

# Maine Weekly Influenza Surveillance Report

## 2024-2025 Influenza Season

December 17, 2024

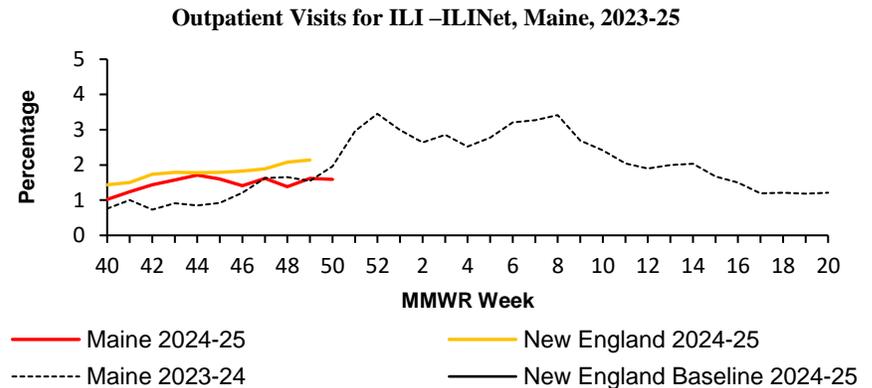
Data for MMWR week 50 (ending 12/14/2024)



### U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)

Percent of Outpatient Health Care Visits Due to ILI
<b>1.59</b>

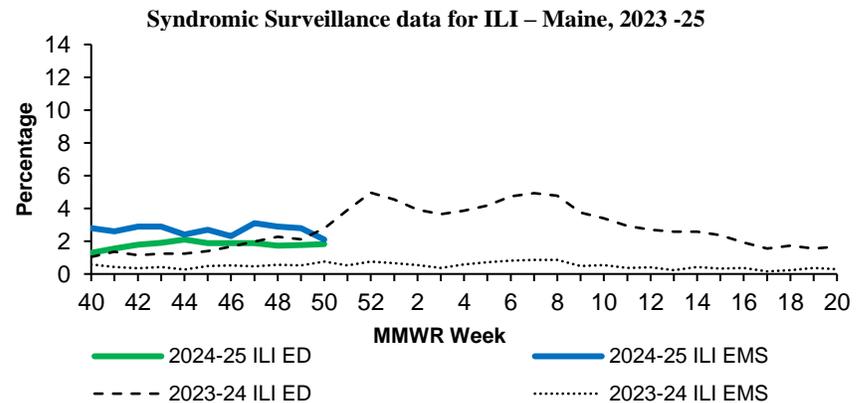
Number of ILINet Reporting Providers
<b>46</b>



### Syndromic Surveillance

Percent of Emergency Room Visits Due to ILI
<b>1.82</b>

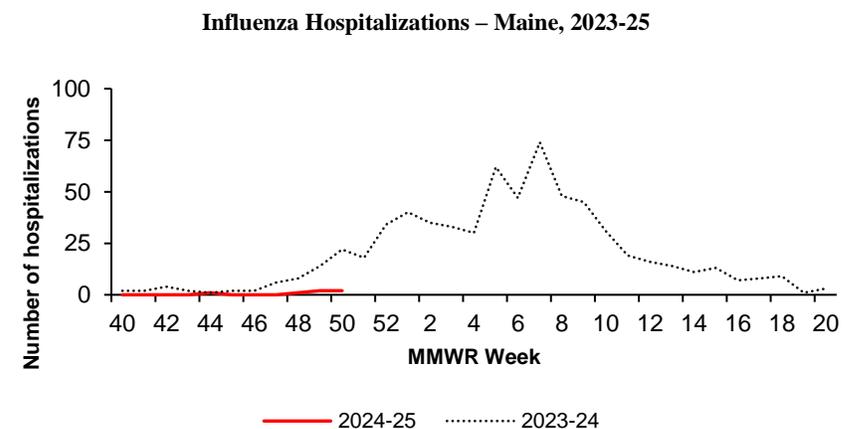
Percent of Emergency Medical Services (EMS) calls for ILI
<b>0.32</b>



