



MARYLAND
Department of Health

Public Health Preparedness and Situational Awareness Report: #2021:26

Reporting for the week ending 07/03/21 (MMWR Week #26)

July 9th, 2021

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

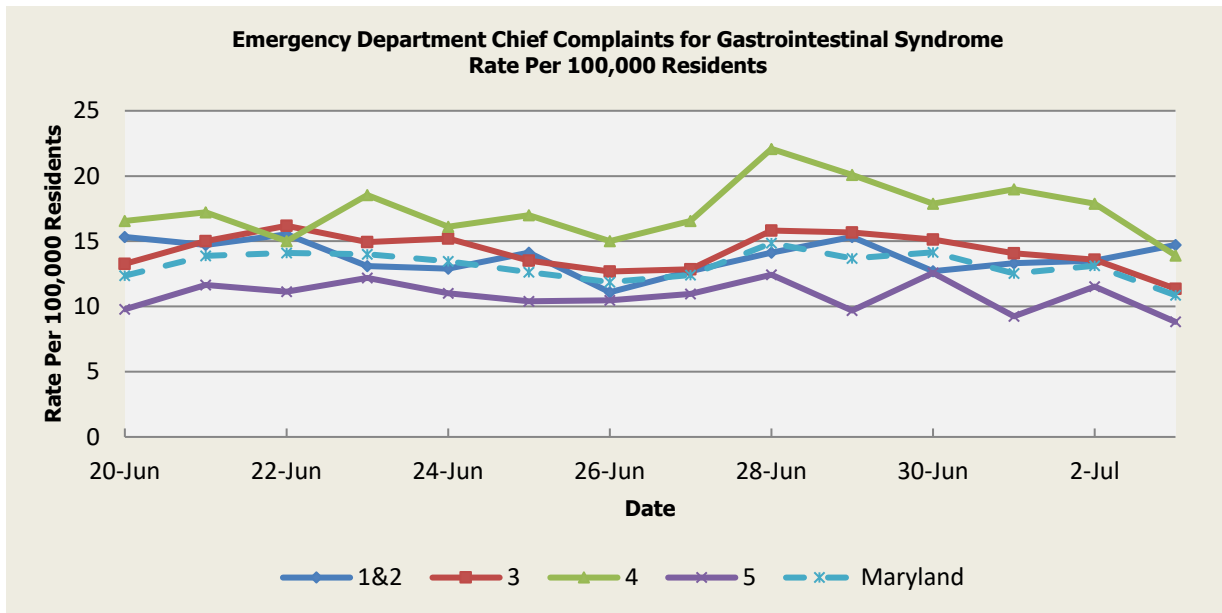
Maryland: **ENHANCED** (MEMA status)

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



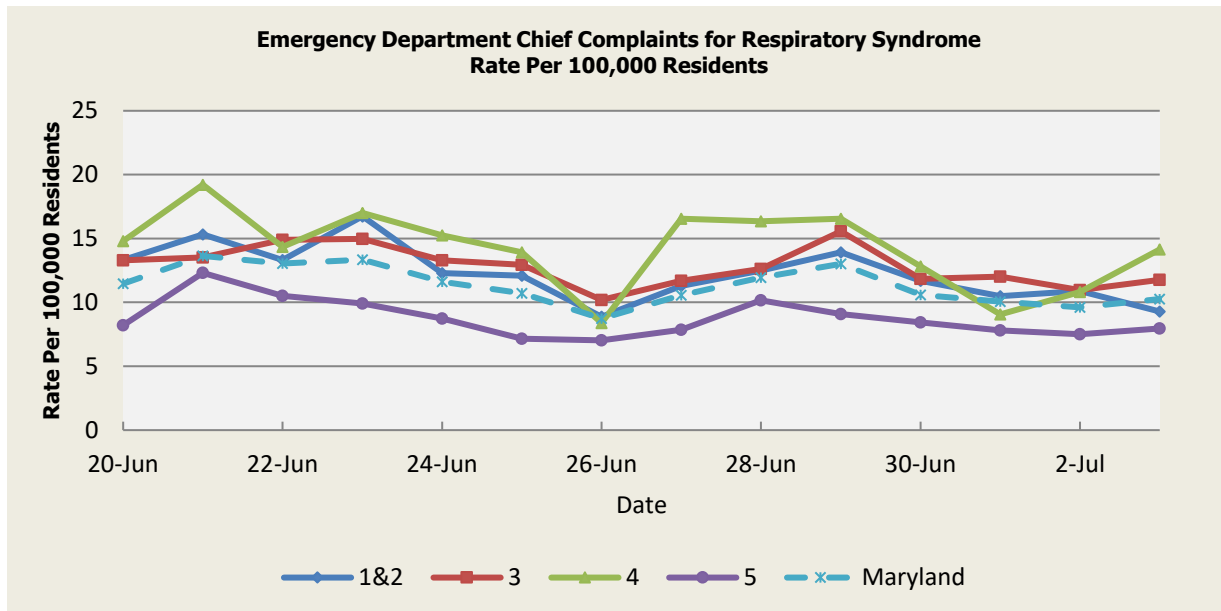
There were two (2) outbreaks of Gastroenteritis in Nursing Homes (Regions 1&2).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.14	14.72	15.85	10.05	12.88
Median Rate*	13.11	14.60	15.46	10.00	12.83

* Per 100,000 Residents

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Respiratory Syndrome



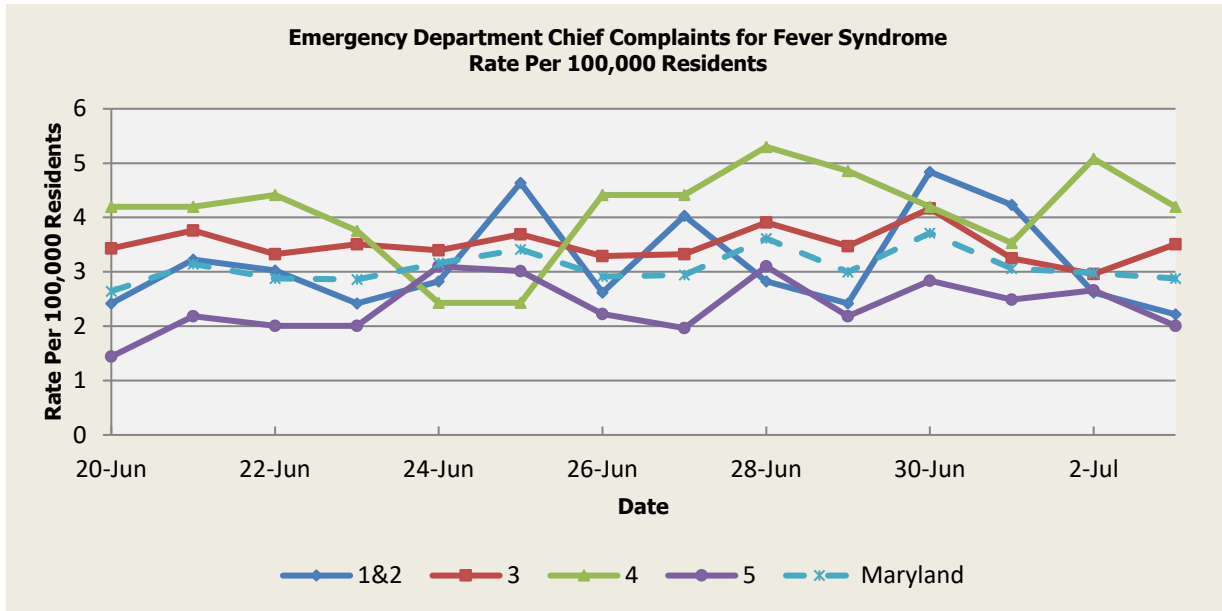
There were eleven (11) Respiratory Syndrome outbreaks reported this week: five (5) outbreaks of COVID-19 in Assisted Living Facilities (Region 3), One (1) outbreak of COVID-19 in a Daycare Center (Region 5), two (2) outbreaks of COVID-19 in Group Homes (Regions 4,5), one (1) outbreak of COVID-19 in a Hospital (Region 4), one (1) outbreak of COVID-19 in a Nursing Home (Region 3), one (1) outbreak of Pneumonia in a Nursing Home (Region 3), one (1) outbreak of ILI (RSV) in a Daycare Center (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.43	14.66	15.20	9.88	12.68
Median Rate*	12.10	13.99	14.35	9.43	12.12

* Per 100,000 Residents

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Fever Syndrome



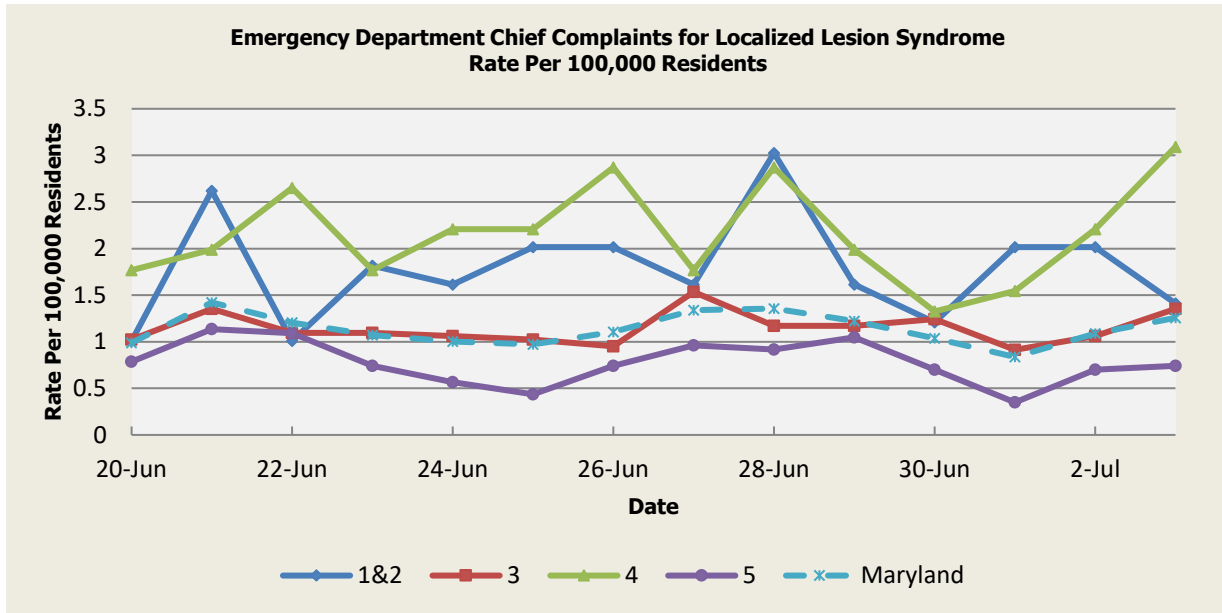
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.03	3.87	4.10	2.98	3.48
Median Rate*	2.82	3.73	3.97	2.88	3.35

