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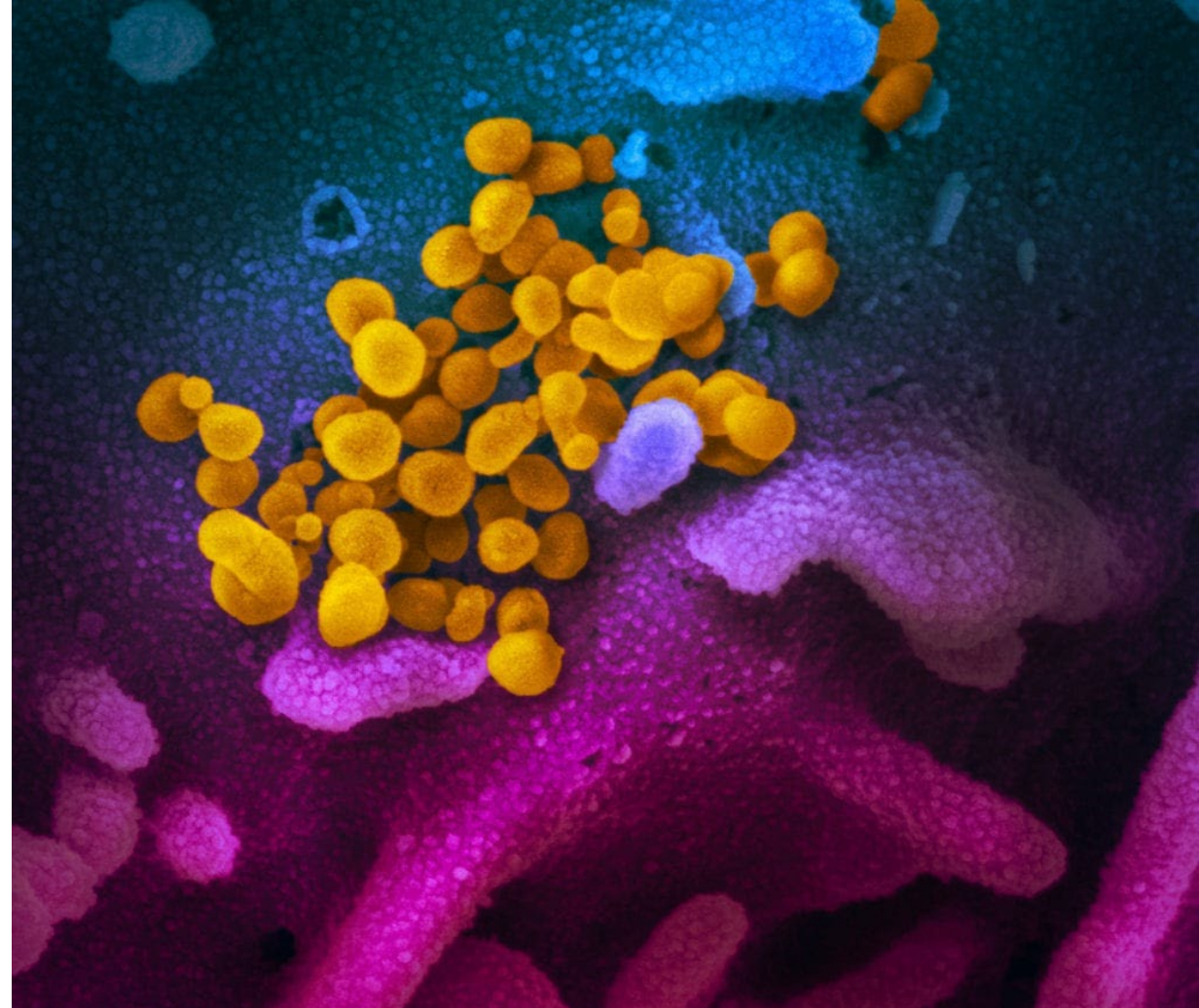
**Maryland Department of Health**

**Infectious Disease Epidemiology and Outbreak Response Bureau**
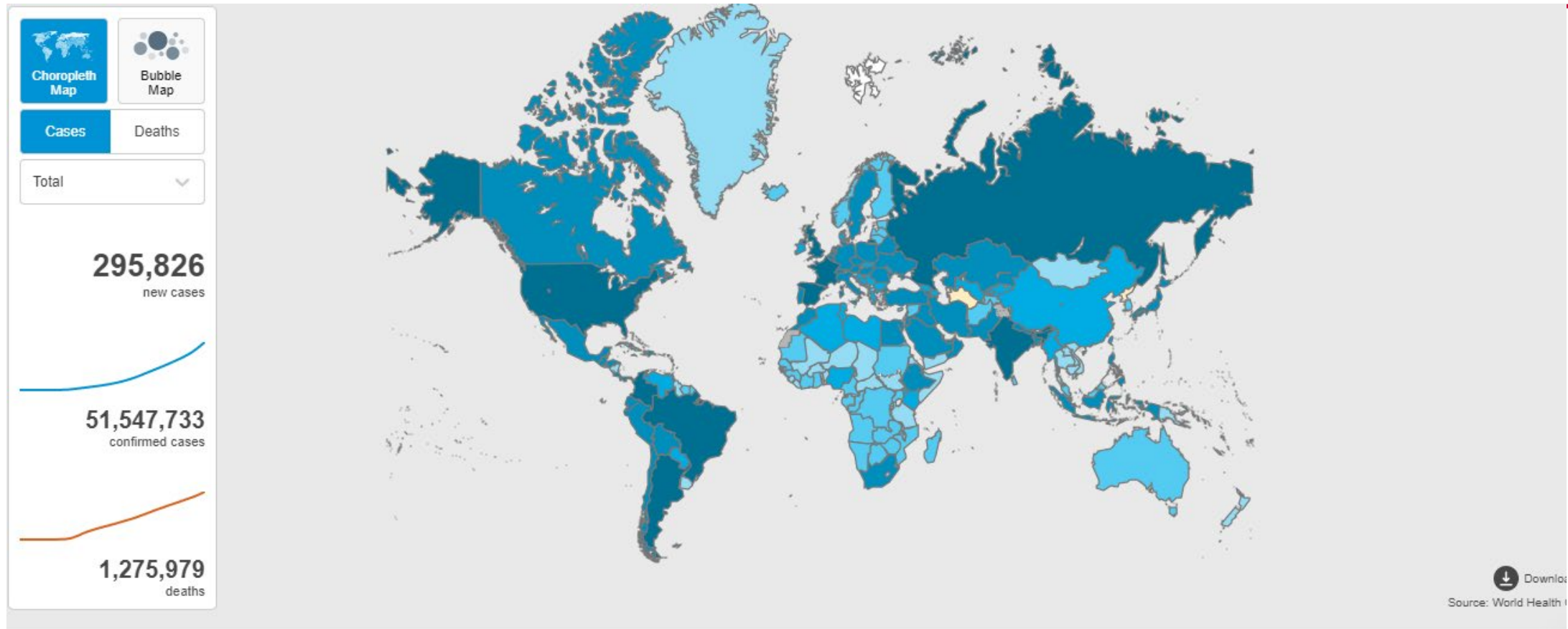
November 12, 2020

# Call Agenda

- COVID-19 Epi Updates

- Maryland Updates

- FAQs

- TAT updates

- Q&A

# COVID-19 Epi Summary

# Worldwide: COVID-19



Choropleth Map | Bubble Map

Cases | Deaths

Total

295,826
new cases

51,547,733
confirmed cases
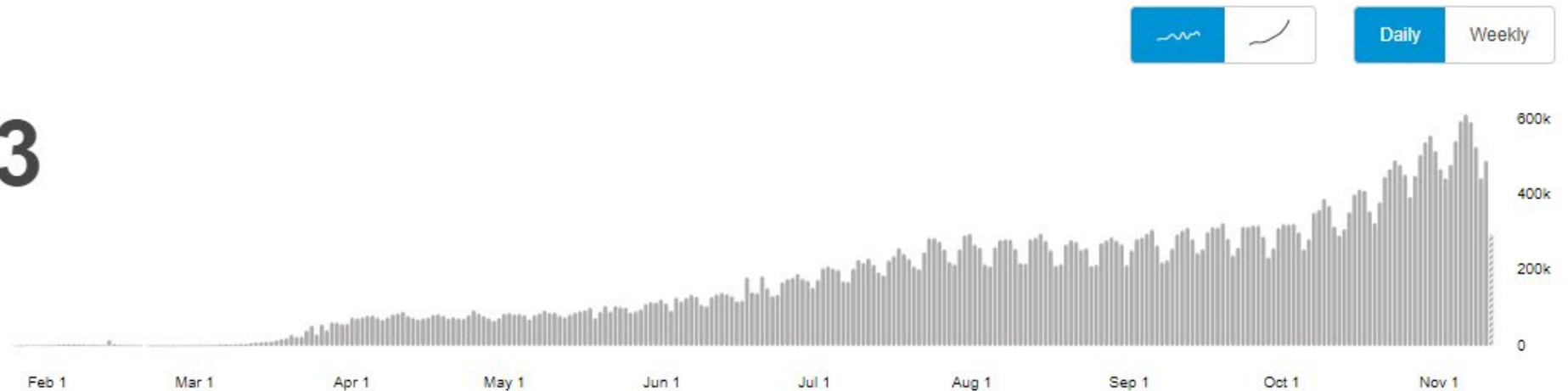
1,275,979
deaths

Download

Source: World Health

Globally, as of **10:00am CET, 12 November 2020**, there have been **51,547,733 confirmed cases** of COVID-19, including **1,275,979** **deaths**, reported to WHO.

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Source: https://covid19.who.int/ , accessed November 12, 2020

# Worldwide COVID-19



**Global Situation**

Daily | Weekly

**51,547,733**
confirmed cases

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# United States COVID-19 Cases and Deaths by State

Reported to the CDC since January 21, 2020

| TOTAL CASES | CASES IN LAST 7 DAYS PER 100K | TOTAL DEATHS |
|---|---|---|
| **10,170,846** | **36.6** | **239,590** |
| +134,383 New Cases | | +1,859 New Deaths |

CDC | Updated: Nov 11 2020 12:17PM



**Territories**

| AS | FSM | GU | MP | PR | PW | RMI | VI |

**Case in Last 7 Days per 100,000**

0 - 7.4  |  12 - 19  |  21.9 - 34.1  |  42.4 - 57.5  |  59.5 - 84  |  101.2 - 170.5

6

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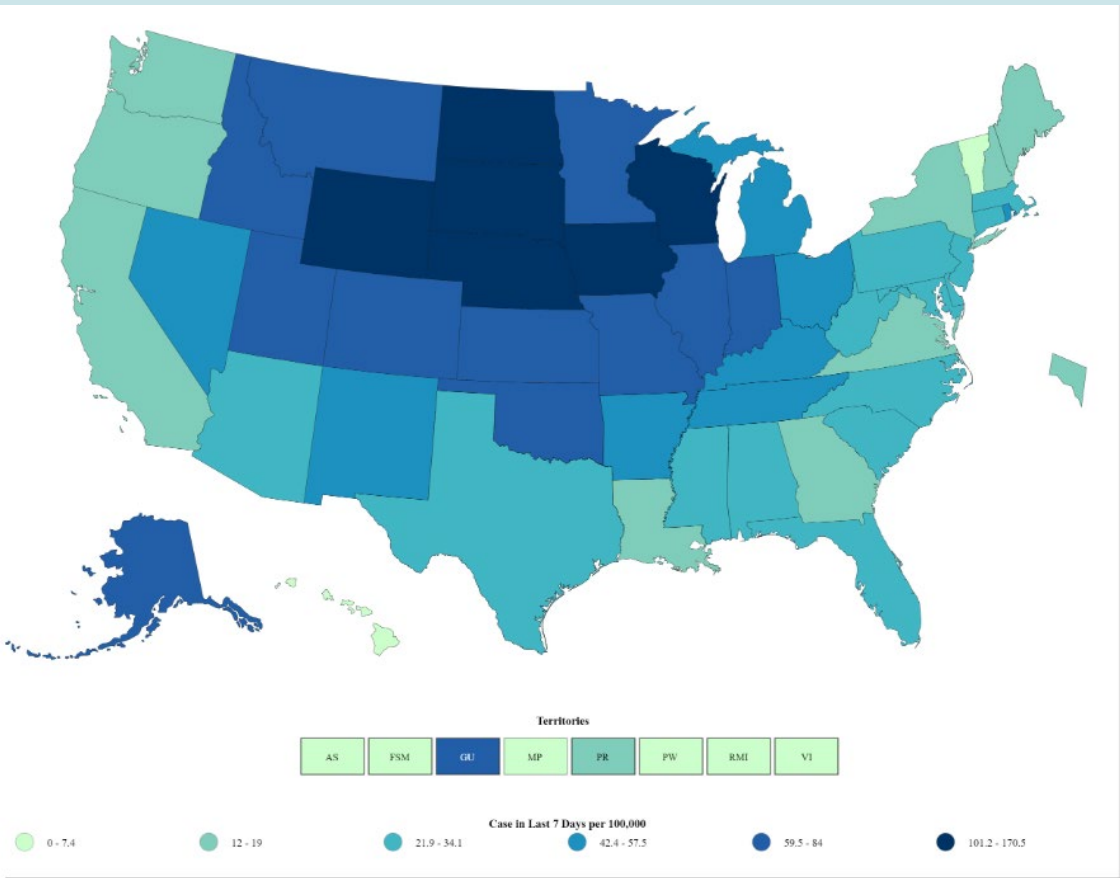
# U.S.: COVID-19

