

Maine Weekly Influenza Surveillance Report

February 13, 2008

Synopsis

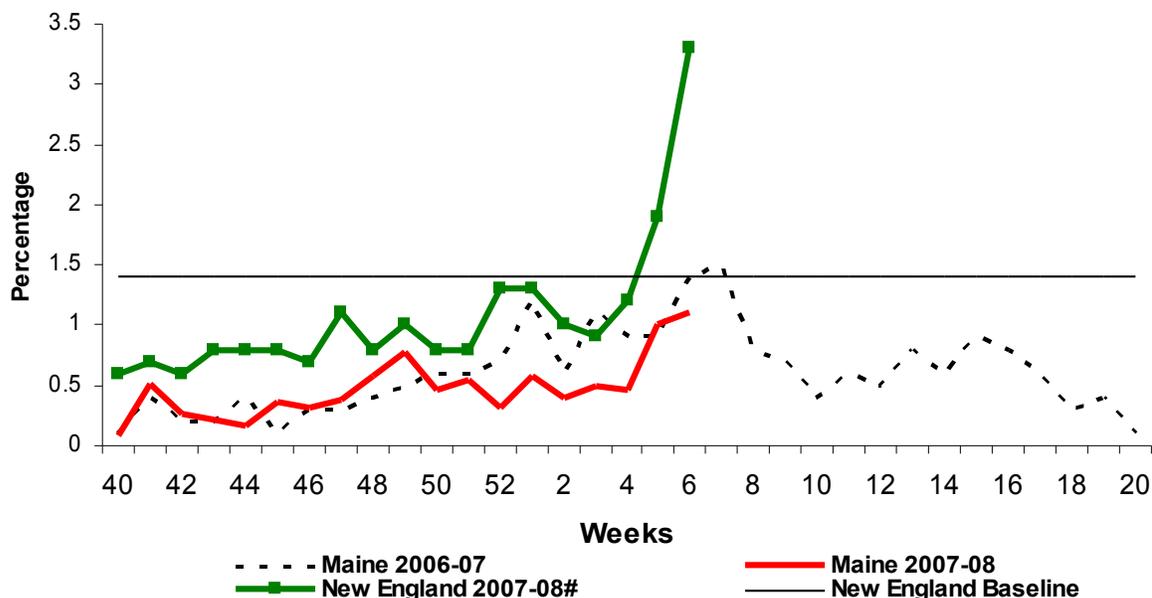
During the week ending February 9, 2008 (MMWR week 6)*, Maine reported regional influenza activity.

Moderate Disease Surveillance

Outpatient influenza-like illness (ILI)

During the week ending February 9, 2008 (week 6), 1.1% of outpatient visits reported by eleven Maine Sentinel Providers were for influenza-like illness (ILI), defined as fever ($\geq 100^{\circ}$ F / $\geq 37.8^{\circ}$ C) and cough or sore throat in the absence of a known cause. In the New England States, 3.3% of outpatient visits were attributed to influenza-like illness during week 6.

Outpatient Visits for Influenza-like Illness -- Maine, 2006-08



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

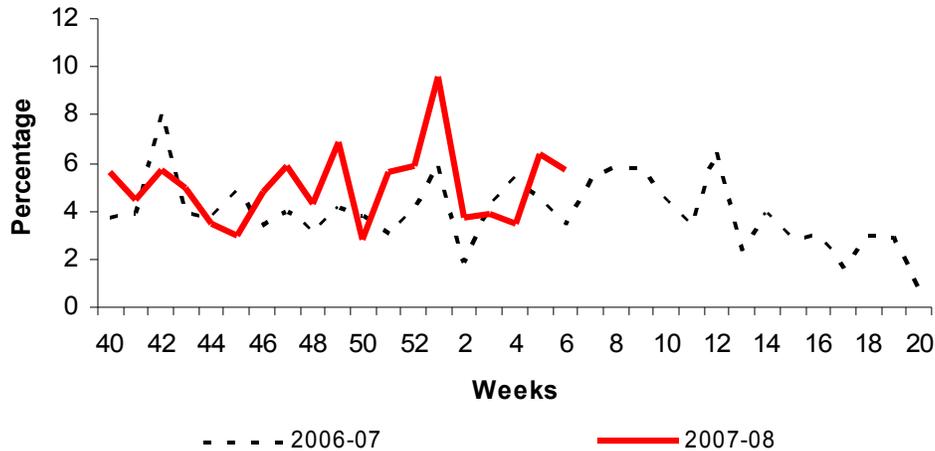
Severe Disease Surveillance

Hospital inpatients

During the week ending February 9, 2008 (week 6), 5.7% of hospital admissions reported by three hospitals were attributable to pneumonia or influenza. This is a slight decrease from week 5 when 6.4% of hospital admissions were attributable to pneumonia or influenza.

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

Hospital Admissions Due to Pneumonia or Influenza -- Maine, 2006-08

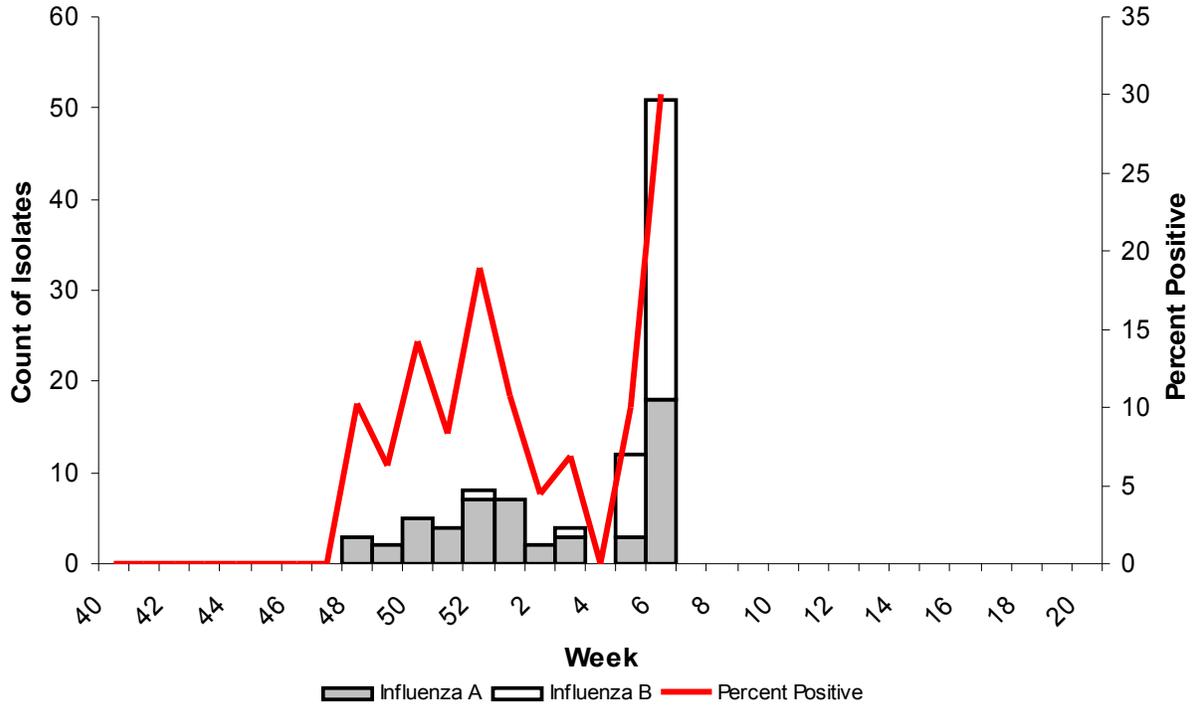


Laboratory Reporting

The Maine Health and Environmental Testing Laboratory (HETL) received 13 specimens for influenza testing the week ending February 9 (week 6). Two specimens were positive for influenza B; results are pending on eleven specimens. As of February 9, 2008 (week 6), a cumulative total of 126 respiratory specimens had been submitted to the Maine Health and Environmental Testing Laboratory (HETL) for testing. To date, four (3.2%) specimens were positive for influenza A (two specimens were A (H1) and two were A (H3)) and three (2.4%) specimens were positive for influenza B. In addition, two specimens were positive for parainfluenza-2, one specimen was positive for parainfluenza-1, and one specimen was positive for mumps. Results are pending on 14 specimens; the remaining specimens tested negative.

Two private reference laboratories in Maine reported for the week ending February 9, 2008 (week 6). Eighteen of 184 specimens were positive for influenza A and 33 were positive for influenza B. In addition 83 specimens were positive for RSV and 1 specimen was positive for parainfluenza-1. As of February 9, 2008, a cumulative total of 802 respiratory specimens had been submitted to two private reference laboratories in Maine. Of these, 54 (6.7%) specimens were positive for influenza A and 44 (5.5%) were positive for influenza B. Two hundred eighteen specimens were positive for RSV, ten specimens were positive for parainfluenza-1, nine specimens were positive for parainfluenza-2, three specimens were positive for parainfluenza-3, five specimens was positive for adenovirus, three specimens were positive for enterovirus, and the remaining specimens were negative.

Respiratory Specimens Positive for Influenza from Two Reference Laboratories – Maine, 2007-08



Outbreaks

During the week ending February 9, 2008, one outbreak of influenza-like illness was reported in a school in the Aroostook region. To date, six outbreaks of influenza-like illness have been reported in Maine this season.

Influenza-like illness outbreaks by selected characteristics – Maine, 2007-08

Facility Type*	Region	Date Reported	Attack Rate %		Hospitalizations #	Deaths #	Vaccination rate %		Lab-confirmed
			Resident	Staff			Resident	Staff	
LTC	Midcoast	12/27/07	9	0	0	0	100	55	Influenza A
LTC	Eastern	1/14/08	31	6	1	0	100	94	^
School	Midcoast	1/28/08	7	0	^	0	^	^	Influenza A
School	Aroostook	1/29/08	27	^	^	^	^	^	Influenza
School	Aroostook	1/29/08	15	^	^	^	^	^	^
School	Aroostook	2/4/08	28	11	^	^	^	^	Influenza A

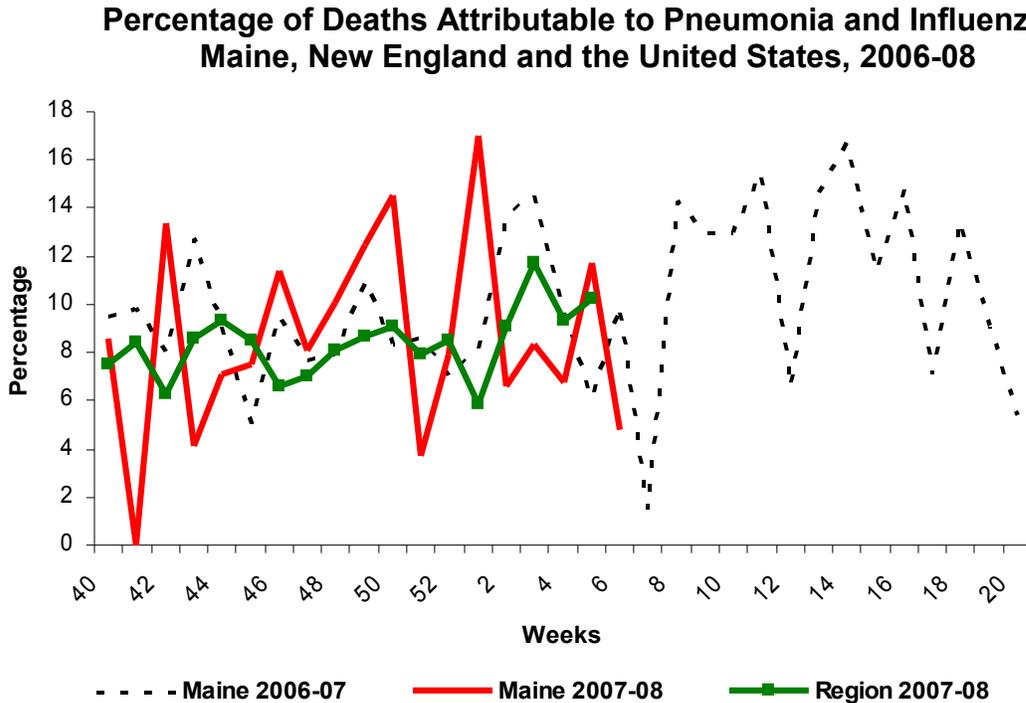
* Outbreak definition is specific to facility type. An outbreak in long-term care facilities (LTC) is defined as ≥ 3 patients with ILI identified on same floor or ward during a short (e.g., 48-72 hour) period OR ≥ 1 patients with lab-confirmed influenza; an outbreak in an acute care facility is defined 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 February 9, 2008 (week 6), 4.8% of deaths reported by three city vital records offices were attributable to pneumonia and influenza.



^ 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

No influenza-associated pediatric deaths have been reported in Maine this season.

National Influenza Activity

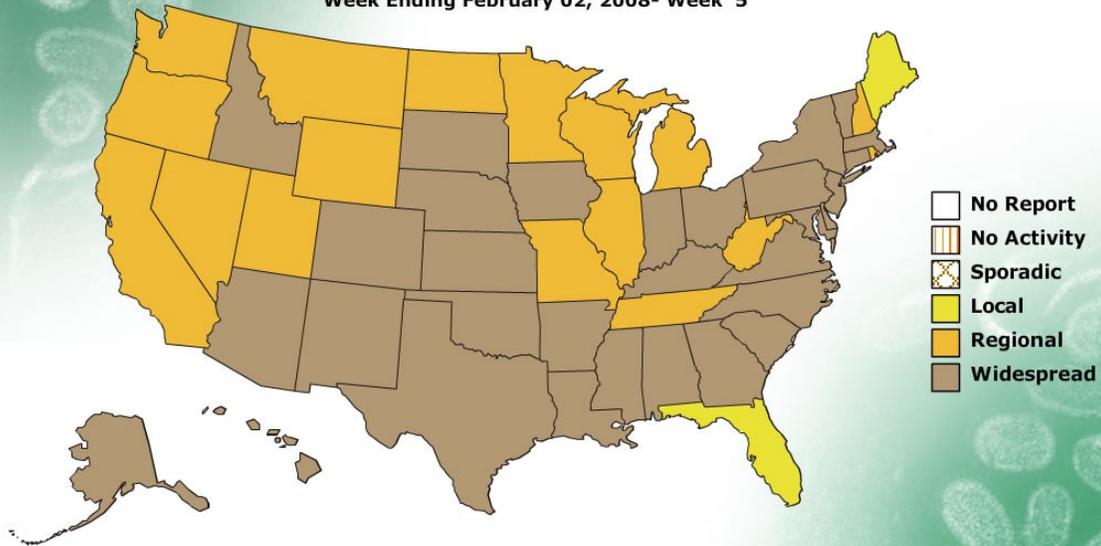
State health departments report the estimated level of influenza activity in their states each week. States report influenza activity as: 1) no activity, 2) sporadic, 3) local, 4) regional, or 5) widespread (definitions of these levels can be found at: www.cdc.gov/flu/weekly/usmap.htm). Maine reported local influenza activity for the week ending February 2, 2008 (week 5). For the week ending February 9, 2008 (week 6), Maine reported regional activity.

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending February 02, 2008- Week 5



* This map indicates geographic spread and does not measure the severity of influenza activity.