

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

Maryland Department of Health

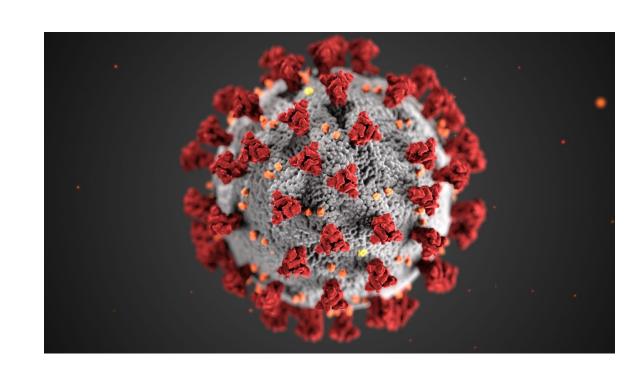
Infectious Disease Epidemiology and Outbreak Response Bureau

August 27th, 2020

Call Agenda

Picture Courtesy of NIAID-RML

- Review current situation of COVID-19
- CovidCONNECT
- Rapid Antigen Testing
- Updated Guidance for Managing COVID-19
- Q&A





Worldwide: COVID-19

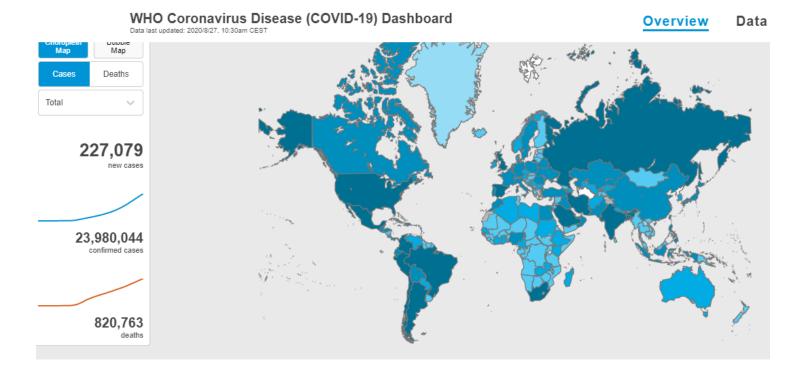
Cases

• Total Cases: 23,980,044

Deaths

• Total Deaths: **820,763**

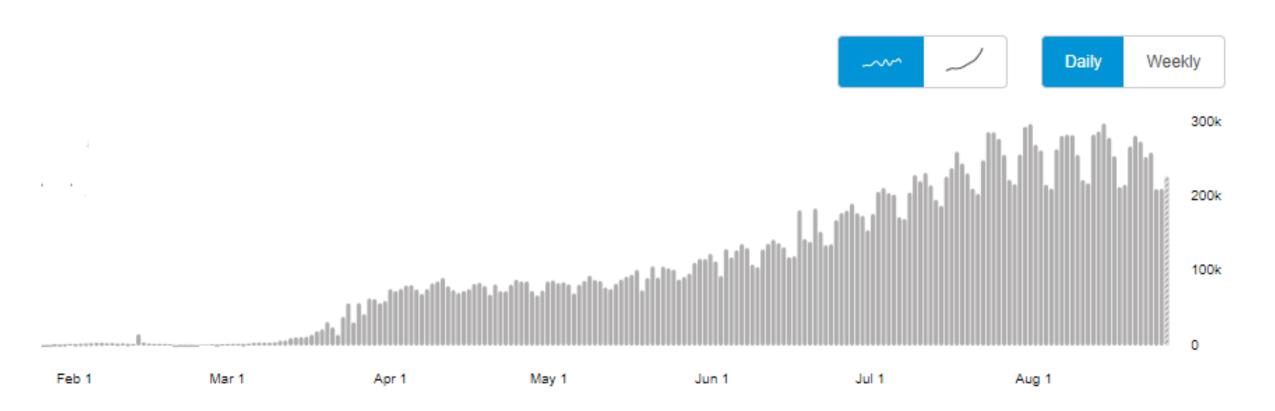
Data current as of August 27, 2020







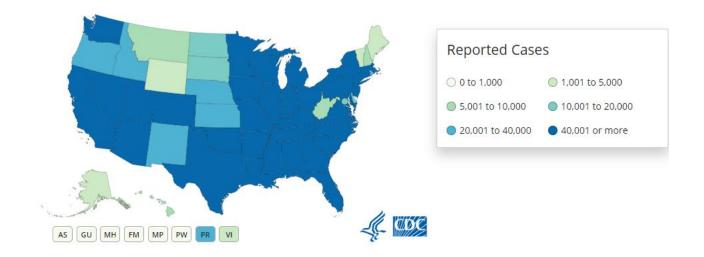
New Global Cases by Day





U.S.: COVID-19 Confirmed Cases

- Total Cases: 5,752,653
- 24 hrs: 37,086 NEW
- Total Deaths: 177,759
- 24hrs: 1,142 NEW



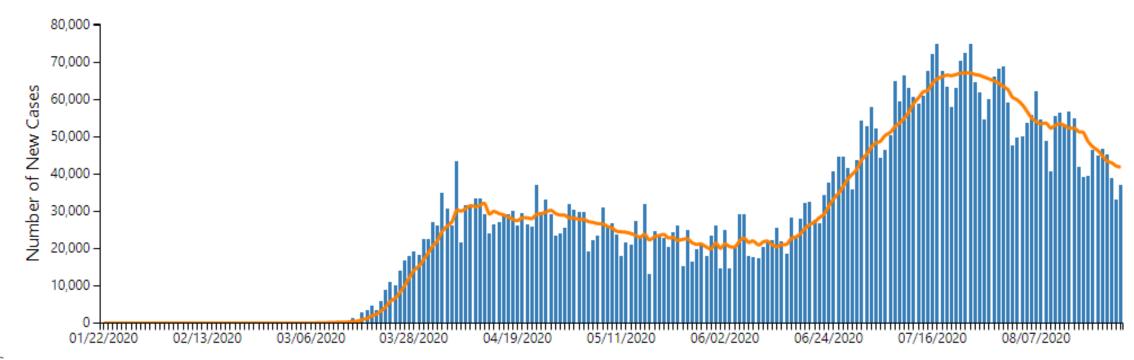
Data current as of August 70, 2020



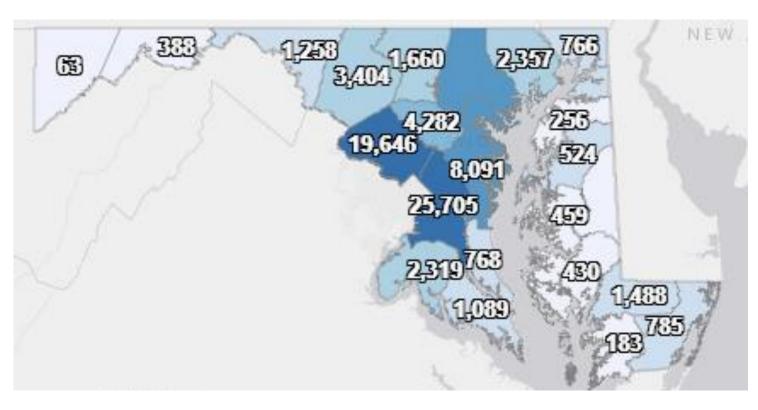
New Cases by Day in US

New Cases by Day

The following chart shows the number of new COVID-19 cases reported each day in the U.S. since the beginning of the outbreak. Hover over the bars to see the number of new cases by day.

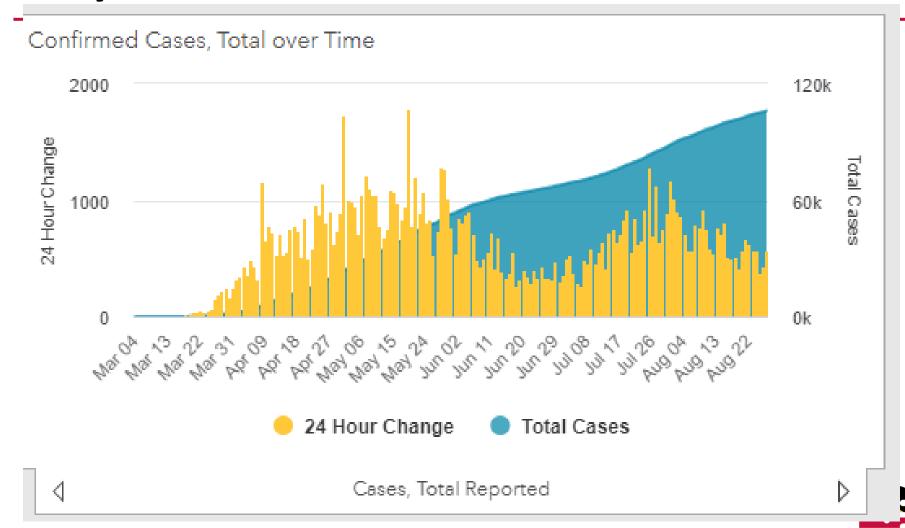


- Confirmed cases: **106,063** (+577 new)
- Deaths: 3,580 confirmed (+6 new)
- Hospitalized
 - 14,141 total
 - **412** current
 - 24hr Change: -20



Source: https://coronavirus.maryland.gov/, accessed August 27th, 2020

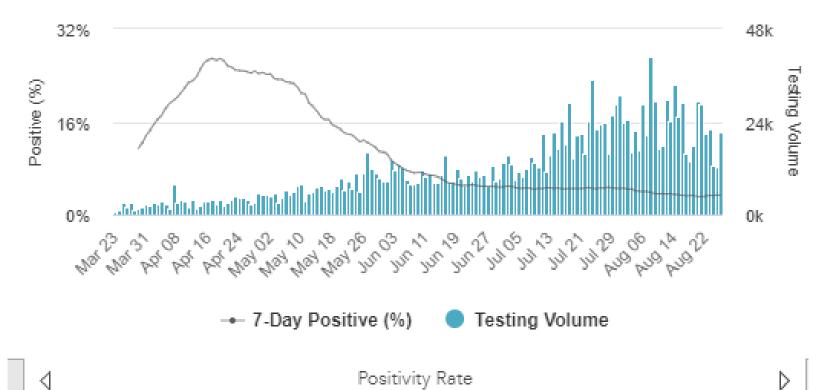




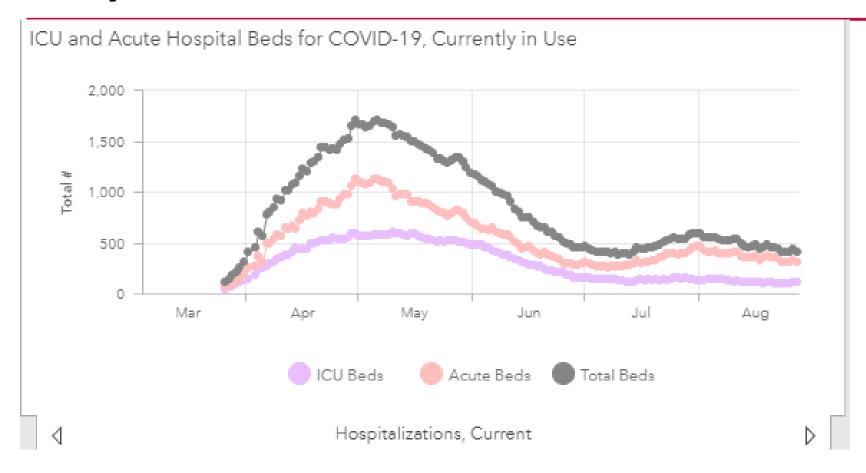
DEPARTMENT OF HEALTH

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

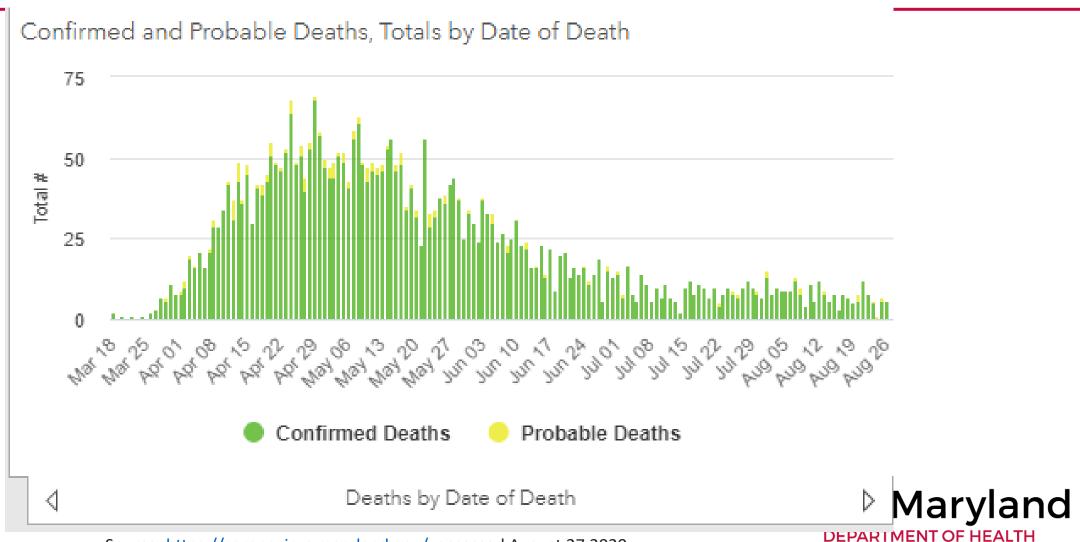
Methodology



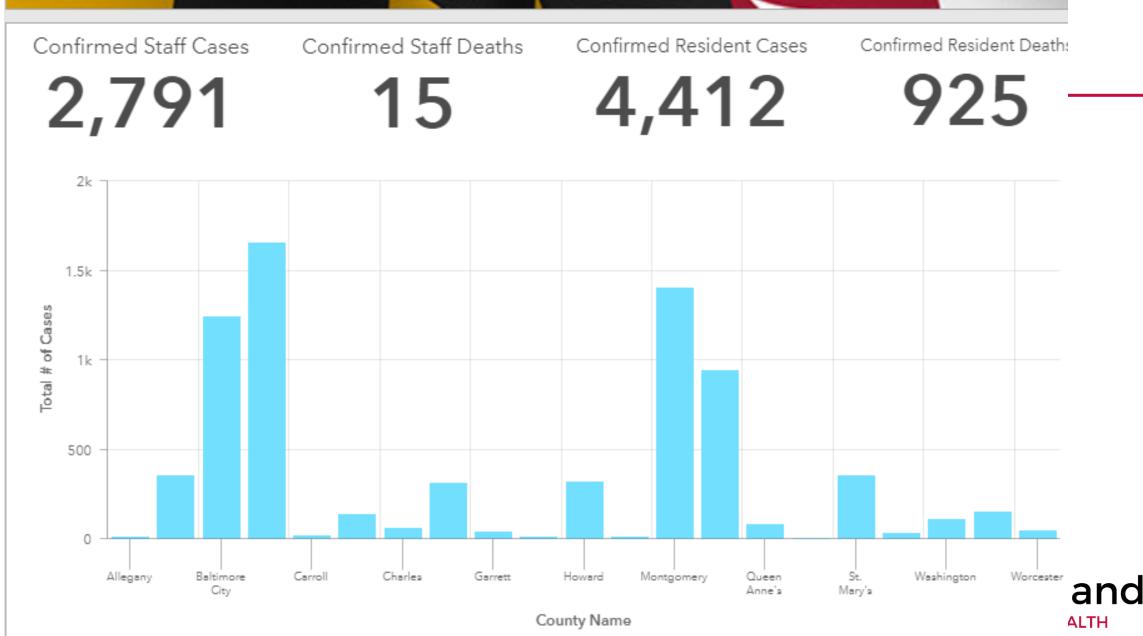








Maryland COVID-19 in Congregate Facility Settings. Week of August 26, 2020





Maryland CovidCONNECT

Carrie Durham, JD

August 27, 2020

CovidCONNECT Overview

 Purpose: create a resource specific to Maryland residents who have been affected by COVID-19

Current website features:

- Information about plasma donation opportunities and clinical trials
- Recovery stories
- Resources on such topics as self-care and overcoming stigma after illness

Upcoming features:

- Virtual support groups moderated by behavioral health experts and peers
- More webinars





Welcome to Covid CONNECT

A forum to share information, promote action and find support

This secure forum is for all Maryland residents who were confirmed to have tested positive for COVID-19 and who are recovering or are now recovered from their disease. With your help, MDH will be able to develop a deeper understanding of the impact of COVID-19 in Maryland. Here you will have the opportunity to tell your story, to contribute to scientific progress in the treatment of COVID-19 through research or clinical studies, raise awareness, promote action and connect with others who can help support your recovery.

We wish you continued health and wellness in your recovery from COVID-19 and thank you for your participation.









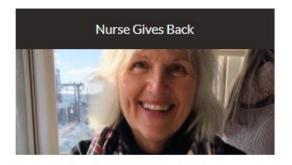
RECOVERY STORIES

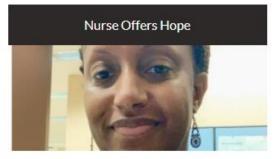
Those who have personal experience with COVID-19 -- who have recovered or are still suffering from the virus -- have important experiences to share with us all. Learn more about members' COVID-19 recovery journeys by clicking on the links below.

Please return often as we continue to add to our conversations with recovered COVID-19 members.



















CovidCONNECT Highlights

- April 10, 2020 CovidCONNECT registry opened
- May 11, 2020 CovidCONNECT website went live
- Today: > 2,300 registrants
- Interviewed and published 14 recovery stories
- Webinars:
 - Hosted 9 clinical study presentations
 - Held 6 behavioral health-related discussions



To Join

Register at:

https://health.maryland.gov/covidconnect/Pages/Home.aspx

OR

Find our registry link on:

https://coronavirus.maryland.gov/



Current Rapid Antigen Testing Guidance



New CDC Guidance re. Rapid Antigen Testing



https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigentests-guidelines.html



Definitions

Diagnostic Testing

- To identify current infection in individuals
- Performed when a person has signs or symptoms consistent with COVID-19, or when a person is asymptomatic but has recent known or suspected exposure to SARS-CoV-2.

Screening Testing

- To identify infected persons who are asymptomatic and without known or suspected exposure to SARS-CoV-2.
- Ex: testing in congregate settings, such as a LTCF or a correctional facility, a workplace testing its employees, or a school testing its students, faculty, and staff.

Surveillance Testing

- To monitor for a community- or population-level infection and disease, or to characterize the incidence and prevalence of disease.
- Performed on de-identified specimens; results are not linked to individuals.



Rapid Antigen Testing: General Guidance

- Immunoassays that detect the presence of a specific viral antigen, which implies current viral infection.
- Relatively inexpensive and can be used at the point-of-care.
- The currently authorized devices return results in approximately 15 minutes.



Rapid Antigen Testing: General Guidance

- Generally less sensitive than RT-PCR.
- The "gold standard" for clinical diagnostic detection of SARS-CoV-2 remains RT-PCR.
- There are limited data to guide the use of rapid antigen tests as screening tests on asymptomatic persons to detect or exclude COVID-19, or to determine whether a previously confirmed case is still infectious.
- The clinical performance of rapid antigen diagnostic tests largely depends on the circumstances in which they are used.



Current Regulatory Requirements

- COVID-19 assays and test systems used for diagnostic or screening testing, including those for antigen testing, must have received an Emergency Use Authorization (EUA) from FDA or be offered under the policies in FDA's Policy for COVID-19 Tests
- Laboratory and testing professionals who conduct *diagnostic or screening testing* for SARS-CoV-2 with rapid antigen tests must also comply with Clinical Laboratory Improvement Amendments (CLIA) regulations.



Collection and Handling of Clinical Specimens

- All testing for SARS-CoV-2, including rapid antigen testing, is directly impacted by the integrity of the specimen, which depends on specimen collection and handling.
- Biosafety measures and instructions for use should be followed precisely to ensure accurate testing and safety of those who perform the testing.



Evaluating the Results of Rapid Antigen Testing

- Evaluating the results of a rapid antigen test for SARS-CoV-2 should take into account the:
 - Performance characteristics (e.g. sensitivity, specificity), instructions for use of the FDA-authorized assay
 - Prevalence of COVID-19 in that particular community (positivity rate over the previous 7–10 days or cases per population)
 - Clinical and epidemiological context of the person who has been tested.



Evaluating the Results of Rapid Antigen Testing

- The two rapid antigen tests that have received EUAs from FDA are limited to *diagnostic testing* on symptomatic persons within the first 5 days of symptom onset.
- Serial antigen testing within a closed congregate setting, such as a LTCF or a correctional facility, could quickly identify someone with a SARS-CoV-2 infection and prevent further transmission.
- Outbreak control depends largely on the frequency of testing and the speed of reporting and is only marginally improved by high test sensitivity.
- Serial antigen testing may have benefits for early identification and controlling outbreaks in some situations, such as congregate living.

Evaluating the Results of Rapid Antigen Testing

- When used for *screening testing* in congregate settings, test results for SARS-CoV-2 should be considered presumptive.
- CDC does not currently recommend using antigen tests to make decisions about discontinuing isolation.



Reporting Rapid Antigen Test Results

- A CLIA-certified laboratory or testing site must report rapid antigen diagnostic test results to the local, state, tribal, or territory health department
- Antigen test results that are reported to public health departments must be clearly distinguished from other COVID-19 tests, such as RT-PCR tests and antibody tests.



UPDATED MDH Guidance: Preparing for and Responding to COVID-19 in Nursing Homes and Assisted Living Facilities



Preparing for and Responding to COVID-19 in Nursing Homes and Assisted Living Facilities

- Updated version 8/25/2020
- 2 major changes for facilities not yet entering Phase 1 of relaxing restrictions
 - Residents restricted to their rooms
 - Therapy gym use
- Designed to improve quality of life and access to rehabilitation for residents
- Note that residents on precautions (for isolation or observation) should still remain in their rooms



Room Restrictions

- For the purpose of increased physical activity, on a limited basis residents may be allowed outside of their room or outside of the building if the following conditions are met:
 - Staff supervision to ensure compliance with distancing and mask use
 - Residents allowed outside of their rooms for physical activity should remain on their home unit or be escorted outside of the facility by the most direct route available.
 - Residents must be masked anytime they are out of their room, as feasible; staff must also be wearing appropriate PPE.
 - Residents must stay at least 6 ft apart from others.
 - Residents must perform hand hygiene before leaving the room and after returning.
 - Residents being allowed outside for physical activity and fresh air should take the
 most direct route possible from their room to an outside location.

Therapy Gym/ Rehab Room

- Rehab/Therapy Room may be opened if the following requirements are met
 - There is adequate staffing to supervise residents during out-of-room therapy.
 - Only one resident and one staff member at the same time are allowed in the rehab therapy room.
 - Residents must be masked anytime they are out of their room, as feasible; staff must also be wearing appropriate PPE.
 - Residents must stay at least 6 ft apart from others.
 - Residents must perform hand hygiene before leaving the room and after returning.
 - The rehab therapy room and equipment must be thoroughly cleaned and disinfected between each use

Questions?

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