

Maine Weekly Influenza Surveillance Report

April 3, 2007

Synopsis

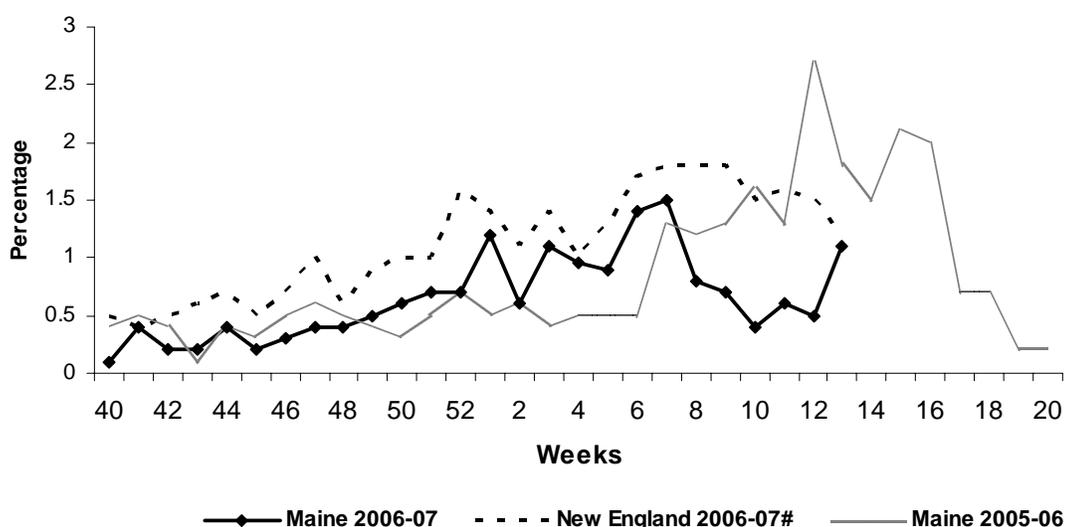
During the week ending March 31, 2007 (MMWR week 13)*, local influenza activity was reported in Maine. An increase in outpatient visits for influenza-like illness and pneumonia and influenza-associated deaths was observed this week.

Moderate Disease Surveillance

Outpatient influenza-like illness (ILI)

During the week ending March 31, 2007, 1.1% of sentinel provider outpatient visits were due to ILI (range 0% - 2.4%).

Outpatient Visits for Influenza-like Illness -- Maine, 2005-07



New England is defined as Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

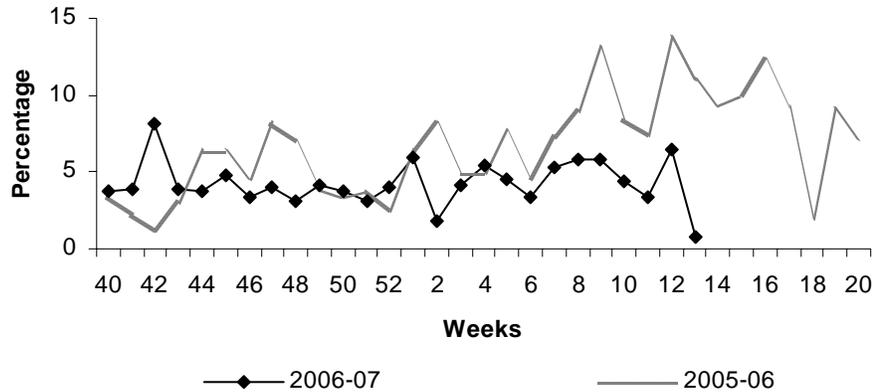
Severe Disease Surveillance

Hospital inpatients

During the week ending March 24, 2007 (week 12), 6.5% of admissions reported by four hospitals were due to respiratory illness (range 1.9% - 14.9%). During the week ending March 31, 2007 (week 13), 0.8% of admissions reported by two hospitals were due to respiratory illness (range 0% - 1.6%).

* At time of publication, reporting may be incomplete. Numbers presented here may change as more reports are received.

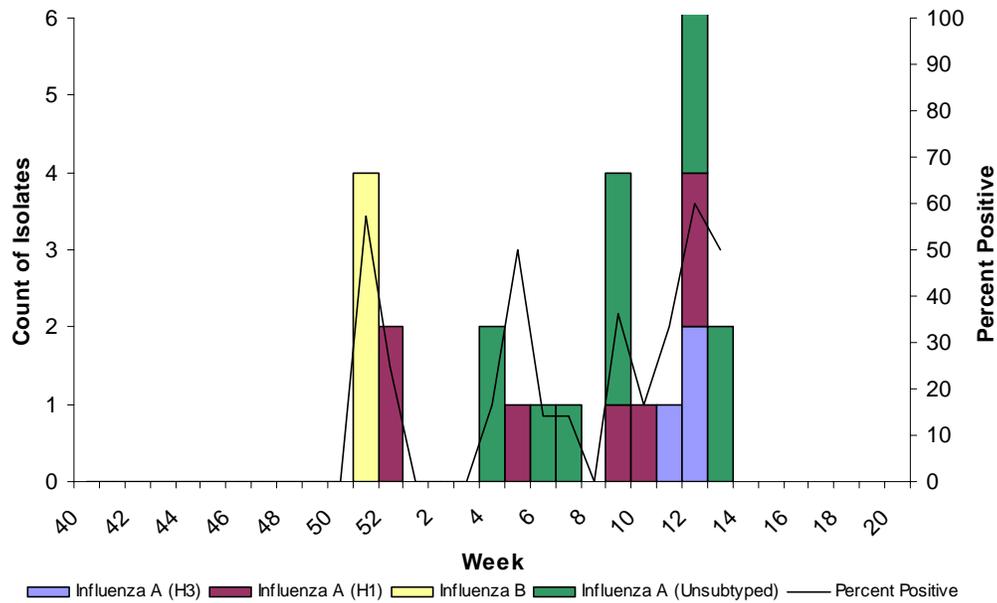
Hospital Admissions due to Respiratory Illness -- Maine, 2005-07



Laboratory Reporting

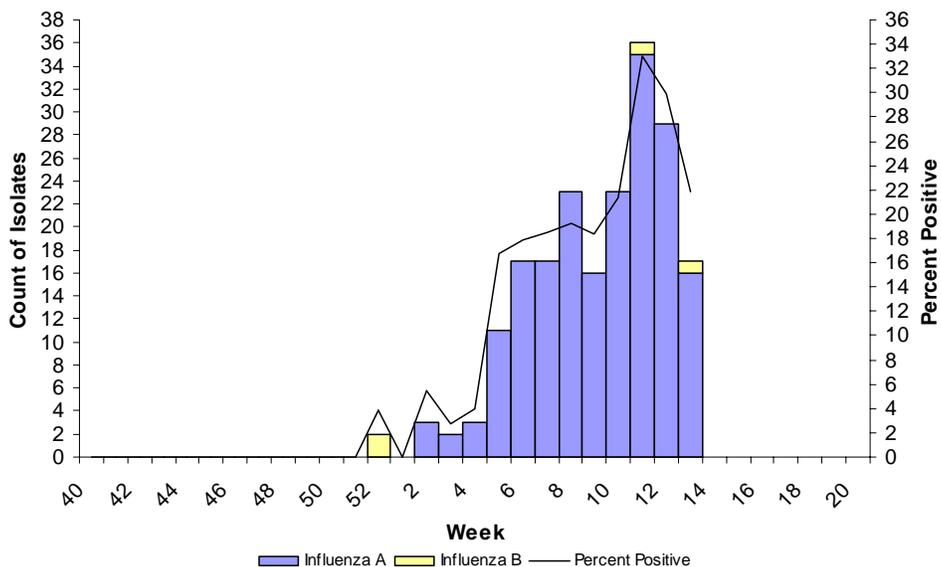
During the week ending March 31, 2007, one respiratory specimen was submitted to the Maine Health and Environmental Testing Laboratory (HETL) for influenza culture; it was positive for influenza A. An additional three specimens were submitted to HETL for influenza PCR testing during the week ending March 31, 2007; one specimen was positive for influenza and results are pending on the remaining two specimens. As of March 31, 2007, a total of 179 respiratory specimens have been submitted for culture and/or PCR to HETL since October when the influenza surveillance season began. Of these specimens, 28 (15.6%) were culture or PCR-positive for influenza (7 for influenza A [H1], 3 for influenza A [H3], 14 for influenza A [unsubtyped], and 4 for influenza B), four (2.2%) specimens were presumptive positive for enterovirus, two (1.1%) specimens were positive for adenovirus, one (0.5%) specimen was positive for RSV, four (2.2%) specimens were not tested, results are pending for three specimens, and the remaining specimens were negative.

