



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

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September 27, 2017 (**1 page – replaces version dated September 26, 2016**)

To: All North Carolina Health Care Providers
From: Zack Moore, MD, MPH, State Epidemiologist
Re: **2017–18 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 could change as the influenza season progresses; updated information is available at www.flu.nc.gov.

Specific information about novel influenza viruses and avian influenza is covered in a separate document 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 or rapid test 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.

NC DPH 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 60 practices across the state. NC DPH monitors hospitalizations and deaths that could be related to influenza in order to better understand the severity of the virus. The testing and surveillance strategies used by NC DPH 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. Updates with additional guidance can be found at www.flu.nc.gov. Updates are also available from the CDC at www.cdc.gov/flu.

WWW.NCDHHS.GOV
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