Weekly Epidemiologist Report

February 25, 2025

Central Connecticut Health District

Prepared By

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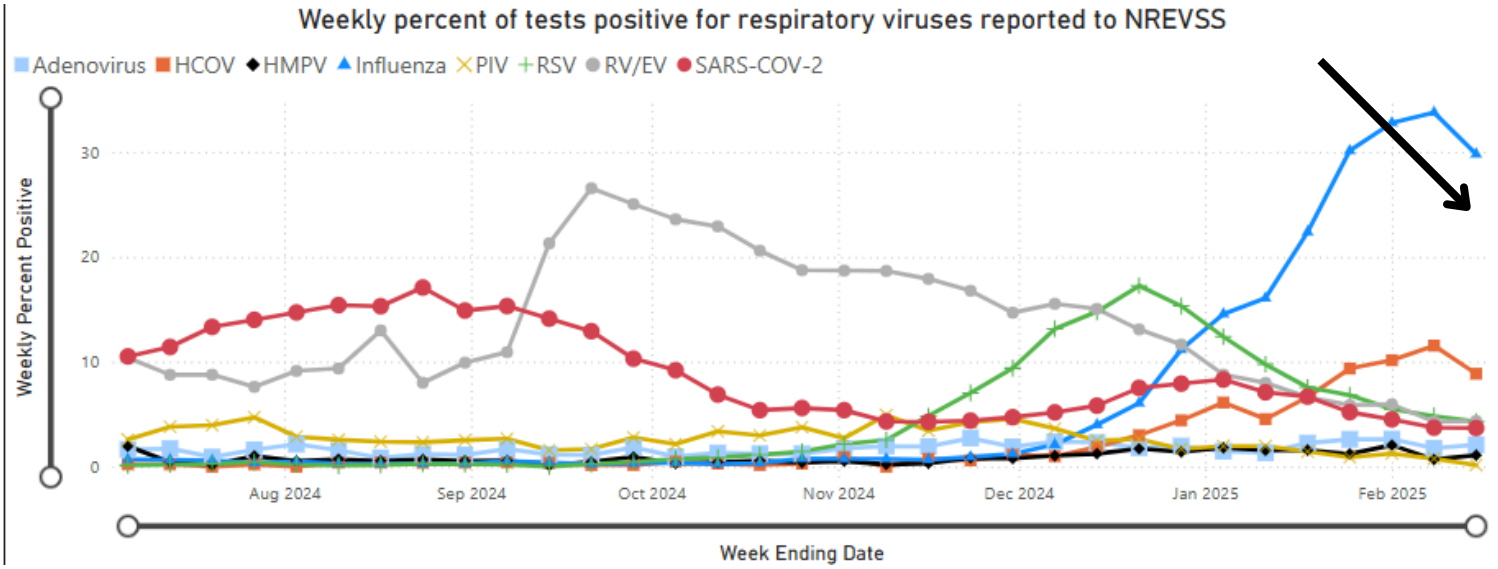
Epidemiologist, CCHD

RESPIRATORY & ENTERIC DISEASE SURVEILLANCE

National Respiratory & Enteric Virus Surveillance System

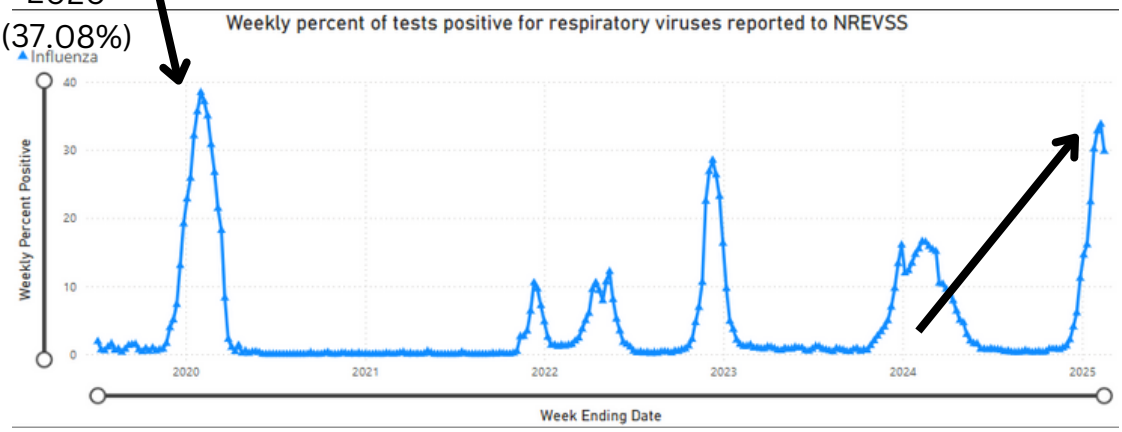
The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic circulation patterns (patterns occurring in time and place) of respiratory syncytial virus (RSV), human parainfluenza viruses (PIV), human metapneumovirus (HMPV), respiratory adenoviruses, human coronavirus (HCOV), Rhinovirus/Enterovirus (RV/EV), and enteric viruses: rotavirus, and norovirus. Participating laboratories report the total weekly aggregate tests performed to detect these viruses, and the weekly aggregate positive tests to the CDC; Bridgeport Hospital and Yale New Haven Hospital are the only contributing hospitals in Connecticut. They also report the specimen type, location, and week of collection. NREVSS allows for timely analysis of data to monitor viral seasons and circulation patterns. Data from NREVSS was updated February 14, 2025 for Region 1, which includes the States of Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire and Maine.

RSV continues to decrease, while SARS-CoV-2 test positivity has remained steady. Influenza test positivity (29.79%) is finally on decline; however, it remains the dominant respiratory virus detected at this time (blue line).



The figure to the right illustrates the weekly percent of tests positive for influenza since 2019 in Region 1. Influenza test positivity is higher than the past four years. It looks like we will not be surpassing the 2019-2020 test positivity! All data points look like we are finally seeing some reprieve this season.

