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PUBLIC HEALTH ADVISORY

To: Health Care Providers
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Subject: **Influenza-Associated Pediatric Death**
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Influenza-Associated Pediatric Death

Maine CDC has identified an influenza-associated pediatric death. This is the only influenza-associated pediatric death reported for the 2023–2024 influenza season. The child tested positive for influenza B Victoria. Influenza circulates in Maine throughout the year, at higher levels from early October to mid-May.

Clinicians should:

- Encourage annual influenza vaccination in all children 6 months and older who do not have contraindications
- Be aware that respiratory symptoms at any time of year could be caused by influenza infection, and
- Consider influenza testing and treatment in patients with respiratory symptoms at any time of year

Background:

Influenza illness is [more dangerous than the common cold](#) for children. Each year, millions of children get sick with seasonal influenza; thousands of children are hospitalized, and some children die from influenza. Children commonly need medical care because of influenza, especially children younger than 5 years old. Among reported influenza-related deaths in children nationally, about 80% occurred in children who were not fully vaccinated. About half of influenza-related deaths occur in children with [no underlying medical conditions](#).

Getting vaccinated has been shown to reduce influenza illnesses, medical visits, missed school days, and the risk of influenza-related hospitalization and death in children. Even if vaccinated children get sick, [vaccination has been shown](#) to reduce illness severity. Influenza vaccination is especially important for children who are younger than 5 years of age or children of any age who have certain [medical conditions](#) because they are at increased risk of developing serious influenza complications that can lead to hospitalization and death.

Influenza activity in Maine is currently low. Influenza cases continue to be reported to Maine CDC, with influenza B Victoria as the predominant subtype in recent weeks. Influenza can circulate any time of year, with far higher levels during the influenza season, which typically runs from early October (Week 40) until mid-May (Week 20).

Since 2019, Maine CDC has reported [influenza-associated deaths](#) in 6 children. During this same time period, U.S. CDC has reported 609 influenza-associated deaths in children nationwide. While most pediatric influenza-associated deaths occur during the influenza season, deaths have occurred year-round.

During the 2023–2024 influenza surveillance season, which ended May 18, 2024, Maine CDC followed up on 75 outbreaks of influenza, facilities reported over 663 individuals hospitalized with laboratory-confirmed influenza, and influenza was listed as a cause of death on 53 death certificates.

Recommendations for Clinicians:

- **Prevention:** Maine CDC recommends following the “No Flu 4 You” guidelines:
 - **Wash your hands:** Both the public and health care providers should remember to wash their hands frequently to prevent transmission of influenza.
 - **Cover your cough:** Use tissues, or cough into your sleeve.
 - **Stay home when you are sick:** Symptomatic individuals should remain home until 24 hours after symptoms improve and fever resolves without the use of medications.
 - **Get vaccinated:** Maine CDC recommends clinicians counsel patients on the importance of getting vaccinated every year during influenza season for everyone aged 6 months and older, especially for those people who are at high risk of serious complications from influenza. Influenza vaccine is provided at no-cost by the state of Maine for children under the age of 19 years. For questions about vaccination, contact the Maine Immunization Program at 800-867-4775 or immunizeme.dhhs@maine.gov.
- **Treatment:** Early antiviral treatment can reduce influenza morbidity and mortality. Early antiviral treatment works best. Treatment may offer benefit when started up to 4–5 days after symptom onset in hospitalized patients. Clinicians are reminded to treat suspected influenza with antiviral medications, **as soon as possible**, in high-risk outpatients, those with progressive disease, and all hospitalized patients, *regardless of negative rapid influenza diagnostic test results and without waiting for RT-PCR testing results*.

Tamiflu (oseltamivir), Relenza (zanamivir), Rapivab (peramivir), and Xofluza (baloxavir) are approved antivirals for influenza. Treatment should begin as soon as possible. Guidance for use of antivirals for treatment and chemoprophylaxis are available at <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>.

- **Healthcare-seeking behavior:** Clinicians should recommend that parents seek immediate medical care if their child is experiencing any of these symptoms:
 - Difficulty or changes in breathing
 - Bluish lips or face
 - Chest pain
 - Dehydration (no urine for 8 hours, dry mouth, no tears when crying)
 - Not alert or interacting when awake
 - Seizures
 - Fever above 104°F
 - Fever or cough that improve but then return or worsen
 - Worsening of chronic medical conditions
- **Reporting:** Pediatric influenza-associated deaths are notifiable in Maine and should be reported to Maine CDC immediately upon suspicion by phone at 1-800-821-5821.

For more information:

- Maine CDC: Influenza: www.maineclu.gov
- U.S. CDC: Influenza: www.cdc.gov/flu
- Maine CDC: weekly influenza surveillance reports: www.maine.gov/dhhs/flu/weekly