

2025-2027 CD Review for **CD Standing Orders**

County: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

CD Standing Orders							
<b>Post Exposure Prophylaxis:</b> <i>List Diseases covered by LHD SOs in Comments section</i>	Current	Approved SO Format	Signed	Criteria for PEP outlined	Criteria and process for I&Q outlined	Criteria for notifying medical provider	<b>Recommendations/Comments –</b> See NC guidance for various disease PEP; consider process for isolate submission, if indicated
<b>Hepatitis A Post Exposure Prophylaxis</b>	Current	Approved SO Format	Signed	Criteria for PEP outlined	Criteria for notifying medical provider		<b>Recommendations/Comments-</b> See NC guidance for hepatitis PEP.
<b>Collection &amp; Testing Stool / Rectal Specimens</b>	Current	Approved SO Format	Signed	Criteria to implement collection outlined	Collection of specimen outlined	Criteria for notifying medical provider	<b>Recommendations/Comments</b>
<b>Collection &amp; Testing Nasopharyngeal Swabs</b>	Current	Approved SO Format	Signed	Criteria to implement collection outlined	Collection of specimen outlined	Criteria for notifying medical provider	<b>Recommendations/Comments</b>
<b>Hepatitis B Screening Test</b>	Current	Approved SO Format	Signed	SO outlines screening eligibility	Criteria for notifying medical provider		<b>Recommendations/Comments</b>
<b>Hepatitis C Screening Test</b>	Current	Approved SO Format	Signed	SO outlines screening eligibility	Criteria for notifying medical provider		<b>Recommendations/Comments</b>
<b>Mumps Testing</b>	Current	Approved SO Format	Signed	Criteria for testing outlined	Collection of specimen outlined	Criteria for notifying medical provider	<b>Recommendations/Comments -</b> The appropriate test is a buccal swab for mumps PCR.

✓ = Present or Yes

○ = Not present or No

N/A = not applicable

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\*Not all agencies will have all of these SOs.

Summary Notes on Policy Review: