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 School

Date: September 27, 2022

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

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 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 on mask mandates, county wide vaccination rates for ages five and older, percentage of total population and percentage of population ages 12 and over and ages five and over fully vaccinated with a first booster, death rates, CDC Community Level data and recommendations. Latest information on COVID variants is included. Information on the State's Long-term Preparedness Plan, COVIDReady Maryland, presented by Governor Hogan on June 9, 2022, is described along with information on the approval of the COVID vaccine for children under the age of five. A summary of the Maryland Department of Health/Maryland State Department of Education Guidance to Support Safe In-Person Operations for PreK-12 School and Child Care (July 22, 2022) is also included along with a summary of the August 11, 2022, updated CDC Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning.Action. New to the September State Board meeting is vaccination rates on children under five, an update on vaccinations/booster recommended by the CDC, and an update on monkeypox.

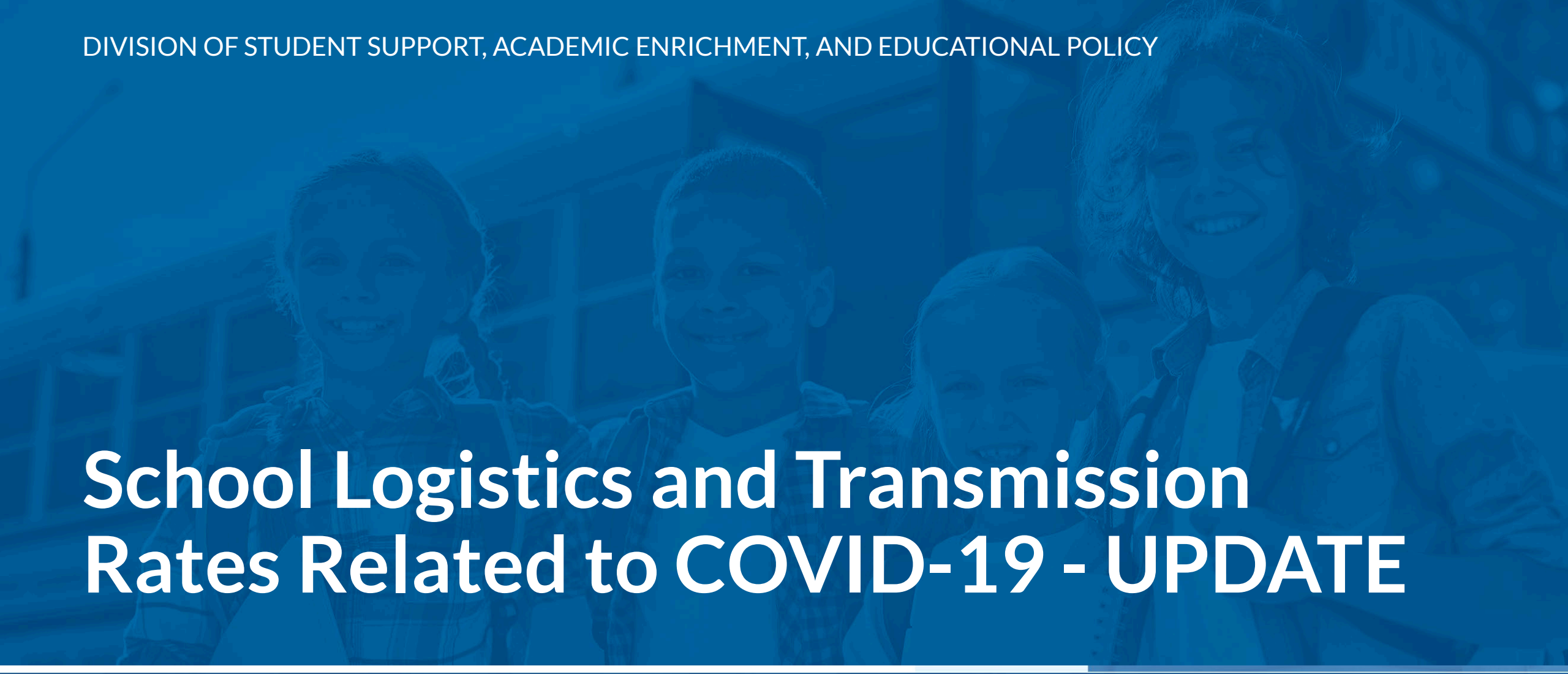
Action

For discussion only.

Attachment

School Logistics and Transmission Rates Related to COVID-19 – Update – PowerPoint September 27, 2022

DIVISION OF STUDENT SUPPORT, ACADEMIC ENRICHMENT, AND EDUCATIONAL POLICY



School Logistics and Transmission Rates Related to COVID-19 - UPDATE

MARYLAND STATE BOARD OF EDUCATION | September 27, 2022

MARYLAND STATE DEPARTMENT OF EDUCATION
EQUITY AND EXCELLENCE

Presented By | Mary Gable

Presentation Highlights

- Data collected related to COVID-19 logistics from the 24 local education agencies (LEAs) through September 23, 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 and data on vaccines for children five and under
- MDH and federal guidance and testing programs
- The CDC's COVID-19 community levels metric
- Information on Omicron variants
- Information about the current Monkeypox outbreak in the U.S.
- Summary of COVIDReady Maryland, the state's long-term COVID-19 preparedness plan
- MDH/MSDE's and CDC's Updated PreK-12 School and Child Care COVID-19 Guidance

PRESENTATION OUTLINE

1. Vaccinations and COVID-19 Testing
2. Quarantine and COVID-19 Data
3. Current Rates
4. LEA COVID Protocols: Mask Mandates
5. CDC COVID-19 Community Levels
6. COVID-19: New Variants
7. Monkeypox Outbreak
8. COVIDReady Maryland
9. Updated PreK-12 School and Child Care COVID-19 Guidance

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Vaccinations and COVID-19 Testing

Update on Vaccinations and Testing

Reported Percentage of Teachers Vaccinated
(as of 09/27/2022)

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%

Updated CDC COVID-19 Testing Definitions (8/11/2022)

Viral Tests - including Nucleic Acid Amplification Tests (NAATs), antigen tests, and other tests (such as breath tests) are **used as diagnostic tests to detect current infection** with SARS-CoV-2 and to inform an individual's medical care.

Antibody Tests - are **used to detect previous infection** with SARS-CoV-2. Antibody testing does not diagnose current infection.

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 someone with suspected or confirmed SARS-CoV-2 infection.

Screening Testing – is **intended to identify people with COVID-19 who are asymptomatic or do not have any known, suspected, or reported exposure** to SARS-CoV-2. Screening helps to identify unknown cases so that steps can be taken to prevent further transmission.

Public Health Surveillance Testing – is **intended to monitor population-level burden of disease or to characterize the incidence and prevalence of disease**. Surveillance testing is primarily used to gain information at a population level, rather than an individual level, and generally involves testing of de-identified specimens. Surveillance testing results are not reported back to the individual. As such, surveillance testing cannot be used for an individual's healthcare decision-making or individual public health actions, such as isolation. An example of surveillance testing is wastewater surveillance.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html

K-12 COVID 19 Testing for the 2022-2023 School Year

In accordance with the MDH/MSDE's updated PreK-12 Schools and Child Care COVID-19 Guidance, and following feedback from LEA superintendents and schools, the MDH and MSDE will be offering the following COVID-19 testing resources for the 2022-2023 school year:

- Rapid antigen point of care (POC) tests as well as the over-the-counter (OTC) tests to public and non-public schools;
- Federally-funded Operation Expanded Testing; and
- Fixed Pricing for the PCR Testing (with select vendors).

For any questions, please contact MDH COVID-19 Recovery Operations at MDH.K12Testing@maryland.gov.

Testing Updates (as provided by the MDH)

Reporting

- In compliance with CDC guidelines, the **K-12 Testing Team will continue to request that schools/school systems report on test usage**:
  - Cadence for reporting will shift from weekly to monthly.
  - Schools will report total POC and PCR tests administered, and OTC tests distributed. Positive results are no longer needed.

OTC Test Reporting

- **Parents and staff are encouraged to report positive test results** through the Maryland COVID Positive At-Home Test Report Portal.

POC Test Reporting

- **Schools may now use the reporting tool SimpleReport.gov** to manage POC test administration.

Source: https://health.maryland.gov/phpa/Documents/TA%20for%20Schools%2009082022.pdf

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Quarantine and COVID-19 Data

Quarantine and COVID-19 Data Progressions

PreK-12 School and Child Care COVID-19 Isolation Guidance

MSDE/MDH guidance to all LEAs, non-public schools, and licensed child care providers (updated July 22, 2022). The main recommendations include:

All persons who test positive for COVID-19 or have suspected COVID-19, regardless of vaccination status, should complete isolation as follows:

- **Stay home for at least 5 full days** from the date of symptom onset if symptomatic or from the date of the positive test if no symptoms.
- **Day 0 is considered the day symptoms started in symptomatic persons or the day of the positive test** (based on the date of testing) if asymptomatic.
- **After day 5, if the person has no symptoms or if symptoms are improved, and they have had no fever for at least 24 hours without medication, they may return to school or child care if they wear a well-fitting mask for 5 additional days (day 6 through day 10).**
  - If they are **unable to wear a mask**, they may return to school or child care if they have a negative test at day 5 or later; otherwise, they should remain at home for day 6 through day 10. A negative test at day 10 or after is not needed to return.

Updated Outbreak Definitions (as provided by the MDH)

The previous definition of a cohort outbreak:

- Three or more laboratory-confirmed COVID-19 cases among students/teachers/staff in a specified group with onsets (or, if asymptomatic, collection dates) within a **14-day period**, and who are epidemiologically linked in the school setting, but not household contacts.

The previous definition of a school outbreak:

- Five or more cohorts with cases from separate households that meet the cohort outbreak definition that occurs within **14 days**; OR
- 5% or more unrelated students/teachers/staff have confirmed COVID-19 within a **14-day period** (minimum of 10 unrelated students/teachers/staff).

Source: https://health.maryland.gov/phpa/Documents/TA%20for%20Schools%2009082022.pdf

Updated Outbreak Definitions (as provided by the MDH)

The revised definition of a cohort outbreak:

- Three or more test-confirmed COVID-19 cases among students/teachers/staff in a specified group with onsets (or, if asymptomatic, collection dates) within a **10-day period,** and who are epidemiologically linked in the school setting, but not household contacts.

The revised definition of a school outbreak:

- Five or more cohorts with cases from separate households that meet the cohort outbreak definition that occurs within **10 days**; OR
- 5% or more unrelated students/teachers/staff have confirmed COVID-19 within a **10- day period** (minimum of 10 unrelated students/teachers/staff).

Source: https://health.maryland.gov/phpa/Documents/TA%20for%20Schools%2009082022.pdf

LEA	2022-2023 Opening Dates	Sept 27
Allegany	08.24.2022	*
Anne Arundel	08.29.2022	*
Baltimore City	08.29.2022	*
Baltimore County	08.29.2022	*
Calvert	08.30.2022	*
Caroline	08.31.2022	*
Carroll	09.06.2022	*
Cecil	09.01.2022	*
Charles	08.29.2022	*
Dorchester	08.29.2022	2
Frederick	08.17.2022	*
Garrett	09.06.2022	*
Harford	09.06.2022	3
Howard	08.29.2022	*
Kent	08.29.2022	*
Montgomery	08.29.2022	0
Prince George's	08.29.2022	*
Queen Anne's	08.29.2022	*
Somerset	08.29.2022	*
St. Mary's	08.24.2022	*
Talbot	08.29.2022	*
Washington	08.29.2022	*
Wicomico	09.06.2022	*
Worcester	09.06.2022	*

Staff Quarantine Progressions by LEA

Column 3 (Sept 23 reported on Sept 27)
represents the new 2022-2023 number of staff quarantines reported since the LEA's first day of school.

*LEA is no longer tracking this data.

LEA	2022-2023 Opening Dates	Sept 27	(%)
Allegany	08.24.2022	*	*
Anne Arundel	08.29.2022	*	*
Baltimore City	08.29.2022	*	*
Baltimore County	08.29.2022	*	*
Calvert	08.30.2022	*	*
Caroline	08.31.2022	*	*
Carroll	09.06.2022	*	*
Cecil	09.01.2022	*	*
Charles	08.29.2022	*	*
Dorchester	08.29.2022	148	(3.2)
Frederick	08.17.2022	*	*
Garrett	09.06.2022	*	*
Harford	09.06.2022	16	(0.0)
Howard	08.29.2022	*	*
Kent	08.29.2022	*	*
Montgomery	08.29.2022	0	(0.0)
Prince George's	08.29.2022	*	*
Queen Anne's	08.29.2022	*	*
Somerset	08.29.2022	*	*
St. Mary's	08.24.2022	*	*
Talbot	08.29.2022	*	*
Washington	08.29.2022	*	*
Wicomico	09.06.2022	*	*
Worcester	09.06.2022	*	*

Student Quarantine Progressions by LEA

Column 3 (Sept 23 reported on Sept 27) represents the new 2022-2023 number of student quarantines reported since the LEA's first day of school.

*LEA is no longer tracking this data.

LEA	2022-2023 Opening Dates	Sept 27
Allegany	08.24.2022	56
Anne Arundel	08.29.2022	*
Baltimore City	08.29.2022	185
Baltimore County	08.29.2022	406
Calvert	08.30.2022	55
Caroline	08.31.2022	*
Carroll	09.06.2022	*
Cecil	09.01.2022	21
Charles	08.29.2022	*
Dorchester	08.29.2022	44
Frederick	08.17.2022	250
Garrett	09.06.2022	*
Harford	09.06.2022	87
Howard	08.29.2022	191
Kent	08.29.2022	*
Montgomery	08.29.2022	385
Prince George's	08.29.2022	153
Queen Anne's	08.29.2022	*
Somerset	08.29.2022	20
St. Mary's	08.24.2022	*
Talbot	08.29.2022	20
Washington	08.29.2022	131
Wicomico	09.06.2022	23
Worcester	09.06.2022	25

Staff COVID Case Progressions by LEA

Column 3 (Sept 23 reported on Sept 27)
represents the new 2022-2023 number of staff positive COVID cases reported since the LEA's first day of school.

By law, LEAs must still report positive COVID cases to local health departments.

*LEA is no longer tracking this data.

LEA	2022-2023 Opening Dates	Sept 27	(%)
Allegany	08.24.2022	217	(2.6)
Anne Arundel	08.29.2022	*	*
Baltimore City	08.29.2022	361	(0.5)
Baltimore County	08.29.2022	1,367	(1.2)
Calvert	08.30.2022	413	(2.7)
Caroline	08.31.2022	*	*
Carroll	09.06.2022	*	*
Cecil	09.01.2022	48	(0.3)
Charles	08.29.2022	*	*
Dorchester	08.29.2022	109	(2.4)
Frederick	08.17.2022	1,061	(2.3)
Garrett	09.06.2022	*	*
Harford	09.06.2022	360	(0.9)
Howard	08.29.2022	772	(1.3)
Kent	08.29.2022	*	*
Montgomery	08.29.2022	1,828	(1.1)
Prince George's	08.29.2022	567	(0.4)
Queen Anne's	08.29.2022	*	*
Somerset	08.29.2022	27	(1.0)
St. Mary's	08.24.2022	*	*
Talbot	08.29.2022	103	(2.3)
Washington	08.29.2022	425	(1.9)
Wicomico	09.06.2022	62	(0.4)
Worcester	09.06.2022	60	(0.0)

Student COVID Case Progressions by LEA

Column 3 (Sept 23 reported on Sept 27) represents the new 2022-2023 number of student positive COVID cases reported since the LEA's first day of school.

By law, LEAs must still report positive COVID cases to local health departments.

*LEA is no longer tracking this metric.

**Based on the LEA SY 2021-2022 enrollment data. All other LEA percentages are based on SY 2022-2023 enrollment data.

Isolation and Quarantine Practices

On August 11, 2022, the CDC released new *Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning*.

LEAs are following the updated CDC/MDH guidance. Students and staff who test positive will isolate for 5 days and return to school/work on days 6-10 wearing a mask if symptoms are improving and no fever is detected.

Additional isolation and quarantine practices reported by LEAs include:

- Conducting quarantining and contact tracing in the event of an outbreak.
- Collaborating with local health departments and health care providers to manage outbreaks and provide family advisement.

LEA Operating Status

All schools are open for the 2022-2023 school year.

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Current Rates

Overview of Rates in Maryland

Current Rates Summary

- The statewide daily positivity rate was highest at the start of August and has since declined slightly. The current rate is marginally lower than it was at the beginning of this reporting period (a 3 percent decrease). At the county level, there is not a consistent pattern, with 21 jurisdictions showing declines in the positivity rate since the start of the reporting period, while 3 jurisdictions have seen increases. *Dorchester was not included in the MDH data set between August 25, 2022, and September 8, 2022.

- The statewide 7-day moving average new daily case rate per 100K population rate is lower than it was at the start of the reporting period and has decreased slightly by roughly two percent for seven consecutive days. Steady declines have continued since the start of the new reporting period. All 24 jurisdictions currently have lower rates than at the start of the reporting period despite 10 counties experiencing slight increases over the past seven consecutive days. *St. Mary's has not been included in the MDH data set since August 25, 2022.

- The total number of hospitalizations has recently increased since September 15, 2022. The hospitalization count still remains lower than the spike experienced August 18, 2022.

- The number of jurisdictions classified by the CDC as having high or medium COVID-19 Community Levels have fluctuated over the past five weeks (in the 4-19 range).

Daily Positivity Rate (as Reported by the MDH)

County	August 18	August 25	September 1	September 8	September 15	September 22
Statewide	11.4%	11.1%	10.56%	10.03%	9.05%	8.33%
Allegany	18.3%	16.2%	18.28%	14.83%	12.80%	10.75%
Anne Arundel	12.4%	11.7%	12.26%	9.59%	10.21%	8.23%
Baltimore	10.3%	9.4%	8.92%	8.79%	8.00%	7.08%
Baltimore City	9.7%	8.7%	8.41%	7.92%	6.21%	5.18%
Calvert	11.6%	9.5%	8.43%	9.05%	12.21%	9.86%
Caroline	12.5%	8.7%	8.23%	6.91%	6.57%	8.87%
Carroll	11.6%	10.9%	9.48%	12.29%	10.82%	10.12%
Cecil	16.3%	14.2%	12.71%	10.89%	12.23%	11.59%
Charles	10.8%	14.2%	13.44%	12.98%	10.89%	10.46%
Dorchester	11.8%	*	*	*	9.96%	14.37%
Frederick	13.8%	12.9%	12.27%	11.59%	9.64%	7.82%
Garrett	21.7%	16.7%	17.65%	17.88%	18.76%	19.31%
Harford	10.2%	10.9%	11.09%	9.36%	10.18%	10.67%
Howard	11.3%	11.4%	12.10%	9.93%	9.72%	9.32%
Kent	12.3%	9.1%	7.80%	12.81%	9.34%	10.63%
Montgomery	12.5%	11.2%	10.48%	10.77%	9.54%	8.69%
Prince George's	13.7%	12.5%	11.63%	10.61%	10.21%	9.46%
Queen Anne's	12.6%	11.9%	13.41%	7.85%	10.46%	10.84%
St. Mary's	10.2%	11.2%	8.97%	8.56%	8.65%	8.27%
Somerset	7.1%	17.9%	8.44%	15.51%	8.19%	9.22%
Talbot	14.4%	12.2%	11.99%	8.27%	6.48%	9.57%
Washington	11.3%	13.1%	11.21%	17.08%	11.66%	11.25%
Wicomico	14.3%	17.2%	11.96%	11.10%	8.72%	9.92%
Worcester	13.9%	10.2%	12.08%	11.53%	8.26%	12.06%

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

*LEA data was not reported in the MDH data set.

7-Day Moving Average New Daily Case Rate per 100K by Jurisdiction

(as Reported by the MDH)

County	August 18	August 25	September 1	September 8	September 15	September 22
Statewide	21.2	18.9	17.06	14.86	16.33	14.21
Allegany	48.5	41.4	36.11	30.63	31.65	21.91
Anne Arundel	18.9	16.5	15.41	12.21	14.70	12.04
Baltimore	17.0	14.6	14.16	12.83	13.95	11.43
Baltimore City	24.0	20.2	18.56	15.98	18.32	13.53
Calvert	17.0	13.0	11.27	9.26	15.44	14.05
Caroline	17.1	14.1	12.40	8.98	9.84	11.55
Carroll	14.5	14.1	10.60	10.18	12.04	12.13
Cecil	18.9	14.2	11.94	11.67	17.22	17.36
Charles	22.8	22.1	20.56	19.78	17.33	15.23
Dorchester	29.5	22.8	21.92	18.79	21.92	23.27
Frederick	16.8	17.5	18.00	16.13	12.38	11.12
Garrett	28.6	18.7	16.74	12.80	21.17	24.62
Harford	15.4	14.3	15.38	10.91	13.98	14.43
Howard	20.7	18.3	15.48	14.52	17.15	15.09
Kent	22.8	12.5	14.71	18.39	11.77	16.18
Montgomery	21.4	21.7	19.35	17.25	18.75	16.28
Prince George's	25.5	22.2	19.12	16.65	18.07	16.04
Queen Anne's	19.3	13.3	13.04	6.24	10.78	12.48
St. Mary's	22.2	*	*	*	*	*
Somerset	22.9	31.2	12.27	13.94	14.50	10.04
Talbot	23.4	21.5	19.21	15.37	8.84	16.14
Washington	19.0	17.2	17.40	14.94	17.21	13.34
Wicomico	34.6	23.4	14.48	10.75	10.20	12.41
Worcester	19.1	14.2	12.57	10.93	10.11	9.56

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

*LEA data not reported in the MDH data set.

