MARYLAND STATE DEPARTMENT OF EDUCATION
EQUITY AND EXCELLENCE

Mohammed Choudhury
State Superintendent of Schools

TO: Members of the State Board of Education

FROM: Mohammed Choudhury, State Superintendent of Schools

DATE: July 28, 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 education agencies (LEAs) are addressing vaccinations, COVID-19 testing, data on the number of students and staff who have needed to be quarantined, positivity rates, 7-Day moving average case rates per 100K by jurisdiction, community transmission levels, and statewide hospitalizations. The presentation will also cover information from the Centers for Disease Control and Prevention (CDC) guidance (February 25, 2022), update on LEAs that lifted the mask mandate in schools and on buses (23 of the 24 school systems), county wide vaccination rates for ages five and older, percentage of total population and percentage of population ages 12 and over and ages 5 and over (new data set) fully vaccinated with a first booster, death rates, CDC Community Level data and recommendations, and review of the Interim K-12 School and Child Care COVID-19 Guidance (March 2, 2022). Latest information on COVID variants is included. Information on the State's New Long-term Preparedness Plan, COVIDReady Maryland, presented by Governor Hogan on June 9, 2022, is described along with information on the approval of the COVID vaccine for children under the age of five.

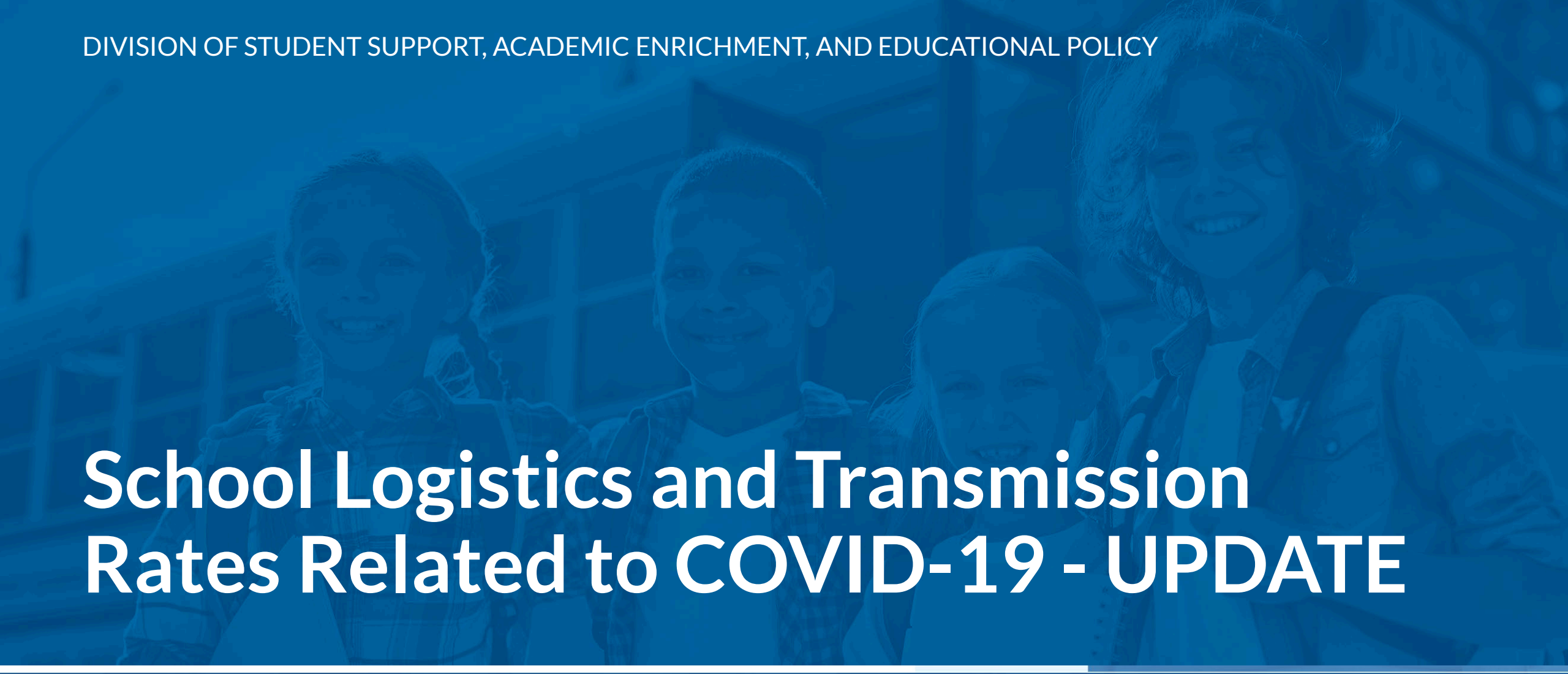
ACTION:

For discussion only.

ATTACHMENT:

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

DIVISION OF STUDENT SUPPORT, ACADEMIC ENRICHMENT, AND EDUCATIONAL POLICY



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

MARYLAND STATE BOARD OF EDUCATION | July 26, 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 July 26, 2022 (LEAs update the data weekly)
- Data published by the Maryland Department of Health (MDH) and the Centers for Disease Control (CDC) on positivity rates, 7-day moving average new daily case rates per 100K population, vaccination rates, hospitalization rates, and death rates for each jurisdiction
- Information on vaccines for children five and under
- The CDC's new COVID-19 community levels metric
- MDH and federal guidance and testing programs
- MDH/MSDE's Updated PreK-12 School and Child Care COVID-19 Guidance
- Information on Omicron variants
- Summary of COVIDReady Maryland, the state's new long-term COVID-19 preparedness plan

PRESENTATION OUTLINE

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

1. **Vaccinations and COVID-19 Testing**
2. Quarantine and COVID-19 Data
3. Current Rates
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Vaccinations and COVID-19 Testing

Update on Vaccinations and Testing

Reported Percentage of Teachers Vaccinated
(as of 07/26/2022)

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

1. Vaccinations and COVID-19 Testing
2. **Quarantine and COVID-19 Data**
3. Current Rates
4. LEA COVID Protocols: Mask Mandates & Testing Strategies
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Quarantine and COVID-19 Data

Quarantine and COVID-19 Data Progressions

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

MSDE/MDH guidance to all LEAs, non-public schools, and licensed child care providers (updated July 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 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	Apr 26	May 24	Jun 28	Jul 26
Allegany	2	2	5	#
Anne Arundel	*	*	*	*
Baltimore City	8	39	10	#
Baltimore County	*	*	*	*
Calvert	4	5	10	1
Caroline	0	0	0	#
Carroll	0	0	0	#
Cecil	0	0	0	#
Charles	*	*	*	*
Dorchester	5	0	13	#
Frederick	1	33	40	#
Garrett	0	0	0	#
Harford	9	21	21	#
Howard	47	228	234	#
Kent	0	6	1	1
Montgomery	23	82	59	#
Prince George's	46	52	0	#
Queen Anne's	*	*	*	*
Somerset	0	1	8	4
St. Mary's	0	3	2	#
Talbot	0	4	6	#
Washington	*	*	*	*
Wicomico	5	9	21	#
Worcester	1	25	53	8

Staff Quarantine Progressions by LEA

Column 1 (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 2 (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 3 (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 4 (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.

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

#No new data reported by the LEA.

LEA	Apr 26	(%)	May 24	(%)	Jun 28	(%)	Jul 26	(%)
Allegany	9	(0.1)	16	(0.2)	28	(0.3)	#	#
Anne Arundel	*	*	*	*	*	*	*	*
Baltimore City	51	(0.1)	707	(0.9)	33	(0.0)	1	(0,0)
Baltimore County	*	*	*	*	*	*	*	*
Calvert	40	(0.3)	49	(0.3)	18	(0.1)	#	#
Caroline	3	(0.1)	12	(0.2)	0	(0.0)	#	#
Carroll	50	(0.2)	74	(0.3)	50	(0.2)	#	#
Cecil	0	(0.0)	0	(0.0)	0	(0.0)	#	#
Charles	*	*	*	*	*	*	*	*
Dorchester	231	(5.0)	314	(6.8)	270	(5.9)	#	#
Frederick	14	(0.0)	56	(0.1)	89	(0.2)	#	#
Garrett	21	(0.6)	5	(0.1)	32	(0.9)	#	#
Harford	141	(0.4)	327	(0.9)	272	(0.7)	#	#
Howard	257	(0.4)	1,033	(1.8)	1,128	(2.0)	#	#
Kent	1	(0.1)	16	(0.9)	36	(2.1)	#	#
Montgomery	737	(0.5)	3,217	(2.0)	3,843	(2.4)	9	(0.0)
Prince George's	755	(0.6)	411	(0.3)	0	(0.0)	#	#
Queen Anne's	*	*	*	*	*	*	*	*
Somerset	2	(0.1)	8	(0.3)	13	(0.5)	#	#
St. Mary's	23	(0.1)	122	(0.7)	13	(0.1)	#	#
Talbot	2	(0.0)	79	(1.7)	63	(1.4)	#	#
Washington	*	*	*	*	*	*	*	*
Wicomico	57	(0.4)	108	(0.7)	118	(0.8)	6	(0.0)
Worcester	24	(0.4)	72	(1.1)	219	(3.2)	31	(0.5)

Student Quarantine Progressions by LEA

Column 1 (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 2 (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 3 (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 4 (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.

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

#No new data reported by LEA.

LEA	Apr 26	May 24	Jun 28	Jul 26
Allegany	10	22	39	#
Anne Arundel	69	296	738	#
Baltimore City	49	252	416	53
Baltimore County	97	566	885	70
Calvert	16	73	50	12
Caroline	11	33	57	#
Carroll	7	31	37	#
Cecil	20	100	101	19
Charles	*	*	*	*
Dorchester	3	17	33	#
Frederick	27	252	218	10
Garrett	5	5	14	#
Harford	52	244	215	#
Howard	59	421	572	#
Kent	2	19	15	3
Montgomery	227	597	534	76
Prince George's	25	152	190	12
Queen Anne's	*	*	*	*
Somerset	1	19	17	5
St. Mary's	19	125	120	#
Talbot	1	25	9	5
Washington	16	70	138	24
Wicomico	11	48	65	2
Worcester	1	26	52	4

Staff COVID Case Progressions by LEA

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

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

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

Column 4 (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.

*LEA is no longer tracking this metric.

#No new data reported by LEA.

Quarantine and COVID-19 Data

LEA	Apr 26	(%)	May 24	(%)	Jun 28	(%)	Jul 26	(%)
Allegany	14	(0.2)	35	(0.4)	65	(0.8)	#	#
Anne Arundel	389	(0.5)	1,419	(1.7)	2,655	(3.2)	#	#
Baltimore City	188	(0.2)	932	(1.2)	1,380	(1.8)	88	(0.1)
Baltimore County	176	(0.2)	1,993	(1.8)	2,574	(2.3)	9	(0.0)
Calvert	50	(0.3)	321	(2.1)	387	(2.5)	3	(0.0)
Caroline	9	(0.2)	61	(1.1)	99	(1.8)	#	#
Carroll	100	(0.4)	493	(2.0)	665	(2.7)	#	#
Cecil	52	(0.3)	187	(1.3)	156	(1.0)	#	#
Charles	*	*	*	*	*	*	*	*
Dorchester	13	(0.3)	36	(0.8)	101	(2.2)	#	#
Frederick	163	(0.4)	957	(2.1)	1,038	(2.3)	3	(0.0)
Garrett	10	(0.3)	8	(0.2)	49	(1.4)	#	#
Harford	161	(0.4)	774	(2.0)	651	(1.7)	#	#
Howard	226	(0.4)	1,667	(2.9)	2,221	(3.9)	#	#
Kent	3	(0.2)	44	(2.6)	23	(1.3)	1	(0.1)
Montgomery	1,236	(0.8)	4,003	(2.5)	3,345	(2.1)	117	(0.1)
Prince George's	77	(0.1)	250	(0.2)	505	(0.4)	10	(0.0)
Queen Anne's	*	*	*	*	*	*	*	*
Somerset	0	(0.0)	13	(0.5)	12	(0.4)	3	(0.1)
St. Mary's	46	(0.3)	278	(1.6)	366	(2.1)	#	#
Talbot	4	(0.1)	106	(2.3)	56	(1.2)	#	#
Washington	61	(0.3)	170	(0.8)	205	(0.9)	28	(0.1)
Wicomico	26	(0.2)	106	(0.7)	138	(0.9)	#	#
Worcester	8	(0.1)	32	(0.5)	130	(1.9)	13	(0.2)

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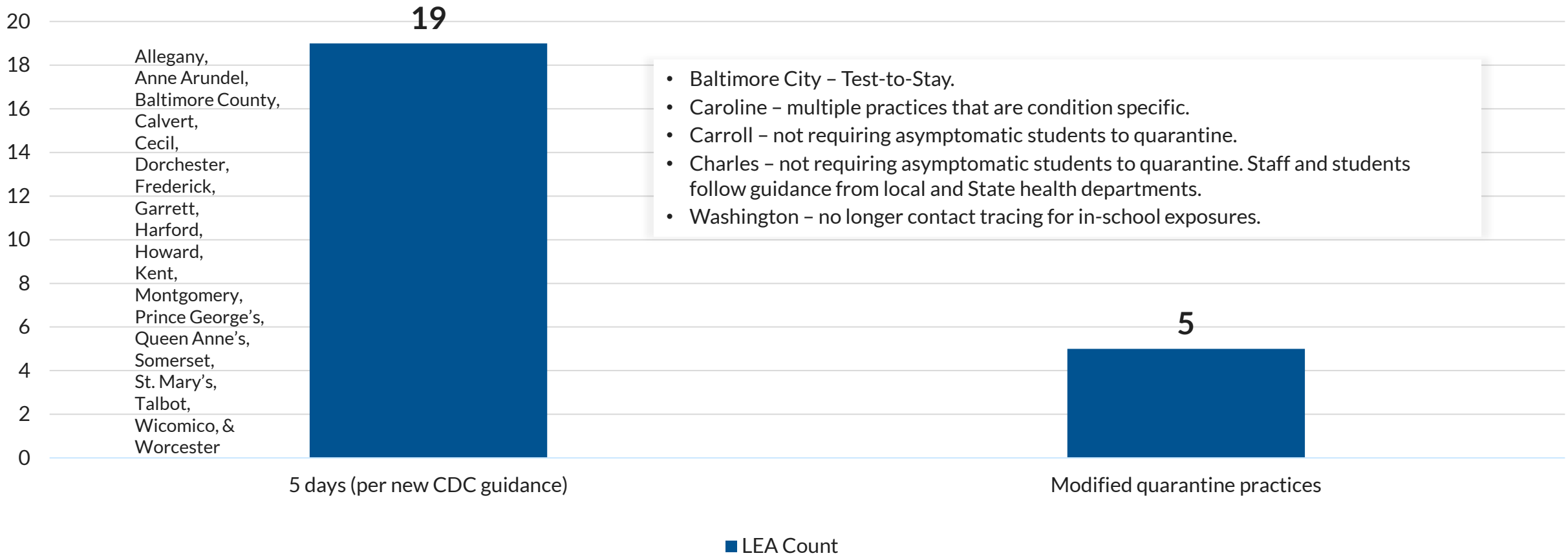
*LEA is no longer tracking this metric.

#No new data reported by LEA.

Quarantine Practices

Current and Modified Quarantine Practices

UPDATED 07/26/2022



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

LEAs/Individual Schools Shifting to Virtual Instruction - Update

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

LEAs are providing summer school programs for students.

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Current Rates

Overview of Rates in Maryland

Current Rates Summary

- On a statewide basis, **the daily positivity rate** and **7-day moving average new daily case rate per 100K population are both higher than they were a month ago**, though the rates have fluctuated within jurisdictions from week-to-week.
- The statewide **daily positivity rate** is higher for this reporting period than at any time since the first Omicron wave in late 2021/early 2022, when rates were approximately three times higher.
- The statewide **7-day moving average** new daily case rate per 100K population rate is lower for this reporting period than it was during most of May and early June, and it is long way off the peaks seen during the first Omicron wave at in late 2021/early 2022, when rates were approximately nine times higher.
- The **number of hospitalizations has grown steadily over this reporting period**, driven by an increase in adult acute bed usage.
- The **number of counties classified by the CDC** as having high or medium COVID-19 Community Levels **increased** at the end of June and the numbers have remained fairly constant during July.

Daily Positivity Rate (as Reported by the MDH)

County	June 23	June 30	July 7	July 14	July 21
Statewide	7.4%	8.7%	9.6%	9.3%	10.5%
Allegany	8.2%	8.1%	11.8%	7.9%	11.9%
Anne Arundel	11.5%	12.1%	13.3%	13.9%	14.2%
Baltimore	6.0%	6.7%	8.3%	8.1%	8.8%
Baltimore City	7.1%	8.1%	8.1%	7.9%	9.3%
Calvert	11.9%	13.2%	13.4%	13.5%	15.5%
Caroline	6.3%	6.2%	9.9%	14.8%	7.4%
Carroll	6.8%	9.5%	12.4%	9.9%	13.1%
Cecil	12.9%	13.2%	16.8%	17.0%	13.9%
Charles	12.8%	13.2%	15.0%	14.3%	13.9%
Dorchester	8.6%	12.3%	10.4%	10.5%	9.8%
Frederick	11.4%	12.6%	13.2%	12.6%	14.3%
Garrett	14.8%	18.9%	18.6%	18.3%	20.4%
Harford	8.7%	9.9%	11.1%	10.2%	12.8%
Howard	10.2%	13.0%	12.6%	14.4%	13.8%
Kent	6.8%	9.3%	13.7%	11.0%	12.9%
Montgomery	5.4%	7.6%	7.7%	7.6%	9.2%
Prince George's	12.5%	11.5%	12.1%	12.7%	14.0%
Queen Anne's	14.3%	9.9%	12.3%	9.2%	10.8%
St. Mary's	10.1%	10.7%	12.8%	14.2%	10.2%
Somerset	10.9%	8.9%	10.2%	7.1%	12.5%
Talbot	7.0%	8.2%	7.8%	8.1%	8.6%
Washington	10.9%	10.8%	12.3%	8.5%	15.8%
Wicomico	12.5%	13.2%	13.4%	16.3%	19.5%
Worcester	12.8%	13.0%	15.0%	12.2%	20.0%

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	June 23	June 30	July 7	July 14	July 21
Statewide	20.5	24.2	21.6	26.7	26.4
Allegany	21.3	15.4	20.5	21.9	25.0
Anne Arundel	19.4	23.2	20.9	26.1	24.5
Baltimore	15.1	17.8	17.2	20.6	20.4
Baltimore City	18.8	22.5	20.0	24.8	26.8
Calvert	16.1	18.1	14.8	15.9	20.8
Caroline	9.0	13.7	12.4	20.1	11.1
Carroll	10.9	14.7	13.9	14.4	15.9
Cecil	18.1	18.1	17.2	20.6	16.0
Charles	25.7	25.8	26.3	30.5	26.6
Dorchester	17.0	20.1	18.3	22.4	17.0
Frederick	17.9	19.7	19.7	20.3	22.2
Garrett	18.2	23.6	24.1	31.5	26.6
Harford	15.7	18.4	16.8	21.6	20.6
Howard	21.7	30.8	26.6	33.8	31.2
Kent	10.3	15.5	21.3	22.1	22.1
Montgomery	30.4	35.0	27.9	37.8	35.2
Prince George's	23.4	28.0	25.5	31.9	31.6
Queen Anne's	15.3	12.8	13.0	12.5	15.6
St. Mary's	16.0	18.9	19.0	20.0	16.9
Somerset	15.1	12.8	13.4	11.7	16.7
Talbot	10.4	16.9	16.1	16.5	12.3
Washington	12.6	16.9	13.6	15.4	23.2
Wicomico	16.6	18.1	15.9	21.0	29.0
Worcester	17.8	21.9	16.1	12.3	20.2

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

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

County	June 24	July 1	July 8	July 15	July 22
Statewide	76.4%	76.5%	76.5%	76.6%	76.7%
Allegany	56.1%	56.1%	56.2%	56.2%	56.3%
Anne Arundel	77.6%	77.6%	77.7%	77.7%	77.8%
Baltimore	73.4%	73.5%	73.5%	73.6%	73.7%
Baltimore City	64.9%	65.0%	65.1%	65.1%	65.2%
Calvert	71.4%	71.5%	71.5%	71.6%	71.7%
Caroline	57.6%	57.7%	57.7%	57.8%	57.8%
Carroll	72.7%	72.7%	72.8%	72.8%	72.9%
Cecil	59.3%	59.4%	59.4%	59.5%	59.5%
Charles	71.3%	71.4%	71.5%	71.6%	71.7%
Dorchester	60.1%	60.1%	60.2%	60.3%	60.3%
Frederick	79.3%	79.3%	79.4%	79.4%	79.5%
Garrett	51.6%	51.6%	51.6%	51.7%	51.7%
Harford	70.5%	70.6%	70.7%	70.7%	70.8%
Howard	86.7%	86.7%	86.8%	86.9%	87.0%
Kent	66.3%	66.4%	66.4%	66.5%	66.6%
Montgomery	88.3%	88.4%	88.5%	88.6%	88.7%
Prince George's	75.8%	75.9%	76.0%	76.1%	76.2%
Queen Anne's	68.0%	68.0%	68.0%	68.1%	68.1%
St. Mary's	67.1%	66.8%	66.9%	66.9%	67.0%
Somerset	50.7%	50.8%	50.8%	50.9%	50.9%
Talbot	74.4%	74.5%	74.6%	74.7%	74.7%
Washington	60.4%	60.4%	60.4%	60.5%	60.5%
Wicomico	56.5%	56.6%	56.6%	56.7%	56.7%
Worcester	72.7%	72.8%	72.9%	72.9%	73.0%

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	June 24	July 1	July 8	July 15	July 22
Statewide	81.3%	81.3%	81.4%	81.5%	81.6%
Allegany	58.7%	58.8%	58.8%	58.9%	58.9%
Anne Arundel	82.7%	82.7%	82.7%	82.8%	82.9%
Baltimore	78.0%	78.1%	78.1%	78.2%	78.3%
Baltimore City	69.2%	69.3%	69.3%	69.4%	69.5%
Calvert	75.5%	75.5%	75.6%	75.6%	75.7%
Caroline	61.4%	61.4%	61.5%	61.5%	61.6%
Carroll	76.9%	77.0%	77.0%	77.1%	77.1%
Cecil	62.9%	62.9%	63.0%	63.0%	63.1%
Charles	75.8%	75.9%	76.0%	76.1%	76.2%
Dorchester	63.6%	63.7%	63.7%	63.8%	63.9%
Frederick	84.3%	84.3%	84.3%	84.4%	84.5%
Garrett	54.1%	54.2%	54.2%	54.2%	54.3%
Harford	74.8%	74.8%	74.9%	74.9%	75.0%
Howard	92.1%	92.1%	92.2%	92.3%	92.4%
Kent	69.1%	69.2%	69.2%	69.3%	69.3%
Montgomery	94.1%	94.2%	94.3%	94.4%	94.5%
Prince George's	81.1%	81.2%	81.3%	81.4%	81.5%
Queen Anne's	71.6%	71.6%	71.7%	71.7%	71.8%
St. Mary's	71.6%	71.3%	71.4%	71.4%	71.5%
Somerset	53.2%	53.2%	53.2%	53.3%	53.3%
Talbot	78.1%	78.2%	78.2%	78.3%	78.4%
Washington	64.0%	64.0%	64.0%	64.1%	64.2%
Wicomico	60.2%	60.2%	60.3%	60.3%	60.4%
Worcester	75.9%	75.9%	76.0%	76.0%	76.1%

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	June 24	July 1	July 8	July 15	July 22
Statewide	52.2%	53.3%	53.4%	53.6%	53.7%
Allegany	51.3%	51.6%	51.8%	51.9%	51.9%
Anne Arundel	50.8%	53.1%	53.2%	53.4%	53.6%
Baltimore	56.2%	56.4%	56.6%	56.7%	56.9%
Baltimore City	51.0%	51.3%	51.5%	51.6%	51.8%
Calvert	52.1%	52.9%	53.0%	53.2%	53.3%
Caroline	49.2%	49.5%	49.6%	49.7%	49.8%
Carroll	56.1%	56.4%	56.5%	56.6%	56.7%
Cecil	41.4%	41.7%	41.7%	41.8%	41.9%
Charles	46.2%	48.1%	48.3%	48.4%	48.6%
Dorchester	52.6%	52.7%	52.7%	52.9%	53.0%
Frederick	55.3%	56.0%	56.1%	56.3%	56.4%
Garrett	51.4%	51.5%	51.6%	51.6%	51.7%
Harford	53.5%	54.2%	54.4%	54.5%	54.6%
Howard	61.9%	62.4%	62.6%	62.8%	63.0%
Kent	57.7%	57.7%	57.9%	57.9%	58.0%
Montgomery	56.3%	57.4%	57.5%	57.7%	57.9%
Prince George's	44.9%	46.2%	46.3%	46.5%	46.7%
Queen Anne's	54.9%	55.2%	55.2%	55.3%	55.5%
St. Mary's	47.1%	49.0%	49.0%	49.1%	49.3%
Somerset	51.0%	51.5%	51.7%	51.7%	51.8%
Talbot	59.3%	59.4%	59.5%	59.5%	59.6%
Washington	51.6%	51.8%	51.9%	52.1%	52.2%
Wicomico	50.3%	50.4%	50.5%	50.6%	50.7%
Worcester	51.8%	51.9%	52.0%	52.1%	52.2%

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 with a First Booster Dose
(as Reported by the CDC) – New Dataset

County	July 15	July 22
Allegany	51.9%	51.9%
Anne Arundel	53.4%	53.6%
Baltimore	56.7%	56.9%
Baltimore City	51.6%	51.8%
Calvert	53.2%	53.3%
Caroline	49.7%	49.8%
Carroll	56.6%	56.7%
Cecil	41.8%	41.9%
Charles	48.4%	48.6%
Dorchester	52.9%	53.0%
Frederick	56.3%	56.4%
Garrett	51.6%	51.7%
Harford	54.5%	54.6%
Howard	62.8%	63.0%
Kent	57.9%	58.0%
Montgomery	57.7%	57.9%
Prince George's	46.5%	46.7%
Queen Anne's	55.3%	55.5%
St. Mary's	49.1%	49.3%
Somerset	51.7%	51.8%
Talbot	59.5%	59.6%
Washington	52.1%	52.2%
Wicomico	50.6%	50.7%
Worcester	52.1%	52.2%

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	June 24	July 1	July 8	July 15	July 22
Statewide	54.5%	55.6%	55.7%	55.8%	55.9%
Allegany	52.3%	52.6%	52.8%	52.9%	52.9%
Anne Arundel	53.4%	55.8%	55.9%	56.0%	56.1%
Baltimore	58.6%	58.8%	59.0%	59.1%	59.2%
Baltimore City	52.5%	52.8%	52.9%	53.0%	53.2%
Calvert	54.5%	55.3%	55.3%	55.4%	55.6%
Caroline	50.4%	50.7%	50.8%	50.8%	51.0%
Carroll	58.4%	58.7%	58.8%	58.9%	59.0%
Cecil	42.5%	42.7%	42.8%	42.8%	42.9%
Charles	48.0%	50.0%	50.2%	50.3%	50.4%
Dorchester	53.6%	53.7%	53.7%	53.9%	54.0%
Frederick	58.1%	58.9%	59.0%	59.1%	59.2%
Garrett	52.1%	52.2%	52.3%	52.3%	52.4%
Harford	55.8%	56.5%	56.6%	56.7%	56.8%
Howard	65.8%	66.2%	66.4%	66.5%	66.6%
Kent	58.8%	58.8%	59.0%	59.0%	59.1%
Montgomery	59.3%	60.3%	60.4%	60.6%	60.7%
Prince George's	46.9%	48.2%	48.3%	48.4%	48.5%
Queen Anne's	56.7%	57.0%	57.0%	57.1%	57.2%
St. Mary's	48.9%	50.8%	50.9%	50.9%	51.1%
Somerset	52.0%	52.4%	52.6%	52.7%	52.8%
Talbot	61.0%	61.1%	61.2%	61.2%	61.3%
Washington	53.0%	53.2%	53.2%	53.4%	53.5%
Wicomico	51.6%	51.7%	51.8%	51.9%	52.0%
Worcester	52.9%	53.0%	53.1%	53.1%	53.2%

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 expects to receive approximately 65,400 doses in its initial order of vaccines, with additional doses to follow.
- Maryland families can access sites for vaccines by going to Marylandvax.org or coronavirus.Maryland.gov/pages/vaccine.
- Families with children under the age of five are encouraged to contact their family practitioner.
- Pfizer (three doses) and Moderna (two doses) COVID-19 vaccines are available for children under 5.
- As of July 13, 2022, the American Academy of Pediatrics reported (based on CDC data) that approximately 600,000 children ages 6 months-4 years have received at least one dose of COVID-19 vaccine (representing approximately 3 percent of the population in this age group).

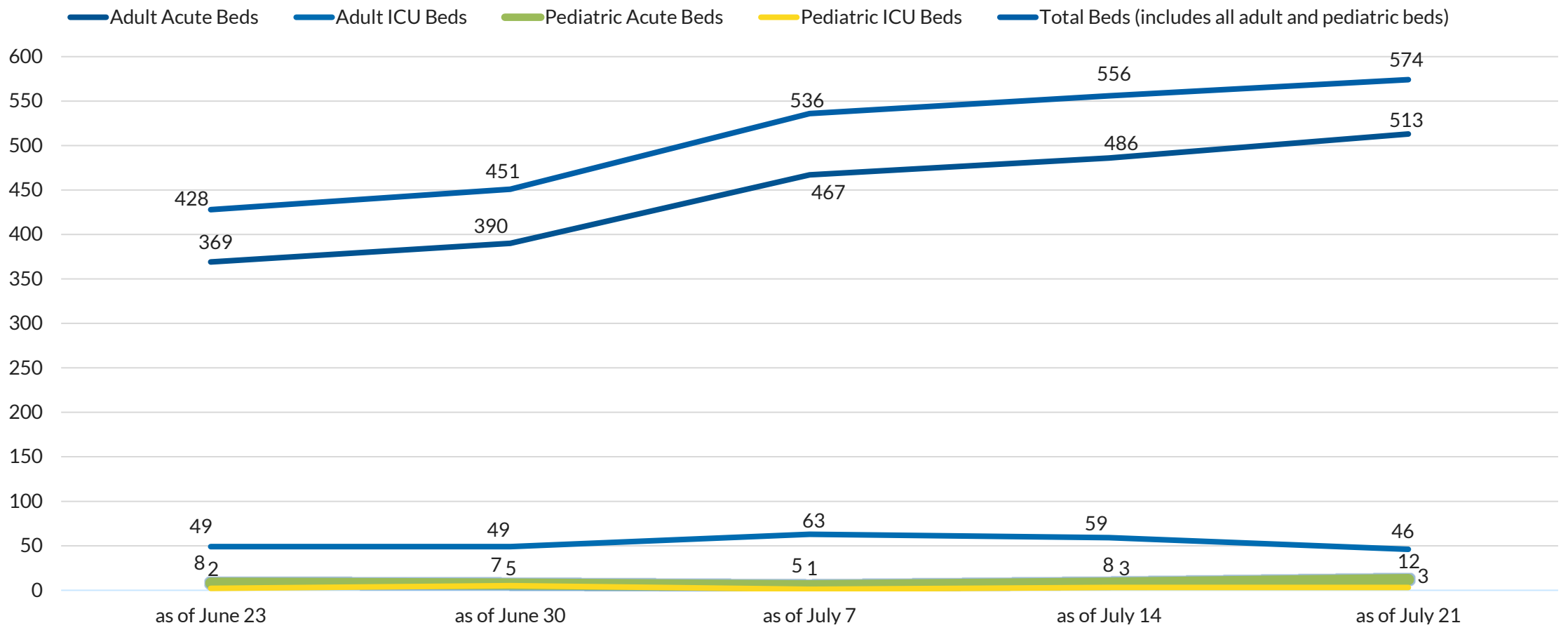
Source: https://governor.maryland.gov/2022/06/07/governor-hogan-announces-covidready-maryland-to-guide-long-term-preparedness-efforts/ &
https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends/

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

	June 23	June 30	July 7	July 14	July 21
Adult Acute Beds	369	390	467	486	513
Adult ICU Beds	49	49	63	59	46
Pediatric Acute Beds	8	7	5	8	12
Pediatric ICU Beds	2	5	1	3	3
Total Beds (includes all adult and pediatric beds)	428	451	536	556	574

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

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



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

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

County	June 24	July 1	July 8	July 15	July 22
Allegany	3	6	8	12	10
Anne Arundel	56	68	59	64	67
Baltimore	81	97	85	91	95
Baltimore City	58	69	61	66	68
Calvert	9	11	9	10	11
Caroline	1	2	1	1	2
Carroll	16	20	17	19	19
Cecil	10	9	10	10	10
Charles	13	13	14	15	15
Dorchester	1	2	1	1	2
Frederick	7	6	14	12	14
Garrett	1	2	3	5	4
Harford	25	23	25	25	24
Howard	32	38	33	36	37
Kent	5	3	1	1	0
Montgomery	85	87	89	98	96
Prince George's	74	75	77	85	83
Queen Anne's	2	3	1	2	3
St. Mary's	9	9	10	11	10
Somerset	3	3	3	4	5
Talbot	1	2	1	1	2
Washington	16	9	16	9	9
Wicomico	13	13	11	16	19
Worcester	7	7	5	8	10

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	June 24	July 1	July 8	July 15	July 22
Statewide	45	33	37	42	35
Allegany	0	0	0	suppressed	suppressed
Anne Arundel	suppressed	suppressed	suppressed	suppressed	suppressed
Baltimore	suppressed	suppressed	suppressed	11	suppressed
Baltimore City	14	suppressed	suppressed	suppressed	suppressed
Calvert	suppressed	0	0	0	0
Caroline	0	0	0	0	0
Carroll	suppressed	suppressed	suppressed	0	0
Cecil	suppressed	0	0	0	0
Charles	suppressed	suppressed	suppressed	0	0
Dorchester	0	0	0	0	suppressed
Frederick	suppressed	suppressed	0	0	0
Garrett	0	0	0	0	0
Harford	0	suppressed	0	suppressed	suppressed
Howard	suppressed	suppressed	suppressed	suppressed	0
Kent	0	0	0	0	0
Montgomery	suppressed	suppressed	11	suppressed	suppressed
Prince George's	suppressed	suppressed	suppressed	suppressed	suppressed
Queen Anne's	0	suppressed	0	0	suppressed
St. Mary's	suppressed	0	0	suppressed	suppressed
Somerset	suppressed	0	0	0	0
Talbot	0	suppressed	suppressed	0	0
Washington	suppressed	suppressed	0	0	0
Wicomico	suppressed	suppressed	0	0	suppressed
Worcester	0	0	0	suppressed	0

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

LEA COVID Protocols: Mask Mandates & Testing Strategies

1. Vaccinations and COVID-19 Testing
2. Quarantine and COVID-19 Data
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Updates on LEA COVID Protocols

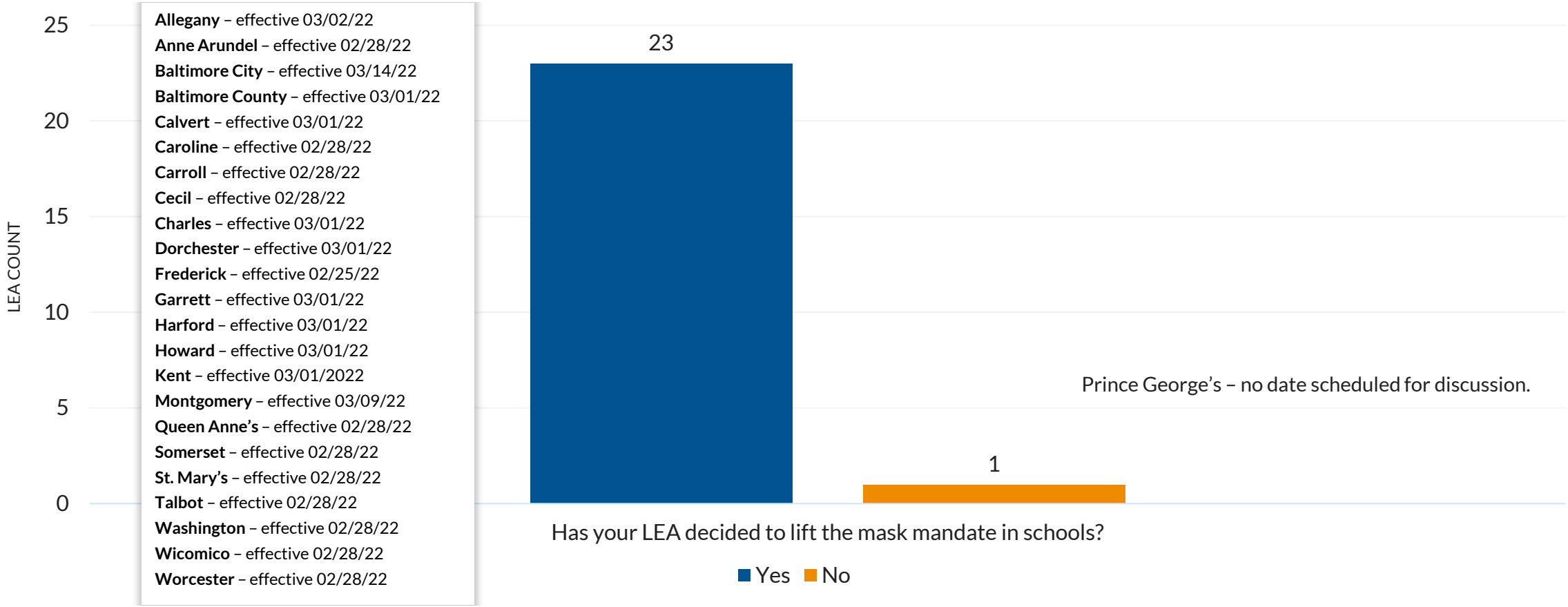
Masking Requirement Lifted by the CDC

Effective February 25, 2022, the CDC recommended the end to universal indoor mask wearing in K-12 schools and early education settings in areas with a low or medium COVID-19 community levels.

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

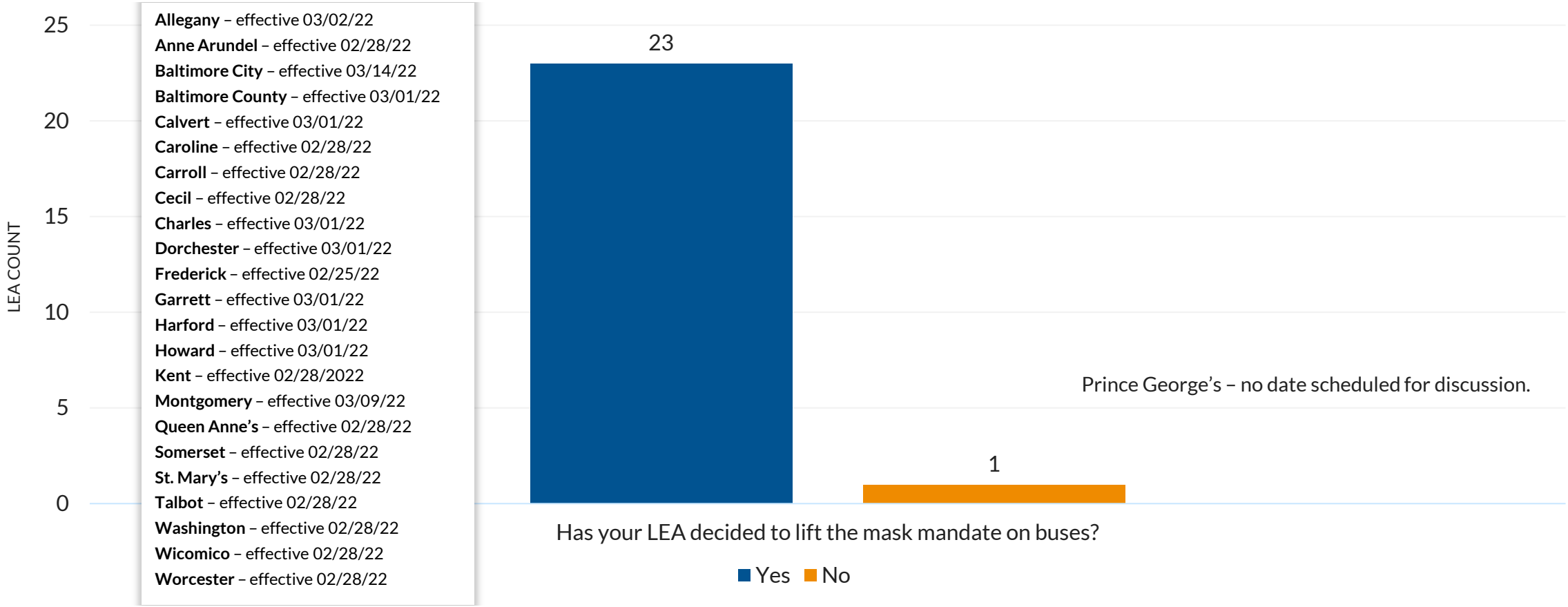
LEAs, at their discretion, can continue to require masks on buses or vans.

Lifting of Mask Mandates in Schools



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

Lifting of Mask Mandates on Buses



Allegany – effective 03/02/22
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St. Mary's – effective 02/28/22
Talbot – effective 02/28/22
Washington – effective 02/28/22
Wicomico – effective 02/28/22
Worcester – effective 02/28/22

Prince George's – no date scheduled for discussion.

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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).

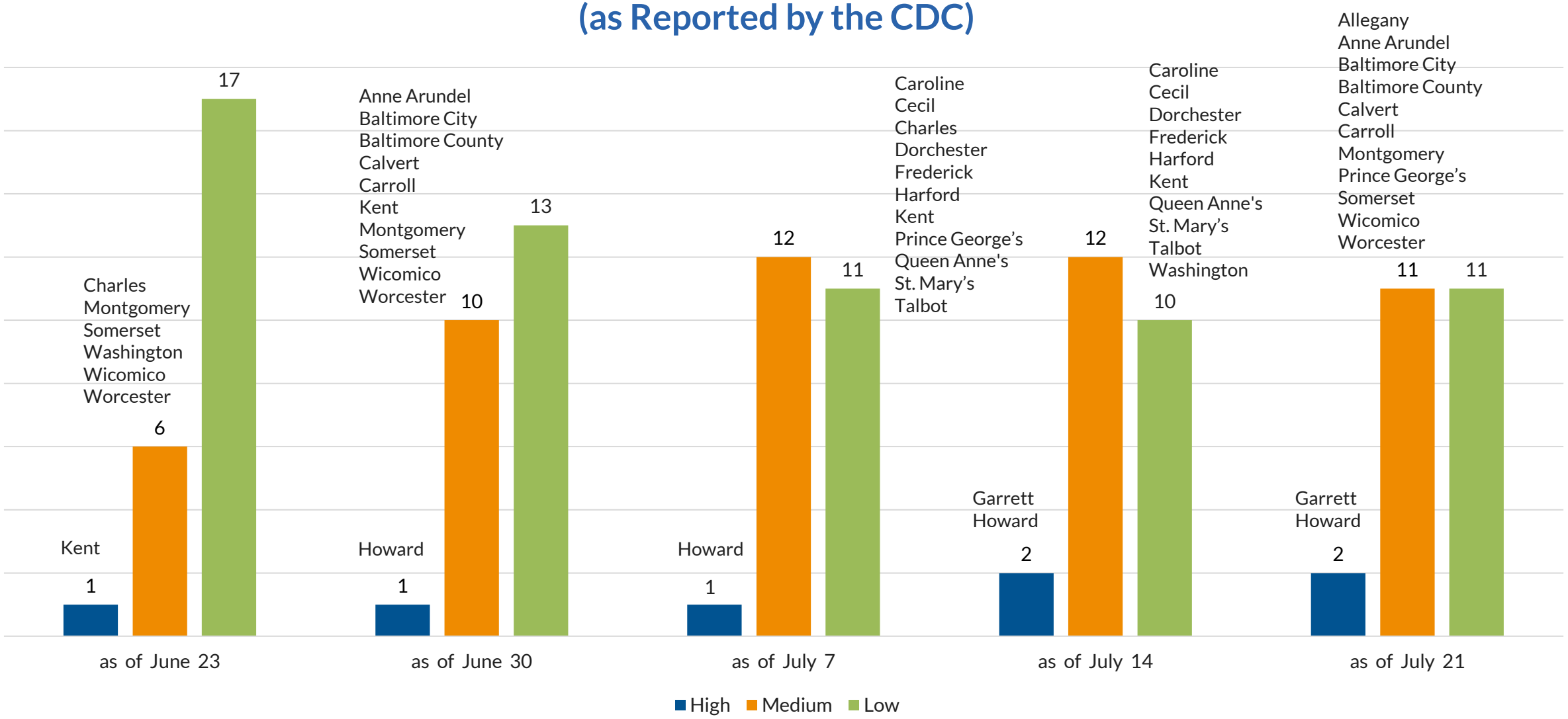
COVID-19 Community Levels by Jurisdiction (as Reported by the CDC)

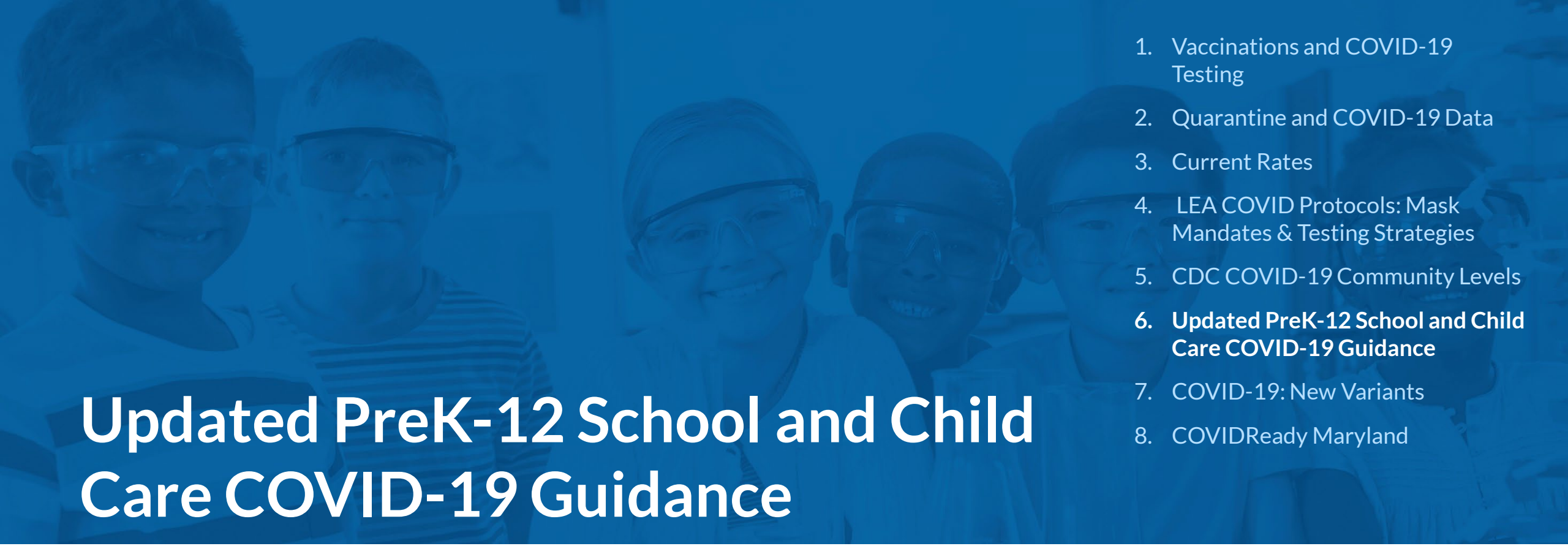
County	June 23	June 30	July 7	July 14	July 21
Allegany	Low	Low	Medium	Medium	Medium
Anne Arundel	Low	Medium	Medium	Medium	Medium
Baltimore	Low	Medium	Medium	Medium	Medium
Baltimore City	Low	Medium	Medium	Medium	Medium
Calvert	Low	Medium	Medium	Medium	Medium
Caroline	Low	Low	Low	Low	Low
Carroll	Low	Medium	Medium	Medium	Medium
Cecil	Low	Low	Low	Low	Low
Charles	Medium	Low	Low	Medium	Low
Dorchester	Low	Low	Low	Low	Low
Frederick	Low	Low	Low	Low	Low
Garrett	Low	Low	Medium	High	High
Harford	Low	Low	Low	Low	Low
Howard	Low	High	High	High	High
Kent	High	Medium	Low	Low	Low
Montgomery	Medium	Medium	Medium	Medium	Medium
Prince George's	Low	Low	Low	Medium	Medium
Queen Anne's	Low	Low	Low	Low	Low
St. Mary's	Low	Low	Low	Low	Low
Somerset	Medium	Medium	Medium	Medium	Medium
Talbot	Low	Low	Low	Low	Low
Washington	Medium	Low	Medium	Low	Low
Wicomico	Medium	Medium	Medium	Medium	Medium
Worcester	Medium	Medium	Medium	Medium	Medium

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

COVID-19 Community Levels – Count by Jurisdiction

(as Reported by the CDC)





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

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

Updated PreK-12 School and Child Care COVID-19 Guidance (Issued 7/22/2022)

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

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, schools and child care programs should consider adding 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 CDC recommends 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.

   It is important to ensure 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.

   Schools and child care programs can 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 - 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

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.

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

COVID-19: New Variants

Update on New Variants

COVID-19 Variants

- Viruses **constantly change** through mutation and sometimes these mutations result in a new variant of the virus.
    - **Mutations** happen frequently but only sometimes change the characteristics of the virus.
    - A **lineage** is a group of closely related viruses with a common ancestor. SARS-CoV-2 has many lineages; all cause COVID-19.
- Some variants emerge and disappear while others persist.
- **New variants will continue to emerge.**

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

Omicron Variant BA.5

- The Omicron variant is comprised of a number of **lineages** and **sub-lineages.** Since the beginning of June, a new lineage, BA.5, has emerged as the dominant strain nationally.
- As of the week ending July 16, the BA.5 strain accounted for 77.9 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 accounted for 72.7 percent of all cases as of the week ending July 16.
- 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

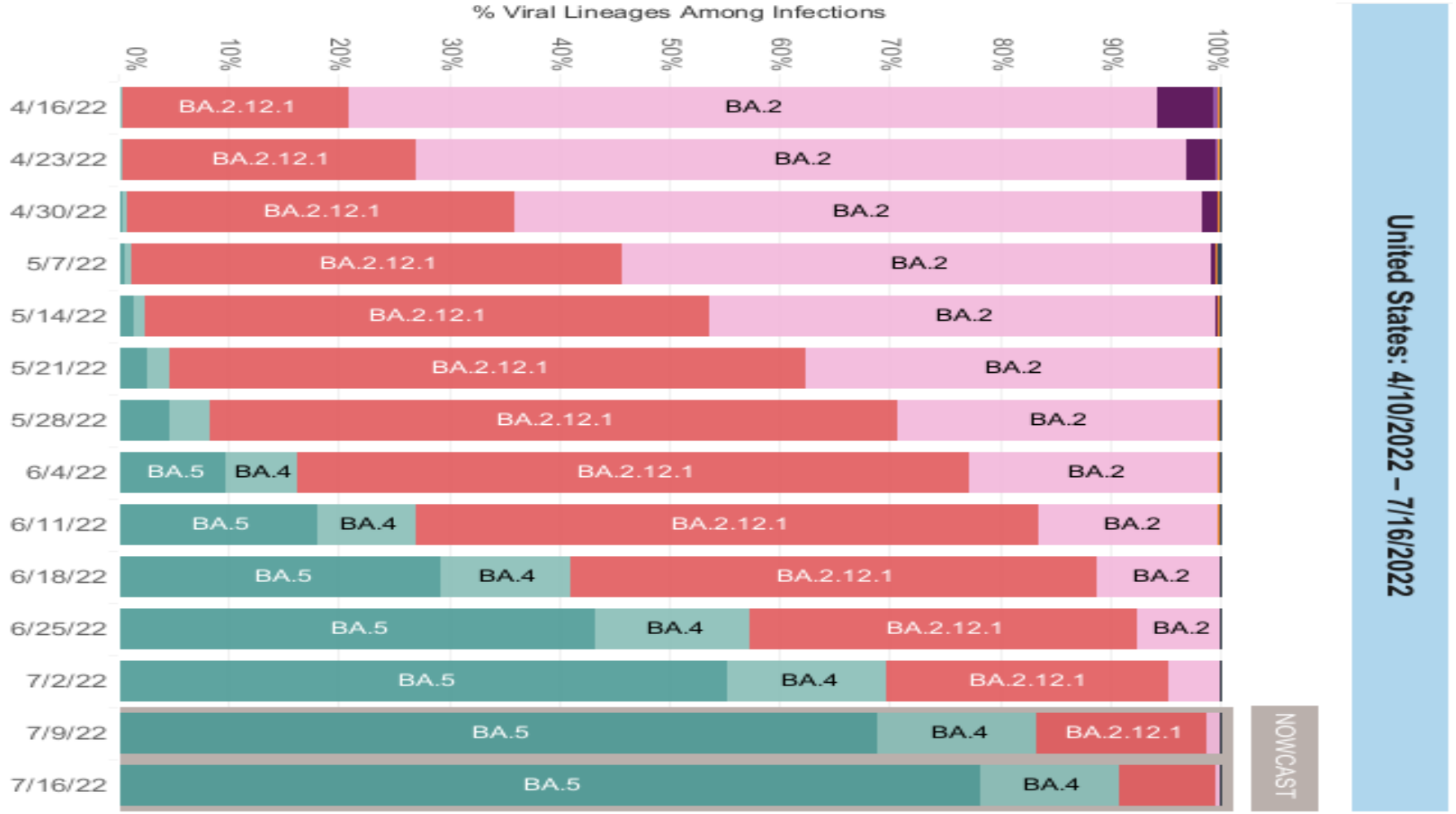
Omicron Variant BA.5 (contd.)

- 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

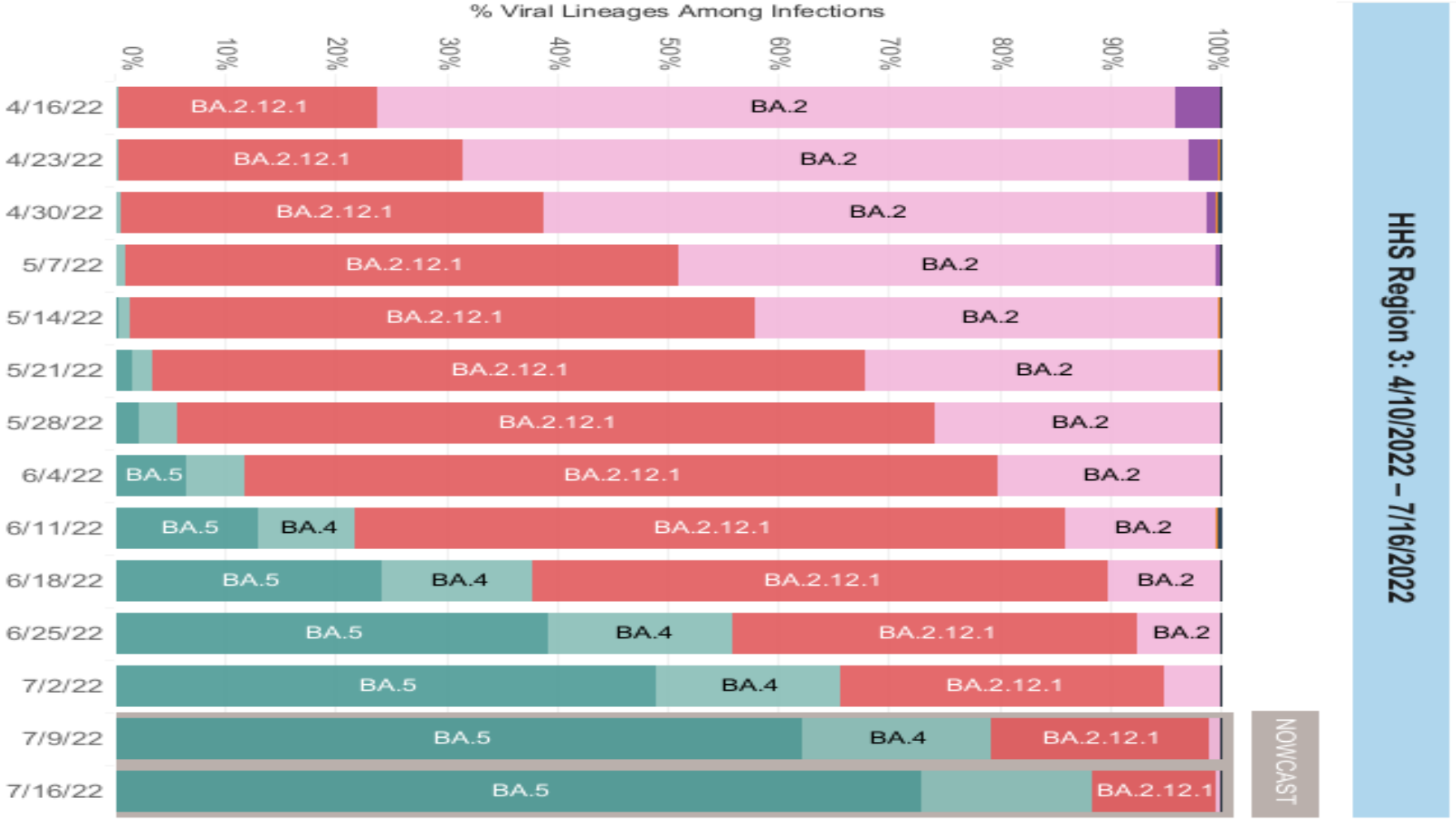
For the week ending July 16, 2022, the BA.5 lineage accounted for 77.9% of all cases in the U.S. It accounted for 0.1% of all cases nationwide for the week ending April 16.



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

Proportion of COVID-19 Variants in HHS Region 3

For the week ending July 16, 2022, the BA.5 lineage accounted for 72.7% 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

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8. **COVIDReady Maryland**

COVIDReady Maryland

The State's New Long-term Preparedness Plan

COVIDReady Maryland: Outline

- On June 9, 2022, Governor Hogan announced the launch of COVIDReady Maryland, the state's new long-term preparedness plan to **maximize the tools and treatments available** to keep people healthy and out of the hospital and **maintain a state of readiness** to respond to emerging variants and potential waves.
- The state's public health response has now fully **transitioned from an emergency to a new phase of response and recovery**.
- The plan, which emphasizes **infrastructure, awareness, and adaptability**, builds on the successful data-driven strategies that the state implemented throughout the pandemic.
- The plan includes **five core pillars**.

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

COVIDReady Maryland: Pillars 1 and 2

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

- 'Test to Treat' makes it easy for patients to get tested, evaluated, and treated during the same visit at the same location.
- Over the last three months, the number of 'Test To Treat' sites has doubled to nearly 90 locations statewide, with dozens more due to open by the fall.

2) **Maximizing Utilization of Therapeutics**

- While therapeutic medications are not a cure for COVID, they can help lessen the severity of symptoms and help keep high-risk patients out of the hospital.
- Approximately 800 locations statewide currently offer these treatments.

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

COVIDReady Maryland: Pillars 3 and 4

3) **Booster Shots for Eligible Populations**

- The state maintains a robust vaccination infrastructure—with nearly 12 million vaccinations administered statewide and over 900 providers listed on covidvax.Maryland.gov—and is focused on getting more of the eligible population boosted.
- The MDH has launched a new portal (https://covidlink.maryland.gov/content/vaccine/check-your-vaccination-status/) that will allow Marylanders to check their vaccination status within seconds.

4) **Enhanced Awareness and Outreach**

- The state's GoVAX Call Center (1-855-MD-GOVAX) continues to be available seven days a week, and has now booked nearly 2 million appointments, as well as assisting people with getting tested and vaccinated (e.g., a rideshare program to get to and from appointments).
- State health officials have launched a new series of television, radio, and social media ads featuring Maryland families sharing their reasons for getting vaccinated against COVID-19.
- The state also continues to partner with community-based organizations, including the NAACP, with a focus on equity.

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

COVIDReady Maryland: Pillar 5

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

- Maryland's multi-agency COVID-19 task force continues to meet daily and monitor key data metrics.
- The state will continue to maintain the building blocks of the state's successful Roadmap to Recovery, including substantial PCR and rapid at-home testing capacity, a robust stockpile of masks and PPE, contact tracing for high-priority cases, a lab sequencing program, and hospital surge capacity.
- Additionally, the state has provided record funding for local health departments to help bolster their preparedness efforts as well.

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