STATE OF MARYLAND

DHMH

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May 26, 2011

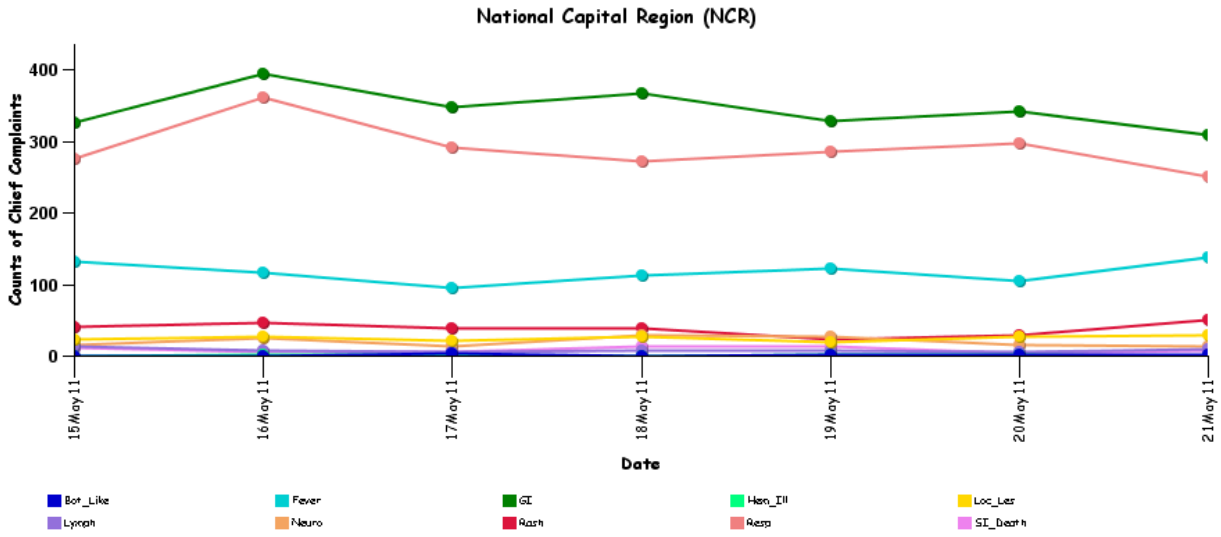
Public Health & Emergency Preparedness Bulletin: # 2011:20 Reporting for the week ending 05/21/11 (MMWR Week #20)

CURRENT HOMELAND SECURITY THREAT LEVELS

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

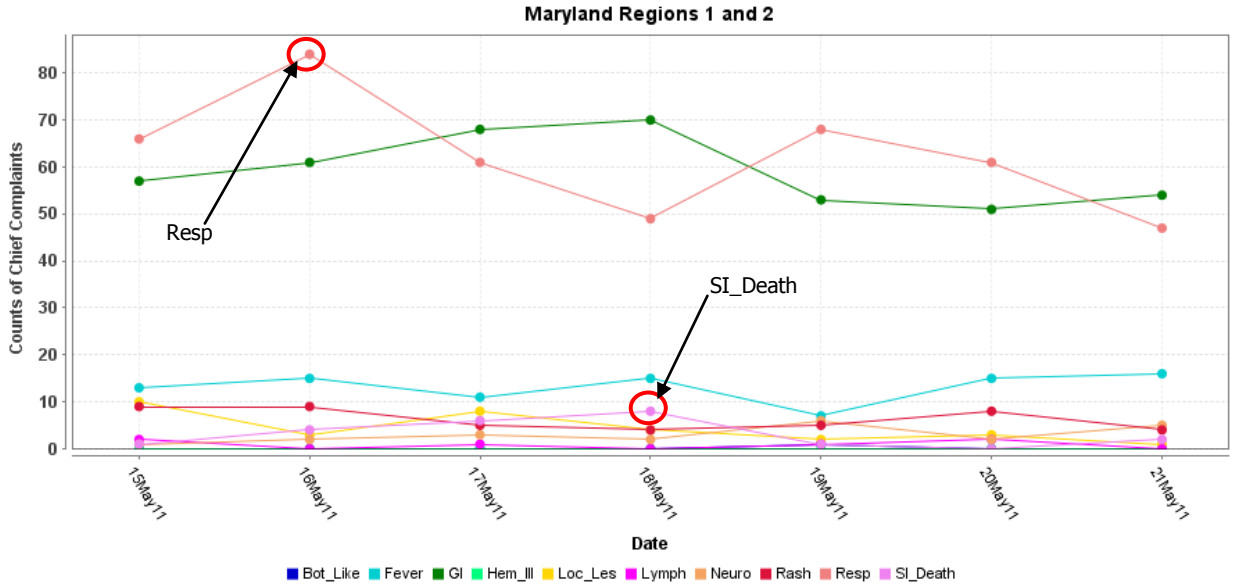
SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

