

WEEKLY EPIDEMIOLOGIST REPORT

January 2, 2024



**Central
Connecticut
Health
District**

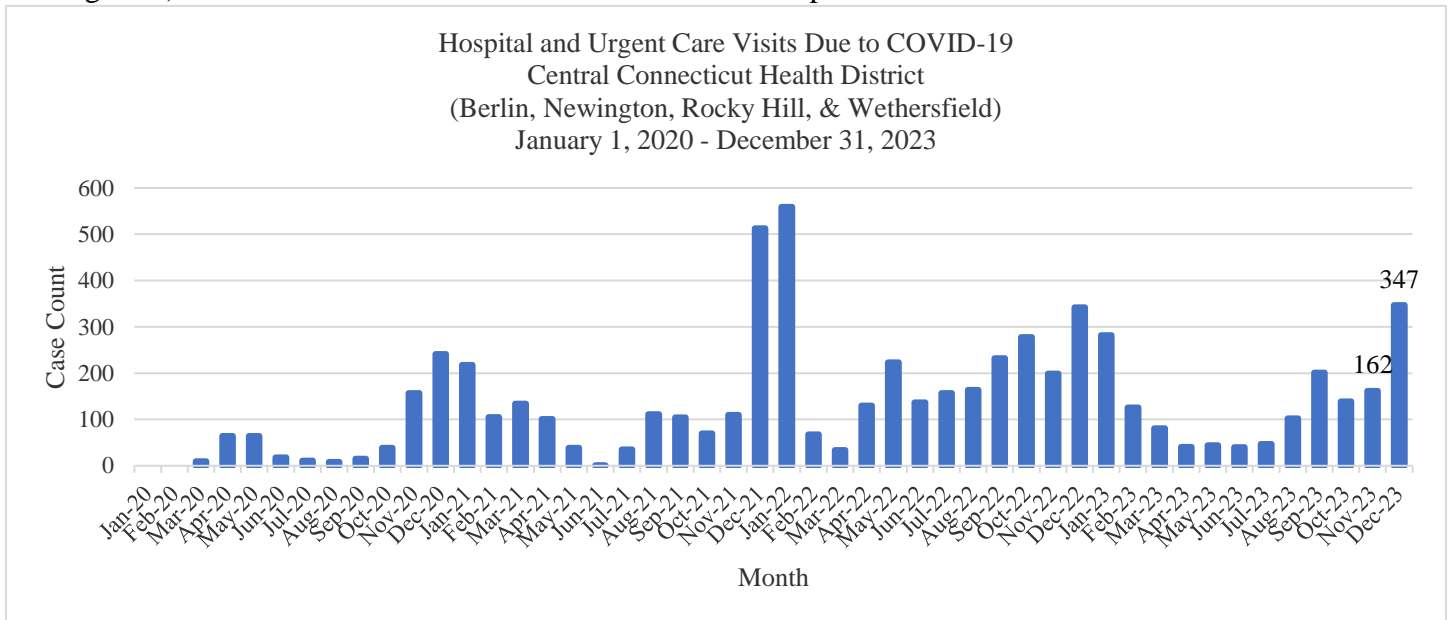
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EPIDEMIOLOGIST, Central Connecticut Health District

RESPIRATORY VIRAL SEASON

Respiratory Syncytial Virus (RSV) is still the most prevalent laboratory-confirmed virus circulating at this time, followed by SARS-CoV-2 (COVID-19) and influenza. Visit www.ccthd.org for an interactive map on respiratory illness in our district. Reported laboratory-confirmed RSV cases have decreased for the week of 12/22-12/28, while influenza and COVID-19 cases continue to increase. Remember, if you are sick stay home to prevent the spread of germs to others.

COVID-19 SURVEILLANCE

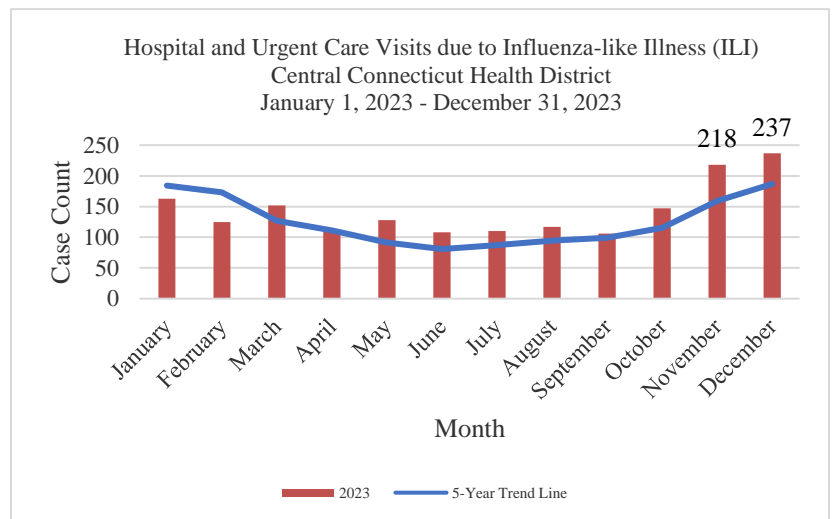
Data for COVID-19 is as of December 31, 2023 from EpiCenter. The bar graph below illustrates the syndromic surveillance of hospital and urgent care visits due to COVID-19 (those experiencing symptoms with a COVID-19 diagnosis) in our district. One hundred fifteen cases were reported between 12/26-12/31.



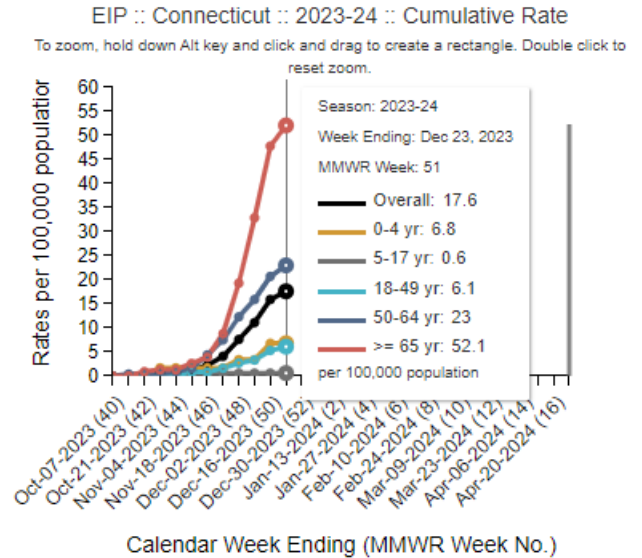
CCHD no longer has at-home COVID-19 test kits. Contact our Clinical Health Supervisor, Lisa Coakley, to make an appointment for a **FREE** rapid PCR test. Please call (860) 335-7158 or email lcoakley@ccthd.org. Our clinic is located at 506 Cromwell Avenue in Rocky Hill. For more information on clinic offerings, please visit: <https://www.ccthd.org/chs>

