



**MARYLAND**  
Department of Health

**Public Health Preparedness and Situational Awareness Report: #2021:28**

Reporting for the week ending 07/17/21 (MMWR Week #28)

**July 23rd, 2021**

**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** No Active Alerts

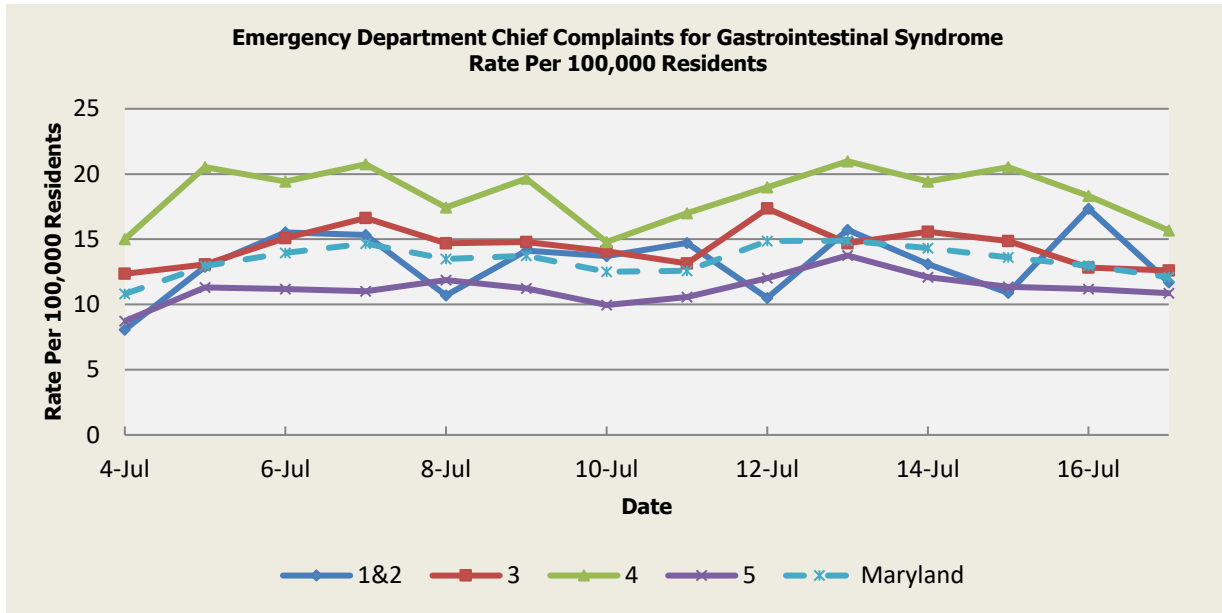
**Maryland:** **ENHANCED** (MEMA status)

**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



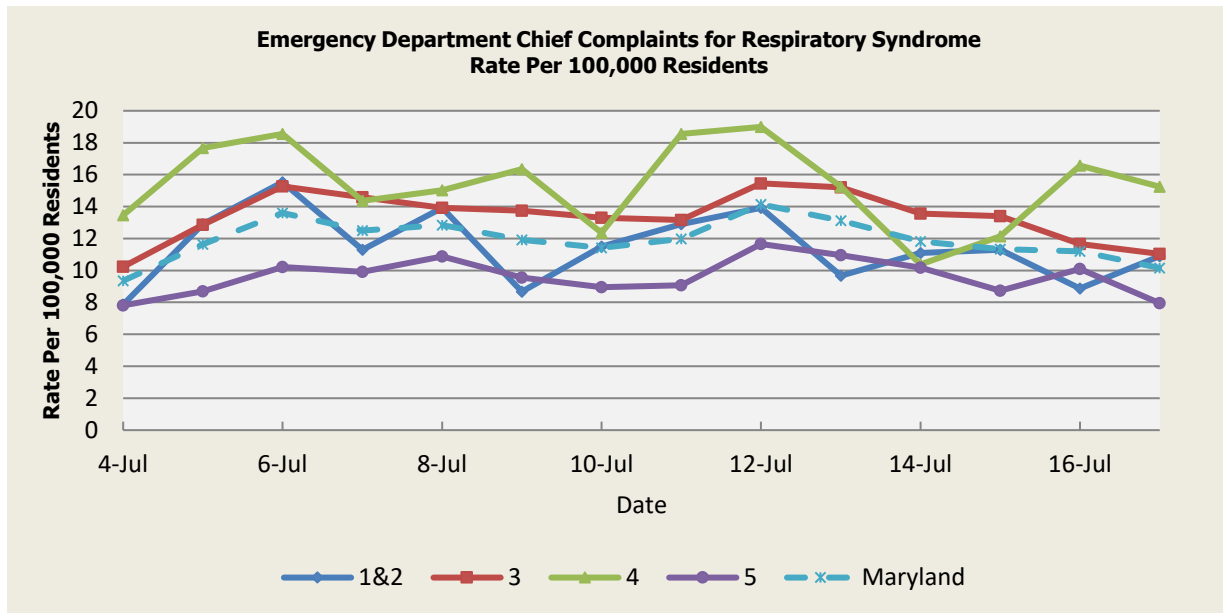
There was one (1) outbreak of Gastroenteritis in a Nursing Home (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.14	14.71	15.86	10.06	12.89
Median Rate*	13.11	14.61	15.46	10.00	12.83

