



**MARYLAND**  
Department of Health

**Public Health Preparedness and Situational Awareness Report: #2021:45**

Reporting for the week ending 11/13/21 (MMWR Week #45)

**November 19, 2021**

**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National: No Active Alerts**

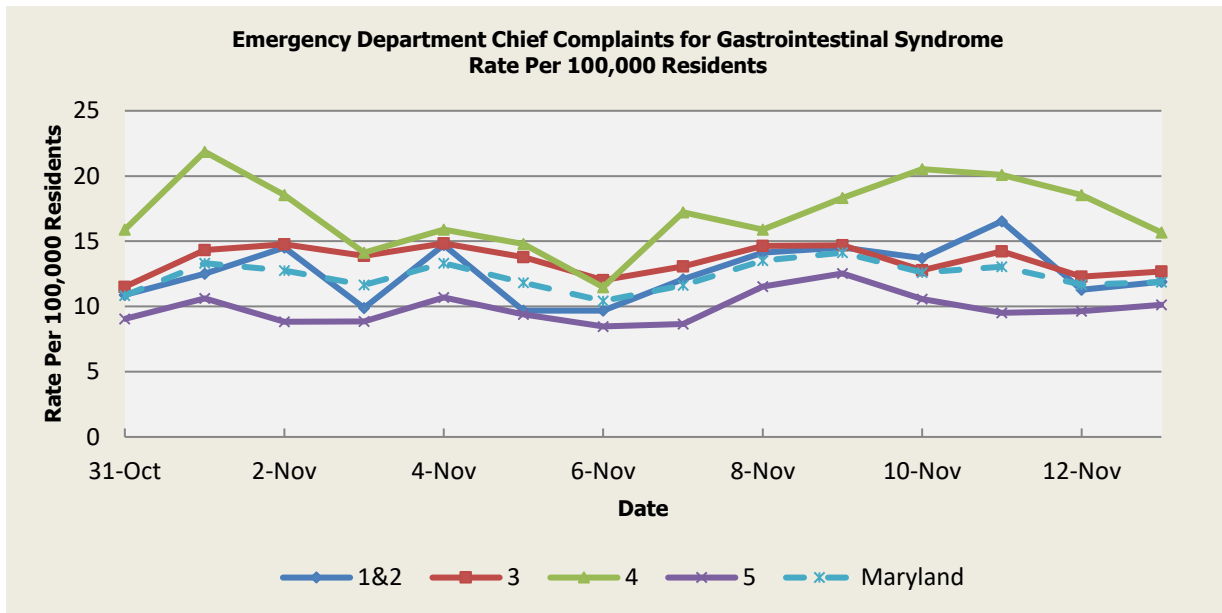
**Maryland: **ENHANCED** (MEMA status)**

**SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency Department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2021.

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# Gastrointestinal Syndrome



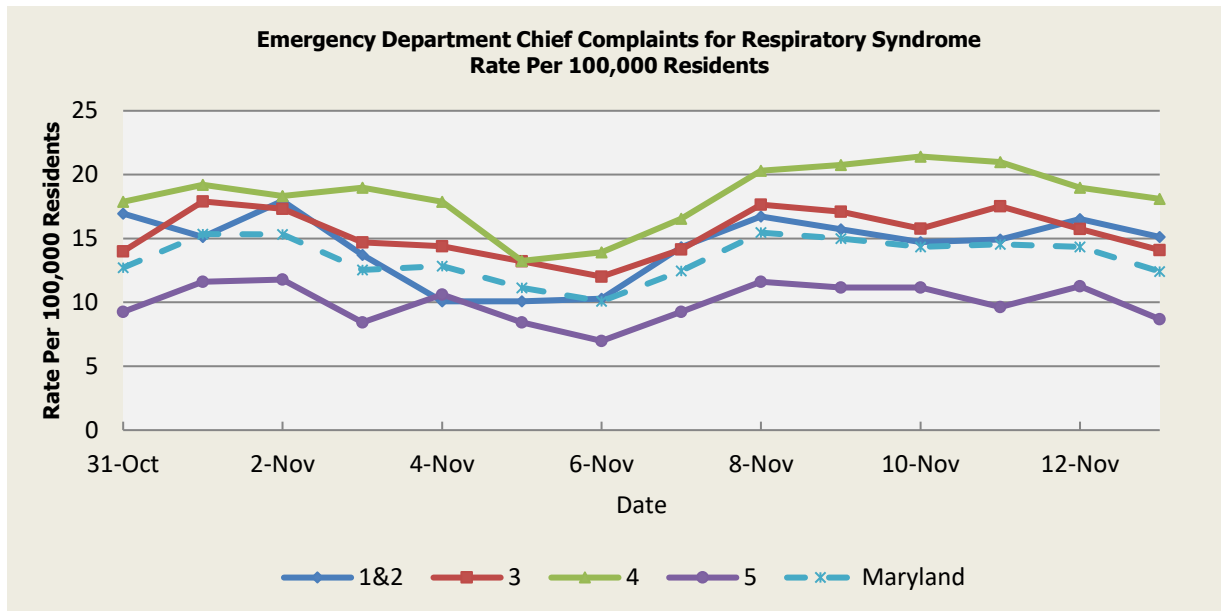
There was one (1) Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis in a Residential Treatment Center for Children (Region3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.16	14.70	15.90	10.07	12.89
Median Rate*	13.11	14.58	15.46	10.04	12.85

