

CRITICAL LINK



A Publication of the
Maryland Department of
Health and Mental Hygiene

The Laboratories Administration—Maryland's State Public Health Laboratory

Prescription Drug Monitoring

Department of Justice calls pharmaceutical drug abuse among "leading drug threats"

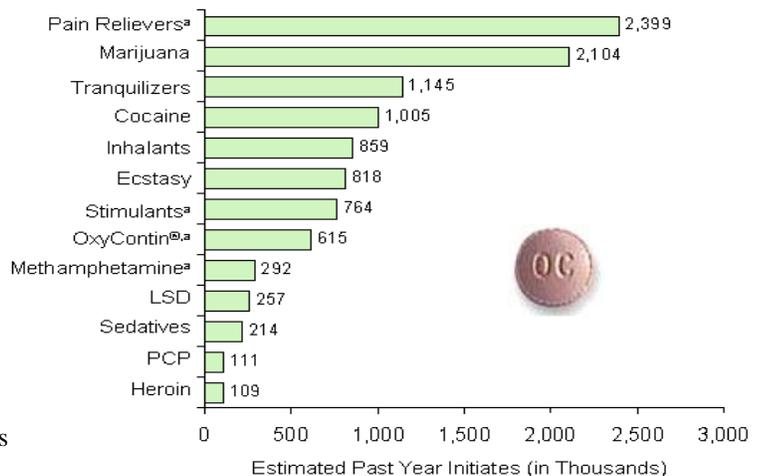
Drug abuse no longer refers solely to the use of illegal drugs.¹ Non-medical use of prescription drugs has become a major medical concern. A 2005 report by the U.S. Department of Justice called the abuse of pharmaceuticals among the "leading drug threats to the country."

The number of prescription drugs on the market has increased 71% between 1995 and 2005 and there was a 15% increase of those taking at least one drug while those taking three or more prescription drugs increased by 50% between 1994 and 2002. Prescription drug expenditures between 2000 and 2004 increased by 66%.² Increased drug use brought with it prescription drug abuse. Prescription drugs are

abused because the ingredients of many drugs, predominantly pain killers, contain narcotics that can be used to induce highs. Although opioids are most frequently abused, benzodiazepines and sedative hypnotics have also been used for non-medical purposes, with benzodiazepines preferred in suicides.

In 2006, 16.2 million Americans age 12 and older had taken a prescription pain reliever, tranquilizer, stimulant, or sedative for nonmedical purposes at least once in the year prior to being surveyed.¹ The National Institute on Drug Abuse (NIDA)-funded *Monitoring the Future*³ showed that 2.7% of 8th graders, 7.2% of 10th graders, and 9.6% of 12th graders had abused Vicodin and 1.8% of 8th graders, 3.9% of 10th graders, and 5.2% of 12th graders had abused

Figure 1: Initiates of Illicit Drug Use, by Drug: Annual Averages Based on 2002-2004⁶



LSD = lysergic acid diethylamide; PCP = phencyclidine.
^a OxyContin[®] also is included with pain relievers, and methamphetamine also is included with stimulants. Estimates for OxyContin[®] are based only on 2004 data because age at first use was not collected for that drug in earlier years.

Source: SAMHSA,⁶ Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, and 2004.

OxyContin for nonmedical purposes at least once in the year prior to being surveyed. Federal government figures show that nationally more than 175,000 emergency room admissions were related to the nonmedical use of pain killers and stimulants in 2005.⁴

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December 2008
Volume 12, Number 12

CRITICAL LINK

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The Critical Link is published monthly by the staff of the Laboratories Administration Department of Health & Mental Hygiene 201 W. Preston Street Baltimore, Maryland 21201 (Phone 410-767-6909)

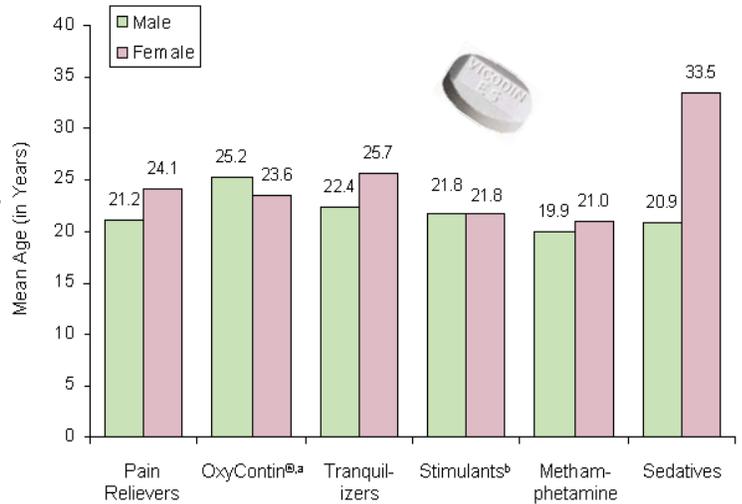
(Continued from page 1) Prescription Drug Monitoring

Treatment admissions for abuse of opiates other than heroin, such as morphine, oxycodone, and hydrocodone, represented approximately 16,000 of all primary opiate admissions in 1995 and rose to about 68,000 in 2005. Opiates other than heroin represented 21% of all primary opiate admissions in 2005, up from 7% in 1995.

H. Westley Clark,⁵ Director for Substance Abuse Treatment of the U.S. Department of Health and Human Services, stated before the House Energy and Commerce Oversight and Investigations Committee on October 24, 2007, that “among persons aged 12 or older, 2.2 million initiated non-medical use of prescription pain relievers within the past year. That is about the same as the estimated number of initiates for marijuana.”

The non-medical use of prescription drugs has become a national concern. The New York Times reported⁷ a 350%

Figure 2: Mean Age at First Nonmedical Use of Prescription Psychotherapeutic Drugs, by Drug Type and Gender: Annual Averages Based on 2002-2004



Source: available at URL <http://oas.samhsa.gov/prescription/Ch4.htm#Fig4-3>

increase in opiate prescriptions between 1991 and 2007. Free exchange of unused drugs on college campuses⁸ is the rule, rather than the exception. According to Amelia Arria, researcher at the University of Maryland Center for Drug Abuse Research, 60% of students have been offered an opportunity to try prescription stimulants by their junior year of college.⁹

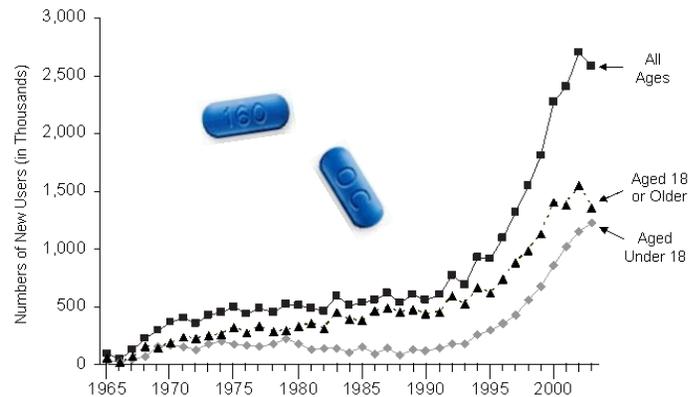
Rate of deaths caused by prescription drugs was three times the rate of death caused by all illicit drugs combined, according to an analysis of 2007 autopsies by the Florida Medical Examiners Commission. Deaths caused by Oxycodone and Hydrocodone increased by 9.5% and 8.1% respectively during the first half of 2007 in Florida.¹⁰

Where are People Obtaining Their Drugs?

Prescription fraud, “doctor shopping,” theft, and the internet constitute the sources of diversion of prescription drugs.

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Figure 3: Annual Numbers of New Nonmedical Users of Tranquilizers, by Age at Initiation: 1965-2003



Note: Estimates are not shown for 1965 through 1968 for initiates under the age of 18 and for those aged 18 or older due to low precision.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, and 2004.

(Continued from page 2)
Prescription Drug Monitoring

The 2006 National Survey on Drug Use and Health (NSDUH)¹¹ also revealed where people were obtaining their prescription drugs. Nearly 53% of the past-year, non-medical users of prescription pain relievers obtained the drugs free of charge from a friend or relative, 12.7% from a single doctor, 10.6% bought or took them from a relative or friend, 4.8% bought them from a drug dealer or other stranger, 1.3% got them from more than one doctor, less than 1% reported getting them from the internet, and 10% got them from other sources, including a fake prescription, or stole them from a doctor's office/clinic/hospital/pharmacy.

Prescription Drug Monitoring Program (PDMP)

The states, in concert with the Substance Abuse and Mental Health Services Administration (SAMHSA), are responding to address the non-medical use of prescription drugs, which now ranks second, only behind marijuana as

the Nation's most prevalent illegal drug. Educational outreach and other strategies targeted to a wide swath of distinct populations are being implemented. This includes physicians, pharmacists, patients, educators, parents, high school and college students, high risk adults, and the elderly.

Prescription Drug Monitoring Programs (PDMPs)^{5,12,13,15} are among the most important components of government efforts to prevent and reduce controlled substance diversion and abuse. Congress in FY 2002 appropriated funding to the Department of Justice (DOJ) to support PDMPs. Since the inception of the DOJ program, also called the Harold Rogers Prescription Drug Monitoring Program, this funding opportunity has resulted in 32 states operating PDMPs and six states being in the start-up phase. Nearly all of the 38 states have received funding through the Rogers Program. As of October 2007, out of the states that have enacted PDMP legislation, 24 states had legislative authority to provide reports to physicians or prescribers, 26 to licensing boards, 21 to pharmacies, and 29 to law enforcement.⁵

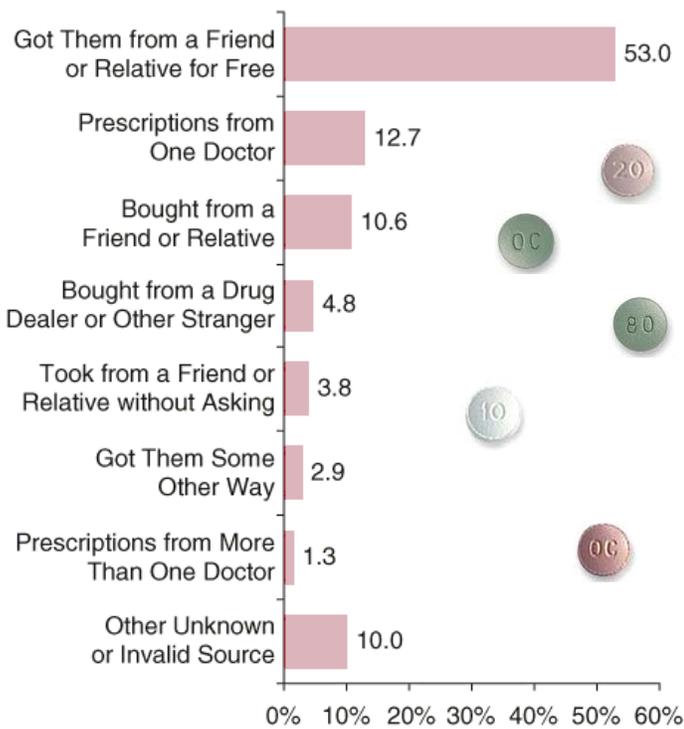
PDMP that receives funding through the Rogers Program must provide performance data on reducing the rate of "inappropriate use of prescription drugs;" reducing the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit (i.e., "doctor shopping"); and on the coordination among PDMP partners (e.g., regulatory, health, law enforcement agencies).⁵

In 2005, the National All Schedules Prescription Electronic Reporting Act (NASPER) was enacted to function within the Department of Health and Human Services. The act created a grants program for states to establish prescription drug monitoring databases similar to the PDMP operating within the Department of Justice. NASPER requires states to collect data for prescriptions in Schedules II, III, and IV while Harold Rogers PDMP also includes Schedule V.

Security and Confidentiality

The PDMP data is not always made available to all requestors seeking the information. Health care providers are allowed access to their patients' data. Law enforcement, Medicaid representatives and licensing boards have access when conducting an investigation. Educational and statistical use of data is only available when identifiers have been removed. In some states, the individual may request their own information, typically for a fee. Any unauthorized disclosure or access of data is unlawful. Typically, an unauthorized disclosure can receive professional reprimand or can be prosecuted as a misdemeanor. Unauthorized access of data can be prosecuted as a felony. Health care professionals are required to maintain the same confidentiality that they would be bound to normally. This program does not violate the Health Insurance Portability and Accountability Act (HIPAA) because HIPAA allows disclosure to a health oversight agency for oversight activities.

Figure 4: Reported Methods of Drug Sources¹¹

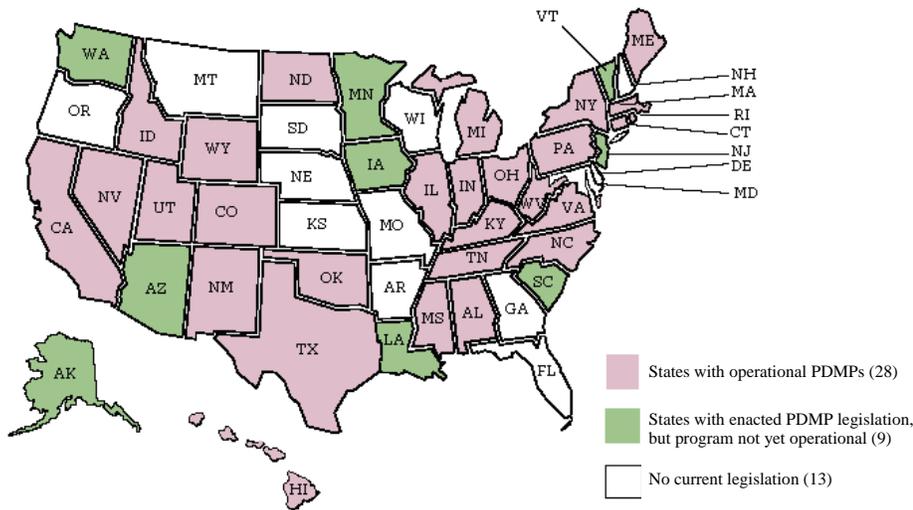


Source: taken from URL <http://eric.ed.gov/>

PDMPs vary from state to state, but the majority of programs are "administered by a law enforcement agency in conjunction with a state board of pharmacy or a professional licensing board."⁵ States receiving Rogers PDMP funding are encouraged to participate in data exchange. The Bureau of Justice Assistance (BJA) within DOJ's Office of Justice Programs administers the Rogers Program along with DEA's Office of Diversion Control and Office of National Drug Control Policy (ONDCP). Every

(Continued on page 4)

Figure 5: Status of State Prescription Drug Monitoring Programs



(Continued from page 3)
 Prescription Drug Monitoring

Maryland House Bill 525

During its 2008 Regular Session the Maryland House of Delegates introduced House Bill 525¹⁴ with the purpose of:

“Establishing an Advisory Council on Prescription Drug Monitoring in the Department of Health and Mental Hygiene [DHMH]; requiring the Council to study the establishment of a prescription drug monitoring program; requiring the Council to make recommendations to the Secretary of Health and Mental Hygiene for establishing a prescription drug monitoring program that electronically collects and stores data concerning monitored prescription drugs; etc.”

The work of the Council includes:

- Identifying the drugs to be monitored;
- Establishing the type of data to be collected;
- Identifying those persons/sources who should be required to submit dispersion data;
- Establishing methods of collating and organizing the data;
- Determining conditions under which the data can be disclosed;

- Establishing confidentiality provisions;
- Specifying immunity from liability in connection with the gathering/disbursement of data;
- Recommending penalties of misuse of data;
- Identifying source of funds for the monitoring systems;
- Establishing national coordination; and
- Assessing the implemented data system.

The essence of the established drug monitoring program is the requirement of pharmacies to log all prescriptions and store them in an electronic data system. This information will be available to medical professionals to prevent the abuse of multiple subscribers.

To implement the provisions of Maryland House Bill 525, DHMH recently established the Advisory Council on PDM that will assist the State in reaching its goals.

Costs and Funding¹⁵

The Drug Enforcement Administration (DEA) states that start-up costs for a PDMP are approximately \$350,000 and operating costs are from \$100,000 to nearly \$1 million per year.¹⁶ Kentucky’s exceptional program cost \$1.4 million to

start, \$400,000 for the Drug Enforcement Branch, and \$900,000 for hardware, software, licensing and maintenance, data collection, technical staff and system maintenance and enhancements.¹⁷ It is federally funded. No other PDMP is as costly as the Kentucky program. Nine states use Optimum Technology, Inc., a private contractor, to run their programs at a yearly cost of approximately \$125,000.

Many states rely heavily on the Harold Rogers Grant for the maintenance of their PDMP. Additional funding may come from a state’s general funds, controlled dangerous substances (CDS) registration fees, penalty fees, or from settlements awarded to the state. Some states require pharmacies to pay an additional surcharge on their CDS fees to dispense in the state, while some states have no monetary costs to dispensers. Some additional costs that the pharmacies may have to bear include the cost of software to report and the time used to report. Pharmacies without internet access may be found eligible to send information via disk, telephone, or some other method.

Concerns and Results

One major concern about PDMPs is that it will result in what is called the “chilling effect.” This means that when this program goes into effect, physicians and pharmacists will be so scared of prosecution that they will stop prescribing and dispensing the drugs to the patients who actually need them. All states with PDMPs report that this is not true. Kentucky did a survey of its users and discovered that only 27% felt that the PDMP could lead to a decrease in prescriptions and only 24% were concerned about being investigated.¹⁸

Conclusions

Prescription drug monitoring programs cannot help with all prescription drug abuse. The health care professionals will be able to identify abuse if the person is asking for refills too soon or has multiple doctors, but if a patient gives a few pills away from time to time, this practice cannot be traced.

To protect the health and welfare of the citizens of Maryland, an Advisory Council on Prescription Drug Monitoring has been established by John M. Colmers, Secretary of DHMH, to study the establishment of a Prescription Drug Monitoring Program. The first meeting took place on November 14, 2008.

This article was written by Georgette P. Zoltani, Chief of the Division of Drug Control, Laboratories Administration, DHMH.

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Laboratory Statistics

Reported from the
Laboratories Administration
during the month of
September 2008

ENTERIC BACTERIOLOGY

GENUS SEROVAR	SEX	AGE	#	JURISDICTION
AEROMONAS VERONII SUBSP SOBRIA	F	19	1	BALTIMORE
CAMPYLOBACTER JEJUNI	F	52	1	ALLEGANY

M	53	1	BALTIMORE CITY	
M	50	1	BALTIMORE CITY	
M	50	1	CHARLES	
M	33	1	HARFORD	
F	4	1	KENT	
M	31	1	OUT OF STATE	
F	19	3	PRINCE GEORGE'S	
CITROBACTER BRAAKII				
F	73	1	OUT OF STATE	
ESCHERICHIA COLI, SEROTYPE O45:H2				
M	<1	1	BALTIMORE	
ESCHERICHIA COLI, SEROTYPE O119				
U	<1	1	OUT OF STATE	
ESCHERICHIA COLI, SEROTYPE O157:H7				
M	12	1	HOWARD	
M	12	1	HOWARD	
F	31	1	WASHINGTON	
ESCHERICHIA COLI, SEROTYPE O157:NON-MOTILE				
M	9	1	OUT OF STATE	
U	9	1	OUT OF STATE	
PARATYPHI B VAR L(+) TARTRATE +				
U	4	1	OUT OF STATE	
SALMONELLA				
M	<1	1	BALTIMORE	
SALMONELLA AGONA				
M	7	1	PRINCE GEORGE'S	
SALMONELLA ALBANY				
M	<1	1	UNKNOWN	
SALMONELLA ANATUM				
U	<1	1	ANNE ARUNDEL	
M	62	1	ANNE ARUNDEL	
SALMONELLA BOVISMORBIFICANS				
M	37	1	PRINCE GEORGE'S	
SALMONELLA BRAENDERUP				
F	30	1	BALTIMORE	
F	<1	1	BALTIMORE	
U	3	1	BALTIMORE	
F	<1	2	BALTIMORE	
M	48	1	BALTIMORE	
M	9	2	BALTIMORE	
M	<1	2	BALTIMORE	
SALMONELLA ENTERITIDIS				
U	<1	1	BALTIMORE CITY	
F	71	2	BALTIMORE CITY	
F	67	1	BALTIMORE CITY	
F	59	1	BALTIMORE CITY	
F	52	1	BALTIMORE CITY	
F	49	1	BALTIMORE CITY	
F	29	1	BALTIMORE CITY	
F	3	1	BALTIMORE CITY	
F	1	1	BALTIMORE CITY	
M	73	1	BALTIMORE CITY	
M	68	1	BALTIMORE CITY	
M	45	2	BALTIMORE CITY	
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M	36	1	BALTIMORE CITY	
M	26	1	BALTIMORE CITY	
M	23	1	BALTIMORE CITY	
M	22	2	BALTIMORE CITY	
M	21	1	BALTIMORE CITY	
M	20	2	BALTIMORE CITY	
M	3	2	BALTIMORE CITY	
M	2	1	BALTIMORE CITY	
M	1	1	BALTIMORE CITY	
M	23	1	CALVERT	
F	87	1	FREDERICK	
U	45	1	OUT OF STATE	
U	19	1	OUT OF STATE	
U	16	1	OUT OF STATE	
U	14	1	OUT OF STATE	
F	38	1	OUT OF STATE	

F 14 1 OUT OF STATE
 F <1 1 OUT OF STATE
 F <1 1 OUT OF STATE
 M 13 1 OUT OF STATE
 M 3 1 OUT OF STATE
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 M 46 1 PRINCE GEORGE'S
 M 24 1 PRINCE GEORGE'S
 F 17 1 TALBOT
SALMONELLA HARTFORD
 F 46 1 BALTIMORE
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 M <1 1 BALTIMORE
 U <1 1 MONTGOMERY
 F <1 1 MONTGOMERY
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 F 53 1 UNKNOWN
SALMONELLA HAVANA
 F 1 1 BALTIMORE
SALMONELLA HEIDELBERG
 M 14 1 BALTIMORE CITY
SALMONELLA IIIA 17:Z29:-
 F 15 1 FREDERICK
SALMONELLA IIIA 41:Z4,Z23:-
 M 63 1 WICOMICO
SALMONELLA JAVIANA
 F <1 2 BALTIMORE
 F 22 1 BALTIMORE
 F 4 1 OUT OF STATE
 F 79 3 WICOMICO
SALMONELLA MANHATTAN
 F <1 1 BALTIMORE
 M 57 1 BALTIMORE
SALMONELLA MONTEVIDEO
 M 60 1 BALTIMORE CITY
 M 1 1 OUT OF STATE
SALMONELLA NEWPORT
 F 63 1 ANNE ARUNDEL
 M 1 1 BALTIMORE
 F 27 1 BALTIMORE CITY
 U 61 1 CARROLL
 M 18 1 CHARLES
 F <1 1 MONTGOMERY
 F 66 1 OUT OF STATE
 F 14 1 OUT OF STATE
 M 63 1 OUT OF STATE
 F 38 1 WASHINGTON
 F 75 1 WICOMICO
 F 71 1 WICOMICO
SALMONELLA NORWICH
 M 6 1 BALTIMORE
 U 73 1 OUT OF STATE
SALMONELLA OFFA
 M <1 1 WICOMICO
SALMONELLA PARATYPHI B
 F 19 2 BALTIMORE CITY
SALMONELLA POONA
 U <1 1 BALTIMORE
SALMONELLA SAINTPAUL
 M 50 1 FREDERICK
 F 19 3 PRINCE GEORGE'S
SALMONELLA SCHWARZENGRUND
 U <1 1 MONTGOMERY
 U <1 1 MONTGOMERY
SALMONELLA SER 4,12:1:-
 F 1 2 BALTIMORE CITY
 F <1 1 BALTIMORE CITY

SALMONELLA SER PARATYPHI
 B VAR L(+) TARTRATE +
 F 51 1 BALTIMORE
 M 4 1 UNKNOWN
SALMONELLA TENNESSEE
 U <1 1 ANNE ARUNDEL
SALMONELLA THOMPSON
 M <1 1 BALTIMORE
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 F 2 1 OUT OF STATE
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SALMONELLA TYPHIMURIUM
 F 75 1 ANNE ARUNDEL
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 M <1 1 BALTIMORE
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 F 3 1 BALTIMORE CITY
 M 6 1 BALTIMORE CITY
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 F 44 1 OUT OF STATE
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 VAR COPENHAGEN
 F 9 2 BALTIMORE
 M 1 1 BALTIMORE
 M 13 1 BALTIMORE CITY
 F 3 1 CALVERT
 U <1 1 OUT OF STATE
 F 5 1 OUT OF STATE
 M 3 1 OUT OF STATE
 M 54 1 WASHINGTON
SHIGELLA SONNEI
 F 5 1 ANNE ARUNDEL
 F <1 2 BALTIMORE
 F 39 1 BALTIMORE
 M 4 1 BALTIMORE
 U <1 1 BALTIMORE CITY
 F 5 1 OUT OF STATE
 M 25 1 OUT OF STATE
 F <1 1 PRINCE GEORGE'S
 F 23 1 UNKNOWN
VIBRIO PARAHAEMOLYTICUS
 M 73 1 BALTIMORE CITY
 M 32 1 CALVERT
 M 1 1 CALVERT
 M 64 1 KENT
VIBRIO VULNIFICUS
 M 83 1 ANNE ARUNDEL
 M 70 1 OUT OF STATE
 M 69 1 TALBOT
YERSINIA ENTEROCOLITICA
 U <1 1 BALTIMORE CITY
 M 42 1 HARFORD
TOTAL 179

ISOLATES -THROAT CULTURES

COUNTY	GROUP A ¹	NON-GROUP A
ALLEGANY	1	16
SOMERSET	1	3
WICOMICO	1	17
TOTAL	3	36

¹ *Streptococcus pyogenes*

ISOLATES - REFERENCE

GENUS SPECIES
 SOURCE # JURISDICTION
 ENTEROBACTER AEROGENES
 SPUTUM 1 WICOMICO
 ESCHERICHIA COLI
 URINE 1 WICOMICO
 KLEBSIELLA PNEUMONIAE
 URINE 1 WICOMICO
 STAPHYLOCOCCUS AUREUS
 SPUTUM 1 BALTIMORE CITY
 UNKNOWN 1 WICOMICO
 LESION 1 WICOMICO
 WOUND 1 WICOMICO
 STREPTOCOCCUS BETA HEMOLYTIC
 ENDOCERVIX 1 FREDERICK
 STREPTOCOCCUS MITIS
 WOUND 1 BALTIMORE CITY
 VIBRIO CHOLERAЕ
 STOOL 1 BALTIMORE CITY
TOTAL 10

ISOLATES - MISCELLANEOUS

GENUS SPECIES
 SOURCE # JURISDICTION
 ACHROMOBACTER
 WOUND 1 FREDERICK
 ACINETOBACTER CALCOACETICUS
 OTHER 1 BALTIMORE CITY
 ACINETOBACTER LWOFFI
 OTHER 1 SOMERSET
 CLOSTRIDIUM BIFERMENTANS
 BLOOD 1 BALTIMORE CITY
 ENTEROCOCCUS FAECIUM
 BLOOD 1 BALTIMORE CITY
 ESCHERICHIA COLI
 BLOOD 5 BALTIMORE CITY
 URINE 1 CARROLL
 PENIS 1 MONTGOMERY
 GARDNERELLA VAGINALIS
 VAGINAL 2 PRINCE GEORGE'S
 VAGINAL 2 PRINCE GEORGE'S
 VAGINAL 1 SOMERSET
 GRAM-NEGATIVE BACILLUS
 BLOOD 1 BALTIMORE CITY
 KLEBSIELLA PNEUMONIAE
 BLOOD 1 BALTIMORE CITY
 URINE 1 CARROLL
 SPUTUM 1 WASHINGTON
 PROTEUS MIRABILIS
 HIP 1 WICOMICO
 OTHER 1 WICOMICO
 PSEUDOMONAS FLUORESCENS
 WOUND 1 PRINCE GEORGE'S
 STAPHYLOCOCCUS AUREUS
 WOUND 1 ALLEGANY
 BLOOD 1 BALTIMORE CITY
 BRAIN TISSUE 1 BALTIMORE CITY
 LEG 1 BALTIMORE CITY
 NASAL 1 BALTIMORE CITY
 OTHER 1 BALTIMORE CITY
 WOUND 2 BALTIMORE CITY
 OTHER 1 CARROLL
 SCALP 1 CARROLL
 WOUND 1 CARROLL
 OTHER 1 FREDERICK

ULCER	2	FREDERICK
WOUND	4	FREDERICK
EYE	1	MONTGOMERY
VAGINAL	1	PRINCE GEORGE'S
VAGINAL	1	SOMERSET
STAPHYLOCOCCUS,		
COAGULASE NEGATIVE		
WOUND	1	FREDERICK
STREPTOCOCCUS		
BETA HEMOLYTIC GROUP B		
VAGINAL	4	ANNE ARUNDEL
OTHER	1	FREDERICK
VAGINAL	2	HOWARD
VAGINAL	1	PRINCE GEORGE'S
VAGINAL	2	PRINCE GEORGE'S
VAGINAL	11	PRINCE GEORGE'S
STREPTOCOCCUS CONSTELLATUS		
BLOOD	1	BALTIMORE CITY
TOTAL	68	

SEXUALLY TRANSMITTED DISEASES

GENUS SPECIES		
SEX	#	JURISDICTION
SYPHILIS SEROLOGY		
F	1	ALLEGANY
M	1	ALLEGANY
M	8	ANNE ARUNDEL
F	6	BALTIMORE
M	5	BALTIMORE
F	13	BALTIMORE CITY
M	21	BALTIMORE CITY
M	1	CHARLES
F	1	DORCHESTER
F	1	FREDERICK
M	1	FREDERICK
M	1	HARFORD
M	2	HOWARD
F	4	MONTGOMERY
M	10	MONTGOMERY
U	2	MONTGOMERY
F	7	PRINCE GEORGE'S
M	17	PRINCE GEORGE'S
F	1	WORCESTER
TOTAL	103	

CHLAMYDIA TRACHOMATIS		
M	10	ALLEGANY
U	1	ALLEGANY
F	11	ANNE ARUNDEL
M	14	ANNE ARUNDEL
M	20	BALTIMORE
F	7	BALTIMORE CITY
M	78	BALTIMORE CITY
U	4	BALTIMORE CITY
F	2	HARFORD
M	17	HARFORD
U	2	HOWARD
M	4	KENT
F	11	MONTGOMERY
M	34	MONTGOMERY
U	2	MONTGOMERY
F	12	PRINCE GEORGE'S
M	35	PRINCE GEORGE'S
U	4	PRINCE GEORGE'S

M	6	SOMERSET
F	2	WASHINGTON
M	4	WASHINGTON
F	6	WICOMICO
M	4	WICOMICO
TOTAL	290	
NEISSERIA GONORRHOEA		
F	1	ANNE ARUNDEL
F	3	BALTIMORE
M	3	BALTIMORE
M	1	BALTIMORE CITY
F	1	CALVERT
M	2	CALVERT
M	2	CAROLINE
F	5	CHARLES
M	3	CHARLES
M	1	DORCHESTER
F	1	FREDERICK
F	1	HARFORD
F	1	MONTGOMERY
F	9	PRINCE GEORGE'S
M	22	PRINCE GEORGE'S
M	1	QUEEN ANNE'S
F	1	SOMERSET
F	6	WICOMICO
M	5	WICOMICO
M	1	WORCESTER
TOTAL	70	

PENICILLIN RESISTANT GONORRHEA

REPORTED QUARTERLY
NONE REPORTED THIS QUARTER

MYCOBACTERIOLOGY

ISOLATE			
SEX	AGE	#	JURISDICTION
MYCOBACTERIUM ABSCESSUS			
M	69	1	ANNE ARUNDEL
F	77	1	BALTIMORE
M	44	2	BALTIMORE
M	19	1	BALTIMORE CITY
M	58	1	WICOMICO
MYCOBACTERIUM AVIUM			
F	74	1	BALTIMORE
F	80	1	BALTIMORE CITY
M	84	2	MONTGOMERY
	44	1	TALBOT
MYCOBACTERIUM AVIUM COMPLEX			
F	69	1	ANNE ARUNDEL
M	53	1	BALTIMORE
M	68	1	BALTIMORE
M	69	2	BALTIMORE
F	51	1	BALTIMORE CITY
M	43	1	BALTIMORE CITY
M	45	1	BALTIMORE CITY
M	47	1	BALTIMORE CITY
M	56	1	BALTIMORE CITY
M	81	2	CALVERT
F	80	1	CARROLL
M	46	1	FREDERICK
F	44	2	MONTGOMERY

F	30	2	PRINCE GEORGE'S
M	34	3	PRINCE GEORGE'S
F	66	1	WICOMICO
MYCOBACTERIUM FORTUITUM			
F	71	1	BALTIMORE
F	72	1	MONTGOMERY
F	71	1	WICOMICO
M	76	3	WICOMICO
MYCOBACTERIUM FORTUITUM COMPLEX			
F	34	1	MONTGOMERY
F	77	1	MONTGOMERY
M	40	1	MONTGOMERY
F	30	1	PRINCE GEORGE'S
M	28	1	PRINCE GEORGE'S
MYCOBACTERIUM GORDONAE			
F	36	1	ANNE ARUNDEL
F	55	1	ANNE ARUNDEL
M	45	1	ANNE ARUNDEL
M	56	1	BALTIMORE
M	76	1	BALTIMORE
M	79	1	BALTIMORE CITY
F	34	1	MONTGOMERY
F	56	1	MONTGOMERY
MYCOBACTERIUM MUCOGENICUM			
M	44	1	CECIL
M	77	1	HARFORD
MYCOBACTERIUM SCROFULACEUM			
M	45	1	BALTIMORE CITY
MYCOBACTERIUM SZULGAI			
M	44	5	CECIL
MYCOBACTERIUM TUBERCULOSIS			
M	53	1	ANNE ARUNDEL
M	31	1	BALTIMORE
F	42	1	BALTIMORE CITY
M	49	1	BALTIMORE CITY
F	22	1	CARROLL
M	25	1	FREDERICK
F	24	1	MONTGOMERY
F	42	1	MONTGOMERY
F	67	1	MONTGOMERY
F	76	1	MONTGOMERY
M	28	1	MONTGOMERY
M	33	1	MONTGOMERY
M	45	1	MONTGOMERY
F	79	1	OUT OF STATE
M	26	1	OUT OF STATE
F	19	1	PRINCE GEORGE'S
F	23	1	PRINCE GEORGE'S
F	41	1	PRINCE GEORGE'S
M	31	1	PRINCE GEORGE'S
M	50	1	PRINCE GEORGE'S
M	74	1	PRINCE GEORGE'S
MYCOBACTERIUM TUBERCULOSIS COMPLEX			
F	42	1	BALTIMORE
M	31	2	BALTIMORE
F	42	1	BALTIMORE CITY
F	89	1	BALTIMORE CITY
F	90	1	BALTIMORE CITY
M	50	1	BALTIMORE CITY
M	62	2	BALTIMORE CITY
M	81	1	BALTIMORE CITY
F	22	1	CARROLL
M	25	2	FREDERICK
F	42	1	HOWARD
F	23	6	MONTGOMERY
F	24	4	MONTGOMERY
F	42	3	MONTGOMERY
F	52	1	MONTGOMERY
F	64	1	MONTGOMERY
F	67	4	MONTGOMERY

Susceptibility Testing of Slow Growing Mycobacteria

As of January 1, 2009, the Mycobacteriology Laboratory will adopt the recommendations of the American Thoracic Society (ATS) and the Clinical and Laboratory Standard Institute (CLSI) for antimicrobial susceptibility testing of slow growing non-tuberculous Mycobacteria (NTM). Of the NTM, *Mycobacterium avium* Complex (MAC), *M. kansasii* and *M. marinum* are the only species with sufficient data to support selective antimicrobial susceptibility testing. For most other slow growing NTM, there is little information available on the correlation between the *in vitro* laboratory susceptibility profile and clinical outcome.

The organisms are listed below, followed by the recommendation:

***M. avium* Complex (MAC):** Initial isolates from blood, tissue, clinically significant respiratory samples, or from patients who fail therapy will be tested against clarithromycin only. Macrolides (azithromycin and clarithromycin) are the only antimicrobial agents for which a correlation between in-vitro susceptibil-

M	21	2	MONTGOMERY
M	26	1	MONTGOMERY
M	33	1	MONTGOMERY
M	51	2	MONTGOMERY
M	58	1	MONTGOMERY
M	48	1	OUT OF STATE
F	19	3	PRINCE GEORGE'S
F	30	1	PRINCE GEORGE'S
F	32	1	PRINCE GEORGE'S
M	31	1	PRINCE GEORGE'S
M	36	5	PRINCE GEORGE'S
M	50	2	PRINCE GEORGE'S
M	85	2	PRINCE GEORGE'S
M	75	10	WICOMICO
MYCOBACTERIUM XENOPI			
F	48	1	BALTIMORE CITY
RAPIDLY GROWING MYCOBACTERIA			
M	17	1	BALTIMORE CITY
TOTAL	149		

ity tests for MAC and clinical response has been demonstrated. Clarithromycin is recommended as the class agent for the macrolides because clarithromycin and azithromycin share cross-resistance and susceptibility.

M. kansasii: Will be tested only if requested by an infectious disease physician experienced in treating mycobacterial infections and the patient has failed therapy or is having a poor response to initial therapy.

M. marinum: Will not be routinely tested.

Please note: there is no change to our testing protocol for *M. tuberculosis* complex.

Any questions regarding these recommendations may be directed to Nancy Hooper 410-767-6128 HooperN@dnhm.state.md.us, or Dr. Jafar Razeq, Chief of Microbiology, 410-767-6125.

References:

CLSI (formerly NCCLS): "Susceptibility testing of Mycobacteria, Nocardiae and other Aerobic Actinomycetes; approved standard." M24-A. April 2003.

American Journal of Respiratory Critical Care Medicine; 175: 367-416, 2007: An Official ATS/ IDSA Statement: Diagnosis, Treatment, and Prevention of Nontuberculous Mycobacterial Diseases.

MYCOBACTERIUM SUSCEPTIBILITY RESULTS

21 ISOLATES IDENTIFIED
4 DRUG RESISTANT STRAINS FOUND

#	DRUG(S)	COUNTY
1	STREPTOMYCIN	ANNE ARUNDEL
2 ^A	OFLOXACIN	HOWARD
1	STREPTOMYCIN	MONTGOMERY

^A TWO ISOLATES FROM THE SAME PATIENT

Mycobacterium tuberculosis complex consists of:
M. tuberculosis
M. bovis
M. bovis, BCG
M. africanum
M. microti
M. canettii

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MYCOLOGY

ISOLATE	SEX	AGE	#	JURISDICTION
ALTERNARIA SPECIES				
F		80	1	ALLEGANY
F		52	1	BALTIMORE
F		64	1	CARROLL
F		47	1	FREDERICK
M		1	1	TALBOT
ASPERGILLUS FLAVUS				
F		76	1	TALBOT
M		87	1	TALBOT
ASPERGILLUS FUMIGATUS				
F		54	2	ALLEGANY
F		83	1	ALLEGANY
U		<1	1	ANNE ARUNDEL
F		55	1	ANNE ARUNDEL
M		54	1	PRINCE GEORGE'S
M		55	1	PRINCE GEORGE'S
M		82	1	TALBOT
ASPERGILLUS NIGER				
F		38	1	MONTGOMERY
M		64	1	MONTGOMERY
F		57	1	PRINCE GEORGE'S
F		69	1	TALBOT
ASPERGILLUS OCHRACEUS				
M		77	1	MONTGOMERY
F		79	1	TALBOT
ASPERGILLUS VERSICOLOR				
F		42	2	ALLEGANY
F		60	1	ANNE ARUNDEL
M		50	1	CALVERT
BIPOLARIS SPECIES				
M		32	1	ANNE ARUNDEL
M		11	1	CALVERT
M		42	1	TALBOT
CANDIDA ALBICANS				
M		<1	4	BALTIMORE CITY
M		65	1	BALTIMORE CITY
M		72	1	BALTIMORE CITY
M		77	1	BALTIMORE CITY
F		38	1	CALVERT

M	81	1	CALVERT
M	89	1	CALVERT
F	20	1	FREDERICK
M	35	1	FREDERICK
F	21	1	MONTGOMERY
F	25	1	MONTGOMERY
F	45	2	MONTGOMERY
F	48	1	MONTGOMERY
F	51	1	MONTGOMERY
F	52	1	MONTGOMERY
F	67	1	MONTGOMERY
F	72	2	MONTGOMERY
F	75	1	MONTGOMERY
F	76	2	MONTGOMERY
F	82	2	MONTGOMERY
M	30	1	MONTGOMERY
M	38	1	MONTGOMERY
M	62	1	MONTGOMERY
M	80	1	MONTGOMERY
F	17	2	PRINCE GEORGE'S
F	18	1	PRINCE GEORGE'S
F	19	2	PRINCE GEORGE'S
F	20	2	PRINCE GEORGE'S
F	21	2	PRINCE GEORGE'S
F	22	2	PRINCE GEORGE'S
F	26	1	PRINCE GEORGE'S
F	31	3	PRINCE GEORGE'S
F	32	1	PRINCE GEORGE'S
F	43	1	PRINCE GEORGE'S
F	51	1	PRINCE GEORGE'S
F	54	1	PRINCE GEORGE'S
F	83	1	PRINCE GEORGE'S
M	24	1	PRINCE GEORGE'S
M	57	1	PRINCE GEORGE'S
M	58	1	PRINCE GEORGE'S
M	60	1	PRINCE GEORGE'S
M	66	1	PRINCE GEORGE'S
M	69	1	PRINCE GEORGE'S
F	18	3	SOMERSET
F	22	1	SOMERSET
CANDIDA GLABRATA			
F	<1	1	BALTIMORE CITY
M	<1	1	BALTIMORE CITY
M	83	1	BALTIMORE CITY
F	42	1	MONTGOMERY
CANDIDA KEFYR			
M	54	1	PRINCE GEORGE'S
CANDIDA KRUSEI			
F	42	1	MONTGOMERY
M	23	1	PRINCE GEORGE'S
CANDIDA LIPOLYTICA			
M	58	1	BALTIMORE
CANDIDA PARAPSILOSIS			
M	<1	1	FREDERICK
M	54	1	PRINCE GEORGE'S
CANDIDA SPECIES			
M	64	1	MONTGOMERY
CANDIDA TROPICALIS			
F	<1	1	BALTIMORE CITY
F	86	1	MONTGOMERY
M	61	1	PRINCE GEORGE'S
CHRYSOSPORIUM SPECIES			
F	60	1	ANNE ARUNDEL
CLADOPHIALOPHORA SPECIES			
F	5	1	ALLEGANY
CLADOSPORIUM SPECIES			
F	68	1	ALLEGANY
M	<1	1	ALLEGANY
M	11	1	ALLEGANY
F	59	1	BALTIMORE CITY
F	56	1	TALBOT
M	65	1	WICOMICO

CURVULARIA SPECIES			
M	3	1	CALVERT
M	4	1	MONTGOMERY
F	59	1	TALBOT
EPICOCOCCUM SPECIES			
F	12	1	ALLEGANY
F	80	1	ALLEGANY
F	53	1	BALTIMORE CITY
FUSARIUM SPECIES			
M	74	1	BALTIMORE CITY
M	77	1	TALBOT
GEOTRICHUM SPECIES			
M	<1	1	ANNE ARUNDEL
HORMONEMA DEMATIOIDES			
M	80	1	BALTIMORE CITY
LECYTHOPHORA HOFFMANNII			
F	47	1	FREDERICK
MOULD			
F	76	1	BALTIMORE
MYCELIA STERILIA			
M	66	1	ANNE ARUNDEL
M	89	1	CALVERT
M	58	1	MONTGOMERY
F	52	1	TALBOT
M	73	1	TALBOT
NOCARDIA NOVA			
M	70	1	BALTIMORE CITY
M	72	1	CECIL
PAECILOMYCES SPECIES			
M	77	1	ANNE ARUNDEL
M	61	1	HARFORD
M	64	1	MONTGOMERY
PAECILOMYCES VARIOTII			
M	83	1	BALTIMORE CITY
PENICILLIUM SPECIES			
F	54	1	ANNE ARUNDEL
F	60	1	ANNE ARUNDEL
F	76	1	ANNE ARUNDEL
M	61	1	BALTIMORE CITY
F	64	1	CECIL
M	56	1	CECIL
F	45	1	MONTGOMERY
M	77	1	MONTGOMERY
F	59	1	TALBOT
F	69	1	TALBOT
F	76	1	TALBOT
M	77	1	TALBOT
RHINOCLADIELLA			
M	83	1	BALTIMORE CITY
SPOROTHRIX SCHENKII			
	0	1	BALTIMORE
SYNCEPHALASTRUM RACEMOSUM			
F	75	1	ANNE ARUNDEL
M	57	1	CHARLES
TRICHOPHYTON RUBRUM			
M	55	1	ALLEGANY
M	80	1	BALTIMORE
M	59	1	BALTIMORE CITY
M	24	1	CECIL
TRICHOPHYTON SPECIES			
M	3	1	CALVERT
	52	1	TALBOT
TRICHOPHYTON TONSURANS			
F	22	1	BALTIMORE CITY
M	7	1	BALTIMORE CITY
F	4	1	CALVERT
M	4	1	MONTGOMERY
M	2	1	TALBOT
TRICHOSPORON MUCOIDES			
M	0	1	FREDERICK
TOTAL	162		

PARASITOLOGY

GENUS/SPECIES	#	JURISDICTION
BLASTOCYSTIS HOMINIS		
	5	FREDERICK
	1	HOWARD
	8	MONTGOMERY
	6	PRINCE GEORGE'S
DIENTAMOEBIA FRAGILIS		
	2	PRINCE GEORGE'S
	1	MONTGOMERY
ENDOLIMAX NANA		
	4	HOWARD
	2	PRINCE GEORGE'S
	2	FREDERICK
ENTAMOEBIA COLI		
	1	PRINCE GEORGE'S
	1	FREDERICK
GIARDIA LAMBLIA		
	2	HOWARD
HOOKWORM		
	2	FREDERICK
IODAMOEBIA BÜTSCHLI		
	1	MONTGOMERY
	1	SAINT MARY'S
PLASMODIUM OVALE		
	1	SAINT MARY'S
TOTAL	40	

WATER MICROBIOLOGY

	# TESTED	# NON-COMPLIANT
COMMUNITY	11	1
NON-COMMUNITY	362	107
TOTAL	373	108

FOOD SAFETY & SECURITY

FOOD - 45 SAMPLES
 NOTABLE PATHOGENS:
 SALMONELLA SP. & CAMPYLOBACTER SP.

CRABMEAT - 2 SAMPLES
 1 EXCEEDING STANDARDS¹
 NOTABLE PATHOGENS: NONE

SHELLFISH - 0 SAMPLES
 0 EXCEEDING STANDARDS²
 NOTABLE PATHOGENS: NONE

SHELLFISH GROWING WATERS
 285 SAMPLES

322 TOTAL SAMPLES
1 TOTAL STANDARDS EXCEEDED

STANDARDS

¹CRABMEAT FRESH
 ESCHERICHIA COLI AT < 36 MPN/100 GRAMS
 STANDARD PLATE COUNT AT < 100,000 PER GRAM

²SHELLFISH
 FECAL COLIFORMS AT < 230 MPN/100 GRAMS
 STANDARD PLATE COUNT AT < 500,000 PER GRAM

VIRUS ISOLATION

ISOLATE			
SEX	AGE	#	JURISDICTION
COXSACKIEVIRUS A5			
M	43	1	ANNE ARUNDEL
SUBTOTAL	1		
CYTOMEGALOVIRUS			
F	38	1	BALTIMORE CITY
SUBTOTAL	1		
HERPES SIMPLEX VIRUS TYPE 1			
M	28	1	FREDERICK
F	26	1	BALTIMORE CITY
F	52	1	BALTIMORE CITY
M	12	1	BALTIMORE CITY
SUBTOTAL	4		
UNABLE TO CULTURE DUE TO SPECIMEN CONTAMINATION			
M	73	1	CECIL
SUBTOTAL	1		
TOTAL	7		

VIRAL POLYMERASE CHAIN REACTION (PCR)

ISOLATE			
SEX	AGE	#	JURISDICTION
HERPES SIMPLEX VIRUS TYPE 1			
F	26	1	BALTIMORE
F	29	1	BALTIMORE
F	17	1	BALTIMORE CITY
F	18	1	BALTIMORE CITY
F	21	1	BALTIMORE CITY
F	18	1	CAROLINE
M	25	1	CHARLES
M	18	1	HOWARD
F	19	2	PRINCE GEORGE'S
M	20	1	PRINCE GEORGE'S
F	19	1	SOMERSET
M	25	1	WASHINGTON
F	19	1	WICOMICO
F	21	2	WICOMICO
F	22	1	WICOMICO
M	23	1	WICOMICO
M	28	1	WICOMICO
F	23	1	WORCESTER
HERPES SIMPLEX VIRUS TYPE 2			
M	53	1	ALLEGANY
F	16	1	BALTIMORE
F	19	1	BALTIMORE
F	21	1	BALTIMORE
F	27	1	BALTIMORE
F	30	1	BALTIMORE
U	<1	2	BALTIMORE CITY

U	35	1	BALTIMORE CITY
U	49	1	BALTIMORE CITY
U	50	1	BALTIMORE CITY
F	<1	4	BALTIMORE CITY
F	14	2	BALTIMORE CITY
F	18	1	BALTIMORE CITY
F	19	1	BALTIMORE CITY
F	20	1	BALTIMORE CITY
F	21	1	BALTIMORE CITY
F	22	3	BALTIMORE CITY
F	23	1	BALTIMORE CITY
F	24	1	BALTIMORE CITY
F	30	2	BALTIMORE CITY
F	40	1	BALTIMORE CITY
F	42	1	BALTIMORE CITY
F	47	1	BALTIMORE CITY
M	<1	2	BALTIMORE CITY
M	17	1	BALTIMORE CITY
M	18	1	BALTIMORE CITY
M	19	1	BALTIMORE CITY
M	20	1	BALTIMORE CITY
M	21	1	BALTIMORE CITY
M	25	1	BALTIMORE CITY
M	27	1	BALTIMORE CITY
M	28	1	BALTIMORE CITY
M	31	1	BALTIMORE CITY
M	32	1	BALTIMORE CITY
M	33	2	BALTIMORE CITY
M	35	1	BALTIMORE CITY
M	41	1	BALTIMORE CITY
M	42	1	BALTIMORE CITY
M	43	1	BALTIMORE CITY
U	<1	1	BALTIMORE CITY
U	20	1	BALTIMORE CITY
U	21	1	BALTIMORE CITY
U	25	1	BALTIMORE CITY
F	23	1	CALVERT
F	28	1	CALVERT
F	22	1	CARROLL
F	24	1	CARROLL
M	21	1	CECIL
F	22	1	CHARLES
F	23	1	CHARLES
F	28	1	CHARLES
F	24	1	DORCHESTER
F	41	1	GARRETT
M	23	1	MONTGOMERY
M	41	1	MONTGOMERY
M	45	2	MONTGOMERY
F	21	1	PRINCE GEORGE'S
F	26	1	PRINCE GEORGE'S
F	27	1	PRINCE GEORGE'S
F	37	1	PRINCE GEORGE'S
F	42	1	PRINCE GEORGE'S
F	43	1	PRINCE GEORGE'S
M	25	1	PRINCE GEORGE'S
F	20	1	SOMERSET
F	28	1	SOMERSET
M	26	1	SOMERSET
F	19	1	UNKNOWN
F	24	1	WICOMICO
F	27	1	WICOMICO
F	38	1	WICOMICO
POSITIVE ENTEROVIRUS			
M	43	1	ANNE ARUNDEL
TOTAL	102		

VIRAL HEPATITIS

ORGANISM	# SPECIMENS	
	# POSITIVES	JURISDICTION
HEPATITIS A		
	3	0 BALTIMORE
SUBTOTAL	3	0
HEPATITIS B		
	62	0 ALLEGANY
	118	6 ANNE ARUNDEL
	75	1 BALTIMORE
	604	3 BALTIMORE CITY
	4	0 CALVERT
	43	0 CARROLL
	127	1 CECIL
	1	0 CHARLES
	1	0 DORCHESTER
	79	0 FREDERICK
	13	0 GARRETT
	70	0 HARFORD
	32	1 HOWARD
	353	0 MONTGOMERY
	3	0 PRINCE GEORGE'S
	356	5 PRINCE GEORGE'S
	2	0 QUEEN ANNE'S
	1	0 SAINT MARY'S
	1	0 SOMERSET
	17	0 TALBOT
	2	0 UNKNOWN
	33	0 WASHINGTON
	114	0 WICOMICO
	1	0 WORCESTER
SUBTOTAL	2,112	17
HEPATITIS C		
	55	8 ALLEGANY
	138	52 ANNE ARUNDEL
	74	5 BALTIMORE
	345	104 BALTIMORE CITY
	4	1 CALVERT
	33	8 CARROLL
	55	7 CECIL
	1	0 CHARLES
	1	0 DORCHESTER
	91	4 FREDERICK
	14	0 GARRETT
	26	0 HARFORD
	4	0 HOWARD
	31	3 MONTGOMERY
	3	0 PRINCE GEORGE'S
	222	4 PRINCE GEORGE'S
	1	0 QUEEN ANNE'S
	3	0 SAINT MARY'S
	1	0 SOMERSET
	23	2 TALBOT
	3	0 UNKNOWN
	3	3 WASHINGTON
	23	1 WICOMICO
	1	0 WORCESTER
SUBTOTAL	1,155	202
TOTALS	3,270	219

RABIES

BAT	1	PRINCE GEORGE'S
	1	BALTIMORE CITY
CAT	1	ALLEGANY
	1	HARFORD
FOX	1	FREDERICK
	1	MONTGOMERY
GROUNDHOG	1	MONTGOMERY
RACCOON	2	BALTIMORE
	1	CECIL
	1	FREDERICK
	3	HARFORD
	1	HOWARD
	4	MONTGOMERY
	2	PRINCE GEORGE'S
	1	WICOMICO
	6	WORCESTER
	2	BALTIMORE CITY
SKUNK	1	CECIL
	3	ST. MARY'S
	1	WASHINGTON
TOTAL POSITIVES	35	
TOTAL SPECIMENS	455	

CHLAMYDIOPHILIA PSITTACI

(CHLAMYDIA)

REPORTED QUARTERLY

NONE REPORTED THIS QUARTER

CD4 FLOW CYTOMETRY WORKLOAD

REPORTED QUARTERLY

COMPARING CURRENT QUARTER TO
SAME QUARTER LAST YEAR

	Level 1	Level 2	Level 3	TOTAL
	<14%	14%-28%	≥29%	
7/01/08 THROUGH 9/30/08	200	491	319	1,010
7/01/07 THROUGH 9/30/07	340	598	315	1,253

BLOOD LEAD

MARYLAND

I	<10	151
IIA	10-14	14
IIB	15-19	6
III	20-44	11
IV	45-69	0
V	>69	0

TOTAL 182

WASHINGTON DC

I	<10	1
IIA	10-14	0
IIB	15-19	0
III	20-44	0
IV	45-69	0
V	>69	0

TOTAL 1

NEWBORN & CHILDHOOD SCREENING

PRESUMPTIVE POSITIVES

DISORDERS	#
PHENYLKETONURIA	6
MAPLE SYRUP URINE DISEASE	11
HOMOCYSTEINURIA	15
TYROSINEMIA	7
ARGININEMIA	1
CITRULLINEMIA	2
GALACTOSEMIA	2
BIOTINIDASE DEFICIENCY	1
HYPOTHYROIDISM	68
HEMOGLOBIN -DISEASE	15
HEMOGLOBIN -BENIGN	439
CONGENITAL ADRENAL HYPERPLASIA (CAH)	26
CYSTIC FIBROSIS	4
FATTY ACID OXIDATIONS	10
ORGANIC ACIDEMIAS	18
ACYLCARNITINE - BORDERLINE	5
ACYLCARNITINE - OTHERS	1

MONTHLY TOTALS

# OF SPECIMENS SCREENED	10,846
NUMBER OF TESTS	704,191
% UNSATISFACTORY SPECIMENS	2.7

YEAR-TO-DATE CONFIRMED CASES

CONDITIONS	# CON- FIRMED
MCAD	2
3MCC	1
SCAD	0
VLCAD	0
GA-I	1
PA	1
MAPLE SYRUP URINE DISEASE	0
PKU- CLINICALLY SIGNIFICANT VARIANT	2
PKU- NOT CLINICALLY SIGNIFICANT VARIANT	1
GALACTOSEMIA- CLASSICAL	2
GALT DEFICIENCY	2
GALACTOSEMIA - VARIANT	1
BIOTINIDASE DEFICIENCY	0
GALACTOSE EPIMERASE DEFICIENCY	0
PARTIAL BIOTINIDASE DEFICIENCY	0
CAH- CLASSICAL SALT WASTING	2
CAH-NON-CLASSICAL	0
HYPOTHYROIDISM - PRIMARY	8
OTHER HYPOTHYROIDISM	4
SECONDARY HYPOTHYROIDISM	1
SICKLE CELL DISEASE -SS	7
SICKLE CELL DISEASE -SE	1
SICKLE CELL DISEASE -SC	3
SICKLE CELL DISEASE -S	4
β THALASSEMIA	4
CYSTIC FIBROSIS	3

ENVIRONMENTAL CHEMISTRY

SAMPLES	# NON- COMPLIANT	# TESTED
ASBESTOS		
AIR	0	0
BULK	5	8
AIR QUALITY		
PM _{2.5}	0	394
PM ₁₀	0	0
RADIATION		
AIR/CHARCOAL FILTERS	0	70
MILK	0	4
WIPES	0	47
RAW WATER	0	7
VEGETATION	0	1
OTHER	0	0
DRINKING WATER		
METALS		
COMMUNITY	3	9
NON-COMMUNITY	3	19
PRIVATE WELLS	51	195
PESTICIDES & PCBs		
COMMUNITY	0	100
NON-COMMUNITY	0	52
PRIVATE WELLS	0	3
VOLATILE ORGANIC COMPOUNDS		
COMMUNITY	1	247
NON-COMMUNITY	0	247
PRIVATE WELLS	11	176
RADIATION		
COMMUNITY	8	58
NON-COMMUNITY	0	0
PRIVATE WELLS	5	23
INORGANICS		
COMMUNITY	0	18
NON-COMMUNITY	4	30
PRIVATE WELLS	2	241
FOOD CHEMISTRY		
SUSPECTED TAMPERING	0	1
MICROSCOPIC FILTH	0	0
LABELING	0	0
SURVEILLANCE	0	2
CHEMICAL CONTAMINATION	0	0
TOTAL	93	1,952

VIRAL LOAD SPECIMENS

HIV-1 RNA COPIES/ML	<10 ³	10 ³ —10 ⁴	10 ⁴ —10 ⁵	>10 ⁵	TOTALS
ALLEGANY	6	2	1	0	9
FREDERICK	1	0	2	1	4
MONTGOMERY	81	10	9	11	111
PRINCE GEORGE'S	61	15	9	7	92
SOMERSET	1	0	0	0	1
WASHINGTON	6	2	3	0	11
WICOMICO	0	1	1	0	2
SUBTOTALS	156	30	25	19	230
DEPT. OF CORRECTIONS	35	10	12	5	62
TOTALS	191	40	37	24	292

HIV ANTIBODY SCREENING

	TOTAL SPECIMENS	# EIA POSITIVE	% EIA POSITIVE	# WB POSITIVE	% WB POSITIVE
HEALTH DEPARTMENTS AND CLINICS	2,735	156	5.70%	147	94.23%
HOSPITALS	182	9	4.95%	8	88.89%
DETENTION CENTERS	349	5	1.43%	5	100.00%
PRIVATE PHYSICIANS	15	0	0.00%	0	0.00%
STUDENT HEALTH CLINICS	300	3	1.00%	0	0.00%
EMPLOYEE HEALTH CLINICS	8	0	0.00%	0	0.00%
AUTOPSY (MEDICAL EXAMINER/HOSPITAL CASES)	337	26	7.72%	12	46.15%
ORGAN/TISSUE DONORS (ANATOMY BOARD/EYE BANK)	79	0	0.00%	0	0.00%
TOTALS	4,005	199	4.97%	172	86.43%



MAILING LABEL

Critical Link
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