\* Per 100,000 Residents

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# Respiratory Syndrome



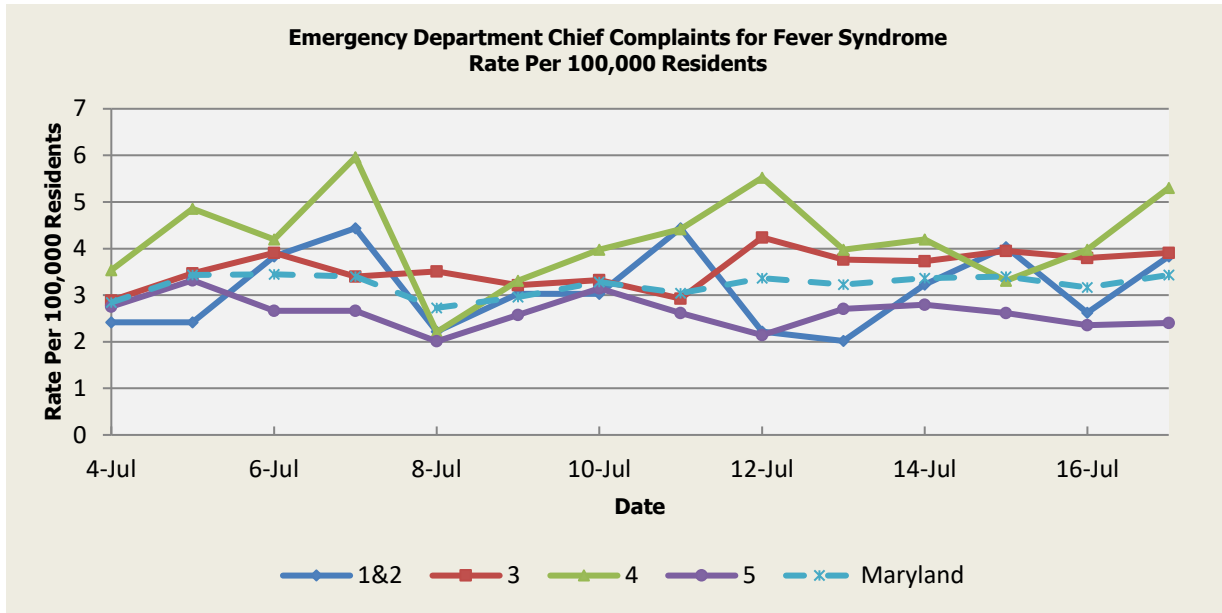
There were twenty-six (26) Respiratory Syndrome outbreaks reported this week: One (1) outbreak of COVID-19 in an Adult Daycare Center (Region 4), Five (5) outbreaks of COVID-19 in Correctional Facilities (Regions 1&2,3,4,5), One (1) outbreak of COVID-19 in a Crisis Intervention Facility and Shelter (Region 3), Two (2) outbreaks of COVID-19 in Group Homes (Region 3), One (1) outbreak of COVID-19 in a Hospital (Regions 1&2), Nine (9) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,5). One (1) outbreak of COVID-19 in a Restaurant (Region 3), Two (2) outbreaks of COVID-19 in Substance Use Treatment Programs (Region 3), One (1) outbreak of COVID-19 in a Transitional Housing Facility (Region 3), Three (3) outbreaks of COVID-19 in Youth Camps (Regions 3,4,5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.42	14.66	15.20	9.88	12.68
Median Rate*	12.10	13.99	14.35	9.43	12.11

\* Per 100,000 Residents

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# Fever Syndrome



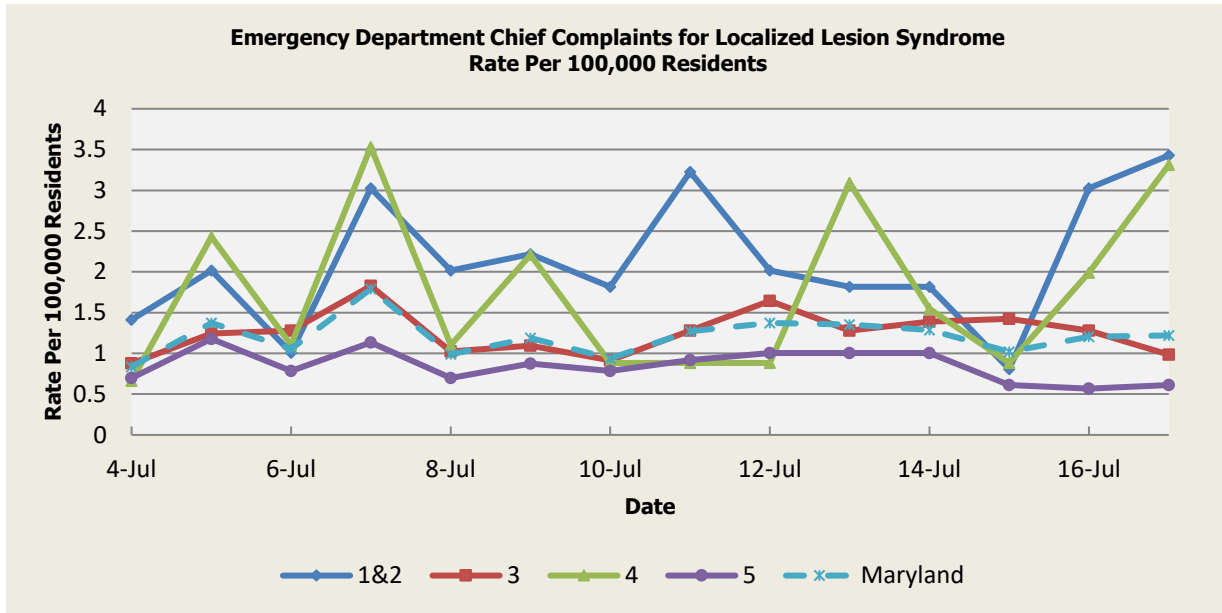
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.03	3.86	4.10	2.98	3.47
Median Rate*	2.82	3.73	3.97	2.88	3.35

\*Per 100,000 Residents

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# Localized Lesion Syndrome



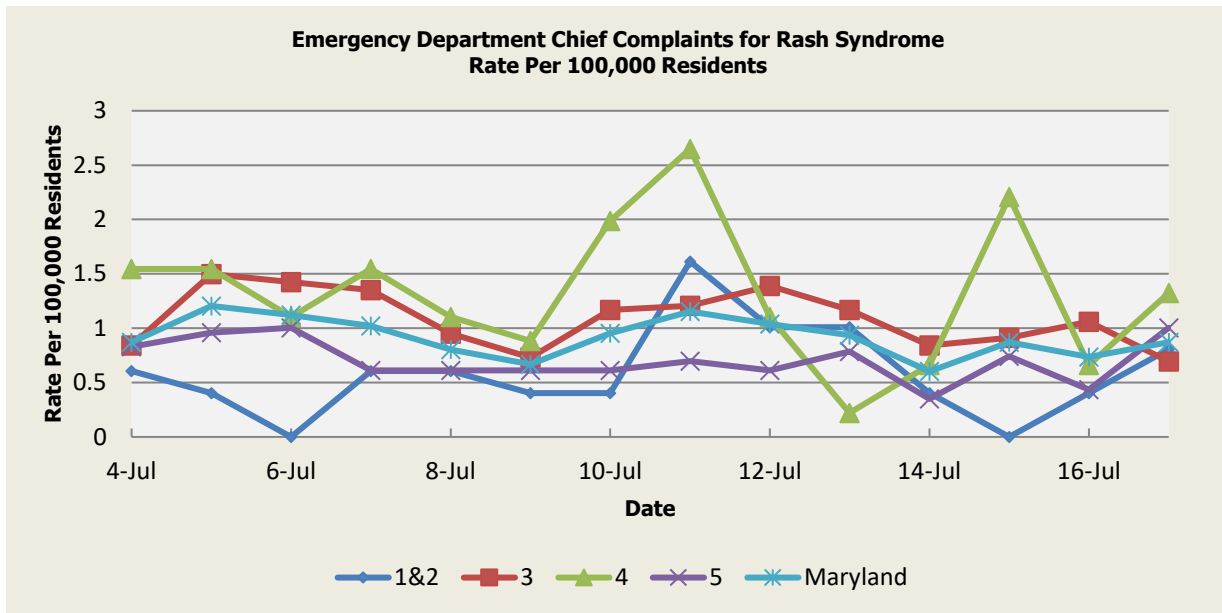
There were no Localized Lesion Syndrome outbreaks reported this week.

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



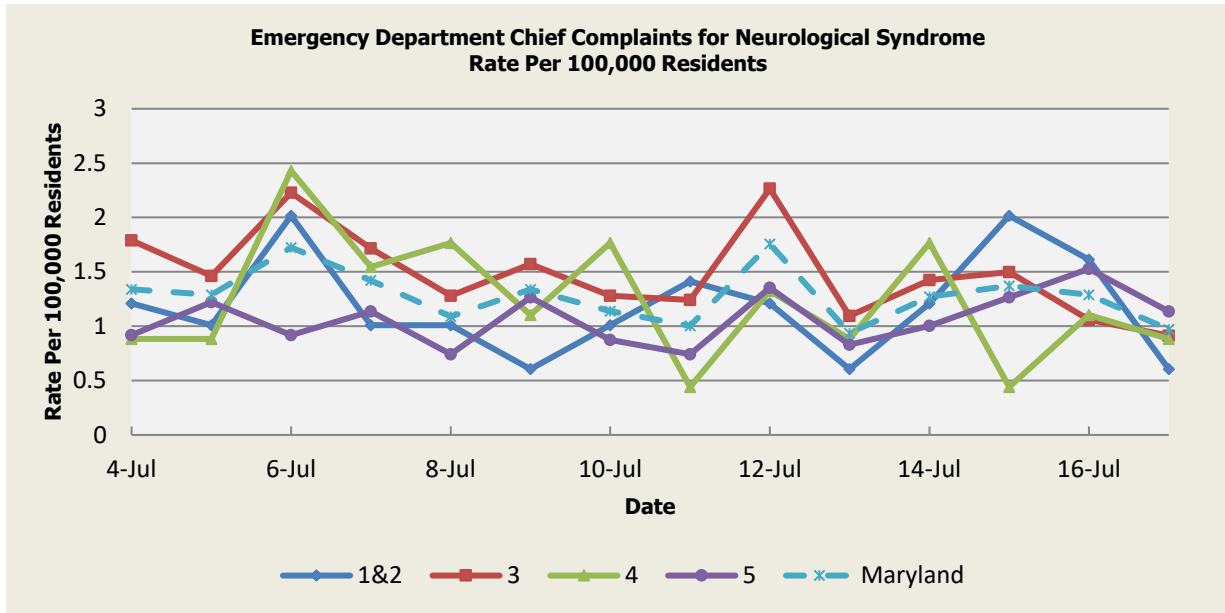
There were no Rash illness outbreaks reported this week.

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



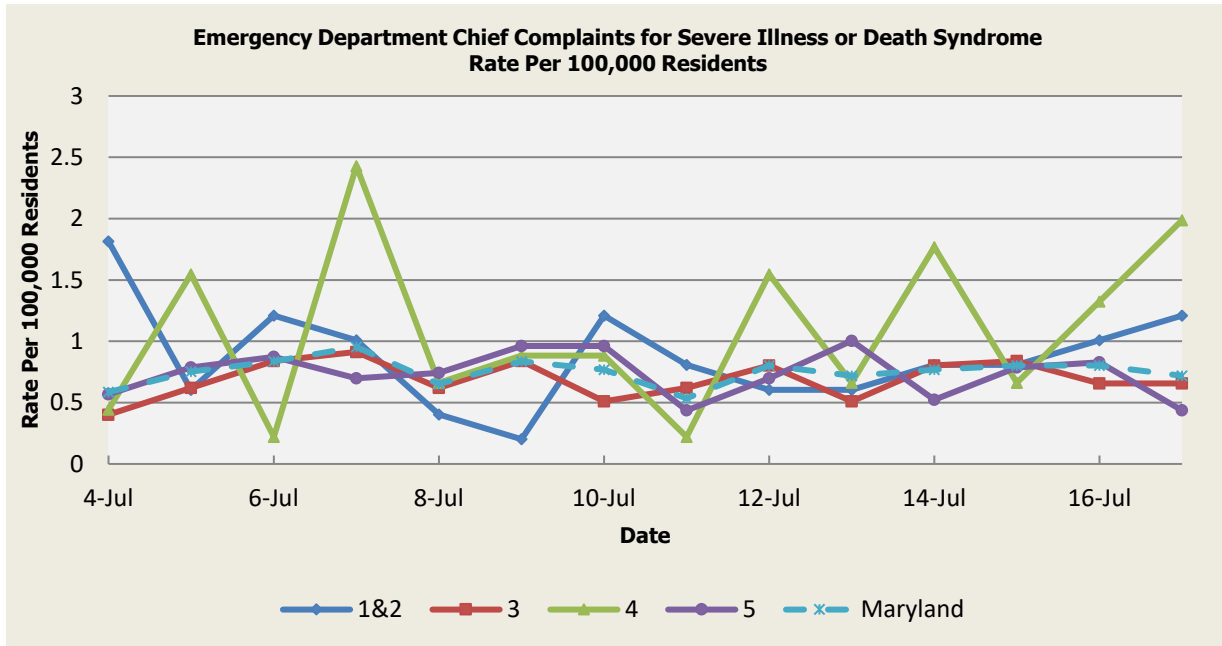
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.83	1.03	0.96	0.67	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

