

2016 SOUTH CAROLINA 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** _____

Last Name _____ 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

<p>Ethnicity</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<p>Sex</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown If female, pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>Race</p> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ <input type="checkbox"/> 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**

Specimen collection date: ____/____/____

ALT _____ AST _____ Result date: ____/____/____

Jaundice: Yes No

Pos Neg UNK

Hepatitis A Total anti-HAV
 IgM anti-HAV

Hepatitis B HBsAg
 HBV NAT
 HBeAG
 IgM anti-HBc

Hepatitis C HCV RNA (PCR, bDNA)
 HCV (EIA)

Value: _____

anti-HCV signal to cut-off ratio _____

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:

2016 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

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

HOW TO REPORT

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
Fax: 803-898-0577
Call 803-898-0767 to establish electronic reporting

WHERE TO REPORT TUBERCULOSIS

Lowcountry

Berkeley, Charleston
Office: 843-719-4612
Fax: 843-719-4778

Midlands

Chester, Kershaw, Lancaster, Newberry, York
Office: 803-909-7357
Fax: 803-327-4391

Pee Dee

Dillon, Georgetown, Horry, Marion
Office: 843-915-8798
Fax: 843-915-6504

Upstate

Cherokee, Greenville, Pickens, Spartanburg, Union
Office: 846-597-2227 ext. 108
Fax: 864-282-4294

Allendale, Bamberg, Beaufort, Calhoun, Colleton, Dorchester, Hampton, Jasper, Orangeburg
Office: 843-549-1516 ext 117
Fax: 843-549-6845

Aiken, Barnwell, Edgefield, Fairfield, Lexington, Richland, Saluda
Office: 803-576-2870
Fax: 803-576-2880

Chesterfield, Clarendon, Darlington, Florence, Lee, Marlboro, Sumter, Williamsburg
Office: 843-673-6693
Fax: 843-661-4844

Abbeville, Anderson, Greenwood, Laurens, McCormick, Oconee
Office: 864-227-5955
Fax: 864-942-3690

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/FHPP/ReportDiseasesAdverseEvents/ReportableConditionsInSC/>

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