MARYLAND
Department of Health

Public Health Preparedness and Situational Awareness Report: #2021:42

Reporting for the week ending 10/23/21 (MMWR Week #42)

October 28, 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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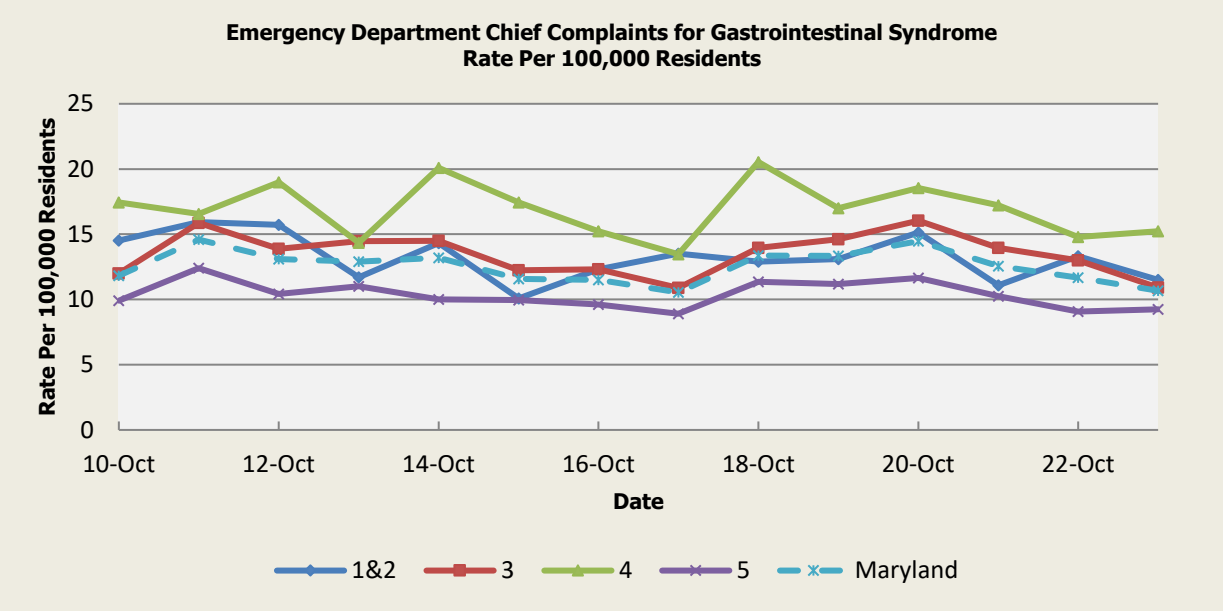
Gastrointestinal Syndrome



There was one (1) Gastrointestinal Syndrome outbreaks reported this week. one (1) outbreak of Gastroenteritis in a School (Region 5).

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.16	14.70	15.90	10.07	12.89
Median Rate*	13.11	14.58	15.46	10.04	12.85

** Per 100,000 Residents*

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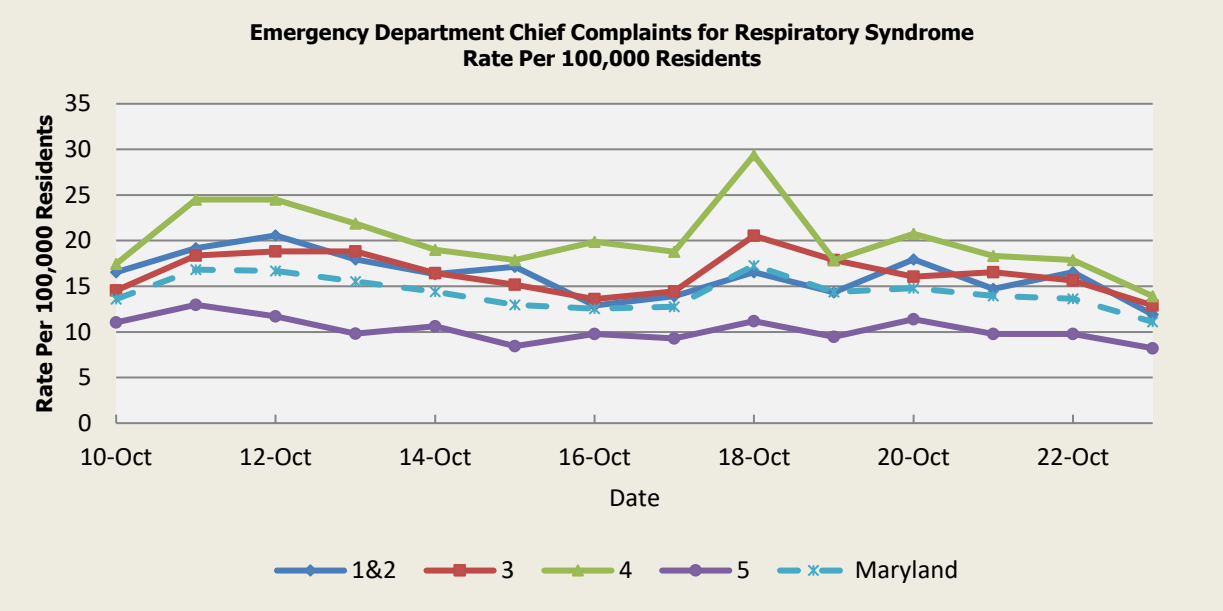
Respiratory Syndrome



There were one ninety-four (94) Respiratory Syndrome outbreaks reported this week: thirteen (13) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,4,5), four (4) outbreaks of COVID-19 in a Behavioral Health Facilities (Regions 3,5), one (1) outbreak of COVID-19 in a Day Program (Regions 1&2), eight (8) outbreaks of COVID-19 in Daycare Facilities (Regions 3,4,5), six (6) outbreaks of COVID-19 in Group Homes (Regions 1&2,3), three (3) outbreaks of COVID-19 in Hospitals (Regions 1&2,3,4), thirteen (13) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), thirty seven (37) outbreaks of COVID-19 in Schools (Regions 1&2,3,4,5), four (4) outbreaks of COVID-19 in Substance Use Treatment Programs (Regions 1&2,3), three (3) outbreaks of COVID-19 in Workplaces (Regions 1&2,3,4) and two (2) outbreaks of RSV in Daycare Facilities (Regions 3,4).

	Respiratory Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.49	14.68	15.31	9.89	12.71
Median Rate*	12.10	14.03	14.57	9.52	12.18

** Per 100,000 Residents*

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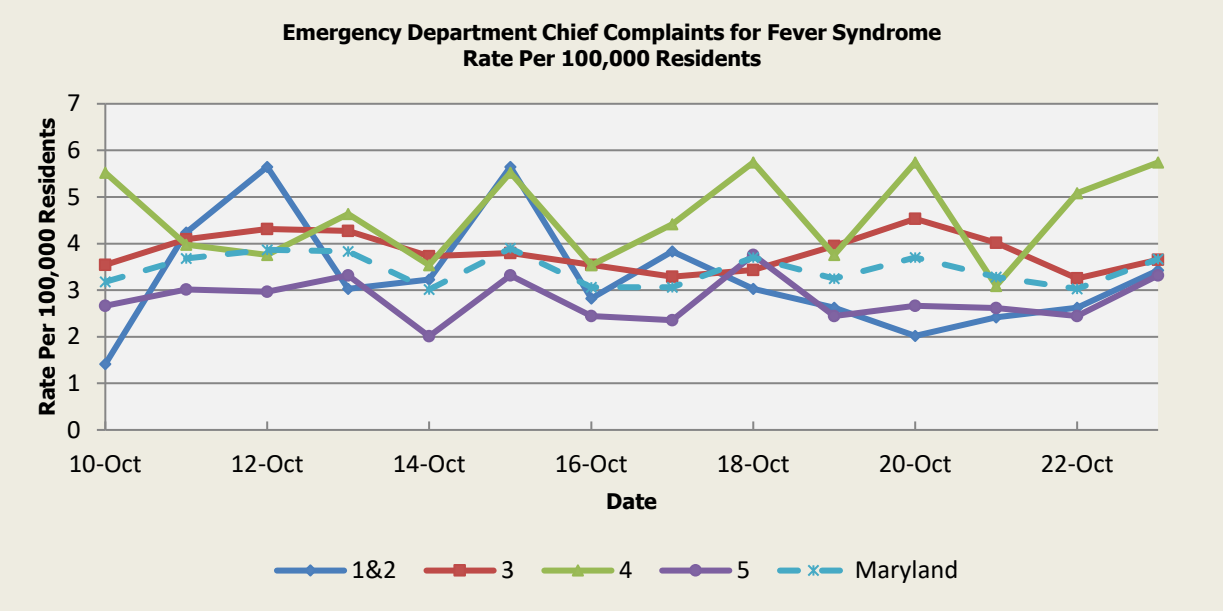
Fever Syndrome



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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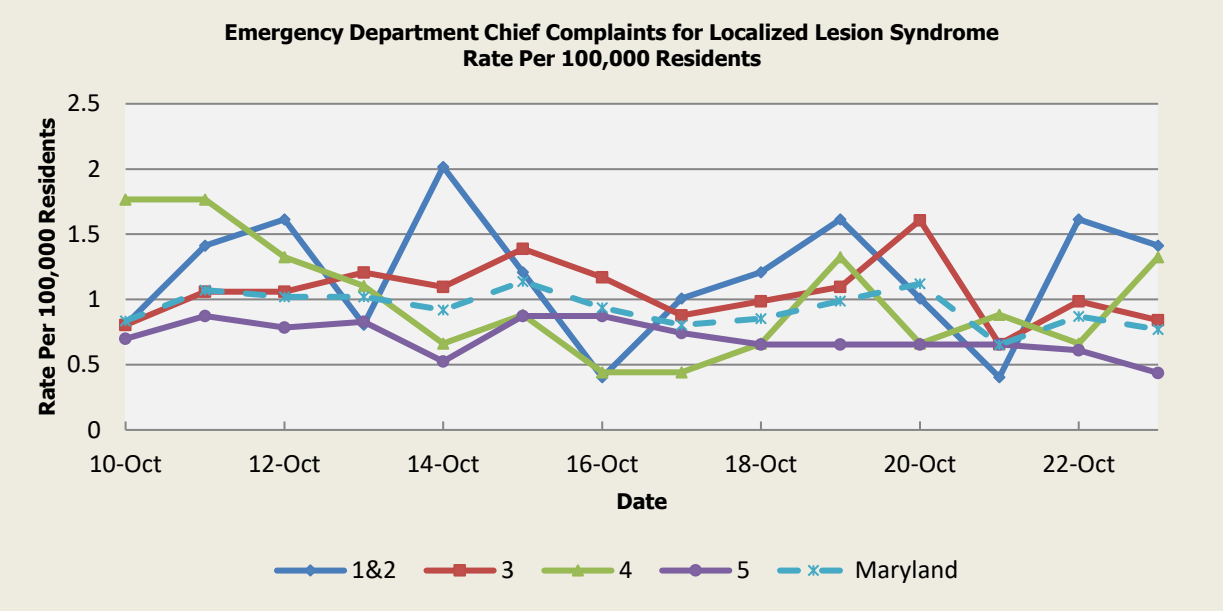
Localized Lesion Syndrome



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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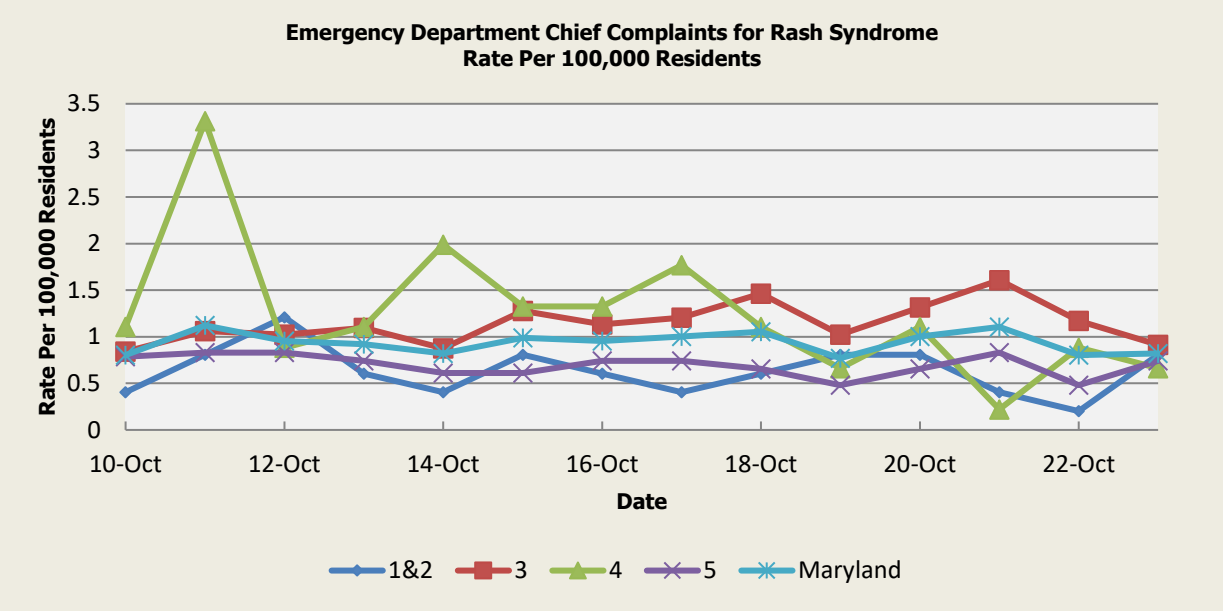
Rash Syndrome



There were five (5) Rash illness outbreaks reported this week: five (5) outbreaks of Hand, Foot, and Mouth Disease in Daycare Facilities (Regions 1&2,3,5).

	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	1.24

** Per 100,000 Residents*

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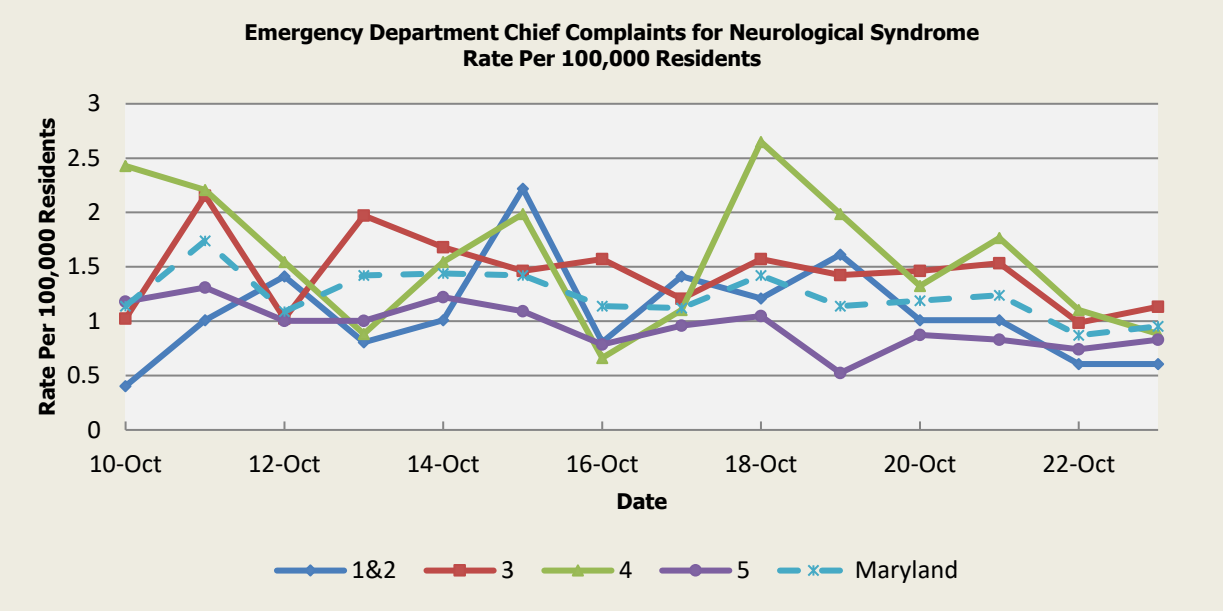
Neurological Syndrome



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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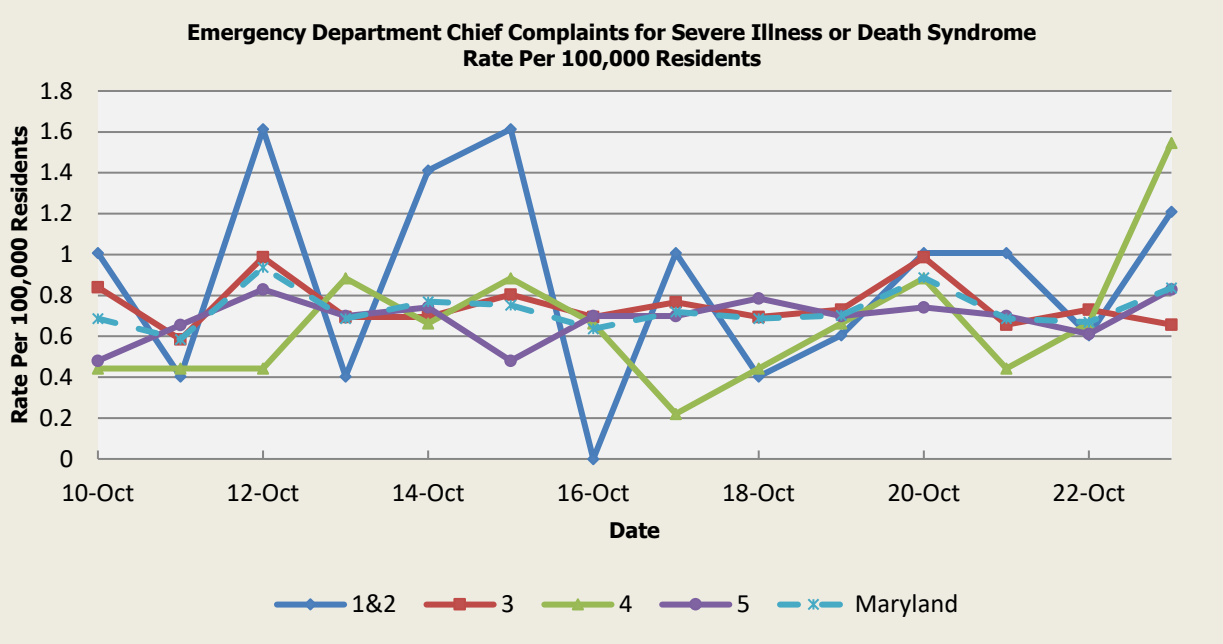
Severe Illness or Death Syndrome



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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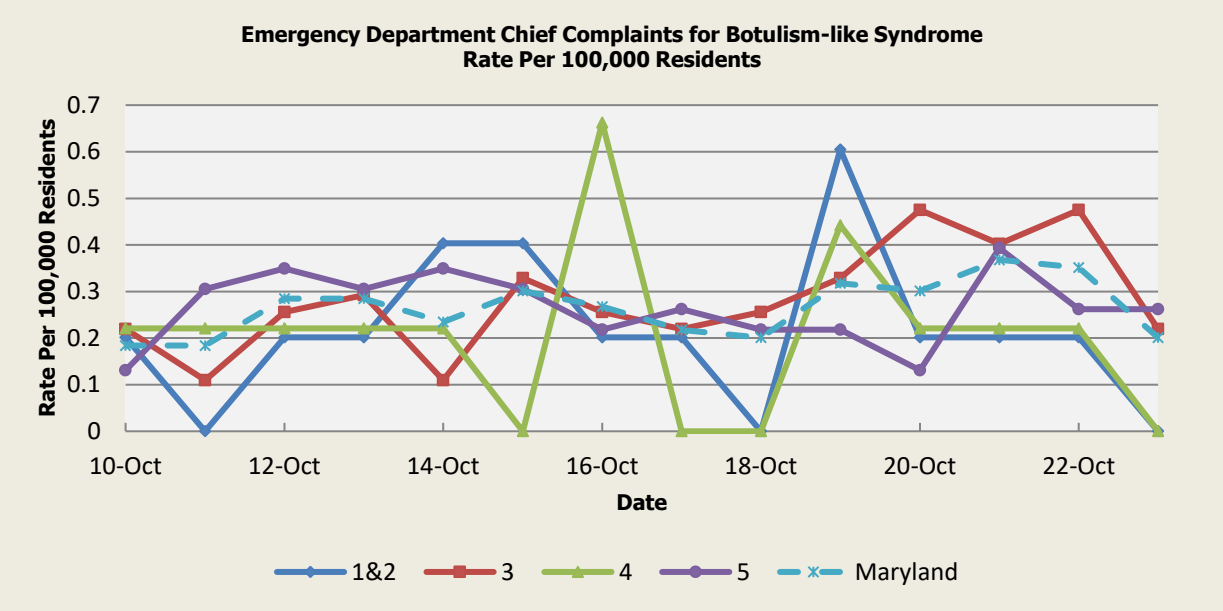
SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 10/10 (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), 10/17 (Regions 1&2,5), 10/18 (Region 5), 10/19 (Regions 1&2,3,4,5), 10/20 (Regions 1&2,3,4), 10/21 (Regions 1&2,3,4,5), 10/22 (Regions 1&2,3,4,5), 10/23 ((Region 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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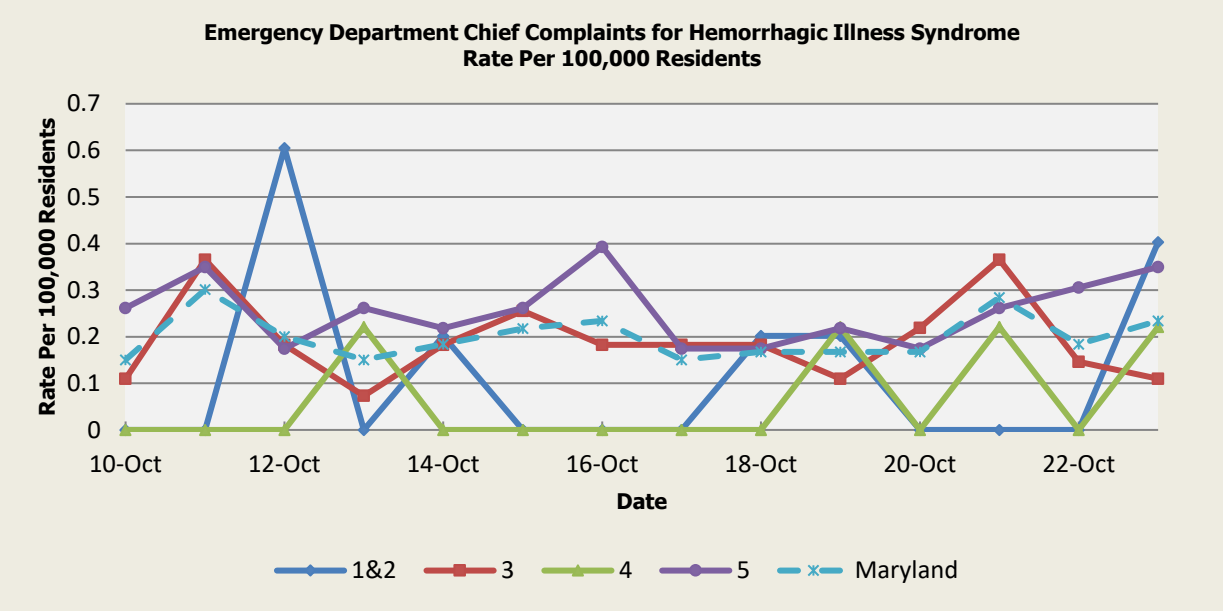
Hemorrhagic Illness Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 10/11 (Regions 3,5), 10/12 (Regions 1&2), 10/13 (Region 4), 10/14 (Regions 1&2), 10/16 (Region 5), 10/18 (Regions 1&2,), 10/19 (Regions 1&2,4), 10/21 (Regions 3,4), 10/22 (Region 5), 10/23 (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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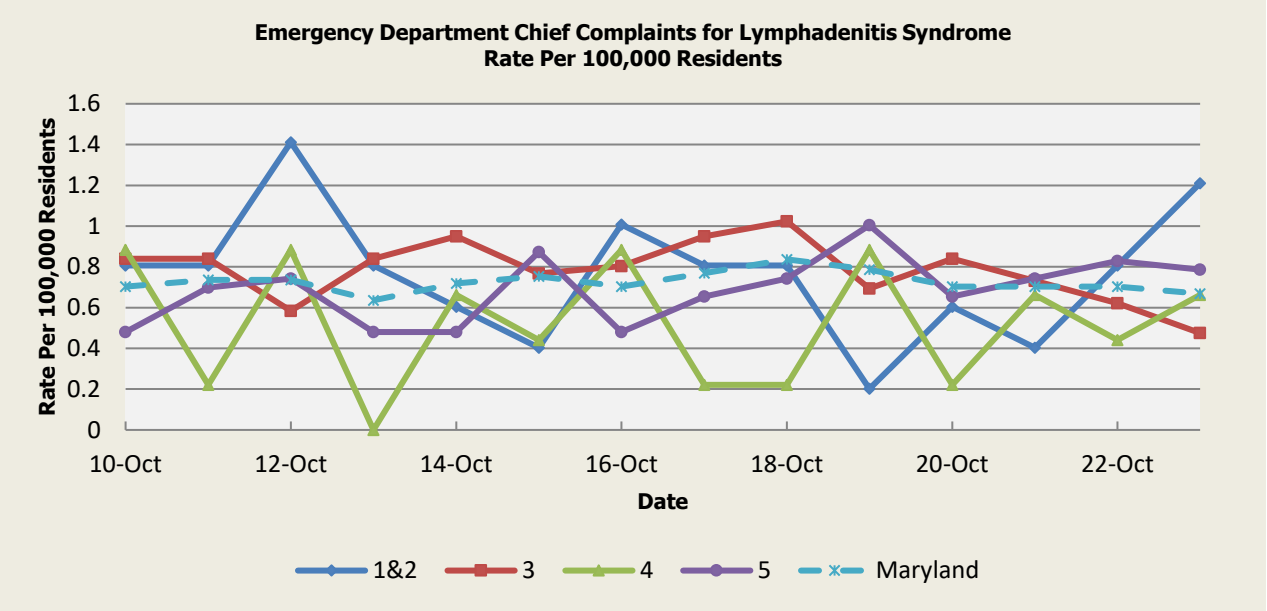
Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 10/10 (Region 4), 10/12 (Regions 1&2,4), 10/15 (Region 5), 10/16 (Regions 1&2,4), 10/19 (Regions 4,5), 10/22 (Region 5), 10/23 (Regions 1&2). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.42	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 29th, 2021)

County	Number of Confirmed Cases
Allegany	9,786
Anne Arundel	53,031
Baltimore City	76,688
Baltimore County	61,565
Calvert	5,699
Caroline	3,212
Carroll	11,783
Cecil	8,845
Charles	14,504
Dorchester	4,153
Frederick	24,268
Garrett	3,220
Harford	20,743
Howard	22,665
Kent	1,729
Montgomery	82,365
Prince George's	99,689
Queen Anne's	3,892
St. Mary's	9,948
Somerset	3,348
Talbot	2,856
Washington	19,648
Wicomico	11,110
Worcester	5,016
Total	**559,763**

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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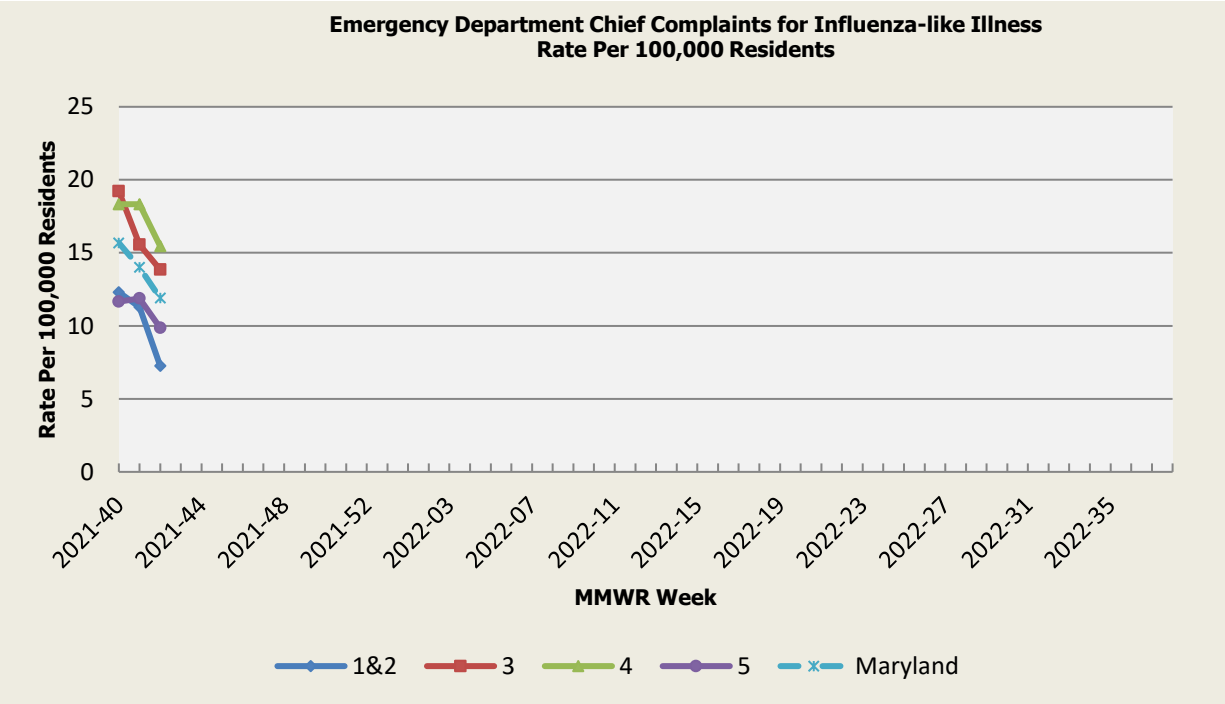
SYNDROMIC INFLUENZA SURVEILLANCE

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

Seasonal Influenza activity for Week 42: 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	13.82	13.14	11.48	12.54
Median Rate*	7.26	10.25	9.39	8.56	9.29

** Per 100,000 Residents*

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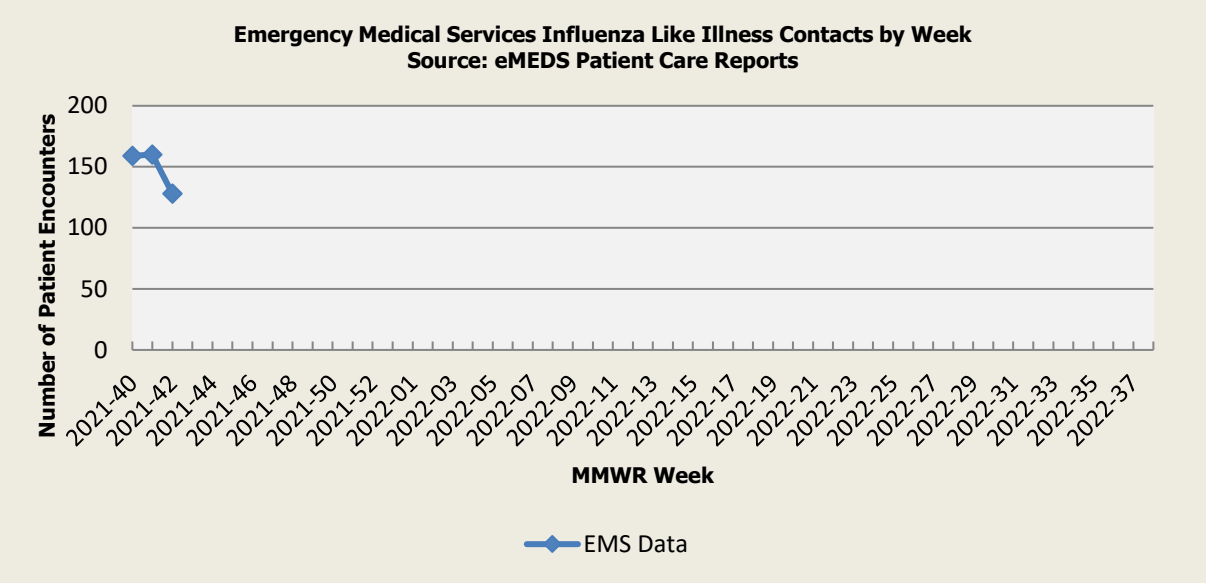
Influenza-like Illness Contacts by Week



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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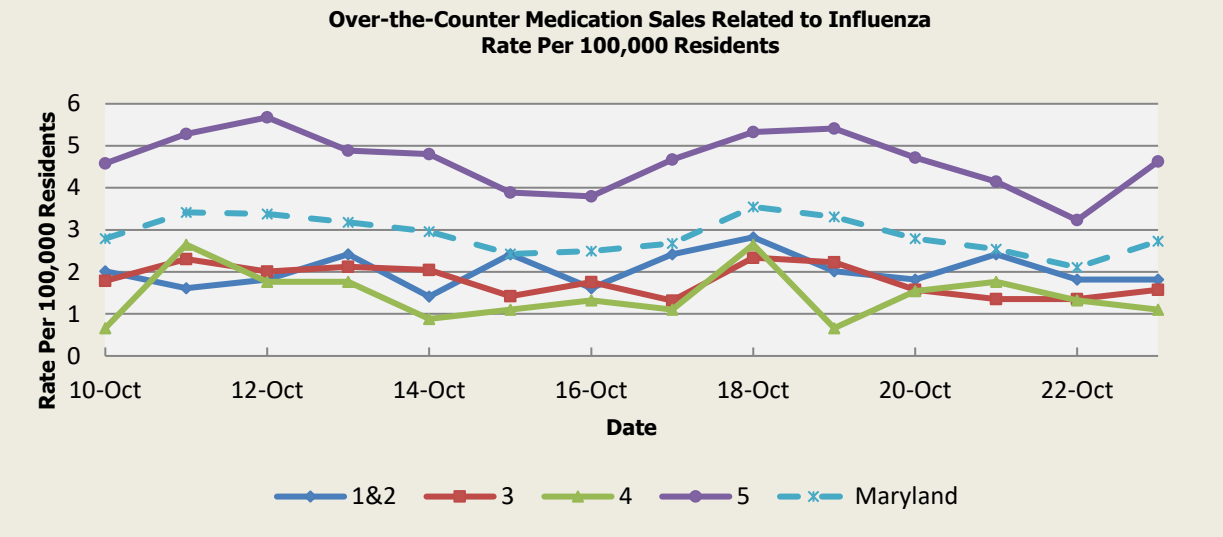
Over-the-Counter Influenza-Related Medication Sales



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*	3.09	3.92	2.42	7.15	4.98
Median Rate*	2.22	2.89	1.99	6.11	3.98

** Per 100,000 Residents*

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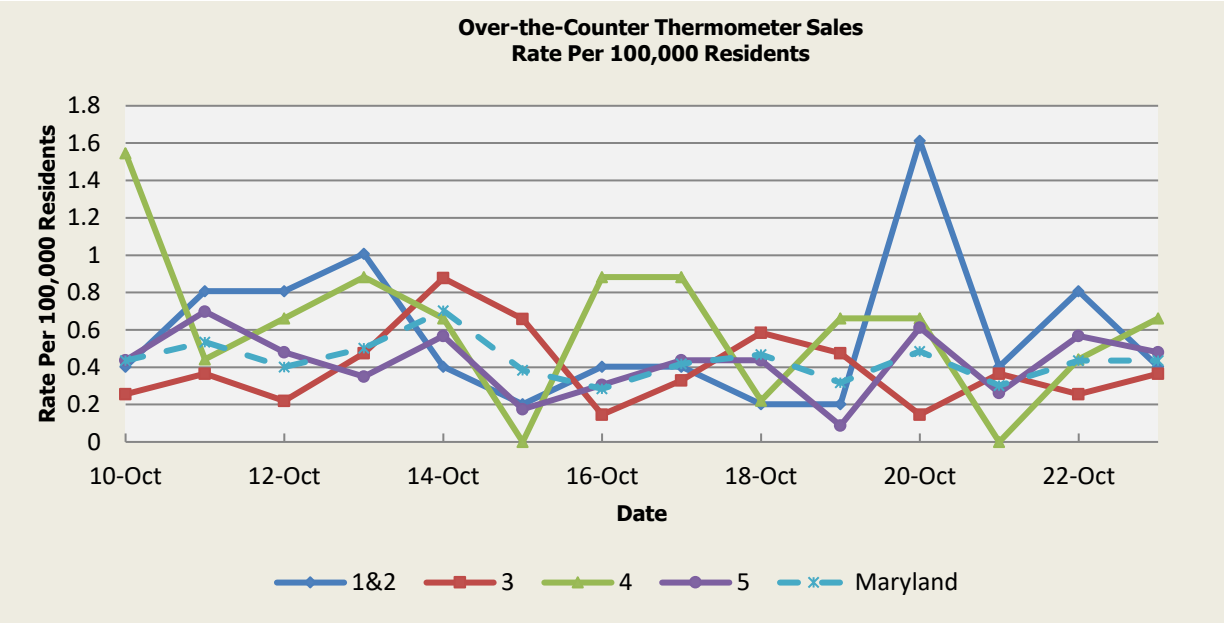
Over-the-Counter Thermometer Sales



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*	2.55	2.41	1.99	3.19	2.69
Median Rate*	2.22	2.37	1.77	3.23	2.74

** Per 100,000 Residents*

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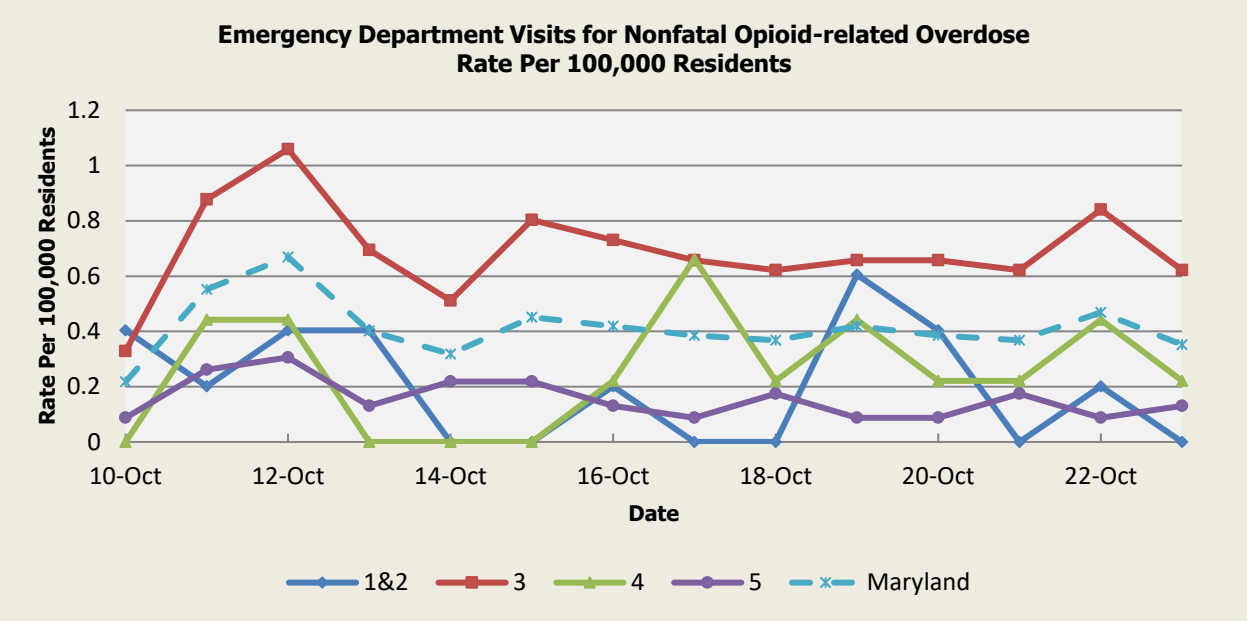
SYNDROMIC OVERDOSE SURVEILLANCE

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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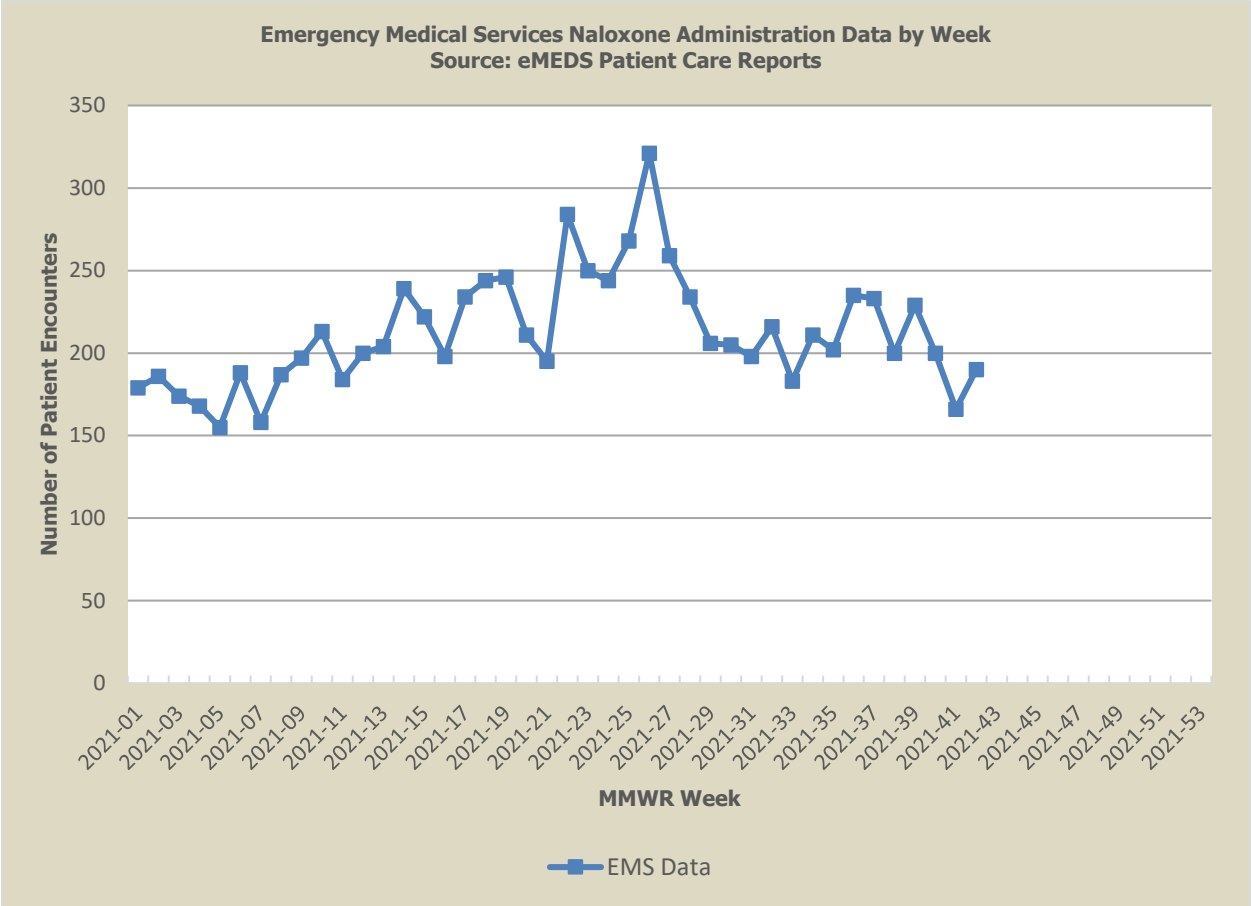
Naloxone Administration Data by Week



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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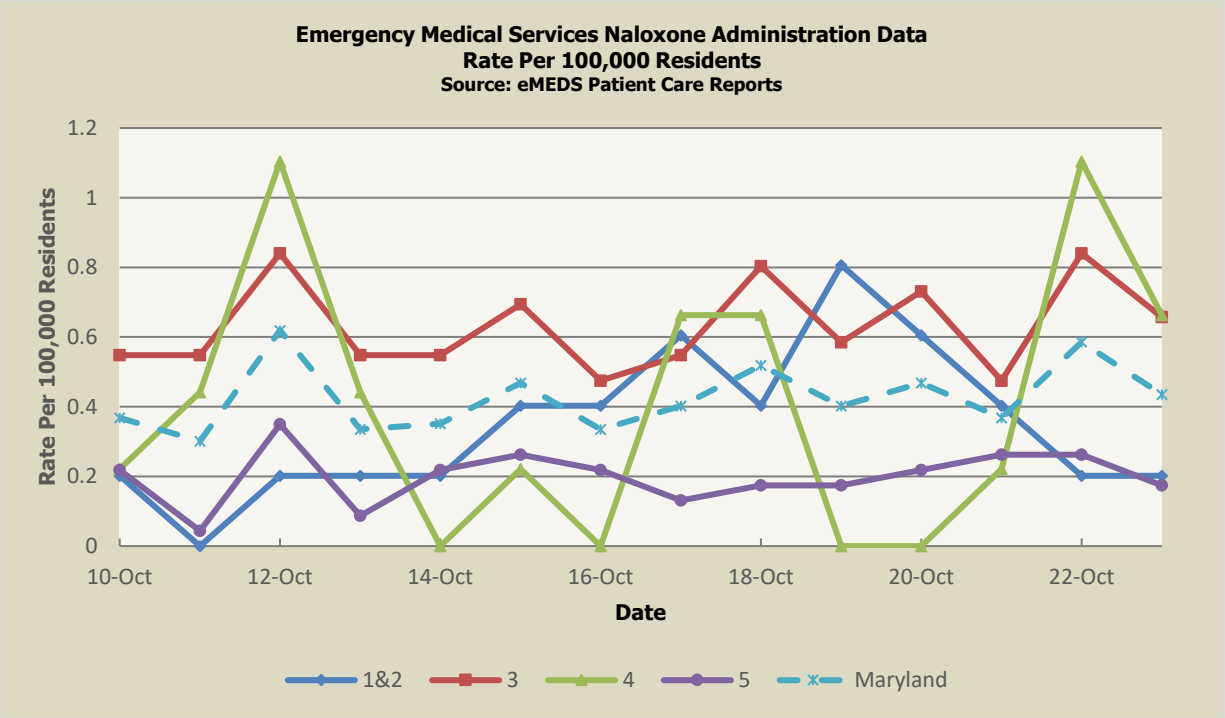
Naloxone Administration Data



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 29th, 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 (CHINA), 28 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 (DENMARK), 27 October 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds) (2017-), Denmark. Read More: https://promedmail.org/promed-post/?id=8699304

AVIAN INFLUENZA (ITALY, SWEDEN), 22 October 2021, Domestic and wild control measures applied: Selective killing and disposal, disinfection, movement control inside the country, zoning. Read More: https://promedmail.org/promed-post/?id=8699206

HUMAN AVIAN INFLUENZA

AVIAN INFLUENZA (CHINA), 28 October 2021, The Centre for Health Protection (CHP) of the Department of Health is today [18 Oct 2021] closely monitoring a human case of avian influenza A(H5N6) on the Mainland, and again urged the public to maintain strict personal, food and environmental hygiene both locally and during travel. Read More: https://promedmail.org/promed-post/?id=8699277

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NATIONAL DISEASE REPORTS

E. COLI EHEC (GEORGIA), 28 October 2021, The state health department is investigating 4 cases of _E. coli_ [O157] connected with the Georgia National Fair, the DPH [Department of Public Health] announced Thursday [28 Oct 2021]. Read More: https://promedmail.org/promed-post/?id=8699328

INFLUENZA (NORTH DAKOTA, OHIO), 28 October 2021, The US Centers for Disease Control and Prevention (CDC) reported 2 previous human infections with novel influenza A viruses. Read More: https://promedmail.org/promed-post/?id=8699307

MELIOIDOSIS (USA), 27 October 2021, The CDC today, 26 Oct 2021, confirmed that bacteria in a Better Homes & Gardens [BHG] aromatherapy spray in a Georgia melioidosis patient's home genetically matches the bacterial strains in the patient, and 3 other patients in Kansas, Minnesota, and Texas infected since March 2021. Read More: https://promedmail.org/promed-post/?id=8699303

HEPATITIS A (VIRGINIA), 27 October 2021, Just over a month after health officials announced a hepatitis A outbreak tied to the Famous Anthony's restaurant chain, the Roanoke City and Alleghany Health Districts are reporting 50 cases associated with the outbreak. Read More: https://promedmail.org/promed-post/?id=8699294

SHIGELLOSIS (CALIFORNIA), 26 October 2021, San Diego County health officials reported 3 new Shigella cases associated with an ongoing outbreak, bringing the total to 18 confirmed and 3 probable cases among individuals experiencing homelessness. Read More: https://promedmail.org/promed-post/?id=8699278

VIBRIO VULNIFICUS (FLORIDA), 25 October 2021, Florida state health officials reported one additional case/death due to _Vibrio vulnificus_, according to data published on [Fri 22 Oct 2021]. Read More: https://promedmail.org/promed-post/?id=8699255

CORONAVIRUS DISEASE 2019 UPDATE (361) – (USA), 24 October 2021. Nearly every person who died of COVID-19 in D.C. [District of Columbia] since June [2021] was a Black resident, according to an analysis of DC Health data by DCCovid.com. Read More: https://promedmail.org/promed-post/?id=8699167

SALMONELLOSIS, SEROTYPE I 4 (USA), 23 October 2021, CDC, public health and regulatory officials in several states, and the US Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS) are collecting different types of data to investigate a multistate outbreak of _Salmonella [enterica_ serotype] I 4,[5],12 infections. Read More: https://promedmail.org/promed-post/?id=8699221

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (368)- (GLOBAL), 28 October 2021, Merck and the United Nations-based Medicines Patent Pool (MPP) today [Wed 27 Oct 2021] announced a licensing deal that will allow pharmaceutical companies in other countries to make molnupiravir --an investigational antiviral to treat COVID-19-- a step that would ease access in low- and middle-income countries. Read More: https://promedmail.org/promed-post/?id=8699325

MONKEYPOX (DEMOCRATIC REPUBLIC OF CONGO), 25 October 2021, The US Centers for Disease Control and Prevention (CDC) issued a Travel Alert on 30 Sep 2021, regarding an ongoing outbreak of monkeypox in the Democratic Republic of the Congo (DRC). Read More: https://promedmail.org/promed-post/?id=8699240

MENINGITIS, MENINGOCOCCAL (DEMOCRATIC REPUBLIC OF CONGO), 28 October 2021, In a follow-up on the meningitis outbreak in Tshopo Province, Democratic Republic of the Congo (DRC), health officials now report 2395 suspected meningitis cases, including 14 confirmed (_Neisseria meningitidis_ serotype W) and 200 deaths (case fatality ratio = 8.4%), in Banalia health district, as of [23 Oct 2021]. Read More: https://promedmail.org/promed-post/?id=8699317

FOODBORNE ILLNESS (KYRGYZSTAN), 27 October 2021, The total number of people who got food poisoning after they ate sushi rolls in different cafes of Empire of Pizza chain and sought medical assistance has reached 253, the Ministry of Health said. 60 of them remain in hospitals. Read More: https://promedmail.org/promed-post/?id=8699305

GRANULOMA INGUINALE (UNITED KINGDOM), 27 October 2021, Donovanosis, otherwise known as granuloma inguinale, has been getting some attention in the UK of late. Read More: https://promedmail.org/promed-post/?id=8699299

ANTHRAX (SPAIN), 27 October 2021, On 6 Sep 2021, RASVE (Red de Alerta Sanitaria Veterinaria) reported a single clinical case of anthrax (_Bacillus anthracis_) in a mare in Navalvillar de Pela, Extremadura, Spain. Read More: https://promedmail.org/promed-post/?id=8699291

ANTHRAX (INDIA), 25 October 2021, A suspected outbreak of anthrax is believed to have claimed one life, leaving 5 others affected in Tukum village under Lamataput block of Koraput district. Read More: https://promedmail.org/promed-post/?id=8699257

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

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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