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South Carolina Infectious Disease and Outbreak Network for Externals

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The South Carolina Department of Health and Environmental Control welcomes Tashauna Lane, the Surveillance System Trainer for the new online reporting tool South Carolina Infectious disease and Outbreak Network for Externals (SCIONx).

What is SCIONx?

SCIONx is a web-based portal that will allow providers and labs to report diseases and conditions on the current South Carolina List of Reportable Conditions that are required to be reported to DHEC. The list is available on the DHEC website at www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC, and see the related article starting on page 2.

SCIONx transmits reports into South Carolina's Infectious disease and Outbreak Network (SCION), an

integrated system for disease surveillance and outbreak management. The system's streamlined design allows for rapid reporting of diseases and conditions, provides public health professionals with an enhanced view of case information, improves disease surveillance and response, and offers the flexibility to expand and change as needed. **Currently SCIONx cannot be used to report Tuberculosis (TB) or Lead.**

Getting Started

SCIONx will soon be accessible to external providers and laboratory professionals and will replace the current online reporting tool, Carolina's Health Electronic Surveillance System (CHESS). Users will be able to register for the system beginning mid-January through the South Carolina Information Applications (SCIAPPS) portal located on the DHEC website at www.scdhec.gov/apps/health/sciapps or by contacting the SCIONx Helpdesk at SCIONHELP@dhec.sc.gov.



Updates to the School and Childcare Exclusion List of 2016

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Students in school or child care, and employees in these settings may be required to be excluded from school activities to prevent the spread of contagious or infectious diseases. The Official School and Child Care Exclusion List of Contagious or Communicable Diseases lists the conditions for exclusion and the criteria for return to a school or child care setting. The list may be updated each year. The current 2016 School and Childcare Exclusion list can be found at www.scdhec.gov/library/CR-011634.pdf. There are minor changes for the 2016 list that are summarized here:

- Mode of transmission and the contagious period for disease process has been added
- Diarrheal causative agents are now listed under “Diarrhea” in alphabetical order.
- Diseases are listed alphabetically by their common name when applicable, for example: Chickenpox for Varicella.
- The General Exclusion chart no longer contains possible severe illness criteria.
- Ringworm (Tinea): Treatment for both Ringworm of the scalp and Ringworm of the body are now required.
- Ringworm (Tinea): Ringworm of the body now requires a parent note stating that treatment has been initiated in order to return

New Conditions have been added

Enteropathogenic E. coli (EPEC) and Enterotoxigenic E. coli (ETEC): Exclude until diarrheal symptoms are resolved for at least 24 hours.

Conditions have been Removed

- Abdominal Pain
- Bronchiolitis
- Stye

The childcare and school webpages have been combined in to a single site. Parent information for both settings has also been combined into one brochure to be used by both schools and childcare facilities.

The brochure for parents is available in English and Spanish. The webpage is located at: www.scdhec.gov/Health/ChildTeenHealth/SchoolExclusion.

Please contact the DHEC Division of Acute Disease Epidemiology (803-898-0861) with any questions about the School and Childcare Exclusion Lists.

Updates to the SC 2016 List of Reportable Conditions

Chasity Springs
Influenza Surveillance Coordinator
DHEC Division of Acute Disease Epidemiology

South Carolina Law 44-29-10 and Regulation 61-20 require reporting to DHEC of conditions on Official List of Reportable Conditions in the manner prescribed by DHEC. Changes in reporting criteria for 2016 are listed below.

- The laboratory list of reportable conditions has been discontinued. All reportable conditions, including those which are only laboratory reportable, have been combined into a single list.
- Genus and species have been added to the list of reportable conditions for all applicable conditions.
- Requirements for conditions that are “Immediately reportable by phone” have been refined to, “Immediately reportable by phone call to a live person at the regional public health office, 24/7.”
- Guidance to “Report all suspected and confirmed cases” has been expanded to “Report upon recognition of a suspected case, diagnosis, or positive laboratory evidence. Suspected means clinical suspicion and/or initial laboratory detection, isolation, identification, or presence of supportive laboratory results.”
- Footnote 5: “Labs must submit these isolates, positive serologies, or specimens to the DHEC Bureau of Laboratories for confirmatory testing or genotyping” has been changed to “Specimen submission to the Bureau of Laboratories is required. Ship immediately and urgently reportables within 1 business day. Ship 3 day reportables within 3 business days. Contact local epi if assistance is needed.”

Condition added

- Shiga toxin positive has been added to urgently reportable within 24 hours by phone.

New specifics for selected reportable conditions

- “HIV positive tests results (detection and confirmatory tests)” has been changed to “HIV 1 or HIV 2 positive test results (detection and confirmatory tests).”
- “Lead tests, all results” has been changed to “lead tests, all results – indicate venous or capillary specimen.”
- “Syphilis: congenital, primary, or secondary (lesion or rash)” has been changed to “Syphilis: congenital, primary, or secondary (lesion or rash) or Darkfield positive.”
- “Syphilis: latent or tertiary, or positive serological test” has been changed to “Syphilis: early latent, latent, tertiary, or positive serological test.”

Reporting reminders

What to report:

For all suspected and confirmed cases, report the following:

- 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, healthcare worker, childcare worker, nursing home, prisoner/ detainee, travel in last 4 weeks

How to report

This section’s layout was updated to clarify where specific conditions should be reported. A fax number has been added for lead reporting.

- **HIV, AIDS, and STDs (excluding Hepatitis):**
Call 1-800-277-0873;
Submit electronically via DHEC’s web-based reporting system; or
Mail to:
Division of Surveillance & Technical Support
Mills/Jarrett Complex
Box 101106, Columbia, SC 29211
- **LEAD:**
Mail to:
Division of Children’s Health
Mills/Jarrett Complex
2100 Bull Street, Columbia, SC 29201
Fax: 803-898-0577
Call 803-898-0767 to establish electronic reporting

Links for Disease Reporting Information

Reportable Diseases Page on DHEC website

- www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC

PDF List of Reportable Conditions

- www.scdhec.gov/library/CR-009025.pdf

South Carolina Information Applications

- <https://www.scdhec.gov/Apps/Health/SCIAPPS>

Questions?

For questions about electronic disease reporting via DHEC’s electronic disease surveillance reporting system, SCIONx, call the DHEC Bureau of Disease Control in Columbia at 803-898-0861 (M-F 8:30 to 5:00 PM).

South Carolina 2016 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 call to a live person at the regional public health office, 24/7

* Urgently reportable within 24 hours by phone

All other conditions reportable within 3 business days

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.

- ! **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 microti*)
- ! **Botulism (*Clostridium botulinum* or Botulinum toxin)**
 - * Brucellosis (*Brucella*) (5)
 - * Campylobacteriosis (2)
 - Chancroid (*Haemophilus ducreyi*)
 - * Chikungunya (5)
 - Chlamydia trachomatis*
 - * Ciguatera
 - Clostridium difficile* (L)
 - Creutzfeldt-Jakob Disease (Age < 55 years only)
 - Cryptosporidiosis (*Cryptosporidium*)
 - Cyclosporiasis (*Cyclospora*)
 - * Dengue (5)
 - * Diphtheria (*Corynebacterium diphtheriae*) (5)
 - * Eastern Equine Encephalitis (EEE) (5)
 - * *Escherichia coli*, Shiga toxin – producing (STEC) (5)
 - Ehrlichiosis / Anaplasmosis (*Ehrlichia* / *Anaplasma phagocytophilum*)
 - Giardiasis (*Giardia*)
 - 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
 - Hepatitis (chronic) B, C, & D
 - 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)
 - HIV viral load (all results) (L)
 - HIV HLA-B5701 and co-receptor assay (L)
- ! **Influenza A, avian or other novel strain**
 - * Influenza associated deaths (all ages)
 - Influenza
 - Lab-confirmed cases (culture, RT-PCR, DFA, IFA) (2)
 - Lab-confirmed hospitalizations (7)
 - Positive rapid antigen detection tests (7)
 - * La Crosse Encephalitis (LACV) (5)
 - Lead tests, all results - indicate venous or capillary specimen
- Legionellosis
- Leprosy (*Mycobacterium leprae*) (Hansen's Disease)
- Leptospirosis
- Listeriosis (5)
- Lyme disease (*Borrelia burgdorferi*)
- Lymphogranuloma venereum
- Malaria (*Plasmodium*)
- ! **Measles (Rubeola)**
- ! **Meningococcal disease (*Neisseria meningitidis*) (2) (3) (4) (5)**
 - * Mumps
 - * Pertussis (*Bordetella pertussis*)
- ! **Plague (*Yersinia pestis*) (5)**
- ! **Poliomyelitis**
 - Psittacosis (*Chlamydophila psittaci*)
- * Q fever (*Coxiella burnetii*)
- ! **Rabies (human)**
 - Rabies Post Exposure Prophylaxis (PEP) when administered (6)
 - * Rubella (includes congenital)
 - Rocky Mountain Spotted Fever (*Rickettsia rickettsii*) (Spotted Fever group)
 - Salmonellosis (2) (5)
 - * Shiga toxin positive
 - Shigellosis (2) (5)
- ! **Smallpox (Variola)**
 - * *Staphylococcus aureus*, vancomycin-resistant or intermediate (VRSA/VISA) (2) (5)
 - Streptococcus* group A, invasive disease (2) (3)
 - Streptococcus* group B, age < 90 days (2)
 - Streptococcus pneumoniae*, invasive (pneumococcal) (2) (3)
 - * 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)
 - * Trichinellosis (*Trichinella spiralis*)
 - * Tuberculosis (*Mycobacterium tuberculosis*) (5) (8)
 - * 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*)

Potential agent of bioterrorism

(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 Bureau of Laboratories is required. Ship immediately and urgently reportables within 1 business day. Ship 3 day reportables within 3 business days. Contact local epi if assistance is needed.
6. Rabies PEP guidance: www.scdhec.gov/environment/envhealth/rabies/rabies-pep.htm. Consultation is available from the DHEC Regional Public Health Office.
7. Report aggregate totals weekly.
8. Report all cases of suspect and confirmed tuberculosis (TB). A suspect case of TB is a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have TB. Centers for Disease Control and Prevention case definition of confirmed cases: <https://www.cdc.gov/nndss/conditions>

South Carolina 2016 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, healthcare worker, childcare worker, nursing home, prisoner/detainee, travel in last 4 weeks

How to Report

HIV, AIDS, and STDs (excluding Hepatitis):

- Call 1-800-277-0873;
- Submit electronically via DHEC's web-based reporting system; or
- Mail to:
*Division of Surveillance & Technical Support
Mills/Jarrett Complex
Box 101106, Columbia, SC 29211*

Lead:

- Mail to:
*Division of Children's Health
Mills/Jarrett Complex
2100 Bull Street, Columbia, SC 29201*

Or

- Fax: (803) 898-0577

Call (803) 898-0767 to establish electronic reporting.

Where to Report Tuberculosis

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

Lowcountry

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

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

Midlands

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

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

Pee Dee

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

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

Upstate

Cherokee, Greenville, Pickens, Spartanburg, Union
Office: (864) 596-2227 ext. 108
Fax: (864) 282-4294

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

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

Where to Report All 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

Berkeley, Charleston, Dorchester
Phone: (843) 953-0043

Beaufort, Colleton, Hampton, Jasper
Phone: (843) 322-2453

Allendale, Bamberg, Calhoun, Orangeburg
Phone: (803) 268-5833

Nights/Weekends
Phone: (843) 441-1091

Midlands

Kershaw, Lexington, Newberry, Richland
Phone: (803) 576-2749

Chester, Fairfield, Lancaster, York
Phone: (803) 286-9948

Aiken, Barnwell, Edgefield, Saluda
Phone: (803) 642-1618

Nights/Weekends
(888) 801-1046

Pee Dee

Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro
Phone: (843) 661-4830

Clarendon, Lee, Sumter
Phone: (803) 773-5511

Georgetown, Horry, Williamsburg
Phone: (843) 915-8804

Nights/Weekends
(843) 915-8845

Upstate

Anderson, Oconee
Phone: (864) 260-5801

Abbeville, Greenwood, Laurens, McCormick
Phone: (864) 227-5947

Cherokee, Greenville, Pickens, Spartanburg, Union
Phone: (864) 372-3133

Nights/Weekends
(866) 298-4442

3-Day Reporting (MAIL or FAX)

Lowcountry

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Fax: (843) 953-0051

Midlands

2000 Hampton Street
Columbia, SC 29204
Fax: (803) 576-2993

Pee Dee

145 E. Cheves Street
Florence, SC 29506
Fax: (843) 661-4859

Upstate

200 University Ridge
Greenville, SC 29602
Fax: (864) 282-4373



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/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC

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

Meningococcal Vaccines: MCV4 and MenB

Teresa (Tracy) Foo, MD, MPH
Medical Consultant
DHEC Immunization and Acute Disease Epidemiology Divisions

Meningococcal disease is caused by the bacterium *Neisseria meningitidis*. There are five serogroups, or strains, *Neisseria meningitidis*: A, B, C, W and Y that cause most disease worldwide. Meningococcal disease is spread from person to person. Vaccination is the best defense against meningococcal disease.

The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of all adolescents aged 11–18 years with a quadrivalent meningococcal conjugate vaccine (also known as MCV4 or MenACWY). Vaccination with MCV4 protects against four serogroups: A, C, W, and Y. A single dose should be administered at age 11 or 12 years with a booster dose at age 16 years for persons who receive the first dose before age 16 years.

A new type of meningococcal vaccine is now available which protects against serogroup B disease. These vaccines may be given in addition to MCV4, but do not replace the recommendation for MCV4 for all adolescents. In October 2015, the ACIP published [recommendations for the use of serogroup B meningococcal vaccines in adolescents and young adults](#). Adolescents and young adults (16 through 23 year olds) may also be vaccinated with a serogroup B meningococcal vaccine (also known as Men B vaccine). The preferred age for Men B vaccination is 16 through 18 years. This is an ACIP Category B recommendation, which means that it is recommended for individual clinical decision making.

ACIP also recommends routine use of Men B vaccines for certain persons aged ≥ 10 years who are at increased risk for meningococcal disease including persons with persistent complement component deficiencies, those with anatomic or functional asplenia, microbiologists who are routinely exposed to isolates of *Neisseria meningitidis* and those identified at increased risk because of a serogroup B meningococcal disease outbreak.

Are You Signed Up for the South Carolina Health Alert Network?

Shana Dorsey
DHEC Health Alert Network Coordinator

The South Carolina Health Alert Network (SCHAN) is a web-based emergency notification system used by DHEC to distribute health alerts and advisories from the Centers for Disease Control and Prevention (CDC) and DHEC. DHEC uses SCHAN to notify healthcare providers of clusters, outbreaks and other events of public health significance. The notifications are sent by fax and email to organization-defined points of contact who then forward the message to appropriate recipients within their organization.

Is your contact information in the SCHAN system current? Outdated contact information within the SCHAN system will delay rapid alerts and notifications. If you are already registered in the SCHAN system, you may update your contact information by logging into SCHAN (www.reachsc.sc.gov) using the username created during the registration process and your password. Don't forget to check your call preferences within your profile as this designates how you wish to receive the health notifications.

Please email the Health Alert Network Coordinator at SCHAN@dhec.sc.gov if you would like to:

- Sign up to begin receiving health notifications from SCHAN (invitation will be emailed)
- Retrieve username
- Reset password

Please visit the DHEC website at www.scdhec.gov/Health/FHPF/HealthAlertsNotifications if you would like to access the list of previous health advisories.

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