



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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To: All North Carolina Clinicians
From: Erica Wilson, MD, MPH, Medical Epidemiologist
Subject: Increasing Seasonal Influenza A (H3N2) Activity
Date: December 6, 2021

This memo provides information and guidance to providers on increased influenza A (H3N2) activity and updated guidance on the use of antiviral post-exposure prophylaxis (PEP) in the setting of co-circulation of SARS-CoV-2.

Background

On November 24, 2021, The CDC issued a [health advisory](#), notifying providers of the increased influenza A(H3N2) activity that could mark the beginning of the 2021-2022 influenza season, and making recommendations for testing, prevention and treatment.

While influenza circulation remains low overall in North Carolina and nationally, increased numbers of influenza A(H3N2) viruses have been detected in recent weeks. North Carolina virologic surveillance systems detected more influenza viruses during the week of November 14-20 than during any week since March 2020. CDC has also reported influenza outbreaks in colleges and universities in several states. Influenza surveillance updates are provided weekly in NC DHHS [respiratory surveillance report](#).

Historically influenza A(H3N2) predominant seasons have often been associated with more severe flu seasons, especially among older adults and young children. While the intensity of the 2021-22 influenza season is uncertain, given the ongoing COVID-19 pandemic there is risk for stressing the healthcare system with both viruses circulating.

Guidance for Clinicians

1. **Prevention:** Continue to recommend and offer influenza vaccination to persons aged six months and older. Vaccination is the best way to reduce the spread of influenza and can lower the risk of severe illness resulting in hospitalizations and deaths. Flu and COVID-19 vaccines can be administered at the same visit. While it is unknown what the vaccine effectiveness of this year's influenza vaccine will be, the A(H3N2) component was recently updated and is genetically similar to A(H3N2) viruses currently circulating.
2. **Treatment:** [Treatment with antiviral medications](#) is recommended as early as possible for individuals with suspected or confirmed influenza who are:
 - Hospitalized
 - Outpatients at increased risk for severe disease (e.g., persons with certain chronic medical

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- conditions, persons 65 or older, children younger than 2 years, and pregnant women)
- Outpatients with progressive disease

Antiviral treatment can also be considered for any previously healthy, symptomatic outpatient with confirmed or suspected influenza based on clinical judgment.

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.

Because of the importance of early treatment, decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza. Testing for SARS-CoV-2 should also be performed to determine whether [treatment for COVID-19](#) is indicated.

In situations of coinfection of influenza and SARS-CoV-2 viruses, influenza antivirals can be given for influenza illness.

3. **Post-exposure prophylaxis (PEP):** Before the COVID-19 pandemic, CDC did not recommend widespread or routine use of influenza antiviral medications for PEP in the community. However, PEP has been recommended in closed settings such as long-term care facilities. Given the unique considerations of influenza outbreaks in the context of co-circulation with SARS-CoV-2, PEP with influenza antiviral medications might additionally be considered for persons:
 - Who have had recent close contact with a person with influenza (e.g., roommates)
 - In confined quarters (e.g., dormitories, shelters, prisons) with increasing incidence of influenza
 - Who are at [increased risk](#) for severe illness from influenza
 - Who have had recent close contact with a person with influenza and will be traveling for the holidays to reduce transmission during travel as well as to reduce transmission to family members or friends who may be at higher risk for influenza complications
4. **Testing:** Consider testing for both influenza virus and SARS-CoV-2 in patients with influenza-like illness. The most accurate influenza tests are molecular assays, and information on testing decisions can be found [here](#).
5. **Non-pharmaceutical interventions:** Because no intervention provides complete protection, interventions should be layered. Non-pharmaceutical interventions may include:
 - Community measures (e.g., physical distancing, masking)
 - Environmental measures (e.g., routine surface cleaning)
 - Symptomatic persons should stay home and use frequent hand hygiene and proper cough etiquette

Additional information about influenza and the most current national surveillance information can be found from the [CDC](#) influenza webpage. Clinicians should contact their Local Health Departments or the Communicable Disease Branch epidemiologist on-call 24/7 number (919-733-3419) for questions about influenza.