

Maine Weekly Influenza Surveillance Report

2023-2024 Influenza Season

January 30, 2024

Data for MMWR week 4 (ending 1/27/2024)



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

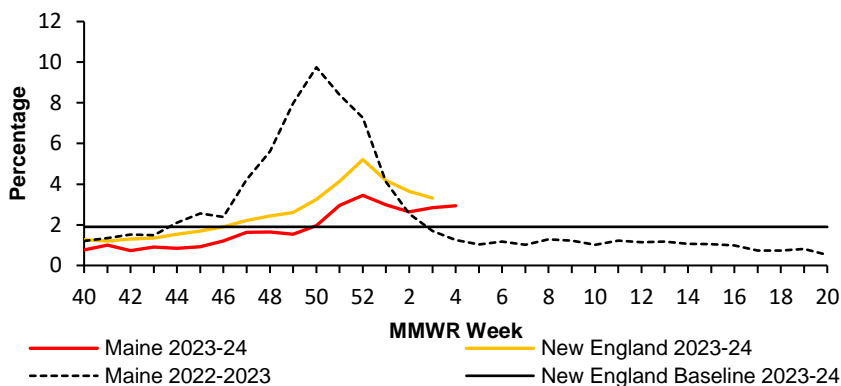
Percent of Outpatient Health
Care Visits Due to ILI

2.94

Number of ILINet Reporting
Providers

46

Outpatient Visits for ILI –ILINet, Maine, 2022-24



Syndromic Surveillance

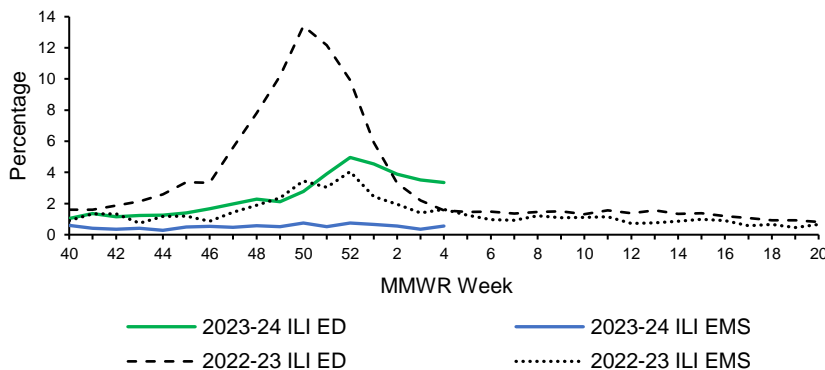
Percent of Emergency Room
Visits Due to ILI

3.36

Percent of Emergency Medical
Services (EMS) calls for ILI

0.55

Syndromic Surveillance data for ILI – Maine, 2022 -24



Hospitalizations

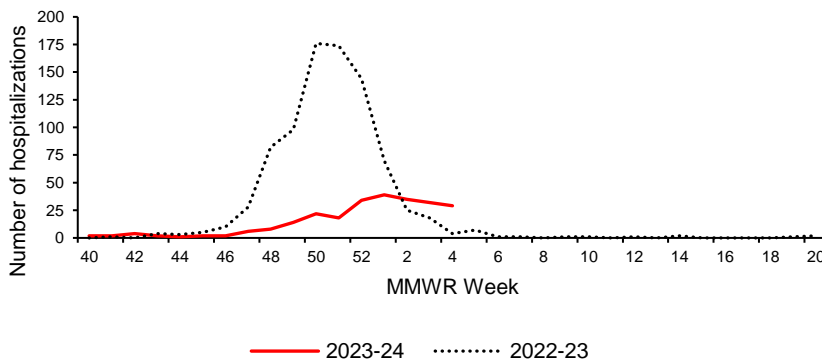
Influenza-Associated
Hospitalizations This Week

