



MARYLAND
Department of Health

Public Health Preparedness and Situational Awareness Report: #2021:07

Reporting for the week ending 02/20/21 (MMWR Week #07)

February 26th, 2021

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

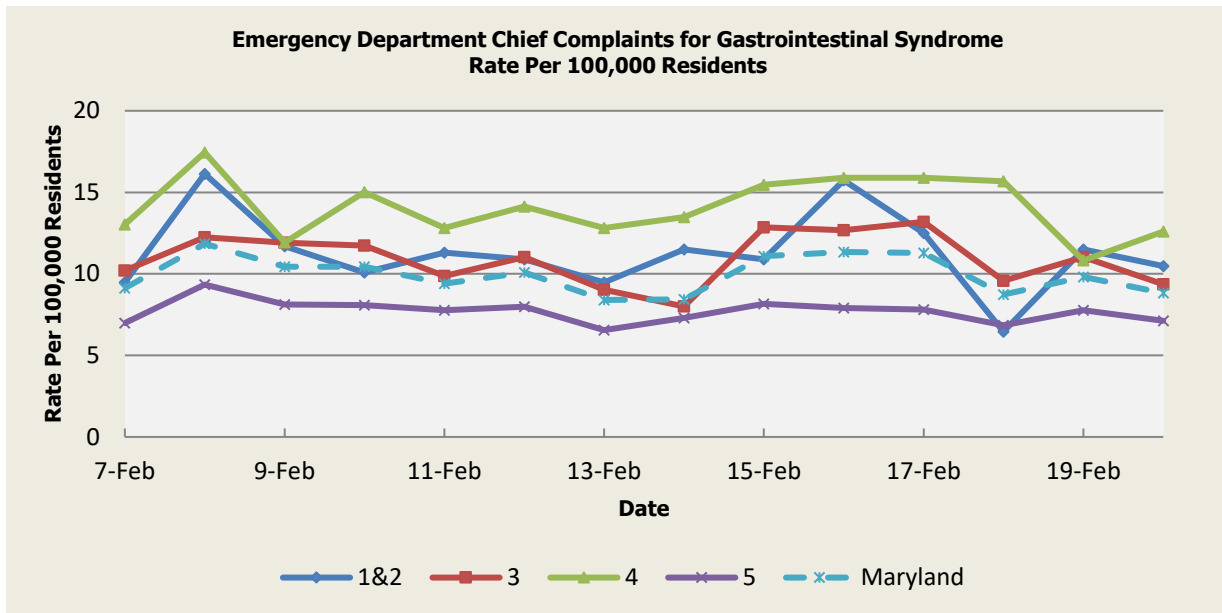
Maryland: **ENHANCED (MEMA status)**

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.

(report continues on next page)

Gastrointestinal Syndrome



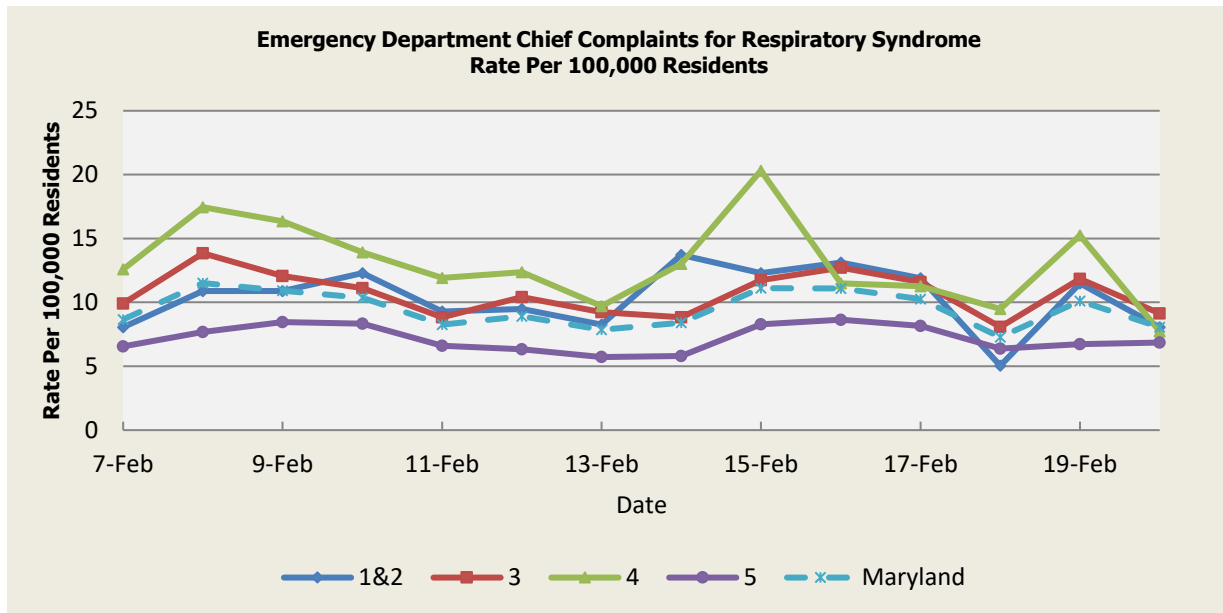
There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis/Foodborne associated with a Restaurant (Region 4).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.14	14.76	15.81	10.08	12.91
Median Rate*	13.11	14.65	15.46	10.04	12.87

* Per 100,000 Residents

(report continues on next page)

Respiratory Syndrome



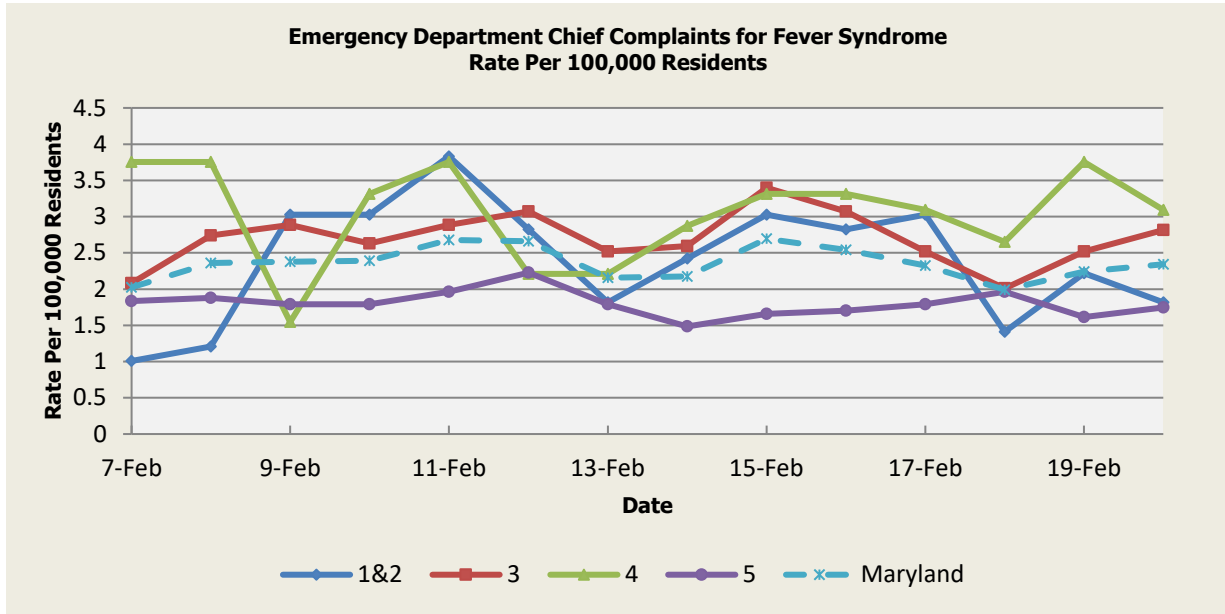
There were sixty two (62) Respiratory Syndrome outbreaks reported this week: Nine (9) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,5), one (1) outbreak of COVID-19 in a Correctional Facility (Region 3), twelve (12) outbreaks of COVID-19 in Daycare Centers (Regions 3,4,5), twelve (12) outbreaks of COVID-19 in Group Homes (Regions 3,5), four (4) outbreaks of COVID-19 in Hospitals (Regions 3,5), two (2) outbreaks of COVID-19 in Independent Living Facilities (Regions 3,4), one (1) outbreak of COVID-19 in an Institute of Higher Education (Region 3), two (2) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3), one (1) outbreak of COVID-19 in a Restaurant (Region 5), six (6) outbreaks of COVID-19 in Schools (Regions 3,5), three (3) outbreaks of COVID-19 in Shelters (Region 3), one (1) outbreak of COVID-19 in a Substance Use Treatment Program (Region 3), one (1) outbreak of COVID-19 in a Transitional Housing Facility (Region 3), seven (7) outbreaks of COVID-19 in Workplaces (Regions 1&2,3,5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.45	14.71	15.22	9.94	12.73
Median Rate*	12.10	14.07	14.35	9.52	12.20

* Per 100,000 Residents

(report continues on next page)

Fever Syndrome



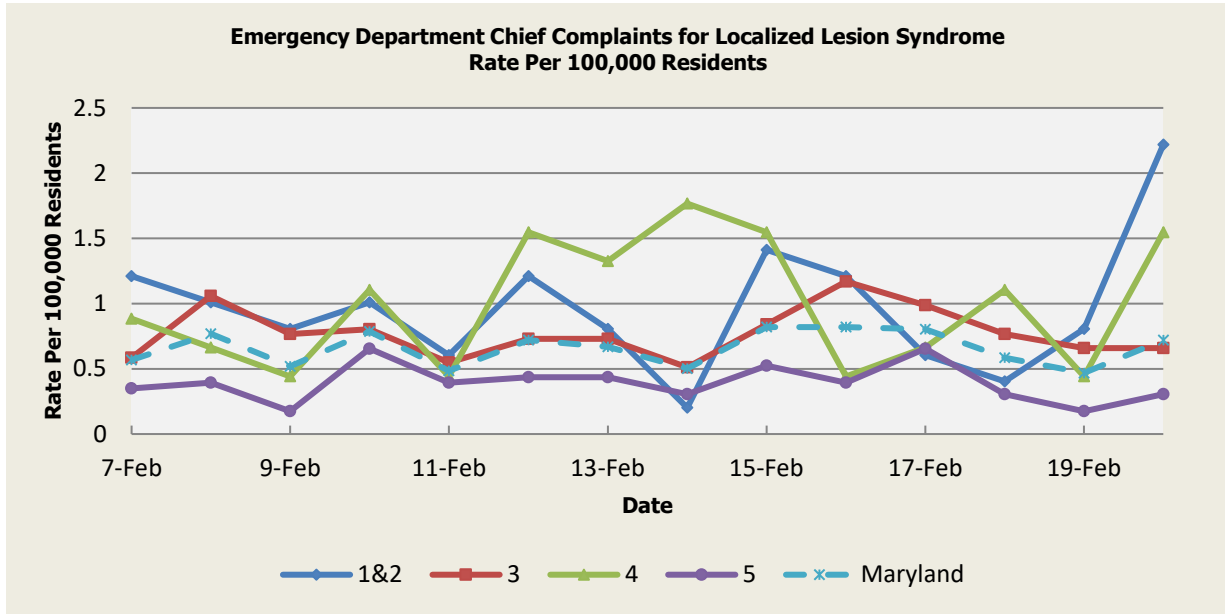
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.04	3.88	4.12	3.01	3.50
Median Rate*	2.82	3.73	3.97	2.88	3.36

**Per 100,000 Residents*

(report continues on next page)

Localized Lesion Syndrome



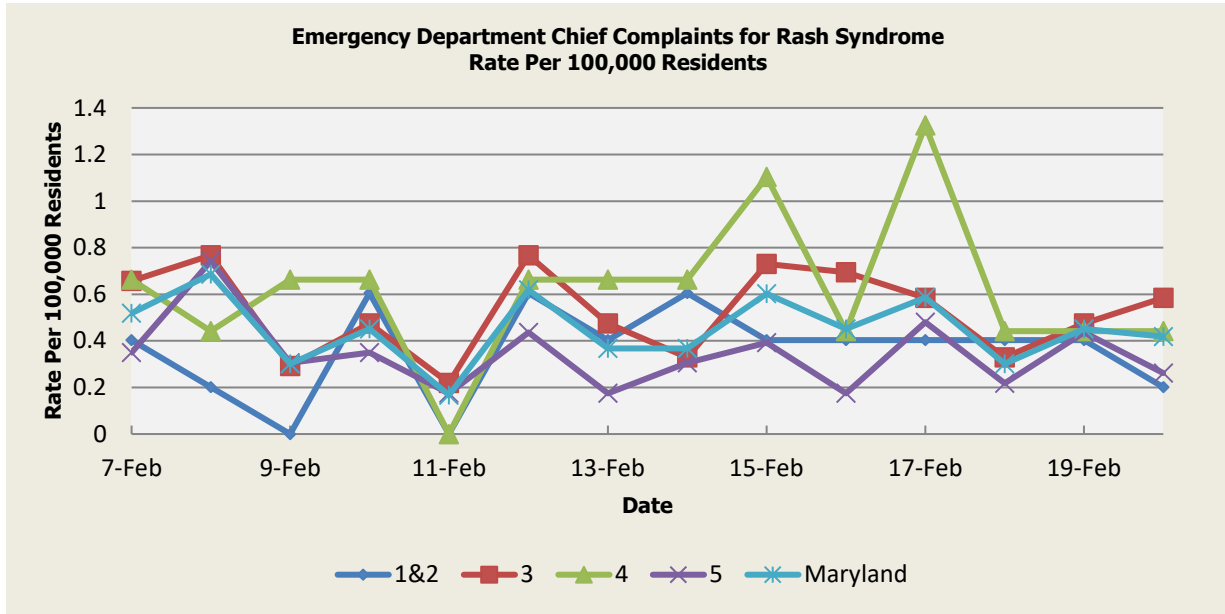
There were no Localized Lesion Syndrome outbreaks reported this week.

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

(report continues on next page)

Rash Syndrome



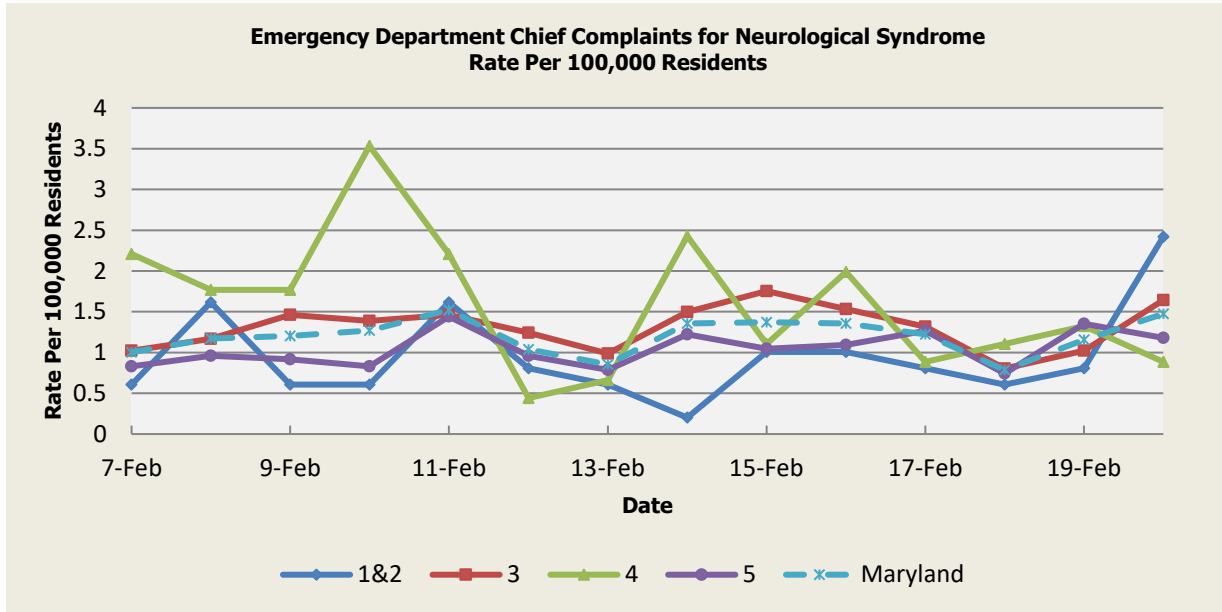
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.19	1.57	1.66	0.92	1.30
Median Rate*	1.21	1.53	1.55	0.87	1.27

* Per 100,000 Residents

(report continues on next page)

Neurological Syndrome



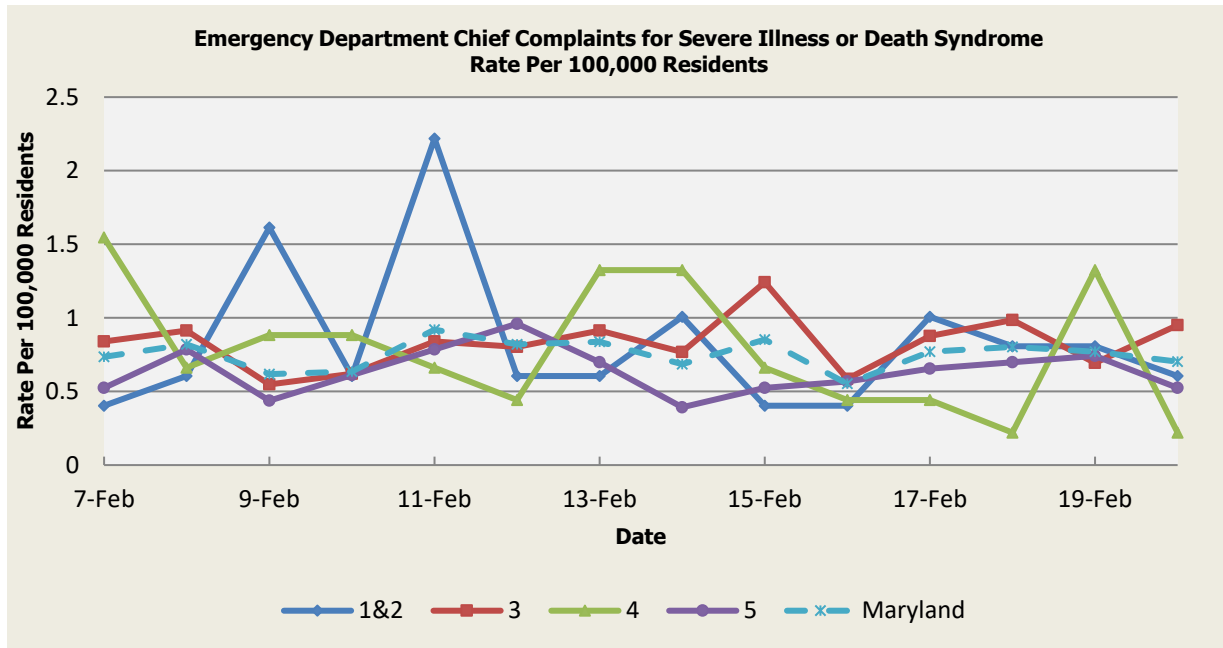
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.82	1.02	0.94	0.65	0.85
Median Rate*	0.81	0.99	0.88	0.61	0.82

* Per 100,000 Residents

(report continues on next page)

Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

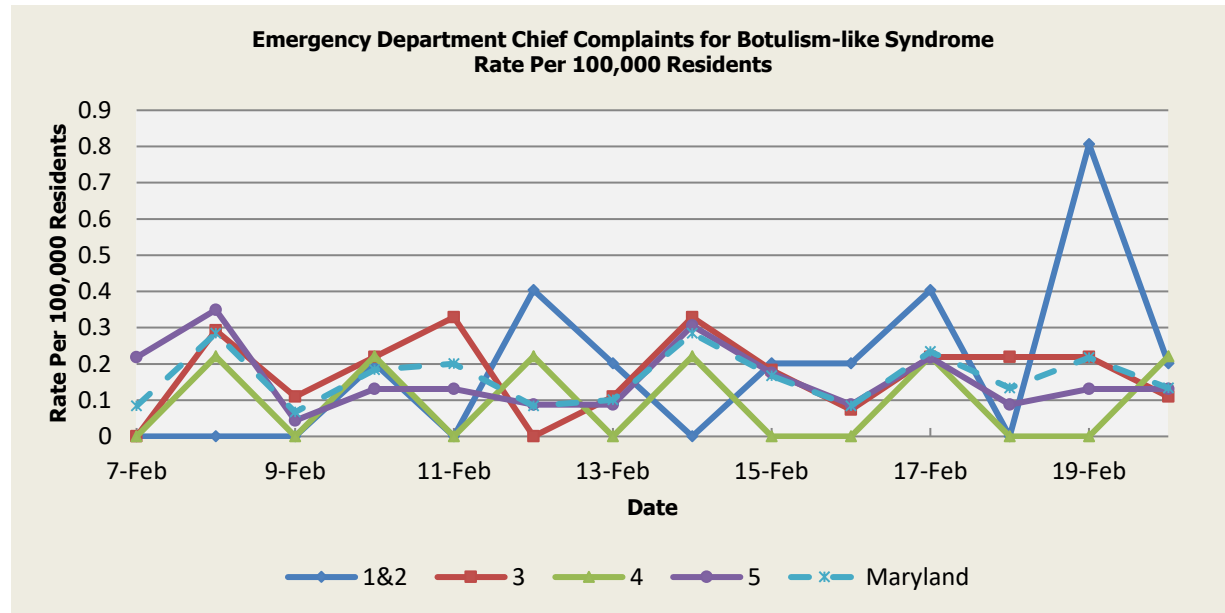
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.85	0.54	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

* Per 100,000 Residents

(report continues on next page)

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



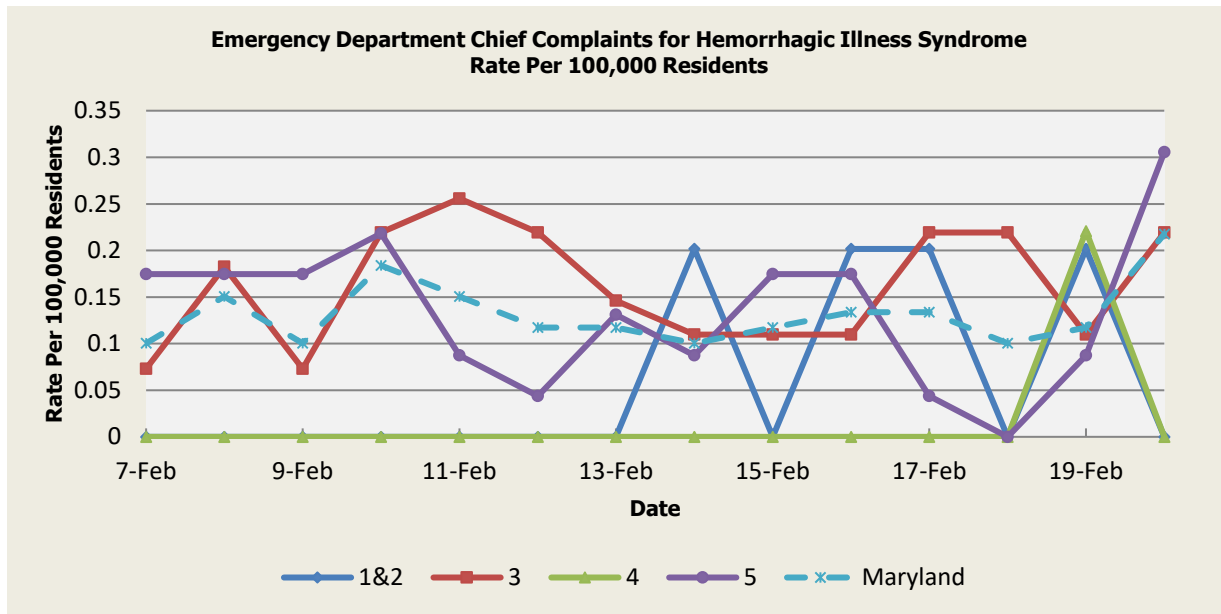
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 2/07 (Region 5), 2/08 (Regions 3,4,5), 2/10 (Regions 1&2), 2/11 (Region 3), 2/12 (Regions 1&2, 4), 2/13 (Regions 1&2). These increases are not known to be associated with any outbreaks.

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

(report continues on next page)

Hemorrhagic Illness Syndrome



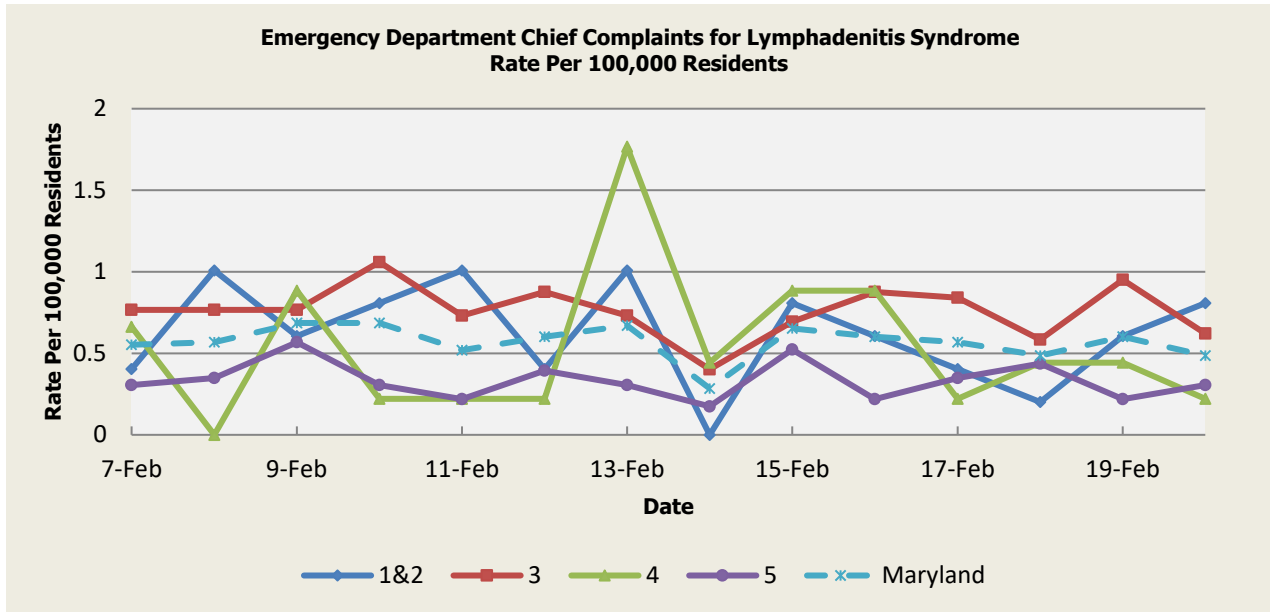
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 2/11 (Region 3), 2/19 (Regions 1&2,4). These increases are not known to be associated with any outbreaks.

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

(report continues on next page)

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 2/08 (Regions 1&2), 2/09 (Region 4), 2/10 (Regions 1&2, 2/11 (Regions 1&2), 2/13 (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	0.61	0.41	0.40	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.47

* Per 100,000 Residents

(report continues on next page)

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 February 26th 2021)

County	Number of Confirmed Cases
Allegany	6,400
Anne Arundel	35,510
Baltimore City	40,186
Baltimore County	50,669
Calvert	3,639
Caroline	2,036
Carroll	7,516
Cecil	4,998
Charles	8,864
Dorchester	2,336
Frederick	16,869
Garrett	1,841
Harford	12,432
Howard	15,724
Kent	1,120
Montgomery	63,039
Prince George's	72,990
Queen Anne's	2,563
Somerset	2,381
St. Mary's	5,079
Talbot	1,870
Washington	12,366
Wicomico	6,750
Worcester	3,258
Total	380,436

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

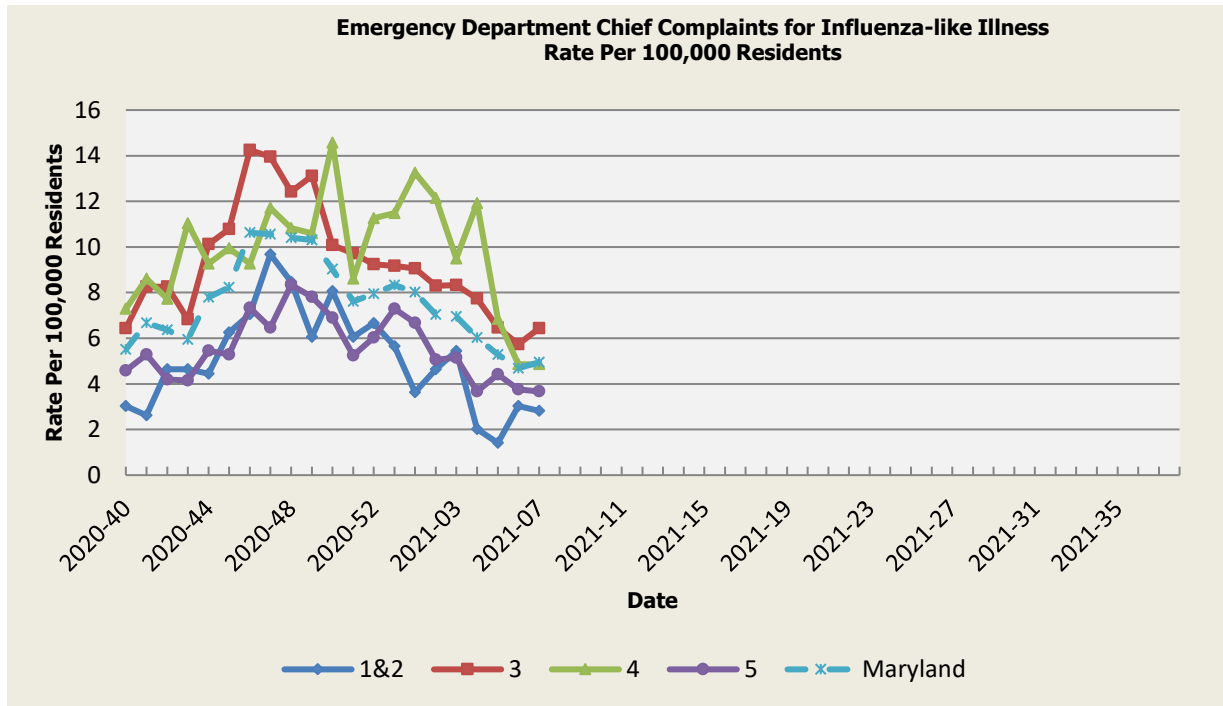
(report continues on next page)

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 07 was: Minimal

Influenza-like Illness

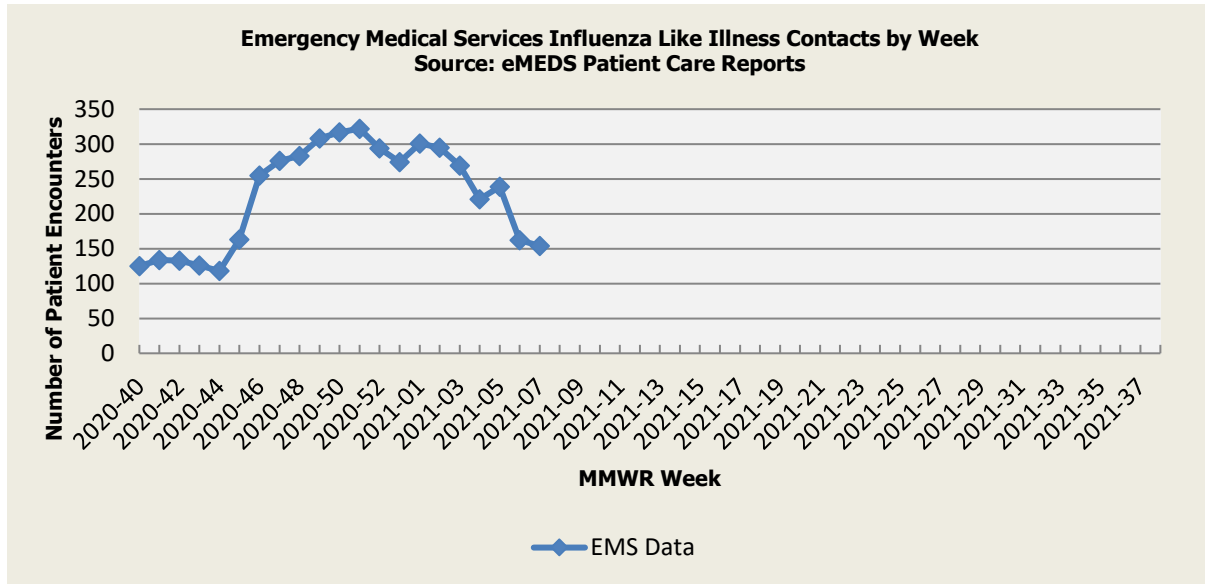


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.14	13.98	13.33	11.72	12.75
Median Rate*	7.46	10.23	9.50	8.60	9.37

* Per 100,000 Residents

(report continues on next page)

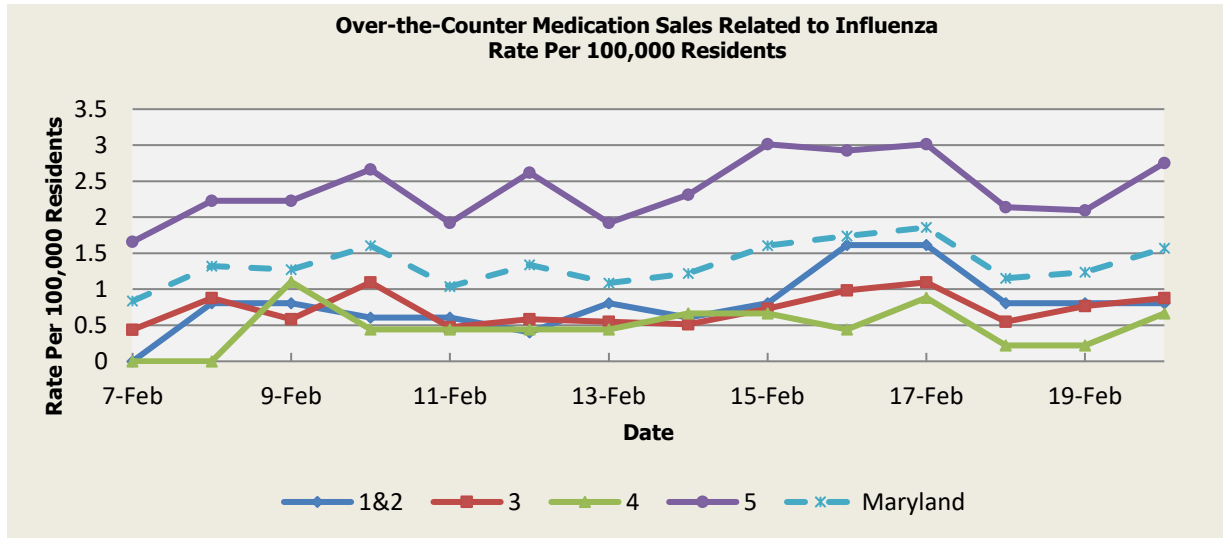
Influenza-like Illness Contacts by Week



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.

(report continues on next page)

Over-the-Counter Influenza-Related Medication Sales



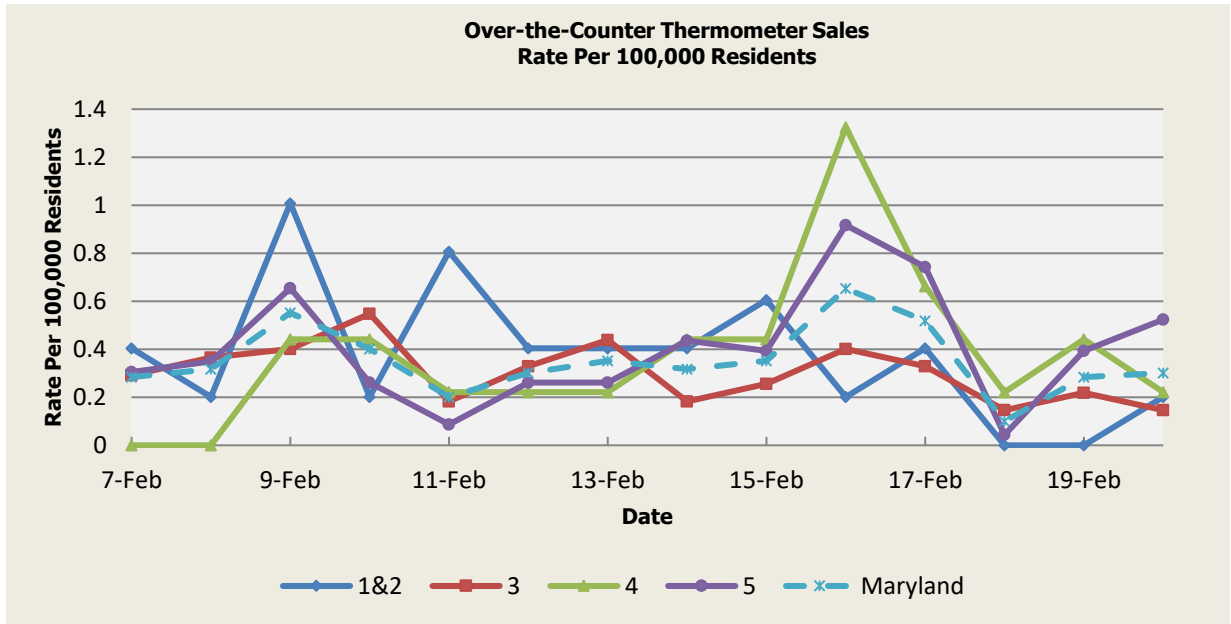
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.22	4.09	2.51	7.41	5.17
Median Rate*	2.42	3.11	2.21	6.50	4.33

* Per 100,000 Residents

(report continues on next page)

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*	2.68	2.54	2.07	3.36	2.83
Median Rate*	2.42	2.48	1.99	3.36	2.86

* Per 100,000 Residents

(report continues on next page)

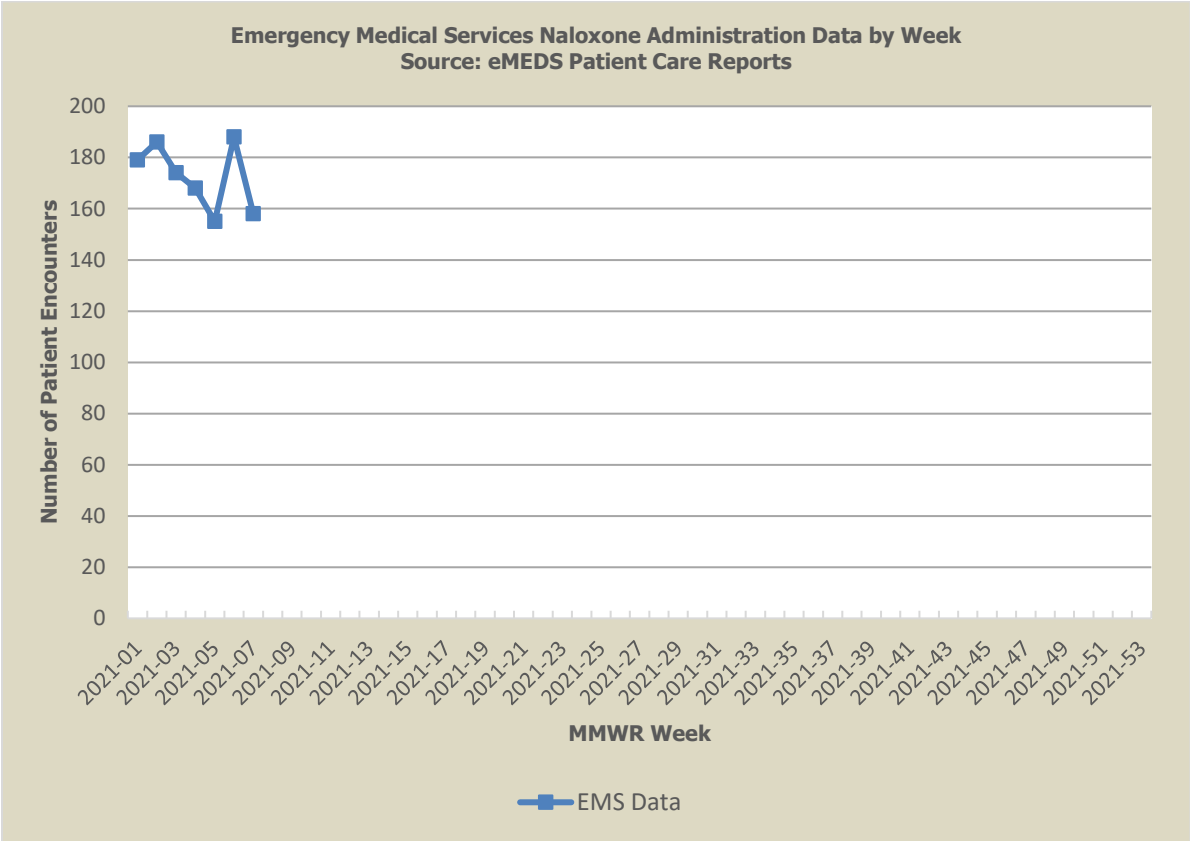
SYNDROMIC OVERDOSE SURVEILLANCE

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.