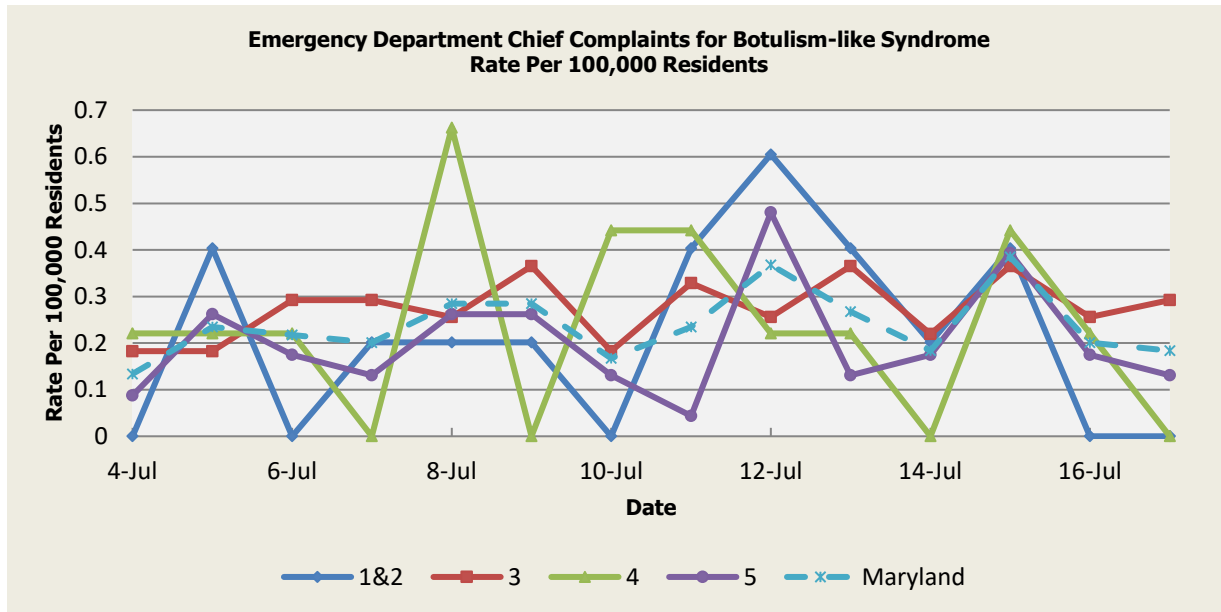
\* Per 100,000 Residents

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## SYNDROMES RELATED TO CATEGORY A AGENTS

### Botulism-like Syndrome



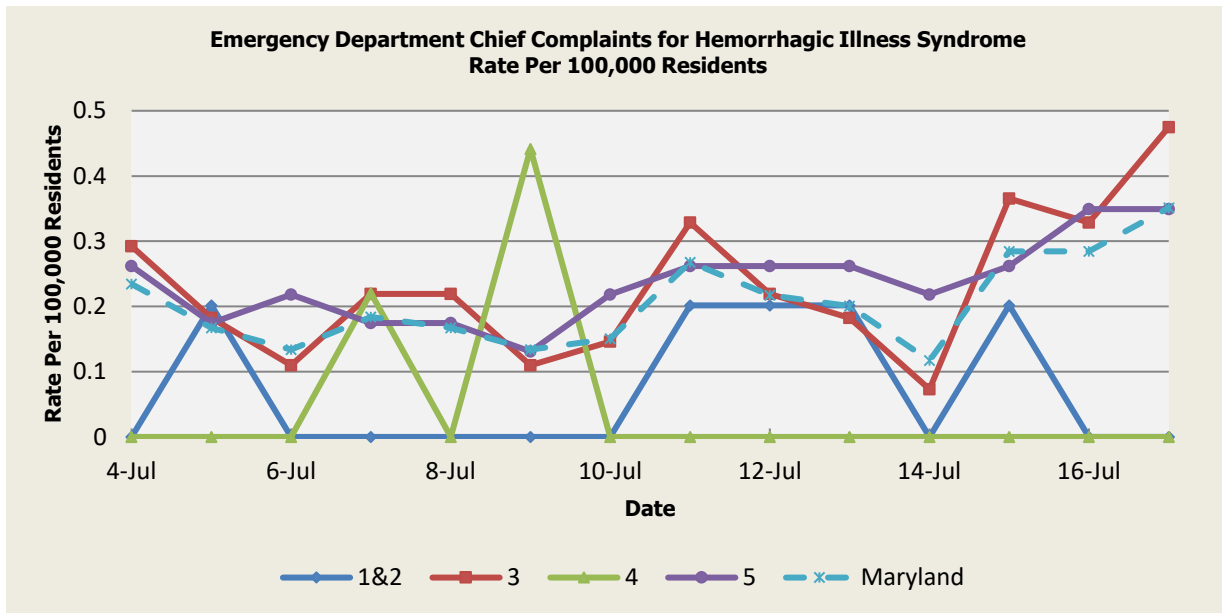
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 7/4 (Region 4), 7/5 (Regions 1&2,4,5), 7/6 (Regions 3,4), 7/7 (Regions 1&2,3), 7/8 (Regions 1&2,4,5), 7/9 (Regions 1&2,3,5), 7/10 (Region 4), 7/11 (Regions 1&2,3,4), 7/12 (Regions 1&2,4,5), 7/13 (Regions 1&2,3,4), 7/14 (Regions 1&2), 7/15 (Regions 1&2,3,4,5), 7/16 (Region 4), 7/17 (Region 3). 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	0.14	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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# Hemorrhagic Illness Syndrome



