



MARYLAND  
Department of Health

**Public Health Preparedness and Situational Awareness Report: #2021:12**

Reporting for the week ending 03/27/21 (MMWR Week #12)

**April 2nd, 2021**

**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** No Active Alerts

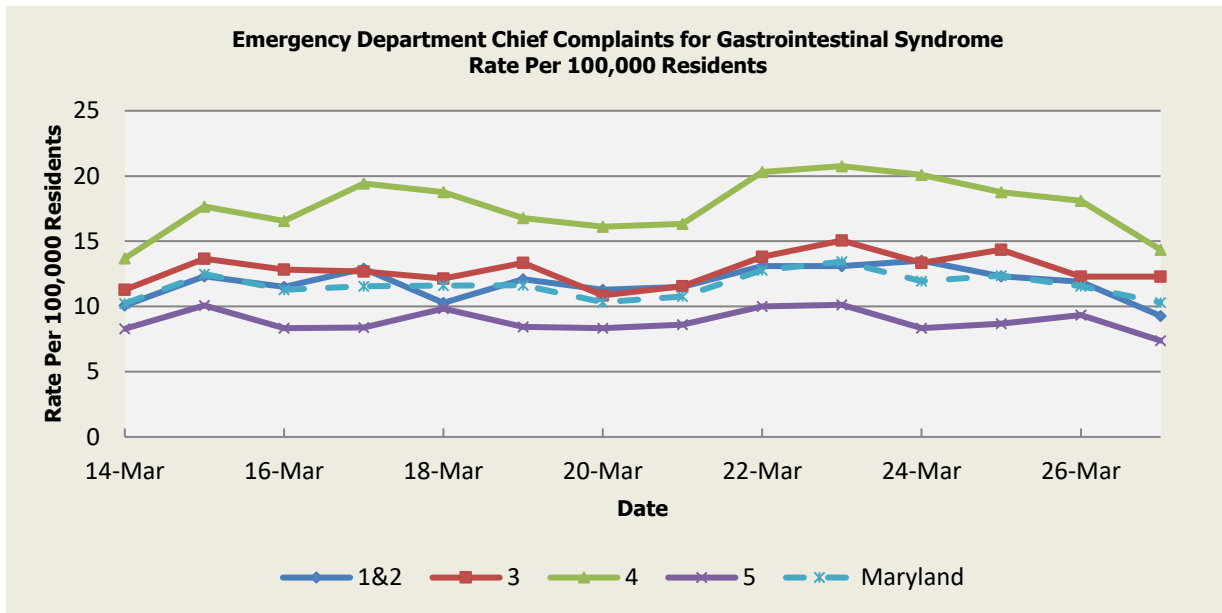
**Maryland:** **ENHANCED** (MEMA status)

**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



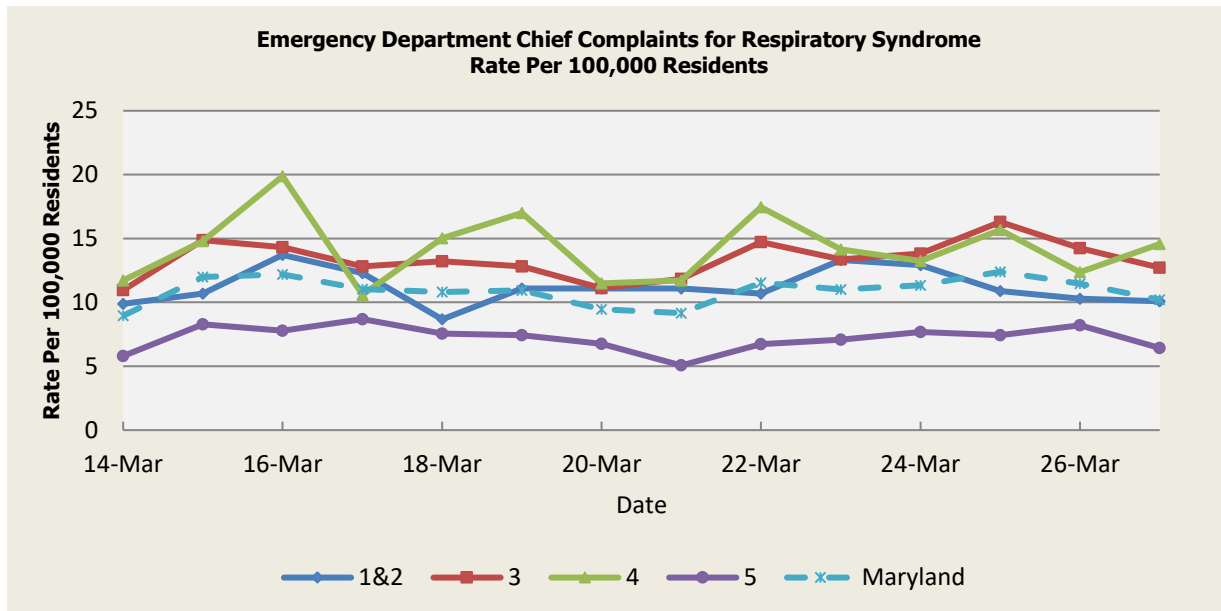
There was one (1) Gastrointestinal Syndrome outbreak reported this week: One (1) 1 outbreak of Gastroenteritis in an Assisted Living Facility (Region 5).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.13	14.74	15.81	10.06	12.89
Median Rate*	13.11	14.61	15.46	10.00	12.85

