NORTH CAROLINA REGISTER

VOLUME 21 • ISSUE 24 • Pages 2249 - 2325

June 15, 2007

PUBLISHED BY
The Office of Administrative Hearings
Rules Division
6714 Mail Service Center
Raleigh, NC 27699-6714
Telephone (919) 733-2678
Fax (919) 733-3462

Julian Mann, III, Director
Camille Winston, Deputy Director
Molly Masich, Codifier of Rules
Dana Vojtko, Publications Coordinator
Julie Edwards, Editorial Assistant
Felicia Williams, Editorial Assistant

This publication is printed on permanent, acid-free paper in compliance with G.S. 125-11.13

Note from the Codifier: *This Section contains public notices that are required to be published in the Register or have been approved by the Codifier of Rules for publication.*

Note from the Codifier: *The notices published in this Section of the NC Register include the text of proposed rules. The agency must accept comments on the proposed rule(s) for at least 60 days from the publication date, or until the public hearing, or a later date if specified in the notice by the agency. If the agency adopts a rule that differs substantially from a prior published notice, the agency must publish the text of the proposed different rule and accept comment on the proposed different rule for 60 days.*
Statutory reference: G.S. 150B-21.2.

TITLE 10A – DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice *is hereby given in accordance with G.S. 150B-21.2 that the Commission for Health Services intends to amend the rules cited as 10A NCAC 41A .0101 - .0102, .0202, .0204.*

Proposed Effective Date: *November 1, 2007*

Public Hearing:
Date: *July 10, 2007*
Time: *10:30 a.m.*
Location: *Cardinal Room, 5605 Six Forks Road, Raleigh, NC*

Reason for Proposed Action:
10A NCAC 41A .0101 *- Advances in understanding acute HIV infection processes have made it clear that rapid reporting of newly diagnosed HIV infections is needed if an impact on reducing the spread of disease is to be made. We request making HIV/AIDS diagnoses reportable within 24 hours. We also request making pelvic inflammatory disease a reportable condition to monitor this syndrome in women without a laboratory diagnosis of gonorrhea or chlamydia.*
10A NCAC 41A .0102 *- Advances in understanding acute HIV infection processes have made it clear that rapid reporting of newly diagnosed HIV infections as well as broader testing for HIV are needed if an impact on reducing the spread of disease is to be made. We request making HIV/AIDS laboratory results reportable within 24 hours by the laboratory.*
10A NCAC 41A .0202 *– Advances in understanding acute HIV infection processes have made it clear that broader testing for HIV is needed in general and especially for pregnant women if an impact on further reducing the spread of disease is to be made. We request changes that simplify the requirements for offering HIV testing, additional HIV testing opportunities for pregnant women and requiring the testing of newborns if the mother's HIV status is not known.*
10A NCAC 41A .0204 *– The modifications requested include a requirement for additional syphilis and chlamydia screening opportunities for pregnant women that are consistent with the recent Centers for Disease Control and Prevention Sexually Transmitted Disease Treatment Guidelines. The additional screening opportunities will enhance our efforts for the prevention of congenital syphilis in NC.*

Procedure by which a person can object to the agency on a proposed rule: *Send written notification to Torrey McLean, General Communicable Disease Control Branch, 1902 Mail Service Center, Raleigh, NC 27699-1902.*

Comments may be submitted to: *Torrey McLean, General Communicable Diseases Control Branch, 1902 Mail Service Center, Raleigh, NC 27699-1902*

Comment period ends: *August 14, 2007*

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission. If the Rules Review Commission receives written and signed objections in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or facsimile transmission. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 919-733-2721.

Fiscal Impact: A copy of the fiscal note can be obtained from the agency.
☒ **State** *(10A NCAC 41A -.0202, .0204)*
☒ **Local** *(10A NCAC 41A -.0202, .0204)*
☐ **Substantive (**>$3,000,000**)**
☒ **None** *(10A NCAC 41A .0101-.0102)*

CHAPTER 41 – HEALTH: EPIDEMIOLOGY

SUBCHAPTER 41A – COMMUNICABLE DISEASE CONTROL

SECTION .0100 – REPORTING OF COMMUNICABLE DISEASES

10A NCAC 41A .0101 REPORTABLE DISEASES AND CONDITIONS
(a) The following named diseases and conditions are declared to be dangerous to the public health and are hereby made reportable within the time period specified after the disease or condition is reasonably suspected to exist:
(1) acquired immune deficiency syndrome (AIDS) - ~~;~~24 hour<u>s;</u>
(2) anthrax - immediately;
(3) botulism - immediately;
(4) brucellosis -7 days;
(5) campylobacter infection -24 hours;
(6) chancroid -24 hours;

(7) chlamydial infection (laboratory confirmed) -7 days;
(8) cholera -24 hours;
(9) Creutzfeldt-Jakob disease - 7 days;
(10) cryptosporidiosis - 24 hours;
(11) cyclosporiasis - 24 hours;
(12) dengue -7 days;
(13) diphtheria -24 hours;
(14) Escherichia coli, shiga toxin-producing -24 hours;
(15) ehrlichiosis - 7 days;
(16) encephalitis, arboviral -7 days;
(17) foodborne disease, including but not limited to Clostridium perfringens, staphylococcal, and Bacillus cereus -24 hours;
(18) gonorrhea -24 hours;
(19) granuloma inguinale -24 hours;
(20) Haemophilus influenzae, invasive disease -24 hours;
(21) Hantavirus infection - 7 days;
(22) Hemolytic-uremic syndrome - 24 hours;
(23) Hemorrhagic fever virus infection - immediately;
(24) hepatitis A -24 hours;
(25) hepatitis B -24 hours;
(26) hepatitis B carriage -7 days;
(27) hepatitis C, acute - 7 days;
(28) human immunodeficiency virus (HIV) infection confirmed ~~;~~24 hours;
(29) influenza virus infection causing death in persons less than 18 years of age - 24 hours;
(30) legionellosis -7 days;
(31) leprosy - 7 days;
(32) leptospirosis -7 days;
(33) listeriosis - 24 hours;
(34) Lyme disease -7 days;
(35) lymphogranuloma venereum -7 days;
(36) malaria -7 days;
(37) measles (rubeola) -24 hours;
(38) meningitis, pneumococcal -7 days;
(39) meningococcal disease -24 hours;
(40) monkeypox - 24 hours;
(41) mumps -7 days;
(42) nongonococcal urethritis -7 days;
(43) novel influenza virus infection; - immediately;
(44) plague - immediately;
(45) paralytic poliomyelitis -24 hours;
(46) pelvic inflammatory disease – 7 days;
~~)~~(47) psittacosis -7 days;
~~)~~(48) Q fever -7 days;
(49) rabies, human -24 hours;
(50) Rocky Mountain spotted fever -7 days;
(51) rubella -24 hours;
(52) rubella congenital syndrome -7 days;
(53) salmonellosis -24 hours;
(54) severe acute respiratory syndrome (SARS) - 24 hours;
(55) shigellosis -24 hours;
(56) smallpox - immediately;
(57) Staphylococcus aureus with reduced susceptibility to vancomycin - 24 hours;
(58) streptococcal infection, Group A, invasive disease - 7 days;
(59) syphilis -24 hours;
(60) tetanus -7 days;
(61) toxic shock syndrome -7 days;
(62) trichinosis -7 days;
(63) tuberculosis -24 hours;
(64) tularemia - immediately;
(65) typhoid -24 hours;
(66) typhoid carriage (Salmonella typhi) -7 days;
(67) typhus, epidemic (louse-borne) -7 days;
(68) vaccinia - 24 hours;
(69) vibrio infection (other than cholera) - 24 hours;
(70) whooping cough -24 hours;
(71) yellow fever -7 days.

(b) For purposes of reporting confirmed human immunodeficiency virus (HIV) infection is defined as: a positive virus culture; repeatedly reactive EIA antibody test confirmed by western blot or indirect immunofluorescent antibody test; positive nucleic acid detection (NAT) est; or other confirmed testing method approved by the Director of the State Public Health Laboratory conducted on or after February 1, 1990. In selecting additional tests for approval, the Director of the State Public Health Laboratory shall consider whether such tests have been approved by the federal Food and Drug Administration, recommended by the federal Centers for Disease Control and Prevention, and endorsed by the Association of Public Health Laboratories.

