

WEEKLY EPIDEMIOLOGIST REPORT

January 22, 2024



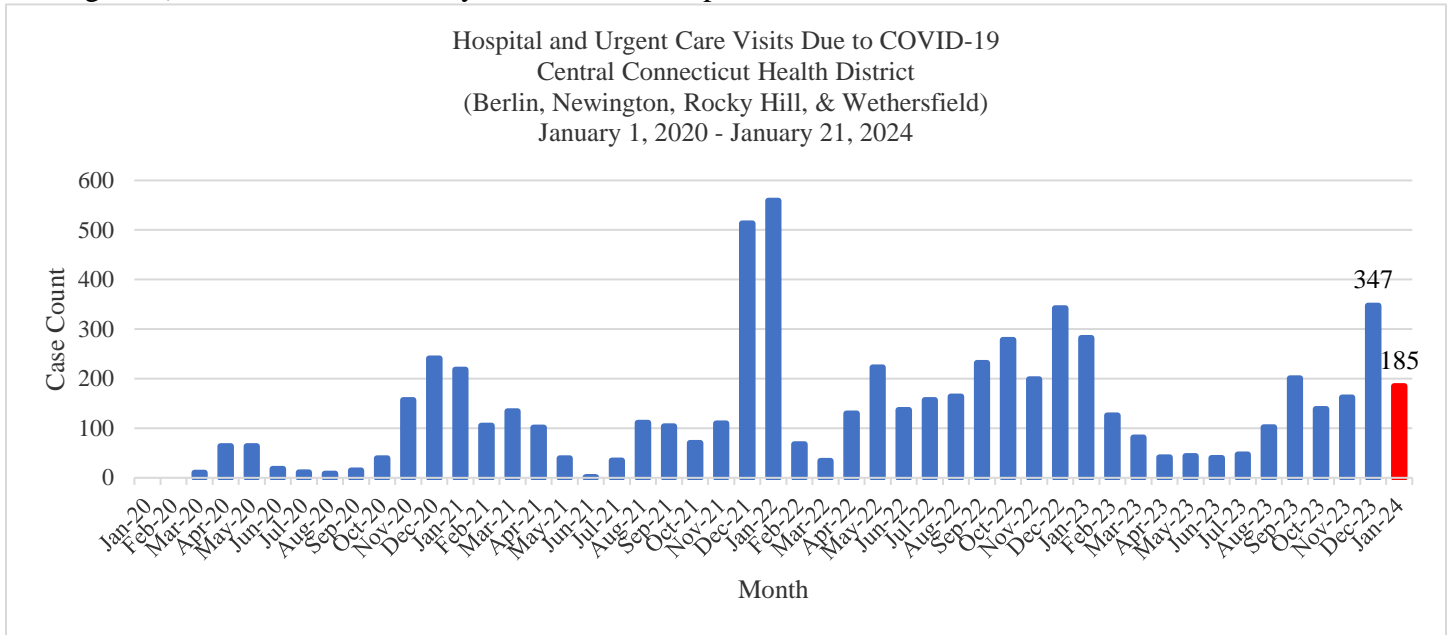
Christine DePierro-Gacek, MAT, MPH
EPIDEMIOLOGIST, Central Connecticut Health District

RESPIRATORY VIRAL SEASON

We are starting to see some reprieve in the data for COVID-19, influenza and Respiratory Syncytial Virus (RSV) cases in our district. Visit www.ccthd.org for an interactive graph on respiratory illness in our district. Remember, if you are sick stay home to prevent the spread of germs to others.

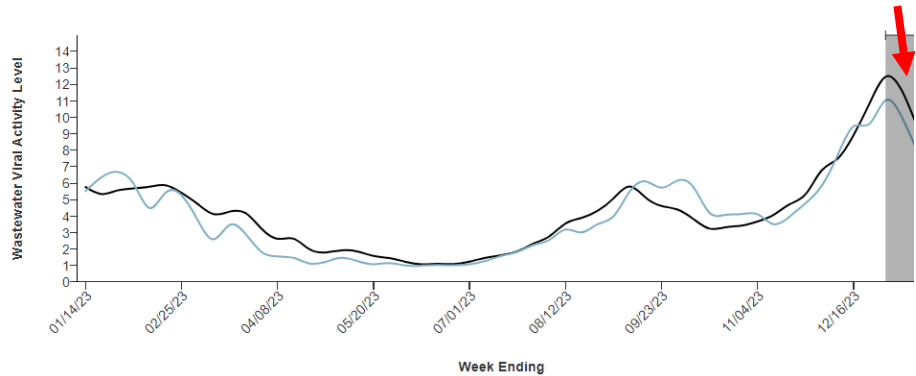
COVID-19 SURVEILLANCE

Data for COVID-19 is as of January 22, 2024 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. Seventy-six cases were reported between 1/16/24-1/21/24.



COVID-19 Wastewater Surveillance

As of January 18, 2024, the nationwide wastewater viral activity level for COVID-19 is currently **very high** at a level of 9.38 (-2.41 from previous reporting period) (see the black line in the figure to the right) along with the Northeast region with a level of 7.92 (-2.4 from previous reporting week) (blue line). Connecticut has paused wastewater surveillance until capacity at the State Public Health Laboratory has increased and additional water management facilities are onboarded to the Connecticut Wastewater Surveillance Program.

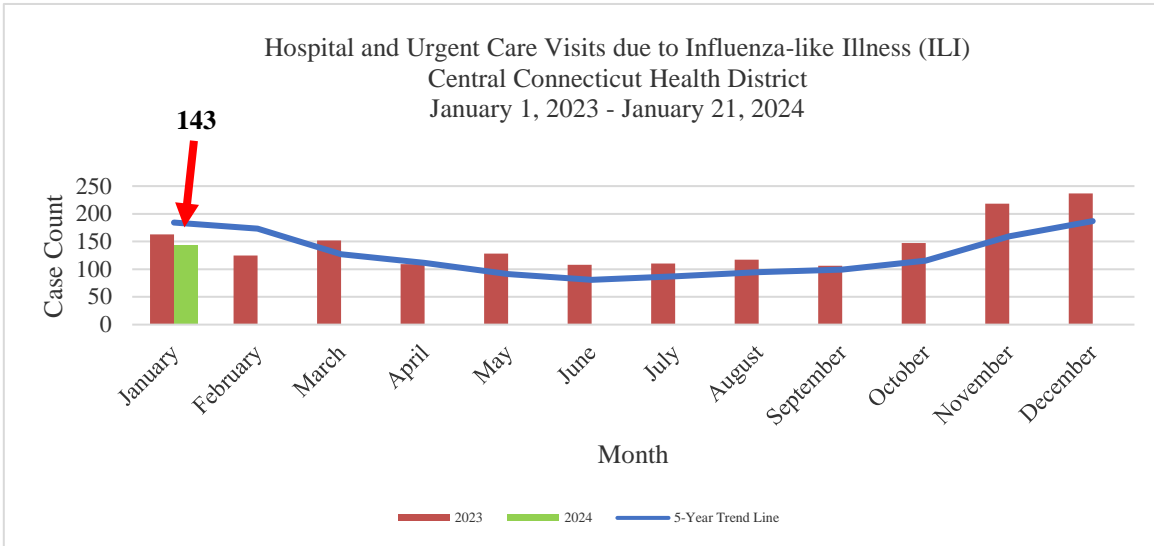


For more information on wastewater surveillance please visit : <https://www.cdc.gov/nwss/rv/COVID19-nationaltrend.html>

