



2010-2011

South Carolina Annual Report

On

Reportable Conditions

October 2012

**South Carolina Department of Health and
Environmental Control**

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Introduction

The South Carolina Annual Report on Reportable Conditions, presented by the South Carolina Department of Health and Environmental Control (DHEC) Bureau of Disease Control, provides an overview and accompanying graphs displaying the summary data for diseases or conditions that are reportable by law in South Carolina (State Law #44-29-10, Regulation #61-20, State Laws #44-1-110 and 44-1-140).

The purpose of this report is to provide healthcare organizations and providers, government and regulatory agencies, and other concerned individuals and groups with important statistical information about potentially preventable diseases and conditions. This report also serves to describe disease patterns in an effort to improve future disease prevention and control efforts. Data in this report reflect diseases and conditions acquired by South Carolina residents only and include diseases and conditions contracted by South Carolina residents while traveling outside the state.

Annually, South Carolina is mandated to distribute an updated list of reportable diseases. (most recent List of Reportable Conditions is located at www.scdhec.gov/administration/library/CR-009025.pdf). DHEC receives disease reports from a variety of sources including, but are not limited to, practicing physicians, clinical laboratories, Infection Control Practitioners/Nurses (at hospitals within the state), DHEC's local health departments, and the DHEC Bureau of Laboratories. The manner in which the aforementioned sources report diseases is mainly electronic, though some sources are still reporting using DHEC's 1129 Disease Reporting Cards. Electronic reporting is through adaptation of the NEDSS Base System (NBS) provided by the U.S. Centers for Disease Control and Prevention (CDC). In South Carolina, DHEC's implementation in the NBS is called Carolina's Health Electric Surveillance System (CHESS). CHESS is a web-based tool used for data entry, secure storage, and improved access to data for analysis.

Cases reported each year in the annual report meet that year's CDC case definitions and occurred within that year's CDC Morbidity and Mortality Weekly Report (MMWR) year, a standard of reporting within the U.S. that allows accurate comparison of disease nationwide.

Recognition and appreciation should be given to the many healthcare professionals throughout the state of South Carolina who have contributed to the ongoing reporting of disease. These efforts are essential in protecting and improving the health of South Carolinians.

Questions or comments regarding the South Carolina Annual Report on Reportable Conditions may be directed to the DHEC Division of Acute Disease Epidemiology at (803) 898-0861.

South Carolina 2010 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

All suspected and confirmed cases, including preliminary clinical and laboratory results

- ✘ Any outbreak, unusual disease, or cluster of cases (1)
- ✘ Any potential biological, chemical or terrorist event (including exposures to toxins such as ricin)
- Animal (mammal) bites
- ✘ Anthrax (7) (*Bacillus anthracis*)
- ✘ Botulism (*Clostridium botulinum* or *botulinum toxin*)
- ✘ Foodborne outbreak – unusual cluster
- Influenza A, avian or other novel (not H1, H3, or 2009 H1N1)
- Measles (rubeola)
- Meningococcal disease (7) (9)
- ✘ Plague (7) (*Yersinia pestis*)
- Poliomyelitis, Paralytic and Nonparalytic
- Rabies (human)
- SARS – Severe Acute Respiratory Syndrome (7)
- ✘ Smallpox (Variola)
- ✘ Viral Hemorrhagic Fever (Ebola, Lassa, Marburg Viruses)

URGENTLY REPORTABLE WITHIN 24 HOURS BY PHONE

All suspected and confirmed cases, including preliminary clinical and laboratory results

- Arboviral Neuroinvasive & Non-Neuroinvasive Disease (acute infection, acute flaccid paralysis, or atypical Guillain-Barré Syndrome); Eastern Equine Encephalitis, LaCrosse, St. Louis Encephalitis, West Nile Virus (7)
- ✘ Brucellosis (7)
- Dengue (*Flavivirus*)
- Diphtheria (7)
- E. coli*, shiga toxin – producing (STEC) (7)
- E. coli* O157:H7 (7)
- ✘ Glanders (*Burkholderia mallei*) (7)
- Haemophilus influenzae*, all types, invasive disease (4) (7)
- Hantavirus
- Hemolytic uremic syndrome (HUS) (10)
- Hepatitis A, acute (IgM Ab + only)
- Hepatitis B, acute (IgM core Ab + only)
- ✘ Melioidosis (*Burkholderia pseudomallei*) (7)
- Mumps
- Pertussis
- ✘ Q fever (*Coxiella burnetii*)
- Rubella (includes congenital)
- Staphylococcus aureus*, vancomycin-resistant or intermediate (VRSA/VISA) (7)
- Syphilis, congenital
- Syphilis, primary or secondary (lesion or rash)
- Trichinosis
- Tuberculosis (7)
- ✘ Tularemia
- Typhoid fever (*Salmonella typhi*) (7)
- ✘ Typhus, epidemic (*Rickettsia prowazekii*)
- Vibrio, all types, including *Vibrio cholerae* O1 and O139 (7)
- Yellow Fever (*Flavivirus*)

REPORT WITHIN 7 DAYS

- AIDS (2)
- Campylobacteriosis
- Chancroid (*Haemophilus ducreyi*)
- Chlamydia trachomatis*, genital site (L)
- Creutzfeldt-Jakob Disease (Age < 55 years)
- Cryptosporidiosis
- Cyclosporiasis
- Ehrlichiosis / Anaplasmosis (*Ehrlichia* species / *Anaplasma phagocytophilum*)
- Giardiasis
- Gonorrhea
- Hepatitis B, chronic
- Hepatitis B Surface Antigen + (HBsAg +) with each pregnancy
- Hepatitis C, D, E
- HIV-1 or HIV-2 infection (2)
- HIV CD4 co-receptor (L)
- HIV CD4 T-lymphocyte count/percentage – all results (L) (2)
- HIV HLA-B5701 (L)
- HIV subtype, genotype, and phenotype (L)
- HIV viral load – all results (L) (2)
- Influenza
 - Deaths (all ages) (11)
 - Hospitalizations (aggregate report of totals) (11)
 - Lab-confirmed cases (culture, RT-PCR, DFA, IFA)
 - Positive rapid flu tests (aggregate report of totals)
- Lead poisoning (elevated blood lead levels, all ages) (5)
- Lead tests, all (age <6) (L)
- Legionellosis (7)
- Leprosy (Hansen's Disease)
- Leptospirosis
- Listeriosis (7)
- Lyme disease (*Borrelia burgdorferi*)
- Lymphogranuloma venereum
- Malaria (*Plasmodium* species)
- Meningitis, aseptic (8)
- Pesticide poisoning
- ✘ Psittacosis (*Chlamydophila psittaci*)
- Rabies Post Exposure Prophylaxis (recommended) (12)
- Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)
- Salmonellosis (7)
- Shigellosis (7)
- Staphylococcus aureus*, Methicillin resistant (MRSA) – (Bloodstream infections) (L)
- Streptococcus group A, invasive disease (4)
- Streptococcus group B, age < 90 days
- Streptococcus pneumoniae*, invasive, (4), (include antibiotic resistance patterns) (3)
- Syphilis, latent or tertiary (*Treponema pallidum*)
- Syphilis, positive serologic test
- Tetanus
- Toxic Shock (specify staphylococcal or streptococcal)
- Varicella (outbreaks and individual cases resulting in death or hospitalization) (6)
- Yersiniosis (*Yersinia*, not pestis)
- ✘ Potential agent of bioterrorism

(L) Only Labs required to report.

1. Outbreak: An excess number of cases or syndromes over the expected occurrence of disease within a geographic area or population group.
2. Report HIV or AIDS when serum, urine, or oral fluid specimen is positive by: (a) confirmatory test (e.g., Western Blot), or (b) an HIV detection test (e.g., PCR nucleic acid test, including viral load) or (c) clinical diagnosis of a case of HIV or AIDS. All reactive rapid HIV test results must be reported to DHEC. All HIV viral load and CD4 test results must be reported by labs regardless of results.
3. Antibiotic resistant organisms: resistant pneumococcus - MIC > 2µg/ml of penicillin G (or Oxacillin disc zone < 19mm) or resistance to any single drug accepted as effective treatment. The definition of resistance may differ between laboratories by test methods used to determine susceptibility. Reports should specify the site from which the isolate was obtained and the drug susceptibility profile.
4. 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.
5. Report serum lead levels >10 µg/dL for children under 18 years of age and > 25 µg/dL for persons 18 years or older.
6. An outbreak of Varicella is defined as 5 or more cases within 6 weeks in a common setting, such as school, childcare, or other institutional setting.
7. Labs are requested to submit these isolates, broths, and serum to the DHEC Bureau of Laboratories for confirmatory testing or genotyping.
8. Acute meningial symptoms, fever, CSF pleocytosis, sterile culture. Consult DHEC in outbreaks to submit specimens to lab for virus identification.
9. Report Gram-negative diplococci in blood or CSF.
10. HUS, with or without gastroenteritis: Triad of acute renal failure, thrombocytopenia, and microangiopathic hemolytic anemia.
11. Report lab-confirmed only. Laboratory confirmation includes culture, RT-PCR, DFA, IFA, or rapid test. For deaths, also includes autopsy results consistent with influenza.
12. Rabies post exposure prophylaxis should be reported when a physician recommends it.

South Carolina 2010 Laboratory Reporting List

Adapted from the South Carolina 2010 List of Reportable Conditions

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 of all blood lead values in children under 6 years of age by laboratories.

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 All suspected and confirmed cases, including preliminary* laboratory results	URGENTLY REPORTABLE WITHIN 24 HOURS BY PHONE All suspected and confirmed cases	REPORT WITHIN 7 DAYS
<ul style="list-style-type: none">  Any outbreak, unusual disease, or cluster of cases (1)  Any potential biological, chemical, or terrorist event (including exposures to toxins such as ricin) 	PARASITIC <i>Plasmodium</i> <i>Trichinella</i>	PARASITIC <i>Cryptosporidium</i> <i>Cyclospora</i> <i>Giardia</i>
VIRAL Influenza A, avian or novel (not H1, H3 or 2009 H1N1) Measles (Rubeola) Poliovirus Rabies virus (human) SARS associated Coronavirus (7)  Variola major (Smallpox)  Viral Hemorrhagic Fever agents (e.g., Ebola, Lassa, Marburg viruses)	VIRAL Arboviral Agents (e.g., Eastern Equine Encephalitis (EEE), LaCrosse (LAC), St. Louis Encephalitis (SLE), West Nile Virus (WNV)) (7) Dengue (<i>Flavivirus</i>) Hantavirus Hepatitis A, acute (IgM Ab + only) Hepatitis B, acute (IgM core Ab + only) Mumps virus Rubella Yellow Fever (<i>Flavivirus</i>)	VIRAL Hepatitis B, all positive tests Hepatitis C, D, E, all positive tests HIV-1 or HIV-2 infection (2) HIV CD4 co receptor HIV CD4 T-lymphocyte count/percentage – all results (2) HIV HLA-B5701 HIV subtype, genotype, and phenotype HIV viral loads – all results (2) Influenza <ul style="list-style-type: none"> • Deaths (all ages) (10) • Hospitalizations (aggregate report of totals) (10) • Lab confirmed (culture, RT-PCR, DFA, IFA) • Positive rapid flu test (aggregate report of totals) Varicella (6)
BACTERIAL  <i>Bacillus anthracis</i> (7)  <i>Clostridium botulinum</i> or <i>Botulinum toxin</i>  <i>Francisella tularensis</i> (7) <i>Neisseria meningitidis</i> , invasive (4) (7) (9)  <i>Yersinia pestis</i> (7)	BACTERIAL <i>Bordetella pertussis</i>  <i>Brucella</i> (7)  <i>Burkholderia mallei</i> (7)  <i>Burkholderia pseudomallei</i> (7) <i>Corynebacterium diphtheriae</i> (7)  <i>Coxiella burnetii</i> <i>Escherichia coli</i> , shiga toxin – producing (STEC) including O157:H7 (7) <i>Haemophilus influenzae</i> , all types, invasive (4) (7) <i>Mycobacterium tuberculosis</i> (7)  <i>Rickettsia prowazekii</i> <i>Salmonella typhi</i> (7) <i>Staphylococcus aureus</i> , vancomycin intermediate / resistant (VISA/VRSA) (7) <i>Treponema pallidum</i> (Darkfield exam positive) <i>Vibrio</i> -all, including <i>V. cholerae</i> O1 and O139 (7)	BACTERIAL <i>Anaplasma phagocytophilum</i> <i>Borrelia burgdorferi</i> <i>Campylobacter</i>  <i>Chlamydia psittaci</i> <i>Chlamydia trachomatis</i> , genital site <i>Clostridium tetani</i> <i>Ehrlichia</i> <i>Haemophilus ducreyi</i> <i>Legionella</i> (7) <i>Leptospira</i> <i>Listeria</i> (7) <i>Mycobacterium leprae</i> <i>Neisseria gonorrhoeae</i> <i>Rickettsia rickettsii</i> (Rocky Mountain Spotted Fever) <i>Salmonella</i> (7) <i>Shigella</i> (7) <i>Staphylococcus aureus</i> , Methicillin resistant (MRSA) – (Bloodstream infections) <i>Streptococcus</i> group A, invasive disease (4) <i>Streptococcus</i> group B, age < 90 days <i>Streptococcus pneumoniae</i> , invasive, (4), include antibiotic resistance patterns (3) Syphilis, positive serologic test <i>Yersinia</i> , not <i>pestis</i>
<ol style="list-style-type: none"> 1. Outbreak: An excess number of cases or syndromes over the expected occurrence of disease within a geographic area or population group. 2. Report HIV or AIDS when serum, urine, or oral fluid specimen is positive by: (a) confirmatory test (e.g. Western Blot), or (b) an HIV detection test (e.g., PCR nucleic acid test, including viral load), or (c) clinical diagnosis of a case of HIV or AIDS. All reactive rapid HIV test results must be reported to DHEC. All HIV viral load and CD4 test results must be reported by labs regardless of results. 3. Antibiotic resistant organisms: resistant pneumococcus - MIC > 2µg/ml of penicillin G (or Oxacillin disc zone < 19mm) or resistance to any single drug accepted as effective treatment. The definition of resistance may differ between laboratories by test methods used to determine susceptibility. Reports should specify the site from which the isolate was obtained and the drug susceptibility profile. 4. 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. 5. Report serum lead level >10 µg/dL for children under 18 years of age and > 25 µg/dL for persons 18 years of age or older. 6. An outbreak of Varicella is defined as 5 or more cases within 6 weeks in a common setting, such as school, childcare or institutional setting. 7. Labs are requested to submit these isolates and positive serologies to the DHEC Bureau of Laboratories for confirmatory testing or genotyping. 8. Acute meningeal symptoms, fever, CSF pleocytosis, sterile culture. Consult DHEC in outbreaks to submit specimens to lab for virus identification. 9. Report Gram-negative diplococci in blood or CSF. 10. Report lab-confirmed only. Laboratory confirmation includes culture, RT-PCR, DFA, IFA, or rapid test. For deaths, also includes autopsy results consistent with influenza. <p>* Preliminary results are defined as gram stain results that may be indicative of an immediately reportable condition.</p>		OTHER Lead poisoning (5) Lead tests, all results (ages <6) Pesticide poisoning  Potential agent of bioterrorism

South Carolina 2010 List of Reportable Conditions

How to Report

Submit reports by one of the following methods:

1. Immediately Reportable Conditions

- M-F, 8:30-5 PM: Call the regional public health office. See list below.
- Nights, weekends, and holidays: Call the regional public health office night / weekend phone / pager number (see list below), or the statewide DHEC emergency contact number (1-888-847-0902).

2. Urgently Reportable Conditions:

- Call the regional public health office within 24 hours. See list below.

3. Conditions Reportable Within 7 Days:

- Call the regional public health office, or
- Complete the DHEC 1129 Disease Reporting Card and mail in an envelope marked confidential to the regional public health office (see list below), or
- Submit an electronic morbidity report via DHEC's web-based reporting system. To learn more, call 1-800-917-2093.

4. HIV, AIDS, and STDs (excluding Hepatitis):

- To report these conditions: call 1-800-277-0873 or (803) 898-0758; or submit electronically via DHEC's electronic reporting system (call 1-800-917-2093 to learn more); or submit a DHEC 1129 Disease Reporting Card or appropriate CDC Case Report Form in a confidential envelope to: Division of Surveillance & Technical Support, Mills/Jarrett Complex Box 101106, Columbia, SC 29211.

What to Report

- Patient's name
- Patient's complete address, phone, date of birth, race, sex, county, 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
- Date of report
- Lab results, specimen site, collection date
- If female, pregnancy status
- Status: In daycare or a food-handler

Regional Public Health Offices

Mail or call reports to the Epidemiology Office in each Public Health Region.

Region 1

(Anderson, Oconee)

220 McGee Road
Anderson, SC 29625
Phone: (864) 260-4358
Fax: (864) 260-5623
Nights / Weekends: 1-866-298-4442

(Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda)

1736 S. Main Street
Greenwood, SC 29646
Phone: 1-888-218-5475
Fax: (864) 942-3690
Nights / Weekends: 1-800-420-1915

Region 2

(Greenville, Pickens)

PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 282-4139
Fax: (864) 282-4373
Nights / Weekends: 1-800-993-1186

(Cherokee, Spartanburg, Union)

PO Box 4217
151 E. Wood Street
Spartanburg, SC 29305-4217
Phone: (864) 596-2227, x - 210
Fax: (864) 596-3443
Nights / Weekends: 1-800-993-1186

Region 3

(Fairfield, Lexington, Newberry, Richland)

2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: 1-888-554-9915

Region 3 cont.

(Chester, Lancaster, York)

PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: 1-866-867-3886

Region 4

(Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion)

145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 660-8145

(Clarendon, Kershaw, Lee, Sumter)

PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: 1-877-831-4647

Region 5

(Bamberg, Calhoun, Orangeburg)

PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 533-7199
Fax: (803) 533-7134
Nights / Weekends: 1-800-614-1519

(Aiken, Allendale, Barnwell)

1680 Richland Avenue W., Suite 40
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: 1-800-614-1519

Region 6

(Georgetown, Horry, Williamsburg)

1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 365-0085
Nights/Weekends: (843) 381-6710

Region 7

(Berkeley, Charleston, Dorchester)

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 953-0060
Fax: (843) 953-0051
Nights / Weekends: (843) 219-8470

Region 8

(Beaufort, Colleton, Hampton, Jasper)

219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 525-5910
Fax: (843) 549-6845
Nights / Weekends: 1-843-441-1091

DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology

1751 Calhoun Street
Box 101106
Columbia, SC 29211
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902



South Carolina Department of Health and Environmental Control

We promote and protect the health of the public and the environment.

www.scdhec.gov

South Carolina 2011 List of Reportable Conditions

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- ☒ Botulism (*Clostridium botulinum* or *Botulinum toxin*)
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- Rabies (human)
- ☒ Smallpox (Variola)
- ☒ Viral Hemorrhagic Fever (Ebola, Lassa, Marburg Viruses)

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All suspected and confirmed cases, including preliminary clinical and laboratory results

- Arboviral Neuroinvasive & Non-Neuroinvasive Disease: Eastern Equine Encephalitis, LaCrosse, St. Louis Encephalitis, West Nile Virus (7)
- ☒ Brucellosis (7)
- Dengue (*Flavivirus*) (7)
- Diphtheria (7)
- E. coli*, shiga toxin – producing (STEC), including *E. coli* O157:H7 (7)
- ☒ Glanders (*Burkholderia mallei*) (7)
- Haemophilus influenzae*, all types, invasive disease (4) (7)
- Hantavirus
- Hemolytic uremic syndrome (HUS) (10)
- Hepatitis A, acute (IgM Ab + only)
- Hepatitis B, acute (IgM core Ab + only)
- Influenza, Pediatric deaths (age <18) (11)
- ☒ Melioidosis (*Burkholderia pseudomallei*) (7)
- Mumps
- Pertussis
- ☒ Q fever (*Coxiella burnetii*)
- Rubella (includes congenital)
- Staphylococcus aureus*, vancomycin-resistant or intermediate (VRSA/VISA) (7)
- Syphilis, congenital, primary or secondary (lesion or rash)
- Trichinosis
- Tuberculosis (7)
- ☒ Tularemia
- Typhoid fever (*Salmonella typhi*) (7)
- ☒ Typhus, epidemic (*Rickettsia prowazekii*)
- Vibrio, all types, including *Vibrio cholerae* O1 and O139 (7)
- Yellow Fever (*Flavivirus*)

REPORT WITHIN 7 DAYS

- AIDS (2)
- Campylobacteriosis
- Chancroid (*Haemophilus ducreyi*)
- Chlamydia trachomatis*, genital site (L)
- Creutzfeldt-Jakob Disease (Age < 55 years only)
- Cryptosporidiosis
- Cyclosporiasis
- Enterobacteriaceae*, carbapenem-resistant (L) (3)
- Ehrlichiosis / Anaplasmosis (*Ehrlichia* species / *Anaplasma phagocytophilum*)
- Giardiasis
- Gonorrhea
- Hepatitis B, chronic
- Hepatitis B Surface Antigen + with each pregnancy
- Hepatitis C, D, E
- HIV-1 or HIV-2 infection (2)
- HIV CD4 co-receptor (L)
- HIV CD4 T-lymphocyte count/percentage – all results (L) (2)
- HIV HLA-B5701 (L)
- HIV subtype, genotype, and phenotype (L)
- HIV viral load – all results (L) (2)
- Influenza
 - Deaths (adults age 18 and older) (11)
 - Hospitalizations (aggregate report of totals) (11)
 - Lab-confirmed cases (culture, RT-PCR, DFA, IFA)
 - Positive rapid flu tests (aggregate report of totals)
- Lead poisoning (elevated blood lead levels, all ages) (5)
- Lead tests, all (age <6) (L)
- Legionellosis (7)
- Leprosy (Hansen's Disease)
- Leptospirosis
- Listeriosis (7)
- Lyme disease (*Borrelia burgdorferi*)
- Lymphogranuloma venereum
- Malaria (*Plasmodium* species)
- Meningitis, aseptic (8)
- Pesticide poisoning
- ☒ Psittacosis (*Chlamydophila psittaci*)
- Rabies Post Exposure Prophylaxis (when recommended) (12)
- Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)
- Salmonellosis (7)
- Shigellosis (7)
- Staphylococcus aureus*, Methicillin resistant (MRSA) – bloodstream infections (L)
- Streptococcus group A, invasive disease (4)
- Streptococcus group B, age < 90 days
- Streptococcus pneumoniae*, invasive, (3) (4)
- Syphilis, latent or tertiary, or positive serologic test
- Tetanus
- Toxic Shock (specify staphylococcal or streptococcal)
- Varicella (outbreaks, deaths, or hospitalizations) (6)
- Yersiniosis (*Yersinia*, not *pestis*)

☒ Potential agent of bioterrorism

(L) Only Labs required to report.

1. Outbreak: An excess number of cases or syndromes over the expected occurrence of disease within a geographic area, population group, or healthcare facility. Clinical specimens may be requested.
2. Report HIV or AIDS when serum, urine, or oral fluid specimen is positive by: (a) confirmatory test (e.g., Western Blot), or (b) HIV detection test (e.g., EIA or PCR nucleic acid test with viral load) or (c) clinical diagnosis of a case of HIV or AIDS. All reactive rapid HIV test results must be reported to DHEC. All HIV viral load and CD4 test results must be reported by labs regardless of results.
3. Reports should specify the site from which the isolate was obtained and the drug susceptibility profile.
4. 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.
5. Report serum lead levels ≥ 10 $\mu\text{g}/\text{dL}$ for children under 18 years of age and ≥ 25 $\mu\text{g}/\text{dL}$ for persons 18 years or older.
6. An outbreak of Varicella is defined as 5 or more cases within 6 weeks in a common setting, such as school, childcare, or other institutional setting.
7. Labs are requested to submit these isolates, broths, and serum to the DHEC Bureau of Laboratories for confirmatory testing or genotyping.
8. Acute meningial symptoms, fever, CSF pleocytosis, sterile culture. Consult DHEC in outbreaks to submit specimens to lab for virus identification.
9. Report Gram-negative diplococci in blood or CSF.
10. HUS, with or without gastroenteritis: Triad of acute renal failure, thrombocytopenia, and microangiopathic hemolytic anemia.
11. Report lab-confirmed only. Laboratory confirmation includes culture, RT-PCR, DFA, IFA, or rapid test. For deaths, also includes autopsy results consistent with influenza.
12. Rabies PEP guidance: www.scdhec.gov/health/envhlth/general_sanitation/rabies-pep.htm. Consultation is available from the DHEC Regional Office.

South Carolina 2011 Laboratory Reporting List

Adapted from the South Carolina 2011 List of Reportable Conditions

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 of all blood lead values in children under 6 years of age by laboratories.

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 All suspected and confirmed cases, including preliminary* laboratory results	URGENTLY REPORTABLE WITHIN 24 HOURS BY PHONE All suspected and confirmed cases, including preliminary* laboratory results	REPORT WITHIN 7 DAYS
<ul style="list-style-type: none"> ☣ Any outbreak, unusual disease, or cluster of cases (1) (7) ☣ Any potential biological, chemical, or terrorist event (including exposures to toxins such as ricin) 	PARASITIC <i>Plasmodium</i> <i>Trichinella</i>	PARASITIC <i>Cryptosporidium</i> <i>Cyclospora</i> <i>Giardia</i>
VIRAL Influenza A, avian or other novel (not H1, H3 or 2009 H1N1) Measles (Rubeola) Poliovirus Rabies virus (human) SARS associated Coronavirus (7) Variola major (Smallpox) Viral Hemorrhagic Fever agents (e.g., Ebola, Lassa, Marburg viruses)	VIRAL Arboviral Agents (e.g., Eastern Equine Encephalitis (EEE), LaCrosse (LAC), St. Louis Encephalitis (SLE), West Nile Virus (WNV)) (7) Dengue (<i>Flavivirus</i>) (7) Hantavirus Hepatitis A, acute (IgM Ab + only) Hepatitis B, acute (IgM core Ab + only) Influenza, pediatric deaths (age <18) (10) Mumps virus Rubella Yellow Fever (<i>Flavivirus</i>)	VIRAL Hepatitis B, all positive tests Hepatitis C, D, E, all positive tests HIV-1 or HIV-2 infection (2) HIV CD4 co receptor HIV CD4 T-lymphocyte count/percentage – all results (2) HIV HLA-B5701 HIV subtype, genotype, and phenotype HIV viral loads – all results (2) Influenza <ul style="list-style-type: none"> • Deaths (adults age 18 and older) (10) • Hospitalizations (aggregate report of totals) (10) • Lab confirmed (culture, RT-PCR, DFA, IFA) • Positive rapid flu test (aggregate report of totals) Varicella (6)
BACTERIAL ☣ <i>Bacillus anthracis</i> (7) ☣ <i>Clostridium botulinum</i> or <i>Botulinum toxin</i> ☣ <i>Francisella tularensis</i> (7) <i>Neisseria meningitidis</i> , invasive (4) (7) (9) ☣ <i>Yersinia pestis</i> (7)	BACTERIAL <i>Bordetella pertussis</i> ☣ <i>Brucella</i> (7) ☣ <i>Burkholderia mallei</i> (7) ☣ <i>Burkholderia pseudomallei</i> (7) ☣ <i>Corynebacterium diphtheriae</i> (7) ☣ <i>Coxiella burnetii</i> <i>Escherichia coli</i> , shiga toxin – producing (STEC) including O157:H7 (7) <i>Haemophilus influenzae</i> , all types, invasive (4) (7) <i>Mycobacterium tuberculosis</i> (7) ☣ <i>Rickettsia prowazekii</i> <i>Salmonella typhi</i> (7) <i>Staphylococcus aureus</i> , vancomycin intermediate / resistant (VISA/VRSA) (7) <i>Treponema pallidum</i> (Darkfield exam positive) <i>Vibrio</i> -all, including <i>V. cholerae</i> O1 and O139 (7)	BACTERIAL <i>Anaplasma phagocytophilum</i> <i>Borrelia burgdorferi</i> <i>Campylobacter</i> Chancroid (<i>Haemophilus ducreyi</i>) ☣ <i>Chlamydia psittaci</i> <i>Chlamydia trachomatis</i> , genital site <i>Clostridium tetani</i> <i>Ehrlichia</i> <i>Enterobacteriaceae</i> , carbapenem-resistant (3) <i>Legionella</i> (7) <i>Leptospira</i> <i>Listeria</i> (7) <i>Mycobacterium leprae</i> <i>Neisseria gonorrhoeae</i> <i>Rickettsia rickettsii</i> (Rocky Mountain Spotted Fever) <i>Salmonella</i> (7) <i>Shigella</i> (7) <i>Staphylococcus aureus</i> , Methicillin resistant (MRSA) – bloodstream infections <i>Streptococcus</i> group A, invasive disease (4) <i>Streptococcus</i> group B, age < 90 days <i>Streptococcus pneumoniae</i> , invasive, (4), include antibiotic resistance patterns (3) Syphilis, positive serologic test <i>Yersinia</i> , not <i>pestis</i>
<p>☣ Potential agent of bioterrorism</p> <ol style="list-style-type: none"> 1. Outbreak: An excess number of cases or syndromes over the expected occurrence of disease within a geographic area or population group, or healthcare facility. 2. Report HIV or AIDS when serum, urine, or oral fluid specimen is positive by: (a) confirmatory test (e.g., Western Blot), or (b) HIV detection test (e.g., EIA or PCR nucleic acid test with viral load), or (c) clinical diagnosis of a case of HIV or AIDS. All reactive rapid HIV test results must be reported to DHEC. All HIV viral load and CD4 test results must be reported by labs regardless of results. 3. Antibiotic resistant organisms: resistant pneumococcus - MIC ≥ 2 µg/ml of penicillin G (or Oxacillin disc zone ≤ 19 mm) or resistance to any single drug accepted as effective treatment. The definition of resistance may differ between laboratories by test methods used to determine susceptibility. Reports should specify the site from which the isolate was obtained and the drug susceptibility profile. 4. 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. 5. Report serum lead level ≥10 µg/dL for children under 18 years of age and >25 µg/dL for persons 18 years of age or older. 6. An outbreak of Varicella is defined as 5 or more cases within 6 weeks in a common setting, such as school, childcare or institutional setting. 7. Labs are requested to submit these isolates and positive serologies to the DHEC Bureau of Laboratories for confirmatory testing or genotyping. 8. Acute meningeal symptoms, fever, CSF pleocytosis, sterile culture. Consult DHEC in outbreaks to submit specimens to lab for virus identification. 9. Report Gram-negative diplococci in blood or CSF. 10. Report lab-confirmed only. Laboratory confirmation includes culture, RT-PCR, DFA, IFA, or rapid test. For deaths, also includes autopsy results consistent with influenza. <p>* Preliminary results are defined as gram stain results that may be indicative of an immediately or urgently reportable condition.</p>		
OTHER Lead poisoning (5) Lead tests, all results (ages <6) Pesticide poisoning		

South Carolina 2011 List of Reportable Conditions

How to Report

Submit reports by **one** of the following methods:

1. Immediately Reportable Conditions

- M-F, 8:30-5 PM: Call the regional public health office. See list below.
- Nights, weekends, and holidays: Call the regional public health office night / weekend phone / pager number (see list below), or the statewide DHEC emergency contact number (1-888-847-0902).

2. Urgently Reportable Conditions:

- Call the regional public health office within 24 hours. See list below.

3. Conditions Reportable Within 7 Days:

- Submit an electronic morbidity report via DHEC's web-based reporting system (CHESS). To learn more, call 1-800-917-2093,
- Complete the DHEC 1129 Disease Reporting Card and mail in an envelope marked confidential to the regional public health office (see list below), or
- Call the regional public health office.

4. HIV, AIDS, and STDs (excluding Hepatitis):

To report these conditions: call 1-800-277-0873; or submit electronically via DHEC's web-based reporting system (CHESS) (call 1-800-917-2093 to learn more); or submit a DHEC 1129 Disease Reporting Card or appropriate CDC Case Report Form in a confidential envelope to:

Division of Surveillance & Technical Support, Mills/Jarrett Complex
Box 101106, Columbia, SC 29211.

What to Report

- Patient's name
- Patient's complete address, phone number, date of birth, race, sex, county, 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
- Date of report
- Lab results, specimen site, collection date
- If female, pregnancy status
- Status: In daycare or a food-handler

Regional Public Health Offices

Attention Health care Facilities, Physicians, and Laboratories: Send or call reports to the Epidemiology Office in the county where the patient resides. These numbers should be used for reporting suspected and confirmed cases only.

Region 1

(Anderson, Oconee)
220 McGee Road
Anderson, SC 29625
Phone: (864) 260-4358
Fax: (864) 260-5623
Nights / Weekends: 1-866-298-4442

(Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda)
1736 S. Main Street
Greenwood, SC 29646
Phone: 1-888-218-5475
Fax: (864) 942-3690
Nights / Weekends: 1-800-420-1915

Region 2

(Greenville, Pickens)
PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 282-4139
Fax: (864) 282-4373
Nights / Weekends: (864) 809-3825

Region 3

(Cherokee, Spartanburg, Union)
PO Box 4217
151 E. Wood Street
Spartanburg, SC 29305-4217
Phone: (864) 596-2227, x - 210
Fax: (864) 596-3443
Nights / Weekends: (864) 809-3825

Region 3

(Fairfield, Lexington, Newberry, Richland)
2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: 1-888-554-9915

Region 3 cont.

(Chester, Lancaster, York)
PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: 1-866-867-3886

Region 4

(Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion)
145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 601-7051

Region 5

(Clarendon, Kershaw, Lee, Sumter)
PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: 803-458-1847

Region 5

(Bamberg, Calhoun, Orangeburg)
PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 533-7199
Fax: (803) 533-7134
Nights / Weekends: (803) 516-5166

Region 6

(Aiken, Allendale, Barnwell)
1680 Richland Avenue W., Suite 40
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: 1-800-614-1519

Region 6

(Georgetown, Horry, Williamsburg)
1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 365-0085
Nights/Weekends: (843) 381-6710

Region 7

(Berkeley, Charleston, Dorchester)
4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 953-0047
Fax: (843) 953-0051
Nights / Weekends: (843) 219-8470

Region 8

(Beaufort, Colleton, Hampton, Jasper)
219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 525-5910
Fax: (843) 549-6845
Nights / Weekends: 1-843-441-1091

DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology
1751 Calhoun Street
Box 101106
Columbia, SC 29211
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902

For information on reportable conditions and updates to the 2011 List of Reportable Conditions, see <http://www.scdhec.gov/health/disease/reportables.htm>



South Carolina Department of Health and Environmental Control
We promote and protect the health of the public and the environment.
www.scdhec.gov

Disease Reports

Animal Bites

Cause: Injury and potential zoonotic disease transmission due to bites from animals

Illness and Treatment: Animal bites to humans may result in injury, as well as provide a route for zoonotic disease transmission. Bites from animals infected with the rabies virus may cause rabies infection in the victim. Humans bitten by an animal either known or suspected to be infected with the rabies virus must be treated with rabies post-exposure prophylaxis treatment (vaccine and immunoglobulin) in order to not become infected with rabies.

Investigations, Quarantines, and Testing: When an animal bite report is received by SC-DHEC, an environmentalist performs an investigation of the bite incident and issues a quarantine notice, if warranted and possible, to the owners of the offending animal. The animal is then observed for a certain number of days while in quarantine, based upon the provisions set forth in the *South Carolina Rabies Control Act* and the *Compendium of Animal Rabies Prevention and Control* (produced by the National Association of State Public Health Veterinarians). The quarantine observation period is implemented in order to determine if the offending animal shows clinical signs of rabies virus infection. Additionally, some biting animals will be tested for the rabies virus by the SC-DHEC Bureau of Laboratories, in order to determine if the humans they bit will require rabies post-exposure prophylaxis treatment.

Epidemiology of 2006 - 2011 Animal Bite Investigations

	2006	2007	2008	2009	2010	2011	TOTAL
Total Animal Bite Investigations	11,767	11,747	12,473	12,059	12,033	11,725	71,804
Pet	10,777	10,823	11,443	11,329	11,173	10,686	66,231
Non-pet	990	924	1,030	730	860	1,039	5,573
Total Animals Quarantined	6,885	7,247	7,768	7,602	7,455	7,636	44,593
10 day	6,672	6,952	7,466	7,321	7,259	7,496	43,166
45 day	131	103	197	183	129	92	835
6 month	82	192	105	98	67	48	592
Total Animals Tested for Rabies	2,349	2,379	2,346	2,208	1,953	1,782	13,017
Total Positive for Rabies	180	162	166	152	106	107	873
Dogs	4	3	1	5	4	1	18
Cats	20	7	3	8	3	5	46
Other Domestic	1	2	2	1	0	0	6
Raccoons	105	92	81	85	53	58	474
Skunks	15	14	34	21	14	20	118
Foxes	26	32	34	18	22	19	151
Bats	7	10	10	10	9	4	50
Other Wild	2	2	1	4	1	0	10

Anthrax

Cause: The spore forming, exotoxin producing bacterium *Bacillus anthracis*

Illness and treatment: Anthrax in humans takes one of three forms: cutaneous, which is most common; and gastrointestinal or inhalation, which are the most serious forms. Symptoms will depend on the form. A high index of clinical suspicion and rapid administration of appropriate antibiotics, with access to critical care support, are essential for effective treatment. Anthrax is not known to spread from person to person.

