



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

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To: North Carolina Clinicians
From: Zack Moore, MD, MPH, State Epidemiologist
Re: Update on 2017-18 Influenza Season

This memo is intended to provide clinicians with updated epidemiologic information regarding the 2017–18 influenza season and to reinforce important prevention and control measures for the remainder of the season.

Influenza activity has been widespread in North Carolina since late December. So far, the predominant virus circulating in North Carolina and nationally has been influenza A (H3N2) virus. H3N2-predominant seasons have been associated with more severe illness and mortality than H1N1- or B-predominant seasons, especially among older people and young children.

Prevention and Control Recommendations

- **Continue to offer flu vaccine to all patients ≥6 months of age.** Vaccination is particularly important for persons at higher-risk* for serious illness, including pregnant/post-partum women, persons <2 or ≥65 years of age, and persons with certain medical conditions.
- **Decisions regarding treatment should be based on clinical and epidemiologic information, rather than on test results.** Rapid tests cannot rule out influenza infection. Treatment should not be delayed while awaiting laboratory confirmation.
- **Antiviral treatment** is most effective when started within 48 hours of illness onset. However, treatment of persons with prolonged or severe illness can reduce mortality and duration of hospitalization even when started more than 48 hours after onset of illness. Antiviral treatment is recommended as early as possible for individuals with suspected or confirmed influenza who have any of the following:
 - Illness requiring hospitalization,
 - Progressive, severe, or complicated illness, regardless of previous health status, or
 - Increased risk for severe disease.

This guidance might change as the influenza season progresses. Additional guidance and weekly surveillance updates are available at www.flu.nc.gov.

*High risk medical conditions include: Asthma; neurological and neurodevelopmental conditions; chronic lung diseases (such as COPD and cystic fibrosis); heart diseases (such as congenital heart disease, congestive heart failure and coronary artery disease); blood disorders (such as sickle cell disease); endocrine disorders (such as diabetes); kidney disorders; liver disorders; metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders); and weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids).