



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

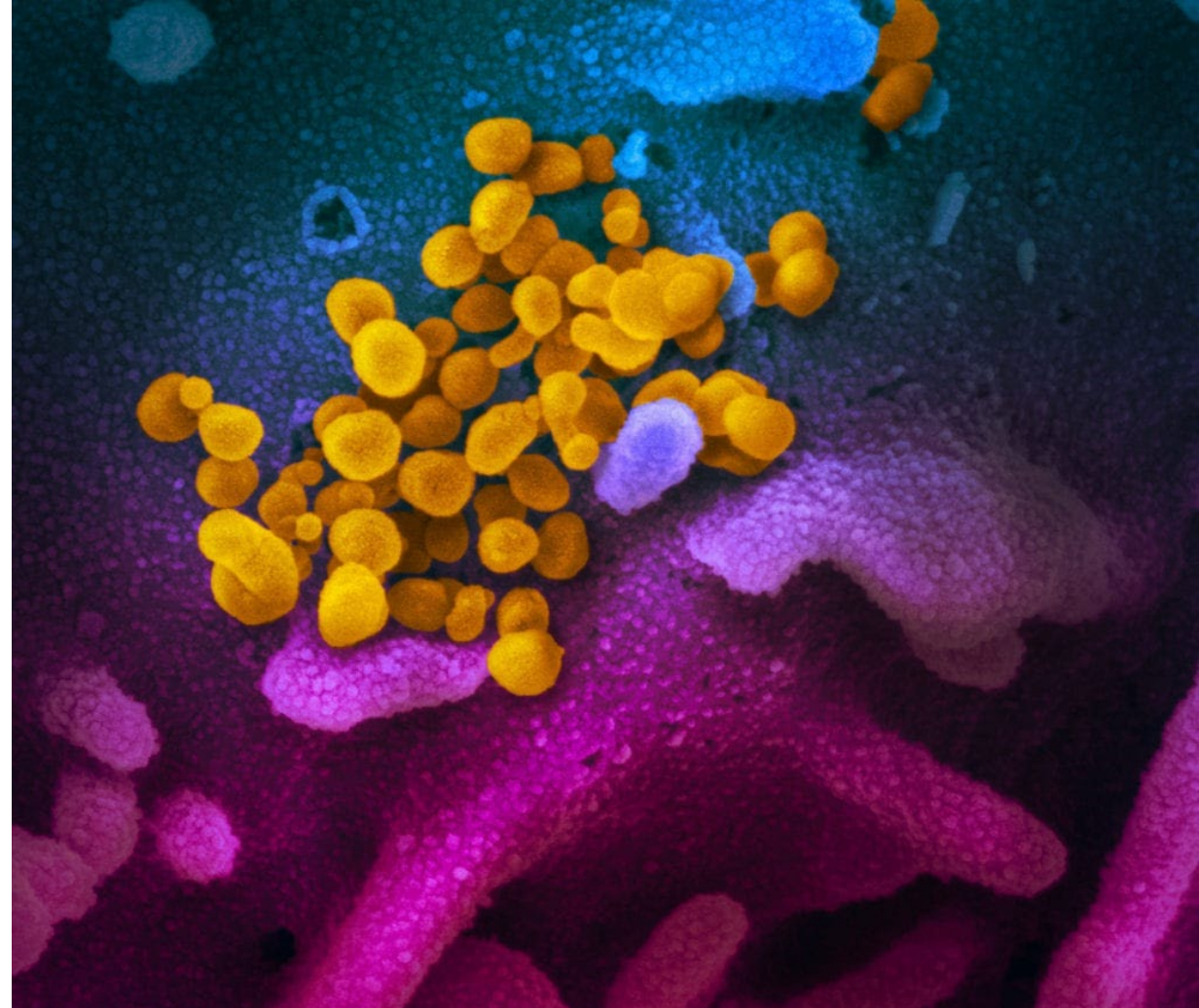
Maryland Department of Health
Infectious Disease Epidemiology and Outbreak Response Bureau

September 24, 2020

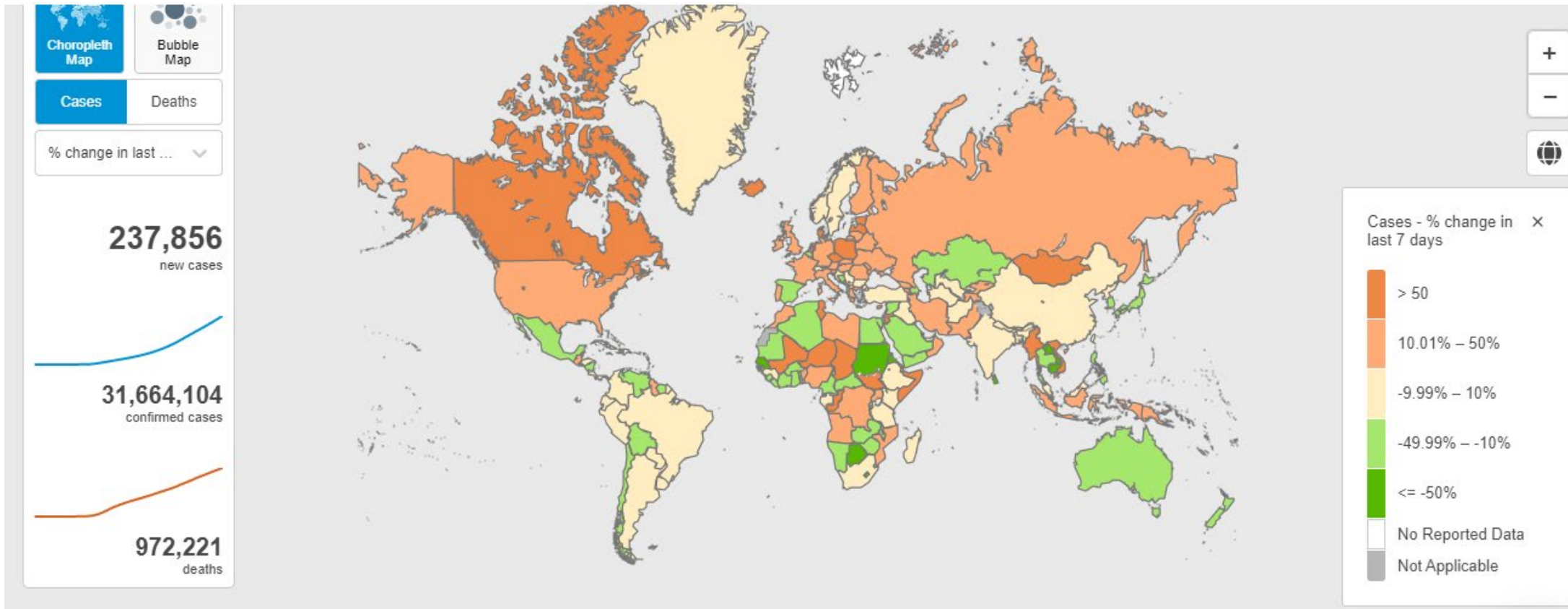
Call Agenda

- COVID-19 Epi Updates
- CMS Updates
- CDC Updates
- Q&A

Picture Courtesy of NIAID-RML



Worldwide: COVID-19



Source: <https://covid19.who.int/>, accessed September 24, 2020

Worldwide: COVID-19

Global Situation

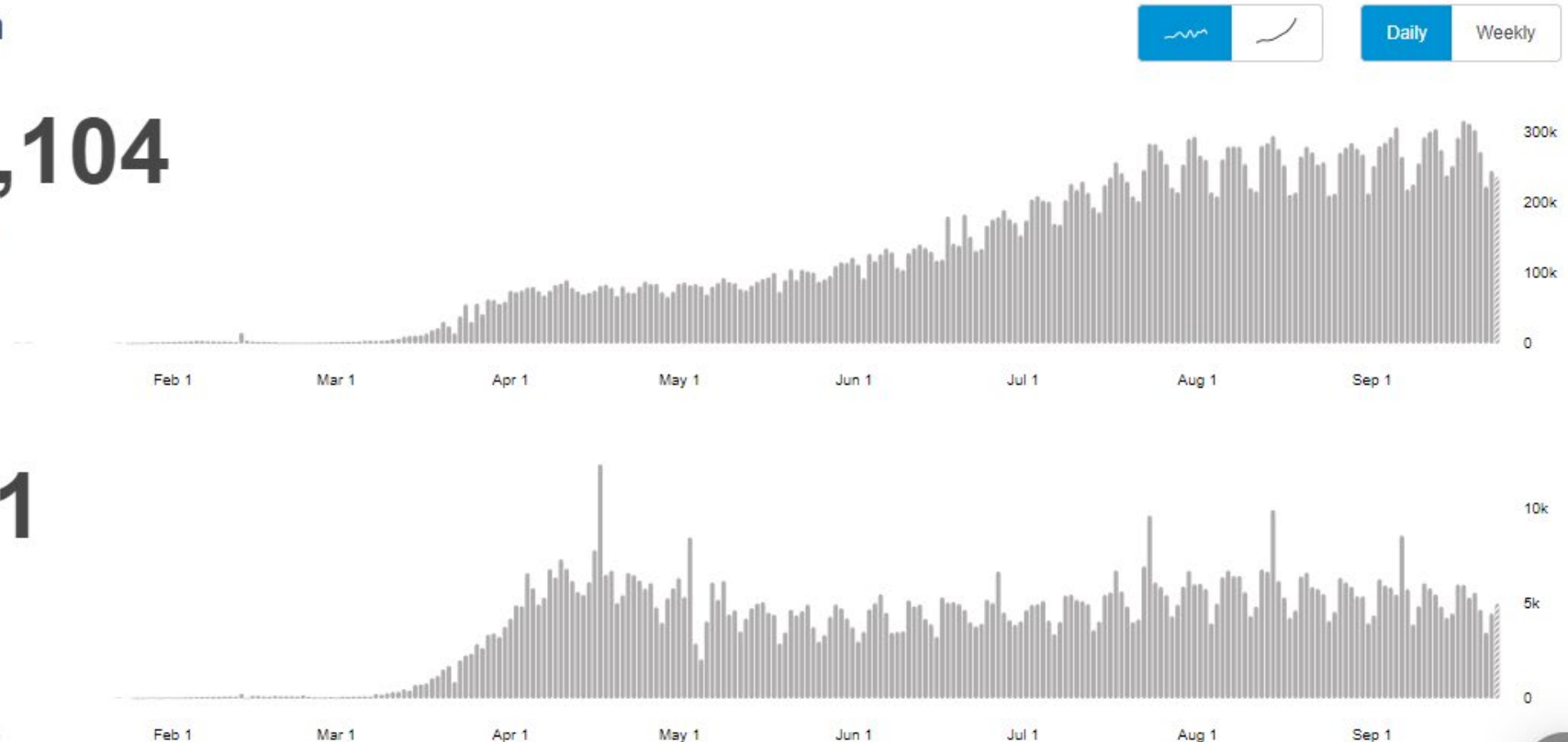
31,664,104

confirmed cases

972,221

deaths

Source: World Health Organization
Data may be incomplete for the current day or week.