**Per 100,000 Residents*

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Localized Lesion Syndrome



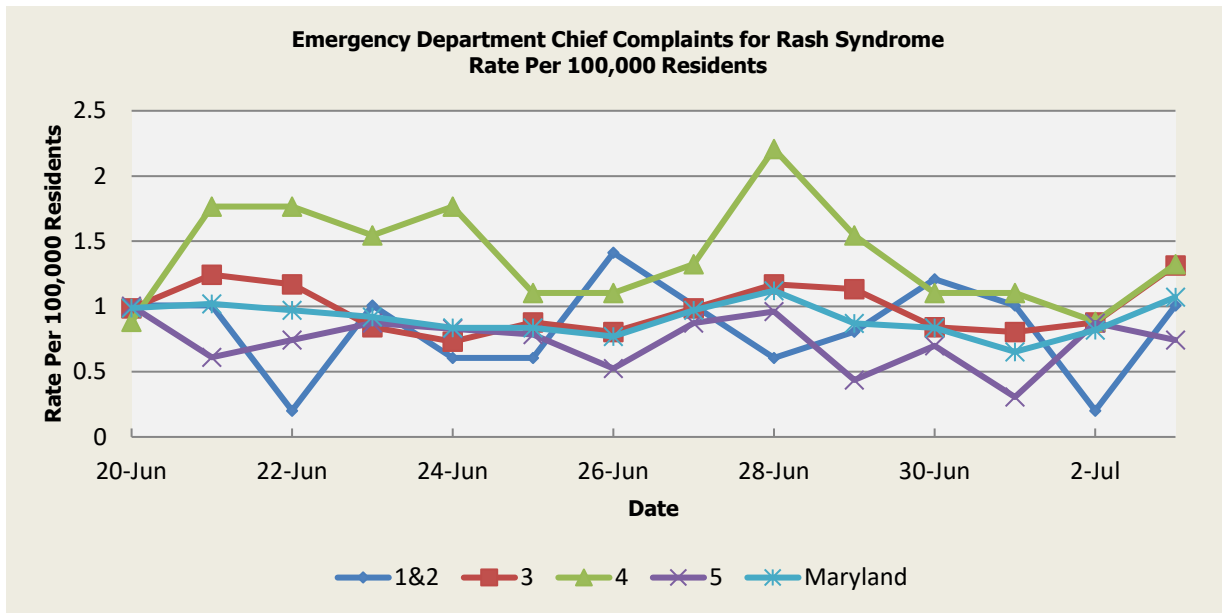
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.66	1.95	0.85	1.33
Median Rate*	1.01	1.61	1.77	0.83	1.29

* Per 100,000 Residents

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Rash Syndrome



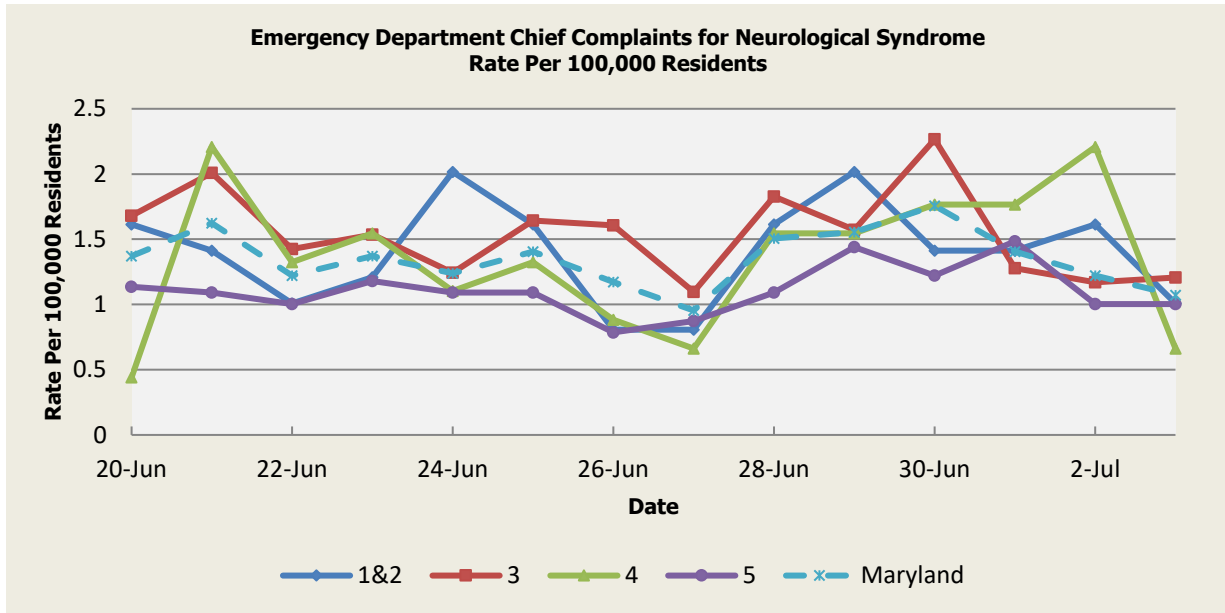
There were no Rash illness outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.55	1.64	0.90	1.28
Median Rate*	1.01	1.50	1.55	0.87	1.25

* Per 100,000 Residents

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Neurological Syndrome



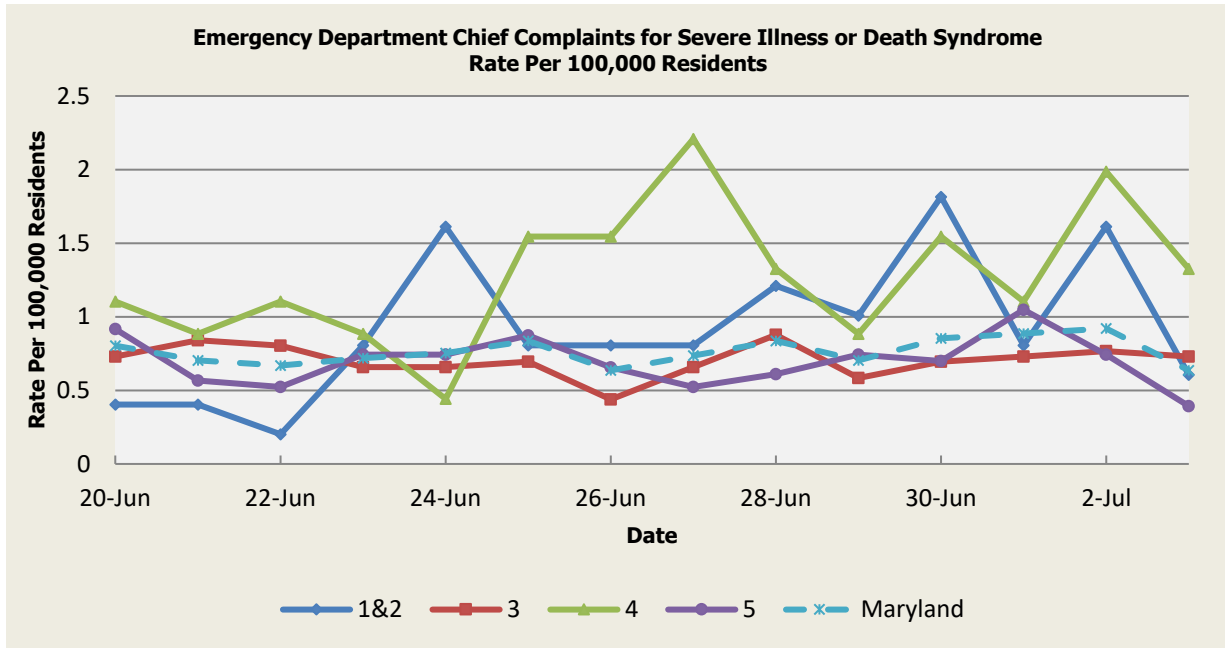
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.83	1.03	0.96	0.66	0.87
Median Rate*	0.81	0.99	0.88	0.61	0.85

