

Public Health Preparedness and Situational Awareness Report: #2021:24

Reporting for the week ending 06/19/21 (MMWR Week #24)

June 25th, 2021

CURRENT HOMELAND SECURITY THREAT LEVELS

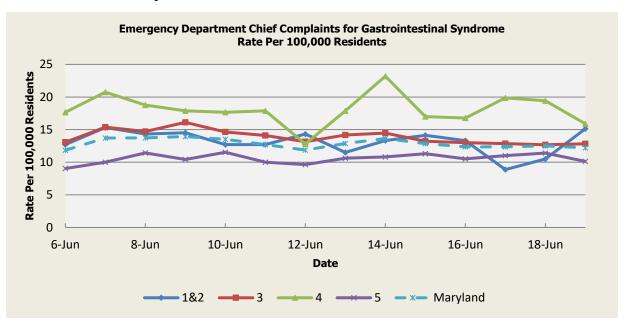
National: No Active Alerts

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

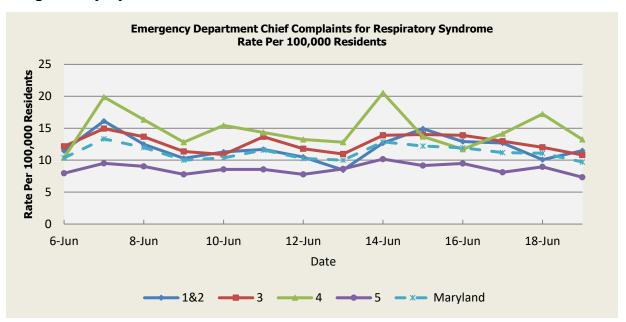


There were no Gastrointestinal Syndrome outbreaks reported this week.

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	13.14	14.72	15.84	10.05	12.88		
Median Rate*	13.11	14.60	15.46	10.00	12.83		

^{*} Per 100,000 Residents

Respiratory Syndrome

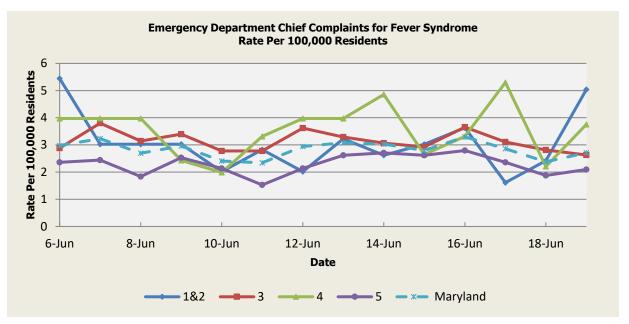


There were twelve (12) Respiratory Syndrome outbreaks reported this week: three (3) outbreak of COVID-19 in Assisted Living Facilities (Regions 3,4,5), two (2) outbreaks of COVID-19 in Daycare Facilities (Regions 3,4), six (6) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Substance Use Treatment Program (Region 3).

	Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	12.43	14.67	15.20	9.88	12.69	
Median Rate*	12.10	13.99	14.35	9.47	12.13	

^{*} Per 100,000 Residents

Fever Syndrome

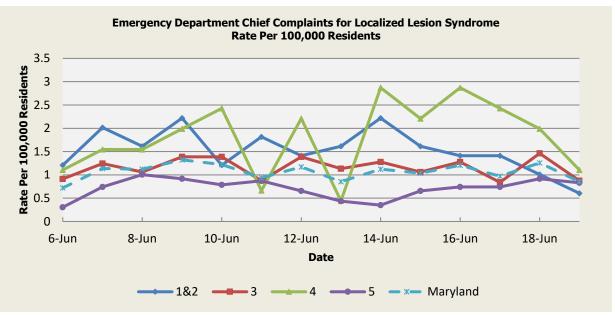


There were no Fever Syndrome outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	3.03	3.87	4.10	2.98	3.48	
Median Rate*	2.82	3.73	3.97	2.88	3.35	

