



**MARYLAND**  
Department of Health

**Public Health Preparedness and Situational Awareness Report: #2021:30**

Reporting for the week ending 07/31/21 (MMWR Week #30)

August 6, 2021

**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** No Active Alerts

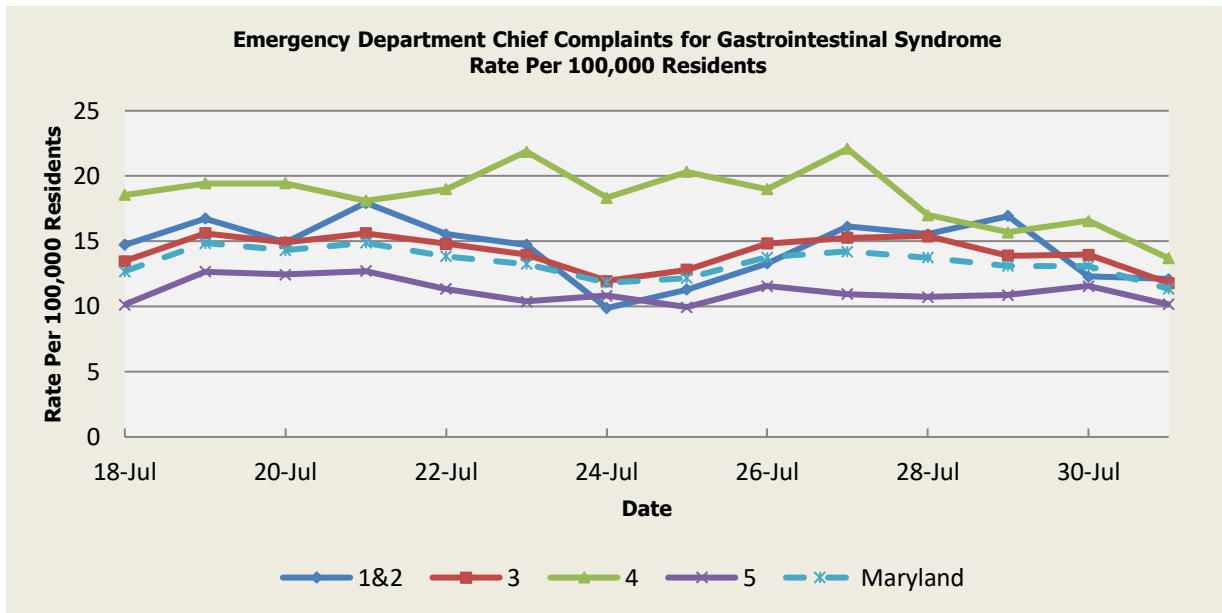
**Maryland:** **ENHANCED** (MEMA status)

**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



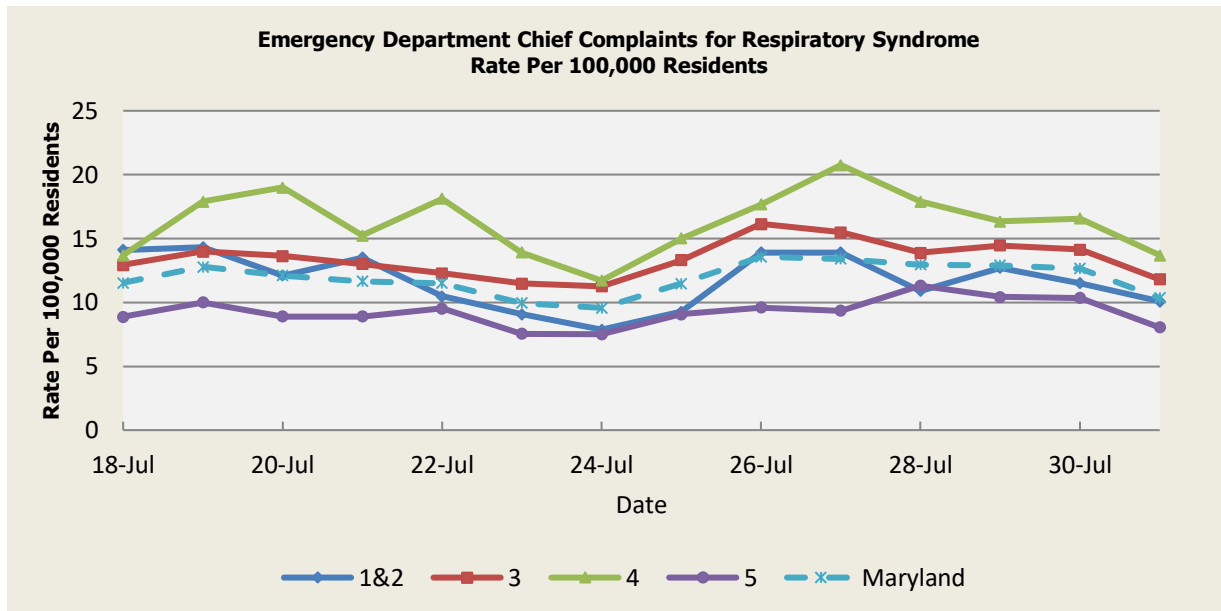
There were two (2) outbreaks of Gastroenteritis reported this week: one (1) outbreak of Gastroenteritis in a Nursing Home (Region 5), one (1) outbreak of Gastroenteritis in a Behavioral Health Unit (Region 4).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.14	14.71	15.87	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



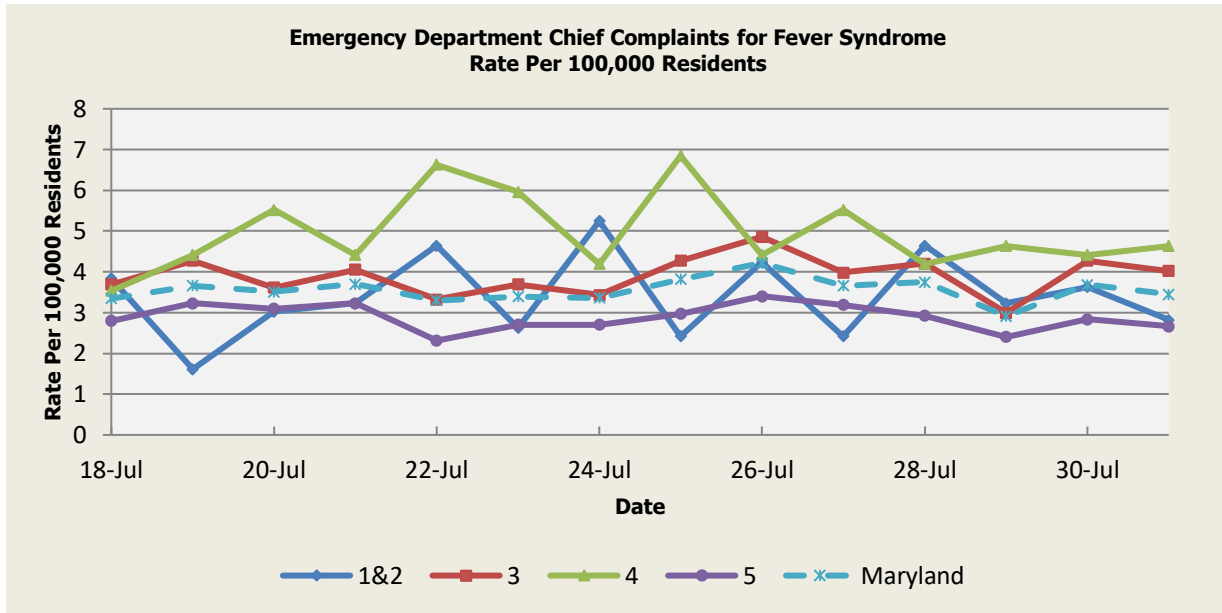
There were fifty-nine (59) Respiratory Syndrome outbreaks reported this week: Eight (8) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,4,5), five (5) outbreaks of COVID-19 in Youth Camps (Regions 3,4,5), three (3) outbreaks of COVID-19 in Correctional Facilities (Regions 1&2, 3, 5), four (4) outbreaks of COVID-19 in Daycare Facilities (Regions 3,5), five (5) outbreaks of COVID-19 in a Group Home (Region 3,4), five (5) outbreaks of COVID-19 in Hospitals (Regions 3,4), thirteen (13) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), two (2) outbreaks of COVID-19 in a private home (Region 5), one (1) outbreak of COVID-19 in a Recovery House (Region 3), four (4) outbreaks of COVID-19 in Schools (Regions 3,4,5), two (2) outbreaks of COVID-19 in Shelters (Region 3), five (5) outbreaks of COVID-19 in Substance Use Treatment Programs (Regions 3,5), one (1) outbreaks of COVID-19 in a gym (Regions 4), two (2) outbreaks of COVID-19 in Behavioral Health Group Homes (Regions 3,4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.42	14.65	15.20	9.87	12.68
Median Rate*	12.10	13.99	14.35	9.43	12.11

\* Per 100,000 Residents

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# Fever Syndrome



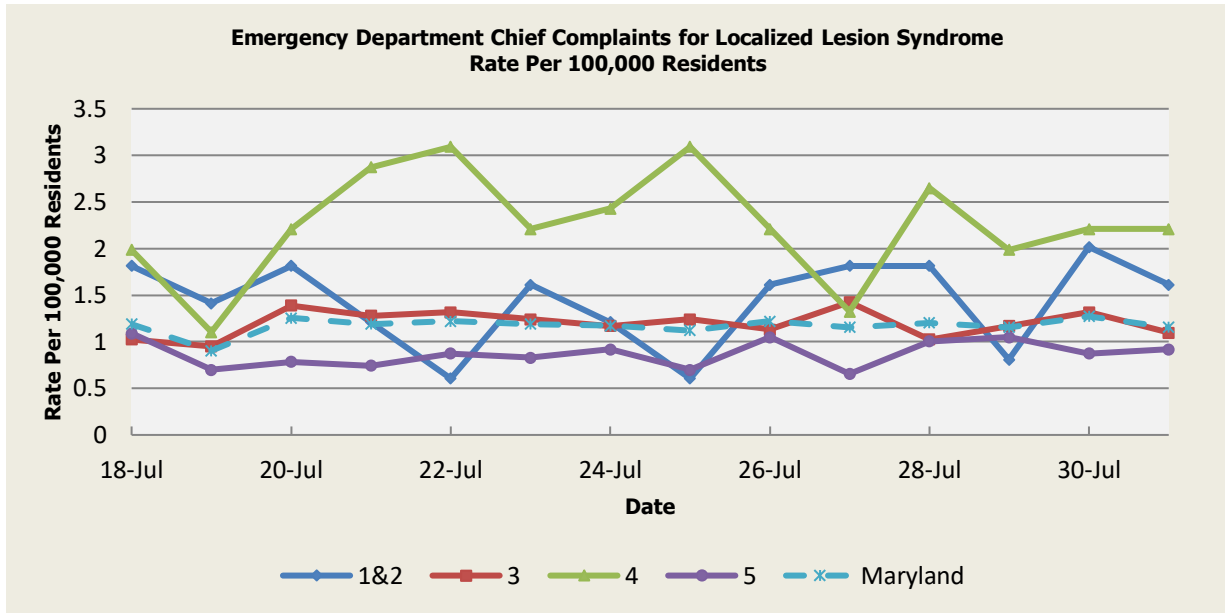
There were no Fever Syndrome outbreaks reported this week.

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



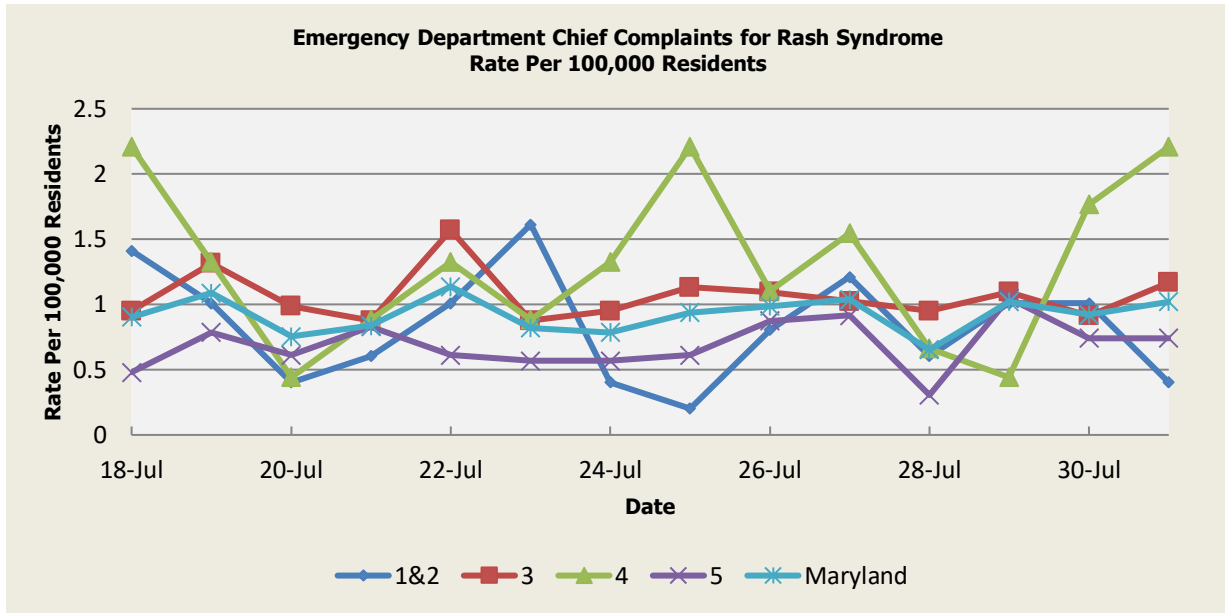
There were no Localized Lesion Syndrome outbreaks reported this week.

