South Carolina 2022 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 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 Botulimum toxin)

* Brucellosis (Brucella spp.) (5)

§ Campylobacteriosis (5)

* Candida auris or suspected (5) (14)

Carbapenem-resistant Enterobacteriales (CRE) and Acinetobacter species (2) (5) (8)

Carbapenem-resistant Pseudomonas aeruginosa (CRPA) (2) (5) (11)

Chancroid (Haemophilus ducreyi) (5)

* Chikungunya (5)

Chlamydia trachomatis (5)

* Ciguatera


Crypseptosporidiosis (Cryptosporidium spp.) (5)

Cyclosporiasis (Cyclospora cayetanensis) (5)

* Dengue (5)

Diphtheria (Corynebacterium diphtheriae) (5)

* Ehrlichiosis / Anaplasmosis (Ehrlichia / Anaplasma phagocytophilum)

* Escherichia coli, Shiga toxin – producing (STEIC) (5)

Giardiasis (Giardia spp.) (5)

Gonorhoea (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)

Lungpolanula venumere

Malaria (Plasmodium spp.)

* Measles (Rubella) (5)

* Meningococcal disease (Nisseria meningitidis) (2) (3) (4) (5)

* Monkeypox (Positive, Negative, and all other results)

* Mumps

* Pertussis (Bordetella pertussis)

! Plague (Yersinia pestis) (5)

* Poliomyelitis

Psittacosis (Chlamyphilia psittacca) (5)

* Q fever (Coxiella burnetti)

! Rabies (human)

Rubella (Includes congenital) (5)

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 (VRSA/VISA) (2) (5) (9)

* 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 (Clostridium 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

* Vibri, 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)

(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.

1. Include drug susceptibility profile.

2. Invasive disease = isolated from normally sterile site. Always specify site of isolate.

3. Report Gram-negative diplococci in blood or CSF.

4. 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 whose 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://wwwn.cdc.gov/nidss/conditions/tuberculosis.

* Carbapenem-resistant Enterobacteriales and Acinetobacter species from all specimen types.

* 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.

Submit isolate from patients of any age, ALL CSF isolates, and invasive sterile body sites that are not 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 cepheime or cefazidime.

12. All blood lead results are reportable within 30 days. Any elevated results (3.5 mcg/dL or greater) are reportable within 7 days.


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/lungal/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 reportable within 3 business days. Contact regional staff if assistance is needed.

17. Submit isolates to the PHL from ALL non-mucoid P. aeruginosa isolates resistant to imipenem, meropenem, or doripenem and non-susceptible to cepheime or cefazidime.

18. All blood lead results are reportable within 30 days. Any elevated results (3.5 mcg/dL or greater) are reportable within 7 days.

19. 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/lungal/candida-auris/identification.html).

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21. All blood lead results are reportable within 30 days. Any elevated results (3.5 mcg/dL or greater) are reportable within 7 days.


23. Carbapenem-resistant Enterobacteriales and Acinetobacter species from all specimen types.

24. 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.

25. Submit isolate from patients of any age, ALL CSF isolates, and invasive sterile body sites that are not susceptible to any relevant antibiotics according to CLSI.
South Carolina 2022 List of Reportable Conditions

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, 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; 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

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, Richmond
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

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 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
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
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
Office: (843) 915-8886
Fax: (843) 915-6506
Nights/Weekends: (843) 409-0695

Upstate

Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick
Office: (864) 372-3198 Fax: (843) 282-4294

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.