

Maine Weekly Influenza Surveillance Report

2025-2026 Influenza Season

November 18, 2025

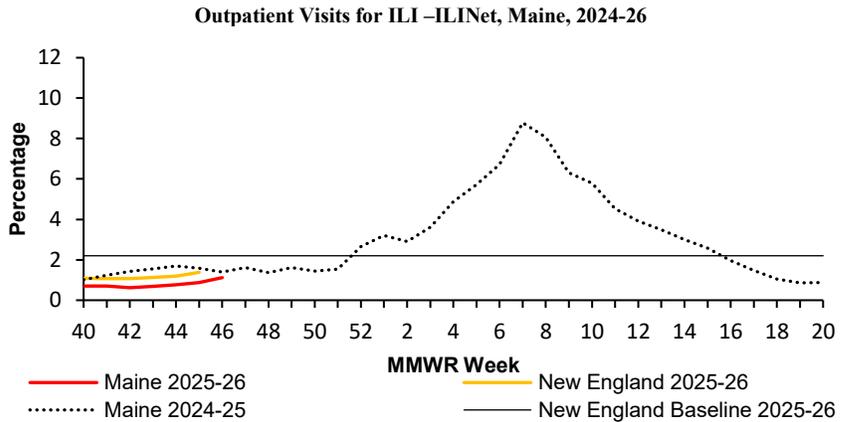
Data for MMWR week 46 (ending 11/15/2025)



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

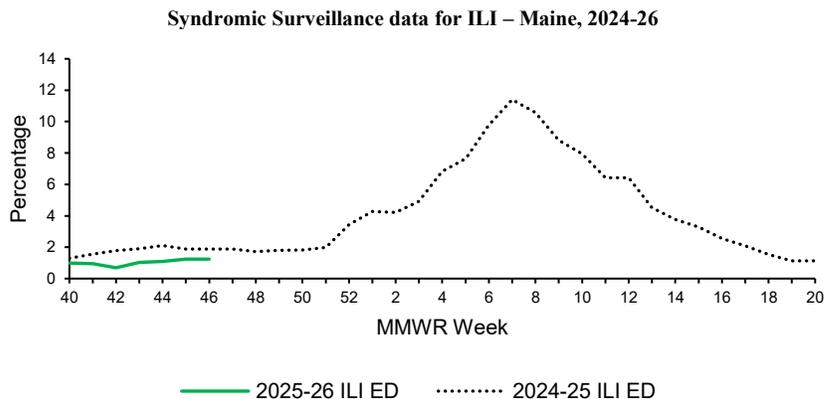
Percent of Outpatient Health Care Visits Due to ILI
1.12

Number of ILINet Reporting Providers
45



Syndromic Surveillance

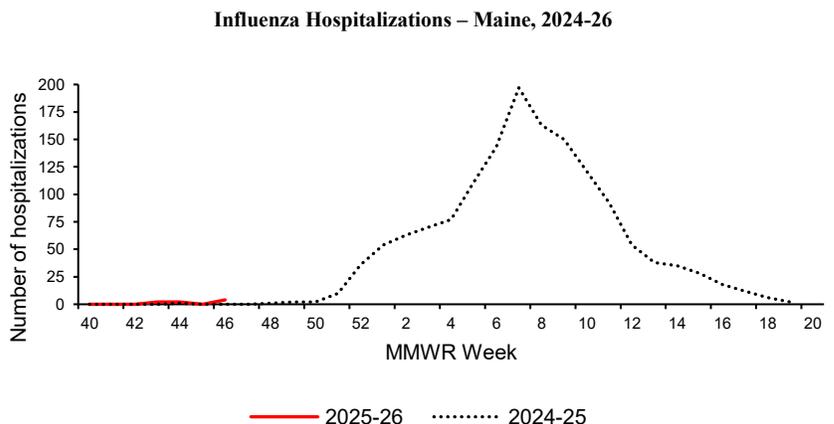
Percent of Emergency Room Visits Due to ILI
1.24



Hospitalizations

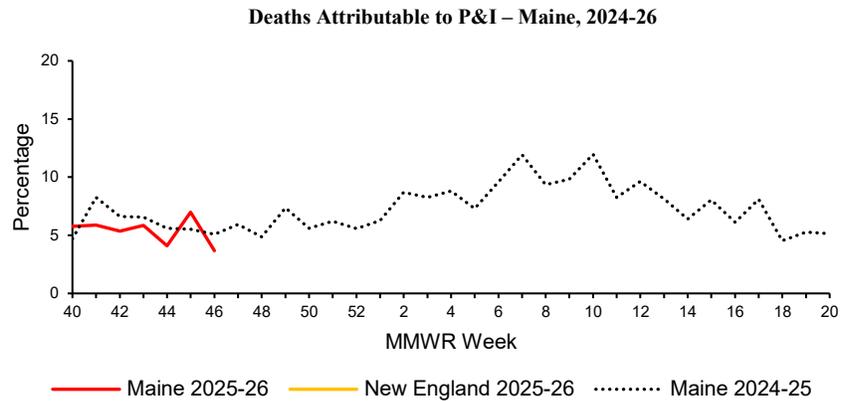
Influenza-Associated Hospitalizations This Week
4

Total Influenza-Associated Hospitalizations This Season
8



Pneumonia and Influenza (P&I) Deaths

Percent of Deaths Due to P&I	3.67%
Influenza-Associated Deaths This Week*	0
Total Influenza-Associated Deaths This Season*	1
Pediatric Influenza-Associated Deaths This Season	0

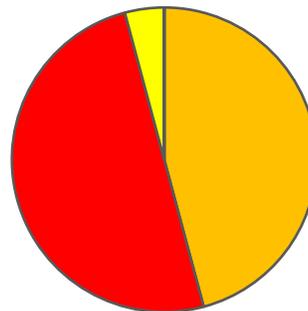
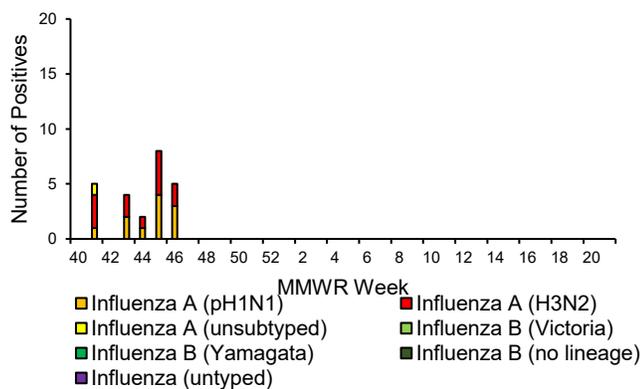


*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I)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

Virologic Surveillance

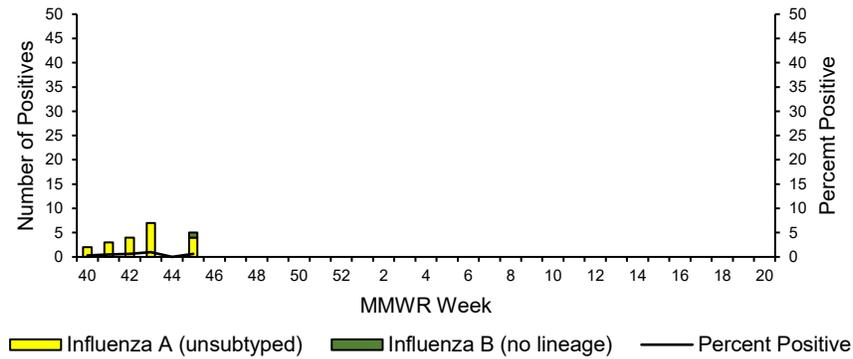
Health and Environmental Testing Laboratory	Week 46	2025-26 Season
No. of specimens tested	12	35
No. of positive specimens	5	24
<i>Positive specimens by type</i>		
Influenza A	5 (100%)	24 (100%)
(H1N1)pdm09	3 (60%)	11 (46%)
H3N2	2 (40%)	12 (50%)
Influenza B	0	0

Influenza Positive PCR Tests, HETL – Maine, 2025-26



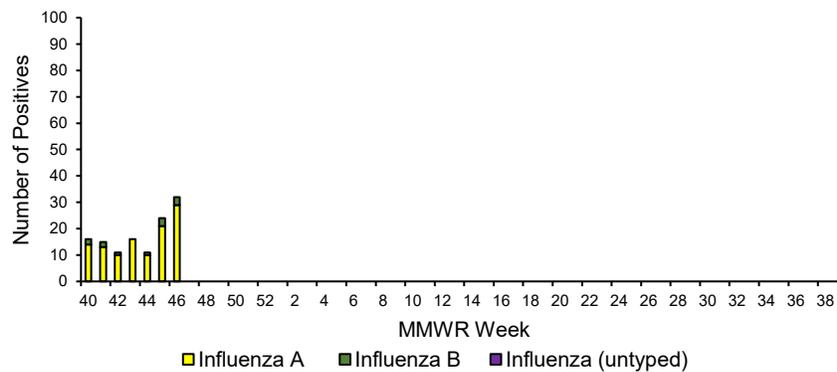
Maine Reference Laboratories	Week 46	2025-26 Season
No. of specimens tested	-	4,154
No. of positive specimens (%)	-	21 (0.51%)
<i>Positive specimens by type</i>		
Influenza A	-	20
Influenza B	-	1

Influenza Positive Tests, Maine Reference Labs – Maine, 2025-26



All Reported Laboratory Results	Week 46	2025-26 Season
No. of specimens positive by antigen test	8	36
No. of specimens positive by molecular test	24	89
<i>Positive specimens by type</i>		
Influenza A	29 (91%)	113 (90%)
Influenza B	3 (9%)	12 (10%)

Total Reported Positive Influenza Tests – Maine, 2025-26



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
- 38% of influenza A/H3N2 viruses were well-recognized by ferret antisera raised against the cell-grown A/District of Columbia/27/2023-like reference virus for the season.
- 69.2% 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

