

10A NCAC 41A .0205 CONTROL MEASURES – TUBERCULOSIS

(a) The local health director shall investigate all cases of tuberculosis disease and their contacts in accordance with recommendations and guidelines published by the Centers for Disease Control and Prevention which are hereby incorporated by reference including subsequent amendments and editions. The recommendations and guidelines are the required control measures for tuberculosis, except as otherwise provided in this Rule. A copy of the recommendations and guidelines is available by contacting the Division of Public Health, 1931 Mail Service Center, Raleigh, North Carolina 27699-1931 or by accessing the Centers for Disease Control and Prevention website at <http://www.cdc.gov/tb>.

(b) The following persons shall have a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) administered in accordance with recommendations and guidelines published by the Centers for Disease Control and Prevention:

- (1) Household and other high priority contacts of active cases of pulmonary and laryngeal tuberculosis. For purposes of this Rule, a high priority contact is defined in accordance with Centers for Disease Control and Prevention guidelines. If the contact's initial skin or IGRA test is negative, and the case is confirmed by culture, a repeat skin or IGRA test shall be performed 8 to 10 weeks after the exposure has ended;
- (2) Persons reasonably suspected of having tuberculosis disease;
- (3) Inmates in the custody of the Department of Public Safety, Division of Adult Correction upon incarceration, and annually thereafter;
- (4) Persons with HIV infection or AIDS.

(c) The following persons shall be tested using a two-step skin test method or a single IGRA test, administered in accordance with recommendations and guidelines published by the Centers for Disease Control and Prevention:

- (1) Staff with direct inmate contact in the Department of Public Safety, Division of Adult Correction upon employment;
- (2) Staff of licensed nursing homes or adult care homes upon employment;
- (3) Residents upon admission to licensed nursing homes or adult care homes. If the individual is being admitted directly from another hospital, licensed nursing home or adult care home in North Carolina and there is documentation of a two-step skin test or a single IGRA test, the individual does not need to be retested;
- (4) Staff in adult day care centers providing care for persons with HIV infection or AIDS upon employment.

(d) Except as provided in the last sentence of Subparagraph (c)(3) of this Rule, persons listed in Paragraph (c) of this rule shall be required only to have a single TST or IGRA in the following situations:

- (1) If the person has ever had a two-step skin test; or
- (2) If the person has had a single skin test within the last twelve months.

(e) Persons with a positive tuberculin skin test or IGRA shall be evaluated by an interview to screen for symptoms and a chest x-ray if they do not have a documented chest x-ray that was performed on the date of the positive test or later.

(f) Treatment and follow-up for tuberculosis infection or disease shall be in accordance with the recommendations and guidelines from the Centers for Disease Control and Prevention.

(g) Persons with active tuberculosis disease shall complete a standard multi-drug regimen, and shall be managed using Directly Observed Therapy (DOT), which is the actual observation of medication ingestion by a health care worker (HCW).

If a standard multi-drug regimen cannot be used, the attending physician shall consult with the state Tuberculosis Medical Director or designee on the treatment plan.

(h) Persons with suspected or known active pulmonary or laryngeal tuberculosis who have sputum smears positive for acid fast bacilli shall be considered infectious and shall be managed using airborne precautions including respiratory isolation or isolation in their home with no new persons exposed. These individuals are considered noninfectious and use of airborne precautions, precautions including respiratory isolation or isolation in their home may be discontinued when:

- (1) Sputum specimen results meet Centers for Disease Control and Prevention criteria for discontinuation of respiratory isolation;
- (2) They have two consecutive sputum smears collected at least eight hours apart which are negative;
- (3) It has been at least seven days since the last positive sputum smear; and
- (4) They have been compliant on tuberculosis medications to which the organism is susceptible and there is evidence of clinical response to tuberculosis treatment.

(i) Persons with suspected or known active pulmonary or laryngeal tuberculosis who are initially sputum smear negative require respiratory isolation until they have been started on tuberculosis treatment to which the organism is susceptible and there is evidence of clinical response to treatment.

History Note: Authority G.S. 130A-135; 130A-144;
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Amended Eff. April 1, 2006; April 1, 2003; August 1, 1998; October 1, 1994;
Temporary Amendment Eff. August 1, 2011;
Amended Eff. July 1, 2012;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.