

**WAC 246-100-202 Sexually transmitted infections—Duties and authorities.** (1) Health care providers shall:

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

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

(i) Communicability of the disease;

(ii) Activities that may transmit the disease to another; and

(iii) Prevention methods, including practical means to prevent transmission;

(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;

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

(e) Instill a prophylactic ophthalmic agent into both eyes of the newborn as prophylaxis against ophthalmia neonatorum up to two hours after the delivery, whether the delivery occurred vaginally or by cesarean section. Acceptable ophthalmic prophylactic agents are application of erythromycin consistent with the "*Sexually Transmitted Diseases Treatment Guidelines*" as published by the Centers for Disease Control and Prevention, 2015. In the event the U.S. Food and Drug Administration declares a shortage of this prophylactic ophthalmic agent, health care providers may substitute alternative prophylactic ophthalmic agents recommended by the Centers for Disease Control and Prevention. If the newborn's parent(s) or legal guardian refuses this procedure, the health care provider will document the refusal in the newborn's medical record.

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

(3) State and local health officers or their authorized representatives may conduct or cause to be conducted an interview and investigation of persons infected or reasonably believed to be infected with a sexually transmitted infection when:

(a) (i) They know or have reason to believe that a person in their jurisdiction has an STI and is engaging in specified behavior that endangers the public health; and

(ii) The basis for the health officer's investigation is the officer's direct medical knowledge or reliable testimony of another who is in a position to have direct knowledge of the person's behavior.

(b) In conducting the investigation, the health officer shall evaluate the allegations, as well as the reliability and credibility of any person or persons who provided information related to the specified behavior that endangers the public health.

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

(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 infection is subject to penalty under RCW 70.24.080.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-202, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 70.24.130. WSR 09-22-097, § 246-100-202, filed 11/4/09, effective 12/5/09. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-202, filed 5/18/05, effective 6/18/05.]