(report continues on next page)

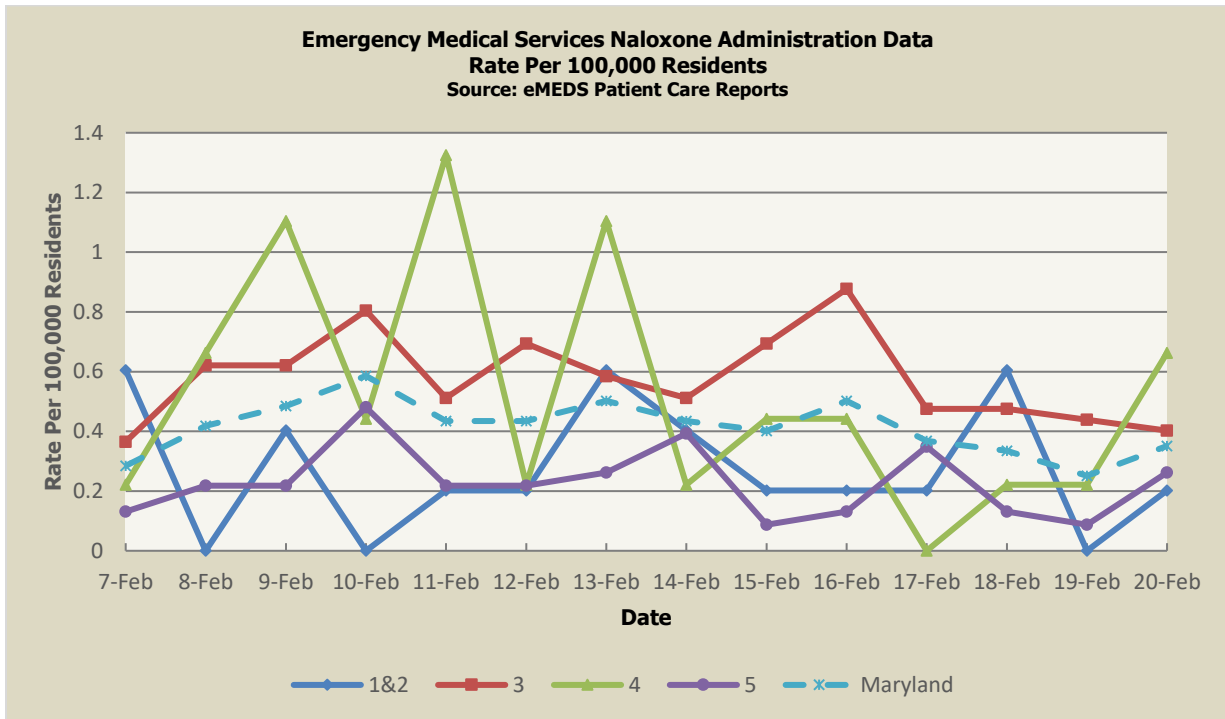
Naloxone Administration Data by Week



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.

(report continues on next page)

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.

(report continues on next page)

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 February 26th, 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 (ESTONIA), 22 February 2021, [Information received on [and dated] 19 Feb 2021 from Dr. Olev Kalda, Chief Veterinary Officer, Management, Veterinary and Food Board, Tallinn, Estonia]. Read More: <https://promedmail.org/promed-post/?id=8206662>

AVIAN INFLUENZA (INDIA), 22 February 2021, Bihar health authorities have sounded alert after pathogenic avian influenza [AI] (H5N8) viruses were detected in crows in the state. Read More: <https://promedmail.org/promed-post/?id=8201042>

AVIAN INFLUENZA (RUSSIA), 21 February 2021, Russia has registered the 1st case of a strain of bird flu virus named A(H5N8) being passed to humans from birds and has reported the matter to the World Health Organization (WHO), Anna Popova, head of consumer health watchdog Rospotrebnadzor, said on Saturday [20 Feb 2021]. Read More: <https://promedmail.org/promed-post/?id=8204014>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

SALMONELLOSIS, SEROTYPE TYPHIMURIUM (USA), 25 February 2021, CDC and public health officials in several states are investigating a multistate outbreak of _Salmonella [enterica_ serotype] Typhimurium infections linked to small turtles. Read More: <https://promedmail.org/promed-post/?id=8213775>

CORONAVIRUS DISEASE 2019 UPDATE (USA), 25 February 2021, Random variation is an essential component of all living things. It drives diversity, and it is why there are so many different species. Read More: <https://promedmail.org/promed-post/?id=8213103>

INTERNATIONAL DISEASE REPORTS

CHOLERA, DIARRHEA & DYSENTERY UPDATE (DEMOCRATIC REPUBLIC OF CONGO, MOZAMBIQUE), 25 February 2021, Health officials in Guinea are racing to contain a new outbreak of Ebola that has killed at least 4 people and raised concerns across west Africa, which previously suffered the worst from the virus. Read More: <https://promedmail.org/promed-post/?id=8192845>

EBOLA UPDATE (GUINEA, DEMOCRATIC REPUBLIC OF CONGO), 25 February 2021, A new positive case of Ebola was recorded this Wednesday [24 Feb 2021], in the sub-prefecture of Goueke, prefecture of Nzerekore, where the disease reappeared recently. Read More: <https://promedmail.org/promed-post/?id=8212245>

SALMONELLOSIS (UK), 25 February 2021, People are being reminded to take care when cooking raw breaded chicken products such as goujons and nuggets after 2 ongoing outbreaks of salmonellosis. Products are being recalled by Iceland [Foods Ltd.], Aldi, and Lidl. Read More: <https://promedmail.org/promed-post/?id=8211914>

SALMONELLOSIS, SEROTYPE ENTERITIDIS (CANADA), 25 February, 2021, On Thursday afternoon [18 Feb 2021], Health Canada declared an outbreak of salmonellosis in 2 Atlantic provinces. The federal agency says 57 cases of _Salmonella [enterica_ serotype] Enteritidis illness were confirmed, of which 25 are in Newfoundland and Labrador, and 32 in Nova Scotia. Read More: <https://promedmail.org/promed-post/?id=8211831>

BURULI ULCER (AUSTRALIA), 24 February, 2021, Cases of Buruli ulcer -- known colloquially as the 'flesh-eating bug' -- have begun appearing in the suburbs of Geelong [Victoria] as the painful disease continues to spread. Read More: <https://promedmail.org/promed-post/?id=8210009>

CREUTZFELDT-JAKOB DISEASE (KENYA), 23 February 2021, The first case of an extremely rare mad cow-like disease, which affects the nervous system and usually is fatal, has been reported in Kenya. The case of Sporadic Creutzfeldt-Jakob disease (sCJD) referred to a major teaching hospital in Nairobi is the first to be reported in East Africa. Read More: <https://promedmail.org/promed-post/?id=8209151>

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

