

Maine Weekly Influenza Surveillance Report

2024-2025 Influenza Season

March 4, 2025

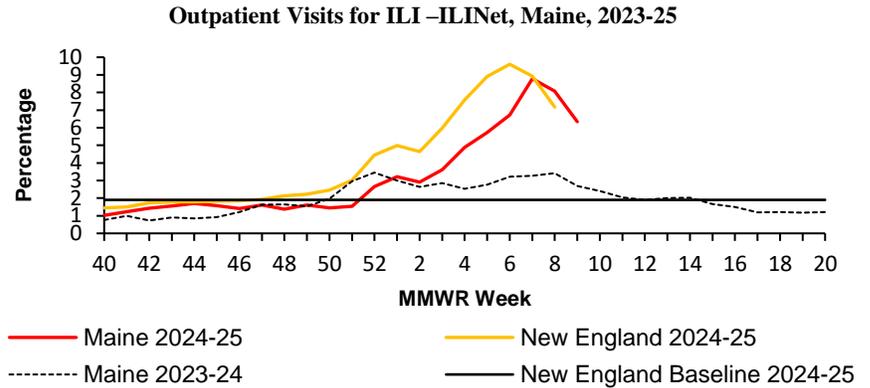
Data for MMWR week 9 (ending 3/1/2025)



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

Percent of Outpatient Health Care Visits Due to ILI
6.34

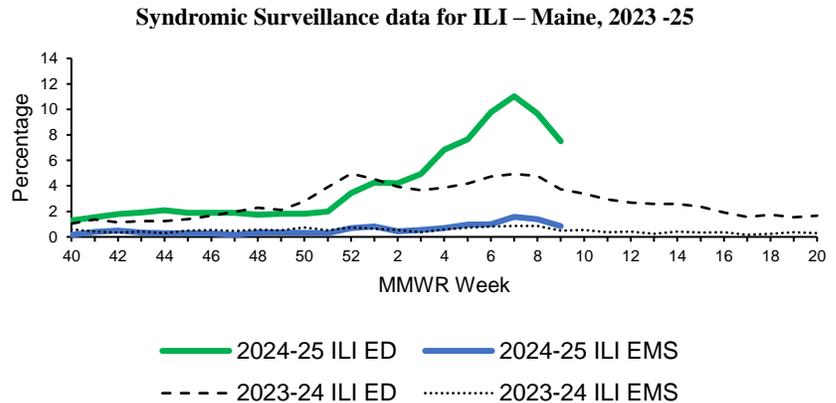
Number of ILINet Reporting Providers
46



Syndromic Surveillance

Percent of Emergency Room (ED) Visits Due to ILI
7.5

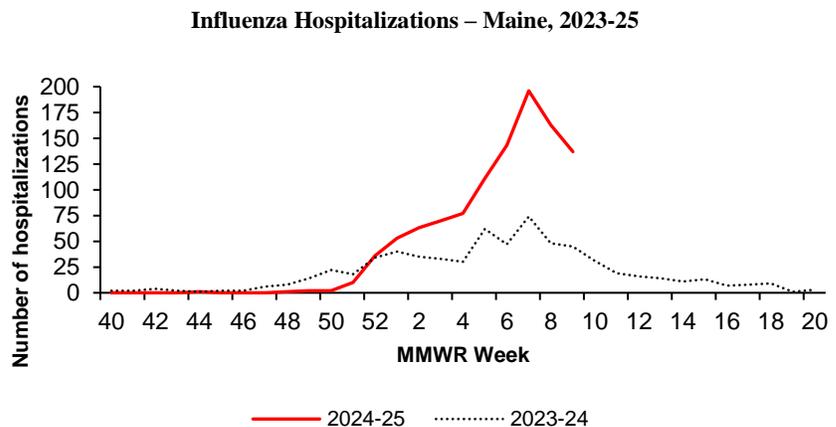
Percent of Emergency Medical Services (EMS) calls for ILI
0.84



Hospitalizations

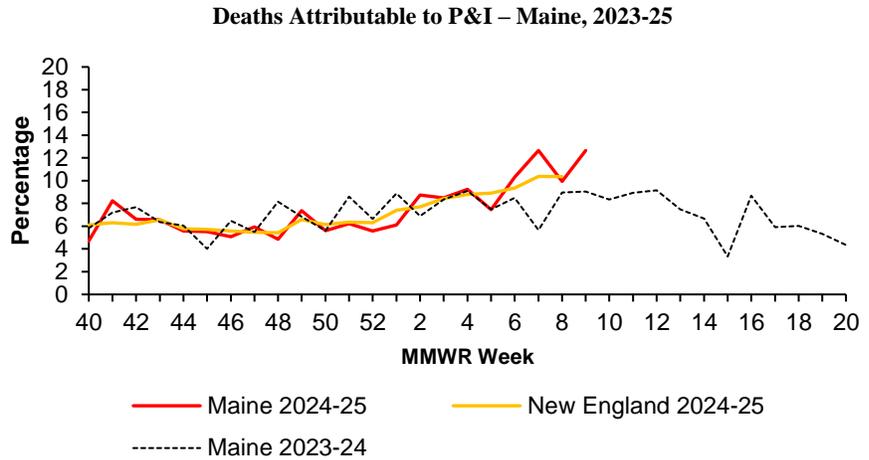
Influenza-Associated Hospitalizations This Week
137

Total Influenza-Associated Hospitalizations This Season
1,065



Pneumonia and Influenza (P&I) Deaths

Percent of Deaths Due to P&I	12.64
Influenza-Associated Deaths This Week*	8
Total Influenza-Associated Deaths This Season*	54
Pediatric Influenza-Associated Deaths This Season	0

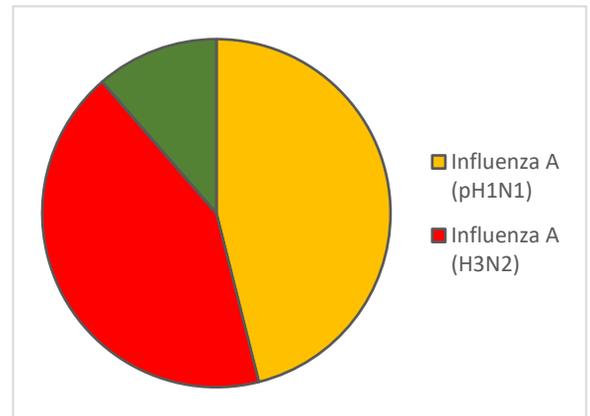
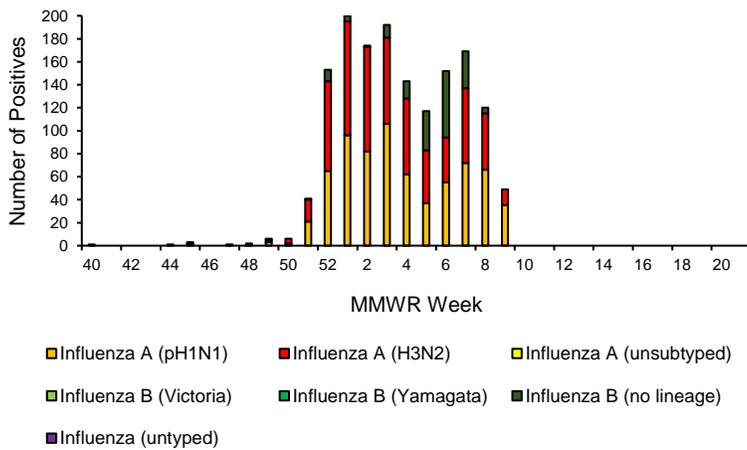


*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I)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

Virologic Surveillance

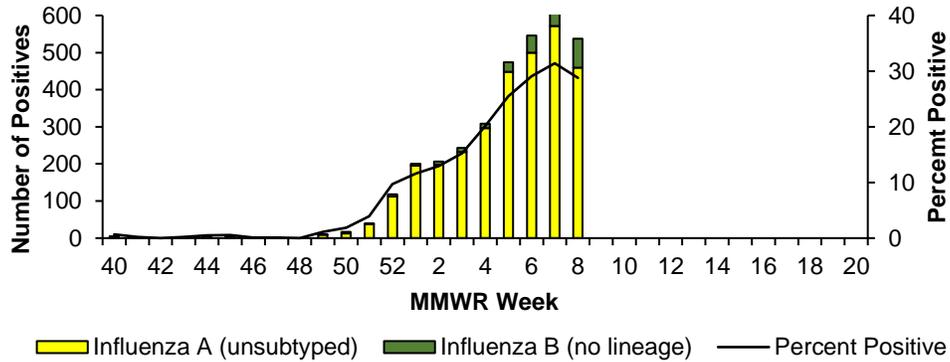
Health and Environmental Testing Laboratory	Week 9	2024-25 Season
No. of specimens tested	58	1,633
No. of positive specimens	49 (84%)	1,530 (94%)
<i>Positive specimens by type</i>		
Influenza A		
(H1N1)pdm09	35 (71%)	705 (46%)
H3N2	14 (29%)	651 (43%)
Influenza B	0 (0%)	174 (11%)
Yamagata lineage	-	-
Victoria lineage	-	-

