COVID-NET data were highlighted during the IDWeek 2020 virtual conference, *Chasing the Sun*. Dr. Anthony Fauci used COVID-NET data to show the disparity in COVID-19 associated hospitalization rates by racial and ethnic groups. And Dr. Aron Hall, from CDC, described how COVID-NET data have been used to help us understand the epidemiology of severe COVID-19 infections including the establishment of risk factors like age, race/ethnic group, underlying medical conditions like obesity, diabetes, and cardiovascular disease. These presentations and more can be accessed here: [https://bit.ly/32XkbWC](https://bit.ly/32XkbWC)

COVID-NET data are also being used by the Advisory Committee on Immunization Practices (ACIP) to make important decisions about target groups for future COVID-19 vaccines. ACIP meetings are open to the public. Slides from their August meeting, including COVID-NET data, are available here: [https://bit.ly/2I2VLE8](https://bit.ly/2I2VLE8)

The respiratory virus season is always difficult to predict, but 2020 has been a real surprise so far! The influenza season was remarkable because of the frequency of influenza B infections - one of the highest numbers of influenza B hospitalizations since EIP surveillance began in 2004. Then, in March, the influenza season was abruptly interrupted by the arrival of SARS-CoV-2. During April-June, COVID admissions totaled more than double the number of influenza admissions for the prior six months.

*Flu A/Flu B and COVID Associated Hospitalization Cases* in New Haven and Middlesex Counties by Month

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The Emerging Infections Program (EIP) is a cooperative agreement between CDC, state health departments and academic centers in 10 states across the US. At the Connecticut EIP, the Connecticut Department of Public Health partners with the Yale School of Public Health to assess the impact of emerging and re-emerging infections and to evaluate methods for their prevention and control.

Connecticut FluSurv-NET conducts enhanced surveillance for influenza cases in New Haven and Middlesex Counties. Nationally, FluSurv-NET data are used to estimate age-specific hospitalization rates on a weekly basis and describe characteristics of persons hospitalized with influenza illness. Likewise, RSV-NET data are used to measure the burden of severe illness and death caused by respiratory syncytial virus in patients of all ages. Using the existing infrastructure of FluSurv-NET and RSV-NET, COVID-NET was established to provide population-based hospitalization rates and clinical information on COVID-19-associated hospitalizations.

Thank you for all your effort and support throughout the year! We could not conduct surveillance for hospitalized cases without you. Please continue to report influenza and COVID-19 hospitalizations electronically through CTEDSS.

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Surveillance data from FluSurv-NET and COVID-NET are being used more than ever before! You can find our data on the CDC website, the Morbidity and Mortality Weekly Report, often called "the voice of the CDC", and in major news outlets like the New York Times. Two recent publications in the peer-reviewed literature are described below and more are in the pipeline.

**Annals of Internal Medicine**


https://doi.org/10.7326/M20-1509

FluSurv-NET data on adults hospitalized with influenza during eight seasons from 2010 to 2018 showed that, among more than 80,000 patients, nearly 12% experienced an acute cardiovascular event. The most common of these were acute heart failure (6.2%) and acute ischemic heart disease (5.7%). These data underscore the importance of influenza vaccination, especially in adults with pre-existing cardiovascular risk factors, as a potential means of averting increased morbidity and mortality.

**Clinical Infectious Diseases**


https://doi.org/10.1093/cid/ciaa1419

Analysis of COVID-NET data from adult hospitalizations with admission between March 1st and May 2nd, 2020, showed that risk factors for ICU admission included age (≥50 years), sex (male), obesity, immunosuppression, and diabetes. Aside from obesity, all of these were also risk factors for in-hospital mortality. In addition, renal, chronic lung, cardiovascular, and neurologic disorders were associated with mortality. When adjusting for age, sex, race, and ethnicity, number of underlying conditions (≥3) was significantly associated with both ICU admission and death.