



August 7, 2015

**Public Health Preparedness and Situational Awareness Report: #2015:30  
Reporting for the week ending 08/01/15 (MMWR Week #30)**

**CURRENT HOMELAND SECURITY THREAT LEVELS**

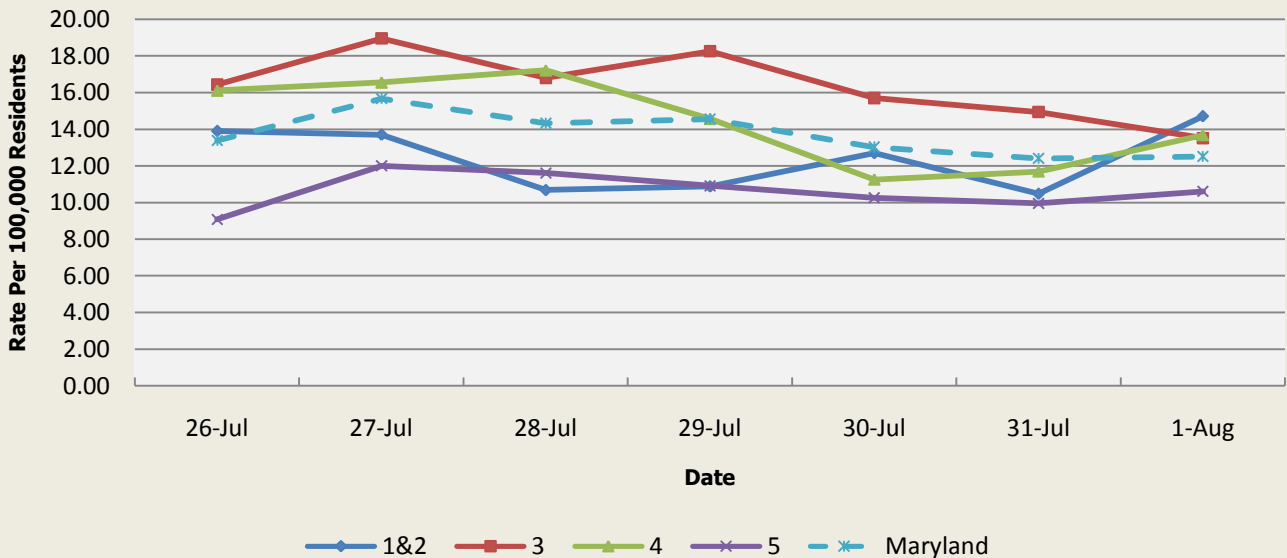
**National: No Active Alerts**  
**Maryland: Level Four (MEMA status)**

**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.

**Emergency Department Chief Complaints for Gastrointestinal Syndrome  
Rate Per 100,000 Residents**



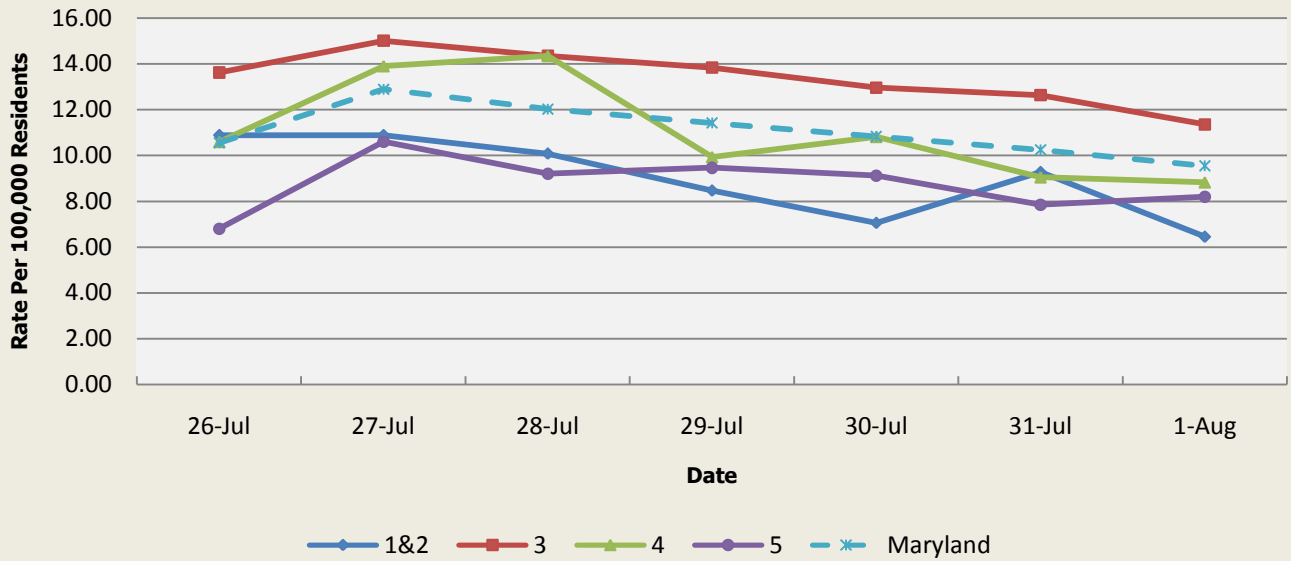
There were no gastrointestinal illness outbreaks reported this week.

**Gastrointestinal Syndrome Baseline Data  
January 1, 2010 - Present**

Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.95	14.30	15.30	10.11	12.66
Median Rate*	12.91	14.07	14.57	10.00	12.50

\* Per 100,000 Residents

**Emergency Department Chief Complaints for Respiratory Syndrome  
Rate Per 100,000 Residents**

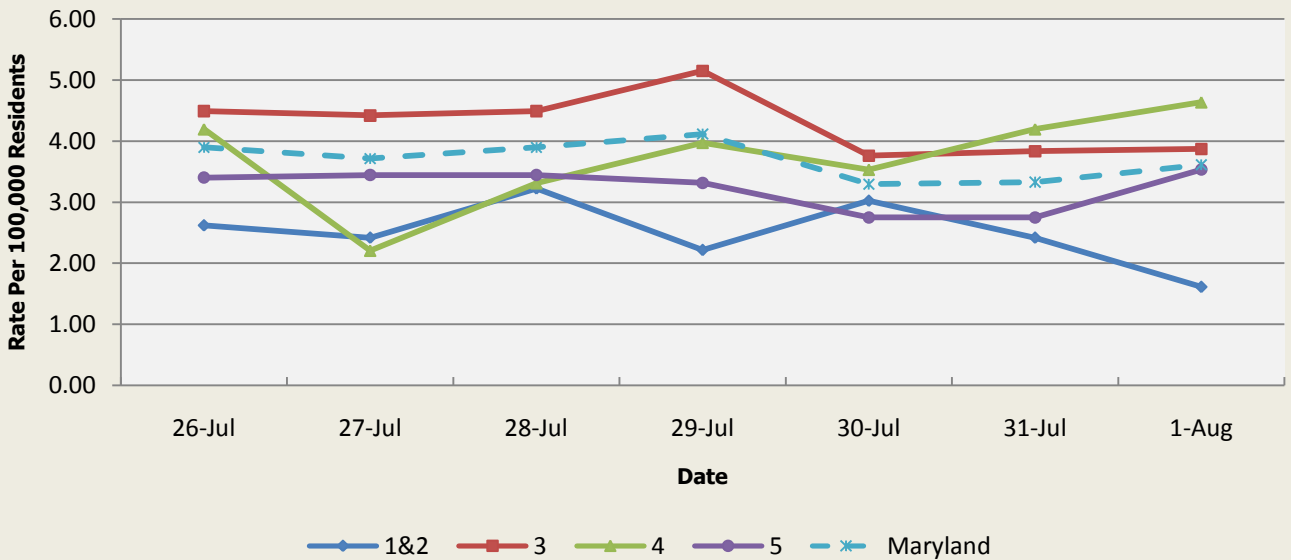


There were no respiratory outbreaks reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.93	13.41	13.74	9.63	11.86
Median Rate*	11.70	12.90	13.25	9.26	11.45

\* Per 100,000 Residents

**Emergency Department Chief Complaints for Fever Syndrome  
Rate Per 100,000 Residents**

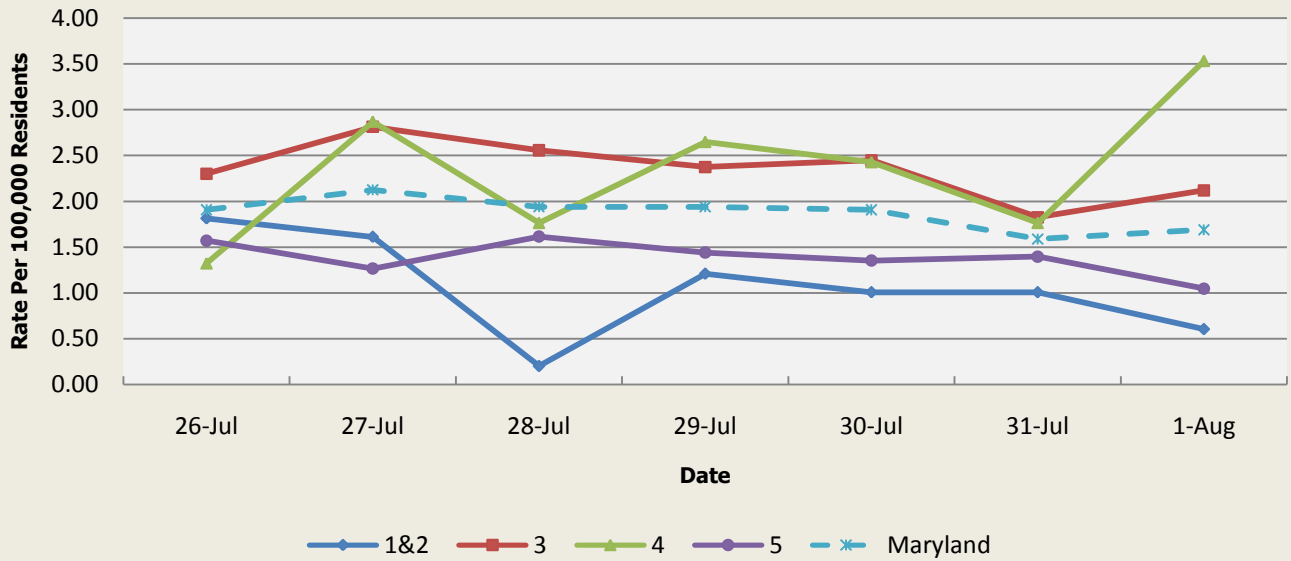


There were no fever outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.13	3.65	3.88	3.04	3.39
Median Rate*	3.02	3.51	3.75	2.92	3.26

Per 100,000 Residents

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

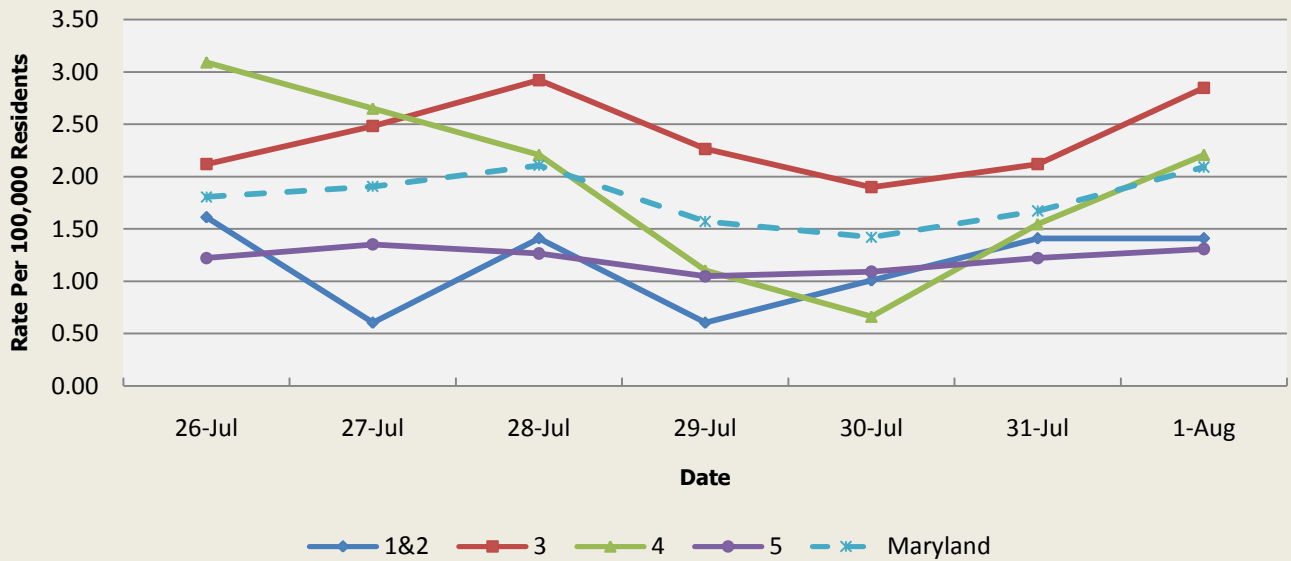


There were no localized lesion outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.11	1.91	2.04	0.99	1.50
Median Rate*	1.01	1.86	1.99	0.96	1.46

\* Per 100,000 Residents

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

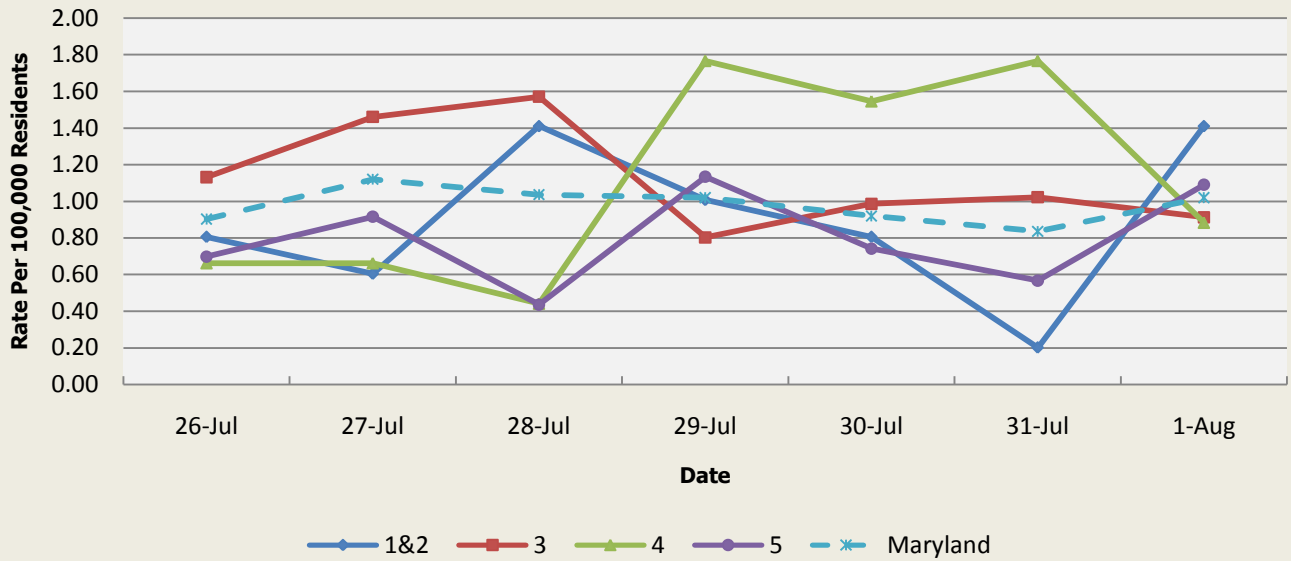


There were no rash illness outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.34	1.73	1.77	1.05	1.44
Median Rate*	1.21	1.64	1.77	1.00	1.39

\* Per 100,000 Residents

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

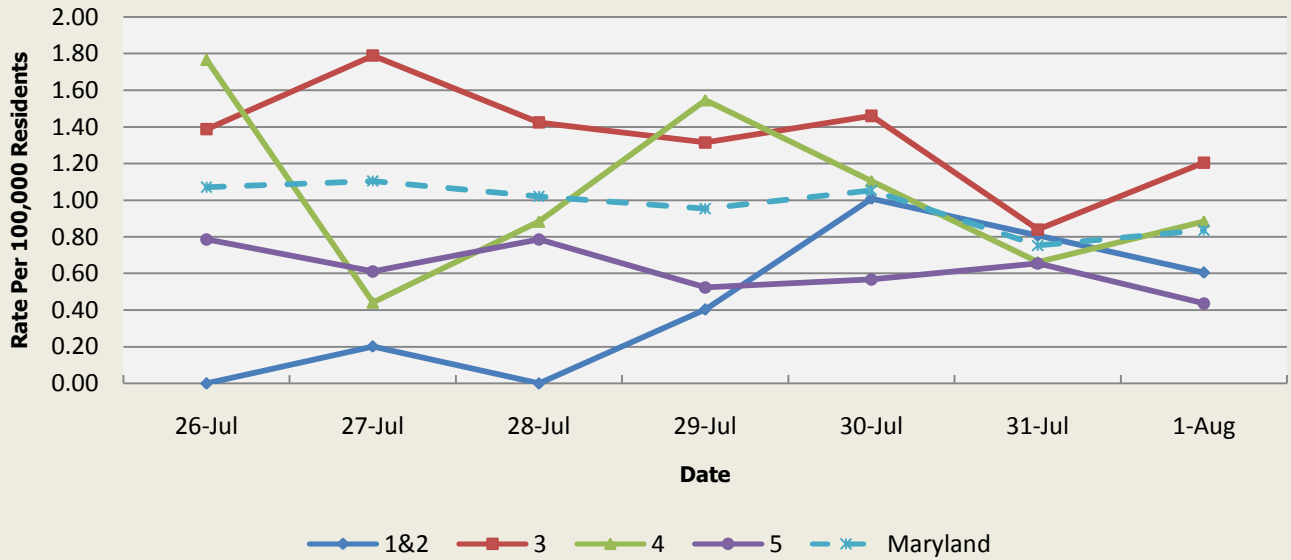


There were no neurological outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.62	0.66	0.62	0.44	0.57
Median Rate*	0.60	0.62	0.66	0.44	0.54

\* Per 100,000 Residents

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



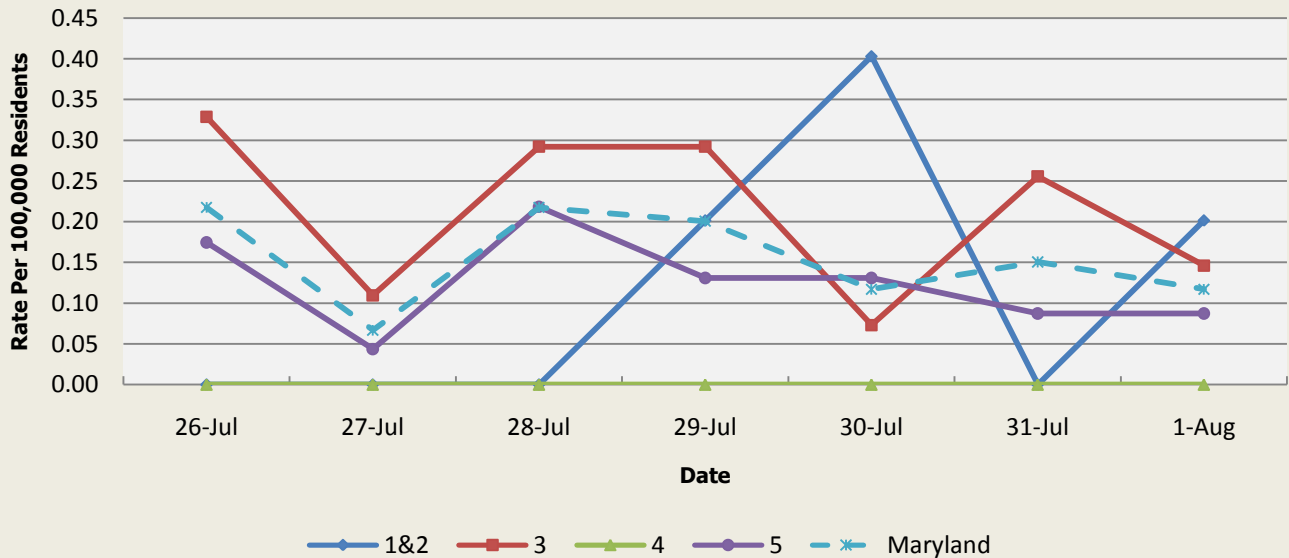
There were no severe illness or death outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.75	0.95	0.88	0.42	0.72
Median Rate*	0.81	0.95	0.88	0.39	0.72

\* Per 100,000 Residents

## SYNDROMES RELATED TO CATEGORY A AGENTS

**Emergency Department Chief Complaints for Botulism-like Syndrome  
Rate Per 100,000 Residents**

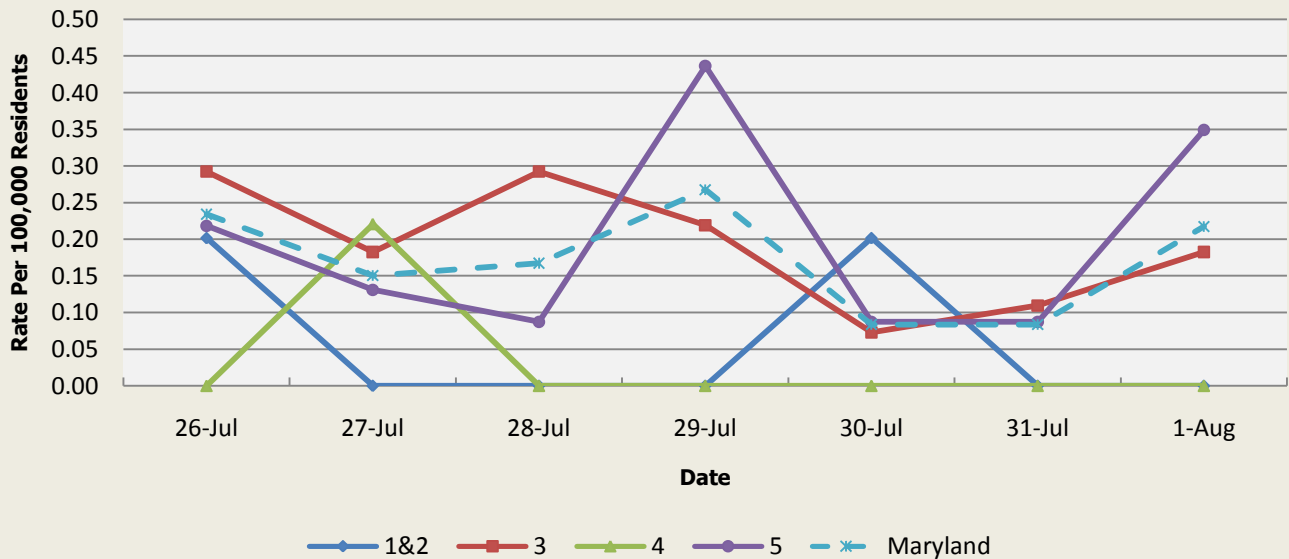


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 7/26 (Regions 3,5), 7/28 (Regions 3,5), 7/29 (Regions 1&2,3,5), 7/30 (Regions 1&2,5), 7/31 (Region 3), and 8/1 (Regions 1&2,3). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.06	0.04	0.04	0.05
Median Rate*	0.00	0.04	0.00	0.04	0.03

