



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:17

Reporting for the week ending 04/27/19 (MMWR Week #17)

May 3, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

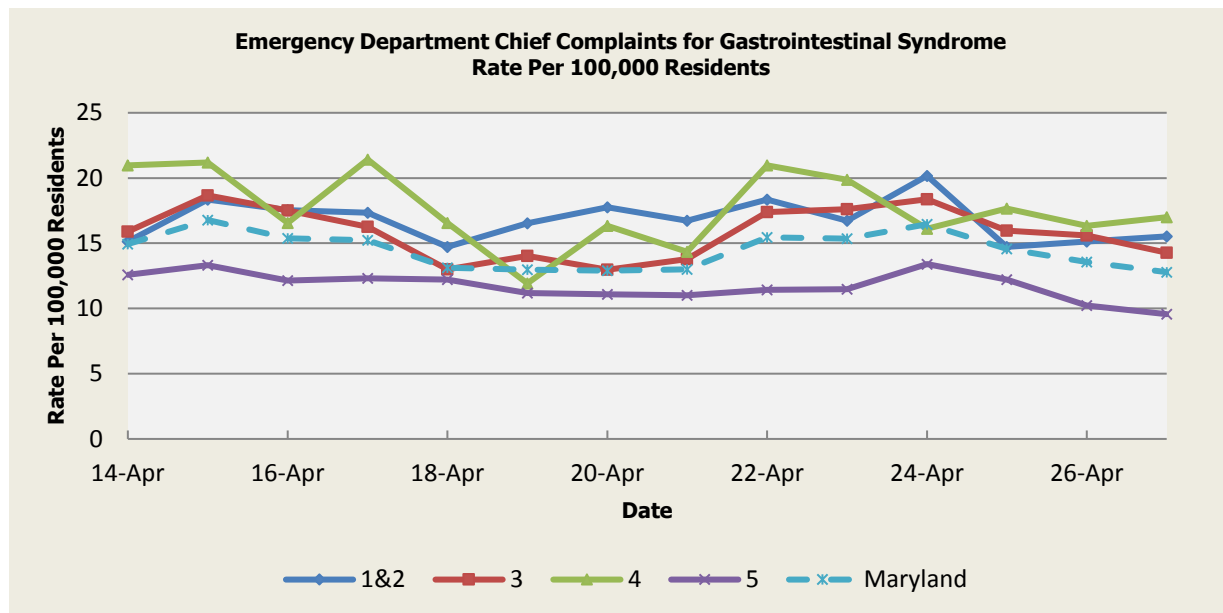
National:	No Active Alerts
Maryland:	Normal (MEMA status)

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; 2019.

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Gastrointestinal Syndrome



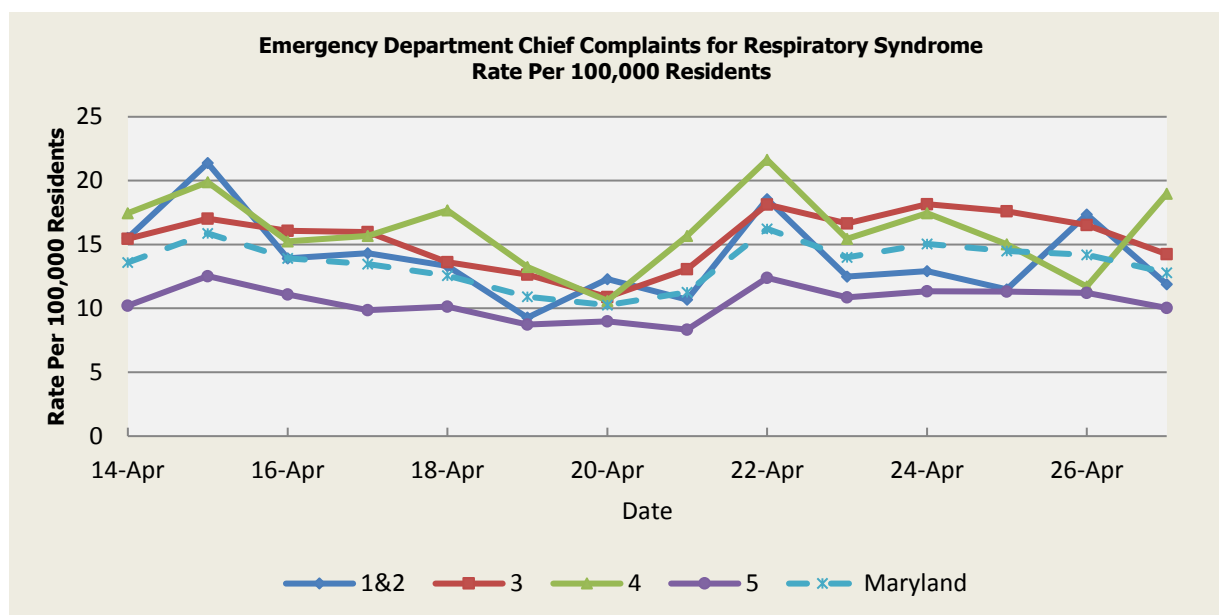
There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis in an Assisted Living Facility (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.22	15.11	15.87	10.23	13.14
Median Rate*	13.11	14.87	15.46	10.13	12.98

* Per 100,000 Residents

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Respiratory Syndrome



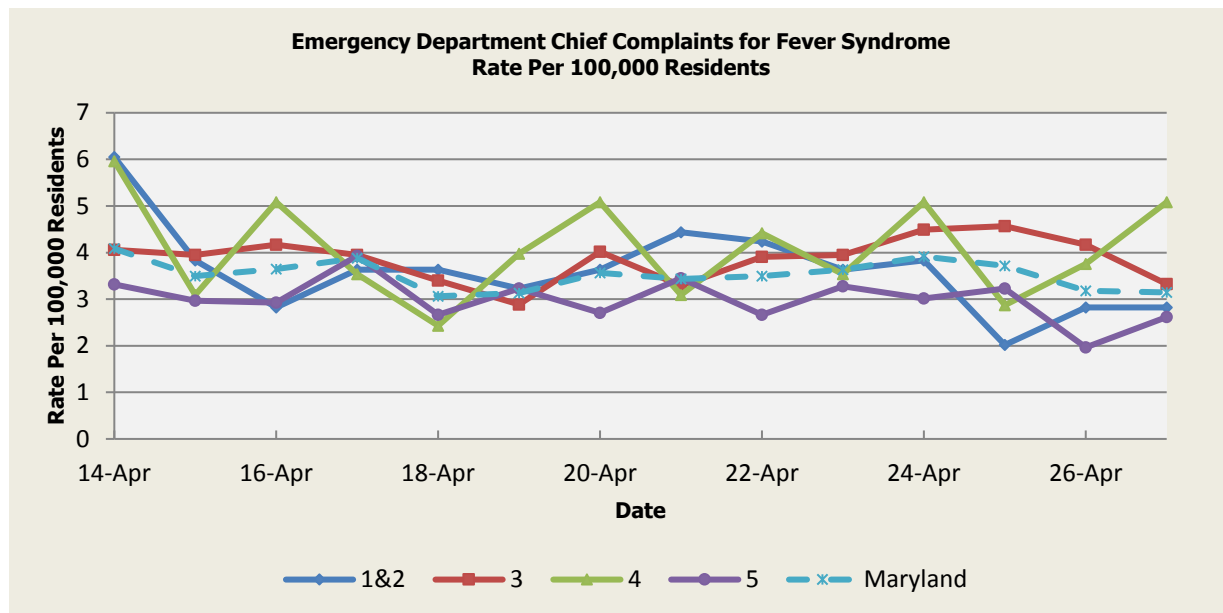
There was one (1) Respiratory Syndrome outbreak reported this week: one (1) outbreak of Influenza/Pneumonia in a Nursing Home (Regions 1&2).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.65	14.74	15.08	9.99	12.77
Median Rate*	12.10	14.18	14.35	9.65	12.26

* Per 100,000 Residents

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Fever Syndrome



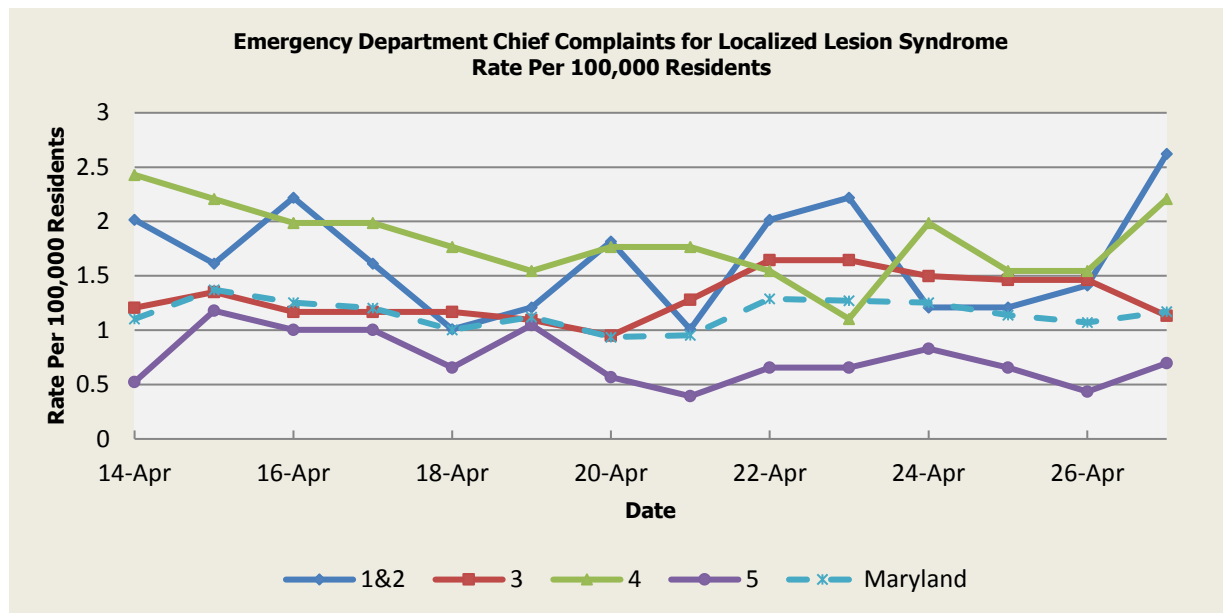
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.07	3.90	4.09	3.04	3.51
Median Rate*	3.02	3.76	3.97	2.92	3.38

**Per 100,000 Residents*

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Localized Lesion Syndrome



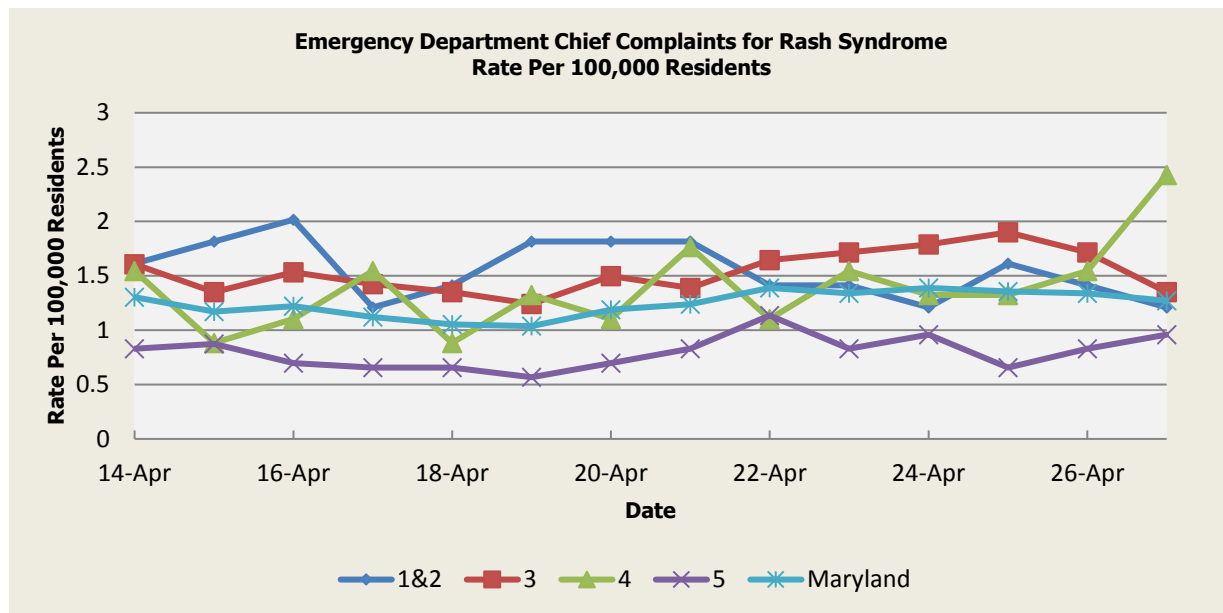
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.11	1.80	2.03	0.91	1.42
Median Rate*	1.01	1.75	1.99	0.87	1.36

* Per 100,000 Residents

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Rash Syndrome



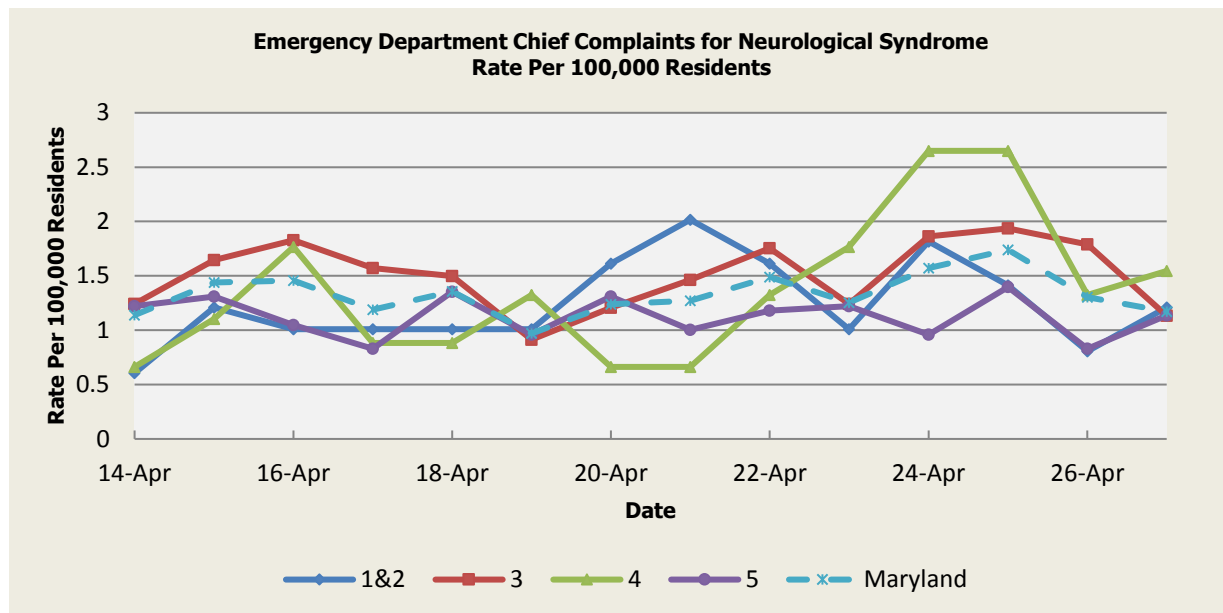
There was one (1) Rash Syndrome outbreak reported this week: one (1) outbreak of HAND, FOOT, and MOUTH DISEASE associated with a Daycare Center

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.22	1.68	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

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Neurological Syndrome



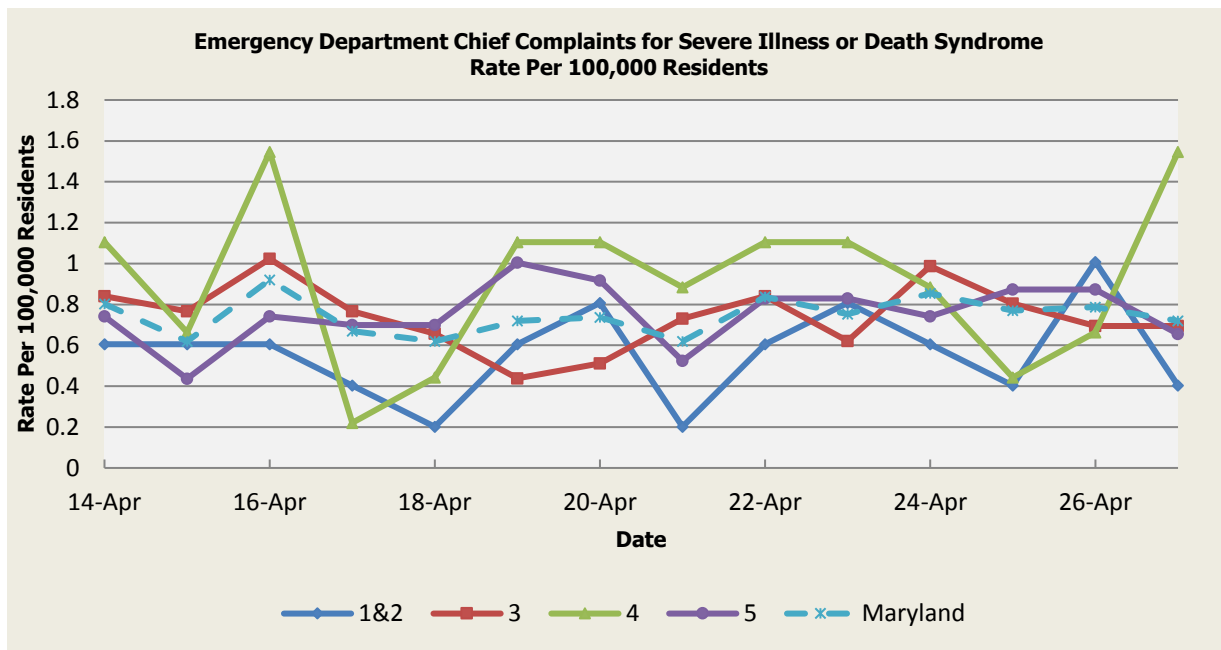
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.76	0.93	0.84	0.59	0.78
Median Rate*	0.60	0.84	0.66	0.52	0.69

* 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.

