



June 23, 2017

## Public Health Preparedness and Situational Awareness Report: #2017:24 Reporting for the week ending 6/17/17 (MMWR Week #24)

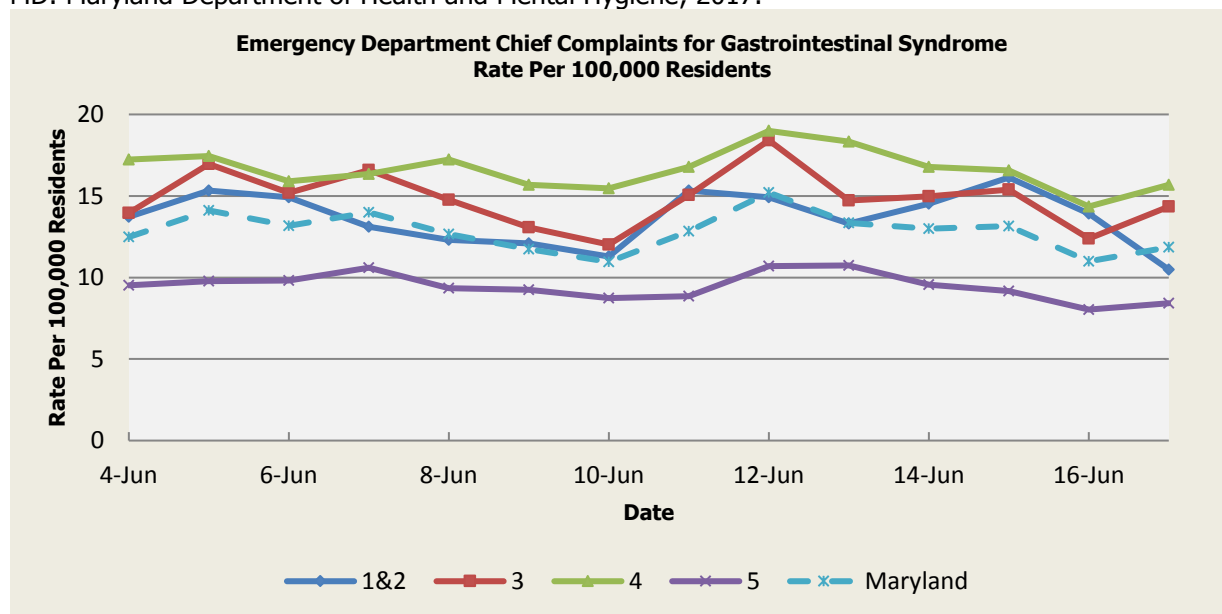
### CURRENT HOMELAND SECURITY THREAT LEVELS

**National:** No Active Alerts

**Maryland:** Level Four (MEMA status)

### SYNDROMIC SURVEILLANCE REPORTS

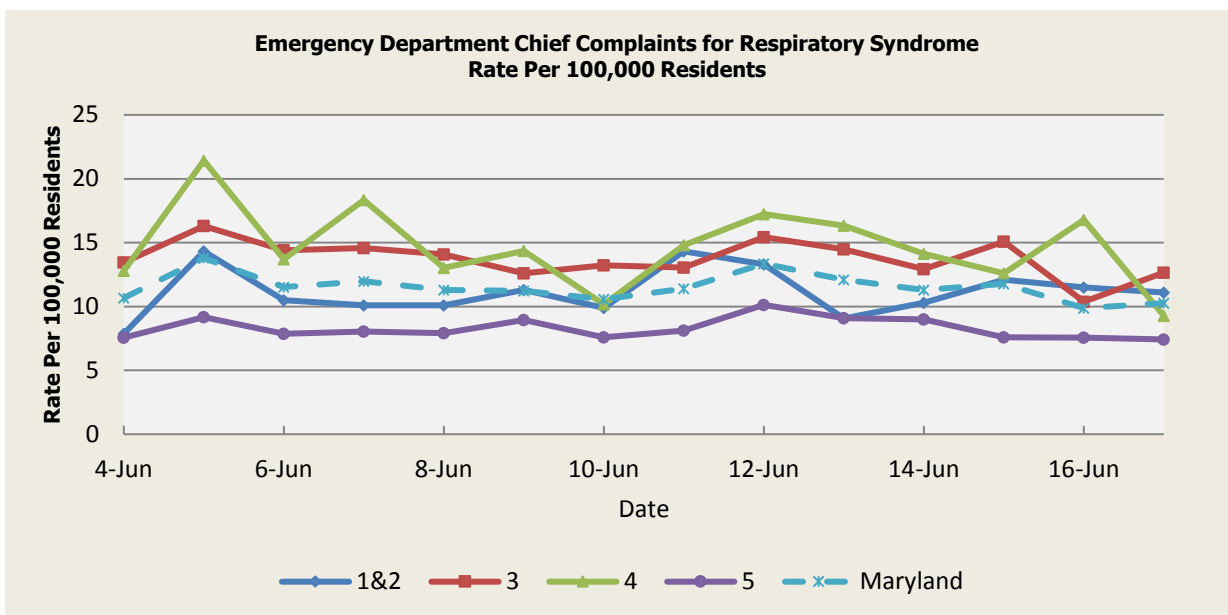
**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented 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 and Mental Hygiene; 2017.



There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis associated with a Day Program (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.09	0.04	0.06	0.07
Median Rate*	0.00	0.07	0.00	0.04	0.05

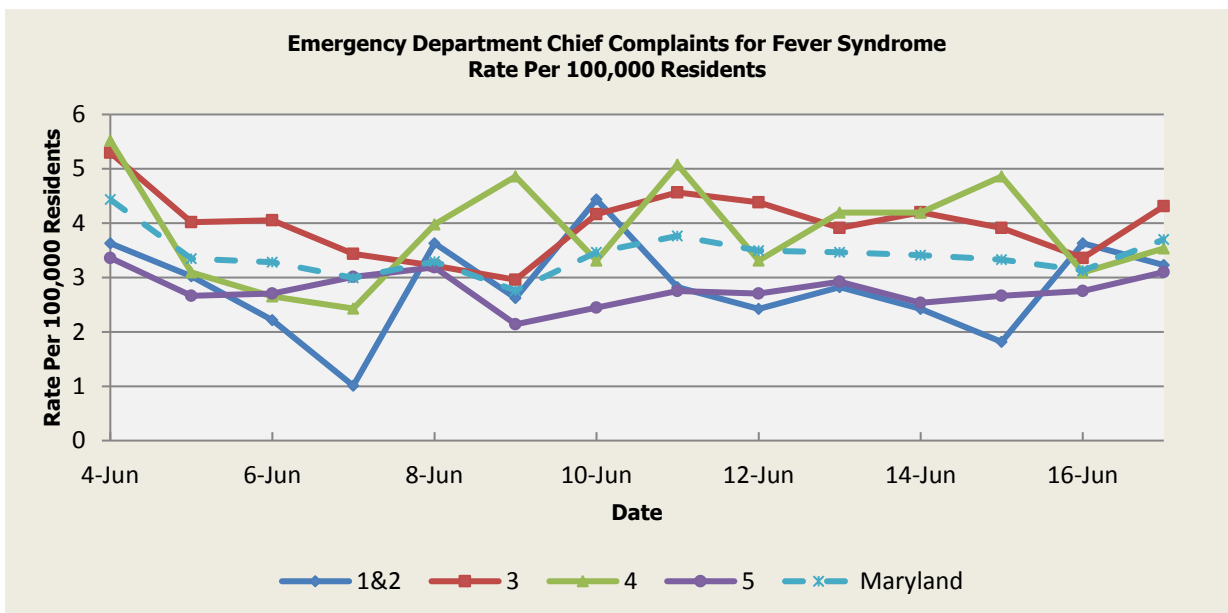
\* Per 100,000 Residents



There were no Respiratory Syndrome outbreaks reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.87	14.23	14.13	9.81	12.33
Median Rate*	11.70	13.88	13.91	9.65	12.05

\* Per 100,000 Residents

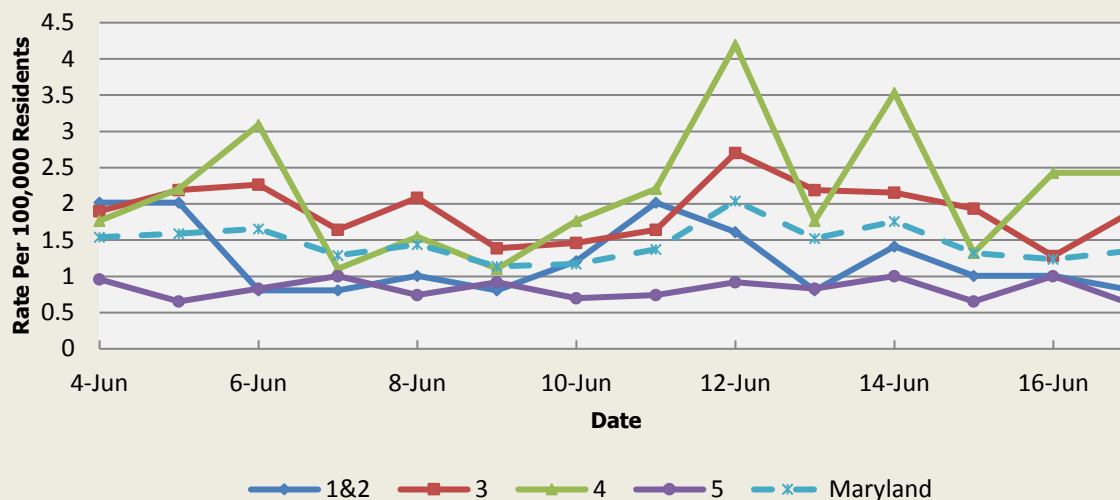


There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.98	3.81	3.92	3.03	3.45
Median Rate*	2.82	3.76	3.75	2.97	3.40

Per 100,000 Residents

### Emergency Department Chief Complaints for Localized Lesion Syndrome Rate Per 100,000 Residents



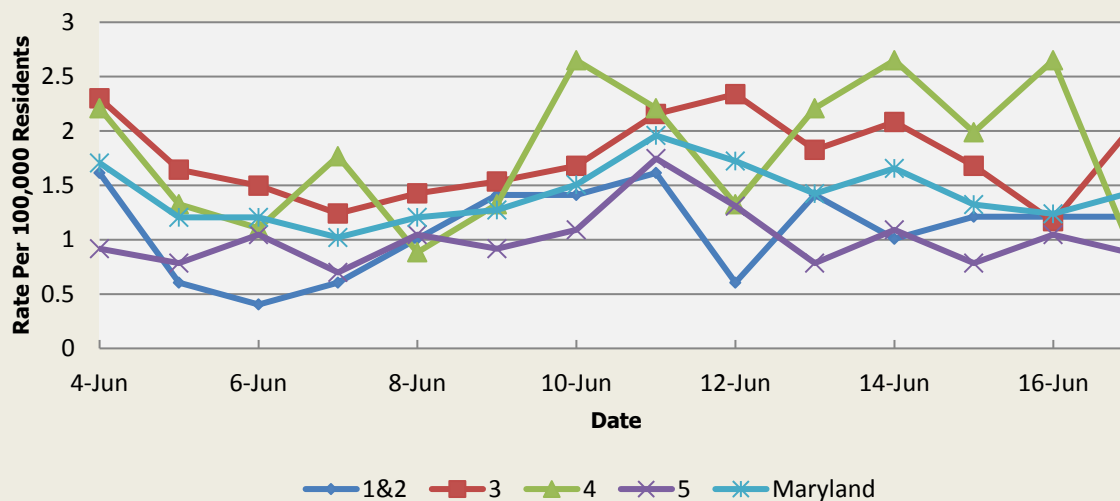
There were no Localized Lesion Syndrome outbreaks reported this week.

#### Localized Lesion Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.03	1.86	1.99	0.95	1.45
Median Rate*	1.01	1.83	1.99	0.92	1.42

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Rash Syndrome Rate Per 100,000 Residents



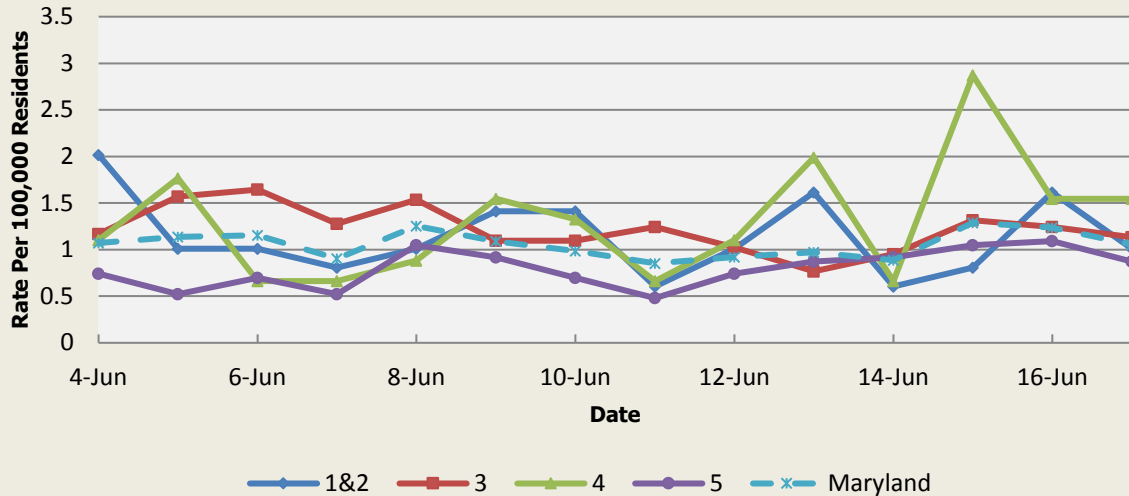
There were no Rash Syndrome outbreaks reported this week.

#### Rash Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.23	1.73	1.74	1.01	1.41
Median Rate*	1.21	1.68	1.77	1.00	1.39

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Neurological Syndrome Rate Per 100,000 Residents



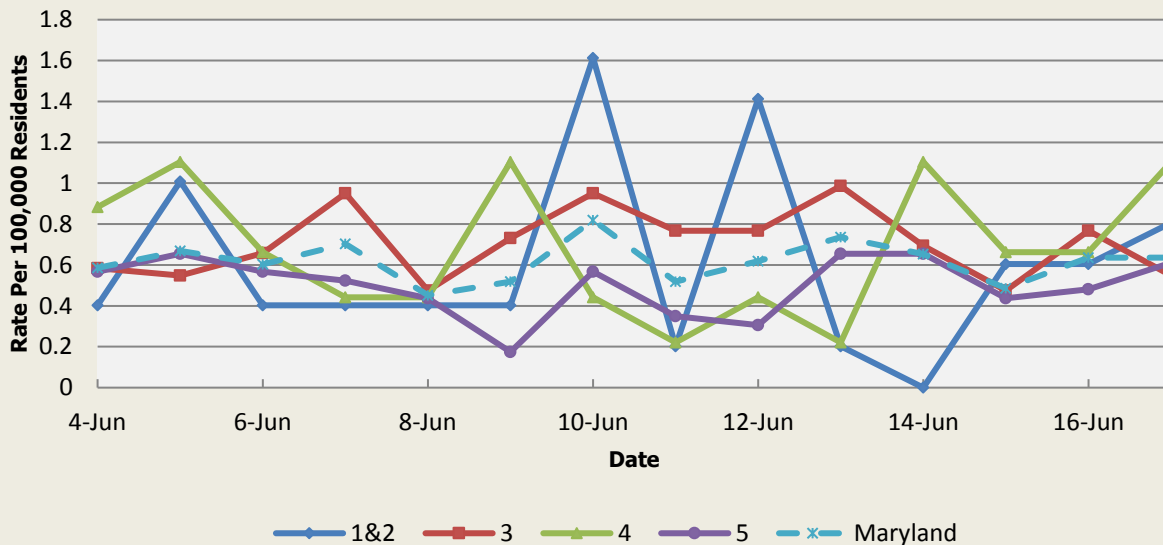
There were no Neurological Syndrome outbreaks reported this week.

#### Neurological Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.64	0.78	0.68	0.50	0.66
Median Rate*	0.60	0.69	0.66	0.48	0.59

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Severe Illness or Death Syndrome Rate Per 100,000 Residents



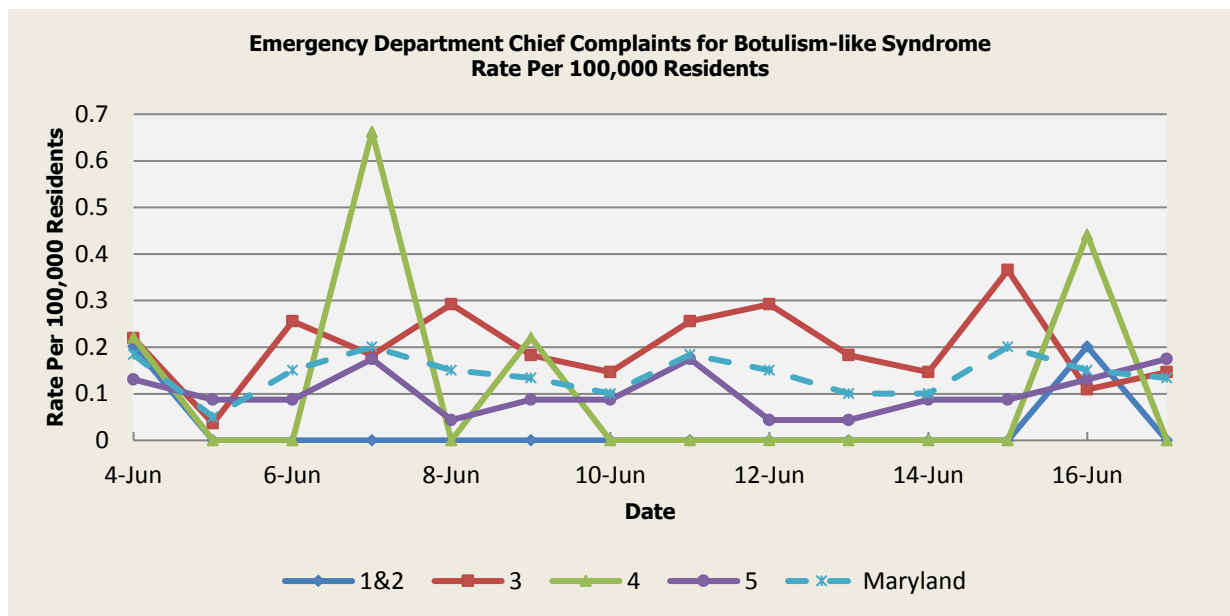
There were no Severe Illness or Death Syndrome outbreaks reported this week.

#### Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.64	0.91	0.79	0.45	0.70
Median Rate*	0.60	0.91	0.66	0.44	0.70

\* Per 100,000 Residents

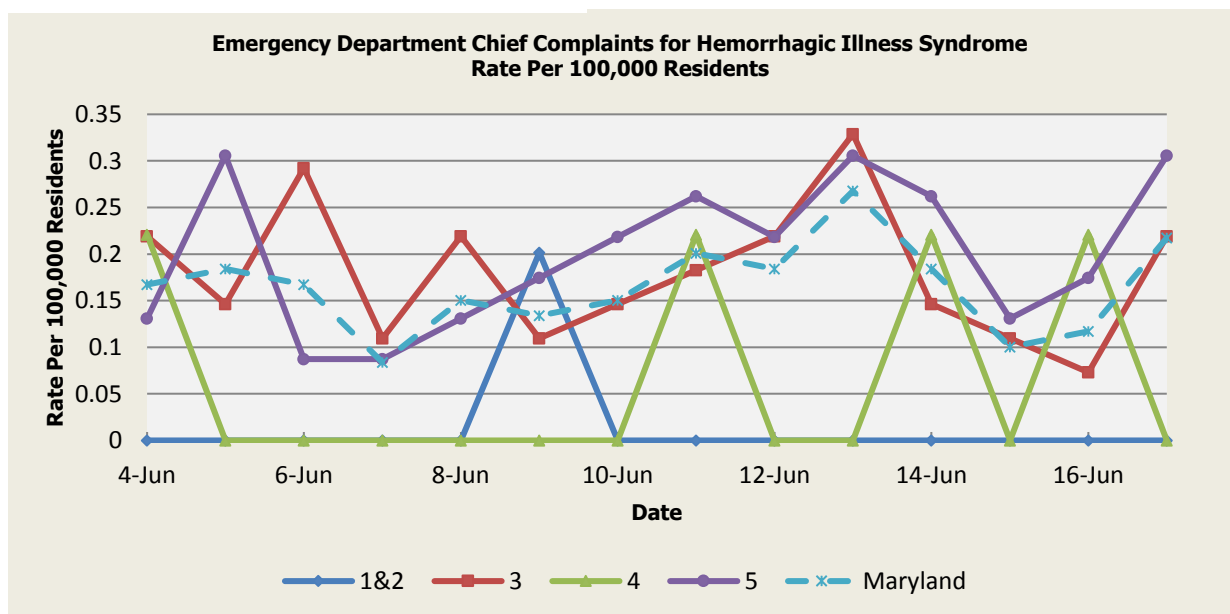
## SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 06/04 (Regions 1&2,3,4,5), 06/06 (Region 3), 06/07 (Regions 3,4,7), 06/08 (Region 3), 06/09 (Regions 3,4), 06/11 (Regions 3,5), 06/12 (Region 3), 06/13 (Region 3), 06/15 (Region 3), 06/16 (Regions 1&2,4,5), 06/17 (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*	0.06	0.09	0.04	0.06	0.07
Median Rate*	0.00	0.07	0.00	0.04	0.05

\* Per 100,000 Residents

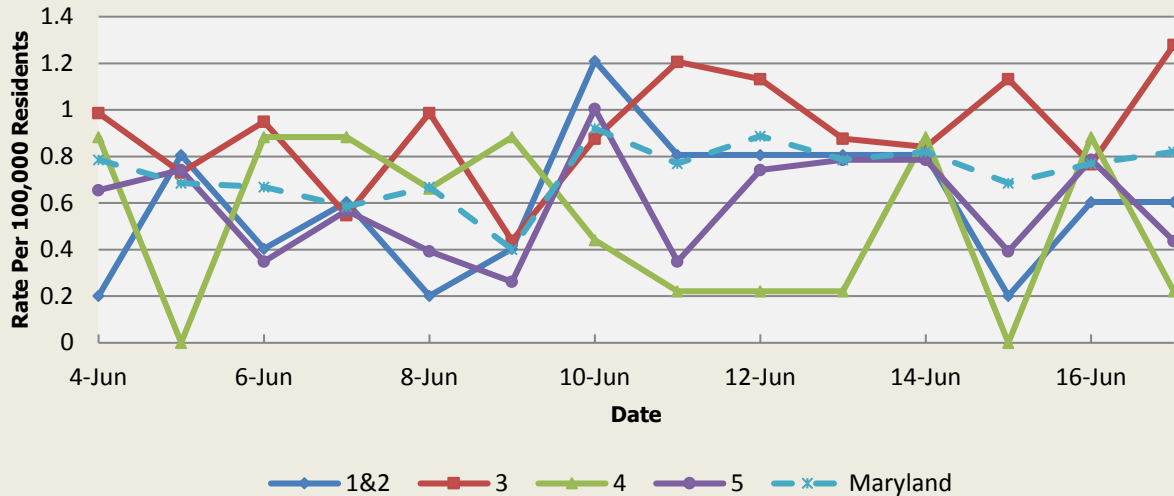


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 06/04 (Region 4), 06/05 (Region 5), 06/06 (Region 3), 06/09 (Regions 1&2), 06/10 (Region 5), 06/11 (Regions 4,5), 06/12 (Region 5), 06/13 (Regions 3,5), 06/14 (Regions 4,5), 06/16 (Region 4), 06/17 (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*	0.03	0.13	0.03	0.09	0.10
Median Rate*	0.00	0.04	0.00	0.04	0.05

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Lymphadenitis Syndrome Rate Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 06/04 (Regions 4,5), 06/05 (Regions 1&2,5), 06/06 (Region 4), 06/07 (Region 4), 06/09 (Region 4), 06/10 (Region 5), 06/11 (Regions 1&2,3), 06/12 (Regions 1&2,3,5), 06/13 (Regions 1&2,3), 06/14 (Regions 1&2,4,5), 06/15 (Region 3), 06/16 (Regions 4,5), 06/17 (Region 3). These increases

#### Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.52	0.34	0.31	0.41
Median Rate*	0.20	0.40	0.22	0.26	0.33

