



2017 SOUTH CAROLINA 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	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	
		If female, pregnant?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Race			
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> Pacific Islander
		<input type="checkbox"/> White <input type="checkbox"/> Unknown	

Date of diagnosis/bite: ____/____/____

Date of symptom onset: ____/____/____

Symptoms: _____

	Y	N	UNK
Hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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	Y	N	UNK
In childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food handler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing home or other chronic care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prisoner/detainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outbreak related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel in last 4 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Jaundice: Yes No

Hepatitis A	Total anti-HAV	Pos	Neg	UNK
	IgM anti-HAV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	HBSAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HBV NAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HBeAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IgM anti-HBc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	HCV RNA (PCR, bDNA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HCV (EIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

anti-HCV signal to cut-off ratio _____ Value: _____

REPORTER INFORMATION

Reporting lab/facility: _____

Reporting facility address: _____

Reporter name: _____

Reporter telephone: () _____ - _____

Performing lab name: _____

Ordering physician name: _____

Physician phone: () _____ - _____

Comments:

Mail or Call Reports To:

2017 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

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)</p> <p>☒ Botulism (<i>Clostridium botulinum</i> or Botulinum toxin)</p> <p>Influenza A, avian or other novel</p> <p>Measles (Rubeola)</p> <p>Meningococcal disease (2) (3) (4) (5)</p> <p>☒ Plague (5) (<i>Yersinia pestis</i>)</p> <p>Poliomyelitis, Paralytic and Nonparalytic</p> <p>Rabies, human</p> <p>☒ Smallpox (Variola)</p> <p>☒ Viral Hemorrhagic Fever (Ebola, Lassa, Marburg viruses)</p>	<p>☒ Animal (mammal) bites (6)</p> <p>☒ Brucellosis (5)</p> <p>Chikungunya (5)</p> <p>Ciguatera</p> <p>Dengue (<i>Flavivirus</i>) (5)</p> <p>Diphtheria (5)</p> <p>Eastern Equine Encephalitis (EEE) (5)</p> <p><i>Escherichia coli</i>, Shiga toxin-producing (STEC) (5)</p> <p><i>Haemophilus influenzae</i>, all types, invasive disease (<i>H flu</i>) (2) (3) (5)</p> <p>Hantavirus</p> <p>Hemolytic uremic syndrome (HUS), post-diarrheal</p> <p>Hepatitis (acute) A, B, C, D, & E</p> <p>Influenza associated deaths (all ages)</p> <p>La Crosse Encephalitis (LAC) (5)</p> <p>Mumps</p> <p>Pertussis</p>	<p>☒ Q fever (<i>Coxiella burnetti</i>)</p> <p>Rubella (includes congenital)</p> <p>Shiga toxin positive (5)</p> <p><i>Staphylococcus aureus</i>, vancomycin-resistant or intermediate (VRS/VISA) (2) (5)</p> <p>St. Louis Encephalitis (SLE) (5)</p> <p>Syphilis, congenital, primary or secondary (lesion or rash) or Darkfield positive</p> <p>Trichinellosis (<i>T. spiralis</i>)</p> <p>Tuberculosis (5) (8)</p> <p>☒ Tularemia (5)</p> <p>☒ Typhoid fever (<i>Salmonella Typhi</i>) (2) (5)</p> <p>☒ Typhus, epidemic (<i>Rickettsia prowazekii</i>)</p> <p>Vibrio - all types, including <i>V. cholerae</i> O1 & O139 (5)</p> <p>West Nile Virus (5)</p> <p>Yellow Fever (<i>Flavivirus</i>)</p> <p>Zika (5)</p>
Report Within 3 Days			
<p>Babesiosis</p> <p>Campylobacteriosis (2)(5)</p> <p>Carbapenem-resistant Enterobacteriaceae (CRE) (S)(5)(9)(10)</p> <p>Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA) (S)(5)(10)</p> <p>Chancroid</p> <p>Chlamydia trachomatis</p> <p>Creutzfeldt-Jakob Disease (Age < 55 years)</p> <p>Cryptosporidiosis</p> <p>Cyclosporiasis</p> <p>Ehrlichiosis / Anaplasmosis</p> <p>Giardiasis</p> <p>Gonorrhea (2)</p> <p>Hepatitis (chronic) B, C, & D</p>	<p>Hepatitis B Surface Antigen+ w/each pregnancy</p> <p>HIV and AIDS clinical diagnosis</p> <p>HIV CD4 test results (all results) (L)</p> <p>HIV subtype, genotype, and phenotype (L)</p> <p>HIV 1 and HIV 2 positive test results (detection and confirmatory tests) (L)</p> <p>HIV viral load – all results (L)</p> <p>HIV HLA-B5701 and co-receptor assay (L)</p> <p>Influenza</p> <ul style="list-style-type: none"> • Lab-confirmed cases (Culture, RT-PCR, DFA, IFA) (2) • Lab confirmed hospitalizations (aggregate totals) (7) • Positive rapid antigen detection tests (aggregate totals) (7) 	<p>Lead tests, all results – indicate venous or capillary specimen</p> <p>Legionellosis</p> <p>Leprosy (Hansen's Disease)</p> <p>Leptospirosis</p> <p>Listeriosis (5)</p> <p>Lyme disease</p> <p>Lymphogranuloma venereum</p> <p>Malaria</p> <p>☒ Psittacosis</p> <p>Rabies post-exposure prophylaxis (PEP) when administered (6)</p>	<p>Rocky Mountain Spotted Fever</p> <p>Salmonellosis (2) (5)</p> <p>Shigellosis (2) (5)</p> <p>Streptococcus group A, invasive disease (2) (3)</p> <p>Streptococcus group B, age < 90 days (2)</p> <p><i>Streptococcus pneumoniae</i>, invasive (pneumococcal) (2) (3) (11)</p> <p>Syphilis, early latent, latent, tertiary or positive serologic test</p> <p>Tetanus</p> <p>Toxic Shock (specify staph. or strep.)</p> <p>Varicella</p> <p>Yersiniosis (<i>Yersinia, not pestis</i>)</p>
<p>☒ Potential Agent of Bioterrorism (L) Only labs are required to report. (S) Submission of specimen to Bureau of Laboratories only. For notes 1-11, see complete list of reportable diseases at http://www.scdhec.gov/Health/FHPP/ReportDiseasesAdverseEvents/ReportableConditionsInSC/</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:

Mail to:

Division of Children's Health, Lead Program

Mills/Jarrett Complex

2100 Bull Street, Columbia, SC 29201

Fax: 803-898-0577

Call 803-898-0767 to establish electronic reporting

HOW TO REPORT TUBERCULOSIS

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, Spartanburg, Union

Office: 864-596-2227 ext. 108

Fax: 864-596-3340

Abbeville, Anderson, Greenwood, Laurens,

McCormick, Oconee, Pickens

Office: 864-260-5562

Fax: 864-260-5564

Greenville:

Office: 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
<http://www.scdhec.gov/Health/FHPP/ReportDiseasesAdverseEvents/ReportableConditionsInSC/>

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