INFLUENZA SURVEILLANCE

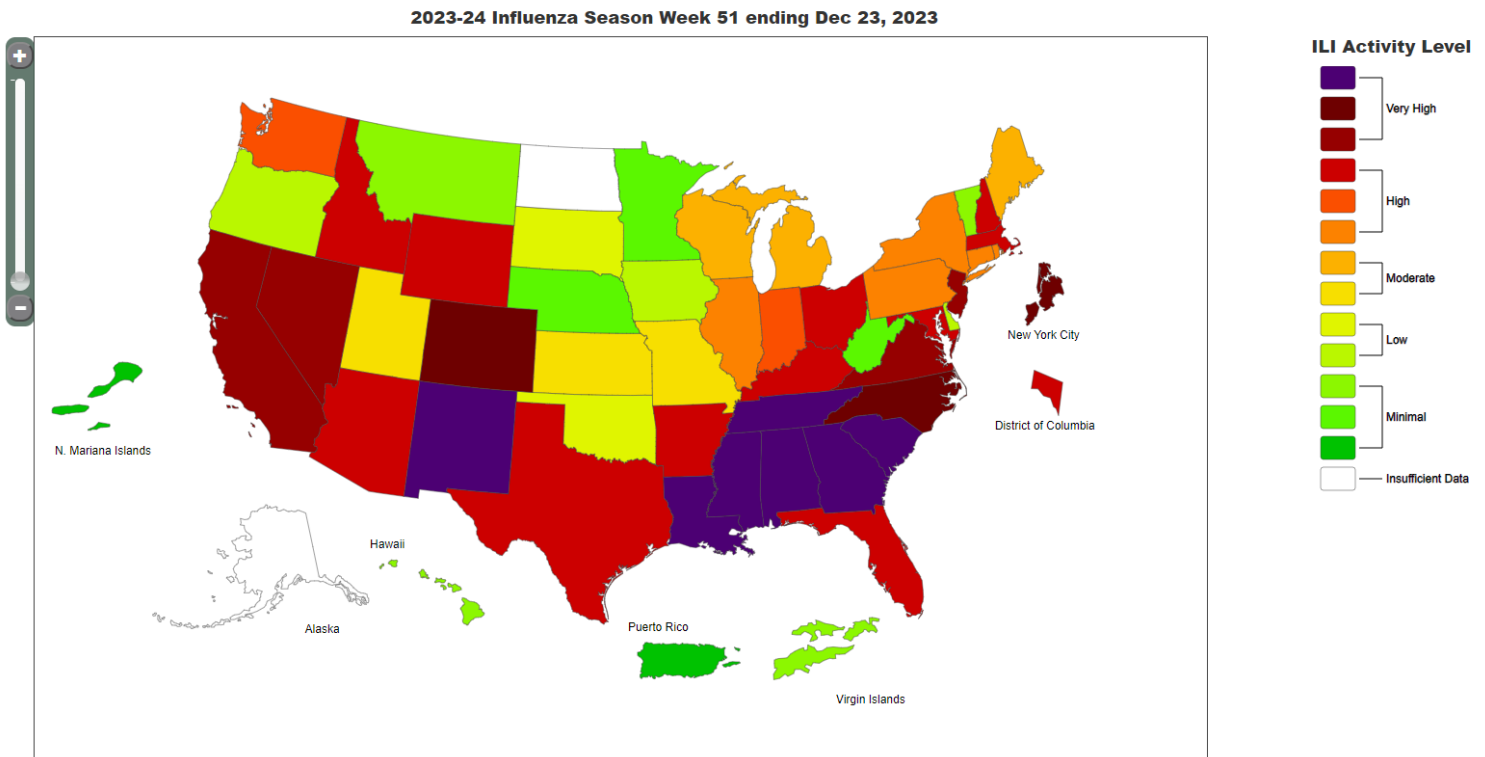
Data for Influenza-like Illness (ILI) is as of December 31, 2023 from EpiCenter. The graph on the following page illustrates the syndromic surveillance of hospital and urgent care visits due to ILI five-year average trend line (2018-2022) compared to this year's cases. Other circulating respiratory viruses can present as influenza-like illness. ILI is defined as having a fever and a cough or sore throat.



In Connecticut, the majority of those hospitalized with laboratory-confirmed influenza are those who are 65 years of age or older (52.1 per 100,000 population) followed by those who are 50-64 years of age (23 per 100,000 population) and those who are 0-4 years of age (6.8 per 100,000 population). Data was last updated on December 23rd. The figure to the right can be found at <https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>



The CDC’s FLUView Interactive Map <https://gis.cdc.gov/grasp/fluview/main.html> is a system that monitors visits for respiratory illness that includes fever plus a cough or sore throat (ILI), not laboratory-confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms. Connecticut’s ILI Activity Level is now in the **HIGH** range. *We can expect to continue to see an increase in respiratory illness due to New Year gatherings and celebrations.*



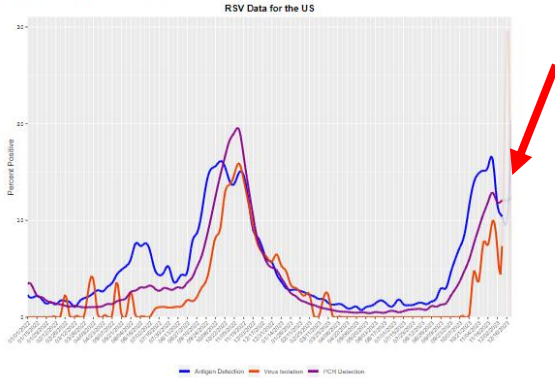
*This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.
 *Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full picture of influenza activity for the whole state.