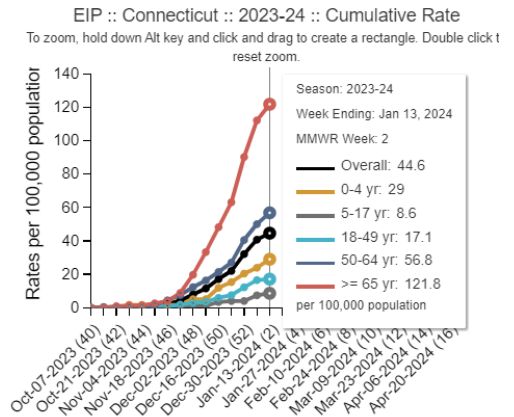
In the Northeast, the predominant variant sequenced in reported laboratory-confirmed cases is JN.1 (91.8%). There is currently no evidence that JN.1 presents an increased risk to public health relative to other circulating variants (CDC).

INFLUENZA SURVEILLANCE

Data for Influenza-like Illness (ILI) is as of January 21, 2024 from EpiCenter. The graph below is the syndromic surveillance of hospital and urgent care visits due to ILI five-year average trend line (2018-2022) compared to this year and last 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 (121.8 per 100,000 population) followed by those who are 50-64 years of age (56.8 per 100,000 population) and those who are 0-4 years of age (29.0 per 100,000 population). Data was last updated on January 13th. The figure to the right can be found at <https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>

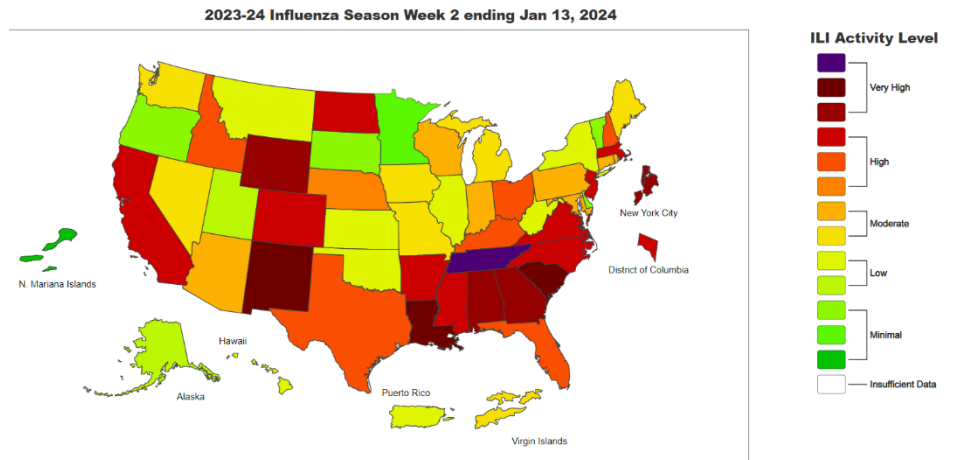


The CDC's FLUView Interactive Map

<https://gis.cdc.gov/grasp/fluview/main.html> is a system that monitors visits

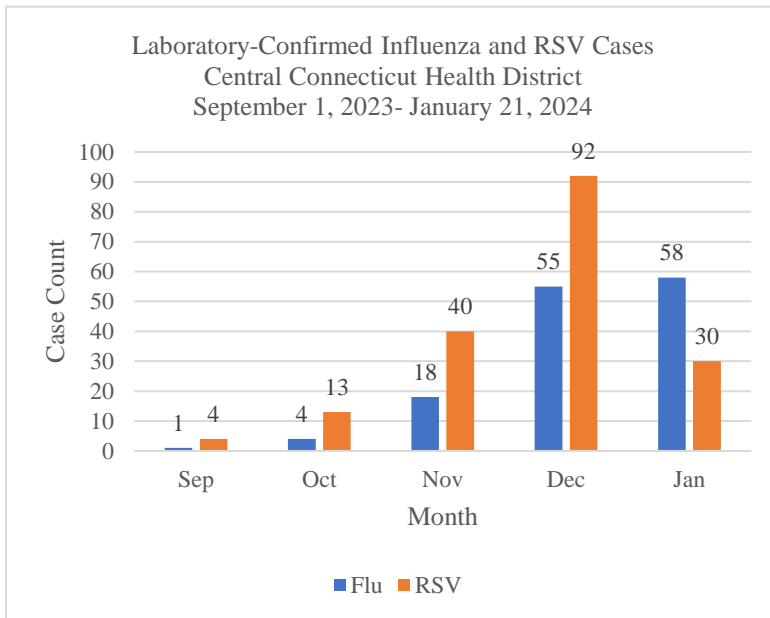
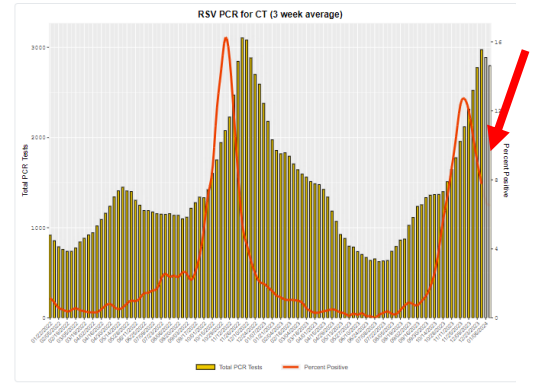
for respiratory illness that includes fever plus a cough or sore throat (ILI), not laboratory-confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

Connecticut's ILI Activity Level has dropped to a **MODERATE** level as of January 13th.



RESPIRATORY SYNCYTIAL VIRUS (RSV)

Nationally RSV positivity is on the downward trend. In Connecticut, RSV PCR test positivity (red line) is following suit as of January 18th (see bar graph to the right).

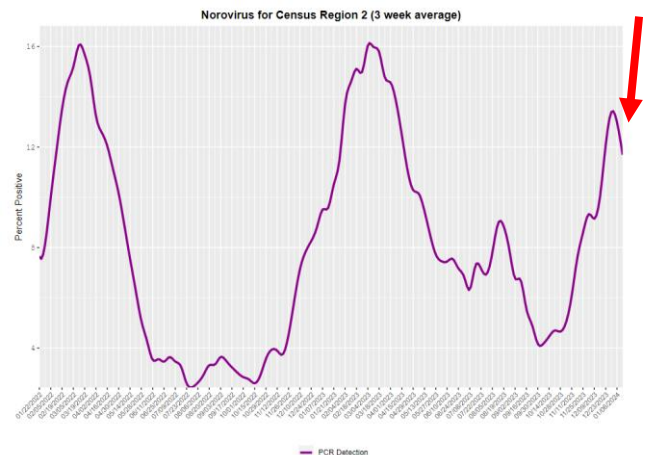


Our district was notified of 136 (+13) laboratory-confirmed of influenza (98% influenza type A), and 179 (+8) laboratory-confirmed cases of RSV in the CTEDSS database (see figure to the left) since September 1, 2023.

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 January 18, 2024.

Norovirus test positivity remains high in the Northeast (11.7%), however positivity appears to be on the downward trend. The figure to the right illustrates the three week average percent positivity since January 22, 2022. 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>



Seasonal coronaviruses, CoVOC43, CoVHku1, CoVNL63 and CoV229E, HPIV, adenovirus, rotavirus and human metapneumovirus detection data appear to show no concerning increases. All test positivity as of January 18, 2024 is under 5%.

GROUP A STREPTOCOCCUS

Nationally, and in Connecticut there is a surveillance system set up for invasive Group A Streptococcus (GAS), called the Active Bacterial Core Surveillance (ABCs). ABCs does not perform surveillance on non-invasive GAS. Non-invasive GAS illnesses are common and include:

- **Pharyngitis** (strep throat): symptoms include the sudden onset of sore throat, pain with swallowing, and fever. Other symptoms may include headache, abdominal pain, nausea, and vomiting (especially among children).
- **Scarlet fever:** characterized by a small bumpy rash on trunk that spreads to limbs and usually occurs with strep throat. The rash usually persists for about one week.
- **Impetigo:** a superficial skin infection that is highly contagious.

