

from MDH Epidemiology to everyone: 12:18 PM

Good afternoon, everyone! Thank you for joining the call. For anyone calling in, please ensure your phones and computers are on mute and you may post any questions or comments you have in the chat box.

from MDH Epidemiology to everyone: 12:27 PM

Everyone, Jamie has opened a polling question, please take a few moments to answer it.

from Phyllis Eiring to everyone: 12:27 PM

No barriers to giving the treatment. We have only had one positive resident and he was asymptomatic.

from A1234 to everyone: 12:29 PM

Hello ALL- I noticed on the last call the name of a participant being that of Mark Paugh- I have no idea if this is coincidence or if this is the Mark Paugh that is a retired SSA/OHCQ surveyor that NOW works under contract for the SSA/OHCQ???? If that is correct I think sense SSA/OHCQ has a NEW found interest in being on these calls- I would ask for some transparency and intellectual honesty with us being made aware state surveyors are on the call???!.

from MDH Epidemiology to everyone: 12:31 PM

Everyone, Jamie has opened a polling question, please take a few moments to answer it.

from Bret Stine, Keswick MultiCare to everyone: 12:33 PM

Can't see slides

from MDH Epidemiology to everyone: 12:33 PM

Try logging out and logging back in

from Liz to everyone: 12:33 PM

CDC says we should be monitoring temp and pulse ox. What vital signs are we to monitor for residents daily? TAT told us something different

from John M Mangione to everyone: 12:34 PM

Is there any data on Positive and symptomatic?

from CHarrington to everyone: 12:35 PM

Does AL need to do pulse ox or just nursing home

from Kearns, Stephanie to everyone: 12:38 PM

Is there a way to get the slides from this presentation when it is over?

from Katherine Benkowski to everyone: 12:38 PM

What are the quarantine requirements now for new admissions to LTC facilities as of today. Include information for vaccinated or unvaccinated.

from Tena Chaivre to everyone: 12:39 PM

We have not administered the treatments at our facility but we have sent 4 residents to an infusion center near the hospital

from phijoy73 to everyone: 12:39 PM

I'm not able to see the slides.

from MDH Epidemiology to everyone: 12:39 PM

Try logging out and log back in

from Lisa Leppado to everyone: 12:41 PM

over 5% means ALL staff or just unvaccinated staff need weekly testing?

from John M Mangione to everyone: 12:44 PM

Why was it jumped from 250\$ per day for missing CRISP days to 2500\$? It seems unreasonable to go to 10x.

from Barndt to everyone: 12:45 PM

Are we required to determine the variant of positive PCR specimens?

from A1234 to everyone: 12:45 PM

There is no space for NO positives- can we start adding that into these polls

from Michele Young to everyone: 12:45 PM

We have had no covid cases.

from Sharon Walsh to everyone: 12:45 PM

Agree.... seems unreasonable. In addition, would be nice to have if you reach a certain percent of reporting, no fine. Unrealistic expectations for every single day and no room for human error.

from rgravenor to everyone: 12:45 PM

No positives.

from Catherine Raines to everyone: 12:46 PM

No positive cases

from John M Mangione to everyone: 12:46 PM

Maybe allow for 1 missed day without fear of 2500\$. Things do happen and what does extenuating circumstances get defined as?

from Sharon Walsh to everyone: 12:47 PM

Also extend time to get result in to 5:00pm

from Ade Adewale to everyone: 12:47 PM

No positive cases

from Heather Wahl to everyone: 12:47 PM

No monoclonal treatments administered due to no positive residents in center

from Jkagan to everyone: 12:47 PM

and we should remove weekend reporting

from Julie Nixon (privately): 12:47 PM

error in my polling answer: misread, thought it said "in teh past" have you given monoclonal antibody treatment. The Answer to this question is actually "no" we have not given this treatment in the past month. We have not had any resident's test postivie for COVID in the past month.

from John M Mangione to everyone: 12:48 PM

Extending the time to 5pm would be a huge help. Eliminating weekeends would be great too but maybe needed. Extending to 5pm on weekends would even be a help.

from Sharon Walsh to everyone: 12:48 PM

agree also with the no weekeds

from Juliet Fountain to everyone: 12:48 PM

When are we going to get a break on weekend reporting. It is too much and especially with an 11am cutoff. Everyone deserves time to breathe. It is not helpful to anyone to up the pressure.

from Ade Adewale to everyone: 12:48 PM

Agreeable to having CRISP reporting time extended to 5pm at least

from mstewart to everyone: 12:48 PM

No positive cases

from MDH Epidemiology to everyone: 12:49 PM

To determine if a COVID specimen is a variant, complete the redcap survey for the sequencing project and MDH can request the testing lab send the specimen to the state lab for sequencing - <https://redcap-phpa.health.maryland.gov/surveys/?s=L8PT9C9RCH>

from Bill Dickey, NHA to everyone: 12:50 PM

Eliminating weekend reporting would be a huge burden lifted. That whole system is unrealistic.

from Jkagan to everyone: 12:50 PM

well - if we all agree on the CRISP changes, it should be an easy change. right.

from John M Mangione to everyone: 12:51 PM

What real information does the CRISP reporting give the state other than positive cases at which facility? Maybe only require it if there are positive cases or needs for staffing or PPE help? Why do you care so much about our census and our overall number of staff?

from A1234 to everyone: 12:52 PM

Are folks that refuse the vaccine because of the EUA- more willing to accept these treatments under EUA- do we have any findings?

from Katharine Taylor to everyone: 12:53 PM

No Positive Resident Cases

from asstdir to everyone: 12:53 PM

There is a disconnect between MDH and the private sector as far as monoclonal treatment. I have had several staff in the past who were positive - went to the hospital and sent away with tylenol and have gone to their pcps and were told to go to ER.

from CMercanti to everyone: 12:54 PM

Eliminate weekend reporting would be very helpful.

from Tena Chaivre to everyone: 12:54 PM

please address the vaccination mandate. What are they actually saying should happen to unvaccinated staff.

from Maurice McIntyre to everyone: 12:55 PM

Agreeable with eliminating weekend reporting.

from jackie nave to everyone: 12:56 PM

Please talk about the timeline for administering boosters to our residents and staff. We are a small facility and our pharmacy does not supply vaccines or boosters. We cannot use Immunet because they only provide large quantities. Even though vaccines will be distributed by the federal government now, I still foresee having the same issue.

from Jkagan to everyone: 12:57 PM

John - good questions. On CRISP. We find that the information isn't really used as the TAT team asks for the same information that is provided to CRISP. MDH also asks for the information from time to time

from Allison to everyone: 12:58 PM

How long after receiving the antibodies does one have to wait to receive the vaccine?

from apellcane1 to everyone: 12:58 PM

I am sorry, I want to make sure. Being vaccinated is NOT a contraindication to REGEN-COV, is that correct? I

from Amanda W to everyone: 12:59 PM

jackie nave-can you partner w/ a sister facility?

from karla baughman to everyone: 12:59 PM

In outbreak...because of the Delta would it not be prudent to test ALL residents even if they have been + in the last 90 days? Very concerning we have + cases of fully vaccinated staff and residents.

from Julie Nixon to everyone: 12:59 PM

I heard mention that bi-weekly testing is required in counties that are >10% positivity. Where can I find the written information on this guidance?

from Jkagan to everyone: 1:00 PM

julie - it's on the CMS memo.

from Julie Nixon to everyone: 1:00 PM

thank you, is it the one from April?

from Christopher Lofton to everyone: 1:00 PM

The Abbott test kits, what will we do with them if they are about to expire?

from Karyna Balbuena to everyone: 1:01 PM

Is the third dose of COVID-19 also mandated or only the first two doses?

from Autumn Bozzo to everyone: 1:01 PM

Abbott tests now have a 12 month expiration date

from Jkagan to everyone: 1:01 PM

Julie - it's Ref: QSO-20-38-NH

from Julie Nixon to everyone: 1:01 PM

Thank you I found it!

from mstewart to everyone: 1:03 PM

Where can we get more Abbott test kits? We stopped receiving them. Who do I contact?

from Kathleen to everyone: 1:03 PM

A barrier to providing monoclonal antibody treatment is finding locations that will provide it. Not all of the locations stated on the covidlink website are actually providing it

from Karyna Balbuena to everyone: 1:06 PM

Can the third dose be given at the same time of the Flue vaccine? and what are some of the side effects that have been documented so far after receiving the third dose?

from Jenice Price to everyone: 1:07 PM

Is that safe to give another brand?

from Elaine Aragon to everyone: 1:11 PM

Are the "additional dose" and "booster dose" the same ingredients? What are the difference between those doses?

from Elaine Aragon to everyone: 1:11 PM

Or are they the exact same vaccine dose... just called something different?

from mstewart to everyone: 1:12 PM

Thanks for Abbott contact info!

from Jenice Price to everyone: 1:13 PM

Are the booster & additional the same doses?

from Juliet Fountain to everyone: 1:13 PM

Do we know yet what level of immune response or antibody is needed to provide immunity? How are we able to determine need if we don't know what level of immunity is needed.?

from Wes Street to everyone: 1:16 PM

Is the CDC or the government going to require residents in Nursing Homes and Assisted Living settings to get the vaccine in the future?

from Jkagan to everyone: 1:16 PM

jamie - it's teh exact same shot. exact same

from Jenice Price to everyone: 1:18 PM

If you received J&J can you get one of the other two?

from Michal Thornton to everyone: 1:18 PM

@Karyna Balbuena - the third dose can be administered at the same time of the flu vaccine as long as it is not medically contraindicated for the patient - more info on coadministration can be found <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Coadministration>.

from Jkagan to everyone: 1:19 PM

Jenice - according to CDC, the answer is yes. it's permitted to get a different vaccine. but same is certainly preferred

from Michal Thornton to everyone: 1:20 PM

@Jenice Price - CDC has determined that if the original vaccine a person a received is not available, they may receive the alternate mRNA COVID-19 vaccine.

from Michal Thornton to everyone: 1:22 PM

@Elaine Aragon - the formulation for the Pfizer or Moderna COVID-19 vaccine has not changed since recommending the additional or booster dose

from Michal Thornton to everyone: 1:23 PM

Serology testing is not recommended to determine immunity - based on the CDC's recommendation, any person who is moderately to severely immunocompromised, they can self-attest and receive the additional dose

from CHarrington to everyone: 1:23 PM

For the unvaccinated will we be giving out a new mask daily ??? We are an AL can we give out N95 after 2 or 3 days if the mask is not compromised

from Jenice Price to everyone: 1:23 PM

Shawna when were you vaccinated?

from Jenice Price to everyone: 1:25 PM

Its seems some people that have been vaccinated in that Jan-Feb window have been testing positive.

from Jamie Rubin to everyone: 1:25 PM

Update shortly on new state orders and some FAQs, please stay tuned....

from Michal Thornton to everyone: 1:25 PM

@JEnice Prince - CDC and FDA are still working on data to determine if a booster is needed after receipt of a J&J COVID-19 vaccine. At this time, it is not recommended to receive an mRNA COVID-19 dose after receipt of the J&J COVID-19 vaccine. If you received the single J&J COVID-19 dose, you are considered fully vaccinated.

from Jkagan to everyone: 1:27 PM

Do we need staff to show proof if they were actually vaccinated at the facility and we witnessed their vaccination?

from John M Mangione to everyone: 1:27 PM

Should there be a acil next week to address these new orders since we only have 5 min left?

from Norma Jeffers to everyone: 1:27 PM

Do assisted living facilities need to abide this rule?

from Michal Thornton to everyone: 1:27 PM

@JACKIE NAVE - can you email me at michal.thornton@maryland.gov and I will forward your concern to the correct contact

from lisa stone to everyone: 1:27 PM

what policies are they looking for for fully vaccinated?? Is this MDH indicating that fully vaccinated visitors do not need to be scheduled?

from A1234 to everyone: 1:29 PM

Can we please make these routine conversation shorter so we have appropriate time to ask questions- we have heard vaccine hesitancy tons of time- need more time for conversation not covered every week

from Michelle Mahn to everyone: 1:29 PM

those fines are just absurd and a slam to our industry who is working so challenged. Crazy

from asstdir to everyone: 1:29 PM

the data can be shortened too the info is on line anyway

from lisa stone to everyone: 1:30 PM

We are having issues with data accuracy - ie info entered into CRISP does not match in MDH - we have emailed CRISP /MDH and no response

from asstdir to everyone: 1:30 PM

do the hospitals have to report to crisp

from A1234 to everyone: 1:30 PM

How are they full we have 10,000 beds in this state-?

from Jkagan to everyone: 1:30 PM

i thought there were 720 people in hospital from covid. that was on the earlier slide

from Phil to everyone: 1:30 PM

Agree with suggestions to streamline some sections in favor of more time for Q&A

from Erin Wheeler, LNHA to everyone: 1:31 PM

Is it possible to resume weekly meetings during this critical time?

from Jenice Price to everyone: 1:32 PM

Many people are requiring higher levels of care such as ICU beds. So I think many hospitals are low on ICU beds.