



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

December 6, 2024

Dear Colleague,

We are writing to provide you with an update on respiratory illness trends in Maryland, and to ask for your help in getting Marylanders up to date on vaccinations against respiratory illnesses. Currently, while COVID-19 activity remains relatively low, we are observing increases in RSV and influenza activity in Maryland, as is typical during fall and winter months. Additionally, similar to national trends, we are continuing to observe elevated pertussis and *M. pneumoniae* activity in Maryland this year, compared to recent prior years.

COVID

- COVID-19 activity currently remains low and is stable in most areas of the [U.S.](#), including [Maryland](#); however, over the last few years, COVID activity has increased around the holiday travel season.
- Be sure patients are up to date on the 2024-2025 [COVID vaccine](#).
- The Infectious Diseases Society of America recommends nirmatrelvir with ritonavir (Paxlovid) and remdesivir (Veklury) for treatment of mild or moderate COVID-19 in people at risk for severe illness.

Influenza

- Seasonal influenza activity is increasing slightly among children but remains low [nationally](#) and [in Maryland](#).
- Be sure patients are up to date on the 2024-2025 [influenza vaccine](#).
- [Antiviral treatment](#) is recommended as soon as possible for any patient with suspected or confirmed influenza who:
 - is hospitalized;
 - has severe, complicated, or progressive illness; or
 - is at [higher risk](#) for influenza complications.

Respiratory Syncytial Virus (RSV)

- RSV activity is increasing nationally and in [Maryland](#).
- CDC recommends a single dose of RSV vaccine to protect all adults ages 75 and older and adults ages 60–74 who are at increased risk of severe RSV.
- To protect infants and some young children, CDC recommends the maternal vaccine (Pfizer's Abrysvo) for pregnant people during weeks 32–36 of pregnancy, or an RSV monoclonal antibody (nirsevimab) for babies given after birth and for some young children ages 8–19 months. Additional RSV vaccination and immunization guidance is available [here](#).

Pertussis

- In 2024, reported cases of whooping cough, also known as pertussis, have increased across the United States, suggesting a return to trends observed before the COVID-19 pandemic when more than 10,000 cases were reported each year.
- In Maryland, [preliminary data](#) show 180 pertussis cases reported in 2024 as of the week ending November 23, 2024, compared to only 17 cases during this same time period in 2023. Nationally, there have been more than six times as many cases reported during this time period in 2024 compared to 2023.
- Getting vaccinated is the best way to prevent whooping cough and its complications.
 - Babies are at highest risk of getting very sick from whooping cough. Tdap vaccination during each pregnancy is critical for providing the best protection to the youngest of babies.
 - Family members, including grandparents, and other persons who will be around babies too young to be fully vaccinated should also be up-to-date on Tdap vaccination.
- The recommended antibiotics for treatment or postexposure prophylaxis of pertussis are azithromycin, clarithromycin, and erythromycin.
- Healthcare providers should strongly consider treating prior to test results if any of the following are present: clinical history is strongly suggestive of pertussis; person is at high risk for severe or complicated disease; person has or will have contact with someone at high risk for severe disease.
 - Infants are a high-risk group, as are pregnant women in their third trimester since they'll have contact with their newborn.

Legionnaires' disease

- While Legionnaires' disease activity typically peaks in the summer and fall, cases do occur in the winter months, including increases that sometimes follow seasonal holiday travel.
- For patients with pneumonia, the following indications warrant testing for Legionnaires' disease:
 - Outpatient antibiotic failure for community-acquired pneumonia
 - Severe pneumonia, in particular illness requiring intensive care
 - Presence of an immunocompromising condition
 - Overnight travel away from the home during incubation period
 - Risk factors and hospitalization with healthcare-associated pneumonia
 - Overnight stay in a healthcare facility during incubation period
 - Epidemiologic link to a setting with known *Legionella* concerns
- The preferred diagnostic tests for Legionnaires' disease are both of the following paired together:
 - Culture and/or PCR of lower respiratory secretions
 - *Legionella* urinary antigen test
- Serological testing is **not** a preferred diagnostic test for Legionnaires' disease.

Mycoplasma pneumoniae

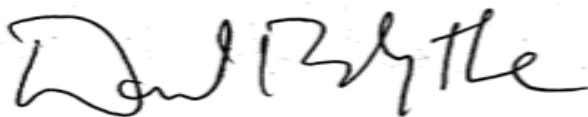
- In 2023, *M. pneumoniae* began to re-emerge globally, after a prolonged period of low incidence of infections since the start of the COVID-19 pandemic. *M. pneumoniae* infections have [increased across the U.S. in 2024](#).
- Available data indicates that *M. pneumoniae* infections have also [increased in Maryland](#) during this period of time.
- *M. pneumoniae* bacteria are naturally resistant to certain antibiotics (e.g., beta-lactams such as amoxicillin). Macrolides (e.g., azithromycin) are the first-line antibiotic treatment for *M. pneumoniae* infection. Macrolide-resistant *M. pneumoniae* remains relatively uncommon in the United States.
- Health care providers should:
 - Consider *M. pneumoniae* as a possible cause of respiratory infections, especially among children hospitalized with community-acquired pneumonia. Laboratory tests, including some PCR panels, can be used to confirm the diagnosis of *M. pneumoniae*.
 - Have increased suspicion of *M. pneumoniae* among patients with community-acquired pneumonia who aren't clinically improving on antibiotics that are ineffective against *M. pneumoniae*, such as beta-lactams.
 - Consider using a second-line antibiotic regimen, such as fluoroquinolones or tetracyclines, to treat patients with suspected or confirmed *M. pneumoniae* infection who aren't improving on macrolides.

Thank you for your attention to this important information. For questions, please call the Maryland Department of Health Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700.

Sincerely,



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