



Infectious Disease Epidemiology Report



Influenza, Maine – 2011 - 2012

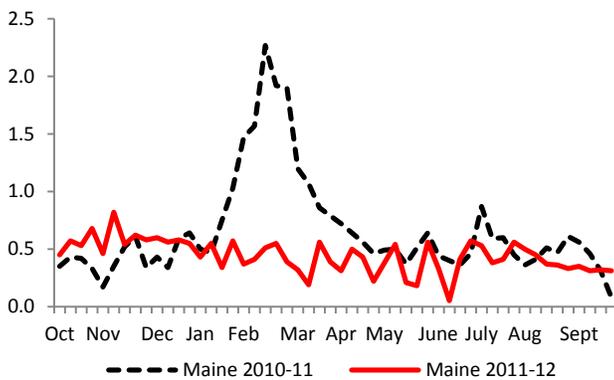
Synopsis

Influenza is a viral illness that typically occurs during the winter months. Characterized by the abrupt onset of constitutional and respiratory signs and symptoms, such as fever, muscle aches, headache, severe malaise, non-productive cough, sore throat, and runny nose, influenza is spread from person to person primarily by coughing and sneezing. Influenza-like illness (ILI) is a term used to describe illness that presents with the typical signs and symptoms of influenza, but that has not been confirmed by laboratory test. ILI is defined as fever greater than or equal to 100°F (37.8°C) and cough and/or sore throat in the absence of a known cause other than influenza. The 2011 – 2012 influenza season ran from October 2, 2011 to September 29, 2012. The 2011-2012 influenza season was very mild compared with previous years.

Outpatient Influenza-like Illness

Outpatient ILI data were collected through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), a collaborative effort between the federal CDC, Maine CDC, and local health care providers. During the 2011-12 season, 30 health care providers reported the number of patients seen in their practices and the number of those patients with ILI by age group on a weekly basis. It was a mild influenza year, without a distinctive peak in ILI visits.

Outpatient Visits for ILI - Maine, 2010 - 12

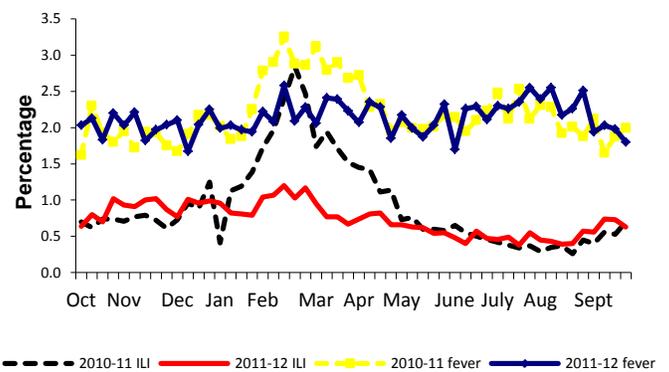


Syndromic Surveillance

During the 2011-12 season, 24 Maine emergency departments reported daily de-identified visit data.

Data were classified into syndromes based on chief complaint. The ILI and fever syndromes were used to get weekly percentage of visits for each. Emergency department visits for ILI peaked in February 2012. Fever visits remained relatively level throughout the year, without a distinctive peak.

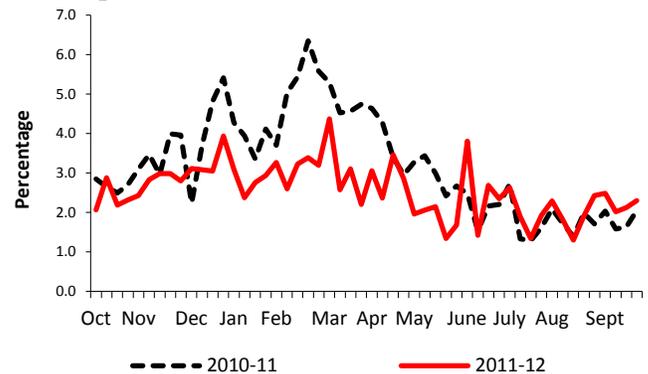
Emergency Department Visits for ILI and Fever – Maine, 2010-12



Hospital Inpatients

Surveillance for inpatient respiratory illness admissions in Maine was conducted in collaboration with four hospitals. During the 2011-12 season, the four hospitals reported the number of patients admitted to the hospital and the number of those patients admitted for pneumonia or influenza (P&I) using admitting diagnoses. Hospital admissions for pneumonia and influenza were highest in February.

Hospital Admissions due to P&I – Maine, 2010-12

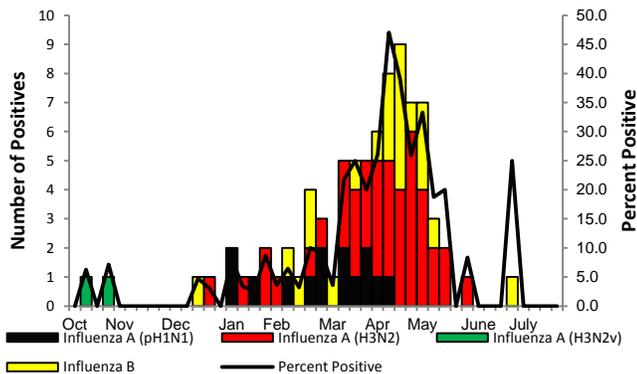


Influenza – Maine, 2011-2012

Laboratory Reporting

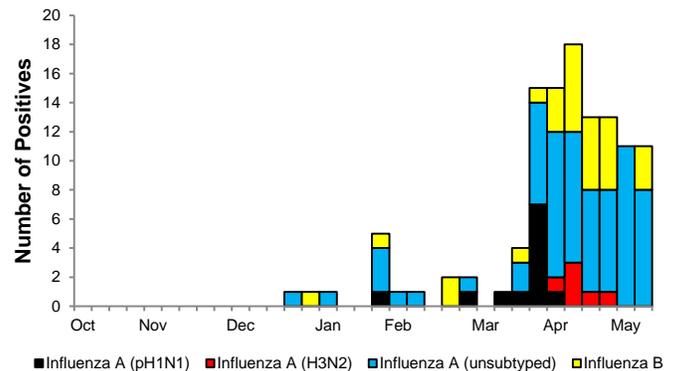
Maine CDC's Health and Environmental Testing Laboratory (HETL) worked collaboratively with hospitals and private laboratories to collect specimens for respiratory virus testing and influenza positive isolate subtyping. HETL reported the number of specimens received for respiratory virus testing and the number positive by specimen collection date. During the 2011-12 season, 961 respiratory specimens were tested by HETL for influenza by culture and/or Polymerase Chain Reaction (PCR). Of the specimens tested for influenza, 81 (8.4%) were positive for influenza (14 for influenza A/pH1N1, 43 for influenza A/H3, 2 for influenza A/H3N2v, and 22 for influenza B). The 2 variant influenza cases (H3N2v) were identified in children with either direct or indirect pig contact. Both cases recovered fully. More information on H3N2v can be found at <http://www.cdc.gov/flu/swineflu/h3n2v-outbreak.htm>.

Positive PCR Samples for Influenza, HETL – Maine, 2011-12



Two Maine reference laboratories and multiple national reference laboratories also participated in influenza surveillance activities during the 2011-12 season. These laboratories submitted reports of laboratory-confirmed influenza by culture or PCR. During the 2011-12 season, 115 specimens were positive for influenza (12 for influenza A/pH1N1, 6 for influenza A/H3, 69 for influenza A [subtype unknown] and 28 for influenza B).

Positive PCR Samples for Influenza, Maine and National Reference Labs – Maine, 2011-12



Outbreaks

Outbreaks of influenza or ILI are reportable by law in Maine. During the 2011-12 season, a total of 10 outbreaks of influenza were reported in Maine. Of these outbreaks, 8 were in long-term care facilities, 1 in K-12 schools, and 1 in a residential school or university. The majority of outbreaks occurred during the spring of 2012. Outbreaks occurred in 6 counties. Outbreak definitions can be found at <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/influenza-surveillance-weekly-updates.shtml> under Surveillance Methods.

Death Certificates

The vital statistics offices of one Maine city reported the number of death certificates in which pneumonia and influenza were mentioned as the primary or secondary cause of death. Data reported represent deaths that occurred in the reporting area, not the residence of the deceased. During the 2011-12 season, a total of 938 deaths were reported by the vital records office. Of these, 140 (14.9%) were attributed to pneumonia or influenza.

Pediatric Influenza Deaths

No influenza-associated pediatric deaths were reported during the 2011-12 season.

References

<http://www.maineflu.gov>
<http://www.cdc.gov/flu/>