



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

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To: All North Carolina Health Care Providers
From: Megan Davies, MD, State Epidemiologist
Re: **Unusual presentations of influenza infection during the 2014-15 season**

This memo is intended to provide information and guidance to providers regarding reports of influenza infections presenting with either parotitis or maculopapular rash during the 2014-15 season.

Background

Influenza activity has peaked in North Carolina, but influenza viruses are likely to continue circulating at high levels over the next several weeks.

Since December 2014, multiple states have notified CDC of laboratory-confirmed influenza infections among persons presenting with parotitis. Parotitis is a recognized but uncommon complication of influenza. Most of these cases have been reported among children with influenza A (H3) infection and have resulted in mild illness.

More recently, CDC has notified state health departments of a small number of laboratory-confirmed influenza B virus infections among persons presenting with maculopapular rash and suspected measles infection with negative laboratory testing for measles.

Recommendations

Providers should consider influenza infection in patients presenting with either parotitis or febrile illness involving maculopapular rash and consider laboratory testing for influenza in additional to other potential etiologies.

If measles or mumps virus infections are suspected, providers are required to report to their local health department or the state Communicable Disease Branch epidemiologist on call (919-733-3419; 24/7) so that testing can be facilitated and appropriate public health control measures can be implemented.

Providers are also asked to contact public health regarding patients meeting the following criteria:

- Laboratory confirmation of influenza (e.g., positive rapid test, PCR, or viral culture) AND EITHER
- Signs and symptoms compatible with parotitis OR
- Maculopapular rash.

As a reminder, antiviral treatment is recommended as early as possible for individuals with suspected or confirmed influenza who have illness requiring hospitalization; progressive, severe, or complicated illness, regardless of previous health status; or increased risk for severe disease. 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.

Additional guidance and weekly surveillance updates are available at www.flu.nc.gov.

www.ncdhhs.gov • www.publichealth.nc.gov

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