MARYLAND STATE DEPARTMENT OF EDUCATION
EQUITY AND EXCELLENCE

Mohammed Choudhury
State Superintendent of Schools

TO: Members of the State Board of Education

FROM: Mohammed Choudhury, State Superintendent of Schools

DATE: June 28, 2022

SUBJECT: School Logistics and Transmission Rates related to COVID-19 - Update

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PURPOSE:

The purpose of this item is to provide an update on school logistics and transmission rates related to the COVID-19 pandemic.

BACKGROUND/HISTORICAL PERSPECTIVE:

Beginning with the September 28, 2021, State Board meeting, and for each subsequent State Board meeting, updates are provided on school logistics and transmission rates related to the COVID-19 pandemic.

EXECUTIVE SUMMARY:

Data is provided on how the local education agencies (LEAs) are addressing vaccinations, COVID-19 testing, data on the number of students and staff who have needed to be quarantined, positivity rates, 7-Day moving average case rates per 100K by jurisdiction, community transmission levels, and statewide hospitalizations. The presentation will also cover information from the Centers for Disease Control and Prevention (CDC) guidance (February 25, 2022), update on LEAs that lifted the mask mandate in schools and on buses (23 of the 24 school systems), county wide vaccination rates for ages five and older, percentage of total population and percentage of population ages 12 and over fully vaccinated with a first booster death rates, CDC Community Level data and recommendations, and review of the Interim K-12 School and Child Care COVID-19 Guidance (March 2, 2022). Latest information on COVID variants is included. Information on the State's New Long-term Preparedness Plan, COVIDReady Maryland, presented by Governor Hogan on June 9, 2022, is described.

ACTION:

For discussion only.

ATTACHMENT:

School Logistics and Transmission Rates Related to COVID-19 - Update - PowerPoint June 28, 2022

Presentation Highlights

- Data collected related to COVID-19 logistics from the 24 local education agencies (LEAs) through June 28, 2022 (LEAs update the data weekly)

- Data published by the Maryland Department of Health (MDH) and the Centers for Disease Control (CDC) on positivity rates, 7-day moving average new daily case rates per 100K population, vaccination rates, hospitalization rates, and death rates for each jurisdiction

- Information on vaccines for children five and under

- The CDC's new COVID-19 community levels metric

- MDH and federal guidance and testing programs

- MDH/MSDE's new Interim K-12 School and Child Care COVID-19 Guidance

- MDH information on Omicron variants

- Summary of COVIDReady Maryland, the state's new long-term COVID-19 preparedness plan

PRESENTATION OUTLINE

1. Vaccinations and COVID-19 Testing

2. Quarantine and COVID-19 Data

3. Current Rates

4. June 2022 - LEA Updated COVID Protocols: Mask Mandates & Testing Strategies

5. CDC COVID-19 Community Levels

6. New Interim K-12 School and Child Care COVID-19 Guidance

7. COVID-19: New Variants

8. COVIDReady Maryland

Vaccinations and COVID-19 Testing

Update on Vaccinations and Testing

Reported Percentage of Teachers Vaccinated
(as of 06/24/2022)

LEA	%	LEA	%	LEA	%
Allegany County	75%	Charles County	70-80%	Prince George's County	90%
Anne Arundel County	91%	Dorchester County	48%	Queen Anne's County	Approximately 78%
Baltimore City	97%	Frederick County	70%+	Somerset County	68%
Baltimore County	83%	Garrett County	85%	St. Mary's County	88%
Calvert County	82%	Harford County	74%	Talbot County	85%
Caroline County	68%	Howard County	94%	Washington County	72%+
Carroll County	85%	Kent County	80%	Wicomico County	Approximately 67%
Cecil County	85%	Montgomery County	95%	Worcester County	66%

COVID-19 Testing Definitions

Diagnostic Testing – is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19, or is asymptomatic, but has recent known or suspected exposure to SARS-CoV-2. Examples of diagnostic testing include:

- Testing persons with symptoms consistent with COVID-19, whether or not they are vaccinated.
- Testing persons as a result of contact tracing efforts.
- Testing persons who indicate that they were exposed to someone with a confirmed or suspected case of COVID-19.

Screening Tests – are recommended for unvaccinated (or vaccinated) people to identify those who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission. Examples of screening tests include:

- Testing students, faculty, and staff in a school or university setting.

Test-to-Stay (TTS) – is a practice comprised of contact tracing and serial testing (testing that is sequentially repeated) to allow school-associated close contacts who are not fully vaccinated (or are fully vaccinated) to continue in-person learning during their quarantine period. While implementation of TTS may vary, contact tracing and testing as well as masking of contacts during their in-school quarantine period are integral to minimize risk of transmission.

Definitions retrieved from the Center for Disease Control (CDC) - Overview of Testing & Test-to-Stay

MDH K-12 COVID-19 Screening Program Available to LEAs and Non-Public Schools

Since July 2021, the MDH and the MSDE have offered the opportunity for LEAs and non-public schools to participate in a free K-12 COVID-19 Screening Testing Program.

The testing program operates in conjunction with the Diagnostic Testing Program.

Participating schools and school systems must complete an application and choose from a variety of State-contracted testing vendors who provide end-to-end testing services onsite in schools.

Testing vendor services include:

- Conducting an assessment to assist in identifying school testing needs;
- Providing clinical staff to administer tests and assist with test collection;
- Transferring tests to laboratories;
- Communicating test results through their resulting portal; and
- Reporting results to schools and health authorities.

Source: Maryland Department of Health

MDH K-12 Testing – Screening Program Metrics

MDH K-12 Testing – Screening Program Metrics

Tests administered in 2022

1,578,946

Total # of Tests Administered by Month in 2022	
Month	**# of Tests Administered**
January	356,571
February	388,424
March	471,499
April	275,812
May 1-15	86,640

Quarantine and COVID-19 Data

Quarantine and COVID-19 Data Progressions

Interim K-12 School and Child Care COVID-19 Isolation and Quarantine Guidance

MSDE/MDH guidance to all LEAs, non-public schools, and licensed child care providers (January 7, 2022). The main recommendations (based on the latest CDC guidance) include:

- **All persons who test positive for COVID-19 or have suspected COVID-19, regardless of vaccination status, should stay home for at least 5 full days** from the date of symptom onset (if symptomatic) or the date of the positive test if no symptoms.

- **Vaccinated persons** (provided they meet specific criteria) **do not need to quarantine if exposed** to someone with COVID-19.

- **Unvaccinated persons** and those who have not received booster shots **should quarantine for at least 5 days if exposed** to someone with COVID-19.

LEA	Mar 22	Apr 26	May 24	Jun 28
Allegany	6	2	2	5
Anne Arundel	*	*	*	*
Baltimore City	3	8	39	10
Baltimore County	*	*	*	*
Calvert	4	4	5	10
Caroline	0	0	0	0
Carroll	0	0	0	0
Cecil	21	0	0	0
Charles	*	*	*	*
Dorchester	7	5	0	13
Frederick	1	1	33	40
Garrett	0	0	0	0
Harford	9	9	21	21
Howard	39	47	228	234
Kent	1	0	6	1
Montgomery	25	23	82	59
Prince George's	67	46	52	0
Queen Anne's	0	*	*	*
Somerset	0	0	1	8
St. Mary's	2	0	3	2
Talbot	1	0	4	6
Washington	0	*	*	*
Wicomico	23	5	9	21
Worcester	9	1	25	53

Staff Quarantine Progressions by LEA

Column 1 (Mar 16 reported on Mar 22)
represents the number of staff quarantines reported between the 02/22/2022 and 03/22/2022 State Board meetings.

Column 2 (Apr 22 reported on Apr 26)
represents the number of staff quarantines reported between the 03/22/2022 and 04/26/2022 State Board meetings.

Column 3 (May 20 reported on May 24)
represents the number of staff quarantines reported between the 04/26/2022 and 05/24/2022 State Board meetings.

Column 4 (June 24 reported on June 28)
represents the number of staff quarantines reported between the 05/24/2022 and 06/28/2022 State Board meetings.

*LEA is no longer conducting contact tracing; using local health department data.

