

# Maine Weekly Influenza Surveillance Report

February 21, 2007

## Synopsis

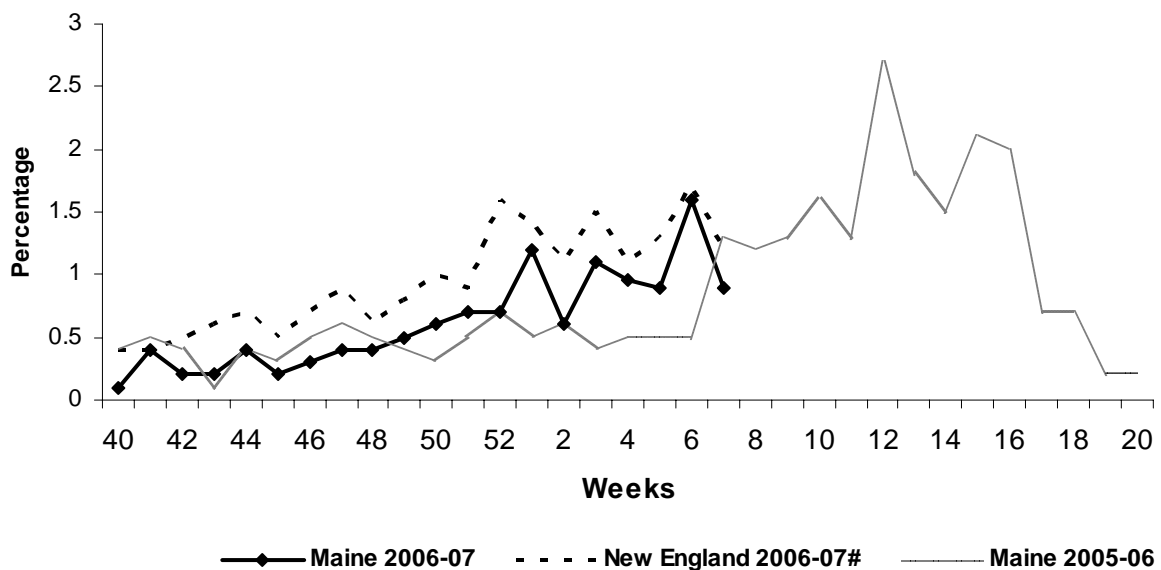
During the week ending February 17, 2007 (MMWR week 7)\*, regional influenza activity was reported in Maine. Reports of laboratory-confirmed influenza from multiple regions of the state were received this week.

## Moderate Disease Surveillance

### Outpatient influenza-like illness (ILI)

During the week ending February 17, 2007, 0.9% of sentinel provider outpatient visits were due to ILI (range 0% - 1.9%).

Outpatient Visits for Influenza-like Illness -- Maine, 2005-07



# New England is defined as Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

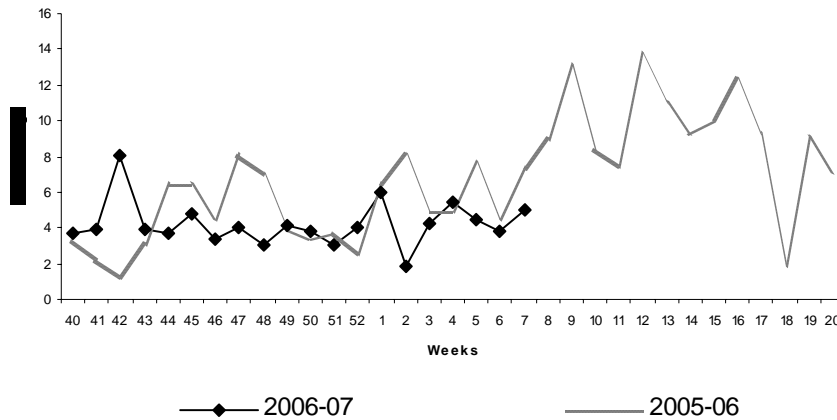
## Severe Disease Surveillance

### Hospital inpatients

During the week ending February 10, 2007 (week 6), 3.8% of admissions reported by three hospitals were due to respiratory illness (range 1.4% - 5.7%). During the week ending February 17, 2007 (week 7), 5.0% of admissions reported by one hospital were due to respiratory illness.

\* At time of publication, reporting may be incomplete. Numbers presented here may change as more reports are received.

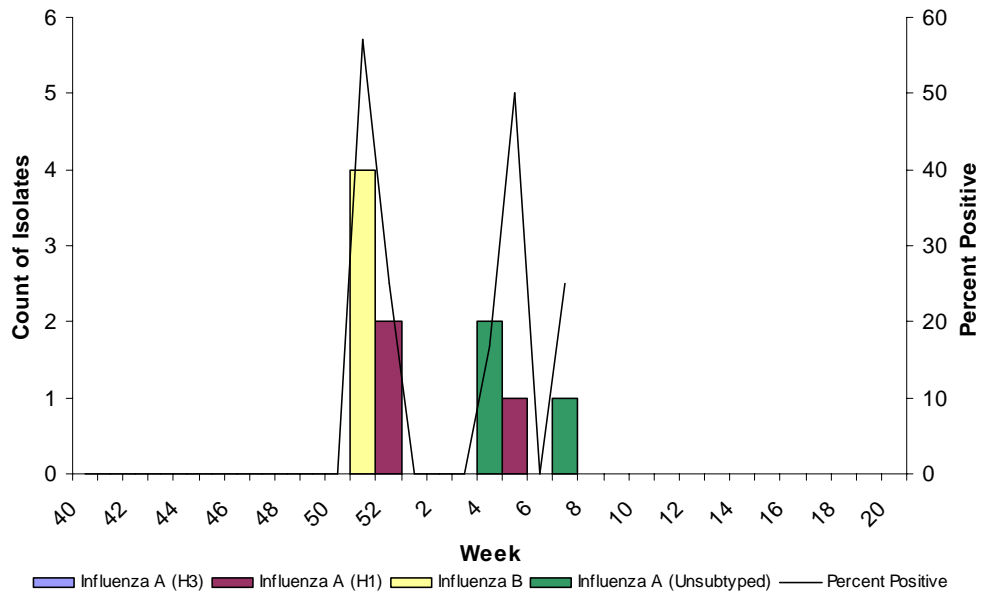
## Hospital Admissions due to Respiratory Illness -- Maine, 2005-07



### *Laboratory Reporting*

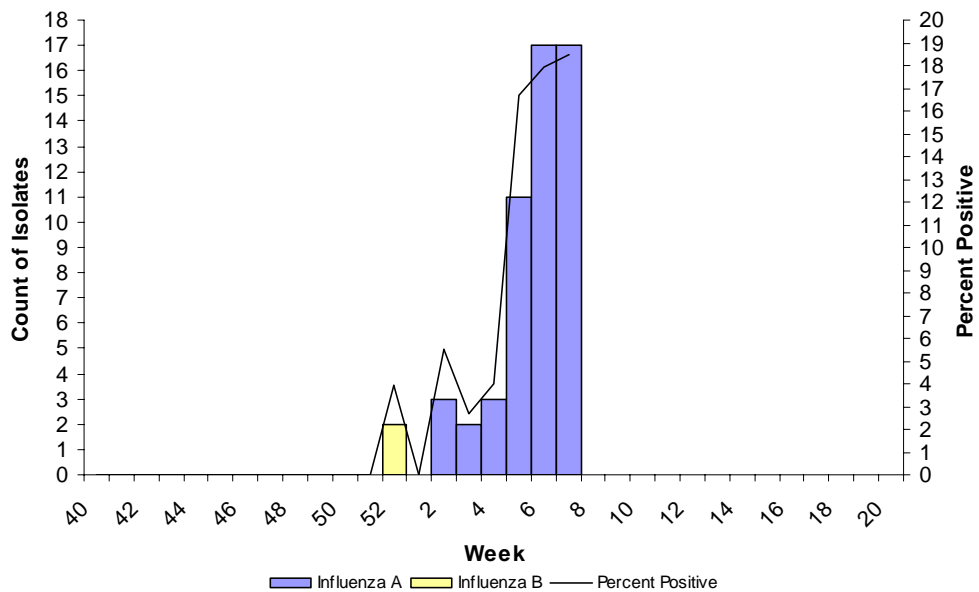
During the week ending February 17, 2007, three respiratory specimens were submitted to the Maine Health and Environmental Testing Laboratory (HETL) for influenza culture; one specimen was positive for influenza A and results are pending on the remaining two specimens. One additional respiratory specimen was submitted to HETL for influenza PCR during the week of February 17, 2007; this specimen tested negative for influenza. As of February 17, 2007, a total of 122 respiratory specimens have been submitted for culture and/or PCR to HETL since October when the influenza surveillance season began. Of these specimens, ten (8.2%) were culture or PCR-positive for influenza (three for influenza A [H1], three for influenza A [unsubtyped], and four for influenza B), three (2.5%) specimens were presumptive positive for enterovirus, three (2.5%) specimens were not tested, results are pending for three specimens, and the remaining specimens were negative.

## Respiratory Specimens Culture and/or PCR-Positive for Influenza – Maine Health and Environmental Testing Laboratory, 2006-07



During the week ending February 17, 2007, a total of 92 respiratory specimens were submitted to two private reference laboratories in Maine. Of these, 17 (18.5%) specimens were positive for influenza A. As of February 17, 2007, a total of 788 respiratory specimens have been submitted for viral testing to two reference laboratories in Maine since October when the influenza surveillance season began. Fifty-five specimens (7.0%) were positive for influenza (53 for influenza A and 2 for influenza B), 122 (15.5%) were positive for RSV, 1 (0.1%) was positive for parainfluenza-3, 10 (1.3%) were positive for adenovirus, 11 (1.4%) specimens were positive for enterovirus, and the remaining specimens were negative.

## Respiratory Specimens Positive for Influenza – Two Reference Laboratories, Maine 2006-07



## Outbreaks

During the week ending February 17, 2007, no outbreaks influenza were reported. To date, one outbreak on laboratory-confirmed influenza has been reported in Maine this season.

**Table: Influenza-like illness outbreaks by selected characteristics – Maine, 2006-07**

Facility Type*	Region	Date Reported	Attack Rate		Hospitalizations #	Deaths #	Vaccination rate		Lab-confirmed
			%				%		
			Residents	Staff			Residents	Staff	
School	Western	2/5/07	8.9	0	0	0	^	^	Influenza

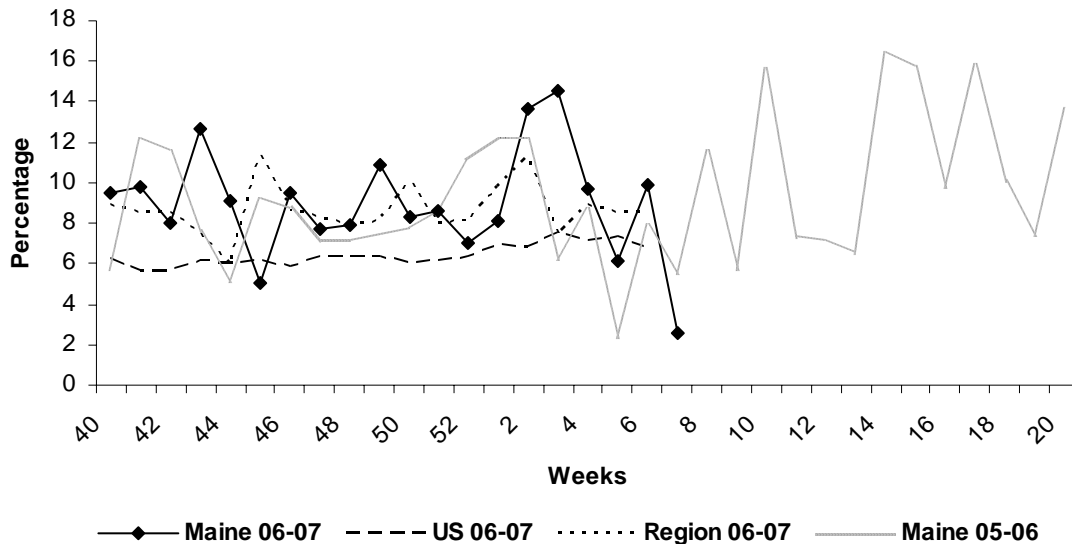
\* Outbreak definition is specific to facility type. An outbreak in long-term care facilities (LTC) is defined as  $\geq 3$  patients with ILI identified on same floor or ward during a short (e.g., 48-72 hour) period OR  $\geq 1$  patients with lab-confirmed influenza; an outbreak in an acute care facility is defined as  $\geq 1$  patients with ILI or lab-confirmed influenza with symptom onset  $\geq 48$  hours post-admission (i.e., nosocomial); and an outbreak in a school is defined as  $\geq 15\%$  absentee rate among student population due to ILI or lab-confirmed influenza. ^ Data unavailable

## Fatalities Surveillance

### Death Certificates

During the week ending February 17, 2007, 2.6% of deaths reported by two city vital records offices were attributable to pneumonia and influenza (range 0% - 5.6%).

**Percentage of Deaths Attributable to Pneumonia and Influenza – Maine, New England and the United States, 2005-07**



^ New England includes the following reporting areas: Boston, MA; Bridgeport, CT; Cambridge, MA; Fall River, MA; Hartford, CT; Lowell, MA; Lynn, MA; New Bedford, MA; New Haven, CT; Providence, RI; Somerville, MA; Springfield, MA; Waterbury, CT; Worcester, MA.

### Pediatric Fatalities

As of February 17, 2007, no influenza-associated pediatric deaths have been reported in Maine this season.

## National Influenza Activity

State health departments report the estimated level of influenza activity in their states each week. States report influenza activity as: 1) no activity, 2) sporadic, 3) local, 4) regional, or 5) widespread (definitions of these levels can be found at: [www.cdc.gov/flu/weekly/usmap.htm](http://www.cdc.gov/flu/weekly/usmap.htm)). Maine reported local influenza activity for the week ending February 10, 2007.