Source: <https://covid19.who.int/>, accessed September 24, 2020

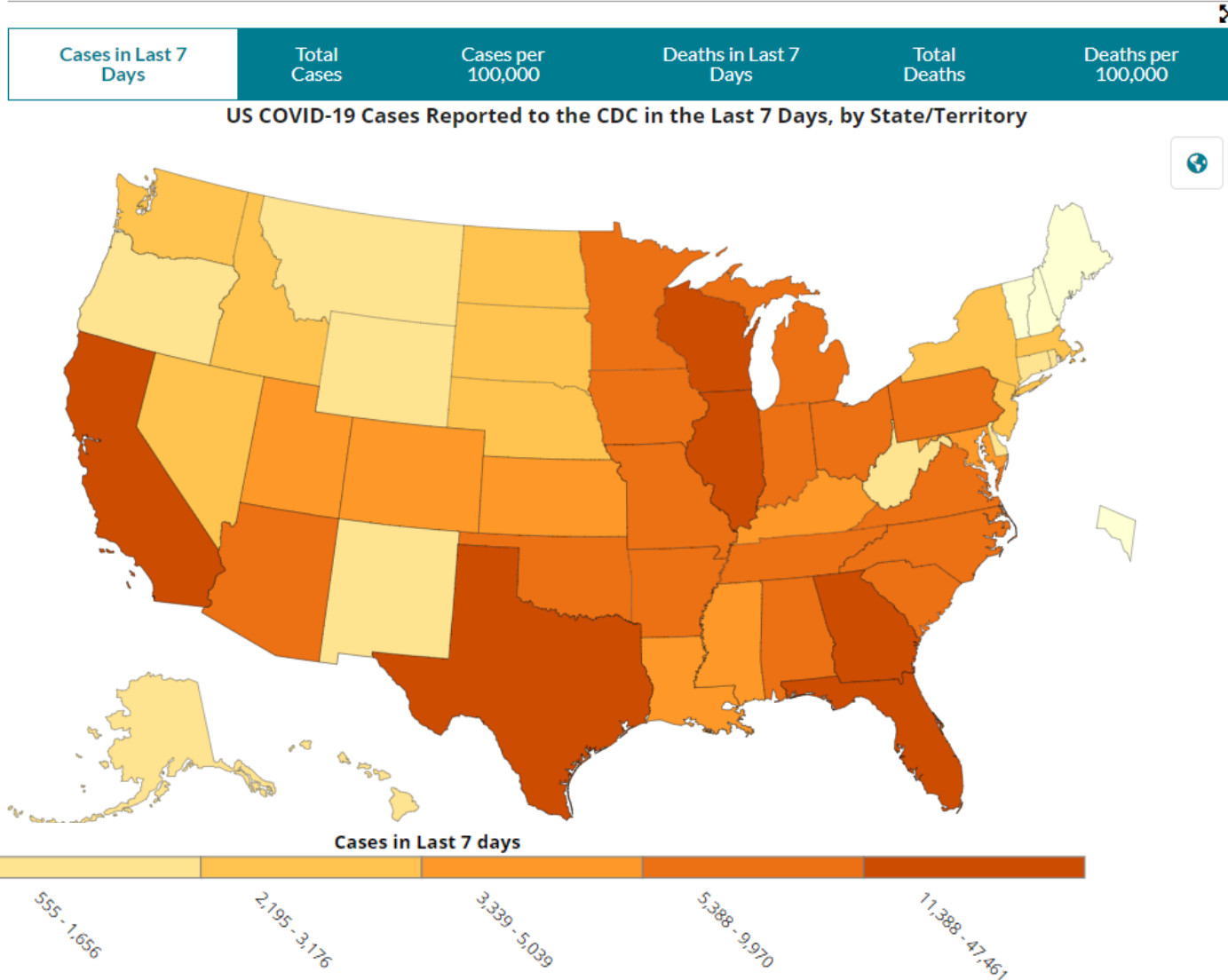
U.S.: COVID-19

USA
6,874,982
TOTAL CASES
+49,285 New Cases
CDC | Updated: Sep 23 2020
12:21PM

USA
200,275
TOTAL DEATHS
+813 New Deaths
CDC | Updated: Sep 23 2020
12:21PM

USA
302,971
Cases in Last 7 Days
CDC | Updated: Sep 23 2020
12:21PM

