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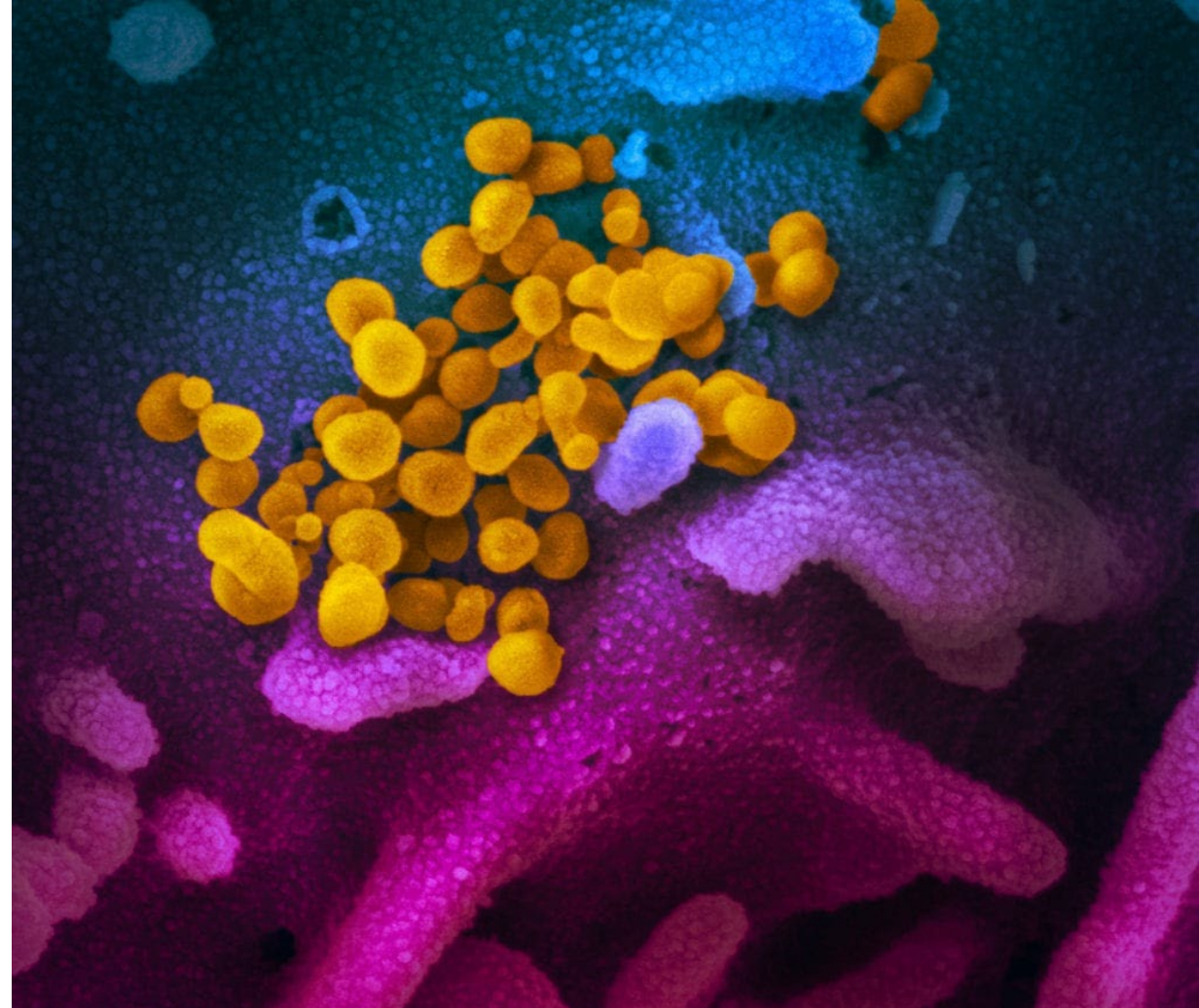
Maryland Department of Health