RESPIRATORY SYNCYTIAL VIRUS (RSV)

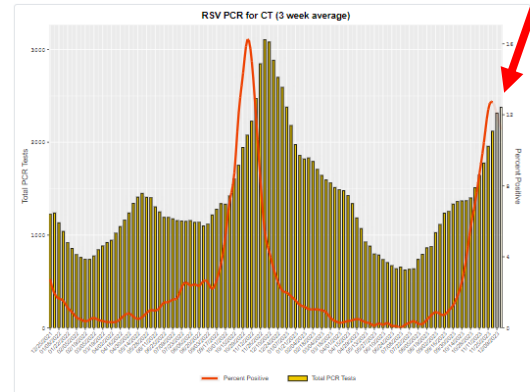
Nationally, RSV antigen (blue line), viral isolation (red line) and PCR (purple line) percent positivity are elevated (line graph on left). Connecticut RSV PCR test positivity (red line) continues to increase as of December 28th (see bar graph to the right).

Respiratory Syncytial Virus (RSV)

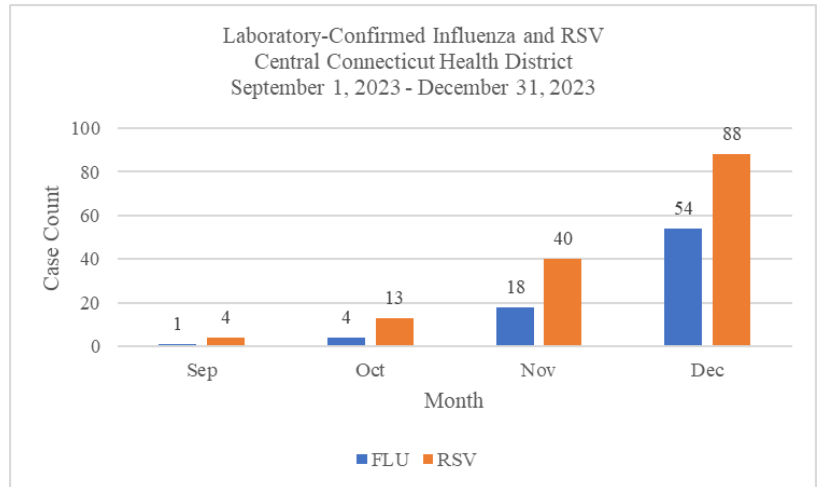
Percent Positive



Total PCR Tests



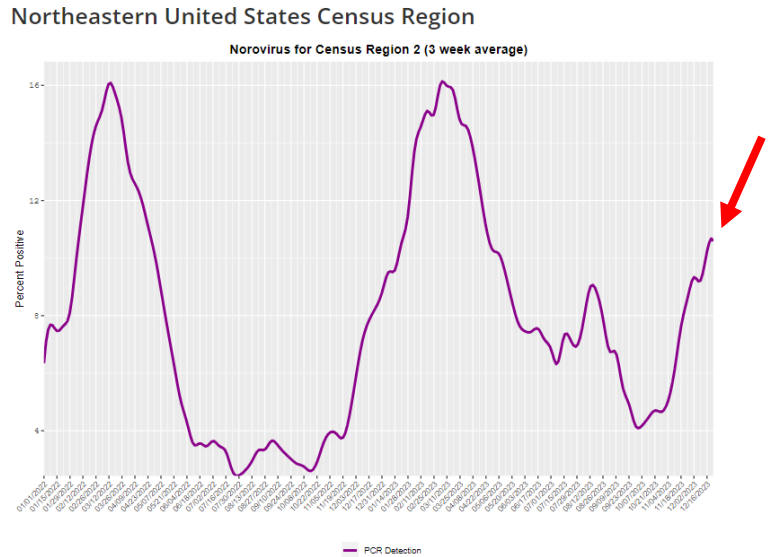
Our district was notified of 77 (+22) laboratory-confirmed of influenza (98% influenza type A), and 145 (+31) laboratory-confirmed cases of RSV in the CTEDSS database (see figure to the right) since September 1, 2023. The majority of laboratory-confirmed RSV cases were among children ages zero to nine years of age (39%) followed by those ages 80 years of age and older (18%) and 70 to 79 years of age (15%).



NATIONAL RESPIRATORY & ENTERIC VIRUS SURVEILLANCE SYSTEM (NREVSS)

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic circulation patterns (patterns occurring in time and place) of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), human metapneumovirus (HMPV), respiratory adenoviruses, human coronavirus, and gastrointestinal viruses: rotavirus, and norovirus. Participating laboratories report weekly to CDC the total number of tests performed that week, and the number of those tests that were positive. Middlesex and Yale are the only contributing health organizations in Connecticut that report respiratory and enteric virus surveillance data to the CDC. Data from NREVSS was updated December 28, 2023.

Norovirus test positivity remains high in the Northeast (10.6%). The figure to the right illustrates the three week average percent positivity since December 21, 2021. CCHD will continue to conduct surveillance and report on significant trends. Norovirus is the leading cause of vomiting and diarrhea, and foodborne illness in the United States. People of all ages can get infected and sick with norovirus, which spreads very easily and quickly.



<https://www.cdc.gov/norovirus/about/prevention.html>

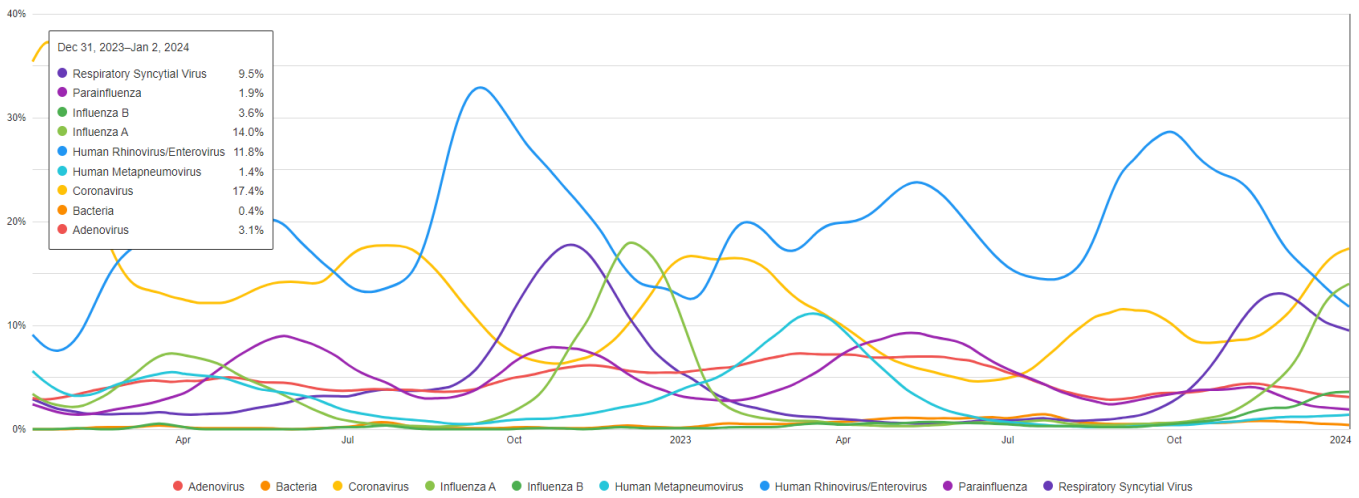
Adenovirus antigen detection has increased to 6% percent positivity in the Northeast. Adenoviruses can cause a wide range of illnesses such as: common cold or flu-like symptoms, fever, sore throat, acute bronchitis (inflammation of the airways of the lungs, sometimes called a “chest cold”), pneumonia (infection of the lungs) pink eye (conjunctivitis), acute gastroenteritis (inflammation of the stomach or intestines causing diarrhea, vomiting, nausea and stomach pain). Less common symptoms of adenovirus infection include bladder inflammation or infection, and/or neurologic disease (conditions that affect the brain and spinal cord).

Seasonal coronaviruses, HPIV, rotavirus and human metapneumovirus detection data appear to show no concerning increases.

