CHAPTER 14: EMERGING INFECTIOUS DISEASES

2022 PLAN UPDATE

Chapter 14: visual and thematic updates were included throughout the chapter, including updates to fonts, colors, and the addition of a cover page.

Page 14-2: Section 14.2 Emerging Infectious Diseases History, Table 14-1 Cases Of Selected Notifiable Conditions Reported Somerset County, Maryland, has been updated with the most recent reported conditions from 2015 to 2019.

Page 14-3: New data from the 2019 Maryland STI Annual Report was added to this section. New statistics from the CDC's *Viral Hepatitis Surveillance Report 2019* was also added.

Page 14-4: Section 14.3 COVID-19 Pandemic Profile has been added to this chapter and includes a historical overview of pandemics in the United States, an overview of the COVID-19 virus, economic relief measures, current viral conditions at various geographic levels, and current local capabilities.

Page 14-7: Added new findings from a 2017 report via the Bloomberg School of Public Health. This report was released as a follow up to its 2015 report and is titled *The Opioid Epidemic: From Evidence to Impact*.

Page 14-8: Section 14.4.2, new statistics from Maryland's Opioid Operational Command Center 2021 Second Quarter Report (January 1 through June 30, 2021) has been added to reflect the trends in opioid related statistics in recent years throughout the State and Somerset County.

Page 14-10: Added a link and information related to Somerset County's Health Department resource website www.unmaskaddiction.org, which is made possible by Maryland's Department of Health (MDH) and SAMHSA.

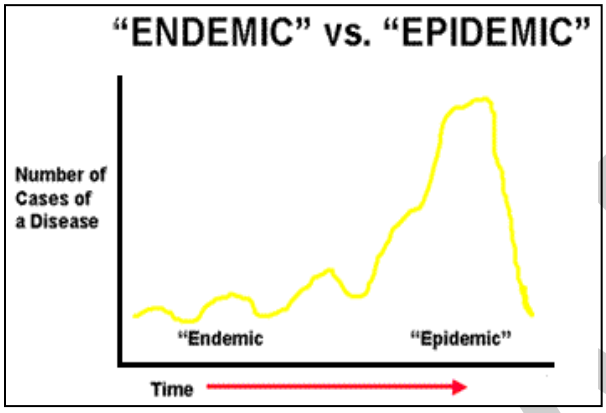
Page 14-13: Section 14.5 Monkey Pox has been added, including an overview of the virus, statistics at the national and state level, as well as resources from both the CDC and Maryland Department of Health.

Chapter 14: Emerging Infectious Diseases

14.1 Hazard Profile

The amount of a particular disease that is usually present in a community is referred to as the baseline or endemic level of the disease. This term refers to the constant presence and/or usual prevalence of a disease or infectious agent in a population within a geographic area, such as Somerset County.

Figure 14-1: Endemic Vs. Epidemic



Source: health.mo.gov

According to the Centers for Disease Control and Prevention (CDC), sometimes the amount of disease in a community rises above the expected level; this is known as an epidemic. Epidemics are characterized by an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. While some diseases are so rare in a given population that a single case warrants an epidemiologic investigation (e.g., rabies, plague, polio), other diseases occur more commonly so that only deviations from the norm warrant investigation. Figure 14-1 provides a visual representation of the difference between endemic and epidemic.

Epidemics may also take the form of large scale incidents of food or water contamination, infestations of disease bearing insects or rodents, or extended periods without adequate water or sewer service. An epidemic may also be a secondary effect from other disasters such as flooding, tornadoes, hurricanes, or hazmat incidents.

The Maryland Department of Health (MDH) maintains counts for 86 diseases, conditions, outbreaks, and unusual manifestations as reported by health care providers and 43 diseases notifiable by laboratories in Maryland. The surveillance and reporting of these diseases is the responsibility of the local health department, which investigates and completes reporting both electronically and manually as per MDH regulations. Example of notifiable diseases include measles, Hepatitis B, AIDS, salmonellosis, giardiasis, malaria, Lyme disease and rabies.