The Central Connecticut Health District has observed anecdotally, an increase in strep throat. The bacteria, *Streptococcus pyogenes* (the GAS that causes strep throat), is spread by people coughing or sneezing or touching an object that has the bacteria on it and then touching their mouth or nose.

Treatment with an appropriate antibiotic for 12 hours or longer limits a person's ability to transmit group A strep. People with group A strep pharyngitis or scarlet fever should stay home from work, school, or daycare until they no longer have a fever (without the use of fever-reducing medications) AND at least 12–24 hours after starting appropriate antibiotic therapy.

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:

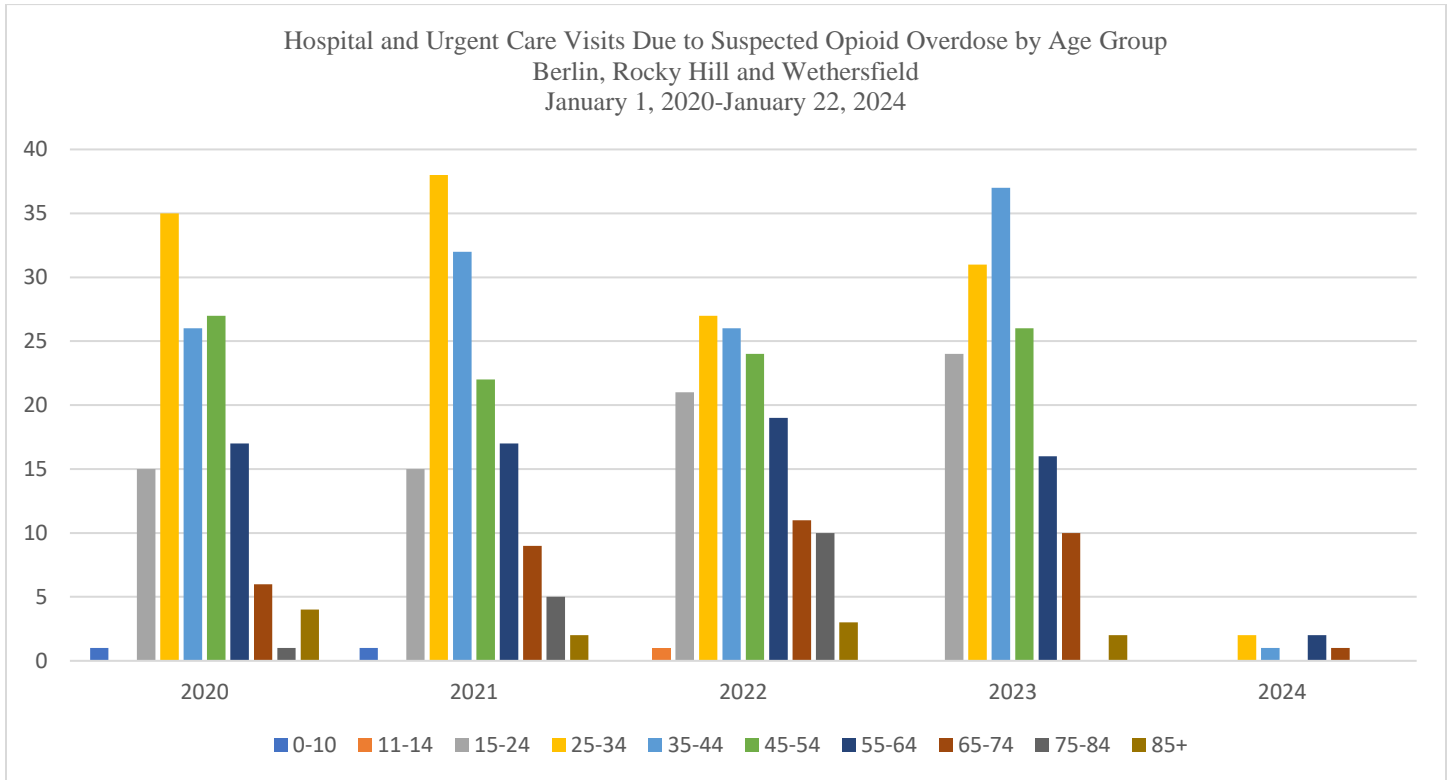
- Cover your cough and sneezes,
- **Wash your hands often,**
- Get vaccinated,
- Stay home when you are ill,
- Wear a mask in crowded places,
- Minimize close contact with sick people,
- Eat healthy, well-balanced meals, and
- Stay hydrated.



OPIOID DATA

The Central Connecticut Health District is committed to fighting the opioid overdose epidemic by identifying outbreaks, collecting data, responding to overdoses, and providing care to those in our community. According to data published by the OCME in 2022, since 2014, 186 CCHD residents died from a drug overdose; and 243 fatal overdoses occurred in our district.

Currently, CCHD is using EpiCenter to monitor opioid overdose trends to better understand and respond to the epidemic that is impacting our community. The figure below shows the number of urgent care and hospital visits due to suspected opioid overdoses in the towns of Berlin, Rocky Hill and Wethersfield from January 1, 2020 through January 22, 2024. Data for Newington was not included due to a discrepancy between the data. We are working with the State Department of Public Health to rectify the problem.



Collaboration is essential for success in preventing opioid overdose deaths. Medical personnel, emergency departments, first responders, public safety officials, mental health and substance use treatment providers, community-based organizations, public health, and members of the community all bring awareness, resources, and expertise to address this complex and fast-moving epidemic. Together, we can better coordinate efforts to prevent opioid overdoses and deaths.

On February 26th from 6pm to 8pm CCHD will be holding a narcan training at the Rocky Hill Senior Center. For more information please visit our website or email Lisa Coakley, our Clinical Health Supervisor, at lcoakley@ccthd.org.

March 1st and March 2nd Berlin Social and Youth Services, Berlin Upbeat, Newington Human Services, Rocky Hill Youth and Family Services, and Wethersfield Social and Youth Services will be hosting “INSPIRE & EMPOWER: CENTRAL CONNECTICUT ADULT-YOUTH WORKSHOP,; for adults and high school aged students (please see attached flyer for more information).

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:

- Spinach and Salad Kits by BrightFarms for possible *Listeria monocytogenes* contamination.
 - These salad kits were distributed in Connecticut. The table to the right has the the UPC codes for the recalled products. Please check your refrigerator and discard these items.

Product	Ounce	UPC Codes	Facility Code	Best-By Date
BrightFarms Baby Spinach	3.5oz	8-57062-00492-3	PEN8	1/11/2024, 1/13/2024, 1/18/2024, 1/20/2024
BrightFarms Mediterranean Crunch Kit	6.35oz	8-50051-82501-1	PEN4	1/15/2024, 1/20/2024
BrightFarms Chickpea Caesar Crunch Kit	6.50oz	8-57062-00415-2	PEN4	1/15/2024, 1/20/2024
BrightFarms Bacon Ranch Crunch Kit	6.70oz	8-57062-00416-9	PEN4	1/15/2024
BrightFarms Southwest Chipotle	5.85oz	8-50051-82500-4	PEN4	1/15/2024

Previously reported:

- Aged Cojita Mexican Grating Cheese by Rio Bros California Creamery, Rizo Lopez Foods, Inc. for potential *Listeria monocytogenes* contamination.
- Multiple brand names Cereal, bars, and snacks by The Quaker Oats Company for potential for *Salmonella* contamination

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

WINTER WEATHER FALL PREVENTION

- Wear proper footwear
- Take your time and do not hurry while walking outside.
- Use assistance, such as handrails, a walking stick, walker or cane when out in winter weather.
- Take small steps to help you maintain your center of gravity by waddling a bit like a penguin.
- On days when it is icy and you do not need to go anywhere, stay inside.



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.