* Per 100,000 Residents

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Severe Illness or Death Syndrome



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

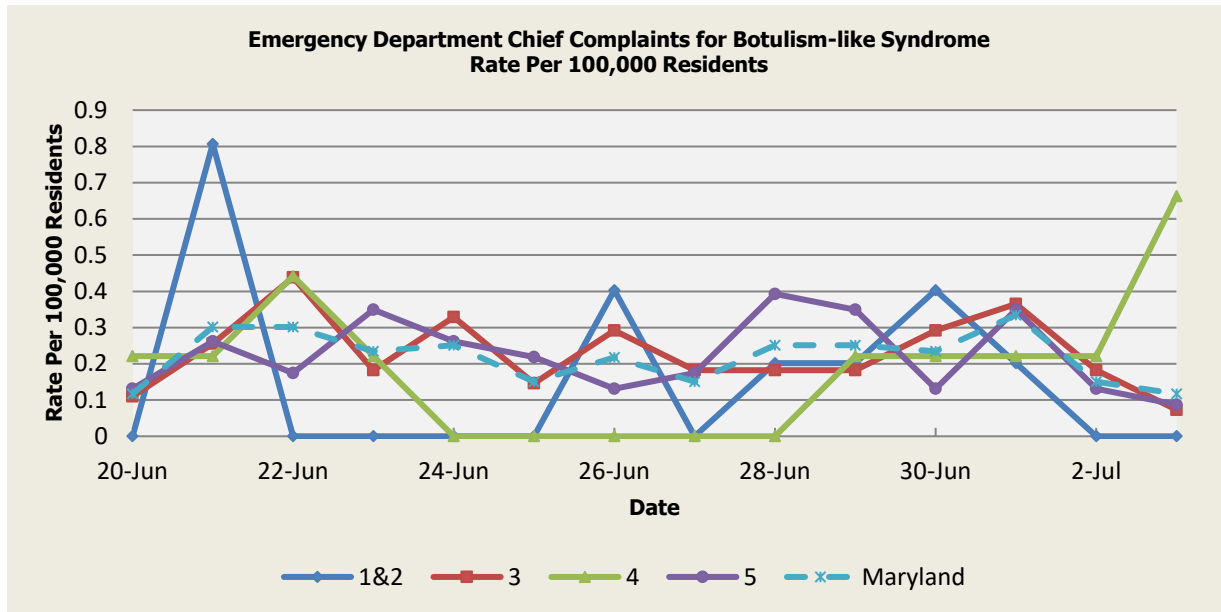
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.87	0.85	0.55	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



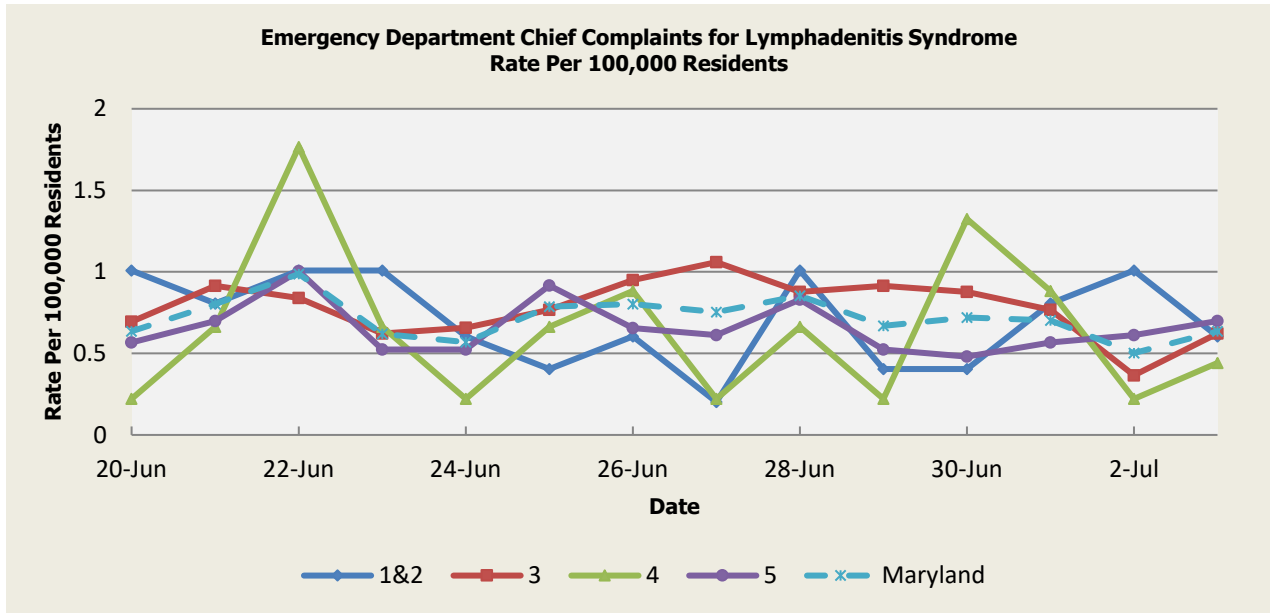
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 6/20 (Region 4), 6/21 (Regions 1&2,4,5), 6/22 (Regions 3,4), 6/23 (Regions 4,5), 6/24 (Regions 3,5), 6/25 (Region 5), 6/26 (Regions 1&2,3). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.14	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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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 6/20 (Regions 1&2), 6/22 (Regions 1&2,4,5), 6/23 (Regions 1&2), 6/25 (Region 5), 6/26 (Region 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*	0.41	0.61	0.41	0.40	0.50
Median Rate*	0.40	0.58	0.44	0.35	0.49

* 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 July 9th, 2021)

County	Number of Confirmed Cases
Allegany	7,062
Anne Arundel	44,032
Baltimore City	66,030
Baltimore County	53,210
Calvert	4,242
Caroline	2,353
Carroll	9,531
Cecil	6,370
Charles	10,984
Dorchester	2,855
Frederick	19,860
Garrett	2,050
Harford	16,681
Howard	19,370
Kent	1,361
Montgomery	71,296
Prince George's	85,660
Queen Anne's	3,014
St. Mary's	6,076
Somerset	2,626
Talbot	2,186
Washington	14,679
Wicomico	7,744
Worcester	3,708
Total	462,980

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

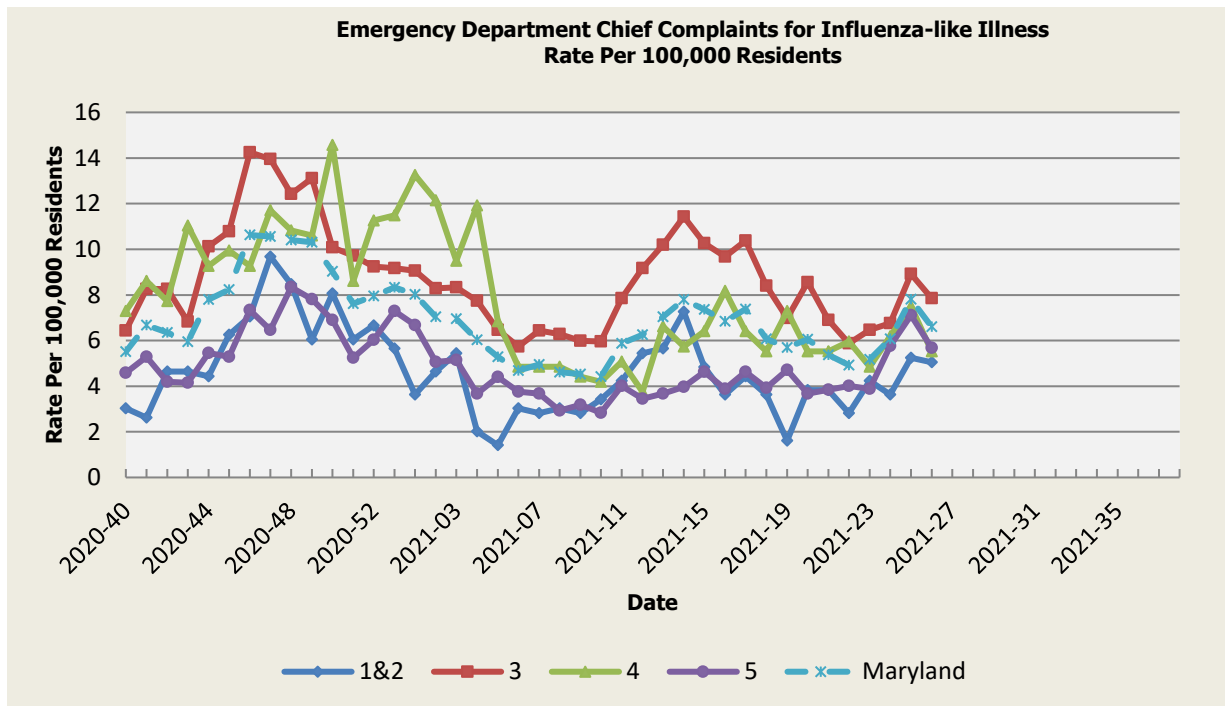
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SYNDROMIC INFLUENZA SURVEILLANCE

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 26:

Influenza-like Illness

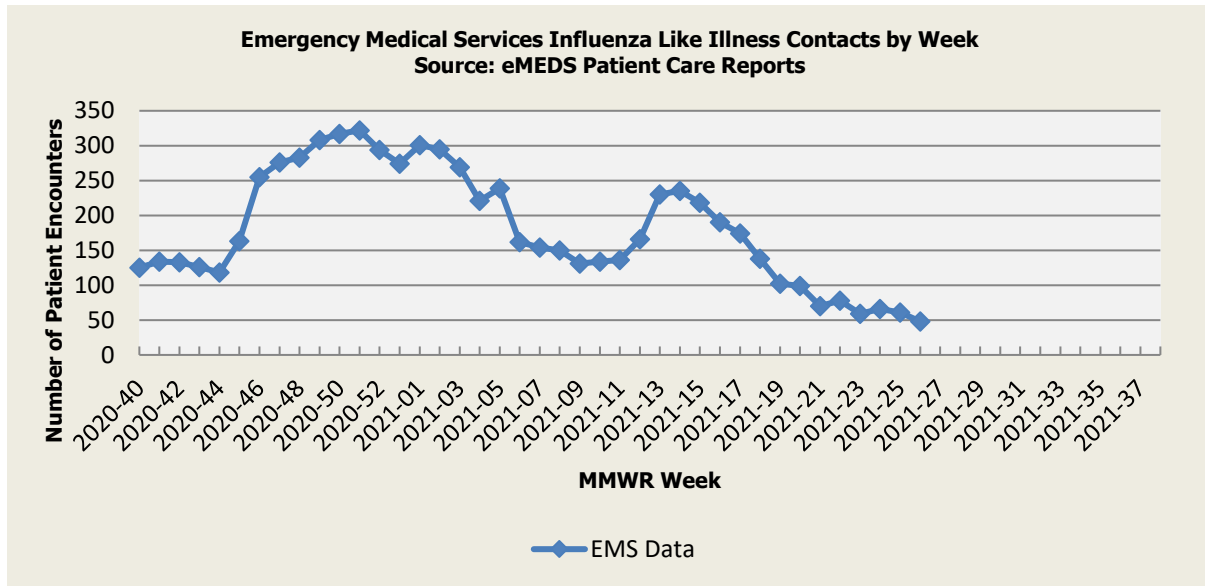


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.96	13.80	13.10	11.49	12.55
Median Rate*	7.26	10.16	9.27	8.29	9.07