Processes followed for day to day surveillance and reporting of diseases establishes the baseline for public health response in a large-scale outbreak of a disease. One of the greatest potentials for an epidemic to occur is the emergence of an infectious disease that has newly appeared in a population or that has been known for some time but is rapidly increasing in incidence or geographic range which is referred to as an Emerging Infectious Disease. Two examples of emerging infectious diseases that have posed a real threat for Maryland are the Ebola Virus and the Zika Virus. Both of these emerging diseases were related to travelers

bringing the disease to Maryland. For this reason, preparedness efforts in Maryland were critical in mitigating the spread of emerging diseases. Likewise, mitigation and preparedness are key in the current Opioid Crisis response in Somerset County. While opioid use is not an infectious illness, the increased rates of opioid use have created numerous public health concerns including an increase in overdose deaths and a potential for increase in rates of HIV, Hepatitis C, etc.

Finally, while not an epidemic, this chapter will also profile the global COVID-19 Pandemic. The World Health Organization (WHO) defines a pandemic as the worldwide spread of a new disease. A pandemic happens when a new strain of a virus appears for which people have little or no immunity. As a result, it spreads easily from person to person around the world, causing widespread illness and death. Individuals, families, caregivers, healthcare workers, and teachers can all take steps to get ready for a pandemic before it happens.

14.2 Emerging Infectious Diseases History

The Maryland Department of Health routinely collects statistics on reportable illnesses. Table 14-1 provides an example of routine incidence of infections. An increase in the incidence rates triggers a public health response.

Table 14-1: Cases Of Selected Notifiable Conditions Reported Somerset County, Maryland

CONDITION	2015	2016	2017	2018	2019
Animal Bites	54	54	59	52	48
Campylobacteriosis	1	5	4	8	7
Chlamydia	188	226	185	187	184
Cryptosporidiosis	1	0	0	0	1
Ehrlichiosis	2	1	1	0	3
Encephalitis – Non-Arboviral			1		
Gonorrhea	38	53	56	69	38
H. Influenzae – Invasive Disease	0	0	1	1	0
Hepatitis C (Acute Symptomatic)	-	1	1	-	-
Kawasaki Syndrome	-	-	1	-	-
Legionellosis	-	-	-	-	1
Listeriosis	-	1	-	-	-
Lyme Disease	5	7	9	5	6
Meningitis, Aseptic	3	1	2	5	4
Meningitis, Fungal	-	1	-	-	-
Mycobacteriosis – Other Than TB & Leprosy	3	2	4	6	10
Pertussis	-	-	2	4	-
Pneumonia – Hospitalized Healthcare Worker	-	1	-	-	-
Rabies - Animal	5	4	3	4	5
Salmonellosis – Other Than Typhoid Fever	12	17	6	19	29
Shiga Toxin Producing E. Coli (Stec)	-	-	1	1	-
Shigellosis	-	6	-	-	-
Spotted Fever Rickettsiosis	-	-	-	2	4
Strep Group A – Invasive Disease	-	-	1	3	-

Table 14-1: Cases Of Selected Notifiable Conditions Reported Somerset County, Maryland					
CONDITION	**2015**	**2016**	**2017**	**2018**	**2019**
Strep Group B – Invasive Disease	4	5	4	3	7
Strep Pneumoniae – Invasive Disease	1	-	-	1	1
Syphilis - Congenital	-	1	-	-	-
Syphilis – Primary And Secondary	2	4	-	2	-
Tuberculosis	1	1	1		1
Vibriosis (Non-Cholera)	3	2	4	2	1
Yersiniosis	-	-	-	-	1
Zika Virus Infection	**	0	1	0	0
TOTALS:	**323**	**393**	**347**	**374**	**351**
Average Number Of Total New Cases (2015-2019):	**357.6**				

* Data sources: Maryland's NEDSS and PRISM databases. Data is current as of 5/12/2022. These are active databases and counts may vary slightly over time, as well as differ slightly from counts published by the Centers for Disease Control and Prevention (CDC). HIV/AIDS data are not included here but available at https://health.maryland.gov/phpa/oideor/chse/pages/statistics.aspx

** Zika virus infections not reported for the year 2015 in the database.

Additional information on reported conditions for Maryland have been obtained at the request of the Hazard Mitigation Planning Committee (HMPC) members. According to the CDC, an estimated 724 people aged 13 and older were diagnosed with HIV infection in Maryland during 2020. At year-end 2020, there were 31,676 people aged 13 and older living with diagnosed HIV in Maryland. Maryland was ranked 8th among states and territories in adult/adolescent HIV diagnosis rates (per 100,000) in 2019.