BIOFIRE SYNDROMIC TRENDS

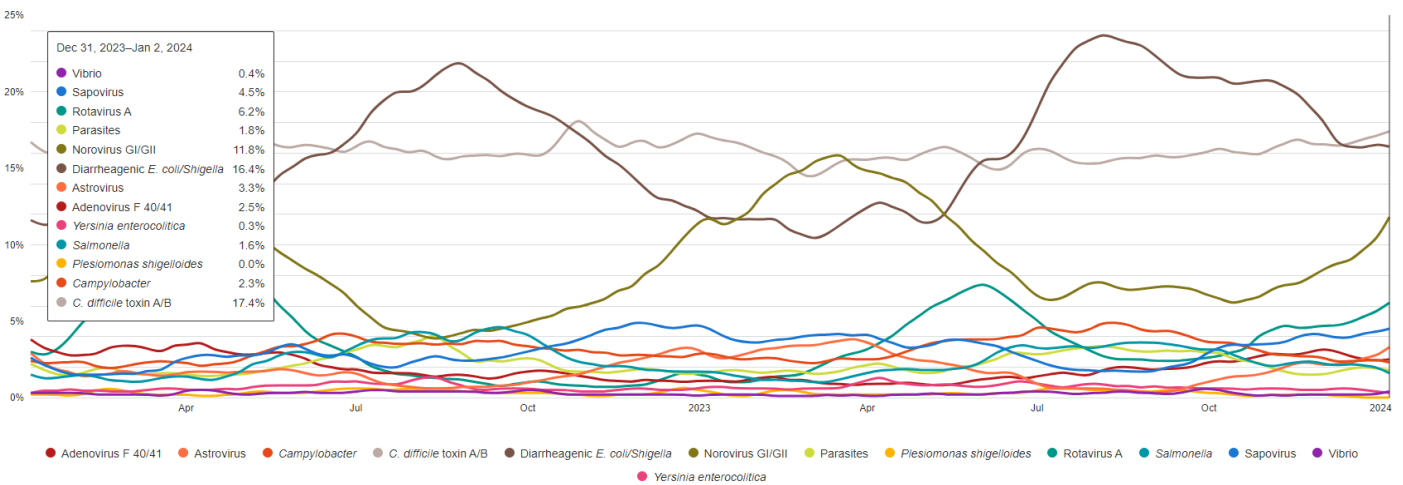
Biofire Syndromic Trends is a software feature from BioFire that provides pathogen circulation trends. BioFire is a syndromic infectious disease diagnostics company that provides healthcare providers with accurate and comprehensive results in a short period of time. <https://www.biofire.com/products/filmarray/biofire-syndromic-trends/>

The figure on the next page illustrates aggregate BioFire data for respiratory pathogen trends as of January 2, 2024. According to Biofire results, Coronavirus is the main pathogen patients are testing positive for at this time (17.4%, +0.7) on Biofire’s respiratory panel test, with SARS-CoV-2 the dominate coronavirus circulating at 12.3%. Individuals in the US are also testing positive for Influenza A (14.0%, +1.1) followed by Human Rhinovirus/Enterovirus pathogen (11.8%, -1.7), and RSV (9.5%, - 1.1).



The figure below illustrates aggregate BioFire data for gastrointestinal (GI) pathogen trends as of January 2, 2024 for patients who were tested using Biofire’s GI panel test. Test positivity for *C. difficile* toxin A/B (17.4%, +0.4) is the main GI pathogen found using Biofire’s GI panel, followed by diarrheagenic *E.coli/Shigella* (16.4%, -1.7) and Norovirus (11.8%, +1.6).

Gastrointestinal Pathogen Trends



PREVENTION

Not only are respiratory viruses circulating at this time, but gastrointestinal pathogens are as well. The best way to prevent the spread of infectious respiratory or gastrointestinal illness is to:

- Cover your cough and sneezes,
- **Wash your hands often,**
- Get vaccinated,
- Stay home when you are ill,
- Wear a mask in crowded places,
- Minimize close contact with sick people,
- Eat healthy, well-balanced meals, and
- Stay hydrated.



FOOD RECALLS

The following foods are being recalled because they are contaminated. Please check your cupboards and throw out any of these items:

New this week:

- Enfamil Nutramigen Powder infant formula in 12.6 and 19.8oz cans, by Reckitt/Mead Johnson Nutrition for potential *Cronobacter sakazakii* contamination
- Sam Sung Soybean Sprouts in 1 lb bag by Nam & Son of MD, for potential contamination of *Listeria monocytogenes*

Previously reported:

- Ground beef, Scanga Meat Company (*E. coli* 0103)
- Quaker Oats granola bars and cereals (potential for *Salmonella*)
- Herolds Salads, INC., Deli Salads (*Listeria monocytogenes*)
- Nature's Wonder, Mung Bean Sprouts (*Listeria monocytogenes*)
- Fresh Express and Publix, Spinach (*Listeria monocytogenes*)

For more information on recalls due to undeclared allergens please visit: <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts>

Don't forget to follow Central Connecticut Health District on social media!

FaceBook: <https://www.facebook.com/ccthd4/>

Twitter: <https://twitter.com/CCTHD>

Instagram: <https://www.instagram.com/centralcthealthdistrict/>



The Central Connecticut Health District is committed to improving the quality of life in our communities through prevention of disease and injury, fostering of a healthy environment, and promotion of the health of our residents.