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

Maryland Department of Health

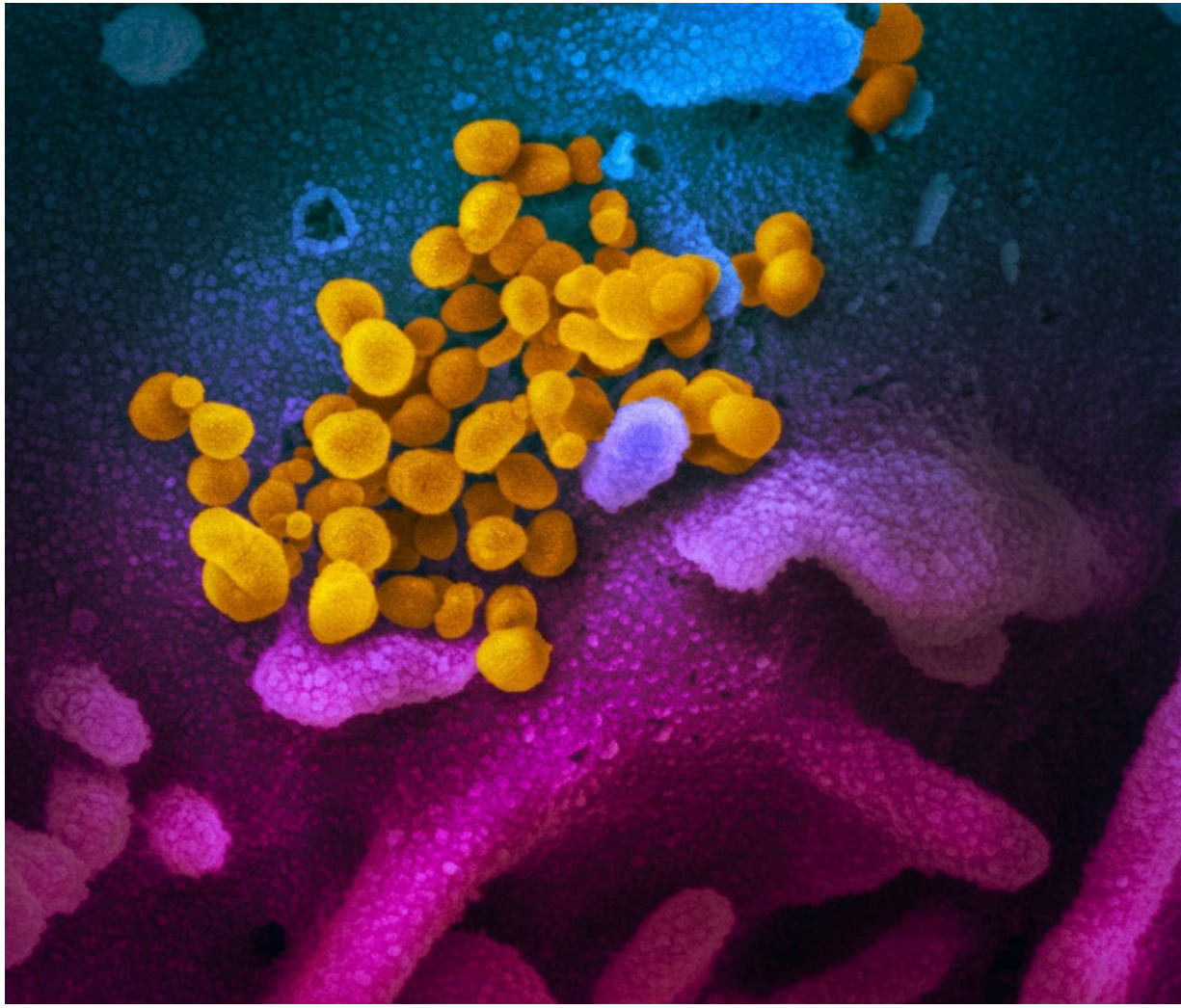
Infectious Disease Epidemiology and Outbreak Response Bureau

October 15, 2020

Call Agenda

- COVID-19 Epi Updates
- Maryland Updates
- Frequently Asked Questions on CMS Visitation Guidance
- COVID in the Staff Breakroom
- Responding to COVID-19 Facility Exposures
- Q&A

Picture Courtesy of NIAID-RML



COVID-19 Epi Summary

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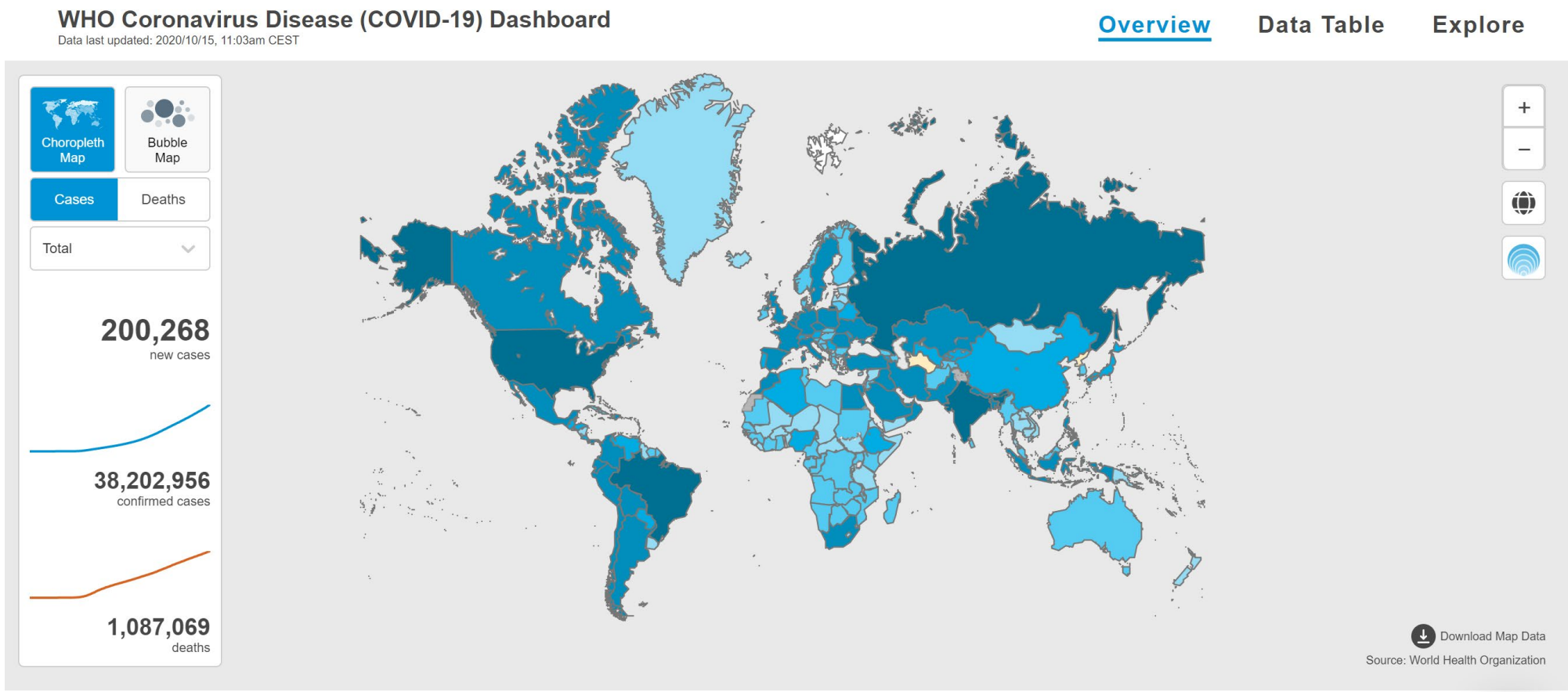
Worldwide: COVID-19



Source: https://covid19.who.int/ , accessed October 15, 2020

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U.S.: COVID-19

USA

7,835,007

TOTAL CASES

+47,459 New Cases

CDC | Updated: Oct 14 2020 12:21PM

USA

215,194

TOTAL DEATHS

+748 New Deaths

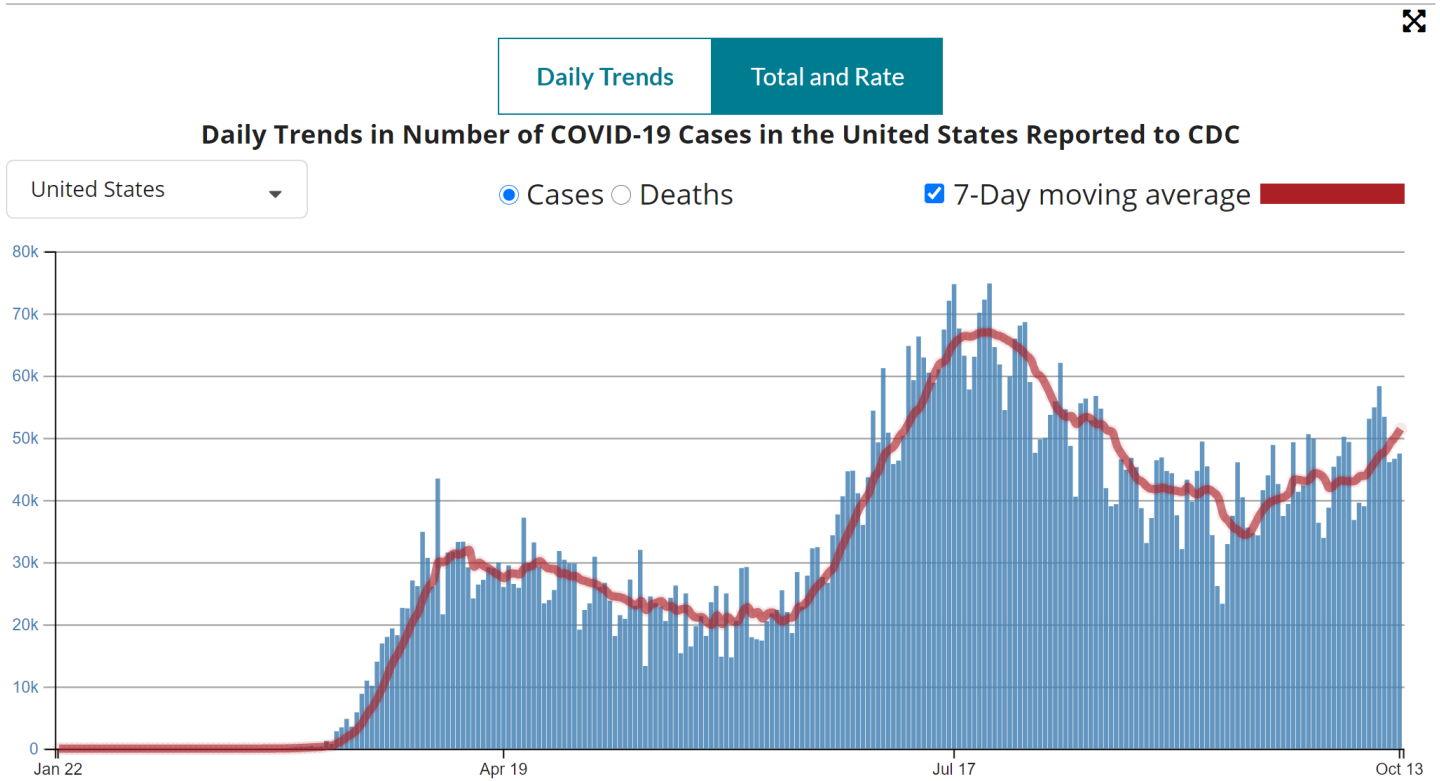
CDC | Updated: Oct 14 2020 12:21PM

USA

2,368

Cases per 100,000 People

CDC | Updated: Oct 14 2020 12:21PM



Source: CDC, https://www.cdc.gov/covid-data-tracker/index.html#trends, accessed October 15, 2020

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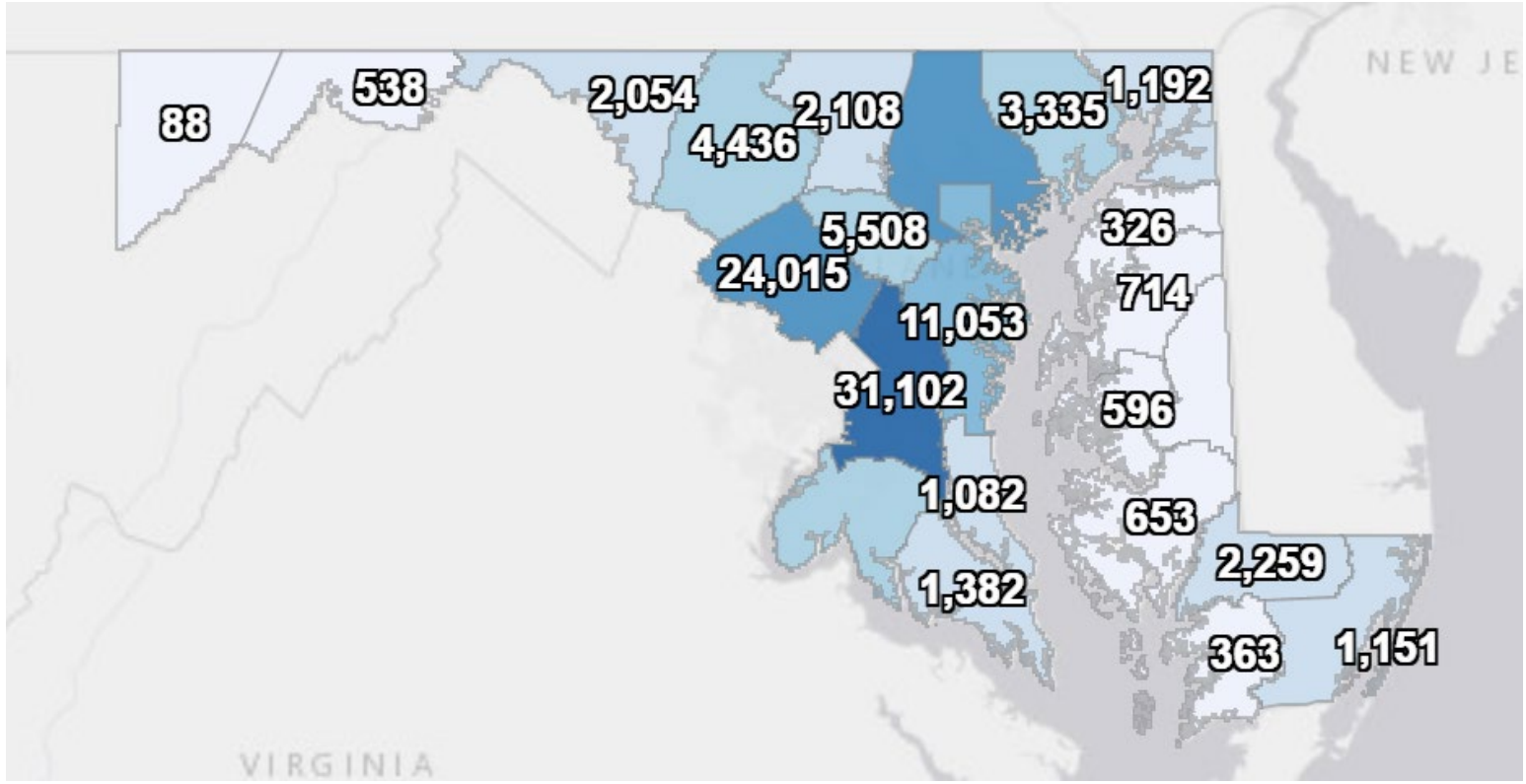
Maryland: COVID-19

- Confirmed cases: **133,548** (+630 new)
- Deaths: **3,883** confirmed (+6 new)
- Hospitalized
  - 16,255 total
  - **412** current
  - 24hr Change: -5



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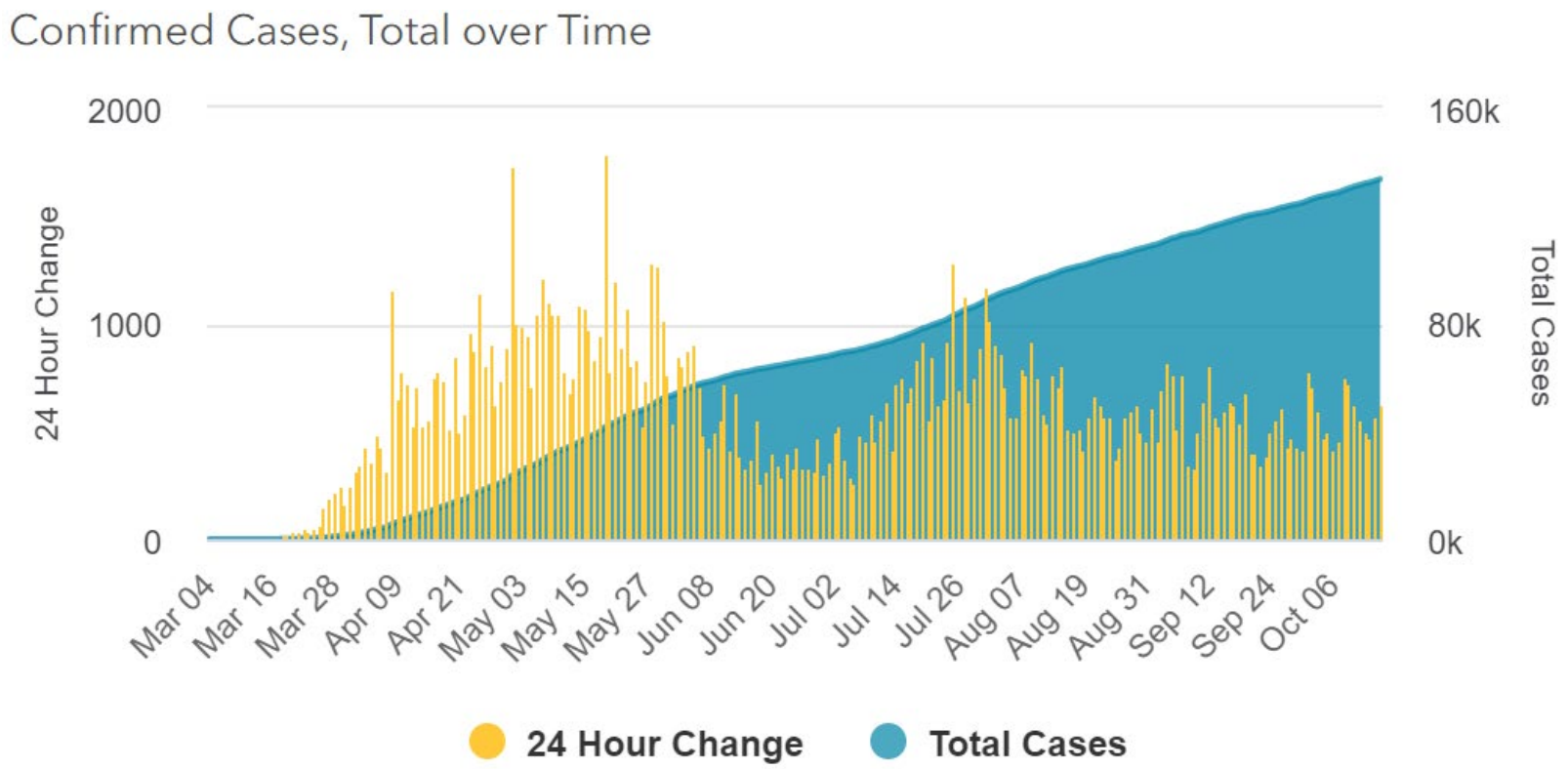
Source: https://coronavirus.maryland.gov/, accessed October 15, 2020

Maryland: COVID-19



Source: https://coronavirus.maryland.gov/, accessed October 15, 2020

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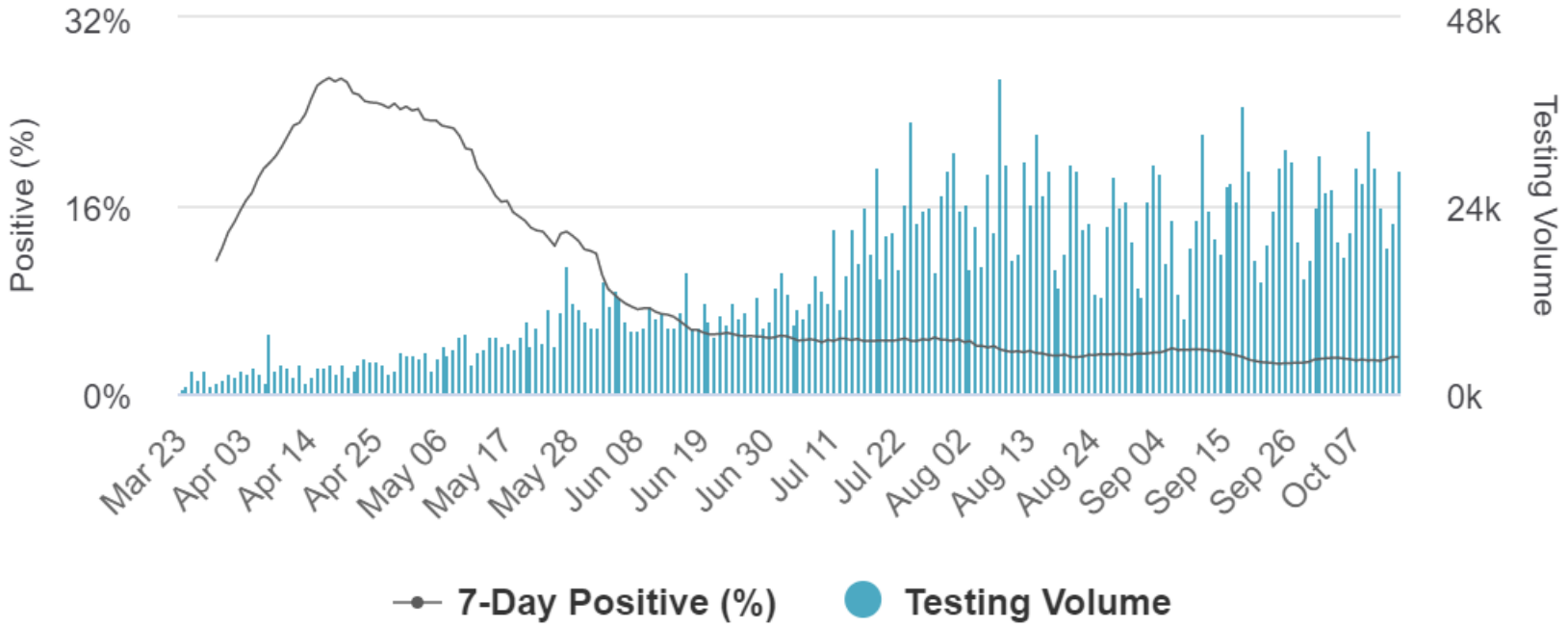
Maryland: COVID-19

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

- Methodology



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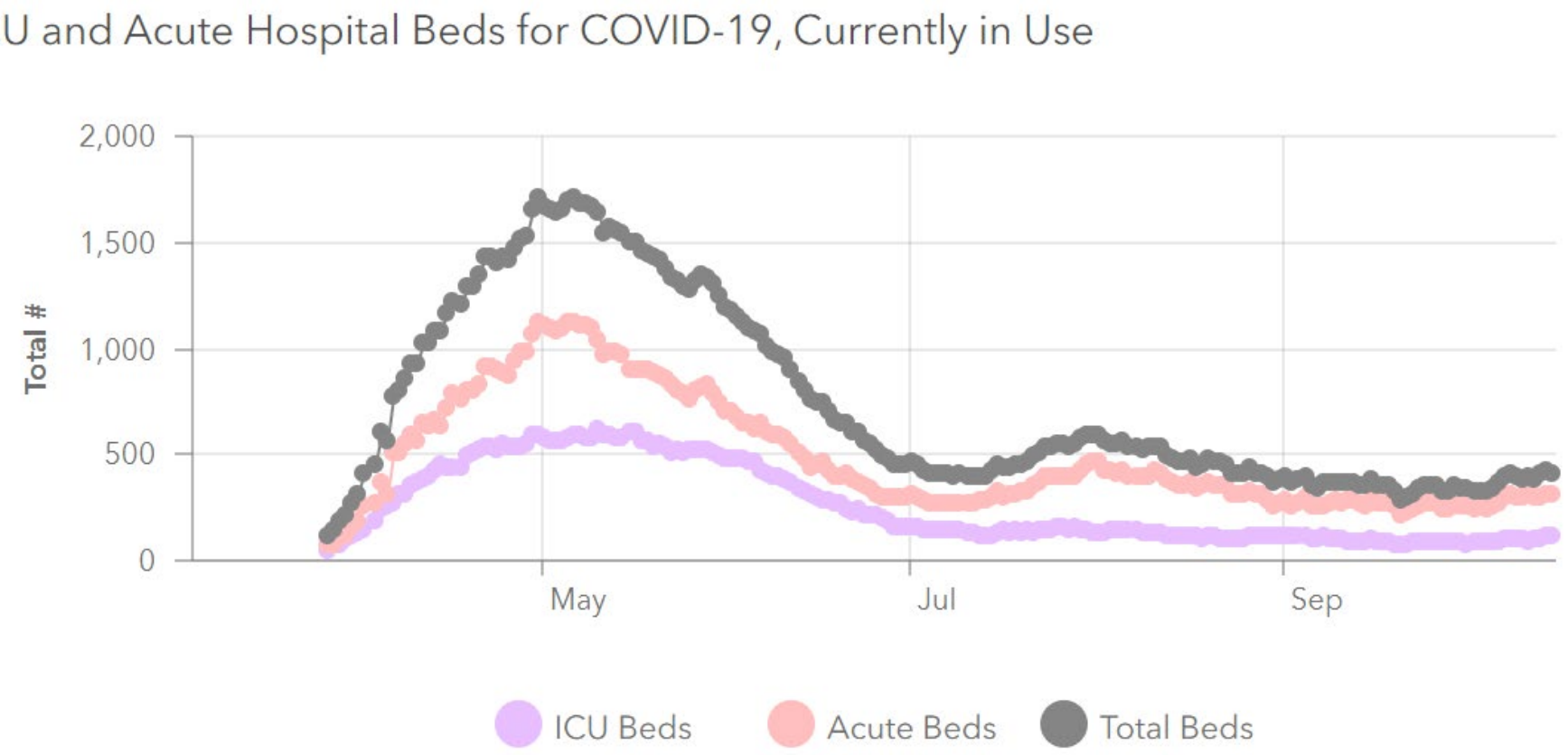
Maryland: COVID-19



