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Division of Public Health

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September 17, 2014 **(1 page – *replaces version dated October 10, 2013*)**

To: All North Carolina Health Care Providers
From: Megan Davies, MD, State Epidemiologist
Re: **2014–15 Influenza Season: Surveillance and Tracking Update for NC Clinicians**

This memo provides guidance to NC clinicians and information regarding flu surveillance activities in North Carolina. This guidance might change as the influenza season progresses; updated information is available at www.flu.nc.gov.

Specific information about surveillance and tracking of novel influenza viruses such as H7N9 and H3N2v is covered in separate documents at www.flu.nc.gov.

SURVEILLANCE AND TRACKING

- **The NC Division of Public Health (NC DPH) requires that physicians report all influenza-associated deaths (adult and pediatric) to their Local Health Department.** An influenza-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be influenza (any strain) by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death. A death should not be reported if:
    1. There is no laboratory confirmation of influenza virus infection,
    2. The influenza illness is followed by full recovery to baseline health status prior to death, or
    3. After review and consultation, there is an alternative agreed upon cause of death.

- The North Carolina Division of Public Health conducts very intensive surveillance for influenza using several systems. These include surveillance of all visits to emergency departments across the state, as well as surveillance and laboratory testing of patients seen by providers in our Influenza-Like Illness Network (ILINet) - approximately 70 practices across the state. We monitor hospitalizations and deaths that could be related to influenza in order to better understand the severity of the virus. Our testing and surveillance strategies are consistent with recommendations from CDC and make use of the strong influenza surveillance systems already in place in North Carolina.

- Influenza surveillance is different from many types of disease surveillance conducted by state and local health departments. Because flu is easily spread from person-to-person and affects a large percentage of the population, testing and reporting of every person with flu-like illness is not a practical or reliable way to monitor flu activity. For this reason, surveillance of influenza in North Carolina is not based on the reporting of individual cases.

- Please contact your local health department to report influenza-like illness in patients with recent swine exposure or any outbreaks of influenza-like illness (i.e. fever plus cough or sore throat), particularly among young children.

Health care providers should contact their Local Health Departments or the Communicable Disease Branch for questions about influenza.

We will post updates with additional guidance as warranted on www.flu.nc.gov. Updates are also available from the CDC at www.cdc.gov/flu.