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# **Joint COVID-19 Response Legislative Workgroup**

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**Teleconference Meeting**

**\*THIS MEETING WILL \*  
\*BEGIN SHORTLY\***

**June 3, 2020  
10:00 a.m.**

# **Agenda Overview**

(10:00 a.m. - 10:05 a.m.)

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- I. Briefing from Maryland Department of Health
- II. Briefing from Dr. Tom Inglesby
- III. Closing Remarks

# Briefing from MD Dept. of Health

(10:05 a.m. - 10:40 a.m.)

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- Robert R. Neall, Health Secretary  
Dennis R. Schrader, Chief Operating Officer  
Frances B. Phillips, Deputy Secretary, Public Health Services
- Limited Questions and Answers
- Contact:  
Webster Ye  
[webster.ye@maryland.gov](mailto:webster.ye@maryland.gov)



# COVID-19 Update

**Robert R. Neall, Secretary**

**Dennis R. Schrader, MDH Chief Operating Officer (Bed Surge & PPE)**

**Frances B. Phillips, Deputy Secretary, Public Health Services (Testing & Contact Tracing)**

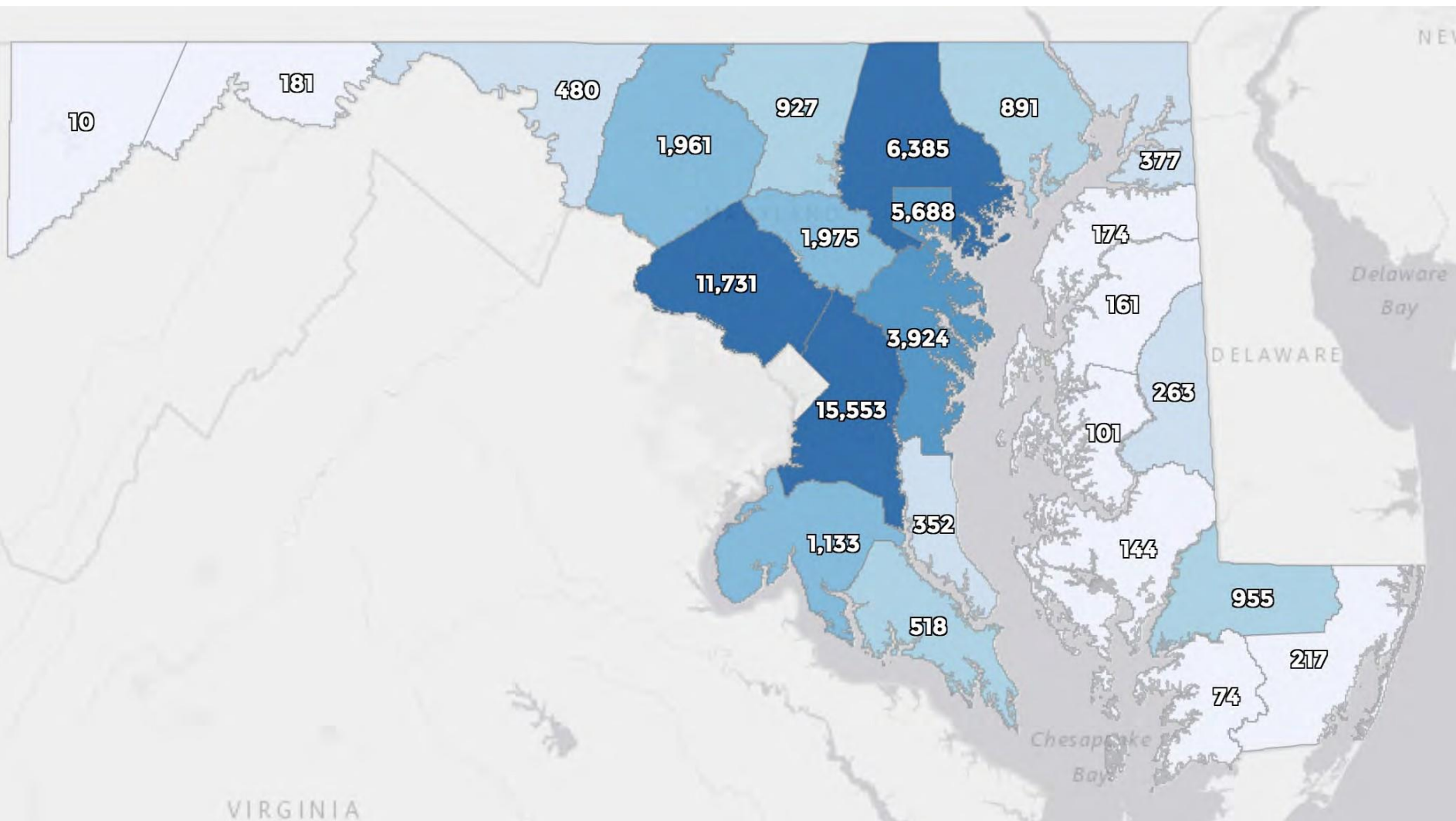
**June 3, 2020**

# Introduction

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- In March, all of us saw locations that were overwhelmed by COVID-19, inc. New York City, Italy, and China.
- Personal protective equipment (PPE) was globally unavailable.
- We were not able to receive adequate federal assistance.
- And competing internationally for resources.

## COVID-19 Cases by County of Patient's Residence (June 3, 2020)

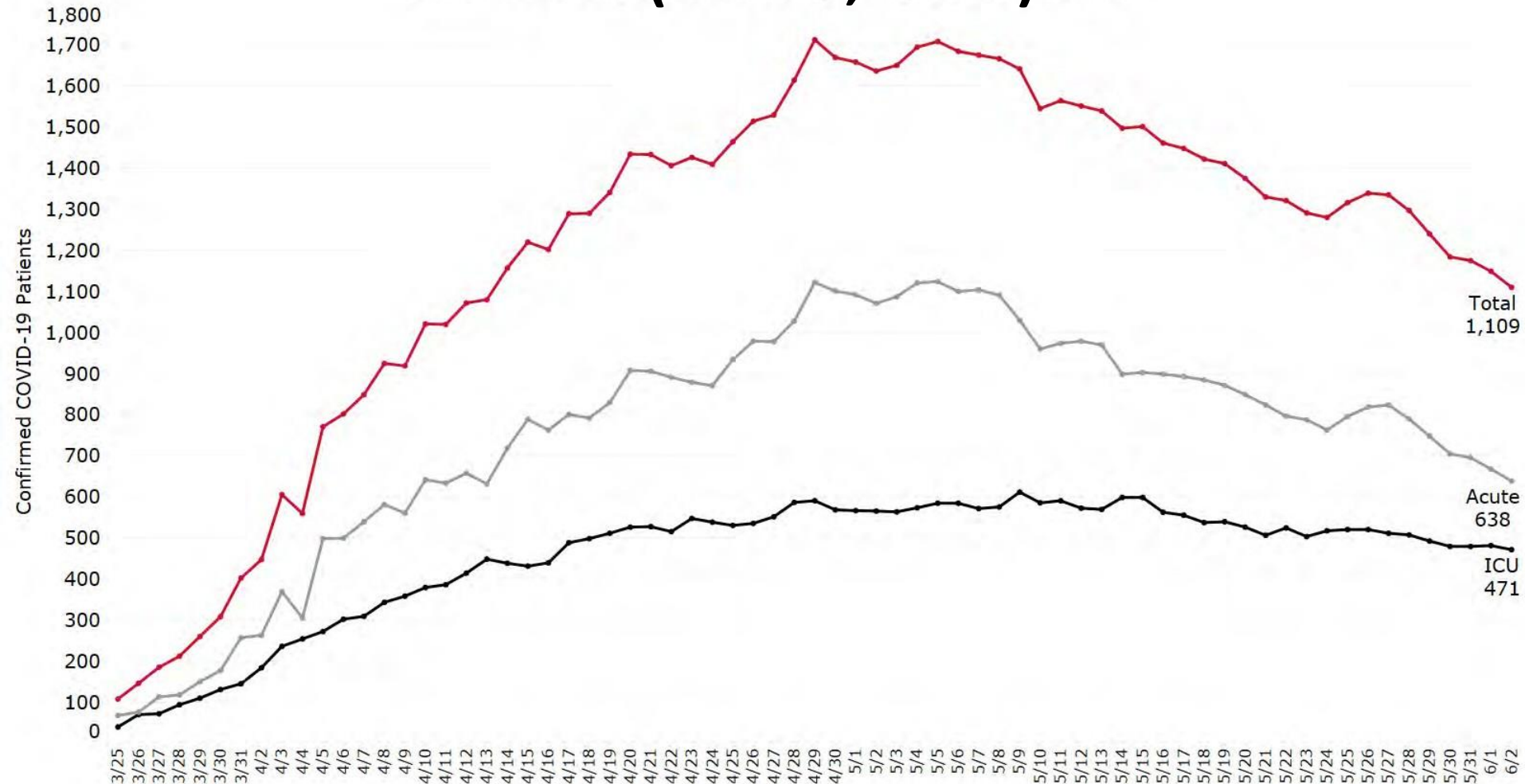


# Overview

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- Maryland has been moving carefully into Phase 1 of the Maryland Strong: Roadmap to Recovery
  - We are carefully tracking hospitalization metrics
    - (total used / acute / ICU beds)
    - Testing volume
    - Positivity rates
- And focusing on the four pillars
  - 1 - Increasing patient surge capacity
  - 2 - Ramping up the supply of PPE
  - 3 - Expanding testing capacity
  - 4 - Establishing a robust contact tracing operation

# Statewide COVID-19 Occupied Total/Acute/ICU Beds (June 3, 2020)





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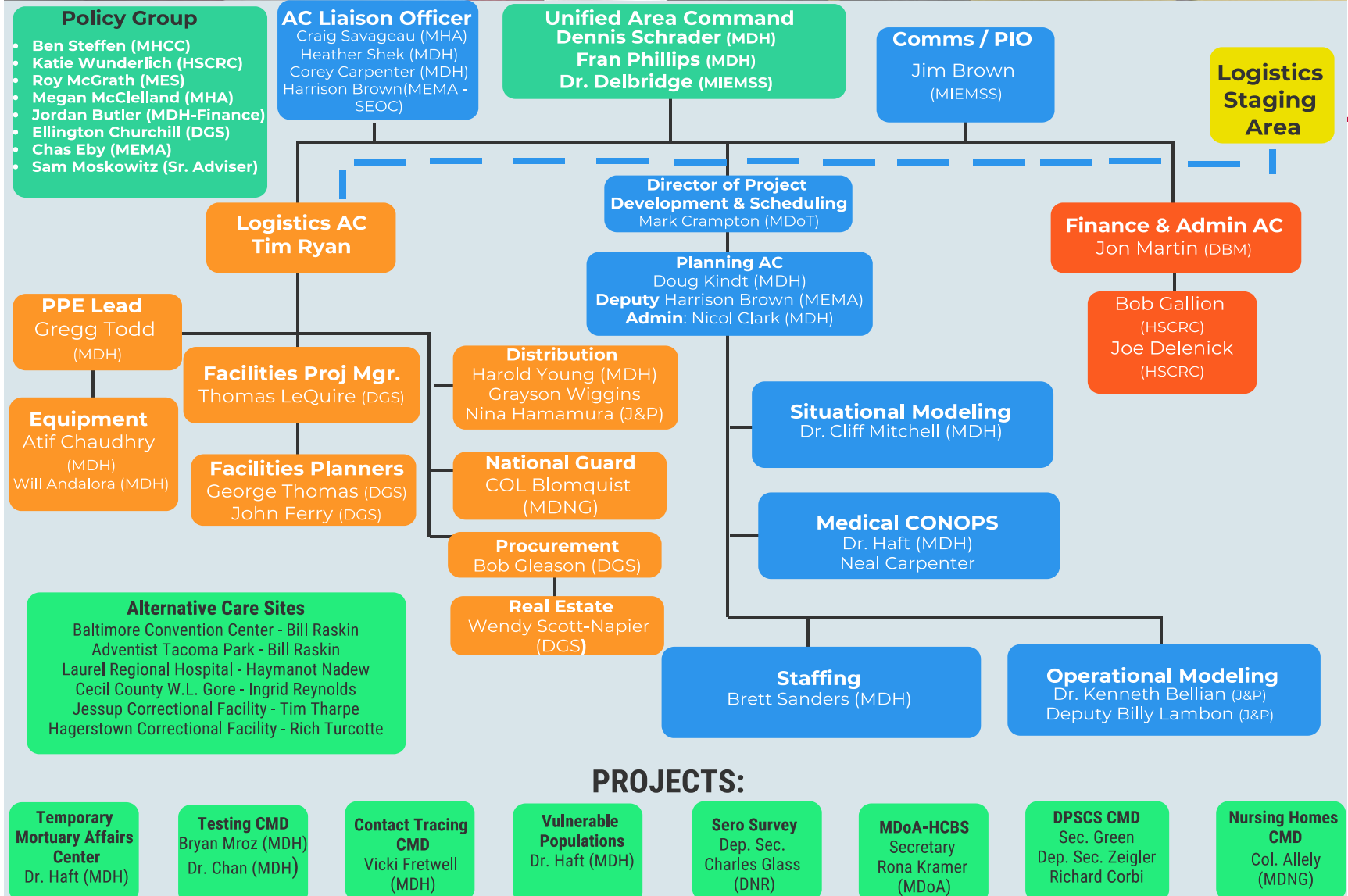
# 1. Patient Bed Surge Planning

Dennis R. Schrader,  
Chief Operating Officer

# Increased Patient Capacity (Wave 1)

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- We have worked with hospitals and local jurisdictions to identify 6,700 beds for COVID-19 surge; including
  - Baltimore Convention Center Field Hospital with Hopkins and UMMS
  - Reopening closed hospitals at Laurel and Takoma Park
  - Installation of 50 ten-bed Advanced Medical Tents statewide
  - Additional 8-bed ICU modulars at Adventist Ft. Wash. and Prince George's Hospital
- Measures to stay in place for remainder of year
- Monitoring Bed Utilization for Wave 2 & beyond



# Alternative Care Sites

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- Established the Baltimore Convention Center Field Hospital, a 250-bed facility in partnership with UMMS and JHHS in Baltimore City
- Reopened Laurel Medical Center, a 135-bed facility in Prince George's County
- Reopening Adventist Takoma Park in phases, providing 200 beds in Montgomery County
- Hagerstown Correctional Facility also will have an ACS site that can accommodate 96 convalescent patients

## *1. Patient Bed Surge Planning*

# Advanced Medical Tents

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# Advanced Medical Tents

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- 57 ten-bed Advanced Medical Tents are deployed:
  - Including 5 each (10 total) at both Jessup and Hagerstown Correctional Facility
  - 10 throughout Prince George's County, including Ft. Washington and Prince George's Hospital Center
  - 5 in Montgomery County
  - 4 in Baltimore City
- These tents are located on hospital premises (with exceptions of Corrections) and acting as hospital extensions



*1. Patient Bed Surge Planning*

# Advanced Medical Tents



# Modular ICUs





# Modular ICUs

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# Modular ICUs

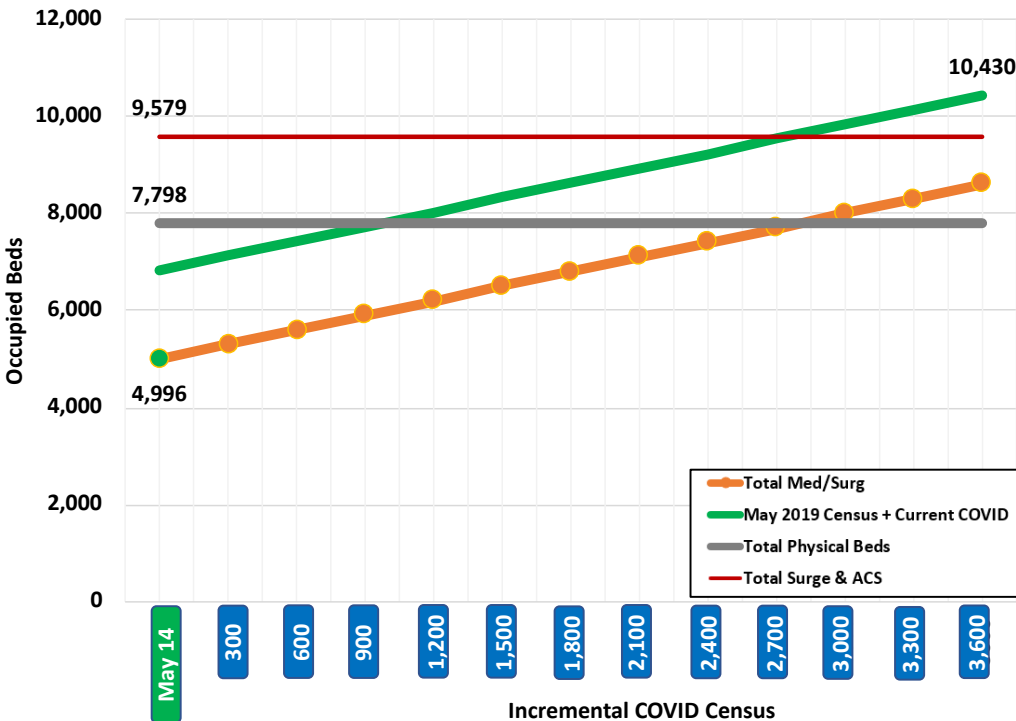
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- Each modular ICU consists of 8 bed units, but can be deployed in multiple configurations
- 2 units (16 beds) are deployed and in use at Adventist Ft. Washington
- An additional 2 units will be coming online shortly at Prince George's Hospital Center, to provide a total of 52 ICU beds when combined with the advanced medical tents as hospital extensions
- Additional units are available, and we are discussing with hospitals in Montgomery County and Baltimore City

# 1. Patient Bed Surge Planning

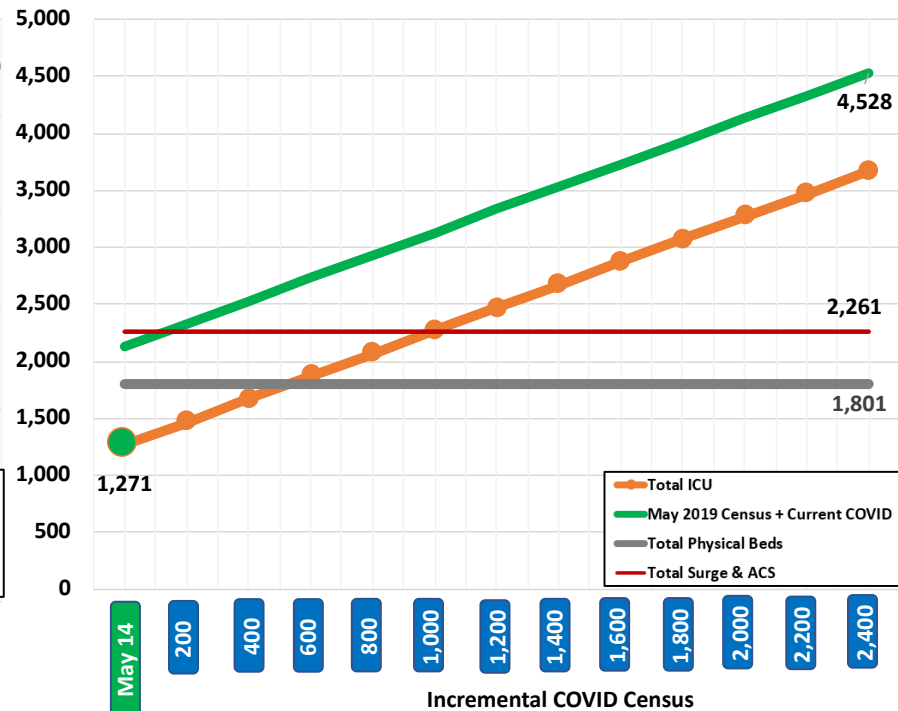
## Statewide

Statewide Med/Surg Capacity with COVID Increase over Baseline



**May 14:**  
 - COVID: 898  
 - Non-COVID: 4,098  
**Total: 4,996**

Statewide ICU Capacity with COVID Increase over Baseline



**May 14:**  
 - COVID: 598  
 - Non-COVID: 673  
**Total: 1,271**

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## 2. Ramping Up PPE

Dennis R. Schrader,  
Chief Operating Officer

## *2. Ramping up PPE*

# Ramping up PPE Supply

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- Multi-agency task force has been working around the clock to ramp PPE – large deliveries coming on a daily and weekly basis; including
  - 1,200 ventilators
  - Over 6.4 million N-95 respirators and 8.7 million KN-95s
  - 23 million surgical masks
  - 17 million gloves
  - 1.2 million face shields
  - 2.1 million gowns
- PPE requests are coordinated with local health departments and deliveries go out weekly

## 2. Ramping up PPE

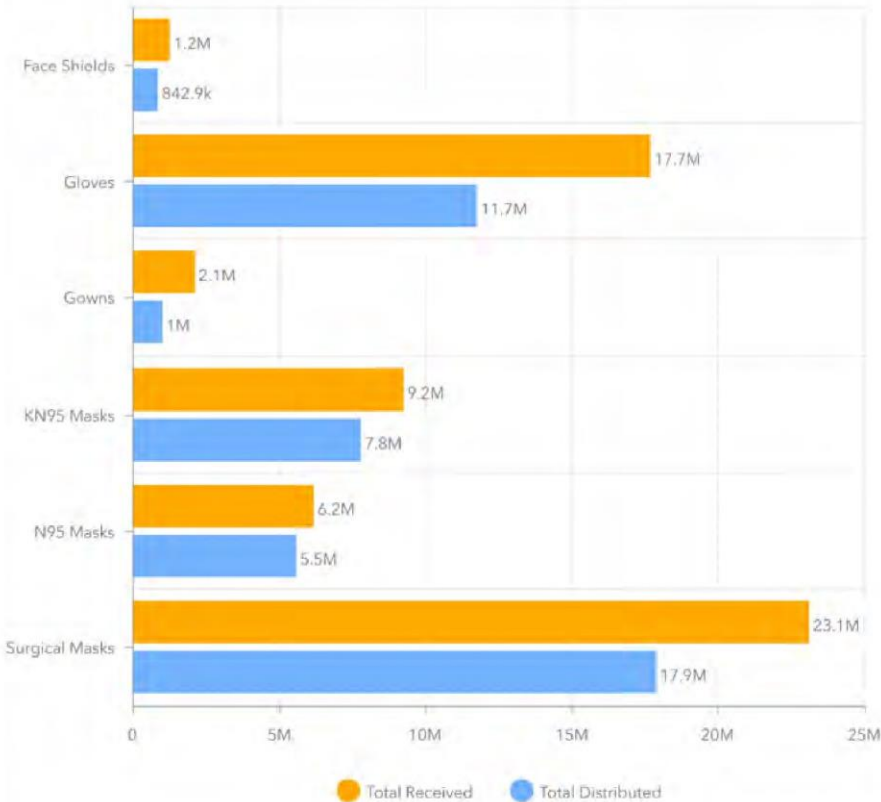
### PPE Distribution by Local Jurisdiction (From 3/20/2020 - 5/26/2020)

Jurisdiction	KN95 Masks	N95 Masks	Surgical Masks	Gloves	Gowns	Face Shields
Allegany	87,000	42,690	115,000	74,400	7,336	8,440
Anne Arundel	435,000	214,410	578,500	354,000	36,926	42,584
Baltimore City	2,262,000	1,102,980	2,989,000	1,817,400	187,233	216,272
Baltimore County	1,479,000	723,090	1,958,500	1,197,800	123,404	142,328
Calvert	87,000	42,930	115,500	71,400	7,378	8,440
Caroline	135,000	58,920	188,500	113,900	8,573	13,636
Carroll	126,000	69,390	158,000	109,300	13,453	11,588
Cecil	87,000	33,930	115,500	81,400	7,408	8,440
Charles	174,000	67,620	231,500	142,800	14,738	16,880
Dorchester	87,000	42,690	115,000	72,400	7,288	8,344
Frederick	96,000	86,100	232,000	142,800	14,852	17,072
Garrett	87,000	42,690	114,500	72,400	7,276	8,344
Harford	174,000	86,100	232,000	140,800	14,852	17,072
Howard	174,000	86,340	233,000	142,800	14,972	17,168
Kent	48,000	42,450	114,500	72,400	7,258	8,248
Montgomery	1,479,000	724,050	1,960,500	1,193,800	123,608	142,808
Prince George's	783,000	384,690	1,041,000	636,600	241,190	76,344
Queen Anne's	87,000	42,690	115,000	71,400	7,318	8,344
Somerset	87,000	42,450	114,500	71,400	7,258	8,344
St. Mary's	87,000	42,930	115,500	71,400	7,408	8,440
Talbot	87,000	42,690	115,000	72,400	7,288	8,344
Washington	174,000	85,140	230,500	140,800	14,672	16,784
Wicomico	174,000	85,380	231,000	140,800	14,612	16,688
Worcester	87,000	42,690	115,000	72,400	7,318	8,344
<b>Total</b>	<b>8,583,000</b>	<b>4,235,040</b>	<b>11,529,000</b>	<b>7,077,000</b>	<b>903,619</b>	<b>839,296</b>

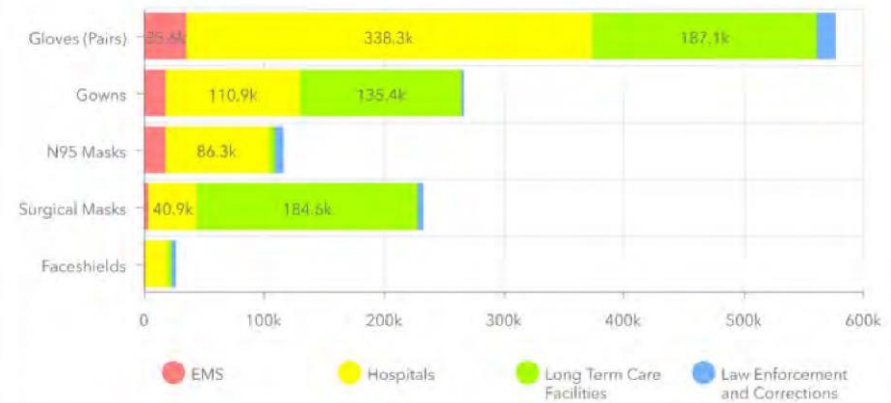
## 2. Ramping up PPE

# Additional PPE Metrics

Total Received and Distributed PPE



Daily Usage Burn Rate Distribution



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## 3. Expanding Testing Capacity

Fran Phillips,  
Dep. Sec., Public Health Services



### *3. Expanding Test Capacity*

# Expanding Testing Capacity

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- Current goal: Sustaining 10,000 PCR-based COVID-19 tests a day
- Next goal: reaching 20,000 tests a day.
- Approach
  - 1 - Expanding internal state public health lab capacity
  - 2- Creating partnerships with commercial and academic labs to use their capacity.
  - 3- Pursuing strategic opportunities with test manufacturers, federal labs, retailers and hospitals
  - 4 - Laying the foundations for statewide serological survey

### 3. Expanding Test Capacity

# COVID-19 Testing 101 (Collection)



Swab & Viral Transport  
Media

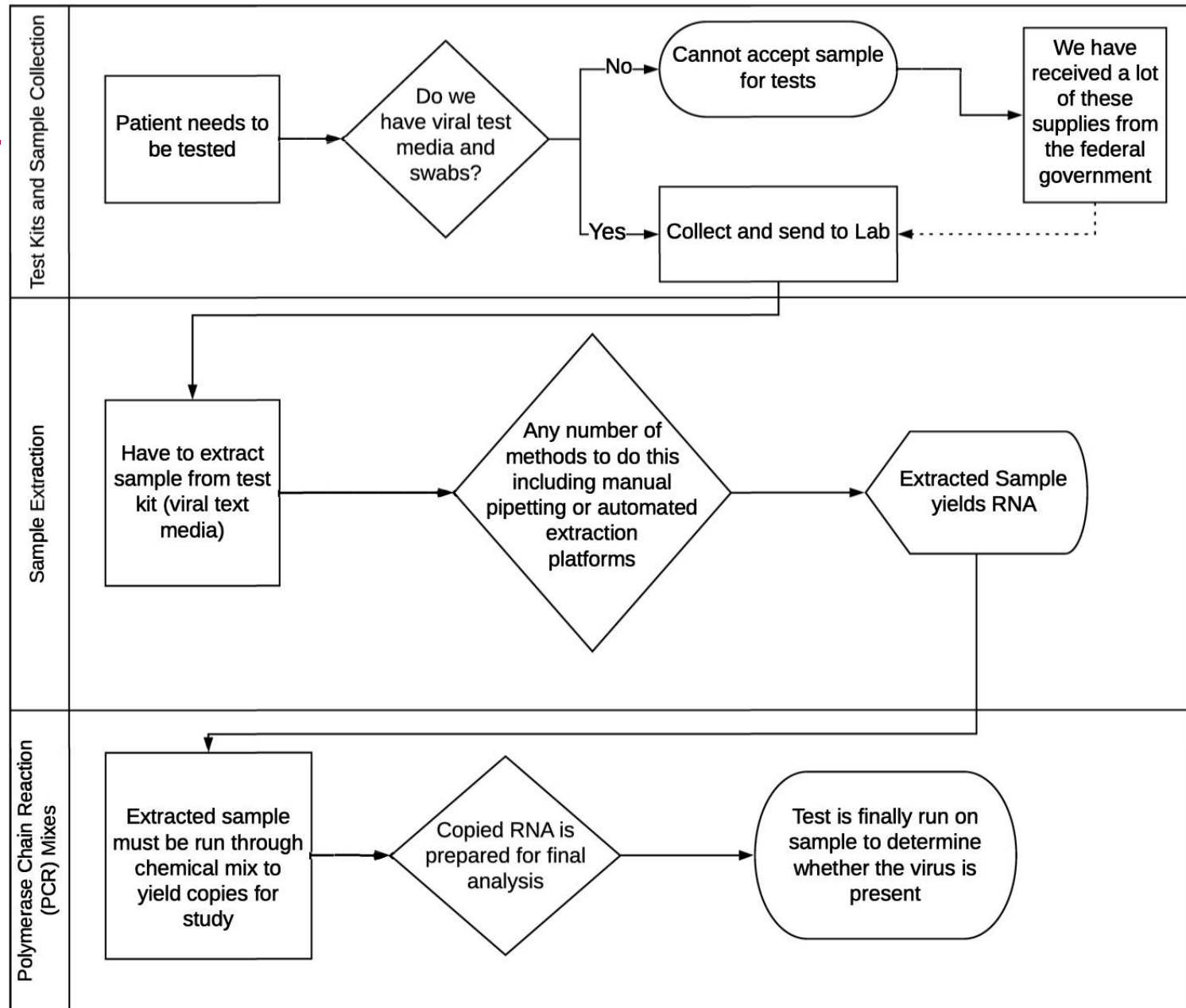


Specimen Collection  
Kit



Timonium Specimen  
Collection 'Test' Site

### 3. Expanding Test Capacity - COVID-19 Testing 101 (Analysis)



### *3. Expanding Test Capacity*

# Increasing Lab Capacity

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- At the State Public Health Lab – From less than 500 to 970 a day.
- Partnerships with five commercial labs:
  - 3 national (LabCorp, Quest, MAKO Labs) and
  - 2 Maryland (ICMD of Greenbelt and CIAN of Frederick)
- Unleashing full potential of University of Maryland's School of Medicine's research lab at the Institute for Genome Sciences

# Expanding Specimen Collection Sites

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- “Specimen collection kits” means a swab and a viral transport media. PCR Assays are not deployed.
- We are increasing our vehicle emissions inspection program (VEIP) sites and creating four regional sites capable of high-volume.
- Developing mobile testing solutions.
- Conducting universal testing in nursing homes.
- Beginning to test all staff and residents at state correctional and juvenile facilities.

### 3. Expanding Test Capacity

## State Testing Sites (Totals last week)

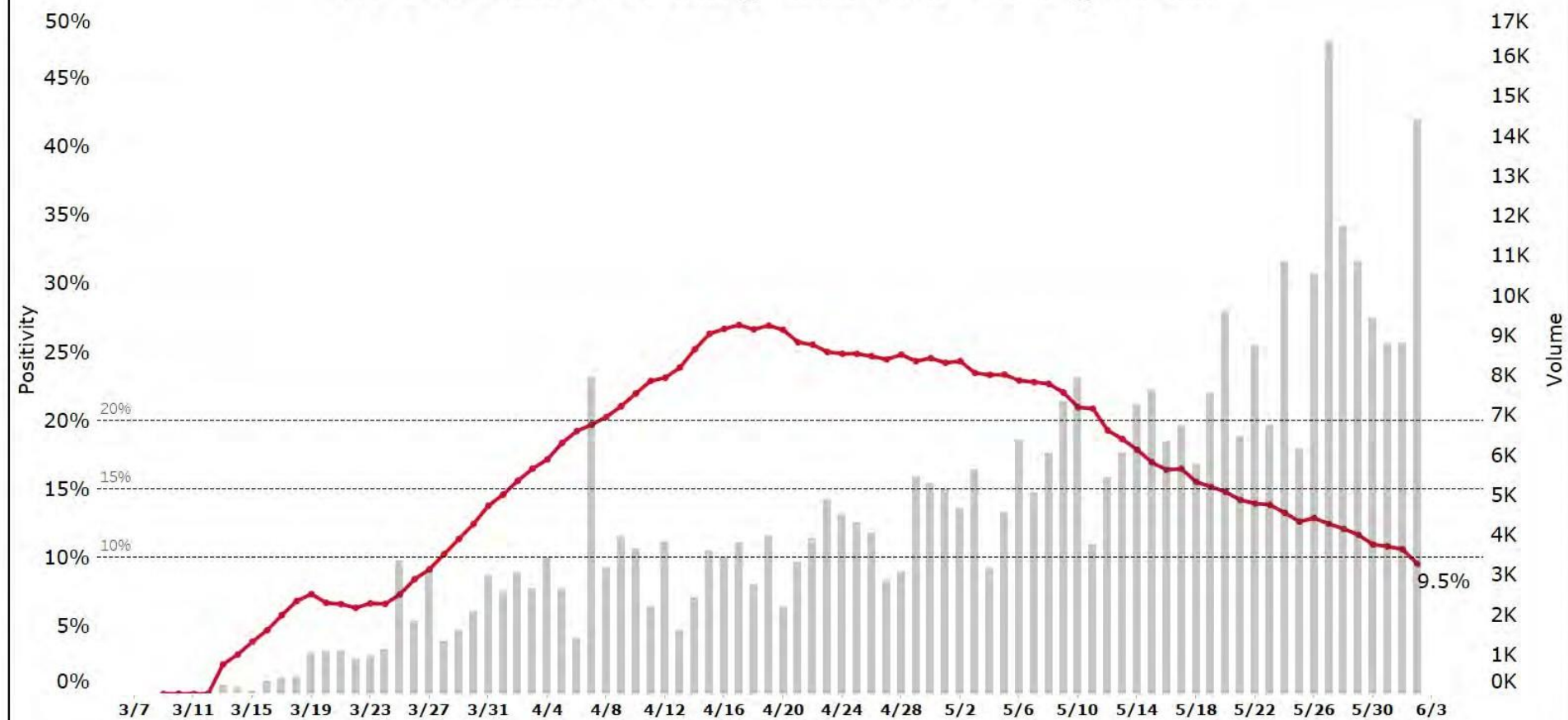
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State-Run Testing Sites Last Week	
Glen Burnie (Anne Arundel): 565	Six Flags (Pr. George's): 1686
Waldorf (Charles): 121	Prince Frederick (Calvert): 145
Owings Mills (Balt. Cnty.): 321	Hagerstown (Wash.): 10
Clinton (Pr. George's): 56	Columbia (Howard): 314
White Oak (Montgomery): 323	Bel Air (Harford): 250

- A total of 13,560 'VEIP' tests have been conducted as of Friday, May 29, 2020.
- The over 100 COVID-19 Test Sites can be found here:  
<https://coronavirus.maryland.gov/pages/symptoms-testing>

### 3. Expanding Test Capacity

Percent Positive Testing\* and Total Testing Volume





### *3. Expanding Test Capacity*

# **Nursing Home Response Teams**

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- Based on Governor Hogan's April Executive Orders to protect nursing home residents, we have deployed "Strike Teams" and "Bridge Teams" to hard-hit facilities.
- All specimen collections of residents and staff of nursing homes should be collected by June 5 (deployment of specimen collection kits done on May 29).
- We thank Col. Allely and our National Guard for helping organizing this logistical challenge.



### *3. Expanding Test Capacity*

# Nursing Home Response Data

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- Telephonic assessments: 469 assessment calls
- Telephonic follow-ups: 182 follow-up calls
- Cumulative site visits (initial + revisits): 252 facilities
- In-person facility assessments: 101 facilities
- Universal testing (staff + residents): 227 nursing homes
- COVID-19 specimen collection kits distributed: 55,001 kits
- Bridge Team training: 24 teams to respond to staffing shortages in nursing home. Teams were trained on proper PPE use, infection prevention, fit tested for N95 masks, and tested for COVID-19

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## 4. Robust Contact Tracing

Fran Phillips,  
Dep. Sec., Public Health Services

#### *4. Robust Contact Tracing*

# Contact Tracing

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- Expanded Contact Tracing goes live this week
  - Using National Opinion Research Center (NORC) in Bethesda and COVID Link (CRISP and Salesforce.com)
  - 1,400 tracers statewide
    - 800 hired by local health departments; rest are state contractors
  - Capacity to trace 1,000 COVID positive cases and up to 10,000 contacts daily
- The goal is to initiate the trace within 24 hours of a lab-confirmed positive test result
  - 14 jurisdictions have asked the state to be primary lead
  - The other 10 jurisdictions will be primary, with overflow cases not initiated within 4 hours to be sent to the state

#### *4. Robust Contact Tracing*

# Contact Tracing Timeline

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- When the phone rings – the caller ID will read “MD COVID”
- The contact investigator will verify the caller’s identity, ask about health, potential symptoms, and duration.
- Also ask about whereabouts and interactions with others. We will reach out to those contacts.
- Guidance will be provided for quarantine/self-isolation/ monitoring.
- They will never ask for your Social Security number, financial info, or personal details or passwords.
- Infected person’s name will not be disclosed.
- MDH will be intentional in crafting its contact tracing efforts to include reaching minority and vulnerable communities.
- For the latest information, please see:  
<https://coronavirus.maryland.gov/pages/contact-tracing>

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# Other Items of Note

Sec. Neall

Fran Phillips

# Minority Disparities

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- We directed our resources to the hardest hit areas including testing and patient surge capacity
- One area of focus was on Eastern Shore Poultry-Industry Related COVID-19 Outbreak
  - We worked with the Haitian Creole and Spanish speaking communities to get people tested.
  - And the Eastern Shore Minority Outreach & Technical Assistance (MOTA) organizations
- Second phase is with Anne Arundel, Baltimore City and County, Montgomery, and Prince George's Counties

# Minority Disparities (continued)

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- Second Phase Minority Disparity Outreach
  - 6 months of work
  - Partnership with local health jurisdictions
  - Communications – Radio/Urban Networks and social media campaign
  - Finalizing plan, logistics, and budget now
- Will focus on ensuring each of the 5 jurisdictions and the statewide effort are targeted at minority public health outreach

# Vulnerable Populations

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- Task Force to develop heat maps of vulnerable populations – for local health departments and Managed Care Organizations (MCOs) /Primary Care Providers.
- Worked with Ready Responders – 8 teams over 45 days to evaluate 1500 high-risk individuals
- Worked with MEMA and Dept. of Housing and Community Development (DHCD) and local health departments to identify non-congregate housing options.
- Provided PPE to certain vulnerable groups



# Remdesivir Distribution

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- We received an initial 30 cases (1,200 vials) of Remdesivir from the federal government in mid-May.
- We distributed the initial shipment based on each hospital with hospitalized COVID-19 patients and proportionate to their share of the statewide 7-day average COVID-19 hospitalization census.
- For shipments 2 and 3, MDH continues to allocate the Remdesivir to Maryland medical facilities to treat seriously ill patients as we receive them.
- The ongoing Remdesivir distribution plan is based on a hospital's proportionate share of the statewide 7-day average COVID-19 hospitalization census.

# Briefing from Dr. Tom Inglesby

(10:40 a.m. - 11:05 a.m.)

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- Thomas V. Inglesby, MD  
Director, Center for Health Security,  
Johns Hopkins Bloomberg School of  
Public Health
- Limited Questions and Answers
- Contact:  
  
Elizabeth Hafey  
[Elizabeth.Hafey@jhu.edu](mailto:Elizabeth.Hafey@jhu.edu)

# Closing Remarks

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- Check Hearing Schedule on Maryland General Assembly website for committee meetings
- Next meeting will be June 10 at 10 a.m.