

# Introduction to Communicable Disease Surveillance and Investigation in North Carolina



# **Public Health Law in North Carolina for Sexually Transmitted Diseases**

**Vivian Mears, RN BSN, Nurse Consultant  
Technical Assistance and Training Program**



**Learning Objective:**

The learner will know how to locate, read, and apply relevant N.C. laws and rules related to HIV/STD Control in the state of North Carolina

**Learner Outcome:** The registered nurse will practice according to all relevant N.C. laws, rules, and legal opinions in the scope of nursing practice

Learning  
Objectives and  
Learner  
Outcomes



## Unit Content

NC General Statutes  
NC Administrative Code

- Confidentiality
- Testing
- Consent
- Reporting
- Investigation
- Control Measures

Attorney General Opinions

HIPAA

“As a registered nurse practicing in North Carolina, what are the relevant laws pertaining to HIV/STD Control for which I have a duty to uphold?”

**General Statutes (laws) are made in  
the North Carolina General Assembly**



**North Carolina Commission for Public  
Health writes the N.C. Administrative  
Code (rules)**

**North Carolina  
General Statutes  
NC GS 130A**

**North Carolina  
Administrative  
Code  
NCAC Title 10 A  
Chapter 41 A**

**Allows enforcement of communicable disease law by court order:**

“If a person shall violate any provision of this Chapter, the rules adopted by the Commission or rules adopted by a local board of health, or a condition or term of a permit or order issued under this Chapter, the Secretary or a local health director may institute an action for injunctive relief, irrespective of all other remedies at law, in the superior court of the county where the violation occurred or where a defendant resides.”

**N.C. General Statute 130A-18**



**Makes violation of Public Health Law a misdemeanor with up to two years imprisonment and possibly a fine**

“A person convicted under this section for violation of G.S. 130A-144(f) or G.S. 130A-145 shall not be sentenced under Article 81B of Chapter 15A of the General Statutes but shall instead be sentenced to a term of imprisonment of no more than two years and shall serve any prison sentence in McCain Hospital, Section of Prisons of the Division of Adult Correction, McCain, North Carolina; the North Carolina Correctional Center for Women, Section of Prisons of the Division of Adult Correction, Raleigh, North Carolina; or any other confinement facility designated for this purpose by the Secretary of Public Safety after consultation with the State Health Director. The Secretary of Public Safety shall consult with the State Health Director concerning the medical management of these persons...”

## **N.C. General Statute 130A-25**



## **Confidentiality of Medical Records**

“All records containing privileged patient medical information...shall be confidential and shall not be public records ...the information contained in the records may be disclosed for purposes of treatment, payment, research, or health care operations...”

## **AIDS/Communicable Disease**

“All information and records, whether publicly or privately maintained, that identify a person who has AIDS virus infection or who has or may have a disease or condition required to be reported pursuant to the provisions of this Article shall be strictly confidential.”

**N.C. General  
Statute  
130A-12**

**N.C. General  
Statute  
130A-143**

# Criteria for Release of Information

- Specific medical or epidemiological information for statistical purposes in a way that no person can be identified;
- All or part of the medical record with the written consent of the person or persons identified or their guardian;
- Purposes of treatment, payment, research, or health care operations to the extent that disclosure is permitted
- Pursuant to subpoena or court order.
- Investigating a terrorist incident using nuclear, biological, or chemical agents.
- Seeks the assistance of the law enforcement official in preventing or controlling the spread of the disease or condition
- Another federal, state or local public health agency for the purpose of preventing or controlling the spread of a communicable disease or communicable condition
- Bona fide research purposes

**N.C. General  
Statute  
130A-143**

**Confidentiality**

## **HIV Infected Persons**

“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.”

## **North Carolina Administrative Code**

**10A NCAC 41A  
.0202  
(11)**

**Confidentiality**



**HIPAA allows health care providers to disclose protected information:**

- Section 164.512 (a)
- Section 164.512 (b)

(a) When required by another law

(b) Can disclose to a public health authority authorized by law to receive information for public health purposes

Communicable Disease Investigation is thereby exempt from HIPAA.

