



MARYLAND  
Department of Health

**Public Health Preparedness and Situational Awareness Report: #2021:09**

Reporting for the week ending 03/06/21 (MMWR Week #09)

**March 12th, 2021**

**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** No Active Alerts

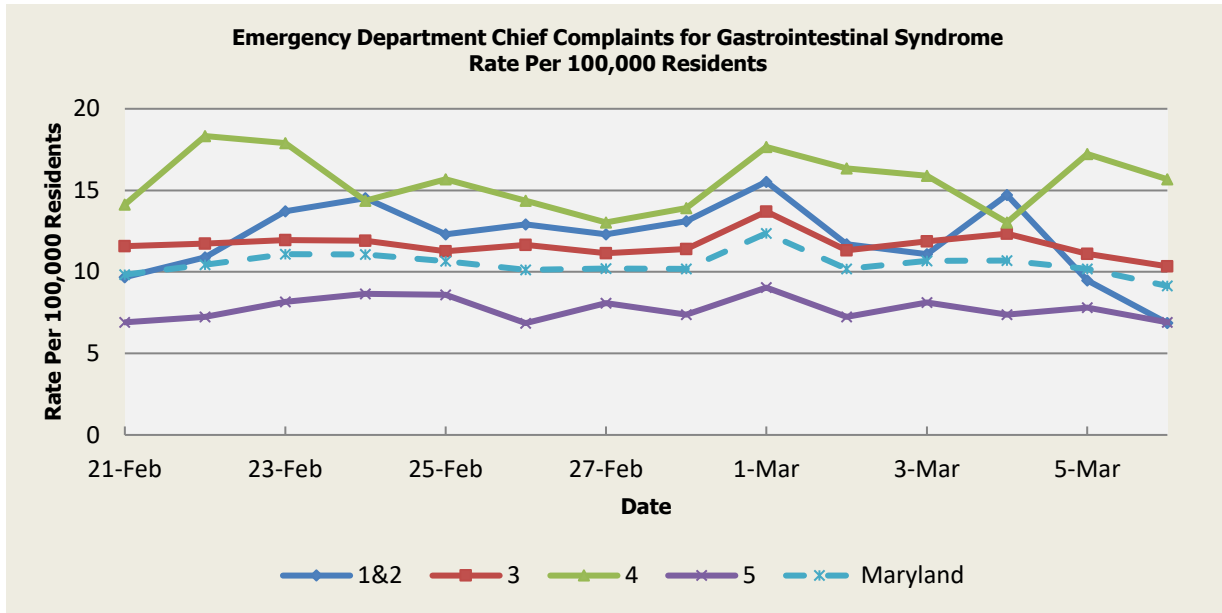
**Maryland:** **ENHANCED** (MEMA status)

**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



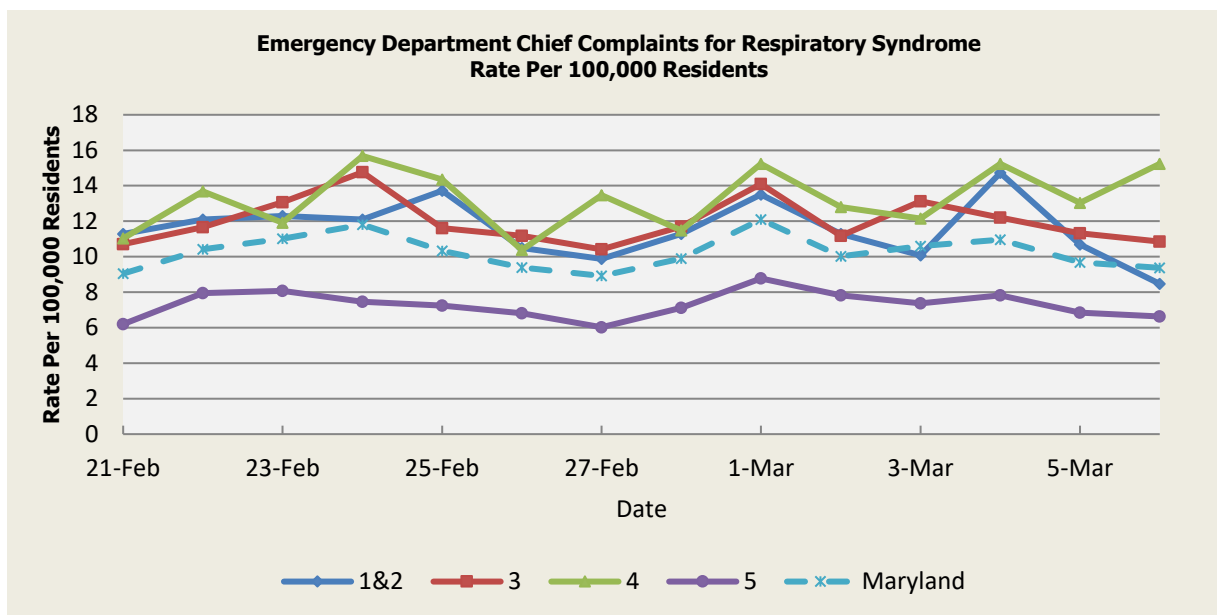
There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis in a Nursing Home (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.14	14.75	15.80	10.07	12.90
Median Rate*	13.11	14.65	15.46	10.00	12.87

\* Per 100,000 Residents

(report continues on next page)

## Respiratory Syndrome



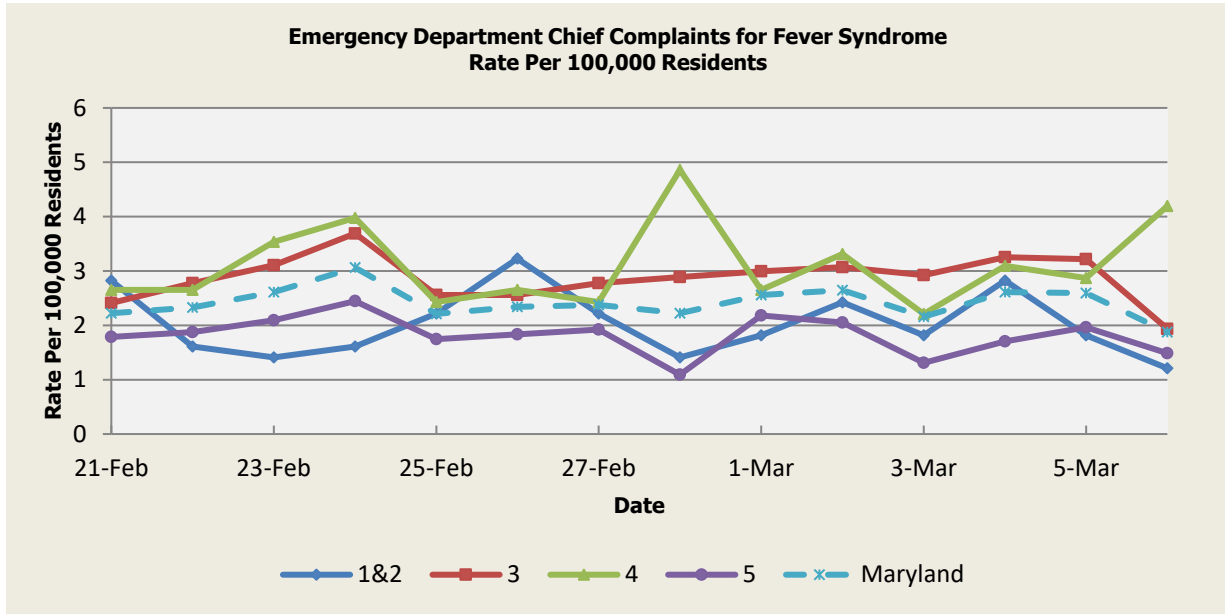
There were eighty-seven (87) Respiratory Syndrome outbreaks reported this week: Eight (8) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,5), one (1) outbreak of COVID-19 in a Religious Facility (Region 3), two (2) outbreaks of COVID-19 in Correctional Facilities (Region 4), eleven (11) outbreaks of COVID-19 in Daycare Facilities (Regions 3,4,5), one (1) outbreak of COVID-19 associated with a Funeral Home (Region 3), sixteen (16) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Congregate Housing Facility (Region 3), seven (7) outbreaks of COVID-19 in Hospitals (Regions 1&2,3,5), one (1) outbreak of COVID-19 in an Institute of Higher Education (Region 3), one (1) outbreak of COVID-19 in an Independent Living Facility (Region 3), one (1) outbreak of COVID-19 in a Job Skills Training Program (Region 5), nine (9) outbreaks of COVID-19 in Nursing Homes (Regions 3,5), one (1) outbreak of COVID-19 in a Private Home (Region 5), one (1) outbreak of COVID-19 in a Residential Treatment Facility for Children (Region 3), fourteen (14) outbreaks of COVID-19 in Schools (Regions 1&2,3,5), two (2) outbreaks of COVID-19 in Shelters (Region 3), six (6) outbreaks of COVID-19 in Substance Use Treatment Programs (Regions 1&2,3), three (3) outbreaks of COVID-19 in Workplaces (Regions 4,5), one (1) outbreak of Legionellosis in an Assisted Living Facility (Region 5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.44	14.70	15.21	9.94	12.72
Median Rate*	12.10	14.03	14.35	9.52	12.16

\* Per 100,000 Residents

*(report continues on next page)*

# Fever Syndrome



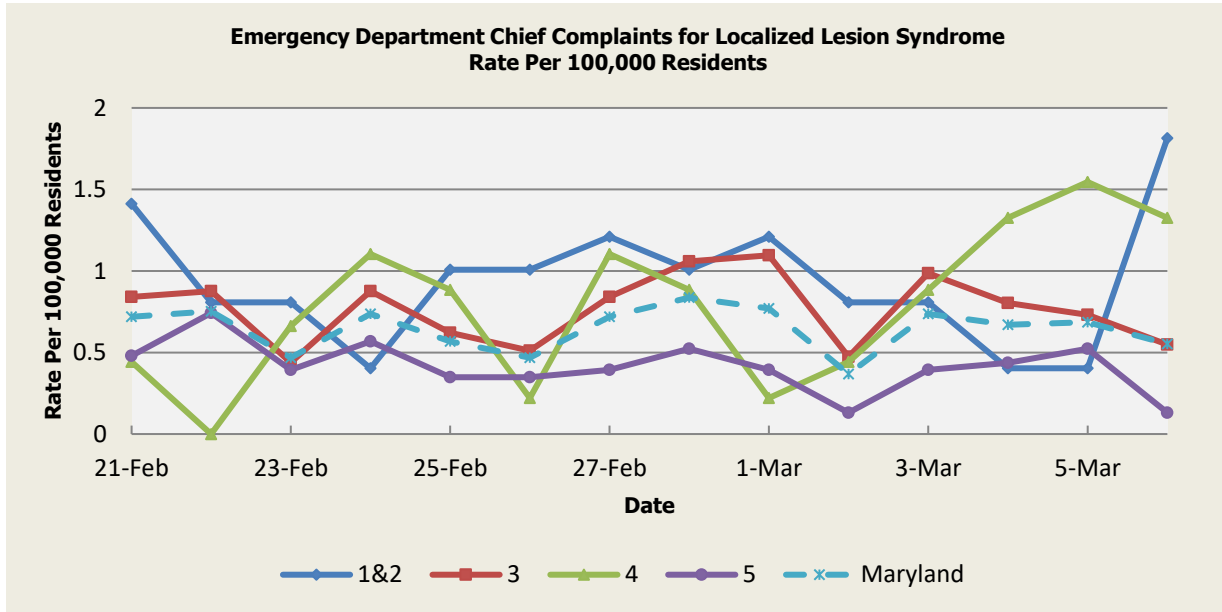
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.04	3.88	4.11	3.01	3.49
Median Rate*	2.82	3.73	3.97	2.88	3.36

\*Per 100,000 Residents

(report continues on next page)