\* Per 100,000 Residents

### MARYLAND REPORTABLE DISEASE SURVEILLANCE

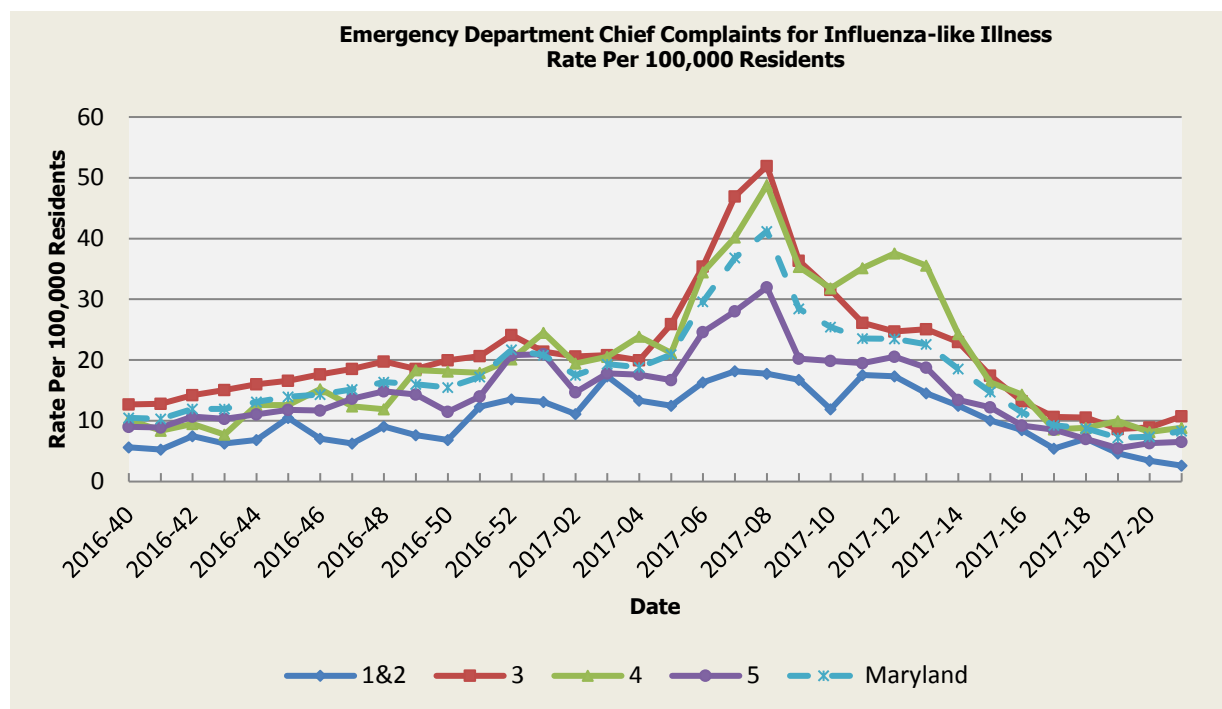
Condition	Counts of Reported Cases†					
	June			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Aseptic meningitis	13	20.6	17	122	172.6	169
Meningococcal disease	1	0	0	4	3	2
Measles	0	0.6	1	3	3.8	3
Mumps	2	1.6	2	19	32.8	11
Rubella	0	0.8	1	1	3.4	3
Pertussis	7	14	10	100	138.4	134
Foodborne Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Salmonellosis	37	53.2	47	278	328.2	307
Shigellosis	10	12	12	100	91	111
Campylobacteriosis	43	48.2	53	308	307.6	304
Shiga toxin-producing Escherichia coli (STEC)	6	10.2	9	64	60.2	58
Listeriosis	1	1	1	11	4.8	5
Arboviral Diseases	2017	Mean*	Median*	2017	Mean*	Median*
West Nile Fever	0	1	0	0	2	2
Lyme Disease	184	300.6	303	1172	1139.2	1024
Emerging Infectious Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Chikungunya	0	0	0	0	1.6	0
Dengue Fever	0	1.2	0	6	11.4	8
Zika Virus***	0	1	0	1	5.6	4
Other	2017	Mean*	Median*	2017	Mean*	Median*
Legionellosis	9	14.6	10	92	67.4	69

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health and Mental Hygiene; 2017. † Counts are subject to change \*Timeframe of 2011-2017\*\*Includes January through current month.

\*\*\* As of June 22, 2017, the total [Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection](#) for 2017 is 34.

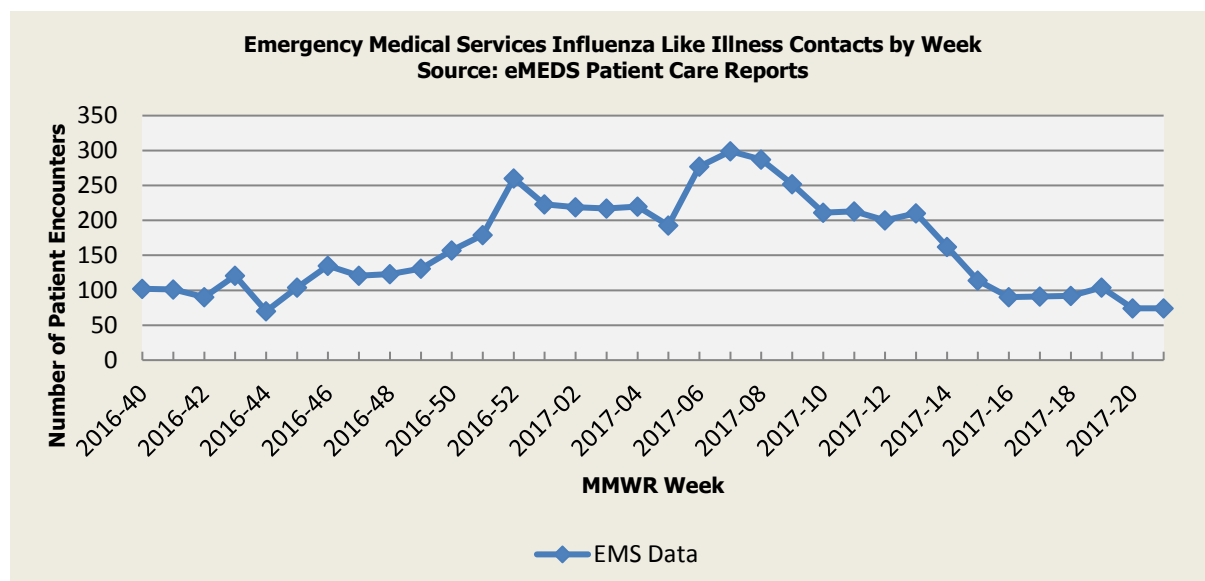
## SYNDROMIC INFLUENZA SURVEILLANCE

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



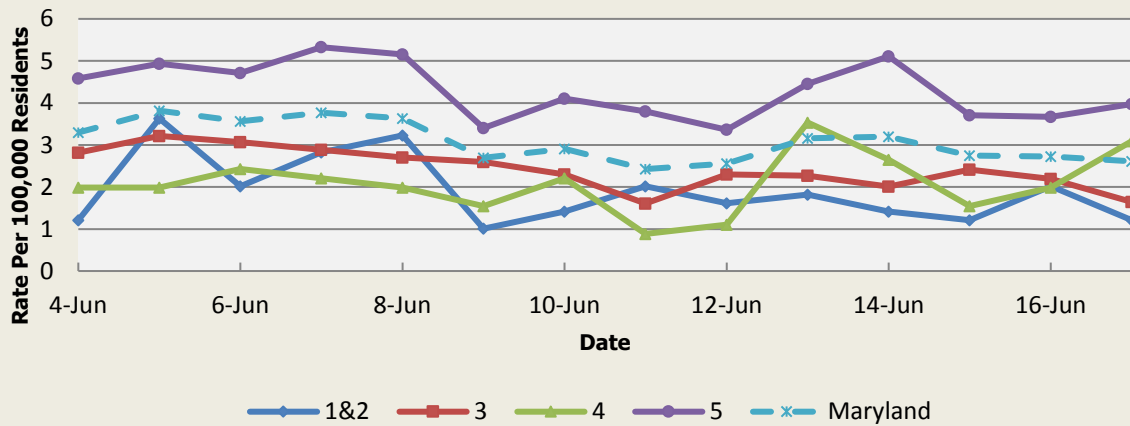
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	167.70	223.96	205.49	194.23	206.50
Median Rate*	7.66	9.63	9.05	8.51	9.00

\* Per 100,000 Residents



**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.

### Over-the-Counter Medication Sales Related to Influenza Rate Per 100,000 Residents

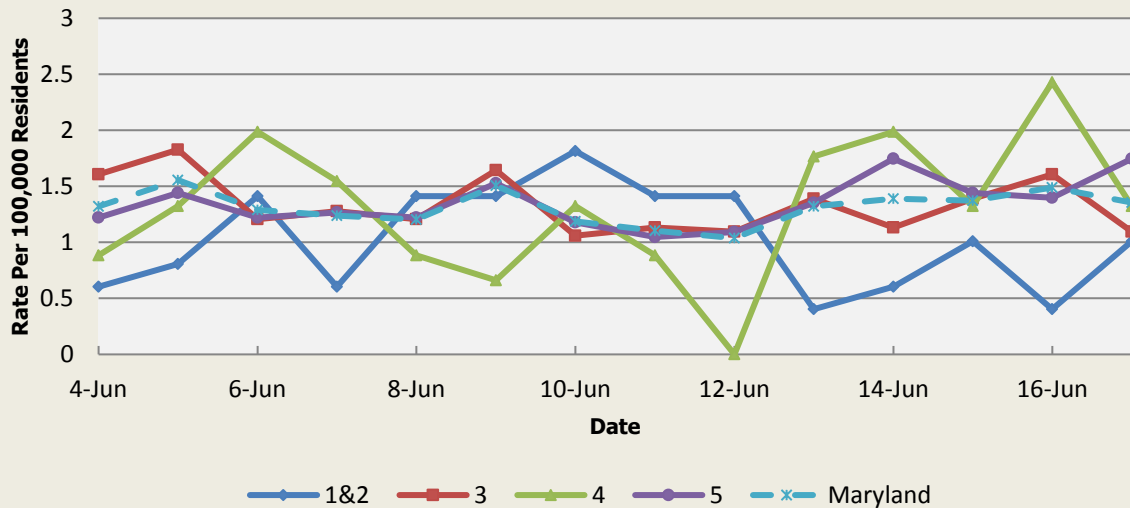


There was not an appreciable increase above baseline in the rate of OTC medication sales during this reporting period.

OTC Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.71	4.83	2.69	8.32	5.91
Median Rate*	3.23	4.38	2.43	8.03	5.52

\* Per 100,000 Residents

### Over-the-Counter Thermometer Sales Rate Per 100,000 Residents



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

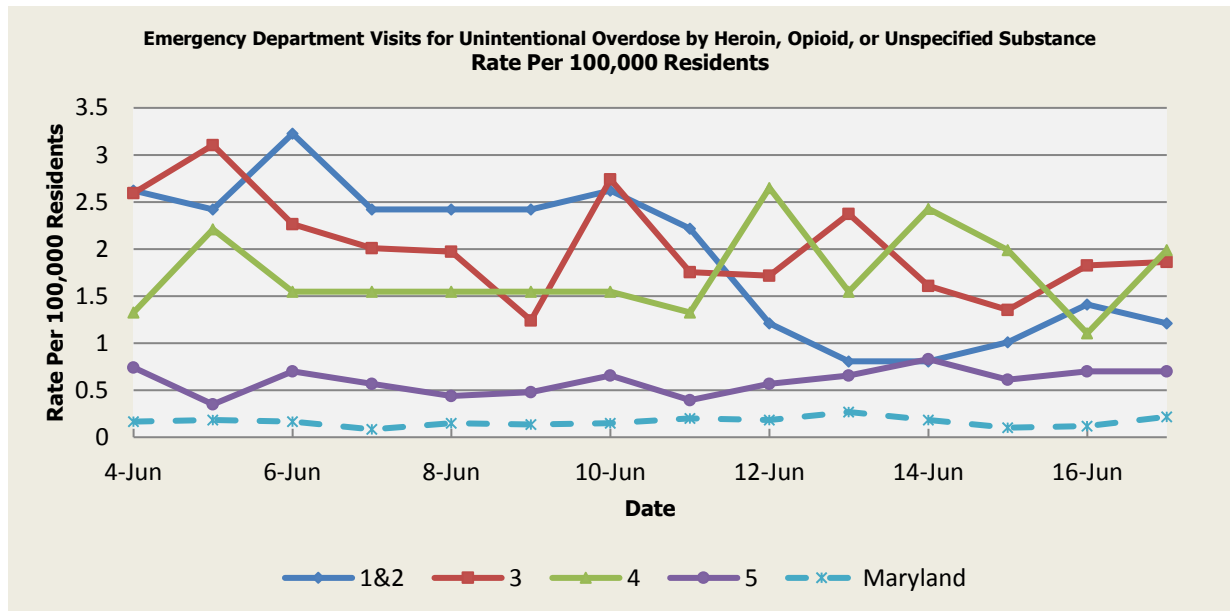
Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.32	3.18	2.46	4.26	3.55
Median Rate*	3.02	3.03	2.43	4.06	3.36

\* Per 100,000 Residents



## SYNDROMIC OVERDOSE SURVEILLANCE

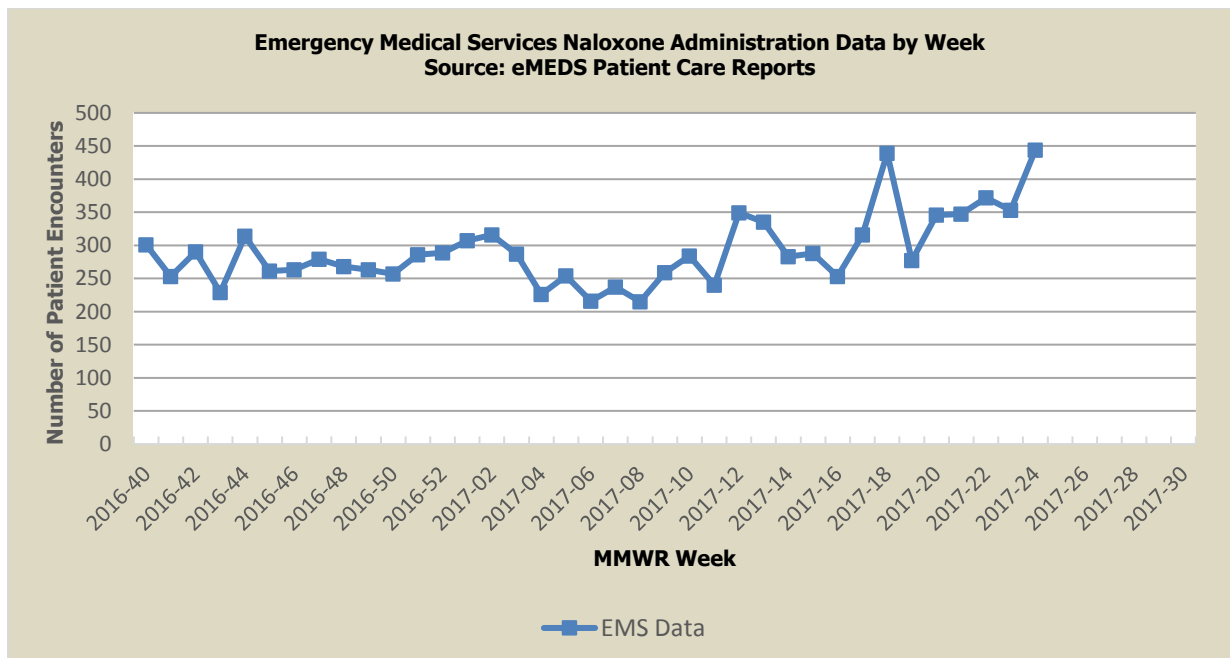
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



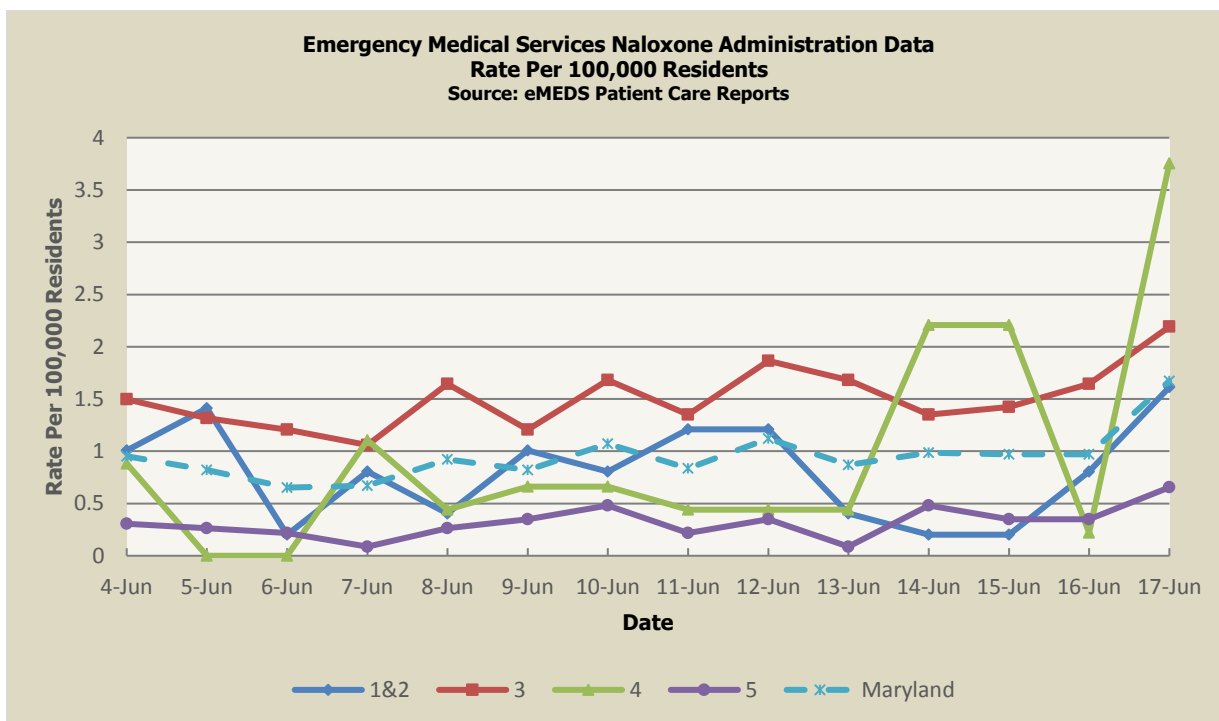
**Disclaimer on ESSENCE Overdose related data:** ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.41	0.37	0.15	0.30
Median Rate*	1.01	1.32	1.10	0.48	0.99

\* Per 100,000 Residents



**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.



**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.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.38	1.16	0.57	0.24	0.70
Median Rate*	0.20	1.13	0.44	0.22	0.67

\* Per 100,000 Residents

## **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 June 15, 2017, the WHO-confirmed global total (2003-2017) of human cases of H5N1 avian influenza virus infection stands at 859, of which 453 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

### **AVIAN INFLUENZA:**

**H7N9 (CHINA)** 18 June 2017, In its weekly report, Hong Kong's Centre for Health Protection (CHP) last week confirmed 12 H7N9 avian flu cases reported from China's mainland from 2-8 Jun 2017. The previous 2 weeks saw 8 and 9 cases reported, respectively, so the update reflects a small uptick. Nine of the 12 cases had known exposure to poultry, and one patient was listed as a 4-year-old. That case is notable because H7N9 infections in children are uncommon. Eight men and 4 women contracted the virus, and their ages range from 4 to 68 years. The patients reported symptom onset from 20 May to 3 Jun 2017. Read More: <https://www.promedmail.org/post/5109575>

**H5N8 (BELGIUM)** 19 June 2017, Highly pathogenic avian influenza, Belgium. Affected population: Trader of birds intended for hobbyists. Read More: <https://www.promedmail.org/post/5116301>

### **HUMAN AVIAN INFLUENZA:**

There were no relevant human avian influenza disease reports this week.

### **NATIONAL DISEASE REPORTS:**

**HEPATITIS B and C (NC)** 19 June 2017, North Carolina is in the midst of a rapid rise in cases of hepatitis B and C, prompting state health officials to urge residents to get tested. According to the NC Department of Health and Human Services, new cases of hepatitis B were up by 56 percent between 2014 and 2016, and new cases of hepatitis C increased by 69 percent in the same period. Hepatitis C has been on the rise in the state since 2009. The spread is mostly resulting from exposure to infected blood when drug users share needles or other drug paraphernalia. Read More: <https://www.promedmail.org/post/5115801>

**E. COLI EHEC (TX)** 21 June 2017, A 2-year-old boy is on life support at Children's Medical Center of Dallas [Texas] while investigators search for the source of the potentially deadly *E. coli* bacterium that is ravaging the child's body. The boy and his parents returned to their home in Ennis, Texas after a trip to Oklahoma. Read More: <https://www.promedmail.org/post/5121066>

### **INTERNATIONAL DISEASE REPORTS:**

**BOTULISM (UKRAINE)** 17 June 2017, The number of botulism cases reported in Ukraine during the past 3 months has risen to 62, according to the Deputy Minister of Health of Ukraine on European integration Oksana Sivak. Of this total, 9 have died. Dried fish, both home prepared and commercially

prepared has been linked to most of the botulism cases, while officials say some cases have been linked to home prepared stew. A huge problem is the lack of anti-botulinum serum in Ukraine, so there is nothing to help the patients. Read More: <https://www.promedmail.org/post/5112622>

**HEPATITIS A (CHILE)** 17 June 2017, There is concern in Antofagasta region because of an increase in the number of cases of viral hepatitis A. According to 'El Mercurio' (one of the main Chilean newspapers), there are 74 affected persons, who may have acquired the disease because of purchasing and consuming food from street vendors. In recent times, there has been a significant increase in arepas (sort of cornmeal rolls), pizzas and grilled beef, amongst other products, being freely sold in the streets. In this respect, Ms Lila Vergara, a local Health Officer, declared that "our hypothesis is that (the cause of the viral hepatitis A outbreak) is food consumption from unauthorized places, such as purchasing this stuff from street vendors". Read More: <https://www.promedmail.org/post/5110927>

**YELLOW FEVER (BRAZIL)** 18 June 2017, Brazil is experiencing its largest outbreak of yellow fever in decades; the outbreak is mainly occurring in the states of Minas Gerais and Espiritu Santo, which have the largest number of confirmed cases. However, the disease has spread to other regions in the country, affecting 407 municipalities. Read More: <https://www.promedmail.org/post/5113064>

**MALARIA (VENEZUELA)** 18 June 2017, The malaria outbreak has killed 3 people in the rural region of Ciudad Guayana, Bolivar state. Malaria continues to advance in the Ciudad Guayana area at never before seen levels. While 2 years ago in Caroni there were just over 100 cases, the Guayana mayor said in a press release on 5 Jun 2017 that malaria currently "affects more than 50 percent of the population of Guayana." Read More: <https://www.promedmail.org/post/5113634>

**MERS-COV (SAUDI ARABIA)** 19 June 2017, Middle East Respiratory Syndrome Coronavirus (MERS-CoV) is an emerging threat for public health globally and can be a cause of severe respiratory infection in humans, especially those suffering other ailments. The disease is new to humans and was first reported in 2012 in Saudi Arabia. Read More: <https://www.promedmail.org/post/5115999>

**CRIMEAN-CONGO HEMORRHAGIC FEVER (IRAN)** 20 June 2017, CCHF is a widespread tick-borne viral disease that is now endemic in Africa, the Balkans, the Middle East, and Asia. Symptoms include fever, muscle pain, dizziness, neck pain and stiffness, backache, headache, sore eyes, and photophobia. Read More: <http://www.promedmail.org/post/5113772>

**BOTULISM (MOROCCO)** 20 June 2017, The 3<sup>rd</sup> victim of collective food poisoning, which occurred in Ouarzazate a few days ago, died last [Fri 16 Jun 2017]. The father, who had *escaped Clostridium botulinum* (botulism) poisoning because he was travelling, lost his wife and 2 daughters. The girl, who has been in a coma for more than 2 weeks, was buried in Meknes yesterday. The causes of the intoxication have not yet been clearly defined despite the analysis of all foods consumed by the victims. Read More: <http://www.promedmail.org/post/5118174>

**LASSA FEVER (NIGERIA)** 20 June 2017, The authorities of Anambra State on Mon 19 Jun 2017 confirmed that a nursing student was killed by Lassa Fever, while 65 others were being monitored. Speaking with newsmen in Awka, the Director of Public Health, State Ministry of Health, Dr Emmanuel Okafor, said that the deceased (name withheld) was a student in a private nursing school in Nkpor, Idemili North. Read More: <http://www.promedmail.org/post/5118831>

**BORNAVIRUS (AUSTRIA)** 22 June 2017, Bornaviruses cause a lethal form of encephalitis, called Borna disease, among horses and sheep. To date [Wed 21 Jun 2017] there have been only a few reported cases in Austria. Recently, however, 4 horses were afflicted in the same area of Upper Austria within just 2 years. Tests conducted on local shrews, the only known reservoir host for the virus, confirmed the suspicion of a local viral reservoir. A large proportion of the small mammals investigated by the researchers from Vetmeduni Vienna tested positive for Bornaviruses, which were revealed to be genetically distinct from strains found in neighbouring regions such as Bavaria. The study, conducted in cooperation with the Austrian Agency for Health and Food Safety (AGES) and local veterinarians, and published in the journal Emerging Microbes & Infections, documents this rare outbreak of Borna disease in a new endemic area in Austria. Read More: <http://www.promedmail.org/post/5124427>

## 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.dhmm.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 DHMM website:  
<http://phpa.dhmm.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.dhmm.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

