



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

Mark T. Benton • Deputy Secretary for Health

Susan Kansagra MD, MBA • Assistant Secretary for Public Health

Division of Public Health

To: All North Carolina Clinicians
From: Erica Wilson, MD, MPH, Medical Epidemiologist
Subject: 2022 - 23 Influenza Season: **Surveillance Update for NC Clinicians (1 page)**
Date: October 27, 2022

This memo provides information and guidance to NC clinicians regarding flu surveillance activities in North Carolina during the 2022-2023 influenza season. As guidance may change during the influenza season, up to date information will be available at <https://flu.ncdhhs.gov/index.htm>

SURVEILLANCE AND TRACKING

In North Carolina, all influenza-associated deaths (adult and pediatric) are reportable to the Local Health Department.

Influenza illnesses that do not result in death are NOT reportable. 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 surveillance for influenza using several systems. In addition to reporting of all influenza-associated deaths, surveillance is conducted for all visits to emergency departments across the state for influenza-like illness (ILI), as well as ILI surveillance and laboratory testing of patients seen by clinicians in our Influenza-Like Illness Network (ILINet) - 45 practices are participating this year. [Please consider joining ILINet if you have not done so.](#) Additionally, this year and in partnership with CDC, NC DPH will conduct a population-based laboratory-confirmed influenza associated hospitalization surveillance in two large hospital networks. The testing and surveillance strategies used by NC DPH are consistent with [recommendations from CDC](#) and make use of the strong influenza surveillance systems in place in North Carolina.

Please contact your local health department to report **influenza-like illness in patients with recent swine or poultry exposure, or any outbreaks** of influenza-like illness (i.e., fever plus cough and/or sore throat), particularly among young children, and residents of Long-Term Care Facilities or other congregate living facilities. **We strongly recommend sending specimen collected from these patients (as well as from any influenza-associated death) to State Laboratory of Public Health for further characterization.**

Weekly Influenza surveillance data is now available in our [Respiratory Virus Surveillance Dashboard](#). Clinicians should contact their Local Health Departments or the Communicable Disease Branch for questions about influenza. Additional guidance and information are available at www.cdc.gov/flu.

cc: Evelyn Foust, Branch Head, Communicable Disease Branch
Dr. Zack Moore, State Epidemiologist

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 225 North McDowell St., Raleigh, NC 27603
MAILING ADDRESS: 1902 Mail Service Center, Raleigh, NC 27699-1902
www.ncdhhs.gov • TEL: 919-733-7301 • FAX: 919-733-1020

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER