

WEEKLY EPIDEMIOLOGIST REPORT

March 4, 2024



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RESPIRATORY VIRAL SEASON

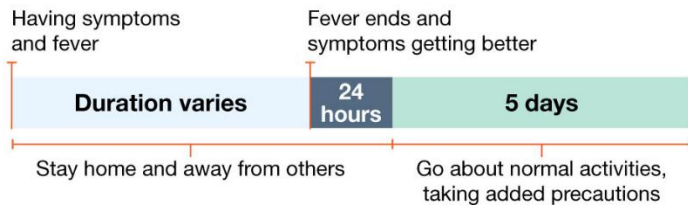
NEW COVID-19 GUIDANCE

Due to an increase in the population’s immunity acquired through infection with SARS-COV-2 and COVID-19 vaccination, in addition to a drastic and welcomed decrease in the number of hospitalizations and death, COVID-19 guidance has been updated for the general community (it does not include healthcare populations). COVID-19, RSV, and influenza have been bundled into “Respiratory Virus” guidance, which simply put, states: **if you are sick stay home**. It is recommended to return to normal activities when symptoms improve and fever free for 24 hours. There is no longer a 5-day *isolation* period. However, there is a recommended 5-day “precautions” which include activities such as masking, maintaining physical distance from others, or utilizing antigen testing to determine if you are no longer infectious. For more information please visit:

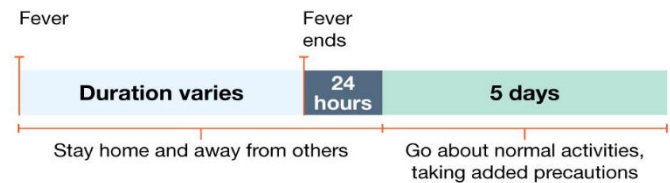
<https://www.cdc.gov/respiratory-viruses/index.html> and <https://www.cdc.gov/ncird/whats-new/updated-respiratory-virus-guidance.html>

Depending on a persons circumstance, here are a few examples from the CDC of what updated guidance could look like if you come down with a respiratory viral infection (COVID-19, RSV, influenza and more).

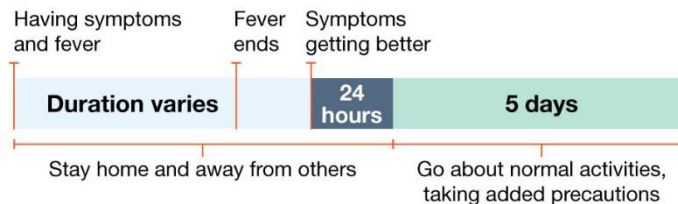
Example 1: Person with fever and symptoms.



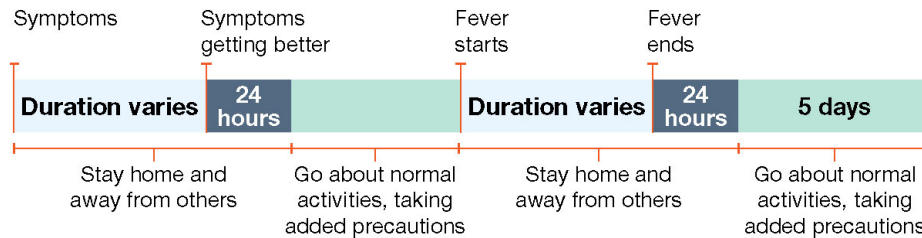
Example 2: Person with fever but no other symptoms.



Example 3: Person with fever and other symptoms, fever ends but other symptoms take longer to improve.

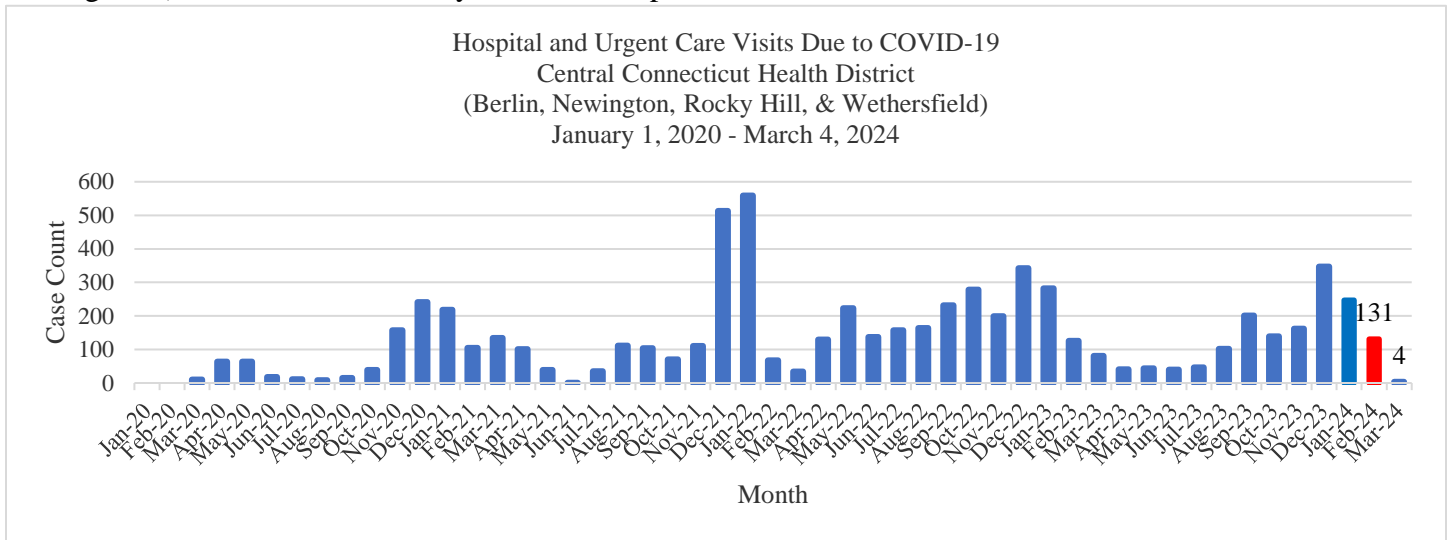


Example 4: Person gets better and then gets a fever.



COVID-19 SURVEILLANCE

Data for COVID-19 is as of March 4, 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. Twenty cases were reported between 2/27/24-3/4/24.

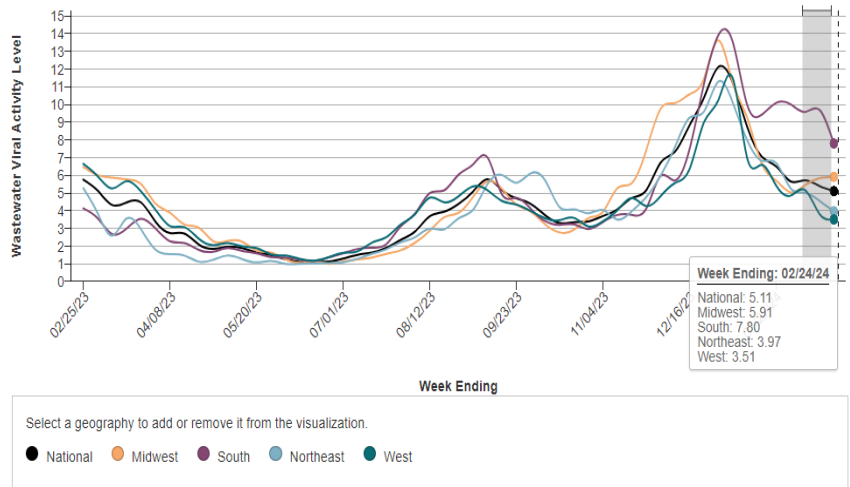


COVID-19 Wastewater Surveillance

As of February 24, 2024, the nationwide wastewater viral activity level for COVID-19 is currently **high** at a level of 5.11 (+.5 from previous reporting period) (see the black line in the figure to the right). Good news, the Northeast Region has moved to a moderate level of 3.93 (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.

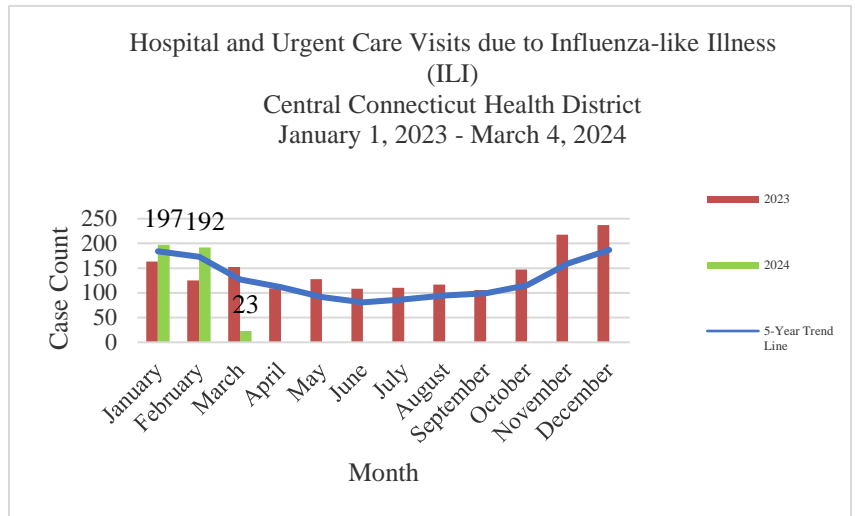
For more information on wastewater surveillance please visit : <https://www.cdc.gov/nwss/rv/COVID19-nationaltrend.html>

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).

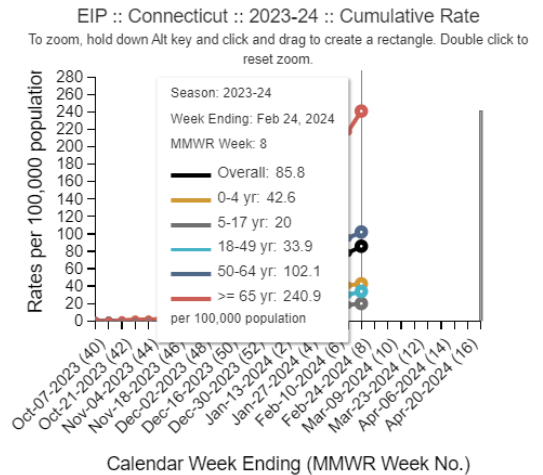


INFLUENZA SURVEILLANCE

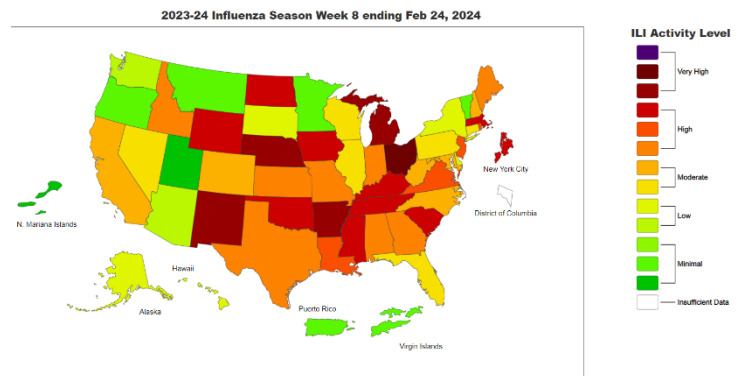
Data for Influenza-like Illness (ILI) is as of March 4, 2024 from EpiCenter. The graph below is the syndromic surveillance of hospital and urgent care visits due to ILI five-year average trend line (2018-2022) compared to this year and last year's cases. Other circulating respiratory viruses can present as influenza-like illness. ILI is defined as having a fever and a cough or sore throat. Fifty-eight (+15 more than last week) cases of ILI were reported during the week of 2/27/24-3/4/24.



