

10A NCAC 41A .0214 CONTROL MEASURES - HEPATITIS C

The following are the control measures for hepatitis C infection:

- (1) Infected persons shall not:
 - (a) share needles or syringes, any other drug-related equipment or paraphernalia, or personal items, such as razors, that may be contaminated with blood through previous use; or
 - (b) donate or sell blood, plasma, platelets, or other blood products.
- (2) Persons with acute hepatitis C infection shall:
 - (a) if the date of initial infection is known, identify to the local health director all needle partners since the date of infection;
 - (b) if the date of initial infection is unknown, identify persons who have been needle partners during the previous six months.
- (3) The attending physician shall:
 - (a) advise all patients known to be at high risk, including injection drug users, hemodialysis patients, patients who received blood transfusions or solid organ transplants before July 1992, patients who received clotting factor concentrates made before 1987, persons with HIV infection, and persons with known exposure to hepatitis C, that they should be tested for hepatitis C;
 - (b) advise infected persons of the potential for transmission to others via blood or body fluids;
 - (c) provide or recommend that the infected patient seek medical evaluation for the presence or development of chronic liver disease; and
 - (d) recommend that persons with chronic hepatitis C receive hepatitis A and hepatitis B vaccines unless serological testing indicates that they are immune to these infections by virtue of past infection or vaccination.
- (4) When a health care worker or other person has a needlestick, non-intact skin, or mucous membrane exposure to blood or body fluids that would pose a significant risk of hepatitis C transmission if the source were infected with the hepatitis C virus, the following apply:
 - (a) When the source is known, 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 hepatitis C virus infection with or 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 of his or her blood, if one exists, shall be tested. The attending physician of the source person shall notify the attending physician of the exposed person of the infection status of the source.
 - (b) The attending physician of the exposed person shall inform the exposed person about the infection status of the source and shall instruct the exposed person regarding the necessity for protecting confidentiality. If the source person is infected with hepatitis C virus or the source person's infection status is unknown, the attending physician of the exposed person shall advise the exposed person to seek testing for hepatitis C virus infection as soon as possible and again four to six months after the exposure. If the source person was hepatitis C virus infected, the attending physician shall inform the exposed person of the measures required in Sub-Items (1)(a) through (b) of this Rule.
- (5) The Centers for Disease Control and Prevention (CDC) Nationally Notifiable Diseases and Conditions (NNDC) Current Case Definitions for Hepatitis C are hereby incorporated by reference, including subsequent amendments and editions. The CDC NNDC may be accessed from the internet at (http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis.htm). This document is also available for inspection at the North Carolina Division of Public Health, 1902 Mail Service Center, Raleigh NC 27603.

History Note: Authority G.S. 130A-135; 130A-144;
Eff. April, 1, 2012;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.