

WEEKLY EPIDEMIOLOGIST REPORT

February 19, 2024



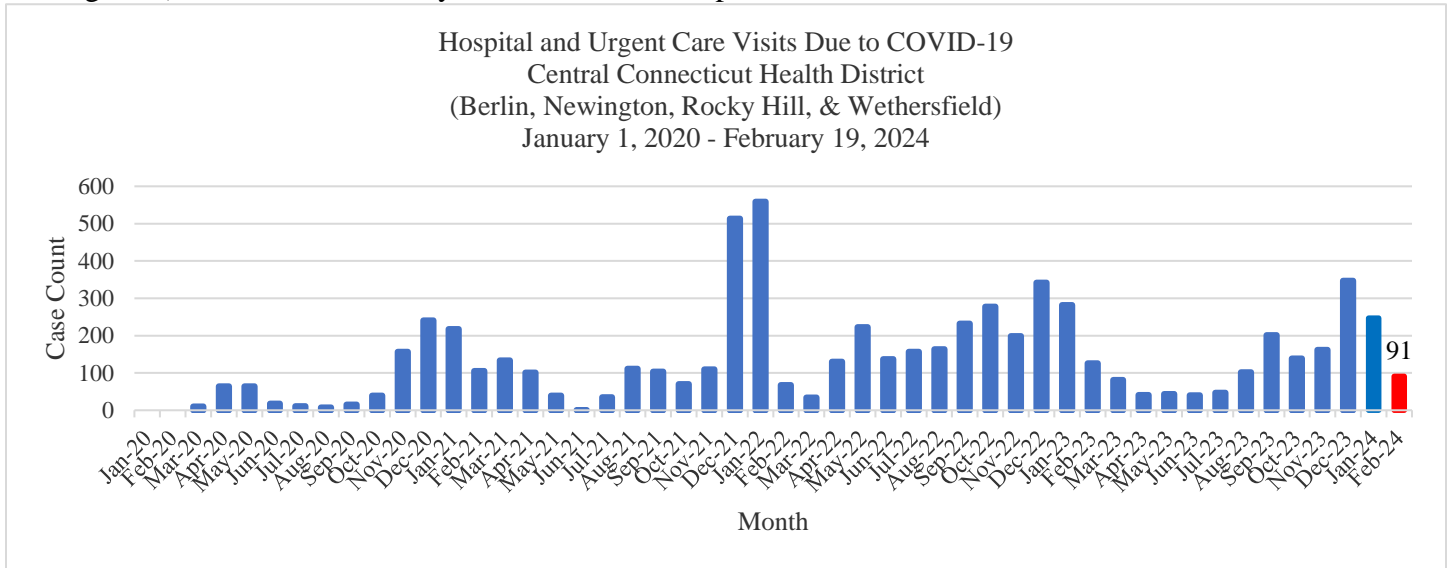
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RESPIRATORY VIRAL SEASON

Case numbers for COVID-19, influenza and Respiratory Syncytial Virus (RSV) in our district continue to subside. 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 February 19, 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. Thirty-seven cases were reported between 2/13/24-2/19/24.

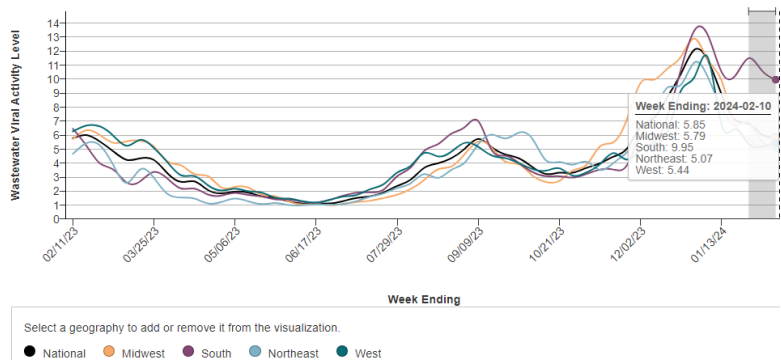


COVID-19 Wastewater Surveillance

As of February 10, 2024, the nationwide wastewater viral activity level for COVID-19 is currently **high** at a level of 5.85 (+.25 from previous reporting period) (see the black line in the figure to the right) along with the Northeast region with a level of 5.07 (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>

