

Changes in the 2012 List of Reportable Conditions

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The SC Department of Health and Environmental Control (DHEC) updates the list of Reportable Conditions in January of each year. Revisions to the list of reportable conditions are based on many factors, including (1) the need for DHEC to conduct surveillance on new conditions or to increase surveillance on certain existing conditions in order to protect the health of the public, and (2) changes in reporting requirements from the US Centers for Disease Control and Prevention (CDC).

South Carolina List of Reportable Conditions

Find it:
www.scdhec.gov >> On DHEC's home page, look for a heart next to **Diseases and Conditions** >> Click **Disease Reporting**.

Click it:
www.scdhec.gov/health/disease/reportables.htm

New for 2012—Significant Change:

- ◆ **Animal (mammal) bite reporting is changed from immediately reportable to urgently reportable (within 24 hours).** Providers may call or fax reports to local health departments. Medical consultation will still be available 24/7/365 from SC

DHEC for animal bite management. *(See article this page for details.)*

Revisions, Clarifications, and Edits for 2012:

- ◆ **Biological/Chemical/Terrorist Event:**
 Verbiage changed from "any potential biological,

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Revised Requirement for Animal Bite Reporting

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Starting January 1, 2012, animal (mammal) bites are **urgently reportable** to SC DHEC. **Reports are to be received within 24 hours of a provider's attendance on the patient, or of receiving a report of a bite from a patient.** South Carolina's Rabies Control Act ([State Code of Laws Section 47-5-90](#).) also requires pet owners, bite victims (or their parents), and citizens aware of rabies exposures or symptoms in animals to call DHEC. Providers are urged to report animal exposures to DHEC promptly to initiate the animal investigation.

Medical consultation is available regarding PEP and other bite/exposure management decisions. During work hours, providers should call the Regional and/or County number specified for medical consultation (<http://www.scdhec.gov/health/envhlth/rabies/rabies-pep.htm#contacts>). After working hours, on weekends, and holidays, providers should call 1-888-847-0902. Inform the operator that medical consultation is needed regarding an animal bite.

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chemical or terrorist event (including exposures to toxins such as ricin)" to "any intentional or unusual biological, chemical, or radiological event." No particular toxins are specified.

- ◆ **Tularemia** is now listed as urgently reportable on both lists, since this condition may be related to a bioterrorism incident.
- ◆ **Carbapenem-Resistant Enterobacteriaceae (CRE):** This condition is now reportable as "Enterobacteriaceae, carbapenem resistant (E. coli and Klebsiella pneumoniae)".

Laboratory:

- ◆ **Isolate Submission:** Footnote 7 changed to read "Labs are requested to submit these isolates, positive serologies, or specimens to the

DHEC Bureau of Laboratories for confirmatory testing or genotyping."

- ◆ Footnote 7 was added to **Tularemia**.
- ◆ **Legionella:** All positive tests should be reported.

Removal of "Lab-Only" footnote from some conditions:

- ◆ **STD and HIV labs are reportable by providers, as well as by labs.** Providers should include treatment, other case status information when reporting via CHES or a DHEC 1129 card.

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Revised Requirement for Animal Bite Reporting

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DHEC has developed a web page (with accompanying PDF packet) of information on management of animal bites: <http://www.scdhec.gov/health/envhlth/rabies/rabies-pep.htm>. The provider packet guides practitioners through the process of evaluating animal exposures for the risk of rabies transmission. In the event that PEP is felt to be appropriate, the packet reviews processes for obtaining rabies immune globulin (RIG) and rabies vaccine. Information is supplied regarding obtaining these biologicals for patients without insurance or other payment resources.

For bites not requiring medical consultation from DHEC, [providers should call or fax reports to Regional/County numbers identified in the provider packet](#). Forms for bite/exposure incident reporting are available on the [last page of the PDF version of the provider packet](#), or from Regional Environmental Health staff.

Most animal bite incidents will be managed by DHEC's Bureau of Environmental Health. Working closely with local Animal Control authorities, these staff investigate mammal bite/wound incidents to learn as much as possible about the animal's vaccination/health history and the circumstances involved, helping determine the most appropriate actions needed to protect public health. Most animal exposures will not require postexposure prophylaxis (PEP); locating the animal for quarantine or testing may prevent unnecessary PEP.

From the CDC:

Rabies Postexposure Prophylaxis Online Course

Rabies Postexposure Prophylaxis (PEP) Basics: Case Illustrations of the 2010 Advisory Committee on Immunization Practices (ACIP) Guidelines is a free online course developed by the Maryland Department of Health and Mental Hygiene (DHMH) in collaboration with CDC. It is designed to educate health-care and public health professionals about rabies, the approach used in assessing rabies virus exposure, and administration of rabies PEP based on ACIP recommendations. Continuing Education credits are available to any physician, nurse, pharmacist, or veterinarian who takes the training. The course can be accessed at the Maryland DHMH website at <http://ideha.dhmm.maryland.gov/training/rabies/default.aspx>.

Centers for Disease Control and Prevention. (2011, November 18). Announcement: Rabies postexposure prophylaxis online course. *Morbidity and Mortality Weekly Report*, 60 (45), p. 1557

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Nomenclature (changes made to align with revised disease descriptions):

- ◆ **MRSA bloodstream infections** are now reportable as "*Staphylococcus aureus*, methicillin resistant - bloodstream infections (MRSA-BSI)."
- ◆ **Rocky Mountain Spotted Fever** is now reportable as **Rickettsiosis, Spotted Fever (RMSF)**.

Tidying up:

- ◆ **Rabies Packet:** The link to provider guidance for managing animal bites was corrected.
- ◆ **SARS** (severe acute respiratory syndrome) was removed from the Laboratory List of Reportable Conditions for 2011, and inadvertently left on the main list. SARS is now removed from both lists.

Accessing Web-based and Printed Copies of the New Disease Report Cards and Posters

The 2012 List of Reportable Conditions is posted on the SC DHEC website (see box page 1) at www.scdhec.gov/health/disease/reportables.htm. From the

Is disease reporting required?

South Carolina Law ([44-29-10](#)) and Regulations ([61-20](#)) require reporting of specified contagious and infectious diseases and conditions to the local health department:

"...in the form and manner as prescribed by DHEC in regulations concerning infectious diseases. The reports must be made to the Bureau of Disease Control in the manner required in the regulations. When available, clinical information supporting the diagnoses, including results of specific diagnostic tests, must be included."

In South Carolina, these diseases and conditions are specified in the [List of Reportable Conditions](#), published annually by the DHEC Bureau of Disease Control.

In addition to diseases, the List also specifies that outbreaks of disease or unusual clusters of illness, events such as animal (mammal) bites and pesticide poisoning, and findings suggestive of disease (e.g., hemolytic uremic syndrome) must be reported to DHEC.

Diseases do not have to be confirmed to be reported -- actions to prevent further spread of disease may be necessary while confirmatory tests are pending.

South Carolina 2012 List of Reportable Conditions

Attention: Health Care Facilities, Physicians, and Laboratories
South Carolina Law 44-28-10 and Regulation 61-20 require reporting of conditions on this list to the local public health department.
South Carolina Law 44-53-1300 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 114.512)

<p style="text-align: center;">IMMEDIATELY REPORTABLE BY PHONE</p> <p style="text-align: center;"><small>All suspected and confirmed cases, including preliminary clinical and laboratory results.</small></p> <ul style="list-style-type: none"> ◆ Any outbreak, unusual disease, or cluster of cases (1) (7) ◆ Any intentional biological, chemical, or radiological event ◆ Anthrax (7) (<i>Bacillus anthracis</i>) ◆ Botulism (<i>Clostridium botulinum</i> or Botulinum toxin) ◆ Influenza A, avian or other novel ◆ Measles (Rubeola) ◆ Meningococcal disease (7) (9) ◆ Plague (7) (<i>Yersinia pestis</i>) ◆ Poliomyelitis, Paralytic and Nonparalytic ◆ Rabies (human) ◆ Smallpox (Variola) ◆ Viral Hemorrhagic Fever (Ebola, Lassa, Marburg viruses) 	<p style="text-align: center;">REPORT WITHIN 7 DAYS</p> <ul style="list-style-type: none"> AIDS (2) Campylobacteriosis Chancroid (<i>Haemophilus ducreyi</i>) Chlamydia trachomatis: genital site Creutzfeldt-Jakob Disease (Age < 55 years only) Cryptosporidiosis Cyclosporiasis Enterobacteriaceae, carbapenem-resistant (CRE) (<i>E. coli</i> and <i>Klebsiella pneumoniae</i>) (1) (3) Ehrlichiosis / Anaplasmosis (<i>Ehrlichia</i> species / <i>Anaplasma phagocytophilum</i>) Gonorrhea Hepatitis B, chronic Hepatitis B Surface Antigen + with each pregnancy Hepatitis C, D, E HIV-1 or HIV-2 infection (2) HIV CD4 co-receptor HIV CD4 T-lymphocyte count/percentage - all results (2) HIV HLA-B5701 HIV subtype, genotype, and phenotype HIV viral load - all results (2) Influenza <ul style="list-style-type: none"> Deaths (adults age 18 and older) (11) Hospitalizations (aggregate report of totals) (11) Lab-confirmed cases (culture, RT-PCR, DFA, IFA) Positive rapid flu tests (aggregate report of totals) Lead poisoning (elevated blood lead levels, all ages) (5) Lead tests, all ages <6 (1) Legionellosis (All positive tests) (7) Leptosy (Hansen's Disease) Leptospirosis Listeriosis (7) Lyme disease (<i>Borrelia burgdorferi</i>) Lymphogranuloma venereum Malaria (<i>Plasmodium</i> species) Meningitis, aseptic (6) Pesticide poisoning Psittacosis (<i>Chlamydia psittaci</i>) Rabies Post Exposure Prophylaxis (when recommended) (12) Rickettsiosis, Spotted Fever (e.g. RMSF) Salmonellosis (7) Shigellosis (7) <i>Staphylococcus aureus</i>, Methicillin resistant, bloodstream infections (MRSA-BSI) (1) <i>Streptococcus</i> group A, invasive disease (4) <i>Streptococcus</i> group B, age < 30 days <i>Streptococcus pneumoniae</i>, invasive, (1) (4) Syphilis, latent or tertiary, or positive serologic test Tetanus Toxic Shock (specify staphylococcal or streptococcal) Varicella (outbreaks, deaths, or hospitalizations) (6) Yersiniosis (<i>Yersinia</i>, not pestis)
<p style="text-align: center;">URGENTLY REPORTABLE WITHIN 24 HOURS BY PHONE</p> <p style="text-align: center;"><small>All suspected and confirmed cases, including preliminary clinical and laboratory results.</small></p> <ul style="list-style-type: none"> Animal (mammal) bites (12) Arboviral Neuroinvasive & Non-Neuroinvasive Disease: <ul style="list-style-type: none"> Eastern Equine Encephalitis, LaCrosse, St. Louis Encephalitis, West Nile Virus (7) Brucellosis (7) Dengue (<i>Flavivirus</i>) (7) Diphtheria (7) <i>E. coli</i>, shiga toxin - producing (STEC), including <i>E. coli</i> O157:H7 (7) Glanders (<i>Bordetella mallei</i>) (7) <i>Haemophilus influenzae</i>, all types, invasive disease (4) (7) Hantavirus Hemolytic uremic syndrome (HUS) (10) Hepatitis A, acute (IgM Ab + only) Hepatitis B, acute (IgM core Ab + only) Influenza, Pediatric, deaths (age <18) (11) Melioidosis (<i>Burkholderia pseudomallei</i>) (7) Mumps Pertussis Q Fever (<i>Coxiella burnetii</i>) Rubella (includes congenital) <i>Staphylococcus aureus</i>, vancomycin-resistant or intermediate (MRSA/VISA) (7) Syphilis, congenital, primary or secondary (lesion or rash) Trichinosis Tuberculosis (7) Tularemia (7) Typhoid fever (<i>Salmonella typhi</i>) (7) Typhus, epidemic (<i>Rickettsia prowazekii</i>) Vibrio, all types, including <i>Vibrio cholerae</i> O1 and O139 (7) Yellow Fever (<i>Flavivirus</i>) 	

Reportables.htm page, providers can read the contents of the list from a computer, smart phone, tablet, etc. The page also contains links to PDF versions of the 2012 posters for health care providers and for laboratories.

Printed copies of the 2012 Disease Reporting Cards and the Reportable Disease posters (sizes 8½ by 11 inches and 12 by 24 inches) are available from DHEC regional public health departments or from the DHEC Division of Acute Disease Epidemiology in Columbia. The color is pink for 2012.

◆ Potential agent of bioterrorism
 (E) Only lab required to report.
 1. Outbreak: An excess number of cases or syndromes over the expected occurrence of disease within a geographic area, population group, or healthcare facility. Clinical specimens may be requested.
 2. Report HIV or AIDS when serum, urine, or oral fluid specimens require by lab confirmatory test (e.g., Western Blot, or 2 HIV detection test (e.g., EIA or PCR include, acid test with viral load) or clinical diagnosis of a case of HIV or AIDS. All reactive rapid HIV test results must be reported to DHEC. All HIV viral load and CD4 test results must be reported by labs regardless of results.
 3. Reports should specify the site from which the isolate was obtained and the drug susceptibility profile.
 4. Invasive disease - isolated from normally sterile site: blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid, protected bronchial sampling or from lung aspirate/sputum, ascending facitis, and cellulitis only if isolate is from a tissue biopsy. Always specify site of isolate.
 5. Report serum lead levels <10 µg/dl for children under 18 years of age and <2 µg/dl for persons 18 years or older.
 6. An outbreak of Varicella is defined as 5 or more cases within 4 weeks in a common setting, such as school, childcare, or other institutional setting.
 7. Labs are requested to submit these isolates, positive serologies, or specimens to the DHEC, Bureau of Laboratories for confirmatory testing or genotyping.
 8. Acute meningococcal meningitis, fever, CSF pleocytosis, sterile culture. Contact DHEC in outbreaks to submit specimens to lab for virus identification.
 9. Report Gram-negative diplococci in blood or CSF.
 10. HUS, with or without gastroenteritis. Triad of acute renal failure, thrombocytopenia, and microangiopathic hemolytic anemia.
 11. Report lab-confirmed only. Laboratory confirmation includes culture, RT-PCR, DFA, IFA, or rapid test. For deaths, also includes autopsy results consistent with influenza.
 12. Rabies RFP guidance: www.scdhec.gov/health/controllable/rabiesrptes-pep.htm. Consultation is available from the DHEC Regional Office.

Epi Clips: Outbreaks Investigated by SC DHEC, 2009-2010—Etiologic Agents and Routes of Transmission

Compiled by staff in the SC DHEC Division of Acute Disease Epidemiology

DHEC categorizes outbreaks based on the etiologic agent as well as the mode of transmission. Etiologic agents are identified by laboratory results and/or (where applicable) clinical findings consistent with the CDC case definition.

Etiologies

The Division of Acute Disease Epidemiology (DADE) and Regional Outbreak Response Teams (ORTs) investigated 94 outbreaks investigated in 2009. Of these, 79 (84%) had an etiologic agent identified.* 15 other outbreaks were classified as either Unknown Enteric (14) or Unknown Respiratory (1). Of the 137 outbreaks investigated by DADE and ORTs in 2010, 109 (80%) had an etiologic agent identified. There were also 27 Unknown Enteric outbreaks and 1 Unknown Respiratory outbreak.

Routes of Transmission

Illnesses in outbreaks investigated by DHEC were generally spread person-to-person (e.g., respiratory droplets, direct skin contact, or fecal-oral routes), or spread via vectors (e.g., ticks or mosquitoes), or fomites (e.g., environmental surfaces or contaminated foods). DADE and Regional ORTs also worked with DHEC

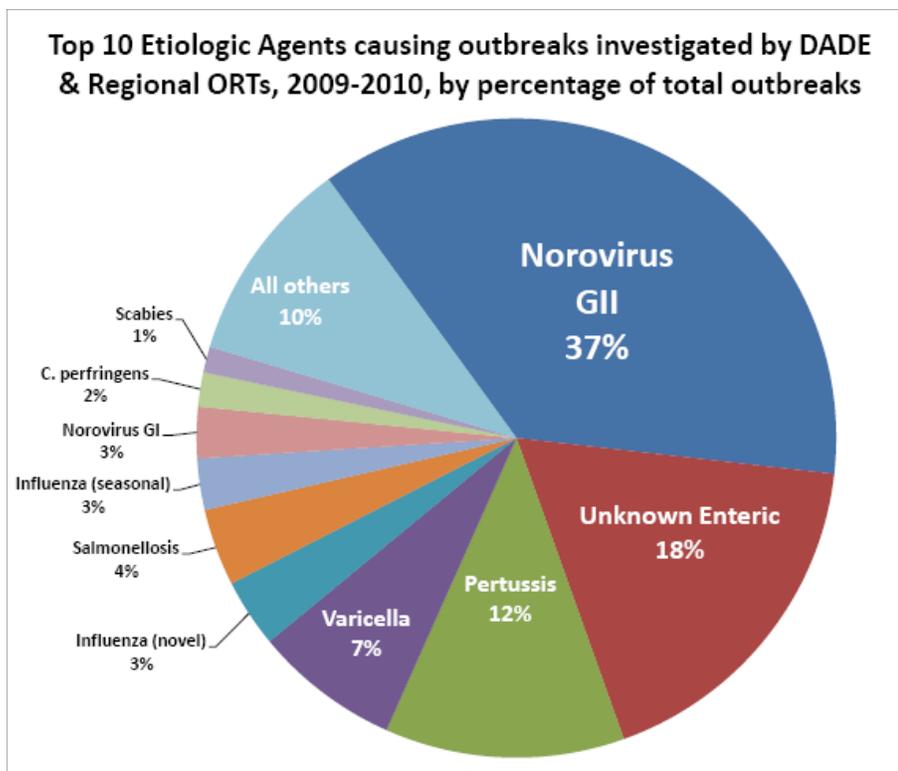


Environmental Health staff to investigate several outbreaks with a direct environmental cause, from exposures (e.g., UV Keratitis) or ingestion (lead poisoning).

In just under 2 of every 5 outbreaks investigated (38.5%), multiple routes of transmission were identified. All outbreaks with multiple transmission routes reported included a person-to-person component. For example, varicella,* pertussis, and influenza were spread between persons, via the respiratory route. Norovirus was spread person-to-person, as well as via environmental contamination.

The tables on page 5 list the Etiologic Agents (Table 1) and Routes of Transmission (Table 2) identified for outbreaks investigated by the Division of Acute Disease Epidemiology, 2009-2010.

* Varicella is only investigated when identified in outbreaks of 5 or more cases in 2 incubation periods (42 days).



Epi Clips: Outbreaks Investigated by SC DHEC, 2009-2010—Etiologic Agents and Routes of Transmission

Table 1: Outbreaks investigated by SC DHEC, 2009-2010, by Etiologic Agent

Outbreaks by Etiologic Agent	2009		2010		Outbreaks by Etiologic Agent	2009		2010	
	#	%	#	%		#	%	#	%
Norovirus GII	26	27.66%	59	43.07%	<i>E. coli</i>	1	1.06%	0	0.00%
Unknown Enteric	14	14.89%	27	19.71%	Giardiasis	1	1.06%	0	0.00%
Pertussis	12	12.77%	16	11.68%	Rhinovirus	1	1.06%	0	0.00%
Varicella	12	12.77%	5	3.65%	Strep Group A	1	1.06%	0	0.00%
Influenza (novel)*	7	7.45%	1	0.73%	UV Keratitis	1	1.06%	0	0.00%
Salmonellosis	3	3.19%	6	4.38%	Vibrio	1	1.06%	0	0.00%
Influenza (seasonal)	4	4.26%	2	1.46%	Bed bugs	0	0.00%	1	0.73%
Norovirus GI	2	2.13%	4	2.92%	Cryptosporidiosis	0	0.00%	1	0.73%
<i>C. perfringens</i>	2	2.13%	2	1.46%	Elevated lead levels	0	0.00%	1	0.73%
Scabies	2	2.13%	1	0.73%	Foreign substance	0	0.00%	1	0.73%
Campylobacteriosis	1	1.06%	1	0.73%	Legionellosis	0	0.00%	1	0.73%
Hepatitis A	1	1.06%	1	0.73%	Metapneumo virus	0	0.00%	1	0.73%
Unknown Respiratory	1	1.06%	1	0.73%	MRSA	0	0.00%	1	0.73%
Shigellosis	0	0.00%	2	1.46%	<i>S. aureus</i>	0	0.00%	1	0.73%
Brucellosis	1	1.06%	0	0.00%	Scombroid toxin	0	0.00%	1	0.73%
					Total	94		137	

* After investigation of six initial scattered outbreaks, the 2009 Novel H1N1 strain of influenza was investigated as one statewide outbreak for the rest of 2009 and for all of 2010.

Table 2: Outbreaks by Modes of Transmission, 2009-2010

Mode of Transmission identified in Outbreak Database	2009		2010	
	#	%	#	%
Person-to-Person	36	38.30%	61	44.53%
Person-to-Person/Environmental	9	9.57%	42	30.66%
Person-to-Person/Respiratory	18	19.15%	16	11.68%
Foodborne	13	13.83%	8	5.84%
Respiratory	11	11.70%	5	3.65%
Person-to-Person/Foodborne	4	4.26%	0	0.00%
Environmental	1	1.06%	1	0.73%
Waterborne	1	1.06%	1	0.73%
Other (Lead exposure, bedbugs)	0	0.00%	2	1.46%
Zoonotic	1	1.06%	0	0.00%
Intentional contamination	0	0.00%	1	0.73%
Vectorborne	0	0.00%	0	0.00%
Total	94		137	

Summary of Conditions reported to SC DHEC January 1 through December 15, 2011

Compiled by Claire Youngblood, MA, Data Manager
Division of Acute Disease Epidemiology

Condition [†]	Confirmed	Probable	Suspect [#]
Animal Bite - Bat (PEP Recommended)	15	0	0
Animal Bite - Cat (PEP Recommended)	4	0	0
Animal Bite - Dog (PEP Recommended)	27	0	0
Animal Bite - Fox (PEP Recommended)	3	0	0
Animal Bite - Raccoon (PEP Recommended)	13	0	0
Animal Bite - Wild (PEP Recommended)	3	0	0
Aseptic meningitis	182	1	1
Campylobacteriosis	384	14	0
Cholera	1	0	0
Creutzfeldt-Jakob Disease	0	1	0
Cryptosporidiosis	54	65	1
Dengue Fever	0	2	2
Ehrlichiosis, chaffeensis	2	1	1
Ehrlichiosis, Human granulocytic	0	0	1
Ehrlichiosis/Anaplasmosis, undetermined	0	1	0
Encephalitis, LaCrosse	0	1	0
Giardiasis	110	3	2
Group A Streptococcus, invasive	106	0	0
Group B Streptococcus, invasive	45	0	0
Haemophilus influenzae, invasive	75	0	8
Hemolytic uremic syndrome, post-diarrheal	3	0	0
Hepatitis	1	0	1
Hepatitis A, acute	12	0	4
Hepatitis B virus infection, Chronic	103	381	12
Hepatitis B, acute	38	1	30
Hepatitis C Virus Infection, past or present	3,366	13	164
Hepatitis C, acute	1	0	0
Hepatitis Delta co- or super-infection, acute	1	0	0
Hepatitis E, acute	2	0	1
Influenza, human isolates	492	0	0
Influenza, Rapid Test	45,278	0	0
Legionellosis	23	0	2
Listeriosis	7	0	0

Summary of Conditions reported to SC DHEC January 1 through December 15, 2011

Condition¶	Confirmed	Probable	Suspect [#]
Lyme disease	22	12	190
Malaria	6	0	1
Mumps	2	0	1
Neisseria meningitidis, invasive (Mening. disease)	9	0	0
Novel Influenza A Virus Infections	7	0	0
Pertussis	80	51	11
Q fever	0	1	1
Q fever, Acute	1	0	0
Q fever, Chronic	0	1	0
Rabies, human	1	0	0
Rubella	0	1	0
S. aureus, vancomycin intermediate susc (VISA)	3	0	0
Salmonellosis	1,506	11	0
Scombroid fish poisoning	1	0	0
Shiga toxin-producing Escherichia coli (STEC)	19	0	14
Shigellosis	88	49	0
Spotted Fever Rickettsiosis	13	25	98
Strep pneumoniae, invasive	417	1	4
Streptococcal toxic-shock syndrome	2	0	0
Tetanus	0	1	0
Toxic-shock syndrome, staphylococcal	0	3	0
Tuberculosis	119	0	0
Typhoid fever (Salmonella typhi)	1	0	0
Varicella (Chickenpox)	13	0	0
Vibrio parahaemolyticus	7	0	0
Vibrio spp., non-toxigenic, other or unspecified	2	0	0
Vibrio vulnificus infection	2	0	0
West Nile Fever	0	1	0
Yersiniosis	5	0	0

¶ To save space, reportable conditions with no cases reported are not included in this list.

‡ Not all conditions on this list have an "official" probable or confirmed status defined. Case status indicated on these pages is based upon what is reported in the Carolina's Health Electronic Surveillance System.

Data are preliminary, and include only those reports for which a final cases status of confirmed, probable, or suspect has been assigned. Conditions with zero cases may have no reports, or may be the subject of on-going investigations. Most recent complete full-year data are available from the SC DHEC Annual Report on Reportable Conditions: http://www.scdhec.gov/health/disease/docs/Annual_Report_on_Reportable_Conditions.pdf. Questions may be directed to the Surveillance Section of the SC DHEC Bureau of Disease Control's Division of Acute Disease Epidemiology.



***Epi Notes* is published by the South Carolina
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Bureau of Disease Control
Division of Acute Disease Epidemiology**

DISEASE REPORTING

For immediately and urgently reportable conditions, call your local county health department. After hours, weekends or holidays, call 1-888-847-0902. Routine reports may be phoned in to your local health department or mailed on a completed DHEC DISEASE REPORTING CARD (DHEC 1129.) Local county health department numbers are listed on the Official List of Reportable Conditions.

For a copy of the current Official List of Reportable Conditions, call 803-898-0861 or visit www.scdhec.gov/health/disease/reportables.htm.

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- Contact the Bureau of Disease Control (Phone: 803.898.0861, Fax: 803.898.0897)

If you are a health professional interested in receiving health notifications from the **South Carolina Health Alert Network**, please contact Shana Dorsey, HAN Coordinator at 803-898-0431 or email DADE-OC@dhec.sc.gov.