



2018 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 \_\_\_\_\_

LastName \_\_\_\_\_ 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	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	
		If female, pregnant?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Race			
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> Pacific Islander
		<input type="checkbox"/> White <input type="checkbox"/> Unknown	

Date of diagnosis/bite: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of symptom onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Symptoms: \_\_\_\_\_

	Y	N	UNK
Hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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
In childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food handler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing home or other chronic care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prisoner/detainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outbreak related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel in last 4 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*VIRAL HEPATITIS TEST RESULTS

ALT \_\_\_\_\_ AST \_\_\_\_\_ Specimen collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Jaundice:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pos	Neg	UNK
Hepatitis A	Total anti-HAV IgM anti-HAV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	HBsAg HBV NAT HBeAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IgM anti-HBc		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	HCV RNA (PCR, bDNA) HCV (EIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anti-HCV signal to cut-off ratio	_____	Value: _____		

REPORTER INFORMATION

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

Comments:

\_\_\_\_\_

Mail or Call Reports To:

\_\_\_\_\_

**2018 SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM**

Report IMMEDIATELY By Phone		Report Within 24 Hours By Phone	
<p><b>☣️!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)</b></p>	<p>☣️ Anthrax (<i>Bacillus anthracis</i>) (5)                      ☣️ Botulism (<i>Clostridium botulinum</i> or Botulinum toxin)                      Influenza A, avian or other novel                      Measles (Rubeola)                      Meningococcal disease (2) (3) (4) (5)                      ☣️ Plague (5) (<i>Yersinia pestis</i>)                      Poliomyelitis, Paralytic and Nonparalytic                      Rabies, human                      ☣️ Smallpox (Variola)                      ☣️ Viral Hemorrhagic Fever (Ebola, Lassa, Marburg viruses)</p>	<p>Animal (mammal) bites (6)                      ☣️ Brucellosis (5)                      Chikungunya (5)                      Ciguatera                      Dengue (<i>Flavivirus</i>) (5)                      Diphtheria (5)                      Eastern Equine Encephalitis (EEE) (5)  <i>Escherichia coli</i>, Shiga toxin-producing (STEC) (5)  <i>Haemophilus influenzae</i>, all types, invasive disease (<i>H flu</i>) (2) (3) (5)                      Hantavirus                      Hemolytic uremic syndrome (HUS), post-diarrheal                      Hepatitis (acute) A, B, C, D, &amp; E                      Influenza associated deaths (all ages)                      LaCrosse Encephalitis (LAC) (5)                      Mumps                      Pertussis</p>	<p>☣️ Q fever (<i>Coxiellaburnetti</i>)                      Rubella (includes congenital)                      Shiga toxin positive (5)  <i>Staphylococcus aureus</i>, vancomycin-resistant or intermediate with a VA &gt;6 MIC (VRSAMISA)(2) (5)                      St. Louis Encephalitis (SLE) (5)                      Syphilis, congenital, primary or secondary (lesion or rash) or Darkfield positive                      Trichinellosis (<i>T. spiralis</i>)                      Tuberculosis (5) (8)                      ☣️ Tularemia (5)                      Typhoid fever (<i>Salmonella Typhi</i>) (2) (5)                      ☣️ Typhus, epidemic (<i>Rickettsia prowazekii</i>)                      Vibrio - all types, including <i>V. cholerae</i> O1 &amp; O139 (5)                      West Nile Virus (5)                      Yellow Fever (<i>Flavivirus</i>)                      Zika (5)</p>
Report Within 3 Days			
<p>Babesiosis                      Campylobacteriosis (2) (5)                      Carbapenem-resistant Enterobacteriaceae (CRE) (5) (9) (10)                      Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA) (5) (10) (12)                      Chancroid                      Chlamydia trachomatis                      Creutzfeldt-Jakob Disease (Age &lt; 55 years)                      Cryptosporidiosis                      Cyclosporiasis                      Ehrlichiosis / Anaplasmosis                      Giardiasis                      Gonorrhea (2)                      Hepatitis (chronic) B, C, &amp; D</p>	<p>Hepatitis B Surface Antigen+ w/each pregnancy                      HIV and AIDS clinical diagnosis                      HIV CD4 test results (all results) (L)                      HIV subtype, genotype, and phenotype (L)                      HIV 1 and HIV 2 positive test results (detection and confirmatory tests) (L)                      HIV viral load – all results (L)                      HIV HLA-B5701 and co-receptor assay (L)                      Influenza</p> <ul style="list-style-type: none"> <li>• Lab-confirmed cases (Culture, RT-PCR, DFA, IFA) (2)</li> <li>• Lab confirmed hospitalizations (aggregate totals) (7)</li> <li>• Positive rapid antigen detection tests (aggregate totals) (7)</li> </ul>	<p>Lead tests, all results – indicate venous or capillary specimen                      Legionellosis                      Leprosy (Hansen's Disease)                      Leptospirosis                      Listeriosis (5)                      Lyme disease                      Lymphogranuloma venereum                      Malaria                      ☣️ Psittacosis                      Rabies post-exposure prophylaxis(PEP) when administered (6)</p>	<p>Rocky Mountain Spotted Fever                      Salmonellosis (2) (5)                      Shigellosis (2) (5)                      Streptococcus group A, invasive disease (2) (3)                      Streptococcus group B, age &lt; 90 days (2)  <i>Streptococcus pneumoniae</i>, invasive (pneumococcal) (2) (3) (11)                      Syphilis, early latent, latent, tertiary or positive serologic test                      Tetanus                      Toxic Shock (specify staph. or strep.)                      Varicella                      Yersiniosis (<i>Yersinia, not pestis</i>)</p>
<p>☣️ Potential Agent of Bioterrorism (L) Only labs are required to report.                      For notes 1-12, see complete list of reportable diseases at <a href="http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/">http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/</a></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  
 Box 101106, Columbia, SC 29211

**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  
 Office: 843-719-4612  
 Fax: 843-719-4778

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

**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

**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  
<http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/>

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