

Maine Weekly Influenza Surveillance Report

2022-2023 Influenza Season

December 6, 2022

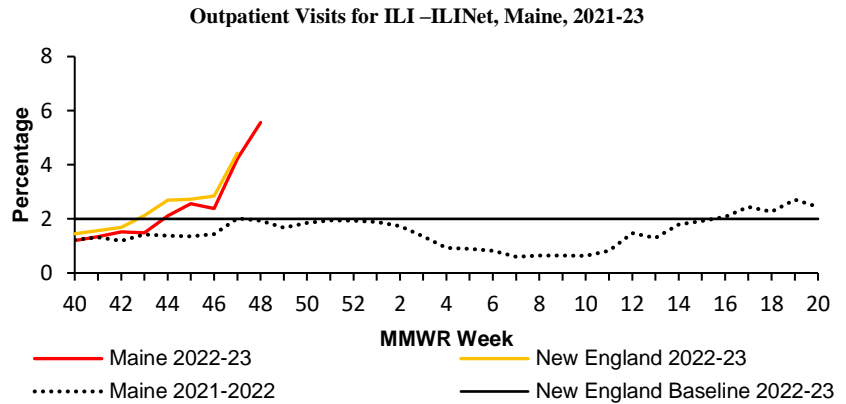
Data for MMWR week 48 (ending 12/03/2022)



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

Percent of Outpatient Health Care Visits Due to ILI
5.56

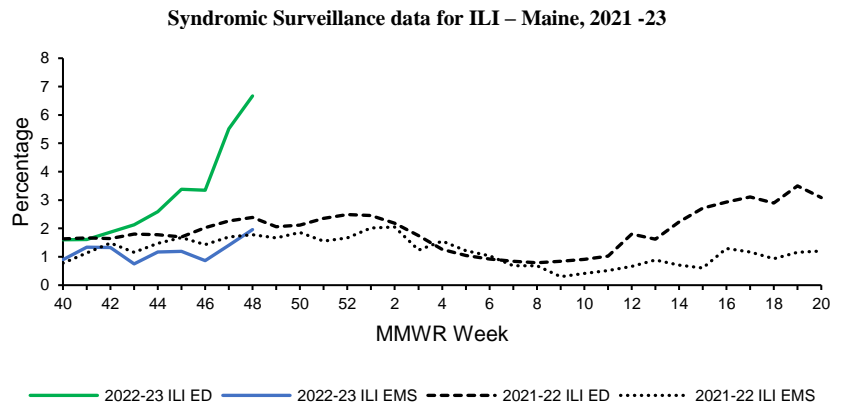
Number of ILINet Reporting Providers
48



Syndromic Surveillance

Percent of Emergency Room Visits Due to ILI
6.67

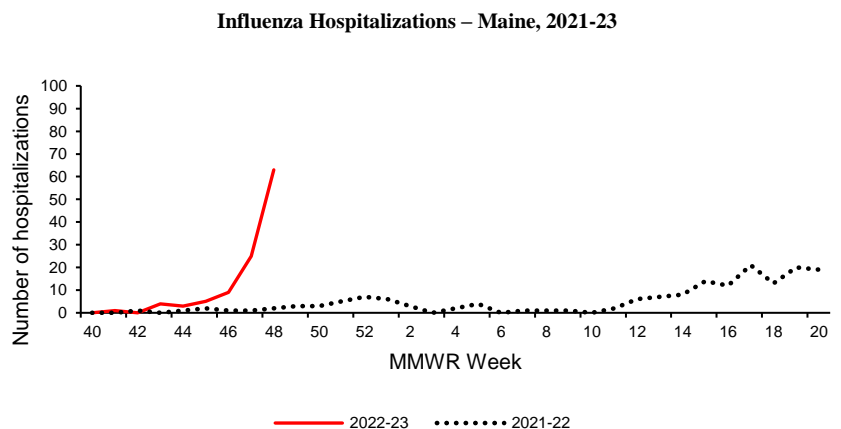
Percent of Emergency Medical Services (EMS) calls for ILI
1.96



