021

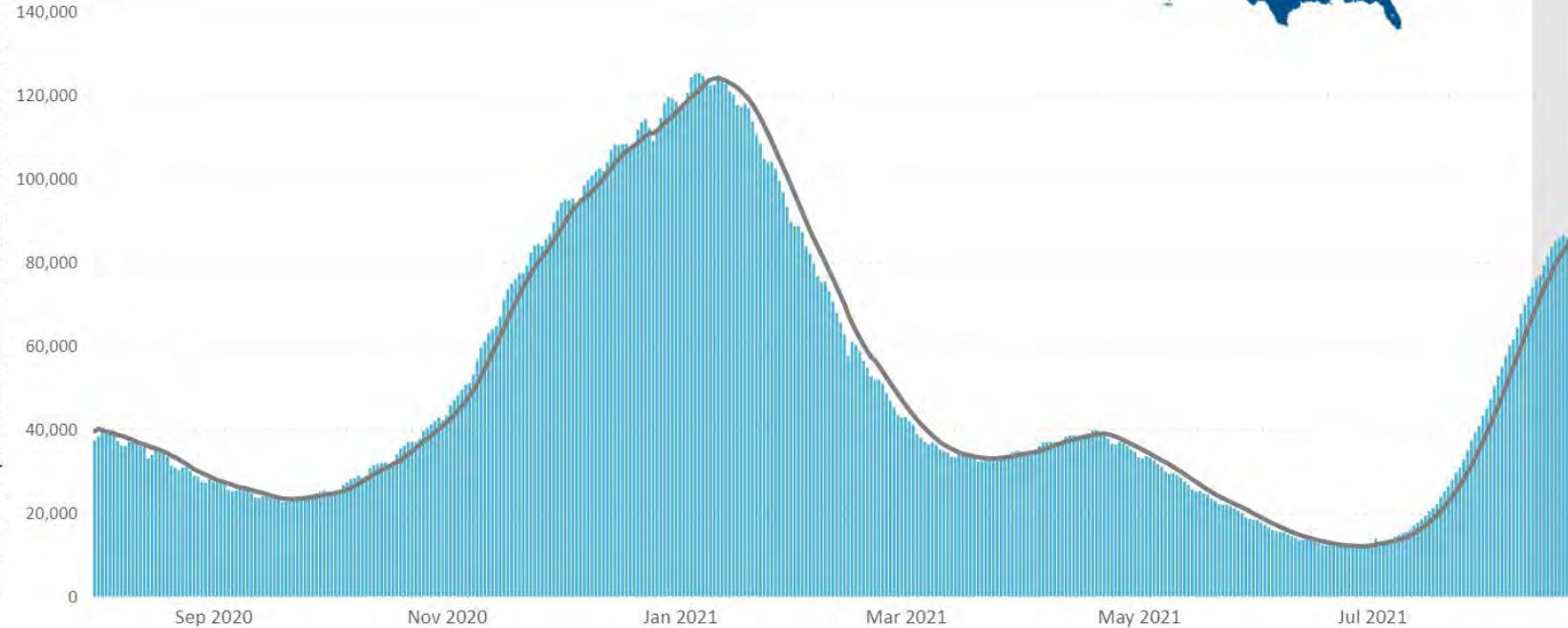
+13.3%

Percent change from prior 7-day
avg. of Aug 10, 2021 – Aug 16, 2021

-30.9%

Percent change from peak 7-day
avg. of Jan 03, 2021 – Jan 09, 2021

Prevalent Hospitalizations of Patients with Confirmed COVID-19



Date of Report

● Prevalent Hospitalizations of Patients with Confirmed COVID-19 — 7-Day Moving Average

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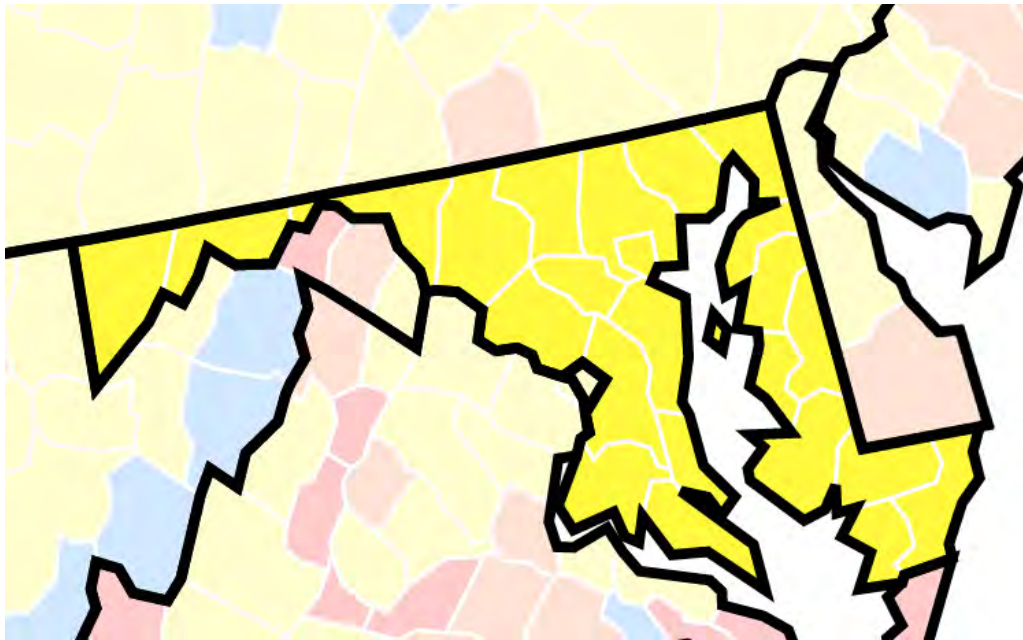
DEPARTMENT OF HEALTH

Maryland: COVID-19

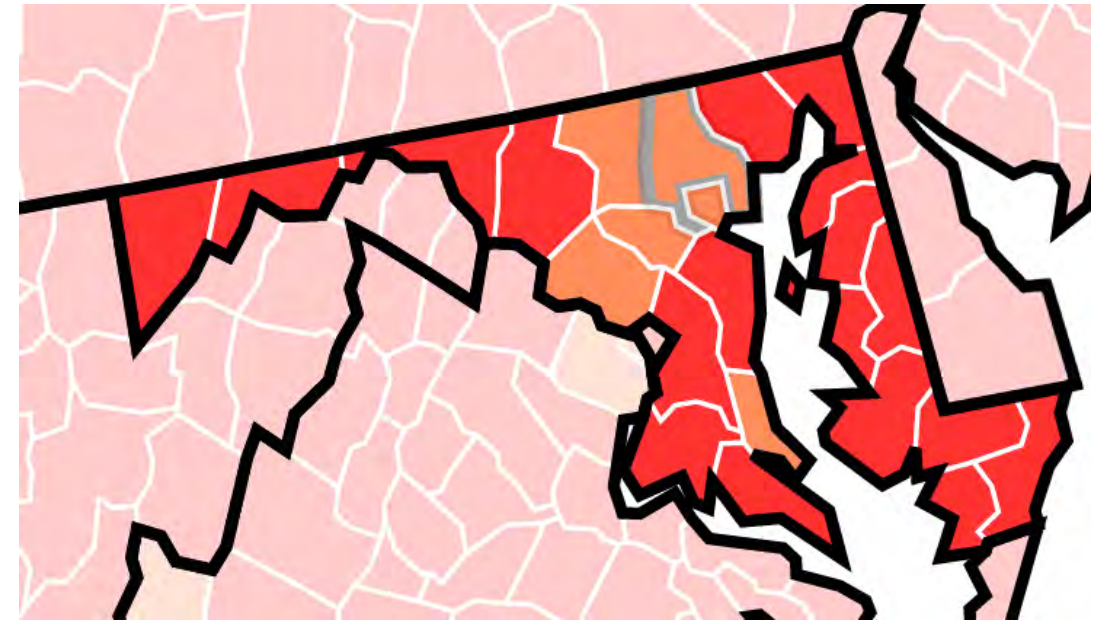
Confirmed Cases 491,174 24hr Change: +1,244	Persons Tested Negative 3,905,988 24hr Change: +7,808	Testing Volume 11,868,138 24hr Change: +30,732	Testing % Positive 4.89% 24hr Change: -0.04	Confirmed Deaths 9,741 24hr Change: +-4	Currently Hospitalized 720 24hr Change: 11
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US: CDC County View