## Localized Lesion Syndrome



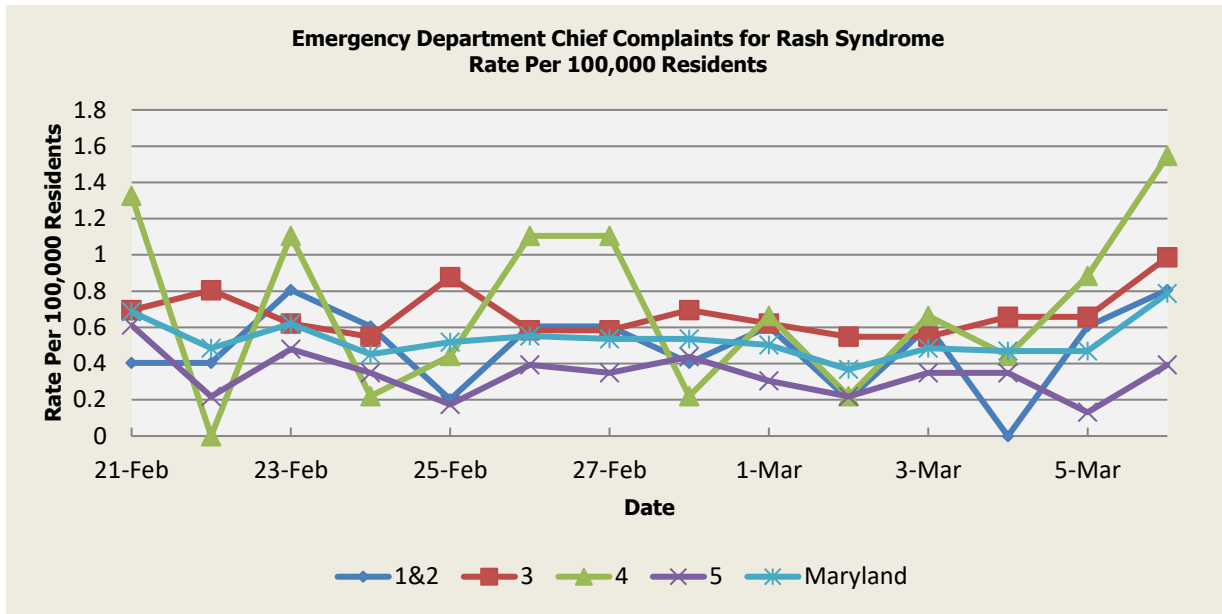
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.68	1.96	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



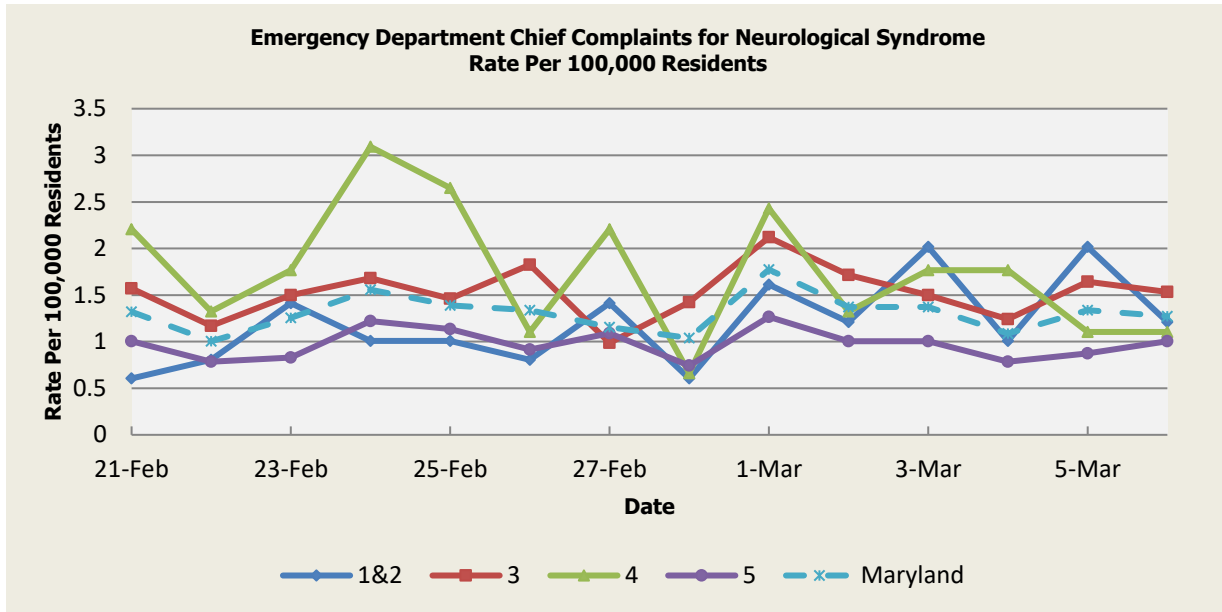
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.18	1.57	1.66	0.91	1.29
Median Rate*	1.21	1.53	1.55	0.87	1.27

\* Per 100,000 Residents

*(report continues on next page)*

## Neurological Syndrome



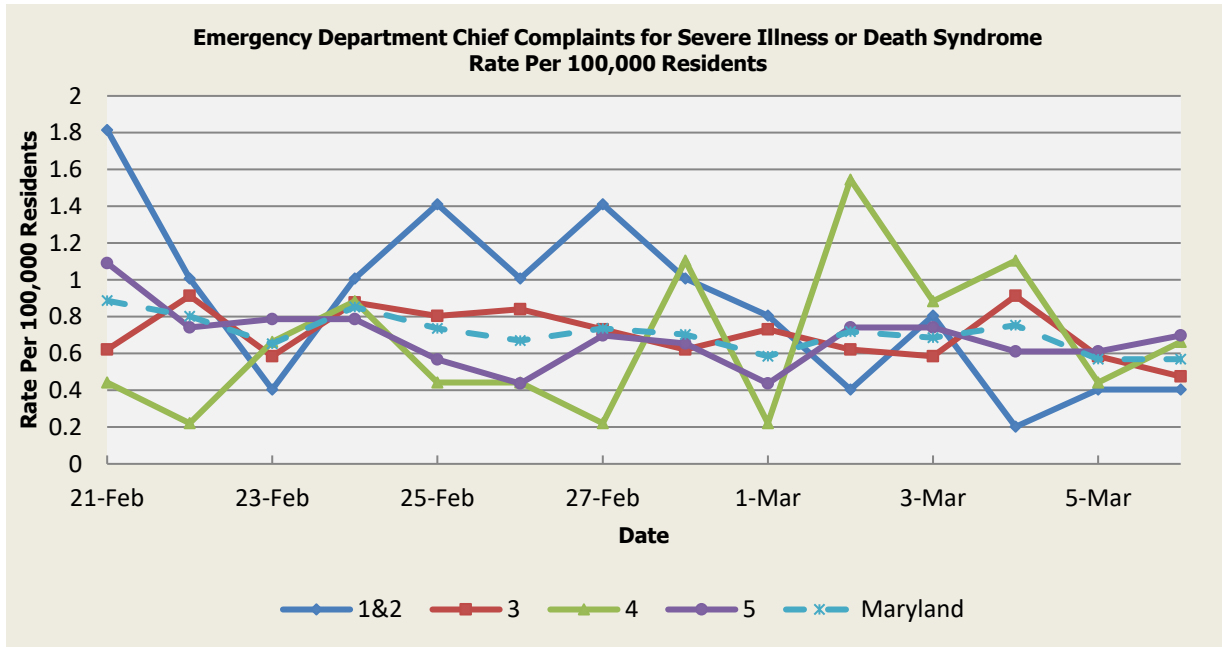
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.83	1.02	0.95	0.65	0.86
Median Rate*	0.81	0.99	0.88	0.61	0.84

\* 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	0.84	0.54	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

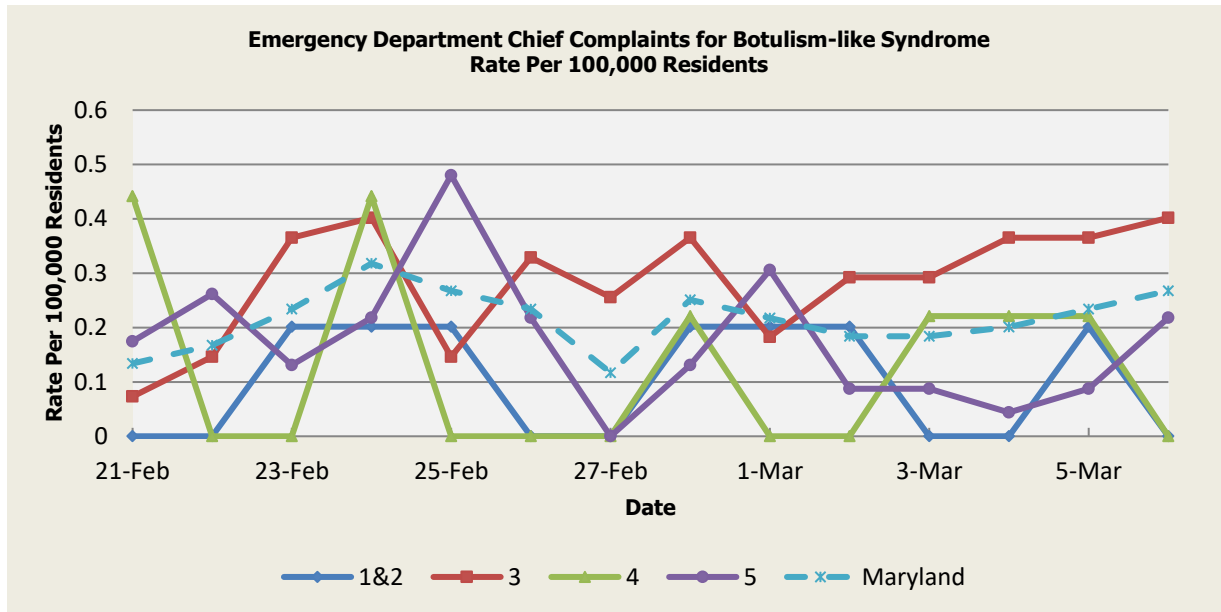
\* Per 100,000 Residents

(report continues on next page)



## SYNDROMES RELATED TO CATEGORY A AGENTS

### Botulism-like Syndrome



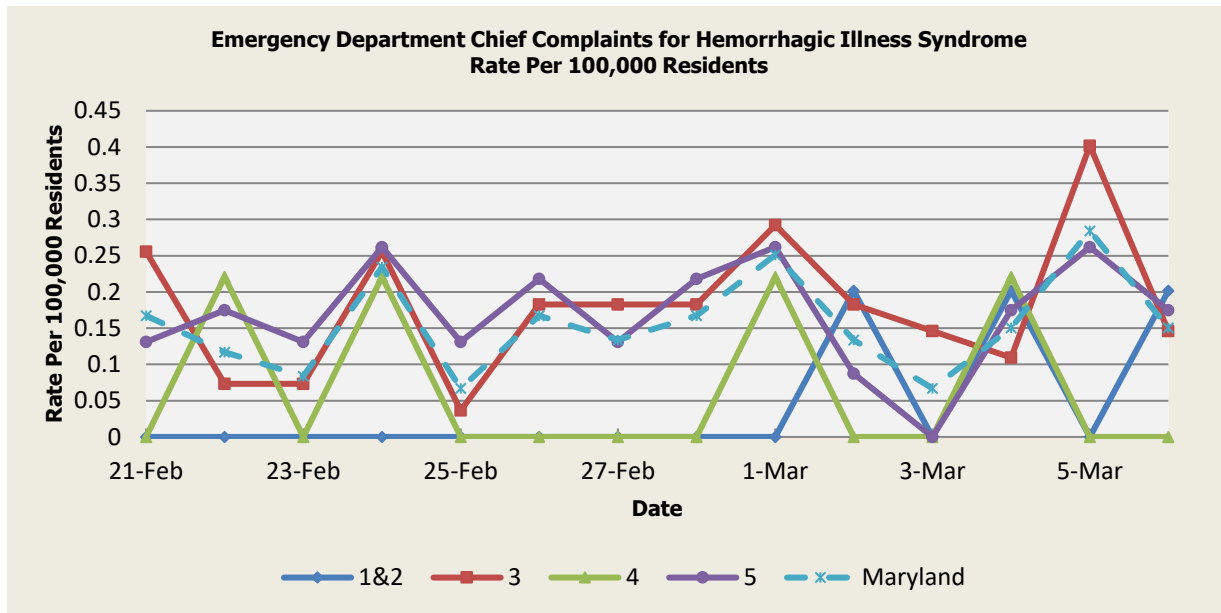
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 2/21 (Region 4), 2/22 (Region 5), 2/23 (Regions 1&2,3), 2/24 (Regions 1&2,4,5), 2/25 (Regions 1&2,5), 2/26 (Regions 3,5), 2/28 (Regions 1&2,3,4), 3/01 (Regions 1&2,5), 3/02 (Regions 1&2,3), 3/03 (Regions 3,4), 3/04 (Regions 3,4), 3/05 (Regions 1&2,3,4), 3/06 (Regions 3,5). These increases are not known to be associated with any outbreaks.

