

WEEKLY EPIDEMIOLOGIST REPORT

February 5, 2024



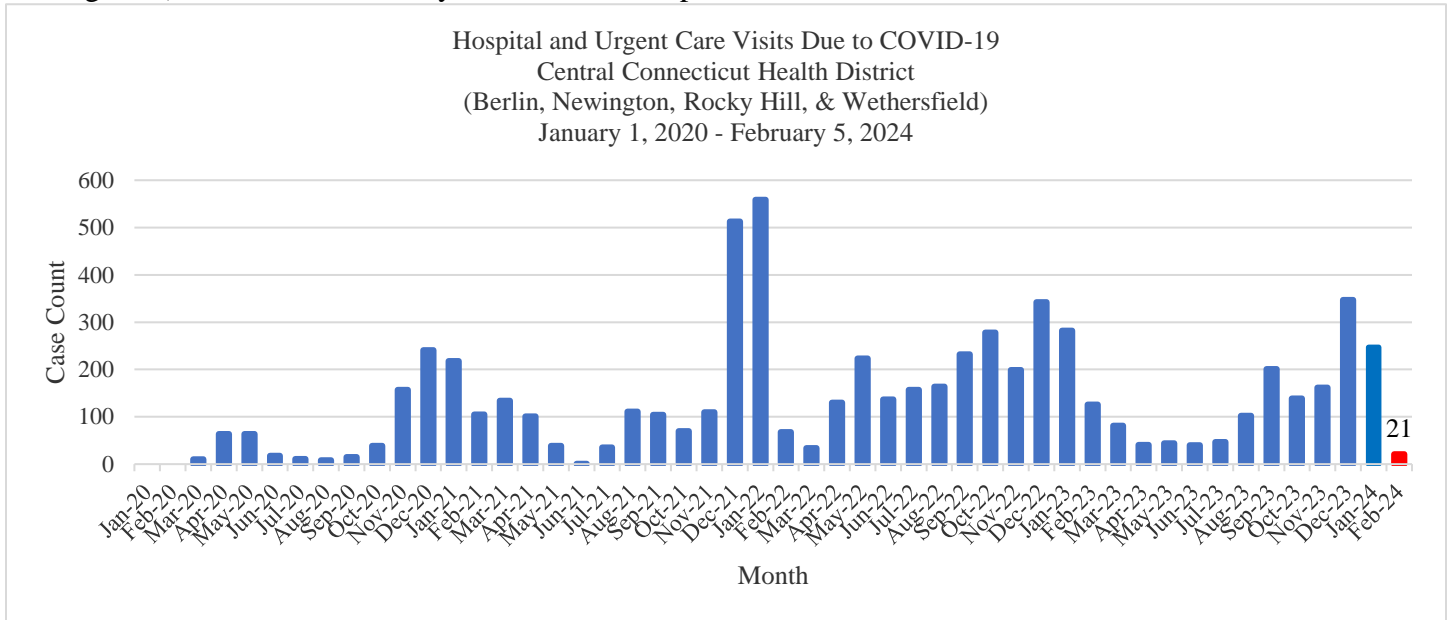
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RESPIRATORY VIRAL SEASON

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.

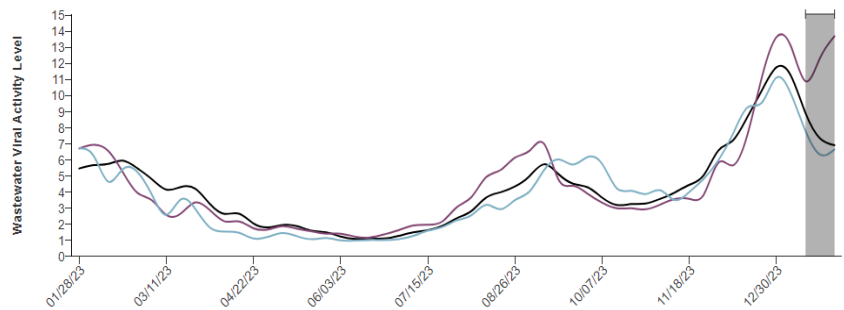
COVID-19 SURVEILLANCE

Data for COVID-19 is as of February 5, 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-six cases were reported between 1/29/24-1/5/24.



