



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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To: All North Carolina Clinicians
From: Emma Doran, MD, MPH, Medical Epidemiologist
Subject: 2026-2027 Respiratory Virus Season: **Surveillance Update for NC Clinicians** (2 pages)
Date: September 30, 2026

This memo provides information and guidance to NC clinicians regarding viral respiratory surveillance activities in North Carolina during the 2026-2027 respiratory season. As guidance may change during the season, updated information will be available at flu.nc.gov.

Seasonal Influenza

In North Carolina, all influenza-associated deaths (adult and pediatric) are reportable to the Local Health Department. **Specimens from patients who die from influenza should also be sent to the State Laboratory of Public Health (SLPH) for further characterization.** An influenza-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be influenza (any strain) by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death. A death should *not* be reported if:

- 1) There is no laboratory or rapid test confirmation of influenza virus infection
- 2) The influenza illness is followed by full recovery to baseline health status prior to death, or
- 3) After review and consultation with the Communicable Disease Branch, there is an alternative agreed upon cause of death to which influenza was not a contributing factor (e.g. car accident)

Influenza-associated deaths may result directly or indirectly from clinically compatible illness. Please reach out to your [Local Health Department](#), the Communicable Disease Branch epidemiologist on-call available 24/7 at (919) 733-3419, or the respiratory team at RespiratorySurveillance@dhhs.nc.gov for questions about reporting influenza-associated deaths.

Human Novel or Variant Influenza

In addition to influenza deaths, **human novel or variant influenza virus cases are reportable in North Carolina.** NC clinicians should conduct or arrange for influenza testing of individuals presenting with compatible illness and relevant exposure including contact with livestock, poultry, sick or dead wild animals, or raw milk or dairy products within the 10 days before symptom onset. Please **follow the algorithm in the Testing Update for NC Clinicians Memo** for detailed considerations when assessing influenza-like illness in patients. Additional information is available on the [NC DHHS Avian Flu Website](#) and the [Provider Memo page](#).

Surveillance and Tracking

North Carolina Division of Public Health (NCDHHS DPH) conducts surveillance for influenza, RSV, COVID-

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19 and other respiratory viruses using several systems. Surveillance is conducted for hospitalizations and all visits to emergency departments across the state for influenza-like, RSV-like, and COVID-like illnesses. Information on weekly laboratory data is also gathered from the State Laboratory of Public Health and from public health epidemiologists (PHEs) at six of the state's largest health care systems. More detailed data is available on the [NC Respiratory Virus Surveillance Dashboard](#).

NCDHHS DPH conducts surveillance and laboratory testing of outpatients seen by clinicians through participation in the Influenza-Like Illness Network (ILINet). [Please consider joining ILINet if you have not done so.](#)

NCDHHS DPH also conducts wastewater monitoring for COVID-19, influenza, and RSV detections through the state wastewater monitoring program. The [NC Wastewater Monitoring Dashboard](#) displays a detailed summary of these metrics.

The testing and surveillance strategies used by NCDHHS DPH are consistent with recommendations from the CDC and make use of the strong viral respiratory surveillance systems currently in place in North Carolina. CDC guidance and information on respiratory illnesses is available [here](#).

Additionally, we ask you to please **report to your local health department all viral respiratory outbreaks**, particularly among residents of long-term care facilities or other congregate living facilities. **We strongly recommend sending specimens collected from patients in influenza outbreaks to the State Laboratory of Public Health (SLPH) for further characterization.**

Clinicians should contact their [Local Health Departments](#), the Communicable Disease Branch epidemiologist on-call available 24/7 at (919) 733-3419, or the respiratory team at RespiratorySurveillance@dhhs.nc.gov for questions about viral respiratory infections.