



January 8, 2016

Public Health Preparedness and Situational Awareness Report: #2015:52 Reporting for the week ending 1/2/16 (MMWR Week #52)

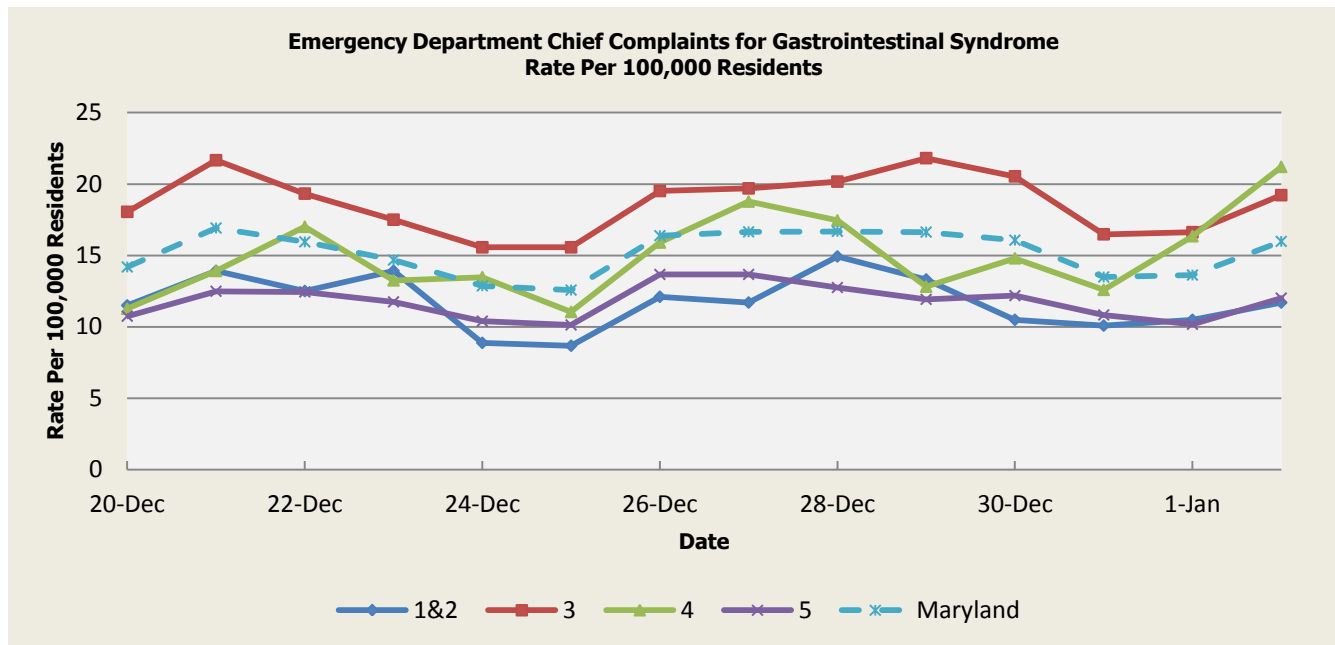
CURRENT HOMELAND SECURITY THREAT LEVELS

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.

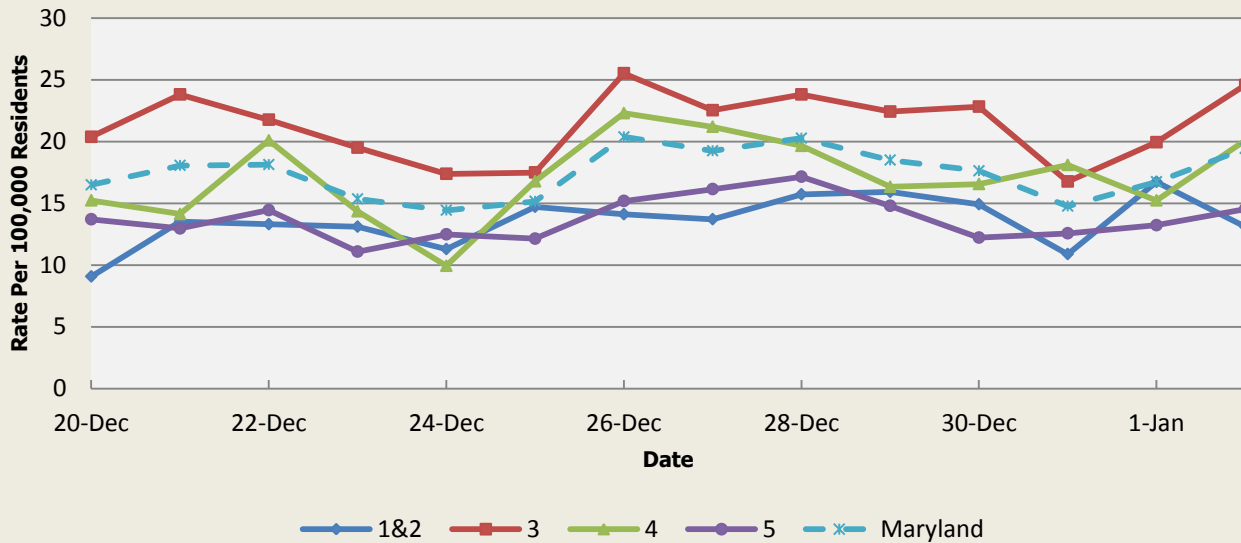


There was one gastrointestinal illness outbreak reported this week: 1 outbreak of gastroenteritis associated with an assisted living facility (Region 3).

Health Region	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present				
	1&2	3	4	5	Maryland
Mean Rate*	12.88	14.52	15.26	10.18	12.78
Median Rate*	12.70	14.32	14.57	10.08	12.63

* Per 100,000 Residents

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

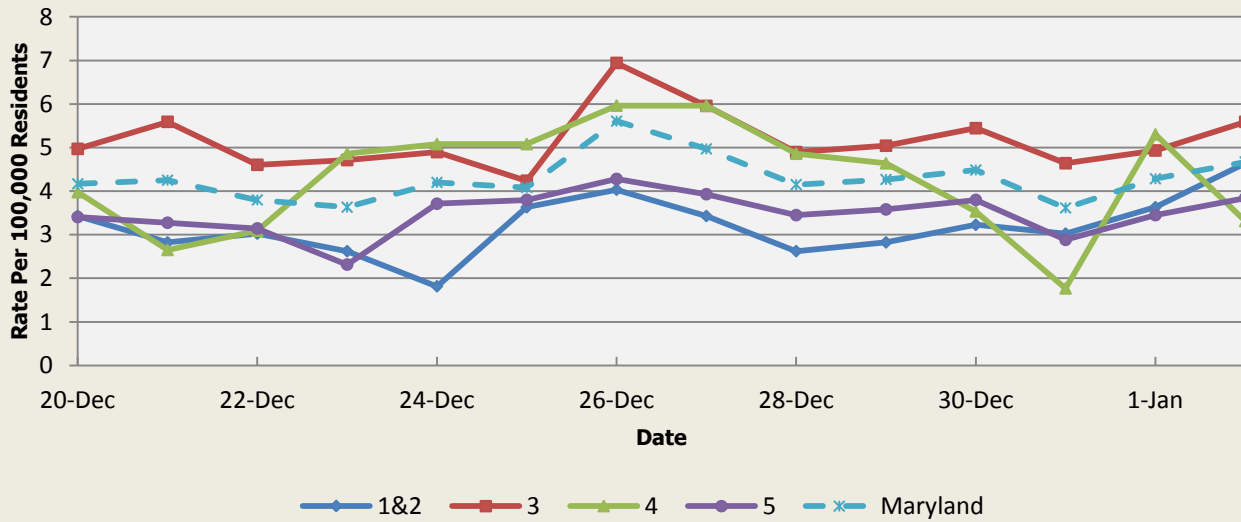


There was one respiratory outbreak reported this week. 1 outbreak of pneumonia associated with a nursing home (Region 5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.90	13.67	13.81	9.74	12.03
Median Rate*	11.49	13.12	13.47	9.39	11.61

* Per 100,000 Residents

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

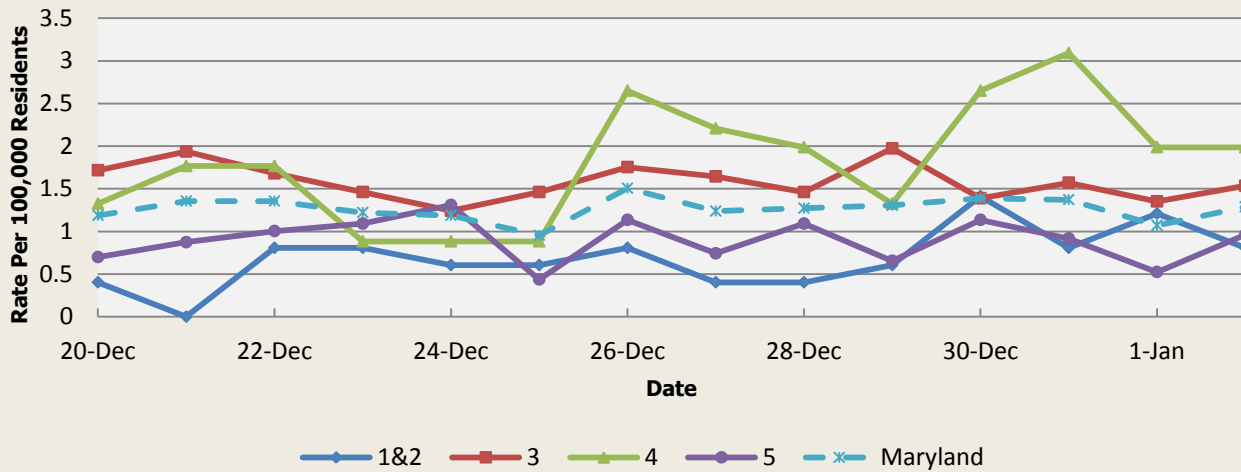


There were no fever outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.09	3.70	3.87	3.05	3.41
Median Rate*	3.02	3.54	3.75	2.97	3.30

