Maine Weekly Influenza Surveillance Report

2024-2025 Influenza Season

February 11, 2025 Data for MMWR week 6 (ending 2/8/2025)

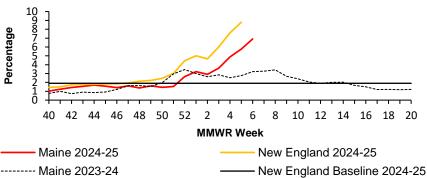


U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)

Percent of Outpatient Health
Care Visits Due to ILI
6.91

Number of ILINet Reporting
Providers
45

Outpatient Visits for ILI –ILINet, Maine, 2023-25



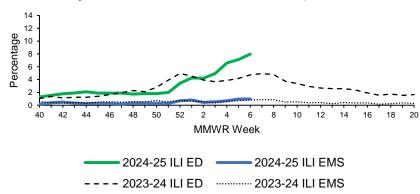
Syndromic Surveillance

Percent of Emergency Room
(ED) Visits Due to ILI

7.97

Percent of Emergency Medical Services (EMS) calls for ILI 0.98

Syndromic Surveillance data for ILI - Maine, 2023 -25

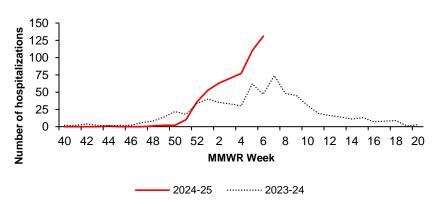


Hospitalizations

Influenza-Associated
Hospitalizations This Week
131

Total Influenza-Associated Hospitalizations This Season **556**

Influenza Hospitalizations – Maine, 2023-25



Pneumonia and Influenza (P&I) Deaths

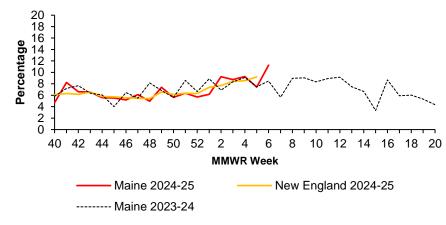
Percent of Deaths Due to P&I 11.26 Influenza-Associated Deaths This Week* 5

Total Influenza-Associated
Deaths This Season*
25

Pediatric Influenza-Associated
Deaths This Season

0

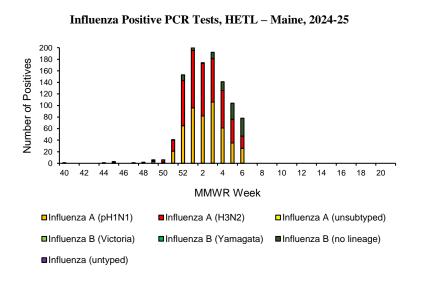
Deaths Attributable to $P\&I-Maine,\,2023-25$

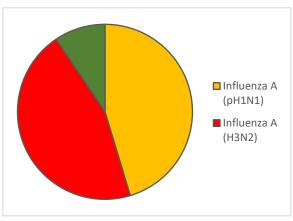


^{*}This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I) deaths.

Virologic Surveillance

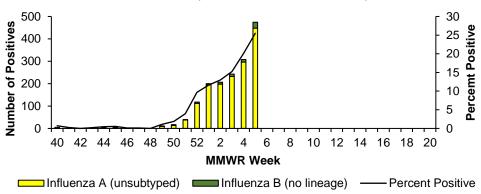
Health and Environmental Testing Laboratory	Week 6	2024-25 Season
No. of specimens tested	91	1,200
No. of positive specimens	78 (86%)	1,103 (92%)
Positive specimens by type		
Influenza A		
(H1N1)pdm09	26 (33%)	500 (45%)
H3N2	21 (27%)	499 (45%)
Influenza B	31 (34%)	104 (10%)
Yamagata lineage	-	-
Victoria lineage	-	-





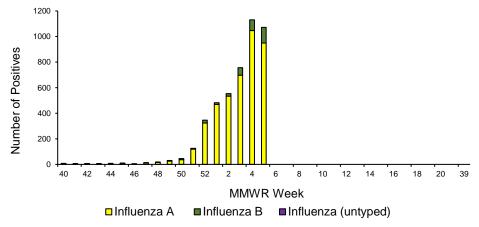
Maine Reference Laboratories	Week 6	2024-25 Season	
No. of specimens tested	-	20,381	
No. of positive specimens (%)	-	1,636 (8%)	
Positive specimens by type			
Influenza A	-	1,560 (95%)	
Influenza B	-	76 (5%)	

Influenza Positive Tests, Maine Reference Labs – Maine, 2024-25



All Reported Laboratory Results	Week 6	2024-25 Season	
No. of specimens positive by antigen test	456	1,543	
No. of specimens positive by molecular test	1,444	5,404	
Positive specimens by type			
Influenza A	1,655 (87%)	6,300 (91%)	
Influenza B	245 (13%)	647 (9%)	

Total Reported Positive Influenza Tests – Maine, 2024-25



Antigenic Characterization (Vaccine Strain Match)

US CDC characterizes antigenicity by how well antibodies made against the vaccine strains recognize circulating virus that have been grown in cell culture. Of the characterized viruses, the vaccine strain antibodies recognized:

- 100% of influenza A/H1N1 viruses were well-recognized by ferret antisera raised against the cell-grown A/Wisconsin/67/2022-like reference virus for the season
- 41.7% of influenza A/H3N2) viruses were well-recognized by ferret antisera raised against the cell-grown A/Massachusetts/18/2022-like reference virus for the season.
- 100% of influenza B/Victoria lineage viruses were well-recognized by ferret antisera raised against the cell-grown B/Austria/1359417/2021-like reference virus.
- No influenza B/Yamagata samples were available for characterization

Weekly County-level Influenza, Maine, Week 6

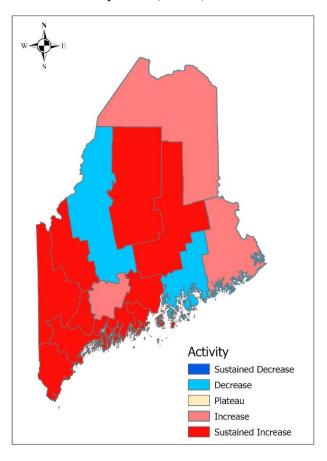
County	County Positive labs Hospitalizations Activity Trend				
Androscoggin	172	15	Sustained Increase	High	
Aroostook	90	5	Increase	Moderate	
Cumberland	301	30	Sustained Increase	Moderate	
Franklin	37	9	Sustained Increase	Moderate	
Hancock	107	6	Decrease	Very High	
Kennebec	98	3	Increase	Low	
Knox	40	3	Sustained Increase	Moderate	
Lincoln	21	2	Sustained Increase	Moderate	
Oxford	73	5	Sustained Increase	High	
Penobscot	301	14	Sustained Increase	Moderate	
Piscataquis	32	2	Sustained Increase	Very High	
Sagadahoc	36	5	Sustained Increase	Moderate	
Somerset	117	2	Decrease	Low	
Waldo	65	1	Sustained Increase	Low	
Washington	45	3	Increase	High	
York	381	26	Sustained Increase Moderat		
Total	1916	131			

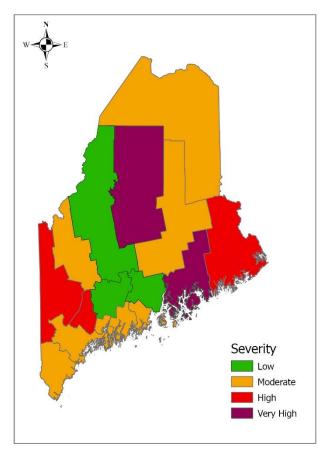
^{*}Activity trends are determined by county-level emergency department visits due to ILI. Activity trend levels include "sustained increase", "increase", "plateau", "decrease", and "sustained decrease." This will become available when enough weeks of data have been collected.

§Severity is estimated using county-level P&I deaths, syndromic surveillance, and hospitalizations. Thresholds are calculated statewide from previous seasons' data using the moving epidemic method, as described at https://www.cdc.gov/flu/about/classifies-flu-severity.htm

Influenza Activity Trends, Maine, Week 6

Influenza Severity Estimates, Maine, Week 6

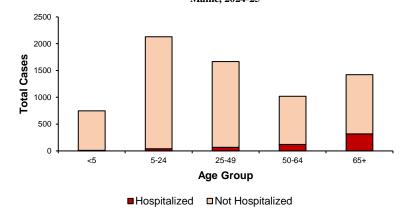




Age Information - Maine, 2024-25 Influenza Season

	Age (years)				
	Min.	Mean	Max		
Cases	< 1	37	104		
Hospitalizations	<1	63	99		
Deaths	42	76	103		

Positive Influenza Tests by Age and Hospitalization Status
- Maine, 2024-25



Influenza-Like Illness Outbreaks – Maine, 2024-25 Influenza Season

Number of New Outbreak
Investigations
16

Total Outbreaks This Season

65

Outbreak Facility Type Key: LTC - Long Term Care Facility

AC - Acute Care Facility (nosocomial)

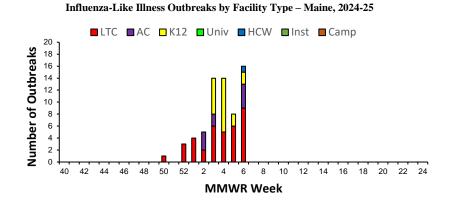
K12 - School (K-12) or daycare

Univ - School (residential) or University

HCW - Health care workers

Inst - Other institutions (workplaces, correctional facilities etc)

Camp - Camp



Influenza-Like Illness Outbreak by Facility Type and County – Maine, 2024-25

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County	LTC	AC	K12	Univ	HCW	Inst	Camp	Total
Androscoggin	1	1	1					3
Aroostook	3	1	3					7
Cumberland	15	4	2		1			22
Franklin								0
Hancock	1		1					2
Kennebec	3		2					5
Knox	1		1					2
Lincoln								0
Oxford	2							2
Penobscot	2	1						3
Piscataquis								0
Sagadahoc	1							1
Somerset			1					1
Waldo	1		1					2
Washington			4					4
York	8	2	1					11
Total	38	9	17	0	1	0	0	65

National Influenza Surveillance Data

Source: https://gis.cdc.gov/grasp/fluview/main.html





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.

2024-25 Influenza Season Week 5 ending Feb 01, 2025



*This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

For more information on the methodology, please visit Outpatient Illness Surveillance methods section.

- All current and archived influenza surveillance reports are located at www.maine.gov/dhhs/flu/weekly
- Sign up to automatically receive influenza surveillance report at https://public.govdelivery.com/accounts/MEHHS/subscriber/new?preferences=true
- An overview of Maine influenza surveillance, including descriptions of the surveillance systems and data used to generate surveillance reports can be found at https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/documents/Flu-Surveillance-Data-Overview-24-25.pdf

^{*}Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full picture of influenza activity for the whole state.

^{*}Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.

^{*}Differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

^{*}For the data download you can use Activity Level for the number and Activity Level Label for the text description.

^{*}This graphic notice means that you are leaving an HHS Web site

For more information, please see CDC's Exit Notification and Disclaimer policy.