Maine Weekly Influenza Surveillance Report

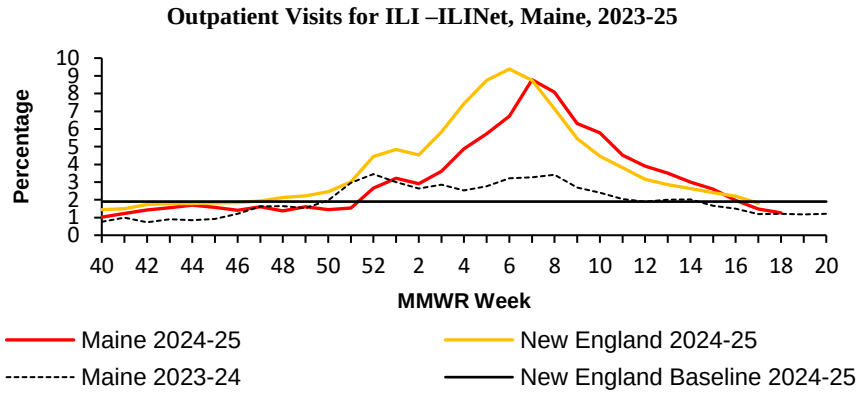
2024-2025 Influenza Season

May 6, 2025
Data for MMWR week 18 (ending 5/3/2025)

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

Percent of Outpatient Health Care Visits Due to ILI
1.26

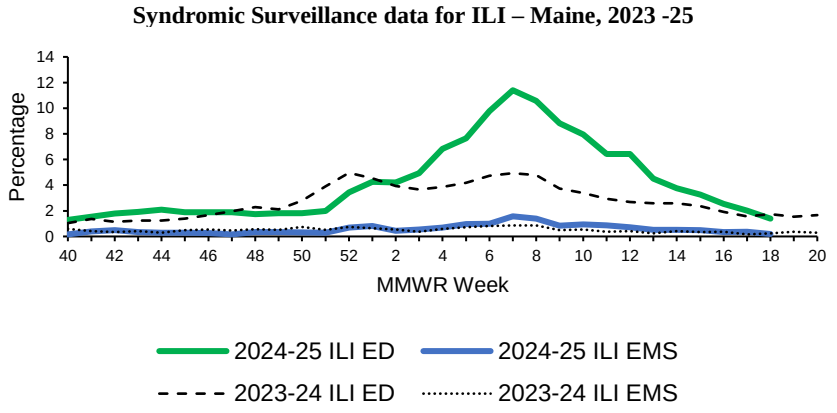
Number of ILINet Reporting Providers
46



Syndromic Surveillance

Percent of Emergency Room (ED) Visits Due to ILI
1.4

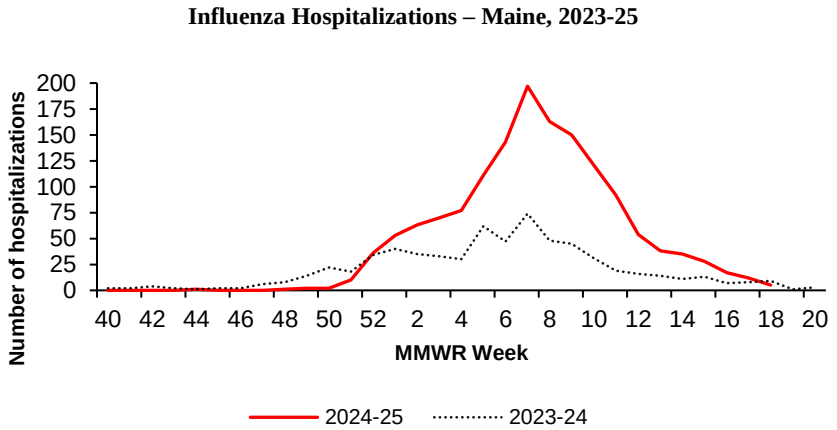
Percent of Emergency Medical Services (EMS) calls for ILI
0.18



