**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.

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]

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**Disease/Condition (include stage, if appropriate):**

**Today’s Date**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Sex at Birth</th>
<th>Current Gender Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>Unknown</td>
<td>Male to Female</td>
<td>Male to Female</td>
</tr>
<tr>
<td></td>
<td>Female to Male</td>
<td>Female to Male</td>
</tr>
</tbody>
</table>

If female, pregnant?  
Yes [ ] No [ ] Unknown [ ]

Expected Due Date:  

Expected delivery Hospital:

**Race**

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

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**If female, pregnant?**

- Yes [ ] No [ ] Unknown [ ]

**Date of diagnosis/bite:**  

**Date of symptom onset:**  

**Symptoms:**

- Hospitalized [ ]
- Emergency Room [ ]
- Died [ ]

**Date of Death:**  

**Treated:**

- Yes [ ] No [ ] Unknown [ ]

**Rx:**

**For Rabies PEP:**

- Animal species:

**Date of diagnosis/bite:**  

**Date of symptom onset:**  

**Symptoms:**

- Hospitalized [ ]
- Emergency Room [ ]
- Died [ ]

**Date of Death:**  

**Treated:**

- Yes [ ] No [ ] Unknown [ ]

**Rx:**

**LABORATORY INFORMATION**

**Specimen Collection Date**  
**Result Date**  
**Lab Test Name (ex. Culture, IFA, IGM, PCR, Susceptibility)**  
**Specimen Source** (ex. Stool, Blood, CSF)  
**Lead: specify venous or cap**  
**Result (ex. +/-, titer)**  
**Species/Serotype**

**PATIENT STATUS**

- In childcare [ ] Yes [ ] No [ ] Unknown [ ]
- 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: || Result date: |
|--------------------------|-------------|

**Jaundice:**

- Yes [ ] No [ ]

**Hepatitis A**

- Total anti-HAV [ ]
- IgM anti-HAV [ ]

**Hepatitis B**

- HBsAg [ ]
- HBV NAT (PCR) [ ]
- HBeAg [ ]
- IgM anti-HBc [ ]

**Hepatitis C**

- HCV RNA (PCR) [ ]
- HCV antibody (EIA) [ ]
- HCV Rapid Ab test [ ]

**RISK FACTORS:**

- 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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**REPORTER INFORMATION**

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

**DHEC 1129 (1/20)**

Reporting required by attending physician/designee and laboratory except where lab only (L) reporting is indicated.
2020 SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

<table>
<thead>
<tr>
<th>Report IMMEDIATELY By Phone</th>
<th>Report Within 24 Hours By Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax (Bacillus anthracis) (5)</td>
<td>Animal (mammal) bites (6)</td>
</tr>
<tr>
<td>Botulism (Clostridium botulinum or Botulinum toxin)</td>
<td>Brucellosis (5)</td>
</tr>
<tr>
<td>Influenza, avian or other novel</td>
<td>Candida aures or suspected (5)</td>
</tr>
<tr>
<td>Measles (Rubella)</td>
<td>Chikungunya (5)</td>
</tr>
<tr>
<td>Meningococcal disease (2) (3) (4) (5)</td>
<td>Ciguatera</td>
</tr>
<tr>
<td>Plague (5) (Yersinia pestis)</td>
<td>Dengue (Flavivirus) (5)</td>
</tr>
<tr>
<td>Polioviruses, Paralytic and Nonparalytic</td>
<td>Diphtheria (5)</td>
</tr>
<tr>
<td>Rabies, human</td>
<td>Eastern Equine Encephalitis (EEE) (5)</td>
</tr>
<tr>
<td>Smallpox (Variola)</td>
<td>Escherichia coli, Shiga toxin-producing (STEC) (5)</td>
</tr>
<tr>
<td>Viral Hemorrhagic Fever (Ebola, Lassa, Marburg viruses)</td>
<td>Haemophilus influenzae, all types, invasive disease (H flu) (2) (3) (6)</td>
</tr>
<tr>
<td></td>
<td>Hantavirus</td>
</tr>
<tr>
<td></td>
<td>Hemolytic uremic syndrome (HUS), post-diarrheal</td>
</tr>
<tr>
<td></td>
<td>Hepatitis (acute) A, B, C, D, &amp; E (16)</td>
</tr>
<tr>
<td></td>
<td>Hepatitis associated deaths (all ages)</td>
</tr>
<tr>
<td></td>
<td>Lactose Encephalitis (LAC) (5)</td>
</tr>
<tr>
<td></td>
<td>Mumps</td>
</tr>
<tr>
<td></td>
<td>Pertussis</td>
</tr>
</tbody>
</table>

**LEAD:**
Submit electronically via DHEC’s web-based reporting system
Mail to:
Bureau of Health Improvement & Equity, Lead Surveillance
e/c 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**

<table>
<thead>
<tr>
<th>Lowcountry</th>
<th>Upstate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley, Charleston, Dorchester</td>
<td>Cherokee, Oconee, Spartanburg, Union</td>
</tr>
<tr>
<td>Phone: (843) 719-4612</td>
<td>Phone: (864) 596-2227 ext. 108</td>
</tr>
<tr>
<td>Fax: (843) 719-4778</td>
<td>Fax: (864) 596-3340</td>
</tr>
<tr>
<td>Allendale, Bamberg, Beaufort, Calhoun, Colleton, Hampton, Jasper, Orangeburg</td>
<td>Abbeville, Anderson, Greenwood, Greenville, Laurens, McCormick, Pickens</td>
</tr>
<tr>
<td>Phone: (843) 549-1516 ext 222</td>
<td>Office: (843) 372-3198</td>
</tr>
<tr>
<td>Fax: (843) 549-6845</td>
<td>Fax: (864) 282-4294</td>
</tr>
</tbody>
</table>

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

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](https://www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions)

DHEC 1129 (1/2020)
Instructions for Completing DHEC 1129 - Disease Reporting Form

**Purpose:** To report diseases and positive laboratory tests designated as reportable by DHEC’s Director in accordance with Section 61-20 of the Rules and Regulations of the state of South Carolina.

**Item by Item Instructions:**

**Explanation and Definition:** The reporter must complete all items on the front of the form. The reportable diseases are listed on the reverse side of the form.

**Disease/Condition** - Enter the disease diagnosed and the complete diagnosis. Enter the stage of the disease, if appropriate.

**Today’s Date** - Enter the date that the form is completed.

**Patient Name** - Enter the last name, first name and middle name of the patient.

**Patient ID or SSN** - Enter the patient ID number or the last five digits of the SSN if available.

**Date of Birth** - Enter the numerical month, day, and year of birth.

**Street Address** - Enter the street address of the patient’s residence.

**City, State, Zip** - Enter the city, state, and zip code where the patient resides.

**County** - Enter the county where the patient resides.

**Preferred Contact Number** - Enter the area code and phone number of the patient. Select whether the preferred number is a home, cellular, or work telephone number.

**Ethnicity** - Check the appropriate box for the ethnicity of the patient.

**Sex at Birth** - Check the appropriate box for the sex of the patient at birth.

**Current Gender Identity** - Check the appropriate box for the patient's current gender identity.

**Pregnant** - Check the appropriate box (yes, no, unknown) for “if female, pregnant”, depending on the patient’s pregnancy status.

**Race** - Check the appropriate box(es) for the race of the patient.

**Date of Diagnosis/Bite** - Enter the date of diagnosis. If animal bite, enter the date of the bite.

**Date of Symptom Onset** - If patient has symptoms, enter the month, day and year the symptoms of the disease appeared.

**Symptoms** - Enter patient symptoms if applicable.

**Hospitalized/Emergency Room/Died** - Check yes, no, or unknown for patient hospitalization status, emergency room visit status, and death status.

**Date of Death** - If patient died, enter numerical month, day, and year of death.
Instructions for Completing DHEC 1129 - Disease Reporting Form

Treated - Check the appropriate box for whether the patient was treated.

Date - If patient was treated, enter date treatment was received by patient.

Rx - Enter treatment received by patient.

For Rabies PEP - If rabies post-exposure prophylaxis (PEP) was administered following a bite, enter the species of animal and the numerical date the first dose of PEP was administered.

Hospitalized - If patient was hospitalized enter hospital name, admit date, and discharge date.

Specimen Collection Date - Enter month, day, and year specimen was collected.

Result Date - Enter date of lab result.

Lab Test Name - Enter type of test.

Specimen Source - Enter the specimen source, as appropriate.

Result - Enter any laboratory results that support the diagnosis.

Species/Serotype - Enter species or serotype if applicable.

Patient Status - Check the appropriate box for whether the patient was in childcare, was a food handler, was a healthcare worker, was a daycare worker, was in a nursing home or other chronic care facility, was a prisoner or detainee, was a part of an outbreak, or traveled during the previous four weeks. Use the space next to “other” for additional information pertinent to patient status, for example, where patient traveled.

Viral Hepatitis Test Results (Specimen Collection Date) - Enter month, day, and year specimen was collected for hepatitis testing.

ALT, AST, Result Date - Enter any liver enzyme results and date of test.

Jaundice - Check appropriate box for presence of jaundice.

Hepatitis Results - Check box for appropriate test results if the patient has been tested for hepatitis A, B, or C. Enter value for HCV RNA, if applicable.

Reporting Laboratory/Facility - Enter the name of the reporting laboratory or facility.

Reporting Facility Address - Enter the address of the reporting laboratory or facility.

Reporter Name - Enter the name of the person reporting.

Reporter Telephone – Enter the phone number of the person who completed the DHEC 1129 form.

Performing Lab Name – Enter name of lab which performed the test.

Ordering Physician Name - Enter the name of the ordering physician.
Instructions for Completing DHEC 1129 - Disease Reporting Form

Physician Phone – Enter the phone number of the ordering physician.

Comments - Enter any additional information deemed pertinent.

Risk Factors - Circle all of the Risk Factors that apply.

Mail or Call Reports To - The regional/county health department phone number and address to which private providers should call/send reports are entered or stamped in this space.

Side Two

List of reportable diseases or conditions and the timeframes for reporting to DHEC and instructions for how/where to report.

Office Mechanics/Filing-
The reporting person will submit these forms to the regional/county health department or enter this information electronically. Depending on the disease reported on the form, 1) the county health department or DHEC Central Office will enter the information in the electronic reporting system (SCION), or 2) the county health department will forward the forms to the appropriate Division in DHEC’s Bureau of Communicable Disease Prevention and Control in Columbia. The completed forms will be filed and retained for six months after the calendar year. The forms will then be destroyed.