\* Per 100,000 Residents

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## Respiratory Syndrome



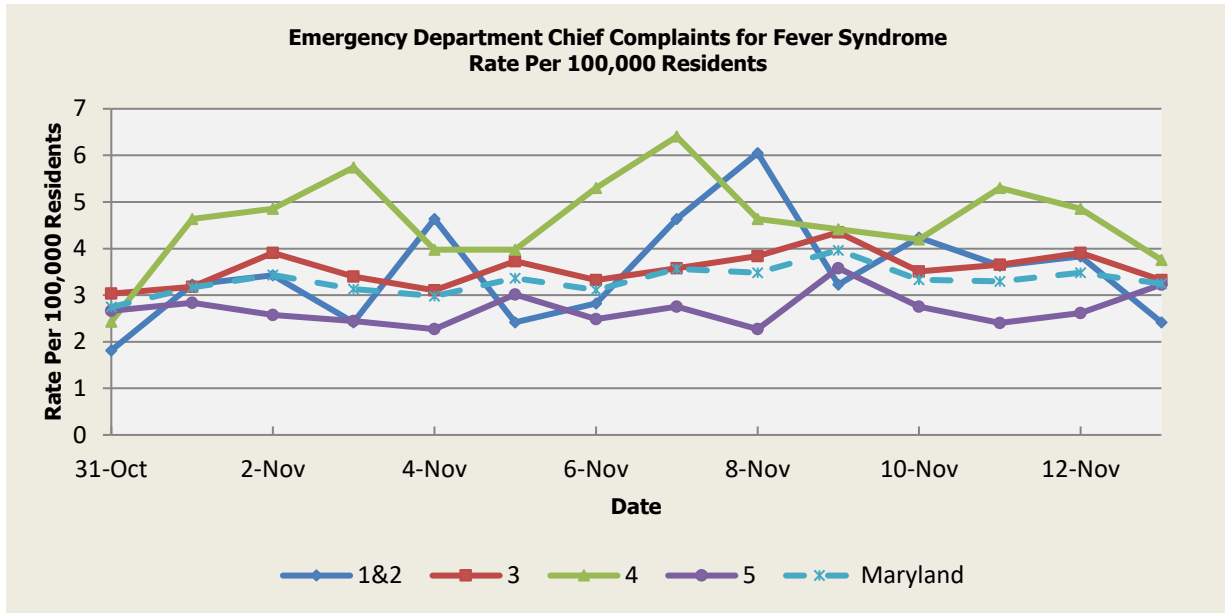
There were one hundred and two (102) Respiratory Syndrome outbreaks reported this week: twelve (12) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,4,5), two (2) outbreaks of COVID-19 in Correctional Facilities (Regions 3,5), thirteen (13) outbreaks of COVID-19 in Daycare Facilities (Regions 3,4,5), thirteen (13) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,4), four (4) outbreaks of COVID-19 in Hospitals (Regions 1&2,3,4), one (1) outbreak of COVID-19 in an Institute of Higher Education (Region 5), eleven (11) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Residential Psychiatric Rehab Facility for Children (Region 3), forty (40) outbreaks of COVID-19 in Schools (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Shelter (Region 5), one(1) outbreak of COVID-19 in a Sober Living Facility (Region 5), four (4) outbreaks of COVID-19 in Substance Use Treatment Facilities (Regions 3,5), one (1) outbreak of COVID-19 in a Youth Outreach Center (Region 3), five (5) outbreaks of COVID-19 in Daycare Facilities (Regions 1&2,3,5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.50	14.68	15.32	9.89	12.71
Median Rate*	12.10	14.07	14.57	9.52	12.20

\* Per 100,000 Residents

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# Fever Syndrome



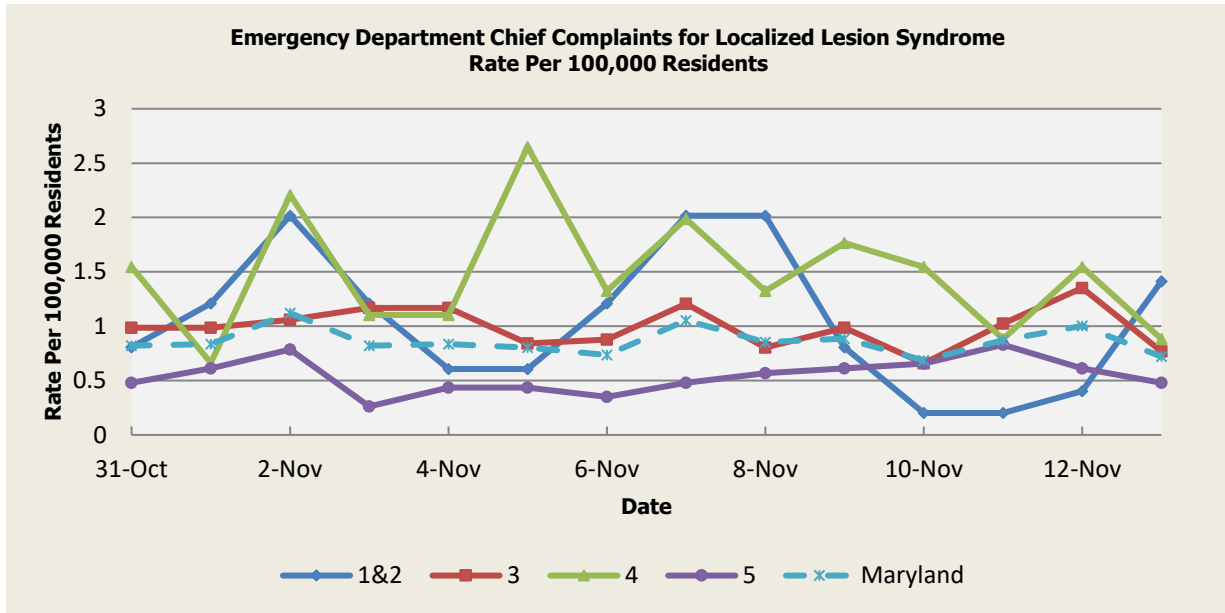
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.04	3.87	4.12	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



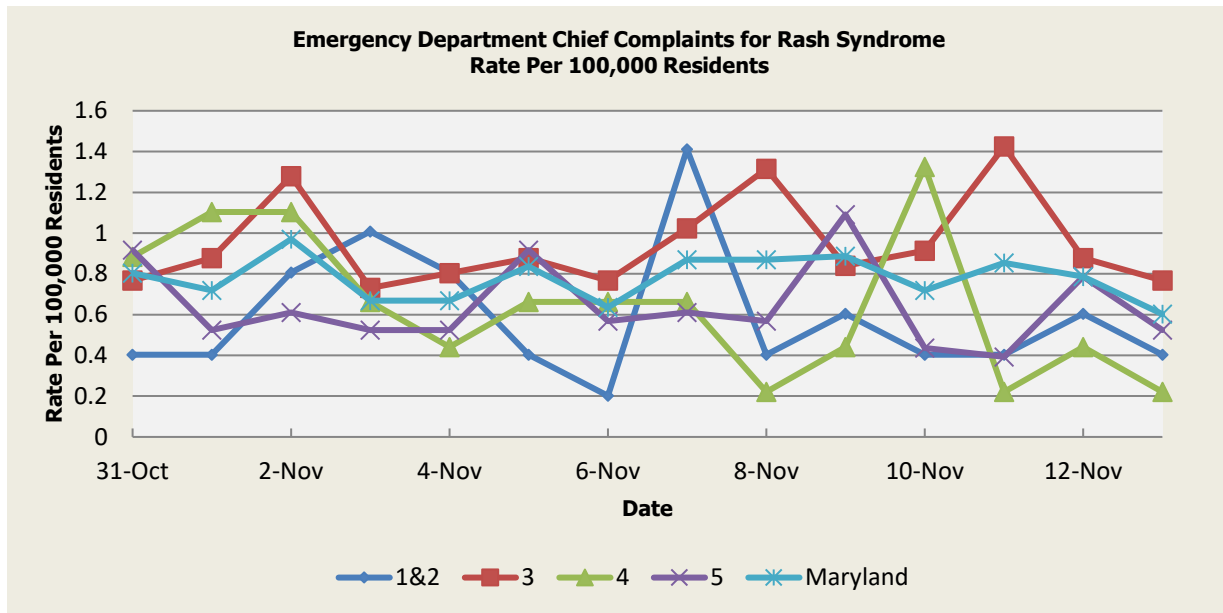
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.65	1.94	0.85	1.32
Median Rate*	1.01	1.61	1.77	0.83	1.27

\* Per 100,000 Residents

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# Rash Syndrome



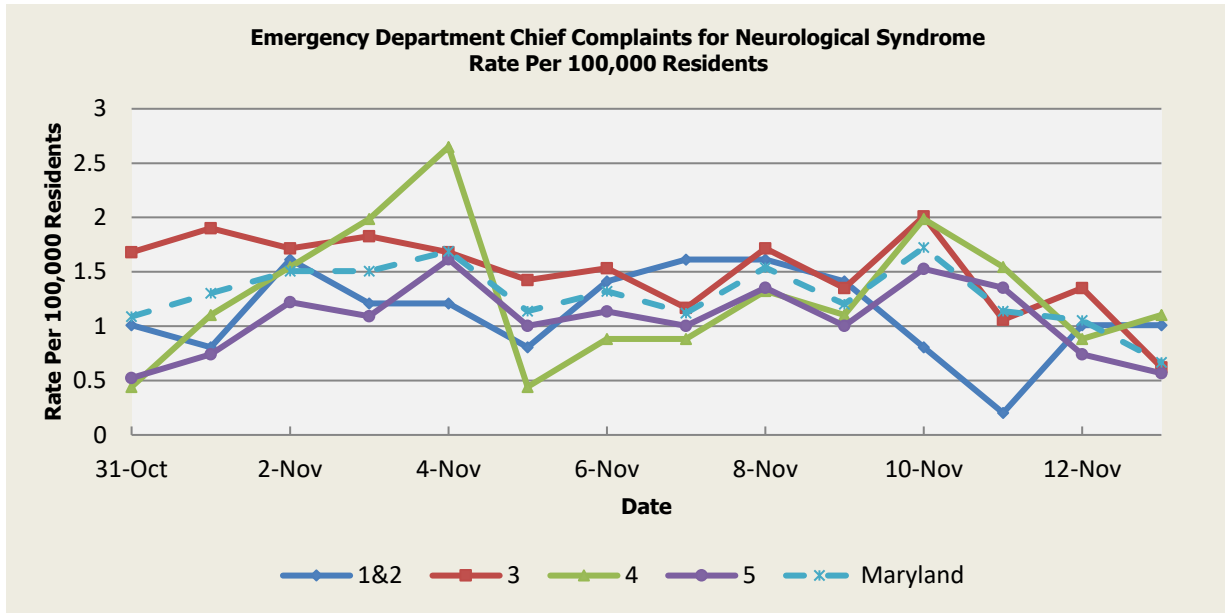
There were six (6) Rash illness outbreaks reported this week: five (5) outbreaks of Hand, Foot, and Mouth Disease in Daycare Facilities (Regions 1&2,3,4,5), one (1) outbreak of Hand, Foot, and Mouth Disease in a School (Region 3).

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.53	1.63	0.90	1.27
Median Rate*	1.01	1.50	1.55	0.87	1.24

\* Per 100,000 Residents

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# Neurological Syndrome



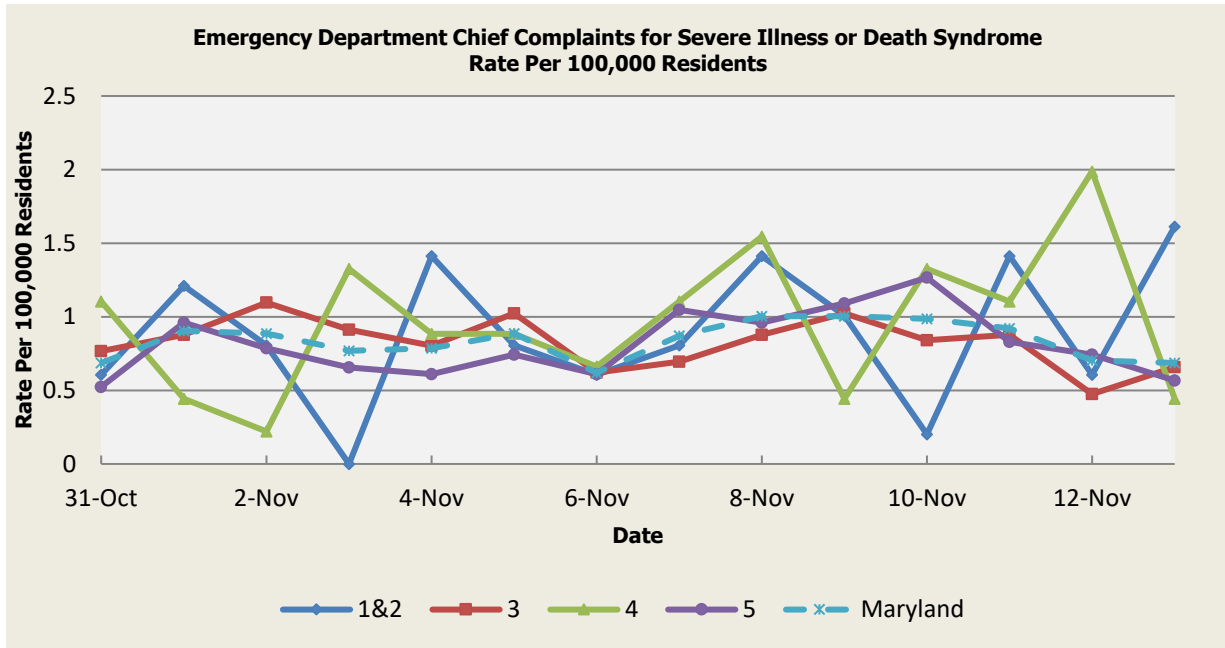
There was no appreciable increase above baseline in the rate of ED visits for Neurological Syndrome.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.84	1.05	0.97	0.68	0.88
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

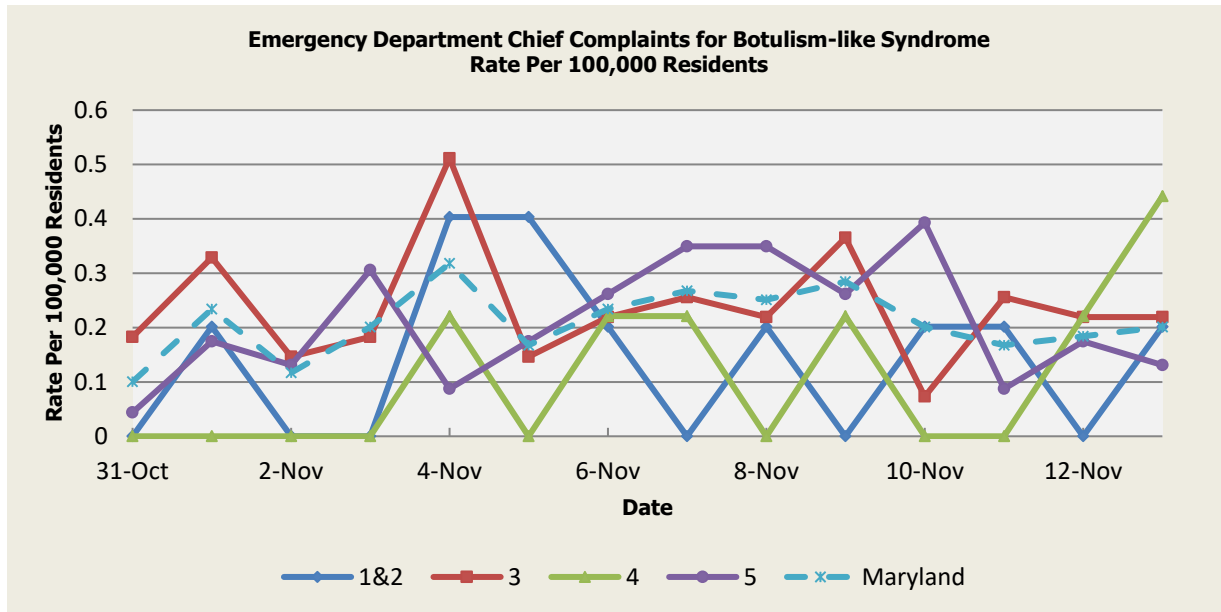
\* Per 100,000 Residents

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## SYNDROMES RELATED TO CATEGORY A AGENTS

### Botulism-like Syndrome



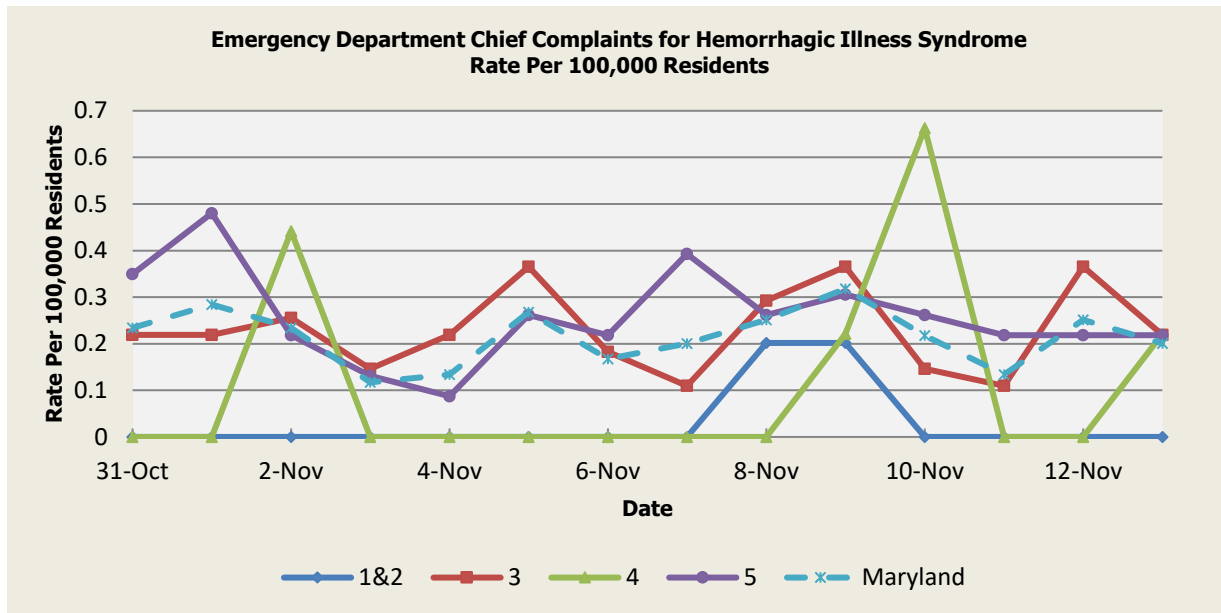
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 10/31 (Region 5), 11/1 (Regions 1&2,3), 11/3 (Region 5), 11/4 (Regions 1&2,3,4), 11/5 (Regions 1&2), 11/6 (Regions 1&2,4,5), 11/7 (Regions 4,5), 11/8 (Regions 1&2,5), 11/9 (Regions 3,4,5), 11/10 (Regions 1&2,5), 11/11 (Regions 1&2), 11/12 (Region 4), 11/13 (Regions 1&2,4). 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	0.10	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