29

Total Influenza-Associated
Hospitalizations This Season

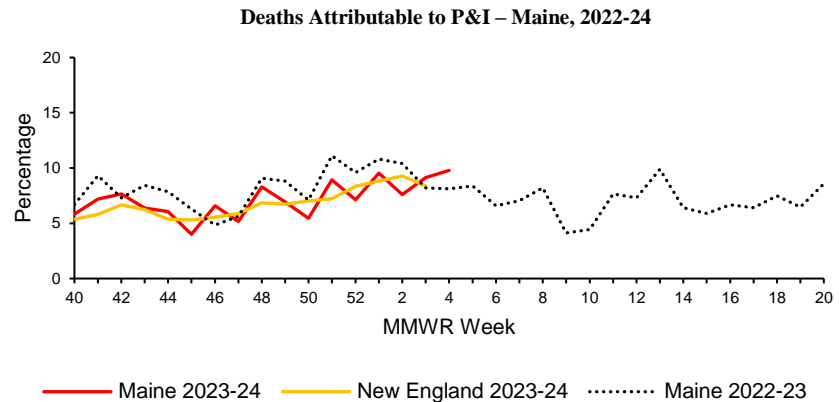
252

Influenza Hospitalizations – Maine, 2022-24



Pneumonia and Influenza (P&I) Deaths

Percent of Deaths Due to P&I
9.79
Influenza-Associated Deaths This Week*
1
Total Influenza-Associated Deaths This Season*
14
Pediatric Influenza-Associated Deaths This Season
0

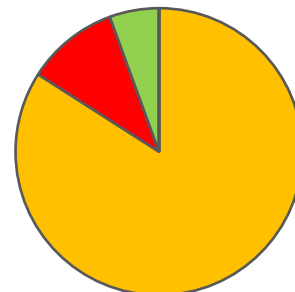
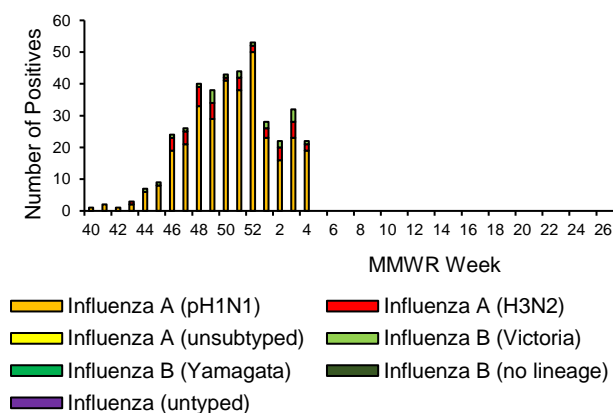


*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I)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

Virologic Surveillance

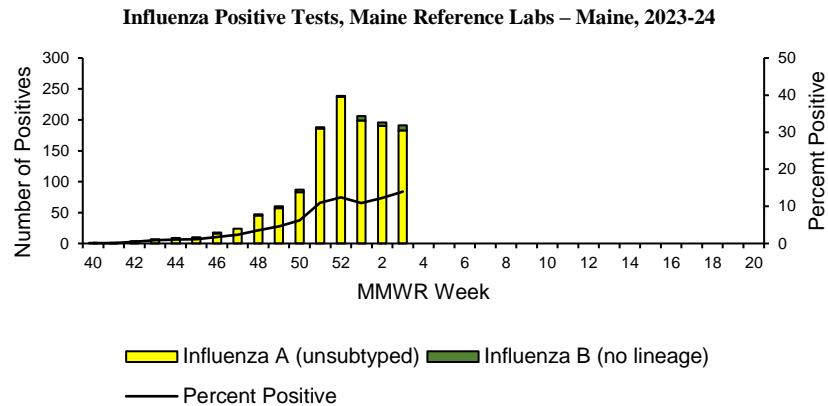
Health and Environmental Testing Laboratory	Week 4	2023-24 Season
No. of specimens tested	22	434
No. of positive specimens	22	395
<i>Positive specimens by type</i>		
Influenza A		
(H1N1)pdm09	19	332
H3N2	2	41
Influenza B		
Yamagata lineage	0	0
Victoria lineage	1	22

