



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor  
**KODY H. KINSLEY** • Secretary  
**Mark T. Benton** • Deputy Secretary for Health  
**Kelly Kimple** • Acting Director, Division of Public Health

To: All North Carolina Clinicians  
From: Emma Doran, MD, MPH, Medical Epidemiologist  
Subject: 2024-2025 Respiratory Virus Season: **Infection Prevention and Control for NC Clinicians**  
(3 pages)  
Date: September 25, 2024

This memo provides information and guidance to NC clinicians regarding infection control measures to prevent the spread of respiratory viral diseases. As guidance may change during the respiratory season, up to date information will be available at [flu.nc.gov](https://flu.nc.gov). Preventive measures to reduce the spread of influenza, RSV, COVID-19 and other respiratory viruses are critical because along with seasonal influenza and RSV viruses, SARS-CoV-2 virus is now part of the respiratory season. Increased activity of all three viruses at the same time could have a significant impact on the healthcare system.

**INFECTION CONTROL IN HEALTHCARE SETTINGS**

- Infection control strategies in healthcare facilities need to be multi-faceted as transmission of respiratory viruses can occur among patients, staff and visitors. Facilities should use a hierarchy of controls approach to prevent the exposure and transmission of respiratory viruses to healthcare personnel and patients within healthcare settings. Consistent infection control measures should be applied to ALL patients who present with acute febrile respiratory illness. Consult CDC’s infection control guidance for [Respiratory Viruses](#), [COVID-19](#), and [Influenza](#) for additional details.
- Outpatient medical providers who are referring patients with suspected or confirmed respiratory virus infection to emergency departments or other medical facilities should call ahead to alert the facility that the patient is arriving and instruct the patient to wear a surgical mask before entering the clinical facility. The patient should also be instructed to inform healthcare personnel immediately upon arrival of any respiratory symptoms.
- All staff working in a healthcare setting, who do not have a medical contraindication, should be vaccinated annually against influenza and be up to date with COVID-19 vaccines. Staff members who feel ill should be instructed not to report to work but instead remain at home.

**GENERAL CONTROL MEASURES**

**Stay up to date with vaccinations**

Vaccine	Who	What	Notes
<a href="#">Influenza</a>	Everyone 6 months of age and older <sup>1</sup>	Annual flu vaccine	

<sup>1</sup> Seasonal influenza vaccination is especially important for people who are at high risk of developing serious complications such as pneumonia if they get sick with the flu, and people who live with or care for others who are at high risk of developing complications.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

LOCATION: 225 North McDowell St., Raleigh, NC 27603  
MAILING ADDRESS: 1902 Mail Service Center, Raleigh, NC 27699-1902  
[www.ncdhhs.gov](http://www.ncdhhs.gov) • TEL: 919-733-7301 • FAX: 919-733-1020

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

<a href="#">COVID-19</a>	Everyone 6 months of age and older <sup>2</sup>	Updated 2024-2025 COVID-19 vaccine	
<a href="#">RSV</a>	Adults 75 years and older; Adults 60-74 years old who are at increased risk of severe RSV	One-time, single dose of RSV vaccine	
	<p>Previously unvaccinated pregnant persons during gestational weeks 32 through 36 of pregnancy</p> <p>OR</p> <p>-Infants from birth to 8 months old entering their first RSV season -Children 8-19 months old at high risk of severe RSV entering their second RSV season<sup>3</sup></p>	<p>One dose of bivalent, maternal RSV vaccine (ABRYSVO) to prevent severe RSV in infants</p> <p>OR</p> <p>-One dose of nirsevimab (Beyfortus) -Alternatively, a different monoclonal antibody, palivizumab (Synagis) is limited to children under 24 months old with certain conditions that place them at high risk of severe RSV<sup>4</sup></p>	<ul style="list-style-type: none"> <li>• Please note that doses administered through the North Carolina Immunization Program (NCIP) are for <a href="#">Vaccines For Children eligible children only</a>. Fully insured children must receive privately purchased Beyfortus.</li> <li>• Doses of ABRYSVO obtained through NCIP are available for VFC-eligible pregnant adolescents only. Fully insured, pregnant adolescents must receive privately purchased ABRYSVO.</li> <li>• For uninsured pregnant individuals ages 19 years and older, please reach out to <a href="#">Pfizer Patient Assistance Program</a></li> </ul>

- Based on North Carolina’s [RSV surveillance data](#), which indicates a trend of an earlier start to the RSV season, the North Carolina Department of Health and Human Services (NCDHHS) is recommending administrations of RSV vaccines earlier than CDC’s national recommendation.
  - Nirsevimab (Beyfortus) administration should begin on September 15, 2024.
  - Maternal RSV vaccine administration with ABRYSVO should begin on August 15, 2024.
- Encourage patients to visit [vaccines.gov](#) to find their nearest pharmacy OR check with their Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, and other providers to locate vaccines.

<sup>2</sup> Recommendations are based on age, time since last dose, and in some cases, first vaccine received. People who are moderately or severely immunocompromised have specific recommendations for COVID-19 vaccines. Up-to-date information is described [here](#).

<sup>3</sup> Most infants will likely only need protection from either maternal RSV vaccine or infant immunization with RSV monoclonal antibodies (Beyfortus) but not both. However, if a baby is born less than two weeks after maternal vaccination, then Beyfortus is recommended.

<sup>4</sup> See [American Academy of Pediatrics guidelines for palivizumab use](#).

- Influenza, COVID-19, and RSV vaccines may be co-administered. [Co-administration](#) of these vaccines might be especially important when the patient has risk factors for severe respiratory illness and there might not be an opportunity to vaccinate the patient with all their recommended vaccines in the near future.
- A [pneumococcal vaccine](#) should be administered to all patients for whom it is indicated, including children younger than 5 years old and adults 65 years or older.
- Confirm that all school age children are up to date on all required and recommended vaccines. More information on NC immunization schedules for children can be found [here](#).

### **Take precautions to prevent the spread of illness**

- All patients with confirmed or suspected acute viral respiratory infection should be instructed to stay home and away from others until: they are fever-free (<100°F [37.8°C]) *without* the use of a fever-reducing medication AND their symptoms are getting better BOTH for 24 hours. Then patients should take added precautions for the next five days. Added precautions may include masking, distancing, and/or testing. The CDC respiratory virus guidance is available [here](#).
- If COVID-19 is suspected or confirmed in a healthcare worker, [CDC's Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure](#) should be followed.
- Household contacts should be instructed to monitor themselves closely for symptoms. If they develop illness, they should stay at home and follow the guidance on home respiratory isolation.
- Please use every opportunity to educate patients on the importance of good respiratory hygiene, hand washing, physical spacing, masks, and other basic protective measures regardless of their vaccination status.

### **Follow recommendations for administration of influenza chemoprophylaxis**

Chemoprophylactic use of antiviral medications is recommended to control flu outbreaks among high-risk persons in institutional settings (e.g. congregate living facilities and health care facilities). Post-exposure chemoprophylaxis could also be considered for close contacts of cases (confirmed or suspected) who are at high risk for complications of influenza, including pregnant women, if antivirals can be started within 48 hours of the most recent exposure. CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis to limit the potential emergence of antiviral resistant viruses. An emphasis on close monitoring and early initiation of antiviral treatment if fever and/or respiratory symptoms develop is an alternative to chemoprophylaxis after a suspected exposure for some persons. Detailed guidance regarding antiviral chemoprophylaxis is available [here](#).

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 infection control measures.

### **Additional Resources**

[CDC Provider Toolkit: Preparing Patients for the Fall and Winter Virus Season](#)

cc: Dr. Erica Wilson, Medical Director, Medical Consultation Unit  
 Evelyn Foust, Branch Head, Communicable Disease Branch  
 Dr. Zack Moore, State Epidemiologist