



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:17

Reporting for the week ending 04/25/20 (MMWR Week #17)

May 1st, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

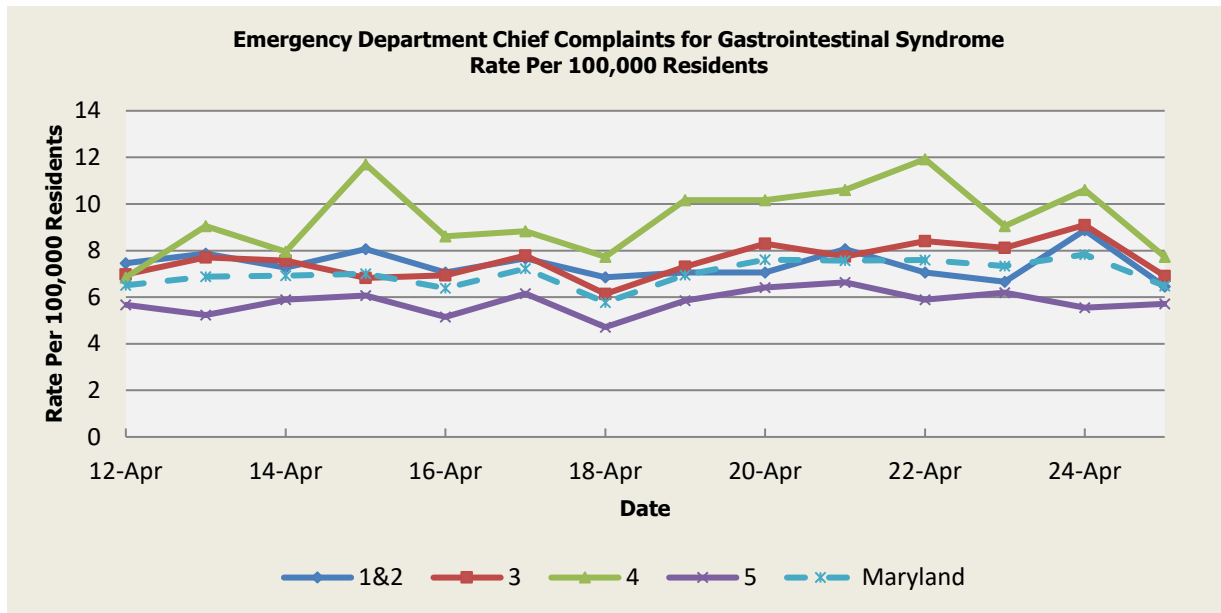
National: No Active Alerts
Maryland: **FULL** (MEMA status)

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



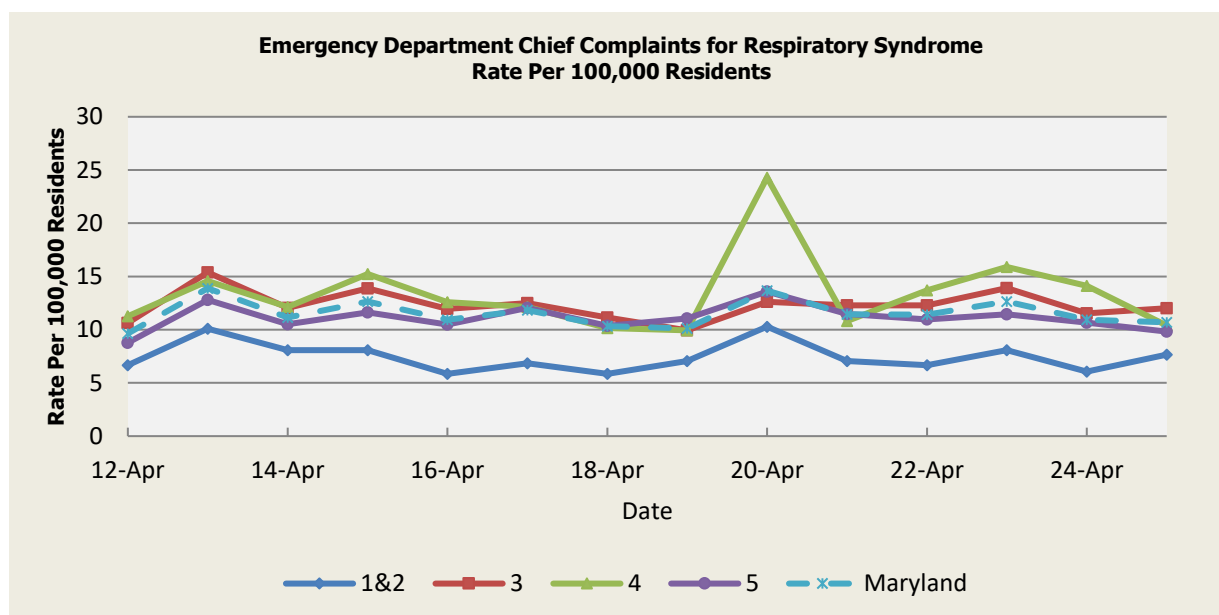
There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.33	15.06	15.96	10.28	13.15
Median Rate*	13.31	14.87	15.46	10.22	13.05

