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

Maryland Department of Health

Infectious Disease Epidemiology and Outbreak Response Bureau

February 18th, 2021

Call Agenda

- Maryland Epi Updates
- CDC Updates
- MDH Updates
- Safer Vaccine Clinics
- FAQs
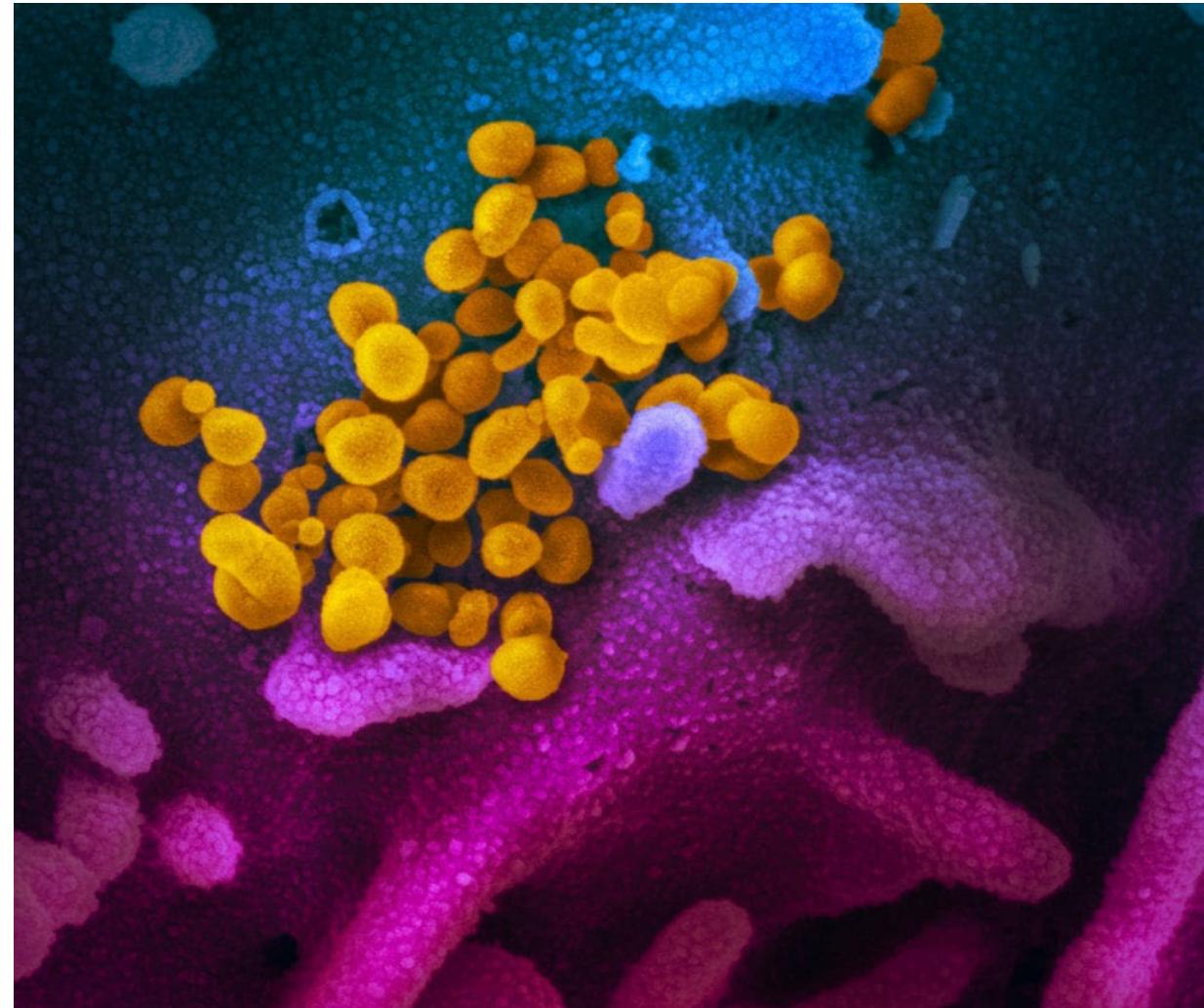
COVID-19 Epi Summary

Worldwide: COVID-19

Map Map

Cases Deaths

Total

209,040
new cases

109,426,406
confirmed cases

2,419,363
deaths

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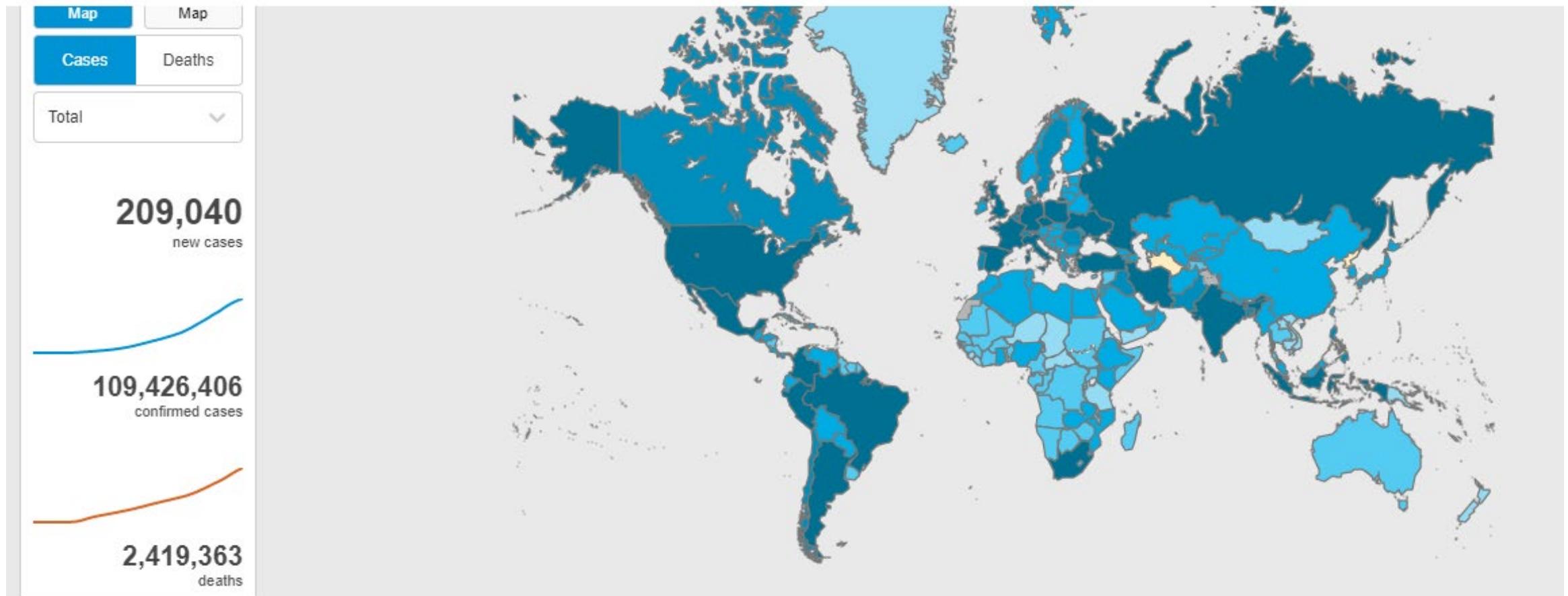
U.S.: COVID-19

| TOTAL CASES	AVERAGE DAILY CASES PER 100K IN LAST 7 DAYS	TOTAL DEATHS
27,600,391	24.5	486,466
+57,970 New Cases		+1,396 New Deaths

CDC | Updated: Feb 17 2021 1:35PM

Source: CDC, https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days, accessed February 18, 2021

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Daily US Trends in COVID-19 Cases

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 February 18, 2021

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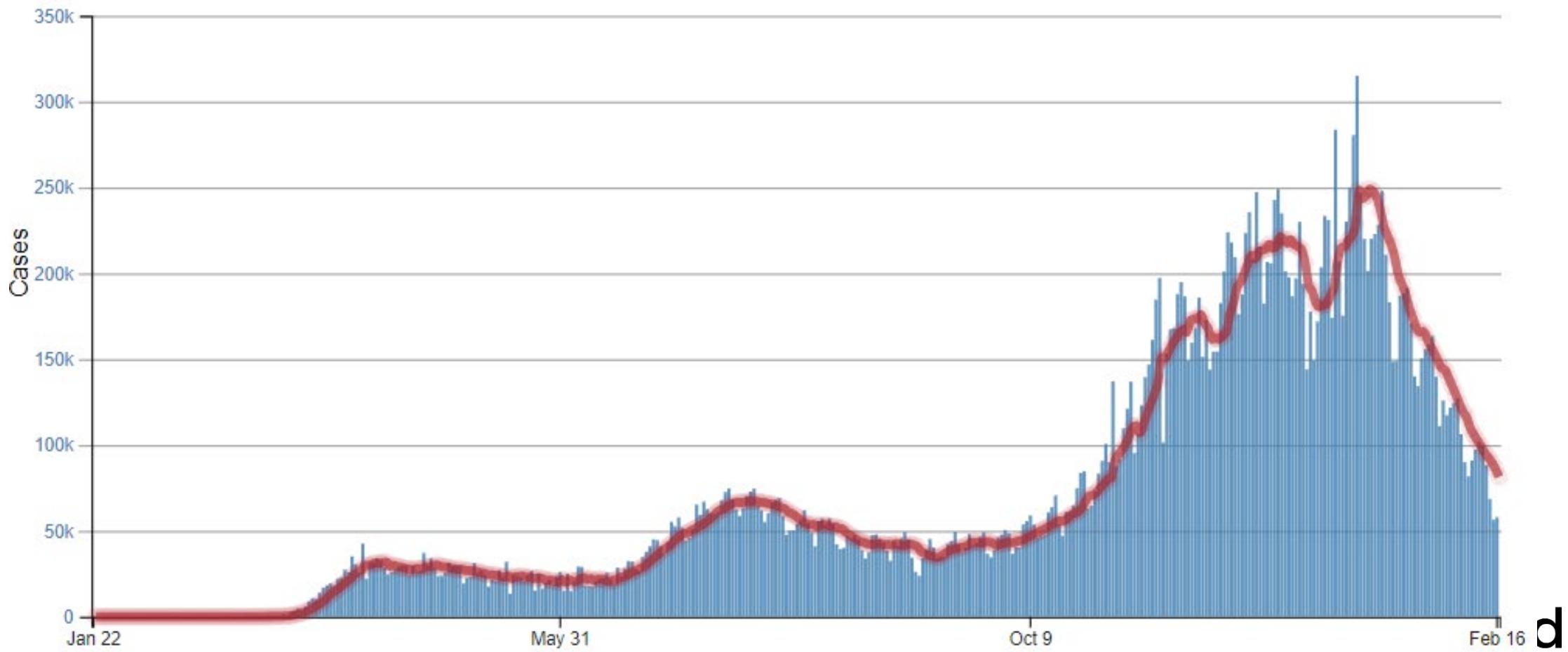
US: COVID-19 Vaccinations

Total Doses Delivered	Total Doses Administered	Number of People Receiving 1 or More Doses	Number of People Receiving 2 Doses
72,423,125	56,281,827	40,268,009	15,471,536

CDC | Data as of: Feb 17 2021 6:00am ET | Posted: Feb 17 2021 1:35PM ET

Source: https://covid.cdc.gov/covid-data-tracker/#vaccinations accessed February 18, 2021

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Maryland: COVID-19

Confirmed Cases	Persons Tested Negative	Testing Volume	Testing % Positive	Confirmed Deaths	Currently Hospitalized
373,966	**2,944,984**	**7,555,013**	**4.13%**	**7,479**	**1,048**
24hr Change: +986	24hr Change: +6,568	24hr Change: +35,950	24hr Change: -0.04	24hr Change: +30	24hr Change: -48

Source: https://coronavirus.maryland.gov/, accessed February 18, 2021

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Maryland: COVID-19

Confirmed Cases, Total over Time

Cases, Total Reported

Source: https://coronavirus.maryland.gov/, accessed February 18, 2021
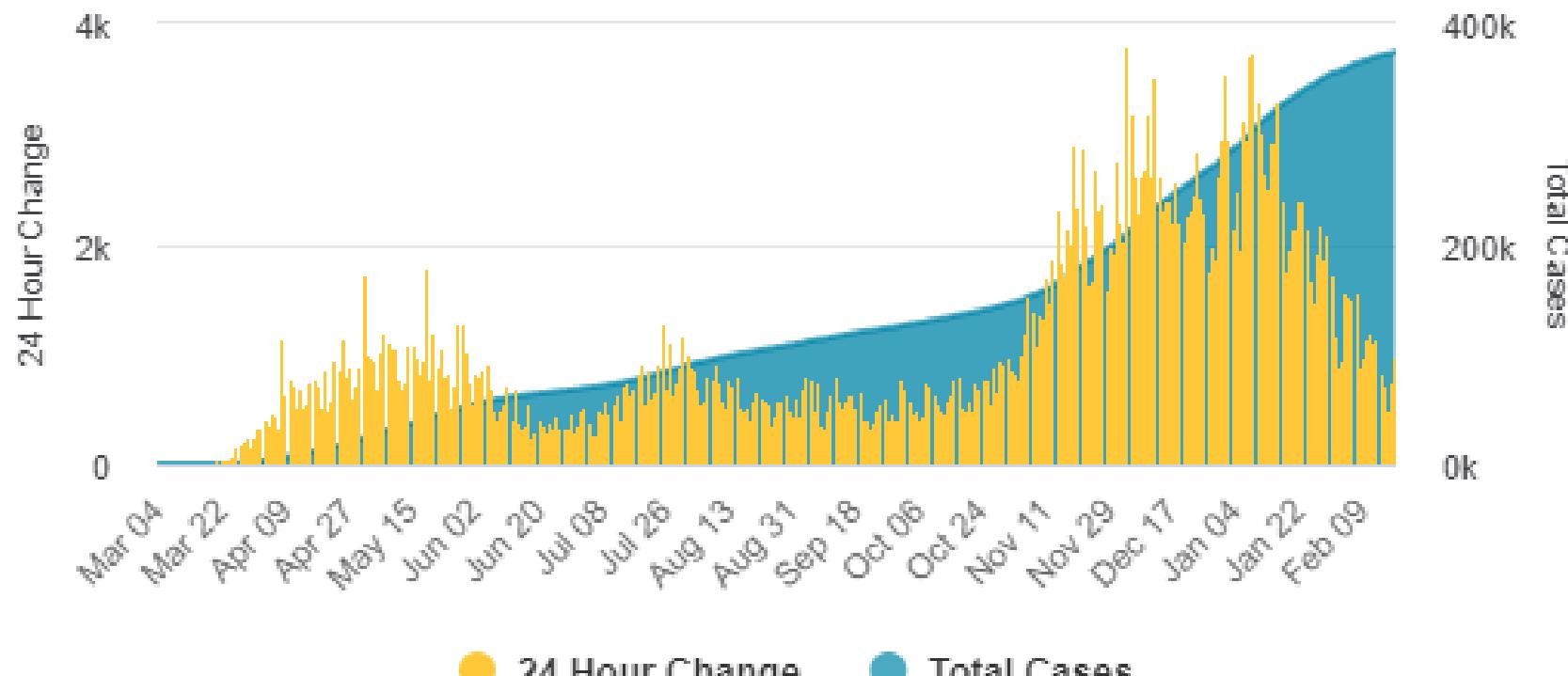
Maryland: COVID-19

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

- Methodology
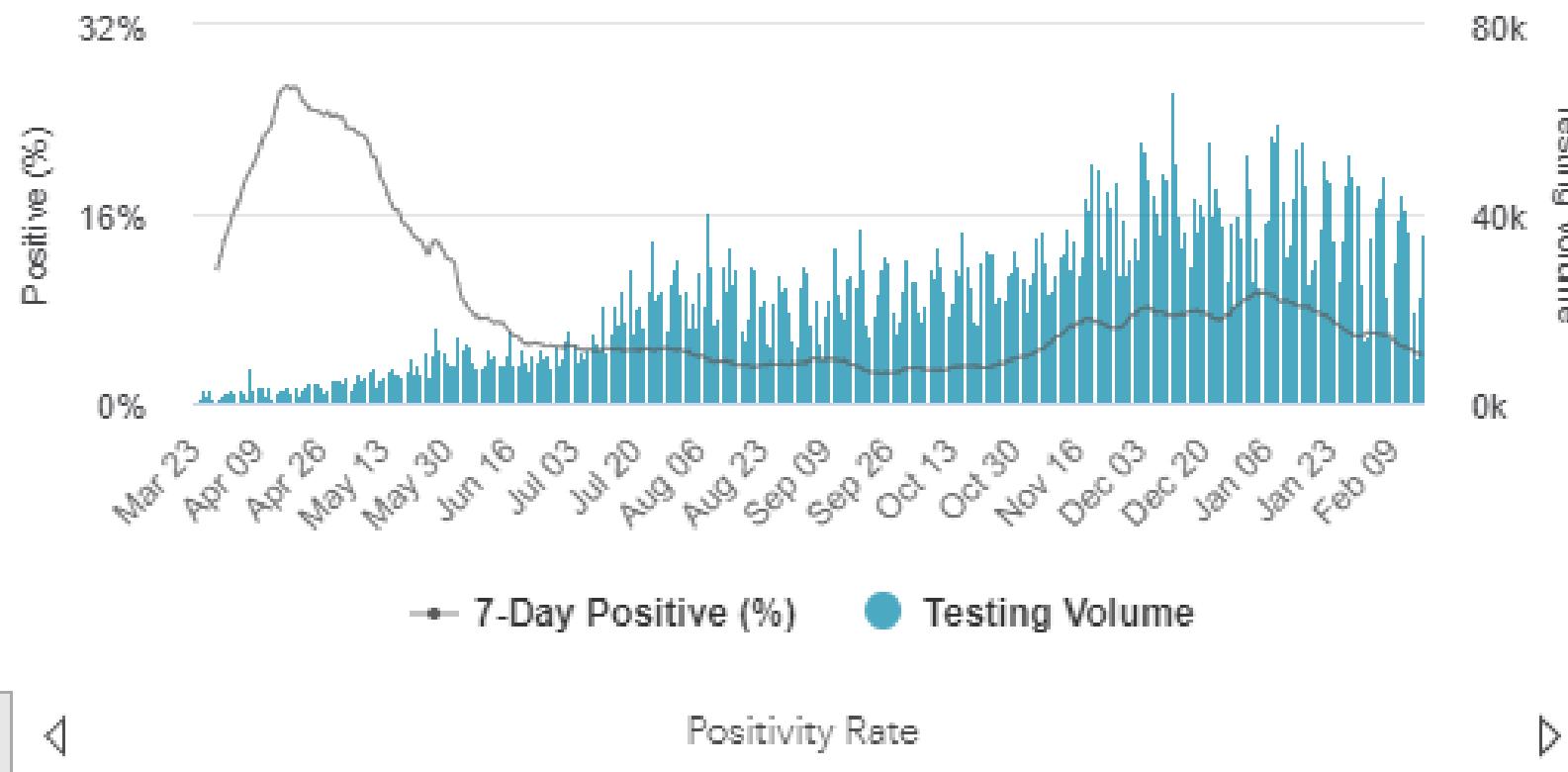
Source: https://coronavirus.maryland.gov/, accessed February 18, 2021

Maryland: COVID-19

Source: https://coronavirus.maryland.gov/, accessed February 18, 2021
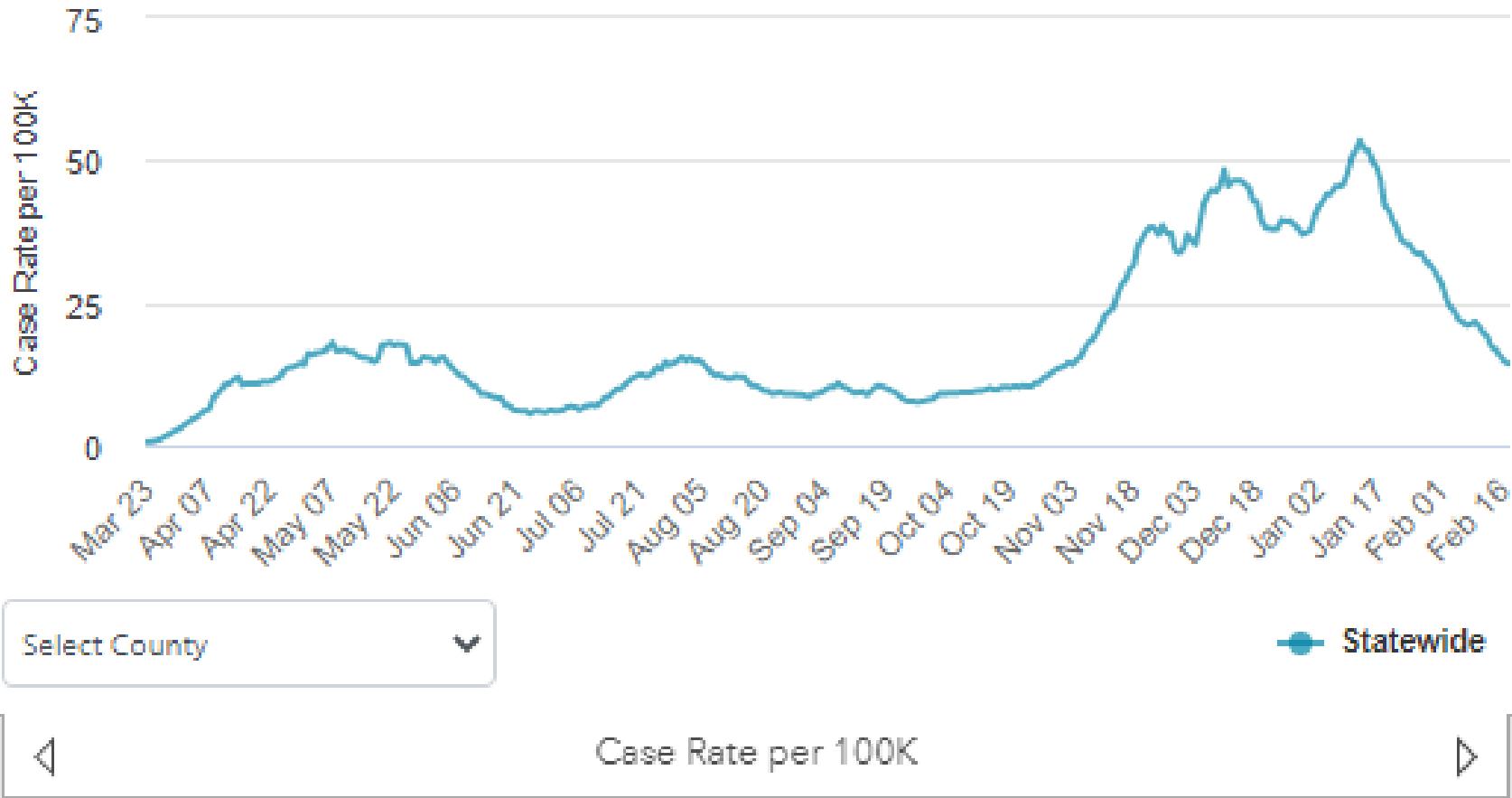
Maryland: COVID-19

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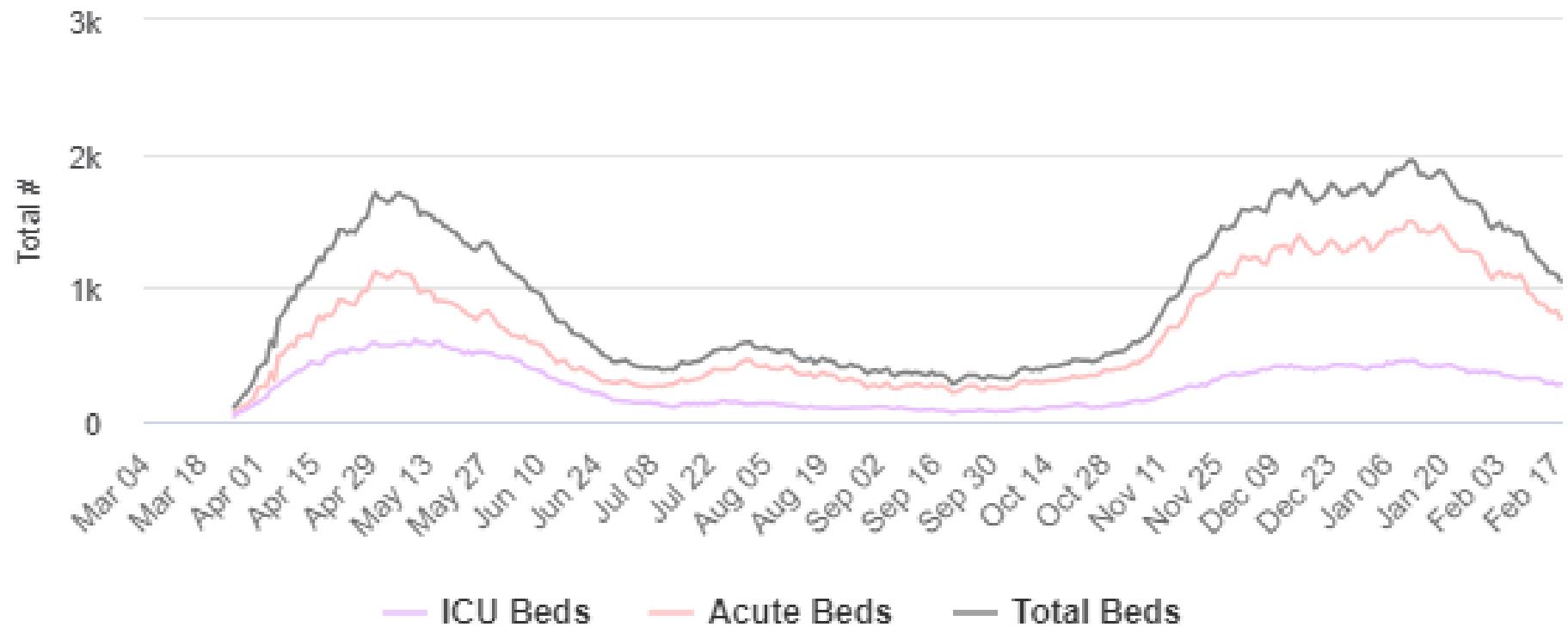
Hospitalizations, Current

Source: https://coronavirus.maryland.gov/, accessed February 18, 2021

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Maryland Hospital Capacity

COVID-19 Hospital Patients and Capacity

Legend:
- — 85% of Staffed Beds
- ● Other ICU Patients
- ● COVID ICU Patients
- ● Other Acute Patients
- ● COVID Acute Patients

Hospital Capacity

Source: https://coronavirus.maryland.gov/, accessed February 18, 2021

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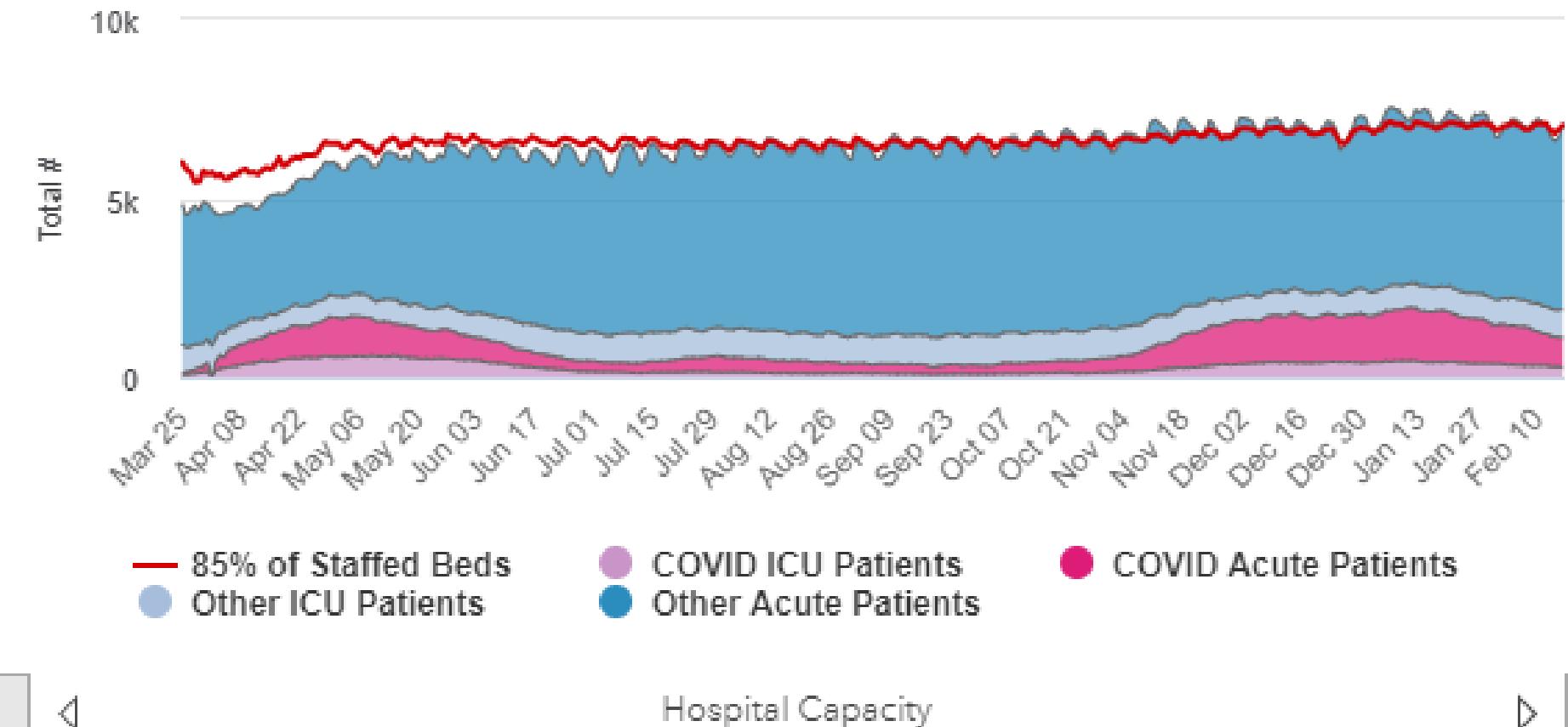
Maryland: COVID-19

Confirmed and Probable Deaths, Totals by Date of Death

Deaths by Date of Death

Source: https://coronavirus.maryland.gov/, accessed February 18, 2021
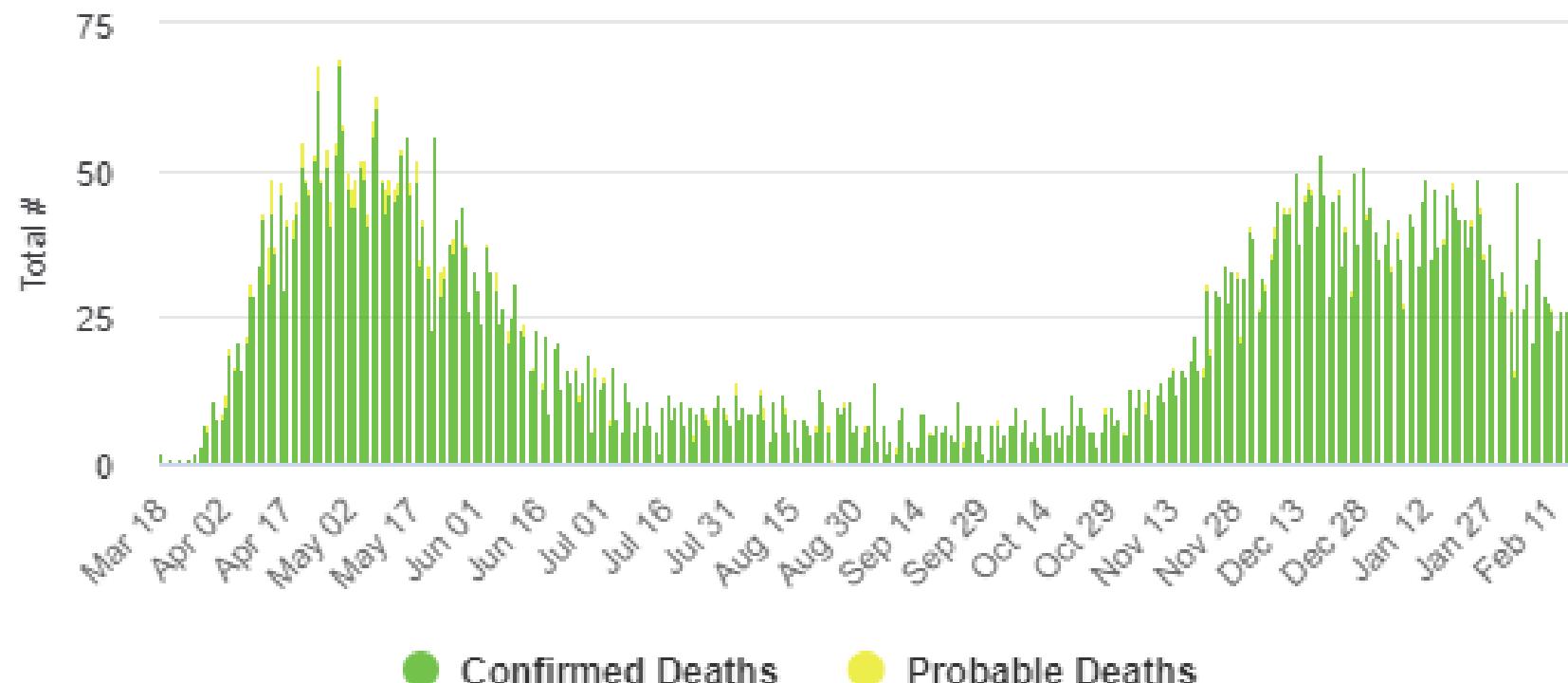
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Variants of Concern

- In Maryland 2/18/21
- B.1.1.7: 47 cases
- B.1.351: 8 cases
- P.1: 1 case

US COVID-19 Cases Caused by Variants

Updated Feb. 16, 2021 Languages ▾ Print

Variant	Reported Cases in US	Number of States Reporting
B.1.1.7	1277	42
B.1.351	19	10
P.1	3	2

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Maryland Vaccine Dashboard

https://coronavirus.maryland.gov/
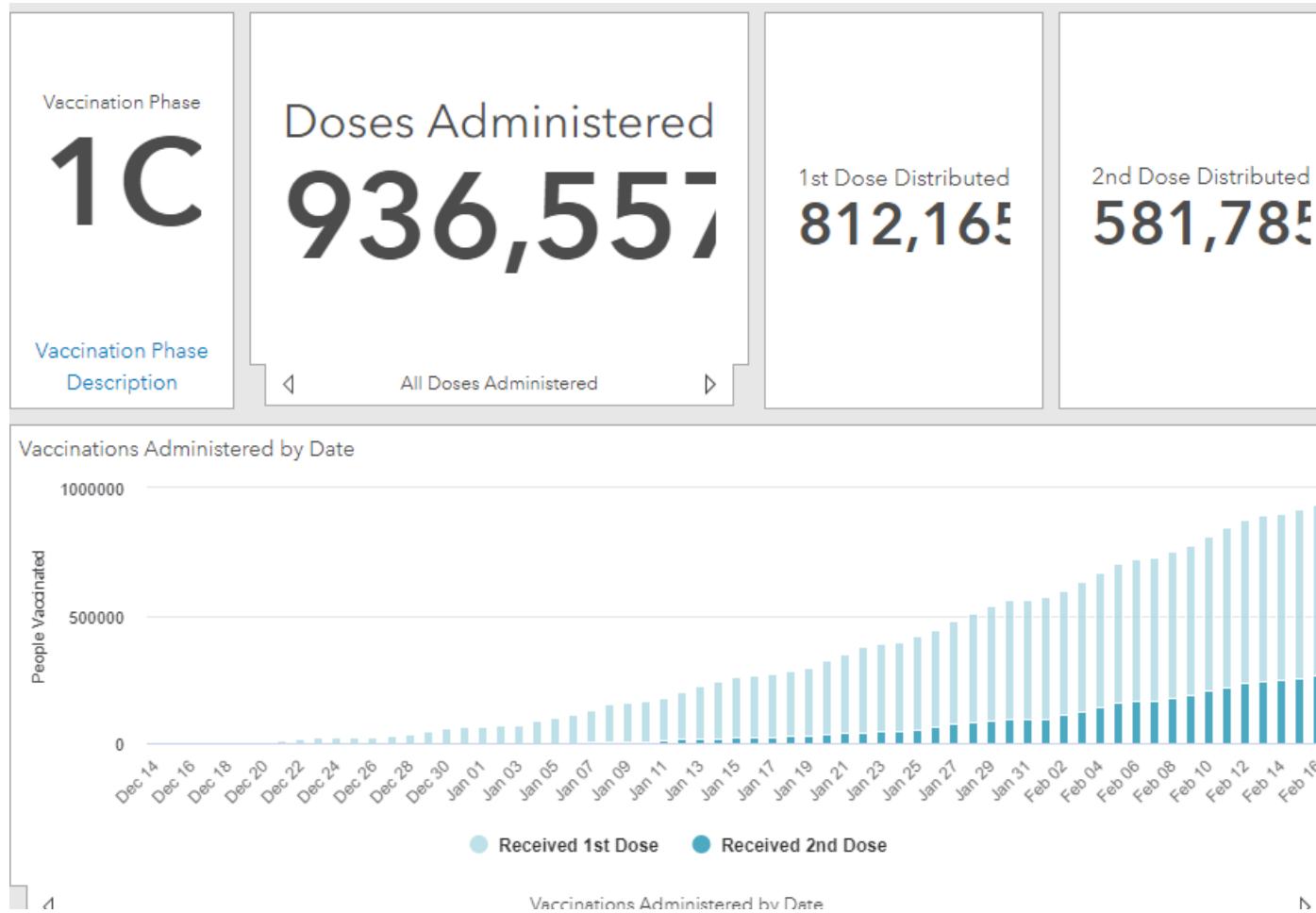
Maryland Influenza Epi Update

Week Ending February 6th, 2021

Influenza-like illness (ILI) activity in Maryland was **minimal**

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Clinical Laboratory Influenza Testing
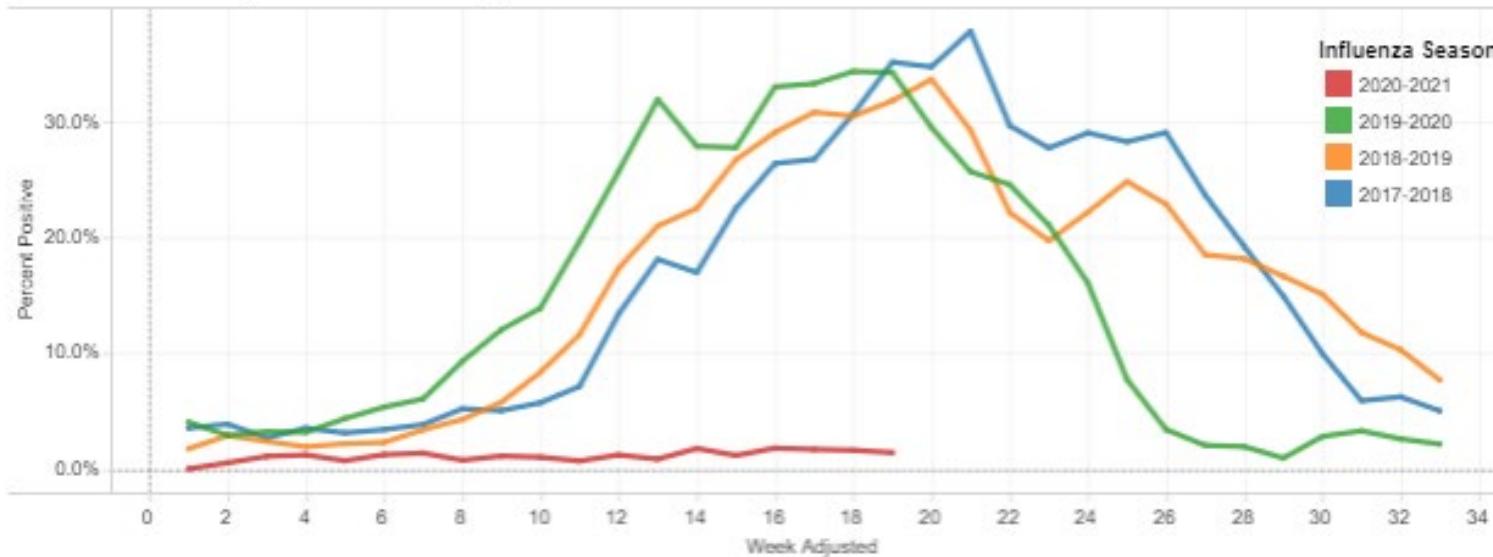
Proportion of Positive Influenza Tests Performed by Clinical Labs

https://phpa.health.maryland.gov/influenza/Pages/flu-dashboard.aspx
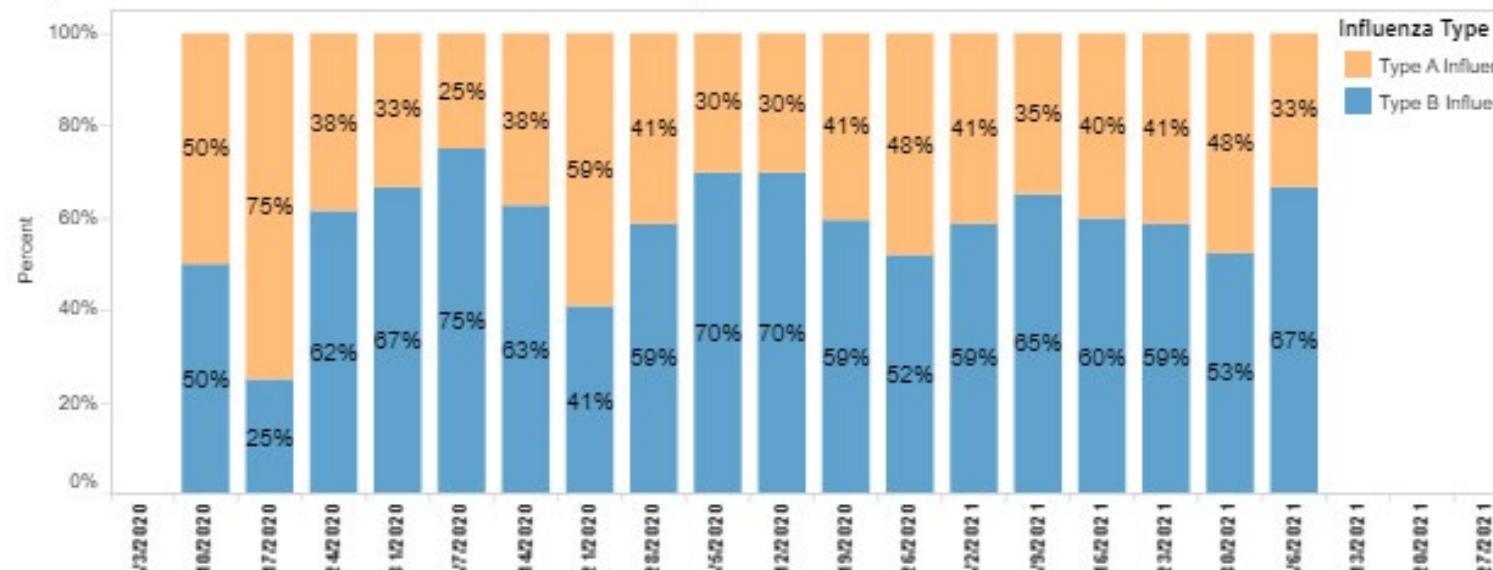
Influenza-associated Hospitalizations
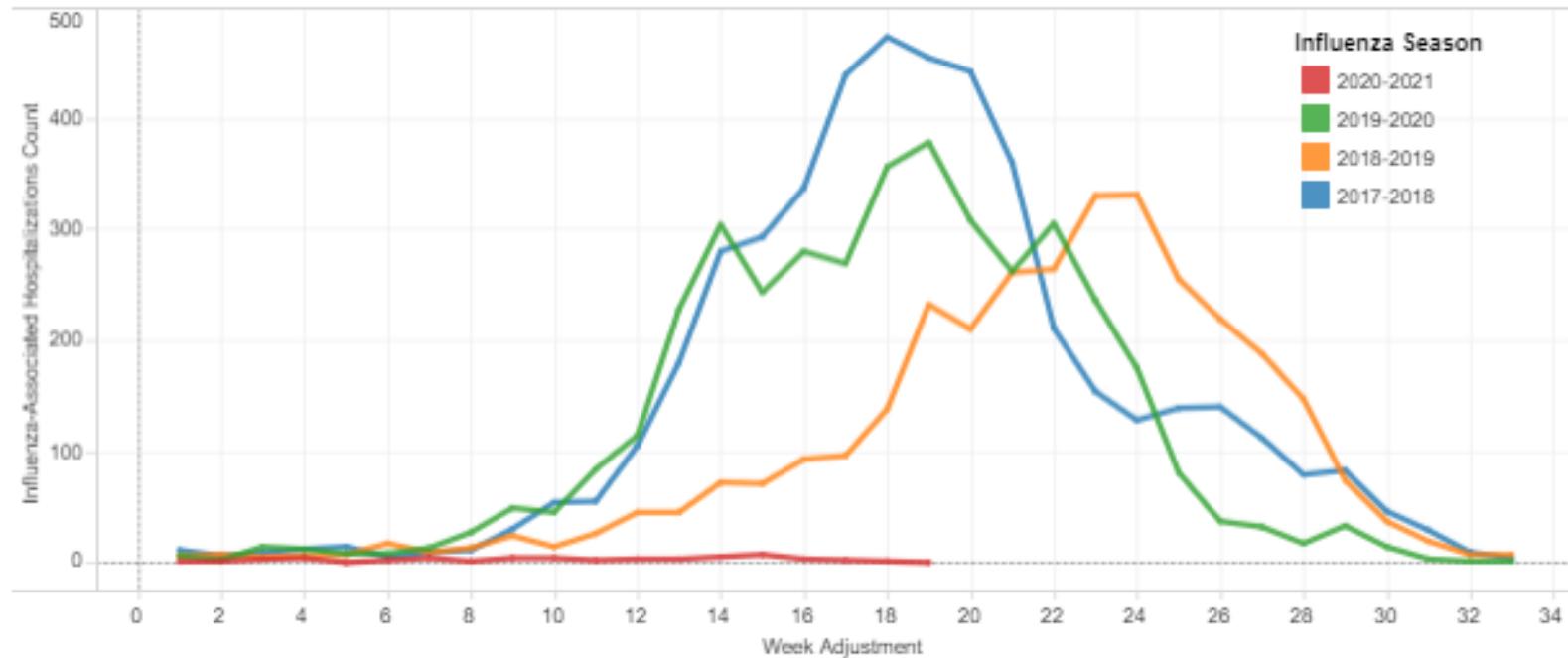
Influenza-Associated Hospitalization by Age Group

| Age Group	This Week Number	This Week Percent	Last Week Number	Last Week Percent	This Season Number	This Season Percent
0-4	0		0	0%	2	4%
5-24	0		0	0%	2	4%
25-49	0		0	0%	10	20%
50-64	0		0	0%	10	20%
65+	0		1	100%	26	52%
Grand Total	0		1	100%	50	100%

Influenza-Associated Hospitalization by Gender

Gender	
Female	28
Male	23

Influenza-Associated Hospitalization by Race

Race	
African American or Black	22
White	24
Other	5

Influenza-Associated Hospitalization by Ethnicity

Ethnicity	
Hispanic or Latino	6
Non Hispanic or Latino	45

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CDC Updates

Early COVID-19 Vaccine Coverage in Skilled Nursing Facilities

- Data from 11,460 SNFs who had at least one vaccine clinic with the federal CDC Pharmacy Partnership for Long Term Care between 12/18/20 and 1/17/21

- For residents: Median 77.5% received at least one dose
  - Range by state 65.7%-100%

- For staff: Median 37.5% received at least one dose
  - Range by state 19.4% -67.4%

https://www.cdc.gov/mmwr/volumes/70/wr/mm7005e2.htm

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FIGURE 1. Estimated percentage* of residents† and staff members§ at skilled nursing facilities¶ enrolled in the Pharmacy Partnership for Long-Term Care Program who received ≥1 dose of COVID-19 vaccine — United States, December 18, 2020–January 17, 2021

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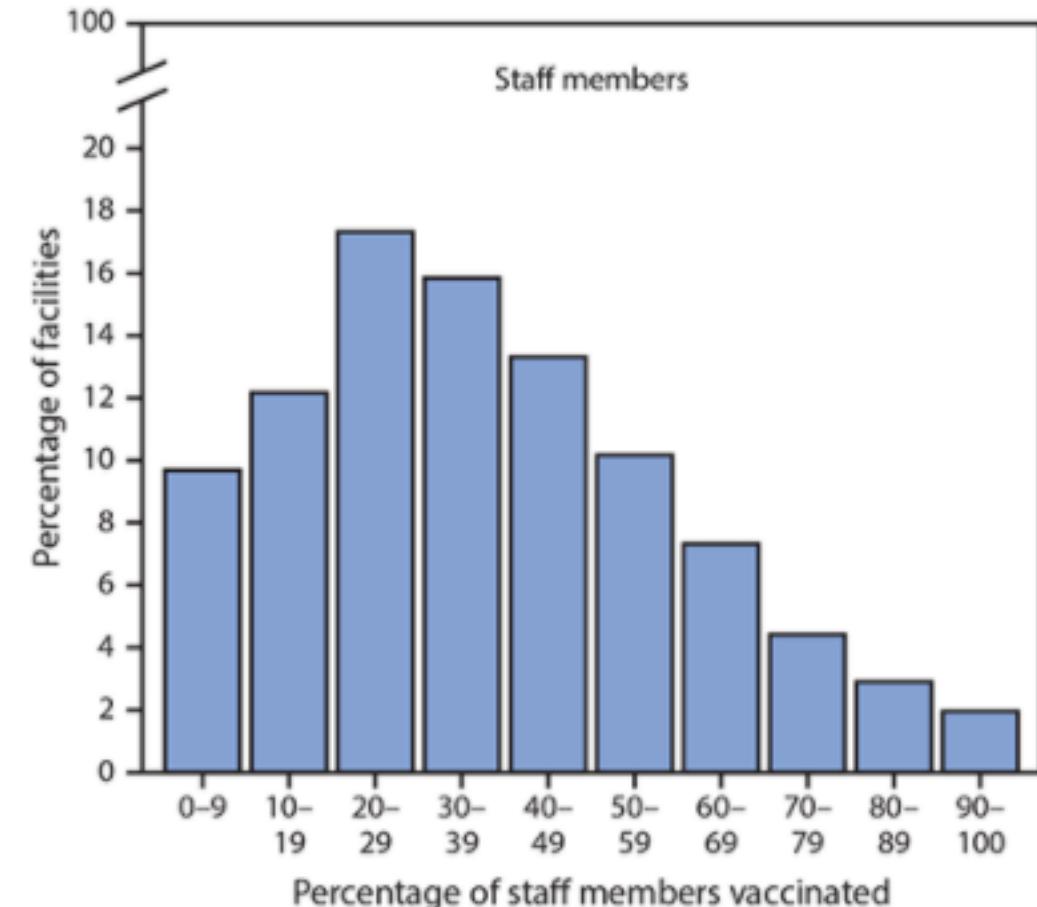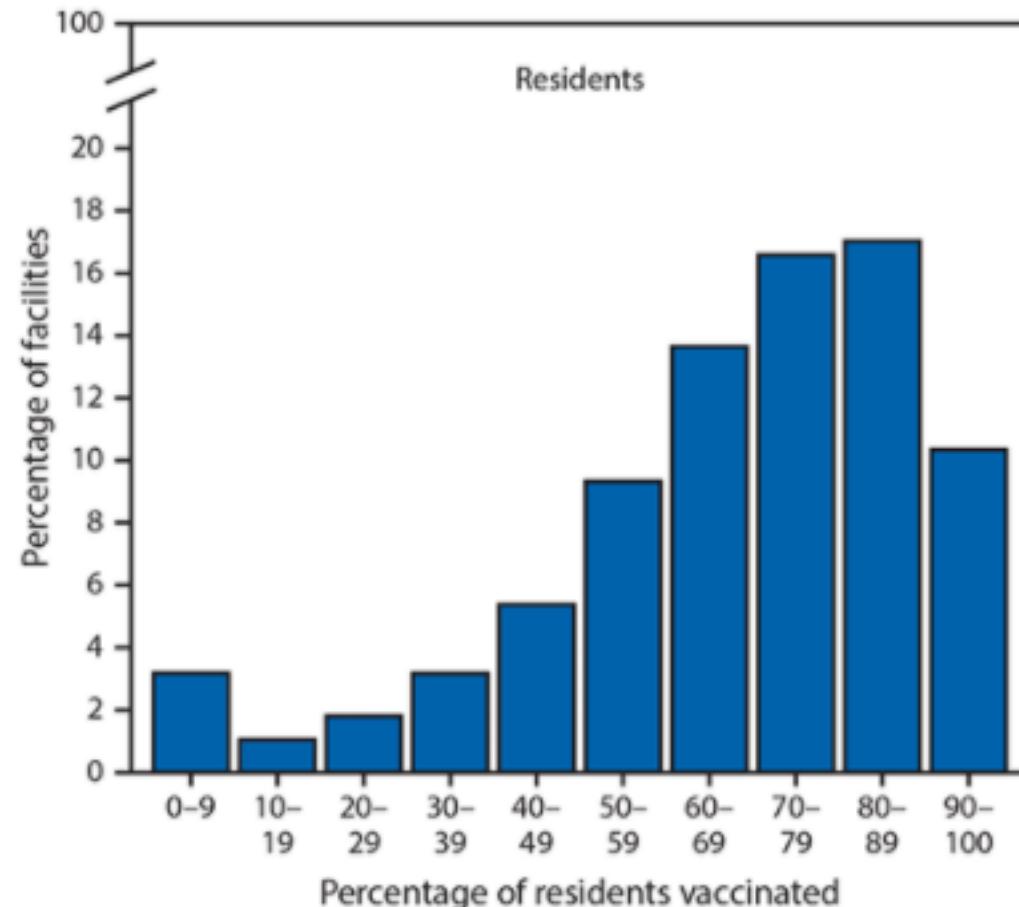
Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection

As of February 16, 2021

- HCP who are severely immunocompromised, could remain infectious more than 20 days after symptom onset. Consultation with infectious diseases specialists is recommended; use of a test-based strategy for determining when these HCP may return to work could be considered.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

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Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings (Interim Guidance)

As of February 16, 2021

- Patients who are severely immunocompromised could remain infectious more than 20 days after symptom onset. Consultation with infectious diseases specialists is recommended; use of a test-based strategy for determining when to discontinue Transmission-Based Precautions could be considered.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

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Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2

As of February 16, 2021

The interim guidance was updated:

- Clarified that work exclusion of asymptomatic HCP with a higher-risk exposure who have recovered from SARS-CoV-2 infection in the prior 3 months might not be necessary. Additional information about this scenario is available here.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

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Strategies to Mitigate Healthcare Personnel Staffing Shortages

As of February 14, 2021

Added, as a contingency strategy to allow:

- Asymptomatic fully vaccinated HCP who have had a [higher-risk exposure](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) to SARS-CoV-2 but are not known to be infected to continue to work onsite throughout their 14-day post-exposure period.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

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Strategies to Mitigate Healthcare Personnel Staffing Shortages

- Healthcare facilities should understand that shortening the duration of work restriction might result in additional transmission risks.

- Vaccinated HCP should be prioritized to first shorten their duration of work restriction followed by unvaccinated HCP.

- These HCP should still report temperature and absence of symptoms each day before starting work.

- If HCP develop even mild symptoms consistent with COVID-19, they should either not report to work, or stop working and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.

- If HCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all Return to Work Criteria.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

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MDH Updates

MDH Amended Directive and Order On Health Care Matters (Feb. 11)

- Extended out of state travel testing requirement from February 28, 2021 to March 31, 2021

- Extended Hospital Surge Plans and Patient Transfer Provisions (Section 10.A) from March 31, 2021 to April 30, 2021

- Updated hospital visitation guidelines (Section 9)
  - Hospitals shall establish such patient visitation policies as they deem appropriate, in accordance with CDC guidance regarding visitation and relevant accreditation and regulatory standards.

- Removal of remaining limitations on Elective and Non-Urgent Medical Procedures (Section 5)

- Changed PPE Use and Conservation Requirements to Guidelines (Section 6)

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MDH Amended Directive and Order Related to Nursing Home Matters (Feb. 11)

- Updated indoor visitation (Section 9.A)

- Reverted testing requirements to CMS requirements from August 26, 2020 (Section 4)

- Updated PPE supply stockpile requirements to 30 days (Section 2)

- Clarifies that cosmetologists and barbers that are providing services to nursing home residents shall be considered as vendors for the purposes of this order

- Other Technical amendments

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MDH Amended Directive and Order Related to Nursing Home Matters (Feb. 11)

- Updated indoor visitation (Section 9.A)

9. <u>**Criteria for Re-Opening of Facilities to Residents and Visitors**</u>

A. **Visitation**

As of March 1, 2021, the following subsection applies to each individual nursing home:

i. All nursing homes should follow the Centers for Medicare & Medicaid Services (CMS) guidance on nursing home visitation regarding COVID-19 (QSO-20-39-NH) or as updated by CMS. Either MDH or a local health department may direct a facility to a more restrictive set of conditions at any point.

ii. A facility shall communicate regularly with staff, the local ombudsman, residents, and residents' representatives about the facility's reopening plans, and the implementation of the re-opening.

Note: All nursing homes are encouraged to either test or ask visitors to be tested for COVID-19 prior to the visit.

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REVIEW: CMS QSO-20-39-NH

Indoor Visitation

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

a) There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;

b) Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children;

c) Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and

d) Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room.

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

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REVIEW: CMS QSO-20-39-NH

Facilities should use the COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site as additional information to determine how to facilitate indoor visitation:

- Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies

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

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MDH Amended Directive and Order Related to Nursing Home Matters (Feb. 11)

- Reverted testing requirements to CMS requirements from August 26, 2020 (Section 4)

> 4. **Testing:**
>
>   A.   Testing
>
> As of March 1, 2021, the following subsection applies to each individual nursing home:
>
>   i.   All staff, volunteers, and vendors who are in the facility regularly, shall be tested as required in the CMS Interim Final Rule, issued on August 26, 2020, (Ref: QSO-20-38-NH) (CMS August 26 Rule) or as subsequently updated by CMS.
>
>   a.   Each facility shall be responsible for making appropriate contractual and financial arrangements for the testing of these staff, volunteers, and vendors.
>
>   b.   Each facility shall establish and maintain COVID-19 testing arrangements with laboratories for PCR Assay-based testing.

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REVIEW: CMD Interim Final Rule QSO-20-38-NH)

Routine Testing of Staff

Routine testing should be based on the extent of the virus in the community, therefore facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency. Reports of COVID-19 county-level positivity rates will be available on the following website by August 28, 2020 (see section titled, "COVID-19 Testing"): https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

https://www.cms.gov/files/document/qso-20-38-nh.pdf

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MDH Amended Directive and Order Related to Nursing Home Matters (Feb. 11)

- Reverted testing requirements to CMS requirements from August 26, 2020 (Section 4)

ii. Upon positive identification of a resident or staff member with COVID-19, all residents who have not previously tested positive for COVID-19 within the prior 90 days shall be tested using a PCR assay. Testing of all negative residents must be repeated weekly until there are no PCR assay confirmed positive results among residents and staff for at least 14 days since the most recent positive result. Note: Admission or readmission of a resident already confirmed to have COVID-19 will not trigger this requirement.

iii. As directed by MDH, a facility shall perform additional COVID-19 testing or permit COVID-19 testing to be administered on residents and staff by MDH, a local health department, or by designated MDH Response Team member(s).

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MDH Amended Directive and Order Related to Nursing Home Matters (Feb. 11)

- Reverted testing requirements to CMS requirements from August 26, 2020 (Section 4)

> Note: MDH recommends that all staff, volunteers, and vendors who are in the facility regularly, be tested on a weekly basis for COVID-19 using a reverse transcription polymerase chain reaction-type test (PCR Assay) or an approved rapid point of care COVID-19 diagnostic testing device (POC system). Individuals who have previously tested positive for COVID-19 within the timeframe established by CDC and whose positive test results have been documented are exempted.

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Assisted Living Guidance

- Assisted Living orders have not changed
  - Now SNF guidance will be in line with AL guidance
- Visitation is according to CMS guidance
- Testing for facilities with 50 or more beds is according to CMS guidance
- Testing for facilities with under 50 beds is required for symptomatic individuals, close contacts, and weekly facility wide testing during outbreaks

https://phpa.health.maryland.gov/Documents/2020100103_MDH_Order_Amended_Assisted_Living_Program_Matters_Order.pdf

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Vaccine Clinic Infection Control

Risks Associated with Vaccine Clinics

- New staff coming into the facility (vaccinators and other pharmacy staff)

- Many residents and staff who are not normally exposed to one another may share space in the vaccine clinic

- Pre and post vaccination waiting areas may be difficult to distance

- Residents and staff must travel from their home unit to the clinic space, increasing chances for exposures

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Mitigation Strategies: Staff

- Consider requiring negative test within 72 hours for all pharmacy staff

- Consider performing POC test on all pharmacy staff when they arrive

- Screen all staff for signs and symptoms of COVID

- Observe visiting staff for PPE compliance

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

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Mitigation Strategies: Clinic Set up

- Choose a large space for the vaccinations

- Increase ventilation in the vaccine clinic

- Provide abundant hand sanitizer

- Set up chairs in observation at least 6 feet apart

- Make sure paperwork and consent process is done in advance to reduce the amount of time staff and residents spend in the clinic space

https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/

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Mitigation Strategies: Residents and Staff

- Limit the number of staff and residents who get vaccinated at any time, based on the room capacity

- Cohort the residents and staff
  - Bring one unit of residents at a time to the clinic to avoid any spread across units
  - Use unit specific staff to provide resident care in the vaccine clinic,a nd to transport residents to and from the clinic

- Monitor residents and staff for mask use and physical distance compliance

- Transport residents back to their rooms/apartments promptly after vaccination and observation

https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html

Mitigation Strategies: In-Room Vaccination

- Vaccinate residents in their own rooms
  - If the resident is on precautions, the vaccinator will don appropriate PPE prior to entering the room, and doff prior to leaving the room
- May be best suited for:
  - Residents with dementia
  - Residents on precautions
  - Residents who are noncompliant with mask use and distancing
- Facilities with concerns about space or layout

- Facilities with ongoing outbreaks

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FAQs

FAQ # 1 – Now that we have vaccine, when can we change HCP and resident testing, exclusion, ~~isolation, quarantine, cohorting, visitor policy,~~ mask use, group activities, or other infection control policy?

- Vaccinated HCP and residents should continue to follow all [current infection prevention and control recommendations](#) to protect themselves and others from SARS-CoV-2 infection
- Vaccinated healthcare personnel with exposure may be allowed to work as a Contingency strategy to alleviate staffing shortages
- **Vaccinated inpatients and residents in healthcare settings should continue to [quarantine](#) following an exposure**

https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#phrecs

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FAQ #2 Do I still have to report POC testing data into CRISP? It isn't in the new Nursing Home Matters order.

- Yes, POC testing data- all positives and negatives must still be reported into CRISP

- See the Healthcare Matters order Sections D.2 and D.3.c

https://www.mbp.state.md.us/forms/02112021ExecOrder.pdf

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FAQ #3 If I make a data entry error in CRISP, is there a way to go back and fix it?

- There is not a mechanism to correct the data or to enter late submissions
- Please check your data carefully before you hit submit

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Have a question?

Email MDH.IPCOVID@maryland.gov

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