



This is an official
DHEC Advisory

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New – 2015 List of Reportable Conditions

Summary

The List of Reportable Conditions (LORC) has been updated for 2015 and can be found at <http://www.scdhec.gov/health/disease/reportables.htm>. Effectively immediately healthcare providers and laboratories should use the 2015 LORC for reporting purposes. The following is a detailed summary of the updates made to the 2015 LORC. **Reminder: Report clinically suspected and confirmed cases for all conditions on the LORC.**

New verbiage for outbreaks and other unusual events

The requirement to report “Any outbreak or unusual disease” or “Any intentional biological, chemical, or radiological event” has been replaced with “Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of disease or condition that might pose a substantial risk of human morbidity or mortality.”

New Conditions Added

- **Chikungunya** has been added as urgently reportable within 24 hours. Send isolates, positive serologies, or specimens to the DHEC Bureau of Laboratories for confirmatory testing or genotyping.
- **Ciguatera** (also called Ciguatera Fish Poisoning) has been added as urgently reportable within 24 hours.
- ***Clostridium difficile*** has been added as routinely reportable, within 3 days. Reporting is required by laboratories, only

Condition Removed

- **Meningoencephalitis, aseptic**, also called aseptic meningitis, has been removed from the List. This condition, which is not nationally reportable, did not have a clear case definition, and thus was inconsistently reported.

Additional Reporting Required/Clarified

- **Drug susceptibility profiles are to be reported for the following isolates:**
 - Campylobacteriosis,
 - Gonorrhea,
 - Influenza,
 - Meningococcal disease,
 - Salmonellosis,
 - Shigellosis,
 - *Staphylococcus aureus*, vancomycin-resistant or intermediate resistant,
 - *Streptococcus* Group A invasive Disease,
 - *Streptococcus* Group B, under 90 days of age,
 - *Streptococcus pneumoniae*, invasive,
 - Typhoid Fever (*Salmonella* Typhi).

Requirement to submit specimens to DHEC's Bureau of Laboratories

The verbiage "Labs are requested to submit these isolates, positive serologies, or specimens to the DHEC Bureau of Laboratories for confirmatory testing or genotyping" has been revised to "Labs must submit these isolates, positive serologies, or specimens to the DHEC Bureau of Laboratories for confirmatory testing or genotyping."

Clarifications for Reportable Conditions

- For clarity, the reportable condition "*E. coli*, shiga toxin-producing (STEC), including *E. coli* O157:H7" has been revised to "*Escherichia coli*, Shiga toxin-producing (STEC)."
- Hemolytic uremic syndrome (HUS) has been changed to Hemolytic uremic syndrome (HUS), post-diarrheal. Cases of HUS that do not occur after a diarrheal illness are not reportable to DHEC.

Reporting Reminders

What to Report (**bolded information** is new or revised):

For **all** clinically 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 last 4 weeks.

How to Report (**bolded information** is new or revised):

This section's layout was updated to clarify where specific conditions should be reported.

- **HIV, AIDS, and STD reports** are called (**1-800-277-0873**) or mailed to the Division of Surveillance and Technical Support.
- **Lead test results** are mailed to the Division of Children's Health.
- **TB results** are called to the TB Control Division (803-898-0558).
- **Routinely reportable diseases** other than HIV/AIDS/STDs, Lead, or TB should be faxed or mailed to the four DHEC Regional Offices. Mailing addresses and fax numbers are provided.
- Daytime and night/weekend/holiday phone numbers are provided. **Urgently and immediately reportable conditions must be called to DHEC Regional Epi Offices.**

Notifications of reportable conditions

Notifications of reportable conditions should be sent to or called into the Epidemiology Office in the county where the patient resides. These numbers should be used for reporting suspected or confirmed cases only. **As some numbers have changed for 2015, please ensure that the contact information from the 2015 LORC is being used for reporting purposes.** Updated contact information is listed on the second page of the included 2015 LORC.

South Carolina 2015 List of Reportable Conditions

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 local 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)

(!) Immediately reportable by phone

(*) Urgently reportable within 24 hours by phone

All other conditions reportable within 3 business days

REPORT ALL SUSPECTED AND CONFIRMED CASES (SEE "HOW TO REPORT" ON BACK)

☣! 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
- ☣! Botulism (*Clostridium botulinum* or Botulinum toxin)**
- ☣* Brucellosis (5)**
 - Campylobacteriosis (2)
 - Chancroid (*Haemophilus ducreyi*)
- * Chikungunya (5)
 - Chlamydia trachomatis*, genital site
- * Ciguatera
 - Clostridium difficile* (L)
 - Creutzfeldt-Jakob Disease (Age < 55 years only)
 - Cryptosporidiosis
 - Cyclosporiasis
- * Dengue (*Flavivirus*) (5)
- * Diphtheria (5)
- * Eastern Equine Encephalitis (5)
- * *Escherichia coli*, Shiga toxin – producing (STEC) (5)
 - Ehrlichiosis / Anaplasmosis (*Ehrlichia* species / *Anaplasma phagocytophilum*)
 - Giardiasis
 - Gonorrhea (2)
- * *Haemophilus influenzae*, all types, invasive disease (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 positive test results (detection and confirmatory tests)
 - 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 tests (7)
 - * La Crosse Encephalitis (5)
 - Lead tests, all results
 - Legionellosis (5)
- Leprosy (Hansen's Disease)
- Leptospirosis
- Listeriosis (5)
- Lyme disease (*Borrelia burgdorferi*)
- Lymphogranuloma venereum
- Malaria (*Plasmodium* species)
- ! Measles (Rubeola)**
- ! Meningococcal disease (2) (3) (4) (5)**
 - * Mumps
 - * Pertussis
- ☣! Plague (*Yersinia pestis*) (5)**
- ! Poliomyelitis**
- ☣** Psittacosis (*Chlamydophila psittaci*)
- ☣*** Q fever (*Coxiella burnetii*)
- ! Rabies (human)**
 - Rabies Post Exposure Prophylaxis (PEP) when administered (6)
- * Rubella (includes congenital)
- Rocky Mountain Spotted Fever (Spotted Fever group)
- Salmonellosis (2) (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 (2) (3)
- * St. Louis Encephalitis (5)
- * Syphilis: congenital, primary, or secondary (lesion or rash)
 - Syphilis: latent or tertiary, or positive serological test
- Tetanus
 - Toxic Shock (specify staphylococcal or streptococcal)
- * Trichinellosis (*T. spiralis*)
- * Tuberculosis (5) (8)
- ☣*** Tularemia (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 (*Flavivirus*)
 - Yersiniosis (*Yersinia*, not pestis)

☣ 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. Include drug susceptibility profile.
3. Invasive disease = isolated from normally sterile site: blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid, protected bronchial sampling or from lung aspirate/biopsy, necrotizing fasciitis, and cellulitis only if isolate is from a tissue biopsy. Always specify site of isolate.
4. Report Gram-negative diplococci in blood or CSF.
5. Labs must submit these isolates, positive serologies, or specimens to the DHEC Bureau of Laboratories for confirmatory testing or genotyping.
6. Rabies PEP guidance: www.scdhec.gov/environment/envhealth/rabies/rabies-pep.htm. Consultation is available from the DHEC Regional Public Health Office.
7. Report aggregate totals weekly.
8. Report all cases of suspect 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: <http://www.cdc.gov/nndss/script/casedefDefault.aspx>

South Carolina 2015 List of Reportable Conditions

WHAT TO REPORT

REPORT ALL SUSPECTED AND CONFIRMED CASES.

- 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 last 4 weeks

HOW TO REPORT

All mailed reports should be submitted in a confidential envelope (Use DHEC form 1129).

HIV, AIDS, and STDs (excluding Hepatitis):

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
Mills/Jarrett Complex
2100 Bull Street, Columbia, SC 29201

TUBERCULOSIS:

Call the TB Control Division (803-898-0558).

ALL OTHER CONDITIONS:

- Cases that are immediately (!) or urgently (*) reportable should be reported by PHONE. If no response to regional numbers, use the statewide DHEC Bureau of Disease Control emergency contact number (1-888-847-0902).
- Cases that are reportable within 3 business days should be reported electronically via DHEC's web-based reporting system, mailed, or called. To learn about DHEC's web-based reporting system, call 1-800-917-2093.
- Report cases to the health department office (listed below) in the region in which the patient resides.

MAIL TO:

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) 661-4859

Upstate

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

REGIONAL PUBLIC HEALTH OFFICES

Lowcountry

Berkeley, Charleston, Dorchester
Phone: (843) 953-0043
Nights/Weekends: (843) 441-1091

Beaufort, Colleton, Hampton, Jasper

Phone: (843) 322-2453
Nights / Weekends: (843) 441-1091

Allendale, Bamberg, Calhoun,

Orangeburg
Phone: (803) 943-3878
Nights / Weekends: (843) 441-1091

Midlands

Kershaw, Lexington, Newberry,
Richland
Phone: (803) 576-2749
Nights/Weekends: (888) 801-1046

Chester, Fairfield, Lancaster,

York
Phone: (803) 286-9948
Nights / Weekends: (888) 801-1046

Aiken, Barnwell, Edgefield, Saluda

Phone: (803) 642-1618
Nights / Weekends: (888) 801-1046

Pee Dee

Chesterfield, Darlington, Dillon,
Florence, Marlboro, Marion
Phone: (843) 661-4830
Nights/Weekends: (888) 847-0902

Clarendon, Lee, Sumter

Phone: (803) 773-5511
Nights/Weekends: (888) 847-0902

Georgetown, Horry, Williamsburg

Phone: (843) 915-8804
Nights/Weekends: (888) 847-0902

Upstate

Anderson, Oconee
Phone: (864) 260-5801
Nights/Weekends: (866) 298-4442

Abbeville, Greenwood,

Laurens, McCormick
Phone: (864) 227-5947
Nights / Weekends: (866) 298-4442

Cherokee, Greenville, Pickens,

Spartanburg, Union
Phone: (864) 372-3133
Nights / Weekends: (866) 298-4442

For information on reportable conditions and updates to the 2015 List of Reportable Conditions, see <http://www.scdhec.gov/Health/FHPP/ReportDiseasesAdverseEvents/ReportableConditionsInSC/>

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

