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# Epi Notes

WINTER 2019

## Progress in Influenza Surveillance

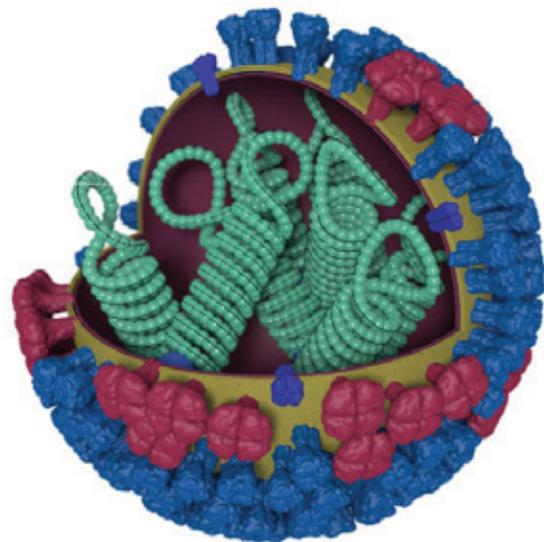
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Over the past decade, DHEC has established a very robust influenza surveillance system. It includes the reporting of confirmatory tests by individual patient; lab-confirmed hospitalizations; influenza-associated deaths; rapid antigen tests (RAT); and voluntary Outpatient Influenza-like Illness Surveillance Network (ILINET) reporting providers. Each of these elements contributes important information that allows DHEC to characterize the severity and geographic spread and estimate the burden of influenza across the state during each annual flu season.

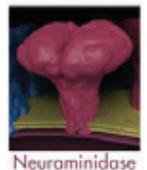
Hospitalizations and deaths help us monitor the epidemiology of severe influenza infections and provide an assessment of the severity of the influenza season.

Lab-confirmed cases and rapid tests aid us in identifying the type of influenza circulating in the state, detection of novel strains, monitoring influenza trends by county and regional levels, determining geographic spread of the virus, and guiding vaccination efforts.

## AN INFLUENZA VIRUS



Hemagglutinin



Neuraminidase



M2 ion channel



Ribonucleoprotein

The above image shows the different features of an influenza virus, including the surface proteins hemagglutinin (HA) and neuraminidase (NA). Following influenza infection or receipt of the influenza vaccine, the body's immune system develops antibodies that recognize and bind to "antigenic sites," which are regions found on an influenza virus' surface proteins. By binding to these antigenic sites, antibodies neutralize flu viruses, which prevents them from causing further infection.

ILINET data show us the percent of patient visits in an outpatient setting attributed to an influenza-like illness. ILI data is a vital component in determining geographic spread.

DHEC also monitors national data sources such as the National Respiratory and Enteric Virus Surveillance System as well as the data from a major influenza testing equipment manufacturer as supplements to the state-mandated requirements.

Each year, the List of Reportable Conditions (List) is reviewed to ensure that it will reflect the most appropriate conditions requiring public health surveillance at both the state and national level. In addition, each data element requested must serve a specific and justifiable purpose. For 2019, DHEC will no longer require the aggregate reporting of RAT. The reason for this decision is three-fold. First, the use of rapid molecular assays has significantly increased (lab-confirmed cases) providing more robust individualized data for influenza infections, e.g. age of patient, type of influenza, and geographic location. The second reason is RAT reporting only specified collecting positives and not total number of tests performed. Without this denominator data, we were unable to assess changes in provider testing practices or calculate percent positivity. Requiring practices to report the total number of tests performed, in addition to all the other requirements, was not an attractive option. Lastly, based upon the methodology adapted by Biggerstaff, M., et. al (2018), data from several past seasons were analyzed to determine if lab-confirmed influenza tests and RATs were correlated and characterized the severity of past influenza seasons the same. Findings noted from this evaluation concluded that RAT reporting could be eliminated with no loss of surveillance quality.

The rapid antigen test change will appear on the 2019 List of Reportable Conditions; however, providers can stop reporting the RAT to DHEC beginning with the 2018-2019 influenza season. All other influenza data elements remain on the List. For information regarding this reporting change, you can refer to: <https://scdhec.gov/sites/default/files/media/document/10420-DHU-09-27-2018-FLU.pdf>

## Recent Tuberculosis Control Trainings

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### Tuberculosis and Diabetes

During August and September 2018, the Division of Tuberculosis (TB) Control partnered with the Carolinas Center for Medical Excellence (CCME) to coordinate Tuberculosis and Diabetes trainings to educate DHEC TB Control regional staff on the connection of the two morbidities and connect their patients with appropriate resources. Almost 40 people attend the one-day training held at the Richland County Health Department. DHEC offers the course annually.

### Advanced TB Today

Since 2012, TB Control has coordinated an *Advanced TB Today* conference, which helps experienced TB Control program staff stay current on TB knowledge as well as learn new information and skills. TB Control hosted an *Advanced TB Today* conference at the Hyatt Place Greenville in Greenville, South Carolina on June 5-7, 2018. There were 32 attendees. Resources from the regional American Lung Association assisted in this effort.

### Tuberculosis Today

DHEC partnered with the American Lung Association (ALA) to sponsor the Tuberculosis (TB) Today workshop October 15-17, 2018, at the Hyatt Place in Irmo, SC.

TB Today is an annual course for healthcare workers who provide services to TB patients in South Carolina to develop a broad knowledge base in TB. It focuses on a practical approach to the current body of knowledge on which the treatment and control of tuberculosis is based. At the conference, 33 attendees represented their respective healthcare settings, including patient management, contact investigation, prevention, infection control, program management, supervision of staff involved in direct care, and professional education. Other professionals (e.g., social workers, health educators, managers, supervisors, etc.) are encouraged to apply to take the course.

If your facility is interested in a presentation or training on TB, please email us at [TBControl@dhec.sc.gov](mailto:TBControl@dhec.sc.gov) with the subject line **Requesting TB Training**.



- Drug susceptibility profiles are no longer required for “Lab confirmed cases of Influenza.”
- Drug susceptibility profiles are no longer required for Campylobacteriosis.
- Cyclosporiasis (*Cyclospora*) was changed to read: Cyclosporiasis (*Cyclospora cayetanensis*).
- Cyclosporiasis (*Cyclospora cayetanensis*) Specimen submission to the Public Health Laboratory is required. Ship three-day reportables within three days.
- Appropriate specimen types: A pure, low passage isolate submitted on a non-inhibitory, non-selective agar plate or slant is preferred. If available submit one original culture plate; was added to “Staphylococcus aureus, vancomycin-resistant or intermediate” with a VA > 6 MIC (VRSA/VISA).
- Footnote (10) was removed from Carbapenem-resistant Enterobacteriaceae (CRE).
- Footnote (10) was removed from Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA).
- Babesiosis (*Babesia microti*) was changed to read: Babesiosis (*Babesia* spp.).
- Brucellosis (*Brucella*) was changed to read: Brucellosis (*Brucella* spp.).
- Cryptosporidiosis (*Cryptosporidium*) was changed to read: Cryptosporidiosis (*Cryptosporidium* spp.).
- Giardiasis (*Giardia*) was changed to read: Giardiasis (*Giardia* spp.).
- Malaria (*Plasmodium*) was changed to read: Malaria (*Plasmodium* spp.).
- Rocky Mountain Spotted Fever (*Rickettsia rickettsii*) (Spotted Fever group) was changed to read: Spotted Fever Rickettsiosis (*Rickettsia* spp.).
- Influenza A, avian or other novel strain was changed to read: Influenza, avian or other Novel Strain.

**Conditions Added**

- Candida Auris or suspected, has been added to reportable within 24 Hours by phone. Specimen submission to the Public Health Laboratory is required.

**Conditions Removed**

- Trichinellosis (*Trichinella spiralis*) is no longer reportable.

**Reporting reminders**

**WHAT TO REPORT**

For all suspected and confirmed cases, report the following:

- 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, healthcare worker, childcare worker, nursing home, prisoner/ detainee, travel in the past four 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;
- Submit electronically via DHEC’s web-based reporting system; or
- Mail to: Division of Surveillance & Technical Support  
Mills/Jarrett Complex  
Box 101106, Columbia, SC 29211

**LEAD:**

- Mail to: Bureau of Health Improvement & Equity, Lead Surveillance  
c/o Brian Humphries  
Sims-Aycock Building  
2600 Bull Street, Columbia, SC 29201
- Fax: (803) 898-3236
- Call (803) 898-3641 to establish electronic reporting.

**WHERE 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

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

**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) 934-2867  
Fax: (843) 773-6366

**Upstate**

**Cherokee, Spartanburg, Union**  
Office: (864) 596-2227 ext. 108  
Fax: (864) 596-3340

**Abbeville, Anderson, Greenwood, Laurens, McCormick, Oconee, Pickens**  
Office: (864) 260-5562  
Fax: (864) 260-5564

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

This section's layout was updated to reflect the changes in the telephone numbers for the Pee Dee region (Chesterfield, Clarendon, Darlington, Florence, Lee, Marlboro, Sumter, and Williamsburg). TB must be reported to the public health office in the region in which the patient resides.

**WHERE 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**

**Berkeley, Charleston, Dorchester**  
Phone: (843) 953-0043

**Beaufort, Colleton, Hampton, Jasper**  
Phone: (843) 549-1516 ext. 218

**Allendale, Bamberg, Calhoun, Orangeburg**  
Phone: (803) 268-5833

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

**Midlands**

**Kershaw, Lexington, Newberry, Richland**  
Phone: (803) 576-2749

**Chester, Fairfield, Lancaster, York**  
Phone: (803) 286-9948

**Aiken, Barnwell, Edgefield, Saluda**  
Phone: (803) 642-1618

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

**Pee Dee**

**Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro**  
Phone: (843) 661-4830

**Clarendon, Lee, Sumter**  
Phone: (803) 773-5511

**Georgetown, Horry, Williamsburg**  
Phone: (843) 915-8800

**Nights/Weekends**  
Phone: (843) 915-8845

**Upstate**

**Anderson, Oconee**  
Phone: (864) 260-5581

**Abbeville, Greenwood, McCormick**  
Phone: (864) 260-5581

**Cherokee, Greenville, Laurens, Pickens, Spartanburg, Union**  
Phone: (864) 372-3133

**Nights/Weekends**  
Phone: (866) 298-4442

**3-Day Reporting (MAIL or FAX)****Lowcountry**

4050 Bridge View Drive, Suite 600  
N. Charleston, SC 29405  
Fax: (843) 953-0051

**Midlands**

2000 Hampton Street  
Columbia, SC 29204  
Fax: (803) 576-2993

**Pee Dee**

145 E. Cheves Street  
Florence, SC 29506  
Fax: (843) 915-6502

**Upstate**

200 University Ridge  
Greenville, SC 29602  
Fax: (864) 282-4373

This section's layout was updated to reflect the changes in the telephone numbers for the Pee Dee region (Georgetown, Horry, Williamsburg). All conditions other than HIV, AIDS, STDs, Lead and TB must be reported to the public health office in the region in which the patient resides. Immediately and urgently reportable conditions must be reported by telephone. Conditions which are routinely reportable must be reported via mail, fax or submitted electronically via DHEC's web-based reporting system.

## Links for Disease Reporting Information

### Reportable Diseases Page on DHEC website

[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)

### PDF List of Reportable Conditions

<https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

### SC DHEC Disease Reporting Form

[www.scdhec.gov/sites/default/files/Library/D-1129.pdf](http://www.scdhec.gov/sites/default/files/Library/D-1129.pdf)

## Questions?

For questions about Disease Reporting or to discuss electronic disease reporting via DHEC's electronic disease surveillance reporting system, call the DHEC Bureau of Disease Control in Columbia:

(803) 898-0861  
Monday – Friday  
8:30 a.m. – 5 p.m.

To learn about DHEC's web-based reporting system, call:

1-800-917-2093  
Monday – Friday  
8:30 a.m. – 5 p.m.



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