



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

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

January 27, 2022

Webinar Agenda

- COVID-19 Epi Summary
- Daily Reporting Review
- POC Test Result Reporting Review
- FAQs
- Q&A



COVID-19 Epi Summary

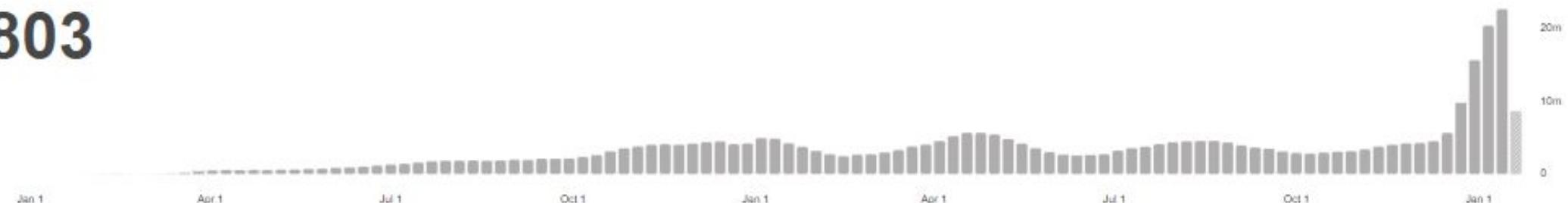
Worldwide: COVID-19

Global Situation

356,955,803

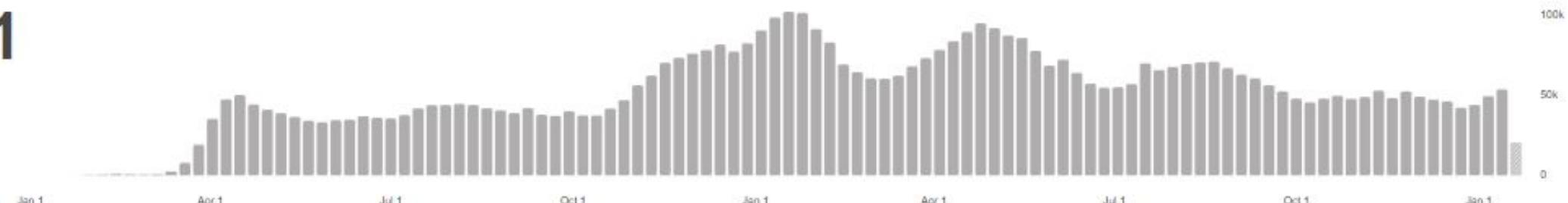
confirmed cases

Daily Weekly



5,610,291

deaths



Source: World Health Organization

■ Data may be incomplete for the current day or week.

Worldwide: COVID-19

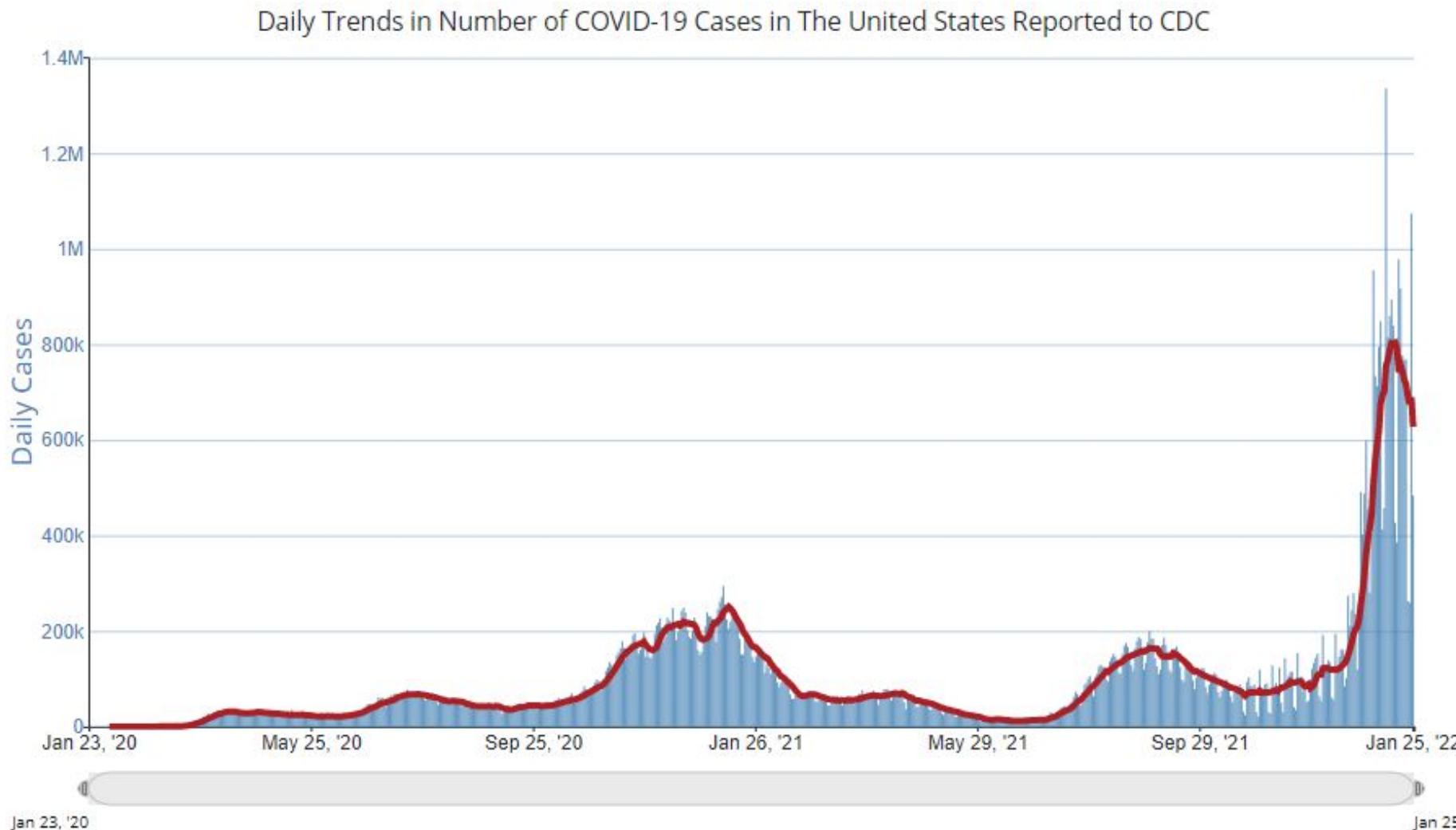
Situation by Country, Territory or Area

Map | Cases | Deaths | Last 7 days



U.S.: COVID-19

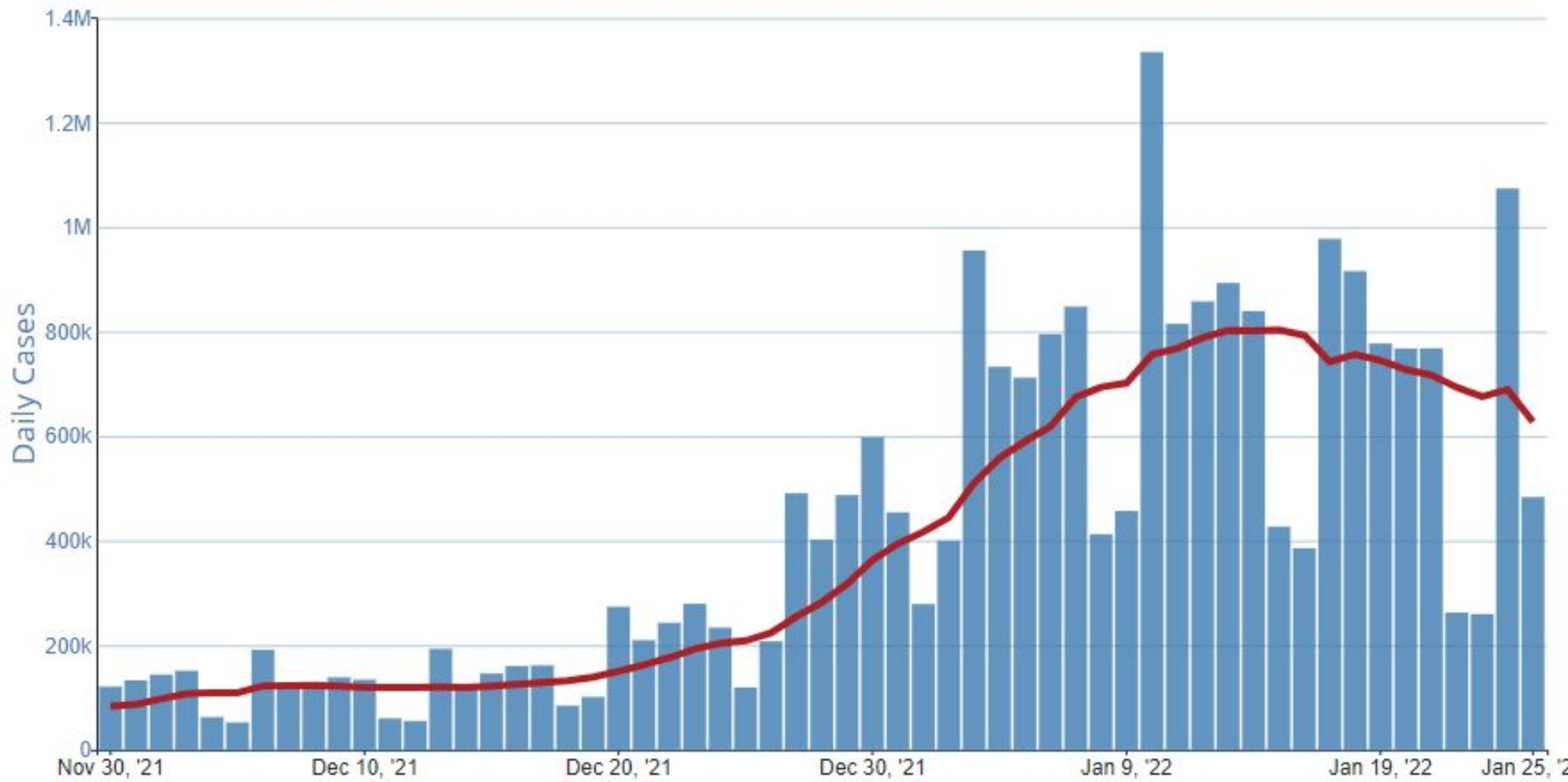
https://covid.cdc.gov/covid-data-tracker/#trends_dailystrendsnewcases, accessed 1/27/22



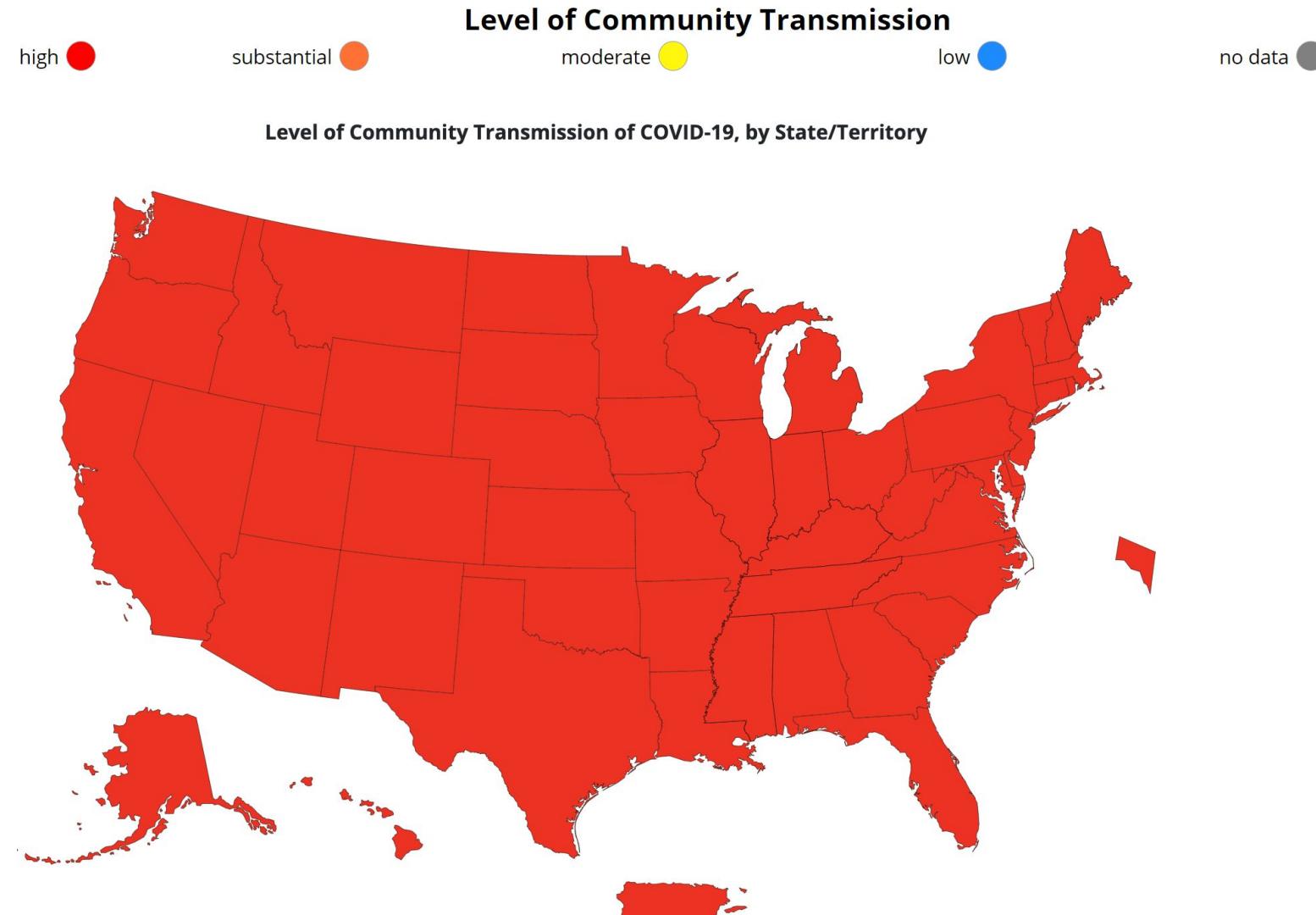
U.S.: COVID-19

https://covid.cdc.gov/covid-data-tracker/#trends_dailystrendsnewcases, accessed 1/27/22

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



US: Community Transmission



Maryland COVID-19 Dashboard

Confirmed Cases

946,869

24hr Change: +3,256

Persons Tested Negative

6,728,564

24hr Change: +40,191

Testing Volume

17,766,351

24hr Change: +44,251

Testing % Positive

11.59%

24hr Change: -0.9%

Confirmed Death:

13,078

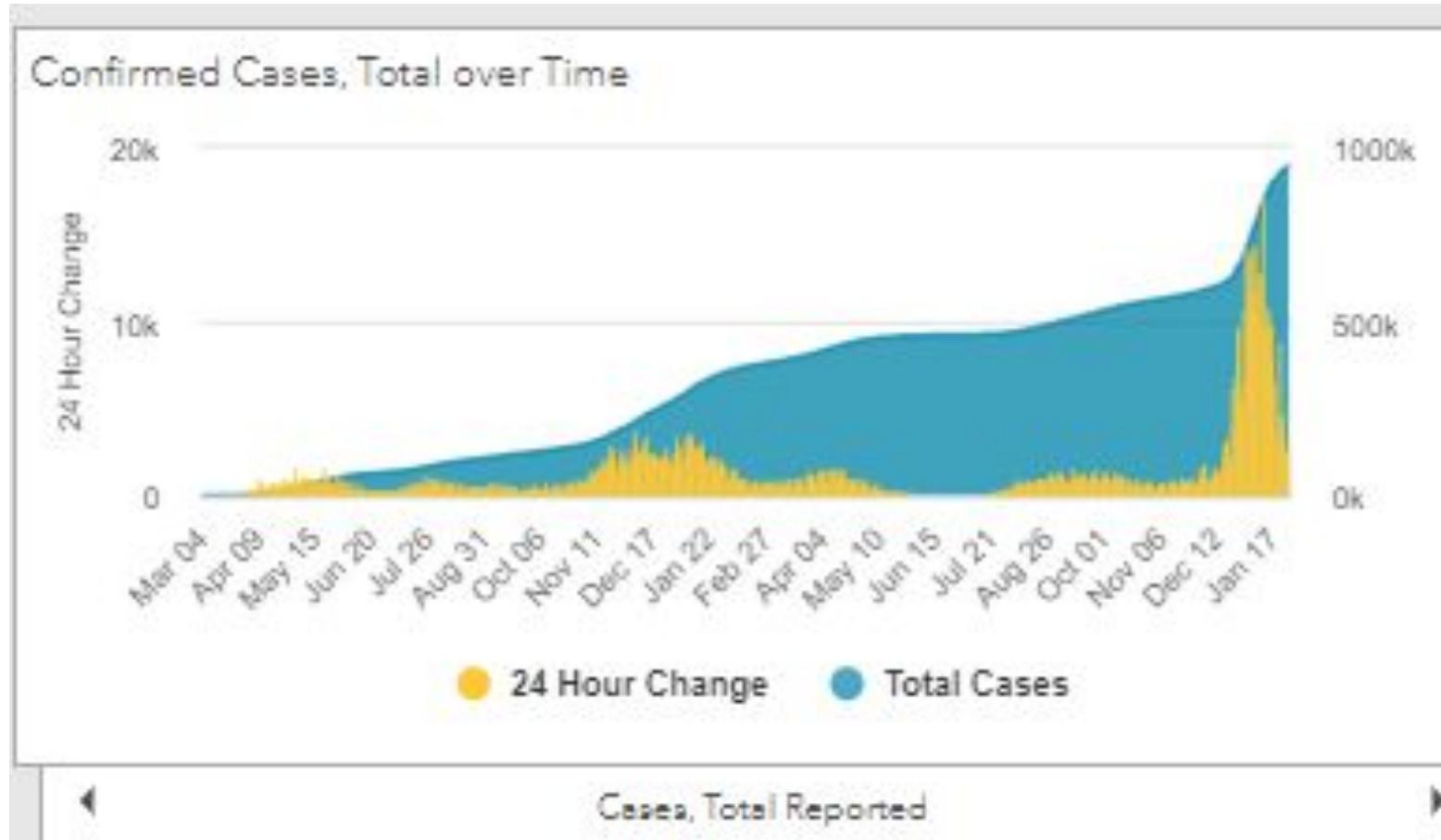
24hr Change: +54

Currently Hospitalized

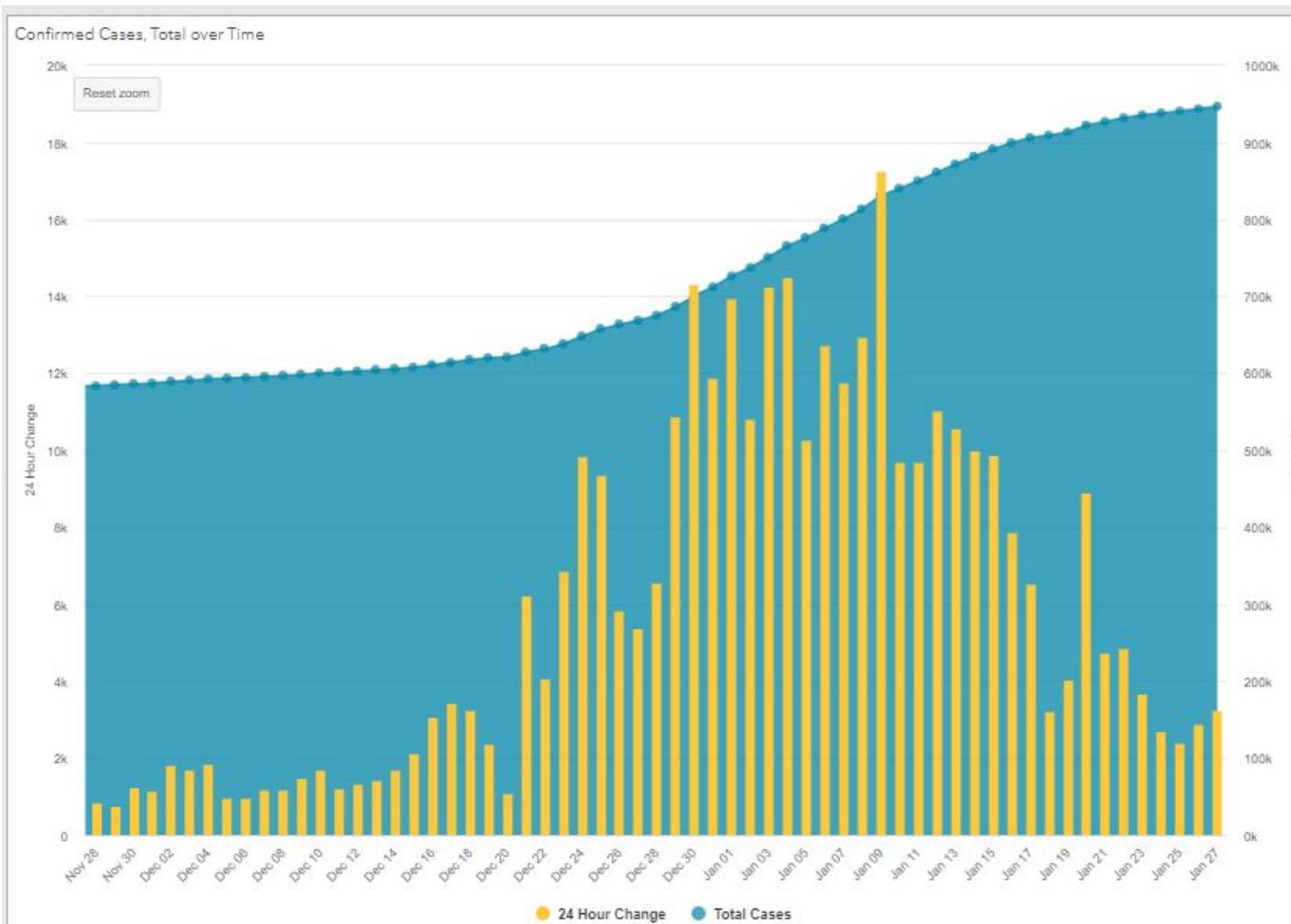
2,103

24hr Change: -131

Maryland Confirmed Cases



Maryland Confirmed Cases

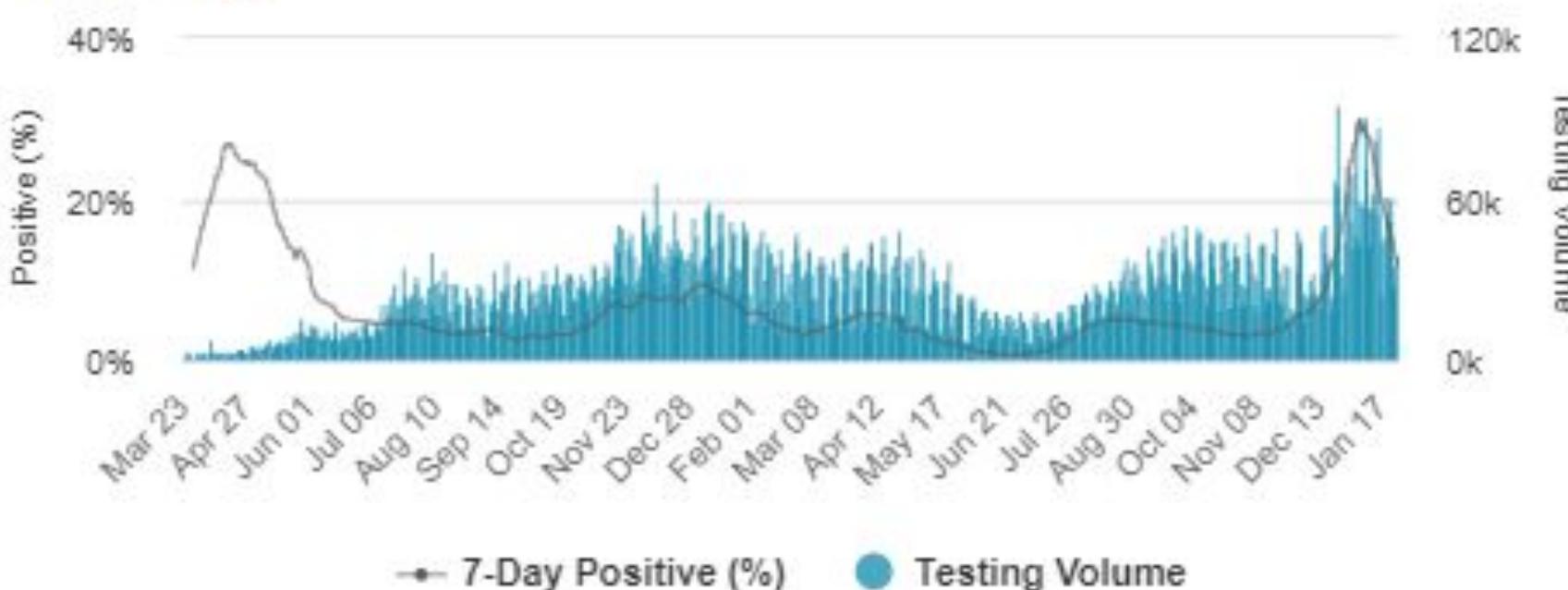


<https://coronavirus.maryland.gov/> 1/27/22

Maryland Testing Volume and % Positivity

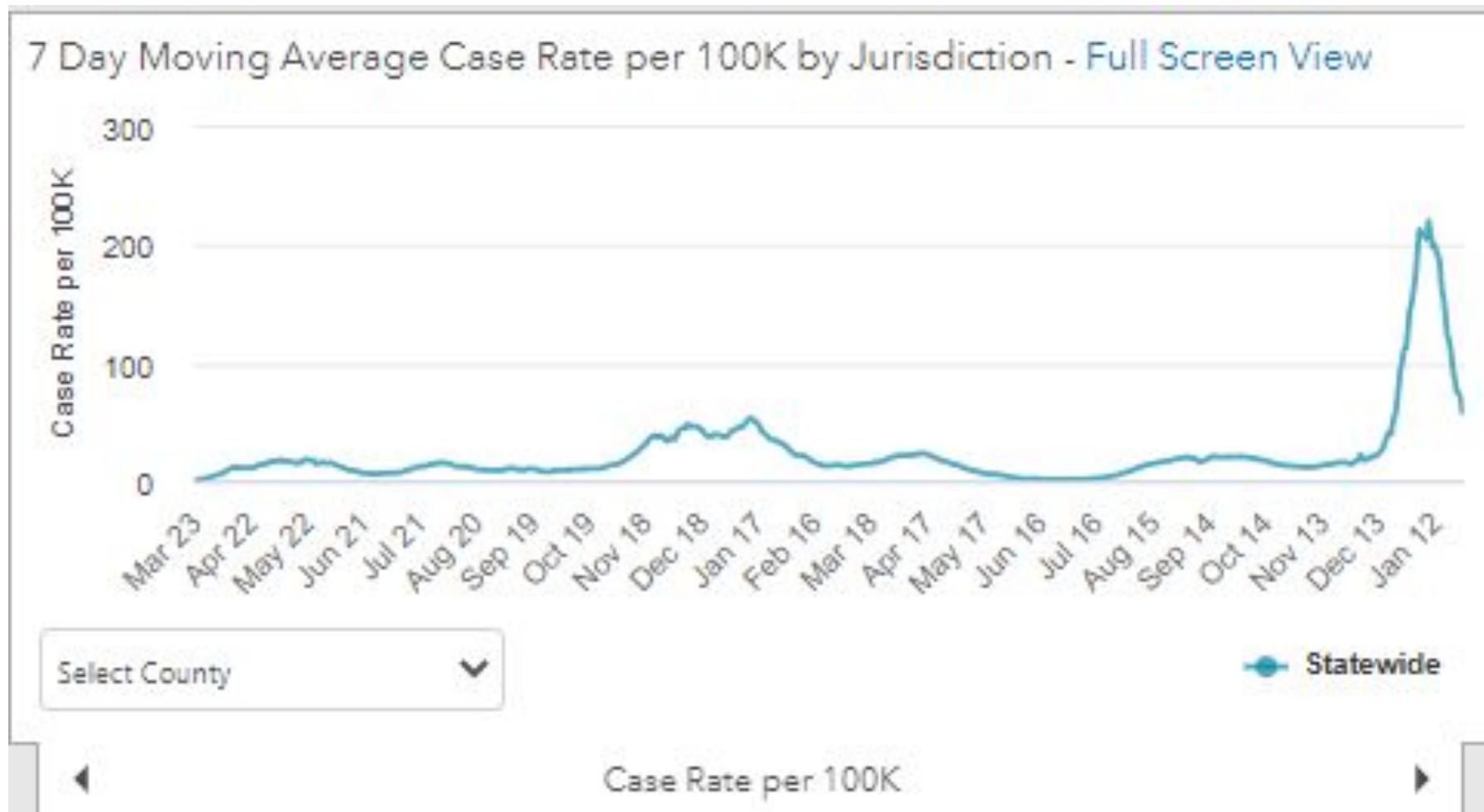
Testing Volume, Tests per Day and Percent Positive Rate (7-Day Avg)

- Methodology



Maryland Case Rate

<https://coronavirus.maryland.gov/> accessed 1/27/22



Maryland Nursing Home Resident Cases



Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Display by State

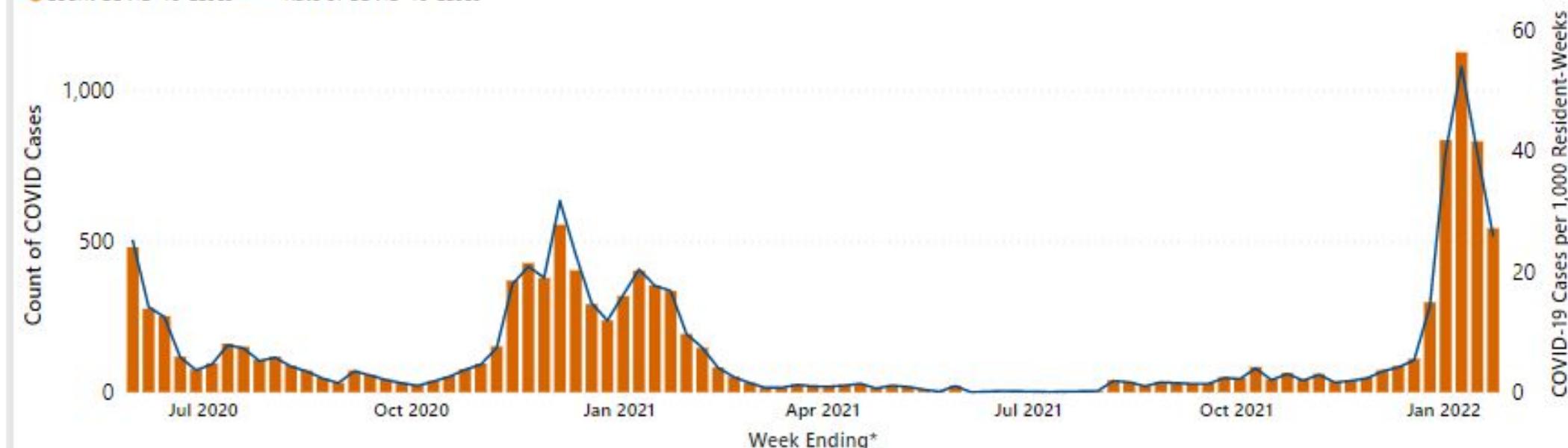
MD

Display by FEMA/HHS Region

All

Cases Deaths

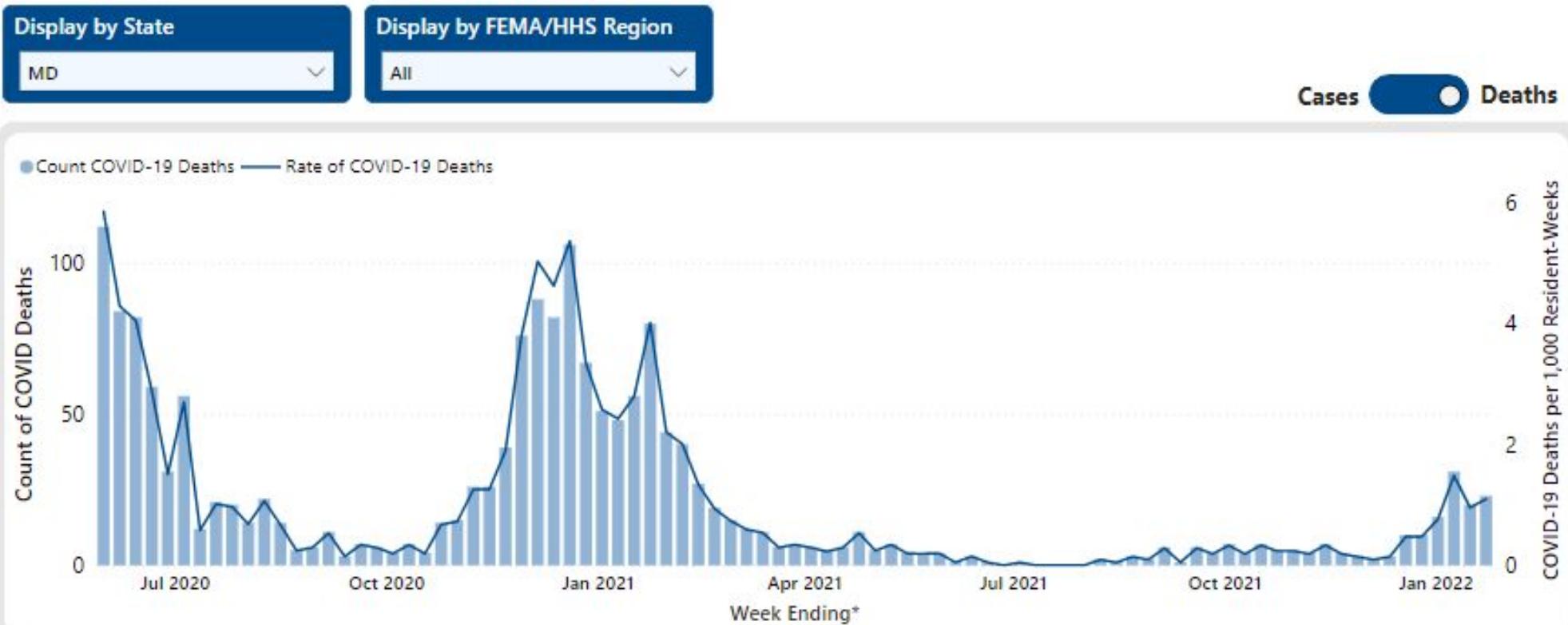
■ Count COVID-19 Cases — Rate of COVID-19 Cases



Maryland Nursing Home Resident Deaths



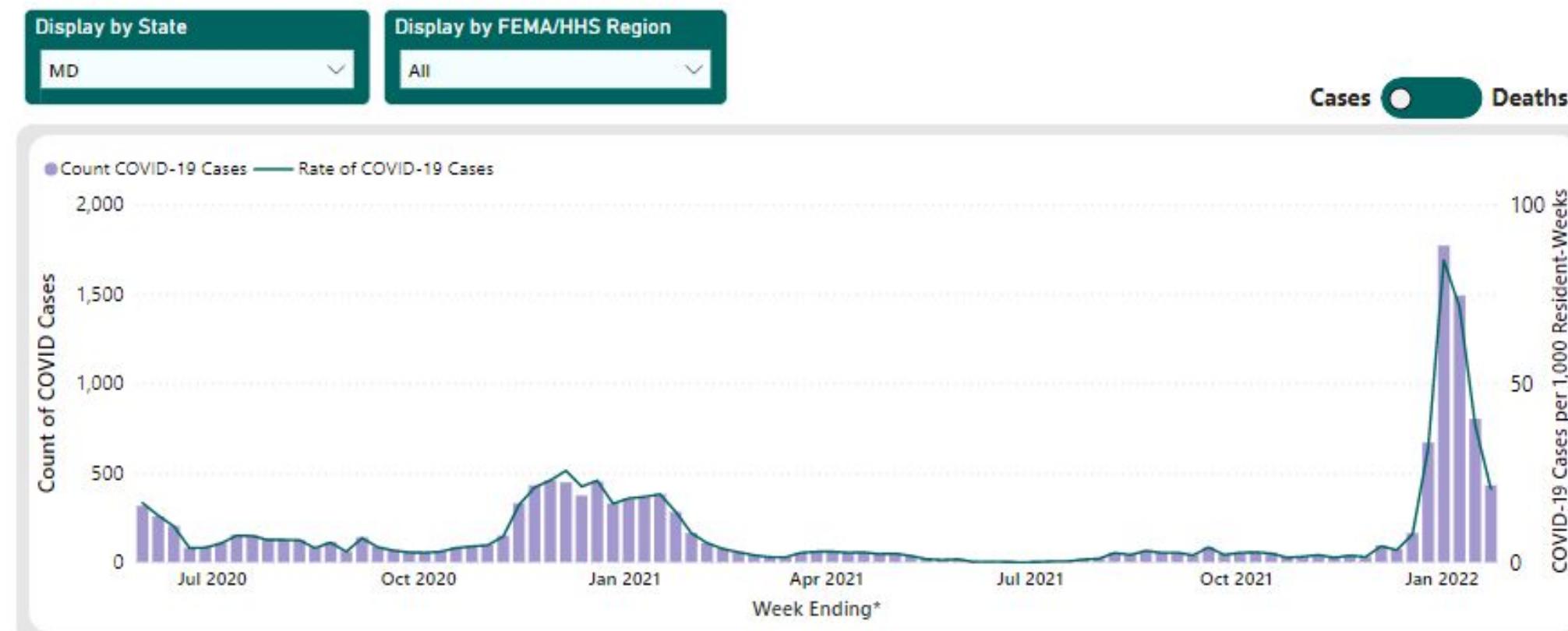
COVID-19 Deaths among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Maryland Nursing Home Staff Cases

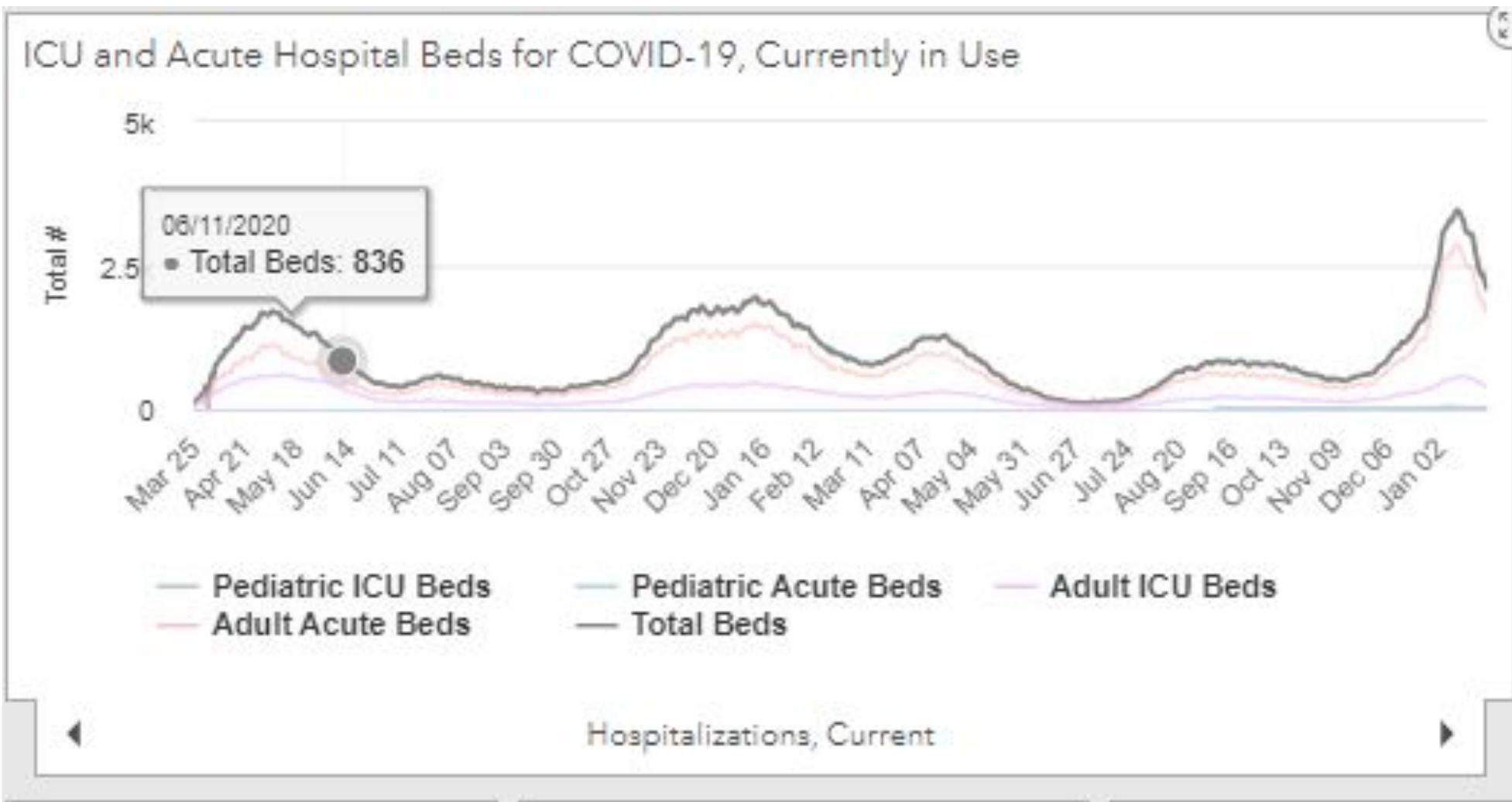


Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Maryland Hospitalizations

<https://coronavirus.maryland.gov/> accessed 1/27/22



Maryland Hospitalizations

<https://covid.cdc.gov/covid-data-tracker/#hospitalizations> accessed 1/27/22

Prevalent Hospitalizations of Patients with Confirmed COVID-19, Maryland



August 01, 2020 – January 24, 2022

2,469

Current 7-Day Average

Jan 18, 2022 – Jan 24, 2022

3,118

Prior 7-Day Average

Jan 11, 2022 – Jan 17, 2022

3,118

Peak 7-Day Average

Jan 11, 2022 – Jan 17, 2022



-20.8%

Percent change from prior 7-day avg. of Jan 11, 2022 – Jan 17, 2022

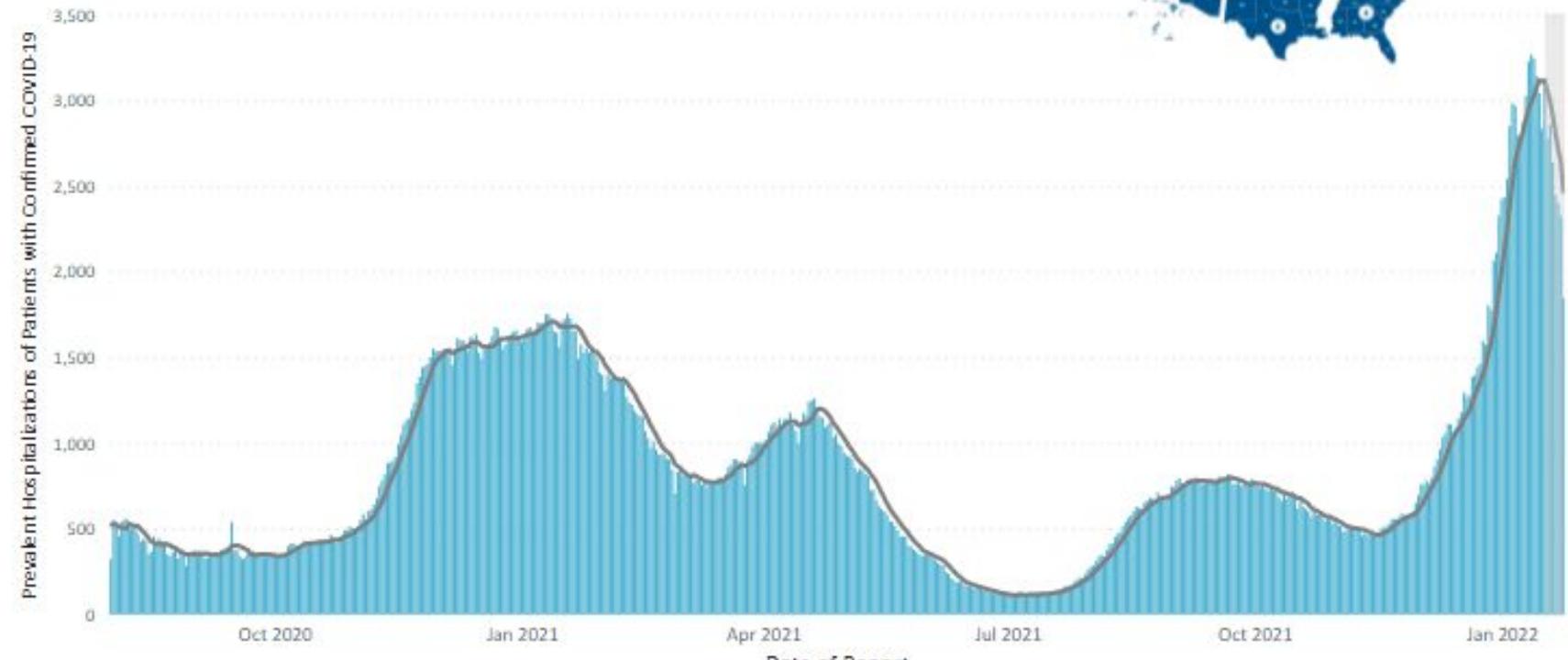
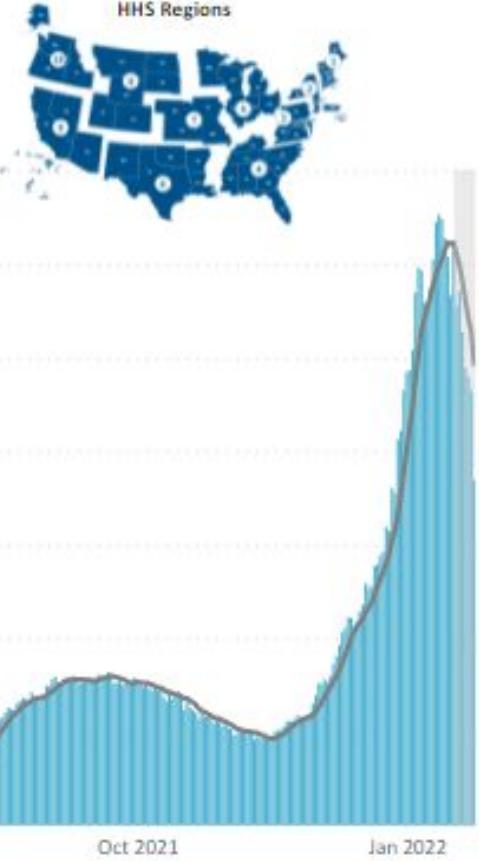
-20.8%

Percent change from peak 7-day avg. of Jan 02, 2022 – Jan 08, 2022

Select a Jurisdiction

Maryland

HHS Regions



Maryland Vaccine Dashboard

CDC: Population with at Least One Dose

Population Age 18+

94.4%

Population Age 5+

88.6%

Source: CDC Covid Data Tracker

1st Dose Administered

4,618,958

24hr Change +4,859

2nd Dose Administered

4,044,443

24hr Change +4,779

Single Dose Administered

331,683

24hr Change +110

Booster Dose Administered

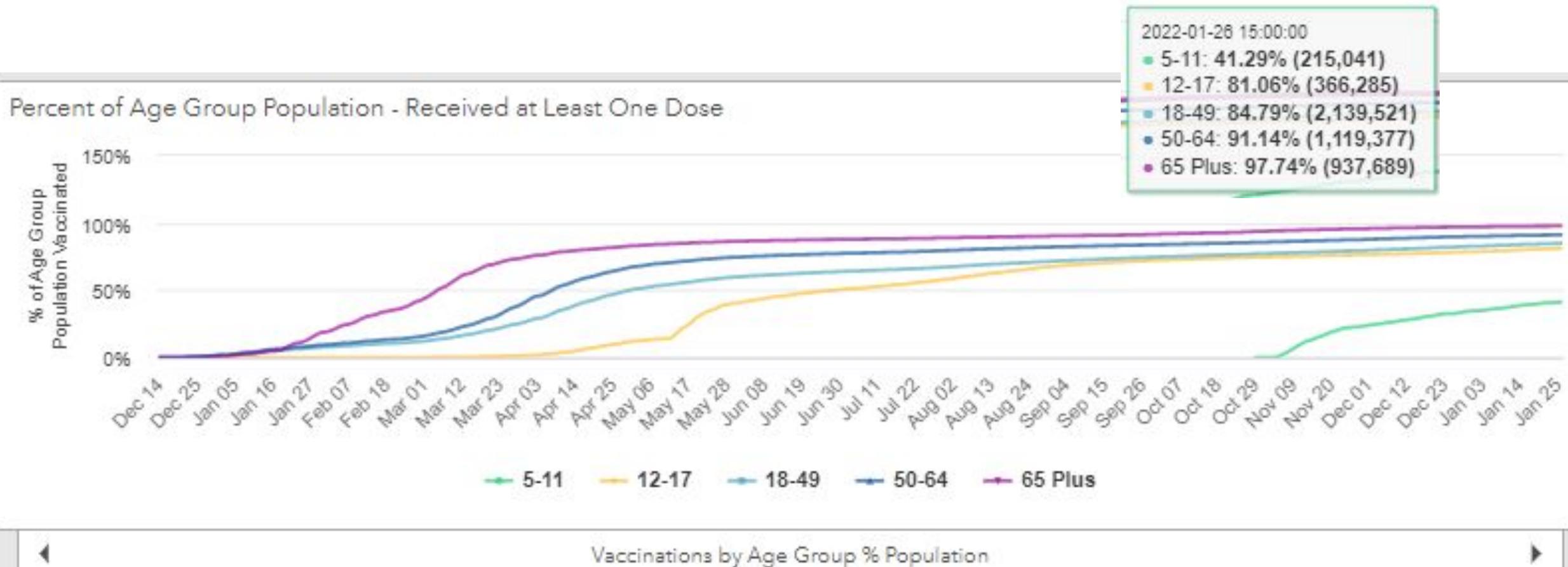
1,986,216

24hr Change +10,318

All Doses Administered

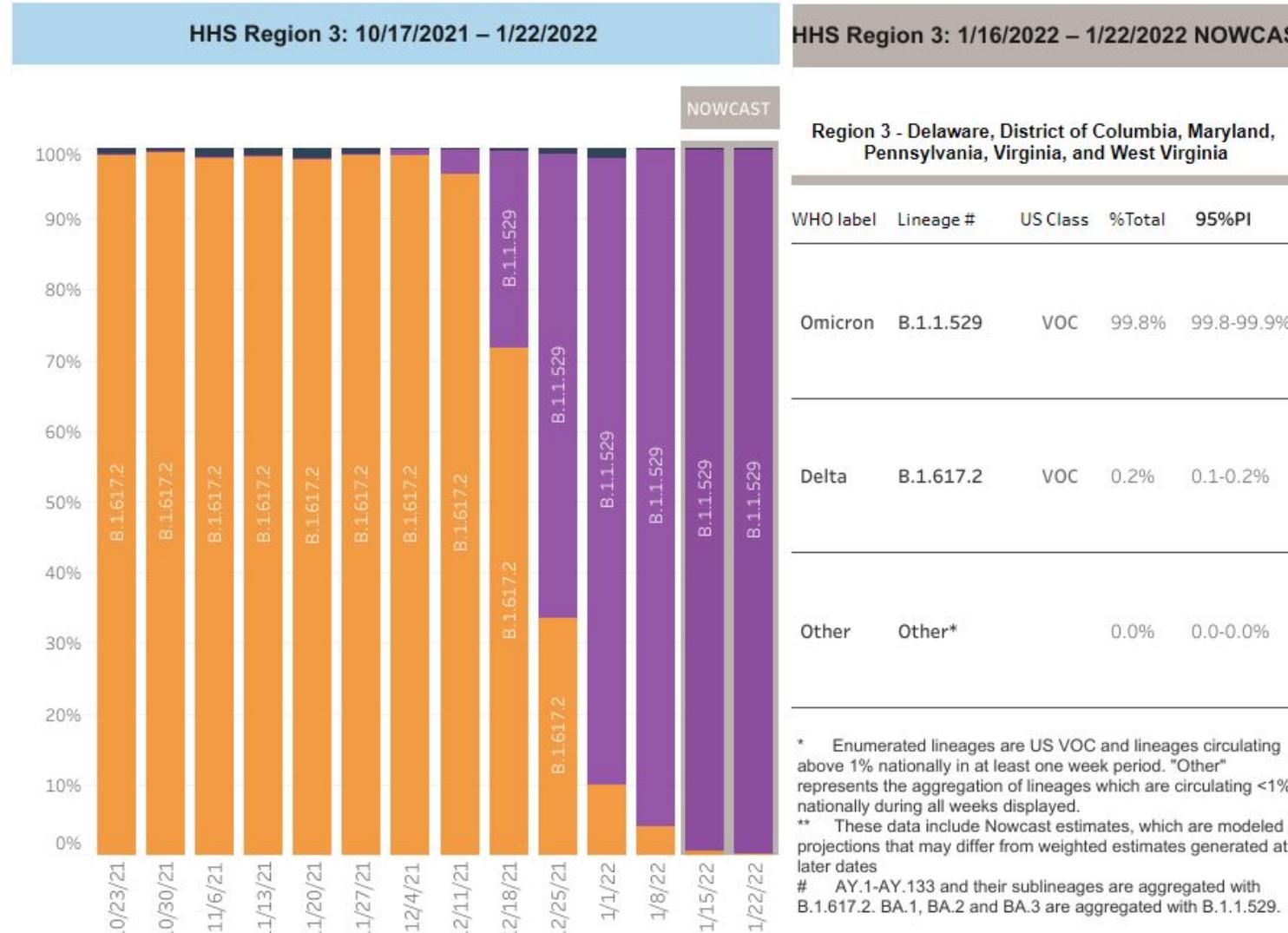
Vaccinations by Dose

Maryland Vaccine Dashboard

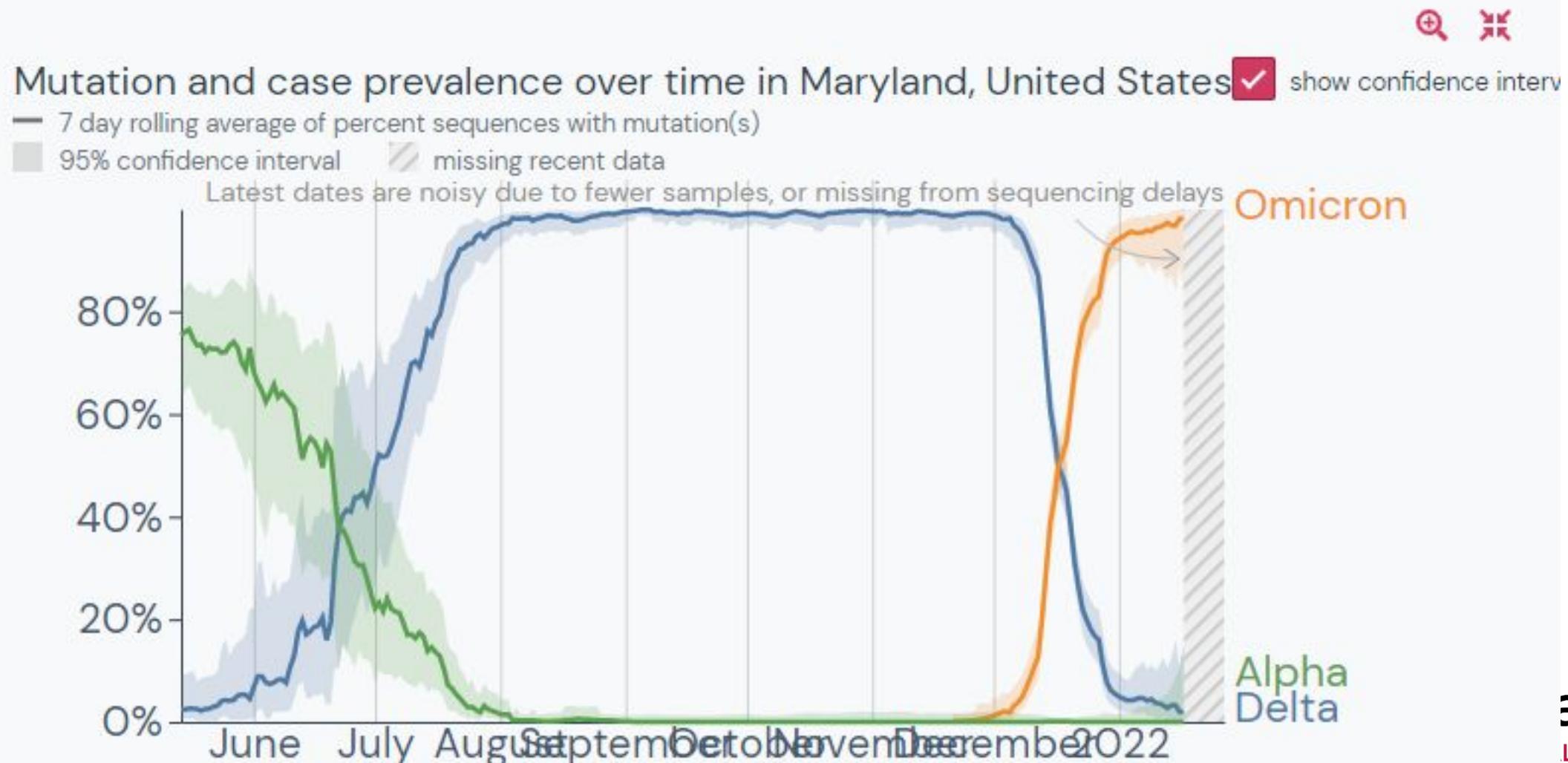


U.S.: COVID-19 Variants

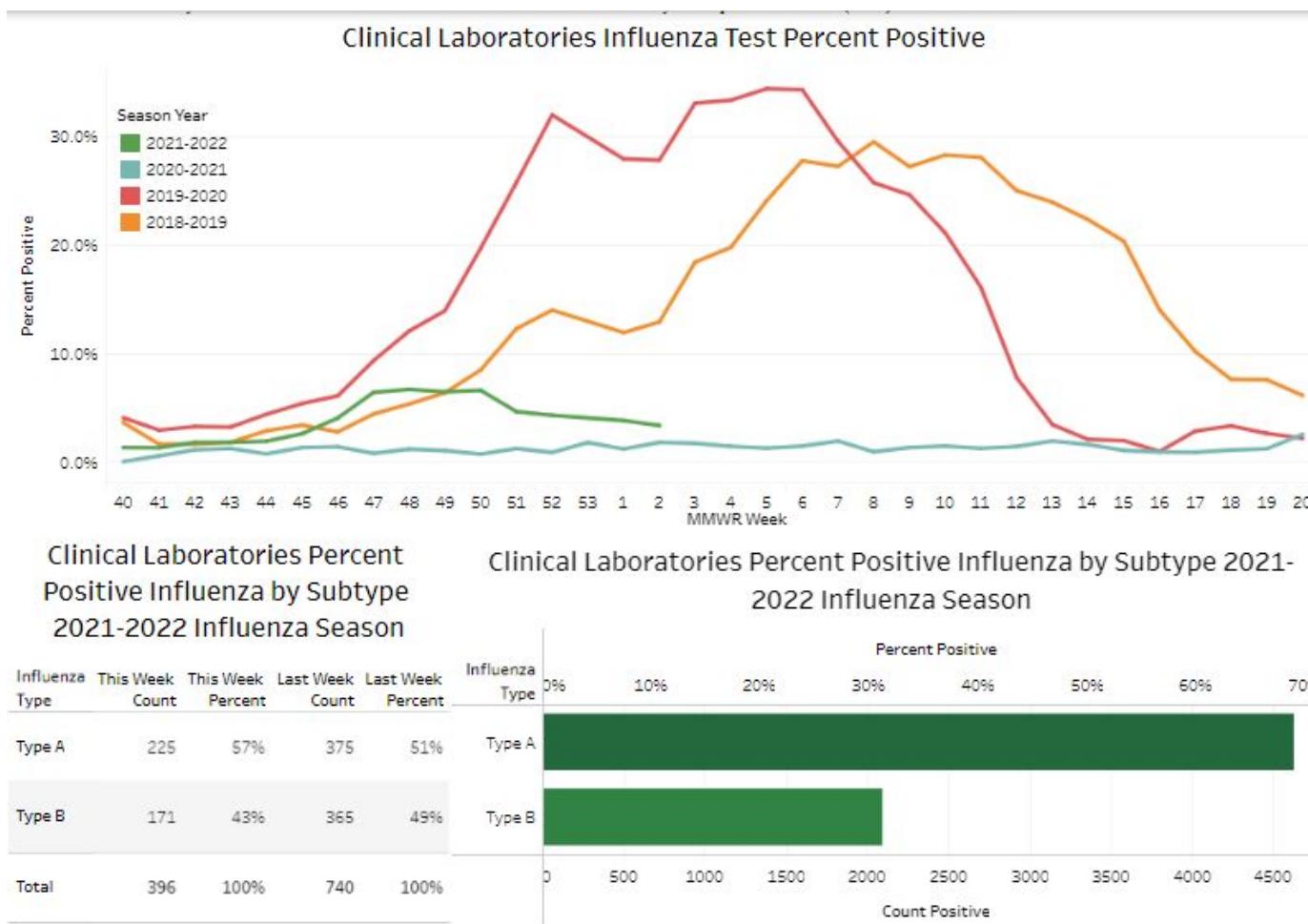
Region 3 - Delaware, District of ... Nowcast Off 1/22/2022



Maryland: COVID-19 Variants

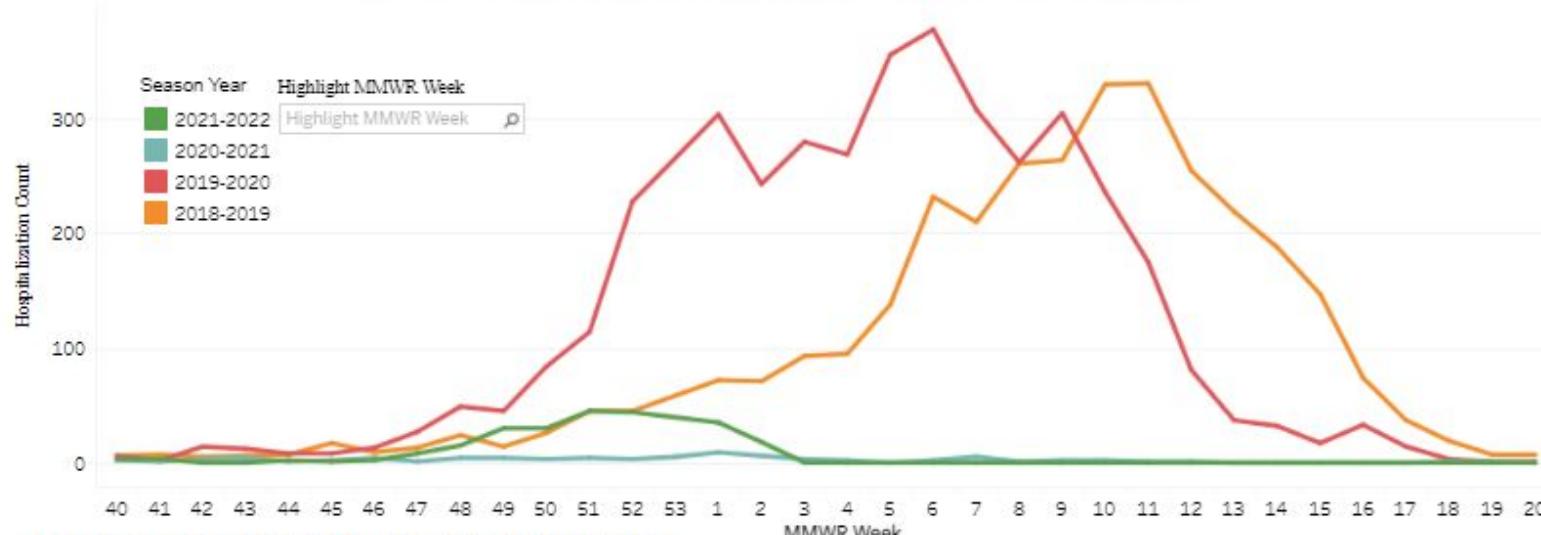


Maryland: Influenza



Maryland: Influenza

Influenza Associated Hospitalization by Influenza Season



Influenza Associated Hospitalization by Age Group 2021-2022 Influenza Season

Hospitalizations by Age Group	This Week Count	This Week Percent	Last Week Count	Last Week Percent	This Season Number	This Season Percent
0-4	0	0%	1	0%	14	6%
5-24	1	6%	3	0%	37	16%
25-49	5	28%	4	0%	40	17%
50-64	9	50%	6	0%	51	22%
65+	3	17%	21	100%	94	40%
Grand Total	18	100%	35	100%	236	101%

Influenza-Associated Hospitalization by Gender

Gender	Count
Female	135
Male	103

Influenza-Associated Hospitalization by Race

Race	Count
Black or African American	39
White	88
Other	16
Data not available	92

Influenza-Associated Hospitalization by Ethnicity

Ethnicity	Count
Hispanic or Latino	19
Non Hispanic or Latino	128
Data not available	91



CMS Updates

Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19

Health Care Staff Vaccination

- QSO 22-07, published 12/28/2021
- Today (1/27/2022) marks 30 days after the issuance of the memorandum, facilities must meet the following to be in compliance:
- Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19; and
- 100% of staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted qualifying exemption, or identified as having a temporary delay as recommended by the CDC

CMS Updates

Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19

Health Care Staff Vaccination

- If Less than 100% of all staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the facility is non-compliant under the rule. The facility will receive notice of their non-compliance with the 100% standard.
- A facility that is above 80% and has a plan to achieve a 100% staff vaccination rate within 60 days would not be subject to additional enforcement action. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety. Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction, civil monetary penalties, denial of payment, termination, etc.).



- **QSO 22-10-ALL: Vaccination Expectations for Surveyors Performing Federal Oversight**

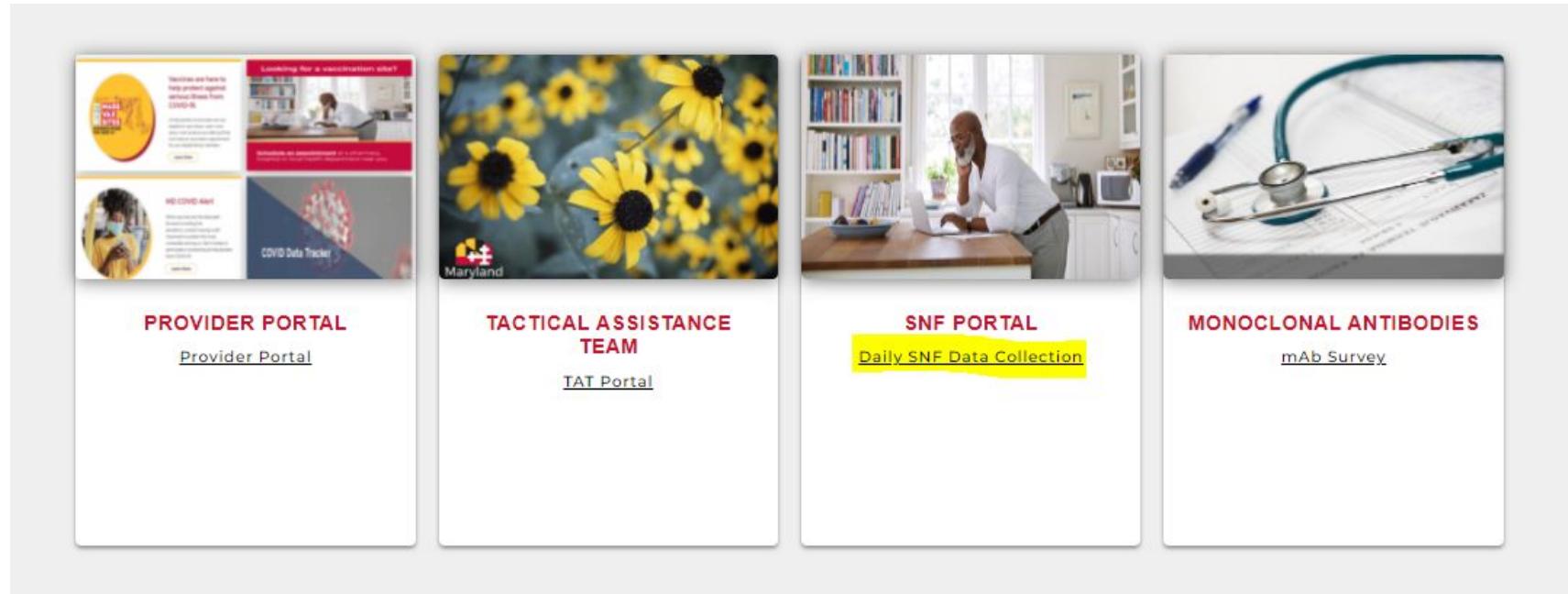
- Surveyors who are not fully vaccinated (unless vaccination is medically contraindicated or the individual is legally entitled to a reasonable accommodation under federal civil rights laws because they have a disability or sincerely held religious beliefs, practices, or observances that conflict with the vaccination requirement) should not participate as part of the onsite survey team performing federal oversight of certified providers and suppliers (including accreditation surveys performed under an AO's deeming authority).
- Certified providers and suppliers are not permitted to ask surveyors for proof of their vaccination status as a precondition for entry.

Daily Reporting Update

John Watson, Marty Griffin, Sarah Mazer
MDH Congregate Care Team

Condensed Daily Reporting Form (SNFs only)

We have created a new, **condensed** daily reporting form which will be available on the **MDH PROPS portal**. The new form was created to **reduce the daily reporting burden** of our Skilled Nursing Facilities while ensuring **real-time data collection** needed to **support SNFs and their residents**.



Condensed Daily Reporting Form (SNFs only): FAQ

How does this new form differ from the prior daily reporting form in CRISP?

The new form will be approximately **20 fields**, down from the **200 fields** required in the current CRISP form.

Are facilities required to use the new daily reporting form and if so, do they still have to report to CRISP?

Daily reporting is required via the new form, which fulfils the state's daily reporting requirement. Due to CDC requirements, facilities must still comply with weekly reporting requirements, whether reporting directly to NHSN or via CRISP.

When will facilities start using the new format?

The designated reporting contact(s) for each facility have received credentials to the PROPS portal by email. If new or additional users need access to the portal for reporting, they can register for the portal and will receive access once approved by an admin. Reporting via PROPS is required beginning on 2/1.

Will LHD's be able to view the submitted facility data?

LHDs will receive admin access to view the data submitted by facilities in their designated jurisdiction.

When will LHD contacts receive their credentials for the new portal?

LHD's will receive their credentials following 2/1 (exact date TBD).

POC Test Result Bulk Upload Refresher

POC Result Reporting

- Pursuant to Health General Article §§ 18-205 and 18-904, and COMAR 10.06.01.03 and .04, a medical laboratory performing a test for COVID-19 shall report a positive test result of an individual immediately to MDH and the appropriate local health officer.
- Pursuant to Health General Article § 18-904, a medical laboratory performing a test for COVID-19 shall report negative and inconclusive test results in addition to positive test results.
- "Medical laboratory" means any facility, entity, or site that offers or performs tests or examinations in connection with the diagnosis and control of human diseases or the assessment of human health, nutritional, or medical conditions or in connection with job-related drug and alcohol testing.

<https://health.maryland.gov/phpa/Documents/2021.12.15.01%20-%20MDH%20Order%20-%20Amended%20Health%20Care%20Matters%20Order.pdf>

32 <https://law.justia.com/codes/maryland/2015/article-ghg/title-17/subtitle-2/section-17-201/>

How to Submit POC Results in Bulk



Connecting Providers with Technology to Improve Patient Care

COVID Point of Care (POC) Test Result: Bulk Submission

General Information

1. Each organization may submit one file per day.
2. It is critical that the submitter select the correct test machine and specimen.
 - a. If your test machine is not listed, please contact support@crisphealth.org.
3. All columns in the spreadsheet are required EXCEPT those with a dependency (ex. Date of Onset will be required only if Symptomatic=Yes) AND the following:
 - a. Optional fields: PatientMiddleName, PatientAddress2, PatientEmail, TestID, DeviceID, OrganizationAddress2

File Requirements

- File must be named: YYYYMMDD_NPI.csv
 - o If you have multiple NPIs in your spreadsheet, simply pick one of them to include in the filename
- File must be saved as .csv
 - o In Microsoft Excel, click File → Save As → CSV (Comma delimited) (*.csv)

How to Submit POC Results in Bulk

Submission Process

1. Log into your CRISP Direct email account.
 - a. If you do not have a Direct account, please contact your CRISP Outreach Representative or email support@crisphealth.org. Please specify that you are requesting a CRISP Direct account for POC reporting purposes.
2. Send an email to pocreporting@crispdirect.org, with your daily file attached.

Corresponding Documentation

1. POC Bulk Submission Template
 - a. Use this template to prepare your submission. Do not delete or alter any columns or column/headers.
2. Machine – Specimen Type spreadsheet
 - a. Use this spreadsheet to ensure you are picking from the correct Specimen Type options for your particular machine.

Bulk Upload Template form

Note this spreadsheet and the instructions will be sent out with the slides

FAQs

Does COVID PPE and other COVID trash have to go in Red Bags?

- No.
- Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.

How do I get a copy of the slides?

- The slides and a recording of the webinar are sent on the following business day.
- If you are not on the mailing list, email MDH.IPCOVID@maryland.gov with the subject, “LTC Mailing List”

Do we have to use plastic walls? Where?

- Plastic sheeting can be used to divide a hall into a COVID unit and a non-COVID unit, or mark off an observation unit if there is not a door already in a convenient location.
- *Plastic* is not required, *designation* is required. Facilities may use tape on the floor, cones, signs, or other creative solutions if it is easily identifiable. Or plastic if they choose to.
- Plastic sheeting should **not** be installed over individual resident doors- it could be a fire and safety (egress) hazard. Instead, doors of rooms with COVID positive residents should be kept closed if possible.
- Plastic is **not** required behind a set of closed double doors with adequate signage.

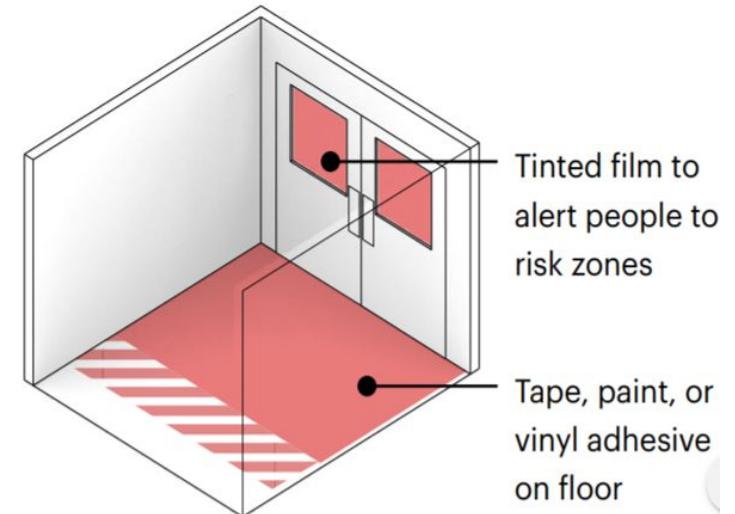


Photo credit:
<https://www.isplora.com/us/News/Innovation/new-york-healthcare>

What, where, and when do I have to report?

- PROPs: Data collection tool, daily
- NHSN: Vaccine and capacity data, weekly
 - If you do not have NHSN access yet, you may continue to report vaccine and capacity data to CRISP for upload into NHSN
- CRISP: POC test results (positive and negative) as per [Healthcare Matters](#)
- Local Health Department Outbreak reporting
- TAT data as requested

If we are testing visitors, where do we have to report results?

- All test results from POC tests performed by the facility must be included in the CRISP test result reporting upload
- CRISP is working on adding a “visitor” option to the POC upload
- Visitors do not need to be counted in NHSN or PROPs cumulative numbers
- POC tests done by the visitor alone do not have to be reported into CRISP. Home tests can be reported by individuals or providers here:

https://onestop.md.gov/users/sign_in (first create an account)

Why is the outbreak definition in long term care one case?

- As per [CMS](#):
 - An outbreak investigation is initiated when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff).

NH Only: Do we have to test visitors every time they come to visit?

- Visitors need a negative test within 72 hours of their visit
 - Facility may provide POC testing at the door, or visitors may get tested in the community and bring their test results
- For people who will be visiting multiple times in 72 hours, a single test may cover more than one visit
- Even with negative testing, all visitors must be screened for symptoms on arrival
- Visitors who show proof of a positive test within the last 90 days (but have met criteria to discontinue isolation) do not need to be tested

Note: Visitors who refuse to be tested must still be allowed to visit, as long as they follow Infection Control Rules

Next Webinar

Thursday, 2/10/22 at 12:30 pm

Questions?

MDH.IPCOVID@maryland.gov