** Per 100,000 Residents*

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Respiratory Syndrome



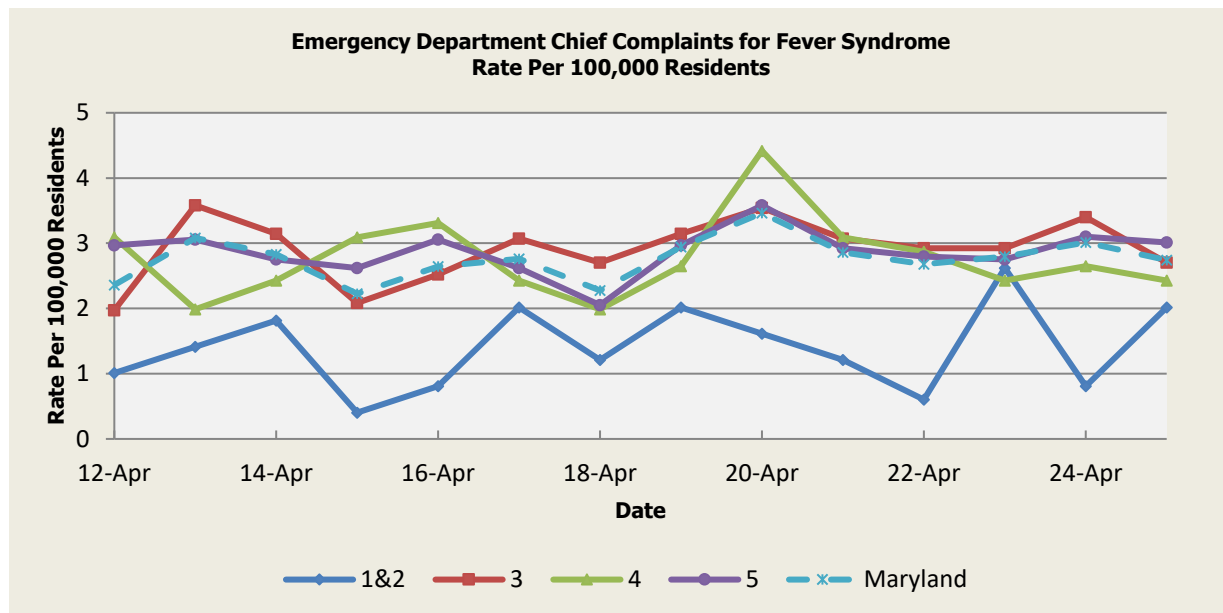
There were sixty one (61) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of ILI in an Assisted Living Facility (Region 5), thirteen (13) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,4,5), three (3) outbreaks of COVID-19 in Workplaces (Region 4), four (4) outbreaks of COVID-19 in Daycare Centers (Region 3), two (2) outbreaks of COVID-19 in Dialysis Centers (Regions 3,5), thirteen (13) outbreaks of COVID-19 in Group Homes (Regions 3,4,5), one (1) outbreak of COVID-19 in a Hospital (Region 5), nineteen (19) outbreaks of COVID-19 in a Nursing Home (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Residential Treatment Center (Region 3), one (1) outbreak of COVID-19 in a Seminary (Region 5), three (3) outbreaks of COVID-19 in Shelters (Regions 3,4,5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.69	14.96	15.31	10.14	12.95
Median Rate*	12.30	14.34	14.57	9.74	12.42

* Per 100,000 Residents

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Fever Syndrome



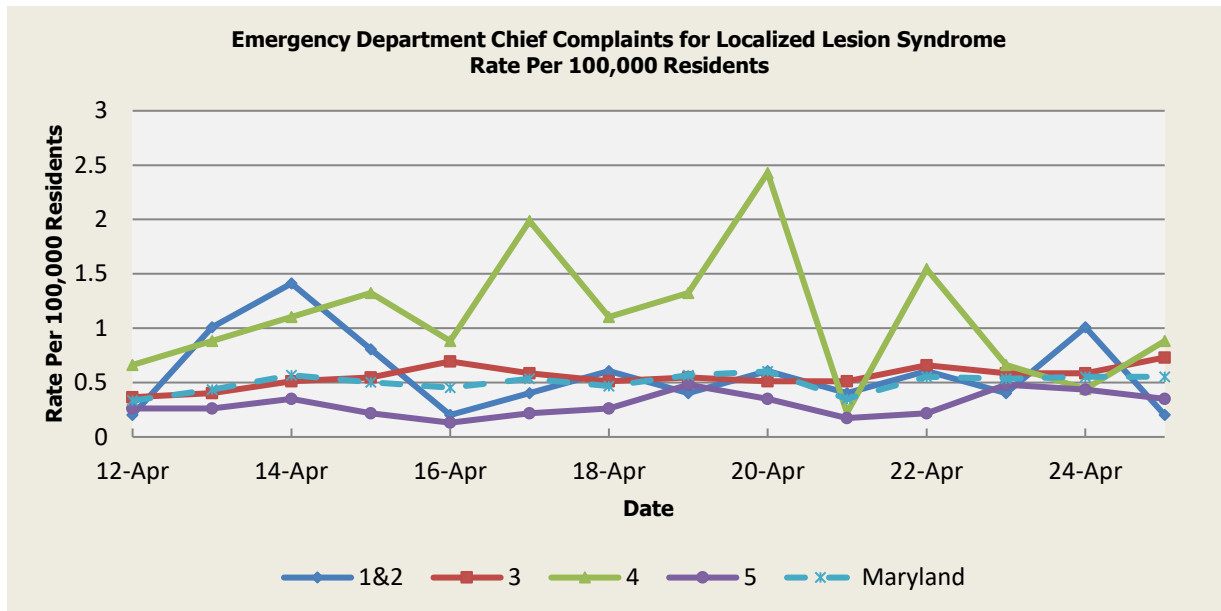
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.11	3.95	4.17	3.08	3.56
Median Rate*	3.02	3.80	3.97	2.97	3.41

**Per 100,000 Residents*

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Localized Lesion Syndrome



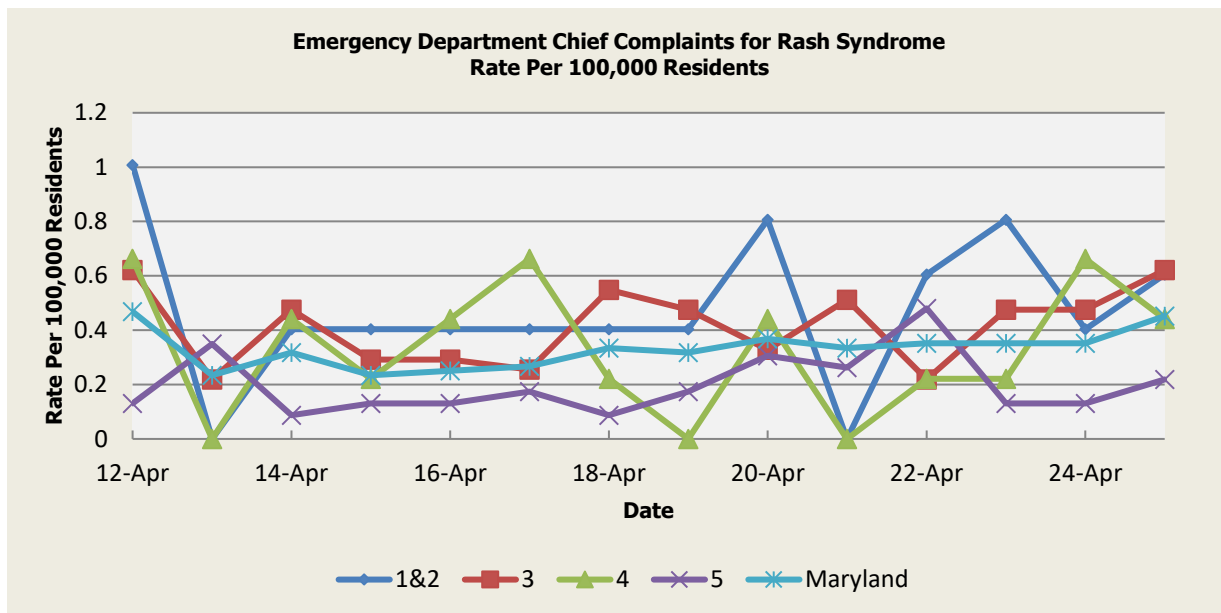
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.75	2.01	0.89	1.39
Median Rate*	1.01	1.68	1.99	0.87	1.34

* Per 100,000 Residents

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Rash Syndrome



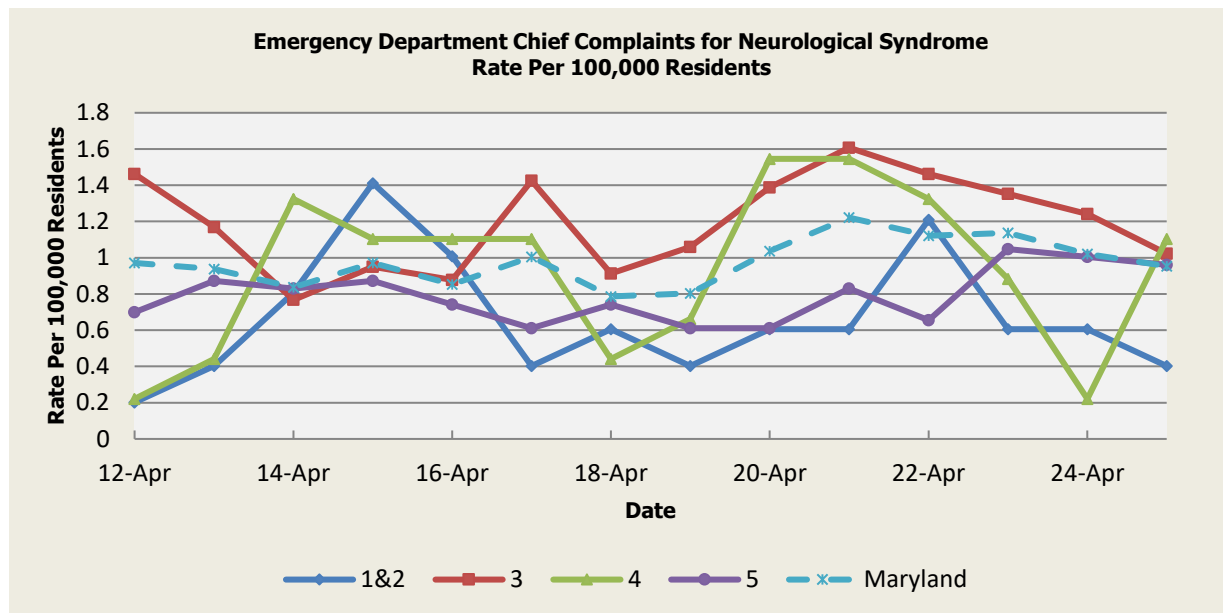
There was no Rash Syndrome outbreak reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.24	1.64	1.73	0.96	1.35
Median Rate*	1.21	1.57	1.55	0.92	1.31

* Per 100,000 Residents

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Neurological Syndrome



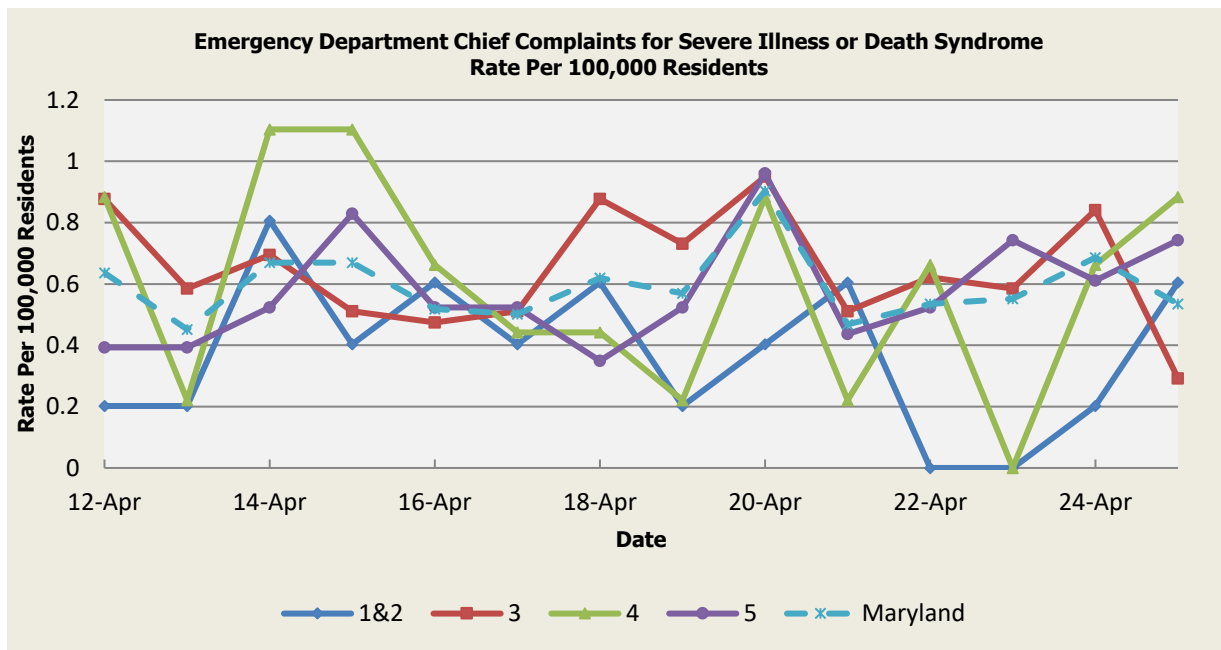
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.81	0.98	0.90	0.63	0.83
Median Rate*	0.81	0.91	0.88	0.57	0.75

* 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.

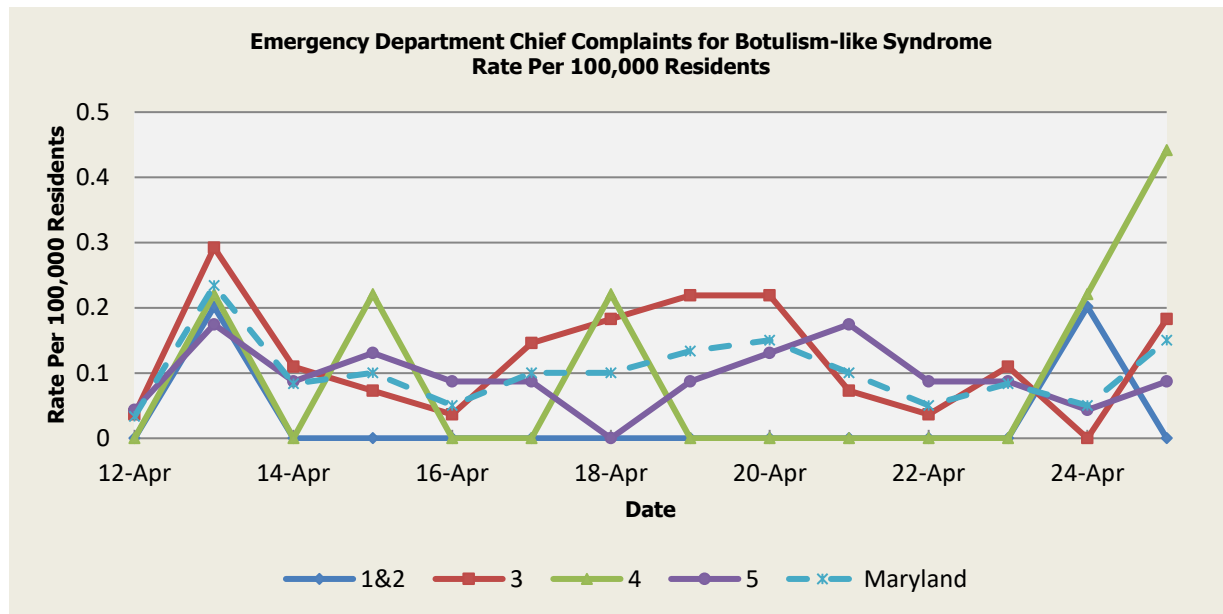
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.89	0.84	0.53	0.73
Median Rate*	0.60	0.84	0.88	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



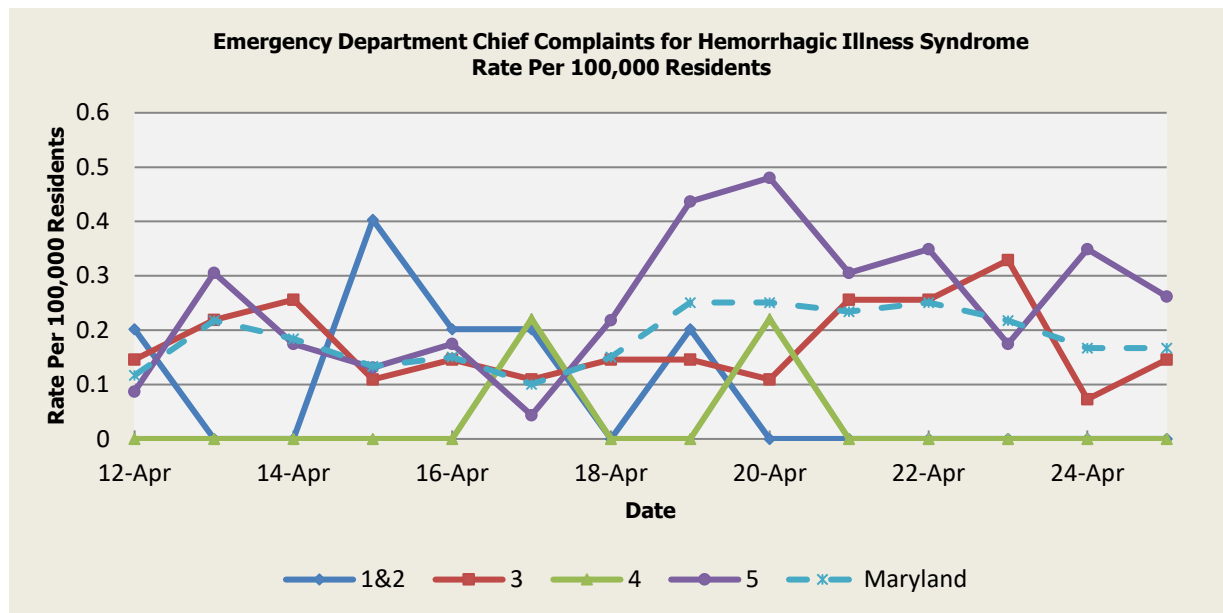
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 4/13 (Regions 1&2,3,4,5), 4/15 (Region 4), 4/16 (Region 4), 4/18 (Region 4), 4/21 (Region 5), 4/24 (Regions 1&2, 4), 4/25 (Region 5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