Per 100,000 Residents

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

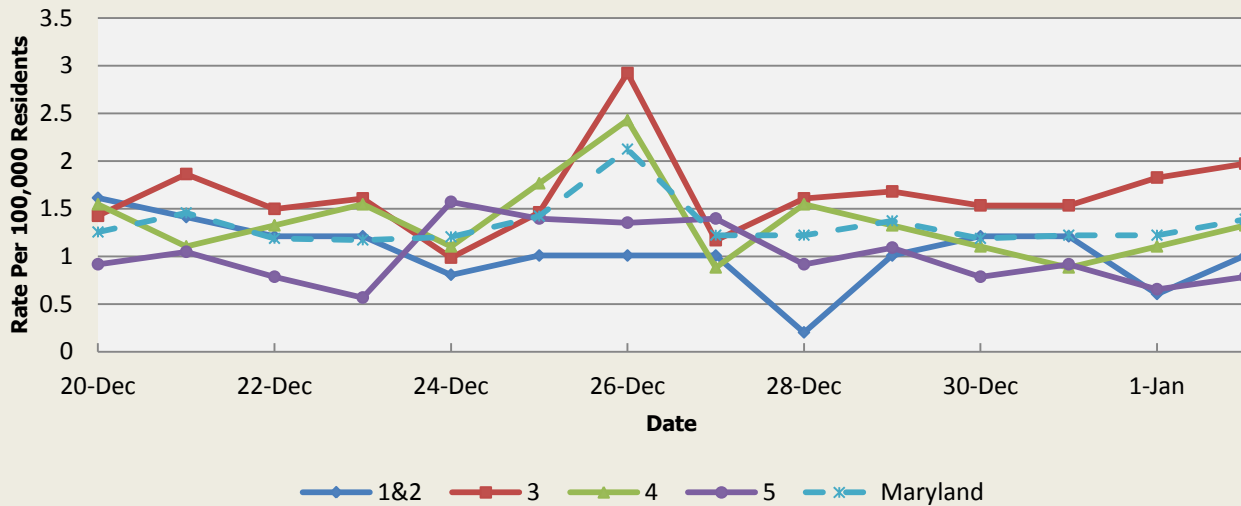


There were no localized lesion outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.09	1.92	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**

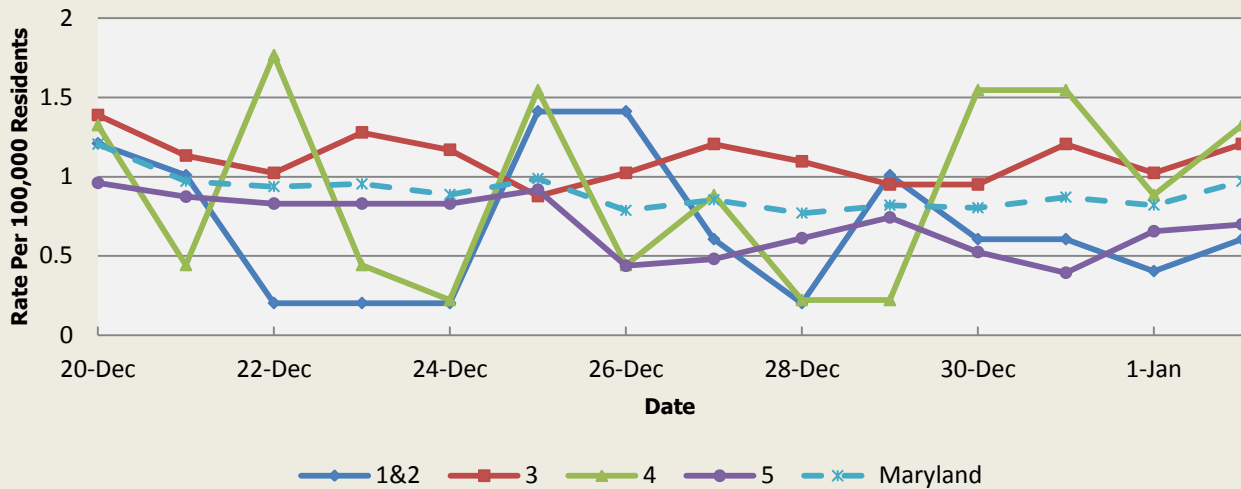


There were no rash outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.32	1.74	1.76	1.05	1.44
Median Rate*	1.21	1.68	1.77	1.00	1.41