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



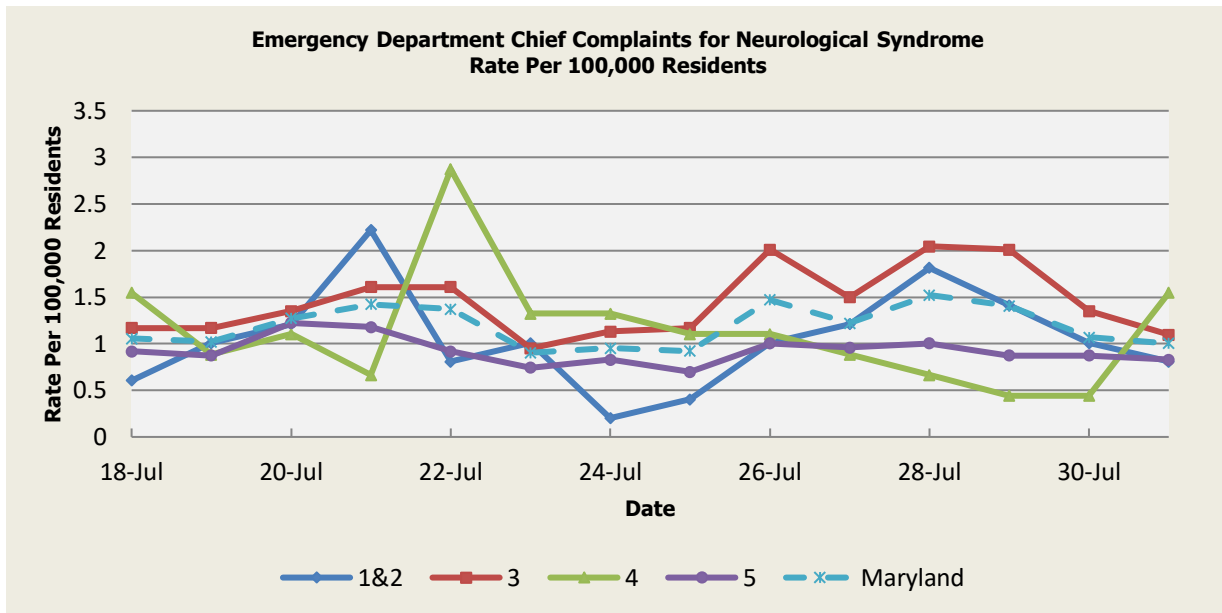
There were no Rash illness outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.54	1.64	0.90	1.27
Median Rate*	1.01	1.50	1.55	0.87	1.25

\* Per 100,000 Residents

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# Neurological Syndrome



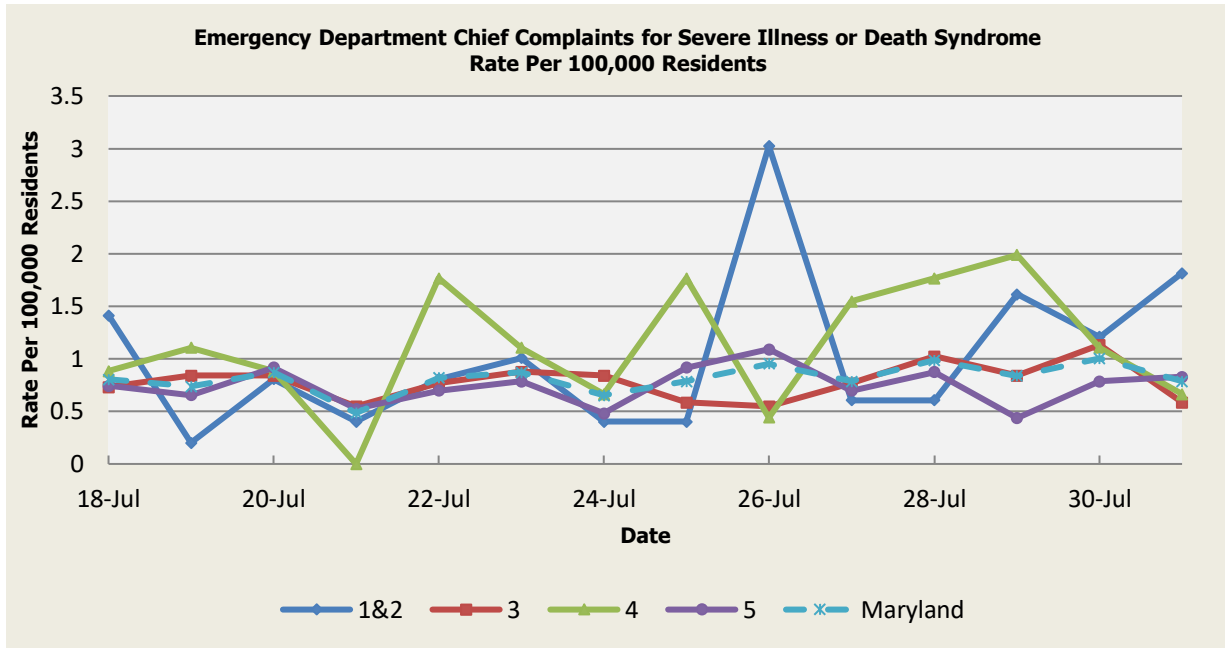
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.83	1.04	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

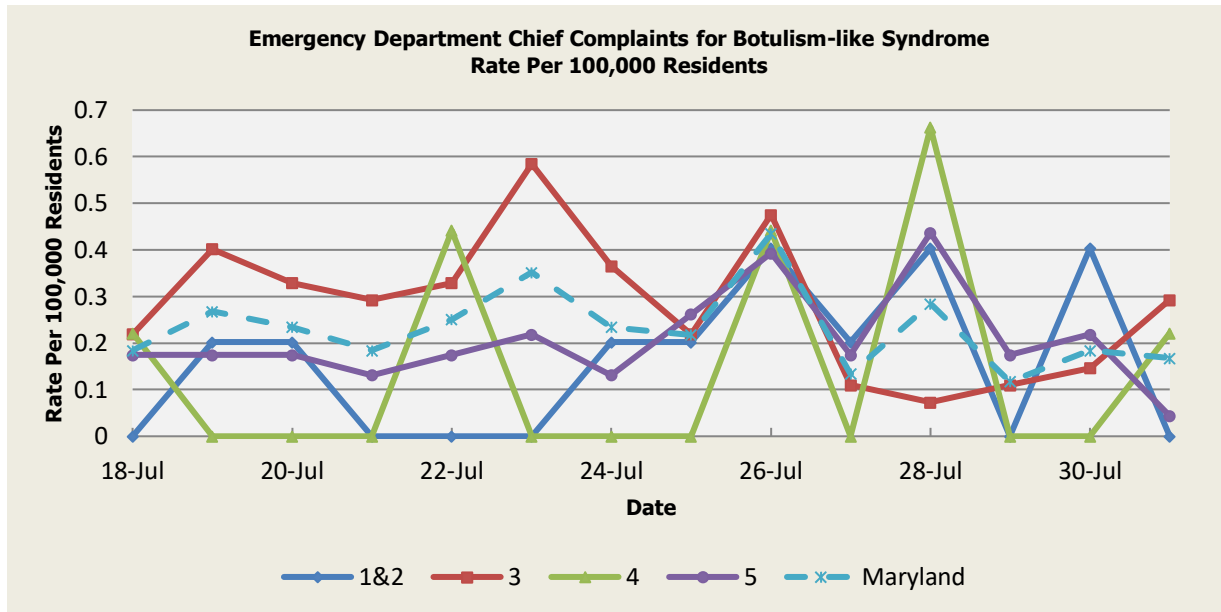
\* Per 100,000 Residents

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## SYNDROMES RELATED TO CATEGORY A AGENTS

### Botulism-like Syndrome



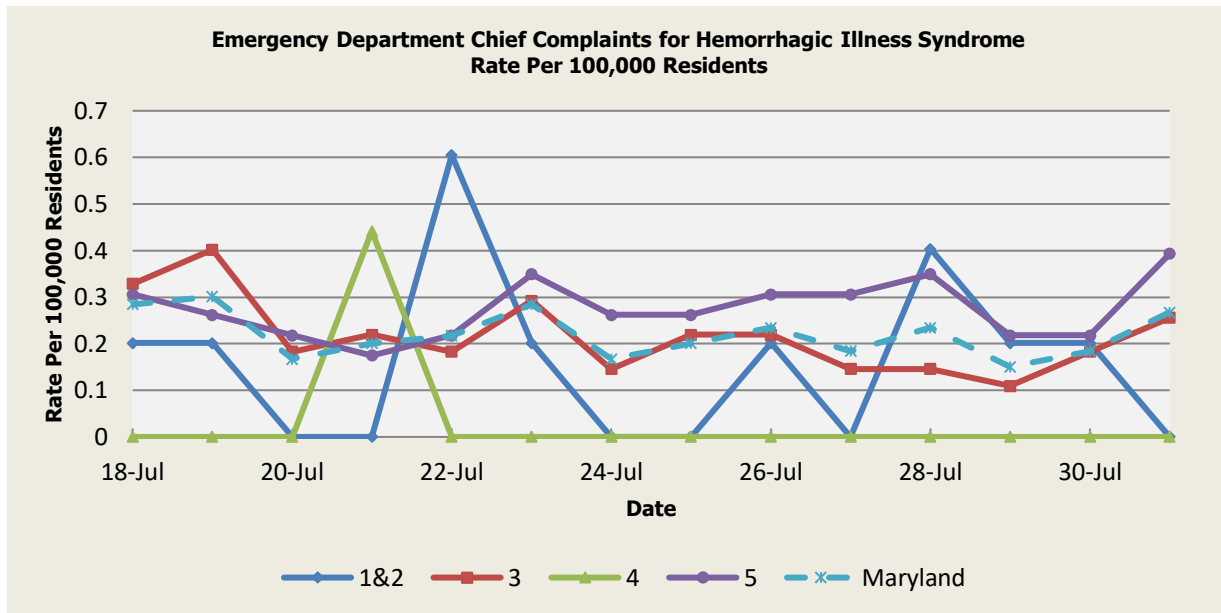
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 7/18 (Region 4), 7/19 (Regions 1&2,3), 7/20 (Region 1&2), 7/21 (Region 3), 7/22 (Regions 3,4), 7/23 (Regions 3,5), 7/24 (Regions 1&2, 3), 7/25 (Regions 1&2, 5), 7/26 (Regions 1&2, 3,4,5), 7/27 (Region 1&2), 7/28 (Regions 1&2,4,5), 7/30 (Regions 1&2,5), and 7/31 (Regions 3,4). 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



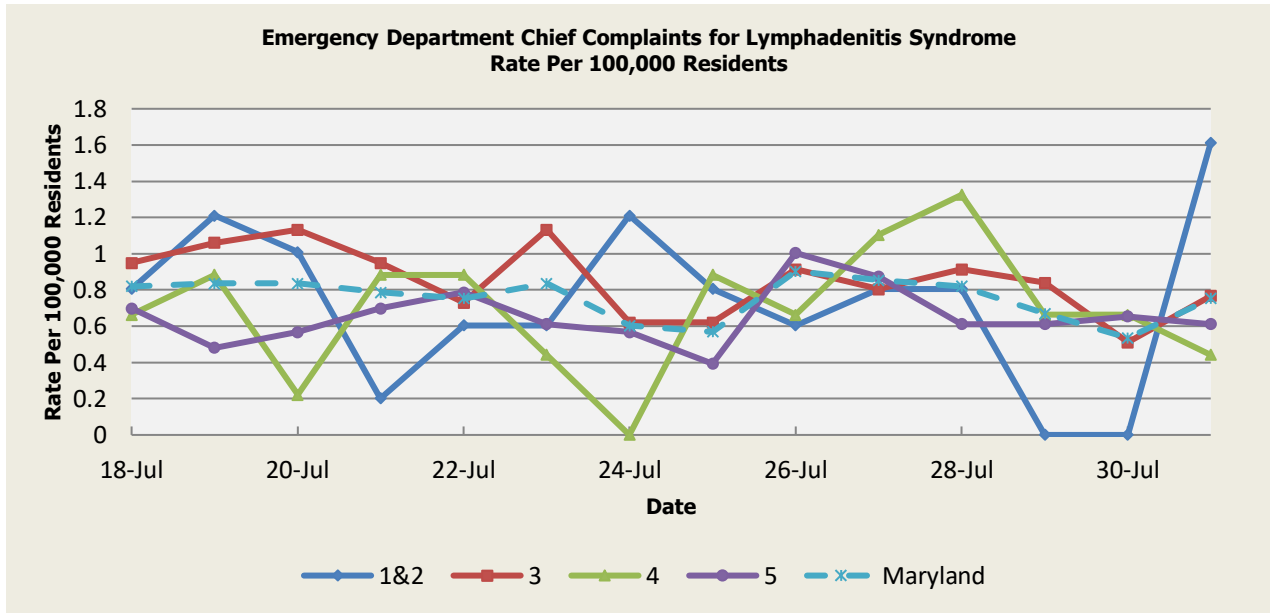
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 7/18 (Regions 1&2,5), 7/19 (Regions 1&2,3), 7/21 (Region 4), 7/22 (Regions 1&2), 7/23 (Regions 1&2,5), 7/25 (Region 5), 7/26 (Regions 1&2,5), 7/27 (Region 5), 7/28 (Regions 1&2,5), 7/29 (Region 1&2), 7/30 (Region 1&2), and 7/31 (Region 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 7/19 (Regions 1&2,4), 7/20 (Regions 1&2), 7/21 (Region 4), 7/22 (Region 4), 7/24 (Regions 1&2), 7/25 (Region 4), 7/26 (Region 5), 7/27 (Region 4,5), 7/28 (Region 4), and 7/31 (Region 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 August 6, 2021)**

