Maine Weekly Influenza Surveillance Report

DECEMBER 5, 2007

Synopsis
During the week ending December 1, 2007 (MMWR week 48)*, an increase in outpatient visits for influenza-like illness and a decrease in pneumonia and influenza hospital admissions was observed. The first laboratory confirmed case of influenza (type A) this season was identified in a resident of Penobscot County.

Moderate Disease Surveillance

Outpatient influenza-like illness (ILI)
During the week ending December 1, 2007 (week 48), 0.7% of outpatient visits reported by seven Maine Sentinel Providers were for influenza-like illness (ILI), defined as fever (≥100°F / ≥37.8°C) and cough or sore throat in the absence of a known cause. In the New England States, 1% of outpatient visits were attributed to influenza-like illness during week 48.

Severe Disease Surveillance

Hospital inpatients
During the week ending December 1, 2007 (week 48), a total of 3.3% of hospital admissions reported by four hospitals were attributable to influenza or pneumonia. This is a decrease from week 47 when 5.9% of hospital admissions were attributable to pneumonia or influenza.

* At time of publication, reporting may be incomplete. Numbers presented here may change as more reports are received.
Laboratory Reporting
During the week of December 1, 2007 (week 48), seven respiratory specimen were submitted to the Maine Health and Environmental Testing Laboratory (HETL) for influenza testing; results are pending on these specimens. As of December 1, 2007 (week 48), a cumulative total of 53 respiratory specimens had been submitted to the Maine Health and Environmental Testing Laboratory (HETL) for influenza testing. To date, 46 specimens were negative for influenza by culture, including 13 that were negative by PCR. Culture results are pending on the remaining 7 specimens.

During the week ending December 1, 2007 (week 48), a total of 29 respiratory specimens were submitted to two private reference laboratories in Maine. Of these, three specimens were positive for influenza A, one specimen was positive for RSV, one specimen was positive for parainfluenza-1 and one specimen was positive for adenovirus. As of December 1, 2007, a cumulative total of 129 respiratory specimens had been submitted to two private reference laboratories in Maine. Of these, three specimens were positive for influenza A. Four specimens (2.8%) were positive for RSV, seven specimens (6.6%) were positive for parainfluenza-1, three (2.8%) specimens were positive for parainfluenza-2, three specimens (2.8%) were positive for parainfluenza-3, one (0.9%) specimen was positive for adenovirus, three (2.8%) specimens were positive for enterovirus, and the remaining specimens were negative.

Outbreaks
No outbreaks have been reported this season.
Fatalities Surveillance

Death Certificates
During the week ending December 1, 2007 (week 48), 10.1% of deaths reported by three city vital records offices were attributable to pneumonia and influenza.

Percentage of Deaths Attributable to Pneumonia and Influenza – Maine, New England and the United States, 2006-08

^ 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
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). Maine reported no influenza activity for the week ending November 24, 2007 (week 47). For week 48, Maine reported sporadic activity.
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists *
Week Ending November 24, 2007 - Week 47

*This map indicates geographic spread and does not measure the severity of influenza activity.