COVID-19 Wastewater Surveillance

As of February 1, 2024, the nationwide wastewater viral activity level for COVID-19 is currently **high** at a level of 6.9 (-.3 from previous reporting period) (see the black line in the figure to the right) along with the Northeast region with a level of 6.66 (+.50 from previous reporting week) (blue line). The Southern region has a very high level at 13.73 (purple line). The West and Midwest have similar levels to the Northeast. 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.

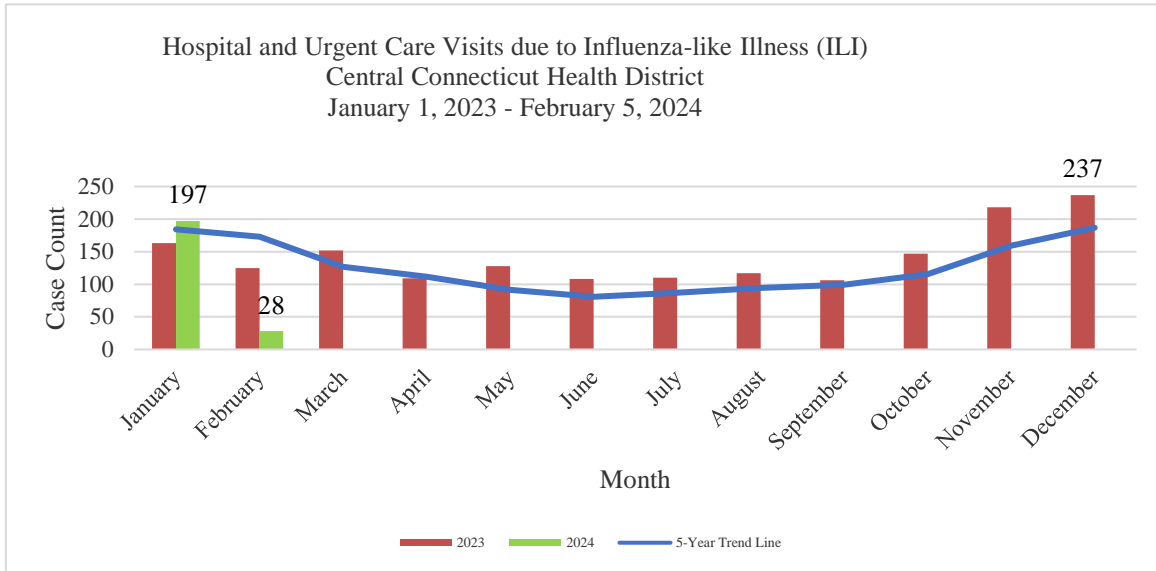


For more information on wastewater surveillance please visit : <https://www.cdc.gov/nwss/rv/COVID19-nationaltrend.html>

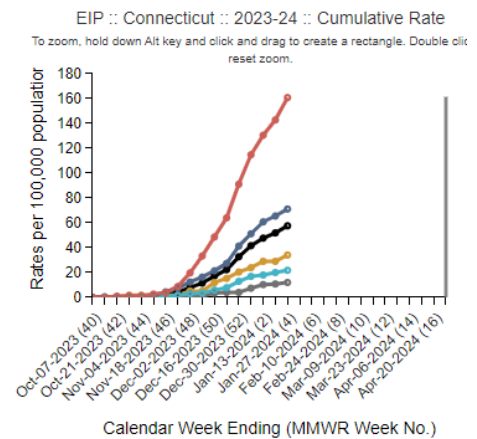
In the Northeast, the predominant variant sequenced in reported laboratory-confirmed cases is JN.1 (91.8%). There is currently no evidence that JN.1 presents an increased risk to public health relative to other circulating variants (CDC).