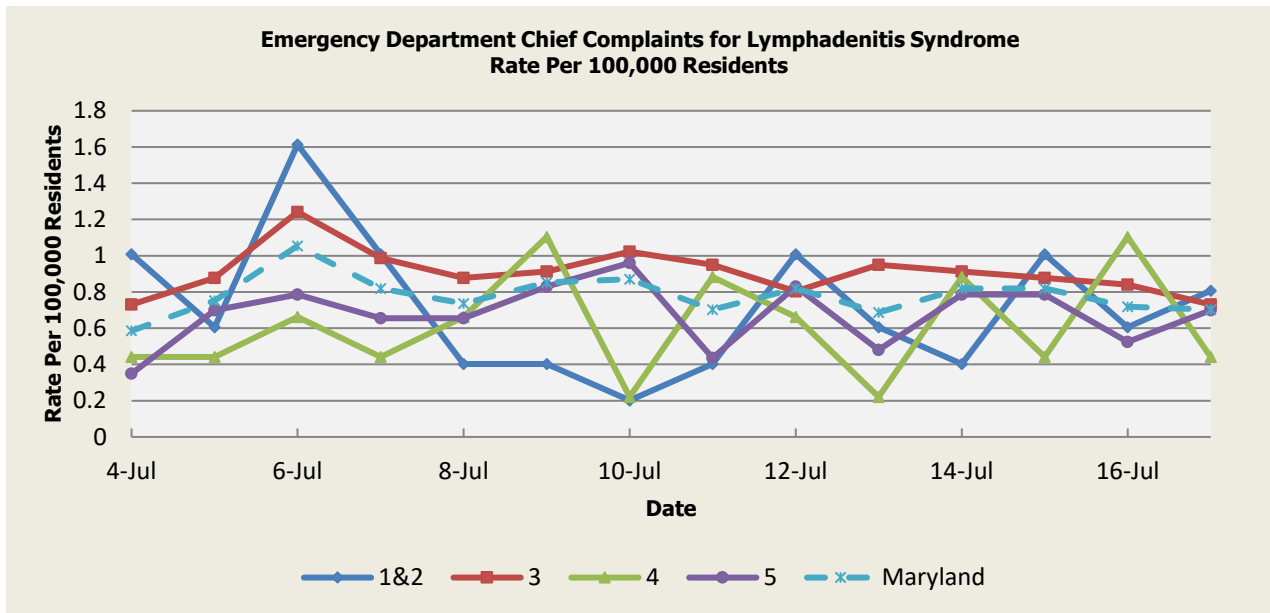
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 7/5 (Regions 1&2), 7/7 (Region 4), 7/9 (Region 4), 7/11 (Regions 1&2), 7/12 (Regions 1&2), 7/13 (Regions 1&2), 7/15 (Regions 1&2,3), 7/16 (Region 5), 7/17 (Regions 3,5). These increases are not 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 7/4(Regions 1&2), 7/6 (Regions 1&2,3), 7/7 (Regions 1&2), 7/9 (Regions 4,5), 7/10 (Region 5), 7/11 (Region 4), 7/12 (Regions 1&2,5), 7/14 (Region 4), 7/15 (Regions 1&2), 7/16 (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*	0.41	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 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 July 23rd, 2021)**

<b>County</b>	<b>Number of Confirmed Cases</b>
Allegany	7,082
Anne Arundel	44,284
Baltimore City	66,296
Baltimore County	53,387
Calvert	4,270
Caroline	2,363
Carroll	9,585
Cecil	6,431
Charles	11,066
Dorchester	2,865
Frederick	19,953
Garrett	2,061
Harford	16,763
Howard	19,476
Kent	1,365
Montgomery	71,691
Prince George's	86,175
Queen Anne's	3,026
St. Mary's	6,122
Somerset	2,633
Talbot	2,196
Washington	14,727
Wicomico	7,786
Worcester	3,723
<b>Total</b>	<b>465,038</b>

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

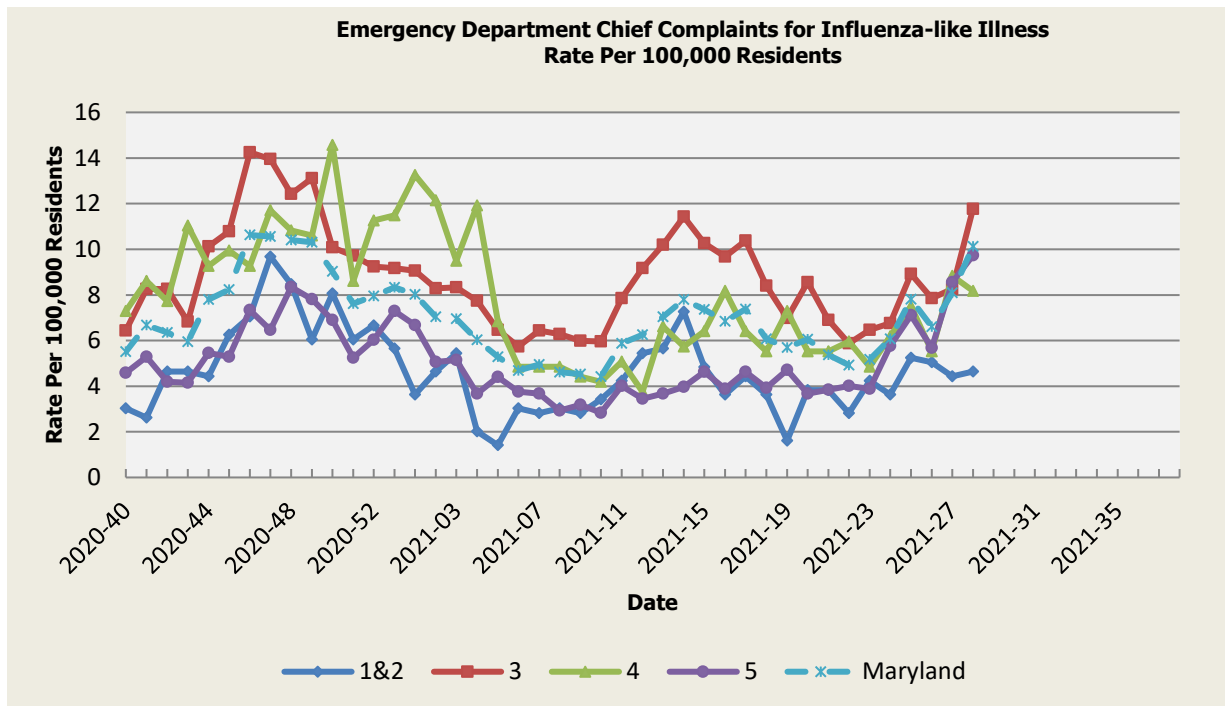
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## SYNDROMIC INFLUENZA SURVEILLANCE

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 28:

### Influenza-like Illness

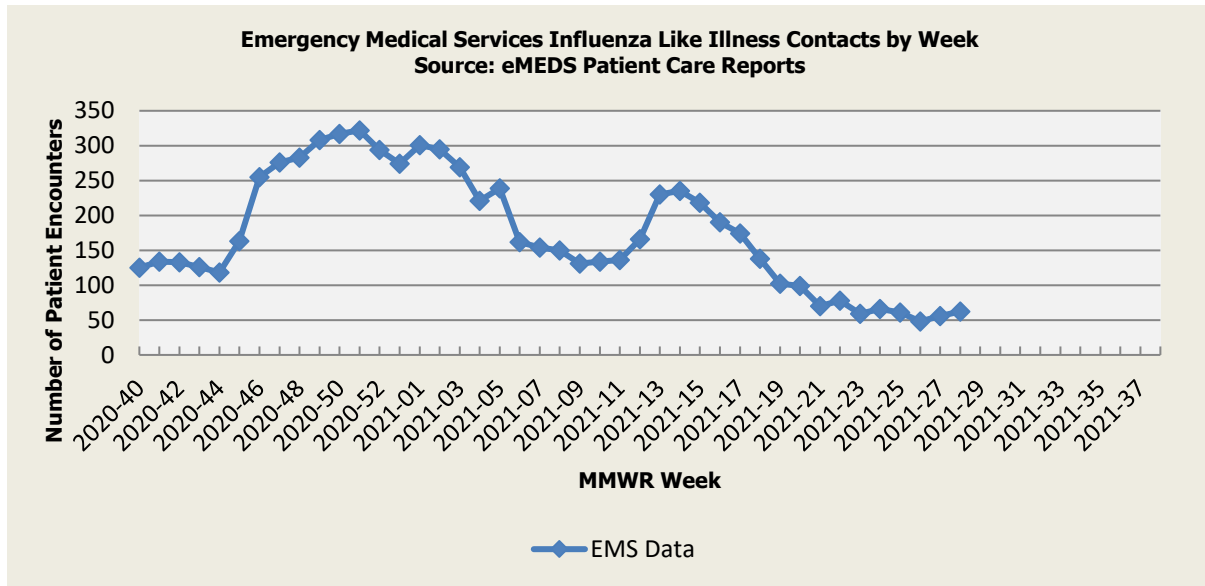


<b>Influenza-like Illness Baseline Data Week 1 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.93	13.78	13.07	11.48	12.52
Median Rate*	7.16	10.14	9.27	8.32	9.05

\* Per 100,000 Residents

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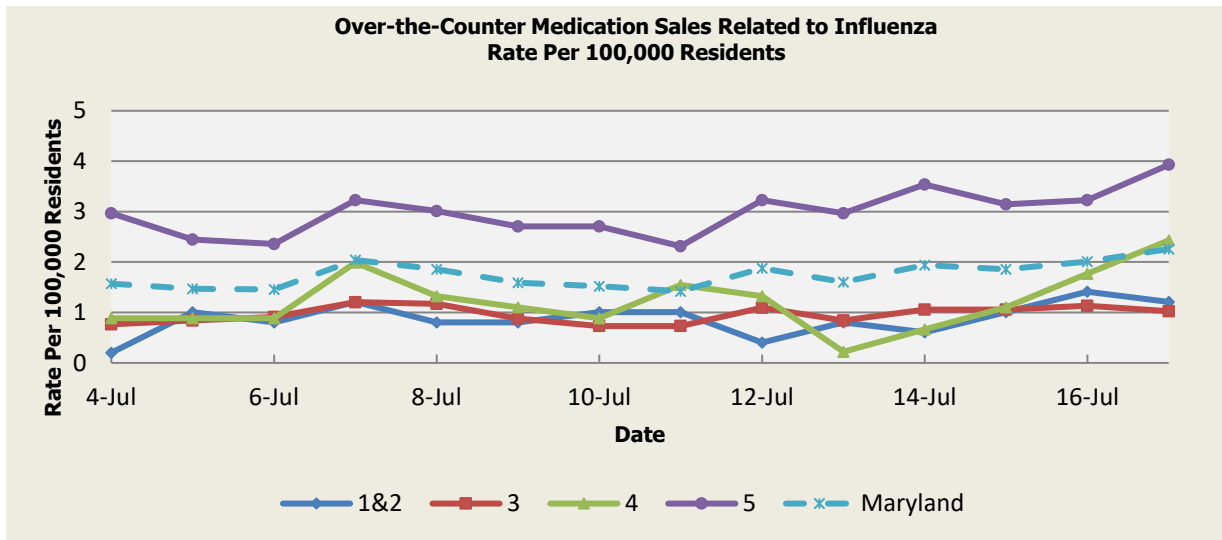
## Influenza-like Illness Contacts by Week



**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



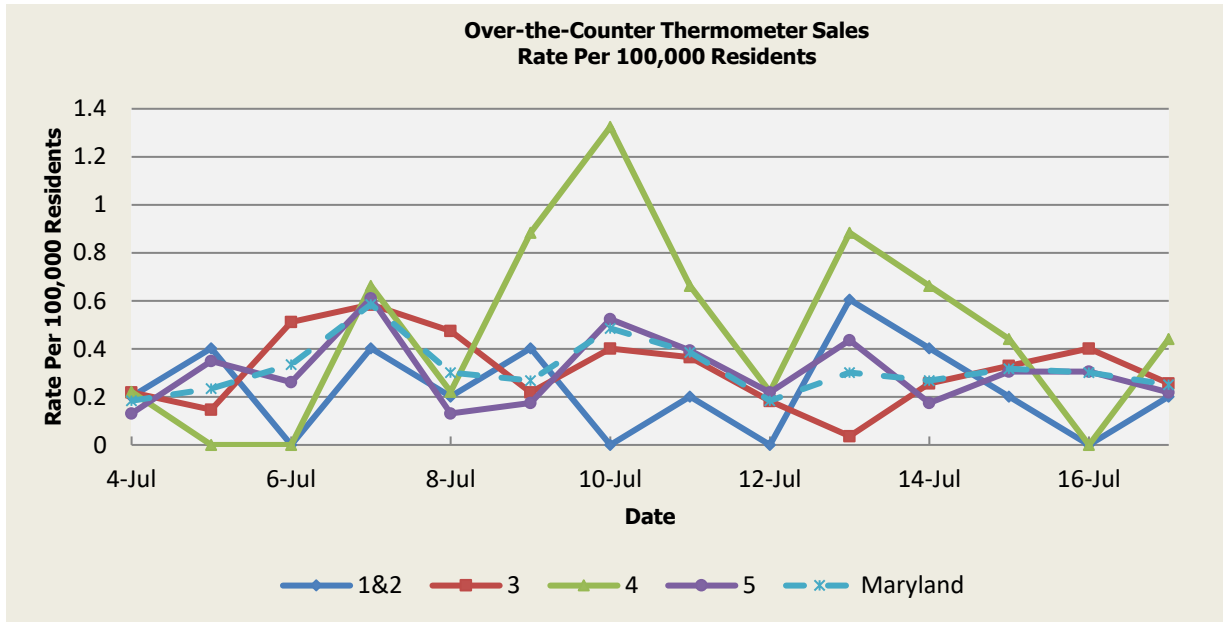
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.13	3.98	2.45	7.24	5.04
Median Rate*	2.42	3.00	1.99	6.24	4.11

\* 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*	2.60	2.46	2.02	3.25	2.74
Median Rate*	2.42	2.45	1.99	3.30	2.78

\* Per 100,000 Residents

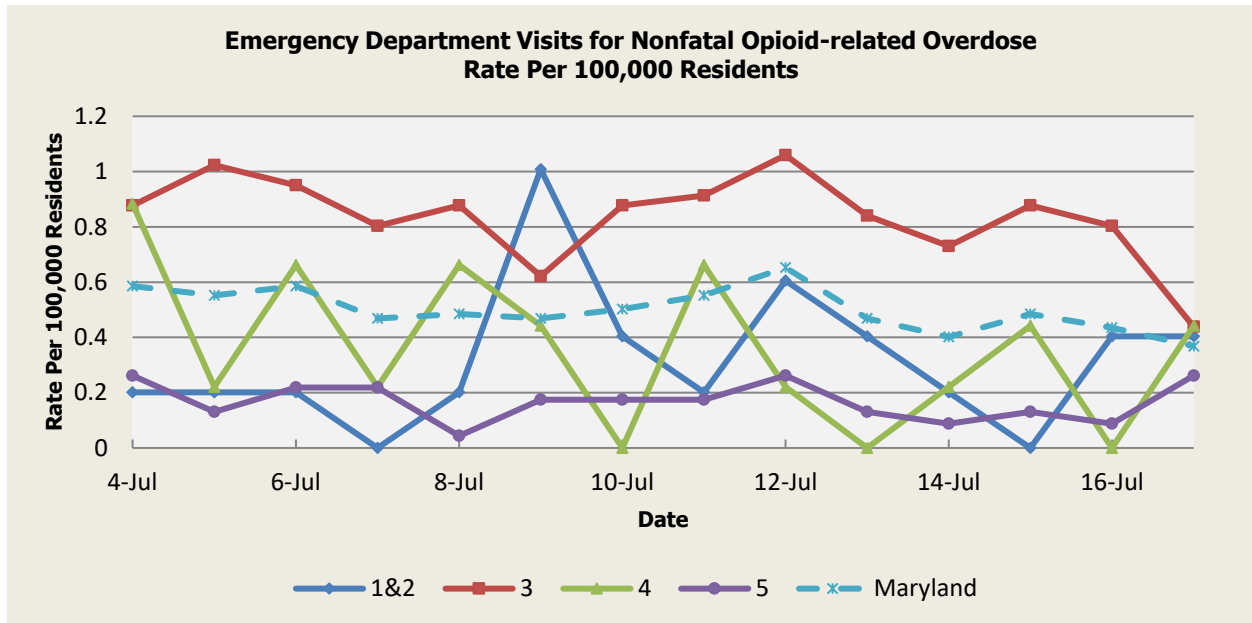
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## **SYNDROMIC OVERDOSE SURVEILLANCE**

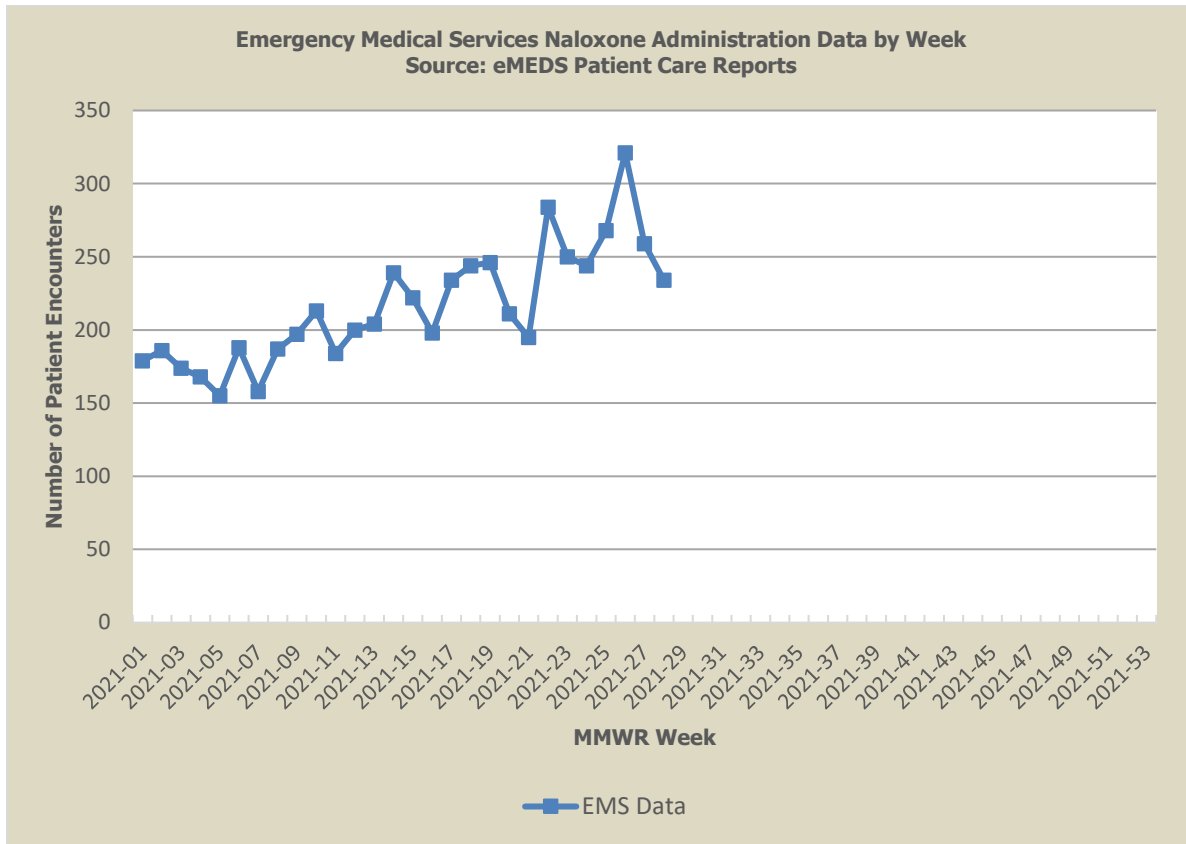
The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track 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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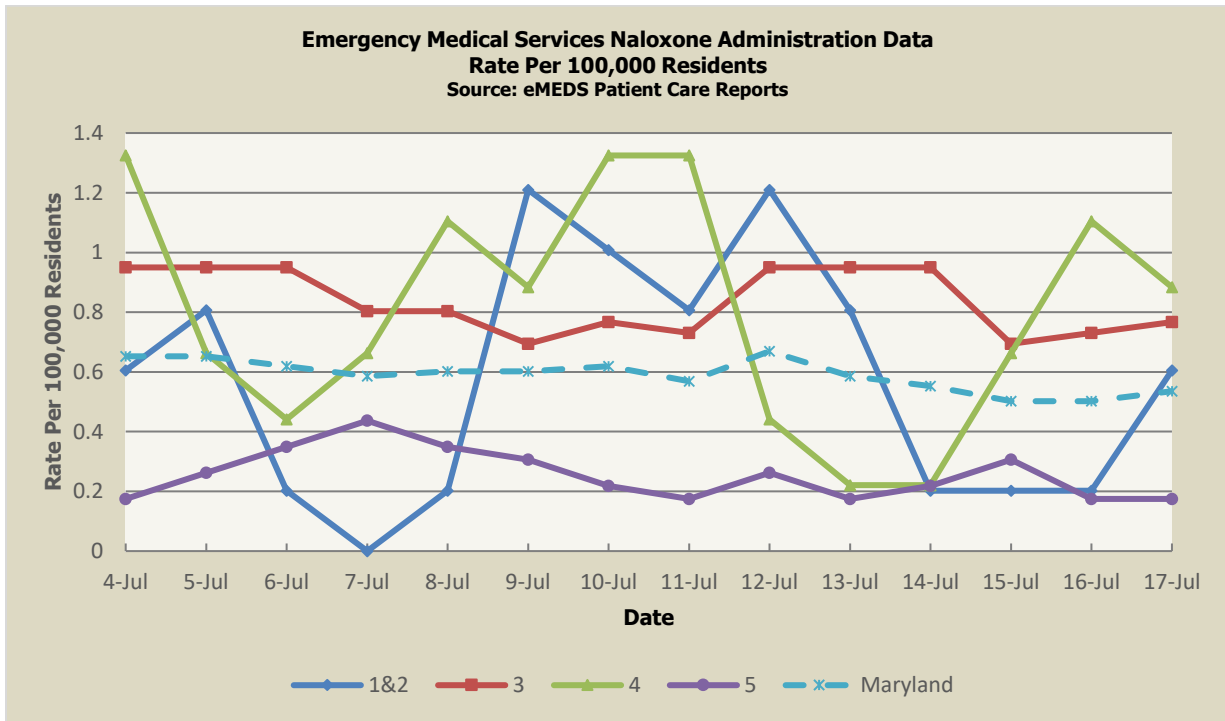
## Naloxone Administration Data by Week



**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 23rd, 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 (INDIA)**, 22 July 2021, India on Tue 20 Jul 2021 reported its first bird flu death as an 11-year-old boy, who was undergoing treatment at AIIMS for it and succumbed to the disease. Read More: <https://promedmail.org/promed-post/?id=8538183>

### **HUMAN AVIAN INFLUENZA**

**AVIAN INFLUENZA (INDIA)**, 16 July 2021, just over 7 years ago (May 2014) we saw a report from Sichuan, China of the first known infection by HPAI [highly pathogenic avian influenza] H5N6 avian influenza in humans. Read More: <https://promedmail.org/promed-post/?id=8519755>

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## **NATIONAL DISEASE REPORTS**

**VIBRIO PARAHAEMOLYTICUS (WASHINGTON)**, 21 July 2021, Washington state has initiated a recall of live oysters harvested from the Samish Bay growing area in the Puget Sound area. Read More: <https://promedmail.org/promed-post/?id=8534995>

**VIBRIO VULNIFICUS (TEXAS)**, 20 July 2021, The summer heat drives people to place like Bolivar Peninsula in Texas to enjoy the Gulf of Mexico. But the warm water is also home to potentially dangerous bacteria. Read More: <https://promedmail.org/promed-post/?id=8532783>

**VIBRIOSIS (WASHINGTON)**, 20 July 2021, According to the Washington State Department of Health (DOH), a recent outbreak of vibriosis, an illness associated with eating raw or undercooked shellfish, is likely linked to the heat dome that enveloped the Pacific Northwest in late June 2021. Read More: <https://promedmail.org/promed-post/?id=8530707>

**CHEMICAL EXPOSURE (TEXAS)**, 19 July 2021, Around 65 people were sickened Saturday afternoon [17 Jul 2021] at a Houston-area water park in what local officials called a chemical incident. Read More: <https://promedmail.org/promed-post/?id=8528149>

**RABIES (26) (USA)**, 17 July 2021, A trip to a theme park now has 2 guests having to undergo [preventative] treatment for rabies. Read More: <https://promedmail.org/promed-post/?id=8526547>

**MONKEYPOX (TEXAS)**, 17 July 2021, The Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services confirmed on 15 Jul [2021] a case of human monkeypox in a US resident who recently traveled from Nigeria to the United States. Read More: <https://promedmail.org/promed-post/?id=8524846>

## **INTERNATIONAL DISEASE REPORTS**

**CORONAVIRUS DISEASE 2019 UPDATE (248) (GLOBAL)**, 20 July 2021, The emergence of SARS-CoV-2 variants with mutations in major neutralizing antibody-binding sites can affect humoral immunity induced by infection or vaccination (1-6). Read More: <https://promedmail.org/promed-post/?id=8532784>

**HERPES B VIRUS (CHINA)**, 20 July 2021, A man in China has died after contracting a rare infectious disease from primates, known as the monkey B virus, Chinese health officials revealed in a report Saturday [17 JUL 2021]. Read More: <https://promedmail.org/promed-post/?id=8530594>

**CHOLERA, DIARRHEA & DYSENTERY UPDATE (NIGERIA)**, 19 July 2021, At least 30 people died from cholera in Jigawa State in the past month, an official has said. Read More: <https://promedmail.org/promed-post/?id=8530511>

**TYPHOID FEVER (DEMOCRATIC REPUBLIC OF CONGO)**, 19 July 2021, According to the WHO, 716 494 suspected cases of typhoid fever, including 198 deaths, were recorded in selected health zones of the Democratic Republic of Congo. Read More:

<https://promedmail.org/promed-post/?id=8530510>

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**LEGIONELLOSIS (GERMANY)**, 19 July 2021, In Heilbronn District, in northern Baden-Württemberg, Germany, it is reported that 5 men and women have contracted legionnaires' disease and 2 have died. Read More: <https://promedmail.org/promed-post/?id=8529320>

## **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.

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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