<b>Botulism-like Syndrome Baseline Data January 1, 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.07	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



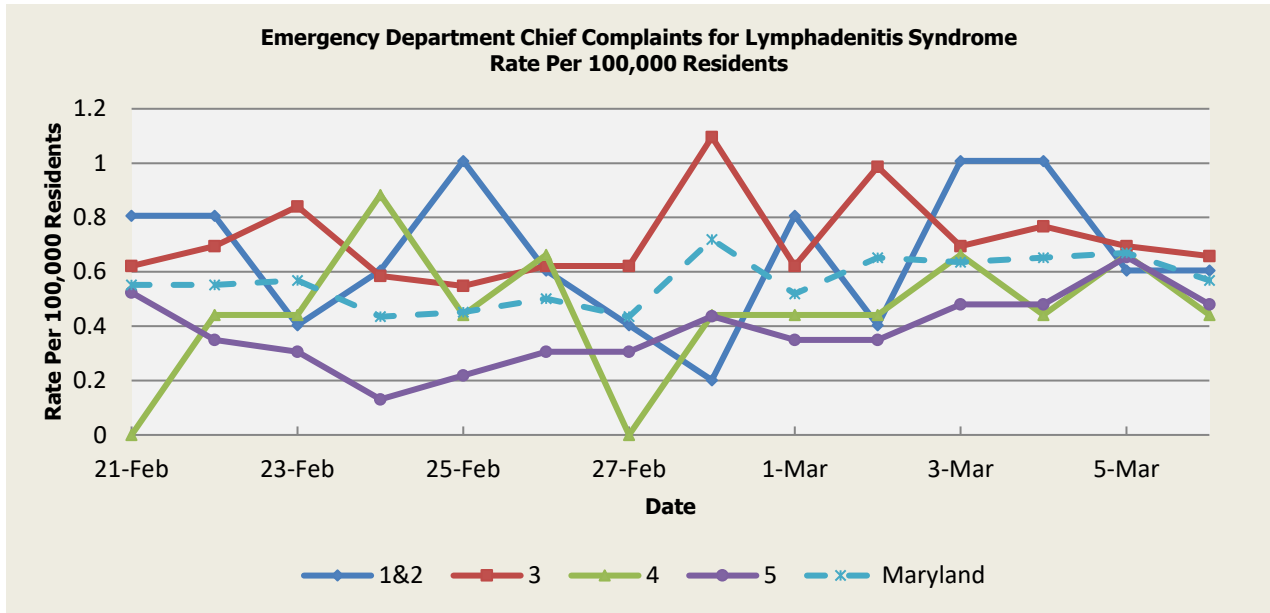
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 2/22 (Region 4), 2/24 (Region 4), 3/01 (Region 4), 3/02 (Regions 1&2), 3/04 (Regions 1&2,4), 3/06 (Regions 1&2). These increases are not known to be associated with any outbreaks.

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

(report continues on next page)

# Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 2/22 (Region 4), 2/24 (Region 4), 3/01 (Region 4), 3/02 (Regions 1&2), 3/04 (Regions 1&2,4), 3/06 (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*	0.40	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 5<sup>th</sup>, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

### **Confirmed COVID-19 Case Counts in Maryland by County (As of March 12th 2021)**

<b>County</b>	<b>Number of Confirmed Cases</b>
Allegany	6,433
Anne Arundel	36,770
Baltimore City	41,415
Baltimore County	52,450
Calvert	3,741
Caroline	2,066
Carroll	7,769
Cecil	5,096
Charles	9,199
Dorchester	2,384
Frederick	17,360
Garrett	1,858
Harford	12,918
Howard	16,370
Kent	1,147
Montgomery	64,514
Prince George's	74,991
Queen Anne's	2,617
Somerset	2,418
St. Mary's	5,249
Talbot	1,914
Washington	12,613
Wicomico	6,889
Worcester	3,299
<b>Total</b>	<b>391,480</b>

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

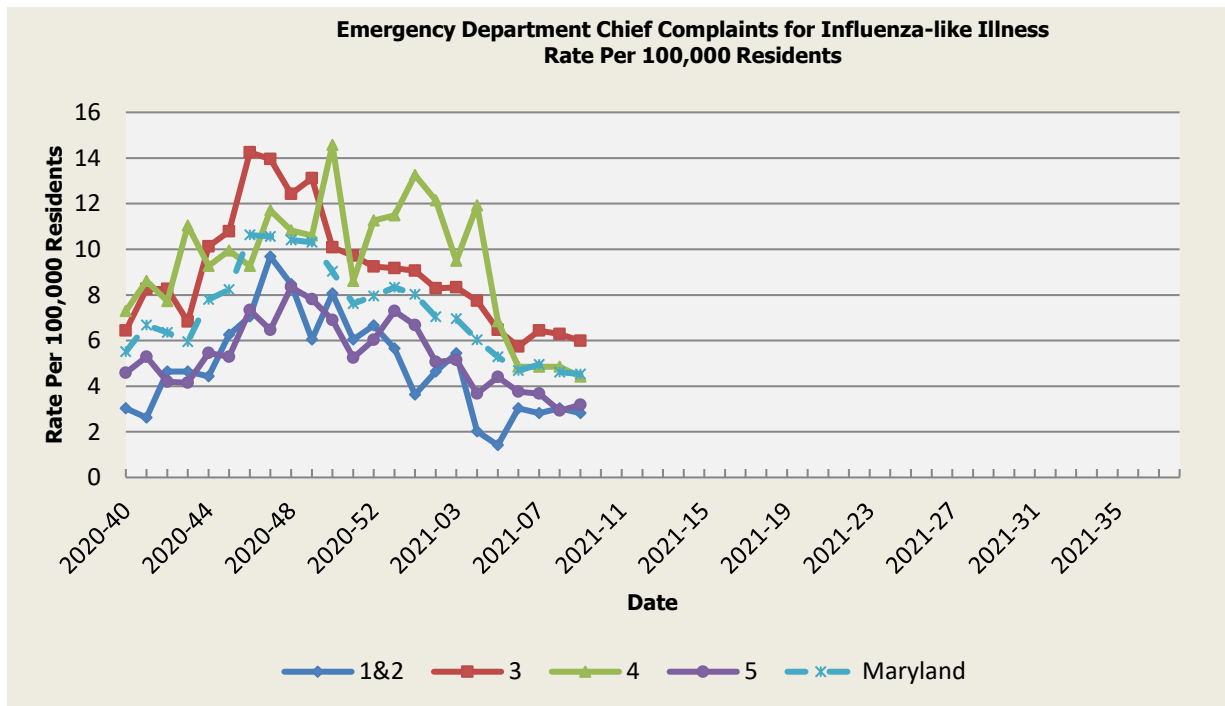
*(report continues on next page)*

## 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 09 was: Minimal

### Influenza-like Illness

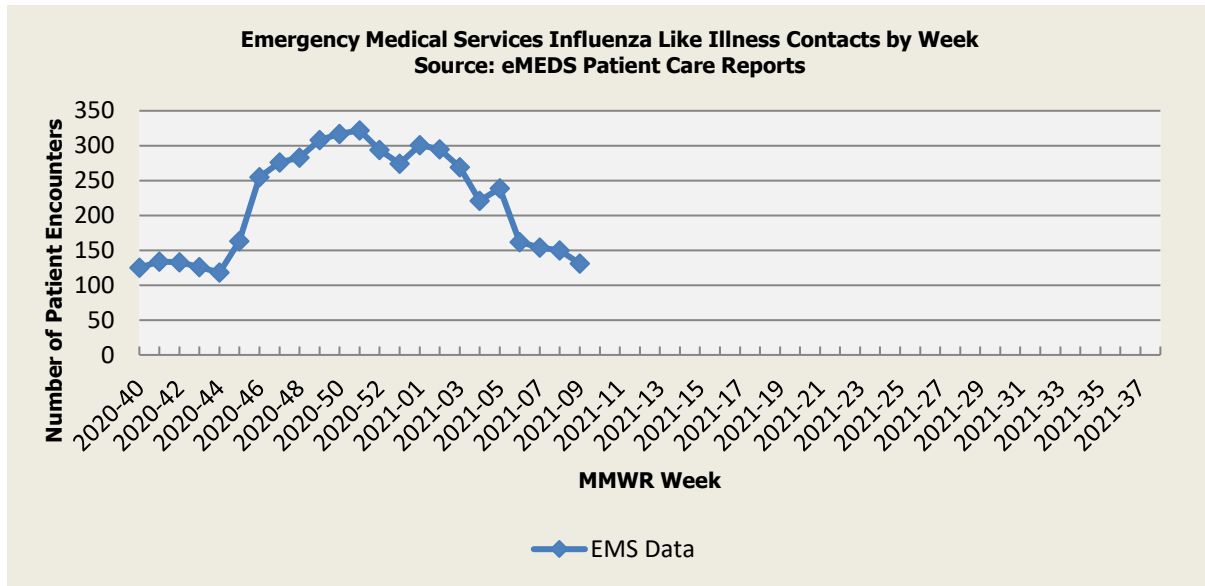


<b>Influenza-like Illness Baseline Data Week 1 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.11	13.95	13.30	11.69	12.72
Median Rate*	7.46	10.19	9.50	8.56	9.35

\* Per 100,000 Residents

*(report continues on next page)*

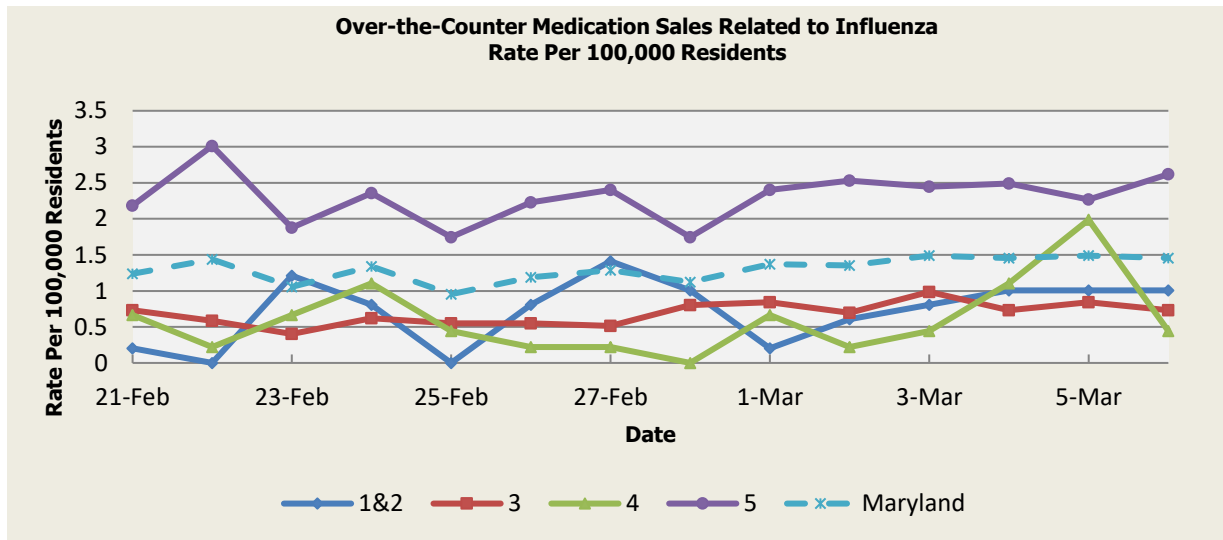
## Influenza-like Illness Contacts by Week