Infectious Disease Epidemiology and Outbreak Response Bureau
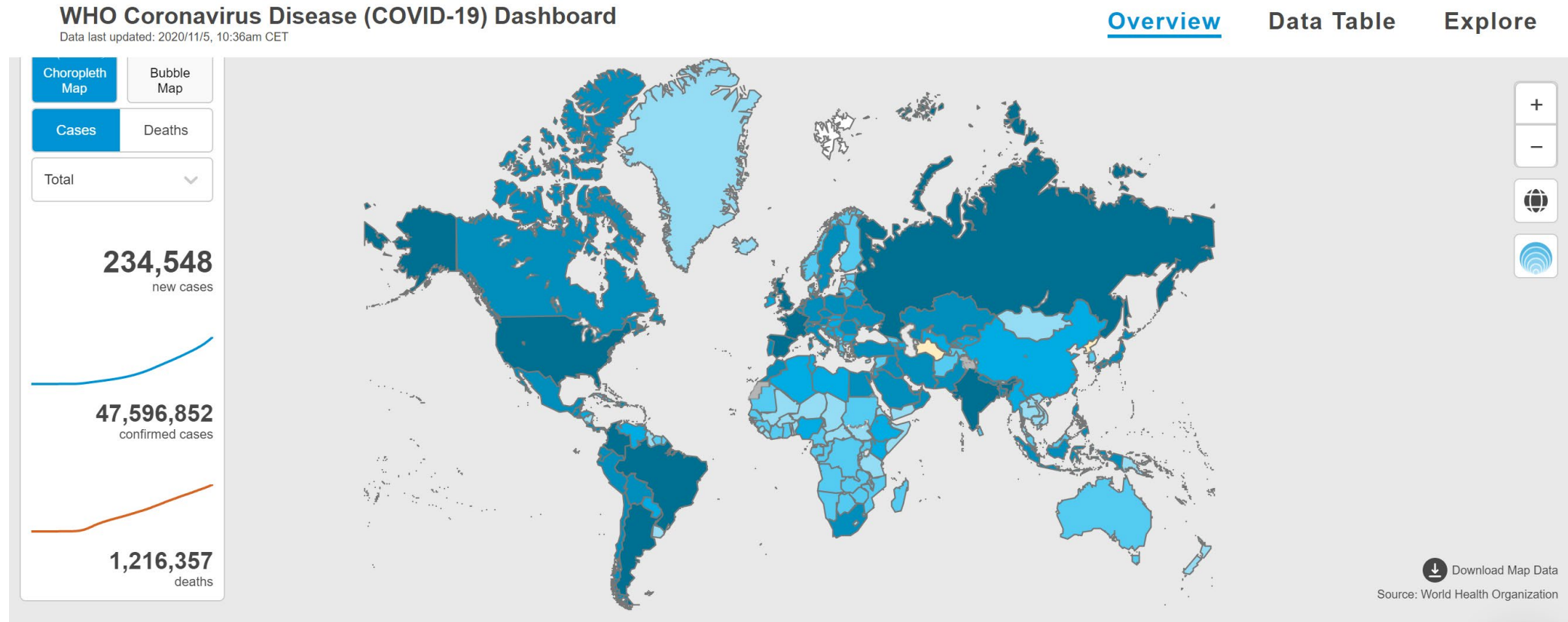
November 5, 2020

Call Agenda

- COVID-19 Epi Updates
- Maryland Updates
- CDC Updates
- Frequently Asked Questions
- Environmental Infection Control
- Q&A

COVID-19 Epi Summary

Worldwide: COVID-19

WHO Coronavirus Disease (COVID-19) Dashboard
Data last updated: 2020/11/5, 10:36am CET

Overview   **Data Table**   **Explore**

Choropleth Map / Bubble Map

Cases / Deaths

Total

234,548
new cases

47,596,852
confirmed cases

1,216,357
deaths

Download Map Data
Source: World Health Organization

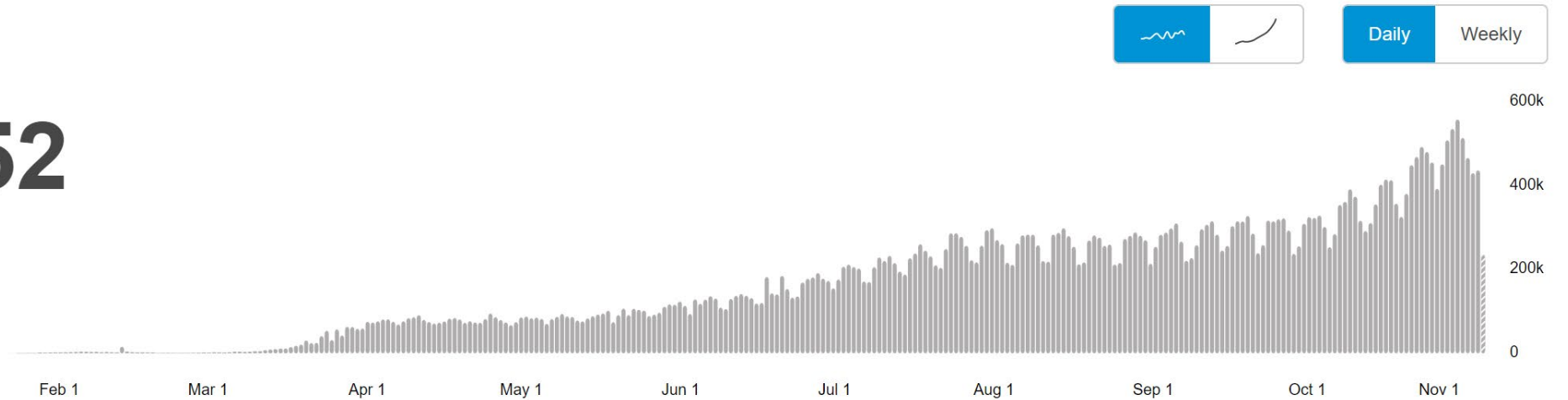Source: https://covid19.who.int/ , accessed November 5, 2020

Worldwide COVID-19

Global Situation

47,596,852
confirmed cases

Worldwide COVID-19

Situation by WHO Region

Region	Confirmed
Americas	21,001,318 confirmed
Europe	11,830,542 confirmed
South-East Asia	9,468,051 confirmed
Eastern Mediterranean	3,209,972 confirmed
Africa	1,335,516 confirmed
Western Pacific	750,712 confirmed
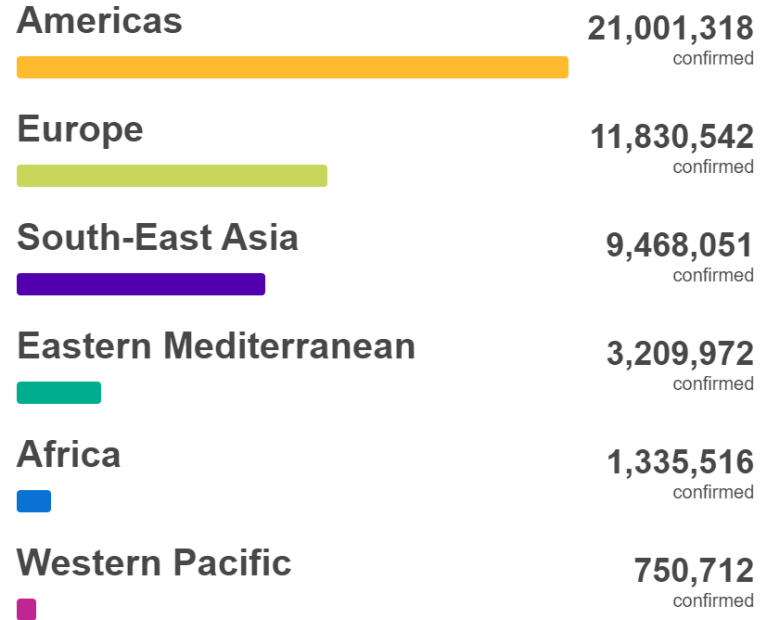
Source: World Health Organization
Data may be incomplete for the current day or week

Daily | Weekly

Cases | Deaths

Count

6
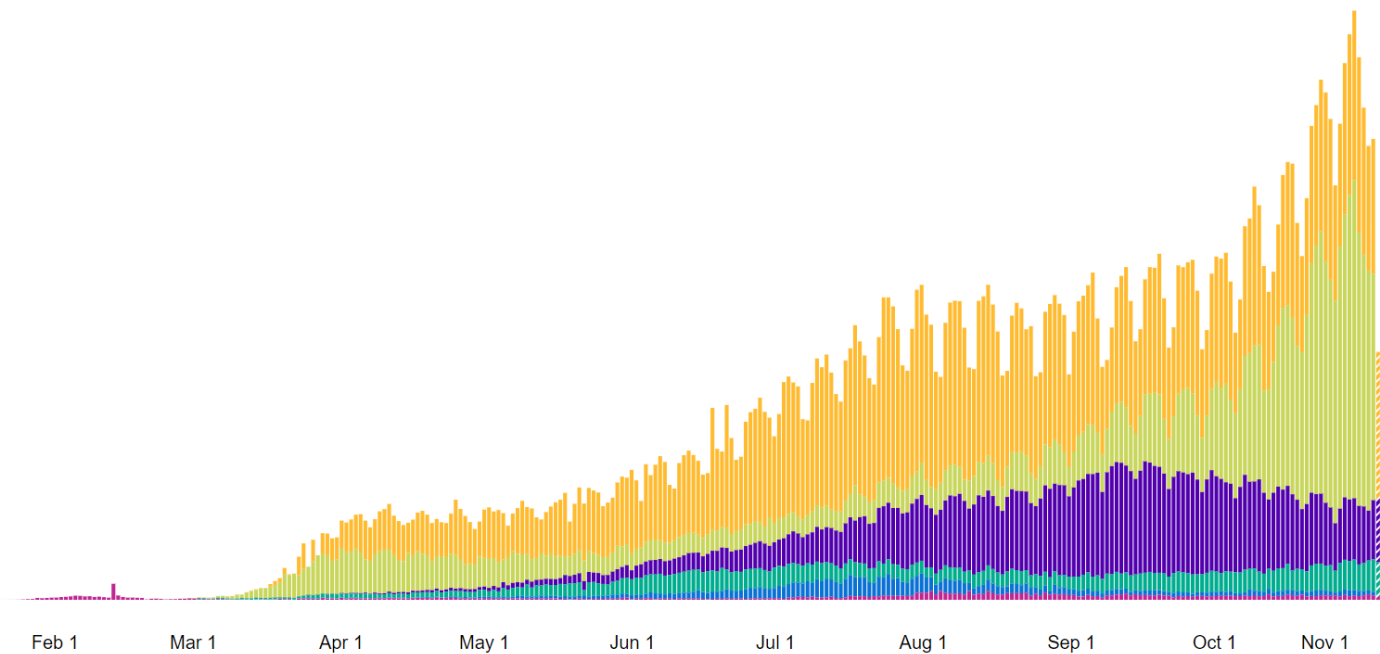
U.S.: COVID-19

Trends in Number of COVID-19 Cases in the US Reported to CDC, by State/Territory

USA

9,357,245

TOTAL CASES

+88,427 New Cases
CDC | Updated: Nov 4 2020 1:53PM

USA

231,988

TOTAL DEATHS

+1,095 New Deaths
CDC | Updated: Nov 4 2020 1:53PM

USA

2,828

Cases per 100,000 People

CDC | Updated: Nov 4 2020 1:53PM

Case Daily Trends - United States ⬇ ⤢

Date ⇅	New Cases ⇅	7-Day Moving Avg ⇅
Nov 3 2020	88427	86350
Nov 2 2020	86190	84029

CDC | Updated: Nov 4 2020 1:53PM

View Historic Case and Death Data

Daily Trends | Total and Rate

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

United States ▾

◉ Cases ○ Deaths

☑ 7-Day moving average

Source: CDC, https://www.cdc.gov/covid-data-tracker/index.html#trends, accessed November 5, 2020

Maryland
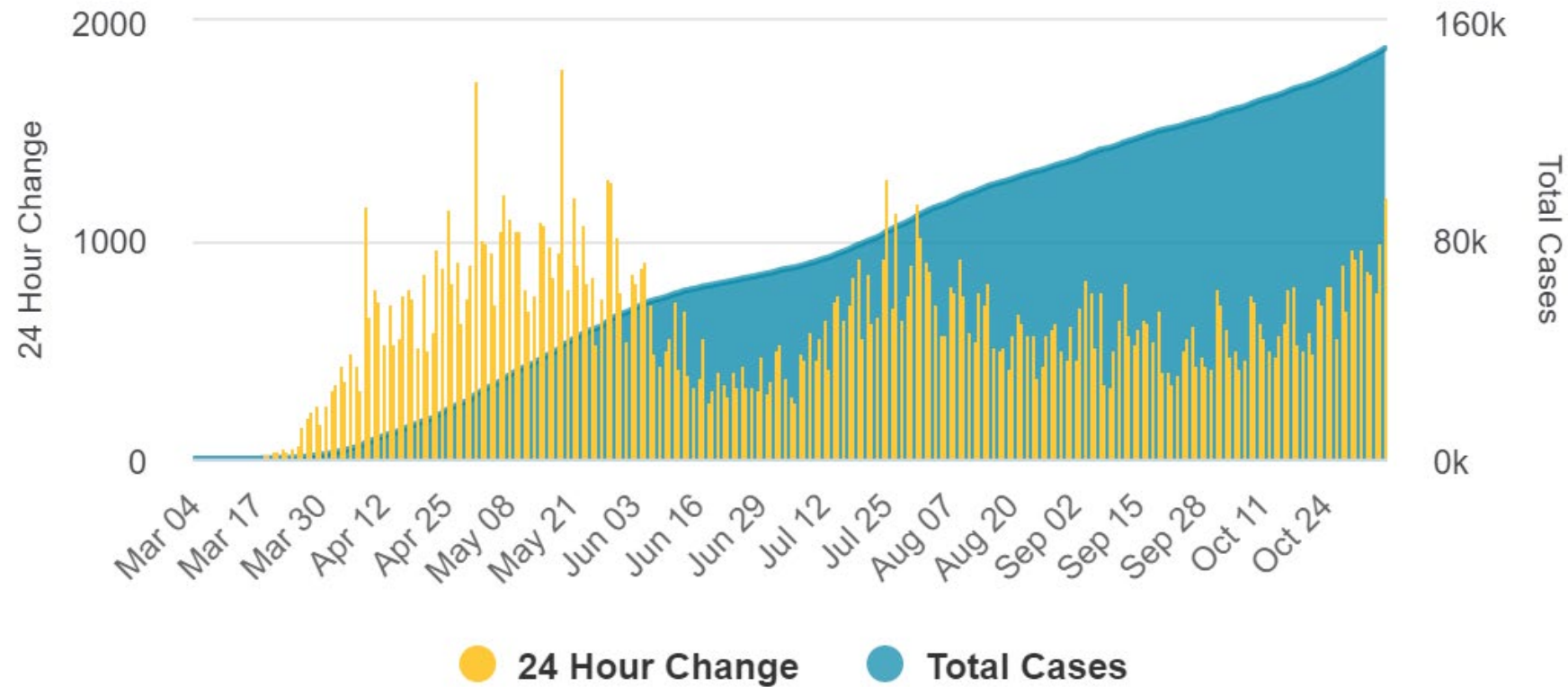
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Maryland: COVID-19

- Confirmed cases: **149,964** (+1,198 new)

- Deaths: **4,035** confirmed (+10 new)

- Hospitalized
  - 17,435 total
  - **588** current
  - 24hr Change: -7

Source: https://coronavirus.maryland.gov/, accessed October 15, 2020
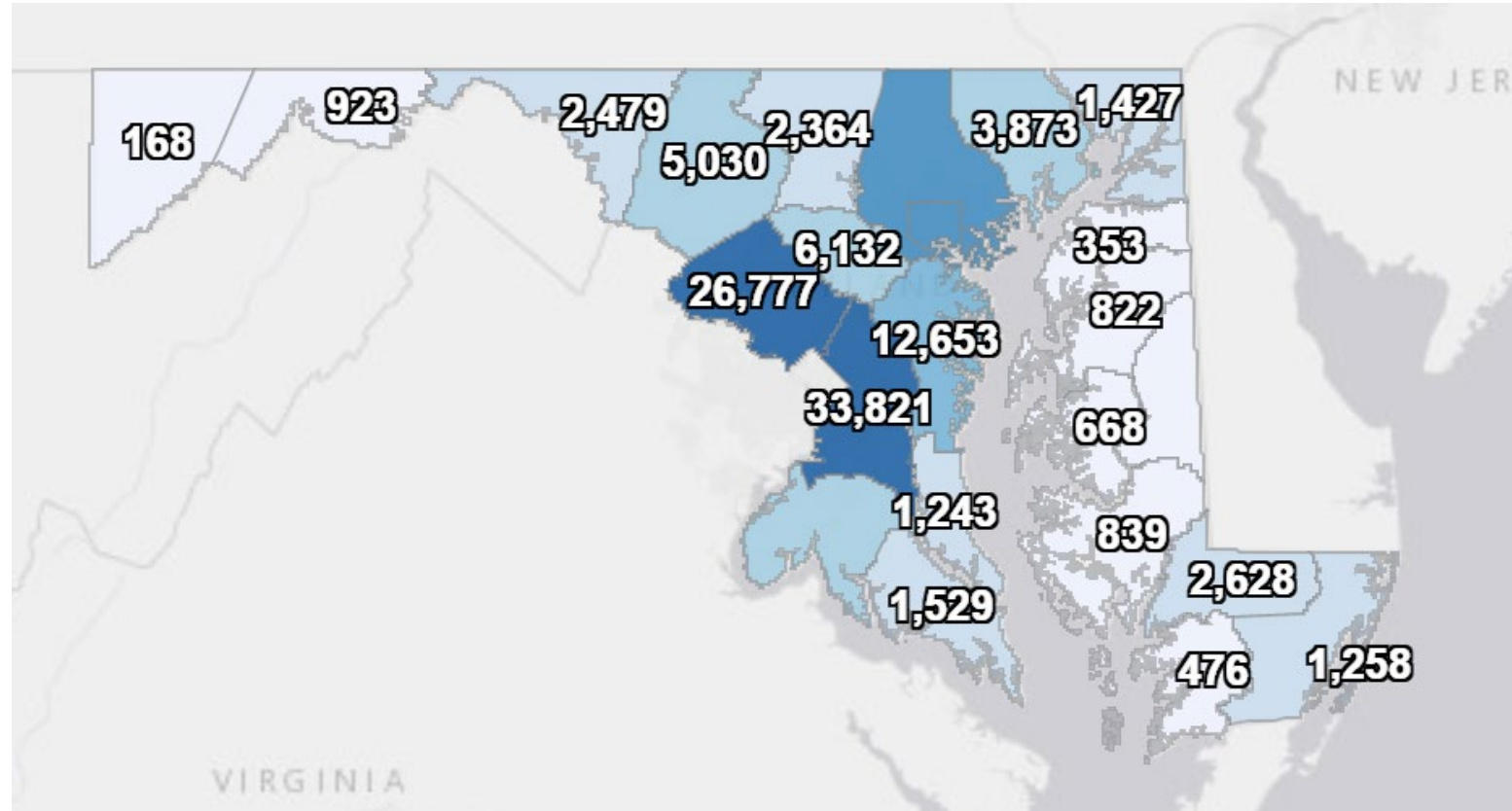
Maryland: COVID-19

Confirmed Cases, Total over Time

Source: https://coronavirus.maryland.gov/, accessed November 5, 2020

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Maryland: COVID-19

Testing Volume, Tests per Day and Percent Positive Rate (7-Day Avg)
- Methodology
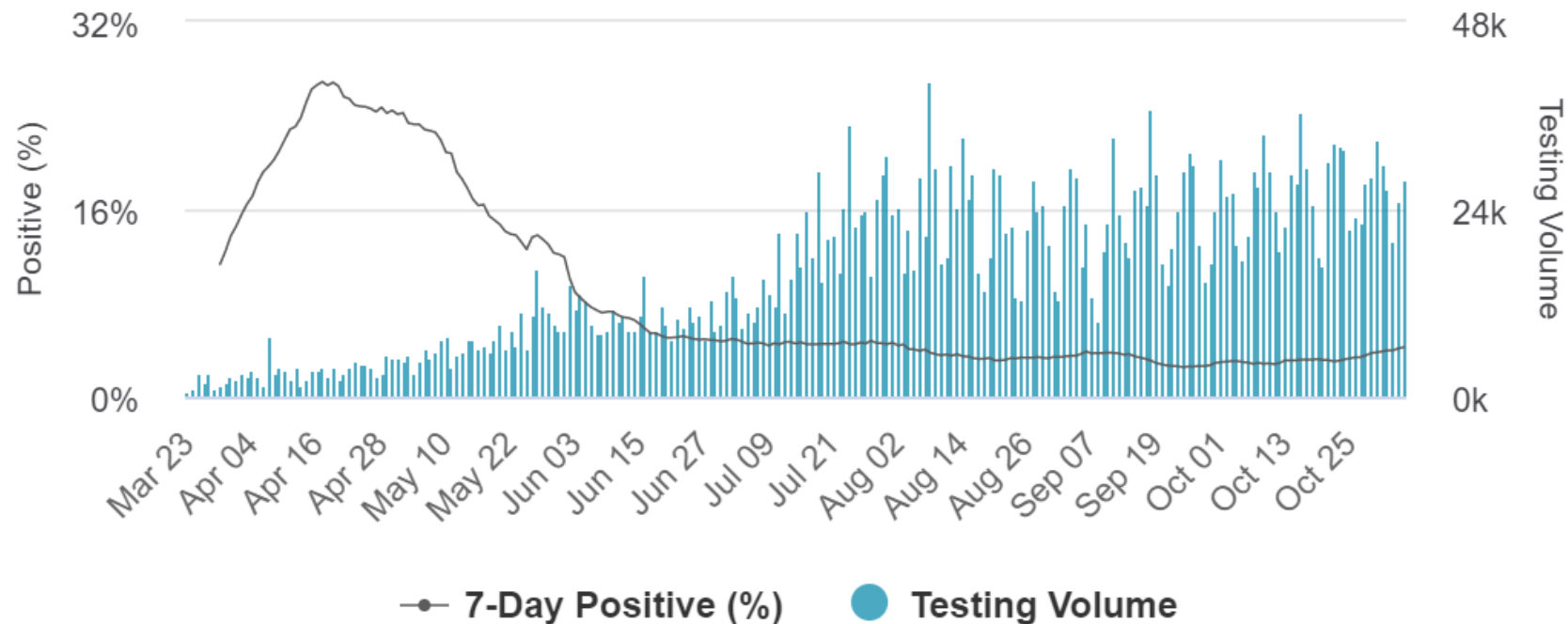
Today's Positivity Rate: 4.21%

Source: https://coronavirus.maryland.gov/, accessed November 5, 2020

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Maryland: COVID-19

ICU and Acute Hospital Beds for COVID-19, Currently in Use
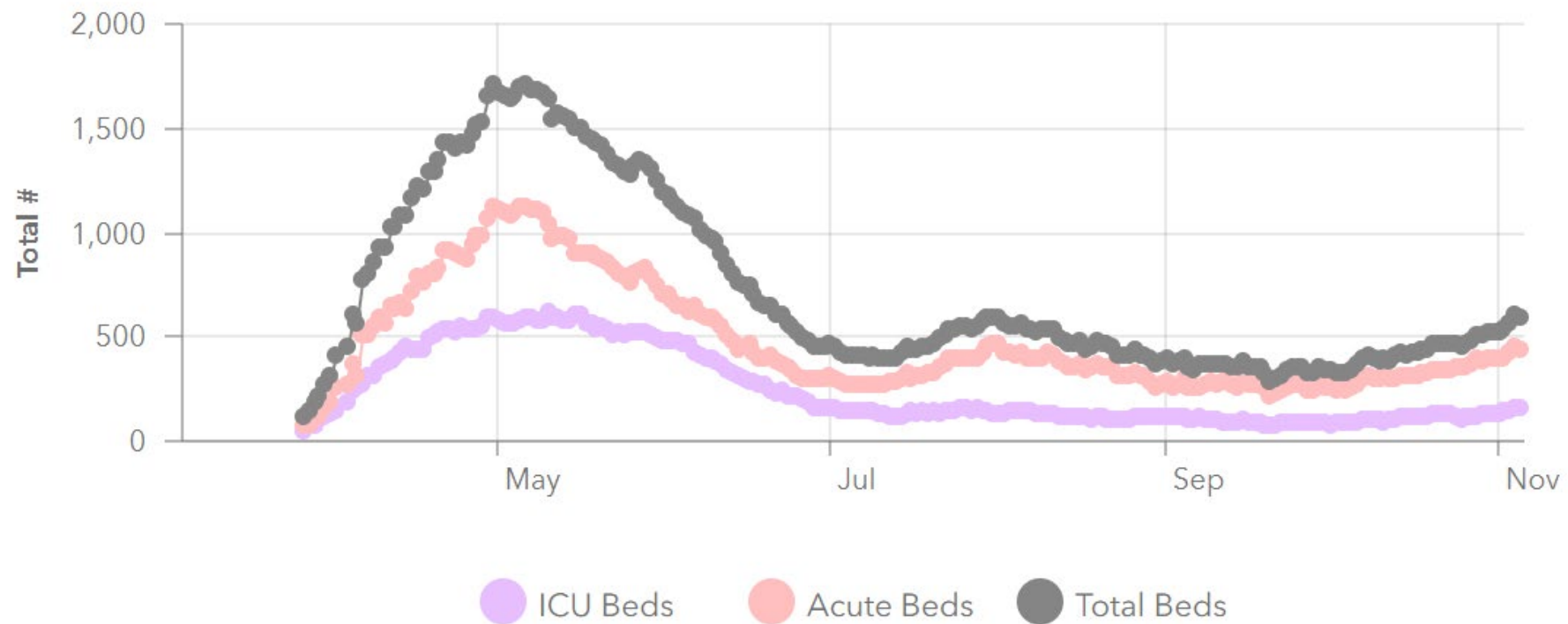
Source: https://coronavirus.maryland.gov/, accessed November 5, 2020

Maryland: COVID-19

Confirmed and Probable Deaths, Totals by Date of Death

● Confirmed Deaths   ● Probable Deaths

Source: https://coronavirus.maryland.gov/, accessed November 5, 2020
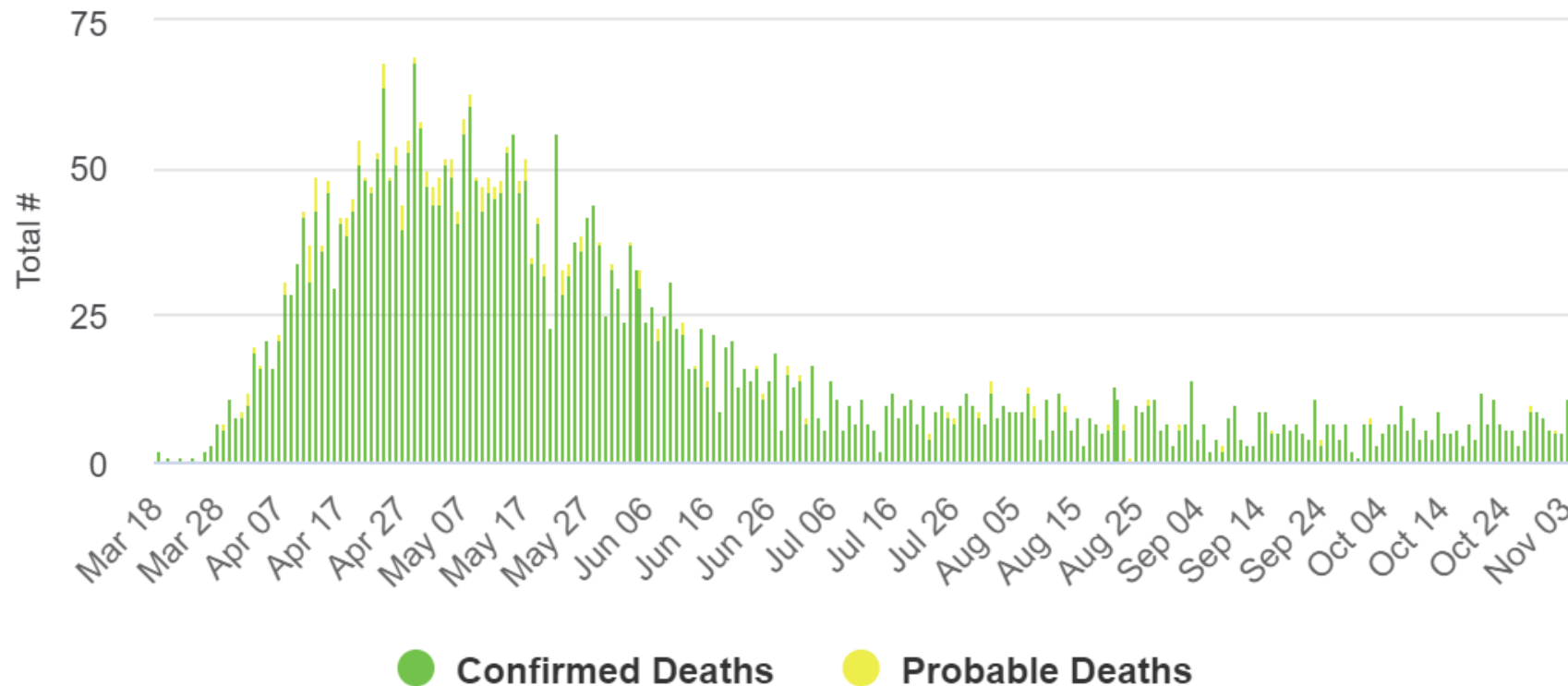
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Maryland Updates

Governor Hogan Renewed the COVID-19 State of Emergency Plan for Maryland

- "While Maryland's positivity and case rates remain lower than most states in America, we are closely monitoring increases in some of our key health metrics as well as rising numbers in states across the country" – Governor Hogan

- Staying home when sick or exposed, social distancing, masking, and hand hygiene are key measures to controlling the spread of COVID-19.

- Governor's Press conference COVID-19 Update scheduled for 5PM tonight

CDC Updates

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CDC COVID -19 Vaccine Myth Busters

Reminder: Deadline to sign up for pharmacy partnership in NHSN is tomorrow!

In the United States, there is not yet an authorized or approved vaccine to prevent coronavirus disease 2019 (COVID-19). With the possibility of a limited supply of one or more COVID-19 vaccines becoming available before the end of 2020, accurate vaccine information is critical.

- **FACT:** COVID-19 vaccines will not give you COVID-19

- **FACT:** COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests

- **FACT:** People who have gotten sick with COVID-19 may still benefit from getting vaccinated

- **FACT:** Getting vaccinated can help prevent getting sick with COVID-19

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-myths.html

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Frequently Asked Questions

Q1. What do we do with an asymptomatic resident or staff member who tests positive 4-5 months after initially testing positive?

- Reminder: Do not retest before 90 days.

- For infection control purposes, treat as a reinfection.
  - Exclude staff per [CDC Return-to-Work Guidance](#)
  - Isolate residents per [CDC Transmission-based precautions for COVID-19](#)
  - Perform contact tracing to identify and quarantine exposed residents and staff.

- Report repeat positives to the local health department to determine how/if to count the case
  - If the facility has not had a recent outbreak, universal testing will be recommended before determining whether to open an outbreak

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Q2. Do we have to wait until our county is at >5% positivity to resume weekly staff testing?

- No. MDH strongly recommends continuing weekly testing to identify asymptomatic infection and subsequently implement appropriate infection control measures such as isolation and quarantine.

- Facility must continue to, at a minimum, test according to the CMS Interim Final Rule, issued on August 26, 2020, (Ref: QSO-20-38-NH) (CMS August 26 Rule)

- Consider local epidemiology, including but not limited to percent positivity, when determining whether to test more frequently than required

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

https://phpa.health.maryland.gov/Documents/2020.10.27.01_MDH%20Order_Amended%20Nursing_Home_Matters_Order.pdf

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Q4. Are staff allowed to refuse flu vaccine?

- October 27th notice to nursing homes stated, "nursing home staff are required to receive an annual seasonal influenza vaccination" **UNLESS EXCUSED** by § 18- 404(e) and COMAR 10.07.02.34(E)(1)(a)-(c).