<b>County</b>	<b>Number of Confirmed Cases</b>
Allegany	7,142
Anne Arundel	45,008
Baltimore City	67,125
Baltimore County	54,010
Calvert	4,358
Caroline	2,393
Carroll	9,681
Cecil	6,590
Charles	11,339
Dorchester	2,947
Frederick	20,274
Garrett	2,083
Harford	17,044
Howard	19,725
Kent	1,379
Montgomery	72,714
Prince George's	87,492
Queen Anne's	3,054
St. Mary's	6,292
Somerset	2,661
Talbot	2,230
Washington	14,895
Wicomico	7,994
Worcester	3,794
<b>Total</b>	<b>472,224</b>

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

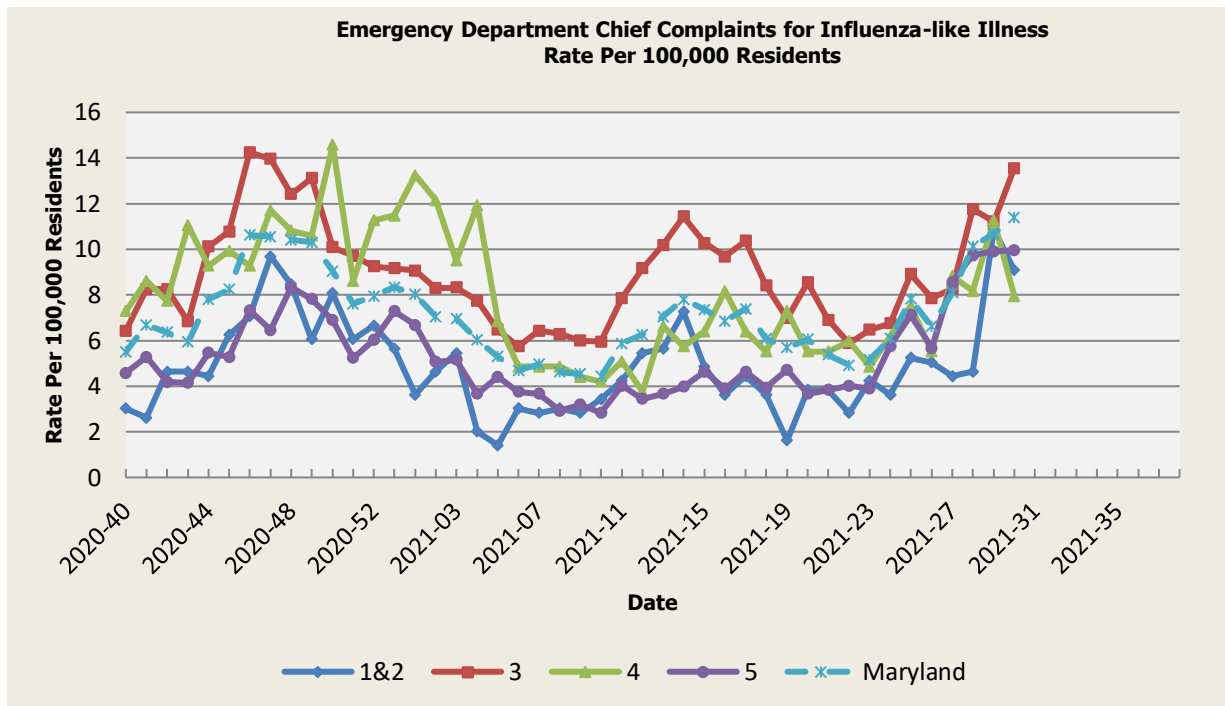
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## **SYNDROMIC INFLUENZA SURVEILLANCE**

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 30:**

### **Influenza-like Illness**

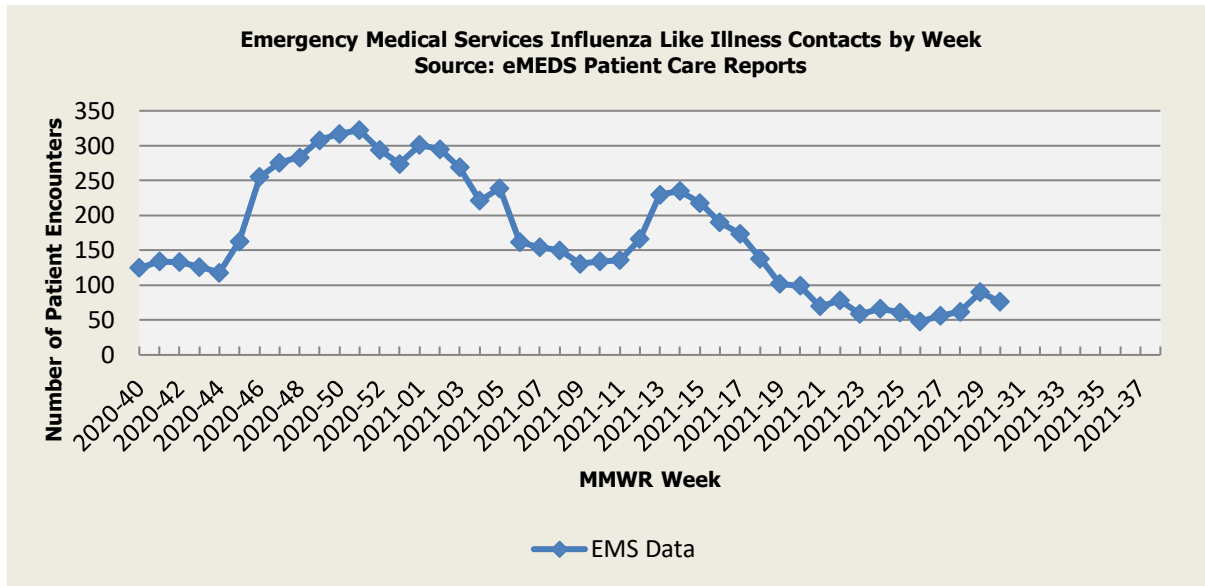


<b>Influenza-like Illness Baseline Data Week 1 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.93	13.78	13.06	11.47	12.52
Median Rate*	7.26	10.16	9.27	8.34	9.09