(c) In addition to the laboratory reports for Mycobacterium tuberculosis, Neisseria gonorrhoeae, and syphilis specified in G.S. 130A-139, laboratories shall report:

(1) Isolation or other specific identification of the following organisms or their products from human clinical specimens:
(A) Any hantavirus or hemorrhagic fever virus.
(B) Arthropod-borne virus (any type).
(C) Bacillus anthracis, the cause of anthrax.
(D) Bordetella pertussis, the cause of whooping cough (pertussis).
(E) Borrelia burgdorferi, the cause of Lyme disease (confirmed tests).
(F) Brucella spp., the causes of brucellosis.
(G) Campylobacter spp., the causes of campylobacteriosis.
(H) Chlamydia trachomatis, the cause of genital chlamydial infection, conjunctivitis (adult and newborn) and pneumonia of newborns.
(I) Clostridium botulinum, a cause of botulism.
(J) Clostridium tetani, the cause of tetanus.

(K) Corynebacterium diphtheriae, the cause of diphtheria.
(L) Coxiella burnetii, the cause of Q fever.
(M) Cryptosporidium parvum, the cause of human cryptosporidiosis.
(N) Cyclospora cayetanesis, the cause of cyclosporiasis.
(O) Ehrlichia spp., the causes of ehrlichiosis.
(P) Shiga toxin-producing Escherichia coli, a cause of hemorrhagic colitis, hemolytic uremic syndrome, and thrombotic thrombocytopenic purpura.
(Q) Francisella tularensis, the cause of tularemia.
(R) Hepatitis B virus or any component thereof, such as hepatitis B surface antigen.
(S) Human Immunodeficiency Virus, the cause of AIDS.
(T) Legionella spp., the causes of legionellosis.
(U) Leptospira spp., the causes of leptospirosis.
(V) Listeria monocytogenes, the cause of listeriosis.
(W) Monkeypox.
(X) Mycobacterium leprae, the cause of leprosy.
(Y) Plasmodium falciparum, P. malariae, P. ovale, and P. vivax, the causes of malaria in humans.
(Z) Poliovirus (any), the cause of poliomyelitis.
(AA) Rabies virus.
(BB) Rickettsia rickettsii, the cause of Rocky Mountain spotted fever.
(CC) Rubella virus.
(DD) Salmonella spp., the causes of salmonellosis.
(EE) Shigella spp., the causes of shigellosis.
(FF) Smallpox virus, the cause of smallpox.
(GG) Staphylococcus aureus with reduced susceptibility to vanomycin.
(HH) Trichinella spiralis, the cause of trichinosis.
(II) Vaccinia virus.
(JJ) Vibrio spp., the causes of cholera and other vibrioses.
(KK) Yellow fever virus.
(LL) Yersinia pestis, the cause of plague.

(2) Isolation or other specific identification of the following organisms from normally sterile human body sites:
(A) Group A Streptococcus pyogenes (group A streptococci).
(B) Haemophilus influenzae, serotype b.
(C) Neisseria meningitidis, the cause of meningococcal disease.

(3) Positive serologic test results, as specified, for the following infections:
(A) Fourfold or greater changes or equivalent changes in serum antibody titers to:
(i) Any arthropod-borne viruses associated with meningitis or encephalitis in a human.
(ii) Any hantavirus or hemorrhagic fever virus.
(iii) Chlamydia psittaci, the cause of psittacosis.
(iv) Coxiella burnetii, the cause of Q fever.
(v) Dengue virus.
(vi) Ehrlichia spp., the causes of ehrlichiosis.
(vii) Measles (rubeola) virus.
(viii) Mumps virus.
(ix) Rickettsia rickettsii, the cause of Rocky Mountain spotted fever.
(x) Rubella virus.
(xi) Yellow fever virus.
(B) The presence of IgM serum antibodies to:
(i) Chlamydia psittaci
(ii) Hepatitis A virus.
(iii) Hepatitis B virus core antigen.
(iv) Rubella virus.
(v) Rubeola (measles) virus.
(vi) Yellow fever virus.

(4) Laboratory results from tests to determine the absolute and relative counts for the T-helper (CD4) subset of lymphocytes that have a level below that specified by the Centers for Disease Control and Prevention as the criteria used to define an AIDS diagnosis.

Authority G.S. 130A-134; 130A-135; 130A-139; 130A-141.

10A NCAC 41A .0102 METHOD OF REPORTING

(a) When a report of a disease or condition is required to be made pursuant to G.S. 130A-135 through 139 and 10A NCAC 41A .0101, with the exception of laboratories, which shall proceed as in Subparagraph (d), the report shall be made to the local health director as follows:

(1) For diseases and conditions required to be reported within 24 hours, the initial report shall be made by telephone, and the report required by Subparagraph (2) of this Paragraph shall be made within seven days.

(2) In addition to the requirements of Subparagraph (1) of this Paragraph, the report shall be made on the communicable disease report card or in an electronic format provided by the Division of Public Health and shall include the name and address of the patient, the name and address of the parent or guardian if the patient is a minor, and epidemiologic information.

(3) In addition to the requirements of Subparagraphs (1) and (2) of this Paragraph, forms or electronic formats provided by the Division of Public Health for collection of information necessary for disease control and documentation of clinical and epidemiologic information about the cases shall be completed and submitted for the following reportable diseases and conditions identified in ~~15A~~41A NCAC ~~A~~41A .0101(a):acquired immune deficiency syndrome (AIDS); brucellosis; cholera; cryptosporidiosis; cyclosporiasis; E. coli 0157:H7 infection; ehrlichiosis; Haemophilus influenzae, invasive disease; Hemolytic-uremic syndrome/thrombotic thrombocytopenic purpura; hepatitis A; hepatitis B; hepatitis B carriage; hepatitis C; human immunodeficiency virus (HIV) confirmed; legionellosis; leptospirosis; Lyme disease; malaria; measles (rubeola); meningitis, pneumococcal; meningococcal disease; mumps; paralytic poliomyelitis; psittacosis; Rocky Mountain spotted fever; rubella; rubella congenital syndrome; tetanus; toxic shock syndrome; trichinosis; tuberculosis; tularemia; typhoid; typhoid carriage (Salmonella typhi); vibrio infection (other than cholera); and whooping cough.

(4) Communicable disease report cards, surveillance forms, and electronic formats are available from the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915, and from local health departments.

(b) Notwithstanding the time frames established in 10A NCAC 41A .0101, a restaurant or other food or drink establishment shall report all outbreaks or suspected outbreaks of foodborne illness in its customers or employees and all suspected cases of foodborne disease or foodborne condition in food-handlers at the establishment by telephone to the local health department within 24 hours in accordance with Subparagraph (a)(1) of this Rule. However, the establishment is not required to submit a report card or surveillance form pursuant to Subparagraphs (a)(2) and (a)(4) of this Rule.

(c) For the purposes of reporting by restaurants and other food or drink establishments pursuant to G.S.130A-138, the following diseases and conditions listed in 10A NCAC 41A .0101(a) shall be reported: anthrax; botulism; brucellosis; campylobacter infection; cholera; cryptosporidiosis; cyclosporiasis; E. coli 0157:H7 infection; hepatitis A; salmonellosis; shigellosis; streptococcal infection, Group A, invasive disease; trichinosis; tularemia; typhoid; typhoid carriage (Salmonella typhi); and vibrio infection (other than cholera).

(d) Laboratories required to report test results pursuant to G.S. 130A-139 and 10A NCAC 41A .0101(c) shall report as follows:

(1) The results of the specified tests for syphilis, chlamydia and gonorrhea shall be reported to the local health department by the first and fifteenth of each month. Reports of the results of the specified tests for gonorrhea, chlamydia and syphilis shall include the specimen collection date, the patient's age, race, and sex, and the submitting physician's name, address, and telephone numbers.

(2) Positive darkfield examinations for syphilis, all reactive prenatal and delivery STS titers, all reactive STS titers on infants less than one year old and STS titers of 1:8 and above shall be reported within 24 hours by telephone to the HIV/STD Prevention and Care Branch at (919) 733-7301, or the HIV/STD Prevention and Care Branch Regional Office where the laboratory is located.

(3) With the exception of positive laboratory tests for human immunodeficiency virus, positive laboratory tests as defined in G.S. 130A-139(1) and 10A NCAC 41A .0101(c) shall be reported to the Division of Public Health electronically, by mail, by secure telefax or by telephone within the time periods specified for each reportable disease or condition in 10A NCAC 41A .0101(a). Confirmed positive laboratory tests for human immunodeficiency virus as defined in 10A NCAC 41A .0101(b) and for CD4 results defined in 10A NCAC 41A .0101(c)(4) shall be reported to the HIV/STD Prevention and Care Branch within 24 hours of obtaining reportable test results. Reports shall include as much of the following information as the laboratory possesses: the specific name of the test performed; the source of the specimen; the collection date(s); the patient's name, age, race, sex, address, and county; and the submitting physician's name, address, and telephone number.

Authority G.S. 130A-134; 130A-135; 130A-138; 130A-139; 130A-141.

SECTION .0200 - CONTROL MEASURES FOR COMMUNICABLE DISEASES

10A NCAC 41A .0202 CONTROL MEASURES – HIV

The following are the control measures for the Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection:

(1) Infected persons shall:

(a) refrain from sexual intercourse unless condoms are used; exercise caution

when using condoms due to possible condom failure;

(b) not share needles or syringes, or any other drug-related equipment, paraphernalia, or works that may be contaminated with blood through previous use;

(c) not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast milk;

(d) have a skin test for tuberculosis;

(e) notify future sexual intercourse partners of the infection; if the time of initial infection is known, notify persons who have been sexual intercourse and needle partners since the date of infection; and, if the date of initial infection is unknown, notify persons who have been sexual intercourse and needle partners for the previous year.

(2) The attending physician shall:

(a) give the control measures in Item (1) of this Rule to infected patients, in accordance with 10A NCAC 41A .0210;

(b) If the attending physician knows the identity of the spouse of an HIV-infected patient and has not, with the consent of the infected patient, notified and counseled the spouse, the physician shall list the spouse on a form provided by the Division of Public Health and shall mail the form to the Division; the Division shall undertake to counsel the spouse; the attending physician's responsibility to notify exposed and potentially exposed persons is satisfied by fulfilling the requirements of Sub-Items (2)(a) and (b) of this Rule;

(c) advise infected persons concerning clean-up of blood and other body fluids;

(d) advise infected persons concerning the risk of perinatal transmission and transmission by breastfeeding.

(3) The attending physician of a child who is infected with HIV and who may pose a significant risk of transmission in the school or day care setting because of open, oozing wounds or because of behavioral abnormalities such as biting shall notify the local health director. The local health director shall consult with the attending physician and investigate the circumstances.

(a) If the child is in school or scheduled for admission and the local health director determines that there may be a significant risk of transmission, the local health director shall consult with an interdisciplinary committee, which shall include school personnel, a medical expert, and the child's parent or guardian to assist in the investigation and determination of risk. The local health director shall notify the superintendent or private school director of the need to appoint such an interdisciplinary committee.

(i) If the superintendent or private school director establishes such a committee within three days of notification, the local health director shall consult with this committee.

(ii) If the superintendent or private school director does not establish such a committee within three days of notification, the local health director shall establish such a committee.

(b) If the child is in school or scheduled for admission and the local health director determines, after consultation with the committee, that a significant risk of transmission exists, the local health director shall:

(i) notify the parents;

(ii) notify the committee;

(iii) assist the committee in determining whether an adjustment can be made to the student's school program to eliminate significant risks of transmission;

(iv) determine if an alternative educational setting is necessary to protect the public health;

(v) instruct the superintendent or private school director concerning protective measures to be implemented in the alternative educational setting developed by appropriate school personnel; and

(vi) consult with the superintendent or private school director to determine which school personnel directly involved with the child need to be notified of the HIV infection in order to prevent transmission and ensure that these persons are instructed regarding the necessity for protecting confidentiality.

(c) If the child is in day care and the local health director determines that there is a significant risk of transmission, the local health director shall notify the parents that the child must be placed in an alternate child care setting that eliminates the significant risk of transmission.

(4) When health care workers or other persons have a needlestick or nonsexual non-intact skin or mucous membrane exposure to blood or body fluids that, if the source were infected with HIV, would pose a significant risk of HIV transmission, the following shall apply:

(a) When the source person is known:

(i) The attending physician or occupational health care provider responsible for the exposed person, if other than the attending physician of the person whose blood or body fluids is the source of the exposure, shall notify the attending physician of the source that an exposure has occurred. The attending physician of the source person shall discuss the exposure with the source and shall test the source for HIV infection unless the source is already known to be infected. The attending physician of the exposed person shall be notified of the infection status of the source.

(ii) The attending physician of the exposed person shall inform the exposed person about the infection status of the source, offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred, and, if the source person was HIV infected, give the exposed person the control measures listed in Sub-Items (1)(a) through (c) of this Rule. The attending physician of the exposed person shall instruct the exposed person regarding the necessity for protecting confidentiality.

(b) When the source person is unknown, the attending physician of the exposed persons shall inform the exposed person of the risk of transmission and offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred.

(c) A health care facility may release the name of the attending physician of a source person upon request of the attending physician of an exposed person.

(5) The attending physician shall notify the local health director when the physician, in good faith, has reasonable cause to suspect a patient infected with HIV is not following or cannot follow control measures and is thereby causing a significant risk of transmission. Any other person may notify the local health director when the person, in good faith, has reasonable cause to suspect a person infected with HIV is not following control measures and is thereby causing a significant risk of transmission.

(6) When the local health director is notified pursuant to Item (5) of this Rule, of a person who is mentally ill or mentally retarded, the local health director shall confer with the attending mental health physician or mental health authority and the physician, if any, who notified the local health director to develop a plan to prevent transmission.

(7) The Director of Health Services of the North Carolina Department of Correction and the prison facility administrator shall be notified when any person confined in a state prison is determined to be infected with HIV. If the prison facility administrator, in consultation with the Director of Health Services, determines that a confined HIV infected person is not following or cannot follow prescribed control measures, thereby presenting a significant risk of HIV transmission, the administrator and the Director shall develop and implement jointly a plan to prevent transmission, including making

recommendations to the unit housing classification committee.

(8) The local health director shall ensure that the health plan for local jails include education of jail staff and prisoners about HIV, how it is transmitted, and how to avoid acquiring or transmitting this infection.

(9) Local health departments shall provide counseling and testing for HIV infection at no charge to the patient. Third party payors may be billed for HIV counseling and testing when such services are provided and the patient provides written consent.

(10) HIV pre-test counseling is not required.~~–~~ Post-test counseling for persons infected with HIV must be ~~individualized.~~individualized and shall include risk reduction guidelines, referrals for medical and psychosocial services and control measures.

(11) A local health department or the Department may release information regarding an infected person pursuant to G.S. 130A-143(3) only when the local health department or the Department has provided direct medical care to the infected person and refers the person to or consults with the health care provider to whom the information is released.

(12) Notwithstanding Rule .0201(d) of this Section, a local or state health director may require, as a part of an isolation order issued in accordance with G.S. 130A-145, compliance with a plan to assist the individual to comply with control measures. The plan shall be designed to meet the specific needs of the individual and may include one or more of the following available and appropriate services:

(a) substance abuse counseling and treatment;

(b) mental health counseling and treatment; and

(c) education and counseling sessions about HIV, HIV transmission, and behavior change required to prevent transmission.

(13) The Division of Public Health shall conduct a partner notification program to assist in the notification and counseling of partners of HIV infected persons.

(14) Every pregnant woman shall be offered HIV testing by her attending physician at her first prenatal visit and in the third trimester. The attending physician shall test the pregnant woman for HIV infection, unless the pregnant woman refuses the HIV test. If the HIV status of a pregnant woman is unknown at labor and delivery, the woman shall be tested for HIV. If the provider has the capacity to perform rapid HIV testing, a rapid HIV test shall be performed.

(15) If an infant is delivered by a woman whose HIV status is unknown at the time of delivery, the infant shall be tested for HIV. If the provider has the capacity to perform rapid HIV testing, a rapid HIV test shall be performed.

(16) Testing for HIV may be offered as part of routine laboratory testing panels using a general consent which is obtained from the patient for treatment and routine laboratory testing, so long as the patient is notified that they are being tested for HIV and given the opportunity to refuse.

Authority G.S. 130A-133; 130A-135; 130A-144; 130A-145; 130A-148(h).

10A NCAC 41A .0204 CONTROL MEASURES – SEXUALLY TRANSMITTED DISEASES

(a) Local health departments shall provide diagnosis, testing, treatment, follow-up, and preventive services for syphilis, gonorrhea, chlamydia, nongonococcal urethritis, mucopurulent cervicitis, chancroid, lymphogranuloma venereum, and granuloma inguinale. These services shall be provided upon request and at no charge to the patient.

