



MARYLAND
Department of Health

Public Health Preparedness and Situational Awareness Report: #2021:33

Reporting for the week ending 08/21/21 (MMWR Week #33)

August 27, 2021

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

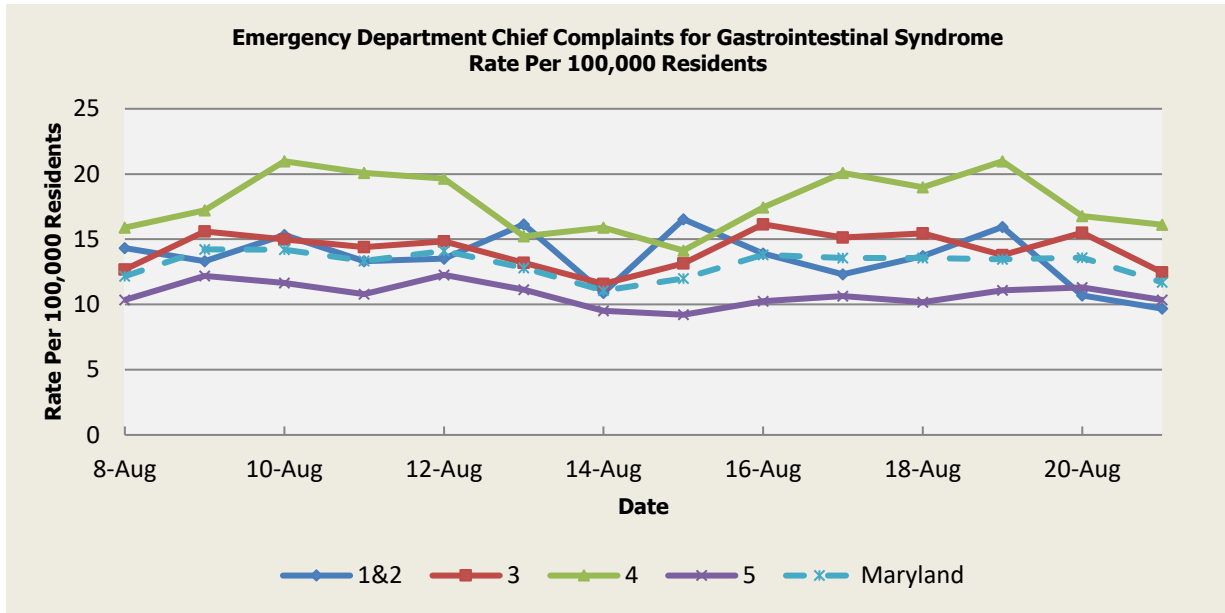
Maryland: **ENHANCED** (MEMA status)

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



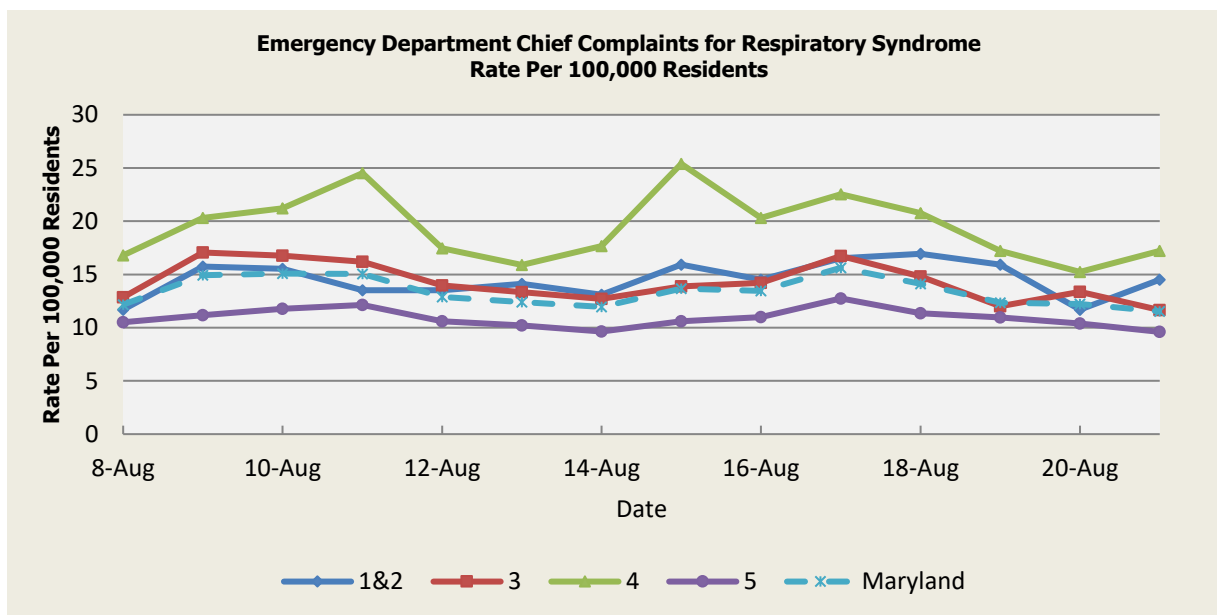
There was one (1) outbreak of Gastrointestinal Syndrome outbreak reported this week (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.15	14.71	15.88	10.07	12.89
Median Rate*	13.11	14.61	15.46	10.00	12.85

* Per 100,000 Residents

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Respiratory Syndrome



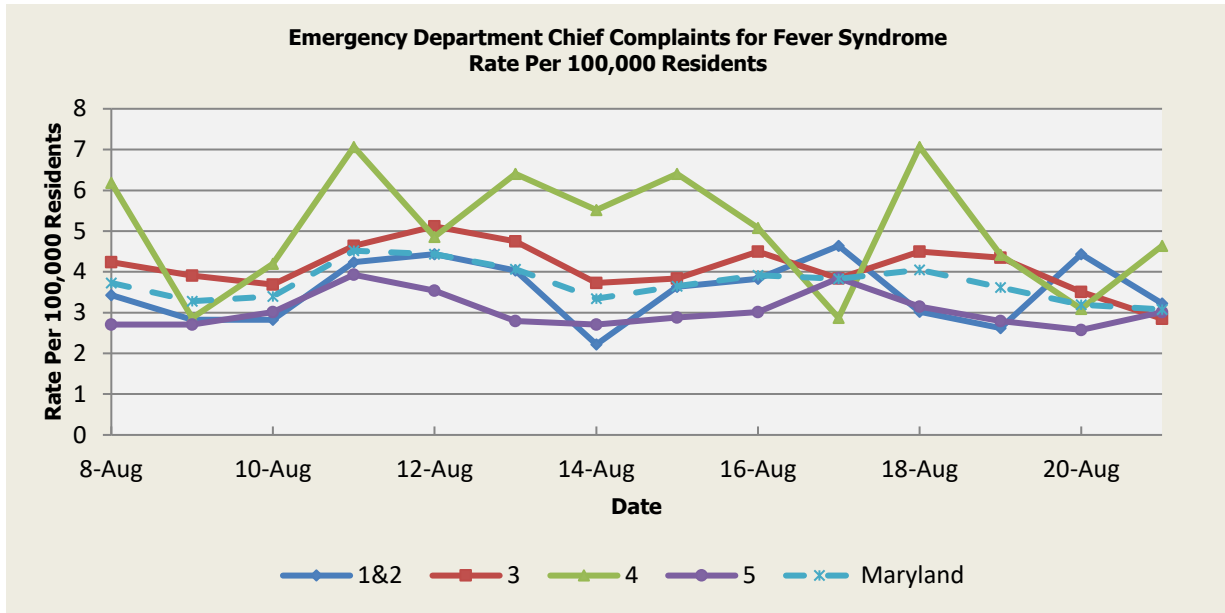
There were one hundred and twenty seven (127) Respiratory Syndrome outbreaks reported this week: Twenty eight (28) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2, 3, 5), three (3) outbreaks of COVID-19 in Correctional Facilities (Region 5), One (1) outbreak of COVID-19 in Day Program (Region 5), eighteen (1) outbreaks of COVID-19 in Daycare Facilities (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in an Event Facility (Region 3), eight (8) outbreak of COVID-19 in Group Homes (Regions 1&2, 3,4,5), five (5) outbreaks of COVID-19 in Behavioral Health Group Homes (Regions 3,4,5), eight (8) outbreaks of COVID-19 in Hospitals (Regions 3,4,5), one (1) outbreak of COVID-19 In an Institute of Higher Education (Region 3), thirty four (34) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), four (4) outbreaks of COVID-19 in Restaurants (Regions 1&2,4), seven (7) outbreaks of COVID-19 in Schools (Regions 3,5), one (1) outbreak of COVID-19 in a Sober Living Facility (Region 3), one (1) outbreak of COVID-19 in a Substance Use Treatment Program (Region 3), four (4) outbreaks of COVID-19 in Youth Camps (Regions 3,5), one (1) outbreak of PNEUMONIA in a Nursing Home (Region 3), two (2) outbreaks of RSV in Daycare Facilities (Region 4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.43	14.65	15.22	9.88	12.68
Median Rate*	12.10	13.99	14.35	9.47	12.13

* Per 100,000 Residents

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Fever Syndrome



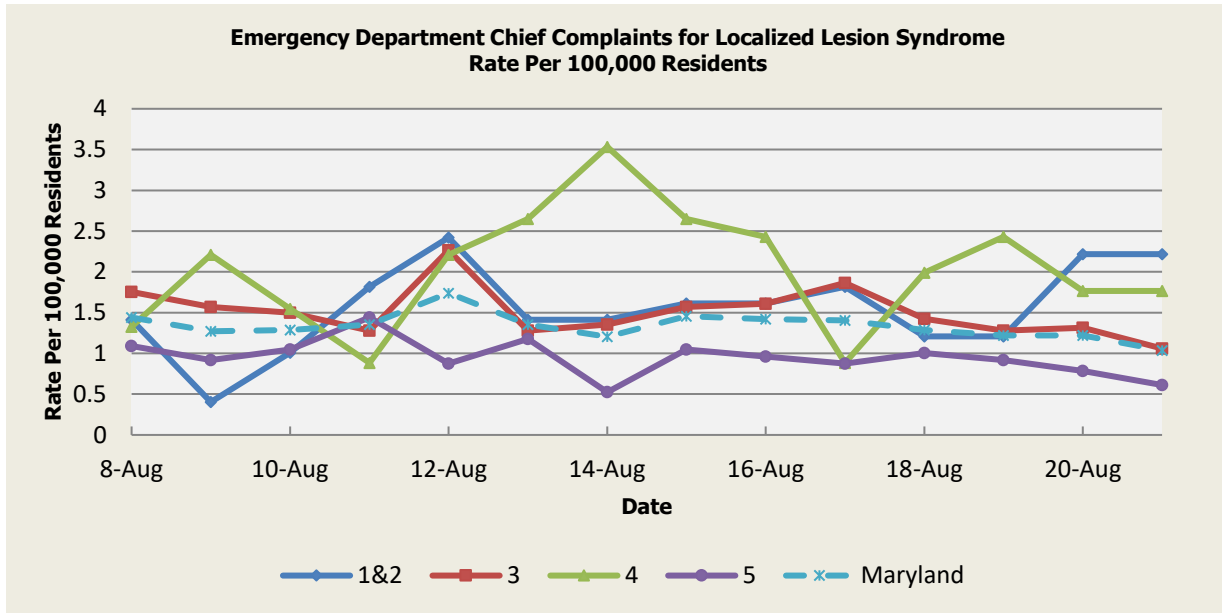
There were no Fever Syndrome outbreaks reported this week.

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



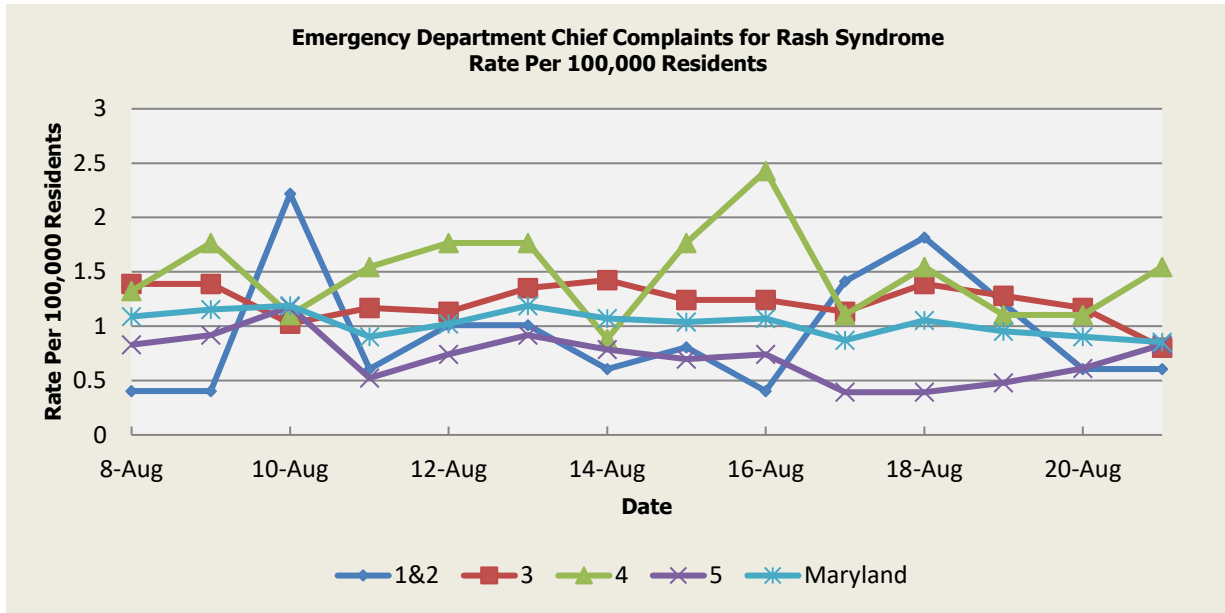
There were no Localized Lesion Syndrome outbreaks reported this week.

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



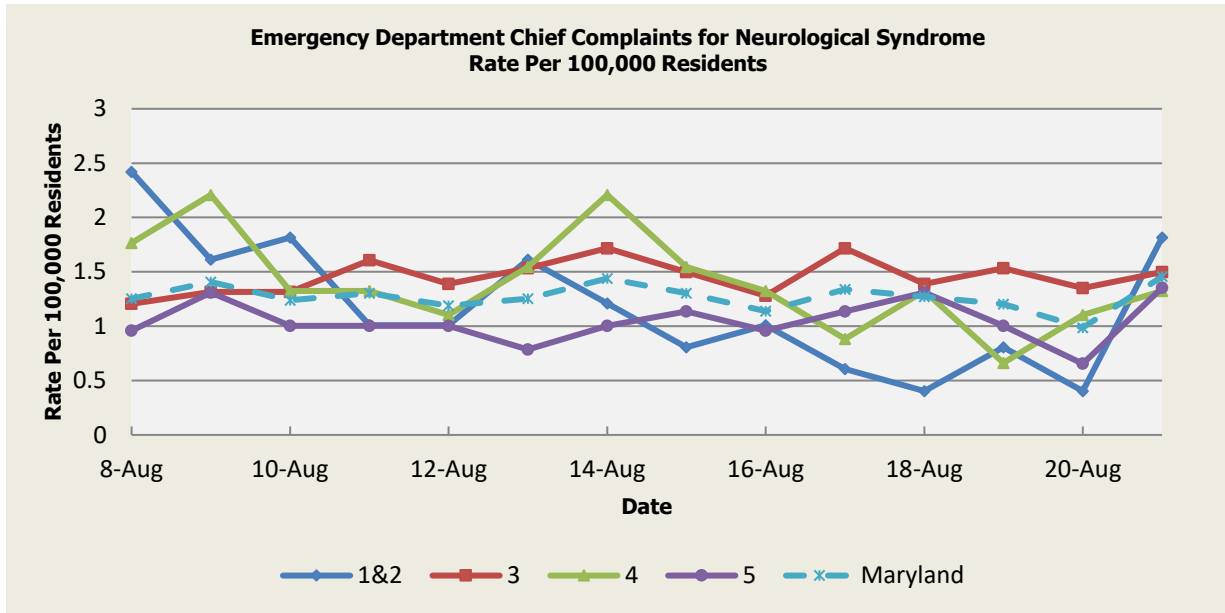
There were no Rash illness outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.54	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



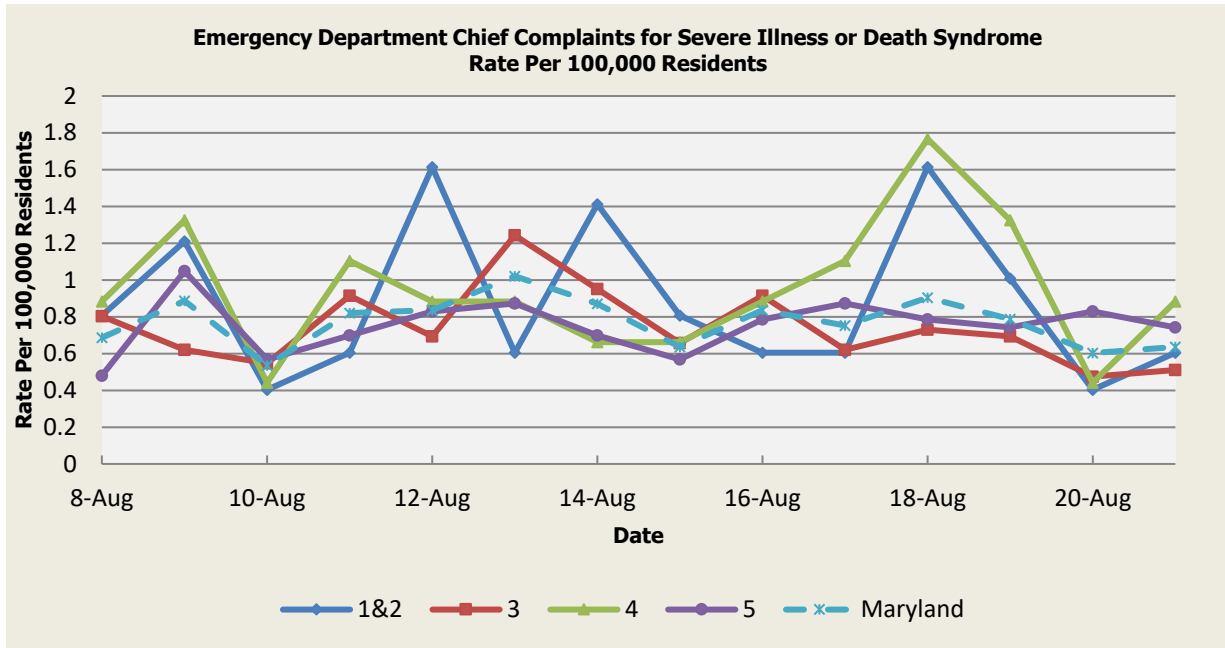
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.84	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.

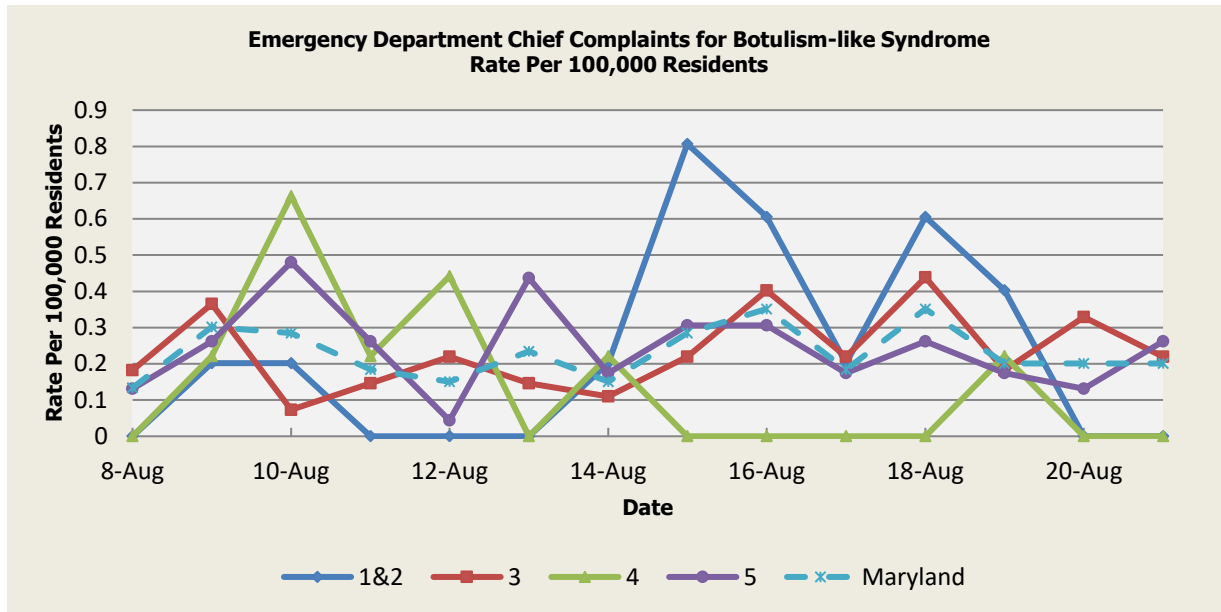
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.67	0.87	0.85	0.55	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



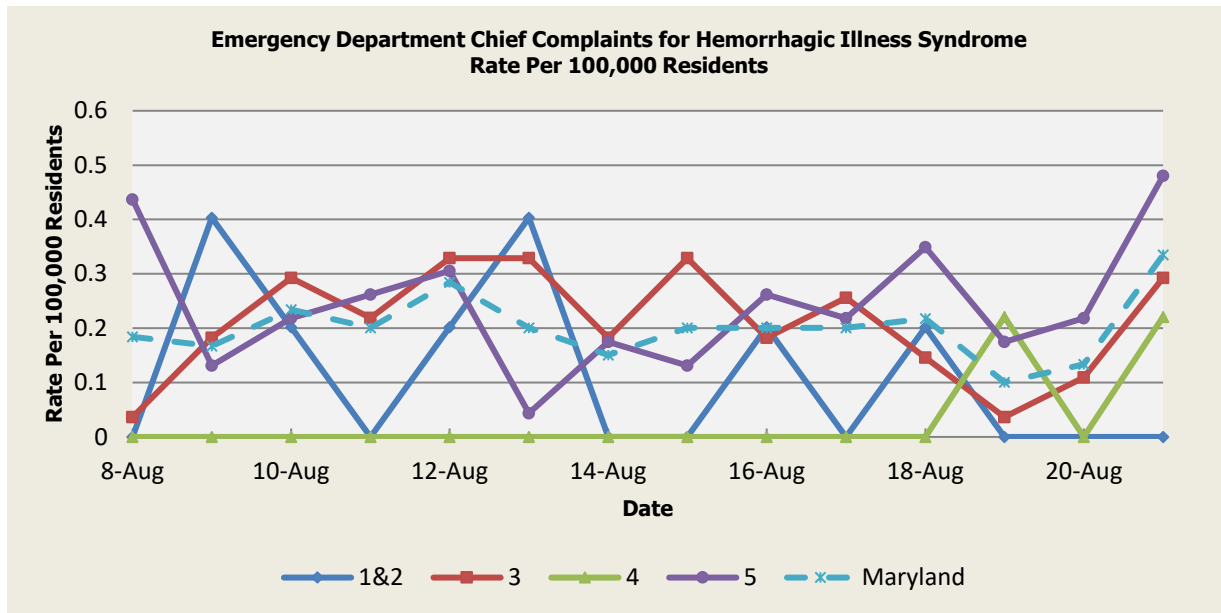
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 8/9 (Regions 1&2,3,4,5), 8/10 (Regions 1&2,4,5), 8/11 (Regions 4,5), 8/12 (Regions 4), 8/13 (Region 5), 8/14 (Regions 1&2,4), and 8/15 (Regions 1&2,5), 8/16 (Regions 1&2,3,5), 8/17 (Regions 1&2), 8/18 (Regions 1&2,3,5), 8/19 (Regions 1&2,4), 8/20 (Region 3), 8/21 (Region 5). 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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Hemorrhagic Illness Syndrome



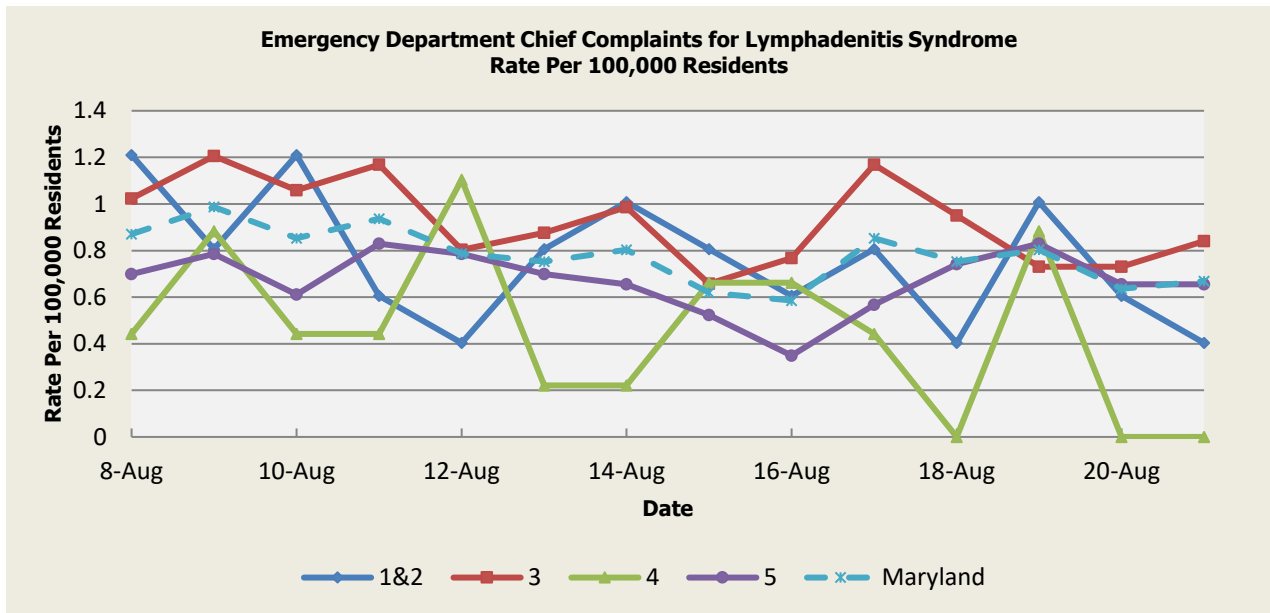
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 8/8 (Region 5), 8/9 (Regions 1&2), 8/10 (Regions 1&2), 8/12 (Regions 1&2,5), 8/13 (Regions 1&2), 8/16 (Regions 1&2), 8/18 (Regions 1&2,5), 8/19 (Region 4), 8/21 (Region 5). These increases are 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 8/8 (Regions 1&2), 8/9 (Region 4), 8/10 (Regions 1&2), 8/11 (Region 5), 8/12 (Region 4), 8/14 (Regions 1&2), 8/19 (Regions 1&2,4,5). 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 August 27th, 2021)

