



2020 SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

Disease reporting is required by SC Code of Laws Section 44-29-10, 44-53-1380, 44-1-110, and 44-1-140 and Regulation 61-20.

See other side for list of reportable diseases.

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. (45 CFR §164.512)

Disease/Condition (include stage, if appropriate): _____ Today's Date _____

Last Name First Name Middle Name

Patient ID or last five digits of SSN: _____ DOB: ____/____/____

Street Address

City State Zip County

Preferred Contact Number () _____ - _____ Home Cell Work

Ethnicity Sex at Birth Current Gender Identity
Hispanic Non-Hispanic Unknown Male Female Unknown Male Female Male to Female Female to Male
If female, pregnant? Yes No Unknown Expected Due Date: Expected delivery Hospital:
Race American Indian/ Alaskan Native Black Pacific Islander Asian White Unknown

Date of diagnosis/bite: ____/____/____

Date of symptom onset: ____/____/____

Symptoms:

Hospitalized Emergency Room Died Y N UNK

Date of Death: ____/____/____

Treated: Yes No Unk

Date: ____/____/____

Rx: _____

For Rabies PEP: Animal species: _____

Initial date of administration: ____/____/____

If hospitalized, complete: Hospital Name Admit Date Discharge Date

LABORATORY INFORMATION * Report Hepatitis in Viral Hepatitis box below

Table with 5 columns: Specimen Collection Date, Result Date, Lab Test Name (ex. Culture, IFA, IGM, PCR, Susceptibility), Specimen Source (ex. Stool, Blood, CSF) Lead: specify venous or cap, Result (ex. +/-, titer), Species/Serotype

PATIENT STATUS Y N UNK

Table with 3 columns (Y, N, UNK) and rows for patient status categories: In childcare, Food handler, Healthcare worker, Daycare Worker, Nursing home or other chronic care facility, Incarcerated/detainee, Outbreak related, Travel in last 4 weeks, Other:

*VIRAL HEPATITIS TEST RESULTS Specimen collection date: ____/____/____

ALT _____ AST _____ Result date: ____/____/____

Jaundice: Yes No Pos Neg UNK
Hepatitis A Total anti-HAV IgM anti-HAV
Hepatitis B HBsAg HBV NAT (PCR) HBeAg IgM anti-HBc Value: _____
Hepatitis C HCV RNA (PCR) HCV antibody (EIA) HCV Rapid Ab test Value: _____

REPORTER INFORMATION

Reporting lab/facility: _____
Reporting facility address: _____
Reporter name: _____
Reporter telephone: () _____ - _____
Performing lab name: _____
Ordering physician name: _____
Physician phone: () _____

RISK FACTORS: (Circle all that apply)

Close contact (type: sex, household other) Multiple Sex Partners Surgery/Dental
Dialysis Occupational blood exposure Tattoo
Drug Use (type: injection, non-injection) Organ Transplant Travel (US or outside US)
Homelessness Piercing
Men who Have Sex with Men Sex with HIV+ Partner

Comments: _____ Mail or Call Reports: _____

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Report IMMEDIATELY By Phone		Report Within 24 Hours By Phone	
<p>☣️!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)</p>	<p>☣️ Anthrax (<i>Bacillus anthracis</i>) (5)</p> <p>☣️ Botulism (<i>Clostridium botulinum</i> or Botulinum toxin)</p> <p>Influenza, avian or other novel</p> <p>Measles (Rubeola)</p> <p>Meningococcal disease (2) (3) (4) (5)</p> <p>☣️ Plague (5) (<i>Yersinia pestis</i>)</p> <p>Poliomyelitis, Paralytic and Nonparalytic</p> <p>Rabies, human</p> <p>☣️ Smallpox (Variola)</p> <p>☣️ Viral Hemorrhagic Fever (Ebola, Lassa, Marburg viruses)</p>	<p>Animal (mammal) bites (6)</p> <p>☣️ Brucellosis (5)</p> <p>Candida auris or suspected (5)</p> <p>Chikungunya (5)</p> <p>Ciguatera</p> <p>Dengue (<i>Flavivirus</i>) (5)</p> <p>Diphtheria (5)</p> <p>Eastern Equine Encephalitis (EEE) (5)</p> <p><i>Escherichia coli</i>, Shiga toxin-producing (STEC) (5)</p> <p><i>Haemophilus influenzae</i>, all types, invasive disease (<i>H flu</i>) (2) (3) (5)</p> <p>Hantavirus</p> <p>Hemolytic uremic syndrome (HUS), post-diarrheal</p> <p>Hepatitis (acute) A, B, C, D, & E (16)</p> <p>Influenza associated deaths (all ages)</p> <p>LaCrosse Encephalitis (LAC) (5)</p> <p>Mumps</p>	<p>Pertussis</p> <p>☣️ Q fever (<i>Coxiella burnetii</i>)</p> <p>Rubella (includes congenital)</p> <p>Shiga toxin positive (5)</p> <p><i>Staphylococcus aureus</i>, vancomycin-resistant or intermediate with a VA >6 MIC (VRS/VISA) (2) (5) (10)</p> <p>St. Louis Encephalitis (SLE) (5)</p> <p>Syphilis, congenital, primary or secondary (lesion or rash) or Darkfield positive</p> <p>Tuberculosis (5) (8)</p> <p>☣️ Tularemia (5)</p> <p>Typhoid fever (<i>Salmonella Typhi</i>) (2) (5)</p> <p>☣️ Typhus, epidemic (<i>Rickettsia prowazekii</i>)</p> <p>Vibrio - all types, including <i>V. cholerae</i> O1 & O139 (5)</p> <p>West Nile Virus (5)</p> <p>Yellow Fever (<i>Flavivirus</i>)</p> <p>Zika (5)</p>
	Report Within 3 Days		
<p>Babesiosis</p> <p>Campylobacteriosis (5)</p> <p>Carbapenem-resistant Enterobacteriaceae (CRE) and <i>Acinetobacter baumannii</i> (CRAB) (2)(5)(9)</p> <p>Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA) (2) (5) (12)</p> <p>Chancroid</p> <p>Chlamydia trachomatis</p> <p>Creutzfeldt-Jakob Disease (Age < 55 years)</p> <p>Cryptosporidiosis</p> <p>Cyclosporiasis (5)</p> <p>Ehrlichiosis / Anaplasmosis</p> <p>Giardiasis</p> <p>Gonorrhea (2)</p>	<p>Hepatitis (chronic) B, C, & D (16)</p> <p>Hepatitis B Surface Antigen+ w/each pregnancy</p> <p>HIV and AIDS clinical diagnosis</p> <p>HIV CD4 test results (all results) (L)</p> <p>HIV subtype, genotype, and phenotype (L)</p> <p>HIV 1 and HIV 2 positive test results (detection and confirmatory tests) (L)</p> <p>HIV viral load – all results (L)</p> <p>HIV HLA-B5701 and co-receptor assay (L)</p> <p>Influenza</p> <ul style="list-style-type: none"> • Lab-confirmed cases (eg. culture, RT-PCR, DFA, Molecular assay) (16) • Influenza associated hospitalizations (7) <p>Lead tests, all results – indicate venous or capillary specimen (13)</p> <p>Legionellosis</p>	<p>Leprosy (Hansen's Disease)</p> <p>Leptospirosis</p> <p>Listeriosis (5)</p> <p>Lyme disease</p> <p>Lymphogranuloma venereum</p> <p>Malaria</p> <p>☣️ Psittacosis</p> <p>Rabies post-exposure prophylaxis(PEP) when administered (6)</p> <p>Salmonellosis (2) (5)</p> <p>Shigellosis (2) (5)</p>	<p>Spotted Fever Rickettsiosis</p> <p>Streptococcus group A, invasive disease (2) (3)</p> <p><i>Streptococcus pneumoniae</i>, invasive (pneumococcal) (2) (3) (11)</p> <p>Syphilis, early latent, latent, tertiary or positive serologic test</p> <p>Tetanus</p> <p>Tuberculosis test - Positive Interferon Gamma Release Assays (IGRAs): QuantiFERON-TB Gold Plus (QFT-Plus) and T-SPOT.TB (14) (L)</p> <p>Toxic Shock (specify staph. or strep.)</p> <p>Varicella</p> <p>Yersiniosis (<i>Yersinia, not pestis</i>)</p>
<p>☣️ Potential Agent of Bioterrorism (L) Only labs are required to report. For notes 1-16, see complete list of reportable diseases at https://www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions</p>			

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
2100 Bull Street, Columbia SC 29201

LEAD:

Submit electronically via DHEC's web-based reporting system
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

HOW TO REPORT TUBERCULOSIS

Lowcountry

Berkeley, Charleston, Dorchester
Phone: (843) 719-4612
Fax: (843) 719-4778

Allendale, Bamberg, Beaufort,
Calhoun, Colleton, Hampton, Jasper,
Orangeburg
Phone: (843) 549-1516 ext 222
Fax: (843) 549-6845

Midlands

Chester, Kershaw, Lancaster,
Newberry, York
Phone: (803) 909-7357
Fax: (803) 327-4391

Aiken, Barnwell, Edgefield, Fairfield,
Lexington, Richland, Saluda
Phone: (803) 576-2870
Fax: (803) 576-2880

Pee Dee

Dillon, Georgetown, Horry, Marion
Phone: (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, Spartanburg, Union
Phone: (864) 596-2227 ext. 108
Fax: (864) 596-3340

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

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

TO REPORT ALL OTHER CONDITIONS: Contact the health department office in the region in which the patient resides.
(See reportable list for contact info)

DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology
2100 Bull St • Columbia, SC 29201
Phone: (803) 898-0861 • Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902

For information on reportable conditions and daytime & after-hours phone numbers, see
<https://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.

Instructions for Completing DHEC 1129 - Disease Reporting Form

Purpose: To report diseases and positive laboratory tests designated as reportable by DHEC's Director in accordance with Section 61-20 of the Rules and Regulations of the state of South Carolina.

Item by Item Instructions:

Explanation and Definition: The reporter must complete all items on the front of the form. The reportable diseases are listed on the reverse side of the form.

Disease/Condition - Enter the disease diagnosed and the complete diagnosis. Enter the stage of the disease, if appropriate.

Today's Date - Enter the date that the form is completed.

Patient Name - Enter the last name, first name and middle name of the patient.

Patient ID or SSN - Enter the patient ID number or the last five digits of the SSN if available.

Date of Birth - Enter the numerical month, day, and year of birth.

Street Address - Enter the street address of the patient's residence.

City, State, Zip - Enter the city, state, and zip code where the patient resides.

County - Enter the county where the patient resides.

Preferred Contact Number - Enter the area code and phone number of the patient. Select whether the preferred number is a home, cellular, or work telephone number.

Ethnicity - Check the appropriate box for the ethnicity of the patient.

Sex at Birth - Check the appropriate box for the sex of the patient at birth.

Current Gender Identity - Check the appropriate box for the patient's current gender identity.

Pregnant - Check the appropriate box (yes, no, unknown) for "if female, pregnant", depending on the patient's pregnancy status.

Race - Check the appropriate box(es) for the race of the patient.

Date of Diagnosis/Bite - Enter the date of diagnosis. If animal bite, enter the date of the bite.

Date of Symptom Onset - If patient has symptoms, enter the month, day and year the symptoms of the disease appeared.

Symptoms - Enter patient symptoms if applicable.

Hospitalized/Emergency Room/Died - Check yes, no, or unknown for patient hospitalization status, emergency room visit status, and death status.

Date of Death - If patient died, enter numerical month, day, and year of death.

Instructions for Completing DHEC 1129 - Disease Reporting Form

Treated - Check the appropriate box for whether the patient was treated.

Date - If patient was treated, enter date treatment was received by patient.

Rx - Enter treatment received by patient.

For Rabies PEP - If rabies post-exposure prophylaxis (PEP) was administered following a bite, enter the species of animal and the numerical date the first dose of PEP was administered.

Hospitalized - If patient was hospitalized enter hospital name, admit date, and discharge date.

Specimen Collection Date - Enter month, day, and year specimen was collected.

Result Date - Enter date of lab result.

Lab Test Name - Enter type of test.

Specimen Source - Enter the specimen source, as appropriate.

Result - Enter any laboratory results that support the diagnosis.

Species/Serotype - Enter species or serotype if applicable.

Patient Status - Check the appropriate box for whether the patient was in childcare, was a food handler, was a healthcare worker, was a daycare worker, was in a nursing home or other chronic care facility, was a prisoner or detainee, was a part of an outbreak, or traveled during the previous four weeks. Use the space next to "other" for additional information pertinent to patient status, for example, where patient traveled.

Viral Hepatitis Test Results (Specimen Collection Date) - Enter month, day, and year specimen was collected for hepatitis testing.

ALT, AST, Result Date - Enter any liver enzyme results and date of test.

Jaundice - Check appropriate box for presence of jaundice.

Hepatitis Results - Check box for appropriate test results if the patient has been tested for hepatitis A, B, or C. Enter value for HCV RNA, if applicable.

Reporting Laboratory/Facility - Enter the name of the reporting laboratory or facility.

Reporting Facility Address - Enter the address of the reporting laboratory or facility.

Reporter Name - Enter the name of the person reporting.

Reporter Telephone - Enter the phone number of the person who completed the DHEC 1129 form.

Performing Lab Name - Enter name of lab which performed the test.

Ordering Physician Name - Enter the name of the ordering physician.

Instructions for Completing DHEC 1129 - Disease Reporting Form

Physician Phone – Enter the phone number of the ordering physician.

Comments - Enter any additional information deemed pertinent.

Risk Factors - Circle all of the Risk Factors that apply.

Mail or Call Reports To - The regional/county health department phone number and address to which private providers should call/send reports are entered or stamped in this space.

Side Two

List of reportable diseases or conditions and the timeframes for reporting to DHEC and instructions for how/where to report.

Office Mechanics/Filing-

The reporting person will submit these forms to the regional/county health department or enter this information electronically. Depending on the disease reported on the form, 1) the county health department or DHEC Central Office will enter the information in the electronic reporting system (SCION), or 2) the county health department will forward the forms to the appropriate Division in DHEC's Bureau of Communicable Disease Prevention and Control in Columbia. The completed forms will be filed and retained for six months after the calendar year. The forms will then be destroyed.