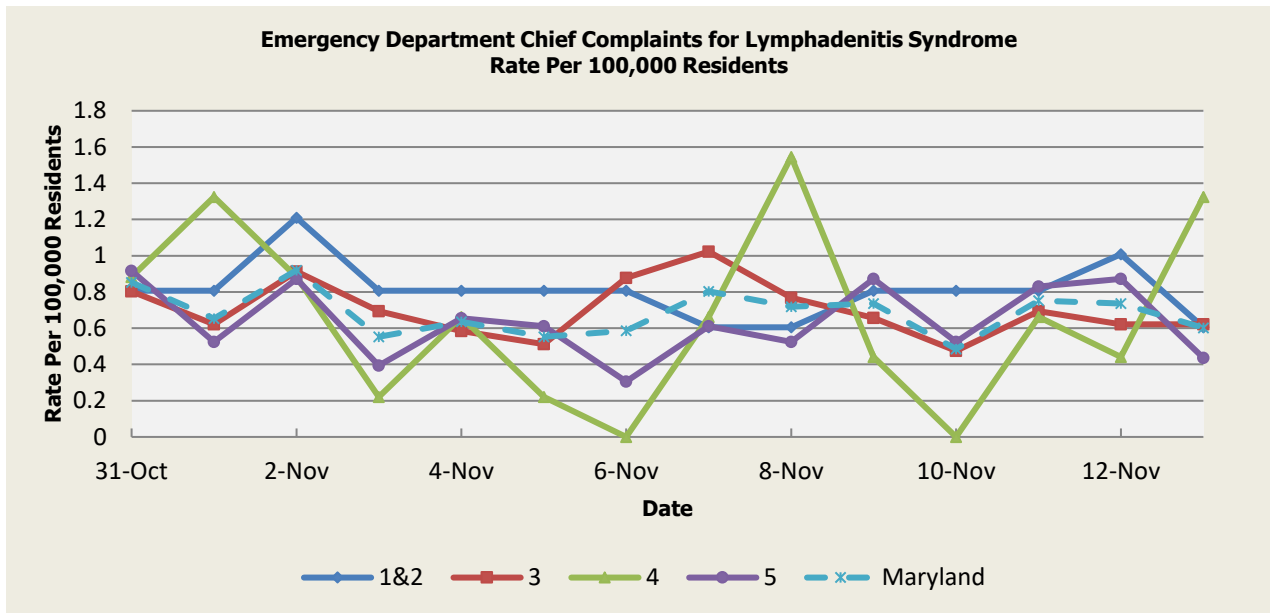
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 10/31 (Region 5), 11/1 (Region 5), 11/2 (Region 4), 11/5 (Region 3), 11/7 (Region 5), 11/8 (Regions 1&2), 11/9 (Regions 1&2,3,4,5), 11/10 (Region 4), 11/12 (Region 3), 11/13 (Region 4). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.15	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 10/31 (Regions 4,5), 11/1 (Region 4), 11/2 (Regions 1&2,4,5), 11/8 (Region 4), 11/9 (Region 5), 11/11 (Region 5), 11/12 (Regions 1&2,5), 11/13 (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*	0.42	0.62	0.41	0.41	0.51
Median Rate*	0.40	0.58	0.44	0.35	0.50

\* 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 (d COVID-19) in the State of Maryland.

### **Confirmed COVID-19 Case Counts in Maryland by County (As of November 19<sup>th</sup>, 2021)**

<b>County</b>	<b>Number of Confirmed Cases</b>
Allegany	10,245
Anne Arundel	54,537
Baltimore City	78,897
Baltimore County	63,235
Calvert	5,898
Caroline	3,369
Carroll	12,409
Cecil	9,214
Charles	14,781
Dorchester	4,317
Frederick	25,223
Garrett	3,613
Harford	21,576
Howard	23,253
Kent	1,836
Montgomery	84,110
Prince George's	101,218
Queen Anne's	4,080
St. Mary's	10,286
Somerset	3,425
Talbot	3,018
Washington	20,840
Wicomico	11,467
Worcester	5,149
<b>Total</b>	<b>575,996</b>

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

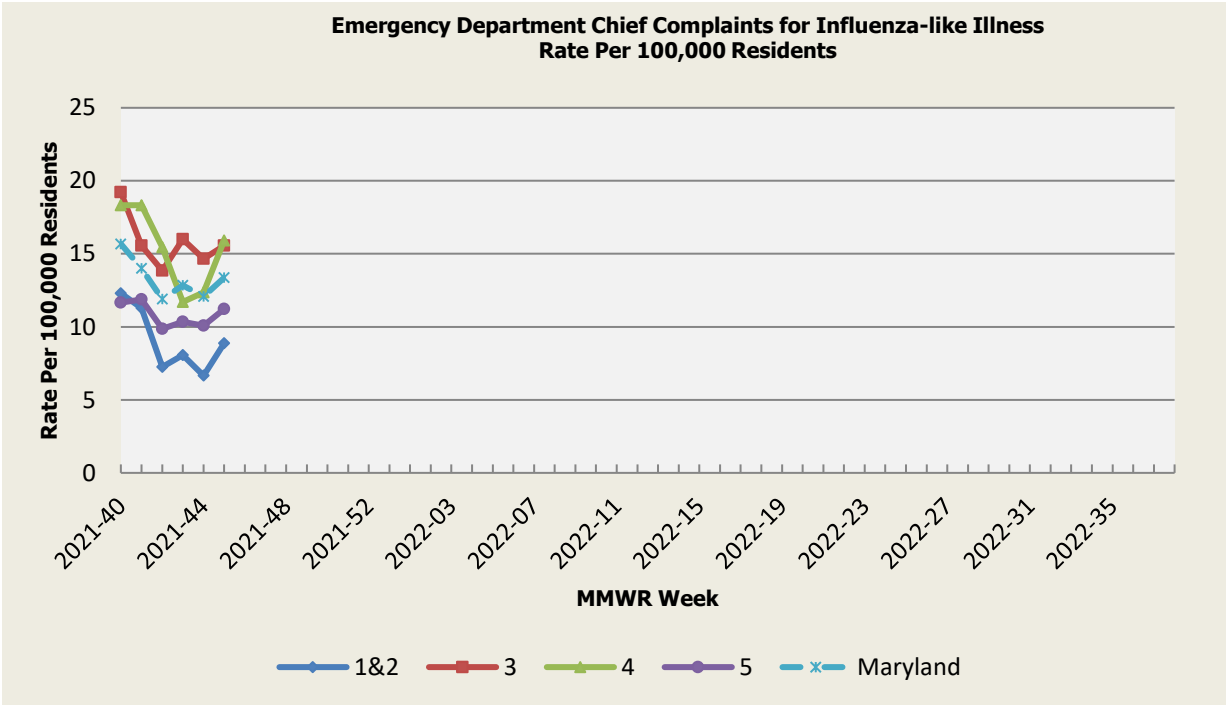
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**SYNDROMIC INFLUENZA SURVEILLANCE**

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2021 through May 2022).