LEA	Mar 22	(%)	Apr 26	(%)	May 24	(%)	Jun 28	(%)
Allegany	61	(0.8)	9	(0.1)	16	(0.2)	28	(0.3)
Anne Arundel	*	*	*	*	*	*	*	*
Baltimore City	37	(0.0)	51	(0.1)	707	(0.9)	33	(0.0)
Baltimore County	*	*	*	*	*	*	*	*
Calvert	9	(0.1)	40	(0.3)	49	(0.3)	18	(0.1)
Caroline	8	(0.1)	3	(0.1)	12	(0.2)	0	(0.0)
Carroll	74	(0.3)	50	(0.2)	74	(0.3)	50	(0.2)
Cecil	5	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)
Charles	*	*	*	*	*	*	*	*
Dorchester	273	(5.9)	231	(5.0)	314	(6.8)	270	(5.9)
Frederick	140	(0.3)	14	(0.0)	56	(0.1)	89	(0.2)
Garrett	101	(2.9)	21	(0.6)	5	(0.1)	32	(0.9)
Harford	124	(0.3)	141	(0.4)	327	(0.9)	272	(0.7)
Howard	363	(0.6)	257	(0.4)	1,033	(1.8)	1,128	(2.0)
Kent	6	(0.4)	1	(0.1)	16	(0.9)	36	(2.1)
Montgomery	1,068	(0.7)	737	(0.5)	3,217	(2.0)	3,843	(2.4)
Prince George's	278	(0.2)	755	(0.6)	411	(0.3)	0	(0.0)
Queen Anne's	33	(0.4)	*	*	*	*	*	*
Somerset	33	(1.2)	2	(0.1)	8	(0.3)	13	(0.5)
St. Mary's	48	(0.3)	23	(0.1)	122	(0.7)	13	(0.1)
Talbot	156	(3.4)	2	(0.0)	79	(1.7)	63	(1.4)
Washington	9	(0.0)	*	*	*	*	*	*
Wicomico	96	(0.7)	57	(0.4)	108	(0.7)	118	(0.8)
Worcester	75	(1.1)	24	(0.4)	72	(1.1)	219	(3.2)

Student Quarantine Progressions by LEA

Column 1 (Mar 16 reported on Mar 22) represents the number of student quarantines reported between the 02/22/2022 and 03/22/2022 State Board meetings.

Column 2 (Apr 22 reported on Apr 26) represents the number of student quarantines reported between the 03/22/2022 and 04/26/2022 State Board meetings.

Column 3 (May 20 reported on May 24) represents the number of student quarantines reported between the 04/26/2022 and 05/24/2022 State Board meetings.

Column 4 (June 24 reported on June 28) represents the number of student quarantines reported between the 05/24/2022 and 06/28/2022 State Board meetings.

* LEA is no longer conducting contact tracing; using local health department data.

LEA	Mar 22	Apr 26	May 24	Jun 28
Allegany	17	10	22	39
Anne Arundel	35	69	296	738
Baltimore City	19	49	252	416
Baltimore County	130	97	566	885
Calvert	9	16	73	50
Caroline	13	11	33	57
Carroll	5	7	31	37
Cecil	19	20	100	101
Charles	*	*	*	*
Dorchester	3	3	17	33
Frederick	46	27	252	218
Garrett	13	5	5	14
Harford	30	52	244	215
Howard	34	59	421	572
Kent	1	2	19	15
Montgomery	109	227	597	534
Prince George's	21	25	152	190
Queen Anne's	15	*	*	*
Somerset	3	1	19	17
St. Mary's	24	19	125	120
Talbot	3	1	25	9
Washington	14	16	70	138
Wicomico	5	11	48	65
Worcester	9	1	26	52

Staff COVID Case Progressions by LEA

Column 1 (Mar 16 reported on Mar 22)
represents the number of staff COVID cases reported between the 02/22/2022 and 03/22/2022 State Board meetings.

Column 2 (Apr 22 reported on Apr 26)
represents the number of staff COVID cases reported between the 03/22/2022 and 04/26/2022 State Board meetings.

Column 3 (May 20 reported on May 24)
represents the number of staff COVID cases reported between the 04/26/2022 and 05/24/2022 State Board meetings.

Column 4 (June 24 reported on June 28)
represents the number of staff COVID cases reported between the 05/24/2022 and 06/28/2022 State Board meetings.

*LEA is no longer tracking this metric.

LEA	Mar 22	(%)	Apr 26	(%)	May 24	(%)	Jun 28	(%)
Allegany	70	(0.9)	14	(0.2)	35	(0.4)	65	(0.8)
Anne Arundel	418	(0.5)	389	(0.5)	1,419	(1.7)	2,655	(3.2)
Baltimore City	85	(0.1)	188	(0.2)	932	(1.2)	1,380	(1.8)
Baltimore County	331	(0.3)	176	(0.2)	1,993	(1.8)	2,574	(2.3)
Calvert	71	(0.5)	50	(0.3)	321	(2.1)	387	(2.5)
Caroline	40	(0.7)	9	(0.2)	61	(1.1)	99	(1.8)
Carroll	197	(0.8)	100	(0.4)	493	(2.0)	665	(2.7)
Cecil	58	(0.4)	52	(0.3)	187	(1.3)	156	(1.0)
Charles	*	*	*	*	*	*	*	*
Dorchester	25	(0.5)	13	(0.3)	36	(0.8)	101	(2.2)
Frederick	192	(0.4)	163	(0.4)	957	(2.1)	1,038	(2.3)
Garrett	55	(1.6)	10	(0.3)	8	(0.2)	49	(1.4)
Harford	152	(0.4)	161	(0.4)	774	(2.0)	651	(1.7)
Howard	215	(0.4)	226	(0.4)	1,667	(2.9)	2,221	(3.9)
Kent	3	(0.2)	3	(0.2)	44	(2.6)	23	(1.3)
Montgomery	468	(0.3)	1,236	(0.8)	4,003	(2.5)	3,345	(2.1)
Prince George's	61	(0.0)	77	(0.1)	250	(0.2)	505	(0.4)
Queen Anne's	45	(0.6)	*	*	*	*	*	*
Somerset	10	(0.4)	0	(0.0)	13	(0.5)	12	(0.4)
St. Mary's	108	(0.6)	46	(0.3)	278	(1.6)	366	(2.1)
Talbot	29	(0.6)	4	(0.1)	106	(2.3)	56	(1.2)
Washington	87	(0.4)	61	(0.3)	170	(0.8)	205	(0.9)
Wicomico	19	(0.1)	26	(0.2)	106	(0.7)	138	(0.9)
Worcester	20	(0.3)	8	(0.1)	32	(0.5)	130	(1.9)

Student COVID Case Progressions by LEA

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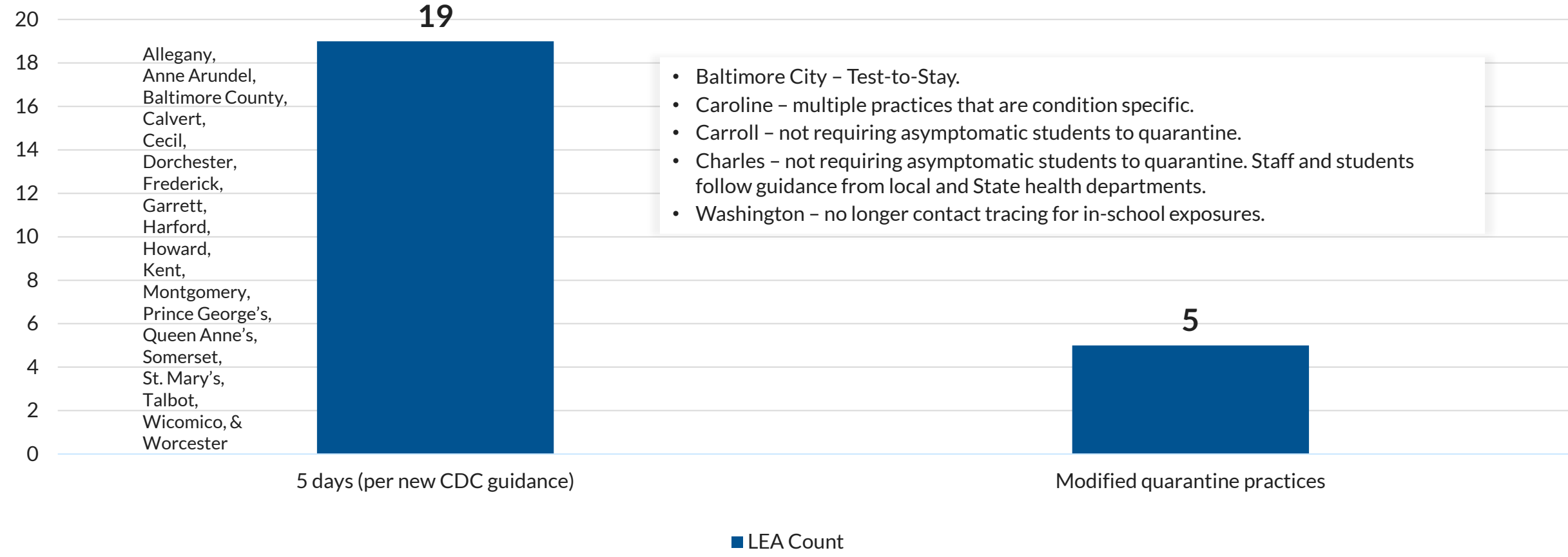
Column 4 (June 24 reported on June 28) represents the number of student COVID cases reported between the 05/24/2022 and 06/28/2022 State Board meetings.