February 2020 (37.08%)

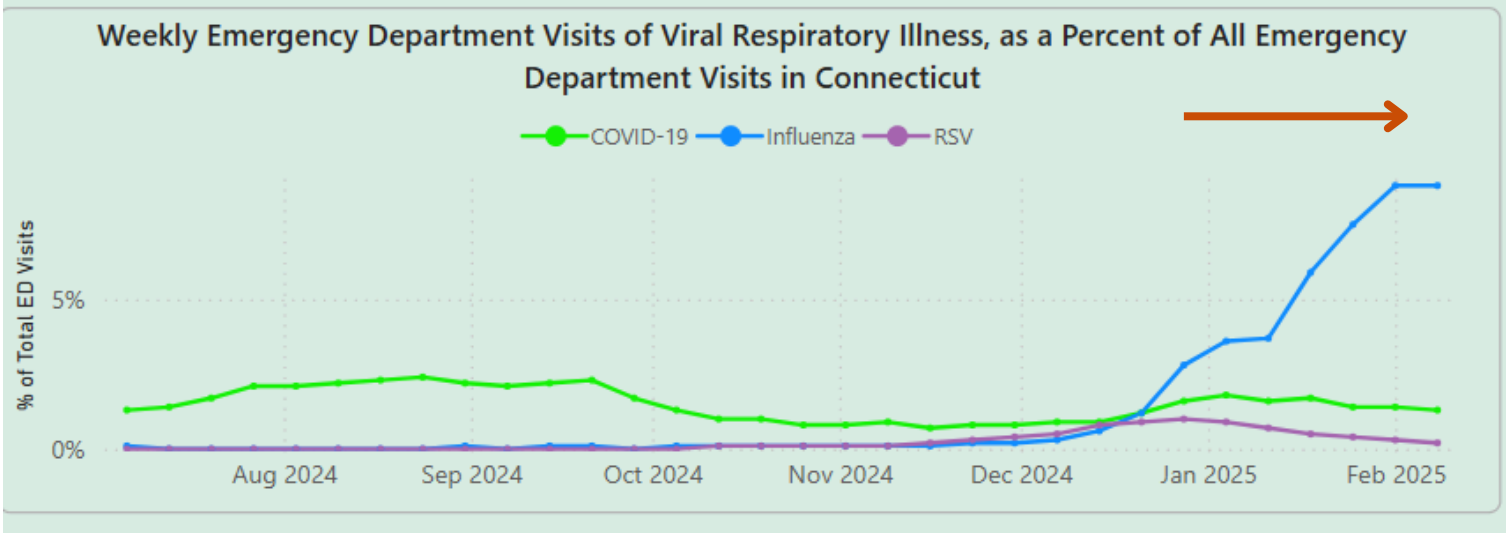


February 2025 (34.42%)

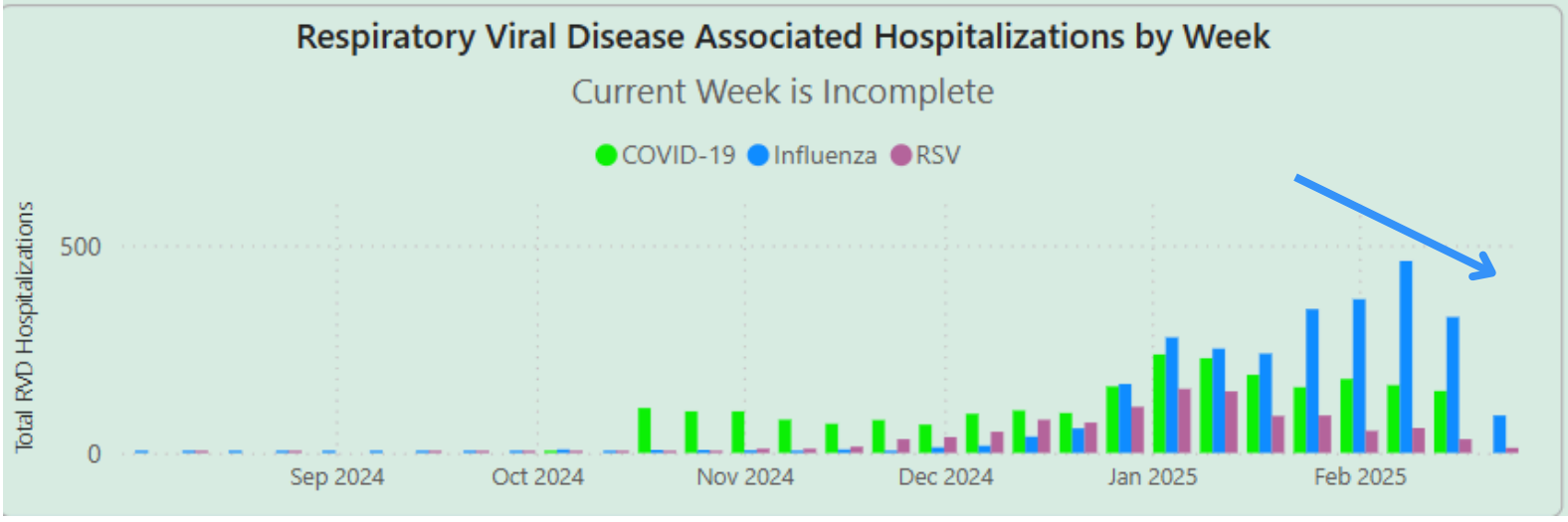
CONNECTICUT RESPIRATORY DISEASE SURVEILLANCE

Connecticut Viral Respiratory Dashboard

As of February 22, 2025 the CT Viral Respiratory Dashboard has reported 31,923 (+547) COVID-19 cases and 268 (0) COVID-19 deaths, 28,750 (+3,319) influenza cases and 72 (0) influenza deaths, and 9,588 (+267) RSV cases since August 3, 2024. The following figure illustrates the number of **emergency department visits** due to respiratory viral illness.