According to the *2019 Maryland STI Annual Report*, Maryland ranks 12th in rates of primary and secondary syphilis, 12th in chlamydia infections, and 24th in gonorrheal infections among the 50 States.

According to the CDC's Viral Hepatitis Surveillance Report 2019, incidences of Hepatitis A increased dramatically in the U.S. in 2019 due to unprecedented person-to-person outbreaks reported in 31 states primarily among people who use drugs and people experiencing homelessness. It is important to note that effective vaccines are available for both Hepatitis A and B. However, there is no vaccine for the Hepatitis C virus, although life-saving treatment can cure the virus. In Maryland, comparing total case counts in Maryland for the years 2015 and 2019 indicates the following:

- Reported rates of acute Hepatitis A increased by 363%;
- Reported rates of acute Hepatitis B increased by 2.5%; and,
- Reported rates of acute Hepatitis C decreased by 13%.

Further information is available to the public on the Somerset County Health Department's website. The website provides health related topics in addition to information on how to prepare and prevent various types of disasters. The Somerset County Department of Emergency Service's website also provides information on disaster mitigation, preparedness, and recovery.

During the 2022 Plan Update, the HMPC placed emphasis on the continued opioid epidemic, the COVID19 pandemic, and the monkeypox outbreak. The epidemic hazard remains as "High" risk.

14.3 COVID-19 Pandemic Profile

14.3.1 Pandemic History and Risk

Evidence suggests that the likelihood of pandemics has increased over the past century because of increased global travel and integration, urbanization, changes in land use, and greater exploitation of the natural environment.[i] These trends likely will continue and will intensify. Significant policy attention has focused on the need to identify and limit emerging outbreaks that might lead to pandemics and to expand and sustain investment to build preparedness and health capacity.[ii]

The most common risk factors related to pandemics and infectious diseases include the following:

- Pandemics have occurred throughout history and appear to be increasing in frequency, particularly because of the increasing emergence of viral disease from animals.
- Pandemic risk is driven by the combined effects of spark risk (where a pandemic is likely to arise) and spread risk (how likely it is to diffuse broadly through human populations).
- Some geographic regions with high spark risk, including Central and West Africa, lag behind the rest of the globe in pandemic preparedness.
- Probabilistic modeling and analytical tools such as exceedance probability (EP) curves are valuable for assessing pandemic risk and estimating the potential burden of pandemics.
- Influenza is the most likely pathogen to cause a severe pandemic. EP analysis indicates that in any given year, a one (1) percent probability exists of an influenza pandemic that causes nearly 6 million pneumonia and influenza deaths or more globally.

Historically, some of the worst pandemics the United States has endured include the smallpox pandemic, cholera pandemic, H1N1 pandemic, and the COVID-19 pandemic. These pandemic events are described in further detail, below. Note: this is not an all-inclusive historical account of pandemics that have occurred in the United States.

Smallpox: 1633-1634

Smallpox came to North America in the 1600s. Symptoms included high fever, chills, severe back pain, and rashes. It began in the Northeast and the Native American population was ravaged by it as it spread to the west.

In 1721, more than 6,000 cases were reported out of a Boston population of 11,000. Around 850 people died from the disease.[iii] In 1770, a vaccine was developed by Edward Jenner from cow pox.

Cholera (three waves): 1832-1866

The United States had three serious waves of cholera, an infection of the intestines, between 1832 and 1866. The pandemic began in India and swiftly spread across the globe through trade routes.

New York City was the first U.S. city to feel the impact. Between five and ten percent[iv] of the total population died in large cities. While it is not clear how the pandemic ended, it was likely due to the combination of climate change and the use of quarantine measures; by the early 1900s, outbreaks of cholera had ended.

Present: Cholera is responsible for nearly 95,000 deaths a year worldwide[v], according to the CDC. Modern sewage and water treatment have helped eradicate cholera in some countries, but the virus is still present elsewhere. Vaccinations for cholera are available for those planning to travel to high-risk areas. The most effective way to prevent cholera is regular hand washing with soap and water and avoiding consumption of contaminated water.