In Connecticut, the majority of those hospitalized with laboratory-confirmed influenza are those who are 65 years of age or older (red line) followed by those who are 50-64 years of age (blue line) and those who are 0-4 years of age (yellow line). Overall 85.8 per 100,000 people in Connecticut have been hospitalized due to influenza (black line). Data was last updated on February 24^h. The figure to the right can be found at <https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>

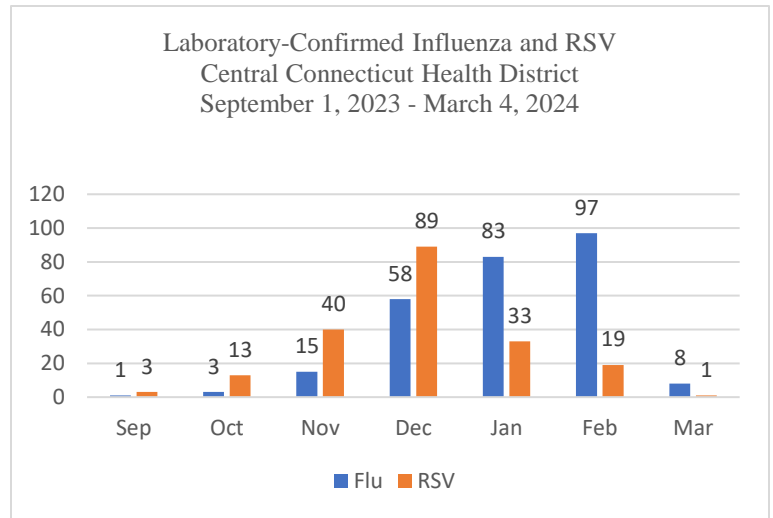


The CDC's FLUView Interactive Map <https://gis.cdc.gov/grasp/fluview/main.html> is a system that monitors visits for respiratory illness that includes fever plus a cough or sore throat (ILI), not laboratory-confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms. Connecticut's ILI Activity Level remains at the MODERATE level as of February 24th.



RESPIRATORY SYNCYTIAL VIRUS (RSV)

Nationally RSV positivity is on the downward trend, as well as in the state of Connecticut according to the NRVSS. The district was notified of 265 (+27) laboratory-confirmed of influenza (96% type A, 2% type B, and 2% unknown), and 198 laboratory-confirmed cases of RSV (+6) in the CTEDSS database (see figure to the left) since September 1, 2023.

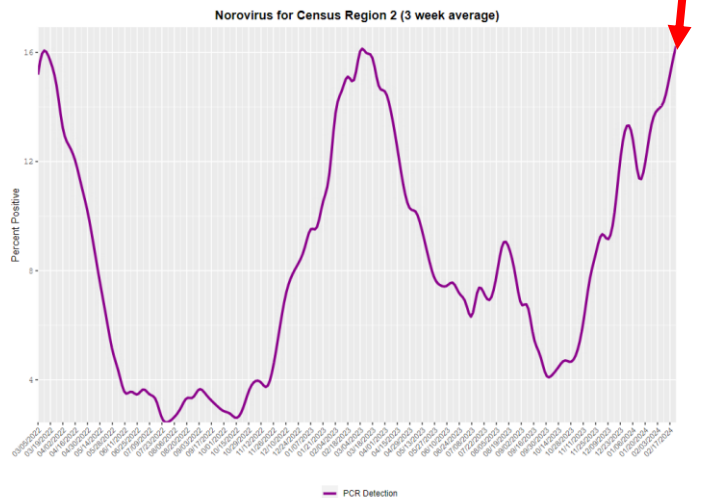


NATIONAL RESPIRATORY & ENTERIC VIRUS SURVEILLANCE SYSTEM (NREVSS)

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 17, 2024.

Norovirus test positivity bumped up in the Northeast to 16.2%.

The figure to the right illustrates the three week average percent positivity since March 4, 2022. 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. Norovirus can survive on surfaces for up to two weeks. The district has also seen increase in gastrointestinal outbreaks associated with norovirus in the community.



Adenovirus antigen test positivity for the US has decreased from 8.1% to 4.6%. Seasonal coronavirus CoVOC43 test positivity has decreased to slightly to 3.1% while CoVHku1, CoVNL63 and CoV229E remain below 2.5%. HPIV, rotavirus and human metapneumovirus detection data appear to show no concerning increases; all test positivity data as of February 24, 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.

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:

- Roland Foods, LLC Tahini due to potential Salmonella contamination

Previously reported:

- 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
- Raw Cheddar Cheese by Raw Farm LLC for potential contamination with E. Coli 0157:H7
- Cheese, yogurt, and sour cream by Rizo Brothers California Creamery expanded recall for potential *Listeria monocytogenes* contamination
- 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.

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.