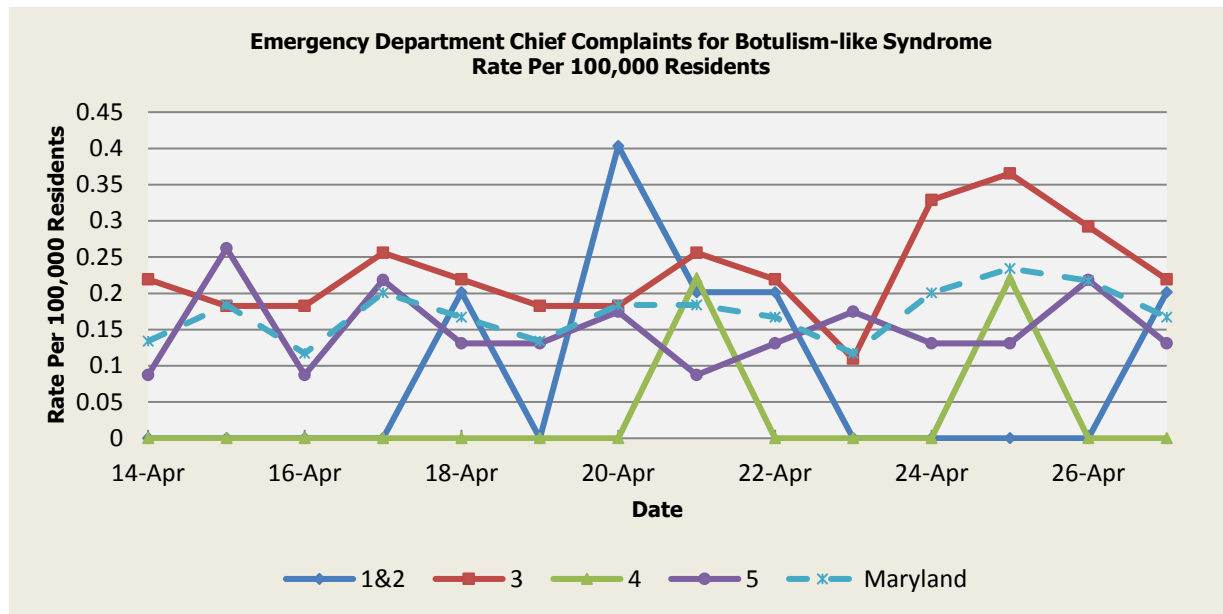
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.51	0.72
Median Rate*	0.60	0.88	0.66	0.48	0.69

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



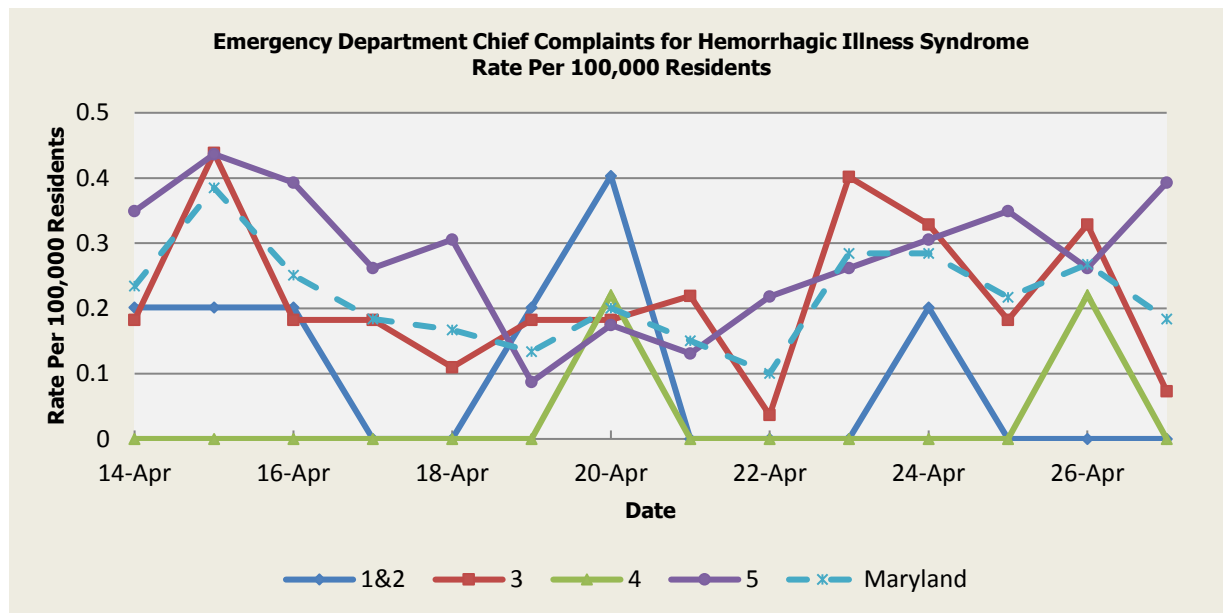
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 4/15 (Region 5), 4/17 (Region 3), 4/18 (Regions 1&2), 4/20 (Regions 1&2,5), 4/21 (Regions 1 &2,3,4), 4/22 (Regions 1&2), 4/23 (Region 5), 4/24 (Region 3), 4/25 (Regions 3,4), 4/26 (Regions 3,5), 4/27 (Regions 1&2). 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*	0.07	0.12	0.06	0.07	0.09
Median Rate*	0.00	0.07	0.00	0.04	0.07

