NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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To: All North Carolina Clinicians
From: Emma Doran, MD, MPH, Medical Epidemiologist
Subject: 2025-2026 Respiratory Virus Season: **Testing Update for NC Clinicians** (3 pages)
Date: October 13, 2025

This memo provides information and guidance to NC clinicians regarding testing for respiratory viruses in North Carolina during the 2025-2026 respiratory season. As guidance may change during the season, up to date information will be available at flu.nc.gov. Testing plays a critical role in detecting acute respiratory viral infections including infections with novel or variant influenza viruses that could have pandemic potential. Seasonal influenza, RSV, and COVID-19 may co-circulate throughout the respiratory season and co-infection with multiple viruses at the same time can occur.

Testing

Diagnostic tests available for detection of viruses in respiratory specimens include molecular assays (including rapid molecular assays, reverse transcription polymerase chain reaction (RT-PCR) and other nucleic acid amplification tests); and antigen detection tests (including rapid influenza diagnostic tests and immunofluorescence assays). Sensitivity and specificity can vary by the pathogen or test type, illness onset to specimen collection, the prevalence of viruses in patient population and other factors. Overall, molecular assays have a higher sensitivity and specificity than rapid antigen tests.

When available, multiplex assays for simultaneous detection of influenza, RSV and SARS-CoV-2 viruses should be used. It is possible for a patient to be infected with two or more viruses at the same time. Co-infections can impact the clinical management of acute respiratory illness. Testing for suspected pathogens should be considered particularly in hospitalized patients with severe respiratory disease. Additional guidance for clinicians when SARS-CoV-2 and influenza viruses are co-circulating can be found here.

A negative rapid antigen test does NOT rule out infection and should not be used for treatment or infection control decisions during periods when influenza, RSV, and/or SARS-CoV-2 viruses are known to be circulating.

- RSV: Antigen testing is sensitive in children but less sensitive in adults. Healthcare providers should use highly sensitive rRT-PCR assays when testing older children and adults for RSV.
- COVID-19: A negative viral test result does not rule out infection and should be repeated following CDC and FDA recommendations.
- Influenza: Diagnostic tests available include molecular assays (including rapid molecular assays, reverse transcription polymerase chain reaction (RT-PCR) and other nucleic acid amplification tests); and antigen detection tests (including rapid influenza diagnostic tests and immunofluorescence assays). The CDC and Infectious Diseases Society of America (IDSA) recommends use of rapid influenza molecular assays over rapid influenza diagnostic tests

(RIDTs) for detection of influenza viruses in respiratory specimens of outpatients. IDSA recommends use of RT-PCR or other molecular assays for detection of influenza viruses in respiratory specimens of hospitalized patients.

- NC DHHS issued Standing Orders this year to allow pharmacists at retail locations to test and treat for influenza.
- Providers should be aware of circulating influenza and respiratory viruses. More information is available on the NC Respiratory Virus Surveillance Dashboard.

Influenza and COVID-19 testing is available at the North Carolina State Laboratory of Public Health (SLPH). Information on how to submit to SLPH can be found here. Specimens for surveillance should be submitted to SLPH for further testing and characterization in the following circumstances:

1. Specimens from confirmed influenza cases with severe illness and a poor prognosis.
2. Specimens from influenza associated deaths (adult and pediatric).
3. Patients who die with influenza-like illness but have no laboratory evidence of influenza, SARS-CoV-2, or other respiratory infection on a multiplex panel.
4. Patients who are critically ill with influenza-like illness but have no laboratory evidence of influenza, SARS-CoV-2, or other respiratory infection on a multiplex panel.
5. Patients with influenza-like illness, including conjunctivitis, with or without confirmatory testing for influenza, who have had contact with sick or dead livestock, poultry, or wild animals, contact with an animal known or presumed to have an HPAI infection, or consumption of raw milk or dairy products within the ten days before symptom onset.
6. Influenza positive specimens that are unable to be subtyped by tests designed to provide an influenza subtyping result.
7. A sample of patients with influenza-like illness seen at facilities participating in the outpatient Influenza-Like Illness Network (ILINet) or Influenza Hospitalization Surveillance Program (IHSP/RESP-NET). Please consider joining ILINet if you have not done so.

Testing at the SLPH should also be considered for other patients in outbreaks in institutional settings or congregate living facilities and clusters of severe or unusual respiratory illness. Consult CDC testing and management considerations for residents of long-term care facilities with acute respiratory illness symptoms when SARS-CoV-2 and Influenza viruses are co-circulating as needed.

All specimens submitted to SLPH for influenza or SARS-CoV-2 testing will be tested for both influenza and SARS-CoV-2. Specific guidance regarding specimen collection and transport is available here.

Human Novel or Variant Influenza

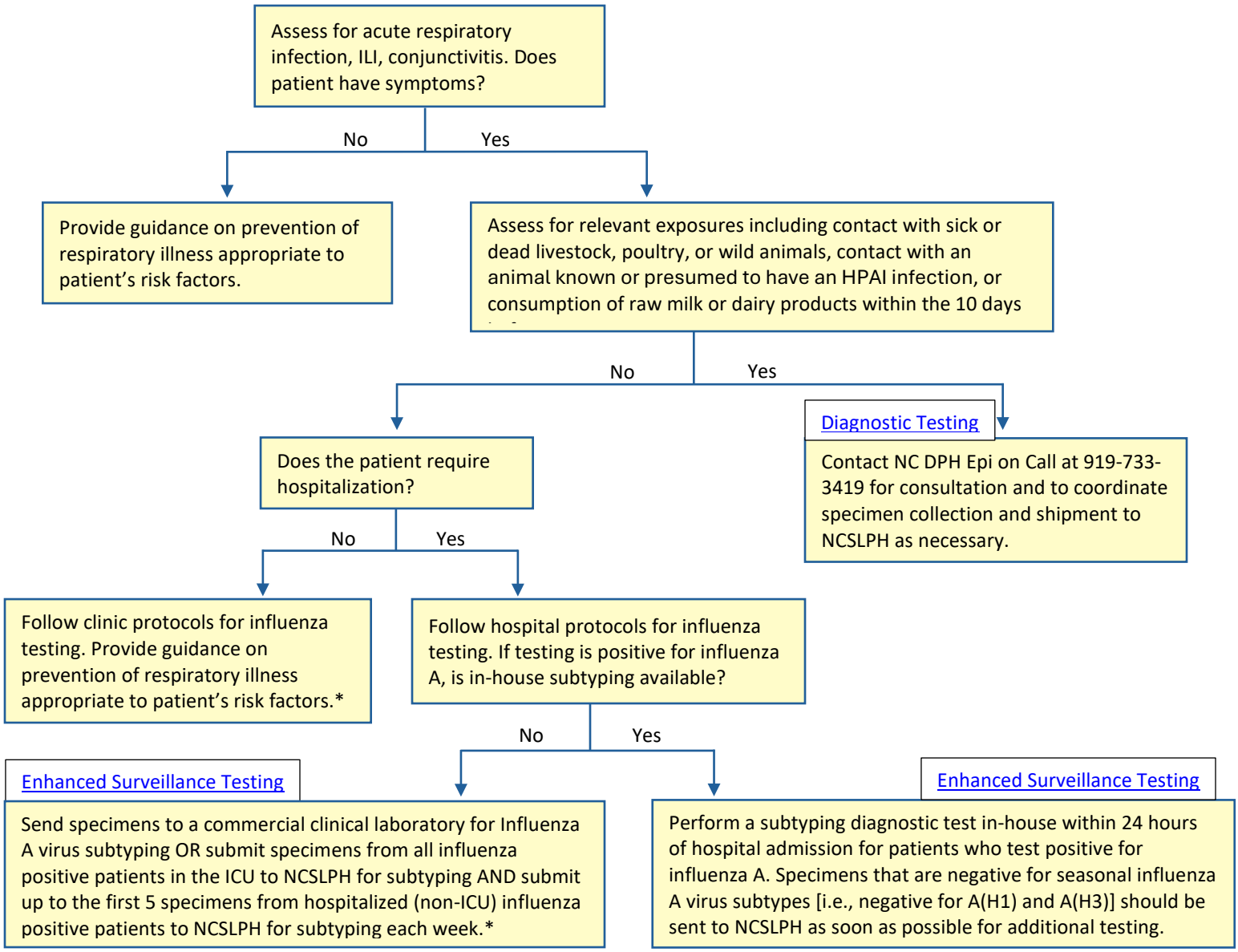
NC DPH requests your assistance with enhanced influenza surveillance and testing of individuals presenting with compatible illness and relevant exposure including contact with sick or dead livestock, poultry, or wild animals, contact with an animal known or presumed to have an HPAI infection, or consumption of raw milk or dairy products within the 10 days before symptom onset**. Please follow the algorithm on page 3** for detailed considerations when assessing influenza-like illness in patients. Additional information is available on the NC DHHS Avian Flu Website including the Provider Memo page.

Access to COVID Testing

The federal program providing free at-home test kits to local health departments, community-based organizations, and other partners ended in June of 2025. Since the end of the federal Public Health Emergency, private insurance companies are no longer required to cover the full cost of at-home COVID-19 tests. Individuals should check with their insurance provider for their specific policy on at-home test reimbursement. Low or no-cost COVID-19 testing options may be available at local public health departments, local health centers, and some retail pharmacy locations, such as CVS Health or Walgreens.

Clinicians should contact their Local Health Departments or the Communicable Disease Branch epidemiologist on call available 24/7 at (919) 733-3419 for questions about respiratory virus testing.

Influenza Testing Algorithm



*ILINet and RESP-Net sites should continue to follow existing guidance for submitting surveillance specimens.