Maine Weekly Influenza Surveillance Report

2021-2022 Influenza Season

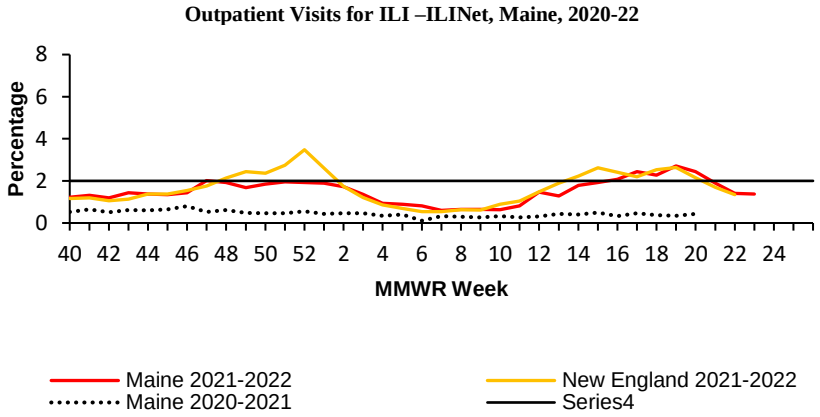
June 14, 2022

Data for MMWR week 23 (ending 06/11/2022)

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

Percent of Outpatient Health Care Visits Due to ILI
1.37

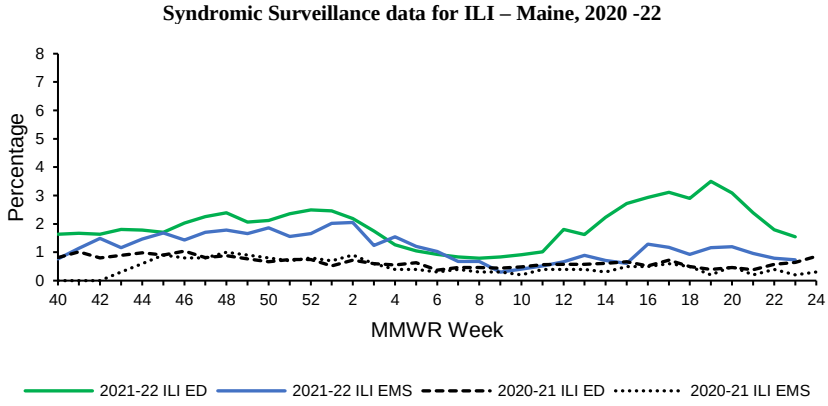
Number of ILINet Reporting Providers
46



Syndromic Surveillance

Percent of Emergency Room Visits Due to ILI
1.55

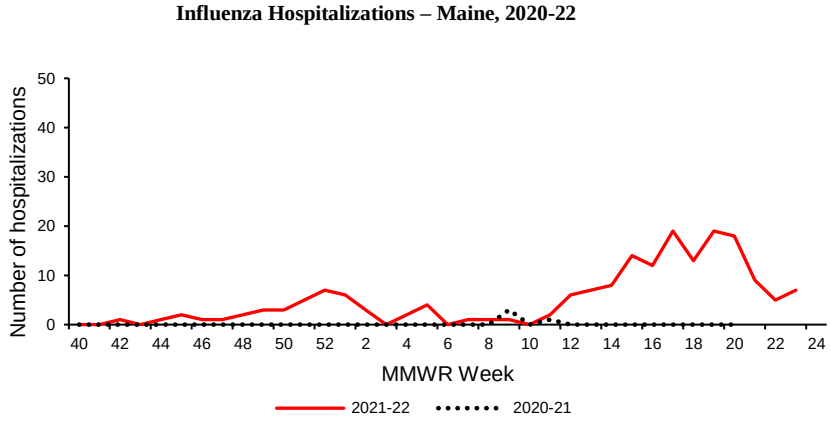
Percent of Emergency Medical Services (EMS) calls for ILI
0.73



Hospitalizations

Influenza-Associated Hospitalizations This Week
7

Total Influenza-Associated Hospitalizations This Season
183



All data are preliminary and subject to change

Pneumonia and Influenza (P&I) Deaths

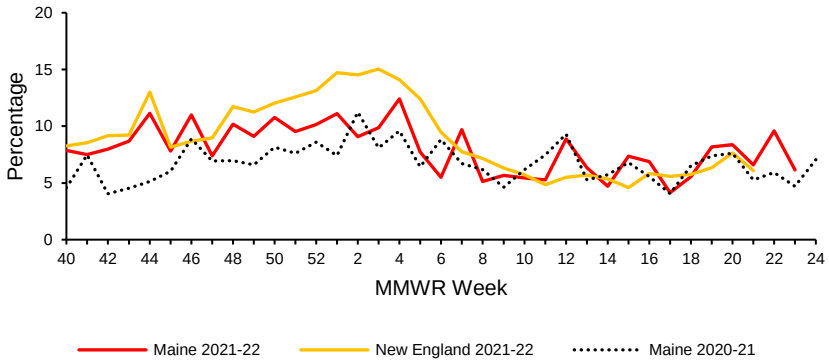
Percent of Deaths Due to P&I
6.15%

Influenza-Associated Deaths This Week*
1

Total Influenza-Associated Deaths This Season*
12

Pediatric Influenza-Associated Deaths This Season
1

Deaths Attributable to P&I – Maine, 2020-22

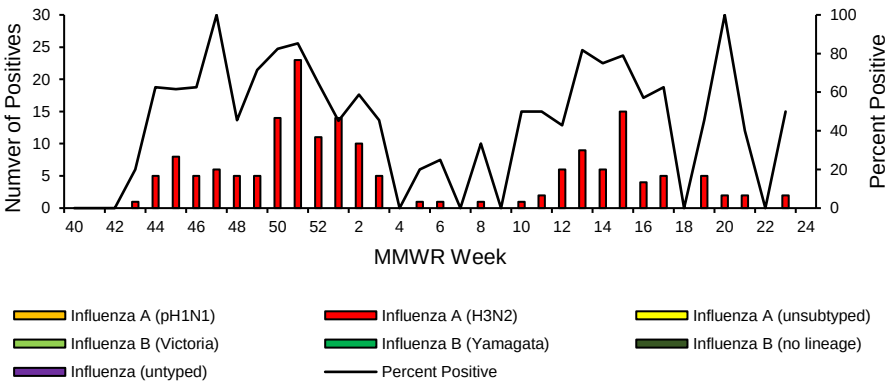


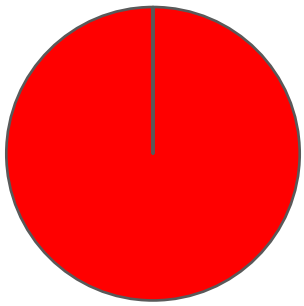
*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I)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

Virologic Surveillance

Health and Environmental Testing Laboratory	Week 23	2021-22 Season
No. of specimens tested	4	313
No. of positive specimens (%)	2 (50%)	174 (56%)
Positive specimens by type		
Influenza A	2	174
(H1N1)pdm09	-	-
H3N2	2	174
Influenza B	-	-
Yamagata lineage	-	-
Victoria lineage	-	-

Influenza Positive PCR Tests, HETL – Maine, 2021-22

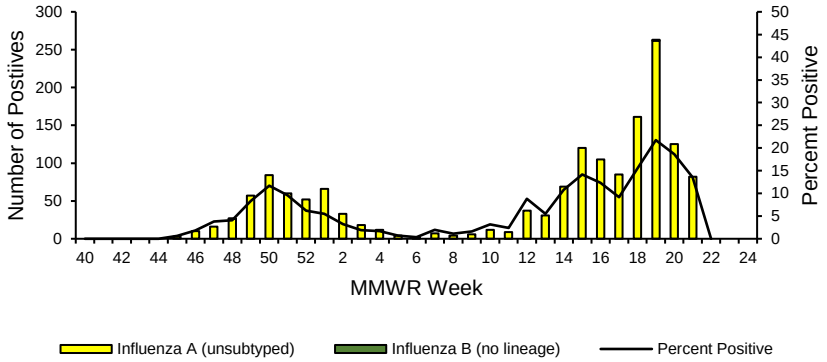




All data are preliminary and subject to change

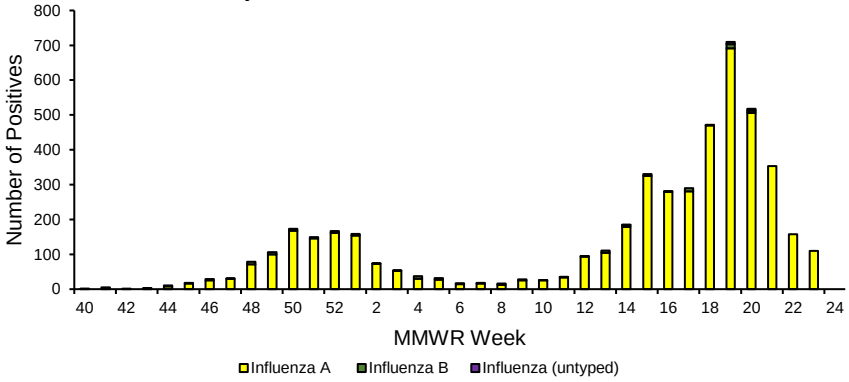
Maine Reference Laboratories	Week 23	2021-22 Season
No. of specimens tested	NA	21,620
No. of positive specimens (%)	NA	1,560 (7.2%)
Positive specimens by type		
Influenza A	-	1,558
Influenza B	-	2

Influenza Positive Tests, Maine Reference Labs – Maine, 2021-22



All Reported Laboratory Results	Week 23	2021-22 Season
No. of specimens positive by rapid antigen	18	765
No. of specimens positive by PCR	100	4,148
Positive specimens by type		
Influenza A	110 (93%)	4,747 (97%)
Influenza B	7 (6%)	146 (3%)

Total Reported Positive Influenza Tests – Maine, 2021-22



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:

- 67% of influenza A/H1N1 samples with cell-grown vaccine antibodies; 67% with egg-based vaccine antibodies
- 3% of influenza A/H3N2 samples with cell-grown vaccine antibodies; 17% with egg-based vaccine antibodies
- 73% of influenza B/Vic samples with cell-grown vaccine antibodies; 73% with egg-based vaccine antibodies
- No influenza B/Yamagata samples were available for characterization

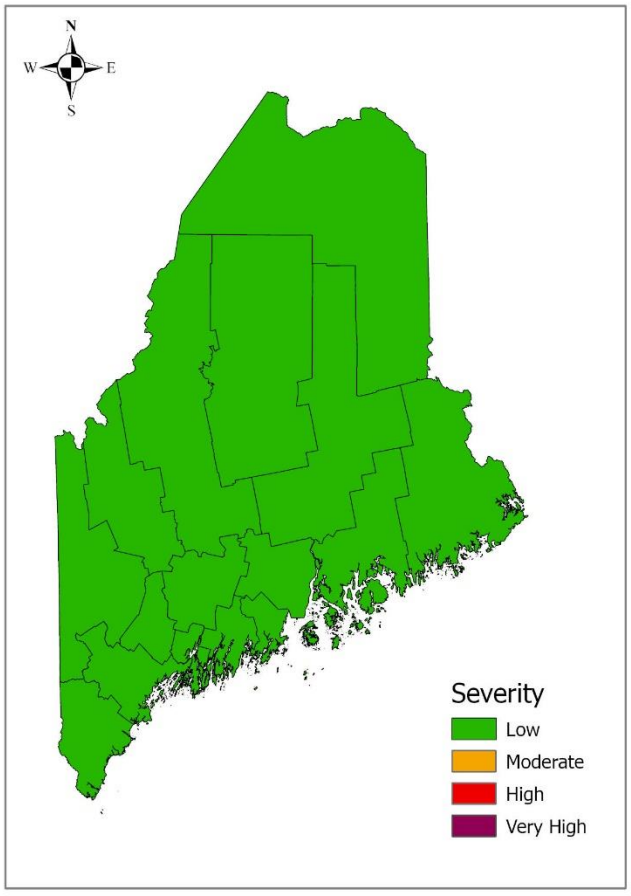
Weekly County-level Influenza, Maine, Week 23