Hospitalizations

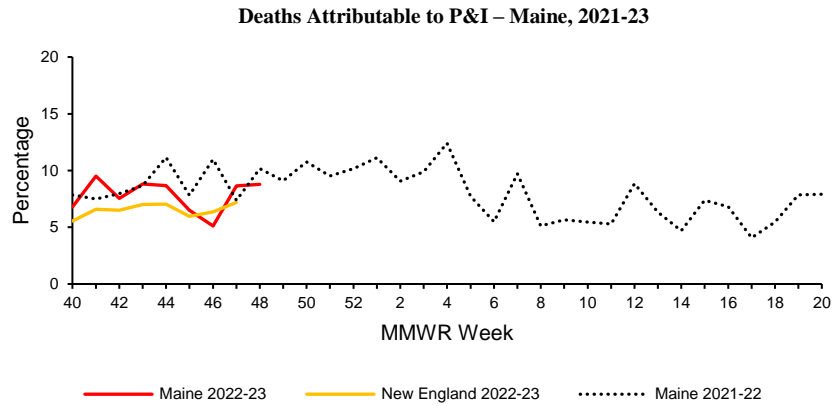
Influenza-Associated Hospitalizations This Week
63

Total Influenza-Associated Hospitalizations This Season
110



Pneumonia and Influenza (P&I) Deaths

Percent of Deaths Due to P&I	8.78
Influenza-Associated Deaths This Week*	0
Total Influenza-Associated Deaths This Season*	1
Pediatric Influenza-Associated Deaths This Season	0

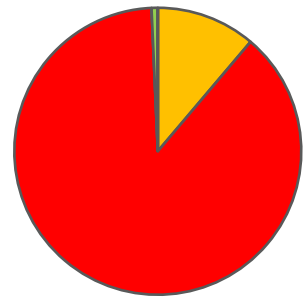
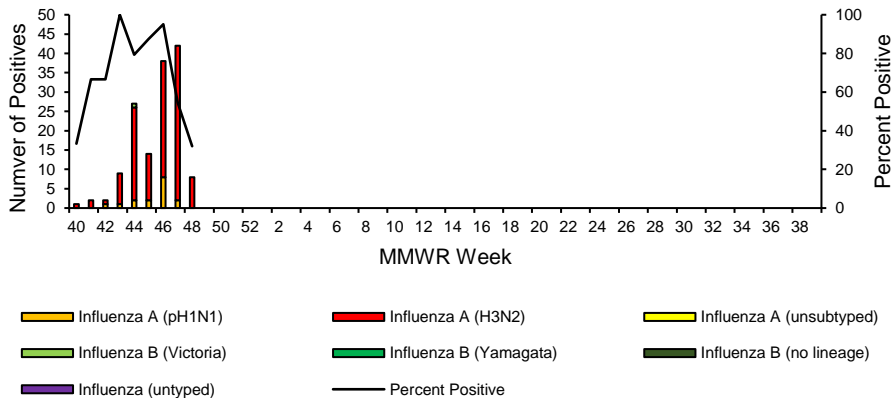


*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I)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

Virologic Surveillance

Health and Environmental Testing Laboratory	Week 48	2022-23 Season
No. of specimens tested	25	210
No. of positive specimens (%)	8 (32%)	143 (68%)
<i>Positive specimens by type</i>		
Influenza A		
(H1N1)pdm09	0	16
H3N2	8	126
Influenza B		
Yamagata lineage	-	-
Victoria lineage	-	1

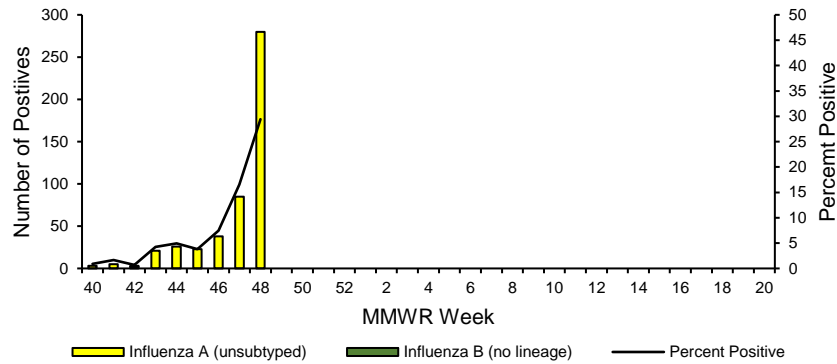
Influenza Positive PCR Tests, HETL – Maine, 2022-23



All data are preliminary and subject to change

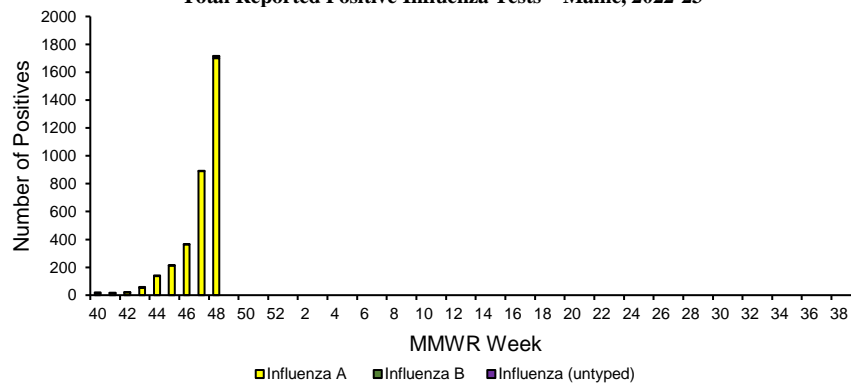
Maine Reference Laboratories	Week 48	2022-23 Season
No. of specimens tested	952	4657
No. of positive specimens (%)	280 (29.4%)	484 (10.4%)
<i>Positive specimens by type</i>		
Influenza A	280	483
Influenza B	-	1

Influenza Positive Tests, Maine Reference Labs – Maine, 2022-23



All Reported Laboratory Results	Week 48	2022-23 Season
No. of specimens positive by antigen test	203	454
No. of specimens positive by molecular test	1513	2992
<i>Positive specimens by type</i>		
Influenza A	1702 (99%)	3408 (99%)
Influenza B	12 (1%)	35 (1%)

Total Reported Positive Influenza Tests – Maine, 2022-23



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:

- 96% of influenza A/H1N1 samples with cell-grown vaccine antibodies; 96% with egg-based vaccine antibodies
- 100% of influenza A/H3N2 samples with cell-grown vaccine antibodies; 97% with egg-based vaccine antibodies
- 100% of influenza B/Vic samples with cell-grown vaccine antibodies; 100% with egg-based vaccine antibodies
- No influenza B/Yamagata samples were available for characterization

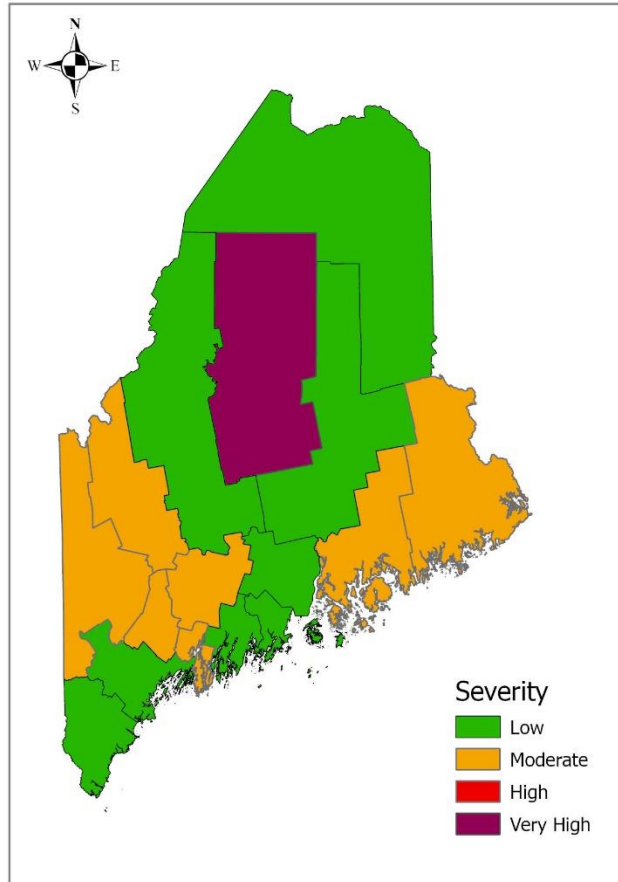
Weekly County-level Influenza, Maine, Week 48

County	Positive labs	Hospitalizations	Activity Trend*	Severity Estimate [§]
Androscoggin	158	7	Sustained Increase	Moderate
Aroostook	23	0	Sustained Increase	Low
Cumberland	238	17	Sustained Increase	Low
Franklin	40	1	Sustained Increase	Moderate
Hancock	96	5	Sustained Increase	Moderate
Kennebec	134	2	Sustained Increase	Moderate
Knox	22	2	Sustained Increase	Low
Lincoln	20	0	Sustained Increase	Low
Oxford	39	4	Sustained Increase	Moderate
Penobscot	396	5	Sustained Increase	Low
Piscataquis	54	8	Sustained Increase	Very High
Sagadahoc	25	1	Sustained Increase	Moderate
Somerset	174	1	Sustained Increase	Low
Waldo	61	1	Sustained Increase	Low
Washington	41	3	Sustained Increase	Moderate
York	199	6	Sustained Increase	Low
Total	1720	63	-	-

*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>

County-level Influenza Severity Estimate, Maine, Week 48

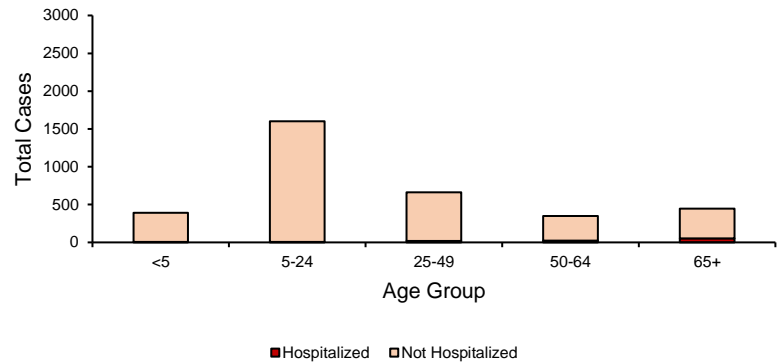


All data are preliminary and subject to change

Age Information – Maine, 2022-23 Influenza Season

	Age (years)		
	Min.	Mean	Max.
Cases	<1	29	104
Hospitalizations	<1	59	95
Deaths	NA	NA	NA

Positive Influenza Tests by Age and Hospitalization Status – Maine, 2022-23



Influenza-Like Illness Outbreaks – Maine, 2022-23 Influenza Season

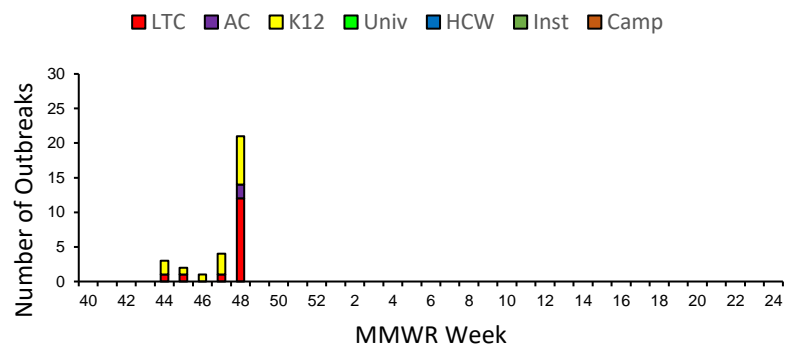
Number of New Outbreak Investigations
21

Total Outbreaks This Season
31

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, 2022-23



Influenza-Like Illness Outbreak by Facility Type and County – Maine, 2022-23

County	LTC	AC	K12	Univ	HCW	Inst	Camp	Total
Androscoggin	2		2					4
Aroostook								0
Cumberland	1		4					5
Franklin		1						1
Hancock		1	1					2
Kennebec	3							3
Knox	1							1
Lincoln								0
Oxford	1							1
Penobscot	2		5					7
Piscataquis								0
Sagadahoc								0
Somerset	2		2					4
Waldo	0							0
Washington	2							2
York	1							1
Total	15	2	14	0	0	0	0	31

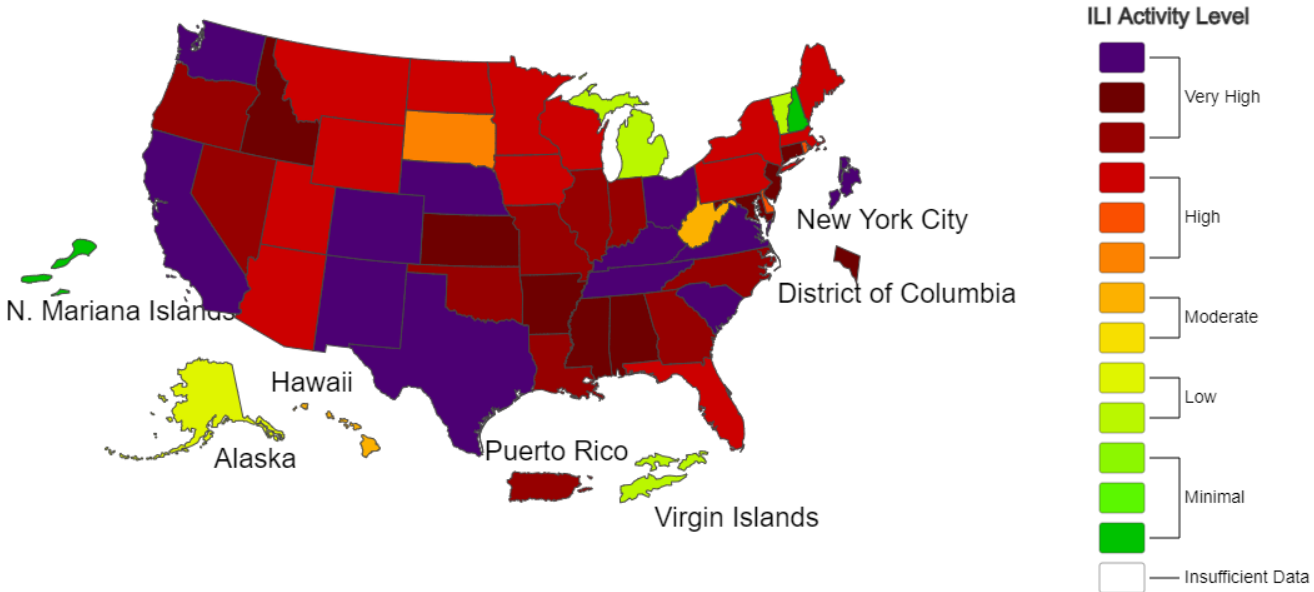


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

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.

2022-23 Influenza Season Week 47 ending Nov 26, 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.