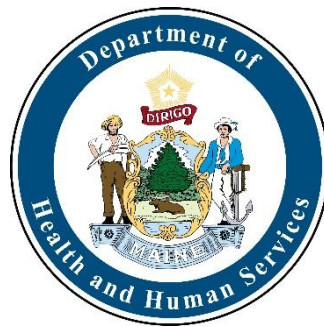


Start of the 2026–2027 Respiratory Virus Season Including Influenza, COVID-19, and RSV

October 6, 2026



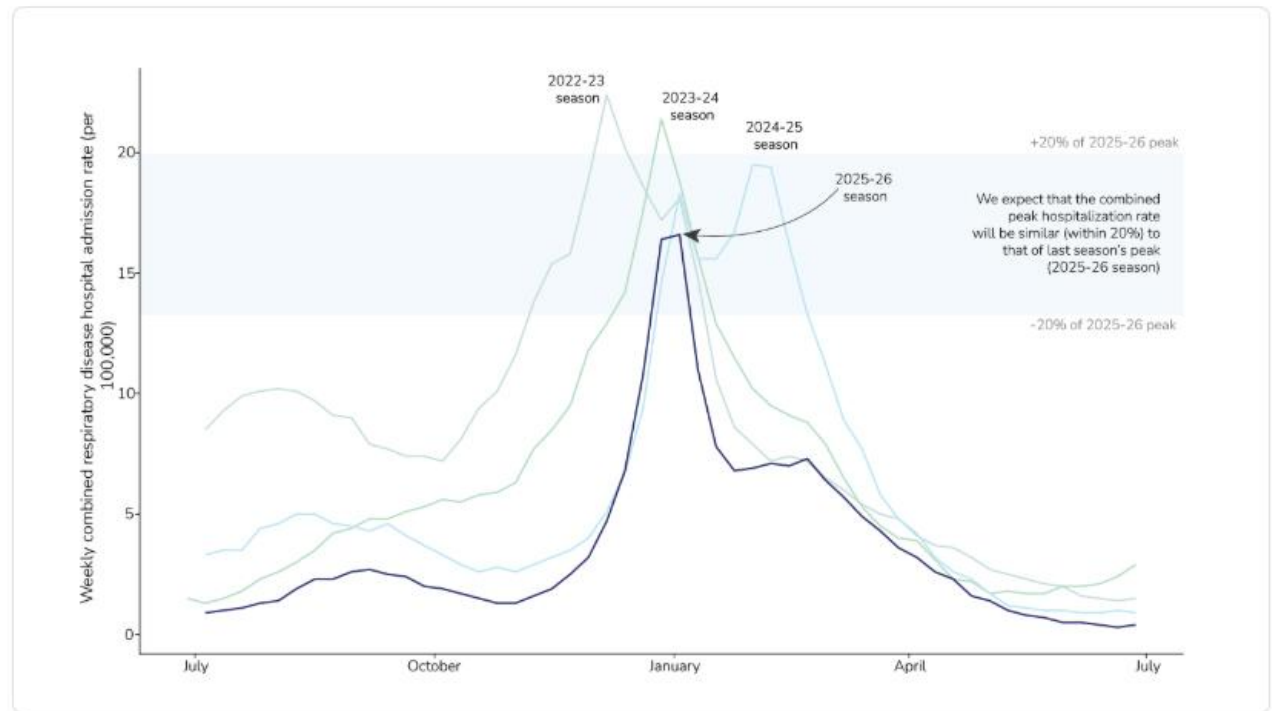
Welcome!

Maineflu.gov

The **2026–2027** influenza surveillance season officially started on Sunday, October 4, 2026.

Respiratory Season Outlook

U.S. CDC is forecasting that the combined peak hospitalization burden for the **2026–2027 respiratory season** will be similar to the combined peak burden for the 2025–2026 respiratory season.



Influenza Vaccine Recommendations for 2026–2027

- Everyone six months of age and older should receive a flu vaccine every season.
- Some children 6 months to 8 years need two doses of the flu vaccine this season, administered at least 4 weeks apart if they:
 - Are receiving flu vaccine for the first time,
 - Have previously received only one dose of flu vaccine, and
 - Have an unknown flu vaccine history
- Adults aged ≥ 65 years should preferentially receive one of :
 - Fluzone High-Dose inactivated influenza vaccine
 - FluBlok recombinant influenza vaccine
 - Fluvadjuvanted inactivated influenza vaccine
 - If these vaccines are not available at the time of administration, then any other age-appropriate influenza vaccine should be administered.



Influenza Vaccination

- **All 2026–2027 influenza vaccines licensed in the U.S. are trivalent.**
- Trivalent influenza vaccines are formulated to protect against three influenza viruses (an A(H1N1) virus, an A(H3N2) virus, and a B/Victoria virus). B/Yamagata influenza viruses have not circulated in the population after March 2020.
- All three virus components of the 2026-2027 U.S. seasonal flu vaccines were updated compared to those used for the 2025-2026 U.S. seasonal flu vaccines. This includes a change to protect against the influenza A(H3N2) subclade K virus that spread widely during the 2025-2026 season.



Influenza Vaccine Compositions

- All 2026–2027 egg-based influenza vaccine and live attenuated influenza vaccine (LAIV) are made to protect against the following three viruses:
 - an A/Missouri/11/2025 (H1N1)pdm09-like virus;
 - an A/Darwin/1454/2025 (H3N2)-like virus; and
 - a B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus.
- For 2026–2027, cell-based or recombinant-based vaccines protect against:
 - an A/Missouri/11/2025 (H1N1)pdm09-like virus;
 - an A/Darwin/1415/2025 (H3N2)-like virus; and
 - a B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus.
- LAIV—the nasal spray vaccine—is available for use during the 2026–2027 flu season.
 - The LAIV nasal spray can be administered to people between 2-49 years of age without contraindications to the nasal spray vaccine.
 - Self-administered FluMist was approved by the FDA on September 20, 2024, but will not be available through the State Immunization Program.

Influenza Vaccination

- People with egg allergies may receive any influenza vaccine (egg-based or non-egg-based) that is appropriate for their age and health status.
 - Egg allergy: No additional safety measures beyond those recommended for receipt of any vaccine, regardless of the severity of previous reaction to egg.
 - All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of allergic reactions are available.

Influenza Vaccination

Timing:

- For most individuals who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered during September or October.



- children aged 6 months through 8 years require 2 doses of influenza vaccine for their first flu season, these children should receive their first dose as soon as possible to allow the second dose (which must be administered ≥ 4 weeks later) to be received, ideally, by the end of October.
- Pregnant persons in the third trimester may consider vaccinating in July and August because vaccination at this time may protect their infants during the first months after birth.
- For most adults (particularly adults aged ≥ 65 years): Vaccination during July and August should be avoided unless there is concern that vaccination later in the season might not be possible.

Immunization



Healthcare Workers

- The U.S. Centers for Disease Control and Prevention (U.S. CDC), the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers (HCW) get vaccinated annually against influenza.
- Since 2002, Maine state law has required that healthcare facilities report data on seasonal influenza vaccine coverage among healthcare workers in their facilities annually, by December 15 of each calendar year to the Maine Center for Disease Control and Prevention (Maine CDC).
- As of 2021, healthcare workers employed by a licensed nursing facility, residential care facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), multi-level healthcare facility, hospital, or home health agency licensed by the State of Maine are required to show proof of seasonal influenza vaccination.

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/rule-2023-09/Immunization%20Requirements%20for%20HCW%20Rule%20Ch%20264%20-eff%209-5-23.pdf>

Influenza Vaccination

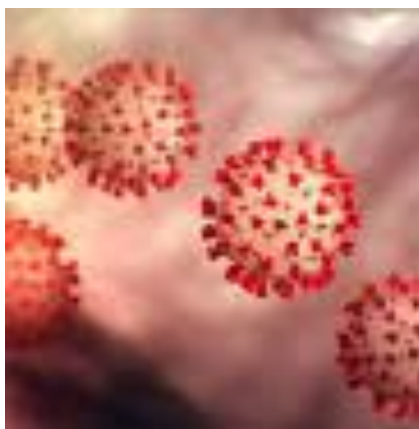


<https://www.cdc.gov/flu-resources/>

COVID-19 Vaccination

Available 2026–2027 COVID-19 Vaccine

- Updated 2026-2027 COVID-19 vaccines are available from Pfizer, Moderna, and Novavax.
- All updated COVID-19 vaccines protects against:
 - JN.1-lineage XFG as the preferred SARS CoV-2 virus variant which is currently the [most prevalent](#) globally.