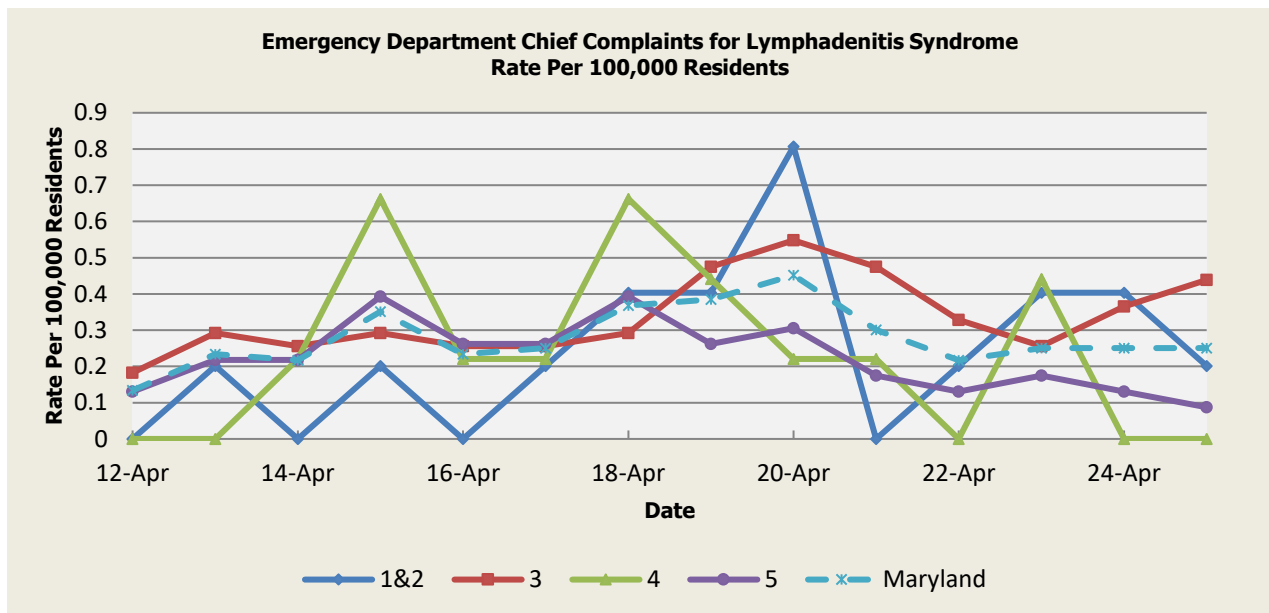
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 4/12 (Regions 1&2), 4/13 (Region 5), 4/15 (Regions 1&2), 4/16 (Regions 1&2), 4/17 (Regions 1&2,4), 4/19 (Regions 1&2,5), 4/20 (Regions 4,5), 4/21 (Region 5), 4/22 (Region 5), 4/24 (Region 5). 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	0.10

* Per 100,000 Residents

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Lymphadenitis Syndrome



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

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.41	0.39	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.45

* 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 May 1st, 2020)

County	Number of Confirmed Cases
Allegany	118
Anne Arundel	1,807
Baltimore City	2,162
Baltimore County	3,013
Calvert	161
Caroline	74
Carroll	460
Cecil	176
Charles	611
Dorchester	54
Frederick	942
Garrett	4
Harford	437
Howard	896
Kent	86
Montgomery	4,754
Prince George's	6,735
Queen Anne's	52
Somerset	30
St. Mary's	159
Talbot	35
Washington	216
Wicomico	425
Worcester	65
Total	23,472

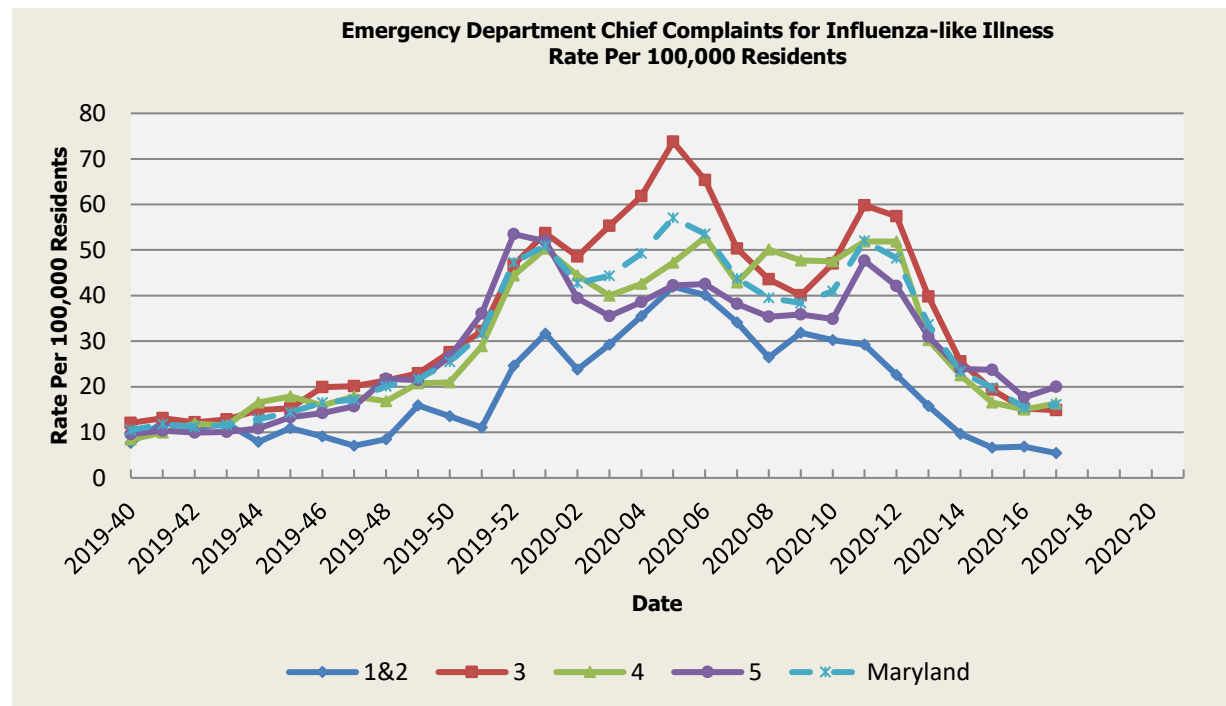
The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 17 was: High Activity and Local Geographic Activity.

