

#### Public Health Preparedness and Situational Awareness Report: #2021:13

Reporting for the week ending 04/03/21 (MMWR Week #13)

April 9th, 2021

#### **CURRENT HOMELAND SECURITY THREAT LEVELS**

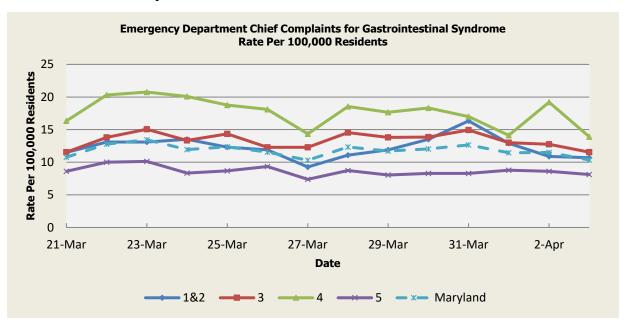
**National:** No Active Alerts

**Maryland: ENHANCED** (MEMA status)

#### SYNDROMIC SURVEILLANCE REPORTS

**ESSENCE** (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2021.

## **Gastrointestinal Syndrome**

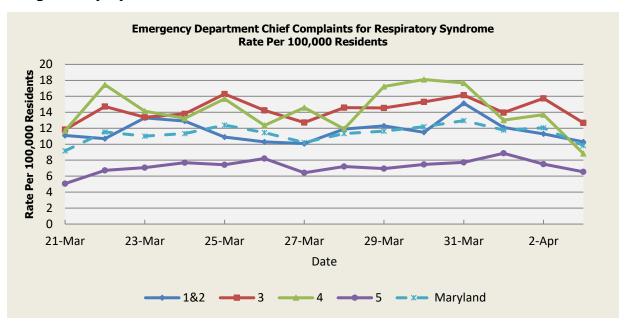


There were no Gastrointestinal Syndrome outbreak reported this week.

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	13.13	14.73	15.81	10.06	12.89	
Median Rate*	13.11	14.61	15.46	10.00	12.83	

<sup>\*</sup> Per 100,000 Residents

#### **Respiratory Syndrome**

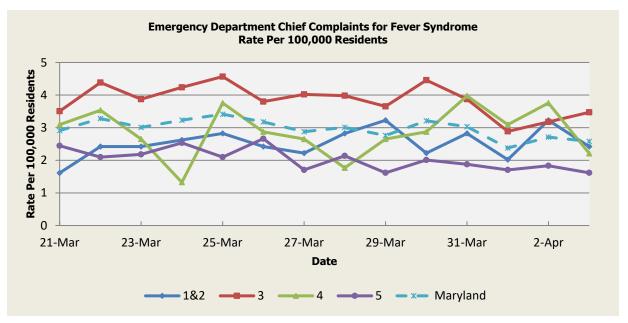


There one hundred and twenty seven (127) Respiratory Syndrome outbreaks reported this week: One (1) outbreak of COVID-19 in an Adolescent Mental Health Residential Treatment Facility (Region 3), nine (9) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,5), four (4) outbreaks of COVID-19 in Correctional Facilities (Regions 3,5), fourteen (14) outbreaks of COVID-19 in Daycare Facilities (Regions 3,5), ten (10) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,5), nineteen (19) outbreaks of COVID-19 in Hospitals (Regions 1&2,3,5), one (1) outbreak of COVID-19 in an Institute of Higher Education (Regions 1&2), one (1) outbreak of COVID-19 in Mental Health Group Homes (Region 5), twenty-one (21) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in Another Type of Facility (Region 5), one (1) outbreak of COVID-19 in an Outpatient Facility (Region 3), two (2) outbreaks of COVID-19 in Religious Facilities (Regions 1&2,5), twenty-six (26) outbreaks of COVID-19 in Schools (Regions 1&2,3,4,5), four (4) outbreaks of COVID-19 in Shelters (Regions 3), one (1) outbreak of COVID-19 in a Sober Living Facility (Region 3), two (2) outbreaks of COVID-19 in Substance Use Treatment Programs (Region 3), one (1) outbreak of COVID-19 in a Transitional Housing Facility (Region 3), nine (9) outbreaks of COVID-19 in Workplaces (Regions 1&2,3,4,5).

	Respiratory Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	12.44	14.69	15.21	9.92	12.71		
Median Rate*	12.10	14.03	14.35	9.52	12.15		

<sup>\*</sup> Per 100,000 Residents

## **Fever Syndrome**

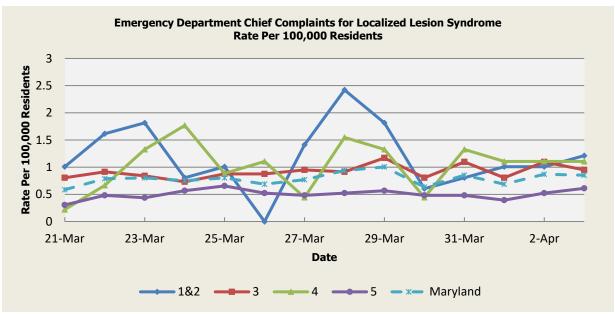


There were no Fever Syndrome outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	3.04	3.87	4.11	3.00	3.49	
Median Rate*	2.82	3.73	3.97	2.88	3.36	

\*Per 100,000 Residents

## **Localized Lesion Syndrome**

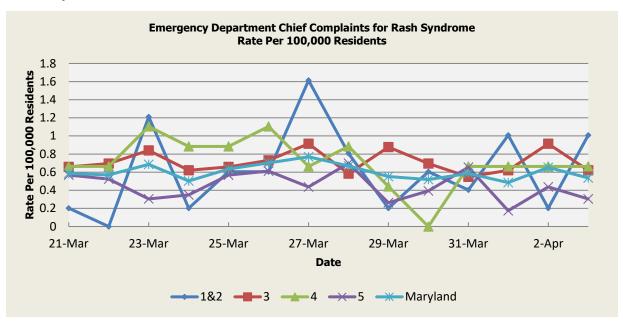


There were no Localized Lesion Syndrome outbreaks reported this week.

_		Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
	Health Region	1&2	3	4	5	Maryland	
	Mean Rate*	1.16	1.68	1.96	0.86	1.34	
	Median Rate*	1.01	1.64	1.77	0.83	1.29	

<sup>\*</sup> Per 100,000 Residents

## **Rash Syndrome**

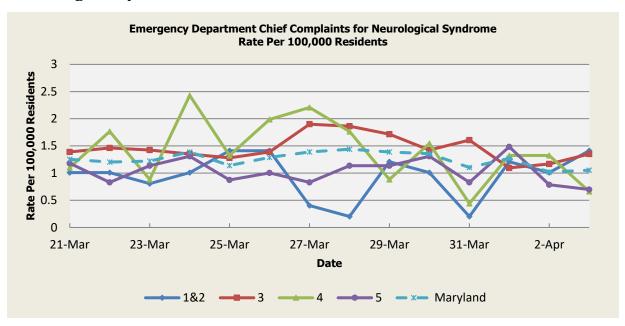


There were no Rash Syndrome outbreaks reported this week.

	Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	1.18	1.56	1.65	0.91	1.29	
Median Rate*	1.01	1.53	1.55	0.87	1.27	

<sup>\*</sup> Per 100,000 Residents

## **Neurological Syndrome**

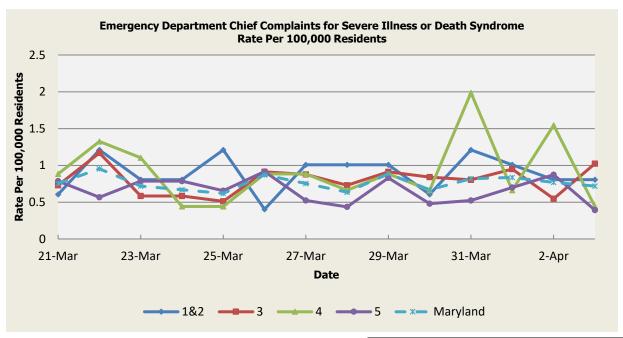


There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.83	1.02	0.95	0.66	0.86	
Median Rate*	0.81	0.99	0.88	0.61	0.84	

<sup>\*</sup> Per 100,000 Residents

## **Severe Illness or Death Syndrome**



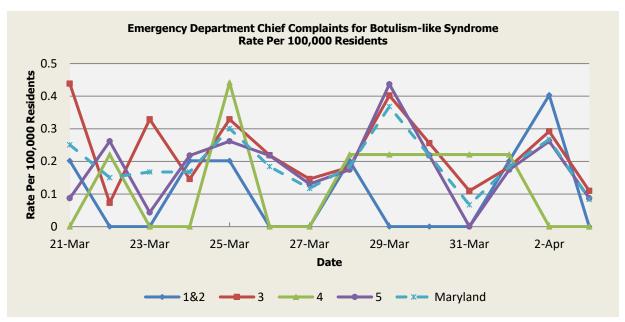
There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2 3 4 5 Maryland							
Mean Rate*	0.66	0.88	0.84	0.55	0.73			
Median Rate*	0.60	0.84	0.88	0.52	0.70			

<sup>\*</sup> Per 100,000 Residents

#### SYNDROMES RELATED TO CATEGORY A AGENTS

## **Botulism-like Syndrome**

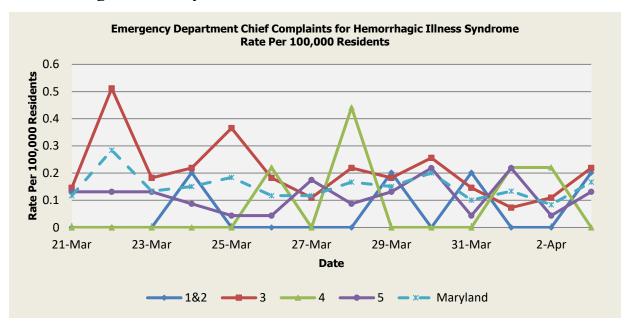


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 3/21 (Regions 1&2,3), 3/22 (Regions 4,5), 3/23 (Region 3), 3/24 (Regions 1&2,5), 3/25 (Regions 1&2,3,4,5), 3/26 (Region 5), 3/28 (Regions 1&2,4), 3/29 (Regions 4,5), 3/30 (Regions 4,5), 3/31 (Region 4), 4/1 (Regions 1&2,4), 4/2 (Regions 1&2,3,5). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.08	0.14	0.07	0.09	0.11	
Median Rate*	0.00	0.11	0.00	0.09	0.10	

<sup>\*</sup> Per 100,000 Residents

### **Hemorrhagic Illness Syndrome**

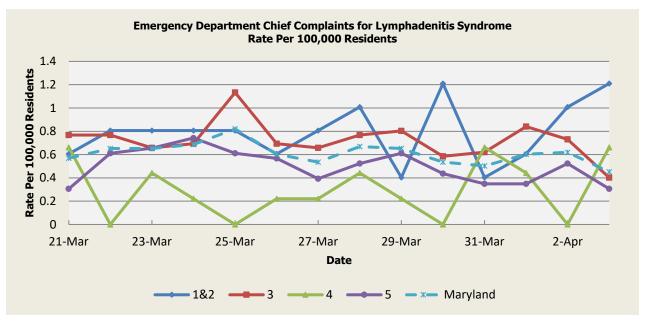


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 3/22 (Region 3), 3/24 (Regions 1&2), 3/25 (Region 3), 3/26 (Region 4), 3/28 (Region 4), 3/29 (Regions 1&2), 3/31 (Regions 1&2), 4/1 (Region 4), 4/2 (Region 4), 4/3 (Regions 1&2). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.05	0.17	0.04	0.15	0.14		
Median Rate*	0.00	0.11	0.00	0.09	0.12		

<sup>\*</sup> Per 100,000 Residents

## Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 3/22 (Regions 1&2), 3/23 (Regions 1&2), 3/24 (Regions 1&2), 3/25 (Regions 1&2), 3/27 (Regions 1&2), 3/28 (Regions 1&2), 3/30 (Regions 1&2), 4/2 (Regions 1&2), 4/3 (Regions 1&2). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.40	0.61	0.41	0.40	0.49		
Median Rate*	0.40	0.55	0.44	0.35	0.47		

<sup>\*</sup> Per 100,000 Residents

#### MARYLAND REPORTABLE DISEASE SURVEILLANCE

#### Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5<sup>th</sup>, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

#### Confirmed COVID-19 Case Counts in Maryland by County (As of April 9th, 2021)

County	Number of
	Confirmed Cases
Allegany	6,602
Anne Arundel	40,112
Baltimore City	46,778
Baltimore County	58,366
Calvert	3,977
Caroline	2,172
Carroll	8,581
Cecil	5,539
Charles	10,010
Dorchester	2,521
Frederick	18,652
Garrett	1,919
Harford	14,849
Howard	17,834
Kent	1,251
Montgomery	67,773
Prince George's	79,706
Queen Anne's	2,770
Somerset	2,491
St. Mary's	5,545
Talbot	1,995
Washington	13,587
Wicomico	7,183
Worcester	3,450
Total	423,663

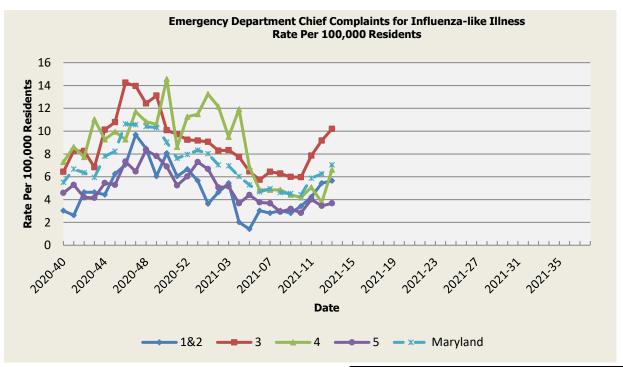
The most up-to-date information may be found on the Maryland Department of Health website at https://coronavirus.maryland.gov.

#### SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2020 through May 2021). Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2021-2022 reporting season (MMWR Week 40/Week Ending October 9, 2021).

Seasonal Influenza activity for Week 13 was: Minimal

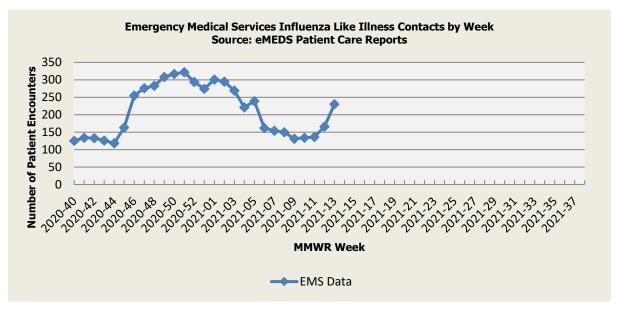
#### **Influenza-like Illness**



	Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	10.08	13.91	13.24	11.64	12.67	
Median Rate*	7.46	10.19	9.50	8.56	9.25	

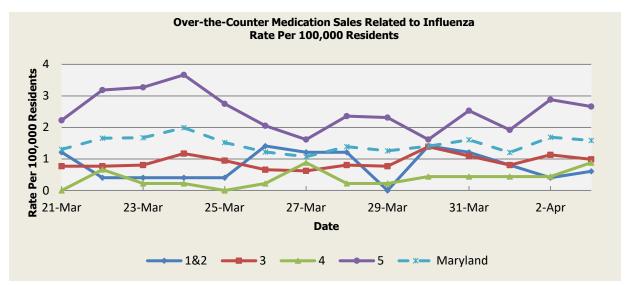
<sup>\*</sup> *Per 100,000 Residents* 

## Influenza-like Illness Contacts by Week



**Disclaimer on eMEDS flu related data**: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

#### **Over-the-Counter Influenza-Related Medication Sales**

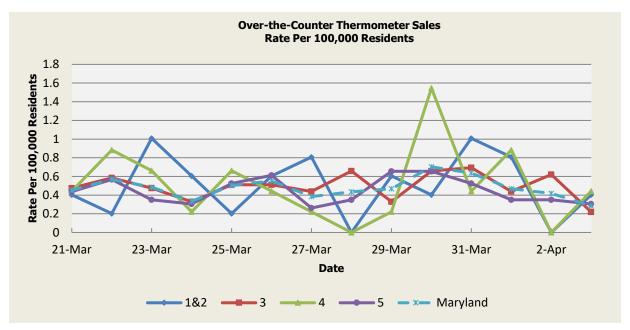


There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.19	4.06	2.49	7.36	5.13
Median Rate*	2.42	3.07	2.21	6.42	4.28

<sup>\*</sup> Per 100,000 Residents

#### **Over-the-Counter Thermometer Sales**



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.66	2.52	2.06	3.33	2.80
Median Rate*	2.42	2.48	1.99	3.32	2.84

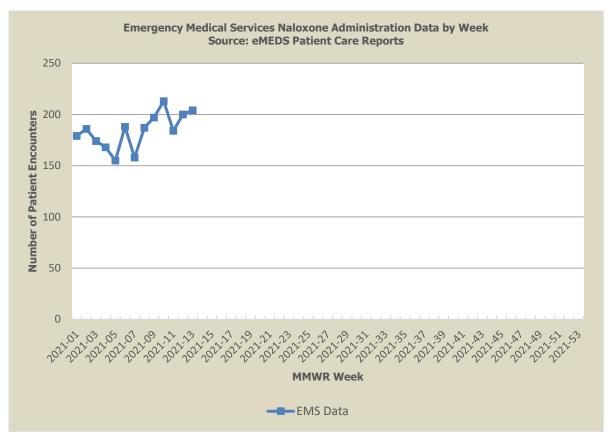
<sup>\*</sup> Per 100,000 Residents

#### SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

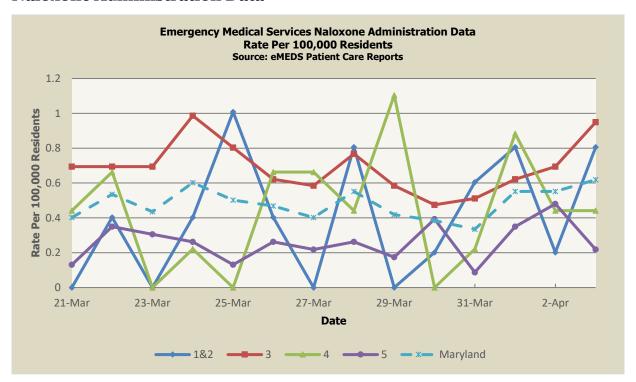
In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

## Naloxone Administration Data by Week



**Disclaimer on eMEDS naloxone administration related data**: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

#### **Naloxone Administration Data**



**Disclaimer on eMEDS Naloxone administration related data**: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

#### PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of April 9th, 2021, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 862, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

#### **AVIAN INFLUENZA**

**AVIAN INFLUENZA (GREECE),** 5 April 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds), Greece. Read More: <a href="https://promedmail.org/promed-post/?id=8289592">https://promedmail.org/promed-post/?id=8289592</a>

**AVIAN INFLUENZA** (**LITHUANIA**), 5 April 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds), Lithuania. Read More: <a href="https://promedmail.org/promed-post/?id=8289366">https://promedmail.org/promed-post/?id=8289366</a>

**AVIAN INFLUENZA** (**ALGERIA**), 3 April 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds), Algeria. Read More: <a href="https://promedmail.org/promed-post/?id=8286768">https://promedmail.org/promed-post/?id=8286768</a>

#### **HUMAN AVIAN INFLUENZA**

**AVIAN INFLUENZA, HUMAN (NIGERIA),** 7 April 2021, The Nigeria Centre for Disease Control (NCDC) said that Kano, Plateau, Bauchi, Gombe, Nasarawa, Kaduna and Niger states have reported confirmed human cases of avian influenza H5N1, also called "bird flu." Read More: https://promedmail.org/promed-post/?id=8294492

#### NATIONAL DISEASE REPORTS

**CORONAVIRUS DISEASE 2019 UPDATE (USA),** 7 April 2021, Genome sequencing of thousands of SARS-CoV-2 samples shows that surges of COVID-19 cases are driven by the appearance of new coronavirus variants. Read More: <a href="https://promedmail.org/promed-post/?id=8294615">https://promedmail.org/promed-post/?id=8294615</a>