COVID-19 Vaccination

To minimize the risk of [vaccine administration errors](#), providers should:

- Remove all 2025–2026 COVID-19 vaccines from storage units and discontinue use.
- **For MIP enrolled providers:**
 - Return all 2025–2026 COVID-19 vaccines to U.S. CDC's centralized distributor using the normal process for returning spoiled/expired vaccines through ImmPact.

2026–2027 COVID-19 Vaccine Recommendations

- The Maine CDC recommends immunization to protect against severe illness from COVID-19 and issued a Maine Health Alert Network (HAN) Health Advisory on September 30, 2026, providing updated recommendations following guidance from American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), and Infectious Disease Society of America (IDSA).

❖ <https://www.maine.gov/dhhs/mecdc/health-professionals/health-advisory-notice/respiratory-virus-immunization-recommendations-2026>

COVID-19 Vaccine Recommendations for Those 6 Months – 18 Years

- **Children ages 6 months–23 months:**
 - Unvaccinated: multidose initial series with age-appropriate 2026–2027 COVID-19 vaccine.
 - Previously completed an initial series: one dose of age-appropriate 2026–2027 COVID-19 vaccine.
 - Incomplete initial vaccinations series: Consult [AAP COVID-19 dosing quick reference guide](#) for age-appropriate dosing schedule
- **Children ages 2 – 18 years:**
 - Children 2 through 18 years of age who are in one or more of the following categories should receive one dose of age-appropriate 2026–2027 COVID-19 vaccine:
 - Moderately or severely immunocompromised;
 - At high risk of severe COVID-19;
 - Residents of long-term care facilities or other congregate settings;
 - No previous COVID-19 vaccination; or
 - Have household contacts at high risk for severe COVID-19.
 - Children 2 through 18 years of age not included in the risk groups above whose parent or guardian desires their protection from COVID-19 should be offered one dose of age-appropriate 2026–2027 COVID-19 vaccine.
 - Children with Incomplete initial vaccinations series: Consult [AAP COVID-19 dosing quick reference guide](#) for age-appropriate dosing schedule.

COVID-19 Vaccine Recommendations for Adults

- **People ages 19 -64:**
 - one dose of age-appropriate 2026–2027 COVID-19 vaccine.
- **People ages 65 or older:**
 - two doses of age-appropriate 2026–2027 COVID-19 vaccine, spaced 6 months (minimum interval 2 months) apart, regardless of prior COVID-19 vaccination history.
- **Pregnant or recently pregnant or lactating individuals or those contemplating pregnancy:**
 - one dose of age-appropriate 2026–2027 COVID-19.
- **People who are moderately or severely immunocompromised:**
 - Unvaccinated: multidose initial series with an age-appropriate 2026–2027 COVID-19 vaccine and one dose of a 2026–2027 COVID-19 vaccine 6 months (minimum interval 2 months) after completing the initial series.
 - Previously completed an initial series: two doses of age-appropriate 2026–2027 COVID-19 vaccine, spaced 6 months (minimum interval 2 months) apart.
 - People who are moderately or severely immunocompromised may receive additional age-appropriate 2026–2027 COVID-19 vaccine doses under shared clinical decision-making.
- Additional guidance for COVID-19 vaccine recommendations can be found in [Maine HAN](#) released on September 30, 2026.

RSV Immunizations for Infant and Young Children

RSV Vaccine for Infants

Beyfortus (nirsevimab) and Enflonsia (clesrovimab) are monoclonal antibody-based vaccine (mRNA) approved for infants up to 19 months to protect infants from severe RSV disease.