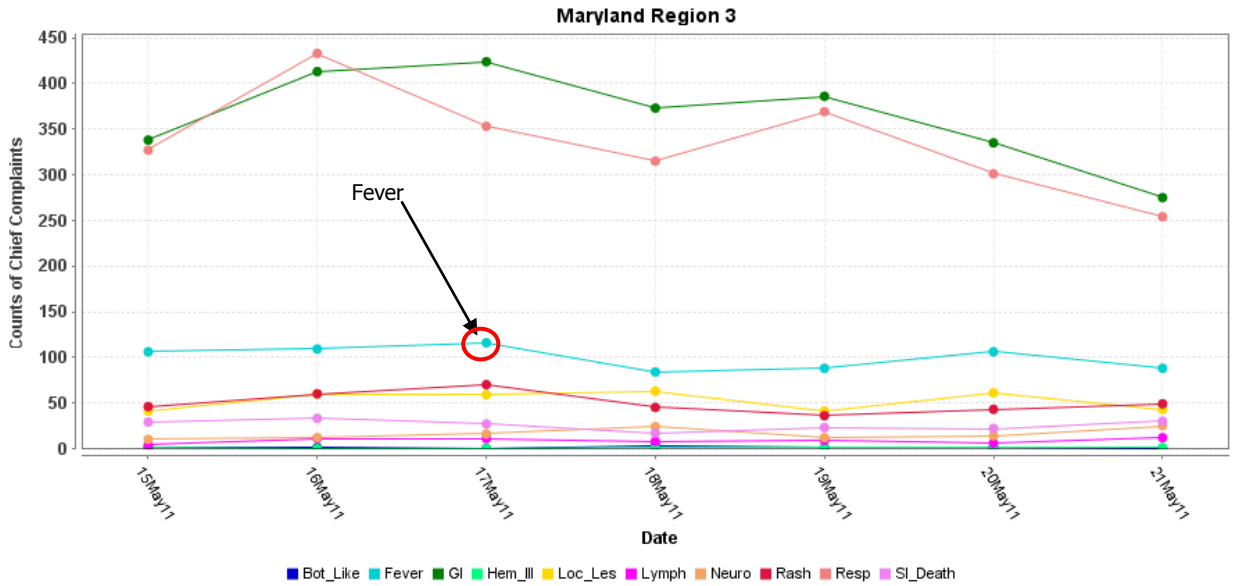


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

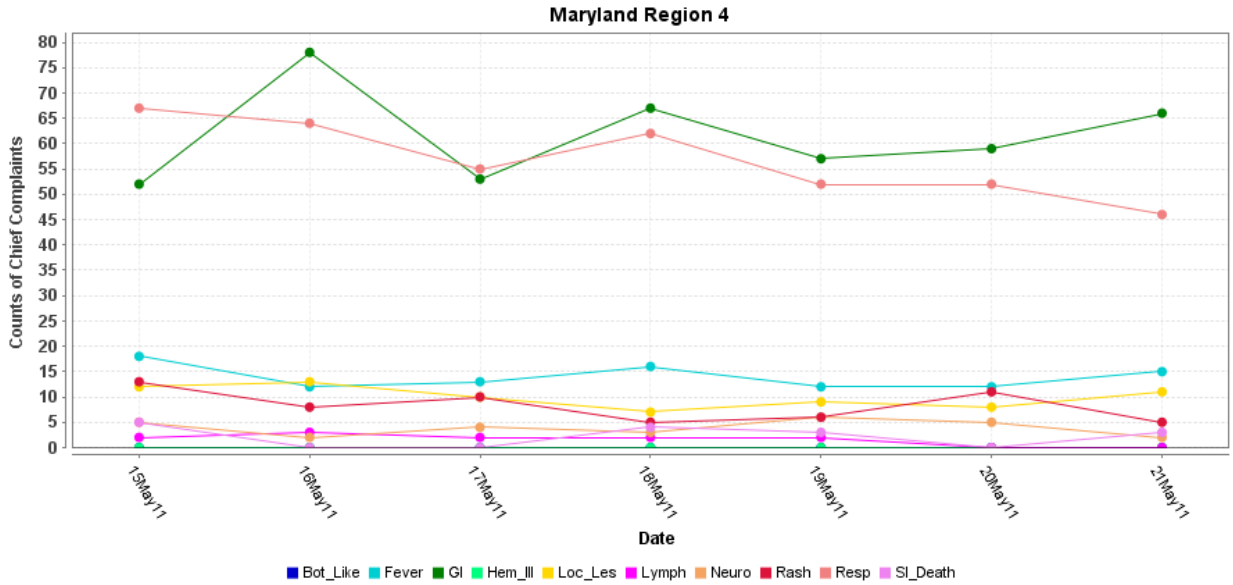
MARYLAND ESSENCE:



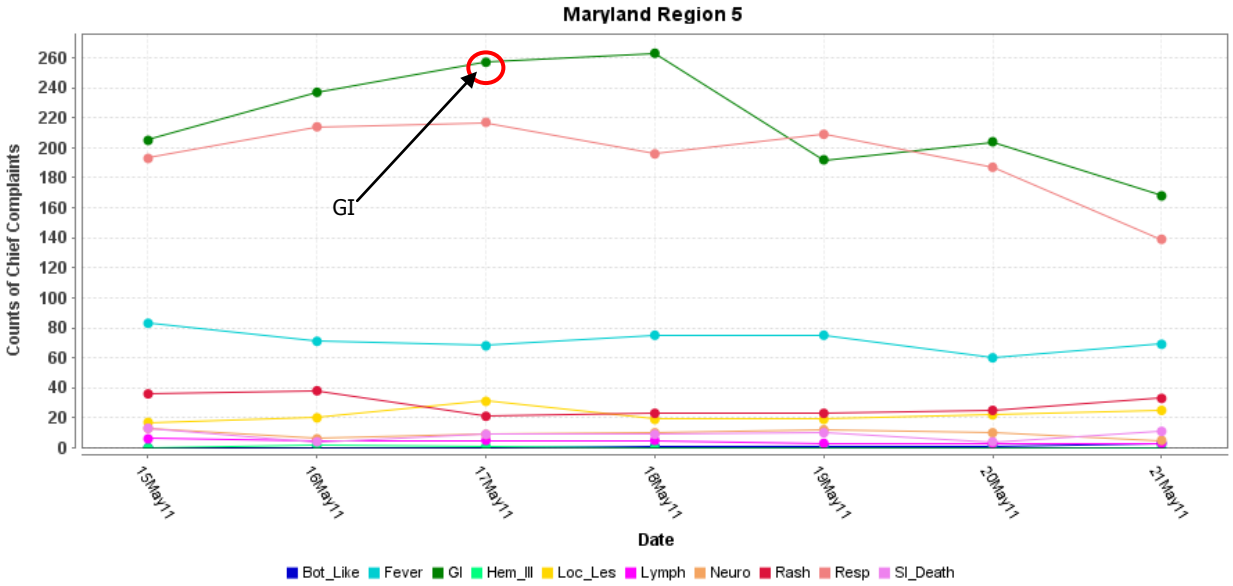
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



