

**CHAPTER 41 – HEALTH: EPIDEMIOLOGY**

**SUBCHAPTER 41A – COMMUNICABLE DISEASE CONTROL**

**SECTION .0200 - CONTROL MEASURES FOR COMMUNICABLE DISEASES**

**10A NCAC 41A .0201 CONTROL MEASURES - GENERAL**

(a) Except as provided in Rules of this Section, the recommendations and guidelines for testing, diagnosis, treatment, follow-up, and prevention of transmission for each disease and condition specified by the American Public Health Association in its publication, Control of Communicable Diseases Manual shall be the required control measures. Control of Communicable Diseases Manual is hereby incorporated by reference including subsequent amendments and editions. Guidelines and recommended actions published by the Centers for Disease Control and Prevention shall supercede those contained in the Control of Communicable Disease Manual and are likewise incorporated by reference, including subsequent amendments and editions. Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars (\$22.00) each plus five dollars (\$5.00) shipping and handling. Copies of Centers for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a total cost of three dollars and fifty cents (\$3.50) each. Copies of both publications are available for inspection in the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915.

(b) In interpreting and implementing the specific control measures adopted in Paragraph (a) of this Rule, and in devising control measures for outbreaks designated by the State Health Director and for communicable diseases and conditions for which a specific control measure is not provided by this Rule, the following principles shall be used:

- (1) control measures shall be those which can reasonably be expected to decrease the risk of transmission and which are consistent with recent scientific and public health information;
- (2) for diseases or conditions transmitted by the airborne route, the control measures shall require physical isolation for the duration of infectivity;
- (3) for diseases or conditions transmitted by the fecal-oral route, the control measures shall require exclusions from situations in which transmission can be reasonably expected to occur, such as work as a paid or voluntary food handler or attendance or work in a day care center for the duration of infectivity;
- (4) for diseases or conditions transmitted by sexual or the blood-borne route, control measures shall require prohibition of donation of blood, tissue, organs, or semen, needle-sharing, and sexual contact in a manner likely to result in transmission for the duration of infectivity.

(c) Persons with congenital rubella syndrome, tuberculosis, and carriers of Salmonella typhi and hepatitis B who change residence to a different local health department jurisdiction shall notify the local health director in both jurisdictions.

(d) Isolation and quarantine orders for communicable diseases and communicable conditions for which control measures have been established shall require compliance with applicable control measures and shall state penalties for failure to comply. These isolation and quarantine orders may be no more restrictive than the applicable control measures.

(e) An individual enrolled in an epidemiologic or clinical study shall not be required to meet the provisions of 10A NCAC 41A .0201 - .0209 which conflict with the study protocol if:

- (1) the protocol is approved for this purpose by the State Health Director because of the scientific and public health value of the study, and
- (2) the individual fully participates in and completes the study.

(f) A determination of significant risk of transmission under this Subchapter shall be made only after consideration of the following factors, if known:

- (1) The type of body fluid or tissue;
- (2) The volume of body fluid or tissue;
- (3) The concentration of pathogen;
- (4) The virulence of the pathogen; and
- (5) The type of exposure, ranging from intact skin to non-intact skin, or mucous membrane.

(g) The term "household contacts" as used in this Subchapter means any person residing in the same domicile as the infected person.

*History Note: Authority G.S. 130A-135; 130A-144;*

*Temporary Rule Eff. February 1, 1988, for a period of 180 days to expire on July 29, 1988;*

*Eff. March 1, 1988;*

*Amended Eff. February 1, 1990; November 1, 1989; August 1, 1988;*

*Recodified Paragraphs (d), (e) to Rule .0202; Paragraph (i) to Rule .0203 Eff. June 11, 1991;*

*Amended Eff. April 1, 2003; October 1, 1992; December 1, 1991; August 1, 1998;*

*Emergency Amendment Eff. January 24, 2005;*

*Emergency Amendment Expired on April 16, 2005.*

#### **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;
- (f) if the time of initial infection is known, notify persons who have been sexual intercourse and needle partners since the date of infection; and,
- (g) 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 following 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 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, unless the source is already known to be infected, shall test the source for HIV infection without consent unless it reasonably appears that the test cannot be performed without endangering the safety of the source person or the person administering the test. If the source person cannot be tested, an existing specimen, if one exists, shall be tested. 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 Division of Public Health shall notify the Director of Health Services of the North Carolina Department of Correction and the prison facility administrator 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 is required, must be individualized, and shall include 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 to provide informed consent pursuant to G.S. 130A-148(h). If there is no record at labor and delivery of an HIV test result during the current pregnancy for the pregnant woman, the attending physician shall inform the pregnant woman that an HIV test will be performed, explain the reasons for testing, and the woman shall be tested for HIV without consent using a rapid HIV test unless it reasonably appears that the test cannot be performed without endangering the safety of the pregnant woman or the person administering the test. If the pregnant woman cannot be tested, an existing specimen, if one exists that was collected within the last 24 hours, shall be tested using a rapid HIV test. The attending physician must provide the woman with the test results as soon as possible. However, labor and delivery providers who do not currently have the capacity to perform rapid HIV testing are not required to use a rapid HIV test until January 1, 2009.
- (15) If an infant is delivered by a woman with no record of the result of an HIV test conducted during the pregnancy and if the woman was not tested for HIV during labor and delivery, the fact that the mother has not been tested creates a reasonable suspicion pursuant to G.S. 130A-148(h) that the newborn has HIV infection and the infant shall be tested for HIV. An infant born in the previous 12 hours shall be tested using a rapid HIV test. However, providers who do not currently have the capacity to perform rapid HIV testing shall not be required to use a rapid HIV test until January 1, 2009.

- (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.

*History Note: Authority G.S. 130A-135; 130A-144; 130A-145; 130A-148(h);  
Temporary Rule Eff. February 1, 1988, for a period of 180 days to expire on  
July 29, 1988;  
Eff. March 1, 1988;  
Amended Eff. February 1, 1990; November 1, 1989; June 1, 1989;  
Temporary Amendment Eff. January 7, 1991 for a period of 180 days to expire  
on July 6, 1991;  
Amended Eff. May 1, 1991;  
Recodified from 15A NCAC 19A .0201 (d) and (e) Eff. June 11, 1991;  
Amended Eff. August 1, 1995; October 1, 1994; January 4, 1994; October 1,  
1992;  
Temporary Amendment Eff. February 18, 2002; June 1, 2001;  
Amended Eff. November 1, 2007; April 1, 2005; April 1, 2003.*

#### **10A NCAC 41A .0203 CONTROL MEASURES - HEPATITIS B**

(a) The following are the control measures for hepatitis B infection. The infected persons shall:

- (1) refrain from sexual intercourse unless condoms are used except when the partner is known to be infected with or immune to hepatitis B;
- (2) not share needles or syringes;
- (3) not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast milk;
- (4) if the time of initial infection is known, identify to the local health director all sexual intercourse and needle partners since the date of infection; and, if the date of initial infection is unknown, identify persons who have been sexual intercourse or needle partners during the previous six months;
- (5) for the duration of the infection, notify future sexual intercourse partners of the infection and refer them to their attending physician or the local health director for control measures; and for the duration of the infection, notify the local health director of all new sexual intercourse partners;
- (6) identify to the local health director all current household contacts;
- (7) be tested six months after diagnosis to determine if they are chronic carriers, and when necessary to determine appropriate control measures for persons exposed pursuant to Paragraph (b) of this Rule;
- (8) comply with all control measures for hepatitis B infection specified in Paragraph (a) of 10A NCAC 41A .0201, in those instances where such control measures do not conflict with other requirements of this Rule.

(b) The following are the control measures for persons reasonably suspected of being exposed:

- (1) when a person has had a sexual intercourse exposure to hepatitis B infection, the person shall be

tested;

(2) after testing, when a susceptible person has had sexual intercourse exposure to hepatitis B infection,

the person shall be given a dose appropriate for body weight of hepatitis B immune globulin and

hepatitis B vaccination as soon as possible; hepatitis B immune globulin shall be given no later than

two weeks after the last exposure;

(3) when a person is a household contact, sexual intercourse or needle sharing contact of a person who has

remained infected with hepatitis B for six months or longer, the partner or household contact, if

susceptible and at risk of continued exposure, shall be vaccinated against hepatitis B;

(4) when a health care worker or other person has a needlestick, non-intact skin, or mucous membrane

exposure to blood or body fluids that, if the source were infected with the hepatitis B virus, would

pose a significant risk of hepatitis B transmission, the following shall apply:

(A) when the source is known, the source person shall be tested for hepatitis B infection, unless

already known to be infected;

(B) when the source is infected with hepatitis B and the exposed person is:

(i) vaccinated, the exposed person shall be tested for anti-HBs and, if anti-HBs is unknown or less than 10 milli-International Units per ml, receive hepatitis B

vaccination and hepatitis B immune globulin as soon as possible; hepatitis B

immune globulin shall be given no later than seven days after exposure;

(ii) not vaccinated, the exposed person shall be given a dose appropriate for body weight of hepatitis B immune globulin immediately and begin vaccination with

hepatitis B vaccine within seven days;

(C) when the source is unknown, the determination of whether hepatitis B immunization is required shall be made in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention guidelines. Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars (\$22.00) each plus five dollars (\$5.00) shipping and handling. Copies of Center for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a cost of three dollars fifty cents (\$3.50) each. Copies of both publications are available for inspection in the General Communicable Disease Control Branch, Cooper Memorial Health Building, 225 N. McDowell Street, Raleigh, North Carolina 27603-1382.

(5) infants born to HBsAg-positive mothers shall be given hepatitis B vaccination and hepatitis B immune

globulin within 12 hours of birth or as soon as possible after the infant is stabilized. Additional doses

of hepatitis B vaccine shall be given in accordance with current published Control of Communicable

Diseases Manual and Centers for Disease Control and Prevention Guidelines. The infant shall be

tested for the presence of HBsAg and anti-HBs within three to nine months after the last dose of the

regular series of vaccine; if required because of failure to develop immunity after the regular series,

additional doses shall be given in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention guidelines. Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars (\$22.00) each plus five dollars (\$5.00) shipping and handling. Copies of Center for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a cost of three dollars fifty cents (\$3.50) each. Copies of both publications are available for inspection in the General Communicable Disease Control Branch, Cooper Memorial Health Building, 225 N. McDowell Street, Raleigh, North Carolina 27603-1382;

(6) infants born to mothers whose HBsAg status is unknown shall be given hepatitis B vaccine within 12 hours of birth and the mother tested. If the tested mother is found to be HBsAg-positive, the infant shall be given hepatitis B immune globulin as soon as possible and no later than seven days after birth;

(7) when an acutely infected person is a primary caregiver of a susceptible infant less than 12 months of age, the infant shall receive an appropriate dose of hepatitis B immune globulin and hepatitis vaccinations in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention Guidelines. Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars (\$22.00) each plus five dollars (\$5.00) shipping and handling. Copies of Center for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a cost of three dollars fifty cents (\$3.50) each. Copies of both publications are available for inspection in the General Communicable Disease Control Branch, Cooper Memorial Health Building, 225 N. McDowell Street, Raleigh, North Carolina 27603-1382.

(c) The attending physician shall advise all patients known to be at high risk, including injection drug users, men who have sex with men, hemodialysis patients, and patients who receive multiple transfusions of blood products, that they should be vaccinated against hepatitis B if susceptible. The attending physician shall also recommend that hepatitis B chronic carriers receive hepatitis A vaccine (if susceptible).

(d) The following persons shall be tested for and reported in accordance with 10A NCAC 41A .0101 if positive for



hepatitis B infection:

- (1) pregnant women unless known to be infected; and
- (2) donors of blood, plasma, platelets, other blood products, semen, ova, tissues, or organs.

(e) The attending physician of a child who is infected with hepatitis B virus 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.

(f) If the child referred to in Paragraph (e) of this Rule 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. 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.

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.

(g) If the child referred to in Paragraph (e) of this Rule 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:

- (1) notify the parents;
- (2) notify the committee;
- (3) assist the committee in determining whether an adjustment can be made to the student's school

program to eliminate significant risks of transmission;

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

(5) instruct the superintendent or private school director concerning protective measures to be

implemented in the alternative educational setting developed by school personnel; and

(6) consult with the superintendent or private school director to determine which school personnel directly

involved with the child need to be notified of the hepatitis B virus infection in order to prevent transmission and ensure that these persons are instructed regarding the necessity for protecting

confidentiality.

(h) If the child referred to in Paragraph (e) of this Rule 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.

*History Note: Authority G.S. 130A-135; 130A-144*

*Eff. February 1, 1990;*

*Amended Eff. October 1, 1990;*

*Recodified from 15A NCAC 19A .0201(i) Eff. June 11, 1991;  
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