July 25, 2021



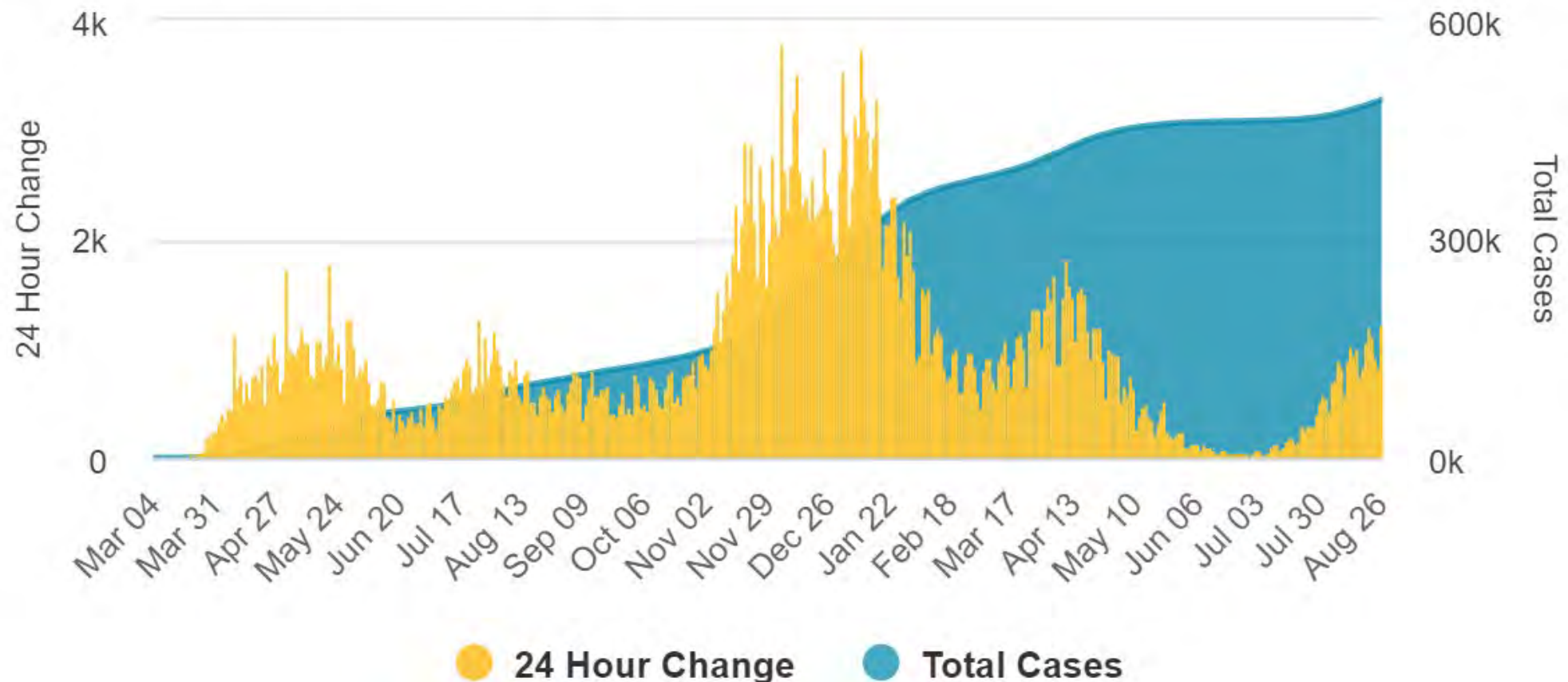
August 26, 2021



● High ● Substantial ● Moderate ● Low

Maryland: COVID-19

Confirmed Cases, Total over Time



Maryland: COVID-19



Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

Data as of 8/23/2021
5:30 AM



Resident Cases

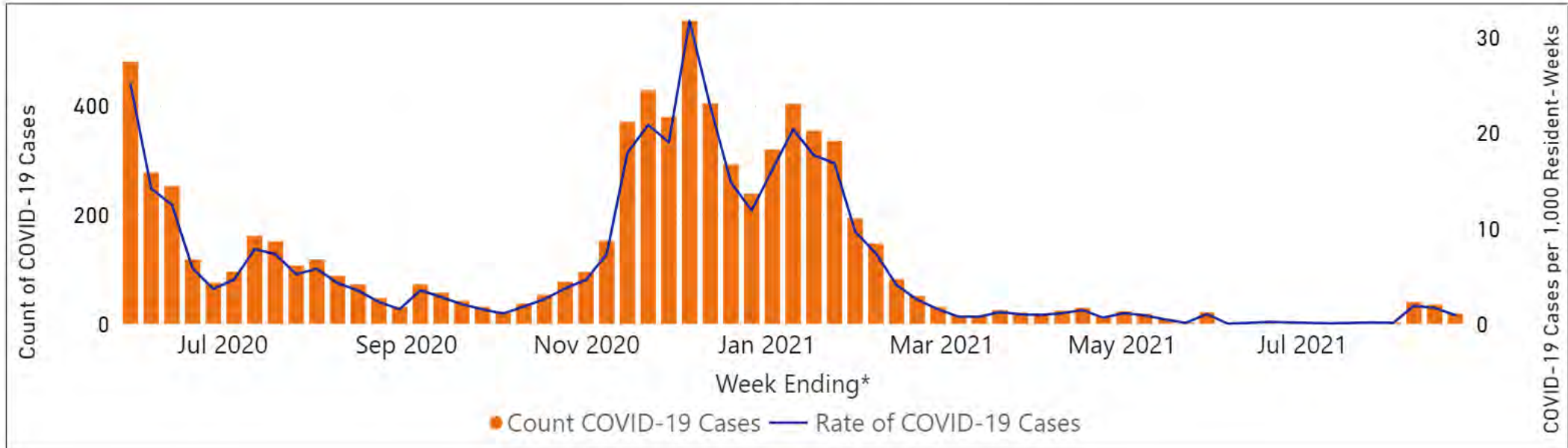
Resident Deaths

Display by State

MD

Display by FEMA/HHS Region

All



Maryland: COVID-19



COVID-19 Deaths among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes,
by Week—United States