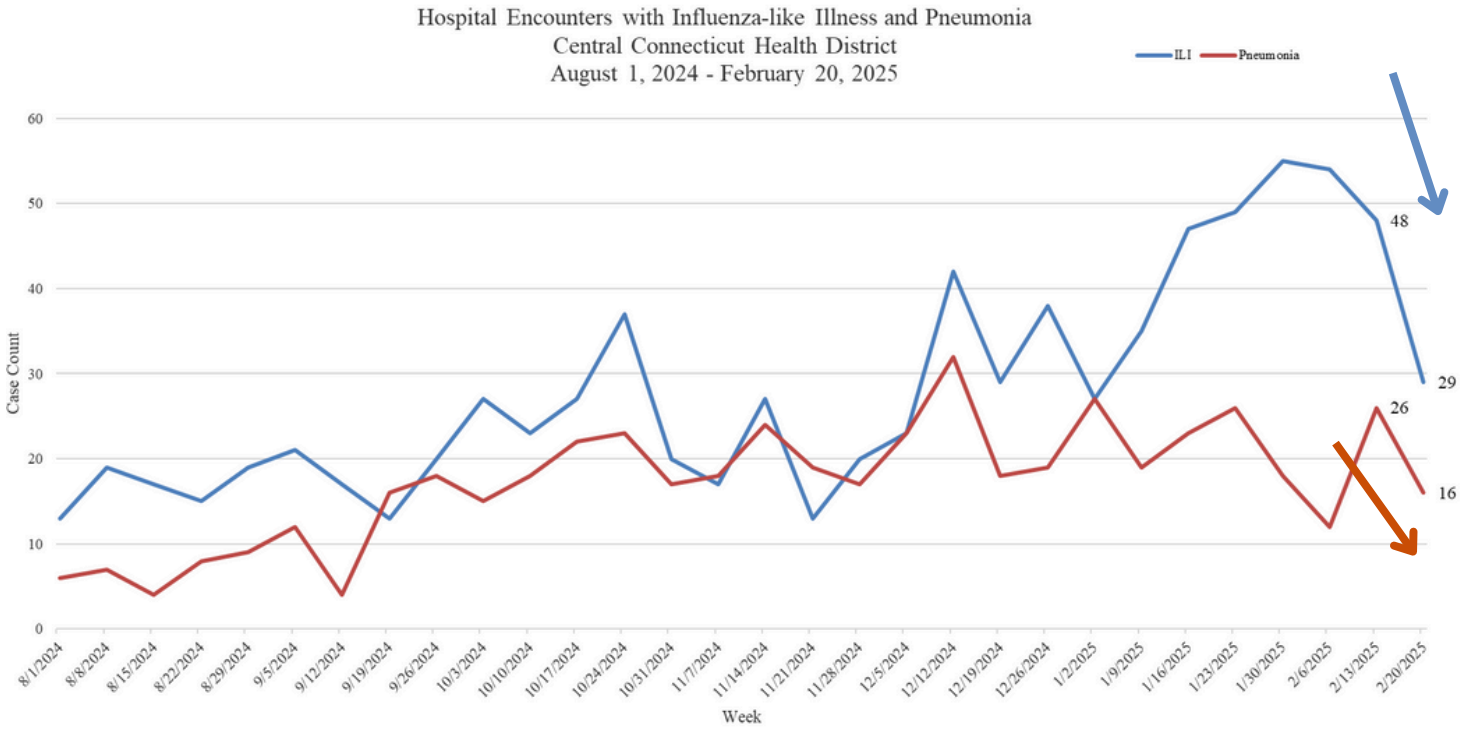
The figure below illustrates the number of hospitalizations due to COVID-19, flu, and RSV. It appears Influenza (blue) remains the main virus associated with hospitalization, followed by COVID-19. Influenza rates, hospitalizations, and emergency department visits all appear to be on the decline. All data is preliminary and routinely updated.



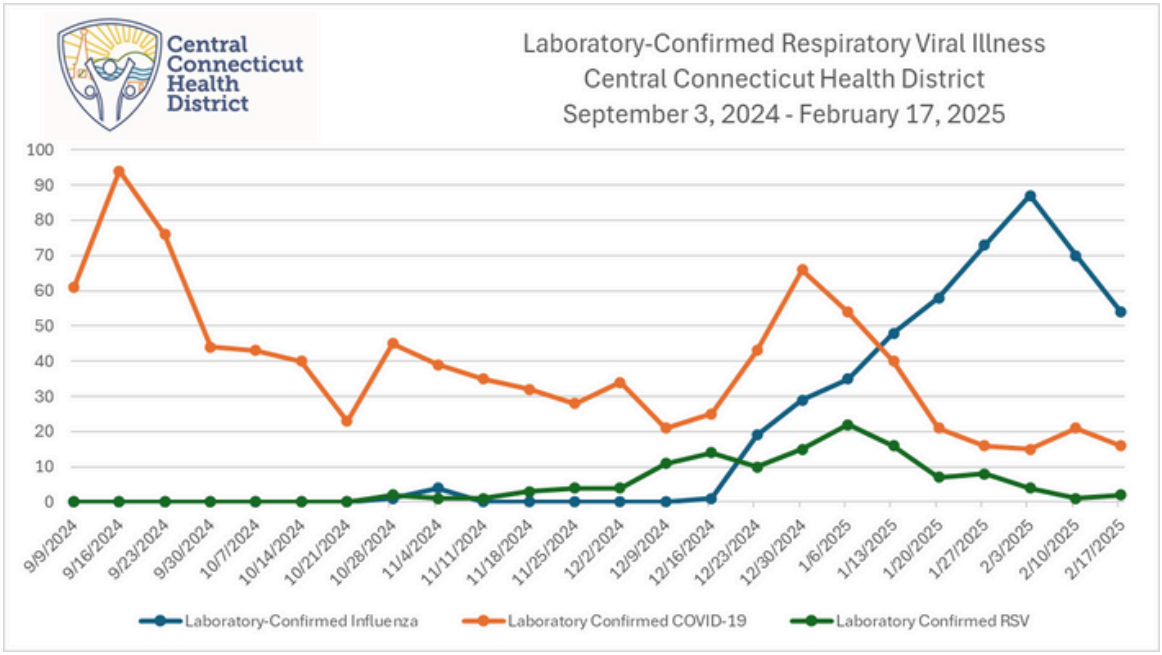
RESPIRATORY DISEASE SURVEILLANCE

Influenza-like Illness (ILI) Surveillance

Data presented in this section is sourced from EpiCenter Syndromic Surveillance. The graph below depicts the number of hospital encounters of residents in CCHD related to influenza-like illness (ILI), which includes symptoms such as cough, sore throat, and fever. It appears that both ILI and pneumonia are trending downward.



