

South Carolina 2020 List of Reportable Conditions

REPORT UPON RECOGNITION OF A SUSPECTED CASE, 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 phone

All other conditions except lead are reportable within 3 business days


IMPORTANT COVID-19 UPDATE:
COVID-19 cases, deaths and multisystem inflammatory syndrome in children are urgently reportable within 24 hours.
All COVID-19 test results, including positives and negatives, are required to be reported.

 ! 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) (5)

* Animal (mammal) bites (6)

 ! Anthrax (*Bacillus anthracis*) (5)

Babesiosis (*Babesia* spp.)

 ! Botulism (*Clostridium botulinum* or Botulinum toxin)

* Brucellosis (*Brucella* spp.) (5)

Campylobacteriosis (5)

* *Candida auris* or suspected (5) (15)

Carbapenem-resistant *Enterobacteriaceae* (CRE) and *Acinetobacter baumannii* (CRAB) (2) (5) (9)

Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) (2) (5) (12)

Chancroid (*Haemophilus ducreyi*)

* Chikungunya (5)

Chlamydia trachomatis

* Ciguatera

Creutzfeldt-Jakob Disease (Age < 55 years only)

Cryptosporidiosis (*Cryptosporidium* spp.)

Cyclosporiasis (*Cyclospora cayetanensis*) (5)

* Dengue (5)

* Diphtheria (*Corynebacterium diphtheriae*) (5)

* Eastern Equine Encephalitis (EEE) (5)

Ehrlichiosis / *Anaplasmosis* (*Ehrlichia* / *Anaplasma phagocytophilum*)

* *Escherichia coli*, Shiga toxin – producing (STEC) (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 subtype, genotype, and phenotype (L)

HIV 1 or HIV 2 positive test results (detection and confirmatory tests) (L)

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)

* La Crosse Encephalitis (LACV) (5)

Lead tests, all results - indicate venous or capillary specimen (13)

Legionellosis

Leprosy (*Mycobacterium leprae*) (Hansen's Disease)

Leptospirosis

Listeriosis (5)

Lyme disease (*Borrelia burgdorferi*)

Lymphogranuloma venereum

Malaria (*Plasmodium* spp.)

! Measles (Rubeola)

! Meningococcal disease (*Neisseria meningitidis*) (2) (3) (4) (5)


* Mumps

* Pertussis (*Bordetella pertussis*)

 ! Plague (*Yersinia pestis*) (5)

! Poliomyelitis

 Psittacosis (*Chlamydia psittaci*)

 * Q fever (*Coxiella burnetii*)

! Rabies (human)

Rabies Post Exposure Prophylaxis (PEP) when administered (6)

* Rubella (includes congenital)

Salmonellosis (2) (5)

* Shiga toxin positive (5)

Shigellosis (2) (5)

 ! Smallpox (Variola)

Spotted Fever Rickettsiosis (*Rickettsia* spp.)

* *Staphylococcus aureus*, vancomycin-resistant or intermediate with a VA >6 MIC (VRSA/VISA) (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 serological test

Tetanus (*Clostridium tetani*)

Toxic Shock (specify staphylococcal or streptococcal)

* Tuberculosis (*Mycobacterium tuberculosis*) (5) (8)

Tuberculosis test - Positive Interferon Gamma Release Assays (IGRAs):

QuantIFERON-TB Gold Plus (QFT-Plus) and T-SPOT.TB (14) (L)


 * Tularemia (*Francisella tularensis*) (5)

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

 * Typhus, epidemic (*Rickettsia prowazekii*)

Varicella

* Vibrio, all types, including *Vibrio cholerae* O1 and O139 (5)

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

* West Nile Virus (5)

* Yellow Fever

Yersiniosis (*Yersinia*, not *pestis*)

* Zika (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.

6. Rabies exposure prophylaxis guidance: www.scdhec.gov/health-professionals/clinical-guidance-resources/rabies-treatment/rabies-guide-managing-exposures#contacts. Consultation is available from DHEC Regional Public Health Office.

7. Report aggregate totals weekly.

8. Report all cases of suspect 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/nndss/conditions/tuberculosis>.

9. Carbapenem-resistant *Enterobacteriaceae* and *Acinetobacter baumannii* from all specimen types.

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 in cases < 5 years of age.

12. Specimen submission of the first isolate of the month to the PHL is required for Carbapenem-resistant *Pseudomonas aeruginosa*.

13. All blood lead results are reportable within 30 days. Any elevated results (5 mcg/dL or greater) are reportable within 7 days.

14. Positive IGRAs alone do not diagnose TB disease versus Latent TB Infection (LTBI). www.scdhec.gov/sites/default/files/media/document/Memo%2010.2.19%20on%20list%20of%20reportable%20conditions.pdf

15. Send all yeast isolates from any source to PHL except, *C. albicans*, *C. krusei*, *C. dubliniensis*, *C. lusitanae*, *C. parapsilosis*, *C. tropicalis*

16. Negative results are reportable for Hepatitis B, C and Influenza only for laboratories that report via Electronic Laboratory Reporting (ELR).

South Carolina 2020 List of Reportable Conditions

<http://www.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. South Carolina Law §44-53-1380 requires reporting by laboratories of all blood lead values in children under 6 years of age.

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
- 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*
c/o Brian Humphries,
Sims-Aycock Building
2600 Bull Street, Columbia, SC 29201
- Fax Lead reports to: (803) 898-3236; or
- Call (803) 898-3641 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) 915-6502

Fax2: (843) 915-6506

Nights/Weekends: (843) 915-8845

Upstate

Abbeville, Anderson, Cherokee, Greenville, 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



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

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