



MARYLAND
Department of Health

Public Health Preparedness and Situational Awareness Report: #2021:35

Reporting for the week ending 09/04/21 (MMWR Week #35)

September 10, 2021

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

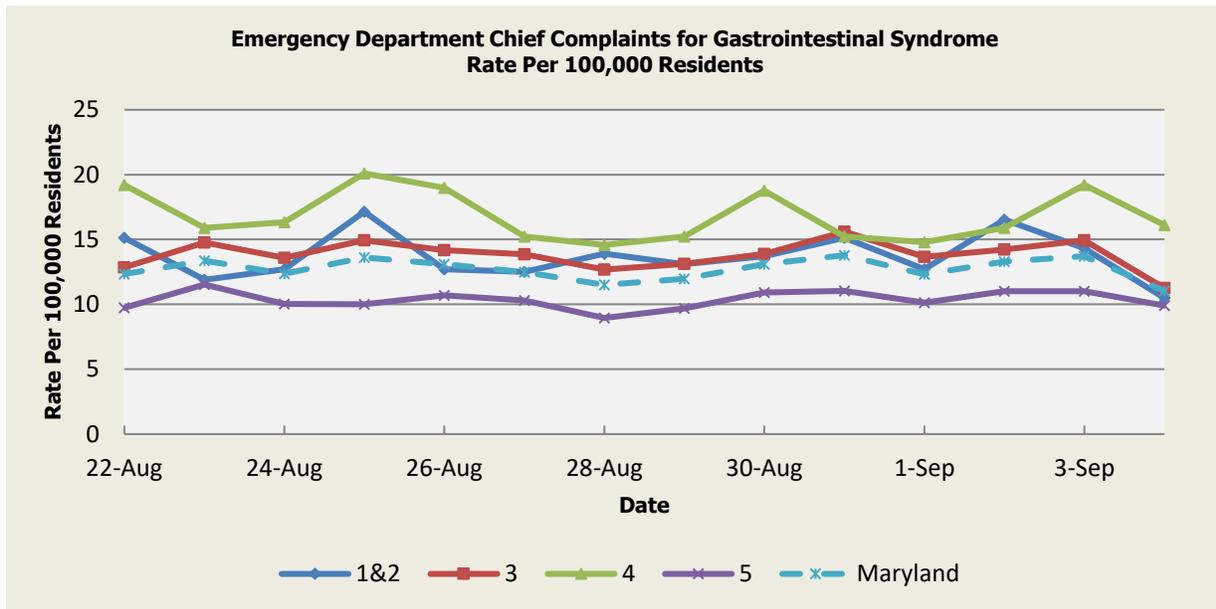
Maryland: **ENHANCED** (MEMA status)

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.

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Gastrointestinal Syndrome



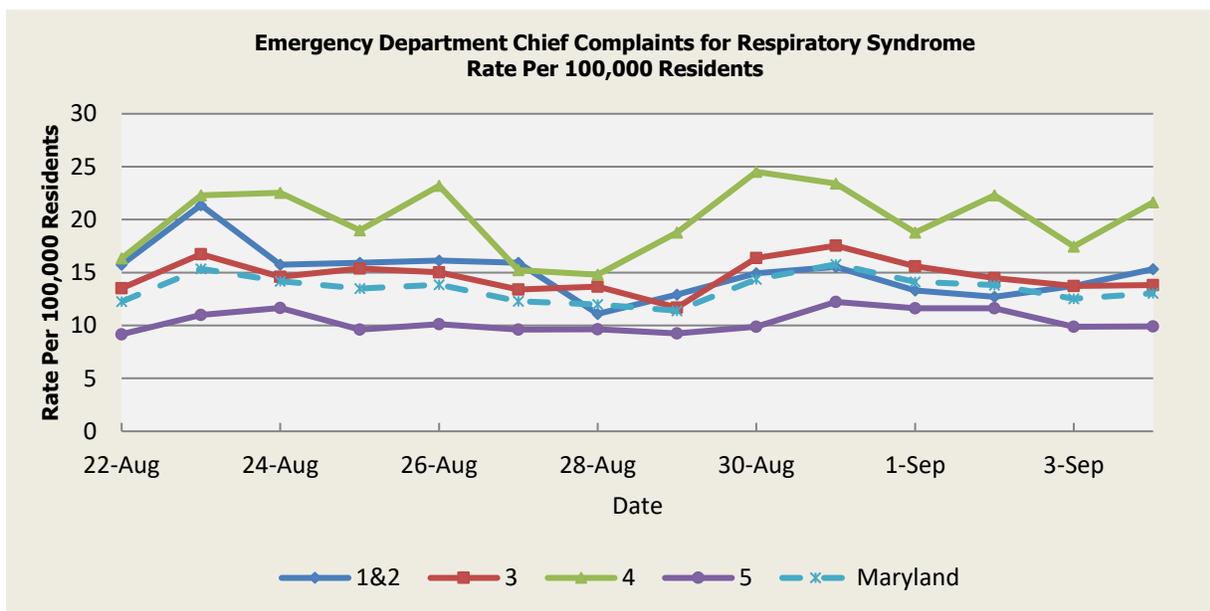
There were two (2) outbreaks of Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis in an Assisted Living Facility (Region 3), one (1) outbreak of Gastroenteritis /Foodborne in a Correctional Facility (Region 4).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.15	14.71	15.88	10.07	12.89
Median Rate*	13.11	14.58	15.46	10.00	12.85

