



**June 24, 2016**

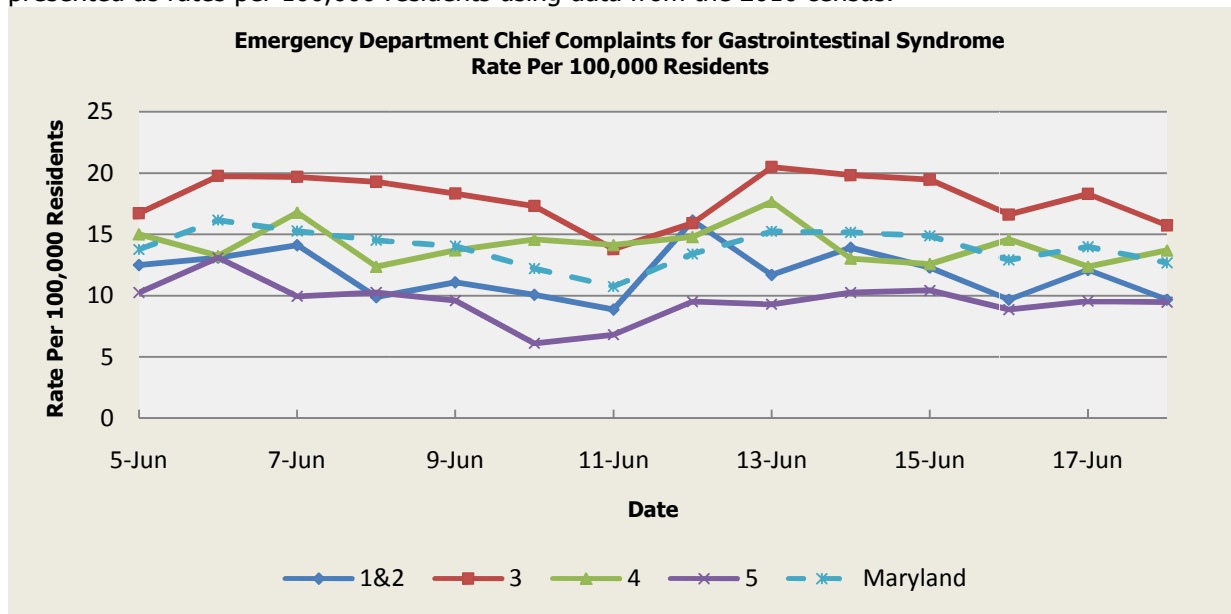
**Public Health Preparedness and Situational Awareness Report: #2016:24  
Reporting for the week ending 6/18/16 (MMWR Week #24)**

**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):**

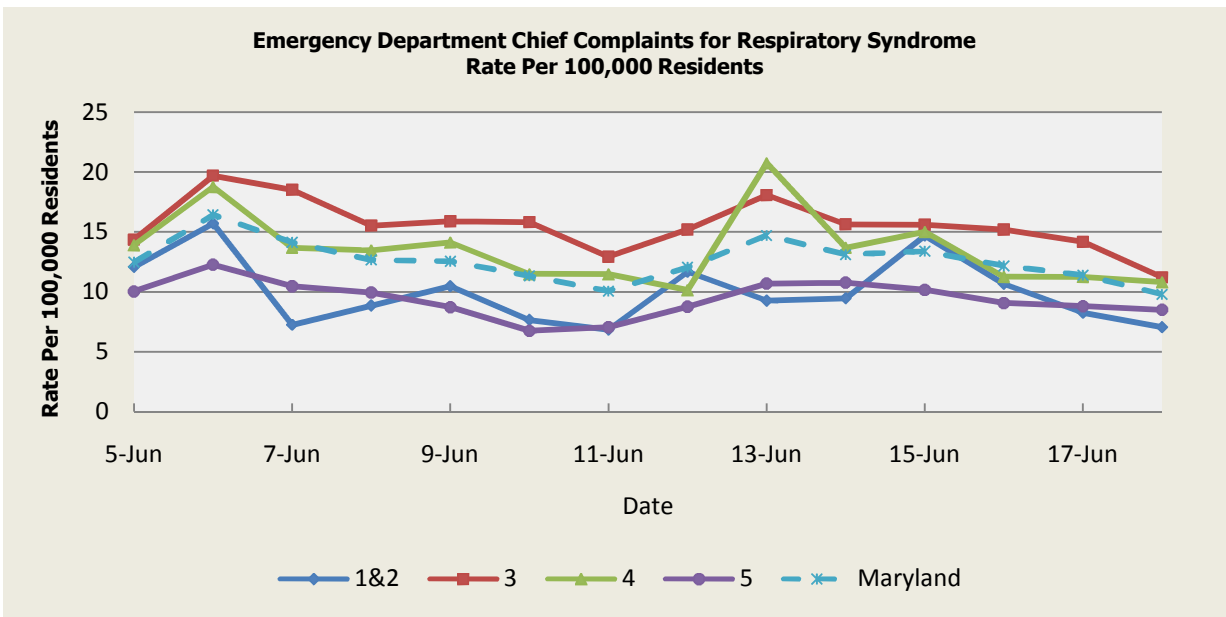
Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census.



