

TO: Medical Staff and UNC Hospitals Employees  
FROM: David J. Weber, MD, MPH  
Associate Chief Medical Officer, UNC Hospitals  
RE: Influenza  
DATE: Dec. 29, 2017

North Carolina and UNC have reported increasing cases of viral influenza since mid-December. Greater than 10% of ED visits have had influenza-like illness the past week. UNC Hospitals has reported 124 cases through 28 December 2017 (most have been influenza A). Four percent of patients required admission to an ICU. There has been 1 influenza related death.

Persons at high risk of complications from influenza include children <2 years of age, persons >65 years of age, pregnant women (and postpartum women for 4 weeks), and persons of any age who have medical conditions that place them at increased risk for complications (e.g., chronic lung disease or heart disease; diabetes; cancer; immunosuppressive diseases or medications; chronic liver or renal disease, obesity; neurologic and neuromuscular disorders). Complications of influenza include exacerbation of underlying chronic disease, viral pneumonitis/pneumonia/respiratory failure/ARDS and croup/bronchiolitis in infants, bronchospasm, secondary bacterial pneumonia, encephalopathy/encephalitis; myocarditis/pericarditis; and myositis/rhabdomyolysis.

All patients with known or suspected viral influenza should be placed on Droplet Precautions (private room, mask required for all persons entering the room including visitors). Hand hygiene before and after contact with the patient is also important either with an alcohol-based waterless product or water plus antimicrobial soap.

Empiric antiviral treatment with oral oseltamivir should be initiated as soon as possible on any hospitalized patients with suspected influenza or for all outpatients with an underlying disease which places them at high risk for influenza complications. Ideally therapy should be initiated within 48 hours of symptom onset, but there is no time point at which therapy should not be provided to a hospitalized patient. Access to intravenous antivirals is available by obtaining an Infectious Disease consultation.

Healthcare personnel with fever and either cough or sore throat should stay home and not work even if they have received influenza immunization. Healthcare personnel may return to work when they have had no fever (off antipyretics) for 24 hours. If they have a cough upon return they should wear a surgical mask for patient care until the cough subsides.

All visitors with respiratory symptoms should be prohibited from visiting patients. **Beginning Monday, January 8, 2018, children 11 years of age and younger are prohibited from visiting inpatients and inpatient waiting rooms at UNC Hospitals (including the Chapel Hill, Hillsborough and Wakebrook campuses, but excluding inpatient Hospice) and are prohibited from perioperative waiting rooms at UNC Hospitals Medical Center (Chapel Hill) and Hillsborough Hospital.**

All clinics should screen patients for respiratory symptoms and if present should immediately place a mask on the patient, request that the patient practice hand hygiene and move the patient as rapidly as possible to a private room for evaluation.