County	Number of Confirmed Cases
Allegany	7,572
Anne Arundel	46,828
Baltimore City	69,433
Baltimore County	55,676
Calvert	4,609
Caroline	2,493
Carroll	10,046
Cecil	7,022
Charles	12,223
Dorchester	3,224
Frederick	21,335
Garrett	2,217
Harford	17,816
Howard	20,443
Kent	1,447
Montgomery	75,362
Prince George's	91,085
Queen Anne's	3,226
St. Mary's	6,914
Somerset	2,762
Talbot	2,341
Washington	15,670
Wicomico	8,659
Worcester	4,144
Total	492,547

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

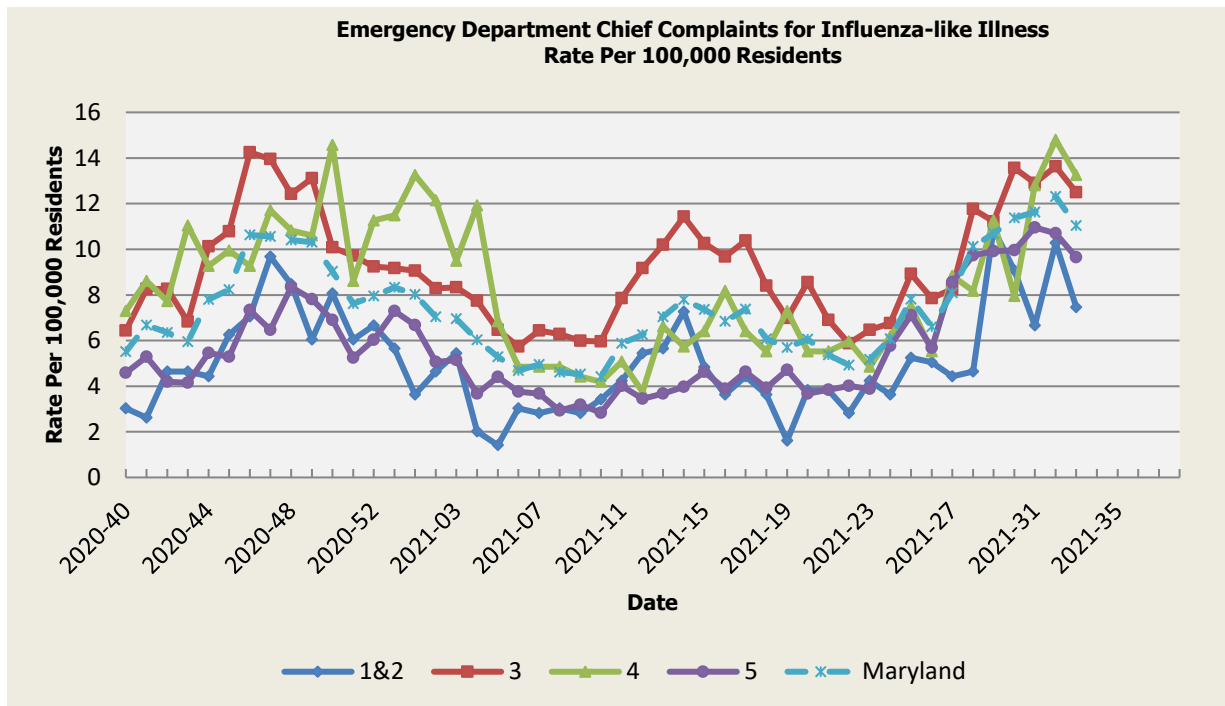
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SYNDROMIC INFLUENZA SURVEILLANCE

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 33:

Influenza-like Illness

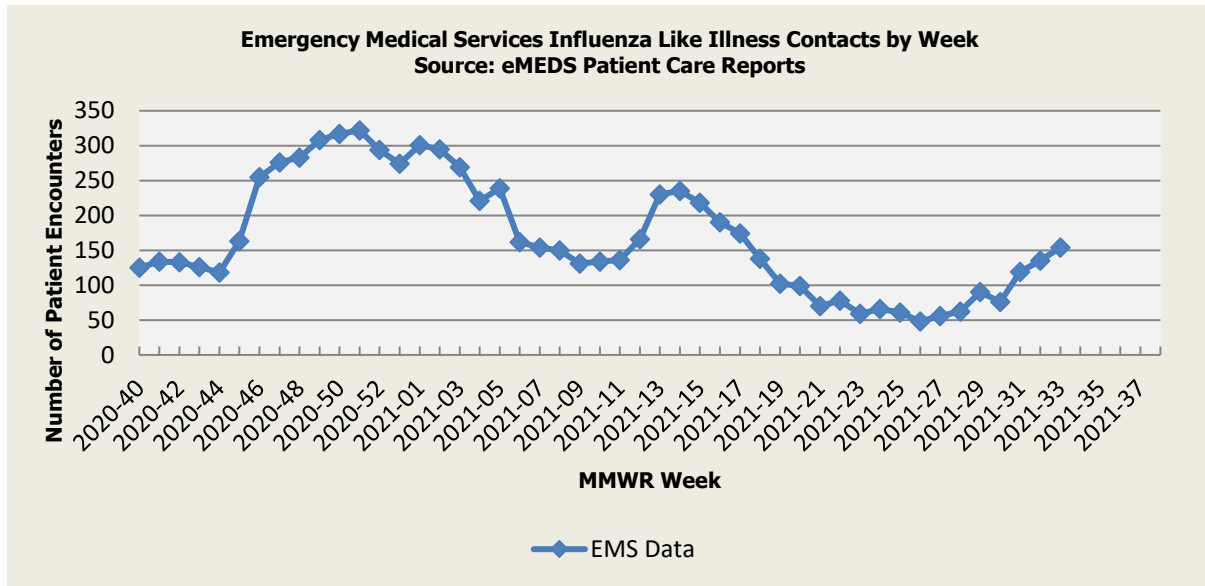


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.92	13.77	13.07	11.47	12.51
Median Rate*	7.26	10.19	9.27	8.43	9.12

* Per 100,000 Residents

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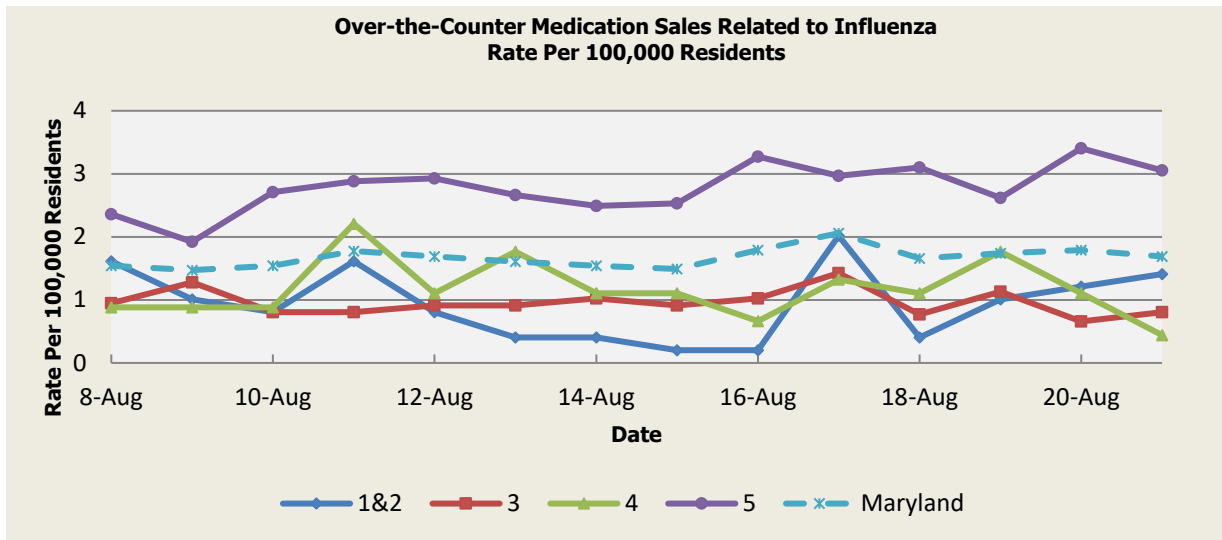
Influenza-like Illness Contacts by Week



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



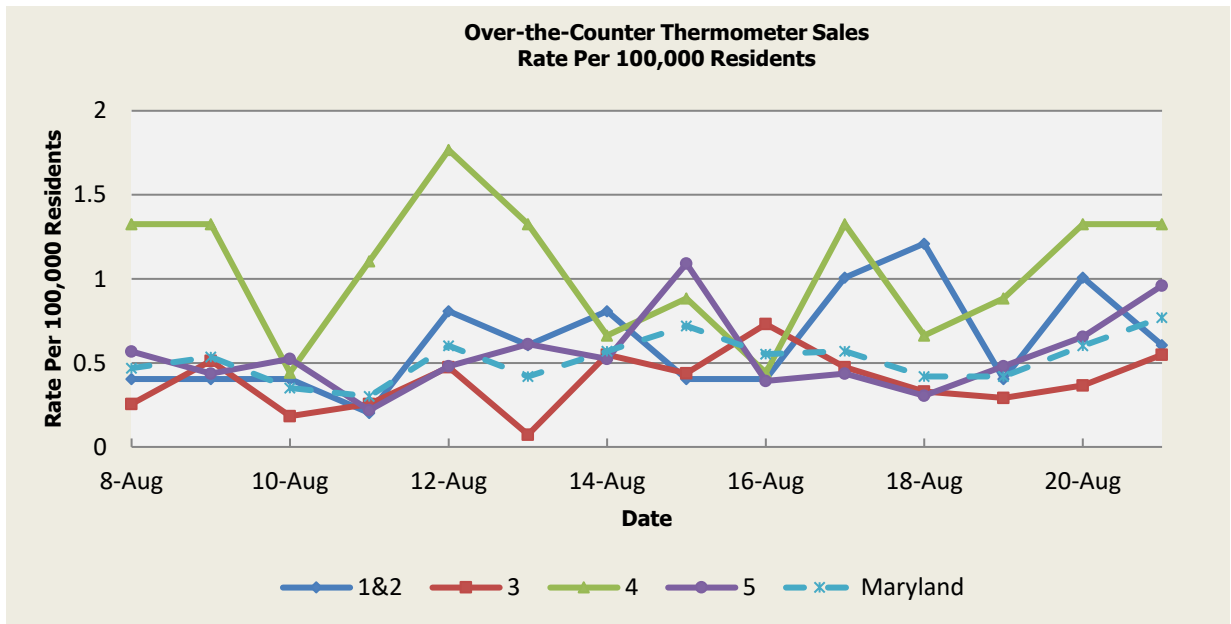
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.12	3.96	2.44	7.20	5.02
Median Rate*	2.42	2.96	1.99	6.20	4.05

* 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*	2.58	2.44	2.01	3.23	2.72
Median Rate*	2.22	2.41	1.77	3.27	2.78

