



MARYLAND
Department of Health

Public Health Preparedness and Situational Awareness Report: #2021:41

Reporting for the week ending 10/16/21 (MMWR Week #41)

October 22, 2021

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

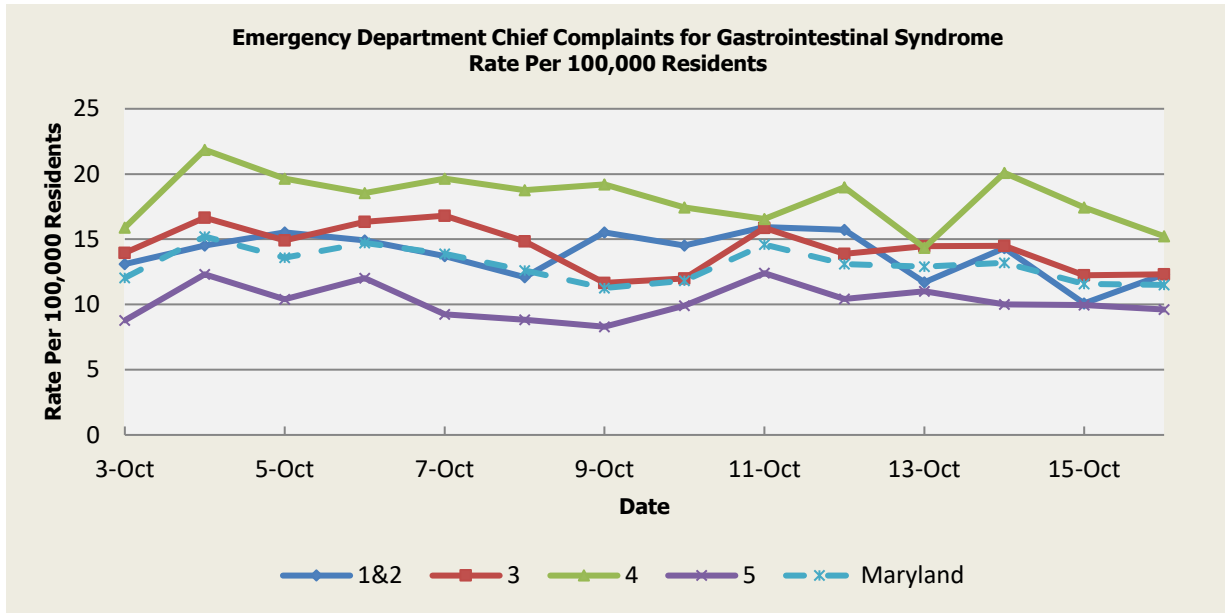
Maryland: **ENHANCED (MEMA status)**

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



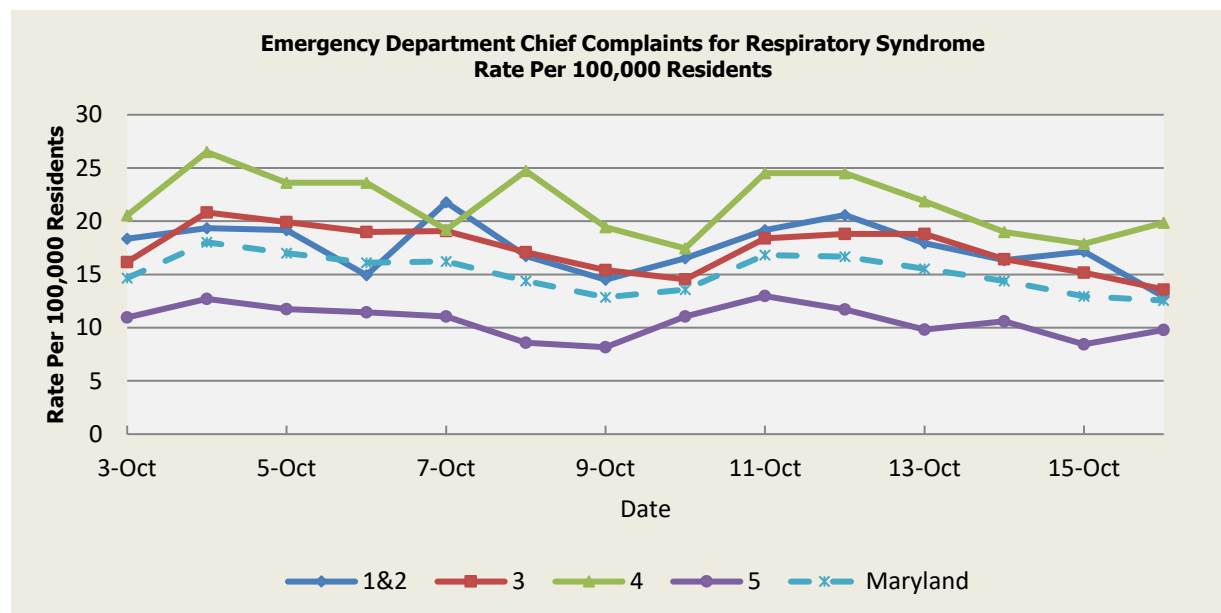
There were no Gastrointestinal Syndrome outbreaks reported this week.