There was one (1) gastrointestinal illness outbreak reported this week: 1 outbreak of gastroenteritis/foodborne associated with a Private Home (Region 5).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.94	14.88	15.42	10.31	13.01
Median Rate*	12.70	14.47	14.80	10.17	12.75

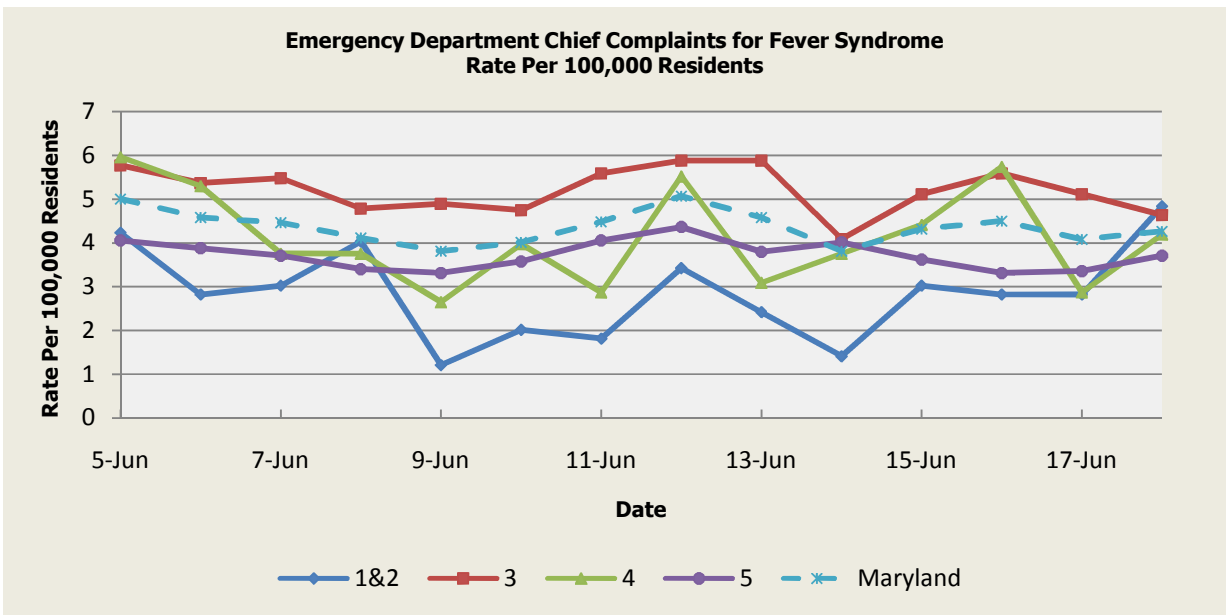
\* Per 100,000 Residents



There was one (1) respiratory illness outbreak reported this week: 1 outbreak of Legionnaires' Disease in an Assisted Living Facility (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.99	14.12	14.04	9.94	12.34
Median Rate*	11.70	13.37	13.69	9.52	11.79

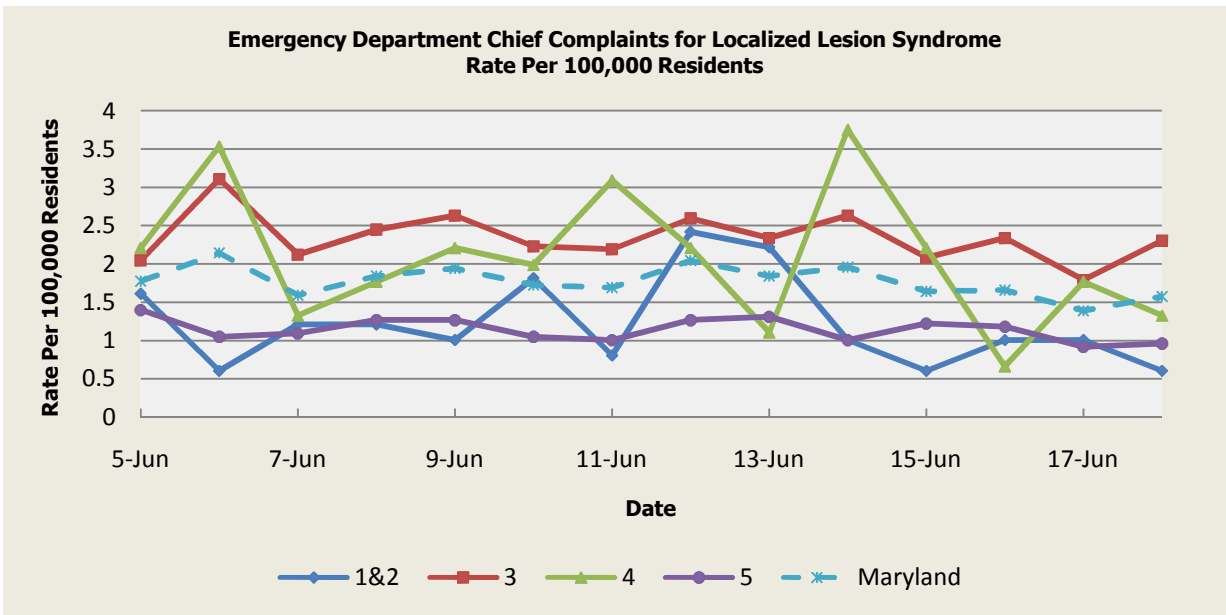
\* Per 100,000 Residents



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*	3.07	3.80	3.93	3.09	3.48
Median Rate*	3.02	3.62	3.75	2.97	3.35

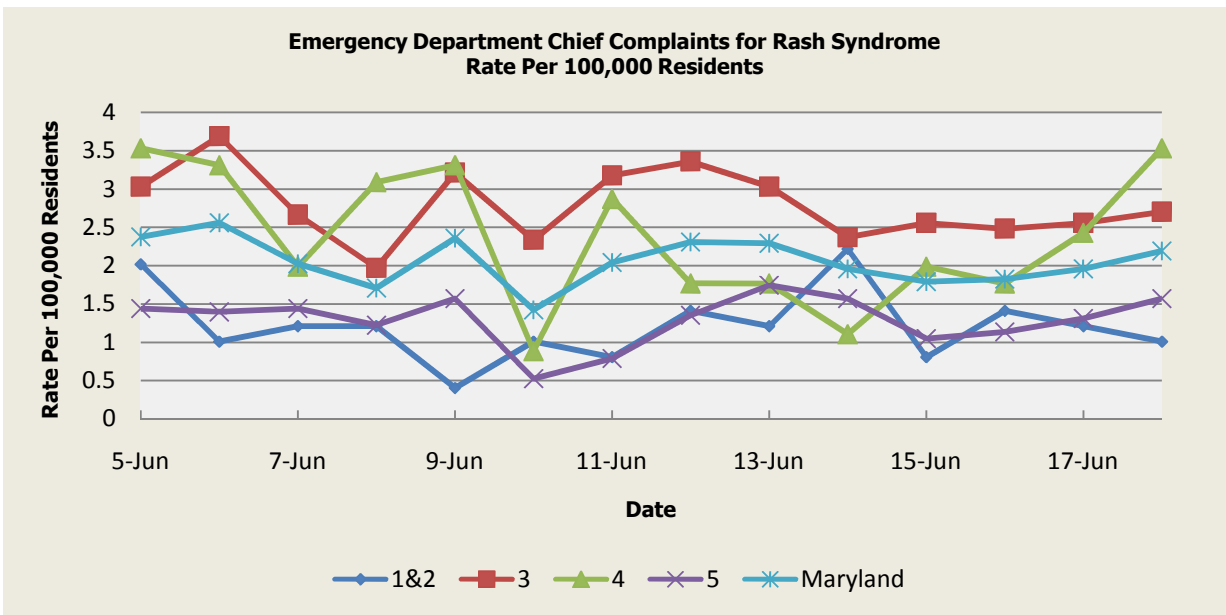
Per 100,000 Residents



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*	1.07	1.91	2.03	0.98	1.49
Median Rate*	1.01	1.86	1.99	0.92	1.44

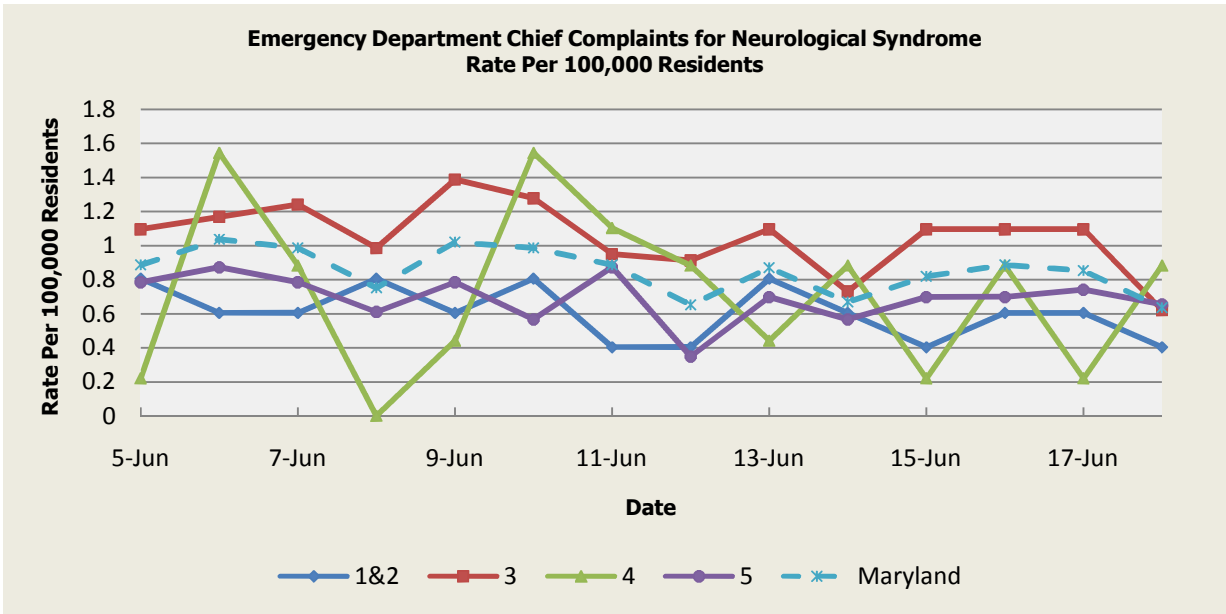
\* Per 100,000 Residents



There were three (3) rash illness outbreaks reported this week: 1 outbreak of Hand, Foot and Mouth Disease associated with a Daycare Center (Region 4), 1 outbreak of Hand, Foot and Mouth Disease associated with a School (Region 5), 1 outbreak of Hand, Foot and Mouth Disease associated with a Shelter (Region 3).

