Carbapenem-resistant Enterobacteriaceae and Acinetobacter baumannii from all sources. Report all cases of suspect and confirmed tuberculosis (TB). A suspect case of TB is defined as being in a specific place or group of people over a given period of time. Clinical specimens may be required.

- Immediate report by phone call to a live person at the regional public health office, 24/7
- Urgently report within 24 hours by phone

All other conditions except lead are reportable within 3 business days.

- Potential agent of bioterrorism
  - Immediately reportable by phone call to a live person at the regional public health office
  - Urgently reportable within 24 hours by phone

- Anthrax (Bacillus anthracis)
  - Babesiosis (Babesia spp.)

- Botulism (Clostridium botulinum or Botulinum toxin)
  - Brucellosis (Brucella spp.)

- Campylobacteriosis
  - Candida auris or suspected (5)
  - Carbapenem-resistant Enterobacteriaceae (CRE) and Acinetobacter baumannii (CRAB) (2) (5)
  - Carbapenem-resistant Pseudomonas aeruginosa (CRPA) (2) (5) (12)
  - Chancroid (Haemophilus ducreyi)
  - Chikungunya (5)
  - Chlamydia trachomatis
  - Ciguatera
  - Coronavirus Disease 2019 (COVID-19) (17)
  - Creutzfeldt-Jakob Disease (Age < 55 years only)
  - Cryptosporidiosis (Cryptosporidium spp.)
  - Cyclosporiasis (Cyclospora cayetanensis) (5)
  - Dengue (5)
  - Diptheria ( Corynebacterium diphtheriae) (5)
  - Eastern Equine Encephalitis (EEE) (5)
  - Escherichia coli, Shiga toxin – producing (STEIC) (5)
  - Giardiasis (Giardia spp.)
  - Gonorrhea (Neisseria gonorrhoeae) (2)
  - Haemophilus influenzae, all types, invasive disease (H flu) (2) (3) (5)
  - Hantavirus
  - Hemolytic uremic syndrome (HUS), post-diarrheal
  - Hepatitis (acute) A, B, C, D, & E (16)
  - Hepatitis (chronic) B, C, & D (16)
  - Hepatitis B surface antigen + with each pregnancy
  - HIV and AIDS clinical diagnosis
  - HIV CD4 test results (all results) (L)
  - HIV exposed infants
  - HIV subtype, genotype, and phenotype (L)
  - HIV 1 or HIV 2 positive test results (detection and confirmatory tests) (L)
  - HIV 1/2 AB/AG+ and/or detectable viral load with each pregnancy
  - HIV viral load (all results) (L)
  - HIV HLA-B5701 and co-receptor assay (L)

- Influenza, avian or other novel strain
  - Influenza associated deaths (all ages)
  - Influenza
    - Lab-confirmed cases (eg. culture, RT-PCR, DFA, Molecular assay) (16)
    - Influenza associated hospitalizations (7)

- Jaundice
  - Infant jaundice

- Measles (Rubella)
  - Meningococcal disease (Neisseria meningitidis) (2) (3) (5)
  - Mumps
  - Pertussis ( Bordetella pertussis)

- Plague (Yersinia pestis) (5)

- Poliomyelitis

- Psittacosis (Chlamydia psittaci)

- Q fever (Coxiella burnetii)

- Rabies (human)

- Smallpox (Variola)

- Staphylococcus aureus, vancomycin-resistant or intermediate with a VA >6 MIC (VRSA/VIISA) (2) (5) (10)

- Streptococcus group A, invasive disease (2) (3)

- Streptococcus pneumoniae, invasive (pneumococcal) (2) (3) (11)

- St. Louis Encephalitis (SLEV) (5)

- Syphilis: congenital, primary, or secondary (lesion or rash) or Darkfield positive

- Syphilis: early latent, latent, tertiary, or positive serologic test

- Tobacco (specify staphylococcal or streptococcal)

- Tuberculosis (Mycobacterium tuberculosis) (5) (8) (10)

- Tuberculosis test - Positive Interferon Gamma Release Assays (IGRAs):
  - Quantiferon-TB Gold Plus (QFT-Plus) and T-SPOT.TB (14) (L)

- Typhoid fever (Salmonella typhi) (2) (5)

- Typhus, epidemic (Rickettsia prowazekii)

- Vibrio cholerae

- Viruses, all types, including Vibrio cholerae O1 and O139

- Viral Hemorrhagic Fevers (Ebola, Lassa, Marburg viruses)

- West Nile Virus (5)

- Yellow Fever

- Yersiniosis (Yersinia, not pestis) (5)

(L) Only Labs 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. Include drug susceptibility profile.
3. Invasive disease = isolated from normally sterile site. Always specify site of isolate.
4. Report Gram-negative diplococci in blood or CSF.
5. 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.
7. Consultation is available from DHEC Regional Public Health Office.
9. Report all cases of suspected and confirmed tuberculosis (TB). A suspect case of TB is a person whom a health care provider suspects TB based on signs, symptoms, and/or laboratory evidence of TB. Centers for Disease Control and Prevention case definition of confirmed cases: https://www.cdc.gov/mmwr/condiitions/tuberculosis.
10. 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.
11. Specimen submission to the PHL is required for Streptococcus pneumoniae, invasive cases < 5 years of age.
12. Specimen submission of the first isolate of the month to the PHL is required.
13. All blood lead results are reportable within 30 days. Any elevated results (5 mcg/dL or greater) are reportable within 7 days.
15. All other conditions except lead are reportable within 3 business days. Any elevated results (5 mcg/dL or greater) are reportable within 7 days.
16. Negative results are reportable for Hepatitis B, C and Influenza only for laboratories that report via Electronic Laboratory Reporting (ELR).
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
- Lab results, specimen site, 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
- Call 1-800-277-0873; or
- Submit electronically via DHEC’s web-based reporting system; or
- Mail to: Division of Surveillance & Technical Support
  Mills/Jarrett Complex
  2100 Bull Street, Columbia, SC 29201

Lead

- Submit electronically via DHEC’s web-based reporting system; or
- Mail to: Bureau of Health Improvement & Equity, Lead Surveillance
  Sims-Aycock Building
  2600 Bull Street, Columbia, SC 29201
- Fax Lead reports to: (803) 898-3236; or
- Email: scionlead@dhec.sc.gov to establish electronic reporting

How to Report Other Conditions

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

Immediate and Urgent Reporting (TELEPHONE)

**Lowcountry**

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

  4050 Bridge View Drive, Suite 600
  N. 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) 576-2993
  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, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union

  200 University Ridge
  Greenville, SC 29602

  Office: (864) 372-3133
  Fax: (864) 282-4373
  Nights/Weekends: (864) 423-6648

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) 719-4778

- Allendale, Bamberg, Beaufort, Calhoun, Colleton, Hampton, Jasper, Orangeburg

  Office: (843) 549-1516 ext. 222
  Fax: (843) 549-6845

**Midlands**

- Chester, Kershaw, Lancaster, Newberry, York

  Office: (803) 909-7357
  Fax: (803) 327-4391

- Aiken, Barnwell, Edgefield, Fairfield, Lexington, Richland, Saluda

  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, Oconee, Pickens, Spartanburg, Union

  Office: (864) 596-2227 ext. 108
  Fax: (864) 596-3340

- Abbeville, Anderson, Greenwood, Greenville, Laurens, McCormick

  Office: (864) 372-3198
  Fax: (864) 282-4294

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

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