
Division of Institutions
Policy and Procedure

Chapter: S
Section: .2500
Title: Communicable Disease and
Infection Control
Issue Date: October 24, 2023
Supersedes: January 2016

I. PURPOSE

To provide guidelines on management of Communicable Disease and Infection Control Program and to provide guidance for use of standard precautions to avoid exposure to potentially infectious diseases.

II. POLICY

The North Carolina Department of Adult Correction (DAC), Division of Comprehensive Health Services, and Division of Institutions (DOI) will comply with NC Communicable disease laws, 10A NCAC 41A.001, Reportable Diseases and Conditions. It is the policy of the North Carolina Department of Adult Correction to provide written plans that address the management of Tuberculosis, Human Immunodeficiency Virus (HIV), Hepatitis A, B, and C, and other infections and infestations. These plans shall include procedures for identification, surveillance, applicable immunization and treatment and isolation, when indicated.

III. PROCEDURES

A. Communicable Disease Reporting Procedure

There is a written program to address the management of communicable and infectious diseases in offenders (5-ACI-6A-12).

The management of offenders Methicillin Resistant Staphylococcus (MRSA) infection includes requirements identified in the communicable disease and infection control program (5-ACI-6A-13).

A comprehensive health appraisal for each offender, excluding intrasystem transfers, is completed as defined, after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required, except as determined by the designated health authority (5-ACI-6A-25).

1. To comply with the North Carolina Communicable Disease Reporting law, diseases and conditions listed by the NCDHHS Division of Public Health are required to be reported within the time period specified after the disease or condition is reasonably expected to exist.
https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/reportable_diseases.html
 - a) When reporting a disease or condition which is required pursuant to NCGS 130A-134; 130A-135, 130A-141 and 10A NCAC 41, the report shall be made to the local health department and medical services as follows:

- b) Such infections include, but are not limited to:
 - i. All sexually transmitted diseases
 - ii. HIV infection
 - iii. Hepatitis A, B, and C
 - iv. Methicillin Resistant Staphylococcus Aureus (MRSA) and other drug resistant infections
 - v. Tuberculosis
 - 2. For diseases and conditions required to be reported within 24 hours, the initial report shall be made by telephone/fax to both the health department and the Division of Adult Corrections Infection Control Coordinator. The written report shall be made within 7 days.
 - 3. In addition to the requirements above, the report shall be made on the communicable disease form DHHS 2124 provided by the Division of Health and Human Services (DHHS). The form 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. Form may be accessed at the above NCDHHS link.
 - 4. Confirmed communicable diseases will be documented in the electronic medical record and provider will enter an ICD-10 code. Supporting laboratory tests, results and DHHS 2124 will be accessible in electronic medical record.
- B. Isolation of patients with communicable disease
- 1. To protect the offender population from communicable diseases, all offenders reasonably suspected to be infected where isolation is required, will be isolated immediately. DAC will use the most recently published Center of Disease Control/Communicable Disease guidelines for determining the type and duration of isolation.
 - 2. AFB isolation for suspected or confirmed cases of pulmonary tuberculosis: will be at facilities that have the required negative pressure rooms (Central Prison Healthcare Complex or NC Correctional Institution for Women).
 - 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.
- C. Immunization Procedure
- 1. Immunizations are to be administered to patients in accordance with the North Carolina Immunization Regulations and Instructions as published by the North Carolina Commission for Health Services. These immunizations will include, but are not limited to COVID, Tetanus and Diphtheria, Hepatitis B, Influenza, and Pneumococcal polysaccharide.

2. Informed Consent – Nursing Staff is responsible for patient education and obtaining the patient's consent prior to administering all immunizations. Vaccine consent form can be located in the Electronic Medical Record Forms.
 3. The nurse is responsible for counseling the patient about the purpose of the vaccine, the contraindications to the vaccine, risks of the vaccine and what is to be done in case of adverse reactions. Counseling is to be supplemented with the appropriate Vaccine Information Sheet (VIS) published by the Center for Disease Control (CDC) available at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>.
 4. Prior to the administration of the vaccine the nurse must review the offender's medical history to determine if there are contraindications to the vaccines.
 5. Document the following on the Immunization Flow Sheet in the patient's Electronic Medical Record
 - a) Vaccine Lot #/Manufacturer/Expiration date
 - b) Site and route
 - c) VIS publication date
 6. Document vaccine contraindication findings in a clinical encounter in the medical record.
- D. Human Immunodeficiency Virus (HIV)

Management of HIV infection in offenders is includes procedures as identified in the communicable disease and infection control program. (5-ACI-6A-16)

DAC will ensure that all offender patients with HIV Disease have access to adequate medical care at all stages of the disease; that decisions regarding HIV/AIDS comply with sound medical and public health principles; that participation in the surveillance, control, and prevention of HIV infection is ongoing, and that education of offenders, correctional staff, and medical staff about HIV disease is appropriate and ongoing.

It is very important to view HIV disease as a spectrum, rather than to focus solely on AIDS, which is only a part of the big picture. The term "AIDS" should only refer to the end stage of the disease. Otherwise, the terms "HIV Infection" or "HIV Disease" should be used.

Acquired Immune Deficiency Syndrome (AIDS) – the final and most serious stage of HIV disease characterized by clinical signs and symptoms of severe immunodeficiency. The CDC surveillance definition of AIDS is widely used.

