

BRIDGEPORT, CT EPIDEMIOLOGY REPORT

Your update on communicable diseases and chronic conditions in the community.



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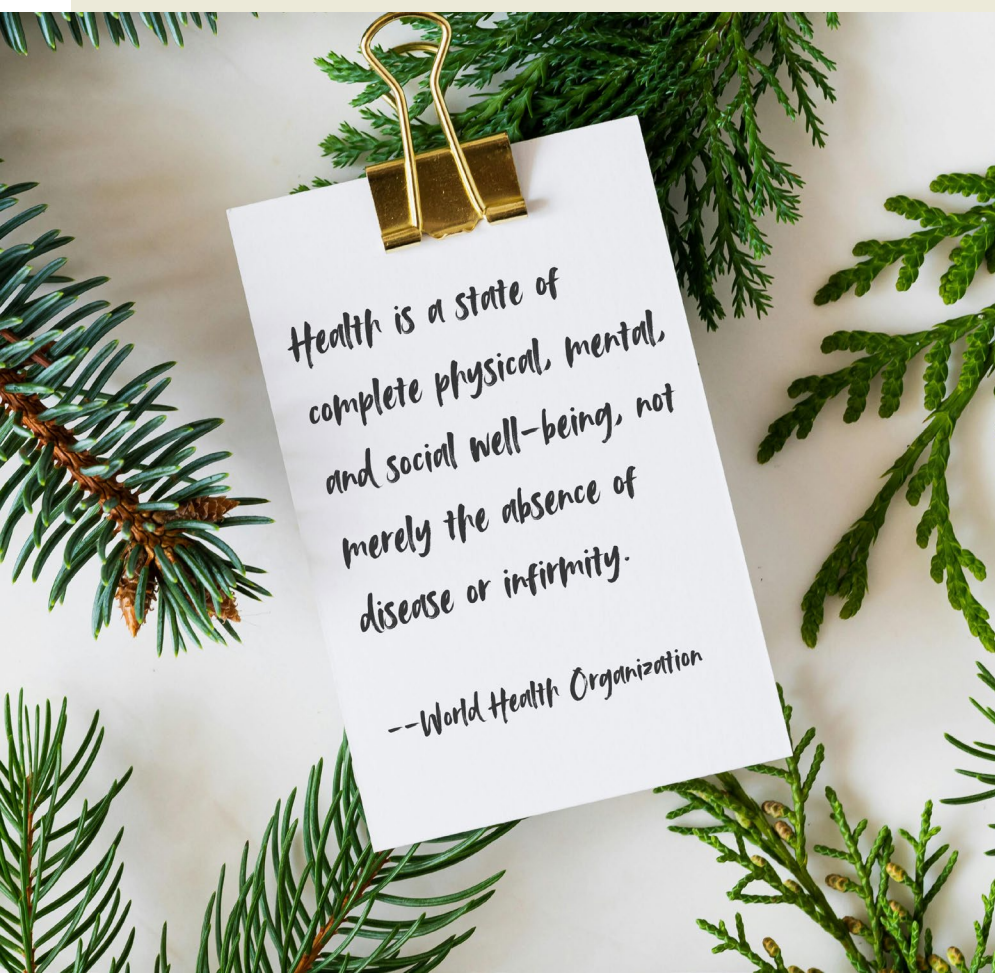
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*Health is a state of
complete physical, mental,
and social well-being, not
merely the absence of
disease or infirmity.*

--World Health Organization

HIGHLIGHTS

MEASLES

- As of February 5, 2026, 733 measles cases have been reported nationwide. After a major surge in 2025, weekly case counts remain elevated in early 2026, with recent peaks exceeding 250 cases in a single week and multistate spread, particularly in parts of the Southeast and West.
- Most cases are occurring among children and adolescents. In 2026, 85 percent of cases are among individuals under 20 years of age, and 95 percent of cases are among those who are unvaccinated or have unknown vaccination status.
- Severity indicators are lower so far in 2026 compared to 2025. Three percent of cases have resulted in hospitalization and no deaths have been reported to date, compared with an 11 percent hospitalization rate and three deaths in 2025.

INFLUENZA

- Influenza activity remains elevated nationally and locally, with widespread high to very high ILL levels across much of the South and central United States, and sustained transmission reflected in rising case counts, hospitalizations, and deaths through late January.
- In Bridgeport, recent weeks show a sharp mid-winter peak in cases followed by early signs of decline, with the greatest burden concentrated among young children and older adults, and geographic clustering across specific zip codes.
- Severe outcomes continue to disproportionately affect older adults, particularly those 65 years and older, who account for the majority of hospitalizations and influenza-associated deaths.

RSV

- RSV activity remains at peak winter levels in both Bridgeport and Connecticut, with statewide cases reaching 4,047 this season and weekly counts exceeding 400 at peak; pediatric incidence, particularly among children aged 0–5, has driven much of the surge.
- Hospitalizations have increased substantially, with 407 reported statewide this season; the highest burden is among adults aged 80+ (232 hospitalizations), followed by those aged 70–79 (125) and 60–69 (95), while children aged 0–9 account for 91 hospitalizations.
- RSV-associated deaths remain limited but present, with 2 deaths reported this season and 6 over the past year, primarily among adults aged 70 and older.

