



## 2025 SC DEPARTMENT OF PUBLIC HEALTH 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 ☐ Male ☐ Male  
☐ Non-Hispanic ☐ Female ☐ Female  
☐ Unknown ☐ Unknown ☐ Male to Female  
☐ Female to Male

If female, pregnant?

☐ Yes ☐ No ☐ Unknown

Expected Due Date: \_\_\_\_\_

Expected delivery Hospital: \_\_\_\_\_

Race

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

Date of diagnosis/bite: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of symptom onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Symptoms:

Hospitalized Y N UNK  
Emergency Room ☐ ☐ ☐  
Died ☐ ☐ ☐  
ICU ☐ ☐ ☐

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Treated: ☐ Yes ☐ No ☐ Unk

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rx: \_\_\_\_\_

If hospitalized, complete: Hospital Name Admit Date Discharge Date

### LABORATORY INFORMATION

\* Report Hepatitis in Viral Hepatitis box below

First Test	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
Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

### PATIENT STATUS

Y N UNK

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Jaundice: ☐ Yes ☐ No

Pos Neg UNK

Hepatitis A Total anti-HAV  
IgM anti-HAV


Hepatitis B HBsAg  
HBV NAT (PCR)  
HBeAg  
IgM anti-HBc


Value: \_\_\_\_\_

Hepatitis C HCV RNA (PCR)  
HCV antibody (EIA)  
HCV Rapid Ab test


Value: \_\_\_\_\_

### REPORTER INFORMATION

Reporting lab/facility: \_\_\_\_\_

Reporting facility address: \_\_\_\_\_

Reporter name: \_\_\_\_\_

Reporter telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Performing lab name: \_\_\_\_\_

Ordering physician name: \_\_\_\_\_

Physician phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### RISK FACTORS: (Check all that apply)

Close contact (type: sex, household other)  
Dialysis  
Drug Use (type: injection, non-injection)  
Homelessness  
Men who Have Sex with Men

Multiple Sex Partners  
Occupational blood exposure  
Organ Transplant  
Piercing  
Sex with HIV+ Partner

Surgery/Dental  
Tattoo  
Travel (US or outside US)

Comments:

Mail or Call Reports:

# 2025 SC DEPARTMENT OF PUBLIC HEALTH 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) (2)</p>	<p>✖ Anthrax (<i>Bacillus anthracis</i>) (2)</p> <p>✖ Botulism (<i>Clostridium botulinum</i> or Botulinum toxin)</p> <p>Influenza, zoonotic or novel</p> <p>Measles (Rubeola)</p> <p>Meningococcal disease (2) (4) (8) (11)</p> <p>✖ Plague (2) (<i>Yersinia pestis</i>)</p> <p>Rabies, human</p> <p>✖ Smallpox (Variola)</p> <p>✖ Viral Hemorrhagic Fever (e.g. Ebola, Lassa, Marburg viruses)</p>	<p>Animal (mammal) bites</p> <p>✖ Brucellosis (2)</p> <p><i>Candida auris</i> or suspected (2) (3)</p> <p>Chikungunya (2)</p> <p>Ciguatera</p> <p>Dengue (<i>Flavivirus</i>) (2)</p> <p>Diphtheria (2)</p> <p>Eastern Equine Encephalitis (EEE) (2)</p> <p><i>Escherichia coli</i>, Shiga toxin-producing (STEC) (2)</p> <p>Hantavirus (2)</p> <p>Hemolytic uremic syndrome (HUS), post-diarrheal</p> <p>Hepatitis (acute) A, B, C, D, &amp; E (9)</p> <p>Influenza associated deaths (all ages)</p> <p>LaCrosse Encephalitis (LAC) (2)</p> <p>Malaria</p> <p>Mpox (positive, negative, and all other results)</p> <p>Mumps</p>	<p>Pertussis</p> <p>✖ Q fever (<i>Coxiella burnetii</i>)</p> <p>Rubella (includes congenital)</p> <p>Shiga toxin positive (2)</p> <p><i>Staphylococcus aureus</i>, vancomycin-resistant or intermediate with a VA <math>\geq 8</math> MIC (VRS/VA) (2) (4) (12)</p> <p>St. Louis Encephalitis (SLE) (2)</p> <p>Syphilis, All serological tests (treponemal &amp; nontreponemal) if at least one test is positive, CSF-VDRL or darkfield positive</p> <p>Tuberculosis (2) (17)</p> <p>Tularemia (2)</p> <p>✖ Typhoid fever (<i>Salmonella Typhi</i>) (2) (4)</p> <p>✖ Typhus, epidemic (<i>Rickettsia prowazekii</i>)</p> <p>Varicella</p> <p>Vibriosis (any species of the family Vibrionaceae) to include toxigenic <i>Vibrio cholerae</i> O1 or O139 (2)</p> <p>West Nile Virus (2)</p> <p>Yellow Fever (<i>Flavivirus</i>)</p> <p>Zika (2)</p>
Report Within 3 Days			
<p>Anaplasmosis</p> <p>Babesiosis</p> <p>Campylobacteriosis (2)</p> <p>Carbapenem-resistant <i>Enterobacterales</i> (CRE) and <i>Acinetobacter</i> species (2) (4) (5)</p> <p>Carbapenem-resistant <i>Pseudomonas</i> spp. (CRPA) (2) (4) (6)</p> <p>Chancroid</p> <p>Chlamydia trachomatis</p> <p>Coronavirus Disease 2019 (COVID-19) (7)</p> <p>Cryptosporidiosis</p> <p>Cyclosporiasis (2)</p> <p>Ehrlichiosis</p> <p>Giardiasis</p> <p>Gonorrhea (4)</p> <p>Hepatitis (chronic) B, C, &amp; D (9)</p>	<p>Hepatitis B Surface Antigen+ w/each pregnancy</p> <p>HIV exposed infants (all results, positive and negative)</p> <p>HIV 1/2 AB/AG+ and/or detectable viral load with each pregnancy</p> <p>HIV CD4 count/percentage for HIV+people (L)</p> <p>HIV subtype and genotype (L)</p> <p>HIV 1/2 Antibody and Antigen (rapid)</p> <p>HIV 1/2 AB/AG (confirmatory tests, +/-) (L)</p> <p>HIV viral load (all results detectable and undetectable) (L)</p> <p>Influenza (7)</p>	<p>Lead tests, all results – indicate venous or capillary specimen (10)</p> <p>Legionellosis</p> <p>Leprosy (Hansen's Disease)</p> <p>Leptospirosis</p> <p>Listeriosis (2)</p> <p>Lyme disease</p> <p>Lymphogranuloma venereum</p> <p>Psittacosis</p> <p>Salmonellosis (2) (4)</p> <p>Shigellosis (2) (4)</p>	<p>Spotted Fever Rickettsiosis</p> <p>Streptococcus group A, invasive disease (GAS) (4) (8) (13)</p> <p><i>Streptococcus pneumoniae</i>, invasive (pneumococcal) (4) (8) (14)</p> <p>Syphilis: congenital (15), syphilitic stillbirth (16)</p> <p>Tetanus</p> <p>Tuberculosis test - Positive Interferon Gamma Release Assays (IGRAs): QuantiFERON-TB Gold Plus (QFT-Plus) and T-SPOT.TB (17) (L)</p> <p>Toxic Shock (specify staph. or strep.)</p> <p>Yersiniosis (<i>Yersinia</i>, not <i>pestis</i>)</p>
<p>✖ Potential Agent of Bioterrorism (L) Only laboratories are required to report.</p> <p>For footnotes, see complete list of reportable diseases at <a href="https://dph.sc.gov/professionals/health-professionals/sc-list-reportable-conditions">https://dph.sc.gov/professionals/health-professionals/sc-list-reportable-conditions</a></p>			

