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

Maryland Department of Health

Infectious Disease Epidemiology and Outbreak Response Bureau

April 1, 2021

Andy Marlette, USA TODAY Network

USA TODAY NETWORK

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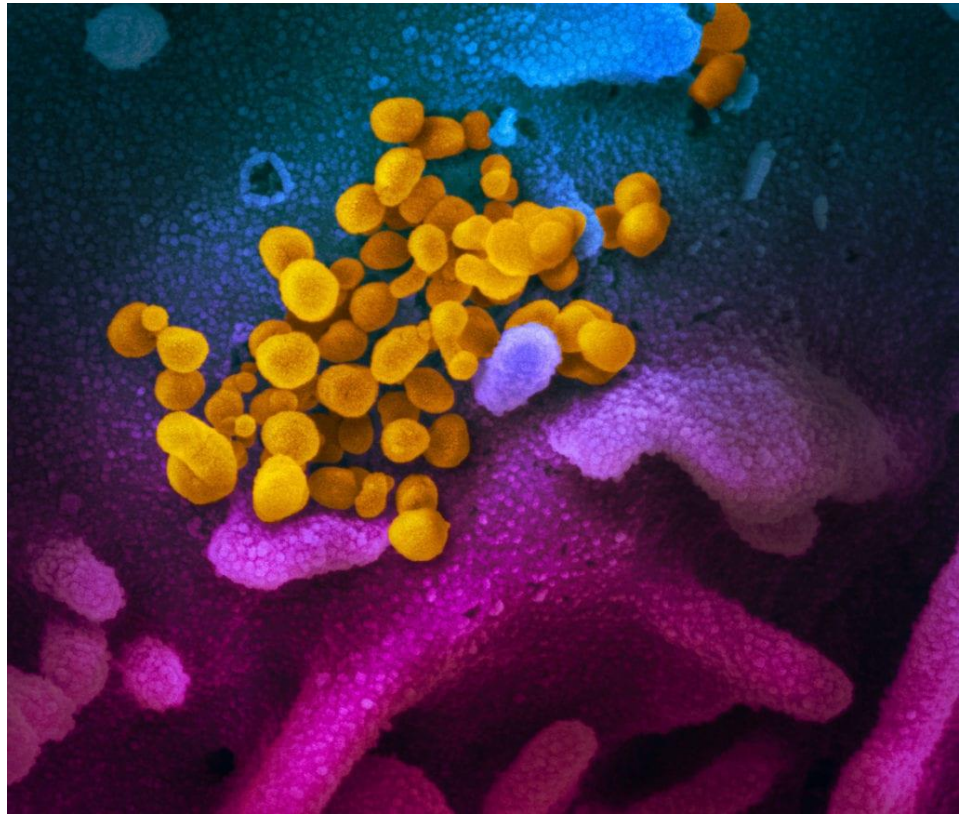
Call Agenda

- COVID-19 Epi Summary
- Updated CDC Guidance
- Animals and COVID-19- Dr. David Crum
- Vaccine Updates- Dr. Melissa Welch
- MDRO Colonization Screenings
- Lab Web Portal Training (Part 1)- Liore Klein
- FAQs

Picture Courtesy of NIAID-RML



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COVID-19 Epi Summary

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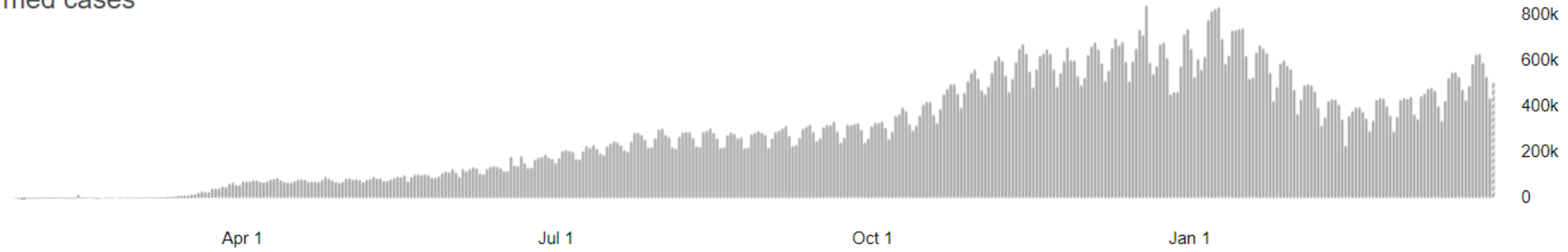
Worldwide: COVID-19

127,877,462

confirmed cases

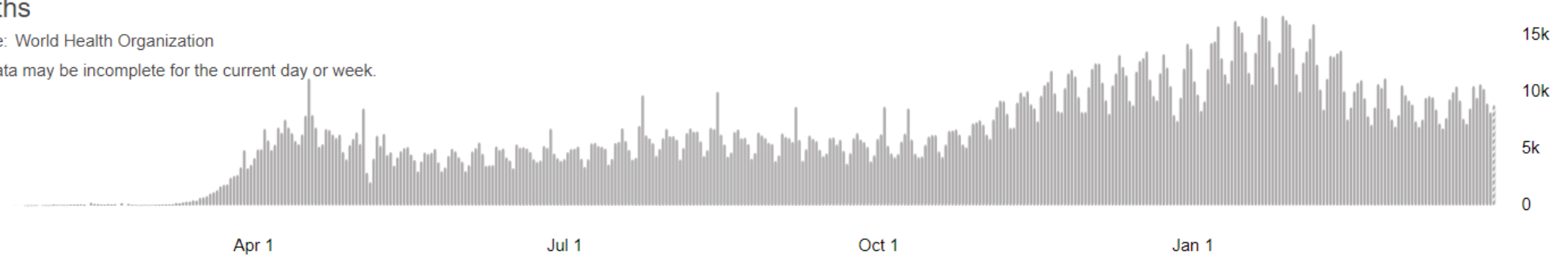


2,796,561

deaths

Source: World Health Organization

Data may be incomplete for the current day or week.



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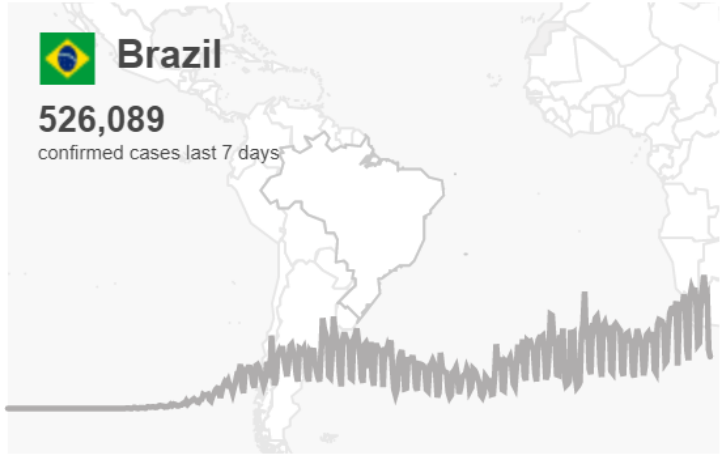
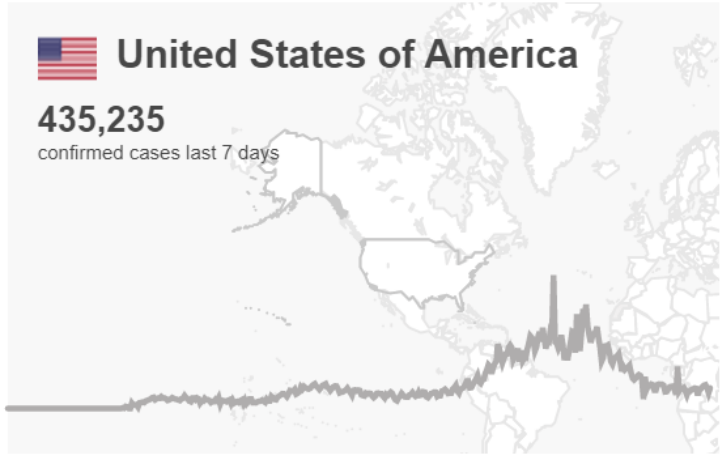
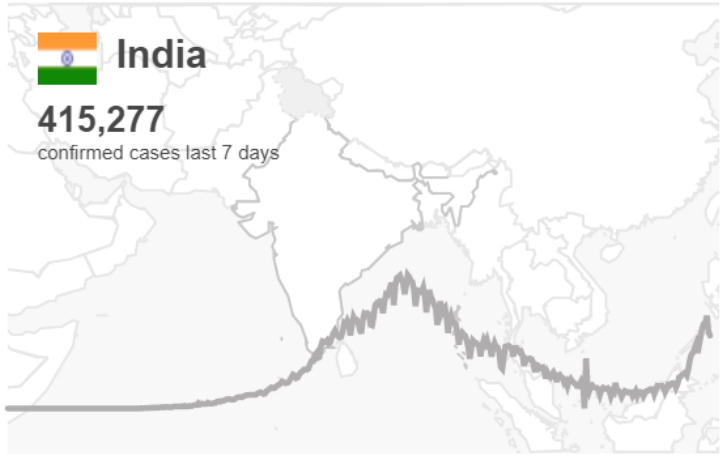
Source: https://covid19.who.int/ accessed 3/31/21

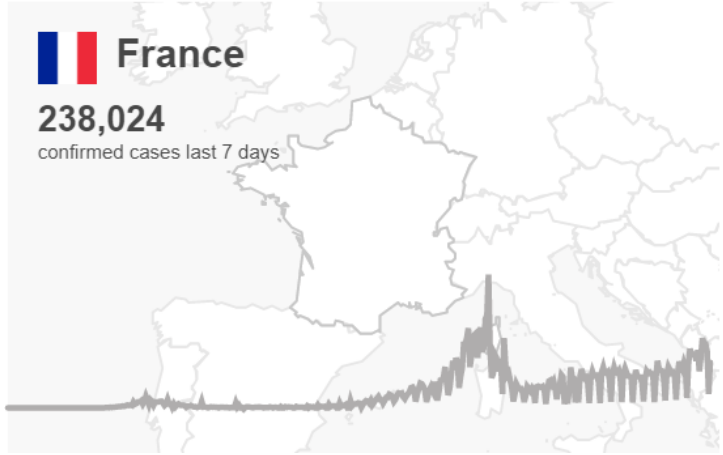
Worldwide: COVID-19

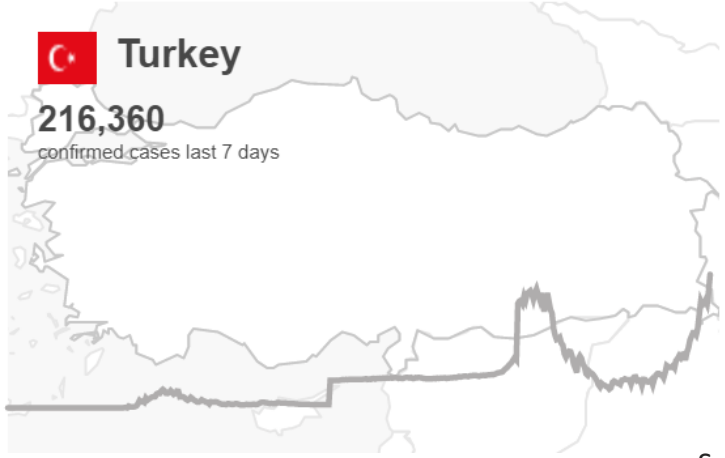
New cases reported in the past 7 days











Source: https://covid19.who.int/ accessed 3/31/21

U.S.: COVID-19

Source: CDC, https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days, accessed 4/1/21

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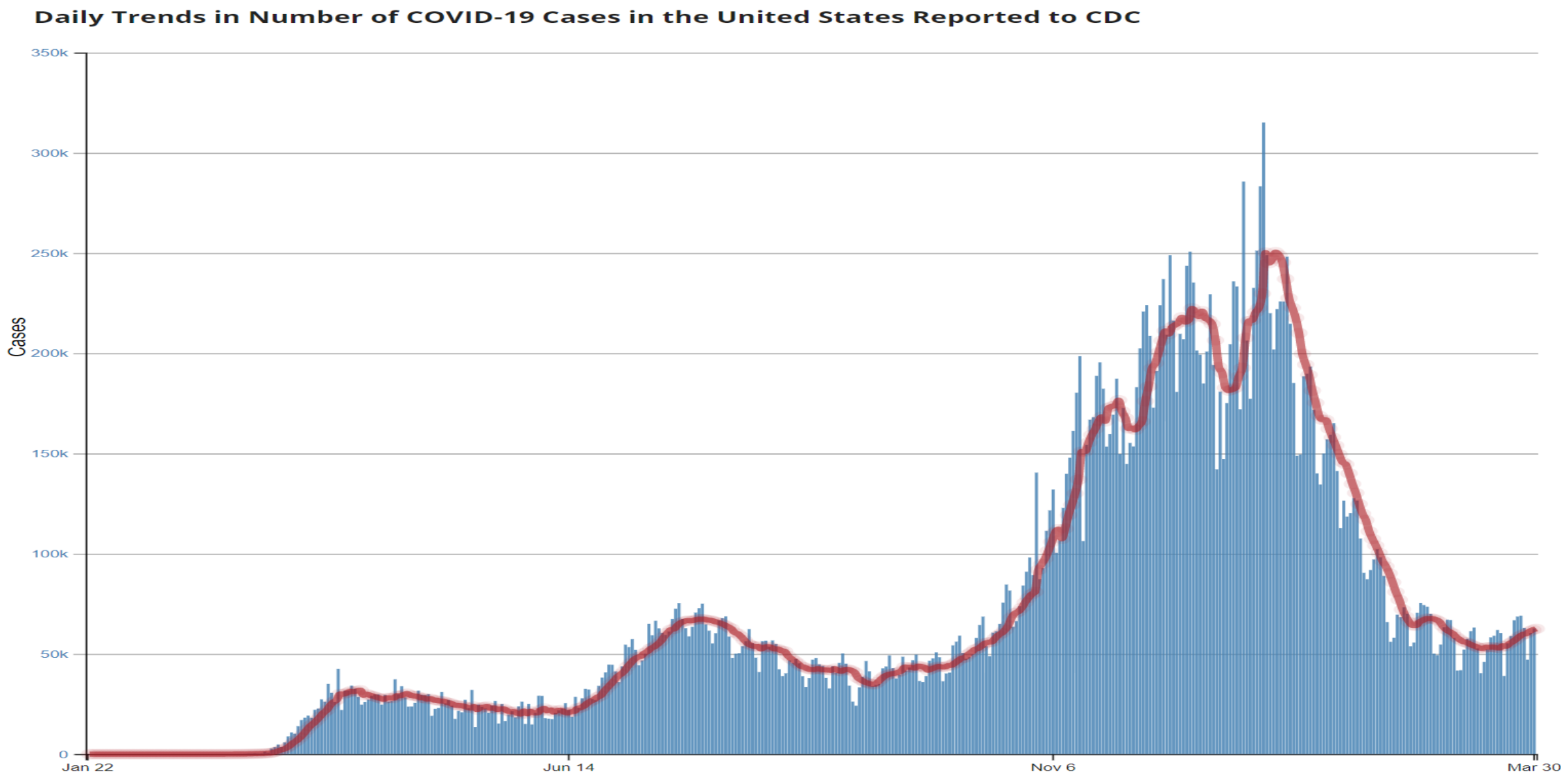
Source: CDC, https://www.cdc.gov/covid-data-tracker/index.html#trends, accessed 4/1/21

Daily US Trends in COVID-19 Cases



US: SARS-CoV-2 Variants

US COVID-19 Cases Caused by Variants

Updated Mar. 30, 2021 Languages Print

Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	11,569	51
B.1.351	312	31
P.1	172	22

https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html accessed 3/31/21

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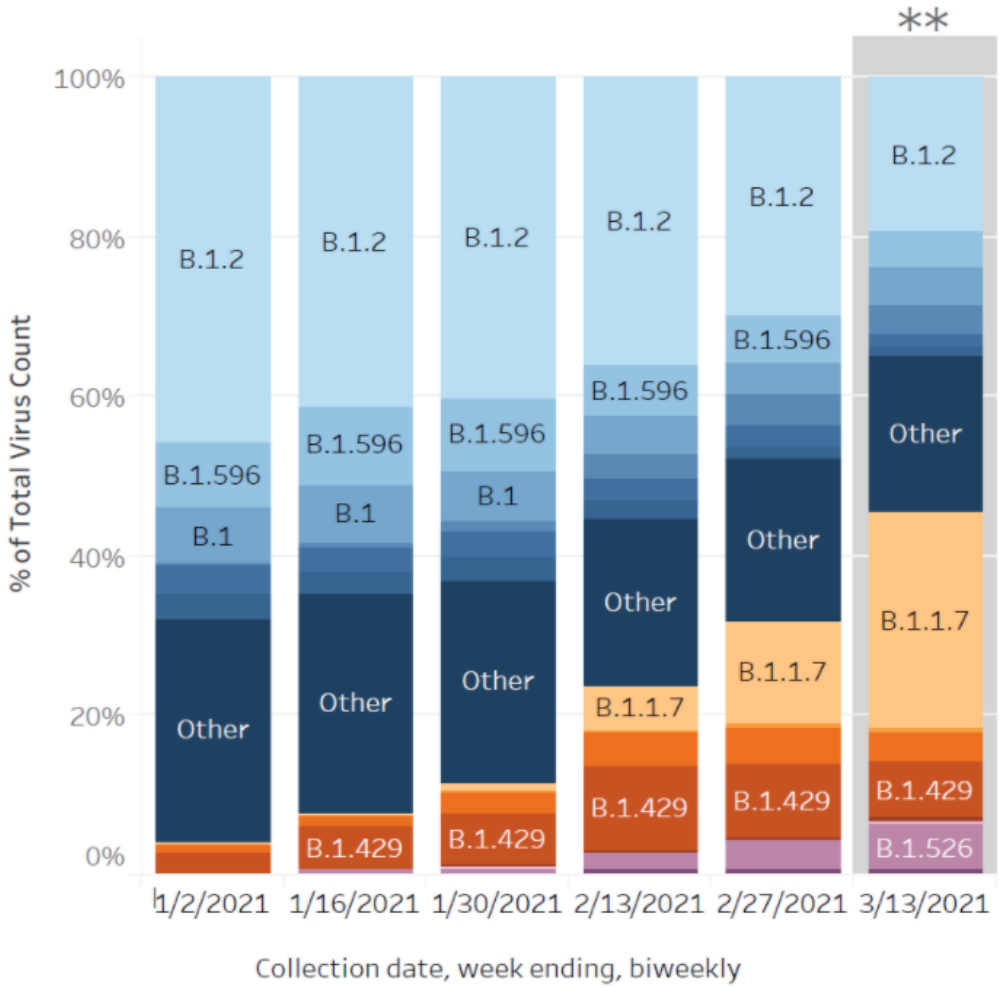
US: SARS-CoV-2 Variants



