**TO:**       Members of the State Board of Education

**FROM:**    Mohammed Choudhury, State Superintendent of Schools

**DATE:**    August 23, 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 which have been lifted in schools and on school buses in 23 LEAs (a mask requirement has been reinstated in Prince George's County Public Schools effective August 15, 2022), 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. New to the August State Board meeting is a summary of information on monkeypox and a summary of the August 11, 2022, updated CDC guidance *Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning*.

## ACTION:

For discussion only.

## ATTACHMENT:

School Logistics and Transmission Rates Related to COVID-19 - Update - PowerPoint August 23, 2022

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

MARYLAND STATE BOARD OF EDUCATION | August 23, 2022

MARYLAND STATE DEPARTMENT OF
**EDUCATION**
EQUITY AND EXCELLENCE
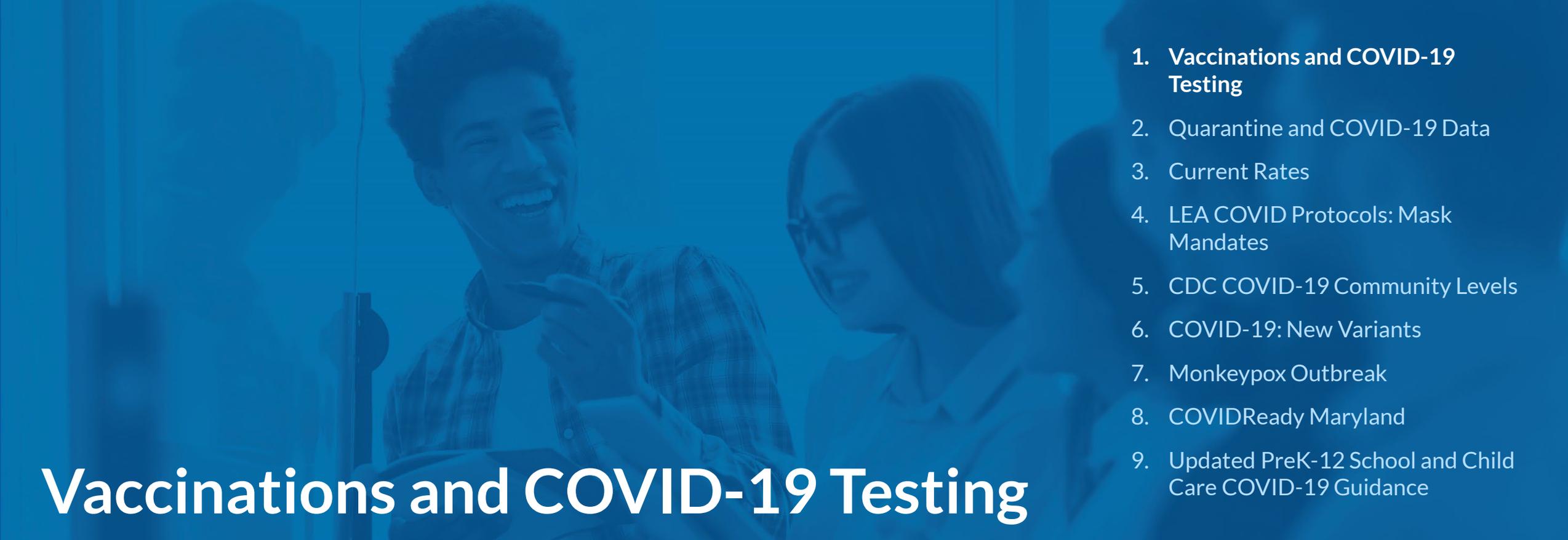
Presented By | Mary Gable

# Presentation Highlights

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

# Vaccinations and COVID-19 Testing

*Update on Vaccinations and Testing*

# Reported Percentage of Teachers Vaccinated
## (as of 08/23/2022)

| 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)

<u>Viral Tests</u> - 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.

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

<u>Diagnostic Testing</u> – 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.

<u>Screening Testing</u> – 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.

<u>Public Health Surveillance Testing</u> – 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.
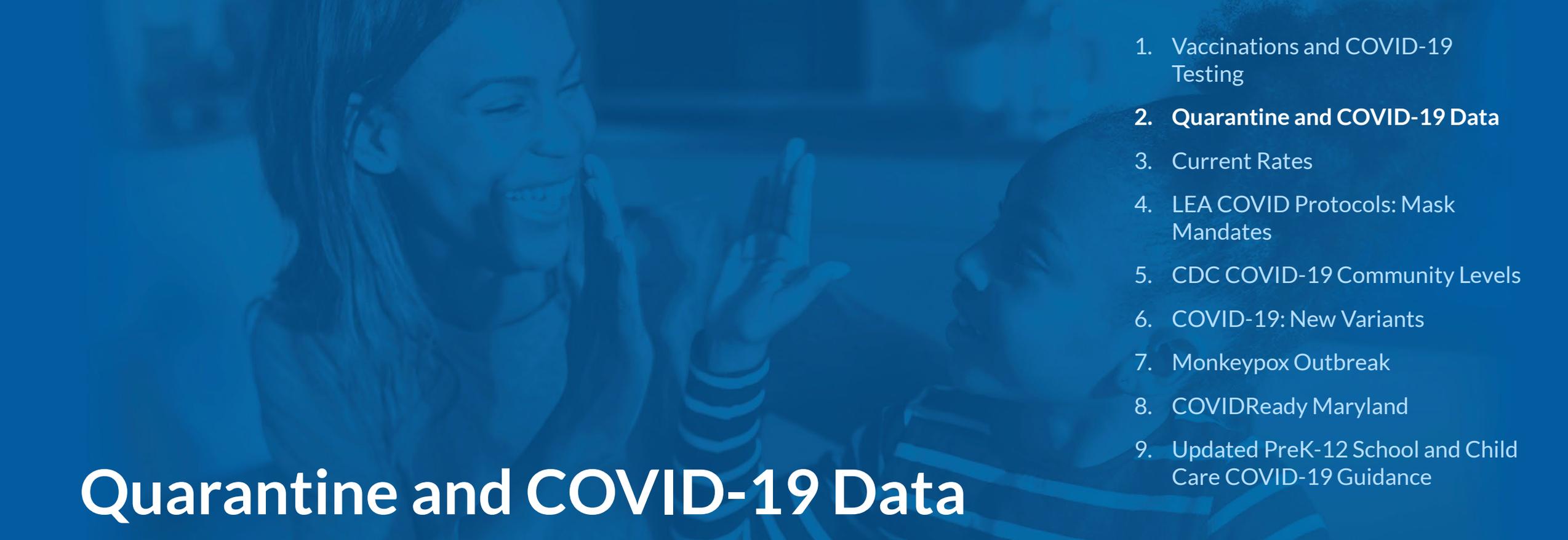
# Quarantine and COVID-19 Data

*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.

| LEA | May 24 | Jun 28 | Jul 26 | Aug 23 |
|---|---|---|---|---|
| Allegany | 2 | 5 | # | # |
| Anne Arundel | * | * | * | * |
| Baltimore City | 39 | 10 | # | 18 |
| Baltimore County | * | * | * | * |
| Calvert | 5 | 10 | 1 | 2 |
| Caroline | 0 | 0 | # | # |
| Carroll | 0 | 0 | # | # |
| Cecil | 0 | 0 | # | # |
| Charles | * | * | * | * |
| Dorchester | 0 | 13 | # | # |
| Frederick | 33 | 40 | # | 1 |
| Garrett | 0 | 0 | # | # |
| Harford | 21 | 21 | # | # |
| Howard | 228 | 234 | # | # |
| Kent | 6 | 1 | 1 | # |
| Montgomery | 82 | 59 | # | 6 |
| Prince George's | 52 | 0 | # | # |
| Queen Anne's | * | * | * | * |
| Somerset | 1 | 8 | 4 | # |
| St. Mary's | 3 | 2 | # | # |
| Talbot | 4 | 6 | # | # |
| Washington | * | * | * | * |
| Wicomico | 9 | 21 | # | 2 |
| Worcester | 25 | 53 | 8 | # |

# Staff Quarantine Progressions by LEA

**Column 1 (May 20 reported on May 24)**
represents the number of staff quarantines reported between the 04/26/2022 and 05/24/2022 State Board meetings.

**Column 2 (June 24 reported on June 28)**
represents the number of staff quarantines reported between the 05/24/2022 and 06/28/2022 State Board meetings.

**Column 3 (July 22 reported on July 26)**
represents the number of staff quarantines reported between the 06/28/2022 and 07/026/2022 State Board meetings.

**Column 4 (Aug 19 reported on Aug 23)**
represents the number of staff quarantines reported between the 07/26/2022 and 08/23/2022 State Board meetings.

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

#No new data reported by the LEA.

| LEA | May 24 | (%) | Jun 28 | (%) | Jul 26 | (%) | Aug 23 | (%) |
|---|---|---|---|---|---|---|---|---|
| Allegany | 16 | (0.2) | 28 | (0.3) | # | # | # | # |
| Anne Arundel | * | * | * | * | * | * | * | * |
| Baltimore City | 707 | (0.9) | 33 | (0.0) | 1 | (0.0) | 1 | (0.0) |
| Baltimore County | * | * | * | * | * | * | * | * |
| Calvert | 49 | (0.3) | 18 | (0.1) | # | # | # | # |
| Caroline | 12 | (0.2) | 0 | (0.0) | # | # | # | # |
| Carroll | 74 | (0.3) | 50 | (0.2) | # | # | # | # |
| Cecil | 0 | (0.0) | 0 | (0.0) | # | # | # | # |
| Charles | * | * | * | * | * | * | * | * |
| Dorchester | 314 | (6.8) | 270 | (5.9) | # | # | # | # |
| Frederick | 56 | (0.1) | 89 | (0.2) | # | # | 2 | (0.0) |
| Garrett | 5 | (0.1) | 32 | (0.9) | # | # | # | # |
| Harford | 327 | (0.9) | 272 | (0.7) | # | # | 5 | (0.0) |
| Howard | 1,033 | (1.8) | 1,128 | (2.0) | # | # | # | # |
| Kent | 16 | (0.9) | 36 | (2.1) | # | # | # | # |
| Montgomery | 3,217 | (2.0) | 3,843 | (2.4) | 9 | (0.0) | 9 | (0.0) |
| Prince George's | 411 | (0.3) | 0 | (0.0) | # | # | # | # |
| Queen Anne's | * | * | * | * | * | * | * | * |
| Somerset | 8 | (0.3) | 13 | (0.5) | # | # | 1 | (0.0) |
| St. Mary's | 122 | (0.7) | 13 | (0.1) | # | # | # | # |
| Talbot | 79 | (1.7) | 63 | (1.4) | # | # | # | # |
| Washington | * | * | * | * | * | * | * | * |
| Wicomico | 108 | (0.7) | 118 | (0.8) | 6 | (0.0) | 3 | (0.0) |
| Worcester | 72 | (1.1) | 219 | (3.2) | 31 | (0.5) | # | # |

# Student Quarantine Progressions by LEA

**Column 1 (May 20 reported on May 24)** represents the number of student quarantines reported between the 04/26/2022 and 05/24/2022 State Board meetings.

**Column 2 (June 24 reported on June 28)** represents the number of student quarantines reported between the 05/24/2022 and 06/28/2022 State Board meetings.

**Column 3 (July 22 reported on July 26)** represents the number of student quarantines reported between the 06/28/2022 and 07/26/2022 State Board meetings.

**Column 4 (Aug 19 reported on Aug 23)** represents the number of student quarantines reported between the 07/26/2022 and 08/23/2022 State Board meetings.

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

#No new data reported by LEA.

| LEA | May 24 | Jun 28 | Jul 26 | Aug 23 |
|---|---|---|---|---|
| Allegany | 22 | 39 | # | 10 |
| Anne Arundel | 296 | 738 | # | # |
| Baltimore City | 252 | 416 | 53 | 22 |
| Baltimore County | 566 | 885 | 70 | 112 |
| Calvert | 73 | 50 | 12 | 9 |
| Caroline | 33 | 57 | # | # |
| Carroll | 31 | 37 | # | # |
| Cecil | 100 | 101 | 19 | 16 |
| Charles | * | * | * | * |
| Dorchester | 17 | 33 | # | # |
| Frederick | 252 | 218 | 10 | 22 |
| Garrett | 5 | 14 | # | # |
| Harford | 244 | 215 | # | 18 |
| Howard | 421 | 572 | # | # |
| Kent | 19 | 15 | 3 | # |
| Montgomery | 597 | 534 | 76 | 93 |
| Prince George's | 152 | 190 | 12 | 31 |
| Queen Anne's | * | * | * | * |
| Somerset | 19 | 17 | 5 | 8 |
| St. Mary's | 125 | 120 | # | # |
| Talbot | 25 | 9 | 5 | # |
| Washington | 70 | 138 | 24 | 16 |
| Wicomico | 48 | 65 | 2 | 4 |
| Worcester | 26 | 52 | 4 | # |

# Staff COVID Case Progressions by LEA

**Column 1 (May 20 reported on May 24)**
represents the number of staff COVID cases reported between the 04/26/2022 and 05/24/2022 State Board meetings.

**Column 2 (June 24 reported on June 28)**
represents the number of staff COVID cases reported between the 05/24/2022 and 06/28/2022 State Board meetings.

**Column 3 (July 22 reported on July 26)**
represents the number of staff COVID cases reported between the 06/28/2022 and 07/26/2022 State Board meetings.

**Column 4 (Aug 19 reported on Aug 23)**
represents the number of staff COVID cases reported between the 07/26/2022 and 08/23/2022 State Board meetings.

*LEA is no longer tracking this metric.

#No new data reported by LEA.

# Student COVID Case Progressions by LEA

| LEA | May 24 | (%) | Jun 28 | (%) | Jul 26 | (%) | Aug 23 | (%) |
|---|---|---|---|---|---|---|---|---|
| Allegany | 35 | (0.4) | 65 | (0.8) | # | # | 1 | (0.0) |
| Anne Arundel | 1,419 | (1.7) | 2,655 | (3.2) | # | # | # | # |
| Baltimore City | 932 | (1.2) | 1,380 | (1.8) | 88 | (0.1) | 62 | (0.1) |
| Baltimore County | 1,993 | (1.8) | 2,574 | (2.3) | 9 | (0.0) | 52 | (0.0) |
| Calvert | 321 | (2.1) | 387 | (2.5) | 3 | (0.0) | # | # |
| Caroline | 61 | (1.1) | 99 | (1.8) | # | # | # | # |
| Carroll | 493 | (2.0) | 665 | (2.7) | # | # | # | # |
| Cecil | 187 | (1.3) | 156 | (1.0) | # | # | # | # |
| Charles | * | * | * | * | * | * | * | * |
| Dorchester | 36 | (0.8) | 101 | (2.2) | # | # | 1 | (0.0) |
| Frederick | 957 | (2.1) | 1,038 | (2.3) | 3 | (0.0) | 38 | (0.1) |
| Garrett | 8 | (0.2) | 49 | (1.4) | # | # | # | # |
| Harford | 774 | (2.0) | 651 | (1.7) | # | # | 11 | (0.0) |
| Howard | 1,667 | (2.9) | 2,221 | (3.9) | # | # | # | # |
| Kent | 44 | (2.6) | 23 | (1.3) | 1 | (0.1) | 1 | (0.1) |
| Montgomery | 4,003 | (2.5) | 3,345 | (2.1) | 117 | (0.1) | 67 | (0.0) |
| Prince George's | 250 | (0.2) | 505 | (0.4) | 10 | (0.0) | 22 | (0.0) |
| Queen Anne's | * | * | * | * | * | * | * | * |
| Somerset | 13 | (0.5) | 12 | (0.4) | 3 | (0.1) | 4 | (0.1) |
| St. Mary's | 278 | (1.6) | 366 | (2.1) | # | # | # | # |
| Talbot | 106 | (2.3) | 56 | (1.2) | # | # | # | # |
| Washington | 170 | (0.8) | 205 | (0.9) | 28 | (0.1) | 21 | (0.1) |
| Wicomico | 106 | (0.7) | 138 | (0.9) | # | # | 4 | (0.0) |
| Worcester | 32 | (0.5) | 130 | (1.9) | 13 | (0.2) | # | # |

**Column 1 (May 20 reported on May 24)** represents the number of student COVID cases reported between the 04/26/2022 and 05/24/2022 State Board meetings.

**Column 2 (June 24 reported on June 28)** represents the number of student COVID cases reported between the 05/24/2022 and 06/28/2022 State Board meetings.

**Column 3 (July 22 reported on July 26)** represents the number of student COVID cases reported between the 06/28/2022 and 07/26/2022 State Board meetings.

**Column 4 (Aug 19 reported on Aug 23)** represents the number of student COVID cases reported between the 07/26/2022 and 08/23/2022 State Board meetings.

*LEA is no longer tracking this metric.

#No new data reported by LEA.

# 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

Schools are scheduled to open for the 2022-2023 school year over the period August 17-September 6, 2022, depending on the LEA.

Prince George's County Public Schools is currently the only LEA with masking restrictions in place.
All other LEAs are scheduled to begin the new school year operating on a normal basis.

# 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, but it is still marginally higher than it was at the beginning of this reporting period (a less than 1 percent increase). At the county level, there is not a consistent pattern, with 13 jurisdictions showing declines in the positivity rate since the start of the reporting period, while 11 jurisdictions have seen increases.

- 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 declined for seven consecutive days. This decline at the state level is primarily due to decreases in the rates in jurisdictions with large populations (Baltimore City and Anne Arundel, Baltimore, Frederick, Harford, Howard, Montgomery, and Prince George's counties). The majority of jurisdictions (13) currently has higher rates than at the start of the reporting period.

- The **total number of hospitalizations has decreased since its August 8-12 peak during this reporting period**, but the hospitalization count remains at its highest level since mid-February 2022.

- The **number of jurisdictions classified by the CDC as having high or medium COVID-19 Community Levels has remained steady** over the past four weeks (in the 18-19 range).

# Daily Positivity Rate (as Reported by the MDH)

| County | July 21 | July 28 | August 4 | August 11 | August 18 |
|---|---|---|---|---|---|
| Statewide | 10.5% | 10.5% | 13.0% | 11.1% | 11.4% |
| Allegany | 11.9% | 17.3% | 13.1% | 15.1% | 18.3% |
| Anne Arundel | 14.2% | 15.4% | 13.5% | 13.9% | 12.4% |
| Baltimore | 8.8% | 8.8% | 11.5% | 10.9% | 10.3% |
| Baltimore City | 9.3% | 9.2% | 10.3% | 10.0% | 9.7% |
| Calvert | 15.5% | 13.9% | 10.3% | 8.9% | 11.6% |
| Caroline | 7.4% | 11.4% | 11.4% | 12.1% | 12.5% |
| Carroll | 13.1% | 14.2% | 12.1% | 11.2% | 11.6% |
| Cecil | 13.9% | 18.0% | 17.4% | 18.3% | 16.3% |
| Charles | 13.9% | 14.8% | 15.6% | 8.8% | 10.8% |
| Dorchester | 9.8% | 13.8% | 14.7% | 13.0% | 11.8% |
| Frederick | 14.3% | 14.3% | 14.8% | 15.0% | 13.8% |
| Garrett | 20.4% | 17.8% | 15.6% | 14.2% | 21.7% |
| Harford | 12.8% | 11.5% | 11.5% | 12.9% | 10.2% |
| Howard | 13.8% | 11.5% | 12.4% | 10.9% | 11.3% |
| Kent | 12.9% | 16.7% | 15.2% | 16.2% | 12.3% |
| Montgomery | 9.2% | 8.5% | 12.8% | 13.0% | 12.5% |
| Prince George's | 14.0% | 13.6% | 16.1% | 14.7% | 13.7% |
| Queen Anne's | 10.8% | 12.3% | 11.4% | 12.6% | 12.6% |
| St. Mary's | 10.2% | 13.0% | 10.7% | 4.2% | 10.2% |
| Somerset | 12.5% | 13.6% | 12.6% | 8.9% | 7.1% |
| Talbot | 8.6% | 10.5% | 9.5% | 13.2% | 14.4% |
| Washington | 15.8% | 16.1% | 11.4% | 7.4% | 11.3% |
| Wicomico | 19.5% | 19.2% | 20.5% | 10.8% | 14.3% |
| Worcester | 20.0% | 18.0% | 23.6% | 17.1% | 13.9% |

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

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

| County | July 21 | July 28 | August 4 | August 11 | August 17 |
|---|---|---|---|---|---|
| Statewide | 26.4 | 27.1 | 26.0 | 25.8 | 22.2 |
| Allegany | 25.0 | 46.7 | 38.8 | 39.8 | 53.8 |
| Anne Arundel | 24.5 | 26.0 | 20.8 | 25.0 | 19.3 |
| Baltimore | 20.4 | 20.6 | 21.6 | 20.2 | 17.8 |
| Baltimore City | 26.8 | 27.4 | 27.6 | 25.5 | 24.2 |
| Calvert | 20.8 | 17.3 | 12.8 | 19.0 | 17.0 |
| Caroline | 11.1 | 21.0 | 17.1 | 18.4 | 13.7 |
| Carroll | 15.9 | 16.5 | 15.7 | 20.0 | 18.8 |
| Cecil | 16.0 | 22.4 | 22.1 | 25.8 | 20.1 |
| Charles | 26.6 | 32.1 | 31.3 | 28.2 | 24.0 |
| Dorchester | 17.0 | 30.9 | 26.9 | 39.8 | 31.3 |
| Frederick | 22.2 | 21.4 | 23.5 | 22.0 | 16.5 |
| Garrett | 26.6 | 22.7 | 19.7 | 17.2 | 27.6 |
| Harford | 20.6 | 19.6 | 18.7 | 20.8 | 16.6 |
| Howard | 31.2 | 26.6 | 27.9 | 23.2 | 20.6 |
| Kent | 22.1 | 26.5 | 26.5 | 35.3 | 36.8 |
| Montgomery | 35.2 | 32.6 | 31.4 | 28.5 | 21.9 |
| Prince George's | 31.6 | 34.2 | 32.6 | 30.0 | 26.7 |
| Queen Anne's | 15.6 | 14.2 | 15.9 | 16.5 | 19.0 |
| St. Mary's | 16.9 | 23.4 | 21.0 | 34.9 | 29.0 |
| Somerset | 16.7 | 26.8 | 20.6 | 24.5 | 21.8 |
| Talbot | 12.3 | 20.8 | 18.1 | 29.2 | 25.4 |
| Washington | 23.2 | 25.8 | 19.2 | 29.0 | 23.0 |
| Wicomico | 29.0 | 29.4 | 32.3 | 33.4 | 33.1 |
| Worcester | 20.2 | 24.3 | 23.2 | 28.4 | 23.2 |

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

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

| County | July 22 | July 29 | August 8 | August 12 | August 19 |
|---|---|---|---|---|---|
| Statewide | 76.7% | 76.8% | 76.9% | 77.1% | 77.1% |
| Allegany | 56.3% | 56.3% | 56.4% | 56.4% | 56.4% |
| Anne Arundel | 77.8% | 78.0% | 78.1% | 78.2% | 78.3% |
| Baltimore | 73.7% | 73.8% | 73.9% | 73.9% | 74.0% |
| Baltimore City | 65.2% | 65.3% | 65.4% | 65.5% | 65.6% |
| Calvert | 71.7% | 71.8% | 71.8% | 71.9% | 72.0% |
| Caroline | 57.8% | 57.8% | 57.9% | 57.9% | 58.0% |
| Carroll | 72.9% | 73.0% | 73.1% | 73.1% | 73.2% |
| Cecil | 59.5% | 59.6% | 59.6% | 59.7% | 59.8% |
| Charles | 71.7% | 71.8% | 71.9% | 72.1% | 72.1% |
| Dorchester | 60.3% | 60.4% | 60.5% | 60.5% | 60.6% |
| Frederick | 79.5% | 79.7% | 79.7% | 79.9% | 79.9% |
| Garrett | 51.7% | 51.7% | 51.8% | 51.9% | 51.9% |
| Harford | 70.8% | 70.9% | 70.9% | 71.0% | 71.1% |
| Howard | 87.0% | 87.2% | 87.3% | 87.4% | 87.5% |
| Kent | 66.6% | 66.6% | 66.7% | 66.8% | 66.8% |
| Montgomery | 88.7% | 89.0% | 89.2% | 89.3% | 89.5% |
| Prince George's | 76.2% | 76.4% | 76.5% | 76.6% | 76.7% |
| Queen Anne's | 68.1% | 68.2% | 68.3% | 68.3% | 68.4% |
| St. Mary's | 67.0% | 67.1% | 67.1% | 67.2% | 67.3% |
| Somerset | 50.9% | 50.9% | 51.0% | 51.0% | 51.0% |
| Talbot | 74.7% | 74.8% | 74.8% | 75.0% | 75.0% |
| Washington | 60.5% | 60.6% | 60.7% | 60.7% | 60.8% |
| Wicomico | 56.7% | 56.8% | 56.8% | 56.9% | 56.9% |
| Worcester | 73.0% | 73.1% | 73.1% | 73.2% | 73.2% |

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 | July 22 | July 29 | August 8 | August 12 | August 19 |
|---|---|---|---|---|---|
| Statewide | 81.6% | 81.7% | 81.7% | 81.8% | 81.9% |
| Allegany | 58.9% | 59.0% | 59.0% | 59.1% | 59.1% |
| Anne Arundel | 82.9% | 83.0% | 83.0% | 83.2% | 83.2% |
| Baltimore | 78.3% | 78.3% | 78.4% | 78.5% | 78.5% |
| Baltimore City | 69.5% | 69.6% | 69.9% | 69.7% | 69.8% |
| Calvert | 75.7% | 75.8% | 75.8% | 75.9% | 76.0% |
| Caroline | 61.6% | 61.6% | 61.6% | 61.7% | 61.7% |
| Carroll | 77.1% | 77.2% | 77.2% | 77.3% | 77.3% |
| Cecil | 63.1% | 63.2% | 63.2% | 63.3% | 63.3% |
| Charles | 76.2% | 76.3% | 76.4% | 76.5% | 76.6% |
| Dorchester | 63.9% | 64.0% | 64.0% | 64.1% | 64.2% |
| Frederick | 84.5% | 84.6% | 84.6% | 84.7% | 84.8% |
| Garrett | 54.3% | 54.3% | 54.4% | 54.4% | 54.4% |
| Harford | 75.0% | 75.1% | 75.1% | 75.2% | 75.3% |
| Howard | 92.4% | 92.5% | 92.5% | 92.6% | 92.6% |
| Kent | 69.3% | 69.4% | 69.4% | 69.5% | 69.6% |
| Montgomery | 94.5% | 94.7% | 94.7% | 94.8% | 94.9% |
| Prince George's | 81.5% | 81.7% | 81.8% | 81.9% | 82.0% |
| Queen Anne's | 71.8% | 71.8% | 71.9% | 71.9% | 72.0% |
| St. Mary's | 71.5% | 71.5% | 71.6% | 71.6% | 71.7% |
| Somerset | 53.3% | 53.4% | 53.4% | 53.5% | 53.5% |
| Talbot | 78.4% | 78.4% | 78.5% | 78.6% | 78.7% |
| Washington | 64.2% | 64.2% | 64.3% | 64.3% | 64.4% |
| Wicomico | 60.4% | 60.4% | 60.5% | 60.6% | 60.6% |
| Worcester | 76.1% | 76.2% | 76.2% | 76.3% | 76.3% |

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 | July 22 | July 29 | August 8 | August 12 | August 19 |
|---|---|---|---|---|---|
| Statewide | 53.7% | 53.9% | 54.0% | 54.1% | 54.2% |
| Allegany | 51.9% | 52.0% | 52.2% | 52.3% | 52.4% |
| Anne Arundel | 53.6% | 53.7% | 53.8% | 53.9% | 54.0% |
| Baltimore | 56.9% | 57.0% | 57.2% | 57.3% | 57.4% |
| Baltimore City | 51.8% | 51.9% | 52.0% | 52.1% | 52.2% |
| Calvert | 53.3% | 53.4% | 53.5% | 53.6% | 53.7% |
| Caroline | 49.8% | 49.9% | 50.1% | 50.1% | 50.2% |
| Carroll | 56.7% | 56.9% | 57.0% | 57.1% | 57.2% |
| Cecil | 41.9% | 42.0% | 42.1% | 42.2% | 42.3% |
| Charles | 48.6% | 48.7% | 48.9% | 49.0% | 49.1% |
| Dorchester | 53.0% | 53.2% | 53.3% | 53.6% | 53.7% |
| Frederick | 56.4% | 56.5% | 56.6% | 56.8% | 57.0% |
| Garrett | 51.7% | 51.8% | 52.0% | 52.2% | 52.2% |
| Harford | 54.6% | 54.7% | 54.8% | 54.9% | 55.0% |
| Howard | 63.0% | 63.0% | 63.1% | 63.2% | 63.3% |
| Kent | 58.0% | 58.0% | 58.0% | 58.1% | 58.2% |
| Montgomery | 57.9% | 58.0% | 58.1% | 58.2% | 58.3% |
| Prince George's | 46.7% | 46.8% | 47.0% | 47.1% | 47.3% |
| Queen Anne's | 55.5% | 55.5% | 55.6% | 55.7% | 55.7% |
| St. Mary's | 49.3% | 49.4% | 49.4% | 49.5% | 49.6% |
| Somerset | 51.8% | 51.9% | 52.1% | 52.2% | 52.2% |
| Talbot | 59.6% | 59.7% | 59.8% | 59.8% | 59.9% |
| Washington | 52.2% | 52.2% | 52.3% | 52.4% | 52.5% |
| Wicomico | 50.7% | 50.8% | 50.9% | 51.0% | 51.1% |
| Worcester | 52.2% | 52.2% | 52.3% | 52.4% | 52.4% |

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 | July 22 | July 29 | August 8 | August 12 | August 19 |
|---|---|---|---|---|---|
| Statewide | N/A | 53.9% | 54.1% | 54.2% | 54.3% |
| Allegany | 51.9% | 52.0% | 52.2% | 52.3% | 52.4% |
| Anne Arundel | 53.6% | 53.7% | 53.9% | 54.0% | 54.1% |
| Baltimore | 56.9% | 57.1% | 57.2% | 57.3% | 57.5% |
| Baltimore City | 51.8% | 51.9% | 52.1% | 52.2% | 52.3% |
| Calvert | 53.3% | 53.4% | 53.5% | 53.7% | 53.8% |
| Caroline | 49.8% | 49.9% | 50.1% | 50.1% | 50.2% |
| Carroll | 56.7% | 56.9% | 57.0% | 57.1% | 57.3% |
| Cecil | 41.9% | 42.0% | 42.1% | 42.2% | 42.3% |
| Charles | 48.6% | 48.8% | 48.9% | 49.0% | 49.2% |
| Dorchester | 53.0% | 53.2% | 53.3% | 53.6% | 53.7% |
| Frederick | 56.4% | 56.6% | 56.7% | 56.9% | 57.1% |
| Garrett | 51.7% | 51.8% | 52.1% | 52.2% | 52.2% |
| Harford | 54.6% | 54.7% | 54.9% | 54.9% | 55.1% |
| Howard | 63.0% | 63.1% | 63.3% | 63.4% | 63.6% |
| Kent | 58.0% | 58.0% | 58.0% | 58.1% | 58.2% |
| Montgomery | 57.9% | 58.1% | 58.2% | 58.4% | 58.5% |
| Prince George's | 46.7% | 46.8% | 47.0% | 47.1% | 47.3% |
| Queen Anne's | 55.5% | 55.5% | 55.6% | 55.7% | 55.8% |
| St. Mary's | 49.3% | 49.4% | 49.5% | 49.6% | 49.7% |
| Somerset | 51.8% | 51.9% | 52.1% | 52.2% | 52.2% |
| Talbot | 59.6% | 59.7% | 59.8% | 59.8% | 59.9% |
| Washington | 52.2% | 52.2% | 52.4% | 52.5% | 52.5% |
| Wicomico | 50.7% | 50.9% | 50.9% | 51.0% | 51.1% |
| Worcester | 52.2% | 52.2% | 52.3% | 52.4% | 52.5% |

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 | July 22 | July 29 | August 8 | August 12 | August 19 |
|---|---|---|---|---|---|
| Statewide | 55.9% | 56.0% | 56.2% | 56.2% | 56.3% |
| Allegany | 52.9% | 53.0% | 53.1% | 53.2% | 53.3% |
| Anne Arundel | 56.1% | 56.3% | 56.4% | 56.5% | 56.6% |
| Baltimore | 59.2% | 59.3% | 59.5% | 59.6% | 59.6% |
| Baltimore City | 53.2% | 53.3% | 53.4% | 53.5% | 53.7% |
| Calvert | 55.6% | 55.6% | 55.7% | 55.8% | 55.9% |
| Caroline | 51.0% | 51.1% | 51.2% | 51.2% | 51.3% |
| Carroll | 59.0% | 59.1% | 59.2% | 59.2% | 59.3% |
| Cecil | 42.9% | 43.0% | 43.1% | 43.2% | 43.2% |
| Charles | 50.4% | 50.6% | 50.8% | 50.8% | 51.0% |
| Dorchester | 54.0% | 54.2% | 54.3% | 54.5% | 54.7% |
| Frederick | 59.2% | 59.3% | 59.4% | 59.5% | 59.6% |
| Garrett | 52.4% | 52.5% | 52.7% | 52.9% | 52.9% |
| Harford | 56.8% | 56.9% | 57.0% | 57.1% | 57.2% |
| Howard | 66.6% | 66.7% | 66.8% | 66.9% | 66.9% |
| Kent | 59.1% | 59.1% | 59.1% | 59.2% | 59.2% |
| Montgomery | 60.7% | 60.8% | 60.9% | 61.0% | 61.1% |
| Prince George's | 48.5% | 48.7% | 48.8% | 49.0% | 49.1% |
| Queen Anne's | 57.2% | 57.3% | 57.3% | 57.4% | 57.5% |
| St. Mary's | 51.1% | 51.1% | 51.2% | 51.3% | 51.4% |
| Somerset | 52.8% | 52.9% | 53.0% | 53.1% | 53.2% |
| Talbot | 61.3% | 61.4% | 61.4% | 61.5% | 61.6% |
| Washington | 53.5% | 53.6% | 53.7% | 53.8% | 53.9% |
| Wicomico | 52.0% | 52.1% | 52.2% | 52.2% | 52.3% |
| Worcester | 53.2% | 53.3% | 53.4% | 53.4% | 53.5% |

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 August 10, 2022, the American Academy of Pediatrics reported (based on CDC data) that approximately one million children ages 6 months-4 years have received at least one dose of COVID-19 vaccine (representing approximately 6 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 of August 17, 2022 (as Reported by the CDC)

| | United States | Health & Human Services Region 3 (includes Maryland, plus Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia) |
|---|---|---|
| Children Ages 2-4 – At Least One Dose | 5.7% | 8.3% |
| Children Ages 2-4 – Full Vaccinated | 1.1% | 2.0% |
| Children Under Age 2 – At Least One Dose | 3.4% | 5.3% |
| Children Under Age 2 – Fully Vaccinated | 0.6% | 1.2% |

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)

| | July 21 | July 28 | August 4 | August 11 | August 18 |
|---|---|---|---|---|---|
| Adult Acute Beds | 513 | 539 | 535 | 546 | 484 |
| Adult ICU Beds | 46 | 51 | 63 | 65 | 53 |
| Pediatric Acute Beds | 12 | 13 | 12 | 14 | 12 |
| Pediatric ICU Beds | 3 | 6 | 4 | 3 | 4 |
| Total Beds (includes all adult and pediatric beds) | 574 | 609 | 614 | 628 | 553 |

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

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



Legend: — Adult Acute Beds — Adult ICU Beds — Pediatric Acute Beds — Pediatric ICU Beds — Total Beds (includes all adult and pediatric beds)

| | as of July 21 | as of July 28 | as of Aug 4 | as of Aug 11 | as of Aug 18 |
|---|---|---|---|---|---|
| Total Beds | 574 | 609 | 614 | 628 | 553 |
| Adult Acute Beds | 513 | 539 | 535 | 546 | 484 |
| Adult ICU Beds | 46 | 51 | 63 | 65 | 53 |
| Pediatric Acute Beds | 12 | 13 | 12 | 14 | 12 |
| Pediatric ICU Beds | 3 | 6 | 4 | 3 | 4 |

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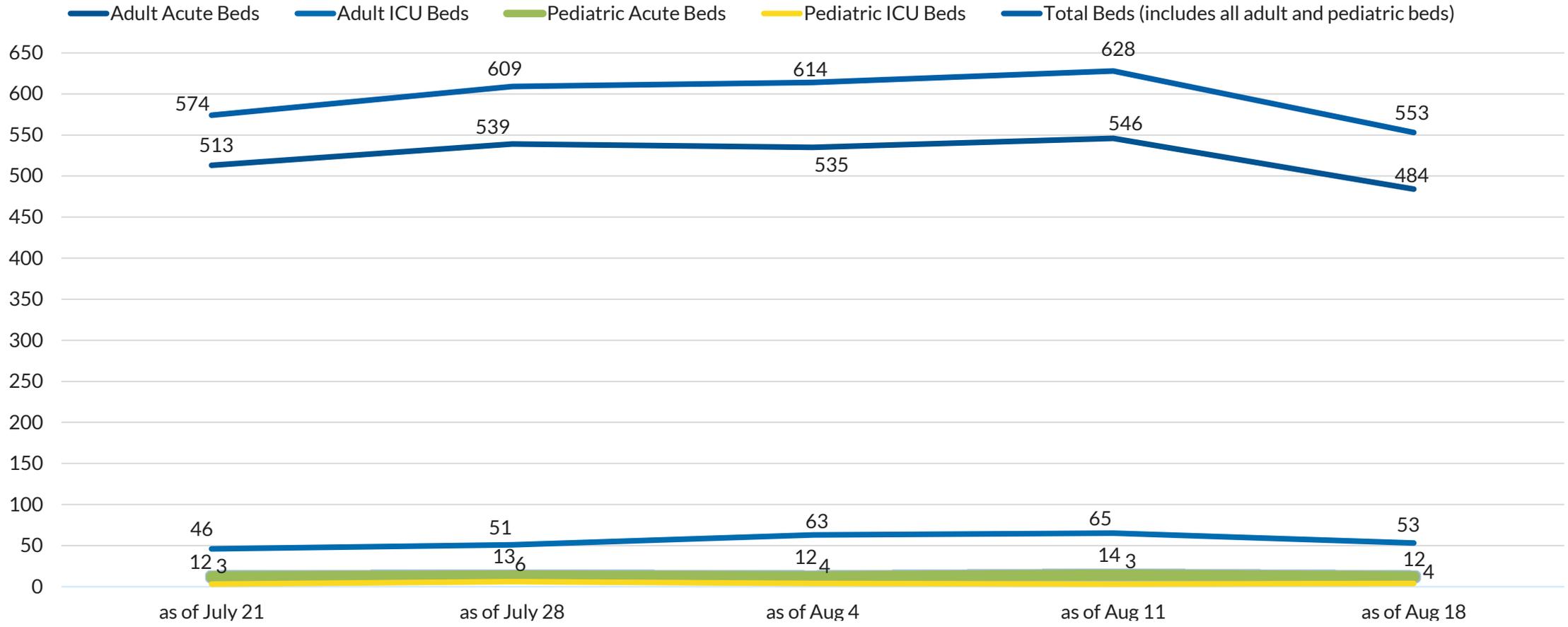
# Total Number of Admissions of Confirmed COVID-19 Patients
## (Adult and Pediatric) Over Past 7 Days by Jurisdiction (as Reported by the CDC)

| County | July 22 | July 29 | August 8 | August 12 | August 19 |
|---|---|---|---|---|---|
| Allegany | 10 | 12 | 7 | 7 | 8 |
| Anne Arundel | 67 | 74 | 62 | 66 | 63 |
| Baltimore | 95 | 106 | 89 | 94 | 91 |
| Baltimore City | 68 | 76 | 64 | 67 | 65 |
| Calvert | 11 | 12 | 10 | 10 | 10 |
| Caroline | 2 | 1 | 2 | 2 | 1 |
| Carroll | 19 | 21 | 18 | 19 | 18 |
| Cecil | 10 | 13 | 10 | 12 | 12 |
| Charles | 15 | 16 | 16 | 18 | 16 |
| Dorchester | 2 | 1 | 1 | 2 | 1 |
| Frederick | 14 | 12 | 15 | 16 | 14 |
| Garrett | 4 | 5 | 3 | 3 | 3 |
| Harford | 24 | 33 | 25 | 31 | 30 |
| Howard | 37 | 42 | 35 | 37 | 36 |
| Kent | 0 | 1 | 0 | 0 | 1 |
| Montgomery | 96 | 100 | 106 | 116 | 102 |
| Prince George's | 83 | 87 | 92 | 100 | 88 |
| Queen Anne's | 3 | 1 | 2 | 3 | 2 |
| St. Mary's | 10 | 11 | 11 | 13 | 11 |
| Somerset | 5 | 4 | 5 | 5 | 5 |
| Talbot | 2 | 1 | 2 | 2 | 1 |
| Washington | 9 | 16 | 16 | 15 | 11 |
| Wicomico | 19 | 15 | 21 | 22 | 21 |
| Worcester | 10 | 8 | 11 | 11 | 11 |

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 | July 22 | July 29 | August 8 | August 12 | August 19 |
|---|---|---|---|---|---|
| Statewide | 35 | 68 | 38 | 47 | 48 |
| Allegany | suppressed | suppressed | 0 | 0 | suppressed |
| Anne Arundel | suppressed | suppressed | suppressed | suppressed | suppressed |
| Baltimore | suppressed | 10 | suppressed | suppressed | suppressed |
| Baltimore City | suppressed | suppressed | suppressed | suppressed | suppressed |
| Calvert | 0 | 0 | suppressed | suppressed | 0 |
| Caroline | 0 | 0 | 0 | suppressed | suppressed |
| Carroll | 0 | 0 | suppressed | suppressed | suppressed |
| Cecil | 0 | suppressed | suppressed | suppressed | 0 |
| Charles | 0 | suppressed | suppressed | suppressed | suppressed |
| Dorchester | suppressed | 0 | 0 | 0 | suppressed |
| Frederick | 0 | suppressed | 0 | suppressed | suppressed |
| Garrett | 0 | 0 | 0 | suppressed | 0 |
| Harford | suppressed | suppressed | 0 | suppressed | suppressed |
| Howard | 0 | 0 | 0 | 0 | suppressed |
| Kent | 0 | 0 | suppressed | suppressed | suppressed |
| Montgomery | suppressed | suppressed | suppressed | suppressed | 14 |
| Prince George's | suppressed | suppressed | suppressed | suppressed | suppressed |
| Queen Anne's | suppressed | suppressed | 0 | 0 | suppressed |
| St. Mary's | suppressed | suppressed | suppressed | suppressed | suppressed |
| Somerset | 0 | 0 | 0 | 0 | 0 |
| Talbot | 0 | 0 | 0 | 0 | suppressed |
| Washington | 0 | suppressed | suppressed | 0 | suppressed |
| Wicomico | suppressed | suppressed | suppressed | suppressed | suppressed |
| Worcester | 0 | 0 | 0 | suppressed | suppressed |

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

# 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 on buses or vans.

# Lifting of Mask Mandates in Schools and on Buses

As of March 14, 2022, every Maryland LEA except Prince George's County Public Schools (PGCPS)* had lifted the mask mandate requirements in schools and on buses.

Allegany – effective 03/02/22
Anne Arundel – effective 02/28/22
Baltimore City – effective 03/14/22
Baltimore County – effective 03/01/22
Calvert – effective 03/01/22
Caroline – effective 02/28/22
Carroll – effective 02/28/22
Cecil – effective 02/28/22
Charles – effective 03/01/22
Dorchester – effective 03/01/22
Frederick – effective 02/25/22
Garrett – effective 03/01/22
Harford – effective 03/01/22

Harford – effective 03/01/22
Howard – effective 03/01/22
Kent – effective 02/28/22 (schools) & 03/01/22 (buses)
Montgomery – effective 03/09/22
Queen Anne's – effective 02/28/22
Somerset – effective 02/28/22
St. Mary's – effective 02/28/22
Talbot – effective 02/28/22
Washington – effective 02/28/22
Wicomico – effective 02/28/22
Worcester – effective 02/28/22

*Note that PGCPS lifted its mask mandate requirement in schools and on buses on July 1, 2022. On August 12, 2022, PGCPS announced that they were reintroducing a mandatory mask policy in all schools and facilities, effective August 15, 2022, until further notice, due to the spread of the highly contagious COVID-19 BA.5 variant in the county.

# 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 <u>high</u>, the CDC recommends:

- Wearing a mask indoors in public.
- Staying up-to-date with COVID-19 vaccines.
- Getting tested if symptomatic.
- People at high risk for severe illness may need to take additional precautions.

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

- Staying up-to-date with COVID-19 vaccines.
- Getting tested if symptomatic.
- People at high risk for severe illness should talk to their healthcare provider about whether they need to wear a mask and take other precautions.

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

- Staying up-to-date with COVID-19 vaccines.
- Getting tested if symptomatic.

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

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

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

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

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

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

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

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

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

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

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

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

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

# COVID-19 Community Levels by Jurisdiction (as Reported by the CDC)

| County | July 21 | July 28 | August 4 | August 11 | August 18 |
|---|---|---|---|---|---|
| Allegany | Medium | High | High | Medium | High |
| Anne Arundel | Medium | Medium | Medium | Medium | Medium |
| Baltimore | Medium | Medium | Medium | Medium | Medium |
| Baltimore City | Medium | Medium | Medium | Medium | Medium |
| Calvert | Medium | Medium | Medium | Medium | Medium |
| Caroline | Low | Low | Low | Low | Medium |
| Carroll | Medium | Medium | Medium | Medium | Medium |
| Cecil | Low | Medium | Medium | Medium | Medium |
| Charles | Low | Medium | High | Medium | Low |
| Dorchester | Low | Low | Medium | Medium | Medium |
| Frederick | Low | Low | Low | Low | Low |
| Garrett | High | Medium | Medium | Low | Medium |
| Harford | Low | Medium | Medium | Medium | Medium |
| Howard | High | Medium | High | Medium | Medium |
| Kent | Low | High | Low | Medium | High |
| Montgomery | Medium | Medium | High | High | Low |
| Prince George's | Medium | Medium | High | High | Low |
| Queen Anne's | Low | Low | Low | Low | Medium |
| St. Mary's | Low | Low | Medium | Medium | Medium |
| Somerset | Medium | Medium | Medium | High | High |
| Talbot | Low | Low | Low | Low | Medium |
| Washington | Low | Medium | Low | Medium | Low |
| Wicomico | Medium | High | High | High | High |
| Worcester | Medium | Medium | Medium | High | High |

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)
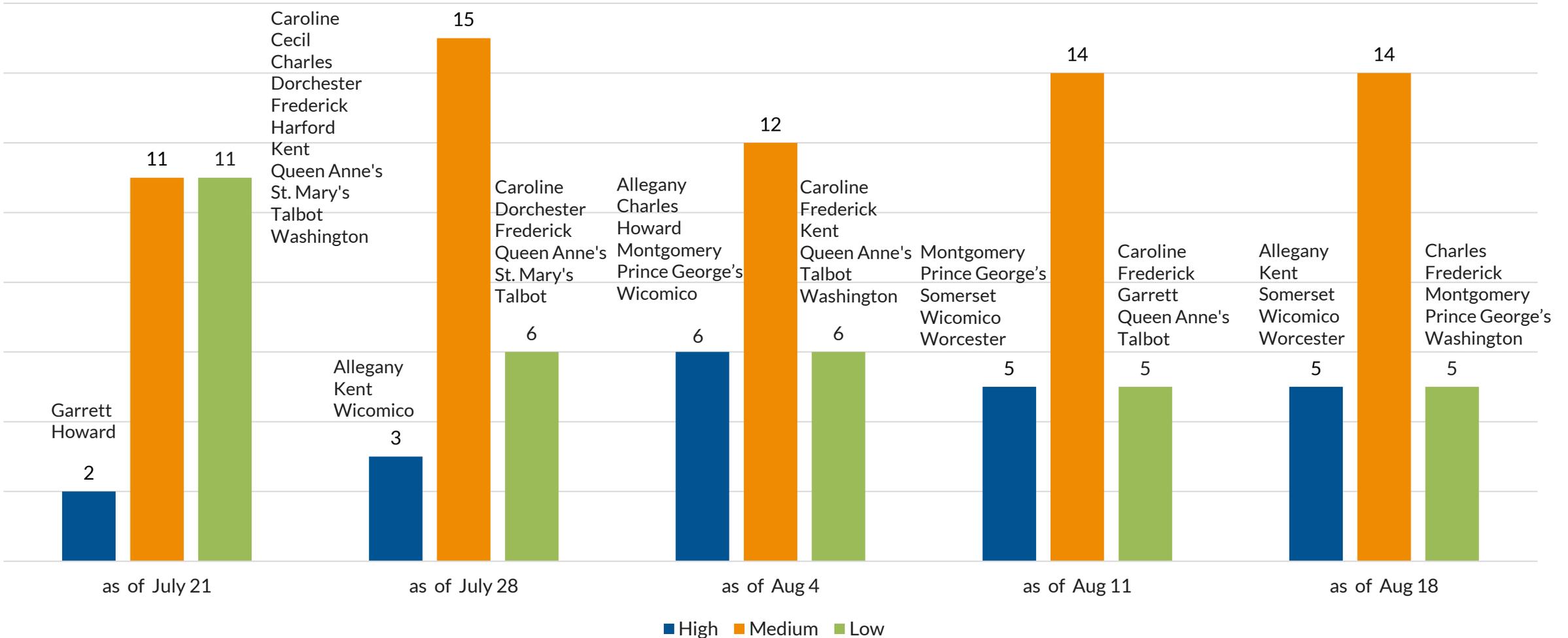
# COVID-19: New Variants

*Update on New Variants*

# COVID-19 Variants

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

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

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

- Some variants emerge and disappear while others persist.

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

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

# 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 August 20, 2022, the BA.5 strain is expected to account for **88.9 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 **87.2 percent** of all cases as of the week ending August 13.

- **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 August 20, 2022, the BA.5 lineage is expected to account for 88.9 % of all cases in the U.S. It accounted for 0.1% of all cases nationwide for the week ending April 16.



% Viral Lineages Among Infections

Collection date, week ending

United States: 5/15/2022 – 8/20/2022

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

# Proportion of COVID-19 Variants in HHS Region 3

For the week ending August 20, 2022, the BA.5 lineage is expected to accounted for 87.2% 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.
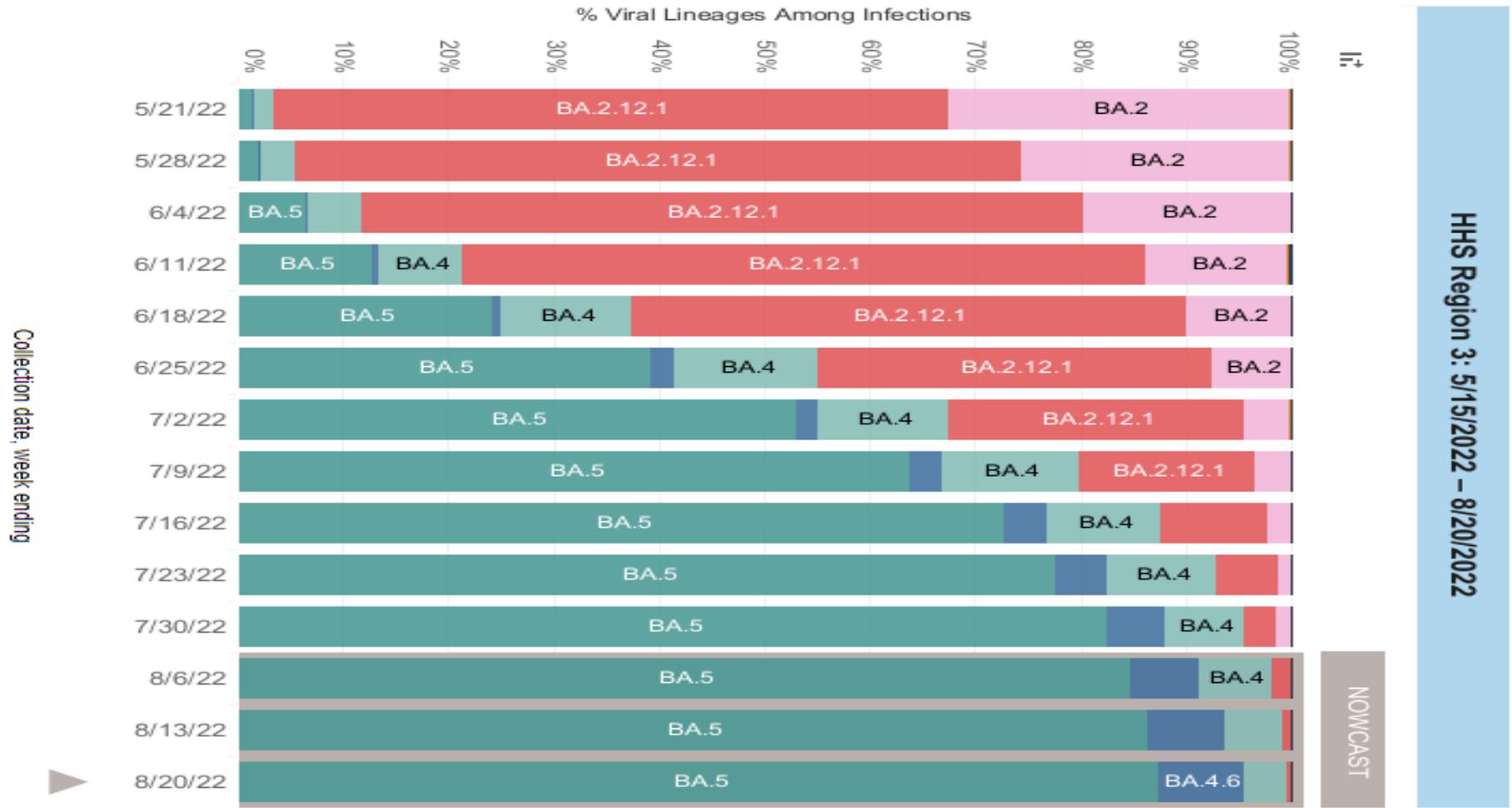


Source: https://covid.cdc.gov/covid-data-tracker/#variant-proportions

# 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.

# 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

# COVIDReady Maryland

*The State's New Long-term Preparedness Plan*

# COVIDReady Maryland: Outline

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

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

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

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

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

# COVIDReady Maryland: Pillars 1 and 2

1) Expanded 'Test To Treat' Provider Infrastructure

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

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

2) Maximizing Utilization of Therapeutics

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

    o Approximately 800 locations statewide currently offer these treatments.

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

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

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

4) Enhanced Awareness and Outreach

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

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

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

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

# COVIDReady Maryland: Pillar 5

5)  State of Readiness for Variants and Waves.

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

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

-   o Additionally, the state has provided record funding for local health departments to help bolster their preparedness efforts as well.
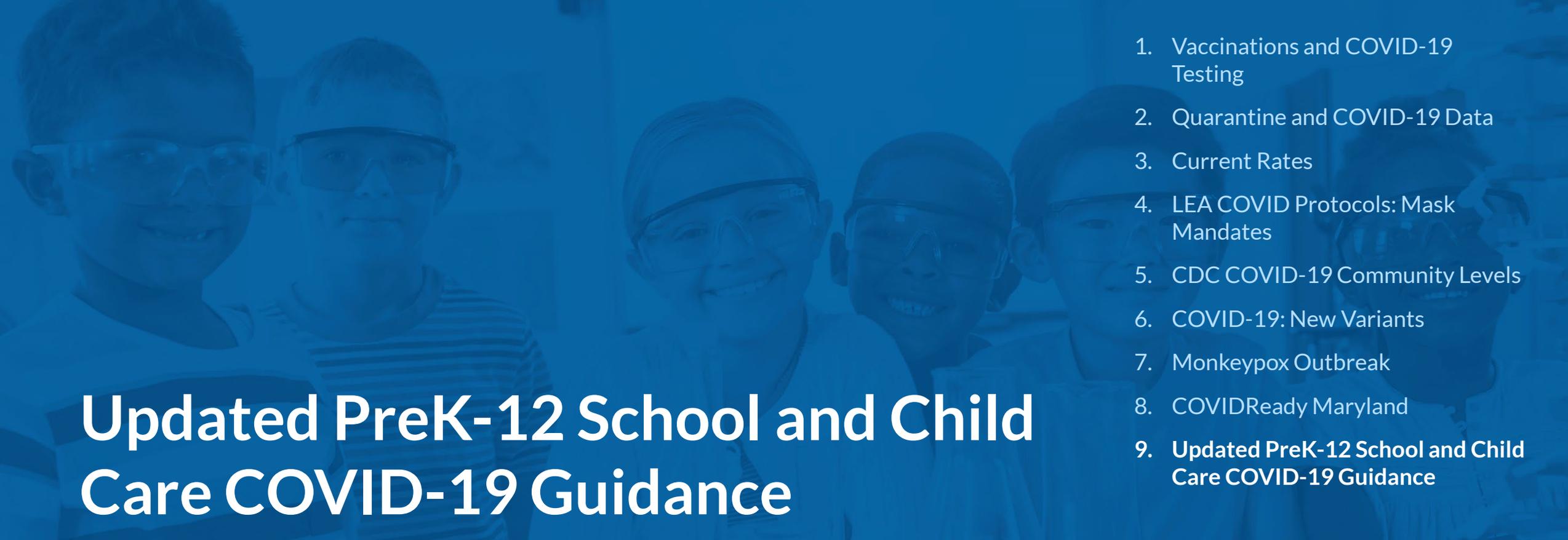
# Updated PreK-12 School and Child Care COVID-19 Guidance

*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