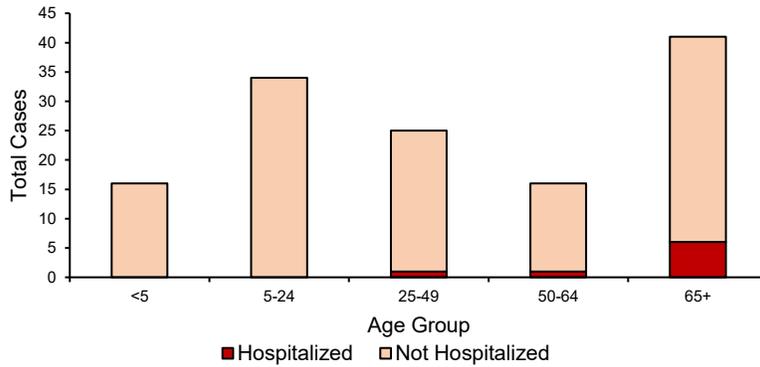
Weekly County-level Influenza, Maine, Week 46

County	Positive labs	Hospitalizations
Androscoggin	1	0
Aroostook	2	2
Cumberland	5	1
Franklin	0	0
Hancock	2	0
Kennebec	0	0
Knox	1	0
Lincoln	0	0
Oxford	1	1
Penobscot	4	0
Piscataquis	3	0
Sagadahoc	0	0
Somerset	3	0
Waldo	1	0
Washington	1	0
York	8	0
Total	32	4

Age Information – Maine, 2025-26 Season

	Age (years)		
	Min.	Mean	Max.
Cases	<1	40	89
Hospitalizations	50	72	85
Deaths	NA	NA	NA

Positive Influenza Tests by Age and Hospitalization Status – Maine, 2025-26



Influenza-Like Illness Outbreaks – Maine, 2025-26 Influenza Season

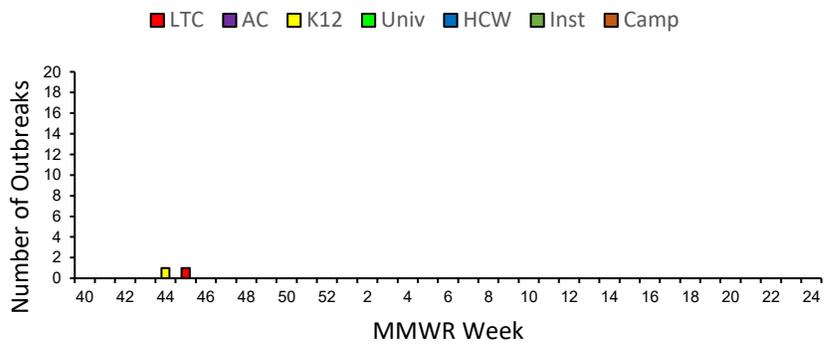
Number of New Outbreak Investigations
0

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, 2025-26



Influenza-Like Illness Outbreak by Facility Type and County – Maine, 2025-26

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

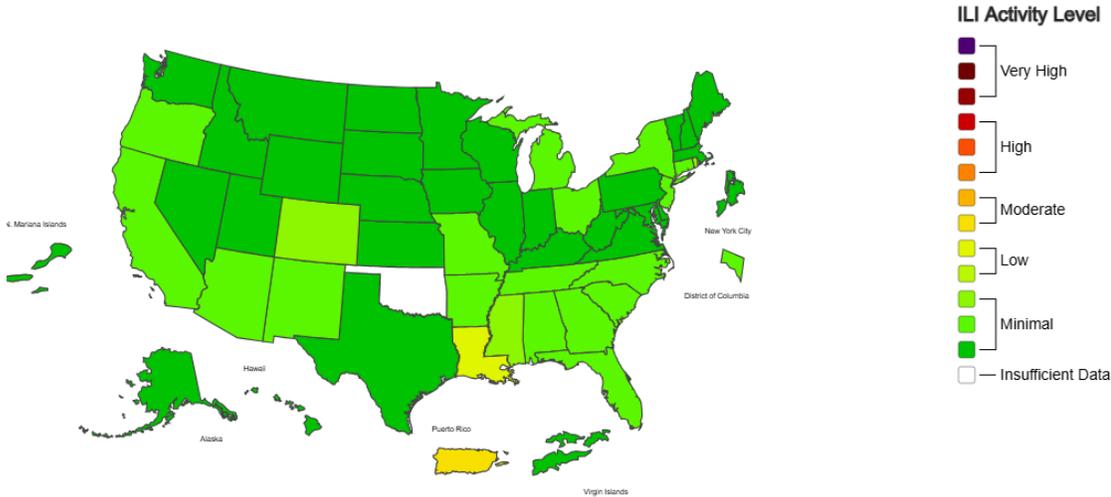


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

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.

2025-26 Influenza Season Week 45 ending Nov 08, 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.