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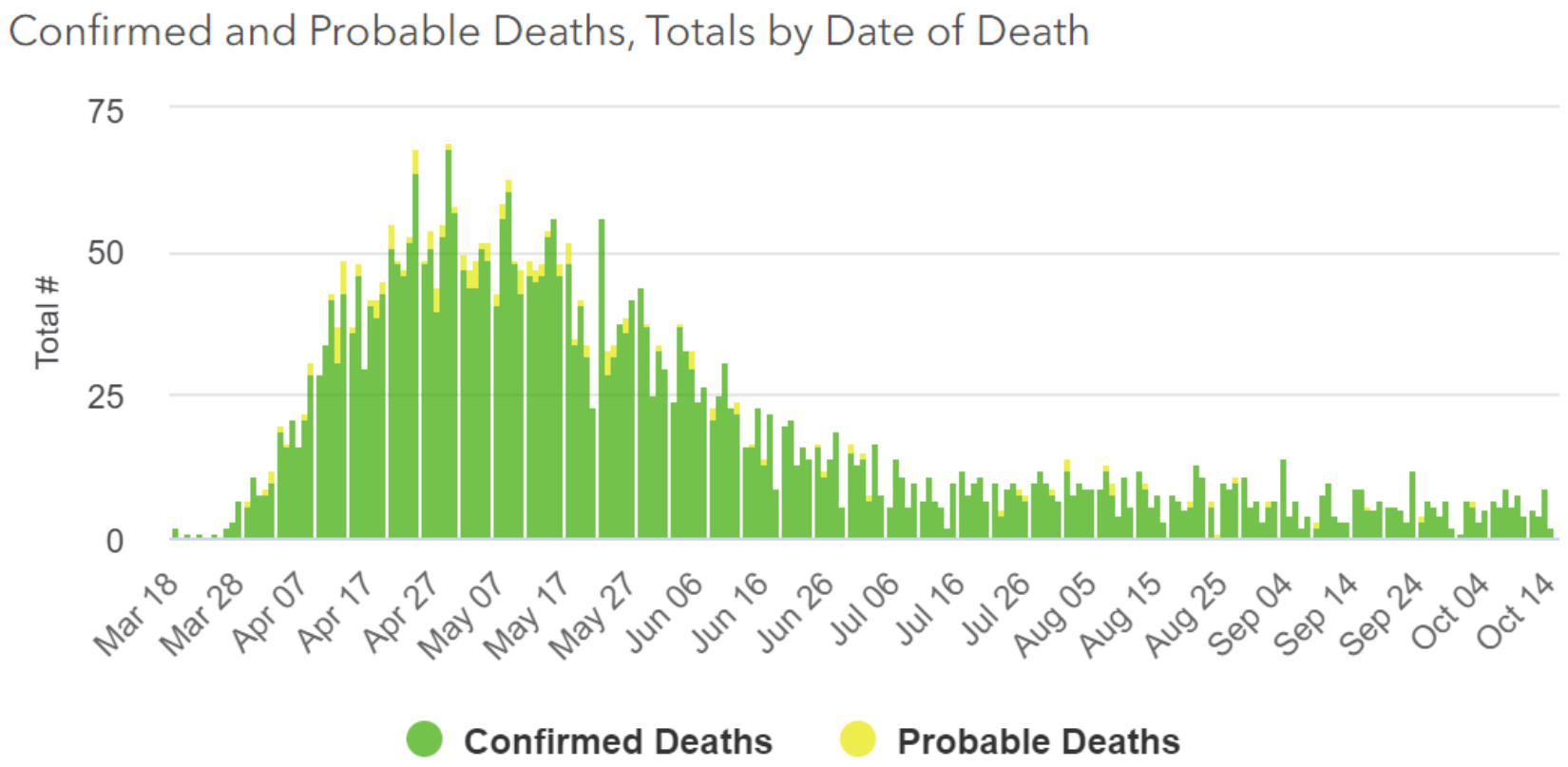
Maryland: COVID-19



Source: https://coronavirus.maryland.gov/, accessed October 15, 2020

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Maryland Updates

- Friday, October 9th, MDH released updated guidance on the Prevention and Control of Respiratory Illnesses
- Friday, October 9th, MDH released guidance on laboratory testing and cohorting recommendations for the 2020-2021 Respiratory Virus Season

https://phpa.health.maryland.gov/Pages/guidelines.aspx

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MDH Respiratory Illness Flowchart

Laboratory Testing and Cohorting Recommendations for Respiratory Outbreaks for 2020-2021 Influenza Season

Does the facility have an outbreak of COVID-19 or other respiratory illness?

No/Unknown

Testing Recommendations

- All individuals with signs/symptoms compatible with COVID-19* or influenza should be tested for COVID-19 AND influenza.†
- Additionally, individuals with pneumonia should also have sputum cultures done and be tested for *Legionella* and *Strep pneumoniae* (in addition to COVID-19 & influenza).

Response (all that apply)

- **If any COVID-19 testing is positive**: follow MDH COVID-19 outbreak guidance
- **If influenza or other testing is positive**: determine if it the situation meets an outbreak definition
  - If it meets an outbreak definition, follow the appropriate MDH outbreak guidance
  - If it does not meet an outbreak definition, follow MDH case management guidance for each ill individual
- **If all testing is negative**: continue heightened surveillance for cases and other COVID-19 preventive measures

Yes – non-COVID-19 respiratory illness

Testing Recommendations

- All individuals with signs/symptoms compatible with COVID-19 or influenza should be tested for COVID-19 AND influenza.
- Additionally, individuals with pneumonia should also have sputum cultures done and be tested for *Legionella* and *Strep pneumoniae* (in addition to COVID-19 & influenza).

Response (all that apply)

- **If any COVID-19 testing is positive**: follow MDH COVID-19 outbreak guidance
- **If influenza testing is positive**: follow MDH respiratory outbreak guidance, including influenza vaccination and antiviral prophylaxis/treatment recommendations
- **If other testing is positive**: follow the appropriate MDH outbreak guidance
- **If all testing is negative**: 3-5 symptomatic individuals should be tested by respiratory viral panel (if not done as part of initial influenza testing); follow MDH outbreak guidance until outbreak is closed; continue COVID-19 preventive measures

Yes – COVID-19

Testing Recommendations

- Test ALL residents and staff (regardless of symptoms) for COVID-19 in accordance with MDH guidance.
- Regardless of universal testing, if a staff or resident develops symptoms, test for COVID-19 AND influenza.
- Additionally, individuals with pneumonia should also have sputum cultures done and be tested for *Legionella* and *Strep pneumoniae* (in addition to COVID-19 & influenza).

Response (all that apply)

- **If influenza is found to be co-circulating with COVID-19**: follow MDH respiratory outbreak guidance (in addition to COVID-19 outbreak guidance), including influenza vaccination and antiviral prophylaxis/treatment recommendations
- **If other testing is positive**: follow the appropriate MDH outbreak guidance (in addition to the COVID-19 outbreak guidance)
- **If all other testing is negative**: continue to follow MDH COVID-19 outbreak guidance until outbreak is closed

Outbreak Definitions for Congregate Living Settings:

- **COVID-19:** One laboratory-confirmed case
- **Influenza-like illness (ILI):** Three or more cases of ILI within 7 days
- **Influenza:** Two or more cases of ILI within 3 days, with at least one person with laboratory-confirmed influenza
- **Pneumonia:** Two or more cases of pneumonia in a unit within 7 days

Resources:

- **Outbreak Guidance Documents:** https://phpa.health.maryland.gov/Pages/guidelines.aspx
- **MDH COVID-19 Website:** https://coronavirus.maryland.gov/
- **MDH Lab:** https://health.maryland.gov/laboratories/Pages/home.aspx

