

- 1 (d) have a ~~skin~~ test for tuberculosis;
- 2 (e) notify future sexual intercourse partners of the ~~infection~~; infection, unless the person living
- 3 with HIV meets the criteria listed in (1)(a)(i) of this rule. If the person living with HIV is
- 4 the victim of a sexual assault, there is no requirement to notify the assailant; and
- 5 (f) if the time of initial infection is known, notify persons who have been sexual intercourse
- 6 ~~and or needle-~~ needle-sharing partners since the date of ~~infection~~; infection or give the
- 7 names to a disease intervention specialist employed by the local health department or by
- 8 the Division of Public Health for contact tracing and notification; and ~~and,~~
- 9 (g) if the date of initial infection is unknown, notify persons who have been sexual intercourse
- 10 ~~and needle~~ or needle-sharing partners for the previous ~~year~~. 12 months or give names to a
- 11 disease intervention specialist employed by the local health department or by the Division
- 12 of Public Health for contact tracing of all sexual and needle-sharing partners for the
- 13 preceding 12 months.
- 14 (2) The attending physician shall:
- 15 (a) give the control measures in Item (1) of this Rule to ~~infected patients~~, patients living with
- 16 HIV in accordance with 10A NCAC 41A .0210;
- 17 (b) advise persons living with HIV to notify all future sexual partners of infection;
- 18 (c)(b) If the attending physician knows the identity of the spouse of ~~an HIV-infected patient~~ the
- 19 person living with HIV and has not, with the consent of the ~~infected patient~~, person living
- 20 with HIV, notified and counseled the spouse, the physician shall list the spouse on a form
- 21 provided by the Division of Public Health and shall ~~mail~~ send the form to the ~~Division.~~
- 22 Division by secure transmission, required by 45 CFR 164.312(e)(1), or fax; The the
- 23 Division shall undertake to counsel the spouse; the attending physician's responsibility to
- 24 notify exposed and potentially exposed persons is satisfied by fulfilling the requirements
- 25 of Sub-Items (2)(a) and (c)(b) of this Rule;
- 26 (d)(e) advise ~~infected~~ persons living with HIV concerning proper methods for the clean-up of
- 27 blood and other body fluids;
- 28 (e)(d) advise ~~infected~~ persons living with HIV concerning the risk of perinatal transmission and
- 29 transmission by breastfeeding.
- 30 (3) The attending physician of a child ~~who is infected~~ living with HIV ~~and~~ who may pose a significant
- 31 risk of transmission in the school or day care setting because of open, oozing wounds or because of
- 32 behavioral abnormalities ~~such as biting~~ shall notify the local health director. The local health director
- 33 shall consult with the attending physician and investigate the following circumstances:
- 34 (a) If the child is in school or scheduled for admission and the local health director determines
- 35 that there may be a significant risk of transmission, the local health director shall consult
- 36 with an interdisciplinary committee, which shall include school personnel, a medical
- 37 expert, and the child's parent or guardian to assist in the investigation and determination of

1 risk. The local health director shall notify the superintendent or private school director of
2 the need to appoint such an interdisciplinary committee. Risk of transmission shall be
3 determined in accordance with the HIV Risk and Prevention Estimates published by the
4 Centers for Disease Control and Prevention, which are hereby incorporated by reference
5 including subsequent amendments and editions. A copy of this publication is on file for
6 public viewing and may be obtained free of charge by writing the Division of Public Health,
7 1915 Mail Service Center, Raleigh, North Carolina 27699-1915.

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

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

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

17 (i) notify the ~~parents;~~ parents or legal guardians;

18 (ii) notify the committee;

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

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

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

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

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

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

36 (a) When the source person is known:

- 1 (i) The attending physician or occupational health care provider responsible for the
2 exposed person, if other than the attending physician of the person whose blood
3 or body fluids is the source of the exposure, shall notify the attending physician
4 of the source that an exposure has occurred. The attending physician of the source
5 person shall discuss the exposure with the source and, unless the source is already
6 known to be ~~infected, living with HIV~~, shall test the source for HIV infection
7 without consent unless it reasonably appears that the test cannot be performed
8 without endangering the safety of the source person or the person administering
9 the test. If the source person cannot be tested, an existing specimen, if one exists,
10 shall be tested. The attending physician of the ~~exposed source person~~ shall ~~be~~
11 ~~notified~~ notify the attending physician of the exposed person of the infection
12 status of the source.
- 13 (ii) The attending physician of the exposed person shall inform the exposed person
14 about the infection status of the source, offer testing for HIV infection as soon as
15 possible after exposure and at reasonable intervals ~~up to one year to determine~~
16 ~~whether~~ until the interval since last exposure is sufficient to assure detection using
17 current CDC HIV testing guidelines, ~~transmission occurred~~, and, if the source
18 person was HIV positive, ~~infected~~, give the exposed person the control measures
19 listed in Sub-Items (1)(a) through (c) of this Rule. The attending physician of the
20 exposed person shall instruct the exposed person regarding the necessity for
21 protecting ~~confidentiality~~, confidentiality of the source person's HIV status.
- 22 (b) When the source person is unknown, the attending physician of the exposed persons shall
23 inform the exposed person of the risk of transmission and offer testing for HIV infection
24 as soon as possible after exposure and at reasonable intervals ~~up to one year to determine~~
25 ~~whether transmission occurred~~, until the interval since the last exposure is sufficient to
26 assure detection using the current CDC HIV testing guidelines.
- 27 (c) A health care facility may release the name of the attending physician of a source person
28 upon request of the attending physician of an exposed person.
- 29 (5) The attending physician shall notify the local health director when the physician, in good faith, has
30 reasonable cause to suspect a patient ~~infected~~ living with HIV is not following or cannot follow
31 control measures and is thereby causing a significant risk of transmission. Any other person may
32 notify the local health director when the person, in good faith, has reasonable cause to suspect a
33 person ~~infected~~ living with HIV is not following control measures and is thereby causing a
34 significant risk of transmission.
- 35 (6) When the local health director is notified pursuant to Item (5) of this Rule, of a person who is
36 mentally ill or ~~mentally retarded~~, intellectually impaired, the local health director shall confer with

1 the attending mental health physician or mental health authority and the physician, if any, who
2 notified the local health director to develop a plan to prevent transmission.

3 (7) The Division of Public Health shall notify the Director of Health Services of the North Carolina
4 Department of ~~Correction~~ Public Safety and the prison facility administrator when any person
5 confined in a state prison is determined to be ~~infected~~ living with HIV. If the prison facility
6 administrator, in consultation with the Director of Health Services, determines that a confined ~~HIV~~
7 ~~infected person living with~~ HIV is not following or cannot follow prescribed control measures,
8 thereby presenting a significant risk of HIV transmission, the administrator and the Director shall
9 develop and implement jointly a plan to prevent transmission, including making recommendations
10 to the unit housing classification committee.

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

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

17 (10) HIV pre-test counseling is not required. Post-test counseling for persons ~~infected~~ living with HIV is
18 required, must be individualized, and shall include referrals for medical and psychosocial services
19 and control ~~measures.~~ measures counselling.

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

24 ~~(11)(12)~~ Notwithstanding Rule .0201(d) of this Section, a local or state health director may require, as a part
25 of an isolation order issued in accordance with G.S. 130A-145, compliance with a plan to assist the
26 individual to comply with control measures. The plan shall be designed to meet the specific needs
27 of the individual including linkage to care and may include referral to one or more of the following
28 available and appropriate services:

29 (a) substance abuse counseling and treatment;

30 (b) harm reduction services;

31 ~~(c)(b)~~ mental health counseling and treatment; and

32 ~~(d)(e)~~ education and counseling sessions about HIV, HIV transmission, and behavior change
33 required to prevent transmission.

34 (e) intimate partner violence intervention services.

35 ~~(12)(13)~~ The Division of Public Health shall conduct a partner notification program to assist in the
36 notification and counseling of partners of ~~HIV-infected persons.~~ persons living with HIV.

1 ~~(13)~~(14) Every pregnant woman shall be offered HIV testing by her attending physician at her first prenatal
2 visit and in the third trimester. The attending physician shall test the pregnant woman for HIV
3 infection, unless the pregnant woman refuses to provide informed consent pursuant to G.S. 130A-
4 148(h). If there is no record at labor and delivery of an HIV test result during the current pregnancy
5 for the pregnant woman, the attending physician shall inform the pregnant woman that an HIV test
6 will be performed, explain the reasons for testing, and the woman shall be tested for HIV without
7 consent using a rapid HIV test unless it reasonably appears that the test cannot be performed without
8 endangering the safety of the pregnant woman or the person administering the test. If the pregnant
9 woman cannot be tested, an existing specimen, if one exists that was collected within the last 24
10 hours, shall be tested using a rapid HIV test. The attending physician must provide the woman with
11 the test results as soon as possible. ~~However, labor and delivery providers who do not currently have~~
12 ~~the capacity to perform rapid HIV testing are not required to use a rapid HIV test until January 1,~~
13 ~~2009.~~

14 ~~(14)~~(15) If an infant is delivered by a woman with no record of the result of an HIV test conducted during
15 the pregnancy and if the woman was not tested for HIV during labor and delivery, the fact that the
16 mother has not been tested creates a reasonable suspicion pursuant to G.S. 130A-148(h) that the
17 newborn has HIV infection and the infant shall be tested for HIV. An infant born in the previous 12
18 hours shall be tested using a rapid HIV test. ~~However, providers who do not currently have the~~
19 ~~capacity to perform rapid HIV testing shall not be required to use a rapid HIV test until January 1,~~
20 ~~2009.~~

21 ~~(15)~~(16) Testing for HIV may be offered as part of routine laboratory testing panels using a general consent
22 which is obtained from the patient for treatment and routine laboratory testing, so long as the patient
23 is notified that they are being tested for HIV and given the opportunity to refuse.

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