

Maine Weekly Influenza Surveillance Report

2024-2025 Influenza Season

March 11, 2025

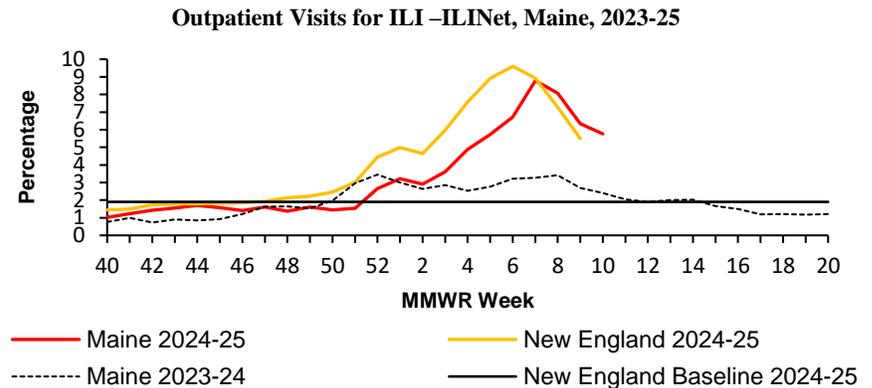
Data for MMWR week 10 (ending 3/8/2025)



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

Percent of Outpatient Health Care Visits Due to ILI
5.77

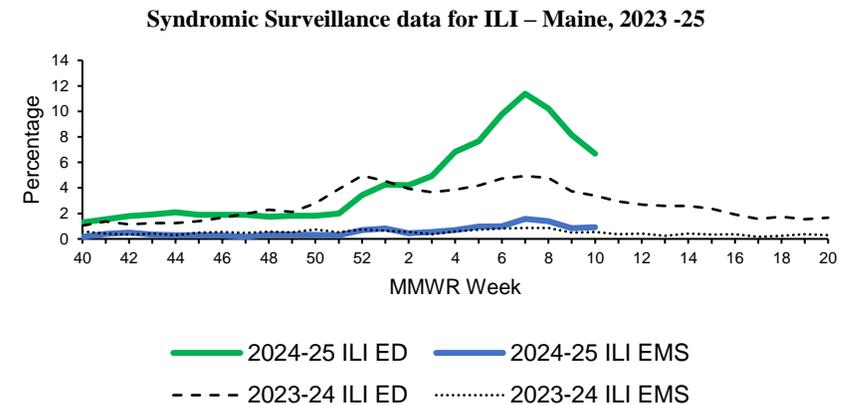
Number of ILINet Reporting Providers
46



Syndromic Surveillance

Percent of Emergency Room (ED) Visits Due to ILI
6.69

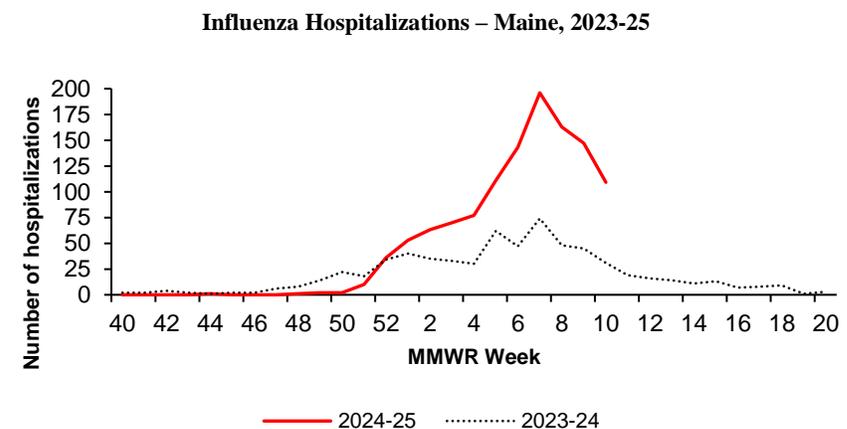
Percent of Emergency Medical Services (EMS) calls for ILI
0.92



Hospitalizations

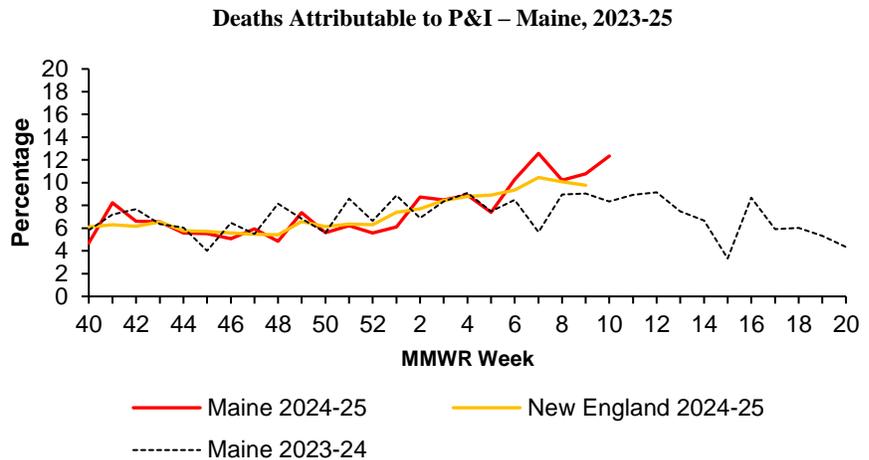
Influenza-Associated Hospitalizations This Week
109

Total Influenza-Associated Hospitalizations This Season
1,184



Pneumonia and Influenza (P&I) Deaths

Percent of Deaths Due to P&I	12.34
Influenza-Associated Deaths This Week*	7
Total Influenza-Associated Deaths This Season*	64
Pediatric Influenza-Associated Deaths This Season	0

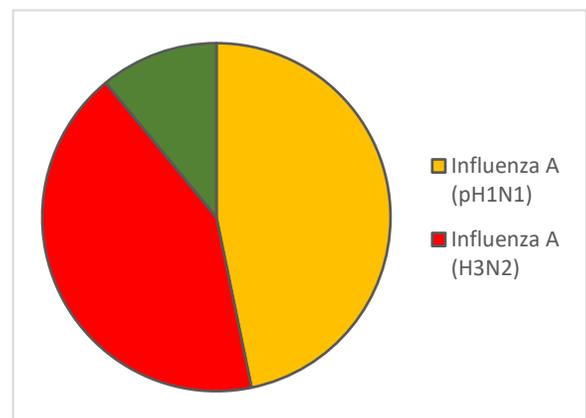
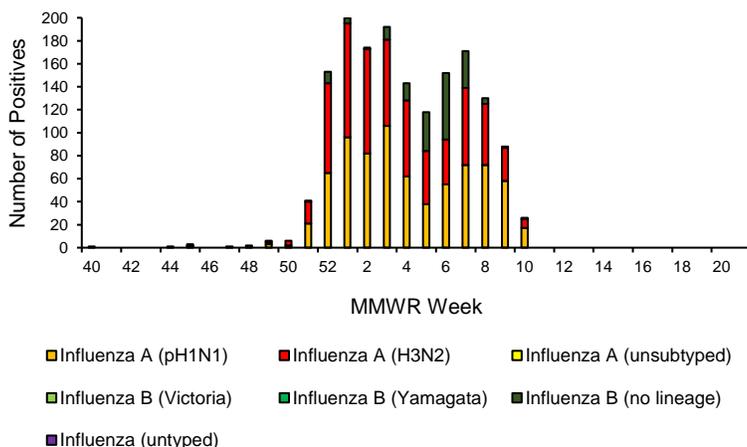


*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I)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

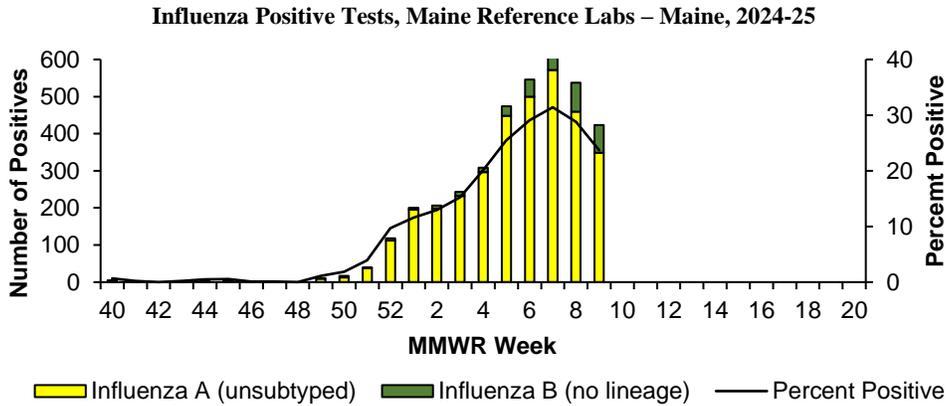
Virologic Surveillance

Health and Environmental Testing Laboratory	Week 10	2024-25 Season
No. of specimens tested	64	1,767
No. of positive specimens	25 (39%)	1,607 (91%)
<i>Positive specimens by type</i>		
Influenza A		
(H1N1)pdm09	17 (68%)	752 (47%)
H3N2	8 (32%)	680 (42%)
Influenza B	0 (0%)	175 (11%)
Yamagata lineage	-	-
Victoria lineage	-	-

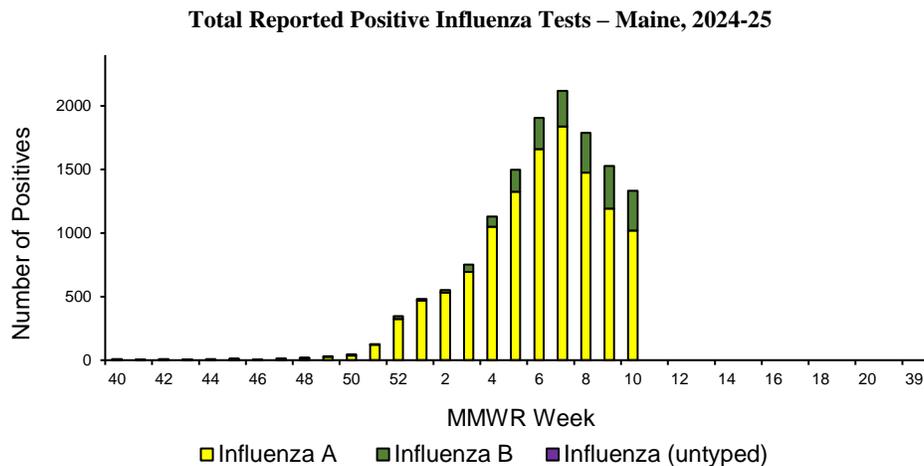
Influenza Positive PCR Tests, HETL – Maine, 2024-25



Maine Reference Laboratories	Week 10	2024-25 Season
No. of specimens tested	-	27,921
No. of positive specimens (%)	-	3,773 (14%)
<i>Positive specimens by type</i>		
Influenza A	-	3,440 (91%)
Influenza B	-	333 (9%)



All Reported Laboratory Results	Week 10	2024-25 Season
No. of specimens positive by antigen test	229	2,821
No. of specimens positive by molecular test	1,103	10,891
<i>Positive specimens by type</i>		
Influenza A	1,020 (77%)	11,827 (86%)
Influenza B	312 (23%)	1,885 (14%)



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:

- 99.4% 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

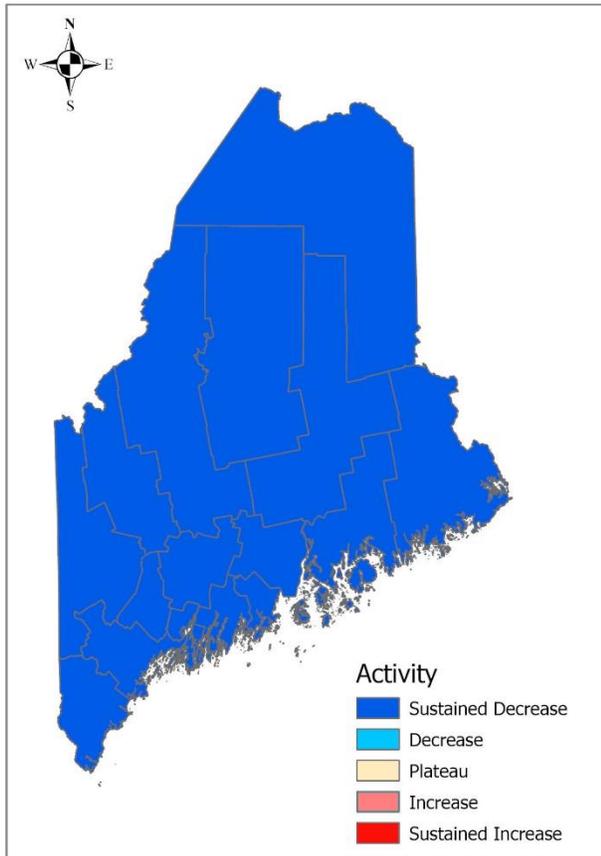
Weekly County-level Influenza, Maine, Week 10

County	Positive labs	Hospitalizations	Activity Trend	Severity Estimate [§]
Androscoggin	99	16	Sustained Decrease	Moderate
Aroostook	116	10	Sustained Decrease	Moderate
Cumberland	176	22	Sustained Decrease	Moderate
Franklin	27	4	Sustained Decrease	High
Hancock	99	10	Sustained Decrease	Very High
Kennebec	111	7	Sustained Decrease	Moderate
Knox	50	4	Sustained Decrease	Moderate
Lincoln	17	0	Sustained Decrease	Moderate
Oxford	82	6	Sustained Decrease	Moderate
Penobscot	183	14	Sustained Decrease	High
Piscataquis	13	1	Sustained Decrease	Very High
Sagadahoc	14	1	Sustained Decrease	Low
Somerset	92	1	Sustained Decrease	Moderate
Waldo	34	3	Sustained Decrease	Moderate
Washington	36	0	Sustained Decrease	Low
York	188	10	Sustained Decrease	Moderate
Total	1337	109	-	-

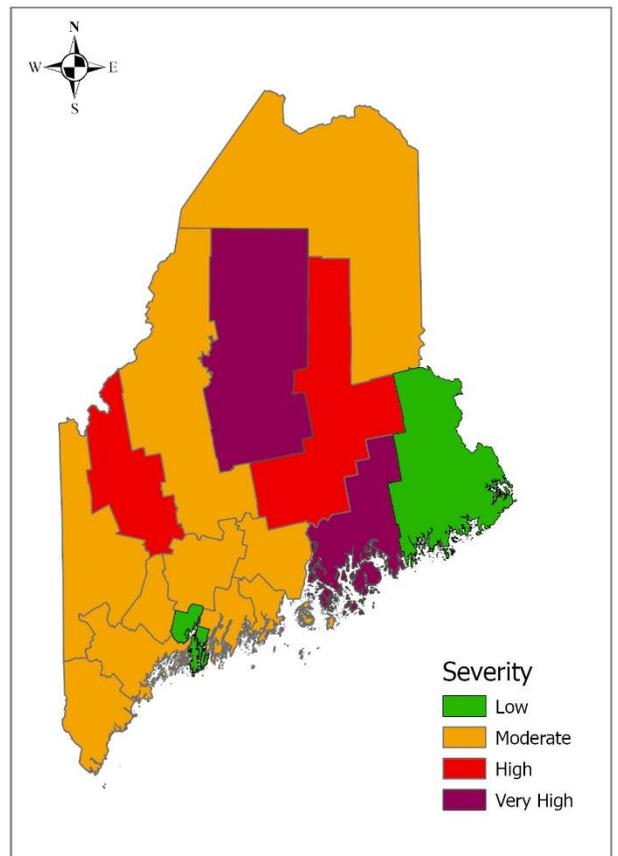
*Activity trends are determined by county-level emergency department visits due to ILI. Activity trend levels include “sustained increase”, “increase”, “plateau”, “decrease”, and “sustained decrease.” This will become available when enough weeks of data have been collected.

[§]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 10



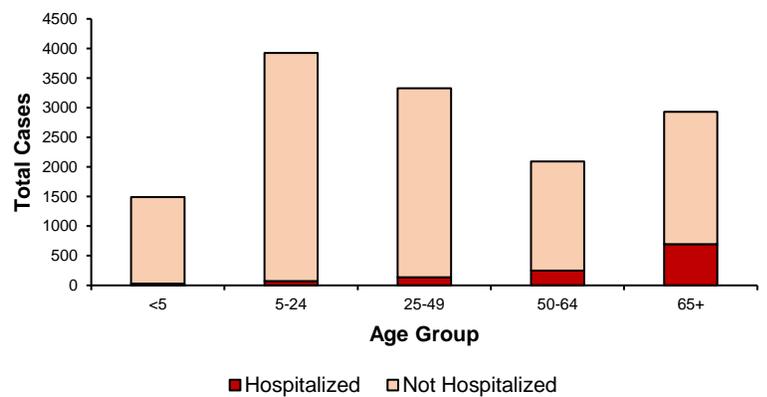
Influenza Severity Estimates, Maine, Week 10



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
16

Total Outbreaks This Season
132

Outbreak Facility Type Key:

LTC - Long Term Care Facility

AC - Acute Care Facility (nosocomial)

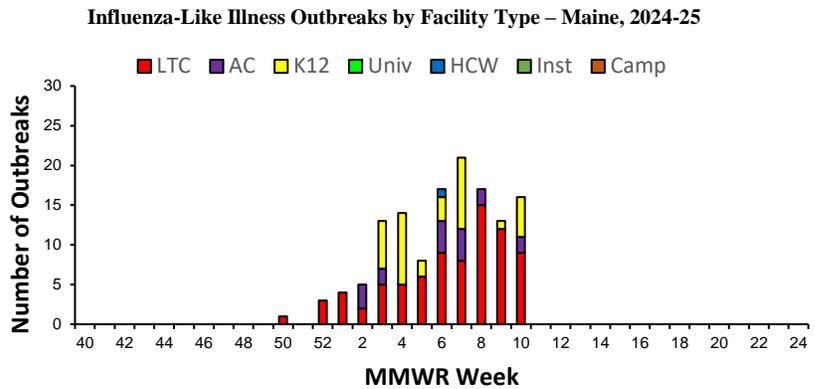
K12 - School (K-12) or daycare

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	5	3	1					9
Aroostook	6	1	2					9
Cumberland	28	4	2		1			35
Franklin		1						1
Hancock	3	1	3					7
Kennebec	4	1	7					12
Knox	1	1	2					4
Lincoln	3							3
Oxford	4		5					9
Penobscot	7	2						9
Piscataquis								0
Sagadahoc	2		1					3
Somerset	1		4					5
Waldo	1		2					3
Washington			5					5
York	14	3	1		1	0	0	18
Total	79	17	35	0	1	0	0	132

National Influenza Surveillance Data

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

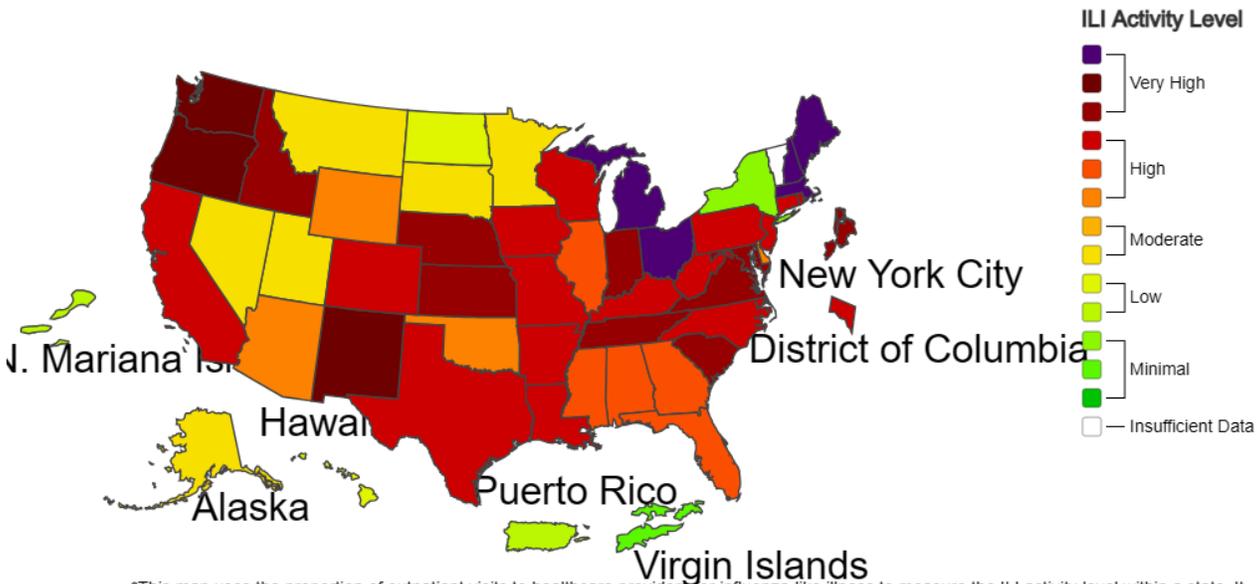


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

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>