* Per 100,000 Residents

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Respiratory Syndrome



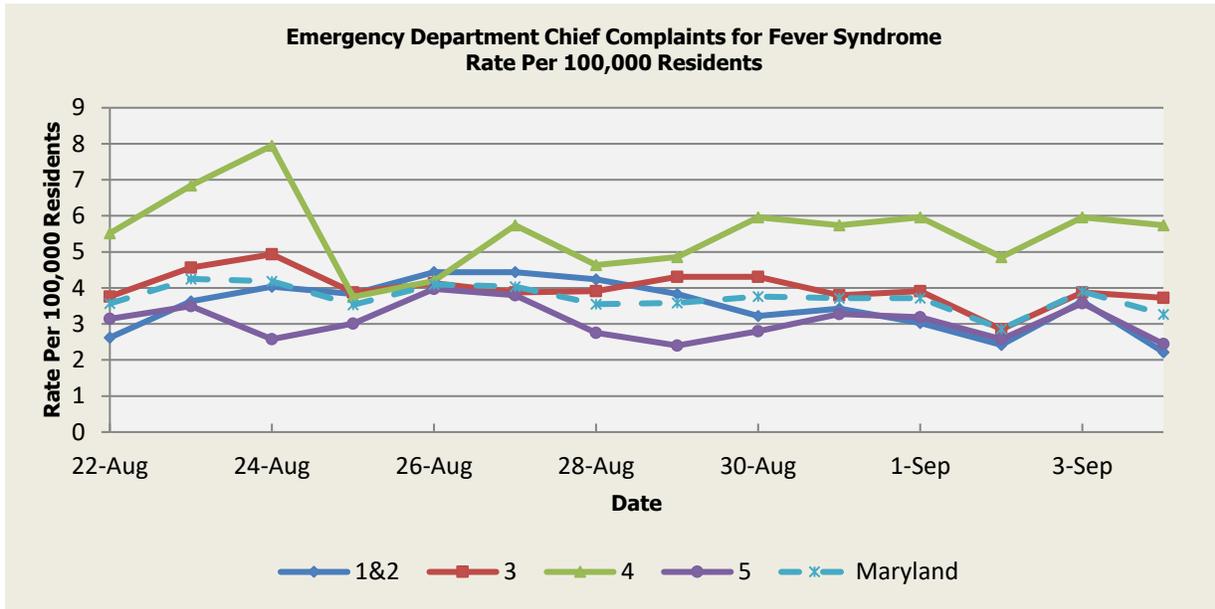
There were one hundred and forty-one (141) Respiratory Syndrome outbreaks reported this week: Seventeen (17) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2, 3, 4, 5), four (4) outbreaks of COVID-19 in Correctional Facilities (Regions 1&2, 3, 5), one (1) outbreak of COVID-19 in a Crisis Intervention Facility (Region 3), one (1) outbreak of COVID-19 in a Day Program (Regions 1&2), twenty (20) outbreaks of COVID-19 in Daycare Facilities (Regions 3, 4, 5), seventeen (17) outbreaks of COVID-19 in Group Homes (Regions 1&2, 3, 4, 5), three (3) outbreaks of COVID-19 in Hospices (Regions 3, 4), thirteen (13) outbreaks of COVID-19 in Hospitals (Regions 3, 4), fourteen (14) outbreaks of COVID-19 in Hospitals (Regions 1&2, 3, 4, 5), one (1) outbreak of COVID-19 in an Outpatient Office (Region 4), twenty eight (28) outbreaks of COVID-19 in Schools (Regions 1&2, 3, 4, 5), one (1) outbreak of COVID-19 in a Shelter (Region 5), one (1) outbreak of COVID-19 in a Sober Living Facility (Region 5), one (1) outbreak of COVID-19 in a Substance Use Treatment Facility (Region 4), one (1) outbreak of COVID-19 in a Workplace (Regions 1&2), two (2) outbreaks of COVID-19 in Youth Camps (Region 3), one (1) outbreak of COVID-19 in a Youth Sports Team (Regions 1&2), two (2) outbreaks of pneumonia in Nursing Homes (Region 3) and six (6) outbreaks of RSV in Daycare Facilities (Regions 3, 4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.44	14.65	15.24	9.88	12.68
Median Rate*	12.10	13.99	14.57	9.47	12.13

* Per 100,000 Residents

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Fever Syndrome



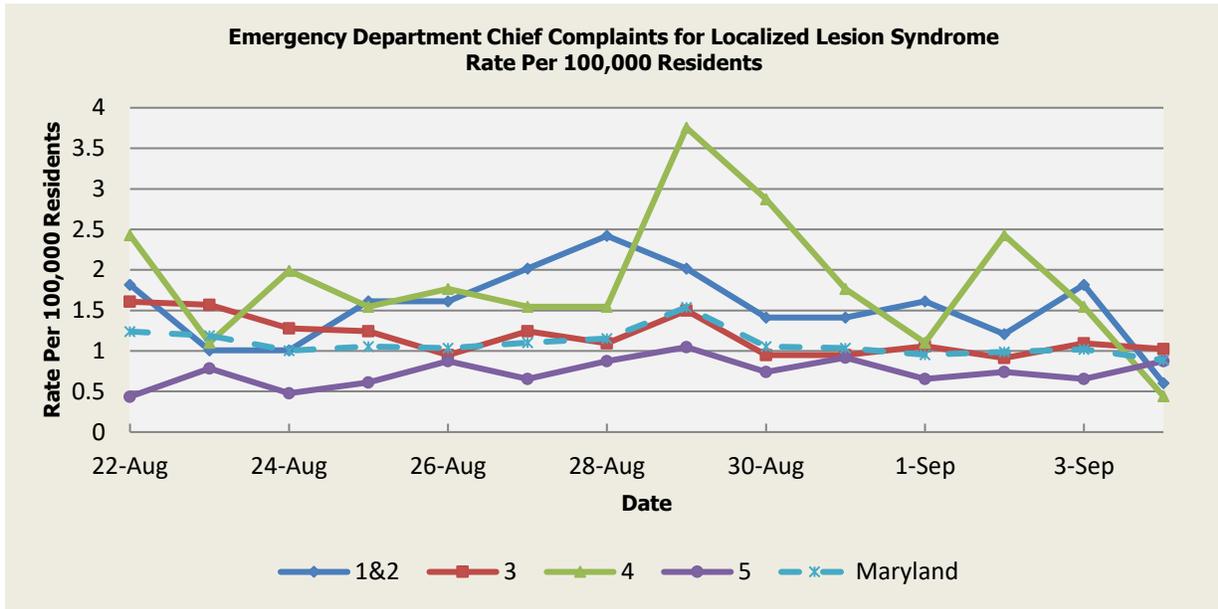
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.04	3.87	4.11	2.98	3.48
Median Rate*	2.82	3.73	3.97	2.88	3.35

**Per 100,000 Residents*

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Localized Lesion Syndrome



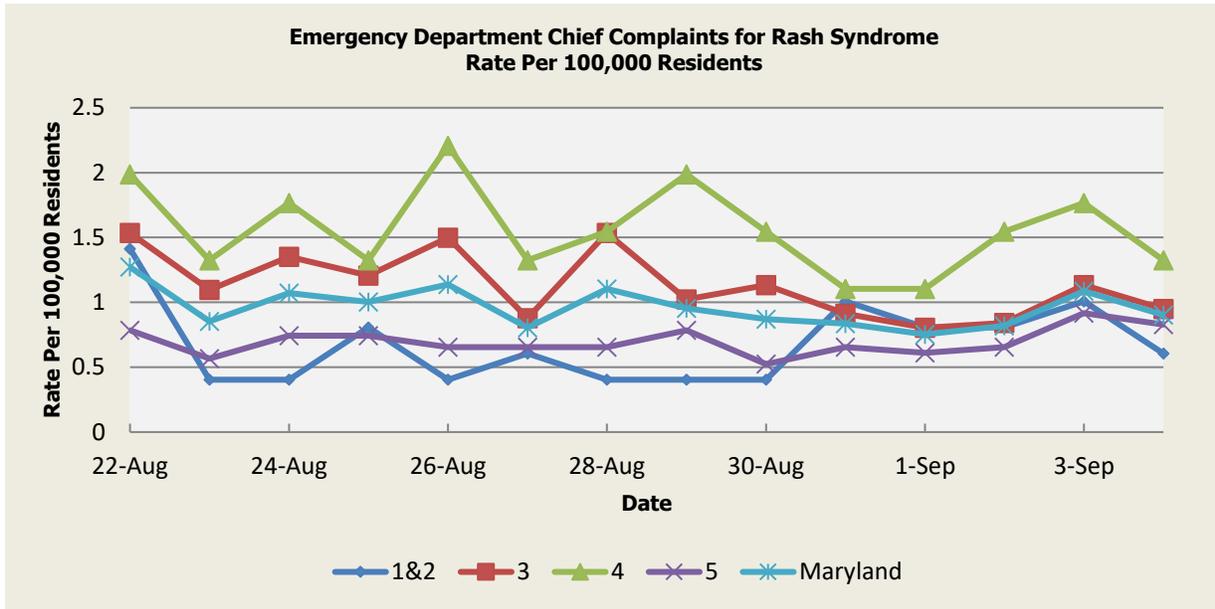
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.66	1.95	0.85	1.33
Median Rate*	1.01	1.61	1.77	0.83	1.29

* Per 100,000 Residents

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Rash Syndrome



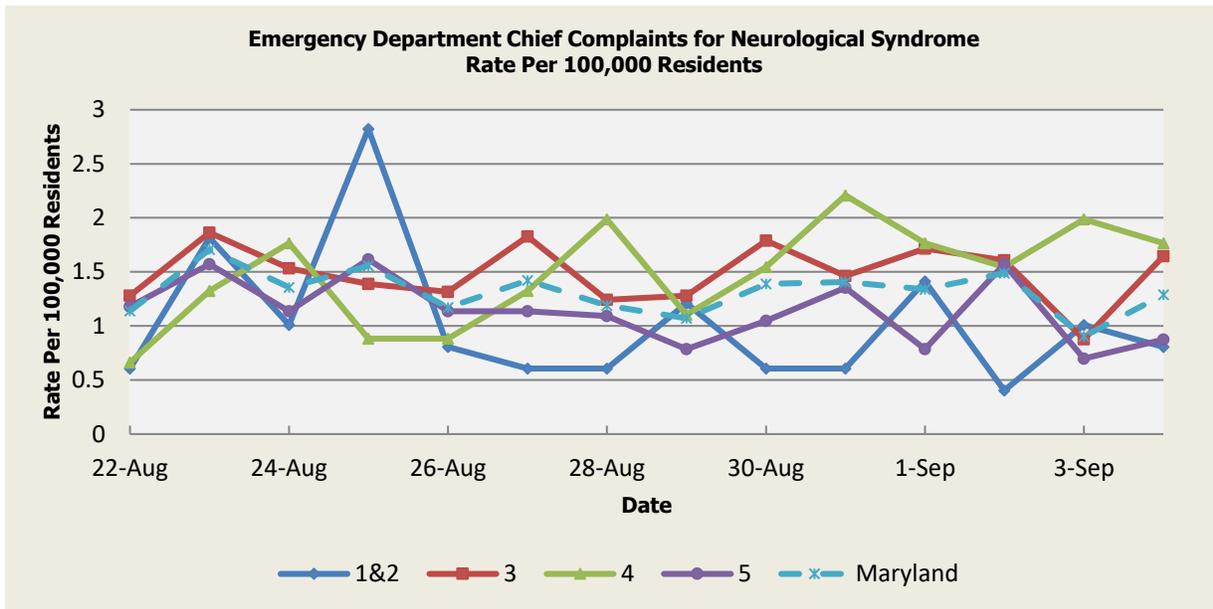
There were two (2) Rash illness outbreaks reported this week: two (2) outbreaks of Hand, Foot, and Mouth disease in Daycare Facilities (Regions 3,5).

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.54	1.64	0.90	1.27
Median Rate*	1.01	1.50	1.55	0.87	1.25

* Per 100,000 Residents

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Neurological Syndrome



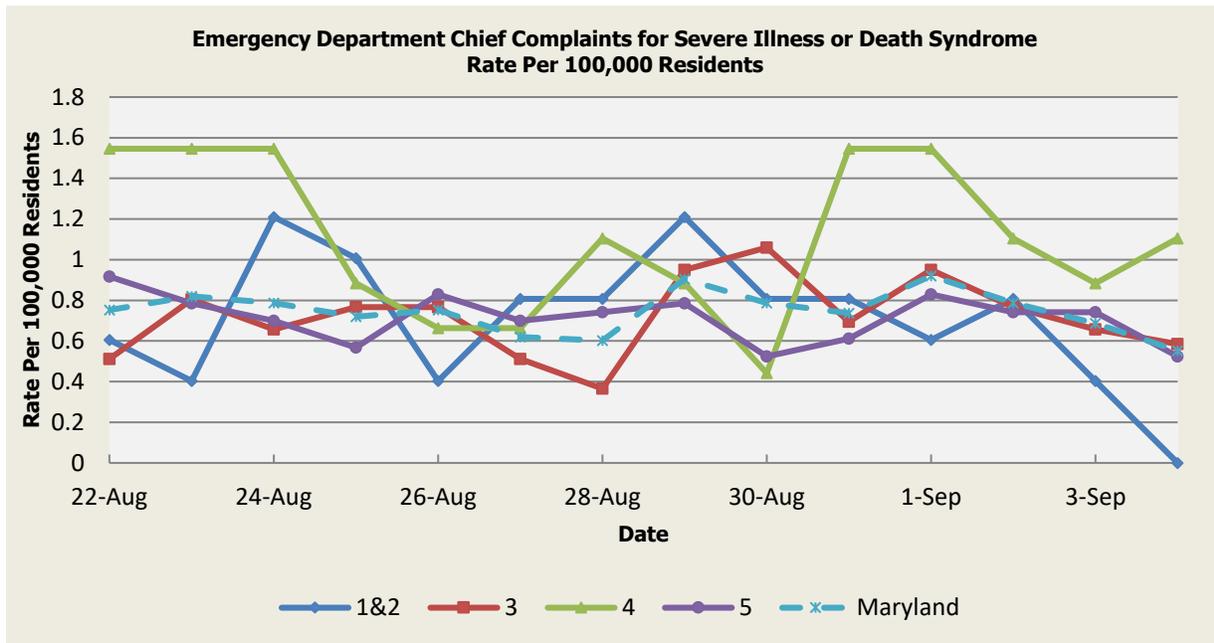
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.84	1.04	0.97	0.67	0.88
Median Rate*	0.81	0.99	0.88	0.61	0.85

* Per 100,000 Residents

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Severe Illness or Death Syndrome



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

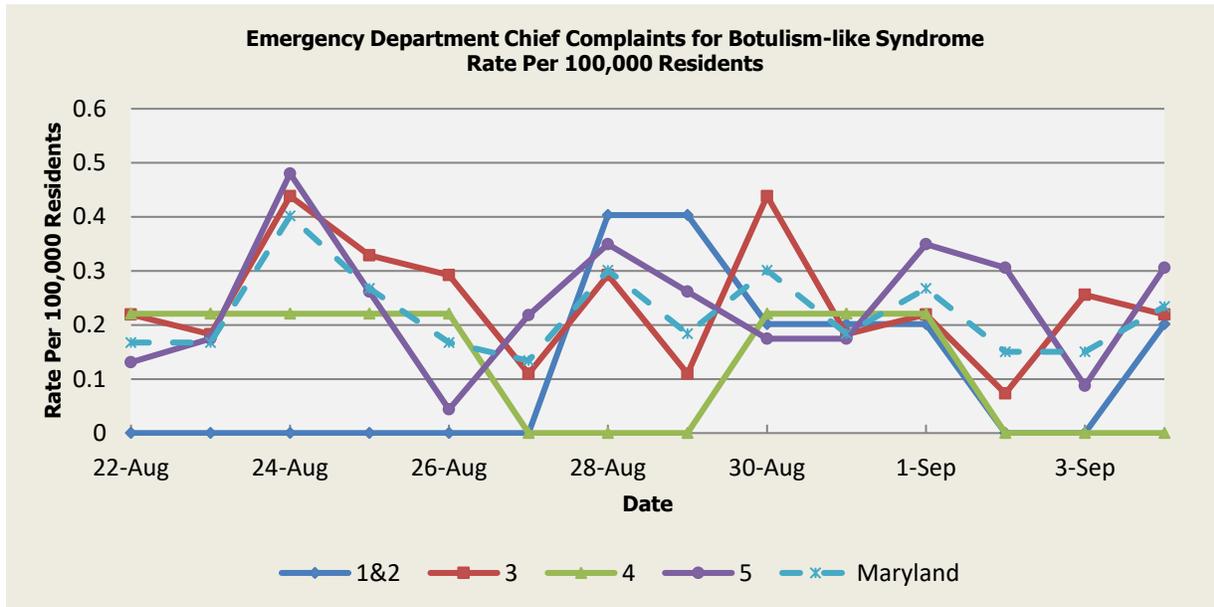
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.67	0.87	0.85	0.55	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



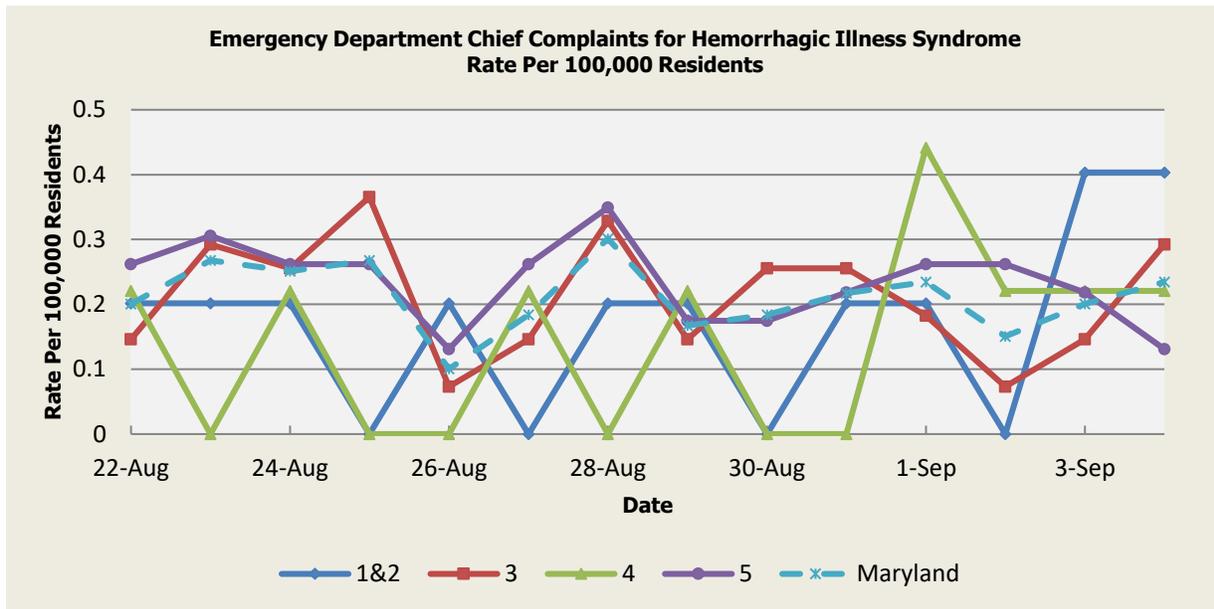
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 8/22 (Region 4), 8/23 (Region 4), 8/24 (Regions 3,4,5), 8/25 (Regions 3,4,5), 8/26 (Regions 3,4), 8/27 (Region 5), 8/28 (Regions 1&2,3,5), 8/29 (Regions 1&2,5), 8/30 (Regions 1&2,3,4), 8/31 (Regions 1&2,4), 9/1 (Regions 1&2,4,5), 9/2 (Region 5), 9/4 (Regions 1&2,5). 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

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Hemorrhagic Illness Syndrome