**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



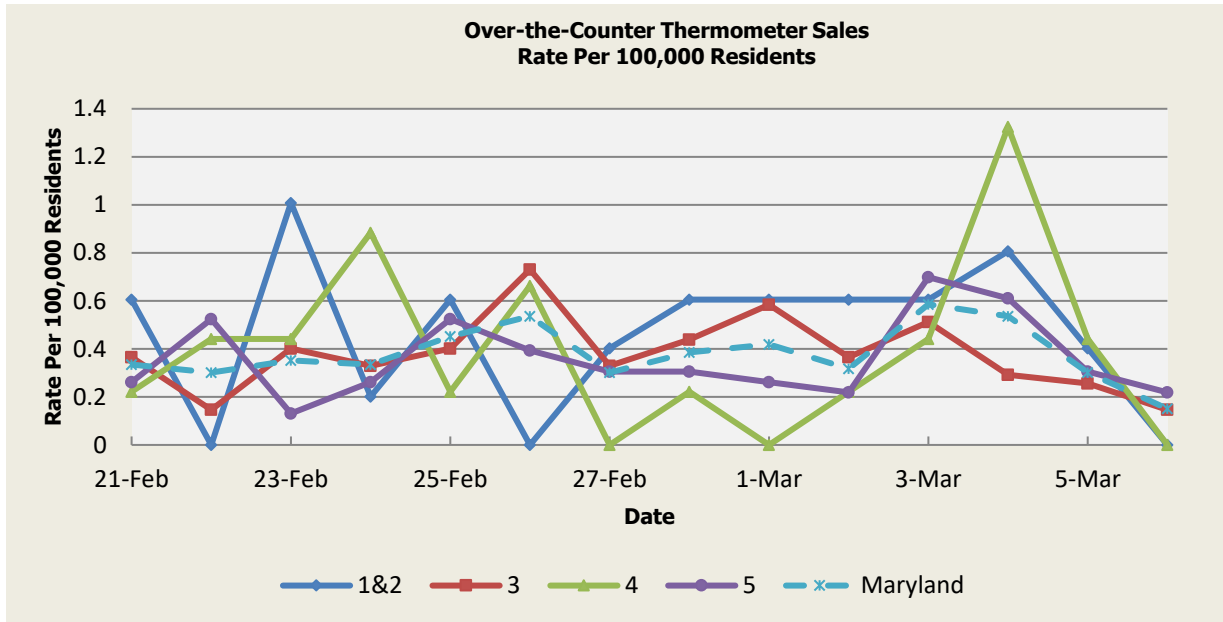
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.21	4.08	2.50	7.39	5.16
Median Rate*	2.42	3.11	2.21	6.46	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*	2.67	2.53	2.07	3.35	2.82
Median Rate*	2.42	2.48	1.99	3.36	2.84

\* Per 100,000 Residents

(report continues on next page)



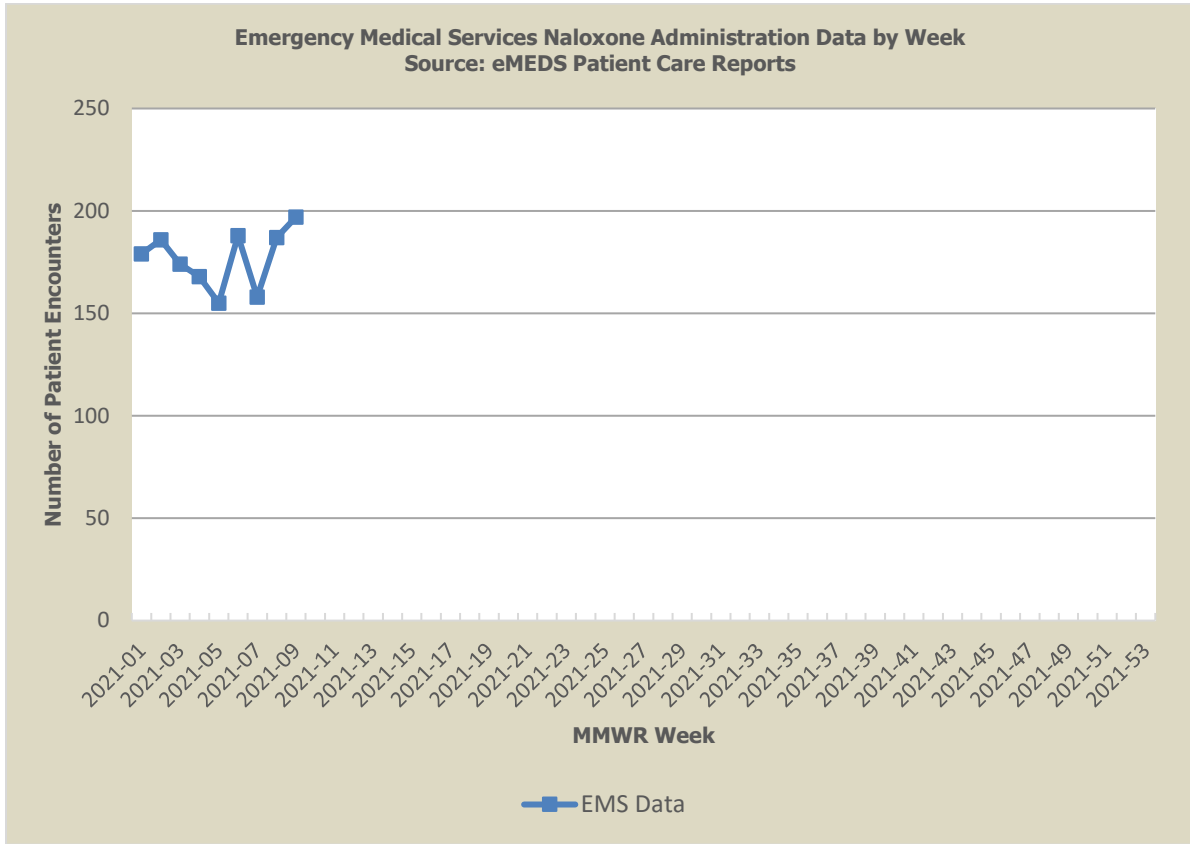
## **SYNDROMIC OVERDOSE SURVEILLANCE**

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)*

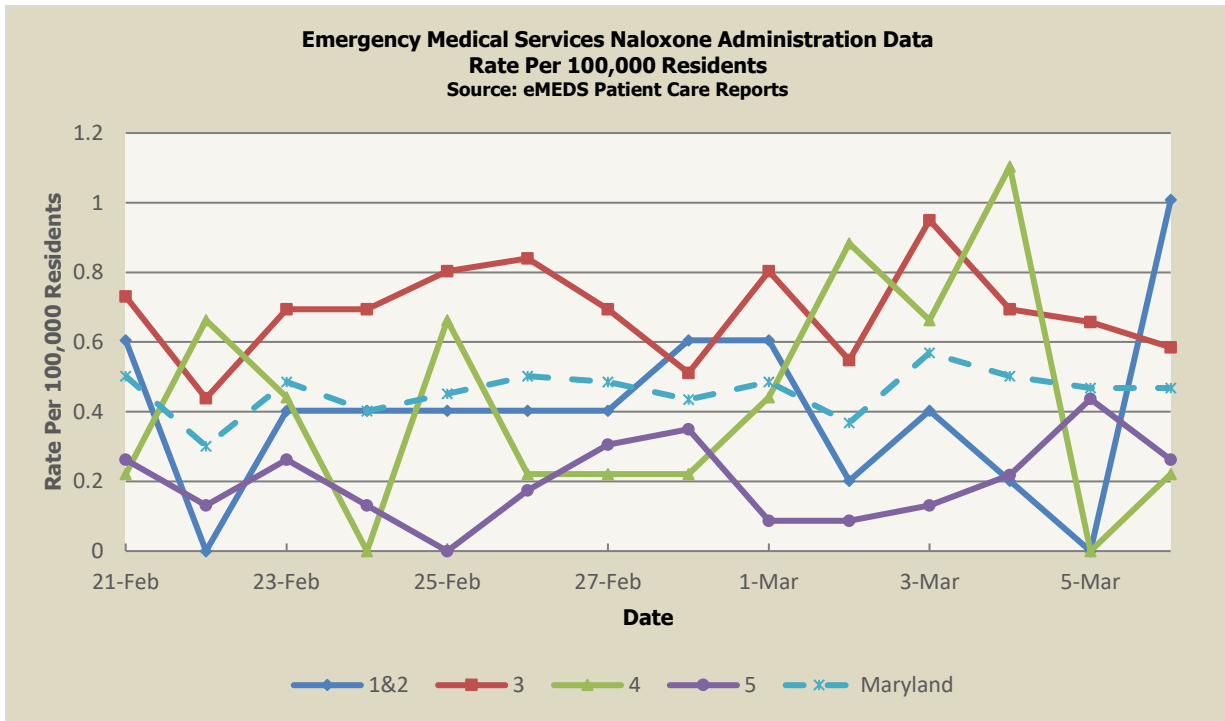
# Naloxone Administration Data by Week



**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 March 12th, 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 (ALGERIA)**, 7 March 2021, The Agriculture Directorate of Batna State stated that "a focus of avian influenza virus has been confirmed in the Seriana region in the state." Read More: <https://promedmail.org/promed-post/?id=8233277>

**AVIAN INFLUENZA (SWEDEN, NIGER)**, 6 March 2021, Information received on 5 Mar 2021 from Dr. Emeli Torsson, Senior Veterinary Advisor, Sweden. Read More: <https://promedmail.org/promed-post/?id=8232248>

### **HUMAN AVIAN INFLUENZA**

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

*(report continues on next page)*

## **NATIONAL DISEASE REPORTS**

**CORONAVIRUS DISEASE 2019 UPDATE (USA)**, 11 March 2021, The more infectious [variant of coronavirus identified in Kent] may be up to twice as deadly [as] previously circulating forms of COVID-19, a new study suggests. Read More: <https://promedmail.org/promed-post/?id=8241172>

**BOTULISM (CALIFORNIA)**, 11 March 2021, Los Angeles County health officials identified 4 cases of suspected wound botulism associated with heroin injection in February 2021. Read More: <https://promedmail.org/promed-post/?id=8242098>

**EBOLA UPDATE (UNITED STATES, GUINEA, SUB-SAHARAN AFRICA)**, 28 February 2021, The U.S. will soon be monitoring travelers coming into the country from 2 nations impacted by the Ebola virus, the Centers for Disease Control and Prevention announced Fri 26 Feb 2021. Read More: <https://promedmail.org/promed-post/?id=8219231>

## **INTERNATIONAL DISEASE REPORTS**

**SALMONELLOSIS, SEROTYPE ENTERITIDIS (NORWAY)**, 11 March 2021, Public health officials in Norway are investigating an outbreak of salmonellosis with up to 20 patients. Read More: <https://promedmail.org/promed-post/?id=8242099>

**POLIOMYELITIS UPDATE (GLOBAL)**, 9 March 2021, New wild poliovirus isolates reported this week. Read More: <https://promedmail.org/promed-post/?id=8236114>

**EBOLA UPDATE (DEMOCRATIC REPUBLIC OF CONGO, GUINEA)**, 8 March 2021, One more Ebola case has been reported from Nzerekore, where the country's latest outbreak has been under way since the middle of February [2021], Ibrahima Soce Fall, assistant director-general for emergency response at the World Health Organization (WHO), said today [5 Mar 2021] at a briefing. Read More: <https://promedmail.org/promed-post/?id=8233619>

**LEPTOSPIROSIS (AUSTRALIA)**, 8 March 2021, The best wet season in a decade has also seen a spike in cases of the rare disease leptospirosis among cattle workers in the Top End. Read More: <https://promedmail.org/promed-post/?id=8222012>

**TOXIC JELLYFISH (AUSTRALIA)**, 6 March 2021, An Australian teenager has died after a suspected box jellyfish sting, authorities said Thursday [4 Mar 2021], in a rare case believed to be the country's 1st such death in 15 years. Read More: <https://promedmail.org/promed-post/?id=8232326>

**CRIMEAN-CONGO HEMORRHAGIC FEVER (PAKISTAN)**, 5 March 2021, A patient at the city's [Karachi] Jinnah Hospital has been diagnosed with Congo virus [Crimean-Congo hemorrhagic fever], citing a hospital official. Read More: <https://promedmail.org/promed-post/?id=8228982>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website: <http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.health.maryland.gov>

\*\*\*\*\*

**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](mailto:Peter.Fotang@maryland.gov)

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

