



November 13, 2015

**Public Health Preparedness and Situational Awareness Report: #2015:44
Reporting for the week ending 11/07/15 (MMWR Week #44)**

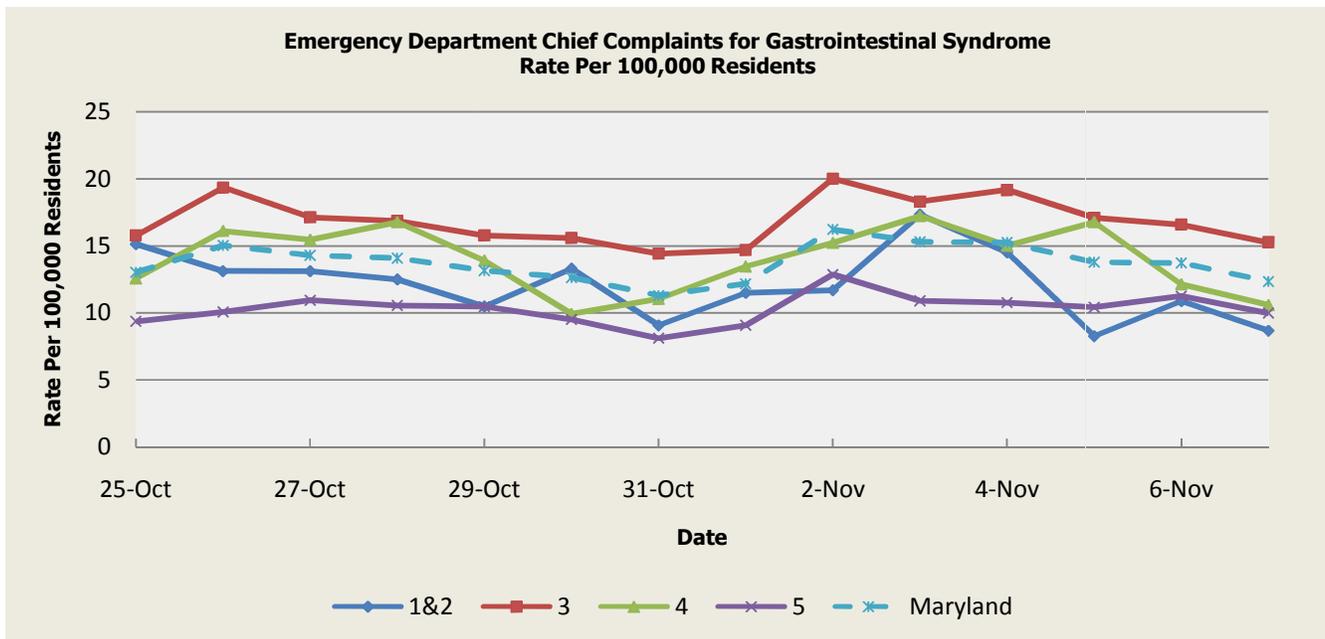
CURRENT HOMELAND SECURITY THREAT LEVELS

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.

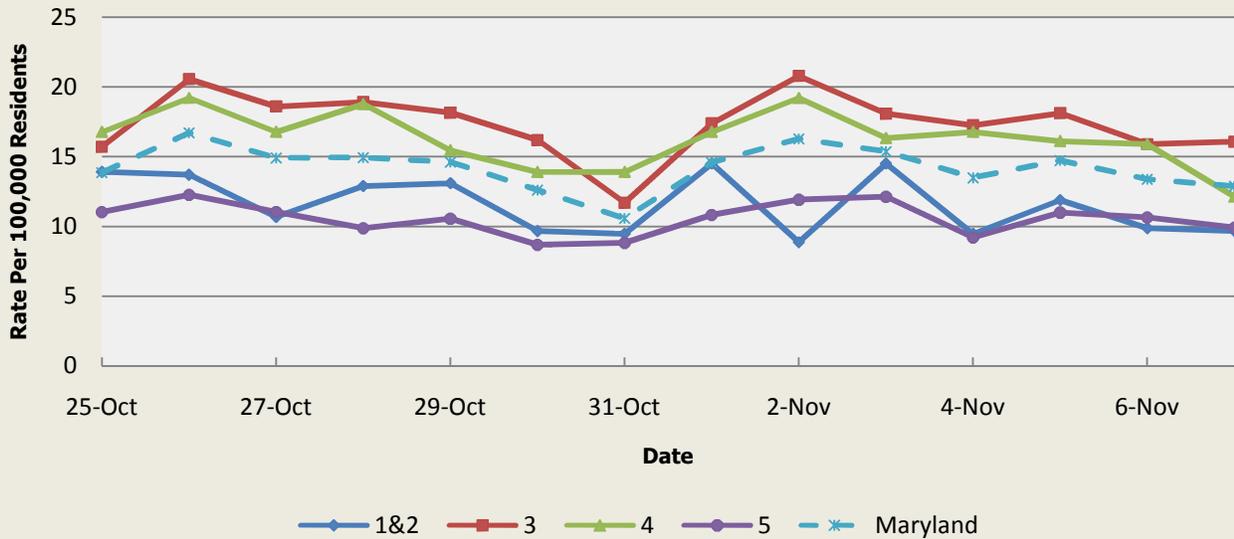


There were 2 gastrointestinal illness outbreaks reported for Week 44: 1 outbreak of gastroenteritis associated with a Daycare Center (Region 5), and 1 outbreak of gastroenteritis/foodborne associated with a restaurant (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.90	14.42	15.27	10.15	12.72
Median Rate*	12.91	14.18	14.57	10.04	12.60

* Per 100,000 Residents

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

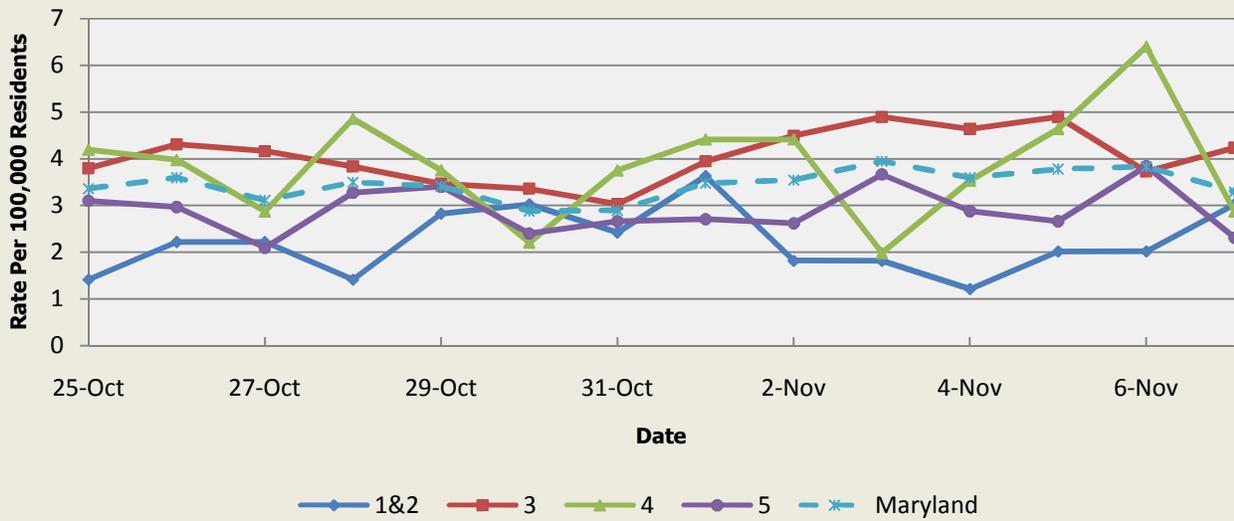


There was 1 respiratory outbreak reported for Week 44: 1 outbreak of Legionellosis associated with a Condominium Building (Region 4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.88	13.52	13.75	9.67	11.92
Median Rate*	11.49	13.04	13.25	9.30	11.53

* Per 100,000 Residents

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

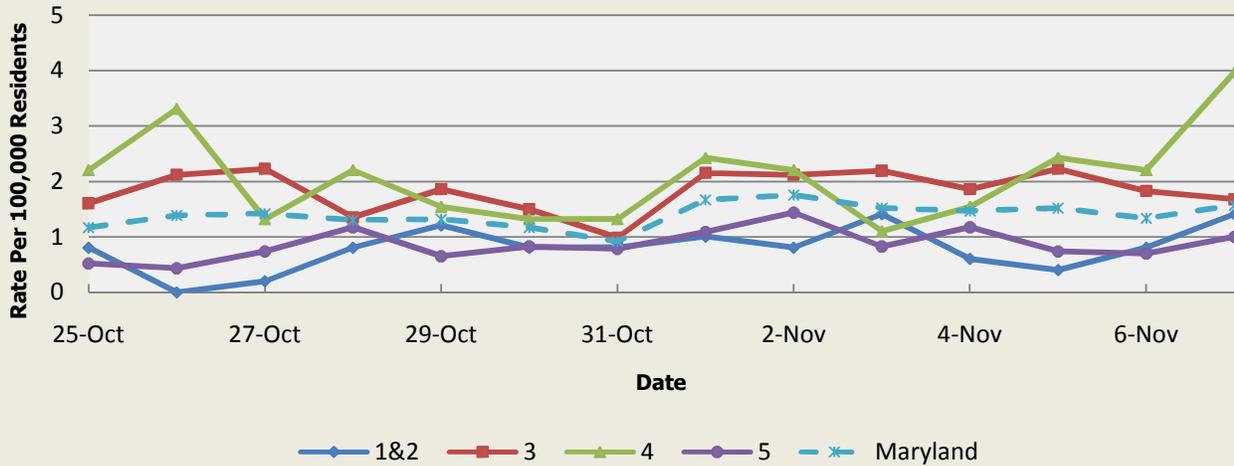


There were no fever outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.10	3.67	3.87	3.04	3.40
Median Rate*	3.02	3.54	3.75	2.92	3.28

Per 100,000 Residents

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

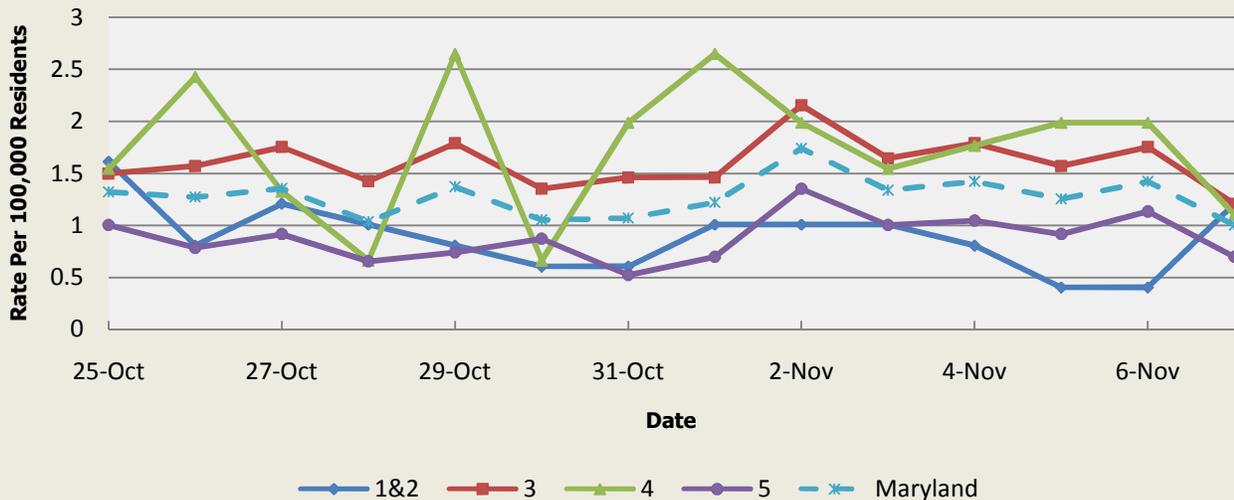


There were no localized lesion outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.10	1.93	2.05	1.00	1.51
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**

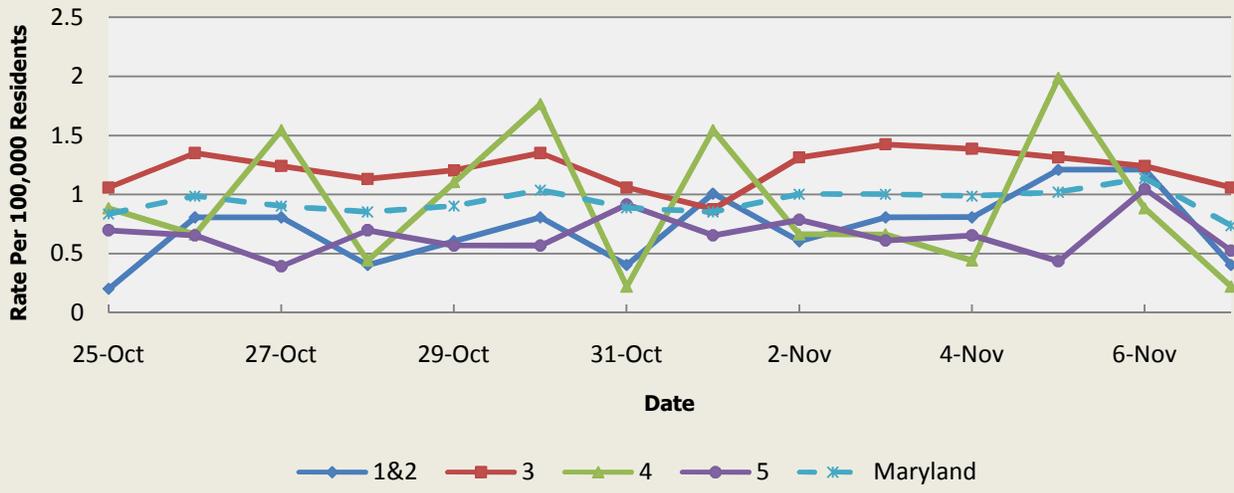


There were no rash outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.33	1.74	1.77	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**

