

1 **10A NCAC 41A.0204 IS AMENDED AS PUBLISHED IN 21 NCR 24 PP. 2256-2257 WITH**
2 **CHANGES AS FOLLOWS:**

3 **10A NCAC 41A .0204 CONTROL MEASURES - SEXUALLY TRANSMITTED DISEASES**

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

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

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

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

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

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

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

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

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

35 (A) for syphilis:

36 (i) congenital - parents and siblings;

- 1 (ii) primary - all partners from three months before the onset of symptoms to
2 completion of therapy and healing of lesions;
- 3 (iii) secondary - all partners from six months before the onset of symptoms to
4 completion of therapy and healing of lesions; and
- 5 (iv) latent - all partners from 12 months before the onset of symptoms to
6 completion of therapy and healing of lesions and, in addition, for women
7 with late latent, spouses and children;
- 8 (B) for lymphogranuloma venereum:
- 9 (i) if there is a primary lesion and no buboes, all partners from 30 days before
10 the onset of symptoms to completion of therapy and healing of lesions;
11 and
- 12 (ii) if there are buboes all partners from six months before the onset of
13 symptoms to completion of therapy and healing of lesions;
- 14 (C) for granuloma inguinale - all partners from three months before the onset of
15 symptoms to completion of therapy and healing of lesions; and
- 16 (D) or chancroid - all partners from ten days before the onset of symptoms to
17 completion of therapy and healing of lesions.

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

21 (e) All pregnant women shall be tested for syphilis, chlamydia and gonorrhea at the first prenatal visit. All
22 pregnant women shall be tested for syphilis between 28 and 30 weeks of ~~gestation.~~ gestation and at delivery.
23 Hospitals shall determine the syphilis serologic status of the mother prior to discharge of the newborn so that if
24 necessary the newborn can be evaluated and treated as provided in (c)(2) of this rule. Pregnant women ~~at~~
25 increased risk for exposure to syphilis shall be tested for syphilis again at the time of delivery. 25 years of age
26 and younger shall be tested for chlamydia and gonorrhea in the third trimester and at delivery. All pregnant
27 women shall be tested for gonorrhea in the third trimester. Pregnant women at increased risk for exposure to
28 gonorrhea shall be tested for gonorrhea again at the time of delivery. Pregnant women less than 25 years of age
29 and women who are at increased risk of exposure to chlamydia, i.e., women who have a new partner or more
30 than one partner or whose partner has other partners, shall be tested for chlamydia in the third trimester. For
31 purposes of this Rule, a pregnant woman at increased risk is one who has had multiple sexual partners or who
32 has a sexual partner that has multiple sexual partners.

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

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

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2 *History Note:* Authority G. S. 130A-135; 130A-144;
3 *Eff. December 1, 1991;*
4 *Amended Eff. November 1, 2007; April 1, 2003; July 1, 1993.*