WEEKLY EPIDEMIOLOGIST REPORT

January 8, 2024

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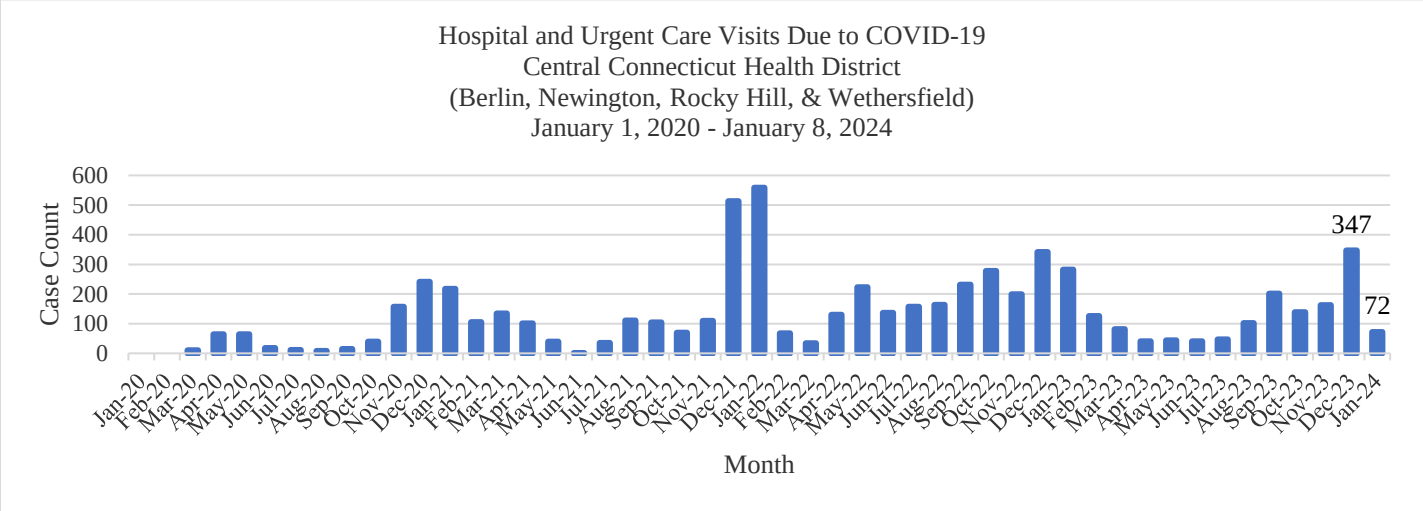
RESPIRATORY VIRAL SEASON

It appears COVID-19 and Respiratory Syncytial Virus (RSV) are on a downward trend, and influenza is continuing to increase. 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.

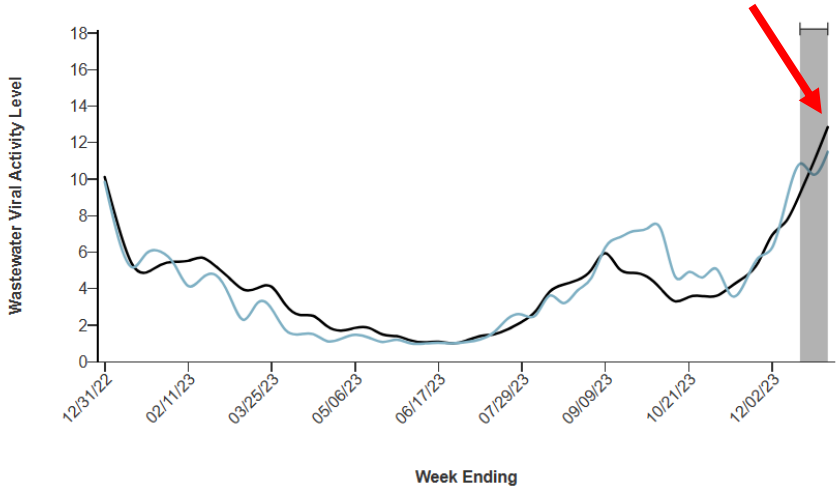
COVID-19 SURVEILLANCE

Data for COVID-19 is as of January 8, 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-two cases were reported between 1/1/24-1/8/24.



COVID-19 Wastewater Surveillance

Nationally, the wastewater viral activity level for COVID-19 is currently very high at a level of 12.8 (see the black line in the figure to the right) along with the Northeast region with a level of 11.5 (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.

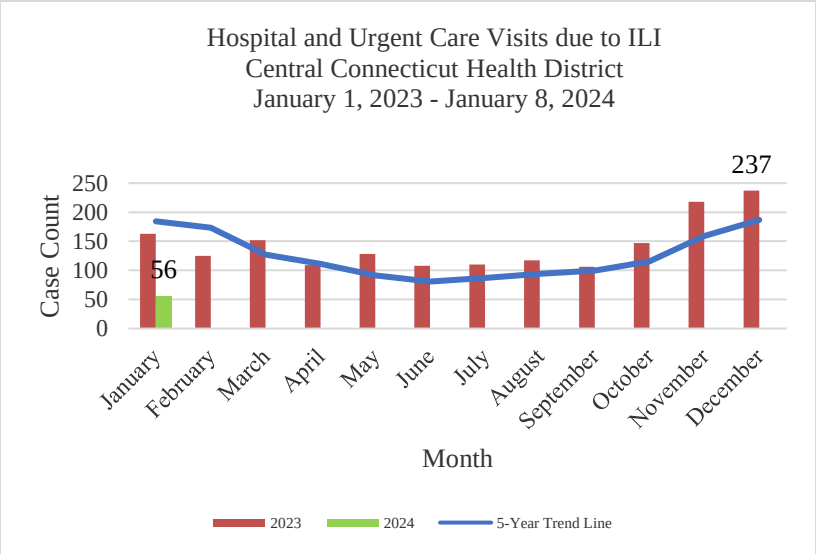


Nationally, the predominant variant sequenced in wastewater is JN.1 (42%). There is currently no evidence that JN.1 presents an increased risk to public health relative to other circulating variants (CDC).

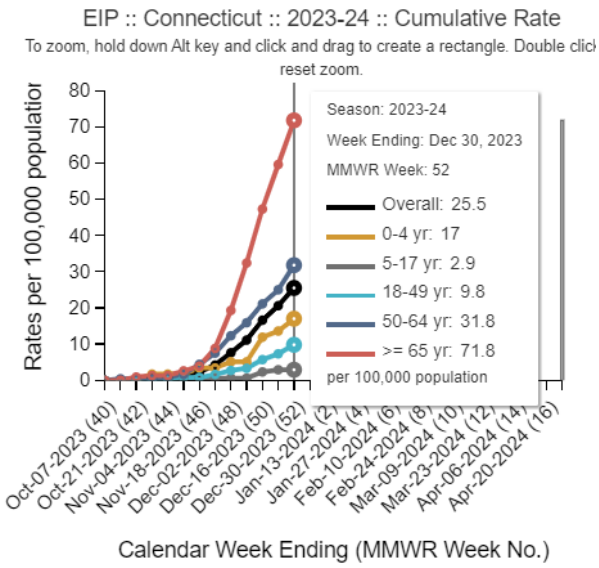
For more information on wastewater surveillance please visit : COVID-19 Wastewater Data – Variants | NWSS | CDC

INFLUENZA SURVEILLANCE

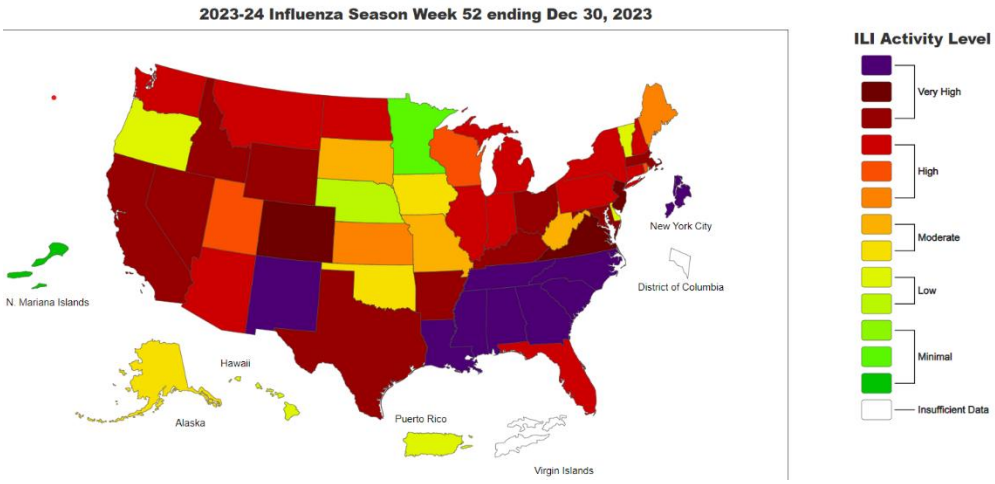
Data for Influenza-like Illness (ILI) is as of January 8, 2024 from EpiCenter. The graph on the right is the syndromic surveillance of hospital and urgent care visits due to ILI five-year average trend line (2018-2022) compared to this year and last year's cases. Other circulating respiratory viruses 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 (71.8 per 100,000 population) followed by those who are 50-64 years of age (31.8 per 100,000 population) and those who are 0-4 years of age (17 per 100,000 population). Data was last updated on December 30th. The figure to the right can be found at https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html

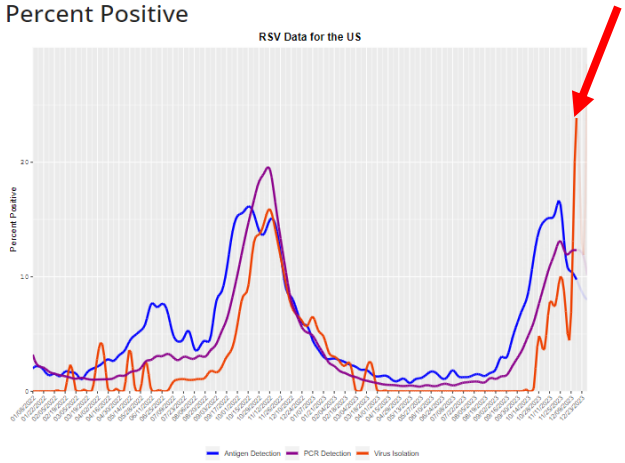


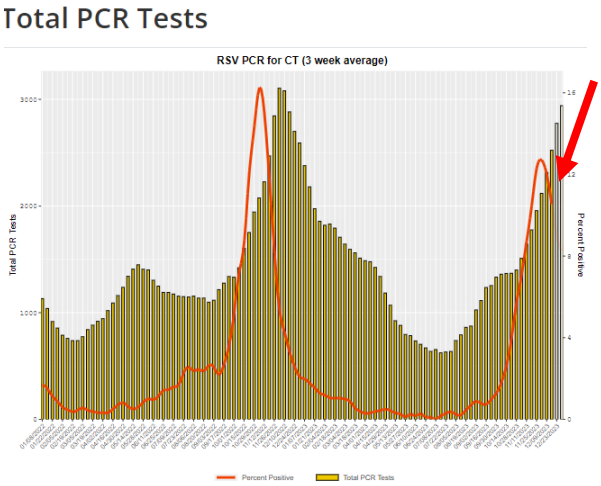
The CDC's FLUView Interactive Map https://gis.cdc.gov/grasp/fluview/main.html is a system that monitors visits for respiratory illness that includes fever plus a cough or sore throat (ILI), not laboratory-confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms. Connecticut's ILI Activity Level is still in the **HIGH** range as of December 30th.

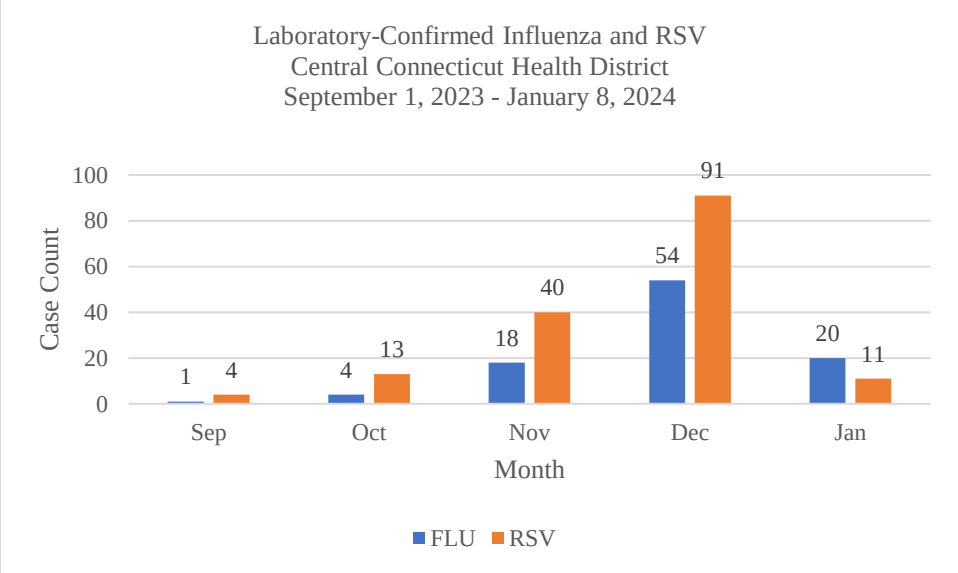


RESPIRATORY SYNCYTIAL VIRUS (RSV)

Nationally, RSV antigen (blue line) and PCR (purple line) percent positivity are elevated, but on the downward trend, while RSV antigen detection (red line) has increased substantially (line graph on left). Connecticut RSV PCR test positivity (red line) appears to be on the downward trend as of January 4th (see bar graph to the right).



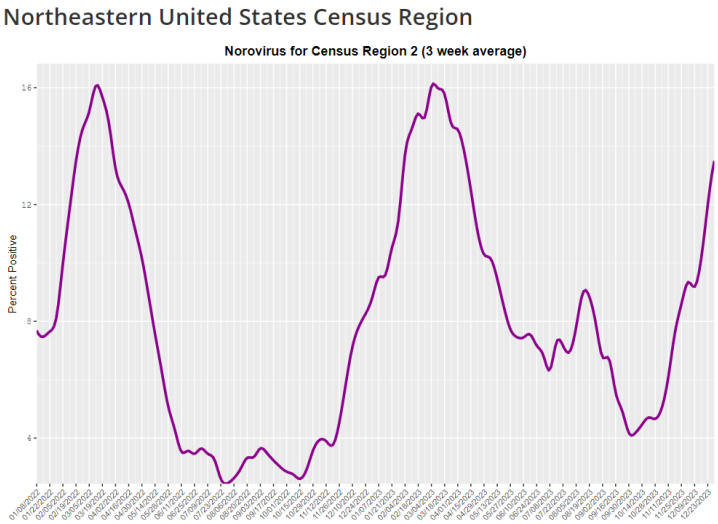




Our district was notified of 97 (+20) laboratory-confirmed of influenza (97% influenza type A), and 159 (+14) laboratory-confirmed cases of RSV in the CTEDSS database (see figure to the left) since September 1, 2023. The majority of laboratory-confirmed RSV cases were among children ages zero to nine years of age (37%) followed by those ages 80 years of age and older (15.7%) and 70 to 79 years of age (15.7%).

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 4, 2024.



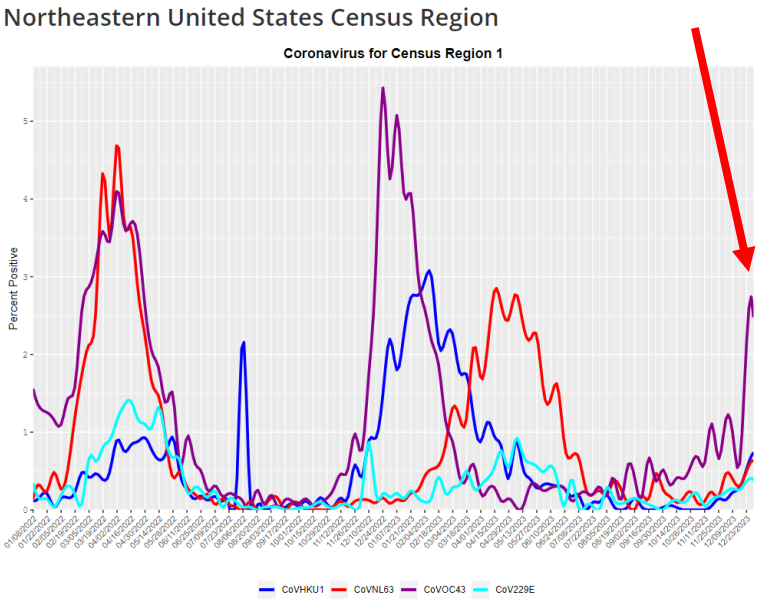
Norovirus test positivity remains high in the Northeast (10.6%). The figure to the right illustrates the three week average percent positivity since January 8, 2022. CCHD will continue to conduct surveillance and report on significant trends. Norovirus is the leading cause of vomiting and diarrhea, and 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

Adenovirus antigen detection has increased to 7% percent positivity in the Northeast, while PCR positivity remains low at 3.1%. 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 coronavirus, CoVOC43, percent positivity appears to be making an increase to 2.5%, while CoVHku1, CoVNL63 and CoV229E positivy are below 1% (see figure to the right).

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



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:

- No new recalls for this week's report

Previously reported:

- 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*Ground beef, Scanga Meat Company (*E. coli* 0103)
- Quaker Oats granola bars and cereals (potential for *Salmonella*)

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

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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.