




Mohammed Choudhury
State Superintendent of Schools

TO: Members of the State Board of Education

FROM: Mohammed Choudhury, State Superintendent of Schools 

DATE: May 24, 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 COVID-19 pandemic.

EXECUTIVE SUMMARY:

Data is provided on how the local school systems 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 local school systems that have lifted the mask mandate in schools and on buses (23 of the 24 school systems), county wide vaccination rates for ages five and older, 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 also included.

ACTION:

For discussion only.

ATTACHMENT:

School Logistics and Transmission Rates Related to COVID-19 - Update - PowerPoint May 24, 2022

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

MARYLAND STATE BOARD OF EDUCATION | May 24, 2022

Presented By | Mary Gable



Presentation Highlights

- Data collected related to COVID-19 logistics from the 24 local education agencies (LEAs) through May 20, 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
- 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

PRESENTATION OUTLINE

1. Vaccinations and COVID-19 Testing
2. Quarantine and COVID-19 Data
3. May 2022 - LEA Updated COVID Protocols: Mask Mandates & Testing Strategies
4. Current Rates
5. CDC COVID-19 Community Levels
6. New Interim K-12 School and Child Care COVID-19 Guidance
7. COVID-19: New Variants



Vaccinations and COVID-19 Testing

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Update on Vaccinations and Testing

Reported Percentage of Teachers Vaccinated (as of 05/20/2022)

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



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

Source: Maryland Department of Health

- 
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 3. May 2022 - LEA Updated COVID Protocols: Mask Mandates & Testing Strategies
 4. Current Rates
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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	Feb 22	Mar 22	Apr 26	May 24
Allegany	27	6	2	2
Anne Arundel	0	*0	*0	*0
Baltimore City	81	3	8	39
Baltimore County	*0	*0	*0	*0
Calvert	16	4	4	5
Caroline	0	0	0	0
Carroll	0	0	0	0
Cecil	196	21	0	0
Charles	19	*0	*0	*0
Dorchester	41	7	5	0
Frederick	31	1	1	33
Garrett	0	0	0	0
Harford	34	9	9	21
Howard	74	39	47	228
Kent	8	1	0	6
Montgomery	102	25	23	82
Prince George's	242	67	46	52
Queen Anne's	5	0	*0	*0
Somerset	10	0	0	1
St. Mary's	4	2	0	3
Talbot	8	1	0	4
Washington	3	0	*0	*0
Wicomico	67	23	5	9
Worcester	116	9	1	25

Staff Quarantine Progressions by LEA

Column 1 (Feb 16 data reported on Feb 22)

represents the number of staff quarantines reported between the 01/25/2022 and 02/22/2022 State Board meetings.

Column 2 (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 3 (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 4 (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.

*LEA contact tracing now provided by local health department.

LEA	Feb 22	(%)	Mar 22	(%)	Apr 26	(%)	May 24	(%)
Allegany	512	(6.3)	61	(0.8)	9	(0.1)	16	(0.2)
Anne Arundel	0	(0.0)	*0	*(0.0)	*0	*(0.0)	*0	*(0.0)
Baltimore City	318	(0.4)	37	(0.0)	51	(0.1)	707	(0.9)
Baltimore County	*0	*(0.0)	*0	*(0.0)	*0	*(0.0)	*0	*(0.0)
Calvert	47	(0.3)	9	(0.1)	40	(0.3)	49	(0.3)
Caroline	41	(0.7)	8	(0.1)	3	(0.1)	12	(0.2)
Carroll	275	(1.1)	74	(0.3)	50	(0.2)	74	(0.3)
Cecil	690	(4.6)	5	(0.0)	0	(0.0)	0	(0.0)
Charles	499	(1.8)	*5	*(0.0)	*0	*(0.0)	*0	*(0.0)
Dorchester	972	(21.2)	273	(5.9)	231	(5.0)	314	(6.8)
Frederick	1,018	(2.2)	140	(0.3)	14	(0.0)	56	(0.1)
Garrett	229	(6.5)	101	(2.9)	21	(0.6)	5	(0.1)
Harford	519	(1.4)	124	(0.3)	141	(0.4)	327	(0.9)
Howard	470	(0.8)	363	(0.6)	257	(0.4)	1,033	(1.8)
Kent	137	(8.0)	6	(0.4)	1	(0.1)	16	(0.9)
Montgomery	7,529	(4.7)	1,068	(0.7)	737	(0.5)	3,217	(2.0)
Prince George's	1,681	(1.3)	278	(0.2)	755	(0.6)	411	(0.3)
Queen Anne's	154	(2.1)	33	(0.4)	*0	*(0.0)	*0	*(0.0)
Somerset	291	(10.6)	33	(1.2)	2	(0.1)	8	(0.3)
St. Mary's	440	(2.5)	48	(0.3)	23	(0.1)	122	(0.7)
Talbot	480	(10.5)	156	(3.4)	2	(0.0)	79	(1.7)
Washington	228	(1.0)	9	(0.0)	*0	*(0.0)	*0	*(0.0)
Wicomico	1,296	(8.8)	96	(0.7)	57	(0.4)	108	(0.7)
Worcester	629	(9.3)	75	(1.1)	24	(0.4)	72	(1.1)

Student Quarantine Progressions by LEA

Column 1 (Feb 16 data reported on Feb 22) represents the number of student quarantines reported between the 01/25/2022 and 02/22/2022 State Board meetings.

Column 2 (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 3 (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 4 (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.

*LEA contact tracing now provided by local health department.

LEA	Feb 22	Mar 22	Apr 26	May 24
Allegany	59	17	10	22
Anne Arundel	278	35	69	296
Baltimore City	168	19	49	252
Baltimore County	479	130	97	566
Calvert	44	9	16	73
Caroline	30	13	11	33
Carroll	87	5	7	31
Cecil	114	19	20	100
Charles	90	*11	*0	*0
Dorchester	41	3	3	17
Frederick	192	46	27	252
Garrett	22	13	5	5
Harford	117	30	52	244
Howard	177	34	59	421
Kent	10	1	2	19
Montgomery	600	109	227	597
Prince George's	245	21	25	152
Queen Anne's	70	15	*0	*0
Somerset	20	3	1	19
St. Mary's	94	24	19	125
Talbot	20	3	1	25
Washington	135	14	16	70
Wicomico	77	5	11	48
Worcester	77	9	1	26

Staff COVID Case Progressions by LEA

Column 1 (Feb 16 data reported on Feb 22)

represents the number of staff COVID cases reported between the 01/25/2022 and 02/22/2022 State Board meetings.

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represents the number of staff COVID cases reported between the 04/26/2022 and 05/24/2022 State Board meetings.

*LEA is no longer collecting this metric.

LEA	Feb 22	(%)	Mar 22	(%)	Apr 26	(%)	May 24	(%)
Allegany	461	(5.7)	70	(0.9)	14	(0.2)	35	(0.4)
Anne Arundel	2,269	(2.7)	418	(0.5)	389	(0.5)	1,419	(1.7)
Baltimore City	623	(0.8)	85	(0.1)	188	(0.2)	932	(1.2)
Baltimore County	1,626	(1.5)	331	(0.3)	176	(0.2)	1,993	(1.8)
Calvert	482	(3.1)	71	(0.5)	50	(0.3)	321	(2.1)
Caroline	126	(2.3)	40	(0.7)	9	(0.2)	61	(1.1)
Carroll	1,123	(4.6)	197	(0.8)	100	(0.4)	493	(2.0)
Cecil	361	(2.4)	58	(0.4)	52	(0.3)	187	(1.3)
Charles	711	(2.6)	*65	*(0.2)	*0	*(0.0)	*0	*(0.0)
Dorchester	259	(5.6)	25	(0.5)	13	(0.3)	36	(0.8)
Frederick	1,274	(2.8)	192	(0.4)	163	(0.4)	957	(2.1)
Garrett	152	(4.3)	55	(1.6)	10	(0.3)	8	(0.2)
Harford	797	(2.1)	152	(0.4)	161	(0.4)	774	(2.0)
Howard	910	(1.6)	215	(0.4)	226	(0.4)	1,667	(2.9)
Kent	66	(3.9)	3	(0.2)	3	(0.2)	44	(2.6)
Montgomery	2,937	(1.8)	468	(0.3)	1,236	(0.8)	4,003	(2.5)
Prince George's	1,476	(1.1)	61	(0.0)	77	(0.1)	250	(0.2)
Queen Anne's	265	(3.5)	45	(0.6)	*0	*(0.0)	*0	*(0.0)
Somerset	88	(3.2)	10	(0.4)	0	(0.0)	13	(0.5)
St. Mary's	693	(4.0)	108	(0.6)	46	(0.3)	278	(1.6)
Talbot	208	(4.5)	29	(0.6)	4	(0.1)	106	(2.3)
Washington	701	(3.2)	87	(0.4)	61	(0.3)	170	(0.8)
Wicomico	352	(2.4)	19	(0.1)	26	(0.2)	106	(0.7)
Worcester	287	(4.2)	20	(0.3)	8	(0.1)	32	(0.5)

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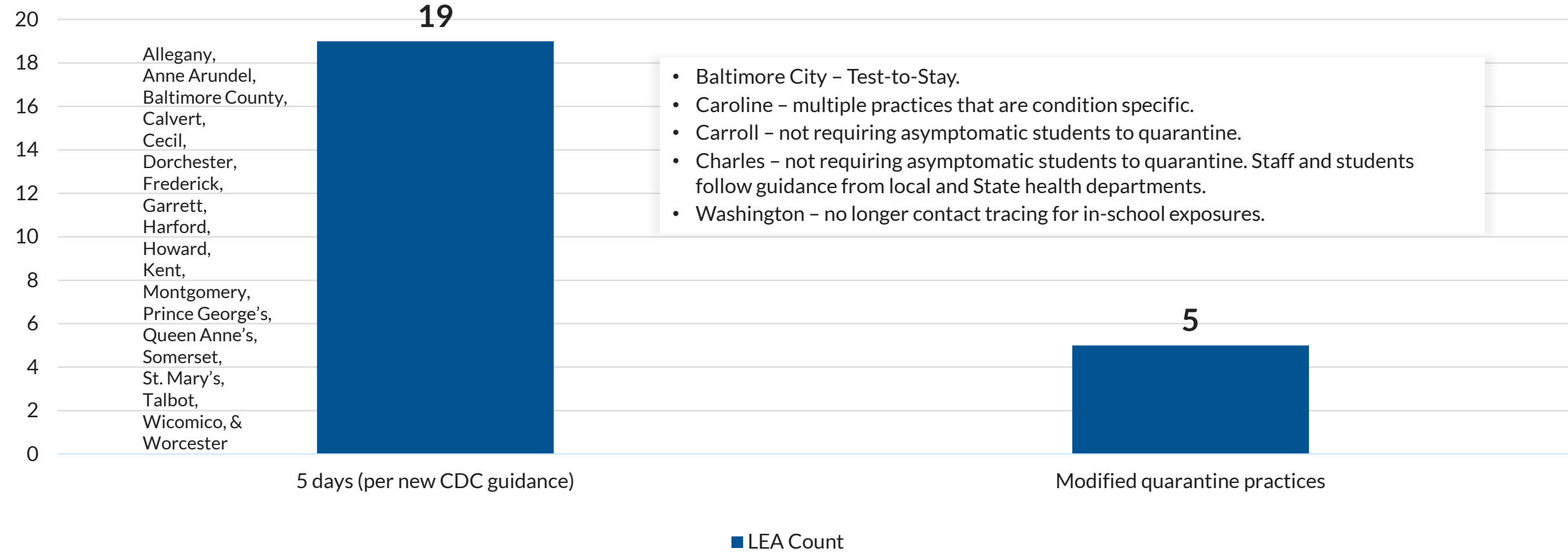
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Quarantine Practices

Current and Modified Quarantine Practices

UPDATED 05/20/2022





May 2022 - LEA Updated COVID Protocols: Mask Mandates & Testing Strategies

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Updates on LEAs COVID Protocols

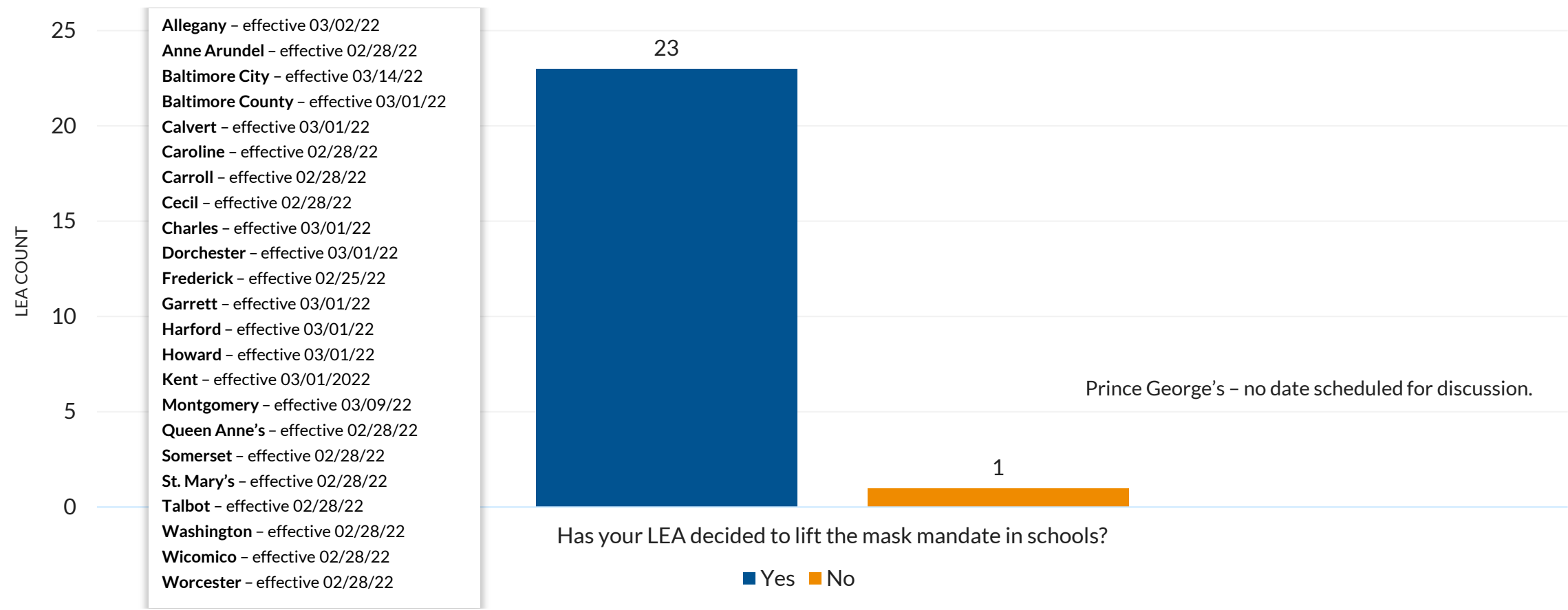
Masking Requirement Lifted by the CDC

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.

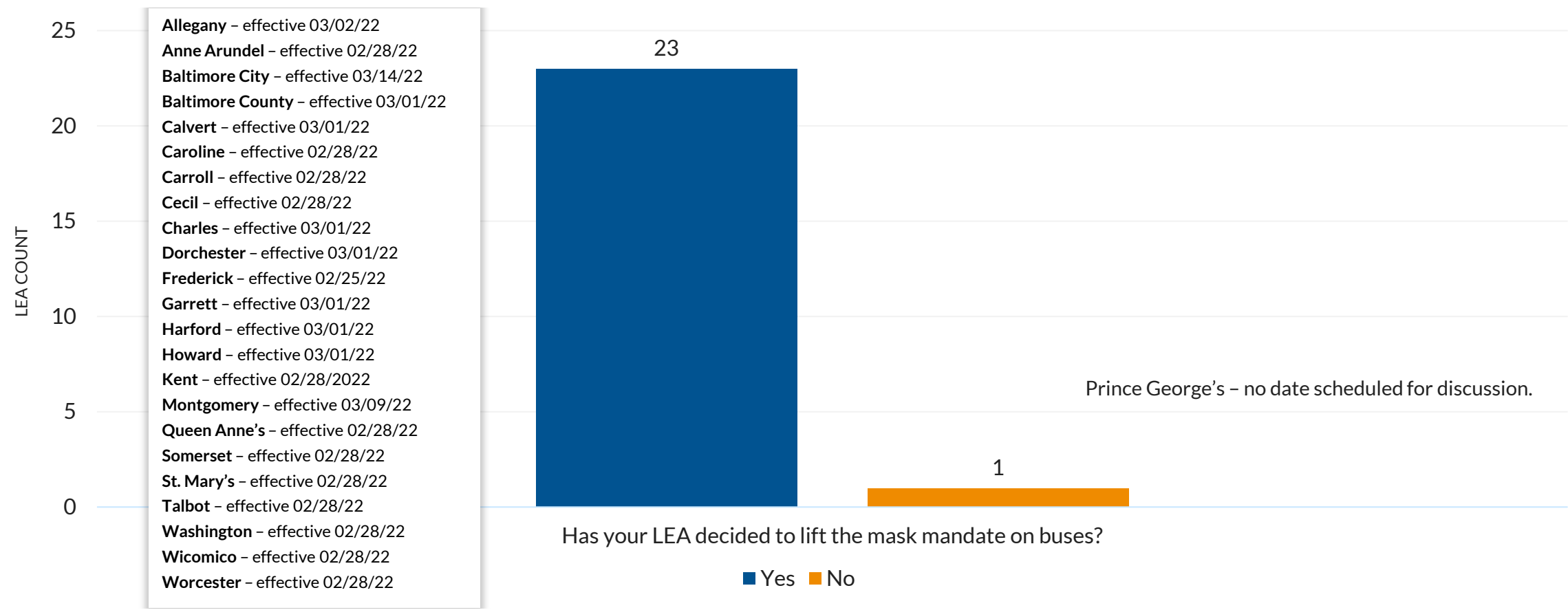
To align with this updated guidance, the CDC no longer requires the wearing of masks on buses or vans operated by public or private school systems, including early care and education/child care programs.

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

Lifting of Mask Mandates in Schools



Lifting of Mask Mandates on Buses



Updated Testing Models as of May 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



Current Rates

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Overview of Rates in Maryland

Daily Positivity Rate (as Reported by MDH)

County	April 21	April 28	May 5	May 12	May 19
Statewide	4.6%	4.7%	6.1%	6.2%	8.4%
Allegany	4.9%	3.7%	3.9%	5.6%	7.7%
Anne Arundel	6.8%	6.9%	10.8%	10.9%	13.4%
Baltimore	4.2%	5.0%	6.6%	9.0%	9.8%
Baltimore City	2.2%	2.6%	4.2%	5.7%	6.3%
Calvert	4.3%	6.4%	7.1%	10.3%	11.0%
Caroline	4.5%	4.7%	4.4%	5.5%	7.6%
Carroll	5.8%	6.4%	7.9%	12.7%	17.1%
Cecil	6.0%	6.2%	8.9%	12.6%	14.6%
Charles	6.0%	6.4%	5.1%	7.2%	9.8%
Dorchester	2.5%	2.2%	6.2%	7.8%	10.9%
Frederick	5.3%	6.9%	9.1%	11.5%	13.4%
Garrett	1.6%	4.3%	3.0%	9.9%	12.8%
Harford	5.3%	6.9%	7.9%	9.8%	10.9%
Howard	6.9%	8.1%	8.8%	10.4%	13.5%
Kent	5.3%	4.8%	6.6%	14.1%	14.8%
Montgomery	5.4%	4.4%	5.8%	4.0%	6.1%
Prince George's	5.4%	5.3%	6.5%	7.4%	10.3%
Queen Anne's	5.4%	5.5%	7.6%	9.5%	12.6%
St. Mary's	4.3%	7.0%	8.9%	9.6%	11.1%
Somerset	0.1%	2.9%	2.9%	7.2%	6.2%
Talbot	3.5%	6.4%	9.3%	8.5%	13.4%
Washington	2.9%	3.9%	4.9%	6.7%	9.0%
Wicomico	5.3%	6.6%	7.4%	14.5%	13.6%
Worcester	9.2%	5.6%	7.3%	13.2%	14.7%

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 MDH)

County	April 21	April 28	May 5	May 12	May 19
Statewide	12.8	15.6	19.5	28.7	38.0
Allegany	7.1	5.9	6.5	11.0	22.5
Anne Arundel	11.6	14.8	20.7	26.7	35.3
Baltimore	9.3	12.4	17.2	27.1	35.7
Baltimore City	13.3	17.8	27.2	41.7	45.2
Calvert	6.2	12.0	10.5	19.2	21.3
Caroline	9.0	8.6	9.4	15.0	17.1
Carroll	9.8	10.8	13.3	21.5	30.5
Cecil	9.2	9.3	11.7	23.2	28.9
Charles	13.4	15.1	17.6	28.6	40.6
Dorchester	5.8	4.0	10.7	17.9	36.7
Frederick	10.2	12.7	15.9	24.1	33.4
Garrett	2.0	3.0	2.0	12.3	15.8
Harford	9.7	13.4	15.8	20.6	29.1
Howard	17.2	21.3	22.1	33.1	46.5
Kent	6.6	8.1	10.3	26.5	37.5
Montgomery	20.8	25.5	28.5	42.9	56.2
Prince George's	14.2	14.0	17.5	22.3	32.6
Queen Anne's	6.2	7.7	10.2	12.5	20.7
St. Mary's	5.7	11.3	14.4	18.8	28.2
Somerset	1.1	5.0	6.7	18.4	15.6
Talbot	5.8	10.4	16.5	13.8	33.0
Washington	6.6	6.3	7.9	9.0	13.2
Wicomico	5.0	8.7	10.2	21.4	26.6
Worcester	10.9	7.9	7.1	20.2	20.8

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

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

County	April 22	April 29	May 6	May 13	May 20
Statewide	75.4%	75.5%	75.7%	75.8%	75.9%
Allegany	55.5%	55.6%	55.7%	55.8%	55.8%
Anne Arundel	76.8%	76.9%	77.0%	77.1%	77.2%
Baltimore	72.6%	72.7%	72.8%	72.9%	73.0%
Baltimore City	64.0%	64.1%	64.3%	64.3%	64.5%
Calvert	70.7%	70.8%	70.9%	71.0%	71.1%
Caroline	57.1%	57.2%	57.3%	57.3%	57.4%
Carroll	72.0%	72.1%	72.2%	72.3%	72.4%
Cecil	58.4%	58.6%	58.7%	58.8%	58.9%
Charles	70.3%	70.4%	70.6%	70.7%	70.8%
Dorchester	59.3%	59.5%	59.6%	59.6%	59.7%
Frederick	78.5%	78.7%	78.8%	78.8%	78.9%
Garrett	51.0%	51.1%	51.2%	51.2%	51.3%
Harford	69.8%	69.9%	70.0%	70.1%	70.2%
Howard	85.7%	85.8%	85.9%	86.0%	86.2%
Kent	65.5%	65.6%	65.7%	65.8%	65.9%
Montgomery	86.8%	87.0%	87.2%	87.4%	87.6%
Prince George's	74.6%	74.8%	75.0%	75.1%	75.3%
Queen Anne's	67.3%	67.4%	67.5%	67.5%	67.6%
St. Mary's	66.5%	66.6%	66.7%	66.7%	66.8%
Somerset	50.2%	50.3%	50.4%	50.4%	50.5%
Talbot	73.5%	73.7%	73.7%	73.8%	74.0%
Washington	59.8%	59.8%	59.9%	60.0%	60.1%
Wicomico	55.9%	55.9%	56.1%	56.1%	56.2%
Worcester	71.9%	72.0%	72.1%	72.2%	72.3%

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

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

County	April 22	April 29	May 6	May 13	May 20
Statewide	80.2%	80.4%	80.5%	80.6%	80.8%
Allegany	58.2%	58.2%	58.4%	58.4%	58.5%
Anne Arundel	81.8%	81.9%	82.0%	82.1%	82.2%
Baltimore	77.1%	77.2%	77.4%	77.4%	77.6%
Baltimore City	68.2%	68.4%	68.5%	68.6%	68.7%
Calvert	74.7%	74.8%	74.9%	75.0%	75.1%
Caroline	60.8%	60.9%	61.0%	61.0%	61.1%
Carroll	76.2%	76.3%	76.4%	76.5%	76.6%
Cecil	61.9%	62.1%	62.2%	62.3%	62.4%
Charles	74.7%	74.9%	75.0%	75.1%	75.2%
Dorchester	62.8%	62.9%	63.1%	63.1%	63.2%
Frederick	83.5%	83.6%	83.7%	83.8%	83.9%
Garrett	53.5%	53.6%	53.7%	53.8%	53.9%
Harford	74.0%	74.1%	74.2%	74.2%	74.4%
Howard	91.0%	91.2%	91.3%	91.4%	91.5%
Kent	68.2%	68.3%	68.4%	68.5%	68.6%
Montgomery	92.5%	92.7%	92.9%	93.1%	93.3%
Prince George's	79.8%	80.0%	80.3%	80.4%	80.5%
Queen Anne's	70.9%	71.0%	71.1%	71.1%	71.3%
St. Mary's	70.9%	71.0%	71.1%	71.2%	71.3%
Somerset	52.6%	52.6%	52.8%	52.8%	52.9%
Talbot	77.1%	77.3%	77.3%	77.5%	77.6%
Washington	63.3%	63.4%	63.5%	63.6%	63.7%
Wicomico	59.5%	59.6%	59.7%	59.8%	59.9%
Worcester	74.9%	75.0%	75.2%	75.2%	75.4%

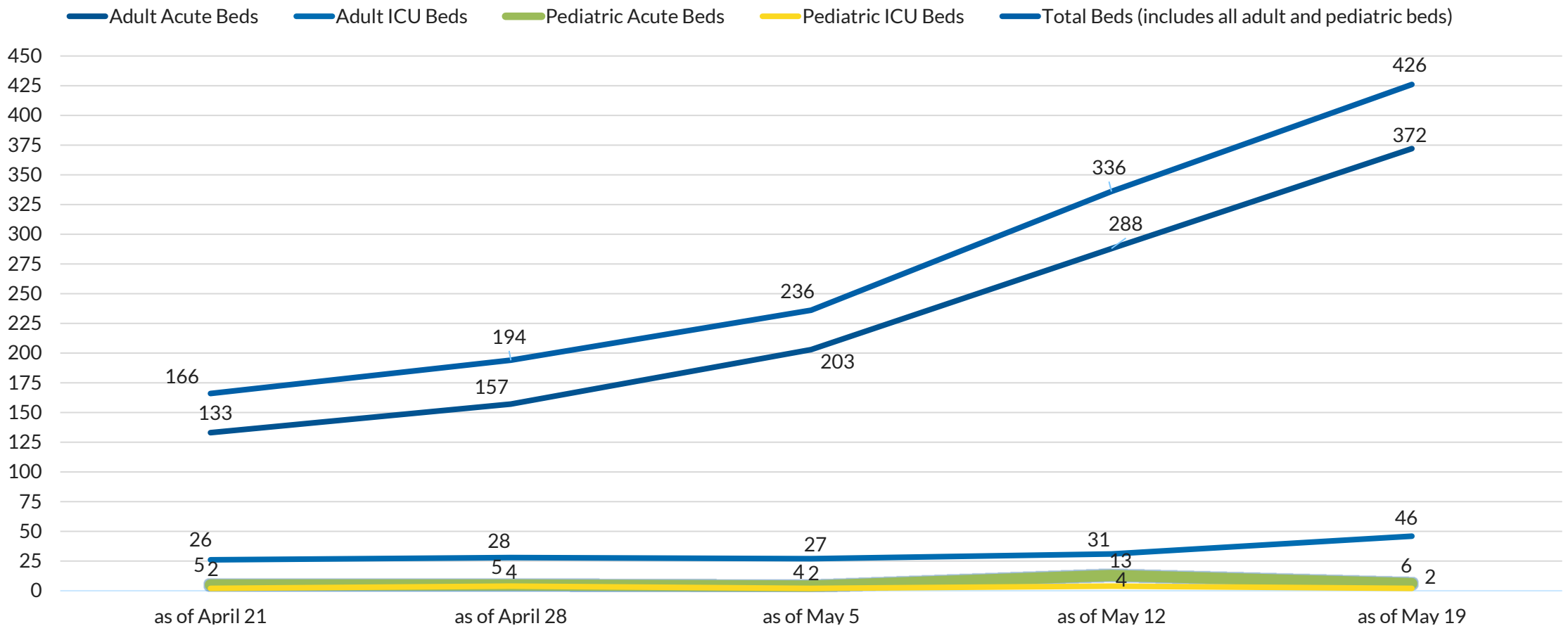
Source: <https://coronavirus.maryland.gov/#Vaccine>

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

	April 21	April 28	May 5	May 12	May 19
Adult Acute Beds	133	157	203	288	372
Adult ICU Beds	26	28	27	31	46
Pediatric Acute Beds	5	5	4	13	6
Pediatric ICU Beds	2	4	2	4	2
Total Beds (includes all adult and pediatric beds)	166	194	236	336	426

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

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



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

Total Number of Admission of Confirmed COVID-19 Patients (Adult and Pediatric) Over Past 7 Days by Jurisdiction (as Reported by the CDC)