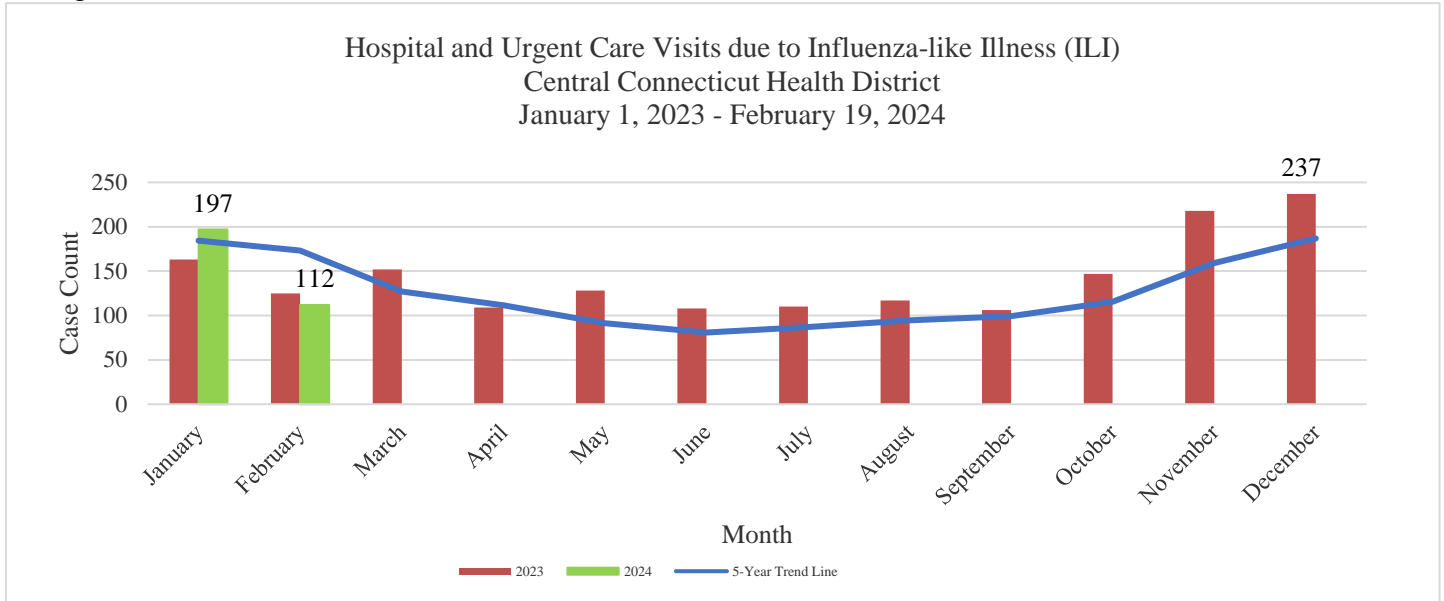
In the Northeast, the predominant variant sequenced in wastewater is JN.1. There is currently no evidence that JN.1 presents increased risk to public health relative to other circulating variants (CDC).



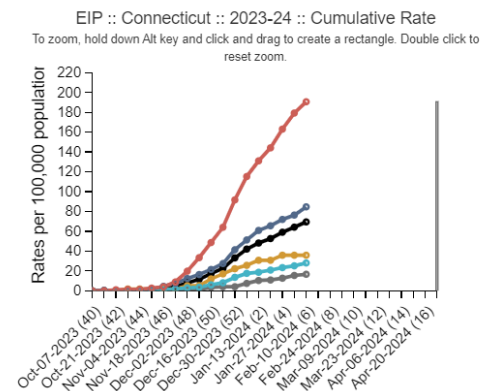
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INFLUENZA SURVEILLANCE

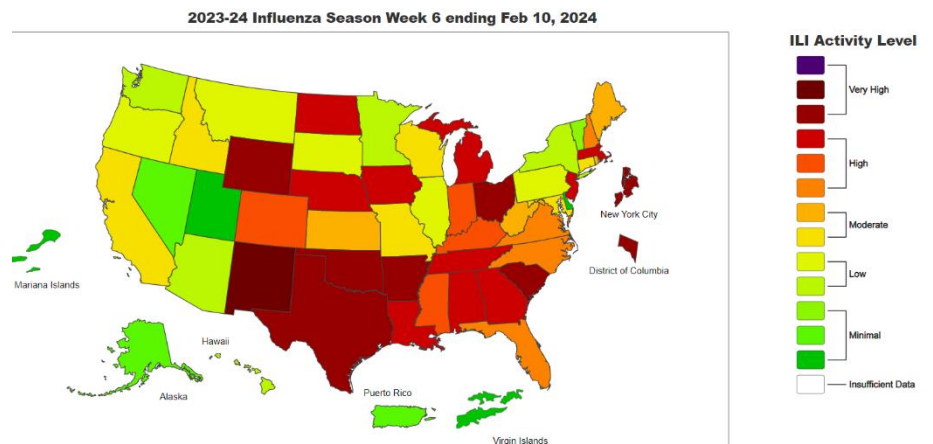
Data for Influenza-like Illness (ILI) is as of February 19, 2024 from EpiCenter. The graph below is the syndromic surveillance of hospital and urgent care visits due to ILI five-year average trend line (2018-2022) compared to this year and last year's cases. Other circulating respiratory viruses can present as influenza-like illness. ILI is defined as having a fever and a cough or sore throat. Forty-three cases of ILI were reported during the week of 2/13/24-2/19/24.