Cases in Last 7 Days by State/Territory



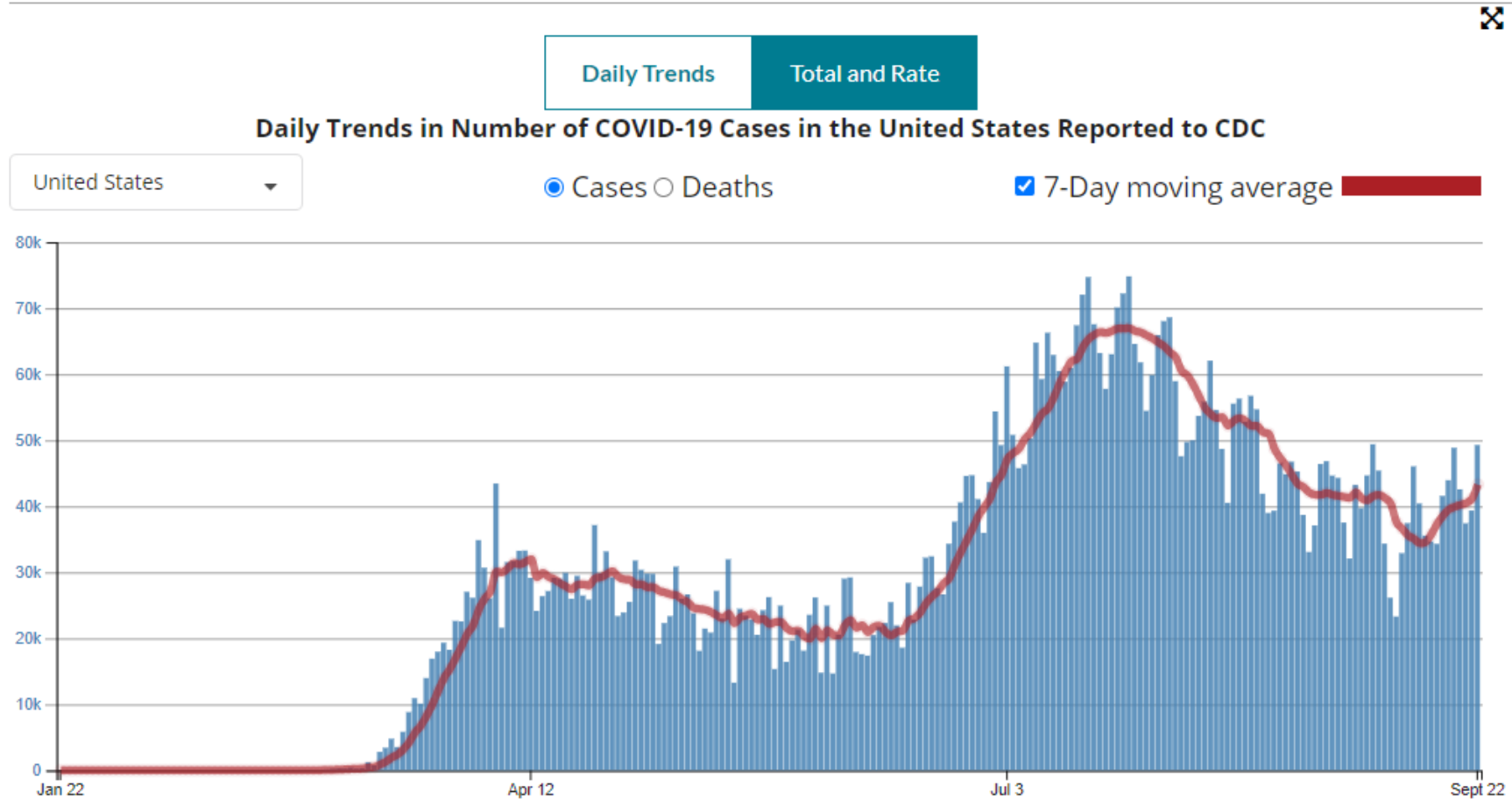
Source:
CDC, <https://www.cdc.gov/covid-data-tracker/index.html#trends>,
accessed September 24, 2020

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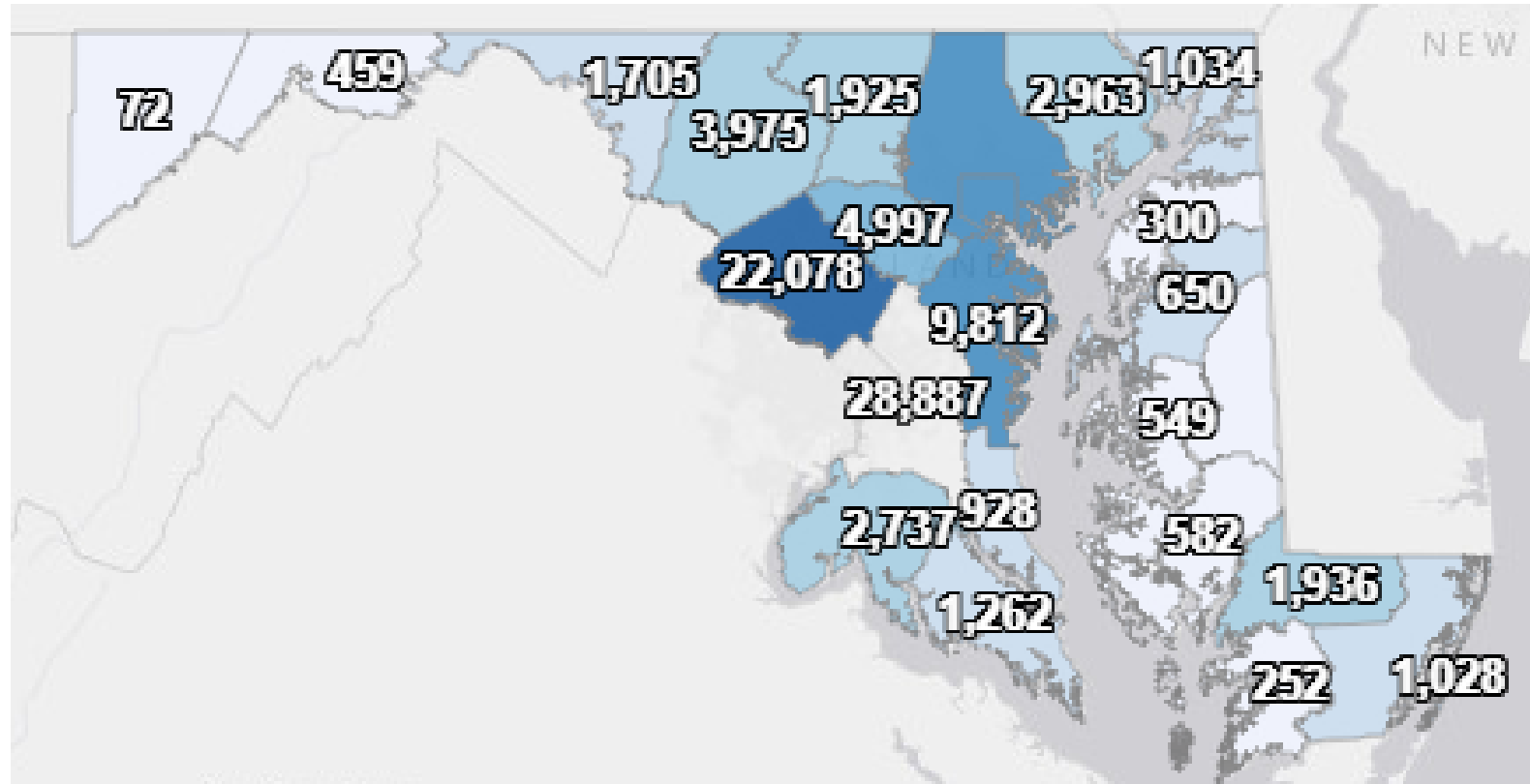
USA
2,078
Cases per
100,000 People
CDC | Updated: Sep 23 2020
12:21PM



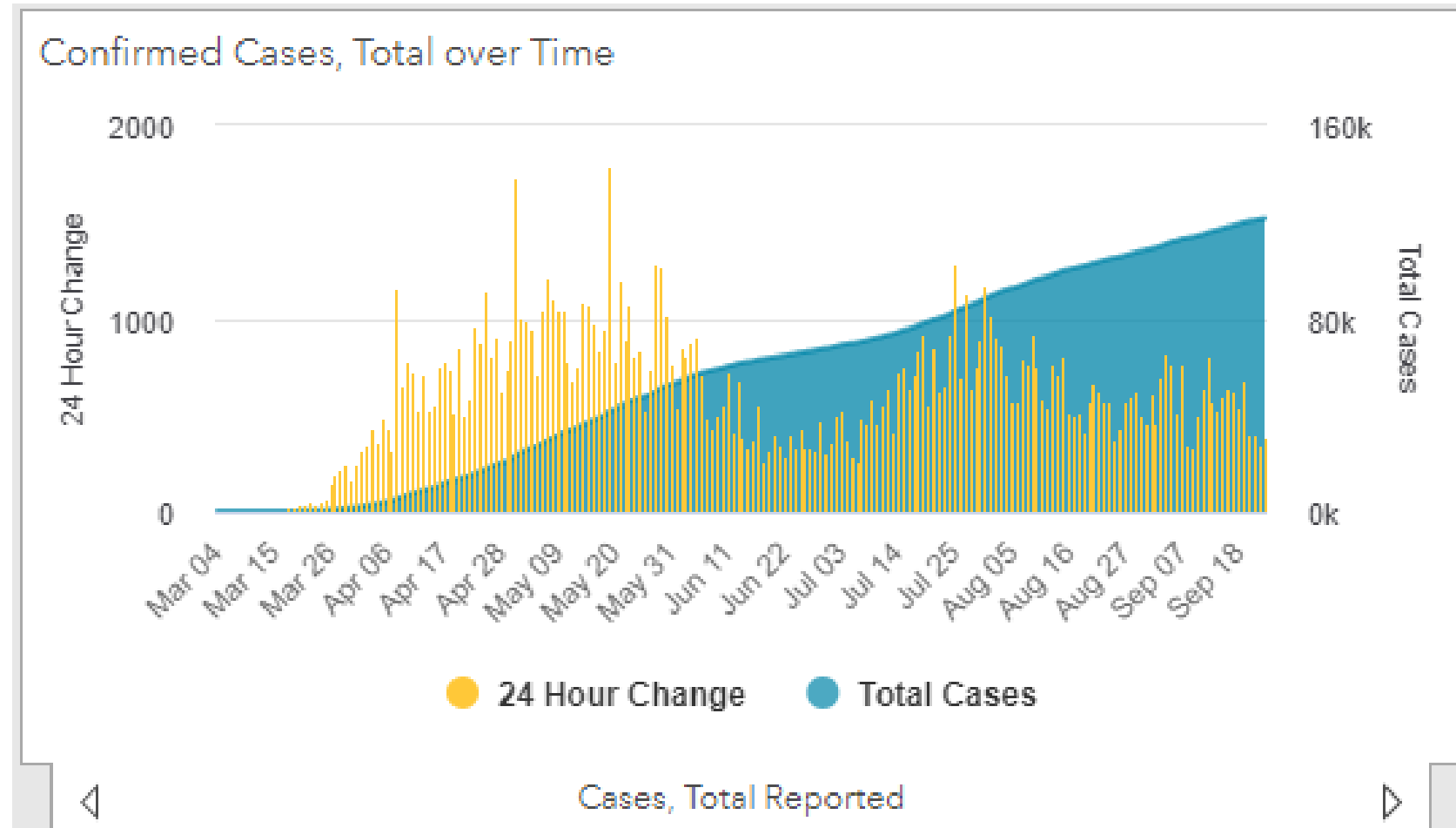
<https://www.cdc.gov/covid-data-tracker/index.html#trends>,
accessed September 24, 2020

Maryland: COVID-19

- Confirmed cases: **121,800**
(+503 new)
- Deaths: **3,765** confirmed
(+9 new)
- Hospitalized
 - 15,299 total
 - **349** current
 - 24hr Change: 17



