

1 10A NCAC 41A.0205 is proposed for amendment as follows:

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3 **10A NCAC 41A .0205 CONTROL MEASURES – TUBERCULOSIS**

4 (a) The local health director shall investigate all cases of tuberculosis disease and their contacts in accordance with  
5 the provisions of the Control of Communicable Diseases Manual which is hereby incorporated by reference  
6 including subsequent amendments and editions. Copies of this publication may be purchased from the American  
7 Public Health Association, Publication Sales Department, Post Office Box 753, Waldorf, MD 20604 for a cost of  
8 twenty-two dollars (\$22.00) each plus five dollars (\$5.00) shipping and handling. A copy is available for inspection  
9 in the Division of Public Health, 1931 Mail Service Center, Raleigh, North Carolina 27699-1931.

10 (b) The following persons shall ~~be skin tested for tuberculosis~~ have a tuberculin skin test (TST) or Interferon  
11 Gamma Release Assay (IGRA) and given appropriate clinical, microbiologic and x-ray examination in accordance  
12 with the ~~"Diagnostic Standards and Classification of Tuberculosis in Adults and Children," published by the~~  
13 ~~American Thoracic Society.~~ "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis," "Guidance for  
14 Preventing the Transmission of Tuberculosis in Health Care Facilities," "Prevention and Control of Tuberculosis in  
15 Correctional and Detention Facilities: Recommendations from the CDC," and the "Updated Guidelines for Using  
16 Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* Infection---United States, 2010" published  
17 by the Centers for Disease Control and Prevention. The recommendations contained in ~~this~~ these references shall be  
18 the required control measures for evaluation, testing, and diagnosis for tuberculosis patients, contacts and suspects,  
19 except as otherwise provided in this Rule and are incorporated by reference including subsequent amendments and  
20 editions:

- 21 (1) Household and other high priority contacts of active cases of pulmonary and laryngeal  
22 tuberculosis. For purposes of this Rule, a high priority contact is defined in accordance with  
23 Centers for Disease Control and Prevention guidelines which are incorporated by reference in  
24 Rule .0201 of this Section. If the contact's initial IGRA or skin test is negative (~~0-4mm~~), and the  
25 case is confirmed by culture, a repeat IGRA or skin test shall be performed 8 to 10 weeks after the  
26 exposure has ended;
- 27 (2) Persons reasonably suspected of having tuberculosis disease;
- 28 (3) Inmates in the custody of, ~~and staff with direct inmate contact in,~~ the Department of Corrections  
29 upon incarceration ~~or employment~~, and annually thereafter;
- 30 (4) Staff with direct inmate contact in the Department of Corrections upon employment, and annually  
31 thereafter. The two-step skin test method shall be used if the individual has not had a documented  
32 tuberculin skin test within the preceding 12 months. A single skin test shall be given if the  
33 individual has had a single, documented, negative tuberculin skin test within the preceding 12  
34 months. A single IGRA may be used in place of the tuberculin skin test; only one IGRA need be  
35 performed upon employment regardless of whether the individual has had a documented skin test  
36 within the preceding 12 months;
- 37 (4)(5) ~~Patients and s~~Staff in long term care facilities upon ~~admission or~~ employment. The two-step skin  
38 test method shall be used if the individual has not had a documented tuberculin skin test within the

1 preceding 12 months. A single skin test shall be given if the individual has had a single,  
2 documented, negative tuberculin skin test within the preceding 12 months. A single IGRA may be  
3 used in place of the tuberculin skin test; only one IGRA need be performed upon employment  
4 regardless of whether the individual has had a documented skin test within the preceding 12  
5 months;

6 (6) Residents upon admission to licensed nursing homes or adult care homes. The two-step skin test  
7 method shall be used if the individual is being admitted from any setting other than a hospital,  
8 licensed nursing home or adult care home in North Carolina without a documented tuberculin skin  
9 test within the preceding 12 months. A single skin test shall be given if the individual is being  
10 admitted directly from any setting with only a single documented negative tuberculin skin test  
11 within the preceding 12 months. If the individual is being admitted directly from another hospital,  
12 licensed nursing home or adult care home in North Carolina and there is documentation of a two-  
13 step skin test, the individual would not need to be retested. A single IGRA may be used in place  
14 of the tuberculin skin test; only one IGRA need be performed upon admission regardless of  
15 whether the individual has had a documented tuberculin skin test within the preceding 12 months;

16 (5) Staff in adult day care centers providing care for persons with HIV infection or AIDS upon  
17 employment. The two-step skin test method shall be used if the individual has not had a  
18 documented tuberculin skin test within the preceding 12 months. A single IGRA may be used in  
19 place of the tuberculin skin test; only one IGRA need be performed upon admission regardless of  
20 whether the individual has had a documented tuberculin skin test within the preceding 12 months;  
21 and

22 (6) Persons with HIV infection or AIDS.

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

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28 A copy of "Diagnostic Standards and Classification of Tuberculosis in Adults and Children" is available by  
29 contacting the Division of Public Health, 1931 Mail Service Center, Raleigh, North Carolina 27699-1931 or by  
30 accessing the Centers for Disease Control and Prevention website at  
31 [http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/Maj\\_guide/cdc\\_ats\\_guidelines.htm](http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/Maj_guide/cdc_ats_guidelines.htm).

32 (c) Treatment and follow-up for tuberculosis infection or disease shall be in accordance with "Treatment of  
33 Tuberculosis," published by the American Thoracic Society. The recommendations contained in this reference shall  
34 be the required control measures for testing, treatment, and follow-up for tuberculosis patients, contacts and  
35 suspects, except as otherwise provided in this Rule and are incorporated by reference including subsequent  
36 amendments and editions. Copies of this publication are available by contacting the Division of Public Health, 1931

1 Mail Service Center, Raleigh, North Carolina 27699-1931 or by accessing the Centers for Disease Control and  
2 Prevention website at [http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/Maj\\_guide/cdc\\_atg\\_guidelines.htm](http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/Maj_guide/cdc_atg_guidelines.htm).

3 (d) The attending physician or designee shall instruct all patients treated for tuberculosis regarding the potential side  
4 effects of the medications prescribed and prescribed medications, including instructions to promptly notify the  
5 physician or designee if side effects occur.

6 (e) Persons with active tuberculosis disease shall complete a standard multi-drug regimen, unless otherwise  
7 approved by the State Tuberculosis Medical Director or designee, and shall be managed using Directly Observed  
8 Therapy (DOT), which is the actual observation of medication ingestion by a health care worker (HCW).

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

14 (1) Appropriately obtained sputum specimens meet Centers for Disease Control and Prevention and  
15 North Carolina Tuberculosis Control guidelines for discontinuation of respiratory isolation;

16 (~~2~~) They have ~~three~~ two consecutive sputum smears collected at least eight hours apart which are  
17 negative; ~~and~~

18 (3) It has been at least seven days since the last positive sputum smear; and

19 (~~4~~)(4) They have been compliant on tuberculosis medications to which the organism is judged to be  
20 susceptible and there is evidence of clinical response to tuberculosis treatment.

21 (g) Persons with suspected or known active pulmonary or laryngeal tuberculosis who are initially sputum smear  
22 negative do not require respiratory isolation once they have been started on tuberculosis treatment to which the  
23 organism is judged to be susceptible and there is evidence of clinical response to treatment.

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