## HOW TO REPORT

### HIV, AIDS, and STDs (excluding Hepatitis):

Do not fax HIV, AIDs or STD results to DPH  
 Submit electronically via SCIONx (preferred); or  
 Mail to: Division of Surveillance, Assessment, and Evaluation  
 Mills/Jarrett Complex  
 2100 Bull Street, Columbia SC 29201; or  
 Call 1-800-277-0873

### LEAD:

Submit electronically via SCIONx; or  
 Email: [scionlead@dph.sc.gov](mailto:scionlead@dph.sc.gov) to establish electronic reporting; or  
 Mail to: Lead Surveillance  
 Mills/Jarrett Complex  
 2100 Bull Street, Columbia, SC 29201; or  
 Fax Lead reports to (803) 898-3236

### ANIMAL BITES / POTENTIAL RABIES EXPOSURE (report within 24 hrs):

Report online by completing the 1799-ENG-DPH Animal Incident Report Form. See: <https://dph.sc.gov/rabies>  
 When a Person is Exposed to an Animal Suspected of Rabies. See: [https://dph.sc.gov/Rabies\\_Person\\_Flowchart](https://dph.sc.gov/Rabies_Person_Flowchart)  
 For questions or concerns, call (888) 847-0902 (Option 2), 24/7

## HOW TO REPORT TUBERCULOSIS

### Lowcountry

Berkeley, Charleston, Dorchester  
 Office: (843) 719-4612  
 Fax: (843) 308-0324

Allendale, Bamberg, Beaufort, Calhoun,  
 Colleton, Hampton, Jasper, Orangeburg  
 Office: (843) 584-4287  
 Fax: (843) 308-0324

After-Hours/Holidays: (803) 898-0558 Fax: (803) 898-0685

### Midlands

Chester, Kershaw, Lancaster, Newberry,  
 Saluda, York  
 Office: (803) 909-7358  
 Fax: (803) 327-9847

Aiken, Barnwell, Edgefield, Fairfield,  
 Lexington, Richland  
 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) 673-6670

### Upstate

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

Abbeville, Anderson, Greenwood,  
 Greenville, Laurens, McCormick  
 Office: (864) 372-3198  
 Fax: (864) 282-4294

## TO REPORT ALL OTHER CONDITIONS:

Contact the health department office in the region in which the patient resides. (See reportable list for contact info)

### DPH Communicable Disease Bureau of Prevention and Control

Communicable Disease Epidemiology Section  
 2100 Bull St · Columbia, SC 29201

Phone: (803) 898-0861 Fax: (803) 898-0897 After-Hours/Holidays: 1-888-847-0902

For information on reportable conditions and daytime & after-hours phone numbers, see  
<https://dph.sc.gov/professionals/health-professionals/sc-list-reportable-conditions>  
 To learn about DPH's web-based reporting system, call 1-800-917-2093.

## Instructions for Completing 1129-ENG-DPH - Disease Reporting Form

**Purpose:** To report diseases and positive laboratory tests designated as reportable by DPH'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.

**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.

**First Test** - If patient has been tested for coronavirus disease 2019 (COVID-19), check the appropriate box.

**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 DPH 1129 form.

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

**Ordering Physician Name** - Enter the name of the ordering physician.

**Physician Phone** - Enter the phone number of the ordering physician.

**Comments** - Enter any additional information deemed pertinent.

**Risk Factors** - Check 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 DPH 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 DPH 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 Section in DPH'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.