



North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Penelope Slade-Sawyer
Division Director

January 5, 2015 (1 page)

To: All North Carolina Health Care Providers
From: Megan Davies, MD, State Epidemiologist
Re: **Update on 2014–15 Influenza Season**

This memo is intended to provide clinicians with updated epidemiologic information regarding the 2014–15 influenza season and to reinforce important prevention and control measures for the remainder of the season.

Influenza activity has been widespread in North Carolina since late November. So far, the predominant virus circulating in North Carolina and nationally has been the influenza A (H3N2) virus. H3N2-predominant seasons have been associated with more severe illness and mortality than H1N1- or B-predominant seasons, especially among older people and young children. Approximately two-thirds of H3N2 viruses characterized by CDC so far this season have not been well matched to the vaccine virus component, meaning that vaccine effectiveness against these viruses may be reduced. In this context, the use of influenza antiviral drugs as a second line of defense against the flu becomes even more important, especially for persons at high risk for complication and those with severe or progressive illness.

Prevention and Control Recommendations

- **Continue to offer flu vaccine to all patients ≥ 6 months of age.** Vaccination is particularly important for persons at higher-risk for serious illness, including pregnant/post-partum women, persons < 2 or ≥ 65 years of age, and persons with certain medical conditions.* While the vaccine may work less well against viruses not well matched to the vaccine, it can still protect many people and prevent flu-related complications, hospitalizations and deaths.
- **Decisions regarding treatment should be based on clinical and epidemiologic information, rather than on test results.** Rapid tests cannot rule out influenza infection. Treatment should not be delayed while awaiting laboratory confirmation.
- **Antiviral 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 onset of illness. Antiviral 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, or
 - Increased risk for severe disease.

This guidance might change as the influenza season progresses. Additional guidance and weekly surveillance updates are available at www.flu.nc.gov.

*High risk medical conditions include: 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 or AIDS, or cancer, or those on chronic steroids).

www.ncdhhs.gov • <http://epi.publichealth.nc.gov/cd/>
Tel 919-733-7301 • Fax 919-733-1020

Location: 225 N. McDowell Street • Raleigh, NC 27603
Mailing Address: 1902 Mail Service Center • Raleigh, NC 27699-1902
An Equal Opportunity / Affirmative Action Employer

