This is an official

DPH Health Advisory

On July 1, 2024, the S.C. Department of Health & Environmental Control (DHEC) became two separate agencies: S.C. Department of Environmental Services (SCDES) and S.C. Department of Public Health (DPH).

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2025-2026 South Carolina Influenza Surveillance

Summary

Although influenza viruses circulate year-round, influenza activity often begins to increase in October and peak activity is typically detected between December and February. DPH conducts year-round surveillance for influenza using both state-mandated (i.e., mandatory) and voluntary reporting systems. These systems collect information on influenza viruses (e.g. strain, subtype, and/or lineage) and influenza disease burden. Combined, these systems assist in:

- Determining when and where influenza activity is occurring in the state
- Determining what influenza viruses are circulating
- Detecting changes in influenza viruses
- Tracking influenza-related illness
- Understanding influenza morbidity and mortality in South Carolina
- Identifying novel strains of influenza
- Identifying anti-viral resistance in circulating influenza strains

Data from these systems are summarized and reported on DPH's influenza surveillance website at: https://dph.sc.gov/professionals/public-health-data/flu-watch

During the 2025-2026 influenza season, it's likely that influenza viruses and SARS-CoV-2 will be circulating simultaneously. This may present unique challenges and this update serves to provide healthcare professionals and laboratories with current information about influenza surveillance and reporting requirements in South Carolina as well as the potential to diagnose COVID-19 in symptomatic individuals.

State-mandated Influenza Surveillance Components & Reporting Requirements

South Carolina State Law # 44-29-10 and Regulation # 60-20 requires reporting of diseases and conditions to local and state health departments. The following influenza-related conditions are reportable:

- Novel Influenza A Infections
  Human infections with an influenza A virus subtype that is different from currently circulating human influenza H1 and H3 viruses (e.g., swine or avian influenza viruses) must be **reported immediately** to the regional health department.
    - Examples for Avian influenza: A(H5N1), A(H7N9), and A(H9N2)
    - Examples for Swine influenza: A(H1N2v), A(H3N1v), A(H3N2v)

- Laboratory Confirmed Influenza Infections (culture, rapid molecular assay, RT-PCR, DFA, IFA)
  Laboratory reports of positive influenza results via culture, rapid molecular assay, reverse transcription polymerase chain reaction (RT-PCR), direct fluorescent antibody (DFA), and indirect fluorescent antibody (IFA) are reportable ONLY for laboratories and providers that report via Electronic Laboratory Reporting (ELR).
    - **Note:** This does not include rapid influenza diagnostic tests (RIDTs) which are antigen detection assays that can detect influenza viral antigens.

- Influenza-associated Hospitalizations
    - **An influenza-associated hospitalization is defined as a patient hospitalized greater than 24 hours with a positive influenza diagnostic test (e.g. RT-PCR, rapid molecular assay, DFA, IFA, culture, or RIDT).**
    - Hospitals are to report aggregate weekly COVID-19 and Influenza hospitalization via the National Healthcare Safety Network (NHSN).

- Influenza-associated Deaths
    - **An influenza-associated death is defined as a death resulting directly or indirectly from a clinically compatible illness that was confirmed to be influenza by an appropriate positive influenza laboratory or rapid diagnostic test (culture, rapid molecular assay, RT-PCR, DFA, IFA, RIDT) or autopsy report. There should be no complete recovery between the illness and death.**
    - All influenza deaths (pediatric and adult) are **urgently reportable within 24 hours** via the Influenza-Associated Mortality Case Report Form (D-3151) or the South Carolina Infectious Disease and Outbreak Network for Externals (SCIONx). If reporting via SCIONx, date of death must be included.

Voluntary Influenza Surveillance

Providers have the option of participating in one or both of South Carolina's two voluntary influenza surveillance systems. These systems include submission of specimens for testing by RT-PCR (DPH Laboratory Respiratory Surveillance Program) and monitoring and reporting of Influenza-like Illnesses (ILINet).

- DPH Laboratory Respiratory Surveillance Program
    - The DPH Public Health Laboratory (PHL) provides culture media, packaging, processing

and shipping labels free of charge to participating providers. Enrolled providers are requested to submit specimens for testing year-round. These samples will be tested at the PHL and results will also be reported to CDC.
    - If a provider would like to participate in the DPH Laboratory Respiratory Surveillance Program at the PHL, please contact Christy Greenwood at (803) 896-0819 or jeffcoca@dph.sc.gov to learn more and receive testing supplies.

