

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administration - Reporting

POLICY # AD VIII-1

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SUBJECT: Communicable Disease

EFFECTIVE DATE: February 2012

SUPERCEDES DATE: December 2008

PURPOSE

To provide guidelines on reporting communicable disease.

POLICY

The Department of Correction, Division of Prisons, Health Services Section will comply with NC Communicable disease laws.

PROCEDURE

A. To comply with the North Carolina Communicable Disease Reporting law, the following named diseases and conditions are required to be reported within the time period specified after the disease or condition is reasonably expected 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-7days;
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 but not limited to Clostridium perfringens, staphylococcus, and Bacillus cereus - 24 hours;
18. gonorrhea - 24 hours;
19. granuloma inguinale - 24 hours;
20. Haemophilus influenzae, invasive disease - 24 hours;
21. Hantavirus infection – 7days
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 infection (HIV) infection confirmed -24 hours;
29. influenza virus infection causing death in persons less than 18 years of age-24 hours;
30. legionellosis - 7 days;
31. leprosy-7days
32. leptospirosis - 7 days;
33. listeriosis-24 hours
34. Lyme disease - 7 days;

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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. pelvic inflammatory disease-7days;
46. paralytic poliomyelitis - 24 hours;
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)-24hours;
55. shigellosis - 24 hours;
56. smallpox-immediately;
57. Staphylococcus aureus with reduced susceptibility to vancomycin-24hours;
58. streptococcal infection, Group A, invasive disease – 7days
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. When reporting a disease or condition which is required pursuant to G.S. 130A - 134; 130A -135, 130A - 141 and 15A NCAC 19A .0101, the report shall be made to the local health department and medical services as follows:
1. For diseases and conditions required to be reported within 24 hours, the initial report shall be made by telephone to both the health department and the Division of Prisons Infection Control Coordinator. The written report shall be made within 7 days, except syphilis, which shall be reported as outlined in the sexually transmitted disease policy.
 2. In addition to the requirements above, the report shall be made on the communicable disease card provided by the Division of Health and Human Services (DHHS) and shall include the name and address of the patient, the name and address of any minor's parent or guardian, and all other pertinent epidemiological information requested on the form.

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3. Communicable disease report cards and surveillance forms are available from DHHS, Epidemiology Division, PO Box 27687, Raleigh, N.C. 27611-7687 and local county health departments.
 4. Confirmed communicable diseases will be documented on the OPUS MS02 screen with the appropriate ICD.9 Code. Supporting laboratory tests and results will be entered into OPUS on the MS03 and MS11 screens.
- C. Isolation of patients with communicable disease
1. To protect the inmate population from communicable diseases, all inmates reasonably suspected of having a communicable disease which requires isolation, will be isolated immediately in one of the Division's health care facility isolation rooms. The DOP will use the most recent edition of Control of Communicable Disease Manual as the guideline for determining the type and duration of isolation.
 2. AFB isolation for suspected or confirmed cases of pulmonary tuberculosis:
 - a. Will be at facilities that have the required negative pressure rooms (See TX IV-2).
 - b. Shall be considered for continuation throughout the treatment for patients with multi-drug resistant tuberculosis (See TX IV-2).
 3. Isolation shall be continued until the patient is determined to be non-infectious, using Center for Disease Control guidelines for discontinuing category specific precautions.



2/28/12

Paula Y. Smith, M.D., Director of Health Services

Date

SOR: Infection Control Coordinator