WEEKLY EPIDEMIOLOGIST REPORT March 25, 2024

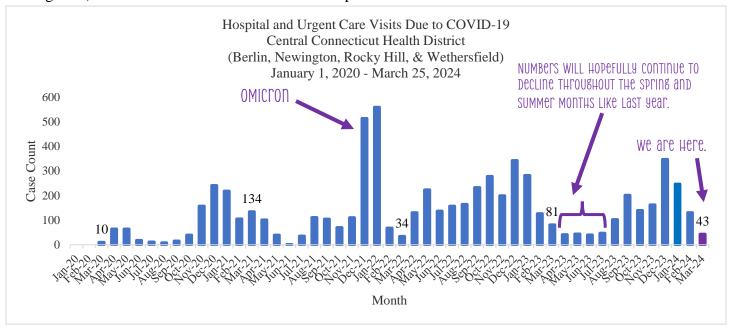


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RESPIRATORY VIRAL SEASON

COVID-19 SURVEILLANCE

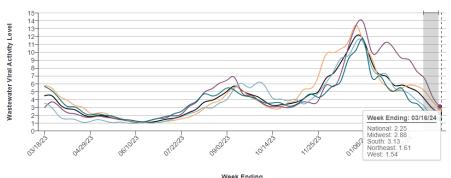
Data for COVID-19 is as of March 25, 2024 from EpiCenter. The bar graph below illustrates the syndromic surveillance of hospital and urgent care visits due to COVID-19 (those experiencing symptoms with a COVID-19 diagnosis) in our district. Seventeen cases were reported between 3/19/24-3/25/24.



COVID-19 Wastewater Surveillance

As of March 21, 2024, the nationwide wastewater viral activity level for COVID-19 remains at a low level of 2.25 (-.56 from previous reporting period) (see the black line in the figure to the right). The Northeast remains

low (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.



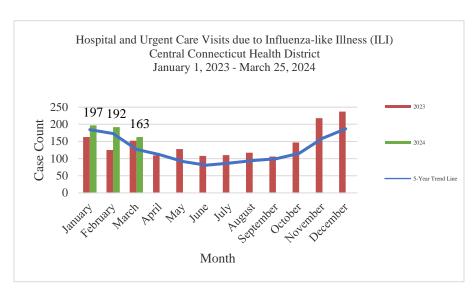
For more information on

wastewater surveillance please visit: https://www.cdc.gov/nwss/rv/COVID19-nationaltrend.html

Nationally and in the Northeast, the predominant variant sequenced in wastewater is JN.1. 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 March 25, 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-seven cases of ILI were reported during the week of 3/19/24-3/25/24.



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 LOW level as of March 16, 2024.

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Avian influenza A(H5N1) continues to circulate nationally and globally. The virus is primarily found in wild birds, but it often spills over into commercial flocks and mammals. Spring is usually peak season for this virus. If you have backyard poultry, be sure to take the proper precautions to prevent them from getting and potentially spreading H5N1:

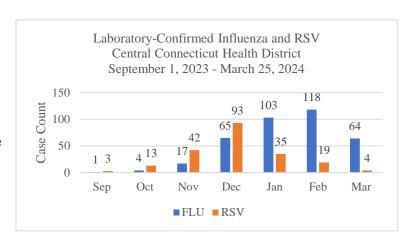
- Always buy new poultry from a National Poultry Improvement Plan (NPIP)-certified flock. Buyers should request a NPIP number from sellers.
- Purchasing day-old chicks is a less risky way to start your flock than bringing home older birds.
- Always wash your hands with soap and water before and after handling your flock.
- Keep your birds secure and protected from predators, including preventing contact with wild birds and rodents.
- Keep coops, tools, and equipment clean and disinfect regularly.
- Have dedicated outerwear and boot covers or boots when working with your flock. Remember to clean and disinfect them regularly.
- Look for signs of illness and report sick birds immediately.

For more information on protecting your fine feathered friends from avian influenza, please visit: https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/animal-disease-information/avian/defend-the-flock-program/dtf-resources/dtf-resources



RESPIRATORY SYNCYTIAL VIRUS (RSV)

Nationally RSV positivity continues on the downward trend, as well as in the state of Connecticut according to the NRVESS. The district was notified of 372 (+25) laboratory-confirmed of influenza (91% type A, 7% type B, and 2% unknown), and 209 laboratory-confirmed cases of RSV (+1) in the CTEDSS database (see figure to the right) since September 1, 2023. Typically in the Spring, we tend to see a drop off in the type A flu, and an increase in type B. CCHD is noticing an increase in the number of laboratory-confirmed cases that are influenza type B.



