South Carolina 2017 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.

* ! 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 (6)
* ! Anthrax (Bacillus anthracis) (5)
* Babesiosis (Babesia microti)
* ! Botulism (Clostridium botulinum or Botulinum toxin)
* Brucellosis (Brucella) (5)
* Campylobacteriosis (5) (2) (5)
* Carbapenem-resistant Enterobacteriaceae (CRE) (L) (5) (9) (10)
* Carbapenem-resistant Pseudomonas aeruginosa (CRPA) (L) (5) (10)
* Chancroid (Haemophilus ducreyi)
* Chikungunya (5)
* Chlamydia trachomatis
* Ciguatera
* Clostridium difficile (L)
* Creutzfeldt-Jakob Disease (Age < 55 years only)
* Cryptosporidiosis (Cryptosporidium)
* Cyclosporiasis (Cyclospora)
* Dengue (5)
* Diphtheria (Corynebacterium diphtheriae) (5)
* Eastern Equine Encephalitis (EEE) (5)
* Escherichia coli, Shiga toxin – producing (STEC) (5)
* Ehrlichiosis / Anaplasmosis (Ehrlichia / Anaplasma phagocytophilum)
* Giardiasis (Giardia)
* 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
* Hepatitis (chronic) B, C, & D
* Hepatitis B surface antigen + with each pregnancy
* HIV and AIDS clinical diagnosis
* HIV CD4 test results (all results) (L)
* HIV subtype, genotype, and phenotype (L)
* HIV 1 or HIV 2 positive test results (detection and confirmatory tests) (2)
* HIV viral load (all results) (L)
* HIV HLA-B5701 and co-receptor assay (L)
* ! Influenza A, avian or other novel strain
* Influenza associated deaths (all ages)
* Influenza
  * Lab-confirmed cases (culture, RT-PCR, DFA, IFA) (2)
  * Lab-confirmed hospitalizations (7)
  * Positive rapid antigen detection tests (7)
* La Crosse Encephalitis (LACV) (5)
* Lead tests, all results - indicate venous or capillary specimen
* Legionellosis
* Leprosy (Mycobacterium leprae) (Hansen’s Disease)
* Leptospirosis
* Listeriosis (5)
* Lyme disease (Borrelia burgdorferi)
* Lymphogranuloma venereum
* Malaria (Plasmodium)
* Measles (Rubella)
* 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)
* Rabies Post Exposure Prophylaxis (PEP) when administered (6)
* Rubella (includes congenital)
* Rocky Mountain Spotted Fever (Rickettsia rickettsii) (Spotted Fever group)
* Salmonellosis (2) (5)
* Shiga toxin positive (5)
* Shigellosis (2) (5)
* ! Smallpox (Variola)
* Staphylococcus aureus, vancomycin-resistant or intermediate (VRSA/ VISA) (2) (5)
* Streptococcus group A, invasive disease (2) (3)
* Streptococcus group B, age < 90 days (2)
* Streptococcus pneumoniae, invasive (pneumococcal) (2) (3) (11)
* St. Louis Encephalitis (SLEV) (5)
* Syphilis: congenital, primary, or secondary (lesion or rash) or Darkfield positive
* Syphilis: early latent, latent, tertiary, or positive serological test
* Tetanus (Clostridium tetani)
* Toxic Shock (specify staphylococcal or streptococcal)
* Trichinosis (Trichinella spiralis)
* Tuberculosis (Mycobacterium tuberculosis) (5) (8)
* Tularemia (Franciella 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 (Ebola, Lassa, Marburg viruses)
* West Nile Virus (5)
* Yellow Fever
* Yersiniosis (Yersinia, not pestis)
* Zika (5)

8. Report all cases of suspected and confirmed tuberculosis (TB). A suspect case of TB is a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have TB. Centers for Disease Control and Prevention case definition of confirmed cases: https://wwwn.cdc.gov/nndss/ conditions.
9. Carbapenem-resistant Enterobacteriaceae infections from all specimen types for the following species: E. Coli, Enterobacter, and Klebsiella.
10. Appropriate specimen types: A pure, low passage isolate is preferred submitted on a noninhibitory, non-selective agar plate or slant. If available submit one original culture plate.
11. Specimen submission to the Bureau of Laboratories is required for Streptococcus pneumoniae, invasive in cases < 5 years of age.

Potential agent of bioterrorism
(L) Only Labs 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. Included 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 Bureau of Laboratories is required. Ship immediately and urgently reportables within 1 business day. Ship 3 day reportables within 3 business days. Contact regional epi if assistance is needed.

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. South Carolina Law §44-53-1380 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 §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
- 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
  - 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: Division of Children’s Health, Lead Program
  Mills/Jarrett Complex
  2100 Bull Street, Columbia, SC 29201; or
- Fax: (803) 898-0577
- Call (803) 898-0767 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
  Office: (843) 719-4612
  Fax: (843) 719-4778

- Beaufort, Colleton, Dorchester
  Office: (843) 549-1516 ext. 117
  Fax: (843) 549-6845

- Allendale, Bamberg, Beaufort, Calhoun, Colleton
  Office: (803) 268-5833
  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) 673-6693
  Fax: (843) 661-4844

### 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

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

## Where to Report All Other Conditions
Report all other conditions to the public health office (listed below) in the region in which the patient resides.

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

- Beaufort, Colleton, Hampton, Jasper
  Phone: (843) 322-2453

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

**Nights/Weekends:** (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:** (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) 915-8804

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

### 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:** (866) 298-4442

### 3-Day Reporting (MAIL or FAX)

## Contact Information
- **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/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC

- **To learn about**
  - DHEC’s web-based reporting system, call 1-800-917-2093.