### Hospitalizations

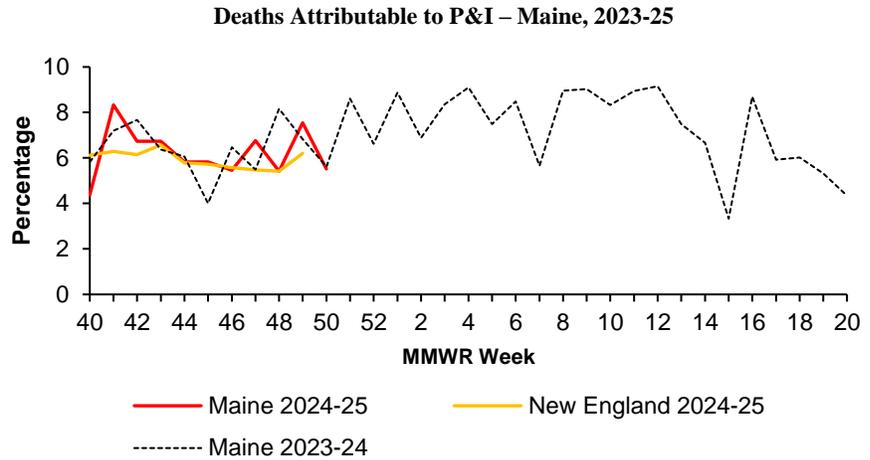
Influenza-Associated Hospitalizations This Week
<b>2</b>

Total Influenza-Associated Hospitalizations This Season
<b>6</b>



## Pneumonia and Influenza (P&I) Deaths

Percent of Deaths Due to P&I	<b>5.5</b>
Influenza-Associated Deaths This Week*	<b>1</b>
Total Influenza-Associated Deaths This Season*	<b>1</b>
Pediatric Influenza-Associated Deaths This Season	<b>0</b>

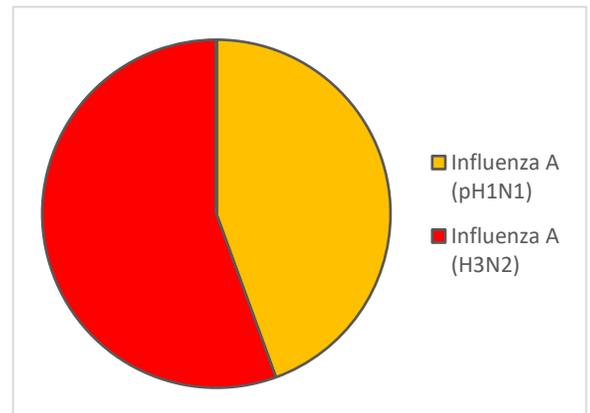
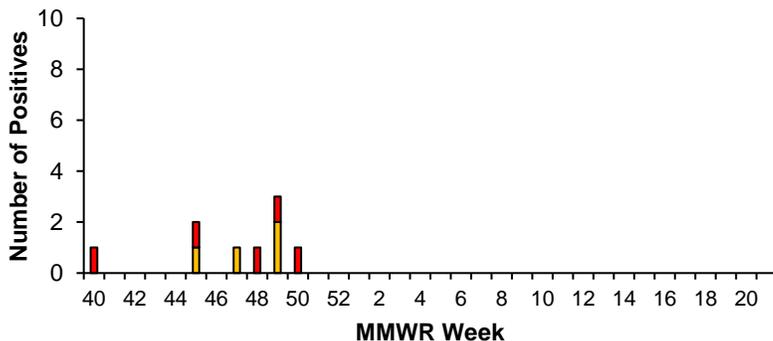


\*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I) deaths.