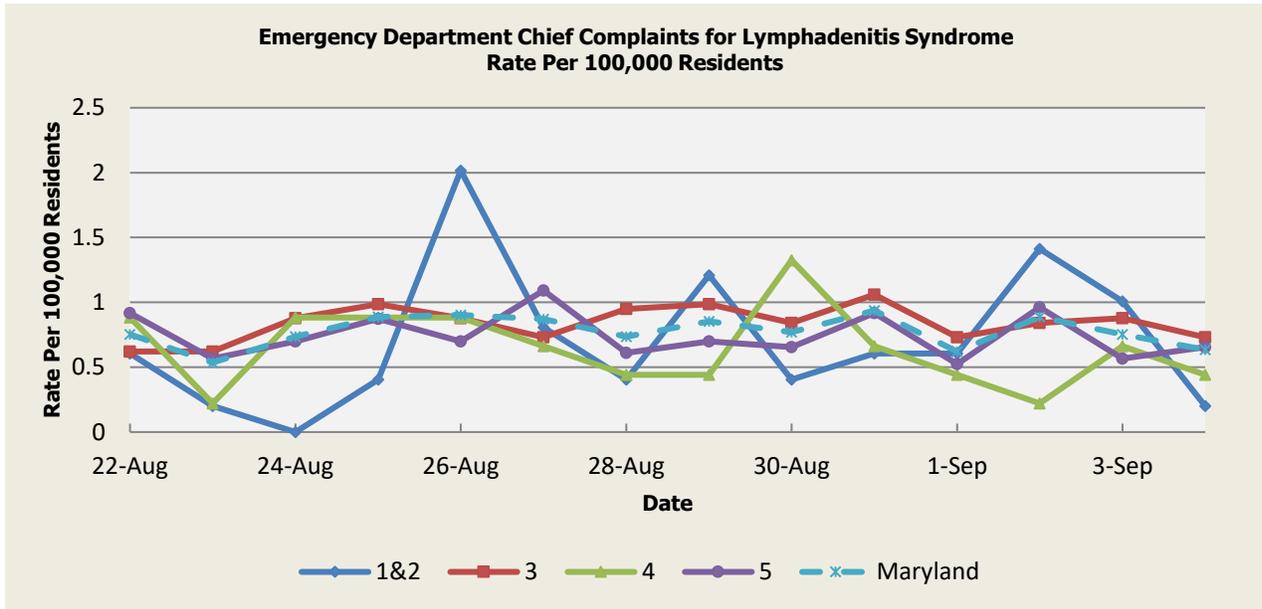
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 8/22 (Regions 1&2,4), 8/23 (Regions 1&2,5), 8/24 (Regions 1&2, 4), 8/25 (Region 3), 8/26 (Regions 1&2), 8/27 (Region 4), 8/28 (Regions 1&2,5), 8/29 (Regions 1&2,4), 8/31 (Regions 1&2), 9/1 (Regions 1&2,4), 9/2 (Region 4), 9/3 (Regions 1&2,4), 9/4 (Regions 1&2,4). 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

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 8/22 (Regions 4,5), 8/24 (Region 4), 8/25 (Regions 4,5), 8/26 (Regions 1&2,4), 8/27 (Region 5), 8/29 (Regions 1&2), 8/30 (Region 4), 8/31 (Region 5), 9/2 (Regions 1&2,5), 9/3 (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*	0.41	0.61	0.41	0.40	0.50
Median Rate*	0.40	0.58	0.44	0.35	0.49

* Per 100,000 Residents

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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 September 10th, 2021)

County	Number of Confirmed Cases
Allegany	8,062
Anne Arundel	48,289
Baltimore City	70,991
Baltimore County	56,864
Calvert	4,777
Caroline	2,605
Carroll	10,419
Cecil	7,343
Charles	12,895
Dorchester	3,476
Frederick	22,030
Garrett	2,367
Harford	18,430
Howard	21,092
Kent	1,491
Montgomery	77,265
Prince George's	93,513
Queen Anne's	3,346
St. Mary's	7,476
Somerset	2,868
Talbot	2,415
Washington	16,361
Wicomico	9,283
Worcester	4,359
Total	508,017

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

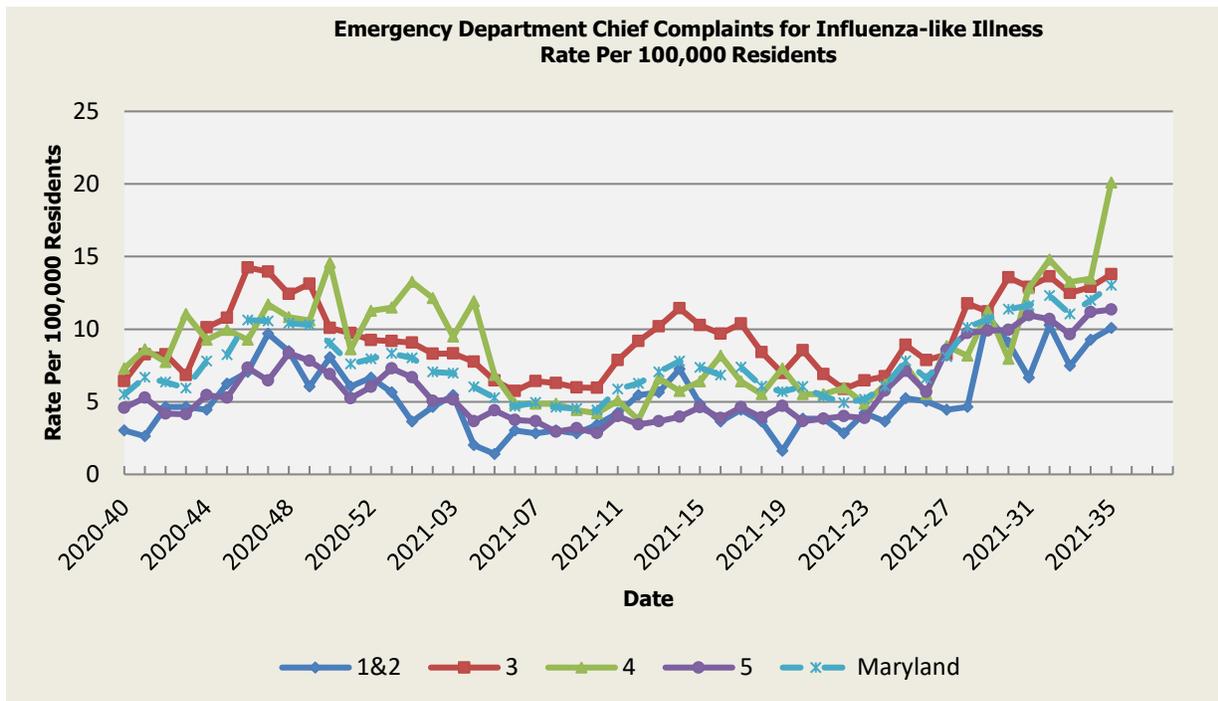
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SYNDROMIC INFLUENZA SURVEILLANCE

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 35:

Influenza-like Illness

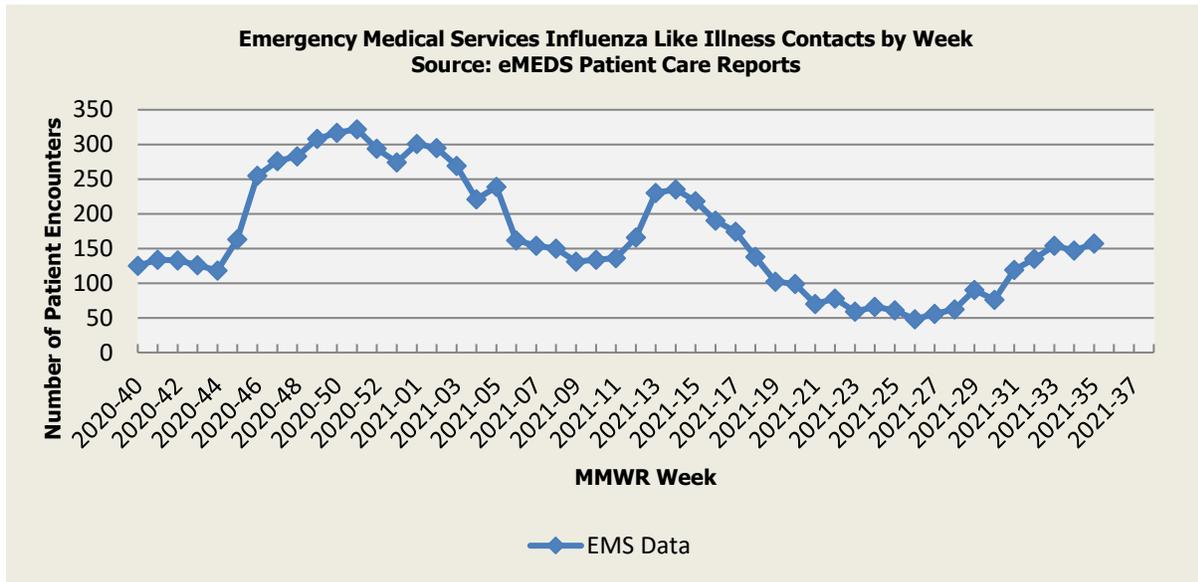


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.92	13.77	13.08	11.46	12.51
Median Rate*	7.26	10.19	9.27	8.43	9.14

* Per 100,000 Residents

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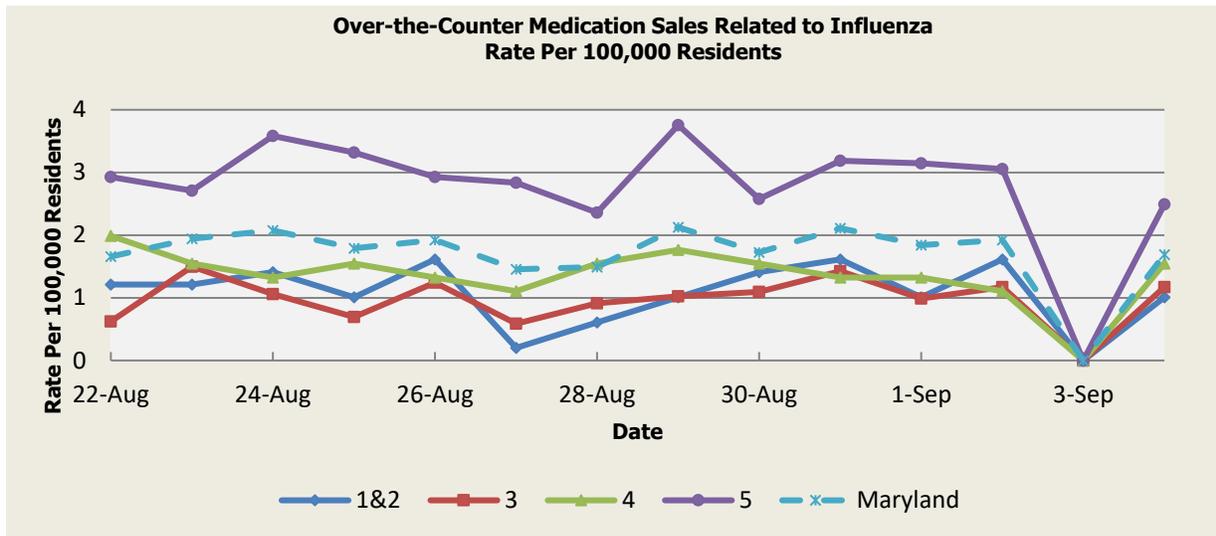
Influenza-like Illness Contacts by Week



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.

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Over-the-Counter Influenza-Related Medication Sales



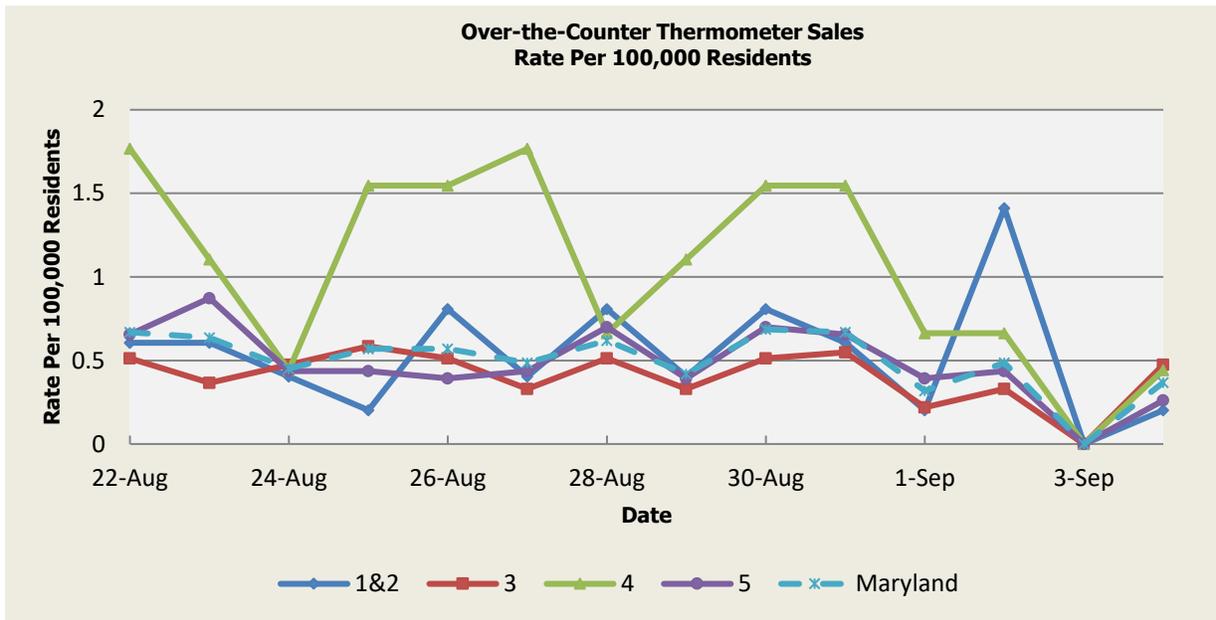
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.11	3.95	2.44	7.19	5.00
Median Rate*	2.42	2.92	1.99	6.16	4.03

* Per 100,000 Residents

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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*	2.58	2.44	2.01	3.22	2.72
Median Rate*	2.22	2.41	1.77	3.27	2.76

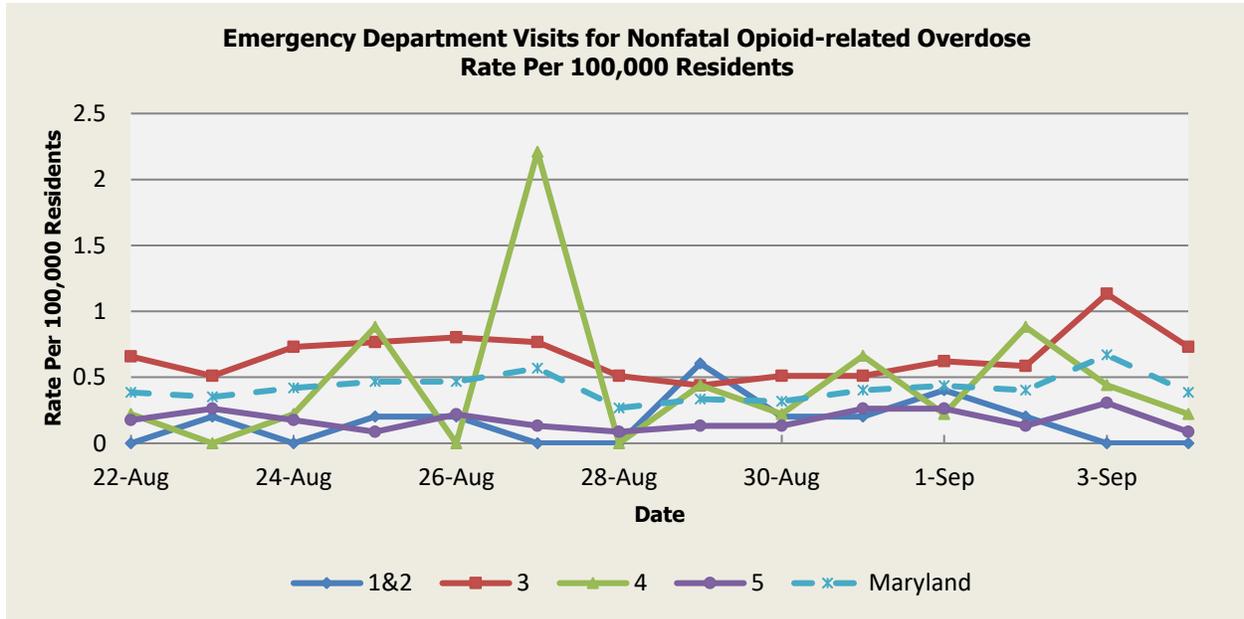
* Per 100,000 Residents

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SYNDROMIC OVERDOSE SURVEILLANCE

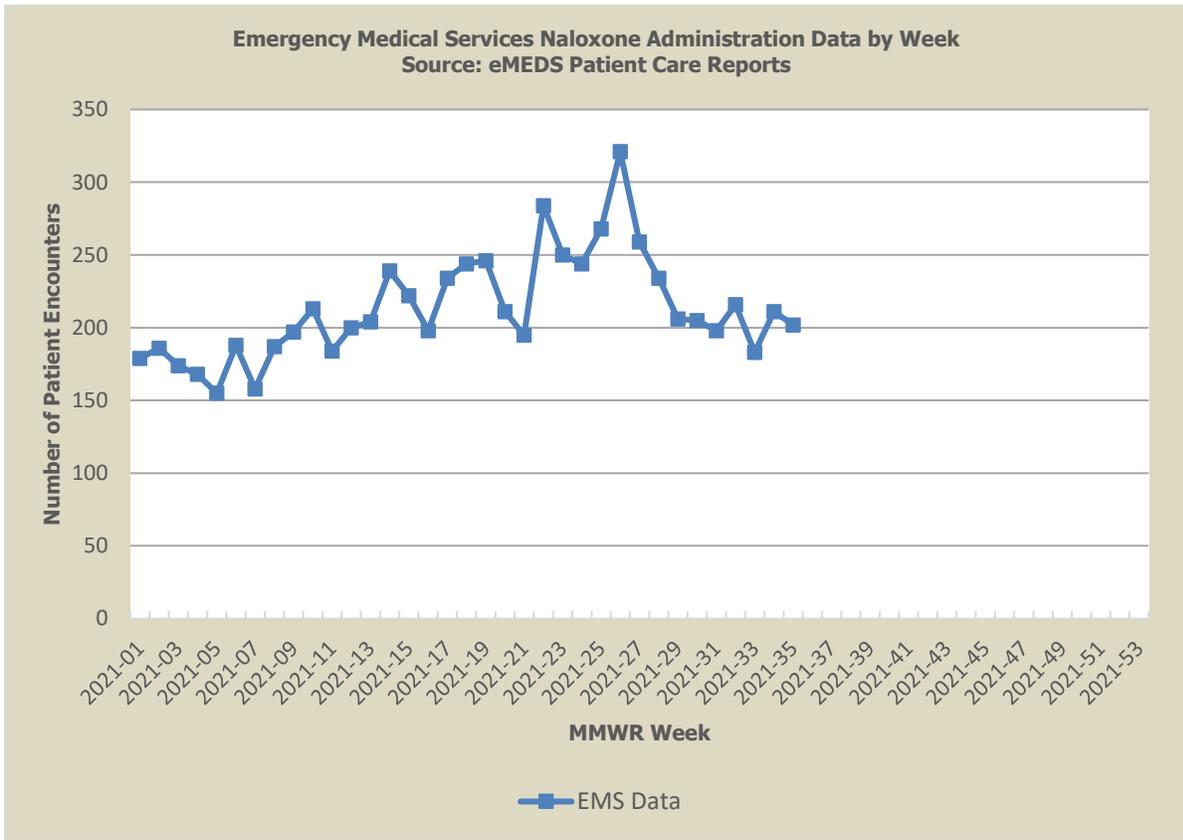
The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track 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



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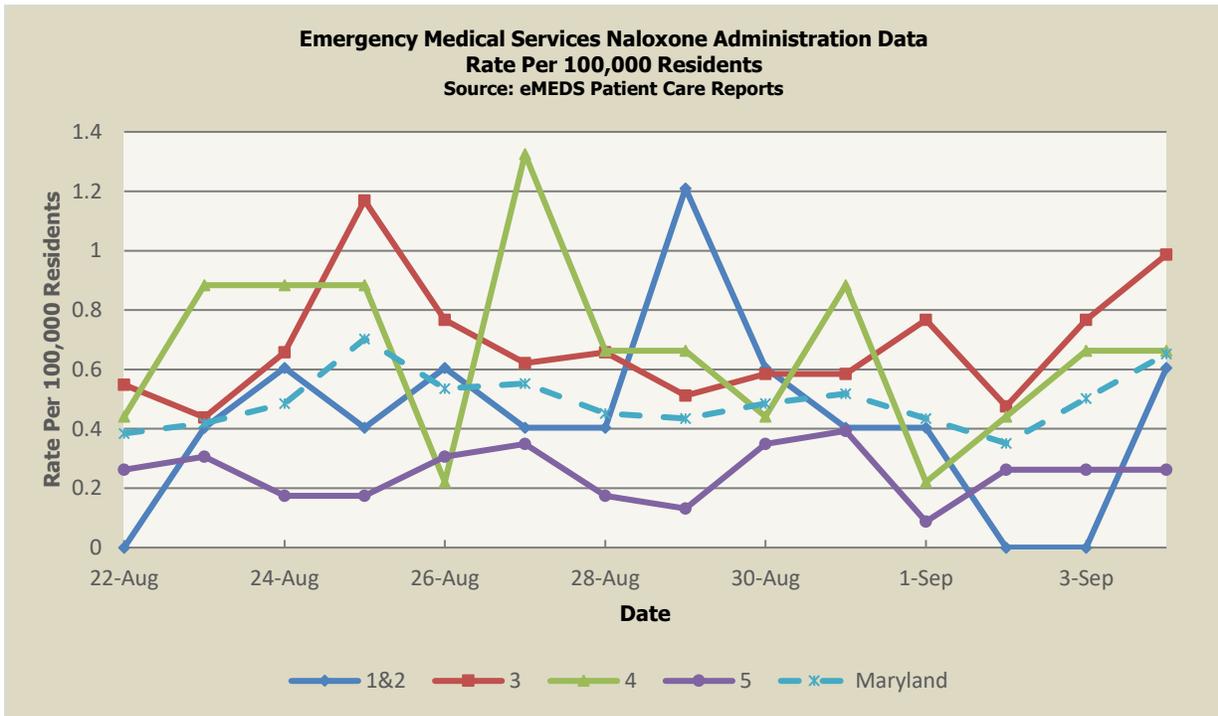
Naloxone Administration Data by Week



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.

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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.

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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 September 10th, 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 (BELGIUM), 8 September 2021, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Belgium. Read More: <https://promedmail.org/promed-post/?id=8652190>

HUMAN AVIAN INFLUENZA

AVIAN INFLUENZA, HUMAN (CHINA), 6 September 2021, Chinese health officials reported one new case of human infection with avian influenza A(H9N2) to the World Health Organization (WHO) this week. Read More: <https://promedmail.org/promed-post/?id=8647141>

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NATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (309), 9 September 2021, For the 1st time during the pandemic, children now account for more than 1/4 of new weekly US COVID-19 cases, according to the latest report from the American Academy of Pediatrics (AAP). Read More: <https://promedmail.org/promed-post/?id=8657658>

SALMONELLOSIS (ILLINOIS), 6 September 2021, The McHenry County Department of Health (MCDH) is reporting a foodborne illness outbreak of a gastrointestinal illness caused by _Salmonella. Read More: <https://promedmail.org/promed-post/?id=8649472>

VIBRIO VULNIFICUS (FLORIDA), 6 September 2021, The Florida Department of Health has reported 20 _Vibrio vulnificus_ cases through [Fri 3 Sep 2021] which includes cases in the following counties. Read More: <https://promedmail.org/promed-post/?id=8649471>

CYCLOSPORIASIS (MULTISTATE), 5 September 2021, In the past month, an additional 402 cases of "domestically acquired cases of Cyclosporiasis" have been reported, according to the federal Centers for Disease Control and Prevention. Read More: <https://promedmail.org/promed-post/?id=8647380>

RABIES (SOUTH CAROLINA), 3 September 2021, The South Carolina Department of Health and Environmental Control (DHEC) reported this week a skunk found near Prince William Road and Pond Town Road in Brunson, South Carolina has tested positive for rabies. Read More: <https://promedmail.org/promed-post/?id=8642041>

INTERNATIONAL DISEASE REPORTS

LYMPHOCYTIC CHORIOEMENINGITIS VIRUS (AUSTRALIA), 9 September 2021, The Public Health Virology laboratory (PHV), Forensic and Scientific Services, Queensland Health have reported the isolation of the rodent-borne arenavirus, lymphocytic choriomeningitis virus (LCMV, Read More: <https://promedmail.org/promed-post/?id=8657882>

LISTERIOSIS (CHILE), 9 September 2021, Public health officials in a city in Chile have issued a warning after detecting several _Listeria_ infections linked to food. Read More: <https://promedmail.org/promed-post/?id=8656853>

MONKEYPOX (NIGERIA), 9 September 2021, Nigeria confirmed at least 6 cases of monkeypox in August 2021, 2 more than in July, according to the Nigeria Centre for Disease Control (NCDC). Read More: <https://promedmail.org/promed-post/?id=8655965>

NIPAH VIRUS (INDIA), 7 September 2021, A day after a 12-year-old boy in Kozhikode succumbed to the Nipah virus, Kerala health minister Veena George confirmed that 11 more people, including the child's mother, are showing symptoms of the viral infection. Read More: <https://promedmail.org/promed-post/?id=8652627>

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.

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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
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County 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

