

Maine Weekly Influenza Surveillance Report

2024-2025 Influenza Season

April 8, 2025

Data for MMWR week 14 (ending 4/5/2025)

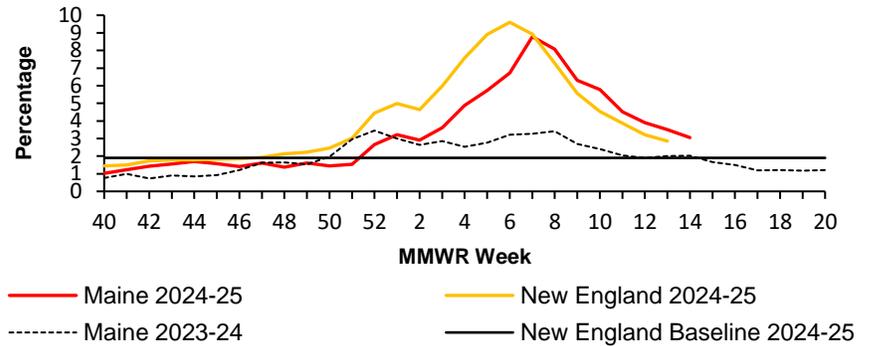


U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)

Percent of Outpatient Health Care Visits Due to ILI
3.05

Number of ILINet Reporting Providers
46

Outpatient Visits for ILI – ILINet, Maine, 2023-25

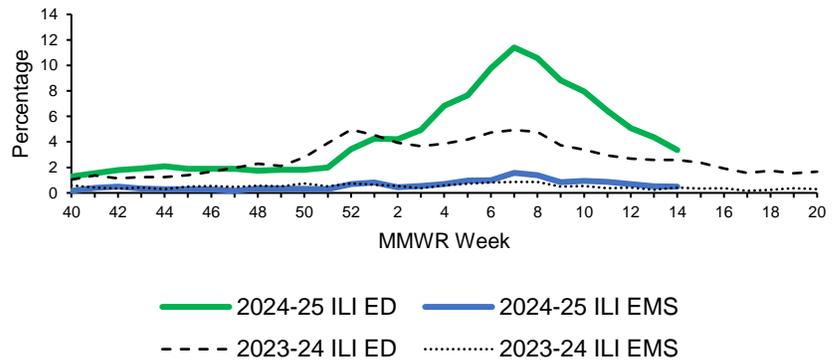


Syndromic Surveillance

Percent of Emergency Room (ED) Visits Due to ILI
3.37

Percent of Emergency Medical Services (EMS) calls for ILI
0.49

Syndromic Surveillance data for ILI – Maine, 2023 -25

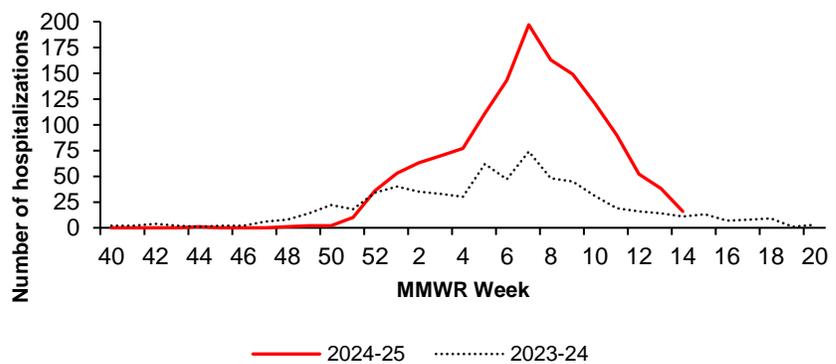


Hospitalizations

Influenza-Associated Hospitalizations This Week
16

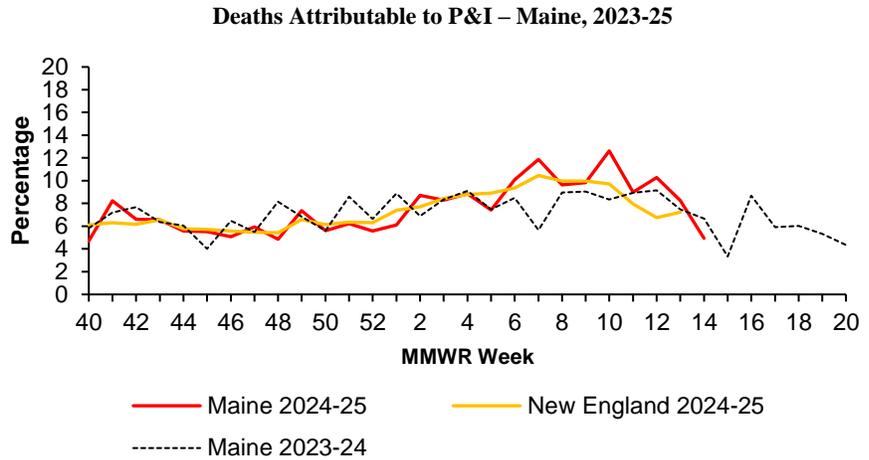
Total Influenza-Associated Hospitalizations This Season
1,395

Influenza Hospitalizations – Maine, 2023-25



Pneumonia and Influenza (P&I) Deaths

Percent of Deaths Due to P&I	4.94
Influenza-Associated Deaths This Week*	0
Total Influenza-Associated Deaths This Season*	91
Pediatric Influenza-Associated Deaths This Season	1

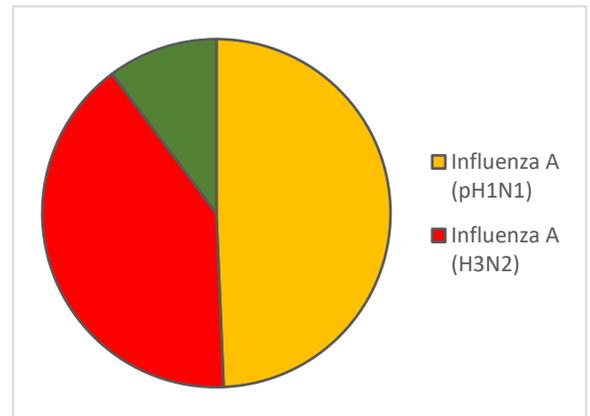
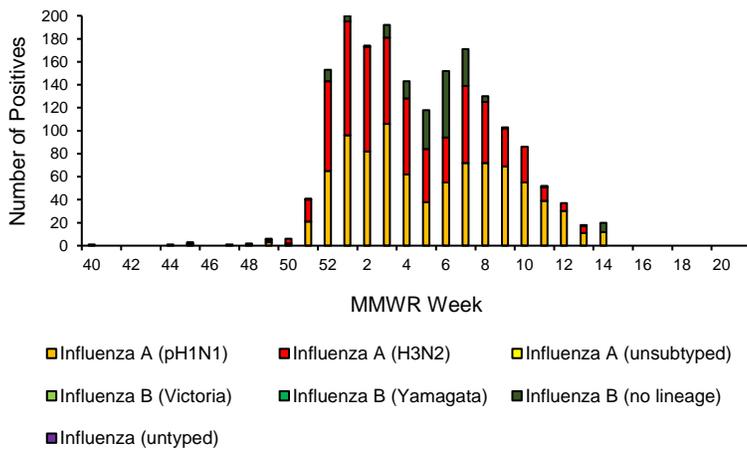


*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I)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

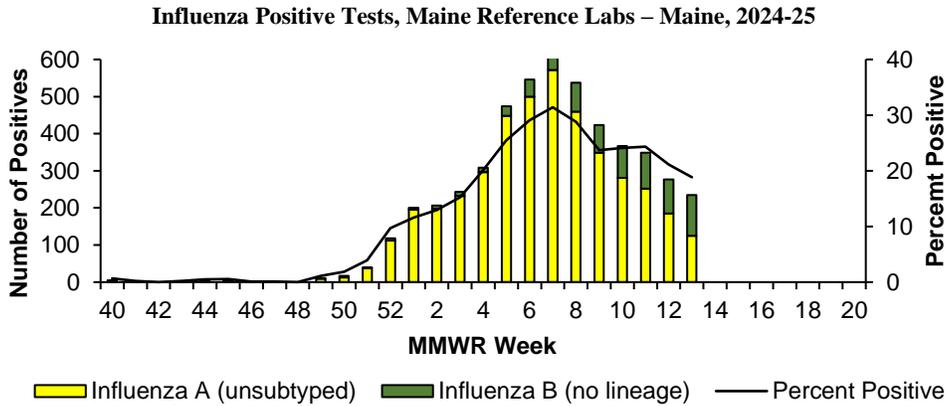
Virologic Surveillance

Health and Environmental Testing Laboratory	Week 14	2024-25 Season
No. of specimens tested	22	1,949
No. of positive specimens	20 (91%)	1,810 (93%)
<i>Positive specimens by type</i>		
Influenza A		
(H1N1)pdm09	12 (60%)	893 (49%)
H3N2	0 (0%)	732 (40%)
Influenza B	8 (40%)	185 (10%)
Yamagata lineage	-	-
Victoria lineage	-	-

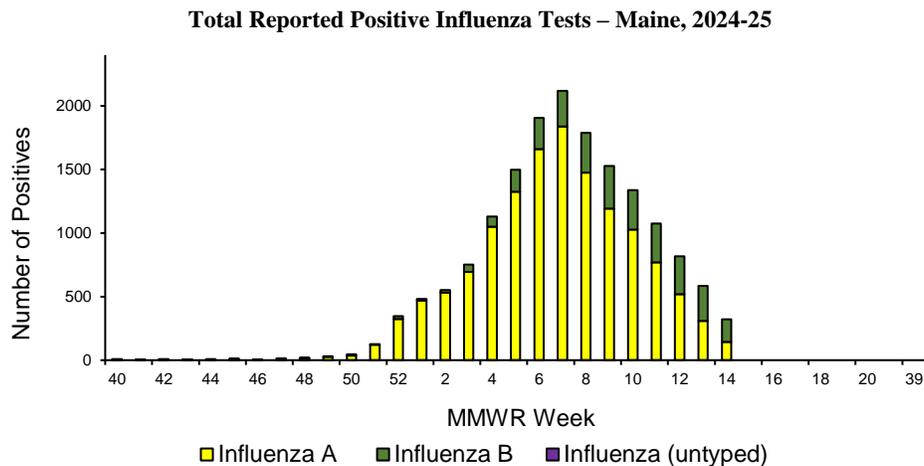
Influenza Positive PCR Tests, HETL – Maine, 2024-25



Maine Reference Laboratories	Week 14	2024-25 Season
No. of specimens tested	-	30,879
No. of positive specimens (%)	-	4,489 (15%)
<i>Positive specimens by type</i>		
Influenza A	-	3,973 (89%)
Influenza B	-	516 (11%)



All Reported Laboratory Results	Week 14	2024-25 Season
No. of specimens positive by antigen test	123	3,507
No. of specimens positive by molecular test	199	13,009
<i>Positive specimens by type</i>		
Influenza A	144 (44%)	13,575 (82%)
Influenza B	178 (56%)	2,941 (18%)



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:

- 99.3% 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
- 64.9% 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

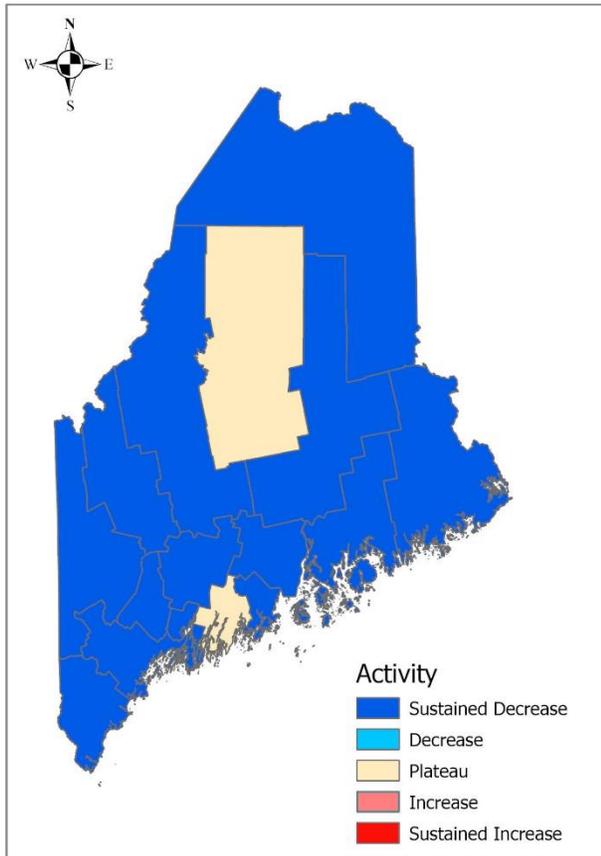
Weekly County-level Influenza, Maine, Week 14

County	Positive labs	Hospitalizations	Activity Trend	Severity Estimate [§]
Androscoggin	24	1	Sustained Decrease	Low
Aroostook	23	0	Sustained Decrease	Moderate
Cumberland	91	4	Sustained Decrease	Low
Franklin	1	0	Sustained Decrease	Low
Hancock	13	0	Sustained Decrease	Low
Kennebec	16	1	Sustained Decrease	Low
Knox	14	1	Sustained Decrease	Low
Lincoln	6	1	Plateau	Low
Oxford	15	0	Sustained Decrease	Moderate
Penobscot	32	2	Sustained Decrease	Low
Piscataquis	1	0	Plateau	Low
Sagadahoc	5	1	Sustained Decrease	Low
Somerset	8	0	Sustained Decrease	Low
Waldo	5	2	Sustained Decrease	Low
Washington	9	0	Sustained Decrease	Low
York	59	3	Sustained Decrease	Low
Total	322	16	-	-

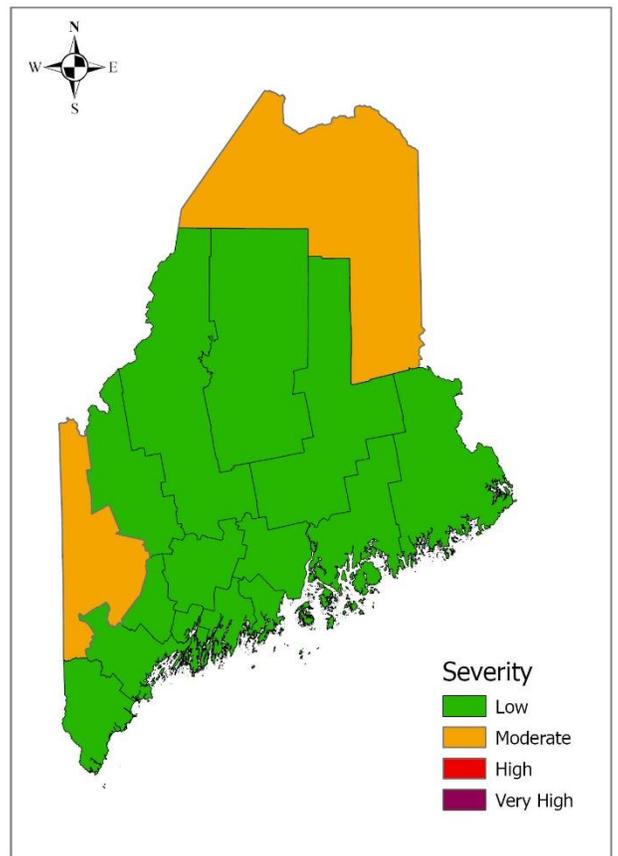
*Activity trends are determined by county-level emergency department visits due to ILI. Activity trend levels include “sustained increase”, “increase”, “plateau”, “decrease”, and “sustained decrease.” This will become available when enough weeks of data have been collected.

§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 14



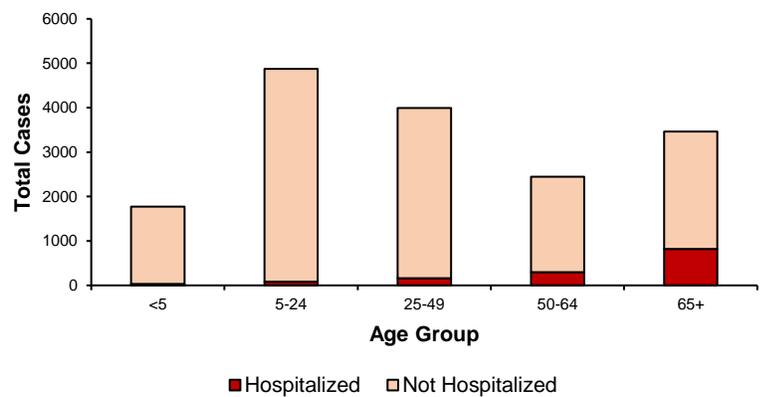
Influenza Severity Estimates, Maine, Week 14



Age Information – Maine, 2024-25 Influenza Season

	Age (years)		
	Min.	Mean	Max
Cases	< 1	38	104
Hospitalizations	<1	64	103
Deaths	<18	76	103

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



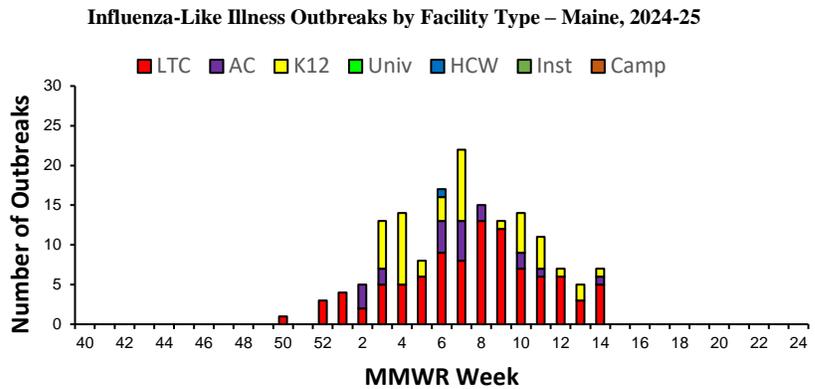
Influenza-Like Illness Outbreaks – Maine, 2024-25 Influenza Season

Number of New Outbreak Investigations
7

Total Outbreaks This Season
159

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	6	3	1					10
Aroostook	9	1	5					15
Cumberland	34	5	3		1			43
Franklin	1	2						3
Hancock	4	1	4					9
Kennebec	6	2	8					16
Knox	2	1	3					6
Lincoln	3							3
Oxford	5		5					10
Penobscot	7	2						9
Piscataquis								0
Sagadahoc	2		1					3
Somerset	1		4					5
Waldo	1		3					4
Washington			5					5
York	14	3	1		1	0	0	18
Total	95	20	43	0	1	0	0	159

National Influenza Surveillance Data

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

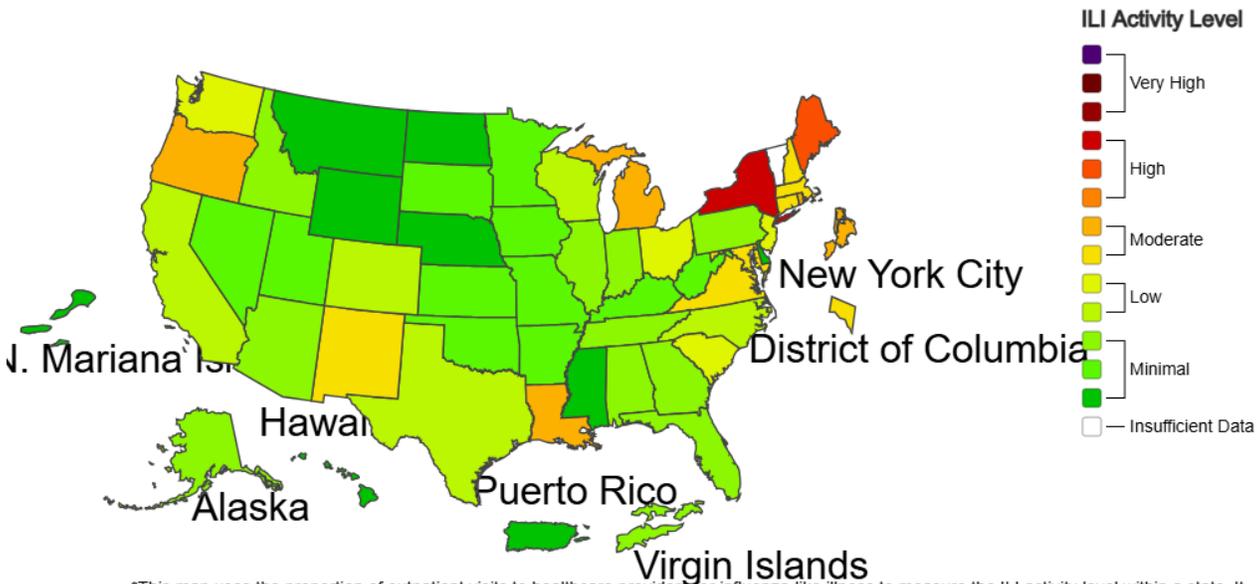


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

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 13 ending Mar 29, 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>