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.30	1.75	1.75	1.04	1.44
Median Rate*	1.21	1.68	1.77	1.00	1.39

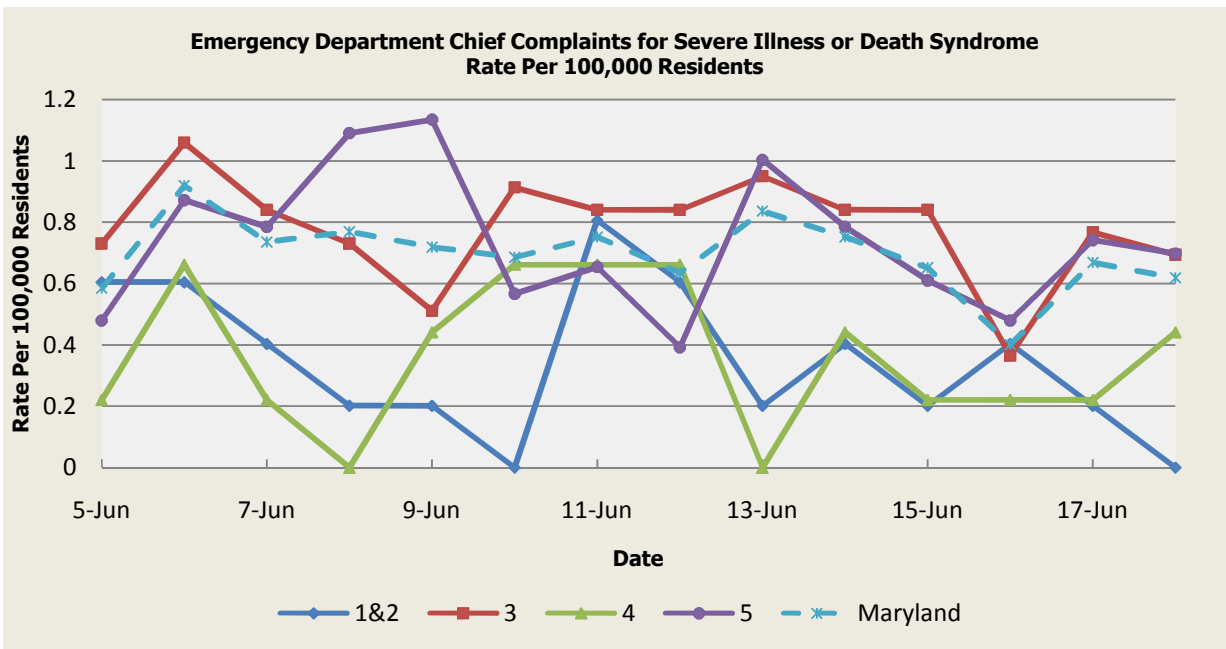
\* Per 100,000 Residents



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*	0.63	0.73	0.65	0.48	0.62
Median Rate*	0.60	0.66	0.66	0.44	0.57

\* Per 100,000 Residents

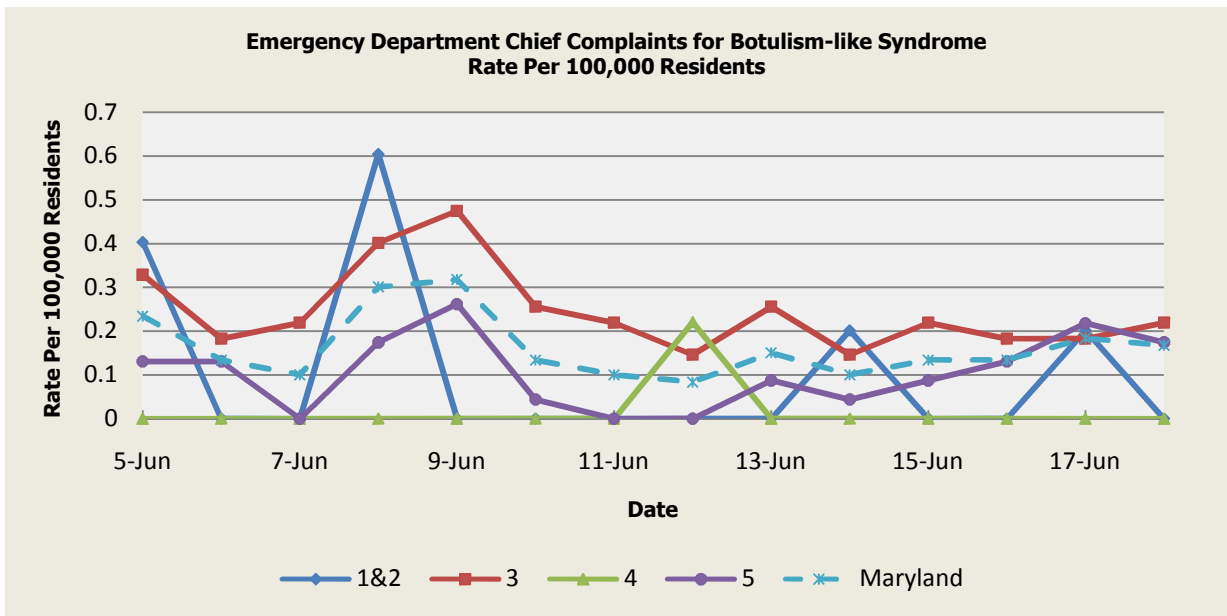


There were no severe illness or death outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.70	0.95	0.84	0.44	0.73
Median Rate*	0.60	0.91	0.88	0.44	0.72

\* Per 100,000 Residents

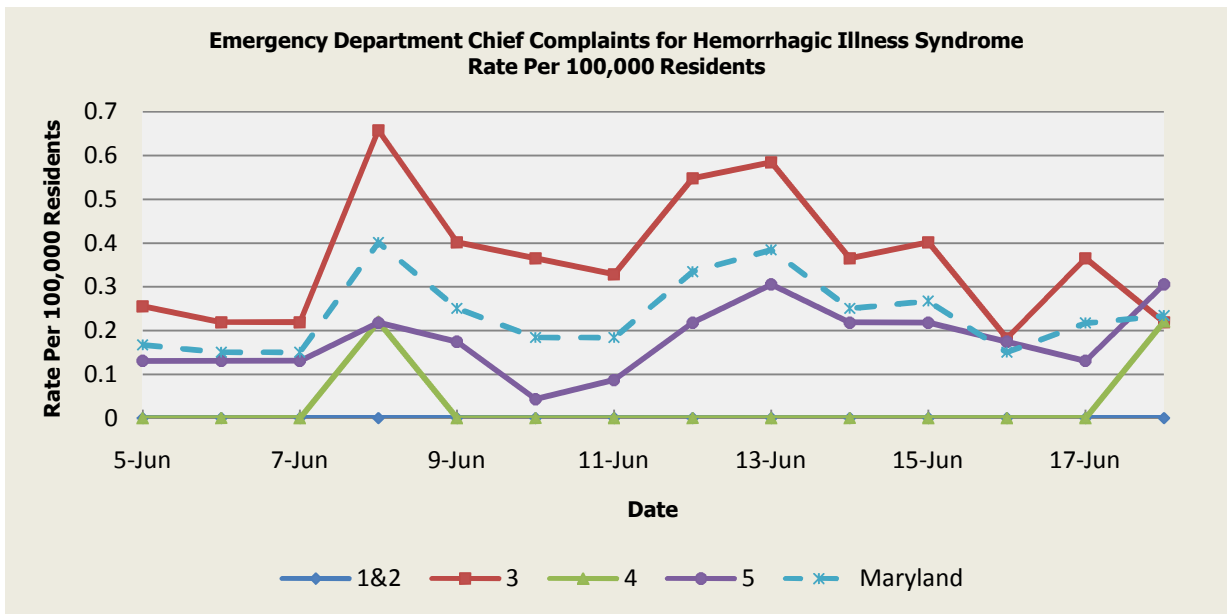
## SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 6/5 (Regions 1&2,3,5), 6/6 (Regions 3,5), 6/7 (Region 3), 6/8 (Regions 1&2,3,5) 6/9 (Regions 3,5), 6/10 (Region 3), 6/11 (Region 3), 6/12 (Region 4), 6/13 (Region 3), 6/14 (Regions 1&2), 6/15 (Region 3), 6/16 (Regions 3,5), 6/17 (Regions 1&2,3,5) and 6/18 (Regions 3,5). These increases are not known to be associated with any outbreaks.

<b>Botulism-like Syndrome Baseline Data January 1, 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.08	0.04	0.05	0.06
Median Rate*	0.00	0.04	0.00	0.04	0.05

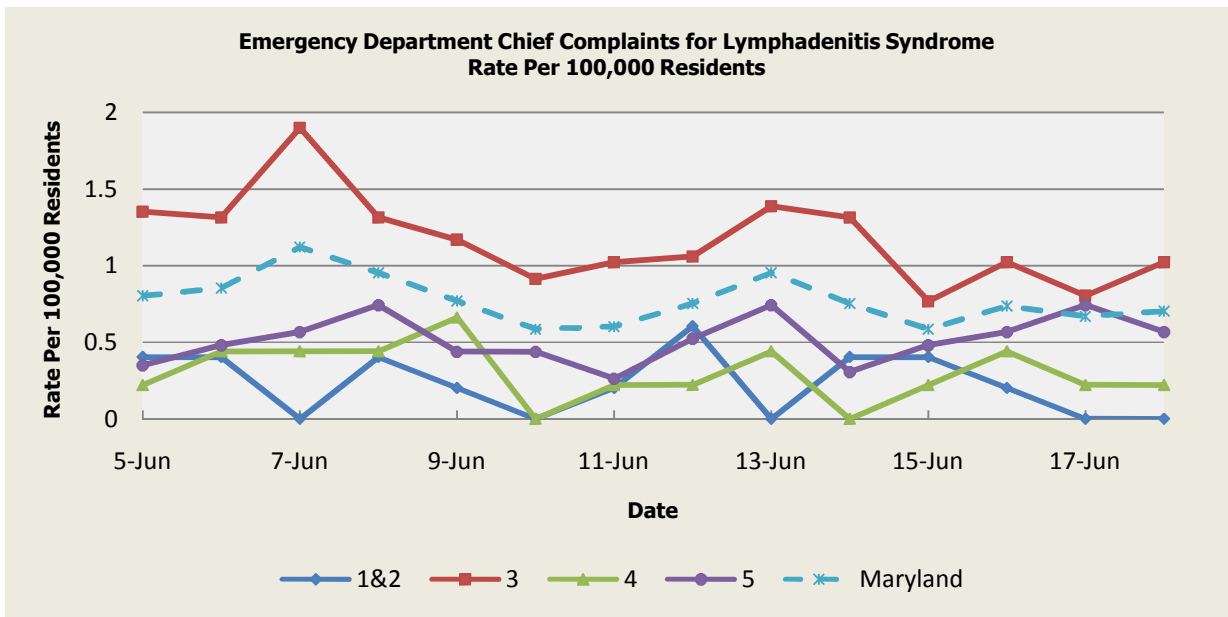
\* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 6/5 (Region 3), 6/6 (Region 3), 6/7 (Region 3), 6/8 (Regions 3,4,5), 6/9 (Regions 3,5), 6/10 (Region 3), 6/11 (Regions 3,5), 6/12 (Regions 3,5), 6/13 (Regions 3,5), 6/14 (Region 3,5), 6/15 (Region 5,5), 6/17 (Region 3,5), and 6/18 (Region 4,5). These increases are not known to be associated with any outbreaks.

<b>Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.10	0.03	0.07	0.08
Median Rate*	0.00	0.04	0.00	0.04	0.03

\* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 6/5 (Region 3), 6/6 (Region 3), 6/7 (Region 3), 6/8 (Regions 3,5), 6/9 (Region 3), 6/11 (Region 3), 6/12 (Region 3), 6/13 (Regions 3,5), 6/14 (Region 3), 6/16 (Region 3) and 6/18 (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	0.47	0.34	0.29	0.38
Median Rate*	0.20	0.37	0.22	0.26	0.32

\* Per 100,000 Residents

### MARYLAND REPORTABLE DISEASE SURVEILLANCE

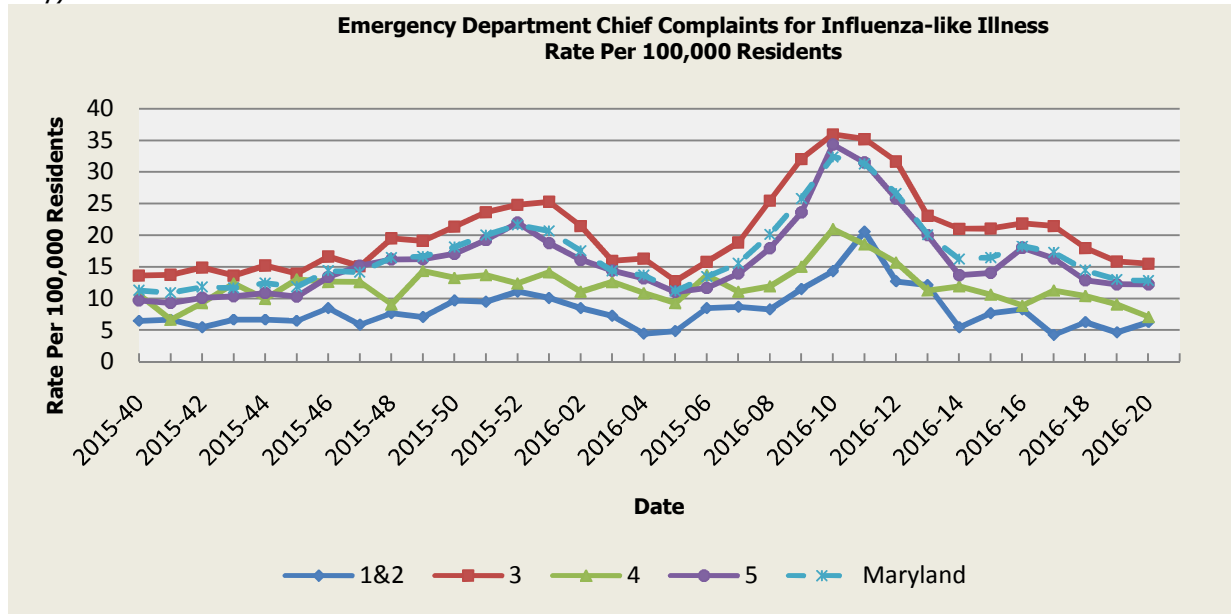
Condition	Counts of Reported Cases‡					
	April			Cumulative (Year to Date)**		
	2016	Mean*	Median*	2016	Mean*	Median*
<b>Vaccine-Preventable Diseases</b>						
Aseptic meningitis	5	23	18	135	168.2	164
Meningococcal disease	0	0.2	0	2	4.4	4
Measles	1	0.2	0	3	2.6	2
Mumps	0	1.2	1	7	29.8	8
Rubella	0	0.6	1	1	1.8	2
Pertussis	4	12.8	10	86	116	134
<b>Foodborne Diseases</b>						
Salmonellosis	27	53.6	49	235	320.8	332
Shigellosis	6	9	9	48	82	98
Campylobacteriosis	28	46.8	42	285	270.6	274
Shiga toxin-producing Escherichia coli (STEC)	3	8.2	8	53	50.4	45
Listeriosis	0	0.8	1	3	4.6	5
<b>Arboviral Diseases</b>						
West Nile Fever	0	0.4	0	0	0.4	0
Lyme Disease	57	189.4	202	462	570.6	590
<b>Emerging Infectious Diseases</b>						
Chikungunya	0	1	0	3	4.8	0
Dengue Fever	1	0.4	0	15	5.6	5
Zika Virus***	6	0	0	29	0.2	0
<b>Other</b>						
Legionellosis	8	13.4	9	51	57.2	52

‡ Counts are subject to change \*Timeframe of 2011-2015 \*\*Includes January through current month

\*\*\*As of June 22, 2016, the total Maryland Confirmed Zika Virus Infections is 26.

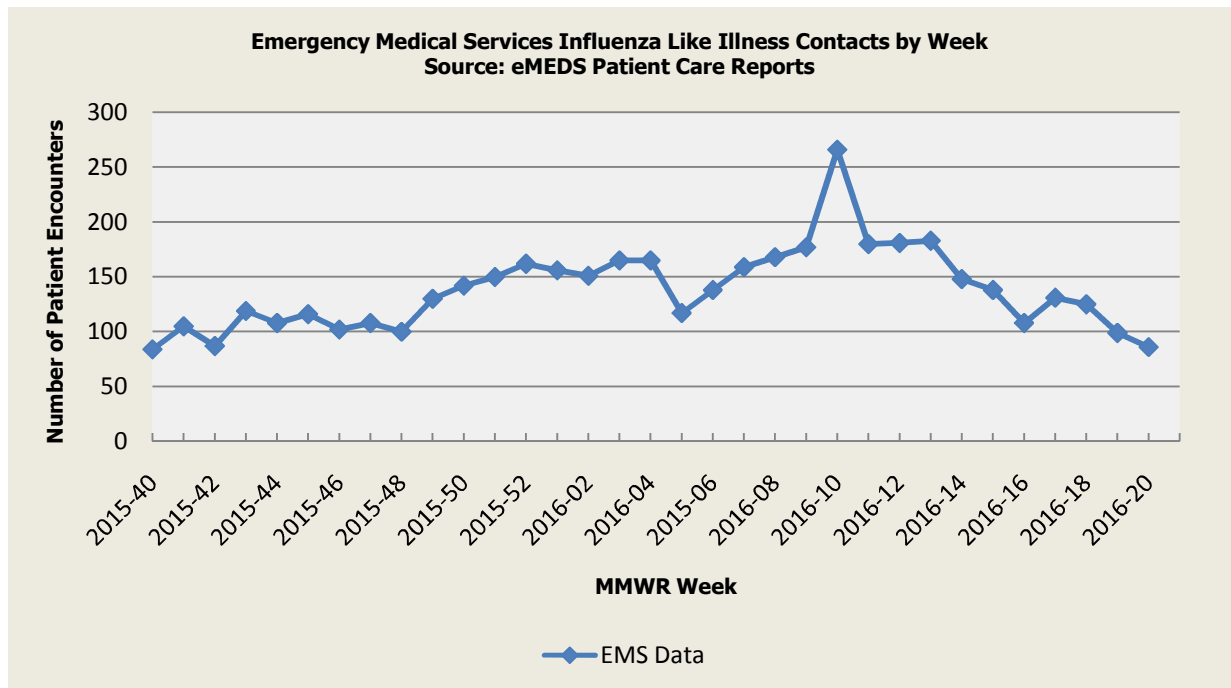
## SYNDROMIC INFLUENZA SURVEILLANCE

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

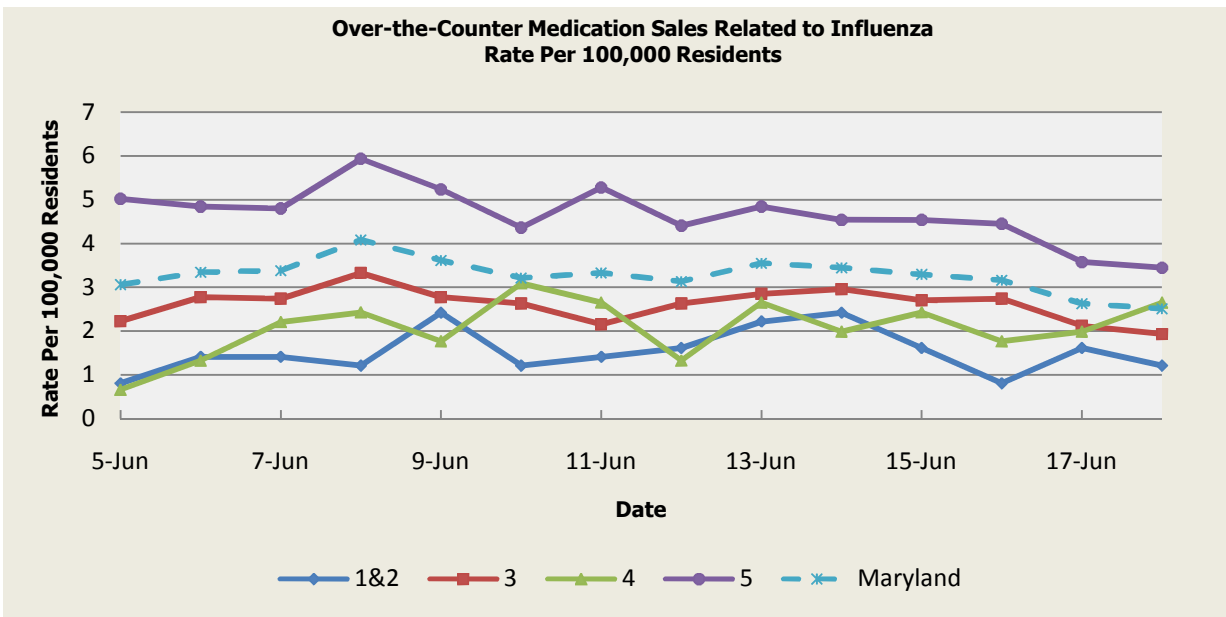


<b>Influenza-like Illness Baseline Data Week 1 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.26	11.58	10.78	10.43	10.88
Median Rate*	7.66	8.99	9.05	8.03	8.72

\* Per 100,000 Residents



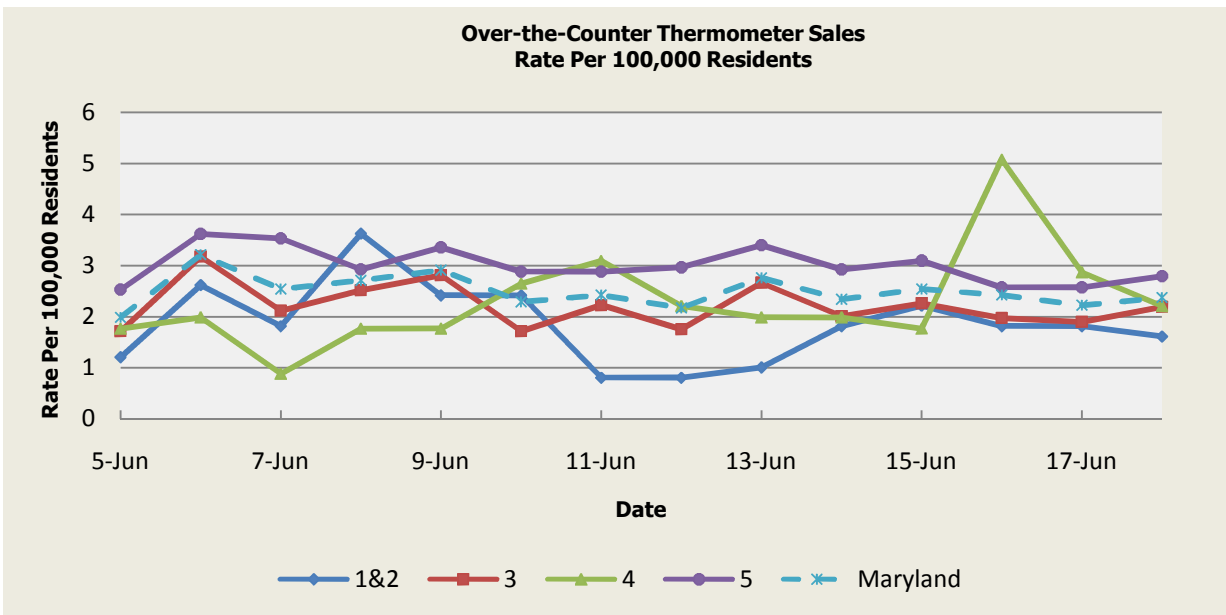
**Disclaimer on eMEDS flu related data:** This data is based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any 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.