Hospitalizations

Influenza-Associated Hospitalizations This Week
5

Total Influenza-Associated Hospitalizations This Season
1,481



All data are preliminary and subject to change

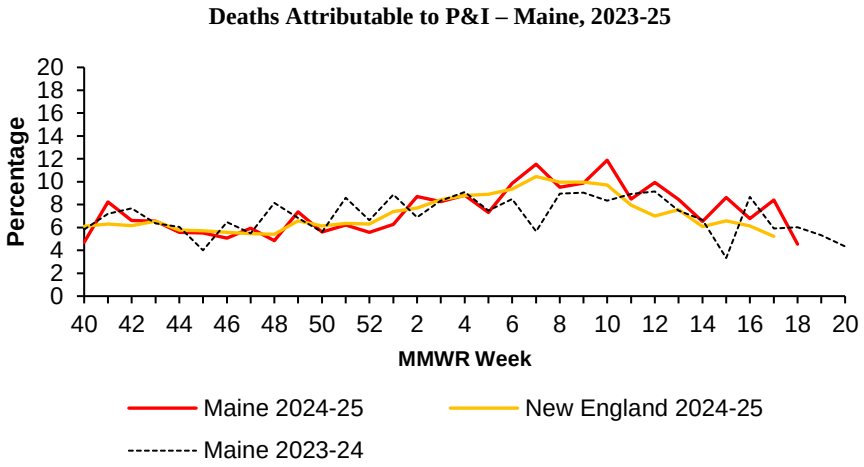
Pneumonia and Influenza (P&I) Deaths

Percent of Deaths Due to P&I
4.55

Influenza-Associated Deaths This Week*
0

Total Influenza-Associated Deaths This Season*
103

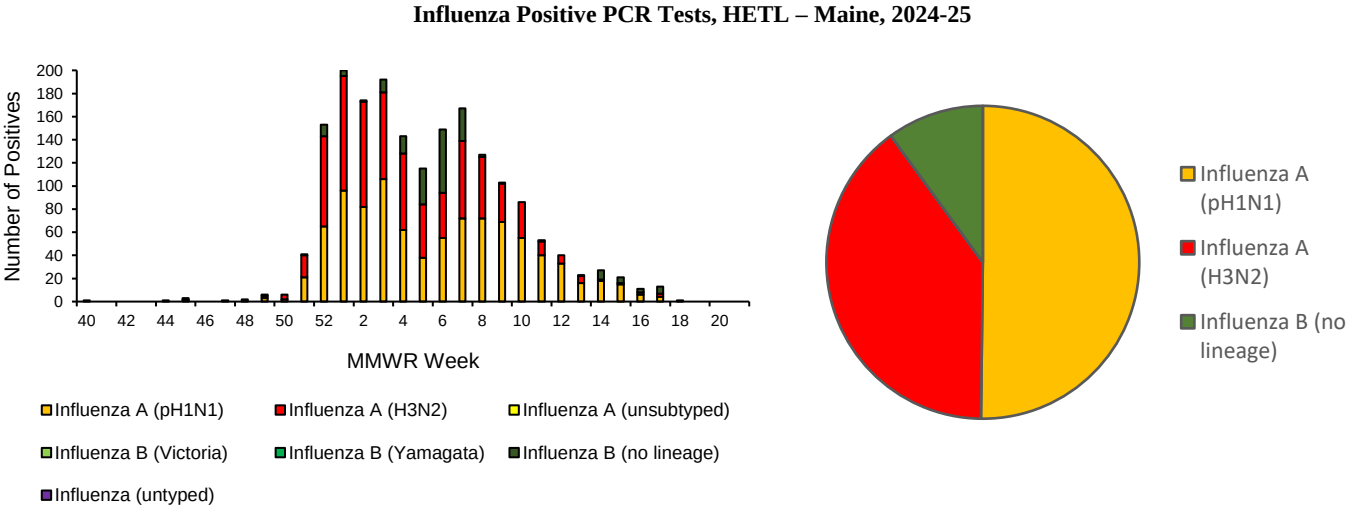
Pediatric Influenza-Associated Deaths This Season
1



*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 18	2024-25 Season
No. of specimens tested	3	2,021
No. of positive specimens	1 (33%)	1,859 (92%)
Positive specimens by type		
Influenza A	1 (33%)	933 (50%)
(H1N1)pdm09	1 (33%)	740 (40%)
H3N2		
Influenza B	0 (0%)	186 (10%)
Yamagata lineage	-	-
Victoria lineage	-	-



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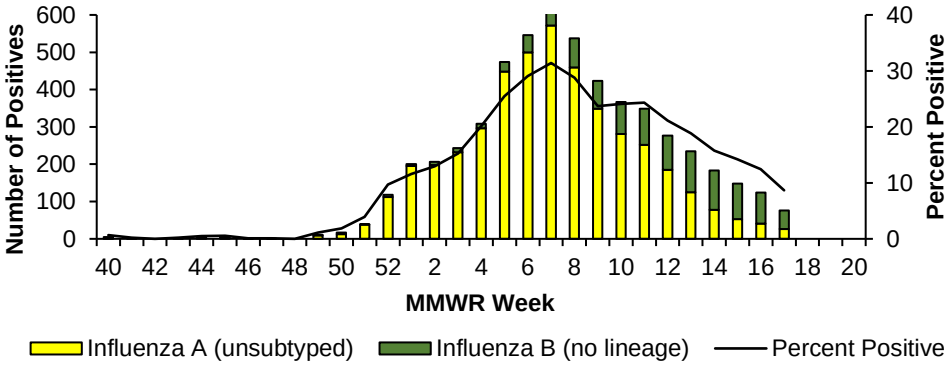
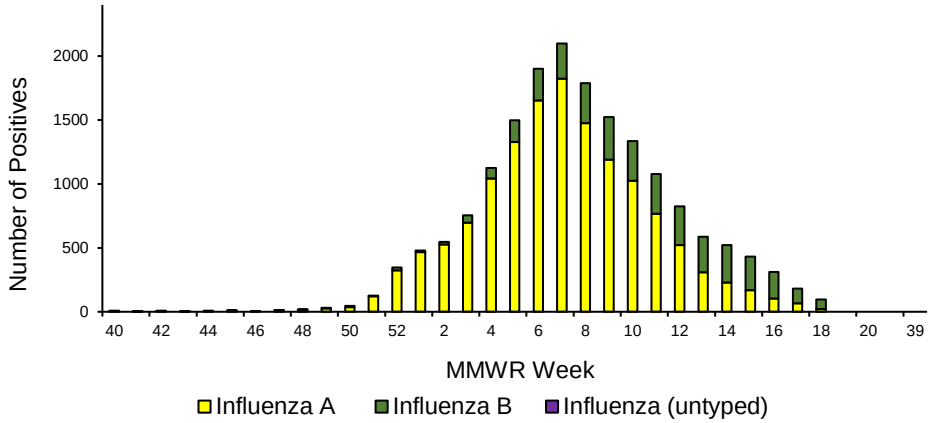
Maine Reference Laboratories	Week 18	2024-25 Season
No. of specimens tested	-	37,514
No. of positive specimens (%)	-	5,532 (15%)
Positive specimens by type		
Influenza A	-	4,481 (81%)
Influenza B	-	1051 (19%)

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



All Reported Laboratory Results	Week 18	2024-25 Season
No. of specimens positive by antigen test	11	3,730
No. of specimens positive by molecular test	84	13,973
Positive specimens by type		
Influenza A	21 (22%)	13,973 (79%)
Influenza B	74 (78%)	3,722 (21%)

Total Reported Positive Influenza Tests – Maine, 2024-25



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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
- 60.0% 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.
- 98.5% 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

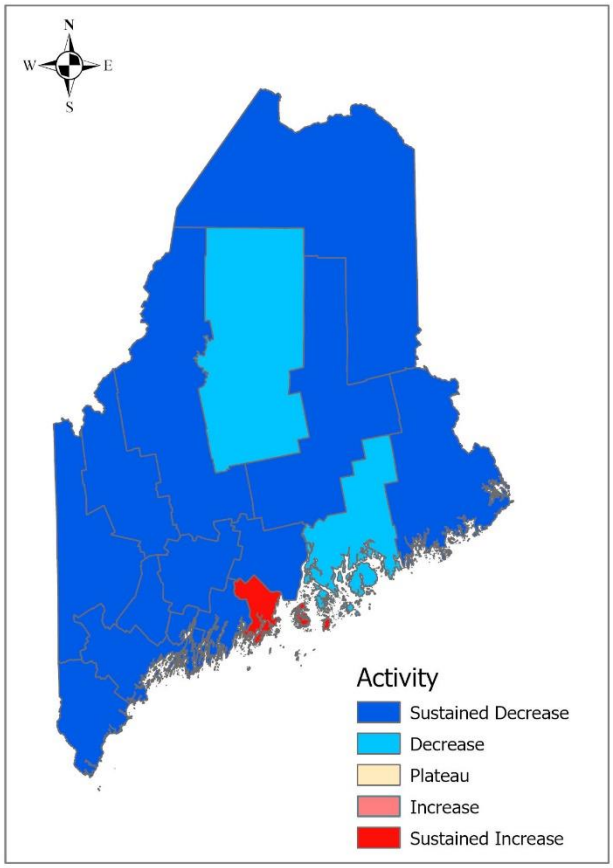
Weekly County-level Influenza, Maine, Week 18

County	Positive labs	Hospitalizations	Activity Trend	Severity Estimate[§]
Androscoggin	5	0	Sustained Decrease	Low
Aroostook	1	0	Sustained Decrease	Low
Cumberland	21	2	Sustained Decrease	Low
Franklin	1	0	Sustained Decrease	Low
Hancock	3	0	Decrease	Low
Kennebec	10	1	Sustained Decrease	Low
Knox	3	0	Sustained Increase	Low
Lincoln	2	0	Sustained Decrease	Low
Oxford	2	0	Sustained Decrease	Low
Penobscot	9	0	Sustained Decrease	Low
Piscataquis	0	0	Decrease	Low
Sagadahoc	1	0	Sustained Decrease	Low
Somerset	8	0	Sustained Decrease	Low
Waldo	2	0	Sustained Decrease	Low
Washington	5	0	Sustained Decrease	Low
York	23	2	Sustained Decrease	Low
Total	96	**5**	-	-

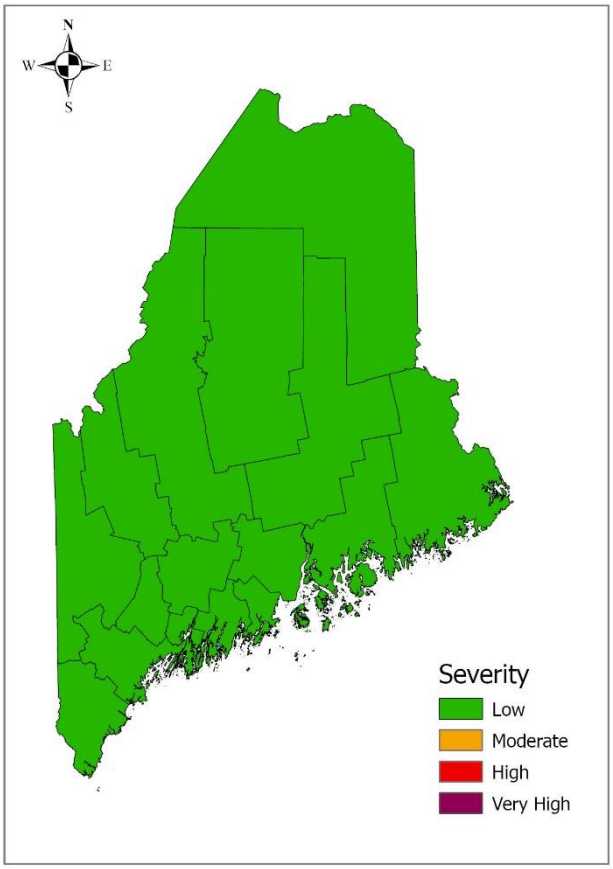
*Activity trends are determined by county-level emergency department visits due to ILI. Activity trend levels include "sustained increase", "increase", "plateau", "decrease", and "sustained decrease." This will become available when enough weeks of data have been collected.

[§]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 18



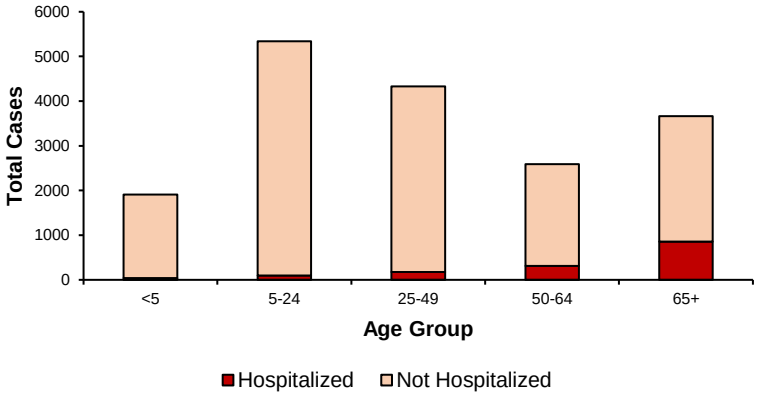
Influenza Severity Estimates, Maine, Week 18



Age Information – Maine, 2024-25 Influenza Season

	Age (years)		
	Min.	**Mean**	**Max**
Cases	< 1	37	104
Hospitalizations	<1	63	103
Deaths	<18	77	103

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



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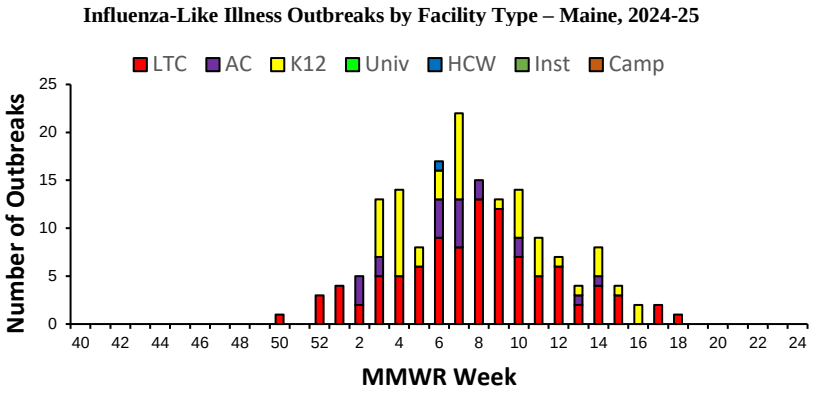
Influenza-Like Illness Outbreaks – Maine, 2024-25 Influenza Season

Number of New Outbreak Investigations
1

Total Outbreaks This Season
166



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	6					16
Cumberland	34	5	3		1			43
Franklin	3	1						4
Hancock	3	2	4					9
Kennebec	7	2	8					17
Knox	1	1	3					5
Lincoln	4							4
Oxford	5		5					10
Penobscot	7	2	0					9
Piscataquis								0
Sagadahoc	2		1					3
Somerset	2		4					6
Waldo	1		6					7
Washington			5					5
York	14	3	1					18
Total	98	20	47	0	1	0	0	166

All data are preliminary and subject to change

National Influenza Surveillance Data
Source: https://gis.cdc.gov/grasp/fluview/main.html

FLUVIEW interactive

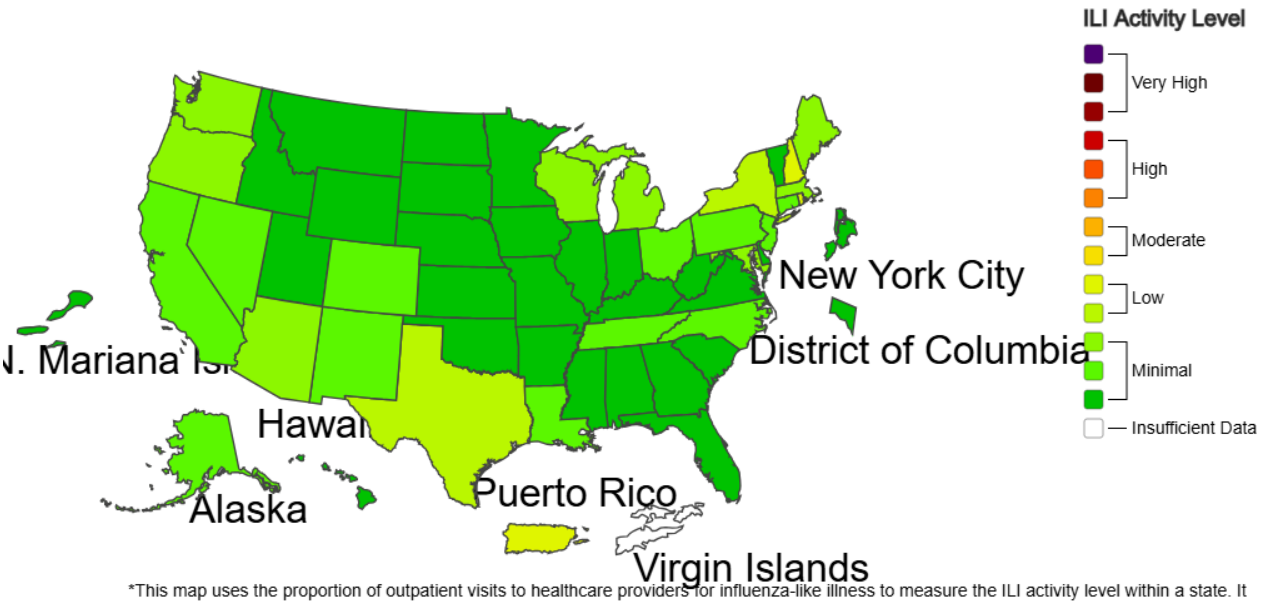
CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

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 17 ending Apr 26, 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