



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

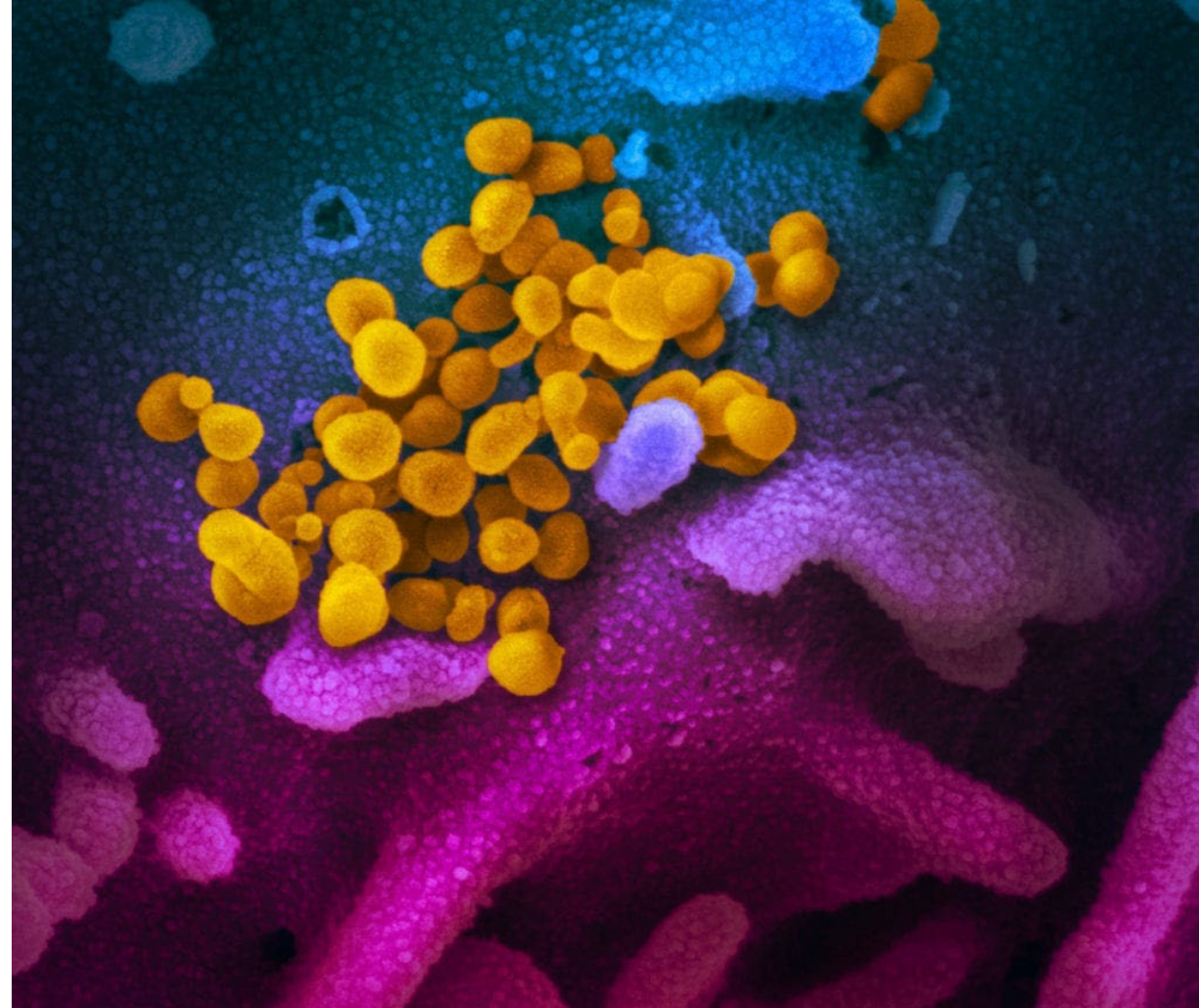
Maryland Department of Health
Infectious Disease Epidemiology and Outbreak Response Bureau

March 4th, 2021

Call Agenda

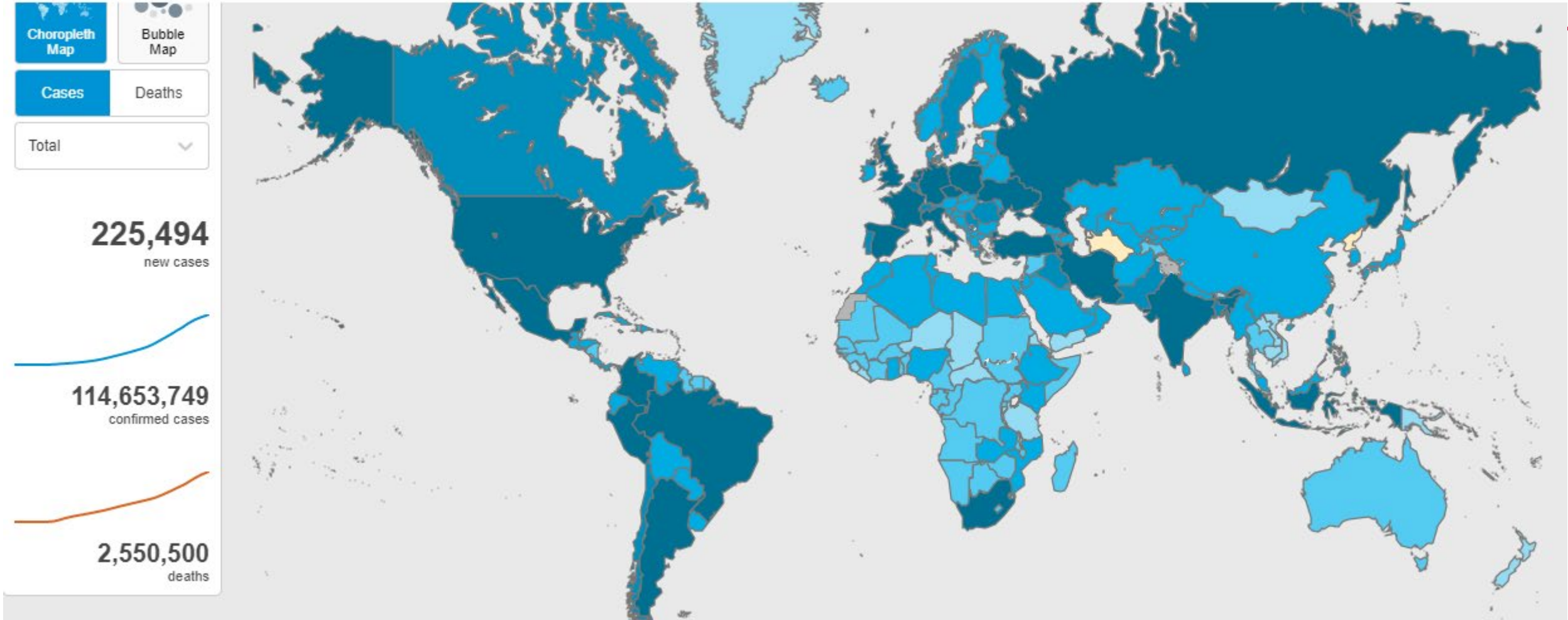
- Maryland Epi Updates
- CDC Updates
- Ebola Updates
- FAQs

Picture Courtesy of NIAID-RML

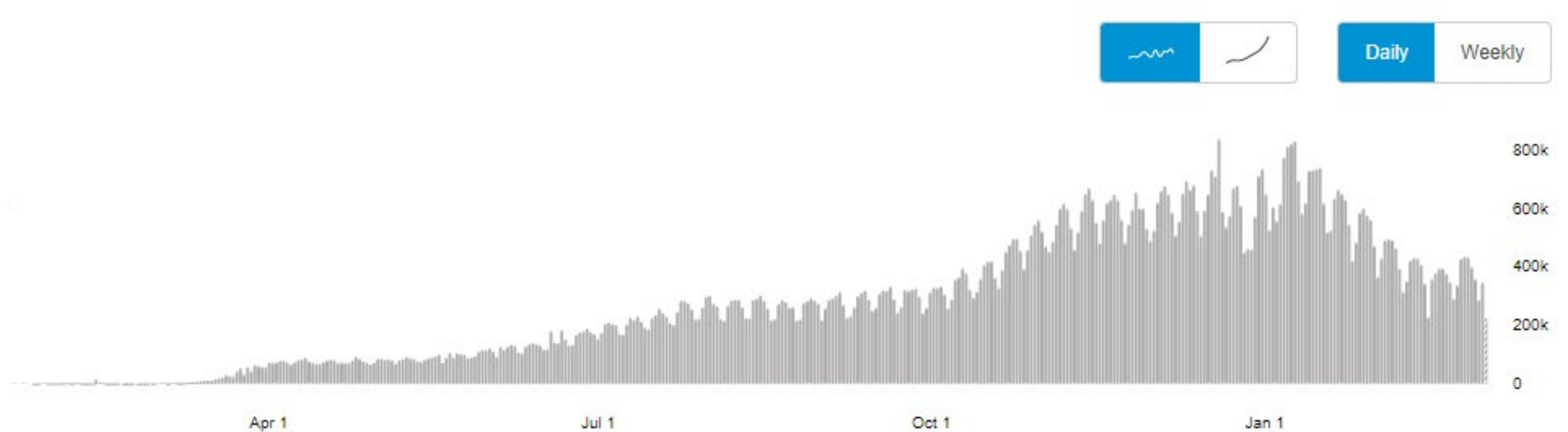


COVID-19 Epi Summary

Worldwide: COVID-19



Global Daily Case Counts



U.S.: COVID-19

TOTAL CASES

28,514,774

+54,276 New Cases

AVERAGE DAILY CASES PER 100K IN

LAST 7 DAYS

19.3

TOTAL DEATHS

515,277

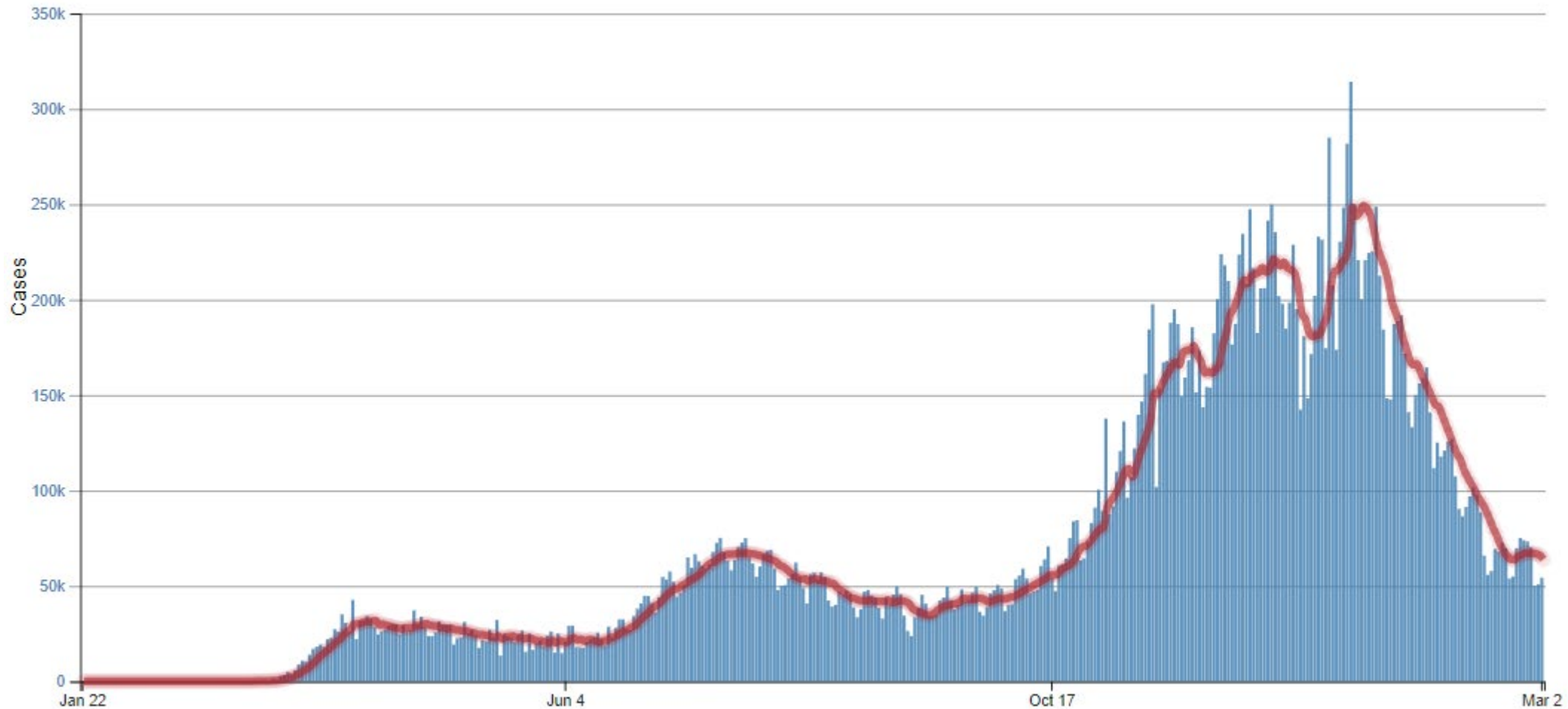
+2,103 New Deaths

CDC | Updated: Mar 3 2021 4:12PM

Source: CDC, https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days,
accessed March 4, 2021

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 March 4, 2021

DEPARTMENT OF HEALTH

and

US: COVID-19 Vaccinations

Total Vaccine Doses

Delivered 107,028,890

Administered 80,540,474

Learn more about the distribution of vaccines.

People Vaccinated

Total

% of Total Population

Population ≥ 18 Years of Age

% of Population ≥ 18 Years of Age

Read more about how these data are reported.