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



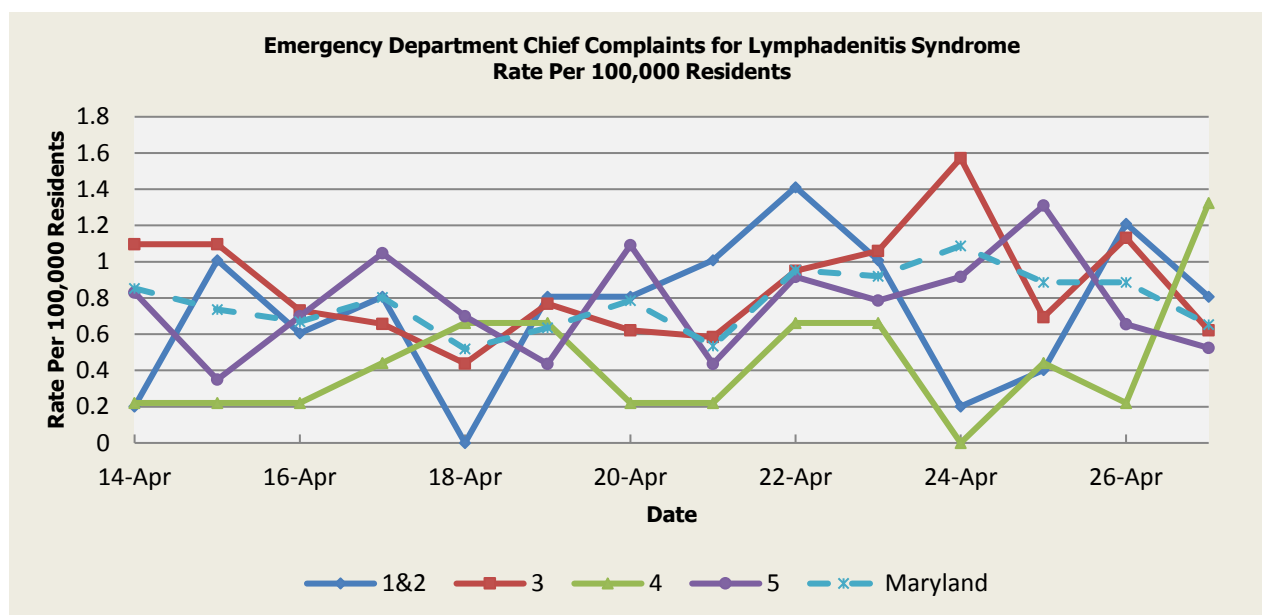
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 4/14 (Regions 1&2,4), 4/15 (Regions 1&2,3,4), 4/16 (Regions 1&2,4), 4/17 (Region 4), 4/18 (Region 4), 4/19 (Regions 1&2), 4/20 (Region 4), 4/23 (Regions 3,5), 4/24 (Regions 1&2,3,5), 4/25 (Region 5), 4/26 (Regions 3,4,5), 4/27 (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*	0.04	0.15	0.04	0.12	0.12
Median Rate*	0.00	0.07	0.00	0.09	0.07

* 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 4/14 (Regions 3,5), 4/15 (Regions 1&2,3), 4/17 (Regions 1&2,5), 4/19 (Regions 1&2), 4/20 (Regions 1&2,5), 4/21 (Regions 1&2), 4/22 (Regions 1&2,5), 4/23 (Regions 1&2,5), 4/24 (Regions 3,5), 4/25 (Region 5), 4/26 (Regions 1&2,3), 4/27 (Regions 1&2,4). 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*	0.36	0.58	0.40	0.37	0.47
Median Rate*	0.20	0.47	0.44	0.31	0.40

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

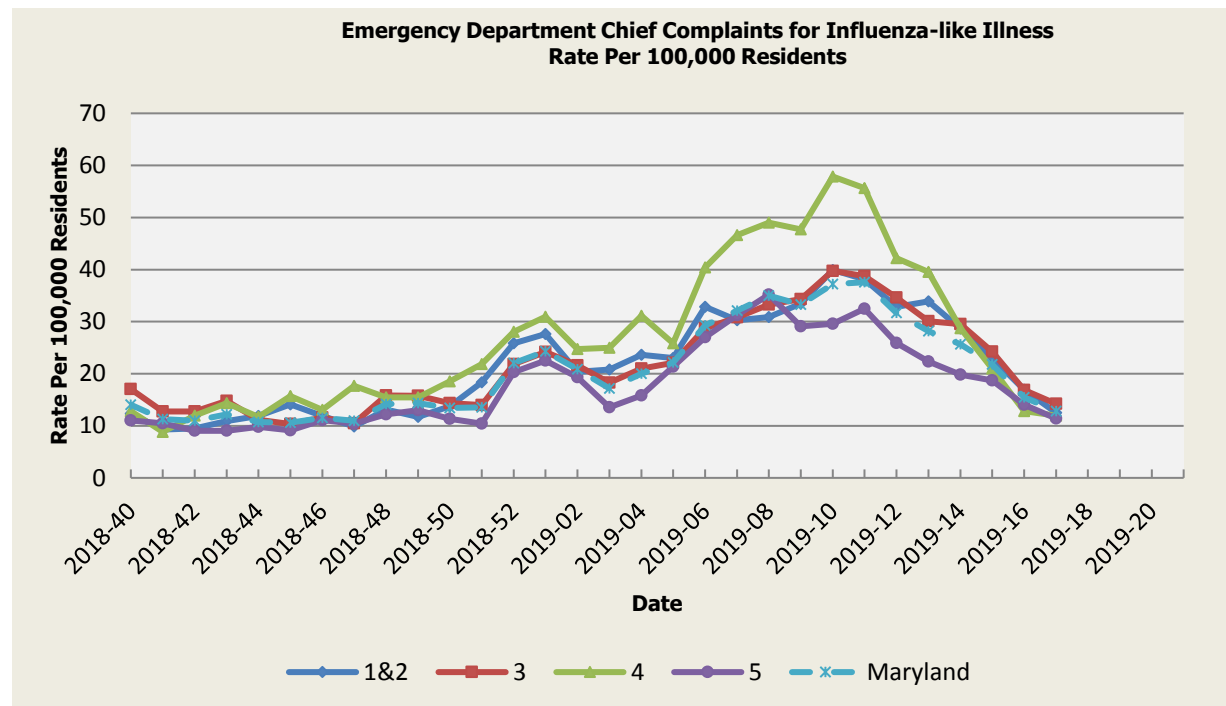
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019). Seasonal Influenza activity for Week 17 was: Minimal Intensity and Local geographic activity.

