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HEALTH AND HUMAN SERVICES

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

This memo provides guidance and information to clinicians regarding treatment for influenza during the 2022-2023 influenza season. As guidance may change during the influenza season, up to date information will be available at flu.nc.gov.

CLINICAL MANAGEMENT

If clinically indicated, treatment should be based on clinical and epidemiologic information and not be delayed while awaiting laboratory confirmation.

Co-infection with influenza A or B viruses and SARS-CoV-2 can occur and should be considered, particularly in hospitalized patients with severe respiratory disease. Guidance for testing and treatment of influenza when a co-infection is suspected can be found here.

Certain patients are at increased risk for influenza-related complications. These include:

- Children younger than 5 years of age, especially those under 2 years of age
- Adults 65 years of age or older
- Pregnant women and women up to 2 weeks after the end of pregnancy
- Non-Hispanic Blacks, Hispanic or Latinos, and non-Hispanic American Indian/Alaska Native
- Persons with certain medical conditions including: 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, cancer, or those on chronic steroids or other drugs that suppress the immune system)
- People younger than 19 years of age who are receiving long-term aspirin therapy or salicylate-containing medications
- People who are obese with a Body Mass Index (BMI) of 40 or higher
- People who live in nursing homes or other long-term care facilities

Most people with flu have mild illness and do not need medical care. Patients who report febrile respiratory illness, but do not require medical care and are not at high risk for complications of influenza

or COVID-19 should be instructed to stay at home to decrease opportunities for transmission. Patients should seek emergency medical attention for any of the following:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness or confusion
- Severe or persistent vomiting
- Severe muscle pain
- Flu symptoms that improve but then return with fever and worse cough
- Worsening of medical conditions
- In babies, fever above 104° F, bluish gray skin color, lack of responsiveness, or extreme irritation
- Any other symptom that is severe or concerning

Treatment is recommended as early as possible for individuals with suspected or confirmed influenza who have any of the following - Decision about starting antiviral treatment should not wait for laboratory confirmation:

- Illness requiring hospitalization
- Progressive, severe, or complicated illness, regardless of previous health status
- Increased risk for severe disease (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 2 years, and pregnant women)

Antiviral treatment can also be considered for people with mild illness who are not at high risk of flu complications based on clinical judgment if treatment can be initiated within 48 hours of illness onset.

- **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 illness onset.**
- For hospitalized patients and outpatients with complications or progressive disease, oral or enterically administered oseltamivir is recommended as soon as possible
- For outpatients with acute uncomplicated influenza, oral oseltamivir, inhaled zanamivir, intravenous peramivir, or oral baloxavir may be used depending on age and contradictions.
- Oral oseltamivir is preferred for treatment of pregnant people
- Routine use of antiviral medications for chemoprophylaxis is not recommended except as one of multiple interventions to control institutional outbreaks
- Detailed guidance on antiviral use, including testing and treatment for suspected oseltamivir-resistant influenza, chemoprophylaxis and guidance for treatment of pregnant women and breastfeeding mothers, is available at http://www.cdc.gov/flu/professionals/antivirals/index.htm.

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

We will post updates with additional guidance as warranted on flu.nc.gov. Updates are also available from the CDC at www.cdc.gov/flu.

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