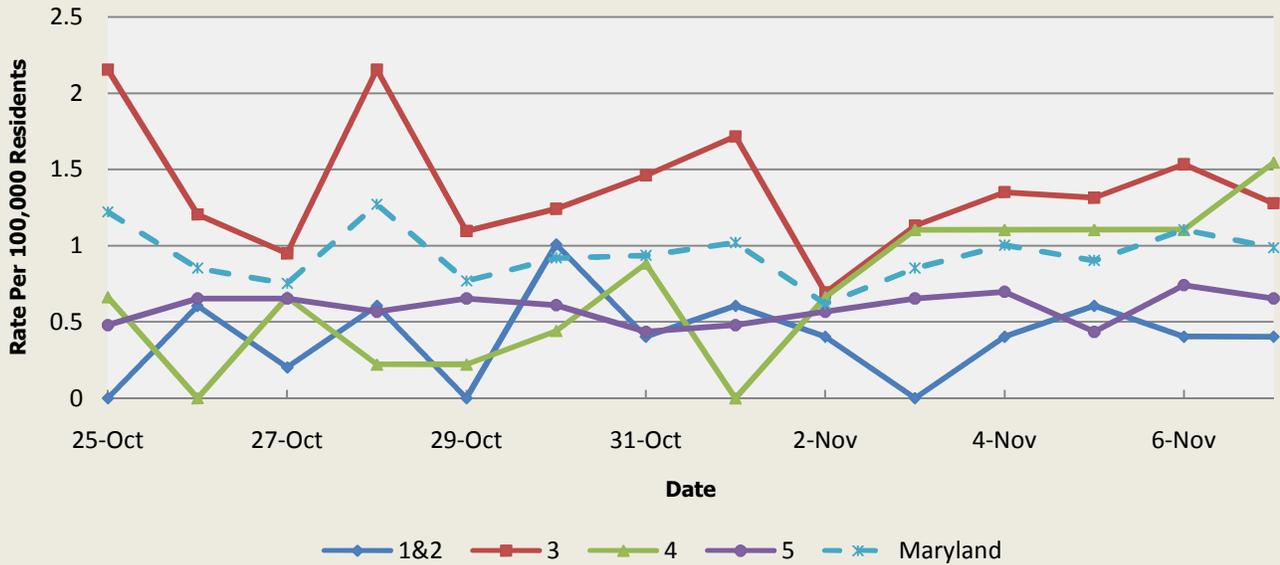


There were no neurological syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.62	0.69	0.63	0.45	0.59
Median Rate*	0.60	0.62	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**



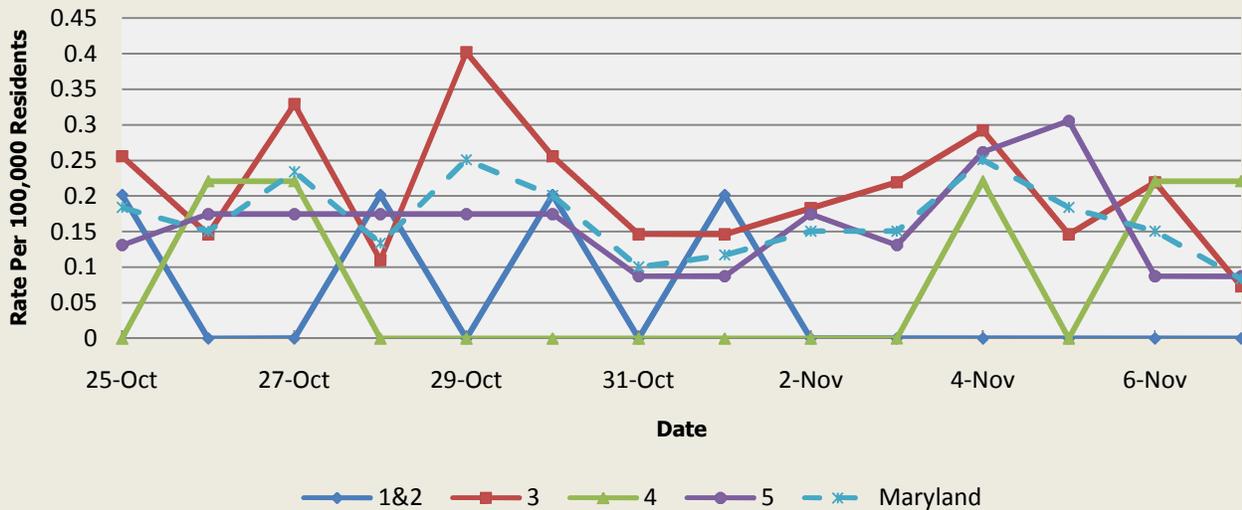
There were no severe illness or death outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.74	0.97	0.88	0.43	0.73
Median Rate*	0.60	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**

