NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

This memo provides information and guidance to NC clinicians regarding testing for flu and COVID-19 in North Carolina for the 2022-2023 influenza season. As guidance may change during the influenza season, up to date information will be available at flu.nc.gov.

TESTING

Several diagnostic tests are available to detect influenza viruses in respiratory specimens including molecular assays and antigen detection tests. Rapid influenza diagnostic tests (RIDT) are immunoassays that can identify the presence of influenza A and B viral nucleoprotein antigens in respiratory specimen; They have a moderate sensitivity (50–70%) when compared to molecular assays or viral culture. Therefore, a negative RIDT does NOT rule out infection and should not be used for treatment or infection control decisions during periods when influenza is known to be circulating.
When available, rapid molecular assays are preferred over RIDTs because of increased sensitivity (90-95%) and specificity. Additional information is available at http://www.cdc.gov/flu/professionals/diagnosis.

Co-infection with influenza A or B viruses and SARS-CoV-2 can occur. Testing for both should be considered particularly in hospitalized patients with severe respiratory disease. Additional guidance for clinicians when SARS-CoV-2 and influenza viruses are co-circulating can be found here.

Influenza and COVID-19 testing is available at the North Carolina State Laboratory of Public Health (SLPH). Specimens should be submitted to SLPH for further testing and characterization in the following circumstances:

1. Specimens from confirmed influenza cases with severe illness and a poor prognosis.
2. Specimens from influenza associated deaths.
3. Patients who die with influenza-like illness but have no laboratory evidence of influenza, SARS-CoV-2, or other respiratory infection on a multiplex panel.
4. Patients critically ill with influenza-like illness but have no laboratory evidence of influenza, SARS-CoV-2, or other respiratory infection on a multiplex panel.
5. Patients with influenza-like illness, with or without confirmatory testing for influenza, who have had contact with domestic or wild swine (pigs) or poultry (birds).
6. A sample of patients with influenza-like illness seen at facilities participating in the outpatient Influenza-Like Illness Network (ILINet).
7. A sample of in-patients from hospitals participating in the Influenza Population-Based Hospitalization Surveillance Project (IHSP).

Testing at the SLPH should also be considered for other patients in the following circumstances: outbreaks in institutional settings or congregate living facilities, and clusters of severe or unusual respiratory illness. Please consult the local health department or Communicable Disease Branch epidemiologist on call with questions about whether such testing is appropriate.

All specimens submitted to SLPH for influenza or SARS-CoV-2 testing from symptomatic patients, will be tested for both influenza and SARS-CoV-2.

Specific guidance regarding specimen collection and transport is available on the "Providers" tab at flu.nc.gov.

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

Updates with additional guidance will be posted as warranted on flu.nc.gov. Updates are also available from the CDC at www.cdc.gov/flu. Information about the ILINet program is available on the "Providers" tab at flu.nc.gov.

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