

2026



# HEALTH STATUS REPORT

St. Mary's County  
Maryland



ST. MARY'S COUNTY  
HEALTH DEPARTMENT  
Heart. Science. Service.

# County Health Status Report 2026

## *A Description of the Health Status and Health Experience of Residents in St. Mary's County, Maryland*

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## 1.0 INTRODUCTION

### Message from the Health Officer

Our St. Mary's County Health Department is pleased to share the 2026 County Health Status Report for St. Mary's County. This report provides a clear snapshot of the health of our community - what is going well, where challenges remain, and where we have opportunities to do better together.

This edition builds on our first report from 2019 and uses the most recent data available. It looks beyond doctor visits and hospitals to the everyday factors that shape health, including the environment, safety, and access to care.

To make this information more accessible and useful, this report is complemented by updated, interactive health data dashboards available on the St. Mary's County Health Department website. These dashboards allow residents, community partners, and decision-makers to explore local health data in more detail and see trends over time.

Good public health starts with good local information. When we understand the health of our community, we can better focus our efforts, strengthen partnerships, and support conditions that help people live longer and healthier lives.

This report - and the dashboards that accompany it - are tools for our entire community. By staying informed and working together, we can continue building a healthier, stronger St. Mary's County today and for future generations.



Meenakshi Brewster, MD, MPH  
Health Officer  
St. Mary's County, Maryland

## 2.0 METHODOLOGY

1. Data sources for this report include:

- St. Mary's County Health Department (SMCHD)
- Maryland Department of Health (MDH)
- National Incident Based Reporting System (NIBRS)
- American Community Survey (ACS) - United States Census Bureau (USCB)
- Maryland Behavioral Risk Factor Surveillance System (BRFSS)
- Maryland Youth Risk Behavior Survey (YRBS)/Youth Tobacco Survey (YTS)
- Chesapeake Regional Information System for Our Patients (CRISP)
- United States Department of Agriculture (USDA)
- United States Bureau of Labor Statistics (BLS)
- Centers for Disease Control and Prevention (CDC)
- CDC Wide-ranging ONline data for Epidemiological Research (WONDER)
- County Health Rankings

2. Statistical significance shows whether the difference observed between two values is real rather than due to chance. In this report, a 95% Confidence Interval (CI) was used. Statistical tools, including Microsoft Excel and the Significant Difference Calculator from Sapio Research, were used to determine statistical significance.

3. CRISP Emergency Department (ED) visit data for different conditions represent St. Mary's County residents who visited any Maryland ED.

## 3.0 DEMOGRAPHICS/POPULATION CHARACTERISTICS

The distribution of age, race, and ethnicity are characteristics that may influence health outcomes of a population. This section provides an overview of the demographics for St. Mary's County.

### 3.1 Population

St. Mary's County is one of the fastest-growing counties in Maryland, with notable fluctuations in population growth rates over recent years (Figure 1).<sup>1</sup> St. Mary's County experienced stronger population growth than both Maryland and the United States across most years shown. Growth peaked in 2020, when St. Mary's County increased by roughly 2.0%, notably outpacing state and national rates. Although growth slowed substantially in 2021, it rebounded in 2022 and 2023, and rose again in 2024 to approximately 1.3%, remaining higher than Maryland and the U.S. overall. In 2024, the estimated population in St. Mary's County was 116,469.<sup>2</sup> By 2045, the county's population is projected to be 153,900, representing an annualized growth rate of 1.01%. Despite this growth and the county's small metro classification by the National Center for Health

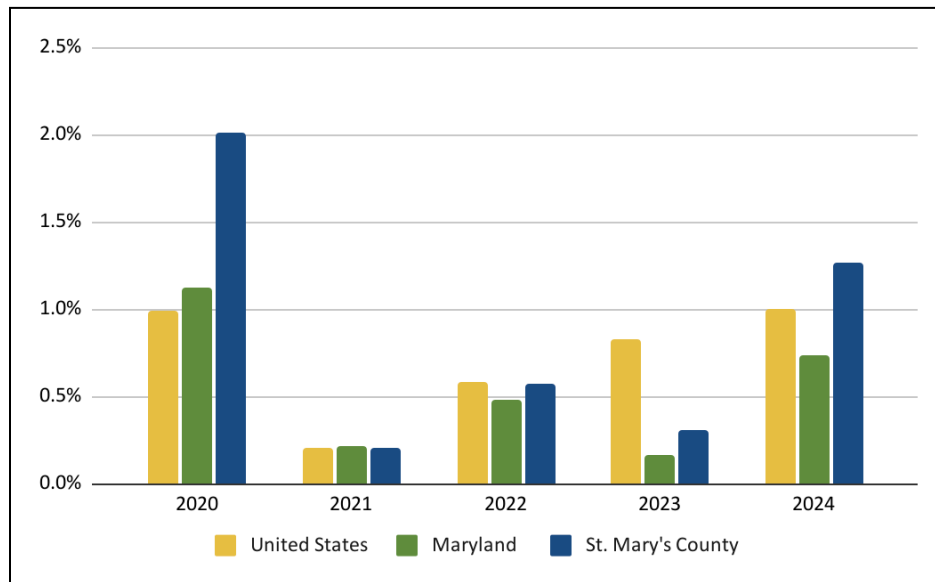
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<sup>1</sup> U.S. Census Bureau and National Center for Health Statistics

<sup>2</sup> U.S. Census Bureau, ACS 1-Year Estimates Data Profiles, 2024

Statistics, 56.7% of St. Mary’s residents live in rural settings. In contrast, 20.4% of the United States population and 14.7% of Maryland’s population live in rural settings.<sup>3</sup>

**Figure 1. Annual population growth in the United States, Maryland, and St. Mary’s County, 2020–2024**



\*Maryland and St. Mary’s County percent changes are approximate based on available multi-year census data and reputable external aggregators that reflect Census Bureau estimates

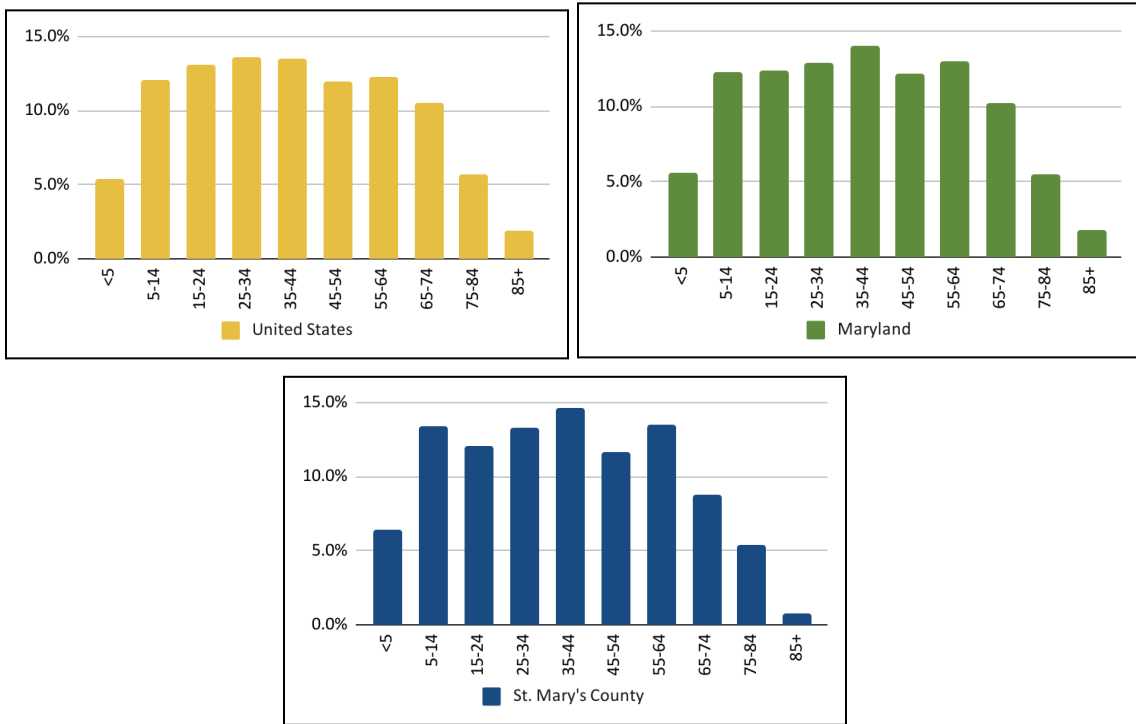
### 3.2 Age

The distribution of age groups highlights notable differences across St. Mary’s County, Maryland, and the United States. In 2024 in St. Mary’s County, the population is concentrated in the prime working-age groups, particularly among residents aged 25–34, 35–44, and 55–64, which together represent some of the largest proportions of the population. Maryland shows a similar pattern but with a relatively greater concentration in the 35–44 age group, while the United States displays a more evenly distributed age profile across adult age groups. St. Mary’s County also has a larger share of children aged 5–14 compared to both Maryland and the nation, reflecting a comparatively younger family population. The median age of persons living in St. Mary’s County in 2024 was 37.9 years, which is younger than the state median age of 39.8 years. Figure 2 shows the age distributions in the United States, Maryland, and St. Mary’s County.<sup>4</sup>

<sup>3</sup> U.S. Census Bureau 1-Year Estimates 2024 and American Health Rankings

<sup>4</sup> U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024; See also Appendix 1

**Figure 2. Age distribution of residents in the United States, Maryland, and St. Mary's County, 2024**



### 3.3 Race and ethnicity

While the population of St. Mary's County has grown, the racial makeup of the County has been stable over the five years from 2020 to 2024. The County is 71.3% white (WHT), which is higher than the United States (61%) and the state of Maryland (48.2%). Consistent with the United States and Maryland, the next largest population group is Black/African American (BLK/AA). St. Mary's County's percentage of Black/African American residents (14.6%) is smaller than the state's overall percentage (29.4%). Asian (ASN, 2.7%) and multiracial (Multi, 11.3%) residents comprise the next largest populations. American Indian/Alaska Natives (AI/AN) and Native Hawaiian/Pacific Islanders (NH/PI) each make up less than 1% of the County's population (Figure 3).<sup>5</sup>

<sup>5</sup> U.S. Census Bureau, 2020-2024 estimates

**Figure 3. Racial composition of resident population in the United States, Maryland, and St. Mary's County, 2024**

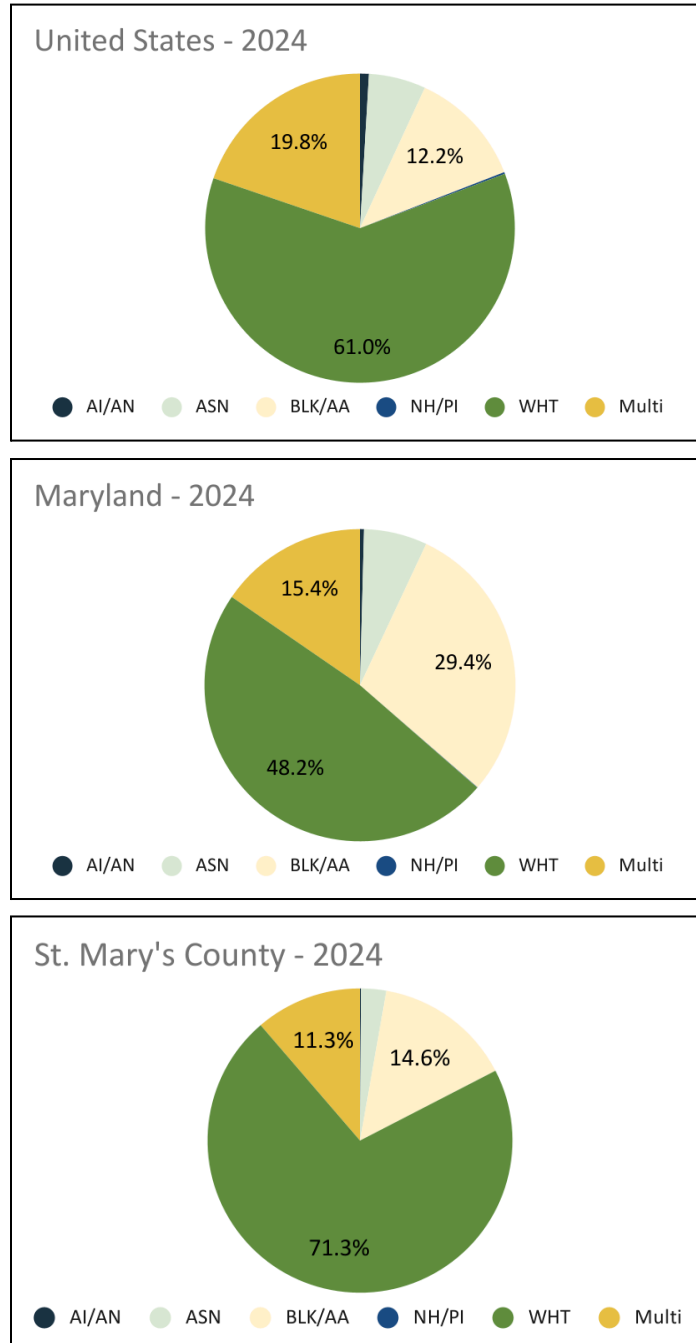
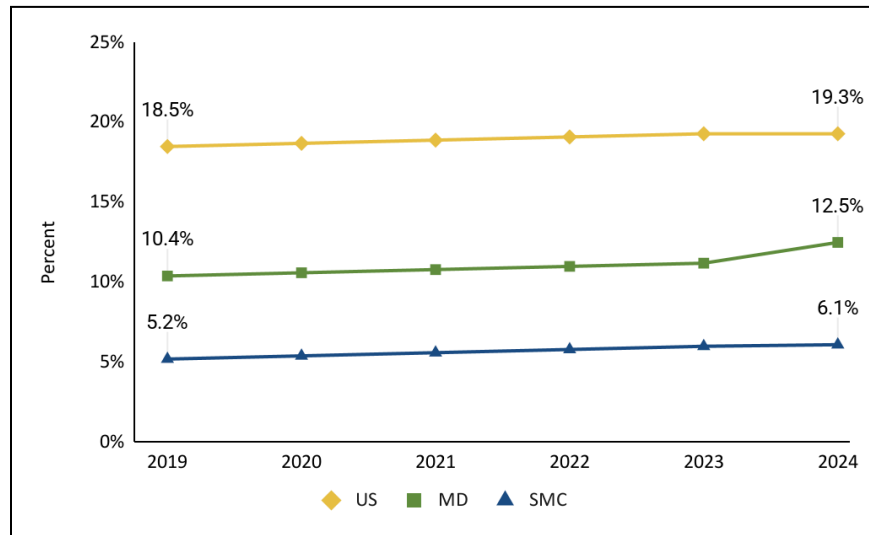


Figure 4 shows that the Hispanic share of the population increased steadily from 2019 to 2024 across the U.S., Maryland, and St. Mary's County (SMC), though SMC remained consistently lower than both comparison areas. Nationally, the Hispanic proportion rose slightly from 18.5% (2019) to 19.3% (2024). Maryland experienced a stronger increase, growing from 10.4% to 12.5% over the same period. St. Mary's County also increased gradually, from 5.2% (2019) to 6.1% (2024). This indicates slow but consistent growth in the local Hispanic population, with the

gap between SMC and both Maryland and the United States remaining substantial throughout the period.<sup>6</sup>

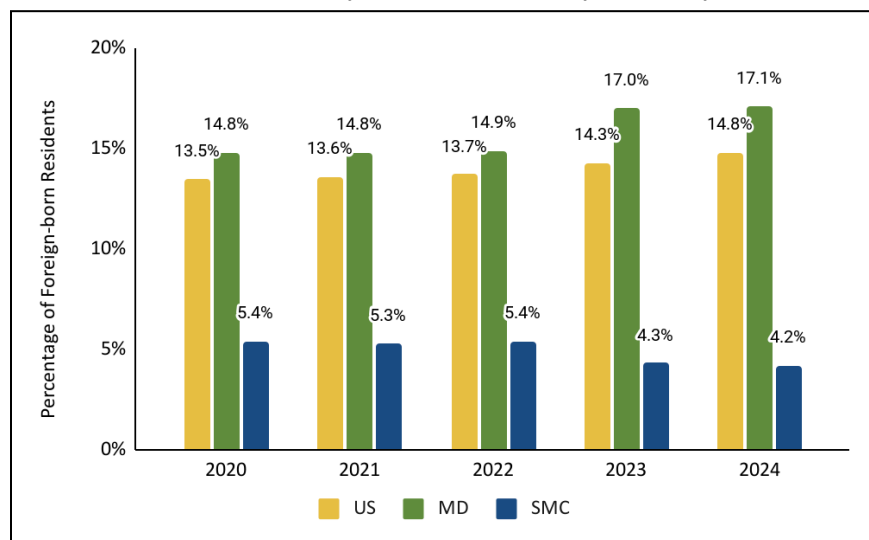
**Figure 4. Hispanic proportion of resident population in the United States, Maryland, and St. Mary’s County, 2024**



### 3.4 Place of birth

In 2024, foreign-born individuals comprised 4.2% of the total population in St. Mary’s County (Figure 5).<sup>7</sup> During the same time period, foreign-born residents comprised 17.1% of the total statewide population and 14.8% of the nation’s population.

**Figure 5. Proportion of foreign-born residents in the United States, Maryland, and St. Mary’s County, 2020-2024**



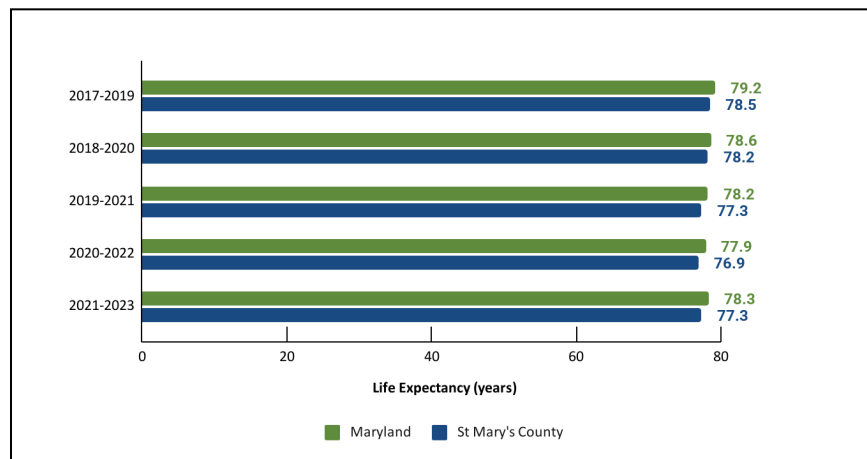
<sup>6</sup> U.S. Census Bureau, 2020-2024 estimates

<sup>7</sup> U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024

### 3.5 Life expectancy

Life expectancy at birth is the average number of years a newborn is expected to live given current conditions. The life expectancy in the U.S. is the highest in recorded history, thanks to public health interventions such as improvements in sanitation and food safety, vaccine development and use and health promotion efforts.<sup>8</sup> Life expectancy for St. Mary’s County residents has generally been lower than the Maryland state average. From 2021-2023, the life expectancy of St. Mary’s County residents (77.3 years) remained slightly lower than that of Maryland residents overall (78.3 years) (Figure 6).<sup>9</sup>

**Figure 6. Life expectancy at birth in Maryland and St. Mary’s County, 2017-2023**



### 3.6 Language

St. Mary’s County is estimated to have far more English-dominant speaking residents than both Maryland and the United States overall. Among residents aged five years and older, 92.7% of St. Mary’s County residents speak English only at home, compared with 78.9% in Maryland and 77.7% nationally. Only 7.3% of St. Mary’s County residents speak a language other than English, substantially lower than Maryland (21.1%) and the U.S. (22.3%). Spanish is the most common non-English language across all areas, but its prevalence is much lower in St. Mary’s County (2.4%) than in Maryland (9.6%) or the U.S. (13.6%). Similarly, the share of residents who speak English less than “very well” is comparatively low in St. Mary’s County (2.6%) versus Maryland (8.0%) and the U.S. (8.6%), suggesting fewer language barriers locally than at the state or national level.<sup>10</sup>

### 3.7 Education

In 2024, an estimated 92.8% of St. Mary’s County residents aged 25 years and over had attained at least a high school diploma or its equivalent, slightly higher than 91.1% in Maryland. Among those residents, 25.3% were high school graduates (including equivalency). Additionally, 36.9%

<sup>8</sup> Centers for Disease Control & Prevention, Morbidity & Mortality Weekly Report (MMWR), 1999

<sup>9</sup> Maryland Vital Statistics Annual Reports, 2017-2023

<sup>10</sup> U.S. Census Bureau, American Community Survey 5-year estimates, 2020-2024

of St. Mary’s County residents had obtained a bachelor’s degree or higher, compared to 44.7% of Maryland residents overall.<sup>11</sup>

### 3.8 Employment

In 2024, the St. Mary’s County unemployment rate was 2.7% (Table 1).<sup>12</sup> This was lower than the Maryland unemployment rate of 3.0% and the national rate of 4.0%. The estimated population of people in the labor force (16 years and older) in St. Mary’s County was 68%, slightly higher than Maryland’s rate of 67.9%.<sup>13</sup> The leading job industry category in the United States, Maryland and St. Mary’s County was education services, health care and social services. In St. Mary’s County, the second leading industry was public administration (included military), accounting for 22.1% of all jobs, while this same industry accounted for 11.1% in Maryland. In contrast to the United States and Maryland, the construction industry was among St. Mary’s County’s top job industries at 7.2 % (Table 2).<sup>14</sup>

**Table 1. Unemployment rates in the United States, Maryland and St. Mary’s County, 2019-2024**

	United States (%)	Maryland (%)	St. Mary’s County (%)
2024	4.0	3.0	2.7
2023	3.6	2.1	2.0
2022	3.6	3.2	3.1
2021	5.3	5.3	4.1
2020	8.1	6.5	4.6
2019	3.7	3.4	3.2

<sup>11</sup> U.S. Census Bureau, American Community Survey 1-year estimates, 2024

<sup>12</sup> U.S. Bureau of Labor Statistics (BLS) using the local area unemployment statistics (LAUS) program, 2024 & Maryland Manual Online; See also Appendix 2

<sup>13</sup> U.S. Census Bureau, American Community Survey 1-year estimates, 2024

<sup>14</sup> U.S. Census Bureau, American Community Survey 1-year estimates, 2024

**Table 2. Leading job industries in the United States, Maryland and St. Mary’s County, 2024**

Industry	United States (%)	Industry	Maryland (%)
Educational services, health care and social assistance	23.8	Educational services, health care and social assistance	24.7
Professional, scientific, and management, and administrative and waste management services	12.9	Professional, scientific, and management, and administrative and waste management services	16.6
Retail Trade	10.6	Public Administration (includes military)	11.1
Manufacturing	9.6	Retail Trade	8.9
Arts, entertainment, and recreation, and accommodation and food services	8.9	Arts, entertainment, and recreation, and accommodation and food services	7.9

Industry	St. Mary’s County (%)
Educational services, health care and social assistance	22.9
Public Administration (includes military)	22.1
Professional, scientific, and management, and administrative and waste management services	16.4
Construction	7.2
Retail Trade	6.3

### 3.9 Income

In 2024, the estimated median household income in St. Mary’s County was \$123,666, which was higher than the state median income of \$102,905 (Table 3).<sup>15</sup> These same estimates indicate that household income in St. Mary’s County varies dramatically by race and ethnicity. In 2024, the median income in St. Mary’s County was highest in White households (\$134,099) and lowest in African American households (\$87,552).

<sup>15</sup> U.S. Census Bureau, American Community Survey 1-year estimates, 2024

**Table 3. Median Household Income in Maryland and St. Mary’s County, 2020-2024**

	Maryland Total	SMC: Total	SMC: African American	SMC: Asian	SMC: White	SMC: Two or more races	SMC: Hispanic, all races
2024	\$102,905	\$123,666	\$87,552	\$118,803	\$134,099	\$129,051	\$129,071
2023	\$98,678	\$102,282	\$78,284	\$153,879	\$104,218	\$132,035	\$103,182
2022	\$94,991	\$113,717	\$82,703	\$138,111	\$123,586	\$98,448	\$77,479
2021	\$90,203	\$108,397	\$70,348	\$104,664	\$112,139	\$114,935	\$114,708
2020	\$87,063	\$95,864	\$52,612	\$125,287	\$104,273	\$91,682	\$74,500

\*Dollar (\$) refers to USD. SMC=St. Mary’s County.

### 3.10 Poverty

During 2024, an estimated 7.9% of St. Mary’s County residents had incomes below the federal poverty level. By comparison, greater percentages of residents statewide (9.1%) and nationally (12.1%) had incomes below the federal poverty level. St. Mary’s County’s poverty rate has remained relatively stable in recent years, with only minor year to year fluctuations (e.g., 7.8% in 2021, 8.0% in 2022 and 7.9% in 2024).<sup>16</sup>

### 3.11 Housing

In 2024, an estimated 74.9% of St. Mary’s County residents owned their own home (Table 4).<sup>17</sup> This percentage is higher than that for Maryland (67.8%) and the United States (65.3%). For St. Mary’s County residents who owned their home, the median cost of ownership was 15.5% of household income. For those renting in St. Mary’s County, the median rent was 25.3% of household income.

**Table 4. Selected characteristics related to housing  
in the United States, Maryland and St. Mary’s County, 2024**

	Owner occupant (total pop.)	Cost of ownership as % of income	Median home value*	Renter (total pop.)	Rent as % of income	Median rent
U.S.	65.3%	17.6%	\$360,600	34.7%	30.9%	\$1,487
Maryland	67.8%	18.2%	\$436,300	32.2%	30.8%	\$1,721
St. Mary’s	74.9%	15.5%	\$415,300	25.1%	25.3%	\$1,741

<sup>16</sup> U.S. Census Bureau, Small Area Income and Poverty (SAIPE) Program and U.S. Census Bureau, American Community Survey 1-year estimates, 2024

<sup>17</sup> U.S. Census Bureau, American Community Survey 5-year estimates, 2019-2024

### 3.12 Households

The average household size in St. Mary's County in 2024 was estimated to be 2.63 persons, similar to the national average in the United States (2.5 persons) and the average in Maryland (2.55 persons). The County has a higher percentage of households with at least one person under the age of 18 years (36.8%) compared to 28.5% in the United States and 29.4% in Maryland. Of the family households in St. Mary's County, 56.7% are married-couple family households. This number is higher than in Maryland (45.5%) and the United States (46.7%).<sup>18</sup>

Among households in St. Mary's County, an estimated 96.4% have computers. This is lower than the estimated rate for the United States (96.6%) and Maryland (97.1%). Among those with computers, 97.1% of St. Mary's County households have a broadband internet subscription (higher than the Maryland average of 94.4% and the US average of 93.2%).<sup>19</sup>

### 3.13 Transportation

In 2024, 80% of working residents in St. Mary's County were employed within the County, with a mean travel time to work of 29.9 minutes. Among working residents, 72.2% commute alone, 5.7% carpool, and 0.9% use public transportation. The remainder either walk or work from home. Approximately 13.2% of St. Mary's County residents commute more than 60 minutes. This figure exceeds both the Maryland average (12.7%) and the national average (8.6%).<sup>20</sup>

## 4.0 SOCIAL DETERMINANTS OF HEALTH

### 4.1 Access to Healthy Foods and Recreation

Healthy food choices and an active lifestyle are essential for preventing and controlling chronic diseases, such as diabetes, cancer, heart disease, and high blood pressure. These chronic diseases contribute to the leading causes of death nationally, including in St. Mary's County.

Living close to sources of healthy food is one of the factors associated with better eating habits and a decreased risk of obesity and diet-related diseases. Accessing healthy food is a challenge for many families, particularly those living in low-income neighborhoods and rural areas. In 2019, 17.2% of St. Mary's County residents had low access to a grocery store. Low access to a grocery store is defined as living more than 1 mile (urban area) or 10 miles (rural area) from a supermarket or large grocery store.<sup>21</sup>

In St. Mary's County, food insecurity remains a significant concern: in 2023, the county's food insecurity rate was 12.5% and the child food insecurity rate was 13.1%, with both increasing compared to 2021 and 2022.<sup>22</sup> A key issue is that an estimated 50% of food-insecure children live

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<sup>18</sup> U.S. Census Bureau, American Community Survey 1-year estimates, 2024

<sup>19</sup> U.S. Census Bureau, American Community Survey 1-year estimates, 2024

<sup>20</sup> Bureau of Labor Statistics Local Area Unemployment Statistics, U.S. Census Bureau, American Community Survey, 2020-2024 5-Year estimates

<sup>21</sup> Economic Research Service, U.S. Department of Agriculture, Food Environment Atlas

<sup>22</sup> Feeding America. Map the Meal Gap 2023

in households that may not qualify for federal nutrition assistance. Despite these challenges, St. Mary's has strong support systems, including five school-wide Title I schools and over 20 food pantries, with 33.8% of students eligible for free or reduced-price lunch.<sup>23</sup> Furthermore, the Maryland Food Bank distributed 682,018 lbs of food in the county between July 2023 and June 2024.<sup>24</sup> St. Mary's County currently holds a Food Environment Index of 8.5 out of 10. While this indicates relatively strong access and affordability, it remains slightly below the overall Maryland index of 8.7.<sup>25</sup>

In addition to access to healthy food, access to and use of recreational facilities are associated with positive health outcomes. According to the 2025 County Health Rankings, only 61% of St. Mary's County residents have adequate access to parks or recreational facilities.<sup>26</sup> This is substantially lower than 93% for the overall Maryland population. Adequate access is defined as living in a census block within a half-mile of a park, or within one mile (in urban areas) or three miles (in rural areas) of a recreational facility.

## 4.2 Environmental Quality

### 4.2.1 Lead

Lead exposure can cause long-term neurological damage associated with learning and behavioral problems. There is no safe level of lead exposure in children. Children are at greatest risk from birth to age six while their neurological systems develop. Paint dust or chips from deteriorated lead-based paint, or from renovating old houses (particularly those built before 1978), are the primary sources of lead exposure for children in Maryland. At the time this report was developed, Maryland required children to have a blood lead test at ages one and two (when mouthing behavior presents the greatest likelihood of lead exposure) if they met any of the following criteria:

- o Live in an identified "at-risk" zip code (areas with a high proportion of pre-1950 housing units). At-risk areas in Maryland include Baltimore City as well as Allegany, Caroline, Dorchester, Frederick, Garrett, Somerset, Washington, Wicomico, and Worcester Counties.
- o Participate in Maryland's Medicaid program.
- o Give a positive response to the "Risk Assessment Questionnaire" conducted at regular medical checkups on children up to six years of age.

In 2021, the CDC lowered the Blood Lead Reference Value (BLRV) to 3.5 µg/dL. This value identifies children with higher levels of lead in their blood compared to most children nationwide and indicates the need for follow-up actions.

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<sup>23</sup> National Center for Education Statistics, 2023-2024

<sup>24</sup> Maryland Food Bank, Maryland Hunger Map, 2025

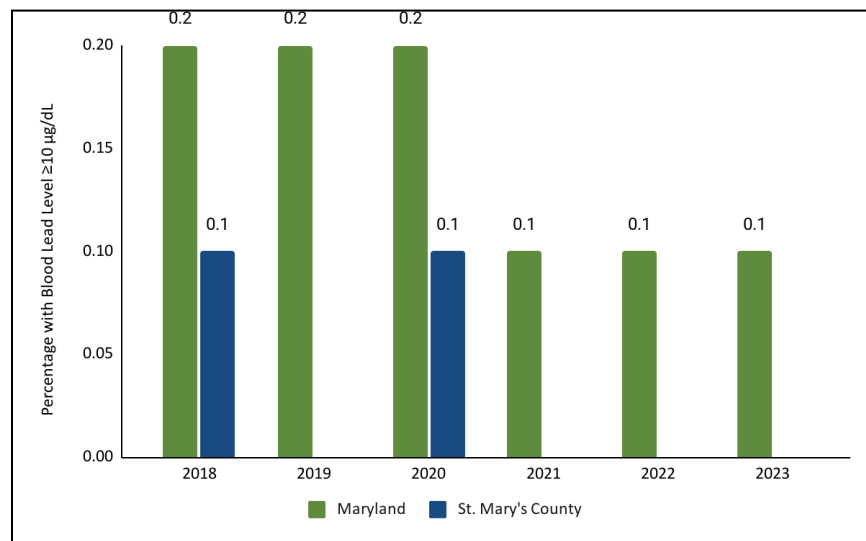
<sup>25</sup> County Health Rankings, 2025

<sup>26</sup> County Health Rankings and Roadmaps, 2025 (GIS proximity measures, 2019)

Maryland has implemented recommendations for case management and follow-up for children with blood lead levels of 3.5 µg/dL or higher. At higher confirmed blood lead levels, state guidelines mandate standard case management, home visits, and environmental inspections.

In 2023, approximately 29.7% of children aged 0–72 months had their blood lead levels tested. Among those tested, the percentage of new elevated blood lead levels ( $\geq 10$  µg/dL) remained at 0%, consistent with 2022 data. Overall, St. Mary’s County percentages were consistently lower than Maryland’s percentages, as shown in Figure 7.<sup>27</sup>

**Figure 7. Percentage of new cases of elevated blood lead levels in children 0-72 months old in Maryland and St. Mary’s County, 2018-2023**



Note: In 2019, 2021, 2022 and 2023, the value for St. Mary’s County was 0.

#### 4.2.2 Waste Generation and Recycling

St. Mary’s County generated 114,725 tons of municipal solid waste and industrial waste in 2022. Through recycling and source reduction credits, the County achieved a waste diversion rate of 23.3%, which is lower than Maryland’s waste diversion rate of 45.8%. Waste diversion is the prevention and reduction of generated waste through source reduction, recycling, reuse, or composting. Waste diversion generates a host of environmental, financial, and social benefits, including conservation of energy, reduction of disposal costs, and reduction of the burden on landfills and other waste disposal methods.<sup>28</sup>

#### 4.2.3 Air Quality

Air pollution is a major environmental health concern, as increasing pollution levels are associated with more frequent and severe adverse health effects. Particulate matter—such as dust, soot, smoke, and dirt—is of particular concern. Fine particles less than 10 micrometers in

<sup>27</sup> Maryland Department of the Environment, Lead Poisoning Prevention Program, Childhood Blood Lead Surveillance in Maryland Annual Report, 2018-2023

<sup>28</sup> Maryland Solid Waste Management and Diversion Report, Maryland Department of the Environment, 2023

diameter (PM10) and especially those less than 2.5 micrometers (PM2.5) can penetrate deep into the lungs, worsening respiratory conditions including asthma, bronchitis, and emphysema. Elevated particulate levels are also linked to cardiovascular disease and low birth weight. The national annual standard for PM2.5 is 12.0  $\mu\text{g}/\text{m}^3$ . In 2021, St. Mary's County officially recorded an annual PM2.5 level of 7.7  $\mu\text{g}/\text{m}^3$ , slightly lower than Maryland's average of 7.9  $\mu\text{g}/\text{m}^3$ , indicating generally acceptable baseline air quality.<sup>29</sup>

In addition to particulate matter, other pollutants—including carbon monoxide (CO), lead (Pb), nitrogen dioxide (NO<sub>2</sub>), ozone (O<sub>3</sub>), and sulfur dioxide (SO<sub>2</sub>)—contribute to adverse health outcomes. Ground-level ozone, formed when vehicle and industrial emissions react in sunlight, can reduce lung function and aggravate chronic respiratory diseases. In 2021, St. Mary's County experienced three days of unhealthy ozone exposure, compared to 17 days statewide.<sup>30</sup>

Air quality in St. Mary's County is monitored through BreatheWell St. Mary's, a countywide initiative led by the St. Mary's County Health Department. The program uses a network of real-time outdoor sensors, including those at public schools and community locations, to measure PM2.5. These data are translated into the Air Quality Index (AQI) to communicate health risk levels. Most days reflect good to moderate air quality, though periodic short-term increases occur, at times reaching levels considered unhealthy for sensitive populations such as children, older adults, and individuals with asthma or heart disease. These increases are often associated with regional wildfire smoke, temperature inversions, or stagnant air conditions.

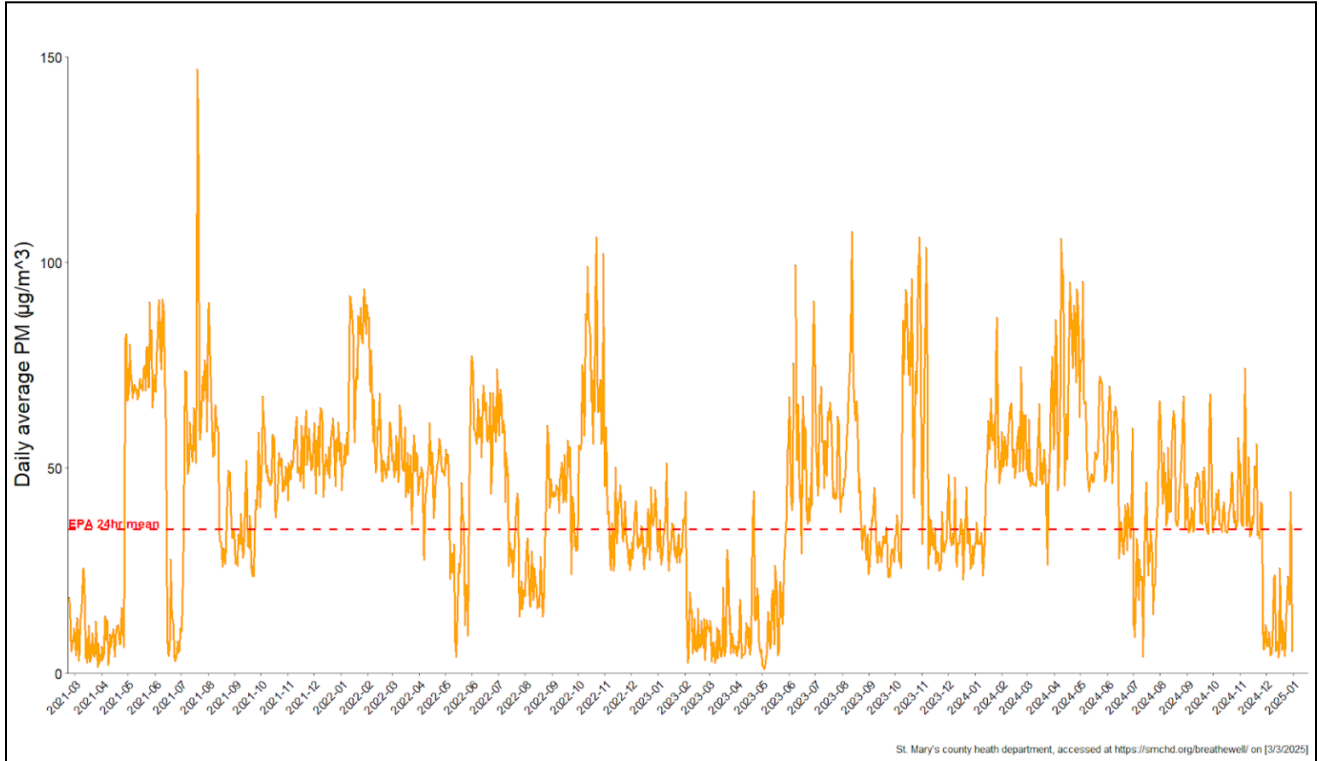
Figure 8 illustrates daily average PM2.5 concentrations in St. Mary's County from 2021–2025, showing generally low to moderate levels with intermittent short-term spikes. While sustained high PM2.5 levels are uncommon, these episodic increases may pose temporary health risks, particularly for vulnerable populations. Figure 9 also shows exceedance days for PM2.5 from 2021–2024, which vary year to year, reflecting environmental conditions and episodic pollution events. Although overall air quality remains acceptable, these exceedances underscore the importance of continued monitoring and mitigation efforts.

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<sup>29</sup> Maryland, Air Quality, Seasonal Report 2021 and EPH tracking

<sup>30</sup> Maryland, Air Quality, Seasonal Report 2021 & EPH tracking

**Figure 8: Daily average PM2.5 in St. Mary's County, 2021-2025**



**Figure 9: Exceedance days in St. Mary's County, 2021-2024**

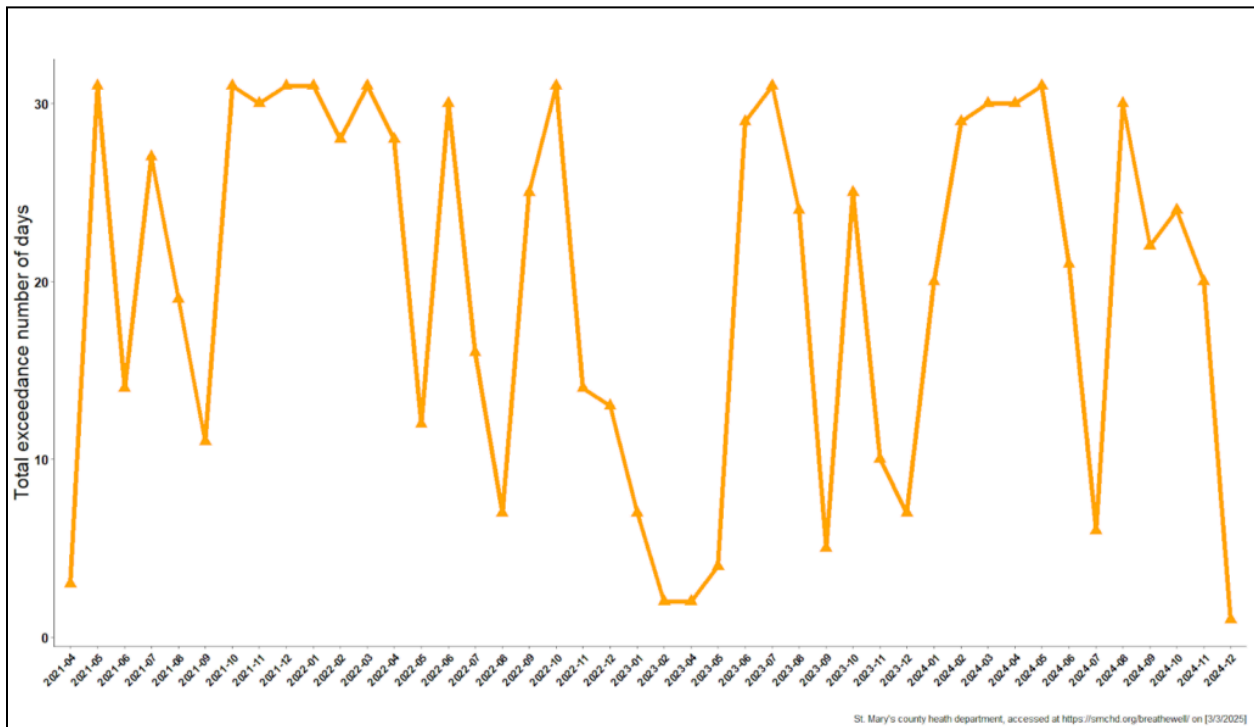
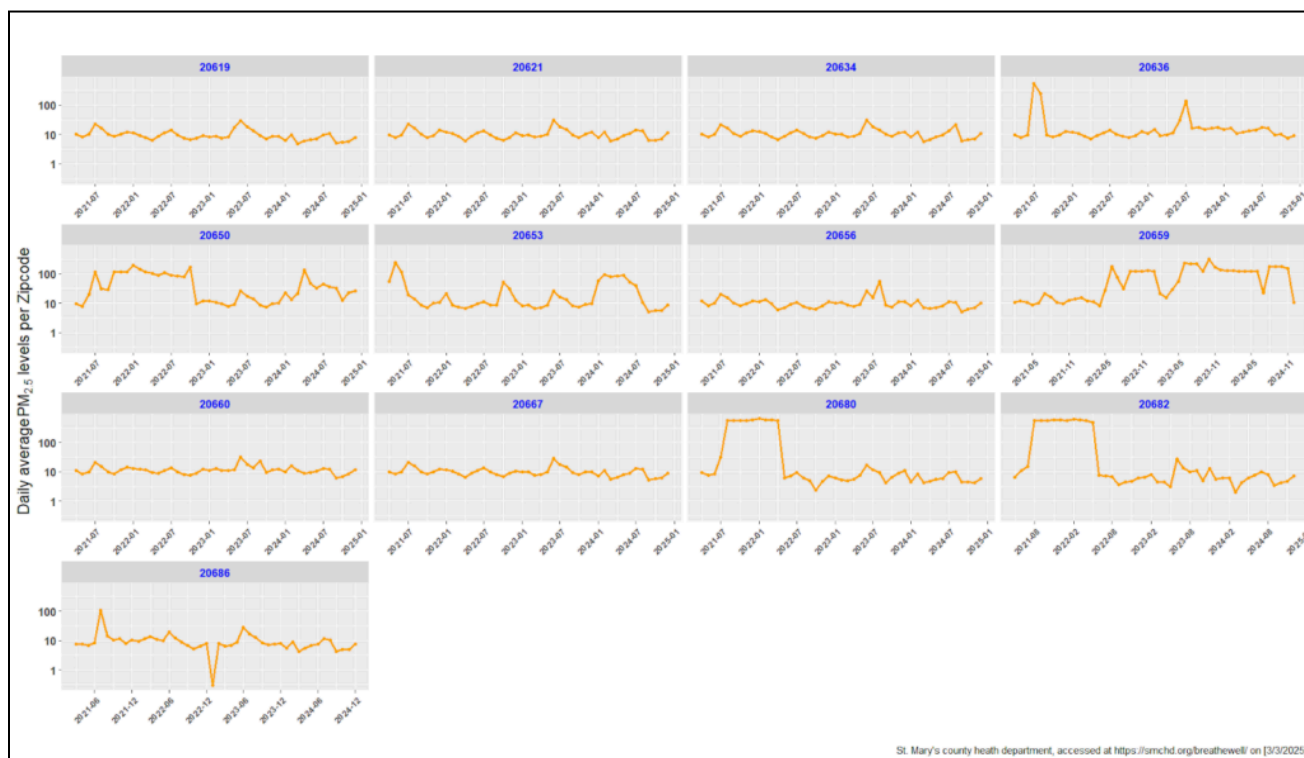


Figure 10 shows average daily PM2.5 levels by ZIP code from 2021–2025, highlighting geographic variation within the county. Most ZIP codes show similar PM2.5 patterns; however, ZIP code 20680 (Ridge) exhibited more pronounced short-term spikes, while 20667 (Park Hall) and 20660 (Morganza) displayed steadier trends. These differences suggest localized influences such as traffic, land use, and meteorological conditions, reinforcing the need for neighborhood-level air quality monitoring.

**Figure 10: Average PM2.5 levels in St. Mary’s County (select ZIP Codes), 2021-2025**



#### 4.2.4 Crime and Safety

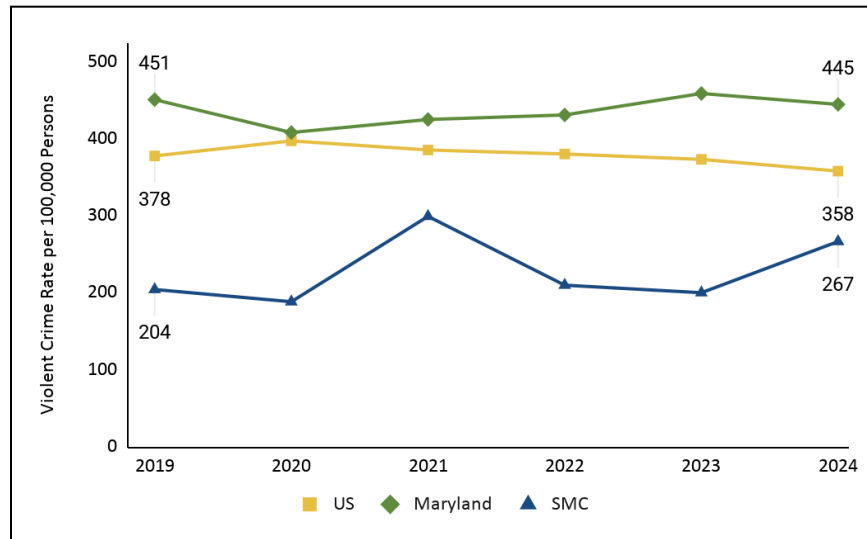
The Maryland Crime Dashboard includes violent and property crime data at the county, state and national levels. Violent crime includes aggravated assault, murder, rape and robbery. In 2024, St. Mary’s County’s violent crime rate was 267 per 100,000 persons.<sup>31</sup> This was a 33.2% increase from the previous year. In 2024, both Maryland and the United States saw decreases in violent crime rates compared to the previous year. However, data shows that violent crime rates for Maryland and the United States over the previous years have been higher and statistically significant when compared to St. Mary’s County's rates for the period of 2019 to 2024 (Figure 12).

Property crime includes breaking and entering, larceny/theft and motor vehicle theft. In 2024, the property crime rate for St. Mary’s County was 1,126 per 100,000 persons. This was a 15.3% increase from the previous year. In 2024, Maryland and the United States both saw decreases in the property crime rate compared to the previous year. However, data from the previous years

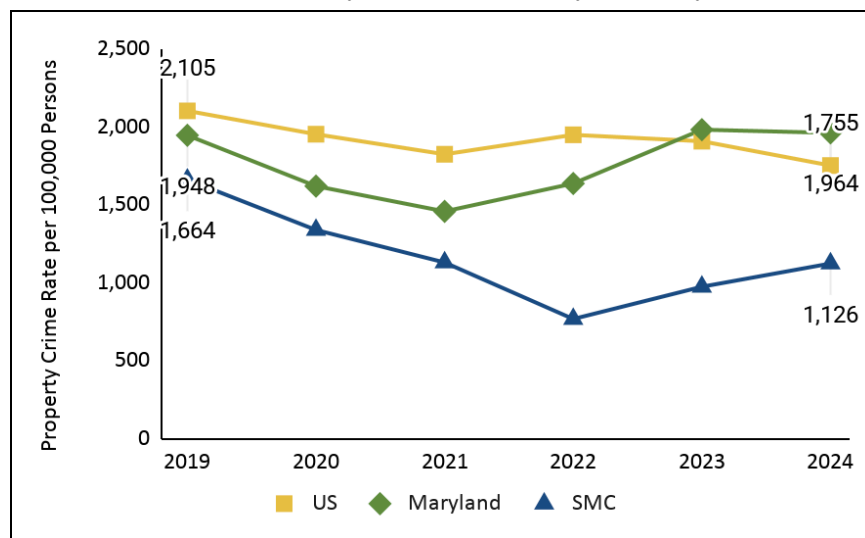
<sup>31</sup> Maryland State Police, Federal Bureau of Investigation, 2019-2024

show that the property crime rates in Maryland and the United States have been higher and statistically significant when compared to St. Mary's County (Figure 13).<sup>32</sup>

**Figure 11. Rates of violent crime (per 100,000 persons) in the United States, Maryland and St. Mary's County, 2019-2024**



**Figure 12. Rates of property crime (per 100,000 persons) in the United States, Maryland and St. Mary's County, 2019-2024**



Simple assault incidents reported to the St. Mary's County Sheriff's Office between January and March 2024 occurred across multiple communities in the county, including Lexington Park, Great Mills, Leonardtown, California, Charlotte Hall, Ridge, and Avenue. Many of these incidents involved domestic-related circumstances, indicating that interpersonal and household conflict remains a significant contributor to assault activity. Incidents were reported in a range of residential settings and frequently occurred during late-night and early-morning hours.

<sup>32</sup> Maryland State Police, Federal Bureau of Investigation, 2019-2024

Across the multi-year period (2018-2024), weapon offenses and firearm-related assaults accounted for the largest share of gun-related incidents, together comprising over half of all reported gun violence. Weapon offenses represented 27.7% of incidents, while assault involving a firearm accounted for 26.6%, reflecting persistent and elevated levels of non-fatal gun-related violence over time. Reckless endangerment incidents made up 25.9% of all cases, peaking in the early 2020s before declining slightly in recent years. Robbery involving a firearm accounted for 10.2% of incidents and showed overall lower volumes compared to assault-related offenses. Contact shootings, which include confirmed shooting events, represented 7.3% of all incidents and increased notably after 2020, remaining elevated through 2024. Murders involving firearms accounted for the smallest proportion at 2.2%, remaining relatively low and stable across years despite fluctuations in other categories. Overall, the change in trends since 2020 have been primarily driven by non-fatal firearm assaults, weapon offenses, and reckless endangerment rather than homicide.<sup>33</sup>

Between 2018 and 2024, gun-related crimes were highly concentrated in a small number of communities. California and Great Mills accounted for the largest shares, representing 36.2% and 30.5% of reported incidents, respectively. Together, these two areas make up more than two-thirds of all gun crimes in the county. Additionally, Hollywood accounted for 11.4% of incidents and Charlotte Hall for 6.1%. All other communities individually accounted for less than 4% of reported crimes.<sup>34</sup> This distribution indicates that gun crime is not evenly spread geographically but is instead clustered primarily in a few population-dense or high-activity areas.

### **4.3. Access to Healthcare**

#### **4.3.1 Health resource availability**

Estimates for 2023 indicate that 5% of St. Mary's County residents did not have health insurance of any type (Figure 13 and Table 5).<sup>35</sup> This is slightly lower than the state (7%) and national (10%) figures. Among County residents under 18 years, 3% did not have health insurance of any type. The largest portion of uninsured individuals in St. Mary's County was in the 18-64 age range (6.0%).

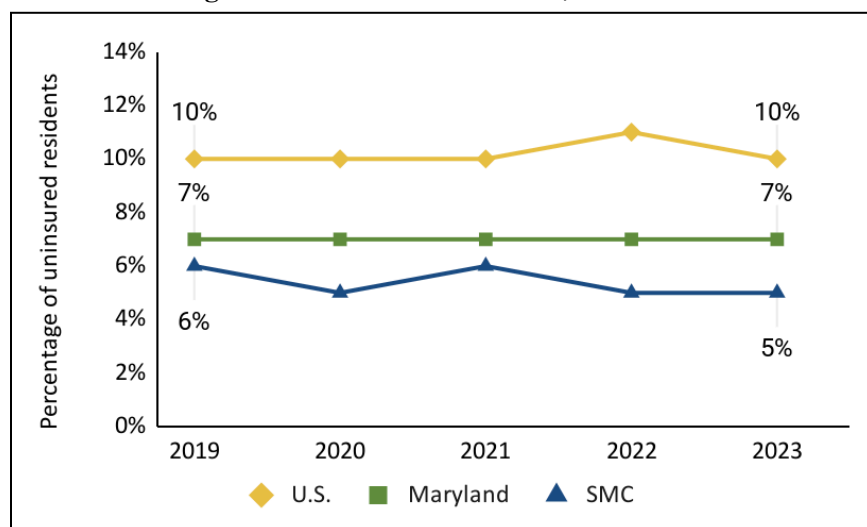
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<sup>33</sup> St. Mary's County Health Department, 2025

<sup>34</sup> St. Mary's County Health Department, 2025

<sup>35</sup> County Health Rankings & Roadmaps, Maryland Health Data, Table for % Uninsured, 2023

**Figure 13. Uninsured residents, 2019–2023**



**Table 5. Uninsured residents in St. Mary’s County, by age, 2019-2023**

	Total	<18 years	18-64 years
<b>2023</b>	5.0%	3.0%	6.0%
<b>2022</b>	5.0%	3.0%	6.0%
<b>2021</b>	6.0%	4.0%	6.0%
<b>2020</b>	5.0%	4.0%	6.0%
<b>2019</b>	6.0%	4.0%	6.0%

In 2024, approximately 81.3% of St. Mary’s County residents had private insurance coverage (alone or in combination) through employer-based, direct-purchase, or tricare/military health insurance (Table 6a). In St. Mary’s County, employer-based health insurance (alone or in combination) accounts for the highest proportion of private insurance by type at 66.8%. The proportion of people covered by private health insurance is higher in St. Mary’s County than in Maryland (73.3%) and the United States (67.2%). The difference in rates is statistically significant when comparing the county rate to both the state and national rates.

**Table 6a. Private health insurance by payer source (alone or in combination), 2024**

	Total Private Coverage	Employer-based	Direct purchase	Military/ Tricare
<b>U.S.</b>	67.2%	54.6%	14.1%	2.8%
<b>Maryland</b>	73.3%	61.7%	13.7%	3.8%
<b>St. Mary’s County</b>	81.3%	66.8%	12.9%	10.6%

It is estimated that one in five people from St. Mary’s County was enrolled in either Medicaid or the Maryland Children’s Health Insurance Program (CHIP) in 2025.<sup>36</sup> In comparison, one in four Marylanders were enrolled in Medicaid or CHIP in 2024. Table 6b shows the number of enrollees in Medicaid, CHIP and Medicare in Maryland and St. Mary’s County in 2025. Data from the Centers for Medicare and Medicaid Services show that approximately 17% of people in St. Mary’s County and 19% of people in Maryland were enrolled in Medicare in 2025.<sup>37</sup> The difference in rates between St. Mary’s County and Maryland is statistically significant.

**Table 6b. Medicaid, CHIP and Medicare enrollment in Maryland and St. Mary’s County, 2025**

	Total (Medicaid and CHIP)	Medicaid	CHIP	Medicare*
<b>Maryland</b>	1,777,489	1,563,021	214,477	1,182,153
<b>St. Mary’s County</b>	25,899	23,121	2,778	20,062

\*Medicare enrollment data as of December 2025.

In addition to the ability to pay, the number of healthcare practitioners in a community influences access. In 2021, the estimated primary care physician-to-population ratio in St. Mary’s County was one per 2,730 residents. Maryland had an estimated ratio of one per 1,180 residents, and the United States had an estimated ratio of one per 1,330 residents.<sup>38</sup>

Areas of St. Mary’s County have been designated by the Health Resources and Services Administration (HRSA) as Health Professional Shortage Areas (HPSA). The southern portion of the County, including Great Mills, Lexington Park, Park Hall, and California, has a geographic designation as a primary care HPSA, which indicates an area with a shortage of primary, dental, and mental healthcare providers.<sup>39</sup> The entire County has been designated a mental health HPSA. Additionally, the Chaptico/Milestown communities have been designated a medically underserved area (MUA). An MUA designation indicates that an area has an insufficient number of primary care providers, high infant mortality rates, high poverty levels, or a large elderly population. Lexington Park has been designated as a Medically Underserved Population (MUP). An MUP designation indicates a shortage of primary care health services for a particular population subset. Other characteristics of a MUP include high poverty rates, high infant mortality rates, a large elderly population, and economic, cultural, and language barriers. St. Mary’s County is home to a satellite clinic of Greater Baden Medical Services. Greater Baden is a federally-qualified health center (FQHC). An FQHC is an organization receiving grants under Section 330 of the Public Health Service Act. An FQHC must serve an underserved area or

<sup>36</sup> Maryland Medicaid DataPort, The Hilltop Institute UMBC, 2025

<sup>37</sup> Centers for Medicare and Medicaid Services, 2025

<sup>38</sup> County Health Rankings, 2021

<sup>39</sup> Health Resources and Services Administration, 2023

population, offer a sliding fee scale, provide comprehensive health services, and have an ongoing quality assurance program.

Prevention Quality Indicators (PQIs) are a set of measures focusing on potentially preventable hospitalizations due to conditions that could be managed more effectively with appropriate outpatient care. PQIs are used with inpatient discharge data to identify ambulatory care sensitive conditions (ACSC) in adult populations. Appropriate outpatient care of ACSCs can prevent the need for hospitalizations and provide interventions to prevent complications or more severe disease. Table 7 below shows the PQI rates for the United States, Maryland, and St. Mary’s County.<sup>40</sup> In 2022, St. Mary’s County’s PQI rate (3,096 per 100,000 beneficiaries) was higher than the national rate and Maryland’s rate.

**Table 7. Prevention Quality Indicator (per 100,000 beneficiaries), 2018-2022**

	United States	Maryland	St. Mary’s County
2022	2,665	2,520	3,096
2021	2,681	2,486	3,299
2020	2,770	2,582	3,193
2019	3,770	3,547	3,952
2018	4,398	4,274	4,133

Readmission rates are an additional measure of the dynamic between hospital-based care and preventive and primary care in a community. Generally, a hospital readmission occurs when a patient is admitted to a hospital within a specific period after being discharged from an initial hospitalization. In Medicare, this time frame is defined as 30 days and includes readmissions to any hospital, not just the one that initially provided inpatient care. Table 8 below shows the number of Medicare readmissions per 100 admissions.<sup>41</sup> In 2021, St. Mary’s County and Maryland had similar readmission rates. However, since 2021, St. Mary’s County readmission rates have consistently been lower than Maryland’s.

**Table 8. Medicare readmission rates (per 100 admissions), all causes, 2021-2025**

	Maryland	St. Mary’s County
2025	16	14
2024	16	12
2023	16	13
2022	16	14
2021	16	16

<sup>40</sup> Center for Medicaid and Medicare Services, 2018-2022

<sup>41</sup> CRISP, 2021-2025

## 5.0 BEHAVIORS THAT INFLUENCE HEALTH

### 5.1 Nutrition

A healthy lifestyle involves many choices, including choosing a healthy diet. According to the Dietary Guidelines for Americans 2020, individuals should

- Follow a healthy dietary pattern at every life stage
- Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations
- Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits
- Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages

Estimates show that in 2021, 59.2% of St. Mary's County adults reported eating fruit one or more times per day.<sup>42</sup> The 2022 Maryland Youth Risk Behavior Survey (YRBS) indicates that 56.8% of St. Mary's County high school students reported eating vegetables one or more times per day. This statistic was consistent with the overall percentage for Maryland high school students (56.8%). This survey also indicates that 45.1% of St. Mary's County high school students reported eating fruit or drinking 100% fruit juices one or more times per day before being surveyed. This statistic was lower compared to the overall percentage for Maryland high school students (52.5%). Also, within St. Mary's County, greater percentages of Multiracial Non-Hispanic (53.8%) and Asian (46.9%) students, compared with Non-Hispanic White (43.4%) students, reported eating fruits or drinking 100% fruit juice one or more times per day.<sup>43</sup>

Sugar-sweetened beverages (SSBs) are the largest source of added sugar and a significant contributor of calories in the national diet. SSBs also tend to have few other nutrients. In 2022, only 32.3% of St. Mary's County high school students reported **not** drinking a can, bottle, or glass of soda or pop one or more times per day during the week prior to being surveyed. This statistic is slightly lower than the overall percentage for Maryland high school students (33.5%).

Within St. Mary's County, greater percentages of Asian (58.6%) and Non-Hispanic Black (36.1%) students, compared with Non-Hispanic White (30.8%) students, reported no soda consumption.<sup>44</sup>

### 5.2 Physical Activity

One of the objectives of Healthy People 2030 is to increase the proportion of adults who do enough aerobic and strength-training exercises (spend at least 150 minutes a week of moderate-intensity aerobic activity and muscle-strengthening activity at least 2 days a week). The national target for this objective is to increase the proportion of adults engaging in healthy activities from the baseline of 25.2% in 2020 to 29.7% by 2030. The Maryland BRFSS 2023 reported that the percentage of adults who participated in 150 minutes (or vigorous equivalent

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<sup>42</sup> Health Indicators Warehouse

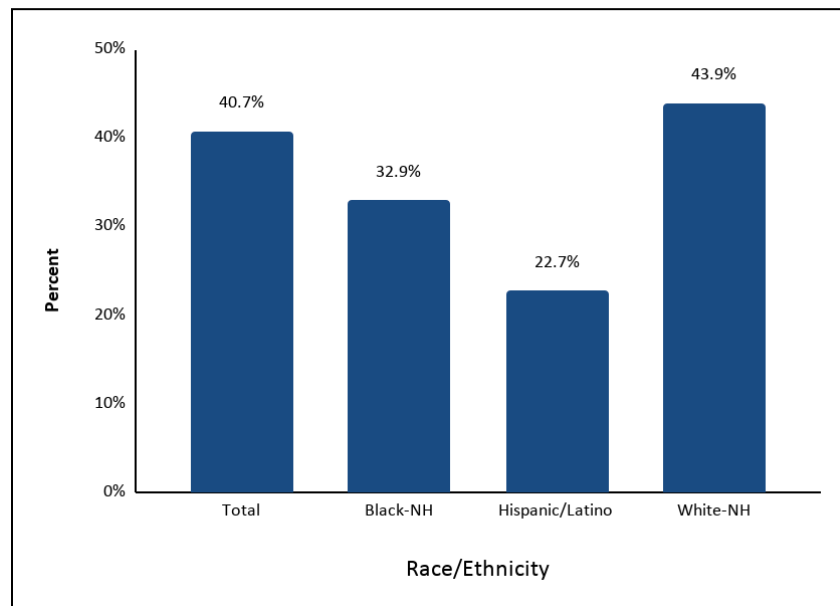
<sup>43</sup> Maryland Youth Risk Behavior Survey, 2022

<sup>44</sup> Maryland Youth Risk Behavior Survey, 2022

minutes) of physical activity per week was 53.5% in St. Mary’s County and 59.6% in Maryland. Both rates for St. Mary County and Maryland exceed Healthy People 2030’s target goal.<sup>45</sup>

In 2022, 40.7% of St. Mary’s County high school students reported being physically active for a total of at least 60 minutes per day on five or more of the seven days prior to being surveyed. This statistic is nearly equivalent to the overall percentage for Maryland high school students (39.5%). The difference in rates between St. Mary’s County and Maryland was not statistically significant. Within St. Mary’s County, greater percentages of Non-Hispanic White (43.9%) and Hispanic/Latino (22.7%) students, compared with Non-Hispanic Black (32.9%) students, reported being physically active (Figure 14).<sup>46</sup> When comparing race groups, the rates for both Non-Hispanic Black and Hispanic/Latino students were statistically significant compared to Non-Hispanic White students. Additionally, there was no statistical significance when comparing the difference in rates between the Non-Hispanic Black and Hispanic/Latino race groups.

**Figure 14. Percentage of St. Mary’s County high school students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days prior to being surveyed, by race/ethnicity, 2022**



### 5.3 Screen time

In 2022, 73.4% of St. Mary’s County high school students reported spending three or more hours per day on screen time (Figure 15).<sup>47</sup> Screen time refers to the hours spent in front of a TV, computer, smartphone, or other electronic device, watching shows or videos, playing games, accessing the Internet, or using social media (excluding time spent on homework). This statistic is consistent with the overall percentage for Maryland high school students, which is 74.5%. Comparing the difference in rates between St. Mary’s County and Maryland showed no statistical significance. Within St. Mary’s County, Hispanic/Latino students had the highest rate

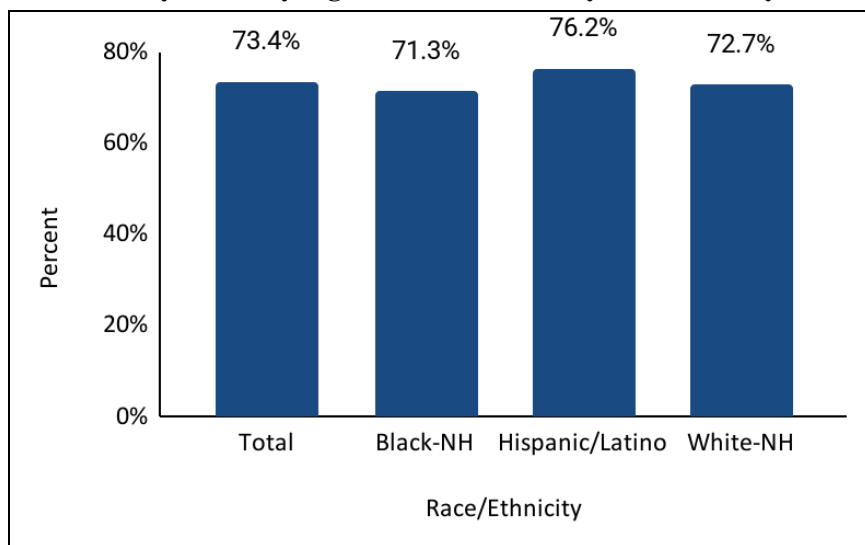
<sup>45</sup> Maryland State Health Improvement Process (SHIP) website, Maryland Behavioral Risk Factor Surveillance System

<sup>46</sup> Maryland Youth Risk Behavior Survey, 2022

<sup>47</sup> Maryland Youth Risk Behavior Survey, 2022

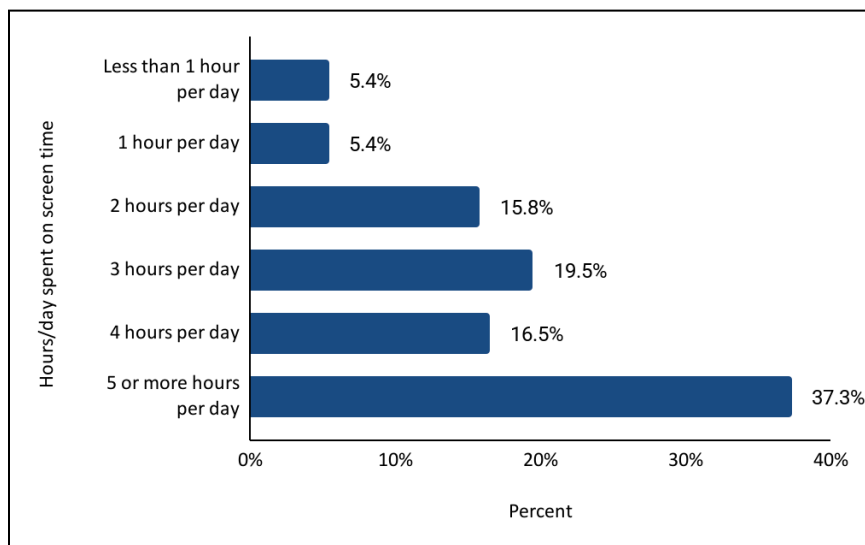
at 76.2%, followed by Non-Hispanic White at 72.7% and Non-Hispanic Black at 71.3%. Comparing the differences in rates between each race group showed no statistical significance.

**Figure 15. Students reporting 3+ hours of screen time per school day in St. Mary’s County high school students, by race/ethnicity, 2022**



Note: NH=Non-Hispanic

**Figure 16. Hours per day spent on screen time among St. Mary’s County High School Students, 2022**



In 2022, 37.3% of St. Mary’s County high school students reported five or more hours of screen time use per day (Figure 16).<sup>48</sup> In Maryland, 39.8% of students reported five or more hours per day. Comparing the rates between St. Mary’s County and Maryland show statistical significance between the percentages. Students who spent either less than one hour per day or one hour per day had the lowest percentages, both at 5.4%.<sup>49</sup>

<sup>48</sup> Maryland Youth Risk Behavior Survey, 2022

<sup>49</sup> Maryland Youth Risk Behavior Survey, 2022

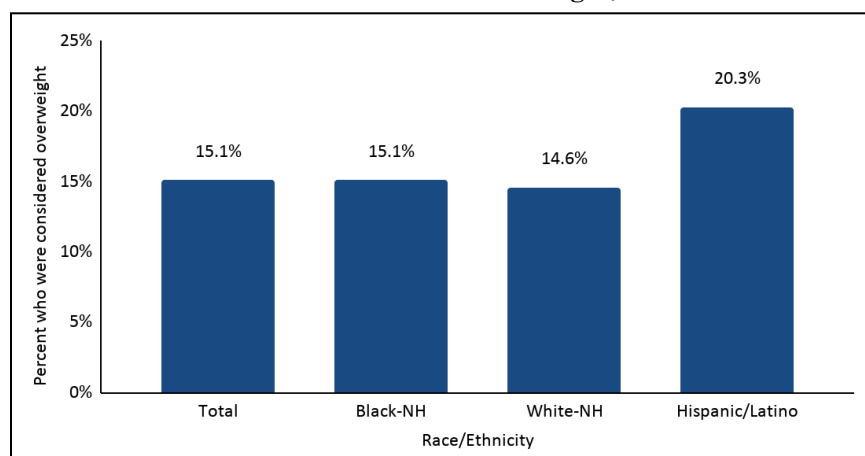
## 5.4 Weight

For children, healthy weight is defined as Body Mass Index (BMI) between the 5<sup>th</sup> percentile and 85<sup>th</sup> percentile, adjusted for age and sex. Overweight is defined as a BMI at or above the 85<sup>th</sup> percentile but below the 95<sup>th</sup> percentile, adjusted for age and sex. Obese is defined as a BMI at or above the 95<sup>th</sup> percentile by age and sex. For adults, healthy weight is defined as a BMI of 18.5 kg/m<sup>2</sup> to 24.9 kg/m<sup>2</sup>. Overweight is defined as a BMI of 25.0 kg/m<sup>2</sup> to 29.9 kg/m<sup>2</sup> and obesity is defined as a BMI of 30.0 kg/m<sup>2</sup> or higher.

For 2024, the percentage of St. Mary's County adults who reported a normal BMI (23.9%) was lower than the 2024 Maryland statistic (30.1%). There is a significant difference between the rates for St. Mary's County and Maryland. One of the objectives of Healthy People 2030 is to reduce the proportion of adults with obesity from 38.6% in 2013-2016 (baseline) to 36.0% by 2030. In St. Mary's County, the proportions of adults who were overweight and obese were 34.1% and 40.8%, respectively. In Maryland, the proportions of adults who were overweight and obese were 35.8% and 32.4% respectively.<sup>50</sup> For both adults who were obese and overweight, the difference in rates between St. Mary's County and Maryland shows statistical significance for both adults who were obese and overweight.

In 2022, 15.1% of St. Mary's County high school students were classified as overweight, based on self-reported height and weight (Figure 17).<sup>51</sup> This statistic was lower than the overall percentage for Maryland high school students (15.4%). The difference in rates between St. Mary's County and Maryland was not statistically significant. Within the county, the percentage of students who identified as overweight was 20.3% among Hispanic/Latino students, 15.1% among Non-Hispanic Black students and 14.6% among Non-Hispanic White students. The difference in rates was statistically significant only when comparing Hispanic/Latino students to both Non-Hispanic White and Non-Hispanic Black students.

**Figure 17. Percentage of St. Mary's County high school students who were considered overweight, 2022**



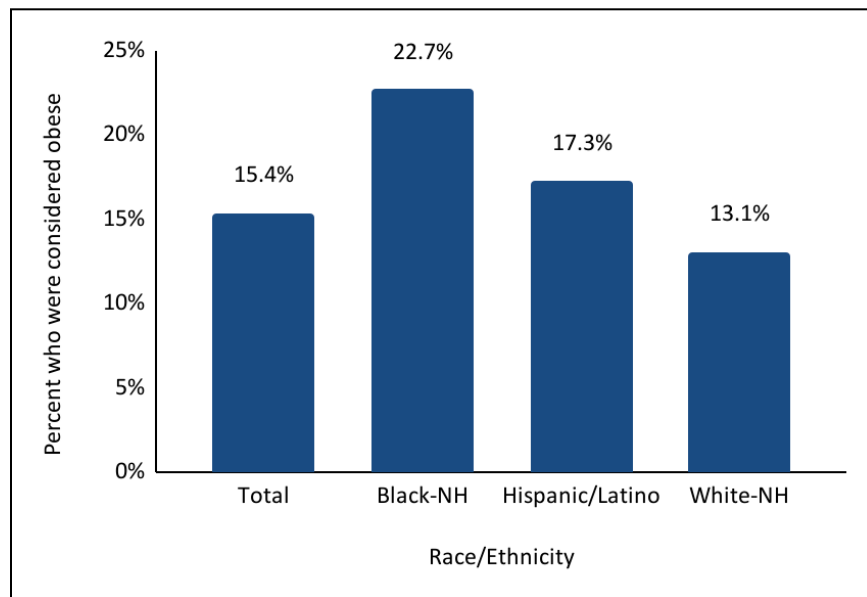
Note: NH=Non-Hispanic

<sup>50</sup> Maryland Behavioral Risk Factor Surveillance System (BRFSS), 2024

<sup>51</sup> 2022 Maryland Youth Risk Behavior Survey

In 2022, 15.4% of St. Mary’s County high school students were classified as obese (based on self-reported height and weight) (Figure 18).<sup>52</sup> This statistic was slightly lower than the overall percentage for Maryland high school students (15.7%). Comparing the rates between St. Mary’s County and Maryland showed no statistical significance. Within St. Mary’s County, the highest obesity percentage was among non-Hispanic Black students at 22.7%, followed by the Hispanic/Latino students at 17.3% and Non-Hispanic White students (13.1%). Comparing the rates between these racial groups showed statistical significance among all groups.

**Figure 18. Percentage of St. Mary’s County high school students who were considered obese, by race/ethnicity, 2022**



Note: NH=Non-Hispanic

### 5.5. Health Screenings

The Cigarette Restitution Fund (CRF) Program was created in 2000 by the Maryland General Assembly with funds derived from the 1998 Master Tobacco Settlement Agreement with the tobacco industry. The goal of the CRF is to reduce the burden of tobacco related disease in Maryland. This has led to the creation of focused tobacco-use prevention and cessation programs, cancer prevention, education, and screening programs, cancer research programs, and a statewide network of local community health coalitions for cancer and tobacco.

The local public health component of the CRF is the Cancer Prevention, Education, Screening, and Treatment Program (CPEST), which focuses on public health goals that aim to reduce mortality and morbidity rates for cancer and tobacco-related diseases. Table 9a shows the five-year incidence and mortality data for seven specific cancers targeted under CPEST.<sup>53</sup> The

<sup>52</sup> 2022 Maryland Youth Risk Behavior Survey

<sup>53</sup> Maryland Department of Health, Center for Cancer Prevention and Control, Cigarette Restitution Fund Program, 2021 Cancer Report

seven targeted cancers include lung and bronchus, colorectal, breast, cervical, prostate, skin (melanoma) and oral cancers. During the five years between 2017 and 2021 in St. Mary's County, the highest incidence rates observed were for breast cancer (133.8 cases per 100,000 women), followed by prostate cancer (121.1 cases per 100,000 men). For the five-year mortality rates in St. Mary's County from 2018-2022, the rate was greatest for lung/bronchus cancer (37.2 deaths per 100,000 population), followed by breast cancer (28.2 deaths per 100,000 women) and prostate cancer (24.8 deaths per 100,000 men). The mortality rates for the cancers mentioned above were higher in St. Mary's County compared to Maryland (Table 9b).<sup>54</sup>

**Table 9a. Cancer Incidence (per 100,000 population)  
age-adjusted to 2,000 U.S. Standard Population), 2017-2021**

Cancer Type	St. Mary's County	Maryland
Breast	133.8	135.5
Prostate	121.1	136.4
Lung and Bronchus	61.0	50.0
Colorectal	38.6	35.2
Melanoma	25.2	24.5
Oral	13.0	11.1
Cervical	7.8	6.4

**Table 9b. Cancer Mortality (per 100,000 population)  
age-adjusted to 2000 U.S. Standard Population, 2018-2022**

Cancer Type	St. Mary's County	Maryland
Breast	28.2	20
Cervical	**	2.0
Colorectal	13.0	12.7
Lung and Bronchus	37.2	29.9
Melanoma	**	1.8
Oral	2.8	2.4
Prostate	24.8	19.9

\*\*Mortality rates based on death counts of 0-19 are suppressed per MDH/Center for Cancer Prevention and Control Data Suppression Policy

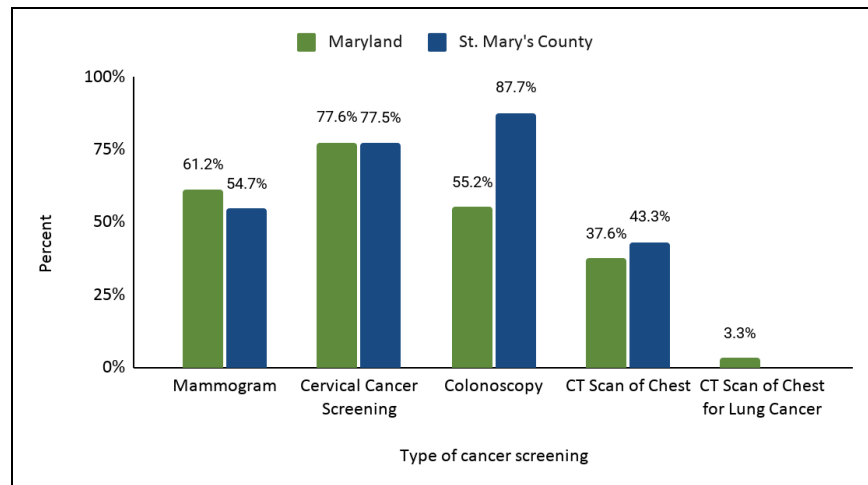
The rates of screenings for breast, cervical, colon, and lung cancer in 2024 are shown in Figure 19.<sup>55</sup> Approximately 54.7% of females in St. Mary's County reported ever having a mammogram. This figure is lower than the statewide percentage of 61.2% and is statistically significant when compared to the County's rate. The rate of cervical cancer screening among females in St. Mary's County was almost equal to Maryland's rate, at 77.5% and 77.6%, respectively. The difference in cervical cancer screening rates between St. Mary's County and

<sup>54</sup> United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles

<sup>55</sup> Maryland Behavioral Risk Factor Surveillance System (BRFSS) 2024

Maryland was not statistically significant. The rate for ever having a colonoscopy/sigmoidoscopy in Maryland and St. Mary’s County was 55.2% and 87.7%, respectively. The difference in colonoscopy/sigmoidoscopy rates between St. Mary’s County and Maryland was statistically significant. The rate of St. Mary’s County residents who reported ever having a chest CT scan (43.3%) was higher than in Maryland (37.6%). In Maryland, among those who reported ever having a chest CT scan, 3.3% received the scan for lung cancer (the rate for St. Mary’s County was unreliable due to a small sample size).

**Figure 19. Cancer screenings in Maryland and St. Mary’s County, 2024**



Mammogram: Have you ever had a mammogram?.

Cervical Cancer Screening: Have you ever had a cervical cancer screening test?

Colonoscopy/Sigmoidoscopy: Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you had either of these exams?.

## 6.0 SOCIAL AND BEHAVIORAL HEALTH

### 6.1 Overall social and behavioral health

Social and mental factors and conditions influence or reflect overall health status and quality of life for both the individual and the community as a whole. Additionally, substance use and violence within the home and community may influence mental health conditions and overall psychological well-being and safety. In 2024 in St. Mary’s County, 37.9% of adults reported having at least one day in the past 30 days when their mental health was not good (25.7% reported 1-13 days and 12.2% reported 14 days or more). In Maryland, 46.1% reported at least one day in the past 30 days when their mental health was not good (31% reported 1-13 days and 15.1% reported 14 days or more). A statistically significant difference existed between Maryland and St. Mary's County in the rates of adults reporting at least one day of poor mental health in the past 30 days.<sup>56</sup>

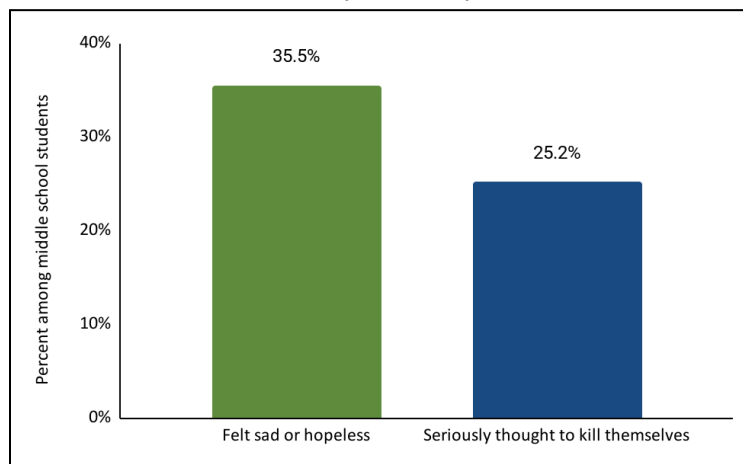
In 2024, in St. Mary’s County 37.5% of adults reported having at least one day in the past 30 days when their physical health was not good (29.9% reported 1-13 days and 7.6% reported 14

<sup>56</sup> Maryland Behavioral Risk Factor Surveillance System, 2024

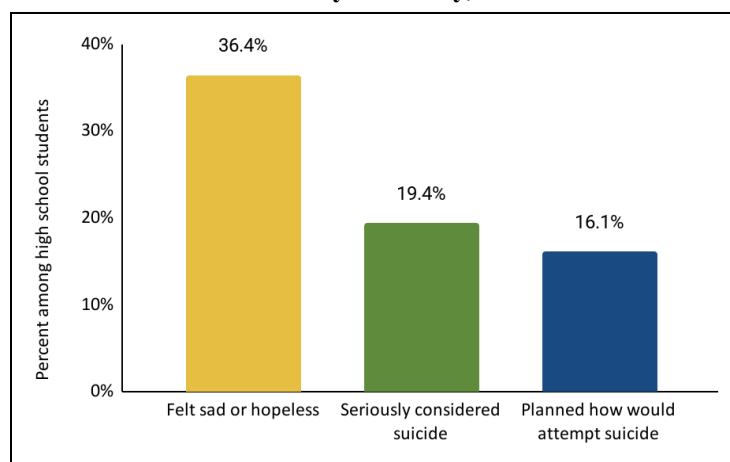
days or more). In Maryland, 38.9% reported at least one day when their physical health was not good (28% reported 1-13 days and 10.9% reported 14 days or more). A statistically significant difference existed in the rates between Maryland and St. Mary's County for adults reporting at least one day in the past 30 days when their physical health was not good.

In 2022, 35.5% of the middle school students in St. Mary's County reported feeling sad or hopeless (almost every day for two weeks or more in a row within the past 12 months before the survey, causing them to stop some usual activities), and 25.2% had suicidal thoughts (Figure 20).<sup>57</sup> For high school youth, 36.4% of the students reported depression symptoms sometime during the year, 19.4% seriously considered suicide (within the past 12 months of the survey) and 16.1% planned how they would attempt suicide (within the past 12 months of the survey) (Figure 21).<sup>58</sup>

**Figure 20. Depression symptoms and suicide thoughts among middle school youth in St. Mary's County, 2022**



**Figure 21. Depression symptoms and suicide thoughts among high school youth in St. Mary's County, 2022**



<sup>57</sup> Maryland Youth Risk Behavior Survey 2022

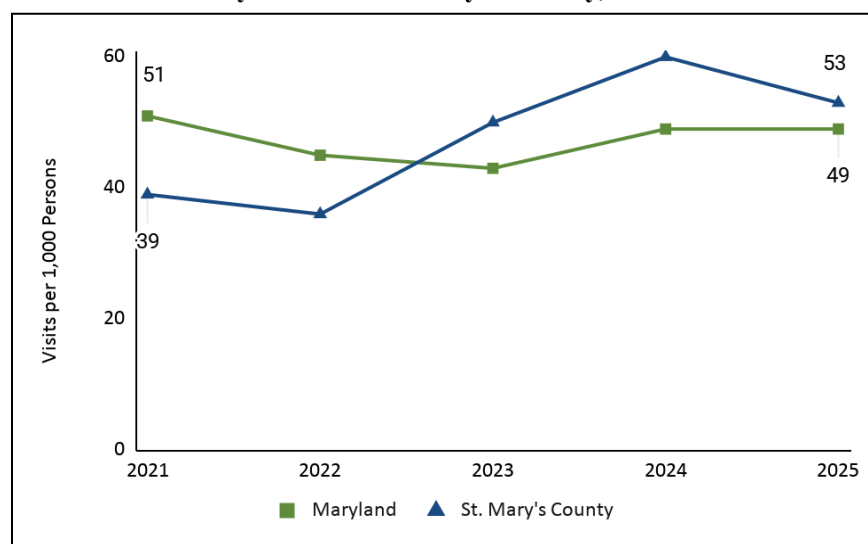
<sup>58</sup> Maryland Youth Risk Behavior Survey 2022

Mental health concerns or crises strain healthcare system resources, particularly when emergency departments are used instead of more appropriate and less costly sources of care. Mental health conditions include, among others, adjustment disorders, anxiety disorders, disruptive behavior disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders.

In 2025, the rate of emergency department visits for mental health conditions in St. Mary’s County was 53 visits per 1,000 persons (Figure 22) while the state of Maryland had a lower rate of 49 visits per 1,000 persons. While Maryland saw no change in its rate from the previous year, St. Mary’s County saw a decrease in emergency department visits rates for mental health conditions.<sup>59</sup>

In St. Mary’s County, efforts have been aimed to ensure easier access to mental health services and in turn reduce emergency department visits for mental health conditions. One such effort is the St. Mary’s County Health Hub. Launched by the St. Mary’s County Health Department in collaboration with various local partners, the Health Hub offers a wide range of health and social needs services. The behavioral health services include walk-in behavioral health screening, evaluation and crisis stabilization; psychiatric medical treatment, including for substance use disorder; crisis peer support and care coordination; and connection to ongoing treatment services offered by local behavioral health treatment providers.

**Figure 22. Emergency Department visits for mental health conditions in Maryland and St. Mary’s County, 2021-2025**



## 6.2 Substance Use

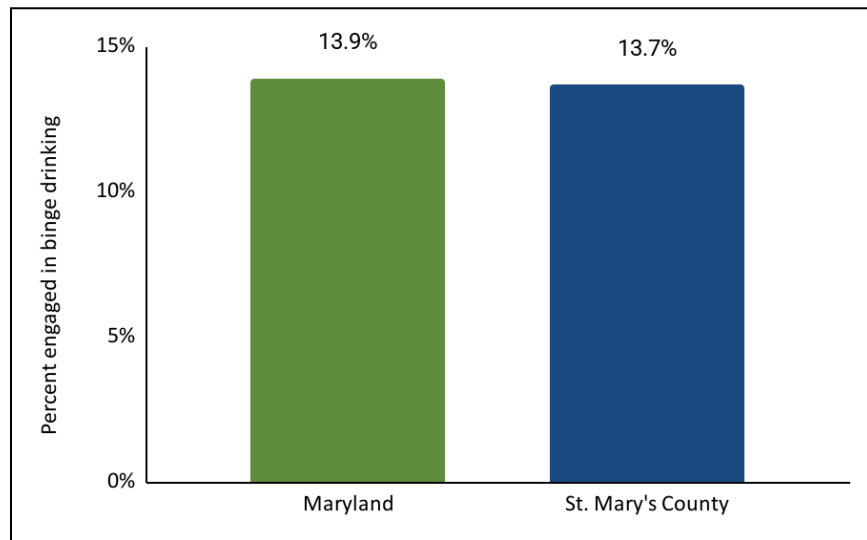
### 6.2.1 Substance use in adults

Binge drinking is defined as having five or more drinks (men) or four or more drinks (women) on one or more occasions during the previous 30 days. In 2024, the age-adjusted rate for binge drinking among adults in St. Mary’s County (13.7%) was slightly lower than Maryland (13.9%)

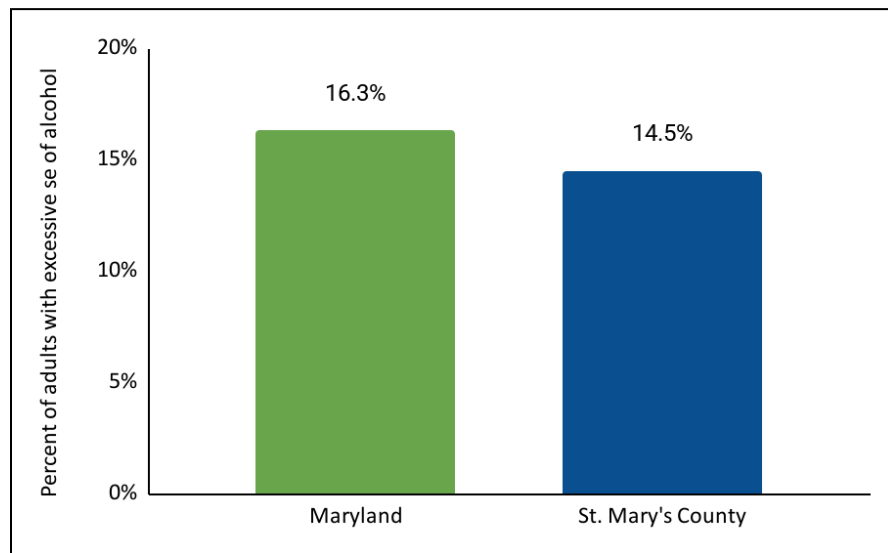
<sup>59</sup> CRISP 2025

(Figure 23). The difference in rates between St. Mary's County and Maryland was not statistically significant. Excessive alcohol use is defined as binge drinking, heavy drinking, drinking while pregnant, drinking and driving, or underage drinking. A similar trend appeared for excessive alcohol use where Maryland (16.3%) was higher than St. Mary's County (14.5%) (Figure 24). The difference in rates between Maryland and St. Mary's County was statistically significant.<sup>60</sup>

**Figure 23. Percentage of adults in Maryland and St. Mary's County who engaged in binge drinking, 2024**



**Figure 24. Percent of adults in Maryland and St. Mary's County with excessive alcohol use, 2024**

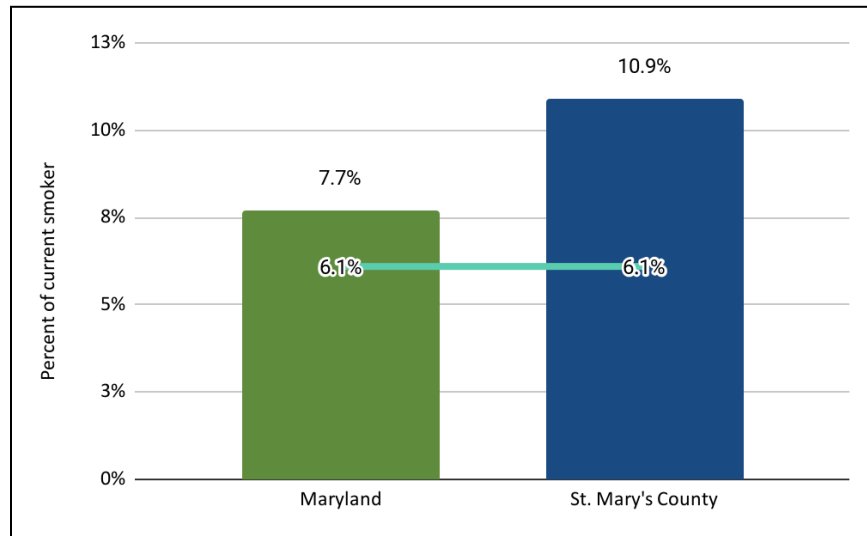


In 2024, 10.9% of St. Mary's County adults reported current smoking (i.e., smoking cigarettes some days or every day), which is greater than 7.7% for Maryland. Both the County and State smoking prevalence rates are higher than the Healthy People 2030 target of 6.1% (Figure 25).<sup>61</sup>

<sup>60</sup> Behavioral Risk Factor Surveillance Survey, 2024

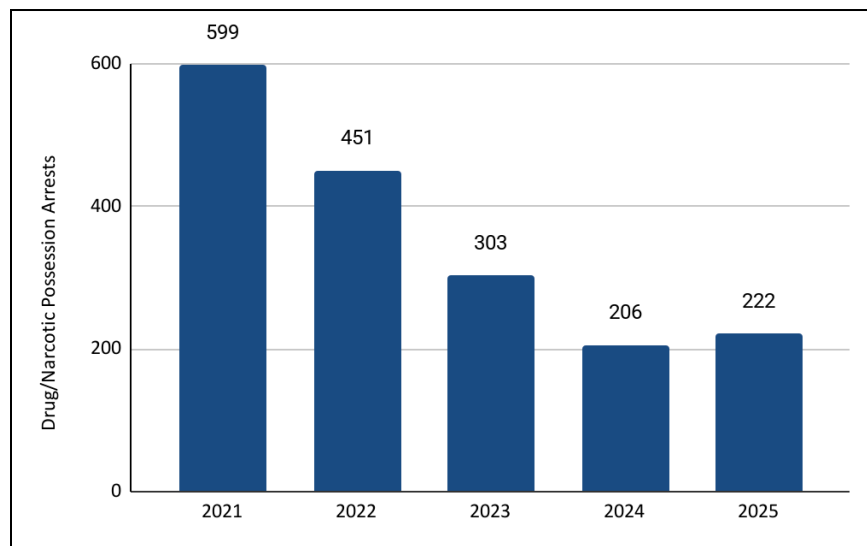
<sup>61</sup> Behavioral Risk Factor Surveillance Survey, 2024

**Figure 25. Current cigarette use among adults in Maryland and St. Mary’s County, 2024**



Drug arrests may be used as an indicator of community drug use. In 2025, there were 222 drug/narcotic possession arrests in St. Mary’s County (Figure 26). Although the number of drug/narcotic arrests was higher in 2025 compared to the previous year, the graph (Figure 26) shows a downward trend in the number of drug/narcotic arrests since 2021. Arrest data shows that cannabis was the majority type of drug seized during an arrest from 2021 to 2023. However, in 2024 and 2025, stimulants accounted for the majority of the type of drug that were seized (Figure 27).<sup>62</sup>

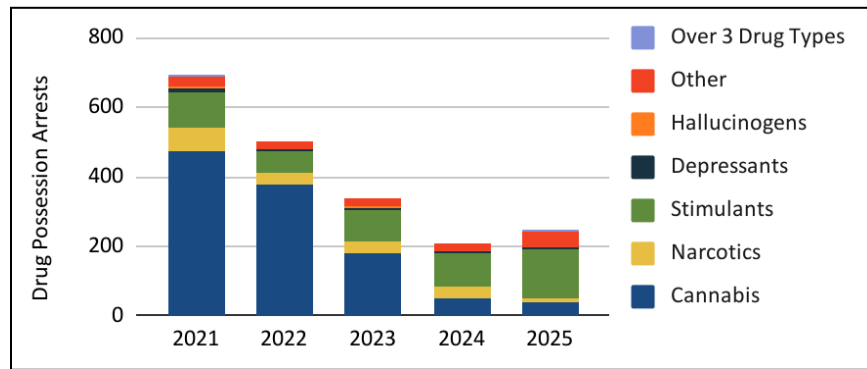
**Figure 26. Drug/narcotic possession arrests in St. Mary’s County, 2021-2025**



Note: NIBRS data for St.Mary’s County includes data from Maryland State Police, Sheriff’s Office, St.Mary’s College of Maryland-Office of Public Safety

<sup>62</sup> Maryland Department of State Police, Maryland NIBRS Crime Dashboard, 2021-2025

**Figure 27. Drug possession arrests, by drug category, in St. Mary’s County, 2021-2025**



Note: NIBRS data for St. Mary’s County includes data from Maryland State Police, Sheriff’s Office, St. Mary’s College of Maryland-Office of Public Safety

### 6.2.2 Substance use in youth

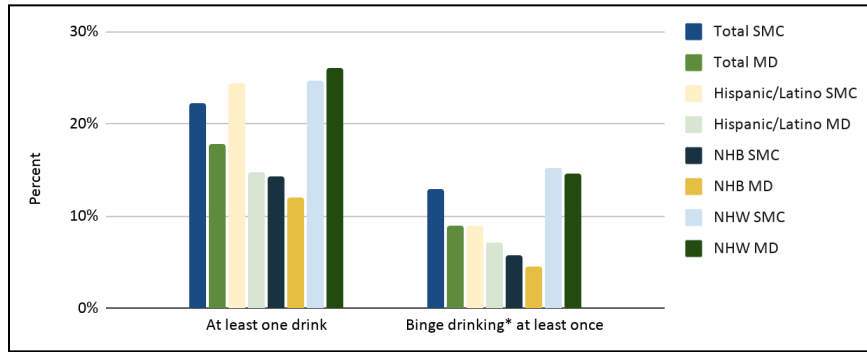
The 2022 Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) reported that 22.3% of St. Mary’s High School students reported having at least one drink (on or at least one day during the 30 days before the survey).<sup>63</sup> This rate was higher compared to 17.8% among Maryland high school students. In St. Mary’s County, 24.7% of non-Hispanic White students reported having at least one drink during the 30 days prior to the survey. This was followed by 24.4% among Hispanic/Latino students and 14.3% among non-Hispanic Black students. There was no statistical significance between the rate differences for the Hispanic/Latino and non-Hispanic White groups. However, when comparing the non-Hispanic Black group to the Hispanic/Latino and non-Hispanic White students, the differences in rates were statistically significant.

The 2022 Maryland YRBS/YTS defined binge drinking as having four or more drinks of alcohol in a row if female, or five or more drinks of alcohol in a row if male, within a couple of hours, on at least 1 day during the 30 days before the survey. In 2022, 13.0% of St. Mary’s County high school students and 9.0% of Maryland high school students reported binge drinking. The difference in rates between St. Mary’s County and Maryland was statistically significant. In St. Mary’s County, 15.2% of non-Hispanic White students, 5.8% of non-Hispanic Black students, and 9% of Hispanic/Latino students reported binge drinking. Statistical significance existed across all racial groups.<sup>64</sup>

<sup>63</sup> Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022

<sup>64</sup> Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022

**Figure 28. Current (during the 30 days before survey) alcohol use among high school students in Maryland and St. Mary’s County, 2022**



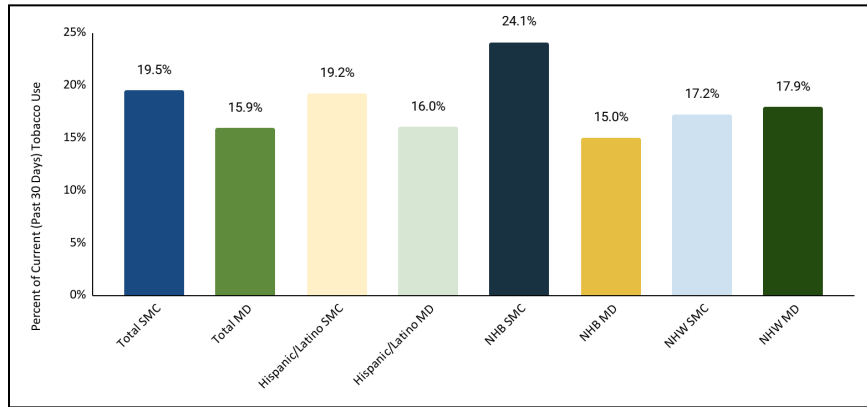
In 2022, 19.5% of St. Mary’s County high school students reported currently using any tobacco product (cigarettes, cigars, smokeless tobacco or electronic vapor products) on at least one day during the 30 days before the survey.<sup>65</sup> In Maryland, 15.9% of high school students reported current use of any tobacco product. The difference in rates between St. Mary’s County and Maryland was statistically significant. When comparing the percentages of current tobacco use among the different race groups of St. Mary’s County high school students, the percentage among non-Hispanic Black students (24.1%) was higher than the percentages among Hispanic/Latino students (19.2%) and non-Hispanic White students (17.2%). Among the race groups, the difference in rates between non-Hispanic White and non-Hispanic Black students was statistically significant. The differences in rates between Hispanic/Latino students and both non-Hispanic White and non-Hispanic Black students were not statistically significant.

The 2022 YRBS/YTS defined current marijuana use as the percentage of students who used marijuana one or more times during the 30 days before the survey. High school students in St. Mary’s County who reported current marijuana use was 12.9%. The percentage in the county was lower compared to Maryland (14.4%).<sup>66</sup> The difference in rates between St. Mary’s County and Maryland was statistically significant. When comparing the percentages of current marijuana use among the different race groups of St. Mary’s County high school students, the percentage among non-Hispanic Black students (16.0%) was higher than the percentages among Hispanic/Latino students (14.0%) and non-Hispanic White students (11.0%). Among the race groups, the difference in rates between non-Hispanic White and non-Hispanic Black students was statistically significant. The differences in rates between Hispanic/Latino students and both non-Hispanic White and non-Hispanic Black students were not statistically significant.

<sup>65</sup> Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022

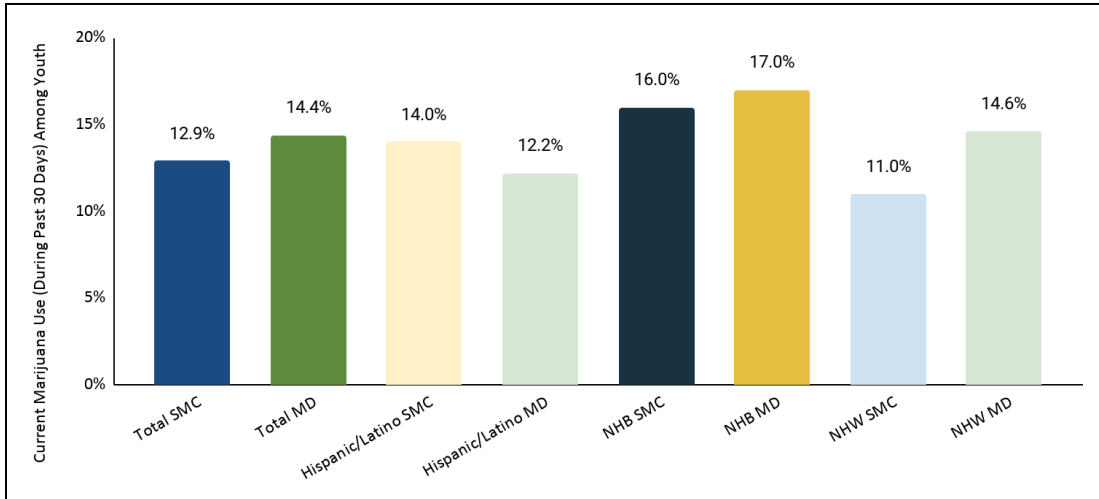
<sup>66</sup> Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022

**Figure 29. Current (during the past 30 days) tobacco use among high school students in Maryland and St. Mary’s County, 2022**



NHB= Non-Hispanic Black NHW=Non-Hispanic White

**Figure 30. Current (during past 30 days) marijuana use among high school students in Maryland and St. Mary’s County, 2022**



NHB= Non-Hispanic Black NHW=Non-Hispanic White

In 2022, the rates of St. Mary’s County high school students who reported using cocaine, heroin, methamphetamine, or ecstasy (one or more times during their lives) were higher than the rates in Maryland for the same drug types (Figure 31a).<sup>67</sup> Of the four substances reported, ecstasy had the highest prevalence in St. Mary’s County and Maryland. Ecstasy use was reported by 3.4% of St. Mary’s County students compared with 2.0% statewide. Similarly, cocaine use was reported to be 3.2% in St. Mary’s County and 1.8% in Maryland. Methamphetamine use was reported to be 2.6% among St. Mary’s County high school students and 1.4% among Maryland high school students. Heroin use was reported to be 2.2% among St. Mary’s County high school students and 1.3% among Maryland high school students.

<sup>67</sup> Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022

**Figure 31a. History of illegal drug use (one or more times during life) among high school students in Maryland and St. Mary’s County, 2022**

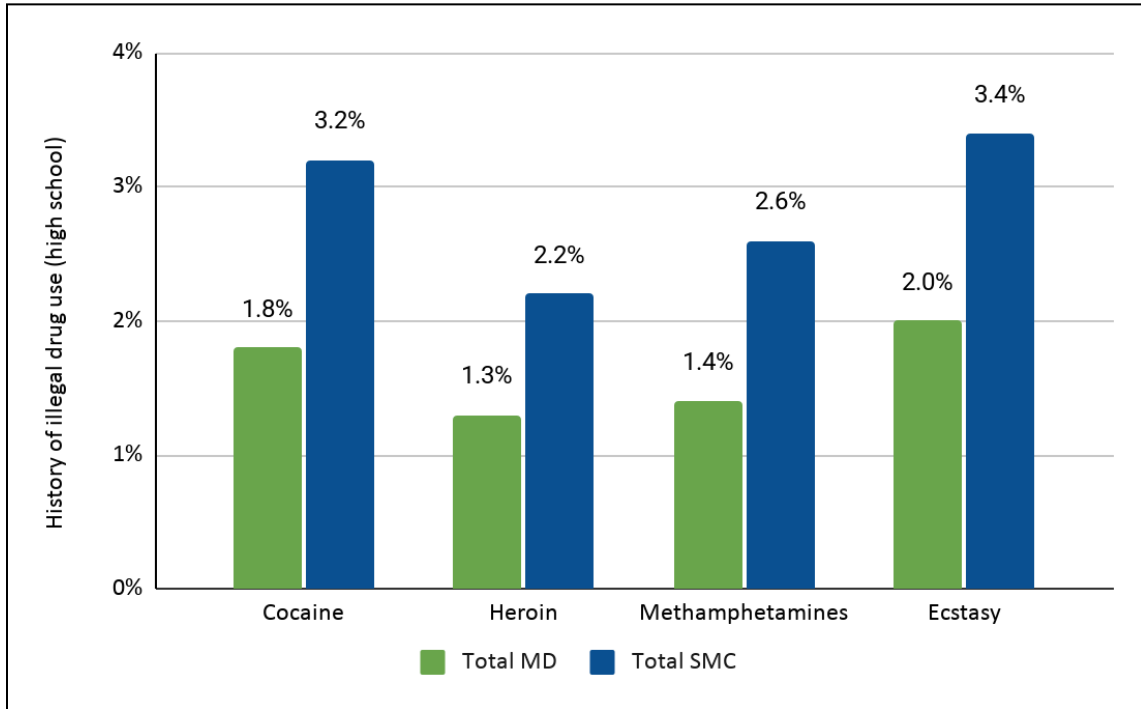
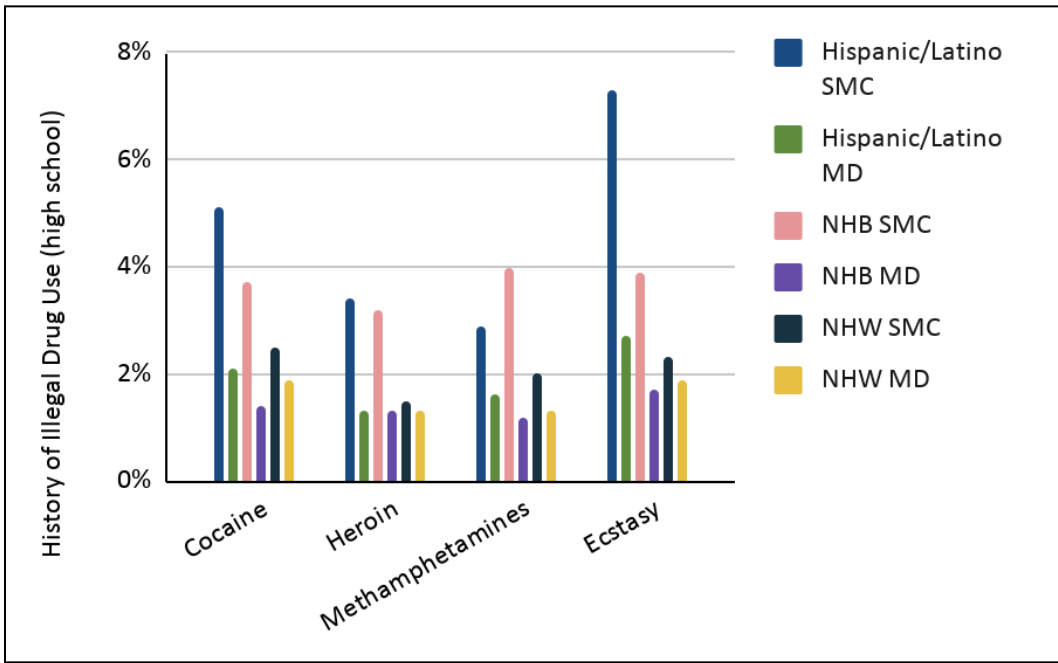


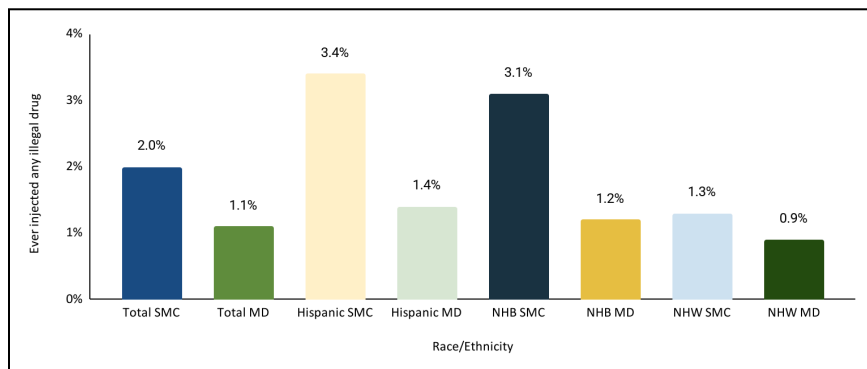
Figure 31b shows St. Mary’s County and Maryland high school students with a history of illegal drug use, broken down by race/ethnicity. When comparing percentages among racial/ethnic groups for St. Mary’s County and Maryland high school students, Hispanic/Latino students in St. Mary’s County reported the highest percentage of cocaine use (5.1%), heroin use (3.4%), and ecstasy use (7.3%) compared to other racial groups. Methamphetamine use was highest among non-Hispanic Black students (4.0%). For cocaine use among high school students, the difference in rates among the race groups was statistically significant only for non-Hispanic White and Hispanic/Latino students. For heroin use among high school students, the difference in rates was statistically significant when comparing non-Hispanic White students to both non-Hispanic Black and Hispanic/Latino students. When comparing methamphetamine use among different racial groups, the difference in rates was statistically significant only between non-Hispanic White and Hispanic/Latino students. For ecstasy use among high school students, there was statistical significance across all racial groups.

**Figure 31b. History of illegal drug use (one or more times during life) among high school students in Maryland and St. Mary’s County, by race/ethnicity, 2022**



The 2022 YRBS/YTS also reports on the percentage of students who ever injected any illegal drug (used a needle to inject any illegal drug into their body, one or more times during their life).<sup>68</sup> In St. Mary’s County and Maryland, the percentages of high school students who reported ever injecting illegal drugs were 2.0% and 1.1%, respectively. The difference in rates between St. Mary’s County and Maryland was statistically significant. Within St. Mary’s County, greater percentages of Hispanic/Latino (3.4%) and non-Hispanic Black (3.1%) high school students reported past use of injected drugs compared to non-Hispanic White students (1.3%). When comparing race groups, there was no statistical significance in the difference in rates between Hispanic/Latino and non-Hispanic Black students. However there was statistical significance in the difference in rates between non-Hispanic White students and both non-Hispanic Black and Hispanic/Latino students.

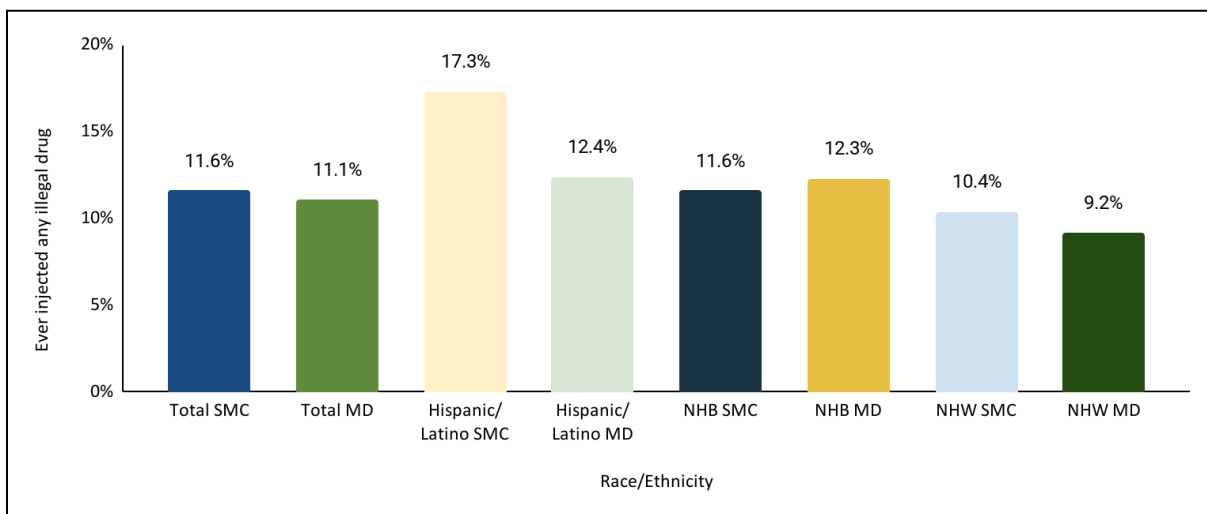
**Figure 32. History of injected illegal drug use (one or more times during life) among high school students in Maryland and St. Mary’s County, 2022**



<sup>68</sup> Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022

Overall, no statistical significance existed between the rates of reported history of prescription drug use (taking pain medication without a doctor’s approval) between St. Mary’s County and Maryland high school students (Figure 33).<sup>69</sup> However, St. Mary’s County Hispanic/Latino high school students more frequently reported past prescription drug use. The percentage of St. Mary’s County Hispanic/Latino students (17.3%) reporting a history of prescription drug use was higher than that of Hispanic/Latino students statewide (12.4%) and higher than other racial/ethnic groups of students within St. Mary’s County. When comparing the difference in rates among the racial groups, there was statistical significance between Hispanic/Latino and both non-Hispanic White and non-Hispanic Black students.

**Figure 33. History of prescription drug use (one or more times during life) among high school students in Maryland and St. Mary’s County, 2022**



### 6.3 Domestic violence

Domestic violence contributes significantly to the morbidity and mortality of St. Mary’s County residents. Assault is the most frequently reported domestic crime in Maryland, with non-aggravated assault being the most common type. Victims of domestically related crimes between 25 and 39 years of age accounted for 42.7% of total victims in Maryland.<sup>70</sup> In 2024, there were 1,080 domestically related crimes in St. Mary’s County, which was a 17.9% decrease from the 1,315 domestically related crimes in 2023. The state of Maryland also experienced a 7.7% decrease in domestically related crimes from 34,017 crimes in 2023 to 31,582 in 2024.

### 6.4 Child abuse/neglect

Child abuse or neglect can result in physical harm, developmental delays, behavioral problems, or death. Information from the Maryland Department of Human Services was used to develop a child maltreatment rate, which indicates the rate of children who are maltreated (reported cases of physical and sexual abuse, mental injury-abuse, neglect, or mental injury-neglect). In 2022,

<sup>69</sup> Maryland Youth Risk Behavior Survey, 2022

<sup>70</sup> Maryland Uniform Crime Reporting Program, 2024

the child maltreatment rate in Maryland was 4.7 (per 1,000 population under the age of 18 years) and the rate for St. Mary's County was 2.3 (per 1,000 population under the age of 18 years)<sup>71</sup>. In St. Mary's County, the maltreatment rate varied by race and ethnicity groups. Comparing the difference in rates between Maryland and St. Mary's County showed statistical significance. Rates were highest among Hispanics (3.5 per 1,000 population under 18), followed by non-Hispanic Black (2.1 per 1,000 population under 18) and non-Hispanic White (1.2 per 1,000 population under 18). No statistical significance was found when comparing rates between all the racial groups.

### 6.5 Behavioral health and overall mortality

Behavioral health concerns may contribute to mortality associated with homicides, suicides, and deaths induced by alcohol and drug use. Table 10 summarizes overall death rates classified as accidents, assault, and intentional.<sup>72</sup> In 2023, the rate of accident-related deaths in Maryland was 57.1 (per 100,000 population) and the rate in St. Mary's County was 53.6 (per 100,000 population).

**Table 10. Age-adjusted overall mortality per 100,000 population from selected causes in the United States, Maryland, and St. Mary's County, 2023**

	United States	Maryland	St. Mary's County
Accidents	62.3	53.6	57.1
Assault	7.1	10.1	*
Intentional	14.1	9.3	*

\*unstable rate

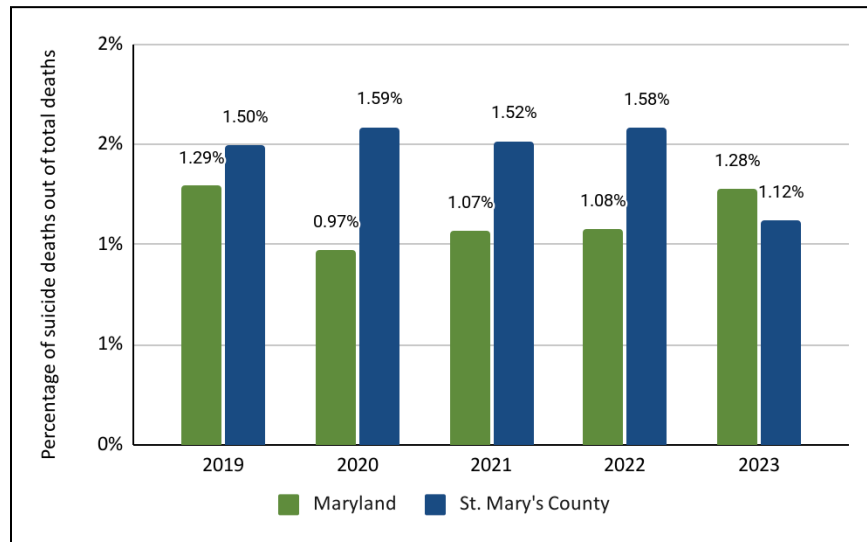
Figure 34 shows the trend over time for deaths due to suicide.<sup>73</sup> The proportion of suicides out of total deaths in St Mary's County remained consistently higher than Maryland's until 2023. In 2023, the proportion of suicides out of all deaths in St. Mary's County decreased compared to previous years. However, the decrease in suicides out of all deaths for St. Mary's County in 2023 was not statistically significant when compared to the previous year or Maryland's rate for the same year.

<sup>71</sup> Maryland Open Data Portal, SHIP Child maltreatment rate 2010-2022

<sup>72</sup> VSA report, 2023

<sup>73</sup> CDC WONDER, 2018-2023

**Figure 34. Percentage of suicide deaths out of total deaths in Maryland and St Mary’s County, 2019-2023**



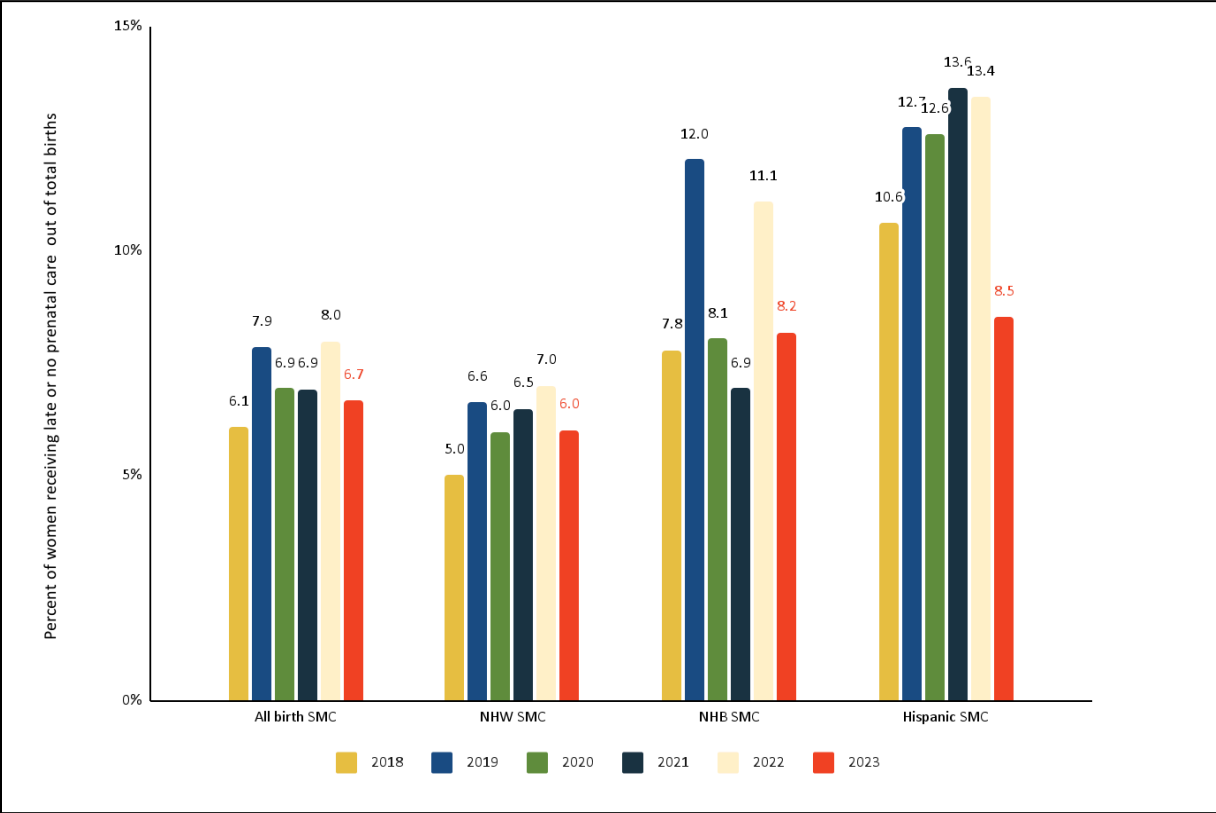
## 7.0 MATERNAL AND CHILD HEALTH

### 7.1 Prenatal Care

In 2023 in Maryland, 69.3% of live births were to women who received prenatal care in their first trimester of pregnancy and 7.4% of births were to women who received late onset (third trimester) or no prenatal care. Overall in St. Mary’s County, the percentage of women receiving late or no prenatal care increased from 6.1% in 2018 to a peak of 8.0% in 2022, followed by a decline to 6.7% in 2023 (Figure 35).<sup>74</sup> Throughout the period, Hispanic women consistently experienced the highest rates of late or no prenatal care compared with other groups. In 2022, 13.4% of Hispanic women received late or no prenatal care, exceeding the rates among non-Hispanic White (NHW, 7.0%) and non-Hispanic Black (NHB, 11.1%) women. Although rates declined across all groups in 2023, Hispanic women continued to have a higher percentage (8.5%) than both NHW (6.0%) and NHB (8.2%) women.

<sup>74</sup> Maryland Department of Health, Vital Statistics Administration Maryland Vital Statistics Annual Report, 2018-2023

**Figure 35. Births to women receiving late (care beginning in the third trimester) or no prenatal care in St. Mary’s County, 2018-2023**



\*Hispanic: Includes all births to mothers of Hispanic origin of any race.

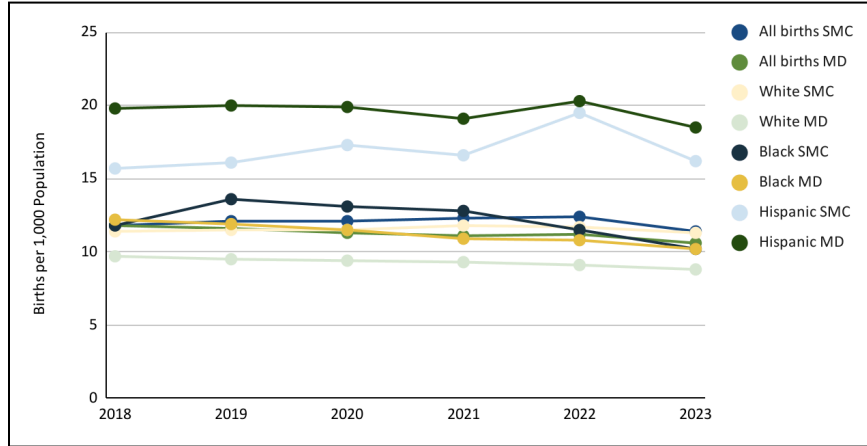
**7.2 Births**

In 2023, there were 1,318 live births to residents of St. Mary’s County. Within the County, birth rates decreased from 11.8 births per 1,000 population in 2018 to 11.4 births per 1,000 population in 2023 (Figure 36).<sup>75</sup> In Maryland, the birth rate dropped from 11.8 births per 1,000 population in 2018 to 10.6 births per 1,000 population in 2023. In St. Mary’s County, the most significant rate decrease occurred among non-Hispanic Black residents, falling from 11.8 births per 1,000 population in 2018 to 10.2 births per 1,000 population in 2023. From 2018 to 2023, Hispanic residents had the highest birth rates by ethnicity in St. Mary’s County.

Birth rates among St. Mary’s County non-Hispanic White residents (11.3 births per 1,000 population) and non-Hispanic Black residents (10.2 births per 1,000 population) were higher than those observed for these groups statewide (8.8 and 10.2 births per 1,000 population, respectively). By contrast, birth rates among the County’s Hispanic residents (16.2 births per 1,000 population) were lower than those observed for Hispanic residents statewide (18.5 births per 1,000 population).

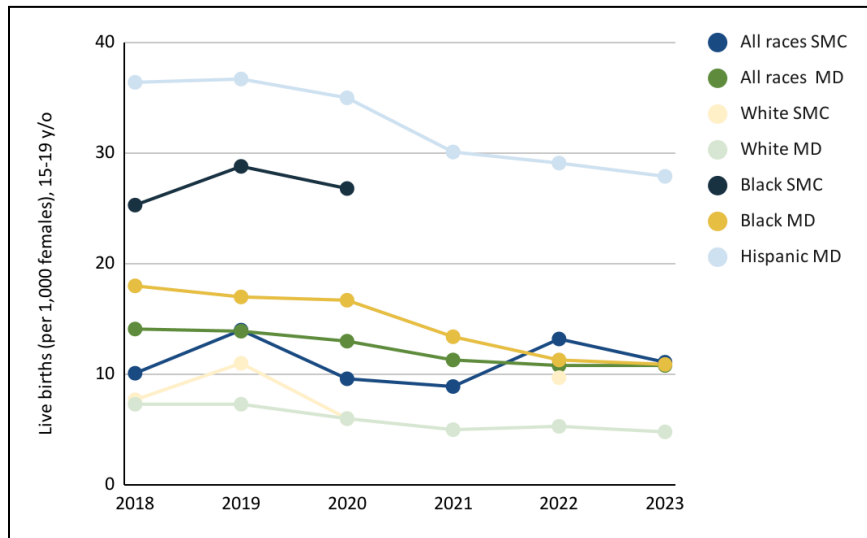
<sup>75</sup> Maryland Department of Health, Vital Statistics Administration Maryland Vital Statistics Annual Report, 2018-2023

**Figure 36. Birth rates (per 1,000 population) in Maryland and St. Mary’s County, 2018-2023**



Within St. Mary’s County, birth rates among females aged 15–19 years generally declined over the 2018–2023 period, with some year-to-year fluctuation (Figure 37).<sup>76</sup> The overall birth rate for all races in St. Mary’s County increased from 10.0 live births per 1,000 females in 2018 to a peak of 14.0 per 1,000 in 2019, then declined to a low of 8.9 per 1,000 in 2021 before increasing again to 13.2 per 1,000 in 2022 and decreasing to 11.1 per 1,000 in 2023. Non-Hispanic White (NHW) teens in St. Mary’s County saw an increase from 7.7 live births per 1,000 females aged 15-19 years in 2018 to 9.7 live births in 2022. In 2023, for St. Mary’s County, the rates for White, Black and Hispanic race groups were suppressed due to low counts (<20).

**Figure 37. Birth rates for females aged 15-19 Years in Maryland and St. Mary’s County, 2018-2023**



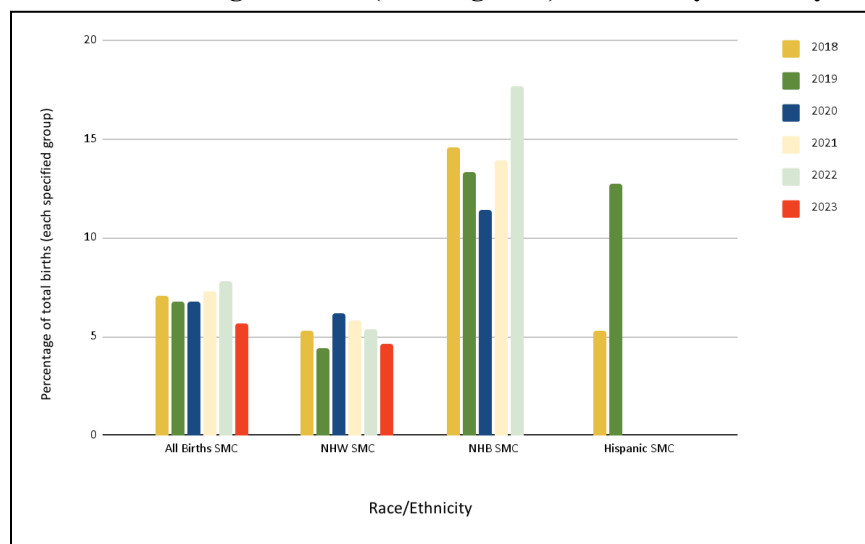
\*Percentages based on <5 events in the numerator are not presented due to instability of small numbers.

<sup>76</sup> Maryland Department of Health, Vital Statistics Administration Maryland Vital Statistics Annual Report, 2018-2023

### 7.3 Low birthweight

Low birthweight (less than 2,500 grams or 5.5 pounds) is a critical factor influencing infant mortality. Those who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders. Over the six years from 2018 to 2023, the overall percentage of low birth weight infants in St. Mary's County remained relatively stable (Figure 38).<sup>77</sup> In 2023, low birth weight infants comprised 5.7% of all St. Mary's County births, compared with 8.6% statewide. In 2023, the percentage of low birth weight infants among non-Hispanic White residents in the county was 4.6%. Data for other race groups were suppressed due to low numbers.

**Figure 38. Low birth weight infants (<2,500 grams) in St. Mary's County, 2018-2023**



Note: Hispanic includes all births to mothers of Hispanic origin, regardless of any race.  
NHW= non-Hispanic White; NHB= non-Hispanic Black.

### 7.4 Infant Mortality

Over the past decade, Maryland's average infant mortality rate has declined by 7.8%. St. Mary's County also observed a decrease (Table 11).<sup>78</sup> Between the monitoring periods 2014–2018 and 2019–2023, the County's average infant mortality rate decreased by 12.7%, from 6.3 infant deaths per 1,000 live births to 5.5 infant deaths per 1,000 live births. No statistical significance was observed in the difference in rates in St. Mary's County for these time periods.

<sup>77</sup> Maryland Department of Health, Vital Statistics Administration Maryland Vital Statistics Annual Report, 2018-2023

<sup>78</sup> Maryland Department of Health, Vital Statistics Administration Infant Mortality in Maryland, 2023

**Table 11. Infant mortality in Maryland and St. Mary’s County, 2014-2018 and 2019-2023**

	Number of Infant Deaths		Average Infant Mortality Rate*		Percent Change
	2014-2018	2019-2023	2014-2018	2019-2023	
<b>St. Mary’s County</b>	44	38	6.3	5.5	-12.7**
<b>Maryland</b>	2,339	2,019	6.4	5.9	-7.8**

\*Per 1,000 live births

\*\*Rates for 2014–2018 and 2019–2023 differ significantly (p<0.05)

## 8.0 INFECTIOUS DISEASES

In Maryland, a notifiable condition is a specific known or suspected infectious disease or health event that health care providers, laboratories, hospitals, and other specified entities are required by law to report to the local health department or the Maryland Department of Health. Currently, there are over 90 notifiable diseases and conditions in Maryland.<sup>79</sup> For the list of notifiable diseases and conditions in Maryland, see Appendix 6.

In 2024, leading notifiable conditions for St. Mary’s County included chlamydia, animal bites, gonorrhea, Lyme disease, streptococcal invasive disease (Group B), and salmonellosis (Table 12).<sup>80</sup> In St. Mary’s County, animal bites had the highest reported rates (309.95 cases per 100,000 population), followed by chlamydia (126.21 cases per 100,000 population). County rates for animal bites were 1.6 times greater than the state rate. Additionally, Lyme disease was 1.3 times greater than the corresponding statewide rates. Of note, County rates for chlamydia and gonorrhea were substantially lower than those observed statewide. Appendix 3 presents additional case counts and rates for selected notifiable conditions in St. Mary’s County and Maryland from 2009 to 2024. Appendix 4 highlights confirmed tickborne disease cases in both St. Mary’s County and Maryland from 2014 to 2024.

**Table 12a. Leading notifiable conditions in Maryland and St. Mary’s County, 2024**

Condition	St. Mary’s County		Maryland	
	Number of Cases	Rate (per 100,000)	Number of Cases	Rate (per 100,000)
<b>Chlamydia</b>	147	126.21	30,744	490.87
<b>Animal Bites</b>	361	309.95	11,812	188.59
<b>Gonorrhea</b>	34	29.19	11,001	175.64
<b>Lyme Disease</b>	46	39.5	3,093	49.38
<b>Streptococcal Invasive Disease, Group B</b>	12	10.3	504	8.05
<b>Salmonellosis*</b>	22	18.89	1,057	16.88

\*Other than typhoid fever

<sup>79</sup> Code of Maryland Regulations (COMAR) 10.06.01

<sup>80</sup> Maryland Department of Health, Selected Notifiable Conditions Reported in Maryland (2015-2024)

**Table 12b. Confirmed Infectious Disease Cases in St. Mary's County, 2025**

Condition	St. Mary's County
	Number of Cases
Chlamydia	229
Gonorrhea	43
COVID-19	915
Pertussis	12
Lyme (includes probable)	63

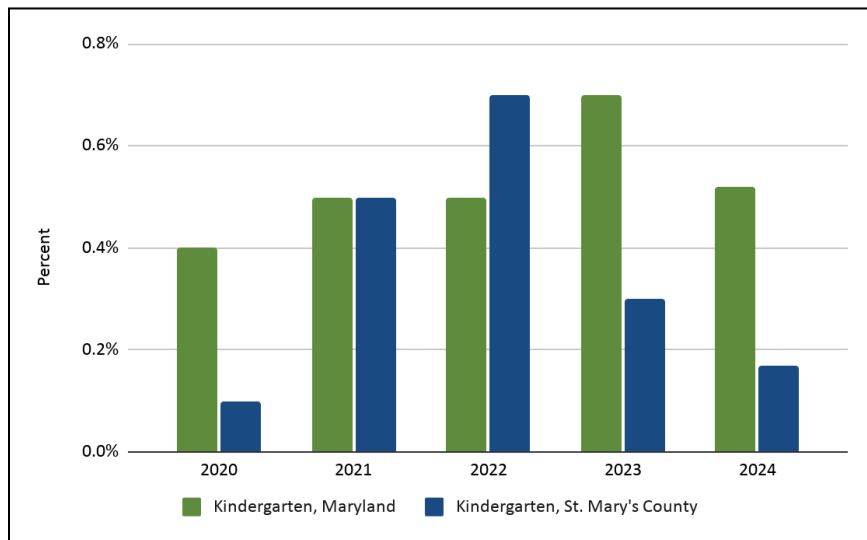
Note: Rates for 2025 unavailable due to unavailability of Census population data for 2025

### 8.1 Childhood Vaccines

Maryland's annual report of immunization status for kindergarten students includes data on students reporting medical or religious exemptions. Figure 39a<sup>81</sup> shows the percentage of kindergarten medical exemptions to vaccination in Maryland and St. Mary's County from 2020 to 2024. During that time period, the percentage of medical exemptions in St. Mary's County was lowest in 2020 (0.1%). The percentage for St. Mary's County was highest in 2022 and also higher than Maryland's percentage for that same year. Conversely, in 2023, the percentage in St. Mary's County was lower than Maryland's and the state also saw an increase in the percentage of medical exemptions.

Appendix 5 contains additional detailed childhood immunization coverage data for St. Mary's County and the state of Maryland, by vaccine type.

**Figure 39a. Kindergarten students with medical exemptions to vaccination in Maryland and St. Mary's County, 2020-2024**

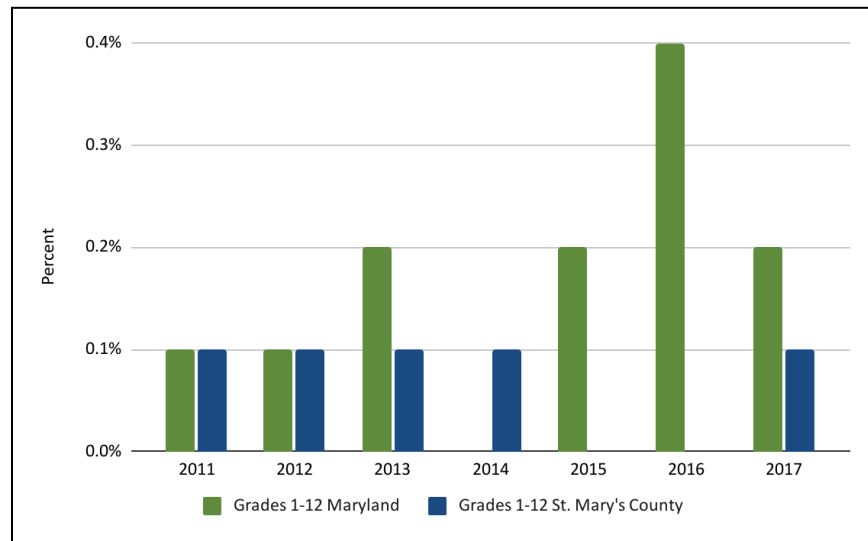


\*Data provided by private and public schools that responded to an MDH annual survey

<sup>81</sup> Maryland Department of Health, Center for Immunization, 2017-2023

Figure 39b shows the percentage of medical exemptions to vaccination changes in Grades 1 through 12 for Maryland and St. Mary's County from 2011 to 2017 (Data after 2017 was not available due to changes in reporting methods).<sup>82</sup> Throughout this period, St. Mary's County maintained a steady medical exemption to vaccination rate of approximately 0.1% annually. In contrast, Maryland showed more variation, with a spike to 0.4% in 2016. Other notable increases occurred in 2013, 2015, and 2017, when Maryland's medical exemption to vaccination percentage reached 0.2%

**Figure 39b. Grades 1-12 Students with medical exemptions to vaccination in Maryland and St. Mary's County, 2011-2017**



\*Data provided by private and public schools that respond to an MDH annual survey

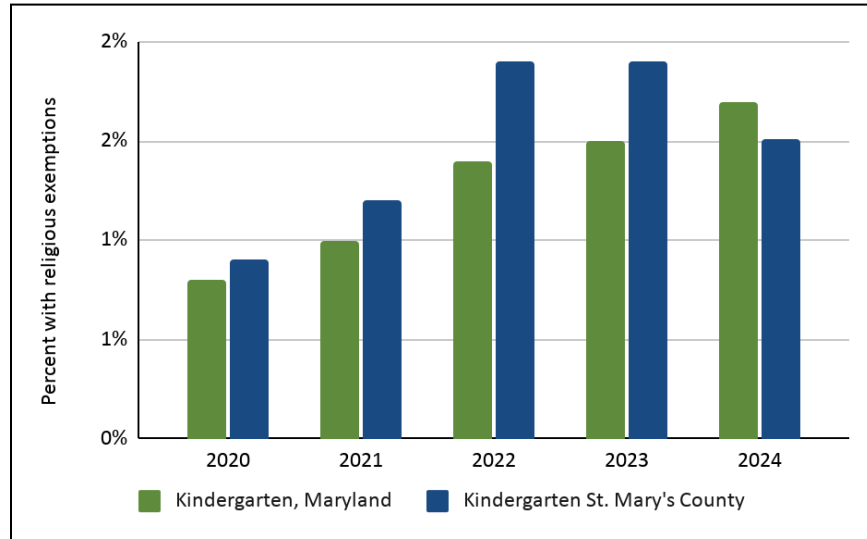
\*\*Includes data for new 1st through 12th grade students only

Figure 40a displays the percentage of kindergarten students with religious exemptions to vaccinations in Maryland and St. Mary's County from 2020 to 2024.<sup>83</sup> Both areas saw their lowest rates in 2020. However, by 2021, exemption rates gradually increased, reaching 1.2% in Maryland and 1.0% in St. Mary's County. By 2022, St. Mary's County saw a sharp rise to 1.9%, surpassing Maryland's rate of 1.4%. This trend continued in 2023, with St. Mary's County maintaining a rate of 1.9%, while Maryland's rate increased slightly to 1.5%.

<sup>82</sup> Maryland Department of Health, Center for Immunization, 2011-2017

<sup>83</sup> Maryland Department of Health, Center for Immunization, 2019-2023

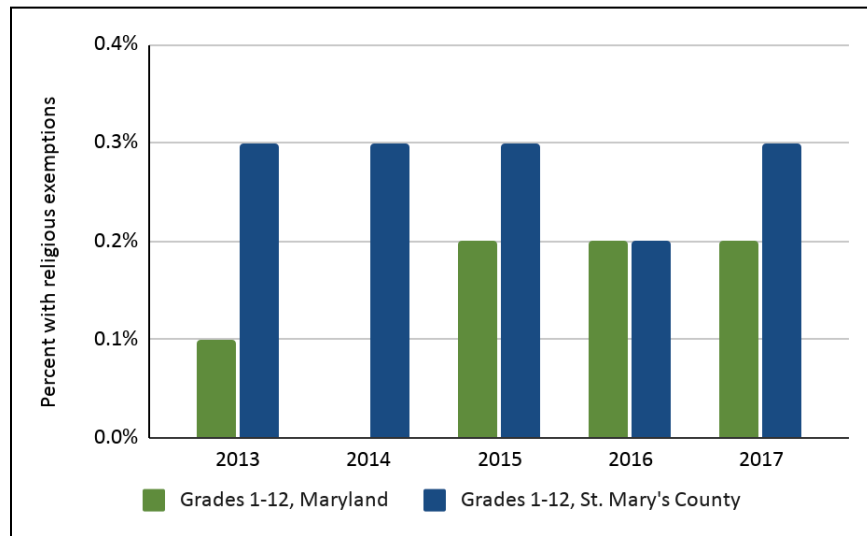
**Figure 40a. Kindergarten Students with religious exemptions to vaccination in Maryland and St. Mary’s County, 2020-2024**



Data provided by private and public schools that respond to an MDH annual survey

Figure 40b illustrates the percentage of religious exemptions to vaccination in Grades 1 through 12 for Maryland and St. Mary's County from 2013 to 2017 (data after 2017 was not available due to changes in reporting methods).<sup>84</sup> Throughout this period, St. Mary's County maintained a steady religious exemption rate to vaccination of approximately 0.3% annually, except for a drop to 0.2% in 2016. Additionally, St. Mary’s County had higher percentages of religious exemptions to vaccination compared to the state for the time period, except for 2016 when the percentages were equal.

**Figure 40b. Grade 1-12 Students with religious exemptions to vaccination in Maryland and St. Mary’s County, 2013-2017**



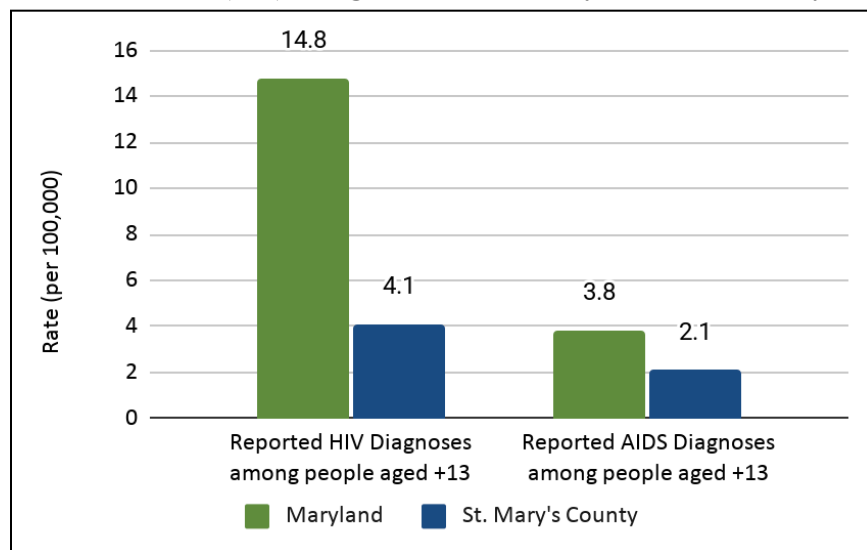
Data provided by private and public schools that respond to an MDH annual survey  
Includes data for new 1st through 12th-grade students only. Data for Maryland was unavailable in 2014.

<sup>84</sup> Maryland Department of Health, Center for Immunization, 2013-2017

## 8.2 Human immunodeficiency virus (HIV) disease

At the end of 2024, St. Mary's County (population aged 13 and older) had a reported HIV diagnosis rate of 4.1 cases per 100,000 population and an AIDS (HIV Stage 3) diagnosis rate of 2.1 cases per 100,000 population. The HIV diagnosis rate for St. Mary's County was less than that observed statewide (14.8 cases per 100,000 population) and showed statistical significance. The AIDS diagnosis rate for St. Mary's County was also less than Maryland (3.8 cases per 100,000 population for AIDS) (Figure 41).<sup>85</sup> The difference in rates between St. Mary's County and Maryland was not statistically significant.

**Figure 41. Adult/adolescent (13+) living with HIV in Maryland and St. Mary's County, 2024**



## 8.3 Rabies

Table 13 presents data on the number of laboratory-confirmed rabid animals recorded in Maryland and St. Mary's County from 2018 to 2024.<sup>86</sup> Maryland experienced a peak of 268 cases in 2018, followed by a general decline to 203 cases in 2024. St. Mary's County's numbers fluctuated, with the highest count of eight cases in 2021, accounting for 4.5% of Maryland's total that year. The lowest count was in 2022, with just one case (0.5% of Maryland's total).

In 2024, St. Mary's County reported six cases, accounting for 3.0% of the state's total. The six laboratory-confirmed rabid animals included four skunks (66.7%), one fox (1.7%), and one groundhog (1.7%).<sup>87</sup> Over the same period, raccoons comprised the majority (64.5%) of laboratory-confirmed rabid animals in Maryland.

<sup>85</sup> Maryland Annual HIV Epidemiological Profile, 2025

<sup>86</sup> Maryland Department of Health, Center for Zoonotic and Vectorborne Diseases, 2024

<sup>87</sup> Maryland Department of Health, Center for Zoonotic and Vector-borne Diseases, 2024

**Table 13. Laboratory-confirmed animal rabies in St. Mary's County, 2018-2024**

Year	Maryland	St. Mary's County	
	Number	Number	Percent (of Maryland total)
2024	203	6	3.0%
2023	216	7	3.2%
2022	211	1	0.5%
2021	177	8	4.5%
2020	251	5	2.0%
2019	265	3	1.1%
2018	268	5	1.9%

### 8.4 Outbreaks

Table 14<sup>88</sup> details the number of disease outbreaks reported to the St. Mary's County Health Department from 2016 to 2025. Between 2016 and 2017, the number of outbreaks was relatively low, with 16 and 18 cases, respectively. A sharp increase occurred in 2020, with 61 outbreaks, likely influenced by the COVID-19 pandemic. The peak was in 2021, with 163 outbreaks, followed by a decline to 121 outbreaks in 2022. By 2023, the number of reported outbreaks dropped significantly to 30. However, from 2023 to 2025, the number of reported outbreaks increased. In 2025, most of the reported outbreaks occurred in schools (59%), followed by long-term care facilities (nursing homes: 11.3%, assisted living facilities: 7.5%) (Figure 42). Respiratory (83.8%) and gastroenteritis (8.8%) outbreaks comprised the majority of the total outbreaks by type of illness (Figure 43).<sup>89</sup>

**Table 14. Outbreaks Reported to St. Mary's County Health Department, 2016-2025**

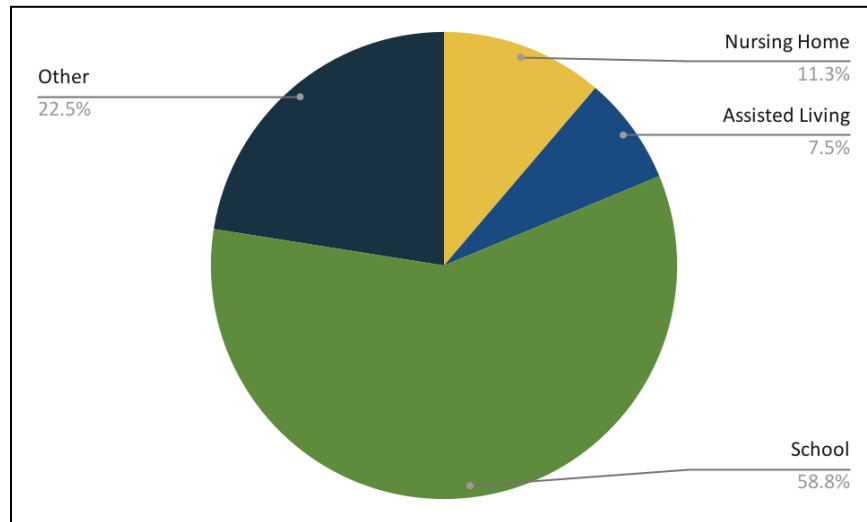
Year	Number of Outbreaks
2025	80
2024	47
2023	30
2022	121
2021	163
2020	61
2019	*
2018	*
2017	18
2016	16

\*Data unavailable

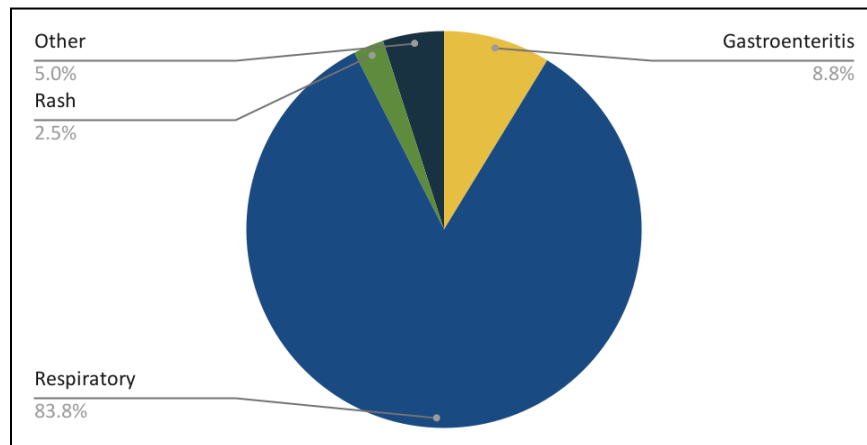
<sup>88</sup> St. Mary's County Health Department, 2016-2025

<sup>89</sup> St. Mary's County Health Department, 2025

**Figure 42. Outbreaks, by location, reported to St. Mary’s County Health Department, 2025**



**Figure 43. Outbreaks, by type of illness, reported to St. Mary’s County Health Department, 2025**



## 9.0 CHRONIC ILLNESSES

Chronic diseases are broadly defined as conditions such as diabetes, cancer and heart disease. These conditions last a year or more, and require ongoing medical attention and can also limit activities of daily living. In 2025, chronic diseases were the leading causes of death and disability in the United States, including Maryland.<sup>90</sup>

The major chronic illnesses in St Mary’s County and the state of Maryland include heart disease, cancer, stroke, Chronic Obstructive Pulmonary Disease (COPD), and diabetes.

### 9.1 Heart disease and stroke

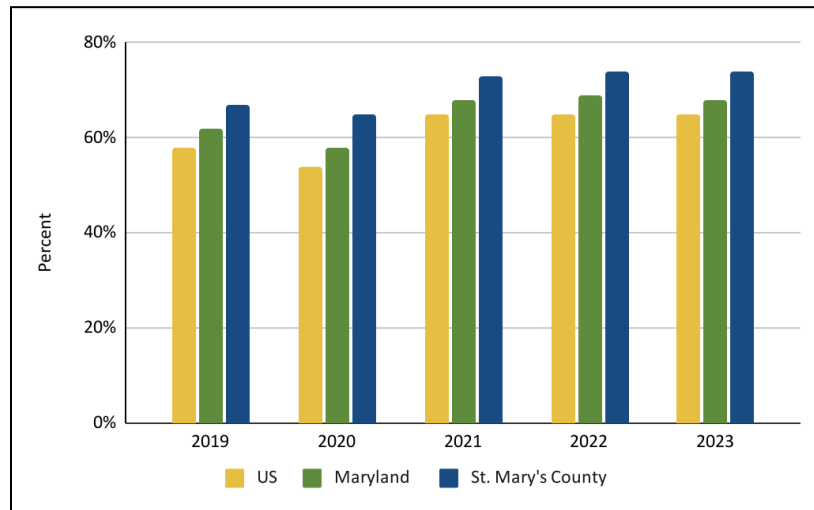
Heart disease and stroke are two major cardiovascular illnesses. In 2023, heart disease was the second leading cause of death in St. Mary’s County and the leading cause of death in the state of

<sup>90</sup> Centers for Disease Control and Prevention, About Chronic Diseases, 2025

Maryland. Stroke (cerebrovascular disease) was the fourth leading cause of death in Maryland and St Mary’s County.<sup>91</sup>

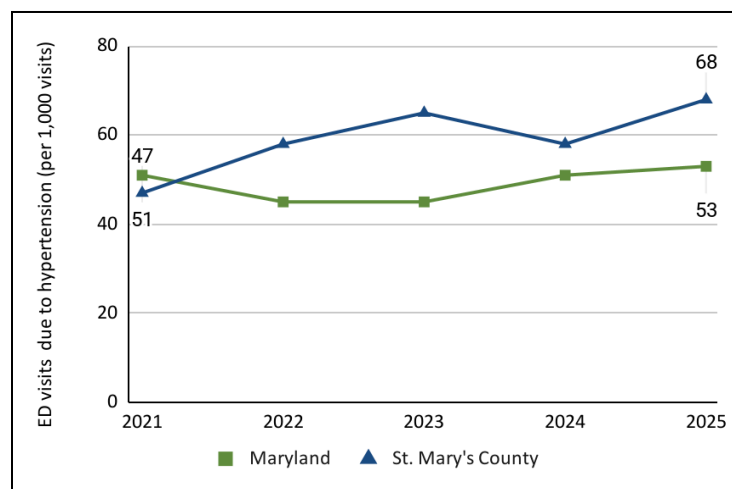
In St. Mary’s County, the prevalence of ischemic heart disease among Medicare beneficiaries remained at 74% in 2023 (Figure 44).<sup>92</sup> Compared to St. Mary’s County, the prevalence rates in Maryland and the US were lower, at 68% and 65%, respectively.

**Figure 44. Prevalence of ischemic heart disease among Medicare beneficiaries in the United States, Maryland, and St. Mary's County, 2019-2023**



Hypertension (high blood pressure) is a type of cardiovascular disease; controlling it can prevent heart disease and stroke. St Mary’s County recently had higher rates of emergency department visits for primary hypertension diagnosis compared to Maryland (Figure 45). In 2025, St. Mary’s County had a rate of 68 emergency department visits (per 1,000 visits) due to hypertension compared to 53 emergency department visits (per 1,000 visits) in Maryland.<sup>93</sup>

**Figure 45. Emergency department visit rate due to hypertension in Maryland and St Mary’s County, 2021-2025**



<sup>91</sup> Maryland Vital Statistics Annual Report, 2023

<sup>92</sup> Chronic Conditions Data Warehouse (CCW), Centers for Medicare and Medicaid Services (CMS), 2019-2023

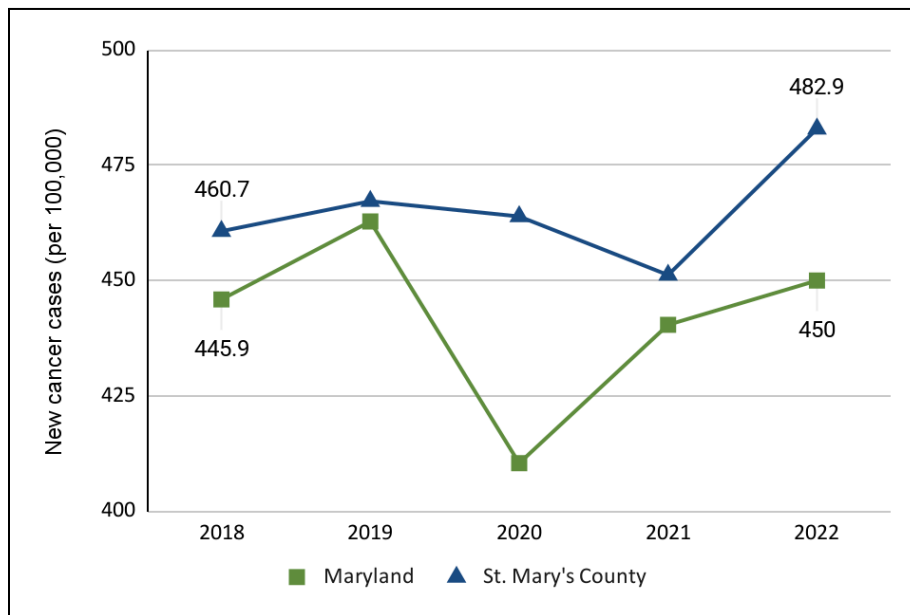
<sup>93</sup> CRISP, 2021-2025

## 9.2 Cancer

The most recent data from the Maryland Cancer Registry shows that the all-cancer incidence rates (per 100,000 population) in Maryland and St. Mary's County increased in 2022 from 2021. In 2022, the cancer incidence rate (new cancer cases) in St. Mary's County (482.9 per 100,000 population) was higher than the rate for the state of Maryland (450 per 100,000 population) (Figure 46). All-cancer incidence rates in St. Mary's County have consistently been higher among males than among females (Figure 47).<sup>94</sup>

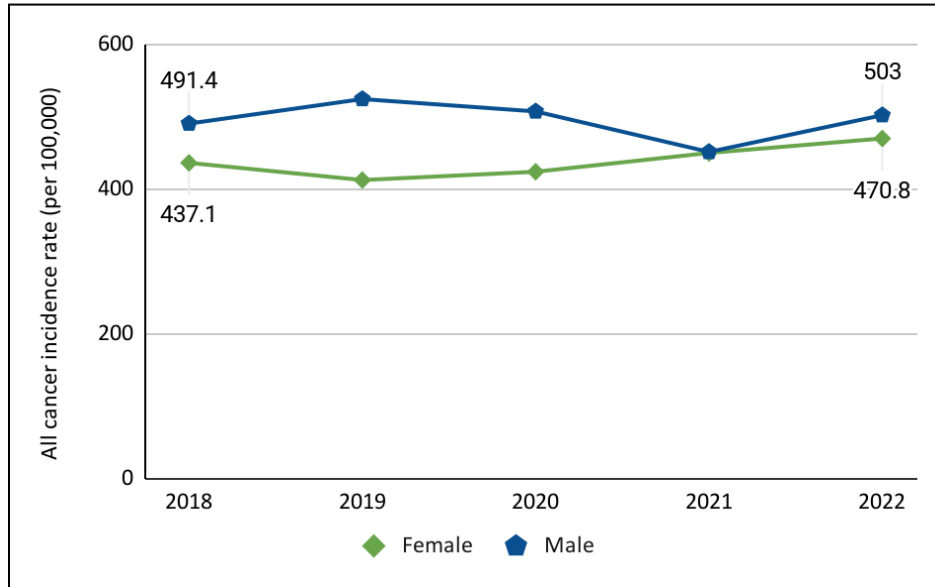
In 2022, in St. Mary's County, breast cancer had the highest incidence rate (144.3 per 100,000 female population) among the seven targeted cancer sites (lung and bronchus, melanoma, cervical, breast, prostate, colorectal and oral cancer). Breast cancer was followed by prostate cancer at 127.5 per 100,000 males and lung and bronchus cancer at 54.1 per 100,000 population. Data for years with case counts less than 10 were suppressed (Figures 46-54). The figures for cervical cancer (Figure 50) and oral cancer (Figure 54) show case counts because incidence rates were not available due to low case counts.

**Figure 46. Age-adjusted all cancer incidence rates (per 100,000 population) in Maryland and St. Mary's County, 2018-2022**

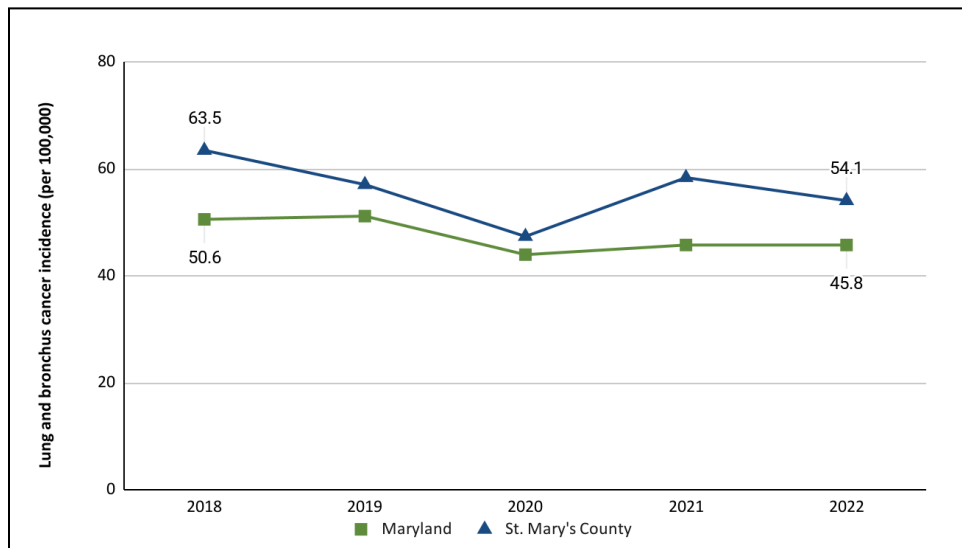


<sup>94</sup> Maryland Cancer Registry, Maryland Department of Health, 2025 Cancer Report

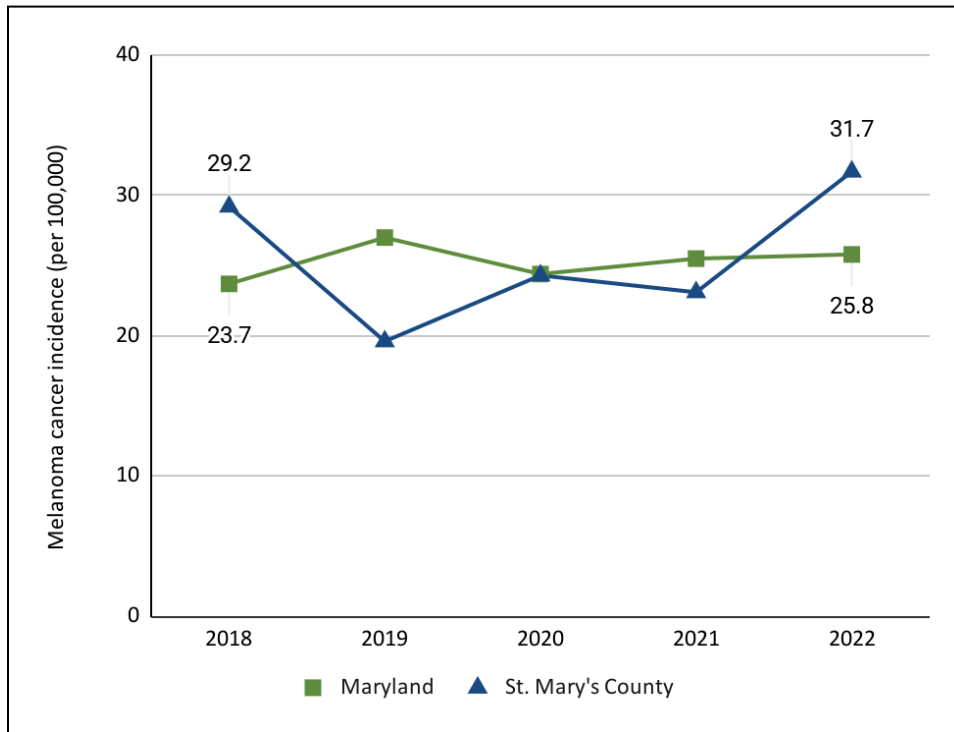
**Figure 47. Age-adjusted all cancer incidence rates (per 100,000 population) by sex in St. Mary's County, 2018-2022**



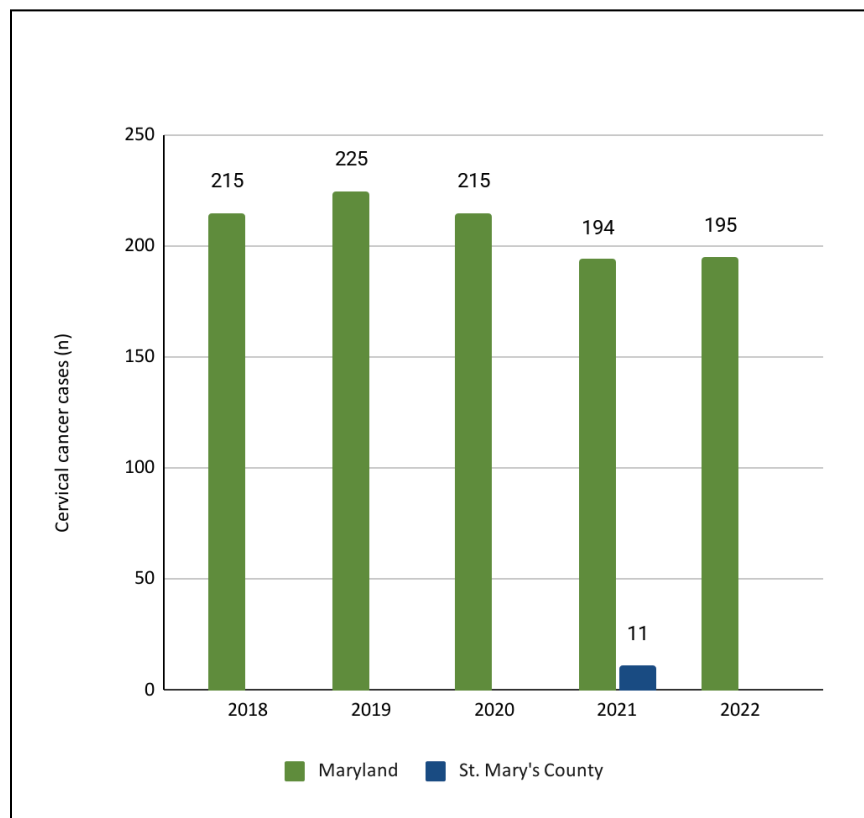
**Figure 48. Age-adjusted lung and bronchus cancer incidence rates (per 100,000 population) in Maryland and St. Mary's County, 2018-2022**



**Figure 49. Age-adjusted melanoma cancer incidence rates (per 100,000 population) in Maryland and St. Mary's County, 2018-2022**

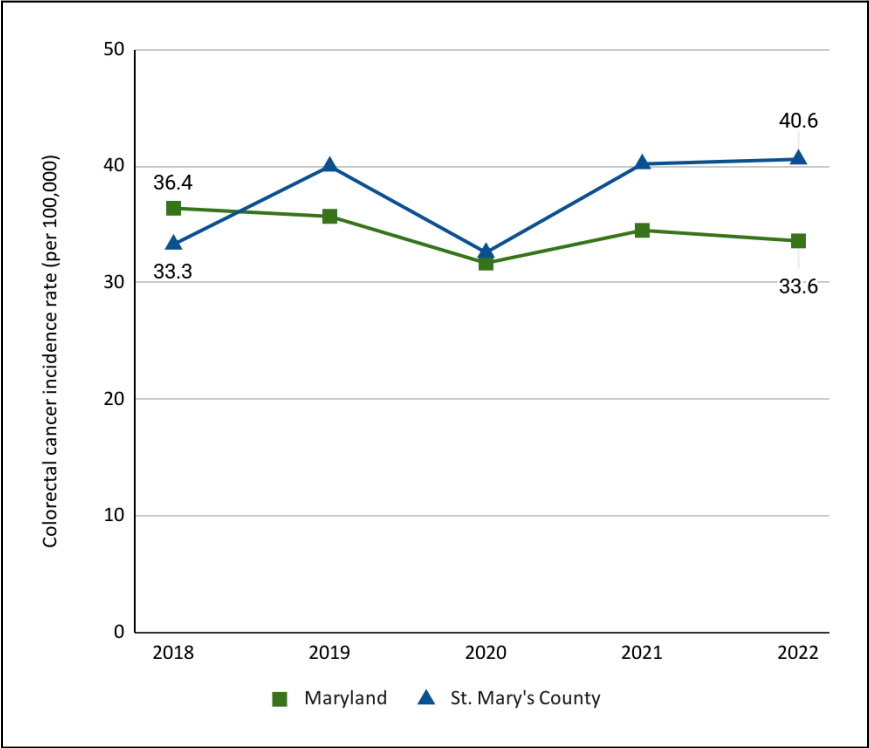


**Figure 50. Number of cases for cervical cancer in Maryland and St. Mary's County, 2018-2022**

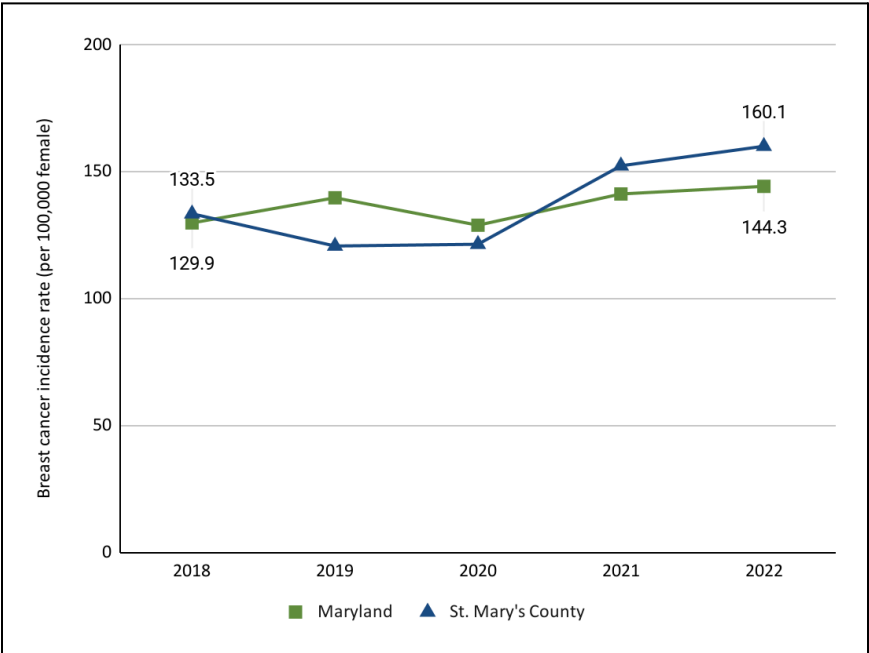


\*Data for the years 2018, 2019, 2020 and 2022 were suppressed for St. Mary's County due to values <10.

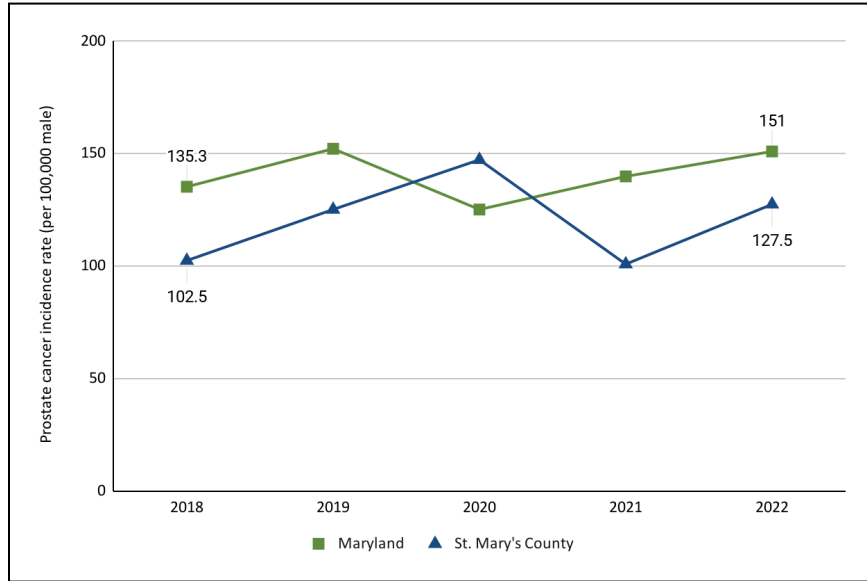
**Figure 51. Age-adjusted colorectal cancer incidence rate (per 100,000 population) in Maryland and St Mary’s County, 2018-2022**



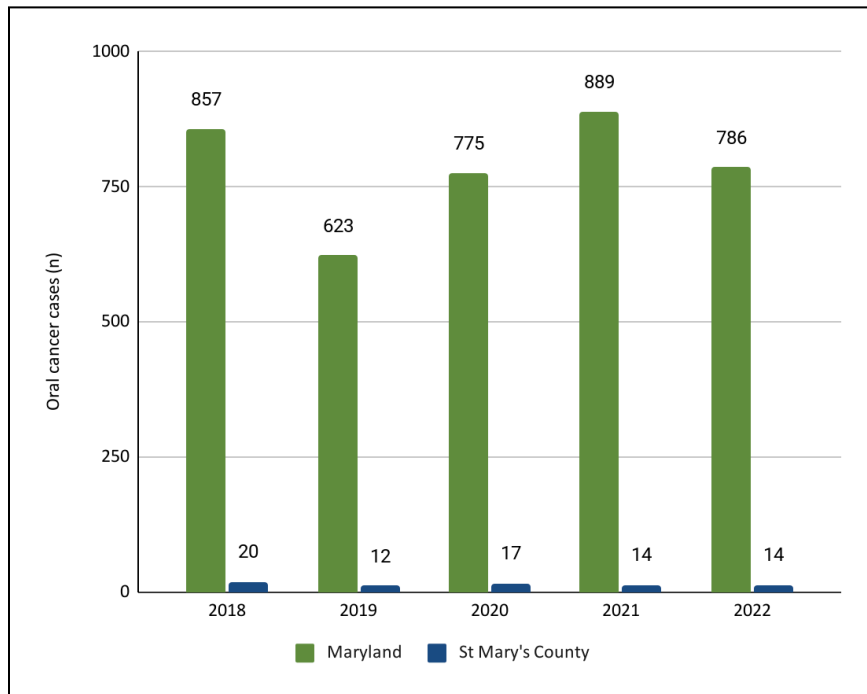
**Figure 52. Age-adjusted breast cancer incidence rate (per 100,000 female population) in Maryland and St Mary’s County, 2018-2022**



**Figure 53. Age-adjusted prostate cancer incidence rate (per 100,000 male population) in Maryland and St Mary’s County, 2018-2022**



**Figure 54. Number of cases for oral cancer in Maryland and St Mary’s County, 2022**

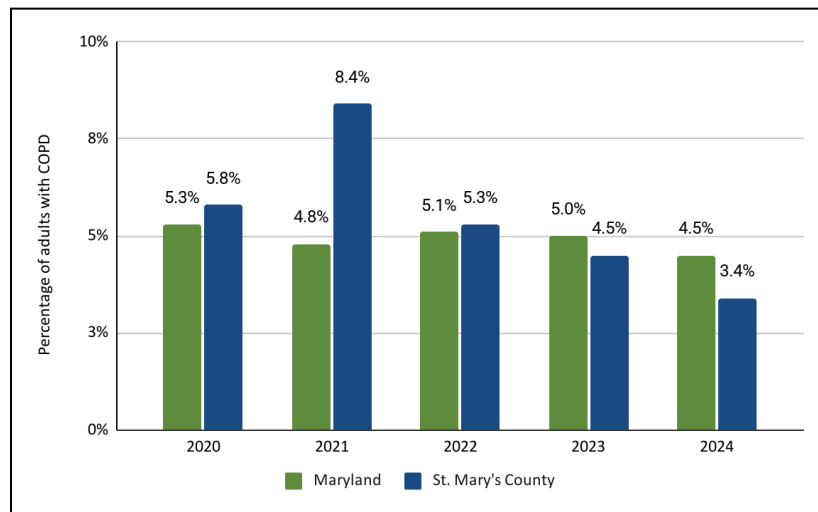


### 9.3 Chronic Obstructive Pulmonary Disease (COPD)

In 2024, chronic lower respiratory diseases were one of the top ten causes of death in Maryland, accounting for 4% of all deaths that year. Chronic Obstructive Pulmonary Disease (COPD), a category of chronic lower respiratory disease, refers to progressive lung conditions that cause airflow blockage and breathing-related problems. COPD includes emphysema and chronic bronchitis. In 2024, the percentage of Maryland adults with COPD was 4.5%. The percentage of