COVID-19

- COVID-19 activity in Bridgeport has shown clear seasonal surges, with peaks in both fall and winter months.
- Severe outcomes remain concentrated among older adults, with those aged 70+ accounting for the majority of hospitalizations and deaths; 119 of 90 reported COVID-19-associated deaths this season were among those aged 80+.

FDA RECALLS

- See table in report for details.

MEASLES

As of February 5, 2026, a total of 733 measles cases have been reported in the United States. While this is lower than the 2,276 cases reported during the full year of 2025, current trends suggest sustained transmission early in 2026. Weekly case counts increased sharply in late 2025 and remain elevated into early 2026, with a recent peak exceeding 250 cases in a single week. The yearly trend graph shows that 2025 marked one of the highest measles case totals in the past two decades, and 2026 is already tracking above most years since 2000.

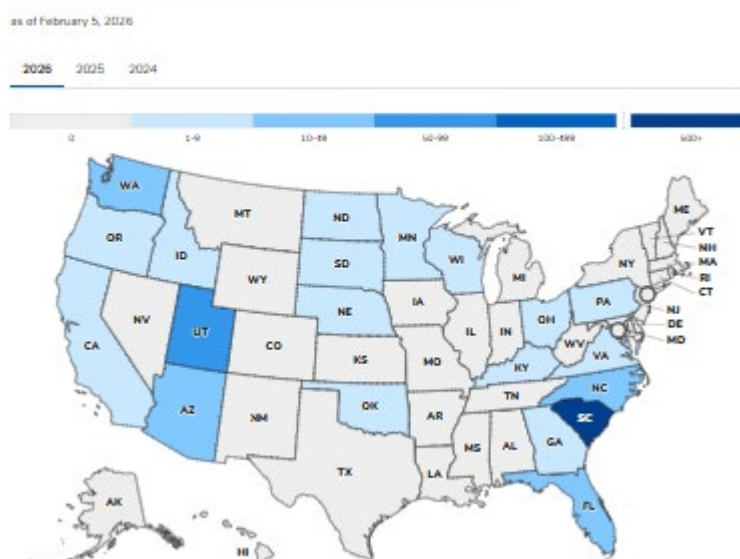
Geographically, cases are distributed across multiple states, with the highest concentrations in parts of the Southeast. South Carolina currently shows the largest case burden, with additional activity in North Carolina, Florida, and several Western states including Washington, Utah, Arizona, and California. Many states continue to report no cases, but the multistate distribution indicates ongoing regional spread rather than a single localized outbreak.

Children account for the majority of cases. In 2026 to date, 57 percent of cases have occurred among children aged 5 to 19 years, and 28 percent among children under 5 years. Adults aged 20 years and older account for 13 percent of cases. This pattern is similar to 2025, when nearly 70 percent of cases occurred among individuals under 20 years of age.

Vaccination status data highlight that most cases are occurring among individuals who are unvaccinated or whose vaccination status is unknown, representing 95 percent of cases in 2026. Only a small proportion of cases have been reported among individuals with one or two documented MMR doses. This distribution underscores the continued role of gaps in vaccination coverage in sustaining transmission.

Hospitalization rates in 2026 are currently lower than in 2025. Three percent of reported cases have required hospitalization so far this year, compared with 11 percent in 2025. Young children remain at increased risk for hospitalization, particularly those under 5 years of age. No deaths have been reported in 2026 to date, compared with three measles-related deaths in 2025.

Map of measles cases among U.S. residents



U.S. Cases

	2026 To date	2025 Full year
Total Cases	733	2276
Age		
Under 5 years	203 (28%)	581 (26%)
5-19 years	417 (57%)	1012 (44%)
20+ years	92 (13%)	670 (29%)
Age unknown	21 (3%)	13 (1%)
Vaccination Status		
Unvaccinated or Unknown	95%	93%
One MMR1 dose	2%	3%
Two MMR1 doses	4%	4%

U.S. Hospitalizations

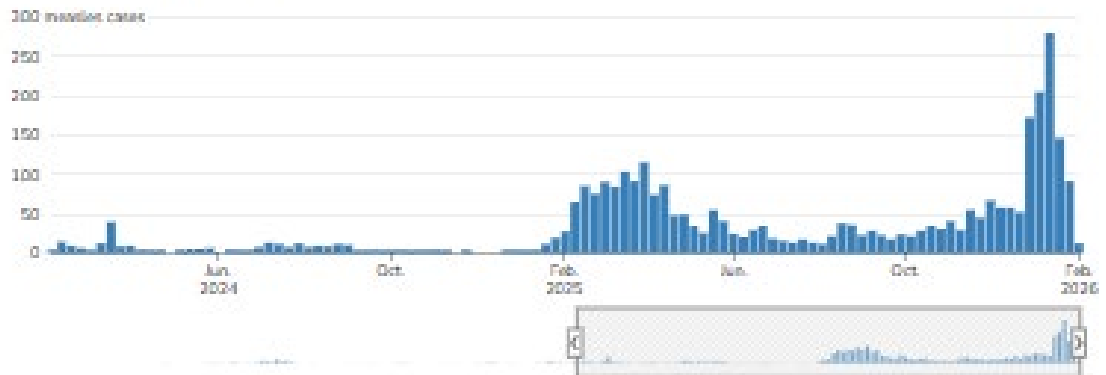
	2026	2025
Total Hospitalized	3% (23 of 733 cases)	11% (246 of 2276 cases)
Percent of Age Group Hospitalized		
Under 5 years	5% (11 of 203)	10% (107 of 581)
5-19 years	2% (7 of 417)	6% (57 of 1012)
20+ years	5% (5 of 92)	12% (82 of 670)
Age unknown	0% (0 of 21)	0% (0 of 13)

U.S. Deaths

	2026	2025
Total Deaths	0	3

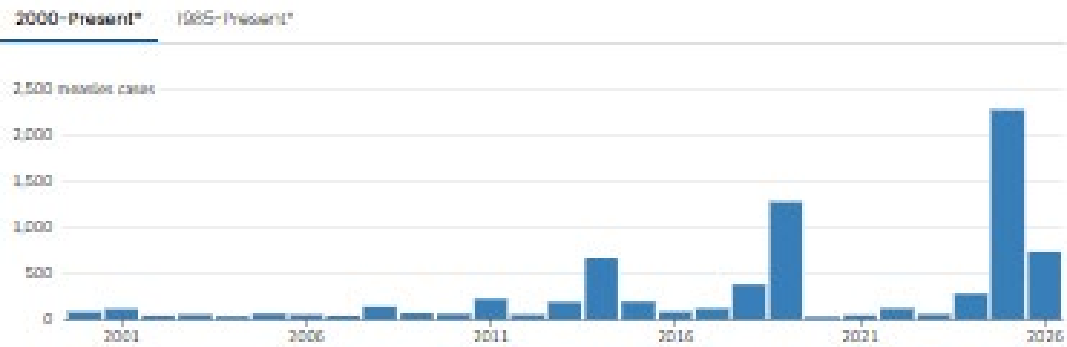
Weekly measles cases by rash onset date

2023-2026* (as of February 5, 2026)



Yearly measles cases

as of February 5, 2026



WHAT IS MEASLES?

Measles is a **highly contagious** respiratory virus that can cause serious health complications, especially in children <5 years old. If one person has measles, they can spread it to 9 out of 10 nearby people (who are not protected) making this the most contagious virus we know of. Part of what makes measles so contagious is that you can catch it just from being in the room with someone who has measles or even being in the room up to 2 hours after they have left.

Signs and Symptoms

- High fever (may spike to more than 104° F)
- Cough
- Runny nose (coryza)
- Red, watery eyes (conjunctivitis)
- Rash

Complications


- Hospitalization (1 in 5 unvaccinated people)
- Pneumonia (1 out of 20 children with measles)
- Encephalitis (1 out of 1000 children with measles)
- Death (1 to 3 of every 1000 children with measles)

Prevention

The best way to protect yourself and your family is to **get the MMR vaccine** if you are medically able to. 2 doses of MMR are about 97% effective at preventing measles.

Measles


IT ISN'T JUST A LITTLE RASH




Measles can be dangerous, especially for babies and young children.

MEASLES SYMPTOMS TYPICALLY INCLUDE


- High fever (may spike to more than 104° F)
- Cough
- Runny nose
- Red, watery eyes
- Rash breaks out 3-5 days after symptoms begin




Measles Can Be Serious



About 1 out of 5 people who get measles will be hospitalized.




1 out of every 1,000 people with measles will develop brain swelling due to infection (encephalitis), which may lead to brain damage.




1 to 3 out of 1,000 people with measles will die, even with the best care.

You have the power to protect your child.




Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine according to CDC's recommended immunization schedule.

WWW.CDC.GOV/MEASLES



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



MORE INFORMATION

[Vaccine Recommendations](#)

DATA SOURCES

[Measles Cases and Outbreaks](#)

RSV

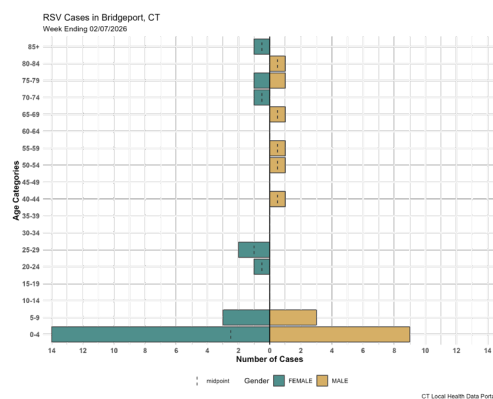
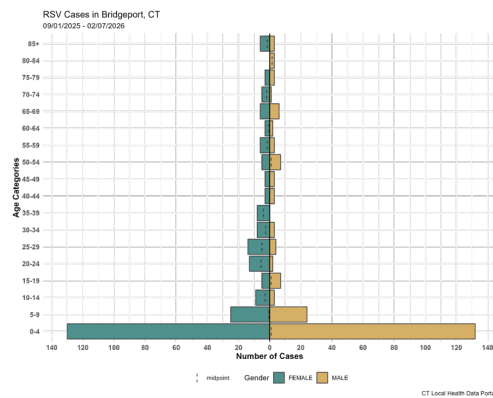
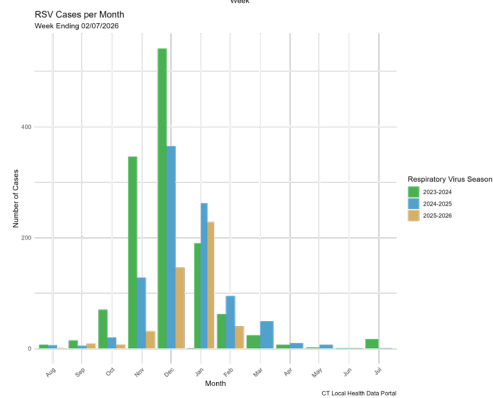
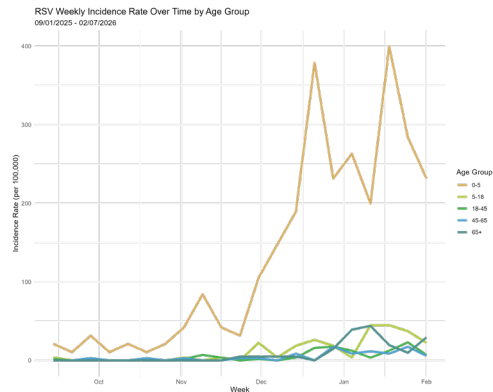
BRIDGEPORT, CT

Weekly incidence rates increased sharply during the winter months, with the highest rates observed in young children. Incidence among children aged 0–5 years rose dramatically, peaking at over 400 cases per 100,000 population during the winter surge. In contrast, incidence among children aged 5–18 and adults aged 18–49 remained below 50 per 100,000, and rates among adults aged 65 and older also peaked at roughly 50 per 100,000 before declining.

Monthly case totals show that the largest burden occurred in December and November. December recorded the highest monthly case count, exceeding 500 cases, followed by November with totals in the 300–400 range. Earlier months such as October showed lower activity, generally below 100 cases per month, reflecting the seasonal buildup prior to the winter peak.

Age distribution data indicate that children aged 0–4 accounted for the majority of cases, with counts exceeding 120 cases in males and approximately 130–140 in females during the peak period. Other age groups, including 5–9 and 25–29 years, reported substantially fewer cases, generally under 30 per group. Adult age groups each accounted for relatively small numbers, typically under 20 cases per category.

Overall, the graphs demonstrate a pronounced winter peak driven predominantly by infections in children under five years of age.



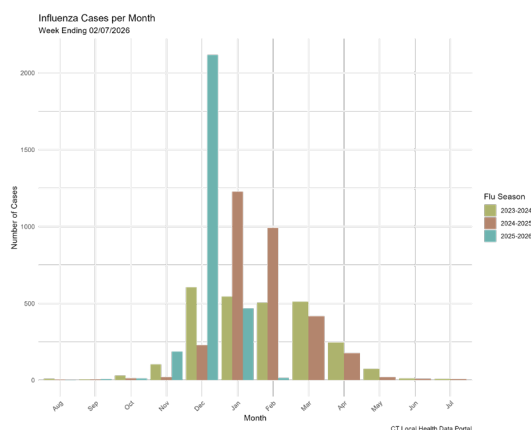
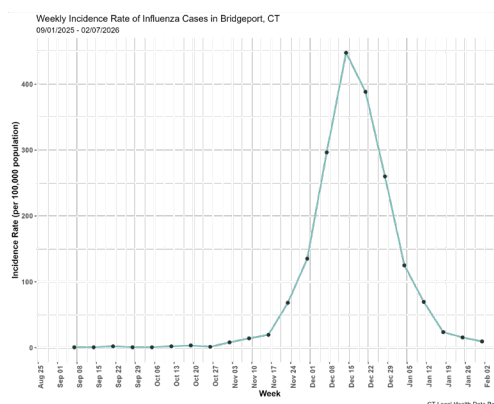
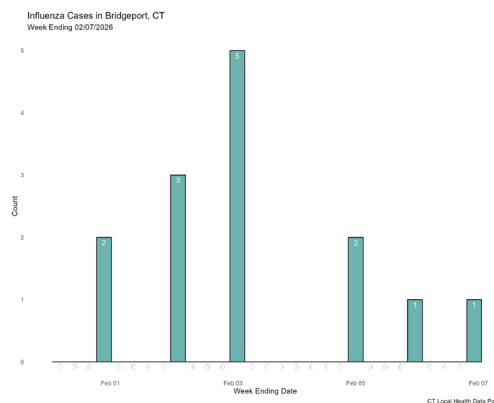
INFLUENZA

BRIDGEPORT, CT

Influenza activity in Bridgeport remains elevated but shows signs of decline following a recent peak. The weekly incidence curve rises sharply through late November and December, reaching its highest point in mid to late December at over 400 cases per 100,000 population, before steadily decreasing through January. Recent daily case counts are notably lower than the peak, suggesting that transmission is slowing, though activity remains above early-season baseline levels.

Seasonal comparisons indicate that the 2025–2026 season experienced a pronounced early winter surge, with December case totals exceeding 2,000 and substantially outpacing the same period in prior seasons. January totals remain elevated compared to historical averages, though they are trending downward. This pattern is consistent with a rapid rise followed by gradual tapering, typical of mid-season influenza dynamics.

Age distribution continues to show the highest burden among young children. The cumulative age pyramid highlights substantial case counts in the 0–4 and 5–9 age groups for both males and females, with smaller but still meaningful contributions from adolescents and working-age adults. Among older adults, cases are fewer than in young children but remain epidemiologically important given higher risk for severe outcomes. The most recent weekly age distribution suggests that pediatric cases remain prominent, though overall counts appear lower than during

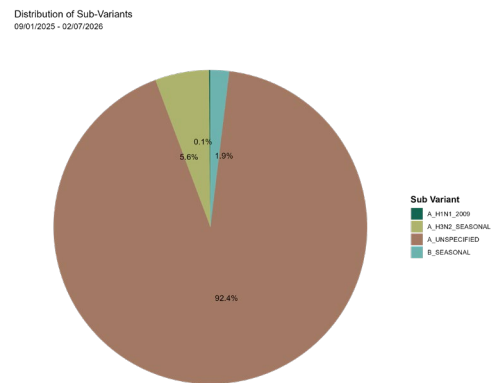
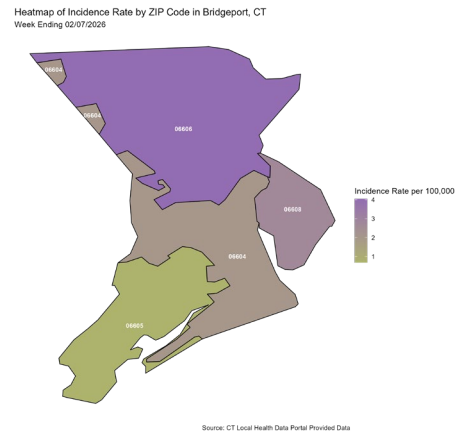
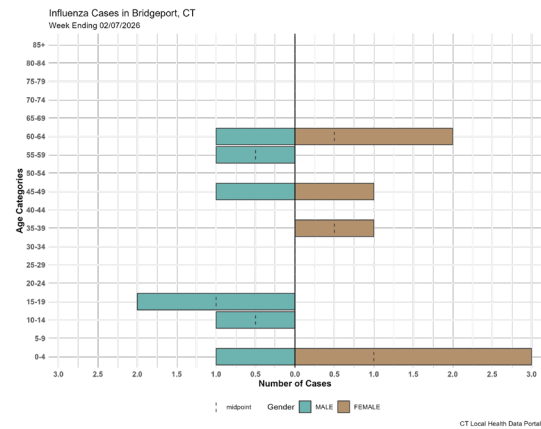
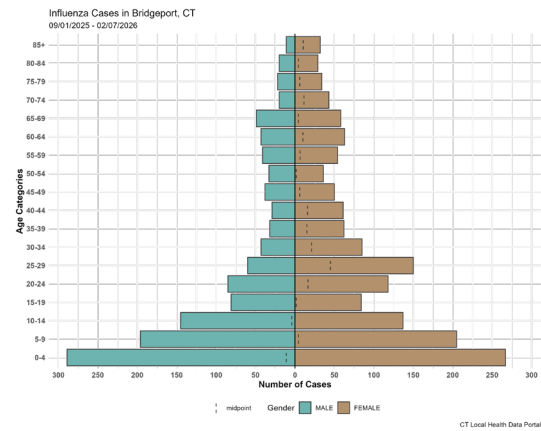


the December peak.

Geographically, cases are distributed across multiple neighborhoods rather than concentrated in a single cluster. The ZIP code heatmap indicates higher incidence in the northern and central portions of the city, particularly ZIP code 06606, while 06605 continues to show comparatively lower incidence. The point map reinforces this pattern, with scattered cases across the city and denser clustering in central areas.

Subtype data show that influenza A remains overwhelmingly dominant, accounting for approximately 92 to 93 percent of sequenced cases. Influenza B and other subtypes represent a small minority of infections, indicating that current transmission is largely driven by a single predominant strain.

Overall, the data suggest that Bridgeport has moved past the seasonal peak but continues to experience substantial influenza activity. Pediatric populations remain most affected, influenza A predominates, and geographic spread is widespread rather than localized.

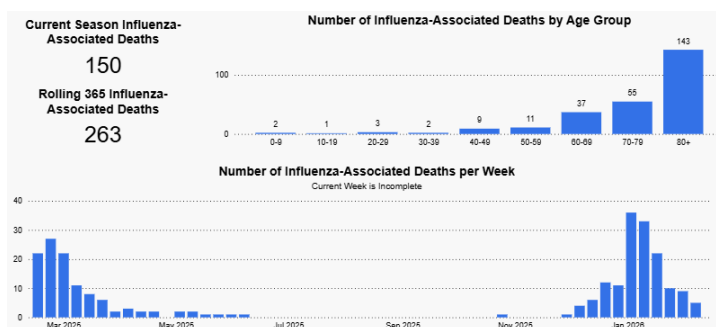
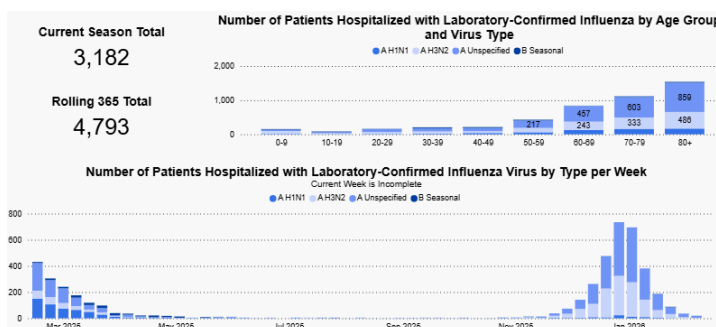
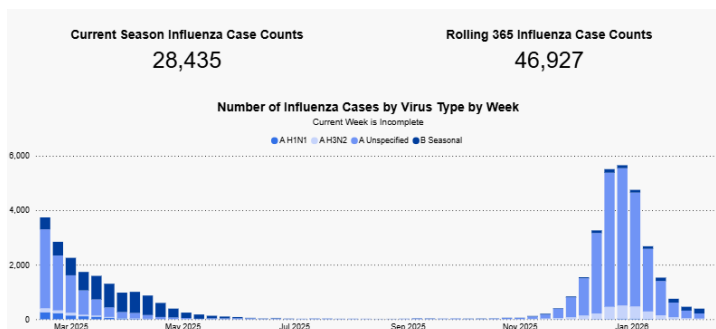


CONNECTICUT

Influenza activity in Connecticut remains elevated, though recent data suggest the peak may be passing. The current season total has increased to 28,435 reported cases, while the rolling 365-day total stands at 46,927. Weekly case counts rose sharply through December, reaching a peak in early January of more than 5,500 cases in a single week.

Hospitalizations have also continued to accumulate, with 3,182 influenza-associated hospitalizations reported this season and 4,793 over the past 365 days. Weekly hospital admissions mirrored the case curve, climbing rapidly through late December and early January before beginning to decrease. Older adults remain disproportionately affected. Among hospitalized patients, the highest counts are in those aged 80 and older (859), followed by individuals aged 70–79 (603) and 60–69 (457).

Influenza-associated deaths have increased to 150 for the current season, with 263 reported over the rolling 365-day period. Mortality is concentrated among older age groups, particularly adults aged 80 and older (143 deaths), followed by those aged 70–79 (55) and 60–69 (37). Deaths among younger age groups remain rare.



NATIONALLY

The CDC ILINet map for Week 4 of the 2025–2026 influenza season, ending January 31, 2026, shows widespread elevated outpatient influenza-like illness activity across much of the United States. A large portion of the South continues to experience high to very high ILI activity, including much of Texas, the Gulf Coast, and several southeastern states. Parts of the Midwest and Pacific Northwest also remain in the high to very high category, indicating sustained transmission in those regions.

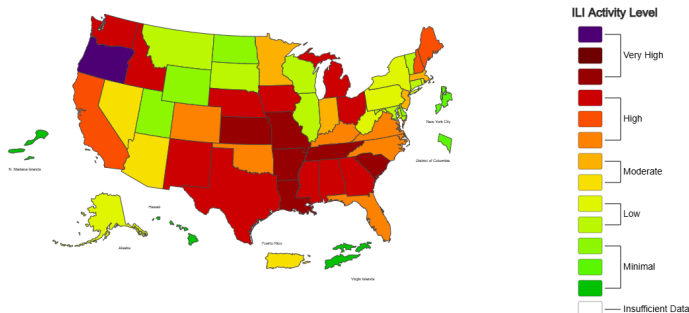


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

2025-26 Influenza Season Week 4 ending Jan 31, 2026



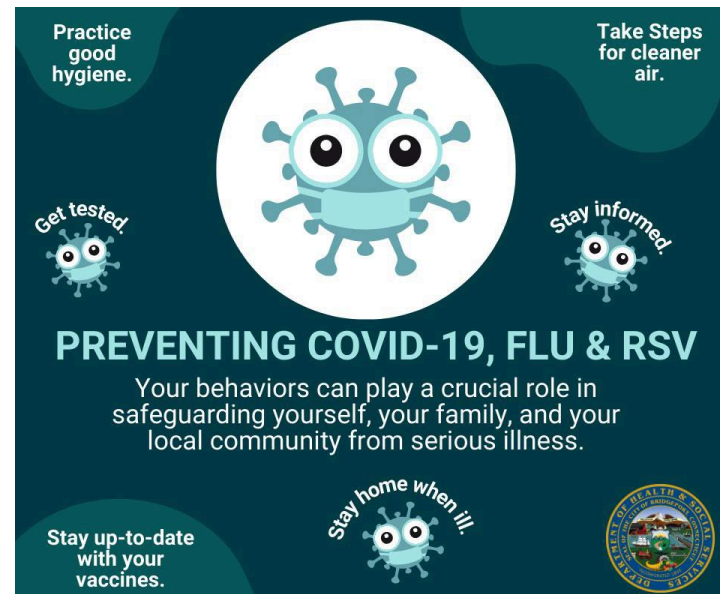
MORE INFORMATION

[Is it the flu or COVID-19? \(website\)](#)

PREVENTION

PRECAUTIONS TO TAKE

- Get vaccinated
- Wash your hands often
- Avoid touching your eyes, nose, and mouth
- Clean and disinfect surfaces that may be contaminated
- Stay home if you are sick
- Take antiviral drugs if your doctor prescribes them



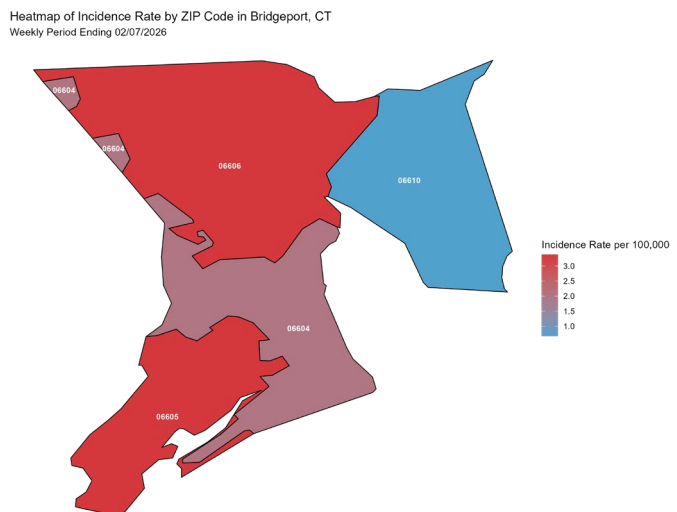
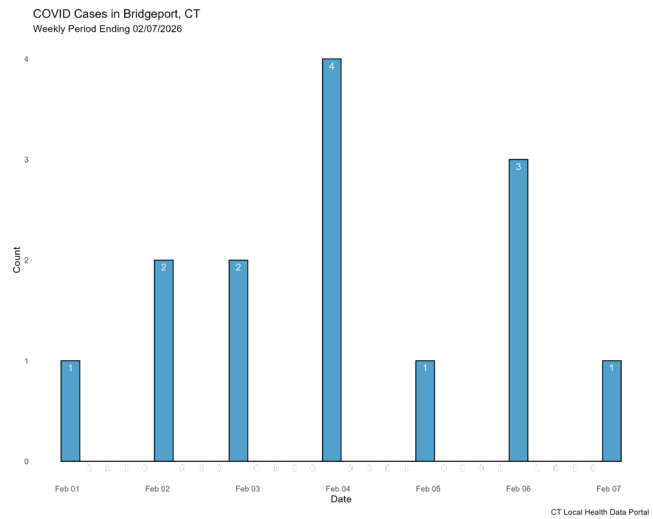
COVID-19

BRIDGEPORT, CT

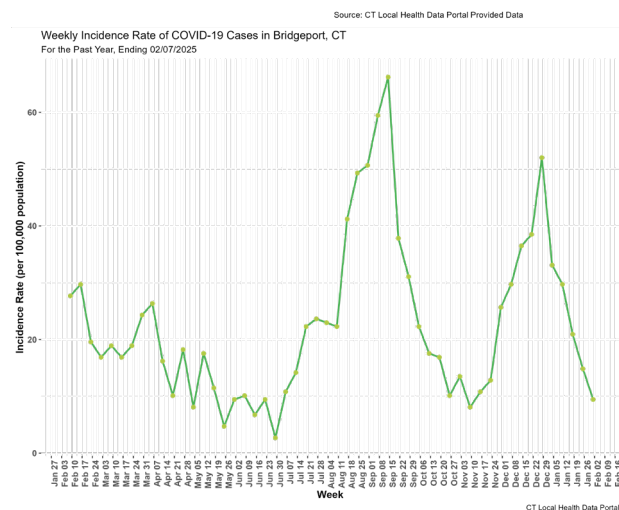
The most recent COVID-19 data for Bridgeport show a continued downward trend in transmission across the city. Between February 1 and February 7, daily case counts ranged from 1 to 4 cases per day, signaling a significant decrease compared to previous weeks. This is consistent with the ongoing drop in the 7-day rolling average, which has steadily declined since its peak in early January. The decrease in daily cases suggests that recent waves may be subsiding.

Age-specific incidence continues to show the highest rates among young children ages 0–4, followed by adults ages 35–44 and 45–54. Cases remain low across all age groups, with no major spikes in COVID-19 in recent weeks. The age distribution of cases aligns with trends seen earlier in the season, where younger children and older adults were more frequently impacted.

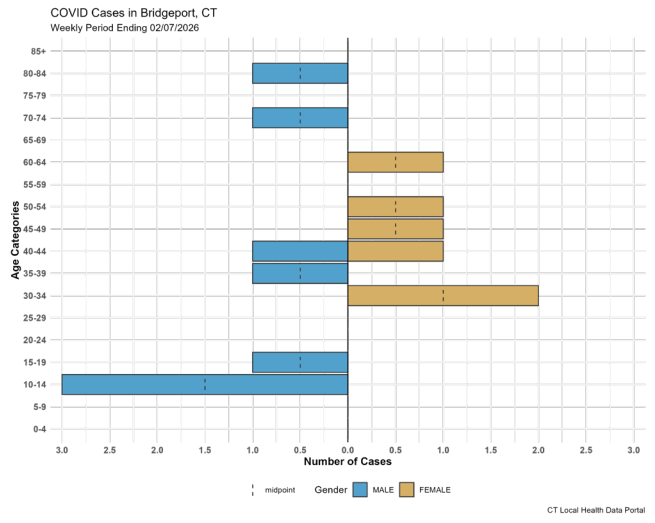
At the neighborhood level, geographic disparities persist. Zip code 06610 continues to report the lowest rates of COVID-19, while 06606 and 06605 have some of the highest case rates in the city. Despite these localized differences, all Bridgeport zip codes are currently experiencing lower transmission levels compared to mid-January.



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Taken together, the data indicate that Bridgeport is in a period of declining COVID-19 activity.

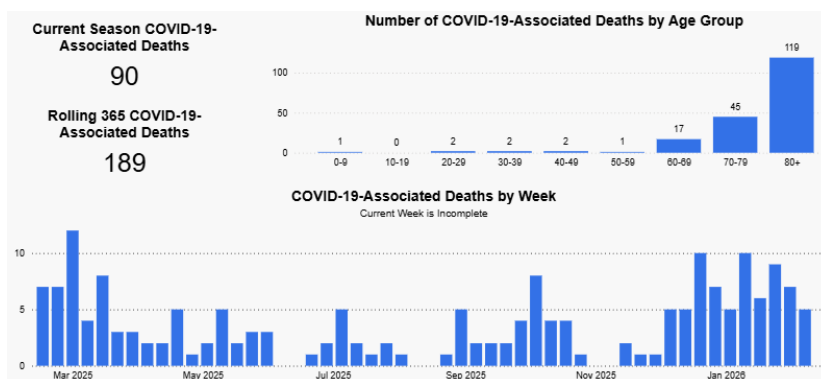
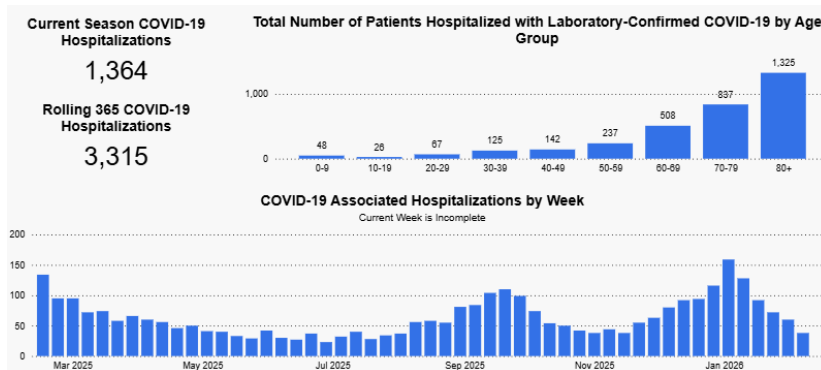
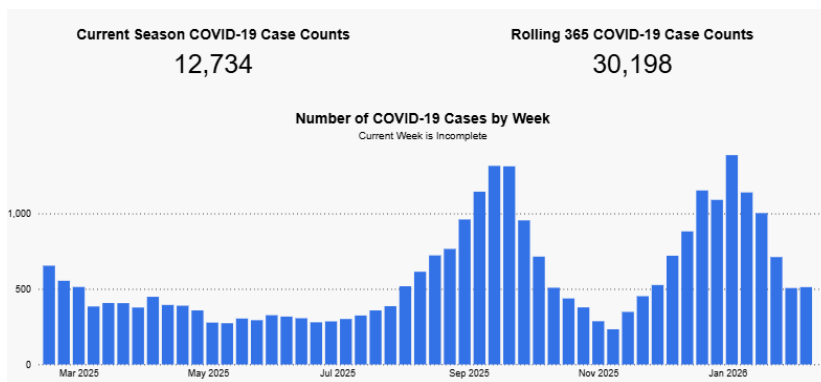


CONNECTICUT

As of the most recent update, the 2025–2026 COVID-19 season has recorded 12,734 confirmed cases, with a 365-day rolling total of 30,198 cases. Weekly case counts indicate two distinct surges: a peak in early September 2025 and another sharp rise in January 2026, when weekly totals again exceeded 1,000 cases. These patterns suggest sustained transmission through the fall and winter months, typical of seasonal respiratory viruses.

Hospitalizations have followed a similar trend. A total of 1,364 COVID-19-associated hospitalizations have been recorded so far this season, with 3,315 hospitalizations reported over the past year. Weekly hospitalizations peaked alongside the January 2026 case surge, highlighting increased severity during the recent winter wave. By age, hospitalization risk increases significantly with age, with 837 hospitalizations among those aged 70–79 and 1,325 among individuals 80 and older— together accounting for over half of all hospitalizations this season.

There have been 90 COVID-19-associated deaths reported during the 2025–2026 season, and 189 total deaths over the past 12 months. Weekly death counts remained elevated throughout January 2026, with consistent reports of 5–9 deaths per week during this period. Mortality continues to disproportionately affect older adults: 119 of the 90 seasonal deaths (likely due to reporting lag) occurred in individuals aged 80 and older, and 45 occurred among those



aged 70–79. Only isolated deaths were reported among individuals under 60.

Together, these data confirm that COVID-19 remains a significant public health concern, with older adults facing the greatest risks of hospitalization and death. The resurgence in cases and severe outcomes during winter months underscores the importance of continued vaccination, prevention efforts, and monitoring, particularly during seasonal peaks.

FDA RECALLS

Date	Brand Name(s)	Product Description	Product Type	Recall Reason Description
02/06/2026	TRUE METRIX	Blood Glucose Monitoring Systems	Medical Devices	As currently written, the Owner's Booklets/System Instructions for Use fails to emphasize that users must seek medical attention immediately if they receive an E-5 error code and are experiencing symptoms of high glucose.
02/05/2026	No Brand	Dried Croaker Fish	Food & Beverages, Foodborne Illness	Product was not adequately eviscerated and may harbor harmful bacteria or toxins
02/04/2026	CHIPS AHOY	Baked brownie bites	Food & Beverages	Product Safety – choking threats
02/03/2026	Ashfiat Alharamain	Honey Product for Energy Support	Food & Beverages	Product contains tadalafil



City of Bridgeport
Department of Health & Social Services
999 Broad Street, Bridgeport, CT 06604