## Virologic Surveillance

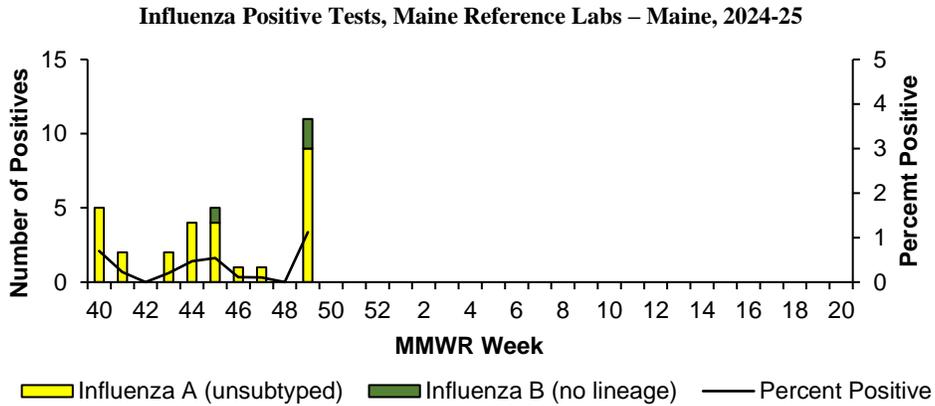
Health and Environmental Testing Laboratory	Week 50	2024-25 Season
<b>No. of specimens tested</b>	3	21
<b>No. of positive specimens</b>	1	9 (43%)
<i>Positive specimens by type</i>		
<b>Influenza A</b>		
(H1N1)pdm09	0	4 (67%)
H3N2	1	2 (33%)
<b>Influenza B</b>	0	0
Yamagata lineage	0	0
Victoria lineage	0	0

**Influenza Positive PCR Tests, HETL – Maine, 2024-25**

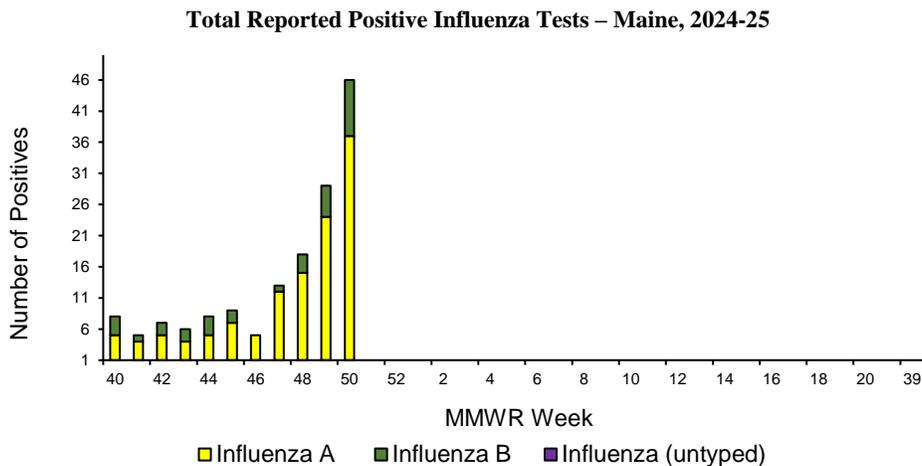


- Influenza A (pH1N1)
- Influenza A (H3N2)
- Influenza A (unsubtyped)
- Influenza B (Victoria)
- Influenza B (Yamagata)
- Influenza B (no lineage)
- Influenza (untyped)

Maine Reference Laboratories	Week 50	2024-25 Season
No. of specimens tested	<i>Not reported</i>	8,858
No. of positive specimens (%)	<i>Not reported</i>	31 (0.34%)
<i>Positive specimens by type</i>		
Influenza A	<i>Not reported</i>	28
Influenza B	<i>Not reported</i>	3



All Reported Laboratory Results	Week 50	2024-25 Season
No. of specimens positive by antigen test	12	49
No. of specimens positive by molecular test	34	105
<i>Positive specimens by type</i>		
Influenza A	37	123 (80%)
Influenza B	9	31 (20%)



## Antigenic Characterization (Vaccine Strain Match)

US CDC characterizes antigenicity by how well antibodies made against the vaccine strains recognize circulating virus that have been grown in cell culture. Of the characterized viruses, the vaccine strain antibodies recognized:

- 96.3% of influenza A/H1N1 viruses were well-recognized by ferret antisera raised against the cell-grown A/Wisconsin/67/2022-like reference virus for the season
- 74.9% of influenza A/H3N2 ) viruses were well-recognized by ferret antisera raised against the cell-grown A/Massachusetts/18/2022-like reference virus for the season.
- 100% of influenza B/Victoria lineage viruses were well-recognized by ferret antisera raised against the cell-grown B/Austria/1359417/2021-like reference virus.
- No influenza B/Yamagata samples were available for characterization