**TOXIC SPILL** (**FLORIDA**), 4 April 2021, A state of emergency has been declared in Florida after a leak from a large pond of toxic wastewater in Tampa Bay. Read More: https://promedmail.org/promed-post/?id=8288425

**CAMPYLOBACTERIOSIS** (WASHINGTON), 4 April 2021, At least 5 people in Washington have infections from \_Campylobacter\_ after drinking unpasteurized, raw milk from Dungeness Valley Creamery. Read More: <a href="https://promedmail.org/promed-post/?id=8288098">https://promedmail.org/promed-post/?id=8288098</a>

**SALMONELLOSIS, SEROTYPE TYPHIMURIUM (USA),** 2 April 2021, CDC and public health officials in several states are collecting different types of data to investigate a multistate outbreak of \_Salmonella [enterica\_ serotype] Typhimurium infections in people. Read More: <a href="https://promedmail.org/promed-post/?id=8284057">https://promedmail.org/promed-post/?id=8284057</a>

#### INTERNATIONAL DISEASE REPORTS

**VANCOMYCIN RESISTANT ENTEROCOCCI (CHINA),** 8 April 2021, Update on cluster of vancomycin resistant enterococci cases at Tuen Mun Hospital. Read More: <a href="https://promedmail.org/promed-post/?id=8295241">https://promedmail.org/promed-post/?id=8295241</a>

**EBOLA UPDATE** (**GUINEA**), 7 April 2021, Four more cases have been reported in Guinea's Ebola outbreak, raising the total to 23, the WHO African regional office said today [6 Apr 2021] on Twitter. Read More: <a href="https://promedmail.org/promed-post/?id=8292822">https://promedmail.org/promed-post/?id=8292822</a>

**VARICELLA UPDATE (INDIA),** 6 April 2021, Bihar's Gaya district is being hit by another disease outbreak amidst the COVID-19 pandemic. Hundreds of people have been affected with chickenpox, a highly contagious disease caused by the varicella-zoster virus (VZV). Read More: <a href="https://promedmail.org/promed-post/?id=8292505">https://promedmail.org/promed-post/?id=8292505</a>

**HISTOPLASMOSIS** (**CANADA**), 4 April 2021, A rare pulmonary disease that is linked to bats has made Alberta home, according to new research led by provincial lab scientists. Read More: <a href="https://promedmail.org/promed-post/?id=8286824">https://promedmail.org/promed-post/?id=8286824</a>

MEASLES UPDATE (DEMOCRATIC REPUBLIC OF CONGO, PAKISTAN), 3 April 2021, Measles is once again on the rise in the Democratic Republic of Congo (DRC). Read More: <a href="https://promedmail.org/promed-post/?id=8285265">https://promedmail.org/promed-post/?id=8285265</a>

**E. COLI EHEC** (**IRELAND**), 2 April 2021, Public health officials in Ireland are searching for the source of an \_E. coli\_ O26 outbreak in part of the country. Read More: <a href="https://promedmail.org/promed-post/?id=8285032">https://promedmail.org/promed-post/?id=8285032</a>

#### OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <a href="http://preparedness.health.maryland.gov/">http://preparedness.health.maryland.gov/</a> or follow us on Facebook at <a href="https://www.facebook.com/MarylandOPR">www.facebook.com/MarylandOPR</a>.

More data and information on influenza can be found on the MDH website: <a href="http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx">http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx</a>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.health.maryland.gov

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**NOTE**: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

#### **Prepared By:**

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# Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE		
	Allegany County		
Pagions 1 & 2	Frederick County		
Regions 1 & 2	Garrett County		
	Washington County		
	Anne Arundel County		
	Baltimore City		
Region 3	Baltimore County		
Region 3	Carroll County		
	Harford County		
	Howard County		
	Caroline County		
	Cecil County		
	Dorchester County		
	Kent County		
Region 4	Queen Anne's County		
	Somerset County		
	Talbot County		
	Wicomico County		
	Worcester County		
	Calvert County		
	Charles County		
Region 5	Montgomery County		
	Prince George's County		
	St. Mary's County		