County	April 22	April 29	May 6	May 13	May 20
Allegany	2	3	1	3	2
Anne Arundel	24	26	36	43	58
Baltimore	35	36	52	62	82
Baltimore City	25	26	37	44	59
Calvert	4	4	6	7	9
Caroline	1	1	2	2	2
Carroll	7	7	11	13	17
Cecil	3	4	5	8	12
Charles	4	5	7	7	10
Dorchester	1	1	2	1	2
Frederick	4	3	3	10	9
Garrett	1	1	0	1	1
Harford	8	9	13	19	30
Howard	14	14	20	24	32
Kent	0	0	0	3	0
Montgomery	24	34	45	44	67
Prince George's	21	29	39	38	58
Queen Anne's	1	1	4	2	3
St. Mary's	3	4	5	5	7
Somerset	1	2	2	3	4
Talbot	1	1	3	2	2
Washington	2	4	2	6	5
Wicomico	4	8	8	13	16
Worcester	2	4	4	7	8

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	April 22	April 29	May 6	May 13	May 20
Statewide	23	31	33	37	28
Allegany	suppressed	suppressed	0	suppressed	suppressed
Anne Arundel	suppressed	suppressed	suppressed	suppressed	suppressed
Baltimore	suppressed	suppressed	suppressed	suppressed	suppressed
Baltimore City	suppressed	suppressed	suppressed	suppressed	suppressed
Calvert	suppressed	0	0	0	suppressed
Caroline	0	0	0	0	0
Carroll	suppressed	suppressed	suppressed	suppressed	suppressed
Cecil	0	0	suppressed	0	0
Charles	0	suppressed	0	suppressed	0
Dorchester	suppressed	0	0	0	0
Frederick	suppressed	suppressed	suppressed	suppressed	0
Garrett	suppressed	0	0	0	0
Harford	suppressed	suppressed	0	suppressed	0
Howard	0	0	0	suppressed	suppressed
Kent	0	0	0	0	0
Montgomery	0	suppressed	suppressed	suppressed	suppressed
Prince George's	suppressed	suppressed	suppressed	suppressed	suppressed
Queen Anne's	0	0	0	0	0
St. Mary's	0	0	suppressed	suppressed	0
Somerset	suppressed	0	0	0	0
Talbot	0	suppressed	0	suppressed	0
Washington	0	0	suppressed	suppressed	0
Wicomico	0	0	suppressed	suppressed	suppressed
Worcester	suppressed	suppressed	0	0	0

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

- 
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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 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**:

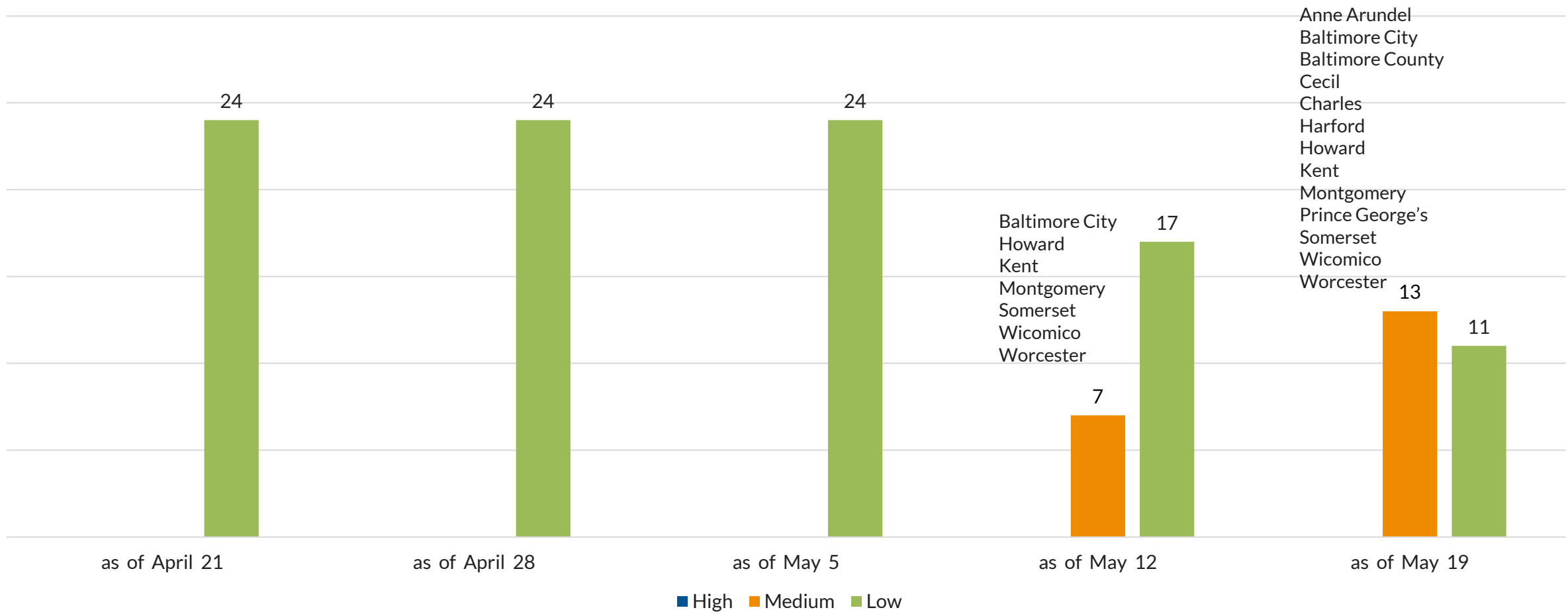
- Consider implementing **screening testing or other testing strategies** for people who are exposed to COVID-19 (medium, high).
- Implement **enhanced prevention measures** in high-risk congregate settings (medium, high).
- **Protect people at high risk** for severe illness or death by ensuring equitable 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)

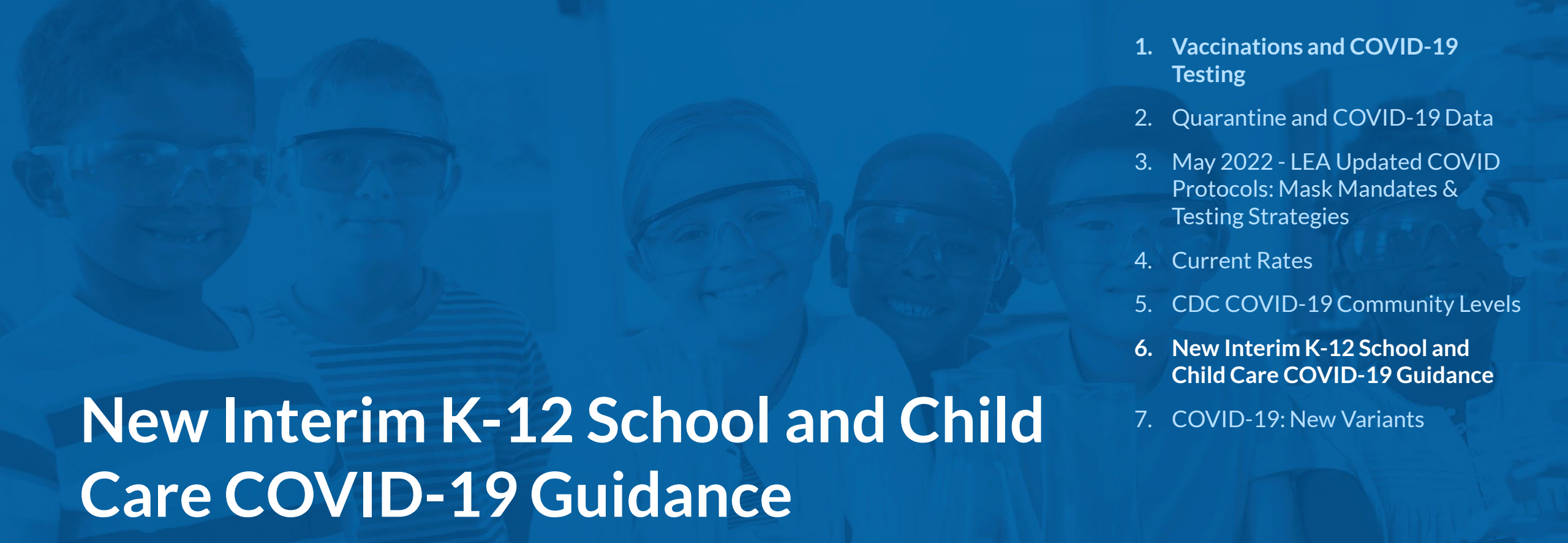
County	April 21	April 28	May 5	May 12	May 19
Allegany	Low	Low	Low	Low	Low
Anne Arundel	Low	Low	Low	Low	Medium
Baltimore	Low	Low	Low	Low	Medium
Baltimore City	Low	Low	Low	Medium	Medium
Calvert	Low	Low	Low	Low	Low
Caroline	Low	Low	Low	Low	Low
Carroll	Low	Low	Low	Low	Low
Cecil	Low	Low	Low	Low	Medium
Charles	Low	Low	Low	Low	Medium
Dorchester	Low	Low	Low	Low	Low
Frederick	Low	Low	Low	Low	Low
Garrett	Low	Low	Low	Low	Low
Harford	Low	Low	Low	Low	Medium
Howard	Low	Low	Low	Medium	Medium
Kent	Low	Low	Low	Medium	Medium
Montgomery	Low	Low	Low	Medium	Medium
Prince George's	Low	Low	Low	Low	Medium
Queen Anne's	Low	Low	Low	Low	Low
St. Mary's	Low	Low	Low	Low	Low
Somerset	Low	Low	Low	Medium	Medium
Talbot	Low	Low	Low	Low	Low
Washington	Low	Low	Low	Low	Low
Wicomico	Low	Low	Low	Medium	Medium
Worcester	Low	Low	Low	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)



- Anne Arundel
- Baltimore City
- Baltimore County
- Cecil
- Charles
- Harford
- Howard
- Kent
- Montgomery
- Prince George's
- Somerset
- Wicomico
- Worcester



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

1. Vaccinations and COVID-19 Testing
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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.

LEAs/Individual Schools Shifting to Virtual Instruction - Update

No LEAs or individual schools are currently in a fully virtual instructional mode due to COVID-19 as of May 20, 2022.



COVID-19: New Variants

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Update on Vaccinations and Testing

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

COVID-19 Variants in the United States



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

- 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