Sources: Naturally occurring anthrax is primarily a zoonotic disease of herbivores, the usual domesticated hosts being cattle, sheep, goats, and horses but wildlife can be infected (e.g. deer). Humans can become infected with anthrax via three different mechanisms: by inhaling the bacteria's spores, by eating contaminated meat from an infected animal, and by contracting spores or bacteria through the skin. Common sources of exposure are contaminated hair, wool, hides, flesh, blood, and excreta of infected animals. The spores may remain viable in contaminated soil for years.

Additional risks: Anthrax can be used as a weapon of bioterrorism.

Prevention: A vaccine is effective in preventing cutaneous and inhalational anthrax. The best means for prevention of inhalation anthrax after exposure to B anthracis spores (post exposure prophylaxis) is prolonged antibiotic therapy in conjunction with anthrax immunization.

Recent South Carolina trends: There have been no reported cases of anthrax in humans or animals in South Carolina in recent history.

2010 SC incidence: 0 cases reported

2011 SC incidence: 0 cases reported



Classified as a "Category A" biological threat by the CDC.

Aseptic Meningitis

Cause: Aseptic meningitis is the term used for an infection of the brain and/or spinal cord that is not associated with a bacterial infection. Most cases of aseptic meningitis in the US are caused by viruses, including coxsackie viruses, echoviruses, Enteroviruses or Herpesvirus, and other viral, fungal, or parasitic infections. Aseptic meningitis is a diagnosis of exclusion; diagnostic criteria include a sterile cerebrospinal fluid culture.

Illness and treatment: Common meningeal signs include fever, severe headache, stiff neck, photophobia, lethargy or coma, confusion, and nausea and vomiting. Symptoms of meningitis are often more difficult to identify in infants, who may demonstrate fever, fretfulness or irritability, difficulty in awakening, or refusing to eat. Incubation periods for Enteroviruses may be 3 to 7 days; infected persons may be able to spread these viruses from three days before until 10 days after symptoms appear. Symptoms of acute aseptic meningitis may last 7-10 days, with treatment being primarily supportive.

Sources: A number of viruses have been associated with aseptic meningitis. Enteroviruses are typically spread by person-to-person fecal-oral contact, or, uncommonly, by water. Other viruses may also be spread via person-to-person contact or contact with contaminated recreational water sources.

Additional risks: Aseptic meningitis from mumps infection may be prevented with immunization.

Prevention: Because most persons who are infected with Enteroviruses are asymptomatic, it can be difficult to prevent the spread of these viruses, especially those exposures linked to recreational water sources. Chances of becoming infected are reduced through avoiding drinking recreational water, and through good personal hygiene, especially if in contact with someone known to have an Enterovirus infection. Almost all cases of aseptic meningitis occur sporadically. Rare clusters of infection have been associated with contaminated water.

Recent South Carolina trends: Aseptic meningitis became reportable in South Carolina in 2005.

2010 SC incidence: 108 cases were reported (2.3 cases/100,000 population)

2011 SC incidence: 201 cases were reported (4.3 cases/100,000 population)

Botulism (*Clostridium botulinum*)

Cause: Bacterial toxin from *Clostridium botulinum*, mainly Types A, B, and E.

Illness and treatment: Botulism typically occurs in three (3) forms:

- Foodborne botulism occurs when a person ingests pre-formed toxin that leads to illness within a few hours to days. Every case of foodborne botulism is treated as a public health emergency, due to the potential that the responsible food, whether homemade or commercial, may be still available for consumption.
- Infant botulism occurs in a small number of susceptible infants each year who harbor *C. botulinum* in their intestinal tract.
- Wound botulism occurs when wounds are infected with *C. botulinum* that secrete toxin

Regarding foodborne botulism, symptoms begin within 6 hours to 2 weeks (most commonly between 12 and 36 hours) after eating toxin-containing food. Foodborne botulism can occur in all age groups, with the following clinical and laboratory presentations:

Clinical description:

- Common symptoms are diplopia, blurred vision, and bulbar weakness. Ingestion of botulinum toxin results in an illness of variable severity.
- Symmetric paralysis may progress rapidly.

Laboratory criteria for diagnosis:

- Detection of botulinum toxin in serum, stool, or patient's food, or
- Isolation of *Clostridium botulinum* from stool

Treatment is supportive care plus either human-derived botulism hyper-immune globulin (BIG-IV) for infants or botulism antitoxin for older children and adults. Antibiotics are given for wound botulism. Botulinum antitoxin can prevent progression of illness and shorten symptoms in severe botulism cases if administered early. DHEC and the CDC will consult with the physician treating the patient on requests for antitoxin. If indicated, antitoxin can be delivered from the CDC to the physician.

Sources: *C. botulinum* spores are common in soil. No consistent exposure is known for infants. Inadequately processed home-canned foods are implicated in food botulism. Wound botulism has been associated with subcutaneous black-tar heroin injection ("skin popping").

Additional risks: Infant botulism cases usually occur in babies under 3 months old (almost always under 6 months), both breast fed and formula fed.

Prevention: Follow safe home canning procedures. Boil risky home-canned foods (i.e., low acidic, non-pickled foods) before consumption.

Recent South Carolina trends: Reports of botulism are exceedingly rare (less than one per year).

2010 SC Incidence: No cases were reported.

2011 SC incidence: No cases were reported.



Potential Agent of Bioterrorism: Classified as a "Category A" biological threat by the CDC; aerosolized botulinum toxin is a possible mechanism for a bioterrorism attack. Inhalation botulism does not occur naturally and cannot be clinically differentiated from the four naturally occurring forms.

Brucellosis

Cause: Brucellosis is disease caused by bacteria of the genus *Brucella*, to include: *Brucella melitensis*, *abortus*, *suis*, and *canis*.

Illness and Treatment: Human symptoms are usually non-specific and include fever, malaise, sweats, myalgias, arthralgias, fatigue, chills, and backache. Fever can have an undulant pattern in patients who are not treated for long periods ("undulant fever"). Antibiotic therapy is the indicated treatment. Mortality is low (<2%), and is usually associated with endocarditis.

Sources: Brucellosis is usually transmitted to humans from domestic and wild animals (e.g., sheep, goats, cattle, deer, elk, pigs and dogs.) Veterinarians, slaughterhouse workers, ranchers and other livestock workers, and hunters have been infected in occupational and recreational settings. Transmission to humans can also occur by ingesting raw milk and other dairy products from infected animals. Transmission by inhalation is also possible, hence brucellosis being considered a potential agent of bioterrorism.

Additional risks: Brucellosis is the most commonly reported laboratory-associated bacterial infection. A number of factors contribute to the risk of an accidental *Brucella* exposure. Certain characteristics of the bacterium, such as its low infectious dose and the fact that it is easily aerosolized, also contribute to the risk of acquisition of the organisms in a laboratory setting.

Prevention: Do not consume unpasteurized milk, cheese, or ice cream. Hunters and animal herdsman should use rubber gloves when handling viscera of animals. There is no vaccine available for humans.

2010 SC Incidence: 0 cases reported

2011 SC incidence: 1 case reported



Potential Agent of Bioterrorism: Pathogenic *Brucella* species are considered category B biologic threat agents because of a high potential for aerosol transmission.

Campylobacteriosis

Cause: Bacteria in the genus *Campylobacter*, most commonly *C. jejuni*.

Illness and treatment: Symptoms include diarrhea, abdominal pain, malaise and fever. Bloody diarrhea and vomiting may occur. Most persons will recover without treatment within 1 week; however serious complications can occur. Additionally, as many as 40% of Guillain-Barré syndrome cases in this country may be triggered by campylobacteriosis.

Sources: Domestic and wild birds and animals are the reservoir. Specifically chickens, turkeys and water fowl are known to carry disease in their gastrointestinal tract. Contamination of raw poultry is very common. Farm animals and pets (kittens, puppies, hamsters, etc.) also play a lesser role in disease transmission.

Additional risks: Children under 5 years of age and those with weakened immune systems are at increased risk for infection.

Prevention: Avoid eating undercooked poultry and unpasteurized dairy products. Avoid cross-contamination by thoroughly cleaning cutting boards and counters used for raw meat or poultry. Wash hands after handling animals or raw meat. Minimize contact with poultry and their feces.

Recent South Carolina trends: Outbreaks involving multiple persons and person-to-person spread are relatively uncommon. Infections are reported most commonly during the summer months.

2010 SC Incidence: 347 cases reported (7.5 cases/100,000 population)

2011 SC Incidence: 415 cases reported (8.9 cases/100,000 population)

Chlamydia

Cause: Bacterium *Chlamydia trachomatis*.

Illness and treatment: Asymptomatic infection is common. There may be pain during urination or abnormal genital discharge. Females can have abdominal pain due to pelvic inflammatory disease, which can cause infertility or ectopic pregnancy. The case and sexual partners should take appropriate antibiotics. Treated cases should be retested in 3 to 4 months.

Sources: Chlamydial infection is sexually transmitted or acquired at birth.

Additional risks: Disease rates are highest among sexually active adolescents and young adults. Female adolescents are physiologically more susceptible to infection than older women. Perinatal infection can result in neonatal conjunctivitis or pneumonia.

Prevention: Use safe sexual practices to reduce transmission. Screen sexually active women at risk to detect asymptomatic cases. If Chlamydia is found, also screen or treat for gonorrhea.

2010 SC Incidence: 26,853 (580.6 cases/100,000 population)

2011 SC Incidence: 28,581 (610.8 cases/100,000 population)

Cholera

Cause: Bacterial toxin from *Vibrio cholerae* serogroup O1 or O139. Other *V. cholerae* do not cause epidemic clinical cholera associated with enterotoxin and are notifiable as *Vibrio* infection.

Illness and treatment: Usually characterized by painless voluminous watery diarrhea without abdominal cramps or fever. The infection is often mild or without symptoms, but sometimes it can be severe and lead to dehydration and shock. In severe cases, rapid treatment is necessary as death can occur within hours.

Sources: Humans are the only documented host but *V. cholerae* organisms can also inhabit ocean water. Usually infection results from ingestion of contaminate food or water. In recent years raw or undercooked Gulf Coast shellfish (particularly oysters) have been a source of infection.

Additional risks: Travel to areas with endemic disease (parts of Africa, Asia, or Latin America) is by far the greatest source of infection.

Prevention: If traveling to risk areas observe food and water safety rule of "Boil it, cook it, peel it, or forget it." Additionally, avoid raw and undercooked shellfish, including Gulf Coast products.

2010 SC Incidence: 0 cases reported.

2011 SC Incidence: 1 case reported

Ciguatera Fish Toxin

Cause: Ciguatoxin is produced by a marine microalgae called *Gambierdiscus toxicus*

Illness and treatment: Ciguatera is a foodborne illness; symptoms occur within a few minutes to 30 hours. Patients may experience nausea, vomiting, diarrhea, excessive sweating, dizziness, temperature reversal, headache, muscle aches, tingling and numbness of fingers/toes. Generally, the illness is of short duration. However, in serious cases symptoms can last for years. There is no cure, but people with ciguatera can be treated for their symptoms.

Sources: Ciguatera is caused by eating fish that contains ciguatoxins. The toxin becomes concentrated as it moves up the food chain from small fish to large carnivorous fish. High concentrations of the toxin can be found in large predatory tropical reef fish (reefs in the South Pacific, Indian Ocean and in the tropical Caribbean), since they may have accumulated sufficient ciguatoxin during their lifetimes. Although more than 300 species of fish have been linked to ciguatoxin, common carriers are barracuda, black and yellowfin grouper, blackfin snapper, cubera snapper, dog snapper, greater amberjack, hogfish, horseeye jack, and king mackerel. Fish from one geographic area may be poisoned, while the same species from another are may be safe for consumption. Ciguatoxins are not destroyed by cooking.

Prevention: Avoid eating barracuda. Obtain information about the location where fish is caught; if no information is available, avoid consuming large reef fish.

Recent South Carolina trends: Since 2006, two cases of ciguatera fish poisoning have been reported.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported

Creutzfeldt-Jakob Disease (CJD)

Cause: Prions, or “proteinaceous infectious particles” in which normal cellular prion proteins in the brain fold into abnormal, pathologic forms. The exact mechanism leading to the conversion of the normal prion protein to its pathogenic form and subsequent neuronal cell death continues to be investigated.

Illness and treatment: CJD is a rare, fatal neurodegenerative disease characterized by rapidly progressing dementia, poor balance, visual changes and/or muscle jerks. Treatment is supportive.

Sources: CJD can be sporadic (sCJD)(approximately 85% of cases), familial (approximately 15% of cases), or iatrogenic (less than 1% of cases). Iatrogenic spread can occur following transplantation, e.g. cornea, dural graft, and liver. .In 1996, a new variant of CJD (vCJD) recognized in the United Kingdom was associated with cattle infected with a related infection (“mad cow disease”). To date, no cases of vCJD have been acquired in the United States.

Prevention: There are no specific precautions.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 1 case reported

Cryptosporidiosis

Cause: Various species of the protozoan *Cryptosporidium*, which form resistant oocysts.

Illness and treatment: Symptoms may be prolonged, and include watery diarrhea, abdominal pain, nausea, vomiting, weight loss and fever. An anti-protozoal drug is available to treat persistent symptoms.

Sources: Cryptosporidia are common in animals. In this country, oocysts are found in most surface waters tested. Transmission is by ingesting fecally contaminated water, milk or food, or by direct contact with infected animals or humans. Those with asymptomatic infections may infect others. Outbreaks have occurred in water parks, swimming pools and child care facilities.

Additional risks: For persons with weakened immune systems, especially those with advanced HIV infection, the disease can be severe and persistent. Cryptosporidia resist standard chemical disinfectants and may occur in municipal water systems, home filtered water, or bottled water.

Prevention: Wash hands thoroughly after contact with animals, particularly calves or animals with diarrhea. Avoid swallowing water during water recreation. Do not drink untreated surface water. Boil untreated drinking water for one minute or use other appropriate water treatment.

2010 SC Incidence: 133 cases reported (2.9 cases/100,000 population)

2011 SC Incidence: 129 cases reported (2.8 cases/100,000 population)

Cyclosporiasis

Cause: Protozoan *Cyclospora cayetanensis*.

Illness and treatment: Symptoms include persistent watery diarrhea, nausea, loss of appetite, abdominal pain, fatigue and weight loss. Antibiotics are available to treat persistent symptoms.

Sources: Cyclospora are common in many developing countries. Transmission occurs through ingestion of contaminated food or water, often fresh fruit or vegetables. Outbreaks in the United States have been attributed to imported produce such as raspberries, basil and lettuce. Tests for cyclospora must be specifically requested.

Additional risks: Diarrhea may persist with immunosuppression.

Prevention: Wash produce thoroughly before it is eaten. If traveling to risk areas, consult with a travel clinic or the CDC Travelers' Health website.

Recent South Carolina trends: Fewer than 5 cases are typically reported yearly; mainly after international travel.

2010 SC Incidence: 2 cases reported

2011 SC Incidence: 0 cases reported

Dengue Fever

Cause: Flavivirus with 4 distinct serotypes, transmitted by the bite of the *Aedes* mosquito.

Illness and treatment: Dengue presents with: high fever, severe headache, retro-ocular pain, joint pain, muscle and/or bone pain, rash, mild bleeding (e.g., nose or gum bleed, petechiae, or easy bruising). Dengue hemorrhagic fever, also known as dengue shock syndrome, is a group of severe hemorrhagic symptoms that occur principally in children but may also occur in adults. After infection, the host develops lifelong immunity for the causative serotype and short-term protection for other serotypes. The primary treatment is supportive.

Sources: Bite of *Aedes aegypti* mosquitoes, mainly. No direct person-to-person transmission. Patients are infective for mosquitoes during high viremia.

Additional risks: Second infection with another serotype appears to increase the risk for shock.

Prevention: There is no vaccine for dengue fever. Public education to avoid exposure to mosquitoes by using insect repellents with EPA approved ingredients, long sleeve shirts and pants; and elimination of mosquito breeding grounds (primarily artificial water containers-tires, trash dumps, urban ponds).

Recent South Carolina trends: To date, all cases of dengue reported in SC have been associated with travel to endemic areas.

2010 SC Incidence: 16 cases reported

2011 SC Incidence: 2 cases reported

Diphtheria

Cause: Toxin producing strains of the bacterium *Corynebacterium diphtheriae*.

Illness and treatment: Classic diphtheria is an upper-respiratory infection characterized by sore throat, low-grade fever, and an adherent membrane of the tonsils, pharynx, and/or nose, sometimes with neck swelling. Disease can involve other mucous membranes or the skin. Treatment is with antitoxin, antibiotics, and supportive care. Since natural disease does not necessarily provide good immunity, vaccination against diphtheria should be given after recovery.

Sources: Humans are the sole reservoir. Transmission is through respiratory droplets, direct contact or less commonly contaminated items such as milk products.

Additional risks: Susceptible travelers may be at risk, particularly in areas with endemic diphtheria. **Prevention:** Immunize all persons with primary series and adult booster doses to prevent infection.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported

E. coli (STEC)

Cause: Shiga toxin-producing *Escherichia coli* (STEC), including the most virulent: E. coli O157:H7.

Illness and treatment: Illness often begins with non-bloody diarrhea but progresses to bloody diarrhea. Symptoms also include severe abdominal cramping, vomiting and fever in approximately one-third of cases. In 5-10% of those with STEC, hemolytic uremic syndrome (HUS) develops

following STEC infection. This risk is highest among children under 5 years of age. HUS is a life-threatening condition and the treatment of STEC with antibiotics may increase the risk of developing HUS.

Sources: STEC is shed in the feces of cattle and other ruminants. However, most infections result from ingestion of contaminated food or water. Unpasteurized dairy products are also a source of illness. Contaminated recreational water and person-to-person spread also contribute to disease. While undercooked ground beef often contributes to STEC infection, in recent years increasing numbers of cases are related to produce that has been cross-contaminated somewhere on the farm-to-table continuum. Petting zoos have also been implicated as a source of illness.

Additional risks: Fifty percent of HUS patients require dialysis. Children under 5 years of age are at the greatest risk of developing HUS.

Prevention: Avoid eating undercooked meat and unpasteurized dairy products. Avoid cross-contamination by thoroughly cleaning cutting boards and counters used for raw meats. Wash hands after handling animals or raw meat. Avoid swallowing water during recreational water use. Thoroughly wash produce prior to ingestion.

Recent South Carolina trends: Most reports occur in children under 10 years of age.

2010 SC Incidence: 13 cases were reported (<1.0 case/100,000 population)

2011 SC Incidence: 20 cases reported (<1.0 case/100,000 population)

Eastern Equine Encephalitis

Cause: Eastern Equine Encephalitis virus, an alphavirus transmitted by mosquitoes.

Illness and treatment: Human infections can be asymptomatic, non-specific flu-like syndromes, or severe nervous system infection. Incubation is 3-10 days. Among survivors of severe infections, about half will have neurologic sequela. Infection is thought to confer life-long immunity. The primary treatment is supportive. The virus causes severe disease in horses.

Sources: Eastern Equine Encephalitis virus is sustained in freshwater swamps in a cycle involving birds and *Culiseta melanura* mosquitoes that rarely bite humans or horses.

Additional risks: Epidemics in horses and humans occur when mosquitoes species such as *Coquilletidia* and *Aedes* become infected and create bridges between infected birds and mammals.

Prevention: There is no vaccine for humans for this virus. Prevention of mosquito bites is the best protection: use insect repellants on skin (containing DEET, picaridin, oil of eucalyptus) and/or on clothes (containing DEET, picaridin). Avoid being outdoors during the times when mosquitoes are seeking a blood meal (usually dusk to dawn). Dress in long sleeves and long pants. Inspect screens on doors and windows for holes in order to stop mosquitoes. There is a vaccine available to protect horses.

Recent South Carolina trends: 6 cases have been reported since 1999.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported

Ehrlichiosis

Cause: Bacteria of the family Anaplasmataceae. The agent persists in animal reservoirs and is transmitted to humans by ticks. *Ehrlichia chaffeensis* causes human monocytotropic ehrlichiosis in North and South America, *Ehrlichia ewingii* cause ehrlichiosis ewingii exclusively in North America. *Anaplasma phagocytophilum* causes human granulocytotropic anaplasmosis, in Asia, Europe, and North America.

Illness and treatment: Ehrlichiosis usually presents with fever, headache, anorexia, nausea, muscle aches, vomiting, diarrhea, and joint pains; symptoms occur 7-10 days after the tick bite.

Rash may be present. The illness ranges from mild to severe. Treatment is with antibiotics.
Sources: Ehrlichiae are transmitted by the bite of an infected tick. The lone star tick (*Amblyomma americanum*) is the primary vector of both *Ehrlichia chaffeensis* and *Ehrlichia ewingii* in the United States. **Prevention:** Prevention of tick bites is the best way to avoid disease: wear light-colored clothing to better visualize ticks, tuck pants into socks so that ticks cannot crawl inside clothing, apply repellents (those containing permethrin can be sprayed on boots and clothing and last for days, those containing DEET can be applied to the skin and last only a few hours), search the body for ticks, remove ticks immediately and control the tick population on pets and in the yard.
2010 SC Incidence: 6 cases reported (<1.0 case/100,000 population)
2011 SC Incidence: 3 cases reported

Giardiasis

Cause: Protozoan *Giardia lamblia*, also known as *G. intestinalis* or *G. duodenalis*.
Illness and treatment: Infection may be asymptomatic or may cause diarrhea, abdominal pain, nausea, fatigue, and weight loss. Illness may be self-limited or be prolonged with persistent pale and greasy stools due to fat malabsorption. Anti-protozoal drugs are available.
Sources: Humans and both wild and domestic animals are reservoirs. Exposures include untreated surface water, shallow well water, recreational water, or less commonly food contaminated by feces. Person-to-person transmission occurs, such as in child care facilities, or through oral-anal sexual contact.
Additional risks: Children under 5 years of age are infected more frequently than adults. Concentrations of chlorine used in routine water treatment do not kill *Giardia* cysts, especially if the water is cold. Giardiasis is one of the most common waterborne diseases in the country.
Prevention: Wash hands thoroughly after contact with animals, particularly animals with diarrhea. Avoid swallowing water during water recreation. Do not drink untreated surface water. Boil untreated drinking water for one minute or use other appropriate water treatment. Incidence is highest in the summer and fall months. Outbreaks are uncommon.
2010 SC Incidence: 151 cases reported (3.3 cases/100,000 population)
2011 SC Incidence: 127 cases reported (2.7 cases/100,000 population)

Glanders

Cause: Bacterium *Burkholderia mallei*.
Illness and Treatment: Organism enters via breaks in the skin or mucous membranes. **Symptoms include fever, muscle aches, chest pain, muscle tightness, localized ulceration at the site of organism entry to the body, headache, pneumonia, excessive tearing of the eyes, light sensitivity, and diarrhea. Treatment involves antibiotic therapy and supportive care.**
Source: Infected horses, donkeys and mules from endemic countries in Asia and the eastern Mediterranean region; disease does not exist naturally in the Western Hemisphere. Organism considered a potential agent of bioterrorism, as it has been utilized historically.
Prevention: Control of disease in equidae. Biosafety practices in laboratories handling isolates.
2010 SC Incidence: 0 cases
2011 SC Incidence: 0 cases



Potential Agent of Bioterrorism: Classified as a "Category B" biological threat by the CDC.

Gonorrhea

Cause: Bacterium *Neisseria gonorrhoeae*.

Illness and treatment: About half of women and some men have no symptoms. When symptoms occur, urethral discharge and painful urination are typical of genital infections. Complications include pelvic inflammatory disease in women with a risk of infertility or epididymitis in men. There can be conjunctivitis, pharyngitis, proctitis, or rare bloodstream infection. Treatment is with antibiotics.

Sources: Gonorrhea is sexually transmitted or acquired at birth.

Additional risks: Rates are highest among sexually active adolescents and young adults.

Prevention: Use safe sexual practices to reduce transmission. Screen sexually active women at risk to detect asymptomatic cases. If gonorrhea is found, also screen or treat for Chlamydia.

2010 SC Incidence: 7,938 cases were reported (171.6 cases/100,000 population)

2011 SC Incidence: 8,265 cases were reported (176.6 cases/100,000 population)

Haemophilus influenzae (Type b and non-type b Invasive Disease)

Cause: Bacterium *Haemophilus influenzae*. Invasive disease with any of the 6 capsular types (a, b, c, d, e and f) is reportable.

Illness and treatment: Invasive disease may cause meningitis, bacteremia, epiglottitis, pneumonia, or bone and joint infections. Treatment is with antibiotics.

Sources: Humans, including asymptomatic carriers, are the reservoir and transmit through respiratory droplets or direct contact with respiratory secretions.

Additional risks: Unimmunized or underimmunized infants and children are at risk, particularly those in crowded settings.

Prevention: Immunize all infants to prevent H. influenzae type b infection. There is no vaccine to prevent disease caused by other types.

2010 SC Incidence: 84 cases reported (1.8 cases/100,000 population)

2011 SC Incidence: 86 cases reported (1.9 cases/100,000 population)

Hantavirus

Cause: A member of the family *Bunyaviridae*, hantaviruses are the only genus without an arthropod vector.

Illness and treatment: The clinical manifestations include a renal and a pulmonary syndrome.

Sources: Rodents are natural carriers of hantavirus. Aerosol transmission can occur when humans come in contact with rodent saliva, feces, or urine. Treatment is supportive.

Prevention: The primary mode of prevention is control of rodent populations in and around homes, farms, camps, or other sites of human contact.

Recent SC Trends: No cases reported in the past 10 years.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported

Hemolytic Uremic Syndrome (HUS)

Cause: Complication of infection with Shiga toxin-producing bacteria, most commonly *E. coli* O157:H7.

Illness and treatment: HUS includes hemolytic anemia (identified microscopically) and kidney damage. Most persons recover with supportive treatment, but some have permanent kidney damage or die from complications.

Sources: For enterohemorrhagic E. coli (EHEC) sources include cattle and other animals including deer and horses; known sources are unpasteurized milk, undercooked ground beef and contaminated raw produce. There can be person-to-person transmission of EHEC.

Additional risks: Children are at particular risk for developing HUS as a complication of diarrheal illness caused by a Shiga toxin-producing organism. Using antibiotics to treat EHEC diarrhea may increase the risk of developing HUS.

Prevention: Wash hands thoroughly after contact with farm animals, visiting farm environments, and handling raw meat. Thoroughly cook ground beef and venison and wash preparation areas to avoid contaminating other foods. Wash produce thoroughly before eating.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 3 cases reported

Hepatitis A

Cause: Hepatitis A virus (HAV)

Illness and treatment: Hepatitis A is a viral infection characterized by an abrupt onset of fever, malaise, anorexia, nausea, dark urine, and abdominal discomfort followed by jaundice. HAV infection is a self-limiting disease that does not result in chronic infection or chronic liver disease. Treatment is supportive. Almost all HAV infected cases recover but rare infections are fatal or require liver transplantation. Persons with chronic liver disease are at increased risk for acute liver failure.

Sources: Hepatitis A infection is transmitted by the fecal-oral route by either person-to-person contact or through consumption of contaminated food or water. The majority of children have asymptomatic or unrecognized infections, and hence they play a key role in HAV transmission, serving as an unsuspected source of infection for others.

Additional risks: Person to person transmission can occur when a person engages in sexual activities involving oral-anal contact with an infected person.

Prevention: Hepatitis A vaccination is the most effective method to prevent HAV infection. The vaccine is recommended for all children between the ages of 12 and 23 months, for international travelers going to endemic areas, and for others at risk for HAV.

Recent South Carolina trends: The incidence of HAV has decreased in recent years as a result of increased vaccination.

2010 SC Incidence: 21 cases reported (0.5 cases per 100,000 population)

2011 SC Incidence: 11 cases reported (0.2 cases/100,000 population)

Hepatitis B

Cause: Hepatitis B virus (HBV)

Illness and treatment: Hepatitis B is a contagious liver disease that results from infection with the hepatitis B virus (HBV). It can range in severity from a mild illness lasting a few weeks (acute) to a serious lifelong illness (chronic). Acute HBV infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. Acute infection can - but does not always - lead to chronic infection. Chronic HBV infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body permanently. Chronic HBV is a serious disease that can result in long-term health complications, and even death.

Sources: HBV is usually spread when blood, semen, or another body fluid from a person infected with the hepatitis B virus enters the body of an uninfected person. This can occur through sexual contact or by sharing needles, syringes, or other drug-injection equipment. HBV can also be passed from an infected mother to her baby.

Additional risks: HBV is transmitted efficiently by sexual contact among heterosexuals and among men who have sex with men. Risk factors associated with sexual transmission include having unprotected sex with an infected partner, having unprotected sex with multiple partners,

and a history of a Sexually Transmitted Disease.

Prevention: Hepatitis B vaccine is the most effective measure to prevent HBV infection. Hepatitis B vaccine is recommended for all infants, children, and certain adults at risk for HBV.

Recent South Carolina trends: The use of childhood and adolescent vaccination has resulted in a reduction in the incidence of acute HBV in recent years. Vaccination coverage levels among adults with behavioral risk factors for HBV, however, remain low. Approximately 90 hepatitis B surface antigen positive pregnant women are reported each year in South Carolina. DHEC provides Perinatal Hepatitis B Case Management to these women and their infants to prevent transmission.

2010 SC Incidence: 64 acute HBV cases reported (1.4 cases per 100,000 population); 479 chronic HBV cases reported (10.4 cases per 100,000 population)

2011 SC Incidence: 43 acute HBV cases reported (0.9 cases per 100,000 population); 524 chronic HBV cases reported (11.2 cases per 100,000 population)

Hepatitis C

Cause: Hepatitis C virus (HCV)

Illness and treatment: Hepatitis C virus infection is the most common chronic bloodborne infection in the United States. Sixty to seventy percent of persons newly infected with HCV are asymptomatic or have a mild clinical illness. Chronic HCV infection develops in 70% to 85% of infected persons. The majority of chronically infected persons might be unaware of their infection because they are not clinically ill.

Sources: HCV-infected persons serve as a source of transmission to others. Persons with history of injection drug use are at highest risk for HCV infection. Sexual transmission of HCV is possible but not efficient. **Additional risks:** Persons with chronic HCV are at risk of chronic liver disease or other HCV-related chronic diseases decades after infection.

Prevention: No vaccine is available to prevent hepatitis C infection. The most effective means to prevent HCV infection and its consequences is to integrate hepatitis C prevention activities (counseling, testing, and referral services) into existing clinical services.

Recent South Carolina trends: Based on national estimates, approximately 58,000 to 85,000 persons in South Carolina have been infected with HCV. During the five-year period from 2004 to 2008, more than 19,000 persons were reported to DHEC with chronic hepatitis C. Many people who are at risk for HCV have not been tested and are unaware of their risk.

2010 SC Incidence: 0 acute HCV cases reported; 3235 HCV infections, past or present, reported (69.9 cases per 100,000 population)

2011 SC Incidence: 1 acute HCV case reported; 3664 HCV infections, past or present, reported (78.3 cases per 100,000 population)

HIV/AIDS

Cause: Human immunodeficiency virus (HIV) causes acquired immunodeficiency syndrome (AIDS) due to depletion of CD4+ T-lymphocytes.

Illness and treatment: Susceptibility is increased for various opportunistic infections and malignancies. Antiretroviral treatment has considerably improved the prognosis for cases with HIV infection.

Sources and spread: HIV is usually transmitted by contact with the blood, semen or vaginal secretions of an infected person.

Additional risks: Groups at increased risk include injection drug users and persons with multiple sexual partners or with another sexually transmitted disease causing genital ulcers.

Prevention: Use safe sexual practices, avoid sharing drug paraphernalia, and screen blood and tissue products to prevent transmission.

Recent South Carolina trends: Rates are higher among males and racial/ethnic minorities.
2010 SC Incidence: 779 cases reported (16.8 cases/100,000 population)
2011 SC Incidence: 795 cases reported (17 cases/100,000 population)
AIDS cases are included in counts of HIV cases.

Influenza

Cause: Influenza, or flu, is an acute viral disease of the respiratory tract. The primary types of seasonal influenza virus recognized are influenza A and B.

Illness and treatment: Symptoms include fever, cough, sore throat, headache, and body aches. In children, nausea, vomiting, and diarrhea may accompany respiratory symptoms. Complications may include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. The use of antivirals should be considered in persons at high risk for complications due to influenza, persons hospitalized with influenza, and during facility outbreaks. Treatment with antivirals within 48 hours of symptom onset reduces the duration and severity of symptoms and may reduce complications and influenza associated deaths.

Sources: The primary mode of transmission is large droplet spread through coughing and sneezing by infected persons. Human influenza viruses can persist for hours on solid surfaces, particularly in lower temperatures and humidity.

Additional risks: The highest illness rates generally occur in children. The highest risk of complications occur among children less than 2 years, adults older than 64 years, and persons of any age with certain medical conditions.

Prevention: Practicing proper hand hygiene and cough etiquette are important for reducing transmission. Immunization with inactivated influenza vaccine provides 70%-90% protection against infection in healthy adults when the vaccine strains closely match the circulating strains. In the elderly, immunization may be less effective in preventing illness, but may reduce disease severity and incidence of complications by 50%-60% and deaths by 80%.

2010 SC Incidence: 291 positive cultures were reported (6.3 per 100,000 population) by the Bureau of Laboratories and other reference labs.

2011 SC Incidence: 512 positive cultures were reported (10.9 per 100,000 population) by the Bureau of Laboratories and other reference labs.

Legionellosis (Legionnaires' Disease)

Cause: The bacterium *Legionella pneumophila*.

Illness and treatment: Symptoms of Legionnaires' disease can include a high fever, chills, cough, pneumonia. Incubation ranges from 2 to 14 days. Legionnaire's treatment is as per the most recent from the Infectious Disease Society of American (IDSA) recommendations for community-acquired pneumonia. Pontiac Fever is a milder, self-limiting infection caused by the same bacteria. The symptoms of Pontiac Fever usually last for 2 to 5 days and may also include fever, headaches, and muscle aches; however, there is no pneumonia.

Sources: *Legionella* can be found in natural, freshwater environments, but they are present in insufficient numbers to cause disease. Potable (drinking) water systems, whirlpool spas, and cooling towers provide the 3 conditions needed for *Legionella* transmission: heat, stasis, and aerosolization; therefore, these are common sources of outbreaks.

Additional risks: While this disease is most frequently found in older people (>65 years), smokers, those with chronic lung disease (i.e. emphysema), or people who have weak immune

systems from either disease or immunosuppressive therapies are also at increased risk.

Prevention: The likelihood of *Legionella* infection can be best reduced by good engineering practices in the operation and maintenance of air and water handling systems. If preventive engineering measures alone do not control the bacteria, disinfection procedures can be implemented.

2010 SC Incidence: 18 cases reported (0.4 per 100,000 population)

2011 SC Incidence: 26 cases reported (0.6 cases/100,000 population)

Leptospirosis

Cause: Bacteria of the genus *Leptospira*.

Illness: Symptoms of leptospirosis include fever, headache, chills, muscle aches, vomiting, jaundice, anemia, and sometimes a rash. The incubation period usually is 7 days, with a range of 2-29 days. Meningitis, hemorrhage, hepatomegaly, pulmonary hemorrhage, ARDS, and jaundice are among the severe features of advanced or untreated disease. The case fatality rate is 1 to 5%. Leptospirosis should be treated early with antibiotics.

Sources: Leptospirosis is described by the CDC as the most widespread zoonotic disease in the world. Primarily a tropical disease, outbreaks have involved bathing in contaminated river water, exposure to water contaminated by rodent feces, or working in rice fields during the rainy season. A number of cases of leptospirosis in the US have been associated with athletic activities occurring in swampy water, either swimming or canoeing in or drinking contaminated water.

Additional Risks: Persons most at risk are workers who are in frequent contact with soil; animal caretakers and veterinarians; and travelers to tropical parts of the world involved in recreational activities in fresh water. Recreational exposures can include rafting, kayaking, and swimming, in tropical and temperate climates. Because of their outdoor activities and frequent contact with water or soil contaminated with the organism, dog infections are not uncommon. Infected dogs theoretically pose a risk of transmission to their owners through contact with their urine.

Prevention: There are 13 named and 4 unnamed species of pathogenic leptospires, with over 200 serologic variants. Previous infection does not confer immunity to other strains. Preventive measures include use of boots and gloves in high-risk places, including recently flooded soil and swampy or flooded areas. Rodent control decreases run-off and can help reduce spread.

2010 SC Incidence: 1 case reported

2011 SC Incidence: 0 cases reported

Listeriosis

Cause: Bacterium *Listeria monocytogenes*.

Illness and treatment: Symptoms are usually mild and include fever, muscle aches, and sometimes gastrointestinal symptoms such as nausea or diarrhea. However, infection can cause meningoencephalitis and/or septicemia. Maternal infection can be asymptomatic or associated with a mild influenza-like illness. However, infection during pregnancy is particularly dangerous as it can lead to miscarriage or stillbirth, premature delivery, or infection of the newborn.

Sources: *Listeria* is distributed widely in the environment, including soil and water. Animals and humans can also carry the bacterium. Most infections result from the ingestion of contaminated food, often refrigerated products that are not heated before consumption. *Listeria* can survive and even multiply at refrigerated temperatures, which is why risk groups are told to heat products such as deli meat and hot dogs to steaming. Common sources include: unpasteurized dairy products, processed meats, deli salads, fruits and vegetables.

Additional risks: Those most at risk for infection are pregnant women (20 times more likely to be infected), newborns and those with a weakened immune system. Illness may be severe for

newborns and those with a weakened immune system although pregnant women may have few symptoms but experience fetal loss or premature birth.

Prevention: At risk groups should avoid eating foods such as hot dogs, deli meats and salads unless heated to steaming hot. At risk groups should not eat soft cheeses (brie, feta, queso fresco, etc.) unless the label clearly states that pasteurized milk was used in production. All persons should avoid eating undercooked meat and unpasteurized dairy products; avoid cross-contamination by thoroughly cleaning cutting boards and counters used for raw meats; wash hands after handling animals or raw meat and thoroughly wash produce prior to ingestion.

Recent South Carolina trends: Each year there are approximately 10 cases reported.

2010 SC Incidence: 13 cases reported (<1.0 case/100,000 population)

2011 SC Incidence: 7 cases reported (<1.0 case/100,000 population)

Lyme Disease (erythema migrans)

Cause: Bacterial spirochete *Borrelia burgdorferi*.

Illness and treatment: Lyme disease has three stages of clinical symptoms. Initially, at the site of the tick bite, in 60% - 80% of patients, there is a rash: erythema migrans. This rash often takes a bull's-eye appearance. For surveillance purposes, the size of the erythema migrans must be equal or greater than 5 cm in diameter. Several weeks after the exposure, the early disseminated stage occurs: body rash with lesions smaller than the initial lesion, cranial nerve neuropathies, lymphocytic meningitis, and conjunctivitis. From two months or years after primary exposure symptoms, late Lyme disease may develop, which include recurrent arthritis, chronic neurologic disease, and cardiac disease. Treatment is with antibiotics.

Sources: Wild rodents act as a natural reservoir for *Borrelia burgdorferi*, while deer act as a mammalian maintenance host for the *Ixodes* tick vectors, which spread the disease between rodents, deer, and humans. Ticks must attach at least 24 hours to transmit the disease.

Prevention: Avoiding human and pet exposure to ticks is the best prevention: avoid tick infested areas, cover exposed skin as much as possible, wear light-colored clothing to better visualize ticks, tuck pants into socks so that ticks cannot crawl inside clothing, apply repellents (those containing permethrin can be sprayed on boots and clothing and last for days, those containing DEET can be applied to the skin and last only a few hours), search the body for ticks, remove ticks immediately using fine tweezers, grasp ticks close to the skin, pull straight out, without twisting, do not use bare fingers to crush ticks. Wash hands following tick removal.

2010 SC Incidence: 28 cases reported (<1 case/100,000 population)

2011 SC Incidence: 43 cases reported (<1 case/100,000 population)

Malaria

Cause: Intracellular protozoan parasite: Plasmodium species, commonly *P. vivax*, *P. falciparum*, *P. ovale*, and *P. malariae*.

Illness and treatment: Symptoms of malaria depend on the species of plasmodium causing infection. Classic malaria includes recurrent bouts of fever, chills, sweats, and headache. Protean symptoms due to involvement of gastrointestinal, respiratory, muscular, and neurological systems may be present. Antimalarials drugs are prescribed based on infective agent, patterns of drug resistance, and severity of disease.

Sources: Transmission occurs by the bite of an infected female *Anopheles* sp. mosquito. Additional risks: Transmission can occur through blood contact (e.g. transfusions or needle sharing). **Prevention:** Persons traveling in at-risk areas should take one of the recommended chemoprophylaxis regimens appropriate for the region of travel and use personal protective

measures to avoid mosquito bites. Seek proper treatment if symptoms develop after visiting a high risk area.

Recent South Carolina trends: Reports of malaria cases range from 6 to 12 per year and are associated with travel abroad.

2010 SC Incidence: 6 cases reported (<1 case/100,000 population)

2011 SC Incidence: 8 cases reported (<1 case/100,000 population)

Measles

Cause: Measles virus.

Illness and treatment: Symptoms include fever, cough, runny nose, conjunctivitis, generalized rash and mouth sores (Koplik spots). Complications include ear infection, diarrhea, pneumonia, and encephalitis. Treatment is supportive.

Sources: Humans are the reservoir and transmit mainly through respiratory droplets, direct contact with respiratory secretions and less commonly through airborne transmission. Measles is one of the most highly contagious infections.

Additional risks: Risk of death is higher among children under 5 years, adults over 20 years, and malnourished persons. Infection in U.S. residents occurs primarily as a result of international travel involving regions with endemic measles.

Prevention: Immunize all children with 2 vaccine doses to prevent infection. Health care providers born after 1957 and students also need 2 vaccine doses.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported

Melioidosis

Cause: Bacterium *Burkholderia pseudomallei*

Illness/Treatment: Also called Whitmore's Disease, melioidosis may occur in humans and animals after direct contact with contaminated water and soil, with small cuts and sores on exposed skin often serving as the route of infection. Person-to-person transmission is rare. The incubation period may range from 2 days to many years. The fatality rate of melioidosis is greater in people with specific comorbidities, such as diabetes mellitus, renal dysfunction, or chronic pulmonary disease, and in people who are immunosuppressed. Illness from melioidosis can be categorized as acute or localized infection, acute pulmonary infection, acute bloodstream infection (septicemia), and chronic suppurative infection. Asymptomatic infections are also possible. Antibiotic therapy is the indicated treatment.

Sources: Predominately a disease of tropical climates, melioidosis is endemic in Southeast Asia. *B. pseudomallei* are normally found deep in the soil, but may be found in water or mud after heavy rainfall, especially in tropical rainy seasons.

Additional risks: Melioidosis is common to military personnel who have served in endemic areas. Inhalation of *Burkholderia pseudomallei* may occur during near-drowning incidents.

Prevention: There is no vaccine for Melioidosis. Prevention of the infection in endemic-disease areas can be difficult since contact with contaminated soil is so common. Persons with diabetes and skin lesions should avoid contact with soil and standing water in these areas. Wearing boots during agricultural work can prevent infection through the feet and lower legs. In health care settings, using common blood and body fluid precautions can prevent transmission.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported



Classified as a "Category B" biological threat by the CDC.

Meningococcal Disease (Invasive)

Cause: Bacterium *Neisseria meningitidis*, mainly serogroups B, C, Y, and W135 in this country, and additionally serogroup A elsewhere. Invasive infection usually results in meningococemia (blood infection), meningitis or both.

Illness and treatment: Symptoms of meningococcal meningitis include fever, headache, stiff neck, and often vomiting, light sensitivity and confusion. Symptoms of meningococemia include fever, malaise, myalgia and a rash; it can result in hypotension and shock. Pneumonia and joint infections can also occur. Treatment is with antibiotics and supportive care. The case fatality ratio, even with appropriate antibiotic treatment, is 9% to 12%. As many as 20% of survivors have permanent sequelae, such as hearing loss, neurologic damage, or loss of a limb.

Sources: Humans, including asymptomatic carriers, are the reservoir and transmit through respiratory droplets or direct contact.

Additional risks: Rates are highest in infancy, decline in early childhood and increase again during adolescence and early adulthood. Risk for invasive infection increases with crowded living conditions, low socioeconomic status, tobacco smoke exposure, and certain immune deficiencies including asplenia. Vaccines available in the U.S. do not include serogroup B, but do include A, C, Y and W-135. **Prevention:** Immunize persons aged 2 to 55 years who have elevated risk for meningococcal disease and all adolescents aged 11 to 18 years to prevent infection. Use respiratory hygiene/cough etiquette to prevent infection. Exposed persons should take prophylactic antibiotics.

2010 SC Incidence: 12 cases reported (<1 case/100,000 population)

2011 SC Incidence: 9 cases reported (<1 case/100,000 population)

Mumps

Cause: Mumps virus.

Illness and treatment: Classic symptoms are inflammation and swelling of the parotid glands. Up to 20% of cases are asymptomatic and another 40 to 50% have mild or mainly respiratory symptoms. Complications include orchitis in post-pubertal males, but sterility rarely occurs. Central nervous system involvement in the form of aseptic meningitis is common, occurring asymptotically in 50% to 60% of patients. Symptomatic meningitis (headache, stiff neck) occurs in up to 15% of patients and resolves without sequelae. Rarely, infection of other organs, deafness, or miscarriage can occur. Treatment is supportive.

Sources: Humans including persons with asymptomatic infections are the reservoir and transmit through respiratory droplets or direct contact.

Additional risks: Mumps can occur at any age, regardless of vaccination status, but is rare in fully immunized persons.

Prevention: Immunize all children with 2 vaccine doses to reduce the risk of infection. Health care providers born after 1957 and students also need 2 vaccine doses. Use respiratory hygiene/cough etiquette to prevent transmission.

Recent South Carolina trends: There were 10 cases reported in 2006 (<1 case per 100,000 population).

2010 SC Incidence: 4 cases reported

2011 SC Incidence: 3 cases reported

Pertussis

Cause: *Bordetella pertussis* bacterium.

Illness and treatment: Classic signs are an extended illness of 2 or more weeks with cold like symptoms followed by spasms of severe coughing (paroxysms) ending in a gasp, whoop, or vomiting. Infants may have apnea. Adults may have urinary incontinence. Serious complications include pneumonia, seizures, and encephalopathy. Treatment is with antibiotics and supportive care.

Sources: Humans are the reservoir and transmit through respiratory droplets or direct contact.

Additional risks: Pertussis can occur at any age, regardless of vaccination history. Death and severe complications occur mainly in young infants.

Prevention: Immunize all persons with primary series and booster doses to reduce the risk of infection. Use respiratory hygiene/cough etiquette to prevent transmission. Exposed persons should take prophylactic antibiotics, particularly children under a year of age or pregnant women, and their close contacts including healthcare workers.

2010 SC Incidence: 404 cases reported (8.7 cases/100,000 population)

2011 SC Incidence: 143 cases reported (3.1 cases/100,000 population)

Plague

Cause: Plague is an infectious disease of animals and humans caused by a bacterium *Yersinia pestis*. **Illness and treatment:** Bubonic plague should be suspected when a person develops a swollen gland, fever, chills, headache, and extreme exhaustion, and has a history of possible exposure to infected rodents, rabbits, or fleas. Incubation period is normally 2 to 6 days. If left untreated, patients can develop septicemia. Infection of the lungs with the plague bacterium causes the pneumonic form of plague characterized by high fever, chills, cough, breathing difficulty, and bloody sputum. Without antibiotic therapy, the disease can progress rapidly to death. About 14% of all plague cases in the United States are fatal.

Sources: Bites of infected rodent fleas or through handling infected rodents, rabbits, or wild carnivores that prey on these animals.

Additional risks: Most human cases in the United States occur in two regions: 1) northern New Mexico, northern Arizona, and southern Colorado; and 2) California, southern Oregon, and far western Nevada. **Prevention:** Control rodents and their fleas around places where people live, work, and play through environmental sanitation. Preventive antibiotic therapy.

Recent South Carolina trends: No cases have been reported in South Carolina in the past ten years. **2010 SC Incidence:** 0 cases reported

2011 SC Incidence: 0 cases reported



Potential Agent of Bioterrorism: Classified as a "Category A" biological threat by the CDC.

Poliomyelitis

Causes: Poliomyelitis, or polio, is caused by the poliovirus, usually spread person-to-person, via the fecal-oral route.

Illness and Treatment: Polio is characterized by acute onset of a flaccid paralysis of one or more limbs with decreased or absent reflexes in the affected limbs, without other apparent cause, and without sensory or cognitive loss (as reported by a physician.) Up to 95% of all poliovirus infections are asymptomatic; less than 1% of all polio infections result in flaccid paralysis. For those cases, only symptomatic treatment is available, ranging from pain and fever relief to intubation and mechanical ventilation for those with respiratory insufficiency.

Sources: Since 1979, transmission of wild poliovirus has been interrupted in the US. All US wild-type polio cases since that time have been imported from areas of the world with endemic polio. Transmission of vaccine-associated paralytic polio in the US, associated with use of oral polio vaccine (OPV), greatly decreased following the adoption of an all injectable-polio vaccine (IPV) schedule in 1999. **Additional Risks:** Infected persons without symptoms shed virus in the stool and are able to transmit the virus to others. Travelers to countries where polio is endemic (Nigeria, India, Pakistan, Afghanistan, Niger, and Egypt) or where outbreaks are occurring should be made aware of the risk for acquiring paralytic polio in those countries and be immunized in accordance with current recommendations. **Prevention:** Polio is primarily prevented through use of IPV as part of the childhood immunization schedule. Health-care providers assessing vaccine needs for unimmunized adults traveling to countries that use OPV should be aware of the risk that OPV might pose to such travelers and should consider offering them polio vaccine. At least 4 to 6 weeks before departure, international travelers should contact travel medicine providers to obtain immunizations and prophylactic medications.

Recent South Carolina trends: There have been no cases of polio in the US since 1979.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported

Psittacosis

Cause: Bacterium *Chlamydophila* (previously *Chlamydia*) *psittaci*.

Illness and treatment: Abrupt onset of fever, chills, headache, and nonproductive cough, shortness of breath and pneumonia. Disease is usually mild to moderate in severity, although symptoms are more likely to progress in elderly and immunocompromised patients. Antibiotic therapy is indicated for treatment.

Sources: Psittacine birds (Parrots, parakeets, and cockatiels) are common sources, with turkeys, pigeons, canaries, and seabirds being less common sources. Birds may be asymptomatic carriers. Latent infections in birds may be activated by stress. Infection in humans usually occurs via inhalation of organisms from aerosolized dried feces or respiratory tract secretions of infected birds.

Prevention: Avoid purchasing or selling birds that appear ill; practice preventive husbandry; and wear personal protective equipment (gloves, masks, and clothing) when cleaning cages or handling infected birds. If respiratory or influenza-like symptoms occur after bird caretaking, seek medical attention and report bird contact.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported



Potential Agent of Bioterrorism: Classified as a "Category B" biological threat by the CDC.

Q Fever

Cause: Q fever is a zoonotic disease caused by the obligate intracellular rickettsial agent *Coxiella burnetii*.

Illness and treatment: Though roughly 50% of infections are asymptomatic, acute cases of Q fever typically begin with sudden onset of one or more of the following: high fevers (up to 104-105°F), severe headache, general malaise, myalgia, chills and/or sweats, non-productive cough, nausea, vomiting, diarrhea, abdominal pain, chest pain. Fever usually lasts for 1 to 2 weeks with thirty to fifty percent of patients with a symptomatic infection developing pneumonia. Antibiotic therapy is the indicated treatment and is most effective when initiated within the first 3 days of illness.

Sources: Cattle, sheep, and goats are common reservoirs of *C. burnetii*, and the bacteria shed from these animals are responsible for most human infections.

Additional risks: Humans are often highly susceptible to the disease, and very few organisms (as few as 1-10 *C. burnetii* organisms) may be required to cause infection. It can be aerosolized and inhalation is the primary route of infection for humans. Q fever outbreaks have resulted mainly from occupational exposure involving veterinarians, meat processing plant workers, sheep and dairy workers, livestock farmers, and researchers at facilities housing sheep.

Prevention: Appropriately dispose of placenta, birth products, fetal membranes, and aborted fetuses at facilities housing sheep and goats. Restrict access to barns and laboratories used in housing potentially infected animals. Use only pasteurized milk and milk products. Educate the public on exposures.

2010 SC Incidence: 2 cases reported

2011 SC Incidence: 4 cases reported



Potential Agent of Bioterrorism: Classified as a "Category B" biological threat by the CDC.

Rabies (human)

Cause: Rabies virus.

Illness and treatment: Initial neurologic symptoms include: headache, fever, malaise, apprehension, subtle personality changes, and abnormal skin sensation often affecting the site of the bite. Progressive encephalomyelitic symptoms almost always develop, including: seizures, excessive salivation, hydrophobia, delirium, agitation, and paralysis. Symptomatic illness is considered fatal; however, a novel experimental treatment, the "Wisconsin Protocol", has resulted in survival in one person in the USA and 2 others internationally.

Sources: In the United States, wild animals are the primary reservoirs for the Rabies virus, due to extensive vaccination efforts in dogs. In South Carolina, raccoons are the primary reservoir for the Rabies virus; skunks, foxes, and bats are additional vector species in this State. In other regions of the USA, skunks, foxes, or bats are the most common reservoir species for Rabies transmission in that area.

In developing nations, dogs are the main reservoir for Rabies transmission. The World Health Organization estimates that approximately 55,000 people die from Rabies each year. Most of these deaths occur in Asia and Africa; and, over 80% of them occur in children. Rabies is transmitted when saliva or central nervous system tissue from an infected animal is deposited in a new victim via either a bite wound, entry through breaks in the skin or mucous membranes, or inhalation. Person to person transmission has been documented extremely rarely by tissue/organ transplantation in this country.

Prevention: Rabies Post-exposure Prophylaxis therapy (vaccine and immunoglobulin) must be obtained after exposure to a known or suspect rabid animal. Certain

high risk groups should have pre-exposure vaccination, such as veterinarians, wild life workers, and virology laboratorians. Rabies vaccinations for dogs, cats, ferrets, horses, and ruminants (cattle, sheep, and goats) should be kept current. Humans should avoid contact with unfamiliar animals, as well as restrict bat entry into homes, schools, and workplaces.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 1 case reported

Rocky Mountain Spotted Fever

Cause: *Rickettsia rickettsii*

Illness and treatment: Disease onset is usually seven days after exposure. Symptoms and signs include: fever, headache, malaise, myalgia, nausea/vomiting, neurologic signs. Rash appears 4-7 days after onset. The illness can last as long as three weeks and can be severe; Rocky Mountain Spotted fever may be fatal in 20% of untreated cases. Treatment is with antibiotics.

Sources: Transmission occurs by the bite of an infected tick.

Prevention: Prevention of tick bites is the best way to avoid disease: wear light-colored clothing to better visualize ticks, tuck pants into socks so that ticks cannot crawl inside clothing, apply repellents (those containing permethrin can be sprayed on boots and clothing and last for days, those containing DEET can be applied to the skin and last only a few hours), search the body for ticks, remove ticks immediately.

2010 SC Incidence: 19 cases reported (<1 case/100,000 population)

2011 SC Incidence: 38 cases reported (<1 case/100,000 population)

Rubella

Cause: Rubella virus.

Illness and treatment: Acquired rubella is usually mild, with fever and rash, although half of cases are inapparent. Adults may have arthritis or rarely encephalitis. Congenital rubella from infection during pregnancy may cause congenital malformations (most often deafness) or fetal death. Pregnant women may receive immune globulin treatment to prevent congenital rubella.

Sources: Humans are the reservoir. Transmission is airborne or through respiratory droplets. Infected infants may shed for extended periods. Additional risks: Adult women are more likely to have arthritis and adults to have encephalitis.

Prevention: Immunize all persons to prevent infection. Use respiratory hygiene/cough etiquette to prevent transmission.

Recent South Carolina trends: During the 10-year period in South Carolina from 1996-2006, no cases of rubella have been reported.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 1 case reported

Salmonellosis

Cause: One of the many serotypes of the bacteria Salmonella (Non-typhoidal).

Illness and treatment: Non-typhoidal Salmonella can range from asymptomatic carriage to gastroenteritis or bacteremia. Common symptoms include diarrhea, abdominal cramps and fever. Most infections are self-limiting and do not require treatment.

Sources: Poultry, livestock and reptiles are the common reservoirs. Pets can also be infected.

Infected animals are often asymptomatic. However, many human infections result from consumption of contaminated food. Commonly implicated food items include: poultry, eggs and unpasteurized dairy products. However, in recent years outbreaks have been caused by unlikely sources such as produce and peanut butter. Cross-contamination of ingredients along the farm to table continuum are the likely explanation for such events.

Additional risks: Children under 5 years of age and those with weakened immune systems are at increased risk for infection. Contact with reptiles is an important contributing factor to many infections in young children. Families with young children should be discouraged from owning reptiles as pets. **Prevention:** Avoid eating undercooked meat and unpasteurized dairy products. Avoid cross-contamination by thoroughly cleaning cutting boards and counters used for raw meats. Wash hands after handling animals or raw poultry. Avoid swallowing water during recreational water use. Thoroughly wash produce prior to ingestion. Young children should avoid contact with reptiles.

Recent South Carolina trends:) Salmonellosis was diagnosed most frequently in children under 2 years of age.

The DHEC Bureau of Laboratories serotypes all received isolates and the five most common serotypes are as follows:

2010 Top 5 Serotypes (% 1578 specimens serotyped): Javiana 30.4%, Newport 21.7%, Enteritidis 10.5%, Typhimurium 9.9%, Salmonella enterica (serovar 1 13,23,: b : -) 6.5%

2010 SC Incidence: 1761 cases were reported (38.1 cases/100,000 population)

2011 Top 5 Serotypes (% of 1537 specimens serotyped): Javiana 24.7%, Newport 21.4%, Typhimurium 9.8%, Enteritidis 9.1%, Salmonella enterica (serovar 1 13,23,: b : -) 4.9%

2011 SC Incidence: 1589 cases were reported (34 cases/100,000 population)

St. Louis Encephalitis

Cause: St. Louis Encephalitis Virus of the genus Flavivirus

Illness and treatment: The clinical spectrum for the St. Louis encephalitis varies: many people develop asymptomatic infection, some develop mild illness (fever and headache), and others develop severe infection (headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, occasional convulsions (especially in infants) and spastic (but rarely flaccid) paralysis). The incubation period ranges between 5 - 15 days. Treatment is supportive.

Sources: Transmission of St. Louis virus occurs primarily through Culex mosquito bites. Mosquitoes feed on infected birds and then transmit the virus to humans.

Prevention: Avoiding mosquito bites is the best prevention. Drain areas of standing water around the house to eliminate mosquito breeding. Use insect repellents on skin (containing DEET, picaridin, oil of eucalyptus) and/or on clothes (containing DEET, picaridin). Avoid being outdoors during the times when mosquitoes are seeking a blood meal (usually dusk to dawn). Dress in long sleeves and long pants. Inspect screens on doors and windows for holes in order to stop mosquitoes entrance in the homes.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported

Scombroid Fish Toxin

Cause: High levels of histamine in fish tissue of the Scombridae family caused by bacteria

Illness and treatment: Scombroid fish toxin, or histamine fish toxin, is a foodborne illness. The onset of symptoms occurs usually 10-30 minutes after eating poisoned fish. Patients may experience nausea, abdominal pain, diarrhea, facial flushing, headache, vomiting, tingling and numbness of the mouth, and a sense of anxiety/unease. Sometimes people report a peppery, bitter or

metallic taste of the fish. The illness is of short duration, and the majority of patients have mild symptoms. Treatment is generally unnecessary, but in serious cases and people with underlying medical conditions require medical treatment.

Sources: Common sources of scombroid fish poisoning are tuna, mackerel, bonito, and skipjack. Sometimes other fish have been implicated in scombroid fish poisoning: bluefish, mahi mahi, marlin, and escolar. When these types of fish are handled inappropriately (inadequately cooled or thawed) from the time of catch until cooking, bacteria begins to break down fish protein and produce high levels of histamine. Contaminated fish will not show any outward signs of the toxicity. Given that histamines are heat-resistant, they are not destroyed by cooking. Histamine levels may be unevenly distributed throughout the fish, and there are individual differences in the sensitivity to histamine. Therefore, people who share a portion of contaminated fish may show a wide range of symptoms.

Prevention: Refrigerate fish at 41 F or less from the time of catch until cooking. Purchase fish only from reputable retail outlets. Avoid eating fish with a bad odor or taste.

Recent South Carolina trends: Since 2005, four cases of scombroid fish poisoning have been reported.

2010 SC Incidence: 1 case reported

2011 SC Incidence: 1 case reported

Shigellosis

Cause: One of the species of the bacteria Shigella. *S. sonnei* is the most common in the United States. **Illness and treatment:** Symptoms generally include diarrhea, abdominal cramps and fever. Diarrhea is often bloody. Asymptomatic carriage is also possible. Most infections are self-limiting and do not require treatment.

Sources: Humans are natural host and transmission is usually fecal-oral person-to-person transmission. Most outbreak-related cases involve childcare center attendees or workers. Contaminated food and water can also cause illness.

Additional risks: Outbreaks have also occurred among men who have sex with men.

Prevention: Wash hands before eating, after using the bathroom and after diapering small children. Parents and childcare workers should pay close attention to the hand hygiene of small children. Dispose of soiled diapers promptly and properly. Report cases to the local health department to assist in outbreak detection and control.

Recent SC Trends: Shigellosis was diagnosed most frequently in children under 10 years of age.

2010 SC Incidence: 73 cases were reported (1.6 cases/100,000 population)

2011 SC Incidence: 141 cases were reported (3.0 cases/100,000 population)

Smallpox

Cause: *Variola* virus

Illness and Treatment: Smallpox has two main forms: *variola major* and *variola minor*, both forms with similar lesions, which progress from macules to papules to vesicles to pustules. All lesions in a given area progress at the same rate through these stages. From 8 to 14 days after the onset of symptoms, the pustules form scabs, which leave depressed depigmented scars upon healing. The disease follows a milder course in *variola minor*, which has a case-fatality rate of less than 1 per cent. The fatality rate of *variola major* is around 30%. There are also two rare forms of smallpox: hemorrhagic and malignant, both almost invariably fatal. There are no proven treatments for clinical smallpox; medical care is generally supportive. Vaccination can prevent or lessen the

severity of disease if given within 2-3 days of the initial exposure and decreases symptoms if given within the first week of exposure.

Sources/Prevention: Smallpox was declared eradicated in 1979, but preventive measures are still used due to the possibility of its use as a weapon of bioterrorism (BT.) Limited vaccination was resumed in the US in 2002 for persons who would respond to a BT event, care for patients, or handle laboratory samples. In the event of an outbreak, vaccine, vaccinia-immune globulin (if available), and social distancing measures would be first employed to contain the spread of disease.

Recent SC trends: No case of smallpox has occurred in the US since 1949. The last known natural case was in Somalia in 1977.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported



Potential Agent of Bioterrorism: Classified as a "Category A" biological threat by the CDC.

Streptococcal disease, Group A

Cause: Group A Streptococcus (GAS), also known as *Streptococcus pyogenes*.

Illness and treatment: Causes a spectrum of diseases that includes a variety of respiratory and cutaneous and deep soft tissue infections (e.g., myositis or necrotizing fasciitis) as well as invasive infections such as meningitis, peritonitis, neonatal sepsis. GAS can also lead to acute rheumatic fever or glomerulonephritis. GAS infections can be treated with many different antibiotics

Sources: These bacteria are spread through direct contact with mucus from the nose or throat of persons who are infected or through contact with infected wounds or sores on the skin.

Additional risks: Although healthy people can get invasive GAS disease, people with chronic illnesses or compromised immune status, and those who use medications such as steroids have a higher risk. Persons with open skin lesions, the elderly, and adults with a history of alcohol abuse or injection drug use also have a higher risk for disease.

Prevention: The spread of all types of GAS infection can be reduced by good hand washing, especially after coughing and sneezing and before preparing foods or eating. Persons with sore throats should be seen by a doctor who can perform tests to find out whether the illness is strep throat.

2010 SC Incidence: 110 cases reported (2.4 cases/100,000 population)

2011 SC Incidence: 112 cases reported (2.4 cases/100,000 population)

Streptococcal disease, Group B

Cause: Group B Streptococcus (GBS), also known as *Streptococcus agalactiae*.

Illness and treatment: Group B strep is the most common cause of sepsis (blood infection) and meningitis (infection of the fluid and lining around the brain) in newborns. Group B strep is a frequent cause of newborn pneumonia and is more common than other, more well-known, newborn problems such as rubella, congenital syphilis, and spina bifida. Group B strep bacteria are usually treated with penicillin or other common antibiotics.

Sources: About half of the cases of group B strep disease among newborns happen in the first week of life ("early-onset disease"), and most of these cases start a few hours after birth. Sepsis, pneumonia (infection in the lungs), and meningitis (infection of the fluid and lining around the brain) are the most common problems.

Additional risks: The rates of serious group B strep infections are much higher among newborns than among any other age group. Nonetheless, serious group B strep infections occur in other age

groups in both men and women. Among non-pregnant adults, rates of serious disease range from 4.1 to 7.2 cases per 100,000 population.

Prevention: Most early-onset group B strep disease in newborns can be prevented by giving pregnant women antibiotics (medicine) through the vein (IV) during labor. Antibiotics help to kill some of the strep bacteria that are dangerous to the baby during birth.

2010 SC Incidence: 56 cases reported (1.2 cases/100,000 population).

2011 SC Incidence: 47 cases reported (1.0 cases/100,000 population).

Streptococcus Pneumoniae, Invasive Disease

Cause: Bacterium *Streptococcus pneumoniae*. At least 90 serotypes have been identified.

Illness and treatment: A leading cause of illness in young children and causes illness and death among the elderly and persons who have certain underlying medical conditions. Invasive infection causes pneumonia, meningitis, or bacteremia (bloodstream infection). However, non-invasive disease is also very common, leading to ear infections, sinusitis, and conjunctivitis. Treatment is with antibiotics.

Sources: Transmission is from person to person by respiratory droplets. Many people are carriers (in the nasopharynx) of the bacteria. In children, carriage rates range from 21% to 59%.

Additional risks: People with certain medical problems are at higher risk for infection (e.g. sickle cell disease, HIV infection). Rates of infection are also high in infants and young children, elderly, and some ethnic groups (African Americans, Alaskan Natives and some Native American populations).

Prevention: Vaccinate with pneumococcal polysaccharide vaccine in all adults 65 years and older, and those 2 years and older with high risk medical conditions. Children 2 through 59 months of age should receive primary series and catch-up vaccination with pneumococcal conjugate vaccine.

2010 SC Incidence: 527 cases reported (11.6 cases per 100,000 population)

2011 SC Incidence: 462 cases reported (10.0 cases per 100,000 population)

Syphilis

Cause: Spirochete *Treponema pallidum*.

Illness and treatment: The disease has 4 stages. Primary syphilis involves a painless ulcer at the site of infection. Secondary syphilis involves fever, diffuse rash, headache, hair loss, and muscle aches. Early latent and late/late latent syphilis, which are infections acquired in the past, can result in damage to the brain, heart, or other organs. Congenital syphilis may result in organ damage and bone deformities. Antibiotics treat the infection but organ damage is permanent.

Sources: Syphilis is sexually transmitted or acquired before birth.

Additional risks: Risk for syphilis is higher among men who have sex with men.

Prevention: Use safe sexual practices to reduce transmission.

Recent South Carolina trends: Since 2004, approximately 461 cases were reported each year.

2010 SC Incidence: 479 cases were reported (10.5 cases/100,000 population).

2011 SC Incidence: 462 cases reported (10.0 cases per 100,000 population)

Tetanus

Cause: Toxin produced by the bacterium *Clostridium tetani*.

Illness and treatment: Most cases are generalized, starting with trismus (lockjaw) followed by painful spasms of the skeletal muscles that can cause fractures or impair breathing and result in death. Treatment is with human tetanus immune globulin, antibiotics, wound care, and supportive care. **Sources:** Tetanus cannot be passed from person to person. Tetanus spores are found in soil, and in animal and human feces. Spores can grow in a wound, even a minor one. Puncture wounds

and wounds with a significant amount of tissue injury are more likely to be infected.

Additional risks: Older adults may not have received primary vaccination series, putting them at risk for developing the disease.

Prevention: Immunize all persons with primary series and adult booster doses to prevent infection.

Recent SC Trends: The last reported case prior to 2011 was in 1996.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 1 case reported

Toxic shock syndrome (Staphylococcal or streptococcal)

Cause: Endotoxin toxic shock syndrome toxin-1 (TSST-1) is the major toxin produced by strains of *Staphylococcus aureus* that are responsible for causing TSS. *Streptococcus pyogenes* exotoxin A (SPEA) and *S. pyogenes* exotoxin B (SPEB) are the major toxins that mediate streptococcal toxic shock syndrome. **Illness and treatment:** Toxic shock syndrome (TSS) is a toxin-mediated disease characterized by fever, rash, hypotension, constitutional symptoms, and multiorgan involvement. Treatment includes: Fluid management to maintain adequate venous return and cardiac filling pressures to prevent end-organ damage, parental antimicrobial therapy at maximum doses, and IG intravenous.

Sources: *S. aureus* commonly colonizes skin and mucous membranes in humans. TSS has been associated with use of tampons and intravaginal contraceptive devices in women and occurs as a complication of skin abscesses or surgery.

Additional risks: Menstruating women, women using barrier contraceptive devices, persons who have undergone nasal surgery, and persons with postoperative staphylococcal wound infections.

Prevention: The bacteria that cause toxic shock syndrome can be carried on unwashed hands and prompt an infection anywhere on the body. So hand washing is extremely important. The best defense against STSS is to clean and bandage all skin wounds as quickly as possible

2010 SC Incidence: 2 cases reported (both staph-associated)

2011 SC Incidence: 6 cases reported (4 staph- and 2 strep-associated)

Trichinosis (Trichinellosis)

Cause: Intestinal roundworm *Trichinella spiralis*.

Illness and treatment: Ingested larvae migrate and become encapsulated in muscle. Infection ranges from asymptomatic to severe, depending on the dose. Diarrhea may occur first. There is usually sudden onset of muscle pain, swelling of the upper eyelids, and recurring fever. Death can result from damage to heart muscle. Treatment depends on the stage of illness at diagnosis.

Sources: The infection is caused by ingesting raw or insufficiently cooked meat from infected animals. Historically, undercooked pork was a risk. Wild game is now the most likely exposure in North America. There is no person-to-person spread.

Additional risks: Freezing meat will not necessarily inactivate larvae of arctic strains.

Prevention: Cook or irradiate all wild game to reliably kill larvae. Regulations to prevent trichinosis require the cooking of garbage and offal fed to swine.

2010 SC Incidence: 0 cases reported.

2011 SC Incidence: 0 cases reported.

Tuberculosis

Cause: Tuberculosis (TB), a communicable disease caused by *Mycobacterium tuberculosis*, is primarily found in the lungs, but the bacteria can attack any part of the body.

Illness and treatment: Once a person is exposed and infected, the TB bacterium can remain dormant, also called latent TB infection (LTBI), or it can progress to active TB disease. LTBI progresses more rapidly to TB disease in persons with a weakened immune system. Active TB disease, if not treated properly, can be fatal. A standard four drug regimen is used for 6 – 9 months. Multi-drug resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) require the use of 2nd line drugs with extended treatment up to 24 months.

Sources: Transmission of TB occurs by the expectoration of droplets into the air from a person with active pulmonary disease and the subsequent inhalation of these aerosolized droplets by another person. **Additional risks:** In both 2007 and 2008, fifteen persons were found to have resistance to at least one drug and three persons met the definition of multi-drug resistant tuberculosis (MDR-TB). The risk of becoming infected and progressing to TB disease is higher for persons with HIV/AIDS coinfections, compromised immune status, illegal drug use, and those residing in institutional settings or homeless. **Prevention:** If a person believes they have been exposed to someone with TB disease, they should consult their doctor or local health department about getting a TB skin test or a special TB blood test. Persons, especially those traveling to countries with high rates of tuberculosis, should take precautions to prevent exposure to known persons with TB disease.

2010 SC Incidence: 153 cases were verified.

2011 SC Incidence: 140 cases were verified.

Tularemia

Cause: Bacterium *Francisella tularensis*.

Illness and treatment: Symptoms include: high fever, malaise, swollen lymph nodes, skin ulcers, eye infection, sore throat, abdominal pain, nausea, diarrhea and pneumonia, and sepsis. Treatment requires antibiotics and supportive care.

Sources: The reservoir is wild mammals (especially rabbits, hares, voles, squirrels, muskrats, and beavers). Infection can occur through direct contact with an infected animal, an arthropod (tick, deerfly) bite, ingestion of contaminated raw meat or water, or inhalation (during outdoor work or with improper handling of cultures in laboratories). In the US, organism is found more commonly in the western states. **Prevention:** Wear gloves if skinning wild game, and keep hands or gloves away from the eyes. Drink only treated water when in wilderness areas. In endemic areas avoid tick and insect bites.

2010 SC Incidence: 0 cases reported.

2011 SC Incidence: 0 cases reported.



Potential Agent of Bioterrorism: Classified as a "Category A" biological threat by the CDC.

Typhoid Fever (Salmonella Typhi)

Cause: Bacterium *Salmonella typhi*.

Illness and treatment: Onset of symptoms is usually gradual and includes fever, headache, malaise, abdominal pain, constipation or diarrhea, and in some cases rash. Disease ranges from mild to severe, sometimes resulting in death. Prolonged carriage following illness is possible, particularly among children under 5 years of age.

Sources: Humans are the only reservoir. Disease results from direct contact with stool of an infected person (either symptomatic or carrier state). Food and water can also become contaminated. Although disease is rare in the United States, *S. typhi* is endemic in the developing world. International travel accounts for 75% of cases reported in the United States.

Additional risks: Due to possibility of prolonged carriage and disease severity, culturing patients to confirm clearance of the infection is recommended.

Prevention: Vaccine is recommended for those travelling to countries with endemic disease. Additionally, hand washing and observation of the food and water safety rule of "Boil it, cook it, peel it, or forget it" can prevent disease.

Recent South Carolina trends: Each year approximately 0-5 cases are reported. Most cases reported have history of international travel.

2010 SC Incidence: 1 case reported

2011 SC Incidence: 1 case reported

Typhus Fever

Cause: Rickettsial organism *Rickettsia prowazekii*.

Illness and treatment: Louseborne typhus is characterized by fevers, chills, headache, muscle aches, and a macular rash. Rash usually appears on the 5th to 6th day of infection on the upper trunk, and spreads to the remainder of the body, generally sparing the face, palms, and soles. Epidemics may occur during times of wars or famine due to substandard hygienic living conditions. Antibiotic therapy is the indicated treatment.

Sources: Humans are the reservoir and the body louse is the vector for louse-borne typhus. Flying squirrels in the US constitute a zoonotic reservoir for human disease; serologic evidence exists that contact with the squirrel flea may be the vector of transmission to humans in this case. Human infection is acquired by rubbing louse feces into a bite or other fresh skin wound, or inhalation of louse feces. **Additional risks:** Most cases occur in southern California, southern Texas, the Gulf Coast, and Hawaii. **Prevention:** Keep rodents, especially rats, away from human habitations.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported



Potential Agent of Bioterrorism: Classified as a "Category B" biological threat by the CDC.

Vancomycin Intermediate *S. aureus* (VISA)

Cause: Vancomycin intermediate *Staphylococcus aureus* bacteria. VISA are antimicrobial-resistant bacteria.

Illness and treatment: *Staphylococcus aureus* bacteria are common on the skin and in the nose of about 30% of individuals. Most of the time, these antibiotic-resistant bacterium do no harm. However, sometimes staph bacteria can get into the bloodstream and cause serious infections which can be fatal. VISA can cause skin infections, abscesses, pneumonia, and infection of the heart valves or bones. VISA infections are rare and can be treated with FDA approved drugs.

Sources: Transmission occurs among people having contact with infected patients or contaminated material.

Additional risks: Persons with underlying health conditions such as diabetes and kidney disease, previous infections with methicillin-resistant *Staphylococcus aureus* (MRSA), recent hospitalizations, recent exposure to vancomycin or other antibiotics, use of tubes (e.g., catheters) going into their bodies.

Prevention: Use appropriate infection control practices (gloves, hand hygiene).

2010 SC Incidence: 0 reported

2011 SC Incidence: 3 reported

Varicella

Cause: Varicella zoster virus.

Illness and treatment: Varicella (chickenpox) infection leads to a highly contagious itchy, blister-like skin rash covering the body. The varicella rash is usually more concentrated on the face, scalp and trunk. Most infected individuals have fever, which develops just before or when the rash appears. If exposed, persons who have been vaccinated against the disease may get a milder illness, with less severe rash and mild or no fever. Treatment is usually supportive care only; but in certain cases antiviral drugs can be used.

Sources: Transmission is from person to person by direct contact, or through the air from an infected person's coughing and sneezing, or from inhaling droplets of the virus from the fluid-filled blisters.

Additional risks: Outbreaks have been occurring primarily among students in elementary schools who often have received only 1 dose of the varicella vaccine. It is expected that as more children become protected with 2 doses of the vaccine, cases and outbreaks will decline further.

Prevention: Once a universal childhood illness in the United States, cases of varicella have decreased 85% since the varicella vaccine became available in 1995. The 2007 recommendation for 2 doses of varicella vaccine is expected to help decrease cases and outbreaks.

Recent South Carolina trends: In 2006, there were 1,228 cases (28.4 cases per 100,000 population). In 2009, varicella became reportable only in instances of outbreaks, hospitalizations, and deaths. Along with recommendations for a second dose of varicella vaccine for children, this change accounts for the significant decrease in case numbers.

2010 SC Incidence: 83 cases reported (1.8 cases per 100,000 population)

2011 SC Incidence: 13 cases reported (<1 case/100,000 population)

Vibrio Infection (non Cholera)

Cause: One of the species of the bacteria *Vibrio* (non Cholera). The most common are *V. parahaemolyticus* and *V. vulnificus*.

Illness and treatment: Symptoms include watery diarrhea, abdominal cramps, nausea, fever, vomiting and chills. Wound infections are also possible. Most disease is self-limiting but severe disease and septicemia, including death can occur in persons with weakened immune systems.

Sources: Non-cholera *Vibrio* species naturally inhabit marine environments, especially during warmer months. Most cases result from consumption of undercooked shellfish, specifically oysters. Wound infections occur from exposing open wounds to seawater, or less commonly from sustaining an injury while underwater or while shucking oysters.

Additional risks: Patients with compromised immune systems should be warned not to consume raw or undercooked shellfish, specifically oysters.

Prevention: Consume only thoroughly cooked shellfish, including oysters. Wash hands after handling raw seafood and take care not to sustain injury while shucking oysters. Do not enter ocean with open wounds.

Recent South Carolina trends: Each year fewer than 20 cases are reported. Approximately half the cases are due to wound infection. The remaining half of cases usually report consumption of raw oysters. Commonly, only cases with systemic disease are tested and reported so this is a likely underestimation of cases of self-resolving gastrointestinal illness.

2010 SC Incidence: 16 cases reported (<1.0 case/100,000 population)

2011 SC Incidence: 11 cases reported (<1.0 case/100,000 population)

Viral Hemorrhagic Fever

Source: Viral hemorrhagic fever (VHF) refers to a group of diseases that are caused by four distinct families of viruses: filoviruses, e.g. Ebola; arenaviruses, e.g. Lassa; bunyaviruses; and flaviviruses. **Cause:** The viruses carried in rodent reservoirs are transmitted when humans have contact with urine, fecal matter, saliva, or other body excretions from infected rodents. The viruses associated with arthropod vectors are spread most often when the vector mosquito or tick bites a human. Person-to-person transmission may occur by contact with infected blood and body fluids.

Illness and Treatment: In general, the term "viral hemorrhagic fever" is used to describe a severe multisystem syndrome. Specific symptoms vary by the type of VHF, but initial symptoms often include marked fever, fatigue, dizziness, muscle aches, loss of strength, and exhaustion. Patients with severe cases of VHF often show signs of bleeding under the skin, in internal organs, or from body orifices like the mouth, eyes, or ears. Critically ill patients may also show shock, nervous system malfunction, coma, delirium, seizures, and death. Patients receive supportive therapy, but generally speaking, there is no other treatment or established cure for VHFs. Ribavirin, an anti-viral drug, has been effective in treating certain viruses.

Prevention: Viruses associated with most VHFs are zoonotic, that is, the viruses naturally reside in an animal reservoir host (mainly rodents) or arthropod vector. They are totally dependent on their hosts for replication and overall survival, therefore controlling pest populations and utilizing insect repellent and exposure control methods such as proper clothing and window screens is essential. For VHFs that can be transmitted person-to-person, avoid close physical contact with infected persons and their body fluids. No vaccines exist that can protect against any VHF.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported



Classified as a Category "A" biological threat by the CDC.

West Nile Virus (WNV)

Cause: West Nile Virus, an RNA flavivirus.

Illness and treatment: The clinical spectrum for the WNV infection varies: 80% develop asymptomatic infection, 20% have mild illness (fever and headache), and only <1% experience neuroinvasive disease (aseptic meningitis, encephalitis, or flaccid paralysis). The incubation period ranges between 2-14 days, and can be up to 21 days in immunocompromised people. Treatment is supportive. The virus causes a disease also in horses, birds, dogs and cats.

Sources: Transmission of WNV occurs primarily through *Culex* mosquito bites. Mosquitoes feed on infected birds and then transmit the virus to humans.

Additional risks: Other possible methods of transmission: blood transfusion, organ transplant. The level of virus transmission between bird and mosquito population is higher in months with warmer temperatures.

Prevention: Avoiding mosquitoes bites is the best prevention. Drain areas of standing water around the house to eliminate mosquito breeding. In areas with WNV infected mosquitoes, use

insect repellants on skin (containing DEET, picaridin, oil of eucalyptus) and/or on clothes (containing DEET, picaridin). Avoid being outdoors during the times when mosquitos are seeking a blood meal (usually dusk to dawn). Dress in long sleeves and long pants. Inspect screens on doors and windows for holes to stop mosquitoes entrance in the homes. There is vaccine available to protect horses.

Recent South Carolina trends: Since 2002, 16 cases of WNV encephalitis and 13 cases of WNV fever were reported.

2010 SC Incidence: 1 case of WNV encephalitis was reported and 0 cases of WNV fever were reported.

2011 SC Incidence: 0 cases of WNV encephalitis were reported and 1 case of WNV fever was reported.

Yellow Fever

Source: Yellow fever virus, a flavivirus.

Illness and Treatment: Illness ranges in severity from an influenza-like syndrome to severe hepatitis, hemorrhagic fever, and death. Many yellow fever infections are mild, but the disease can cause severe, life-threatening illness. Symptoms of severe infection are high fever, chills, headache, muscle aches, vomiting, and backache. After a brief recovery period, the infection can lead to shock, bleeding, and kidney and liver failure. Liver failure causes jaundice (yellowing of the skin and the whites of the eyes), which gives yellow fever its name. Severe yellow fever infections can be fatal. There is no specific treatment for yellow fever. Treatment is symptomatic-rest, fluids, and ibuprofen, naproxen, acetaminophen, or paracetamol may relieve symptoms of fever and aching. Aspirin should be avoided. **Cause:** Bite of an infected mosquito.

Additional Risks: Yellow fever is endemic to only Africa and South America. In Africa the virus is transmitted in three geographic regions: in the humid savanna zones of West and Central Africa during the rainy season, in urban locations and villages, and finally, to a lesser extent, in jungle regions. In South America sporadic infections occur almost exclusively in forestry and agricultural workers from occupational exposure in or near forests. Most countries have regulations and requirements for yellow fever vaccination that must be met prior to entering the country.

Prevention: Yellow fever is preventable by a relatively safe, effective vaccine. General precautions to avoid mosquito bites should be followed, including the use of insect repellent, protective clothing, and mosquito netting.

2010 SC Incidence: 0 cases reported

2011 SC Incidence: 0 cases reported

Yersiniosis

Cause: Bacteria of the genus *Yersinia*, most commonly *Y. enterocolitica*.

Illness and treatment: Infection with *Y. enterocolitica* occurs most often in young children. Common symptoms in children are fever, abdominal pain, and diarrhea, which is often bloody. Symptoms typically develop 4 to 7 days after exposure and may last 1 to 3 weeks or longer. In older children and adults, right-sided abdominal pain and fever may be the predominant symptoms, and may be confused with appendicitis. In a small proportion of cases, complications such as skin rash, joint pains, or spread of bacteria to the bloodstream can occur. Uncomplicated cases of diarrhea due to *Y. enterocolitica* usually resolve on their own without antibiotic treatment. However, in more severe or complicated infections, antibiotic therapy may be indicated.

Sources: Infection is most often acquired by eating contaminated food, especially raw or undercooked pork products. The preparation of raw pork intestines (chitterlings) may be particularly risky. Drinking contaminated unpasteurized milk or untreated water can also transmit the infection. Occasionally *Y. enterocolitica* infection occurs after contact with infected animals. On rare occasions, it can be transmitted as a result of the bacterium passing from the stools or soiled fingers of one person to the mouth of another person.

Prevention: Avoid eating raw or undercooked pork. Consume only pasteurized milk or milk products. Wash hands with soap and water before eating and preparing food, after contact with

animals, and after handling raw meat. After handling raw chitterlings, clean hands and fingernails scrupulously with soap and water before touching infants or their toys, bottles, or pacifiers. Someone other than the food handler should care for children while chitterlings are being prepared. Prevent cross-contamination in the kitchen.

Recent South Carolina trends: Yersiniosis was added to the List of Reportable Conditions in 2006, with ten (10) cases being reported that year.

2010 SC Incidence: 4 cases reported (<1.0 case/100,000 population)

2011 SC Incidence: 5 cases reported (<1.0 case/100,000 population)

Outbreak Investigations, 2010

DHEC categorizes outbreaks based on etiologic agent identified as well as mode of transmission and outbreak venue. In 2010, of the 137 outbreaks investigated, 109 (80%) had an etiologic agent identified. The following tables detail the findings for 2010 by etiologic agent identified (Table 1), modes of transmission (Table 2) and outbreak venue (Table 3).

Table 1: Outbreaks by Etiologic Agent, 2010

Etiologic Agent	Count	Percent
Norovirus GII	59	43.1%
Unknown Enteric	27	19.7%
Pertussis	16	11.7%
Salmonellosis	6	4.4%
Varicella	5	3.6%
Norovirus GI	4	2.9%
Influenza (seasonal)	2	1.5%
<i>C. perfringens</i>	2	1.5%
Shigellosis	2	1.5%
Influenza (novel)*	1	0.7%
Scabies	1	0.7%
Campylobacteriosis	1	0.7%
Hepatitis A	1	0.7%
Unknown Respiratory	1	0.7%
Cryptosporidiosis	1	0.7%
Legionellosis	1	0.7%
MRSA	1	0.7%
<i>S. aureus</i>	1	0.7%
Metapneumo virus	1	0.7%
Bed bugs	1	0.7%
Elevated lead levels	1	0.7%
Scobroid toxin	1	0.7%
Foreign substance	1	0.7%
Total	137	100.0%

*During the response to the 2009 H1N1 pandemic, individual outbreak numbers were not assigned to H1N1-related outbreaks beyond the initial response phase. Therefore, the number provided above is based upon responses during the early stages of the response to 2009 H1N1 and not to each discrete outbreak which occurred during the 2009 H1N1 influenza pandemic, which extended into Jan 2010.

Table 2: Outbreaks by Mode of Transmission, 2010

Mode of Transmission(s)	Count	Percent
Person-to-Person	61	44.5%
Person-to-Person/Environmental	42	30.7%
Person-to-Person/Respiratory	16	11.7%
Foodborne	8	5.8%
Respiratory	5	3.6%
Other (Lead exposure, bedbugs)	2	1.5%
Environmental	1	0.7%
Waterborne	1	0.7%
Intentional contamination	1	0.7%
Total	137	100.0%

Table 3: Outbreaks by venue, 2010

Venue	Count	Percent
School	49	35.8%
Assisted Living	47	34.3%
Other	14	10.2%
Healthcare facility	8	5.8%
Daycare	7	5.1%
Restaurant	3	2.2%
Prison/Jail	3	2.2%
Catered Event	2	1.5%
Military facility	2	1.5%
Large gathering	2	1.5%
Total	94	100.0%

Outbreak Investigations, 2011

DHEC categorizes outbreak based on etiologic agent identified as well as mode of transmission and outbreak venue. In 2011, of the 92 outbreaks investigated, 73 (79%) had an etiologic agent identified. The following tables detail the findings for 2011 by etiologic agent/disease/condition/exposure identified (Table 1), mode of transmission (Table 2) and outbreak venue (Table 3).

Table 1: Outbreaks by etiologic agent/disease/condition/exposure, 2011

Etiologic Agent	Number	Percent
Norovirus GII	22	24%
Unknown enteric illness	16	17%
Salmonellosis	7	8%
Influenza (seasonal)	6	7%
Norovirus GI	6	7%
Pertussis	6	7%
Scabies	5	5%
Campylobacteriosis	2	5%
Unknown respiratory illness	2	5%
Varicella	2	5%
Adenovirus	1	1%
Ciguatera fish poisoning	1	1%
Echovirus 6	1	1%
Giardiasis	1	1%
Guillian Barre' syndrome	1	1%
<i>Helicobacter pylori</i>	1	1%
Herpes simplex virus 1	1	1%
Human rabies	1	1%
Mercury exposure	1	1%
Metapneumovirus and HPIV-3	1	1%
<i>Mycobacterium fortuitum</i>	1	1%
Norovirus (unknown type)	1	1%
Respiratory syncytial virus	1	1%
Rubella	1	1%
Shigellosis	1	1%
Streptococcus, group A	1	1%
Unknown febrile illness	1	1%
<i>Vibrio parahaemolyticus</i>	1	1%
Total	92	100%

Table 2: Outbreaks by Mode of Transmission, 2011

Mode of Transmission(s) *	Count	Percent
Person-to-Person	49	53%
Person-to-Person/Respiratory	11	12%
Unknown	9	9%
Foodborne	8	3%
Person-to-Person/Environmental	8	9%
Respiratory	3	1%
Contact	1	1%
Environmental	1	1%
Foodborne/Person-to-Person	1	11%
Zoonotic	1	1%
Total	92	100%

* **Note:** Multiple modes of transmission are shown for outbreaks in which a single mode could not clearly be identified based upon etiologic agent and information collected during the investigation.

Table 3: Outbreaks by Venue, 2011

Venue	Number	Percent
Assisted living facility	36	39%
School	16	17%
Daycare	8	9%
Household/extended	8	9%
Large gathering/ conference/camp	6	7%
Catered/private event	4	4%
Hospital/healthcare facility	3	3%
Jail/Prison	3	3%
Other	3	3%
Restaurant	3	3%
Military facility	2	2%
Total	92	100%

TABLES

**Aseptic meningitis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	*	*	0	*	0	*	0	*	0	*
Aiken	5	3.3	*	*	*	*	*	*	*	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	17	9.4	11	6.0	*	*	11	5.9	11	5.8
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	*	*
Beaufort	8	5.5	6	4.0	4	2.6	*	*	11	6.7
Berkeley	10	6.1	19	11.2	9	5.2	11	6.2	12	6.5
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	14	4.1	20	5.7	18	5.1	15	4.3	55	15.4
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	*	*	0	*	*	*	*	*
Chesterfield	*	*	0	*	0	*	0	*	0	*
Clarendon	*	*	0	*	0	*	0	*	*	*
Colleton	*	*	0	*	*	*	*	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	10	8.1	16	12.6	9	6.9	15	11.0	21	14.9
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	*	*	0	*	*	*
Georgetown	*	*	*	*	0	*	*	*	*	*
Greenville	0	*	*	*	*	*	*	*	*	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	*	*	0	*	0	*	0	*	0	*
Horry	5	2.0	11	4.3	10	3.8	6	2.2	10	3.6
Jasper	*	*	*	*	*	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	*	*
Lancaster	0	*	4	5.3	6	7.7	7	9.1	24	30.8
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	9	3.7	*	*	10	3.9	21	8.0	28	10.5
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	*	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	*	*
Oconee	6	8.5	13	18.2	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	*	*	*	*
Pickens	*	*	*	*	0	*	0	*	*	*
Richland	6	1.7	*	*	4	1.1	8	2.1	7	1.8
Saluda	0	*	0	*	0	*	*	*	*	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	0	*	*	*	0	*	*	*	*	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	*	*	0	*	0	*	0	*
York	4	1.9	*	*	*	*	*	*	*	*
Unknown	4		*		*		0		0	
Grand Total	109	2.5	125	2.8	83	1.8	108	2.3	201	4.3

Aseptic meningitis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	NR	*
2000	NR	*
2001	NR	*
2002	NR	*
2003	NR	*
2004	NR	*
2005	91	2.1
2006	115	2.7
2007	109	2.5
2008	125	2.8
2009	83	1.8
2010	108	2.3
2011	201	4.3

*Incidence rate and county-level case counts not reported for < 4 cases

Botulism, infant
Cases, Rate per 100,000 Population

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	0	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	0	*
Berkeley	0	*	0	*	0	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	0	*	0	*	0	*	0	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	1	*	0	*	0	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	0	*	0	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	1	*	0	*	0	*	0	*	0	*
Richland	0	*	0	*	0	*	0	*	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		0		0		0		0	
Grand Total	1	*	1	*	0	*	0	*	0	*

Botulism, infant		
Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	NR	*
2000	NR	*
2001	NR	*
2002	NR	*
2003	NR	*
2004	0	*
2005	0	*
2006	0	*
2007	1	*
2008	1	*
2009	0	*
2010	0	*
2011	0	*

**Botulism, foodborne
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	0	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	0	*
Berkeley	0	*	0	*	0	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	0	*	0	*	0	*	0	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	0	*	0	*	0	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	0	*	0	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	0	*	0	*	0	*	0	*	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		0		0		0		0	
Grand Total	0	*	0	*	0	*	0	*	0	*

Botulism, foodborne Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	1	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	0	*

**Brucellosis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	*	*	*	*	*	*
Aiken	*	*	*	*	*	*	*	*	*	*
Allendale	*	*	*	*	*	*	*	*	*	*
Anderson	*	*	*	*	*	*	*	*	*	*
Bamberg	*	*	*	*	*	*	*	*	*	*
Barnwell	*	*	*	*	*	*	*	*	*	*
Beaufort	*	*	*	*	*	*	*	*	*	*
Berkeley	*	*	*	*	*	*	*	*	*	*
Calhoun	*	*	*	*	*	*	*	*	*	*
Charleston	*	*	*	*	*	*	*	*	*	*
Cherokee	*	*	*	*	*	*	*	*	*	*
Chester	*	*	*	*	*	*	*	*	*	*
Chesterfield	*	*	*	*	*	*	*	*	*	*
Clarendon	*	*	*	*	*	*	*	*	*	*
Colleton	*	*	*	*	*	*	*	*	*	*
Darlington	*	*	*	*	*	*	*	*	*	*
Dillon	*	*	*	*	*	*	*	*	*	*
Dorchester	*	*	*	*	*	*	*	*	*	*
Edgefield	*	*	*	*	*	*	*	*	*	*
Fairfield	*	*	*	*	*	*	*	*	*	*
Florence	*	*	*	*	*	*	*	*	*	*
Georgetown	*	*	*	*	*	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	*	*	*	*	*	*	*	*	*	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	*	*	*	*	*	*	*	*	*	*
Kershaw	*	*	*	*	*	*	*	*	*	*
Lancaster	*	*	*	*	*	*	*	*	*	*
Laurens	*	*	*	*	*	*	*	*	*	*
Lee	*	*	*	*	*	*	*	*	*	*
Lexington	*	*	*	*	*	*	*	*	*	*
Marion	*	*	*	*	*	*	*	*	*	*
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	*	*	*	*	*	*	*	*	*	*
Newberry	*	*	*	*	*	*	*	*	*	*
Oconee	*	*	*	*	*	*	*	*	*	*
Orangeburg	*	*	*	*	*	*	*	*	*	*
Pickens	*	*	*	*	*	*	*	*	*	*
Richland	*	*	*	*	*	*	*	*	*	*
Saluda	*	*	*	*	*	*	*	*	*	*
Spartanburg	*	*	*	*	*	*	*	*	*	*
Sumter	*	*	*	*	*	*	*	*	*	*
Union	*	*	*	*	*	*	*	*	*	*
Williamsburg	*	*	*	*	*	*	*	*	*	*
York	*	*	*	*	*	*	*	*	*	*
Unknown	*		*		*		*		*	
Grand Total	2	*	2	*	4	*	0	*	1	*

Brucellosis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	1	*
2002	0	*
2003	0	*
2004	1	*
2005	1	*
2006	3	*
2007	2	*
2008	2	*
2009	4	*
2010	0	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Campylobacteriosis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	6	23.6	*	*	*	*	6	23.6	5	19.9
Aiken	7	4.6	13	8.4	5	3.2	9	5.6	12	7.5
Allendale	*	*	0	*	0	*	*	*	0	*
Anderson	16	8.9	14	7.7	11	5.9	15	8.0	22	11.7
Bamberg	0	*	0	*	0	*	0	*	5	31.3
Barnwell	0	*	*	*	0	*	0	*	0	*
Beaufort	11	7.5	*	*	8	5.2	17	10.5	15	9.1
Berkeley	9	5.5	7	4.1	11	6.3	10	5.6	10	5.4
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	26	7.6	14	4.0	25	7.0	20	5.7	19	5.3
Cherokee	0	*	*	*	0	*	*	*	5	9.0
Chester	*	*	0	*	0	*	4	*	*	*
Chesterfield	*	*	4	*	*	*	*	*	*	*
Clarendon	4	*	*	*	*	*	*	*	6	17.3
Colleton	*	*	0	*	*	*	*	*	*	*
Darlington	4	*	*	*	*	*	*	*	0	*
Dillon	*	*	*	*	*	*	*	*	*	*
Dorchester	8	6.5	5	3.9	6	4.6	14	10.3	13	9.2
Edgefield	0	*	*	*	*	*	0	*	4	*
Fairfield	0	*	0	*	*	*	*	*	0	*
Florence	7	5.3	7	5.3	4	*	5	3.7	*	*
Georgetown	*	*	*	*	*	*	*	*	8	13.3
Greenville	16	3.7	18	4.1	21	4.7	20	4.4	48	10.4
Greenwood	5	7.3	6	8.8	13	18.7	12	17.2	6	8.6
Hampton	*	*	0	*	0	*	*	*	*	*
Horry	12	4.8	10	3.9	7	2.7	13	4.8	19	6.9
Jasper	*	*	0	*	0	*	*	*	*	*
Kershaw	4	*	6	10.2	*	*	5	8.1	8	12.8
Lancaster	*	*	6	7.9	8	10.3	20	26.1	21	27.0
Laurens	*	*	*	*	*	*	4	*	*	*
Lee	*	*	*	*	0	*	*	*	*	*
Lexington	16	6.6	23	9.3	35	13.7	31	11.8	33	12.4
Marion	0	*	0	*	0	*	*	*	0	*
Marlboro	0	*	*	*	0	*	0	*	*	*
McCormick	*	*	*	*	0	*	0	*	*	*
Newberry	*	*	*	*	6	15.5	4	*	6	15.9
Oconee	10	14.2	7	9.8	9	12.6	12	16.2	7	9.4
Orangeburg	*	*	*	*	*	*	*	*	*	*
Pickens	15	13.0	4	*	10	8.5	13	10.9	19	15.9
Richland	21	5.9	18	4.9	19	5.1	26	6.8	24	6.2
Saluda	*	*	*	*	*	*	*	*	6	30.2
Spartanburg	4	*	0	*	12	4.2	26	9.1	44	15.3
Sumter	5	4.8	7	6.7	*	*	4	*	5	4.7
Union	0	*	0	*	*	*	0	*	*	*
Williamsburg	0	*	*	*	*	*	0	*	6	17.6
York	6	2.9	8	3.7	7	3.1	6	2.7	10	4.3
Unknown	29		45		29		24		7	
Grand Total	267	6.1	249	5.6	272	6.0	347	7.5	415	8.9

Campylobacteriosis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	206	5.2
2000	168	4.2
2001	196	4.8
2002	212	5.2
2003	238	5.7
2004	203	4.8
2005	220	5.2
2006	226	5.2
2007	267	6.1
2008	249	5.6
2009	272	6.0
2010	347	7.5
2011	415	8.9

*Incidence rate and county-level case counts not reported for < 4 cases

**Cholera
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	*	*
Aiken	0	*	0	*	0	*	0	*	*	*
Allendale	0	*	0	*	0	*	0	*	*	*
Anderson	0	*	0	*	0	*	0	*	*	*
Bamberg	0	*	0	*	0	*	0	*	*	*
Barnwell	0	*	0	*	0	*	0	*	*	*
Beaufort	0	*	0	*	0	*	0	*	*	*
Berkeley	0	*	0	*	0	*	0	*	*	*
Calhoun	0	*	0	*	0	*	0	*	*	*
Charleston	0	*	0	*	0	*	0	*	*	*
Cherokee	0	*	0	*	0	*	0	*	*	*
Chester	0	*	0	*	0	*	0	*	*	*
Chesterfield	0	*	0	*	0	*	0	*	*	*
Clarendon	0	*	0	*	0	*	0	*	*	*
Colleton	0	*	0	*	0	*	0	*	*	*
Darlington	0	*	0	*	0	*	0	*	*	*
Dillon	0	*	0	*	0	*	0	*	*	*
Dorchester	0	*	0	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	*	*
Fairfield	0	*	0	*	0	*	0	*	*	*
Florence	0	*	0	*	0	*	0	*	*	*
Georgetown	0	*	0	*	0	*	0	*	*	*
Greenville	0	*	0	*	0	*	0	*	*	*
Greenwood	0	*	0	*	0	*	0	*	*	*
Hampton	0	*	0	*	0	*	0	*	*	*
Horry	0	*	0	*	0	*	0	*	*	*
Jasper	0	*	0	*	0	*	0	*	*	*
Kershaw	0	*	0	*	0	*	0	*	*	*
Lancaster	0	*	0	*	0	*	0	*	*	*
Laurens	0	*	0	*	0	*	0	*	*	*
Lee	0	*	0	*	0	*	0	*	*	*
Lexington	0	*	0	*	0	*	0	*	*	*
Marion	0	*	0	*	0	*	0	*	*	*
Marlboro	0	*	0	*	0	*	0	*	*	*
McCormick	0	*	0	*	0	*	0	*	*	*
Newberry	0	*	0	*	0	*	0	*	*	*
Oconee	0	*	0	*	0	*	0	*	*	*
Orangeburg	0	*	0	*	0	*	0	*	*	*
Pickens	0	*	0	*	0	*	0	*	*	*
Richland	0	*	0	*	0	*	0	*	*	*
Saluda	0	*	0	*	0	*	0	*	*	*
Spartanburg	0	*	0	*	0	*	0	*	*	*
Sumter	0	*	0	*	0	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	*	*
Williamsburg	0	*	0	*	0	*	0	*	*	*
York	0	*	0	*	0	*	0	*	*	*
Unknown	0		0		0		0		*	
Grand Total	0	*	0	*	0	*	0	*	1	*

Cholera Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	1	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Ciguatera fish poisoning
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	0	*	0	*	0	*	0	*
Aiken	*	*	0	*	0	*	0	*	0	*
Allendale	*	*	0	*	0	*	0	*	0	*
Anderson	*	*	0	*	0	*	0	*	0	*
Bamberg	*	*	0	*	0	*	0	*	0	*
Barnwell	*	*	0	*	0	*	0	*	0	*
Beaufort	*	*	0	*	0	*	0	*	0	*
Berkeley	*	*	0	*	0	*	0	*	0	*
Calhoun	*	*	0	*	0	*	0	*	0	*
Charleston	*	*	0	*	0	*	0	*	0	*
Cherokee	*	*	0	*	0	*	0	*	0	*
Chester	*	*	0	*	0	*	0	*	0	*
Chesterfield	*	*	0	*	0	*	0	*	0	*
Clarendon	*	*	0	*	0	*	0	*	0	*
Colleton	*	*	0	*	0	*	0	*	0	*
Darlington	*	*	0	*	0	*	0	*	0	*
Dillon	*	*	0	*	0	*	0	*	0	*
Dorchester	*	*	0	*	0	*	0	*	0	*
Edgefield	*	*	0	*	0	*	0	*	0	*
Fairfield	*	*	0	*	0	*	0	*	0	*
Florence	*	*	0	*	0	*	0	*	0	*
Georgetown	*	*	0	*	0	*	0	*	0	*
Greenville	*	*	0	*	0	*	0	*	0	*
Greenwood	*	*	0	*	0	*	0	*	0	*
Hampton	*	*	0	*	0	*	0	*	0	*
Horry	*	*	0	*	0	*	0	*	0	*
Jasper	*	*	0	*	0	*	0	*	0	*
Kershaw	*	*	0	*	0	*	0	*	0	*
Lancaster	*	*	0	*	0	*	0	*	0	*
Laurens	*	*	0	*	0	*	0	*	0	*
Lee	*	*	0	*	0	*	0	*	0	*
Lexington	*	*	0	*	0	*	0	*	0	*
Marion	*	*	0	*	0	*	0	*	0	*
Marlboro	*	*	0	*	0	*	0	*	0	*
McCormick	*	*	0	*	0	*	0	*	0	*
Newberry	*	*	0	*	0	*	0	*	0	*
Oconee	*	*	0	*	0	*	0	*	0	*
Orangeburg	*	*	0	*	0	*	0	*	0	*
Pickens	*	*	0	*	0	*	0	*	0	*
Richland	*	*	0	*	0	*	0	*	0	*
Saluda	*	*	0	*	0	*	0	*	0	*
Spartanburg	*	*	0	*	0	*	0	*	0	*
Sumter	*	*	0	*	0	*	0	*	0	*
Union	*	*	0	*	0	*	0	*	0	*
Williamsburg	*	*	0	*	0	*	0	*	0	*
York	*	*	0	*	0	*	0	*	0	*
Unknown	*		0		0		0		0	
Grand Total	1	*	0	*	0	*	0	*	0	*

Ciguatera fish poisoning Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	NR	*
2000	NR	*
2001	NR	*
2002	NR	*
2003	NR	*
2004	0	*
2005	0	*
2006	1	*
2007	1	*
2008	0	*
2009	0	*
2010	0	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Creutzfeldt-Jakob Disease
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	*	*
Aiken	0	*	0	*	0	*	0	*	*	*
Allendale	0	*	0	*	0	*	0	*	*	*
Anderson	0	*	0	*	0	*	0	*	*	*
Bamberg	0	*	0	*	0	*	0	*	*	*
Barnwell	0	*	0	*	0	*	0	*	*	*
Beaufort	0	*	0	*	0	*	0	*	*	*
Berkeley	0	*	0	*	0	*	0	*	*	*
Calhoun	0	*	0	*	0	*	0	*	*	*
Charleston	0	*	0	*	0	*	0	*	*	*
Cherokee	0	*	0	*	0	*	0	*	*	*
Chester	0	*	0	*	0	*	0	*	*	*
Chesterfield	0	*	0	*	0	*	0	*	*	*
Clarendon	0	*	0	*	0	*	0	*	*	*
Colleton	0	*	0	*	0	*	0	*	*	*
Darlington	0	*	0	*	0	*	0	*	*	*
Dillon	0	*	0	*	0	*	0	*	*	*
Dorchester	0	*	0	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	*	*
Fairfield	0	*	0	*	0	*	0	*	*	*
Florence	0	*	0	*	0	*	0	*	*	*
Georgetown	0	*	0	*	0	*	0	*	*	*
Greenville	0	*	0	*	0	*	0	*	*	*
Greenwood	0	*	0	*	0	*	0	*	*	*
Hampton	0	*	0	*	0	*	0	*	*	*
Horry	0	*	0	*	0	*	0	*	*	*
Jasper	0	*	0	*	0	*	0	*	*	*
Kershaw	0	*	0	*	0	*	0	*	*	*
Lancaster	0	*	0	*	0	*	0	*	*	*
Laurens	0	*	0	*	0	*	0	*	*	*
Lee	0	*	0	*	0	*	0	*	*	*
Lexington	0	*	0	*	0	*	0	*	*	*
Marion	0	*	0	*	0	*	0	*	*	*
Marlboro	0	*	0	*	0	*	0	*	*	*
McCormick	0	*	0	*	0	*	0	*	*	*
Newberry	0	*	0	*	0	*	0	*	*	*
Oconee	0	*	0	*	0	*	0	*	*	*
Orangeburg	0	*	0	*	0	*	0	*	*	*
Pickens	0	*	0	*	0	*	0	*	*	*
Richland	0	*	0	*	0	*	0	*	*	*
Saluda	0	*	0	*	0	*	0	*	*	*
Spartanburg	0	*	0	*	0	*	0	*	*	*
Sumter	0	*	0	*	0	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	*	*
Williamsburg	0	*	0	*	0	*	0	*	*	*
York	0	*	0	*	0	*	0	*	*	*
Unknown	0		0		0		0		*	
Grand Total	0	*	0	*	0	*	0	*	1	*

Creutzfeldt-Jakob Disease Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Cryptosporidiosis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	*	*	*	*	*	*	6	3.7	*	*
Allendale	0	*	0	*	0	*	0	*	*	*
Anderson	0	*	0	*	*	*	0	*	*	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	*	*	*	*	*	*	0	*	*	*
Berkeley	*	*	*	*	*	*	*	*	*	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	17	4.9	4	1.1	7	2.0	6	1.7	11	3.1
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	*	*	*	*	0	*	*	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	*	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	*	*	*	*	6	4.4	0	*
Edgefield	*	*	0	*	0	*	0	*	*	*
Fairfield	*	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	*	*	0	*
Georgetown	*	*	0	*	4	6.6	4	6.6	*	*
Greenville	6	1.4	*	*	*	*	*	*	*	*
Greenwood	0	*	0	*	0	*	0	*	7	10.0
Hampton	0	*	0	*	0	*	*	*	0	*
Horry	*	*	0	*	*	*	5	1.9	5	1.8
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	*	*	*	*	0	*	5	8.1	0	*
Lancaster	0	*	*	*	0	*	0	*	0	*
Laurens	*	*	0	*	0	*	0	*	*	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	19	7.8	10	4.0	20	7.8	43	16.4	52	19.5
Marion	0	*	0	*	0	*	*	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	*	*	*	*	*	*
Oconee	4	5.7	0	*	*	*	0	*	*	*
Orangeburg	0	*	*	*	0	*	0	*	0	*
Pickens	6	5.2	5	4.3	4	3.4	*	*	*	*
Richland	7	2.0	*	*	6	1.6	20	5.2	24	6.2
Saluda	*	*	0	*	*	*	0	*	*	*
Spartanburg	0	*	*	*	0	*	*	*	*	*
Sumter	0	*	*	*	0	*	0	*	*	*
Union	0	*	0	*	0	*	*	*	0	*
Williamsburg	*	*	*	*	*	*	0	*	0	*
York	*	*	9	4.1	6	2.6	24	10.6	*	*
Unknown	6		16		*		*		*	
Grand Total	84	1.9	61	1.4	69	1.5	133	2.9	129	2.8

Cryptosporidiosis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	10	0.3
2000	23	0.6
2001	7	0.2
2002	8	0.2
2003	18	0.4
2004	25	0.6
2005	26	0.6
2006	134	3.1
2007	84	1.9
2008	61	1.4
2009	69	1.5
2010	133	2.9
2011	129	2.8

*Incidence rate and county-level case counts not reported for < 4 cases

**Cyclosporiasis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	*	*	*	*	0	*
Aiken	*	*	*	*	*	*	*	*	0	*
Allendale	*	*	*	*	*	*	*	*	0	*
Anderson	*	*	*	*	*	*	*	*	0	*
Bamberg	*	*	*	*	*	*	*	*	0	*
Barnwell	*	*	*	*	*	*	*	*	0	*
Beaufort	*	*	*	*	*	*	*	*	0	*
Berkeley	*	*	*	*	*	*	*	*	0	*
Calhoun	*	*	*	*	*	*	*	*	0	*
Charleston	*	*	*	*	*	*	*	*	0	*
Cherokee	*	*	*	*	*	*	*	*	0	*
Chester	*	*	*	*	*	*	*	*	0	*
Chesterfield	*	*	*	*	*	*	*	*	0	*
Clarendon	*	*	*	*	*	*	*	*	0	*
Colleton	*	*	*	*	*	*	*	*	0	*
Darlington	*	*	*	*	*	*	*	*	0	*
Dillon	*	*	*	*	*	*	*	*	0	*
Dorchester	*	*	*	*	*	*	*	*	0	*
Edgefield	*	*	*	*	*	*	*	*	0	*
Fairfield	*	*	*	*	*	*	*	*	0	*
Florence	*	*	*	*	*	*	*	*	0	*
Georgetown	*	*	*	*	*	*	*	*	0	*
Greenville	*	*	*	*	*	*	*	*	0	*
Greenwood	*	*	*	*	*	*	*	*	0	*
Hampton	*	*	*	*	*	*	*	*	0	*
Horry	*	*	*	*	*	*	*	*	0	*
Jasper	*	*	*	*	*	*	*	*	0	*
Kershaw	*	*	*	*	*	*	*	*	0	*
Lancaster	*	*	*	*	*	*	*	*	0	*
Laurens	*	*	*	*	*	*	*	*	0	*
Lee	*	*	*	*	*	*	*	*	0	*
Lexington	*	*	*	*	*	*	*	*	0	*
Marion	*	*	*	*	*	*	*	*	0	*
Marlboro	*	*	*	*	*	*	*	*	0	*
McCormick	*	*	*	*	*	*	*	*	0	*
Newberry	*	*	*	*	*	*	*	*	0	*
Oconee	*	*	*	*	*	*	*	*	0	*
Orangeburg	*	*	*	*	*	*	*	*	0	*
Pickens	*	*	*	*	*	*	*	*	0	*
Richland	*	*	*	*	*	*	*	*	0	*
Saluda	*	*	*	*	*	*	*	*	0	*
Spartanburg	*	*	*	*	*	*	*	*	0	*
Sumter	*	*	*	*	*	*	*	*	0	*
Union	*	*	*	*	*	*	*	*	0	*
Williamsburg	*	*	*	*	*	*	*	*	0	*
York	*	*	*	*	*	*	*	*	0	*
Unknown	*		*		*		*		0	
Grand Total	1	*	1	*	1	*	2	*	0	*

Cyclosporiasis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	1	*
2001	0	*
2002	3	*
2003	0	*
2004	0	*
2005	3	*
2006	4	*
2007	1	*
2008	1	*
2009	1	*
2010	2	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Dengue Fever
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	*	*	*	*	*	*	0	*	*	*
Aiken	*	*	*	*	*	*	*	*	*	*
Allendale	*	*	*	*	*	*	0	*	*	*
Anderson	*	*	*	*	*	*	*	*	*	*
Bamberg	*	*	*	*	*	*	0	*	*	*
Barnwell	*	*	*	*	*	*	0	*	*	*
Beaufort	*	*	*	*	*	*	0	*	*	*
Berkeley	*	*	*	*	*	*	0	*	*	*
Calhoun	*	*	*	*	*	*	0	*	*	*
Charleston	*	*	*	*	*	*	0	*	*	*
Cherokee	*	*	*	*	*	*	0	*	*	*
Chester	*	*	*	*	*	*	0	*	*	*
Chesterfield	*	*	*	*	*	*	0	*	*	*
Clarendon	*	*	*	*	*	*	0	*	*	*
Colleton	*	*	*	*	*	*	0	*	*	*
Darlington	*	*	*	*	*	*	0	*	*	*
Dillon	*	*	*	*	*	*	0	*	*	*
Dorchester	*	*	*	*	*	*	0	*	*	*
Edgefield	*	*	*	*	*	*	0	*	*	*
Fairfield	*	*	*	*	*	*	0	*	*	*
Florence	*	*	*	*	*	*	0	*	*	*
Georgetown	*	*	*	*	*	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	*	*	*	*	*	*	0	*	*	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	*	*	*	*	*	*	0	*	*	*
Kershaw	*	*	*	*	*	*	*	*	*	*
Lancaster	*	*	*	*	*	*	0	*	*	*
Laurens	*	*	*	*	*	*	0	*	*	*
Lee	*	*	*	*	*	*	0	*	*	*
Lexington	*	*	*	*	*	*	*	*	*	*
Marion	*	*	*	*	*	*	0	*	*	*
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	*	*	*	*	*	*	0	*	*	*
Newberry	*	*	*	*	*	*	0	*	*	*
Oconee	*	*	*	*	*	*	0	*	*	*
Orangeburg	*	*	*	*	*	*	0	*	*	*
Pickens	*	*	*	*	*	*	0	*	*	*
Richland	*	*	*	*	*	*	5	1.3	*	*
Saluda	*	*	*	*	*	*	0	*	*	*
Spartanburg	*	*	*	*	*	*	0	*	*	*
Sumter	*	*	*	*	*	*	0	*	*	*
Union	*	*	*	*	*	*	0	*	*	*
Williamsburg	*	*	*	*	*	*	0	*	*	*
York	*	*	*	*	*	*	0	*	*	*
Unknown	*		*		*		0		*	
Grand Total	3	*	1	*	2	*	16	0.3	2	*

Dengue Fever Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	1	*
2000	1	*
2001	0	*
2002	0	*
2003	0	*
2004	1	*
2005	0	*
2006	1	*
2007	3	*
2008	1	*
2009	2	*
2010	16	0.3
2011	2	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Diphtheria
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	0	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	0	*
Berkeley	0	*	0	*	0	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	0	*	0	*	0	*	0	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	0	*	0	*	0	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	0	*	0	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	0	*	0	*	0	*	0	*	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		0		0		0		0	
Grand Total	0	*								

Diphtheria Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Ehrlichiosis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	*	*	*	*	*	*	*	*	*	*
Aiken	*	*	*	*	*	*	*	*	*	*
Allendale	*	*	*	*	*	*	*	*	*	*
Anderson	*	*	*	*	*	*	*	*	*	*
Bamberg	*	*	*	*	*	*	*	*	*	*
Barnwell	*	*	*	*	*	*	*	*	*	*
Beaufort	*	*	*	*	*	*	*	*	*	*
Berkeley	*	*	*	*	*	*	*	*	*	*
Calhoun	*	*	*	*	*	*	*	*	*	*
Charleston	*	*	*	*	*	*	*	*	*	*
Cherokee	*	*	*	*	*	*	*	*	*	*
Chester	*	*	*	*	*	*	*	*	*	*
Chesterfield	*	*	*	*	*	*	*	*	*	*
Clarendon	*	*	*	*	*	*	*	*	*	*
Colleton	*	*	*	*	*	*	*	*	*	*
Darlington	*	*	*	*	*	*	*	*	*	*
Dillon	*	*	*	*	*	*	*	*	*	*
Dorchester	*	*	*	*	*	*	*	*	*	*
Edgefield	*	*	*	*	*	*	*	*	*	*
Fairfield	*	*	*	*	*	*	*	*	*	*
Florence	*	*	*	*	*	*	*	*	*	*
Georgetown	*	*	*	*	*	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	*	*	*	*	*	*	*	*	*	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	*	*	*	*	*	*	*	*	*	*
Kershaw	*	*	*	*	*	*	*	*	*	*
Lancaster	*	*	*	*	*	*	*	*	*	*
Laurens	*	*	*	*	*	*	*	*	*	*
Lee	*	*	*	*	*	*	*	*	*	*
Lexington	*	*	*	*	*	*	*	*	*	*
Marion	*	*	*	*	*	*	*	*	*	*
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	*	*	*	*	*	*	*	*	*	*
Newberry	*	*	*	*	*	*	*	*	*	*
Oconee	*	*	*	*	*	*	*	*	*	*
Orangeburg	*	*	*	*	*	*	*	*	*	*
Pickens	*	*	*	*	*	*	*	*	*	*
Richland	*	*	*	*	*	*	*	*	*	*
Saluda	*	*	*	*	*	*	*	*	*	*
Spartanburg	*	*	*	*	*	*	*	*	*	*
Sumter	*	*	*	*	*	*	*	*	*	*
Union	*	*	*	*	*	*	*	*	*	*
Williamsburg	*	*	*	*	*	*	*	*	*	*
York	*	*	*	*	*	*	*	*	*	*
Unknown	*		*		*		*		*	
Grand Total	6	0.1	1	*	3	*	6	0.1	3	*

Ehrlichiosis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	1	*
2001	1	*
2002	4	*
2003	1	*
2004	7	0.2
2005	11	0.3
2006	6	0.1
2007	6	0.1
2008	1	*
2009	3	*
2010	6	0.1
2011	3	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Encephalitis, Eastern equine
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	0	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	0	*
Berkeley	0	*	0	*	0	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	0	*	0	*	0	*	0	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	0	*	0	*	0	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	0	*	0	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	0	*	0	*	0	*	0	*	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		0		0		0		0	
Grand Total	0	*								

Encephalitis, Eastern equine Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	1	*
2001	0	*
2002	1	*
2003	2	*
2004	1	*
2005	1	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Encephalitis, LaCrosse
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	*	*
Aiken	0	*	0	*	0	*	0	*	*	*
Allendale	0	*	0	*	0	*	0	*	*	*
Anderson	0	*	0	*	0	*	0	*	*	*
Bamberg	0	*	0	*	0	*	0	*	*	*
Barnwell	0	*	0	*	0	*	0	*	*	*
Beaufort	0	*	0	*	0	*	0	*	*	*
Berkeley	0	*	0	*	0	*	0	*	*	*
Calhoun	0	*	0	*	0	*	0	*	*	*
Charleston	0	*	0	*	0	*	0	*	*	*
Cherokee	0	*	0	*	0	*	0	*	*	*
Chester	0	*	0	*	0	*	0	*	*	*
Chesterfield	0	*	0	*	0	*	0	*	*	*
Clarendon	0	*	0	*	0	*	0	*	*	*
Colleton	0	*	0	*	0	*	0	*	*	*
Darlington	0	*	0	*	0	*	0	*	*	*
Dillon	0	*	0	*	0	*	0	*	*	*
Dorchester	0	*	0	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	*	*
Fairfield	0	*	0	*	0	*	0	*	*	*
Florence	0	*	0	*	0	*	0	*	*	*
Georgetown	0	*	0	*	0	*	0	*	*	*
Greenville	0	*	0	*	0	*	0	*	*	*
Greenwood	0	*	0	*	0	*	0	*	*	*
Hampton	0	*	0	*	0	*	0	*	*	*
Horry	0	*	0	*	0	*	0	*	*	*
Jasper	0	*	0	*	0	*	0	*	*	*
Kershaw	0	*	0	*	0	*	0	*	*	*
Lancaster	0	*	0	*	0	*	0	*	*	*
Laurens	0	*	0	*	0	*	0	*	*	*
Lee	0	*	0	*	0	*	0	*	*	*
Lexington	0	*	0	*	0	*	0	*	*	*
Marion	0	*	0	*	0	*	0	*	*	*
Marlboro	0	*	0	*	0	*	0	*	*	*
McCormick	0	*	0	*	0	*	0	*	*	*
Newberry	0	*	0	*	0	*	0	*	*	*
Oconee	0	*	0	*	0	*	0	*	*	*
Orangeburg	0	*	0	*	0	*	0	*	*	*
Pickens	0	*	0	*	0	*	0	*	*	*
Richland	0	*	0	*	0	*	0	*	*	*
Saluda	0	*	0	*	0	*	0	*	*	*
Spartanburg	0	*	0	*	0	*	0	*	*	*
Sumter	0	*	0	*	0	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	*	*
Williamsburg	0	*	0	*	0	*	0	*	*	*
York	0	*	0	*	0	*	0	*	*	*
Unknown	0		0		0		0		*	
Grand Total	0	*	0	*	0	*	0	*	1	*

Encephalitis, LaCrosse Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Giardiasis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	0	*	*	*	*	*	0.0	*
Aiken	*	*	6	3.9	4	*	*	*	0.0	*
Allendale	0	*	0	*	0	*	0	*	0.0	*
Anderson	8	4.4	4	*	*	*	5	2.7	4.0	*
Bamberg	*	*	0	*	0	*	0	*	0.0	*
Barnwell	0	*	0	*	*	*	0	*	0.0	*
Beaufort	8	5.5	*	*	*	*	6	3.7	9.0	5.5
Berkeley	7	4.3	*	*	*	*	*	*	4.0	*
Calhoun	0	*	0	*	0	*	0	*	0.0	*
Charleston	24	7.0	18	5.2	7	2.0	24	6.9	21.0	5.9
Cherokee	*	*	*	*	0	*	0	*	*	*
Chester	*	*	*	*	0	*	*	*	0.0	*
Chesterfield	0	*	0	*	0	*	0	*	0.0	*
Clarendon	0	*	*	*	*	*	0	*	0.0	*
Colleton	*	*	0	*	0	*	*	*	*	*
Darlington	*	*	0	*	0	*	0	*	0.0	*
Dillon	0	*	*	*	0	*	0	*	0.0	*
Dorchester	*	*	6	4.7	*	*	7	5.1	*	*
Edgefield	*	*	*	*	0	*	0	*	0.0	*
Fairfield	0	*	*	*	0	*	0	*	0.0	*
Florence	*	*	0	*	*	*	*	*	0.0	*
Georgetown	5	8.3	*	*	*	*	*	*	*	*
Greenville	9	2.1	14	3.2	8	1.8	14	3.1	6.0	1.3
Greenwood	0	*	0	*	*	*	*	*	4.0	*
Hampton	0	*	*	*	*	*	*	*	0.0	*
Horry	*	*	8	3.1	5	1.9	5	1.9	8.0	2.9
Jasper	0	*	0	*	0	*	*	*	*	*
Kershaw	*	*	*	*	0	*	*	*	*	*
Lancaster	0	*	*	*	*	*	*	*	*	*
Laurens	0	*	*	*	*	*	0	*	*	*
Lee	0	*	0	*	*	*	0	*	0.0	*
Lexington	4	*	5	2.0	8	3.1	12	4.6	12.0	4.5
Marion	0	*	*	*	0	*	0	*	0.0	*
Marlboro	0	*	*	*	0	*	0	*	0.0	*
McCormick	0	*	0	*	0	*	0	*	0.0	*
Newberry	0	*	4	*	*	*	*	*	*	*
Oconee	4	*	*	*	*	*	4	*	*	*
Orangeburg	*	*	*	*	0	*	0	*	*	*
Pickens	5	4.3	4	*	*	*	*	*	5.0	4.2
Richland	7	2.0	11	3.0	12	3.2	16	4.2	13.0	3.3
Saluda	*	*	*	*	*	*	0	*	0.0	*
Spartanburg	4	*	*	*	*	*	14	4.9	11.0	3.8
Sumter	*	*	*	*	0	*	*	*	*	*
Union	0	*	*	*	*	*	*	*	*	*
Williamsburg	0	*	0	*	0	*	0	*	0.0	*
York	*	*	5	2.3	7	3.1	10	4.4	6.0	2.6
Unknown	11		30		25		8		5.0	
Grand Total	121	2.7	142	3.2	109	2.4	151	3.3	127	2.7

Giardiasis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	NR	*
2000	NR	*
2001	NR	*
2002	150	3.7
2003	163	3.9
2004	145	3.5
2005	106	2.5
2006	111	2.6
2007	121	2.7
2008	142	3.2
2009	109	2.4
2010	151	3.3
2011	127	2.7

*Incidence rate and county-level case counts not reported for < 4 cases

Glanders
Cases, Rate per 100,000 Population

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	0	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	0	*
Berkeley	0	*	0	*	0	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	0	*	0	*	0	*	0	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	0	*	0	*	0	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	0	*	0	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	0	*	0	*	0	*	0	*	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		0		0		0		0	
Grand Total	0	*								

Glanders		
Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases 64

**Group A Streptococcus, invasive
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	*	*	*	*	*	*	*	*	0	*
Aiken	*	*	*	*	*	*	9	5.8	*	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	5	2.8	10	5.6	6	3.3	6	3.2	6	3.2
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	*	*	*	*	*	*	*	*	*	*
Berkeley	4	2.5	*	*	*	*	7	4.0	5	2.8
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	12	3.5	11	3.2	5	1.4	15	4.2	4	*
Cherokee	*	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	*	*	0	*
Chesterfield	0	*	0	*	0	*	*	*	0	*
Clarendon	*	*	*	*	0	*	0	*	0	*
Colleton	0	*	*	*	*	*	*	*	0	*
Darlington	*	*	*	*	*	*	*	*	*	*
Dillon	0	*	0	*	*	*	*	*	0	*
Dorchester	*	*	5	4.1	*	*	6	4.6	6	4.4
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	9	6.9	*	*	5	3.8	5	3.7	*	*
Georgetown	*	*	0	*	0	*	*	*	6	10.0
Greenville	15	3.6	6	1.4	14	3.2	12	2.7	18	4.0
Greenwood	*	*	*	*	4	*	*	*	*	*
Hampton	0	*	0	*	*	*	0	*	0	*
Horry	8	3.3	*	*	*	*	*	*	8	3.0
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	*	*	*	*	0	*	0	*	*	*
Lancaster	*	*	0	*	0	*	0	*	*	*
Laurens	*	*	0	*	*	*	*	*	4	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	*	*	*	*	*	*	*	*	5	1.9
Marion	*	*	*	*	0	*	*	*	*	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	*	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	4	5.7	*	*	*	*	*	*	*	*
Orangeburg	*	*	0	*	0	*	*	*	*	*
Pickens	*	*	*	*	0	*	*	*	*	*
Richland	4	1.1	*	*	6	1.6	6	1.6	11	2.9
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	9	3.3	7	2.5	5	1.8	5	1.7	5	1.8
Sumter	0	*	*	*	*	*	*	*	5	4.7
Union	0	*	*	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	*	*	*	*	0	*
York	*	*	*	*	5	2.3	5	2.2	6	2.7
Unknown	7		7		8		*		*	
Grand Total	104	2.4	76	1.7	82	1.8	110	2.4	112	2.4

**Group A Streptococcus, invasive
Statewide By Year**

Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	5	0.1
2000	13	0.3
2001	14	0.3
2002	42	1.0
2003	44	1.1
2004	62	1.5
2005	46	1.1
2006	72	1.7
2007	104	2.4
2008	76	1.7
2009	82	1.8
2010	110	2.4
2011	112	2.4

*Incidence rate and county-level case counts not reported for < 4 cases 65

**Streptococcus, Group B, Age < 90 Days
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	0	*	0	*	0	*	0	*
Aiken	*	*	*	*	0	*	*	*	0	*
Allendale	0	*	0	*	0	*	0	*	*	*
Anderson	*	*	0	*	*	*	*	*	5	2.7
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	*	*	*	*	*	*	0	*	0	*
Beaufort	*	*	*	*	0	*	*	*	0	*
Berkeley	*	*	4	*	0	*	0	*	*	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	*	*	7	2.0	7	2.0	7	2.0	5	1.4
Cherokee	*	*	0	*	0	*	0	*	*	*
Chester	0	*	*	*	0	*	*	*	0	*
Chesterfield	0	*	0	*	*	*	*	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	*	*	0	*	*	*	0	*	0	*
Darlington	*	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	*	*	0	*	*	*
Dorchester	*	*	*	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	*	*	0	*	4	*	*	*	0	*
Georgetown	*	*	0	*	*	*	*	*	*	*
Greenville	*	*	*	*	5	1.1	19	4.2	12	2.7
Greenwood	*	*	0	*	*	*	*	*	*	*
Hampton	0	*	0	*	0	*	*	*	0	*
Horry	0	*	0	*	0	*	*	*	*	*
Jasper	*	*	0	*	*	*	0	*	0	*
Kershaw	0	*	*	*	0	*	*	*	0	*
Lancaster	0	*	*	*	*	*	0	*	0	*
Laurens	0	*	*	*	0	*	*	*	*	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	4	1.7	*	*	*	*	*	*	0	*
Marion	0	*	0	*	*	*	0	*	*	*
Marlboro	0	*	0	*	*	*	0	*	0	*
McCormick	0	*	0	*	*	*	0	*	0	*
Newberry	0	*	*	*	*	*	0	*	0	*
Oconee	*	*	0	*	0	*	*	*	0	*
Orangeburg	0	*	0	*	0	*	*	*	0	*
Pickens	0	*	0	*	*	*	*	*	0	*
Richland	4	1.1	4	*	*	*	7	1.9	*	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	*	*	*	*	*	*	*	*	*	*
Sumter	0	*	*	*	*	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	*	*
Williamsburg	0	*	*	*	0	*	0	*	*	*
York	0	*	*	*	*	*	*	*	*	*
Unknown	7		8		5		0		0	
Grand Total	39	0.9	47	1.1	47	1.0	56	1.2	47	1.0

Streptococcus, Group B, Age < 90 Days Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	19	0.5
2000	39	1.0
2001	22	0.5
2002	30	0.7
2003	28	0.7
2004	21	0.5
2005	36	0.8
2006	36	0.8
2007	39	0.9
2008	47	1.1
2009	47	1.0
2010	56	1.2
2011	47	1.0

*Incidence rate and county-level case counts not reported for < 4 cases 66

**Haemophilus influenzae, invasive
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	*	*	0	*	0	*
Aiken	0	*	*	*	*	*	*	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	4	2.3	5	2.8	*	*	5	2.7	6	3.2
Bamberg	*	*	0	*	*	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	*	*	*	*	*	*	*	*	0	*
Berkeley	4	2.5	0	*	*	*	*	*	*	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	7	2.1	8	2.3	5	1.4	12	3.4	11	3.1
Cherokee	0	*	*	*	0	*	0	*	*	*
Chester	0	*	0	*	0	*	0	*	*	*
Chesterfield	0	*	0	*	*	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	*	*	*	*	0	*
Darlington	*	*	0	*	0	*	*	*	0	*
Dillon	*	*	0	*	*	*	*	*	0	*
Dorchester	0	*	*	*	*	*	4	*	*	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	*	*	*	*	*	*	*	*	*	*
Florence	*	*	0	*	0	*	*	*	5	3.7
Georgetown	*	*	*	*	*	*	*	*	0	*
Greenville	10	2.4	5	1.2	8	1.8	8	1.8	7	1.6
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	0	*	*	*	0	*	*	*	*	*
Horry	*	*	5	2.0	*	*	*	*	6	2.2
Jasper	0	*	0	*	*	*	*	*	*	*
Kershaw	*	*	0	*	0	*	*	*	0	*
Lancaster	0	*	0	*	*	*	*	*	*	*
Laurens	*	*	*	*	0	*	0	*	*	*
Lee	*	*	0	*	0	*	*	*	0	*
Lexington	*	*	*	*	6	2.4	*	*	6	2.3
Marion	*	*	*	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	*	*
McCormick	0	*	*	*	0	*	0	*	0	*
Newberry	*	*	0	*	*	*	*	*	0	*
Oconee	*	*	*	*	*	*	*	*	0	*
Orangeburg	*	*	0	*	0	*	0	*	*	*
Pickens	*	*	*	*	*	*	8	6.8	*	*
Richland	*	*	4	*	7	1.9	6	1.6	*	*
Saluda	0	*	*	*	*	*	*	*	*	*
Spartanburg	*	*	*	*	0	*	*	*	4	*
Sumter	*	*	*	*	*	*	*	*	4	*
Union	0	*	0	*	*	*	0	*	4	*
Williamsburg	0	*	*	*	0	*	0	*	0	*
York	0	*	0	*	4	*	*	*	7	3.1
Unknown	*		6		13		0		*	
Grand Total	59	1.4	60	1.4	81	1.8	84	1.8	86	1.9

**Haemophilus influenzae, invasive
Statewide By Year**

Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	6	0.2
2000	7	0.2
2001	1	*
2002	15	0.4
2003	16	0.4
2004	16	0.4
2005	38	0.9
2006	39	0.9
2007	59	1.4
2008	60	1.4
2009	81	1.8
2010	84	1.8
2011	86	1.9

*Incidence rate and county-level case counts not reported for < 4 cases 67

**Hansen disease (Leprosy)
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	0	*	0	*	0	*
Aiken	*	*	*	*	0	*	0	*	0	*
Allendale	*	*	*	*	0	*	0	*	0	*
Anderson	*	*	*	*	0	*	0	*	0	*
Bamberg	*	*	*	*	0	*	0	*	0	*
Barnwell	*	*	*	*	0	*	0	*	0	*
Beaufort	*	*	*	*	0	*	0	*	0	*
Berkeley	*	*	*	*	0	*	0	*	0	*
Calhoun	*	*	*	*	0	*	0	*	0	*
Charleston	*	*	*	*	0	*	0	*	0	*
Cherokee	*	*	*	*	0	*	0	*	0	*
Chester	*	*	*	*	0	*	0	*	0	*
Chesterfield	*	*	*	*	0	*	0	*	0	*
Clarendon	*	*	*	*	0	*	0	*	0	*
Colleton	*	*	*	*	0	*	0	*	0	*
Darlington	*	*	*	*	0	*	0	*	0	*
Dillon	*	*	*	*	0	*	0	*	0	*
Dorchester	*	*	*	*	0	*	0	*	0	*
Edgefield	*	*	*	*	0	*	0	*	0	*
Fairfield	*	*	*	*	0	*	0	*	0	*
Florence	*	*	*	*	0	*	0	*	0	*
Georgetown	*	*	*	*	0	*	0	*	0	*
Greenville	*	*	*	*	0	*	0	*	0	*
Greenwood	*	*	*	*	0	*	0	*	0	*
Hampton	*	*	*	*	0	*	0	*	0	*
Horry	*	*	*	*	0	*	0	*	0	*
Jasper	*	*	*	*	0	*	0	*	0	*
Kershaw	*	*	*	*	0	*	0	*	0	*
Lancaster	*	*	*	*	0	*	0	*	0	*
Laurens	*	*	*	*	0	*	0	*	0	*
Lee	*	*	*	*	0	*	0	*	0	*
Lexington	*	*	*	*	0	*	0	*	0	*
Marion	*	*	*	*	0	*	0	*	0	*
Marlboro	*	*	*	*	0	*	0	*	0	*
McCormick	*	*	*	*	0	*	0	*	0	*
Newberry	*	*	*	*	0	*	0	*	0	*
Oconee	*	*	*	*	0	*	0	*	0	*
Orangeburg	*	*	*	*	0	*	0	*	0	*
Pickens	*	*	*	*	0	*	0	*	0	*
Richland	*	*	*	*	0	*	0	*	0	*
Saluda	*	*	*	*	0	*	0	*	0	*
Spartanburg	*	*	*	*	0	*	0	*	0	*
Sumter	*	*	*	*	0	*	0	*	0	*
Union	*	*	*	*	0	*	0	*	0	*
Williamsburg	*	*	*	*	0	*	0	*	0	*
York	*	*	*	*	0	*	0	*	0	*
Unknown	*		*		0		0		0	
Grand Total	1	*	1	*	0	*	0	*	0	*

Hansen disease (Leprosy) Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	0	*
2007	1	*
2008	1	*
2009	0	*
2010	0	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Hantavirus infection
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	0	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	0	*
Berkeley	0	*	0	*	0	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	0	*	0	*	0	*	0	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	0	*	0	*	0	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	0	*	0	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	0	*	0	*	0	*	0	*	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		0		0		0		0	
Grand Total	0	*								

Hantavirus infection Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Hemolytic uremic syndrome
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	*	*	*	*	*	*
Aiken	*	*	*	*	*	*	*	*	*	*
Allendale	*	*	*	*	*	*	*	*	*	*
Anderson	*	*	*	*	*	*	*	*	*	*
Bamberg	*	*	*	*	*	*	*	*	*	*
Barnwell	*	*	*	*	*	*	*	*	*	*
Beaufort	*	*	*	*	*	*	*	*	*	*
Berkeley	*	*	*	*	*	*	*	*	*	*
Calhoun	*	*	*	*	*	*	*	*	*	*
Charleston	*	*	*	*	*	*	*	*	*	*
Cherokee	*	*	*	*	*	*	*	*	*	*
Chester	*	*	*	*	*	*	*	*	*	*
Chesterfield	*	*	*	*	*	*	*	*	*	*
Clarendon	*	*	*	*	*	*	*	*	*	*
Colleton	*	*	*	*	*	*	*	*	*	*
Darlington	*	*	*	*	*	*	*	*	*	*
Dillon	*	*	*	*	*	*	*	*	*	*
Dorchester	*	*	*	*	*	*	*	*	*	*
Edgefield	*	*	*	*	*	*	*	*	*	*
Fairfield	*	*	*	*	*	*	*	*	*	*
Florence	*	*	*	*	*	*	*	*	*	*
Georgetown	*	*	*	*	*	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	*	*	*	*	*	*	*	*	*	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	*	*	*	*	*	*	*	*	*	*
Kershaw	*	*	*	*	*	*	*	*	*	*
Lancaster	*	*	*	*	*	*	*	*	*	*
Laurens	*	*	*	*	*	*	*	*	*	*
Lee	*	*	*	*	*	*	*	*	*	*
Lexington	*	*	*	*	*	*	*	*	*	*
Marion	*	*	*	*	*	*	*	*	*	*
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	*	*	*	*	*	*	*	*	*	*
Newberry	*	*	*	*	*	*	*	*	*	*
Oconee	*	*	*	*	*	*	*	*	*	*
Orangeburg	*	*	*	*	*	*	*	*	*	*
Pickens	*	*	*	*	*	*	*	*	*	*
Richland	*	*	*	*	*	*	*	*	*	*
Saluda	*	*	*	*	*	*	*	*	*	*
Spartanburg	*	*	*	*	*	*	*	*	*	*
Sumter	*	*	*	*	*	*	*	*	*	*
Union	*	*	*	*	*	*	*	*	*	*
Williamsburg	*	*	*	*	*	*	*	*	*	*
York	*	*	*	*	*	*	*	*	*	*
Unknown	*		*		*		*		*	
Grand Total	1	*	2	*	2	*	0	*	3	*

Hemolytic uremic syndrome Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	3	*
2002	0	*
2003	0	*
2004	2	*
2005	0	*
2006	2	*
2007	1	*
2008	2	*
2009	2	*
2010	0	*
2011	3	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Hepatitis A, acute
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	*	*
Aiken	0	*	*	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	*	*	*	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	*	*	0	*	0	*
Beaufort	0	*	*	*	*	*	0	*	0	*
Berkeley	*	*	*	*	*	*	*	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	*	*	*	*	*	*	14	4.0	0	*
Cherokee	0	*	0	*	*	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	*	*	*	*	*	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	*	*	0	*	*	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	*	*	*	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	*	*	*	*	12	2.7	0	*	4	0.9
Greenwood	0	*	0	*	*	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	*	*	4	1.5	0	*	*	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	*	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	*	*	*	*	5	2.0	*	*	*	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	*	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	*	*	0	*	0	*
Pickens	*	*	0	*	*	*	*	*	0	*
Richland	*	*	0	*	14	3.8	*	*	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	*	*	*	*	*	*	0	*	*	*
Sumter	0	*	0	*	*	*	0	*	0	*
Union	*	*	*	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	*	*
York	*	*	0	*	0	*	0	*	0	*
Unknown	4		*		13		0		0	
Grand Total	16	0.4	19	0.4	67	1.5	21	0.5	11	0.2

Hepatitis A, acute Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	48	1.2
2000	97	2.4
2001	86	2.1
2002	64	1.6
2003	54	1.3
2004	44	1.0
2005	40	0.9
2006	27	0.6
2007	16	0.4
2008	19	0.4
2009	67	1.5
2010	21	0.5
2011	11	0.2

*Incidence rate and county-level case counts not reported for < 4 cases 71

**Hepatitis B, acute
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	*	*	*	*	0	*	*	*	5	3.1
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	*	*	0	*	*	*	*	*	*	*
Bamberg	0	*	*	*	0	*	*	*	0	*
Barnwell	*	*	0	*	0	*	0	*	0	*
Beaufort	*	*	0	*	0	*	*	*	*	*
Berkeley	*	*	*	*	0	*	0	*	*	*
Calhoun	*	*	0	*	0	*	0	*	0	*
Charleston	7	2.0	8	2.3	5	1.4	4	1.1	*	*
Cherokee	*	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	*	*	0	*
Chesterfield	0	*	0	*	*	*	*	*	0	*
Clarendon	0	*	*	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	*	*	*	*
Darlington	0	*	0	*	4	6.0	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	*	*	*	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	*	*	0	*	0	*	0	*	0	*
Florence	*	*	*	*	*	*	0	*	*	*
Georgetown	*	*	0	*	*	*	0	*	*	*
Greenville	4	0.9	4	0.9	7	1.6	*	*	*	*
Greenwood	*	*	0	*	0	*	*	*	0	*
Hampton	*	*	*	*	*	*	*	*	0	*
Horry	*	*	5	1.9	*	*	*	*	*	*
Jasper	*	*	0	*	0	*	0	*	0	*
Kershaw	0	*	*	*	0	*	*	*	0	*
Lancaster	*	*	0	*	*	*	*	*	0	*
Laurens	*	*	*	*	*	*	*	*	*	*
Lee	0	*	0	*	0	*	*	*	0	*
Lexington	6	2.5	*	*	*	*	4	1.5	*	*
Marion	0	*	0	*	*	*	0	*	*	*
Marlboro	*	*	0	*	0	*	0	*	*	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	0	*	*	*	0	*	*	*	0	*
Orangeburg	*	*	0	*	0	*	*	*	*	*
Pickens	*	*	0	*	*	*	*	*	*	*
Richland	*	*	11	3.0	4	1.1	7	1.8	5	1.3
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	4	1.4	*	*	4	1.4	*	*
Sumter	*	*	*	*	*	*	10	9.3	6	5.6
Union	0	*	0	*	*	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	*	*	0	*
York	*	*	*	*	*	*	*	*	*	*
Unknown	11		13		20		5		0	
Grand Total	69	1.6	69	1.5	61	1.3	64	1.4	43	0.9

Hepatitis B, acute Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	63	1.6
2000	23	0.6
2001	72	1.8
2002	139	3.4
2003	196	4.7
2004	153	3.6
2005	173	4.1
2006	103	2.4
2007	69	1.6
2008	69	1.5
2009	61	1.3
2010	64	1.4
2011	43	0.9

*Incidence rate and county-level case counts not reported for < 4 cases 72

**Hepatitis B, chronic
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	*	*	*	*	*	*
Aiken	16	10.5	12	7.8	12	7.7	15	9.4	14	8.7
Allendale	*	*	*	*	0	*	0	*	*	*
Anderson	20	11.1	14	7.7	18	9.7	11	5.9	10	5.3
Bamberg	*	*	0	*	0	*	*	*	*	*
Barnwell	*	*	*	*	*	*	*	*	*	*
Beaufort	21	14.3	13	8.6	22	14.2	13	8.0	27	16.4
Berkeley	22	13.5	18	10.6	14	8.1	12	6.7	10	5.4
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	42	12.2	48	13.8	47	13.2	61	17.4	50	14.0
Cherokee	*	*	*	*	5	9.1	0	*	4	7.2
Chester	*	*	*	*	*	*	*	*	0	*
Chesterfield	*	*	*	*	*	*	*	*	0	*
Clarendon	4	12.2	*	*	*	*	4	11.4	*	*
Colleton	4	10.3	6	15.4	*	*	6	15.4	7	18.1
Darlington	9	13.5	5	7.5	*	*	6	8.7	4	5.9
Dillon	0	*	*	*	6	19.4	*	*	0	*
Dorchester	7	5.7	13	10.2	8	6.1	5	3.7	15	10.6
Edgefield	*	*	*	*	*	*	*	*	*	*
Fairfield	*	*	4	17.1	0	*	*	*	4	17.0
Florence	19	14.4	20	15.1	15	11.2	9	6.6	16	11.6
Georgetown	*	*	*	*	11	18.1	*	*	9	15.0
Greenville	67	15.7	44	10.0	55	12.2	57	12.6	44	9.5
Greenwood	8	11.7	5	7.3	8	11.5	9	12.9	*	*
Hampton	4	18.9	*	*	8	38.1	0	*	6	28.8
Horry	16	6.4	8	3.1	9	3.4	17	6.3	19	6.9
Jasper	*	*	*	*	*	*	6	24.2	*	*
Kershaw	5	8.6	4	6.8	5	8.3	5	8.1	10	16.1
Lancaster	4	5.4	5	6.6	4	5.1	*	*	4	5.1
Laurens	8	11.5	5	7.2	7	10.0	*	*	5	7.5
Lee	0	*	5	25.1	*	*	0	*	*	*
Lexington	24	9.9	31	12.5	27	10.6	16	6.1	29	10.9
Marion	*	*	*	*	*	*	0	*	*	*
Marlboro	*	*	4	11.8	*	*	0	*	*	*
McCormick	*	*	*	*	0	*	0	*	*	*
Newberry	*	*	0	*	*	*	*	*	*	*
Oconee	6	8.5	5	7.0	6	8.4	4	5.4	*	*
Orangeburg	4	4.4	4	4.4	4	4.4	*	*	*	*
Pickens	8	6.9	4	3.4	7	5.9	8	6.7	8	6.7
Richland	94	26.3	101	27.7	103	27.7	80	20.8	103	26.5
Saluda	0	*	0	*	*	*	0	*	*	*
Spartanburg	16	5.8	26	9.3	23	8.0	22	7.7	30	10.5
Sumter	22	21.2	13	12.5	6	5.7	13	12.1	10	9.3
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	4	11.3	0	*	*	*	*	*	*	*
York	18	8.6	13	6.0	20	8.8	16	7.1	22	9.5
Unknown	80		124		148		58		36	
Grand Total	583	13.2	579	12.9	630	13.8	479	10.4	524	11.2

Hepatitis B, chronic Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	54	1.4
2000	341	8.5
2001	675	16.6
2002	999	24.4
2003	612	14.8
2004	824	19.6
2005	634	14.9
2006	674	15.6
2007	583	13.2
2008	579	12.9
2009	630	13.8
2010	479	10.4
2011	524	11.2

*Incidence rate and county-level case counts not reported for < 4 cases 73

**Hepatitis B, perinatal
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	0	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	0	*
Berkeley	0	*	0	*	0	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	0	*	0	*	0	*	0	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	0	*	0	*	0	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	0	*	0	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	0	*	0	*	0	*	0	*	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		0		0		0		0	
Grand Total	0	*								

Hepatitis B, perinatal Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	1	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases 74

**Hepatitis C, acute
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	*	*	*	*	*	*	0	*	*	*
Aiken	*	*	*	*	*	*	0	*	*	*
Allendale	*	*	*	*	*	*	0	*	*	*
Anderson	*	*	*	*	*	*	0	*	*	*
Bamberg	*	*	*	*	*	*	0	*	*	*
Barnwell	*	*	*	*	*	*	0	*	*	*
Beaufort	*	*	*	*	*	*	0	*	*	*
Berkeley	*	*	*	*	*	*	0	*	*	*
Calhoun	*	*	*	*	*	*	0	*	*	*
Charleston	*	*	*	*	*	*	0	*	*	*
Cherokee	*	*	*	*	*	*	0	*	*	*
Chester	*	*	*	*	*	*	0	*	*	*
Chesterfield	*	*	*	*	*	*	0	*	*	*
Clarendon	*	*	*	*	*	*	0	*	*	*
Colleton	*	*	*	*	*	*	0	*	*	*
Darlington	*	*	*	*	*	*	0	*	*	*
Dillon	*	*	*	*	*	*	0	*	*	*
Dorchester	*	*	*	*	*	*	0	*	*	*
Edgefield	*	*	*	*	*	*	0	*	*	*
Fairfield	*	*	*	*	*	*	0	*	*	*
Florence	*	*	*	*	*	*	0	*	*	*
Georgetown	*	*	*	*	*	*	0	*	*	*
Greenville	*	*	*	*	*	*	0	*	*	*
Greenwood	*	*	*	*	*	*	0	*	*	*
Hampton	*	*	*	*	*	*	0	*	*	*
Horry	*	*	*	*	*	*	0	*	*	*
Jasper	*	*	*	*	*	*	0	*	*	*
Kershaw	*	*	*	*	*	*	0	*	*	*
Lancaster	*	*	*	*	*	*	0	*	*	*
Laurens	*	*	*	*	*	*	0	*	*	*
Lee	*	*	*	*	*	*	0	*	*	*
Lexington	*	*	*	*	*	*	0	*	*	*
Marion	*	*	*	*	*	*	0	*	*	*
Marlboro	*	*	*	*	*	*	0	*	*	*
McCormick	*	*	*	*	*	*	0	*	*	*
Newberry	*	*	*	*	*	*	0	*	*	*
Oconee	*	*	*	*	*	*	0	*	*	*
Orangeburg	*	*	*	*	*	*	0	*	*	*
Pickens	*	*	*	*	*	*	0	*	*	*
Richland	*	*	*	*	*	*	0	*	*	*
Saluda	*	*	*	*	*	*	0	*	*	*
Spartanburg	*	*	*	*	*	*	0	*	*	*
Sumter	*	*	*	*	*	*	0	*	*	*
Union	*	*	*	*	*	*	0	*	*	*
Williamsburg	*	*	*	*	*	*	0	*	*	*
York	*	*	*	*	*	*	0	*	*	*
Unknown	*		*		*		0		*	
Grand Total	1	*	4	0.1	2	*	0	*	1	*

Hepatitis C, acute Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	21	0.5
2000	3	*
2001	13	0.3
2002	5	0.1
2003	28	0.7
2004	15	0.4
2005	4	0.1
2006	2	*
2007	1	*
2008	4	0.1
2009	2	*
2010	0	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases 75

**Hepatitis C, chronic
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	18	70.7	14	55.1	16	63.8	18	70.8	14	55.6
Aiken	67	44.0	42	27.3	59	37.8	76	47.5	110	68.5
Allendale	*	*	*	*	*	*	13	124.8	4	39.3
Anderson	202	112.2	192	105.0	148	80.0	153	81.8	185	98.1
Bamberg	5	32.3	5	32.7	*	*	0	*	0	*
Barnwell	8	34.8	8	35.0	*	*	9	39.8	7	31.3
Beaufort	88	60.0	63	41.9	85	54.8	88	54.2	124	75.3
Berkeley	103	63.0	100	59.1	77	44.4	62	34.9	70	38.1
Calhoun	*	*	4	27.4	0	*	*	*	4	26.4
Charleston	360	104.8	322	92.5	257	72.3	301	85.9	258	72.1
Cherokee	35	64.9	31	57.0	22	40.2	15	27.1	43	77.4
Chester	18	55.3	29	88.9	13	40.1	19	57.3	16	48.6
Chesterfield	29	67.8	4	9.3	6	13.9	5	10.7	11	23.6
Clarendon	19	58.1	14	42.2	5	15.2	12	34.3	31	89.3
Colleton	33	84.8	10	25.6	34	86.6	28	72.0	36	93.2
Darlington	53	79.3	17	25.4	18	27.1	16	23.3	19	27.8
Dillon	10	32.6	4	13.0	4	12.9	*	*	5	15.7
Dorchester	89	72.1	103	81.0	81	62.1	68	49.8	73	51.8
Edgefield	6	23.7	6	23.5	7	27.2	0	*	6	22.5
Fairfield	15	64.4	15	64.0	10	42.8	15	62.6	17	72.1
Florence	96	72.9	68	51.2	56	41.7	60	43.8	64	46.4
Georgetown	43	71.2	28	46.1	38	62.6	27	44.9	40	66.7
Greenville	450	105.3	464	105.9	462	102.3	417	92.4	407	88.2
Greenwood	59	86.5	62	90.4	57	81.8	86	123.5	88	126.0
Hampton	9	42.5	11	52.2	9	42.8	*	*	26	124.9
Horry	207	82.9	141	54.8	121	45.9	133	49.4	307	111.1
Jasper	15	68.5	5	22.4	17	73.2	19	76.7	16	63.5
Kershaw	56	96.3	46	78.1	20	33.3	44	71.3	48	77.1
Lancaster	26	35.4	51	67.2	29	37.3	40	52.2	32	41.1
Laurens	69	99.2	68	97.6	67	95.7	76	114.2	72	108.2
Lee	14	70.0	15	75.4	*	*	10	52.0	15	79.0
Lexington	99	40.8	143	57.5	120	46.9	103	39.3	115	43.1
Marion	12	119.1	18	178.3	9	88.8	9	88.0	16	159.4
Marlboro	15	44.3	7	20.7	7	20.9	*	*	14	42.6
McCormick	5	17.3	8	27.9	*	*	5	17.3	4	14.0
Newberry	11	29.3	11	29.1	19	49.0	18	48.0	17	45.1
Oconee	56	79.3	50	70.2	67	93.7	53	71.4	64	86.0
Orangeburg	31	34.3	21	23.2	19	21.1	12	13.0	25	27.2
Pickens	86	74.4	79	67.6	56	47.4	46	38.6	53	44.3
Richland	393	109.8	323	88.7	432	116.1	388	100.9	440	113.1
Saluda	5	26.7	5	26.8	7	36.7	4	20.1	*	*
Spartanburg	230	83.5	296	105.4	252	87.9	212	74.6	219	76.3
Sumter	83	79.8	62	59.5	29	27.8	60	55.8	60	55.8
Union	14	50.4	13	47.0	6	21.9	12	41.4	10	34.9
Williamsburg	13	36.7	12	34.2	4	11.6	5	14.5	17	49.9
York	108	51.8	110	50.6	102	44.9	115	50.9	130	56.4
Unknown	687		856		602		374		329	
Grand Total	4054	92.0	3957	88.3	3459	75.8	3235	69.9	3664	78.3

Hepatitis C, chronic Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	1030	25.9
2000	3001	74.6
2001	4018	98.9
2002	3235	78.9
2003	1015	24.5
2004	3092	73.7
2005	4516	106.3
2006	4707	108.8
2007	4054	92.0
2008	3957	88.3
2009	3459	75.8
2010	3235	69.9
2011	3664	78.3

*Incidence rate and county-level case counts not reported for < 4 cases 76

**Hepatitis D
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	*	*	0	*	0	*	*	*
Aiken	0	*	*	*	0	*	0	*	*	*
Allendale	0	*	*	*	0	*	0	*	*	*
Anderson	0	*	*	*	0	*	0	*	*	*
Bamberg	0	*	*	*	0	*	0	*	*	*
Barnwell	0	*	*	*	0	*	0	*	*	*
Beaufort	0	*	*	*	0	*	0	*	*	*
Berkeley	0	*	*	*	0	*	0	*	*	*
Calhoun	0	*	*	*	0	*	0	*	*	*
Charleston	0	*	*	*	0	*	0	*	*	*
Cherokee	0	*	*	*	0	*	0	*	*	*
Chester	0	*	*	*	0	*	0	*	*	*
Chesterfield	0	*	*	*	0	*	0	*	*	*
Clarendon	0	*	*	*	0	*	0	*	*	*
Colleton	0	*	*	*	0	*	0	*	*	*
Darlington	0	*	*	*	0	*	0	*	*	*
Dillon	0	*	*	*	0	*	0	*	*	*
Dorchester	0	*	*	*	0	*	0	*	*	*
Edgefield	0	*	*	*	0	*	0	*	*	*
Fairfield	0	*	*	*	0	*	0	*	*	*
Florence	0	*	*	*	0	*	0	*	*	*
Georgetown	0	*	*	*	0	*	0	*	*	*
Greenville	0	*	*	*	0	*	0	*	*	*
Greenwood	0	*	*	*	0	*	0	*	*	*
Hampton	0	*	*	*	0	*	0	*	*	*
Horry	0	*	*	*	0	*	0	*	*	*
Jasper	0	*	*	*	0	*	0	*	*	*
Kershaw	0	*	*	*	0	*	0	*	*	*
Lancaster	0	*	*	*	0	*	0	*	*	*
Laurens	0	*	*	*	0	*	0	*	*	*
Lee	0	*	*	*	0	*	0	*	*	*
Lexington	0	*	*	*	0	*	0	*	*	*
Marion	0	*	*	*	0	*	0	*	*	*
Marlboro	0	*	*	*	0	*	0	*	*	*
McCormick	0	*	*	*	0	*	0	*	*	*
Newberry	0	*	*	*	0	*	0	*	*	*
Oconee	0	*	*	*	0	*	0	*	*	*
Orangeburg	0	*	*	*	0	*	0	*	*	*
Pickens	0	*	*	*	0	*	0	*	*	*
Richland	0	*	*	*	0	*	0	*	*	*
Saluda	0	*	*	*	0	*	0	*	*	*
Spartanburg	0	*	*	*	0	*	0	*	*	*
Sumter	0	*	*	*	0	*	0	*	*	*
Union	0	*	*	*	0	*	0	*	*	*
Williamsburg	0	*	*	*	0	*	0	*	*	*
York	0	*	*	*	0	*	0	*	*	*
Unknown	0		*		0		0		*	
Grand Total	0	*	2	*	0	*	0	*	2	*

Hepatitis D Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	2	*
2006	0	*
2007	0	*
2008	2	*
2009	0	*
2010	0	*
2011	2	*

*Incidence rate and county-level case counts not reported for < 4 cases 77

**Hepatitis E
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	0	*	0	*	0	*	*	*
Aiken	*	*	0	*	0	*	0	*	*	*
Allendale	*	*	0	*	0	*	0	*	*	*
Anderson	*	*	0	*	0	*	0	*	*	*
Bamberg	*	*	0	*	0	*	0	*	*	*
Barnwell	*	*	0	*	0	*	0	*	*	*
Beaufort	*	*	0	*	0	*	0	*	*	*
Berkeley	*	*	0	*	0	*	0	*	*	*
Calhoun	*	*	0	*	0	*	0	*	*	*
Charleston	*	*	0	*	0	*	0	*	*	*
Cherokee	*	*	0	*	0	*	0	*	*	*
Chester	*	*	0	*	0	*	0	*	*	*
Chesterfield	*	*	0	*	0	*	0	*	*	*
Clarendon	*	*	0	*	0	*	0	*	*	*
Colleton	*	*	0	*	0	*	0	*	*	*
Darlington	*	*	0	*	0	*	0	*	*	*
Dillon	*	*	0	*	0	*	0	*	*	*
Dorchester	*	*	0	*	0	*	0	*	*	*
Edgefield	*	*	0	*	0	*	0	*	*	*
Fairfield	*	*	0	*	0	*	0	*	*	*
Florence	*	*	0	*	0	*	0	*	*	*
Georgetown	*	*	0	*	0	*	0	*	*	*
Greenville	*	*	0	*	0	*	0	*	*	*
Greenwood	*	*	0	*	0	*	0	*	*	*
Hampton	*	*	0	*	0	*	0	*	*	*
Horry	*	*	0	*	0	*	0	*	*	*
Jasper	*	*	0	*	0	*	0	*	*	*
Kershaw	*	*	0	*	0	*	0	*	*	*
Lancaster	*	*	0	*	0	*	0	*	*	*
Laurens	*	*	0	*	0	*	0	*	*	*
Lee	*	*	0	*	0	*	0	*	*	*
Lexington	*	*	0	*	0	*	0	*	*	*
Marion	*	*	0	*	0	*	0	*	*	*
Marlboro	*	*	0	*	0	*	0	*	*	*
McCormick	*	*	0	*	0	*	0	*	*	*
Newberry	*	*	0	*	0	*	0	*	*	*
Oconee	*	*	0	*	0	*	0	*	*	*
Orangeburg	*	*	0	*	0	*	0	*	*	*
Pickens	*	*	0	*	0	*	0	*	*	*
Richland	*	*	0	*	0	*	0	*	*	*
Saluda	*	*	0	*	0	*	0	*	*	*
Spartanburg	*	*	0	*	0	*	0	*	*	*
Sumter	*	*	0	*	0	*	0	*	*	*
Union	*	*	0	*	0	*	0	*	*	*
Williamsburg	*	*	0	*	0	*	0	*	*	*
York	*	*	0	*	0	*	0	*	*	*
Unknown	*		0		0		0		*	
Grand Total	1	*	0	*	0	*	0	*	2	*

Hepatitis E Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	1	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	1	*
2006	0	*
2007	1	*
2008	0	*
2009	0	*
2010	0	*
2011	2	*

**Influenza, Human Isolates
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	0	*	4	15.7	4	15.9	*	*	*	*
Aiken	0	*	15	9.7	59	37.8	11	6.9	13	8.1
Allendale	0	*	33	315.9	21	206.0	0	*	*	*
Anderson	4	2.2	12	6.6	63	34.1	16	8.6	6	3.2
Bamberg	0	*	*	*	34	226.6	0	*	10	62.6
Barnwell	0	*	6	26.2	10	44.1	0	*	*	*
Beaufort	0	*	0	*	180	116.0	0	*	0	*
Berkeley	*	*	*	*	44	25.4	6	3.4	14	7.6
Calhoun	0	*	0	*	*	*	*	*	0	*
Charleston	15	4.4	33	9.5	148	41.7	28	8.0	68	19.0
Cherokee	0	*	0	*	11	20.1	0	*	*	*
Chester	0	*	0	*	15	46.3	*	*	5	15.2
Chesterfield	0	*	0	*	10	23.2	*	*	4	8.6
Clarendon	*	*	*	*	13	39.4	*	*	5	14.4
Colleton	0	*	*	*	51	129.9	0	*	0	*
Darlington	0	*	*	*	28	42.1	6	8.7	22	32.2
Dillon	0	*	0	*	9	29.1	0	*	6	18.9
Dorchester	*	*	*	*	27	20.7	9	6.6	22	15.6
Edgefield	0	*	0	*	8	31.1	*	*	*	*
Fairfield	0	*	0	*	13	55.7	*	*	*	*
Florence	0	*	21	15.8	65	48.4	4	2.9	24	17.4
Georgetown	0	*	0	*	35	57.7	*	*	4	6.7
Greenville	0	*	5	1.1	101	22.4	17	3.8	16	3.5
Greenwood	4	5.9	9	13.1	34	48.8	19	27.3	21	30.1
Hampton	0	*	*	*	8	38.1	*	*	0	*
Horry	0	*	0	*	82	31.1	11	4.1	15	5.4
Jasper	0	*	0	*	6	25.8	0	*	0	*
Kershaw	*	*	0	*	22	36.6	5	8.1	7	11.2
Lancaster	0	*	0	*	35	45.0	9	11.7	9	11.6
Laurens	27	38.8	15	21.5	29	41.4	10	15.0	13	19.5
Lee	0	*	0	*	14	71.0	0	*	4	21.1
Lexington	0	*	*	*	84	32.9	12	4.6	5	1.9
Marion	0	*	0	*	12	118.3	0	*	*	*
Marlboro	0	*	0	*	23	68.7	0	*	*	*
McCormick	0	*	0	*	0	*	*	*	*	*
Newberry	0	*	0	*	45	116.1	4	10.7	*	*
Oconee	0	*	12	16.8	32	44.7	8	10.8	5	6.7
Orangeburg	0	*	*	*	39	43.3	4	4.3	*	*
Pickens	0	*	*	*	15	12.7	*	*	*	*
Richland	0	*	12	3.3	491	132.0	49	12.7	39	10.0
Saluda	*	*	15	80.5	31	162.4	*	*	*	*
Spartanburg	*	*	14	5.0	109	38.0	5	1.8	22	7.7
Sumter	4	3.8	23	22.1	101	96.7	5	4.7	62	57.7
Union	0	*	0	*	4	14.6	0	*	*	*
Williamsburg	0	*	0	*	13	37.7	*	*	*	*
York	0	*	0	*	32	14.1	4	1.8	46	20.0
Unknown	*	*	*	*	231		31		20	
Grand Total	66	1.5	246	5.5	2442	53.5	291	6.3	512	10.9

Influenza, Human Isolates Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	114	2.9
2000	103	2.6
2001	78	1.9
2002	31	0.8
2003	810	19.5
2004	493	11.7
2005	53	1.2
2006	36	0.8
2007	66	1.5
2008	246	5.5
2009	2442	53.5
2010	291	6.3
2011	512	10.9

**Legionellosis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	0	*	0	*	0	*
Aiken	*	*	0	*	0	*	0	*	*	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	*	*	*	*	*	*	*	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	*	*
Berkeley	*	*	0	*	0	*	*	*	*	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	*	*	0	*	*	*	*	*	5	1.4
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	*	*	0	*	0	*	0	*	0	*
Chesterfield	*	*	0	*	0	*	0	*	*	*
Clarendon	0	*	*	*	0	*	0	*	*	*
Colleton	0	*	0	*	*	*	0	*	0	*
Darlington	0	*	*	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	*	*
Dorchester	*	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	*	*	0	*
Florence	0	*	0	*	*	*	0	*	*	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	*	*	*	*	*	*	*	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	*	*	0	*	*	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	*	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	*	*	0	*	*	*	0	*
Marion	*	*	0	*	0	*	0	*	0	*
Marlboro	0	*	*	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	*	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	*	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	*	*	*	*	0	*	*	*	5	1.3
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	*	*	*	*
Sumter	0	*	*	*	0	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	*	*	*	*
York	0	*	0	*	0	*	*	*	0	*
Unknown	1		1		3		0		0	
Grand Total	16	0.4	12	0.3	15	0.3	18	0.4	26	0.6

Legionellosis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	12	0.3
2000	7	0.2
2001	15	0.4
2002	10	0.2
2003	12	0.3
2004	16	0.4
2005	16	0.4
2006	9	0.2
2007	16	0.4
2008	12	0.3
2009	15	0.3
2010	18	0.4
2011	26	0.6

*Incidence rate and county-level case counts not reported for < 4 cases

**Leptospirosis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	*	*	0	*
Aiken	0	*	0	*	0	*	*	*	0	*
Allendale	0	*	0	*	0	*	*	*	0	*
Anderson	0	*	0	*	0	*	*	*	0	*
Bamberg	0	*	0	*	0	*	*	*	0	*
Barnwell	0	*	0	*	0	*	*	*	0	*
Beaufort	0	*	0	*	0	*	*	*	0	*
Berkeley	0	*	0	*	0	*	*	*	0	*
Calhoun	0	*	0	*	0	*	*	*	0	*
Charleston	0	*	0	*	0	*	*	*	0	*
Cherokee	0	*	0	*	0	*	*	*	0	*
Chester	0	*	0	*	0	*	*	*	0	*
Chesterfield	0	*	0	*	0	*	*	*	0	*
Clarendon	0	*	0	*	0	*	*	*	0	*
Colleton	0	*	0	*	0	*	*	*	0	*
Darlington	0	*	0	*	0	*	*	*	0	*
Dillon	0	*	0	*	0	*	*	*	0	*
Dorchester	0	*	0	*	0	*	*	*	0	*
Edgefield	0	*	0	*	0	*	*	*	0	*
Fairfield	0	*	0	*	0	*	*	*	0	*
Florence	0	*	0	*	0	*	*	*	0	*
Georgetown	0	*	0	*	0	*	*	*	0	*
Greenville	0	*	0	*	0	*	*	*	0	*
Greenwood	0	*	0	*	0	*	*	*	0	*
Hampton	0	*	0	*	0	*	*	*	0	*
Horry	0	*	0	*	0	*	*	*	0	*
Jasper	0	*	0	*	0	*	*	*	0	*
Kershaw	0	*	0	*	0	*	*	*	0	*
Lancaster	0	*	0	*	0	*	*	*	0	*
Laurens	0	*	0	*	0	*	*	*	0	*
Lee	0	*	0	*	0	*	*	*	0	*
Lexington	0	*	0	*	0	*	*	*	0	*
Marion	0	*	0	*	0	*	*	*	0	*
Marlboro	0	*	0	*	0	*	*	*	0	*
McCormick	0	*	0	*	0	*	*	*	0	*
Newberry	0	*	0	*	0	*	*	*	0	*
Oconee	0	*	0	*	0	*	*	*	0	*
Orangeburg	0	*	0	*	0	*	*	*	0	*
Pickens	0	*	0	*	0	*	*	*	0	*
Richland	0	*	0	*	0	*	*	*	0	*
Saluda	0	*	0	*	0	*	*	*	0	*
Spartanburg	0	*	0	*	0	*	*	*	0	*
Sumter	0	*	0	*	0	*	*	*	0	*
Union	0	*	0	*	0	*	*	*	0	*
Williamsburg	0	*	0	*	0	*	*	*	0	*
York	0	*	0	*	0	*	*	*	0	*
Unknown	0		0		0		0		0	
Grand Total	0	*	0	*	0	*	1	*	0	*

Leptospirosis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	1	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Listeriosis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	0	*	*	*	0	*	0	*	0	*
Aiken	*	*	*	*	*	*	0	*	*	*
Allendale	0	*	*	*	0	*	0	*	0	*
Anderson	0	*	*	*	0	*	0	*	0	*
Bamberg	0	*	*	*	0	*	0	*	0	*
Barnwell	0	*	*	*	0	*	0	*	0	*
Beaufort	0	*	*	*	0	*	0	*	0	*
Berkeley	*	*	*	*	0	*	0	*	0	*
Calhoun	0	*	*	*	0	*	0	*	0	*
Charleston	*	*	*	*	0	*	*	*	0	*
Cherokee	0	*	*	*	0	*	*	*	0	*
Chester	0	*	*	*	0	*	0	*	0	*
Chesterfield	0	*	*	*	0	*	0	*	0	*
Clarendon	0	*	*	*	0	*	0	*	0	*
Colleton	0	*	*	*	*	*	0	*	0	*
Darlington	0	*	*	*	0	*	0	*	0	*
Dillon	0	*	*	*	0	*	0	*	0	*
Dorchester	0	*	*	*	*	*	0	*	0	*
Edgefield	0	*	*	*	0	*	0	*	0	*
Fairfield	0	*	*	*	0	*	0	*	0	*
Florence	0	*	*	*	0	*	0	*	0	*
Georgetown	0	*	*	*	0	*	0	*	0	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	0	*	0	*
Hampton	0	*	*	*	0	*	0	*	0	*
Horry	0	*	*	*	0	*	*	*	*	*
Jasper	0	*	*	*	0	*	0	*	0	*
Kershaw	0	*	*	*	0	*	0	*	0	*
Lancaster	0	*	*	*	0	*	0	*	0	*
Laurens	*	*	*	*	0	*	0	*	0	*
Lee	0	*	*	*	0	*	0	*	0	*
Lexington	0	*	*	*	*	*	0	*	0	*
Marion	0	*	*	*	0	*	0	*	0	*
Marlboro	0	*	*	*	*	*	0	*	0	*
McCormick	0	*	*	*	0	*	0	*	0	*
Newberry	0	*	*	*	0	*	0	*	0	*
Oconee	0	*	*	*	0	*	0	*	0	*
Orangeburg	0	*	*	*	0	*	0	*	0	*
Pickens	*	*	*	*	0	*	0	*	0	*
Richland	0	*	*	*	*	*	*	*	0	*
Saluda	0	*	*	*	0	*	0	*	0	*
Spartanburg	0	*	*	*	0	*	*	*	*	*
Sumter	0	*	*	*	0	*	0	*	0	*
Union	0	*	*	*	0	*	0	*	0	*
Williamsburg	0	*	*	*	0	*	0	*	0	*
York	0	*	*	*	0	*	0	*	*	*
Unknown	1		0		1		1		1	
Grand Total	10	0.2	6	0.1	13	0.3	13	0.3	7	0.1

Listeriosis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	11	0.3
2000	9	0.2
2001	5	0.1
2002	8	0.2
2003	8	0.2
2004	11	0.3
2005	18	0.4
2006	9	0.2
2007	10	0.2
2008	6	0.1
2009	13	0.3
2010	13	0.3
2011	7	0.1

*Incidence rate and county-level case counts not reported for < 4 cases

Lyme disease
Cases, Rate per 100,000 Population

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	0	*	0	*	0	*
Aiken	0	*	0	*	*	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	4	2.2	*	*	*	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	*	*	0	*	0	*
Beaufort	*	*	*	*	5	3.2	*	*	*	*
Berkeley	*	*	0	*	*	*	*	*	*	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	*	*	*	*	5	1.4	4	1.1	*	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	*	*	*	*	*	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	*	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	*	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	*	*	0	*	0	*	0	*
Dorchester	0	*	*	*	4	3.1	*	*	*	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	*	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	0	*	*	*	*	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	*	*
Horry	*	*	*	*	9	3.4	*	*	10	3.6
Jasper	0	*	*	*	0	*	0	*	0	*
Kershaw	*	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	*	*
Laurens	*	*	0	*	*	*	*	*	0	*
Lee	0	*	0	*	0	*	0	*	*	*
Lexington	*	*	0	*	0	*	*	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	*	*	*	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	*	*	*	*	*	*	0	*	0	*
Orangeburg	0	*	*	*	*	*	0	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	4	1.1	0	*	*	*	*	*	*	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	*	*	0	*	0	*	0	*	0	*
Sumter	*	*	*	*	*	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	*	*	0	*	*	*	0	*
York	*	*	9	4.1	10	4.4	*	*	8	3.5
Unknown	*		0		0		5		*	
Grand Total	34	0.8	32	0.7	50	1.1	28	0.6	43	0.9

Lyme disease Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	6	0.2
2000	25	0.6
2001	6	0.1
2002	26	0.6
2003	18	0.4
2004	6	0.1
2005	12	0.3
2006	18	0.4
2007	34	0.8
2008	32	0.7
2009	50	1.1
2010	28	0.6
2011	43	0.9

**Malaria
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	*	*
Aiken	0	*	0	*	0	*	0	*	*	*
Allendale	0	*	0	*	0	*	0	*	*	*
Anderson	0	*	0	*	0	*	0	*	*	*
Bamberg	0	*	0	*	0	*	0	*	*	*
Barnwell	0	*	0	*	0	*	0	*	*	*
Beaufort	0	*	*	*	0	*	0	*	*	*
Berkeley	0	*	0	*	0	*	0	*	*	*
Calhoun	0	*	0	*	0	*	0	*	*	*
Charleston	0	*	*	*	*	*	*	*	*	*
Cherokee	0	*	0	*	0	*	0	*	*	*
Chester	0	*	0	*	0	*	0	*	*	*
Chesterfield	0	*	0	*	0	*	0	*	*	*
Clarendon	0	*	0	*	0	*	0	*	*	*
Colleton	0	*	0	*	0	*	0	*	*	*
Darlington	*	*	0	*	0	*	0	*	*	*
Dillon	0	*	0	*	0	*	0	*	*	*
Dorchester	0	*	*	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	*	*
Fairfield	0	*	0	*	0	*	0	*	*	*
Florence	0	*	0	*	0	*	0	*	*	*
Georgetown	0	*	0	*	0	*	*	*	*	*
Greenville	0	*	0	*	*	*	*	*	*	*
Greenwood	0	*	*	*	0	*	0	*	*	*
Hampton	0	*	0	*	0	*	0	*	*	*
Horry	*	*	*	*	0	*	0	*	*	*
Jasper	0	*	0	*	0	*	0	*	*	*
Kershaw	0	*	0	*	0	*	0	*	*	*
Lancaster	0	*	0	*	0	*	0	*	*	*
Laurens	0	*	0	*	0	*	0	*	*	*
Lee	0	*	0	*	0	*	0	*	*	*
Lexington	0	*	0	*	0	*	0	*	*	*
Marion	*	*	0	*	0	*	0	*	*	*
Marlboro	0	*	0	*	0	*	0	*	*	*
McCormick	0	*	0	*	0	*	0	*	*	*
Newberry	0	*	0	*	0	*	0	*	*	*
Oconee	0	*	0	*	0	*	0	*	*	*
Orangeburg	0	*	0	*	0	*	*	*	*	*
Pickens	*	*	0	*	0	*	0	*	*	*
Richland	*	*	*	*	*	*	0	*	*	*
Saluda	0	*	0	*	0	*	0	*	*	*
Spartanburg	*	*	0	*	*	*	0	*	*	*
Sumter	0	*	0	*	0	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	*	*
Williamsburg	0	*	0	*	0	*	0	*	*	*
York	0	*	0	*	0	*	0	*	*	*
Unknown	0		1		1		0		0	
Grand Total	8	0.2	8	0.2	7	0.2	6	0.1	8	0.2

Malaria Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	19	0.5
2000	2	*
2001	9	0.2
2002	9	0.2
2003	6	0.1
2004	10	0.2
2005	12	0.3
2006	9	0.2
2007	8	0.2
2008	8	0.2
2009	7	0.2
2010	6	0.1
2011	8	0.2

*Incidence rate and county-level case counts not reported for < 4 cases

**Mumps
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	*	*	*	*	*	*
Aiken	*	*	*	*	*	*	*	*	*	*
Allendale	*	*	*	*	*	*	*	*	*	*
Anderson	*	*	*	*	*	*	*	*	*	*
Bamberg	*	*	*	*	*	*	*	*	*	*
Barnwell	*	*	*	*	*	*	*	*	*	*
Beaufort	*	*	*	*	*	*	*	*	*	*
Berkeley	*	*	*	*	*	*	*	*	*	*
Calhoun	*	*	*	*	*	*	*	*	*	*
Charleston	*	*	*	*	*	*	*	*	*	*
Cherokee	*	*	*	*	*	*	*	*	*	*
Chester	*	*	*	*	*	*	*	*	*	*
Chesterfield	*	*	*	*	*	*	*	*	*	*
Clarendon	*	*	*	*	*	*	*	*	*	*
Colleton	*	*	*	*	*	*	*	*	*	*
Darlington	*	*	*	*	*	*	*	*	*	*
Dillon	*	*	*	*	*	*	*	*	*	*
Dorchester	*	*	*	*	*	*	*	*	*	*
Edgefield	*	*	*	*	*	*	*	*	*	*
Fairfield	*	*	*	*	*	*	*	*	*	*
Florence	*	*	*	*	*	*	*	*	*	*
Georgetown	*	*	*	*	*	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	*	*	*	*	*	*	*	*	*	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	*	*	*	*	*	*	*	*	*	*
Kershaw	*	*	*	*	*	*	*	*	*	*
Lancaster	*	*	*	*	*	*	*	*	*	*
Laurens	*	*	*	*	*	*	*	*	*	*
Lee	*	*	*	*	*	*	*	*	*	*
Lexington	*	*	*	*	*	*	*	*	*	*
Marion	*	*	*	*	*	*	*	*	*	*
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	*	*	*	*	*	*	*	*	*	*
Newberry	*	*	*	*	*	*	*	*	*	*
Oconee	*	*	*	*	*	*	*	*	*	*
Orangeburg	*	*	*	*	*	*	*	*	*	*
Pickens	*	*	*	*	*	*	*	*	*	*
Richland	*	*	*	*	*	*	*	*	*	*
Saluda	*	*	*	*	*	*	*	*	*	*
Spartanburg	*	*	*	*	*	*	*	*	*	*
Sumter	*	*	*	*	*	*	*	*	*	*
Union	*	*	*	*	*	*	*	*	*	*
Williamsburg	*	*	*	*	*	*	*	*	*	*
York	*	*	*	*	*	*	*	*	*	*
Unknown	0		0		0		0		0	
Grand Total	2	*	0	*	2	*	4	*	3	*

Mumps Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	6	0.2
2000	11	0.3
2001	7	0.2
2002	3	*
2003	4	*
2004	1	*
2005	1	*
2006	10	0.2
2007	2	*
2008	0	*
2009	2	*
2010	4	*
2011	3	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Neisseria meningitidis, invasive (Meningococcal disease)
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	0	*	1	*	0	*	0	*	0	*
Aiken	2	*	1	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	1	*	0	*	2	*	1	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	1	*	0	*	1	*	2	*
Berkeley	0	*	1	*	0	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	1	*	1	*	3	*	2	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	1	*	0	*	0	*	0	*
Chesterfield	1	*	0	*	0	*	1	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	1	*	0	*
Dorchester	0	*	0	*	1	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	1	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	1	*	7	1.6	1	*	1	*	2	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	1	*	0	*	0	*
Horry	0	*	1	*	0	*	0	*	1	*
Jasper	1	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	2	*	1	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	1	*	0	*	0	*	0	*	0	*
Lee	1	*	0	*	0	*	0	*	0	*
Lexington	0	*	2	*	0	*	1	*	0	*
Marion	0	*	0	*	0	*	0	*	1	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	1	*	1	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	2	*	0	*	2	*	0	*	0	*
Richland	2	*	0	*	1	*	0	*	1	*
Saluda	0	*	0	*	0	*	1	*	0	*
Spartanburg	1	*	0	*	0	*	0	*	0	*
Sumter	1	*	2	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	1	*	0	*	0	*	1	*
Unknown	1		1		0		1		0	
Grand Total	18	0.4	21	0.5	11	0.2	12	0.3	9	0.2

Neisseria meningitidis, invasive Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	48	1.2
2000	26	0.6
2001	33	0.8
2002	34	0.8
2003	31	0.7
2004	16	0.4
2005	15	0.4
2006	26	0.6
2007	18	0.4
2008	21	0.5
2009	11	0.2
2010	12	0.3
2011	9	0.2

*Incidence rate and county-level case counts not reported for < 4 cases 86

**Pertussis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	*	*	0	*	0	*	*	*	*	*
Aiken	0	*	0	*	*	*	24	15.0	*	*
Allendale	8	76.5	*	*	28	274.6	12	115.2	*	*
Anderson	0	*	*	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	*	*	0	*
Barnwell	0	*	0	*	*	*	*	*	4	17.9
Beaufort	*	*	*	*	5	3.2	13	8.0	0	*
Berkeley	0	*	0	*	0	*	*	*	0	*
Calhoun	22	149.2	11	75.4	36	246.2	55	362.4	18	118.9
Charleston	0	*	*	*	0	*	*	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	*	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	*	*	*	*
Clarendon	0	*	*	*	*	*	0	*	0	*
Colleton	0	*	0	*	7	17.8	0	*	0	*
Darlington	*	*	0	*	7	10.5	*	*	0	*
Dillon	5	16.3	6	19.5	11	35.6	25	78.0	*	*
Dorchester	0	*	0	*	*	*	*	*	0	*
Edgefield	0	*	0	*	*	*	0	*	0	*
Fairfield	0	*	0	*	30	128.5	*	*	0	*
Florence	*	*	*	*	0	*	0	*	*	*
Georgetown	29	48.0	25	41.2	11	18.1	31	51.5	13	21.7
Greenville	0	*	0	*	8	1.8	*	*	7	1.5
Greenwood	0	*	0	*	0	*	*	*	0	*
Hampton	*	*	14	66.4	8	38.1	13	61.6	4	19.2
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	*	*	*	*	8	32.3	6	23.8
Kershaw	0	*	0	*	0	*	*	*	*	*
Lancaster	0	*	*	*	11	14.1	8	10.4	*	*
Laurens	0	*	0	*	*	*	*	*	*	*
Lee	*	*	32	160.9	38	192.7	52	270.6	18	94.9
Lexington	0	*	*	*	*	*	0	*	*	*
Marion	*	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	9	31.4	6	20.8	*	*	0	*
Newberry	*	*	13	34.4	0	*	*	*	0	*
Oconee	0	*	*	*	*	*	*	*	0	*
Orangeburg	*	*	4	4.4	*	*	5	5.4	0	*
Pickens	*	*	17	14.5	14	11.8	45	37.7	41	34.3
Richland	0	*	0	*	0	*	0	*	0	*
Saluda	4	21.4	*	*	4	20.9	*	*	*	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	*	*	*	*	*	*	27	25.1	6	5.6
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	*	*	0	*
York	4	1.9	8	3.7	7	3.1	36	15.9	6	2.6
Unknown	4		13		10		17		*	
Grand Total	98	2.2	167	3.7	261	5.7	404	8.7	143	3.1

Pertussis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	26	0.7
2000	62	1.5
2001	34	0.8
2002	49	1.2
2003	198	4.8
2004	230	5.5
2005	413	9.7
2006	206	4.8
2007	98	2.2
2008	167	3.7
2009	261	5.7
2010	404	8.7
2011	143	3.1

*Incidence rate and county-level case counts not reported for < 4 cases 87

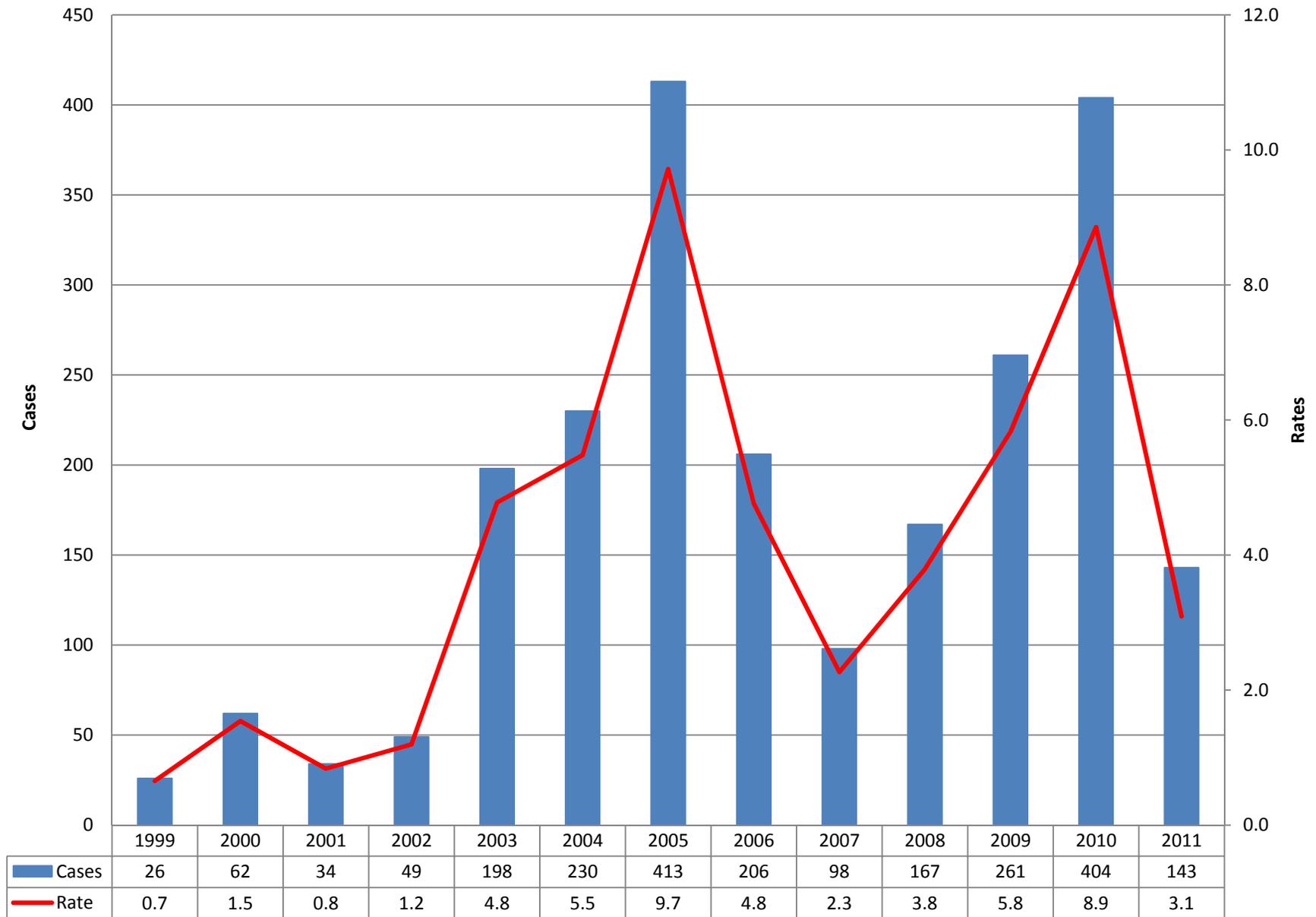
S.C. Pertussis Cases by Year and Vaccination Status
Confirmed and Probable Cases
2004-2012 YTD

Year	No	Yes	Unknown	Total	% Cases Who Received Vaccination	% Cases with Unknown Vaccination Status
2009	62	156	43	261	60%	16%
2010	84	279	41	404	69%	10%
2011	60	83	1	144	58%	1%
2012	21	78	8	107	73%	7%
Total	227	596	93	916	65%	10%

Source: CHES

Note: All data are provisional.

South Carolina Pertussis Cases and Rates: 1999-2011



South Carolina Pertussis Reported Cases by Age Group



**Psittacosis (Ornithosis)
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	*	*	*	*	*	*
Aiken	*	*	*	*	*	*	*	*	*	*
Allendale	*	*	*	*	*	*	*	*	*	*
Anderson	*	*	*	*	*	*	*	*	*	*
Bamberg	*	*	*	*	*	*	*	*	*	*
Barnwell	*	*	*	*	*	*	*	*	*	*
Beaufort	*	*	*	*	*	*	*	*	*	*
Berkeley	*	*	*	*	*	*	*	*	*	*
Calhoun	*	*	*	*	*	*	*	*	*	*
Charleston	*	*	*	*	*	*	*	*	*	*
Cherokee	*	*	*	*	*	*	*	*	*	*
Chester	*	*	*	*	*	*	*	*	*	*
Chesterfield	*	*	*	*	*	*	*	*	*	*
Clarendon	*	*	*	*	*	*	*	*	*	*
Colleton	*	*	*	*	*	*	*	*	*	*
Darlington	*	*	*	*	*	*	*	*	*	*
Dillon	*	*	*	*	*	*	*	*	*	*
Dorchester	*	*	*	*	*	*	*	*	*	*
Edgefield	*	*	*	*	*	*	*	*	*	*
Fairfield	*	*	*	*	*	*	*	*	*	*
Florence	*	*	*	*	*	*	*	*	*	*
Georgetown	*	*	*	*	*	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	*	*	*	*	*	*	*	*	*	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	*	*	*	*	*	*	*	*	*	*
Kershaw	*	*	*	*	*	*	*	*	*	*
Lancaster	*	*	*	*	*	*	*	*	*	*
Laurens	*	*	*	*	*	*	*	*	*	*
Lee	*	*	*	*	*	*	*	*	*	*
Lexington	*	*	*	*	*	*	*	*	*	*
Marion	*	*	*	*	*	*	*	*	*	*
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	*	*	*	*	*	*	*	*	*	*
Newberry	*	*	*	*	*	*	*	*	*	*
Oconee	*	*	*	*	*	*	*	*	*	*
Orangeburg	*	*	*	*	*	*	*	*	*	*
Pickens	*	*	*	*	*	*	*	*	*	*
Richland	*	*	*	*	*	*	*	*	*	*
Saluda	*	*	*	*	*	*	*	*	*	*
Spartanburg	*	*	*	*	*	*	*	*	*	*
Sumter	*	*	*	*	*	*	*	*	*	*
Union	*	*	*	*	*	*	*	*	*	*
Williamsburg	*	*	*	*	*	*	*	*	*	*
York	*	*	*	*	*	*	*	*	*	*
Unknown	0		0		0		0		0	
Grand Total	0	*	1	*	1	*	0	*	0	*

Psittacosis (Ornithosis) Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	2	*
2003	3	*
2004	1	*
2005	0	*
2006	0	*
2007	0	*
2008	1	*
2009	1	*
2010	0	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Q fever
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	*	*	*	*	*	*
Aiken	*	*	*	*	*	*	*	*	*	*
Allendale	*	*	*	*	*	*	*	*	*	*
Anderson	*	*	*	*	*	*	*	*	*	*
Bamberg	*	*	*	*	*	*	*	*	*	*
Barnwell	*	*	*	*	*	*	*	*	*	*
Beaufort	*	*	*	*	*	*	*	*	*	*
Berkeley	*	*	*	*	*	*	*	*	*	*
Calhoun	*	*	*	*	*	*	*	*	*	*
Charleston	*	*	*	*	*	*	*	*	*	*
Cherokee	*	*	*	*	*	*	*	*	*	*
Chester	*	*	*	*	*	*	*	*	*	*
Chesterfield	*	*	*	*	*	*	*	*	*	*
Clarendon	*	*	*	*	*	*	*	*	*	*
Colleton	*	*	*	*	*	*	*	*	*	*
Darlington	*	*	*	*	*	*	*	*	*	*
Dillon	*	*	*	*	*	*	*	*	*	*
Dorchester	*	*	*	*	*	*	*	*	*	*
Edgefield	*	*	*	*	*	*	*	*	*	*
Fairfield	*	*	*	*	*	*	*	*	*	*
Florence	*	*	*	*	*	*	*	*	*	*
Georgetown	*	*	*	*	*	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	*	*	*	*	*	*	*	*	*	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	*	*	*	*	*	*	*	*	*	*
Kershaw	*	*	*	*	*	*	*	*	*	*
Lancaster	*	*	*	*	*	*	*	*	*	*
Laurens	*	*	*	*	*	*	*	*	*	*
Lee	*	*	*	*	*	*	*	*	*	*
Lexington	*	*	*	*	*	*	*	*	*	*
Marion	*	*	*	*	*	*	*	*	*	*
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	*	*	*	*	*	*	*	*	*	*
Newberry	*	*	*	*	*	*	*	*	*	*
Oconee	*	*	*	*	*	*	*	*	*	*
Orangeburg	*	*	*	*	*	*	*	*	*	*
Pickens	*	*	*	*	*	*	*	*	*	*
Richland	*	*	*	*	*	*	*	*	*	*
Saluda	*	*	*	*	*	*	*	*	*	*
Spartanburg	*	*	*	*	*	*	*	*	*	*
Sumter	*	*	*	*	*	*	*	*	*	*
Union	*	*	*	*	*	*	*	*	*	*
Williamsburg	*	*	*	*	*	*	*	*	*	*
York	*	*	*	*	*	*	*	*	*	*
Unknown	*		*		*		*		*	
Grand Total	2	*	1	*	1	*	2	*	4	*

Q fever Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	2	*
2005	1	*
2006	0	*
2007	2	*
2008	1	*
2009	1	*
2010	2	*
2011	4	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Rabies, human
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	*	*
Aiken	0	*	0	*	0	*	0	*	*	*
Allendale	0	*	0	*	0	*	0	*	*	*
Anderson	0	*	0	*	0	*	0	*	*	*
Bamberg	0	*	0	*	0	*	0	*	*	*
Barnwell	0	*	0	*	0	*	0	*	*	*
Beaufort	0	*	0	*	0	*	0	*	*	*
Berkeley	0	*	0	*	0	*	0	*	*	*
Calhoun	0	*	0	*	0	*	0	*	*	*
Charleston	0	*	0	*	0	*	0	*	*	*
Cherokee	0	*	0	*	0	*	0	*	*	*
Chester	0	*	0	*	0	*	0	*	*	*
Chesterfield	0	*	0	*	0	*	0	*	*	*
Clarendon	0	*	0	*	0	*	0	*	*	*
Colleton	0	*	0	*	0	*	0	*	*	*
Darlington	0	*	0	*	0	*	0	*	*	*
Dillon	0	*	0	*	0	*	0	*	*	*
Dorchester	0	*	0	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	*	*
Fairfield	0	*	0	*	0	*	0	*	*	*
Florence	0	*	0	*	0	*	0	*	*	*
Georgetown	0	*	0	*	0	*	0	*	*	*
Greenville	0	*	0	*	0	*	0	*	*	*
Greenwood	0	*	0	*	0	*	0	*	*	*
Hampton	0	*	0	*	0	*	0	*	*	*
Horry	0	*	0	*	0	*	0	*	*	*
Jasper	0	*	0	*	0	*	0	*	*	*
Kershaw	0	*	0	*	0	*	0	*	*	*
Lancaster	0	*	0	*	0	*	0	*	*	*
Laurens	0	*	0	*	0	*	0	*	*	*
Lee	0	*	0	*	0	*	0	*	*	*
Lexington	0	*	0	*	0	*	0	*	*	*
Marion	0	*	0	*	0	*	0	*	*	*
Marlboro	0	*	0	*	0	*	0	*	*	*
McCormick	0	*	0	*	0	*	0	*	*	*
Newberry	0	*	0	*	0	*	0	*	*	*
Oconee	0	*	0	*	0	*	0	*	*	*
Orangeburg	0	*	0	*	0	*	0	*	*	*
Pickens	0	*	0	*	0	*	0	*	*	*
Richland	0	*	0	*	0	*	0	*	*	*
Saluda	0	*	0	*	0	*	0	*	*	*
Spartanburg	0	*	0	*	0	*	0	*	*	*
Sumter	0	*	0	*	0	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	*	*
Williamsburg	0	*	0	*	0	*	0	*	*	*
York	0	*	0	*	0	*	0	*	*	*
Unknown	0		0		0		0		*	
Grand Total	0	*	0	*	0	*	0	*	1	*

Rabies, human Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Rocky Mountain Spotted Fever
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	0	*	0	*	0	*
Aiken	0	*	*	*	0	*	0	*	*	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	8	4.4	5	2.7	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	*	*	0	*	*	*
Berkeley	*	*	6	3.5	*	*	0	*	*	*
Calhoun	0	*	*	*	0	*	0	*	0	*
Charleston	4	*	4	*	*	*	*	*	*	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	*	*	*	*	*	*	0	*	*	*
Chesterfield	0	*	*	*	0	*	*	*	*	*
Clarendon	*	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	*	*
Darlington	*	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	*	*	0	*	0	*	*	*	0	*
Edgefield	0	*	*	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	*	*
Florence	*	*	0	*	0	*	*	*	*	*
Georgetown	0	*	0	*	*	*	0	*	0	*
Greenville	4	*	0	*	*	*	0	*	*	*
Greenwood	4	*	9	13.1	*	*	0	*	*	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	*	*	0	*	0	*	*	*	*	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	*	*	0	*	0	*	0	*	0	*
Lancaster	*	*	*	*	0	*	0	*	6	7.7
Laurens	5	7.2	*	*	*	*	*	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	*	*	0	*	0	*	0	*	*	*
Marion	0	*	0	*	0	*	*	*	0	*
Marlboro	0	*	0	*	*	*	0	*	0	*
McCormick	*	*	*	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	*	*	*	*	0	*	*	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	*	*
Pickens	*	*	*	*	0	*	*	*	*	*
Richland	*	*	0	*	*	*	*	*	*	*
Saluda	*	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	*	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	*	*	0	*	0	*	0	*
Williamsburg	*	*	0	*	0	*	0	*	0	*
York	7	3.4	10	4.6	*	*	0	*	4	*
Unknown	10		10		6		*		0	
Grand Total	67	1.5	60	1.3	23	0.5	19	0.4	38	0.8

Rocky Mountain Spotted Fever Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	52	1.3
2000	51	1.3
2001	31	0.8
2002	75	1.8
2003	53	1.3
2004	68	1.6
2005	51	1.2
2006	48	1.1
2007	67	1.5
2008	60	1.3
2009	23	0.5
2010	19	0.4
2011	38	0.8

*Incidence rate and county-level case counts not reported for < 4 cases

**Rubella
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	*	*
Aiken	0	*	0	*	0	*	0	*	*	*
Allendale	0	*	0	*	0	*	0	*	*	*
Anderson	0	*	0	*	0	*	0	*	*	*
Bamberg	0	*	0	*	0	*	0	*	*	*
Barnwell	0	*	0	*	0	*	0	*	*	*
Beaufort	0	*	0	*	0	*	0	*	*	*
Berkeley	0	*	0	*	0	*	0	*	*	*
Calhoun	0	*	0	*	0	*	0	*	*	*
Charleston	0	*	0	*	0	*	0	*	*	*
Cherokee	0	*	0	*	0	*	0	*	*	*
Chester	0	*	0	*	0	*	0	*	*	*
Chesterfield	0	*	0	*	0	*	0	*	*	*
Clarendon	0	*	0	*	0	*	0	*	*	*
Colleton	0	*	0	*	0	*	0	*	*	*
Darlington	0	*	0	*	0	*	0	*	*	*
Dillon	0	*	0	*	0	*	0	*	*	*
Dorchester	0	*	0	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	*	*
Fairfield	0	*	0	*	0	*	0	*	*	*
Florence	0	*	0	*	0	*	0	*	*	*
Georgetown	0	*	0	*	0	*	0	*	*	*
Greenville	0	*	0	*	0	*	0	*	*	*
Greenwood	0	*	0	*	0	*	0	*	*	*
Hampton	0	*	0	*	0	*	0	*	*	*
Horry	0	*	0	*	0	*	0	*	*	*
Jasper	0	*	0	*	0	*	0	*	*	*
Kershaw	0	*	0	*	0	*	0	*	*	*
Lancaster	0	*	0	*	0	*	0	*	*	*
Laurens	0	*	0	*	0	*	0	*	*	*
Lee	0	*	0	*	0	*	0	*	*	*
Lexington	0	*	0	*	0	*	0	*	*	*
Marion	0	*	0	*	0	*	0	*	*	*
Marlboro	0	*	0	*	0	*	0	*	*	*
McCormick	0	*	0	*	0	*	0	*	*	*
Newberry	0	*	0	*	0	*	0	*	*	*
Oconee	0	*	0	*	0	*	0	*	*	*
Orangeburg	0	*	0	*	0	*	0	*	*	*
Pickens	0	*	0	*	0	*	0	*	*	*
Richland	0	*	0	*	0	*	0	*	*	*
Saluda	0	*	0	*	0	*	0	*	*	*
Spartanburg	0	*	0	*	0	*	0	*	*	*
Sumter	0	*	0	*	0	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	*	*
Williamsburg	0	*	0	*	0	*	0	*	*	*
York	0	*	0	*	0	*	0	*	*	*
Unknown	0		0		0		0		*	
Grand Total	0	*	0	*	0	*	0	*	1	*

Rubella Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Salmonellosis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	6	23.6	4	15.7	6	23.9	13	51.1	8	31.8
Aiken	35	23.0	46	29.9	32	20.5	74	46.2	60	37.3
Allendale	0	*	0	*	*	*	*	*	*	*
Anderson	52	28.9	29	15.9	30	16.2	57	30.5	60	31.8
Bamberg	*	*	*	*	5	33.3	4	25.0	*	*
Barnwell	*	*	6	26.2	*	*	*	*	6	26.8
Beaufort	52	35.4	42	27.9	70	45.1	82	50.5	82	49.8
Berkeley	75	45.9	61	36.0	45	25.9	81	45.5	68	37.1
Calhoun	*	*	0	*	*	*	6	39.5	*	*
Charleston	94	27.4	107	30.7	94	26.5	202	57.7	166	46.4
Cherokee	6	11.1	5	9.2	*	*	5	9.0	*	*
Chester	4	12.3	5	15.3	6	18.5	*	*	8	24.3
Chesterfield	6	14.0	7	16.3	5	11.6	11	23.5	*	*
Clarendon	7	21.4	10	30.2	4	12.1	12	34.3	9	25.9
Colleton	17	43.7	9	23.1	4	10.2	16	41.1	18	46.6
Darlington	20	29.9	18	26.9	9	13.5	19	27.7	19	27.8
Dillon	4	13.0	5	16.3	11	35.6	4	12.5	11	34.6
Dorchester	55	44.6	59	46.4	58	44.5	91	66.6	84	59.6
Edgefield	*	*	11	43.1	7	27.2	7	25.9	8	30.0
Fairfield	6	25.8	4	17.1	4	17.1	5	20.9	7	29.7
Florence	47	35.7	38	28.6	36	26.8	32	23.4	44	31.9
Georgetown	36	59.6	21	34.6	19	31.3	49	81.5	48	80.0
Greenville	46	10.8	48	11.0	56	12.4	70	15.5	76	16.5
Greenwood	16	23.5	21	30.6	20	28.7	28	40.2	24	34.4
Hampton	6	28.3	4	19.0	6	28.6	6	28.4	5	24.0
Horry	102	40.8	126	49.0	137	51.9	174	64.6	141	51.0
Jasper	8	36.5	5	22.4	9	38.8	14	56.5	11	43.7
Kershaw	17	29.2	20	34.0	13	21.7	23	37.3	23	36.9
Lancaster	8	10.9	16	21.1	20	25.7	17	22.2	13	16.7
Laurens	10	14.4	5	7.2	8	11.4	8	12.0	11	16.5
Lee	6	30.0	6	30.2	*	*	*	*	*	*
Lexington	48	19.8	62	24.9	71	27.8	185	70.5	159	59.5
Marion	5	49.6	4	39.6	4	39.4	4	39.1	11	109.6
Marlboro	9	26.6	4	11.8	0	*	4	12.1	6	18.3
McCormick	*	*	4	13.9	6	20.8	5	17.3	*	*
Newberry	4	10.6	12	31.7	18	46.4	11	29.3	11	29.2
Oconee	6	8.5	11	15.4	16	22.4	12	16.2	15	20.2
Orangeburg	17	18.8	*	*	13	14.4	28	30.3	12	13.1
Pickens	19	16.4	12	10.3	22	18.6	21	17.6	25	20.9
Richland	117	32.7	97	26.6	128	34.4	159	41.4	119	30.6
Saluda	8	42.8	7	37.6	*	*	*	*	6	30.2
Spartanburg	61	22.2	46	16.4	40	13.9	58	20.4	66	23.0
Sumter	17	16.3	42	40.3	15	14.4	38	35.4	26	24.2
Union	*	*	7	25.3	*	*	5	17.3	5	17.4
Williamsburg	6	17.0	0	*	5	14.5	7	20.3	7	20.5
York	49	23.5	45	20.7	54	23.8	56	24.8	57	24.7
Unknown	40		105		89		48		39	
Grand Total	1160	26.3	1201	26.8	1208	26.5	1761	38.1	1589	34.0

Salmonellosis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	699	17.6
2000	780	19.4
2001	918	22.6
2002	896	21.8
2003	868	20.9
2004	334	8.0
2005	1480	34.8
2006	1075	24.9
2007	1160	26.3
2008	1201	26.8
2009	1208	26.5
2010	1761	38.1
2011	1589	34.0

**Scombrotoxin fish poisoning
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	*	*	*	*	*	*
Aiken	*	*	*	*	*	*	*	*	*	*
Allendale	*	*	*	*	*	*	*	*	*	*
Anderson	*	*	*	*	*	*	*	*	*	*
Bamberg	*	*	*	*	*	*	*	*	*	*
Barnwell	*	*	*	*	*	*	*	*	*	*
Beaufort	*	*	*	*	*	*	*	*	*	*
Berkeley	*	*	*	*	*	*	*	*	*	*
Calhoun	*	*	*	*	*	*	*	*	*	*
Charleston	*	*	*	*	*	*	*	*	*	*
Cherokee	*	*	*	*	*	*	*	*	*	*
Chester	*	*	*	*	*	*	*	*	*	*
Chesterfield	*	*	*	*	*	*	*	*	*	*
Clarendon	*	*	*	*	*	*	*	*	*	*
Colleton	*	*	*	*	*	*	*	*	*	*
Darlington	*	*	*	*	*	*	*	*	*	*
Dillon	*	*	*	*	*	*	*	*	*	*
Dorchester	*	*	*	*	*	*	*	*	*	*
Edgefield	*	*	*	*	*	*	*	*	*	*
Fairfield	*	*	*	*	*	*	*	*	*	*
Florence	*	*	*	*	*	*	*	*	*	*
Georgetown	*	*	*	*	*	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	*	*	*	*	*	*	*	*	*	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	*	*	*	*	*	*	*	*	*	*
Kershaw	*	*	*	*	*	*	*	*	*	*
Lancaster	*	*	*	*	*	*	*	*	*	*
Laurens	*	*	*	*	*	*	*	*	*	*
Lee	*	*	*	*	*	*	*	*	*	*
Lexington	*	*	*	*	*	*	*	*	*	*
Marion	*	*	*	*	*	*	*	*	*	*
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	*	*	*	*	*	*	*	*	*	*
Newberry	*	*	*	*	*	*	*	*	*	*
Oconee	*	*	*	*	*	*	*	*	*	*
Orangeburg	*	*	*	*	*	*	*	*	*	*
Pickens	*	*	*	*	*	*	*	*	*	*
Richland	*	*	*	*	*	*	*	*	*	*
Saluda	*	*	*	*	*	*	*	*	*	*
Spartanburg	*	*	*	*	*	*	*	*	*	*
Sumter	*	*	*	*	*	*	*	*	*	*
Union	*	*	*	*	*	*	*	*	*	*
Williamsburg	*	*	*	*	*	*	*	*	*	*
York	*	*	*	*	*	*	*	*	*	*
Unknown	*		*		*		*		*	
Grand Total	0	*	0	*	0	*	1	*	1	*

Scombrotoxin fish poisoning Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	NR	*
2000	NR	*
2001	NR	*
2002	NR	*
2003	NR	*
2004	0	*
2005	2	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	1	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases

**E. coli, shiga toxin - producing (STEC)
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	*	*	*	*	0	*	*	*	*	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	*	*	*	*	0	*	*	*	0	*
Bamberg	0	*	*	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	*	*
Berkeley	*	*	*	*	0	*	0	*	0	*
Calhoun	0	*	*	*	0	*	0	*	0	*
Charleston	*	*	*	*	*	*	*	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	*	*
Chesterfield	*	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	*	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	*	*	*	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	*	*	0	*	0	*	0	*	*	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	*	*	0	*	0	*
Greenville	4	1	*	*	*	*	0	*	*	*
Greenwood	0	*	0	*	0	*	*	*	*	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	*	*	0	*	0	*	0	*	*	*
Jasper	0	*	*	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	*	*	*	*	0	*	*	*
Laurens	0	*	0	*	0	*	*	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	8	3	*	*	*	*	*	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	*	*	*	*	*	*	0	*
Oconee	*	*	0	*	*	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	*	*	0	*	*	*	0	*	0	*
Richland	*	*	5	1	*	*	*	*	0	*
Saluda	0	*	0	*	*	*	*	*	0	*
Spartanburg	4	1	*	*	*	*	0	*	0	*
Sumter	0	*	0	*	*	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	*	*	*	*	*	*
Unknown	5		8		*		*		*	
Grand Total	27	0.6	38	0.8	24	0.5	13	0.3	20	0.4

**E. coli, shiga toxin - producing
Statewide By Year**

Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	22	0.6
2000	21	0.5
2001	24	0.6
2002	7	0.2
2003	7	0.2
2004	14	0.3
2005	14	0.3
2006	17	0.4
2007	27	0.6
2008	38	0.8
2009	24	0.5
2010	13	0.3
2011	20	0.4

*Incidence rate and county-level case counts not reported for < 4 cases

**Shigellosis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	0	*	0	*	0	*	0	*	*	*
Aiken	9	6	9	6	0	*	4	2	*	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	*	*	8	4	17	9	*	*	94	50
Bamberg	0	*	*	*	0	*	0	*	0	*
Barnwell	14	61	*	*	0	*	0	*	0	*
Beaufort	35	24	6	4	0	*	11	7	4	2
Berkeley	7	4	21	12	0	*	*	*	*	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	16	5	89	26	9	3	5	1	*	*
Cherokee	*	*	*	*	0	*	0	*	0	*
Chester	0	*	*	*	0	*	0	*	0	*
Chesterfield	0	*	6	14	*	*	*	*	0	*
Clarendon	0	*	5	15	0	*	0	*	0	*
Colleton	*	*	*	*	0	*	0	*	0	*
Darlington	0	*	16	24	6	9	0	*	0	*
Dillon	*	*	7	23	*	*	0	*	0	*
Dorchester	4	3	19	15	0	*	4	3	*	*
Edgefield	*	*	0	*	0	*	*	*	0	*
Fairfield	0	*	*	*	0	*	0	*	0	*
Florence	30	23	14	11	*	*	0	*	0	*
Georgetown	*	*	9	15	*	*	0	*	0	*
Greenville	15	4	32	7	19	4	12	3	5	1
Greenwood	0	*	*	*	0	*	*	*	4	6
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	8	3	29	11	19	7	11	4	4	1
Jasper	*	*	*	*	*	*	0	*	0	*
Kershaw	4	7	*	*	0	*	0	*	*	*
Lancaster	0	*	*	*	*	*	0	*	0	*
Laurens	0	*	*	*	*	*	0	*	*	*
Lee	4	20	*	*	0	*	0	*	0	*
Lexington	5	2	61	25	5	2	4	2	*	*
Marion	*	*	4	40	0	*	0	*	0	*
Marlboro	*	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	*	*	5	13	0	*	0	*	0	*
Oconee	0	*	0	*	*	*	0	*	0	*
Orangeburg	6	7	*	*	0	*	0	*	0	*
Pickens	0	*	*	*	*	*	0	*	0	*
Richland	18	5	79	22	5	1	*	*	7	2
Saluda	0	*	*	*	*	*	*	*	*	*
Spartanburg	0	*	21	7	13	5	*	*	*	*
Sumter	4	4	18	17	*	*	*	*	5	5
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	*	*	0	*	0	*	0	*
York	*	*	10	5	9	4	0	*	*	*
Unknown	35		56		8		4		0	
Grand Total	236	5.4	550	12.3	128	2.8	73	1.6	141	3.0

Shigellosis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	121	3.04
2000	145	3.60
2001	249	6.13
2002	149	3.63
2003	561	13.54
2004	618	14.73
2005	112	2.64
2006	74	1.71
2007	236	5.36
2008	550	12.3
2009	128	2.8
2010	73	1.6
2011	141	3.0

*Incidence rate and county-level case counts not reported for < 4 cases

**Staphylococcal toxic-shock syndrome
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	*	*	*	*	*	*
Aiken	*	*	*	*	*	*	*	*	*	*
Allendale	*	*	*	*	*	*	*	*	*	*
Anderson	*	*	*	*	*	*	*	*	*	*
Bamberg	*	*	*	*	*	*	*	*	*	*
Barnwell	*	*	*	*	*	*	*	*	*	*
Beaufort	*	*	*	*	*	*	*	*	*	*
Berkeley	*	*	*	*	*	*	*	*	*	*
Calhoun	*	*	*	*	*	*	*	*	*	*
Charleston	*	*	*	*	*	*	*	*	*	*
Cherokee	*	*	*	*	*	*	*	*	*	*
Chester	*	*	*	*	*	*	*	*	*	*
Chesterfield	*	*	*	*	*	*	*	*	*	*
Clarendon	*	*	*	*	*	*	*	*	*	*
Colleton	*	*	*	*	*	*	*	*	*	*
Darlington	*	*	*	*	*	*	*	*	*	*
Dillon	*	*	*	*	*	*	*	*	*	*
Dorchester	*	*	*	*	*	*	*	*	*	*
Edgefield	*	*	*	*	*	*	*	*	*	*
Fairfield	*	*	*	*	*	*	*	*	*	*
Florence	*	*	*	*	*	*	*	*	*	*
Georgetown	*	*	*	*	*	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	*	*	*	*	*	*	*	*	*	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	*	*	*	*	*	*	*	*	*	*
Kershaw	*	*	*	*	*	*	*	*	*	*
Lancaster	*	*	*	*	*	*	*	*	*	*
Laurens	*	*	*	*	*	*	*	*	*	*
Lee	*	*	*	*	*	*	*	*	*	*
Lexington	*	*	*	*	*	*	*	*	*	*
Marion	*	*	*	*	*	*	*	*	*	*
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	*	*	*	*	*	*	*	*	*	*
Newberry	*	*	*	*	*	*	*	*	*	*
Oconee	*	*	*	*	*	*	*	*	*	*
Orangeburg	*	*	*	*	*	*	*	*	*	*
Pickens	*	*	*	*	*	*	*	*	*	*
Richland	*	*	*	*	*	*	*	*	*	*
Saluda	*	*	*	*	*	*	*	*	*	*
Spartanburg	*	*	*	*	*	*	*	*	*	*
Sumter	*	*	*	*	*	*	*	*	*	*
Union	*	*	*	*	*	*	*	*	*	*
Williamsburg	*	*	*	*	*	*	*	*	*	*
York	*	*	*	*	*	*	*	*	*	*
Unknown	*		*		*		*		*	
Grand Total	0	*	0	*	1	*	2	*	4	*

Staphylococcal toxic-shock Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	2	*
2000	0	*
2001	3	*
2002	2	*
2003	0	*
2004	0	*
2005	0	*
2006	1	*
2007	0	*
2008	0	*
2009	1	*
2010	2	*
2011	4	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Streptococcal toxic-shock syndrome
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	*	*
Aiken	0	*	0	*	0	*	0	*	*	*
Allendale	0	*	0	*	0	*	0	*	*	*
Anderson	0	*	0	*	0	*	0	*	*	*
Bamberg	0	*	0	*	0	*	0	*	*	*
Barnwell	0	*	0	*	0	*	0	*	*	*
Beaufort	0	*	0	*	0	*	0	*	*	*
Berkeley	0	*	0	*	0	*	0	*	*	*
Calhoun	0	*	0	*	0	*	0	*	*	*
Charleston	0	*	0	*	0	*	0	*	*	*
Cherokee	0	*	0	*	0	*	0	*	*	*
Chester	0	*	0	*	0	*	0	*	*	*
Chesterfield	0	*	0	*	0	*	0	*	*	*
Clarendon	0	*	0	*	0	*	0	*	*	*
Colleton	0	*	0	*	0	*	0	*	*	*
Darlington	0	*	0	*	0	*	0	*	*	*
Dillon	0	*	0	*	0	*	0	*	*	*
Dorchester	0	*	0	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	*	*
Fairfield	0	*	0	*	0	*	0	*	*	*
Florence	0	*	0	*	0	*	0	*	*	*
Georgetown	0	*	0	*	0	*	0	*	*	*
Greenville	0	*	0	*	0	*	0	*	*	*
Greenwood	0	*	0	*	0	*	0	*	*	*
Hampton	0	*	0	*	0	*	0	*	*	*
Horry	0	*	0	*	0	*	0	*	*	*
Jasper	0	*	0	*	0	*	0	*	*	*
Kershaw	0	*	0	*	0	*	0	*	*	*
Lancaster	0	*	0	*	0	*	0	*	*	*
Laurens	0	*	0	*	0	*	0	*	*	*
Lee	0	*	0	*	0	*	0	*	*	*
Lexington	0	*	0	*	0	*	0	*	*	*
Marion	0	*	0	*	0	*	0	*	*	*
Marlboro	0	*	0	*	0	*	0	*	*	*
McCormick	0	*	0	*	0	*	0	*	*	*
Newberry	0	*	0	*	0	*	0	*	*	*
Oconee	0	*	0	*	0	*	0	*	*	*
Orangeburg	0	*	0	*	0	*	0	*	*	*
Pickens	0	*	0	*	0	*	0	*	*	*
Richland	0	*	0	*	0	*	0	*	*	*
Saluda	0	*	0	*	0	*	0	*	*	*
Spartanburg	0	*	0	*	0	*	0	*	*	*
Sumter	0	*	0	*	0	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	*	*
Williamsburg	0	*	0	*	0	*	0	*	*	*
York	0	*	0	*	0	*	0	*	*	*
Unknown	0		0		0		0		*	
Grand Total	0	*	0	*	0	*	0	*	2	*

Streptococcal toxic-shock Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	NR	NR
2000	NR	NR
2001	NR	NR
2002	NR	NR
2003	NR	NR
2004	0	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	2	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Streptococcus pneumoniae, invasive
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	*	*	4	*	5	19.7	*	*	0	*
Aiken	15	10.0	18	11.8	20	13.0	13	8.3	9	5.6
Allendale	*	*	*	*	0	*	0	*	0	*
Anderson	41	23.2	42	23.3	41	22.4	27	14.6	34	18.2
Bamberg	*	*	0	*	0	*	0	*	0	*
Barnwell	*	*	*	*	0	*	*	*	*	*
Beaufort	*	*	5	3.4	13	8.6	8	5.2	8	4.9
Berkeley	12	7.6	17	10.4	12	7.1	16	9.2	13	7.3
Calhoun	0	*	0	*	0	*	0	*	*	*
Charleston	45	13.2	42	12.2	44	12.6	46	12.9	36	10.3
Cherokee	0	*	*	*	0	*	0	*	0	*
Chester	*	*	7	21.5	*	*	*	*	*	*
Chesterfield	*	*	*	*	9	21.0	4	*	*	*
Clarendon	4	12.2	*	*	4	*	4	*	*	*
Colleton	0	*	*	*	*	*	*	*	*	*
Darlington	7	10.5	12	18.0	13	19.4	15	22.6	11	16.0
Dillon	6	19.6	10	32.6	6	19.5	*	*	6	18.7
Dorchester	5	4.3	10	8.1	8	6.3	19	14.6	16	11.7
Edgefield	0	*	*	*	*	*	*	*	*	*
Fairfield	0	*	*	*	5	21.3	*	*	*	*
Florence	27	20.6	24	18.2	17	12.8	21	15.6	26	19.0
Georgetown	13	21.7	8	13.2	5	8.2	8	13.2	17	28.3
Greenville	31	7.5	73	17.1	60	13.7	60	13.3	60	13.3
Greenwood	8	11.8	12	17.6	8	11.7	11	15.8	7	10.0
Hampton	0	*	*	*	5	23.7	*	*	0	*
Horry	25	10.4	32	12.8	20	7.8	26	9.9	26	9.7
Jasper	*	*	*	*	*	*	*	*	*	*
Kershaw	*	*	8	13.8	4	*	4	*	4	*
Lancaster	0	*	*	*	*	*	4	*	7	9.1
Laurens	*	*	6	8.6	7	10.0	15	21.4	4	*
Lee	*	*	*	*	*	*	*	*	5	26.0
Lexington	8	3.4	22	9.1	32	12.9	44	17.2	21	8.0
Marion	*	*	6	59.6	*	*	7	69.0	5	48.9
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	0	*	*	*	*	*	0	*	*	*
Newberry	*	*	*	*	7	18.5	*	*	*	*
Oconee	11	15.7	7	9.9	17	23.9	20	28.0	11	14.8
Orangeburg	4	4.5	*	*	0	*	0	*	0	*
Pickens	11	9.6	26	22.5	12	10.3	13	11.0	10	8.4
Richland	19	5.4	20	5.6	35	9.6	53	14.2	33	8.6
Saluda	*	*	*	*	4	*	*	*	0	*
Spartanburg	5	1.9	13	4.7	10	3.6	15	5.2	23	8.1
Sumter	11	10.6	18	17.3	18	17.3	20	19.1	11	10.2
Union	*	*	6	21.6	5	18.1	*	*	*	*
Williamsburg	6	17.0	9	25.4	7	19.9	*	*	5	14.5
York	6	3.0	8	3.8	14	6.4	20	8.8	22	9.7
Unknown	30		92		36		9		10	
Grand Total	379	8.8	588	13.3	519	11.6	527	11.6	462	10.0

**Streptococcus pneumoniae, invasive
Statewide By Year**

Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	1	*
2002	64	1.6
2003	137	3.3
2004	139	3.3
2005	187	4.4
2006	243	5.6
2007	379	8.8
2008	588	13.3
2009	519	11.6
2010	527	11.6
2011	462	10.0

*Incidence rate and county-level case counts not reported for < 4 cases 102

**Tetanus
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	*	*
Aiken	0	*	0	*	0	*	0	*	*	*
Allendale	0	*	0	*	0	*	0	*	*	*
Anderson	0	*	0	*	0	*	0	*	*	*
Bamberg	0	*	0	*	0	*	0	*	*	*
Barnwell	0	*	0	*	0	*	0	*	*	*
Beaufort	0	*	0	*	0	*	0	*	*	*
Berkeley	0	*	0	*	0	*	0	*	*	*
Calhoun	0	*	0	*	0	*	0	*	*	*
Charleston	0	*	0	*	0	*	0	*	*	*
Cherokee	0	*	0	*	0	*	0	*	*	*
Chester	0	*	0	*	0	*	0	*	*	*
Chesterfield	0	*	0	*	0	*	0	*	*	*
Clarendon	0	*	0	*	0	*	0	*	*	*
Colleton	0	*	0	*	0	*	0	*	*	*
Darlington	0	*	0	*	0	*	0	*	*	*
Dillon	0	*	0	*	0	*	0	*	*	*
Dorchester	0	*	0	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	*	*
Fairfield	0	*	0	*	0	*	0	*	*	*
Florence	0	*	0	*	0	*	0	*	*	*
Georgetown	0	*	0	*	0	*	0	*	*	*
Greenville	0	*	0	*	0	*	0	*	*	*
Greenwood	0	*	0	*	0	*	0	*	*	*
Hampton	0	*	0	*	0	*	0	*	*	*
Horry	0	*	0	*	0	*	0	*	*	*
Jasper	0	*	0	*	0	*	0	*	*	*
Kershaw	0	*	0	*	0	*	0	*	*	*
Lancaster	0	*	0	*	0	*	0	*	*	*
Laurens	0	*	0	*	0	*	0	*	*	*
Lee	0	*	0	*	0	*	0	*	*	*
Lexington	0	*	0	*	0	*	0	*	*	*
Marion	0	*	0	*	0	*	0	*	*	*
Marlboro	0	*	0	*	0	*	0	*	*	*
McCormick	0	*	0	*	0	*	0	*	*	*
Newberry	0	*	0	*	0	*	0	*	*	*
Oconee	0	*	0	*	0	*	0	*	*	*
Orangeburg	0	*	0	*	0	*	0	*	*	*
Pickens	0	*	0	*	0	*	0	*	*	*
Richland	0	*	0	*	0	*	0	*	*	*
Saluda	0	*	0	*	0	*	0	*	*	*
Spartanburg	0	*	0	*	0	*	0	*	*	*
Sumter	0	*	0	*	0	*	0	*	*	*
Union	0	*	0	*	0	*	0	*	*	*
Williamsburg	0	*	0	*	0	*	0	*	*	*
York	0	*	0	*	0	*	0	*	*	*
Unknown	0		0		0		0		*	
Grand Total	0	*	0	*	0	*	0	*	1	*

Tetanus Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	1	*
2003	0	*
2004	0	*
2005	0	*
2006	1	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases

Tularemia
Cases, Rate per 100,000 Population

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	0	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	0	*
Berkeley	0	*	0	*	0	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	0	*	0	*	0	*	0	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	0	*	0	*	0	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	0	*	0	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	0	*	0	*	0	*	0	*	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		0		0		0		0	
Grand Total	0	*								

Tularemia Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	1	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Typhoid fever (Salmonella typhi)
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	0	*	*	*	*	*
Aiken	*	*	*	*	0	*	*	*	*	*
Allendale	*	*	*	*	0	*	*	*	*	*
Anderson	*	*	*	*	0	*	*	*	*	*
Bamberg	*	*	*	*	0	*	*	*	*	*
Barnwell	*	*	*	*	0	*	*	*	*	*
Beaufort	*	*	*	*	0	*	*	*	*	*
Berkeley	*	*	*	*	0	*	*	*	*	*
Calhoun	*	*	*	*	0	*	*	*	*	*
Charleston	*	*	*	*	0	*	*	*	*	*
Cherokee	*	*	*	*	0	*	*	*	*	*
Chester	*	*	*	*	0	*	*	*	*	*
Chesterfield	*	*	*	*	0	*	*	*	*	*
Clarendon	*	*	*	*	0	*	*	*	*	*
Colleton	*	*	*	*	0	*	*	*	*	*
Darlington	*	*	*	*	0	*	*	*	*	*
Dillon	*	*	*	*	0	*	*	*	*	*
Dorchester	*	*	*	*	0	*	*	*	*	*
Edgefield	*	*	*	*	0	*	*	*	*	*
Fairfield	*	*	*	*	0	*	*	*	*	*
Florence	*	*	*	*	0	*	*	*	*	*
Georgetown	*	*	*	*	0	*	*	*	*	*
Greenville	*	*	*	*	0	*	*	*	*	*
Greenwood	*	*	*	*	0	*	*	*	*	*
Hampton	*	*	*	*	0	*	*	*	*	*
Horry	*	*	*	*	0	*	*	*	*	*
Jasper	*	*	*	*	0	*	*	*	*	*
Kershaw	*	*	*	*	0	*	*	*	*	*
Lancaster	*	*	*	*	0	*	*	*	*	*
Laurens	*	*	*	*	0	*	*	*	*	*
Lee	*	*	*	*	0	*	*	*	*	*
Lexington	*	*	*	*	0	*	*	*	*	*
Marion	*	*	*	*	0	*	*	*	*	*
Marlboro	*	*	*	*	0	*	*	*	*	*
McCormick	*	*	*	*	0	*	*	*	*	*
Newberry	*	*	*	*	0	*	*	*	*	*
Oconee	*	*	*	*	0	*	*	*	*	*
Orangeburg	*	*	*	*	0	*	*	*	*	*
Pickens	*	*	*	*	0	*	*	*	*	*
Richland	*	*	*	*	0	*	*	*	*	*
Saluda	*	*	*	*	0	*	*	*	*	*
Spartanburg	*	*	*	*	0	*	*	*	*	*
Sumter	*	*	*	*	0	*	*	*	*	*
Union	*	*	*	*	0	*	*	*	*	*
Williamsburg	*	*	*	*	0	*	*	*	*	*
York	*	*	*	*	0	*	*	*	*	*
Unknown	*		*		0		*		*	
Grand Total	1	*	4	*	0	*	1	*	1	*

Typhoid Fever Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	3	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	0	*
2006	1	*
2007	1	*
2008	4	*
2009	0	*
2010	1	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Vibriosis (non Cholera)
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	0	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	*	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	*	*	0	*	0	*	0	*
Beaufort	0	*	*	*	*	*	*	*	*	*
Berkeley	*	*	0	*	0	*	*	*	*	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	*	*	5	1	4	1	*	*	*	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	*	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	*	*	0	*
Dorchester	*	*	0	*	0	*	0	*	*	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	*	*	0	*	0	*
Georgetown	0	*	*	*	0	*	0	*	0	*
Greenville	0	*	*	*	*	*	*	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	*	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	*	*	0	*	*	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	*	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	*	*
Pickens	0	*	0	*	0	*	*	*	0	*
Richland	*	*	*	*	0	*	4	1	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	*	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		*		0		0		0	
Grand Total	8	0.2	13	0.3	14	0.3	16	0.3	11	0.2

Vibriosis (non Cholera) Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	6	0.2
2000	2	*
2001	4	*
2002	0	*
2003	5	0.1
2004	6	0.1
2005	8	0.2
2006	13	0.3
2007	8	0.2
2008	13	0.3
2009	14	0.3
2010	16	0.3
2011	11	0.2

*Incidence rate and county-level case counts not reported for < 4 cases

**Vancomycin Intermediate S. Aureus (VISA)
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	0	*	0	*	0	*	*	*
Aiken	*	*	0	*	0	*	0	*	*	*
Allendale	*	*	0	*	0	*	0	*	*	*
Anderson	*	*	0	*	0	*	0	*	*	*
Bamberg	*	*	0	*	0	*	0	*	*	*
Barnwell	*	*	0	*	0	*	0	*	*	*
Beaufort	*	*	0	*	0	*	0	*	*	*
Berkeley	*	*	0	*	0	*	0	*	*	*
Calhoun	*	*	0	*	0	*	0	*	*	*
Charleston	*	*	0	*	0	*	0	*	*	*
Cherokee	*	*	0	*	0	*	0	*	*	*
Chester	*	*	0	*	0	*	0	*	*	*
Chesterfield	*	*	0	*	0	*	0	*	*	*
Clarendon	*	*	0	*	0	*	0	*	*	*
Colleton	*	*	0	*	0	*	0	*	*	*
Darlington	*	*	0	*	0	*	0	*	*	*
Dillon	*	*	0	*	0	*	0	*	*	*
Dorchester	*	*	0	*	0	*	0	*	*	*
Edgefield	*	*	0	*	0	*	0	*	*	*
Fairfield	*	*	0	*	0	*	0	*	*	*
Florence	*	*	0	*	0	*	0	*	*	*
Georgetown	*	*	0	*	0	*	0	*	*	*
Greenville	*	*	0	*	0	*	0	*	*	*
Greenwood	*	*	0	*	0	*	0	*	*	*
Hampton	*	*	0	*	0	*	0	*	*	*
Horry	*	*	0	*	0	*	0	*	*	*
Jasper	*	*	0	*	0	*	0	*	*	*
Kershaw	*	*	0	*	0	*	0	*	*	*
Lancaster	*	*	0	*	0	*	0	*	*	*
Laurens	*	*	0	*	0	*	0	*	*	*
Lee	*	*	0	*	0	*	0	*	*	*
Lexington	*	*	0	*	0	*	0	*	*	*
Marion	*	*	0	*	0	*	0	*	*	*
Marlboro	*	*	0	*	0	*	0	*	*	*
McCormick	*	*	0	*	0	*	0	*	*	*
Newberry	*	*	0	*	0	*	0	*	*	*
Oconee	*	*	0	*	0	*	0	*	*	*
Orangeburg	*	*	0	*	0	*	0	*	*	*
Pickens	*	*	0	*	0	*	0	*	*	*
Richland	*	*	0	*	0	*	0	*	*	*
Saluda	*	*	0	*	0	*	0	*	*	*
Spartanburg	*	*	0	*	0	*	0	*	*	*
Sumter	*	*	0	*	0	*	0	*	*	*
Union	*	*	0	*	0	*	0	*	*	*
Williamsburg	*	*	0	*	0	*	0	*	*	*
York	*	*	0	*	0	*	0	*	*	*
Unknown	*		0		0		0		*	
Grand Total	2	*	0	*	0	*	0	*	3	*

VISA Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	NR	NR
2000	NR	NR
2001	NR	NR
2002	NR	NR
2003	NR	NR
2004	0	*
2005	0	*
2006	0	*
2007	2	*
2008	0	*
2009	0	*
2010	0	*
2011	3	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Staphylococcus aureus, Vancomycin-resistant (VRSA)
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	0	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	0	*
Berkeley	0	*	0	*	0	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	0	*	0	*	0	*	0	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	0	*	0	*	0	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	0	*	0	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	0	*	0	*	0	*	0	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	0	*	0	*	0	*	0	*	0	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	0	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		0		0		0		0	
Grand Total	0	*								

VRSA Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	1	*
2004	0	*
2005	0	*
2006	0	*
2007	0	*
2008	0	*
2009	0	*
2010	0	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Varicella
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Abbeville	27	106.1	1	*	0	*	0	*	0	*
Aiken	83	54.5	28	18.2	1	*	1	*	0	*
Allendale	1	*	0	*	1	*	25	239.9	0	*
Anderson	102	56.7	62	33.9	16	8.7	4	*	0	*
Bamberg	1	*	1	*	0	*	0	*	0	*
Barnwell	1	*	0	*	0	*	0	*	0	*
Beaufort	17	11.6	14	9.3	4	*	0	*	0	*
Berkeley	28	17.1	38	22.4	6	3.5	0	*	0	*
Calhoun	1	*	1	*	0	*	0	*	0	*
Charleston	42	12.2	16	4.6	1	*	0	*	0	*
Cherokee	5	9.3	1	*	0	*	0	*	0	*
Chester	4	*	2	*	0	*	0	*	0	*
Chesterfield	1	*	0	*	14	32.5	0	*	0	*
Clarendon	8	24.5	23	69.4	0	*	0	*	0	*
Colleton	1	*	1	*	0	*	0	*	0	*
Darlington	32	47.9	6	9.0	6	9.0	0	*	0	*
Dillon	5	16.3	0	*	0	*	0	*	0	*
Dorchester	29	23.5	29	22.8	0	*	24	17.6	0	*
Edgefield	1	*	3	*	0	*	0	*	0	*
Fairfield	1	*	2	*	0	*	0	*	0	*
Florence	50	38.0	36	27.1	7	5.2	0	*	0	*
Georgetown	2	*	2	*	0	*	0	*	0	*
Greenville	151	35.3	72	16.4	24	5.3	6	1.3	0	*
Greenwood	15	22.0	7	10.2	0	*	0	*	0	*
Hampton	1	*	2	*	0	*	0	*	0	*
Horry	71	28.4	68	26.4	1	*	2	*	12	4.3
Jasper	2	*	0	*	0	*	0	*	0	*
Kershaw	1	*	18	30.6	0	*	0	*	0	*
Lancaster	17	23.1	12	15.8	0	*	0	*	0	*
Laurens	1	*	41	58.8	1	*	0	*	0	*
Lee	0	*	3	*	0	*	0	*	0	*
Lexington	101	41.6	133	53.5	19	7.4	1	*	0	*
Marion	5	49.6	3	*	0	*	0	*	0	*
Marlboro	0	*	7	20.7	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	1	*	6	15.9	0	*	0	*	0	*
Oconee	11	15.6	9	12.6	0	*	17	22.9	0	*
Orangeburg	8	8.9	10	11.1	0	*	0	*	0	*
Pickens	27	23.4	51	43.6	10	8.5	0	*	0	*
Richland	77	21.5	46	12.6	2	*	3	*	1	*
Saluda	0	*	4	*	0	*	0	*	0	*
Spartanburg	5	1.8	10	3.6	0	*	0	*	0	*
Sumter	4	*	44	42.2	0	*	0	*	0	*
Union	1	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	7	19.9	0	*	0	*	0	*
York	168	80.6	33	15.2	1	*	0	*	0	*
Unknown	12		18		9		0		0	
Grand Total	1121	25.4	870	19.4	126	2.8	83	1.8	13	0.3

**Varicella
Statewide By Year**

Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	NR	*
2000	NR	*
2001	NR	*
2002	190	4.6
2003	NR	*
2004	556	13.2
2005	730	17.2
2006	1228	28.4
2007	1121	25.4
2008	870	19.4
2009	126	2.8
2010	83	1.8
2011	13	0.3

**Encephalitis, West Nile
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	0	*	0	*	*	*	0	*
Aiken	*	*	0	*	0	*	*	*	0	*
Allendale	*	*	0	*	0	*	*	*	0	*
Anderson	*	*	0	*	0	*	*	*	0	*
Bamberg	*	*	0	*	0	*	*	*	0	*
Barnwell	*	*	0	*	0	*	*	*	0	*
Beaufort	*	*	0	*	0	*	*	*	0	*
Berkeley	*	*	0	*	0	*	*	*	0	*
Calhoun	*	*	0	*	0	*	*	*	0	*
Charleston	*	*	0	*	0	*	*	*	0	*
Cherokee	*	*	0	*	0	*	*	*	0	*
Chester	*	*	0	*	0	*	*	*	0	*
Chesterfield	*	*	0	*	0	*	*	*	0	*
Clarendon	*	*	0	*	0	*	*	*	0	*
Colleton	*	*	0	*	0	*	*	*	0	*
Darlington	*	*	0	*	0	*	*	*	0	*
Dillon	*	*	0	*	0	*	*	*	0	*
Dorchester	*	*	0	*	0	*	*	*	0	*
Edgefield	*	*	0	*	0	*	*	*	0	*
Fairfield	*	*	0	*	0	*	*	*	0	*
Florence	*	*	0	*	0	*	*	*	0	*
Georgetown	*	*	0	*	0	*	*	*	0	*
Greenville	*	*	0	*	0	*	*	*	0	*
Greenwood	*	*	0	*	0	*	*	*	0	*
Hampton	*	*	0	*	0	*	*	*	0	*
Horry	*	*	0	*	0	*	*	*	0	*
Jasper	*	*	0	*	0	*	*	*	0	*
Kershaw	*	*	0	*	0	*	*	*	0	*
Lancaster	*	*	0	*	0	*	*	*	0	*
Laurens	*	*	0	*	0	*	*	*	0	*
Lee	*	*	0	*	0	*	*	*	0	*
Lexington	*	*	0	*	0	*	*	*	0	*
Marion	*	*	0	*	0	*	*	*	0	*
Marlboro	*	*	0	*	0	*	*	*	0	*
McCormick	*	*	0	*	0	*	*	*	0	*
Newberry	*	*	0	*	0	*	*	*	0	*
Oconee	*	*	0	*	0	*	*	*	0	*
Orangeburg	*	*	0	*	0	*	*	*	0	*
Pickens	*	*	0	*	0	*	*	*	0	*
Richland	*	*	0	*	0	*	*	*	0	*
Saluda	*	*	0	*	0	*	*	*	0	*
Spartanburg	*	*	0	*	0	*	*	*	0	*
Sumter	*	*	0	*	0	*	*	*	0	*
Union	*	*	0	*	0	*	*	*	0	*
Williamsburg	*	*	0	*	0	*	*	*	0	*
York	*	*	0	*	0	*	*	*	0	*
Unknown	*		0		0		*		0	
Grand Total	2	*	0	*	0	*	1	*	0	*

Encephalitis, West Nile Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	1	*
2003	7	0.2
2004	0	*
2005	4	*
2006	1	*
2007	2	*
2008	0	*
2009	0	*
2010	1	*
2011	0	*

*Incidence rate and county-level case counts not reported for < 4 cases

**West Nile Fever
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	0	*	0	*	0	*	0	*	0	*
Aiken	1	*	0	*	0	*	0	*	0	*
Allendale	0	*	0	*	0	*	0	*	0	*
Anderson	0	*	0	*	0	*	0	*	0	*
Bamberg	0	*	0	*	0	*	0	*	0	*
Barnwell	0	*	0	*	0	*	0	*	0	*
Beaufort	0	*	0	*	0	*	0	*	0	*
Berkeley	0	*	0	*	1	*	0	*	0	*
Calhoun	0	*	0	*	0	*	0	*	0	*
Charleston	0	*	0	*	1	*	0	*	0	*
Cherokee	0	*	0	*	0	*	0	*	0	*
Chester	0	*	0	*	0	*	0	*	0	*
Chesterfield	0	*	0	*	0	*	0	*	0	*
Clarendon	0	*	0	*	0	*	0	*	0	*
Colleton	0	*	0	*	0	*	0	*	0	*
Darlington	0	*	0	*	0	*	0	*	0	*
Dillon	0	*	0	*	0	*	0	*	0	*
Dorchester	0	*	0	*	0	*	0	*	0	*
Edgefield	0	*	0	*	0	*	0	*	0	*
Fairfield	0	*	0	*	0	*	0	*	0	*
Florence	0	*	0	*	0	*	0	*	0	*
Georgetown	0	*	0	*	0	*	0	*	0	*
Greenville	0	*	1	*	0	*	0	*	0	*
Greenwood	0	*	0	*	0	*	0	*	0	*
Hampton	0	*	0	*	0	*	0	*	0	*
Horry	0	*	0	*	0	*	0	*	0	*
Jasper	0	*	0	*	0	*	0	*	0	*
Kershaw	0	*	0	*	0	*	0	*	0	*
Lancaster	0	*	0	*	0	*	0	*	0	*
Laurens	0	*	0	*	0	*	0	*	0	*
Lee	0	*	0	*	0	*	0	*	0	*
Lexington	0	*	0	*	0	*	0	*	0	*
Marion	0	*	0	*	0	*	0	*	0	*
Marlboro	0	*	0	*	0	*	0	*	0	*
McCormick	0	*	0	*	0	*	0	*	0	*
Newberry	1	*	0	*	0	*	0	*	0	*
Oconee	0	*	0	*	0	*	0	*	0	*
Orangeburg	0	*	0	*	0	*	0	*	0	*
Pickens	0	*	0	*	0	*	0	*	0	*
Richland	0	*	0	*	1	*	0	*	1	*
Saluda	0	*	0	*	0	*	0	*	0	*
Spartanburg	0	*	1	*	0	*	0	*	0	*
Sumter	0	*	0	*	0	*	0	*	0	*
Union	0	*	0	*	0	*	0	*	0	*
Williamsburg	0	*	0	*	0	*	0	*	0	*
York	0	*	0	*	0	*	0	*	0	*
Unknown	0		0		0		0		0	
Grand Total	2	*	2	*	3	*	0	*	1	*

West Nile Fever Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	NR	*
2000	NR	*
2001	NR	*
2002	NR	*
2003	NR	*
2004	3	*
2005	2	*
2006	0	*
2007	2	*
2008	2	*
2009	3	*
2010	0	*
2011	1	*

*Incidence rate and county-level case counts not reported for < 4 cases

**Yersiniosis
Cases, Rate per 100,000 Population**

County	2007		2008		2009		2010		2011	
	Cases	Rates								
Abbeville	*	*	*	*	*	*	*	*	*	*
Aiken	*	*	*	*	*	*	*	*	*	*
Allendale	*	*	*	*	*	*	*	*	*	*
Anderson	*	*	*	*	*	*	*	*	*	*
Bamberg	*	*	*	*	*	*	*	*	*	*
Barnwell	*	*	*	*	*	*	*	*	*	*
Beaufort	*	*	*	*	*	*	*	*	*	*
Berkeley	*	*	*	*	*	*	*	*	*	*
Calhoun	*	*	*	*	*	*	*	*	*	*
Charleston	*	*	*	*	*	*	*	*	*	*
Cherokee	*	*	*	*	*	*	*	*	*	*
Chester	*	*	*	*	*	*	*	*	*	*
Chesterfield	*	*	*	*	*	*	*	*	*	*
Clarendon	*	*	*	*	*	*	*	*	*	*
Colleton	*	*	*	*	*	*	*	*	*	*
Darlington	*	*	*	*	*	*	*	*	*	*
Dillon	*	*	*	*	*	*	*	*	*	*
Dorchester	*	*	*	*	*	*	*	*	*	*
Edgefield	*	*	*	*	*	*	*	*	*	*
Fairfield	*	*	*	*	*	*	*	*	*	*
Florence	*	*	*	*	*	*	*	*	*	*
Georgetown	*	*	*	*	*	*	*	*	*	*
Greenville	*	*	*	*	*	*	*	*	*	*
Greenwood	*	*	*	*	*	*	*	*	*	*
Hampton	*	*	*	*	*	*	*	*	*	*
Horry	*	*	*	*	*	*	*	*	*	*
Jasper	*	*	*	*	*	*	*	*	*	*
Kershaw	*	*	*	*	*	*	*	*	*	*
Lancaster	*	*	*	*	*	*	*	*	*	*
Laurens	*	*	*	*	*	*	*	*	*	*
Lee	*	*	*	*	*	*	*	*	*	*
Lexington	*	*	*	*	*	*	*	*	*	*
Marion	*	*	*	*	*	*	*	*	*	*
Marlboro	*	*	*	*	*	*	*	*	*	*
McCormick	*	*	*	*	*	*	*	*	*	*
Newberry	*	*	*	*	*	*	*	*	*	*
Oconee	*	*	*	*	*	*	*	*	*	*
Orangeburg	*	*	*	*	*	*	*	*	*	*
Pickens	*	*	*	*	*	*	*	*	*	*
Richland	*	*	*	*	*	*	*	*	*	*
Saluda	*	*	*	*	*	*	*	*	*	*
Spartanburg	*	*	*	*	*	*	*	*	*	*
Sumter	*	*	*	*	*	*	*	*	*	*
Union	*	*	*	*	*	*	*	*	*	*
Williamsburg	*	*	*	*	*	*	*	*	*	*
York	*	*	*	*	*	*	*	*	*	*
Unknown	*		*		*		*		*	
Grand Total	9	0.2	6	0.1	9	0.2	4	0.1	5	0.1

Yersiniosis Statewide By Year		
Cases, Rate per 100,000 Pop.		
Year	Cases	Rate
1999	0	*
2000	0	*
2001	0	*
2002	0	*
2003	0	*
2004	0	*
2005	3	*
2006	10	0.2
2007	9	0.2
2008	6	0.1
2009	9	0.2
2010	4	0.1
2011	5	0.1

*Incidence rate and county-level case counts not reported for < 4 cases 112

APPENDIX

Disease Control Information on the DHEC web site.

The links presented below provide access to a variety of information related to communicable disease control in South Carolina. As this list is not exhaustive, links to other topics of interest may be found by browsing through the DHEC web site.

Web Link	Topic
www.dhec.sc.gov/	DHEC's Home page
www.dhec.sc.gov/administration/atoz.htm	A to Z subject listing
www.dhec.sc.gov/health/	Health Services
www.dhec.sc.gov/health/disease/index.htm	Bureau of Disease Control home page . (Also provides links to current and past issues (in PDF format) of DHEC's EpiNotes, a newsletter which contains updates regarding SC communicable disease issues.)
www.dhec.sc.gov/health/disease/acute/flu.htm	Influenza surveillance
http://www.scdhec.gov/administration/library/CR-009025.pdf	Current (2012) List of reportable conditions
www.dhec.sc.gov/health/disease/exclusion.htm	Child Care and School Exclusion lists of Contagious or communicable diseases.
www.dhec.sc.gov/health/disease/han/notifications.htm	Public Health Notifications
www.dhec.sc.gov/health/disease/immunization/index.htm	Immunization Division
www.dhec.sc.gov/health/disease/stdhiv/index.htm	STD/HIV program
www.dhec.sc.gov/health/disease/tb/index.htm	Tuberculosis Control
www.dhec.sc.gov/health/disease/acute/index.htm	Acute Disease Epidemiology
www.dhec.sc.gov/health/envhlth/	Environmental Health

Other Selected Web Resources

Presented below are selections of useful web sites maintained by government agencies, private foundations, and educational institutions which present quality information relating to infectious diseases of public health importance.

Web site	Organization	Info and Tips
www.cdc.gov	US Centers for Disease Control and Prevention	At the top of the CDC home page, click on "A-Z Index" (or go directly to www.cdc.gov/az.do). This provides access to extensive information on many specific infectious conditions.
http://medlineplus.gov/	National Library of Medicine of the National Institutes of Health	Access to information about 700 medical conditions... and much more.
www.pubmed.gov	National Library of Medicine of the National Institutes of Health	Access to abstracts to most of the world's peer-reviewed medical literature since 1966.
www.who.int	World Health Organization	Clicking on "Health Topics" provides access to alphabetical listing of conditions similar to CDC's A-Z index, but with additional global perspectives.
www.cidrap.umn.edu/	University of Minnesota's Center for Infectious Disease Research and Policy	Good mix of academically sound information and updates on infectious disease news
www.idsociety.org/	Infectious Disease Society of America	An important non-governmental professional organization devoted to infectious disease research, training, and other issues.
www.nfid.org/	National Foundation for Infectious Diseases	A non-profit, organization founded dedicated to educating the public and healthcare professionals about the causes, treatment and prevention of infectious diseases.
www.ashastd.org/	American Social Health Association	Extensive information and links regarding sexually transmitted diseases (STDs)
http://aidsinfo.nih.gov/	Project sponsored by the U.S. Department of Health and Human Services	Extensive up-to-date information about HIV/AIDS Treatment, Prevention, and Research
www.nastad.org/	National Alliance of State and Territorial AIDS directors	An organization which seeks to bridge science policy and public health aspects of AIDS
www.vaccineinformation.org/	Immunization Action Coalition	Information about vaccine preventable diseases for the public and for health professionals
www.currytbcenter.ucsf.edu/	Curry National TB Center in San Francisco	Extensive resources and links regarding Tuberculosis.
www.pandemicflu.gov/	US Dept of Health and Human Services	Avian and pandemic flu information

Contact Information

South Carolina Department of Health and Environmental Control

<http://www.scdhec.gov/>

Bureau of Disease Control

<http://www.scdhec.gov/health/disease/index.htm>

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