* Per 100,000 Residents

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



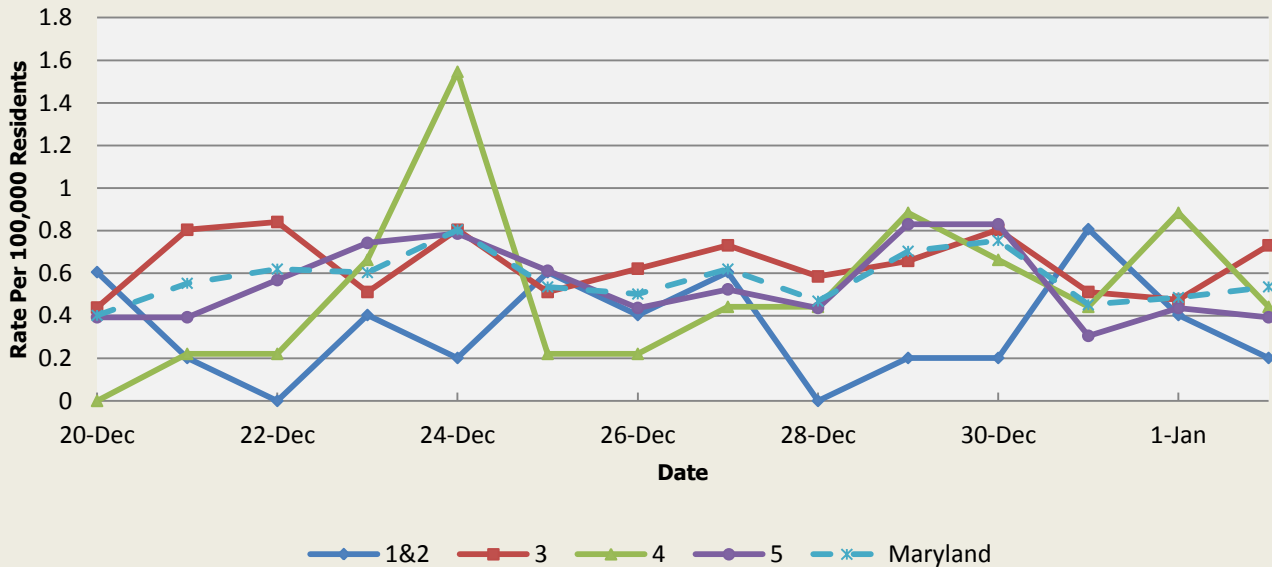
There were no neurological syndrome outbreaks reported this week.

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

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.62	0.70	0.63	0.46	0.60
Median Rate*	0.60	0.66	0.66	0.44	0.55

* 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.

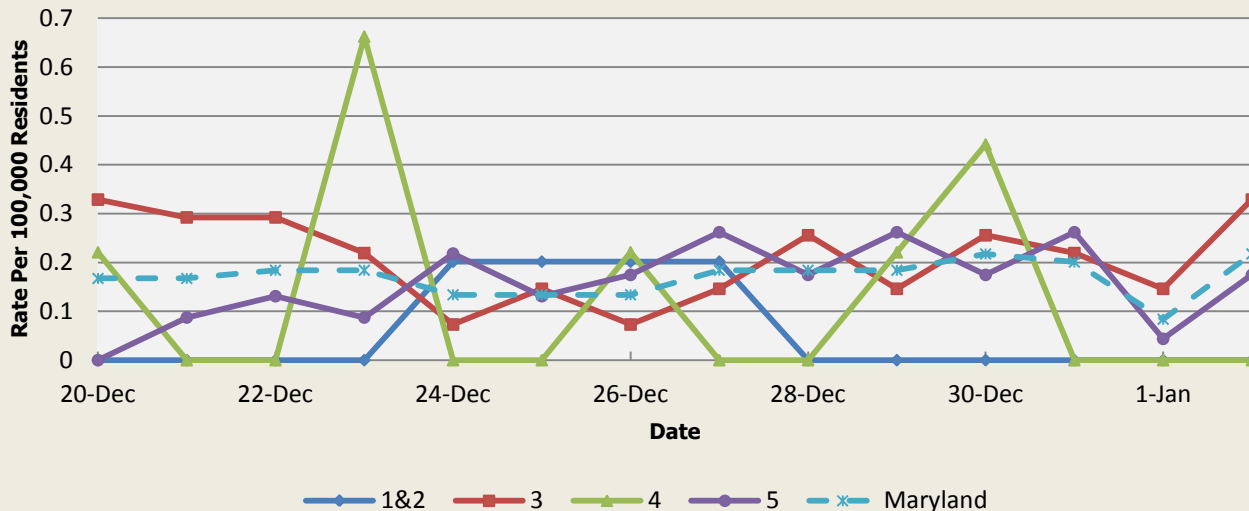
**Severe Illness or Death Syndrome
Baseline Data
January 1, 2010 - Present**

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.72	0.96	0.87	0.43	0.73
Median Rate*	0.60	0.95	0.88	0.44	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**