\* Per 100,000 Residents

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## Respiratory Syndrome



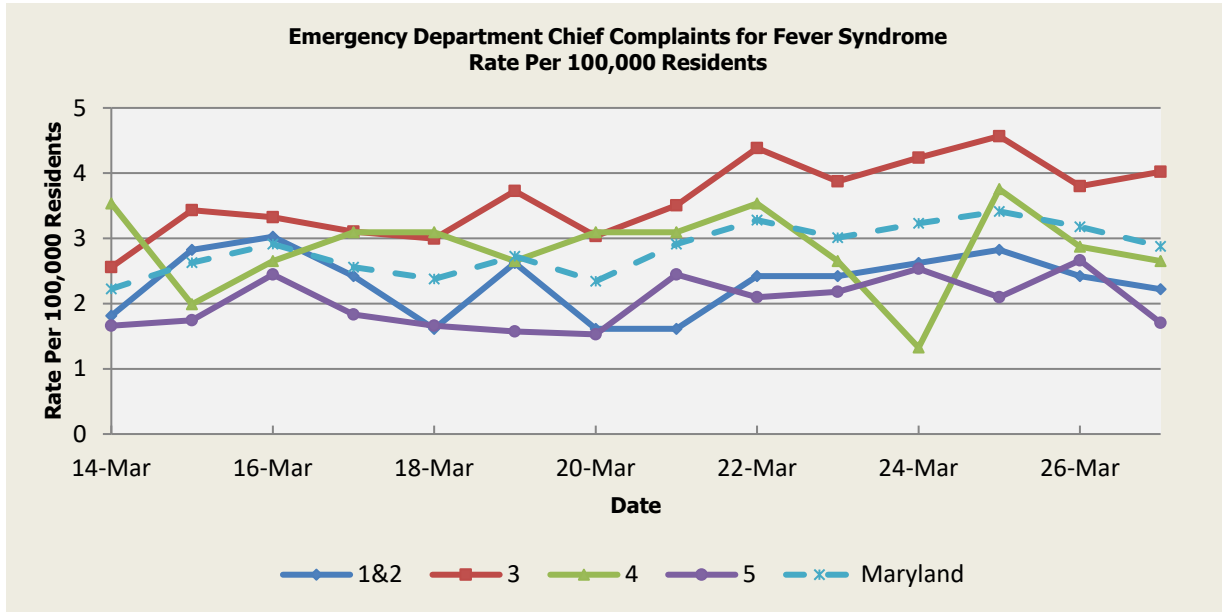
There were ninety (90) Respiratory Syndrome outbreaks reported this week: One (1) outbreak of COVID-19 in an Apartment Building (Region 3), fifteen (15) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,5), one (1) outbreak of COVID-19 associated with a Play (Regions 1&2), three (3) outbreaks of COVID-19 in Correctional Facilities (Regions 1&2,3,4), seven (7) outbreaks of COVID-19 in Daycare Facilities (Regions 3,5), twelve (12) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,5), six (6) outbreaks of COVID-19 in Hospitals (Regions 3,4,5), three (3) outbreaks of COVID-19 in Institutes of Higher Education (Region 3), one (1) outbreak of COVID-19 in Mental Health Group Homes (Region 5), nineteen (19) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Psychiatric Rehab Facility (Region 5), seventeen (17) outbreaks of COVID-19 in Schools (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Substance Use Treatment Program Region 3), two (2) outbreaks of COVID-19 in Workplaces (Regions 3,5), one(1) outbreak of COVID-19 in a Youth Sports Club (Region 5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.44	14.69	15.21	9.92	12.71
Median Rate*	12.10	14.01	14.35	9.52	12.15

\* Per 100,000 Residents

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# Fever Syndrome



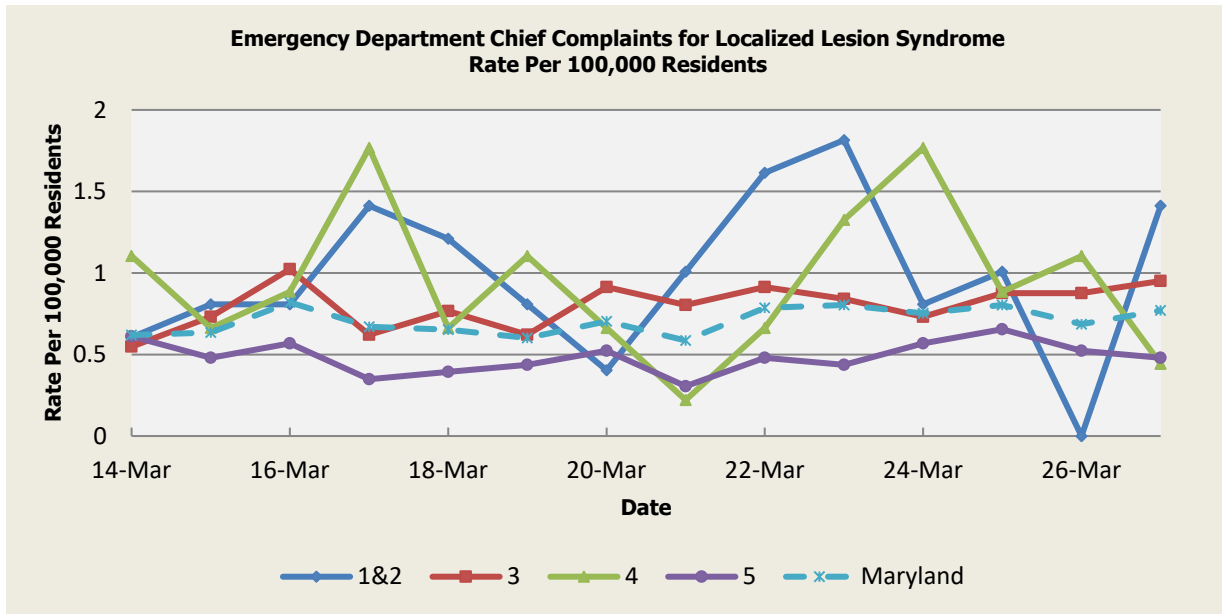
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.04	3.88	4.11	3.00	3.49
Median Rate*	2.82	3.73	3.97	2.88	3.36

\*Per 100,000 Residents

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## Localized Lesion Syndrome



