

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 Botulinum 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*)

* 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 (STEC) (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*)

Lymphogranuloma venereum

Malaria (*Plasmodium* spp.)

! Measles (Rubeola)

! Meningococcal disease (*Neisseria meningitidis*) (2) (3) (4) (5)

* Mumps

* Pertussis (*Bordetella pertussis*)

 ! Plague (*Yersinia pestis*) (5)

! Poliomyelitis

 Psittacosis (*Chlamydia psittaci*)

 * Q fever (*Coxiella burnetii*)

! 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 (VRSA/VISA) (2) (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 (*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

* 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.
6. Report aggregate totals weekly.
7. Report all cases of suspect 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://wwwn.cdc.gov/nndss/conditions/tuberculosis>.
8. Carbapenem-resistant *Enterobacteriales* 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.
13. Positive IGRAs alone do not diagnose TB disease versus Latent TB Infection (LTBI). www.scdhec.gov/sites/default/files/media/document/Memo%2010.2.19%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 (positives, genetic lineage, negatives, indeterminate) are required to be reported. 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

scdhec.gov/sites/default/files/Library/D-1129.pdf

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) 909-7358

**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

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**

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, Oconee, Pickens,
Spartanburg, Union**

200 University Ridge
Greenville, SC 29602

Office: (864) 372-3133
Fax: (864) 282-4373

Nights/Weekends: (864) 423-6648



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.