Who should get an RSV immunization:

- **Infants < 8 months of age born during or entering their *first* RSV season if (Beyfortus or Enflonsia):**
 - The mother did not receive RSV vaccine during pregnancy, or
 - The mother's RSV vaccination status is unknown, or
 - The infant was born within 14 days of maternal RSV vaccination.
- **Children at greatest risk for severe illness from RSV include:**
 - Infants and young children (the younger the age, the higher the risk)
 - [American Indian and Alaska Native children](#)
 - Children born prematurely
 - Children with chronic lung disease or congenital (present from birth) heart disease
 - Children with weakened immune systems
 - Children with severe cystic fibrosis
 - Children who have neuromuscular disorders, especially those who have difficulty swallowing or clearing mucus secretions

- **Expanded high-risk groups for some children 8 months - 19 months of age who are at higher risk to severe RSV disease through their *second* RSV season (Beyfortus) includes:**
 - Children born preterm at less than 32 weeks gestation, regardless of the need for medication or other support.
 - Children with hemodynamically significant congenital heart disease.
 - Children with anatomic pulmonary abnormalities or neuromuscular disorders that put them at risk for severe RSV disease.
 - Children with down syndrome or other chromosomal differences placing them at higher risk of severe RSV disease.



RSV Infant Vaccine Dosing

- Administered by intramuscular (IM) injection
- **Beyfortus (nirsevimab)**: Single dose pre-filled syringe; 50 mg and 100 mg based on body weight:
 - **Age less than 8 months entering their first RSV season:**
 - 50 mg for infants weighing <5 kg [<11 lbs.]
 - 100 mg for infants weighing ≥5 kg [≥11 lbs.]
 - **Age 8 months through 19 months entering their second RSV season who remain at increased risk for RSV:**
 - 200 mg; administered as two 100 mg injections for young children weighing ≥5 kg [≥11 lbs.]
- **Enflonsia (clesrovimab)**: Single dose pre-filled syringe; 105 mg
 - **Age less than 8 months entering their first RSV season:**
 - 105 mg; regardless of weight
- ❖ An RSV monoclonal antibody provides protection for at least 5 months (average length of one RSV season)



Timing for RSV Immunization for Infants

- Infants born during the seasonal administration window (**starting October 1st through the end of March 31st**) should get an infant RSV antibody within one week after birth – ideally during the birth hospitalization.
- Throughout March, any eligible infant or young child who has not yet received a recommended dose should receive an infant RSV monoclonal antibody at the earliest opportunity.
- For infants born *outside* of the seasonal administration window (which is April through September) and for young children who are at increased risk for severe RSV disease and entering their second RSV season, the optimal timing for infant RSV antibody administration is shortly before the RSV season begins (e.g., October or November).



RSV Vaccine for Older Adults

- CDC recommends a single dose of any FDA-licensed RSV vaccine for:
 - all adults ages 75 years and older
 - adults ages 50–74 years who are at increased risk of severe RSV
- These recommendations apply to all RSV vaccines licensed for adults ages ≥ 50 years: Arexvy (GSK), Abrysvo (Pfizer), and mResvia (Moderna).
- RSV vaccines can be administered to adults at any time of year, ideally August through October.
- RSV vaccines are not for annual administration, one-time only. Previously vaccinated adults should not receive an additional dose at this time.



RSV Vaccine for Pregnant People

Maternal RSV vaccine (ABRYOVO™) is recommended as a one-time single dose for pregnant people 32 through 36 weeks gestation to prevent RSV lower respiratory tract infection in infants.

Timing of Maternal RSV Immunization:

- Maternal vaccination for RSV prevention is recommended starting **September 1st – March 1st** rather than through January 31st to provide adequate protection during the time of circulation of RSV.
 - Recent RSV disease seasons have occurred later in the spring and have become more severe, so the extension of the eligibility window will help clinicians provide pregnant people and their infants with additional protection.



RSV Immunization

Contraindications

- Those with a history of serious hypersensitivity reactions, including anaphylaxis
- Those with history of serious reaction to any of the vaccine's ingredients

Precautions

- Hypersensitivity Including Anaphylaxis: Serious hypersensitivity reactions, including anaphylaxis, have been observed with other human IgG1 monoclonal antibodies. Initiate appropriate medications and/or supportive therapy.

Respiratory Immunization: Coadministration

Providers may simultaneously administer COVID-19, influenza, and respiratory syncytial virus (RSV) vaccines to eligible patients.



Newly Approved – mFLUSIVA for Adults

- On August 5, 2026, the FDA approved mFLUSIVA; a new mRNA flu vaccine from Moderna and is the first mRNA-based approved influenza vaccine.
- mFLUSIVA is a vaccine indicated for active immunization for the prevention of influenza disease caused by flu virus subtypes A and type B represented in the vaccine.
- mFLUSIVA is approved for use in persons 50 years of age and older.
- Administer mFLUSIVA as a single intramuscular (IM) injection; 0.38 mL dose each influenza season.
- ❖ mFLUSVIA is not available for ordering through the Maine Immunization Program this season.



<https://www.fda.gov/vaccines-blood-biologics/vaccines/mflusiva>

Immunization Resources

- MIP Website: <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/>
- Maine Health Alert Network (HAN): <https://www.maine.gov/dhhs/mecdc/health-professionals/health-advisory-notice/respiratory-virus-immunization-recommendations-2026>
- Healthcare worker requirements: <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/rule-2023-09/Immunization%20Requirements%20for%20HCW%20Rule%20Ch%20264%20-eff%209-5-23.pdf>
- American Medical Association: <https://www.ama-assn.org/amaone/vaccine-recommendations>

Respiratory Virus Immunization Recommendations

ALIGNED WITH EVIDENCE AND GUIDANCE FROM:



	 Influenza (flu)	 Respiratory syncytial virus (RSV)	 COVID-19
 Children and Adolescents 0-18 years	Annual flu vaccine for all children 6 months+	All infants <8 months, if no protection from RSV vaccine during pregnancy and children 8-19 months in certain risk groups	All young children ages 6-23 months and children 2-18 years in certain risk groups or if desired
 Pregnancy	Annual flu vaccine (avoid nasal spray flu vaccine)	One-time RSV vaccine in first eligible pregnancy if 32-36 weeks pregnant, given between September 1 and March 1	Annual updated COVID-19 vaccine
 Adults 19-64 years	Annual flu vaccine for all adults ages 19+	One-time RSV vaccine for adults ages 50-74 at increased risk of severe RSV	Annual updated COVID-19 vaccine
 Older Adults 65+ years	Annual flu vaccine for all adults, enhanced flu vaccine (high dose, adjuvanted, recombinant, or mRNA) for 65+, if possible	One-time RSV vaccine recommended for adults ages 50-74 at increased risk and all adults age 75+	Annual updated COVID-19 vaccine for adults 65+, followed by a second dose 6 months later to boost protection
 Immunocompromised	Annual flu vaccine for those ages ≥6 months (avoid nasal spray flu vaccine)	Single dose of RSV vaccine for those ages ≥18 years and for those ages <18 years, administration should be guided by shared decision making	Annual updated COVID-19 vaccine for those ages ≥6 months
 Healthcare Personnel	Annual flu vaccine	Follow age- and risk-based RSV vaccine recommendations	Annual updated COVID-19 vaccine



Scan here to access additional helpful vaccine and immunization resources at www.SpreadTheFacts.org

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<https://www.ama-assn.org/system/files/respiratory-virus-immunization-recommendations.pdf>

On Site Vaccination Clinics

- **Community Pharmacies offers on site vaccination for nursing home residents and staff around the state**
 - Influenza and COVID-19 vaccines
 - Typically, no cost to facilities
 - Amelia Arnold (aarnold@communityrx.com)

2026-2027 Respiratory Virus Season

Clinical Recommendations

- **Prevention:** Stay up-to-date on immunizations, wash hands frequently, improve indoor air quality, wear a mask as needed, cover coughs and sneezes, stay home if sick
- **Supportive Care for Respiratory Viruses:** hydration, rest, antipyretics
- **Respiratory Virus Testing:** Influenza, COVID-19, RSV
- **Treatment with medication:** Decision is based on individual risk and severity of disease for influenza and COVID-19

Influenza Antiviral Medications

- Treatment is recommended as soon as possible for any patient with suspected or confirmed influenza who:
 - Is hospitalized;
 - Has severe, complicated, or progressive illness; or
 - Is at higher risk for influenza complications (including those <5 or ≥65 years).
- You do NOT need to wait for laboratory confirmation of influenza
- Oseltamivir (Tamiflu) preferred treatment. Other options include oral baloxavir (Xofluza), inhaled zanamivir (Relenza), and intravenous peramivir (Rapivab), depending on age group and contraindications
 - Zanamivir not recommended for people with underlying respiratory disease (e.g., asthma, chronic obstructive pulmonary disease).
- Additional information on use of antivirals for treatment and chemoprophylaxis is available at:
 - <https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html>
 - <https://publications.aap.org/pediatrics/article/156/6/e2025073622/202846/Recommendations-for-Prevention-and-Control-of>