## **Health Insurance Portability and Accountability Act (HIPAA)**

## **Confidentiality**



“Persons tested for AIDS virus infection shall be notified of test results and counseled appropriately.”

“A test for AIDS virus infection may also be performed upon any person solely by order of a physician licensed to practice medicine in North Carolina who is rendering medical services to that person when, in the reasonable medical judgment of the physician, the test is necessary for the appropriate treatment of the person; however, the person shall be informed that a test for AIDS virus infection is to be conducted, and shall be given clear opportunity to refuse to submit to the test prior to it being conducted, and further if informed consent is not obtained, the test may not be performed.”

“An unemancipated minor may be tested for AIDS virus infection without the consent of the parent or legal guardian of the minor when the parent or guardian has refused to consent to such testing and there is reasonable suspicion that the minor has AIDS virus or HIV infection or that the child has been sexually abused.”

## HIV TESTING

N.C. General  
Statute  
130A-148

## **HIV TESTING & COUSELING IN LOCAL HEALTH DEPARTMENTS**

“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.”

## **HIV TESTING**

### **North Carolina Administrative Code**

**10A NCAC 41A  
.0202 (9)**

## **INFANT TESTING**

“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.”

## **HIV TESTING**

### **North Carolina Administrative Code**

**10A NCAC 41A  
.0202 (15)**

## **HIV & ROUTINE LABORATORY TESTING**

“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.”

## **HIV TESTING**

### **North Carolina Administrative Code**

**10A NCAC 41A  
.0202 (16)**

## MINOR CONSENT

“Any minor may give effective consent to a physician licensed to practice medicine in North Carolina for medical health services for the prevention, diagnosis and treatment of (i) venereal disease and other diseases reportable under G.S. 130A-135, (ii) pregnancy, (iii) abuse of controlled substances or alcohol, and (iv) emotional disturbance.”

**Key Issue:** Does the minor have the capacity to give consent? Clinician makes that assessment and supports with documentation. Agency must have a policy to support that assessment.

**N.C. General  
Statute  
90-21.5  
  
Consent**

## **Detention for communicable diseases.**

“If a judicial official conducting an initial appearance or first appearance hearing finds probable cause that an individual had a nonsexual exposure to the defendant in a manner that poses a significant risk of transmission of the AIDS virus or Hepatitis B by such defendant, the judicial official shall order the defendant to be detained for a reasonable period of time, not to exceed 24 hours, for investigation by public health officials and for testing for AIDS virus infection and Hepatitis B infection if required by public health officials...”

**N.C. General  
Statute  
15A-534.3**

**Consent**



## Testing Defendants

Allows testing of defendants if there is probable cause that the defendant engaged in sexual assault or violated statutes regarding sexual intercourse with minors, and may have transmitted infection while doing so.

“(c) If the defendant is in the custody of the Division of Adult Correction of the Department of Public Safety, the defendant shall be tested by the Division of Adult Correction of the Department of Public Safety. If the defendant is not in the custody of the Division of Adult Correction of the Department of Public Safety, the defendant shall be tested by the local health department. The Division of Adult Correction of the Department of Public Safety shall inform the local health director of all test results. The local health director shall ensure that the victim is informed of the results of the tests and counseled appropriately. The agency conducting the tests shall inform the defendant of the results of the tests and ensure that the defendant is counseled appropriately. The results of the tests shall not be admissible as evidence in any criminal proceeding.”

**N.C. General  
Statute  
15A-615  
Consent**

## **Informed Consent**

- Provide the following information orally and in writing:
- Testing to be done
- The risks and benefits of testing
- The implications of test results
- How test results will be communicated
- The opportunity to ask questions

## **Refusal of Services**

Services that are considered to be standard of care, but refused, should be documented on a waiver of services tool.

# **Informed Consent**



**§ 130A-139. Persons in charge of laboratories to report.**

A person in charge of a laboratory providing diagnostic service in this State shall report information required by the Commission to a public health agency specified by the Commission when the laboratory makes any of the following findings:

- (1) Sputa, gastric contents, or other specimens which are smear positive for acid fast bacilli or culture positive for *Mycobacterium tuberculosis*;
- (2) Urethral smears positive for Gram-negative intracellular diplococci or any culture positive for *Neisseria gonorrhoeae*;
- (3) Positive serological tests for syphilis or positive darkfield examination;
- (4) Any other positive test indicative of a communicable disease or communicable condition for which laboratory reporting is required by the Commission.

**N.C. General  
Statute  
130A - 139  
  
Reporting**

**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:.....

**10A NCAC 41A .0102 METHOD OF REPORTING**

(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) ...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.

**North Carolina  
Administrative  
Code**

**10A NCAC 41A**

**.0101**

**.0102**

**Reporting**



**Secure, Web-Based Reporting System**

**All Reportable Communicable Diseases**

**Jurisdiction**

**Roles and Permission**

**Electronic Laboratory Reporting**

**Physicians Report on Paper/Telephone**

**North Carolina  
Electronic Disease  
Surveillance  
System**

**NC EDSS**



**§ 130A-144. Investigation and control measures.**

(a) The local health director shall investigate, as required by the Commission, cases of communicable diseases and communicable conditions reported to the local health director pursuant to this Article.

(b) Physicians, persons in charge of medical facilities or laboratories, and other persons shall, upon request and proper identification, permit a local health director or the State Health Director to examine, review, and obtain a copy of medical or other records in their possession or under their control which the State Health Director or a local health director determines pertain to the (i) diagnosis, treatment, or prevention of a communicable disease or communicable condition for a person infected, exposed, or reasonably suspected of being infected or exposed to such a disease or condition, or (ii) the investigation of a known or reasonably suspected outbreak of a communicable disease or communicable condition.

(e) The local health director shall ensure that control measures prescribed by the Commission have been given to prevent the spread of all reportable communicable diseases or communicable conditions and any other communicable disease or communicable condition that represents a significant threat to the public health. The local health department shall provide, at no cost to the patient, the examination and treatment for tuberculosis disease and infection and for sexually transmitted diseases designated by the Commission.

N.C. General  
Statute  
130A-144

**Communicable  
Disease  
Investigation**

**§ 130A-145. Quarantine and isolation authority.**

(a) The State Health Director and a local health director are empowered to exercise quarantine and isolation authority. Quarantine and isolation authority shall be exercised only when and so long as the public health is endangered, all other reasonable means for correcting the problem have been exhausted, and no less restrictive alternative exists.

N.C. General  
Statute  
130A-145

**Control Measures**

**“Isolation &  
Quarantine”**

## **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.

# North Carolina Administrative Code

10A NCAC 41A  
.0202 (1)

**HIV Control  
Measures**

**“Infected  
Persons”**

## **10A NCAC 41A .0202 CONTROL MEASURES – HIV**

(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.

North Carolina  
Administrative  
Code

10A NCAC 41A  
.0202 (2)

**HIV Control  
Measures**

**“Attending  
Physicians”**

(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.

## North Carolina Administrative Code

10A NCAC 41A  
.0202 (4)

## HIV Control Measures

**“Needlestick”**

**10A NCAC 41A .0202 CONTROL MEASURES – HIV**

(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.

North Carolina  
Administrative  
Code

10A NCAC 41A  
.0202(5)

**HIV Control  
Measures**

**“Non-Compliant”**

**10A NCAC 41A .0202 CONTROL MEASURES  
– HIV**

(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.

**North Carolina  
Administrative  
Code**

**10A NCAC 41A  
.0202 (7-8)**

**HIV Control  
Measures**

**“Jail Health”**

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.

## North Carolina Administrative Code

10A NCAC 41A  
.0202 (9-11)

## HIV Control Measures

## Counseling & Testing

**10A NCAC 41A .0202 CONTROL MEASURES – HIV**

(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.

North Carolina  
Administrative  
Code

10A NCAC 41A  
.0202 (13)

**HIV Control  
Measures**

**“Partner  
Identification”**

(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.

## North Carolina Administrative Code

10A NCAC 41A  
.0202 (14)

### HIV Control Measures

“Pregnant  
Women”

## 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;

# North Carolina Administrative Code

10A NCAC 41A  
.0203

“Hepatitis B  
Control  
Measures”

**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 are 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. ... 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.

North Carolina  
Administrative  
Code

10A NCAC 41A  
.0204

**STD Control  
Measures**

Clients presenting to local health departments with symptoms or history suggestive of sexually transmitted disease, exposure to sexually transmitted disease, or a desire to be screened for sexually transmitted disease cannot be billed directly for the services needed for screening, diagnosis, or management of problem.

North Carolina  
Administrative Code

10A NCAC 41A  
.0204

**STD Control  
Measures**

**Interpretation**

Applies to screening and diagnostic testing of diseases not mentioned in the law (e.g., herpes, trichomoniasis, bacterial vaginosis, HIV) because the diagnostic processes and often symptoms are the same.

*Clarification from the  
Office of the Attorney General*

North Carolina  
Administrative Code

10A NCAC 41A  
.0204

**STD Control  
Measures**

**Interpretation**

Clients requesting syphilis blood tests for marriage in another state can not be billed for this service (other states require that this testing be done and certified by the N.C. State Public Health Lab.

*Clarification from the  
Office of the Attorney General*

North Carolina  
Administrative Code

10A NCAC 41A  
.0204

**STD Control  
Measures**

**Interpretation**

## Exceptions to .0204(a)

Asymptomatic clients who request screening for non-reportable STDs (e.g., herpes serology, hepatitis C) can be billed.

*Clarification from the  
Office of the Attorney General*

## North Carolina Administrative Code

10A NCAC 41A  
.0204

## STD Control Measures

## Interpretation

## Exceptions to .0204(a)

Clients who request STD testing not offered by the state may be billed for testing and screening according to local billing policies.

*Clarification from the  
Office of the Attorney General*

## North Carolina Administrative Code

10A NCAC 41A  
.0204

## STD Control Measures

## Interpretation

## Exceptions to .0204(a)

Clients who receive follow up treatment for warts after the diagnosis has been established can be billed.

*Clarification from the  
Office of the Attorney General*

## North Carolina Administrative Code

10A NCAC 41A  
.0204

## **STD Control Measures**

## **Interpretation**

## Exceptions to .0204(a)

The initial visit to establish the wart diagnosis would be without charge since the standard of practice requires screening for STDs as part of the assessment.

*Clarification from the  
Office of the Attorney General*

North Carolina  
Administrative Code

10A NCAC 41A  
.0204

**STD Control  
Measures**

**Interpretation**

## Exceptions to .0204(a)

Clients who present for screening as an employment requirement may be billed for the service.

*Clarification from the  
Office of the Attorney General*

## North Carolina Administrative Code

10A NCAC 41A  
.0204

## **STD Control Measures**

## **Interpretation**

**(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 the U.S. Public Health Service. The recommendations contained in the STD Treatment Guidelines are the required control measures for testing, treatment, and follow-up for syphilis, lymphogranuloma venereum, granuloma inguinale, and chancroid, except that chancroid cultures are not 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.

# North Carolina Administrative Code

10A NCAC 41A  
.0204

## STD Control Measures

“Syphilis”

(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.

North Carolina  
Administrative  
Code

10A NCAC 41A  
.0204

**STD Control  
Measures**

**“Syphilis”**

(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 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 (c)(2) of this rule. Pregnant women 25 years of age and younger shall be tested for chlamydia and gonorrhea in the third trimester or at delivery if the woman was not tested in the third trimester.

North Carolina  
Administrative Code

10A NCAC 41A  
.0204

**STD Control  
Measures**

**“Pregnant Women  
Testing”**

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

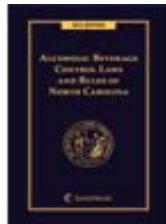
(g) All newborn infants shall be treated prophylactically against gonococcal ophthalmia neonatorum in accordance with the STD Treatment Guidelines published by the U.S. Public Health Service. The recommendations contained in the STD Treatment Guidelines are the required prophylactic treatment against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

North Carolina  
Administrative  
Code

10A NCAC 41A  
.0204

**STD Control  
Measures**

**“Infants”**



*Thank you for  
your contributions  
to North Carolina  
Public Health.*

*Remember the  
Law and Rules!*

