.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 hours;
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 Clostridium perfringens, staphylococcal, Bacillus cereus, and other and unknown causes-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 - 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 immuno-fluorescent antibody test, positive nucleic acid detection (NAT) test, 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 ricketsii, 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 vancomycin.

(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;

NOTES:

History Note:
Temporary Rule Eff. February 1, 1988, for a period of 180 days to expire on July 29, 1988;
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Temporary Amendment Eff. July 1, 1997;
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Amended Eff. April 1, 2003;
Temporary Amendment Eff. November 1, 2003; May 16, 2003;
Amended Eff. January 1, 2005; April 1, 2004;
Temporary Amendment Eff. June 1, 2006;
Amended Eff. April 1, 2008; November 1, 2007; October 1, 2006;
Temporary Amendment Eff. January 1, 2010;
Temporary Amendment Expired September 11, 2010;
Amended Eff. April 1, 2011.

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*** CURRENT WITH RULES RECEIVED THROUGH MARCH 31, 2012 ***

TITLE 10A. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHAPTER 41. HEALTH: EPIDEMIOLOGY
SUBCHAPTER 41A. COMMUNICABLE DISEASE CONTROL
.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 10A NCAC 41A .0101(a):

(A) acquired immune deficiency syndrome (AIDS);
(B) brucellosis;
(C) cholera;
(D) cryptosporidiosis;
(E) cyclosporiasis;
(F) E. coli 157: H7 infection;
(G) ehrlichiosis;
(H) Haemophilus influenzae, invasive disease;
(I) Hemolytic-uremic syndrome/thrombotic thrombocytopenic purpura;
(J) hepatitis A;
(K) hepatitis B;
(L) hepatitis B carriage;
(M) hepatitis C;
(N) human immunodeficiency virus (HIV) confirmed;
(O) legionellosis;
(P) leptospirosis;
(Q) Lyme disease;
(R) malaria;
(S) measles (rubeola);
(T) meningitis, pneumococcal;
(U) meningococcal disease;
(V) mumps;
(W) paralytic poliomyelitis;
(X) psittacosis;
(Y) Rocky Mountain spotted fever;
(Z) rubella;
(AA) rubella congenital syndrome;
(BB) tetanus;
(CC) toxic shock syndrome;
(DD) trichinosis;
(EE) tuberculosis;
(FF) tularemia;
(GG) typhoid;
(HH) typhoid carriage (Salmonella typhi);
(II) vibrio infection (other than cholera); and
(JJ) whooping cough.

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 Subparagraph (a)(2) 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:

(1) anthrax;
(2) botulism;
(3) brucellosis;
(4) campylobacter infection;
(5) cholera;
(6) cryptosporidiosis;
(7) cyclosporiasis;
(8) E. coli 157: H7 infection;
(9) hepatitis A;
(10) salmonellosis;
(11) shigellosis;
(12) streptococcal infection, Group A, invasive disease;
(13) trichinosis;
(14) tularemia;
(15) typhoid;
(16) typhoid carriage (Salmonella typhi); and
(17) 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:
   - (A) the specific name of the test performed;
   - (B) the source of the specimen;
   - (C) the collection date(s);
   - (D) the patient's name, age, race, sex, address, and county; and
   - (E) the submitting physician's name, address, and telephone number.

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

NOTES:

History Note:
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Temporary Amendment Eff. December 16, 1994, for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Temporary Amendment Expired June 16, 1995;
Amended Eff. December 1, 2007; November 1, 2007; August 1, 2005, April 1, 2003; August 1, 1998.

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.0103 DUTIES OF LOCAL HEALTH DIRECTOR: REPORT COMMUNICABLE DISEASES

(a) Upon receipt of a report of a communicable disease or condition pursuant to 10A NCAC 41A.0101, the local health director shall:

1. immediately investigate the circumstances surrounding the occurrence of the disease or condition to determine the authenticity of the report and the identity of all persons for whom control measures are required. This investigation shall include the collection and submission for laboratory examination of specimens necessary to assist in the diagnosis and indicate the duration of control measures;

2. determine what control measures have been given and ensure that proper control measures as provided in 10A NCAC 41A.0201 have been given and are being complied with;

3. forward the report as follows:

   (A) The local health director shall forward all authenticated reports made pursuant to G.S. 130A-135 to 137 of syphilis, chancroid, granuloma inguinale, and lymphogranuloma venereum within seven days to the regional office of the Division of Public Health. In addition, the local health director shall telephone reports of all cases of primary, secondary, and early latent (under one year's duration) syphilis to the regional office of the HIV/STD Prevention and Care Branch within 24 hours of diagnosis at the health department or report by a physician.

   (B) The local health director shall telephone all laboratory reports of reactive syphilis serologies to the regional office of the Division of Public Health within 24 hours of receipt if the person tested is pregnant. This shall also be done for all other persons tested unless the dilution is less than 1:8 and the person is known to be over 25 years of age or has been previously treated. In addition, the written reports shall be sent to the regional office of the Division of Public Health within seven days.

   (C) Except as provided in (a)(3)(A) and (B) of this Rule, a local health director who receives a report pursuant to 10A NCAC 41A.0102 regarding a person residing in that jurisdiction shall forward the authenticated report to the Division of Public Health within seven days.

   (D) Except as provided in (a)(3)(A) and (B) of this Rule, a local health director who receives a report pursuant to 10A NCAC 41A.0102 regarding a person who resides in another jurisdiction in North Carolina shall forward the report to the local health director of that jurisdiction within 24 hours. A duplicate report card marked "copy" shall be forwarded to the Division of Epidemiology within seven days.

   (E) A local health director who receives a report pursuant to 10A NCAC 41A.0102 regarding a person who resided outside of North Carolina at the time of onset of the illness shall forward the report to the Division of Public Health within 24 hours.

(b) If an outbreak exists, the local health director shall submit to the Division of Public Health within 30 days a written report of the investigation, its findings, and the actions taken to control the outbreak and prevent a recurrence.

(c) Whenever an outbreak of a disease or condition occurs which is not required to be reported by 10A NCAC 41A.0101 but which represents a significant threat to the public health, the local health director shall give appropriate control measures consistent with 10A NCAC 41A.0200, and inform the Division of Public Health of the circumstances of the outbreak within seven days.

Authority G.S. 130A-141; 130A-144;

NOTES:

History Note:
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Amended Eff. April 1, 2003; December 1, 1991; September 1, 1990.
10A N.C.A.C. 41A.0104 (2012)

.RELEASE OF COMMUNICABLE DISEASE RECORDS: RESEARCH PURPOSES

(a) A person may request, for bona fide research purposes, the release of records which pertain to a communicable disease or communicable condition and which identify individuals. The request shall be in writing and shall contain the following information:

(1) Name of organization requesting the data;
(2) Names of principal investigators;
(3) Name of project;
(4) Purpose of project;
(5) Description of the proposed use of the data, including protocols for contacting patients, relatives, and service providers;
(6) Descriptions of measures to protect the security of the data;
(7) An assurance that the data will not be used for purposes other than those described in the protocol;
(8) An assurance that the data will be properly disposed of upon completion of the project; and
(9) An assurance that the results of the project will be provided to the custodian of the records.

(b) The request for release of the records shall be granted or denied in writing based upon the following considerations:

(1) Whether the objectives of the project require patient identifying information;
(2) Whether the objective of the project can be reached with the use of the data;
(3) Whether the project has a reasonable chance of answering a legitimate research question;
(4) Whether the project might jeopardize the ability of the Epidemiology Division to obtain reports and information regarding communicable diseases and communicable conditions;
(5) Whether the patient's right to privacy would be adequately protected.

Authority G.S. 130A-143(9);

NOTES:
10A N.C.A.C. 41A.0105 (2012)

HOSPITAL EMERGENCY DEPARTMENT DATA REPORTING

Hospitals, as defined in G.S. 130A-480(d), shall submit electronically to the Division of Public Health the following electronically available emergency department data elements for all emergency department visits:

1. Patient record number or other unique identification number;
2. Patient date of birth and age;
3. Patient’s sex;
4. City of residence;
5. County of residence;
6. Five digit ZIP code;
7. Alpha numeric patient control number assigned by the hospital for each record (the Visit Identification Number);
8. Emergency department facility identification number;
9. Projected payor source;
10. Date and time of emergency department visit (first documented time);
11. Mode of transport to the emergency department;
12. PreMIS identification number, if transported by EMS;
13. Chief complaint;
14. Initial temperature reading and route;
15. Initial systolic and initial diastolic blood pressure;
16. Triage Notes (brief description of patient's/family's self-reported illness episode, including symptoms, duration of symptoms, and reasons for visit [in addition to Chief Complaint] as presented by the patient or family to the triage nurse upon arrival at the emergency department)-this element is optional;
(17) Initial emergency department acuity assessment;
(18) Coded cause of injury (ICD-9-CM, if injury related to diagnosis);
(19) Emergency department procedures, up to ten (CPT or ICD-9-CM or ICD-10-CM);
(20) Emergency department disposition;
(21) Emergency department disposition diagnosis description; and
(22) Emergency department disposition diagnosis codes, one primary and up to ten additional (ICD-9-CM or ICD-10-CM).

Authority G.S. 130A-480;

NOTES:

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TITLE 10A. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHAPTER 41. HEALTH: EPIDEMIOLOGY
SUBCHAPTER 41A. COMMUNICABLE DISEASE CONTROL
SECTION .0100. REPORTING OF COMMUNICABLE DISEASES

10A N.C.A.C. 41A.0106 (2012)

.0106 REPORTING OF HEALTH-CARE-ASSOCIATED INFECTIONS

(a) The following definitions apply throughout this Rule:

(1) "Hospital" means any facility designated as such in G.S. 131E-76(3).

(2) "National Healthcare Safety Network" is an internet-based surveillance system managed by the Centers for Disease Control and Prevention. This system is designed to be used for the direct, standardized reporting of healthcare quality information, including health care-associated infections, by health care facilities to public health entities.

(3) "Health care-associated infection" means a localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) with no evidence that the infection was present or incubating at the time of admission to the health care setting.

(4) "Electronic surveillance system" means an electronic platform which has the ability to collect, manipulate, store, analyze or transmit electronic health data which may be used for surveillance of health care-associated infections.

(5) "Denominator or summary data" refers to referent or baseline data required to generate meaningful statistics for communicating health care-associated infection rates.
(6) "The Centers for Medicare and Medicaid Services-Inpatient Prospective Payment System (CMS-IPPS) rules" are regulations promulgated for the disbursement of operating costs by the Centers for Medicare and Medicaid Services for acute care hospital stays under Medicare Part A based on prospectively set rates for care.

(b) Hospitals shall electronically report all health care-associated infections required by Paragraph (c) of this Rule through the National Healthcare Safety Network and shall make the data available to the Department. Hospitals also shall:

(1) Report all specified health care-associated infections within 30 days following the end of every calendar month during which the infection occurred;

(2) Report all required health care-associated infection denominator or summary data for healthcare-associated infections within 30 days following the end of every calendar month; and

(3) Comply with all reporting requirements for general participation in the National Healthcare Safety Network.

(c) Except as provided in rules of this Section, hospitals shall report the healthcare-associated infections required by the Centers for Medicare and Medicaid Services listed in the CMS-IPPS rules beginning on the dates specified therein. The CMS-IPPS rules are hereby incorporated by reference including subsequent amendments and editions. A current copy of the CMS-IPPS rules may be obtained through the CMS-IPPS website at http://www.cms.gov/AcuteInpatientPPS/. A copy of the current CMS-IPPS rules, applicable to this section, is available for inspection in the Division of Public Health, 225 N. McDowell Street, Raleigh NC 27601.

(d) Beginning October 1, 2012 and quarterly thereafter, the Department shall release reports to the public on health care-associated infection(s) in North Carolina.

Authority G.S. 130A-150;

NOTES:

History Note: