South Carolina 2020 List of Reportable Conditions

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)
- Carbamene-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)
  - Escherichia coli, Shiga toxin – producing (STEC) (5)
- Giardiasis (Giardia spp.)
- Gonorrhea (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)
- Influenza, varicella
  - 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)
- Legionellosis
- Leprosy (Mycobacterium leprae) (Hansen’s Disease)
- Leptospirosis
- Listeriosis (5)
- Lyme disease (Borrelia burgdorferi)
- Lymphophgranuloma venereum
- Malaria (Plasmodium spp.)
- Measles (Rubella)
  - Meningococcal disease (Neisseria meningitidis) (2) (3) (4) (5)
  - Mumps
  - Pertussis (Bordetella pertussis)
- Plague (Yersinia pestis) (5)
- Poliomyelitis
- Psittacosis (Chlamydia psittaci)
  - Q fever (Coxiella burnetii)
- Rabies (human)
  - Rabies Post Exposure Prophylaxis (PEP) when administered (6)
  - Rubella (includes congenital)
  - Salmonellosis (2) (5)
  - Shiga toxin positive (5)
  - Shigellosis (2) (5)
- Smallpox (Variola)
  - Spotted Fever Rickettsiosis (Rickettsia spp.)
  - Staphylococcus aureus, vancomycin-resistant or intermediate with a VA >6 MIC (VRSA/VISA) (2) (6) (10)
  - Streptococcus group A, invasive disease (2) (3)
  - Streptococcal 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
  - Typhus (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)

(1) 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.
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://www.cdc.gov/mdsiss/conditions/tuberculosis.
9. Carbapenem-resistant Enterobacteriaceae and Acinetobacter baumannii 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 of the first isolate of the month to the PHL is required for Carbapenem-resistant Pseudomonas aeruginosa.
12. All blood lead results are reportable within 30 days. Any elevated results (5 mcg/dL or greater) are reportable within 7 days.
14. Send all yeast isolates from any source to PHL except, C. albicans, C. krusei, C. dubliniensis, C. lusitaniae, C. parapsilosis, C. tropicalis
15. 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

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 regional 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)

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

How to Report

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

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) 549-6645

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

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

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

DHEC Bureau of Disease Control
Division of Acute Disease Epidemiology • 2100 Bull Street • Columbia, SC 29201
Phone: (803) 898-0861 • Fax: (803) 898-0897 • Nights/Weekends: (888) 847-0902
www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions

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

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

CR-098025  9/20