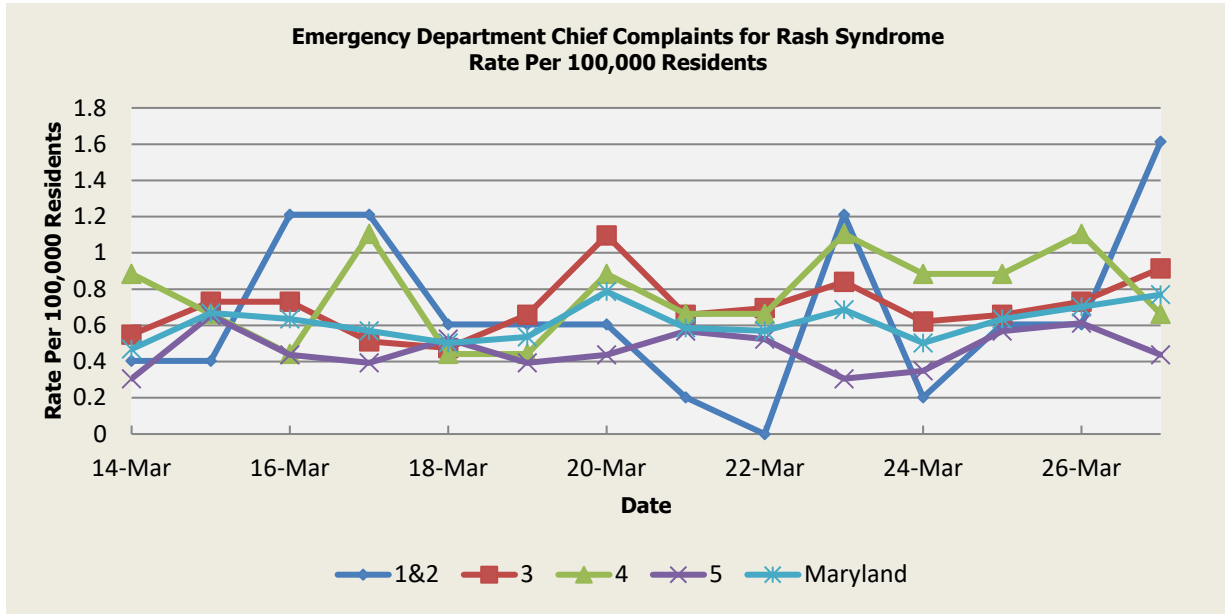
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.68	1.96	0.86	1.34
Median Rate*	1.01	1.64	1.77	0.83	1.29

\* Per 100,000 Residents

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# Rash Syndrome



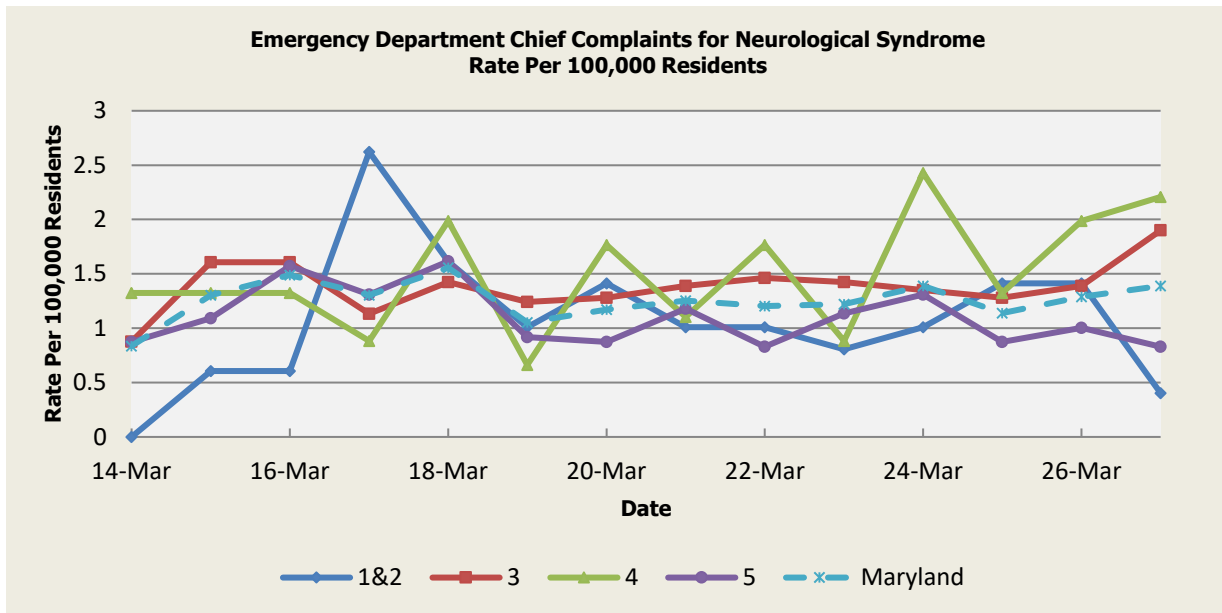
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.18	1.57	1.66	0.91	1.29
Median Rate*	1.01	1.53	1.55	0.87	1.27

\* Per 100,000 Residents

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# Neurological Syndrome



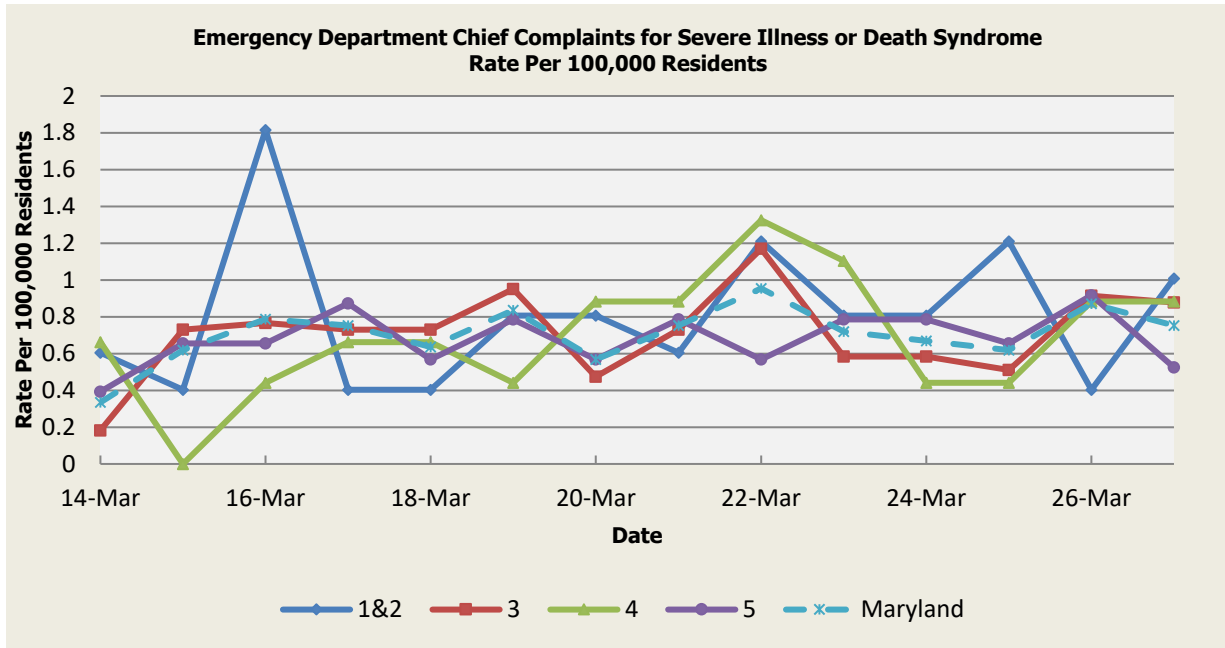
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.83	1.02	0.95	0.66	0.86
Median Rate*	0.81	0.99	0.88	0.61	0.84