\* Per 100,000 Residents

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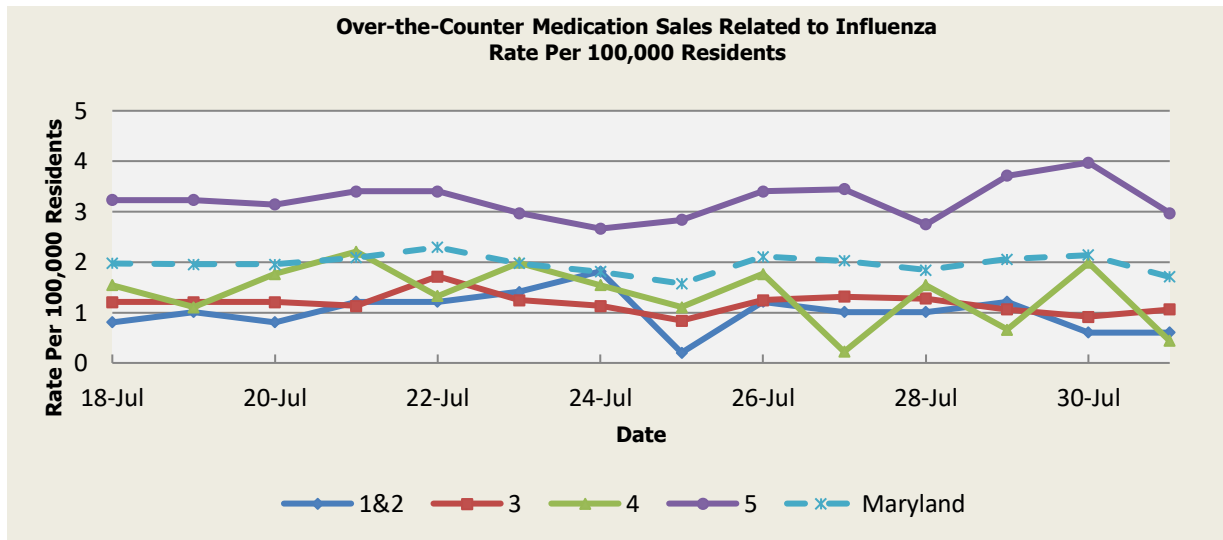
## Influenza-like Illness Contacts by Week



**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



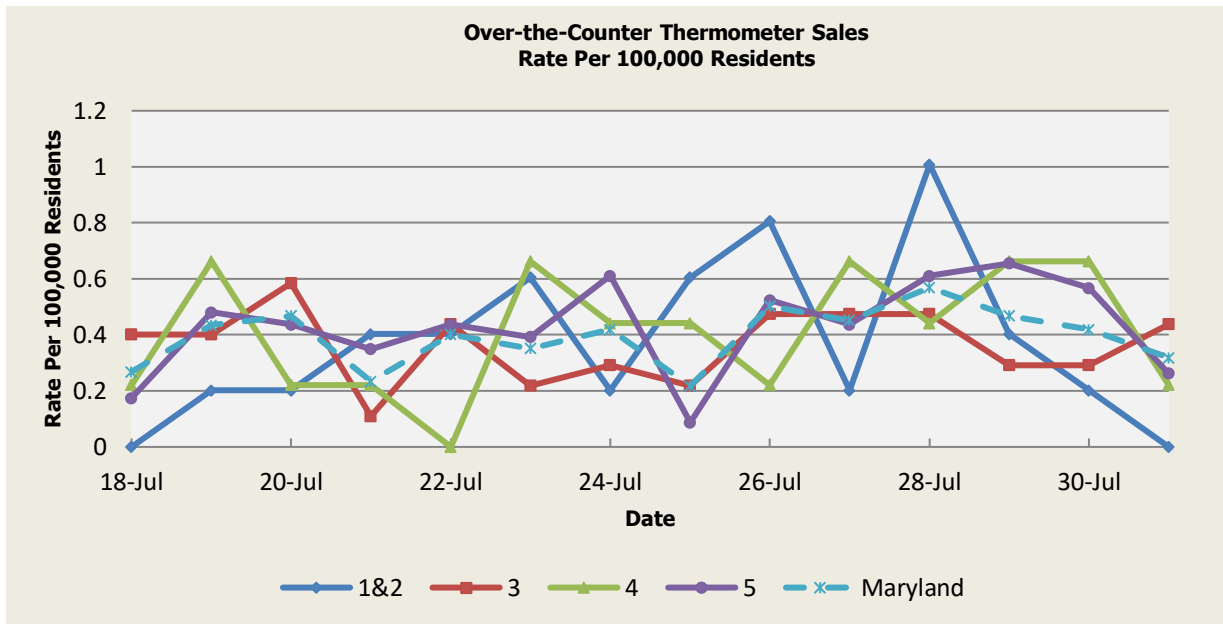
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.13	3.97	2.45	7.22	5.03
Median Rate*	2.42	2.96	1.99	6.24	4.08

\* 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*	2.59	2.45	2.01	3.24	2.74
Median Rate*	2.22	2.41	1.99	3.27	2.78

\* Per 100,000 Residents

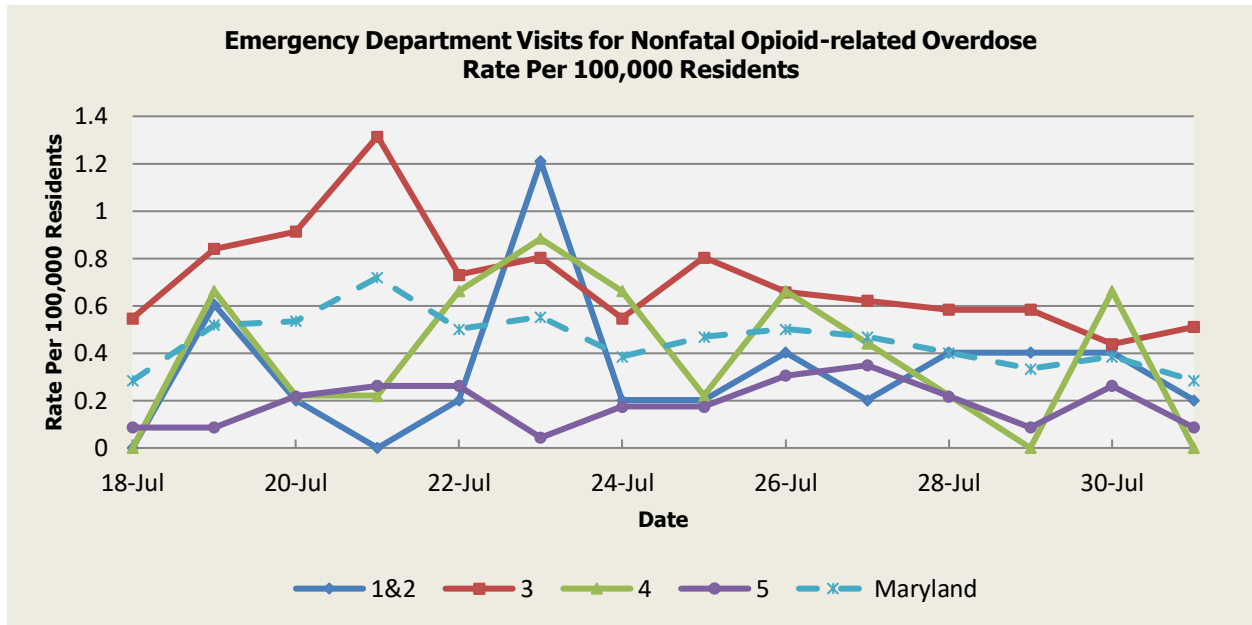
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## **SYNDROMIC OVERDOSE SURVEILLANCE**

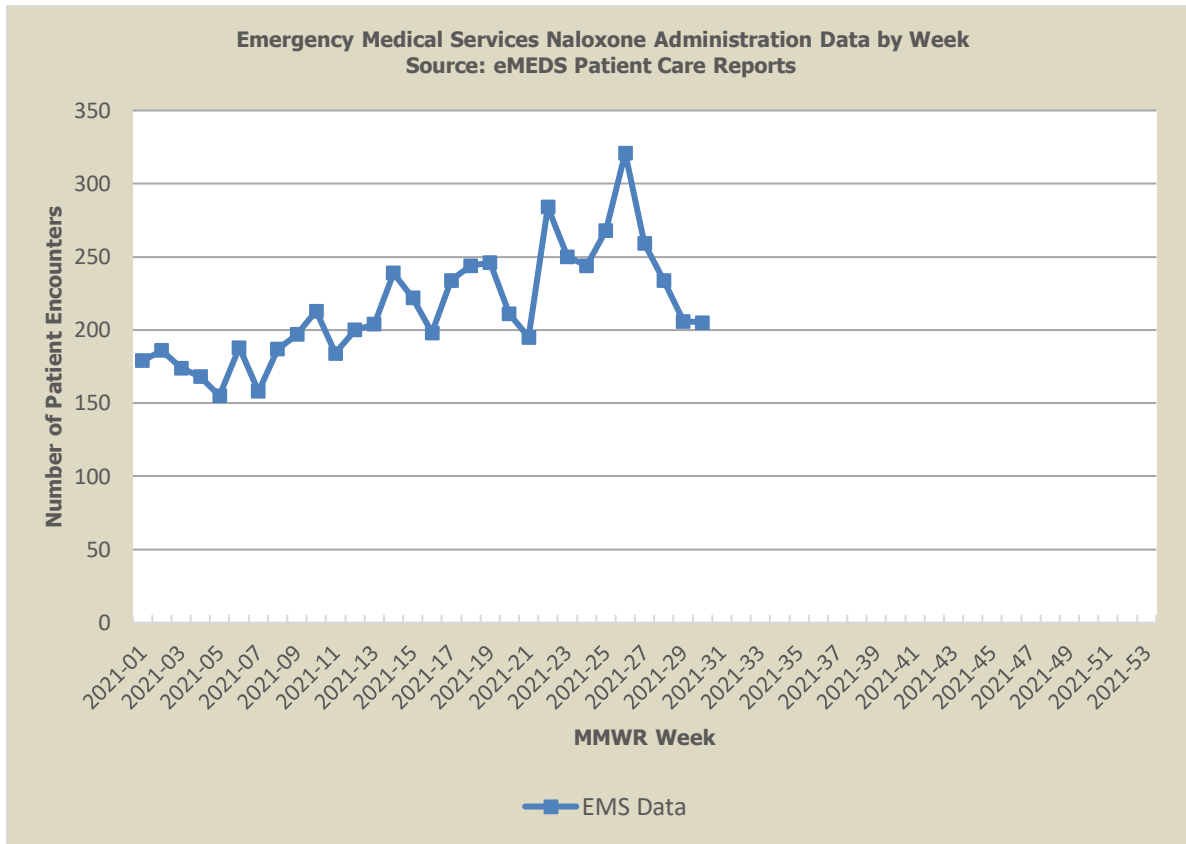
The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track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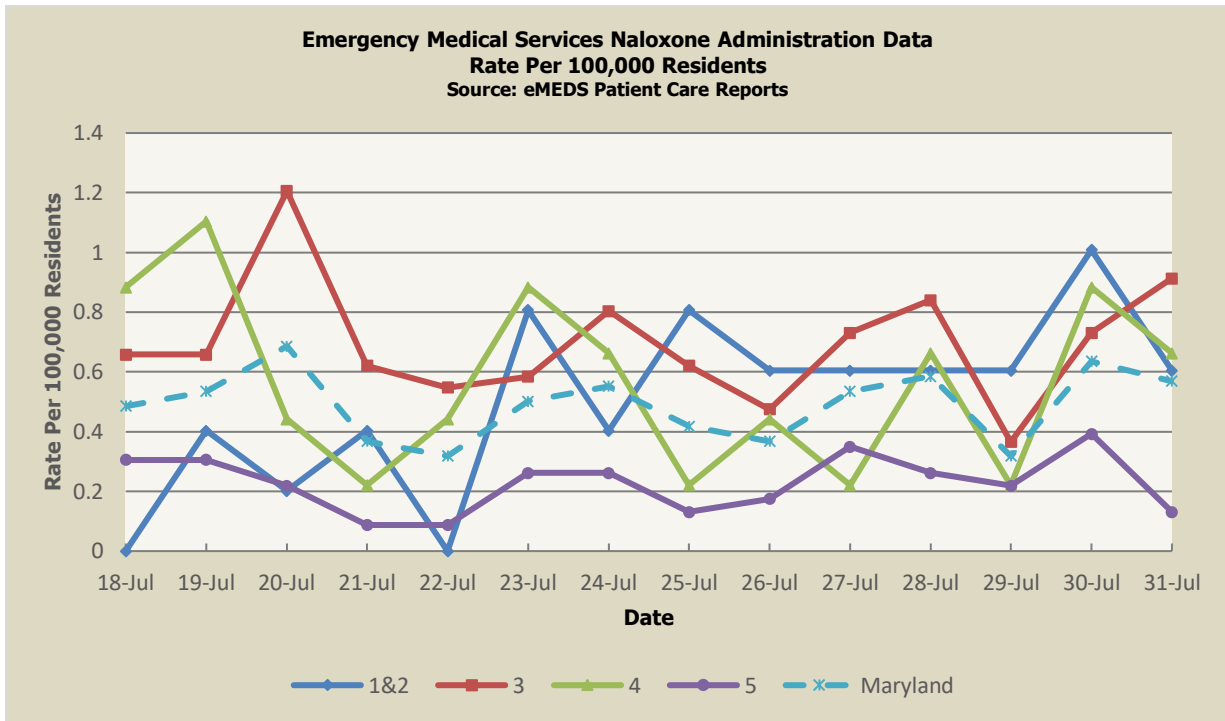
## Naloxone Administration Data by Week



**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 August 6th, 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 (TOGO)**, 3 August 2021, Outbreak location: Sagbado, Golfe (Lome), Maritime Date of start of the outbreak: 28 Jul 2021 Epidemiological unit: farm. Read More: <https://promedmail.org/promed-post/?id=8565924>

### **HUMAN AVIAN INFLUENZA**

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

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## **NATIONAL DISEASE REPORTS**

**EASTERN EQUINE ENCEPHALITIS (GEORGIA)**, 4 August 2021, an adult resident of Liberty County, Georgia has died after contracting eastern equine encephalitis (EEE). The virus is spread to humans through the bite of an infected mosquito. There is no way to verify exactly where the virus was contracted, and everyone is encouraged to take precautions against mosquito bites. Read More: <https://promedmail.org/promed-post/?id=8567706>

**INVASIVE MOSQUITO (CALIFORNIA)**, 4 August 2021, The mosquito that carries yellow fever has been detected in Gridley near Highway 99 and East Gridley Rd, according to the Butte County Mosquito and Vector Control District. The *Aedes aegypti* was found Monday [2 Aug 2021] in Gridley as it has also been found in Chico, Thermalito, and Oroville. Read More: <https://promedmail.org/promed-post/?id=8567121>

**PLAGUE (CALIFORNIA)**, 4 August 2021, Officials are closing some areas on the south shore of Lake Tahoe after some chipmunks tested positive for plague. The Tahoe Daily Tribune reports that the Taylor Creek Visitor Center, Kiva Beach, and their parking areas will be off-limits through Friday [6 Aug 2021]. During that time, the US Forest Service will be conducting vector control treatments in those areas. Read More: <https://promedmail.org/promed-post/?id=8568952>

**CORONAVIRUS DISEASE 2019 UPDATE (267) (USA)**, 2 August 2021, Over the weekend, COVID-19 cases continued to surge across the United States, with Florida experiencing record daily highs of new cases and hospitalizations. The current surge of virus activity is due to the highly transmissible delta (B1617.2) variant. Read More: <https://promedmail.org/promed-post/?id=8566627>

## **INTERNATIONAL DISEASE REPORTS**

**CHOLERA, DIARRHEA & DYSENTERY UPDATE (27) (NIGERIA)**, 4 August 2021, Nigeria has been hit by a surge in cholera cases in recent weeks, focused on the country's north and adding to a public health crisis accompanied by a rise in COVID-19 cases. A total of 22 of Nigeria's 36 states, as well as the federal capital territory, Abuja, have suspected cases of cholera, according to the Nigeria Centre for Disease Control, (NCDC). Read More: <https://promedmail.org/promed-post/?id=8567090>

**BOTULISM (ROMANIA)**, 2 August 2021, two people in Romania have been diagnosed with botulism, according to Agerpres, the country's news agency. They are believed to have eaten home-cured ham. Read More: <https://promedmail.org/promed-post/?id=8561737>

**FOODBORNE ILLNESS (INDIA)** 1 August 2021, At least 55 persons fell ill due to suspected food poisoning on Saturday [31 Jul 2021] after consuming wazwan at a marriage party in the Mirnag Haihama area of north Kashmir's Kupwara district. Locals said that soon after villagers took the feast at a marriage ceremony, they complained of vomiting, dysentery and fever, prompting some of them to seek treatment at Sub District Hospital Kupwara. Read More: <https://promedmail.org/promed-post/?id=8561378>

**CORONAVIRUS DISEASE 2019 UPDATE (263) (GLOBAL)**, 31 July 2021, owing to rapid mutations, the continual emergence of several SARS-CoV-2 variants [has] been reported, among

which some are regarded to be variants of concern (VOC), for example, alpha, beta, and delta. Other variants are known as variants of interests (VOI), for example, eta, kappa, lambda, and iota. As a result, researchers keep an eye on the prevalence of these variants since they may pose a global threat. Read More: <https://promedmail.org/promed-post/?id=8559796>

**HEPATITIS A (CANADA)**, 31 July 2021, Nature's Touch Frozen Food Inc. is recalling various frozen mangoes due to possible hepatitis A contamination. Consumers should not consume the recalled products. The products have been sold in Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia and may have been distributed in other provinces and territories. Read More: <https://promedmail.org/promed-post/?id=8559227>

**E. COLI EHEC (CANADA)**, 31 July 2021, The Department of Health says there has been a recent increase in unrelated cases of *Escherichia coli* [infection] in Newfoundland and Labrador. Read More: <https://promedmail.org/promed-post/?id=8559273>

**GASTROENTERITIS (INDIA)**, 31 July 2021, A 28-year-old woman has died while over a hundred others have fallen ill in a mysterious diarrhea and vomiting outbreak that has hit many areas of sub-division Banihal in J&K's Ramban district with locals blaming the "untreated" tap water for the outbreak. Authorities in the Jal Shakti Department, however, claim that the water was "found fine and fit for drinking", even as more samples are being tested. Read More: <https://promedmail.org/promed-post/?id=8559628>

## **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