County	Positive labs	Hospitalizations	Activity*	Severity Estimate[§]
Androscoggin	23	0	Not available	Low
Aroostook	10	0	Not available	Low
Cumberland	20	0	Not available	Low
Franklin	1	0	Not available	Low
Hancock	4	2	Not available	Low
Kennebec	12	0	Not available	Low
Knox	4	0	Not available	Low
Lincoln	2	0	Not available	Low
Oxford	4	0	Not available	Low
Penobscot	13	0	Not available	Low
Piscataquis	2	0	Not available	Low
Sagadahoc	2	1	Not available	Low
Somerset	10	1	Not available	Low
Waldo	2	0	Not available	Low
Washington	1	0	Not available	Low
York	18	3	Not available	Low
Total	**128**	**7**	-	**-**

*Activity indicates the change in influenza activity within this surveillance season. It is determined by syndromic surveillance data and reported positive influenza tests. Activity levels include "rapidly decreasing", "decreasing", "stable", "increasing", and "rapidly increasing." 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

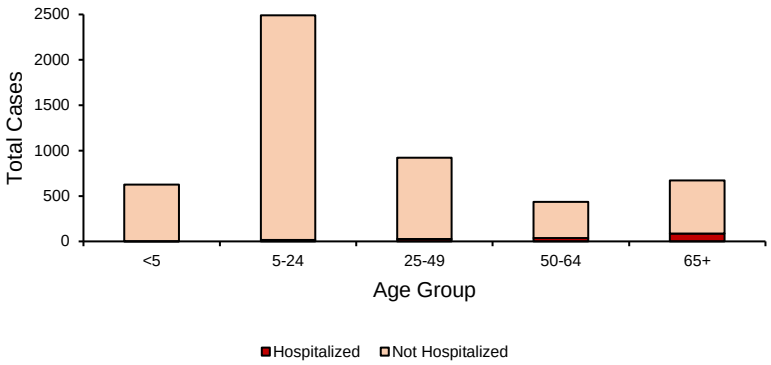
County-level Influenza Severity Estimate, Maine, Week 23



Age Information – Maine, 2021-22 Influenza Season

	Age (years)		
	Min.	Mean	Max.
Cases	<1	28	102
Hospitalizations	<1	62	99
Deaths	<18	75	99

Positive Influenza Tests by Age and Hospitalization Status – Maine, 2021-22



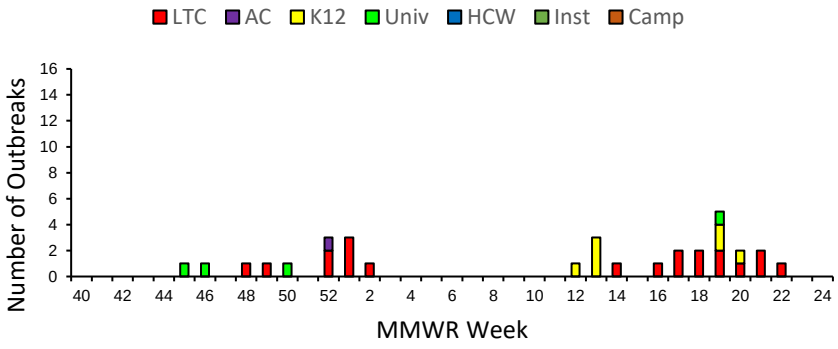
Influenza-Like Illness Outbreaks – Maine, 2021-22 Influenza Season

Number of New Outbreak Investigations
0

Total Outbreaks This Season
32

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, 2021-22



Influenza-Like Illness Outbreak by Facility Type and County – Maine, 2021-22

County	LTC	AC	K12	Univ	HCW	Inst	Camp	Total
Androscoggin	4	1		1				6
Aroostook				1				1
Cumberland	5							5
Franklin								0
Hancock			2					2
Kennebec	1			1				2
Knox	1							1
Lincoln	1							1
Oxford			1					1
Penobscot	5		3	1				9
Piscataquis	2							2
Sagadahoc								0
Somerset								0
Waldo								0
Washington			1					1
York	1							1
Total	20	1	7	4	0	0	0	32

National Influenza Surveillance Data
Source: https://www.cdc.gov/flu/weekly/

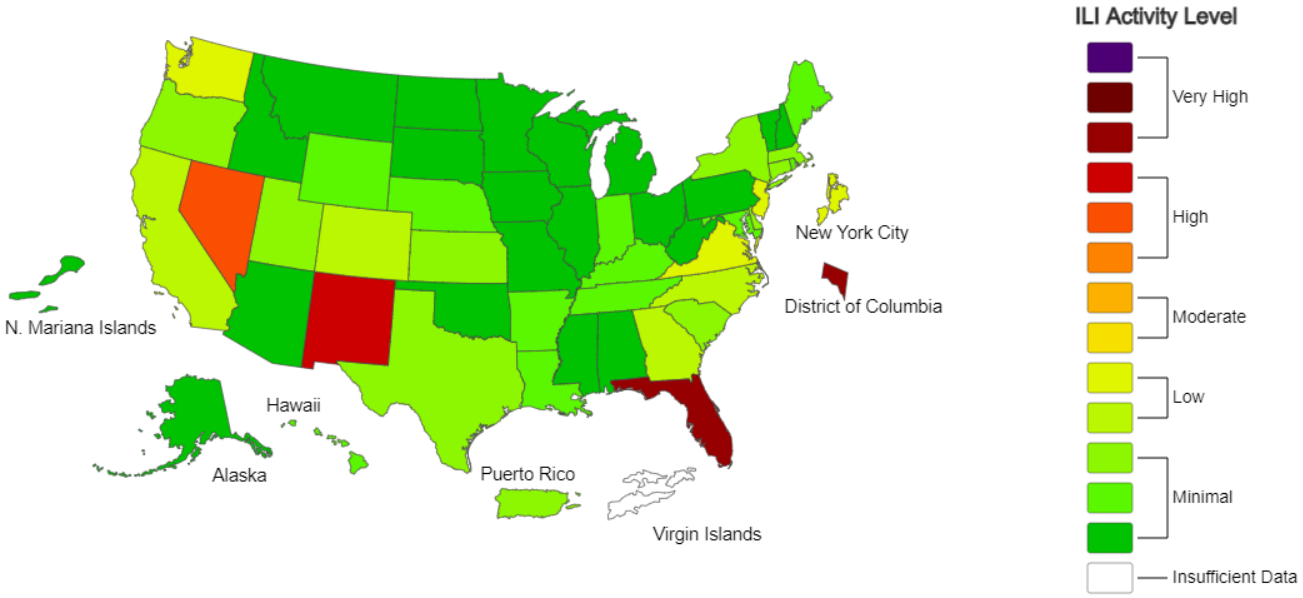
FLUVIEW interactive

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.

2021-22 Influenza Season Week 22 ending Jun 04, 2022



*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.