



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

**Maryland Department of Health**  
**Infectious Disease Epidemiology and Outbreak Response Bureau**

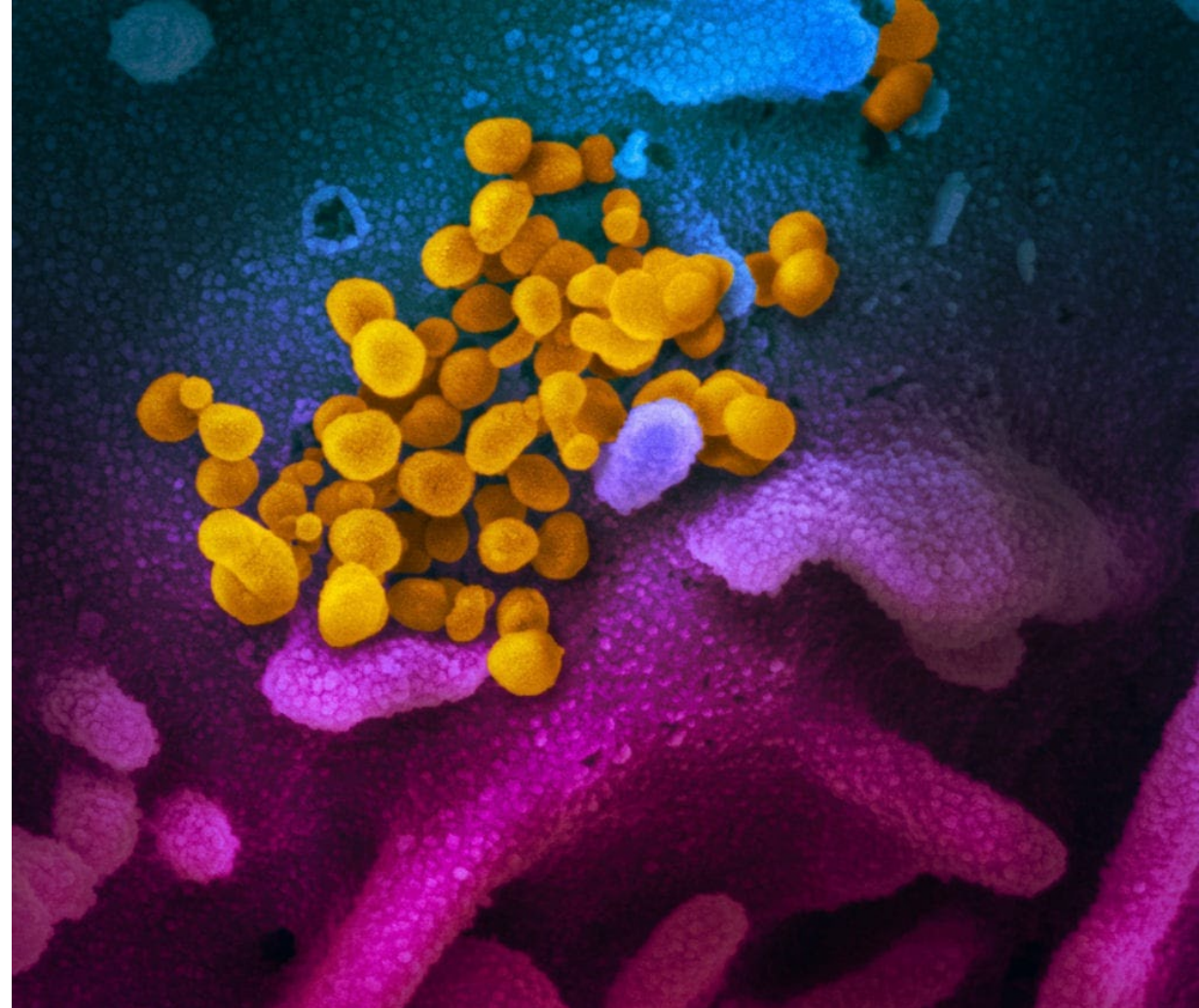
**October 29, 2020**

# Call Agenda

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- COVID-19 Epi Updates
- MD Updates
- CDC Updates
- NHSN Updates
- Project Firstline
- TAT updates
- Q&A