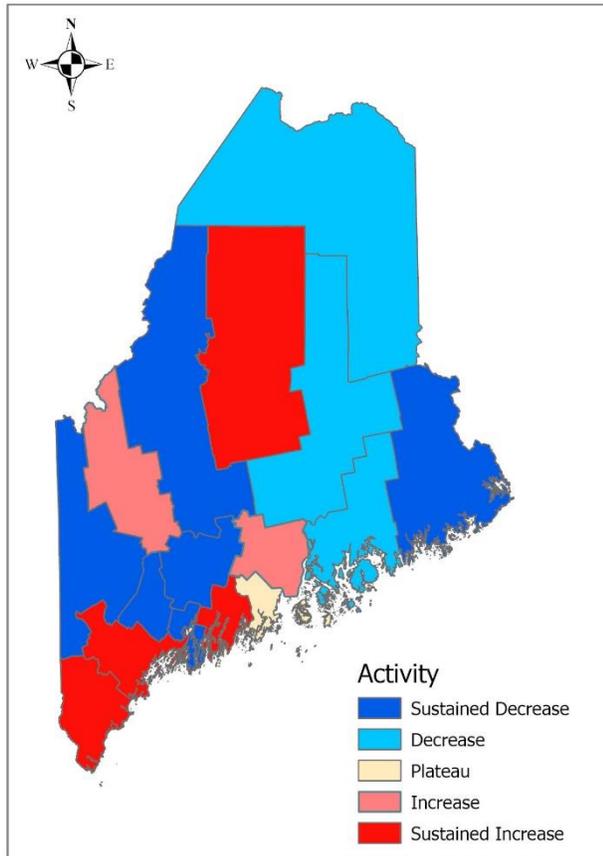
### Weekly County-level Influenza, Maine, Week 50

County	Positive labs	Hospitalizations	Activity Trend	Severity Estimate <sup>§</sup>
Androscoggin	1	0	Sustained Decrease	low
Aroostook	2	0	Decrease	low
Cumberland	9	1	Sustained Increase	low
Franklin	0	0	Increase	low
Hancock	6	0	Decrease	low
Kennebec	1	0	Sustained Decrease	low
Knox	0	0	Plateau	low
Lincoln	2	1	Sustained Increase	low
Oxford	1	0	Sustained Decrease	low
Penobscot	6	0	Decrease	low
Piscataquis	0	0	Sustained Increase	low
Sagadahoc	2	0	Sustained Decrease	low
Somerset	0	0	Sustained Decrease	low
Waldo	0	0	Increase	low
Washington	0	0	Sustained Decrease	low
York	16	0	Sustained Increase	low
<b>Total</b>	46	2	-	-

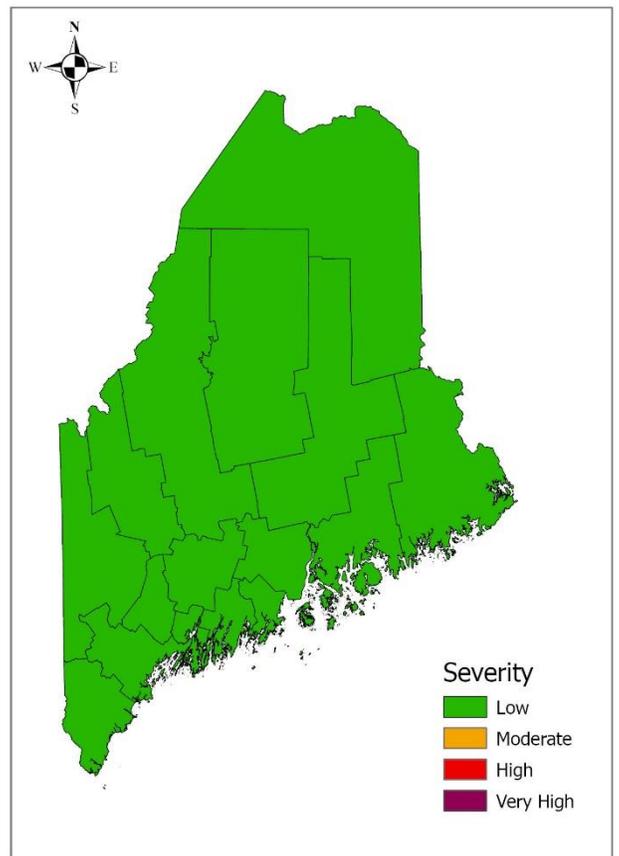
\*Activity trends are determined by county-level emergency department visits due to ILI. Activity trend levels include “sustained increase”, “increase”, “plateau”, “decrease”, and “sustained decrease.” This will become available when enough weeks of data have been collected.

<sup>§</sup>Severity is estimated using county-level P&I deaths, syndromic surveillance, and hospitalizations. Thresholds are calculated statewide from previous seasons’ data using the moving epidemic method, as described at <https://www.cdc.gov/flu/about/classifies-flu-severity.htm>

### Influenza Activity Trends, Maine, Week 50



### Influenza Severity Estimates, Maine Week 50

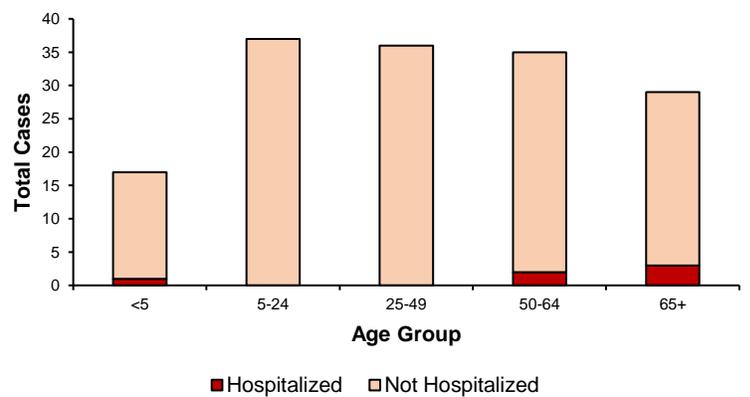


### Age Information – Maine, 2024-25 Influenza Season

	Age (years)		
	Min.	Mean	Max
<b>Cases</b>	< 1	39.90	89.64
<b>Hospitalizations</b>	4.6	58.20	79.86
<b>Deaths</b>	*	*	*

\*Data suppressed.

Positive Influenza Tests by Age and Hospitalization Status – Maine, 2024-25



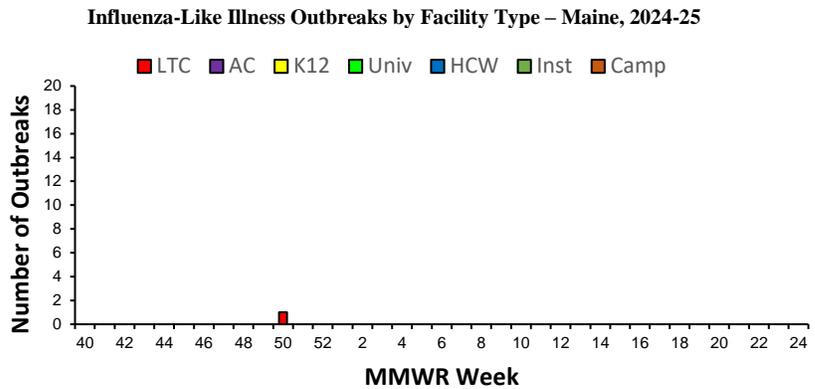
## Influenza-Like Illness Outbreaks – Maine, 2024-25 Influenza Season

Number of New Outbreak Investigations
1

Total Outbreaks This Season
1

### Outbreak Facility Type Key:

- LTC - Long Term Care Facility
- AC - Acute Care Facility (nosocomial)
- K12 - School (K-12) or daycare
- Univ - School (residential) or University
- HCW - Health care workers
- Inst - Other institutions (workplaces, correctional facilities etc)
- Camp - Camp



### Influenza-Like Illness Outbreak by Facility Type and County – Maine, 2024-25

County	LTC	AC	K12	Univ	HCW	Inst	Camp	Total
Androscoggin								
Aroostook								
Cumberland	1							
Franklin								
Hancock								
Kennebec								
Knox								
Lincoln								
Oxford								
Penobscot								
Piscataquis								
Sagadahoc								
Somerset								
Waldo								
Washington								
York								
<b>Total</b>	1	-	-	-	-	-	-	-

