



MARYLAND  
Department of Health

**Public Health Preparedness and Situational Awareness Report: #2021:40**

Reporting for the week ending 10/09/21 (MMWR Week #40)

October 15, 2021

**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** No Active Alerts

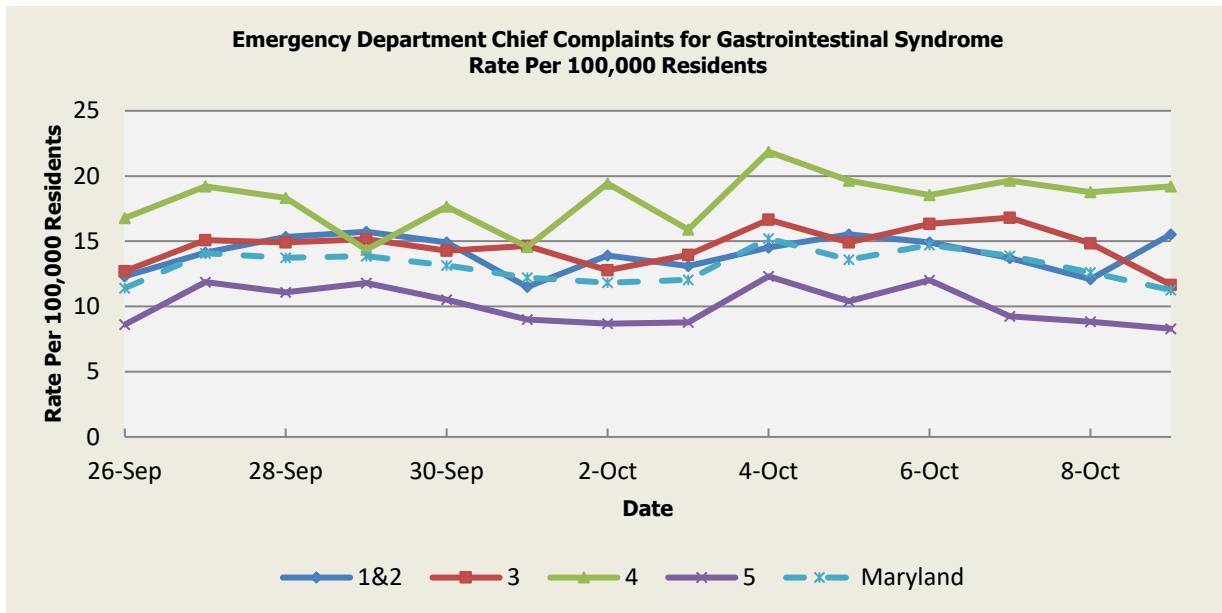
**Maryland:** **ENHANCED** (MEMA status)

**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



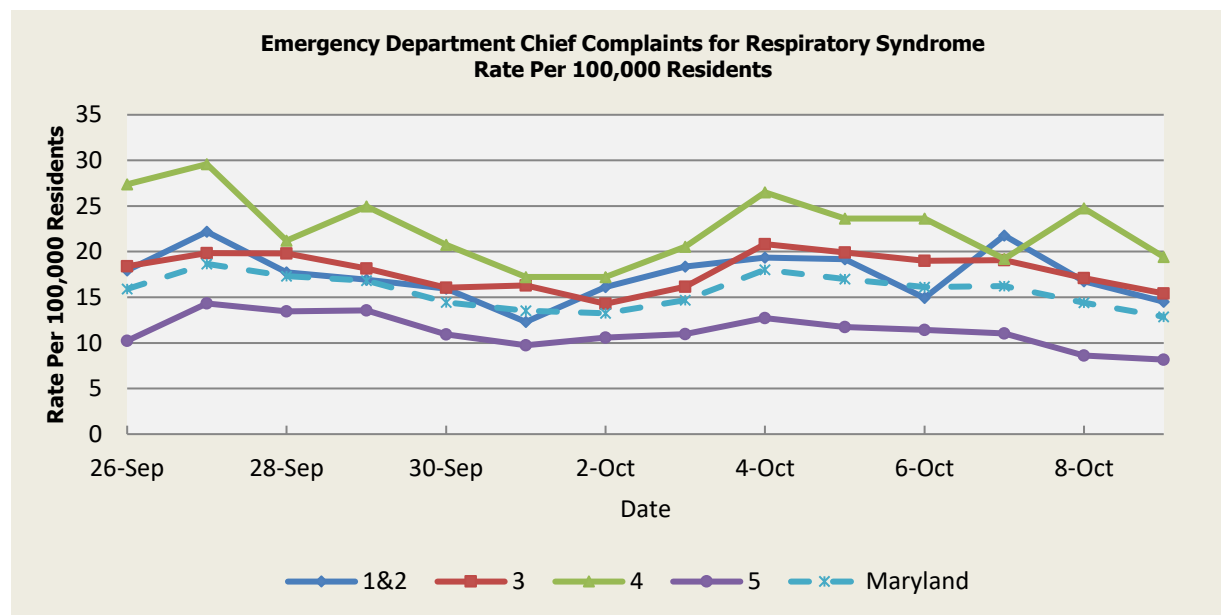
There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.16	14.71	15.89	10.07	12.89
Median Rate*	13.11	14.60	15.46	10.04	12.85

\* Per 100,000 Residents

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## Respiratory Syndrome



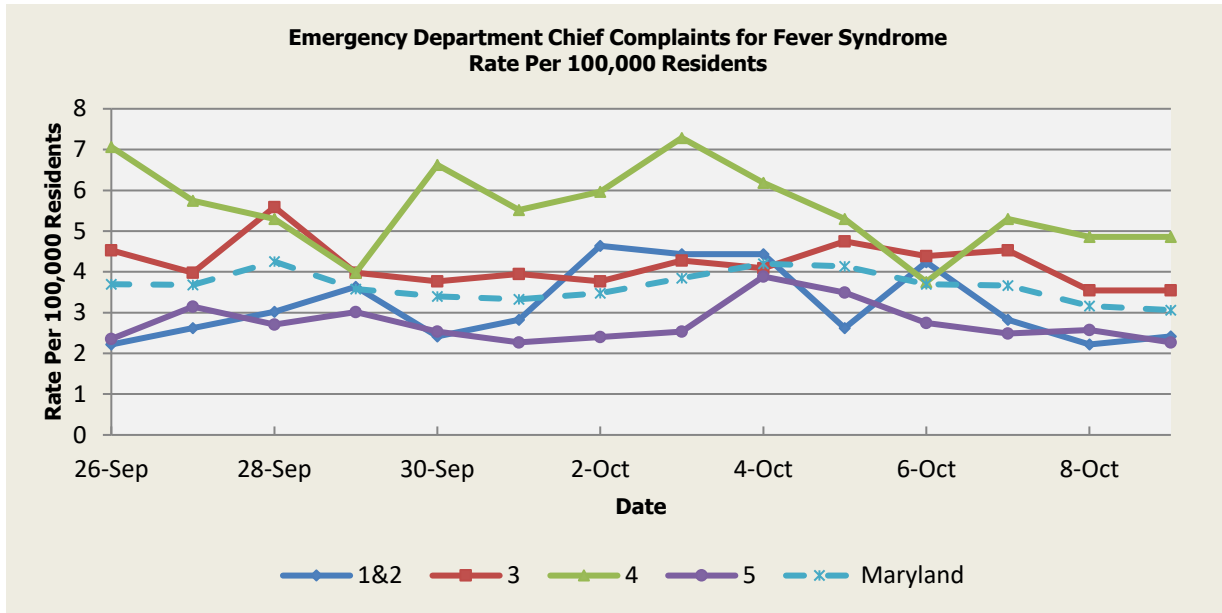
There were one hundred and forty-four (144) Respiratory Syndrome outbreaks reported this week: two (2) outbreaks of COVID-19 in Adult Daycare Facilities (Regions 3,5), nineteen (19) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,4,5), two (2) outbreaks of COVID-19 in Correctional Facilities (Region 3), one (1) outbreak of COVID-19 in a Behavioral Health Facility (Region 5), thirteen (13) outbreaks of COVID-19 in Daycare Facilities (Regions 1&2,3,4,5), eleven (11) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,4,5), ten (10) outbreaks of COVID-19 in Hospitals (Regions 1&2,3,4), one (1) outbreak of COVID-19 in an Institute of Higher Education (Region 3), eighteen (18) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,5), fifty four (54) outbreaks of COVID-19 in Schools (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Sober Living Facility (Region 5), two (2) outbreaks of COVID-19 in Substance Use Treatment Programs (Regions 1&2,5), one (1) outbreak of ILI/Pneumonia in a Nursing Home (Regions 1&2), one (1) outbreak of Pneumonia in Nursing Home (Regions 3,4), one (1) outbreak of ILI in a Daycare Facility (Region 4), two (5) outbreaks of RSV in Daycare Facilities (Regions 3,4) and one (1) outbreak of RSV in a Nursing Home (Region 4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.48	14.67	15.29	9.89	12.71
Median Rate*	12.10	14.03	14.57	9.52	12.16

\* Per 100,000 Residents

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# Fever Syndrome



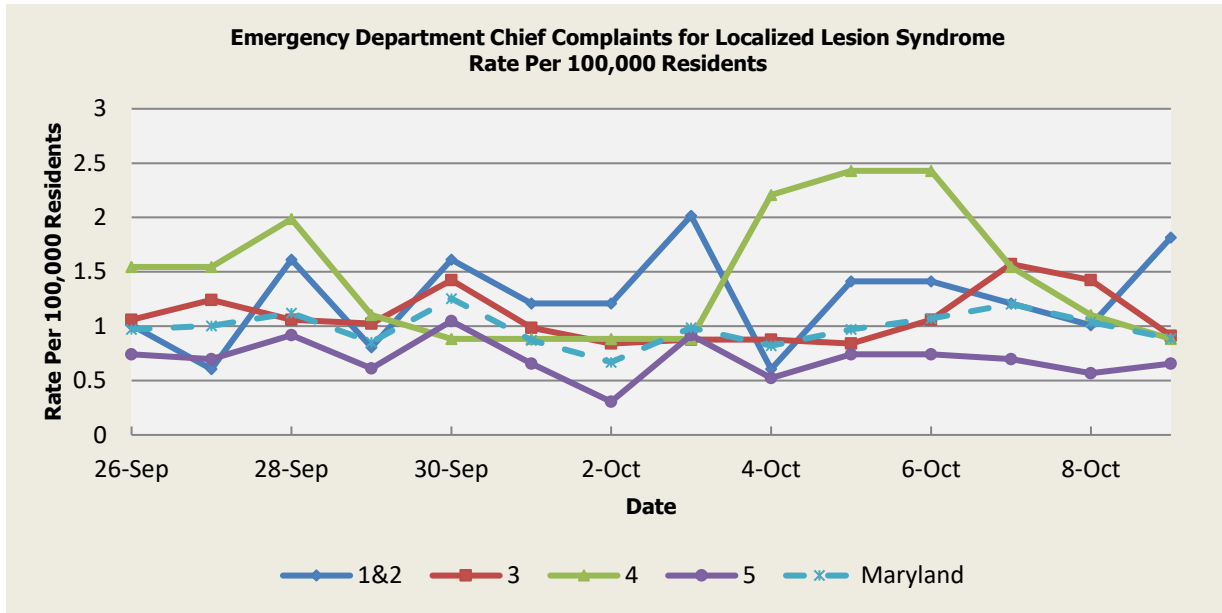
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.04	3.87	4.12	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



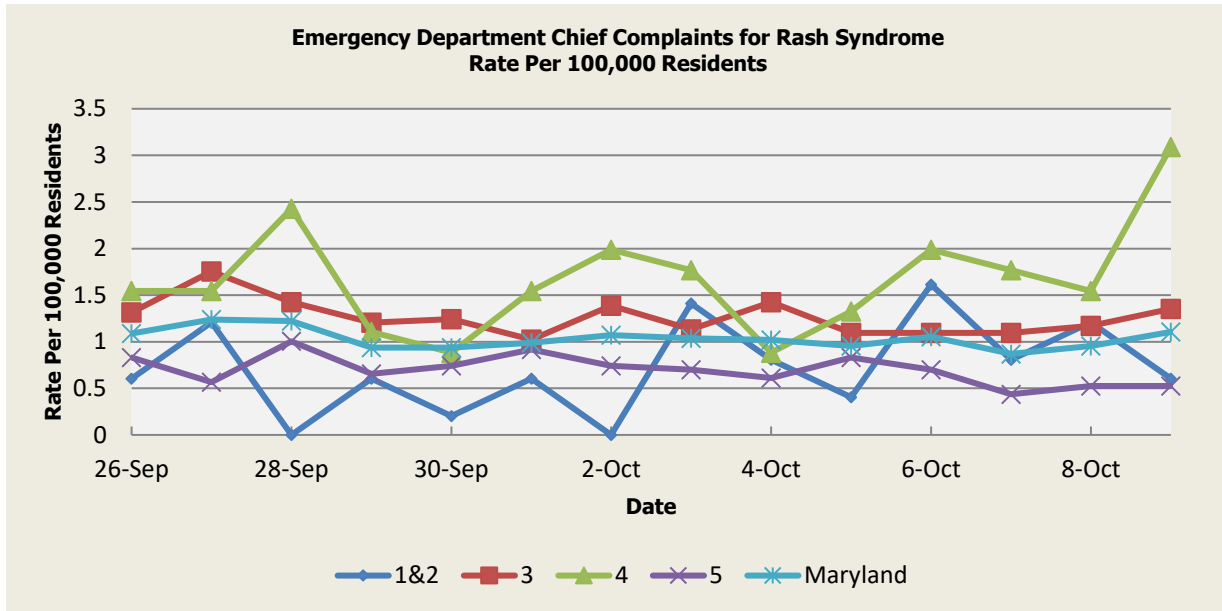
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.65	1.94	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



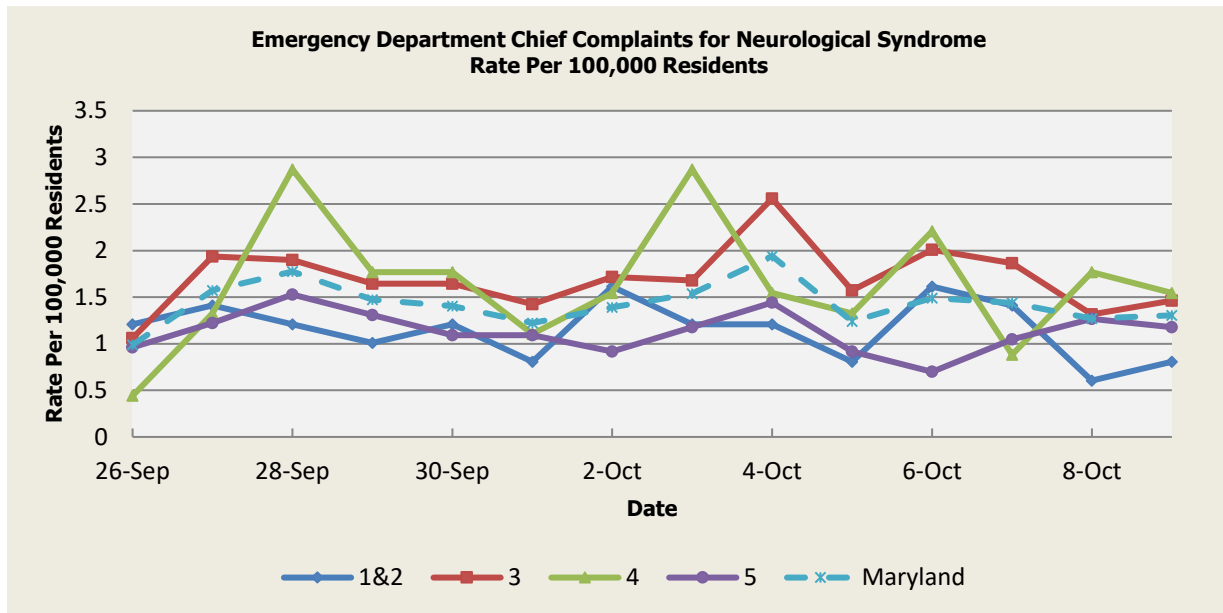
There were five (5) Rash illness outbreaks reported this week: five (5) outbreaks of Hand, Foot, and Mouth Disease in Daycare Facilities (Regions 3,4,5).

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



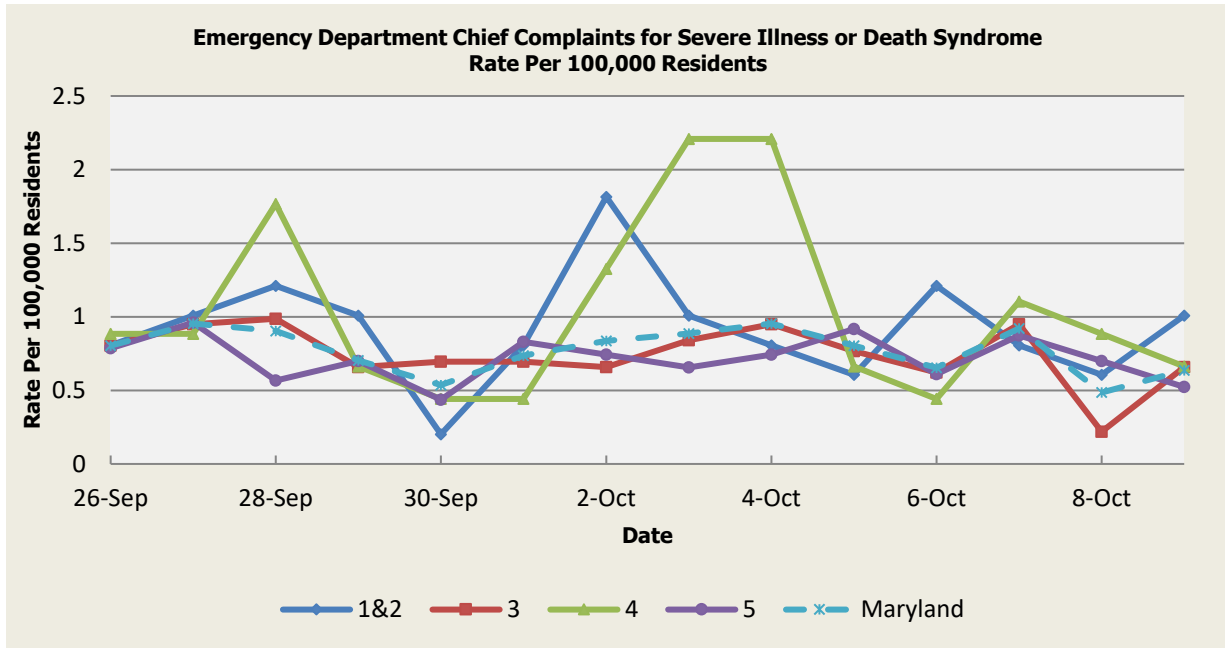
There was no appreciable increase above baseline in the rate of ED visits for Neurological Syndrome.

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

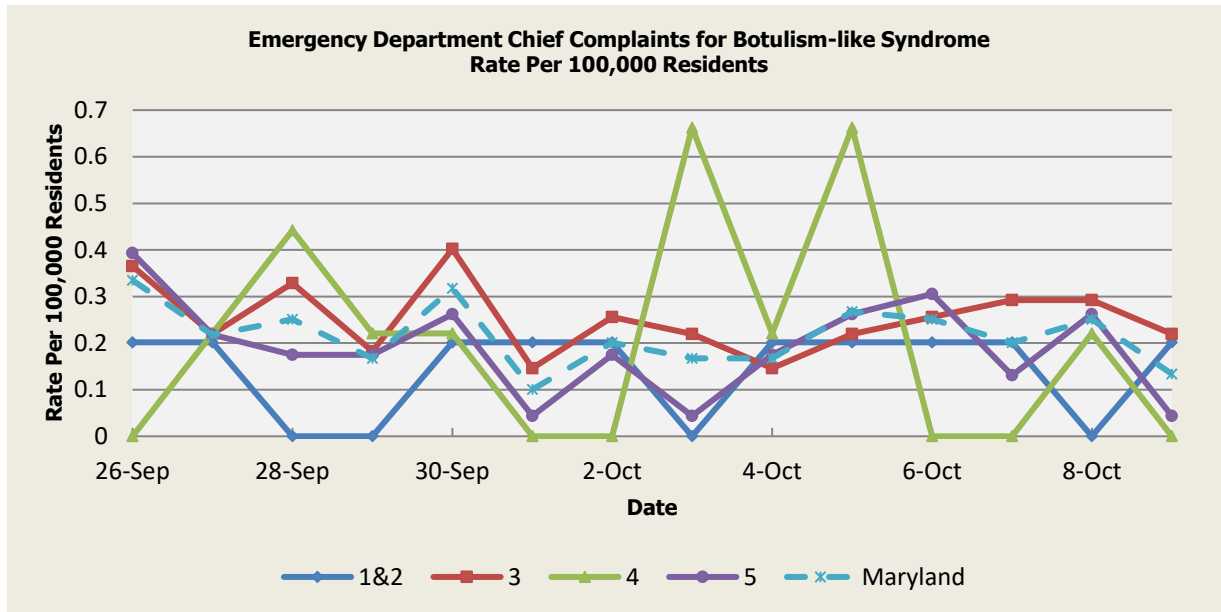
\* Per 100,000 Residents

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## SYNDROMES RELATED TO CATEGORY A AGENTS

### Botulism-like Syndrome



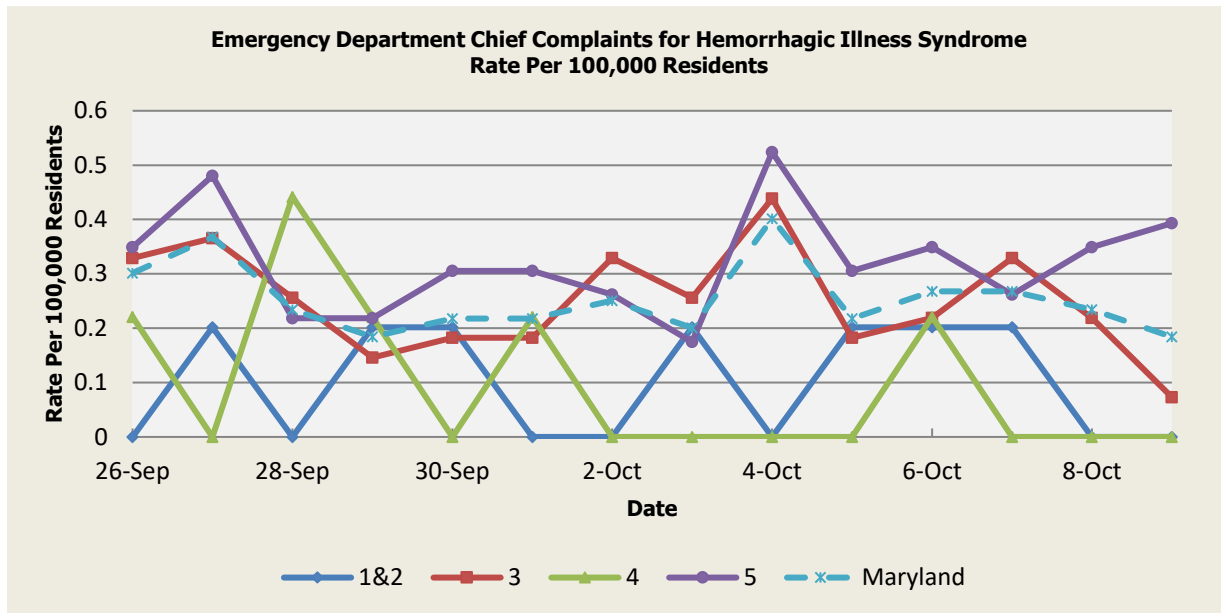
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 9/26 (Regions 1&2,3,5), 9/27 (Regions 1&2,4,5), 9/28 (Regions 3,4), 9/29 (Region 4), 9/30 (Regions 1&2,3,4,5), 10/1 (Regions 1&2), 10/2 (Regions 1&2). These increases are not known to be associated with any outbreaks.

<b>Botulism-like Syndrome Baseline Data January 1, 2010 - Present</b>					
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

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## Hemorrhagic Illness Syndrome



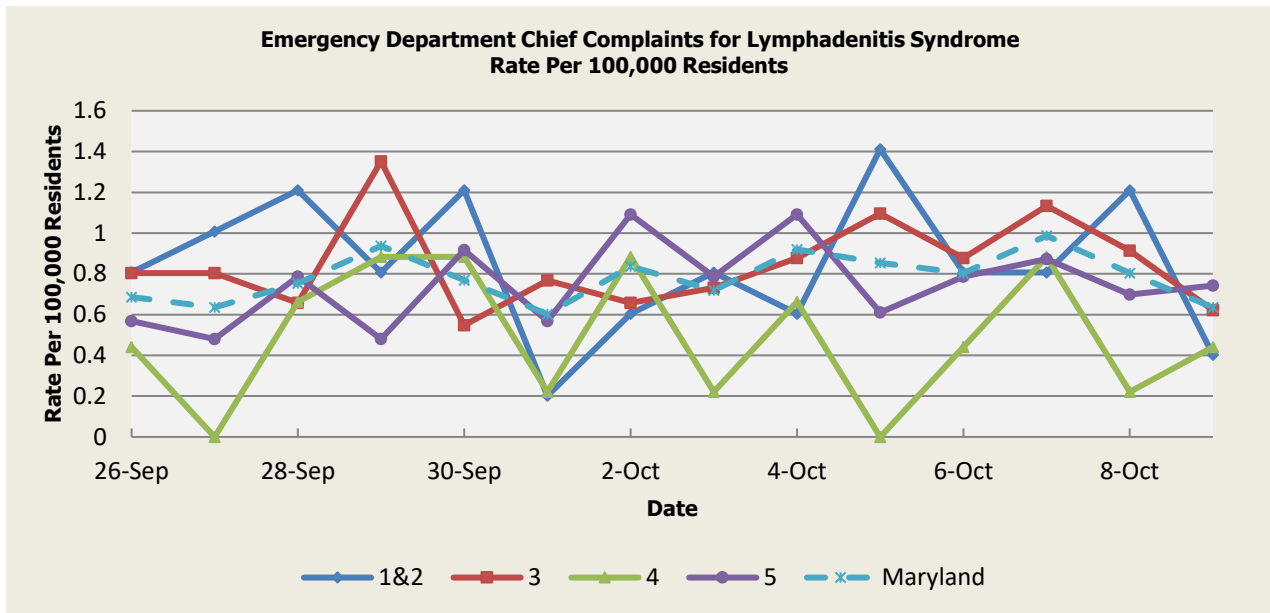
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 9/26 (Regions 4,5), 9/27 (Regions 1&2,3,5), 9/28 (Region 4), 9/29 (Regions 1&2,4), 9/30 (Regions 1&2,5), 10/1 (Regions 4,5). These increases are not known to be associated with any outbreaks.

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	0.15	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 9/27 (Regions 1&2), 9/28 (Regions 1&2), 9/29 (Regions 3,4), 9/30 (Regions 1&2,4,5), 10/2 (Regions 4,5). 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	0.50

\* Per 100,000 Residents

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## **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 (d COVID-19) in the State of Maryland.

### **Confirmed COVID-19 Case Counts in Maryland by County (As of October 15th, 2021)**

<b>County</b>	<b>Number of Confirmed Cases</b>
Allegany	9,497
Anne Arundel	51,948
Baltimore City	75,464
Baltimore County	60,607
Calvert	5,519
Caroline	3,052
Carroll	11,518
Cecil	8,485
Charles	14,186
Dorchester	3,997
Frederick	23,693
Garrett	2,952
Harford	20,146
Howard	22,354
Kent	1,652
Montgomery	81,338
Prince George's	98,569
Queen Anne's	3,767
St. Mary's	9,453
Somerset	3,261
Talbot	2,759
Washington	18,883
Wicomico	10,741
Worcester	4,902
<b>Total</b>	<b>548,743</b>

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

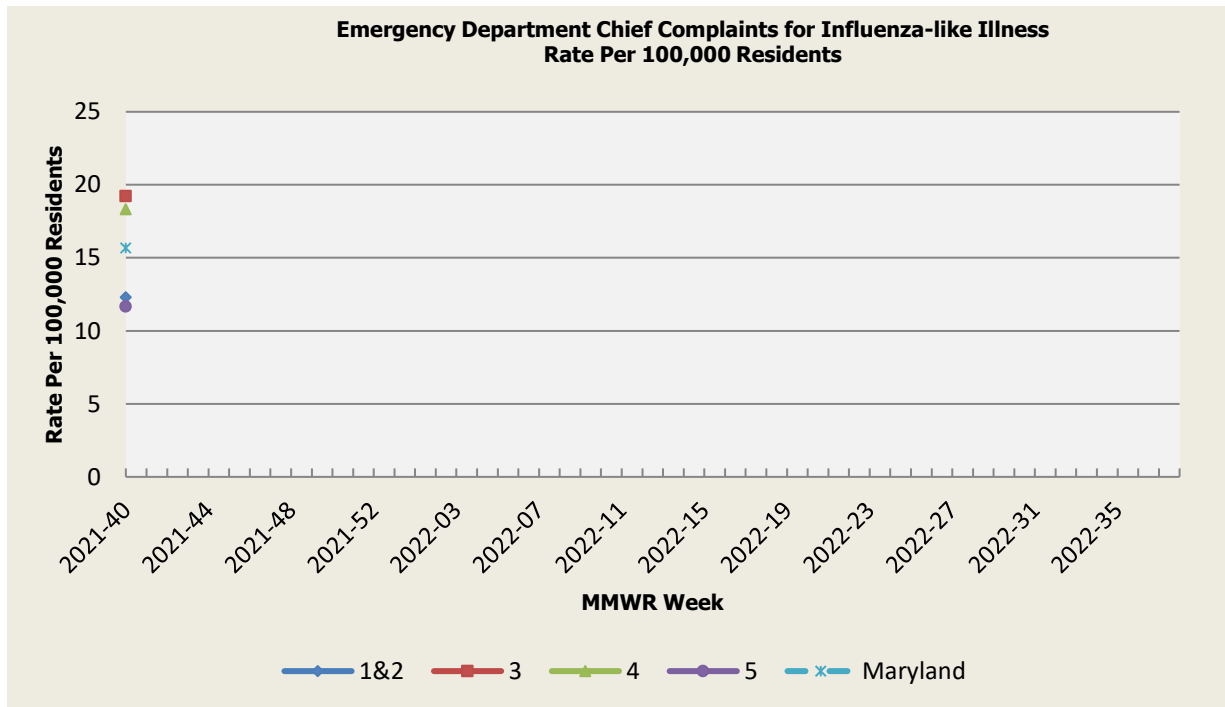
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## SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2021 through May 2022).

**Seasonal Influenza activity for Week 40: Low**

### Influenza-like Illness

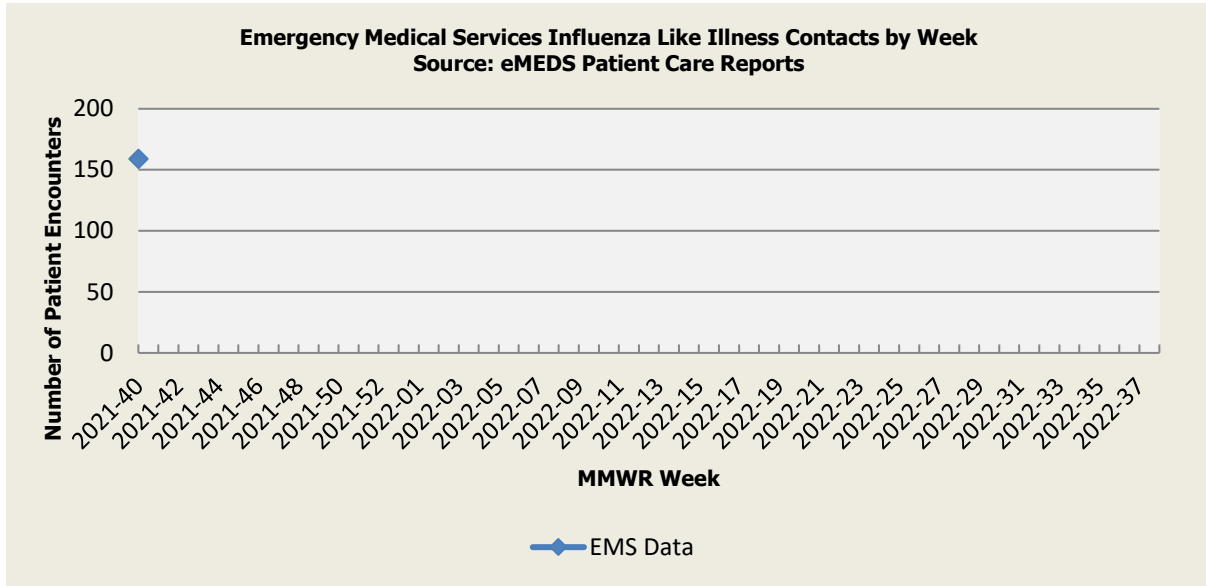


<b>Influenza-like Illness Baseline Data Week 1 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.93	13.81	13.13	11.48	12.54
Median Rate*	7.26	10.21	9.27	8.56	9.23

\* Per 100,000 Residents

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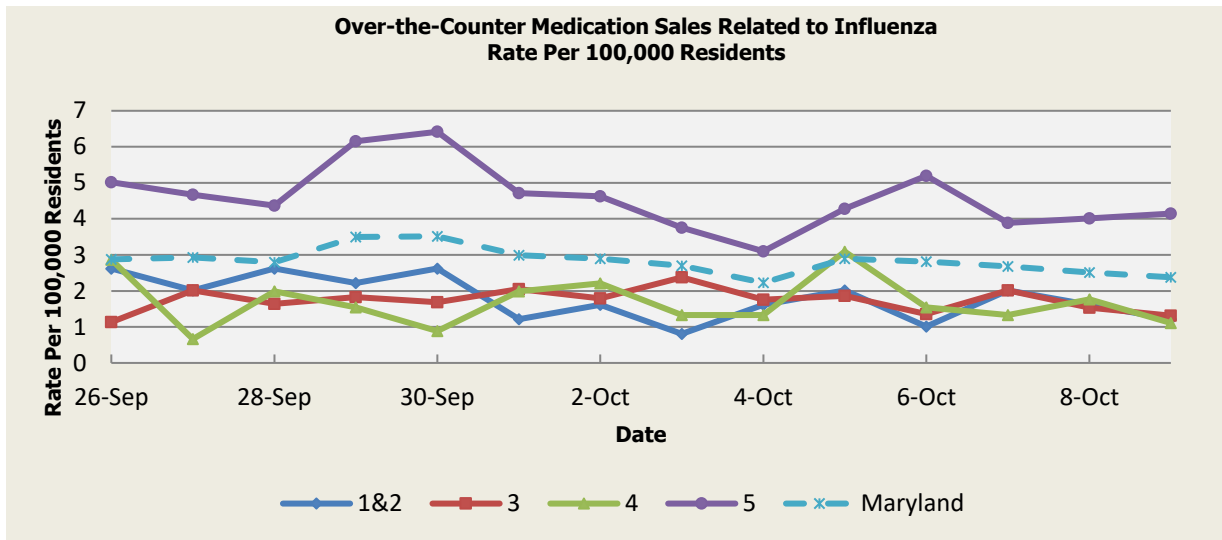
## Influenza-like Illness Contacts by Week



**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



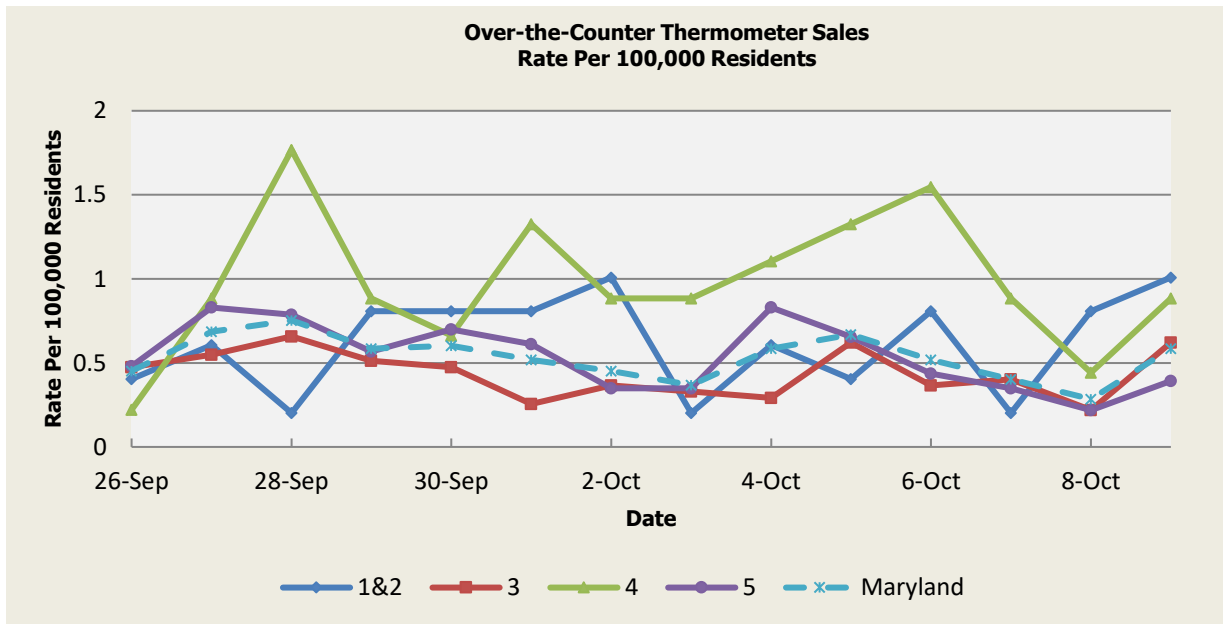
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.10	3.93	2.43	7.16	4.98
Median Rate*	2.22	2.89	1.99	6.11	4.00

\* 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*	2.56	2.42	2.00	3.20	2.70
Median Rate*	2.22	2.41	1.77	3.23	2.76

\* Per 100,000 Residents

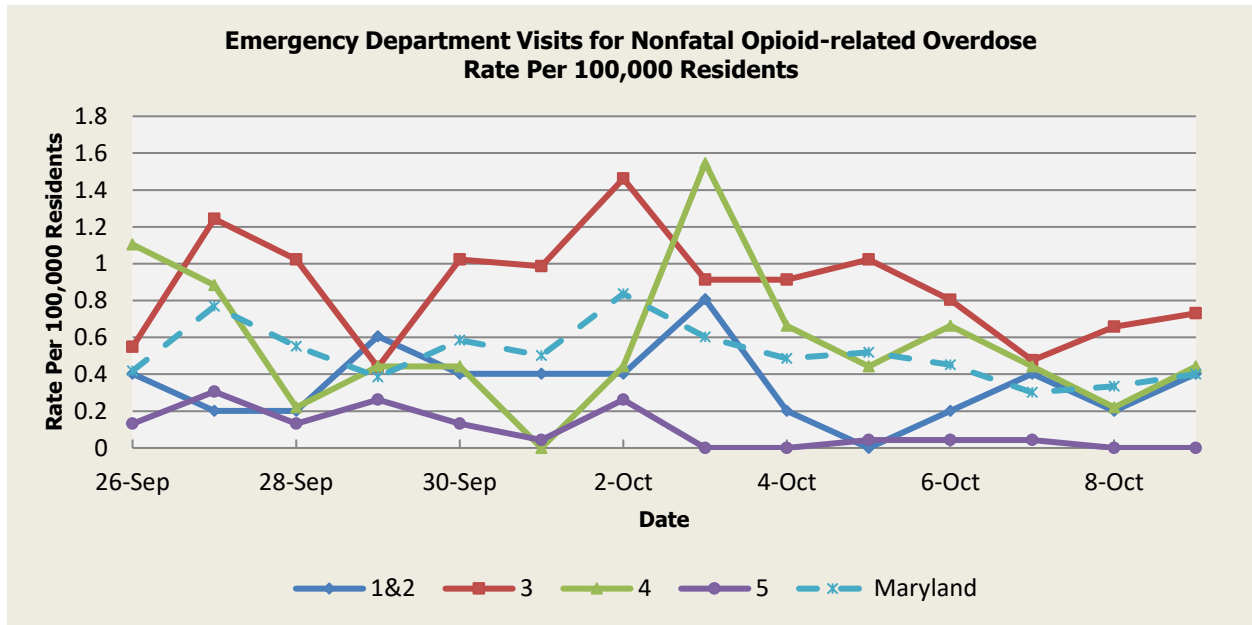
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## **SYNDROMIC OVERDOSE SURVEILLANCE**

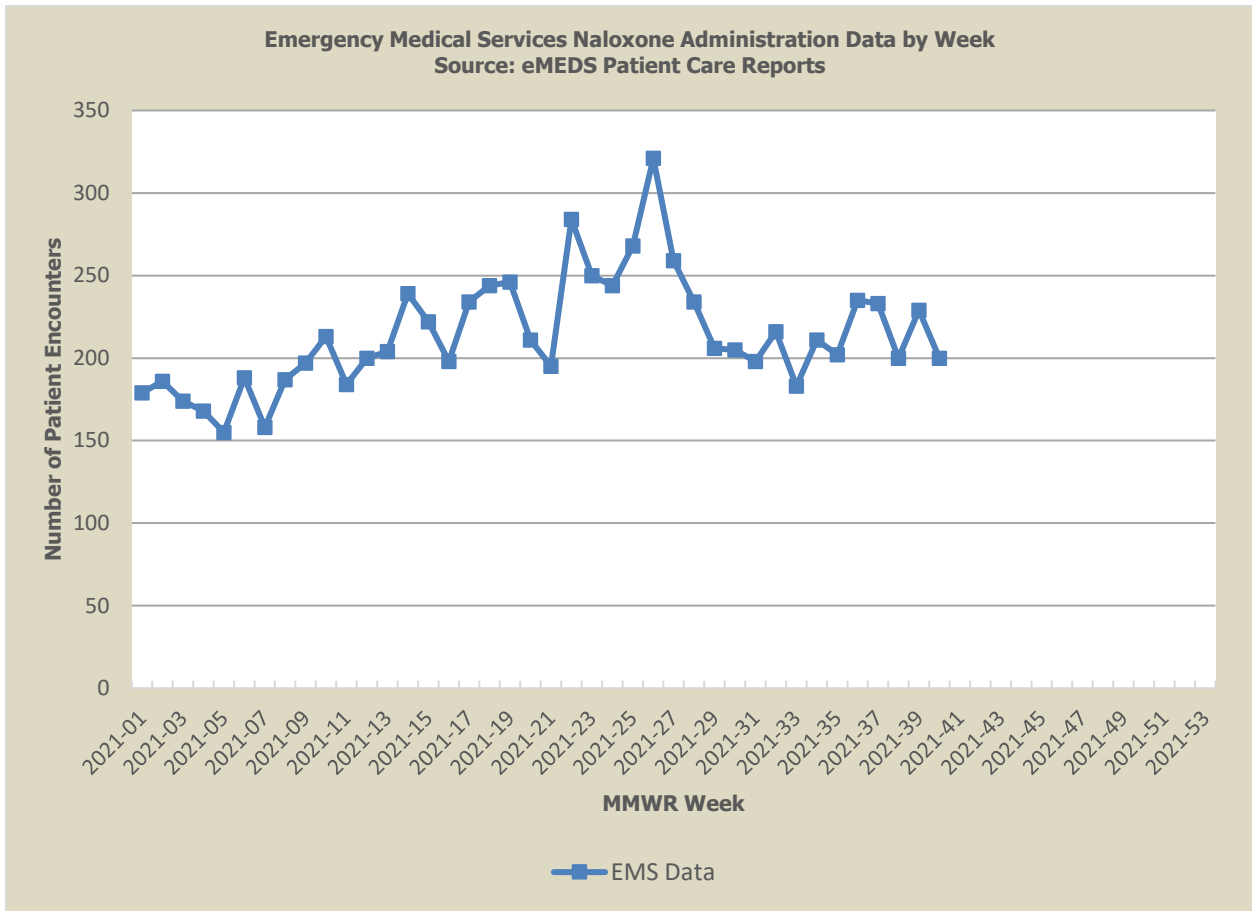
The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track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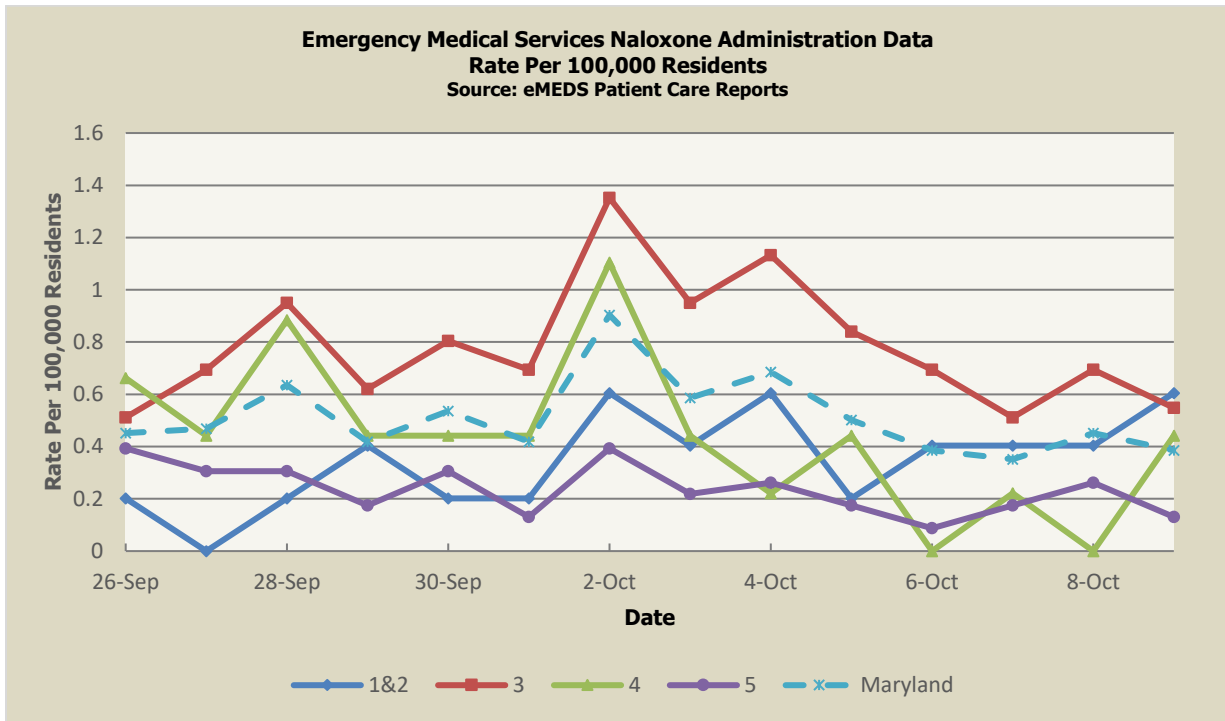
## Naloxone Administration Data by Week



**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 October 15th, 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 (RUSSIA)**, 11 October 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds) (2017-), Russia. Read More: <https://promedmail.org/promed-post/?id=8698983>

**AVIAN INFLUENZA (KAZAKHSTAN)**, 8 October 2021, On 16 and 17 Sep 2020 Kazakhstan reported 2 outbreaks of HPAI H5 in its northern territories affecting, wild birds and poultry, respectively. Read More: <https://promedmail.org/promed-post/?id=8698907>

### **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week*

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## **NATIONAL DISEASE REPORTS**

**CORONAVIRUS DISEASE 2019 UPDATE (350) – (USA)**, 14 October 2021 If you got the Johnson & Johnson vaccine as your 1st COVID-19 shot, a booster dose of either the Moderna or Pfizer-BioNTech vaccine apparently could produce a stronger immune response than a 2nd dose of J&J's vaccine. Read More: <https://promedmail.org/promed-post/?id=8699041>

**BACILLUS CEREUS BIOVAR ANTHRACIS PNEUMONIA (USA)**, 14 October 2021, Fatal anthrax pneumonia in welders and other metalworkers caused by *Bacillus cereus* group bacteria containing anthrax toxin genes. Read More: <https://promedmail.org/promed-post/?id=8699038>

**INVASIVE TICK (GEORGIA)**, 13 October 2021, The Asian longhorned tick -- an invasive species with the potential to cause severe anemia and tick fever in livestock -- has been positively identified on a cow in Pickens County (North Central GA). Read More: <https://promedmail.org/promed-post/?id=8699018>

**SHIGELLOSIS (CALIFORNIA)**, 12 October 2021, The County of San Diego Health and Human Services Agency is monitoring an outbreak of at least 6 cases of shigellosis in individuals experiencing homelessness since [30 Sep 2021]. Read More: <https://promedmail.org/promed-post/?id=8699003>

**HEPATITIS A (VIRGINIA)**, 11 October 2021, The case count in a hepatitis A outbreak linked to restaurants in Virginia has doubled. At least 30 people are now infected with the virus, which can cause life-threatening liver infections. Read More: <https://promedmail.org/promed-post/?id=8698986>

**SALMONELLOSIS, SEROTYPE THOMPSON (USA)**, 9 October 2021, CDC, public health and regulatory officials in several states, and the United States' Food and Drug Administration (FDA) are collecting different types of data to investigate a multistate outbreak of *Salmonella* [enterica\_ serotype] Thompson infections linked to seafood. Read More: <https://promedmail.org/promed-post/?id=8698940>

## **INTERNATIONAL DISEASE REPORTS**

**BRUCELLOSIS (ALGERIA)**, 14 October 2021, The health services of the Misdalah district east of Bouira have appealed to the heads and residents of its municipalities to avoid the acquisition and consumption of milk and all its derivatives of unknown source and offered for sale on the roads and some shops, in order to avoid infection with brucellosis, from which several confirmed cases of infection were recorded in the population. Read More: <https://promedmail.org/promed-post/?id=8699037>

## **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](http://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>

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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.

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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