*Per 100,000 Residents

Localized Lesion Syndrome

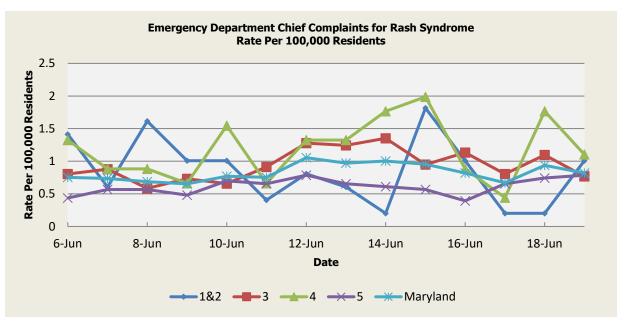


There were no Localized Lesion Syndrome outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	1.16	1.66	1.95	0.85	1.33	
Median Rate*	1.01	1.61	1.77	0.83	1.29	

^{*} Per 100,000 Residents

Rash Syndrome

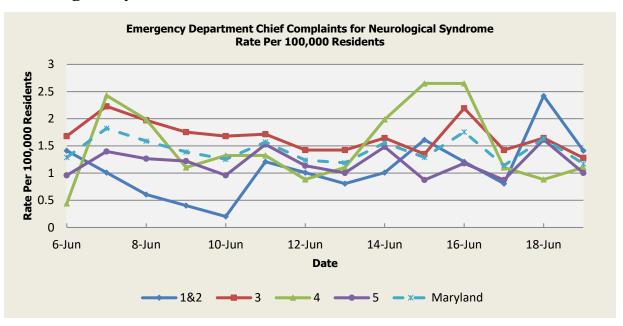


There were no Rash illness outbreaks reported this week.

	Rash Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2						
Mean Rate*	1.17	1.55	1.64	0.90	1.28		
Median Rate*	1.01	1.50	1.55	0.87	1.25		

^{*} Per 100,000 Residents

Neurological Syndrome

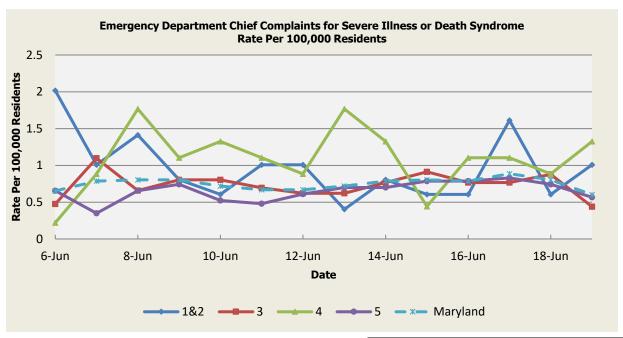


There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.83	1.03	0.96	0.66	0.87	
Median Rate*	0.81	0.99	0.88	0.61	0.85	

^{*} Per 100,000 Residents

Severe Illness or Death Syndrome



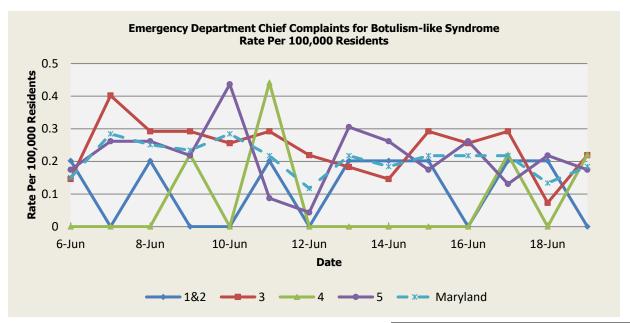
There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data							
	January 1, 2010 - Present							
Health Region	1&2	3	4	5	Maryland			
Mean Rate*	0.66	0.87	0.85	0.55	0.73			
Median Rate*	0.60	0.84	0.88	0.52	0.70			

^{*} Per 100,000 Residents

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome

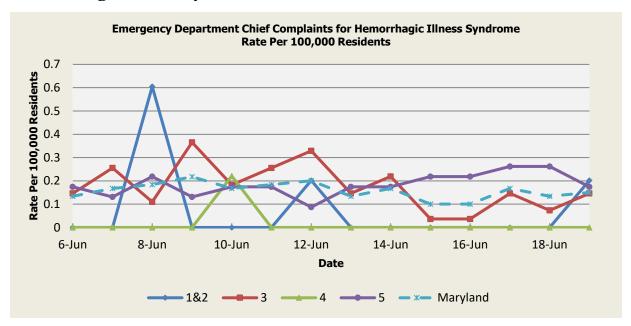


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 6/6 (Regions 1&2), 6/7(Region 5), 6/8 (Regions 1&2,3,5), 6/9 (Regions 3,4,5), 6/10 (Region 5), 6/11 (Regions 1&2,3,4), 6/13 (Regions 1&2,5), 6/14 (Regions 1&2,5), 6/15 (Regions 1&2,3), 6/16 (Region 5), 6/17 (Regions 1&2,3,4), 6/18 (Regions 1&2,5), 6/19 (Regions 4,5). 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	

^{*} Per 100,000 Residents

Hemorrhagic Illness Syndrome

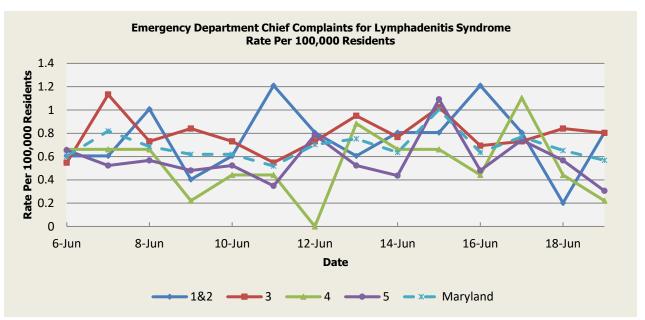


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 6/8 (Regions 1&2), 6/9 (Region 3), 6/10 (Region 4), 6/12 (Regions 1&2), 6/19 (Regions 1&2). These increases are not known to be associated with any outbreaks.

	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		

^{*} Per 100,000 Residents

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 6/8 (Regions 1&2), 6/11 (Regions 1&2), 6/13 (Region 4), 6/15 (Regions 1&2,5), 6/17 (Region 4). 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*	0.41	0.61	0.41	0.40	0.50		
Median Rate*	0.40	0.58	0.44	0.35	0.49		

^{*} Per 100,000 Residents

MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 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 June 25th, 2021)

County	Number of
	Confirmed Cases
Allegany	7,053
Anne Arundel	43,956
Baltimore City	65,928
Baltimore County	53,109
Calvert	4,239
Caroline	2,350
Carroll	9,526
Cecil	6,332
Charles	10,959
Dorchester	2,850
Frederick	19,830
Garrett	2,044
Harford	16,638
Howard	19,314
Kent	1,354
Montgomery	71,134
Prince George's	85,461
Queen Anne's	3,007
St. Mary's	6,056
Somerset	2,623
Talbot	2,183
Washington	14,656
Wicomico	7,722
Worcester	3,693
Total	462,017

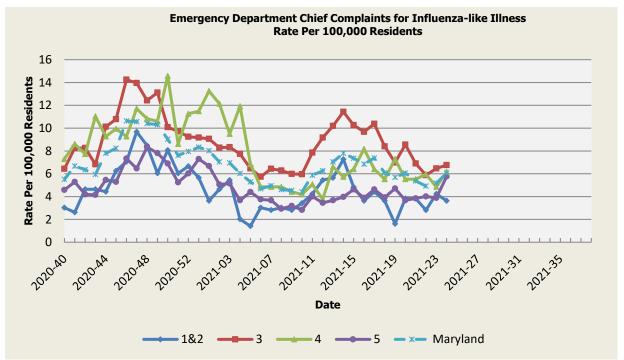
The most up-to-date information may be found on the Maryland Department of Health website at https://coronavirus.maryland.gov.

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 24:

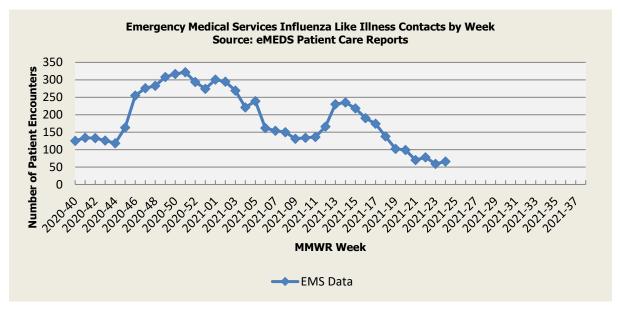
Influenza-like Illness



	Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	9.96	13.81	13.11	11.50	12.55	
Median Rate*	7.26	10.16	9.27	8.32	9.09	

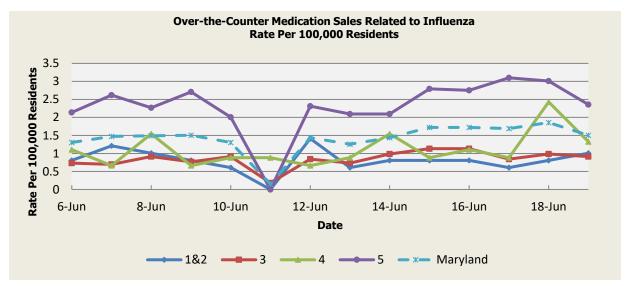
^{*} Per 100,000 Residents

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

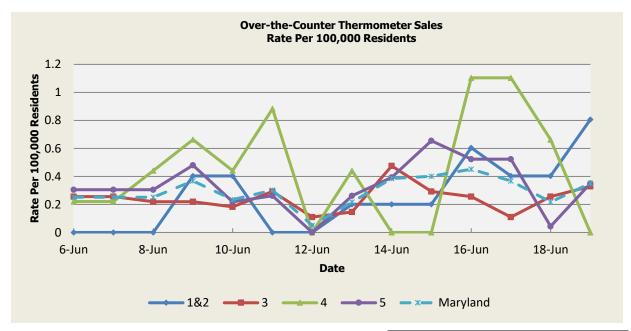


There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.15	4.00	2.46	7.27	5.07
Median Rate*	2.42	3.03	1.99	6.31	4.15

^{*} 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.

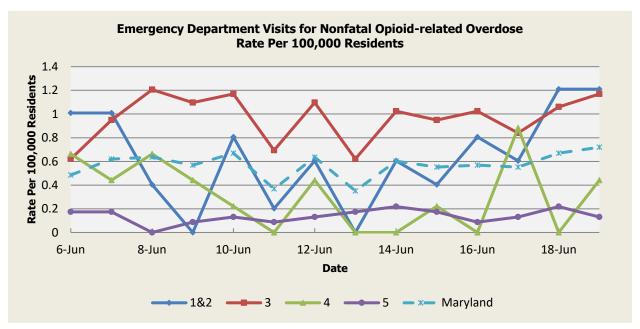
	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.62	2.48	2.03	3.27	2.76
Median Rate*	2.42	2.45	1.99	3.32	2.79

^{*} Per 100,000 Residents

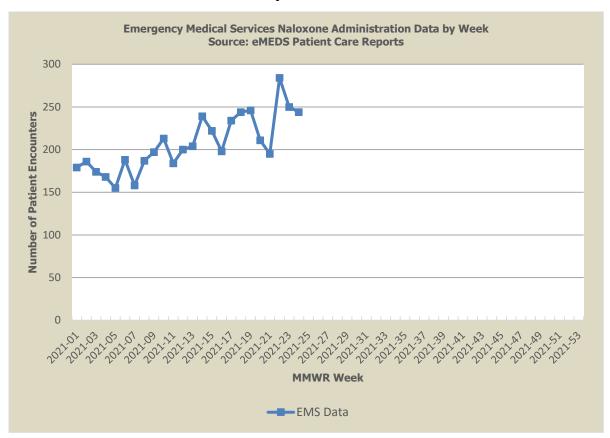
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track trends in nonfatal drug overdoses as a critical strategy for surveillance and tailoring prevention resources to populations most affected in the state.

Nonfatal Opioid-related Overdose

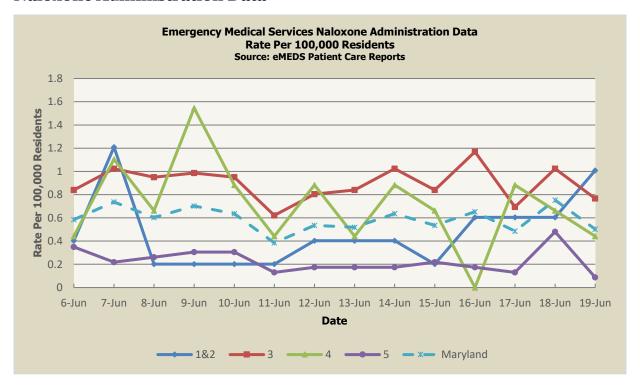


Naloxone Administration Data by Week



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 June 25th, 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 (EUROPE), 22 June 2021, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Netherlands. Read More: https://promedmail.org/promed-post/?id=8466648

AVIAN INFLUENZA (CHINA), 21 June 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds), China. Read More: https://promedmail.org/promed-post/?id=8464004

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

JAMESTOWN CANYON VIRUS (NEW JERSEY), 24 June 2021, A Sussex County resident in his 60s tested positive for Jamestown Canyon virus (JCV) after onset of fever and neurological symptoms in May [2021]. Read More: https://promedmail.org/promed-post/?id=8470628

HEPATITIS A (HAWAII), 23 June 2021, The Hawai'i Department of Health (DOH) is investigating a handful of hepatitis A cases on O'ahu and Maui. Four of the cases are on O'ahu, and one is on Maui. Read More: https://promedmail.org/promed-post/?id=8469626

VIBRIO VULNIFICUS (FLORIDA), 19 June 2021, Through 18 Jun 2021, Florida state health officials have reported 10 _Vibrio vulnificus_ infections, including 4 deaths, according to the latest data update. Read More: https://promedmail.org/promed-post/?id=8460164

TUBERCULOSIS (**USA**), 19 June 2021, Federal and state health officials are investigating a rare tuberculosis outbreak among more than 100 patients who may have been infected after having spinal surgery or fracture repairs this spring [2021] with a bone product contaminated with the bacteria that causes TB [_Mycobacterium tuberculosis_]. Read More: https://promedmail.org/promed-post/?id=8460026

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (GLOBAL), 24 June 2021, A study in Italy has shown that one in 2 people who contracted COVID-19 and were hospitalized, even with mild or moderate cases, had cognitive problems or impairments after [having] recovered from illness. Read More: https://promedmail.org/promed-post/?id=8473098

MONKEYPOX (UK), 24 June 2021, Public Health Wales and Public Health England have confirmed they are monitoring 3 cases of imported monkeypox identified in North Wales. Read More: https://promedmail.org/promed-post/?id=8473029

CHOLERA, DIARRHEA & DYSENTERY UPDATE (SOMALIA), 24 June 2021, The Ministry of Health of Somalia has announced 211 new suspected cases of cholera, with 5 reported deaths, for epidemiological week 22 [31 May-6 Jun 2021]. Read More: https://promedmail.org/promed-post/?id=8472120

UNDIAGNOSED ILLNESS (ETHIOPIA, SOMALIA), 24 June 2021, The World Health Organization (WHO) was recently notified of an outbreak of human infections linked to camels in Oromia and Somali regions of Ethiopia that has affected nearly 200 people. Read More: https://promedmail.org/promed-post/?id=8471650

RABIES (**EGYPT**), 23 June 2021, A mad dog reportedly mauled 11 people in Egypt, causing them to be taken to hospital for treatment, local media reported. Read More: https://promedmail.org/promed-post/?id=8470013

FOODBORNE ILLNESS (INDIA), 23 June 2021, Some 200 people fell sick of food poisoning in Udaipur city and Vallabhnagar block on Monday [21 Jun 2021]. Read More: https://promedmail.org/promed-post/?id=8469677

LASSA FEVER (NIGERIA), 23 June 2021, In week 24, the number of new confirmed cases decreased from 4 in week 23 2021 to 6 cases. Read More: https://promedmail.org/promed-post/?id=8468328

ECHINOCOCCUS MULTILOCULARIS (CANADA), 22 June 2021, A parasitic tapeworm called _Echinococcus multilocular is_ that can cause fatal tumors in humans is now very common in wildlife in Western Canada, scientists say. Read More: https://promedmail.org/promed-post/?id=8466684

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: http://preparedness.health.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

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

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

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:

Office of Preparedness and Response, Maryland Department of Health 7462 Candlewood Rd, Hanover, MD 21076

Peter Fotang, MD, MPH Epidemiologist, Biosurveillance Program

Office: 443-628-6555

Email: Peter.Fotang@maryland.gov

Jessica Acharya (Goodell), MPH Career Epidemiology Field Officer, CDC

Office: 443-628-6583

Email: Jessica. Acharya@maryland.gov

Lindsey Hall, MPH Epidemiologist, Biosurveillance Program

Office: 443-628-6550

Email: Lindsey.hall@maryland.gov

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		
Region 5	Calvert County		
	Charles County		
	Montgomery County		
	Prince George's County		
	St. Mary's County		