Influenza-like Illness

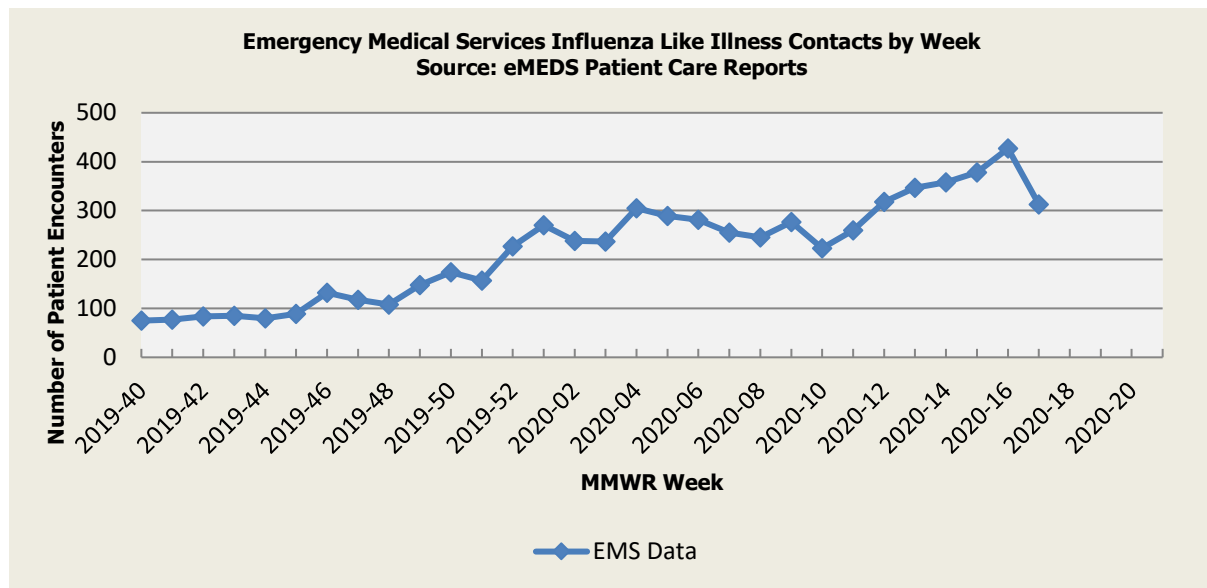


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.63	14.42	13.72	12.16	13.19
Median Rate*	7.86	10.65	9.72	9.04	9.74

* Per 100,000 Residents

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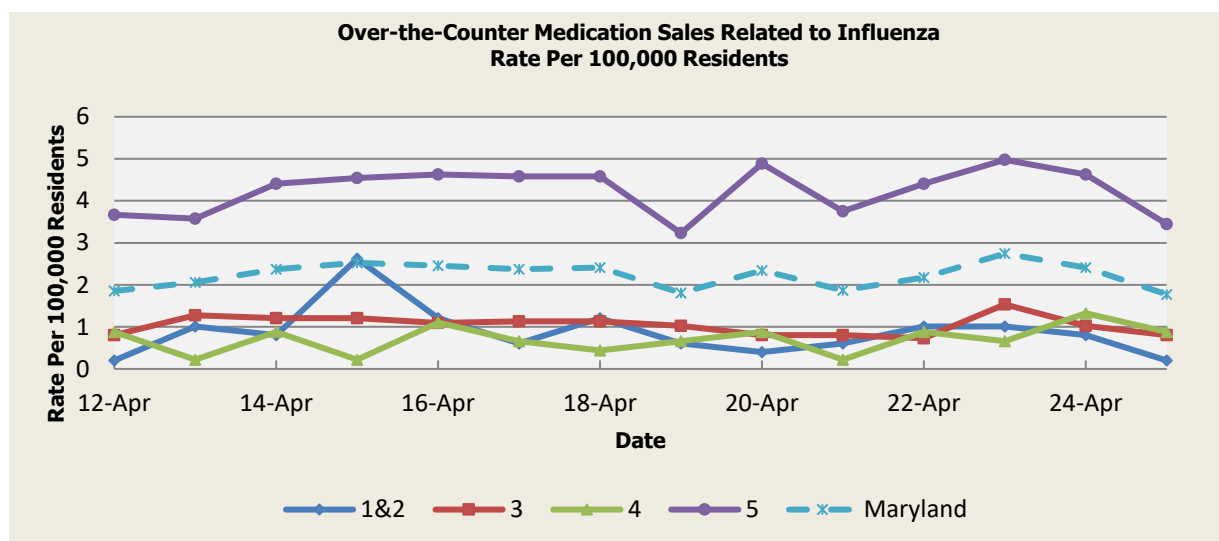
Influenza-like Illness Contacts by Week