H1N1 Flu: 1918

H1N1 is a strain of flu that still circulates the globe annually. In 1918, it was the type of flu behind the influenza pandemic, sometimes referred to as the "Spanish flu" (though it did not actually originate from Spain). After World War I, cases of the flu slowly declined. None of the suggestions provided at the time (wearing masks, drinking coal oil) were effective cures. Today's treatments include bed rest, fluids, and antiviral medications.

Present: Influenza strains mutate every year, meaning it is important to get receive an annual vaccination to decrease personal risk for the flu.

14.3.2 COVID-19 Pandemic

The Novel COVID-19 pandemic has exploded since cases were first reported in Wuhan, Hubei Province, China in December 2019. As of August 2022, more than 588 million cases of COVID-19—caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection—have been reported globally, including more than 6.43 million deaths. Cases have been reported in nearly every country, including all 50 states of the United States. Additionally, the WHO reports that approximately 12.3 billion vaccine doses have been administered globally.

Prior to the release of safe and effective vaccine options for COVID-19, the United States' response to the virus was largely centered around practices such as quarantining, isolation, social distancing, wearing masks, and frequent hand washing. Additionally, economic relief was provided to citizens in the form of several congressional acts or stimulus packages, including the Consolidated Appropriations Act of 2021, the HEROES Act , the HEALS Act, and the CARES Act. The Coronavirus Aid, Relief, and Economic Security Act of 2020 provided fast and direct economic assistance for American workers, families, small businesses, and industries. This bill temporarily expanded unemployment benefits, provided tax rebates to American citizens, and suspended payments and interest on student loans. The American Association for Cancer Research provides more detailed information about each of these acts.

The State of Maryland responded by issuing a State of Emergency on March 5, 2020, which was regularly renewed until it finally came to an end on February 3, 2022. The State also enforced quarantining, social distancing, mask mandates, and restrictions on social gatherings. Economically, measures such as eviction moratoriums, reimbursement for telehealth, and preventing utility shutoffs and late fees were placed into effect. Maryland also extended unemployment coverage and provided stimulus payments for low to moderate income residents via the RELIEF Act of 2021.

According to the Maryland Department of Health, Maryland has reported a total of 1.2 million positive COVID-19 cases, including 15,053 deaths. The MDH reports (as of August 10, 2022), that over 12.7 million vaccine doses have been administered and 4.7 million people (over 95% of people aged 18 and over) are considered fully vaccinated in the state.

Per the MDH (as of August 10, 2022), total COVID-19 cases in Somerset County are 5,650, including 75 deaths. Total cases reported in the County make up 0.47 percent of the cases reported in the State, and total deaths make up a similar percentage – 0.49. In terms of vaccinations received for all ages, 14,749 residents (57.6%) have received at least one dose and 13,071 residents (51%) are fully vaccinated. Of those residents aged 65 and over, 4,004 residents (90.3%) have received at least one dose and 3,707 (83.6%) residents are fully vaccinated.

14.3.3 COVID-19 Pandemic Local Mitigation Efforts

As is the case with many local jurisdictions, Somerset County's response to the COVID-19 Pandemic is currently ongoing. The County Health Department has an Emerging Infectious Disease Plan (2018), which includes local annexes related to Pandemic/Flu (2020) and Severe Respiratory Disease. Local efforts include but are not limited to the dissemination of public health information and materials, the development of multiple After-Action Reports, the creation of a Vaccine Equity Operations Plan which considers the distribution of vaccines to vulnerable populations, and the operation and maintenance of regular vaccination clinics.

Somerset County's Health Department website serves as a robust hub for many COVID-19 resources: somersethealth.org. The Health Department coordinates vaccination clinics, provides testing clinics held regularly with no appointment necessary, distributes free KN95 face masks at public locations throughout the County, and provides many other resources including the following:

- About Vaccines
- General Testing Information
- Vaccine Additional Resources
- What is COVID-19?
- Symptoms of COVID-19?
- Quarantining v. Isolation
- COVID-19 Variants
- Information for Individuals with Disabilities
- Face Covering/Masks
- Children and COVID-19
- Mental Health and COVID-19
- Substance Abuse and COVID-19
- Environmental Health and COVID-19
- Pets and COVID-19

- CDC Fact Sheets
- Spanish COVID-19 Information
- Get Involved
- Contact Tracing Survey

14.4 Opioid Epidemic Profile

According to recent data from the CDC, two distinct but inter-connected trends are driving the opioid overdose epidemic in the United States:

1. A 15-year increase in deaths from opioid overdoses; and,
2. A recent surge in illicit opioid overdose, driven mainly by heroin and illegally-made fentanyl.