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

OTC Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.86	6.41	1.86	13.92	8.73
Median Rate*	3.02	5.30	1.55	11.35	7.13

\* 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*	4.12	4.71	1.61	7.30	5.42
Median Rate*	3.63	4.35	1.55	6.68	4.97

\* 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 June 13, 2016, the WHO-confirmed global total (2003-2016) of human cases of H5N1 avian influenza virus infection stands at 851, of which 450 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

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

**H9N2 (CHINA):** 19 Jun 2016, The Health and Family Planning Commission of Guangdong Province reported [Sat 18 Jun 2016] on a human case of H9N2 avian influenza in a child, according to a China News report (computer translated). The case, a 4-year-old girl, is from Xingning City, Meizhou. She is currently in serious condition at a Meizhou hospital. Read More: <http://www.promedmail.org/post/4299567>

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

## **NATIONAL DISEASE REPORTS**

**TULAREMIA (COLORADO):** 18 Jun 2016, The Larimer County [Colorado] Department of Health and Environment announced [Fri 17 Jun 2016], that a [Fort Collins] resident, who has not been identified, developed a lung infection in late May 2016 and was hospitalized. He or she is now home recovering from the infection, which is commonly referred to as rabbit fever because of the animal that most commonly carries the bacterium. Read More: <http://www.promedmail.org/post/4295395>

**PLAGUE (NEW MEXICO):** 18 Jun 2016, The New Mexico Department of Health [NMDH] has confirmed a case of plague in a 16-year-old boy from Rio Arriba County who is currently hospitalized. Confirmatory testing was conducted at the Scientific Laboratory Division. This is the 1st human case of plague in New Mexico and in the USA in 2016. Read More: <http://www.promedmail.org/post/4295323>

**ELIZABETHKINGIA ANOPHELIS (WISCONSIN):** 20 Jun 2016, The CDC is still trying to determine why dozens of patients in the midwest were recently sickened by a rare bloodstream infection caused by the *Elizabethkingia anopheles* bacterium. "We are still looking for the missing piece," Maroya S. Walters, PhD, ScM, epidemiologist at the CDC, said at ASM Microbe. In the largest identified *Elizabethkingia* outbreak in history, 66 patients in Wisconsin, Michigan and Illinois -- most of them older adults -- have been infected with the same strain of *E. anopheles*. Read More: <http://www.promedmail.org/post/4302947>

**BOTULISM (USA):** 21 Jun 2016, Greenland Trading Corporation of Paterson, New Jersey is recalling AI Rasheed Sardine, because it has the potential to be contaminated with *Clostridium botulinum*, a bacterium which can cause life-threatening illness or death. Consumers are warned not to use the product even if it does not look or smell spoiled. Botulism, a potentially fatal form of food poisoning, can cause the following symptoms: general weakness, dizziness, double vision and trouble with speaking or swallowing. Difficulty in breathing, weakness of other muscles, abdominal distension and constipation may also be common symptoms. People experiencing these problems should seek immediate medical attention. Read More: <http://www.promedmail.org/post/4302950>

## **INTERNATIONAL DISEASE REPORTS**

**FOODBORNE ILLNESS (CHINA):** 18 Jun 2016, More than 170 people have fallen ill in a suspected food poisoning case at a furniture factory in Baoshan District [Shanghai], district authorities said today, 16 Jun 2016. The canteen of Taiyi Co Ltd had made cold dishes improperly, which could have caused the incident, the Baoshan District Market Supervision and Management Bureau said based on its initial investigation result. The canteen has been closed. Read More: <http://www.promedmail.org/post/4295405>

**E. COLI EHEC (CHINA):** 20 Jun 2016, The Centre for Health Protection (CHP) of the Department of Health is today (20 Jun 2016) investigating a case of Shiga toxin-producing *Escherichia coli* (STEC) O157:H7 [also called enterohemorrhagic *E. coli* or EHEC - Mod.LL] infection, and hence reminded the public to maintain good personal, food and environmental hygiene against intestinal infections. The boy, aged 3 with good past health, has developed fever, vomiting, diarrhea, cough and runny nose since 10 Jun, and was admitted to a private hospital for management on 12 Jun 2016. He has been in a stable condition all along and was discharged on 15 Jun 2016. Read More: <http://www.promedmail.org/post/4302946>

**ANTHRAX (BANGLADESH):** 23 Jun 2016, At least 18 people have been infected with anthrax in Gopalpur upazila of the district on Tuesday [21 Jun 2016]. The victims took treatment at Gopalpur Upazila Health Complex. Read More: <http://www.promedmail.org/post/4305151>

## **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.dhmh.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.dhmh.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

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