High Risk Behaviors – Activities which place a participant at high risk of contracting or transmitting HIV include, but are not limited to, unprotected sexual activity, injecting drugs, tattooing, body piercing, and exposure to blood products.

1. Human Immunodeficiency Virus (HIV) Testing and Treatment

- a) Mandatory Testing will be completed in compliance with NCGS 148-19.2 (Mandatory HIV Testing for Offenders Housed within DOI). This bill requires that each person sentenced into custody of DOI shall be tested for HIV.
 - i. Upon each admission to prison.
 - ii. Every four (4) years from the date of previous negative test.
 - iii. Prior to release, unless tested within one year of release.
- b) Procedures for identification, surveillance, immunization, treatment, and follow-up for HIV infection are fully outlined in DAC Clinical Practice Guidelines CPG-1 Management of the HIV Infected Individual.
- c) HIV testing may be performed for incarcerated individuals upon request. Nurse shall follow guidelines outlined in the nursing protocol Inmate Self Request for HIV/HCV Testing.
- d) Due to the high prevalence of co-infection of HIV and Hepatitis C infections and the high morbidity associated with this co-infection, all incarcerated individuals who have tested positive for HIV infection shall also be tested for possible Hepatitis C infection.
- e) Refer to Clinical Practice Guidelines for HIV Clinical Care. This includes Education, Counseling, Control Measures, Reporting, Discharge Planning, and Health Law Violator directives.

E. Hepatitis A, B and C Infections, Testing and Treatment

Management of hepatitis A, B and C in offenders is includes procedures as identified in the communicable disease and infection control program. (5-ACI-6A-15)

- 1. All incarcerated individuals entering a processing center shall be evaluated to identify risk factors related to viral hepatitis during the initial intake.
- 2. Those incarcerated individuals who give information that strongly suggests that they presently have or had in the past been diagnosed with Hepatitis A, B or C shall be referred to the facility medical provider for evaluation, treatment, and follow-up according to clinical guidelines, if indicated.
- 3. Nursing should adhere to DAC Nursing Protocol Admission Processing and Periodic Health Assessment for guidance. Isolation procedures may be used if indicated as outlined in CPG-3 Hepatitis A, B & C.

4. Surveillance procedures are outlined in DAC Clinical Practice Guidelines CPG-2 Hepatitis C and CPG -3 Hepatitis A, B & C.
5. Hepatitis C procedures including identification, immunization, and treatment are outlined in DAC Clinical Practice Guidelines CPG-2 Hepatitis C.

F. Syphilis

All incarcerated individuals entering a processing center shall have a RPR (rapid plasma regain) test for syphilis completed.

1. All positive RPR tests shall be referred to a provider for appropriate treatment.
2. Clinical and serologic evaluation shall be performed at 6 and 12 months after treatment; more frequent evaluation might be prudent if follow-up is uncertain or if repeat infection is a concern. Serologic response (i.e., titer) shall be compared with the titer at the time of treatment.
3. Treatment will be rendered based on the current Center for Disease Control and Prevention Sexually Transmitted Treatment Guidelines. [CDC - STD Treatment](#)

G. Tuberculosis Risk Assessment

Early identification and successful treatment of persons with TB disease remains the most effective means of preventing disease transmission. Offenders who are likely to have infectious TB should be identified and begin treatment before they are released into the general population. Screening programs in the correctional setting also allow for the detection of substantial numbers of persons with latent TB infection (LTBI) who are at risk for TB disease and would likely benefit from a course of treatment.

1. Each facility must perform a risk assessment annually in order to determine their risk for TB transmission within the facility (see attachment).
2. A facility's risk assessment can be defined as minimal or nonminimal.

H. Tuberculosis (TB) Screening, Surveillance, and Treatment

Management of tuberculosis (TB) in offenders includes procedures as identified in the communicable disease and infection control program. (5-ACI-6A-14)

1. Mandatory TB skin test and tuberculosis symptom screening shall be completed at all processing / admission upon intake and at all facilities annually thereafter unless contraindicated. This test shall be performed as part of the routine processing tests as outlined in DAC Nursing Protocol Admission Processing and Periodic Health Assessments.

2. Reference DAC Clinical Practice Guidelines: Tuberculosis Screening, Testing, Isolation Procedures, and/or TB Infections/TB Disease for guidelines on TB screening processes, Tuberculosis procedures, including testing for infection, surveillance, treatment, follow up, and isolation when necessary.

I. Coronavirus Disease 2019 (COVID-19)

1. CDC guidelines should be utilized as reference for Procedures for identification, surveillance, immunization, and follow up for COVID-19 infection.
2. COVID-19 vaccine is administered in accordance with North Carolina Department of Health and Human Services (DHHS) and CDC guidelines.

J. Confidentiality of Test Results

All infectious disease test results are confidential. Only those persons with a medical need to know may be informed.

- K. Clinician shall reference North Carolina Communicable Disease Manual [NC Communicable Disease Manual - Diseases & Conditions Reportable in North Carolina \(ncdhhs.gov\)](#) or current CDC guidelines for all additional Communicable Diseases.

IV. REFERENCES

- a. 5th Edition Standards for Adult Correctional Institutions

5-ACI-6A-12, 5-ACI-6A-13, 5-ACI-6A-14, 5-ACI-6A-15, 5-ACI-6A-16, 5-ACI-6A-25

- b. NC Gen. Stat. § [130A-134](#); [130A-135](#), [130A-141](#)

- c. North Carolina Administrative Code [10A NCAC 41A.001](#)

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