

Maine Weekly Influenza Surveillance Report

March 6, 2007

Synopsis

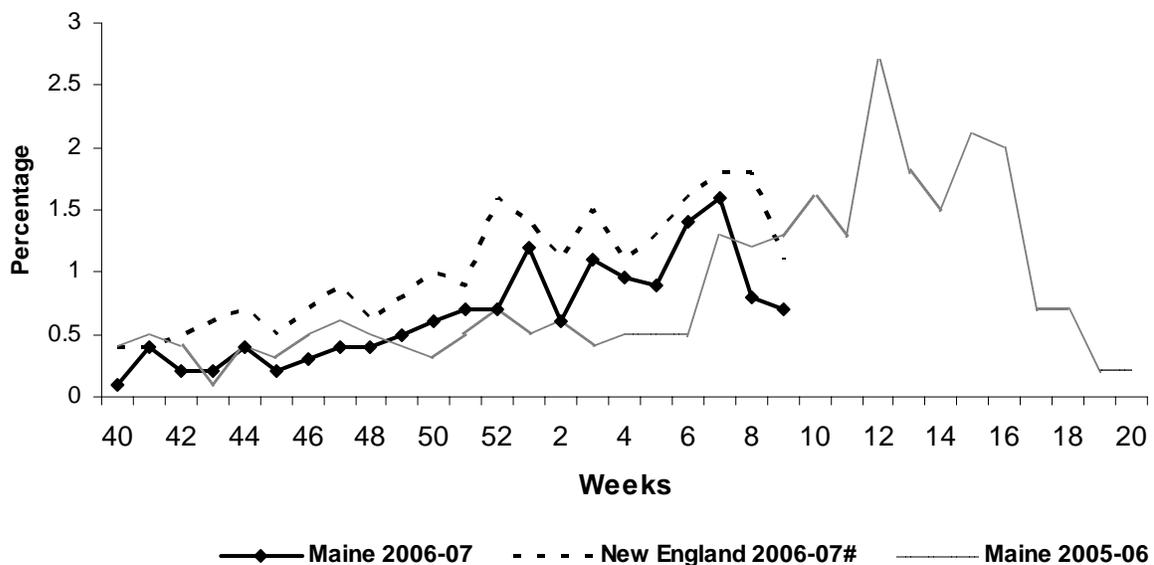
During the week ending March 3, 2007 (MMWR week 9)*, regional influenza activity was reported in Maine. An increase in hospital admissions associated with respiratory illness and laboratory-confirmed influenza was observed this week.

Moderate Disease Surveillance

Outpatient influenza-like illness (ILI)

During the week ending March 3, 2007, 0.7% of sentinel provider outpatient visits were due to ILI (range 0% - 7.4%).

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



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

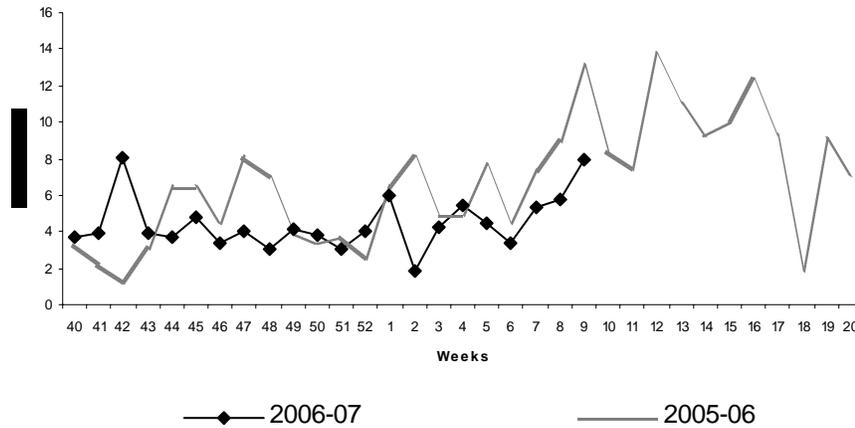
Severe Disease Surveillance

Hospital inpatients

During the week ending February 24, 2007 (week 8), 5.8% of admissions reported by four hospitals were due to respiratory illness (range 2.1% - 10.8%). During the week ending March 3, 2007 (week 9), 8.0% of admissions reported by two hospitals were due to respiratory illness (range 3.8% - 12.2%).

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

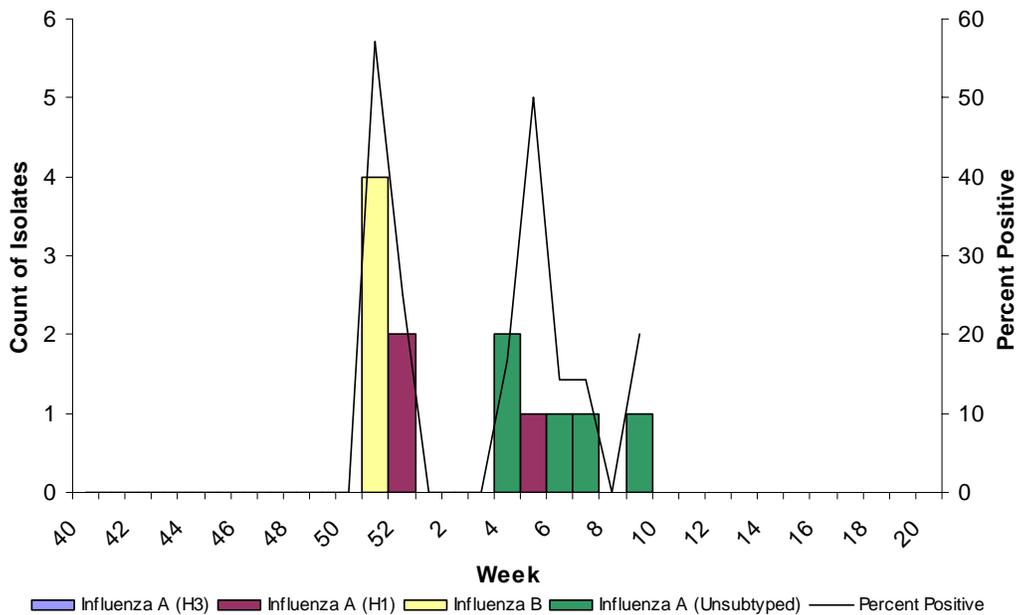
Hospital Admissions due to Respiratory Illness -- Maine, 2005-07



Laboratory Reporting

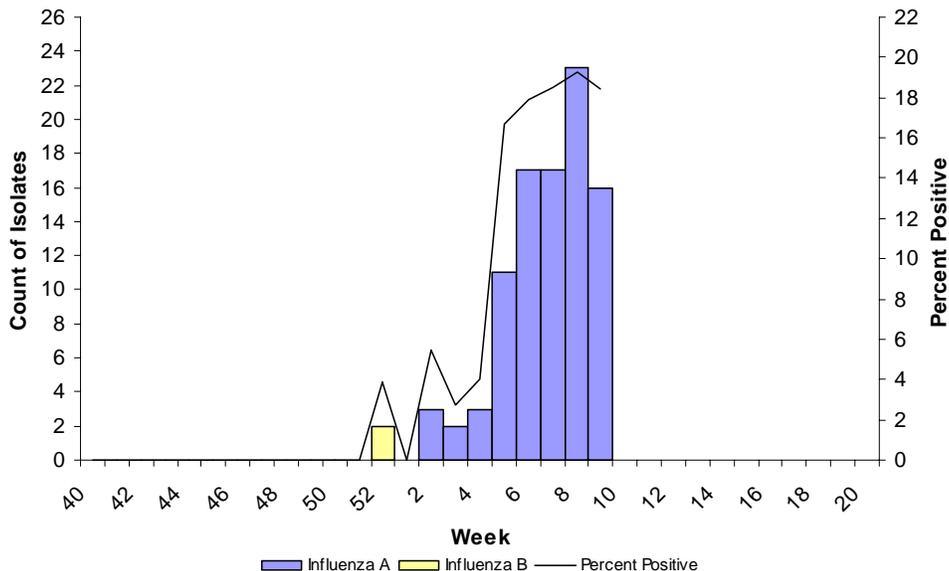
During the week ending March 3, 2007, five respiratory specimens were submitted to the Maine Health and Environmental Testing Laboratory (HETL) for influenza culture; one (20.0%) specimen was positive for influenza A and results are pending on the remaining specimens. As of March 3, 2007, a total of 144 respiratory specimens have been submitted for culture and/or PCR to HETL since October when the influenza surveillance season began. Of these specimens, twelve (8.3%) were culture or PCR-positive for influenza (three for influenza A [H1], five for influenza A [unsubtyped], and four for influenza B), four (2.8%) specimens were presumptive positive for enterovirus, one (0.7%) specimen was positive for adenovirus, three (2.1%) specimens were not tested, results are pending for seventeen 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 3, 2007, a total of 87 respiratory specimens were submitted to two private reference laboratories in Maine. Of these, 16 (18.4%) specimens were positive for influenza A. As of March 3, 2007, a total of 994 respiratory specimens have been submitted for viral testing to two reference laboratories in Maine since October when the influenza surveillance season began. Ninety-four specimens (9.5%) were positive for influenza (92 for influenza A and 2 for influenza B), 174 (17.5%) were positive for RSV, 2 (0.2%) was positive for parainfluenza-3, 11 (1.1%) were positive for adenovirus, 12 (1.2%) 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 3, 2007, there were no outbreaks of influenza reported. To date, four 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	20.0	^	0	0	^	^	Influenza

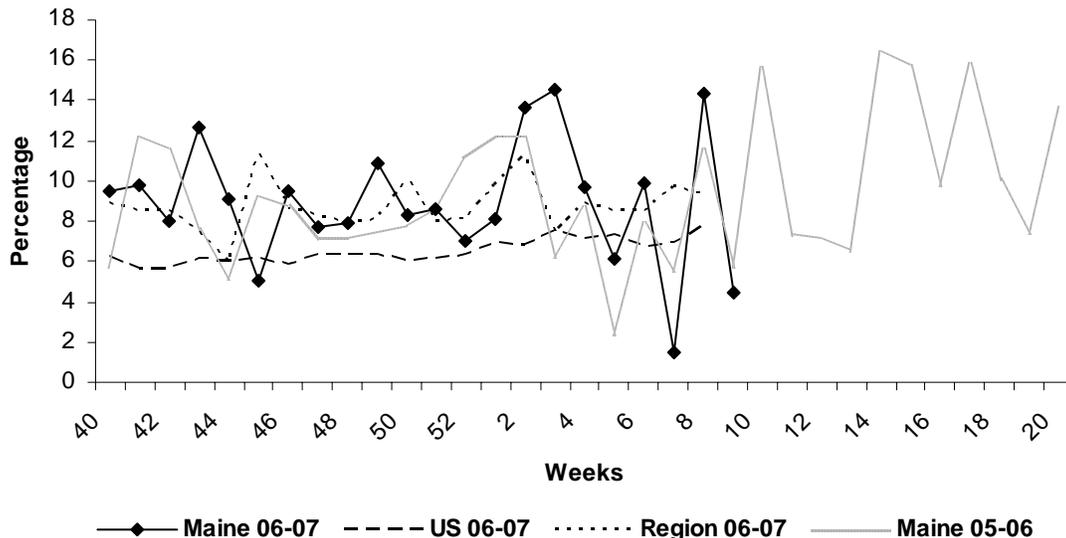
* Outbreak definition is specific to facility type. An outbreak in long-term care facilities (LTC) is defined as ≥ 3 patients with ILI identified on same floor or ward during a short (e.g., 48-72 hour) period OR ≥ 1 patients with lab-confirmed influenza; an outbreak in an acute care facility is defined 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 3, 2007, 4.5% of deaths reported by one city vital records office were attributable to pneumonia and influenza.

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.

Pediatric Fatalities

As of March 3, 2007, no influenza-associated pediatric deaths have been reported in Maine this season.

National Influenza Activity

State health departments report the estimated level of influenza activity in their states each week. States report influenza activity as: 1) no activity, 2) sporadic, 3) local, 4) regional, or 5) widespread (definitions of these levels can be found at: www.cdc.gov/flu/weekly/usmap.htm). Maine reported local influenza activity for the week ending February 24, 2007.