Receiving 1 or More Doses

52,855,579

15.9%

52,807,336

20.7%

Receiving 2 Doses

26,957,804

8.1%

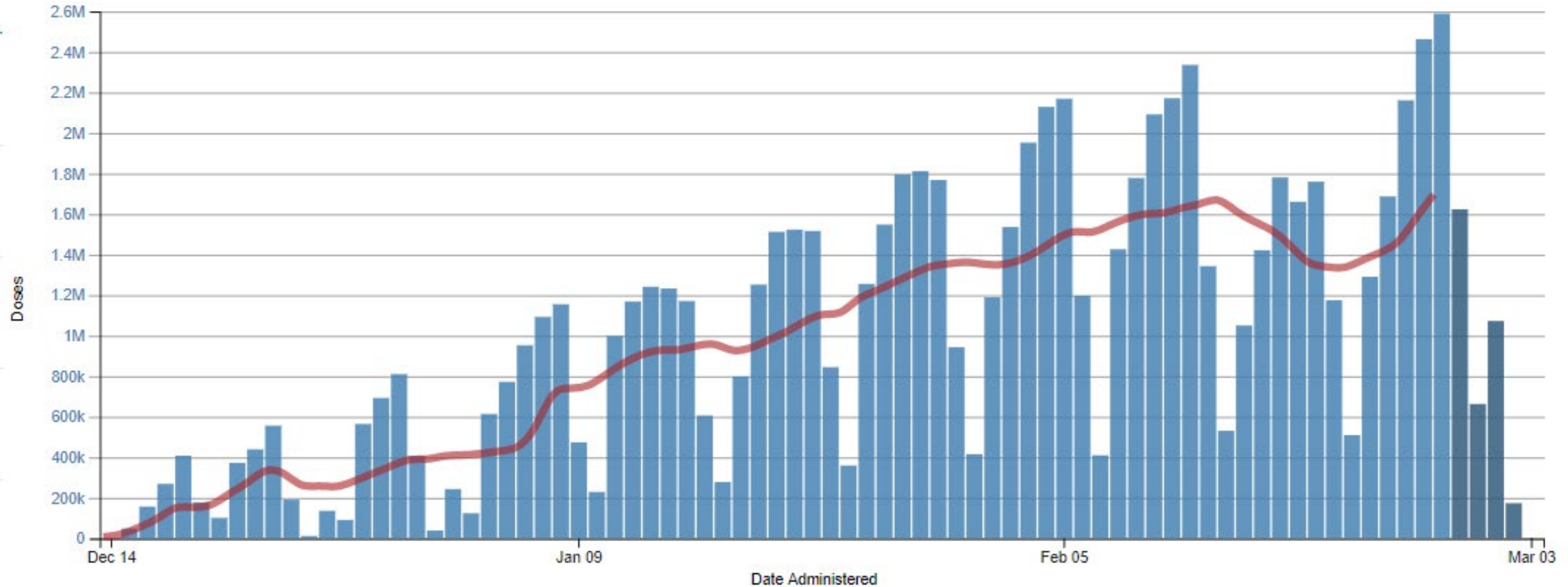
26,939,693

10.6%

CDC | Data as of: Mar 03 2021 6:00am ET | Posted: Mar 3 2021 4:12PM ET

US COVID-19 Vaccinations

Daily Count of Total Doses Administered and Reported to the CDC by Date Administered, United States



Federal Pharmacy Partnership for Long-Term Care Program Data

Overall US COVID-19 Vaccine Distribution and Administration; Maps, charts, and data provided by the CDC, updated daily by 8 pm ET[†]

Total Number of Doses Administered in Long-Term Care Facilities

7,218,655

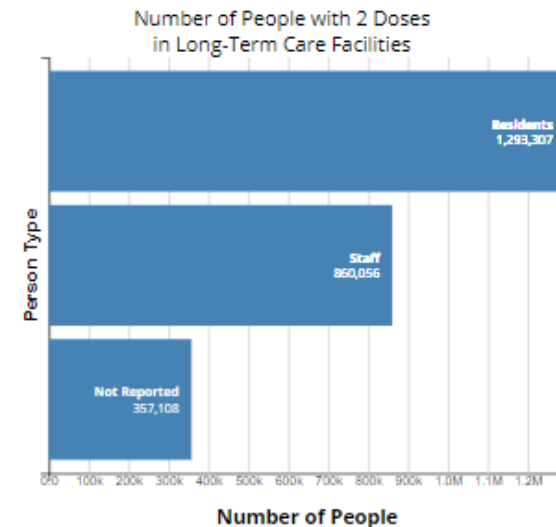
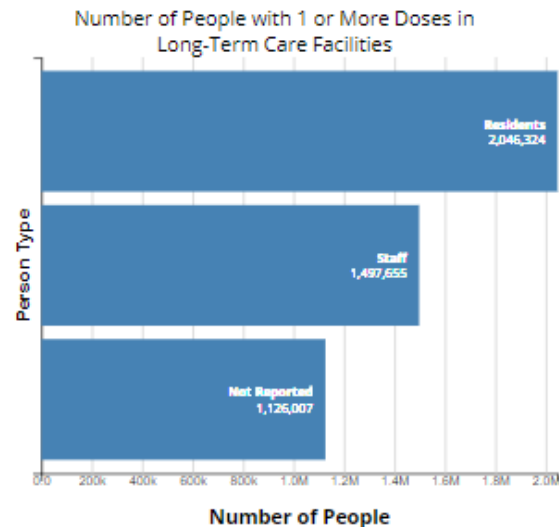
Number of People with 1 or More Doses in Long-Term Care Facilities

4,669,986

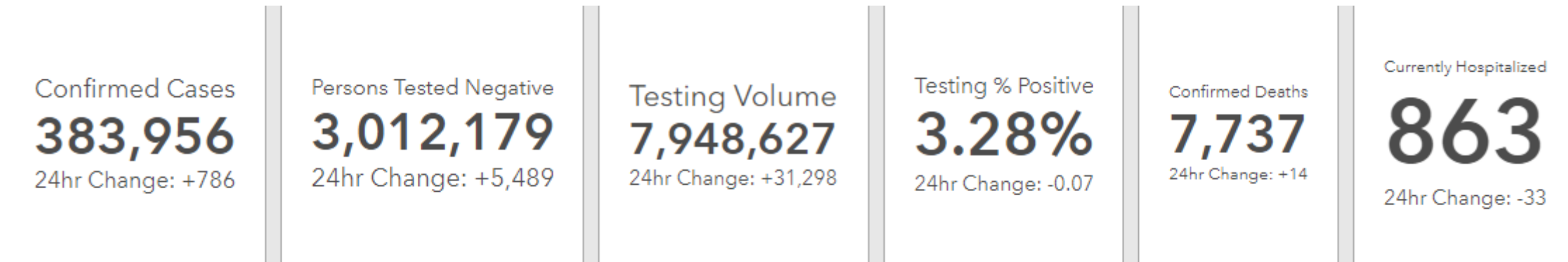
Number of People with 2 Doses in Long-Term Care Facilities

2,510,471

CDC | Data as of: Mar 03 2021 6:00am ET | Posted: Mar 3 2021 4:12PM ET



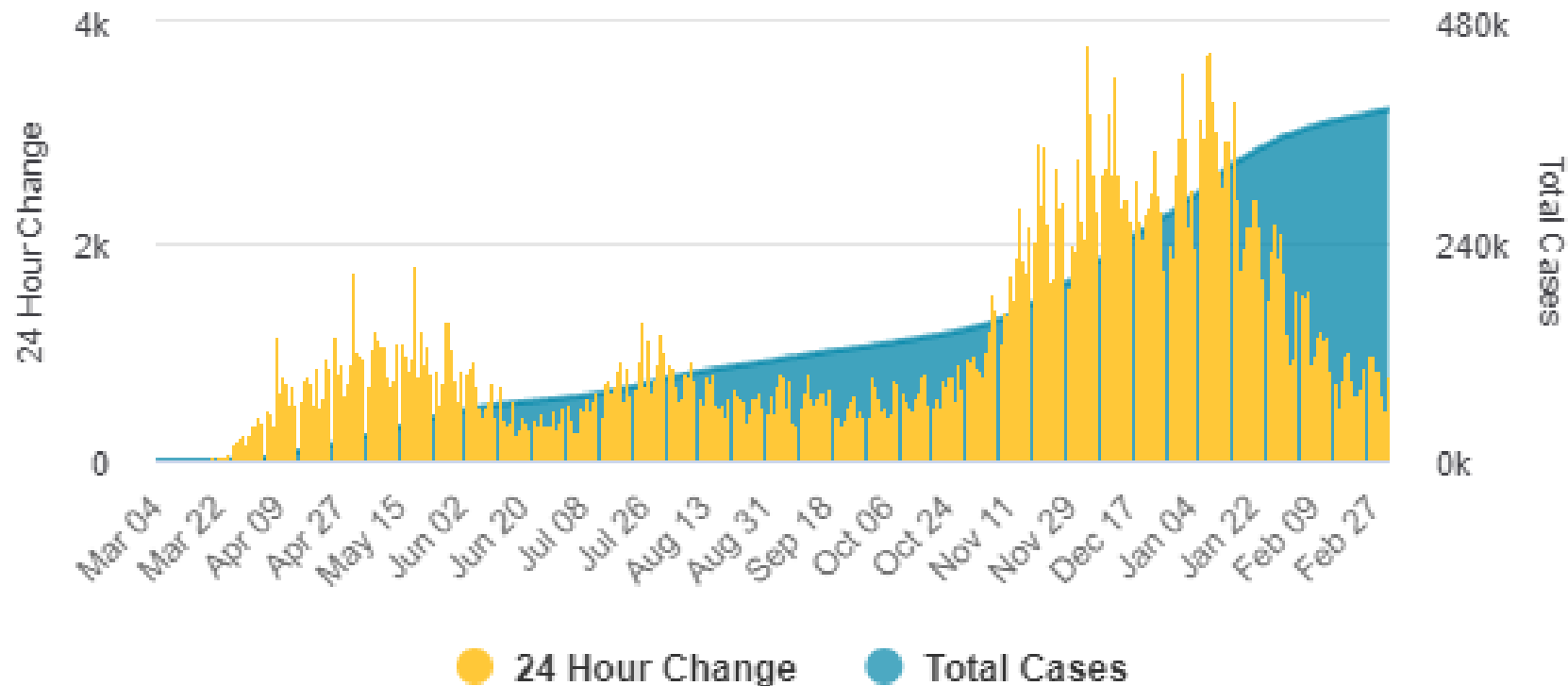
Maryland: COVID-19



Source: <https://coronavirus.maryland.gov/>,
accessed March 4, 2021

Maryland: COVID-19

Confirmed Cases, Total over Time

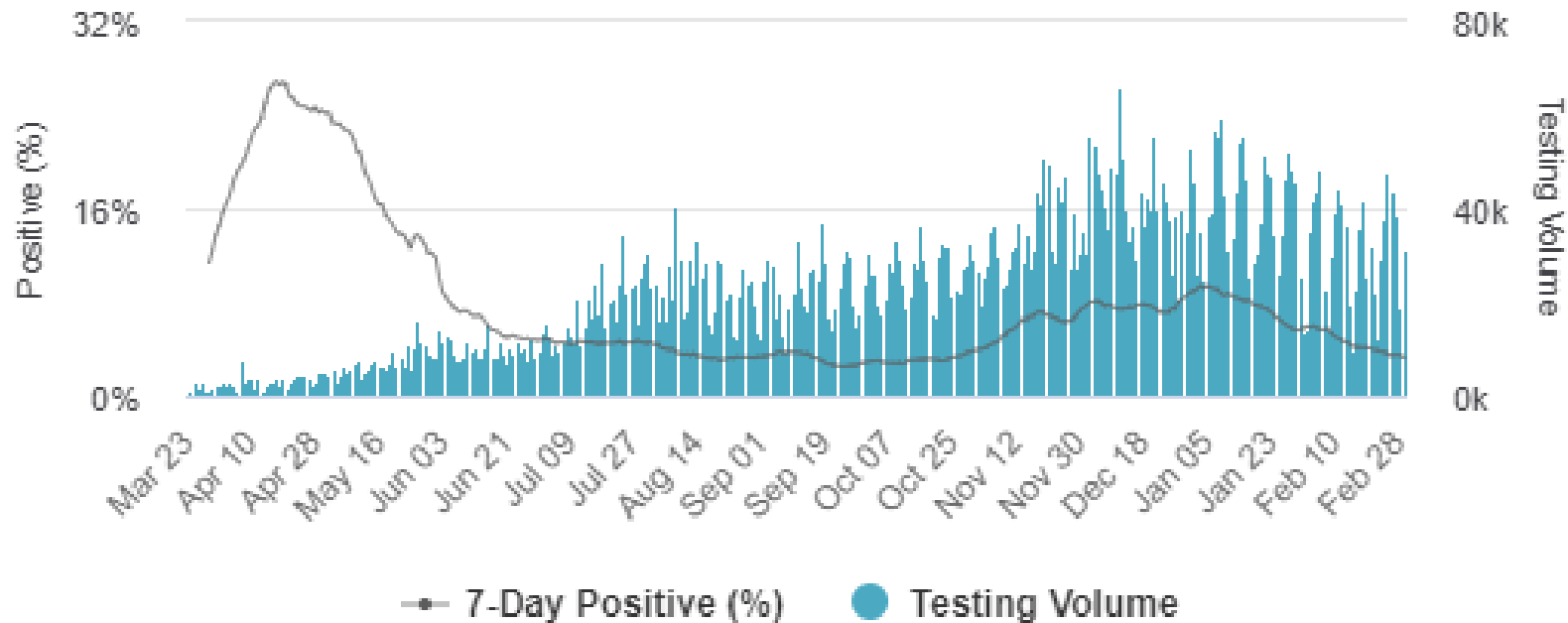


Cases, Total Reported

Maryland: COVID-19

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

- [Methodology](#)

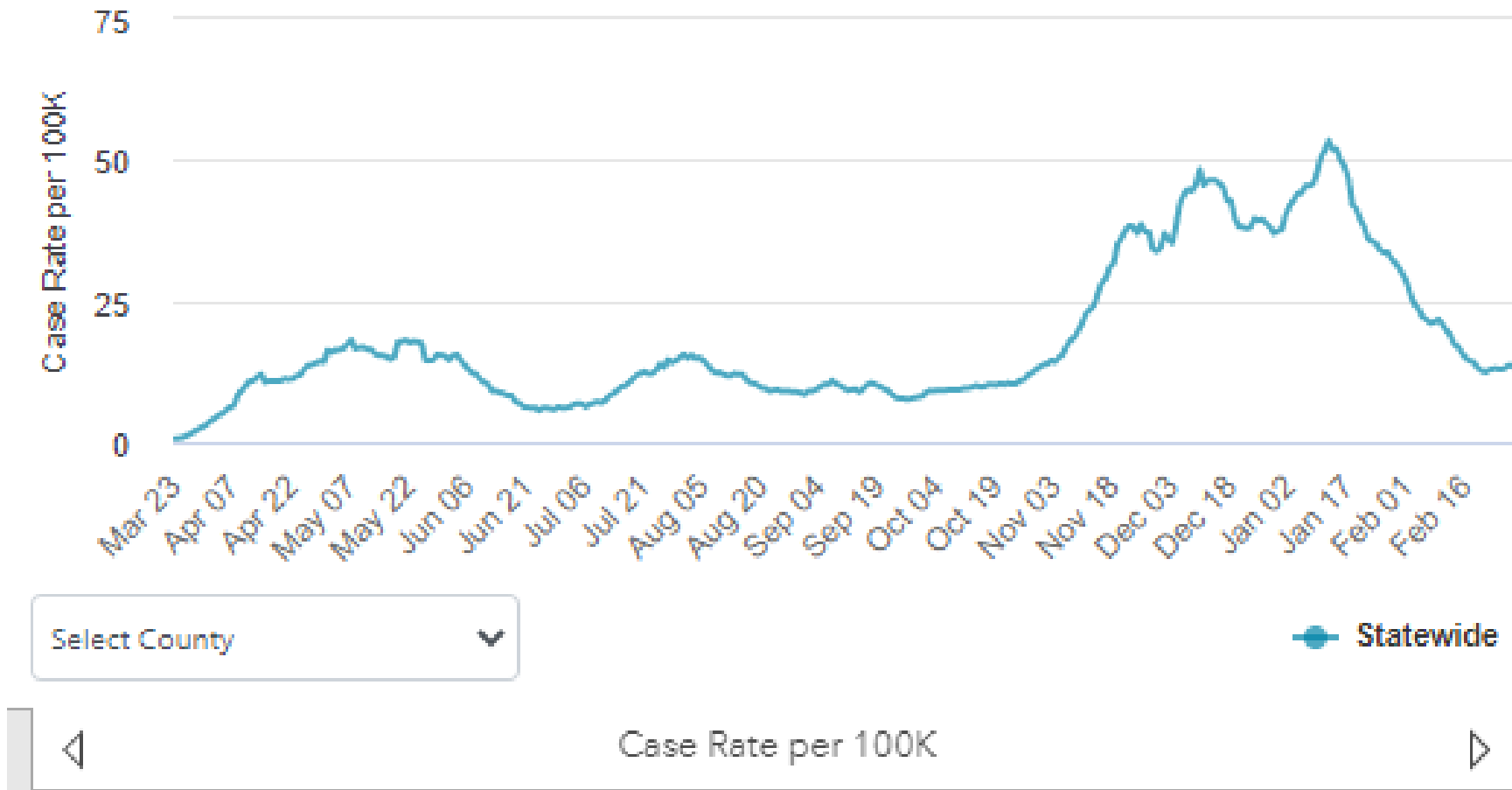


Positivity Rate

Source: <https://coronavirus.maryland.gov/>, accessed March 4, 2021

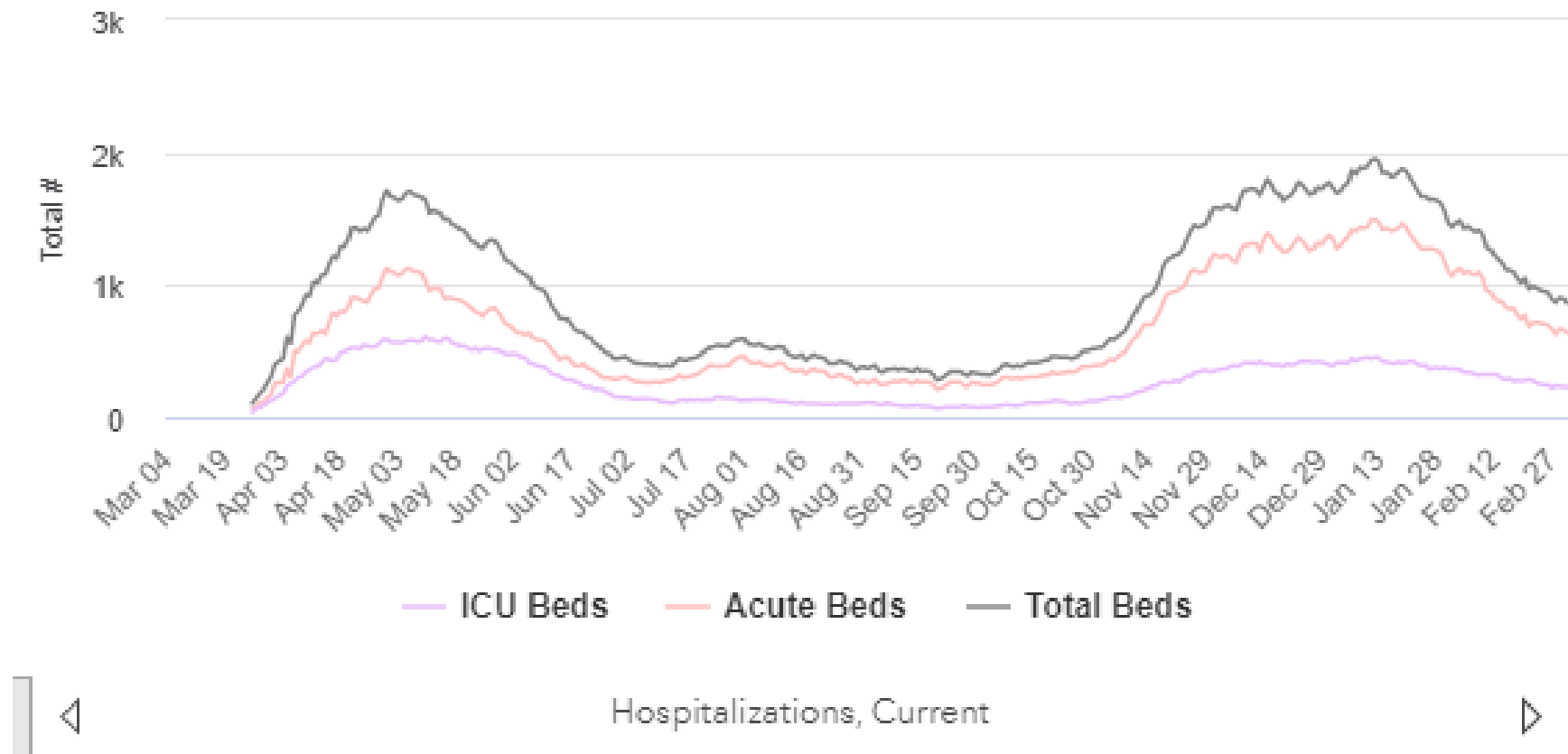
Maryland: COVID-19

7 Day Moving Average Case Rate per 100K by Jurisdiction - [Full Screen View](#)



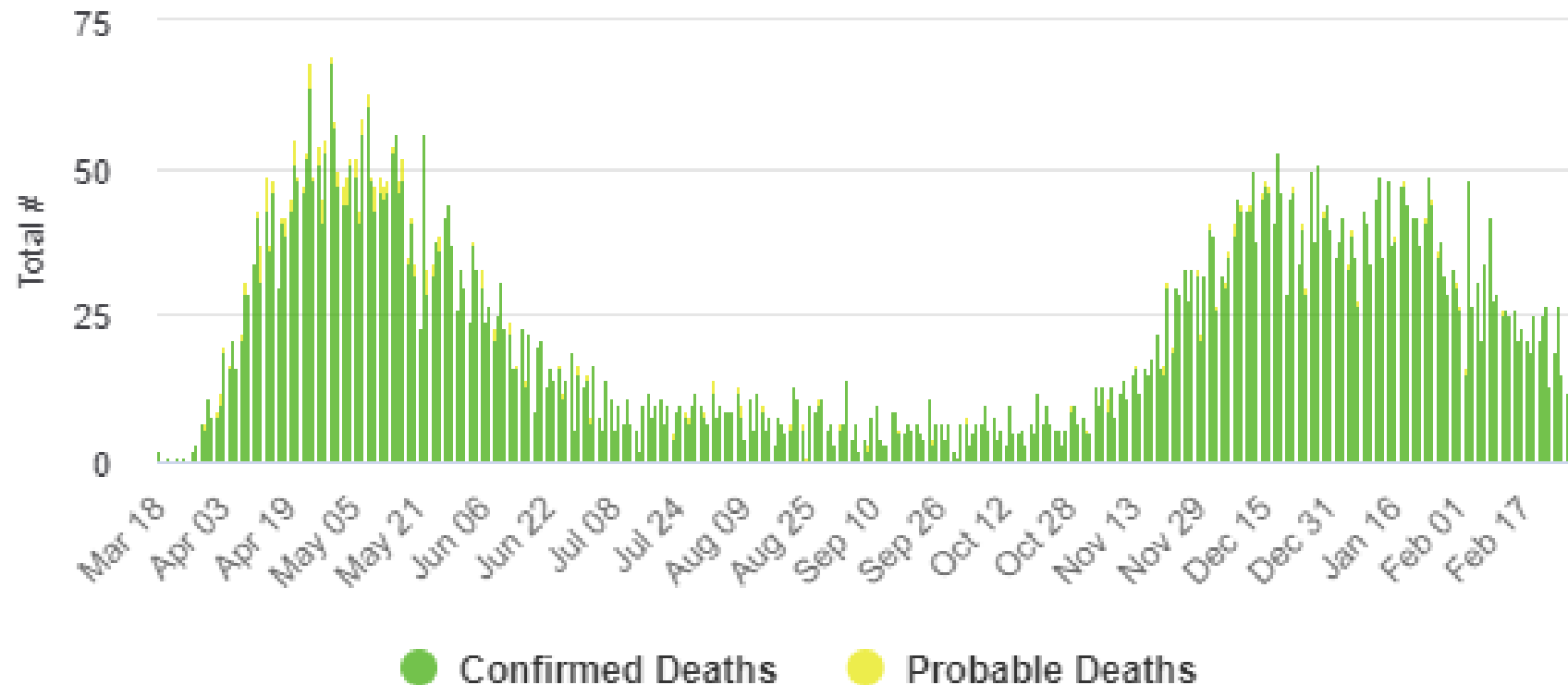
Maryland: COVID-19

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



Maryland: COVID-19

Confirmed and Probable Deaths, Totals by Date of Death



Deaths by Date of Death

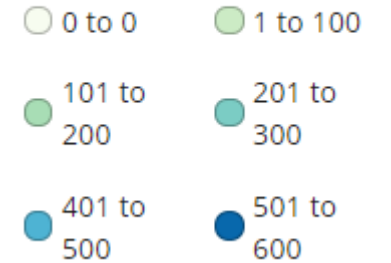
Source: <https://coronavirus.maryland.gov/>, accessed March 4, 2021

Variant Virus

U.S.: COVID-19 Variant Cases

Emerging Variant Cases in the United States*+

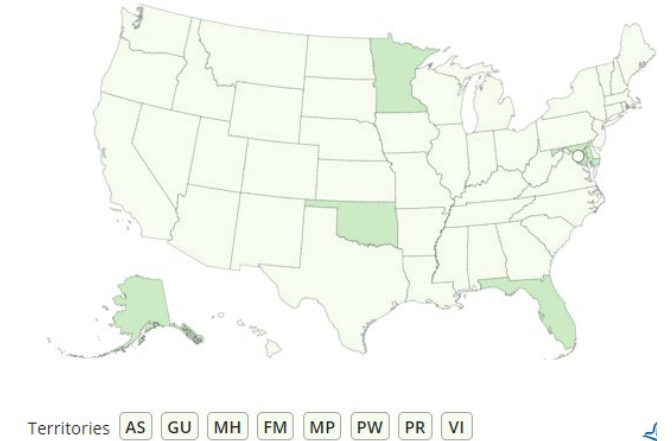
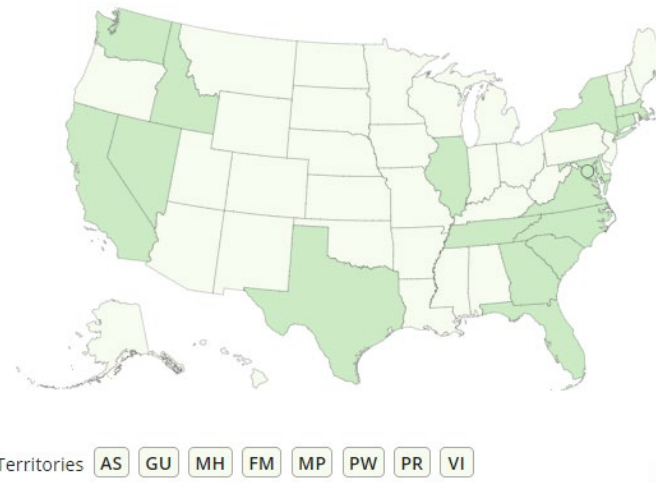
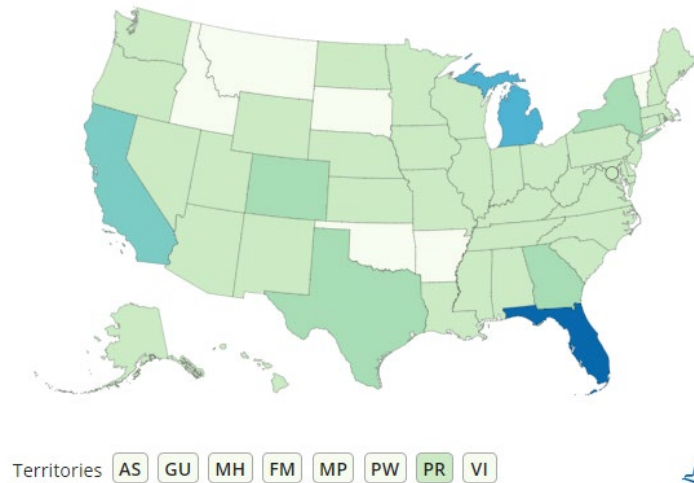
Number of Cases



B.1.1.7

B.1.351

P.1



U.S.: COVID-19 Variant Cases

Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	2506	46
B.1.351	65	17
P.1	10	5

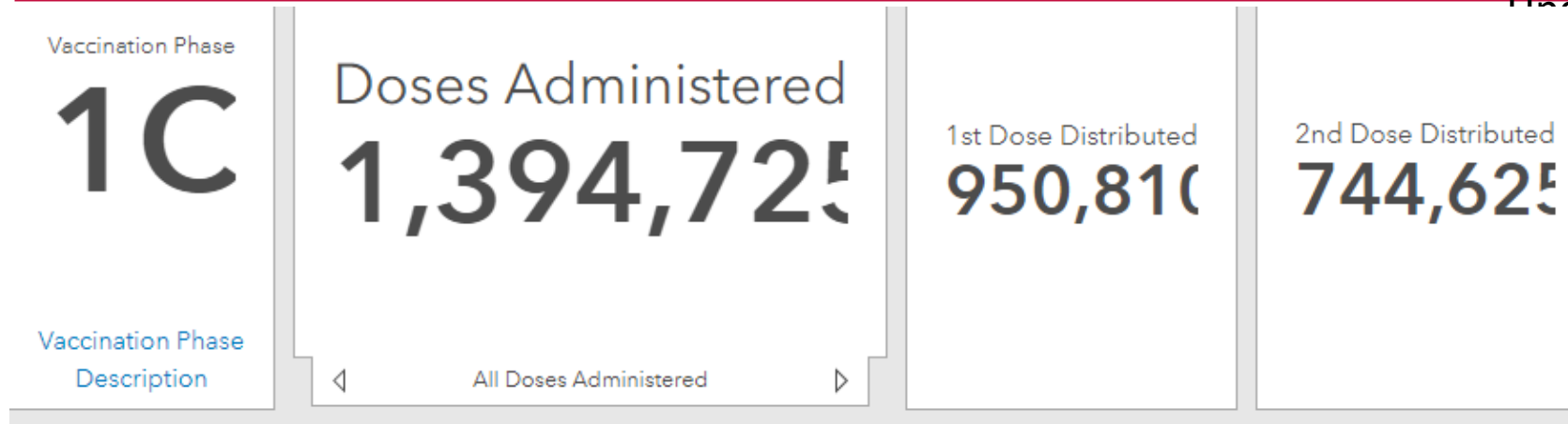
Variants of Concern in Maryland

- Data as of 3/2/21
- B.1.1.7: 89 cases
- B.1.351: 10 cases
- P.1: 1 case

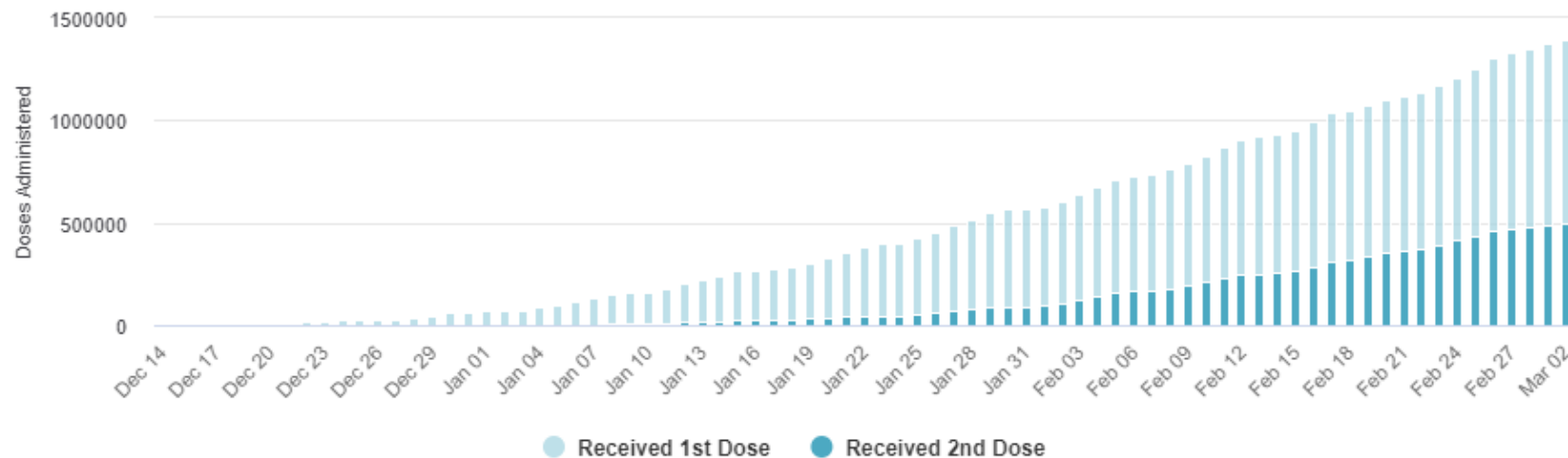
Maryland Vaccine Dashboard

<https://coronavirus.maryland.gov/>

Updated 3/4/21



Vaccinations Administered by Date



Vaccinations Administered by Date

Maryland Influenza Epi Update

- Influenza-like illness (ILI) activity in Maryland was **minimal**.
- Maryland sentinel clinical laboratories tested 2,455 specimens for flu and 48 (2.0%) tested positive. Of those, 17 (35%) were influenza Type A and 31 (65%) were influenza Type B.
- The Maryland Public Health Laboratory tested 22 specimens for influenza and 0 (0%) tested positive.
- 2 influenza-associated hospitalizations were reported.
- 0 influenza-associated deaths were reported.

CDC Update

Janssen Ad26.COVs2.s Vaccine

- EUA approval on 2/27/21
- 3rd SARS CoV2 vaccine in the US to receive EUA
- The Janssen COVID-19 vaccine has high efficacy against COVID-19–associated hospitalization and death.
- Persons may receive any ACIP-recommended COVID-19 vaccine and are encouraged to receive the earliest vaccine available to them.
- Use of all EUA-authorized COVID-19 vaccines is critical in controlling the pandemic.

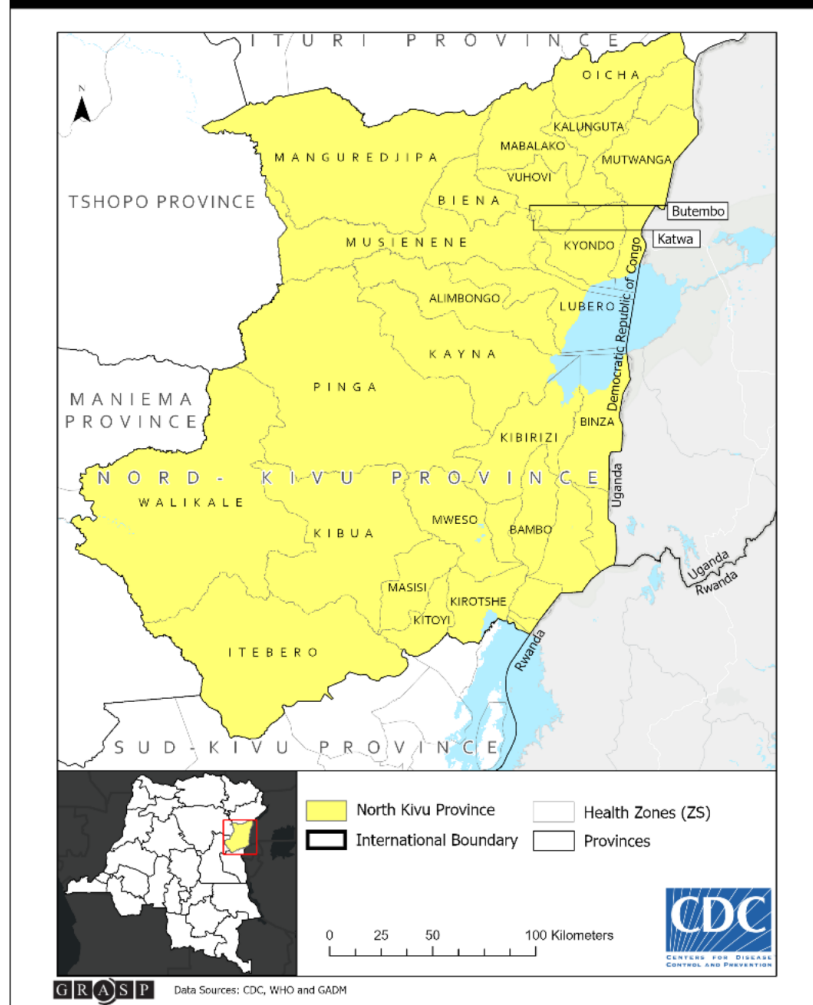
Suspected Recurrent SARS-CoV-2 Infections Among Residents of a Skilled Nursing Facility

- Kentucky nursing home had COVID-19 outbreaks in July and November 2020
- 5 residents of this SNF were PCR Positive in both outbreaks separated by at least 3 months
- All 5 residents had received at least 4 negative PCR tests in-between outbreaks- possibility of reinfection
- Severity of disease was worse in the second incidence, including one death