**Seasonal Influenza activity for Week 45: Minimal**

**Influenza-like Illness**

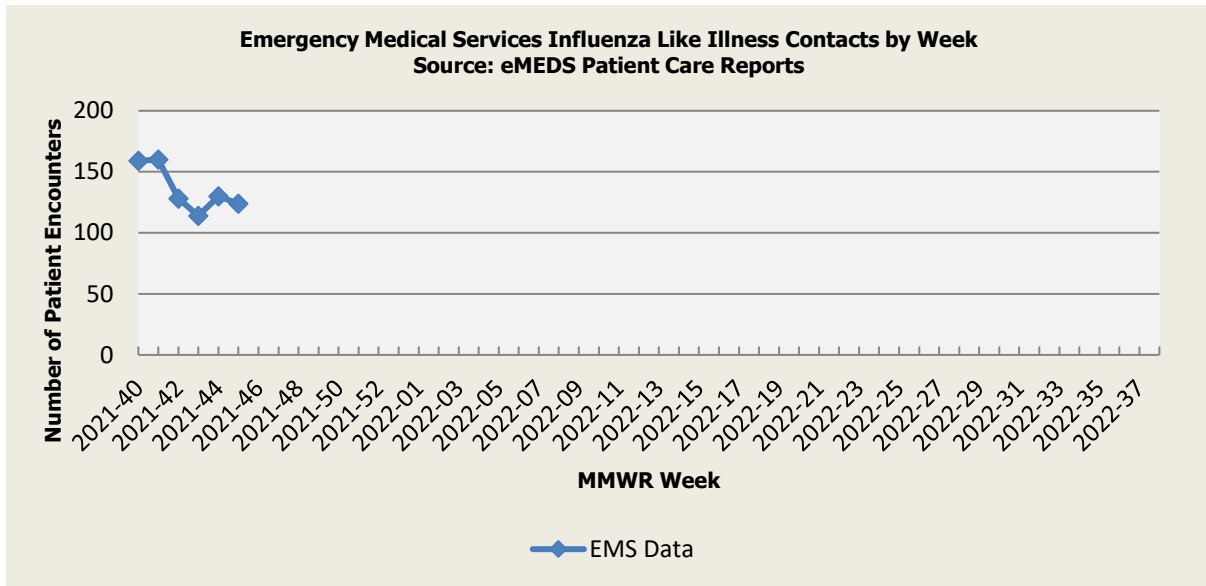


	Influenza-like Illness Baseline Data Week 1 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.92	13.82	13.14	11.47	12.55
Median Rate*	7.26	10.30	9.50	8.56	9.35

\* Per 100,000 Residents

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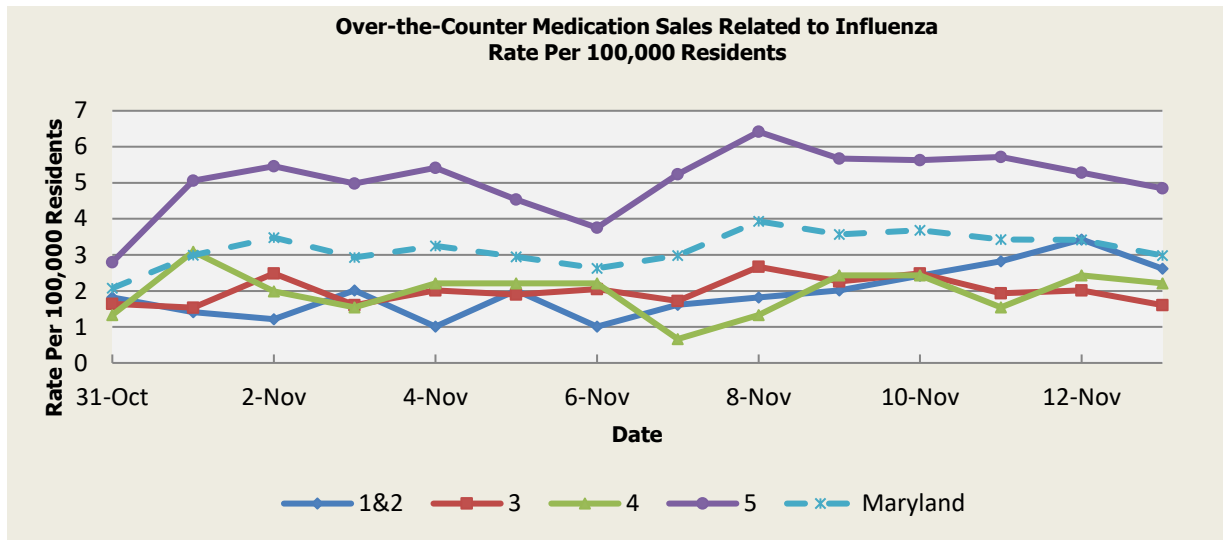
## Influenza-like Illness Contacts by Week



**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



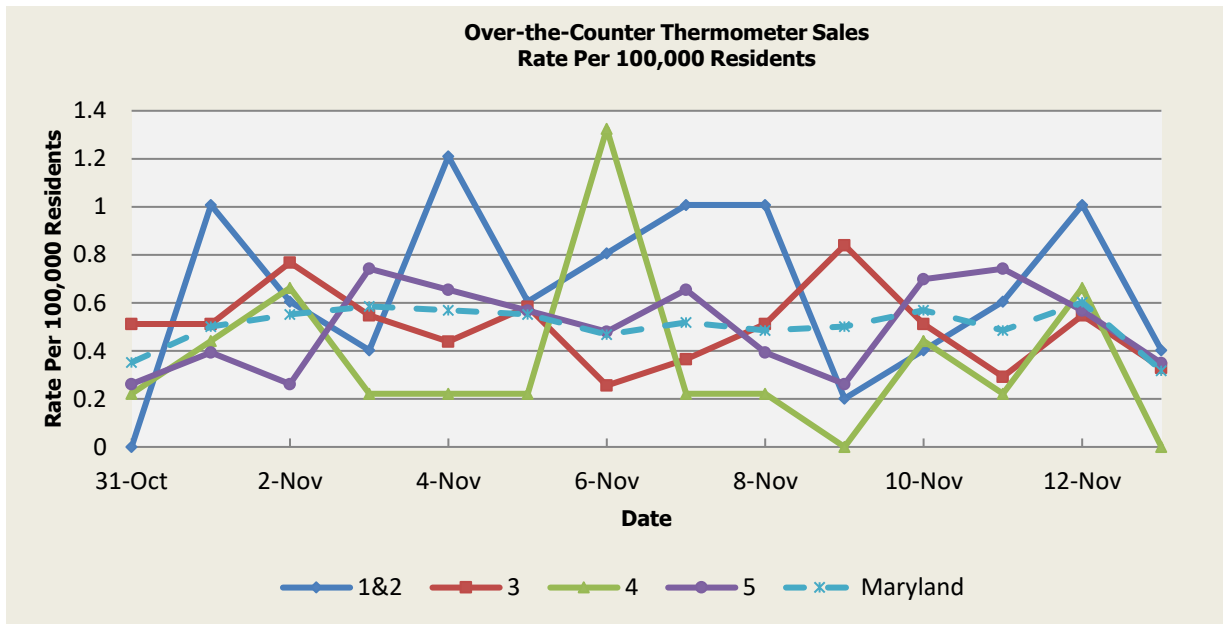
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.09	3.91	2.42	7.14	4.97
Median Rate*	2.22	2.85	1.99	6.11	3.97

\* 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*	2.54	2.41	1.99	3.18	2.68
Median Rate*	2.22	2.37	1.77	3.23	2.74

\* Per 100,000 Residents

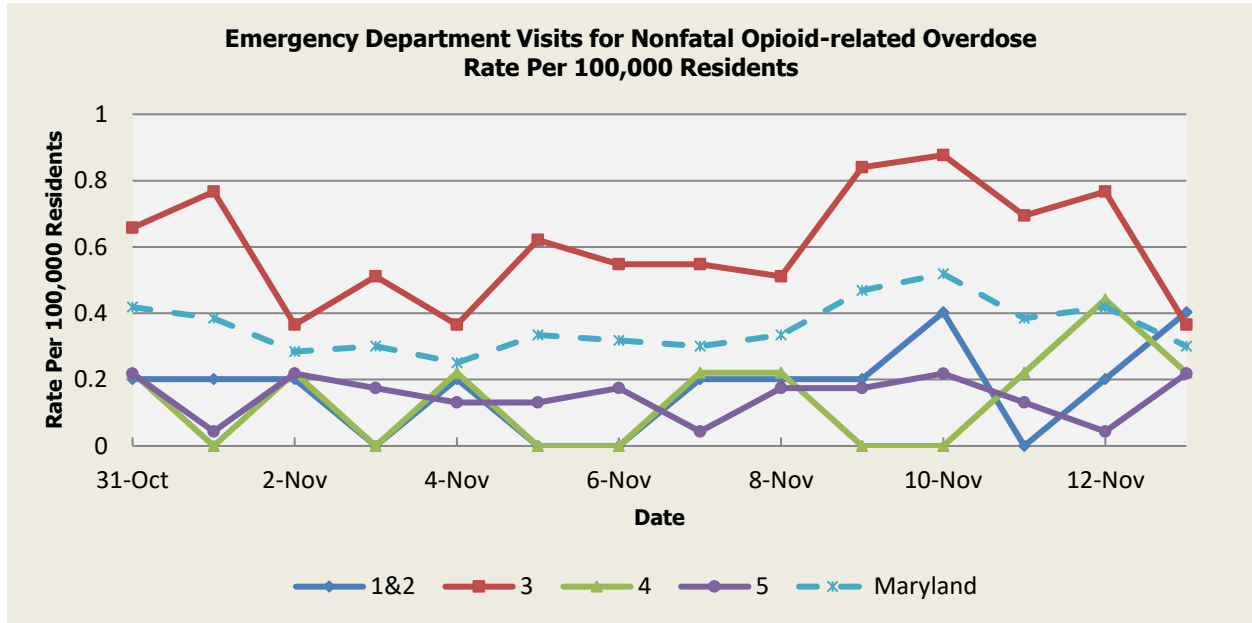
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## **SYNDROMIC OVERDOSE SURVEILLANCE**

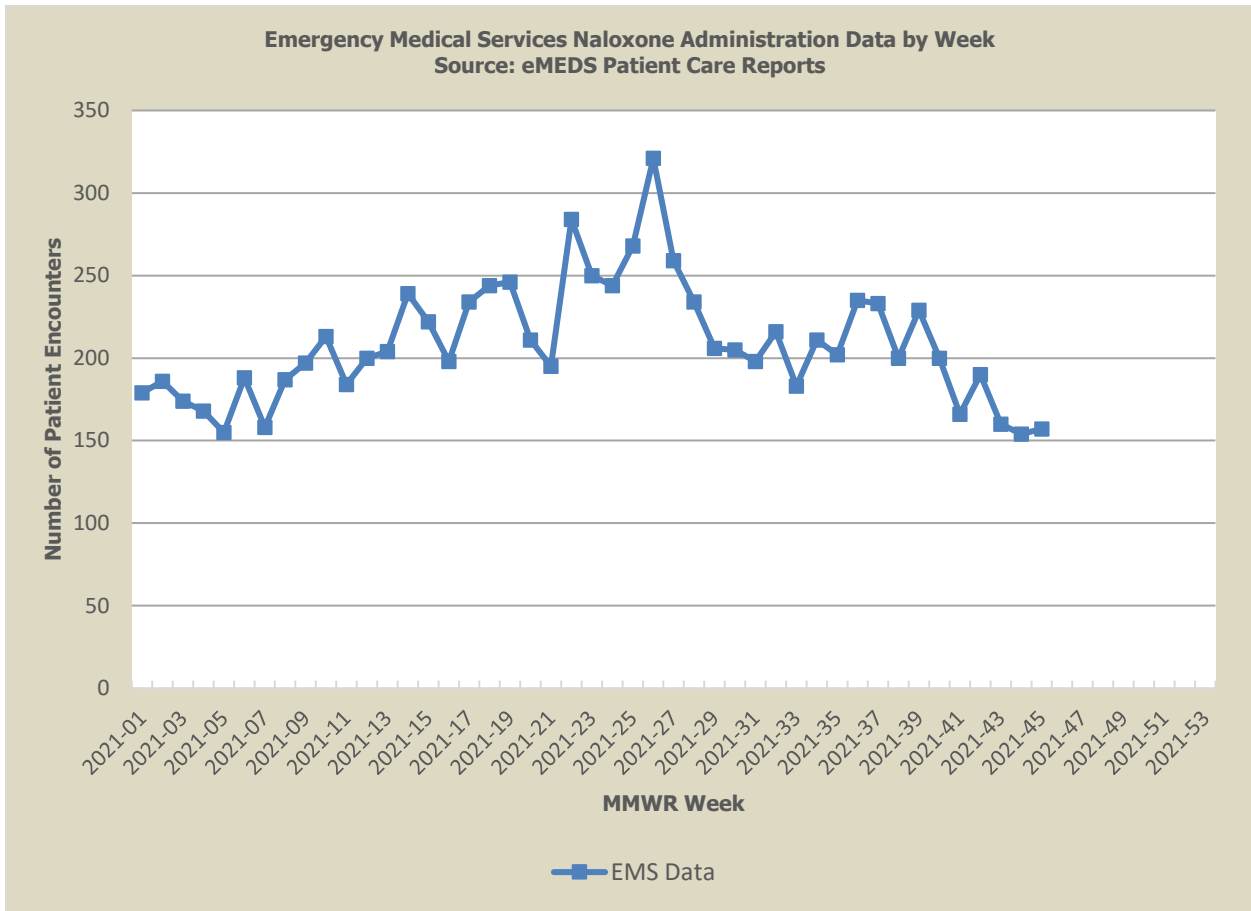
The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track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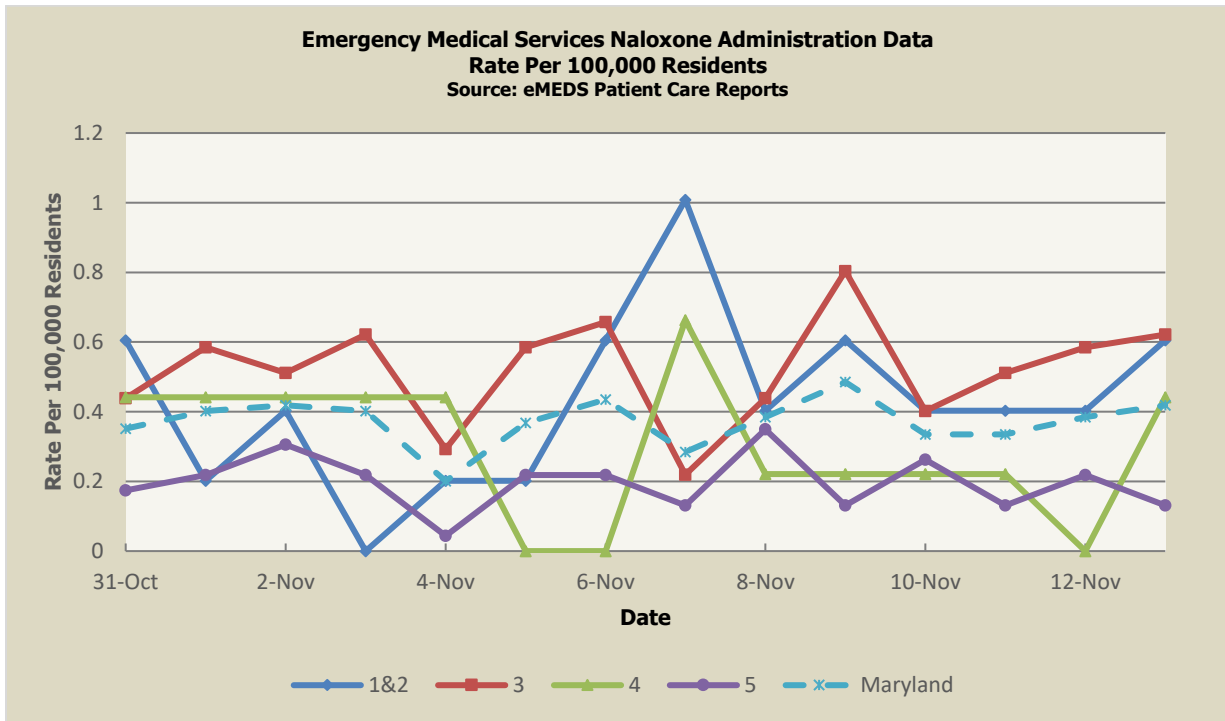
# Naloxone Administration Data by Week



**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 November 19th, 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 (JAPAN)**, 18 November 2021, The bird flu [avian influenza] epidemic, which emerged in a chicken farm in Japan last week and gradually increased its effect, spread to another province of the country. Read More: <https://promedmail.org/promed-post/?id=8699747>

**AVIAN INFLUENZA (IRELAND)**, 13 November 2021, The Department of Agriculture has confirmed a case of bird flu in County Kerry. Read More: <https://promedmail.org/promed-post/?id=8699639>

### **HUMAN AVIAN INFLUENZA**

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

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## **NATIONAL DISEASE REPORTS**

**SALMONELLOSIS, SEROTYPE ORANIENBURG (USA)**, 17 November 2021, CDC, FDA, and public health and regulatory officials in several states are collecting different types of data to investigate a multistate outbreak of \_Salmonella [enterica\_ serotype] Oranienburg infections linked to onions. Read More: <https://promedmail.org/promed-post/?id=8699722>

**HEPATITIS A (ALABAMA)**, 17 November 2021, Multiple inmates have tested positive for hepatitis A at the Madison County Jail. Read More: <https://promedmail.org/promed-post/?id=8699721>

**E COLI EHEC (USA)**, 16 November 2021, CDC, public health and regulatory officials in several states, and the FDA are collecting different types of data to investigate a multistate outbreak of \_E. coli\_ O157:H7 infections. Read More: <https://promedmail.org/promed-post/?id=8699692>

**SHIGELLOSIS (CALIFORNIA)**, 13 November 2021, The County of San Diego has announced 4 new shigella cases associated with an ongoing outbreak, bringing the total to 35 confirmed and 3 probable cases among people experiencing homelessness. Read More: <https://promedmail.org/promed-post/?id=8699654>

**UNDIAGNOSED SKIN DISEASE: (SENEGAL)**, 12 November 2022, In the suburbs of Dakar, the "mysterious disease of the fishermen of Thiaroye" has reappeared. Read More: <https://promedmail.org/promed-post/?id=8699630>

## **INTERNATIONAL DISEASE REPORTS**

**ANTHRAX (ARGENTINA)**, 17 November 2021, [The case] was reported by the Faculty of Veterinary Medicine, after confirmation from the Directorate of Epidemiology. The patient is a worker from the rural area of southern Pampas. Read More: <https://promedmail.org/promed-post/?id=8699726>

**ANTHRAX (KAZAKHSTAN)**, 16 November 2021, In the Abay region of Shymkent, 4 people contracted anthrax while cutting carcasses, As it turned out, the owner sold the meat of the sick animal at a cheap price. Read More: <https://promedmail.org/promed-post/?id=8699702>

## **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