* Per 100,000 Residents

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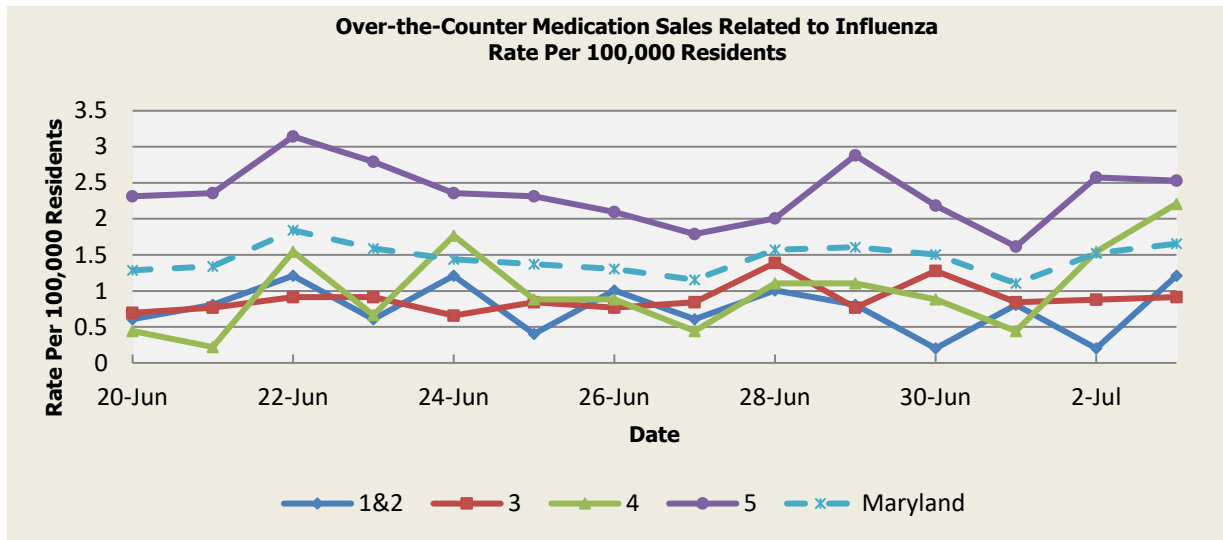
Influenza-like Illness Contacts by Week



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



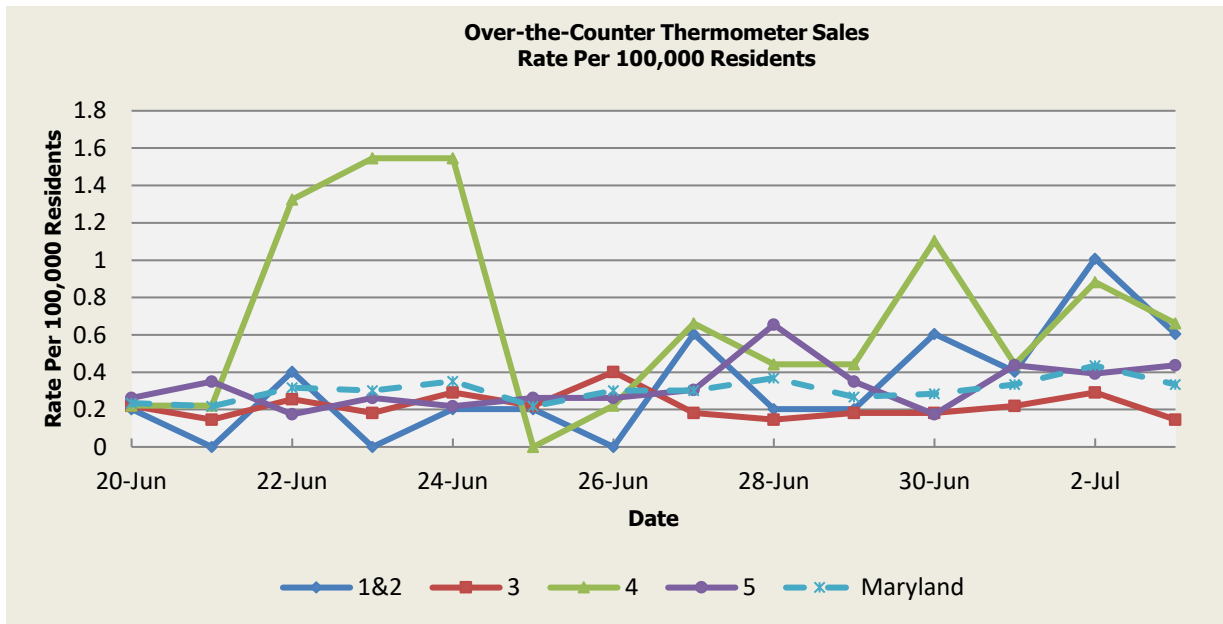
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.15	4.00	2.45	7.26	5.06
Median Rate*	2.42	3.00	1.99	6.29	4.13

* 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*	2.61	2.47	2.03	3.27	2.75
Median Rate*	2.42	2.45	1.99	3.32	2.79