COVID-19 Treatment in Outpatients

Treatment Options and Clinical Considerations

- There is strong scientific evidence that antiviral treatment of outpatients **at high risk of progression to severe disease** reduces their risk of hospitalization and death.
- Nirmatrelvir-ritonavir (Paxlovid) is preferred for eligible patients.
 - Remdesivir (Veklury) and Molnupiravir (Lagevrio) are alternative therapies.
- Consider COVID-19 treatment in non-hospitalized patients who meet these criteria:
 - Test positive for SARS-CoV-2 (with PCR or antigen test, including at-home tests)
 - Have symptoms consistent with mild-to-moderate COVID-19.
(People with mild COVID-19 experience symptoms such as fever, sore throat, cough, or headache that do not affect the lungs and breathing. People with moderate illness have symptoms that affect the lungs like shortness of breath or difficulty breathing.)
 - Are within 5-7 days of symptom onset
 - Have one or more risk factors for severe COVID-19

COVID-19 Treatment in Outpatients

Risk Factors for Severe COVID-19

- Risk factors for severe COVID-19 include:
 - Age over 50 years, with risk increasing substantially at age 65+ years
 - Being unvaccinated or not up to date on COVID-19 vaccinations
 - Specific [medical conditions and behaviors](#)
 - [Immunocompromising conditions](#) or use of immunosuppressive medications, such as chemotherapy
- Other factors may also be associated with severe COVID-19, such as a patient being a resident of a long-term care facility. Clinical judgment is needed to accurately assess a person's risk on a case-by-case basis and determine whether treatment is indicated.
- Some racial and ethnic minority groups are disproportionately affected by COVID-19 because of many factors, including limited access to vaccines and healthcare.

U.S. CDC: Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals
https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

2026-2027 Respiratory Virus Season

Key Messages for Patients

- Stay up-to-date on immunizations
- If you have respiratory symptoms and a high-risk condition, seek testing and possible treatment for influenza and COVID-19 to prevent severe disease
- Cover coughs/sneezes, frequent handwashing, wear masks, improve air quality, stay home if you are sick

HOW TO PREVENT THE FLU



Wash Your Hands



Cover Your Cough



Stay Home
When You're Sick



Get Vaccinated

<https://www.maine.gov/dhhs/mecdc/diseases-conditions/respiratory-illnesses/seasonal-flu>

2026-2027 Respiratory Virus Season

Key Messages for Clinicians

EDUCATE



Reinforce basic information on respiratory hygiene and cough etiquette. Educate patients about disease risks, prevention, testing, and treatment.

PROTECT



The respiratory virus season is here. Talk to your patients **NOW** about how to protect themselves and their loved ones from severe respiratory illness. You are your patients' most trusted source of information on vaccines.

TEST



Test patients for influenza **and** COVID-19.

TREAT



Treatment for influenza and COVID-19 prevents progression to severe illness

Infection Prevention and Control

“The best defense is a good offense!”

- Use masks/respirators to decrease spread of respiratory viruses
- Get vaccinated ([AMA](#), [AAFP](#))
- Practice physical distancing, implement screening and triage procedures
- Practice respiratory hygiene and cough etiquette
- Practice hand hygiene
- Cleaning and disinfection of common spaces/surfaces routinely
- Verify air handling is functioning as it should
- Utilize Infection Prevention and Control practices
- Educate Health Care Personnel

And ...



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Infection Prevention and Control

- ***Maintain a healthy workforce***

Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients (2025), updated August 25, 2026

Recommendation 1: For health care personnel with a suspected or confirmed viral respiratory infection not specifically addressed elsewhere in public health guidance:

Restrict from work until:

- at least 3 days have passed from symptom onset (or from their first positive respiratory virus test if asymptomatic throughout their infection) **AND**
- they are fever-free for at least 24 hours without the use of antipyretics, **AND**
- symptoms are improving, **AND**
- they feel well enough to return to work.
- Follow recommended practices to prevent transmission to others,
- Wear source control protection, such as a well-fitted mask, upon return to work until the end of day 7, where the first day of symptoms (or first positive test if asymptomatic throughout their infection) is day 0.

Recommendation 2. For asymptomatic health care personnel who have a known or suspected exposure to a respiratory virus not specifically addressed elsewhere in public health guidance:

- Work restrictions are not necessary.
- Wear source control protection from the day of first exposure through the fifth day after last exposure.
- Monitor for development of signs or symptoms of a viral respiratory infection for 5 days after the last exposure.
- Any HCP who develops signs or symptoms of a viral respiratory infection should be restricted from work as described in Recommendation 1.

To view the CDC guidance: <https://www.cdc.gov/infection-control/media/pdfs/HCP-GL-Update-Selected-Infections-H.pdf>

Maine Center for Disease Control and Prevention

Infection Prevention and Control

- ***Monitor community viral respiratory activity to support facility decision making***
 - Syndromic Surveillance & Respiratory Viral Activity
 - [Maine DHHS Respiratory Virus Dashboard](#)
 - [Weekly US Map: Influenza Summary Update | FluView | CDC](#)
 - [CDC COVID Data Tracker: Home](#)
 - [Respiratory Virus Hospitalization Surveillance Network \(RESP-NET\) | RESP-NET | CDC](#)
 - [Nursing Homes Data Dashboard | NHSN | CDC](#)
 - Wastewater data
 - [WastewaterSCAN Dashboard](#)
 - [Verily Public Health](#)
 - [Wastewater Epidemiology | Wastewater Analysis | Biobot Analytics](#)
 - Data collected by your facility/health care system:
 - Facility or unit-level outbreak activity
 - Admissions and Emergency Dept. visits for respiratory illness
 - Staff absences

Laboratory

Respiratory Virus Real-Time PCR Testing Capability

- Influenza A/B screening and subtyping of Influenza A only
- SARS-CoV-2
- Adenovirus
- Enterovirus
- Parainfluenza 1–4
- Rhinovirus
- RSV

Laboratory

- Any facility or provider can order the testing
- Requires the HETL form to accompany sample
 - No charge for Influenza and SARS-CoV-2
 - Respiratory Panel: \$110 per agent; \$550 total
- Influenza Submitter Network (ISN) participants will use a stand alone ISN requisition in place of the HETL req.

Laboratory

- Influenza Submitter Network
- Provide Maine HETL with positive A and B throughout the season.
- 3 A and 1 B per week if possible
- Suspect novel or Influenza A positives with known swine/avian exposure should still be sent to HETL to perform subtyping by all facilities.
- Include hospitalization status on specimen submission form
- Questions? Call Virology section at 287-1722

Reporting Requirements

- ILI, COVID-19, and RSV outbreaks
- Pediatric influenza-associated deaths
- Pediatric COVID-19-associated deaths (requested)
- Pediatric RSV-associated deaths (requested)
- Influenza-related hospitalizations
- Novel influenza A infections
- Positive SARS-CoV-2 laboratory results



Outbreaks

FACILITY TYPE	INFLUENZA OR INFLUENZA-LIKE ILLNESS (ILI)	COVID-19	RSV
LONG-TERM CARE	At least one laboratory-confirmed case in the setting of a cluster (≥ 2 cases) of acute respiratory illness among residents within a 72-hour period.	Greater than or equal to 5 COVID-19 cases from different households, in a single setting within a 14-day period.	At least one laboratory-confirmed case in the setting of a cluster (≥ 2 cases) of acute respiratory illness among residents within a 72-hour period.
ACUTE CARE/NOSOCOMIAL (HOSPITAL ACQUIRED)	At least one laboratory-confirmed case in the setting of ≥ 3 cases of acute respiratory illness among patients, where illness was not present on admission, or a combination of patients and health care workers within a 72-hour period in the same unit/wing.	Greater than or equal to 5 COVID-19 cases from different households, in a single setting within a 14-day period.	At least one laboratory-confirmed case in the setting of ≥ 3 cases of acute respiratory illness among patients, where illness was not present on admission, or a combination of patients and health care workers within a 72-hour period in the same unit/wing.
SCHOOL (K-12)	Greater than or equal to 15% absenteeism among students in a single day where the majority of those absent report respiratory symptoms and influenza has been confirmed in at least one person.	Greater than or equal to 15% absenteeism among students or staff in a single day where the majority of those absent are due to COVID-19 illness and no other etiology has been identified.	Greater than or equal to 15% absenteeism among students in a single day where the majority of those absent report respiratory symptoms and RSV has been confirmed in at least one person.
CHILDCARE	Greater than or equal to 15% absenteeism among students in a single day where the majority of those absent report respiratory symptoms and influenza has been confirmed in at least one person.	Greater than or equal to 5 COVID-19 cases from different households, in a single setting within a 14-day period.	Greater than or equal to 15% absenteeism among students in a single day where the majority of those absent report respiratory symptoms and RSV has been confirmed in at least one person.
NON-HEALTH CARE CONGREGATE RESIDENTIAL FACILITY WITH A CLOSED POPULATION (PRISONS, ASSISTED LIVING FACILITIES, GROUP HOMES, ETC.)	At least one laboratory-confirmed case in the setting of a cluster (≥ 2 cases) of acute respiratory illness within a 72-hour period.	Greater than or equal to 5 COVID-19 cases from different households, in a single setting within a 14-day period.	At least one laboratory-confirmed case in the setting of a cluster (≥ 2 cases) of acute respiratory illness within a 72-hour period.
NON-HEALTH CARE CONGREGATE RESIDENTIAL FACILITY WITH AN OPEN POPULATION (JAILS, SHELTERS, DORMITORIES, ETC.)	At least 3 or more laboratory-confirmed cases who became ill within a 72-hour period.	Greater than or equal to 5 COVID-19 cases from different households, in a single setting within a 14-day period.	At least 3 or more laboratory-confirmed cases who became ill within a 72-hour period.

Pediatric Deaths

A death in a person younger than 18 years old resulting from a clinically compatible illness that is confirmed by an appropriate laboratory test.

There should be no period of complete recovery between the illness and death.

Influenza-related hospitalizations

A hospitalization (inpatient admission) due to influenza-related illness that is laboratory-confirmed.

Reporting options

- REDCap survey
- Faxed or emailed line list or individual report
- Phone

Novel influenza A infections

Novel influenza A viruses are viruses that do not normally circulate in humans

- examples: avian influenza, swine influenzas

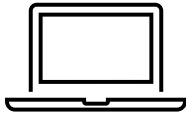
Most laboratory tests would identify this as influenza A but would be unable to subtype.

- **Send all unsubtypable specimens to HETL for further analysis**

Novel Influenza A is immediately reportable by phone

Reporting Methods

While Maine CDC relies on electronically reported influenza labs for surveillance, we will no longer be accepting manually reported laboratory results.



Electronic Lab Report (ELR)



1-800-821-5821



(207) 287-8186 **OR** (207) 287-6865



Disease.Reporting@maine.gov

(no patient information)

Resources

Surveillance

- Weekly respiratory virus data can be found on Maine CDC's Respiratory Virus Dashboard at <https://www.maine.gov/dhhs/mecdc/data-reports/diseases/infectious-disease/respiratory-dashboard>.

Infection control

- SARS-CoV-2: <https://www.cdc.gov/covid/hcp/infection-control/> & <https://www.cdc.gov/covid/hcp/infection-control/guidance-risk-assesment-hcp.html.html>
- Influenza: <https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
- RSV: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>
- General education: <https://maineinfectionpreventionforum.org/>

Communication

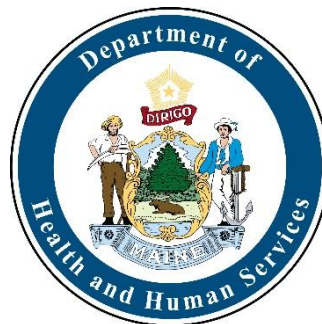
- Maine Health Alert Network System (HAN): www.mainehan.org

Additional information

- General influenza information: <https://www.maineflu.gov>
- General RSV info: <https://www.cdc.gov/rsv/index.html>
- General COVID-19 info: <https://www.cdc.gov/covid/index.html>
- Maine CDC influenza-specific email address: influenza.dhhs@maine.gov
- Respiratory season orderable posters: <https://www.maine.gov/dhhs/order>

Questions?

Disease.Reporting@Maine.gov
1-800-821-5821



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention