REPORT UPON RECOGNITION OF A SUSPECTED CASE, DIAGNOSIS, OR POSITIVE LABORATORY EVIDENCE (SEE “HOW TO REPORT” ON BACK)

Suspected means clinical suspicion and/or initial laboratory detection, isolation, identification, or presence of supportive laboratory results.

**Potential agent of bioterrorism**

- Immediately reportable by phone call to a live person at the regional public health office, 24/7
- *Urgently reportable within 24 hours by phone*

All other conditions except lead are reportable within 3 business days

**Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (5)**

- *Animal (mammal) bites (6)*

**Anthrax (Bacillus anthracis) (5)**

Babesiosis (Babesia spp.)

**Botulism (Clostridium botulinum or Botulinum toxin)**

- Brucellosis (Brucella spp.) (5)

Campylobacteriosis (5)

- *Candida auris or suspected (5) (15)*

Carbapenem-resistant Enterobacteriaceae (CRE) and Acinetobacter baumannii (CRAB) (2) (5) (9)

Carbapenem-resistant Pseudomonas aeruginosa (CRPA) (2) (5) (12)

Chancroid (Haemophilus ducreyi)

- Chikungunya (5)

*Chlamydia trachomatis*

- Ciguatera

Creutzfeldt-Jakob Disease (Age < 55 years only)

Cryptosporidiosis (Cryptosporidium spp.)

Cyclosporiasis (Cyclospora cayetanensis) (5)

- Dengue (5)

*Diphtheria (Corynebacterium diphtheriae) (5)*

Eastern Equine Encephalitis (EEE) (5)

Ehrlichiosis / Anaplasmosis (Ehrlichia / Anaplasma phagocytophilum) (5)

*Escherichia coli, Shiga toxin – producing (STEC) (5)*

Giardiasis (Giardia spp.)

Gonorrea (Neisseria gonorrhoeae) (2)

*Haemophilus influenzae, all types, invasive disease (H flu) (2) (3) (5)*

Hantavirus

Hemolytic uremic syndrome (HUS), post-diarrheal

*Hepatitis (acute) A, B, C, D, & E (16)*

*Hepatitis (chronic) B, C, & D (16)*

Hepatitis B surface antigen + with each pregnancy

HIV and AIDS clinical diagnosis

HIV CD4 test results (all results) (L)

HIV subtype, genotype, and phenotype (L)

HIV 1 or HIV 2 positive test results (detection and confirmatory tests) (L)

HIV viral load (all results) (L)

HIV HLA-B5701 and co-receptor assay (L)

**Influenza, avian or other novel strain**

- Influenza associated deaths (all ages)

Influenza

- Lab-confirmed cases (eg. culture, RT-PCR, DFA, Molecular assay) (16)

*Influenza associated hospitalizations (7)*

*La Crosse Encephalitis (LACV) (5)*

Lead tests, all results - indicate venous or capillary specimen (13)

**Legionellosis**

Leprosy (Mycobacterium leprae) (Hansen’s Disease)

Leptospirosis

Listeriosis (5)

Lyme disease (Borrelia burgdorferi)

Lymphogranuloma venereum

Malaria (Plasmodium spp.)

Measles (Rubella)

Meningococcal disease (Neisseria meningitidis) (2) (3) (4) (5)

*Mumps

Pertussis ( Bordetella pertussis)

**Plague (Yersinia pestis) (5)**

Polio

Psittacosis (Chlamydia psittaci)

*Q fever (Coxiella burnetti)*

**Rabies (human)**

Rabies Post Exposure Prophylaxis (PEP) when administered (6)

*Rubella (includes congenital)*

Salmonellosis (2) (5)

*Shiga toxin positive (5)*

Shigelllosis (2) (5)

**Smallpox (Variola)**

Spotted Fever Rickettsiosis (Rickettsia spp.)

*Staphylococcus aureus, vancomycin-resistant or intermediate with a VA > 6 MIC (VRSA/VISA) (2) (5) (10)*

Streptococcus group A, invasive disease (2) (3)

Streptococcus pneumoniae, invasive (pneumococcal) (2) (3) (11)

*St. Louis Encephalitis (SLEV) (5)*

*Syphilis: congenital, primary, or secondary (lesion or rash) or Darkfield positive*

Syphilis: early latent, latent, tertiary, or positive serological test

Tetanus (Clostridium tetani)

Toxic Shock (specify staphylococcal or streptococcal)

Tuberculosis (Mycobacterium tuberculosis) (5) (8)

* Tuberculosis test - Positive Interferon Gamma Release Assays (IGRAs): Quantiferon-TB Gold Plus (QFT-Plus) and T-SPOT.TB (14) (L)

* Tularemia (Francisella tularensis) (5)*

* Typhoid fever (Salmonella typhi) (2) (5)*

* Typhus, epidemic (Rickettsia prowazekii)

* Varicella

*Vibrio, all types, including Vibrio cholerae O1 and O139 (5)*

**Viral Hemorrhagic Fevers (Ebola, Lassa, Marburg viruses)**

West Nile Virus (5)

Yellow Fever

Yersiniosis (Yersinia, not pestis)

*Zika (5)*

(L) Only Labs required to report.

