



2019 SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

Disease reporting is required by SC Code of Laws Section 44-29-10, 44-53-1380, 44-1-110, and 44-1-140 and Regulation 61-20.

See other side for list of reportable diseases.

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (45 CFR §164.512)

Disease/Condition (include stage, if appropriate): _____ Today's Date _____

Last Name First Name Middle Name

Patient ID or last five digits of SSN: _____ DOB: ____/____/____

Street Address

City State Zip County

Preferred Contact Number () _____ - _____ Home Cell Work

Ethnicity Sex at Birth Current Gender Identity

- Hispanic Non-Hispanic Unknown Male Female Unknown Male Female Male to Female Female to Male

If female, pregnant? Yes No Unknown Expected Due Date: _____ Expected delivery Hospital: _____

- Race American Indian/Alaskan Native Black Pacific Islander Asian White Unknown

Date of diagnosis/bite: ____/____/____

Date of symptom onset: ____/____/____

Symptoms:

Hospitalized Emergency Room Died Y N UNK

Date of Death: ____/____/____

Treated: Yes No Unk Date: ____/____/____ Rx: _____

For Rabies PEP: Animal species: _____ Initial date of administration: ____/____/____

If hospitalized, complete: Hospital Name Admit Date Discharge Date

LABORATORY INFORMATION * Report Hepatitis in Viral Hepatitis box below

Table with 5 columns: Specimen Collection Date, Result Date, Lab Test Name, Specimen Source, Result, Species/Serotype

PATIENT STATUS Y N UNK

Table with 3 columns for patient status: In childcare, Food handler, Healthcare worker, Daycare Worker, Nursing home or other chronic care facility, Incarcerated/detainee, Outbreak related, Travel in last 4 weeks, Other.

*VIRAL HEPATITIS TEST RESULTS Specimen collection date: ____/____/____ ALT AST Result date: ____/____/____

Table for viral hepatitis test results including Jaundice, Hepatitis A, B, and C with columns for Pos, Neg, UNK and Value.

REPORTER INFORMATION

Reporting lab/facility: _____ Reporting facility address: _____ Reporter name: _____ Reporter telephone: () _____ Performing lab name: _____ Ordering physician name: _____ Physician phone: () _____

RISK FACTORS: (Circle all that apply)

- Close contact (type: sex, household other) Multiple Sex Partners Surgery/Dental Dialysis Occupational blood exposure Tattoo Drug Use (type: injection, non-injection) Organ Transplant Travel (US or outside US) Homelessness Piercing Men who Have Sex with Men Sex with HIV+ Partner