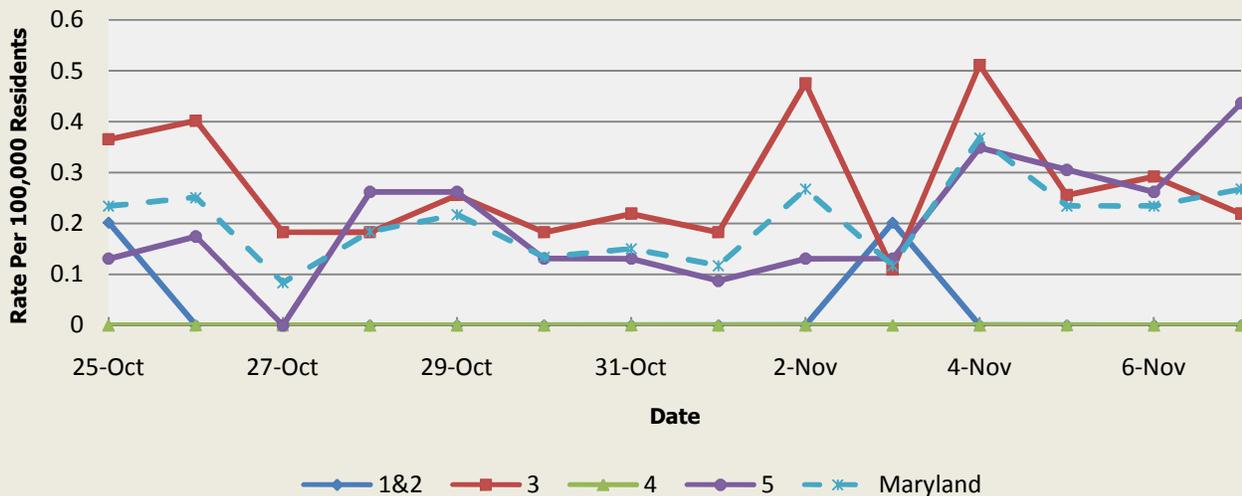


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 11/01 (Regions 1&2,3,5), 11/02 (Regions 3,5), 11/03 (Regions 3,5), 11/04 (Regions 3,4,5), 11/05 (Regions 3,5), 11/06 (Regions 3,4,5), and 11/07 (Regions 4,5). These increases are not known to be associated 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	0.05
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**

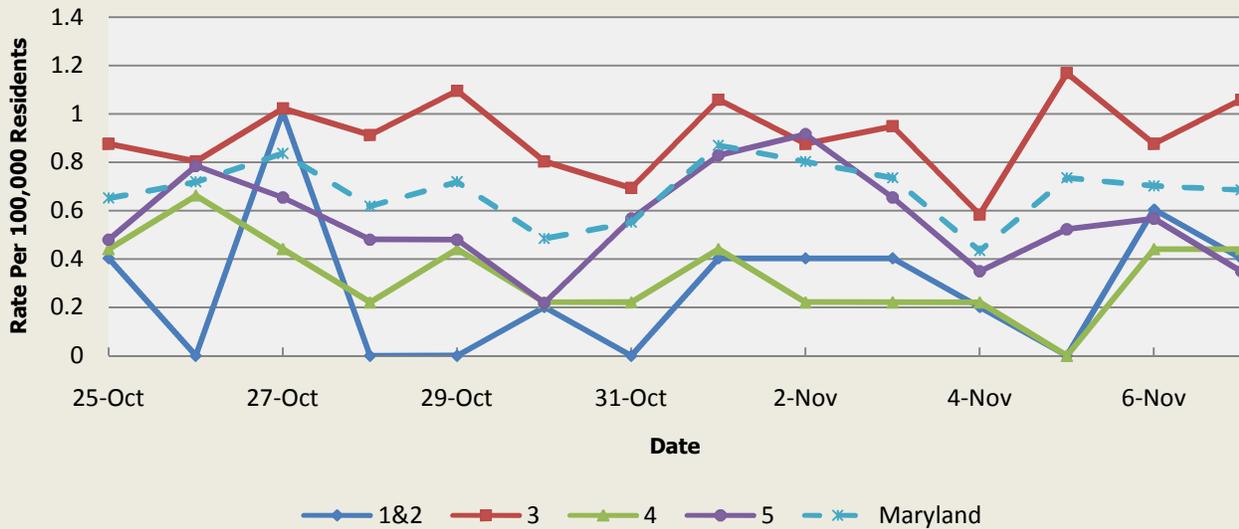


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 11/01 (Region 3), 11/02 (Regions 3,5), 11/03 (Regions 1&2,5), 11/04 (Regions 3,5), 11/05 (Regions 3,5), 11/06 (Regions 3,5) and 11/07 (Regions 3,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.07	0.03	0.05	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 11/01 (Regions 3,5), 11/02 (Regions 3,5), 11/03 (Regions 3,5), 11/05 (Region 3), 11/06 (Regions 3,5) and 11/07 (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	0.41	0.34	0.27	0.34
Median Rate*	0.20	0.33	0.22	0.22	0.30