\* 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*	0.66	0.88	0.84	0.55	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

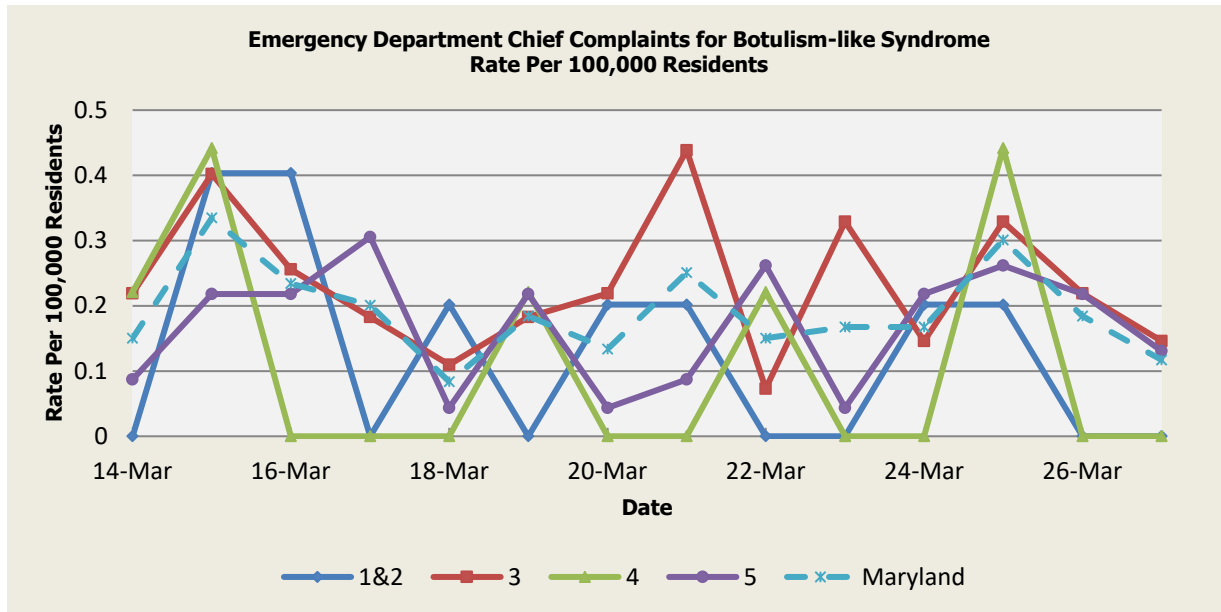
\* Per 100,000 Residents

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## SYNDROMES RELATED TO CATEGORY A AGENTS

### Botulism-like Syndrome



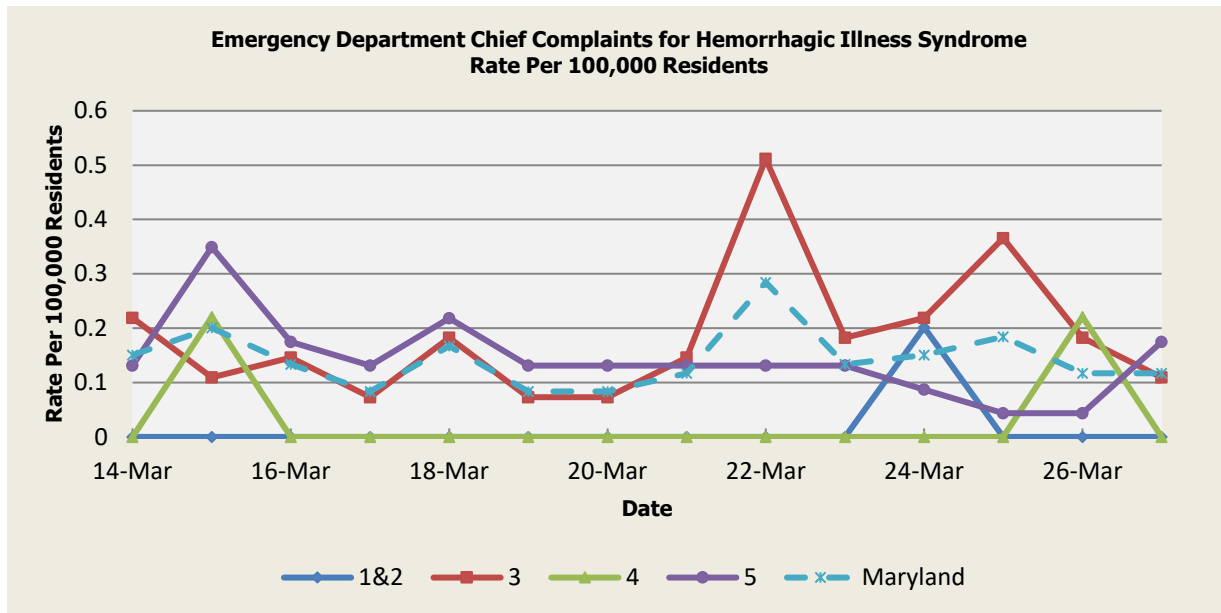
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 3/14 (Region 4), 3/15 (Regions 1&2,3,4,5), 3/16 (Regions 1&2,5), 3/17 (Region 5), 3/18 (Regions 1&2), 3/19 (Regions 4,5), 3/20 (Regions 1&2), 3/21 (Regions 1&2,3), 3/22 (Regions 4,5), 3/23 (Region 3), 3/24 (Regions 1&2,5), 3/25 (Regions 1&2,,3,4,5), 3/26 (Region 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

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## Hemorrhagic Illness Syndrome



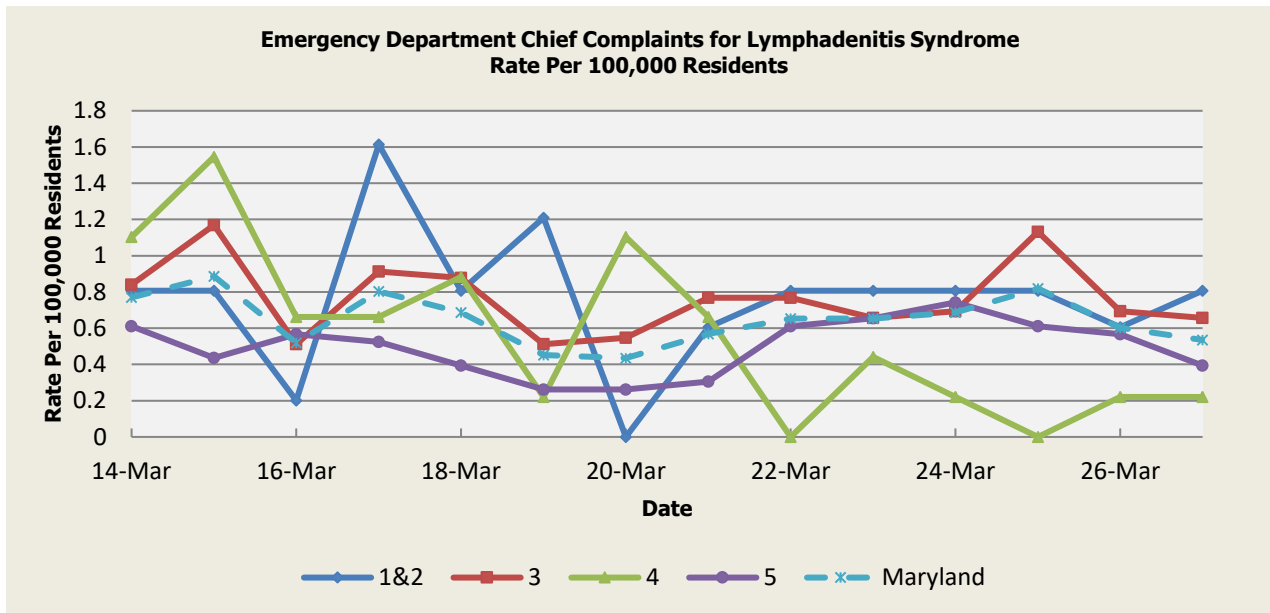
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 3/15 (Regions 4,5), 3/22 (Region 3), 3/24 (Regions 1&2), 3/25 (Region 3), 3/26 (Region 4). These increases are not known to be associated with any outbreaks.

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

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# Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 3/14 (Regions 1&2,4), 3/15 (Regions 1&2,4), 3/17 (Regions 1&2), 3/18 (Regions 1&2,4), 3/19 (Regions 1&2), 3/20 (Region 4), 3/22 (Regions 1&2), 3/23 (Regions 1&2), 3/24 (Regions 1&2), 3/25 (Regions 1&2), 3/27 (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

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## **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 April 2nd 2021)**

<b>County</b>	<b>Number of Confirmed Cases</b>
Allegany	6,546
Anne Arundel	39,217
Baltimore City	45,097
Baltimore County	56,503
Calvert	3,925
Caroline	2,132
Carroll	8,341
Cecil	5,397
Charles	9,803
Dorchester	2,481
Frederick	18,286
Garrett	1,906
Harford	14,259
Howard	17,405
Kent	1,229
Montgomery	66,951
Prince George's	78,442
Queen Anne's	2,724
Somerset	2,481
St. Mary's	5,453
Talbot	1,969
Washington	13,326
Wicomico	7,108
Worcester	3,404
<b>Total</b>	<b>414,385</b>

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

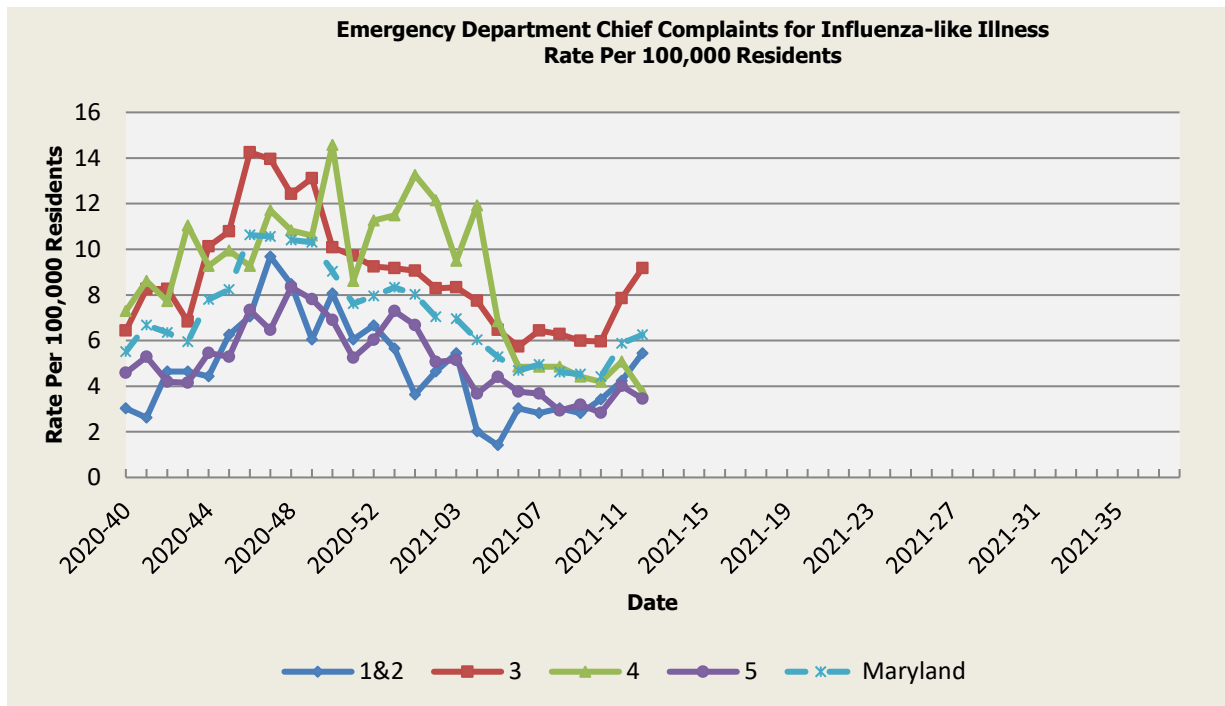
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## SYNDROMIC INFLUENZA SURVEILLANCE

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 12 was: Minimal

### Influenza-like Illness

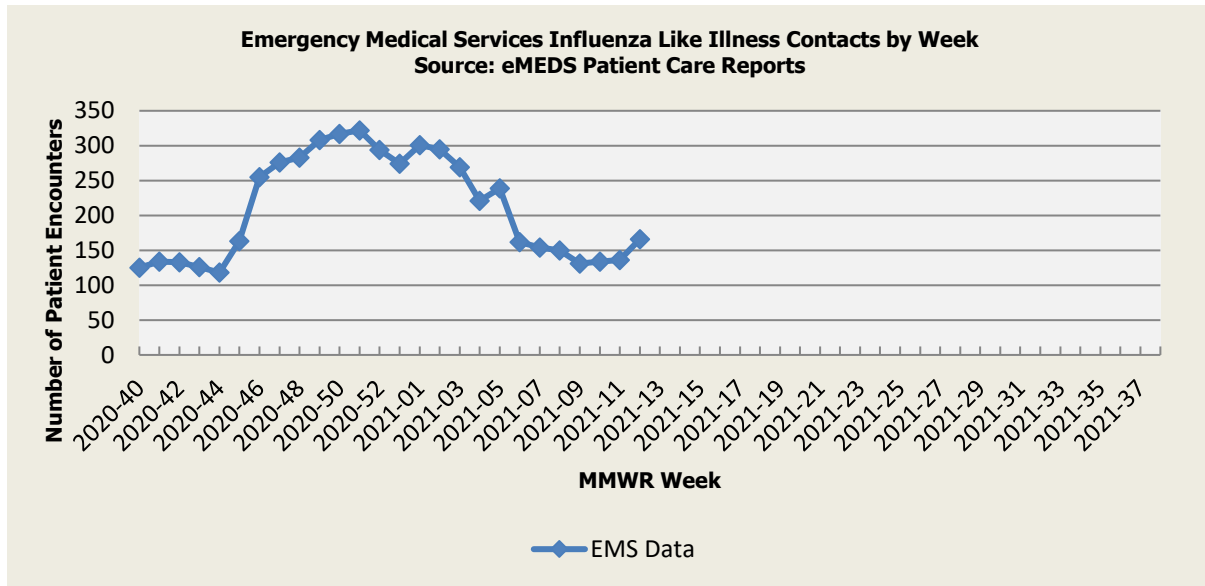


<b>Influenza-like Illness Baseline Data Week 1 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.08	13.92	13.25	11.65	12.68
Median Rate*	7.46	10.19	9.50	8.56	9.29

\* Per 100,000 Residents

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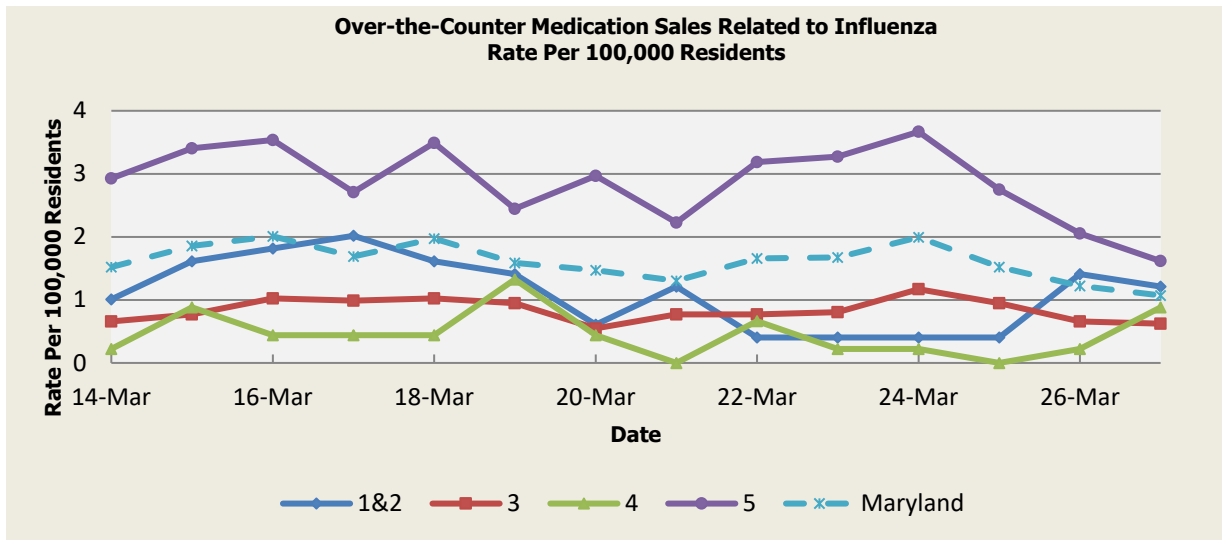
## Influenza-like Illness Contacts by Week



**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



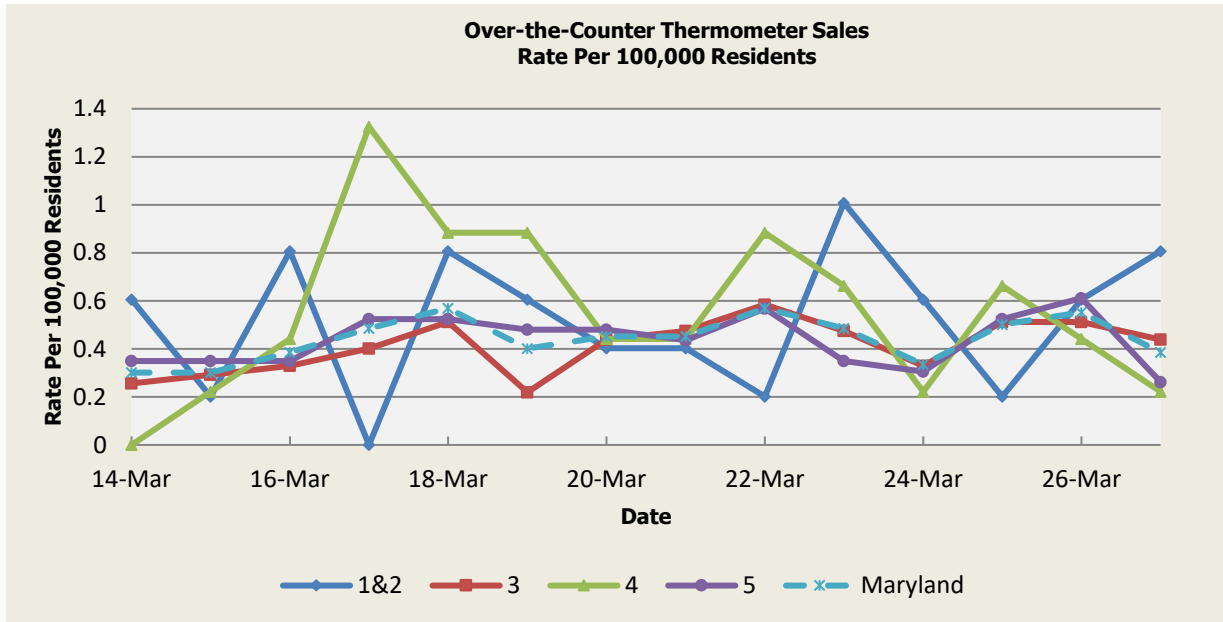
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.20	4.07	2.49	7.37	5.14
Median Rate*	2.42	3.07	2.21	6.42	4.30

\* 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*	2.66	2.52	2.06	3.33	2.81
Median Rate*	2.42	2.48	1.99	3.36	2.84

\* Per 100,000 Residents

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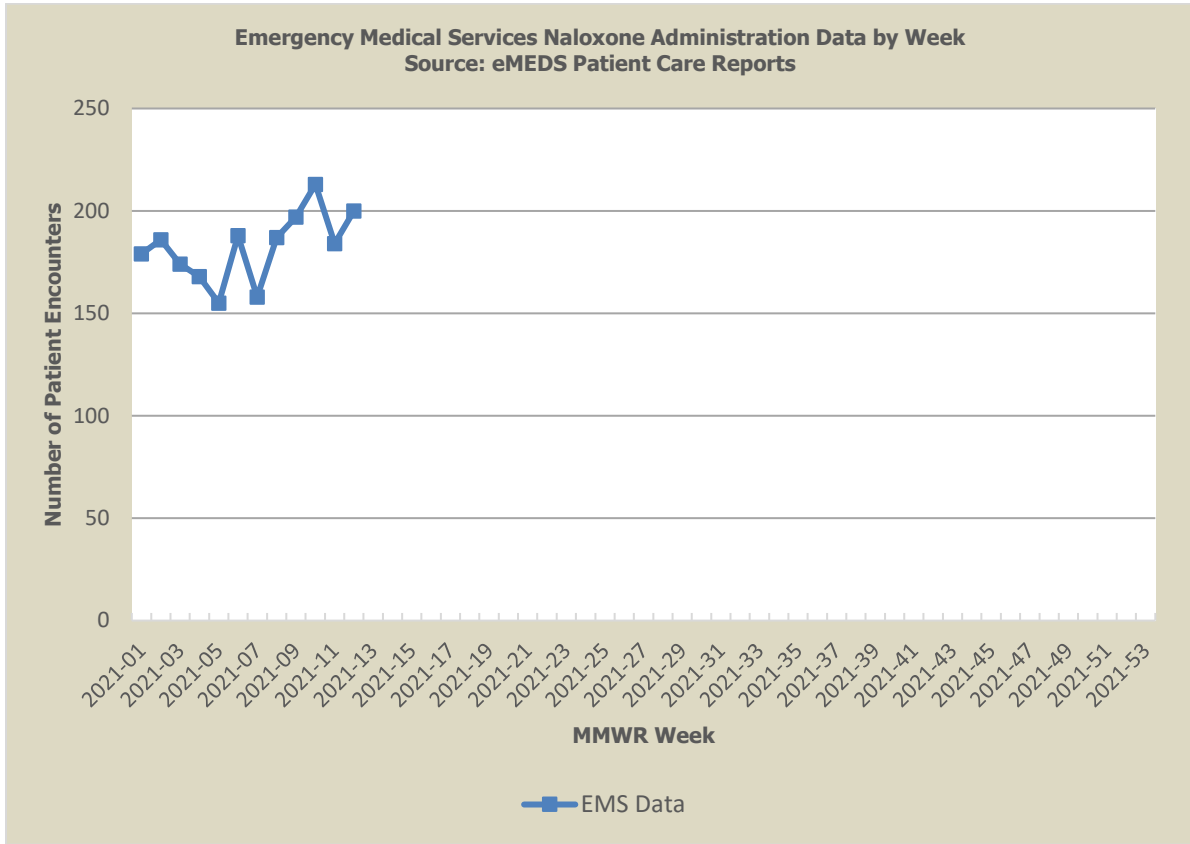
## **SYNDROMIC OVERDOSE SURVEILLANCE**

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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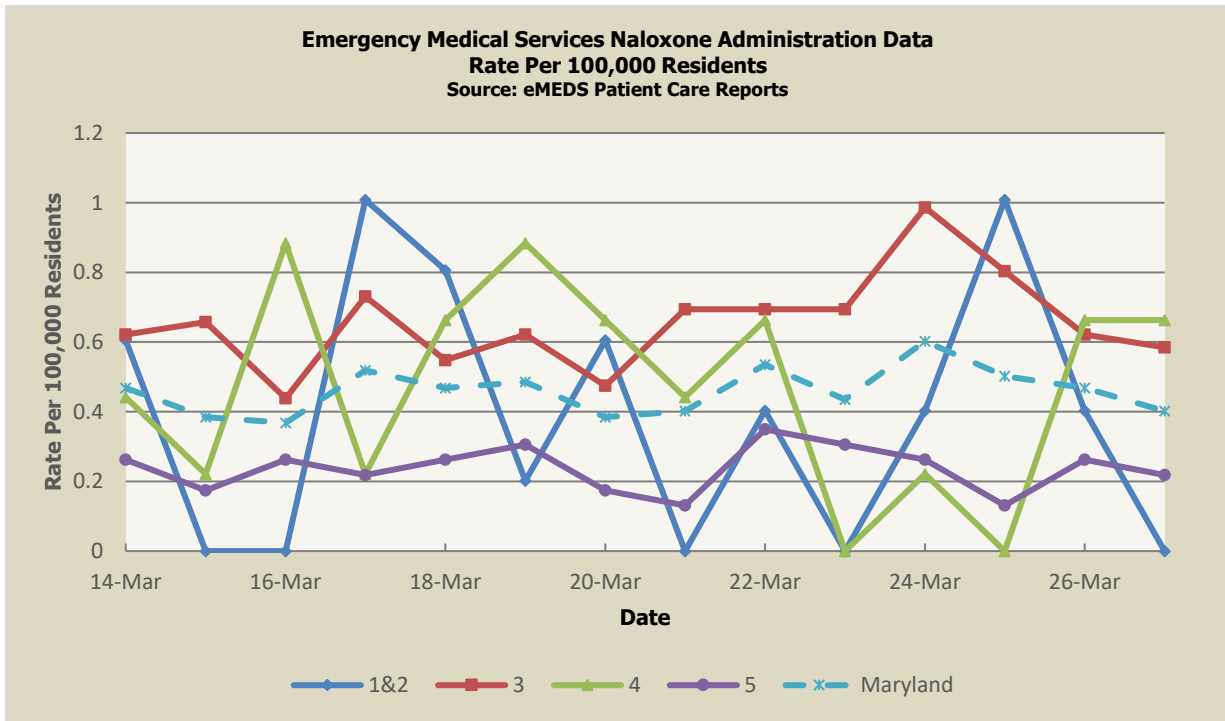
# Naloxone Administration Data by Week



**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 April 2nd, 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 (UK)**, 1 April 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds), United Kingdom. Read More: <https://promedmail.org/promed-post/?id=8283100>

**AVIAN INFLUENZA (FRANCE)**, 31 March 2021, Highly pathogenic influenza A viruses (Inf. with) (non-poultry including wild birds), France. Read More: <https://promedmail.org/promed-post/?id=8280942>

**AVIAN INFLUENZA (CAMBODIA)**, 29 March 2021, The death of birds recently discovered in Tuolporn Taley Boeung Sne protected area in Prey Veng province's Ba Phnom district was a result of bird flu caused by influenza A virus subtype H5N1 (A/H5N1), officials confirmed. Read More: <https://promedmail.org/promed-post/?id=8275721>

### **HUMAN AVIAN INFLUENZA**

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

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## **NATIONAL DISEASE REPORTS**

**CORONAVIRUS DISEASE 2019 UPDATE (USA)**, 1 April 2021, The Pfizer-BioNTech coronavirus vaccine is extremely effective in young adolescents, perhaps even more so than in adults, the companies reported on Wednesday -- a finding that could ease the return to normalcy for millions of American families. Read More: <https://promedmail.org/promed-post/?id=8283365>

**INFLUENZA (NORTH CAROLINA)**, 30 March 2021, The Centers for Disease Control and Prevention (CDC) today [26 Mar 2021] reported a variant H1N1 (H1N1v) case, which involves a North Carolina resident who had daily contact with pigs. Read More: <https://promedmail.org/promed-post/?id=8273674>

## **INTERNATIONAL DISEASE REPORTS**

**EBOLA UPDATE (DEMOCRATIC REPUBLIC OF CONGO)**, 31 March 2021, During the 2018-2020 Ebola virus disease (EVD) outbreak in North Kivu province in the Democratic Republic of Congo, EVD was diagnosed in a patient who had received the recombinant vesicular stomatitis virus-based vaccine expressing a ZEBOV glycoprotein (rVSV-ZEBOV) (Merck). Read More: <https://promedmail.org/promed-post/?id=8281659>

**BOTULISM (CANADA)**, 31 March 2021, More than 27 people in Inukjuak may have been exposed to botulism after consuming contaminated walrus meat served at 2 recent feasts in the community. Read More: <https://promedmail.org/promed-post/?id=8281039>

**EBOLA UPDATE (GUINEA)**, 30 March 2021, Scientists and global health officials are investigating whether the current Ebola outbreak in Guinea may have been triggered by a person who was first infected with the virus during the Ebola epidemic in the region 5 years ago. Read More: <https://promedmail.org/promed-post/?id=8277368>

**TICK-BORNE ENCEPHALITIS (CZECH REPUBLIC)**, 27 March 2021, The number of Czechs infected by tick-borne encephalitis rose to 854 last year [2020], which was 80 more than in 2019 and the highest number since 2012, according to the data of the National Health Institute (SZU) released Thursday [25 Mar 2021]. Read More: <https://promedmail.org/promed-post/?id=8272121>

**MELIOIDOSIS (AUSTRALIA)**, 27 March 2021, A soil and water-borne disease has killed 2 people and forced 4 others into hospital intensive care this year [2021] in far north Queensland, as cases nearly double since 2020. Read More: <https://promedmail.org/promed-post/?id=8271645>

**CHOLERA, DIARRHEA & DYSENTERY UPDATE (AFRICA)**, 26 March 2021, The Osun State Police Command says at least 3 people have been confirmed dead in Ede area of the state after contracting cholera. Read More: <https://promedmail.org/promed-post/?id=8271347>

## **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>

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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.

### **Prepared By:**

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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

