



NC DEPARTMENT OF
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HUMAN SERVICES**

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Division of Public Health

To: All North Carolina Clinicians
From: Erica Wilson, MD, MPH, Medical Epidemiologist
Subject: 2022-23 Influenza Season: **Infection Control for NC Clinicians (2 pages)**
Date: October 27, 2022

This memo provides information and guidance to NC clinicians regarding infection control measures to prevent the spread of influenza. As guidance may change during the influenza season, up to date information will be available at flu.nc.gov.

Specific information about novel influenza viruses and avian influenza is available on the “Providers” tab at flu.nc.gov.

This year, preventive measures to reduce the spread of influenza are critical. Decreased Covid-19 mitigation measures and lack of natural immunity to flu and other respiratory viruses that were at low levels during the past 2 years might lead to an increased flu activity.

INFECTION CONTROL IN HEALTHCARE SETTINGS

- Infection control strategies in health care facilities need to be a multi-faceted approach as transmission of influenza virus can occur among patients, staff and visitors.
- Facilities should use a hierarchy of controls approach to prevent the exposure to and transmission of influenza and/or other respiratory viruses to healthcare personnel and patients within healthcare settings. Given the difficulty of distinguishing influenza from other causes of respiratory illness, consistent infection control measures should be applied for ALL patients who present with acute febrile respiratory illness . Infection control guidance for healthcare settings can be found at <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
- Outpatient medical providers who are referring patients with suspected or confirmed influenza and/or other respiratory viruses infection to emergency departments or other medical facilities should call ahead to alert the facility that the patient is arriving, and have the patient wear a surgical mask before entering the clinical facility. The patient should also be instructed to notify the receptionist or triage nurse immediately upon arrival that he or she has respiratory symptoms.
- In addition to appropriate management of sick workers, all staff working in a healthcare setting, who do not have a medical contraindication, should be vaccinated annually against influenza and be up to date with COVID-19 vaccines.

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GENERAL CONTROL MEASURES

- Annual vaccination against influenza is the best way to prevent infection and is recommended for everyone ≥6 months of age who does not have a medical contraindication to vaccination. Flu vaccine can be co-administrated with COVID-19 vaccine initial series or boosters. It's especially important for:
 - People who are at high risk of developing serious complications like pneumonia if they get sick with the flu, and
 - People who live with or care for others who are high risk of developing serious complications.
- All patients with confirmed or suspected influenza infection should be instructed to stay at home for at least 24 hours after resolution of fever (100°F [37.8°C]) *without* the use of a fever-reducing medication. If COVID-19 is suspected or confirmed, CDC guidelines for isolation and quarantine should be followed. More information can be found at [CDC isolation and quarantine page](#).
- Household contacts should be instructed to monitor themselves closely for illness. If they develop illness, they should stay at home and follow the guidance on home respiratory isolation.
- Chemoprophylactic use of antiviral medications is recommended to control outbreaks among high-risk persons in institutional settings. Post-exposure chemoprophylaxis could also be considered for close contacts of cases (confirmed or suspected) who are at high risk for complications of influenza, including pregnant women, if antivirals can be started within 48 hours of the most recent exposure.

CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis to limit the potential emergence of antiviral resistant viruses. An emphasis on close monitoring and early initiation of antiviral treatment if fever and/or respiratory symptoms develop is an alternative to chemoprophylaxis after a suspected exposure for some persons.

Detailed guidance regarding antiviral chemoprophylaxis is available at <http://www.cdc.gov/flu/professionals/antivirals/index.htm>.

- Please use every opportunity to educate patients on the importance of good respiratory hygiene, hand washing, and other basic protective measures regardless of their vaccination status.
- Please check that COVID-19 vaccine and [pneumococcal vaccine](#) has been administered to all patients for whom it is indicated, including those 65 or older.

Clinicians should contact their Local Health Departments or the Communicable Disease Branch epidemiologist on-call (919-733-3419) for questions about influenza and/or COVID-19.

Updates with additional guidance will be posted as warranted on <https://flu.ncdhhs.gov/index.htm>. Updates are also available from the CDC at www.cdc.gov/flu.

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