* Per 100,000 Residents

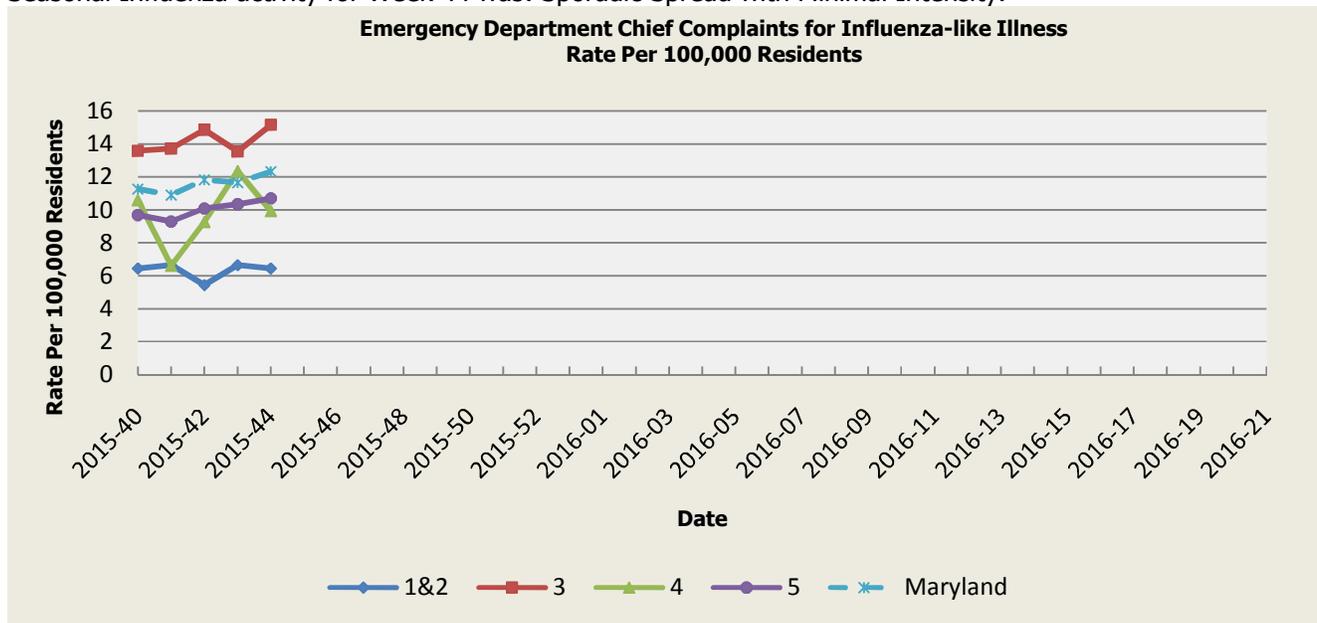
MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	November			Cumulative (Year to Date)**		
	2015	Mean*	Median*	2015	Mean*	Median*
Vaccine-Preventable Diseases						
Aseptic meningitis	4	8.2	8	405	390.6	409
Meningococcal disease	0	0	0	2	6.4	6
Measles	0	0	0	0	0.6	0
Mumps	0	0	0	21	20.8	2
Rubella	0	0	0	1	1.2	1
Pertussis	0	7.4	5	79	176.4	170
Foodborne Diseases						
Salmonellosis	4	14.6	14	732	835.2	849
Shigellosis	0	2.6	2	184	142.4	120
Campylobacteriosis	4	11	13	555	532.2	543
Shiga toxin-producing Escherichia coli (STEC)	0	1.6	2	77	64.6	61
Listeriosis	0	0.2	0	15	13.6	15
Arboviral Diseases						
West Nile Fever	0	0	0	16	7	6
Lyme Disease	2	16	18	1064	1116.8	1202
Emerging Infectious Diseases						
Chikungunya	0	0.2	0	14	11.2	0
Dengue Fever	0	0	0	9	9.4	10
Other						
Legionellosis	1	2.4	2	118	124.6	128

† Counts are subject to change *Timeframe of 2009-2014 **Includes January through current month

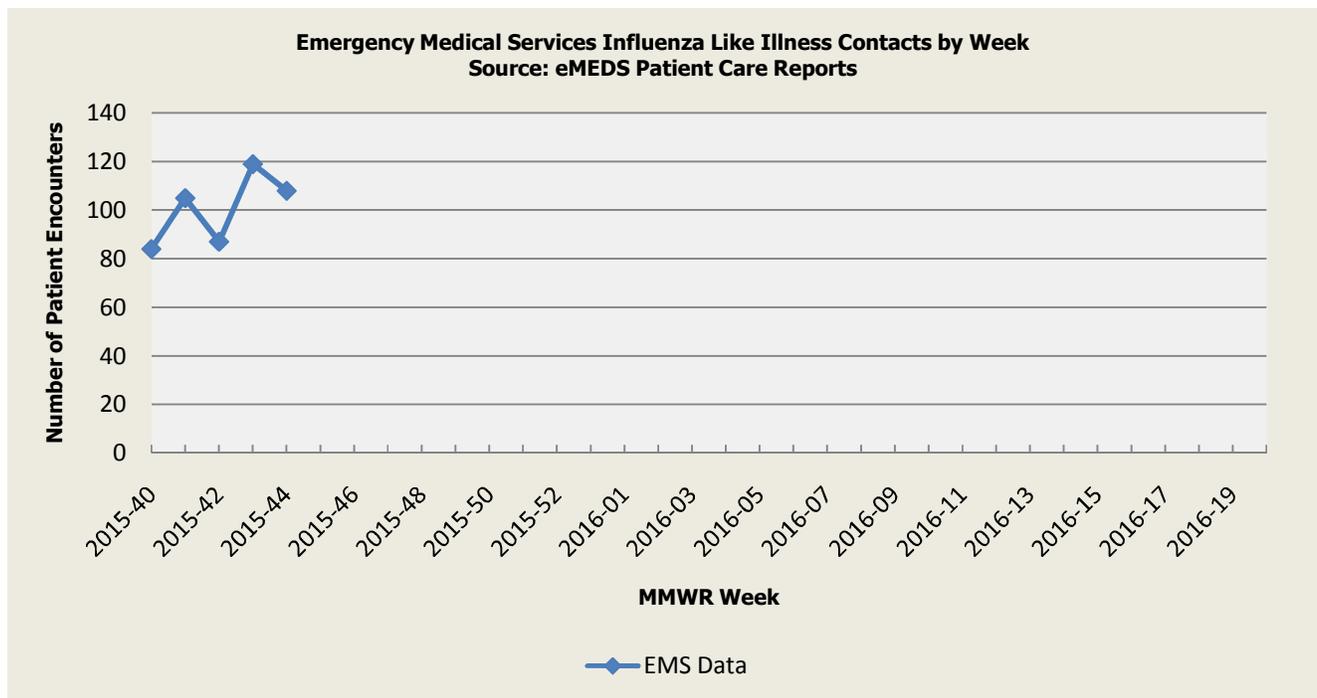
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May). Seasonal Influenza activity for Week 44 was: Sporadic Spread with Minimal Intensity.



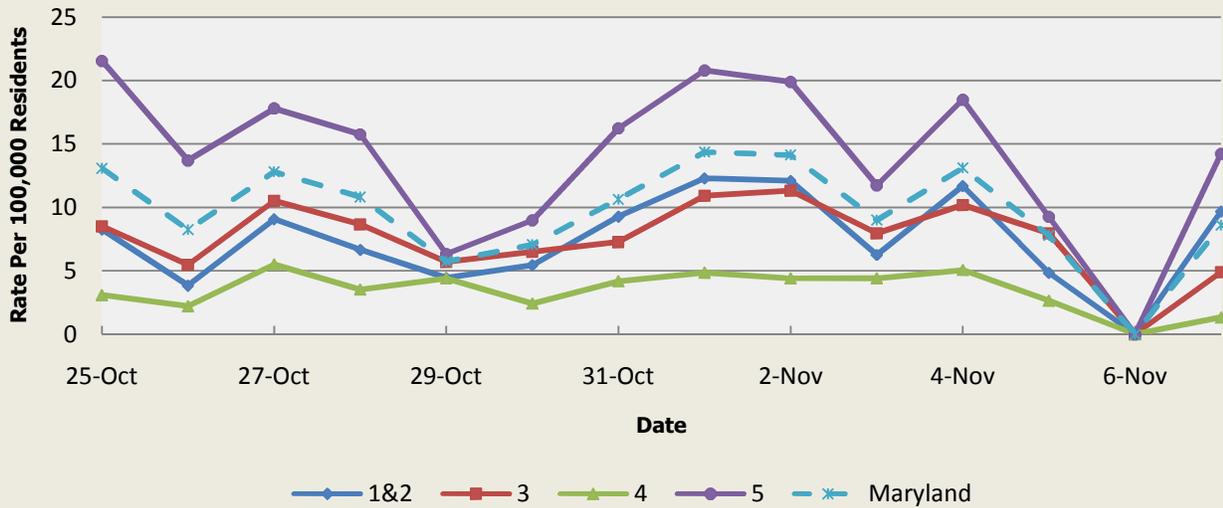
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.24	10.66	10.63	9.78	10.20
Median Rate*	7.56	8.44	8.72	7.53	8.06

* 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**

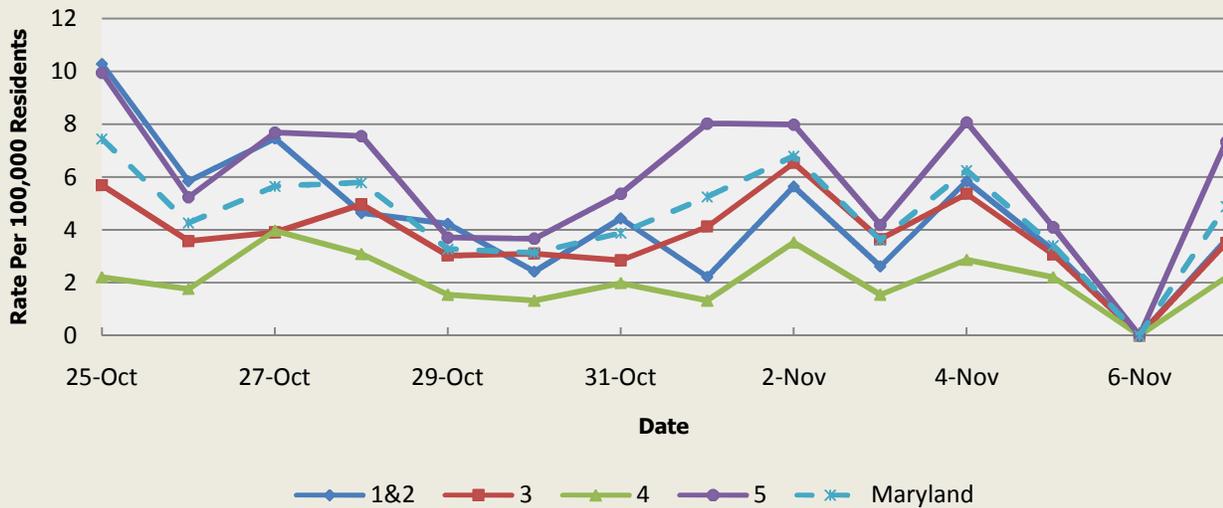


There was an appreciable increase above baseline in the rate of OTC flu medication sales on 11/01 (Region 1&2), 11/02 (Region 1&2), and 11/04 (Region 1&2).

	OTC Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.41	6.08	3.08	13.79	8.75
Median Rate*	4.23	5.01	2.65	11.31	7.14

* Per 100,000 Residents

**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*	5.63	4.67	3.33	7.70	5.81
Median Rate*	5.04	4.31	3.09	7.07	5.35

* 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 October 15, 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:

H7N9 (CHINA): 09 Nov 15 Since the 1st case reported in March 2013, human infection with H7N9 avian influenza has been with us for 3 seasons. On [9 Nov 2015], the Zhejiang Center for Disease Control said that since entering autumn of 2015, there have been a total of 4 cases of H7N9. The fact that cases are continuously appearing shows that Zhejiang has already entered a new season for human infection with H7N9 avian influenza and, as the weather cools, the risk of human infection by the H7N9 pathogen increases daily. Read More: <http://www.promedmail.org/post/3779443>

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:

H7N7, H7N1, H5N2 (SOUTH AFRICA): Multiple outbreaks of LPAI (low pathogenic avian influenza) of several serotypes (H7N7, H7N1, H5N2) have been reported in commercial ostrich farms in South Africa, mainly in the Western and Eastern Cape Provinces, during recent years. In addition to the new H7 outbreak reported in the OIE initial notification, another epizootic, caused by LPAI H5N2, is still continuing during 2015 since its start on 28 Jan 2014. This H5N2 epizootic has caused, so far, 43 outbreaks in the 2 mentioned provinces; the most recent follow-up report, No. 10, was submitted to the OIE on 30 Oct 2015. Read More: <http://www.promedmail.org/post/3787286>

H5N2 (IOWA): State agriculture officials have lifted the quarantine on all 72 commercial poultry farms in Iowa affected by the bird flu, clearing the way for them to restock. Read More: <http://www.promedmail.org/post/3782473>

NATIONAL DISEASE REPORTS

E. COLI (CALIFORNIA): 07 Nov 15, As of Fri 6 Nov 2015, there were 13 confirmed cases of Escherichia coli O111 infection being linked to unpasteurized apple juice from High Hill Ranch near Placerville, CA. An investigation by state and county health and environmental officials is continuing into the source of the problem. According to the Sacramento County Department of Health & Human Services, 11 of those sickened reside in Sacramento County, 1 lives in Yolo County, and 1 is from Contra Costa County. 1 person was hospitalized. They reportedly became ill in mid-October 2015 after buying the raw apple juice for home consumption or being served it at the ranch. Read More: <http://www.promedmail.org/post/3774944>

TYPHOID FEVER (COLORADO): 07 Nov 15, 3 cases of life-threatening typhoid fever have been confirmed in Colorado. CBS Denver reports all 3 of the people sickened with the bacterial infection had eaten at a Qdoba Mexican Grill in Firestone in August 2015. Although the outbreak happened in August 2015, the 3 illnesses were just reported in recent weeks because incubation of the infection and diagnosis take time, said state epidemiologist Dr Lisa Miller, from the Colorado Department of Public Health and Environment. Read More: <http://www.promedmail.org/post/3774978>

INTERNATIONAL DISEASE REPORTS

UNDIAGNOSED OUTBREAK (SUDAN): 10 Nov 15, The residents of Zamzam camp for the displaced near El Fasher, capital of North Darfur [Sudan], complain about the spread of a 'new disease', especially among children. An activist told Radio Dabanga from the camp that since last week [week of 2 Nov 2015] children began to complain of a high fever at night and an itchy skin during the day. Read More: <http://www.promedmail.org/post/3780916>

PERTUSSIS (SUDAN): 09 Nov 15, As of 28 Oct 2015, 410 cases of whooping cough have been reported in El Sereif Beni Hussein locality, according to the Sudanese Ministry of Health (SMoH). The outbreak started in early September 2015 and has affected all age groups including infants, children and adults. No deaths have been reported so far, the UN Office for the Coordination of Humanitarian Affairs (OCHA) reported in its latest weekly bulletin. Read More: <http://www.promedmail.org/post/3778426>

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.dhmm.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.dhmm.maryland.gov/influenza/fluwatch/SitePages/Home.aspx>

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