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

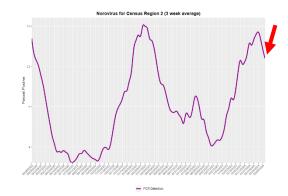
respiratory and enteric virus surveillance data to the CDC. Data from NREVSS was updated March 21, 2024.

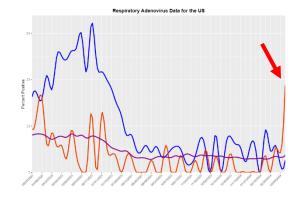
Norovirus test positivity took a little dip in the Northeast down to 12.8%. The figure to the right illustrates the three week average percent positivity since March 26, 2022. Norovirus is the leading cause of vomiting and diarrhea, and foodborne illness in the United States.

Nationally, HPIV 3 viral isolation positivity has dropped significantly, however, PCR detection is on the rise. HPIV 3 is more often associated with bronchiolitis, bronchitis, and pneumonia. HPIV is spread by direct contact with infectious droplets or by airborn spread when an infected person breathers, coughs, or sneezes. HPIV usually survive a few hours on surfaces depending on environmental conditions.

Nationally, adenovirus virus isolation has increased to 18.7%.

Adenoviruses most commonly cause respiratory illness. The illnesses can range from the common cold to pneumonia, croup, and bronchitis. Depending on the type, adenoviruses can cause other illnesses such as gastroenteritis, conjunctivitis, cystitis, and, less commonly, neurological disease.





Seasonal coronaviruses have decreased overall and test positivity remains under 3%. Rotavirus and human metapneumovirus detection data appear to show no concerning increases.

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,
- Frequently clean and disinfect high touch surfaces,
- Eat healthy, well-balanced meals, and
- Stay hydrated.

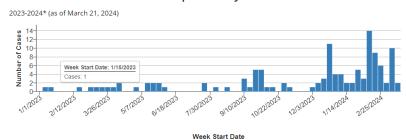
As of March 21, 2024, a total of 64 (6

more since last reporting period) measles

cases were reported in 17 States: Arizona, California, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York City, Ohio, Pennsylvania, Virginia, and Washington since January 1, 2024.

MEASLES

Number of measles cases reported by week



Measles is a highly contagious virus that

can lead to serious health complications. Measles is a vaccine preventable disease. If you are unsure of your vaccination status, contact your doctor or go to the State of Connecticut's Immunization Information System to access your vaccine records at www.ctwizpublicportal.dph.ct.gov. If you need help getting you or a family member up-to-date with vaccinations, please contact (860)785-8380 x 216. For more information on measles please visit: https://www.cdc.gov/measles/index.html

TICK-BORNE DISEASES

Spring has sprung and it's time to enjoy the beautiful weather coming our way outdoors while staying protected from tick-borne diseases. Please visit https://www.ccthd.org/vectorbornedisease to find out how to prevent tick bites, how to properly remove a tick and how to submit it us for testing. The image to the right is of the black legged deer tick, the vector for Lyme Disease.



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:

- Trader Joes Nuts- 50% Less Sodium Roasted and Salted Whole Cashews by Wenders LLC due to potention contamination with Salmonella.
 - Salmonellosis can be serious and sometimes fatal in young children, frail or elderly people, and others with weakened immune systems. Healthy persons infected with Salmonella often experience fever, diarrhea (which may be bloody), nausea, vomiting and abdominal pain. In rare circumstances, infection with Salmonella can result in the organism getting into the bloodstream and producing more severe illnesses such as arterial infections (i.e., infected aneurysms), endocarditis and arthritis.



Previously reported:

- Ground Cinnamon Products by La Fiesta, SWAD, El Chilar, and Colonna due to elevated lead levels.
- Aji Mori Chillimami Sauce due to potential foodborne illness- Clostridium botulinum
- Roland Foods, LLC Tahini due to potential Salmonella contamination
- Enchiladas by Rico for for potential Listeria monocytogenes contamination
- Alipotect Raiz de Tejocote by Alipotec King and Brazil Seed Pute Natural Semilla de Brasil & Tejo Root, Raiz de Tejocte by H&Natural for poisonous yellow oleander

For more information on recalls due to food with undeclared allergens, drugs, or medical devices 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.