

1 10A NCAC 41A.0214 is proposed for adoption as follows:

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3 **10A NCAC 41A .0214 - CONTROL MEASURES - HEPATITIS C**

4 The following are the control measures for hepatitis C infection.

5 (1) Infected persons shall:

6 (a) not share needles or syringes, any other drug-related equipment or paraphernalia, or personal
7 items, such as razors, that may be contaminated with blood through previous use;

8 (b) not donate or sell blood, plasma, platelets, or other blood products.

9 (2) Persons with acute hepatitis C infection shall:

10 (a) if the time of initial infection is known, identify to the local health director all needle partners
11 since the date of infection; and, if the date of initial infection is unknown, identify persons who
12 have been needle partners during the previous six months.

13 (3) The attending physician shall:

14 (a) advise all patients known to be at high risk, including injection drug users, hemodialysis patients,
15 patients who received blood transfusions or solid organ transplants before July 1992, patients who
16 received clotting factor concentrates made before 1987, persons with HIV infection, and persons
17 with known exposure to hepatitis C, that they should be tested for hepatitis C;

18 (b) advise infected persons of the potential for transmission to others via blood or body fluids;

19 (c) provide or recommend that the infected patient seek medical evaluation for the presence or
20 development of chronic liver disease;

21 (d) recommend to hepatitis C chronic carriers receive hepatitis A and hepatitis B vaccines unless
22 serological testing indicates that they are immune to these infections by virtue of past infection or
23 vaccination.

24 (4) When a health care worker or other person has a needlestick, non-intact skin, or mucous membrane
25 exposure to blood or body fluids that would pose a significant risk of hepatitis C transmission if the source
26 were infected with the hepatitis C virus, the following shall apply:

27 (a) When the source is known, the attending physician or occupational health care provider
28 responsible for the exposed person, if other than the attending physician of the person whose
29 blood or body fluids is the source of the exposure, shall notify the attending physician of the
30 source that an exposure has occurred. The attending physician of the source person shall discuss

1 the exposure with the source and, unless the source is already known to be infected, shall test the
2 source for hepatitis C virus infection with or without consent unless it reasonably appears that the
3 test cannot be performed without endangering the safety of the source person or the person
4 administering the test. If the source person cannot be tested, an existing specimen of his or her
5 blood, if one exists, shall be tested. The attending physician of the exposed person shall be
6 notified of the infection status of the source.

7 (b) The attending physician of the exposed person shall inform the exposed person about the
8 infection status of the source and shall instruct the exposed person regarding the necessity
9 for protecting confidentiality. If the source person is infected with hepatitis C virus or the
10 source person's infection status is unknown, the attending physician of the exposed
11 person shall advise the exposed person to seek testing for hepatitis C virus infection at
12 baseline and 4–6 months after the exposure. If the source person was hepatitis C virus
13 infected, the attending physician shall give the exposed person the control measures listed
14 in Sub-Items (1)(a) through (b) of this Rule.

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16 History Note: Authority G.S. 130A-135; 130A-144.