*LEA is no longer tracking this metric.

Quarantine Practices

Current and Modified Quarantine Practices

19 — 5 days (per new CDC guidance)

Allegany, Anne Arundel, Baltimore County, Calvert, Cecil, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Wicomico, & Worcester

5 — Modified quarantine practices

- Baltimore City – Test-to-Stay.
- Caroline – multiple practices that are condition specific.
- Carroll – not requiring asymptomatic students to quarantine.
- Charles – not requiring asymptomatic students to quarantine. Staff and students follow guidance from local and State health departments.
- Washington – no longer contact tracing for in-school exposures.

■ LEA Count

LEAs/Individual Schools Shifting to Virtual Instruction - Update

As of June 24, 2022, schools in all LEAs will be closed for the 2021-2022 school year.

LEAs are preparing for the opening of summer school programs across the State.

Current Rates

Overview of Rates in Maryland

Daily Positivity Rate (as Reported by the MDH)

County	May 26	June 2	June 9	June 16	June 23
Statewide	8.6%	8.2%	8.9%	8.0%	7.4%
Allegany	8.4%	10.8%	9.4%	8.0%	8.2%
Anne Arundel	14.1%	12.7%	12.0%	8.1%	11.5%
Baltimore	9.6%	8.6%	7.6%	11.8%	6.0%
Baltimore City	7.1%	7.5%	6.5%	7.5%	7.1%
Calvert	13.1%	16.5%	9.7%	7.1%	11.9%
Caroline	10.2%	9.0%	5.4%	11.0%	6.3%
Carroll	12.9%	12.1%	11.5%	7.0%	6.8%
Cecil	13.9%	17.1%	10.7%	9.6%	12.9%
Charles	9.3%	9.7%	9.1%	12.4%	12.8%
Dorchester	8.6%	9.9%	9.6%	11.2%	8.6%
Frederick	13.7%	12.3%	12.2%	6.1%	11.4%
Garrett	13.0%	11.7%	12.9%	9.4%	14.8%
Harford	10.8%	9.9%	9.2%	11.6%	8.7%
Howard	13.1%	12.1%	12.6%	8.4%	10.2%
Kent	14.6%	17.9%	8.7%	13.2%	6.8%
Montgomery	6.1%	5.6%	8.7%	7.1%	5.4%
Prince George's	10.4%	11.4%	10.0%	5.8%	12.5%
Queen Anne's	9.6%	13.5%	11.5%	10.1%	14.3%
St. Mary's	12.4%	15.7%	12.4%	9.0%	10.1%
Somerset	12.2%	8.8%	7.6%	11.6%	10.9%
Talbot	12.7%	9.3%	8.9%	12.3%	7.0%
Washington	10.6%	10.2%	8.2%	7.6%	10.9%
Wicomico	13.5%	12.4%	11.9%	10.7%	12.5%
Worcester	13.4%	13.1%	15.4%	13.1%	12.8%

Source: https://state-of-maryland.github.io/DailyPositivitybyJurisdiction/index_fullscreen.html

7-Day Moving Average New Daily Case Rate per 100K by Jurisdiction
(as Reported by the MDH)

County	May 26	June 2	June 9	June 16	June 23
Statewide	36.4	29.5	27.2	23.6	20.5
Allegany	20.5	29.4	26.4	13.6	21.3
Anne Arundel	35.5	27.0	25.4	19.9	19.4
Baltimore	31.8	25.6	20.7	16.6	15.1
Baltimore City	39.2	31.9	29.2	23.6	18.8
Calvert	23.3	24.9	17.5	15.4	16.1
Caroline	23.5	18.0	9.8	13.3	9.0
Carroll	24.2	20.4	18.5	12.6	10.9
Cecil	23.5	23.9	15.1	19.2	18.1
Charles	40.2	28.9	36.2	38.1	25.7
Dorchester	35.4	21.9	34.9	21.0	17.0
Frederick	30.2	24.5	25.4	16.9	17.9
Garrett	14.3	13.8	20.2	15.3	18.2
Harford	27.2	19.4	18.2	14.4	15.7
Howard	41.5	31.1	32.6	35.0	21.7
Kent	39.0	25.0	13.2	14.0	10.3
Montgomery	56.2	45.7	37.5	35.3	30.4
Prince George's	33.8	27.3	29.5	25.6	23.4
Queen Anne's	16.5	17.6	19.0	13.0	15.3
St. Mary's	30.5	31.2	24.3	21.3	16.0
Somerset	20.6	12.8	16.2	7.3	15.1
Talbot	29.6	16.1	14.6	18.4	10.4
Washington	16.7	17.7	16.6	16.1	12.6
Wicomico	23.4	20.0	19.9	18.8	16.6
Worcester	21.9	19.1	25.1	20.0	17.8

Source: https://state-of-maryland.github.io/DailyCaseRatebyJurisdiction/index_fullscreen.html

Percentage of Total Population Fully Vaccinated (as Reported by the MDH)

County	May 27	June 6	June 10	June 17	June 24
Statewide	76.0%	76.2%	76.3%	76.3%	76.4%
Allegany	55.9%	56.0%	56.0%	56.0%	56.1%
Anne Arundel	77.3%	77.4%	77.5%	77.5%	77.6%
Baltimore	73.1%	73.2%	73.3%	73.3%	73.4%
Baltimore City	64.6%	64.7%	64.8%	64.9%	64.9%
Calvert	71.1%	71.3%	71.3%	71.4%	71.4%
Caroline	57.4%	57.5%	57.5%	57.6%	57.6%
Carroll	72.4%	72.6%	72.6%	72.7%	72.7%
Cecil	59.0%	59.1%	59.2%	59.3%	59.3%
Charles	70.9%	71.1%	71.2%	71.3%	71.3%
Dorchester	59.8%	59.9%	59.9%	60.0%	60.1%
Frederick	79.0%	79.1%	79.2%	79.3%	79.3%
Garrett	51.4%	51.5%	51.5%	51.5%	51.6%
Harford	70.2%	70.4%	70.4%	70.5%	70.5%
Howard	86.3%	86.4%	86.5%	86.6%	86.7%
Kent	66.0%	66.2%	66.2%	66.3%	66.3%
Montgomery	87.7%	88.0%	88.1%	88.2%	88.3%
Prince George's	75.4%	75.6%	75.6%	75.8%	75.8%
Queen Anne's	67.7%	67.9%	67.9%	67.9%	68.0%
St. Mary's	66.9%	67.0%	67.0%	67.1%	67.1%
Somerset	50.5%	50.6%	50.6%	50.7%	50.7%
Talbot	74.1%	74.2%	74.3%	74.4%	74.4%
Washington	60.1%	60.2%	60.3%	60.3%	60.4%
Wicomico	56.3%	56.4%	56.4%	56.5%	56.5%
Worcester	72.4%	72.6%	72.6%	72.7%	72.7%

Source: https://coronavirus.maryland.gov/#Vaccine

Percentage of Population Ages 5 and Over Fully Vaccinated
(as Reported by the MDH)

County	May 27	June 6	June 10	June 17	June 24
Statewide	80.9%	81.0%	81.1%	81.2%	81.3%
Allegany	58.5%	58.6%	58.6%	58.7%	58.7%
Anne Arundel	82.3%	82.5%	82.5%	82.6%	82.7%
Baltimore	77.7%	77.8%	77.8%	77.9%	78.0%
Baltimore City	68.8%	69.0%	69.0%	69.1%	69.2%
Calvert	75.2%	75.3%	75.3%	75.4%	75.5%
Caroline	61.2%	61.3%	61.3%	61.4%	61.4%
Carroll	76.6%	76.8%	76.8%	76.9%	76.9%
Cecil	62.5%	62.7%	62.7%	62.8%	62.9%
Charles	75.3%	75.5%	75.6%	75.7%	75.8%
Dorchester	63.3%	63.4%	63.5%	63.5%	63.6%
Frederick	84.0%	84.1%	84.2%	84.2%	84.3%
Garrett	54.0%	54.0%	54.1%	54.1%	54.1%
Harford	74.4%	74.6%	74.6%	74.7%	74.8%
Howard	91.6%	91.8%	91.9%	92.0%	92.1%
Kent	68.8%	68.9%	69.0%	69.1%	69.1%
Montgomery	93.5%	93.7%	93.8%	94.0%	94.1%
Prince George's	80.7%	80.8%	80.9%	81.0%	81.1%
Queen Anne's	71.3%	71.5%	71.5%	71.6%	71.6%
St. Mary's	71.4%	71.5%	71.5%	71.6%	71.6%
Somerset	52.9%	53.0%	53.0%	53.1%	53.2%
Talbot	77.7%	77.9%	77.9%	78.0%	78.1%
Washington	63.7%	63.8%	63.9%	63.9%	64.0%
Wicomico	59.9%	60.0%	60.1%	60.1%	60.2%
Worcester	75.5%	75.7%	75.7%	75.8%	75.9%

Source: https://coronavirus.maryland.gov/#Vaccine

Percentage of Total Population Fully Vaccinated with a First Booster Dose
(as Reported by the CDC)

County	June 13	June 17	June 24
Statewide	52.0%	52.1%	52.2%
Allegany	51.2%	51.2%	51.3%
Anne Arundel	50.5%	50.6%	50.8%
Baltimore	55.9%	56.0%	56.2%
Baltimore City	50.8%	50.9%	51.0%
Calvert	51.9%	52.0%	52.1%
Caroline	49.1%	49.2%	49.2%
Carroll	55.8%	55.9%	56.1%
Cecil	41.3%	41.3%	41.4%
Charles	46.0%	46.0%	46.2%
Dorchester	52.4%	52.5%	52.6%
Frederick	55.0%	55.1%	55.3%
Garrett	51.3%	51.3%	51.4%
Harford	53.3%	53.4%	53.5%
Howard	61.5%	61.6%	61.9%
Kent	57.4%	57.5%	57.7%
Montgomery	56.0%	56.1%	56.3%
Prince George's	44.7%	44.8%	44.9%
Queen Anne's	54.8%	54.8%	54.9%
St. Mary's	47.0%	47.1%	47.1%
Somerset	50.8%	50.9%	51.0%
Talbot	59.2%	59.2%	59.3%
Washington	51.4%	51.5%	51.6%
Wicomico	50.2%	50.2%	50.3%
Worcester	51.8%	51.8%	51.8%

Source: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Maryland&data-type=Vaccinations&metric-vax=Booster_Doses_Vax_Pct

Percentage of Population Ages 12 and Over Fully Vaccinated with a First Booster Dose
(as Reported by the CDC)

County	June 13	June 17	June 24
Statewide	54.3%	54.4%	54.5%
Allegany	52.2%	52.2%	52.3%
Anne Arundel	53.2%	53.3%	53.4%
Baltimore	58.4%	58.5%	58.6%
Baltimore City	52.2%	52.3%	52.5%
Calvert	54.3%	54.4%	54.5%
Caroline	50.3%	50.3%	50.4%
Carroll	58.2%	58.3%	58.4%
Cecil	42.3%	42.4%	42.5%
Charles	47.9%	47.9%	48.0%
Dorchester	53.4%	53.5%	53.6%
Frederick	58.0%	58.0%	58.1%
Garrett	52.0%	52.0%	52.1%
Harford	55.6%	55.7%	55.8%
Howard	65.6%	65.7%	65.8%
Kent	58.6%	58.6%	58.8%
Montgomery	59.1%	59.2%	59.3%
Prince George's	46.7%	46.7%	46.9%
Queen Anne's	56.6%	56.7%	56.7%
St. Mary's	48.8%	48.8%	48.9%
Somerset	51.8%	51.9%	52.0%
Talbot	60.9%	60.9%	61.0%
Washington	52.8%	52.9%	53.0%
Wicomico	51.5%	51.6%	51.6%
Worcester	52.8%	52.9%	52.9%

Source: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Maryland&data-type=Vaccinations&metric-vax=Booster_Doses_Vax_Pct

Vaccines for Children Under 5

- The FDA and the CDC have approved COVID-19 vaccines for children under the age of 5 (6 months or older).

- There are approximately 358,000 Maryland children in this age group.

- The state expects to receive approximately 65,400 doses in its initial order of vaccines, with additional doses to follow.

- Maryland families can access sites for vaccines by going to Marylandvax.org or coronavirus.Maryland.gov/pages/vaccine.

- Families with children under the age of five are encouraged to contact their family practitioner.

- Pfizer (three doses) and Moderna (two doses) COVID-19 vaccines are available for children under 5.

- White house officials said that vaccines would be available for the under five group at thousands of sites, including hospitals, doctor's offices, community health centers, and pharmacies.

Source: https://governor.maryland.gov/2022/06/09/governor-hogan-announces-covidready-maryland-to-guide-long-term-preparedness-efforts/

Statewide Hospitalizations - ICU and Acute Hospital Beds for COVID-19, Currently in Use (as Reported by the MDH)

	May 26	June 2	June 9	June 16	June 23
Adult Acute Beds	446	450	383	345	369
Adult ICU Beds	55	49	49	34	49
Pediatric Acute Beds	6	9	9	9	8
Pediatric ICU Beds	1	1	1	2	2
Total Beds (includes all adult and pediatric beds)	508	509	442	390	428

Source: https://coronavirus.maryland.gov/

Statewide Hospitalizations - ICU and Acute Hospital Beds for COVID-19, Currently in Use (as Reported by the MDH)

Source: https://coronavirus.maryland.gov/
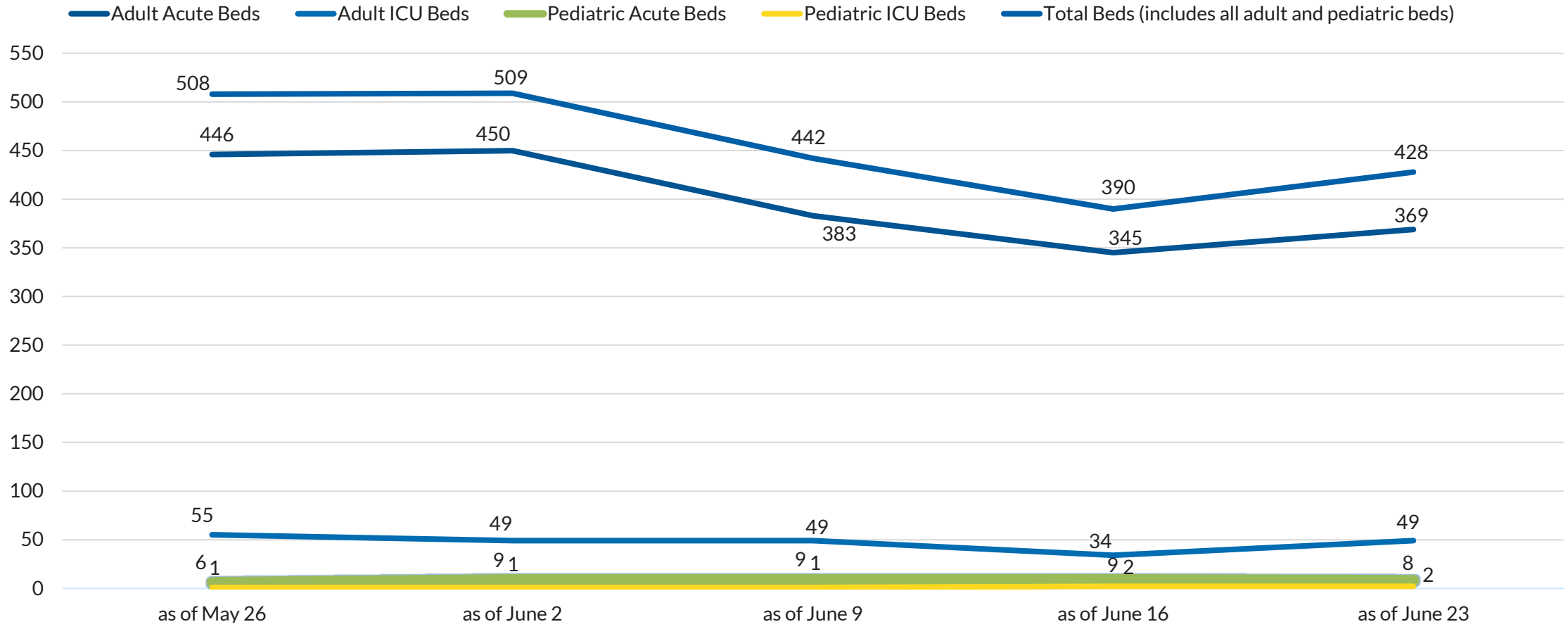
Total Number of Admissions of Confirmed COVID-19 Patients
(Adult and Pediatric) Over Past 7 Days by Jurisdiction (as Reported by the CDC)

County	May 27	June 6	June 10	June 17	June 24
Allegany	7	10	6	4	3
Anne Arundel	68	55	60	45	56
Baltimore	98	79	86	64	81
Baltimore City	70	57	62	46	58
Calvert	11	9	10	7	9
Caroline	3	1	3	1	1
Carroll	20	16	18	13	16
Cecil	12	10	10	8	10
Charles	13	11	12	12	13
Dorchester	3	1	3	1	1
Frederick	11	11	12	4	7
Garrett	3	4	2	2	1
Harford	30	25	26	21	25
Howard	38	31	34	25	32
Kent	6	1	0	4	5
Montgomery	82	70	76	79	85
Prince George's	71	61	66	68	74
Queen Anne's	5	2	4	1	2
St. Mary's	9	8	8	9	9
Somerset	4	4	3	3	3
Talbot	4	1	3	1	1
Washington	8	12	15	9	16
Wicomico	16	16	14	13	13
Worcester	8	8	7	7	7

Source: https://covid.cdc.gov/covid-data-tracker/index.html#county-view

Death Count Over Past 7 Days by Jurisdiction (as Reported by the CDC)

County	May 27	June 6	June 10	June 17	June 24
Statewide	45	37	47	51	45
Allegany	0	suppressed	suppressed	0	0
Anne Arundel	suppressed	suppressed	suppressed	suppressed	suppressed
Baltimore	suppressed	suppressed	suppressed	10	suppressed
Baltimore City	suppressed	suppressed	suppressed	suppressed	14
Calvert	0	suppressed	suppressed	suppressed	suppressed
Caroline	0	0	0	0	0
Carroll	0	0	suppressed	suppressed	suppressed
Cecil	0	0	suppressed	suppressed	suppressed
Charles	0	suppressed	suppressed	0	suppressed
Dorchester	0	0	0	0	0
Frederick	0	suppressed	suppressed	suppressed	suppressed
Garrett	0	0	0	0	0
Harford	suppressed	suppressed	suppressed	suppressed	0
Howard	0	suppressed	suppressed	suppressed	suppressed
Kent	0	0	0	suppressed	0
Montgomery	suppressed	suppressed	suppressed	suppressed	suppressed
Prince George's	suppressed	suppressed	10	suppressed	suppressed
Queen Anne's	0	suppressed	suppressed	0	0
St. Mary's	0	0	0	suppressed	suppressed
Somerset	0	0	0	0	suppressed
Talbot	0	suppressed	suppressed	0	0
Washington	0	suppressed	suppressed	suppressed	suppressed
Wicomico	0	0	0	0	suppressed
Worcester	0	0	0	0	0

Source: https://covid.cdc.gov/covid-data-tracker/index.html#county-view

June 2022 - LEA Updated COVID Protocols: Mask Mandates & Testing Strategies
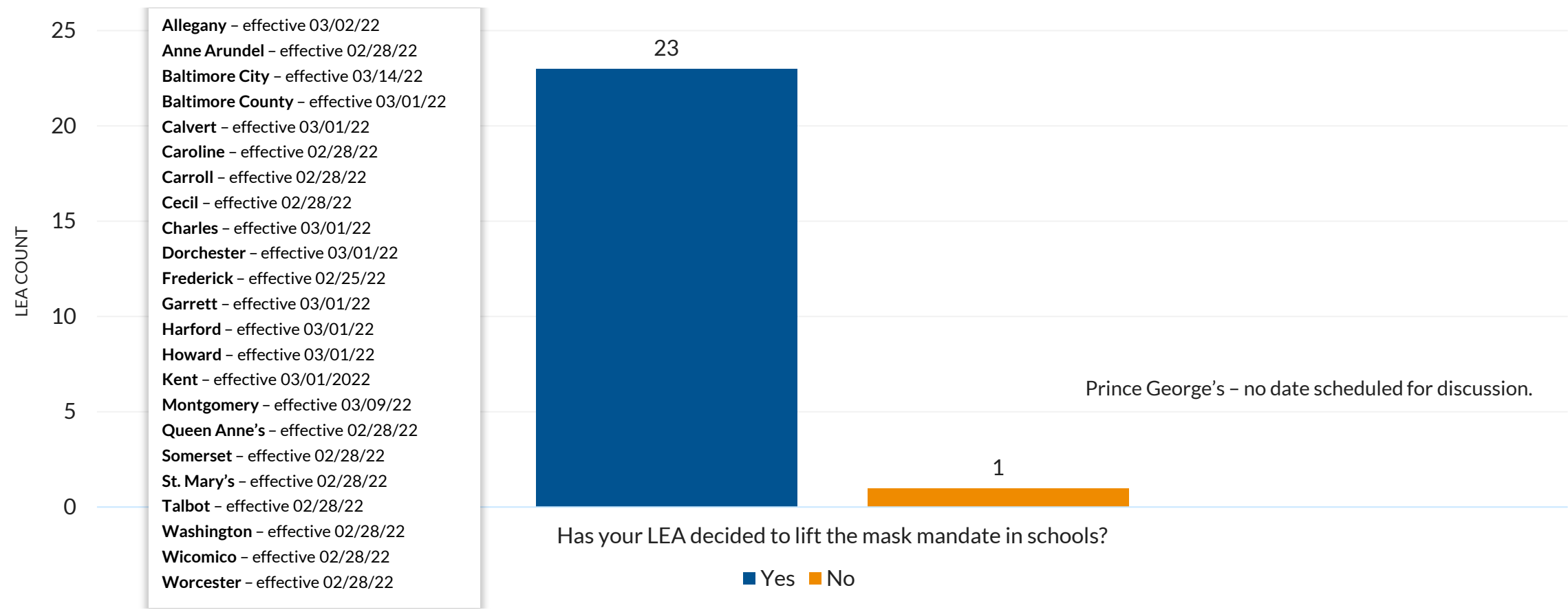
Updates on LEA COVID Protocols

Masking Requirement Lifted by the CDC

Effective February 25, 2022, the CDC recommended the end to universal indoor mask wearing in K-12 schools and early education settings in areas with a low or medium COVID-19 community levels.
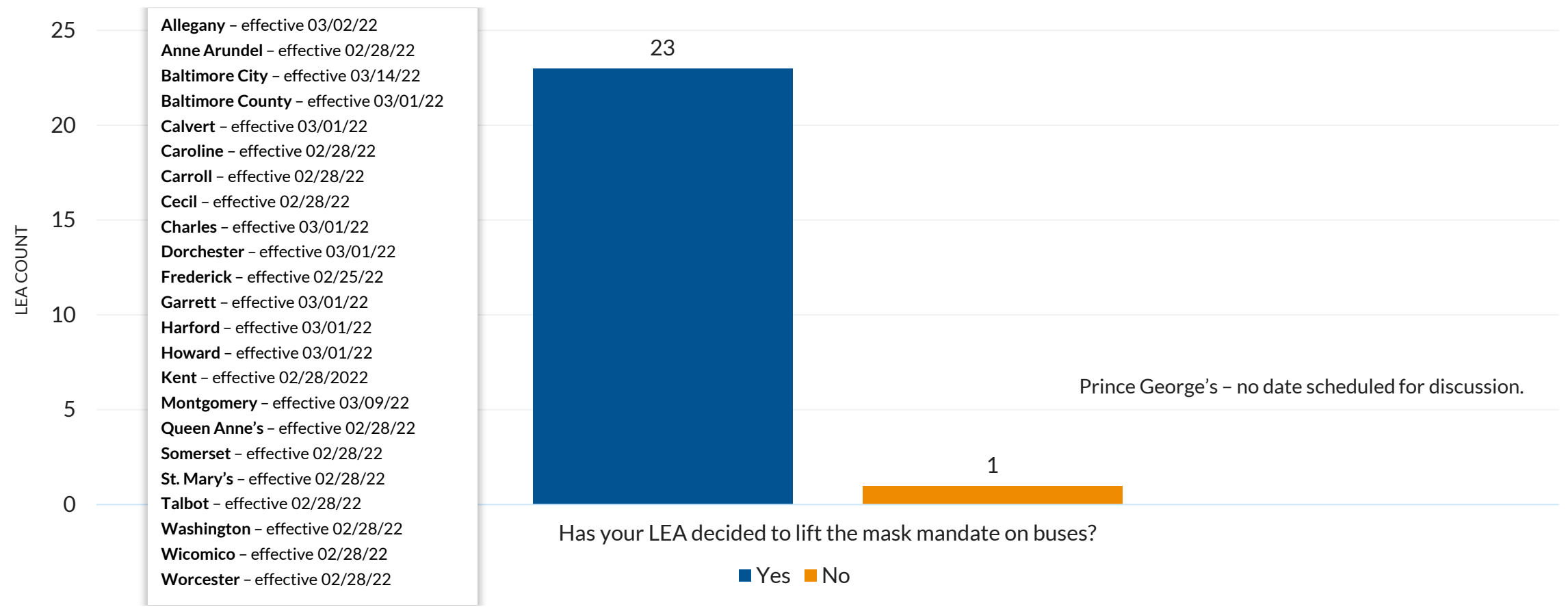
To align with this updated guidance, the CDC no longer requires the wearing of masks on buses or vans operated by public or private school systems, including early care and education/child care programs.

LEAs, at their discretion, can continue to require masks on buses or vans.

Lifting of Mask Mandates in Schools

Allegany – effective 03/02/22
Anne Arundel – effective 02/28/22
Baltimore City – effective 03/14/22
Baltimore County – effective 03/01/22
Calvert – effective 03/01/22
Caroline – effective 02/28/22
Carroll – effective 02/28/22
Cecil – effective 02/28/22
Charles – effective 03/01/22
Dorchester – effective 03/01/22
Frederick – effective 02/25/22
Garrett – effective 03/01/22
Harford – effective 03/01/22
Howard – effective 03/01/22
Kent – effective 03/01/2022
Montgomery – effective 03/09/22
Queen Anne's – effective 02/28/22
Somerset – effective 02/28/22
St. Mary's – effective 02/28/22
Talbot – effective 02/28/22
Washington – effective 02/28/22
Wicomico – effective 02/28/22
Worcester – effective 02/28/22

Prince George's – no date scheduled for discussion.

Has your LEA decided to lift the mask mandate in schools?

■ Yes ■ No

Lifting of Mask Mandates on Buses

Allegany – effective 03/02/22
Anne Arundel – effective 02/28/22
Baltimore City – effective 03/14/22
Baltimore County – effective 03/01/22
Calvert – effective 03/01/22
Caroline – effective 02/28/22
Carroll – effective 02/28/22
Cecil – effective 02/28/22
Charles – effective 03/01/22
Dorchester – effective 03/01/22
Frederick – effective 02/25/22
Garrett – effective 03/01/22
Harford – effective 03/01/22
Howard – effective 03/01/22
Kent – effective 02/28/2022
Montgomery – effective 03/09/22
Queen Anne's – effective 02/28/22
Somerset – effective 02/28/22
St. Mary's – effective 02/28/22
Talbot – effective 02/28/22
Washington – effective 02/28/22
Wicomico – effective 02/28/22
Worcester – effective 02/28/22

Prince George's – no date scheduled for discussion.

LEA COUNT

23

1

Has your LEA decided to lift the mask mandate on buses?

■ Yes ■ No

Updated Testing Models as of June 2022

Diagnostic testing (testing for students with symptoms)

- Anne Arundel, Baltimore County, Calvert, Cecil, Dorchester, Frederick, Garrett, Harford, Howard, Montgomery, Queen Anne's, Somerset, Washington, Wicomico, and Worcester

Screening testing in various formats (grades levels, random, voluntary, weekly, etc.)

- Caroline, Charles, Dorchester, Garrett, Howard, Montgomery, Prince George's, and Talbot

Screening testing for students in extracurricular activities (athletics, clubs, etc.)

- Dorchester and Howard

Test-to-Stay

- Baltimore City and Cecil

Utilizing a centralized testing site or local wellness center

- Caroline, Carroll, Garrett, Harford, and Wicomico

Distributing at-home tests (PCR, rapid antigen, Binax, etc.)

- Baltimore County, Dorchester, Frederick, Harford, Montgomery, and Talbot

Not testing

- Allegany, Kent, and St. Mary's

CDC COVID-19 Community Levels

Looking at Community Levels in Maryland

New CDC Metric: COVID-19 Community Levels

The CDC has introduced a new metric to measure the impact of COVID-19 illness on health and healthcare systems.

The CDC considers a combination of **three data points** to determine the COVID-19 community level:

- **New COVID-19 admissions per 100,000 population** in the past 7 days.

- **Percent of staffed inpatient beds occupied** by COVID-19 patients.

- Total number of **new COVID-19 cases per 100,000 population** in the past 7 days.

The first two data points represent the current potential for strain on the health system, whereas the last data point acts as an early warning indicator of potential increases in health system strain in the event of a COVID-19 surge.

The CDC began publishing COVID-19 community-level data for each jurisdiction/county on a weekly basis starting **February 25, 2022**.

New CDC Metric: COVID-19 Community Levels

New Cases (per 100,000 population in the last 7 days)	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	N/A	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	N/A	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days.

Source: https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html

COVID-19 Community Levels – Recommended Individual/Household Behaviors

If you live in a community categorized as <u>high</u>, the CDC recommends:

- Wearing a mask indoors in public.

- Staying up-to-date with COVID-19 vaccines.

- Getting tested if symptomatic.

- People at high risk for severe illness may need to take additional precautions.

If you live in a community categorized as <u>medium</u>, the CDC recommends:

- Staying up-to-date with COVID-19 vaccines.

- Getting tested if symptomatic.

- People at high risk for severe illness should talk to their healthcare provider about whether they need to wear a mask and take other precautions.

If you live in a community categorized as <u>low</u>, the CDC recommends:

- Staying up-to-date with COVID-19 vaccines.

- Getting tested if symptomatic.

COVID-19 Community Levels – Recommended Prevention Strategies at State/Local Authority Level

The CDC recommends that **state/local authorities** implement the following community-level prevention strategies:

- **Distribute and administer vaccines** to achieve high community vaccination coverage and ensure health equity (low, medium, high).

- **Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations** (low, medium, high).

- **Ensure access to testing**, including through point-of-care and at-home tests for all people (low, medium, high).

- **Maintain improved ventilation** in public indoor spaces (low, medium, high).

COVID-19 Community Levels – Recommended Prevention Strategies at State/Local Authority Level

The CDC recommends that **state/local authorities** implement the following community-level prevention strategies for **medium and/or high classifications:**

- Consider implementing **screening testing or other testing strategies** for people who are exposed to COVID-19 (medium, high).

- Implement **enhanced prevention measures** in high-risk congregate settings (medium, high).

- **Protect people at high risk** for severe illness or death by ensuring equitable access to vaccination, testing, treatment, and support services (medium, high).

- Consider setting-specific recommendations for **prevention strategies based on local factors** (high only).

- Implement **healthcare surge support** as needed (high only).

COVID-19 Community Levels by Jurisdiction (as Reported by the CDC)
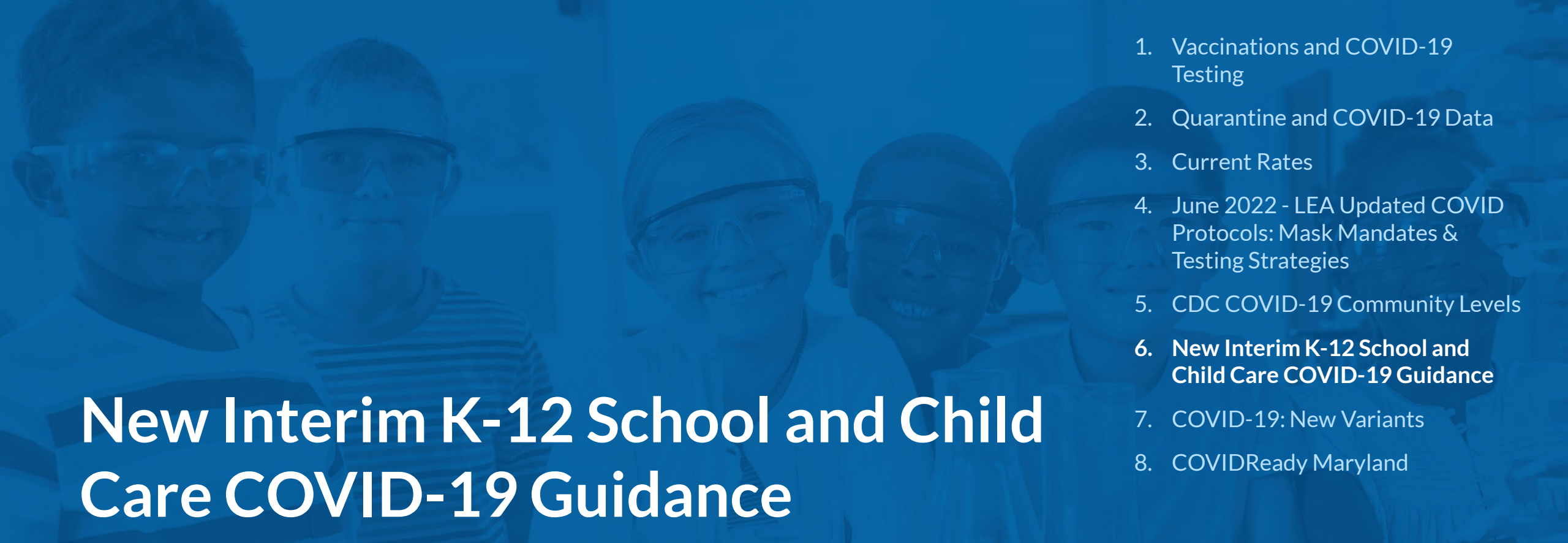
County	May 26	June 2	June 9	June 16	June 23
Allegany	Low	Medium	Medium	Low	Low
Anne Arundel	High	High	Medium	Low	Low
Baltimore	High	High	Medium	Low	Low
Baltimore City	High	High	High	Low	Low
Calvert	Medium	Medium	Medium	Low	Low
Caroline	Medium	Low	Low	Low	Low
Carroll	Medium	Medium	Medium	Low	Low
Cecil	Medium	Medium	Medium	Low	Low
Charles	Medium	Medium	Low	Medium	Medium
Dorchester	High	Medium	Low	Medium	Low
Frederick	Medium	Low	Low	Low	Low
Garrett	Low	Medium	Low	Low	Low
Harford	Medium	Medium	Medium	Low	Low
Howard	High	High	High	Low	Low
Kent	High	High	Low	High	High
Montgomery	Medium	Medium	Medium	Medium	Medium
Prince George's	Medium	Medium	Low	Low	Low
Queen Anne's	Medium	Low	Low	Low	Low
St. Mary's	Low	Medium	Low	Low	Low
Somerset	Medium	Medium	Medium	Medium	Medium
Talbot	High	Low	Low	Low	Low
Washington	Low	Low	Low	Low	Medium
Wicomico	Medium	Medium	Medium	Medium	Medium
Worcester	Medium	Medium	Medium	Medium	Medium

Source: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Maryland&data-type=CommunityLevels

COVID-19 Community Levels – Count by Jurisdiction
(as Reported by the CDC)
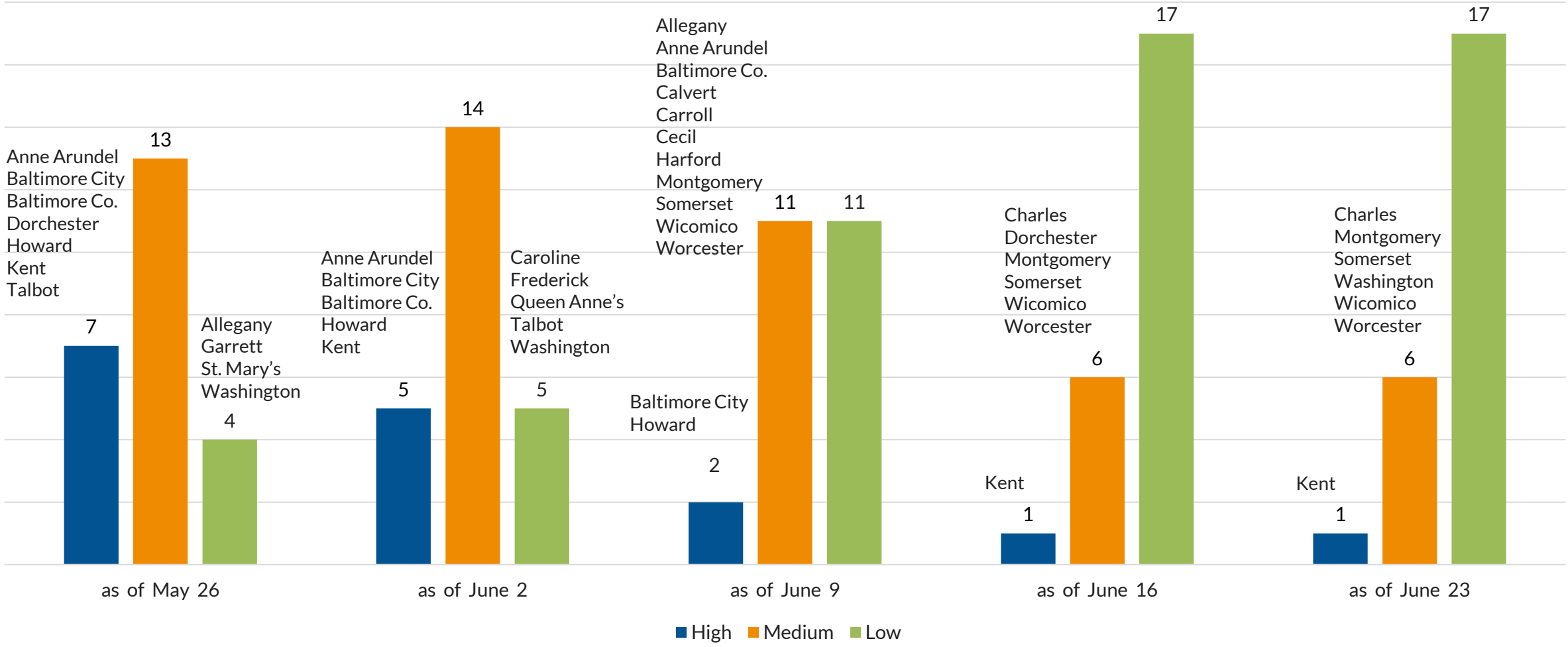
New Interim K-12 School and Child Care COVID-19 Guidance

The Latest School and Child Care COVID-19 Guidance

New Interim K-12 School and Child Care COVID-19 Guidance (Issued 3/2/2022)

The MDH/MSDE issued **new interim COVID-19 guidance for K-12 school and child care settings** on March 3, 2022.

The MDH/MSDE **support the use of the CDC's new COVID-19 Community Levels** and associated recommendations to inform decision making about the use of layered prevention strategies to decrease the risk of COVID-19 transmission in schools and child care programs.

Schools and child care programs may choose to align their prevention strategies with these CDC recommendations.

The MDH and MSDE recommend that **local school systems, nonpublic schools, and child care programs consult with their local health departments** on implementing these CDC recommendations.

COVID-19 Guidance: Use of Masking

Schools and child care programs should be aware that at all CDC COVID-19 Community Levels, people can choose to wear a mask based on personal preference or informed by personal level of risk.

The CDC recommends, however, universal indoor mask wearing only at the high COVID-19 Community Level.

Individuals with COVID-19 symptoms, a positive test, or exposure to someone with COVID-19 should follow CDC guidance for isolation and quarantine and wear a mask regardless of the COVID-19 Community Level.

Effective February 25, 2022, the CDC is exercising its enforcement discretion to not require wearing masks on buses or vans operated by public or private school systems, including early care and education/child care programs; however, masks should still be worn in the situations noted above.

COVID-19 Guidance: Contact Tracing

Based on guidance from the CDC and other national public health organizations, universal **contact tracing is no longer needed in schools and child care programs.**

Schools and child care programs may elect to continue contact tracing as resources permit.

All schools and child care programs should focus on identifying symptomatic COVID-19 cases by excluding staff and students/children who have symptoms of an infectious illness, including COVID-19 symptoms, and recommending testing for COVID-19 if appropriate.

COVID-19 Guidance: Case Identification

When universal contact tracing is not being implemented in a school or child care program and a COVID-19 case has been identified in a staff member or a student/child:

- The school or child care program should continue to exclude the staff member or student/child and **enforce CDC isolation guidance.**

- The staff member with COVID-19 or parents of the student/child with COVID-19 should be instructed to notify their own/their child's close contacts.

- Schools and child care programs **should provide notification of the COVID-19 case to the school or child care community at the cohort level** (e.g., classroom level or grade level as appropriate) and encourage self-identification and quarantine for persons who may have been in close contact and are not up to date on COVID-19 vaccinations.

COVID-19 Guidance: Case Identification (contd.)

Schools and child care programs must continue to follow existing procedures for reporting communicable diseases (COMAR 10.06.01) and notify the local health department when a staff member or student/child has tested positive for COVID-19.

When an outbreak is identified, schools and child care programs should identify close contacts of all persons with COVID-19 in the school or child care setting through contact tracing and exclude them for quarantine according to CDC guidance.

Additional measures to mitigate the outbreak may also need to be implemented, in consultation with the local health department.

COVID-19: New Variants

Update on Vaccinations

COVID-19 Variants

- Viruses **constantly change** through mutation and sometimes these mutations result in a new variant of the virus.

    o **Mutations** happen frequently but only sometimes change the characteristics of the virus.

    o A **lineage** is a group of closely related viruses with a common ancestor. SARS-CoV-2 has many lineages; all cause COVID-19.

- Some variants emerge and disappear while others persist.

- **New variants will continue to emerge.**

Source: Monthly MDH/MSDE COVID-19 Technical Assistance for Schools presentation on April 7, 2022, by Dr. Monique Duwell, Chief, Center for Infectious Disease Surveillance and Outbreak Response, MDH

COVID-19 Variants in the United States
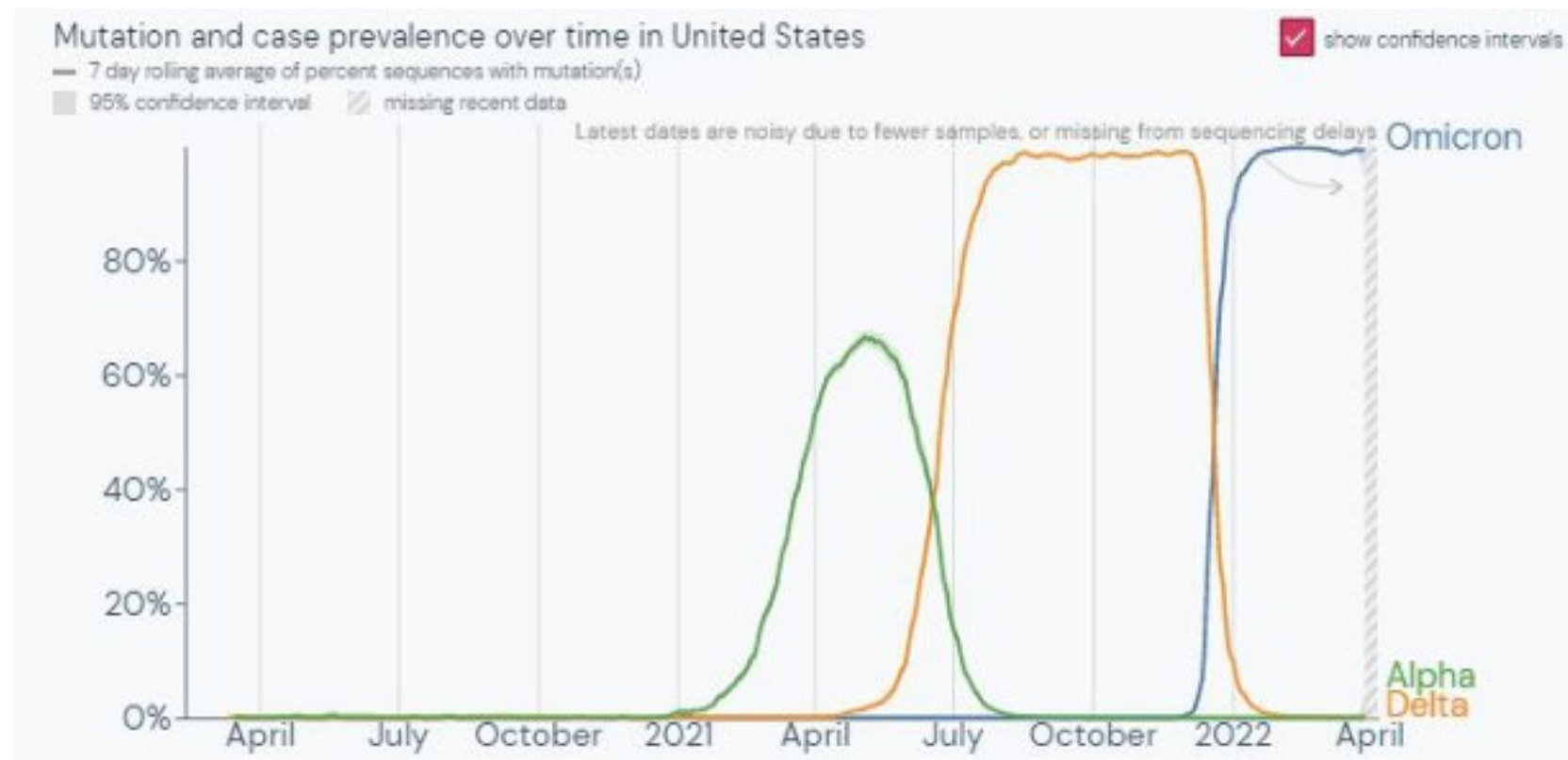
Omicron Variant

- The Omicron variant is comprised of a number of **lineages** and **sub-lineages**. The three most common lineages of Omicron currently are **BA.1, BA.1.1, and BA.2.**

  - Evidence suggests **BA.2 is more transmissible than BA.1.**

  - **Investigations regarding BA.2** severity, diagnostic performance, vaccine effectiveness, and re-infection risk **are on-going**.

  - As of April 5, 2022, the BA.2 variant accounted for **75 percent** of all the COVID-19 variants in Maryland over the preceding 14 days.

- The **Omicron** variant **spreads more easily** than earlier variants of the virus that cause COVID-19, including the Delta variant.

- Preliminary data suggests that **Omicron infection generally causes less severe disease than prior variants**, although some people may still have severe disease, need hospitalization, and could die from the infection with this variant.

Source: Monthly MDH/MSDE COVID-19 Technical Assistance for Schools presentation on April 7, 2022, by Dr. Monique Duwell, Chief, Center for Infectious Disease Surveillance and Outbreak Response, MDH

COVIDReady Maryland

The State's New Long-term Preparedness Plan

COVIDReady Maryland: Outline

- On June 9, 2022, Governor Hogan announced the launch of COVIDReady Maryland, the state's new long-term preparedness plan to **maximize the tools and treatments available** to keep people healthy and out of the hospital and **maintain a state of readiness** to respond to emerging variants and potential waves.

- The state's public health response has now fully **transitioned from an emergency to a new phase of response and recovery**.

- The plan, which emphasizes **infrastructure, awareness, and adaptability**, builds on the successful data-driven strategies that the state implemented throughout the pandemic.

- The plan includes **five core pillars**.

Source: https://governor.maryland.gov/2022/06/09/governor-hogan-announces-covidready-maryland-to-guide-long-term-preparedness-efforts/

COVIDReady Maryland: Pillars 1 and 2

1) **Expanded 'Test To Treat' Provider Infrastructure**

   o 'Test to Treat' makes it easy for patients to get tested, evaluated, and treated during the same visit at the same location.

   o Over the last three months, the number of 'Test To Treat' sites has doubled to nearly 90 locations statewide, with dozens more due to open by the fall.

2) **Maximizing Utilization of Therapeutics**

   o While therapeutic medications are not a cure for COVID, they can help lessen the severity of symptoms and help keep high-risk patients out of the hospital.

   o Approximately 800 locations statewide currently offer these treatments.

COVIDReady Maryland: Pillars 3 and 4

3) **Booster Shots for Eligible Populations**

   o The state maintains a robust vaccination infrastructure—with nearly 12 million vaccinations administered statewide and over 900 providers listed on covidvax.Maryland.gov—and is focused on getting more of the eligible population boosted.

   o The MDH has launched a new portal (https://covidlink.maryland.gov/content/vaccine/check-your-vaccination-status/) that will allow Marylanders to check their vaccination status within seconds.

4) **Enhanced Awareness and Outreach**

   o The state's GoVAX Call Center (1-855-MD-GOVAX) continues to be available seven days a week, and has now booked nearly 2 million appointments, as well as assisting people with getting tested and vaccinated (e.g., a rideshare program to get to and from appointments).

   o State health officials have launched a new series of television, radio, and social media ads featuring Maryland families sharing their reasons for getting vaccinated against COVID-19.

   o The state also continues to partner with community-based organizations, including the NAACP, with a focus on equity.

Source: https://governor.maryland.gov/2022/06/09/governor-hogan-announces-covidready-maryland-to-guide-long-term-preparedness-efforts/

COVIDReady Maryland: Pillar 5

5) **State of Readiness for Variants and Waves**.

o Maryland's multi-agency COVID-19 task force continues to meet daily and monitor key data metrics.

o The state will continue to maintain the building blocks of the state's successful Roadmap to Recovery, including substantial PCR and rapid at-home testing capacity, a robust stockpile of masks and PPE, contact tracing for high-priority cases, a lab sequencing program, and hospital surge capacity.

o Additionally, the state has provided record funding for local health departments to help bolster their preparedness efforts as well.