Maryland: COVID-19

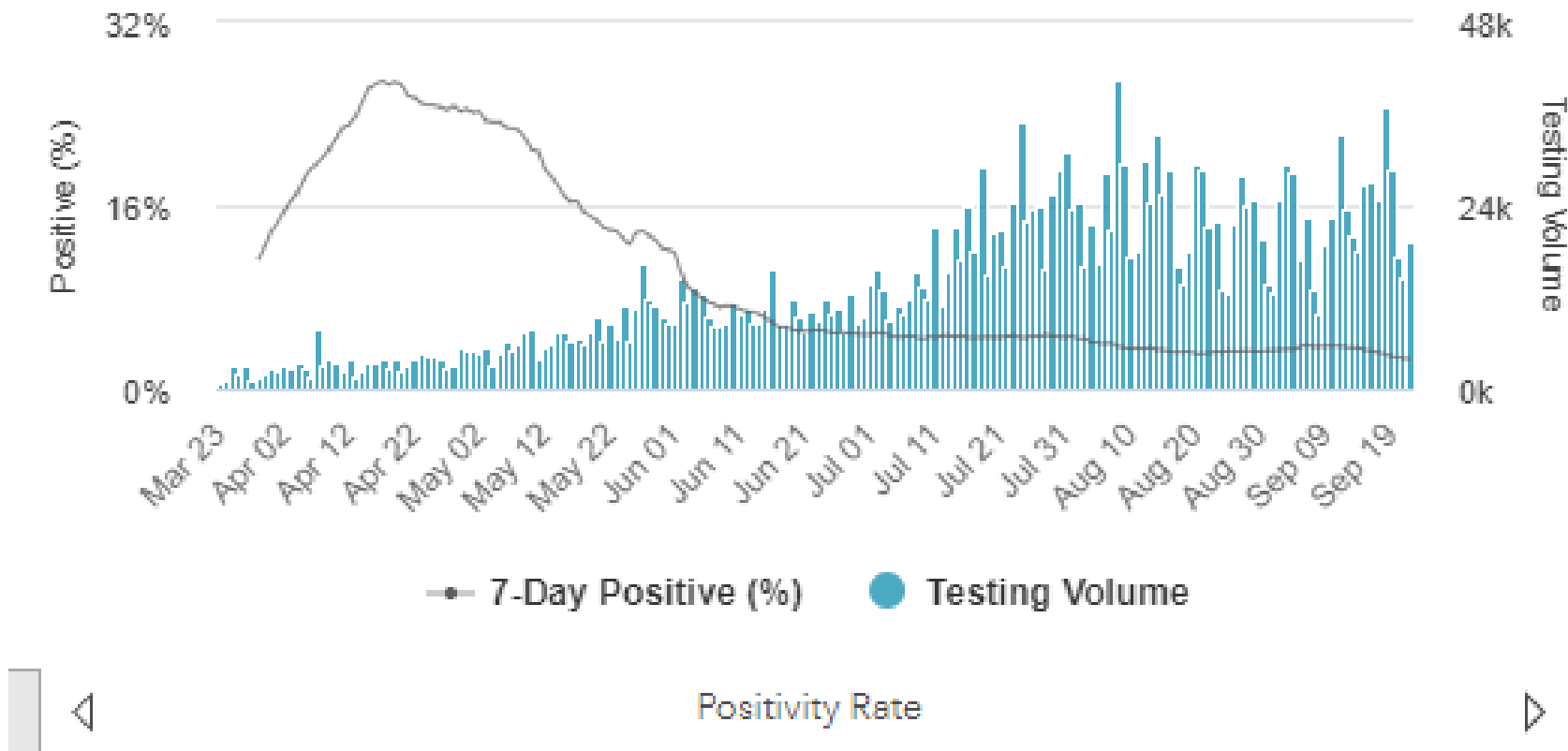


Source: <https://coronavirus.maryland.gov/>, accessed September 24, 2020

Maryland: COVID-19

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

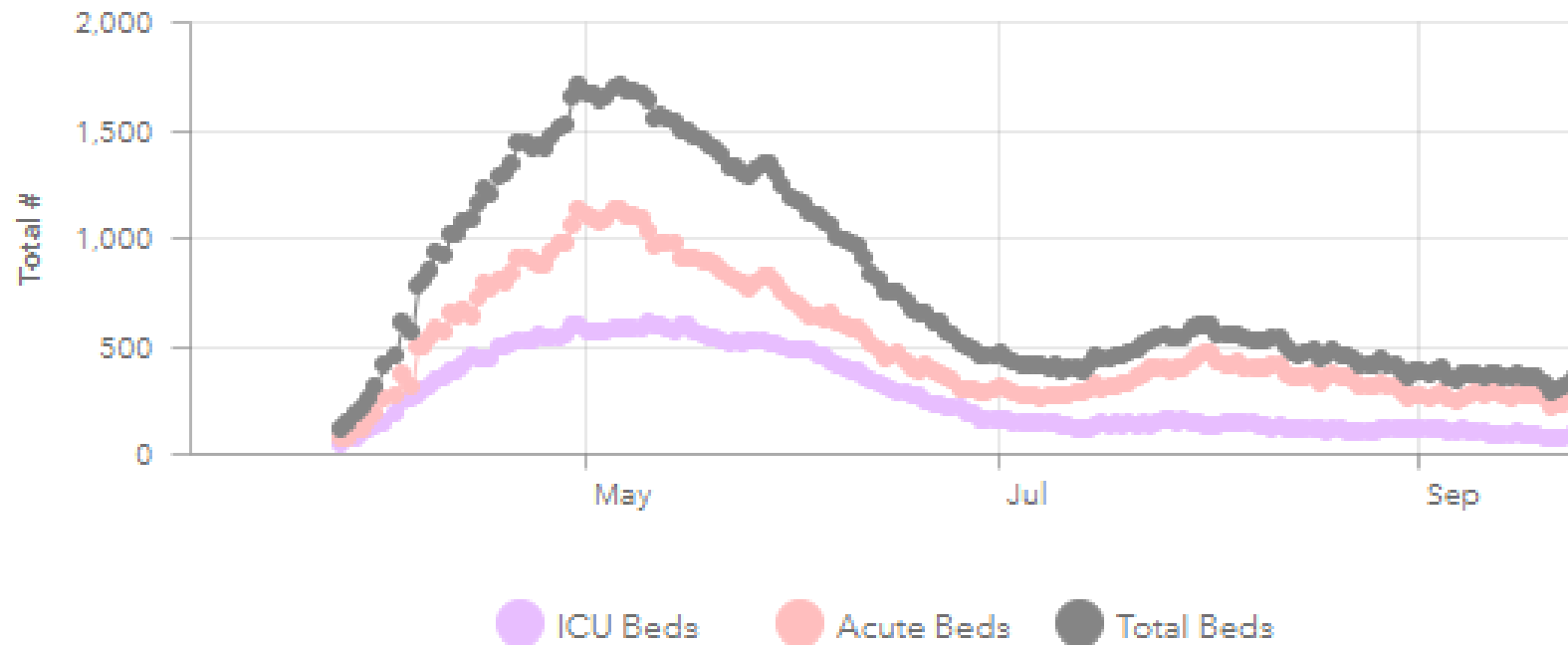
- Methodology



Source: <https://coronavirus.maryland.gov/>, accessed September 24, 2020

Maryland: COVID-19

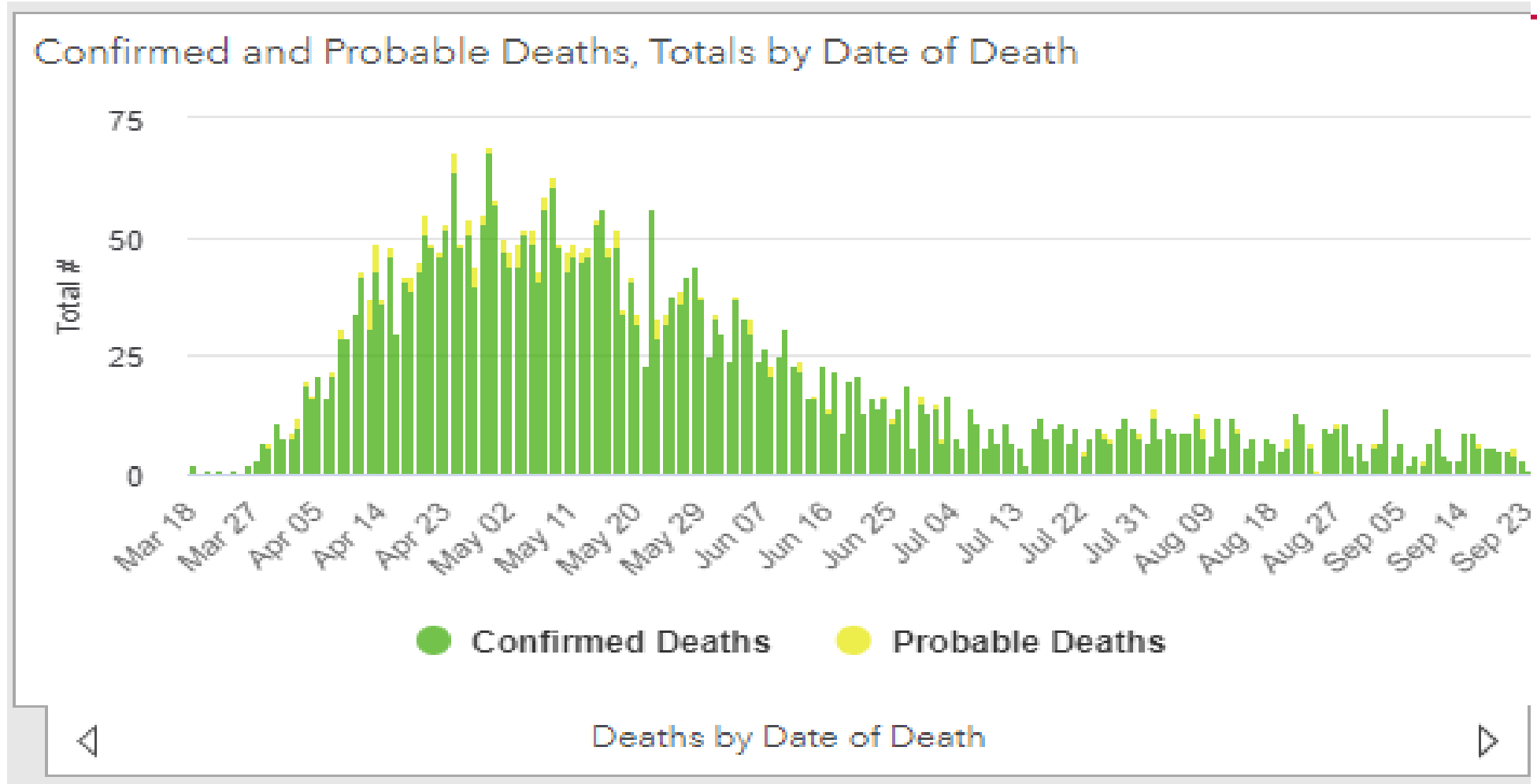
ICU and Acute Hospital Beds for COVID-19, Currently in Use