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

County	August 19	August 26	September 2	September 9	September 16	September 23
Statewide	77.1%	77.2%	77.3%	77.4%	77.5%	77.7%
Allegany	56.4%	56.5%	56.5%	56.5%	56.6%	56.6%
Anne Arundel	78.3%	78.4%	78.5%	78.5%	78.7%	78.8%
Baltimore	74.0%	74.1%	74.2%	74.2%	74.3%	74.4%
Baltimore City	65.6%	65.7%	65.8%	65.9%	66.0%	66.1%
Calvert	72.0%	72.1%	72.1%	72.1%	72.3%	72.4%
Caroline	58.0%	58.0%	58.1%	58.1%	58.2%	58.2%
Carroll	73.2%	73.2%	73.3%	73.3%	73.4%	73.5%
Cecil	59.8%	59.8%	59.9%	59.9%	60.0%	60.1%
Charles	72.1%	72.2%	72.3%	72.4%	72.5%	72.6%
Dorchester	60.6%	60.7%	60.7%	60.7%	60.8%	60.9%
Frederick	79.9%	80.0%	80.1%	80.1%	80.3%	80.5%
Garrett	51.9%	51.9%	51.9%	51.9%	52.0%	52.1%
Harford	71.1%	71.1%	71.2%	71.2%	71.3%	71.4%
Howard	87.5%	87.6%	87.8%	87.8%	88.0%	88.2%
Kent	66.8%	66.8%	66.8%	66.9%	66.9%	67.0%
Montgomery	89.5%	89.6%	89.7%	89.8%	90.0%	90.3%
Prince George's	76.7%	76.8%	76.9%	76.9%	77.0%	77.2%
Queen Anne's	68.4%	68.4%	68.5%	68.5%	68.6%	68.7%
St. Mary's	67.3%	67.3%	67.4%	67.4%	67.5%	67.6%
Somerset	51.0%	51.1%	51.2%	51.2%	51.2%	51.3%
Talbot	75.0%	75.1%	75.1%	75.1%	75.2%	75.3%
Washington	60.8%	60.8%	60.9%	60.9%	61.0%	61.0%
Wicomico	56.9%	57.0%	57.0%	57.1%	57.1%	57.2%
Worcester	73.2%	73.2%	73.3%	73.3%	73.4%	73.5%

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

Percentage of Population Ages 5 and Over Fully Vaccinated

(as Reported by the CDC)

County	August 19	August 26	September 2	September 9	September 16	September 23
Statewide	81.9%	82.0%	82.0%	82.1%	82.2%	82.3%
Allegany	59.1%	59.2%	59.2%	59.2%	59.3%	59.3%
Anne Arundel	83.2%	83.3%	83.4%	83.4%	83.5%	83.6%
Baltimore	78.5%	78.6%	78.7%	78.7%	78.8%	78.8%
Baltimore City	69.8%	69.8%	69.9%	70.0%	70.1%	70.2%
Calvert	76.0%	76.0%	76.1%	76.1%	76.2%	76.3%
Caroline	61.7%	61.8%	61.8%	61.9%	61.9%	62.0%
Carroll	77.3%	77.4%	77.4%	77.4%	77.5%	77.5%
Cecil	63.3%	63.4%	63.4%	63.5%	63.5%	63.7%
Charles	76.6%	76.7%	76.8%	76.8%	76.9%	77.0%
Dorchester	64.2%	64.2%	64.3%	64.3%	64.4%	64.4%
Frederick	84.8%	84.8%	84.9%	84.9%	85.0%	85.1%
Garrett	54.4%	54.5%	54.5%	54.5%	54.6%	54.6%
Harford	75.3%	75.3%	75.4%	75.4%	75.5%	75.5%
Howard	92.6%	92.7%	92.8%	92.8%	92.9%	93.1%
Kent	69.6%	69.6%	69.6%	69.6%	69.7%	69.8%
Montgomery	94.9%	95.0%	95.0%	95.0%	95.0%	95.0%
Prince George's	82.0%	82.1%	82.2%	82.2%	82.3%	82.5%
Queen Anne's	72.0%	72.0%	72.0%	72.1%	72.1%	72.2%
St. Mary's	71.7%	71.8%	71.8%	71.8%	71.9%	72.0%
Somerset	53.5%	53.5%	53.6%	53.6%	53.7%	53.7%
Talbot	78.7%	78.7%	78.7%	78.8%	78.9%	78.9%
Washington	64.4%	64.4%	64.5%	64.5%	64.6%	64.6%
Wicomico	60.6%	60.6%	60.7%	60.7%	60.8%	60.9%
Worcester	76.3%	76.3%	76.4%	76.4%	76.5%	76.6%

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

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

County	August 19	August 26	September 2	September 9	September 16	September 23
Statewide	54.2%	54.3%	54.4%	54.4%	54.5%	54.6%
Allegany	52.4%	52.4%	52.4%	52.5%	52.5%	52.6%
Anne Arundel	54.0%	54.1%	54.2%	54.2%	54.3%	54.3%
Baltimore	57.4%	57.5%	57.6%	57.6%	57.7%	57.8%
Baltimore City	52.2%	52.3%	52.5%	52.5%	52.5%	52.6%
Calvert	53.7%	53.8%	53.9%	53.9%	54.0%	54.1%
Caroline	50.2%	50.3%	50.4%	50.4%	50.4%	50.5%
Carroll	57.2%	57.3%	57.4%	57.4%	57.4%	57.5%
Cecil	42.3%	42.4%	42.4%	42.5%	42.5%	42.7%
Charles	49.1%	49.3%	49.4%	49.4%	49.5%	49.6%
Dorchester	53.7%	53.8%	53.9%	53.9%	54.0%	54.0%
Frederick	57.0%	57.0%	57.1%	57.1%	57.2%	57.2%
Garrett	52.2%	52.2%	52.3%	52.3%	52.3%	52.4%
Harford	55.0%	55.1%	55.2%	55.2%	55.3%	55.4%
Howard	63.3%	63.4%	63.6%	63.6%	63.6%	63.6%
Kent	58.2%	58.2%	58.3%	58.2%	58.3%	58.4%
Montgomery	58.3%	58.4%	58.5%	58.6%	58.7%	58.8%
Prince George's	47.3%	47.4%	47.6%	47.6%	47.6%	47.7%
Queen Anne's	55.7%	55.8%	55.8%	55.8%	55.9%	55.9%
St. Mary's	49.6%	49.7%	49.7%	49.7%	49.8%	49.9%
Somerset	52.2%	52.3%	52.3%	52.3%	52.4%	52.4%
Talbot	59.9%	60.0%	60.1%	60.1%	60.2%	60.3%
Washington	52.5%	52.6%	52.7%	52.7%	52.7%	52.8%
Wicomico	51.1%	51.1%	51.2%	51.2%	51.3%	51.4%
Worcester	52.4%	52.5%	52.6%	52.5%	52.6%	52.7%

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

Percentage of Population Ages 5 and Over Fully Vaccinated with a First Booster Dose (as Reported by the CDC)

County	August 19	August 26	September 2	September 9	September 16	September 23
Statewide	54.3%	54.4%	54.6%	54.6%	54.7%	54.8%
Allegany	52.4%	52.4%	52.4%	52.5%	52.5%	52.6%
Anne Arundel	54.1%	54.3%	54.4%	54.4%	54.5%	54.6%
Baltimore	57.5%	57.6%	57.7%	57.8%	57.8%	57.9%
Baltimore City	52.3%	52.4%	52.6%	52.6%	52.7%	52.8%
Calvert	53.8%	53.9%	54.0%	54.0%	54.1%	54.2%
Caroline	50.2%	50.3%	50.4%	50.4%	50.5%	50.6%
Carroll	57.3%	57.4%	57.5%	57.5%	57.6%	57.7%
Cecil	42.3%	42.4%	42.5%	42.5%	42.5%	42.7%
Charles	49.2%	49.3%	49.4%	49.5%	49.5%	49.7%
Dorchester	53.7%	53.8%	53.9%	53.9%	54.0%	54.1%
Frederick	57.1%	57.2%	57.3%	57.3%	57.4%	57.5%
Garrett	52.2%	52.3%	52.3%	52.3%	52.4%	52.4%
Harford	55.1%	55.1%	55.2%	55.3%	55.4%	55.5%
Howard	63.6%	63.7%	63.9%	63.9%	64.0%	64.1%
Kent	58.2%	58.2%	58.3%	58.3%	58.3%	58.4%
Montgomery	58.5%	58.7%	58.8%	58.9%	59.0%	59.2%
Prince George's	47.3%	47.4%	47.6%	47.6%	47.7%	47.8%
Queen Anne's	55.8%	55.8%	55.9%	55.9%	56.0%	56.1%
St. Mary's	49.7%	49.7%	49.8%	49.8%	49.9%	50.0%
Somerset	52.2%	52.3%	52.3%	52.4%	52.4%	52.4%
Talbot	59.9%	60.0%	60.1%	60.1%	60.2%	60.3%
Washington	52.5%	52.7%	52.7%	52.7%	52.8%	52.9%
Wicomico	51.1%	51.2%	51.3%	51.3%	51.3%	51.4%
Worcester	52.5%	52.5%	52.6%	52.6%	52.6%	52.7%

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

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

County	August 19	August 26	September 2	September 9	September 16	September 23
Statewide	56.3%	56.4%	56.5%	56.5%	56.6%	56.7%
Allegany	53.3%	53.3%	53.3%	53.4%	53.4%	53.5%
Anne Arundel	56.6%	56.6%	56.7%	56.7%	56.8%	56.9%
Baltimore	59.6%	59.7%	59.8%	59.8%	59.9%	60.0%
Baltimore City	53.7%	53.7%	53.9%	53.9%	54.0%	54.1%
Calvert	55.9%	56.0%	56.1%	56.1%	56.2%	56.2%
Caroline	51.3%	51.4%	51.4%	51.4%	51.5%	51.6%
Carroll	59.3%	59.4%	59.5%	59.5%	59.5%	59.6%
Cecil	43.2%	43.3%	43.4%	43.4%	43.5%	43.6%
Charles	51.0%	51.1%	51.1%	51.2%	51.2%	51.4%
Dorchester	54.7%	54.8%	54.8%	54.8%	55.0%	55.0%
Frederick	59.6%	59.7%	59.7%	59.7%	59.8%	59.9%
Garrett	52.9%	52.9%	52.9%	52.9%	53.0%	53.1%
Harford	57.2%	57.2%	57.3%	57.3%	57.4%	57.5%
Howard	66.9%	67.0%	67.1%	67.1%	67.2%	67.2%
Kent	59.2%	59.2%	59.3%	59.3%	59.4%	59.5%
Montgomery	61.1%	61.2%	61.3%	61.3%	61.5%	61.6%
Prince George's	49.1%	49.2%	49.4%	49.4%	49.5%	49.6%
Queen Anne's	57.5%	57.5%	57.6%	57.6%	57.6%	57.7%
St. Mary's	51.4%	51.4%	51.5%	51.5%	51.5%	51.6%
Somerset	53.2%	53.2%	53.2%	53.3%	53.3%	53.3%
Talbot	61.6%	61.6%	61.6%	61.7%	61.7%	61.9%
Washington	53.9%	53.9%	54.0%	54.0%	54.0%	54.1%
Wicomico	52.3%	52.3%	52.4%	52.4%	52.5%	52.6%
Worcester	53.5%	53.5%	53.6%	53.6%	53.6%	53.7%

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

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 expected 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.
- As of **September 14, 2022**, the American Academy of Pediatrics reported (based on CDC data) that approximately **1.3 million children ages 6 months-4 years have received at least one dose of COVID-19 vaccine** (representing approximately **8 percent** of the population in this age group).

Source: https://governor.maryland.gov/2022/06/09/governor-hogan-announces-covidready-maryland-to-guide-long-term-preparedness-efforts/ & https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends/

Percentage of Children Under 5 Vaccinated (as Reported by the CDC)

	United States			Health & Human Services Region 3*		
Age Ranges	09/07/2022	09/16/ 2022	09/23/2022	09/07/2022	09/16/ 2022	09/23/2022
Children Ages 2-4 – At Least One Dose	6.8%	7.1%	7.3%	9.9%	10.3%	10.7%
Children Ages 2-4 – Fully Vaccinated	1.7%	2.0%	2.3%	3.2%	3.8%	4.4%
Children Under Age 2 – At Least One Dose	4.1%	4.4%	4.6%	6.5%	6.8%	7.1%
Children Under Age 2 – Fully Vaccinated	0.9%	1.1%	1.2%	1.9%	2.2%	2.6%

*Health & Human Services Region 3 includes **Maryland,** Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia.

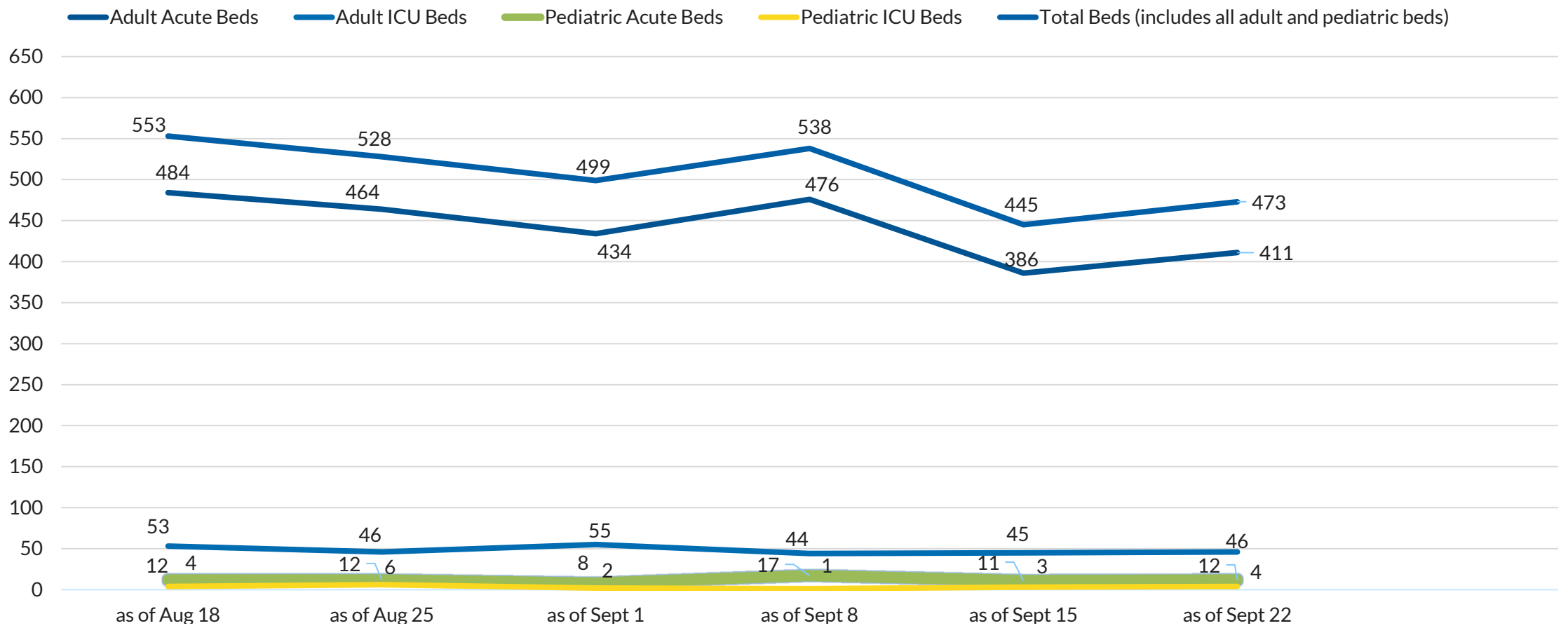
Source: https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends

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

	August 18	August 25	September 1	September 8	September 15	September 22
Adult Acute Beds	484	464	434	476	386	411
Adult ICU Beds	53	46	55	44	45	46
Pediatric Acute Beds	12	12	8	17	11	12
Pediatric ICU Beds	4	6	2	1	3	4
Total Beds (includes all adult and pediatric beds)	553	528	499	538	445	473

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	August 19	August 26	September 2	September 9	September 16	September 23
Allegany	8	16	11	12	8	6
Anne Arundel	63	60	64	60	53	49
Baltimore	91	86	92	85	75	70
Baltimore City	65	61	66	61	54	50
Calvert	10	10	10	10	8	8
Caroline	1	1	0	1	1	0
Carroll	18	17	19	17	15	14
Cecil	12	8	9	8	7	7
Charles	16	15	13	12	12	11
Dorchester	1	1	0	1	1	0
Frederick	14	14	17	19	24	21
Garrett	3	7	5	5	3	2
Harford	30	19	22	20	17	16
Howard	36	34	36	34	30	28
Kent	1	3	0	2	1	1
Montgomery	102	98	86	78	79	68
Prince George's	88	85	75	68	68	59
Queen Anne's	2	2	1	1	1	0
St. Mary's	11	11	9	8	9	7
Somerset	5	5	4	4	3	3
Talbot	1	1	0	1	1	0
Washington	11	12	23	13	12	12
Wicomico	21	20	16	14	14	13
Worcester	11	10	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	August 19	August 26	September 2	September 9	September 16	September 23
Statewide	48	44	49	40	58	53
Allegany	suppressed	suppressed	suppressed	suppressed	suppressed	0
Anne Arundel	suppressed	suppressed	suppressed	suppressed	suppressed	10
Baltimore	suppressed	suppressed	suppressed	suppressed	suppressed	suppressed
Baltimore City	suppressed	suppressed	suppressed	suppressed	suppressed	suppressed
Calvert	0	0	0	0	0	suppressed
Caroline	suppressed	0	suppressed	0	0	0
Carroll	suppressed	suppressed	suppressed	suppressed	suppressed	suppressed
Cecil	0	suppressed	suppressed	suppressed	suppressed	suppressed
Charles	suppressed	suppressed	suppressed	suppressed	suppressed	suppressed
Dorchester	suppressed	0	0	0	0	0
Frederick	suppressed	suppressed	suppressed	suppressed	suppressed	suppressed
Garrett	0	suppressed	0	0	0	0
Harford	suppressed	suppressed	suppressed	suppressed	suppressed	suppressed
Howard	suppressed	suppressed	suppressed	suppressed	0	suppressed
Kent	suppressed	0	0	0	0	0
Montgomery	14	suppressed	suppressed	suppressed	12	suppressed
Prince George's	suppressed	0	suppressed	suppressed	10	suppressed
Queen Anne's	suppressed	0	suppressed	0	suppressed	suppressed
St. Mary's	suppressed	0	0	0	suppressed	suppressed
Somerset	0	0	0	0	0	0
Talbot	suppressed	suppressed	0	0	suppressed	suppressed
Washington	suppressed	0	0	0	0	suppressed
Wicomico	suppressed	suppressed	suppressed	suppressed	0	suppressed
Worcester	suppressed	suppressed	0	0	suppressed	suppressed

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

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LEA COVID Protocols: Mask Mandates

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 in schools and/or on buses or vans.

Lifting of Mask Mandates in Schools and on Buses

As of September 27, 2022, masking is optional in all of Maryland's LEAs.

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CDC COVID-19 Community Levels

Looking at Community Levels in Maryland

CDC Metric: COVID-19 Community Levels

The CDC's metric measuring the COVID-19 community level (which considers the impact of COVID-19 illness on health and healthcare systems) factors in a combination of **three data points**:

- **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**.

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 high, 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 medium, 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 low, 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:**

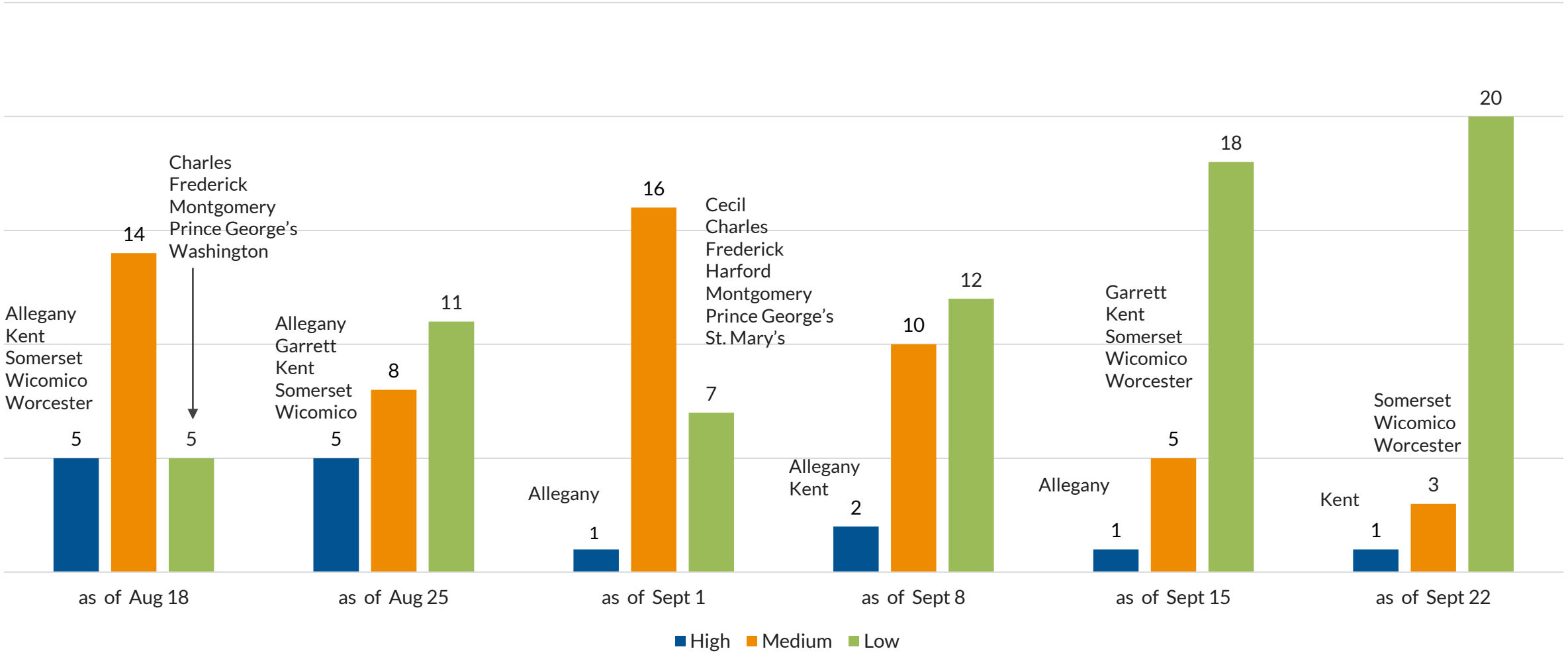
- Consider implementing **screening testing or other testing strategies** for people who are exposed to COVID-19 (medium, high).
- Implement **enhanced prevention measures** in high-risk congregate settings (medium, high).
- **Protect people at high risk** for severe illness or death by ensuring equitable 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	August 18	August 25	September 1	September 8	September 15	September 22
Allegany	High	High	High	High	High	Low
Anne Arundel	Medium	Medium	Medium	Medium	Low	Low
Baltimore	Medium	Medium	Medium	Medium	Low	Low
Baltimore City	Medium	Medium	Medium	Medium	Low	Low
Calvert	Medium	Medium	Medium	Medium	Low	Low
Caroline	Medium	Low	Medium	Low	Low	Low
Carroll	Medium	Medium	Medium	Medium	Low	Low
Cecil	Medium	Low	Low	Low	Low	Low
Charles	Low	Low	Low	Low	Low	Low
Dorchester	Medium	Medium	Medium	Low	Low	Low
Frederick	Low	Low	Low	Low	Low	Low
Garrett	Medium	High	Medium	Medium	Medium	Low
Harford	Medium	Low	Low	Low	Low	Low
Howard	Medium	Medium	Medium	Medium	Low	Low
Kent	High	High	Medium	High	Medium	High
Montgomery	Low	Low	Low	Low	Low	Low
Prince George's	Low	Low	Low	Low	Low	Low
Queen Anne's	Medium	Low	Medium	Low	Low	Low
St. Mary's	Medium	Low	Low	Low	Low	Low
Somerset	High	High	Low	Medium	Medium	Medium
Talbot	Medium	Low	Medium	Low	Low	Low
Washington	Low	Low	Medium	Low	Low	Low
Wicomico	High	High	Medium	Medium	Medium	Medium
Worcester	High	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)



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COVID-19: New Variants

Update on New Variants

COVID-19 Variants

- Viruses **constantly change** through mutation and sometimes these mutations result in a new variant of the virus.
    - **Mutations** happen frequently but only sometimes change the characteristics of the virus.
    - 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

Omicron Variant BA.5

- The Omicron variant is comprised of a number of **lineages** and **sub-lineages.** Since the beginning of June, **a new lineage, BA.5, has emerged as the dominant strain nationally**.
- **As of the week ending September 24, 2022, the BA.5 strain is expected to account for 83.1 percent** of all cases in the United States.
- In the federally-designated Health and Human Services (HHS) Region 3, which includes **Maryland**, plus Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia, the **BA.5 strain is expected to account for 79.3 percent of all cases as of the week ending September 24, 2022**.
- **Case rates are likely underreported** because many people are self-testing at home and not reporting their results to local/state health departments.

Source: https://covid.cdc.gov/covid-data-tracker/#variant-proportions

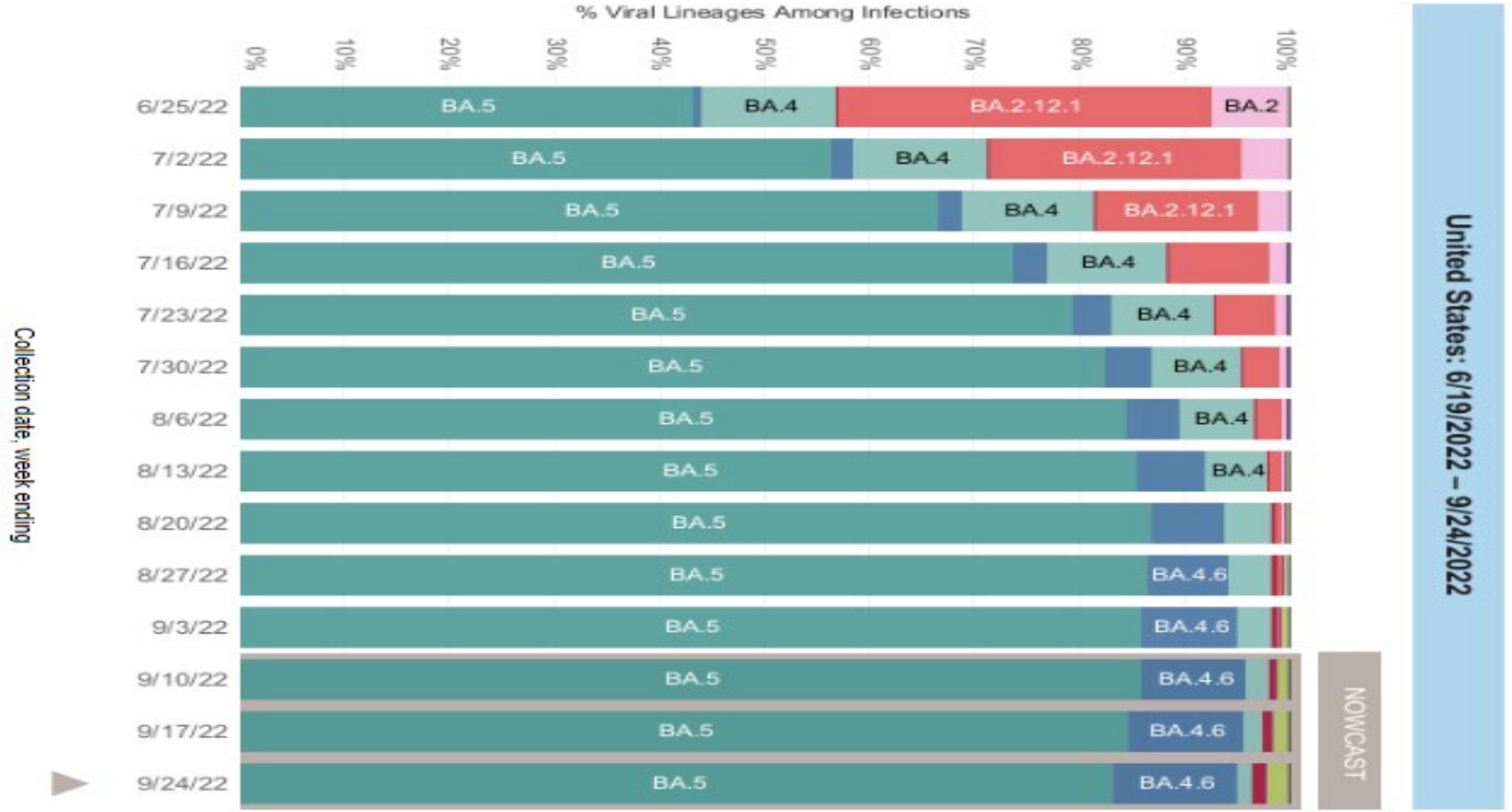
Omicron Variant BA.5 (contd.)

- BA.5 and BA.4 (another Omicron lineage) are the most transmissible versions of the COVID-19 virus yet. Due to mutations in its spike proteins that are different enough from earlier versions of the virus, BA.5 is **more capable at avoiding some vaccine antibodies**.
- In places where BA.5 has become dominant, **it has caused increases in cases and hospitalizations**, though these rates are still lower than earlier phases of the pandemic.
- However, with BA.5 there appears to be **greater rates of infection among people who are vaccinated and boosted**, as well as among those who were infected during the last wave.

Source: https://www.nytimes.com/interactive/2022/07/07/us/ba5-covid-omicron-subvariant.html

Proportion of COVID-19 Variants in the United States

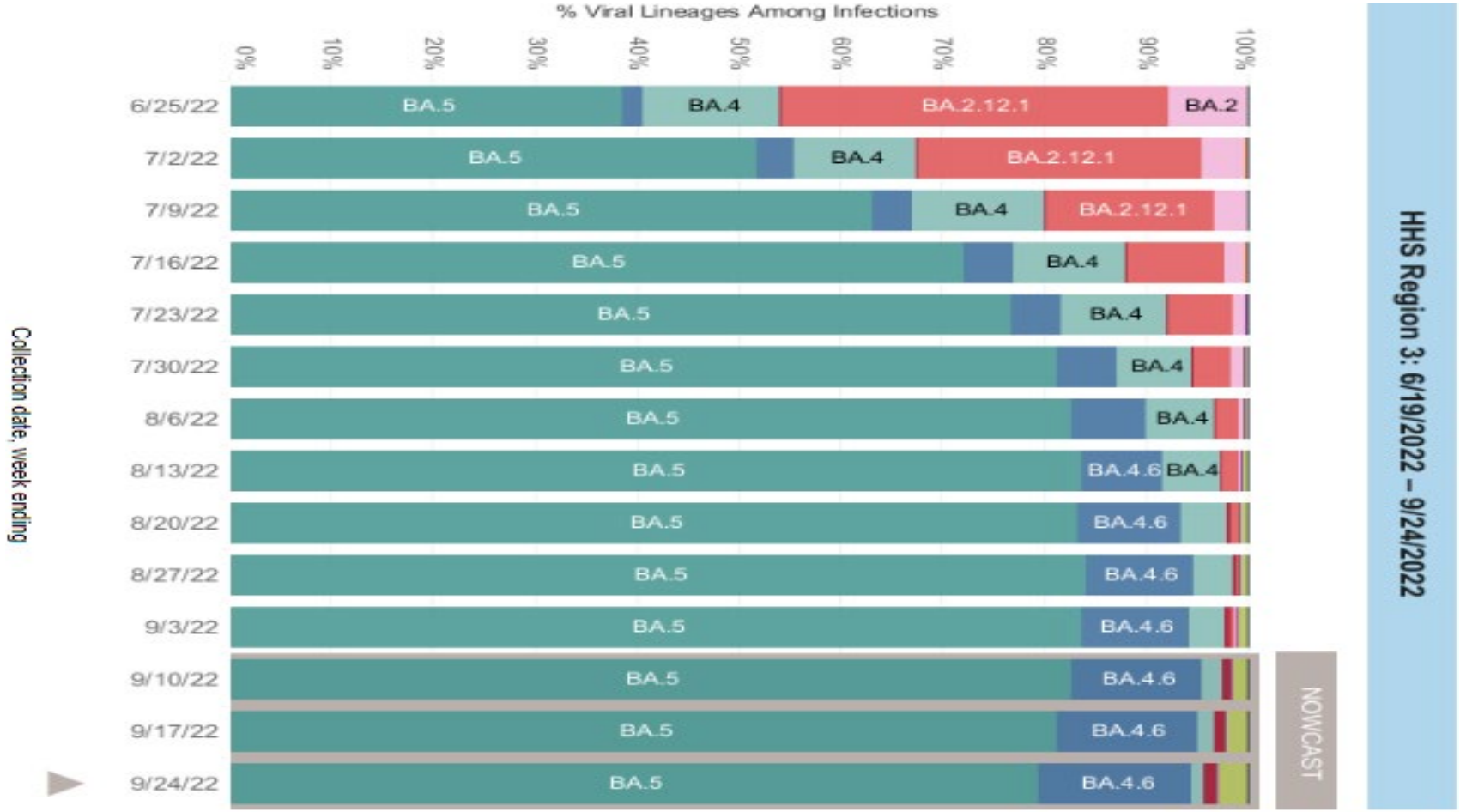
For the week ending September 24, 2022, the BA.5 lineage is expected to account for 83.1 % of all cases in the U.S.
It accounted for 0.1% of all cases nationwide for the week ending April 16.



Source: https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Proportion of COVID-19 Variants in HHS Region 3

For the week ending September 24, 2022, the BA.5 lineage is expected to accounted for 79.3% of all cases in HHS Region 3, which includes Maryland. It accounted for 0.1% of all cases regionally for the week ending April 30.



Source: https://covid.cdc.gov/covid-data-tracker/#variant-proportions

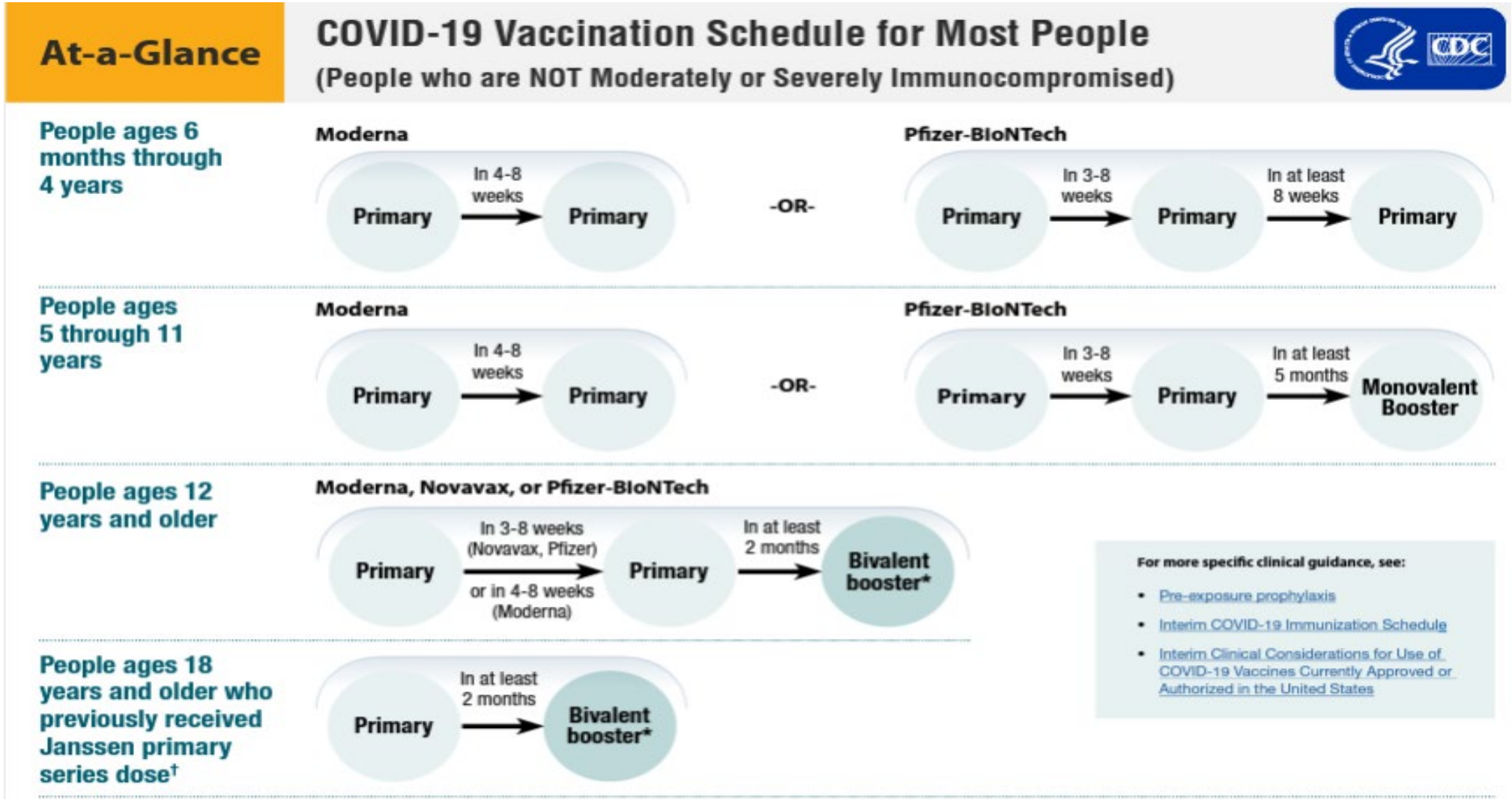
Updated Booster Guidance (as provided by the CDC and FDA in September 2022)

- People ages 12 and older are recommended to receive one updated Pfizer or Moderna (bivalent) booster[1].
  - This includes people who have received all primary series doses and people who have previously received one or more original (monovalent) boosters.
  - At this time, people aged 12 to 17 years can only receive the updated Pfizer bivalent booster.
  - People ages 6 months through 4 years should get all COVID-19 primary series doses.
  - People ages 5 years and older should get all primary series doses, and the booster dose recommended to them by the CDC, if eligible.
- Updated bivalent boosters from Pfizer or Moderna are recommended at least two months after the second dose or last booster.
- Bivalent boosters contain two messenger RNA (mRNA) component strains . One strain of the original SARS-CoV-2 virus and one strain of the BA.4 and BA.5 lineages of the omicron variant[2].

Source 1: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Source 2: https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-moderna-pfizer-biontech-bivalent-covid-19-vaccines-use

COVID-19 Vaccination Schedule (as provided by the CDC)



Source: https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-vacc-schedule-at-a-glance-508.pdf

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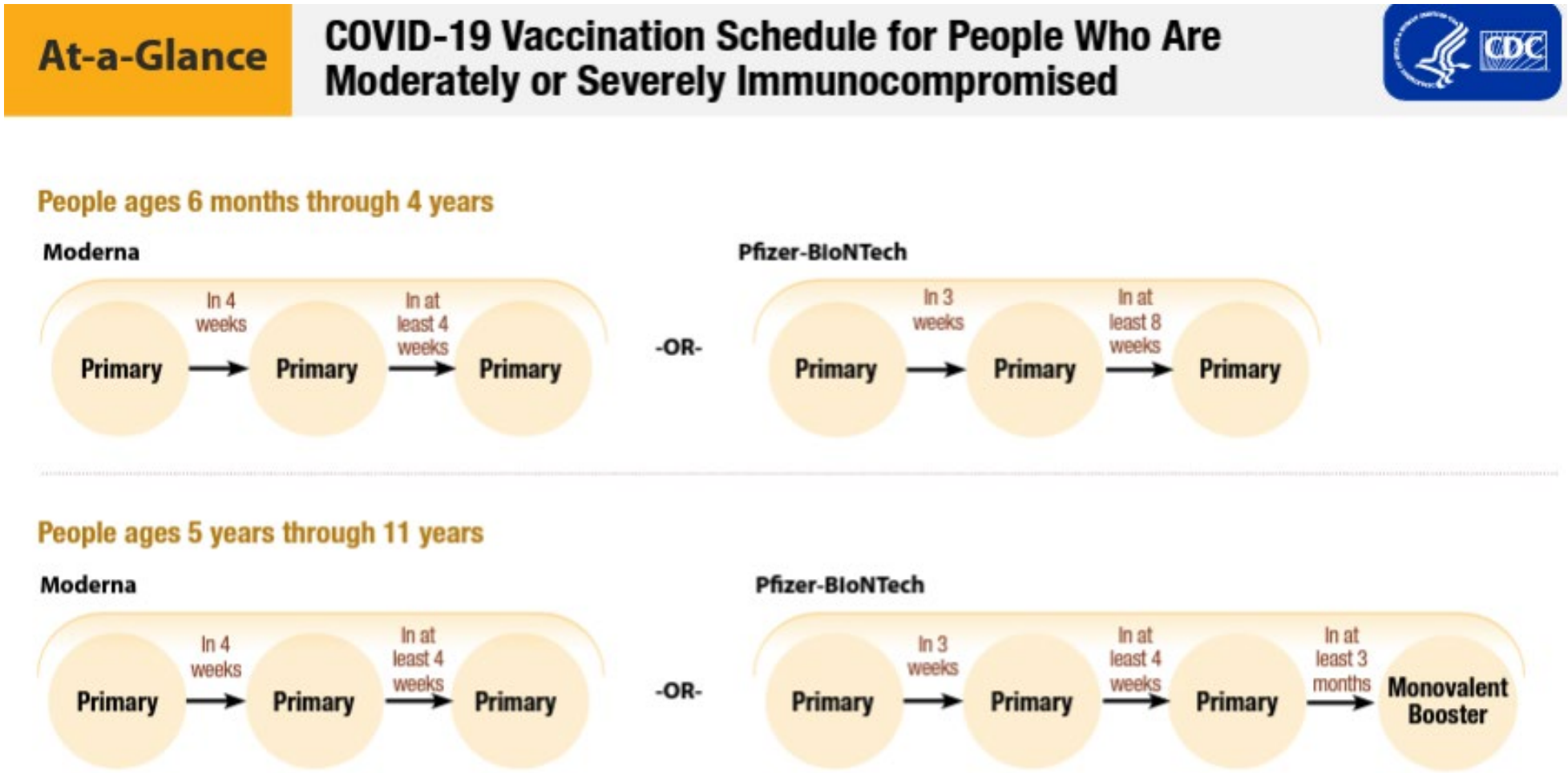

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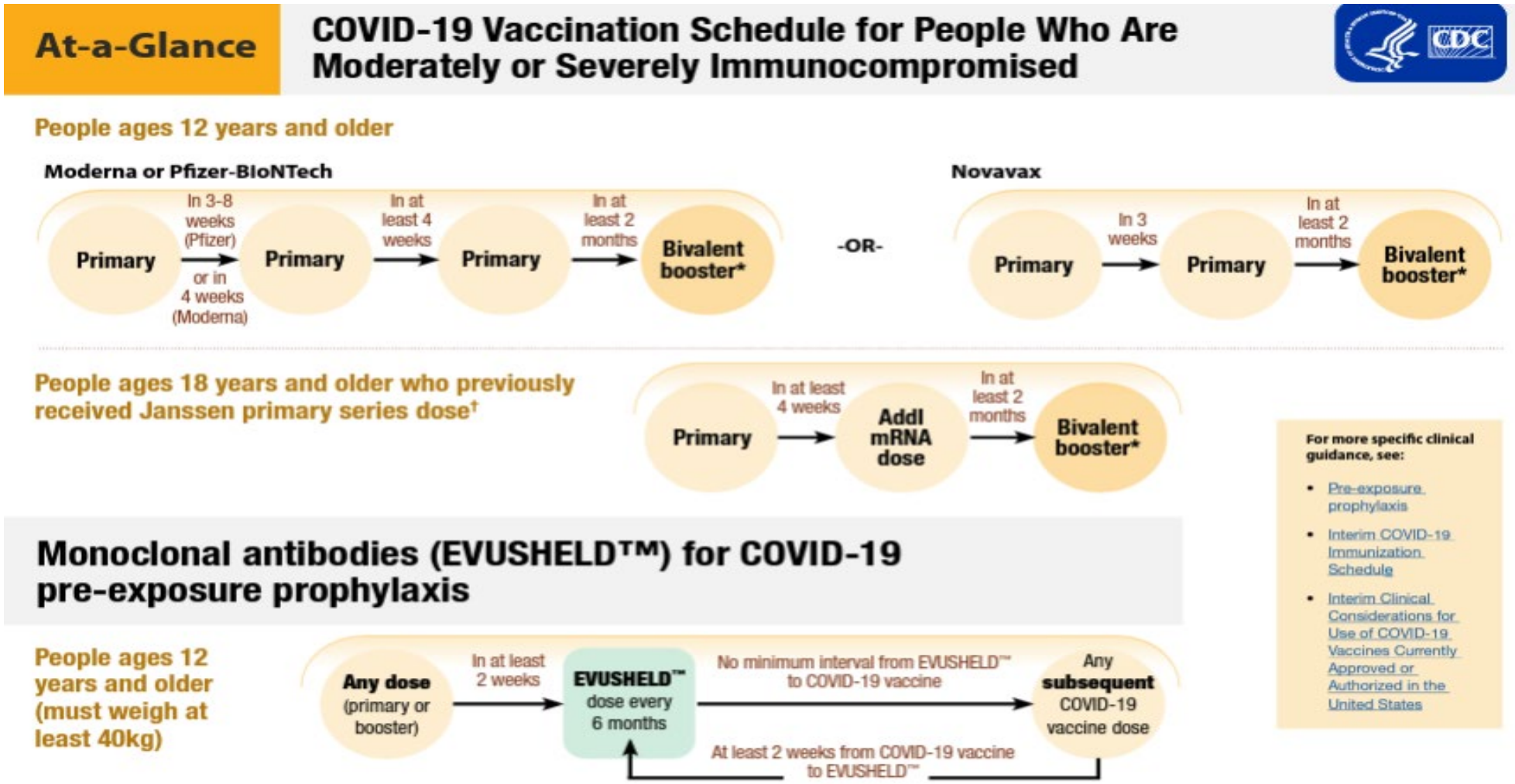

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Monkeypox Outbreak

Latest Information About the Monkeypox Outbreak in the U.S.

2022 Monkeypox Outbreak

- Human monkeypox is a **rare but serious illness** caused by infection with the monkeypox virus, which can infect humans and other animals, such as monkeys and rodents.
- In May 2022, **several clusters of human monkeypox cases were reported in countries that do not normally report human monkeypox**, including the United States.
- It is not clear how the people were exposed to monkeypox, but early data suggest that particular populations of men make up a high number of cases. However, **anyone who has been in close contact with someone who has monkeypox is at risk, regardless of gender or sexual orientation.**
- On August 4, 2022, **federal health officials declared a public health emergency**, allowing them to more easily direct resources like vaccines and therapeutics and to collect and share state-level information about cases.

Source: https://health.maryland.gov/phpa/OIDEOR/Pages/monkeypox.aspx & https://www.edweek.org/leadership/the-monkeypox-outbreak-what-school-leaders-need-to-know/2022/08

Monkeypox Symptoms

- Symptoms of monkeypox can include:
  - Fever
  - Headache
  - Muscle aches and backache
  - A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body.
  - Swollen lymph nodes
  - Chills
  - Exhaustion
- The rash goes through different stages before healing completely. The **illness typically lasts 2-4 weeks**. Sometimes, people get a rash first, followed by other symptoms. Others only experience a rash.

Source: https://health.maryland.gov/phpa/OIDEOR/Pages/monkeypox.aspx

Monkeypox Transmission

- The virus can spread from person-to-person through:
  - Direct contact with the infectious rash, scabs, or body fluids.
  - Respiratory secretions during prolonged, face-to-face contact, or during intimate physical contact.
  - Touching items (such as clothing or linens) that previously touched the infectious rash or body fluids.
  - Pregnant people can spread the virus to their fetus through the placenta.
- **It is also possible for people to get monkeypox from infected animals**, either by being scratched or bitten by the animal or by preparing or eating meat or using products from an infected animal.
- **Monkeypox can spread from the time symptoms start until the rash has fully healed** and a fresh layer of skin has formed. **People who do not have monkeypox symptoms cannot spread the virus to others**.

Source: https://health.maryland.gov/phpa/OIDEOR/Pages/monkeypox.aspx

Monkeypox Prevention and Treatment

- Take the following **steps to prevent getting monkeypox**:
  - Avoid close, skin-to-skin contact with people who have a rash that looks like monkeypox.
  - Do not touch the rash or scabs of a person with monkeypox.
  - Do not kiss, hug, cuddle, or have intimate physical contact with someone with monkeypox.
  - Do not share eating utensils or cups with a person with monkeypox.
  - Do not handle or touch the bedding, towels, or clothing of a person with monkeypox.
  - Wash your hands often with soap and water or use an alcohol-based hand sanitizer.
- At this time, **the risk to the general public appears to be low**. Individuals who believe they were exposed to monkeypox or have an illness that could be monkeypox **should contact their healthcare provider**. People without a provider or insurance should contact their local health department.
- Healthcare providers treating potentially-infected patients **should ensure that the patient is properly isolated** and that the appropriate personal protective equipment (PPE) is used.
- If you are sick with monkeypox, **follow CDC guidance on how to isolate and disinfect at home** to avoid exposing others.

Source: https://health.maryland.gov/phpa/OIDEOR/Pages/monkeypox.aspx

Monkeypox Vaccination

- The JYNNEOS vaccine has been approved by the U.S. Food and Drug Administration for protection against the monkeypox virus in people who have been exposed to monkeypox and people who are more likely to get monkeypox.

- Vaccination is currently not recommended for the general public for the prevention of monkeypox.

Source: https://health.maryland.gov/phpa/OIDEOR/Pages/monkeypox.aspx

The Monkeypox Outbreak: What School Leaders Need to Know (EdWeek Article, August 5, 2022)

- The monkeypox **outbreak remains smaller, is rarely fatal**, and—unlike COVID-19—**does not spread through brief incidental contact** or interactions.
- According to the CDC, as of August 5, 2022, **just five of the 7,000 confirmed cases of monkeypox in the United States were children**. The pediatric cases documented have been transmitted between members of the children's households at home.
- As children have represented very few cases thus far, the **CDC and other federal agencies have not yet released any official guidance for school and district leaders** about monkeypox.
- Children who are at higher risk of severe illness include those **8-years-old and younger**, **children with compromised immune systems**, and **those with skin conditions** like eczema or severe acne.
- Although it is possible that contact could occur in school settings or through contact sports like wrestling, it is still **likely to be a relatively rare occurrence**.

Source: https://www.edweek.org/leadership/the-monkeypox-outbreak-what-school-leaders-need-to-know/2022/08

The Monkeypox Outbreak: What School Leaders Need to Know (EdWeek Article, August 5, 2022) (contd.)

- School and district leaders **should listen to local health officials** and **encourage children with bumps, rashes, or lesions to consult a doctor**.
- Since transmission is largely through direct contact, it **should not be necessary for school leaders to prepare detailed contact tracing plans** like they did for COVID-19.
- Because the virus has largely been associated with LGBTQ people, a population that is subject to stereotype and discrimination, **school leaders should be prepared to confront misinformation and stigma** if parents become aware that a student has contracted a case – for example, by providing basic information about the illness, clarifying that it can be spread through non-sexual contact, and connecting families to resources from trusted sources.

Source: https://www.edweek.org/leadership/the-monkeypox-outbreak-what-school-leaders-need-to-know/2022/08

Maryland Human Monkeypox Summary as of September 23, 2022 (as Reported by the MDH and the CDC)

Total Positive Cases	636
# of cases in people < 20 years old	14 2.2% of total cases
# of jurisdictions with cases > 10	7*
# of cases in males	605 94.7% of total cases
# of cases in females	28 4.4% of total cases
Total confirmed cases in U.S. reported by the CDC	24,572

*The MDH is not reporting counts in jurisdictions with fewer than 10 cases due to patient confidentiality.

CDC Source: https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html

MDH Source: https://health.maryland.gov/phpa/OIDEOR/Pages/monkeypox.aspx

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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

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

- 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.
- Approximately 800 locations statewide currently offer these treatments.

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

COVIDReady Maryland: Pillars 3 and 4

3) Booster Shots for Eligible Populations

- 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.
- 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

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

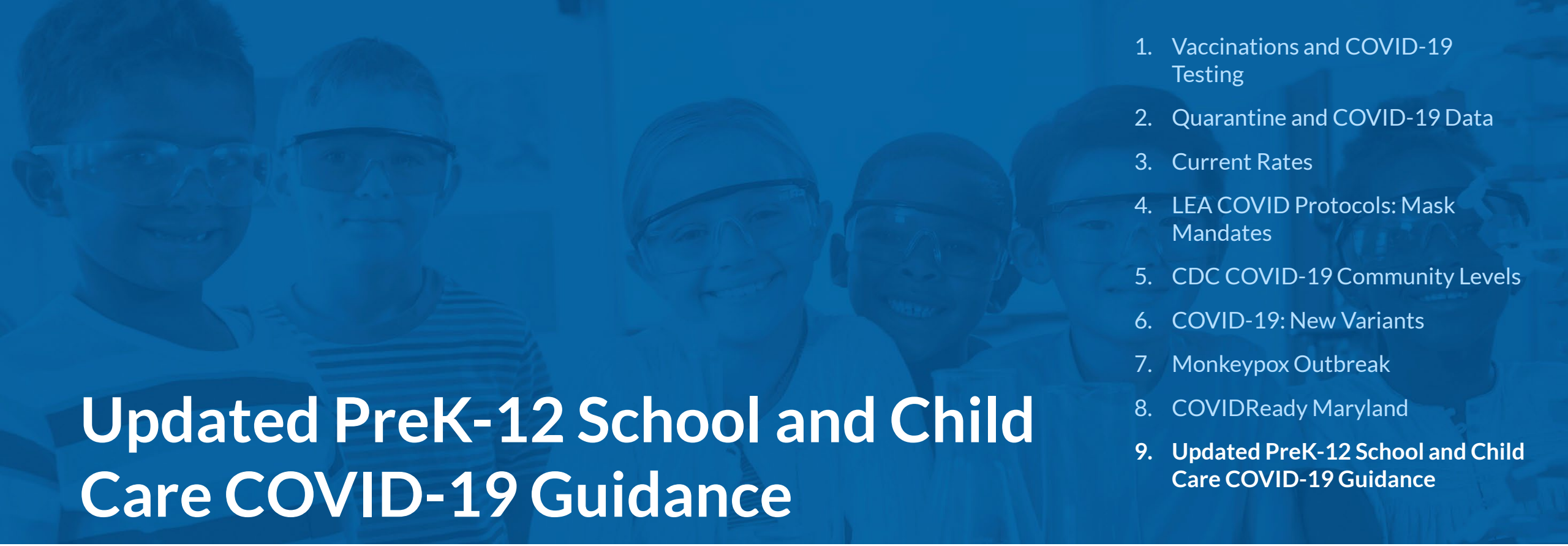
Source: https://governor.maryland.gov/2022/06/09/governor-hogan-announces-covidready-maryland-to-guide-long-term-preparedness-efforts/

COVIDReady Maryland: Pillar 5

5) State of Readiness for Variants and Waves.

- Maryland's multi-agency COVID-19 task force continues to meet daily and monitor key data metrics.
- 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.
- Additionally, the state has provided record funding for local health departments to help bolster their preparedness efforts as well.

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



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Updated PreK-12 School and Child Care COVID-19 Guidance

The Latest MDH/MSDE School and Child Care COVID-19 Guidance to Support Safe In-Person Operations (July 22, 2022)

&

The Latest CDC COVID-19 Guidance for both the General Population and for School/Child Care Settings (August 11, 2022)

Updated PreK-12 Schools and Child Care COVID-19 Guidance

The MDH/MSDE issued **updated COVID-19 guidance for preK-12 school and child care settings** on July 22, 2022.

- The new guidance document **provides recommendations** for use by LEAs, nonpublic schools, child care programs, and local health departments **to assist with decision-making about prevention strategies for decreasing transmission of infectious diseases**, including SARS-CoV-2, in school and child care settings.
- In line with guidance from the CDC, schools and child care programs should **put in place a core set of infectious disease prevention strategies** as part of their normal operations.
- The addition and layering of **COVID-19-specific prevention strategies should be tied to COVID-19 Community Levels** and other local factors.

Strategies for Everyday Operations

The MDH/MSDE guidance recommends implementing the following strategies:

1) Staying Up to Date on Vaccinations - Staying up to date on routine vaccinations is essential to prevent illness from many different infections.

2) Staying Home When Sick - Schools and child care programs should stress and frequently reinforce that staff and students/children who have symptoms of an infectious illness should not attend or work in a school or child care program and should be tested for COVID-19 if appropriate.

3) Maximizing Ventilation - Schools and child care programs can optimize ventilation and improve indoor air quality to reduce the risk of germs and contaminants spreading through the air.

4) Hand Hygiene and Respiratory Etiquette - Schools and child care programs should teach and reinforce proper handwashing to lower the risk of spreading viruses.

5) Cleaning and Disinfection - Schools and child care programs should clean high touch surfaces at least once a day to reduce the risk of germs spreading by touching surfaces.

COVID-19 Community Levels and Associated Prevention Strategies

When the COVID-19 Community Level indicates an increase in transmission and disease burden, particularly if the level is high, the MDH/MSDE guidance recommends that schools and child care programs should consider adding the following layered prevention strategies.

1) Contact Tracing and Quarantine of Close Contacts - Universal contact tracing is no longer recommended in schools and child care programs. When a student/staff COVID-19 case has been identified:

   - The staff member with COVID-19 or parents of the student/child with COVID-19 should be encouraged 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, grade, sports team, bus route, etc.).
   - Staff and students/children who may be close contacts, regardless of their vaccination status, can continue to attend school and child care as long as they remain asymptomatic.

COVID-19 Community Levels and Associated Prevention Strategies (contd.)

2) Mask-Wearing - For community settings including school and child care programs, the MDH/MSDE guidance follows the CDC's recommendation to adopt universal indoor mask wearing only at the high COVID-19 Community Level.

- Persons who are immunocompromised or otherwise at high risk for severe COVID-19 should discuss with their health care provider when to wear a mask.
- Because mask use is not recommended for those younger than 2 years old and may be difficult for very young children or for some children with disabilities who cannot safely wear a mask, child care programs and schools may need to consider other prevention strategies such as cohorting and avoiding crowding when the COVID-19 Community Level is high.
- Schools and child care programs should have policies in place to support voluntary masking for any reason and to deter bullying.

COVID-19 Community Levels and Associated Prevention Strategies (contd.)

3) COVID-19 Testing – The MDH and MSDE strongly recommend that schools and child care programs promote and offer (as appropriate) COVID-19 diagnostic testing as part of a layered prevention approach.

- At minimum, schools and child care programs should provide referrals to community sites that offer testing. Diagnostic testing is recommended at all COVID-19 Community Levels.
- In addition, schools and child care programs can consider the use of screening testing at certain times: for example (per the CDC's recommendation), when COVID-19 Community Levels are moderate or high.
- Screening testing can also be considered for high-risk activities such as indoor sports and some extracurricular activities, returning from scheduled breaks, prior to large gatherings/events, and for staff serving students/children who are at high risk for getting very sick with COVID-19.

COVID-19 Community Levels and Associated Prevention Strategies (contd.)

3) COVID-19 Testing (contd.)–

- The MDH and MSDE are able to support testing in schools through the provision of point-of-care and at-home rapid antigen test kits.
- Schools should contact MDH COVID-19 Recovery Operations at MDH.K12Testing@maryland.gov for more information.
- Schools and child care programs are able to access PCR testing through the U.S. Department of Health and Human Services Operation Expanded Testing program.
- In addition, child care providers can access at-home rapid antigen tests through their local health department.

COVID-19 Community Levels and Associated Prevention Strategies (contd.)

4) Cohorting - This is the practice of keeping people together in a small group and having each group stay together throughout the day, while minimizing contact between cohorts.

   The MDH/MSDE guidance highlights the importance of ensuring that any use of cohorting for learning is designed to support inclusion of English language learners, students with disabilities consistent with their Individualized Education Program (IEP) or 504 plans, and other underserved students, and not result in segregation.

5) Considerations for High-Risk Activities - Some indoor activities with increased and forceful exhalation such as sports, band, choir, and theater may place students/children and staff at increased risk for getting and spreading COVID-19.

   According to the MDH/MSDE guidance, schools and child care programs may consider implementing screening testing for these high-risk activities or may consider temporarily stopping these activities to control a school or program associated outbreak, or during periods of high COVID-19 Community Levels.

COVID-19 Community Levels and Associated Prevention Strategies (contd.)

6) Additional Ventilation Improvements – Per the MDH/MSDE guidance, schools and child care programs can take additional steps to increase outdoor air intake and improve air filtration when COVID-19 Community Levels are high.

   - These include opening windows and doors as much as safely possible and using child-safe fans to increase the effectiveness of open doors and windows; minimizing time in enclosed spaces and maximizing time outdoors as much as possible (when appropriate); and utilizing portable HEPA or other high efficiency air filtration units in small spaces such as offices, health suites, and isolation rooms, particularly if they are poorly ventilated.

Schools and child care programs, with help from local health departments, should consider the local context when selecting strategies to prioritize for implementation. The risks from COVID-19 should be balanced with educational, social, and mental health outcomes when deciding which prevention strategies to put in place.

School and Child Care Outbreaks

The MDH/MSDE guidance reiterates that schools and child care programs must **continue to follow existing procedures for reporting communicable diseases** (COMAR 10.06.01) and immediately notify the local health department of a COVID-19 outbreak.

The **local health department will recommend control measures** in response to the outbreak, including some of the prevention strategies described previously.

Suspension of In-Person Learning or Child Care Operations

The MDH and MSDE recognize that **temporary suspension of in-person learning or child care operations may be advisable under certain limited conditions**. The following extenuating circumstances can be considered for temporary suspension of in-person learning or operations in a specific school or child care program (or classroom/cohort within a school or child care program):

- When there is evidence of substantial, uncontrolled transmission in the school or child care program.
- When there are logistical or safety concerns arising from the number of cases and close contacts.
- When discussed with and recommended by local public health and medical professionals.

Decisions around the suspension of in-person learning or child care due to COVID-19, as well as the duration of the suspension, **should be made on a case-by-case basis** in coordination with the local health department, the LEA, and child care licensing specialists as applicable.

Updated CDC COVID-19 Guidance: General Population

On August 11, 2022, the **CDC streamlined its COVID-19 guidance** to help people better understand their risk, how to protect themselves and others, what actions to take if exposed to COVID-19, and what actions to take if they are sick or test positive for the virus. Recommendations include:

- **Staying up to date with vaccinations**, especially as new vaccines become available.
- **Screening testing of asymptomatic people** without known exposures **is no longer recommended** in most community settings.
- Individuals who test positive for COVID-19 should, regardless of vaccination status, **stay home for at least 5 days** (which is when someone is most likely to be infectious) **and isolate from others** at home.
  - **If, after 5 days, the person is fever-free for 24 hours without the use of medication, and symptoms are improving, or that person never had symptoms, that person may end isolation after day 5.**
  - Regardless of when a person ends their isolation, avoid being around people who are more likely to get very sick from COVID-19 until at least day 11.
  - **Wear a high-quality mask** when around others at home and in public through day 10.

Source: https://www.cdc.gov/media/releases/2022/p0811-covid-guidance.html

Updated CDC COVID-19 Guidance: General Population (contd.)

- Individuals (regardless of vaccination status) should also **isolate if they are sick** and suspect that they have COVID-19 but do not yet have test results.
  - **If the results are positive, follow CDC's full isolation recommendations.**
  - **If the results are negative, the person can end their isolation.**
- Individuals who experience moderate illness (shortness of breath or difficulty breathing) or severe illness (leading to hospitalization) or have a weakened immune system **should isolate for at least 10 days**, and people in the last two categories should consult with a doctor before ending isolation.
- **Quarantining is no longer recommended** for individuals exposed to COVID-19, except in high-risk congregate settings such as correctional facilities, homeless shelters, and nursing homes.
  - Instead of quarantining, individuals (including both vaccinated and unvaccinated people) exposed to COVID-19 should **wear a high-quality mask for 10 days and get tested on day 5**.
- While the physical distancing recommended restrictions have been eased, **individuals should consider the risk in a particular setting**, including local COVID-19 Community Levels and the important role of ventilation, when assessing the need to maintain physical distance.

Source: https://www.cdc.gov/media/releases/2022/p0811-covid-guidance.html

CDC's Updated Operational Guidance for K-12 Schools and Child Care Programs

The CDC also released updated Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning on August 11, 2022. The main updates include:

- Removing prior recommendations for cohorting and quarantining.
- Removing information about Test-to-Stay procedures (no longer recommended).
- No longer recommending routine screening testing in schools. Instead, screening testing is recommended in response to an outbreak or, when COVID-19 Community Levels are high, for certain high-risk situations (such as close contact sports, band, choir, theater); at key times in the school year, for example before/after large events (such as prom, tournaments, group travel); and when returning from breaks (such as holidays, spring break, at the beginning of the school year).
- Adding detailed information on when to wear a mask, managing cases and exposures, and responding to outbreaks.

The updated recommendations are intended to make it easier for schools to assess their risk and take necessary actions to protect students and staff.

Source: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html