ANNUAL REPORT 2023

MAINE REPORTABLE

Infectious Diseases Summary

Department of Health and Human Services

Reportable Infectious Diseases in Maine 2023 Summary

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Thank You

We could not produce this report without the continued support of our healthcare and public health partners throughout the state. We greatly appreciate all the laboratories, healthcare providers, child care centers, school nurses, veterinarians, and others who provide disease surveillance information. Partners spend considerable time assisting Maine Center for Disease Control and Prevention (Maine CDC) with infectious disease investigations and disease control measures that affect Maine residents. Public health partners' active and critical role in the infectious disease surveillance cycle informs statewide policies and programs that protect our residents from infectious diseases through health promotion, disease prevention, early detection, containment, and treatment.

We appreciate and encourage your vigilance in this effort through timely, complete, and accurate notifiable infectious disease reporting. It is through these collaborative efforts that we can respond to emerging infectious disease threats and prevent outbreaks.

We hope you find this report useful as we all work to protect and promote the health of Maine's residents. As always, we welcome your feedback on how we can provide more useful disease information to you, our partners.

For more information on what, when, and how to report infectious diseases, please see the Notifiable Diseases and Conditions List on page 62 of this report, visit our website at www.maine.gov/idepi, or call 1-800-821-5821.

Ann Farmer, MS

Associate Director, Division of Disease Surveillance
Maine Center for Disease Control and Prevention

2023 Infectious Disease Surveillance Highlights

8,830

*Disease reports handled without a full investigation by staff, either through passive surveillance or laboratory reports.

8,396

Met a probable or confirmed case definition.

*The main conditions include Chlamydia, Lyme disease, COVID-19, Chronic Hepatitis C, and Rabies Post-Exposure Prophylaxis

35,871

Disease reports investigated by Maine CDC.

34,317

Met a probable or confirmed case definition.

634

Potential outbreaks investigated by Maine CDC staff (including absenteeism).

564

Classified as outbreaks.

7

Maine had cases in 7 out-of-state or national enteric outbreaks.

80

Maine CDC investigators who investigated at least one case.

2,942

*Reported cases of Lyme disease in 2023.
A record number.
*Lyme disease case definition changed as of January 1, 2022.

75

Animals that tested positive for rabies at Health and Environmental Testing Laboratory (HETL)

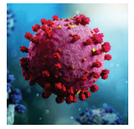
- 51% 38 RACOONS
- 19% 14 SKUNKS
- 12% 9 BATS
- 8% 6 FOX
- 7% 5 WOODCHUCK
- 1% 1 CAT
- 1% 1 COW
- 1% 1 GOAT

3,020

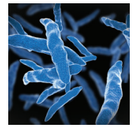
2023 MAINE CDC INFECTIOUS DISEASE EPIDEMIOLOGY (ID EPI) PROGRAM CONSULTS.

Top 5 Consult Topics in 2023:

Rabies
30%

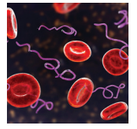


Coronavirus-2019 (COVID-19)
17%



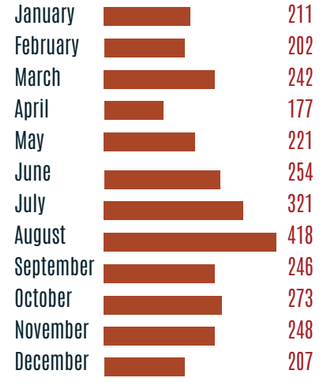
Tuberculosis
9%

Hepatitis A
3%



Lyme disease
2%

All Consults:



INFLUENZA DATA FOR 2022-2023 SEASON VS 2023-2024 SEASON

	2022-2023	2023-2024
Positive flu reports	**16,552**	**10,608**
Influenza-related hospitalizations	**873**	**677**
Influenza-related deaths	**84**	**56**
Influenza-like illness outbreaks	**248**	**77**

0 pediatric flu deaths reported in 2023

Highest number of **vibriosis** cases investigated **in 20 years.**

*Investigated 24 cases.

First time all three mosquito-borne viruses, Eastern Equine Encephalitis (EEE), Jamestown Canyon virus (JCV), and West Nile virus (WNV), detected in a **single mosquito season.**

Highest number of **tuberculosis** cases **in 10 years.**

*Investigated 26 cases.

Counts of Selected* Reportable Diseases by Year

Maine, 2014-2023**

CONDITION	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Acute flaccid myelitis	1	1	2	0	0	0	0	0	3	**0**
Anaplasma phagocytophilum	191	185	372	663	476	685	443	841	824	**777**
Babesiosis	42	55	82	118	101	138	66	201	193	**196**
Borrelia miyamotoi	NR	NR	0	6	8	13	12	9	12	**14**
Botulism	0	0	0	0	0	0	0	1	1	**0**
Brucellosis	0	0	0	1	0	0	0	0	1	**0**
Campylobacteriosis	225	221	255	234	247	191	177	271	215	**230**
Carbapenem-Producing Carbapenem-Resistant Organism (CP CRO)***	NR	12	51	58	92	155	149	49	54	**51**
Chikungunya	6	2	0	1	2	0	0	0	0	**0**
Chlamydia trachomatis infection	3491	3851	4152	4555	4345	3989	3466	3372	3138	**3034**
Coronavirus Disease 2019 (COVID-19)	0	0	0	0	0	0	27357	129632	150288	**32210**
Creutzfeldt-Jakob Disease (CJD)	1	1	0	0	0	0	0	0	0	**0**
Cryptosporidiosis	51	34	55	45	60	71	72	59	61	**57**
Cyclosporiasis	7	1	3	0	0	0	0	2	1	**4**
Dengue	1	5	2	0	3	1	0	0	0	**0**
Eastern Equine Encephalitis	1	1	0	0	0	0	0	0	0	**0**
Ehrlichiosis	8	5	7	10	19	13	2	4	7	**3**
Giardiasis	154	116	137	129	163	142	140	140	99	**149**
Gonorrhea	236	422	444	577	686	545	520	463	623	**620**
Group A *Streptococcus*, invasive	53	56	60	56	85	114	64	57	122	**166**
Haemophilus influenzae, invasive	21	39	29	34	24	38	9	14	30	**36**
Hemolytic uremic syndrome	1	7	2	2	0	1	0	3	0	**1**
Hepatitis A, acute	7	8	8	7	9	45	145	50	64	**60**
Hepatitis B, acute	12	9	53	77	52	58	40	33	29	**20**
Hepatitis B, chronic	108	107	159	177	202	164	125	162	195	**190**
Hepatitis B, perinatal infection	0	0	0	0	0	1	0	1	0	**0**
Hepatitis C, acute	31	29	37	33	38	59	207	168	131	**79**
Hepatitis C, chronic	1413	1455	1648	1868	1857	1900	1401	1548	1330	**843**
Hepatitis C, perinatal infection	0	0	0	0	0	4	8	2	4	**3**
Hepatitis D, acute	0	0	0	0	0	0	1	1	0	**0**
Hepatitis E, acute	0	0	1	0	0	2	0	0	0	**0**
HIV Infection	61	48	53	29	30	29	16	30	42	**36**
Influenza Associated Pediatric Mortality	1	0	1	0	0	1	1	0	3	**0**
Invasive Pneumococcal Disease	137	135	133	141	132	172	99	87	167	**192**
Jamestown Canyon	0	0	0	2	1	0	0	1	0	**0**
Legionellosis	19	16	16	16	34	30	11	39	25	**25**
Leptospirosis	0	0	0	0	0	0	0	0	1	**1**
Listeriosis	8	7	11	5	7	5	6	6	2	**9**
Lyme disease	1412	1216	1498	1859	1411	2175	1129	1511	2649	**2942**
Malaria	7	7	10	18	9	15	2	3	9	**5**
Measles (Rubeola)	0	0	0	1	0	2	0	0	0	**0**
Mpox	0	0	0	0	0	0	0	0	13	**0**
Mumps	0	0	34	1	4	5	2	1	0	**3**
Neisseria meningitidis, invasive (Mening. disease)	2	4	1	1	1	5	2	2	2	**0**
Pertussis	557	281	259	411	446	383	30	16	79	**76**
Powassan	0	1	1	3	0	2	1	3	4	**7**
Psittacosis (Ornithosis)	0	0	0	0	0	0	1	0	0	**0**
Q fever	0	0	0	0	1	0	1	0	0	**0**
Rabies PEP	107	112	131	108	152	147	129	101	117	**144**
Rabies, animal	44	28	66	61	76	89	71	61	35	**75**
S. aureus, vancomycin intermediate resistance (VISA)	1	2	1	0	0	0	1	0	0	**0**
Salmonellosis	127	123	123	102	119	142	111	129	150	**121**
Shiga toxin-producing *Escherichia coli* (STEC)	33	29	37	34	37	27	11	23	17	**29**
Shigellosis	29	4	2	13	7	12	4	6	11	**15**
Spotted Fever Rickettsiosis	3	1	4	3	10	5	0	2	1	**0**
Syphilis, infectious	15	49	48	83	104	108	66	101	112	**104**
Syphilis, congenital	0	0	0	0	0	0	0	0	3	**2**
Tetanus	0	0	1	1	0	0	0	0	0	**0**
Tuberculosis	14	18	23	14	14	18	17	14	17	**26**
Tularemia	0	0	0	0	0	1	0	0	1	**0**
Varicella (Chickenpox)	207	233	228	198	250	93	33	63	41	**46**
Vibriosis	9	6	7	7	14	9	12	11	12	**24**
West Nile	0	1	0	0	2	0	1	0	0	**0**
Zika	0	0	12	1	0	0	0	0	0	**0**

NR = not reportable; **NA** = not available

***Maine did not have any cases of the following reportable conditions in the last ten years:**

- Anthrax
- Chancroid
- Diphtheria
- Hantavirus
- Hepatitis D, chronic
- Influenza A, novel
- Plague
- Polio
- Rabies, human
- Ricin
- Rubella
- Smallpox
- Saint Louis Encephalitis
- Shellfish Poisoning
- Trichinosis
- Viral Hemorrhagic Fever
- Western Equine Encephalitis
- Yellow Fever

****Counts are updated annually. Data as of 10/25/2024.**

*****Carbapenem-Producing *Enterobacteriaceae* (CRE) became reportable as of September 8, 2015 so the 2015 numbers do not represent a full year. In 2021, the notifiable condition changed from CRE to CP CRO, which accounts for the drop in reported numbers from 2020 to 2021.**

Rates of Selected* Reportable Diseases by Year

Maine, 2014-2023**
(per 100,000 Persons)

CONDITION	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Acute flaccid myelitis	0.1	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.2	**0.0**
Anaplasma phagocytophilum	14.4	13.9	27.9	49.7	35.5	51.0	32.5	61.1	59.5	**55.7**
Babesiosis	3.2	4.1	6.2	8.8	7.5	10.3	4.8	14.6	13.9	**14.0**
Borrelia miyamotoi	NR	NR	0.0	0.4	0.6	1.0	0.9	0.7	0.9	**1.0**
Botulism	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	**0.0**
Brucellosis	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	**0.0**
Campylobacteriosis	16.9	16.6	19.2	17.5	18.4	14.2	13.0	19.7	15.5	**16.5**
Carbapenem-Producing Carbapenem-Resistant Organism (CP CRO)***	NR	0.9	3.8	4.3	6.9	11.5	10.9	3.6	3.9	**3.7**
Chikungunya	0.5	0.2	0.0	0.1	0.1	0.0	0.0	0.0	0.0	**0.0**
Chlamydia trachomatis infection	262.4	289.9	311.9	341.3	324.5	296.8	254.2	244.8	226.5	**217.4**
Coronavirus Disease 2019 (COVID-19)	0.0	0.0	0.0	0.0	0.0	0.0	2006.3	9412.5	10848.5	**2307.8**
Creutzfeldt-Jakob Disease (CJD)	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Cryptosporidiosis	3.8	2.6	4.1	3.4	4.5	5.3	5.3	4.3	4.4	**4.1**
Cyclosporiasis	0.5	0.1	0.2	0.0	0.0	0.0	0.0	0.1	0.1	**0.3**
Dengue	0.1	0.4	0.2	0.0	0.2	0.1	0.0	0.0	0.0	**0.0**
Eastern Equine Encephalitis	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Ehrlichiosis	0.6	0.4	0.5	0.7	1.4	1.0	0.1	0.3	0.5	**0.2**
Giardiasis	11.6	8.7	10.3	9.7	12.2	10.6	10.3	10.2	7.1	**10.7**
Gonorrhea	17.7	31.8	33.4	43.2	51.2	40.5	38.1	33.6	45.0	**44.4**
Group A *Streptococcus*, invasive	4.0	4.2	4.5	4.2	6.3	8.5	4.7	4.1	8.8	**11.9**
Haemophilus influenzae, invasive	1.6	2.9	2.2	2.5	1.8	2.8	0.7	1.0	2.2	**2.6**
Hemolytic uremic syndrome	0.1	0.5	0.2	0.1	0.0	0.1	0.0	0.2	0.0	**0.1**
Hepatitis A, acute	0.5	0.6	0.6	0.5	0.7	3.3	10.6	3.6	4.6	**4.3**
Hepatitis B, acute	0.9	0.7	4.0	5.8	3.9	4.3	2.9	2.4	2.1	**1.4**
Hepatitis B, chronic	8.1	8.1	11.9	13.3	15.1	12.2	9.2	11.8	14.1	**13.6**
Hepatitis B, perinatal infection	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	**0.0**
Hepatitis C, acute	2.3	2.2	2.8	2.5	2.8	4.4	15.2	12.2	9.5	**5.7**
Hepatitis C, chronic	106.2	109.5	123.8	140.0	138.7	141.3	102.7	112.4	96.0	**60.4**
Hepatitis C, perinatal infection	0.0	0.0	0.0	0.0	0.0	0.3	0.6	0.1	0.3	**0.2**
Hepatitis D, acute	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	**0.0**
Hepatitis E, acute	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	**0.0**
HIV Infection	4.6	3.6	4.0	2.2	2.2	2.2	1.2	2.2	3.0	**2.6**
Influenza Associated Pediatric Mortality	0.1	0.0	0.1	0.0	0.0	0.1	0.1	0.0	0.2	**0.0**
Invasive Pneumococcal Disease	10.3	10.2	10.0	10.6	9.9	12.8	7.3	6.3	12.1	**13.8**
Jamestown Canyon	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.0	**0.0**
Legionellosis	1.4	1.2	1.2	1.2	2.5	2.2	0.8	2.8	1.8	**1.8**
Leptospirosis	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	**0.1**
Listeriosis	0.6	0.5	0.8	0.4	0.5	0.4	0.4	0.4	0.1	**0.6**
Lyme disease	106.1	91.5	112.5	139.3	105.4	161.8	82.8	109.7	191.2	**210.8**
Malaria	0.5	0.5	0.8	1.3	0.7	1.1	0.1	0.2	0.6	**0.4**
Measles (Rubeola)	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	**0.0**
Mpox	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	**0.0**
Mumps	0.0	0.0	2.6	0.1	0.3	0.4	0.1	0.1	0.0	**0.2**
Neisseria meningitidis, invasive (Mening. disease)	0.2	0.3	0.1	0.1	0.1	0.4	0.1	0.1	0.1	**0.0**
Pertussis	41.9	21.2	19.5	30.8	33.3	28.5	2.2	1.2	5.7	**5.4**
Powassan	0.0	0.1	0.1	0.2	0.0	0.1	0.1	0.2	0.3	**0.5**
Psittacosis (Ornithosis)	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	**0.0**
Q fever	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	**0.0**
Rabies PEP	8.0	8.4	9.8	8.1	11.4	10.9	9.5	7.3	8.4	**10.3**
Rabies, animal	NA	NA	NA	NA	NA	NA	NA	NA	NA	**NA**
S. aureus, vancomycin intermediate resistance (VISA)	0.1	0.2	0.1	0.0	0.0	0.0	0.1	0.0	0.0	**0.0**
Salmonellosis	9.5	9.3	9.2	7.6	8.9	10.6	8.1	9.4	10.8	**8.7**
Shiga toxin-producing *Escherichia coli* (STEC)	2.5	2.2	2.8	2.5	2.8	2.0	0.8	1.7	1.2	**2.1**
Shigellosis	2.2	0.3	0.2	1.0	0.5	0.9	0.3	0.4	0.8	**1.1**
Spotted Fever Rickettsiosis	0.2	0.1	0.3	0.2	0.7	0.4	0.0	0.1	0.1	**0.0**
Syphilis, infectious	1.1	3.7	3.6	6.2	7.8	8.0	4.8	7.3	8.1	**7.5**
Syphilis, congenital	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	**0.1**
Tetanus	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	**0.0**
Tuberculosis	1.1	1.4	1.7	1.0	1.0	1.3	1.2	1.0	1.2	**1.9**
Tularemia	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	**0.0**
Varicella (Chickenpox)	15.6	17.5	17.1	14.8	18.7	6.9	2.4	4.6	3.0	**3.3**
Vibriosis	0.7	0.5	0.5	0.5	1.0	0.7	0.9	0.8	0.9	**1.7**
West Nile	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0	**0.0**
Zika	0.0	0.0	0.9	0.1	0.0	0.0	0.0	0.0	0.0	**0.0**

NR = not reportable; **NA** = not available

***Maine did not have any cases of the following reportable conditions in the last ten years:**

- Anthrax
- Chancroid
- Diphtheria
- Hantavirus
- Hepatitis D, chronic
- Influenza A, novel
- Plague
- Polio
- Rabies, human
- Ricin
- Rubella
- Smallpox
- Saint Louis Encephalitis
- Shellfish Poisoning
- Trichinosis
- Viral Hemorrhagic Fever
- Western Equine Encephalitis
- Yellow Fever

****Counts are updated annually. Data as of 10/25/2024.**

*****Carbapenem-Producing *Enterobacteriaceae* (CRE) became reportable as of September 8, 2015 so the 2015 numbers do not represent a full year. In 2021, the notifiable condition changed from CRE to CP CRO, which accounts for the drop in reported numbers from 2020 to 2021.**

Cases of Reported Diseases by Age and Gender

Maine, 2023*

CONDITION	GENDER			AGE GROUP							
	F	M	U	0-4 years	5-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
Anaplasma phagocytophilum	313	464	0	3	14	16	27	62	81	150	424
Babesiosis	91	105	0	1	5	1	9	18	15	39	108
Borrelia miyamotoi	6	8	0	0	0	1	0	1	1	2	9
Campylobacteriosis	109	121	0	9	3	10	27	29	16	50	86
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	20	31	0	0	0	2	2	4	7	9	27
Chlamydia trachomatis infection	1957	1077	0	1	20	1777	816	282	86	46	6
Coccidioidomycosis	1	1	0	0	0	0	0	1	0	0	1
Coronavirus Disease 2019 (COVID-19)	19327	12881	2	1324	1016	2348	3023	3083	3165	4274	13977
Cryptosporidiosis	33	24	0	6	3	8	10	10	4	5	11
Cyclosporiasis	1	3	0	0	0	0	1	0	0	2	1
Ehrlichiosis	1	2	0	0	0	0	1	0	0	1	1
Emerging Infection	4	6	0	0	0	0	0	1	2	2	5
Giardiasis	78	71	0	4	3	8	16	16	23	21	58
Gonorrhea	204	414	2	2	2	162	220	153	46	27	8
Group A *Streptococcus*, invasive	73	93	0	4	6	5	20	21	25	34	51
Haemophilus influenzae, invasive	20	16	0	0	2	1	1	6	2	4	20
Hemolytic Uremic Syndrome	1	0	0	1	0	0	0	0	0	0	0
Hepatitis A, acute	21	39	0	0	1	1	12	18	14	8	6
Hepatitis B, acute	4	16	0	0	0	0	1	9	6	4	0
Hepatitis B, chronic	59	131	0	1	1	14	27	62	40	22	23
Hepatitis C, acute	23	56	0	0	0	5	26	30	13	2	3
Hepatitis C, chronic	336	507	0	1	0	42	191	270	126	117	96
Hepatitis C, perinatal infection	0	3	0	3	0	0	0	0	0	0	0
HIV Infection	14	22	0	0	0	4	13	9	7	3	0
Invasive Pneumococcal Disease	82	110	0	4	4	3	6	20	25	43	87
Legionellosis	8	17	0	0	0	0	1	4	7	4	9
Leptospirosis	1	0	0	0	0	0	1	0	0	0	0
Listeriosis	6	3	0	1	0	0	0	1	0	0	7
Lyme disease	1238	1704	0	63	289	183	215	273	274	522	1123
Malaria	1	4	0	0	1	0	2	2	0	0	0
Mumps	1	2	0	0	0	1	0	0	0	1	1
Pertussis	38	38	0	32	28	6	3	3	2	1	1
Powassan	1	6	0	0	0	0	0	0	0	2	5
Rabies PEP	84	60	0	10	14	12	29	25	22	14	18
Salmonellosis	65	56	0	7	7	10	16	15	15	15	36
Shiga toxin-producing *Escherichia coli* (STEC)	21	8	0	6	2	4	1	0	2	7	7
Shigellosis	7	8	0	1	1	3	2	2	2	2	2
Streptococcal toxic-shock syndrome	7	13	0	0	2	0	2	5	4	4	3
Syphilis, infectious	19	84	1	0	0	10	26	25	17	18	8
Syphilis, congenital	1	1	0	2	0	0	0	0	0	0	0
Tuberculosis	7	18	0	2	3	9	3	4	2	2	1
Varicella (Chickenpox)	16	30	0	20	14	4	6	0	2	0	0
Vibriosis	9	15	0	0	1	4	0	5	4	6	4

NR = not reportable; **NA** = not available

***Counts are updated annually. Data as of 10/25/2024.**

Cases of Reported Diseases by Race and Ethnicity

Maine, 2023*

	RACE							ETHNICITY		
CONDITION	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Two or more	Other	Unkown	Hispanic	Non-Hispanic	Unknown
Anaplasma phagocytophilum	1	2	2	751	5	3	13	10	689	78
Babesiosis	0	0	1	183	2	2	8	2	172	22
Borrelia miyamotoi	0	0	0	14	0	0	0	0	13	1
Campylobacteriosis	0	2	1	219	1	0	7	4	209	17
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	1	0	4	45	0	1	0	0	37	14
Chlamydia trachomatis infection	11	29	224	1756	12	58	944	63	1793	1178
Coccidioidomycosis	0	0	1	0	0	0	1	0	1	1
Coronavirus Disease 2019 (COVID-19)	189	257	848	29342	465	287	822	459	24212	7539
Cryptosporidiosis	0	0	0	55	0	0	2	2	53	2
Cyclosporiasis	0	0	0	4	0	0	0	0	3	1
Ehrlichiosis	0	0	0	3	0	0	0	0	2	1
Emerging Infection	0	0	0	9	0	0	1	0	9	1
Giardiasis	1	1	7	133	0	1	6	2	124	23
Gonorrhea	0	13	82	464	29	14	18	23	550	47
Group A *Streptococcus*, invasive	1	1	3	161	0	0	0	0	163	3
Haemophilus influenzae, invasive	0	0	1	35	0	0	0	0	34	2
Hemolytic Uremic Syndrome	0	0	0	1	0	0	0	0	1	0
Hepatitis A, acute	0	1	2	55	1	0	1	0	58	2
Hepatitis B, acute	0	0	1	18	0	0	1	0	18	2
Hepatitis B, chronic	0	16	83	71	0	8	12	3	155	32
Hepatitis C, acute	1	0	1	72	2	0	3	1	72	6
Hepatitis C, chronic	7	2	31	699	11	8	85	9	595	239
Hepatitis C, perinatal infection	0	0	0	3	0	0	0	0	3	0
HIV Infection	0	0	19	17	0	0	0	1	35	0
Influenza Associated Pediatric Mortality	2	0	6	179	3	0	2	3	186	3
Legionellosis	0	0	1	24	0	0	0	0	22	3
Leptospirosis	0	0	0	1	0	0	0	0	1	0
Listeriosis	0	0	0	9	0	0	0	0	9	0
Lyme disease	2	5	8	2347	0	31	549	13	1255	1674
Malaria	0	0	5	0	0	0	0	0	5	0
Mumps	0	0	0	3	0	0	0	0	3	0
Pertussis	0	1	4	65	1	0	5	0	71	5
Powassan	0	0	0	7	0	0	0	0	7	0
Rabies PEP	0	0	1	127	3	0	13	0	119	25
Salmonellosis	2	0	2	106	3	2	6	4	100	17
Shiga toxin-producing *Escherichia coli* (STEC)	0	0	0	28	0	0	1	0	28	1
Shigellosis	0	0	0	14	0	0	1	2	11	2
Streptococcal toxic-shock syndrome	0	0	0	20	0	0	0	0	19	1
Syphilis, infectious	0	0	6	93	1	3	1	4	95	5
Syphilis, congenital	0	0	1	1	0	0	0	0	2	0
Tuberculosis	0	0	21	4	0	0	1	4	21	1
Varicella (Chickenpox)	0	1	3	37	0	0	5	6	37	3
Vibriosis	0	2	0	21	1	0	0	0	20	4

NR = not reportable; **NA** = not available

***Counts are updated annually. Data as of 10/25/2024.**

2023 Maine Outbreaks

Outbreaks are a reportable condition in Maine and are classified into types of outbreak by the potential etiology. All reported outbreaks are assigned out for follow-up. This table only represents those that met an outbreak definition of confirmed, probable, or suspect. Outbreak definitions vary based on the category, setting, and suspected etiology.

Outbreak Categories and Definitions

Absenteeism: Absenteeism reports are submitted by schools when they have ≥15% absenteeism due to illness. If there is a single etiology, an absenteeism report may also be counted as a disease-specific outbreak.

Airborne and Direct Contact (ADC): Airborne and Direct Contact outbreaks are infections transmitted through airborne bacteria or viruses or through direct contact. Examples of Airborne and Direct Contact outbreaks include pneumonia, conjunctivitis, hand foot and mouth disease, Methicillin-Resistant *Staphylococcus aureus* (MRSA), and Coronavirus Disease 2019 (COVID-19).

Gastrointestinal Illness (GI): GI illness outbreaks are characterized through gastrointestinal symptoms. The most commonly reported GI outbreak is caused by norovirus. Out-of-state GI outbreaks are when a Maine resident matches a national cluster, usually through whole genome sequencing (WGS) testing, such as *Salmonella* or Shiga toxin producing *E. coli* (STEC).

Hepatitis: Hepatitis outbreaks are caused by one of the hepatitis viruses (A,B,C,D,E). An outbreak is defined as three or more confirmed cases in a single setting.

Influenza-like Illness (ILI): Influenza-like illness outbreaks are characterized as a respiratory illness with fever with cough and/or sore throat without another known cause. The majority of ILI outbreaks are confirmed as influenza through laboratory testing.

Vaccine-Preventable Disease (VPD): Vaccine-preventable disease outbreaks are caused by one of the illnesses for which there is a routine vaccine.

Vector: Vector outbreaks are caused by an organism that spreads infection from one host to another. The most common vectors in Maine are ticks and mosquitoes, but the most common vector outbreak is caused by scabies.

	Absenteeism	ADC Outbreak	GI Illness Outbreak	Hepatitis Outbreak	ILI Outbreak*	VPD Outbreak	Vector Outbreak	Total
Androscoggin	1	32	8	1	2	0	1	**45**
Aroostook	7	32	2	0	1	1	0	**43**
Cumberland	7	89	21	1	13	0	1	**132**
Franklin	0	11	0	0	0	0	0	**11**
Hancock	5	13	2	0	4	0	0	**24**
Kennebec	2	43	6	0	1	0	3	**55**
Knox	1	12	5	0	0	0	0	**18**
Lincoln	0	7	0	0	0	0	0	**7**
Out of State	0	0	7	0	0	0	0	**7**
Oxford	4	16	1	0	4	0	0	**25**
Penobscot	2	59	5	0	1	0	0	**67**
Piscataquis	0	6	1	0	0	1	0	**8**
Sagadahoc	4	7	1	0	0	0	0	**12**
Somerset	1	15	3	0	0	0	0	**19**
Waldo	12	7	5	0	3	0	0	**27**
Washington	2	11	2	0	1	0	0	**16**
York	0	34	11	0	3	0	0	**48**
Total	48	394	80	2	33	2	5	**564**

*ILI outbreaks included here are for the calendar year 2023, so include outbreaks from the 2022-2023 and 2023-2024 influenza seasons. Any outbreak can be healthcare associated.

About the Data

The Infectious Disease Programs of Maine CDC publish an annual summary of infectious disease data. Publishing reports on surveillance activities and data provides the health care community, government agencies, individuals, and groups with important statistical information on Maine's reportable diseases and conditions.

This annual report also includes information on conditions that are investigated that are not explicitly reportable but have public health significance. Examples of these conditions include Coccidioidomycosis and Multisystem Inflammatory Syndrome (MIS). Maine also follows up on unusual conditions that do not fit in any other monitored category but potentially have public health significance. These conditions are indicated by "Emerging Infections." In 2023, the ten reported emerging infections were reports of leishmaniasis and Alpha-Gal Syndrome. The goal of this annual report is to provide Maine CDC's partners with a helpful resource.

Maine CDC counts cases by their residence, not where they acquired the condition.

(Population data are from 2023 census estimates.)

Abbreviation	Name
APH	Animal and Plant Health
BPC	Board of Pesticides Control
DWP	Drinking Water Program
EEE	Eastern Equine Encephalitis virus
EHP	Environmental Health Program
HAI	Healthcare-Associated Infection
HAN	Health Alert Network
Hep Free NNE	Hepatitis Free Northern New England
HETL	Health and Environmental Testing Laboratory
HIP	Health Inspection Program
HPAI	Highly Pathogenic Avian Influenza
ID Epi	Infectious Disease Epidemiology
IPM	Integrated Pest Management
JCV	Jamestown Canyon Virus
Maine CDC	Maine Center for Disease Control and Prevention
Maine DACF	Maine Department of Agriculture, Conservation, and Forestry
Maine DEP	Maine Department of Environmental Protection
Maine DHHS	Maine Department of Health and Human Services
Maine DIFW	Maine Department of Inland Fisheries and Wildlife
Maine DMR	Maine Department of Marine Resources
Maine DOE	Maine Department of Education

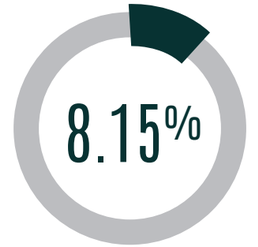
Abbreviation	Name
MFS	Maine Forest Service
MIP	Maine Immunization Program
MSPP	Maine Suicide Prevention Program
NH DHHS	New Hampshire Department of Health and Human Services
OPHE	Office of Population Health Equity
PEP	Post-Exposure Prophylaxis
PHEP	Public Health Emergency Preparedness
PHN	Public Health Nursing
QAR	Quality Assurance and Regulation
SSP	Syringe Service Provider
STI	Sexually Transmitted Infection
U.S. CDC	United States Centers for Disease Control and Prevention
U.S. FDA	United States Food and Drug Administration
USDA-APHIS	United States Department of Agriculture Animal and Plant Health Inspection Service
USDA-FSIS	United States Department of Agriculture Food Safety Inspection Service
USGS	United States Geological Survey
VDL	Veterinary Diagnostic Laboratory
VMA	Veterinary Medical Association
VT DOH	Vermont Department of Health
WNV	West Nile Virus
SOP	Standard Operating Procedure

ANDROSCOGGIN COUNTY

County District State

113,765

Population

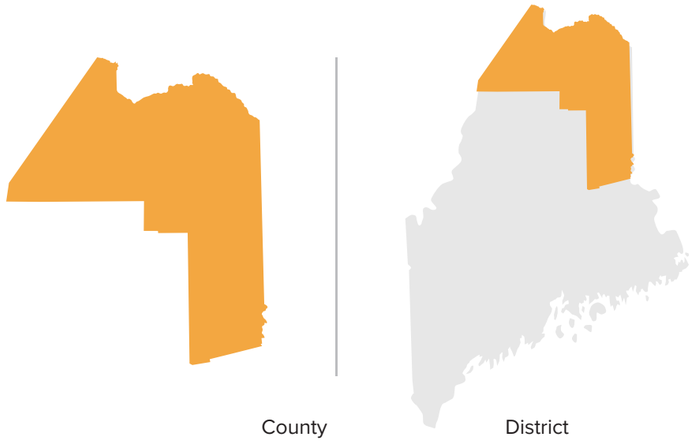


of Maine's Total Population

Condition	Count	Rate	Count	Rate	Count	Rate
Anaplasma phagocytophilum	35	30.8	77	37.7	777	55.7
Arboviral Non-Human	0	NA	1	NA	29	NA
Babesiosis	7	6.2	15	7.3	196	14.0
Borrelia miyamotoi	1	0.9	2	1.0	14	1.0
Campylobacteriosis	16	14.1	33	16.1	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	5	4.4	9	4.4	51	3.7
Chlamydia trachomatis infection	406	356.9	563	275.3	3034	217.4
Coccidioidomycosis	0	0.0	1	0.5	2	0.1
Coronavirus Disease 2019 (COVID-19)	2818	2477.0	4686	2291.5	32210	2307.8
Cryptosporidiosis	1	0.9	4	2.0	57	4.1
Cyclosporiasis	0	0.0	0	0.0	4	0.3
Ehrlichiosis	0	0.0	0	0.0	3	0.2
Emerging Infection	0	0.0	0	0.0	10	0.7
Giardiasis	8	7.0	27	13.2	149	10.7
Gonorrhea	114	100.2	156	76.3	620	44.4
Group A *Streptococcus*, invasive	18	15.8	33	16.1	166	11.9
Haemophilus influenzae, invasive	3	2.6	6	2.9	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	24	21.1	26	12.7	60	4.3
Hepatitis B, acute	3	2.6	3	1.5	20	1.4
Hepatitis B, chronic	34	29.9	47	23.0	190	13.6
Hepatitis C, acute	8	7.0	15	7.3	79	5.7
Hepatitis C, chronic	78	68.6	144	70.4	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	4	3.5	5	2.4	36	2.6
Influenza Associated Pediatric Mortality	24	21.1	35	17.1	192	13.8
Invasive Pneumococcal Disease	5	4.4	7	3.4	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	0	0.0	9	0.6
Lyme disease	140	123.1	312	152.6	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	4	3.5	5	2.4	76	5.4
Powassan	1	0.9	2	1.0	7	0.5
Rabies PEP	7	6.2	17	8.3	144	10.3
Rabies, animal	9	NA	16	NA	75	NA
Salmonellosis	6	5.3	15	7.3	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	2	1.8	3	1.5	29	2.1
Syphilis, infectious	1	0.9	1	0.5	15	1.1
Streptococcal toxic-shock syndrome	1	0.9	2	1.0	20	1.4
Syphilis, infectious	11	9.7	17	8.3	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	5	4.4	5	2.4	26	1.9
Varicella (Chickenpox)	3	2.6	6	2.9	46	3.3
Vibriosis	2	1.8	2	1.0	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

AROOSTOOK COUNTY



67,351

Population

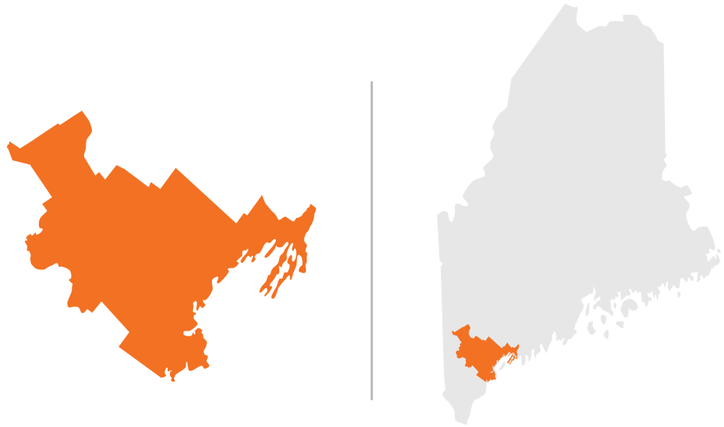
4.83%

of Maine's Total Population

Condition	County Count	County Rate	District Count	District Rate	State Count	State Rate
Anaplasma phagocytophilum	0	0.0	0	0.0	777	55.7
Arboviral Non-Human	0	NA	0	NA	29	NA
Babesiosis	2	3.0	2	3.0	196	14.0
Borrelia miyamotoi	0	0.0	0	0.0	14	1.0
Campylobacteriosis	11	16.3	11	16.3	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	1	1.5	1	1.5	51	3.7
Chlamydia trachomatis infection	87	129.2	87	129.2	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	2358	3501.1	2358	3501.1	32210	2307.8
Cryptosporidiosis	2	3.0	2	3.0	57	4.1
Cyclosporiasis	1	1.5	1	1.5	4	0.3
Ehrlichiosis	0	0.0	0	0.0	3	0.2
Emerging Infection	0	0.0	0	0.0	10	0.7
Giardiasis	5	7.4	5	7.4	149	10.7
Gonorrhea	9	13.4	9	13.4	620	44.4
Group A *Streptococcus*, invasive	11	16.3	11	16.3	166	11.9
Haemophilus influenzae, invasive	4	5.9	4	5.9	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	0	0.0	0	0.0	60	4.3
Hepatitis B, acute	0	0.0	0	0.0	20	1.4
Hepatitis B, chronic	6	8.9	6	8.9	190	13.6
Hepatitis C, acute	1	1.5	1	1.5	79	5.7
Hepatitis C, chronic	36	53.5	36	53.5	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	0	0.0	0	0.0	36	2.6
Invasive Pneumococcal Disease	16	23.8	16	23.8	192	13.8
Legionellosis	2	3.0	2	3.0	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	0	0.0	9	0.6
Lyme disease	13	19.3	13	19.3	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	2	3.0	2	3.0	3	0.2
Pertussis	7	10.4	7	10.4	76	5.4
Powassan	0	0.0	0	0.0	7	0.5
Rabies PEP	2	3.0	2	3.0	144	10.3
Rabies, animal	0	NA	0	NA	75	NA
Salmonellosis	6	8.9	6	8.9	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	2	3.0	2	3.0	29	2.1
Shigellosis	0	0.0	0	0.0	15	1.1
Streptococcal toxic-shock syndrome	0	0.0	0	0.0	20	1.4
Syphilis, infectious	3	4.5	3	4.5	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	0	0.0	0	0.0	26	1.9
Varicella (Chickenpox)	4	5.9	4	5.9	46	3.3
Vibriosis	0	0.0	0	0.0	24	1.7

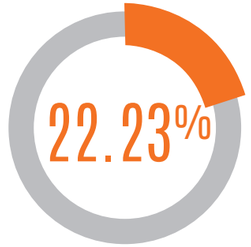
Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

CUMBERLAND COUNTY



310,230

Population

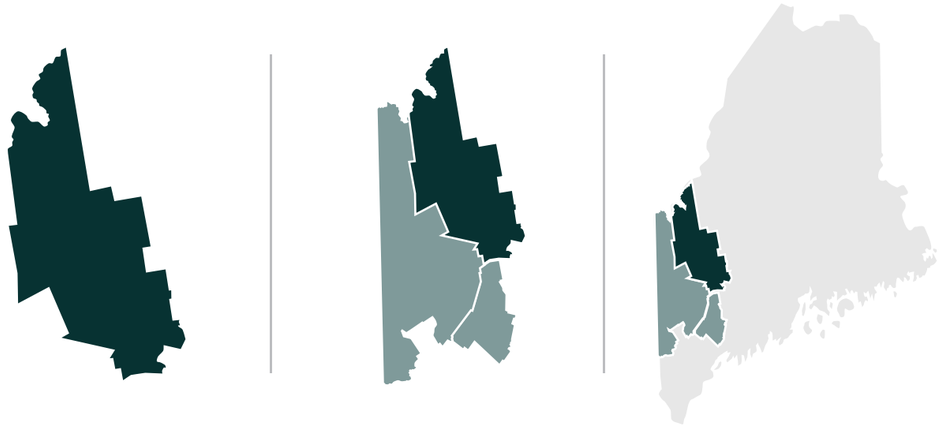


of Maine's Total Population

Condition	County Count	County Rate	District Count	District Rate	State Count	State Rate
Anaplasma phagocytophilum	94	30.3	94	30.3	777	55.7
Arboviral Non-Human	1	NA	1	NA	29	NA
Babesiosis	29	9.3	29	9.3	196	14.0
Borrelia miyamotoi	2	0.6	2	0.6	14	1.0
Campylobacteriosis	57	18.4	57	18.4	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	20	6.4	20	6.4	51	3.7
Chlamydia trachomatis infection	839	270.4	839	270.4	3034	217.4
Coccidioidomycosis	1	0.3	1	0.3	2	0.1
Coronavirus Disease 2019 (COVID-19)	6525	2103.3	6525	2103.3	32210	2307.8
Cryptosporidiosis	10	3.2	10	3.2	57	4.1
Cyclosporiasis	1	0.3	1	0.3	4	0.3
Ehrlichiosis	0	0.0	0	0.0	3	0.2
Emerging Infection	3	1.0	3	1.0	10	0.7
Giardiasis	39	12.6	39	12.6	149	10.7
Gonorrhea	224	72.2	224	72.2	620	44.4
Group A *Streptococcus*, invasive	37	11.9	37	11.9	166	11.9
Haemophilus influenzae, invasive	6	1.9	6	1.9	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	25	8.1	25	8.1	60	4.3
Hepatitis B, acute	2	0.6	2	0.6	20	1.4
Hepatitis B, chronic	81	26.1	81	26.1	190	13.6
Hepatitis C, acute	13	4.2	13	4.2	79	5.7
Hepatitis C, chronic	202	65.1	202	65.1	843	60.4
Hepatitis C, perinatal infection	3	1.0	3	1.0	3	0.2
HIV Infection	17	5.5	17	5.5	36	2.6
Invasive Pneumococcal Disease	29	9.3	29	9.3	192	13.8
Legionellosis	5	1.6	5	1.6	25	1.8
Leptospirosis	1	0.3	1	0.3	1	0.1
Listeriosis	1	0.3	1	0.3	9	0.6
Lyme disease	387	124.7	387	124.7	2942	210.8
Malaria	3	1.0	3	1.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	10	3.2	10	3.2	76	5.4
Powassan	0	0.0	0	0.0	7	0.5
Rabies PEP	22	7.1	22	7.1	144	10.3
Rabies, animal	22	NA	22	NA	75	NA
Salmonellosis	29	9.3	29	9.3	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	4	1.3	4	1.3	29	2.1
Shigellosis	5	1.6	5	1.6	15	1.1
Streptococcal toxic-shock syndrome	11	3.5	11	3.5	20	1.4
Syphilis, infectious	38	12.2	38	12.2	104	7.5
Syphilis, congenital	1	0.3	1	0.3	2	0.1
Tuberculosis	15	4.8	15	4.8	26	1.9
Varicella (Chickenpox)	15	4.8	15	4.8	46	3.3
Vibriosis	9	2.9	9	2.9	24	1.7

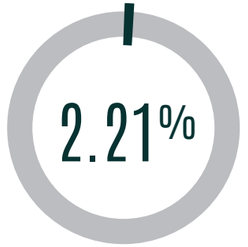
Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

FRANKLIN COUNTY



30,828

Population

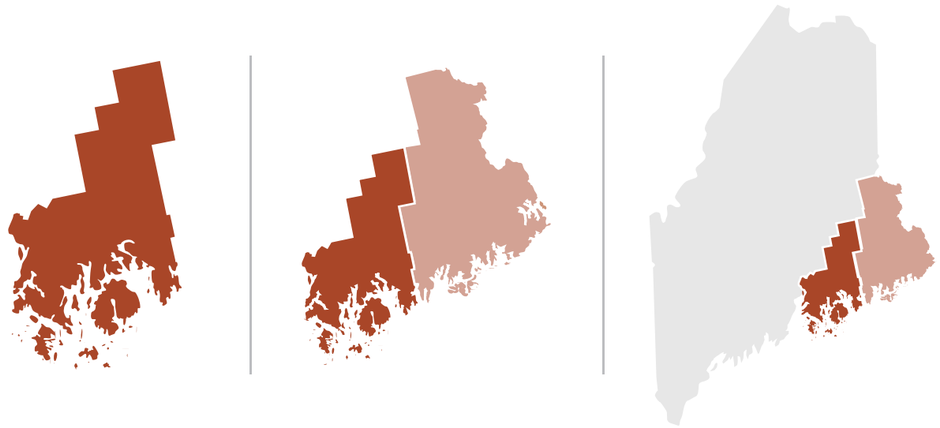


of Maine's Total Population

Condition	Count	Rate	Count	Rate	Count	Rate
Anaplasma phagocytophilum	16	51.9	77	37.7	777	55.7
Arboviral Non-Human	0	NA	1	NA	29	NA
Babesiosis	2	6.5	15	7.3	196	14.0
Borrelia miyamotoi	0	0.0	2	1.0	14	1.0
Campylobacteriosis	4	13.0	33	16.1	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	1	3.2	9	4.4	51	3.7
Chlamydia trachomatis infection	54	175.2	563	275.3	3034	217.4
Coccidioidomycosis	0	0.0	1	0.5	2	0.1
Coronavirus Disease 2019 (COVID-19)	665	2157.1	4686	2291.5	32210	2307.8
Cryptosporidiosis	1	3.2	4	2.0	57	4.1
Cyclosporiasis	0	0.0	0	0.0	4	0.3
Ehrlichiosis	0	0.0	0	0.0	3	0.2
Emerging Infection	0	0.0	0	0.0	10	0.7
Giardiasis	11	35.7	27	13.2	149	10.7
Gonorrhea	21	68.1	156	76.3	620	44.4
Group A *Streptococcus*, invasive	5	16.2	33	16.1	166	11.9
Haemophilus influenzae, invasive	1	3.2	6	2.9	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	1	3.2	26	12.7	60	4.3
Hepatitis B, acute	0	0.0	3	1.5	20	1.4
Hepatitis B, chronic	3	9.7	47	23.0	190	13.6
Hepatitis C, acute	3	9.7	15	7.3	79	5.7
Hepatitis C, chronic	23	74.6	144	70.4	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	0	0.0	5	2.4	36	2.6
Invasive Pneumococcal Disease	2	6.5	35	17.1	192	13.8
Legionellosis	0	0.0	7	3.4	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	0	0.0	9	0.6
Lyme disease	70	227.1	312	152.6	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	0	0.0	5	2.4	76	5.4
Powassan	0	0.0	2	1.0	7	0.5
Rabies PEP	6	19.5	17	8.3	144	10.3
Rabies, animal	0	NA	16	NA	75	NA
Salmonellosis	3	9.7	15	7.3	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	0	0.0	3	1.5	29	2.1
Shigellosis	0	0.0	1	0.5	15	1.1
Streptococcal toxic-shock syndrome	0	0.0	2	1.0	20	1.4
Syphilis, infectious	1	3.2	17	8.3	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	0	0.0	5	2.4	26	1.9
Varicella (Chickenpox)	1	3.2	6	2.9	46	3.3
Vibriosis	0	0.0	2	1.0	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

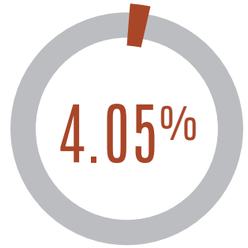
HANCOCK COUNTY



County District State

56,526

Population

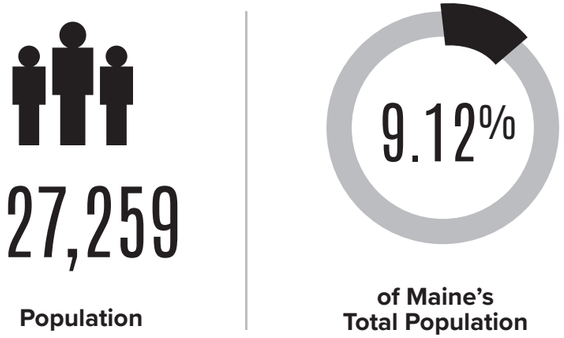


of Maine's Total Population

Condition	Count	Rate	Count	Rate	Count	Rate
Anaplasma phagocytophilum	108	191.1	126	143.1	777	55.7
Arboviral Non-Human	1	NA	1	NA	29	NA
Babesiosis	18	31.8	21	23.8	196	14.0
Borrelia miyamotoi	2	3.5	2	2.3	14	1.0
Campylobacteriosis	8	14.2	12	13.6	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	0	0.0	0	0.0	51	3.7
Chlamydia trachomatis infection	76	134.5	121	137.4	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	1018	1800.9	1658	1882.4	32210	2307.8
Cryptosporidiosis	7	12.4	8	9.1	57	4.1
Cyclosporiasis	0	0.0	0	0.0	4	0.3
Ehrlichiosis	0	0.0	0	0.0	3	0.2
Emerging Infection	0	0.0	0	0.0	10	0.7
Giardiasis	10	17.7	12	13.6	149	10.7
Gonorrhea	10	17.7	10	11.4	620	44.4
Group A *Streptococcus*, invasive	5	8.8	10	11.4	166	11.9
Haemophilus influenzae, invasive	1	1.8	3	3.4	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	0	0.0	0	0.0	60	4.3
Hepatitis B, acute	2	3.5	2	2.3	20	1.4
Hepatitis B, chronic	4	7.1	8	9.1	190	13.6
Hepatitis C, acute	2	3.5	6	6.8	79	5.7
Hepatitis C, chronic	23	40.7	48	54.5	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	1	1.8	2	2.3	36	2.6
Invasive Pneumococcal Disease	7	12.4	11	12.5	192	13.8
Legionellosis	0	0.0	0	0.0	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	1	1.8	1	1.1	9	0.6
Lyme disease	321	567.9	394	447.3	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	1	1.8	1	1.1	79	5.7
Powassan	0	0.0	0	0.0	7	0.5
Rabies PEP	5	8.8	6	6.8	144	10.3
Rabies, animal	0	NA	0	NA	75	NA
Salmonellosis	4	7.1	6	6.8	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	0	0.0	0	0.0	29	2.1
Shigellosis	1	1.8	1	1.1	15	1.1
Streptococcal toxic-shock syndrome	2	3.5	2	2.3	20	1.4
Syphilis, infectious	1	1.8	1	1.1	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	0	0.0	1	1.1	26	1.9
Varicella (Chickenpox)	1	1.8	2	2.3	46	3.3
Vibriosis	4	7.1	4	4.5	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