Comments: _____ Mail or Call Reports: _____

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Report IMMEDIATELY By Phone		Report Within 24 Hours By Phone	
<p>⚠️!Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (5)</p>	<p>⚠️ Anthrax (<i>Bacillus anthracis</i>) (5) ⚠️ Botulism (<i>Clostridium botulinum</i> or Botulinum toxin) Influenza, avian or other novel Measles (Rubeola) Meningococcal disease (2) (3) (4) (5) ⚠️ Plague (5) (<i>Yersinia pestis</i>) Poliomyelitis, Paralytic and Nonparalytic Rabies, human ⚠️ Smallpox (Variola) ⚠️ Viral Hemorrhagic Fever (Ebola, Lassa, Marburg viruses)</p>	<p>Animal (mammal) bites (6) ⚠️ Brucellosis (5) Chikungunya (5) Ciguatera Dengue (<i>Flavivirus</i>) (5) Diphtheria (5) Eastern Equine Encephalitis (EEE) (5) <i>Escherichia coli</i>, Shiga toxin-producing (STEC) (5) <i>Haemophilus influenzae</i>, all types, invasive disease (<i>H flu</i>) (2) (3) (5) Hantavirus Hemolytic uremic syndrome (HUS), post-diarreal Hepatitis (acute) A, B, C, D, & E Influenza associated deaths (all ages) LaCrosse Encephalitis (LAC) (5) Mumps Pertussis</p>	<p>⚠️ Q fever (<i>Coxiella burnetti</i>) Rubella (includes congenital) Shiga toxin positive (5) <i>Staphylococcus aureus</i>, vancomycin-resistant or intermediate with a VA >6 MIC (VRS/AVISA)(2) (5) (10) St. Louis Encephalitis (SLE) (5) Syphilis, congenital, primary or secondary (lesion or rash) or Darkfield positive Tuberculosis (5) (8) ⚠️ Tularemia (5) Typhoid fever (<i>Salmonella Typhi</i>) (2) (5) ⚠️ Typhus, epidemic (<i>Rickettsia prowazekii</i>) Vibrio - all types, including <i>V. cholerae</i> O1 & O139 (5) West Nile Virus (5) Yellow Fever (<i>Flavivirus</i>) Zika (5)</p>
Report Within 3 Days			
<p>Babesiosis Campylobacteriosis (5) Candida auris or suspected (5) Carbapenem-resistant Enterobacteriaceae (CRE) (2) (5) (9) Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA) (2) (5) (12) Chancroid Chlamydia trachomatis Creutzfeldt-Jakob Disease (Age < 55 years) Cryptosporidiosis Cyclosporiasis (5) Ehrlichiosis / Anaplasmosis Giardiasis Gonorrhea (2) Hepatitis (chronic) B, C, & D</p>	<p>Hepatitis B Surface Antigen+ w/each pregnancy HIV and AIDS clinical diagnosis HIV CD4 test results (all results) (L) HIV subtype, genotype, and phenotype (L) HIV 1 and 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 <ul style="list-style-type: none"> • Lab-confirmed cases (Culture, RT-PCR, DFA, IFA) • Lab confirmed hospitalizations (aggregate totals) (7) Lead tests, all results – indicate venous or capillary specimen (13) Legionellosis</p>	<p>Leprosy (Hansen's Disease) Leptospirosis Listeriosis (5) Lyme disease Lymphogranuloma venereum Malaria ⚠️ Psittacosis Rabies post-exposure prophylaxis(PEP) when administered (6) Salmonellosis (2) (5) Shigellosis (2) (5)</p>	<p>Spotted Fever Rickettsiosis Streptococcus group A, invasive disease (2) (3) Streptococcus group B, age < 90 days (2) <i>Streptococcus pneumoniae</i>, invasive (pneumococcal) (2) (3) (11) Syphilis, early latent, latent, tertiary or positive serologic test Tetanus Toxic Shock (specify staph. or strep.) Varicella Yersiniosis (<i>Yersinia, not pestis</i>)</p>
<p>⚠️ Potential Agent of Bioterrorism (L) Only labs are required to report. For notes 1-13, see complete list of reportable diseases at https://www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions</p>			

HOW TO REPORT

HIV, AIDS, and STDs (excluding Hepatitis):

Do not fax HIV, AIDS or STD results to DHEC
 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:

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

HOW TO REPORT TUBERCULOSIS

Lowcountry

Berkeley, Charleston, Dorchester
 Phone: 843-719-4612
 Fax: 843-719-4778

Allendale, Bamberg, Beaufort,
 Calhoun, Colleton, Hampton, Jasper,
 Orangeburg
 Phone: 843-549-1516 ext 222
 Fax: 843-549-6845

Midlands

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

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

Pee Dee

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

Chesterfield, Clarendon, Darlington,
 Florence, Lee, Marlboro, Sumter,
 Williamsburg
 Phone: 803-934-2867
 Fax: 803-773-6366

Upstate

Cherokee, Spartanburg, Union
 Phone: 864-596-2227 ext. 108
 Fax: 864-596-3340

Abbeville, Anderson, Greenwood, Laurens,
 McCormick, Oconee, Pickens
 Phone: 864-260-5562
 Fax: 864-260-5564

Greenville:

Phone: 864-372-3198
 Fax: 864-282-4294

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

TO REPORT ALL OTHER CONDITIONS: Contact the health department office in the region in which the patient resides.
 (See reportable list for contact info)

DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology
 2100 Bull St • Columbia, SC 29201
 Phone: (803) 898-0861 • Fax: (803) 898-0897
 Nights / Weekends: 1-888-847-0902

For information on reportable conditions and daytime & after-hours phone numbers, see
<https://www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions>
 To learn about DHEC's web-based reporting system, call 1-800-917-2093.