Influenza-like Illness

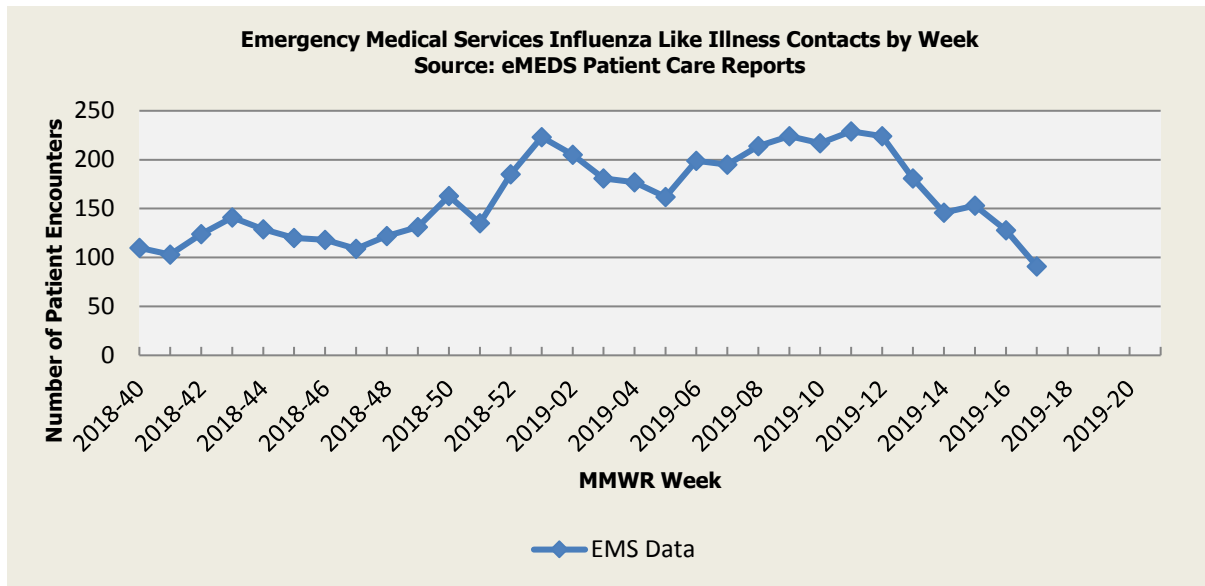


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.26	13.39	12.94	11.33	12.31
Median Rate*	7.66	10.32	9.27	8.73	9.39

* Per 100,000 Residents

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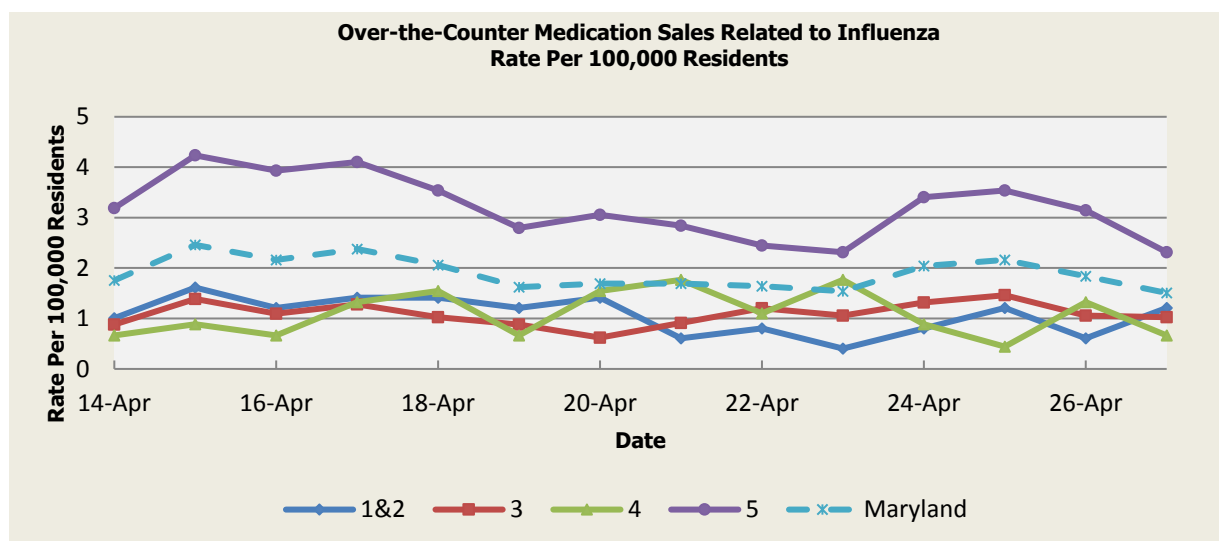
Influenza-like Illness Contacts by Week



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



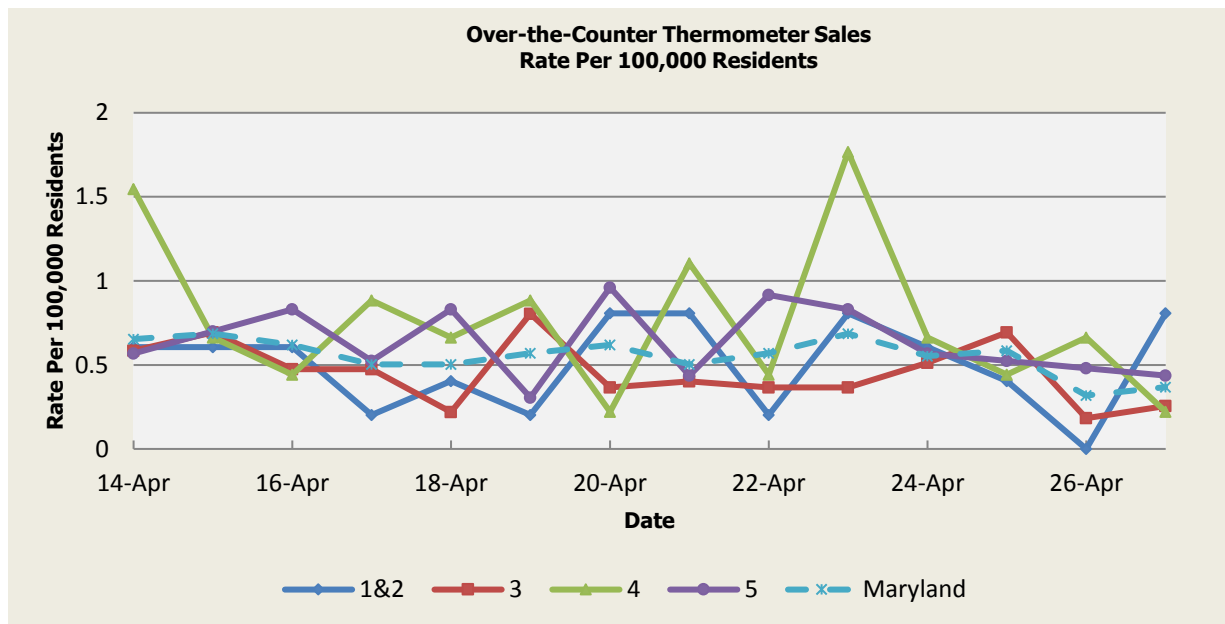
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.58	4.61	2.73	8.04	5.70
Median Rate*	2.82	3.80	2.43	7.33	4.97

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



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*	3.06	2.92	2.31	3.87	3.25
Median Rate*	2.82	2.78	2.21	3.75	3.13

* Per 100,000 Residents

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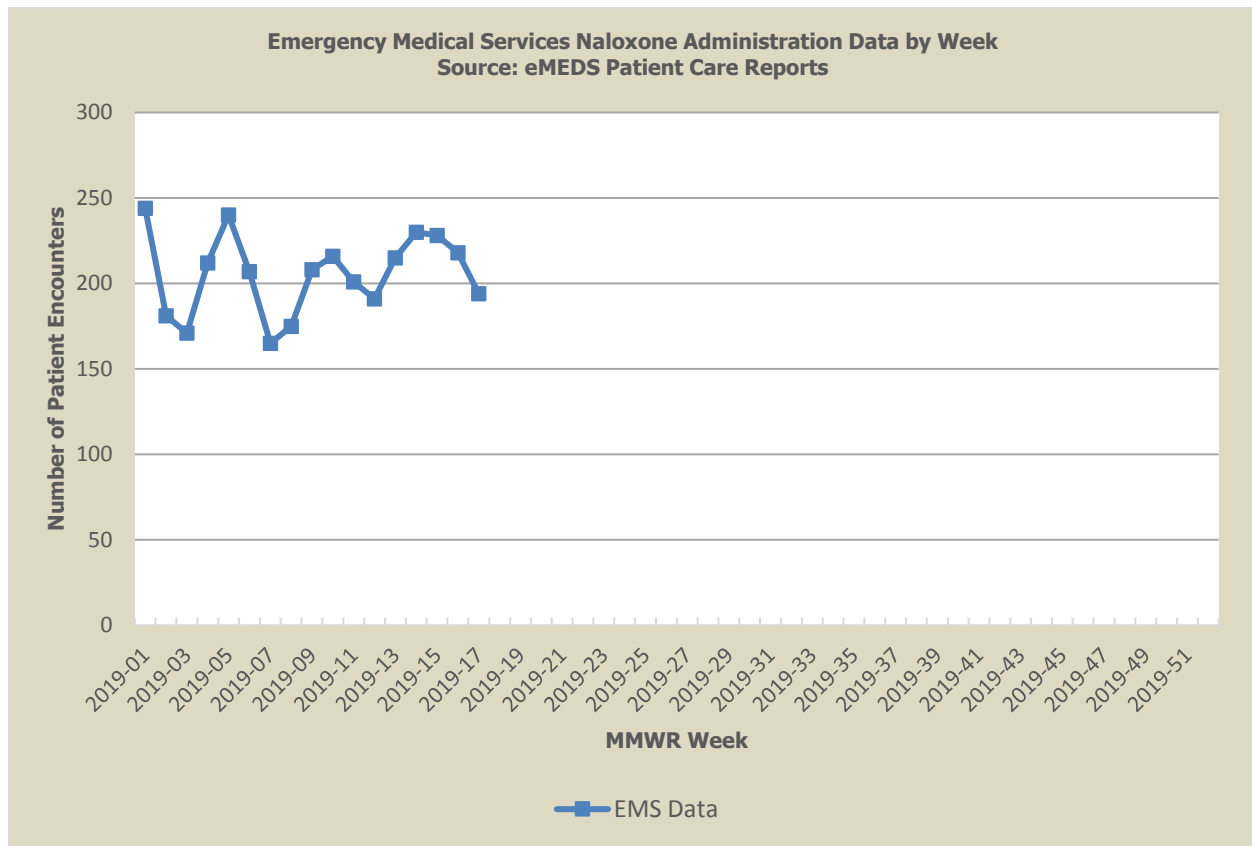
SYNDROMIC OVERDOSE SURVEILLANCE

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 most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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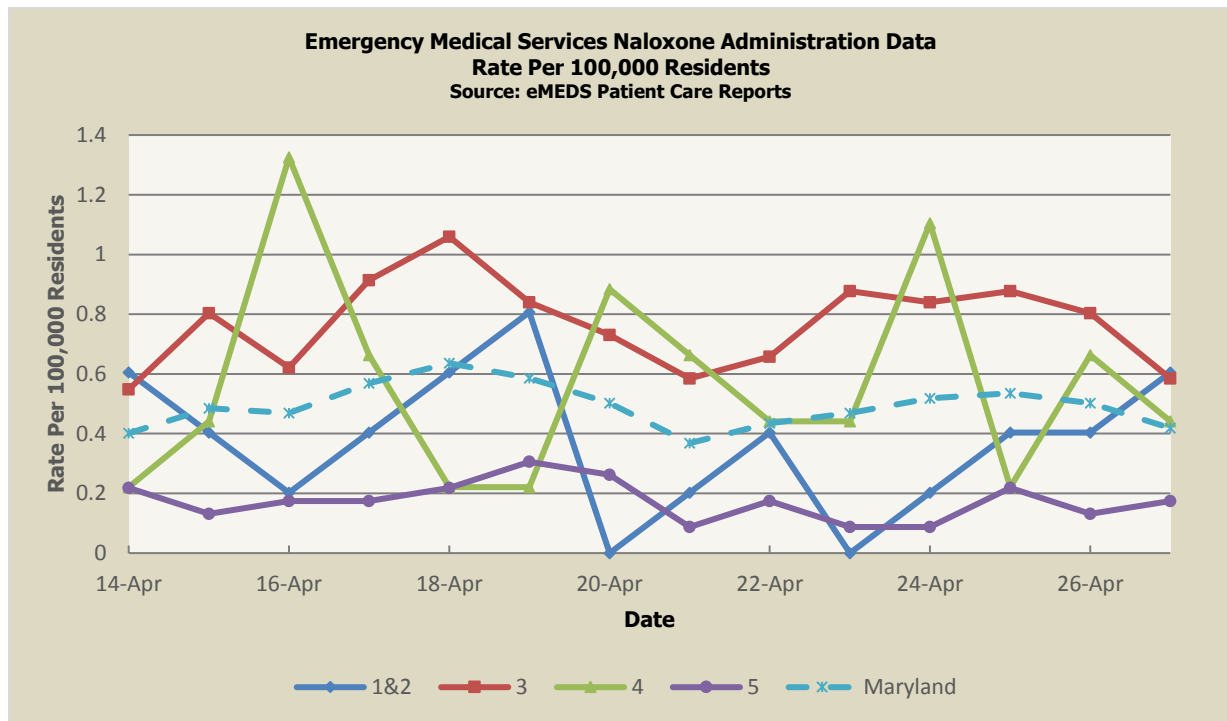
Naloxone Administration Data by Week



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 May 2, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (CALIFORNIA), 30 Apr 2019, As part of routine surveillance for H5/H7 avian influenza, H5 low-pathogenic avian influenza (LPAI) was detected in a commercial duck breeder flock in Monterey County, California, exposing 9746 birds, according to information the U.S. Department of Agriculture submitted to the World Organisation for Animal Health (OIE) on 24 Apr 2019. Read More: <http://www.promedmail.org/post/6450342>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week.

NATIONAL DISEASE REPORTS

HEPATITIS A (MULTISTATE), 01 May 2019, An outbreak of hepatitis A is growing concern among Floridians. The outbreak continues to grow across the state, with 70 cases reported last week [week of 22 Apr 2019], according to the Florida Department of Health website. As of 27 Apr 2019, 954 cases of the contagious liver disease had been reported in the state in 2019, compared to 549 cases in all of 2018 and 276 cases in 2017. Read More: <http://www.promedmail.org/post/6450738>

LEGIONELLOSIS (ILLINOIS), 28 Apr 2019, The Illinois Department of Public Health (IDPH) is investigating 2 cases of Legionnaires' disease in patients possibly exposed at Mercy Hospital & Medical Center in Chicago, and a report of *Legionella* in the facility's water system. The investigation is currently limited to this facility; the general public is not at risk. Read More: <http://www.promedmail.org/post/6446054>

SALMONELLOSIS (MULTISTATE), 26 Apr 2019, CDC, public health and regulatory officials in several states, and the US Food and Drug Administration are investigating a multistate outbreak of *Salmonella* Carrau infections. The multistate investigation began on 2 Apr 2019, when PulseNet identified the outbreak. As of 24 Apr 2019, 117 people infected with the outbreak strain of *Salmonella* Carrau have been reported from 10 states. Read More: <http://www.promedmail.org/post/6442308>

E. COLI EHEC (MULTISTATE), 24 Apr 2019, Since the last update on 12 Apr 2019, 47 more ill people were added to this outbreak. As of 23 Apr 2019, 156 people infected with the outbreak strain of *E. coli* O103 have been reported from 10 states. CDC is reporting the 156 illnesses that the PulseNet laboratory network has confirmed are part of this outbreak. States are investigating additional illnesses that might be a part of this outbreak. Read More: <http://www.promedmail.org/post/6436748>

INTERNATIONAL DISEASE REPORTS

UNDIAGNOSED ILLNESS (NEPAL), 24 Apr 2019, The death toll from the outbreak of an unknown disease that appeared in Tanjakot Rural Municipality of Humla about 3 weeks ago has reached 10, with one more fatality reported on 30 Apr 2019, as health authorities scramble to identify and contain the outbreak. In the wake of the outbreak, 2 separate teams of health workers including experts from Mugu and Surkhet had reached Tajakot yesterday 29 Apr 2019. Read More: <http://www.promedmail.org/post/6449912>

SALMONELLOSIS (CANADA), 29 Apr 2019, Frozen profiteroles and mini eclairs sold in grocery stores are the apparent sources of 2 deaths among at least 73 lab-confirmed cases of *Salmonella* Enteritidis infections in Canada as of 27 Apr 2019, according to the Public Health Agency of Canada (PHAC). The outbreak, which was 1st announced on 5 Apr 2019, has spread to 6 Canadian provinces: British Columbia (27), Alberta (12), Saskatchewan (9), Manitoba (10), Ontario (13) and Quebec (2). Read More: <http://www.promedmail.org/post/6446398>

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