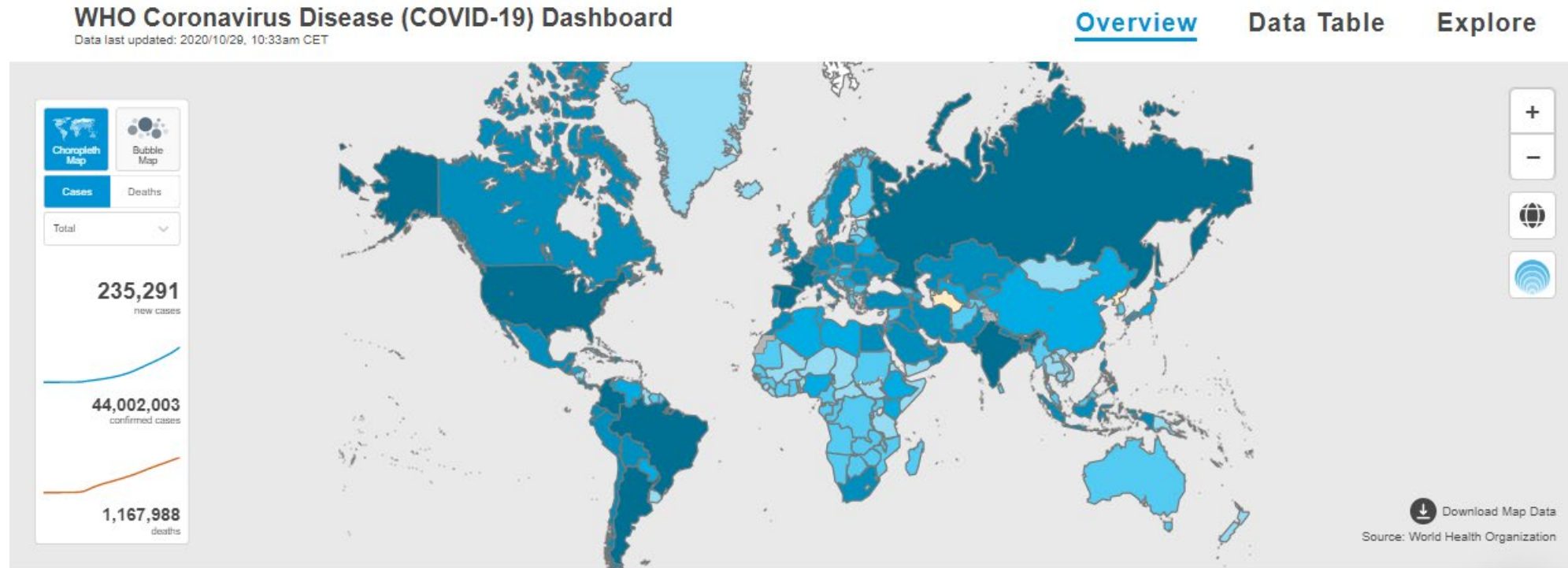
Picture Courtesy of NIAID-RML



# COVID-19 Epi Summary

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# Worldwide: COVID-19




Globally, as of 10:33am CET, 29 October 2020, there have been 44,002,003 confirmed cases of COVID-19, including 1,167,988 deaths, reported to WHO.

# Worldwide COVID-19

## WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/10/29, 10:33am CET

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### Situation by WHO Region



**Americas** 19,998,930 confirmed

**Europe** 9,885,328 confirmed


**South-East Asia** 9,080,126 confirmed

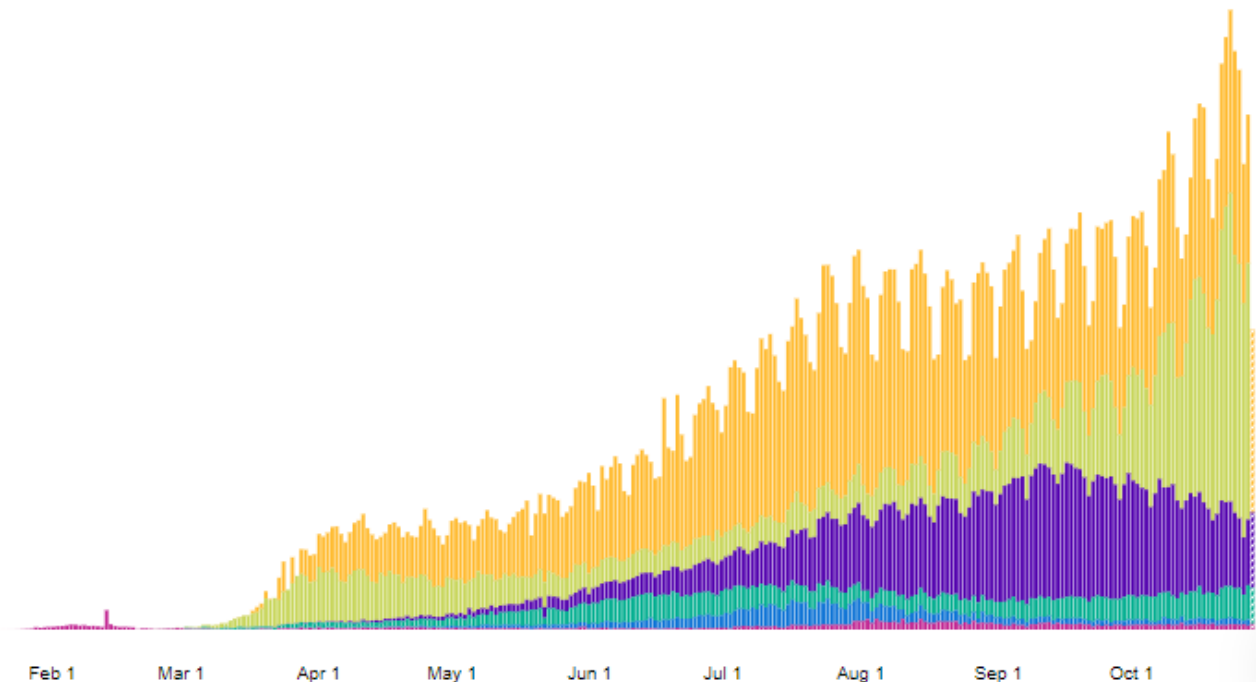
**Eastern Mediterranean** 3,010,758 confirmed

**Africa** 1,303,000 confirmed

**Western Pacific** 723,120 confirmed

Source: World Health Organization

 Data may be incomplete for the current day or week.



**USA**  
**8,752,794**  
**TOTAL CASES**  
 +72,183 New Cases  
 CDC | Updated: Oct 28  
 2020 1:20PM

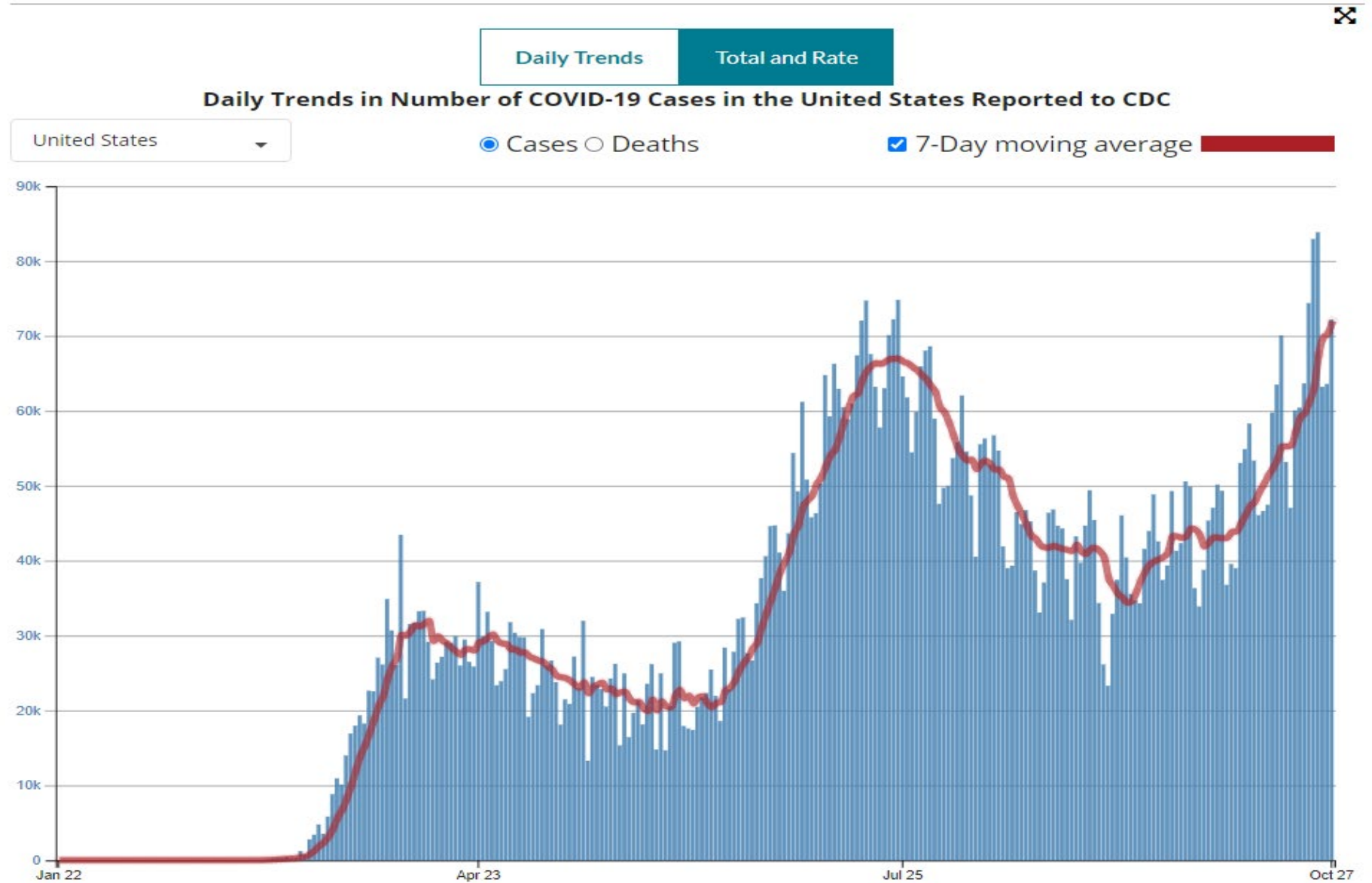
**USA**  
**225,985**  
**TOTAL DEATHS**  
 +901 New Deaths  
 CDC | Updated: Oct 28  
 2020 1:20PM

**USA**  
**2,645**  
**Cases per**  
**100,000 People**  
 CDC | Updated: Oct 28  
 2020 1:20PM

Case Daily  
 Trends -  
 United States

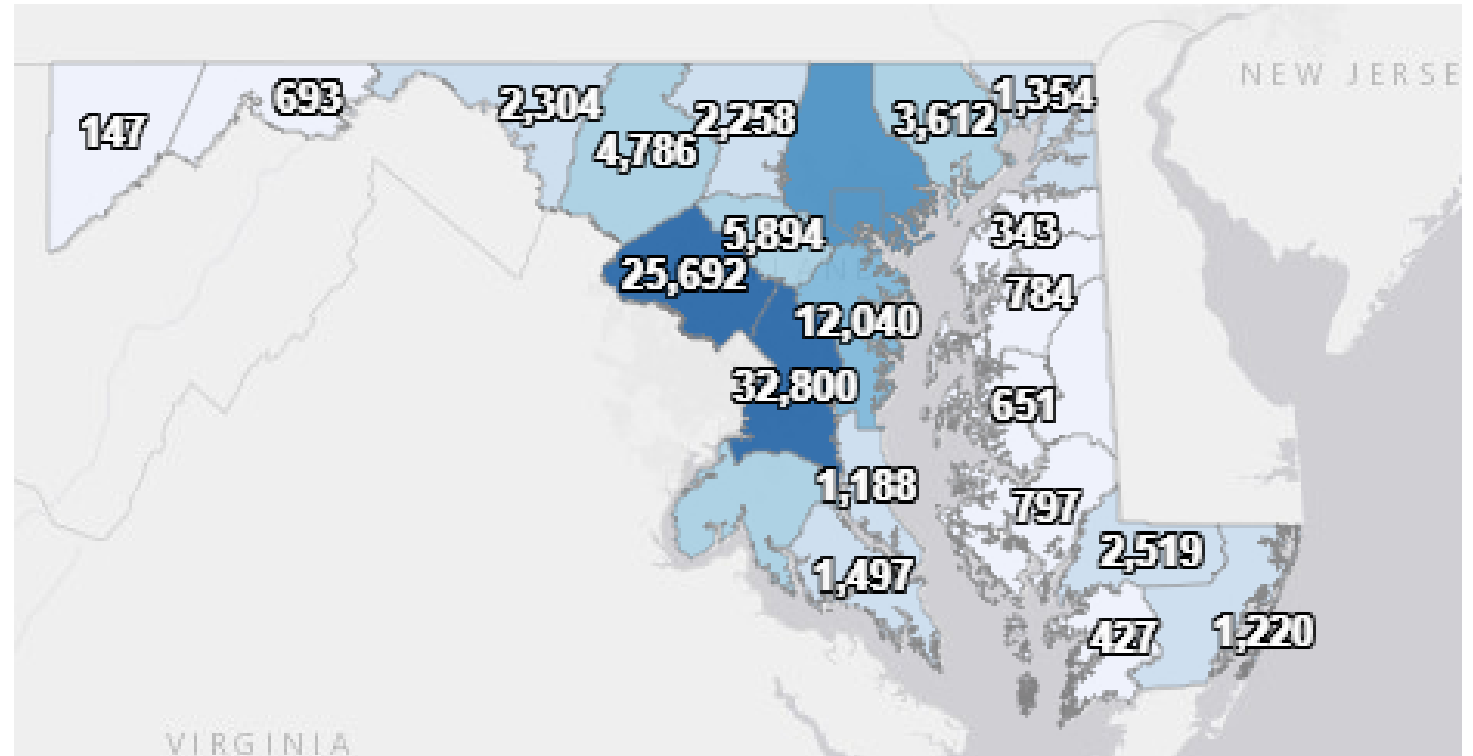
Date	New Cases	7-Day Moving Avg

CDC | Updated: Oct 28  
 2020 1:20PM



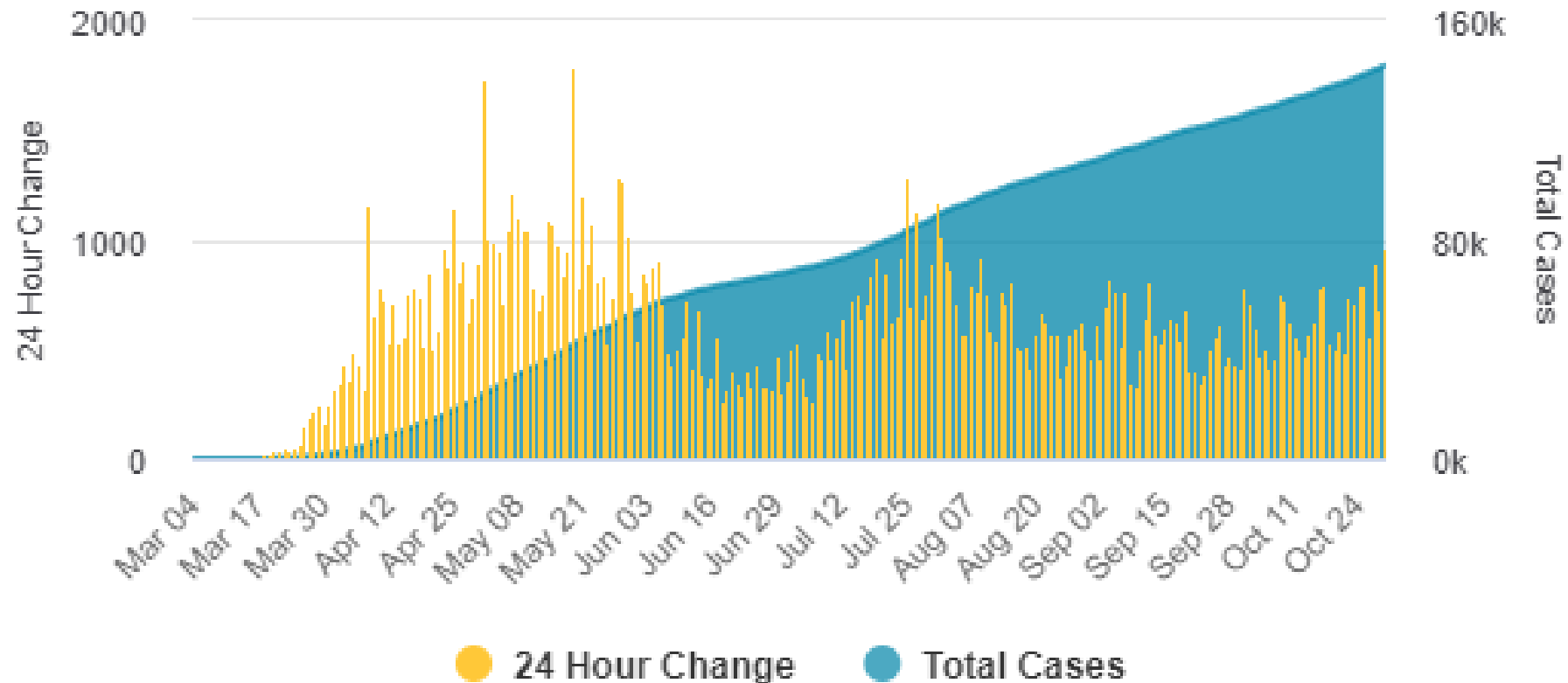
# Maryland: COVID-19

- Confirmed cases: **143,387**  
(+962 new)
- Deaths: **3,980** confirmed  
(+11 new)
- Hospitalized
  - 16,415 total
  - **502** current
  - 24hr Change: +1



# Maryland: COVID-19

Confirmed Cases, Total over Time

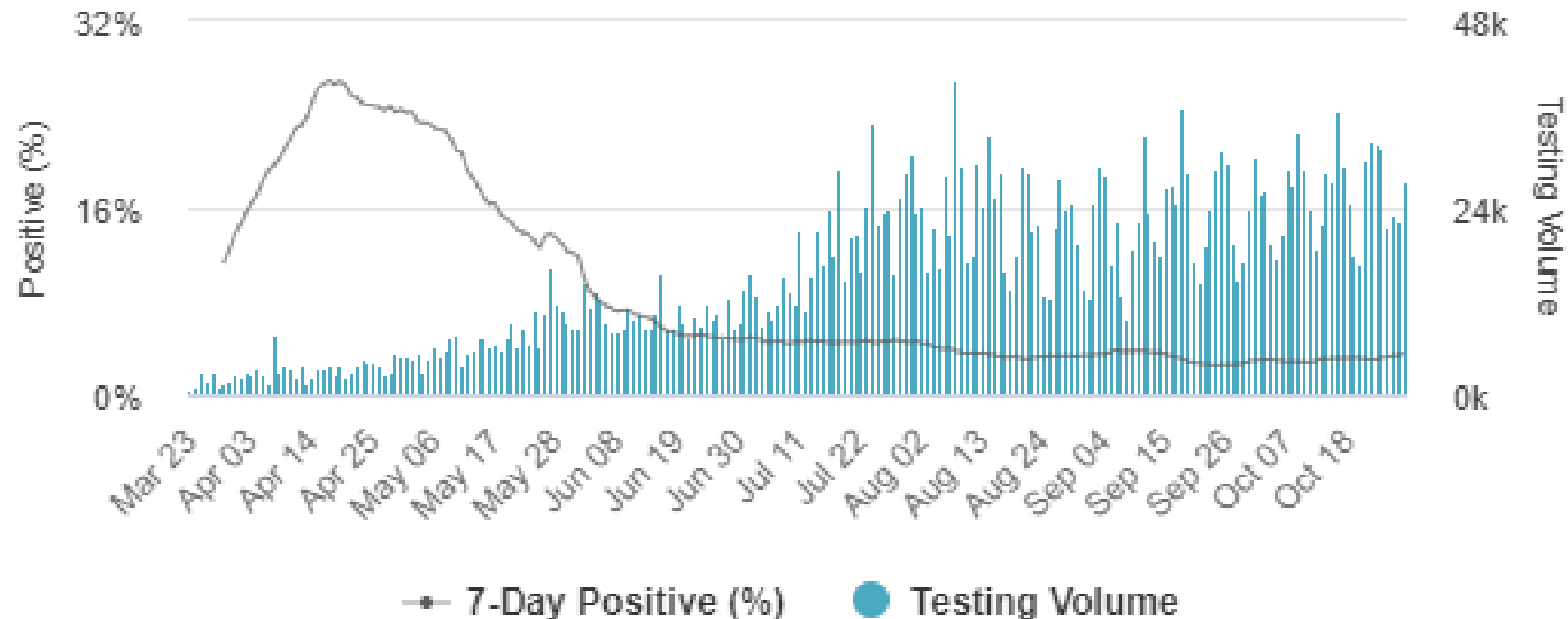


Cases, Total Reported

# Maryland: COVID-19

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

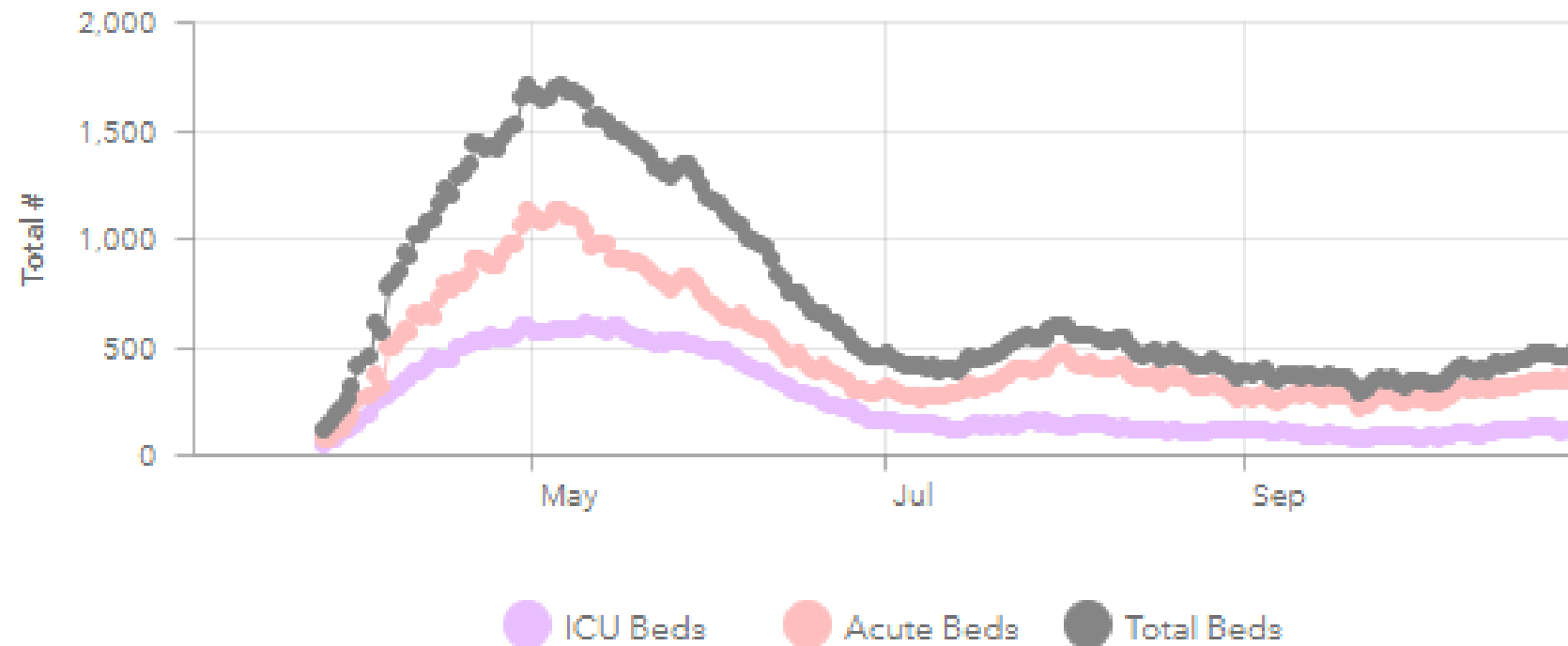
- Methodology



Positivity Rate

# Maryland: COVID-19

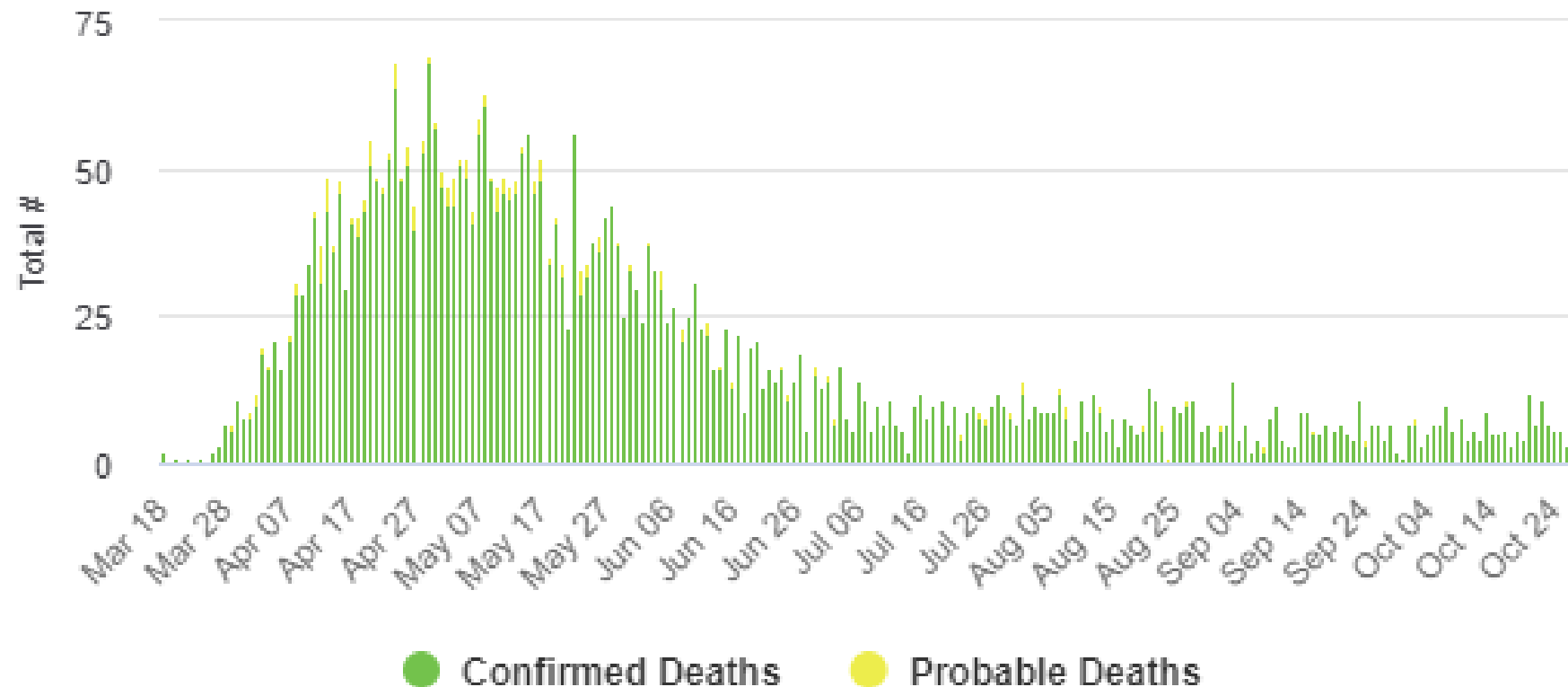
ICU and Acute Hospital Beds for COVID-19, Currently in Use



Hospitalizations, Current

# Maryland: COVID-19

Confirmed and Probable Deaths, Totals by Date of Death



Deaths by Date of Death

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# MD Updates

# Updated Nursing Home Orders 10/27/2020

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- All nursing homes shall stock and maintain a 30 day private stockpile of PPE by November 30, 2020 and shall increase that amount to a 60 day private stockpile of PPE by January 31, 2021
- All facilities must provide informational updates on COVID-19 to residents, residents' representatives, and staff by 5 p.m. the next calendar day (replaces 12 hours)
- Eliminating testing plan submission
- Nursing homes must maintain appropriate staffing levels during outbreaks
- All staff, to the extent possible, should be vaccinated against influenza by December 31, 2020

# CDC Updates

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# CDC Updates

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## Updates to **Duration of Isolation and Precautions for Adults with COVID-19:**

- Changed item 6: To date, reports of reinfection have been infrequent.
- Similar to other human coronaviruses where studies have demonstrated reinfection, the probability of SARS-CoV-2 reinfection is expected to increase with time after recovery from initial infection due to waning immunity and possibly genetic drift.
- Risk of reinfection depends on the likelihood of re-exposure to infectious cases of COVID-19.
- As the COVID-19 pandemic continues, we expect to see more cases of reinfection.

# CDC Updates

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- Added new section, ***Annex: Quarantine of Persons Recovered from Laboratory-diagnosed SARS-CoV-2 Infection with Subsequent Re-Exposure***

Accumulating evidence supports that people who have recovered from COVID-19 do not need to undergo repeat quarantine in the case of another COVID-19 exposure within 3 months of their initial diagnosis. Evidence does not indicate the definitive absence of re-infection during this period, only that risks of potential SARS-CoV-2 transmission from recovered persons are likely outweighed by the personal and societal benefits of avoiding unnecessary quarantine.

Includes summarization of related key findings, assessment, and recommendations.

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

# CDC Updates

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If a person has a new exposure to someone with suspected or confirmed COVID-19 and meets all the following criteria:

1. Has recovered from laboratory-confirmed (PCR or antigen) SARS-CoV-2 infection and has already met criteria to end isolation
2. Is within the first 3 months following the onset of symptoms of their initial confirmed infection, or within the first 3 months of their first positive viral test if they were asymptomatic during initial infection
3. Has remained *asymptomatic* since the new exposure

then that person does ***not*** require quarantine or repeat testing for SARS-CoV-2 in the context of this new exposure.

# CDC Updates

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If a person has a new exposure to a person with suspected or confirmed COVID-19 and meets the first two above criteria but *has or develops new symptoms consistent with COVID-19 within 14 days* of the new exposure, consultation with a health care provider is recommended, and consultation with infectious disease or infection control experts may be necessary.

If an alternative cause of the symptoms cannot be identified, retesting for SARS-CoV-2 infection may be warranted.

**In the absence of clinical evaluation to rule out SARS-CoV-2 reinfection, this person should be isolated**— for most people, this would be 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.

# MMWR October 26, 2020



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## Morbidity and Mortality Weekly Report (MMWR)

CDC



### COVID-19—Associated Hospitalizations Among Health Care Personnel — COVID-NET, 13 States, March 1–May 31, 2020

*Early Release* / October 26, 2020 / 69

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[https://www.cdc.gov/mmwr/volumes/69/wr/mm6943e3.htm?s\\_cid=mm6943e3\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6943e3.htm?s_cid=mm6943e3_w) (accessed 10.26.2020)



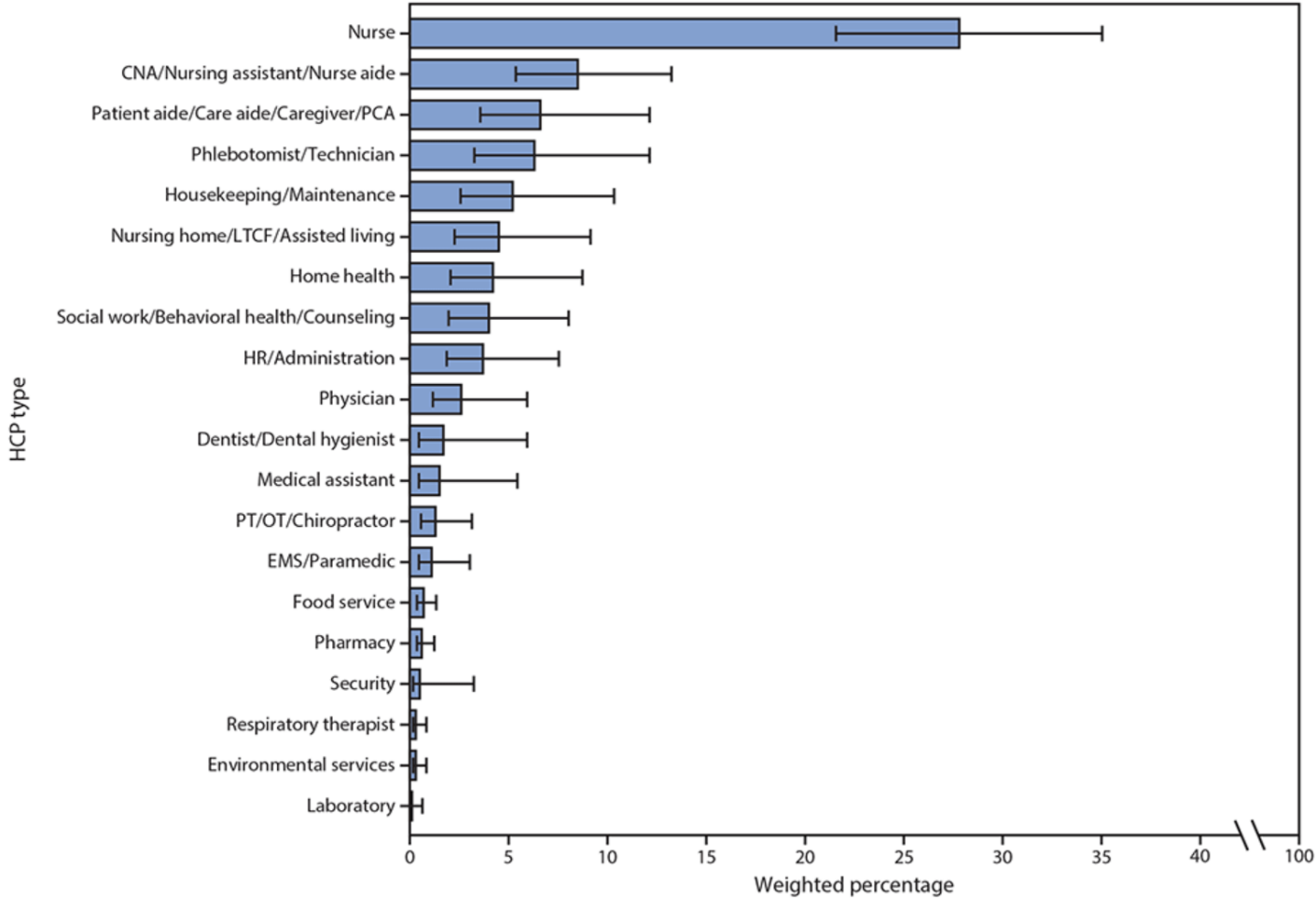
# MMWR October 26, 2020

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- During March 1–May 31, 2020, HCP accounted for approximately 6% of adults hospitalized with COVID-19 for whom HCP status was documented
- The median age of hospitalized HCP (49 years) was substantially lower than that previously reported for hospitalized adults (62 years)
- More than two thirds (67.4%) of HCP hospitalized with COVID-19 were generally expected to have direct patient contact, and over one third (36.3%) were in nursing-related occupations.
- Approximately 90% of hospitalized HCP reported at least one underlying condition, with obesity being the most common and reported for over two thirds (72.5%) of patients.
- A high proportion of hospitalized HCP had indications of severe disease: approximately one in four were admitted to an ICU, and approximately 4% died.

Kambhampati AK, O'Halloran AC, Whitaker M, et al. COVID-19–Associated Hospitalizations Among Health Care Personnel — COVID-NET, 13 States, March 1–May 31, 2020. MMWR Morb Mortal Wkly Rep. ePub: 26 October 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm6943e3> (accessed 10.26.2020)

FIGURE 2. Weighted percentage of personnel types\*,† among reported health care personnel (HCP) with COVID-19–associated hospitalizations (N = 438) — COVID-NET, 13 states,§ March 1–May 31, 2020



**Abbreviations:** CNA = certified nursing assistant; COVID-19 = coronavirus disease 2019; COVID-NET = COVID-19–Associated Hospitalization Surveillance Network; EMS = emergency medical services; HR = human resources; LTCF = long-term care facility; OT = occupational therapist; PCA = patient care assistant; PT = physical therapist.

\* HCP categorized as “unspecified” or “other” have not been included in the figure but are included in the denominator.

† Error bars represent 95% confidence intervals.

# CDC and NHSN COVID Vaccine Updates

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- Sign up for Pharmacy Partnership through NHSN has been extended till 11/6/2020
- Note that this program is primarily for LTC residents
- HCP and LTC staff vaccination will be primarily distributed through the state health department

# Webinar

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## Engaging Infection Control Q&A Event with AMA and CDC

**Thursday, October 29 1:00 PM ET**

American Medical Association (AMA) President Dr. Susan R. Bailey hosts CDC's Dr. Mike Bell for a kickoff event for [Project Firstline](#) - CDC's new national training collaborative for infection control.

[Register here](#)

# NHSN POC test result reporting

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- Released on 10/19/2020
- NHSN will in turn report LTCF POC laboratory test data electronically to the public health agency, state or local, that has jurisdictional authority and responsibility to receive
- De-identified POC laboratory test data also will be reported via existing public health reporting mechanisms to the US Department of Health and Human Services in accordance with the U.S. Coronavirus Aid, Relief, and Economic Security (CARES) Act requirements
- No batch upload function available yet
- MDH is in communication with NHSN to avoid requiring duplication of data entry
- Does not replace CRISP reporting requirements

# Holiday Celebrations

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- Risk of virus spread risk at holiday celebrations
  - Community levels of COVID
  - Location of the gathering (indoor riskier than outdoor)
  - Duration of gathering (longer riskier than shorter)
  - Number of people at the gathering (smaller is safer than large)
  - Location attendees are traveling from ( hosting local is less risky than wide geographic spread)
  - Attendee behavior (Masking and distancing can reduce risk)
- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html>

# People who should not attend in-person holiday celebrations

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- **People with or exposed to COVID-19**

Do not host or participate in any in-person festivities if you or anyone in your household

- Has been diagnosed with COVID-19 and has [not met the criteria for when it is safe to be around others](#)
- Has [symptoms of COVID-19](#)
- Is waiting for COVID-19 [viral test](#) results
- May have been [exposed to someone with COVID-19 in the last 14 days](#)

- **People at increased risk for severe illness**

If you are at [increased risk of severe illness](#) from COVID-19, or live or work with someone at increased risk of severe illness, you should

- Avoid in-person gatherings with people who do not live in your household
- Avoid larger gatherings and consider attending activities that pose lower risk (as described throughout this page) if you decide to attend an in-person gathering with people who do not live in your household

# Thanksgiving

Thanksgiving is a time when many families travel long distances to celebrate together. [Travel](#) increases the chance of getting and spreading the virus that causes COVID-19. Staying home is the best way to protect yourself and others. If you must travel, be informed of the [risks involved](#).

## Lower risk activities

- Having a small [dinner](#) with only people who live in your household
- Preparing traditional family recipes for family and neighbors, especially those at higher risk of severe illness from COVID-19, and delivering them in a way that doesn't involve contact with others
- Having a virtual dinner and sharing recipes with friends and family
- Shopping online rather than in person on the day after Thanksgiving or the next Monday
- Watching sports events, parades, and movies from home

## Moderate risk activities

- Having a small outdoor [dinner](#) with family and friends who live in your community
  - Lower your risk by following CDC's recommendations on [hosting gatherings or cook-outs](#).
- Visiting pumpkin patches or orchards where people use hand sanitizer before touching pumpkins or picking apples, wearing masks is encouraged or enforced, and people are able to maintain social distancing
- Attending a small outdoor sports events with safety precautions in place

## Higher risk activities

Avoid these higher risk activities to help prevent the spread of the virus that causes COVID-19:

- Going shopping in crowded stores just before, on, or after Thanksgiving
- Participating or being a spectator at a crowded race
- Attending crowded parades
- Using [alcohol or drugs](#), which can cloud judgement and increase risky behaviors
- Attending large indoor gatherings with people from outside of your household

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# Testing Task Force Updates

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- Based on self-reported data through CRISP, **71 of 227** Nursing Homes are reporting more than 15-day supply of all required PPE (gloves, gowns, N-95 mask, etc.).
  - The Technical Assistance Teams have **visited 30** facilities (195 since mid-September) and **referred 3\*** facilities (20 since mid-September) with significant infection control concerns for CIC assessment.
  - The Certified Infection Control nurse **visited 5** facilities (15 since early October) and **referred 1** facility (3 since early October) to Infectious Disease, Epidemiology and Outbreak Response Bureau.
  - The Congregate Compliance Team **conducted 5** reviews (61 since mid-August) and **referred 2** facilities (44 since mid-August) to the Office of Health Care Quality for non-compliance with weekly testing mandates.

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- Best practices seen by TAT:
    - Continued mask/face shield use
    - Continued/appropriate staff screening upon entering facility
  - Process improvement seen by TAT:
    - Cohorting remains a challenge
    - Inadequate spacing for staff social distancing, especially during meal times/breaks
  - Concerns:
    - CRISP should start to reflect expanded PPE supply (i.e. 0-15 days, 16-30 days, etc.)
    - MDH is unable to provide storage assistance for LTC PPE supply
    - MDH should be a last resort for PPE resupply

# Questions?

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