

Maine Weekly Influenza Surveillance Report

2024-2025 Influenza Season

January 7, 2025

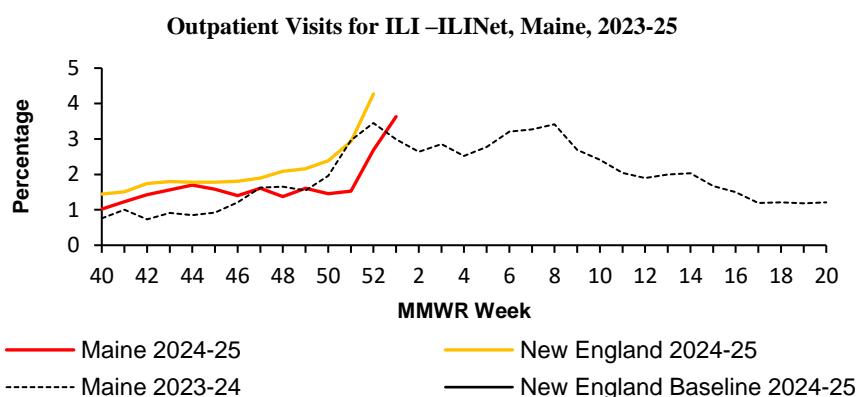
Data for MMWR week 1 (ending 1/4/2025)



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

Percent of Outpatient Health Care Visits Due to ILI
3.63

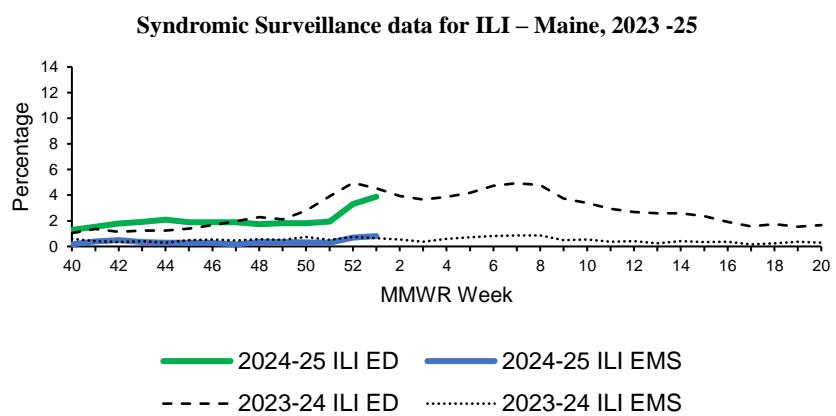
Number of ILINet Reporting Providers
45



Syndromic Surveillance

Percent of Emergency Room (ED) Visits Due to ILI
3.88

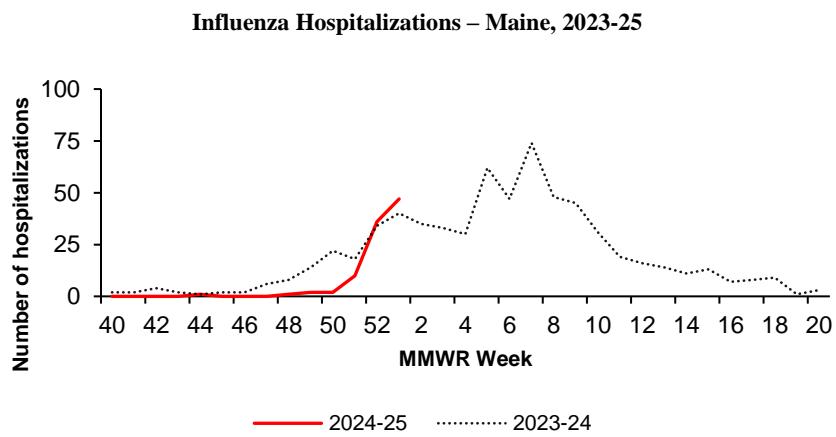
Percent of Emergency Medical Services (EMS) calls for ILI
0.81



Hospitalizations

Influenza-Associated Hospitalizations This Week
47

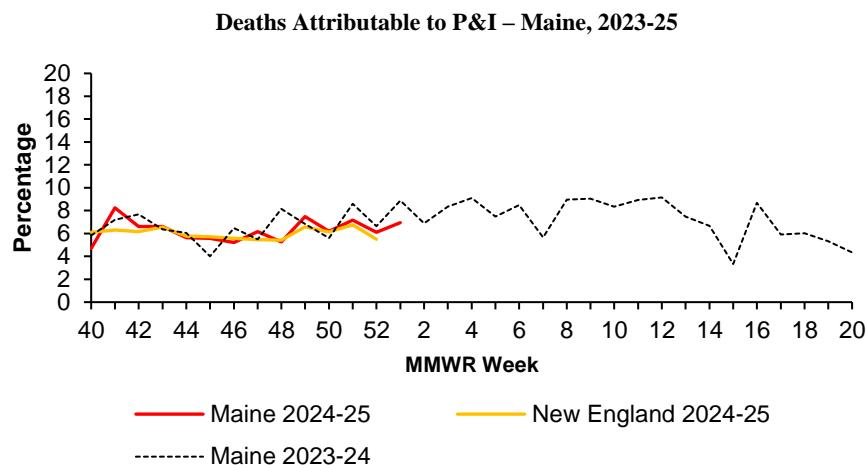
Total Influenza-Associated Hospitalizations This Season
99



All data are preliminary and subject to change

Pneumonia and Influenza (P&I) Deaths

Percent of Deaths Due to P&I
6.94
Influenza-Associated Deaths This Week*
1
Total Influenza-Associated Deaths This Season*
2
Pediatric Influenza-Associated Deaths This Season
0

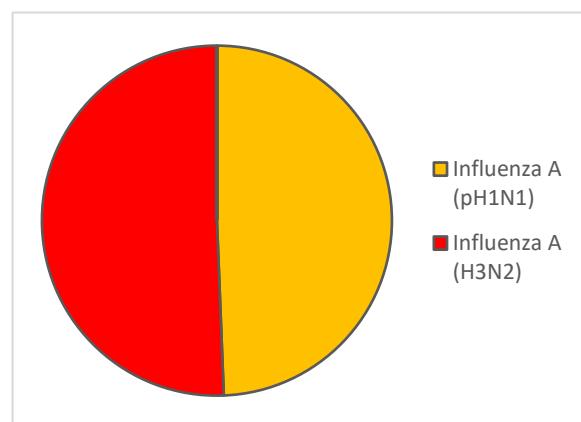
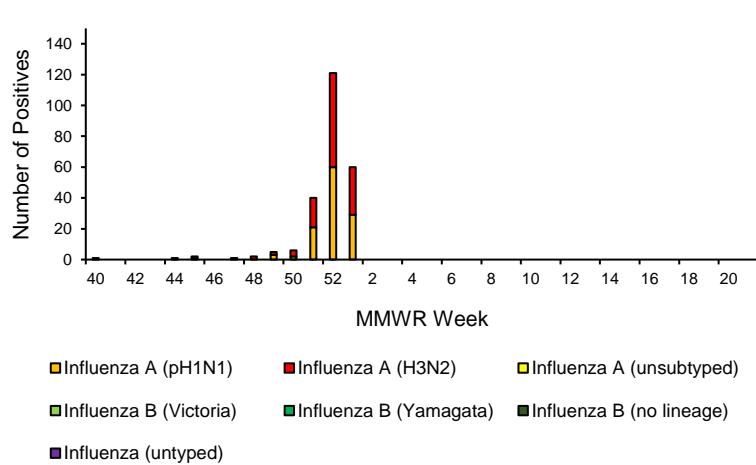


*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I)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

Virologic Surveillance

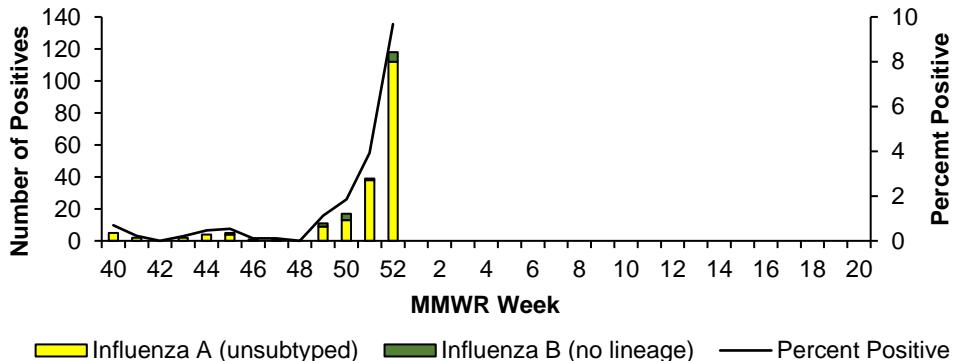
Health and Environmental Testing Laboratory	Week 1	2024-25 Season
No. of specimens tested	97	318
No. of positive specimens	60 (62%)	239 (75%)
Positive specimens by type		
Influenza A		
(H1N1)pdm09	29 (48%)	118 (49%)
H3N2	31 (52%)	121 (51%)
Influenza B	0	0
Yamagata lineage	0	0
Victoria lineage	0	0

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



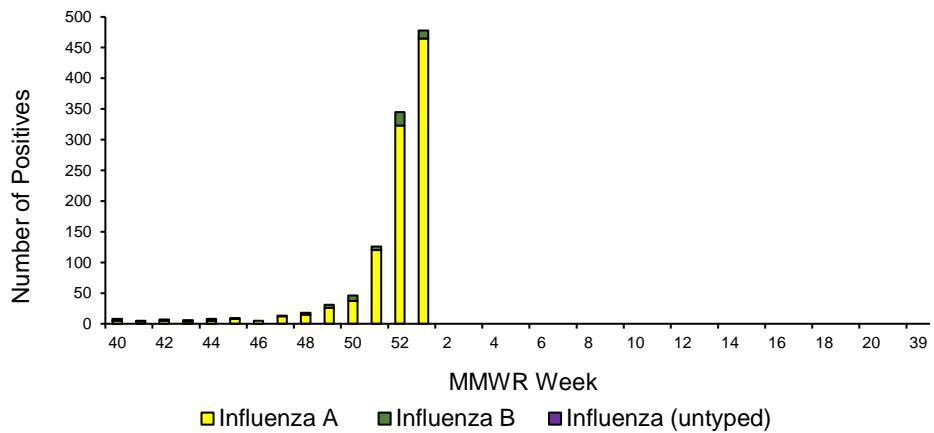
Maine Reference Laboratories	Week 1	2024-25 Season
No. of specimens tested	-	12,084
No. of positive specimens (%)	-	205 (1.7%)
Positive specimens by type		
Influenza A	-	191 (93%)
Influenza B	-	14 (7%)

Influenza Positive Tests, Maine Reference Labs – Maine, 2024-25



All Reported Laboratory Results	Week 1	2024-25 Season
No. of specimens positive by antigen test	72	218
No. of specimens positive by molecular test	406	887
Positive specimens by type		
Influenza A	465 (97%)	1034 (94%)
Influenza B	13 (3%)	71 (6%)

Total Reported Positive Influenza Tests – Maine, 2024-25



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:

- 100% 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
- 55.9% 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

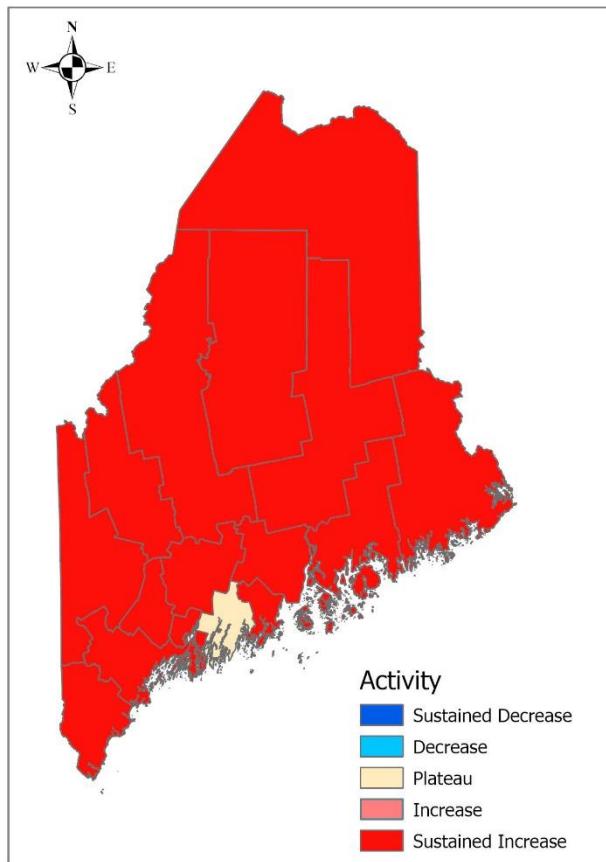
Weekly County-level Influenza, Maine, Week 1

County	Positive labs	Hospitalizations	Activity Trend	Severity Estimate [§]
Androscoggin	40	10	Sustained Increase	Low
Aroostook	21	0	Sustained Increase	Low
Cumberland	111	14	Sustained Increase	Low
Franklin	8	0	Sustained Increase	Low
Hancock	23	1	Sustained Increase	Low
Kennebec	18	2	Sustained Increase	Low
Knox	20	2	Sustained Increase	Low
Lincoln	6	1	Plateau	Low
Oxford	20	4	Sustained Increase	Low
Penobscot	35	1	Sustained Increase	Low
Piscataquis	11	0	Sustained Increase	Moderate
Sagadahoc	10	1	Sustained Increase	Low
Somerset	25	1	Sustained Increase	Low
Waldo	10	0	Sustained Increase	Low
Washington	13	0	Sustained Increase	Low
York	109	10	Sustained Increase	Moderate
Total	480	47	-	-

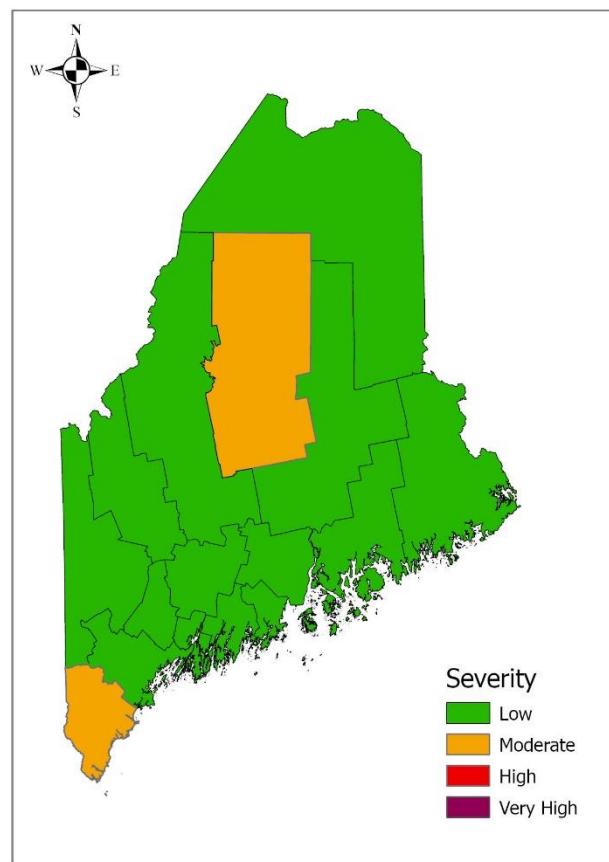
*Activity trends are determined by county-level emergency department visits due to ILI. Activity trend levels include “sustained increase”, “increase”, “plateau”, “decrease”, and “sustained decrease.” This will become available when enough weeks of data have been collected.

§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 1



Influenza Severity Estimates, Maine Week 1

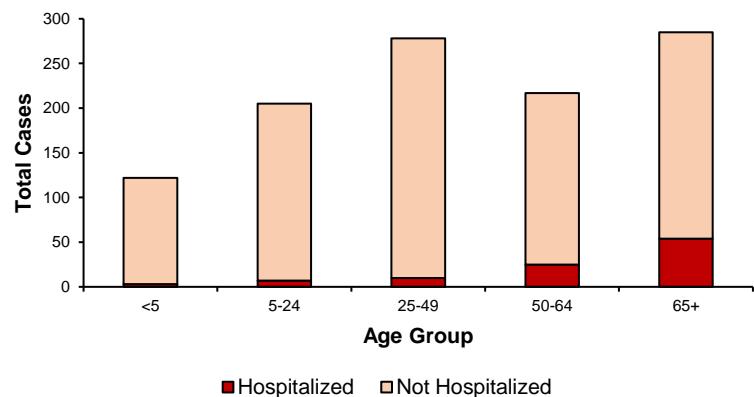


Age Information – Maine, 2024-25 Influenza Season

	Age (years)		
	Min.	Mean	Max
Cases	< 1	43	104
Hospitalizations	<1	62	90
Deaths	*	*	*

*Data suppressed.

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



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

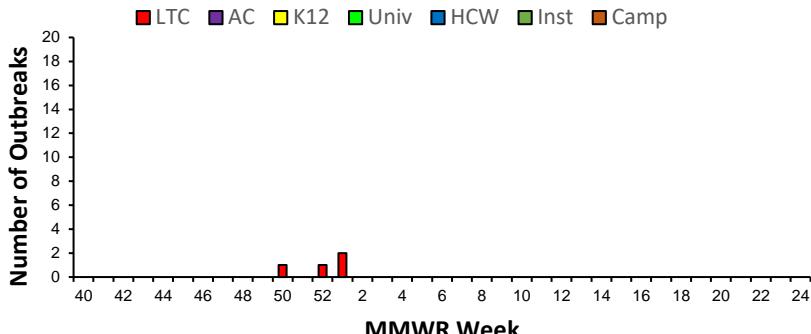
Number of New Outbreak Investigations
1

Total Outbreaks This Season
2

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 Outbreaks by Facility Type – Maine, 2024-25



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

County	LTC	AC	K12	Univ	HCW	Inst	Camp	Total
Androscoggin								0
Aroostook								0
Cumberland	2							2
Franklin								0
Hancock								0
Kennebec	1							1
Knox								0
Lincoln								0
Oxford								0
Penobscot								0
Piscataquis								0
Sagadahoc								0
Somerset								0
Waldo								0
Washington								0
York	1							1
Total	4	0	0	0	0	0	0	4

National Influenza Surveillance Data

Source: <https://gis.cdc.gov/grasp/fluview/main.html>

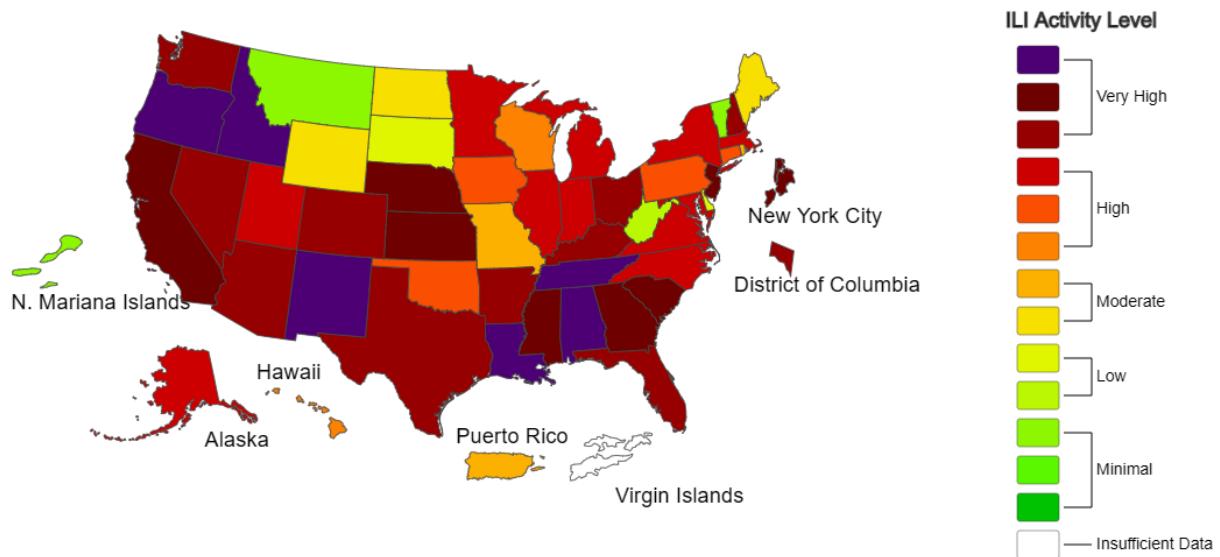


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

2024-25 Influenza Season Week 52 ending Dec 28, 2024



*This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

*Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full picture of influenza activity for the whole state.

*Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.

*Differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

*For the data download you can use Activity Level for the number and Activity Level Label for the text description.

*This graphic notice means that you are leaving an HHS Web site.

For more information, please see CDC's Exit Notification and Disclaimer policy.

For more information on the methodology, please visit Outpatient Illness Surveillance methods section.

- All current and archived influenza surveillance reports are located at www.maine.gov/dhhs/flu/weekly
- Sign up to automatically receive influenza surveillance report at
<https://public.govdelivery.com/accounts/MEHHS/Subscriber/New?preferences=true>
- An overview of Maine influenza surveillance, including descriptions of the surveillance systems and data used to generate surveillance reports can be found at <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/documents/Flu-Surveillance-Data-Overview-24-25.pdf>