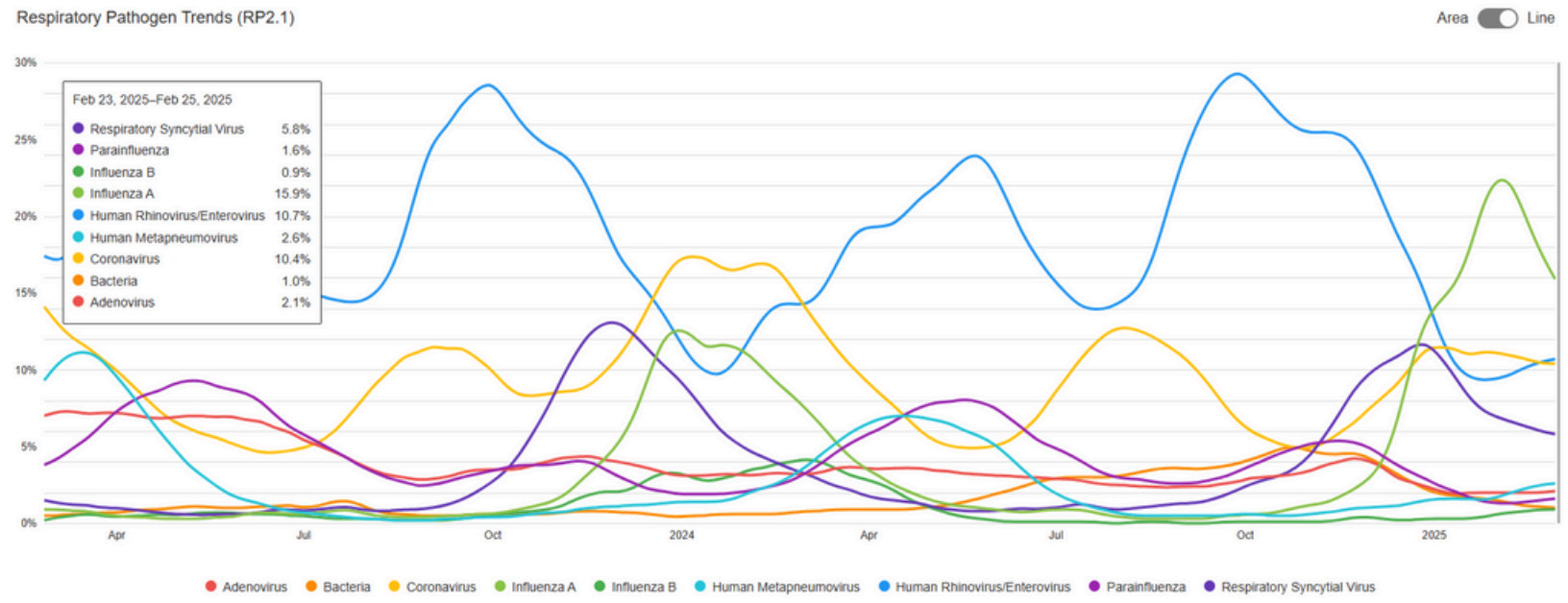
The figure to the right displays the confirmed laboratory cases of COVID-19, Influenza, and RSV within our district. We are hoping this downward trend in laboratory-confirmed respiratory viruses will continue through the Spring.



RESPIRATORY DISEASE SURVEILLANCE

Syndromic Surveillance

SyndromicTrends.com is a dashboard for informing healthcare professionals and communities on pathogen activity in the United States. Hospitals and laboratories report aggregate BioFire pathogen-specific nucleic acid test results to BioFire Syndromic Trends. The figure on the right illustrates nucleic acid test positivity of respiratory pathogen trends as of February 25, 2025.



RSV (violet) shows a downward trend, while rhinovirus/enterovirus positivity remains stable and elevated. Common human coronaviruses are also elevated at 10.4%. Influenza A positivity has decreased to 15.9% and is currently the dominant respiratory pathogen detected by Biofire testing.

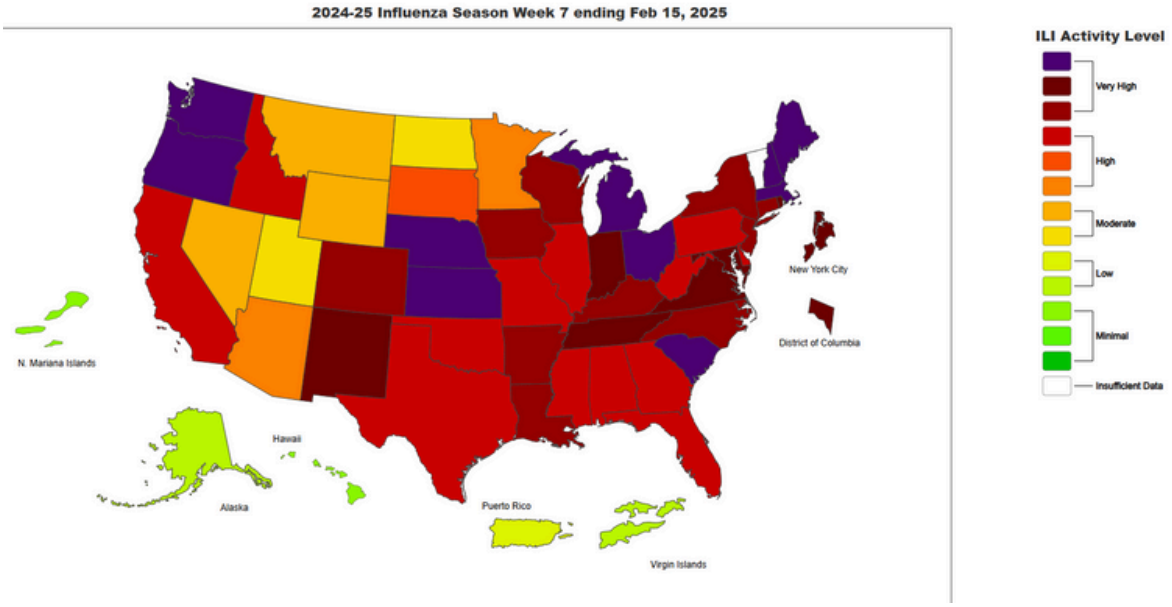
Respiratory pathogens to monitor include Human Metapneumovirus (HMPV) at 2.6% and Adenovirus at 2.1%. HMPV typically increases in spring, with symptoms like cough, fever, nasal congestion, and shortness of breath. It may lead to bronchitis or pneumonia, with an incubation period of 3 to 6 days and varying illness duration similar to other respiratory infections.

Adenoviruses can cause a wide range of signs and symptoms including cough, fever, sore throat, bronchitis, pneumonia, conjunctivitis, and/or inflammation of the stomach or intestines causing diarrhea, vomiting, nausea, and stomach pain.

RESPIRATORY DISEASE SURVEILLANCE

Influenza-like Illness (ILI) Surveillance

*CDC's Outpatient Respiratory Illness Activity Map is determined by data reported to ILINet. The ILI Activity remain in the **very high** activity level (red) in Connecticut.*

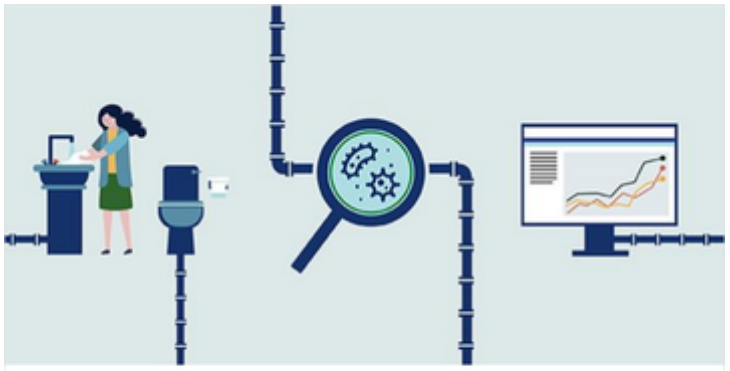


CDC National Wastewater Surveillance System

CDC's wastewater surveillance indicates a **high** level for COVID-19, and influenza while nucleic acid ratio for RSV has remains **low** for the February 9, 2025 - February 15, 2025 collection period. Currently, 10 wastewater sites in Connecticut are reporting to the CDC. Wastewater viral activity levels indicate infection risk and are categorized as follows:

- Up to 4 – Minimal
- 4 to 8 – Low
- 8 to 12 – Moderate
- 12 to 20 – High
- Over 20 – Very High
-

For data methods, click here.



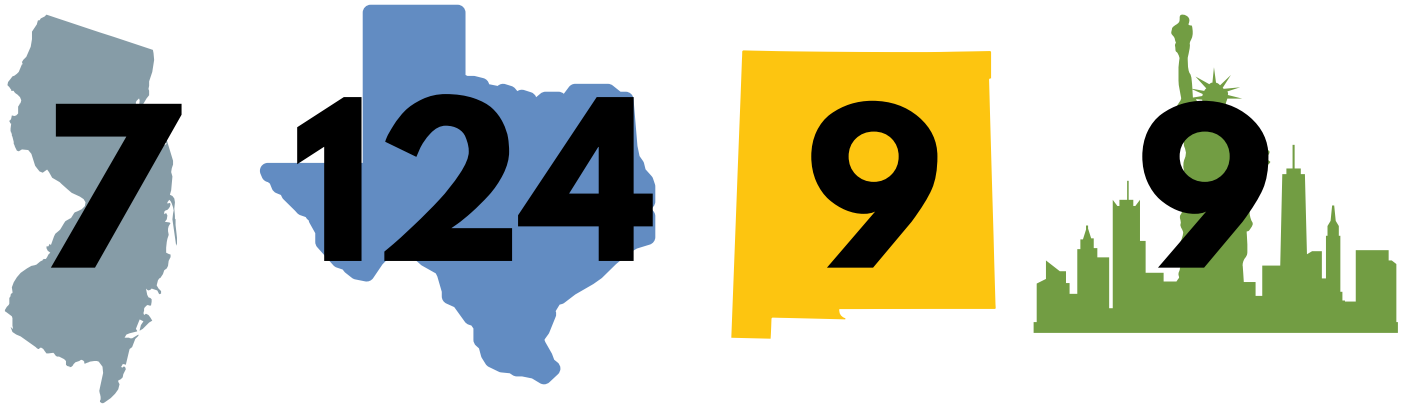
Wastewater monitoring has the ability to identify viruses circulating within a community sooner than clinical testing, often before individuals who are unwell seek medical attention. It can also reveal infections in those who may not exhibit symptoms. An increase in viral activity levels in wastewater may suggest a heightened risk of infection.

RESPIRATORY DISEASE SURVEILLANCE

Measles

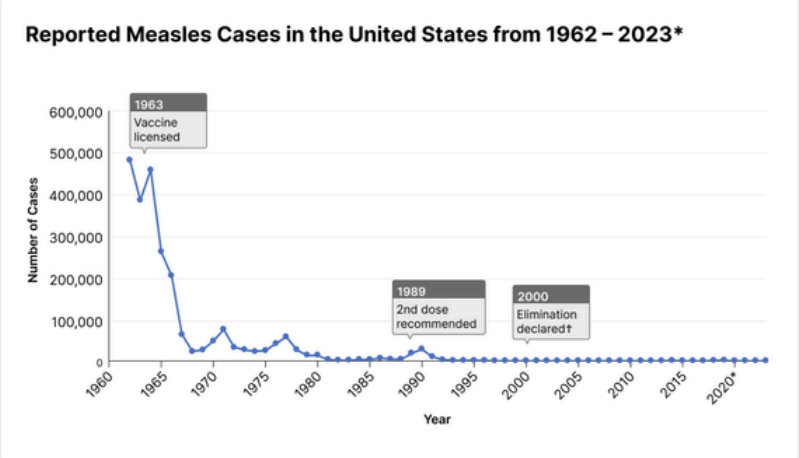
In 2025, there have been three outbreaks (defined as three or more related cases) reported, with 92% of cases (86 out of 93) linked to these outbreaks. Last year, 16 outbreaks were recorded in 2024, and 69% of cases (198 out of 285) were associated with those outbreaks. CDC

As of February 25, 2025, a total of 154 measles cases were reported by 9 jurisdictions: Alaska (1), California (1), Georgia (1), New Jersey (7), New Mexico (9), New York City (9), New York State (1), Rhode Island (1), and Texas (124).



Measles is an extremely contagious disease that can lead to severe complications. Symptoms typically appear 7 to 14 days after infection. Infants and young children are especially at risk. Click Measles for signs and symptoms.

The figure to the right shows the number of reported measles cases in the U.S. from 1962 to 2023. You can see a dramatic decline in cases following the introduction of the measles vaccine, demonstrating the power of vaccination in achieving herd immunity and protecting public health.



Remember:

- *Measles is highly contagious.*
- *Measles can live for up to 2 hours in an airspace after an infected person leaves an area.*
- *Call your doctor immediately if you think you or your child have been exposed.*

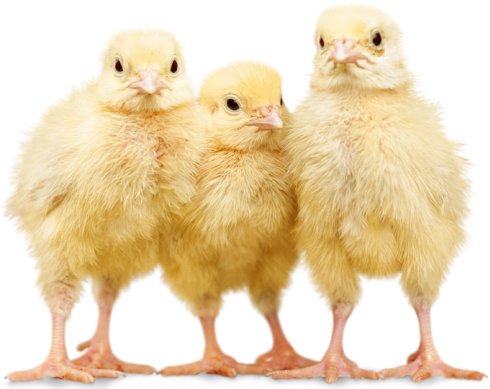
RESPIRATORY DISEASE SURVEILLANCE

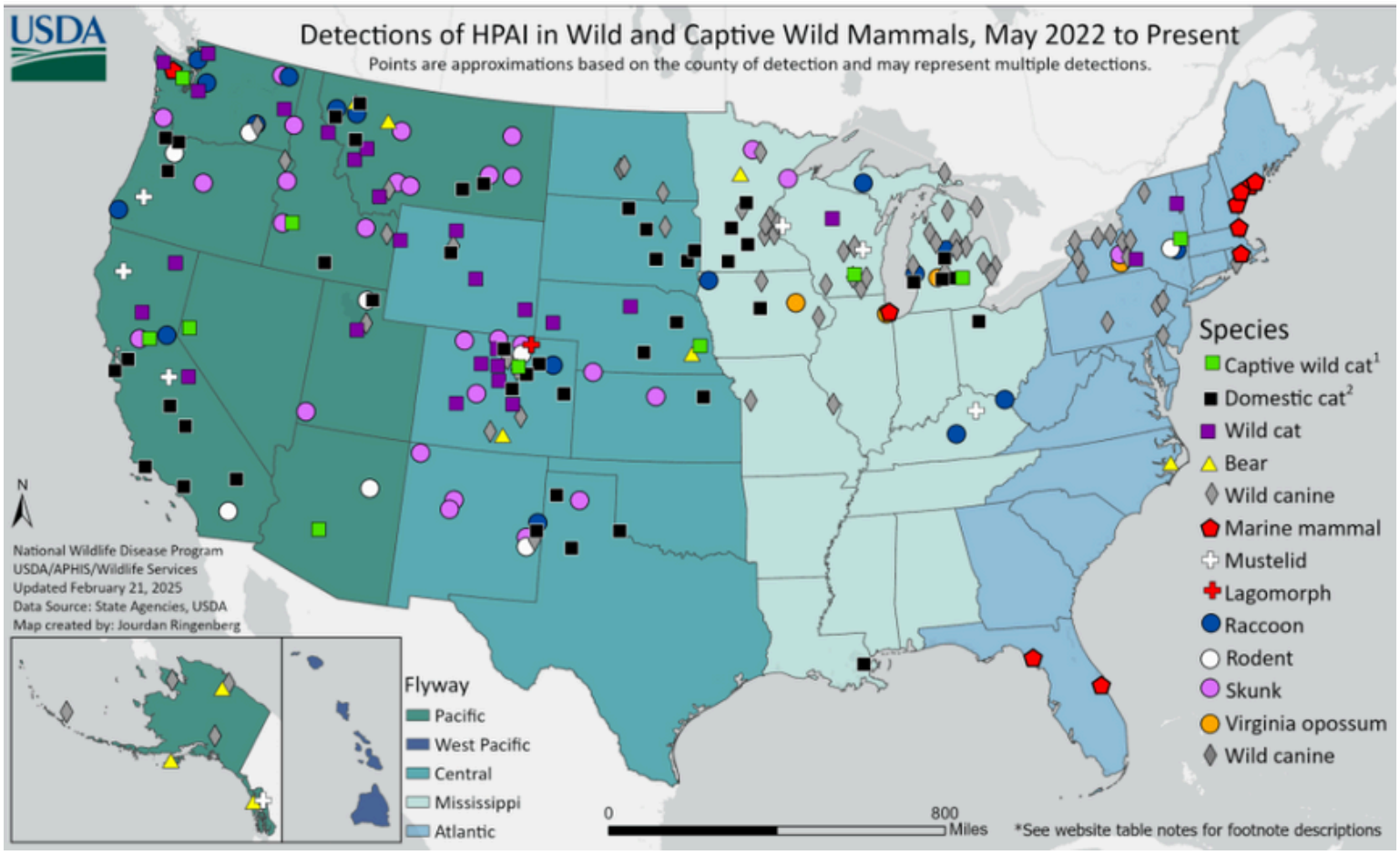
CDC HPAI Update:

The CDC's influenza surveillance systems show no indicators of unusual influenza activity in people, including avian influenza A(H5). While risk to HPAI is low among humans, there have been a total of **70** human cases in the United States, as of February 24th**.** The CDC has reported one death related to HPAI on **January 6, 2025** in Louisiana.

Detections in Animals since 2022:

- 12,064 wild birds detected as of 2/18/25
  - 51 jurisdictions with bird flu in wild birds
- 166,012, 718 poultry detected as of 2/24/25
  - 51 states with outbreaks in poultry
- 973 dairy herds detected as of 2/21/25
  - 16 states with outbreaks in dairy cows
- 89 Domestic cats as of 2/11/25 (see map below)





While the current public health risk is low, CDC is watching the situation carefully and working with states to monitor people with animal exposures.

Found a Dead Wild Bird? Here's What To Do Next

The United States is experiencing a widespread outbreak of highly pathogenic avian influenza (HPAI). HPAI has also been reported in **Connecticut** in both **wild bird** populations and in **backyard poultry**. This disease primarily kills domestic poultry, however it can also affect more than 50 species of wild birds.

What to Do If You Find Dead Birds:

- **Multiple Bird Deaths** *(more than 5 in one location or over several days)*
  - Complete the **Connecticut Department of Energy and Environmental Protection (CT DEEP) Reporting Form:**
  - www.cfwwildbirdmortalityreporting.ct.gov
  - Immediately contact the DEEP Wildlife Division at **860-424-3011**.
- **Single Wild Bird Deaths**
  - Individual deceased wild birds can also be reported using the **CT DEEP Reporting Form**.
  - These birds should be disposed of properly.

Disposing of Dead Wild Birds

- Wear disposable gloves to pick the deceased bird's body (carcass). If you do not have gloves, turn a plastic bag inside out and use it to pick up the carcass. Double bag the carcass and throw it away in your regular trash.
- Wash your hands thoroughly with soap and warm water for at least 20 seconds.

To report sick **domestic birds**, including unexplained high number of deaths, sudden drop in egg production, or sudden reduction in feed or water intake, contact the **Connecticut State Veterinarian** at **860-713-2505** or **ctstate.vet@ct.gov** or the **USDA** at **866-536-7593.**

Disinfecting Shoes and Clothing

Because HPAI spreads easily on contaminated surfaces, be sure to wash your clothing in hot water and disinfect your shoes after handling dead wild birds. To disinfect your shoes, use one of the methods below:

- Prepare a solution of **1 part bleach to 10 parts water** and submerge shoes in the solution for **10 minutes.** The mixed solution is good for 10 days.
- Spray your shoes with **benzalkonium chloride-based commercial disinfectant** and allow them to dry.
- Wash your hands after disinfecting shoes and clothing.

For More Information

To learn more about HPAI or view a list of affected States and bird species, go to aphis.usda.gov and search HPAI.

To learn more about HPAI and human health, go to cdc.gov/flu/avianflu.

*If **you** experience any influenza-like illness within ten days of handling sick or dead birds, you should **seek medical attention**.*

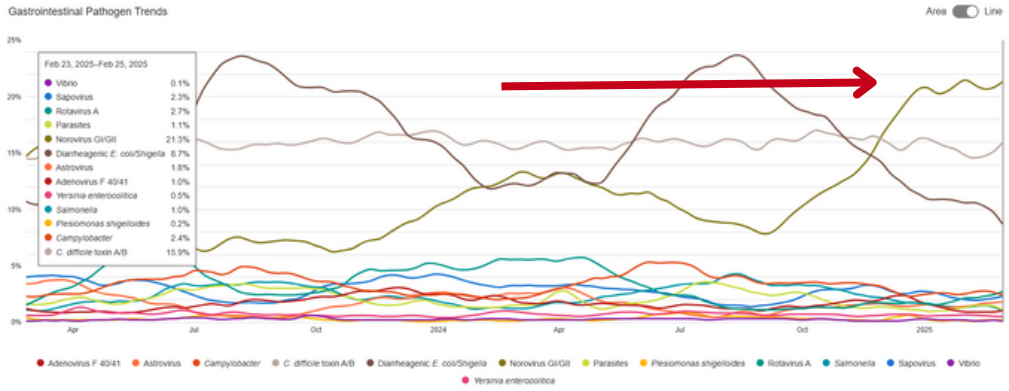
Learn more about stopping avian influenza:
aphis.usda.gov/animalhealth/defendtheflock

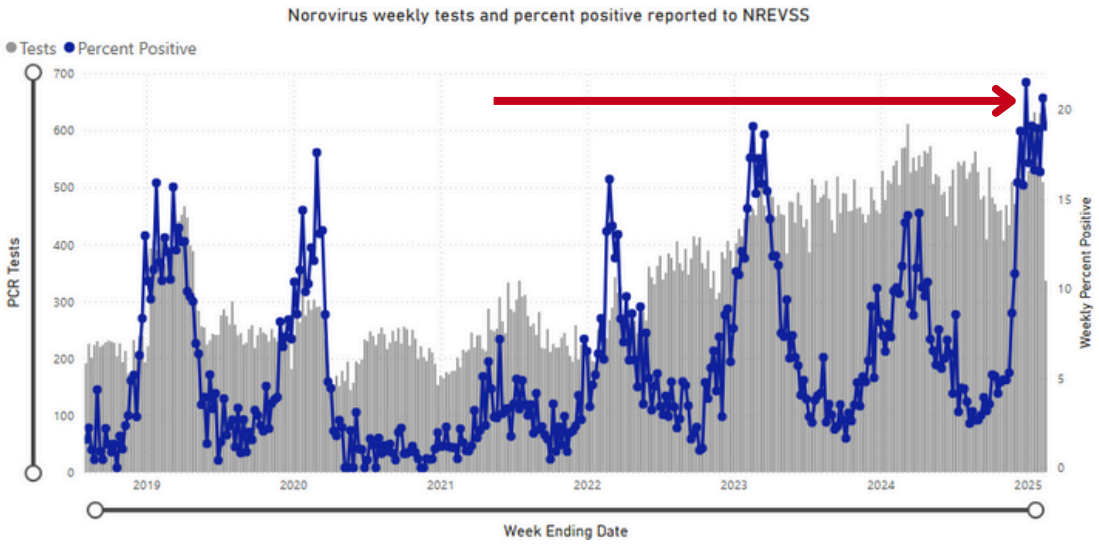
February 2025

NOROVIRUS

The Central Connecticut Health District continues to work with facilities and food service establishments to ensure protocols are in place to prevent an outbreak. Norovirus test positivity in Biofire Syndromic Trends remains elevated nationally, at 20.5% (see figure below).

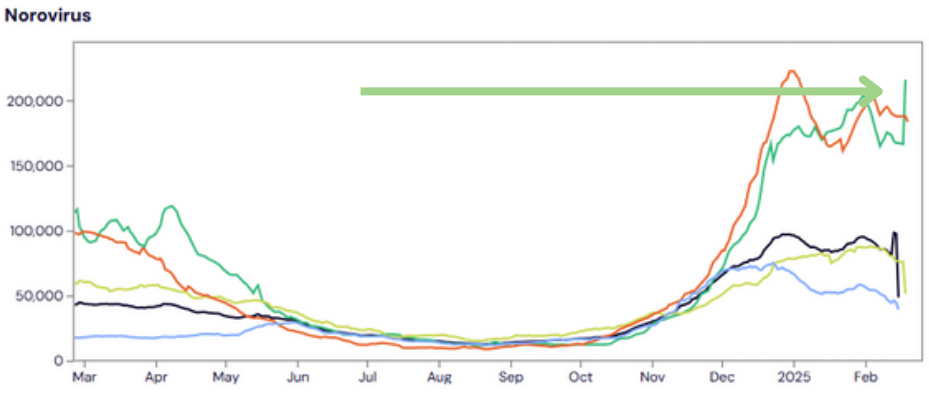
A person usually develops symptoms 12 to 48 hours after being exposed to norovirus. The most common symptoms of norovirus include diarrhea, vomiting, nausea, and stomach pain. Severe infection can lead to dehydration.





The figure to the left illustrates the test positivity of norovirus nationally since 2018. As you can see, norovirus test positivity is the highest its been in seven years and does not appear to be letting up anytime soon.

Wastewater Scan has participants from municipal treatment plants in the United States that serve >10,000 people, with some plants serving up to around 4 million people. Wastewater SCAN can provide a picture of infectious disease occurrence at a community population scale. The figure to the right, indicates data (green line) from the Northeast Region (CT, MA, ME, NH, NJ, NY, PA, RI, VT). As of February 25, 2025, norovirus is at a high concentration level.



PREVENTION

Norovirus Prevention

Norovirus is the primary cause of foodborne illness outbreaks in the United States, responsible for roughly half of all reported food-related illnesses. Most outbreaks occur when individuals who are ill handle or prepare food, or through food contaminated by tainted water. It only takes a tiny amount of virus to contaminate food and lead to illness. If you have any gastrointestinal symptoms, it's best not to prepare or handle food until 48 hours after your symptoms have resolved.

Noroviruses can survive on surfaces for up to two weeks; it's best to clean up after an illness using appropriate cleaners. See the following page for more information.

Clean-up and Disinfection for Norovirus ("Stomach Bug")

THESE DIRECTIONS SHOULD BE USED TO RESPOND TO ANY VOMITING OR DIARRHEA ACCIDENT

Note: Anything that has been in contact with vomit and diarrhea should be discarded or disinfected.

1 Clean up

a. **Remove vomit or diarrhea right away!**
   - Wearing protective clothing, such as disposable gloves, apron and/or mask, wipe up vomit or diarrhea with paper towels
   - Use kitty litter, baking soda or other absorbent material on carpets and upholstery to absorb liquid; do not vacuum material: pick up using paper towels
   - Dispose of paper towel/waste in a plastic trash bag or biohazard bag

b. **Use soapy water to wash surfaces that contacted vomit or diarrhea and all nearby high-touch surfaces, such as door knobs and toilet handles**

c. **Rinse thoroughly with plain water**

d. **Wipe dry with paper towels**

DON'T STOP HERE: GERMS CAN REMAIN ON SURFACES EVEN AFTER CLEANING!

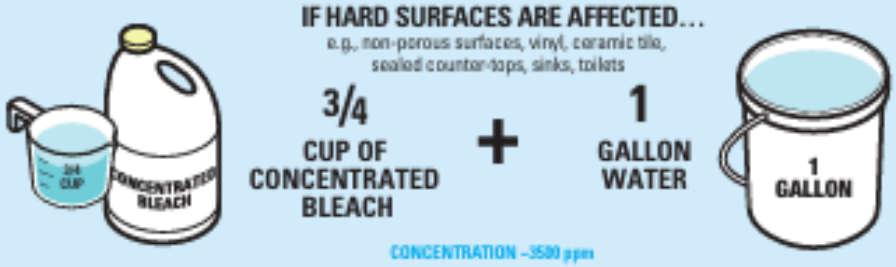
2 Disinfect surfaces by applying a chlorine bleach solution

Steam cleaning may be preferable for carpets and upholstery. Chlorine bleach could permanently stain these. Mixing directions are based on EPA-registered bleach product directions to be effective against norovirus.

For best results, consult label directions on the bleach product you are using.

a. **Prepare a chlorine bleach solution**

Make bleach solutions fresh daily; keep out of reach of children; never mix bleach solution with other cleaners.



b. **Leave surface wet for at least 5 minutes**

c. **Rinse all surfaces intended for food or mouth contact with plain water before use**

3 Wash your hands thoroughly with soap and water

Hand sanitizers may not be effective against norovirus.

Facts about Norovirus

Norovirus is the leading cause of outbreaks of diarrhea and vomiting in the US, and it spreads quickly.

Norovirus spreads by contact with an infected person or by touching a contaminated surface or eating contaminated food or drinking contaminated water. Norovirus particles can even float through the air and then settle on surfaces, spreading contamination.

Norovirus particles are extremely small and billions of them are in the stool and vomit of infected people.

Any vomit or diarrhea may contain norovirus and should be treated as though it does.

People can transfer norovirus to others for at least three days after being sick.

IF CLOTHING OR OTHER FABRICS ARE AFFECTED...

- Remove and wash all clothing or fabric that may have touched vomit or diarrhea
- Machine wash these items with detergent, hot water and **bleach** if recommended, choosing the longest wash cycle
- Machine dry

Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster.
For more information on norovirus prevention, please see http://www.cdc.gov/norovirus/preventing-infection.html.

co.somerset.nj.us/health | neha.org | waterandhealth.org | americanchemistry.com | cfour.org

RECALLS

Food & Beverages

The following foods have been recalled because they are contaminated with harmful pathogens or chemicals. Please check your cupboards and throw out any of these items:

New This Week:

- Ready Care Imperial Frozen Supplemental Shakes due to potential food-borne illness from *Listeria monocytogenes*

Previously Reported:

- CHOSIYA Canned Bamboo shoots due to *Clostridium botulinum* risk.
- Tri-Union Seafoods Select Genova®, Van Camp's®, H-E-B and Trader Joe's® Tuna Cans Due to *Clostridium botulinum* Risk

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

Central Connecticut Health District

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.

https://www.facebook.com/ccthd4/

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Questions? Comments? Concerns?
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www.ccthd.org