- U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)
    - ILINet is a national surveillance system in which a network of providers submit the number of patients seen with influenza-like illness (ILI) and the total number of patients seen each week. ILI is defined as fever (temperature of ≥100°F) plus a cough and/or a sore throat in the absence of another known cause. Incentives are offered for enrolled providers.
    - Providers who are interested in participating in ILINet should contact respiratorysurveillance@dph.sc.gov

State Laboratory Testing and Specimen Submission

In 2025-2026, the DPH PHL will offer **influenza RT-PCR** on samples submitted for influenza surveillance. All positive specimens will be subtyped for influenza A or influenza B subtypes. All nasopharyngeal specimens will also be tested for other respiratory pathogens by RT-PCR. Specimen submission should focus on the following groups:

- Patients with ILI seen at facilities participating in the DHEC Viral Surveillance Network,
- Medically attended ILI and acute respiratory illness (ARI) in children under 18 years of age,
- Unusual or severe presentations of ILI,
- Vaccine failure,
- Patients admitted to hospital intensive care units with severe influenza-like illness (ILI) and no other confirmed diagnosis (e.g., COVID-19, RSV, Adenovirus),
- ILI outbreaks, particularly among children in child-care and school settings,
- Fatalities associated with ILI,
- All Influenza A unsubtypeable PCR results.

Testing may also be performed at the PHL when staff in the DPH Communicable Disease Epidemiology Section or the Regional Epidemiology Team determine that such testing is necessary (e.g., under the auspices of an outbreak investigation).

The current specimen types acceptable for testing by the DPH PHL are:

- Upper respiratory specimens: nasopharyngeal swab (NPS) or throat swab
- Lower respiratory specimens: bronchoalveolar lavage, tracheal aspirates or bronchial washes

A nasopharyngeal swab remains the specimen of choice for influenza testing. Lower respiratory specimens may be appropriate for critically ill patients who are highly suspected of having influenza. These patients may clear virus from their upper respiratory tract, while lower respiratory specimens remain positive.

If testing is indicated, collect an appropriate specimen, as listed above, as soon as possible after symptom onset. **Please note the following guidance for specimen submission**:

- Submit specimens within 3 days of collection.

- All specimens must be submitted in viral (VTM) or universal transport media (UTM).
- Use polyester swabs when collecting nasopharyngeal or throat specimens.
- Store and ship specimens at 2-8°C, those received outside this range cannot be tested.
- Include appropriate documentation with the submissions:
    - Participants in the Laboratory Respiratory Surveillance Program may submit using a line list (D-4473). Results from line list submissions will ***not*** be reported back to the submitter but will be used for CDC reporting and state surveillance.
    - Participants requiring a test result must include an individual Laboratory Submission Form (D-1335) for every specimen. Ensure the date of illness onset is recorded on the submission form.
- For further information on lab testing and specimen submission, please visit the Client Services Guide at https://dph.sc.gov/professionals/health-professionals/public-health-laboratory-phl/lab-services-guide-phl

COVID-19 Testing During Influenza Season

Due to the co-circulation of influenza viruses and the SARS-CoV-2 virus, testing for both pathogens in patients presenting with respiratory symptoms should be considered. As the symptoms of influenza and COVID-19 can overlap, it may be difficult to accurately diagnose the cause of a patient's illness unless diagnostic testing is performed. The results of testing will help guide treatment and patient management decisions, such as the use of antiviral medication for patients with influenza.

Resources for Additional Information (if applicable)

DPH Influenza Surveillance Website:

https://dph.sc.gov/professionals/public-health-data/flu-watch

DPH Respiratory Disease Website:

https://dph.sc.gov/diseases-conditions/infectious-diseases/respiratory-diseases

DPH Respiratory Disease Dashboard:

https://dph.sc.gov/respiratory-disease-dashboard

DPH PHL Laboratory Services Guide:

https://dph.sc.gov/professionals/health-professionals/public-health-laboratory-phl/lab-services-guide-phl

CDC Influenza Surveillance Website

https://www.cdc.gov/fluview/index.html

DPH contact information for reportable diseases and reporting requirements

Reporting of **influenza** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 60-20) as per the DPH 2025 List of Reportable Conditions.

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

Regional Public Health Offices – 2025

Mail or call reports to the Epidemiology Office in each Public Health Region

MAIL TO:

Lowcountry	Midlands	Pee Dee	Upstate
3685 Rivers Avenue, Suite 201 N. Charleston, SC 29405 Fax: (843) 953-0051	2000 Hampton Street Columbia, SC 29204 Fax: (803) 251-3170	1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6506	352 Halton Road Greenville, SC 29607 Fax: (864) 282-4373

CALL TO:

Lowcountry	Midlands	Pee Dee	Upstate
Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	**Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York** Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	**Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg** Office: (843) 915-8886 Nights/Weekends: (843) 409-0695	**Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union** Office: (864) 372-3133 Nights/Weekends: (864) 423-6648

For information on reportable conditions, see
dph.sc.gov/professionals/health-professionals/sc-list-reportable-conditions

DPH Bureau of Communicable Disease Prevention & Control
Communicable Disease Epidemiology Section
2100 Bull St · Columbia, SC 29201
Phone: (803) 898-0861· Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.