Maine Weekly Influenza Surveillance Report

April 3, 2007

Synopsis
During the week ending March 31, 2007 (MMWR week 13)*, local influenza activity was reported in Maine. An increase in outpatient visits for influenza-like illness and pneumonia and influenza-associated deaths was observed this week.

Moderate Disease Surveillance

Outpatient influenza-like illness (ILI)
During the week ending March 31, 2007, 1.1% of sentinel provider outpatient visits were due to ILI (range 0% - 2.4%).

Severe Disease Surveillance

Hospital inpatients
During the week ending March 24, 2007 (week 12), 6.5% of admissions reported by four hospitals were due to respiratory illness (range 1.9% - 14.9%). During the week ending March 31, 2007 (week 13), 0.8% of admissions reported by two hospitals were due to respiratory illness (range 0% - 1.6%).

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

# New England is defined as Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
Hospital Admissions due to Respiratory Illness -- Maine, 2005-07

Laboratory Reporting
During the week ending March 31, 2007, one respiratory specimen was submitted to the Maine Health and Environmental Testing Laboratory (HETL) for influenza culture; it was positive for influenza A. An additional three specimens were submitted to HETL for influenza PCR testing during the week ending March 31, 2007; one specimen was positive for influenza and results are pending on the remaining two specimens. As of March 31, 2007, a total of 179 respiratory specimens have been submitted for culture and/or PCR to HETL since October when the influenza surveillance season began. Of these specimens, 28 (15.6%) were culture or PCR-positive for influenza (7 for influenza A [H1], 3 for influenza A [H3], 14 for influenza A [unsubtyped], and 4 for influenza B), four (2.2%) specimens were presumptive positive for enterovirus, two (1.1%) specimens were positive for adenovirus, one (0.5%) specimen was positive for RSV, four (2.2%) specimens were not tested, results are pending for three specimens, and the remaining specimens were negative.
During the week ending March 31, 2007, a total of 78 respiratory specimens were submitted to two private reference laboratories in Maine. Of these, 17 (21.8%) specimens were positive for influenza (16 for influenza A and 1 for influenza B). As of March 31, 2007, a total of 1,390 respiratory specimens have been submitted for viral testing to two reference laboratories in Maine since October when the influenza surveillance season began. Of these, 200 (14.4%) specimens were positive for influenza (196 for influenza A and 4 for influenza B), 235 (16.9%) were positive for RSV, 1 (0.1%) specimen was positive for parainfluenza 2, 6 (0.4%) were positive for parainfluenza-3, 15 (1.1%) were positive for adenovirus, 12 (0.9%) specimens were positive for enterovirus, and the remaining specimens were negative.
Outbreaks

During the week ending March 31, 2007, no outbreaks of influenza-like illness were reported. To date, five outbreaks of influenza have been reported in Maine this season.

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

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Region</th>
<th>Date Reported</th>
<th>Attack Rate %</th>
<th>Hospitalizations #</th>
<th>Deaths #</th>
<th>Vaccination rate %</th>
<th>Lab-confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Western</td>
<td>2/5/07</td>
<td>8.9</td>
<td>0</td>
<td>0</td>
<td>^</td>
<td>^</td>
</tr>
<tr>
<td>School</td>
<td>Midcoast</td>
<td>2/12/07</td>
<td>25.0</td>
<td>20.0</td>
<td>0</td>
<td>^</td>
<td>^</td>
</tr>
<tr>
<td>LTC</td>
<td>Western</td>
<td>2/21/07</td>
<td>4.8</td>
<td>0</td>
<td>1</td>
<td>40.0</td>
<td>Influenza</td>
</tr>
<tr>
<td>School</td>
<td>Western</td>
<td>2/22/07</td>
<td>31.4</td>
<td>6.3</td>
<td>0</td>
<td>^</td>
<td>^</td>
</tr>
<tr>
<td>School</td>
<td>Eastern</td>
<td>3/21/07</td>
<td>20.4</td>
<td>0</td>
<td>0</td>
<td>^</td>
<td>^</td>
</tr>
</tbody>
</table>

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

Fatalities Surveillance

Death Certificates

During the week ending March 31, 2007, 14.5% of deaths reported by three city vital records office were attributable to pneumonia and influenza (range: 0% - 24.1%).

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 March 31, 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 March 31, 2007.