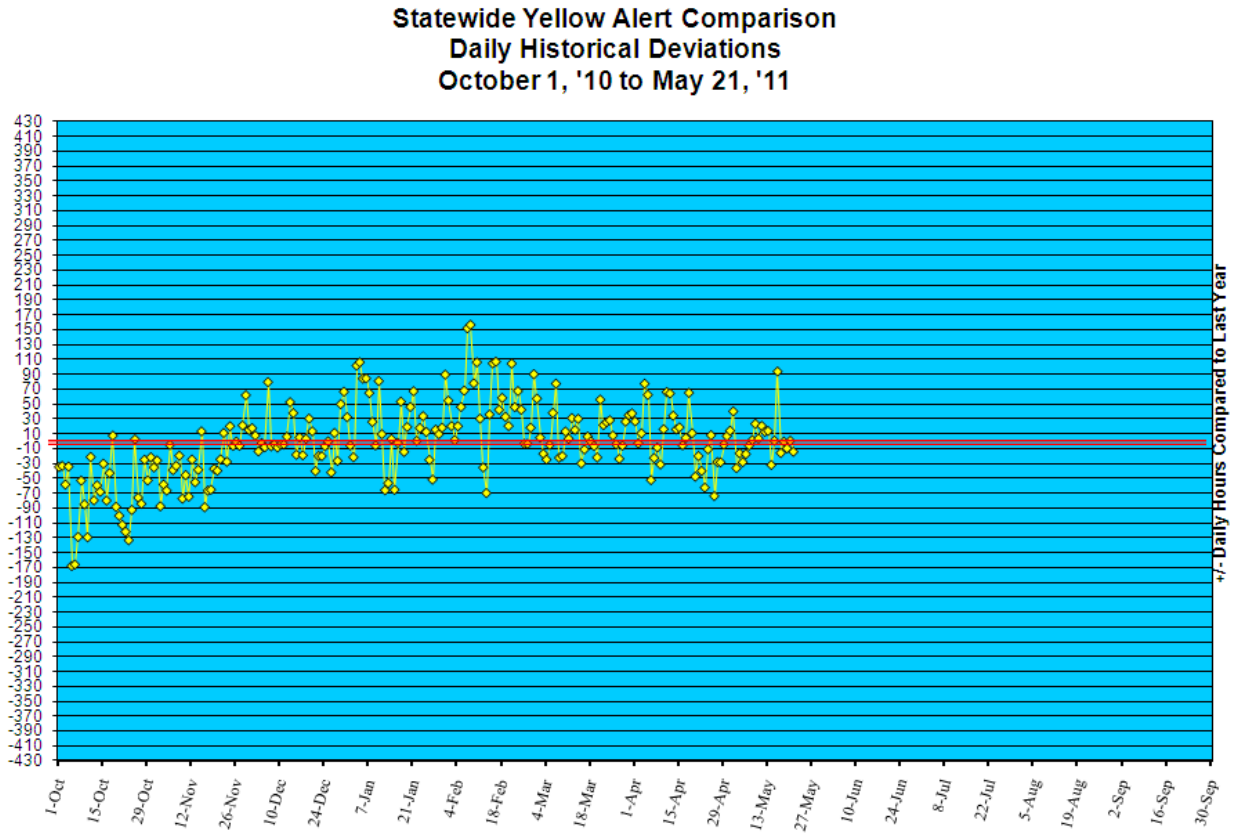
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/10.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in April 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (May 15 – May 21, 2011):	10	0
Prior week (May 8 – May 14, 2011):	16	0
Week#20, 2010 (May 16 – May 22, 2010):	9	0

0 outbreaks were reported to DHMH during MMWR Week 20 (May 15-21, 2011).

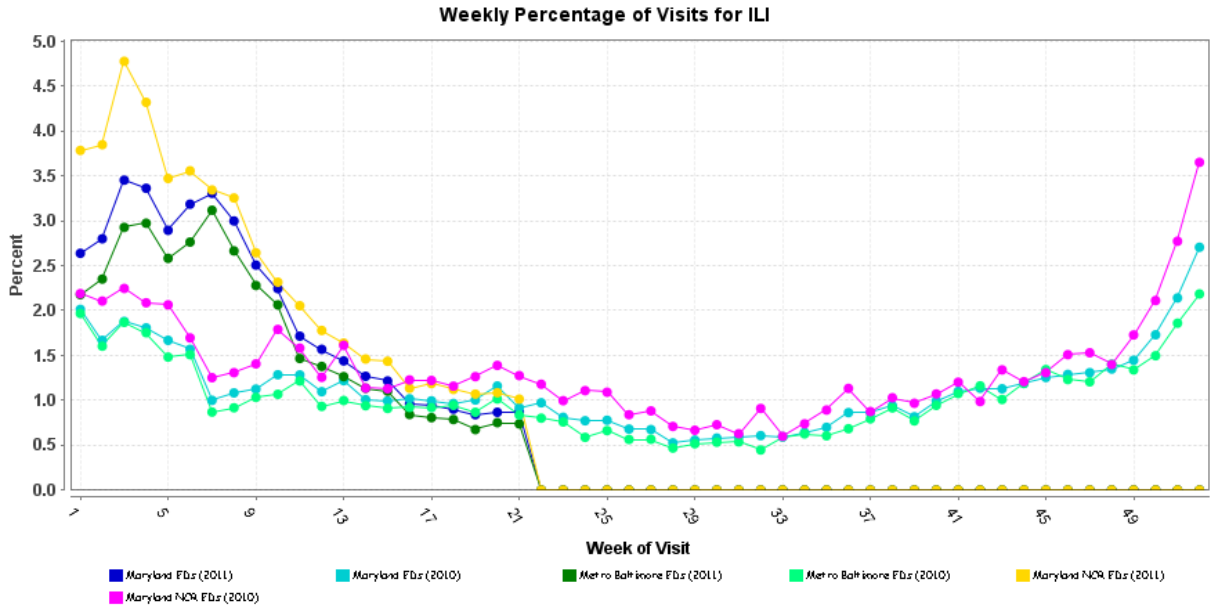
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity was SPORADIC for Week 20.

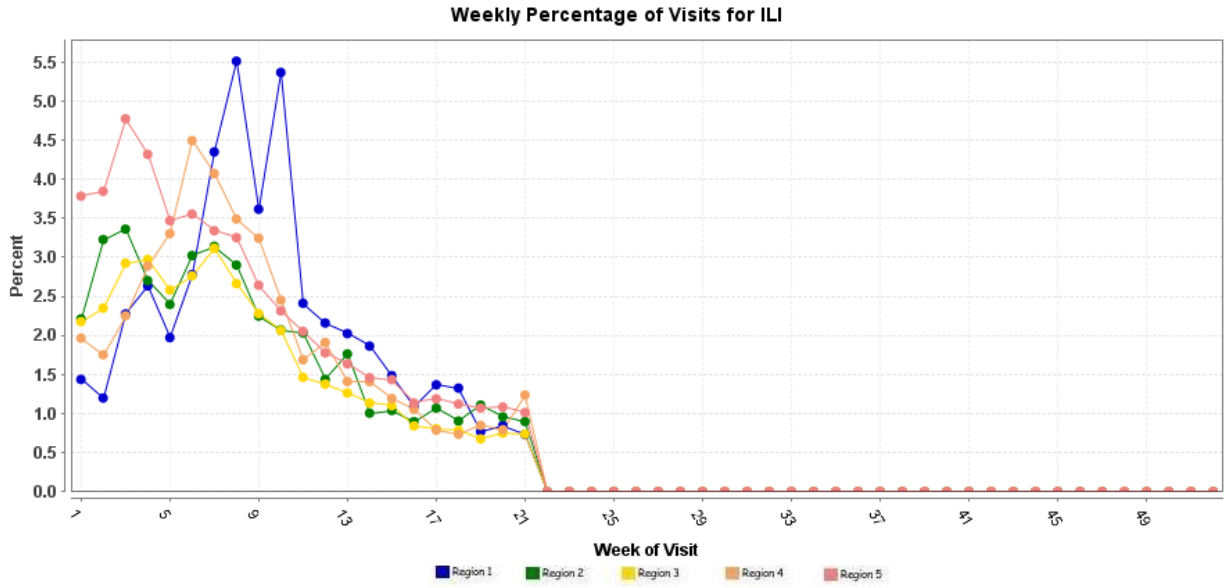
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



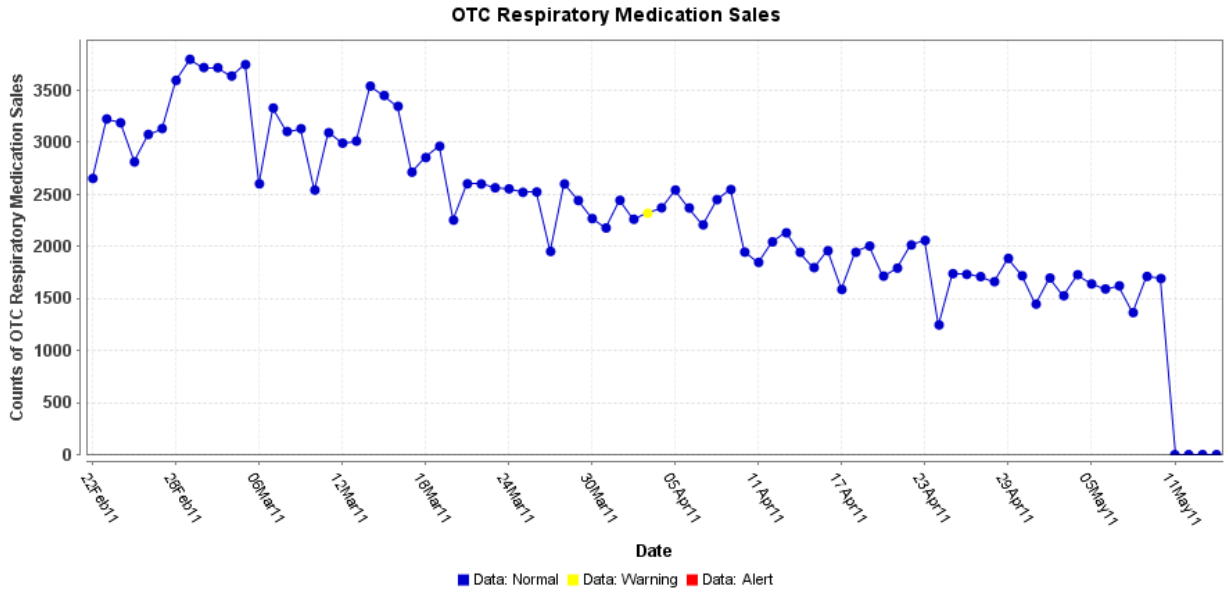
* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

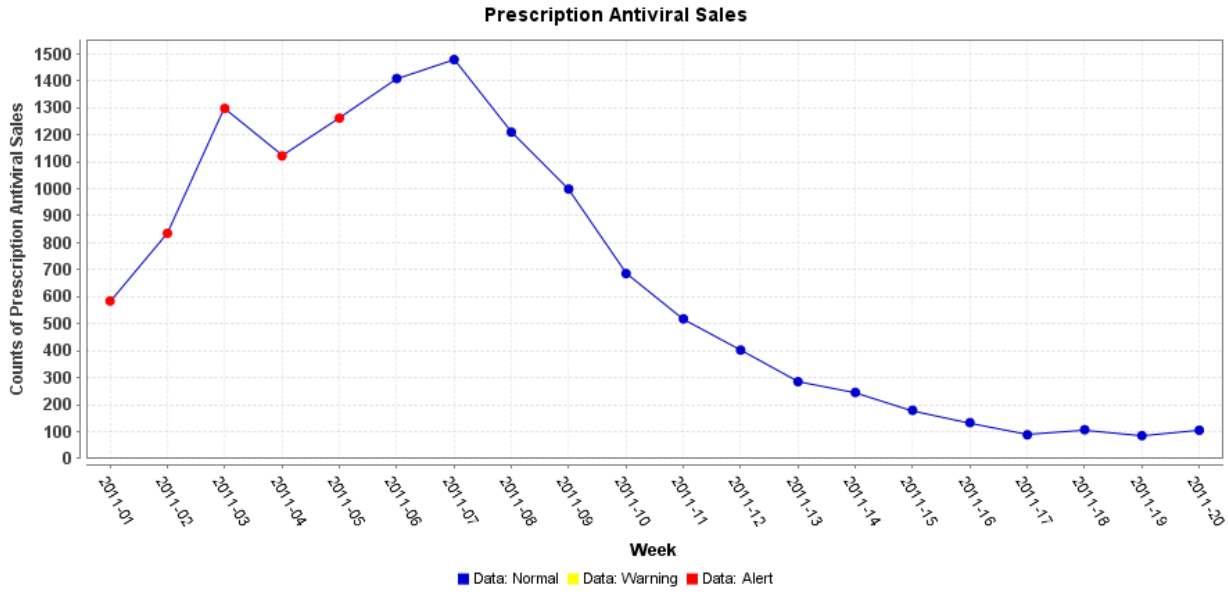
Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



Note: This graph was unable to be updated due to technical difficulties which have caused data transfer of OTC sales to be temporarily interrupted.

PRESCRIPTION ANTIVIRAL SALES:

Graph shows the weekly number of prescription antiviral sales in Maryland.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. 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.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of May 13, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 553, of which 323 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 58%.

NATIONAL DISEASE REPORTS

There are no national disease reports for MMWR Week 20 (May 15 – May 21, 2011).

INTERNATIONAL DISEASE REPORTS

EBOLA HEMORRHAGIC FEVER (UGANDA): 21 May 2011, Two days ago, a young girl lost her life after the doctors in Gombe suspected that she had Ebola. It was later discovered that the girl had died from poisonous substance she had consumed. Actually, she was admitted with 5 others who had taken the substance with her. The doctors neglected all of them which led to the death of one. The fear of Ebola has now engulfed the country. (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents)

CRIMEAN-CONGO HEMORRHAGIC FEVER (RUSSIA): 21 May 2011, The regional division of Rospotrebnadzor [Federal service on customers' rights protection and human well-being surveillance] has reported a worsening of the Crimean-Congo hemorrhagic fever (CCHF) situation in the Rostov region. A total of 3 laboratory confirmed cases have been identified in 2 regions (rayons) of the Rostov Oblast. According to this report the infections followed exposure to tick bites. So far this year [2011] some 617 people, including 186 children under 14 years of age, have sought medical treatment for tick bites. (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER (RUSSIA): 21 May 2011, A 2nd case of Crimean-Congo hemorrhagic fever (CCHF) has been registered in the Kyzylorda oblast of Kazakhstan. The patient was hospitalized on Sat 14 May 2011, but died several days later. The 1st CCHF case was reported at the beginning of May [2011]. Both cases contracted the infection during sheep shearing. It appears they ignored the presence of ticks on the sheep. 7 doctors and nurses who had contact with this 2nd patient have been hospitalized and isolated. The household members of the victim and his neighbors are similarly under medical surveillance. (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

JAPANESE ENCEPHALITIS (INDONESIA): 19 May 2011, A 54-year-old woman was diagnosed with Japanese encephalitis (JE) on 18 May 2011. She is currently under treatment in the Medical Mission Hospital, Wurzburg, Germany. Virological investigations of serum and CSF samples were performed at the Bernhard Nocht Institute for Tropical Medicine, WHO Collaborating Center for Arboviruses, Hamburg, Germany. Together with her husband, the woman spent 2 weeks in Bali, Indonesia (15-30 Apr 2011). She visited many tourist sites and went upcountry but did not stay in particularly low budget accommodations. She was not vaccinated for JE. The patient developed an unspecific febrile illness on 2 May [2011], which lasted 3 days. After a short recovery, fever came back on 9 May [2011] together with speech disorders, lethargy and ataxia, and, therefore, a JE virus infection was suspected. The patient is currently recovering; severe sequelae are not expected, but it is still too early to evaluate the definitive outcome. Her husband remains healthy up to today. To our knowledge, this is the 1st recorded case of a laboratory-confirmed JE virus infection in a German tourist returning from Bali, which is a favourite site for short term and last minute travel. German health authorities were given all available information about the case, enabling them to update JE vaccination strategies for German travelers. (Viral Encephalitis is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, CAPRINE (BANGLADESH): 15 May 2011, Three people have been infected with anthrax in Santhia upazila of the district, a local health officer confirmed yesterday [14 May 2011]. [Three] Chinanari villagers who went to Santhia Hospital on Friday were diagnosed to be carrying germs of anthrax, Monsurur Rahman, upazila health and family planning officer, told The Daily Star. They were taking treatment at the hospital. Sources in the upazila health and livestock department said 2 goats got infected with anthrax a few days ago. One of them died, while the other was culled. [The 3 villagers] caught the disease as they processed the meat, said Monsurur Rahman. Officials of the livestock department visited the area yesterday [14 May 2011] and took steps to launch a vaccination campaign there. Talking to The Daily Star, Mahmudur Rahman, director of the Institute of Epidemiology, Disease Control and Research, said they received information in the evening about 2 persons being anthrax-infected. "Though anthrax in cattle was detected almost a month back, we received the report of human infection just today (yesterday [14 May 2011])," he said. Every year during the rainy season, anthrax spreads among the cattle in the country. The director said that if the livestock department can continue anthrax vaccination for 5 consecutive years, which does not cost much, anthrax in cattle will be contained, and eventually spread of the disease to humans will be contained. When contacted, however, a high official of the livestock department said they have had no report of anthrax in cattle this year [2011]. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

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/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey
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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 me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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