In Connecticut, the majority of those hospitalized with laboratory-confirmed influenza are those who are 65 years of age or older (190.6 per 100,000 population – red line) followed by those who are 50-64 years of age (84.6 per 100,000 population- blue line) and those who are 0-4 years of age (35.8 per 100,000 population- yellow line). Overall 69.4 per 100,000 people in Connecticut have been hospitalized due to influenza (black line). Data was last updated on February 10th. The figure to the right can be found at <https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>

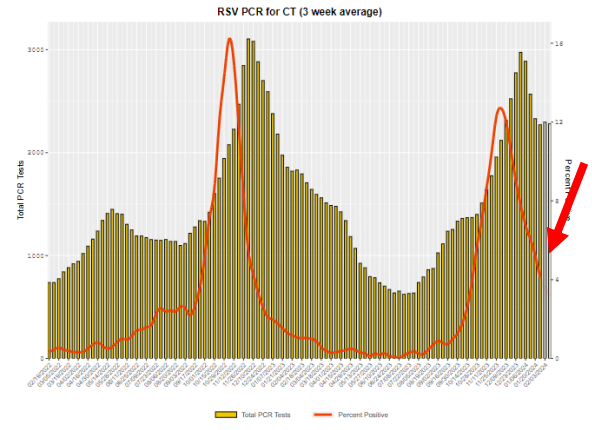
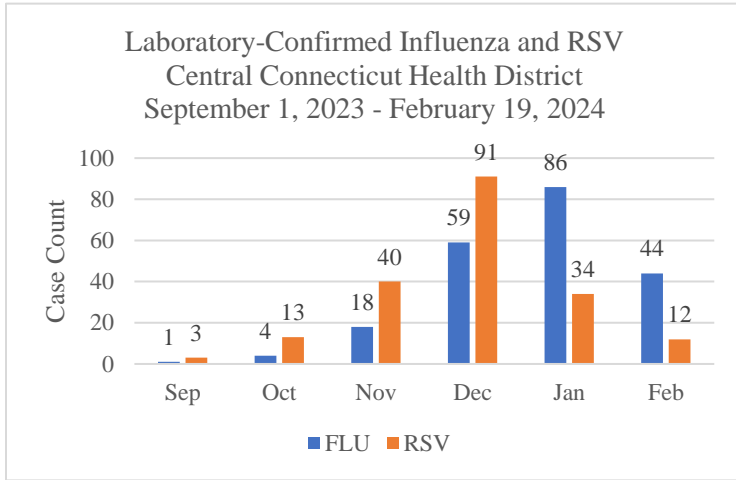


The CDC’s FLUView Interactive Map <https://gis.cdc.gov/grasp/fluview/main.html> is a system that monitors visits for respiratory illness that includes fever plus a cough or sore throat (ILI), not laboratory-confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms. Connecticut’s ILI Activity Level remains at the **MODERATE** level as of February 10th.



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 February 15th (see bar graph to the right).

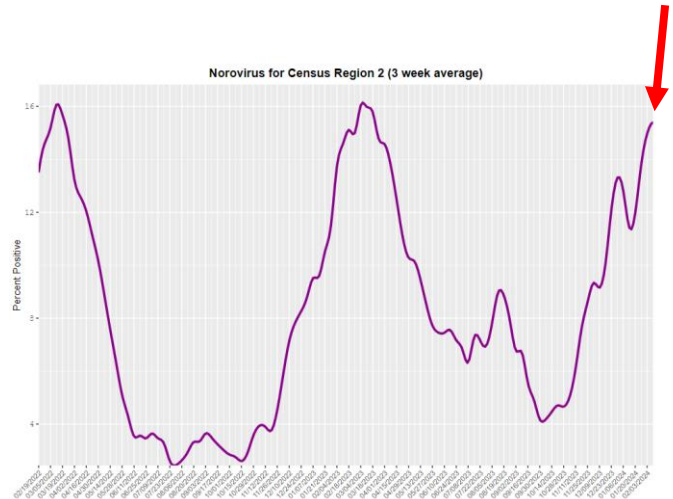


Our district was notified of 212 (+25) laboratory-confirmed of influenza (96% type A, 2% type B, and 2% unknown), and 194 laboratory-confirmed cases of RSV in the CTEDSS database (see figure to the left) since September 1, 2023.

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 February 1, 2024.

Norovirus test positivity continues to increase in the Northeast (15.4%). The figure to the right illustrates the three week average percent positivity since February 19, 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. It's important to wash hands thoroughly after using the bathroom and if you are infected with norovirus thoroughly clean surfaces with an EPA-registered disinfecting product against norovirus. Norovirus can survive on surfaces for two weeks.



Seasonal coronavirus CoVOC43 test positivity has decreased to 4.2% while CoVHku1, CoVNL63 and CoV229E remain below 1.5%. HPIV, adenovirus, rotavirus and human metapneumovirus detection data appear to show no concerning increases; all test positivity data as of February 15, 2024 is under 5%.

PREVENTION

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.



CONJUNCTIVITIS

Conjunctivitis, also known as pink eye, is not a reportable disease, so there is no way to report on case counts. However, anecdotal evidence from pediatric providers, pharmacists and personal experience from your local epidemiologist, can let you know that it is going around.



Symptoms of pink eye include pink or red color in the white of the eyes, swelling of the conjunctiva (the thin layer that lines the white part of the eye and the inside of the eyelid) and/or eyelids, increased tear production, the urge to rub the eyes, itching, irritation, and/or burning, discharge (pus or mucus), and/or crusting of eyelids or lashes, especially in the morning.

Conjunctivitis can be caused by a bacterial or viral pathogen. How can you tell if your pink is from a virus or from bacteria? Viral conjunctivitis usually occurs with symptoms of a cold, flu, or other respiratory infection and usually begins in one eye and may spread to the other eye within days. With viral conjunctivitis the discharge from the eye is usually watery rather than thick. Bacterial conjunctivitis is more commonly associated with discharge (pus), which can lead to eyelids sticking together and sometimes occurs with an ear infection.

Viral and bacterial pink eye are very contagious. They can spread easily from person to person. You can greatly reduce the risk of getting conjunctivitis or spreading it to someone else by following some simple steps for good hygiene.

If you have conjunctivitis, you can help limit its spread to other people by following these steps:

- Wash your hands often with soap and warm water for at least 20 seconds.
- Avoid touching or rubbing your eyes. This can worsen the condition or spread it to your other eye.
- With clean hands, wash any discharge from around your eye(s) several times a day using a clean, wet washcloth or fresh cotton ball. Throw away cotton balls after use, and wash used washcloths with hot water and detergent, then wash your hands again with soap and warm water.
- Do not use the same eye drop dispenser/bottle for your infected and non-infected eyes.
- Wash pillowcases, sheets, washcloths, and towels often in hot water and detergent; wash your hands after handling such items.
- Stop wearing contact lenses until your eye doctor says it's okay to start wearing them again.
- Clean eyeglasses, being careful not to contaminate items (like hand towels) that might be shared by other people.
- Clean, store, and replace your contact lenses as instructed by your eye doctor.
- Do not share personal items, such as pillows, washcloths, towels, eye drops, eye or face makeup, makeup brushes, contact lenses, contact lens storage cases, or eyeglasses.
- Do not use swimming pools.



If you are around someone with conjunctivitis, you can reduce your risk of infection by following these steps:

- Wash your hands often with soap and warm water for at least 20 seconds
- Wash your hands after contact with an infected person or items he or she uses; for example, wash your hands after applying eye drops or ointment to an infected person's eye(s) or after putting their bed linens in the washing machine.
- Avoid touching your eyes with unwashed hands.
- Do not share items used by an infected person.



In addition, if you have conjunctivitis, there are steps you can take to avoid re-infection once the infection goes away:

- Throw away and replace any eye or face makeup or makeup brushes you used while infected.
- Throw away disposable contact lenses and cases that you used while your eyes were infected.
- Throw away contact lens solutions that you used while your eyes were infected.
- Clean extended wear lenses as directed.
- Clean eyeglasses and cases that you used while infected.



For more information on conjunctivitis please visit: <https://www.cdc.gov/conjunctivitis/about/prevention.html>

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:

- Raw Cheddar Cheese by Raw Farm LLC for potential contamination with E. Coli 0157:H7

Previously reported:

- Cheese, yogurt, and sour cream by Rizo Brothers California Creamery expanded recall for potential *Listeria monocytogenes* contamination. For more information regarding the food recall and listeriosis please visit: <https://www.cdc.gov/listeria/outbreaks/cheese-02-24/index.html>
- Sam Sung Soy Bean Sprouts by Nam & Son for potential *Listeria monocytogenes* contamination
- Quaker Chewy Dippys Llama Rama bars and more by The Quaker Oats Company for potential Salmonella contamination
- Robitussin Honey CF Max Day and Nighttime cough for microbial contamination
- Spinach and Salad Kits by BrightFarms for possible *Listeria monocytogenes* contamination.
- Aged Cojita Mexican Grating Cheese by Rizo 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>

Do not 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.