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 electronic notification (email: 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) (5)
  * Animal (mammal) bites
  * Anthrax (Bacillus anthracis) (5)
  * Babesiosis (Babesia spp.)
  * Botulism (Clostridium botulinum or Botulinum toxin)
  * Brucellosis (Brucella spp.) (5)
  * Camptolobacteriosis (5)
  * Candida auris or suspected (5) (14)
  * Carbapenem-resistant Enterobacterales (CRE) and Acinetobacter species (2) (5) (8)
  * Carbapenem-resistant Pseudomonas aeruginosa (CRPA) (2) (5) (11)
  * Chikungunya (5)
  * Chlamydia trachomatis
  * Ciguatera
  * Coronavirus Disease 2019 (COVID-19), (SARS-CoV-2) (16)
  * 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 (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 (15)
  * Hepatitis (chronic) B, C, & D (15)
  * Hepatitis B surface antigen + with each pregnancy
  * HIV and AIDS clinical diagnosis
  * HIV CD4 test (all results, positive and negative) (L)
  * HIV exposed infants
  * 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, positive and negative) (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) (15)
      * Influenza associated hospitalizations (6)
  * La Crosse Encephalitis (LACV) (5)
  * Lead tests, all results - indicate venous or capillary specimen (12)
  * Legionellosis
  * Leprosy (Mycobacterium leprae) (Hansen’s Disease)
  * Leptospirosis
  * Listeriosis (5)
  * Lyme disease (Borrelia burgdorferi)
  * Malaria (Plasmodium spp.)
  * Measles (Rubella)
  * Meningococcal disease (Neisseria meningitidis) (2) (3) (4) (5)
    * Mumps
    * Pertussis (Bordetella pertussis)
  * Plague (Yersinia pestis) (5)
  * Poliomyelitis
  * Psittacosis (Chlamydomphila psittaci)
  * Q fever (Coxiella burnetti)
  * Rabies (human)
    * 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 >8 MIC (VRS/A/VA) (5) (9)
    * Streptococcus group A, invasive disease (2) (3)
    * Streptococcus pneumoniae, invasive (pneumococcal) (2) (3) (10)
    * St. Louis Encephalitis (SLEV) (5)
    * Syphilis: congenital, primary, or secondary (lesion or rash) or Darkfield positive (17)
    * Syphilis: early latent, latent, tertiary, or positive serological test (18)
    * Tetanus (Clostidium tetani)
    * Toxic Shock (specify staphylococcal or streptococcal)
    * Tuberculosis (Mycobacterium tuberculosis) (5) (7)
  * Tuberculosis test - Positive Interferon Gamma Release Assays (IGRAs): QuantiFERON-TB Gold Plus (QFT-Plus) and T-SPOT.TB (13) (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 (e.g. Ebola, Lassa, Marburg viruses)
  * West Nile Virus (5)
  * Yellow Fever
  * Yersiniosis (Yersinia, not pestis)
  * Zika (5)

(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. 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. 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/tb/disease/conditions/tuberculosis.
8. Carbapenem-resistant Enterobacterales and Acinetobacter species from all specimen types.
9. 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.
10. 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 CLSI.
11. Submit isolates to the PHL from ALL non-mucoid P. aeruginosa isolates resistant to imipenem, meropenem, or doripenem and non-susceptible to cefepime or ceftazidime.
12. All blood lead results are reportable within 30 days. Any elevated results (3.5 mcg/dL or greater) are reportable within 7 days.
   www.scdhec.gov/sites/default/files/media/document/Memo%202021.2.19%20on%20list%20of%20reportable%20conditions.pdf.
14. 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 cdc.gov/fungal/candida-auris/identification.html).
15. Negative results are reportable for Hepatitis B, C and Influenza only for laboratories that report via Electronic Laboratory Reporting (ELR).
16. COVID-19 cases, deaths, and multisystem inflammatory syndrome in children are urgently reportable within 24 hours. All COVID-19 tests and test results (genetic lineage, positive, negatives, indeterminate) are required to be reported from CLIA-certified facilities. Only positive results are required to be reported from CLIA-waived facilities. Antibody results are not reportable. Detailed information about reporting COVID-19 results: scdhec.gov/sites/default/files/Library/CR-012859.pdf.
17. Report the results of all congenital syphilis follow-up tests (positive or negative).
18. Report all test results (treponemal & nontreponemal) if at least one serological test is positive.
South Carolina 2022 List of Reportable Conditions

How to Report

HIV, AIDS, and STDs (excluding Hepatitis)
- Do not fax HIV, AIDS, or STD results to DHEC
- Submit electronically via SCIONx; 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 to establish electronic reporting; or
- Mail to: Lead Surveillance
  Sims Aycock Building
  2600 Bull Street, Columbia, SC 29201; or
- Fax Lead reports to (803) 898-3236

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, 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 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) 909-7357
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, 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

How to Report Other Conditions
Report Immediate conditions by phone and Urgent conditions within 24 hours by electronic notification* or by phone if electronic notification not possible. 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 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
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, Greenville, Greenwood, Laurens, McCormick
200 University Ridge
Greenville, SC 29602
Office: (864) 372-3133
Fax: (864) 282-4373
Nights/Weekends: (864) 423-6648

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