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



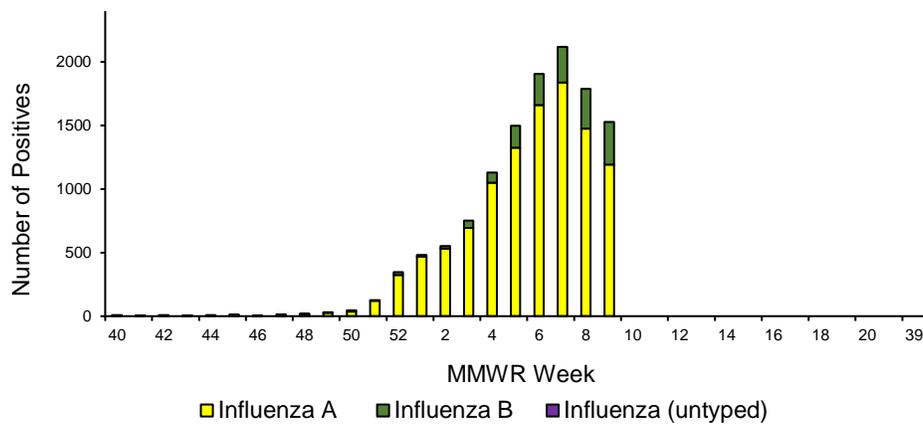
Maine Reference Laboratories	Week 9	2024-25 Season
No. of specimens tested	-	26,136
No. of positive specimens (%)	-	3,350 (13%)
<i>Positive specimens by type</i>		
Influenza A	-	3,091 (92%)
Influenza B	-	259 (8%)

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



All Reported Laboratory Results	Week 9	2024-25 Season
No. of specimens positive by antigen test	309	2,595
No. of specimens positive by molecular test	1,219	9,786
<i>Positive specimens by type</i>		
Influenza A	1,192 (78%)	10,807 (87%)
Influenza B	336 (22%)	1,574 (13%)

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
- 54.9% 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

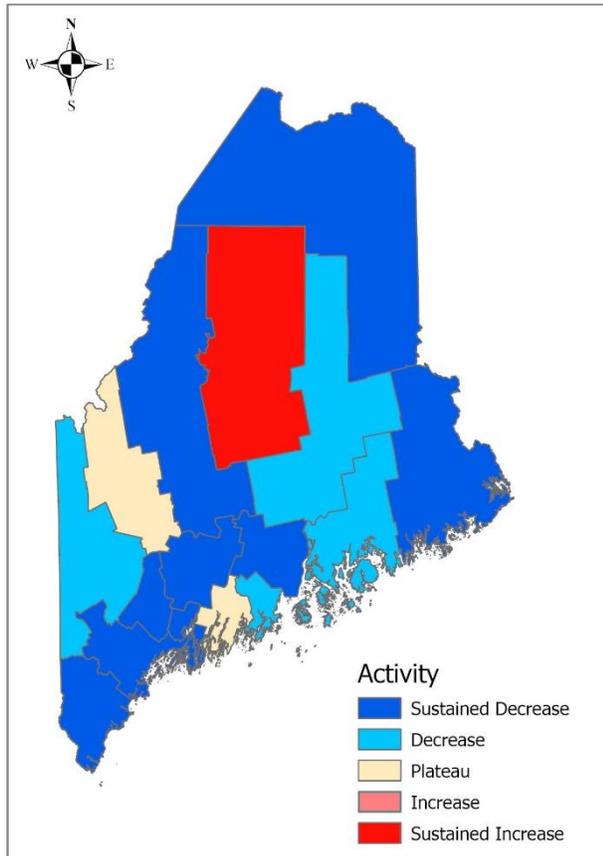
Weekly County-level Influenza, Maine, Week 9

County	Positive labs	Hospitalizations	Activity Trend	Severity Estimate [§]
Androscoggin	108	17	Sustained Decrease	Moderate
Aroostook	102	3	Sustained Decrease	Moderate
Cumberland	202	23	Sustained Decrease	Moderate
Franklin	44	8	Plateau	Very High
Hancock	81	10	Decrease	High
Kennebec	142	10	Sustained Decrease	Moderate
Knox	29	3	Decrease	Moderate
Lincoln	27	2	Plateau	Moderate
Oxford	87	11	Decrease	High
Penobscot	240	21	Decrease	High
Piscataquis	32	2	Sustained Increase	Very High
Sagadahoc	21	0	Sustained Decrease	Low
Somerset	100	6	Sustained Decrease	High
Waldo	38	1	Sustained Decrease	Low
Washington	46	0	Sustained Decrease	Moderate
York	235	20	Sustained Decrease	Moderate
Total	1534	137	-	-

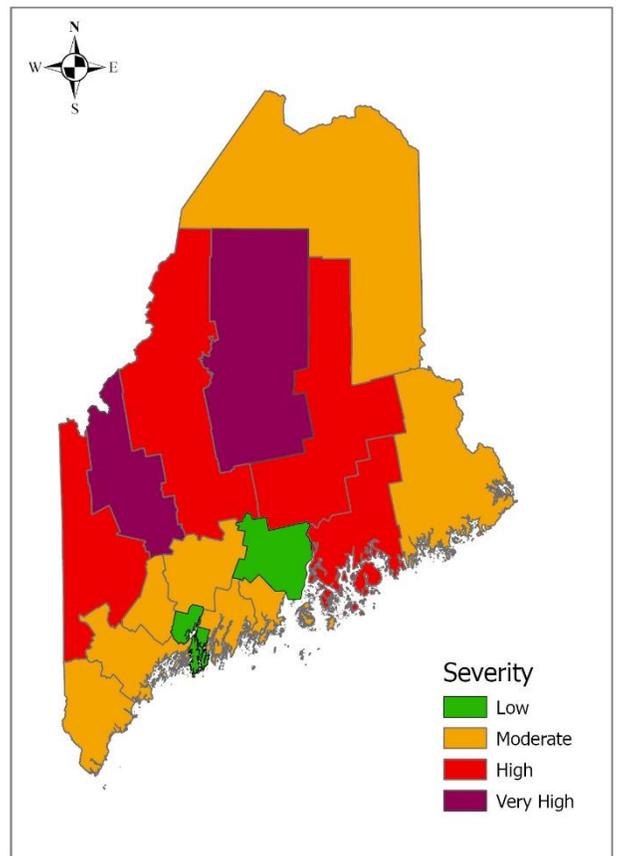
*Activity trends are determined by county-level emergency department visits due to ILI. Activity trend levels include “sustained increase”, “increase”, “plateau”, “decrease”, and “sustained decrease.” This will become available when enough weeks of data have been collected.

[§]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 9



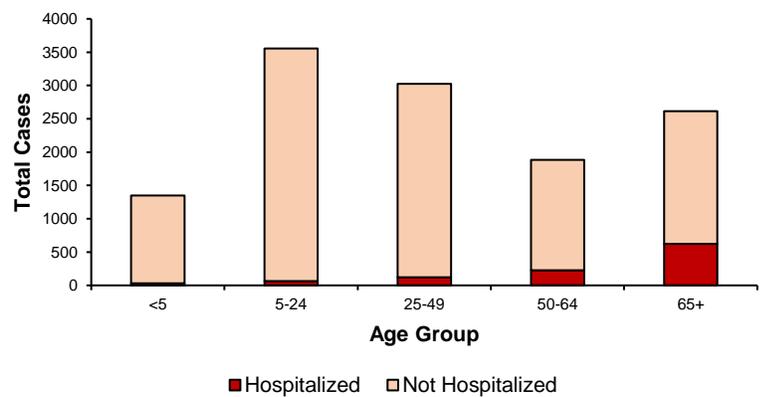
Influenza Severity Estimates, Maine, Week 9



Age Information – Maine, 2024-25 Influenza Season

	Age (years)		
	Min.	Mean	Max
Cases	< 1	38	104
Hospitalizations	<1	64	103
Deaths	39	76	103

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



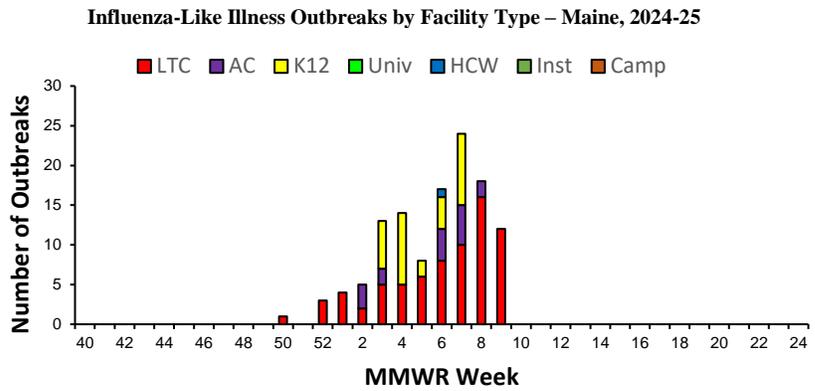
Influenza-Like Illness Outbreaks – Maine, 2024-25 Influenza Season

Number of New Outbreak Investigations
12

Total Outbreaks This Season
119

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	4	3	1					8
Aroostook	5	1	3					9
Cumberland	23	5	3		1			32
Franklin								0
Hancock	3	1	3					7
Kennebec	5	1	4					10
Knox	1	1	2					4
Lincoln	3							3
Oxford	3		5					8
Penobscot	7	2						9
Piscataquis								0
Sagadahoc	2		1					3
Somerset	1		1					2
Waldo	2		2					4
Washington			5					5
York	12	2	1		1	0	0	15
Total	71	16	31	0	1	0	0	119

National Influenza Surveillance Data

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

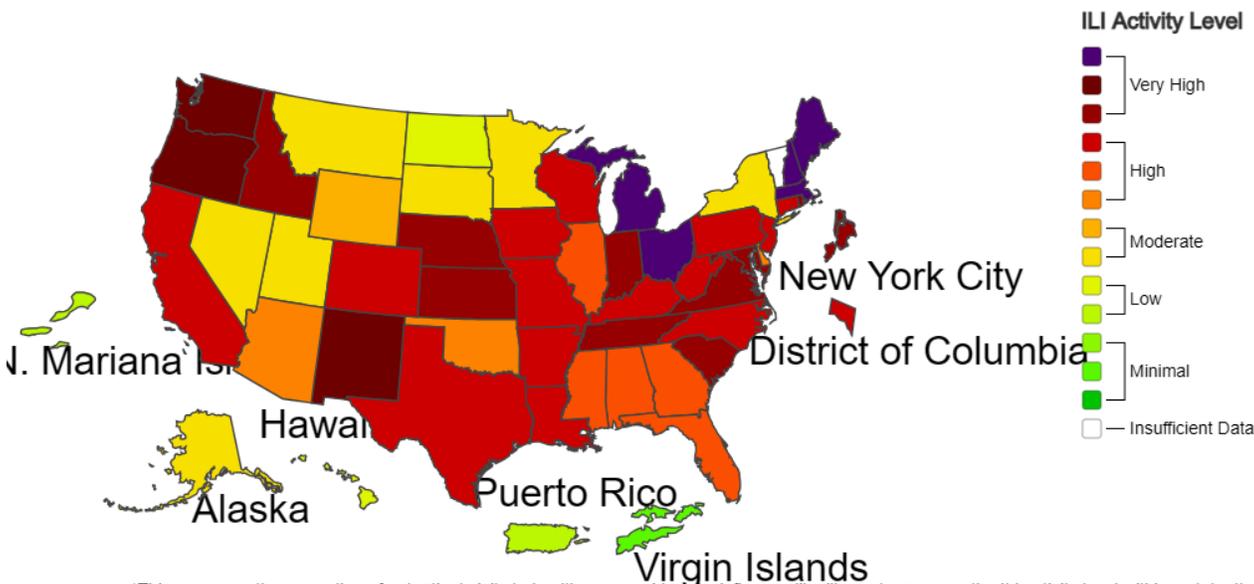


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

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 8 ending Feb 22, 2025



*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>