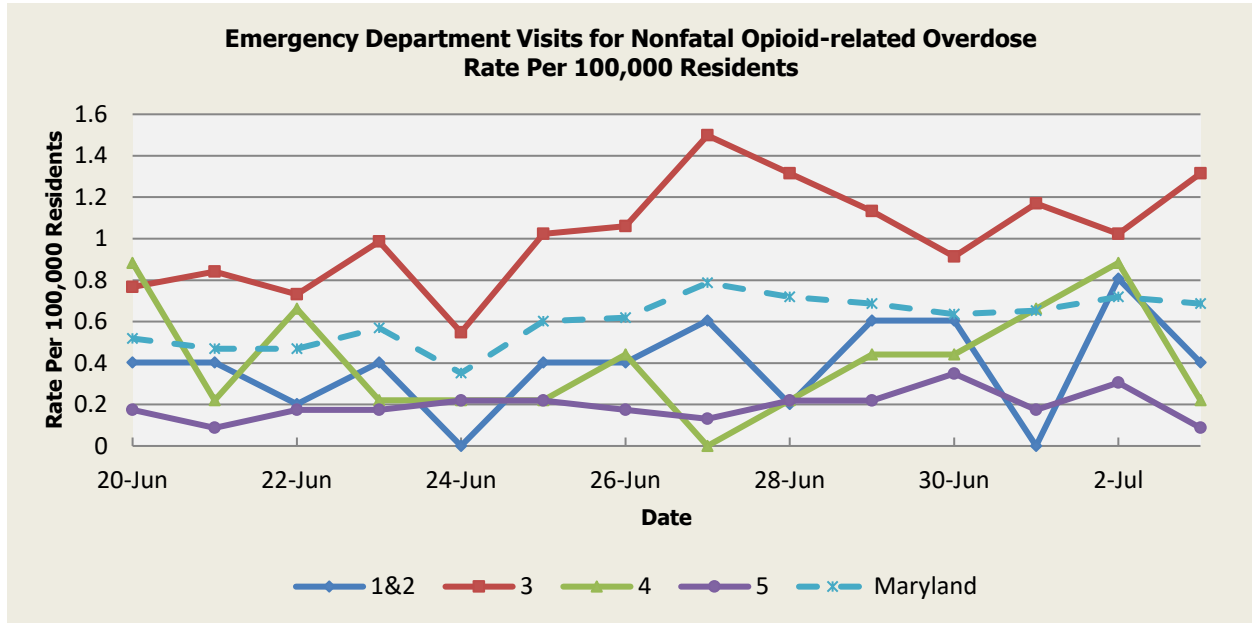
* Per 100,000 Residents

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SYNDROMIC OVERDOSE SURVEILLANCE

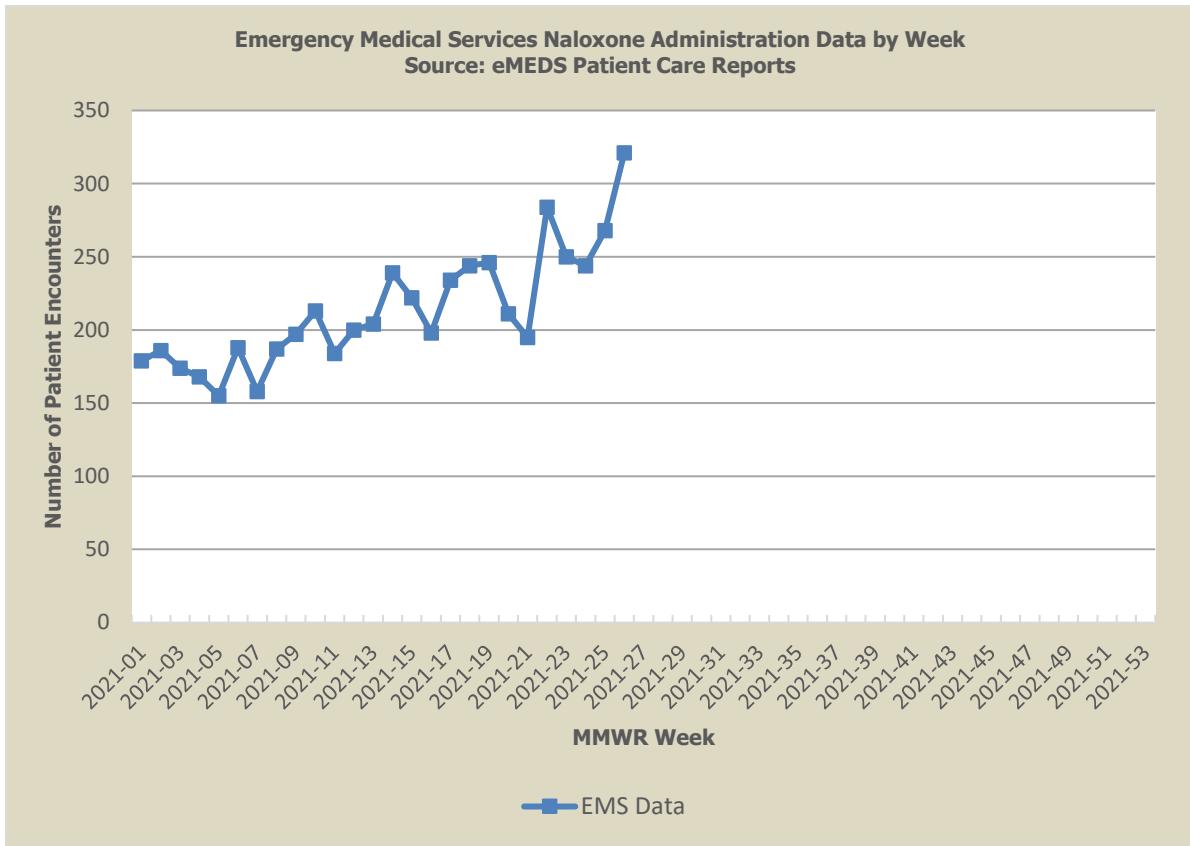
The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track trends in nonfatal drug overdoses as a critical strategy for surveillance and tailoring prevention resources to populations most affected in the state.

