

Maine Weekly Influenza Surveillance Report

2022-2023 Influenza Season

February 14, 2023

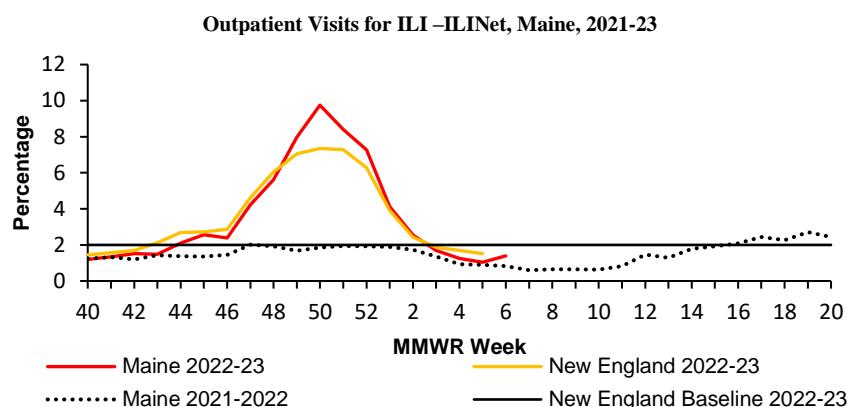
Data for MMWR week 6 (ending 2/11/2023)



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

Percent of Outpatient Health Care Visits Due to ILI
1.39

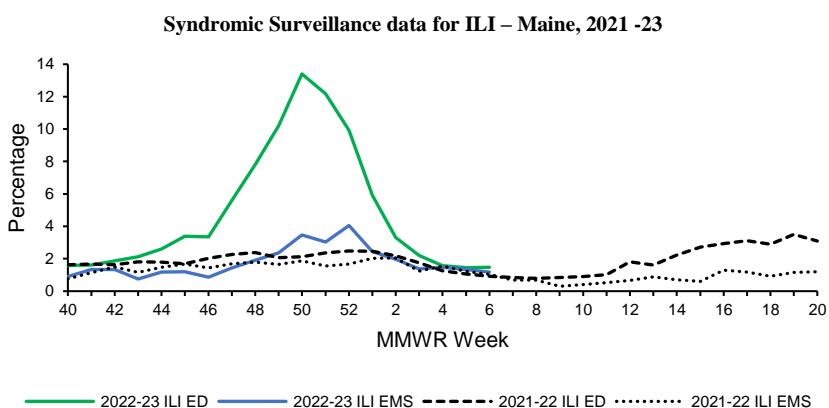
Number of ILINet Reporting Providers
46



Syndromic Surveillance

Percent of Emergency Room Visits Due to ILI
1.48

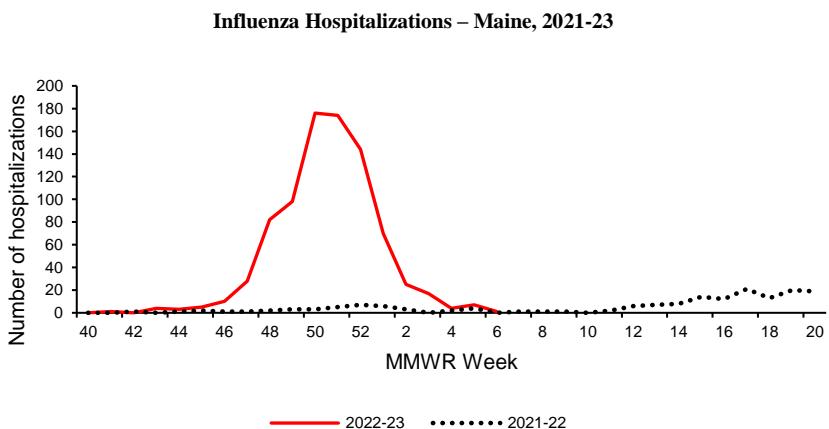
Percent of Emergency Medical Services (EMS) calls for ILI
1.18



Hospitalizations

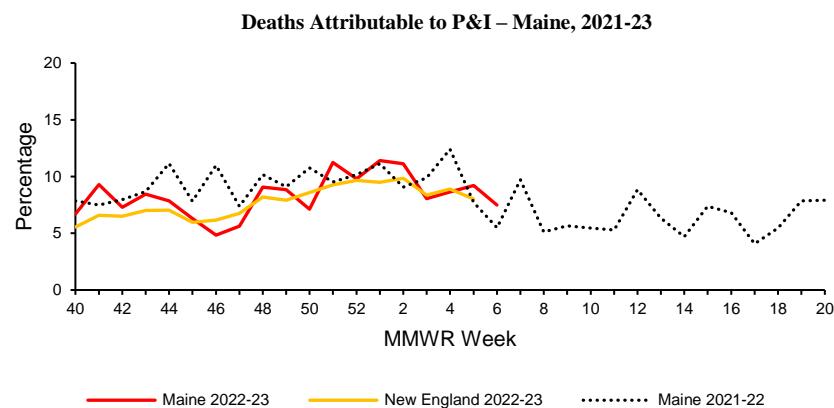
Influenza-Associated Hospitalizations This Week
1

Total Influenza-Associated Hospitalizations This Season
849



Pneumonia and Influenza (P&I) Deaths

Percent of Deaths Due to P&I
7.5
Influenza-Associated Deaths This Week*
0
Total Influenza-Associated Deaths This Season*
80
Pediatric Influenza-Associated Deaths This Season
2

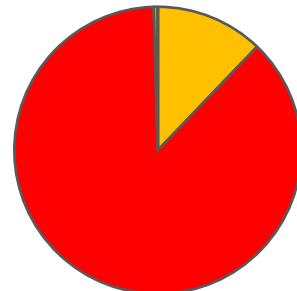
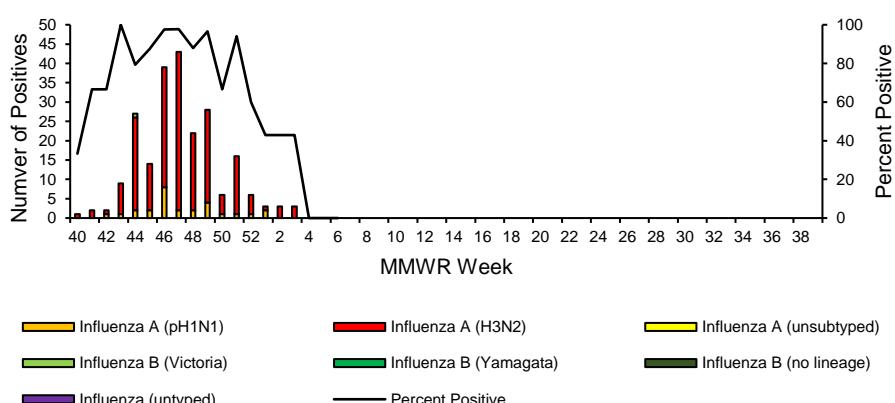


*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I)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

Virologic Surveillance

Health and Environmental Testing Laboratory	Week 6	2022-23 Season
No. of specimens tested	4	273
No. of positive specimens (%)	0 (0%)	224 (82%)
Positive specimens by type		
Influenza A		
(H1N1)pdm09	0	27
H3N2	0	196
Influenza B	-	-
Yamagata lineage	-	-
Victoria lineage	-	1

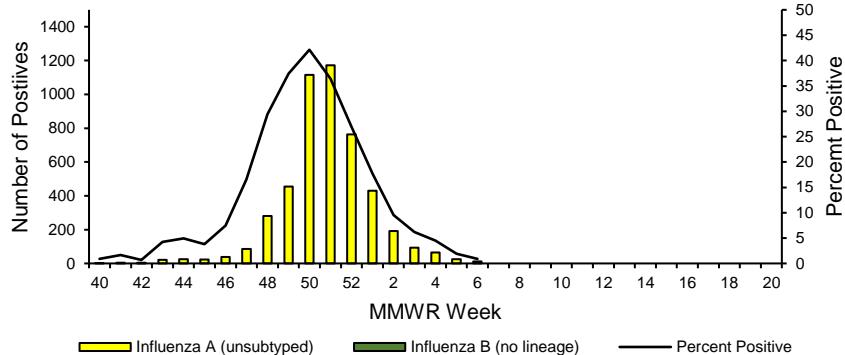
Influenza Positive PCR Tests, HETL – Maine, 2022-23



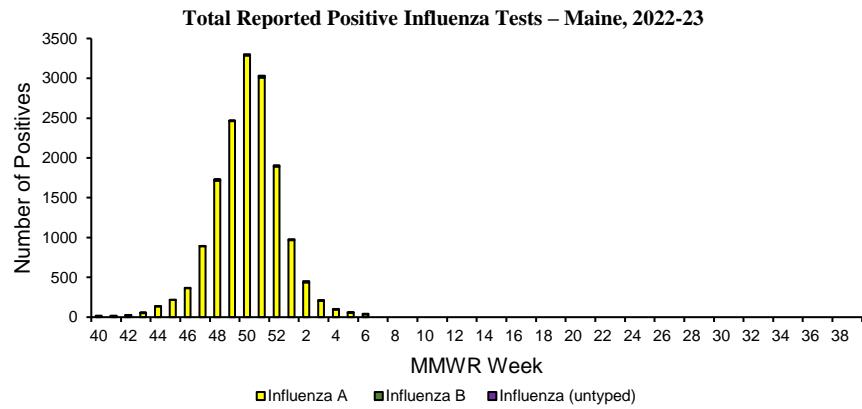
All data are preliminary and subject to change

Maine Reference Laboratories	Week 6	2022-23 Season
No. of specimens tested	1,354	24,663
No. of positive specimens (%)	12 (0.9%)	4,810 (20%)
Positive specimens by type		
Influenza A	-	4,809
Influenza B	-	1

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



All Reported Laboratory Results	Week 6	2022-23 Season
No. of specimens positive by antigen test	13	2,720
No. of specimens positive by molecular test	31	13,308
Positive specimens by type		
Influenza A	35 (80%)	15,858 (99%)
Influenza B	9 (20%)	164 (1%)



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% of influenza A/H1N1 samples with cell-grown vaccine antibodies; 99% with egg-based vaccine antibodies
- 94% of influenza A/H3N2 samples with cell-grown vaccine antibodies; 94% 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

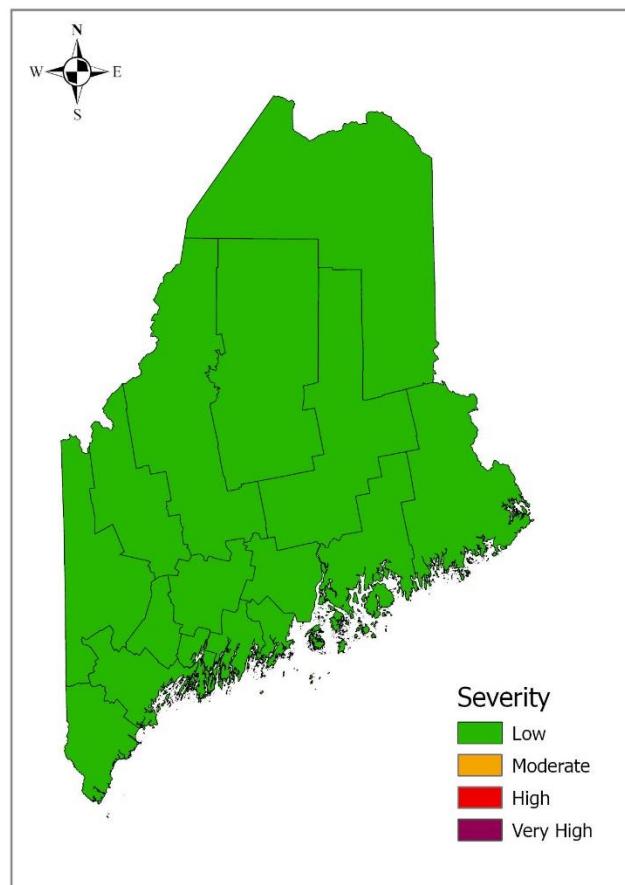
Weekly County-level Influenza, Maine, Week 6

County	Positive labs	Hospitalizations	Activity Trend*	Severity Estimate§
Androscoggin	0	0	Increase	Low
Aroostook	0	0	Sustained Decrease	Low
Cumberland	8	1	Sustained Decrease	Low
Franklin	2	0	Sustained Decrease	Low
Hancock	2	0	Sustained Increase	Low
Kennebec	1	0	Sustained Decrease	Low
Knox	1	0	Sustained Decrease	Low
Lincoln	1	0	Sustained Decrease	Low
Oxford	1	0	Sustained Decrease	Low
Penobscot	13	0	Sustained Decrease	Low
Piscataquis	1	0	Sustained Decrease	Low
Sagadahoc	0	0	Sustained Decrease	Low
Somerset	1	0	Sustained Increase	Low
Waldo	2	0	Sustained Decrease	Low
Washington	0	0	Plateau	Low
York	10	0	Sustained Decrease	Low
Total	43	1	-	-

*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.

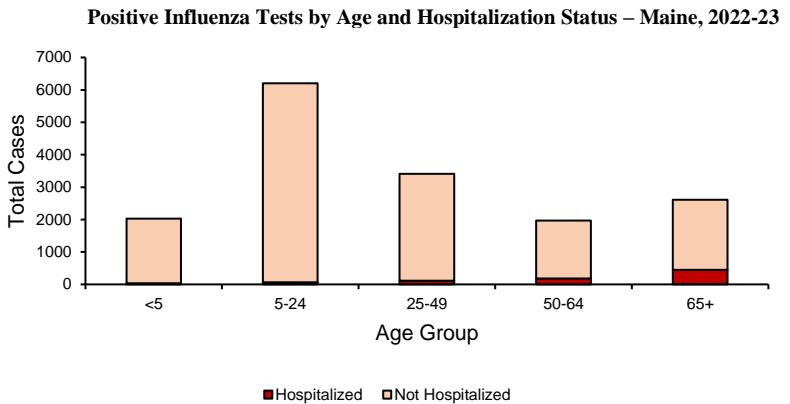
§Severity is estimated using county-level P&I deaths, syndromic surveillance, and hospitalizations. Thresholds are calculated statewide from previous seasons’ data using the moving epidemic method, as described at <https://www.cdc.gov/flu/about/classifies-flu-severity.htm>

County-level Influenza Severity Estimate, Maine, Week 6



Age Information – Maine, 2022-23 Influenza Season

	Age (years)		
	Min.	Mean	Max.
Cases	<1	32	104
Hospitalizations	<1	60	100
Deaths	<18	77	100



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

Number of New Outbreak Investigations
0
Total Outbreaks This Season
243

Outbreak Facility Type Key:

LTC - Long Term Care Facility

AC - Acute Care Facility (nursing home)

K12 - School (K-12) or daycare

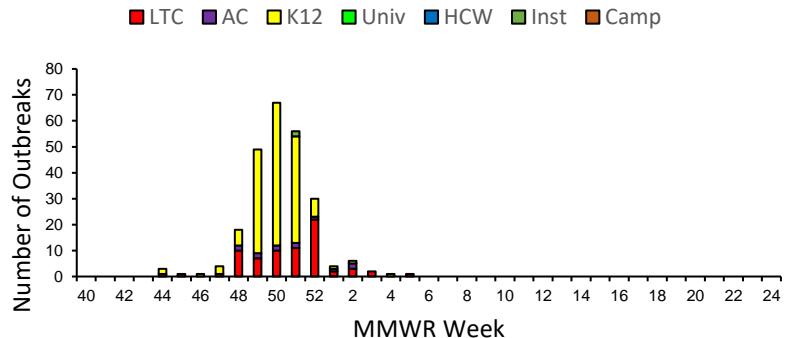
Univ - School (residential) or University

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	4	0	13					17
Aroostook	4	1	24					29
Cumberland	18	3	24					45
Franklin	1	2	9					12
Hancock	3	3	15			1		22
Kennebек	9	0	17					26
Knox	4	0	3					7
Lincoln	0	1	4					5
Oxford	5	0	3					8
Penobscot	8	1	9					18
Piscataquis	1	0	2					3
Sagadahoc	0	0	5					5
Somerset	3	0	10					13
Waldo	0	0	6					6
Washington	4	0	7					11
York	6	1	8			1		16
Total	70	12	159	0	0	2	0	243

National Influenza Surveillance Data

Source: <https://www.cdc.gov/flu/weekly/>

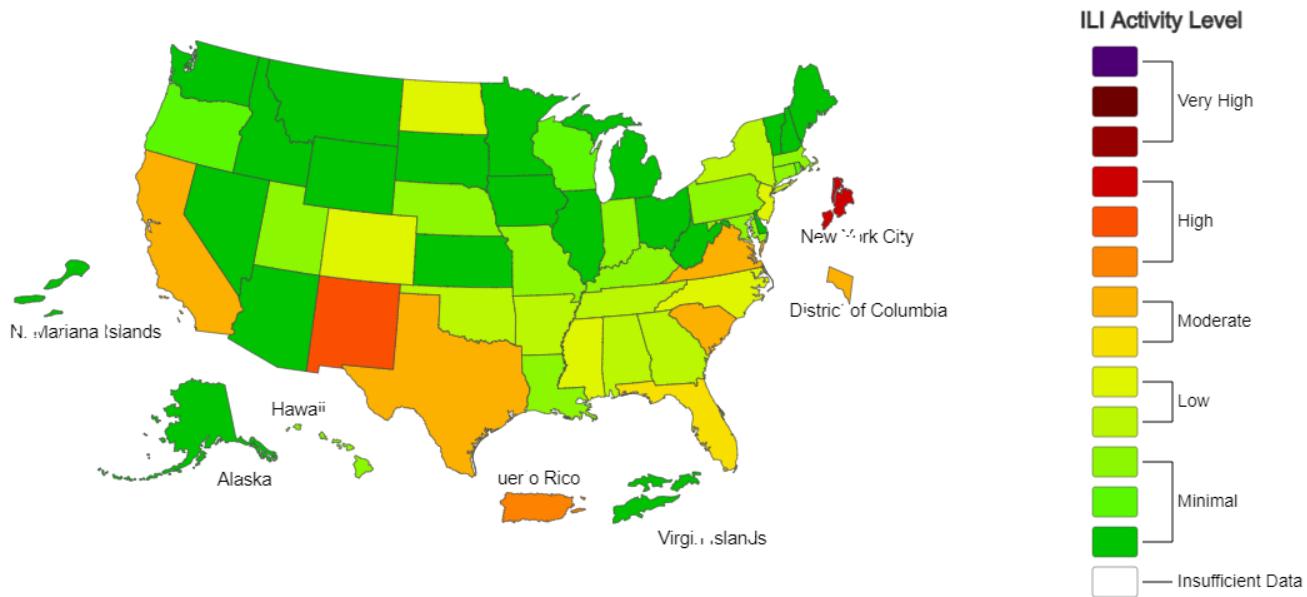


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

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 5 ending Feb 04, 2023



*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.