KENNEBEC COUNTY



Condition	Count	Rate	Count	Rate	Count	Rate
Anaplasma phagocytophilum	85	66.8	113	63.3	777	55.7
Arboviral Non-Human	1	NA	5	NA	29	NA
Babesiosis	30	23.6	35	19.6	196	14.0
Borrelia miyamotoi	3	2.4	3	1.7	14	1.0
Campylobacteriosis	23	18.1	35	19.6	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	3	2.4	4	2.2	51	3.7
Chlamydia trachomatis infection	251	197.2	349	195.5	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	2781	2185.3	4219	2362.8	32210	2307.8
Cryptosporidiosis	6	4.7	8	4.5	57	4.1
Cyclosporiasis	1	0.8	1	0.6	4	0.3
Ehrlichiosis	2	1.6	2	1.1	3	0.2
Emerging Infection	2	1.6	3	1.7	10	0.7
Giardiasis	14	11.0	20	11.2	149	10.7
Gonorrhea	51	40.1	65	36.4	620	44.4
Group A *Streptococcus*, invasive	13	10.2	24	13.4	166	11.9
Haemophilus influenzae, invasive	4	3.1	8	4.5	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	3	2.4	3	1.7	60	4.3
Hepatitis B, acute	1	0.8	1	0.6	20	1.4
Hepatitis B, chronic	3	2.4	4	2.2	190	13.6
Hepatitis C, acute	12	9.4	15	8.4	79	5.7
Hepatitis C, chronic	63	49.5	98	54.9	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	1	0.8	2	1.1	36	2.6
Invasive Pneumococcal Disease	18	14.1	33	18.5	192	13.8
Legionellosis	0	0.0	2	1.1	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	0	0.0	9	0.6
Lyme disease	264	207.5	398	222.9	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	1	0.8	1	0.6	3	0.2
Pertussis	1	0.8	6	3.4	76	5.4
Powassan	1	0.8	1	0.6	7	0.5
Rabies PEP	21	16.5	31	17.4	144	10.3
Rabies, animal	6	NA	8	NA	75	NA
Salmonellosis	10	7.9	13	7.3	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	5	3.9	8	4.5	29	2.1
Shigellosis	3	2.4	3	1.7	15	1.1
Streptococcal toxic-shock syndrome	0	0	0	0	16	1.2
Syphilis, infectious	4	3.1	6	3.4	104	7.5
Syphilis, congenital	1	0.8	1	0.6	2	0.1
Tuberculosis	0	0.0	1	0.6	26	1.9
Varicella (Chickenpox)	7	5.5	10	5.6	46	3.3
Vibriosis	2	1.6	3	1.7	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

KNOX COUNTY

40,977

Population

2.94%

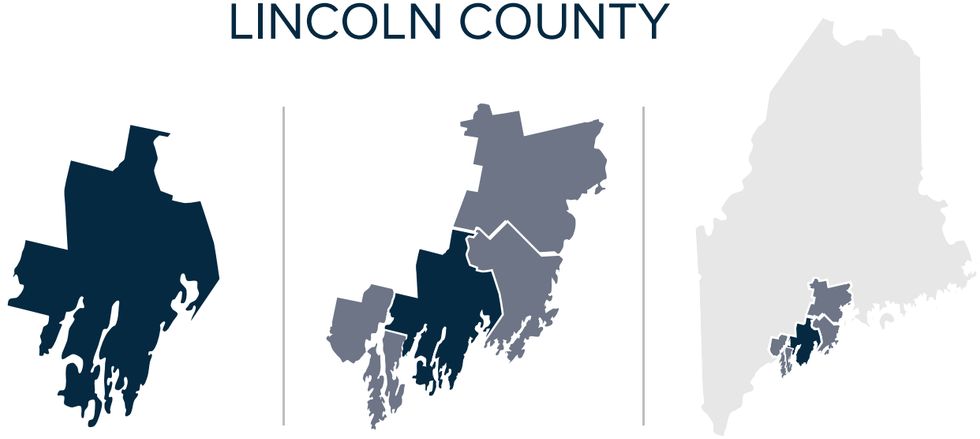
of Maine's Total Population

	County		District		State	
Condition	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Anaplasma phagocytophilum	84	205.0	270	173.5	777	55.7
Arboviral Non-Human	0	NA	1	NA	29	NA
Babesiosis	16	39.0	62	39.8	196	14.0
Borrelia miyamotoi	1	2.4	4	2.6	14	1.0
Campylobacteriosis	11	26.8	35	22.5	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	2	4.9	2	1.3	51	3.7
Chlamydia trachomatis infection	61	148.9	231	148.4	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	967	2359.9	3059	1965.7	32210	2307.8
Cryptosporidiosis	0	0.0	5	3.2	57	4.1
Cyclosporiasis	0	0.0	1	0.6	4	0.3
Ehrlichiosis	0	0.0	1	0.6	3	0.2
Emerging Infection	0	0.0	4	2.6	10	0.7
Giardiasis	4	9.8	19	12.2	149	10.7
Gonorrhea	5	12.2	29	18.6	620	44.4
Group A *Streptococcus*, invasive	1	2.4	9	5.8	166	11.9
Haemophilus influenzae, invasive	0	0.0	3	1.9	36	2.6
Hemolytic Uremic Syndrome	0	0.0	1	0.6	1	0.1
Hepatitis A, acute	0	0.0	0	0.0	60	4.3
Hepatitis B, acute	2	4.9	6	3.9	20	1.4
Hepatitis B, chronic	3	7.3	8	5.1	190	13.6
Hepatitis C, acute	1	2.4	6	3.9	79	5.7
Hepatitis C, chronic	26	63.5	91	58.5	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2

	County		District		State	
Condition	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
HIV Infection	2	4.9	5	3.2	36	2.6
Invasive Pneumococcal Disease	10	24.4	24	15.4	192	13.8
Legionellosis	0	0.0	3	1.9	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	1	2.4	4	2.6	9	0.6
Lyme disease	280	683.3	843	541.7	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	4	9.8	6	3.9	76	5.4
Powassan	0	0.0	3	1.9	7	0.5
Rabies PEP	2	4.9	17	10.9	144	10.3
Rabies, animal	0	NA	9	NA	75	NA
Salmonellosis	1	2.4	13	8.4	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	5	12.2	6	3.9	29	2.1
Shigellosis	1	2.4	2	1.3	15	1.1
Streptococcal toxic-shock syndrome	0	0.0	1	0.6	20	1.4
Syphilis, infectious	3	7.3	6	3.9	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	0	0.0	0	0.0	26	1.9
Varicella (Chickenpox)	0	0.0	6	3.9	46	3.3
Vibriosis	0	0.0	1	0.6	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

LINCOLN COUNTY



36,507

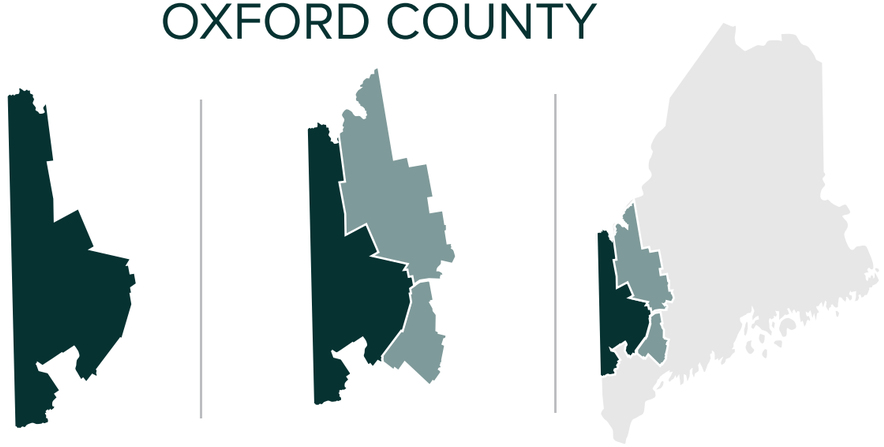
Population

of Maine's Total Population

	County		District		State	
Condition	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Anaplasma phagocytophilum	81	221.9	270	173.5	777	55.7
Arboviral Non-Human	0	NA	1	NA	29	NA
Babesiosis	18	49.3	62	39.8	196	14.0
Borrelia miyamotoi	0	0.0	4	2.6	14	1.0
Campylobacteriosis	10	27.4	35	22.5	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	0	0.0	2	1.3	51	3.7
Chlamydia trachomatis infection	48	131.5	231	148.4	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	611	1673.7	3059	1965.7	32210	2307.8
Cryptosporidiosis	1	2.7	5	3.2	57	4.1
Cyclosporiasis	0	0.0	1	0.6	4	0.3
Ehrlichiosis	0	0.0	1	0.6	3	0.2
Emerging Infection	2	5.5	4	2.6	10	0.7
Giardiasis	3	8.2	19	12.2	149	10.7
Gonorrhea	6	16.4	29	18.6	620	44.4
Group A *Streptococcus*, invasive	2	5.5	9	5.8	166	11.9
Haemophilus influenzae, invasive	1	2.7	3	1.9	36	2.6
Hemolytic Uremic Syndrome	0	0.0	1	0.6	1	0.1
Hepatitis A, acute	0	0.0	0	0.0	60	4.3
Hepatitis B, acute	1	2.7	6	3.9	20	1.4
Hepatitis B, chronic	4	11.0	8	5.1	190	13.6
Hepatitis C, acute	1	2.7	6	3.9	79	5.7
Hepatitis C, chronic	19	52.0	91	58.5	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	1	2.7	5	3.2	36	2.6
Invasive Pneumococcal Disease	7	19.2	24	15.4	192	13.8
Legionellosis	1	2.7	3	1.9	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	3	8.2	4	2.6	9	0.6
Lyme disease	183	501.3	843	541.7	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	0	0.0	6	3.9	76	5.4
Powassan	0	0.0	3	1.9	7	0.5
Rabies PEP	2	5.5	17	10.9	144	10.3
Rabies, animal	0	NA	9	NA	75	NA
Salmonellosis	2	5.5	13	8.4	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	0	0.0	6	3.9	29	2.1
Shigellosis	1	2.7	2	1.3	15	1.1
Streptococcal toxic-shock syndrome	1	2.7	1	0.6	20	1.4
Syphilis, infectious	0	0.0	6	3.9	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	0	0.0	0	0.0	26	1.9
Varicella (Chickenpox)	2	5.5	6	3.9	46	3.3
Vibriosis	1	2.7	1	0.6	24	1.7

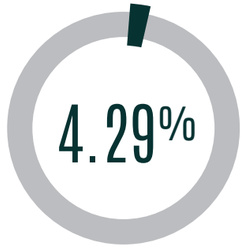
Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

OXFORD COUNTY



59,905

Population

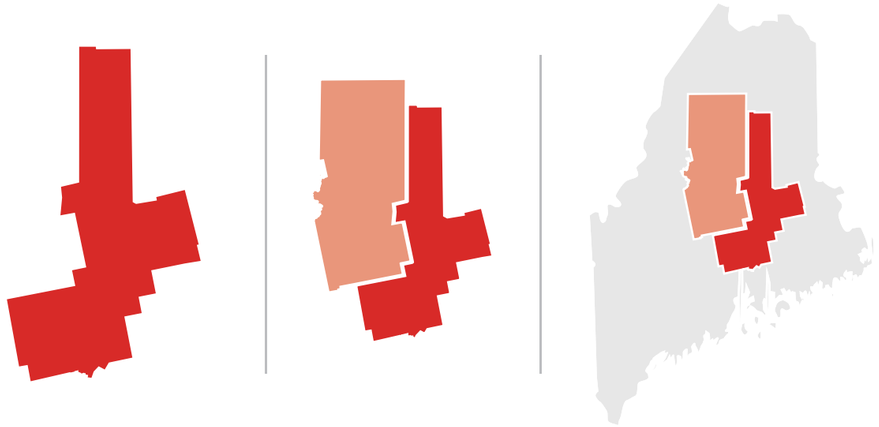


of Maine's Total Population

	County		District		State	
Condition	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Anaplasma phagocytophilum	26	43.4	77	37.7	777	55.7
Arboviral Non-Human	1	NA	1	NA	29	NA
Babesiosis	6	10.0	15	7.3	196	14.0
Borrelia miyamotoi	1	1.7	2	1.0	14	1.0
Campylobacteriosis	13	21.7	33	16.1	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	3	5.0	9	4.4	51	3.7
Chlamydia trachomatis infection	103	171.9	563	275.3	3034	217.4
Coccidioidomycosis	1	1.7	1	0.5	2	0.1
Coronavirus Disease 2019 (COVID-19)	1203	2008.2	4686	2291.5	32210	2307.8
Cryptosporidiosis	2	3.3	4	2.0	57	4.1
Cyclosporiasis	0	0.0	0	0.0	4	0.3
Ehrlichiosis	0	0.0	0	0.0	3	0.2
Emerging Infection	0	0.0	0	0.0	10	0.7
Giardiasis	8	13.4	27	13.2	149	10.7
Gonorrhea	21	35.1	156	76.3	620	44.4
Group A *Streptococcus*, invasive	10	16.7	33	16.1	166	11.9
Haemophilus influenzae, invasive	2	3.3	6	2.9	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	1	1.7	26	12.7	60	4.3
Hepatitis B, acute	0	0.0	3	1.5	20	1.4
Hepatitis B, chronic	10	16.7	47	23.0	190	13.6
Hepatitis C, acute	4	6.7	15	7.3	79	5.7
Hepatitis C, chronic	43	71.8	144	70.4	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	1	1.7	5	2.4	36	2.6
Invasive Pneumococcal Disease	9	15.0	35	17.1	192	13.8
Legionellosis	2	3.3	7	3.4	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	0	0.0	9	0.6
Lyme disease	102	170.3	312	152.6	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	1	1.7	5	2.4	76	5.4
Powassan	1	1.7	2	1.0	7	0.5
Rabies PEP	4	6.7	17	8.3	144	10.3
Rabies, animal	7	NA	16	NA	75	NA
Salmonellosis	6	10.0	15	7.3	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	1	1.7	3	1.5	29	2.1
Shigellosis	0	0.0	1	0.5	15	1.1
Streptococcal toxic-shock syndrome	1	1.7	2	1.0	20	1.4
Syphilis, infectious	5	8.3	17	8.3	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	0	0.0	5	2.4	26	1.9
Varicella (Chickenpox)	2	3.3	6	2.9	46	3.3
Vibriosis	0	0.0	2	1.0	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

PENOBSCOT COUNTY



155,312

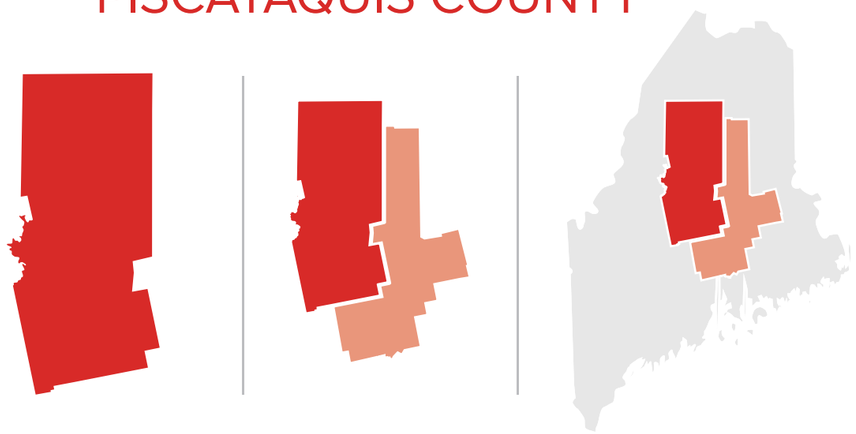
Population

of Maine's Total Population

Condition	County Count	County Rate	District Count	District Rate	State Count	State Rate
Anaplasma phagocytophilum	42	27.0	43	24.9	777	55.7
Arboviral Non-Human	9	NA	14	NA	29	NA
Babesiosis	9	5.8	11	6.4	196	14.0
Borrelia miyamotoi	1	0.6	1	0.6	14	1.0
Campylobacteriosis	10	6.4	12	6.9	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	2	1.3	2	1.2	51	3.7
Chlamydia trachomatis infection	323	208.0	356	206.0	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	4263	2744.8	4668	2701.4	32210	2307.8
Cryptosporidiosis	7	4.5	12	6.9	57	4.1
Cyclosporiasis	0	0.0	0	0.0	4	0.3
Ehrlichiosis	0	0.0	0	0.0	3	0.2
Emerging Infection	0	0.0	0	0.0	10	0.7
Giardiasis	14	9.0	15	8.7	149	10.7
Gonorrhea	46	29.6	46	26.6	620	44.4
Group A *Streptococcus*, invasive	22	14.2	24	13.9	166	11.9
Haemophilus influenzae, invasive	3	1.9	3	1.7	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	1	0.6	1	0.6	60	4.3
Hepatitis B, acute	4	2.6	4	2.3	20	1.4
Hepatitis B, chronic	14	9.0	14	8.1	190	13.6
Hepatitis C, acute	13	8.4	13	7.5	79	5.7
Hepatitis C, chronic	106	68.2	116	67.1	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	2	1.3	2	1.2	36	2.6
Invasive Pneumococcal Disease	27	17.4	31	17.9	192	13.8
Legionellosis	4	2.6	4	2.3	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	0	0.0	9	0.6
Lyme disease	239	153.9	264	152.8	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	4	2.6	9	5.2	76	5.4
Powassan	0	0.0	0	0.0	7	0.5
Rabies PEP	9	5.8	9	5.2	144	10.3
Rabies, animal	9	NA	9	NA	144	NA
Salmonellosis	8	5.2	9	5.2	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	2	1.3	2	1.2	29	2.1
Shigellosis	1	0.6	1	0.6	15	1.1
Streptococcal toxic-shock syndrome	0	0.0	1	0.6	20	1.4
Syphilis, infectious	17	10.9	17	9.8	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	1	0.6	1	0.6	26	1.9
Varicella (Chickenpox)	1	0.6	1	0.6	46	3.3
Vibriosis	0	0.0	0	0.0	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

PISCATAQUIS COUNTY



County District State

17,486

Population

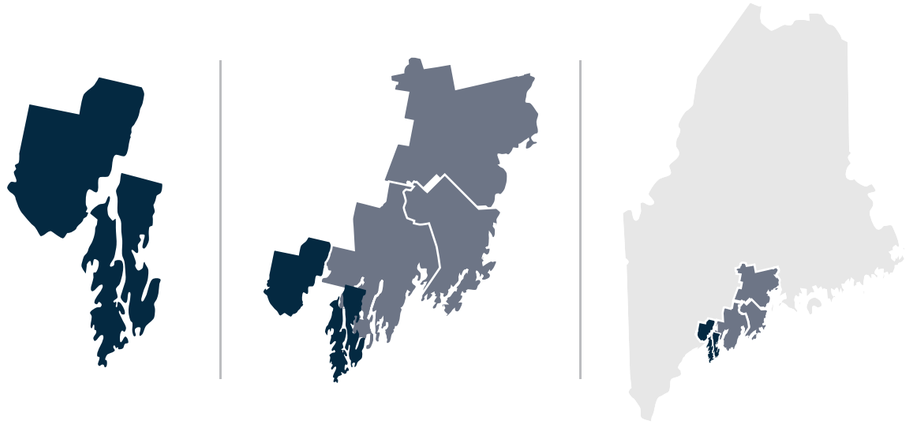
of Maine's Total Population

Condition	Count	Rate	Count	Rate	Count	Rate
Anaplasma phagocytophilum	1	5.7	43	24.9	777	55.7
Arboviral Non-Human	5	NA	14	NA	29	NA
Babesiosis	2	11.4	11	6.4	196	14.0
Borrelia miyamotoi	0	0.0	1	0.6	14	1.0
Campylobacteriosis	2	11.4	12	6.9	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	0	0.0	2	1.2	51	3.7
Chlamydia trachomatis infection	33	188.7	356	206.0	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	405	2316.1	4668	2701.4	32210	2307.8
Cryptosporidiosis	5	28.6	12	6.9	57	4.1
Cyclosporiasis	0	0.0	0	0.0	4	0.3
Ehrlichiosis	0	0.0	0	0.0	3	0.2
Emerging Infection	0	0.0	0	0.0	10	0.7
Giardiasis	1	5.7	15	8.7	149	10.7
Gonorrhea	0	0.0	46	26.6	620	44.4
Group A *Streptococcus*, invasive	2	11.4	24	13.9	166	11.9
Haemophilus influenzae, invasive	0	0.0	3	1.7	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	0	0.0	1	0.6	60	4.3
Hepatitis B, acute	0	0.0	4	2.3	20	1.4
Hepatitis B, chronic	0	0.0	14	8.1	190	13.6
Hepatitis C, acute	0	0.0	13	7.5	79	5.7
Hepatitis C, chronic	10	57.2	116	67.1	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2

Condition	Count	Rate	Count	Rate	Count	Rate
HIV Infection	0	0.0	2	1.2	36	2.6
Invasive Pneumococcal Disease	4	22.9	31	17.9	192	13.8
Legionellosis	0	0.0	4	2.3	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	0	0.0	9	0.6
Lyme disease	25	143.0	264	152.8	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	5	28.6	9	5.2	76	5.4
Powassan	0	0.0	0	0.0	7	0.5
Rabies PEP	0	0.0	9	5.2	144	10.3
Rabies, animal	4	NA	12	NA	75	NA
Salmonellosis	1	5.7	9	5.2	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	0	0.0	2	1.2	29	2.1
Shigellosis	0	0.0	1	0.6	15	1.1
Streptococcal toxic-shock syndrome	1	5.7	1	0.6	20	1.4
Syphilis, infectious	0	0.0	17	9.8	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	0	0.0	1	0.6	26	1.9
Varicella (Chickenpox)	0	0.0	1	0.6	46	3.3
Vibriosis	0	0.0	0	0.0	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

SAGADAHOC COUNTY



County District State

37,513

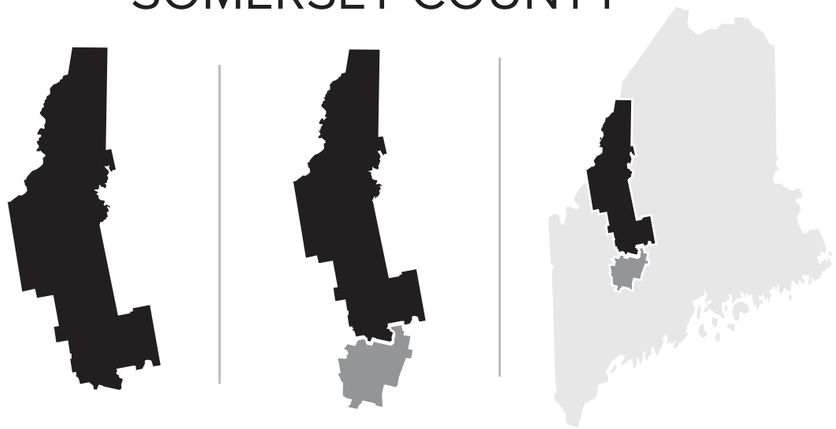
Population

of Maine's Total Population

Condition	Count	Rate	Count	Rate	Count	Rate
Anaplasma phagocytophilum	27	72.0	270	173.5	777	55.7
Arboviral Non-Human	0	NA	1	NA	29	NA
Babesiosis	14	37.3	62	39.8	196	14.0
Borrelia miyamotoi	3	8.0	4	2.6	14	1.0
Campylobacteriosis	4	10.7	35	22.5	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	0	0.0	2	1.3	51	3.7
Chlamydia trachomatis infection	54	144.0	231	148.4	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	729	1943.3	3059	1965.7	32210	2307.8
Cryptosporidiosis	3	8.0	5	3.2	57	4.1
Cyclosporiasis	1	2.7	1	0.6	4	0.3
Ehrlichiosis	1	2.7	1	0.6	3	0.2
Emerging Infection	1	2.7	4	2.6	10	0.7
Giardiasis	7	18.7	19	12.2	149	10.7
Gonorrhea	13	34.7	29	18.6	620	44.4
Group A *Streptococcus*, invasive	1	2.7	9	5.8	166	11.9
Haemophilus influenzae, invasive	1	2.7	3	1.9	36	2.6
Hemolytic Uremic Syndrome	1	2.7	1	0.6	1	0.1
Hepatitis A, acute	0	0.0	0	0.0	60	4.3
Hepatitis B, acute	2	5.3	6	3.9	20	1.4
Hepatitis B, chronic	1	2.7	8	5.1	190	13.6
Hepatitis C, acute	1	2.7	6	3.9	79	5.7
Hepatitis C, chronic	18	48.0	91	58.5	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	1	2.7	5	3.2	36	2.6
Invasive Pneumococcal Disease	4	10.7	24	15.4	192	13.8
Legionellosis	1	2.7	3	1.9	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	4	2.6	9	0.6
Lyme disease	124	330.6	843	541.7	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	0	0.0	6	3.9	76	5.4
Powassan	2	5.3	3	1.9	7	0.5
Rabies PEP	6	16.0	17	10.9	144	10.3
Rabies, animal	7	NA	9	NA	75	NA
Salmonellosis	4	10.7	13	8.4	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	1	2.7	6	3.9	29	2.1
Shigellosis	0	0.0	2	1.3	15	1.1
Streptococcal toxic-shock syndrome	0	0.0	1	0.6	20	1.4
Syphilis, infectious	0	0.0	6	3.9	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	0	0.0	0	0.0	26	1.9
Varicella (Chickenpox)	2	5.3	6	3.9	46	3.3
Vibriosis	0	0.0	1	0.6	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

SOMERSET COUNTY



51,302

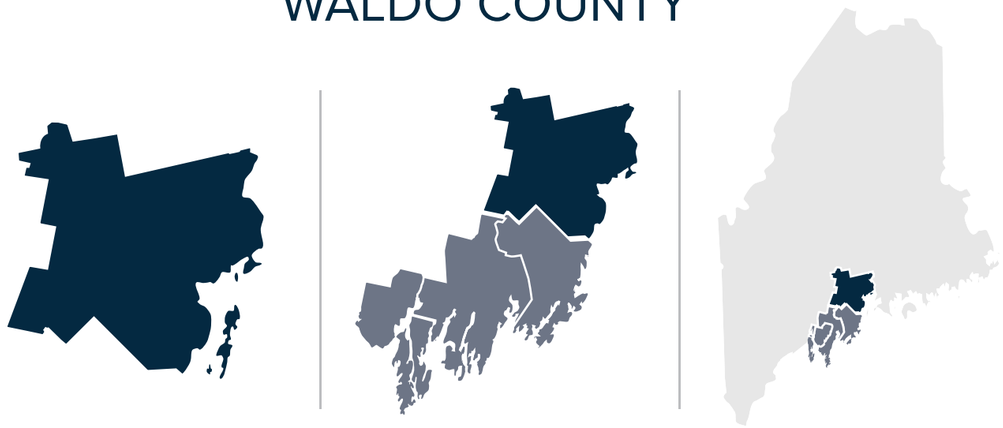
Population

of Maine's Total Population

	County		District		State	
Condition	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Anaplasma phagocytophilum	28	54.6	113	63.3	777	55.7
Arboviral Non-Human	4	NA	5	NA	29	NA
Babesiosis	5	9.7	35	19.6	196	14.0
Borrelia miyamotoi	0	0.0	3	1.7	14	1.0
Campylobacteriosis	12	23.4	35	19.6	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	1	1.9	4	2.2	51	3.7
Chlamydia trachomatis infection	98	191.0	349	195.5	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	1438	2803.0	4219	2362.8	32210	2307.8
Cryptosporidiosis	2	3.9	8	4.5	57	4.1
Cyclosporiasis	0	0.0	1	0.6	4	0.3
Ehrlichiosis	0	0.0	2	1.1	3	0.2
Emerging Infection	1	1.9	3	1.7	10	0.7
Giardiasis	6	11.7	20	11.2	149	10.7
Gonorrhea	14	27.3	65	36.4	620	44.4
Group A *Streptococcus*, invasive	11	21.4	24	13.4	166	11.9
Haemophilus influenzae, invasive	4	7.8	8	4.5	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	0	0.0	3	1.7	60	4.3
Hepatitis B, acute	0	0.0	1	0.6	20	1.4
Hepatitis B, chronic	1	1.9	4	2.2	190	13.6
Hepatitis C, acute	3	5.8	15	8.4	79	5.7
Hepatitis C, chronic	35	68.2	98	54.9	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	1	1.9	2	1.1	36	2.6
Invasive Pneumococcal Disease	15	29.2	33	18.5	192	13.8
Legionellosis	2	3.9	2	1.1	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	0	0.0	9	0.6
Lyme disease	134	261.2	398	222.9	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	1	0.6	3	0.2
Pertussis	5	9.7	6	3.4	76	5.4
Powassan	0	0.0	1	0.6	7	0.5
Rabies PEP	10	19.5	31	17.4	144	10.3
Rabies, animal	2	NA	8	NA	75	NA
Salmonellosis	3	5.8	13	7.3	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	3	5.8	8	4.5	29	2.1
Shigellosis	0	0.0	3	1.7	15	1.1
Streptococcal toxic-shock syndrome	2	3.9	2	1.1	20	1.4
Syphilis, infectious	2	3.9	6	3.4	104	7.5
Syphilis, congenital	0	0.0	1	0.6	2	0.1
Tuberculosis	1	1.9	1	0.6	26	1.9
Varicella (Chickenpox)	3	5.8	10	5.6	46	3.3
Vibriosis	1	1.9	3	1.7	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

WALDO COUNTY



40,620

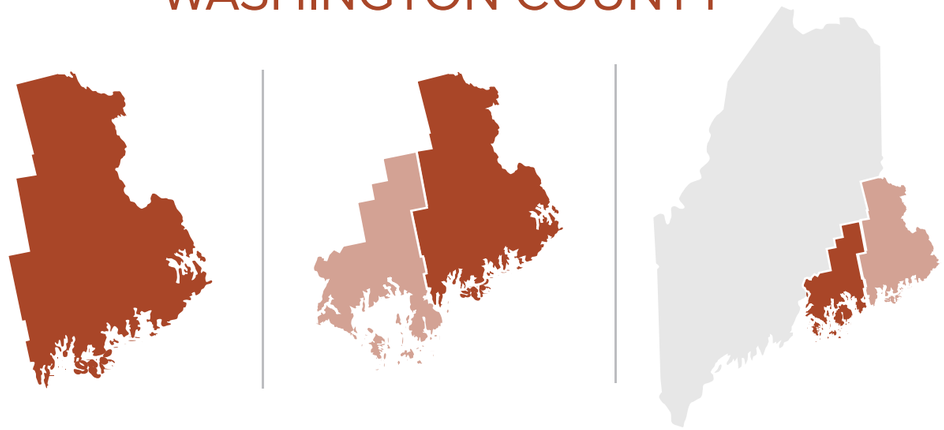
Population

of Maine's Total Population

	County		District		State	
Condition	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Anaplasma phagocytophilum	78	192.0	270	173.5	777	55.7
Arboviral Non-Human	1	NA	1	NA	29	NA
Babesiosis	14	34.5	62	39.8	196	14.0
Borrelia miyamotoi	0	0.0	4	2.6	14	1.0
Campylobacteriosis	10	24.6	35	22.5	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	0	0.0	2	1.3	51	3.7
Chlamydia trachomatis infection	68	167.4	231	148.4	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	752	1851.3	3059	1965.7	32210	2307.8
Cryptosporidiosis	1	2.5	5	3.2	57	4.1
Cyclosporiasis	0	0.0	1	0.6	4	0.3
Ehrlichiosis	0	0.0	1	0.6	3	0.2
Emerging Infection	1	2.5	4	2.6	10	0.7
Giardiasis	5	12.3	19	12.2	149	10.7
Gonorrhea	5	12.3	29	18.6	620	44.4
Group A *Streptococcus*, invasive	5	12.3	9	5.8	166	11.9
Haemophilus influenzae, invasive	1	2.5	3	1.9	36	2.6
Hemolytic Uremic Syndrome	0	0.0	1	0.6	1	0.1
Hepatitis A, acute	0	0.0	0	0.0	60	4.3
Hepatitis B, acute	1	2.5	6	3.9	20	1.4
Hepatitis B, chronic	0	0.0	8	5.1	190	13.6
Hepatitis C, acute	3	7.4	6	3.9	79	5.7
Hepatitis C, chronic	28	68.9	91	58.5	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	1	2.5	5	3.2	36	2.6
Invasive Pneumococcal Disease	3	7.4	24	15.4	192	13.8
Legionellosis	1	2.5	3	1.9	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	4	2.6	9	0.6
Lyme disease	256	630.2	843	541.7	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	2	4.9	6	3.9	76	5.4
Powassan	1	2.5	3	1.9	7	0.5
Rabies PEP	7	17.2	17	10.9	144	10.3
Rabies, animal	2	NA	9	NA	75	NA
Salmonellosis	6	14.8	13	8.4	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	0	0.0	6	3.9	29	2.1
Shigellosis	0	0.0	2	1.3	15	1.1
Streptococcal toxic-shock syndrome	0	0.0	1	0.6	20	1.4
Syphilis, infectious	3	7.4	6	3.9	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	0	0.0	0	0.0	26	1.9
Varicella (Chickenpox)	2	4.9	6	3.9	46	3.3
Vibriosis	0	0.0	1	0.6	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

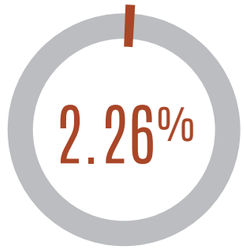
WASHINGTON COUNTY



County District State

31,555

Population



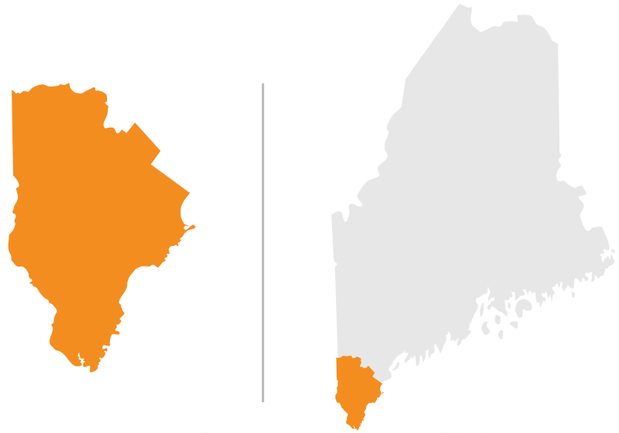
of Maine's Total Population

Condition	Count	Rate	Count	Rate	Count	Rate
Anaplasma phagocytophilum	18	57.0	126	143.1	777	55.7
Arboviral Non-Human	0	NA	1	NA	29	NA
Babesiosis	3	9.5	21	23.8	196	14.0
Borrelia miyamotoi	0	0.0	2	2.3	14	1.0
Campylobacteriosis	4	12.7	12	13.6	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	0	0.0	0	0.0	51	3.7
Chlamydia trachomatis infection	45	142.6	121	137.4	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	640	2028.2	1658	1882.4	32210	2307.8
Cryptosporidiosis	1	3.2	8	9.1	57	4.1
Cyclosporiasis	0	0.0	0	0.0	4	0.3
Ehrlichiosis	0	0.0	0	0.0	3	0.2
Emerging Infection	0	0.0	0	0.0	10	0.7
Giardiasis	2	6.3	12	13.6	149	10.7
Gonorrhea	0	0.0	10	11.4	620	44.4
Group A *Streptococcus*, invasive	5	15.8	10	11.4	166	11.9
Haemophilus influenzae, invasive	2	6.3	3	3.4	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	0	0.0	0	0.0	60	4.3
Hepatitis B, acute	0	0.0	2	2.3	20	1.4
Hepatitis B, chronic	4	12.7	8	9.1	190	13.6
Hepatitis C, acute	4	12.7	6	6.8	79	5.7
Hepatitis C, chronic	25	79.2	48	54.5	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2

Condition	Count	Rate	Count	Rate	Count	Rate
HIV Infection	1	3.2	2	2.3	36	2.6
Invasive Pneumococcal Disease	4	12.7	11	12.5	192	13.8
Legionellosis	0	0.0	0	0.0	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	0	0.0	1	1.1	9	0.6
Lyme disease	73	231.3	394	447.3	2942	210.8
Malaria	0	0.0	0	0.0	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	0	0.0	1	1.1	76	5.4
Powassan	0	0.0	0	0.0	7	0.5
Rabies PEP	1	3.2	6	6.8	144	10.3
Rabies, animal	0	NA	0	NA	75	NA
Salmonellosis	2	6.3	6	6.8	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	0	0.0	0	0.0	29	2.1
Shigellosis	0	0.0	1	1.1	15	1.1
Streptococcal toxic-shock syndrome	0	0.0	2	2.3	20	1.4
Syphilis, infectious	0	0.0	1	1.1	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	1	3.2	1	1.1	26	1.9
Varicella (Chickenpox)	1	3.2	2	2.3	46	3.3
Vibriosis	0	0.0	4	4.5	24	1.7

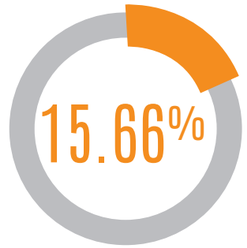
Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

YORK COUNTY



218,586

Population



of Maine's Total Population

Condition	County Count	County Rate	District Count	District Rate	State Count	State Rate
Anaplasma phagocytophilum	54	24.7	54	24.7	777	55.7
Arboviral Non-Human	6	NA	6	NA	29	NA
Babesiosis	21	9.6	21	9.6	196	14.0
Borrelia miyamotoi	0	0.0	0	0.0	14	1.0
Campylobacteriosis	35	16.0	35	16.0	230	16.5
Carbapenemase-Producing Carbapenem-Resistant Organisms (CP CRO)	13	5.9	13	5.9	51	3.7
Chlamydia trachomatis infection	488	223.3	488	223.3	3034	217.4
Coccidioidomycosis	0	0.0	0	0.0	2	0.1
Coronavirus Disease 2019 (COVID-19)	5037	2304.4	5037	2304.4	32210	2307.8
Cryptosporidiosis	8	3.7	8	3.7	57	4.1
Cyclosporiasis	0	0.0	0	0.0	4	0.3
Ehrlichiosis	0	0.0	0	0.0	3	0.2
Emerging Infection	0	0.0	0	0.0	10	0.7
Giardiasis	12	5.5	12	5.5	149	10.7
Gonorrhea	81	37.1	81	37.1	620	44.4
Group A *Streptococcus*, invasive	18	8.2	18	8.2	166	11.9
Haemophilus influenzae, invasive	3	1.4	3	1.4	36	2.6
Hemolytic Uremic Syndrome	0	0.0	0	0.0	1	0.1
Hepatitis A, acute	5	2.3	5	2.3	60	4.3
Hepatitis B, acute	2	0.9	2	0.9	20	1.4
Hepatitis B, chronic	22	10.1	22	10.1	190	13.6
Hepatitis C, acute	10	4.6	10	4.6	79	5.7
Hepatitis C, chronic	108	49.4	108	49.4	843	60.4
Hepatitis C, perinatal infection	0	0.0	0	0.0	3	0.2
HIV Infection	3	1.4	3	1.4	36	2.6
Invasive Pneumococcal Disease	13	5.9	13	5.9	192	13.8
Legionellosis	2	0.9	2	0.9	25	1.8
Leptospirosis	0	0.0	0	0.0	1	0.1
Listeriosis	3	1.4	3	1.4	9	0.6
Lyme disease	331	151.4	331	151.4	2942	210.8
Malaria	2	0.9	2	0.9	5	0.4
Mumps	0	0.0	0	0.0	3	0.2
Pertussis	24	11.1	24	11.1	79	5.7
Powassan	1	0.5	1	0.5	7	0.5
Rabies PEP	40	18.3	40	18.3	144	10.3
Rabies, animal	8	NA	8	NA	75	NA
Salmonellosis	30	13.7	30	13.7	121	8.7
Shiga toxin-producing *Escherichia coli* (STEC)	4	1.8	4	1.8	29	2.1
Shigellosis	2	0.9	2	0.9	15	1.1
Streptococcal toxic-shock syndrome	1	0.5	1	0.5	20	1.4
Syphilis, infectious	16	7.3	16	7.3	104	7.5
Syphilis, congenital	0	0.0	0	0.0	2	0.1
Tuberculosis	3	1.4	3	1.4	26	1.9
Varicella (Chickenpox)	2	0.9	2	0.9	46	3.3
Vibriosis	5	2.3	5	2.3	24	1.7

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

MAINE CDC INVESTIGATES A LARGE HEPATITIS A OUTBREAK

In 2023, Maine CDC investigated an outbreak of hepatitis A in the Greater Portland Area. Maine CDC reported the first case on September 19th. By the end of 2023, Maine CDC had identified 21 cases, with spread still ongoing. Hepatitis A spread was not limited to a single setting or location. Individuals associated with the outbreak reported either being unsheltered/unhoused or reported working closely with the unhoused community.

The hepatitis A virus spreads in two main ways. The first is when people eat or drink contaminated food and water. The second is through close person-to-person contact with someone with hepatitis A. Hepatitis A commonly spreads among people who do not have access to clean running water and soap. Alcohol-based hand sanitizers may not be effective against the hepatitis A virus. This puts individuals experiencing unstable housing at particularly high risk of infection, which was important in this outbreak.

The hepatitis A vaccine is the best way to prevent infection and one dose of the hepatitis A vaccine (in the two-dose series) has been shown to control outbreaks of hepatitis A.

This outbreak is the largest localized hepatitis A outbreak in Maine's recent history. It is only the second documented outbreak associated with person-to-person transmission. Prior to this outbreak, the largest outbreak in Maine (12 cases) was in 2019 in Aroostook County. That outbreak was associated with an infected food worker. Maine CDC reported a second hepatitis A outbreak (3 cases) in 2023 associated with person-to-person transmission in a correctional facility.

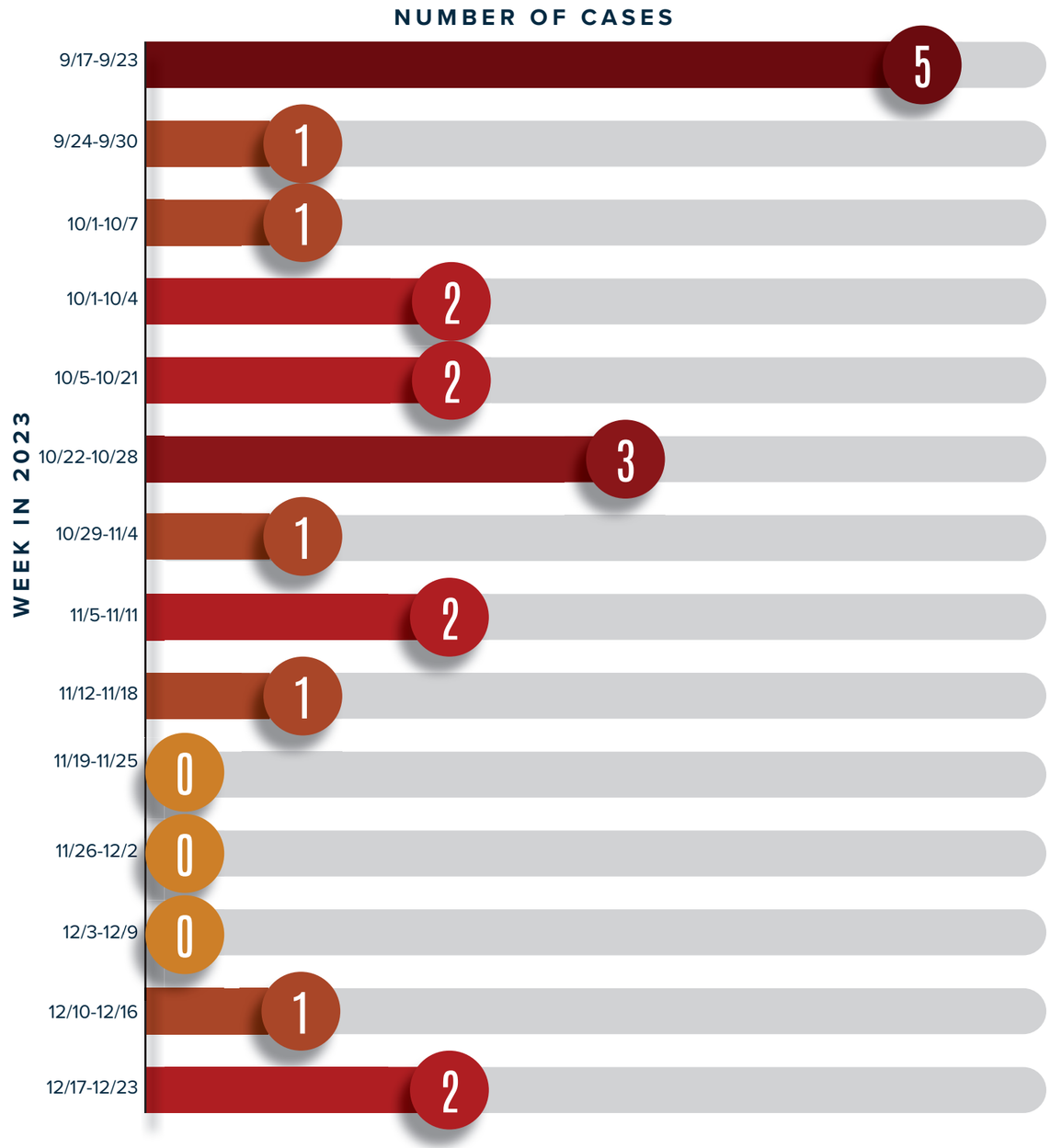
Since 2019, the rate of hepatitis A in Maine has remained significantly higher than years prior. This trend is consistent with a national-level increase in transmission of hepatitis A starting around 2017.

In response to the 2023 outbreak, Maine CDC conducted targeted efforts in Cumberland County to increase knowledge about hepatitis A testing, symptom monitoring, prevention, and vaccination. Maine CDC also made efforts to improve access to the hepatitis A vaccine across the state. These efforts included:

- Participating in meetings with community-based organizations, vaccine providers, shelter partners, as well as city and district health officials.
- Partnering with commercial pharmacies, public health nursing, and the City of Portland to administer hepatitis A vaccine on-site at shelters and syringe service programs to protect those at greatest risk of infection.
- Providing technical support and health education on-site at vaccination events.
- Developing new educational materials to raise awareness and inform the community.

Maine faces many challenges in addressing low rates of hepatitis A vaccination due to its rurality, limited staffing and financial resources, and lack of local health departments to conduct prevention activities. Maine CDC used multipronged strategies requiring collaboration and resources from within and outside the agency, which has fostered lasting partnerships and collaborations.

Number of Hepatitis A Outbreak Cases in the Greater Portland Area; 2023



LAUNCH OF HEPATITIS FREE NORTHERN NEW ENGLAND

Hepatitis Free Northern New England (Hep Free NNE) is a collaboration between:

- New Hampshire Department of Health and Human Services (NH DHHS)
- Maine CDC
- Vermont Department of Health (VT DOH)
- Stakeholders across diverse sectors spanning the states

The NH Viral Hepatitis Prevention Program provides funding and project management for the Hep Free NNE strategic planning process.

Maine CDC is a founding member of Hep Free NNE. Three viral hepatitis and harm reduction staff serve on the Hep Free NNE Steering Committee and participate in the larger Planning Group Meetings. The Hep Free NNE Steering Committee met bi-monthly in 2023, with additional planning sessions or meetings as needed.

Through these activities Maine CDC is actively contributing to the development of the elimination plan objectives, goals, activities and milestones. Maine CDC has also been recruiting key members of the community and partners to join these efforts as stakeholders and ensure representation from people with lived experience in Maine.

The goal of Hep Free NNE is to develop a first-of-its-kind, five-year regional viral hepatitis B and hepatitis C elimination plan. The plan will work through a community-driven approach implemented by each state's health department starting in January 1, 2025. The purpose of the 2025-2030 Hep Free NNE Elimination Plan is to provide evidence-based, localized, and actionable strategies that will free the tri-state region from hepatitis B and hepatitis C. Crafted iteratively with input from diverse stakeholders, this plan has two overarching aims:

- To safeguard the health and dignity of every individual in the region
- To minimize the devastating impact of viral hepatitis through collaboration and innovation

Hep Free NNE envisions a future where every individual has access to high-quality healthcare and treatment, unrestricted by stigma and discrimination.

The tri-state region faces multiple challenges surrounding viral hepatitis control and eradication, including:

- Escalating rates of new infections
- Lack of awareness of infection status
- Issues with access to essential care
- Concurrent and compounding issues, like the ongoing overdose crisis, posing grave risks like liver cancer and cirrhosis

Despite available treatments and vaccination strategies, significant portions of the population remain unaware of or unable to access care. Hep Free NNE is committed to bridging gaps across the tri-state region by ensuring widespread prevention education, timely diagnosis, and comprehensive treatment for hepatitis B and C.

After forming in early 2023, Hep Free NNE accomplished two main goals during the year. First, the group facilitated the creation of a situational analysis of viral hepatitis in northern New England. After holding over 100 listening sessions, interviews, and discovery committees, this report helps to guide the future actions of the group. This effort was led by NH DHHS, with Maine DHHS staff providing lists of contacts for listening sessions and interviews. The Viral Hepatitis Epidemiologist conducted several listening sessions with key hepatitis C stakeholders in Maine such as syringe service providers (SSPs) and clinics treating hepatitis C. The Viral Hepatitis Epidemiologist also co-led the Perinatal Hepatitis C discovery committee which was tasked with providing a landscape analysis to the Hep Free NNE Steering Committee and Planning Group on perinatal hepatitis C challenges and opportunities.

Hep Free NNE also held a Kick Off Summit in October 2023 to begin the community planning process. The Hep Free NNE Summit marked the public launch of the first tri-state viral hepatitis B and C strategic elimination planning process to span Maine, Vermont, and New Hampshire. The Viral Hepatitis Epidemiologist co-presented a session on NNE Viral Hepatitis Epidemiologic Profile. Two staff from Maine CDC's viral hepatitis team co-facilitated an interactive workshop at the Summit together with other NNE Steering Committee members.

Beyond elimination, Hep Free NNE envisions a future where every individual has access to high-quality healthcare and treatment, unrestricted by stigma and discrimination. By raising awareness and fostering collaboration, Hep Free NNE aims to transform the region into a beacon of health and well-being. The first step to this goal is drastically reducing and ultimately eliminating the incidence of hepatitis B and C infections. Through these concerted efforts, Hep Free NNE endeavors to safeguard the health and dignity of every individual in Maine, New Hampshire, and Vermont.

For more information and to join the Hep Free NNE Planning Group see https://nhhiv.org/hepatitis-free-northern-new-england/.

CONGENITAL SYPHILIS PREVENTION IN MAINE

Syphilis is a sexually transmitted infection (STI) caused by the bacterium *Treponema pallidum*. The infection can spread during vaginal, anal, or oral sex. A pregnant person with syphilis can also pass the infection to their fetus. This is known as congenital syphilis. Cases of infectious syphilis (including primary, secondary, and early latent stages) in Maine have increased by over 500% over the past 10 years. This is an increase from 15 in 2014 to 104 in 2023. Cases of congenital syphilis have also increased; three infants with congenital syphilis were born in 2022 and two were born in 2023. Prior to 2022, the last infant with congenital syphilis in Maine was born in 1995.

Congenital Syphilis Prevention

We can prevent congenital syphilis by identifying and treating syphilis infections in pregnant people. Treatment is 98% effective at preventing congenital syphilis if started at least 30 days before delivery. Maine law requires that healthcare providers test pregnant people at least once during pregnancy. U.S. Centers for Disease Control and Prevention (U.S. CDC) recommends testing all pregnant people during pregnancy, ideally at the first prenatal visit, and again at 28 weeks. For pregnant people at high risk for syphilis, U.S. CDC also recommends testing at delivery. Pregnant people at high risk for syphilis include people who:

- misuse drugs
- exchange money or goods for sex
- are unhoused
- have delayed or no prenatal care
- have a history of an STI during pregnancy
- have multiple partners or a partner with an STI
- live in a community with high rates of syphilis
- have had a positive syphilis test in the first trimester

In addition to the testing required during prenatal care, Maine CDC recommends testing all pregnant people whenever they present for health care, including at emergency departments, jails, and substance use disorder treatment facilities. Healthcare providers need to run two different syphilis tests to confirm a diagnosis of syphilis.

Outreach to Healthcare Providers

Maine CDC uses many approaches to address the increases in cases of syphilis and congenital syphilis. Maine CDC issued 3 health alert network (HAN) messages on syphilis since December 2022 to more than 7,000 recipients across the state. Maine CDC also conducted a series of webinars for healthcare providers and other public health partners from June - December 2023. These included information on syphilis epidemiology, testing and treatment recommendations, and resources, with messaging tailored to the audience. Additionally, Maine CDC worked with four health care systems to improve their syphilis testing options within their electronic health records. This will minimize delays in diagnosis and treatment. Maine CDC also mailed “syphilis prevention opportunity letters” to over 150 healthcare providers, reminding them of Maine’s legal requirement to test pregnant patients for syphilis. The letters also included patient educational materials, healthcare provider guidance, and job aids. Two obstetrical clinical practices who cared for patients who birthed a baby with congenital syphilis received “missed opportunity” letters, reminding them about Maine’s testing requirements and offering consultation with Maine CDC about practice improvements to avert future cases of congenital syphilis. Maine CDC offers free safer sex supplies for organizations to distribute to their clients, and distributed 112,015 external condoms, 3,462 internal condoms, 10,770 packets of lubricant, and 2,850 dental dams to partner organizations in 2023.

BUILDING HEALTH LITERACY THROUGH WEB DESIGN

According to U.S. CDC, nearly nine out of 10 American adults struggle to understand and use health information. This is especially true with unfamiliar or complex terms. Clear health communication is vital for the success of public health. It has even become a central focus of the U.S. Healthy People 2030 initiative.
For a long time, experts defined health literacy as a person’s ability to find, understand, and use health information. This put the responsibility on individuals to increase their own health literacy, regardless of whether they had the skills or resources to do so. In recent years, however, this focus shifted to organizational health literacy.

Organizational health literacy puts the responsibility on the organization to make health information equitably available for individuals to find, understand, and use.

Maine CDC’s ID Epi Program has long focused on making materials and messages accessible and understandable to all audiences. ID Epi health educators are involved in the creation of every message and communication product. Making a message or document health literate can include:

- Using conversational language and minimizing jargon or complex terms.
- Keeping reading level at a grade 8 level or below.
- Using images and icons to represent ideas.
- Using high contrast text and visuals and keeping color vision deficiencies in mind.
- Making documents accessible for people who may use screen readers or other assistive technologies.

As part of many efforts to improve program health literacy, ID Epi health educators have been updating our web pages. In 2023, this included all of our Foodborne and Waterborne disease webpages, along with many others. Improvements included:

- More information for each disease.
- Icons to convey information as well as words.
- Alternative text to describe images for people who use assistive technology, like screen readers.

In the future, health educators hope to work with the Maine CDC Office of Population Health Equity (OPHE) to improve our health literacy across culture and language backgrounds.

WORKGROUPS

WORKING TOGETHER FOR BETTER HEALTH OUTCOMES

Food Safety Workgroup

Chaired by:
Foodborne and Waterborne Disease Epidemiologist

Meets: Quarterly

Partners:
- Maine CDC DWP, HETL, HIP, ID Epi
- Maine DACF APH, QAR
- Maine DOE
- Maine DMR
- UMaine Extension
- USDA FSIS, Veterinary Services
- U.S. FDA

Maintains:
Interagency Memorandum of Understanding

2023 Highlights:
- Ran tabletop exercise for improvement of outbreak response within and between agencies.
- Responded collaboratively to a *Pseudomonas aeruginosa* pool-related outbreak and vibriosis outbreaks.

Hepatitis A Workgroup

Chaired by:
Viral Hepatitis Epidemiologist

Meets: Bimonthly

Partners:
- Commercial Pharmacies
- Infectious Disease Clinicians
- MaineCare Representatives
- Maine CDC ID Epi, MIP, Public Health Districts, PHN
- Maine Primary Care Association
- Syringe Service Programs

Maintains:
Hepatitis A vaccine event SOP

2023 Highlights:
- Facilitated 2 on-site hepatitis A vaccine clinics at syringe service programs.
- Increased education and awareness of the ongoing risk for hepatitis A transmission and prevention.

Influenza Workgroup

Chaired by:
Influenza Surveillance Coordinator

Meets: Quarterly

Partners:
- Maine CDC HAI, HETL, ID Epi, MIP, PHEP, PHN
- Maine DACF APH
- Maine DOE
- Maine DIFW
- UMaine Extension VDL

Maintains:
Hepatitis A vaccine event SOP

2023 Highlights:
- Continued interagency collaboration around HPAI response.
- Supported school vaccine cinics.
- Held conference call for health care providers and laboratories marking start of influenza season.

Rabies Workgroup

Chaired by:
State Veterinarian

Meets: Quarterly

Partners:
- Maine Animal Control Association
- Maine CDC HETL, ID Epi
- Maine DACF APH
- Maine Fed. of Humane Societies
- Maine DIFW
- Maine VMA
- UMaine Extension VDL
- USDA APHIS Wildlife Services

Maintains:
Maine Rabies Management Guidelines

2023 Highlights:
- Presentations to over 200 animal control officers, wildlife conflict agents, and wildlife rehabilitators.
- Helped coordinate distribution of more than 400,000 oral rabies vaccine baits in Maine with USDA APHIS Wildlife Services.

ESSENCE (Syndromic Surveillance) User Group

Chaired by:
Syndromic Surveillance Epidemiologist

Meets: Monthly

Partners:
- Maine CDC EHP, ID Epi, MSPP
- Representatives from Maine hospitals

Maintains:
Access and ESSENCE training for all users

2023 Highlights:
- Created rabies PEP dashboard.
- Members presented on severe weather and health outcomes.
- Created dashboard to track indicators for the effects of smoke in response to wildfires in Canada.
- Created dashboard to monitor ongoing effects from the mass shooting in Lewiston, ME in October 2023.

Vectorborne Workgroup

Chaired by:
ID Epi Program Director

Meets: Bimonthly

Partners:
- Maine CDC EHP, HETL, ID Epi
- Maine DACF APH, BPC, IPM, MFS
- Maine DOE
- Maine DEP
- Maine DIFW
- MaineHealth Institute for Research
- University of Maine Extension Tick Lab, VDL
- Vector Control

Maintains:
Maine Statel Arboviral Response Plan

2023 Highlights:
- Attended weeklong vector control decision-making workshop by USGS.
- Held arboviral threat panel twice. Identified outreach and education for 2024. Did not recommend declaration of public health threat or emergency.
- Responded to arboviral epizootic.

RESPONDING TO VIBRIOSIS OUTBREAKS

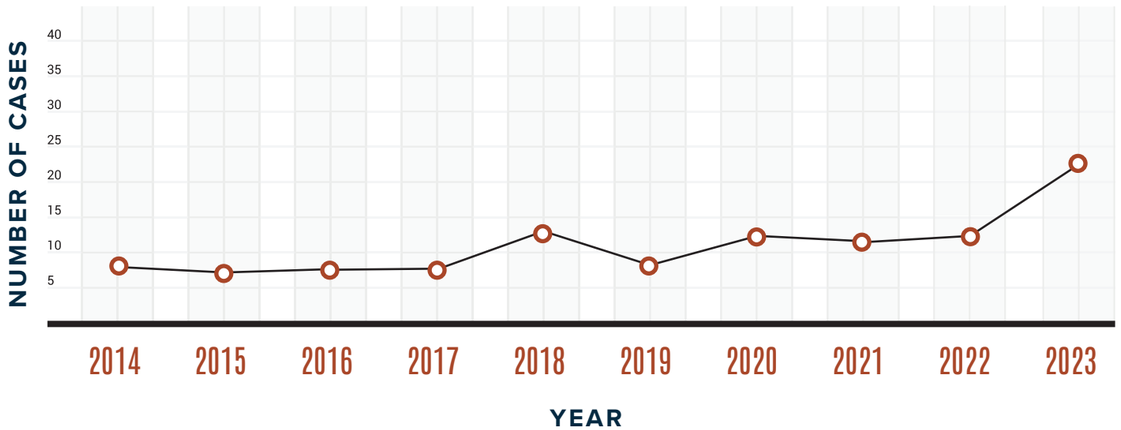
What is Vibriosis?

Vibriosis is an infection caused by *Vibrio* bacteria. The symptoms may include but are not limited to diarrhea, vomiting, nausea, stomach cramping, and fever. Symptoms usually start within 24 hours of ingesting contaminated seafood and usually last about 3 days. Severe illness is rare and usually occurs in people with weakened immune systems. Treatment is usually not needed except for severe cases. Vibriosis can be diagnosed through laboratory testing ordered by a health care provider. People usually become infected with vibriosis through consuming raw or undercooked seafood especially shellfish, or having an uncovered wound come into contact with salt water or brackish water.

Unusually Busy Year

Maine has a five-year median of 12 vibriosis cases reported annually. In 2023, Maine reported 24 cases of vibriosis marking a doubling of the usual case count. This was the most cases reported in Maine in over 20 years. Maine typically follows the national trend of most cases being reported between the months of May through October when natural water sources are warmer.

Vibriosis Cases by Year, Maine 2014-2023

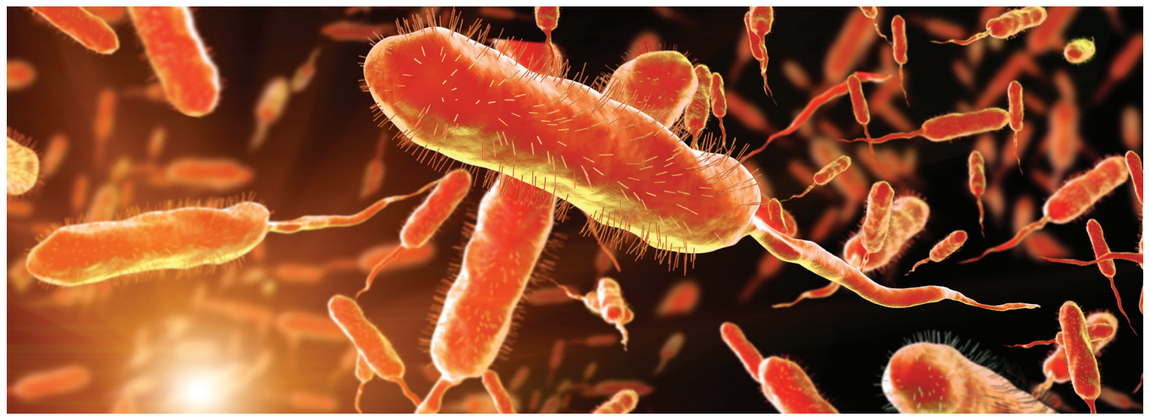


Outbreak Investigations

Maine CDC staff investigated 2 vibriosis outbreaks in the summer of 2023. Both outbreak investigations identified consumption of raw oysters as the most likely source of infection. Outbreak A was initiated on August 21, 2023 after 4 attendees of an event held on August 17th became ill and contacted Maine CDC. Field staff coordinated the collection of two patient specimens for testing, one of which was positive for *Vibrio fluvialis*. The event coordinator provided a list of attendees and staff to identify any additional cases. Maine CDC distributed an online survey to attendees and identified two others (1 attendee, 1 staff) who were also ill. No additional patient specimens were collected. Concurrently, the investigation for Outbreak B was initiated on August 22, 2023 after two out of state residents became ill and tested positive for *Vibrio* (one case typed to *V. fluvialis*) after eating raw oysters at the same Maine restaurant between August 2nd – August 11th.

Both outbreaks prompted onsite investigations of the facilities from the Maine CDC Health Inspection Program (HIP) and the Maine Department of Marine Resources (DMR). HIP and DMR identified health violations and concerns at both facilities that may have contributed to illness. DMR was also responsible for investigating the source of the oysters consumed by the cases. In both outbreaks, there were issues with lack of appropriate licensing from the establishments and the oyster harvesters. Between the two outbreaks, there was concern that the oysters consumed by ill individuals came from the same harvesting area in Maine. Whole genome sequencing of the available *V. fluvialis* specimens by Maine HETL showed that the two strains were genetically unrelated (greater than 20,000 single nucleotide polymorphism difference).

Due to increased vibriosis cases and these complex outbreak investigations, DMR has expanded its vibrio control measures for the state in order to reduce risk factors typically associated with vibriosis cases. These control measures are essential as the state faces warming waters due to climate change. Collaborative public health efforts between state agencies continue to be vital in keeping Maine residents and visitors healthy.



HOT MOSQUITO SUMMER

After three years of dry summer conditions, Maine received above-average summer rainfall in 2023, leading to a mosquito population boom. This led to an active arboviral season.

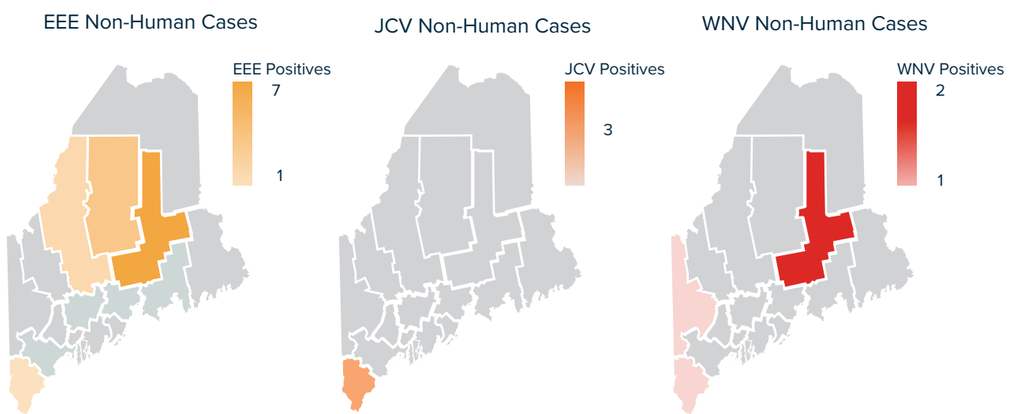
From July to October, the state collected 1,565 mosquito pools and tested them for local mosquito-borne viruses like Eastern Equine Encephalitis virus (EEE), Jamestown Canyon virus (JCV), and West Nile virus (WNV). A mosquito pool is a batch of 1–50 mosquitoes of the same species collected from the same location at the same time. A total of five mosquito pools tested positive for EEE, three for JCV, and one for WNV.

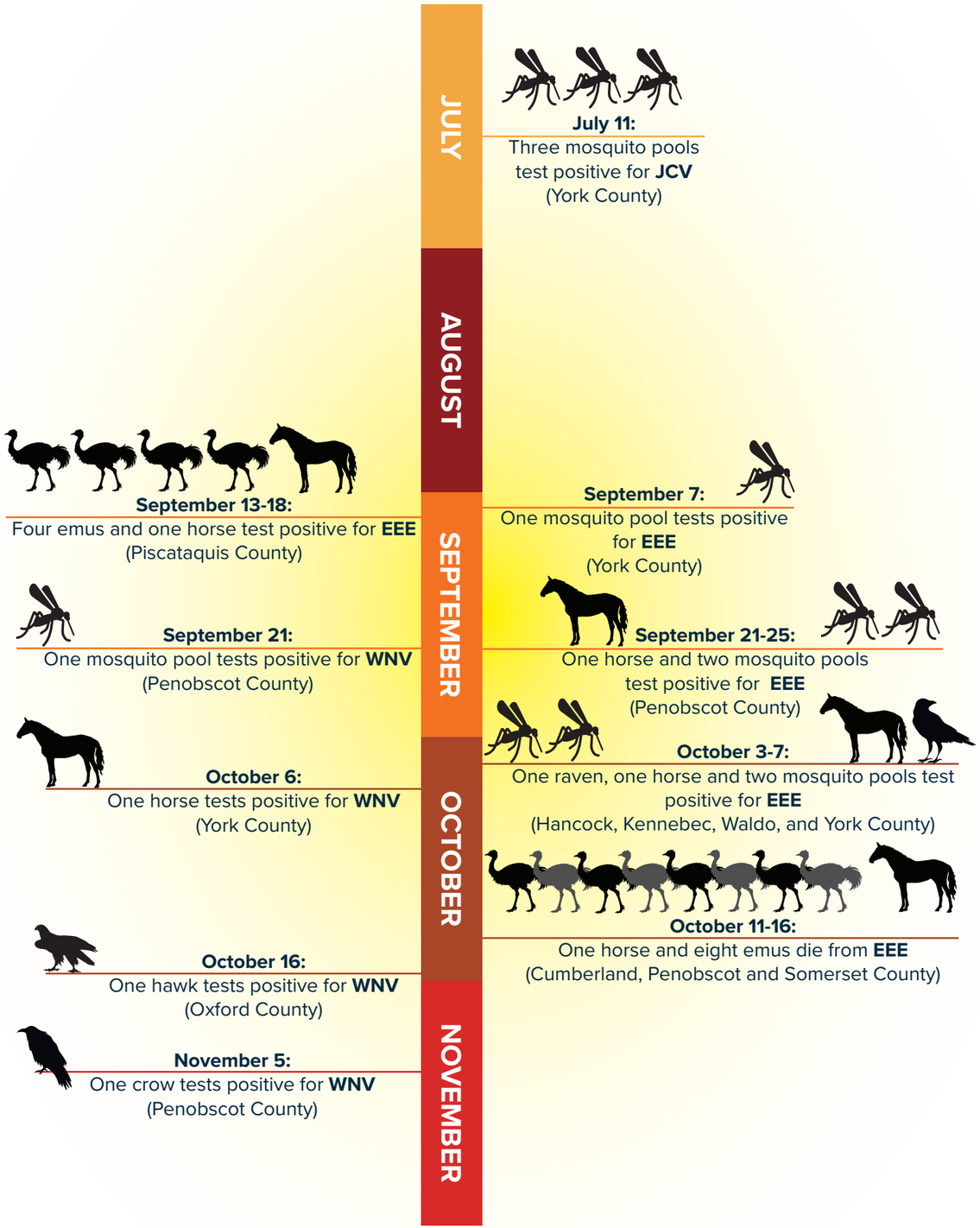
Maine CDC also reported high arboviral activity in wild birds and domestic animals (Figure 1), especially EEE. This high activity, particularly in parts of north-central Maine, led health officials to label this an EEE epizootic, or outbreak in animals.

This was the first year that Maine reported non-human cases of EEE, JCV, and WNV in a single mosquito surveillance season. This was also the first year Maine recorded active arbovirus activity in more than 50% of counties. This included the furthest north Maine detected active EEE and WNV viruses, and the first ever positive non-human arboviral case reported in November.

In response to high mosquito activity in September, Maine CDC convened the Arboviral Public Health Emergency Panel. This panel determines if Maine CDC will recommend the declaration of an arboviral public health threat or emergency. The panel voted not to recommend a public health threat or emergency, but determined it was important to continue monitoring the situation. Maine CDC extended surveillance activities through the third week of October (operations normally cease at the end of September). The panel also recommended targeting educational efforts at schools, animal health groups, hunters, and live animal distributors (i.e., turkeys raised for hunting), among others. Maine CDC provided arboviral prevention information to Maine DOE for distribution to schools and created disease prevention handouts for hunters and live animal distributors.

The panel reconvened in October following additional arbovirus detections in animals and mosquitoes across the state. The panel again voted not to recommend a public health threat or emergency, since it was late in the mosquito season. Even if the panel recommended a public health threat, large-scale mosquito control efforts in late October when the mosquito season is winding down would be impractical. The panel recommended planning outreach and education, especially to municipal leaders, in early spring prior to the next season, to prepare for what they expect to be an active arboviral season.





RESPONDING TO HIGHLY PATHOGENIC AVIAN INFLUENZA H5N1 ON A HOSPITAL PROPERTY

Highly Pathogenic Avian Influenza (HPAI) is an infection caused by avian influenza A viruses that occur naturally among wild birds. HPAI can spread to domestic poultry and mammals. In the US, an HPAI H5N1 influenza virus has been circulating since early 2022. Though rare, the virus can spread to humans, and the resulting infection can be severe.

Maine CDC encourages people to take steps to reduce their risk of exposure by avoiding:

- Direct contact with wild birds
- Unprotected contact with domestic birds that look sick or have died
- Surfaces that may be contaminated with saliva, mucus, or feces from wild or domestic birds

Maine CDC facilitates symptom monitoring when people get exposed to H5N1. If the exposed person develops symptoms, Maine CDC tests for influenza A H5N1 to reduce the risk of the virus spreading from person to person.

On December 30, 2022, Maine DIFW alerted Maine CDC about two dead Canada geese who tested positive for H5N1. These geese were part of a flock who frequented a pond between a Maine hospital and the nearby parking lot. Pedestrians walking from the parking lot into the hospital used a sidewalk that frequently had goose fecal matter on it, given the proximity to the pond. This high traffic area caused concerns for zoonotic spread due to possible exposure to infected feces. Tracking infected feces into the hospital with vulnerable patients inside was of particular concern, especially given this virus can stay active in the environment for weeks. Clear guidance to reduce transmission is available for backyard flocks and commercial poultry farms nationwide, but there was no clear guidance at the time for other settings, including hospitals.

An interdisciplinary group of state and federal agencies met with hospital leadership to provide guidance to the facility. Included in this group were members of Maine DACF, Maine DIFW, Maine CDC, and USDA-APHIS Wildlife Services. During the meeting each State and Federal agency provided tailored recommendations to the facility based on the agency's particular expertise.

Recommendations included:

- Using a testing protocol to detect any HPAI in patients and staff
- Reroute foot traffic away from heavily contaminated walking paths and bike trails
- Communication strategies to hospital staff, patients, and surrounding community

In response to the event, the hospital formed a group of employees to enact the recommendations and monitor future wild bird activity on hospital grounds. Maine CDC provided ongoing support to the hospital by meeting with members of the newly formed group as needed.

No additional detections in humans or wild birds occurred during the course of the hospital's heightened response. As of early 2024, H5N1 continues to circulate in birds in North America and as such, Maine CDC continues working with State and Federal partners to monitor for human infection and reduce possible spread. Maine CDC encourages facilities such as hospitals to be aware of the potential risk for H5N1 on their property.

More details about this response can be found at **https://onlinelibrary.wiley.com/doi/10.1111/zph.13097**

PRACTICE MAKES PERFECT: PREPARING FOR FOODBORNE OUTBREAKS

On November 16th, 2023, Maine CDC infectious disease epidemiologists along with state and federal food safety partners took part in a half day tabletop exercise. This exercise simulated multiple foodborne and waterborne outbreaks in Maine. Maine CDC's Foodborne and Waterborne Disease Epidemiologist, members of the Maine Food Safety Workgroup, and Maine CDC Public Health Emergency Preparedness (PHEP) designed the exercise.

The goals of the exercise were to:

- Test foodborne and waterborne outbreak multi-agency responses and protocols
- Highlight areas for improvement and clarification in multi-agency responses and protocols
- Design public messaging during multi-agency foodborne and waterborne outbreak investigations

A total of 59 participants took part in the half-day exercise in Augusta. Participants came from diverse partners involved in all aspects of food and waterborne disease outbreaks. Participant agencies and programs included:

- Maine CDC
- Maine Department of Agriculture, Conservation, and Forestry (Maine DACF)
- Maine Department of Marine Resources (Maine DMR)
- Maine Department of Education (Maine DOE)
- University of Maine Cooperative Extension
- United States Department of Agriculture (USDA)
- United States Food and Drug Administration (U.S. FDA)

Participants took part in three planned modules designed to generate discussion about the steps taken by each partner during an outbreak investigation. The scenario included outbreaks affecting attendants of a large agriculture fair. A variety of sources related to the fair led to multiple cases of salmonellosis, cryptosporidiosis, typhoid fever, and vibriosis. There were multiple modes of disease transmission that the participants had to investigate and rule in or out including food, animal, and waterborne modes. The scenario also offered participants a variety of test results and epidemiologic evidence to assist in making these determinations. Discussion questions focused on prompt responses in the outbreak investigation and areas for improvement or change.

The Maine Food Safety Workgroup took feedback and lessons learned from this exercise to improve outbreak response. The workgroup will collaborate with participant programs to improve response strategies and further define agency roles and responsibilities during outbreak investigations. A memorandum of understanding for foodborne and waterborne outbreak investigations among several of the agencies will be updated to include more up-to-date information and incorporate more specifics on control measures and information sharing during outbreaks.

February 17, 2021

Maine Center for Disease Control and Prevention

NOTIFIABLE DISEASES AND CONDITIONS LIST

24 Hours A Day, 7 Days A Week Disease Reporting:

Telephone: 1-800-821-5821 Fax: 1-800-293-7534

☎ Conditions are reportable **immediately** by telephone on recognition or strong suspicion of disease
All others are reportable by telephone, fax, electronic lab report, or mail within **48 hours** of recognition or strong suspicion of disease

➔✉ Directors of laboratories are to submit isolates or clinical specimens, as well as any isolates or clinical specimens as requested by Maine CDC, to the *Maine Health and Environmental Testing Laboratory* for confirmation, typing, and/or antibiotic sensitivity

Acid-Fast Bacillus ➔ ✉
Acquired Immunodeficiency Syndrome (AIDS)
Acute flaccid myelitis (AFM)[1]
Anaplasmosis
☎ Anthrax ➔ ✉ (*Bacillus anthracis*)
Babesiosis
☎ Botulism ➔ ✉ (*Clostridium botulinum*)
Borrelia miyamotoi
☎ Brucellosis ➔ ✉ (*Brucella* species)
California Serogroup Viruses
Campylobacteriosis
☎ *Candida auris*[2] ➔ ✉
☎ Carbapenamase-producing carbapenem-resistant organisms[3] ➔ ✉
Carbon Monoxide Poisoning[4]
Chancroid
Chlamydia
Chickenpox (Varicella)
Chikungunya
☎ Coronavirus, Novel, MERS, and SARS ➔ ✉
Creutzfeldt-Jakob disease, <55 years of age
Cryptosporidiosis
Cyclosporiasis
Dengue
☎ Diphtheria ➔ ✉ (*Corynebacterium diphtheriae)*
E. coli, Shiga toxin-producing (STEC) ➔ ✉
Eastern Equine Encephalitis
Ehrlichiosis
Giardiasis
Gonorrhea
Haemophilus influenzae, invasive ➔ ✉
Hantavirus, pulmonary and non-pulmonary syndromes
Hemolytic-uremic syndrome (post-diarrheal)
☎ Hepatitis A, B, C, D, E (acute)
Hepatitis B, C, D (chronic)
Human Immunodeficiency Virus (HIV)[5]
Influenza-associated pediatric death
☎ Influenza A, Novel ➔ ✉
Influenza-associated hospitalization, laboratory-confirmed
Legionellosis
Leptospirosis
Listeriosis ➔ ✉ (*Listeria monocytogenes)*
Lyme Disease
Malaria
☎ Measles ➔ ✉ (Rubeola virus)
☎ Meningococcal Disease, invasive ➔ ✉ (*Neisseria meningitidis)*
☎ Mumps ➔ ✉
☎ Pertussis
☎ Plague ➔ ✉ (*Yersinia pestis*)
☎ Poliomyelitis ➔ ✉ (Polio virus)
Powassan Virus
Psittacosis
☎ Q Fever
☎ Rabies (human and animal) ➔ ✉ (Rabies virus)
Rabies Post-Exposure Prophylaxis
☎ Ricin Poisoning ➔ ✉
☎ Rubella (including congenital) ➔ ✉ (Rubella virus)
Salmonellosis ➔ ✉ (*Salmonella* species)
☎ Shellfish Poisoning
Shigellosis ➔ ✉ (*Shigella* species)
☎ Smallpox ➔ ✉ (Variola virus)
Spotted Fever Rickettsiosis
St. Louis Encephalitis
☎ *Staphylococcus aureus* non-susceptible to Vancomycin[6] ➔ ✉
Streptococcus Group A, invasive
Streptococcus pneumoniae, invasive
Syphilis
☎ Tetanus ➔ ✉ (*Clostridium tetani)*
Trichinosis
☎ Tuberculosis (active and presumptive) ➔ ✉ (*Mycobacterium tuberculosis*)
☎ Tularemia ➔ ✉ (*Francisella tularensis)*
Vibrio species, including Cholera ➔ ✉ (*Vibrio* species)
Vaping-associated pulmonary illness[7]
☎ Viral Hemorrhagic Fever
West Nile Virus
Western Equine Encephalitis
Yellow Fever
Zika virus disease
☎ **Any Case of Unusual Illness of Infectious Cause**
☎ **Any Cluster/Outbreak of Illness with Potential Public Health Significance**

***See condition-specific footnotes on next page.**

Who must report: Health Care Providers, Medical Laboratories, Health Care Facilities, Child Care Facilities, Correctional Facilities, Educational Institutions, Administrators, Health Officers, Veterinarians, Veterinary Medical Laboratories
What to report: Disease reports must include as much of the following as is known:

- Disease or condition diagnosed or suspected and symptom onset
- Name and phone number of person making the report and date
- Patient's name, date of birth, address, phone number, occupation, sex, race, and ethnicity
- Diagnostic laboratory findings and dates of test relevant to the notifiable condition
- Health care provider name, address, and phone number

Complete Rules for the Control of Notifiable Diseases and Conditions:
http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/index.shtml

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Footnotes

1. An illness with an onset of acute focal limb weakness and either 1) cerebrospinal fluid with an elevated white blood cell count or 2) a magnetic resonance image (MRI) showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments.
2. Detection of *Candida auris* in a specimen using culture or culture independent diagnostic test; or detection of an organism that commonly represents a *Candida auris* misidentification.
3. Carbapenemase-producing carbapenem-resistant organisms are:
   - Carbapenem-resistant organisms, as defined by the Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 (http://www.clsi-m100.com), that test positive for Carbapenemase-producing by a phenotype method or for a known carbapenemase resistance mechanisms by a recognized test, as defined by the U.S. Centers for Disease Control and Prevention (https://wwwn.cdc.gov/nndss/conditions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae/case-definition/2018/).
   - Reporting will include test method used, result, and where applicable, specific resistance mechanisms identified.
   - Isolate submission is required for all carbapenem-producing carbapenem-resistant organisms. If phenotypic or resistance mechanism test results are not available for a carbapenem-resistant organism, then isolate submission of the carbapenem-resistant organism is required to determine carbapenemase-producing status.
4. All cases with clinical signs, symptoms or known exposure consistent with diagnosis of carbon monoxide poisoning, and/or: a carboxyhemoglobin (COHb) level equal to or above 5%.
5. Any human immunodeficiency virus (HIV) test results, including:
   - All reactive/repeatedly reactive initial HIV immunoassay results and all results (e.g. positive, negative, indeterminate) from all supplemental HIV immunoassays (HIV-1/2 antibody differentiation assay, HIV-1 Western blot, HIV-2 Western blot or HIV-1 Immunofluorescent assay);
   - All HIV nucleic acid (RNA or DNA) detection tests (qualitative and quantitative), including tests on individual specimens for confirmation of nucleic acid amplification testing (NAAT) screening results;
   - All CD4 lymphocyte counts and percentages, unless known to be ordered for a condition other than HIV;
   - HIV genotypic resistance testing, nucleotide sequence results; and,
   - Positive HIV detection tests (including, but not limited to culture, P24 antigen).
6. As defined by the most current Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 (http://www.clsi-m100.com).
7. Clinicians should report cases with onset on or after May 1, 2019, that meet the criteria of (1) a significant respiratory illness of unclear etiology and (2) a history of vaping.

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