Most common lineages	B.1.2	32.5%		
	B.1.1.7	9.9%	VOC	
	B.1.429	9.8%	VOC	
	B.1.596	6.0%		
	B.1.427	4.3%	VOC	
	B.1	4.3%		
	B.1.1.519	3.5%		
	B.1.526	2.9%	VOI	
	B.1.243	2.9%		
	B.1.234	1.8%		
Additional VOI/VOC lineages	P.2	0.8%	VOI	
	B.1.351	0.4%	VOC	
	B.1.525	0.2%	VOI	
	P.1	0.1%	VOC	
Other*	Other	20.6%		

Percentages represent the proportion of viruses belonging to the indicated lineage, based on four weeks of data with collection dates ending Feb 27.
* Other represents >200 additional lineages which are each circulating at <2% of viruses.
** Most recent data (shaded) are subject to change as samples from that period are still being processed.

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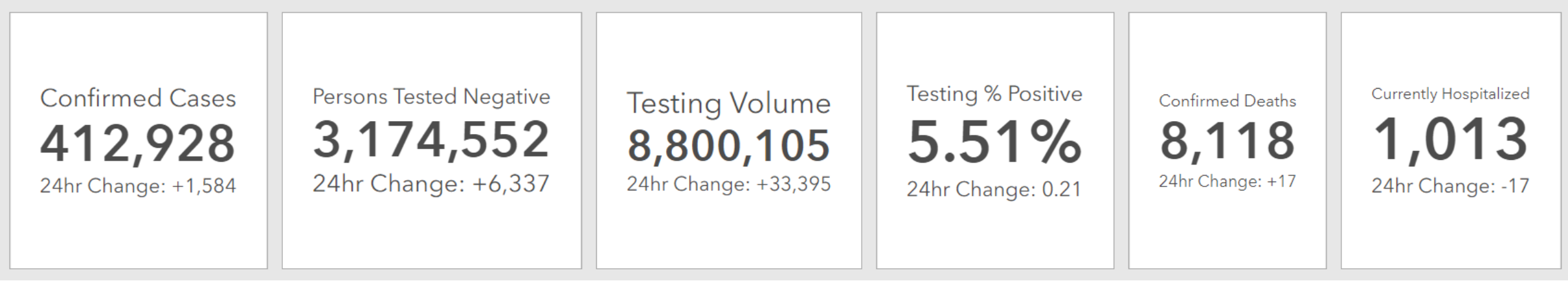
https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-proportions.html accessed 3/31/21

Maryland: COVID-19



Source: https://coronavirus.maryland.gov/, accessed 4/1/21

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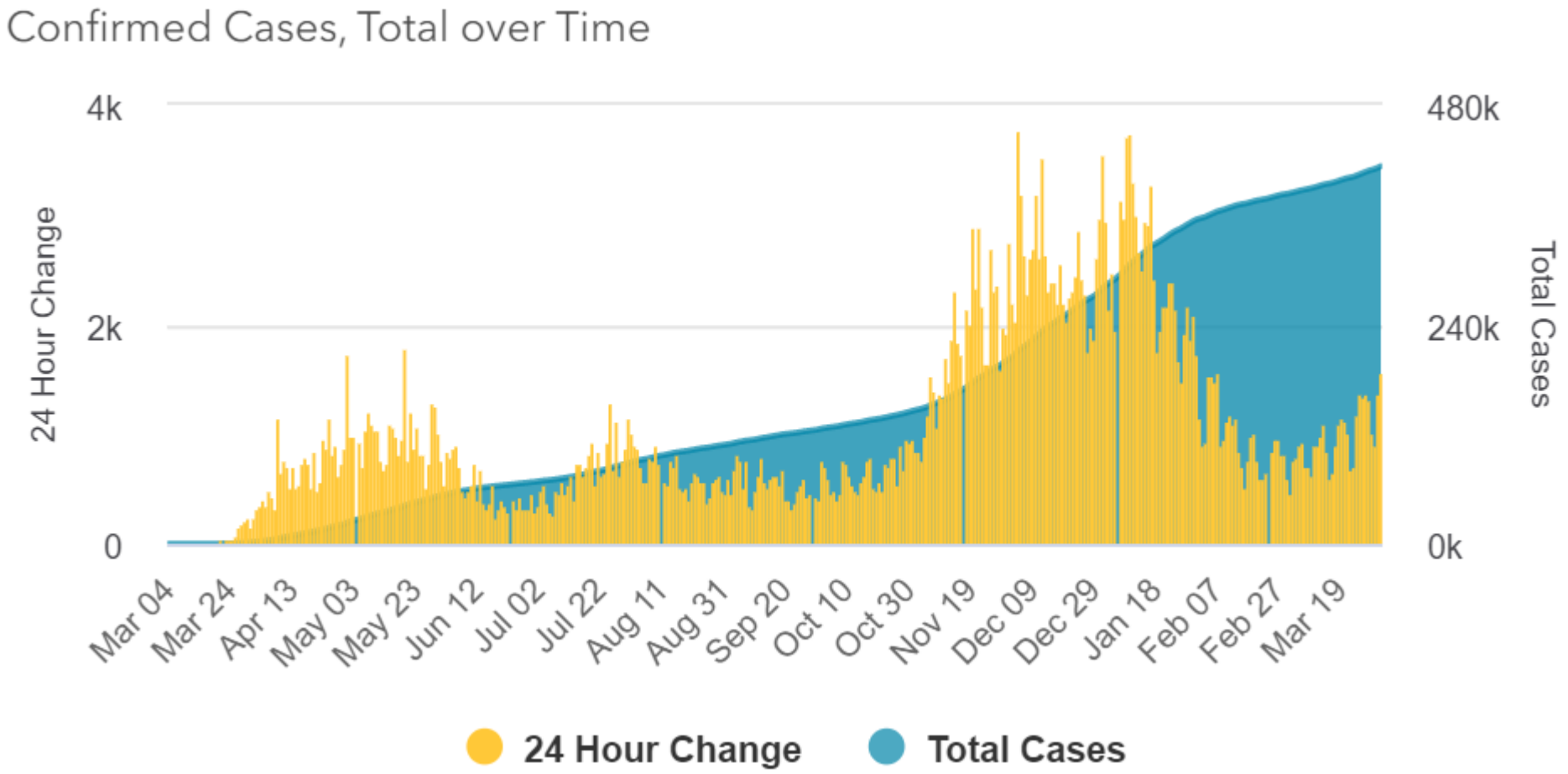
Maryland: COVID-19



Source: https://coronavirus.maryland.gov/, accessed 4/1/21

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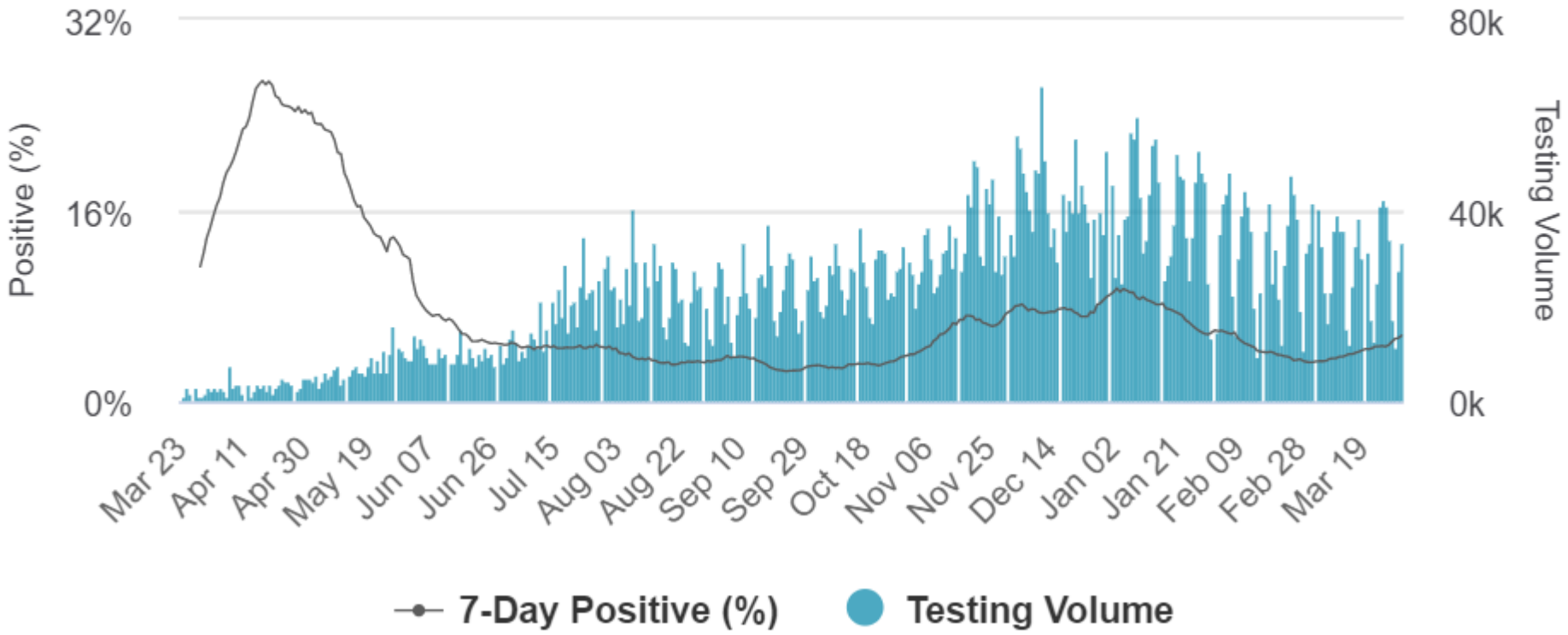
Maryland: COVID-19

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

- Methodology



Source: https://coronavirus.maryland.gov/, accessed 4/1/21

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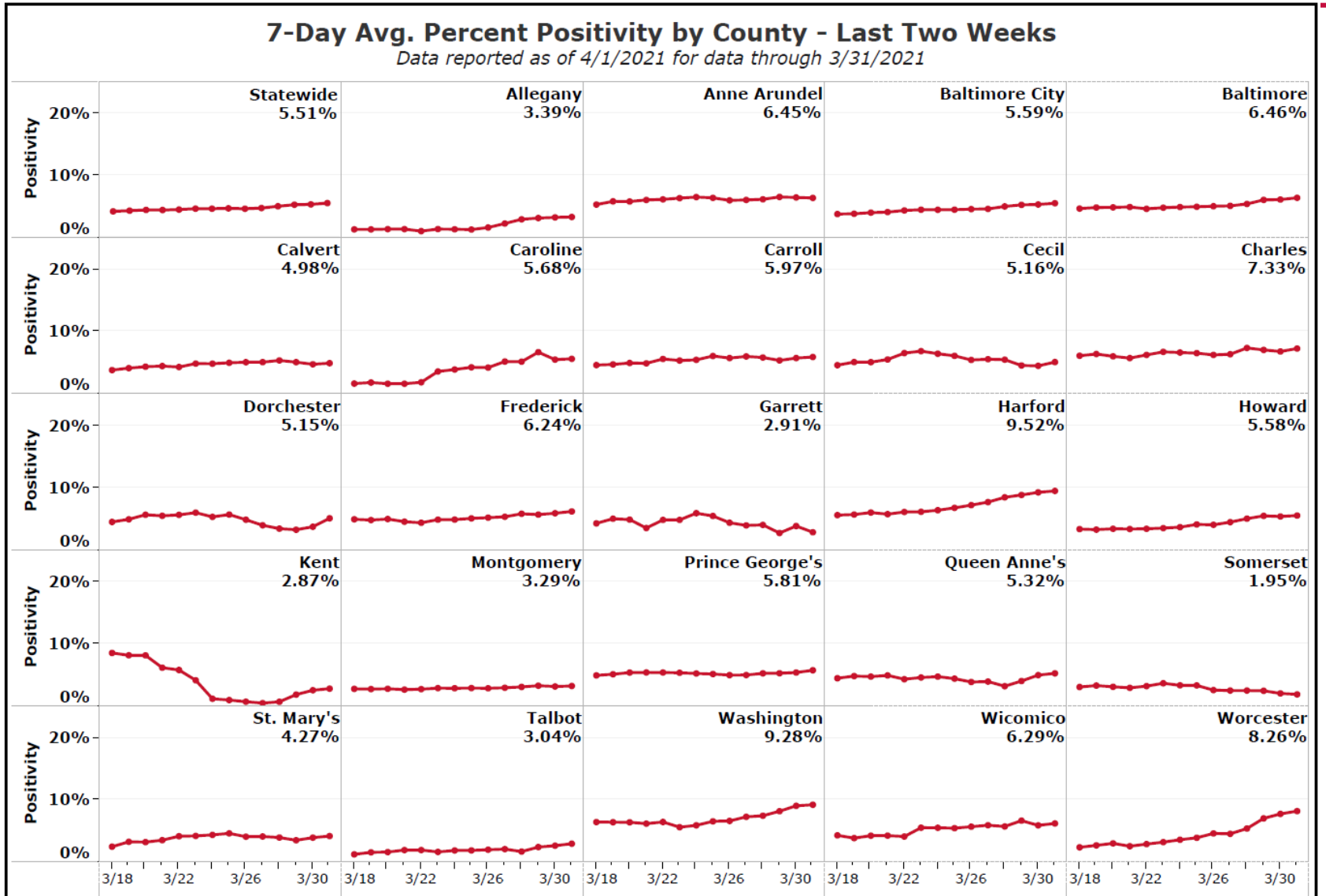
Maryland: COVID-19



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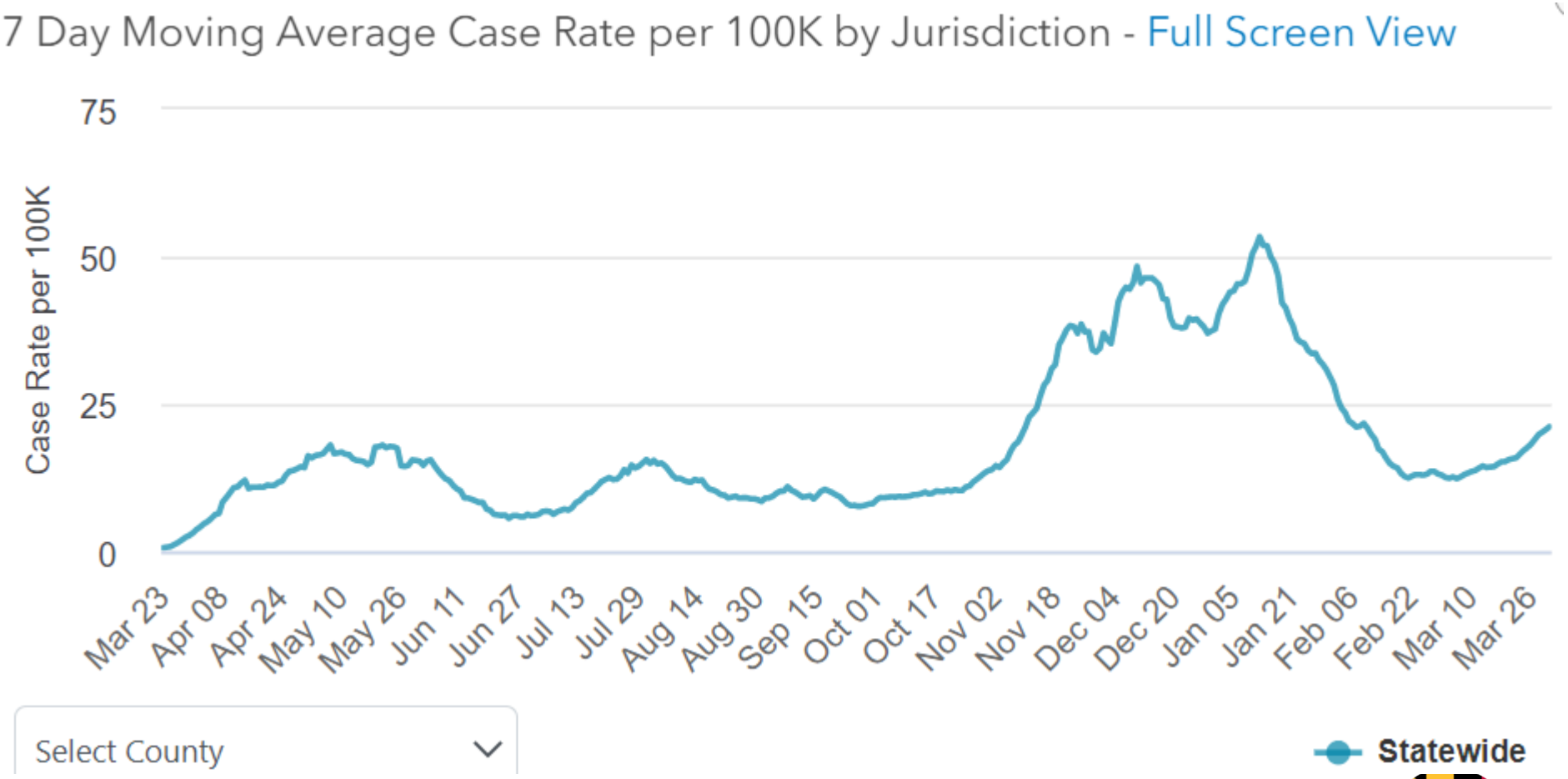
Maryland: COVID-19



3/31/21: **21.14** per 100k

Source: https://coronavirus.maryland.gov/, accessed 4/1/21

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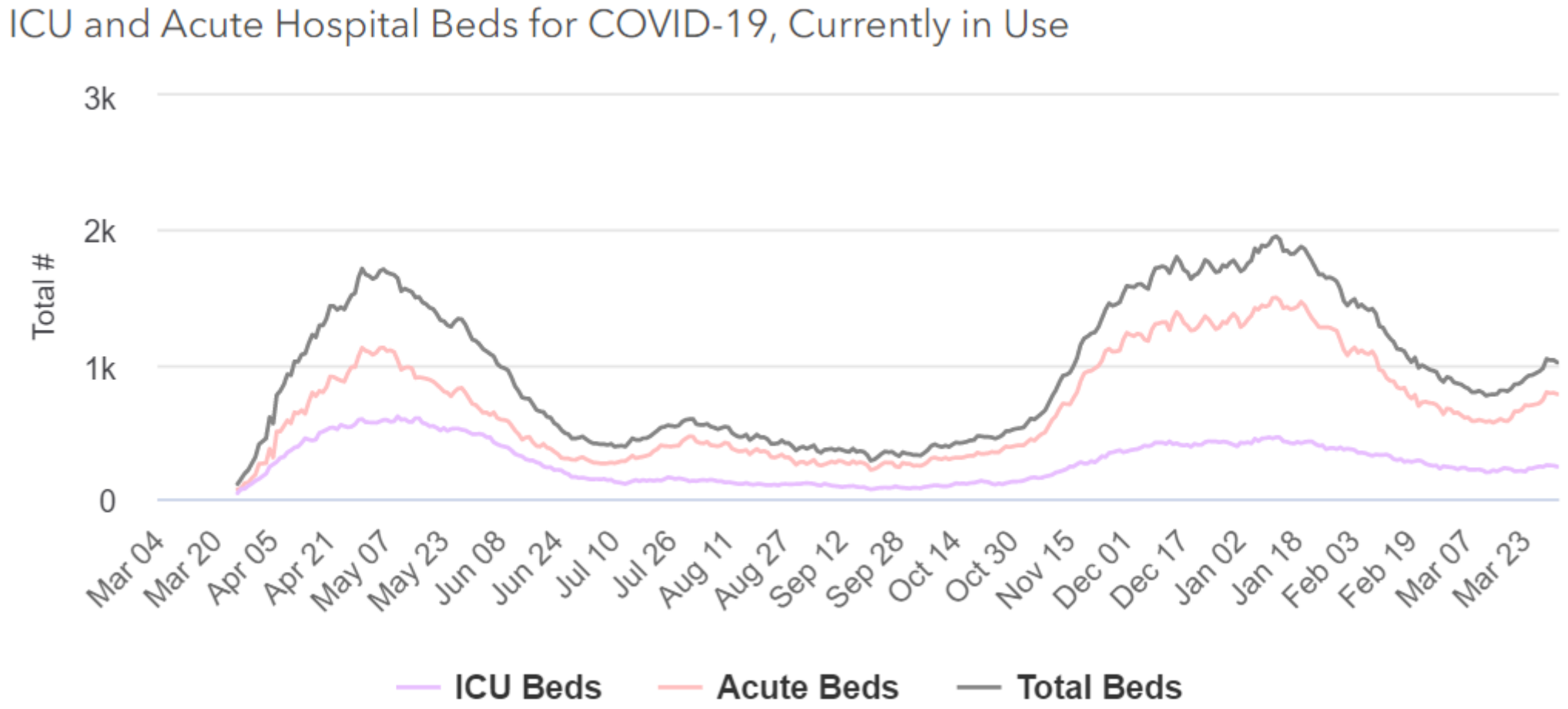
Maryland: COVID-19



Source: https://coronavirus.maryland.gov/, accessed 4/1/21

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US: COVID-19 Vaccinations

Total Vaccine Doses

Delivered	195,581,725
Administered	150,273,292

Learn more about the distribution of vaccines.

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	97,593,290	54,607,041
% of Total Population	29.4%	16.4%
Population ≥ 18 Years of Age	97,226,718	54,514,865
% of Population ≥ 18 Years of Age	37.7%	21.1%
Population ≥ 65 Years of Age	40,218,262	27,762,018
% of Population ≥ 65 Years of Age	73.5%	50.8%

About these data

CDC | Data as of: Mar 31 2021 6:00am ET | Posted: Mar 31 2021 12:39PM ET

Source: https://covid.cdc.gov/covid-data-tracker/#vaccinations accessed 4/1/21

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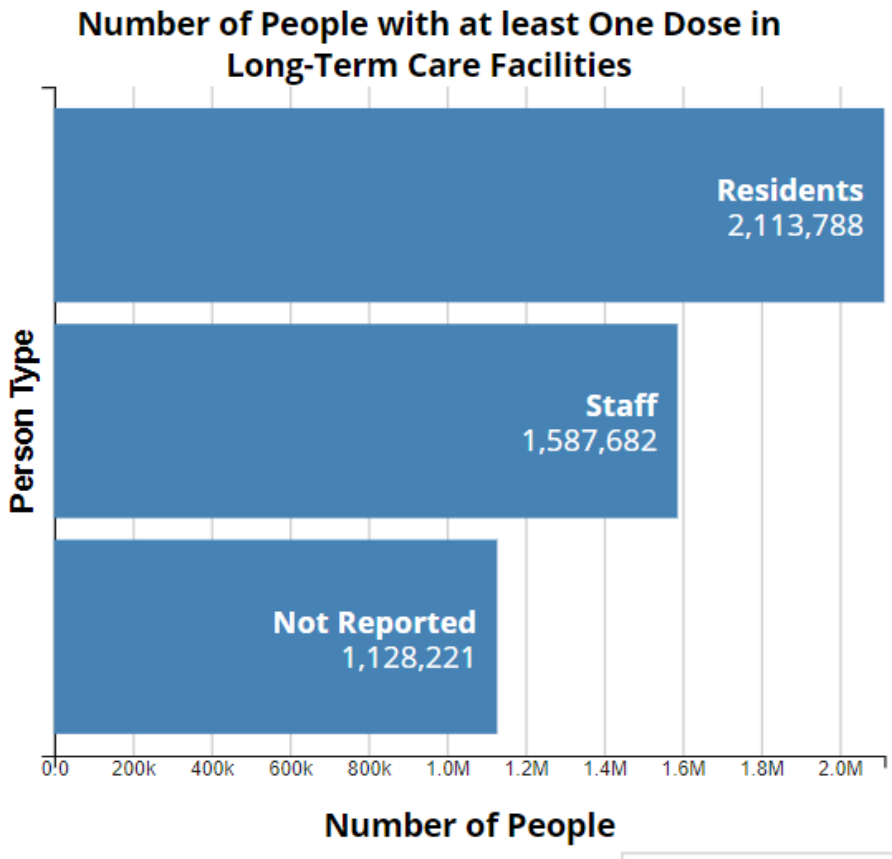
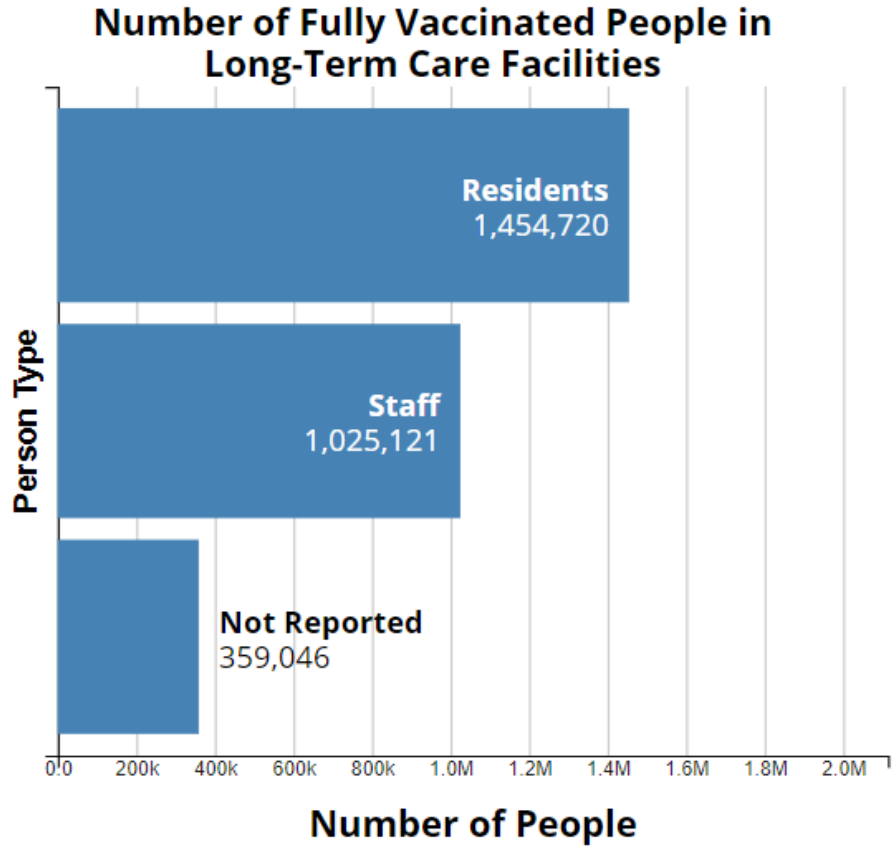
Federal Pharmacy Partnership for Long-Term Care Program Data

Total Number of Doses Administered in Long-Term Care Facilities	Number of People with at least One Dose in Long-Term Care Facilities	Number of People Fully Vaccinated in Long-Term Care Facilities
7,726,500	4,829,691	2,838,887

https://covid.cdc.gov/covid-data-tracker/#vaccinations-ltc accessed 4/1/21

Federal Pharmacy Partnership for Long-Term Care Program Data





https://covid.cdc.gov/covid-data-tracker/#vaccinations-ltc accessed 4/1/21

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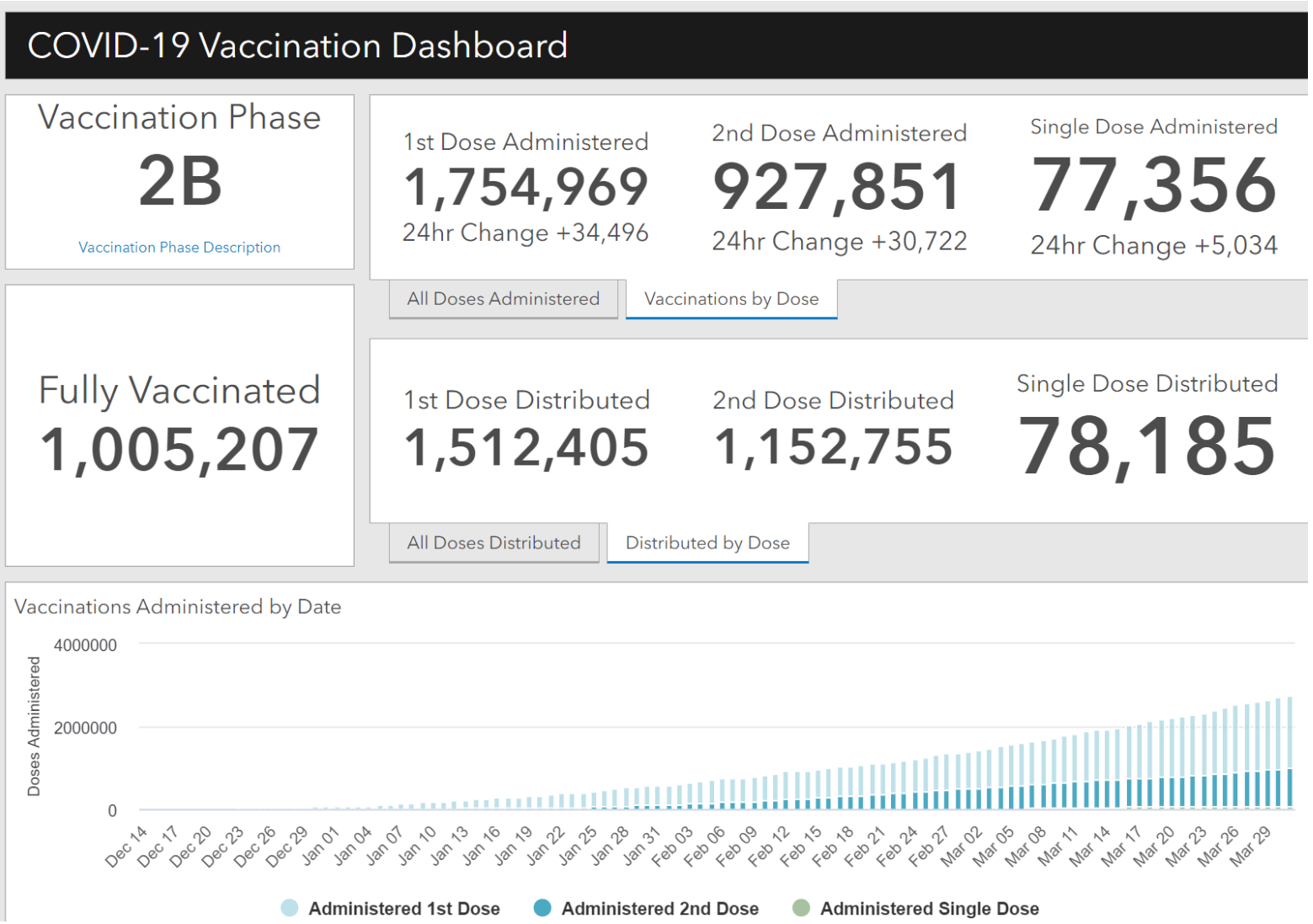
Maryland Vaccine Dashboard



https://coronavirus.maryland.gov/#Vaccine
Updated 4/1/21

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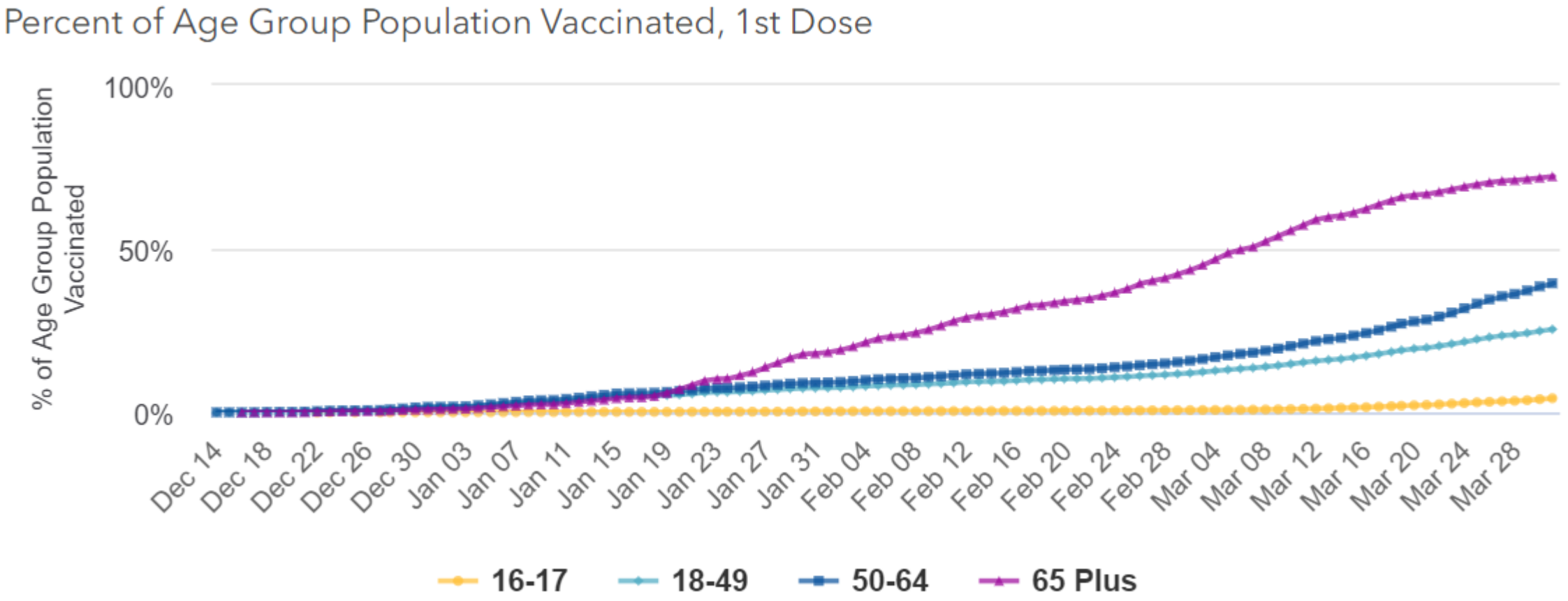
Maryland Vaccine Dashboard



https://coronavirus.maryland.gov/#Vaccine Updated 4/1/21

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Week Ending March 20, 2021

Maryland Influenza Epi Update

- Influenza-like illness (ILI) activity in Maryland was **minimal.**
- Maryland sentinel clinical laboratories tested 2,776 specimens for flu and 36 (1.3%) tested positive. Of those, 11 (31%) were influenza Type A and 25 (79%) were influenza Type B.
- The Maryland Public Health Laboratory tested 24 specimens for influenza and 0 tested positive.
- 0 influenza-associated hospitalizations were reported.
- 0 influenza-associated deaths were reported.

https://phpa.health.maryland.gov/influenza/Pages/flu-dashboard.aspx Accessed 3/31/2021

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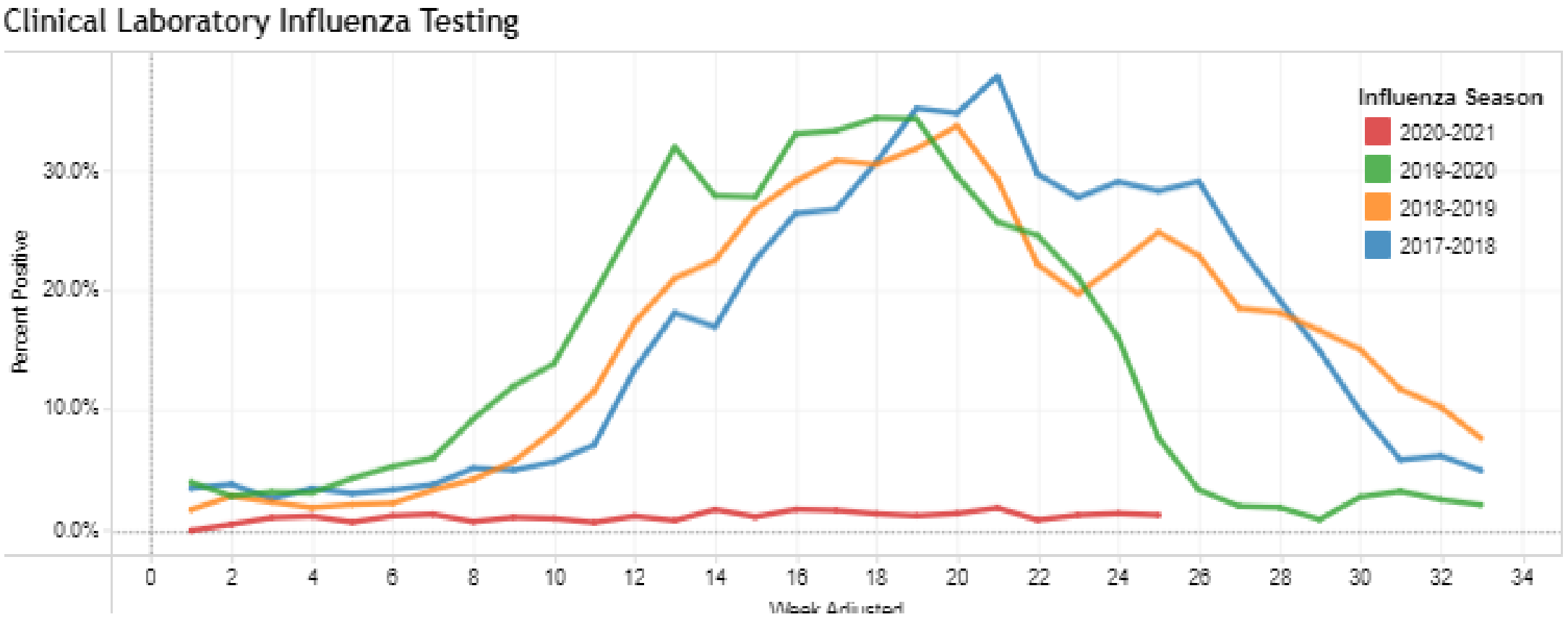
Week Ending March 20, 2021

Maryland Influenza Epi Update



https://phpa.health.maryland.gov/influenza/Pages/flu-dashboard.aspx Accessed 3/31/2021

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CDC Updates

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Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Updated 3/29/2021 https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

- Two prior guidance documents, “Responding to COVID-19 in Nursing Homes” and “Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes” were merged with this guidance.
- The criteria for health department notification was updated to be consistent with Council of State and Territorial Epidemiologist (CSTE) guidance for reporting.
- Information on the importance of vaccinating residents and healthcare personnel (HCP) was added along with links to vaccination resources.
- Visitation and physical distancing measures were updated.
- Added proper use and handling of personal protective equipment (PPE).
- Added universal PPE use to align with the interim infection prevention and control guidance for HCP.

Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Updated 3/29/2021 https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

- Added considerations for situations when it might be appropriate to keep the room door open for a resident with suspected or confirmed SARS-CoV-2 infection.
- A description was included about when it may be appropriate for a resident with a suspected SARS-CoV-2 infection to “shelter-in-place.”
- Added management of residents who had close contact with someone with SARS-CoV-2 infection which includes a description of quarantine recommendations including resident placement, recommended PPE, and duration of quarantine.
- Added addressing circumstances when quarantine is recommended for residents who leave the facility.
- Added responding to a newly identified SARS-CoV-2-infected HCP or resident.
- Added addressing quarantine and work exclusion considerations for asymptomatic residents and HCP who are within 90 days of resolved infection

Provide Supplies Necessary to Adhere to Recommended IP&C Practices

- Hand Hygiene Supplies:
  - Put FDA-approved alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).
- Personal Protective Equipment (PPE):
  - Make necessary PPE available in areas where resident care is provided. Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback, promoting appropriate use by staff.

Educate Residents, Healthcare Personnel, and Visitors about SARS-CoV-2

- Reinforce sick leave policies and **remind HCP not to report to work when ill.**
- Reinforce adherence to standard IPC measures including hand hygiene and selection and correct use of PPE. Have HCP demonstrate competency with putting on and removing PPE and monitor adherence by observing their resident care activities.
  - CDC has training resources for front-line staff that can be used to reinforce recommended practices for preventing transmission of SARS-CoV-2 and other pathogens.

CDC: CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents

- STAFF:
  - Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for the following fully vaccinated HCP populations with higher-risk exposures should still be considered for HCP who have underlying immunocompromising conditions.
  - HCP who have traveled should continue to follow CDC travel recommendations and requirements, including restriction from work, when recommended for any traveler.
- RESIDENTS:
  - Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection.

CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

SARS-CoV-2 Testing and Use of Personal Protective Equipment (PPE)

- Recommendations for SARS-CoV-2 testing for HCP, residents and patients remain unchanged.
- Recommendations for use of personal protective equipment by HCP remain unchanged.

***REMINDER: if someone tests positive, they must isolate until the requirements to discontinue isolation/TBP have been met- regardless of vaccination status!**

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Source Control and Distancing Measures

- Residents, if tolerated, should wear a well-fitting form of source control upon arrival and throughout their stay in the facility. Residents may remove their source control when in their rooms but should put it back on when around others (e.g., HCP or visitors enter the room) and whenever they leave their room, including when in common areas or when outside of the facility.
- HCP should wear well-fitting source control at all times while they are in the healthcare facility, **including in breakrooms or other spaces where they might encounter co-workers**.

Source Control and Distancing Measures

- Although most care activities require close physical contact between residents and HCP, when possible, maintaining physical distance between people (at least 6 feet) is an important strategy to prevent SARS-CoV-2 transmission.

- Remind HCP to practice physical distancing and wear source control when in break rooms or common areas.

Source Control and Distancing Measures

For residents who do not have current suspected or confirmed SARS-CoV-2 infection, those who have fully recovered, and who have not had close contact with a person with SARS-CoV-2 infection:

- **Communal dining and group activities at the facility:**
  - As activities are occurring in communal spaces and could involve individuals who have not been fully vaccinated, residents should practice physical distancing, wear source control (if tolerated), and perform frequent hand hygiene.

Source Control and Distancing Measures

For residents who do not have current suspected or confirmed SARS-CoV-2 infection, those who have fully recovered, and who have not had close contact with a person with SARS-CoV-2 infection:

- **Social excursions outside the facility:**
  - Residents and their families should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces.
  - They should practice physical distancing, wear source control (if tolerated), and perform frequent hand hygiene.
  - Considerations for fully vaccinated residents who are visiting friends or family in a private setting outside the facility are described in the Interim Public Health Recommendations for Fully Vaccinated People

Plans for Residents who Leave the Facility

- Residents who leave the facility should be reminded to follow all recommended IPC practices including source control, physical distancing, and hand hygiene and to encourage those around them to do the same.
  - Individuals accompanying residents (e.g., transport personnel, family members) should also be educated about these IPC practices and should assist the resident with adherence.
- For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) is essential to help identify residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.
- In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection.
  - Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine.
- Facilities might consider quarantining residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures.

Cohorting and Quarantine

- Ideally a resident with suspected SARS-CoV-2 infection should be moved to a single-person room with a private bathroom while test results are pending.
  - In general, it is recommended that the door to the room remain closed to reduce transmission of SARS-CoV-2. This is especially important for residents with suspected or confirmed SARS-CoV-2 infection being cared for outside of the COVID-19 care unit. However, in some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway.
- If limited single rooms are available or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should shelter-in-place at their current location pending return of test results.

Cohorting and Quarantine

- Residents in quarantine should be placed in a single-person room.
  - If limited single rooms are available or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should shelter-in-place at their current location while being monitored for evidence of SARS-CoV-2 infection.
- Residents should only be placed in a COVID-19 care unit if they have confirmed SARS-CoV-2 infection. Placing a resident without confirmed SARS-CoV-2 infection (i.e., with symptoms concerning for COVID-19 pending testing or with known exposure) in a dedicated COVID-19 care unit could put them at higher risk of exposure to SARS-CoV-2.

New Admissions

- Residents with **confirmed SARS-CoV-2 infection** who have **not met** criteria for discontinuation of Transmission-Based Precautions should be placed in the designated COVID-19 care unit.
- In general, all other new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission.
  - Exceptions include residents within 3 months of a SARS-CoV-2 infection and fully vaccinated residents as described in CDC's Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination*.
- Facilities located in areas with minimal to no community transmission might elect to use a risk-based approach for determining which residents require quarantine upon admission.
- **At the time of this webinar, MDH guidance requiring 14-day quarantine for all new admissions regardless of vaccination status is still in effect.*

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Considerations for Residents and HCP who are within 3 months of prior infection

- CDC currently recommends that asymptomatic residents who have recovered and are within 3 months of a positive test for SARS-CoV-2 infection may not need to be quarantined or tested following re-exposure to someone with SARS-CoV-2 infection. Exceptions could include:
  - Residents with underlying immunocompromising conditions who might have an increased risk for reinfection.
  - Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).
  - Residents for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant (e.g., exposed to a person known to be infected with a novel variant) for which the risk of reinfection might be higher.

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Skilled Nursing Home Vaccine

Dr. Melissa Welch

April 1, 2021

Interim Solution for Vaccinating Residents & Staff

- Mobilize Congregate Setting Task Force
  - Teams will be providing Johnson & Johnson COVID-19 vaccines
  - The number of vaccines needed for residents and staff were obtained from the recent survey sent to each facility March 26, 2021
  - Expect an email at least 48 hours prior to vaccine clinic with the unique identifier that will enable the staff and residents to be registered
  - All individuals will need to be registered in PrepMod prior to team's arrival
  - Congregate team member will notify the facility 24 hours prior to arrival to confirm the number that have been registered
  - The team will arrive at each SNF with the confirmed number of vaccines

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Interim Timeline

- Will start vaccine clinic April 2, 2021
- Teams will only be at a facility for a predetermined time based on the number on residents & staff registered to administer the J & J vaccines
- Teams will continue vaccine clinics until all SNF's who have requested vaccines have received a clinic day
- Long term plan in place to continue to vaccinate new residents and staff

Animals and COVID-19

David Crum DVM, MPH
State Public Health Veterinarian
Chief, Center for Zoonotic and Vector-borne Diseases

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Overview

- Current Situation
- General Guidance
- Therapy animals
- Resources

Source: CDC

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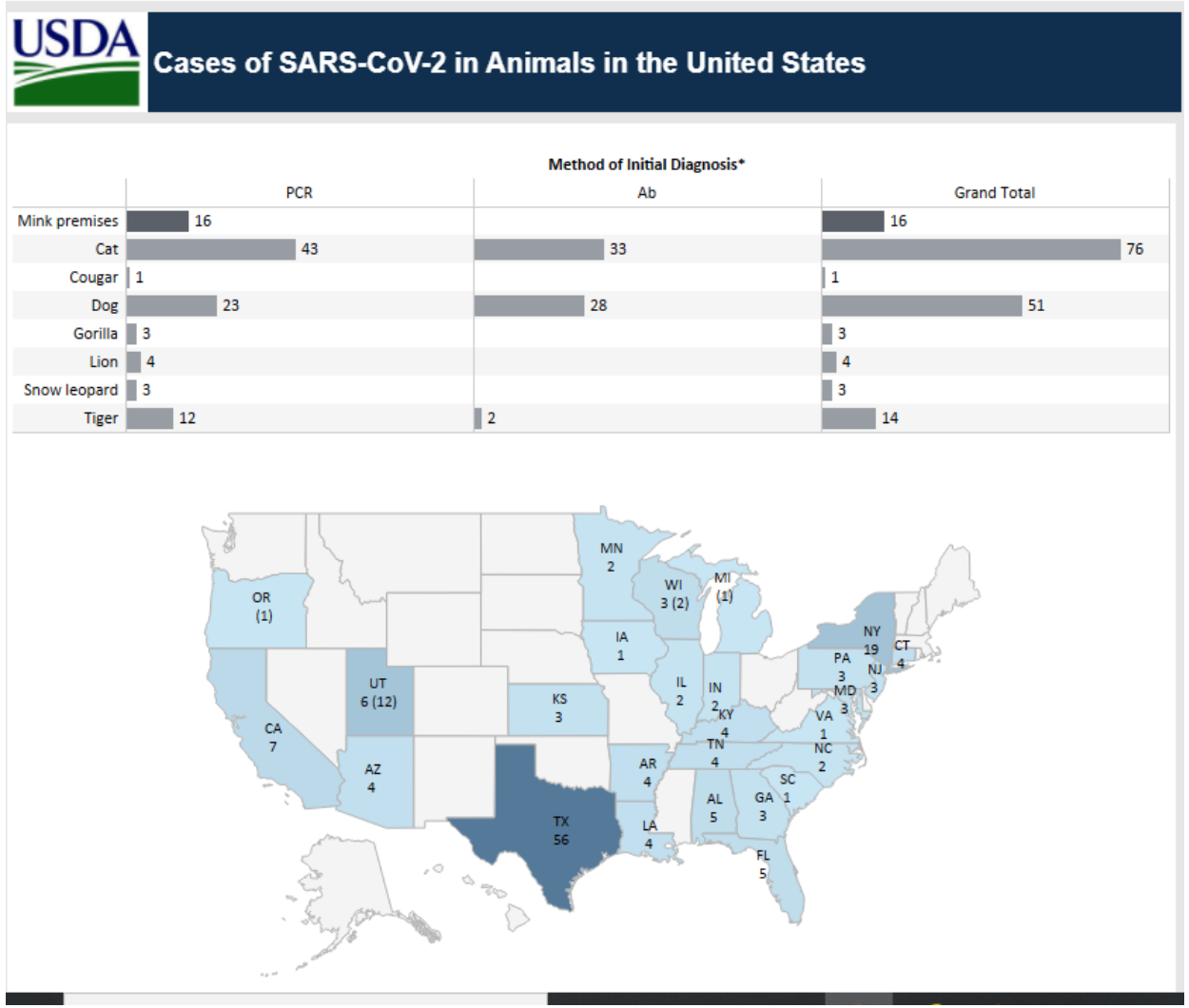
Current Situation



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Current Situation

Forbes

See if you're ready for the Data Age | Avoid these cloud strategy pi

CORONAVIRUS | Mar 23, 2021, 06:22am EST | 2,955 views

B.1.1.7 Variant Found In Animals—Are People At Risk Of Catching A Covid-19 Variant From Their Pets?

Robert Glatter, MD Contributor

Healthcare

I cover breaking news in medicine, med tech and public health

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General Guidance

- Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low
- It appears that the virus that causes COVID-19 can spread from people to animals in some situations
- **There is no evidence that the virus can spread to people from the skin, fur, or hair of pets**

Source: CDC

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General Guidance

- Consider local levels of COVID-19 transmission when evaluating the risk to yourself, your animal, and the people you might come into contact with
- When deciding if it is safe to visit a household/facility, refer to CDC guidance *When You Can be Around Others After You Had or Likely Had COVID-19*

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General Guidance

- Do not wipe or bathe therapy or service animals with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners
- Do not put masks on therapy or service animals

Source: CDC

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General Guidance

- Disinfect items such as toys, collars, leashes, harnesses, therapy vests and scarves, and food/water bowls frequently
- Before and after every contact, the handler and anyone having contact with the animal should wash their hands
- Encourage people to talk to a veterinarian if they have questions regarding the health of their animal

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Therapy Animals

- Do not take therapy animals to visits if the animal is sick or has tested positive for the virus that causes COVID-19
- When possible, keep animals at least 6 feet away from people and animals not participating in the visit
- Handlers and participants should wear a mask during the visit

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Therapy Animals

- People with symptoms of COVID-19 should not touch, be close to, or interact with therapy animals. If someone was sick with COVID-19, they should wait until they fully recover to interact with therapy animals
- Do not use items that multiple people handle, particularly if items are brought to multiple facilities between therapy visits (for example, leashes, harnesses, toys, or blankets)

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Therapy Animals

- Do not let other people handle items that go into the animal's mouth, such as toys and treats
- Do not allow therapy animals to lick or give 'kisses'

Source: CDC

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Resources

- Therapy Animals

  https://www.avma.org/resources-tools/animal-health-welfare/service-emotional-support-and-therapy-animals

- When You Can be Around Others After You Had or Likely Had COVID-19

  https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html

- COVID-19 Cleaning and Disinfecting

  https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

- Pets and COVID-19

  https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/pets.html

- COVID-19 FAQ

  https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID-19-and-Animals

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Questions?

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Next Week: Ventilation in LTCFs

Submit questions for our subject matter expert to mdh.ipcovid@maryland.gov

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Questions?

MDH.IPCOVID@maryland.gov

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