\* Per 100,000 Residents

**Emergency Department Chief Complaints for Hemorrhagic Illness Syndrome  
Rate Per 100,000 Residents**

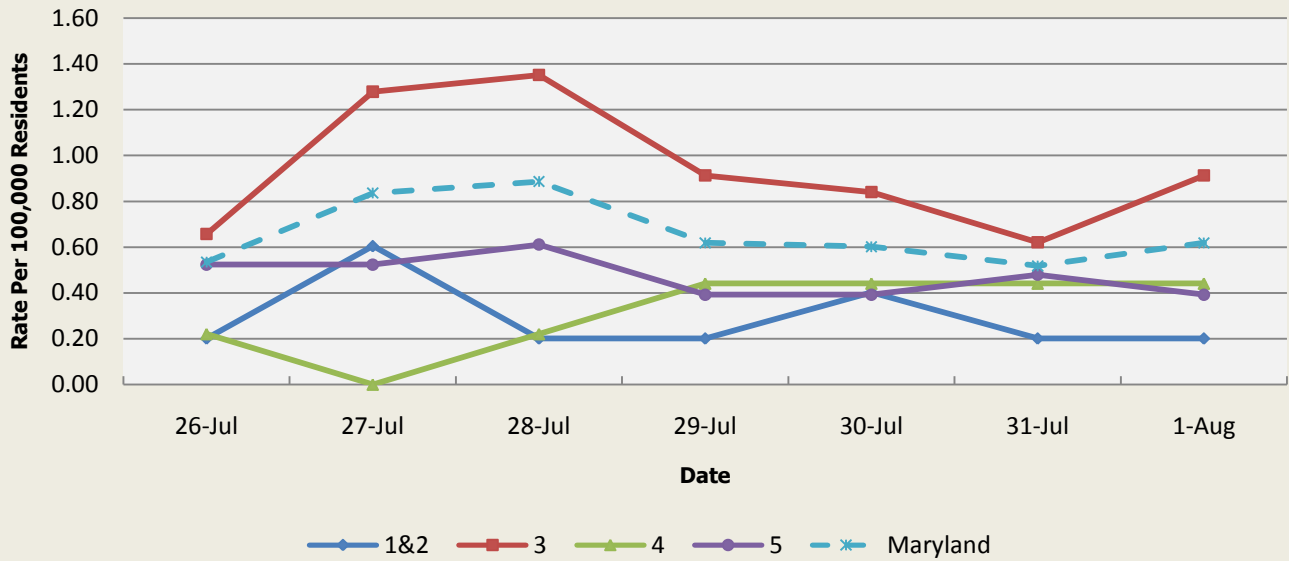


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 7/26 (Regions 1&2,3,5), 7/27 (Regions 3,4,5), 7/28 (Region 3), 7/29 (Regions 3,5), 7/30 (Regions 1&2), and 8/1 (Regions 3,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.06	0.03	0.04	0.05
Median Rate*	0.00	0.04	0.00	0.00	0.03

\* 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 7/27 (Region 3), 7/28 (Regions 3,5), 7/29 (Region 3), 7/30 (Region 3), and 8/1 (Region 3). 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*	0.31	0.37	0.34	0.25	0.32
Median Rate*	0.20	0.33	0.22	0.22	0.30

\* Per 100,000 Residents

**MARYLAND REPORTABLE DISEASE SURVEILLANCE**

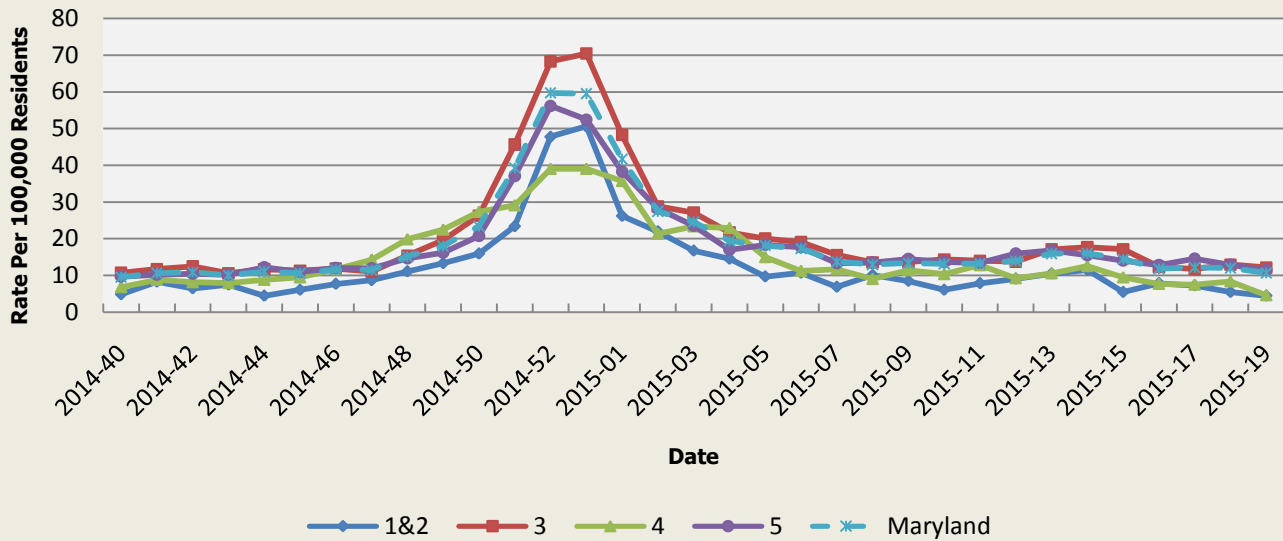
Condition	Counts of Reported Cases†					
	August			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2015	Mean*	Median*	2015	Mean*	Median*
Aseptic meningitis	0	2.8	2	221	230.2	246
Meningococcal disease	0	0	0	1	4.6	4
Measles	0	0	0	0	0.2	0
Mumps	0	0	0	7	20.2	2
Rubella	0	0	0	1	1	1
Pertussis	0	2.2	3	52	106.4	87
Foodborne Diseases	2015	Mean*	Median*	2015	Mean*	Median*
Salmonellosis	0	6.6	5	411	516.8	517
Shigellosis	0	0.8	1	118	93.4	80
Campylobacteriosis	1	3	3	359	353.8	355
Shiga toxin-producing Escherichia coli (STEC)	0	0.8	1	52	38.8	34
Listeriosis	0	0.4	0	9	7.8	7
Arboviral Diseases	2015	Mean*	Median*	2015	Mean*	Median*
West Nile Fever	0	0	0	1	0.8	0
Lyme Disease	0	13.4	14	590	838	840
Emerging Infectious Diseases	2015	Mean*	Median*	2015	Mean*	Median*
Chikungunya	0	0	0	12	4	0
Dengue Fever	0	0.4	0	4	5	5
Other	2015	Mean*	Median*	2015	Mean*	Median*
Legionellosis	0	0.6	0	65	70.4	67

† Counts are subject to change    \*Timeframe of 2009-2014    \*\*Includes January through August

## SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 21 (October through May).

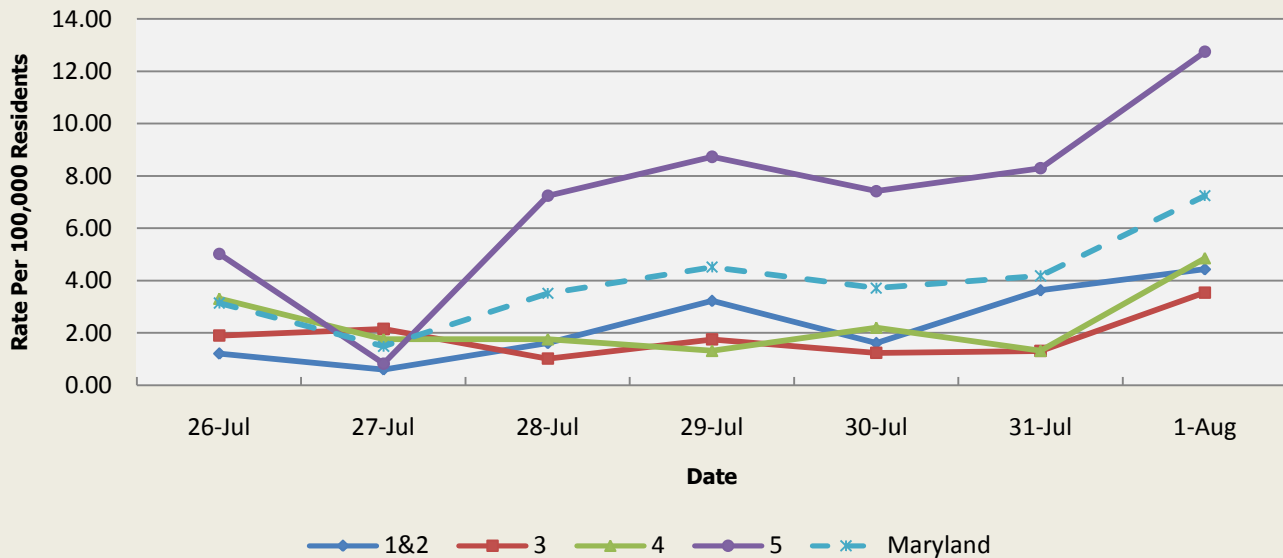
**Emergency Department Chief Complaints for Influenza-like Illness  
Rate Per 100,000 Residents**



Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.43	10.62	10.77	9.80	10.22
Median Rate*	7.66	8.33	8.83	7.47	7.98

\* Per 100,000 Residents

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

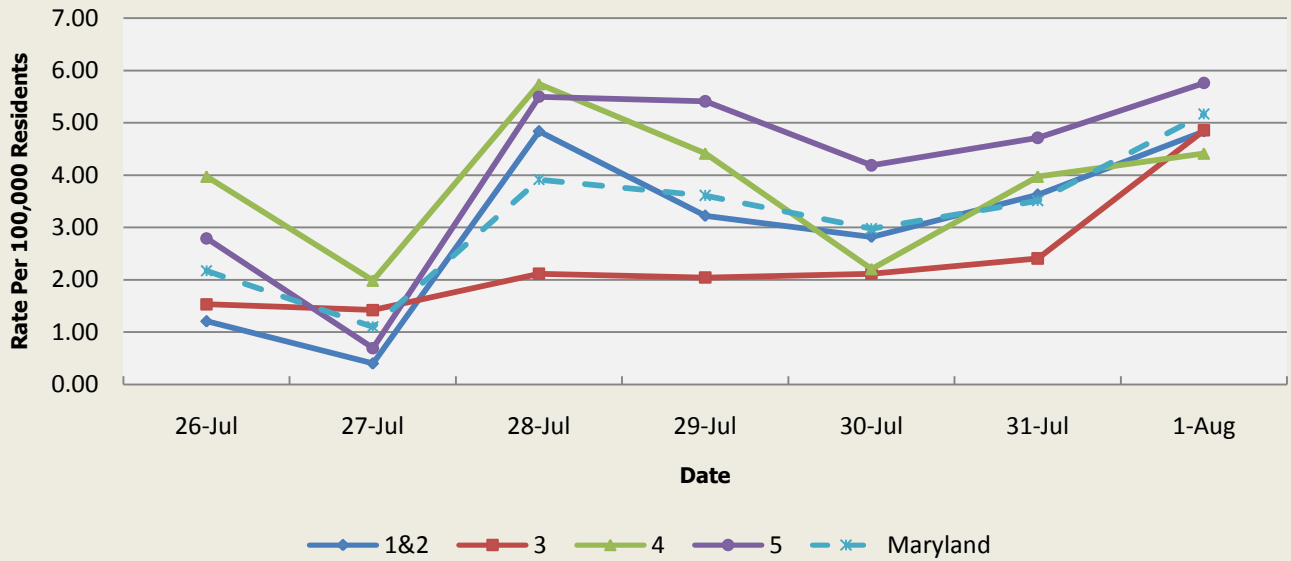


OTC Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.40	6.07	3.04	13.85	8.77
Median Rate*	4.23	4.93	2.65	11.26	7.09

\* Per 100,000 Residents

There was not an appreciable increase above baseline in the rate of OTC flu medication sales this week.

**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 this week.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.70	4.74	3.36	7.83	5.90
Median Rate*	5.04	4.38	3.09	7.20	5.45

\* 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. As yet, 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 July 17, 2015, the WHO-confirmed global total (2003-2015) of human cases of H5N1 avian influenza virus infection stands at 844, of which 449 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

### **Avian Influenza in Humans:**

No avian influenza in humans reports this week.

There were no reports of human cases of avian influenza in the United States at the time that this report was compiled.

### **Avian Influenza in Poultry:**

No avian influenza in poultry reports this week.

## **NATIONAL DISEASE REPORTS**

**LEGIONELLOSIS (NEW YORK):** 5 Aug 2015 Since the outbreak that gave legionnaires' disease its name nearly 4 decades ago, water-cooling towers have been identified as prime breeding grounds for the deadly disease. But even as cases have increased across the nation, and experts have called for more safeguards, New York City has done little to address the risks the towers pose as they power air-conditioning systems in many large buildings. Read More: <http://www.promedmail.org/direct.php?id=3559468>

**CYCLOSPORIASIS (MULTI-STATE):** 2 Aug 2015 At least 358 people in 26 states have parasitic infections from food contaminated with cyclospora, according to the Centers for Disease Control and Prevention (CDC). Clusters of illness related to restaurant food have been identified in Georgia, Texas and Wisconsin. Read More: <http://www.promedmail.org/direct.php?id=3553403>

**SALMONELLOSIS (NORTH CAROLINA):** 1 Aug 2015 As of 8 Jul 2015, the salmonellosis outbreak connected with the Tarheel Q restaurant in Lexington, North Carolina, has been designated as over with at least 280 people sickened, according to a 28 Jul 2015 case count. 1 person died. Read More: <http://www.promedmail.org/direct.php?id=3548672>

## **INTERNATIONAL DISEASE REPORTS**

**MERS-COV (MULTI-COUNTRY):** 4 Aug 2015 Read More: <http://www.promedmail.org/direct.php?id=3558326>

**EBOLA (MULTI-COUNTRY):** 5 Aug 2015 Read More: <http://www.promedmail.org/direct.php?id=3560632>

**BRUCELLOSIS (ISRAEL):** 1 Aug 2015 There was an 83 percent increase in the number of brucellosis (Malta fever) cases in 2014 -- mostly among Beduin in the South and other Arabs in eastern Jerusalem, Nazareth, Acre and elsewhere in the North -- the Knesset Labor, Social Welfare and Health Committee was told on Wed 29 Jul 2015. Read More: <http://www.promedmail.org/direct.php?id=3550984>

**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.dhmf.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 DHMH website: <http://phpa.dhmf.maryland.gov/influenza/fluwatch/SitePages/Home.aspx>

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