Ebola Virus Disease Update

Ebola Outbreaks in DRC and Guinea 2021

DRC Ebola Virus Disease Outbreak: North Kivu Province, 2021



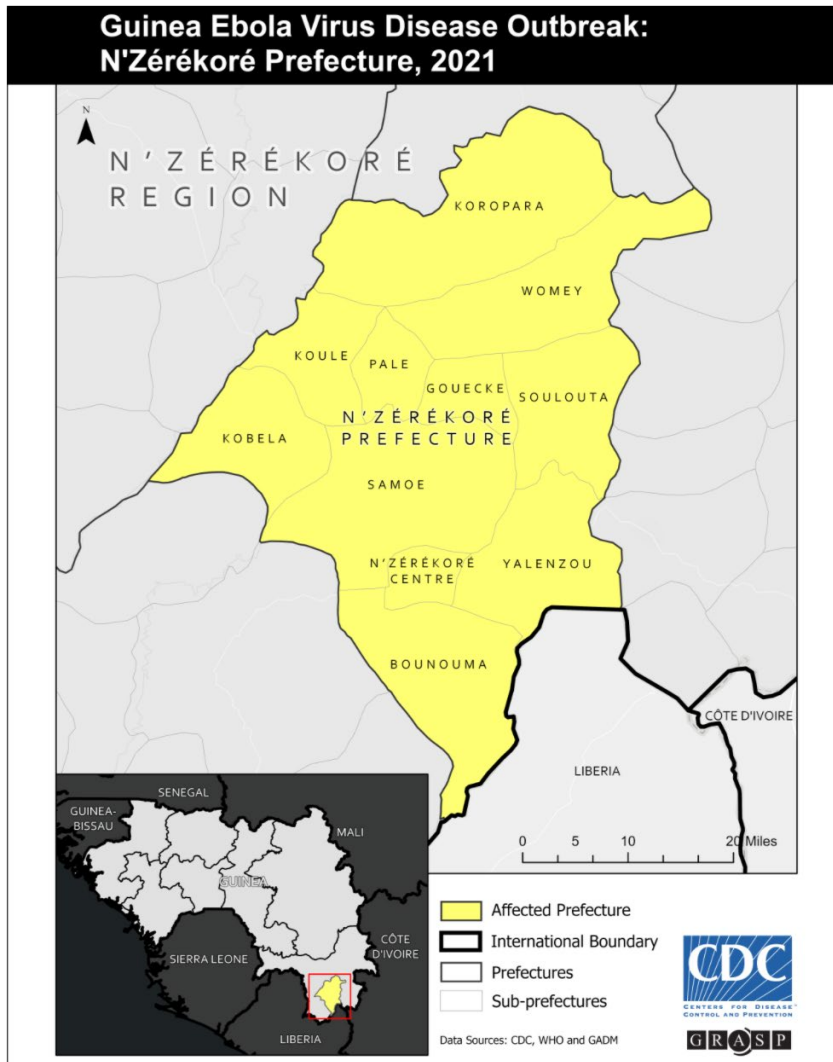
On February 7, 2021 the Ministry of Health (MOH) in the Democratic Republic of the Congo (DRC) announced that a case of Ebola virus disease (EVD) had been confirmed in Biena Health Zone, North Kivu Province. Subsequent cases have since been confirmed.

Sequencing of samples suggests that cases are linked to cases in the area during the 2018–2020 outbreak and likely caused by a persistent infection in a survivor that led to either a relapse or sexual transmission of the virus.

<https://www.cdc.gov/vhf/ebola/outbreaks/drc/2021-february.html>

<https://www.who.int/csr/don/10-february-2021-ebola-drc/en/>

Ebola Outbreaks in DRC and Guinea 2021



On February 14, 2021 the Ministry of Health (MOH) in Guinea announced that cases of Ebola virus disease (EVD) had been confirmed in N'Zérékoré Prefecture, a forested rural region in southeast Guinea. These are the first cases of EVD confirmed in Guinea since the 2014–2016 West Africa outbreak, the largest in history, was declared over.

<https://www.cdc.gov/vhf/ebola/outbreaks/guinea/2021-february.html>

<https://www.who.int/csr/don/17-february-2021-ebola-gin/en/>

Ebola Virus Disease (EVD)

- Incubation period: 2 to 21 days
- Early symptoms of EVD can be sudden and include:
 - Fever
 - Fatigue
 - Muscle pain
 - Headache
 - Sore throat
- Later Symptoms:
 - Vomiting
 - Diarrhea
 - Rash
 - Symptoms of impaired kidney and liver function
 - In some cases, both internal and external bleeding (for example, oozing from the gums, or blood in the stools).
 - Laboratory findings include low white blood cell and platelet counts and elevated liver enzymes.

<https://www.who.int/en/news-room/fact-sheets/detail/ebola-virus-disease>

Ebola Outbreaks in DRC and Guinea 2021

CDC Ebola Clinical Alert for U.S. Healthcare Personnel- 3/2/2021:

- Triage of Patients (in addition to screening for COVID-19):
 - Screen for international travel history and alert healthcare personnel of the possibility other communicable infections such as viral hemorrhagic fevers.
 - Post infection control and local public health contacts in easily visible locations.
- Current [Infection Prevention and Control Recommendations](#) for EVD in U.S. Healthcare Facilities
 - Consult public health authorities if unable to meet these recommendations due to PPE shortages caused by the COVID-19 pandemic

Travel Alerts

- Currently, Guinea and DRC have recommendations to avoid non-essential travel
- Travelers returning from Guinea and DRC will be monitored for 21 days for signs and symptoms of EVD
- If you have staff who travel to either of these destinations, they should carefully monitor for signs and symptoms of EVD, and disclose travel history to any medical providers if seeking healthcare

Warning - Level 3, Avoid Nonessential Travel

Alert - Level 2, Practice Enhanced Precautions

Watch - Level 1, Practice Usual Precautions

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, travel, 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>

FAQ #2 Do we still have to enter POC test data into NHSN

- As of January 8th, NHSN is one of several options for reporting POC test data
- Another option is:
 - Submission of laboratory testing data through a state or regional Health Information Exchange (HIE) to the appropriate state or local public health department and to the CDC as directed by the state.
 - Entering POC data into CRISP meets this requirement
- Note that all other NHSN data entry about capacity, staffing, and supplies is still required

FAQ #3 How can LTC and AL facilities vaccinate new residents and new staff after the 3 clinics are over?

- This has not been worked out yet

FAQ #4- Are facilities required to have fit tested N95s for the care of COVID positive residents and residents on observation?

- Facilities are required to use fit tested N95s for aerosol generating procedures
- If a facility has N95s, the N95s must be worn for the care of COVID positive residents
- It is strongly recommended that the N95s should be fit tested, including the use of just-in-time fit testing
- If no N95s are available then surgical/medical masks may be used for the care of COVID positive residents and residents on observation

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

<https://blogs.cdc.gov/niosh-science-blog/2020/04/01/fit-testing-during-outbreaks/>

<https://www.cdc.gov/niosh/docs/2015-117/default.html>

FAQ#5- Can vaccinated staff continue to work after an exposure?

- Gold standard remains 14 days of quarantine after an exposure, regardless of vaccination status
- As a contingency capacity strategy for staffing shortages, vaccinated staff may be allowed to continue to work
 - Vaccinated exposed staff may be preferred to return to work over unvaccinated exposed staff

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

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

Have a question?

Email MDH.IPCOVID@maryland.gov