



MARYLAND
Department of Health

Public Health Preparedness and Situational Awareness Report: #2021:03

Reporting for the week ending 01/23/21 (MMWR Week #03)

January 29th, 2021

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

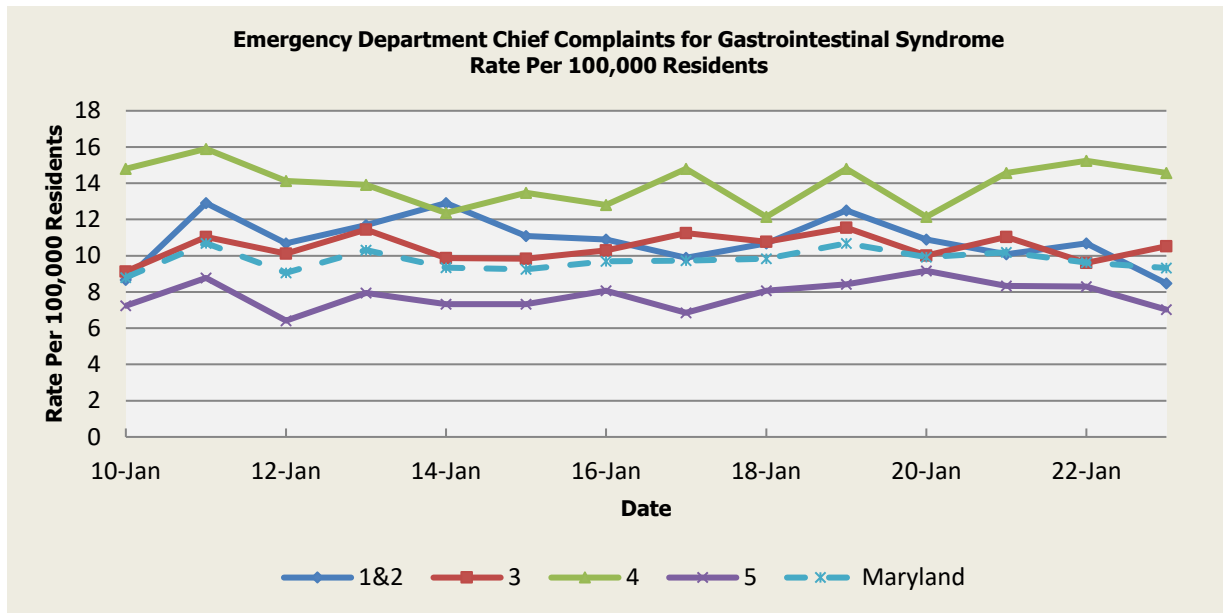
Maryland: **ENHANCED (MEMA status)**

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



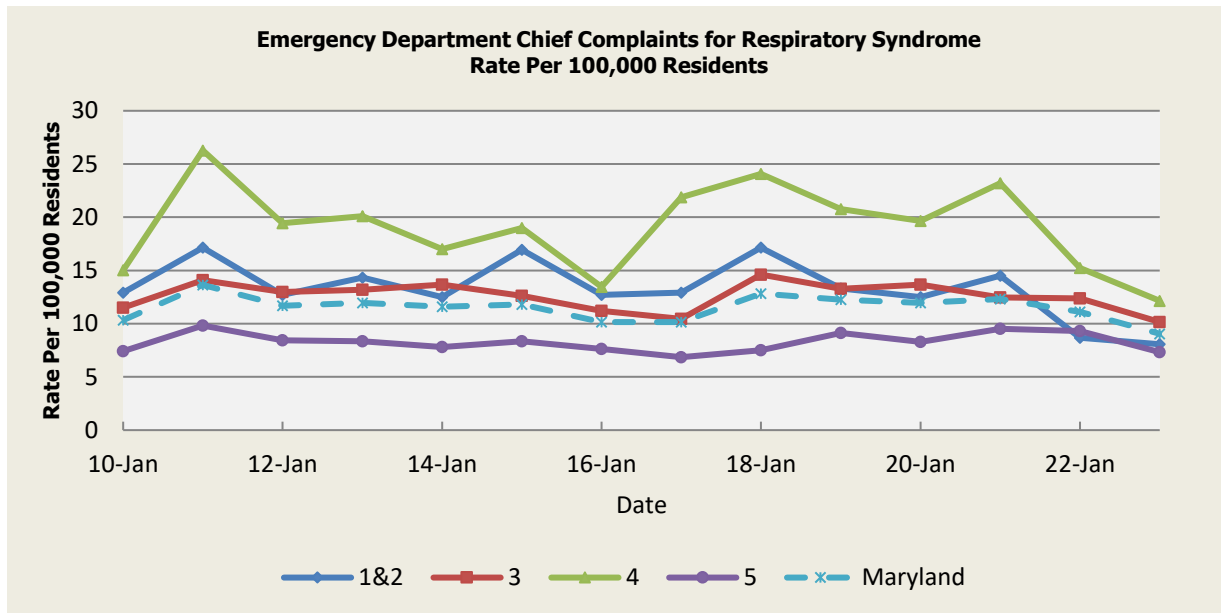
There were no Gastrointestinal Syndrome outbreak reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.16	14.78	15.82	10.10	12.93
Median Rate*	13.11	14.65	15.46	10.04	12.88

* Per 100,000 Residents

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Respiratory Syndrome



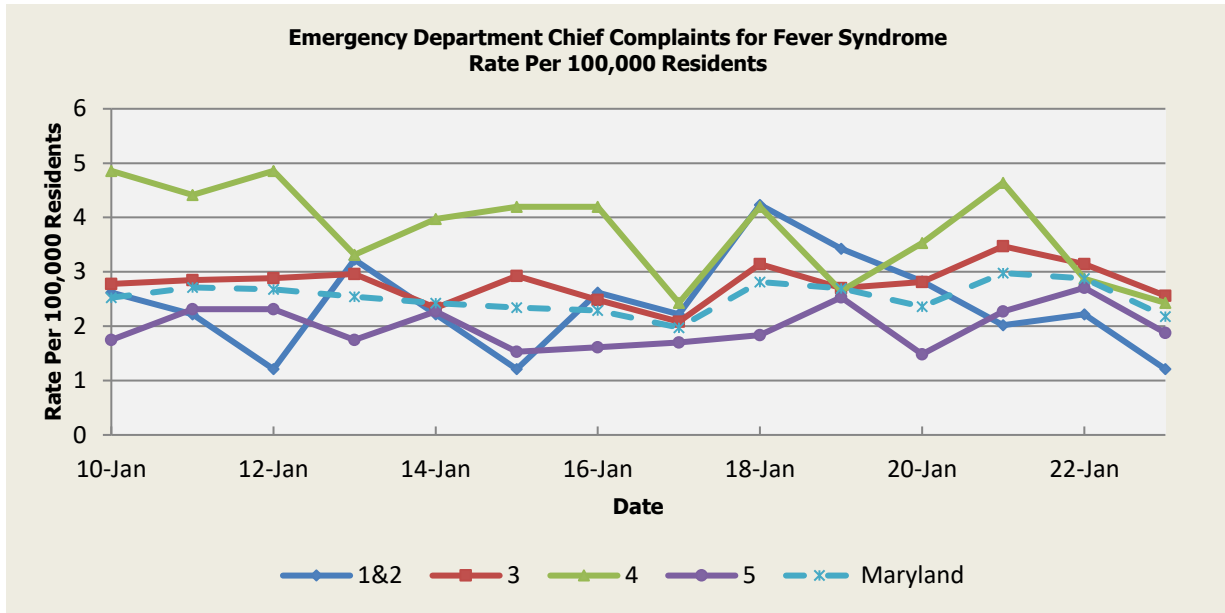
There were one hundred and twenty-three (123) Respiratory Syndrome outbreaks reported this week: Twelve (12) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,5), one (1) outbreak of COVID-19 in a Behavioral Group Home (Region 5), twenty nine (29) outbreaks of COVID-19 in Daycare Centers (Regions 3,4,5), thirty two (32) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,4,5), sixteen (16) outbreaks of COVID-19 in Hospitals (Regions 3,5), one (1) outbreak of COVID-19 in an Outpatient Facility (Region 5), thirteen (13) outbreaks of COVID-19 in Schools (Regions 3,4,5), seven (7) outbreaks of COVID-19 in Substance Use Treatment Programs (Region 3), one (1) outbreak of COVID-19 in an Institute of Higher Education (Region 3), seven (7) outbreaks of COVID-19 in Workplaces (Regions 1&2,3,4,5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.46	14.73	15.22	9.96	12.75
Median Rate*	12.10	14.07	14.35	9.56	12.21

* Per 100,000 Residents

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Fever Syndrome



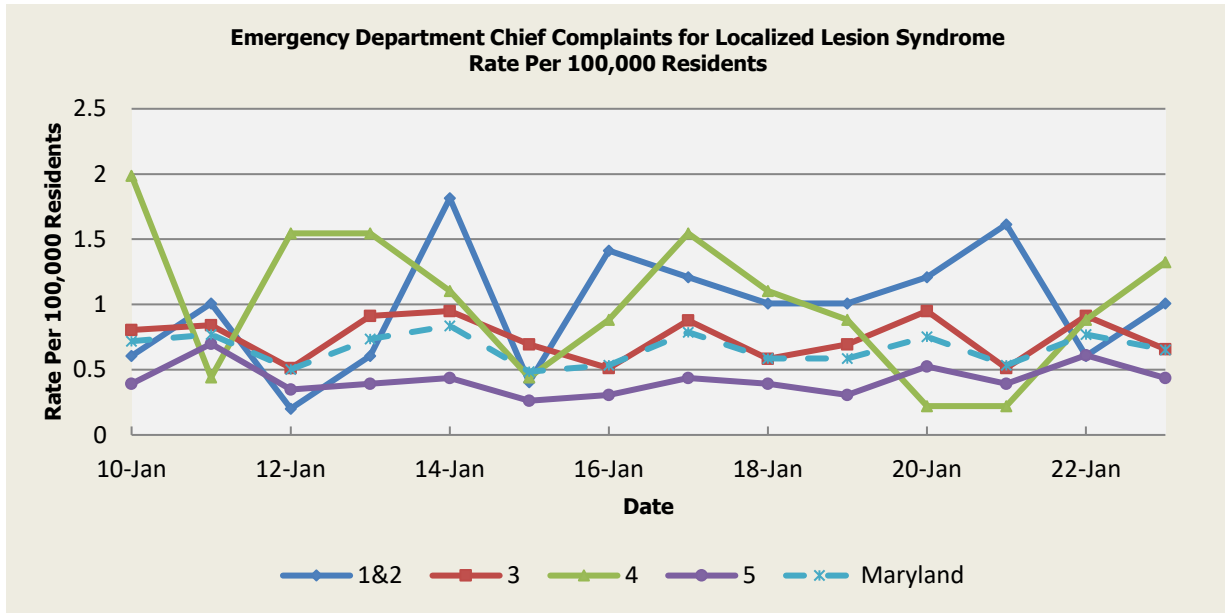
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.05	3.89	4.12	3.02	3.50
Median Rate*	2.82	3.76	3.97	2.92	3.36

*Per 100,000 Residents

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Localized Lesion Syndrome



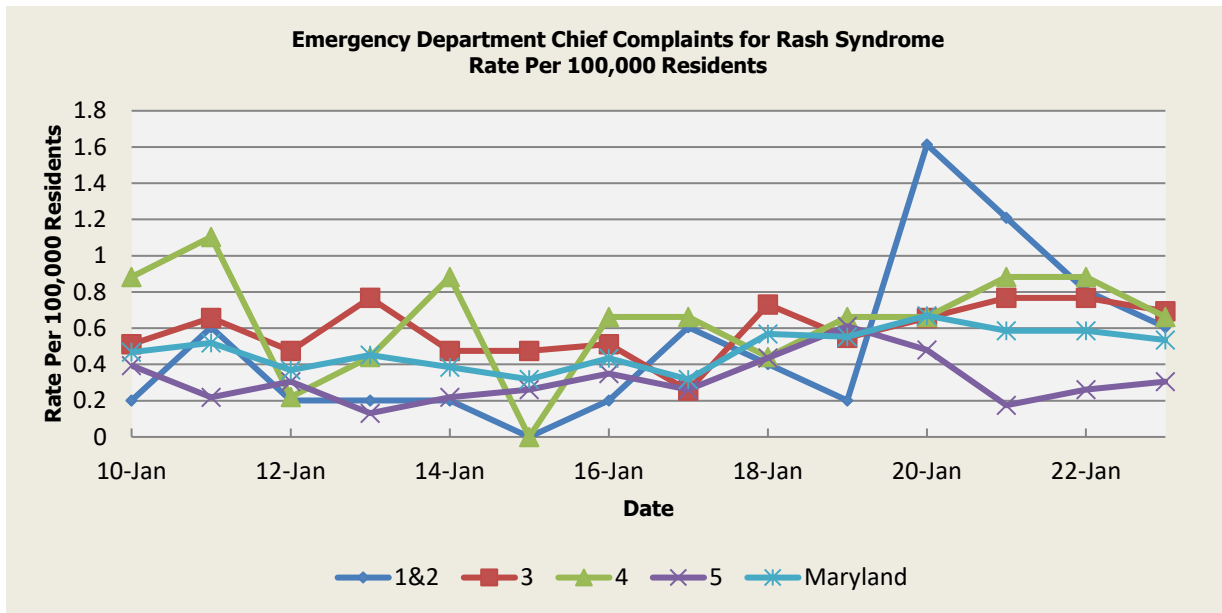
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.69	1.97	0.86	1.35
Median Rate*	1.01	1.64	1.99	0.83	1.31

* Per 100,000 Residents

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Rash Syndrome



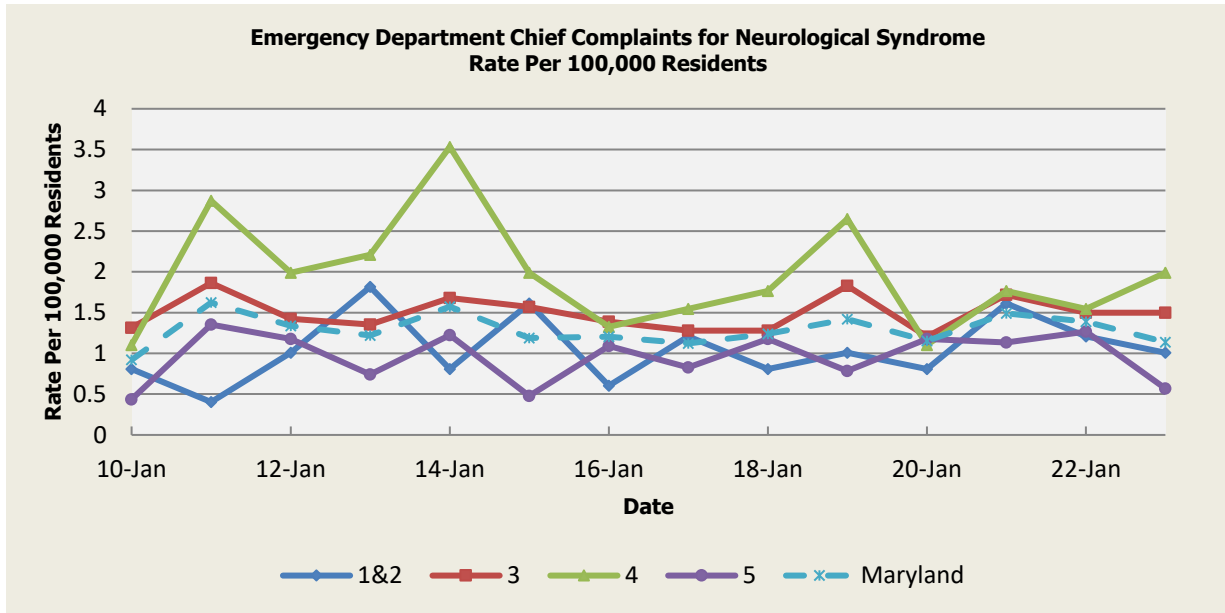
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.19	1.58	1.67	0.92	1.30
Median Rate*	1.21	1.53	1.55	0.87	1.27

* Per 100,000 Residents

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Neurological Syndrome



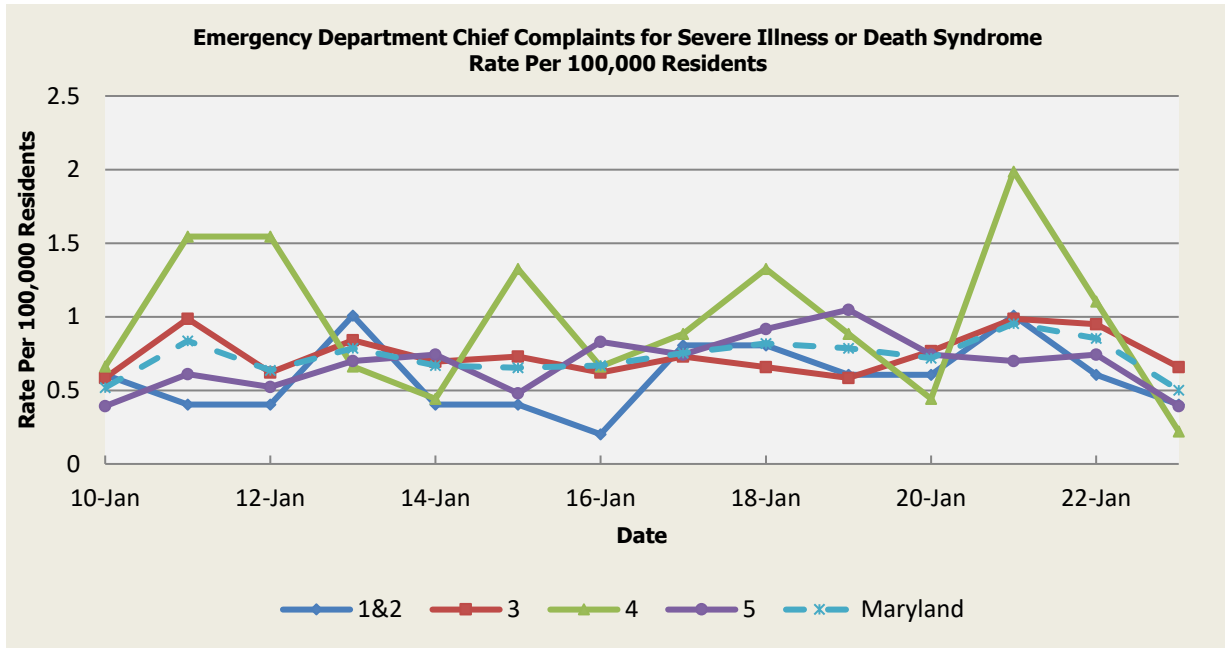
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.82	1.01	0.94	0.65	0.85
Median Rate*	0.81	0.95	0.88	0.61	0.82

* 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.

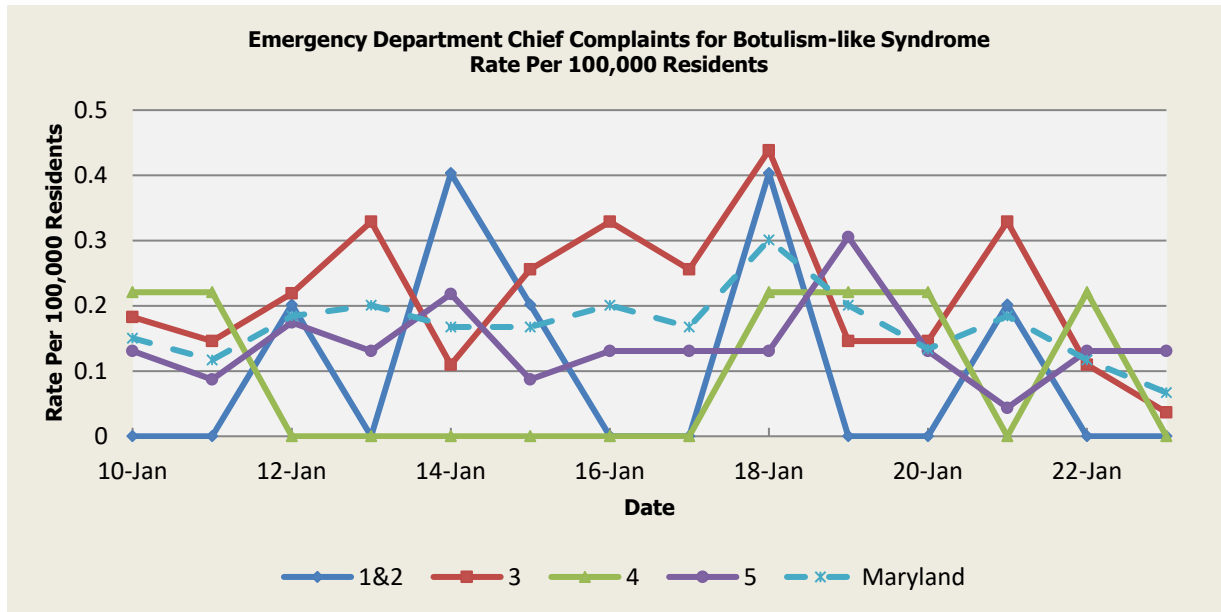
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.54	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



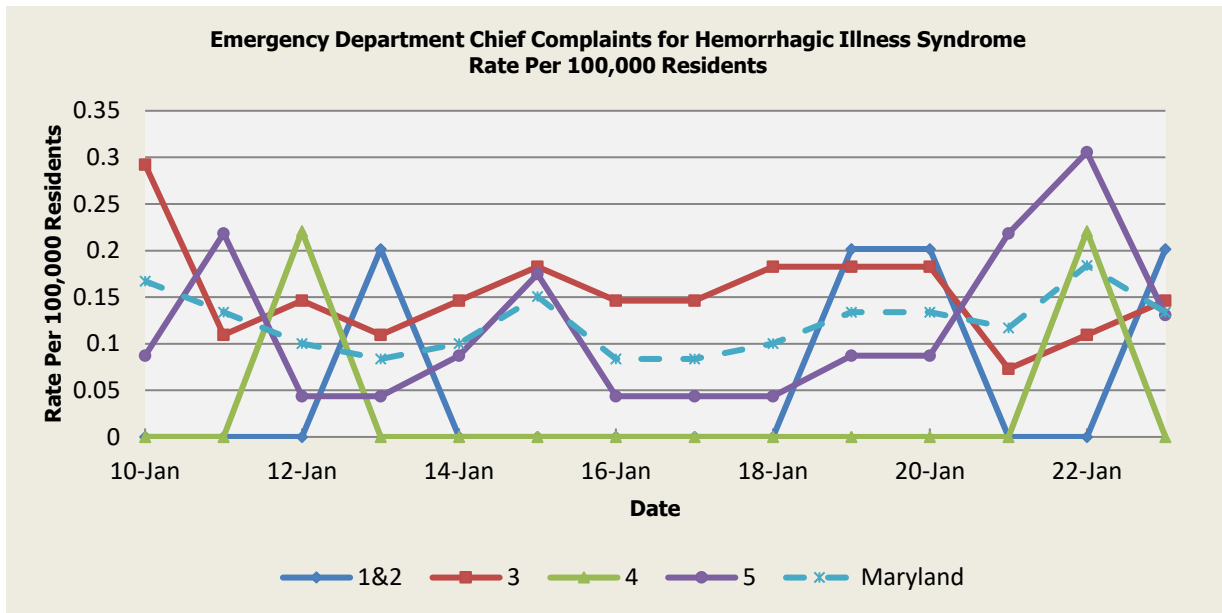
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 1/10 (Region 4), 1/11 (Region 4), 1/12 (Regions 1&2), 1/13 (Region 3), 1/14 (Regions 1&2,5), 1/15 (Regions 1&2) and 1/16 (Regions 3). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	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



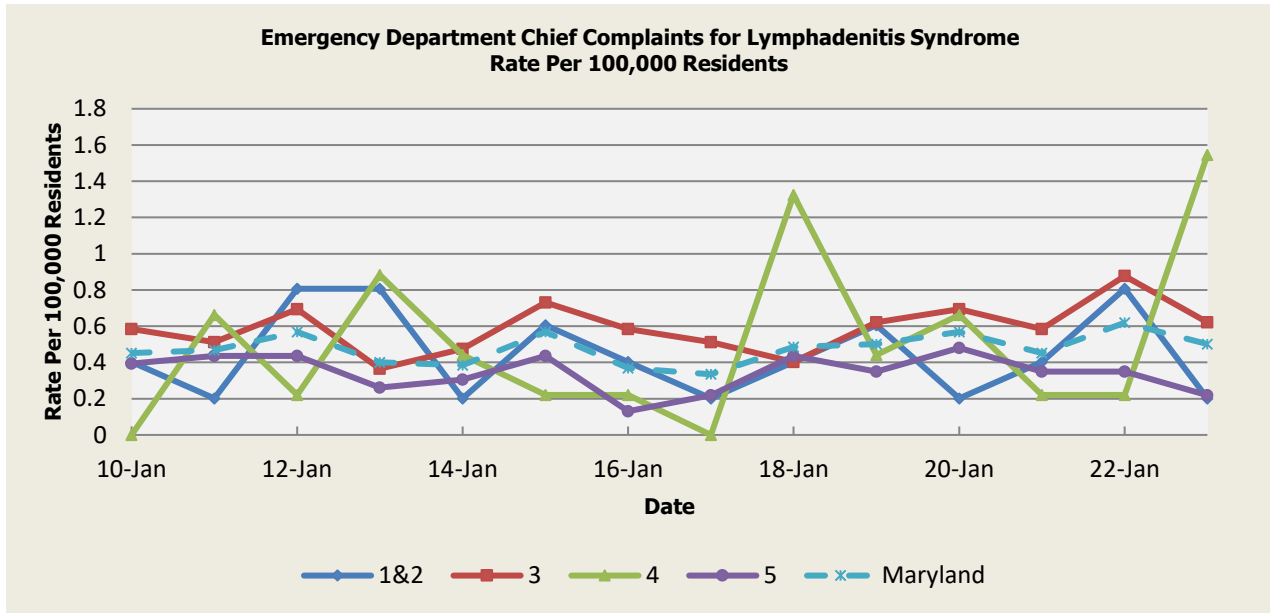
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 1/12 (Region 4), 1/13 (Regions 1&2). These increases are not known to be associated with any outbreaks.

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 1/12 (Regions 1&2), 1/13 (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*	0.40	0.60	0.41	0.40	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.47

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

Confirmed COVID-19 Case Counts in Maryland by County (As of January 29th 2021)

County	Number of Confirmed Cases
Allegany	6,198
Anne Arundel	32,906
Baltimore City	37,951
Baltimore County	47,341
Calvert	3,410
Caroline	1,888
Carroll	6,954
Cecil	4,757
Charles	8,022
Dorchester	2,089
Frederick	15,615
Garrett	1,794
Harford	11,368
Howard	14,572
Kent	1,046
Montgomery	58,965
Prince George's	67,883
Queen Anne's	2,367
Somerset	2,247
St. Mary's	4,569
Talbot	1,679
Washington	11,442
Wicomico	6,334
Worcester	3,076
Total	354,473

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

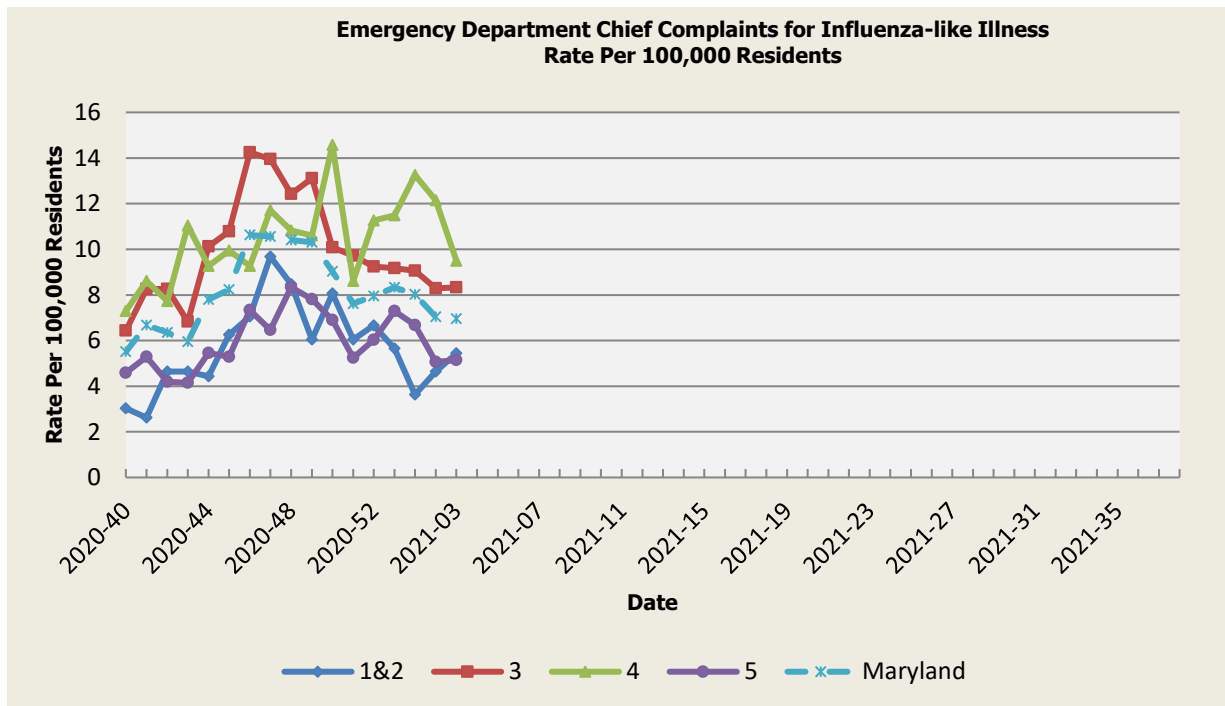
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SYNDROMIC INFLUENZA SURVEILLANCE

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 03 was: Minimal

Influenza-like Illness

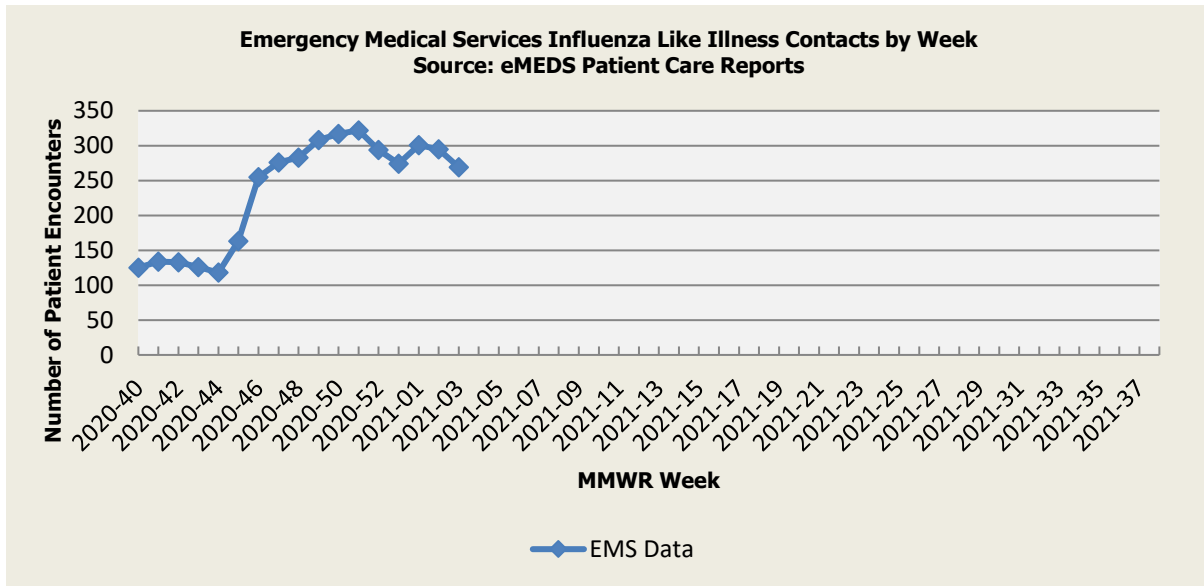


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.19	14.03	13.37	11.78	12.80
Median Rate*	7.46	10.34	9.50	8.64	9.44

* Per 100,000 Residents

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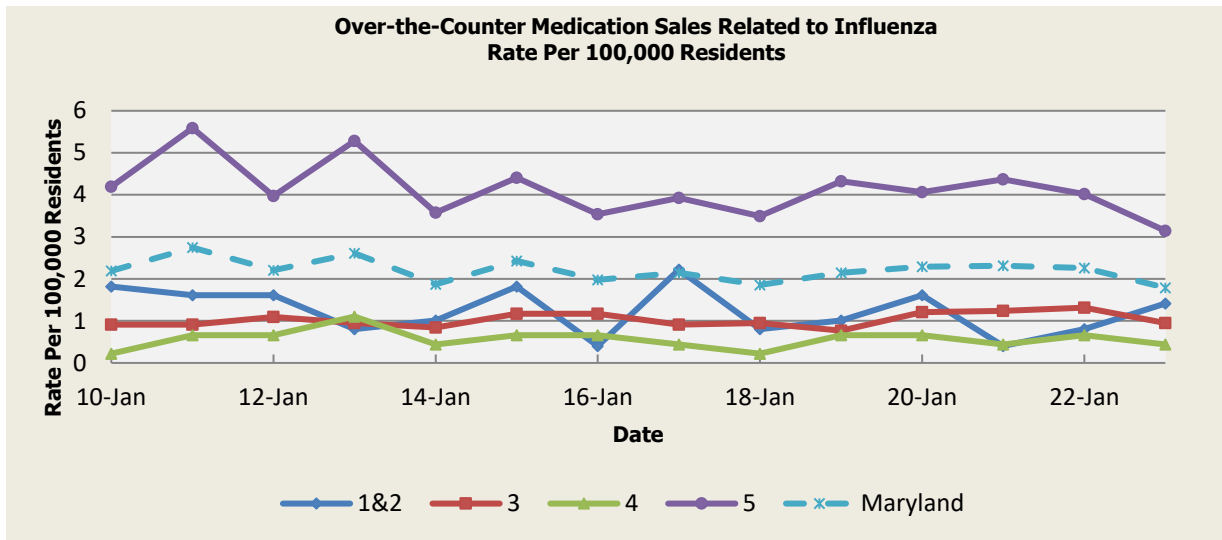
Influenza-like Illness Contacts by Week



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



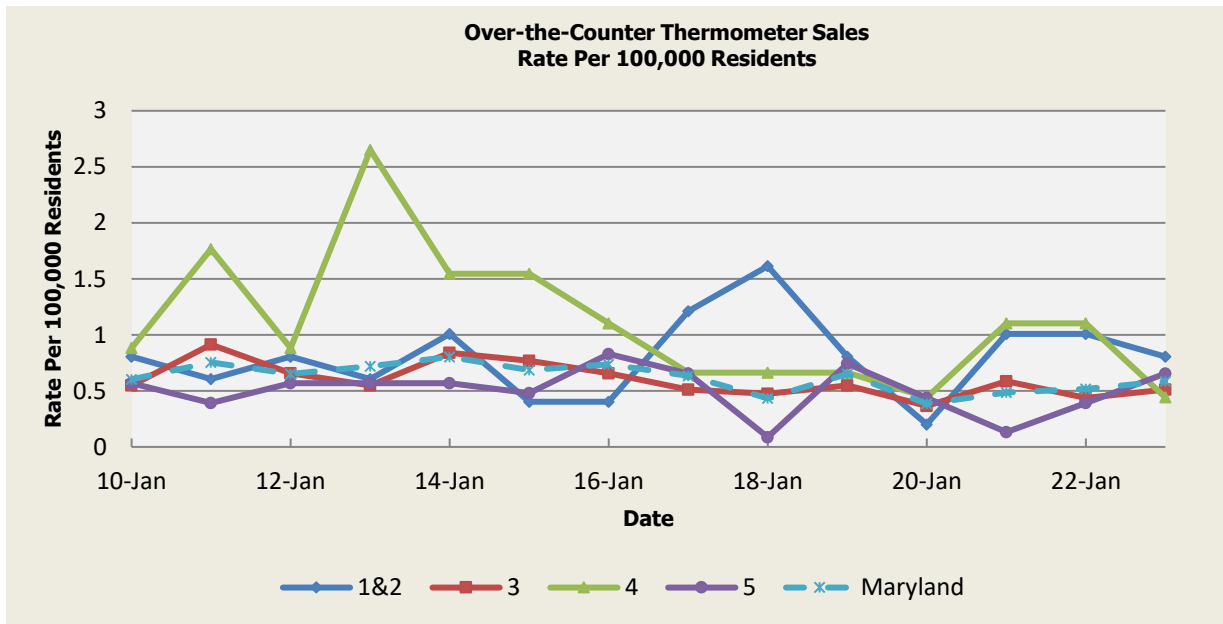
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.23	4.12	2.52	7.44	5.20
Median Rate*	2.42	3.14	2.21	6.55	4.37

* 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*	2.70	2.55	2.09	3.38	2.85
Median Rate*	2.42	2.52	1.99	3.41	2.86

* Per 100,000 Residents

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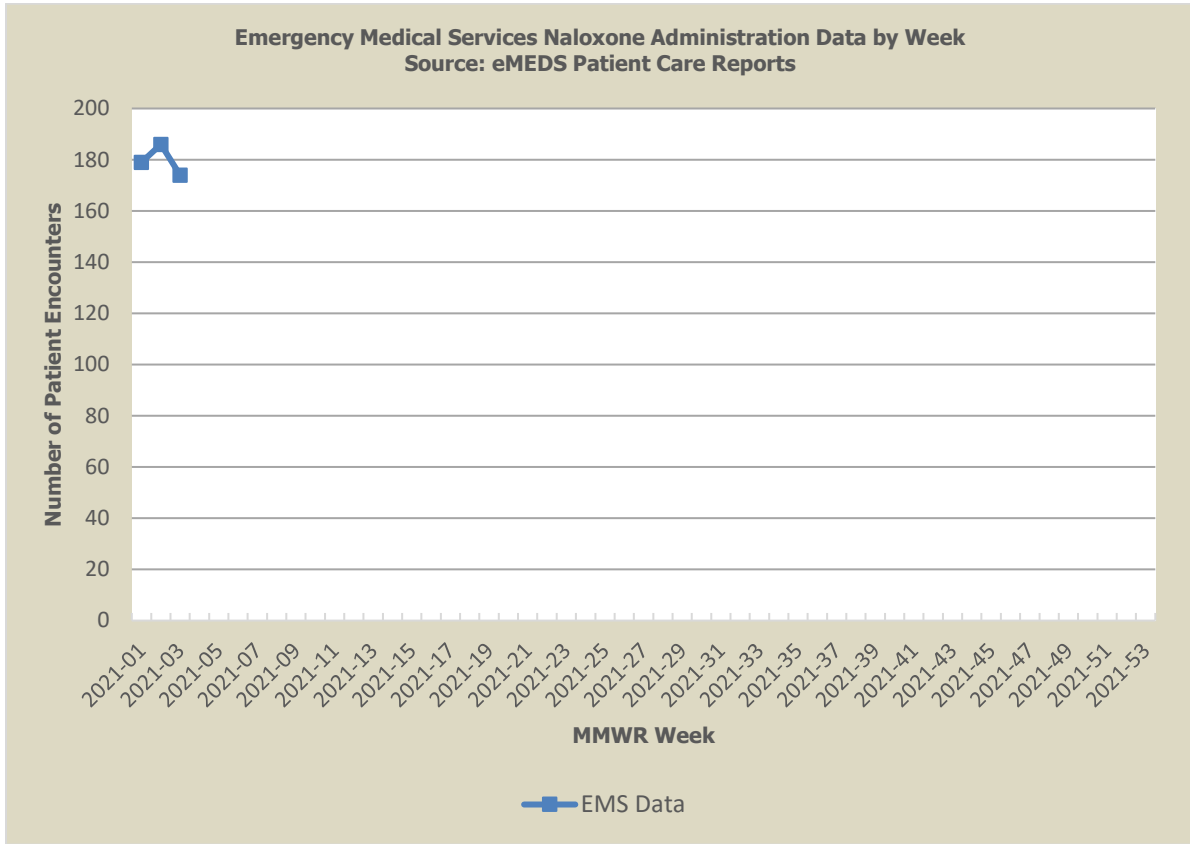
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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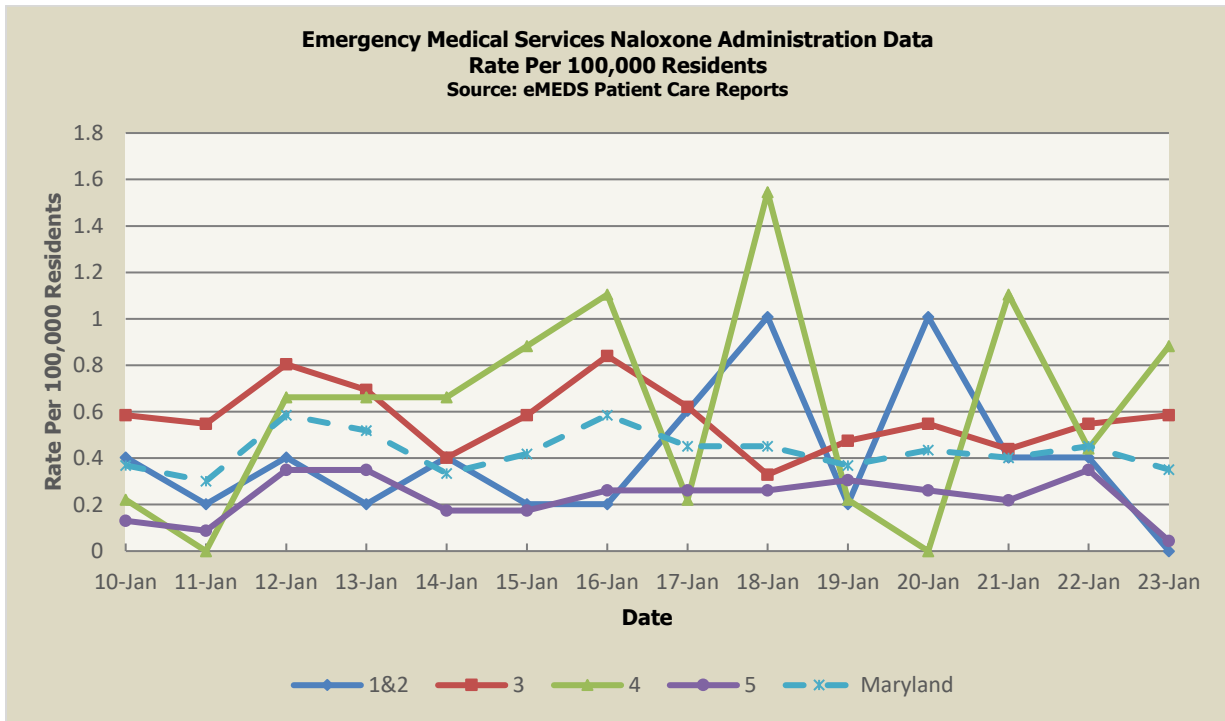
Naloxone Administration Data by Week



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 January 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 (EUROPE), 29 January 2021, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Italy. Read More:

<https://promedmail.org/promed-post/?id=8148832>

AVIAN INFLUENZA (INDIA, CHINA), 26 January 2021, Information received on 25 Jan 2021 from Dr Huang Baoxu, Secretary of the Party Leadership Group, Animal Health and Epidemiology Centre, Ministry of Agriculture and Rural Affairs, Qingdao, China (People's Rep. of) Read More: <https://promedmail.org/promed-post/?id=8138104>

AVIAN INFLUENZA (KUWAIT), 24 January 2021, Information received on [and dated] 21 Jan 2021 from Dr Ali Al-Qattan, Deputy of Director General of Animal Wealth, Animal Wealth, Public Authority of Agriculture Affairs and Fish Resources, Safat, Kuwait. Read More:

<https://promedmail.org/promed-post/?id=8132321>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (USA), 30 January 2021, The 1st one-shot COVID-19 vaccine provides good protection against the illness, Johnson & Johnson (J&J) reported in a key study released Friday [29 Jan 2021], offering the world a potentially important new tool as it races to stay ahead of the rapidly mutating virus. Read More: <https://promedmail.org/promed-post/?id=8149707>

RABIES (USA), 23 January 2021, A dog in Onondaga County tested positive for rabies following an encounter with a raccoon, the Onondaga County Health Department said. Read More: <https://promedmail.org/promed-post/?id=8128938>

INTERNATIONAL DISEASE REPORTS

PERTUSSIS UPDATE (CANADA), 28 January 2021, The NWT's [Northwest Territories] chief public health officer has declared an outbreak of pertussis, or whooping cough, in the Dehcho region after a total of 7 cases were confirmed in 2 communities. Read More: <https://promedmail.org/promed-post/?id=8144942>

SYPHILIS (JAPAN), 27 January 2021, For the 4th year in a row, Japan's National Institute of Infectious Diseases in Tokyo (NIID) has reported more than 5000 syphilis cases in the country. In 2020, 5784 syphilis cases were reported in Japan, with 1550 reported in Tokyo (26.8%) and 889 (15.4%) in Osaka. Read More: <https://promedmail.org/promed-post/?id=8142617>

MONKEYPOX (DEMOCRATIC REPUBLIC OF CONGO) 27 January 2021, The number of monkeypox cases, confirmed and suspected, reported in the Democratic Republic of the Congo (DRC), was nearly a 1000-case increase compared to 2019. Read More: <https://promedmail.org/promed-post/?id=8142516>

FOOT & MOUTH DISEASE (ISRAEL), 27 January 2021, Information received on [and dated] 25 Jan 2021 from Dr. Tamir Goshen, Acting Director, Veterinary Services and Animal Health, Ministry of Agriculture and Rural Development, Beit Dagan, Israel. Read More: <https://promedmail.org/promed-post/?id=8141870>

ROSS RIVER VIRUS (AUSTRALIA), 26 January 2021, Ross River fever cases have increased by 260 per cent in the southern Riverina in New South Wales, prompting the Murrumbidgee Local Health District (MLHD) to issue a health alert. Read More: <https://promedmail.org/promed-post/?id=8139358>

AFRICAN SWINE FEVER (SOUTH AFRICA), 23 January 2021, Information received on 21 Jan 2021 from Dr. Bothle Michael Modisane, Chief Director, Department of Agriculture, Forestry and Fisheries, Animal Production and Health, Pretoria, South Africa. Read More: <https://promedmail.org/promed-post/?id=8129935>

HYDROGEN SULFIDE (INDIA), 23 January 2021, At least 7 people fell ill from hydrogen sulphide [sulfide] gas poisoning at a plant in Raigad, news agency ANI reported on Friday [22 Jan 2021]. Read More: <https://promedmail.org/promed-post/?id=8128849>

TUBERCULOSIS (GERMANY), 22 January 2021, At the end of December 2020, a child from the northern district was diagnosed with tuberculosis. Read More: <https://promedmail.org/promed-post/?id=8127560>

MENINGITIS, MENINGOCOCCAL (AUSTRALIA), 22 January 2021, The Department of Health today [21 Jan 2021] reported that an adult and a child are currently recovering after being diagnosed with meningococcal serogroup B disease. Read More: <https://promedmail.org/promed-post/?id=8125564>

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.

Prepared By:

Office of Preparedness and Response, Maryland Department of Health
7462 Candlewood Rd, Hanover, MD 21076

Peter Fotang, MD, MPH
Epidemiologist, Biosurveillance Program
Office: 443-628-6555
Email: Peter.Fotang@maryland.gov

Jessica Acharya (Goodell), MPH
Career Epidemiology Field Officer, CDC
Office: 443-628-6583
Email: Jessica.Acharya@maryland.gov

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