St. Mary’s County residents who reported ever having COPD decreased from 4.5% in 2023 to 3.4% in 2024 (Figure 55).<sup>95</sup>

**Figure 55. Percentage of adults (18 years and above) who have chronic obstructive pulmonary disease in Maryland and St. Mary’s County, 2020-2024**



#### 9.4 Asthma

Asthma is a chronic lower respiratory disease that can cause severe breathing problems. It may involve repeated episodes of wheezing, breathlessness, chest tightness, and night-time or early morning coughing. It is a leading chronic illness among children and adolescents in the United States. In 2022, 26.8 million Americans (8.2% of the population) had been diagnosed with asthma and reported they still had asthma.<sup>96</sup> In 2021, 6.8% of children in Maryland had asthma.<sup>97</sup> Low-income populations, minorities, and children living in inner cities experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population.<sup>98</sup>

Figure 56 shows the percentage of adults who currently have asthma in Maryland and in St. Mary's County from 2021 to 2024.<sup>99</sup> In 2024, the percentages of adults with asthma in Maryland and in St. Mary’s County both decreased from the 2023 rates. Approximately 9% of adults in St. Mary’s County currently have asthma, compared to a higher percentage reported for Maryland (10.1%). Asthma can be controlled through medications and avoidance of environmental triggers that can lead to an asthma attack. When asthma is properly controlled through these measures, individuals may avoid costly emergency intervention. The rates of emergency department visits due to asthma in St Mary’s County have generally been lower than in the state of Maryland (Figure 57).<sup>100</sup> St. Mary’s County Health Department offers free support to families of children with asthma through the Asthma Control Program. The program provides home visits,

<sup>95</sup> Maryland Behavioral Risk Factor Surveillance System, 2024

<sup>96</sup> Centers for Disease Control and Prevention, National Health Interview Survey (NHIS) 2022

<sup>97</sup> Maryland Department of Health, Environmental Health, Asthma 2021

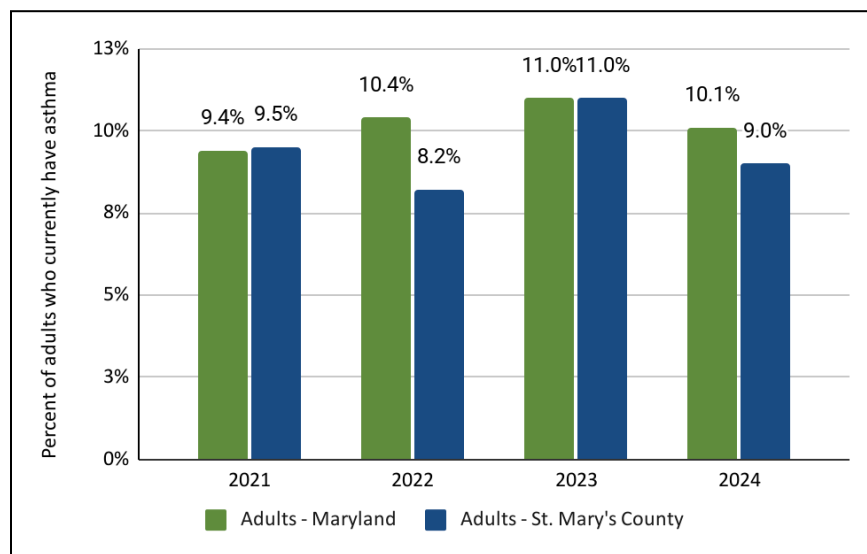
<sup>98</sup> Centers for Disease Control and Prevention, Managing Asthma in Schools, 2024

<sup>99</sup> Maryland Behavioral Risk Factor Surveillance System (BRFSS), 2024 and CDC’s National Asthma Control Program, 2021-2022

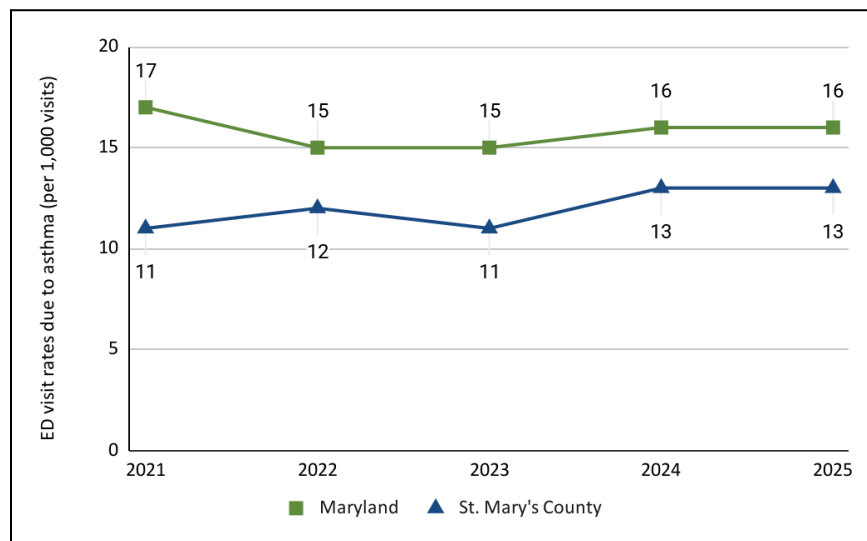
<sup>100</sup> CRISP, 2021-2025

educational guidance on asthma and related medications, environmental assessments of household triggers, and free resources and supplies to help control asthma.

**Figure 56. Percentage of adults who currently have asthma in Maryland and St. Mary’s County, 2021-2024**



**Figure 57. Emergency department visit rates (per 1,000 visits) due to asthma in Maryland and St. Mary’s County, 2021-2025**



## 9.5 Diabetes

Diabetes is a disease in which blood glucose levels are above normal. Uncontrolled diabetes can lead to organ damage, heart and blood vessel disease, nerve damage, and other severe health effects. In 2023, diabetes was the sixth leading cause of death in Maryland and St. Mary’s County.<sup>101</sup> The prevalence (percentage of adults who have ever been diagnosed with diabetes) in St. Mary’s County has steadily increased since 2021 (Figure 58).<sup>102</sup> In 2024, 13.9% of adults in St. Mary’s County and 10.9% of adults in Maryland reported ever being diagnosed with diabetes.

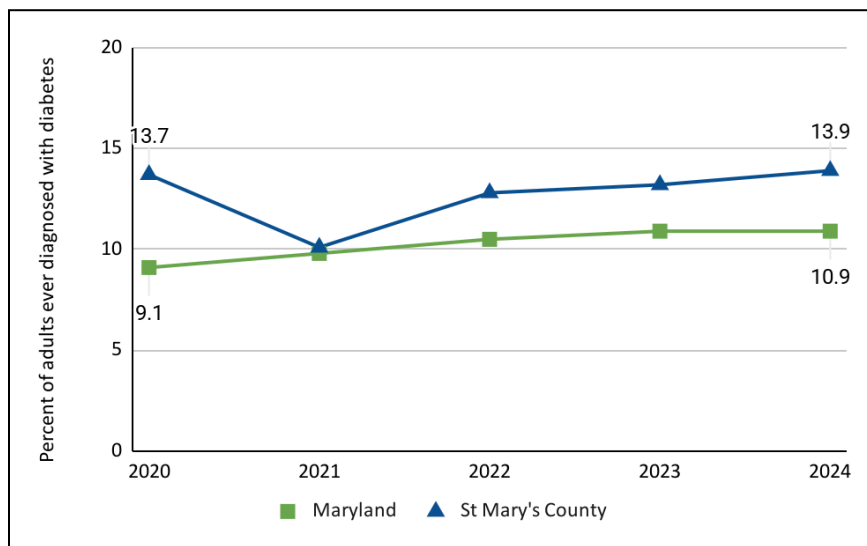
<sup>101</sup> CDC WONDER, Maryland Vital Statistics Report, 2023

<sup>102</sup> Maryland Behavioral Risk Factor Surveillance System, 2018-2024

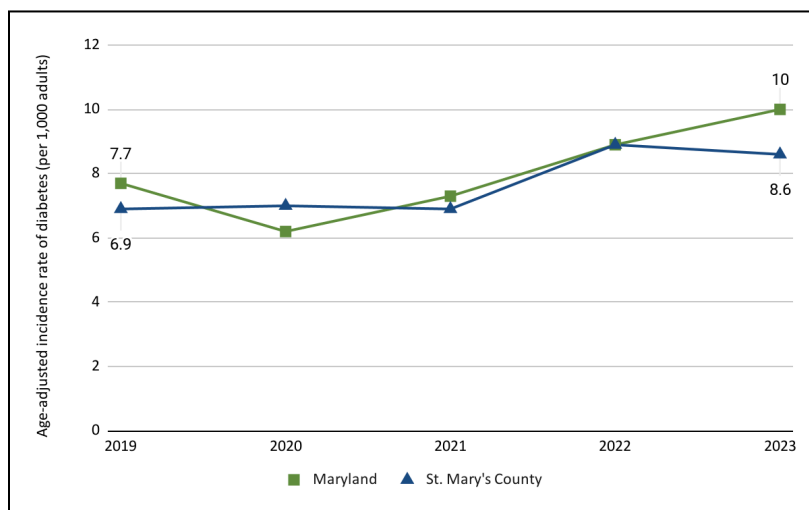
The difference in rates between St. Mary’s County and Maryland was statistically significant. The rates in St. Mary’s County have also remained higher compared to those in the state of Maryland. Figure 56<sup>103</sup> further highlights the age-adjusted incidence among adults in St. Mary’s County and Maryland.

Emergency Department visit rates due to diabetes in St. Mary’s County have consistently been higher than the rates for Maryland from 2021 to 2025 (Figure 60).<sup>104</sup> For all years during this time period, the differences in rates between St. Mary’s County and Maryland were statistically significant. Emergency department visits for diabetes-related complications may signify that the disease is uncontrolled.

**Figure 58. Prevalence of adults that have ever been diagnosed with diabetes in Maryland and St. Mary’s County, 2020-2024**



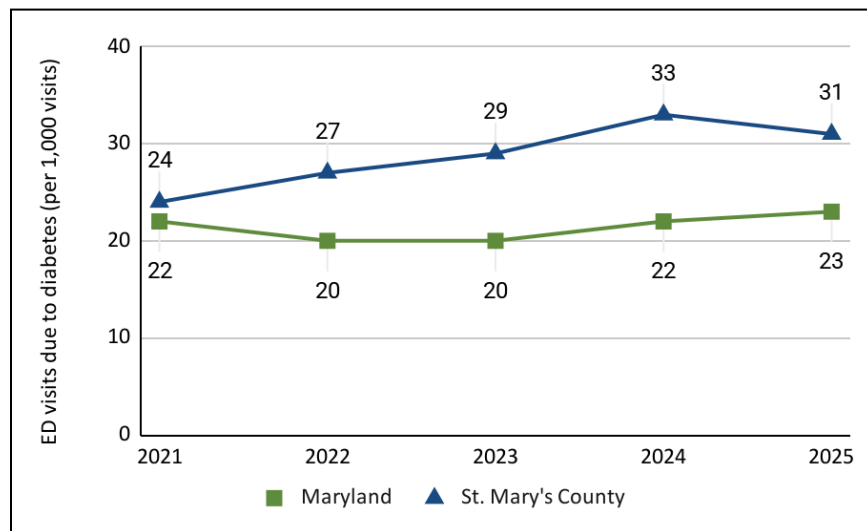
**Figure 59. Diabetes age-adjusted incidence (new cases of diabetes per 1,000 adult population) among adults (ages 20 years and older) in Maryland and St. Mary’s County, 2019-2023**



<sup>103</sup> Maryland State Health Improvement Process (SHIP), Centers for Disease Control and Prevention. Diabetes Interactive Atlas, 2019-2023

<sup>104</sup> CRISP, 2021-2025

**Figure 60. Emergency department visit rate due to diabetes in Maryland and St. Mary's County, 2021-2025**



## 10.0 DISABILITY AND DEATHS

### 10.1 Disability

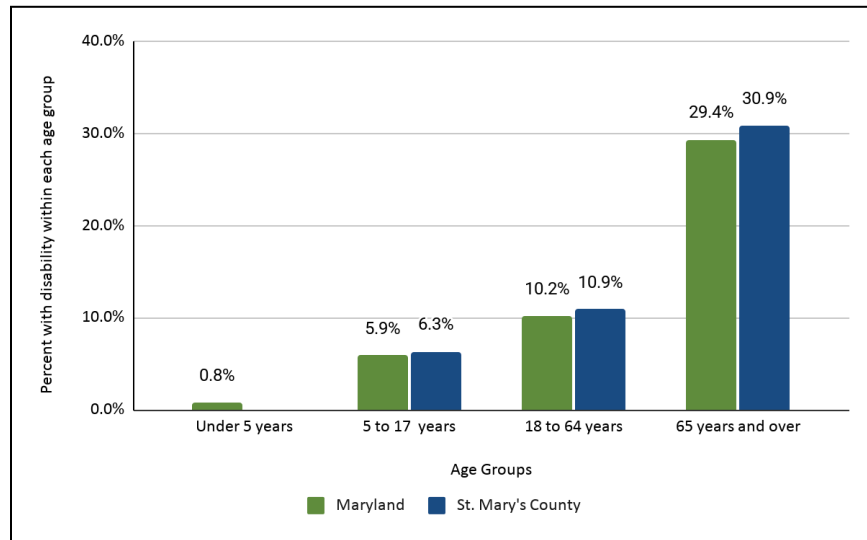
The American Community Survey asks about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Respondents who reported having any of the aforementioned disabilities were considered to have a disability.<sup>105</sup>

In 2024, disability prevalence increased with age in both Maryland and St. Mary's County, with similar patterns observed across age groups (Figure 61).<sup>106</sup> The percentage of people (noninstitutionalized civilian population) with disabilities in Maryland was estimated to be 12.3% and for St. Mary's County the estimate was 12.4%. Among children under 5 years, reported disability was 0.8% in Maryland 0.0% for St. Mary's County within the age group. For youth ages 5 to 17, the prevalence of disability was 5.9% in Maryland and 6.3% for St. Mary's County. Within the 18-64 years ago group, the prevalence of disabilities was 10.2% in Maryland and 10.9% in St. Mary's County. The highest prevalence among the age groups was observed in the 65 years and older age group. Overall, while both the county and state show increasing disability rates with age, St. Mary's County reports slightly higher percentages than the state for all age groups, except the under five years age group.

<sup>105</sup> U.S. Census Bureau, How Disability Data are Collected from The American Community Survey, 2021

<sup>106</sup> U.S. Census Bureau, 1-Year American Community Survey, 2024

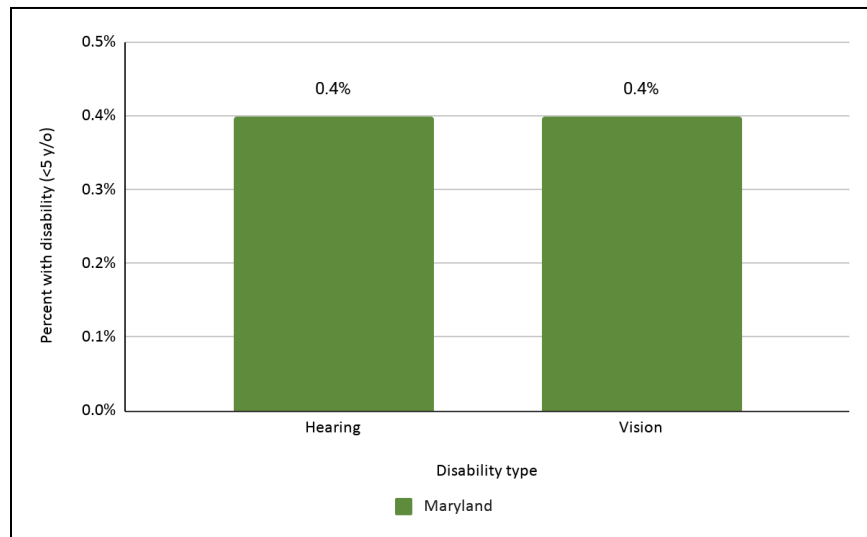
**Figure 61. Disabilities within each age group in Maryland and St. Mary’s County, 2024**



Note: 0% for under 5 years for St. Mary’s County

Among persons under five years of age, the percentage of Maryland residents reporting vision difficulties (0.4%) was equal to those with hearing difficulties (0.4%) (Figure 62).<sup>107</sup> For St. Mary’s County residents who were under five years of age, there were no reported cases of hearing and vision disabilities.

**Figure 62. Disability type among children under 5 years in Maryland, 2024**

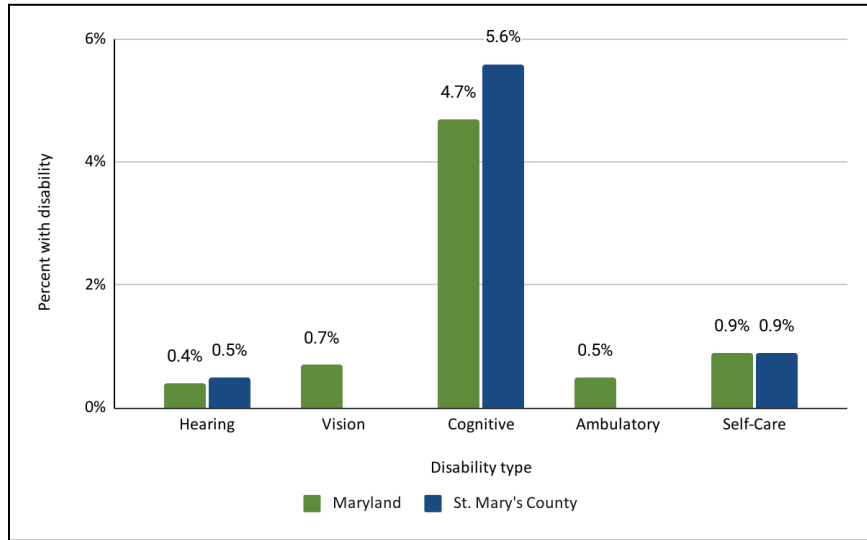


In 2024, cognitive disability was the most prevalent disability type in both Maryland and St. Mary’s County. St. Mary’s County reporting a higher percentage (5.6%) compared to the state overall (4.7%) (Figure 63).<sup>108</sup> Hearing disability was relatively low in both areas, though slightly higher in St. Mary’s County (0.5%) than in Maryland (0.4%). Vision disability was reported at 0.7% statewide and 0.0% for the county. Ambulatory disability was reported at 0.5% in Maryland and 0.0% in St. Mary’s County. Self-care disability was reported at 0.9% in both Maryland and St. Mary’s County, indicating similar prevalence.

<sup>107</sup> U.S. Census Bureau, 1-Year American Community Survey, 2024

<sup>108</sup> U.S. Census Bureau, 1-Year American Community Survey, 2024

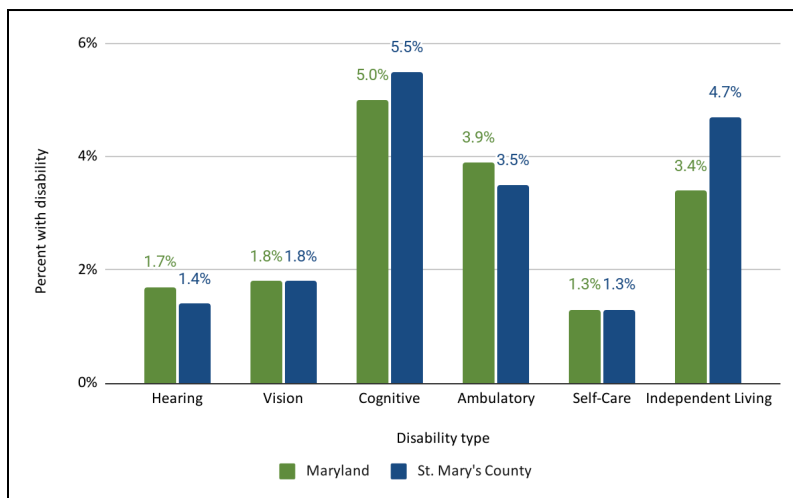
**Figure 63. Disability types among 5 to 17-year-olds in Maryland and St. Mary’s County, 2024**



Note: St. Mary’s County values for Vision and Ambulatory disability were 0.0%

In 2024, among St. Mary’s County residents aged 18 to 64, cognitive disability was the most prevalent disability type for both Maryland (5.0%) and St. Mary’s County (5.5%), with the county reporting a slightly higher rate (Figure 64).<sup>109</sup> Independent living disability was the second most common category, and notably higher in St. Mary’s County (4.7%) compared to Maryland (3.4%). Ambulatory disability was more prevalent statewide (3.9%) than in St. Mary’s County (3.5%). Hearing disability was slightly higher in Maryland (1.7%) compared to the county (1.4%), while vision disability was equal in both jurisdictions at 1.8%. Self-care disability was also similar between Maryland and St. Mary’s County, both at 1.3%. Overall, while most disability types show comparable patterns between the state and the county, St. Mary’s County reports higher rates of cognitive and independent living disabilities, whereas Maryland shows slightly higher rates of ambulatory and hearing disabilities. Statistical significance was shown when comparing the rates between Maryland and St. Mary’s County for the following disabilities: Cognitive, Independent living, Ambulatory and hearing.

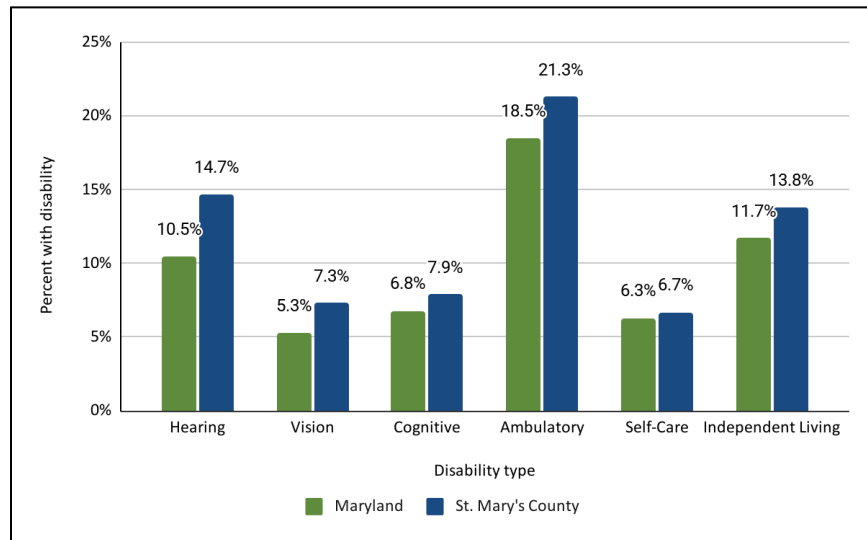
**Figure 64. Disability types among 18 to 64-year-olds in Maryland and St. Mary’s County, 2024**



<sup>109</sup> U.S. Census Bureau, 1-Year American Community Survey, 2024

Figure 65<sup>110</sup> shows disability types among St. Mary’s County residents aged 65 and over. St. Mary’s County reports higher percentages than Maryland across all disability types. Ambulatory disability is the most prevalent category in both jurisdictions for people aged 65 and older, affecting 21.3% in St. Mary’s County and 18.5% in Maryland. Among those aged 65 years and older, hearing disability is also higher in the county (14.7%) than in Maryland (10.5%), and Independent living disability was 13.8% in St. Mary’s County versus 11.7% in Maryland. Cognitive disability is reported at 7.9% in the county and 6.8% statewide, while vision disability affects 7.3% locally compared to 5.3% in Maryland. Self-care disability is the least prevalent category among the 65 years and older age group but remains slightly higher in St. Mary’s County (6.7%) than in the state overall (6.3%). Overall, St. Mary’s County experienced a consistently higher and statistically significant proportion across all disability categories for people aged 65 and older compared to Maryland.

**Figure 65. Disability types among those 65 years old and over in Maryland and St. Mary’s County, 2024**



## 10.2 Deaths

In St. Mary’s County, the age-adjusted death rate from all causes increased from 760.2 deaths per 100,000 population in 2018 to a peak of 883.4 deaths per 100,000 in 2021, before declining to 763 deaths per 100,000 population in 2023 (Figure 66).<sup>111</sup> A similar pattern was observed statewide: Maryland’s age-adjusted death rate rising from 717.5 deaths per 100,000 population in 2018 to a high of about 820 per 100,000 in 2020, followed by a steady decline to 708.4 per 100,000 in 2023. Throughout the period, St. Mary’s County consistently reported higher age-adjusted death rates than the state overall.

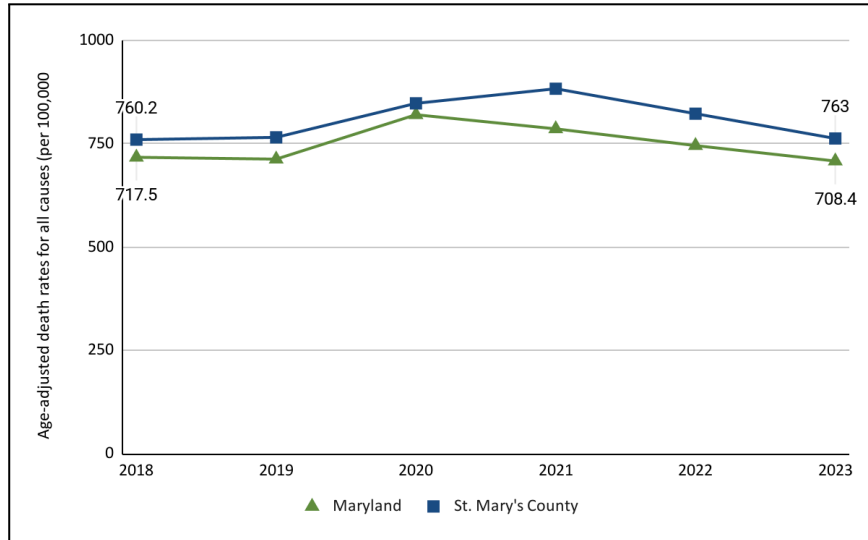
Chronic illnesses [including heart disease, cancer, stroke, Chronic Obstructive Pulmonary Disease (COPD), and diabetes] and accidents are the leading causes of death in Maryland and the

<sup>110</sup> U.S. Census Bureau, 1-Year American Community Survey, 2024

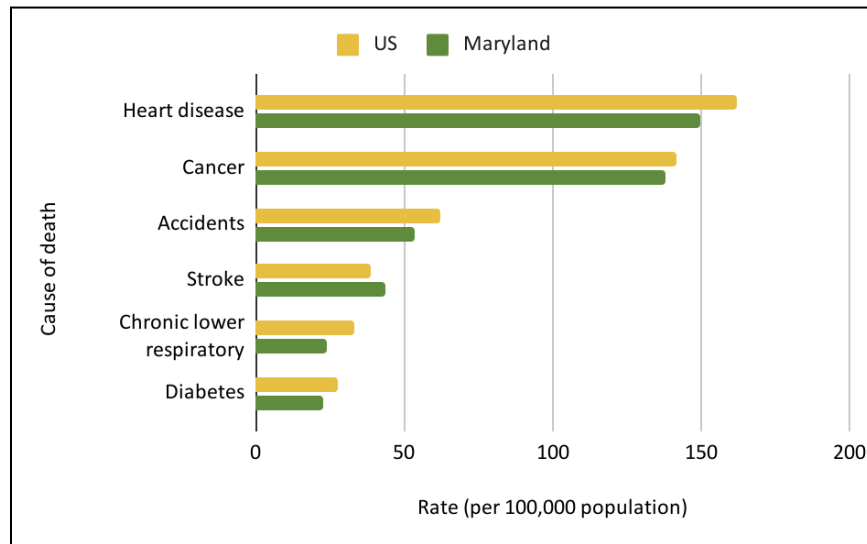
<sup>111</sup> Maryland Department of Health, Vital Statistics Administration, Maryland Vital Statistics Annual Report, 2018-2023

U.S. (Figure 67).<sup>112</sup> In 2023, the leading causes of death in St Mary’s County and in the state of Maryland included these chronic conditions (heart disease, cancer, stroke, Chronic Obstructive Pulmonary Disease (COPD), and diabetes) in addition to accidents (Figures 68 and 69).<sup>113</sup>

**Figure 66. Age-adjusted death rates, all causes (per 100,000 population) in Maryland and St. Mary’s County, 2018-2023**



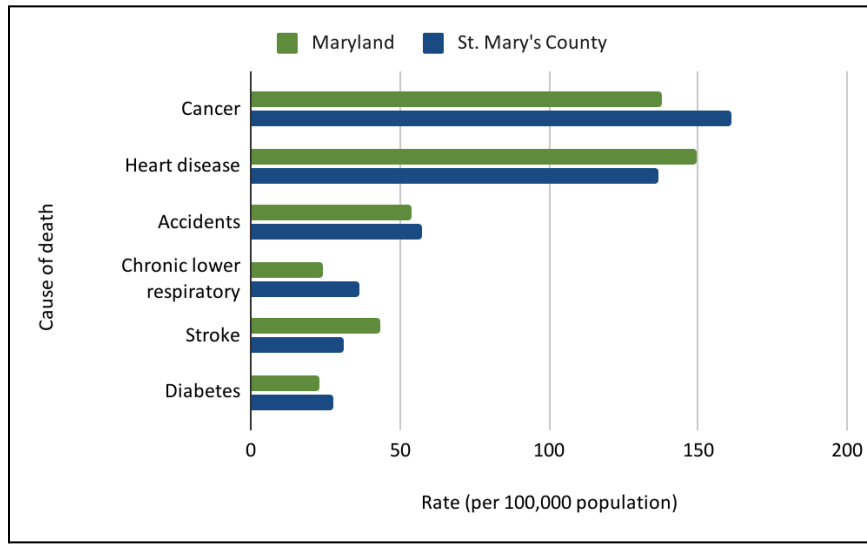
**Figure 67. Leading causes of death (per 100,000 population) in the United States and Maryland, 2023**



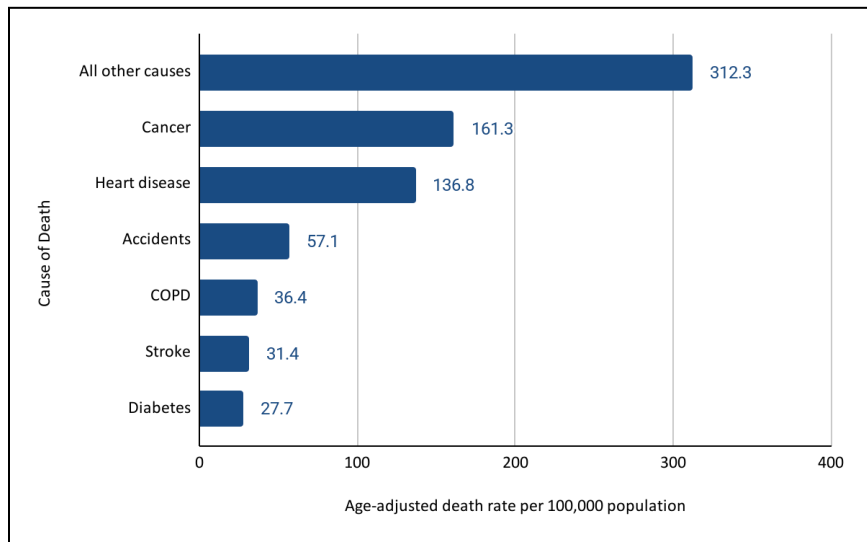
<sup>112</sup> Center for Disease Control and Prevention (CDC), 2023 & Maryland Vital Statistics Annual Report, 2023

<sup>113</sup> Maryland Vital Statistics Annual Report 2023

**Figure 68. Leading causes of death (per 100,000 population) in Maryland and St Mary’s County, 2023**



**Figure 69. Causes of death, age-adjusted rate per 100,000 population) in St. Mary’s County, 2023**

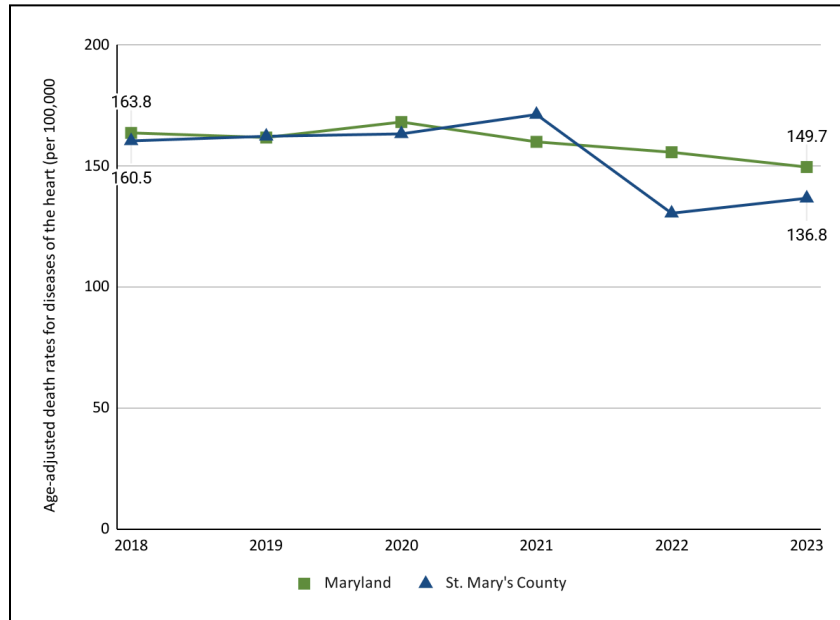


**10.2.1 Deaths due to Heart disease**

Heart disease is the second leading cause of death in St Mary’s County, accounting for 17.9% of all deaths. Figure 70<sup>114</sup> shows age-adjusted death rates for heart disease in St. Mary's County and Maryland from 2018 to 2023. In 2018, Maryland had a slightly higher rate (163.8 per 100,000 population) compared to St. Mary’s County (160.5 per 100,000 population). Over the next few years, the rates remained relatively stable, showing only minor fluctuations. However, in 2023, St. Mary’s County saw a significant decline to 136.8 per 100,000 population, while Maryland’s rate remained relatively stable at 149.7 per 100,000 population.

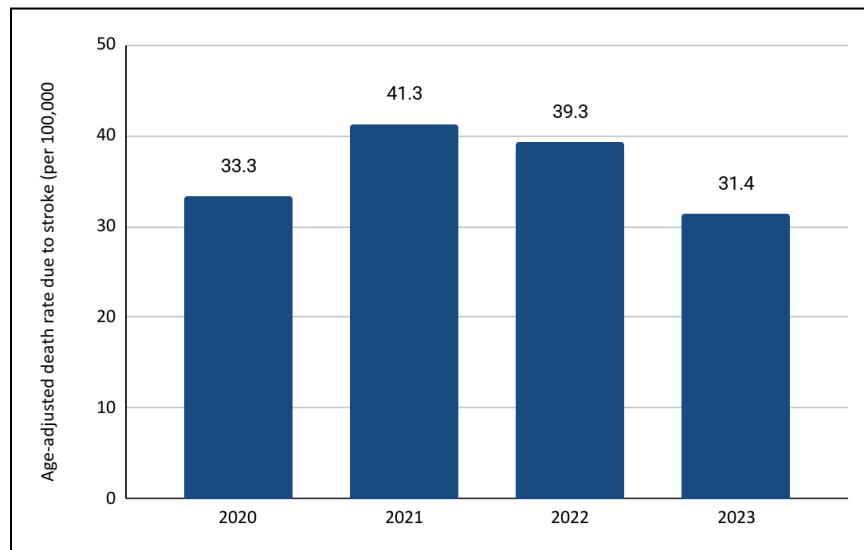
<sup>114</sup> Maryland Vital Statistics Annual Report, 2023

**Figure 70. Death rate from heart disease (per 100,000 population) in Maryland and St Mary’s County, 2018-2023**



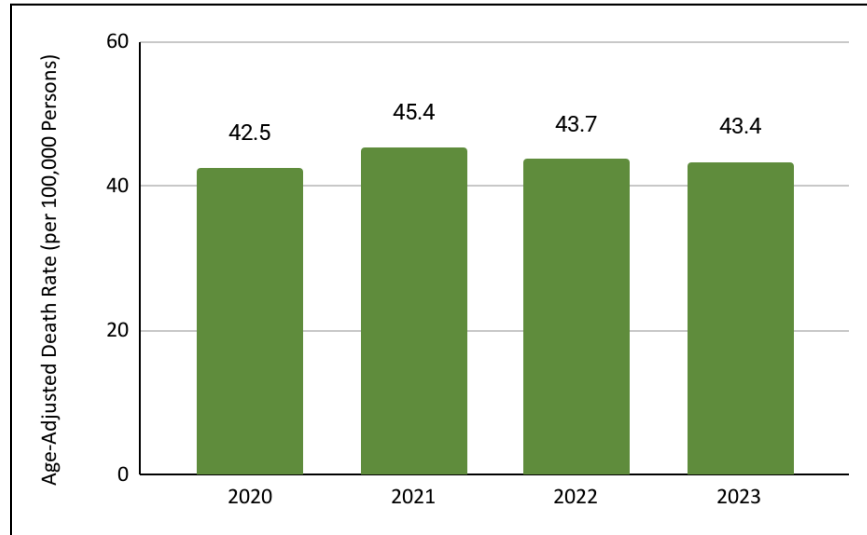
The death rates from stroke in both St Mary’s County and the state of Maryland slowly increased over the years (Figures 71 and 72).<sup>115</sup> In 2023, the stroke death rate in St Mary’s County (31.4 deaths per 100,000 population) was lower than the state of Maryland's average of 43.4 deaths per 100,000 population.

**Figure 71. Death rate from stroke (per 100,00 population) in St Mary’s County, 2020-2023**



<sup>115</sup> Maryland Vital Statistics Annual Report, 2023

**Figure 72. Death rate from stroke (per 100,00 persons) in Maryland, 2020-2023**



### 10.2.2 Deaths due to Cancer

Cancer is the second leading cause of death (after heart disease) in the state of Maryland. Maryland’s age-adjusted cancer mortality rate is lower than the U.S. cancer mortality rate. Cancer death rates in Maryland have been decreasing; however, death rates in St. Mary’s County have been increasing overall (Figure 73).<sup>116</sup> In 2023, the rates for St. Mary’s County and the state of Maryland were 161.3 and 137.8 per 100,000 population, respectively.

**Figure 73. Death rates from cancer (per 100,00 population) in Maryland and St Mary’s County, 2020-2023**

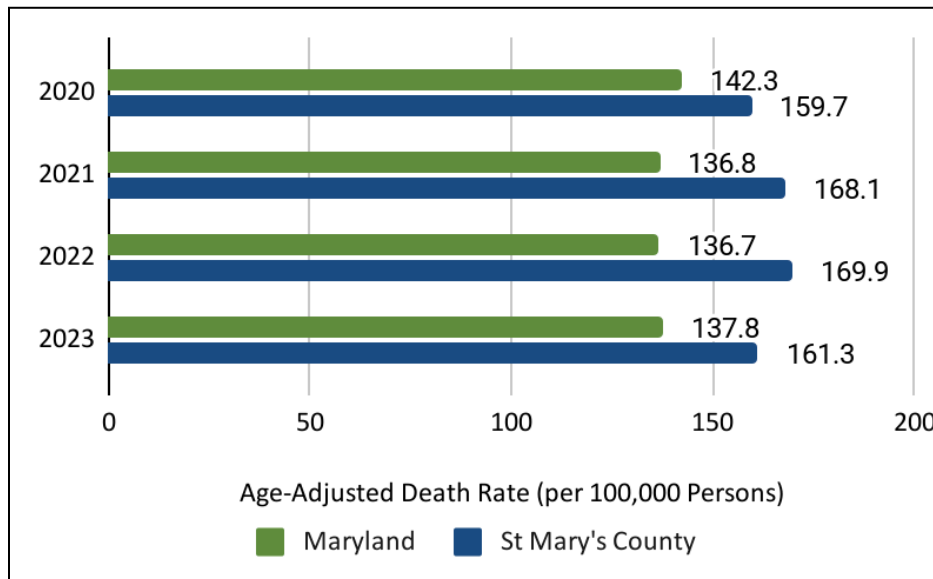


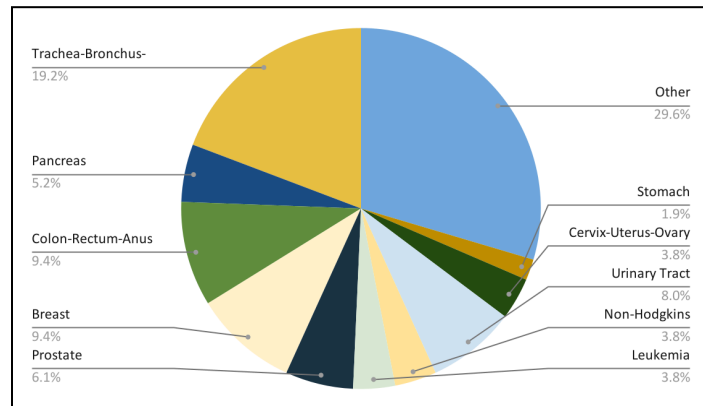
Figure 74 illustrates the distribution of cancer-related deaths by type in St. Mary’s County. Trachea, bronchus, and lung cancers account for the most significant proportion at 19.2%, followed by breast cancer (9.4%), colon-rectum cancer (9.4%), urinary tract cancer (8%), and

<sup>116</sup> Maryland Vital Statistics Annual Report, 2023

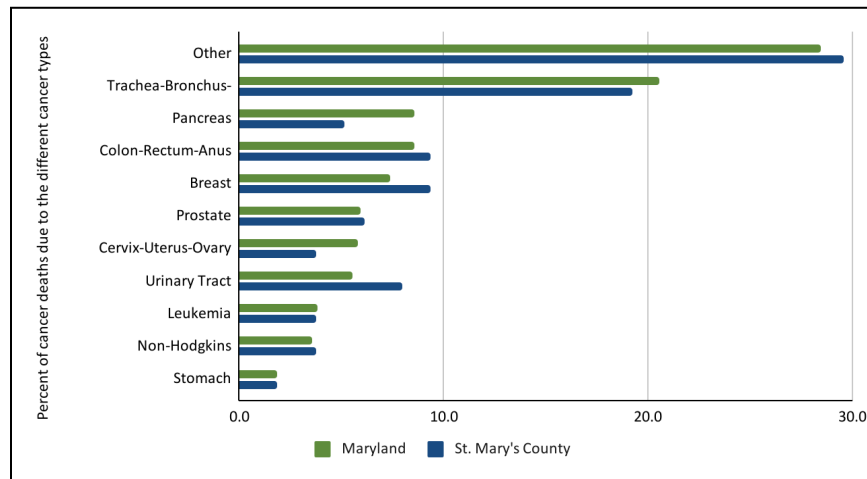
prostate cancer (6.1%).<sup>117</sup> This data highlights lung-related cancers as the leading cause of cancer-related deaths.

In 2023, the percentage of cancer deaths attributed to lung cancer in St. Mary’s County (19.2%) was lower than the statewide percentage for Maryland (20.6%) (Figure 75).<sup>118</sup> Similarly, the proportion of deaths due to pancreatic cancer (5.2%) and cancers of the cervix, uterus, and ovary (3.8%) was lower in St. Mary’s County than in Maryland overall. In contrast, St. Mary’s County had higher percentages of cancer deaths due to breast cancer (9.4%), colon–rectum–anus cancer (9.4%), prostate cancer (6.1%), and urinary tract cancers (8.0%) compared with statewide averages.

**Figure 74. Percentage of cancer deaths due to the different cancer types in St Mary’s County, 2023**



**Figure 75. Percentage of cancer deaths due to the different cancer types in Maryland and St Mary’s County, 2023**



From 2018 to 2022, the lung cancer death rate in St. Mary’s County was 37.2 deaths per 100,000 population, compared to 29.9 deaths per 100,000 population for Maryland overall (Figure 76).<sup>119</sup> Pancreatic cancer death rates were 13.1 per 100,000 population in St. Mary’s County versus 11.1

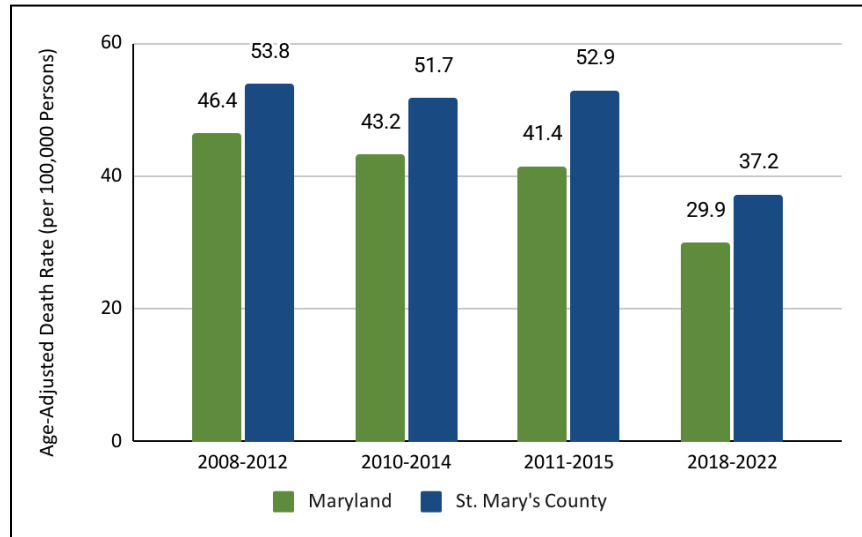
<sup>117</sup> Maryland Vital Statistics Annual Report, 2023

<sup>118</sup> Maryland Vital Statistics Annual Report, 2023

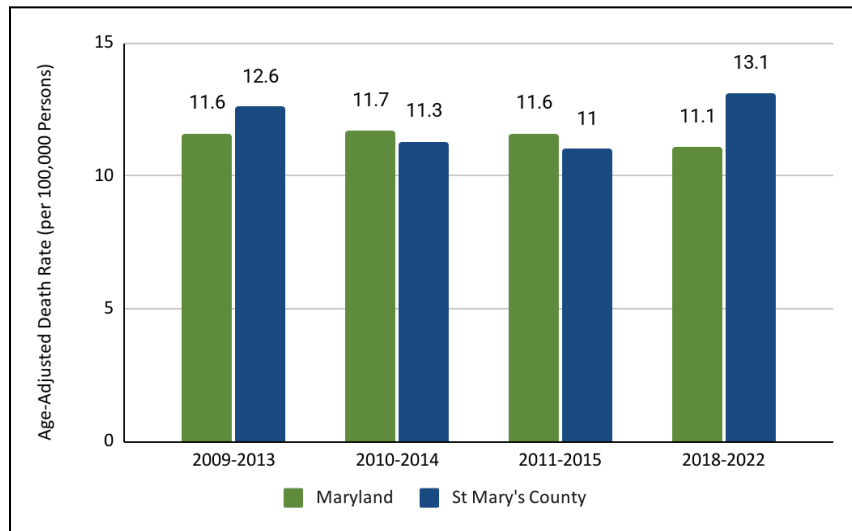
<sup>119</sup> National Cancer Institute's SEER (Surveillance, Epidemiology, and End Result Program), 2008-2022

per 100,000 population in Maryland (Figure 77).<sup>120</sup> Colorectal cancer death rates stood at 13.0 per 100,000 persons in St. Mary's County and 12.7 per 100,000 persons statewide (Figure 78).<sup>121</sup> Breast cancer mortality rates were notably higher in St. Mary's County at 28.2 per 100,000 persons, compared to 20.0 per 100,000 persons for Maryland (Figure 79).<sup>122</sup> Similarly, prostate cancer death rates were 24.8 per 100,000 persons in St. Mary's County, exceeding the state rate of 19.9 per 100,000 persons (Figure 80).<sup>123</sup>

**Figure 76. Death rates from lung cancer in Maryland and St Mary's County, 2008-2022**



**Figure 77. Death rates from pancreatic cancer in Maryland and St Mary's County, 2009-2022**



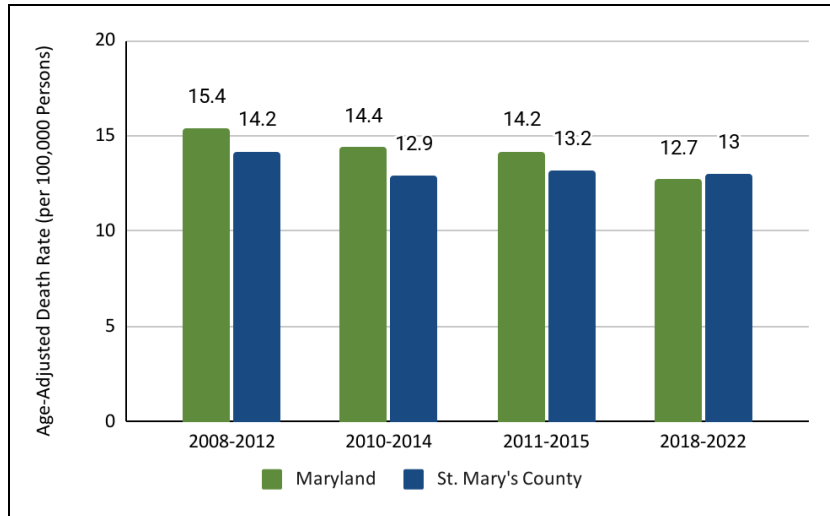
<sup>120</sup> National Cancer Institute's SEER (Surveillance, Epidemiology, and End Result Program), 2009-2022

<sup>121</sup> National Cancer Institute's SEER (Surveillance, Epidemiology, and End Result Program), 2008-2022

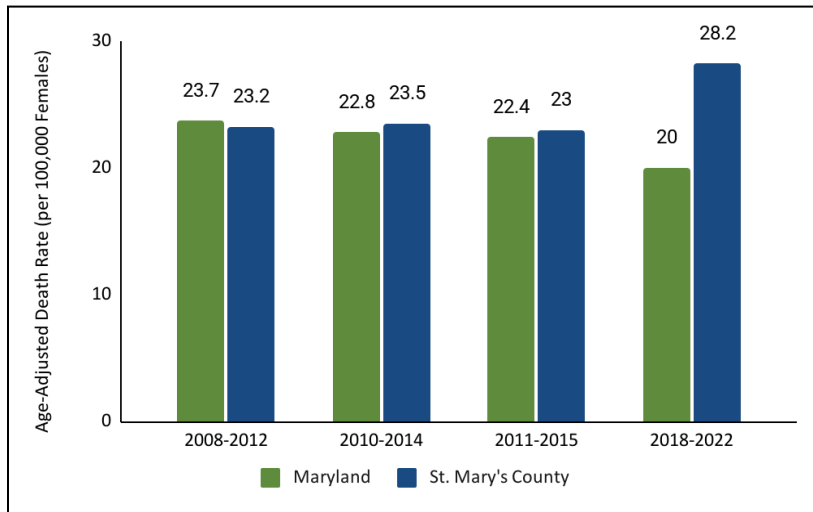
<sup>122</sup> National Cancer Institute's SEER (Surveillance, Epidemiology, and End Result Program), 2009-2022

<sup>123</sup> National Cancer Institute's SEER (Surveillance, Epidemiology, and End Result Program), 2008-2022

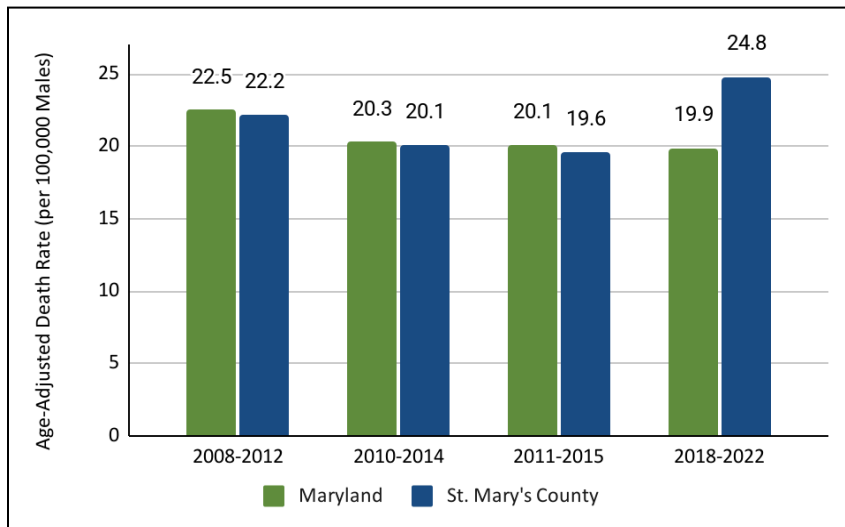
**Figure 78. Death rates from colorectal cancer in Maryland and St Mary's County, 2008-2022**



**Figure 79. Death rates from breast cancer in St Mary's County and Maryland, 2008-2022**



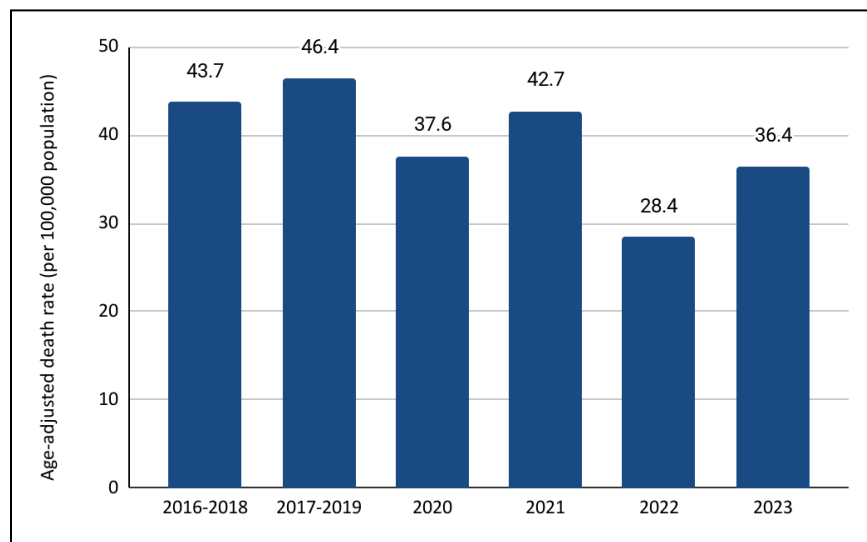
**Figure 80. Death rates from prostate cancer in Maryland and St Mary's County, 2008-2022**



### 10.2.3 Deaths due to COPD

Chronic lower respiratory disease, primarily COPD, was in 2023 the fifth leading cause of death in St. Mary's County and Maryland.<sup>124</sup> Death rates from COPD and other chronic lower respiratory diseases have remained high (between 28 and 46.5 deaths per 100,000 population) with a slight downward trend over the years (Figure 81).<sup>125</sup> However, there was an increase from 2017 to 2019, in 2021 and 2023. By 2023, the rate in St. Mary's County was 36.4 deaths per 100,000 population.

**Figure 81. Chronic lower respiratory disease age-adjusted death rate (per 100,000 population) in St. Mary's County, 2016-2023**



### 10.2.4 Deaths due to Intentional Self-Harm, Assault, and Injuries

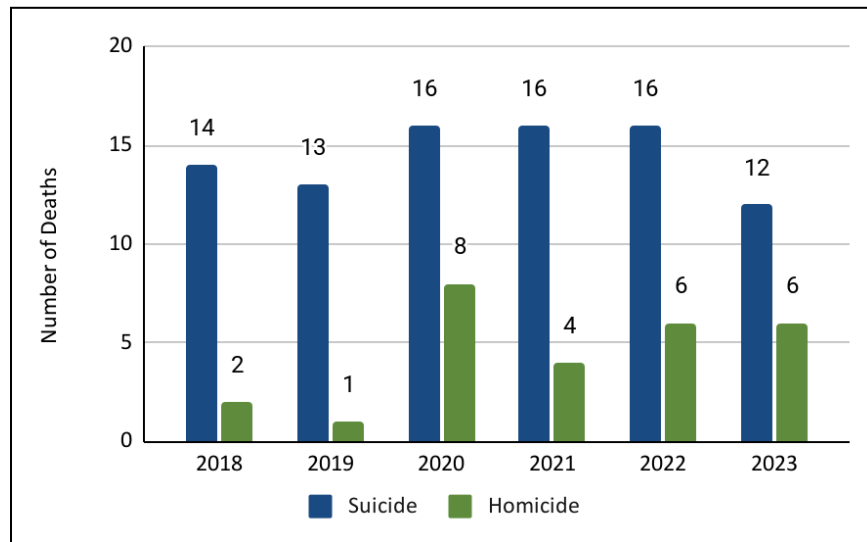
In St. Mary's County, the number of deaths from intentional self-harm (suicide) has been higher compared to the number of deaths from assaults (homicide) for 2018 through 2023 (Figure 82).<sup>126</sup> In Maryland, there were 599 total deaths from suicide and 587 total deaths from homicide in 2023.

<sup>124</sup> Maryland Vital Statistics Annual Report, 2023

<sup>125</sup> Maryland Vital Statistics Annual Report, 2023

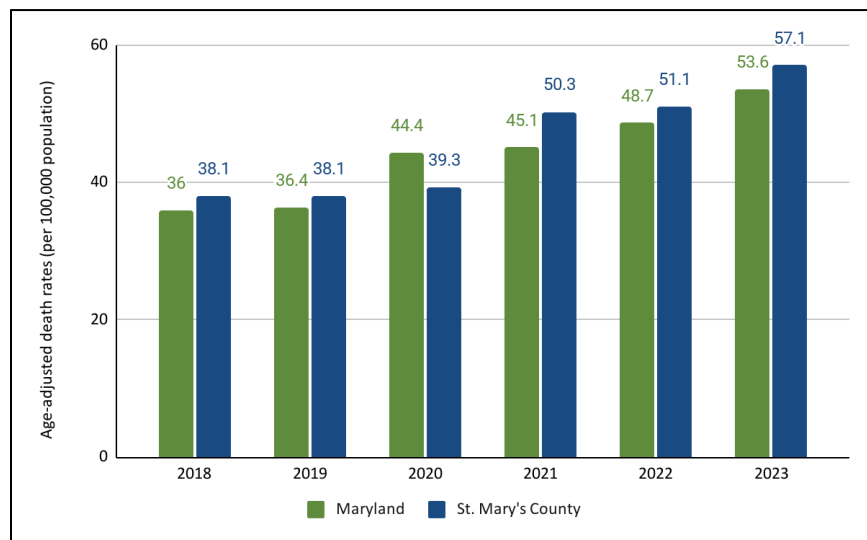
<sup>126</sup> Maryland State Health Improvement Process (SHIP) and Maryland Vital Statistics Annual Report, 2018-2023

**Figure 82. Deaths due to suicide and homicide in St. Mary's County, 2018-2023**



Deaths due to accidents (unintentional injuries) have increased in St. Mary's County from 51.1 per 100,000 population in 2022 to 57.1 per 100,000 population in 2023 (Figure 83).<sup>127</sup> Maryland also experienced an increase in rates for the same time period from 48.7 per 100,000 population to 53.6 per 100,000 population.

**Figure 83. Age-adjusted death rates due to accidents/unintentional injuries (per 100,000 population) in Maryland and St Mary's County, 2018-2023**



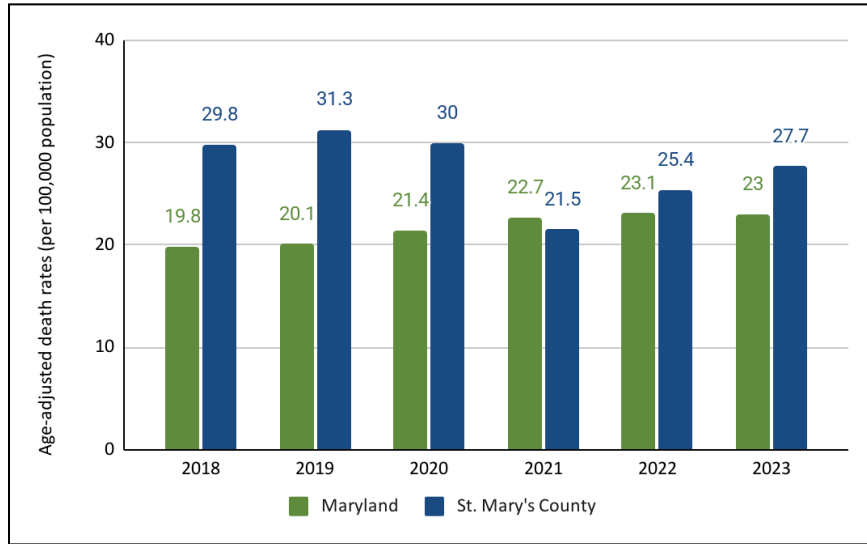
### 10.2.5 Deaths due to Diabetes

Death rates due to diabetes have increased from 2022 to 2023 in St. Mary's County but decreased in Maryland (Figure 84).<sup>128</sup> In St. Mary's County, the rate increased from 25.4 deaths per 100,000 population to 27.7 deaths per 100,000 population, and in Maryland, the rate decreased from 23.1 deaths per 100,000 population to 23 deaths per 100,000 population.

<sup>127</sup> Maryland Vital Statistics Annual Reports, 2018-2023

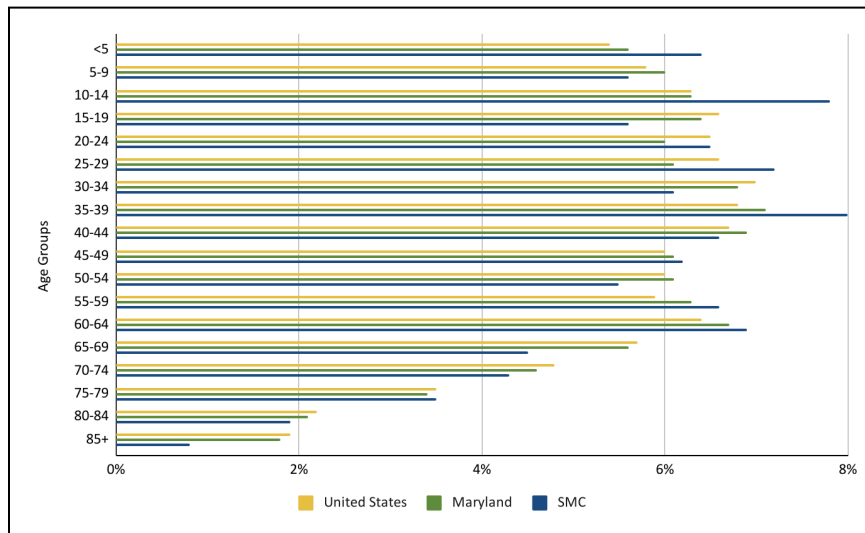
<sup>128</sup> Maryland Vital Statistics Annual Reports, 2018-2023

**Figure 84. Age-adjusted death rates due to diabetes (per 100,000 population) in Maryland and St Mary's County, 2018-2023**

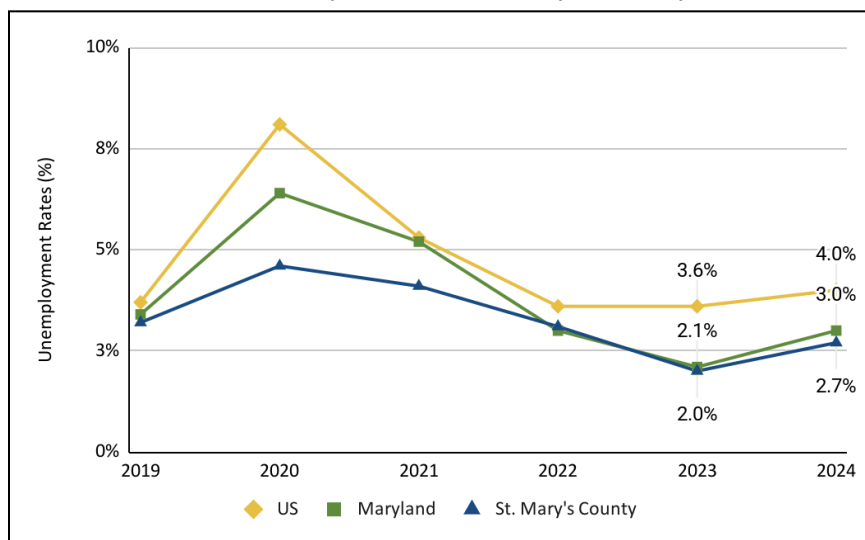


## 11.0 APPENDICES

**Appendix 1: Age distribution of residents: United States, Maryland, and St. Mary's County, 2024<sup>129</sup>**



**Appendix 2: Unemployment rates in the United State, Maryland, and St Mary's County, 2019-2024<sup>130</sup>**



<sup>129</sup> U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024

<sup>130</sup> U.S. Bureau of Labor Statistics (BLS) using the local area unemployment statistics (LAUS) program, 2019-2024

**Appendix 3a: Selected Notifiable Conditions in St. Mary's County**  
**Cases of Selected Notifiable Conditions Reported in St. Mary's County, 2009-2013<sup>131</sup>**

Condition	2009 Count (Rate)*	2010 Count (Rate)*	2011 Count (Rate)*	2012 Count (Rate)*	2013 Count (Rate)*
Animal Bites	237 (230.1)	200 (190.2)	270 (251.2)	315 (289.0)	261 (237.0)
Campylobacteriosis	3 (2.9)	6 (5.7)	1 (0.9)	2 (1.8)	5 (4.5)
Chlamydia	377 (366.0)	355 (337.6)	288 (267.9)	302 (277.1)	292 (265.2)
Giardiasis	3 (2.9)	3 (2.9)	2 (1.9)	1 (0.9)	2 (1.8)
Gonorrhea	69 (67.0)	88 (83.7)	68 (63.3)	49 (45.0)	55 (50.0)
Hepatitis C (Acute-Symptomatic)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	5 (4.5)
Lyme Disease	68 (66.0)	30 (28.5)	12 (11.2)	13 (11.9)	47 (42.7)
Mycobacteriosis- Other Than TB & Leprosy	5 (4.9)	8 (7.6)	5 (4.7)	2 (1.8)	5 (4.5)
Pertussis	5 (4.9)	5 (4.8)	1 (0.9)	2 (1.8)	7 (6.4)
Salmonellosis- Other Than Typhoid Fever	14 (13.6)	17 (16.2)	10 (9.3)	13 (11.9)	11 (10.0)
Spotted Fever Rickettsiosis	NR	1 (1.0)	0 (0.0)	0 (0.0)	3 (2.7)
Strep Group A- Invasive Disease	1 (1.0)	0 (0.0)	1 (0.9)	1 (0.9)	3 (2.7)
Strep Group B- Invasive Disease	4 (3.9)	5 (4.8)	11 (10.2)	7 (6.4)	17 (15.4)
Strep Pneumoniae- Invasive Disease	6 (5.8)	1 (1.0)	2 (1.9)	5 (4.6)	4 (3.6)
Syphilis- Primary & Secondary	1 (1.0)	0 (0.0)	2 (1.9)	3 (2.8)	1 (0.9)
Tuberculosis	2 (1.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)
Vibriosis (Non-Cholera)	1 (1.0)	0 (0.0)	1 (0.9)	2 (1.8)	1 (0.9)

\*Per 100,000 population

From 1944 to 2009, Rocky Mountain Spotted Fever was designated as a nationally notifiable condition. In 2010, all spotted fever rickettsioses became nationally notifiable.

<sup>131</sup> Maryland Department of Health Center for Surveillance, Infection Prevention, and Outbreak Response, 2009-2013

**Cases of Selected Notifiable Conditions Reported in St. Mary's County, 2014-2018<sup>132</sup>**

Condition	2014 Count (Rate)*	2015 Count (Rate)*	2016 Count (Rate)*	2017 Count (Rate)*	2018 Count (Rate)*
Animal Bites	311 (281.5)	253 (227.9)	479 (428.4)	381 (338.2)	365(324.0)
Campylobacteriosis	3 (2.7)	6 (5.4)	11(9.8)	7 (6.2)	9 (8.0)
Chlamydia	287 (259.8)	351 (316.2)	308 (275.5)	404 (358.6)	504(447.3)
Giardiasis	2 (1.8)	2 (1.8)	0 (0.0)	1 (0.9)	1(0.9)
Gonorrhea	48 (43.4)	38 (34.2)	127 (113.6)	95 (84.3)	165(146.5)
Hepatitis C (Acute-Symptomatic)	3 (2.7)	4 (3.6)	1 (0.9)	0 (0.0)	1(0.9)
Lyme Disease	44 (39.8)	53 (47.7)	53 (47.4)	67 (59.4)	30(26.6)
Mycobacteriosis- Other Than TB & Leprosy	13 (11.8)	11 (9.9)	13 (11.6)	20 (17.8)	12(10.7)
Pertussis	5 (4.5)	4 (3.6)	2 (1.8)	0 (0.0)	9(8.0)
Salmonellosis- Other Than Typhoid Fever	25 (22.6)	21 (18.9)	20 (17.9)	15 (13.3)	16(14.2)
Spotted Fever Rickettsiosis	0 (0.0)	2 (1.8)	0 (0.0)	4 (3.6)	15(13.3)
Strep Group A- Invasive Disease	3 (2.7)	6 (5.4)	3 (2.7)	5 (4.4)	3(2.7)
Strep Group B- Invasive Disease	15 (13.6)	15 (13.5)	11 (9.8)	11 (9.8)	7(6.2)
Strep Pneumoniae- Invasive Disease	8 (7.2)	9 (8.1)	8 (7.2)	9 (8.0)	6(5.3)
Syphilis- Primary & Secondary	2 (1.8)	3 (2.7)	1 (0.9)	3 (2.7)	5(4.4)
Tuberculosis	2 (1.8)	2 (1.8)	0 (0.0)	2 (1.8)	0(0.0)
Vibriosis (Non-Cholera)	1 (0.9)	1 (0.9)	2 (1.8)	1 (0.9)	2(1.8)

\*Per 100,000 population

From 1944 to 2009, Rocky Mountain Spotted Fever was designated as a nationally notifiable condition.

In 2010, all spotted fever rickettsioses became nationally notifiable.

<sup>132</sup> Maryland Department of Health and Mental Hygiene Center for Surveillance, Infection Prevention, and Outbreak Response, 2014-2018

**Cases of Selected Notifiable Conditions Reported in St. Mary's County, 2019-2023<sup>133</sup>**

Condition	2019 Count (Rate)*	2020 Count (Rate)*	2021 Count (Rate)*	2022 Count (Rate)*	2023 Count (Rate)*
Animal Bites	318 (279.53)	335 (292.10)	303 (264.70)	283 (246.35)	330(286.26)
Campylobacteriosis	13 (11.43)	6 (5.23)	9 (7.86)	17 (14.80)	16 (13.88)
Chlamydia	511 (449.18)	412 (359.24)	NR	398 (346.46)	NR
Giardiasis	3 (2.64)	0	0	2 (1.74)	5 (4.34)
Gonorrhea	314 (276.01)	266 (231.94)	0	89 (77.47)	NR
Hepatitis C (Acute-Symptomatic)	1 (0.88)	6 (5.23)	2 (1.75)	0 (0.00)	2 (1.73)
Lyme Disease	37 (32.52)	1 (0.87)	6 (5.24)	34 (29.60)	76(65.93)
Mycobacteriosis- Other Than TB & Leprosy	3 (2.64)	13 (11.34)	22 (19.22)	13 (11.32)	18 (15.61)
Pertussis	6 (5.27)	0	0	3 (2.61)	2 (1.73)
Salmonellosis- Other Than Typhoid Fever	10 (8.79)	20 (17.44)	18 (15.72)	14 (12.19)	12 (10.41)
Spotted Fever Rickettsiosis	13 (11.43)	1 0.87)	1 (0.87)	3 (2.61)	2 (1.73)
Strep Group A- Invasive Disease	5 (4.40)	4 (3.49)	1 (0.87)	3 (2.61)	8 (6.94)
Strep Group B- Invasive Disease	7 (6.15)	7 (6.10)	7 (6.12)	14 (12.19)	11(9.54)
Strep Pneumoniae- Invasive Disease	8 (7.03)	6 (5.23)	2 (1.75)	5 (4.35)	11 (9.54)
Syphilis- Primary & Secondary	3 (2.64)	6 (5.23)	NR	1 (0.87)	NR
Tuberculosis	0	0	2 (1.75)	1 (0.87)	1 (0.87)
Vibriosis (Non-Cholera)	2 (1.76)	7 (6.10)	1 (0.87)	2 (1.74)	4 (3.47)

\*Per 100,000 population

NR = Not reported

From 1944 to 2009, Rocky Mountain Spotted Fever was designated as a nationally notifiable condition. In 2010, all spotted fever rickettsioses became nationally notifiable.

<sup>133</sup> Maryland Department of Health and Mental Hygiene Center for Surveillance, Infection Prevention, and Outbreak Response, 2019-2023

**Cases of Selected Notifiable Conditions Reported in St. Mary's County, 2024<sup>134</sup>**

Condition	2024 Count (Rate)*
Animal Bites	361 (309.95)
Campylobacteriosis	20 (17.17)
Chlamydia	147 (126.21)
Giardiasis	3 (2.58)
Gonorrhea	34 (29.19)
Hepatitis C (Acute-Symptomatic)	1 (0.86)
Lyme Disease	46 (39.50)
Mycobacteriosis- Other Than TB & Leprosy	13 (11.16)
Pertussis	9 (7.73)
Salmonellosis- Other Than Typhoid Fever	22 (18.89)
Spotted Fever Rickettsiosis	2 (1.72)
Strep Group A- Invasive Disease	7 (6.01)
Strep Group B- Invasive Disease	12 (10.30)
Strep Pneumoniae- Invasive Disease	15 (12.88)
Syphilis- Primary & Secondary	2 (1.72)
Tuberculosis	5 (4.29)
Vibriosis (Non-Cholera)	2 (1.72)

\*Per 100,000 population

NR = Not reported

From 1944 to 2009, Rocky Mountain Spotted Fever was designated as a nationally notifiable condition. In 2010, all spotted fever rickettsioses became nationally notifiable.

<sup>134</sup> Maryland Department of Health and Mental Hygiene Center for Surveillance, Infection Prevention, and Outbreak Response, 2024

**Appendix 3b: Selected Notifiable Conditions in Maryland**  
**Cases of Selected Notifiable Conditions Reported in Maryland, 2009-2013<sup>135</sup>**

Condition	2009 Count (Rate)*	2010 Count (Rate)*	2011 Count (Rate)*	2012 Count (Rate)*	2013 Count (Rate)*
Animal Bites	9,557 (167.7)	9,733 (168.6)	10,210 (175.2)	10,399 (176.7)	10,829 (182.7)
Campylobacteriosis	501 (8.8)	532 (9.2)	615 (10.6)	629 (10.7)	645 (10.9)
Chlamydia	23,747 (416.7)	26,192 (453.7)	27,212 (466.9)	26,534 (450.9)	26,723 (450.7)
Giardiasis	277 (4.9)	262 (4.5)	291 (5.0)	239 (4.1)	228 (3.8)
Gonorrhea	6,395 (112.2)	7,413 (128.4)	6,458 (110.8)	5,686 (96.6)	5,989 (101.0)
Hepatitis C (Acute-Symptomatic)	23 (0.4)	24 (0.4)	35 (0.6)	39 (0.7)	53 (0.9)
Lyme Disease	2,026 (35.5)	1,617 (28.0)	1,352 (23.2)	1,650 (28.0)	1,198 (20.2)
Mycobacteriosis- Other Than TB & Leprosy	449 (7.9)	360 (6.2)	386 (6.6)	504 (8.6)	556 (9.4)
Pertussis	148 (2.6)	139 (2.4)	123 (2.1)	369 (6.3)	213 (3.6)
Salmonellosis- Other Than Typhoid Fever	803 (14.1)	1,086 (18.8)	1,010 (17.3)	951 (16.2)	862 (14.5)
Spotted Fever Rickettsiosis	NR	48 (0.8)	29 (0.5)	9 (0.2)	8 (0.1)
Strep Group A- Invasive Disease	188 (3.3)	137 (2.4)	210 (3.6)	128 (2.2)	168 (2.8)
Strep Group B- Invasive Disease	493 (8.6)	430 (7.4)	604 (10.4)	511 (8.7)	572 (9.6)
Strep Pneumoniae- Invasive Disease	662 (11.6)	522 (9.0)	587 (10.1)	426 (7.2)	492 (8.3)
Syphilis- Primary & Secondary	314 (5.5)	328 (5.7)	452 (7.8)	431 (7.3)	456 (7.7)
Tuberculosis	219 (3.8)	220 (3.8)	233 (4.0)	224 (3.8)	178 (3.0)
Vibriosis (Non-Cholera)	34 (0.6)	45 (0.8)	35 (0.6)	53 (0.9)	57 (1.0)

\*Per 100,000 population

NR = Not reported

From 1944 to 2009, Rocky Mountain Spotted fever was designated as a nationally notifiable condition. In 2010, all spotted fever rickettsioses became nationally notifiable.

<sup>135</sup> Maryland Department of Health and Mental Hygiene Center for Surveillance, Infection Prevention, and Outbreak Response, 2009-2013

**Cases of Selected Notifiable Conditions Reported in Maryland, 2014-2018<sup>136</sup>**

Condition	2014 Count (Rate)*	2015 Count (Rate)*	2016 Count (Rate)*	2017 Count (Rate)*	2018 Count (Rate)*
Animal Bites	10,085 (203.8)	10,604 (176.5)	10,844 (180.2)	10,941 (180.8)	10,208 (168.9)
Campylobacteriosis	713 (11.9)	789 (13.1)	821 (13.6)	886 (14.6)	938 (15.5)
Chlamydia	27,424 (458.9)	27,450 (457.0)	30,658 (509.6)	33,416 (552.1)	35,482 (587.2)
Giardiasis	268 (4.5)	251 (4.2)	233 (3.9)	168 (2.8)	165 (2.7)
Gonorrhea	6,108 (102.2)	6,858 (114.2)	9,523 (158.3)	10,978 (181.4)	10,305 (170.5)
Hepatitis C (Acute-Symptomatic)	42 (0.7)	38 (0.6)	36 (0.6)	42 (0.7)	38 (0.6)
Lyme Disease	1,372 (23.0)	1,733 (39.0)	1,874 (31.1)	1,887 (31.2)	1,384 (22.9)
Mycobacteriosis- Other Than TB & Leprosy	673 (11.3)	714 (11.9)	789 (13.1)	884 (14.6)	872 (14.4)
Pertussis	203 (3.4)	134 (2.2)	135(2.2)	44 (0.7)	117 (1.9)
Salmonellosis- Other Than Typhoid Fever	894 (15.0)	960 (16.1)	897 (14.9)	894 (14.8)	967 (16.0)
Spotted Fever Rickettsiosis	6 (0.1)	3 (0.5)	1 (0.0)	62 (1.0)	106 (1.8)
Strep Group A- Invasive Disease	198 (3.3)	213 (3.5)	252 (4.2)	365 (6.0)	443 (7.3)
Strep Group B- Invasive Disease	612 (10.2)	636 (10.6)	667 (11.1)	616 (10.2)	664 (11.0)
Strep Pneumoniae- Invasive Disease	428 (7.2)	411 (6.8)	450 (7.5)	486 (8.0)	484 (8.0)
Syphilis- Primary & Secondary	449 (7.5)	509 (8.5)	509 (8.5)	573 (9.5)	737 (12.2)
Tuberculosis	198 (3.3)	176 (2.9)	221 (3.7)	207 (3.4)	208 (3.4)

\*Per 100,000 population

From 1944 to 2009, Rocky Mountain Spotted fever was designated as a nationally notifiable condition. In 2010, all spotted fever rickettsioses became nationally notifiable.

<sup>136</sup> Maryland Department of Health and Mental Hygiene Center for Surveillance, Infection Prevention, and Outbreak Response, 2014-2018

**Cases of Selected Notifiable Conditions Reported in Maryland, 2019-2023<sup>137</sup>**

Condition	2019 Count (Rate)*	2020 Count (Rate)*	2021 Count (Rate)*	2022 Count (Rate)*	2023 Count (Rate)*
Animal Bites	10,543 (174.12)	9,611 (158.71)	10,382 (168.40)	10,822 (175.55)	10,172 (164.59)
Campylobacteriosis	892 (14.73)	720 (11.89)	850 (13.79)	1,092 (17.71)	1,289 (20.86)
Chlamydia	37,779 (623.94)	32,398 (534.99)	30,484 (493.7)	31,234 (506.66)	35,836 (579.85)
Giardiasis	174 (2.87)	94(1.55)	123 (2.00)	188 (3.05)	224 (3.62)
Gonorrhea	11,596 (191.51)	12,052 (199.02)	10,567 (171.1)	11,164 (181.10)	12,802 (207.14)
Hepatitis C (Acute-Symptomatic)	39 (0.64)	57 (0.94)	54 (0.88)	44 (0.71)	68 (1.10)
Lyme Disease	1,420 (23.45)	838 (13.84)	918 (14.89)	2,036 (33.03)	2,463 (39.85)
Mycobacteriosis- Other Than TB & Leprosy	838 (13.84)	678 (11.20)	783 (12.70)	719 (11.66)	806 (13.04)
Pertussis	104 (1.72)	35 (0.58)	10 (0.16)	20 (0.32)	21 (0.34)
Salmonellosis- Other Than Typhoid Fever	1,002 (16.55)	702 (11.59)	820 (13.30)	860 (13.95)	1,090 (17.64)
Spotted Fever Rickettsiosis	137 (2.26)	20 (0.33)	14 (0.23)	16 (0.26)	25 (0.40)
Strep Group A - Invasive Disease	404 (6.67)	316 (5.22)	306 (4.96)	376 (6.10)	697 (11.28)
Strep Group B - Invasive Disease	546 (9.02)	515 (8.50)	576 (9.34)	539 (8.74)	568 (9.19)
Strep Pneumoniae - Invasive Disease	468 (7.73)	287 (4.74)	202 (3.28)	402 (6.52)	533 (8.62)
Syphilis - Primary & Secondary	868 (14.34)	873 (14.42)	NR	781 (12.67)	878 (14.21)
Tuberculosis	210 (3.47)	148 (2.44)	197 (3.20)	157 (2.55)	201 (3.25)
Vibriosis (Non-Cholera)	94 (1.55)	82 (1.35)	97 (1.57)	109 (1.77)	140 (2.27)

\*Per 100,000 population

NR = Not reported. From 1944 to 2009, Rocky Mountain Spotted fever was designated as a nationally notifiable condition. In 2010, all spotted fever rickettsioses became nationally notifiable.

<sup>137</sup> Maryland Department of Health and Mental Hygiene Center for Surveillance, Infection Prevention, and Outbreak Response, 2019-2023

**Cases of Selected Notifiable Conditions Reported in Maryland, 2024<sup>138</sup>**

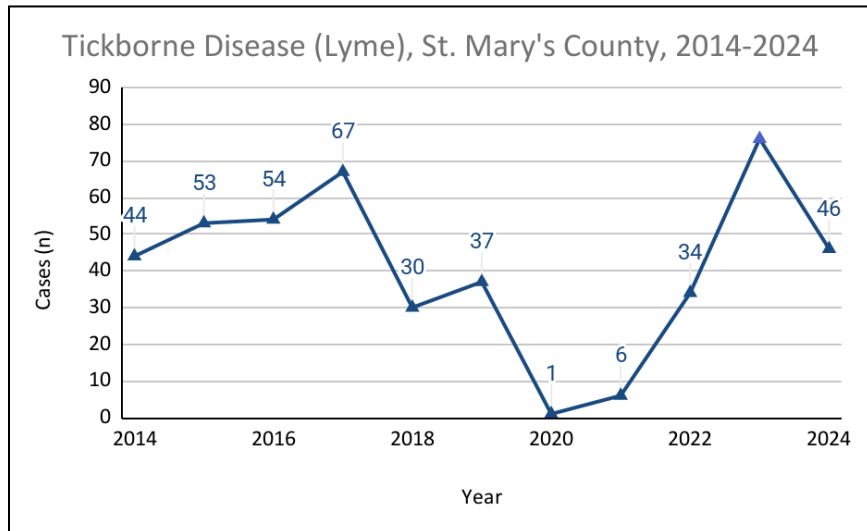
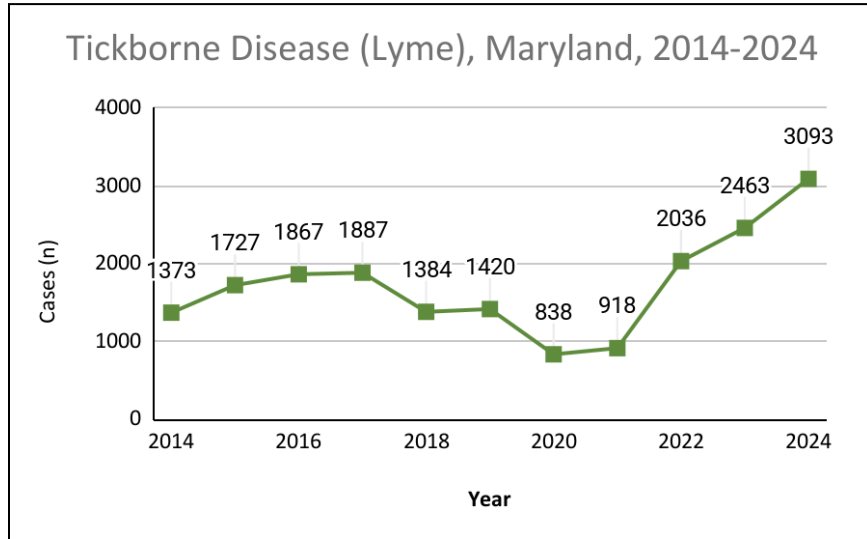
Condition	2024 Count (Rate)*
Animal Bites	11,812 (188.59)
Campylobacteriosis	1,470 (23.47)
Chlamydia	30,744 (490.87)
Giardiasis	253 (4.04)
Gonorrhea	11,001 (175.64)
Hepatitis C (Acute-Symptomatic)	81 (1.29)
Lyme Disease	3,093 (49.38)
Mycobacteriosis- Other Than TB & Leprosy	968 (15.46)
Pertussis	264 (4.22)
Salmonellosis- Other Than Typhoid Fever	1,057 (16.88)
Spotted Fever Rickettsiosis	16 (0.26)
Strep Group A- Invasive Disease	705 (11.26)
Strep Group B- Invasive Disease	504 (8.05)
Strep Pneumoniae- Invasive Disease	537 (8.57)
Syphilis- Primary & Secondary	774 (12.36)
Tuberculosis	220 (3.51)
Vibriosis (Non-Cholera)	162 (2.59)

\*Per 100,000 population

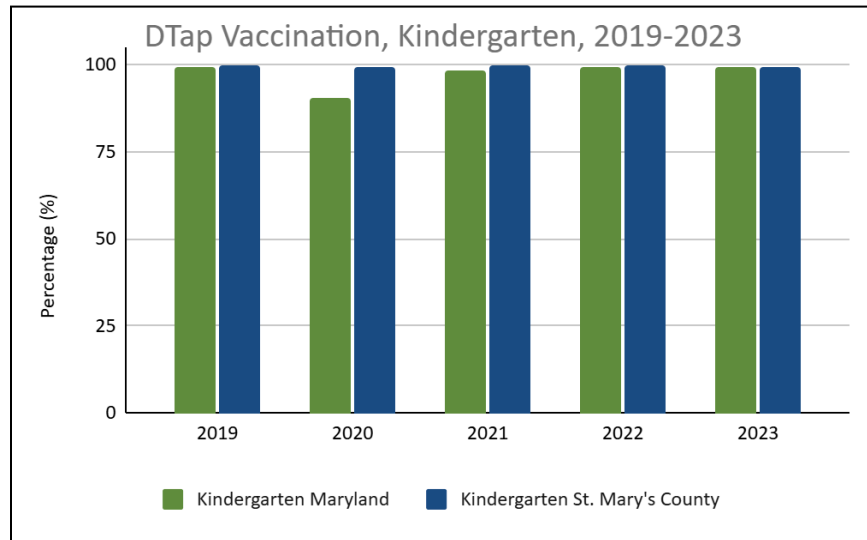
NR = Not reported. From 1944 to 2009, Rocky Mountain Spotted fever was designated as a nationally notifiable condition. In 2010, all spotted fever rickettsioses became nationally notifiable.

<sup>138</sup> Maryland Department of Health and Mental Hygiene Center for Surveillance, Infection Prevention, and Outbreak Response, 2024

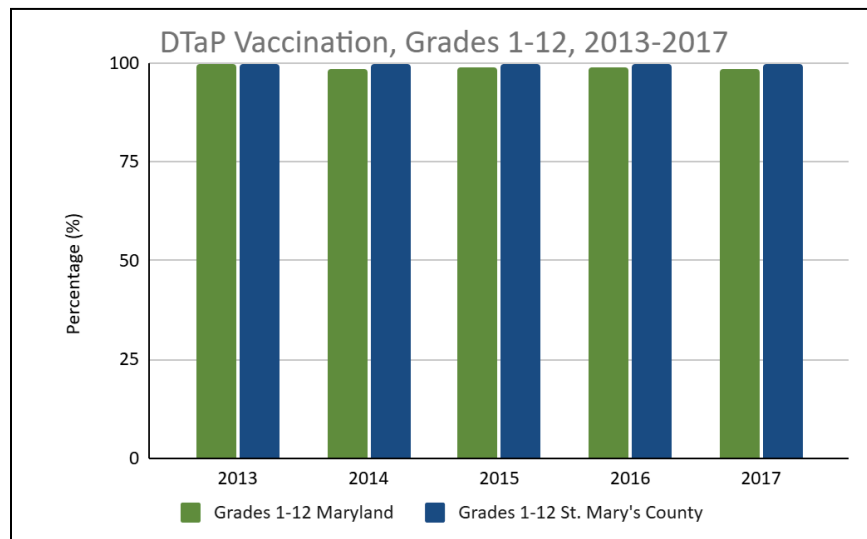
**Appendix 4: Confirmed tickborne disease cases in Maryland and St. Mary’s County, 2014-2024**



**Appendix 5: Vaccination coverage levels among private and public school students, by vaccine type, in Maryland and St. Mary’s County, 2013-2023<sup>139</sup>**

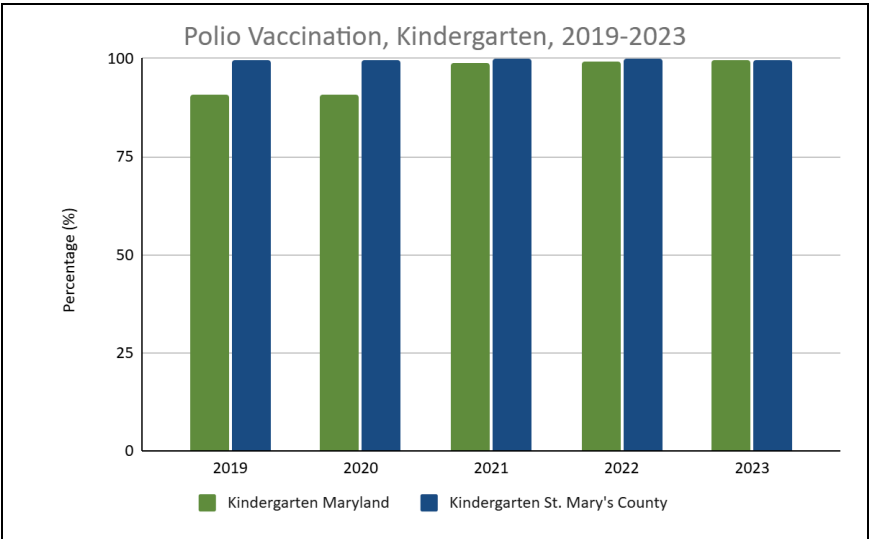


Includes data for all Kindergarten students

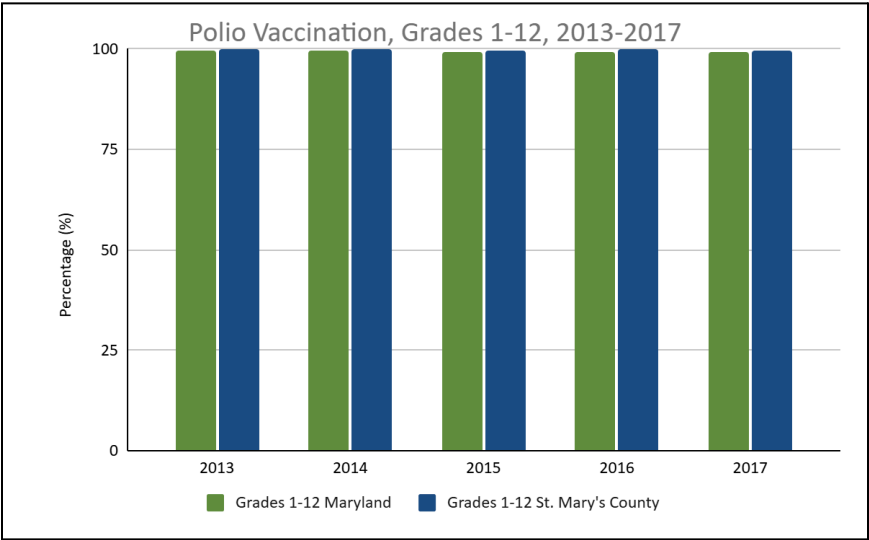


Includes data for new 1st through 12th-grade students only  
Data for Grades 1 through 12 not available after 2017

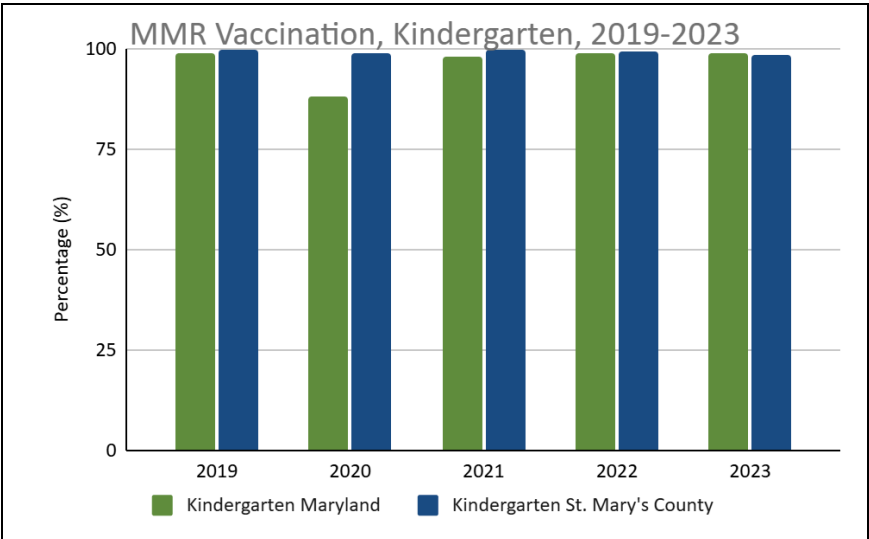
<sup>139</sup> Source: Maryland Department of Health, Center for Immunization  
Source: Maryland Department of Health, Center for Immunization, 2013-2023



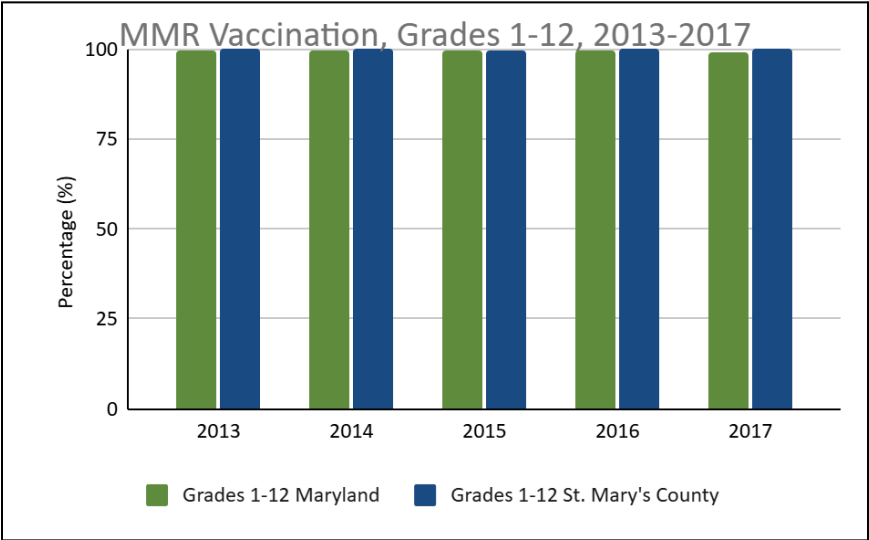
Includes data for all Kindergarten students



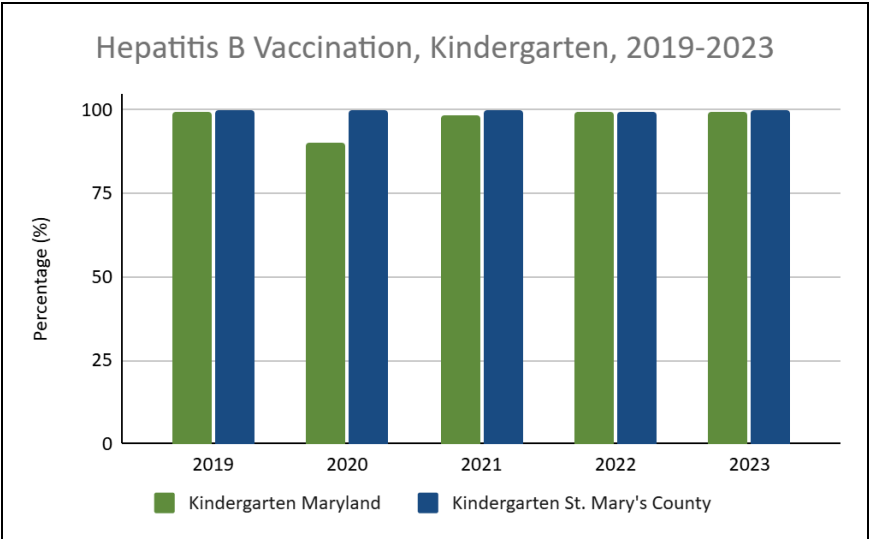
Includes data for new 1st through 12th-grade students only  
Data for Grades 1 through 12 not available after 2017



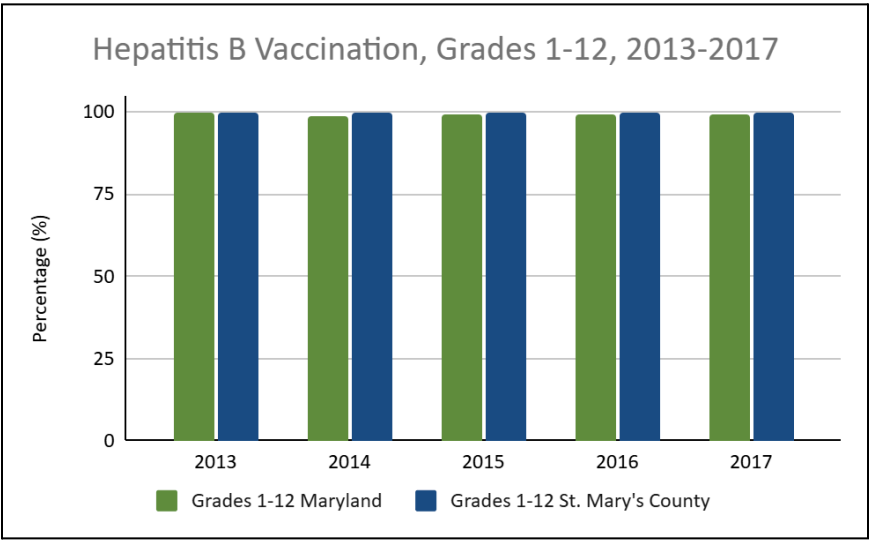
Includes data for all Kindergarten students



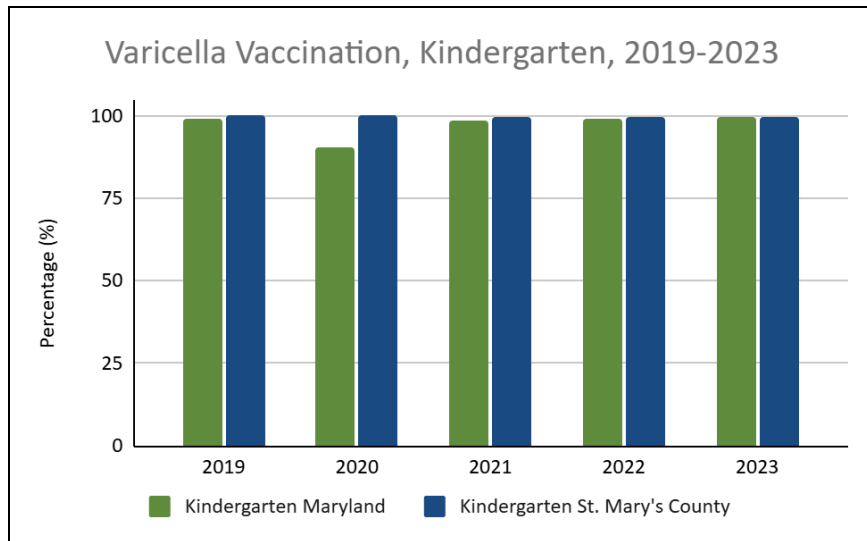
Includes data for new 1st through 12th-grade students only  
 Data for Grades 1 through 12 not available after 2017



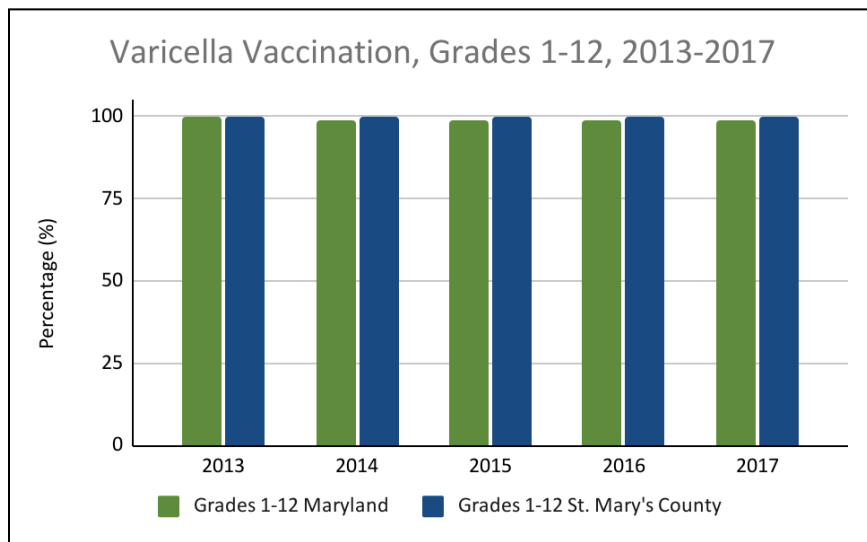
Includes data for all Kindergarten students



Includes data for new 1st through 12th-grade students only  
Data for Grades 1 through 12 not available after 2017



Includes data for all Kindergarten students



Includes data for new 1st through 12th-grade students only  
Data for Grades 1 through 12 not available after 2017

### Appendix 6: Reportable Diseases and Conditions in Maryland, 2026

- **Acquired immunodeficiency syndrome (AIDS)**
- **Amebiasis**
- **Anaplasmosis**
- **Animal Bites**
- **Anthrax**
- **Arboviral infections including, but not limited to:**
  - **Chikungunya virus infection**
  - **Dengue fever**
  - **Eastern equine encephalitis**
  - **LaCrosse virus infection**
  - **Oropouche virus**
  - **St. Louis encephalitis**
  - **Western equine encephalitis**

- West Nile virus infection
- Yellow fever
- Zika virus disease
  
- Babesiosis
- Blastomycosis
- Botulism
- Brucellosis
- Campylobacteriosis
- Candida auris
- Carbapenem-resistant Enterobacterales (CRE)
- Carbapenem-resistant Acinetobacter baumannii (CRAB)
- Chancroid
- Chlamydia trachomatis, including lymphogranuloma venereum (LGV)
- Cholera
- Coccidioidomycosis
- Creutzfeldt-Jakob Disease
- Cronobacter infection in infants <1 year of age
- Cryptosporidiosis
- Cyclosporiasis
- Cytomegalovirus in infants <2 months of age
- Diphtheria
- Ehrlichiosis
- Encephalitis, infectious
- Epsilon Toxin of Clostridium perfringens
- Escherichia coli O157:H7 infection
- Free-living amebic infections
- Giardiasis
- Glanders
- Gonococcal infection
- Haemophilus influenzae - Invasive Disease
- Hantavirus Infection
- Harmful algal bloom related illness
- Hemolytic Uremic Syndrome post-diarrheal
- Hepatitis A (Acute-Symptomatic)
- Hepatitis, viral (B, C, D, E, G, all other types and undetermined)
- Histoplasmosis
- Human immunodeficiency virus (HIV)
- Human immunodeficiency virus (HIV) perinatal exposure (infant whose mother has tested positive for HIV)
- Human immunodeficiency virus (HIV) in pregnant persons
- Influenza Assoc'd Pediatric Deaths
- Influenza Novel A Virus Infection
- Isosporiasis
- Kawasaki Syndrome
- Legionellosis
- Leprosy (Hansen Disease)
- Leptospirosis
- Listeriosis
- Lyme Disease
- Malaria
- Measles (Rubeola)
- Melioidosis

- Meningitis, infectious
- Meningococcal Invasive
- MERS-CoV, Mid East Resp Syndrome
- Microsporidiosis
- Mpox
- Mumps (Infectious Parotitis)
- Mycobacteriosis, Other than TB & Leprosy
- Pertussis
- Pesticide related illness
- Plague
- Pneumonia - Hospitalized Healthcare Worker
- Poliomyelitis
- Psittacosis
- Q Fever
- Rabies - Animal
- Rabies - Human
- Ricin Toxin Poisoning
- Rubella - Congenital Syndrome
- Rubella (German Measles)
- Salmonellosis (Non-typhoidal)
- Severe Acute Respiratory Syndrome (SARS)
- SARS-CoV-2 (COVID-19)
- Shiga toxin producing E. coli (STEC)
- Shigellosis
- Smallpox and other orthopoxvirus infections
- Spotted Fever Rickettsiosis
- Staphylococcal Enterotoxin B poisoning
- Strep Group A - Invasive Disease
- Strep Group B - Invasive Disease
- Strep pneumoniae - Invasive Disease
- Syphilis
- Tetanus
- Toxic shock syndrome (non-STSS)
- Toxoplasmosis
- Trichinosis
- Tuberculosis, active disease, and suspected tuberculosis
- Tuberculosis, latent infection (LTBI)
- Tularemia
- Typhoid or Paratyphoid fever (case carrier, or both, of Salmonella Typhi or Paratyphi)
- Vancomycin-intermediate *Staphylococcus aureus* (VISA) infection or colonization
- Vancomycin-resistant *Staphylococcus aureus* (VRSA) infection or colonization
- Varicella (Chickenpox) - Deaths
- Vibriosis (Non-Cholera)
- Viral Hemorrhagic Fever (all types)
- Yersiniosis

In addition to the listed diseases and conditions, the following are also considered to be reportable:

- An outbreak of a disease of known or unknown etiology that may be a danger to the public health
- A single case of a disease or condition not otherwise included in the regulation, of known or unknown etiology, that may be a danger to the public health, such as acute flaccid myelitis
- An unusual manifestation of a communicable disease in an individual

**The following diseases and conditions are also included in the ‘Selected Notifiable Conditions Reported in Maryland’ Dashboard:**

- **Chikungunya**
- **Dengue**
- **Hantavirus Pulmonary Syndrome**
- **Pertussis Vaccine Adverse Reactions**
- **West Nile Virus**
- **Yellow Fever**
- **Zika Virus Disease**
- **Zika Virus Infection**