**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 November 5, 2020

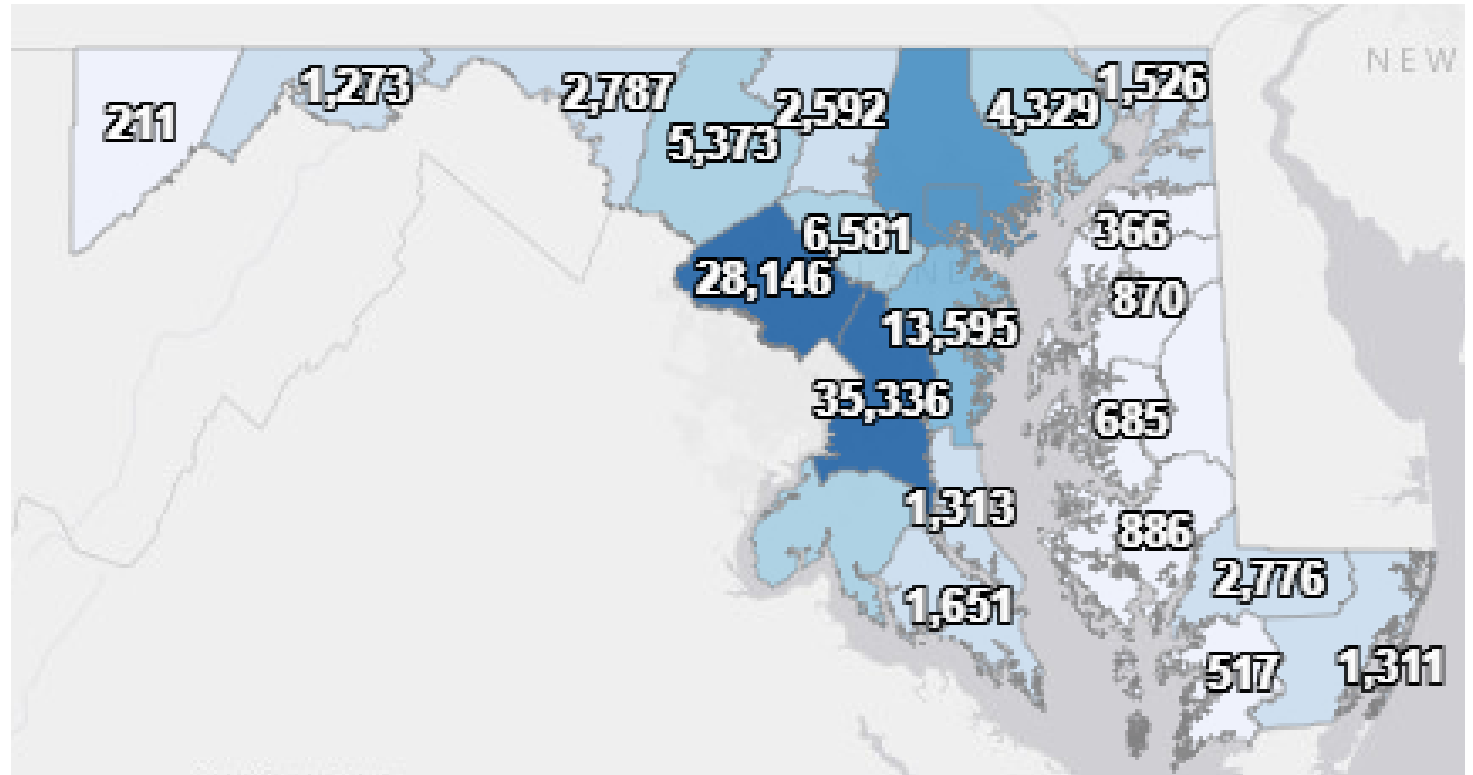**Maryland**
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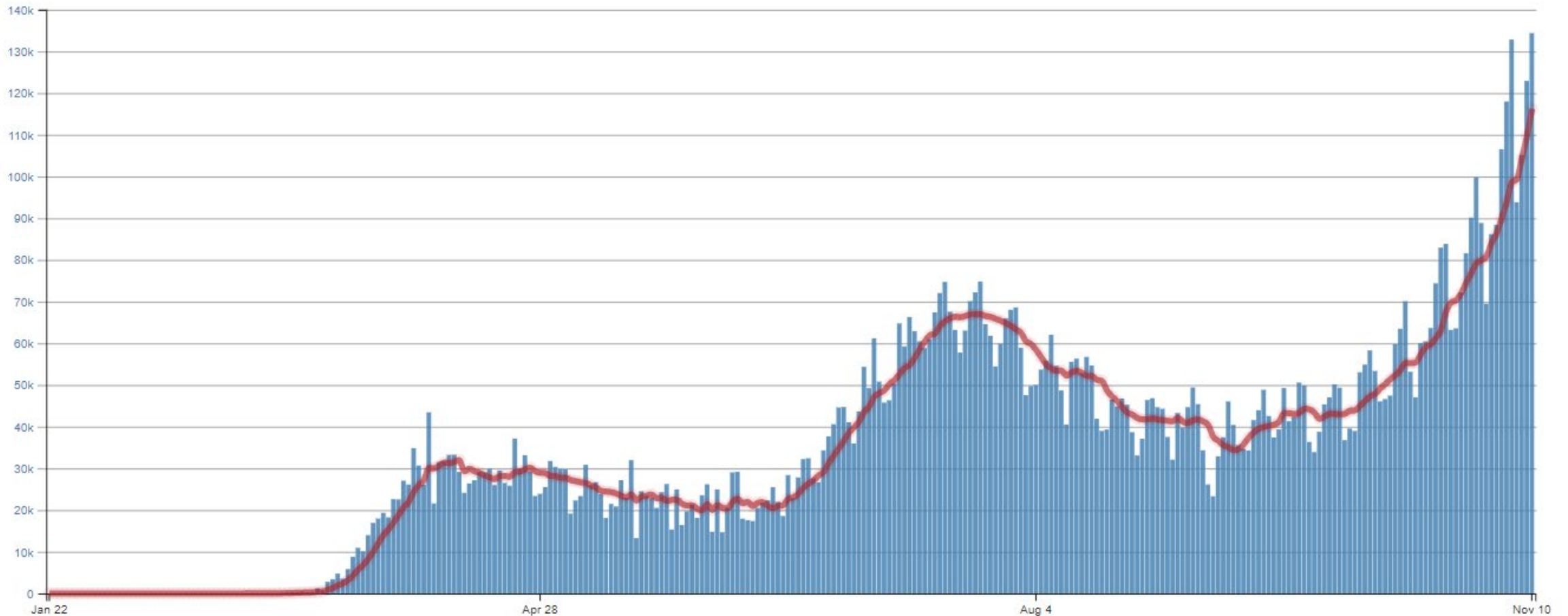
**New cases of Covid-19, reported to CDC, in DE, DC, MD, PA, WV, and VA**

Seven-day rolling average of new cases, by number of days since 10 average daily cases first recorded.

Legend: DE, DC, MD, PA, WV, VA

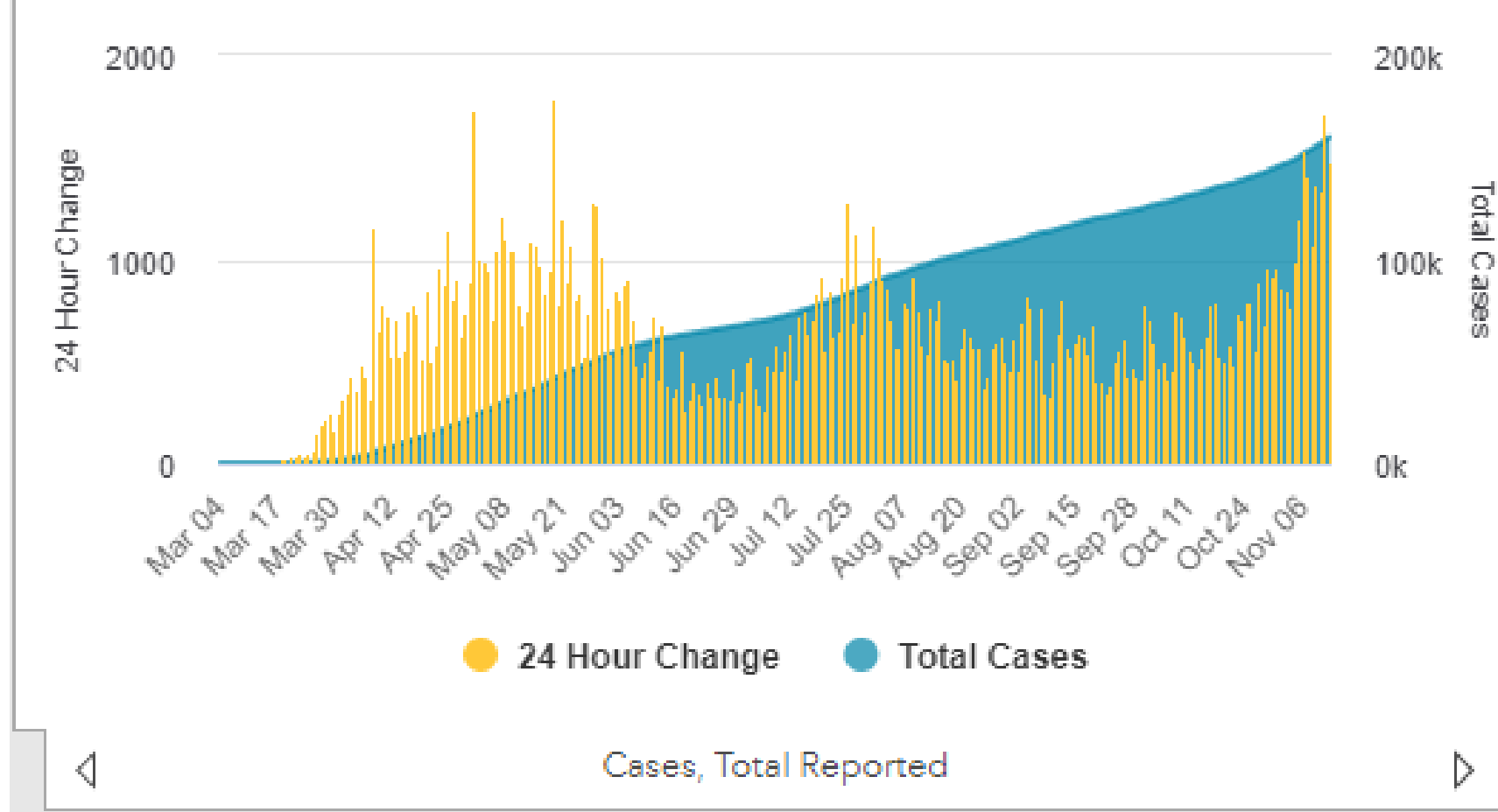Number of days since 10 average daily cases first recorded
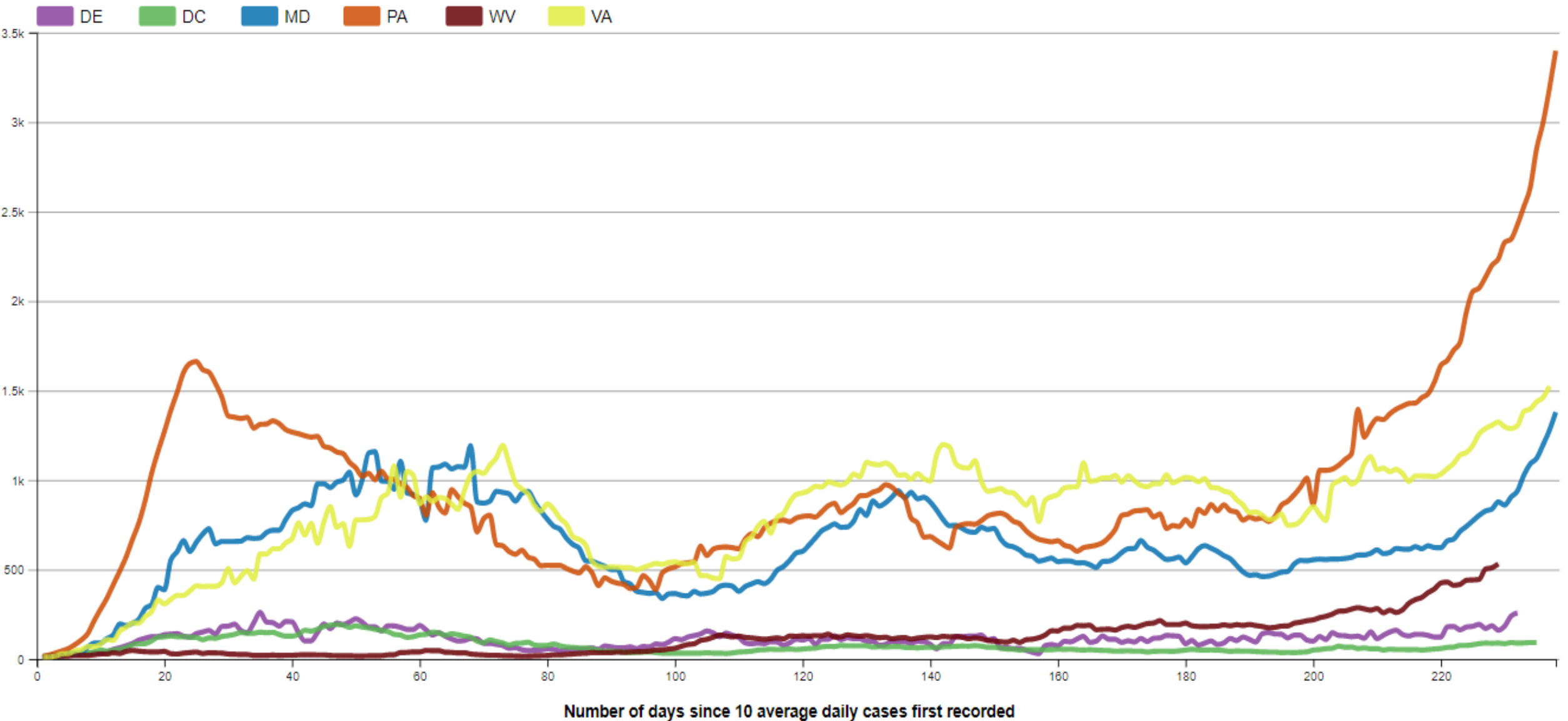
# Maryland: COVID-19

- Confirmed cases: **159,900** (+1,477 new)

- Deaths: **4,112** confirmed (+12 new)

- Hospitalized
  - 18,139 total
  - **863** current
  - 24hr Change: +58



Map of Maryland counties with case counts: 211, 1,273, 2,787, 2,592, 5,373, 4,329, 1,526, 6,581, 28,146, 366, 13,595, 870, 35,336, 685, 1,313, 886, 1,651, 2,776, 517, 1,311

Source: https://coronavirus.maryland.gov/, accessed November 12, 2020

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# Maryland: COVID-19



Confirmed Cases, Total over Time

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# Maryland: COVID-19

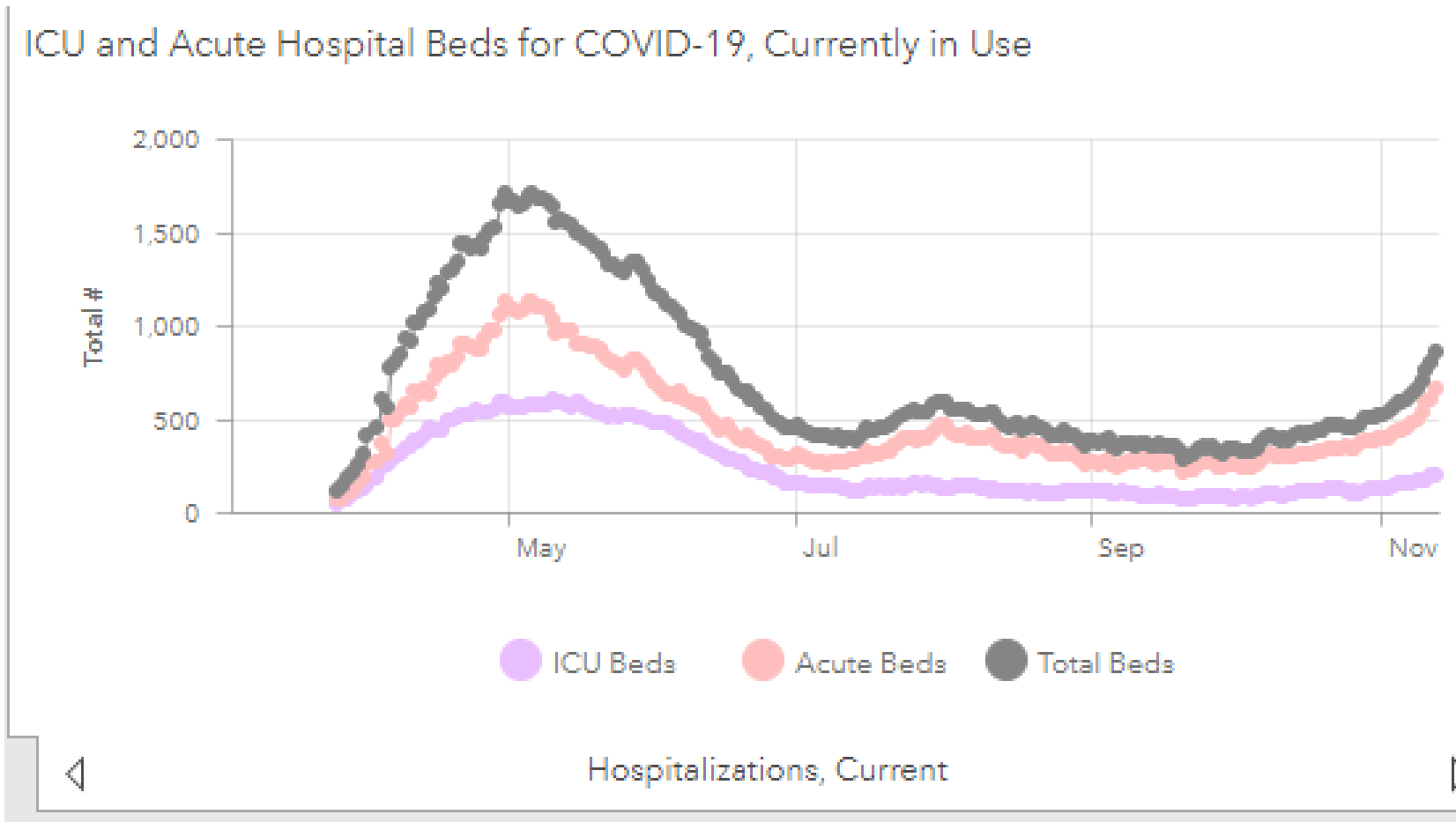Testing Volume, Tests per Day and Percent Positive Rate (7-Day Avg)