14.4.1 Prescription Opioid Abuse

According to a 2015 report by the Johns Hopkins Bloomberg School of Public Health, an estimated one in five patients with non-cancer pain or pain-related diagnoses are prescribed opioids in office-based settings. Between 2007 and 2012, the rate of opioid prescriptions increased steadily among specialists more likely to manage acute and chronic pain. Prescription rates are highest among pain medicine, surgery, and physical medicine or rehabilitation; however, primary care providers account for about half of the dispensed opioid pain relievers.

In 2017, the Bloomberg School of Public Health released a follow up to its 2015 report and is titled *The Opioid Epidemic: From Evidence to Impact*. In it, the report states:

> "While prescription opioids serve an invaluable role for the treatment of cancer pain and pain at the end of life, their overuse for acute and chronic non-cancer pain as well as the increasing availability of heroin and illicit fentanyl, have contributed to the highest rates of overdose and opioid addiction in U.S. history. Evidence-informed solutions are urgently needed to address these issues and to promote high-quality care for those with pain."

The report offers important information and a path forward for all who are committed to addressing injuries and deaths associated with opioids in the United States.

The Opioid Epidemic: From Evidence to Impact reflects a commitment to the three principles that motivated the original report:

- Informing Action with Evidence;
- Intervening Comprehensively; and
- Promoting Appropriate and Safe Use of Prescription Opioids.

Those principles led to the delineation of ten (10) topic areas across the spectrum of the problem ranging from how clinicians treat pain to treatment for opioid-use disorders to harm reduction strategies. The findings of the report are comprised of evidence from these ten (10) topics areas, as well as 49 recommendations that are informed by that evidence.

According to the CDC, both opioid prescription drug sales and overdose deaths involving prescription opioids have quadrupled since 1999 without a concurrent increase in the amount of pain reported by Americans. Today, at least half of all opioid overdose deaths in the United States involve a prescription opioid.

14.4.2 Illicit Opioid Overdose

Maryland mirrors national data in that opioid overdose is driving increases in overall drug and alcohol-related overdose. Historically, Baltimore City has driven the number of heroin-related overdose deaths in the State; today, that is no longer the case.

According to Maryland's Opioid Operational Command Center *2021 Second Quarter Report* (January 1 through June 30, 2021), there were 1,217 opioid-related fatal overdoses in this time frame, an increase of 1.1 percent from the same period in 2020. Of these, 1,129 deaths involved fentanyl, an increase of 1.2 percent from the first six months of 2020. There were 250 prescription opioid-related deaths during the same time frame, an increase of 15.7 percent, while heroin-related deaths decreased by 34.4 percent, falling from 294 in the first half of 2020 to 193 in the first half of this year.

All 24 local jurisdictions in Maryland reported opioid-related intoxication fatalities in the first two quarters of 2021. Baltimore City (485 deaths), Baltimore County (184 deaths), and Anne Arundel County (115 deaths) experienced the highest number of fatalities, collectively accounting for 64.4 percent of all opioid-related deaths in Maryland.

Other jurisdictions that reported large numbers of opioid-related fatalities included Prince George's County (75 deaths), Montgomery County (60 deaths), and Harford County (44 deaths). Somerset County has seen a decrease of 28.6% in opioid-related intoxication deaths from January through June 2021 compared to the same timeframe in 2020. There were five (5) reported deaths during this time period in 2021, compared to seven (7)in 2020.

More information regarding opioid overdose for all 24 local jurisdictions in Maryland, including Somerset County, can be found in Maryland's Opioid Operational Command Center *2021 Second Quarter Report*

14.4.3 Additional Risk

Overdose is not the only risk related to prescription opioids: misuse, abuse, and opioid use disorder (addiction) are also potential dangers.

According to the Centers for Disease Control and Prevention, almost two million Americans abused or were dependent upon prescription opioids in 2014. As many as one in four people who receive prescription opioids long-term for non-cancer pain in primary care settings struggle with addiction.

There is also indication that prescription opioid abuse is a major risk factor in heroin use. In many cases, heroin is cheaper and more widely available than prescription opioids. The use of fentanyl--a substance 100 times more potent than morphine and 50 times more potent than heroin--is also increasingly added as a cutting agent or being sold as a standalone drug, in place of heroin.

14.4.4 Opioid Prevention

In March of 2017 Governor Larry Hogan declared a state of emergency for the opioid epidemic – EXECUTIVE ORDER 01.01.2017.02. Emergency Management and Emergency Services attended the Local Drug Action Committee (LDAC) and the fatality review committee meetings to get background and education on Somerset County's response to the opioid epidemic. Following the declaration, Emergency Management and Emergency Services participated in numerous statewide conference calls and met with the local health officer to discuss command and control of the Opioid Intervention Team (OIT).

An Opioid Intervention Team (OIT) was formed with Somerset County Health (Chair) as the lead with Emergency Management (OIT Leader) coordinating resources. This team is locally known as SCOUT – Somerset County Opioid United Team. The team includes partners from Somerset County Emergency Management, Somerset County Emergency Services, Somerset County Administration, Somerset County Health, Emergency Medical Services, Somerset County Sheriff's Office, Princess Anne Police Department, Crisfield Police Department, Maryland Coalition of Families, Somerset County Detention Center, Department of Social Services, Somerset County Local Management Board, Board of Education, State's Attorney, Pharmacies, and Health Care Providers (e.g., physicians and hospitals). The SCOUT team meets monthly to discuss the opioid epidemic, intervention, prevention, and enforcement efforts in the County.

Through the SCOUT team, projects were discussed and prioritized for grant paperwork addressing the opioid epidemic. Projects include outreach, education, prevention, and enforcement initiatives.

The Town of Princess Anne's Police Department, who serves on the SCOUT team, developed a drug awareness program. The program is presented annually at the Princess Anne Elementary School. Also, the Princess Anne's Police Chief has developed a video discussing the Good Samaritan Law protecting individuals that call in overdoses from arrest.

The City of Crisfield's Police Department, also part of the SCOUT team, has created a drug tips form for suspected illegal drug activity to make anonymous reports through local businesses. Meetings are scheduled to discuss how citizens can assist local police with the opioid epidemic and help present an awareness campaign to local citizens. Additionally, all four law

enforcement segments in the County, including both police departments in Princess Anne and Crisfield have working K9 officers.

Finally, the Circuit Court for Somerset County offers an Adult Recovery Court Program (ARC) in lieu of sentencing. The ARC is a post-plea, pre-sentence model designed to help those who are seeking to overcome substance use disorders and related criminal offense. The program was established in July 2018 and began operation in January 2019.

Adult Recovery Court Program (ARC)

According to the Circuit Court's website the purpose of the ARC program is to:

"Serve as a treatment-focused wraparound program that offers intensive rehabilitation services to criminal defendants whose crimes are driven by their addiction. This program is a team effort that involves the Circuit Court, District Court, State's Attorney's office, Office of the Public Defender, Somerset County Health Department, Somerset County Detention Center, Division of Parole and Probation, and local law enforcement. By working together, we seek to provide a variety of programs and consistent supervision geared toward supporting and helping the individual obtain and maintain a substance-free lifestyle."

Source: www.mdcourts.gov/circuit/somerset/adultdrugcourt

14.4.5 Opioid Mitigation Efforts

In light of Governor Hogan's declaration of a State of Emergency in March 2017, Somerset County formed an Opioid Intervention Team, SCOUT. Emergency Management and Emergency Services have conducted outreach and education efforts at:

- Field Day,
- The County Fair,
- Public Meetings,
- Halloween Parade,
- National Night Out,
- Churches,
- Hard Crab Derby,
- Skipjack Festival,
- A Walk to Remember,
- Overdose Awareness Day,
- Christmas Parades
- Social Media, Print Media, and other venues as they become available.

Somerset County also utilizes www.unmaskaddiction.org as a resource hub for information related to the opioid crisis. This site is a service of the Somerset County Health Department and the Somerset County Opioid Misuse Prevention Program (OMPP) and is funded by the State of Maryland's Department of Health (MDH) and SAMHSA. This site was created to provide information about:

- Local treatment providers in Somerset County, Maryland
- Drug Take Back Boxes and safe drug disposal
- Maryland's Good Samaritan Law
- Opioids, Heroin, Fentanyl, and Overdose

- Naloxone and Narcan
- And other resources available

Additional mitigation efforts include the following:

Expanding Access to Treatment

1. Department of Health will continue to identify and encourage healthcare professionals to provide treatment options to individuals with addiction and substance abuse conditions.
2. Expanding Access to Training for Certified Peer Recovery Specialists
   - ✓ The Maryland Department of Health needs to provide Addiction/Peer Recovery trainers to teach coaching modules to enable our trainees to meet Maryland's Certified Peer Recovery Specialist credentialing requirements.
3. Providing Recovery Support Specialists to Assist Pregnant Women with Substance Use Disorders.
   - ✓ The Maryland Department of Health should provide a recovery support specialist program to work with women during pregnancy and continuing care for mother and child after delivery and throughout withdrawal should the child be born addicted.
4. Transitioning Inmates to Outpatient Addictions Aftercare and Community Providers
   - ✓ The Somerset County Detention Center and Eastern Shore Psychological Services create a transition process allowing inmates leaving incarceration with known substance use disorders to be engaged with community resource providers (faith-based organizations, peer support, and outpatient treatment programs) prior to release.

Boosting Overdose Prevention Efforts

1. Expand Online Overdose Education and Naloxone Training throughout the County.

Escalating Law Enforcement Options

1. Enacting a Maryland Racketeer Influenced and Corrupt Organization Statute
   - ✓ Enact legislation to amend existing Maryland law to better model it after the federal Racketeer Influenced and Corrupt Organization Act (RICO) to aid in the prosecution of, and provide civil penalties for, drug trafficking as part of an ongoing criminal enterprise.
2. Creating a Criminal Penalty for Distribution of Heroin or Fentanyl Resulting in Fatal or Nonfatal Overdose
   - ✓ Enact legislation creating a crime for the direct or indirect distribution of heroin or fentanyl, the use of which is a contributing cause in the nonfatal overdose or death of another.
3. Creating a Multi-Jurisdictional Maryland State Police Heroin Investigation Unit
   - ✓ Create a multi-jurisdictional Maryland State Police Heroin Investigation Unit.
4. Enhancing Interdiction of Drug-Laden Parcels

- ✓ The Maryland State Police negotiate the inclusion of inspectors from various parcel services into existing State Police parcel interdiction units as task force members.

5. Strengthening Counter-Smuggling Efforts in Correctional Facilities
   - ✓ The Department of Public Safety and Correctional Services and local detention centers examine current Front Entry Search policy and procedures to determine whether they align with national best practices and, if necessary, modify them in order to assist in eliminating the introduction of contraband into all correctional facilities.

Reentry and Alternatives to Incarceration

1. Establishing a Day Reporting Center Pilot Program to Integrate Treatment into Offender Supervision
   - ✓ The Department of Public Safety and Correctional Services and the Governor's Office of Crime Control and Prevention collaborate with the Maryland Judiciary to establish a day reporting center pilot program.
2. Implementing a Swift and Certain Sanctions Grid for Probation and Parole
   - ✓ Enact legislation developing a swift and certain sanctions grid for nonviolent offenders released on probation and parole whose offenses relate to their substance use disorder.
3. Institutionalizing a Substance Use Goal into the Maryland Safe Streets Initiative
   - ✓ The Governor's Office of Crime Control and Prevention should incorporate a new goal into Safe Streets that will allow the local Safe Streets coalition to address the issue of violent crime related to drug trafficking, substance use and addiction, with a focus on heroin and opioids. It also recommends establishing peer recovery specialists within the Safe Streets model.
4. Establishing a Recovery Unit at Correctional Facilities
   - ✓ The Department of Public Safety and Correctional Services should establish a pilot Recovery Unit at Eastern Correctional Institution to house offenders who are engaged in drug addiction programs and are truly invested in recovery.

5. Studying the Collateral Consequences of Maryland Laws and Regulations on Employment of Ex-Offenders
   - ✓ The Governor's Office of Crime Control and Prevention should conduct a study of Maryland laws and regulations that establish a "Collateral Consequence," particularly unnecessary barriers to employment of ex-offenders.

Promoting Educational Tools for Youth, Parents, and School Officials

1. Creating a User-Friendly Educational Campaign on School Websites
   - ✓ The Maryland State Department of Education assist local school boards in the development and promotion of a drug education and information segment on school websites for parents, educators and students.
2. Training for School Faculty and Staff on Signs of Student Addiction

- ✓ The Maryland State Department of Education assist school staff, including teachers, school resource officers, coaches, athletic directors, and guidance counselors, to receive training on the disease of addiction and signs that a student is abusing heroin or prescription opioids with a focus on early intervention and training on the signs and symptoms of gateway drug use and behaviors; developing programs, training and techniques to terminate the path toward addiction.

3. Promoting Evidence-Based Prevention Strategies that Develop Refusal Skills
   - ✓ The Maryland State Department of Education promote evidence-based programs to help students resist peer pressure while maintaining self-respect.

Improving State Support Services

1. Implementing Comprehensive Heroin and Opioid Abuse Screening at the Department of Juvenile Services and the Department of Human Resources
   - ✓ The Department of Juvenile Services develop a questionnaire that will be specifically designed to guide Department of Juvenile Services staff in a productive discussion with the youth and parent regarding opiates, including heroin, fentanyl, and prescription opioids, and other drugs. Similarly, the Department of Human Resources implement a comprehensive screening tool to identify clients and families affected by heroin and opioid use.
2. Establishing the Maryland Center of Excellence for Prevention and Treatment under the Behavioral Health Advisory Council
   - ✓ A Center of Excellence for Prevention and Treatment and Opioid Operations Command Center (OOCC) be established under the Behavioral Health Advisory Council and housed in an academic setting. The Center would serve as the main body to provide critical oversight, a unifying strategy, and accountability for all prevention and treatment programming across the State. It would also serve as a source of independent information, data analysis, and evaluation of the effectiveness and coordination of prevention and treatment programming in Maryland; and to provide oversight such that programming is fully accountable across all agencies in accordance with metrics, outcome measures, standards of care, and performance evaluation.

14.5 Monkey Pox

According to the MDH, human monkeypox is a rare but serious illness predominantly caused by prolonged intimate physical contact. The human monkeypox virus belongs to the genus Orthopoxvirus. The Orthopoxvirus genus also includes variola virus (which causes smallpox), vaccinia virus (used in the smallpox vaccine), and cowpox virus.

Historically, most human cases of monkeypox have been identified in Central and West Africa. Rarely, human monkeypox cases have been identified outside of Central or West Africa, though

many cases reported links to those regions, either through travel or exposure to humans or animals that had been infected in those areas.

In May 2022, several clusters of human monkeypox cases were reported in countries that do not normally report human monkeypox, including the United States. Maryland's first monkeypox case was announced on June 16, 2022. While **anyone** can get and spread monkeypox, the people more likely to get monkeypox include:

- People who have been identified by public health officials as a contact of someone with monkeypox
- People who are aware that one of their sexual partners in the past 2 weeks has been diagnosed with monkeypox
- People who had multiple sexual partners in the past 2 weeks in an area with known monkeypox
- People whose jobs may expose them to orthopoxviruses, such as:
    - Laboratory workers who perform testing for orthopoxviruses
    - Laboratory workers who handle cultures or animals with orthopoxviruses
    - Some designated healthcare or public health workers

According to the CDC, who is monitoring the spread of the virus, there have been a total of 12,689 confirmed cases of monkeypox/orthopoxvirus as of August 16, 2022. In Maryland, there have been 335 confirmed cases, which represents 2.6% of total cases. You can view the case count for any state by visiting www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html.

More information regarding the signs and symptoms of monkeypox, as well as how it is transmitted, and other information can be found at the MDH Office of Infectious Disease Epidemiology and Outbreak Response website, here: health.maryland.gov/phpa/OIDEOR/Pages/monkeypox.aspx.

[i] Jones K E, Patel N G, Levy M A, Storeygard A, Balk D., and others. 2008. "Global Trends in Emerging Infectious Diseases." Nature 451 (7181): 990–93.
[ii] www.ncbi.nlm.nih.gov/books/NBK525302/
[iii] sitn.hms.harvard.edu/flash/special-edition-on-infectious-disease/2014/the-fight-over-inoculation-during-the-1721-boston-smallpox-epidemic/
[iv] www.ncbi.nlm.nih.gov/pmc/articles/PMC2394684/
[v] www.cdc.gov/cholera/general/index.html