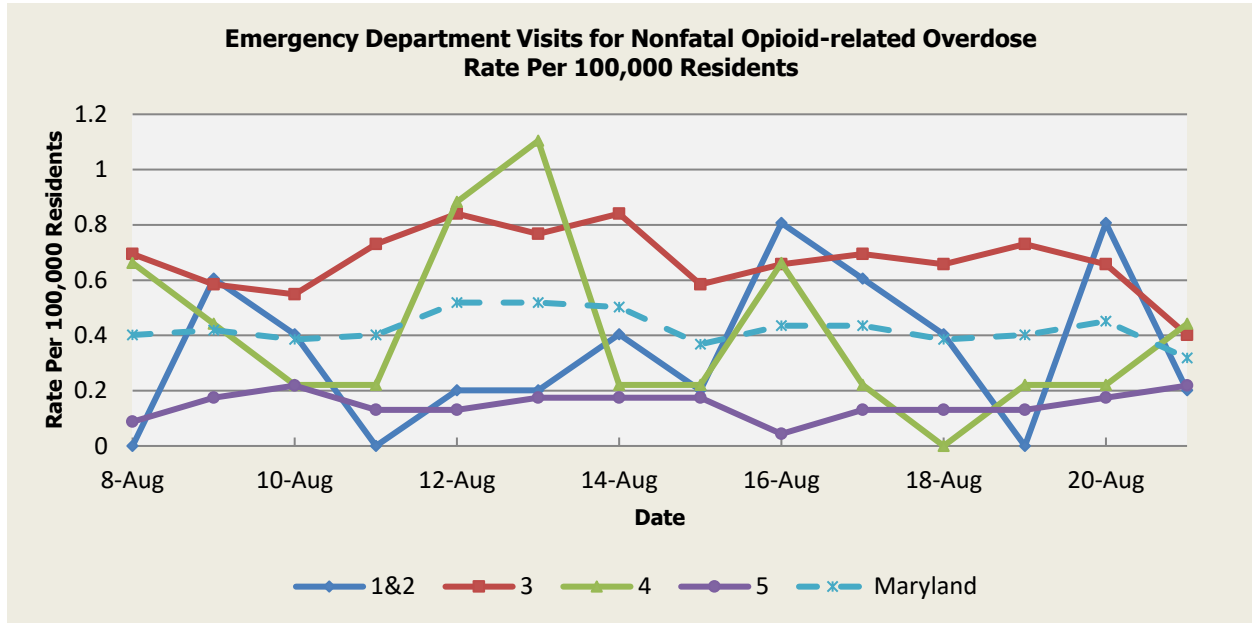
* Per 100,000 Residents

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SYNDROMIC OVERDOSE SURVEILLANCE

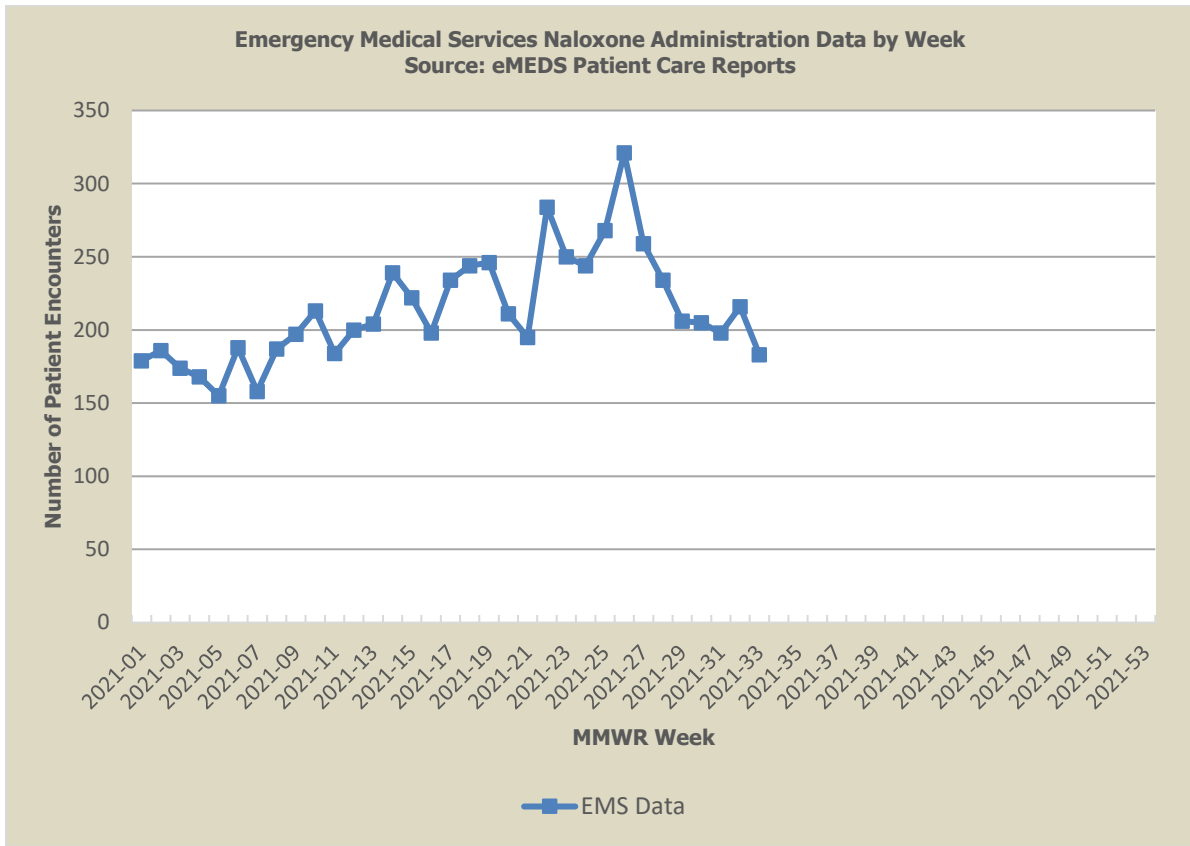
The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track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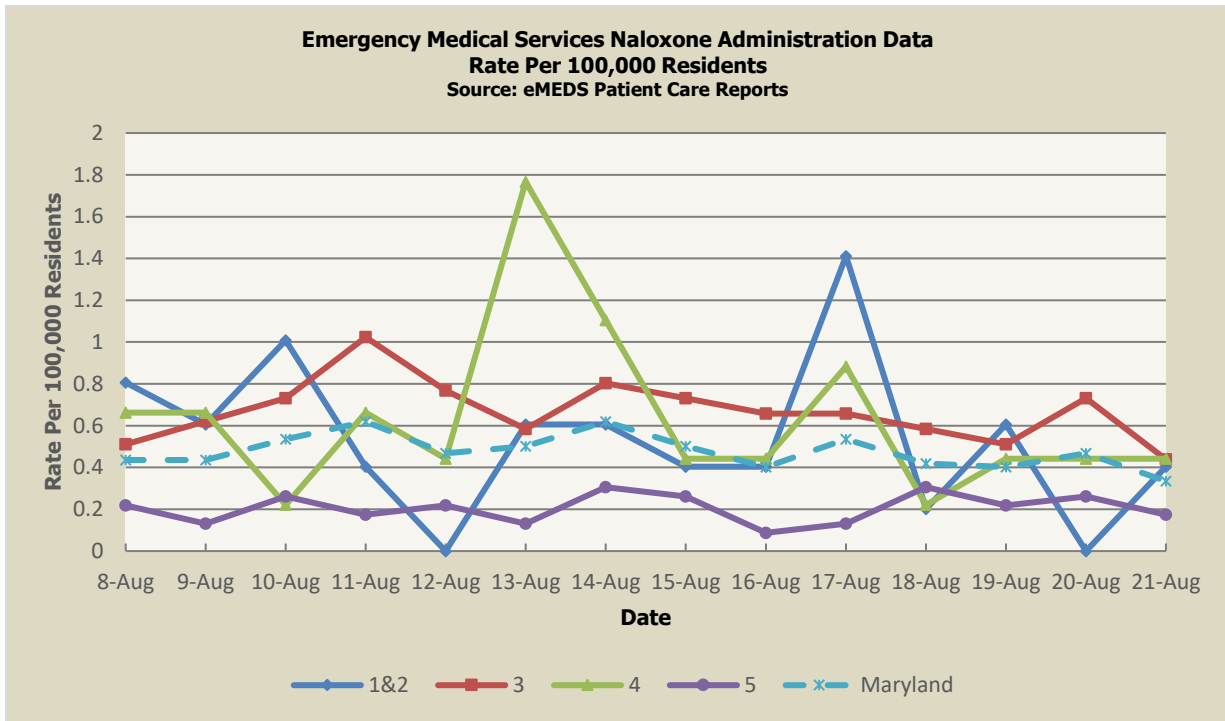
Naloxone Administration Data by Week



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 27th, 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 (BENIN), 23 August 2021, Epidemiological comments: massive mortality up to 50% was observed the 1st 2 days following the onset of the disease in laying hens in a farm where the animals are kept in pens. Read More: <https://promedmail.org/promed-post/?id=8616558>

AVIAN INFLUENZA (COTE D'IVOIRE), 22 August 2021, Cote d'Ivoire has put several measures in place to curb a bird flu outbreak near the economic capital Abidjan. Read More: <https://promedmail.org/promed-post/?id=8613872>

HUMAN AVIAN INFLUENZA

AVIAN INFLUENZA, HUMAN (CHINA), 25 August 2021, The Guangdong Provincial Health Commission reported on the evening of 19 Aug 2021, one case of H5N6 was in Huizhou City. Read More: <https://promedmail.org/promed-post/?id=8611614>

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NATIONAL DISEASE REPORTS

E. COLI EHEC (OREGON), 26 August 2021, NewsWatch 12 has learned that Jackson County is dealing with an E. coli outbreak. 15 people across Jackson County have been infected with E.coli including 10 people who have been hospitalized. Read More:

<https://promedmail.org/promed-post/?id=8623957>

FOODBORNE ILLNESS (NEW YORK), 25 August 2021, More than 2 dozen boys were reportedly taken to hospitals in Rockland County, the Catskills, and Brooklyn after they apparently suffered food poisoning while returning from a trip to Ukraine. Read More:

<https://promedmail.org/promed-post/?id=8621591>

SALMONELLOSIS, SEROTYPES TYPHIMURIUM, INFANTIS (USA), 24 August 2021, CDC, public health and regulatory officials in several states, and the U.S. Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS) are collecting different types of data to investigate two multistate outbreaks of Salmonella infections -- one involving Salmonella Typhimurium infections and one with Salmonella Infantis infections. Read More: <https://promedmail.org/promed-post/?id=8619411>

VIBRIO VULNIFICUS (FLORIDA), 23 August 2021, The Florida Department of Health reported Friday [20 Aug 2021] an additional Vibrio vulnificus case and death in Orange County, bringing the state total to 19 cases and 7 deaths so far in 2021. The 7 fatalities have been reported in Manatee (2), Duval, Escambia, Lee, Orange, and Polk counties. Read More:

<https://promedmail.org/promed-post/?id=8616379>

MITE BITES (WASHINGTON, DC), 23 August 2021, Residents of Washington, DC, have come under siege by a plague of microscopic oak leaf itch mites whose bite leaves a raft of painful and itchy sores on their victims. Read More: <https://promedmail.org/promed-post/?id=8616259>

VIBRIO VULNIFICUS (ALABAMA), 22 August 2021, according to the Mobile County Health Department, a person reported contracting Vibrio bacteria while in water near Gulf Shores. This is the first confirmed case in Mobile County in 2021. Read More:

<https://promedmail.org/promed-post/?id=8613997>

GASTROENTERITIS (MAINE), 21 August 2021, The Maine CDC is investigating an outbreak of gastrointestinal illnesses at an Ellsworth campground. Individuals at 32 campsites at Patten Pond Camping Resort have gotten sick. Read More: <https://promedmail.org/promed-post/?id=8612449>

PLAGUE (NEW MEXICO), 21 August 2021, The New Mexico Department of Health (NMDOH) reports a resident of Torrance County has been diagnosed with bubonic plague, making it the state's 1st human case in 2021. Read More: <https://promedmail.org/promed-post/?id=8612189>

SALMONELLOSIS, SEROTYPE ENTERITIDIS (MINNESOTA), 20 August 2021, A Salmonella outbreak at Great Moon Buffet in West St. Paul, MN has sickened 17 people, according to the Minnesota Department of Health. Read More: <https://promedmail.org/promed-post/?id=8610585>

LEGIONELLOSIS (NEW YORK CITY), 20 August 2021, A Manhattan neighborhood is now the site of a legionnaires' disease cluster. Read More: <https://promedmail.org/promed-post/?id=8608820>

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (294), 26 August 2021, Federal regulators are likely to approve a 3rd COVID-19 shot for vaccinated adults starting at least 6 months after the 2nd dose rather than the 8-month gap they previously announced, a person familiar with the plans said, as the Biden administration steps up preparations for delivering boosters to the public. Read More: <https://promedmail.org/promed-post/?id=8624836>

EBOLA UPDATE (43) (COTE D'IVOIRE), 26 August 2021, A woman in Ivory Coast who earlier this month [August 2021] tested positive for the Ebola virus has recovered, allowing the country to begin a 42-day countdown to declaring an end to the outbreak, a senior health official said on Wednesday [25 Aug 2021]. Read More: <https://promedmail.org/promed-post/?id=8622819>

SALMONELLOSIS (ECUADOR), 25 August 2021, At least 60 people who participated in a celebration of baptism were treated in emergency wards of hospitals in Ambato, Latacunga, and Salcedo with symptoms of food poisoning on the night of Sun 22 Aug and morning of Mon 23 Aug 2021. Read More: <https://promedmail.org/promed-post/?id=8622183>

SALMONELLOSIS, SEROTYPE INFANTIS (UNITED KINGDOM), 24 August 2021, Nearly 200 people across the United Kingdom are part of a Salmonella outbreak linked to pork scratching products. Read More: <https://promedmail.org/promed-post/?id=8619285>

PLAGUE (CHINA), 23 August 2021, The Health Commission of Ningxia has reported a confirmed bubonic plague case in capital Yinchuan, imported from North China's Inner Mongolia Autonomous Region. Read More: <https://promedmail.org/promed-post/?id=8616381>

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