Hospitalizations, Current

Source: <https://coronavirus.maryland.gov/>, accessed September 24 2020

Maryland: COVID-19



CMS Updates

New CMS Memo Reversing Nursing Home Restrictions

Press release

CMS Announces New Guidance for Safe Visitation in Nursing Homes During COVID-19 Public Health Emergency

Sep 17, 2020 | Nursing facilities

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Today, the Centers for Medicare & Medicaid Services (CMS) issued revised guidance providing detailed recommendations on ways nursing homes can safely facilitate visitation during the coronavirus disease 2019 (COVID-19) pandemic. After several months of visitor restrictions designed to slow the spread of COVID-19, CMS recognizes that physical separation from family and other loved ones has taken a significant toll on nursing home residents. In light of this, and in combination with increasingly available data to guide policy development, CMS is issuing revised guidance to help nursing homes facilitate visitation in both indoor and outdoor

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

General Visitation Allowed and Required

- Outdoor visitation is preferred over indoor visitation; it is safer and can be conducted in a manner that reduces the risk of transmission
- Facilities may allow indoor visits, while adhering to the following guidance to mitigate risks
- Facilities may not restrict visitation without a reasonable clinical or safety cause
- Health care workers and volunteers who are not employees of the facility but provide direct care to the facility's residents must be permitted to come into the facility

CMS Core Principles of COVID-19 Infection Prevention

- 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
- 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)

When Can Indoor Visitation Occur?

- Indoor visitation may only occur when there has been no new onset cases of COVID-19 in the last 14 days in staff or residents and the facility is not currently conducting outbreak-related testing of residents
- Community percent positivity must be under 10%
- Outdoor visitation is preferred, but indoor visitation may occur when weather and other factors preclude outdoor visitation

What is Required for Indoor Visits

- Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children
- Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors
- Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room.

Compassionate Care Visitation

- Compassionate Care visits may occur even when community percent positivity is over 10%, and/or when there is an outbreak in the facility
- Does not exclusively refer to end-of-life situations
- Visits should be conducted using social distancing
- Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions

Communal Dining and Group Activities

- Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person)
- Facilities should consider additional limitations based on status of COVID-19 infections in the facility
- 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

CDC Updates

YOUR HEALTH

How COVID-19 Spreads

Updated Sept. 21, 2020

Languages ▼ [Print](#)



A draft version of proposed changes to these recommendations was posted in error to the agency's official website. CDC is currently updating its recommendations regarding airborne transmission of SARS-CoV-2 (the virus that causes COVID-19). Once this process has been completed, the update language will be posted.

COVID-19 is thought to spread mainly through close contact from person-to-person. Some people without symptoms may be able to spread the virus. We are still learning about how the virus spreads and the severity of illness it causes.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>, Accessed 9/22/20

Overview of Testing for SARS-CoV-2 (COVID-19)

Updated Sept. 18, 2020

[Print](#)



Note: This document is intended to provide guidance on the use of SARS-CoV-2 in light of additional testing capacity throughout the country. It does not make decisions regarding payment for or insurance coverage of services.

Summary of Changes

Clarifications made on September 18, 2020

- Due to the significance of asymptomatic and pre-symptomatic cases, this update further reinforces the need to test asymptomatic persons who are in contact with a person with documented SARS-CoV-2 infection.

Revisions made on August 24, 2020

- Diagnostic testing categories have been edited to focus on testing to be taken by individuals undergoing testing

C.D.C. Now Says People Without Covid-19 Symptoms Do Not Need Testing

The revision prompted confusion and alarm from experts, who called the move “potentially dangerous.”



“If people are getting exposed, and they’re not getting tested, and they’re not isolating, that’s a huge problem,” one doctor said. Adriana Zehbrauskas for The New York Times



By Katherine J. Wu

Published Aug. 25, 2020 Updated Sept. 17, 2020



The Centers for Disease Control and Prevention quietly modified its coronavirus testing guidelines this week to exclude people who do not have symptoms of [Covid-19](#) — even if they have been recently exposed to the virus.

Updated (i.e., Restored) CDC Testing Guidance (September 18, 2020)

- If you have been in close contact, such as within 6 feet of a person with documented SARS-CoV-2 infection for at least 15 minutes and do not have symptoms.

• You need a test. Please consult with your healthcare provider or public health official.

Testing is recommended for all close contacts of persons with SARS-CoV-2 infection.

Because of the potential for asymptomatic and pre-symptomatic transmission, it is important that contacts of individuals with SARS-CoV-2 infection be quickly identified and tested. Pending test results, you should [self-quarantine/isolate](#) at home and stay separated from household members to the extent possible and use a separate bedroom and bathroom, if available.

- A single negative test does not mean you will remain negative at any time point after that test.
- Even if you have a negative test, you should still self-isolate for 14 days.

Testing Asymptomatic Close Contacts is Critical to Stopping the Spread

- Cases (infectious) and contacts (exposed, therefore at higher risk of developing disease) are advised to isolate/quarantine
- As many as 40%-45%* of SARS-CoV-2 infections are asymptomatic
 - Asymptomatic individuals can transmit disease and are considered one of the driving forces of the pandemic
- Identifying infectious close contacts is critical in breaking transmission chains
 - Critical to test asymptomatic close contacts of new cases
 - Identification of infectious asymptomatic contacts allows for another generation of contact tracing in order to identify contacts of the infectious close contacts

Negative Tests Do Not Shorten Quarantine for Close Contacts

- NOTE: A negative test of a close contact does **not** shorten the recommended 14-day quarantine period, because the close contact could develop disease up until the end of the incubation period

Questions?

MDH.IPCOVID@Maryland.gov