1. An outbreak is the occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time. Clinical specimens may be required.

2. Include drug susceptibility profile.

3. Invasive disease = isolated from normally sterile site. Always specify site of isolate.

4. Report Gram-negative diplococci in blood or CSF.

5. Specimen submission to the Public Health Laboratory (PHL) is required. Ship immediately and urgently reportables within 1 business day. Ship 3 day reportables within 3 business days. Contact regional staff if assistance is needed.


Consultation is available from DHEC Regional Public Health Office.


8. Report all cases of suspect and confirmed tuberculosis (TB). A suspect case of TB is a person whom a health care provider suspects TB based on signs, symptoms, and/or laboratory evidence of TB. Centers for Disease Control and Prevention case definition of confirmed cases: https://wwwn.cdc.gov/rndss/conditions/tuberculosis.

9. Carbapenem-resistant Enterobacteriaceae and Acinetobacter baumanii from all specimen types.

10. Appropriate specimen types: A pure, low passage isolate submitted on a noninhibitory, non-selective agar plate or slant is preferred. If available submit one original culture plate.

11. Specimen submission to the PHL is required for Streptococcus pneumoniae, invasive in cases < 5 years of age.

12. Specimen submission of the first isolate of the month to the PHL is required for Carbapenem-resistant Pseudomonas aeruginosa.

13. All blood lead results are reportable within 30 days. Any elevated results (5 mcg/dL or greater) are reportable within 7 days.


15. Send all yeast isolates from any source to PHL except, C. albicans, C. krusei, C. dubliniensis, C. lusitaniae, C. parapsilosis, C. tropicalis

16. Negative results are reportable for Hepatitis B, C and Influenza only for laboratories that report via Electronic Laboratory Reporting (ELR).
South Carolina 2020 List of Reportable Conditions

What to Report

- Patient’s name
- Patient’s complete address, phone, county, date of birth, race, sex, last five digits of social security number
- Physician’s name and phone number
- Name, institution, and phone number of person reporting
- Disease or condition
- Date of diagnosis
- Symptoms
- Date of onset of symptoms
- Lab results, specimen site, collection date
- If female, pregnancy status
- Patient status: In childcare, food-handler, health care worker, childcare worker, nursing home, prisoner/detainee, travel in last 4 weeks

HIV, AIDS, and STDs (excluding Hepatitis)

- Do not fax HIV, AIDs, or STD results to DHEC
- Call 1-800-277-0873; or
- Submit electronically via DHEC’s web-based reporting system; or
- Mail to: Division of Surveillance & Technical Support
  Mills/Jarrett Complex
  2100 Bull Street, Columbia, SC 29201

Lead

- Submit electronically via DHEC’s web-based reporting system; or
- Mail to: Bureau of Health Improvement & Equity, Lead Surveillance
c/o Brian Humphries,
Sims-Aycock Building
2600 Bull Street, Columbia, SC 29201
- Fax Lead reports to: (803) 898-3236; or
- Call (803) 898-3641 to establish electronic reporting

How to Report Other Conditions

Report all other conditions to the public health office (listed below) in the region in which the patient resides.

Immediate and Urgent Reporting (TELEPHONE)

Lowcountry
- Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg
- 4050 Bridge View Drive, Suite 600
  N. Charleston, SC 29405
- Office: (843) 441-1091
- Fax: (843) 953-0051
- Nights/Weekends: (843) 441-1091

Midlands
- Aiken, Barnwell, Chester, Edgefield, Fairfield, Lancaster, Lexington, Kershaw, Newberry, Richland, Saluda, York
- 200 Hampton Street
  Columbia, SC 29204
- Office: (888) 801-1046
- Fax: (803) 576-2993
- Nights/Weekends: (888) 801-1046

Pee Dee
- Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg
- 1931 Industrial Park Road
  Conway, SC 29526
- Office: (843) 915-8886
- Fax: (843) 915-6502
- Fax2: (843) 915-6506
- Nights/Weekends: (843) 915-8845

Upstate
- Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union
- 200 University Ridge
  Greenville, SC 29602
- Office: (864) 372-3133
- Fax: (864) 282-4373
- Nights/Weekends: (864) 423-6648

How to Report Tuberculosis

Report to the public health office (listed below) in the region in which the patient resides.

Lowcountry
- Berkeley, Charleston, Dorchester
- Office: (843) 719-4612
- Fax: (843) 719-4778

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

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

Pee Dee
- Dillon, Georgetown, Horry, Marion
- Office: (843) 915-8798
- Fax: (843) 915-6504

- Chesterfield, Clarendon, Darlington, Florence, Lee, Marlboro, Sumter, Williamsburg
- Office: (843) 673-6693
- Fax: (843) 673-6670

Upstate
- Cherokee, Oconee, Pickens, Spartanburg, Union
- Office: (864) 596-2227 ext. 108
- Fax: (864) 596-3340

- Abbeville, Anderson, Greenwood, Greenville, Laurens, McCormick
- Office: (864) 372-3198
- Fax: (864) 282-4294

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