

# South Carolina 2024 List of Reportable Conditions

REPORT UPON RECOGNITION OF A SUSPECTED CASE, OUTBREAK, DIAGNOSIS, OR POSITIVE LABORATORY EVIDENCE (SEE "HOW TO REPORT" ON BACK)

Suspected means clinical suspicion and/or initial laboratory detection, isolation, identification, or presence of supportive laboratory results.

## ⚠️ Potential agent of bioterrorism

! Immediately reportable by phone call to a live person at the regional public health office, 24/7

\* Urgently reportable within 24 hours by electronic notification (email: [SCIONHelp@dhec.sc.gov](mailto:SCIONHelp@dhec.sc.gov) for details. The SCIONHelp email address may not be used for case reporting.) or by phone if electronic notification not possible

All other conditions except lead are reportable within 3 business days

- ⚠️ ! Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (2)
  - Anaplasmosis (*Anaplasma phagocytophilum*)
- \* Animal (mammal) bites
- ⚠️ ! Anthrax (*Bacillus anthracis*) (2)
- Babesiosis (*Babesia* spp.)
- ⚠️ ! Botulism (*Clostridium botulinum* or *Botulinum toxin*)
- \* Brucellosis (*Brucella* spp.) (2)
- Campylobacteriosis (2)
- \* *Candida auris* or suspected (2) (3)
- Carbapenem-resistant *Enterobacteriales* (CRE) and *Acinetobacter* species (2) (4) (5)
- Carbapenem-resistant *Pseudomonas* spp. (CRPA) (2) (4) (6)
- Chancroid (*Haemophilus ducreyi*)
- \* Chikungunya (2)
- Chlamydia trachomatis*
- \* Ciguatera
- Coronavirus Disease 2019 (COVID-19), (SARS CoV-2) (7)
- Cryptosporidiosis (*Cryptosporidium* spp.)
- Cyclosporiasis (*Cyclospora cayetanensis*) (2)
- \* Dengue (2)
- \* Diphtheria (*Corynebacterium diphtheriae*) (2)
- \* Eastern Equine Encephalitis (EEE) (2)
- Ehrlichiosis (*Ehrlichia*)
- \* *Escherichia coli*, Shiga toxin – producing (STEC) (2)
- Giardiasis (*Giardia* spp.)
- Gonorrhea (*Neisseria gonorrhoeae*) (4)
- \* *Haemophilus influenzae*, all types, invasive disease (H flu) (2) (4) (8)
- \* Hantavirus (2)
- \* Hemolytic uremic syndrome (HUS), post-diarrheal
- \* Hepatitis (acute) A, B, C, D, & E (9)
- Hepatitis (chronic) B, C, & D (9)
- Hepatitis B surface antigen + with each pregnancy
- HIV and AIDS clinical diagnosis
- HIV CD4 test (all results, positive and negative) (L)
- HIV exposed infants (all results, positive and negative)
- HIV subtype, genotype, and phenotype (L)
- HIV 1/2 Antibody and Antigen (rapid)
- HIV 1/2 AB/AG (confirmatory, all positive and negative) (L)
- HIV 1/2 AB/AG+ and/or detectable viral load with each pregnancy
- HIV viral load (all results, detectable and undetectable) (L)
- ! Influenza, avian or other novel strain
- \* Influenza associated deaths (all ages)
- Influenza
  - Lab-confirmed cases (eg. culture, RT-PCR, DFA, Molecular assay) (10)
  - Influenza associated hospitalizations (10)
- \* La Crosse Encephalitis (LACV) (2)
- Lead tests, all results - indicate venous or capillary specimen (11)
- Legionellosis
- Leprosy (*Mycobacterium leprae*) (Hansen's Disease)
- Leptospirosis
- Listeriosis (2)
- Lyme disease (*Borrelia burgdorferi*)
- Lymphogranuloma venereum
- \* Malaria (*Plasmodium* spp.) (2)
- ! Measles (*Rubeola*)
- ! Meningococcal disease (*Neisseria meningitidis*) (2) (4) (8) (12)
- \* Mpox (positive, negative, and all other results)
- \* Mumps
- \* Pertussis (*Bordetella pertussis*)
- ⚠️ ! Plague (*Yersinia pestis*) (2)
- ! Poliomyelitis
- ⚠️ Psittacosis (*Chlamydophila psittaci*)
- ⚠️ \* Q fever (*Coxiella burnetii*)
- ! Rabies (human)
- \* Rubella (includes congenital)
- Salmonellosis (2) (4)
- \* Shiga toxin positive (2)
- Shigellosis (2) (4)
- ⚠️ ! Smallpox (*Variola*)
- Spotted Fever Rickettsiosis (*Rickettsia* spp.)
- \* *Staphylococcus aureus*, vancomycin-resistant or intermediate with a VA >8 MIC (VRSA/VISA) (2) (4) (13)
- Streptococcus* group A, invasive disease (4) (8) (14)
- Streptococcus pneumoniae*, invasive (pneumococcal) (4) (8) (15)
- \* St. Louis Encephalitis (SLEV) (2)
- \* Syphilis: congenital, primary, or secondary (lesion or rash) or Darkfield positive (16)
- Syphilis: early latent, latent, tertiary, or positive serological test (17)
- Tetanus (*Clostridium tetani*)
- Toxic Shock (specify staphylococcal or streptococcal)
- \* Tuberculosis (*Mycobacterium tuberculosis*) (2) (18)
- Tuberculosis test - Positive Interferon Gamma Release Assays (IGRAs): QuantiFERON-TB Gold Plus (QFT-Plus) and T-SPOT.TB (18) (L)
- ⚠️ \* Tularemia (*Francisella tularensis*) (2)
- \* Typhoid fever (*Salmonella typhi*) (2) (4)
- ⚠️ \* Typhus, epidemic (*Rickettsia prowazekii*)
- \* Varicella
- \* Vibrio, all types, including *Vibrio cholerae* O1 and O139 (2)
- ⚠️ ! Viral Hemorrhagic Fevers (e.g. *Ebola*, *Lassa*, *Marburg* viruses)
- \* West Nile Virus (2)
- \* Yellow Fever
- Yersiniosis (*Yersinia*, not *pestis*)
- \* Zika (2)

## (L) Only Laboratories required to report.

1. An outbreak is the occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time. Clinical specimens may be required.
2. Specimen submission to the Public Health Laboratory (PHL) is required. Ship immediately and urgently reportables within 1 business day. Ship 3 day reportables within 3 business days. Contact regional staff if assistance is needed.
3. Submit all isolates identified as *C. auris* and any yeast isolates that may be misidentified using a yeast identification method that is not able to accurately detect *C. auris* (refer to <https://www.cdc.gov/fungal/candida-auris/identification.html>)
4. Include drug susceptibility profile.
5. Carbapenem-resistant *Enterobacteriales* and *Acinetobacter* species from all specimen types.
6. Submit isolates to the PHL from ALL non-mucoid *Pseudomonas* spp. isolates resistant to imipenem, meropenem, or doripenem and non-susceptible to cefepime or ceftazidime.
7. COVID-19 cases reportable within 3 days, including cases of Multisystem Inflammatory Syndrome in children (MIS-C). All positive COVID-19 test results (Nucleic Acid Amplification (NAAT), Non-NAAT, and genetic lineages) are required to be reported regardless of CLIA-certification status. Not reportable: negative and indeterminate test results and all antibody test results. COVID-associated deaths are to be reported via existing Vital Records death reporting processes. Detailed information about reporting COVID-19 results: [scdhec.gov/sites/default/files/Library/CR-012859.pdf](https://www.scdhec.gov/sites/default/files/Library/CR-012859.pdf).
8. Invasive disease = isolated from normally sterile site. Always specify site of isolate.
9. Negative results are reportable for Hepatitis B and C only for laboratories and providers that report via Electronic Laboratory Reporting (ELR). All positive hepatitis testing results must be accompanied by all serum aminotransferase levels, and if applicable, pregnancy test result or indication that testing was conducted as part of a pregnancy panel
10. Negative influenza results are reportable only for laboratories and providers that report via ELR. Negative influenza rapid antigen tests are not reportable. Report hospitalizations aggregate totals weekly.
11. All blood lead results are reportable within 30 days. Any elevated results (3.5 mcg/dL or greater) are reportable within 7 days. Always include specimen site.
12. Report Gram-negative diplococci in blood or cerebrospinal fluid.
13. Appropriate specimen types: A pure, low passage isolate submitted on a noninhibitory, non-selective agar plate or slant is preferred. If available submit one original culture plate.
14. Retain all GAS isolated from sterile sites for 30 days for possible outbreak analyses.
15. Submit isolate from patients of any age, ALL CSF isolates, and invasive sterile body sites that are non-susceptible to any relevant antibiotics according to Clinical & Laboratory Standards Institute (CLSI).
16. Report the results of all congenital syphilis follow-up tests (positive or negative).
17. Report all test results (treponemal & nontreponemal) if at least one serological test is positive.
18. Report all cases of suspect and confirmed tuberculosis (TB). <https://www.scdhec.gov/sites/default/files/media/document/Memo%2010.2.19%20on%20list%20of%20reportable%20conditions.pdf>.

# South Carolina 2024 List of Reportable Conditions

scdhec.gov/sites/default/files/Library/D-1129.pdf

## Attention: Health Care Facilities, Physicians, and Laboratories

South Carolina Law §44-29-10 and Regulation §61-20 require reporting of conditions on this list to the regional public health department.

**HIPAA:** Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512)

## What to Report

- Patient's name
- Patient's complete address, phone, county, date of birth, race, sex, last five digits of social security number
- Physician's name and phone number
- Name, institution, and phone number of person reporting
- Disease or condition
- Date of diagnosis
- Symptoms
- Date of onset of symptoms
- Treatment
- Lab results, specimen site, specimen type, collection date
- If female, pregnancy status
- Patient status: In childcare, food-handler, health care worker, childcare worker, nursing home, prisoner/detainee, travel in last 4 weeks

## How to Report

### HIV, AIDS, and STDs (excluding Hepatitis)

- **Do not fax HIV, AIDS, or STD results to DHEC**
- Submit electronically via SCIONx (preferred), or
- Mail to: *Division of Surveillance, Assessment, and Evaluation  
Mills/Jarrett Complex  
2100 Bull Street, Columbia SC 29201*; or
- Call 1-800-277-0873

### Lead

- Submit electronically via SCIONx; or
- Email: [scionlead@dhec.sc.gov](mailto:scionlead@dhec.sc.gov) to establish electronic reporting; or
- Mail to: *Lead Surveillance  
Mills-Jarrett Complex  
2100 Bull Street, Columbia, SC 29201*; or
- Fax Lead reports to (803) 898-3236

### Potential Rabies Exposures

- Fill out and submit the D-1799 Animal Incident Report Form within 24 hours online at <https://www.scdhec.gov/rabies>.
- For question & concerns, call 1-888-847-0902 (option 2)

## How to Report Tuberculosis

Report to the public health office (listed below) in the region in which the patient resides.

### Lowcountry

**Berkeley, Charleston, Dorchester**  
Office: (843) 719-4612  
Fax: (843) 308-0324

**Allendale, Bamberg, Beaufort, Calhoun, Colleton, Hampton, Jasper, Orangeburg**  
Office: (843) 549-1516 ext. 222  
Fax: (843) 308-0324

### Midlands

**Chester, Kershaw, Lancaster, Newberry, Saluda, York**  
Office: (803) 909-7358  
Fax: (803) 327-9847

**Aiken, Barnwell, Edgefield, Fairfield, Lexington, Richland**  
Office: (803) 576-2870  
Fax: (803) 576-2880

### Pee Dee

**Dillon, Georgetown, Horry, Marion**  
Office: (843) 915-8798  
Fax: (843) 915-6504

**Chesterfield, Clarendon, Darlington, Florence, Lee, Marlboro, Sumter, Williamsburg**  
Office: (843) 673-6693  
Fax: (843) 673-6670

### Upstate

**Cherokee, Spartanburg, Union**  
Office: (864) 594-0521  
Fax: (864) 596-3340

**Abbeville, Anderson, Greenwood, Greenville, Laurens, McCormick, Oconee, Pickens**  
Office: (864) 372-3198  
Fax: (864) 282-4294

**Nights/Weekends/Holidays:** (803) 898-0558    **Fax:** (803) 898-0685

## How to Report Other Conditions

Report **Immediate** conditions by phone and **Urgent** conditions within 24 hours by phone or by electronic notification. Report all other conditions electronically\* or by mail within 3 days to the appropriate public health office in the region in which the patient resides. \*Email [SCIONHelp@dhec.sc.gov](mailto:SCIONHelp@dhec.sc.gov) for details on electronic notification. The SCIONHelp email may not be used for case reporting.

### Immediate and Urgent Reporting (TELEPHONE)

#### Lowcountry

**Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg**

3685 Rivers Avenue, Suite 201  
North Charleston, SC 29405

Office: (843) 441-1091  
Fax: (843) 953-0051

**Nights/Weekends: (843) 441-1091**

#### Midlands

**Aiken, Barnwell, Chester, Edgefield, Fairfield, Lancaster, Lexington, Kershaw, Newberry, Richland, Saluda, York**

2000 Hampton Street  
Columbia, SC 29204

Office: (888) 801-1046  
Fax: (803) 251-3170

**Nights/Weekends: (888) 801-1046**

#### Pee Dee

**Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg**

1931 Industrial Park Road  
Conway, SC 29526

Office: (843) 915-8886  
Fax: (843) 915-6506

**Nights/Weekends: (843) 409-0695**

#### Upstate

**Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union**

352 Halton Road  
Greenville, SC 29607

Office: (864) 372-3133  
Fax: (864) 282-4373

**Nights/Weekends: (864) 423-6648**



### DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology • 2100 Bull Street • Columbia, SC 29201  
Phone: (803) 898-0861 • Fax: (803) 898-0897 • Nights/Weekends: (888) 847-0902

[www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions](http://www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions)

To learn about DHEC's web-based reporting system, call 1-800-917-2093.