- MDH strongly recommends vaccinating as many staff and residents as possible for influenza. Education is key to high rates of vaccination.

https://phpa.health.maryland.gov/Documents/2020.10.27.02%20-%20MDH_Notice_Updates_Nursing%20Homes.pdf

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Influenza vaccine requirements cont.

- COMAR 10.07.02.34(E)(1)(a)-(c) states

1) The nursing home shall require that all employees receive annual immunization for influenza, unless:

    (a) Medically contraindicated;

    (b) Against the employee's religious beliefs; or

    (c) After being fully informed of the health risks associated with not receiving a vaccine, the employee refuses the immunization.

http://www.dsd.state.md.us/comar/comarhtml/10/10.07.02.34.htm

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Q5. Do I need to wear an N95 as my universal mask?

- No. HCP should use facemasks as source control.

- N95s and K95s should be reserved for aerosol-generating procedures first and then for the care of residents suspected or confirmed with COVID-19.

- Wearing respirators universally does not allow for good conservation of respirators and encourages more frequent re-use of respirators.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

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Q6. I'm concerned about having enough PPE for a 60-day stockpile. Should I reuse PPE so that I have enough?

- No. The goal is to have enough PPE to operate at a conventional level while continuing to conserve "stock up" on PPE for future shortages.

- Do not begin using PPE at a crisis level so that you are able to store enough PPE for 60 days.

https://phpa.health.maryland.gov/Documents/2020.10.27.01_MDH%20Order_Amended%20Nursing_Home_Matters_Order.pdf

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Q7. Do residents with COVID-19 have to be cohorted in assisted living?

- No. While it is not required in [the assisted living matters order](#) for residents to be cohorted on a designated COVID-19 unit, best practice is to cohort residents by location and staff

    - Best: Private room on a designated unit on contact and droplet precautions with designated staff
    - Better: Private room in home unit on contact and droplet precautions with designated staff
    - Good: Private room in home unit on contact and droplet precautions without designated staff

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Q8. One of our residents tested + by PCR on Saturday and negative on Monday. Was it a false positive?

- While no test is perfect, false positive PCR tests are very rare
- Asymptomatic infection is fairly common (about 40% for staff, 50% for residents)
- Having asymptomatic staff (or residents) test positive is not generally indicative of false positive test results
- For infection control purposes, treat a positive PCR as a positive regardless of subsequent test results
- Do not retest after positive PCR for 90 days

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Q9. What should we do with the roommate of a positive resident?

Best – Separate the roommate and the positive resident. Place the exposed resident on contact and droplet precautions for 14 days from the last exposure in a designated area for residents under quarantine/observation with designated staff

Better – Separate the roommate and the positive resident. Leave the exposed resident in place, in a private room on contact and droplet precautions for 14 days with designated staff.

Good – Separate the roommate and the positive resident. Leave the exposed resident in place on contact and droplet precautions for 14 days.

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Q 10. Am I required to use my POC device to facilitate universal testing?

- No. Facilities are not *required* to use their POC devices for universal testing or symptom-based testing.

- Facilities must follow the [CMS testing guidance in QSO 20-38](#).

- If using POC for any reason, a facility must also test using PCR-based testing during an outbreak.

- Facilities must comply with the most recent October 1st [Notice - October 2020 COVID-19 Updates to Nursing Homes and Assisted Living Programs](#)

https://phpa.health.maryland.gov/Documents/2020100104_MDH_Guidance_Visitation_and_Point_of_Care_Use.pdf

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Environmental Infection Control

Opportunities for Improvement in Environmental Cleaning

- Inappropriate labeling of disinfectant bottles

- Placing disinfectants in dirty, used containers

- Not mixing/using bleach appropriately

- Not knowing or applying the overall contact time for the disinfectant

- Not having a disinfectant on the EPA List N

- Infrequent cleaning of high-touch surfaces
  - Aim to clean high touch surfaces every shift (E.g. light switch, doorknob, bedside table, phones, nursing station, etc) https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf

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Technical Assistance Team Updates

TAT Updates

- Based on self-reported data through CRISP, **106 of 225 (2 did not report in the last week)** 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 (225 since mid-September) and **referred 3** facilities (23 since mid-September) with significant infection control concerns for CIC assessment.

- The Certified Infection Control (CIC) nurse **visited 5** facilities (20 since early October) and **referred 2** facilities (5 since early October) to Infectious Disease, Epidemiology and Outbreak Response Bureau (IDEORB).

- The Congregate Compliance Team **conducted 2** reviews (63 since mid-August) and **referred 0** facilities (44 since mid-August) to the Office of Health Care Quality for non-compliance with weekly testing mandates.

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TAT Updates

- As of 12 November, the Technical Assistance Teams will have visited every skilled nursing facility at least once, with some assisted living facilities. Moving forward, visits will occur approximately every 4-6 weeks without notice to the facility. The point of these visits is to see your facility as it is (i.e. without preparation) and provide immediate feedback.

- PPE reporting changes to CRISP (i.e. 0-15 days, 16-30 days, etc.) are forthcoming... in about three weeks. Additional modifications, such as hospitalization/admission clarifications, will accompany these changes.

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Questions?

MDH.IPCOVID@Maryland.gov

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