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



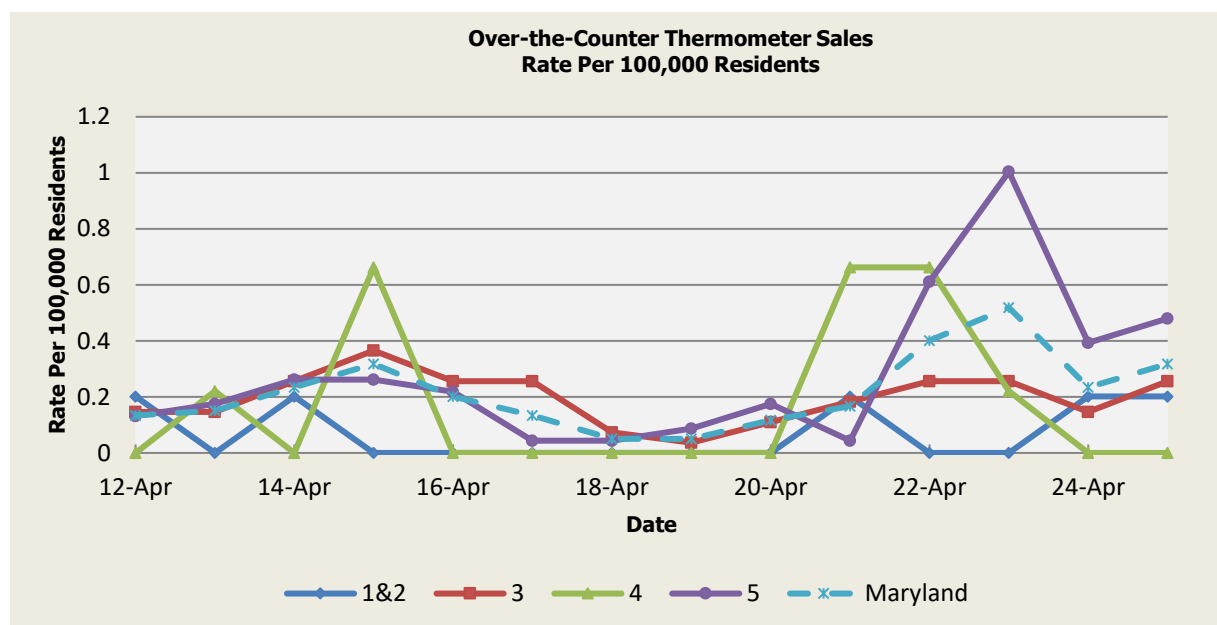
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.41	4.36	2.65	7.76	5.45
Median Rate*	2.62	3.43	2.21	7.01	4.69

* 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*	2.85	2.70	2.17	3.58	3.01
Median Rate*	2.62	2.63	1.99	3.54	2.98

* Per 100,000 Residents

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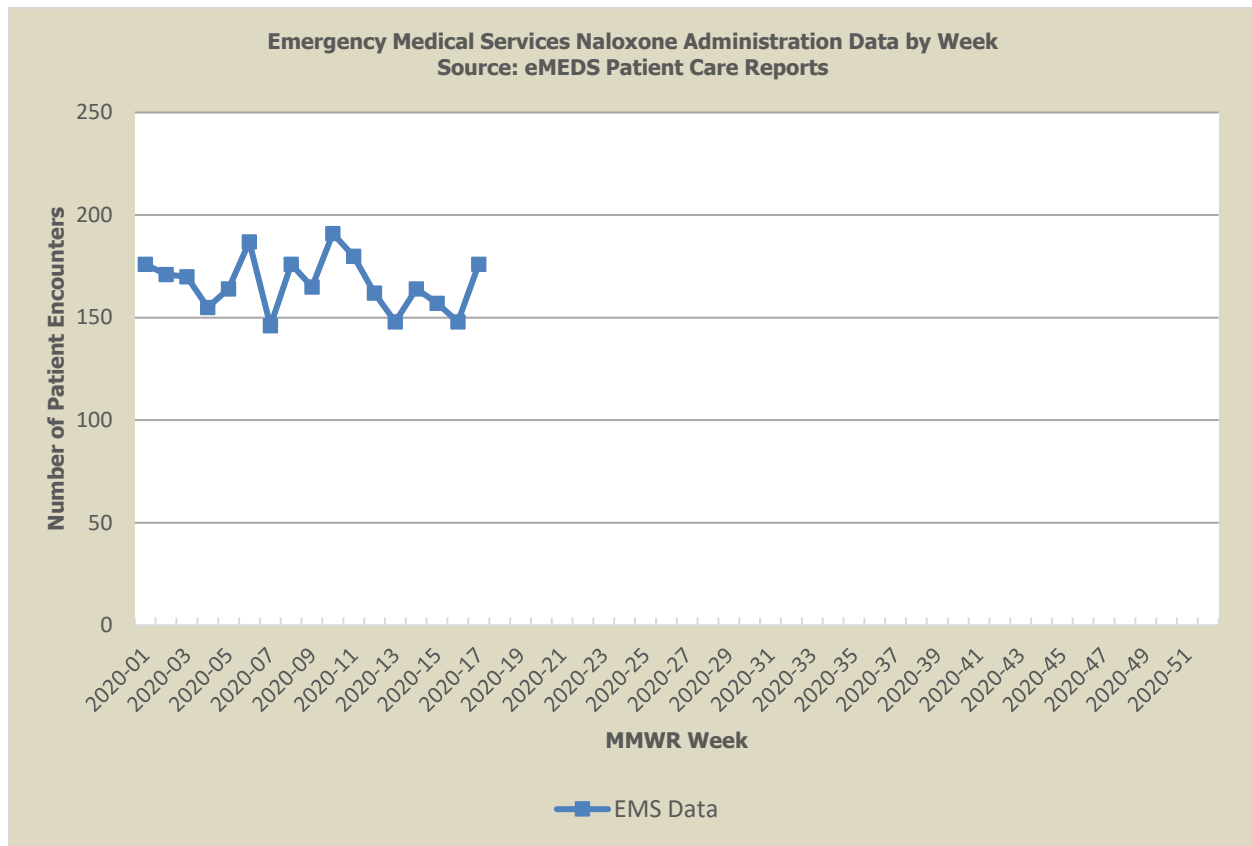
SYNDROMIC OVERDOSE SURVEILLANCE

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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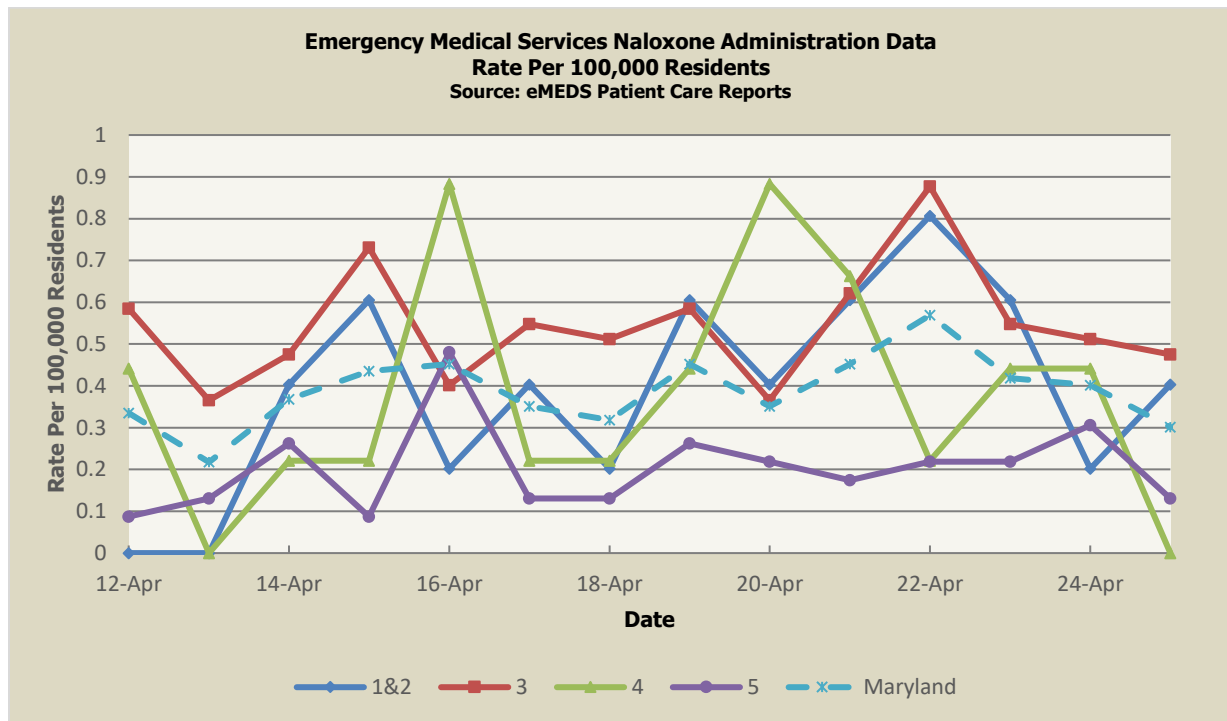
Naloxone Administration Data by Week



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 April 30th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (HUNGARY), 28 April 2020, Cases of the H5N8 strain of the bird flu have been confirmed in 226 farms in Hungary's southern Bacs-Kiskun and Csongrad counties, leading to the culling of 3.5 million animals, the chief veterinary officer said on Monday. Read More: <https://promedmail.org/promed-post/?id=7277841>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

NOROVIRUS (USA), 28 April 2019, Passengers contemplating boarding another cruise after the coronavirus pandemic might already be planning to pass up the buffet next time they sail due to social-distancing concerns, assuming ships don't do away with them anyway. Read More: <https://promedmail.org/promed-post/?id=7278050>

CORONAVIRUS DISEASE 2019 UPDATE (NEW YORK), 24 April 2020, One of every 5 New York City residents tested positive for antibodies to the coronavirus [SARS-CoV-2], according to preliminary results described by Gov Andrew M Cuomo on Thursday [23 Apr 2020] that suggested that the virus had spread far more widely than known. Read More: <https://promedmail.org/promed-post/?id=7262138>

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 (COVID-19) UPDATES (GLOBAL), 30 April 2020, this is the 2nd part of the daily update following the impact of the COVID-19 pandemic, with a focus on selected countries of interest. Read More: <https://promedmail.org/promed-post/?id=7284979>

UNDIAGNOSED PEDIATRIC INFLAMMATORY SYNDROME (FRANCE, UNITED KINGDOM), 30 April 2020, The United Kingdom and Italy have in recent days sounded an alarm about a new disease with possible links to novel coronavirus. France has more than a dozen cases of children with inflammation around the heart after Britain sounded an alarm about a new disease with possible links to novel coronavirus. Read More: <https://promedmail.org/promed-post/?id=7286479>

METHANOL POISONING (IRAN), 30 April 2020, more than 700 people have died in Iran after ingesting toxic methanol, erroneously thinking it can cure the new coronavirus. Read More: <https://promedmail.org/promed-post/?id=7282301>

ANTIBIOTIC RESISTANCE: CORONAVIRUS DISEASE 2019 (GLOBAL), 23 April 2020, growing evidence suggests that, as the COVID-19 pandemic moves across the world, it may drag a 2nd slow-motion pandemic behind it. Read More: <https://promedmail.org/promed-post/?id=7268269>

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

