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WAC 246-100-202

Special diseases — Sexually transmitted diseases — Duties and authorities.

(1) Health care providers shall:

(a) Report each case of sexually transmitted disease as required in chapter 246-101 WAC; and

(b) At each medical encounter, when providing treatment for an infectious sexually transmitted disease, provide instruction, appropriate to each patient regarding:

(i) Communicability of the disease; and

(ii) Requirements to refrain from acts that may transmit the disease to another; and

(c) Ensure completion of a prenatal serologic test for syphilis in each pregnant woman pursuant to RCW 70.24.090 including:

(i) Submitting a blood sample for syphilis to a laboratory approved to perform prenatal serologic tests for syphilis, as required in RCW 70.24.090, at the time of the first prenatal visit; and

(ii) Deciding whether or not to omit the serologic test for syphilis if the test was performed elsewhere during the current pregnancy; and

(d) When diagnosing or caring for a patient with gonococcal or chlamydial ophthalmia neonatorum, reporting the case to the local health officer or local health department in accordance with the provisions of chapter 246-101 WAC; and

(e) When attending or assisting in the birth of any infant or caring for an infant after birth, ensure instillation of a department-approved prophylactic ophthalmic agent into the conjunctival sacs of the infant within the time frame established by the department in policy statement of ophthalmia agents approved for the prevention of ophthalmia neonatorum in the newborn, issued June 19, 1981.

(2) Laboratories, health care providers, and other persons shall deny issuance of a certificate or statement implying an individual is free from sexually transmitted disease.

(3) State and local health officers or their authorized representatives shall have authority to conduct or cause to be conducted an interview and investigation of persons infected or reasonably believed to be infected with a sexually transmitted disease.

(a) For the purpose of this section, "reasonable belief" and "reasonably believed" shall mean a health officer's belief based upon a credible report from an identifiable individual indicating another person is likely to have a sexually transmitted disease (STD) or to have been exposed to a STD;

(b) Investigations shall be conducted using procedures and measures described in WAC 246-100-036(4).

(4) Local health officers, health care providers, and others shall comply with the provisions in chapter 70.24 RCW, in addition to requirements in chapters 246-100 and 246-101 WAC.

(5) Any person who violates a rule adopted by the board for the control and treatment of a sexually transmitted disease is subject to penalty under RCW 70.24.080.

[Statutory Authority: RCW 70.24.130 and 70.24.380. 05-11-110, § 246-100-202, filed 5/18/05, effective 6/18/05.]

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POLICY STATEMENT OF OPHTHALMIC AGENTS
APPROVED FOR THE PREVENTION OF OPHTHALMIA NEONATORUM IN THE NEWBORN

June 19, 1981

In accordance with WAC ²⁴⁴⁻¹⁰⁰~~248-100-206~~, the Director, Division of Health, Department of Social and Health Services, authorizes the following ophthalmic agents for use in the eyes of newborns for the prevention of ophthalmia neonatorum:

- (1) 1.0% silver nitrate solution in single-dose ampules; or
- (2) 1.0% tetracycline ophthalmic ointment; or
- (3) 0.5% erythromycin ophthalmic ointment.

Definitive evidence as to the most optimal timing of instillation of an approved prophylactic agent is not available, but the recommended time interval should be as soon as possible after birth, and not later than one hour following birth.