Nonfatal Opioid-related Overdose



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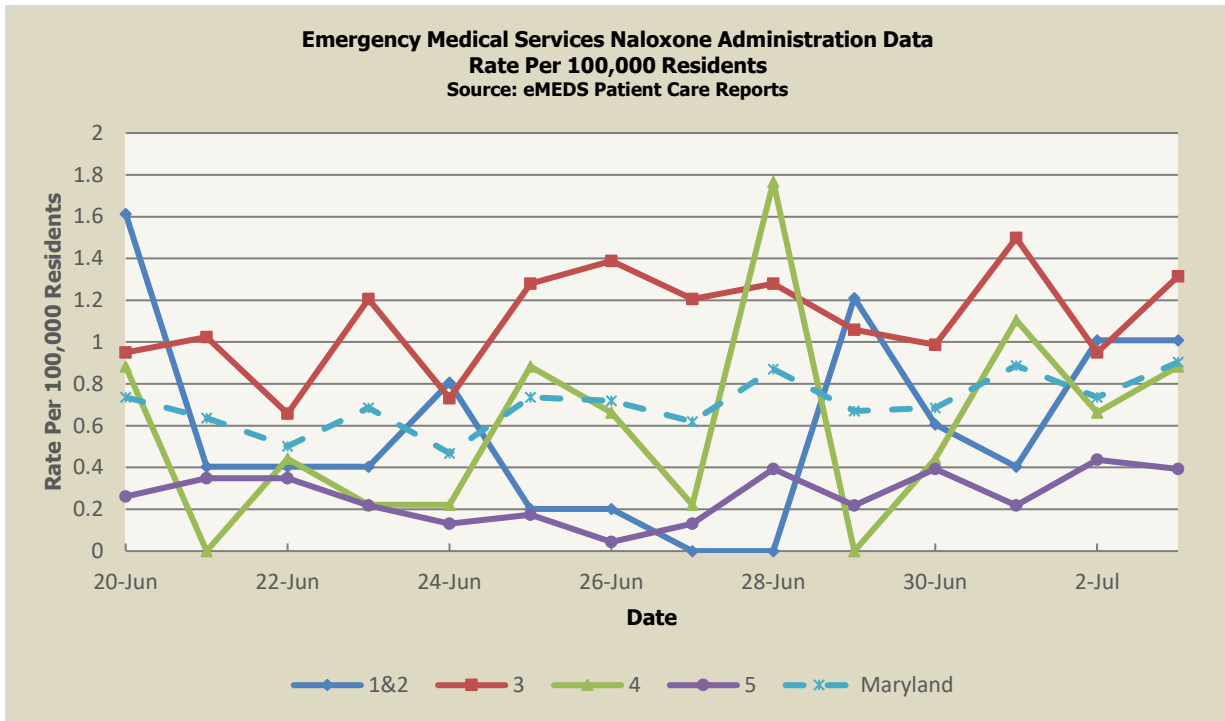
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient’s signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of July 9th, 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 (RUSSIA), 7 July 2021, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Russia. Read More: <https://promedmail.org/promed-post/?id=8501649>

AVIAN INFLUENZA (DENMARK), 7 July 2021, Affected population: on [4 Jul 2021], a clinical suspicion was reported to the Danish Veterinary and Food Administration. Read More: <https://promedmail.org/promed-post/?id=8499767>

AVIAN INFLUENZA (VIETNAM), 5 July 2021, The location of the outbreak can be seen on the interactive map included in the OIE report at the source. Read More: <https://promedmail.org/promed-post/?id=8497078>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

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NATIONAL DISEASE REPORTS

SALMONELLOSIS (USA), 7 July 2021, The FDA says that there are 20 sickened as the Jules cashew brie _Salmonella_ outbreak ends. Read More: <https://promedmail.org/promed-post/?id=8502466>

LISTERIOSIS (TEXAS, DELAWARE), 4 July 2021, Tyson Foods Inc., a Dexter, Missouri, establishment, is recalling approximately 8 492 832 pounds of ready-to-eat (RTE) chicken products that may be adulterated with _Listeria monocytogenes_, the US Department of Agriculture's Food Safety and Inspection Service (FSIS) announced today. Read More: <https://promedmail.org/promed-post/?id=8495412>

POWASSAN VIRUS ENCEPHALITIS (RHODE ISLAND), 2 July 2021, A Rhode Island resident has been diagnosed with a rare tick-borne disease that can cause muscular weakness or even paralysis, state public health officials said Tuesday. Read More: <https://promedmail.org/promed-post/?id=8492389>

INTERNATIONAL DISEASE REPORTS

CHOLERA, DIARRHEA & DYSENTERY UPDATE (NIGERIA), 8 July 2021, The outbreak of cholera in Amachi-Igwebuikwe village of Agba in Ishielu local government area of Ebonyi State has reportedly claimed 3 lives as 12 suspected cases have been recorded. Read More: <https://promedmail.org/promed-post/?id=8505034>

HEPATITIS A (NORTH CAROLINA), 8 July 2021, Overshadowed by the novel coronavirus pandemic, North Carolina health departments struggle to combat a smaller, yet still deadly outbreak: hepatitis A. Read More: <https://promedmail.org/promed-post/?id=8504638>

INVASIVE MOSQUITO (CANADA), 7 July 2021, Mosquito surveillance efforts in Windsor-Essex [Ontario, Canada] have detected a tropical invasive mosquito that can potentially spread the Zika virus. Read More: <https://promedmail.org/promed-post/?id=8500470>

CORONAVIRUS DISEASE 2019 UPDATE (231) (GLOBAL), 5 July 2021, The SARS-CoV-2 B.1.617.2 (Delta) variant was first identified in the state of Maharashtra in late 2020 and has spread throughout India, displacing the B.1.1.7 (Alpha) variant and other pre-existing lineages. Read More: <https://promedmail.org/promed-post/?id=8497065>

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.

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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