INFLUENZA SURVEILLANCE

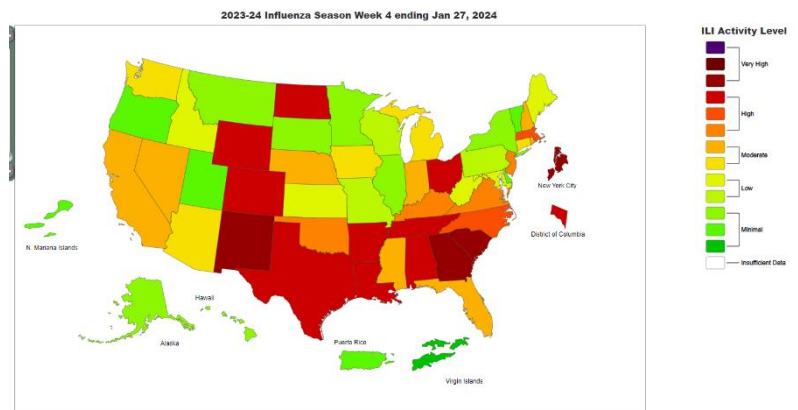
Data for Influenza-like Illness (ILI) is as of February 5, 2024 from EpiCenter. The graph below is the syndromic surveillance of hospital and urgent care visits due to ILI five-year average trend line (2018-2022) compared to this year and last year's cases. Other circulating respiratory viruses can present 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 (160.8 per 100,000 population) followed by those who are 50-64 years of age (71.1 per 100,000 population) and those who are 0-4 years of age (34.1 per 100,000 population). Overall 56.6 per 100,000 people in Connecticut have been hospitalized due to influenza. Data was last updated on January 27th. The figure to the right can be found at <https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>

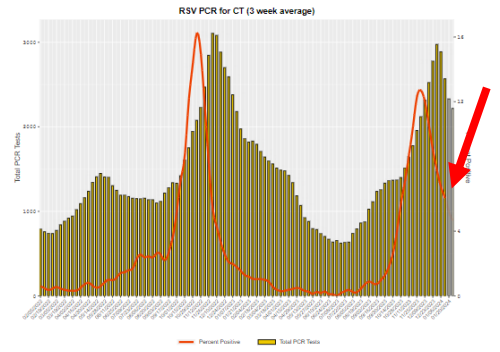
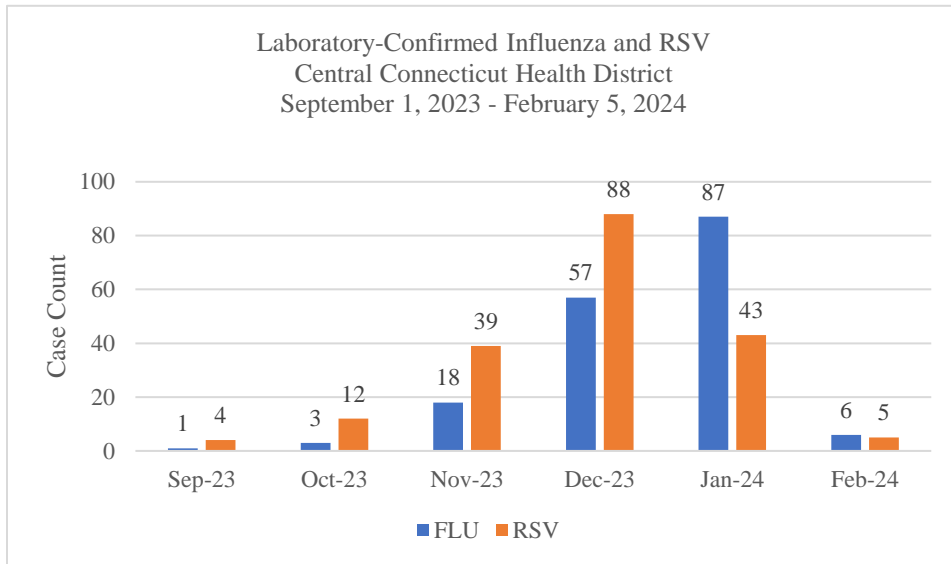


The CDC's FLUView Interactive Map <https://gis.cdc.gov/grasp/fluview/main.html> is a system that monitors visits for respiratory illness that includes fever plus a cough or sore throat (ILI), not laboratory-confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms. Connecticut's ILI Activity Level remains at the **MODERATE** level as of January 27th.



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 1st (see bar graph to the right).

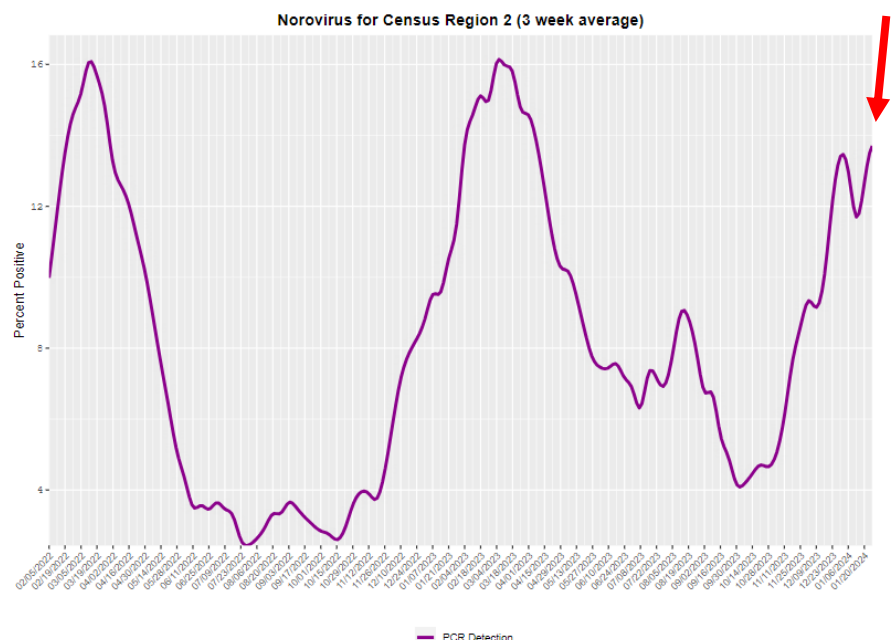


Our district was notified of 172 (+16) laboratory-confirmed of influenza (99% influenza type A), and 191 (+9) laboratory-confirmed cases of RSV in the CTEDSS database (see figure to the left) since September 1, 2023.

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 remains high in the Northeast (13.71%). The figure to the right illustrates the three week average percent positivity since February 5, 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.





About Norovirus:

Norovirus is spread when tiny particles of feces or vomit get into your mouth from an infected person. An infected person may spread norovirus on the food they prepare, utensils they touch or on surfaces or objects they touch. Droplets of an infected person's vomit can spray through the air and land on surfaces or enter another person's mouth. An infected person's diarrhea may spatter onto surfaces. It's important to wash hands thoroughly after using the bathroom and if you are infected with norovirus thoroughly clean surfaces with a chlorine bleach solution (5 to 25 tablespoons of household bleach per gallon of water) or use an EPA-registered disinfecting product against norovirus. Norovirus can survive on surfaces for two weeks.

Seasonal coronavirus CoVOC43 test positivity has increased slightly to 3.9% 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 1, 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.



OPIOID DATA

As of January 1, 2024, eighteen CCHD suspected overdoses were reported in our district, six of which reported a naloxone incident. Naloxone, also known as narcan, is used to help prevent someone who uses opioids from having a fatal overdose. Data was pulled from ODMAP, Overdose Detection Mapping Application Program.

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 (www.ccthd.org) or email Lisa Coakley, our Clinical Health Supervisor, at lcoakley@ccthd.org.

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:

- 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

Previously reported:

- 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 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>

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.