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* Individuals with influenza or COVID-19 can have atypical clinical presentations; clinical judgment and local epidemiology should be used to inform testing decisions

† Molecular assays such as RT-PCR tests are preferred to rapid influenza diagnostic tests ("RIDTs" or "antigen" tests), especially in outbreak settings; RIDTs can be unreliable, particularly when the

Respiratory Illness Flowchart Continued

Tests to order	What to collect	Where testing can be done	Comment
For all respiratory outbreaks			
Rapid influenza diagnostic test (RIDT or antigen test)	Follow directions for the test kit (usually nasopharyngeal or nasal swab)	Healthcare provider's office, emergency department or urgent care, hospital or private labs	
Influenza PCR test	Follow directions for the test kit (usually nasopharyngeal or nasal swab)	Many hospital and private labs	Testing can be done at MDH lab* in certain outbreak situations (consult outbreak epidemiologist prior to submitting specimens)
COVID-19 antigen test	Follow directions for the test kit (usually nasopharyngeal or nasal swab)	Some nursing homes, healthcare provider's office, emergency department or urgent care, hospital or private labs	COVID-19 PCR tests are recommended in outbreak situations. COVID-19 antigen testing is not offered at the MDH lab at this time.
COVID-19 PCR test	Follow directions for the test kit (usually nasopharyngeal or nasal swab)	Many hospital and private labs	Testing can be done at MDH lab in certain outbreak situations (consult outbreak epidemiologist prior to submitting specimens)
Respiratory PCR panel	Follow directions for the test kit (usually nasopharyngeal or nasal swab)	Many hospital and private labs	A respiratory panel that includes influenza can be done in place of a single agent influenza PCR; testing can be done at MDH lab in certain outbreak situations (consult outbreak epidemiologist prior to submitting specimens)
For patients with pneumonia			
X-ray or CT	Chest radiography	Nursing home, healthcare provider's office, radiology center, urgent care, or hospital	
Sputum Gram stain, routine bacterial culture, *Legionella* culture†, *Legionella* PCR	Sputum	Gram stains and cultures can be done at most hospital and private labs; *Legionella* PCR can be done at some hospital and private labs	Testing can be done at MDH lab in certain outbreak situations (consult outbreak epidemiologist prior to submitting specimens)
Legionella urinary antigen test (UAT), *Streptococcus pneumoniae* UAT	Urine	UATs can be done at most hospital and private labs	Testing can be done at MDH lab in certain outbreak situations (consult outbreak epidemiologist prior to submitting specimens)

*All specimens submitted to the MDH lab must have a properly-completed laboratory requisition slip; specimens must be collected, stored, and shipped following MDH lab requirements; always ensure that all specimens are collected in the appropriate media, the media is not expired, and lids/containers are securely fastened/closed

†*Legionella* bacteria are not detected by routine respiratory cultures; a separate, specific culture must be ordered

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Summary of Isolation/Cohorting Recommendations*

Scenario	Recommendations
Resident(s) with undiagnosed respiratory illness	• If a resident is identified with signs and/or symptoms of an undiagnosed respiratory illness, the resident must be immediately isolated on contact and droplet precautions to a private room while awaiting test results. Options for isolation include, moving a roommate to a private room and keeping the symptomatic resident isolated in place, moving the symptomatic resident to a private room on their current unit, or moving the symptomatic resident to an area dedicated to the care of residents awaiting test results. • As a precautionary measure, roommates of symptomatic residents should also be placed on contact and droplet precautions in a private room while awaiting the symptomatic resident's test results. • If the resident is diagnosed with COVID-19, the resident's roommate should remain on contact and droplet precautions, in a private room on their home unit or on the observation unit, for 14 days of quarantine.
Resident(s) with laboratory-confirmed influenza and/or COVID-19	• Ideally, and when able, residents with undiagnosed respiratory illness, COVID-19, or influenza will be isolated in a single-person room. Residents with laboratory confirmed COVID-19, regardless of influenza test results, must be housed in a designated location with dedicated staff. • Residents with laboratory-confirmed COVID-19 and influenza should be housed in a designated location for the care of residents with COVID-19 in a private room or in a room with another resident with laboratory-confirmed COVID-19 and influenza. If using CDC crisis capacity strategies for the optimization of PPE, staff should only extend gown use for residents on the COVID unit who have the same infection(s). Generally, facilities should seek to discontinue extended use and reuse of gowns as soon as supplies allow. • Residents with influenza, who do not concurrently have COVID-19, should be isolated on droplet precautions in a private room and should NOT be housed in the same location as residents with COVID-19.

* For the complete list of infection prevention and other control measures, please review the MDH outbreak guidance documents found here: https://phpa.health.maryland.gov/Pages/guidelines.aspx

Frequently Asked Questions

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Q1. What is the difference between isolation and quarantine?

- Isolation = Infection
- Quarantine = Exposure
- Isolation period = 10-20 days per the CDC Guidance on the Discontinuation of Transmission Based Precautions and the Return-to-Work Guidance for Healthcare Workers
- Quarantine period = 14 days after exposure to COVID-19 per the CDC Quarantine Guidance

https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-Quarantine-vs-Isolation.pdf

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Q2. Can Clinicals in Nursing Homes Resume?

- QSO 20-39 states that: *health care workers who are not employees of the facility but provide direct care to the facility's residents **must** be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened*.
- Furthermore: *We remind facilities that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.*
- **Students are permitted entry but must comply with the CMS core principles and testing requirements laid out in QSO 20-38**

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

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Q3. Can Hospice workers or Clergy enter the facility?

- QSO 20-39 states that: ***health care workers who are not employees of the facility but provide direct care to the facility's residents must be permitted to come into the facility*** *as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened*.
- Examples provided: hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy **etc**
- Again: **must comply with the CMS core principles and testing requirements laid out in QSO 20-38**

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Let's Review the CMS Core Principles

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20- 38-NH)

Let's Review the CMS Testing Requirements

- Maryland Nursing Home Matters order strongly **recommends**: *All staff, volunteers, and vendors who are in the facility regularly, be tested on a weekly basis for COVID-19*
- This order **requires**: *All staff, volunteers, and vendors who are in the facility regularly, **shall** be tested as required in the CMS Interim Final Rule, issued on August 26, 2020, (Ref: QSO-20-38-NH) (CMS August 26 Rule).*
- *All nursing homes **shall** test all staff, volunteers, and vendors who are in the facility regularly based on the local jurisdiction's positivity rate (as identified by CMS) in the past week:*
    1. *Testing once a month where the local jurisdiction's positivity rate is below or equal to 5%;*
    2. *Testing once a week where the local jurisdiction's positivity rate is 5%-10%; and*
    3. *Testing twice as week where the local jurisdiction's positivity rate is over 10%.*

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

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Testing Requirement Review Continued

- *All nursing homes **shall** test all staff, volunteers, and vendors who are in the facility regularly based on the local jurisdiction's positivity rate (**as identified by CMS**) in the past week:*
  1. *Testing once a month where the local jurisdiction's positivity rate is below or equal to 5%;*
  2. *Testing once a week where the local jurisdiction's positivity rate is 5%-10%; and*
  3. *Testing twice as week where the local jurisdiction's positivity rate is over 10%.*
- Facilities should monitor their county positivity **rate on the CMS website** every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing appropriately.
- Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

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

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Q4. Do Support Persons for Individuals with Disabilities Have to be Tested?

- No. September 24th disability guidance directed facilities to develop policies that both comply with applicable U.S. Centers for Disease Control and Prevention (CDC) guidance and State and federal regulations and recognize the rights and needs of individuals with disabilities, including provisions for "support persons."
- Per QSO 20-38: *The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19.*
- Per QSO 20-38: *While not required, facilities **may** test residents' visitors to help facilitate visitation while also preventing the spread of COVID-19.*
- Support persons are considered visitors and not volunteers

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Q5. How many individuals can I have in my rehab therapy gym?

- It depends. Per CMS' QSO 20-39: *Group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status)* ***with social distancing among residents, appropriate hand hygiene, and use of a face covering.*** *Facilities may be able to offer a variety of activities while also taking necessary precautions.* ***For example****, book clubs, crafts, movies,* ***exercise****, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.*
- **Should follow CMS core principles – Social Distancing, Masking, etc**

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Q6. Facility has an Outbreak. Can I Continue Visitation?

- Per QSO 20:39: Indoor visitation may not occur until: *There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing*
- *Per QSO 20:39: Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status, outdoor visitation should be facilitated routinely.*
- County and/or State public health will guide facilities on appropriate control measures during an outbreak

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Q7. Are assisted living facilities required to follow the CMS visitation guidance

- From the October 1st MDH notice to Nursing Homes and Assisted Living Facilities: *All nursing homes **shall** follow the Centers for Medicare & Medicaid Services (CMS) guidance on nursing home visitation regarding COVID-19 (QSO-20-39-NH). All assisted living programs **should** follow the same guidance in developing safe policies for their residents and visitors.*
- Following CMS Visitation Guidance is required for Nursing Homes and Recommended for Assisted Living Facilities.

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Q8. I have a new outbreak. When do I test all of my residents?

- Immediately. When an outbreak of COVID-19 has been identified, defined as one case in a staff or a resident, all staff and residents should immediately be tested for COVID-19. Do not wait until the next week to begin weekly testing.

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Q9. Can we take our residents to the fall festival?

- On September 28th, CMS updated QSO 20-30 (Reopening) for it to be in line with QSO 20-39 (visitation)
- In QSO 20-30 phases are still in effect but for visitation, communal dining, and activities, facilities should refer to QSO 20-39.
- In phase 1 of the updated QSO 20-30: *Non-medically necessary trips outside the building should be avoided.*

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COVID in the Staff Breakroom

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Preventing Staff Clusters of COVID-19

- Staff breakrooms or dining halls are common areas where non-compliance with social distancing and no masking is observed.
- Staff must appreciate the importance of social distancing during mealtimes when masks are removed.
- Consider the layout of the facility and options for encouraging good social distancing
  - Remove chairs from the breakroom
  - Tape x's on the ground where chairs should be
  - Tape off chairs to reduce the number of staff
  - Post social distancing reminder signs
  - Educate staff on the importance of social distancing

Responding to COVID-19 Facility Exposures

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Healthcare Personnel Exposures in Review

- HCP Exposures inside of the facility are determined using the CDC Risk Assessment Guidance for HCP Exposures.
- HCP with exposures should be excluded from work for 14 days from the date of exposure
- Prevent exposures by using appropriate PPE!
- Interview positive HCP to determine possible exposures

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged[1] close contact[2] with a patient, visitor, or HCP with confirmed COVID-19[3]	• HCP not wearing a respirator or facemask[4] • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure[1]	• Exclude from work for 14 days after last exposure[5] • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19[6] • Any HCP who develop fever or symptoms consistent with COVID-19[6] should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Resident Exposures in Review

- Resident exposures are determined by time and space
- Residents are considered exposed when within 6ft for 15 minutes of a person with COVID-19 regardless of PPE use
- Exposed residents should be placed on quarantine for 14 days on contact and droplet precautions
- In some outbreak situations, entire units may need to be isolated and placed on droplet and contact precautions
- In some outbreaks, a private room for all exposed residents will not be feasible. When able, exposed residents should be isolated in a private room.
- Work with your local health department to determine which residents may need to be placed under quarantine.
- Residents should mask, when able, when within 6 ft of staff or visitors

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Questions?

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