(b) Persons infected with, exposed to, or reasonably suspected of being infected with gonorrhea, chlamydia, non-gonococcal urethritis, and mucopurulent cervicitis shall:

(1) Refrain from sexual intercourse until examined and diagnosed and treatment is completed, and all lesions are healed;

(2) Be tested, treated, and re-evaluated in accordance with the STD Treatment Guidelines published by the U.S. Public Health Service. The recommendations contained in the STD Treatment Guidelines shall be the required control measures for testing, treatment, and follow-up for gonorrhea, chlamydia, nongonococcal urethritis, and mucopurulent cervicitis, and are incorporated by reference including subsequent amendments and editions. A copy of this publication is on file for public viewing with the and a copy may be obtained free of charge by writing the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915, and requesting a copy. However, urethral Gram stains may be used for diagnosis of males rather than gonorrhea cultures unless treatment has failed;

(3) Notify all sexual partners from 30 days before the onset of symptoms to completion of therapy that they must be evaluated by a physician or local health department.

(c) Persons infected with, exposed to, or reasonably suspected of being infected with syphilis, lymphogranuloma venereum, granuloma inguinale, and chancroid shall:

(1) Refrain from sexual intercourse until examined and diagnosed and treatment is completed, and all lesions are healed;

(2) Be tested, treated, and re-evaluated in accordance with the STD Treatment Guidelines published by t h e U.S. Public Health Service. The recommendations contained in the STD Treatment Guidelines shall be the required control measures for testing, treatment, and follow-up for syphilis, lymphogranuloma venereum, granuloma inguinale, and chancroid, except that chancroid cultures shall not be required;

(3) Give names to a disease intervention specialist employed by the local health department or by the Division of Public Health for contact tracing of all sexual partners and others as listed in this Rule:

(A) for syphilis:

(i) congenital - parents and siblings;

(ii) primary - all partners from three months before the onset of symptoms to completion of therapy and healing of lesions;

(iii) secondary - all partners from six months before the onset of symptoms to completion of therapy and healing of lesions; and

(iv) latent - all partners from 12 months before the onset of symptoms to completion of therapy and healing of lesions and, in addition, for women with late latent, spouses and children;

(B) for lymphogranuloma venereum:

(i) if there is a primary lesion and no buboes, all partners from 30 days before the onset of symptoms to completion of therapy and healing of lesions; and

(ii) if there are buboes all partners from six months before the onset of symptoms to completion of therapy and healing of lesions;

(C) for granuloma inguinale - all partners from three months before the onset of symptoms to completion of therapy and healing of lesions; and

(D) or chancroid - all partners from ten days before the onset of symptoms to completion of therapy and healing of lesions.

(d) All persons evaluated or reasonably suspected of being infected with any sexually transmitted disease shall be tested for syphilis, encouraged to be tested confidentially for HIV, and counseled about how to reduce the risk of acquiring sexually transmitted disease, including the use of condoms.

(e) All pregnant women shall be tested for syphilis, chlamydia and gonorrhea at the first prenatal visit. All pregnant women shall be tested for syphilis between 28 and 30 weeks of ~~gestation.~~gestation and at delivery. Hospitals shall determine the syphilis serologic status of the mother prior to discharge of the newborn so that if necessary the newborn can be evaluated and treated as provided in Subparagraph (c)(2) of this Rule. ~~.~~ Pregnant women 25 years of age and younger shall be tested for chlamydia and gonorrhea in the third trimester. Pregnant women at increased risk for exposure to chlamydia and gonorrhea shall be tested for chlamydia and gonorrhea again at the time of delivery. Increased risk is defined as having a new sexual partner, multiple sexual partners or a sexual partner who has multiple sexual partners.

(f) Any woman who delivers a stillborn infant shall be tested for syphilis.

~~(f)~~(g) All newborn infants shall be treated prophylactically against gonococcal ophthalmia neonatorum in accordance with the STD Treatment Guidelines published by the U.S. Public Health Service. The recommendations contained in the STD Treatment Guidelines shall be the required prophylactic treatment against gonococcal ophthalmia neonatorum.

Authority G.S. 130A-135; 130A-144.