Data as of 8/23/2021
5:30 AM



Resident Cases

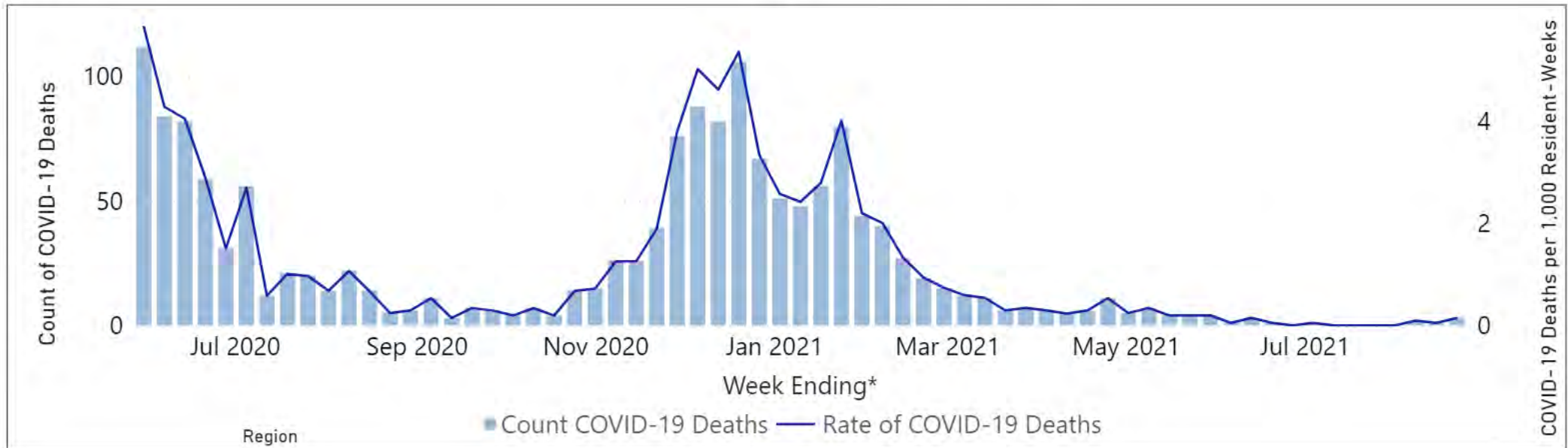
Resident Deaths

Display by State

MD

Display by FEMA/HHS Region

All



Maryland: COVID-19



Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

Data as of 8/23/2021
5:30 AM



Staff Cases

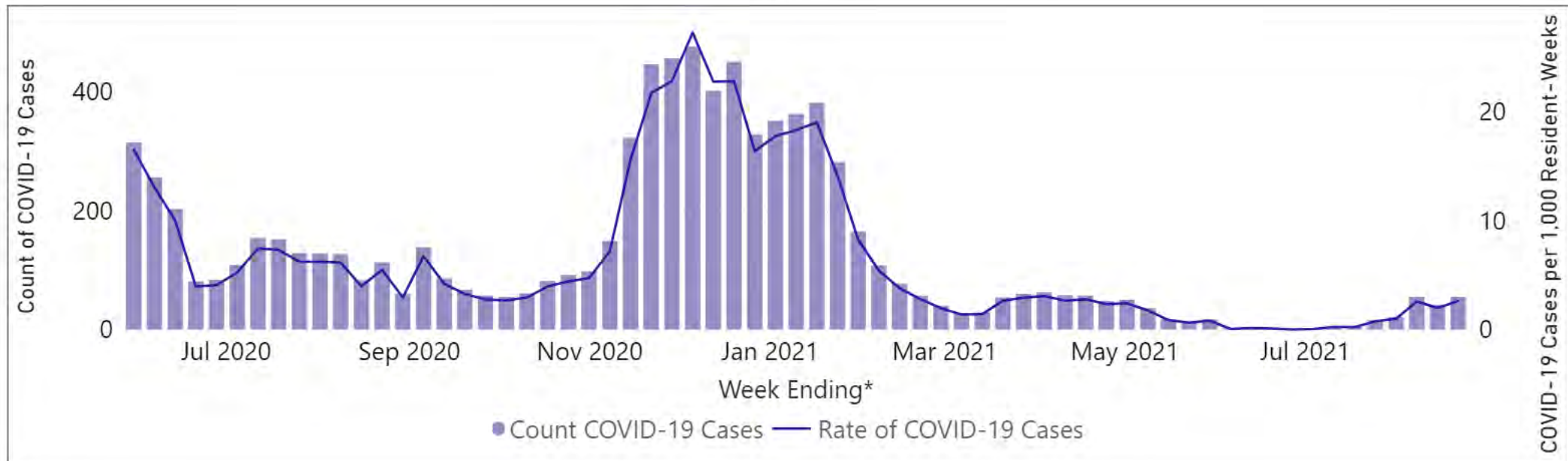
Staff Deaths

Display by State

MD

Display by FEMA/HHS Region

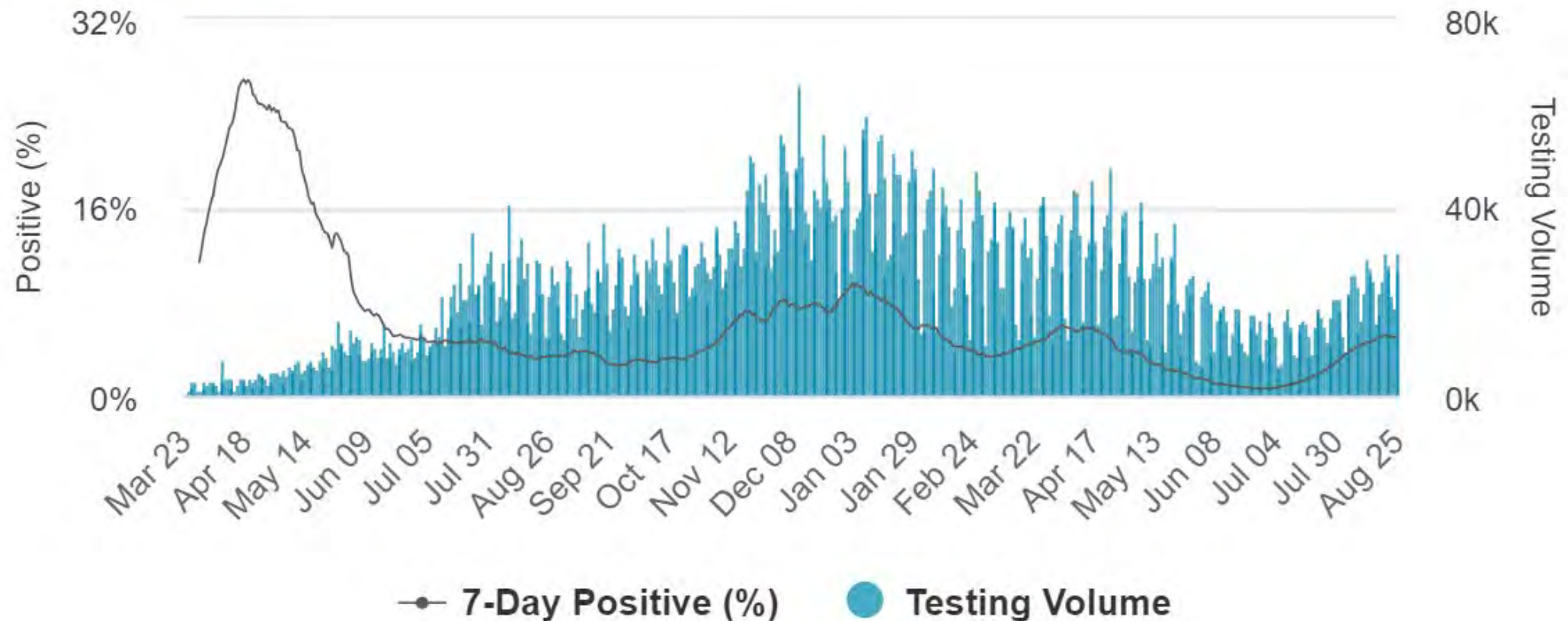
All



Maryland: COVID-19

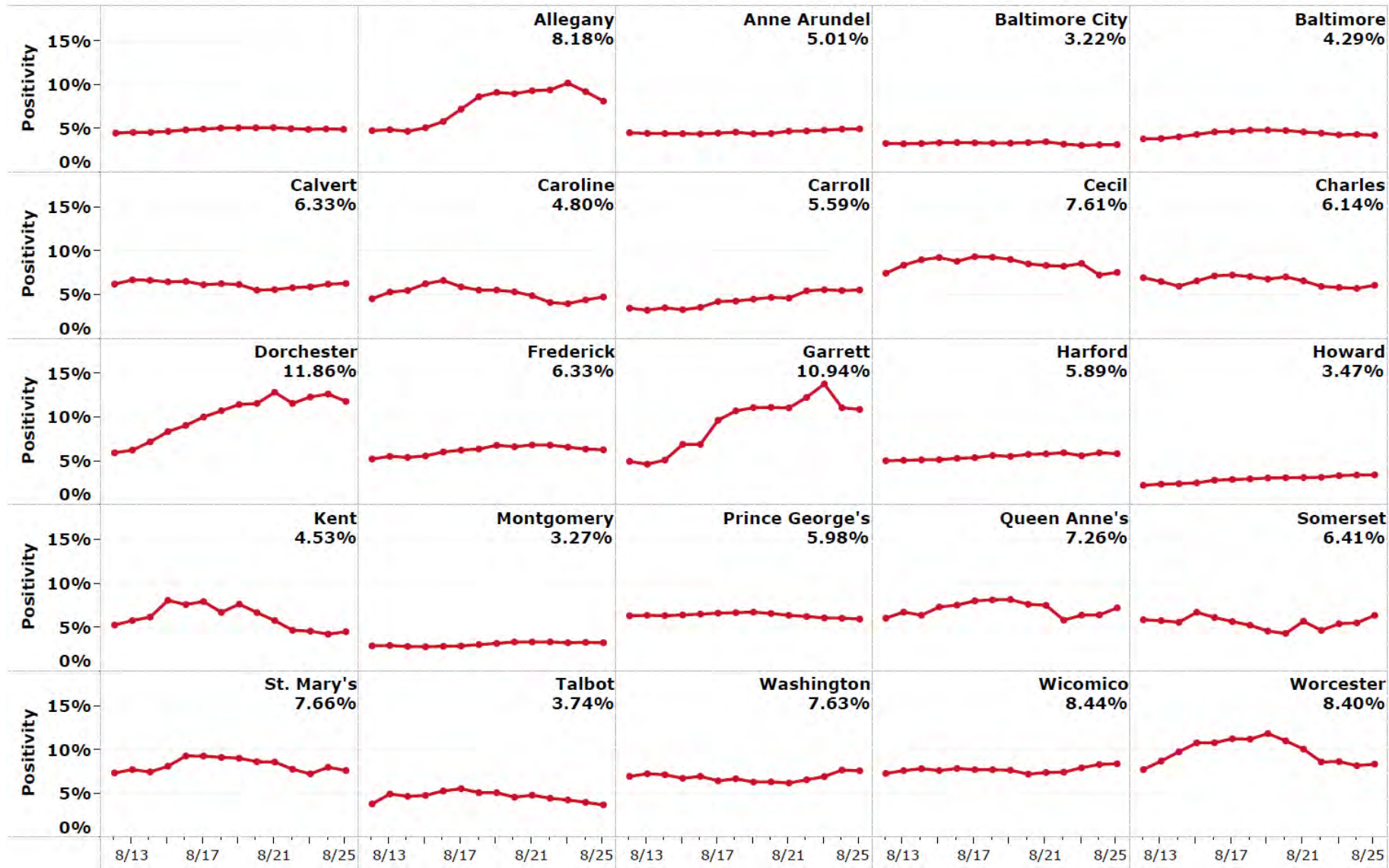
Testing Volume, Tests per Day and Percent Positive Rate (7-Day Avg)

- [Methodology](#)



7-Day Avg. Percent Positivity by County - Last Two Weeks

Data reported as of 8/26/2021 for data through 8/25/2021



As of 8/25/21:

Statewide: 4.89%

17 jurisdictions above 5%

2 jurisdictions above 10%
 (reminder: per [CMS QSO-20-38](#), if positivity is >10%, unvaccinated staff must be tested **TWICE** a week)

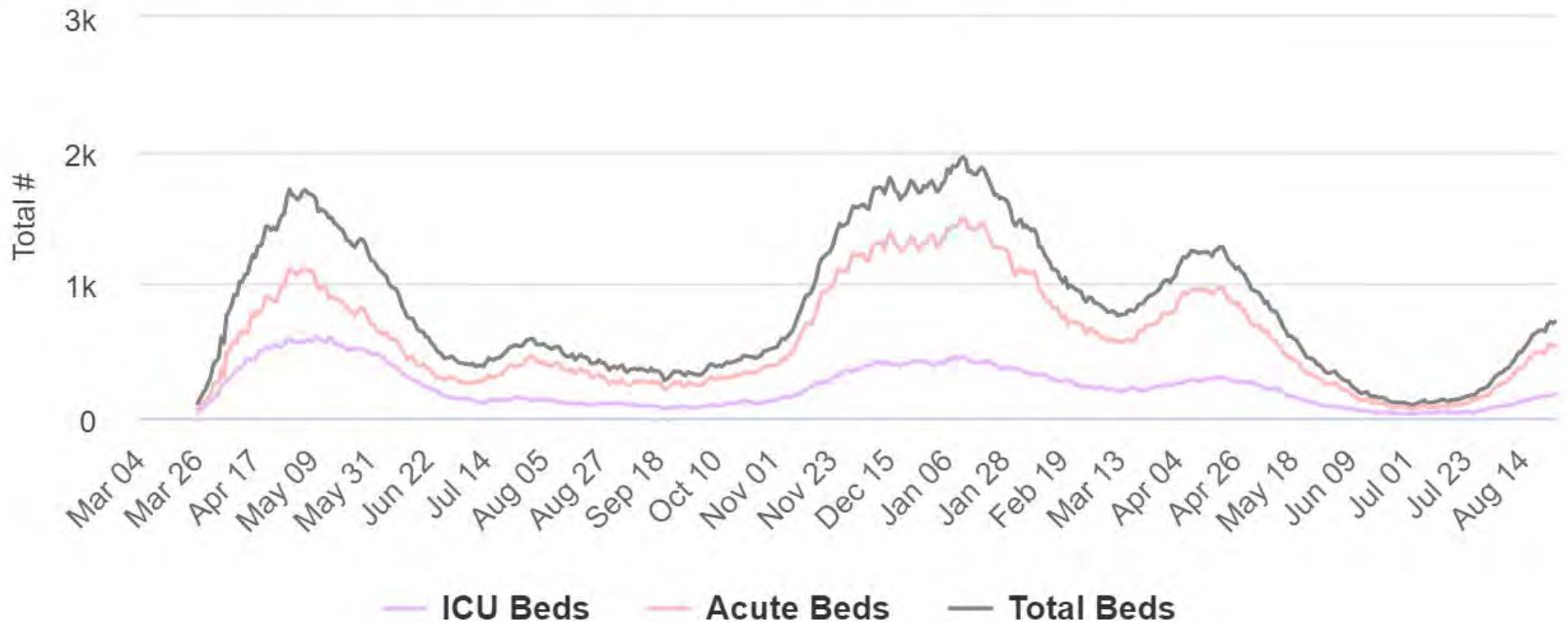
Maryland: COVID-19

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



Maryland: COVID-19

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



Maryland: COVID-19 Hospitalizations

Prevalent Hospitalizations of Patients with Confirmed COVID-19, Maryland
August 01, 2020 – August 23, 2021



632

Current 7-Day Average
Aug 17, 2021 – Aug 23, 2021

512

Prior 7-Day Average
Aug 10, 2021 – Aug 16, 2021

1,710

Peak 7-Day Average
Jan 06, 2021 – Jan 12, 2021

+23.5%

Percent change from prior 7-day
avg. of Aug 10, 2021 – Aug 16, 2021

-63.1%

Percent change from peak 7-day
avg. of Jan 04, 2021 – Jan 10, 2021

Select a Jurisdiction

Maryland



Prevalent Hospitalizations of Patients with Confirmed COVID-19



Sep 2020

Nov 2020

Jan 2021

Mar 2021

May 2021

Jul 2021

Date of Report

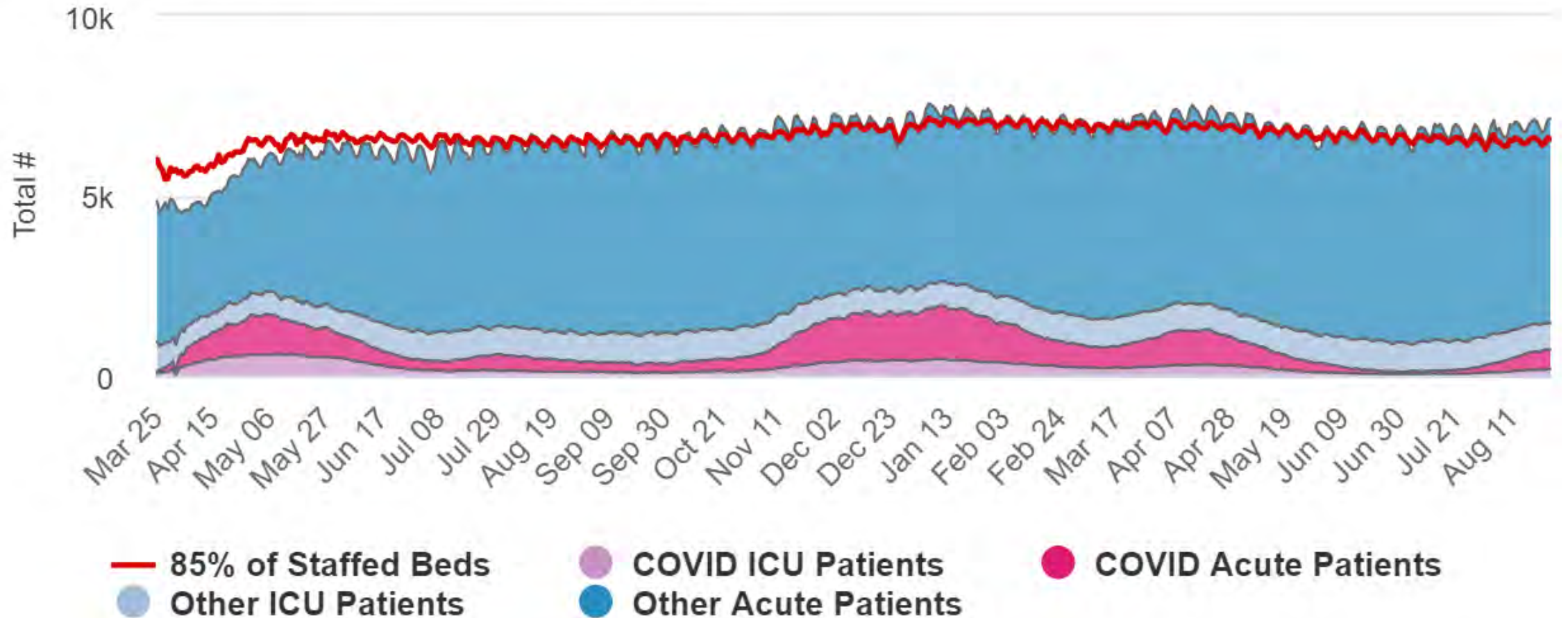
● Prevalent Hospitalizations of Patients with Confirmed COVID-19 — 7-Day Moving Average

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DEPARTMENT OF HEALTH

Maryland: COVID-19

COVID-19 Hospital Patients and Capacity

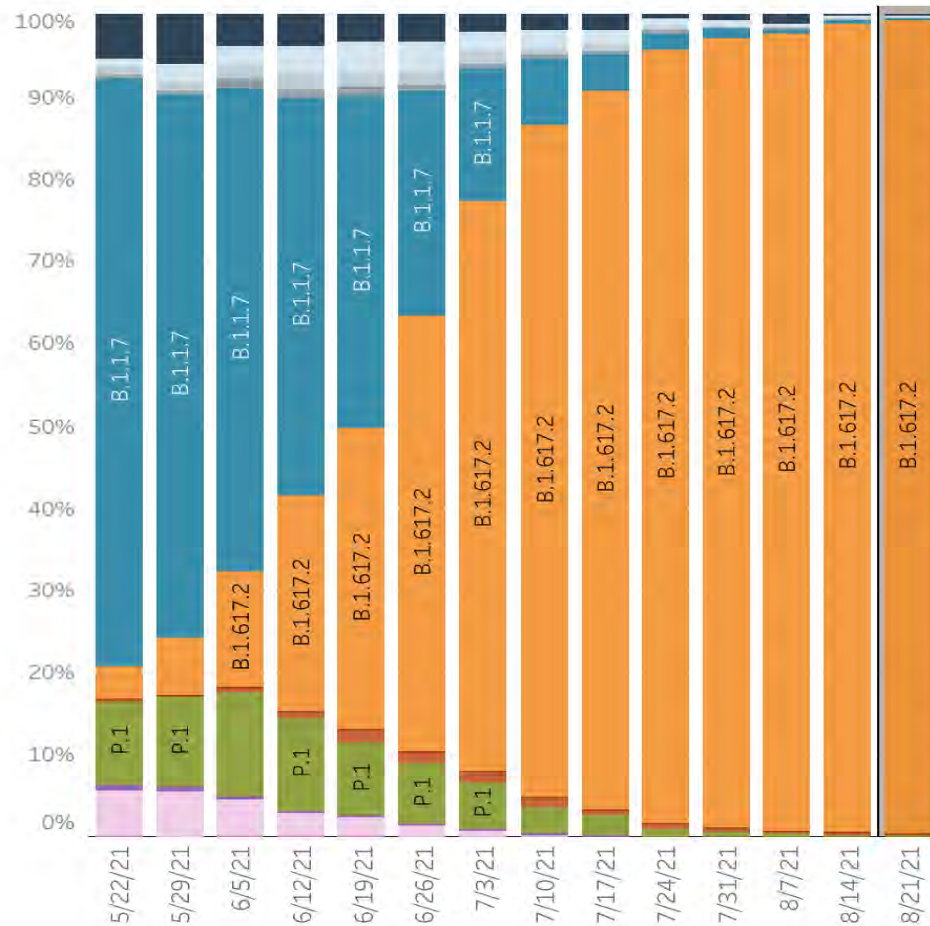


US: Delta Variant

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions> accessed 8/26/21

United States: 5/16/2021 – 8/21/2021

United States: 8/15/2021 – 8/21/2021 NOWC

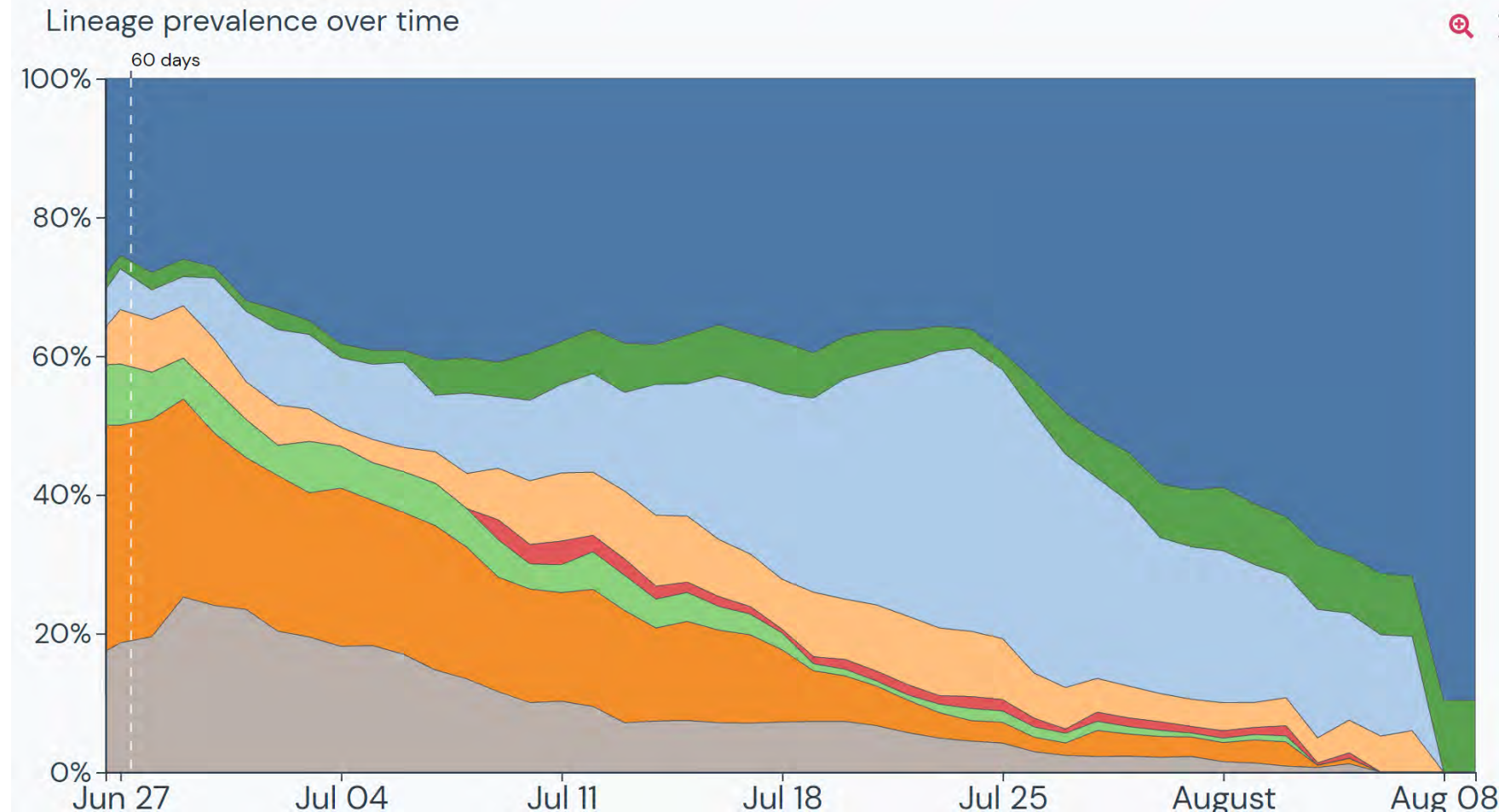


USA				
WHO label	Lineage #	Type	%Total	95%PI
Alpha	B.1.1.7	VOC	0.2%	0.0-0.7%
Beta	B.1.351	VOC	0.0%	0.0-0.2%
Gamma	P.1	VOC	0.1%	0.0-0.5%
Delta	B.1.617.2	VOC	98.8%	97.4-99.8%
	AY.2	VOC	0.2%	0.0-0.7%
	AY.1	VOC	0.1%	0.0-0.5%
Eta	B.1.525	VOI	0.0%	0.0-0.2%
Iota	B.1.526	VOI	0.0%	0.0-0.2%
N/A	B.1.621		0.3%	0.0-0.7%
	B.1.621.1		0.1%	0.0-0.5%
	B.1.628		0.1%	0.0-0.5%
Other	Other*		0.1%	0.0-0.5%

* Enumerated lineages are VOI/VOC or are circulating >1% in at least one HHS region during at least one two week period; remaining lineages are aggregated as "Other".
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # Sublineages of P.1 and B.1.351 are aggregated with the parent lineage and included in parent lineage's proportion.
 AY.3-AY.12 are aggregated with B.1.617.2

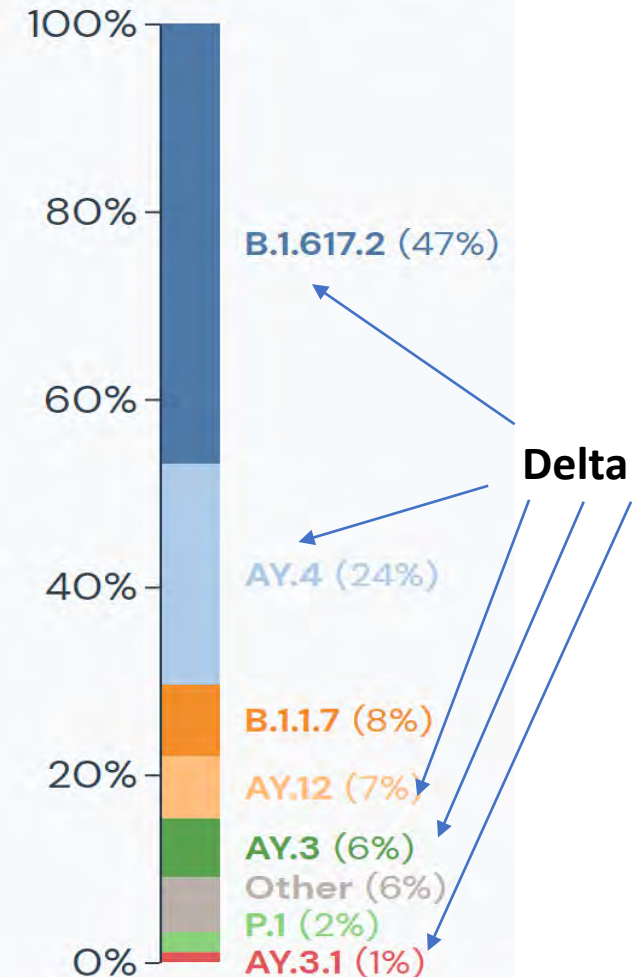
98.8%

Maryland: Delta Variant



Common lineages

Prevalence over last 60 days



US: COVID-19 Vaccinations

Total Vaccine Doses

Delivered 430,118,615

Administered 364,842,701

**Learn more about the
distribution of vaccines.**

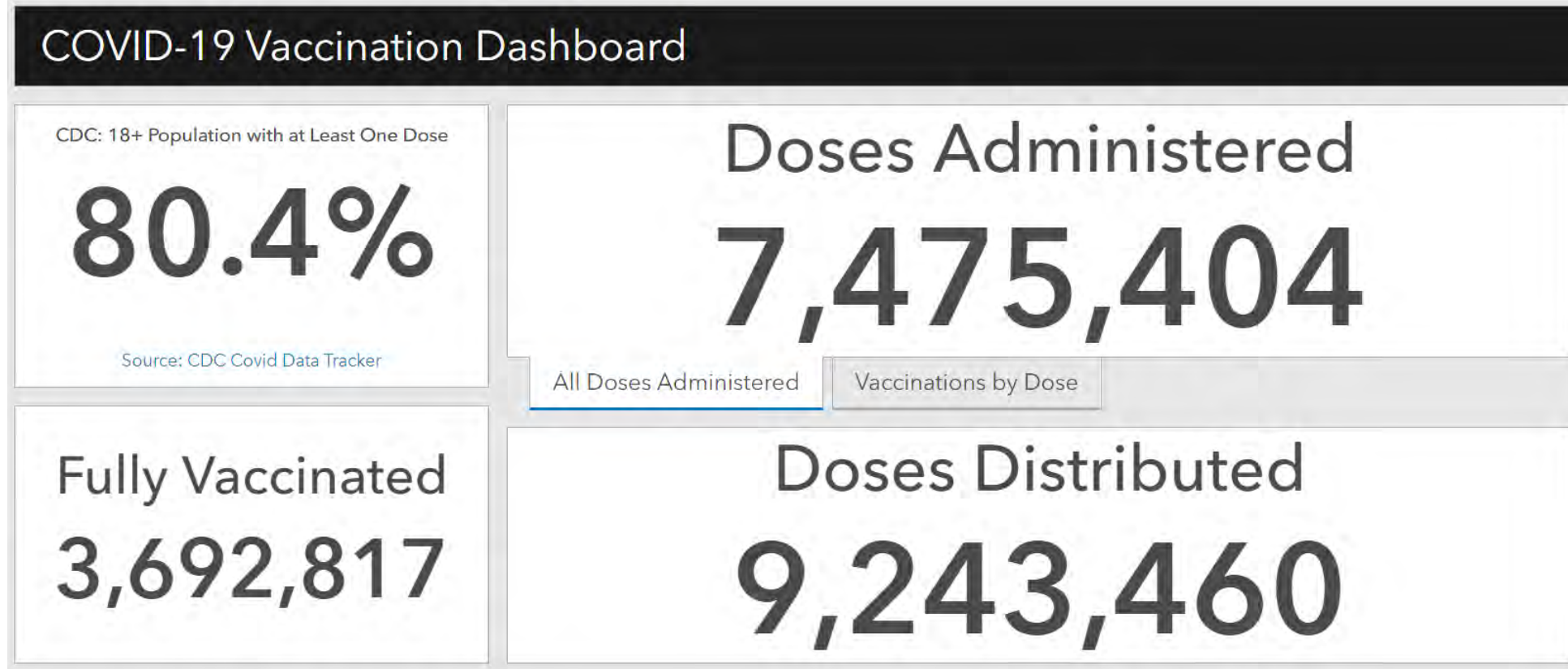
171.8M

People fully vaccinated

People Vaccinated

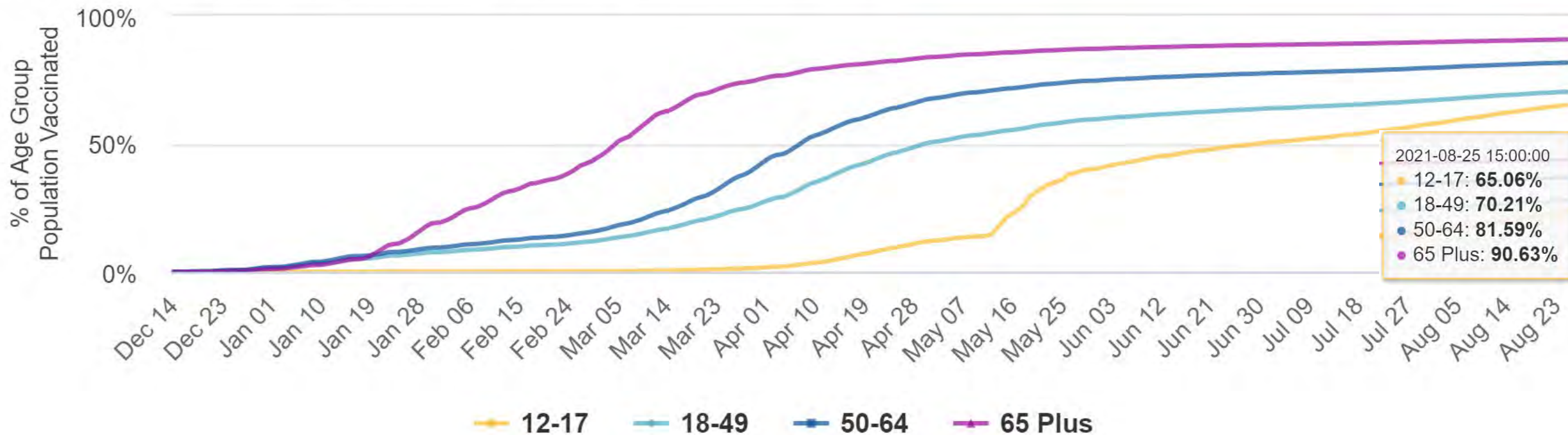
	At Least One Dose	Fully Vaccinated
Total	202,500,853	171,773,370
% of Total Population	61%	51.7%
Population ≥ 12 Years of Age	202,273,482	171,642,052
% of Population ≥ 12 Years of Age	71.3%	60.5%
Population ≥ 18 Years of Age	189,469,582	161,974,085
% of Population ≥ 18 Years of Age	73.4%	62.7%
Population ≥ 65 Years of Age	50,082,491	44,482,645
% of Population ≥ 65 Years of Age	91.6%	81.3%

Maryland Vaccine Dashboard



Maryland Vaccine Dashboard

Percent of Age Group Population - Received at Least One Dose



Poll Question

In the past month, have you given monoclonal antibody treatment to positive residents at your facility?

1. Yes
2. No (please list any barriers in the chat box)

Monoclonal Antibody Treatment

Howard Haft, MD, MMM, CPE, FACPE
Executive Director
Maryland Primary Care Program
Maryland Department of Health



Vaccine Updates and Reminders

August 24, 2021

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series

- On August 12, 2021 FDA modified the Emergency Use Authorizations (EUAs) for Pfizer-BioNTech COVID-19 vaccine and Moderna COVID-19 vaccine to allow for administration of an additional dose (i.e., a third dose) of an mRNA COVID-19 vaccine after an initial 2-dose primary mRNA COVID-19 vaccine series for certain immunocompromised people (i.e., people who have undergone solid organ transplantation or have been diagnosed with conditions that are considered to have an equivalent level of immunocompromise).

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- On August 13, 2021 ACIP made an interim recommendation for use of an additional dose of Pfizer-BioNTech COVID-19 vaccine (for persons aged ≥ 12 years) or Moderna COVID-19 vaccine (for persons aged ≥ 18 years) after an initial 2-dose primary mRNA COVID-19 vaccine series for moderately to severely immunocompromised people.

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- Healthcare professionals and public health officials should consider the following for use of an additional mRNA COVID-19 vaccine dose after an initial 2-dose primary mRNA COVID-19 vaccine series for moderately to severely immunocompromised people:
 - The currently FDA-authorized COVID-19 vaccines are not live vaccines and therefore can be safely administered to immunocompromised people.
 - Studies indicate some immunocompromised people have a reduced immune response following a primary COVID-19 vaccine series compared to vaccine recipients who are not immunocompromised.
 - Studies have further demonstrated that including an additional mRNA COVID-19 vaccine dose after an initial 2-dose primary mRNA COVID-19 vaccine series in some immunocompromised populations may enhance immune response.

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- Healthcare professionals and public health officials should also consider:
 - The clinical benefit of an additional mRNA vaccine dose after an initial 2-dose primary mRNA COVID-19 vaccine series for immunocompromised people is not precisely known. However, for people with moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, the potential to increase immune response coupled with an acceptable safety profile, support the recommendation for an additional mRNA vaccine dose after an initial 2-dose primary mRNA COVID-19 vaccine series.
 - The additional dose should be administered at least 28 days after the completion of the initial mRNA COVID-19 vaccine series.

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- The clinical considerations for use of an **additional dose** of an mRNA COVID-19 vaccine **apply only to people who are moderately or severely immunocompromised.**

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- These conditions and treatments include but are not limited to:
 - Active treatment for solid tumor and hematologic malignancies
 - Receipt of solid-organ transplant and taking immunosuppressive therapy
 - Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- These conditions and treatments also include but are not limited to:
 - Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
 - Advanced or untreated HIV infection
 - Active treatment with high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- Factors to consider in assessing the general level of immune competence in a patient include:
 - disease severity,
 - duration,
 - clinical stability,
 - complications,
 - comorbidities, and
 - any potentially immune-suppressing treatment.

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- Whenever possible, mRNA COVID-19 vaccination doses (including the primary series and an additional dose) should be completed at least two weeks before initiation or resumption of immunosuppressive therapies, but timing of COVID-19 vaccination should take into consideration current or planned immunosuppressive therapies and optimization of both the patient's medical condition and response to vaccine.

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- A patient's clinical team is best positioned to determine the degree of immune compromise and appropriate timing of vaccination.
- The utility of serologic testing or cellular immune testing to assess immune response to vaccination and guide clinical care (e.g., as part of need assessment for an additional dose) has not been established.
- Serologic testing or cellular immune testing outside of the context of research studies is **not recommended at this time**.

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- The additional mRNA COVID-19 vaccine dose should be the same vaccine product as the initial 2-dose mRNA COVID-19 primary vaccine series (Pfizer-BioNTech or Moderna).
- If the mRNA COVID-19 vaccine product given for the first two doses is not available, the other mRNA COVID-19 vaccine product may be administered.
- A person should not receive more than three mRNA COVID-19 vaccine doses.

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- Until additional data are available, the additional dose of an mRNA COVID-19 vaccine should be administered at least 28 days after completion of the initial 2-dose mRNA COVID-19 vaccine series, based on expert opinion.
- Currently there are insufficient data to support the use of an additional mRNA COVID-19 vaccine dose after a single-dose Janssen COVID-19 vaccination series in immunocompromised people. FDA and CDC are actively working to provide guidance on this issue.

Additional Dose of COVID-19 Vaccine Following Primary Vaccine Series (cont.)

- People who are immunocompromised (including people who receive an additional mRNA COVID-19 vaccine dose after an initial 2-dose primary mRNA COVID-19 vaccine series) should be counseled about:
 - the potential for a reduced immune response to COVID-19 vaccines and,
 - the need to continue to follow current prevention measures (including **wearing a mask, staying 6 feet apart from others they don't live with, and avoiding crowds and poorly ventilated indoor spaces**) to protect themselves against COVID-19 until advised otherwise by their healthcare professional.
- Close contacts of immunocompromised people should also be strongly encouraged to be vaccinated against COVID-19 to protect these people.

Additional Dose vs Booster Dose

- There are two distinct potential uses for a third dose:
 - **Additional dose** after an initial primary vaccine series: administration of an additional vaccine dose when the initial immune response following a primary vaccine series is likely to be insufficient.
 - **Booster dose:** a dose of vaccine administered when the initial sufficient immune response to a primary vaccine series is likely to have waned over time.

Booster Doses

- On August 18, 2021 HHS and health experts released a joint statement on booster shots for the general population, pending FDA approval and ACIP recommendations.
- Current vaccines remain extremely effective preventing severe disease, hospitalization, and death even against the Delta variant
- Current data is showing that protection begins to decrease over time with reduced protection against mild and moderate disease

Booster Doses (cont.)

- Plan is to begin offering booster doses beginning the week of Sept 20, and 8 months after an individual's second dose
 - At that time, the individuals who were fully vaccinated earliest in the vaccination rollout, including many health care providers, nursing home residents, and other seniors, will likely be eligible for a booster.
 - Efforts to deliver booster shots directly to residents of long-term care facilities would also begin at that time, given the distribution of vaccines to this population early in the vaccine rollout and the continued increased risk that COVID-19 poses to them.
- Only for mRNA vaccines at this time. More data for J&J vaccine is still needed.

FDA Approves First COVID-19 Vaccine

- On August 23, 2021, the U.S. Food and Drug Administration announced their approval of the first COVID-19 vaccine.
- The vaccine has been known as the Pfizer-BioNTech COVID-19 Vaccine, and will now be marketed as Comirnaty (koe-mir'-na-tee), for the prevention of COVID-19 disease in individuals **16 years of age and older**.
- The vaccine also continues to be available under emergency use authorization (EUA), including for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals.

Resources

- Interim Clinical Considerations, <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-additional-vaccine-dose>
- Pfizer EUA Fact Sheet for HCPs, <https://www.fda.gov/media/144413/download>
- Pfizer EUA Fact Sheet for Recipients and Caregivers, <https://www.fda.gov/media/144414/download>
- Moderna EUA Fact Sheet for HCPs, <https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-providers.pdf>
- Moderna EUA Fact Sheet for Recipients and Caregivers, <https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf>

Resources

- CDC Yellow Book, Immunocompromised Travelers, <https://wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers>
- Altered Immunocompetence, <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html>
- FDA, Serology Testing, <https://www.fda.gov/medical-devices/safety-communications/antibody-testing-not-currently-recommended-assess-immunity-after-covid-19-vaccination-fda-safety>
- CDC, How to Protect Yourself and Others, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- HHS, Booster Doses, <https://www.hhs.gov/about/news/2021/08/18/joint-statement-hhs-public-health-and-medical-experts-covid-19-booster-shots.html>
- FDA Approval of First COVID-19 Vaccine, <https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine>

Questions



Addressing Vaccine Hesitancy

Allison Ciborowski
President and CEO
LeadingAge Maryland

Maryland Updates

AMENDED DIRECTIVE AND ORDER REGARDING VACCINATION MATTERS – August 18, 2021

E. Other Facilities Subject to Proof of Vaccine Requirement

- i. All staff of the facilities listed below are required to show proof of first dose or single dose of COVID-19 vaccination by Wednesday, September 1, 2021. Staff includes, but is not limited to, regular and contractual employees, contractual staff, volunteers, and other employees performing any duties at the facility.

All staff are required to complete the full shot regimen, including any booster shot, as clinically indicated in order to satisfy this requirement.

- a. Nursing Homes licensed under Title 19, subtitles 3 and 14 of the Health-General Article and COMAR 10.07.02; and
- b. Hospitals as defined in Section 19-301 of the Health-General Article.
 - ii. Each facility covered by this paragraph shall develop its own procedures to handle failure to comply with the requirements of paragraph 5.E.i., which procedures cannot be less stringent than those outlined in paragraph 5.C above.
 - iii. Facilities shall develop a policy and procedures to allow for reasonable accommodation requests provided the staff member provides appropriate and sufficient documentation for bona fide medical or religious reasons.

AMENDED DIRECTIVE AND ORDER REGARDING NURSING HOME MATTERS – August 18, 2021

- Added note*:
 - All nursing homes are encouraged to request that visitors show proof of vaccination and adopt visitation policies allowing fully vaccinated visitors.
- Added penalties section
 - Persons who violate this Order and Directive may face administrative and criminal sanctions

<https://coronavirus.maryland.gov/pages/cdc-resources>

*See also: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Water Safety Education

- CDC webinar, **Managing Water Risk in the "New Normal" 9/16/21 at 1:00 PM**
- Learn how to prevent Legionnaire's disease and other infections associated with building water systems.

Register here:

https://naccho.zoom.us/webinar/register/WN_0BF1q5nPTuW4toNjjhcljQ

FAQs

FAQ #1: Are compassionate care visits allowed to continue during an outbreak?

- Yes, and they **must** continue in Nursing Homes, per CMS Memo QSO-20-39 (Revised April 27, 2021):

“Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.”

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

FAQ #2: Which day is SNF vaccination data due to CRISP?

- **CRISP** data must be reported by 11 AM on Wednesdays per Maryland requirements.
- Failure to submit data by the deadline can result in significant fines.

Tips:

1. *Ensure multiple staff members have access and are trained on how to correctly enter and submit data, and how to troubleshoot common errors.*
2. *Set an alarm/reminder to confirm data has been submitted on time*
3. *Take a screenshot with a timestamp showing that data has been submitted.*

FAQ #3: When will CMS issue new regulations and what will they look like?

We don't know but will be sure to share them with you by email when published.

FAQ #4: Is it true that hospitals are full?

- Hospitals statewide have been close to- or exceeding- the 85% of staffed beds threshold we mention in the Epi Summary.
- Here is a screenshot from last night's hospital capacity system (Baltimore metro region)→

CHATS Region III - County/Hospital Alert Tracking System

Hospitals

Wednesday, August 25, 2021 6:19:05 PM

[Region I, II, IV](#) [Region III](#) [Region V](#)

	Yellow Alert	Red Alert	Mini Disaster	ReRoute
	18:19			
	18:19			
	18:19	18:19		
	18:19			
	18:19	02:36		00:45
	01:40			
	18:19	03:31		
		18:19		
	18:19	18:19		
	18:19			
	04:19			
	03:35			
	04:25	16:15		
	06:37			
	18:19			00:23
	18:19	18:19		02:52
	18:19	18:19		
	01:56			
	18:19	18:19		
	01:56	18:19		

FAQ #5: If an unvaccinated employee tests positive for COVID-19, do they still need to test weekly when they return?

- They do not need to be re-tested for 90 days after their symptom onset (or date of collection if asymptomatic) unless they become ill again during that time. If they develop symptoms, they should be evaluated by a medical provider and worked up for a variety of infectious causes (like influenza).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#ConsiderationsScenarios>

FAQ #6: Can we use reusable gowns instead of disposable for residents on TBP?

- Yes, if they are removed after each resident care encounter (not worn more than once, and not worn for more than one patient). This is considered a conventional strategy per CDC and can be laundered according to [routine practices](#).
- *Tip: place a linen bin inside each resident's room next to the trash bin and hang a photo of the correct PPE on the wall behind each bin to prevent errors.*

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>

FAQ #7: Are staff *really* required to mask in an Assisted Living Facility?

- Yes!
- All U.S. healthcare facilities, including assisted living facilities, are required to have a plan addressing items in the [OSHA Emergency Temporary Standard \(ETS\)](#).
- Personal protective equipment (PPE): Provide and ensure each employee wears a facemask when indoors and when occupying a vehicle with other people for work purposes; provide and ensure employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19, and for aerosol-generating procedures on a person with suspected or confirmed COVID-19.

Next Webinar



There will be NO webinar next week, 9/2.

We look forward to seeing you next on **Thursday, 9/9 at 12:30 pm!**

Questions?

MDH.IPCOVID@maryland.gov