

Public Health Preparedness and Situational Awareness Report: #2021:38

Reporting for the week ending 09/25/21 (MMWR Week #38)

October 1, 2021

CURRENT HOMELAND SECURITY THREAT LEVELS

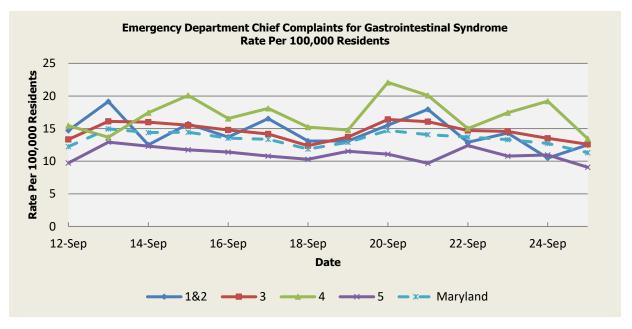
National: No Active Alerts

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

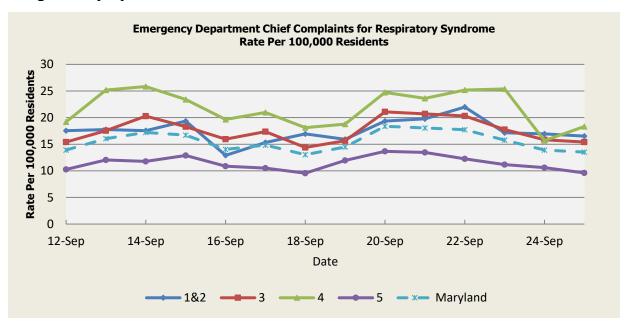


There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis in a Daycare Facility (Region 4).

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	13.16	14.71	15.89	10.07	12.89	
Median Rate*	13.11	14.58	15.46	10.04	12.85	

^{*} Per 100,000 Residents

Respiratory Syndrome

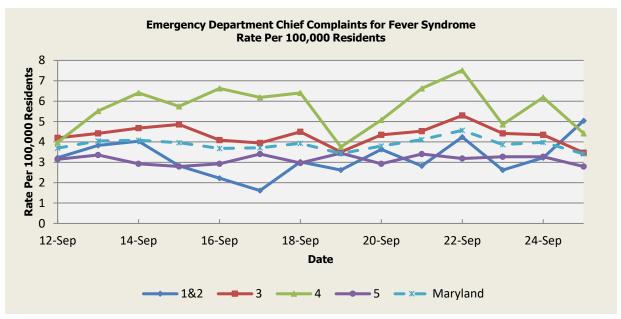


There were one hundred and forty seven (147) Respiratory Syndrome outbreaks reported this week: One (1) outbreak of COVID-19 in an Adult Medical Daycare (Regions 1,2), eleven (11) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1,2,3,4,5), three (3) outbreaks of COVID-19 in Correctional Facilities (Regions 1,2,4), one (1) outbreak of COVID-19 in a Crisis Center (Region 3), two (2) outbreaks of COVID-19 in a Day program (Region 4), thirteen (13) outbreaks of COVID-19 in Daycare Facilities (Regions 3,4,5), twenty two (22) outbreaks of COVID-19 in Group Homes (Regions 3,4,5), fourteen (14) outbreaks of COVID-19 in Hospitals (Regions 1,2,3,4), one (1) outbreak of COVID-19 in an Independent Living Facility (Region 5), eleven (11) outbreaks of COVID-19 in Nursing Homes (Regions 3,4,5), fifty four (54) outbreaks of COVID-19 in Schools (Regions 1,2,3,4,5), two (2) outbreaks of COVID-19 in Shelters (Regions 3,5), three (3) outbreaks of COVID-19 in Substance Use Treatment Programs (Regions 3,5), one (1) outbreak of COVID-19 in a workplace (Region 4), one (1) outbreak of COVID-19 in a Youth Sport Team (Region 5), one (1) outbreak of Legionellosis in a Community Setting (Region 5), and six (6) outbreaks of RSV in Daycare Facilities (Region 3,4,5).

	Respiratory Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2						
Mean Rate*	12.46	14.66	15.27	9.89	12.70		
Median Rate*	12.10	13.99	14.57	9.47	12.15		

^{*} Per 100,000 Residents

Fever Syndrome

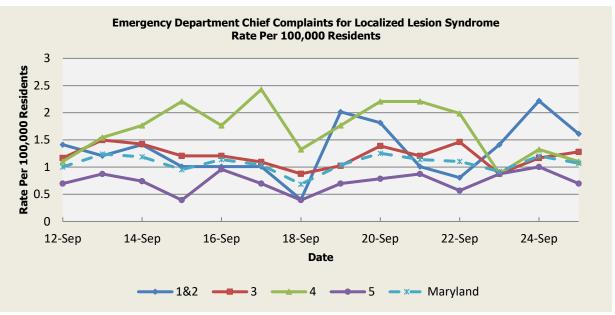


There were no Fever Syndrome outbreaks reported this week.

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

*Per 100,000 Residents

Localized Lesion Syndrome

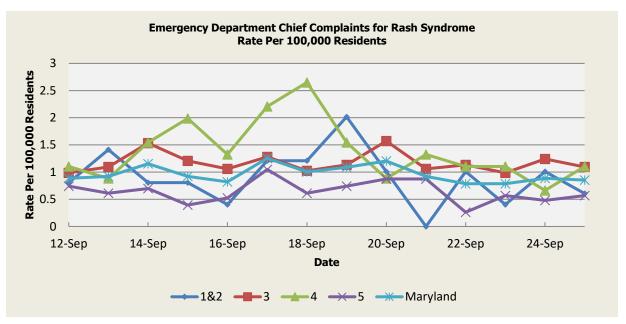


There were no Localized Lesion Syndrome outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	1.17	1.65	1.95	0.85	1.33	
Median Rate*	1.01	1.61	1.77	0.83	1.29	

^{*} Per 100,000 Residents

Rash Syndrome

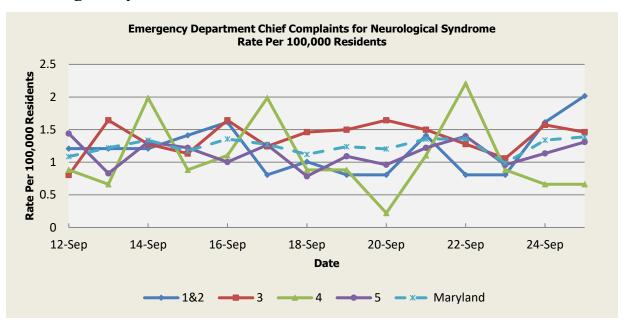


There were nine (9) Rash illness outbreaks reported this week: eight (8) outbreaks of Hand, Foot, and Mouth Disease in Daycare Facilities (Regions 3,4,5), one (1) outbreak of Rash Illness in a School (Region 3).

	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

Neurological Syndrome

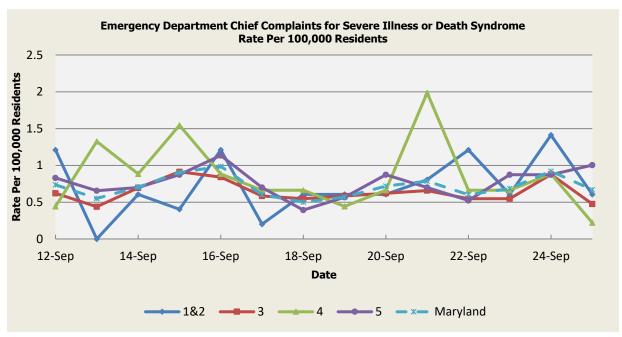


There was an appreciable increase above baseline in the rate of ED visits for Neurological Syndrome on 9/6 (Region 3), 9/7 (Regions 3,5), 9/8 (Region 5), 9/10 (Region 4), 9/11 (Regions 1&2), 9/12 (Region 5), 9/14 (Region 4), 9/17 (Region 4). These increases are not known to be associated with any outbreaks.

	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

Severe Illness or Death Syndrome



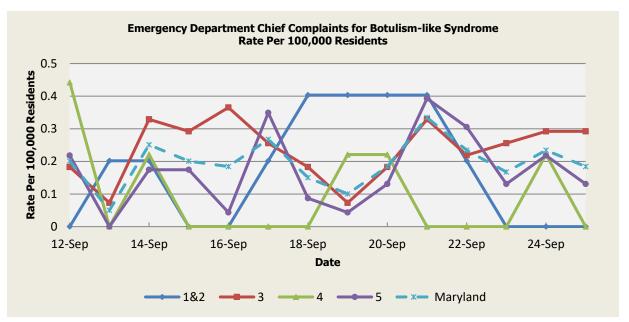
There were no Severe Illness or Death Syndrome outbreaks reported this week.

	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

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome

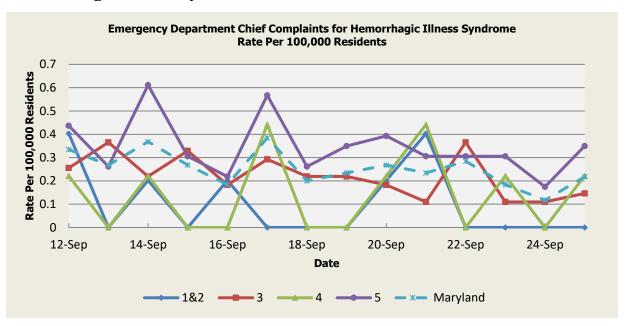


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 9/12 (Regions 4,5), 9/13 (Regions 1&2), 9/14 (Regions 1&2,3,4), 9/15 (Region 3), 9/16 (Region 3), 9/17 (Regions 1&2,5), 9/18 (Regions 1&2), 9/19 (Regions 1&2,4), 9/20 (Regions 1&2,4), 9/21 (Regions 1&2,3,5), 9/22 (Regions 1&2,5), 9/24 (Regions 3,4,5), 9/25 Region 3). 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	0.10	0.11	
Median Rate*	0.00	0.11	0.00	0.09	0.10	

^{*} Per 100,000 Residents

Hemorrhagic Illness Syndrome

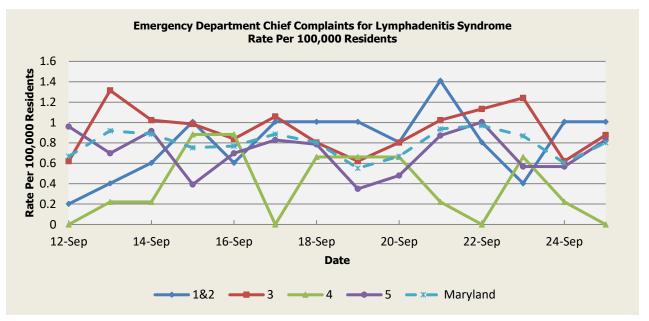


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 9/12 (Regions 1&2,4,5), 9/13 (Region 3), 9/14 (Regions 1&2,4,5), 9/15 (Regions 3,5), 9/16 (Regions 1&2), 9/17 (Regions 4,5), 9/19 (Region 5), 9/20 (Regions 1&2,4,5), 9/21 (Regions 1&2,4,5), 9/22 (Regions 3,5), 9/23 (Regions 4,5), 9/25 (Regions 4,5).

	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	0.15	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 9/12 (Region 5), 9/13 (Region 3), 9/14 (Region 5), 9/15 (Regions 1&2,4), 9/16 (Region 4), 9/17 (Regions 1&2,5), 9/18 (Regions 1&2), 9/19 (Regions 1&2), 9/21 (Regions 1&2,5), 9/22 (Region 5), 9/23 (Region 3), 9/24 (Regions 1&2), 9/25 (Regions 1&2,5). 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*	0.42	0.62	0.41	0.41	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 (d COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of October 1st, 2021)

County	Number of
	Confirmed Cases
Allegany	8,997
Anne Arundel	50,582
Baltimore City	73,745
Baltimore County	59,168
Calvert	5,224
Caroline	2,921
Carroll	11,132
Cecil	8,009
Charles	13,786
Dorchester	3,829
Frederick	23,089
Garrett	2,723
Harford	19,413
Howard	21,934
Kent	1,574
Montgomery	79,948
Prince George's	96,880
Queen Anne's	3,593
St. Mary's	8,733
Somerset	3,140
Talbot	2,612
Washington	17,884
Wicomico	10,274
Worcester	4,680
Total	533,870

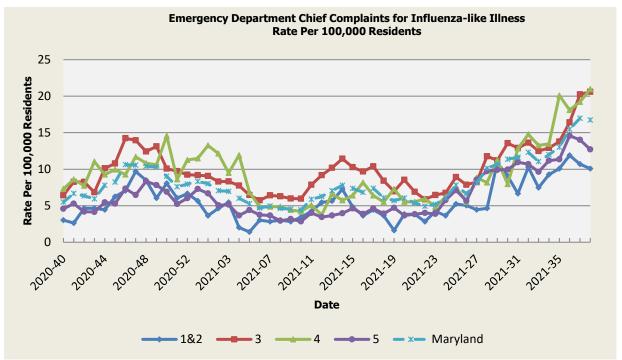
The most up-to-date information may be found on the Maryland Department of Health website at https://coronavirus.maryland.gov.

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 38:

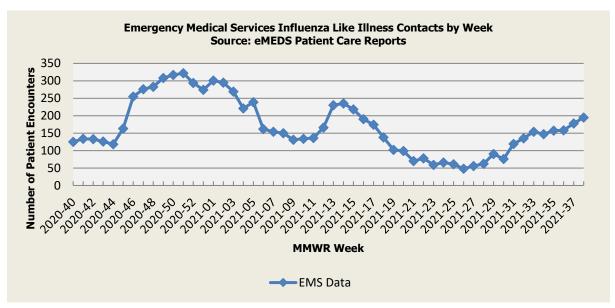
Influenza-like Illness



	Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	9.92	13.80	13.11	11.48	12.53	
Median Rate*	7.26	10.19	9.27	8.51	9.19	

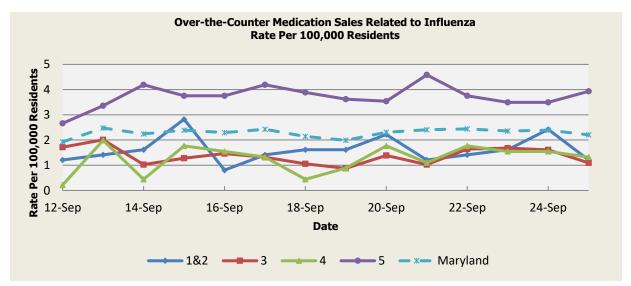
^{*} Per 100,000 Residents

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

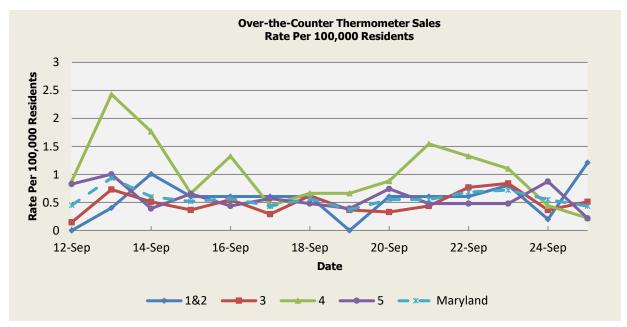


There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.10	3.93	2.43	7.17	4.99
Median Rate*	2.22	2.92	1.99	6.16	4.02

^{*} 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.

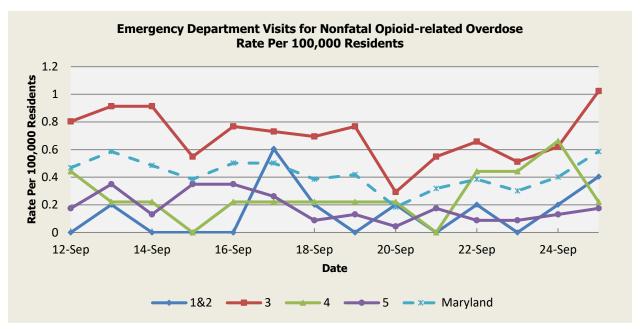
	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.57	2.43	2.00	3.21	2.71
Median Rate*	2.22	2.41	1.77	3.23	2.76

^{*} Per 100,000 Residents

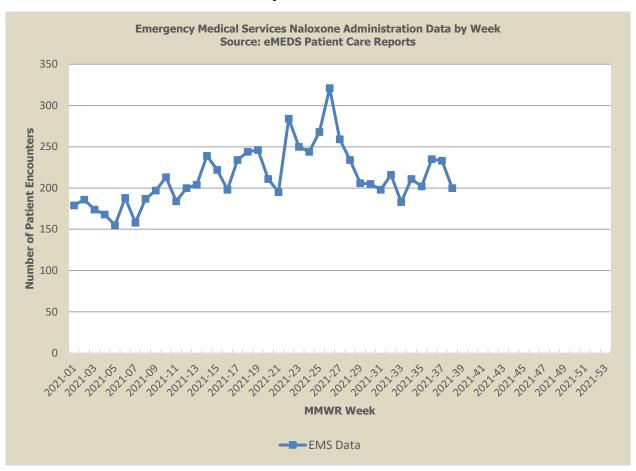
SYNDROMIC OVERDOSE SURVEILLANCE

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

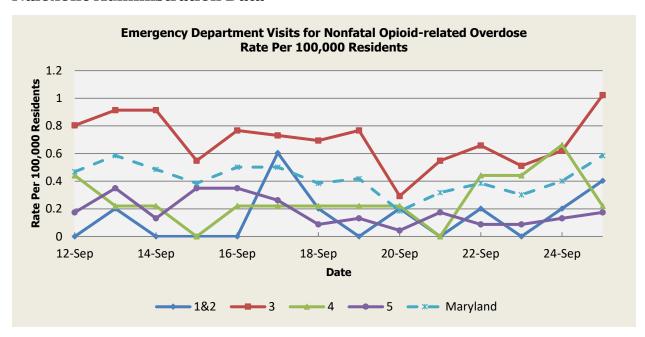


Naloxone Administration Data by Week



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 October 1st, 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 (FRANCE), 30 September 2021, Highly pathogenic influenza A viruses (Inf. with)(non-poultry including wild birds)(2017-), France. Read More: https://promedmail.org/promed-post/?id=8698799

HUMAN AVIAN INFLUENZA

AVIAN INFLUENZA (**CHINA**), **27** September 2021, The health authority in southern China's Guangdong province said on Wednesday [22 Sep 2021] that a single case of a human being infected with the H5N6 strain of bird flu has been reported in the city of Dongguan. Read More: https://promedmail.org/promed-post/?id=8698701

NATIONAL DISEASE REPORTS

RABIES (36), 30 September 2021, Be aware if you've got bats in your home. That's the message from the Illinois Department of Health as it announced an 80-year-old man died of rabies after waking up to find a bat on his neck. Read More: https://promedmail.org/promed-post/?id=8698792

EASTERN EQUINE ENCEPHALITIS (USA), 29 September 2021, The Camden County (NJ) Department of Health and Human Services reported an eastern equine encephalitis (EEE) case in a resident of Pine Hill. Read More: https://promedmail.org/promed-post/?id=8698777

HEPATITIS A (VIRGINIA), 28 September 2021, The Virginia Department of Health [VDH] says the total number of people infected with hepatitis A following potential exposures at 3 Famous Anthony's locations in Roanoke has increased to 14. Read More: https://promedmail.org/promed-post/?id=8698765

INFLUENZA (OHIO), 27 September 2021, According to the Centers for Disease Control and Prevention (CDC), a new human infection with an influenza A(H1N2) variant (A(H1N2)v) virus was reported by Ohio. Read More: https://promedmail.org/promed-post/?id=8698700

LEGIONELLOSIS (**NEW YORK CITY**), 25 September 2021, An investigation into the outbreak of Legionnaires' disease that emerged in Harlem last month [August 2021] is now over, according to the NYC [New York City] Department of Health. Read More: https://promedmail.org/promed-post/?id=8698707

BOTULISM (**CALIFORNIA**), 25 September 2021, The Butte County Public Health (BCPH) Department announced on Friday [24 Sep 2021] that it is investigating a case of wound botulism suffered by a Butte County resident who injected drugs, including black tar heroin. Read More: https://promedmail.org/promed-post/?id=8698698

GASTROENTERITIS (**DISTRICT OF COLUMBIA**), 25 September 2021, The Georgetown outbreak has increased to 62 sick on the main campus, including students and "community members." Read More: https://promedmail.org/promed-post/?id=8698694

SALMONELLOSIS, SEROTYPE ORANIENBURG (USA), 25 September 2021, CDC and public health and regulatory officials in several states are collecting different types of data to investigate a multistate outbreak of _Salmonella [enterica_ serotype] Oranienburg infections. Read More: https://promedmail.org/promed-post/?id=8698692

LEGIONELLOSIS (**NEW JERSEY**), 25 September 2021, Five additional people have contracted Legionnaires' disease in Hamilton and another person has died, following a cluster of cases first detected a year ago in the Mercer County town. Read More: https://promedmail.org/promed-post/?id=8698688

VACCINE-PREVENTABLE DISEASES (USA: ex AFGHANISTAN, ALERT), 24

September 2021, The US Centers for Disease Control and Prevention (CDC) yesterday [20 Sep 2021] sent a Health Alert Network notice to health providers warning that cases of measles and mumps have been detected in people recently evacuated from Afghanistan. Read More: https://promedmail.org/promed-post/?id=8698667

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (333), 30 September 2021, Seven COVID-19 symptoms can maximize detection of COVID-19 in the community, according to a large study published in PLOS Medicine yesterday [Tue 28 Sep 2021] that looked at data from England's Real-time Assessment of Community Transmission-1 (REACT-1) study. Read More: https://promedmail.org/promed-post/?id=8698800

TYPHOID FEVER (MEXICO), 28 September 2021, Tamaulipas state, on the west coast of Mexico and bordering Texas has reported 3407 typhoid fever infections since the beginning of 2021, according to a Expreso.press report Friday [24 Sep 2021]. Read More: https://promedmail.org/promed-post/?id=8698759

EBOLA UPDATE (45): (SIERRA LEONE, GUINEA), 26 September 2021, 2 new studies found that the Ebola vaccine -- being used for ring immunization in West African countries that have recently reported cases of Ebola -- is safe and generates strong immunity in both children and adults. Read More: https://promedmail.org/promed-post/?id=8698717

SALMONELLOSIS (**UK**), 25 September 2021, Pet owners who feed their animals mice are being warned by the UK Government of a link between the food source and _Salmonella_ in humans. Read More: https://promedmail.org/promed-post/?id=8698697

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		
	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		