Respiratory Specimens Culture and/or PCR-Positive for Influenza – Maine Health and Environmental Testing Laboratory, 2006-07



During the week ending March 31, 2007, a total of 78 respiratory specimens were submitted to two private reference laboratories in Maine. Of these, 17 (21.8%) specimens were positive for influenza (16 for influenza A and 1 for influenza B). As of March 31, 2007, a total of 1,390 respiratory specimens have been submitted for viral testing to two reference laboratories in Maine since October when the influenza surveillance season began. Of these, 200 (14.4%) specimens were positive for influenza (196 for influenza A and 4 for influenza B), 235 (16.9%) were positive for RSV, 1 (0.1%) specimen was positive for parainfluenza 2, 6 (0.4%) were positive for parainfluenza-3, 15 (1.1%) were positive for adenovirus, 12 (0.9%) specimens were positive for enterovirus, and the remaining specimens were negative.

Respiratory Specimens Positive for Influenza – Two Reference Laboratories, Maine 2006-07



Outbreaks

During the week ending March 31, 2007, no outbreaks of influenza-like illness were reported. To date, five outbreaks of influenza have been reported in Maine this season.

Table: Influenza-like illness outbreaks by selected characteristics – Maine, 2006-07

Facility Type*	Region	Date Reported	Attack Rate %		Hospitalizations #	Deaths #	Vaccination rate %		Lab-confirmed
			Residents	Staff			Residents	Staff	
School	Western	2/5/07	8.9	0	0	0	^	^	Influenza
School	Midcoast	2/12/07	25.0	20.0	0	0	^	^	^
LTC	Western	2/21/07	4.8	0	1	0	^	40.0	Influenza
School	Western	2/22/07	31.4	6.3	0	0	^	^	Influenza A
School	Eastern	3/21/07	20.4	0	0	0	^	^	^

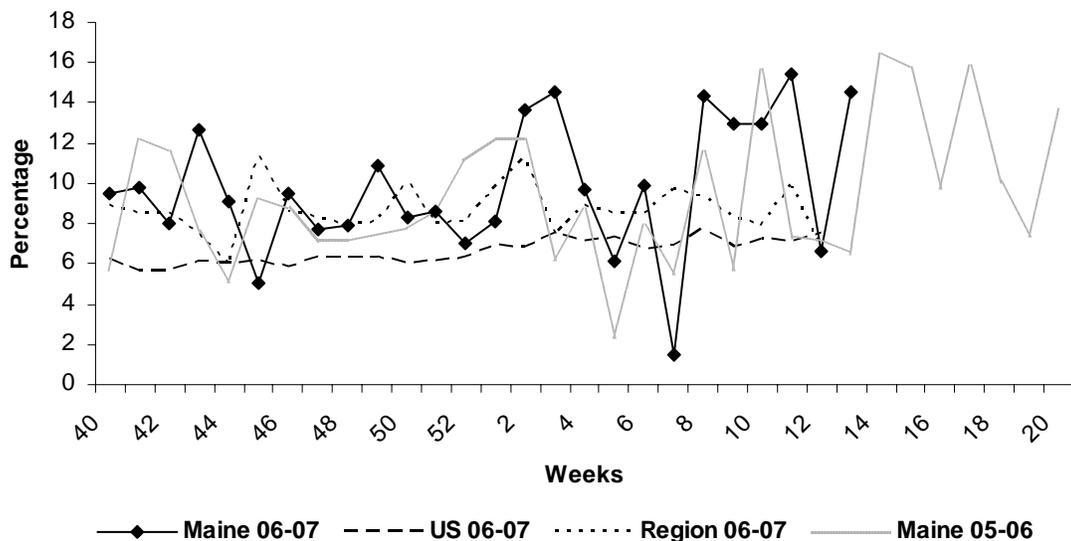
* Outbreak definition is specific to facility type. An outbreak in long-term care facilities (LTC) is defined as ≥ 3 patients with ILI identified on same floor or ward during a short (e.g., 48-72 hour) period OR ≥ 1 patients with lab-confirmed influenza; an outbreak in an acute care facility is defined as ≥ 1 patients with ILI or lab-confirmed influenza with symptom onset ≥ 48 hours post-admission (i.e., nosocomial); and an outbreak in a school is defined as $\geq 15\%$ absentee rate among student population due to ILI or lab-confirmed influenza. ^ Data unavailable

Fatalities Surveillance

Death Certificates

During the week ending March 31, 2007, 14.5% of deaths reported by three city vital records office were attributable to pneumonia and influenza (range: 0% - 24.1%).

Percentage of Deaths Attributable to Pneumonia and Influenza – Maine, New England and the United States, 2005-07



^ New England includes the following reporting areas: Boston, MA; Bridgeport, CT; Cambridge, MA; Fall River, MA; Hartford, CT; Lowell, MA; Lynn, MA; New Bedford, MA; New Haven, CT; Providence, RI; Somerville, MA; Springfield, MA; Waterbury, CT; Worcester, MA.