Influenza Positive PCR Tests, HETL – Maine, 2023-24

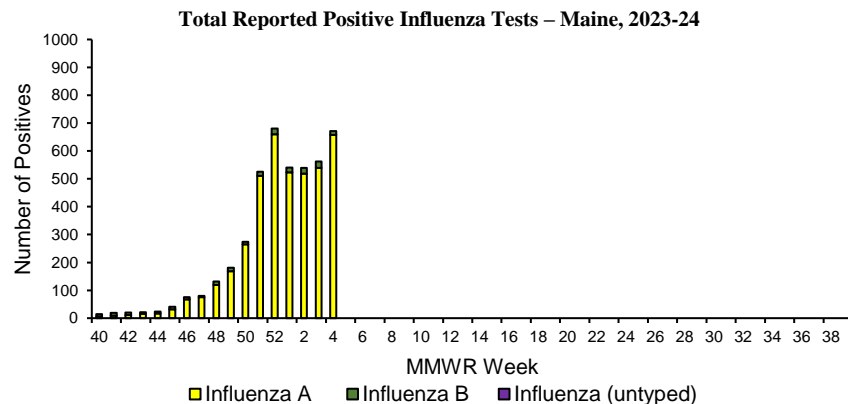


All data are preliminary and subject to change

Maine Reference Laboratories	Week 4	2023-24 Season
No. of specimens tested	NA	19,816
No. of positive specimens (%)	-	1,288 (6.5%)
<i>Positive specimens by type</i>		
Influenza A		1,251
Influenza B		37



All Reported Laboratory Results	Week 4	2023-24 Season
No. of specimens positive by antigen test	132	722
No. of specimens positive by molecular test	539	4,402
<i>Positive specimens by type</i>		
Influenza A	658 (98%)	4,196 (95%)
Influenza B	13 (2%)	206 (5%)



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 samples with cell-grown vaccine antibodies and with egg-based vaccine antibodies
- 100% of influenza A/H3N2 samples with cell-grown vaccine antibodies and with egg-based vaccine antibodies
- 100% of influenza B/Victoria samples with cell-grown vaccine antibodies and with egg-based vaccine antibodies
- No influenza B/Yamagata samples were available for characterization

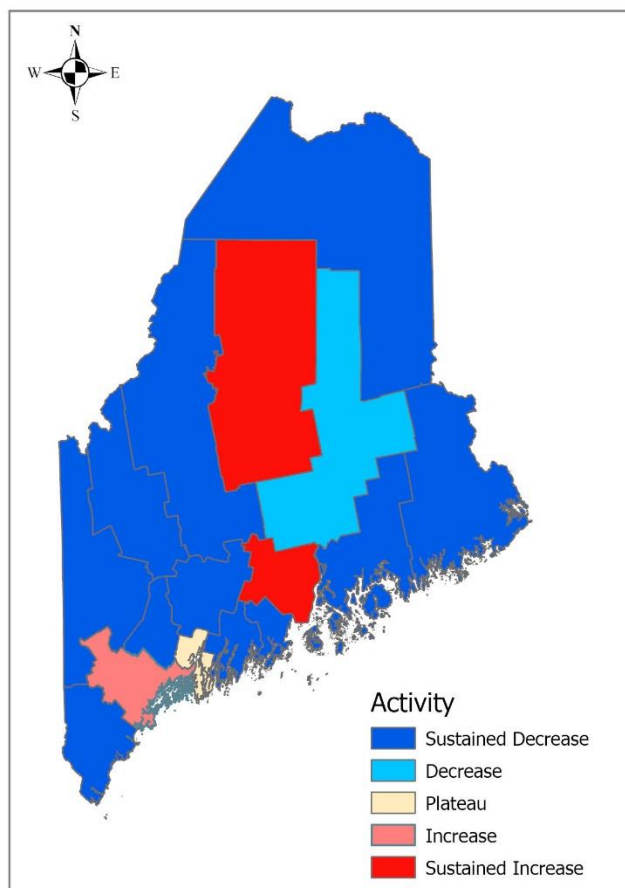
Weekly County-level Influenza, Maine, Week 4

County	Positive labs	Hospitalizations	Activity Trend*	Severity Estimate [§]
Androscoggin	44	0	Sustained Decrease	Low
Aroostook	20	0	Sustained Decrease	Low
Cumberland	100	12	Increase	Low
Franklin	16	3	Sustained Decrease	Low
Hancock	17	0	Sustained Decrease	Low
Kennebec	45	0	Sustained Decrease	Low
Knox	13	1	Sustained Decrease	Low
Lincoln	7	2	Sustained Decrease	Low
Oxford	19	1	Sustained Decrease	Low
Penobscot	122	4	Decrease	Low
Piscataquis	17	2	Sustained Increase	Moderate
Sagadahoc	7	0	Plateau	Low
Somerset	38	2	Sustained Decrease	Low
Waldo	17	0	Sustained Increase	Low
Washington	13	0	Sustained Decrease	Low
York	178	2	Sustained Decrease	Low
Total	673	29	-	-

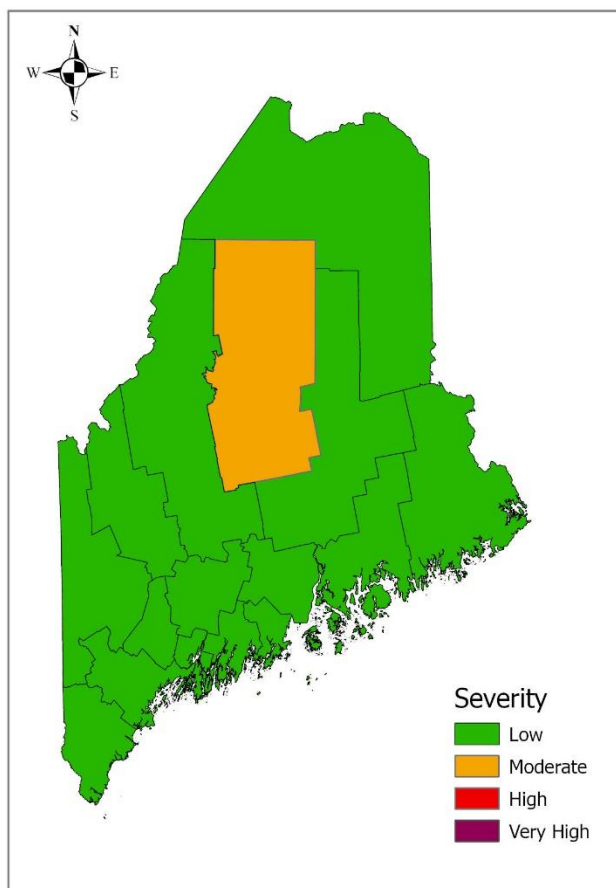
*Activity trends are determined by county-level emergency department visits due to ILI. Activity trend levels include “sustained increase”, “increase”, “plateau”, “decrease”, and “sustained decrease.” This will become available when enough weeks of data have been collected.

[§]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 4

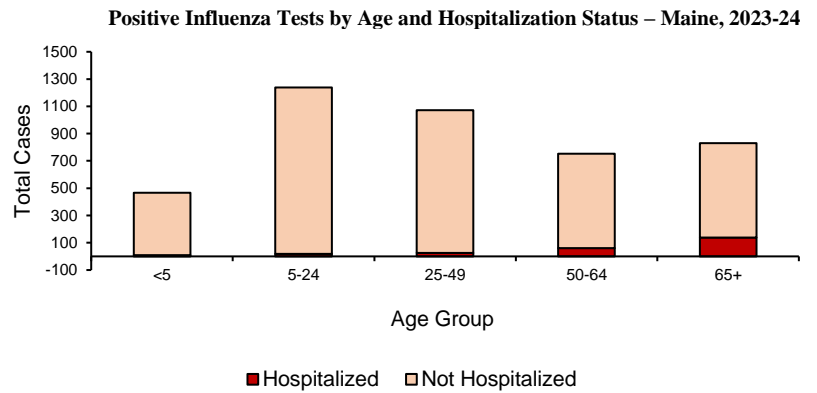


Influenza Severity Estimates, Maine Week 4



Age Information – Maine, 2023-24 Influenza Season

	Age (years)		
	Min.	Mean	Max.
Cases	<1	33	97
Hospitalizations	<1	62	97
Deaths	46	73	91



Influenza-Like Illness Outbreaks – Maine, 2023-24 Influenza Season

Number of New Outbreak Investigations
5

Total Outbreaks This Season
25

Outbreak Facility Type Key:

LTC - Long Term Care Facility

AC - Acute Care Facility (nosocomial)

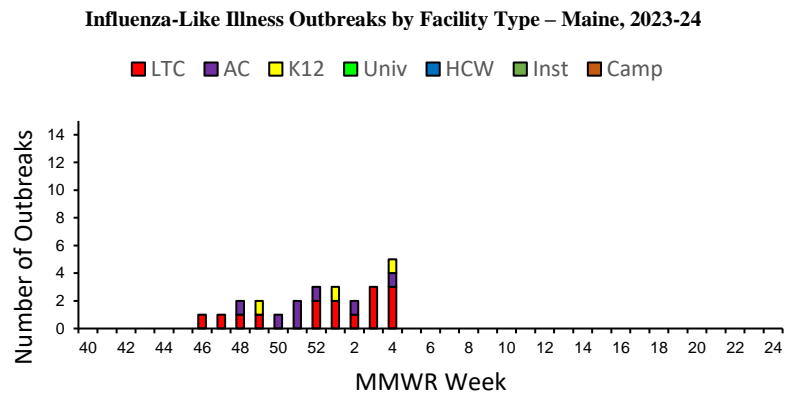
K12 - School (K-12) or daycare

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, 2023-24

County	LTC	AC	K12	Univ	HCW	Inst	Camp	Total
Androscoggin	1	1	1					3
Aroostook	2		1					3
Cumberland	6	4						10
Franklin								0
Hancock		1	1					2
Kennebec	1							1
Knox								0
Lincoln								0
Oxford	1							1
Penobscot	2							2
Piscataquis								0
Sagadahoc								0
Somerset								0
Waldo								0
Washington	1							1
York	1	1						2
Total	15	7	3	0	0	0	0	25

National Influenza Surveillance Data

Source: <https://www.cdc.gov/flu/weekly/>

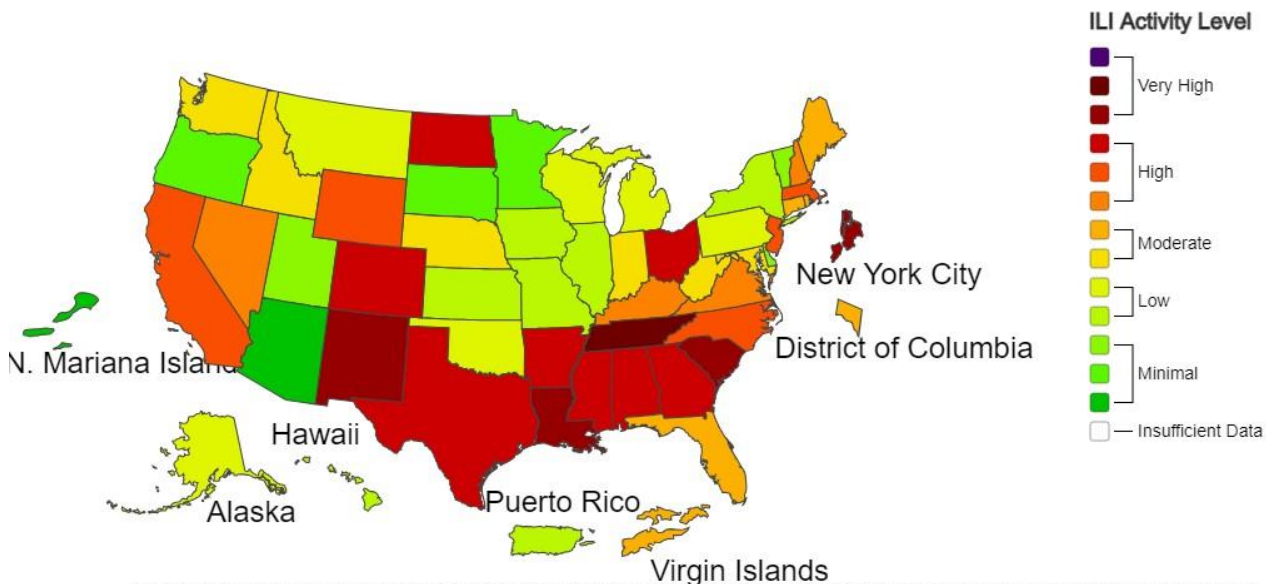


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

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.

2023-24 Influenza Season Week 3 ending Jan 20, 2024



*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.

*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.

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-23-24.pdf>