Maine Weekly Influenza Surveillance Report

December 19, 2007

Synopsis
During the week ending December 15, 2007 (MMWR week 50)*, a decrease in outpatient visits for influenza-like illness and pneumonia and influenza hospital admissions was observed. An increase in pneumonia and influenza-associated deaths was observed.

Moderate Disease Surveillance

Outpatient influenza-like illness (ILI)
During the week ending December 15, 2007 (week 50), 0.6% of outpatient visits reported by eight 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, 0.8% of outpatient visits were attributed to influenza-like illness during week 50.

Severe Disease Surveillance

Hospital inpatients
During the week ending December 15, 2007 (week 50), a total of 1.1% of hospital admissions reported by three hospitals was attributable to influenza or pneumonia. This is a decrease from week 49 when 7.0% 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 ending December 15, 2007 (week 50), three respiratory specimen were submitted to the Maine Health and Environmental Testing Laboratory (HETL) for influenza testing; results are pending on this specimen. As of December 15, 2007 (week 50), a cumulative total of 70 respiratory specimens had been submitted to the Maine Health and Environmental Testing Laboratory (HETL) for influenza testing. To date, 50 specimens were negative for influenza by culture, including 13 that were negative by PCR, and 1 specimen was positive for parainfluenza-1 by culture. Culture results are pending on the remaining specimens.

During the week ending December 15, 2007 (week 50), a total of 35 respiratory specimens were submitted to two private reference laboratories in Maine. Of these, five specimens were positive for influenza A, two specimens were positive for RSV, three specimens were positive for parainfluenza-2 and one specimen was positive for adenovirus. As of December 15, 2007, a cumulative total of 201 respiratory specimens had been submitted to two private reference laboratories in Maine. Of these, ten (5%) specimens were positive for influenza A. Five specimens (2.5%) were positive for RSV, eight specimens (4.0%) were positive for parainfluenza-1, seven (3.5%) specimens were positive for parainfluenza-2, three (1.5%) specimens were positive for parainfluenza-3, three (1.5%) specimens was positive for adenovirus, three (1.5%) specimens were positive for enterovirus, and the remaining specimens were negative.

Outbreaks
No outbreaks have been reported to date this season.
Fatalities Surveillance

Death Certificates

During the week ending December 15, 2007 (week 50), 14.5% 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 sporadic influenza activity for the week ending December 8, 2007 (week 49). For week 50, Maine reported sporadic activity.
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*
Week Ending December 08, 2007 - Week 49

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