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



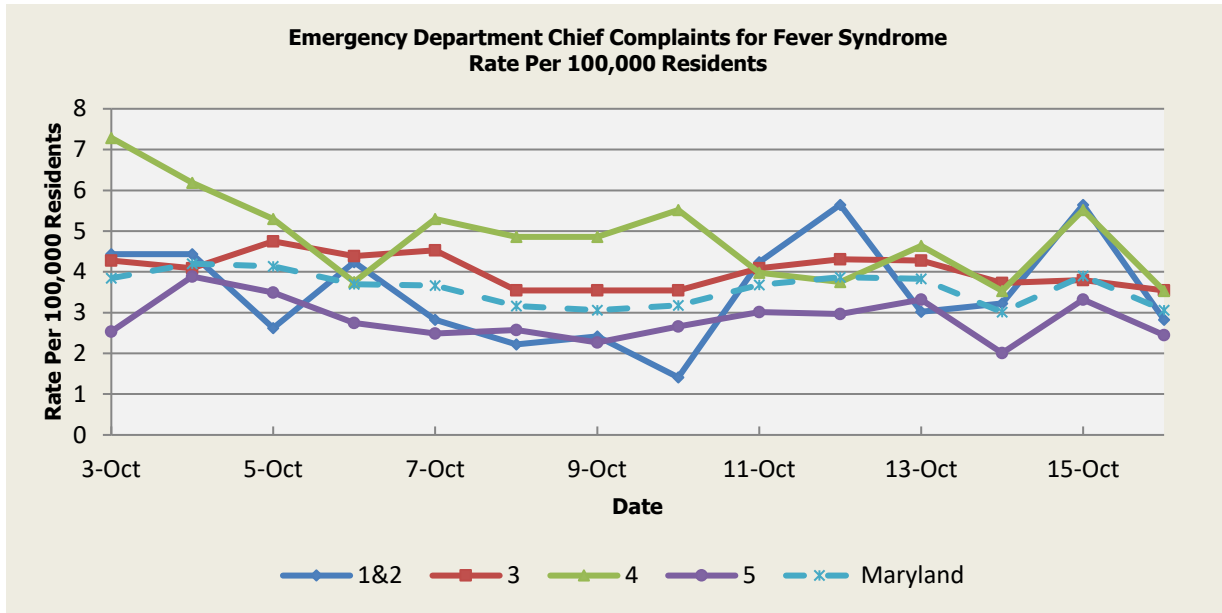
There were one ninety-three (93) Respiratory Syndrome outbreaks reported this week: seven (7) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,4,5), two (2) outbreaks of COVID-19 in a Behavioral Health Facilities (Regions 1&2,4), thirteen (13) outbreaks of COVID-19 in Daycare Facilities (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in Correctional Facility (Region 3), five (5) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,5), 1 outbreak of COVID-19 in a Group Home/Residential School (Region 4), seven (7) outbreaks of COVID-19 in Hospitals (Region 3), fifteen (15) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), thirty one (31) outbreaks of COVID-19 in Schools (Regions 1&2,3,4,5), eight (8) outbreaks of COVID-19 in Substance Use Treatment Facilities (Regions 3,4,5), one (1) outbreak of ILI/Pneumonia in a Nursing Home (Region 4), one (1) outbreak of ILI/Pneumonia in an Assisted Living Facility (Region 4) and one (1) outbreak of Legionellosis in a Hospital (Region 3).

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



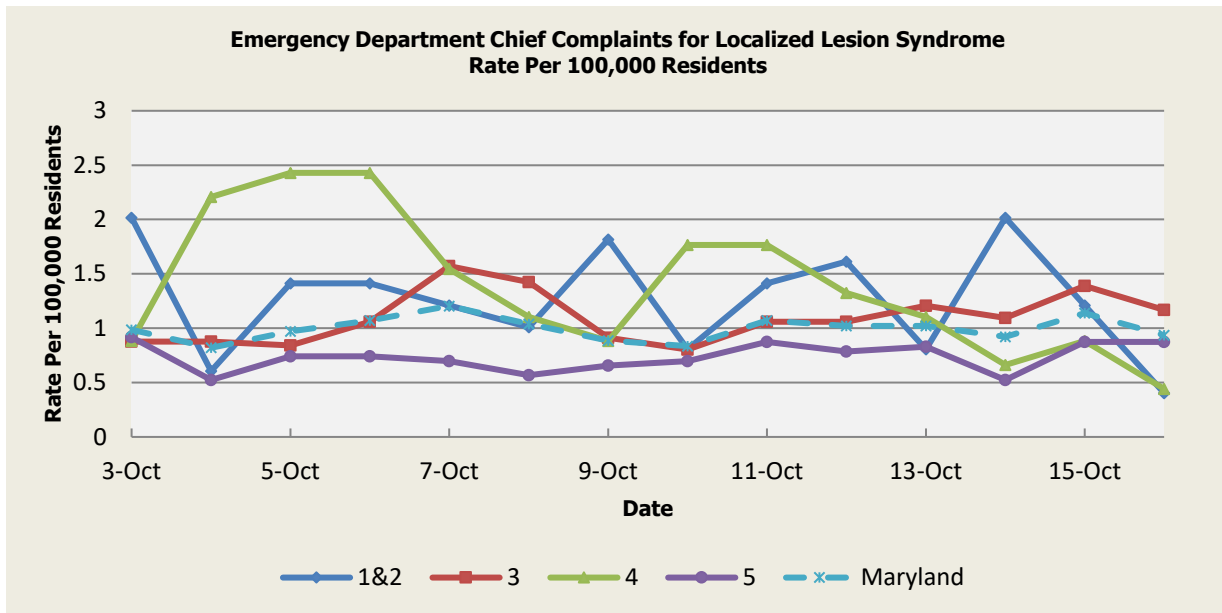
There were no Fever Syndrome outbreaks reported this week.

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



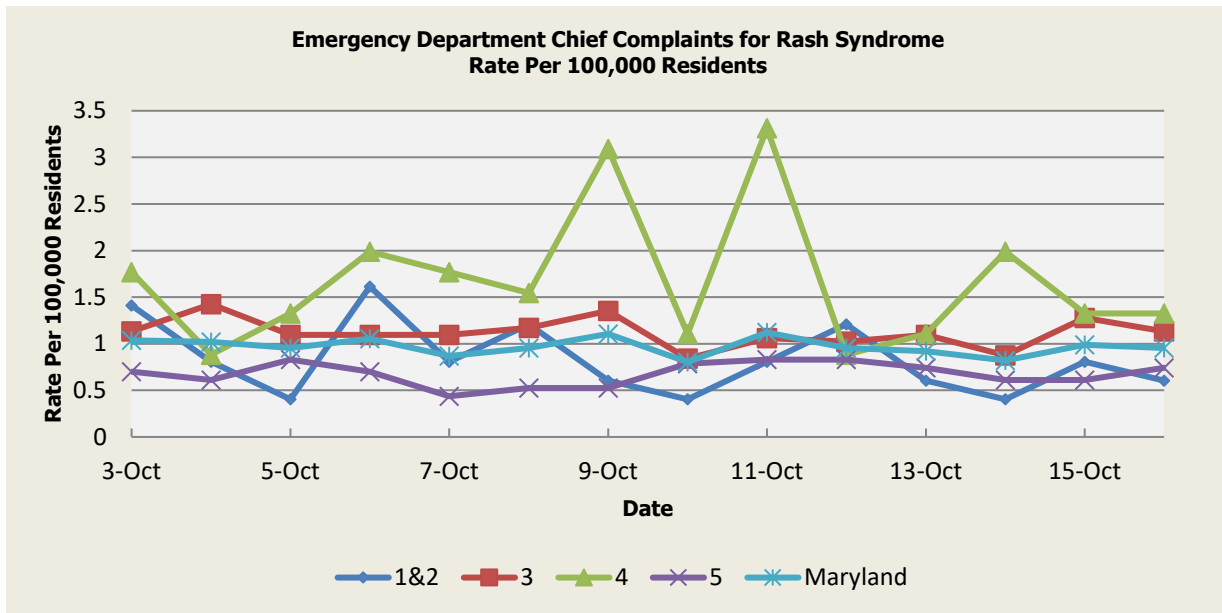
There were no Localized Lesion Syndrome outbreaks reported this week.

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



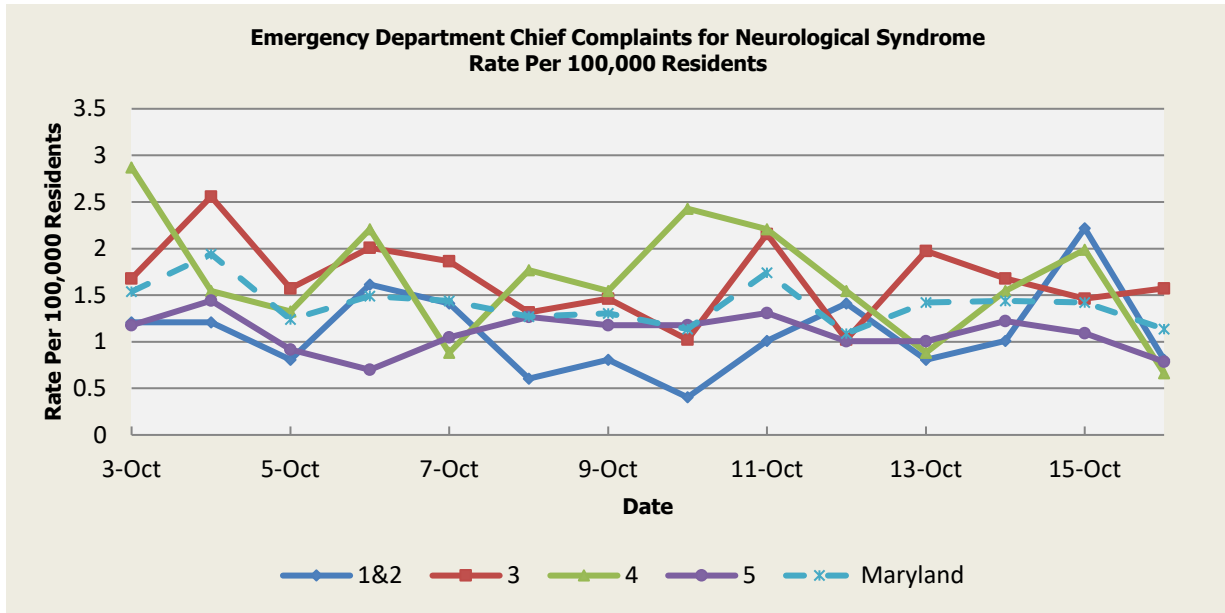
There were three (3) Rash illness outbreaks reported this week: three (3) outbreaks of Hand, Foot, and Mouth Disease in Daycare Facilities (Regions 3,5).

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



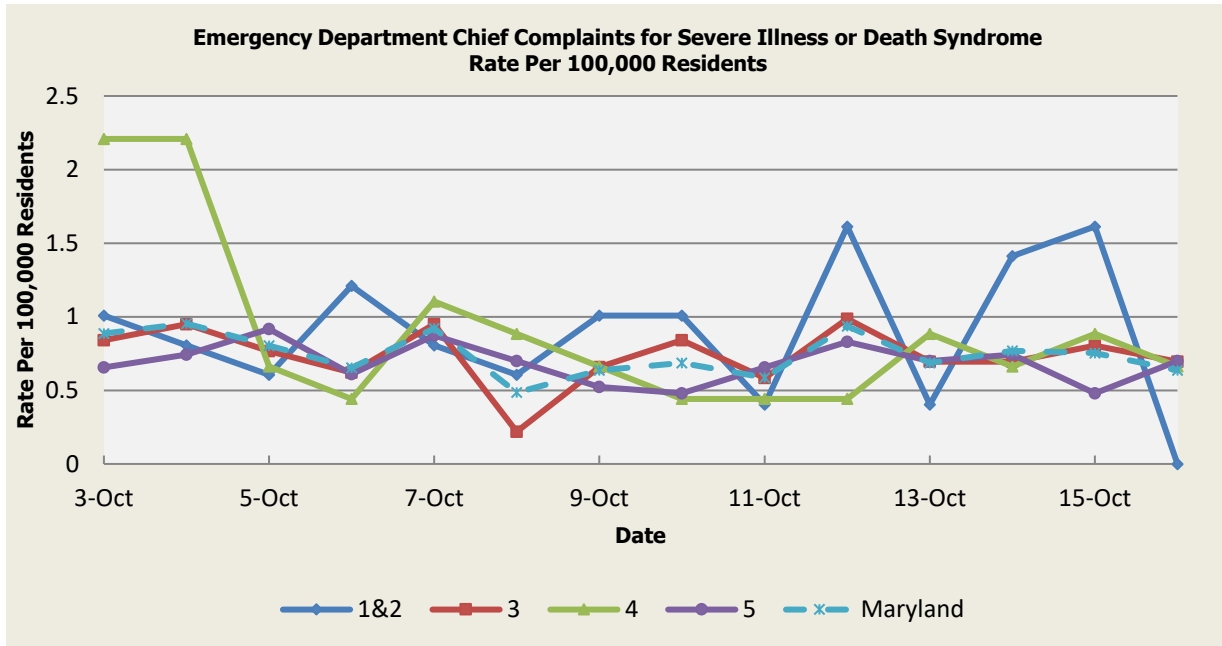
There was no appreciable increase above baseline in the rate of ED visits for Neurological Syndrome.

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.

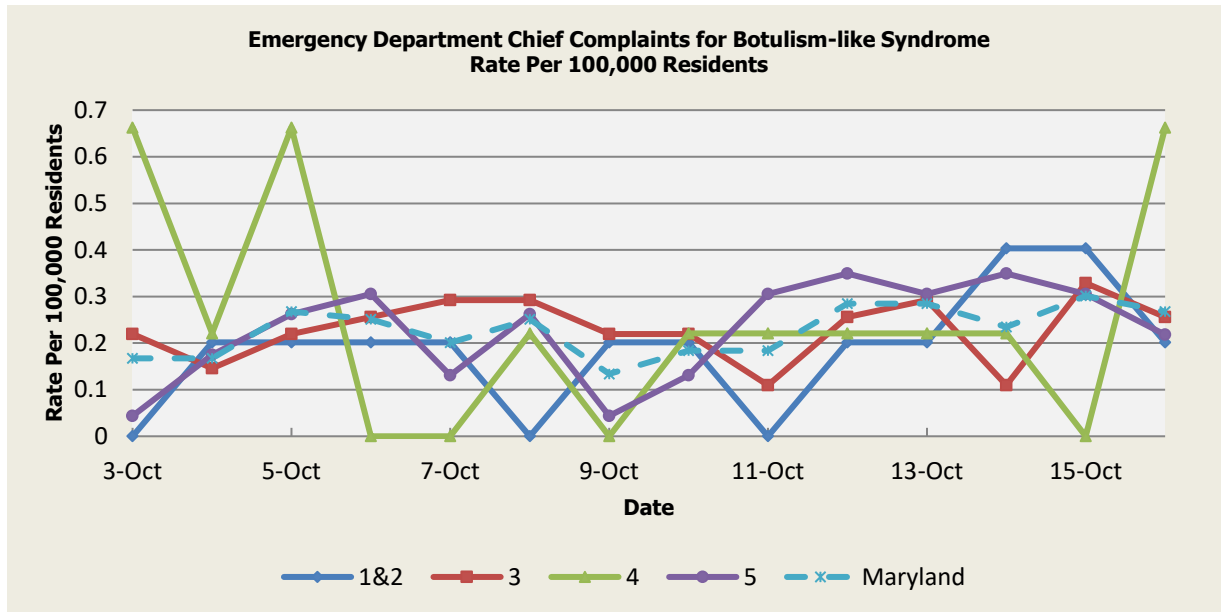
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.67	0.87	0.85	0.55	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



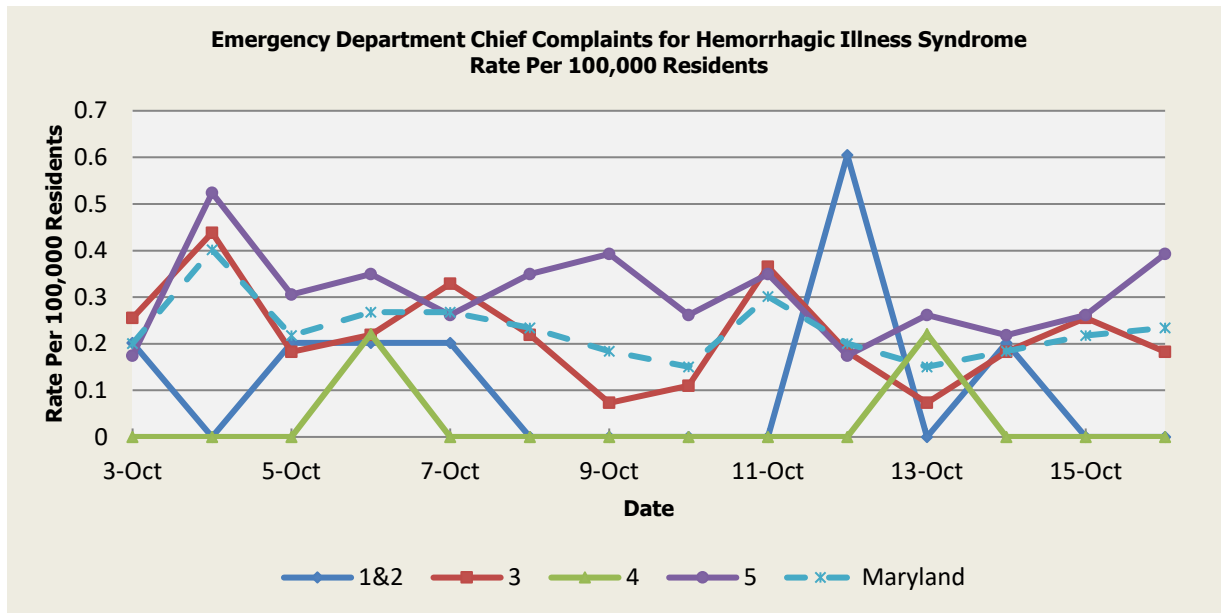
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 10/3 (Region 4), 10/4 (Regions 1&2,4), 10/5 (Regions 1&2,4,5), 10/6 (Regions 1&2,5), 10/7 (Regions 1&2,3), 10/8 (Regions 3,4,5), 10/9 (Regions 1&2), 10/10 (Regions 1&2,4), 10/11 (Regions 4,5), 10/12 (Regions 1&2,4,5), 10/13 (Regions 1&2,3,4,5), 10/14 (Regions 1&2,4,5), 10/15 (Regions 1&2,3,5), 10/16 (Regions 1&2,4,5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.14	0.07	0.10	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



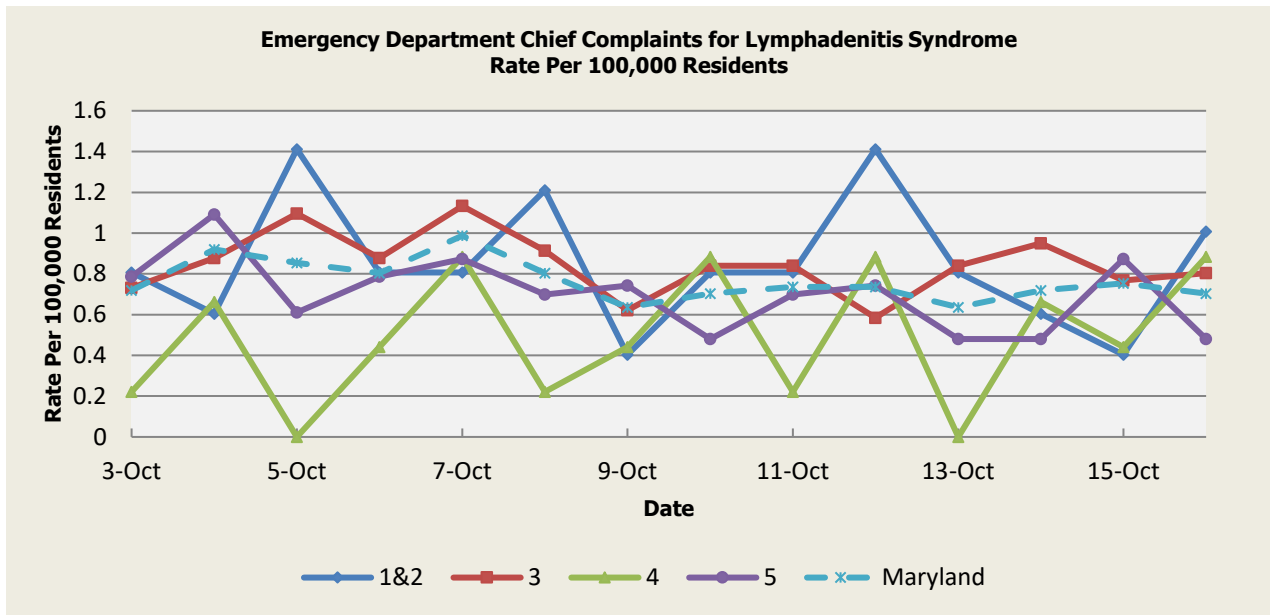
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 10/3 (Regions 1&2), 10/4 (Regions 3, 5), 10/5 (Regions 1&2,5), 10/6 (Regions 1&2,4,5), 10/7 (Regions 1&2) 10/8 (Region 5), 10/9 (Region 5), 10/11 (Regions 3,5), 10/12 (Regions 1&2), 10/13 (Region 4), 10/14 (Regions 1&2), 10/16 (Region 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 10/4 (Region 5), 10/5 (Regions 1&2), 10/7 (Regions 4,5), 10/8 (Regions 1&2), 10/10 (Region 4), 10/12 (Regions 1&2,4), 10/15 (Region 5), 10/16 (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*	0.42	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 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 22nd, 2021)

County	Number of Confirmed Cases
Allegany	9,497
Anne Arundel	9,643
Baltimore City	52,471
Baltimore County	76,132
Calvert	61,101
Caroline	5,613
Carroll	3,144
Cecil	11,634
Charles	8,693
Dorchester	14,363
Frederick	4,079
Garrett	23,976
Harford	3,056
Howard	20,480
Kent	22,501
Montgomery	1,693
Prince George's	81,833
Queen Anne's	99,161
St. Mary's	3,842
Somerset	9,734
Talbot	3,320
Washington	2,813
Wicomico	19,266
Worcester	10,939
Total	554,456

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

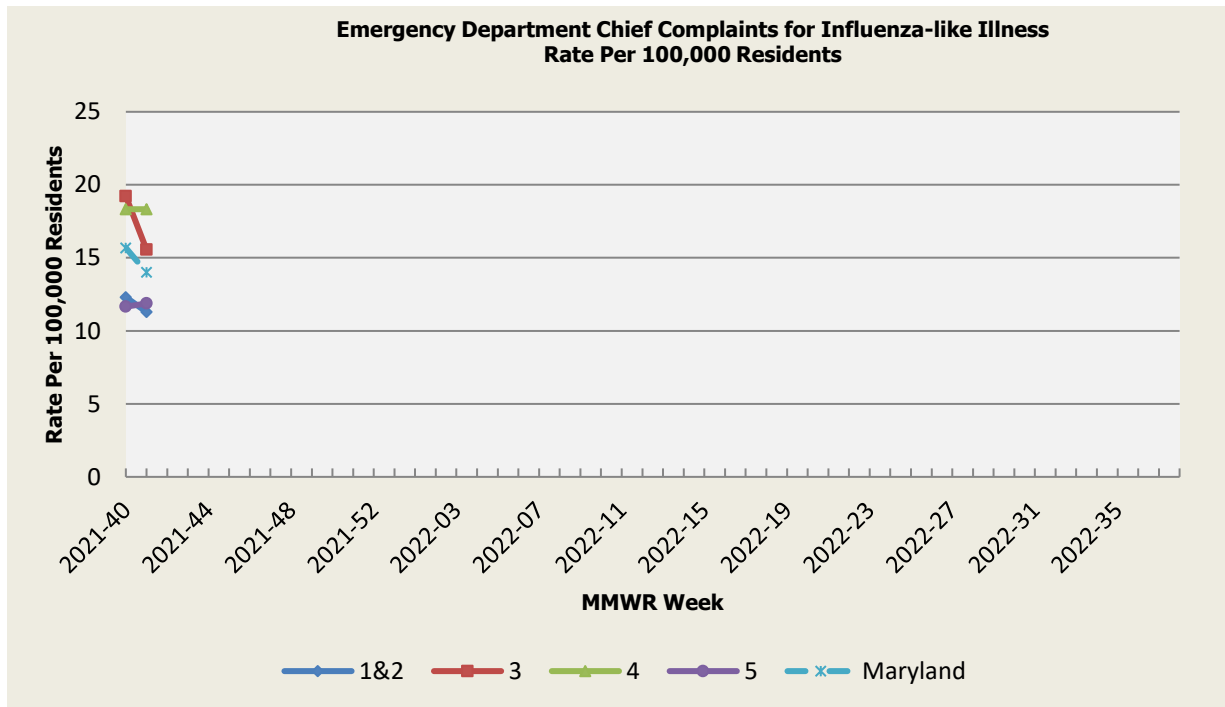
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SYNDROMIC INFLUENZA SURVEILLANCE

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

Seasonal Influenza activity for Week 41: Minimal

Influenza-like Illness

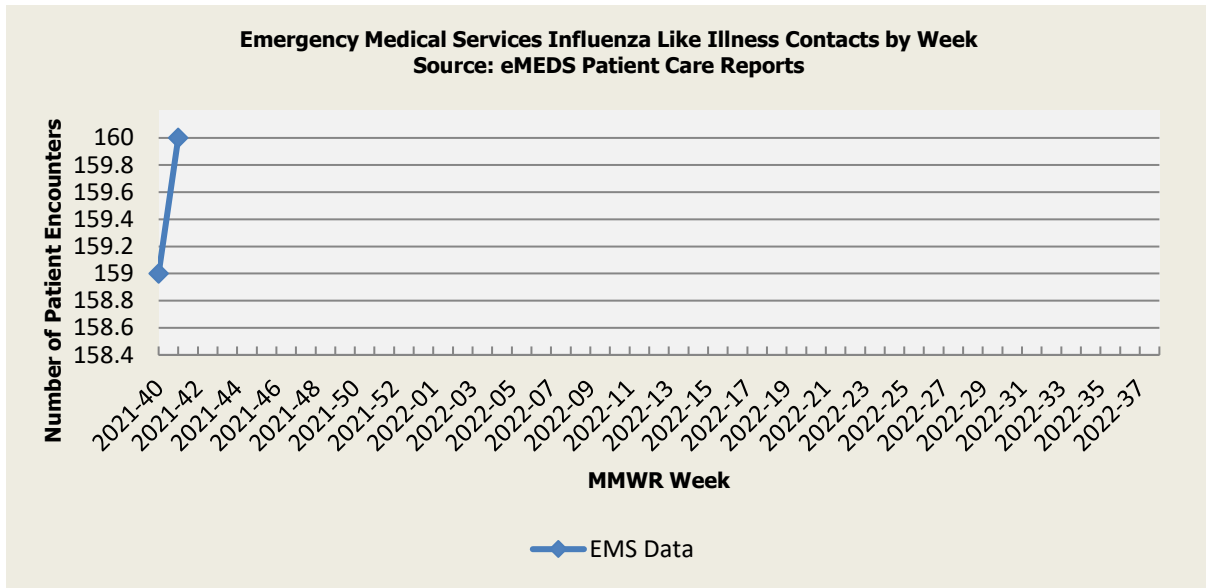


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.93	13.81	13.13	11.48	12.54
Median Rate*	7.26	10.21	9.27	8.56	9.23

* Per 100,000 Residents

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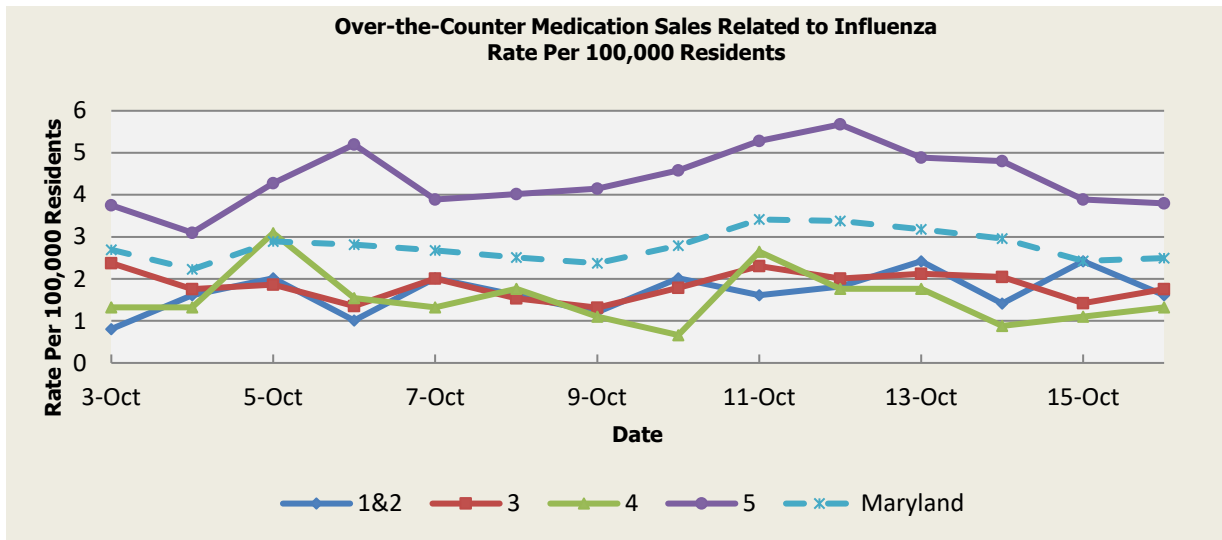
Influenza-like Illness Contacts by Week



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



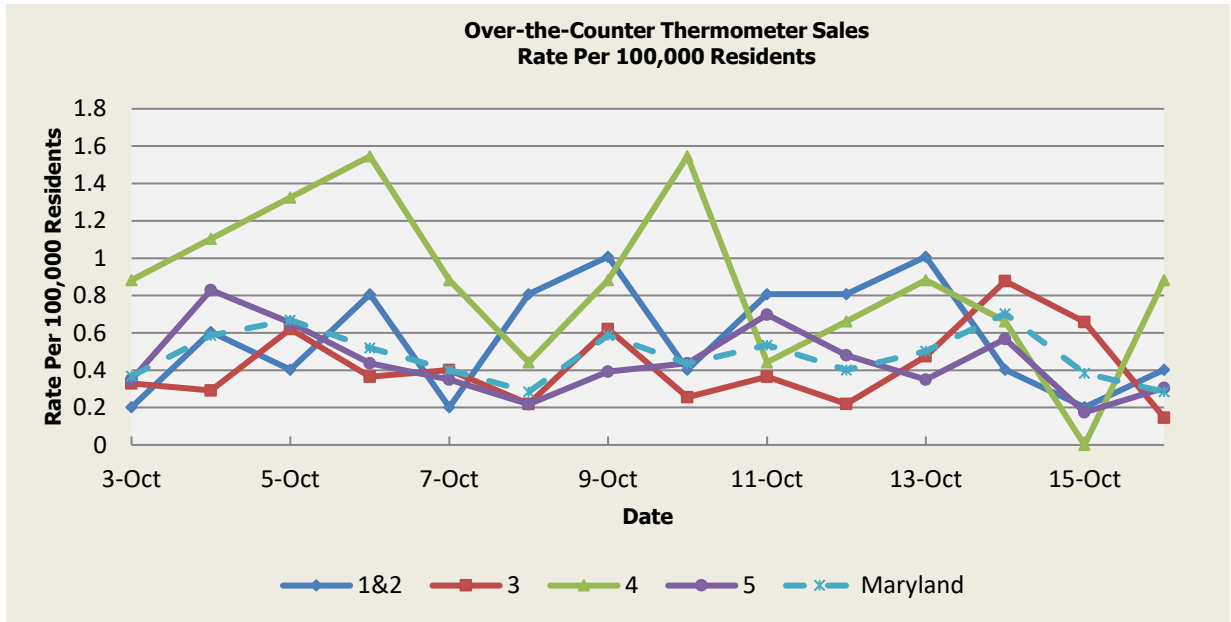
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

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

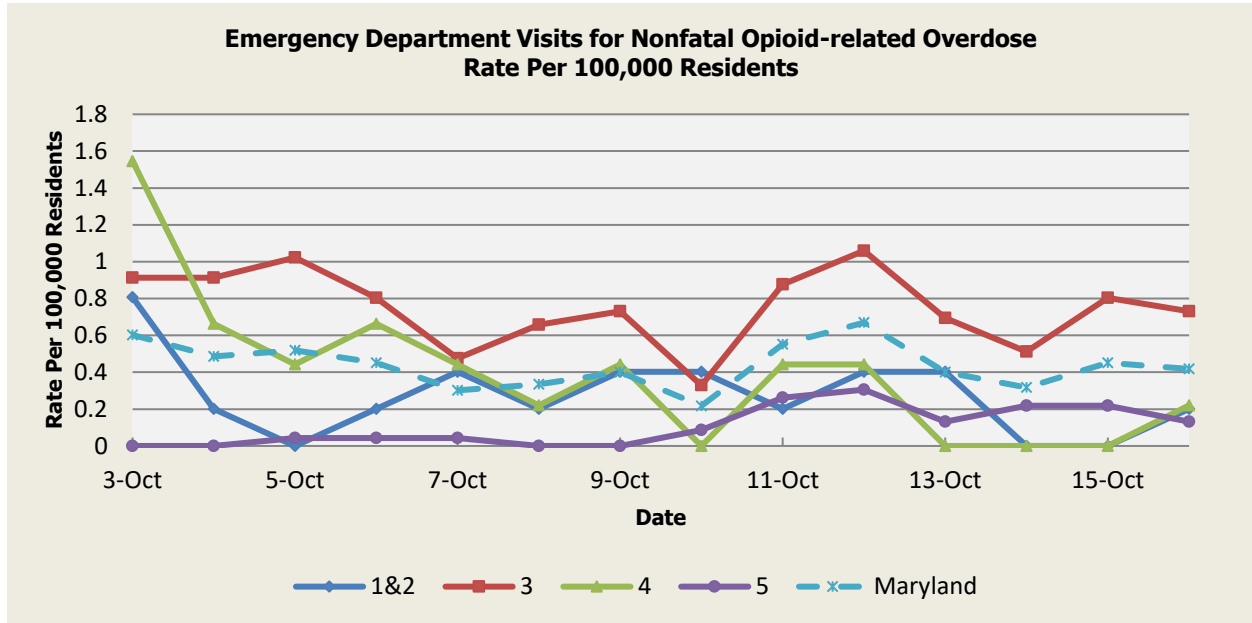
* Per 100,000 Residents

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SYNDROMIC OVERDOSE SURVEILLANCE

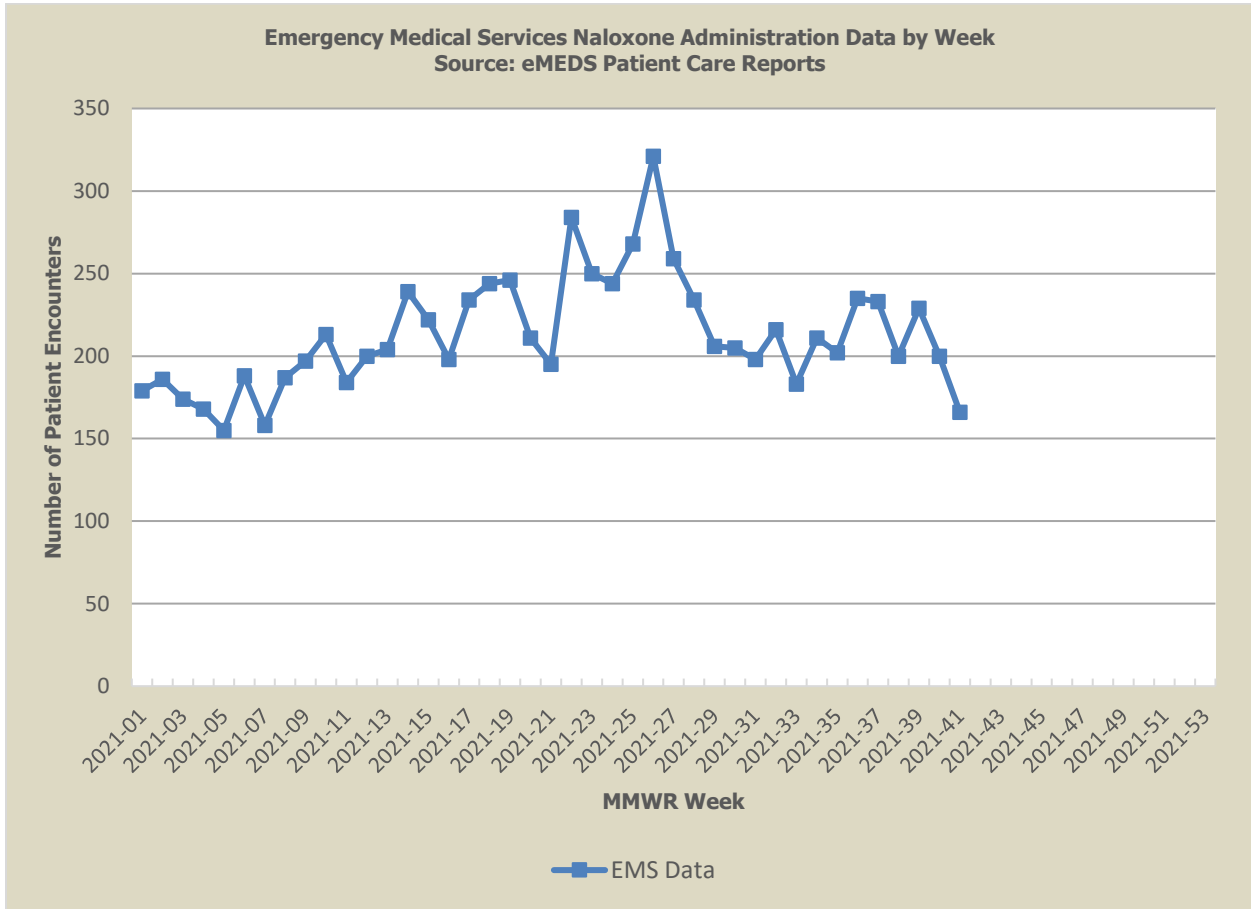
The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track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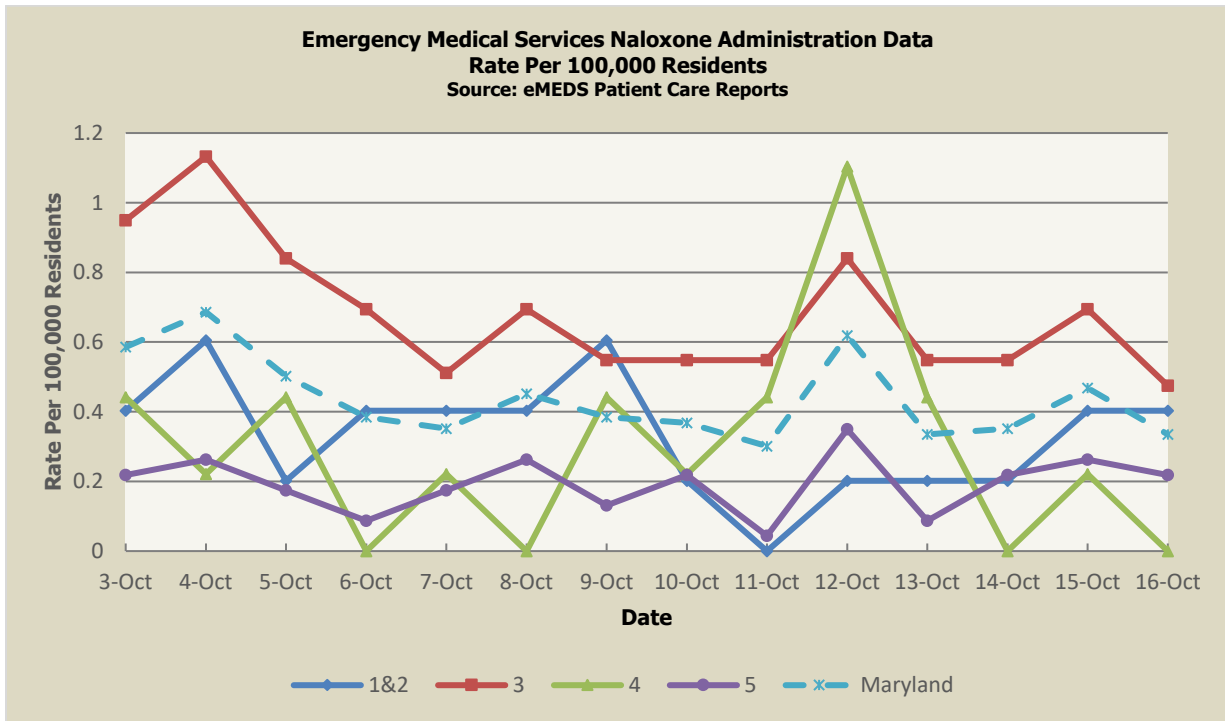
Naloxone Administration Data by Week



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 22nd, 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 (GERMANY), 19 October 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds) (2017-), Germany. Read More:

<https://promedmail.org/promed-post/?id=8699140>

AVIAN INFLUENZA (SERBIA), 19 October 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds) (2017-), Serbia. Read More:

<https://promedmail.org/promed-post/?id=8699139>

AVIAN INFLUENZA (RUSSIA, UKRAINE), 15 October 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds) (2017-), Russia. Read More:

<https://promedmail.org/promed-post/?id=8699066>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

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NATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (357) – (USA), 21 October 2021. The Food and Drug Administration (FDA) is planning to allow Americans to receive a different COVID-19 vaccine as a booster from the one they initially received, a move that could reduce the appeal of the Johnson & Johnson vaccine and provide flexibility to doctors and other vaccinators. Read More: <https://promedmail.org/promed-post/?id=8699167>

UNDIAGNOSED POISONING (NORTH CAROLINA), 21 October 2021, In North Carolina, poultry workers are quitting in large numbers after an unknown chemical was introduced at their plant. Read More: <https://promedmail.org/promed-post/?id=8699181>

HEPATITIS A (VIRGINIA), 21 October 2021, The patient count in a hepatitis A outbreak linked to Virginia restaurants continues to grow, with 44 people now confirmed as infected. 1 of the patients has required a liver transplant and another has died. Read More: <https://promedmail.org/promed-post/?id=8699180>

LEGIONELLOSIS (CONNECTICUT), 21 October 2021, Two prisoners at the Osborn Correctional Institution in Somers [city in the state of Connecticut, USA] have tested positive for legionnaires disease, a spokeswoman for the Connecticut Department of Correction confirmed. Read More: <https://promedmail.org/promed-post/?id=8699173>

SALMONELLOSIS, SEROTYPE ORANIENBURG (USA), 20 October 2021, CDC, FDA, and public health and regulatory officials in several states are collecting different types of data to investigate a multistate outbreak of *_Salmonella_ Oranienburg* infections linked to onions. Read More: <https://promedmail.org/promed-post/?id=8699171>

LEGIONELLOSIS (OREGON), 19 October 2021, Officials have confirmed that a North Portland apartment complex had a new case of Legionnaires' disease in late September [2021], the latest in an outbreak attributed to the waterborne illness since January [2021]. Read More: <https://promedmail.org/promed-post/?id=8699152>

E. COLI EHEC (KENTUCKY), 18 October 2021, A Kentucky health agency is reporting 10 adults recently tested positive for *_E. coli_* and many of the people live in west Kentucky. An exact county or area in west Kentucky was not made public. Read More: <https://promedmail.org/promed-post/?id=8699121>

LEPTOSPIROSIS (NEW YORK CITY), 17 October 2021, Rats have been terrorizing New Yorkers even more than usual this year [2021], teaming up in clan warfare during the food-scarce days of strict Covid lockdowns and harassing sidewalk diners once the city began opening. Read More: <https://promedmail.org/promed-post/?id=8699108>

INTERNATIONAL DISEASE REPORTS

CHOLERA, DIARRHEA & DYSENTERY UPDATE (NEPAL), 21 October 2021, The Nepal Ministry of Health and Population reported a cholera outbreak in Krishnanagar Municipality in Kapilvastu in the western terai [lowland region] part of Nepal. So far, 885 people have been infected with the diarrheal disease in Krishnanagar Municipality. Read More: <https://promedmail.org/promed-post/?id=8699186>

FOODBORNE ILLNESS (MADAGASCAR), 21 October 2021, In a fishing village in the Diana region, 27 people suffered from food poisoning after eating sea turtle meat. Read More: <https://promedmail.org/promed-post/?id=8699183>

LEGIONELLOSIS (ITALY), 21 October 2021, Two cases of legionellosis were found at the Sinigo elementary school [Trentino-South Tyrol region] Read More: <https://promedmail.org/promed-post/?id=8699172>

STREPTOCOCCUS, GROUP B (CHINA), 19 October 2021, Hong Kong health officials report investigating a surge in invasive Group B *Streptococcus* [*Streptococcus agalactiae*] cases. Read More: <https://promedmail.org/promed-post/?id=8699144>

SCRUB TYPHUS (INDIA), 17 October 2021, The Vindhya region has reported 200 cases of scrub typhus so far this year [2021]. Read More: <https://promedmail.org/promed-post/?id=8699105>

SALMONELLOSIS (USA, CANADA), 16 October 2021, The USA and Canada are part of an outbreak affecting Europe because of Salmonella in tahini and halva from Syria. Read More: <https://promedmail.org/promed-post/?id=8699092>

TYPHOID FEVER (ZAMBIA), 16 October 2021, Health officials in Zambia on Friday [15 Oct 2021] confirmed an outbreak of suspected typhoid in Lusaka, the country's capital. Read More: <https://promedmail.org/promed-post/?id=8699091>

SINDBIS VIRUS (FINLAND), 16 October 2021, Public health agency THL has reported a rapid rise in the number of cases of Pogosta disease -- a mosquito-borne viral infection with flulike symptoms that is unique to Finland - during autumn this year [2021]. Read More: <https://promedmail.org/promed-post/?id=8699089>

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