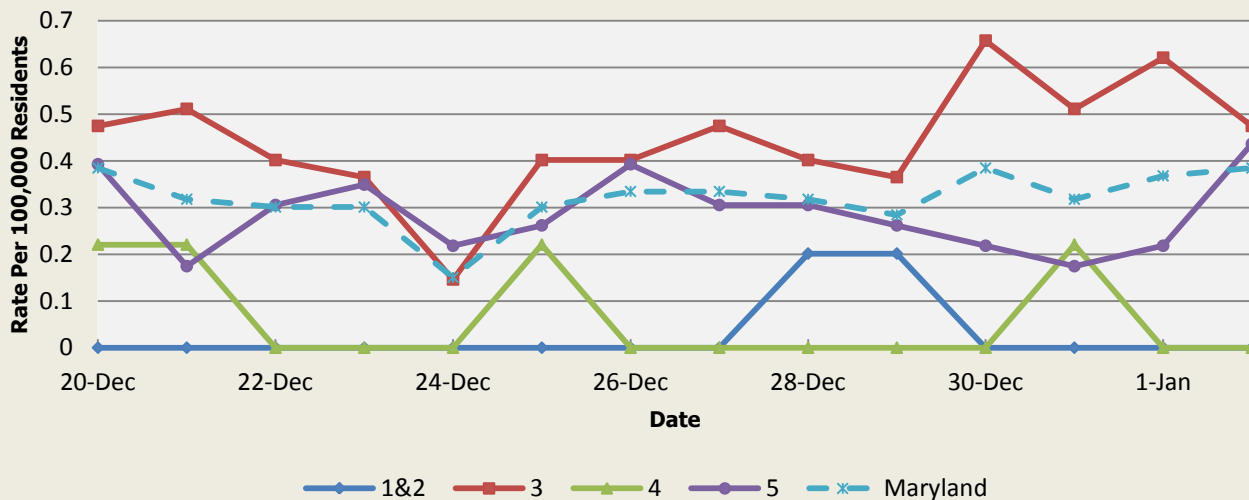


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 12/27 (Regions 1&2,3,5), 12/28 (Regions 3,5), 12/29 (Regions 4,5), 12/30 (Regions 3,4,5), 12/31 (Regions 3,5), and 1/2 (Regions 3,5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.07	0.04	0.04	0.06
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**

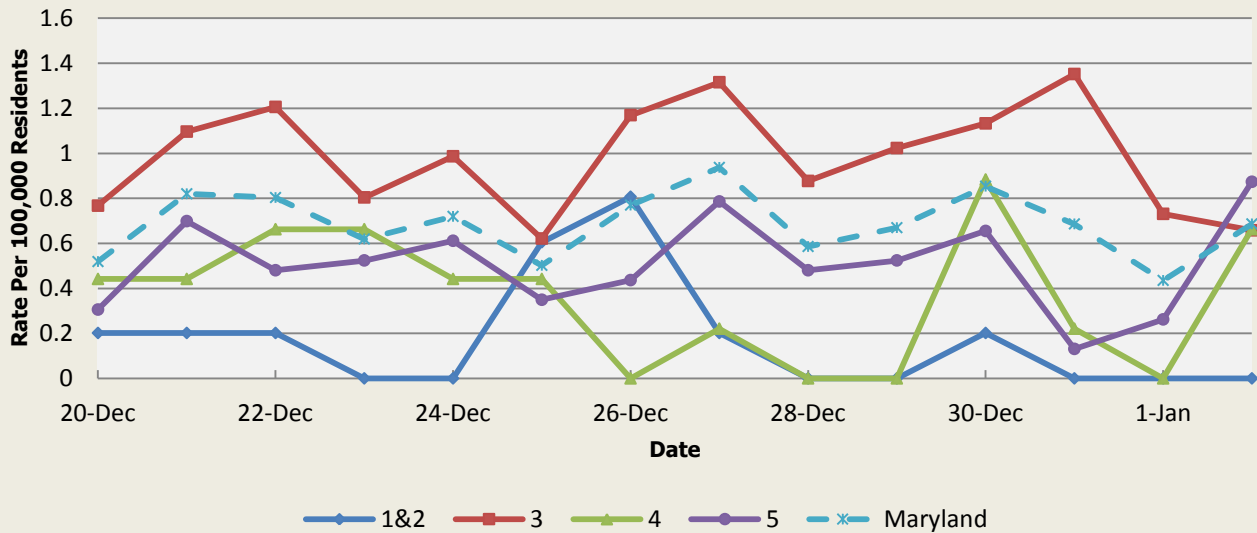


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 12/27 (Regions 3,5), 12/28 (Regions 1&2,3,5), 12/29 (Regions 1&2,3,5), 12/30 (Regions 3,5), 12/31 (Regions 3,4,5) 1/1 (Regions 3,5), and 1/2 (Regions 3,5). These increases are not known to be 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	0.08	0.03	0.06	0.06
Median Rate*	0.00	0.04	0.00	0.04	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 12/27 (Regions 3,5), 12/28 (Region 3), 12/29 (Region 3), 12/30 (Regions 3,4,5), 12/31 (Region 3) and 1/2 (Region 5). These increases are not known to be associated with any outbreaks.

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.43	0.34	0.28	0.35
Median Rate*	0.20	0.33	0.22	0.22	0.30

* Per 100,000 Residents

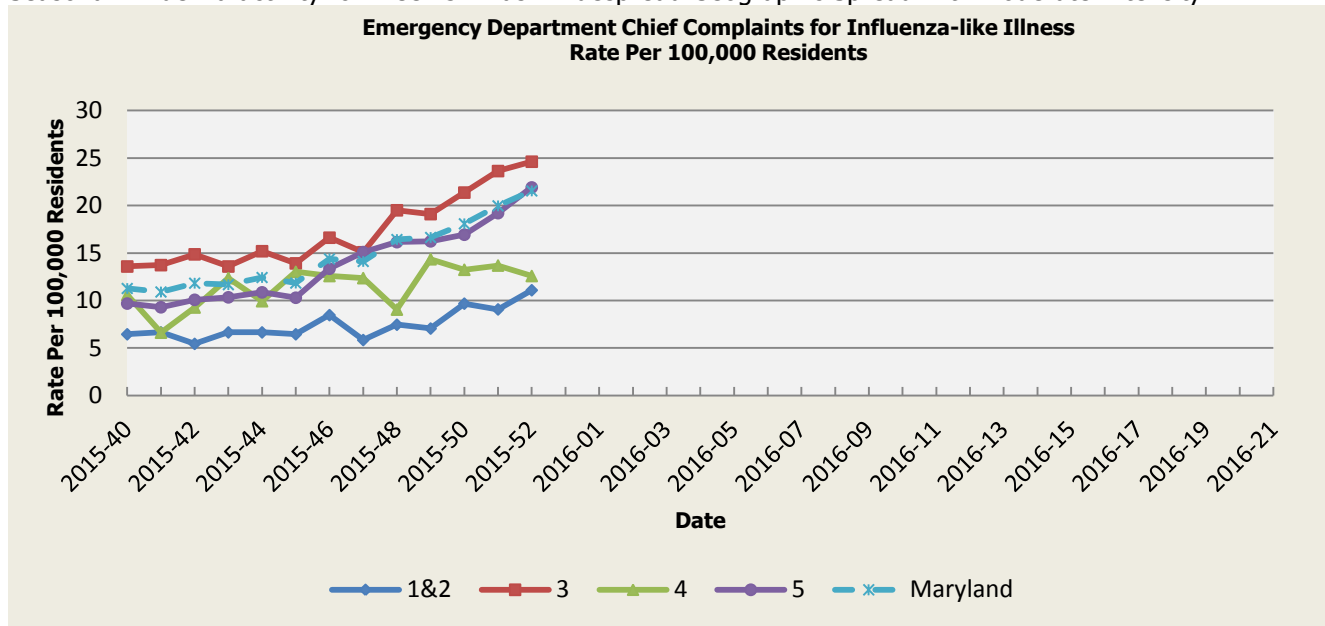
MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	January			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2016	Mean*	Median*	2016	Mean*	Median*
Aseptic meningitis	0	2.4	3	0	2.4	3
Meningococcal disease	0	0	0	0	0	0
Measles	0	0	0	0	0	0
Mumps	0	0.2	0	0	0.2	0
Rubella	0	0	0	0	0	0
Pertussis	0	2.6	3	0	2.6	3
Foodborne Diseases	2016	Mean*	Median*	2016	Mean*	Median*
Salmonellosis	0	4.6	5	0	4.6	5
Shigellosis	0	1.6	1	0	1.6	1
Campylobacteriosis	0	3.6	3	0	3.6	3
Shiga toxin-producing Escherichia coli (STEC)	0	0.4	0	0	0.4	0
Listeriosis	0	0	0	0	0	0
Arboviral Diseases	2016	Mean*	Median*	2016	Mean*	Median*
West Nile Fever	0	0	0	0	0	0
Lyme Disease	0	6.8	6	0	6.8	6
Emerging Infectious Diseases	2016	Mean*	Median*	2016	Mean*	Median*
Chikungunya	0	0	0	0	0	0
Dengue Fever	0	0	0	0	0	0
Other	2016	Mean*	Median*	2016	Mean*	Median*
Legionellosis	0	0.4	0	0	0.4	0

† Counts are subject to change *Timeframe of 2009-2015 **Includes January through current month

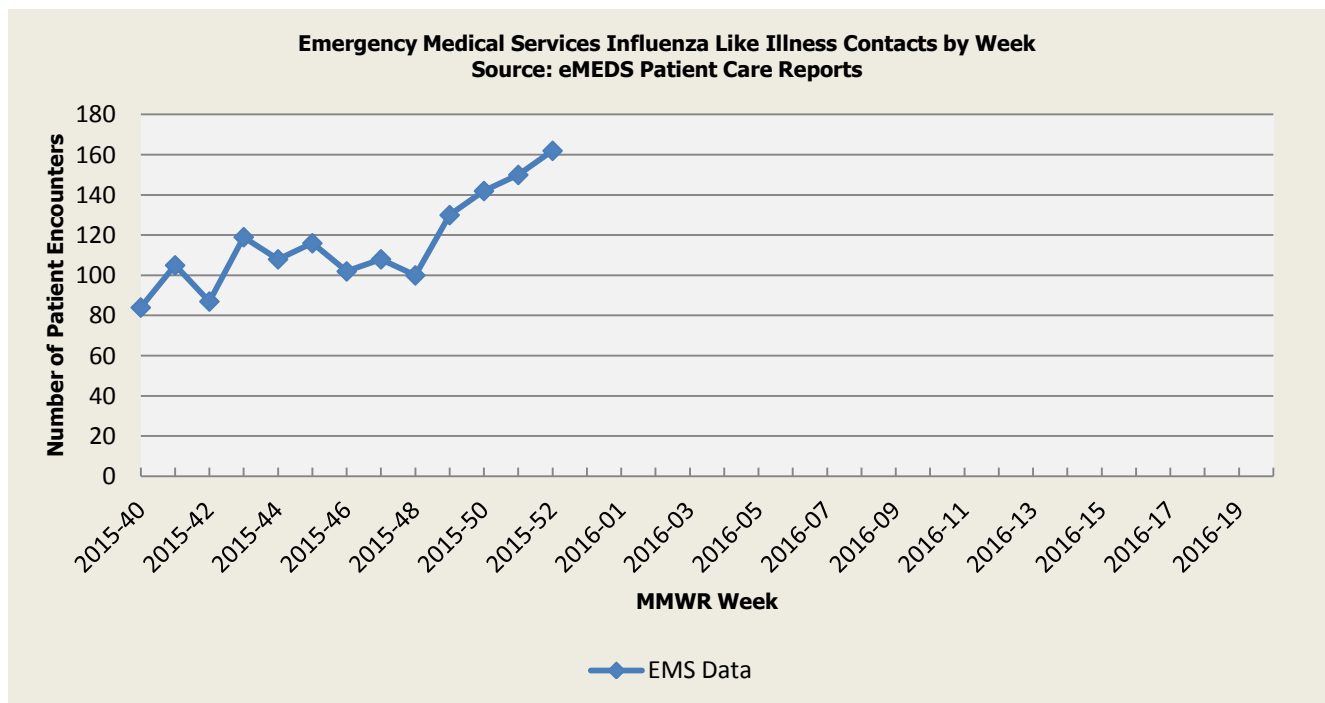
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May). Seasonal Influenza activity for Week 52 was: Widespread Geographic Spread with Moderate Intensity.



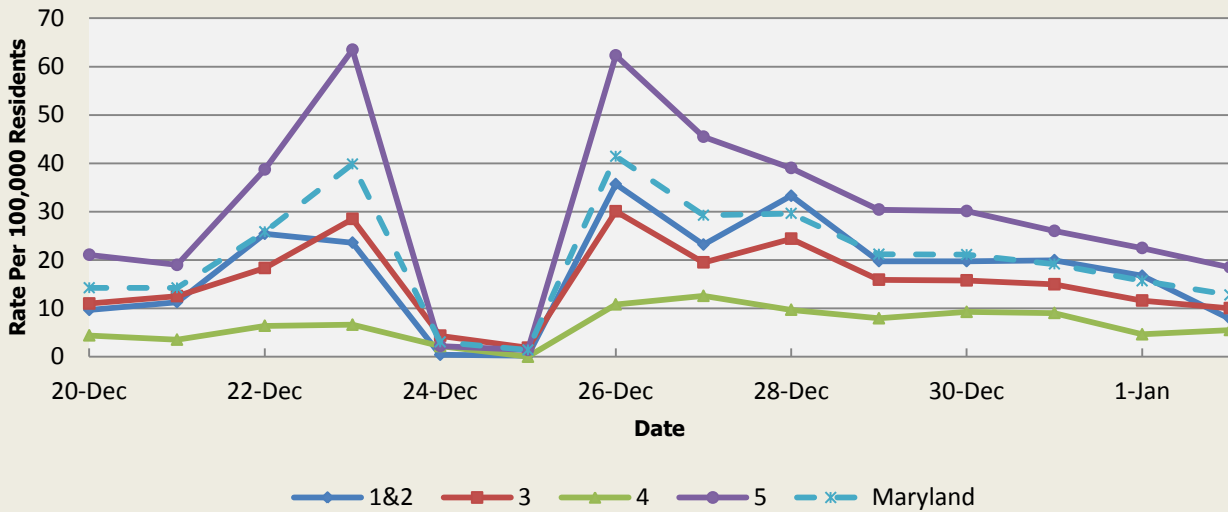
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.25	10.89	10.71	9.95	10.38
Median Rate*	7.46	8.64	8.83	7.68	8.22

* Per 100,000 Residents



Disclaimer on eMEDS flu related data: This data is 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. This data is reported for trending purposes only.

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

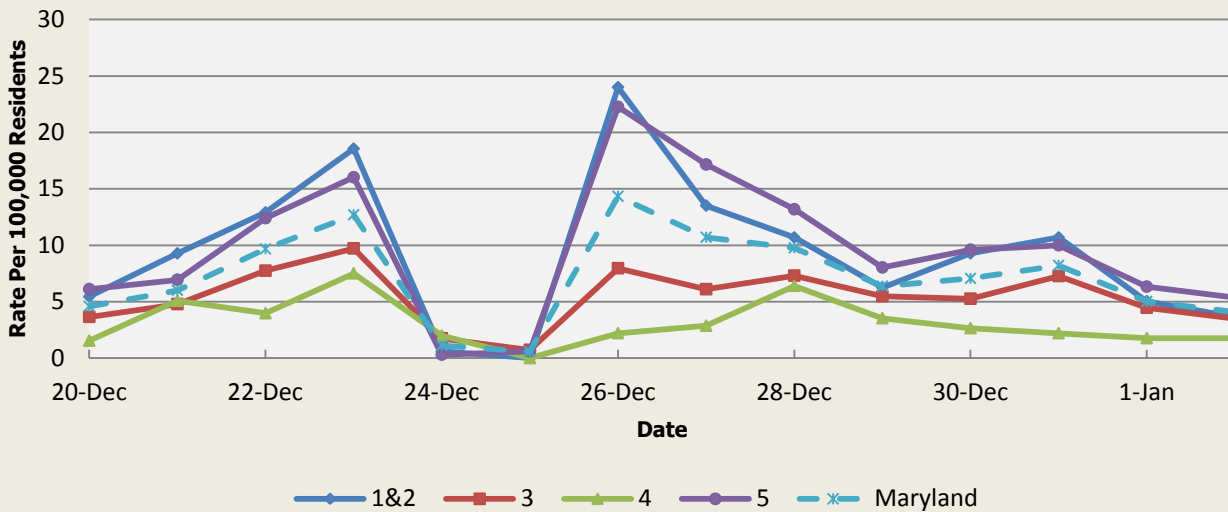


There was an appreciable increase above baseline in the rate of OTC flu medication sales on 12/27 (Regions 1&2,3,4,5), 12/28 (Regions 1&2,3,4,5), 12/29 (Regions 1&2,3,4,5), 12/30 (Regions 1&2,3,4,5), 12/31 (Regions 1&2,3,4), and 1/1 (Regions 1&2).

	OTC Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.57	6.23	3.14	14.00	8.92
Median Rate*	4.23	5.15	2.65	11.39	7.28

* Per 100,000 Residents

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



There was an appreciable increase above baseline in the rate of OTC thermometer sales on 12/27 (Regions 1&2,5).

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.66	4.68	3.32	7.71	5.82
Median Rate*	5.04	4.31	3.09	7.07	5.37

* 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 December 14, 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:

H5N1 (EGYPT): 06 Jan 2016 A medical source at a hospital in the Red Sea governorate has told local media that a woman infected with bird flu died at the Hurghada General Hospital on Tuesday, 5 Jan 2016. The source stated there were currently 6 other cases of bird flu in quarantine. Read More:

<http://www.promedmail.org/post/3915791>

H5N6 (CHINA): 05 Jan 2016 Between 30 Dec 2015 and 2 Jan 2016, the National Health and Family Planning Commission (NHFPC) of China notified WHO of 2 additional laboratory-confirmed cases of human infection with avian influenza A(H5N6) virus. Read More: <http://www.promedmail.org/post/3911192>

H7N9 (CHINA): 01 Jan 2016 Health officials in China's Jiangxi province announced an H7N9 avian influenza infection in a 46-year-old man from the city of Ganzhou, according to a provincial health department statement translated and posted by FluTrackers, an infectious disease news message board. Read More:

<http://www.promedmail.org/post/3905900>

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:

H5N6 (CHINA): 06 Jan 2016 Highly pathogenic avian influenza, Hong Kong. Read More:

<http://www.promedmail.org/post/3915890>

H5N6 (CHINA): 06 Jan 2016 The Agriculture, Fisheries and Conservation Department (AFCD) said today (5 Jan 2016) that a dead great egret found in Diamond Hill, Wong Tai Sin, was confirmed to be H5N6 positive after laboratory testing. Read More: <http://www.promedmail.org/post/3914702>

NATIONAL DISEASE REPORTS

There were no relevant national disease reports this week.

INTERNATIONAL DISEASE REPORTS

MERS-COV (OMAN): 07 Jan 2016 On 3 Jan 2016, the National IHR Focal Point of Oman notified WHO of 1 additional case of Middle East respiratory syndrome coronavirus (MERS-CoV) infection. Read More: <http://www.promedmail.org/post/3918976>

YELLOW FEVER (GHANA): 07 Jan 2016 The Ministry of Health has confirmed an outbreak of yellow fever in some parts of the country. A statement issued by the Ministry of Health indicated that this disease is predominantly prevalent in the Tain and West Gonja districts in the Brong-Ahafo Region and Northern Region respectively. Read More: <http://www.promedmail.org/post/3918628>

PNEUMOCOCCAL MENINGITIS (GHANA): 07 Jan 2016 District health director for Tain, Dr. Michael Rockson Adjei said 30 people have so far been hospitalized after being infected with the deadly pneumococcal meningitis. 8 people have died in the Brong Ahafo region following an outbreak of pneumococcal meningitis in the area. Read More: <http://www.promedmail.org/post/3916285>

LASSA FEVER (NIGERIA): 04 Jan 2016 The Taraba State Government has confirmed the outbreak of Lassa fever in the state. Read More: <http://www.promedmail.org/post/3908901>

LEGIONELLOSIS (SPAIN): 03 Jan 2016 The initial results from the genetic sequencing laboratory of the Mixed Unit of Infection and Public Health, University of Valencia confirmed the positivity of the ornamental fountain at the Manzanares bus station, from which at least 2 strains of Legionella were identified, which, in principle, could be related to strains isolated from patients; all are awaiting further tests being carried out in that laboratory. Read More: <http://www.promedmail.org/post/3907865>

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.

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/>

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

