*January 14, 2026*

**To: Newborn Screening (NBS) Community**

**From: Public Health Laboratory (PHL), South Carolina Department of Public Health (SC DPH)**

**Subject: Addition of Newborn Screening Conditions to the South Carolina 2026 List of Reportable Conditions (LORC)**

The South Carolina Department of Public Health (DPH) has expanded the 2026 List of Reportable Conditions (LORC) to include newborn inborn errors of metabolism and hemoglobinopathies. **Effective immediately, these conditions are reportable in accordance with state regulations.**

When reporting these conditions, please use DPH Form 4474: Inborn Errors of Metabolism and Hemoglobinopathies Reporting Form. A complete list of reportable conditions is provided on Page 2 of Form 4474 for your reference.

**Completed forms should be emailed to nbsfollowup@dph.sc.gov or faxed to (803) 898-0337.**

Accurate and timely reporting is essential to ensure compliance with state regulations, facilitate early intervention for affected newborns, and strengthen statewide public health surveillance. Prompt reporting allows for effective monitoring of disease trends, allocation of resources, and implementation of preventive measures that protect the health of infants and the broader community.

**Access Resources via QR Codes or links below:**

2026 LORC Information:
URL: https://dph.sc.gov/professionals/health-professionals/sc-list-reportable-conditions

DPH Form 4474:
URL: https://dph.sc.gov/sites/scdph/files/Library/4474-ENG-DPH.pdf

Thank you to all our providers and partners for your attention to this service update. If you have questions, please call (803) 896-0795.

# South Carolina 2026 List of Reportable Conditions

**REPORT UPON RECOGNITION OF A SUSPECTED CASE, OUTBREAK, DIAGNOSIS, OR POSITIVE LABORATORY EVIDENCE (SEE "HOW TO REPORT" ON BACK)**

***Suspected means clinical suspicion and/or initial laboratory detection, isolation, identification, or presence of supportive laboratory results.***

**! Immediately reportable by phone call to a live person at the regional public health office, 24/7**

*** Urgently reportable within 24 hours by electronic notification or by phone if electronic notification not possible.**

**All other conditions except lead are reportable within 3 business days by phone or mail.**

☣ **! Unusual occurrence of disease of public health concern(1) OR Case, cluster, or outbreak of disease that poses a potential public health threat**

Alpha-gal syndrome (L) (2)

Anaplasmosis (Anaplasma phagocytophilum)

* Animal (mammal) bites and potential rabies exposures

☣ **! Anthrax *(Bacillus anthracis)* (3)**

Babesiosis *(Babesia* spp.*)*

☣ **! Botulism (*Clostridium botulinum* or *Botulinum toxin*)**

☣ * Brucellosis *(Brucella* spp.*)* (3)

Campylobacteriosis (3)

* *Candida auris* or suspected (3) (4)

Carbapenem-resistant *Acinetobacter* species (CRAB) (3) (5) (6)

Carbapenem-resistant *Enterobacterales* species (CRE) (3) (5) (6)

Carbapenem-resistant *Pseudomonas* spp. (CRPA) (3) (5) (7)

Chancroid (*Haemophilus ducreyi)*

* Chikungunya (3)

*Chlamydia trachomatis*

* Ciguatera

Coronavirus Disease 2019 (COVID-19), (SARS CoV-2) (8)

Cryptosporidiosis (*Cryptosporidium* spp.)

Cyclosporiasis *(Cyclospora cayetanensis)* (3)

* Dengue (3)

* Diphtheria *(Corynebacterium diphtheriae)* (3)

* Eastern Equine Encephalitis (EEE) (3)

Ehrlichiosis *(Ehrlichia)*

* *Escherichia coli*, Shiga toxin – producing (STEC) (3)

Giardiasis *(Giardia* spp.*)*

Gonorrhea *(Neisseria gonorrhoeae)* (5)

* *Haemophilus influenzae*, all types, invasive disease (H flu) (3) (5) (9)

* Hantavirus (3)

* Hemolytic uremic syndrome (HUS), post-diarrheal

* Hepatitis (acute) A, B, C, D, & E (10)

Hepatitis (chronic) B, C, & D (10)

Hepatitis B surface antigen + with each pregnancy

HIV CD4 count/percentage for HIV+ people (L)

HIV exposed infants (all results, positive and negative)

HIV subtype and genotype (L)

HIV 1/2 Antibody and Antigen (rapid)

HIV 1/2 AB/AG (confirmatory, all positive and negative) (L)

HIV 1/2 AB/AG+ and/or detectable viral load with each pregnancy

HIV viral load (all results, detectable and undetectable) (L)

Inborn errors of metabolism & hemoglobinopathies (11)

**! Influenza, zoonotic or novel strain (3)**

* Influenza associated deaths (all ages)

Influenza (8)

* La Crosse Encephalitis (LACV) (3)

Lead tests, all results - indicate venous or capillary specimen (12)

Legionellosis

Leprosy *(Mycobacterium leprae)* (Hansen's Disease)

Leptospirosis

Listeriosis (3)

Lyme disease *(Borrelia burgdorferi)*

Lymphogranuloma venereum

* Malaria *(Plasmodium* spp.*)*

**! Measles (Rubeola)(13)**

**! Meningococcal disease *(Neisseria meningitidis)* (3) (5) (9) (14)**

* Mpox (Monkeypox) (Orthopoxvirus)

* Mumps

Pertussis *(Bordetella pertussis)*

☣ **! Plague *(Yersinia pestis)* (3)**

**! Poliovirus (Poliomyelitis and Non-paralytic poliovirus infection)**

☣ Psittacosis *(Chlamydophila psittaci)*

☣ * Q fever *(Coxiella burnetii)*

**! Rabies *(human)***

* Rubella (includes congenital)

Salmonellosis (3) (5)

* Shiga toxin positive (3)

Shigellosis (3) (5)

☣ **! Smallpox *(Variola)***

Spotted Fever Rickettsiosis (*Rickettsia* spp.)

* *Staphylococcus aureus*, vancomycin-resistant or intermediate with a VA ≥8 MIC (VRSA/VISA) (3) (5) (15)

*Streptococcus* group A, invasive disease (5) (9) (16)

*Streptococcus pneumoniae*, invasive (pneumococcal) (5) (9) (17)

* St. Louis Encephalitis (SLEV) (3)

* Syphilis: congenital (18), syphilitic stillbirth (19)

Syphilis: All serological tests (treponemal & nontreponemal) if at least one test is positive, CSF-VDRL, or darkfield positive

Tetanus *(Clostridium tetani)*

Toxic Shock (specify staphylococcal or streptococcal)

* Tuberculosis *(Mycobacterium tuberculosis)* (3) (20)

Tuberculosis test - Positive Interferon Gamma Release Assays (IGRAs): QuantiFERON-TB Gold Plus (QFT-Plus) and T-SPOT.TB (20) (L)

☣ * Tularemia (*Francisella tularensis*) (3)

* Typhoid fever *(Salmonella typhi)* (3) (5)

☣ * Typhus, epidemic *(Rickettsia prowazekii)*

Varicella

* Vibriosis (any species of the family *Vibrionaceae*) to include toxigenic *Vibrio cholerae* O1 or O139 (3)

☣ **! Viral Hemorrhagic Fevers (e.g. *Ebola, Lassa, Marburg viruses)***

* West Nile Virus (3)

* Yellow Fever

Yersiniosis (*Yersinia*, not *pestis*)

* Zika (3)

**(L) Only Laboratories required to report.** ☣ **Potential agent of bioterrorism**

1. An outbreak is the occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time. Clinical specimens may be required.
2. Detection of immunoglobulin E specific to alpha-gal (sIgE) ≥ 0.1 IU/mL or ≥ 0.1 kU/L by any method.
3. Specimen submission to the Public Health Laboratory (PHL) is required. Ship immediately and urgently reportables within 1 business day. Ship 3 day reportables within 3 business days. Contact PHL at 803-896-0800 if assistance is needed.
4. Submit all isolates identified as *C. auris* and any yeast isolates that may be misidentified using a yeast identification method that is not able to accurately detect *C. auris* (refer to https://www.cdc.gov/candida-auris/hcp/laboratories/identification-of-c-auris.html)
5. Include drug susceptibility profile.
6. Submit isolates of carbapenem-resistant *Enterobacterales* and *Acinetobacter* species from all specimen types, incl. reporting of carbapenemase-producing organisms. Isolate submission of colonization screenings not required.
7. Submit isolates to the PHL from ALL non-mucoid *Pseudomonas spp.* isolates resistant to imipenem, meropenem, or doripenem and non-susceptible to cefepime or ceftazidime.
8. Positive laboratory results (e.g. Culture, RT-PCR, DFA, Molecular assay) are reportable ONLY for laboratories and providers that report via Electronic Laboratory Reporting (ELR). Hospitals are to report aggregate weekly COVID-19 and Influenza hospitalization via the National Healthcare Safety Network (NHSN). Healthcare facilities are to report via NHSN according to CMS guidelines.
9. Invasive disease = isolated from normally sterile site. Always specify site of isolate.
10. All positive hepatitis B and C results must be accompanied by all serum aminotransferase levels, and if applicable, pregnancy test result or indication that testing was conducted as part of a pregnancy panel.
    All negative results accompanying positive results must be reported.
    ELR reporters only: All hepatitis B and C results, positive and negative, are reportable.
11. https://dph.sc.gov/sites/scdph/files/Library/4474-ENG-DPH.pdf
12. All blood lead results are reportable within 30 days. Any elevated results (3.5 mcg/dL or greater) are reportable within 7 days. Always specify venous or capillary specimen. .
13. Submit all RT-PCR-positive specimens to PHL. Ship within 1 business day. Contact PHL at 803-896-0800 if assistance needed.
14. Report Gram-negative diplococci in blood or cerebrospinal fluid.
15. Appropriate specimen types: A pure, low passage isolate submitted on a noninhibitory, non-selective agar plate or slant is preferred. If available submit one original culture plate.
16. Retain all GAS isolated from sterile sites for 30 days for possible outbreak analyses.
17. Submit all isolates of patients under age 5. For all other ages, submit isolates that are non-susceptible to any relevant antibiotics according to Clinical & Laboratory Standards Institute (CLSI).
18. Report the results of all congenital syphilis follow-up tests (positive or negative).
19. A fetal death that occurs after 20 weeks gestation or with fetal weight greater than 500 grams in an infant born to a woman with syphilis.
20. Report all cases of suspect and confirmed tuberculosis (TB). https://dph.sc.gov/sites/scdph/files/2024-08/LORC_Memo_20240821.pdf.

# South Carolina 2026 List of Reportable Conditions

## ATTENTION: HEALTH CARE FACILITIES, PHYSICIANS, AND LABORATORIES

***South Carolina Law §44-29-10 and Regulation §60-20 require reporting of conditions on this list to the regional public health department.***

**HIPAA: 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. (HIPAA 45 CFR §164.512)**

## REPORTING MECHANISMS

- **Report by telephone:**
  See specific program information below.
- **Report by mail:**
  dph.sc.gov/sites/scdph/files/2024-04/D-1129.pdf
- To learn about DPH's **web-based reporting** system, call 1-800-917-2093; or email SCIONHelp@dph.sc.gov for details. These may not be used for case reporting.

## WHAT TO REPORT

- Patient's name
- Patient's complete address, phone, county, date of birth, race, sex
- Physician's name and phone number
- Name, institution, and phone number of person reporting
- Disease or condition
- Date of diagnosis
- Symptoms
- Date of onset of symptoms
- Treatment
- Lab results, specimen site, specimen type, collection date
- If female, pregnancy status
- Patient status: In childcare, food-handler, health care worker, childcare worker, nursing home, prisoner/detainee, travel in last 4 weeks

## WHERE 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:
  *Surveillance, Assessment, and Evaluation Section*
  *P.O. Box 2046*
  *West Columbia SC 29171; or*
- Report by Phone: 1-800-277-0873 to leave a detailed message.

### Lead

- Submit electronically via SCIONx; or
- Email: scionlead@dph.sc.gov to establish electronic reporting; or
- Mail to:
  *Lead Surveillance, MCH Bureau*
  *SCDPH*
  *PO Box 2046*
  *West Columbia, SC 29171; or*
- Fax Lead reports to (803) 898-3236

### Animal Bites & Potential Rabies Exposures *(Report within 24 hours)*

1. Report online by completing the *D-1799 Animal Incident Report Form*.
   See: https://liquidoffice.dhec.sc.gov/lfserver/Animal_Incident_Report
2. *When a Person is Exposed to an Animal Suspected of Rabies*.
   See: https://dph.sc.gov/Rabies_Person_Flowchart
3. Call **(888) 847-0902** *(Option 2)*, 24/7 :
   - To verify receipt of D-1799 Animal Incident Report
   - Report by phone, if unable to complete a report online
   - Request a consultation with a physician
4. For questions or concerns, call 1-888-847-0902 (option 2)

## WHERE TO REPORT TUBERCULOSIS

**Report to the public health office (listed below) in the region in which the patient resides.**

### Lowcountry

**Berkeley, Charleston, Dorchester**
Office: (843) 209-8435
Fax: (843) 308-0324

**Allendale, Bamberg, Beaufort, Calhoun, Colleton, Hampton, Jasper, Orangeburg**
Office: (843) 209-8435
Fax: (843) 308-0324

### 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, Spartanburg, Union**
Office: (864) 594-0521
Fax: (864) 596-3340

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

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

## WHERE TO REPORT ALL OTHER CONDITIONS

**Report to the public health office (listed below) in the region in which the patient resides.**

### Lowcountry

Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg

3685 Rivers Avenue, Suite 201
North Charleston, SC 29405

Office: (843) 441-1091
Fax: (843) 953-0051
After-hours/Holidays: (843) 441-1091

### Midlands

Aiken, Barnwell, Chester, Edgefield, Fairfield, Lancaster, Lexington, Kershaw, Newberry, Richland, Saluda, York

2000 Hampton Street
Columbia, SC 29204

Office: (888) 801-1046
Fax: (803) 251-3170
After-hours/Holidays: (888) 801-1046

### Pee Dee

Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg

1931 Industrial Park Road
Conway, SC 29526

Office: (843) 915-8886
Fax: (843) 915-6506
After-hours/Holidays: (843) 409-0695

### Upstate

Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union

352 Halton Road
Greenville, SC 29607

Office: (864) 372-3133
Fax: (864) 282-4373
After-hours/Holidays: (864) 423-6648

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

**DPH Communicable Disease Bureau of Prevention & Control**

**Communicable Disease Epidemiology Section** • P.O. Box 2046, West Columbia SC 29171 • Phone: (803) 898-0861 • Fax: (803) 898-0897 • After-hours/Holidays 24/7: (888) 847-0902 • https://dph.sc.gov/professionals/health-professionals/sc-list-reportable-conditions

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