- Methodology
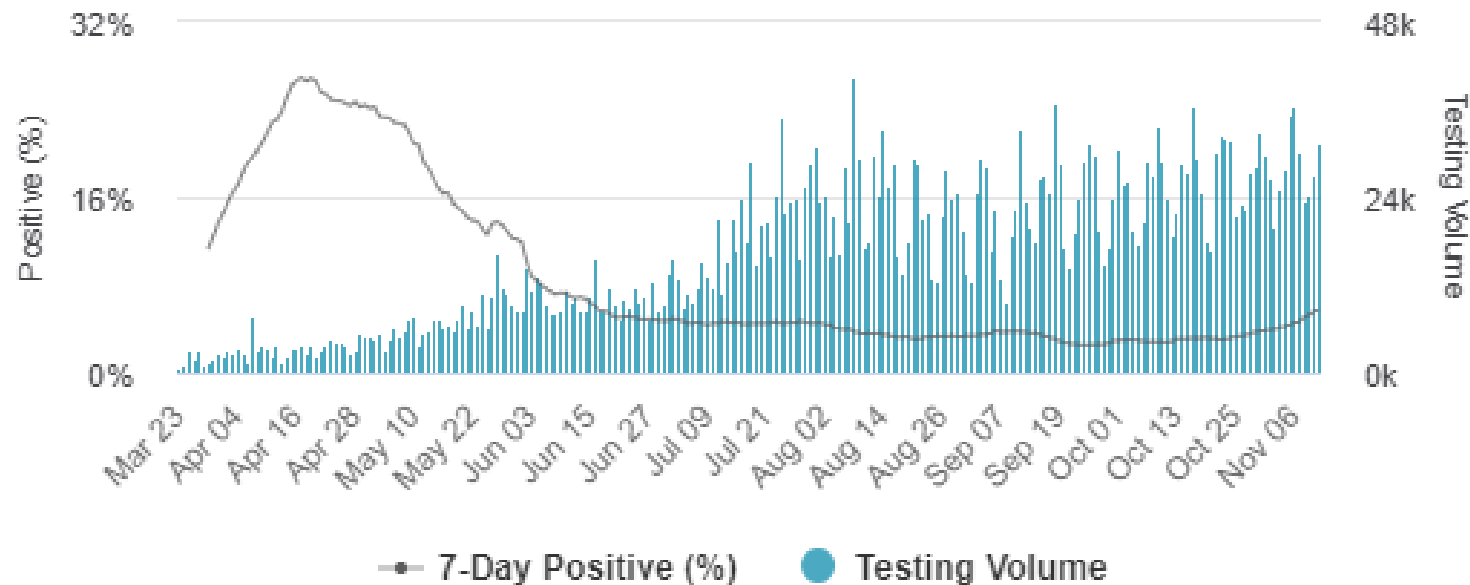


Today's Positivity Rate: 5.35%

Source: https://coronavirus.maryland.gov/, accessed November 12, 2020

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# Maryland: COVID-19



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

Hospitalizations, Current

Source: https://coronavirus.maryland.gov/, accessed November 12, 2020

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# Maryland: COVID-19



Confirmed and Probable Deaths, Totals by Date of Death

Source: https://coronavirus.maryland.gov/, accessed November 12, 2020
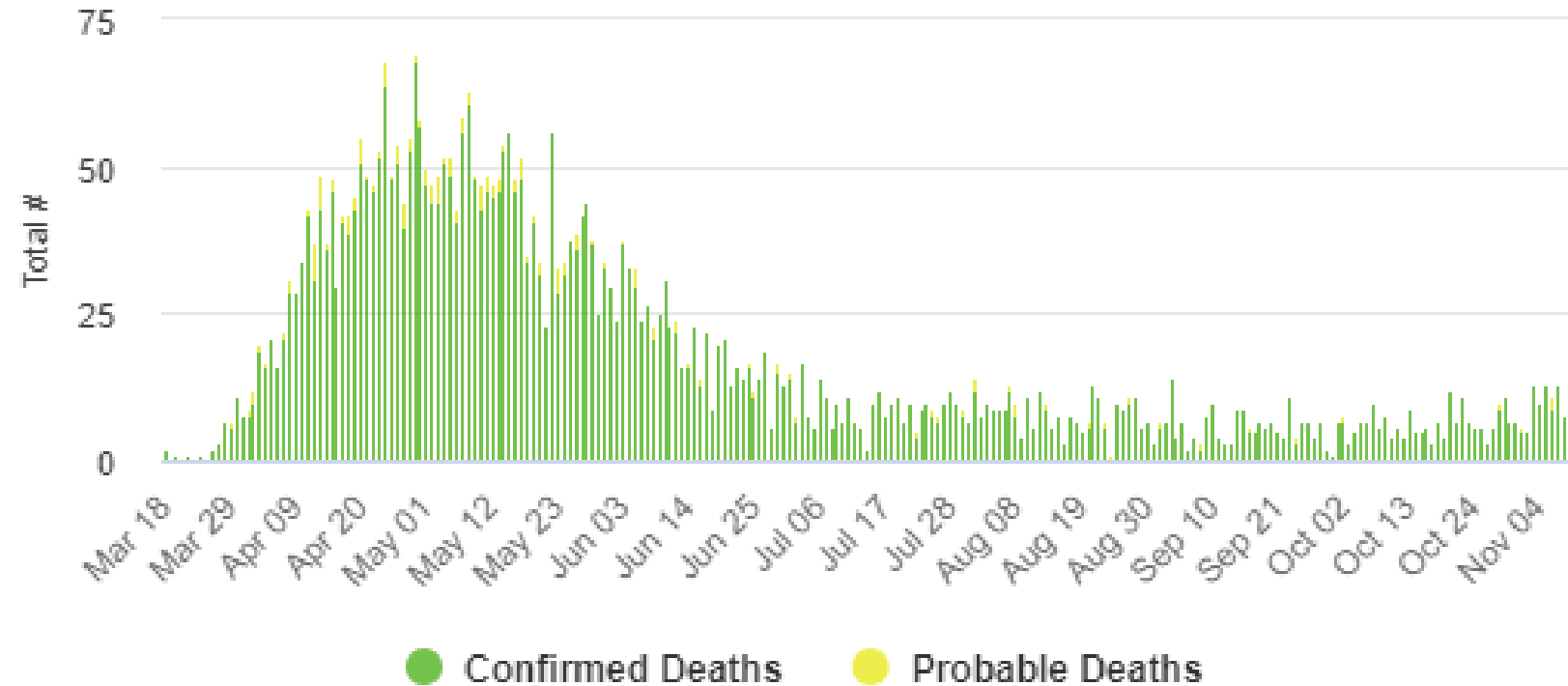
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# Maryland Updates

# Amended Orders 11/10

- Restaurant capacity reduced from 75% to 50%

- Indoor gathering should be limited to less than 25 people

- Limit out of state travel to essential purposes
  - Quarantine and get tested after returning

- Elective admissions that are likely to require prolonged ICU stay, artificial ventilation, or post hospital care in a SNF should be avoided

- Hospitals should activate pandemic plans when they reach 85% staffed bed capacity, including triaging patients and (with the informed consent of the patient), move patients to appropriate settings

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# Amended Orders 11/10 Continued

- When an outbreak occurs in a nursing home, a nursing home shall coordinate with hospital(s) located in the nursing home's corresponding MIEMSS region to ensure adequate staffing support from the hospital, including direct clinical care, and infection control technical assistance where appropriate to ensure adequate continued care and infection control; such support may include the provision of a certified infection control (CIC) professional to the nursing home. When contacted, a hospital shall render all assistance possible.

- All nursing homes shall establish at least one mutual aid arrangement with another nursing home facility to ensure continuity of operations, to include ensuring adequate staffing support.

# CRISP Data Update

- Changes to the Post-Acute Capacity Form  will be live  11/17/20
- Includes updated PPE supply  options (adds: 15-30, 31-45, 45-60, 61 or more days)
- New Questions:
  - Of the residents transferred to the hospital for COVID-**19**, how many died (in the hospital) in the last 24 hours?
  - Of the staff transferred to the hospital for COVID-19, how many died (in the hospital) in the last 24 hours?
- Modify staff and resident hospitalization question:
- Number of staff/residents transferred to a hospital in the past 24 hours:
  - COVID +
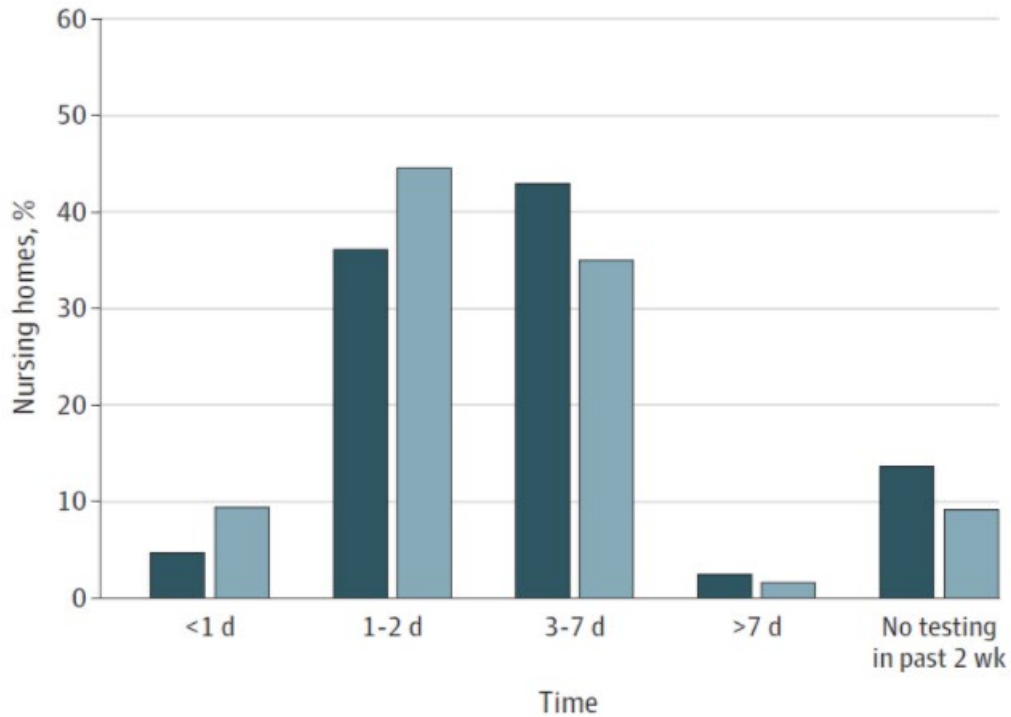  - Non COVID
  - Severed Respiratory Symptoms

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# CDC Updates

# COVID-19 Test Turnaround Time for residents and staff of US Nursing Homes

- For surveillance testing in SNFs to effectively guide infection control, results need to be obtained in less than 1 day

- Beginning on August 16, 2020, the survey asked: "During the past 2 weeks, on average how long did it take your long-term care facility to receive COVID-19 viral (nucleic acid or antigen) test results of residents?"

- Only a small fraction of SNFs had less than 1 day turnaround for staff or resident testing

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https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2772656

# Turnaround Time: Majority is Between 1-7 Days



A National resident tests

B National staff tests

20
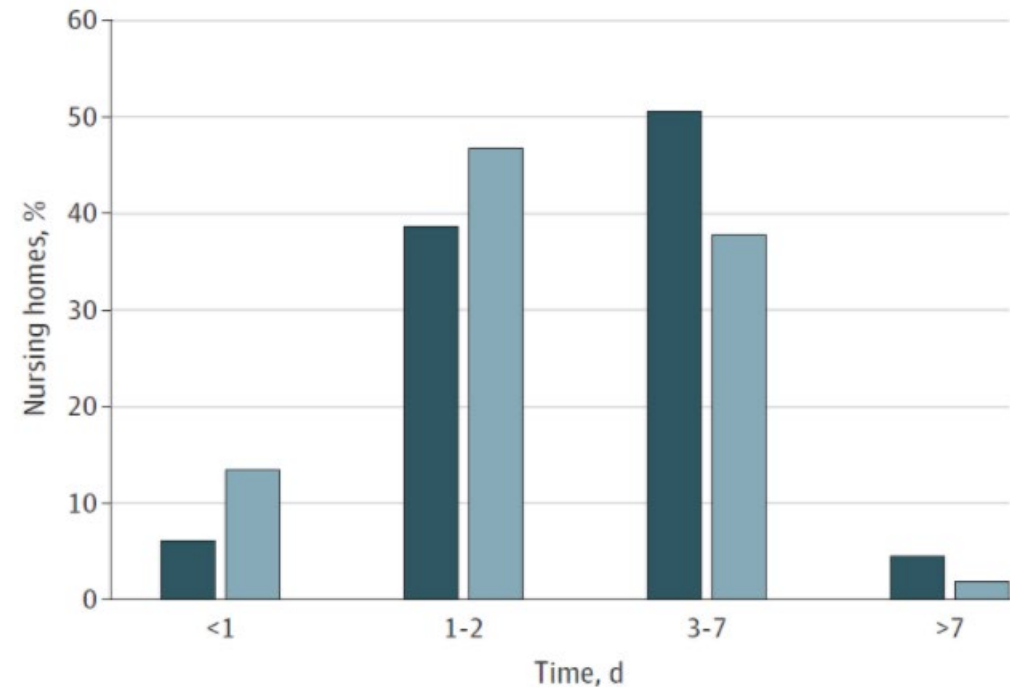
# Frequently Asked Questions

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# 1. What can I do if residents leave the facility for holiday gatherings?

- Holiday gatherings may be high risk activities, including indoor gatherings with people who are not wearing masks or physically distancing

- CDC recommends that individuals at high risk for severe illness should not attend in-person holiday gatherings

- If residents must leave the facility for family gatherings, it is reasonable to require 14 days of quarantine when they return

https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html

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# 2. What about POC testing and false positives?

- False positive results can occur with antigen tests, including when users do not follow the instructions
  - Authorized specimen types collected from individuals who are suspected of COVID-19 by their healthcare provider within a certain number of days of symptom onset
- FDA is aware of reports of false positive results associated with antigen tests used in nursing homes and other settings
- Consider the CDC's recommendations when using antigen testing in nursing homes and other settings. For positive results, especially in low incidence counties, consider performing confirmatory RT-PCR test within 48 hours.

https://www.fda.gov/medical-devices/letters-health-care-providers/potential-false-positive-results-antigen-tests-rapid-detection-sars-cov-2-letter-clinical-laboratory

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# 3. How can I use POC testing?

- During outbreaks, use POC testing for additional weekly testing (test 2 or more times per week) including one round of PCR testing
- Test symptomatic staff to inform fast worker exclusions
- Test symptomatic residents to perform fast cohorting and isolation
- Screen visitors (when visitors are allowed)
- Weekly staff testing when there is no outbreak
  - Any positives would need to be confirmed by PCR

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# 4. Are there still Phases for relaxing restrictions?

- Yes
- Only applies to residents leaving the facility
- DOES NOT apply to visitation
- In Phase 1 "Non-medically necessary trips outside the building should be avoided"
- This might be relevant for the upcoming holidays

https://www.cms.gov/files/document/qso-20-30-nh.pdf

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# 5.  If we are having an outbreak do we have to discontinue outdoor visitation?

- Maybe- this is a case by case discussion with the LHD and MDH
- If there is ongoing transmission, then outdoor visitation should be discontinued
- If there is a single case in a staff person, outdoor visitation may probably continue

https://www.cms.gov/files/document/qso-20-39-nh.pdf

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# 6. Can we restrict visitation due to the increased cases in the community?

- Visitation may be restricted when community (county) percent positivity is over 10%

- Currently Maryland's % positivity is just over 5 %

- Currently can not restrict visitation- keep monitoring the data

- May replace indoor visitation with outdoor visitation if the weather allows

- May require testing for visitors

https://www.cms.gov/files/document/qso-20-39-nh.pdf

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# 7. What if I have a resident who tests positive by PCR but then tests negative by PCR?

- Is this a false positive? Maybe- we can not say for certain that it is not a false positive

- It may also represent a true positive with intermittent shedding or recovery

- Out of an abundance of caution, treat all PCR positive cases as true positives for infection control, contact tracing, and outbreaks

- Recommend not retesting people who have already tested positive for 90 days

- If you are concerned about the accuracy of the PCR test results, talk to your laboratory

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# 8. What can I do if my facility has staffing shortages?

- Best:
  - Cancel non-essential procedures and activities
  - Help HCP get to work (provide transportation, childcare, etc)
  - Identify additional HCP who could work in an emergency
    - Agency, retired staff, corporate, staff from other SNFs, cross-train staff

- Better:
  - Plan to allow HCP who have been exposed to COVID to continue to work, while they remain asymptomatic, wear a mask, and monitor for symptoms

- Okay:
  - Transport residents to alternate sites

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

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# 8. What can I do if my facility has staffing shortages?

- When there are no longer enough staff to provide safe patient care
  - Allow COVID positive staff who are asymptomatic or recovering to work in non-patient care spaces
  - Allow COVID positive staff who are asymptomatic or recovering to work with COVID positive residents or patients
  - Allow COVID positive staff who are asymptomatic or recovering to work with residents with suspect COVID-19
  - Allow COVID positive staff who are asymptomatic or recovering to work with any residents

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# 9. Have wee gone back to Phase 1?

- No

- Some additional restrictions have been reinstated, but Maryland is still in Phase 3 of relaxing resitrctions

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# Technical Assistance Team Updates

- Based on self-reported data through CRISP, 115 of 226 (1 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.).

- During Technical Assistance Team visits, three facilities were found to have significant infection control concerns for CIC assessment.

- During Certified Infection Control (CIC) nurse visits, two facilities were found to have significant or repeated concerns with referral to Infectious Disease, Epidemiology and Outbreak Response Bureau (IDEORB).

- The Congregate Compliance Team conducted three reviews, with two referrals to the Office of Health Care Quality for non-compliance with weekly testing mandates

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- PPE reporting changes to CRISP (i.e. 0-15 days, 16-30 days, etc.) in late November/early December. Additional modifications, such as hospitalization/admission clarifications, will accompany these changes.

- Thank you to all those who completed our survey last week; we are continuing to improve our Technical Assistance Team process with likely further adjustments as case numbers change.

- Reminder, technical assistance teams will arrive at facilities without notice. We wish to see your facility as it is, outbreaks and all.

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# Questions?

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