



**MARYLAND**  
Department of Health

**Public Health Preparedness and Situational Awareness Report: #2021:31**

Reporting for the week ending 08/07/21 (MMWR Week #31)

**August 13, 2021**

**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National: No Active Alerts**

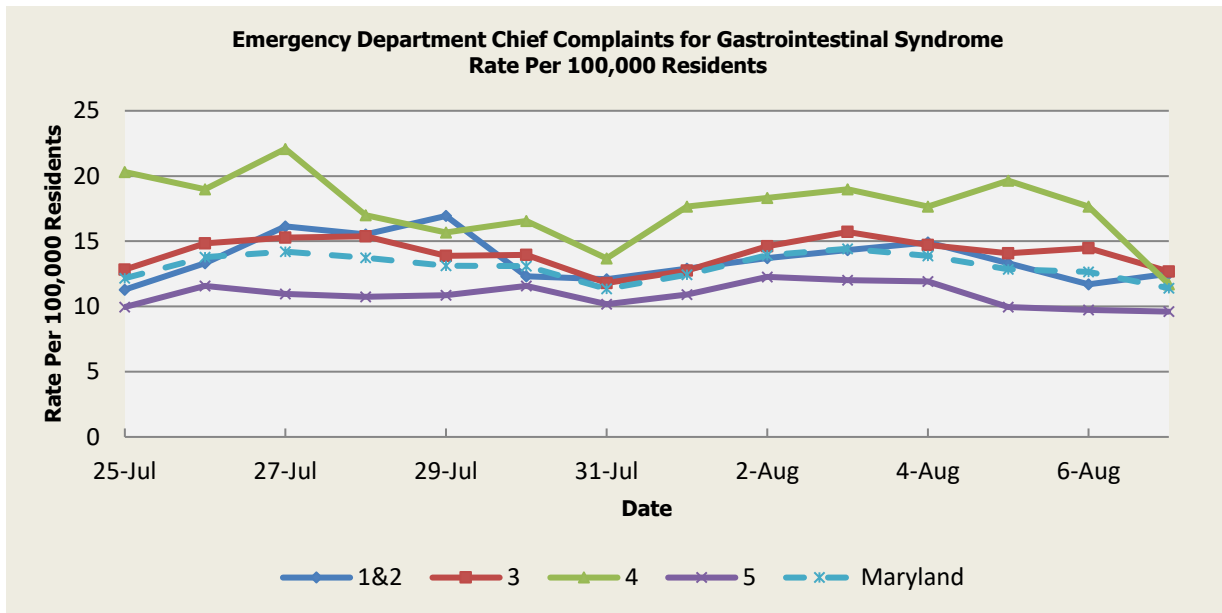
**Maryland: **ENHANCED** (MEMA status)**

**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



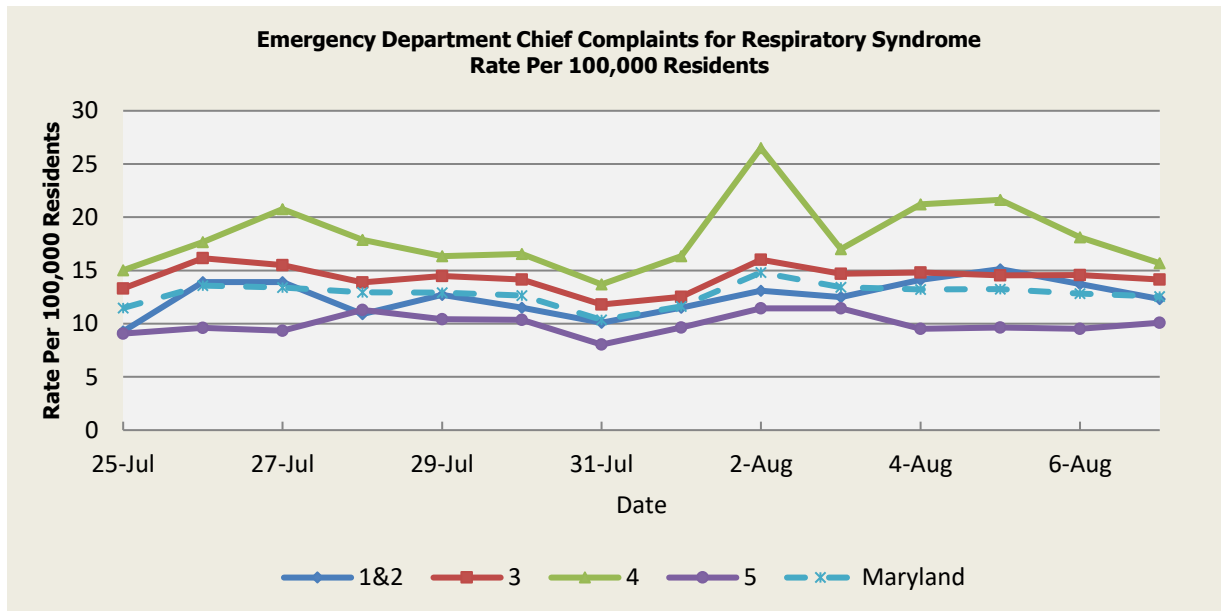
There was one (1) outbreak of Gastroenteritis reported this week: one (1) outbreak of Gastroenteritis in a Daycare Facility (Region 5).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.15	14.71	15.87	10.06	12.89
Median Rate*	13.11	14.61	15.46	10.00	12.83

\* Per 100,000 Residents

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## Respiratory Syndrome



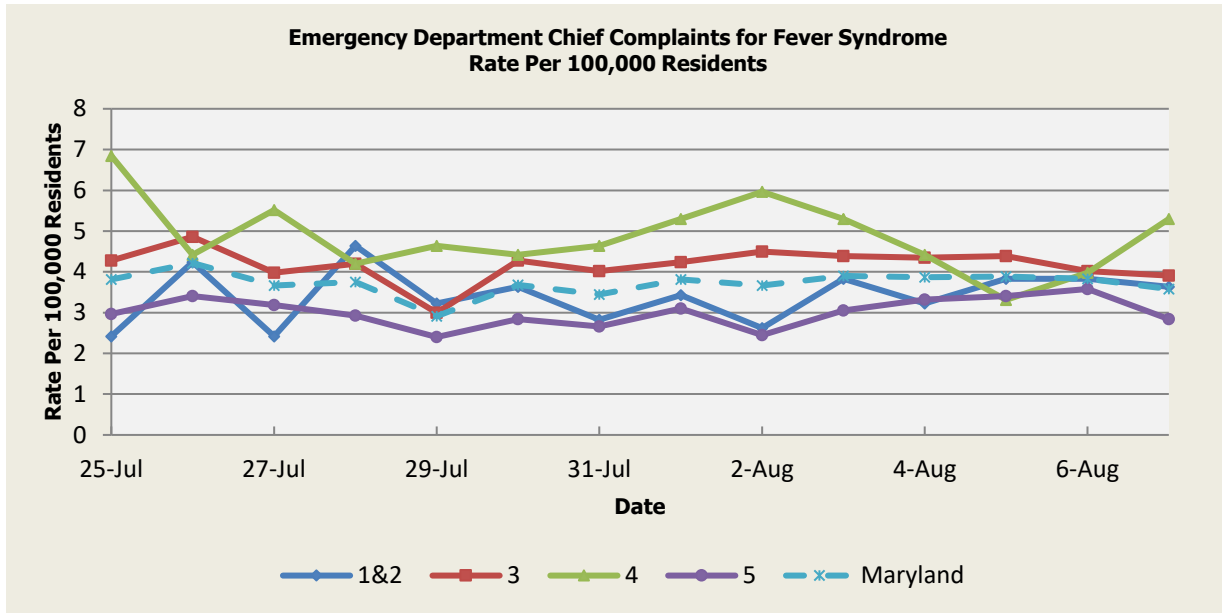
There were ninety-three (93) Respiratory Syndrome outbreaks reported this week: Nine (9) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3, 5), one (1) outbreak of COVID-19 at a Bar (Region 3), seven (7) outbreaks of COVID-19 in Youth Camps (Regions 3), three (3) outbreaks of COVID-19 in Correctional Facilities (Regions 1&2, 4), one (1) outbreak of COVID-19 at a Crisis Stabilization facility (Region 3), ten (10) outbreaks of COVID-19 in Daycare Facilities (Regions 3,5), ten (10) outbreaks of COVID-19 in Group Homes (Region 3,4,5), twelve (12) outbreaks of COVID-19 in Hospitals (Regions 3,4), twenty-one (21) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a hotel (Region 4), one (1) outbreak of COVID-19 in a Residential Facility for Children (Region 3), one (1) outbreak of COVID-19 in an Outpatient Office (Region 5), three (3) outbreaks of COVID-19 in Religious Organizations (Region 5), one (1) outbreak of COVID-19 in a Residential Rehabilitation facility for youth (Region 4), one (1) outbreak of COVID-19 in a Residential school (Region 4), four (4) outbreaks of COVID-19 in Schools (Regions 3,5), two (2) outbreaks of COVID-19 in Sober Living Facilities (Region 3), three (3) outbreaks of COVID-19 in Substance Use Treatment Programs (Regions 3,5), two (2) outbreaks of RSV in Daycare facilities (Region 4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.42	14.65	15.21	9.87	12.68
Median Rate*	12.10	13.99	14.35	9.47	12.11

\* Per 100,000 Residents

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# Fever Syndrome



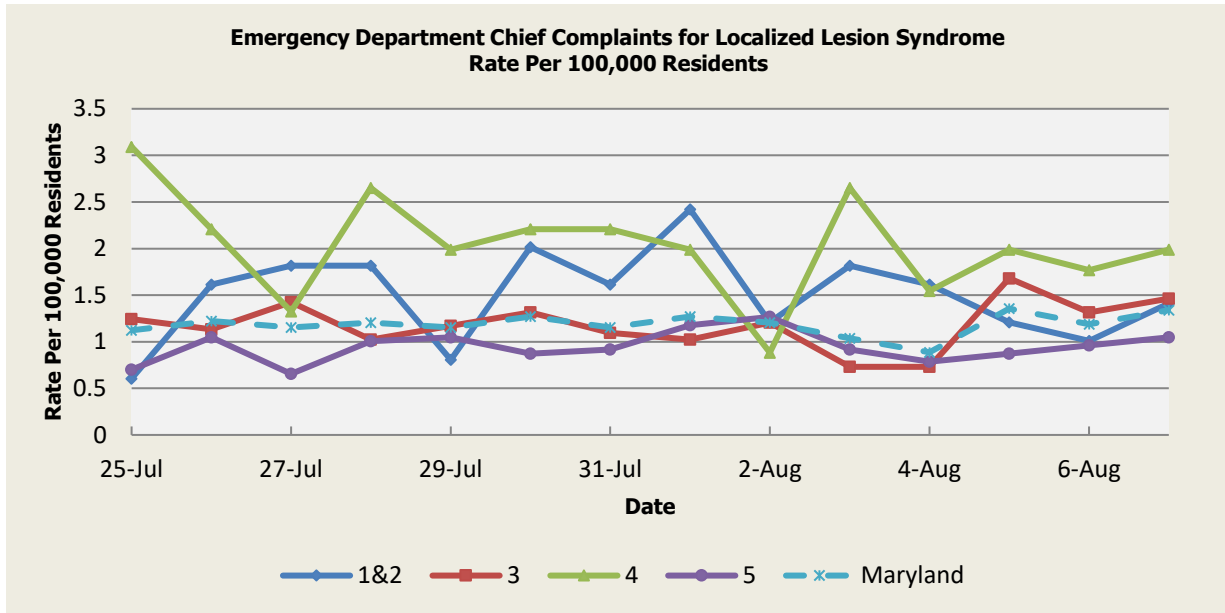
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.03	3.86	4.10	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



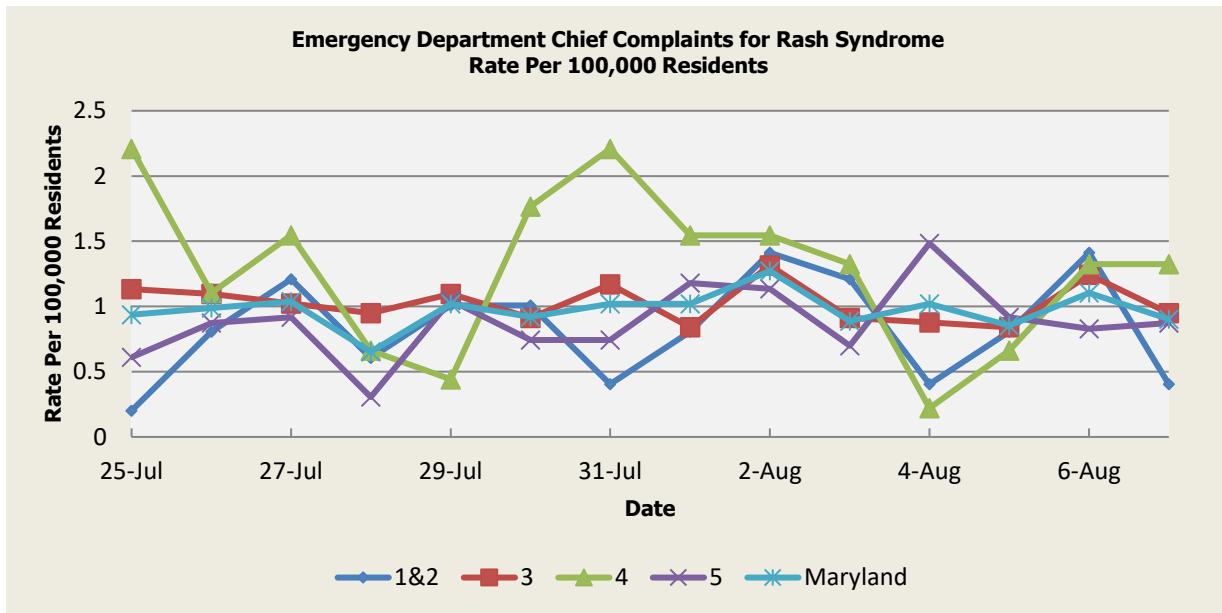
There were no Localized Lesion Syndrome outbreaks reported this week.

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

\* Per 100,000 Residents

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# Rash Syndrome



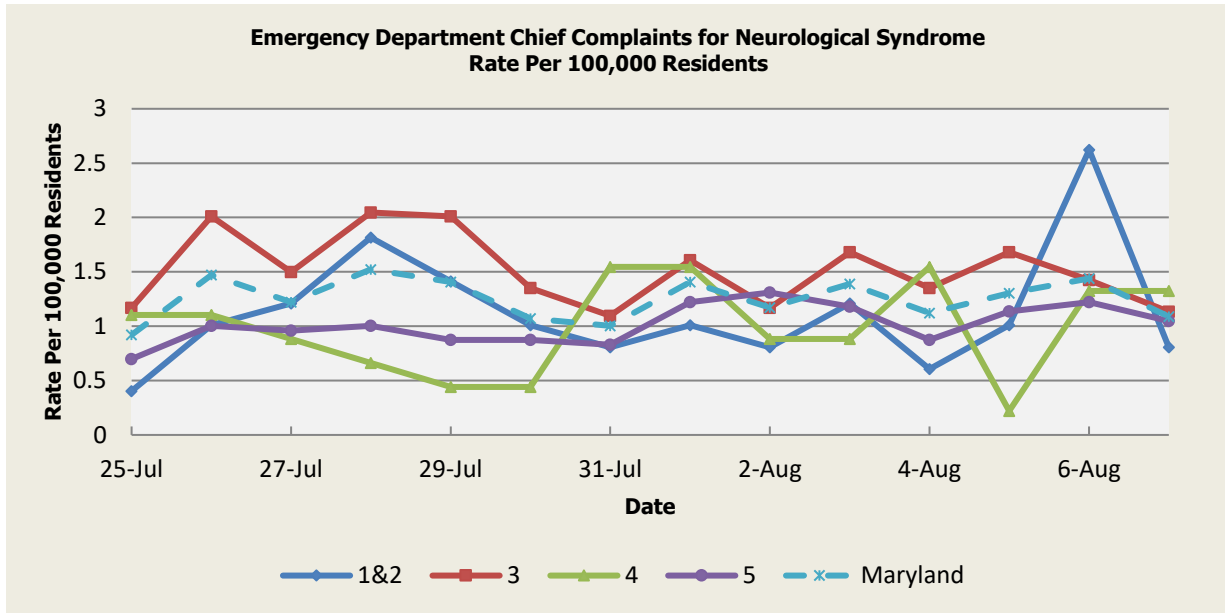
There were no Rash illness outbreaks reported this week.

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



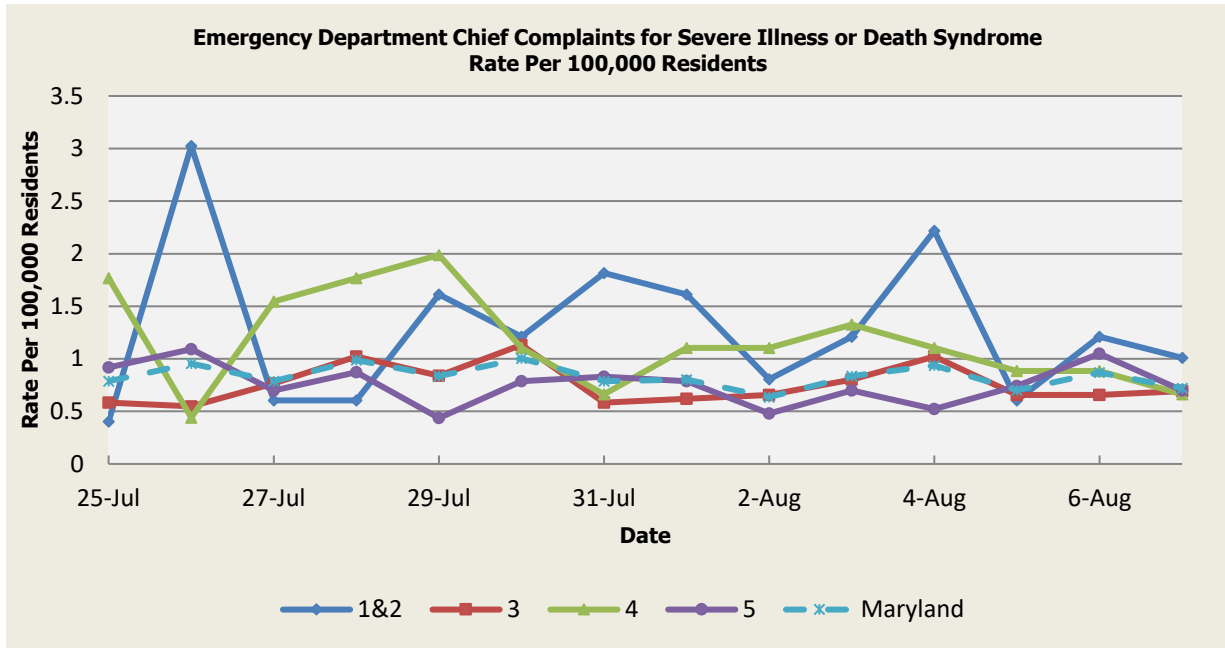
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.84	1.04	0.96	0.67	0.87
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*	0.66	0.87	0.85	0.55	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

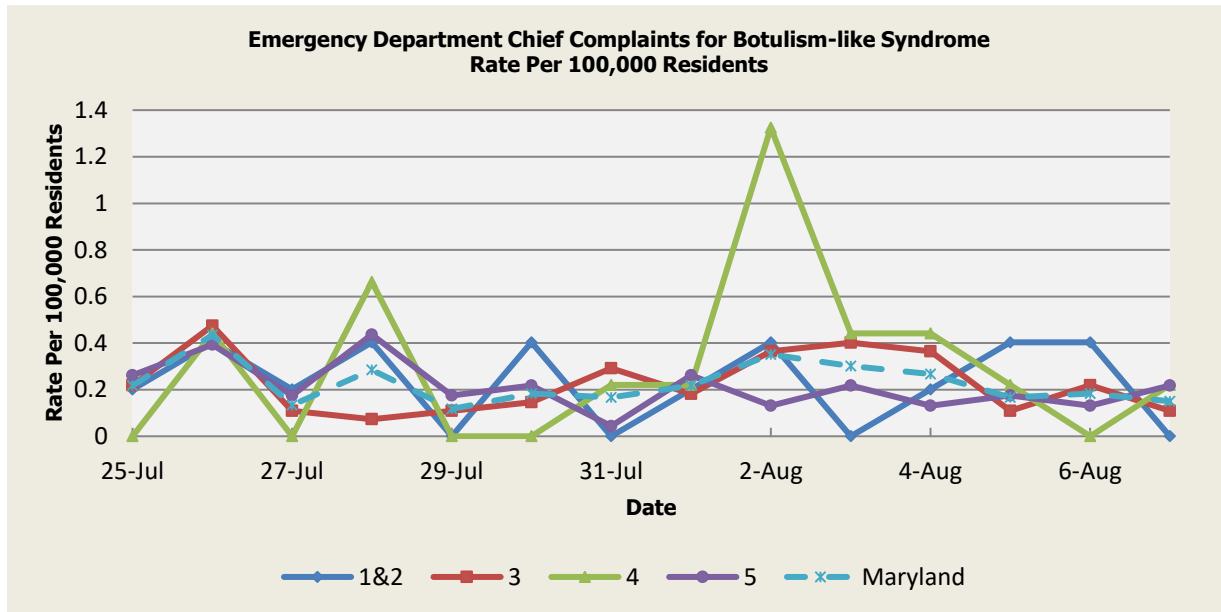
\* Per 100,000 Residents

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## SYNDROMES RELATED TO CATEGORY A AGENTS

### Botulism-like Syndrome



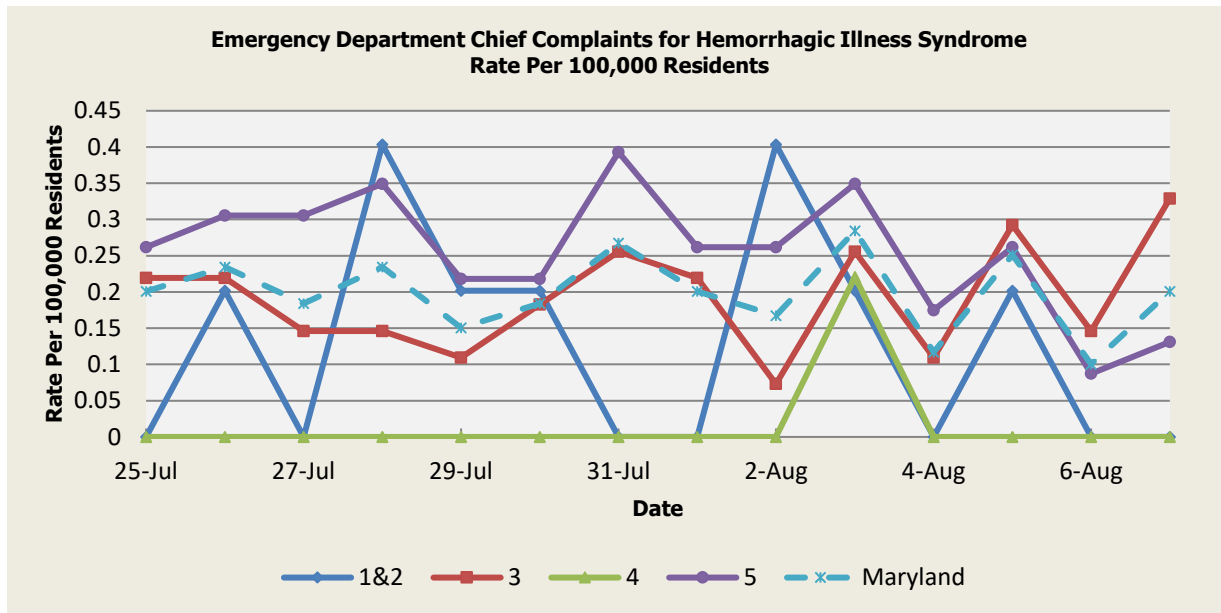
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 7/25 (Regions 1&2, 5), 7/26 (Regions 1&2,3,4,5), 7/27 (Region 1&2), 7/28 (Regions 1&2,4,5), 7/30 (Regions 1&2,5), and 7/31 (Regions 3,4), 8/1 (Regions 1&2,4,5), 8/2 (Regions 1&2,3,4), 8/3 (Regions 3,4,5), 8/4 (Regions 1&2,3,4), 8/5 (Regions 1&2,4), 8/6 (Regions 1&2), and 8/7 (Region 4,5). 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	0.09	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



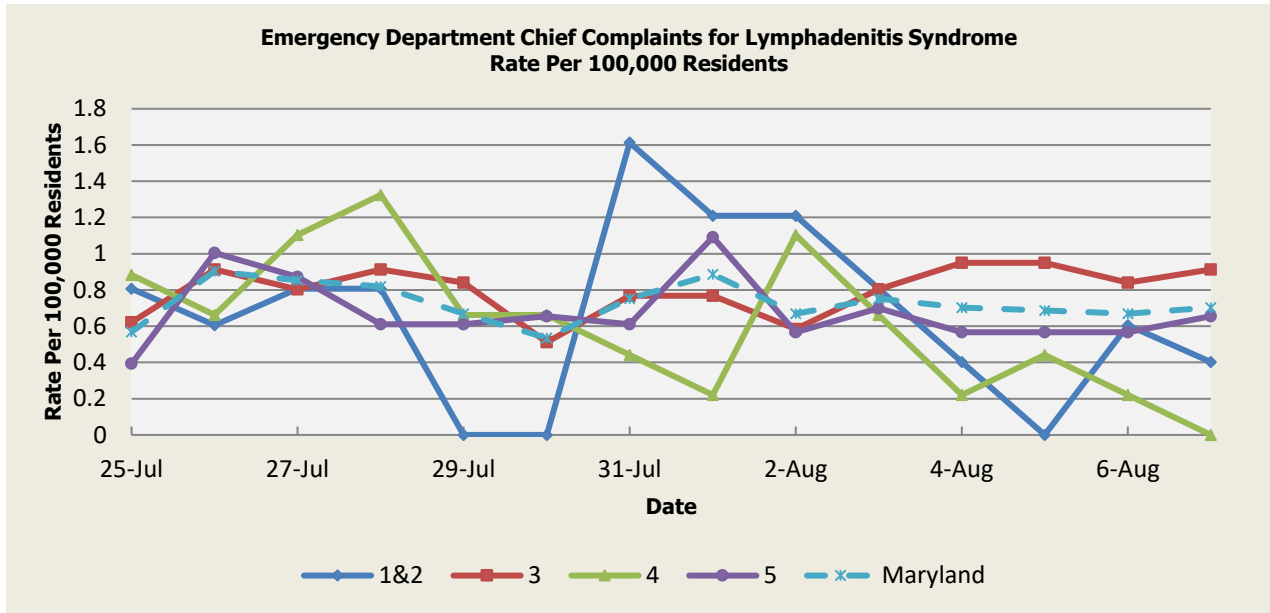
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 7/26 (Regions 1&2,5), 7/27 (Region 5), 7/28 (Regions 1&2,5), 7/29 (Region 1&2), 7/30 (Region 1&2), 7/31 (Region 5), 8/2 (Regions 1&2), 8/3 (Regions 1&2,4,5), and 8/5 (Regions 1&2). These increases 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

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# Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 7/25 (Region 4), 7/26 (Region 5), 7/27 (Region 4,5), 7/28 (Region 4), 7/31 (Region 1&2), 8/1 (Regions 1&2,5), and 8/2 (Regions 1&2,4). 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

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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 (abbreviated COVID-19) in the State of Maryland.

### **Confirmed COVID-19 Case Counts in Maryland by County (As of August 13, 2021)**

<b>County</b>	<b>Number of Confirmed Cases</b>
Allegany	7,216
Anne Arundel	45,523
Baltimore City	67,750
Baltimore County	54,537
Calvert	4,428
Caroline	2,416
Carroll	9,766
Cecil	6,707
Charles	11,621
Dorchester	3,022
Frederick	20,546
Garrett	2,112
Harford	17,263
Howard	19,910
Kent	1,399
Montgomery	73,535
Prince George's	88,619
Queen Anne's	3,104
St. Mary's	6,448
Somerset	2,704
Talbot	2,262
Washington	15,073
Wicomico	8,228
Worcester	3,878
<b>Total</b>	<b>478,067</b>

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

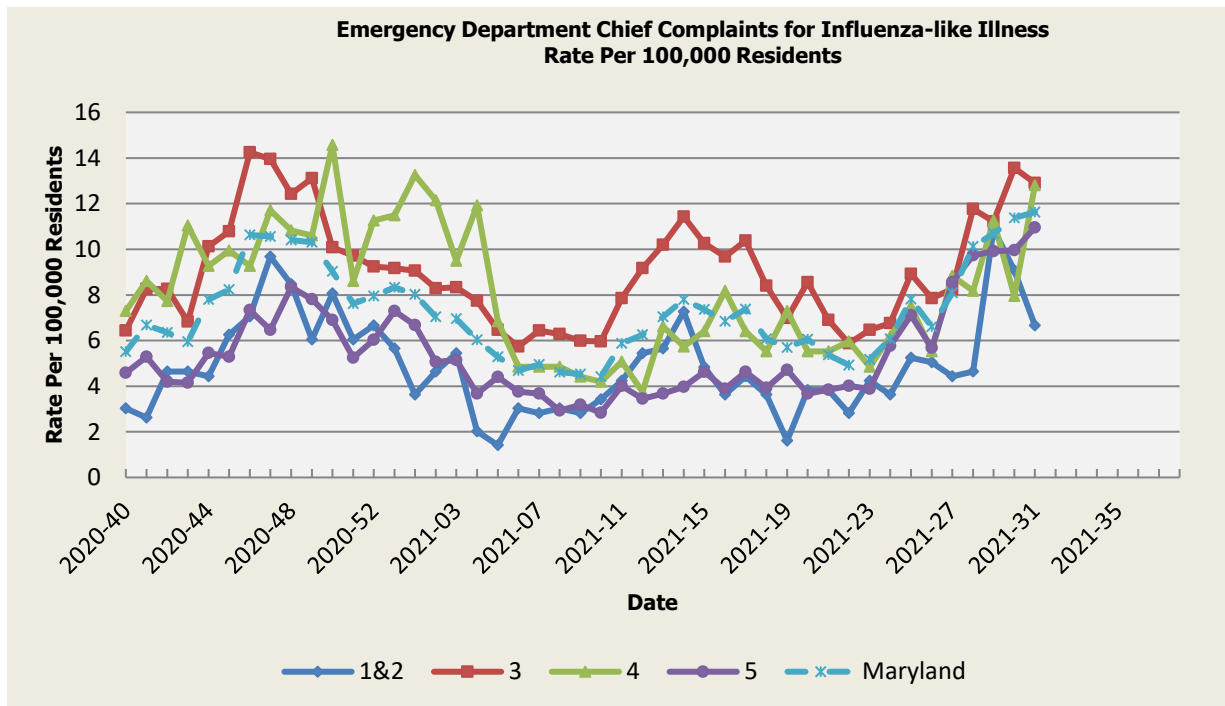
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## SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 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 31:

### Influenza-like Illness

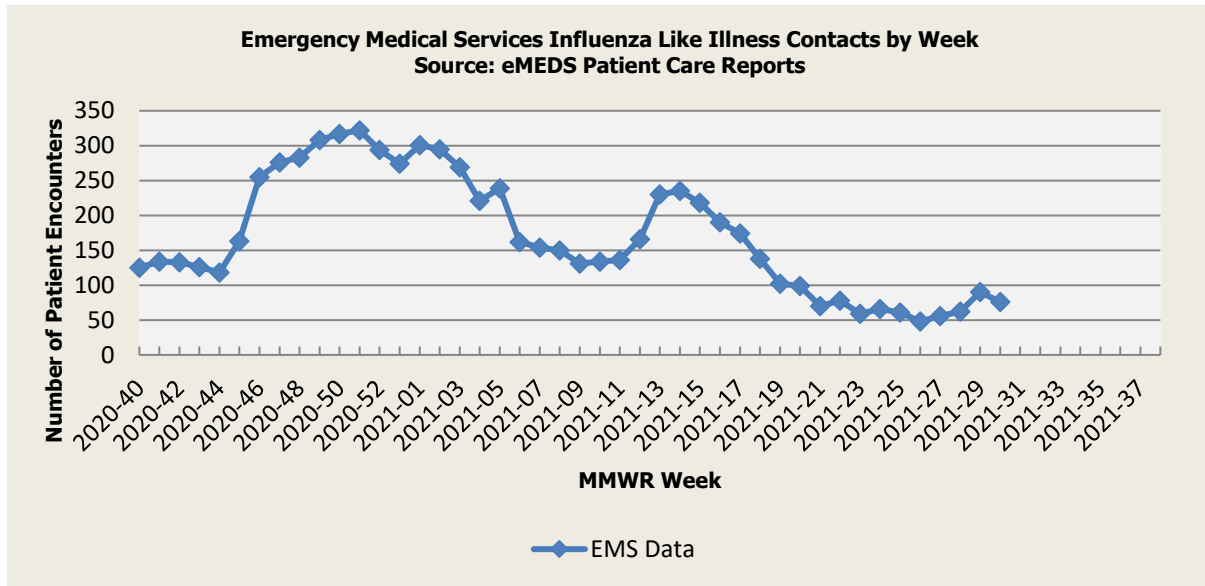


<b>Influenza-like Illness Baseline Data Week 1 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.94	13.80	13.08	11.49	12.54
Median Rate*	7.26	10.16	9.27	8.34	9.12

\* Per 100,000 Residents

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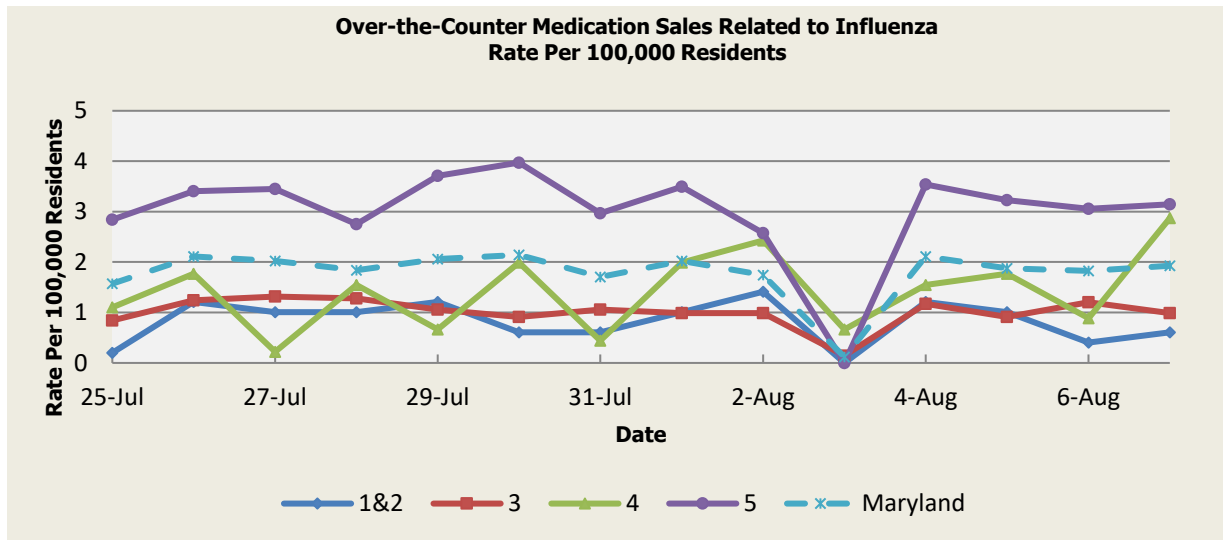
## Influenza-like Illness Contacts by Week



**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



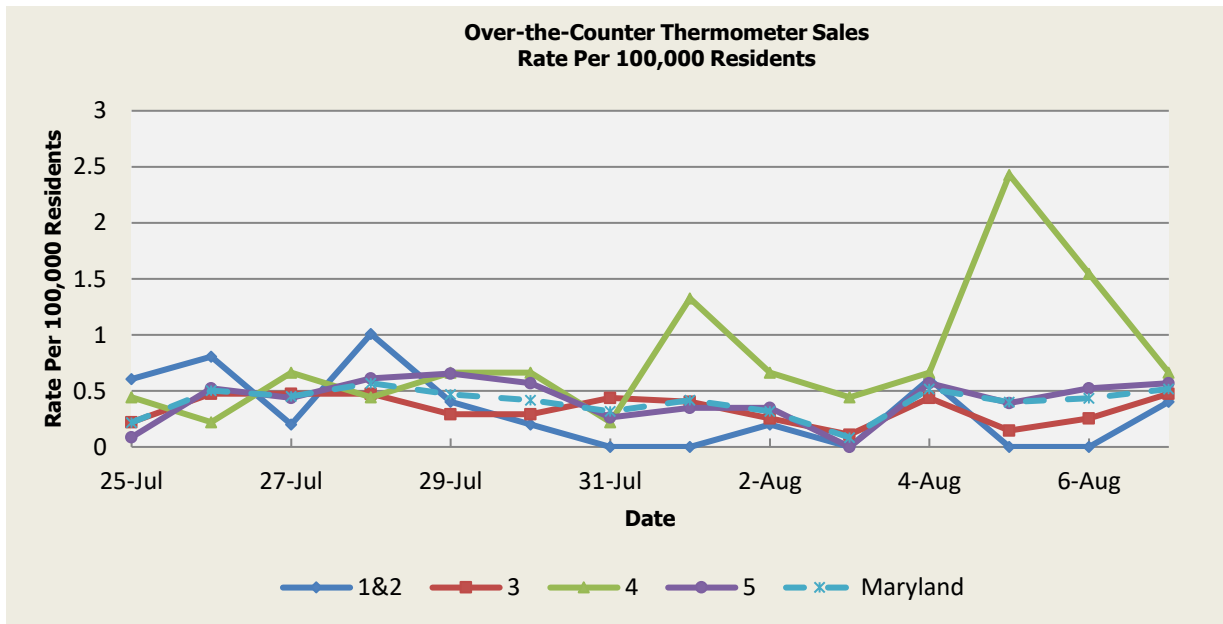
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.12	3.97	2.44	7.22	5.03
Median Rate*	2.42	2.96	1.99	6.24	4.08

\* 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*	2.59	2.45	2.01	3.24	2.73
Median Rate*	2.22	2.41	1.99	3.27	2.78

\* Per 100,000 Residents

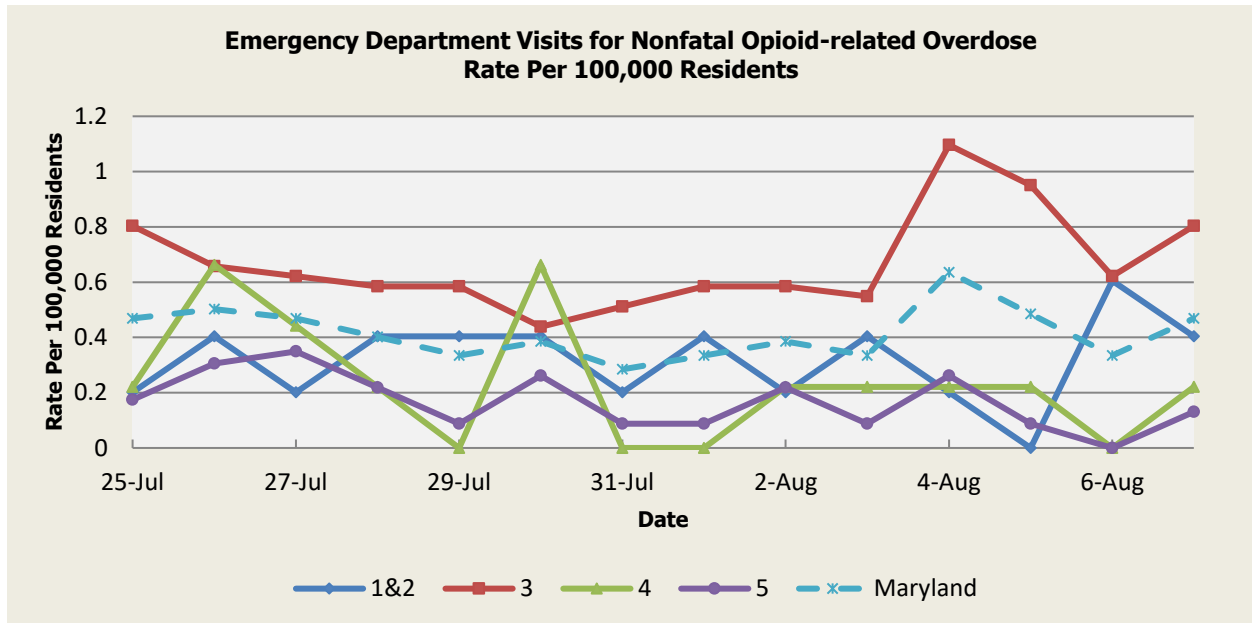
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## **SYNDROMIC OVERDOSE SURVEILLANCE**

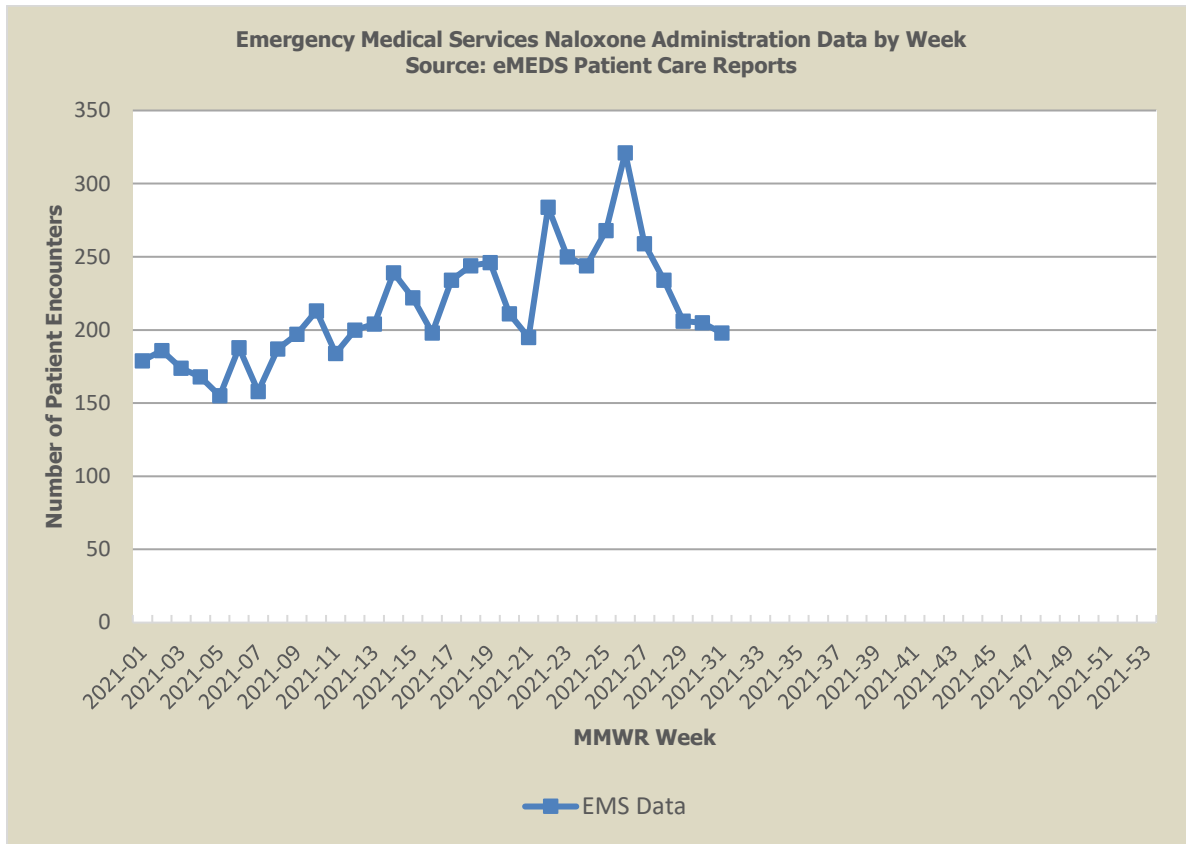
The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track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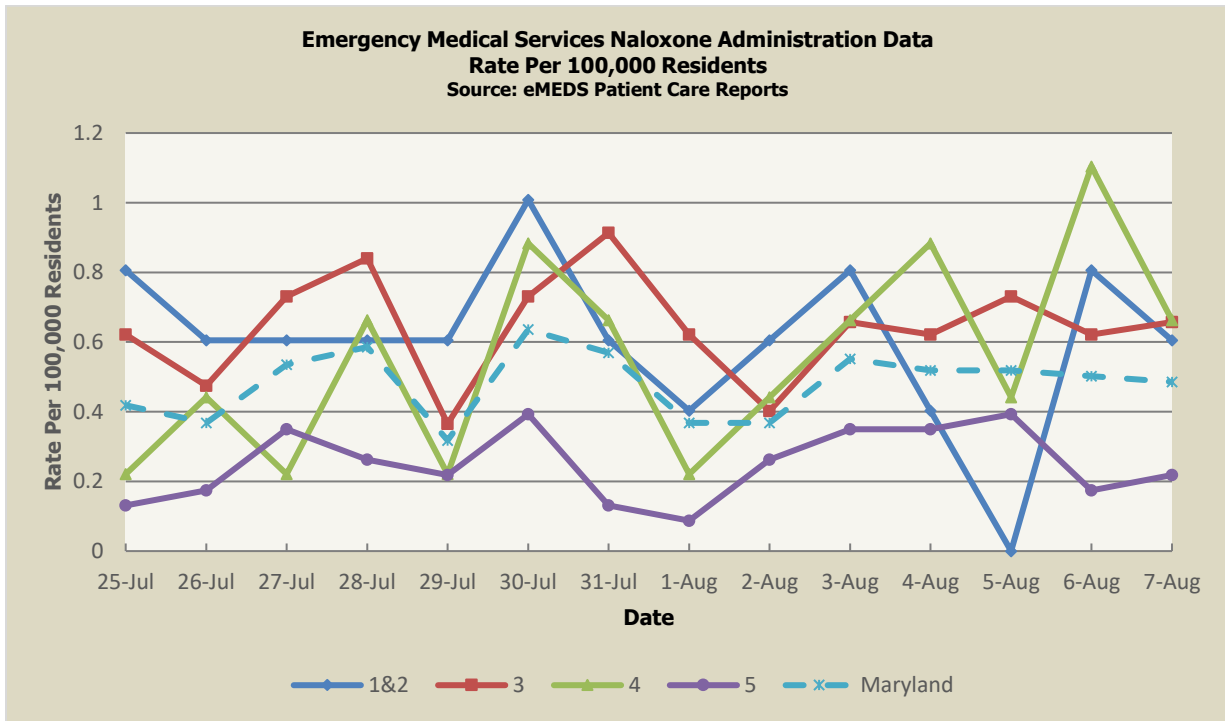
## Naloxone Administration Data by Week



**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 August 13th, 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**

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

### **HUMAN AVIAN INFLUENZA**

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

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## **NATIONAL DISEASE REPORTS**

**INVASIVE MOSQUITO (CALIFORNIA)**, 6 August 2021, an invasive species of mosquito that is not native to Ventura County has been recorded in Ojai. An *Aedes aegypti* mosquito was located in Ojai after health officials began investigating reports of mosquitoes biting during the day. The Ventura County Environmental Health Division said this species of mosquito is capable of transmitting several viruses that can cause serious diseases such as Zika, dengue, and yellow fever. Read more: <https://promedmail.org/promed-post/?id=8573322>

**SOFT TICK-BORNE RELAPSING FEVER (CALIFORNIA)**, 6 August 2021, El Dorado County [California] Public Health is reminding residents and visitors to use precautions to prevent tickborne relapsing fever after receiving reports of 2 cases of the illness in the past 2 months. Both cases were reported in individuals who had stayed in cabins in the greater Tahoe area. Read More: <https://promedmail.org/promed-post/?id=8574769>

**VIBRIO VULNIFICUS (TEXAS)**, 6 August 2021, a Texas fisherman passed away on 30 Jul 2021 at a medical center in Brownsville, Texas, due to complications from vibriosis, a disease caused by about a dozen species of bacteria from the genus *Vibrio*. Read more: <https://promedmail.org/promed-post/?id=8575369>

**MURINE TYPHUS (CALIFORNIA)**, 8 August 2021, a California woman who thought she had COVID-19 turned out to have typhus. She had recently disposed of a dead rat in her backyard which eventually led doctors to diagnose her with typhus, a bacterial disease spread by fleas and lice. Read more: <https://promedmail.org/promed-post/?id=8578862>

**E. COLI EHEC (ILLINOIS)**, 9 August 2021, a recent outbreak of *Escherichia coli* may be linked to a Portillo's in Glendale Heights, the Illinois Department of Public Health said Friday [6 Aug 2021]. Four cases of a toxin producing the bacteria and one case of a resultant blood syndrome stemmed from customers eating at the Portillo's at 235 E North Ave on 16 and 17 Jul [2021], IDPH said in a health alert. Read more: <https://promedmail.org/promed-post/?id=8579424>

**FOODBORNE ILLNESS (ALASKA)**, 9 August 2021, More than 70 employees working at South Peninsula Hospital have been identified with gastrointestinal illness to date; all ill persons consumed food that had been brought into the hospital for employee meals from several local food establishments. No patients or hospital residents consumed the food. At this time, the source of the outbreak is unknown. Read More: <https://promedmail.org/promed-post/?id=8581670>

**E. COLI EHEC (MISSISSIPPI)**, 10 August 2021, The Mississippi State Department of Health [MSDH] has identified several cases of *Escherichia coli* infection associated with use of the swimming pool and splashpad at Yogi on the Lake in Pelahatchie. The cases identified so far have exposure dates on the weekend of 30 Jul through 1 Aug [2021]. Additional exposures may have occurred through 9 Aug [2021]. Read More: <https://promedmail.org/promed-post/?id=8585058>

**MELIODOSIS (USA)**, 11 August 2021, New case identified in a multistate investigation of non-travel associated Burkholderia pseudomallei infections (melioidosis) in 4 patients: Georgia, Kansas, Minnesota, and Texas 2021. Read More: <https://promedmail.org/promed-post/?id=8585070>

**JAMESTOWN CANYON VIRUS, (NEW HAMPSHIRE)**, 11 August 2021, A resident of Dublin, New Hampshire, has died after testing positive for the mosquito-borne Jamestown Canyon Virus, the 1st case detected this year [2021] in New Hampshire. Read More: <https://promedmail.org/promed-post/?id=8587561>

## **INTERNATIONAL DISEASE REPORTS**

**LEGIONELLOSIS (CANADA)**, 6 August 2021, an outbreak of legionnaires' disease is responsible for the deaths of 2 people in east-end Montreal, according to public health officials. At a news conference Wednesday [4 Aug 2021], officials said they have identified 10 cases of the disease since mid-June [2021], including the deaths of 2 people over the age of 65. Read More: <https://promedmail.org/promed-post/?id=8574711>

**CHOLERA, DIARRHEA & DYSENTERY UPDATE (28) (AFRICA)**, 6 August 2021, At least 30 people have been confirmed dead and many others hospitalized from cholera in Zamfara State. The state and its health agencies have been battling to contain the outbreak. An official of the ministry said those affected have reached 2,600 with Bakura, Bungudu, Tsafe, Gusau, Zurmi, Kaura Namoda, and Birnin Magaji local government areas of the state worst hit. Read More: <https://promedmail.org/promed-post/?id=8574979>

**CRIMEAN-CONGO HEMORRHAGIC FEVER (PAKISTAN)**, 7 August 2021, a resident of Gawalmandi Chowk area of Quetta was brought to Fatima Jinnah Chest and General Hospital on suspicion of Crimean-Congo hemorrhagic fever, commonly referred to as Congo fever, on 1 Aug 2021. The blood samples of the affected person were sent to the laboratory for testing and found positive for the disease. 6 total persons were brought to hospital on suspicion of Congo virus, out of which 4 were found positive for the disease. Read More: <https://promedmail.org/promed-post/?id=8577723>

**ANTHRAX (CHINA)**, 9 August 2021, Beijing on [9 Aug 2021] reported an anthrax pneumonia patient, who comes from Chengde in North China's Hebei Province and had contact history with cattle and sheep, and products that come from those animals. The patient was transported to Beijing via an ambulance 4 days after showing symptoms, and was later quarantined and put under treatment, the Beijing Center for Disease Control and Prevention (Beijing CDC) announced on [9 Aug 2021]. Read more: <https://promedmail.org/promed-post/?id=8581706>

**ANTHRAX (RUSSIA)**, 9 August 2021, in Dagestan, the 2nd case of transmission of anthrax to a person in the past 10 months was reported by the regional department of the Ministry of Health. The disease was confirmed in a 52-year-old resident of the village of Kakashura. The resident was hospitalized in an infectious diseases hospital. Doctors confirmed that he had a skin form of this disease which is easier to tolerate than the pulmonary and gastrointestinal forms.

The department noted that the hospitalized man was engaged in butchering cattle after slaughter. Read more: <https://promedmail.org/promed-post/?id=8581871>

**MARBURG VIRUS DISEASE (GUINEA)**, 11 August 2021, the Ministry of Health of Guinea informed WHO of a confirmed case of Marburg virus disease (MVD) in Guéckédou prefecture, Nzérékoré region, south western Guinea on 6 Aug 2021. The village where the case resided is near both Sierra Leone and Liberian borders. This is the 1st known case of Marburg virus disease in Guinea and in West Africa. Read more: <https://promedmail.org/promed-post/?id=8585938>

## **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.

### **Prepared By:**

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

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

## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
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

