



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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Division of Public Health

To: All North Carolina Clinicians  
From: Erica Wilson, MD, MPH, Medical Epidemiologist  
Subject: 2019- 20 Influenza Season: **Treatment Update for NC Clinicians (2 pages)**  
Date: October 14, 2019

This memo provides guidance and information to clinicians regarding testing for influenza. As guidance may change during the influenza season, up to date information will be available at [flu.nc.gov](http://flu.nc.gov).

### **CLINICAL MANAGEMENT**

Decisions regarding treatment should be based on clinical and epidemiologic information, rather than on test results. Rapid tests cannot rule out influenza infection, and longer result times are associated with other test types (e.g. PCR or viral culture). If clinically indicated, treatment should not be delayed while awaiting laboratory confirmation. Current epidemiologic information is available at [flu.nc.gov](http://flu.nc.gov).

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
- American Indians and Alaskan Natives
- 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).
- People younger than 19 years of age who are receiving long-term aspirin therapy
- People who are morbidly obese (Body Mass Index (BMI) of 40 or greater)
- People who live in nursing homes or other long-term care facilities

Not all patients with suspected influenza infection need to be seen by a health care provider. Patients who report febrile respiratory illness but do not require medical care *and are not at high risk for complications of influenza* 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
- Flu symptoms that improve but then return with fever and worse cough
- In babies, bluish gray skin color, lack of responsiveness, or extreme irritation
- Any other symptom that is severe or concerning

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Treatment is recommended as early as possible for individuals with suspected or confirmed influenza who have any of the following:

- 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 on the basis of clinical judgment and should be started within two days of getting sick.

- **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 outpatients with acute uncomplicated influenza, if antiviral treatment is prescribed, a neuraminidase inhibitor (oseltamivir, zanamivir, or peramivir) or baloxavir should be used. Information regarding currently circulating flu strains is available at [flu.nc.gov](http://flu.nc.gov). Detailed guidance on antiviral use, including testing and treatment for suspected oseltamivir-resistant influenza 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](http://flu.nc.gov). Updates are also available from the CDC at [www.cdc.gov/flu](http://www.cdc.gov/flu).

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