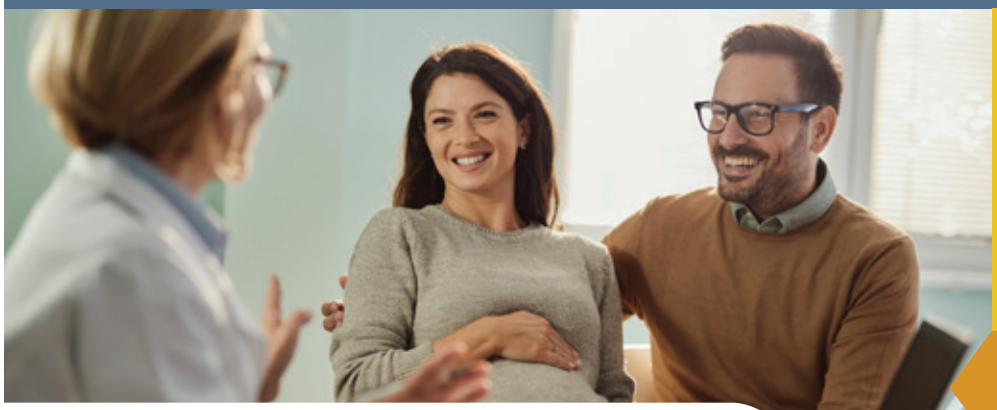

EpiNotes

WINTER 2025

IN THIS ISSUE:

Updates for the 2025 List of Reportable Conditions

Marya Barker
Hepatitis Surveillance Team Lead
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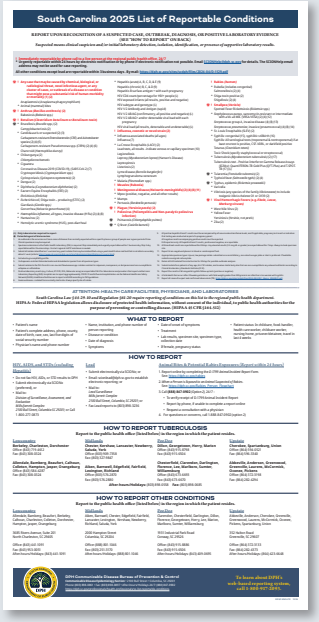
Below are the updates made to the 2025 edition of the South Carolina List of Reportable Conditions (LORC):

1. Footnote numbering has changed. Please review.
2. Removed HIV/AIDS clinical diagnosis.
3. Changed the wording of HIV CD4 testing **from:** HIV CD4 test (all CD4 T-lymphocyte results) (L) **to:** HIV CD4 count/percentage for HIV+ people (L).
4. Removed phenotype from HIV subtype, genotype, and phenotype (L).
5. Combined and changed COVID-19 and influenza footnotes 7 and 10 to read:

   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.

6. Because the flu footnote includes the lab information, the new influenza entry is simply, Influenza (7).

Download the 2025 List of Reportable Conditions


South Carolina 2025 List of Reportable Conditions

The 2025 List of Reportable Conditions is now available!

- View the Poster
- View the Flyer

7. Moved symbol for potential agent of bioterrorism to the footnotes box.
8. Removed the specifics for reporting from the second page.
9. Expanded the section for how to report rabies/animal bites on the second page.
10. Updated the lab specifics for VRSA/VISA to read VA ≥ 8 MIC.
11. Changed Poliomyelitis to Poliovirus (poliomyelitis and non-paralytic poliovirus infection).
12. Changed Vibrio, all types, including Vibrio cholerae O1 and 0139 (2) **to** Vibriosis (any species of the family Vibrionaceae) to include toxigenic Vibrio cholerae O1 or O139 (2).
13. Changed hepatitis footnote (9) **from:**

    Negative results are reportable for hepatitis B and C only for laboratories and providers that report via Electronic Laboratory Reporting (ELR). All positive hepatitis testing 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.

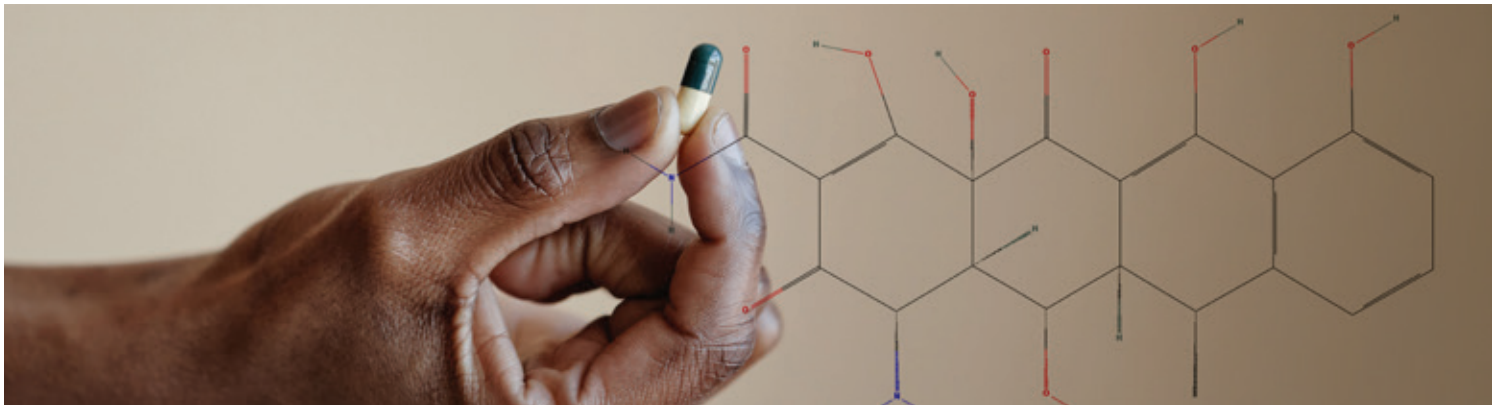
    to:

    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. (This applies to all reporters.)

    All negative results accompanying positive results must be reported. (This applies to all reporters.)

    ELR reporters only: All hepatitis B and C results, positive and negative, are reportable. (This has applied to ELR reporters since 2020 and covers the preceding requirement.)
14. Changed: Syphilis: syphilitic stillbirth (16), congenital (17), primary, secondary, early latent, late latent or unknown duration **to** Syphilis: congenital, (15) syphilitic stillbirth, (16).
15. Changed: Syphilis: Darkfield positive, CSF-VDRL (all results) or positive serological test (18) **to** Syphilis: All serological tests (treponemal & nontreponemal) if at least one test is positive, CSF-VDRL or darkfield positive.
16. Removed footnote (2) from malaria.
17. Updated the TB reporting telephone number for the counties of: Allendale, Bamberg, Beaufort, Calhoun, Colleton, Hampton, Jasper, Orangeburg.
18. Updated links and agency name.

We would love to hear your opinion on the LORC. Click here to complete a short survey.



New STI Prevention Strategy: Doxycycline as Post-Exposure Prophylaxis

Marco Tori, MD, MSc
LCDR, United States Public Health Service
Career Epidemiology Field Officer, Centers for Disease Control and Prevention (CDC)
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Barrier protection has long been a cornerstone of sexual health, yet condom use in young people has declined over the past two decades[1]. Meanwhile, sexually transmitted infections (STIs) remain prevalent in South Carolina, which ranked 6th nationally for chlamydia, 9th for gonorrhea, and 19th for syphilis in 2023[2]. A promising new STI prevention strategy—doxycycline post-exposure prophylaxis (DoxyPEP)—has been shown in clinical trials to reduce bacterial STIs by about two-thirds when taken after unprotected sex.

Studies[3,4] in men who have sex with men (MSM) and others found that a 200 mg dose of doxycycline within 24–72 hours of sex effectively prevents STIs. DoxyPEP is most effective against chlamydia (74-88%) and syphilis (77-87%), though its efficacy for gonorrhea is lower (55-57%). Given the decline in condom use, DoxyPEP offers an additional prevention tool. Users of doxyPEP report very limited side effects, high adherence, and personal benefit.

As of Feb. 10, 2025, the Centers for Disease Control and Prevention (CDC) and the South Carolina Department of Public Health (DPH) recommend DoxyPEP for high-risk populations. While lab studies suggest potential benefits for broader populations, further clinical trials are needed.

Prescribers should obtain informed consent, screen for STIs, follow CDC treatment guidelines, and provide a three-month supply for as-needed use. Co-prescription with HIV PrEP is recommended for those without HIV, and DoxyPEP is effective regardless of HIV status.

Doxycycline is widely used for other infections and has a well-established safety profile. However, concerns about antibiotic resistance are significant. Some gonorrhea strains in the U.S. already show resistance, limiting doxycycline's use for treatment. The CDC continues to monitor resistance trends.

DoxyPEP is available through public health departments, HIV prevention programs, and private providers statewide. Ongoing surveillance will determine its long-term effectiveness in reducing STI transmission at a population level. DPH guidance and additional information on doxyPEP can be found **here**.

1. Goodreau SM, Barry MP, Hamilton DT, Williams AM, Wang LY, Sanchez TH, Katz DA, Delaney KP. Behavior Change Among HIV-Negative Men Who Have Sex with Men Not Using PrEP in the United States. AIDS Behav. 2024 May;28(5):1766-1780. doi: 10.1007/s10461-024-04281-7. Epub 2024 Feb 27. Erratum in: AIDS Behav. 2024 May;28(5):1781. doi: 10.1007/s10461-024-04327-w. PMID: 38411799; PMCID: PMC11734629.

2. **CDC 2023 STD Surveillance State Ranking Tables**

3. Traeger, M. W., Leyden, W. A., Volk, J. E., Silverberg, M. J., Horberg, M. A., Davis, T. L., ... & Marcus, J. L. (2025). Doxycycline Postexposure Prophylaxis and Bacterial Sexually Transmitted Infections Among Individuals Using HIV Preexposure Prophylaxis. *JAMA Internal Medicine.*

4. Luetkemeyer, A. F., Donnell, D., Dombrowski, J. C., Cohen, S., Grabow, C., Brown, C. E., ... & Celum, C. (2023). Postexposure doxycycline to prevent bacterial sexually transmitted infections. *New England Journal of Medicine*, 388(14), 1296-1306.

Correlation of Syphilis Rates Among Women of Childbearing Age and Congenital Syphilis

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It is estimated that syphilis is the second most common infectious cause of stillbirth worldwide[1]. The transmission of syphilis from mother to child during pregnancy is a significant cause of infant illness and death, and it is preventable. The increasing prevalence of Congenital Syphilis is a public health concern. The objective of this analysis is to evaluate the impact of recent trends on maternal syphilis rates as a predictor variable for Congenital Syphilis.

Untreated syphilis in pregnancy can lead to severe complications, including early pregnancy loss, miscarriage, stillbirth, prematurity, and neonatal death. Following delivery, Congenital Syphilis can result in deformed bones, anemia, jaundice, failure to thrive, physical and intellectual disabilities, and other serious lifelong health problems[2].

Testing for syphilis during pregnancy is an essential component of prenatal care. Early diagnosis and adequate treatment of maternal syphilis can effectively prevent vertical transmission[3,4]. However, inadequate maternal treatment, despite timely diagnosis, remains a too often missed

opportunity for preventing Congenital Syphilis[5]. This suggests a need for better provider communication, education, and adherence to guidelines[6].

The relatively recent increases in syphilis staged as - Late and Unknown Duration, necessitates a review of the predictors of Congenital Syphilis (Figure 1). This stage includes both Late-stage disease, and those cases lacking sufficient information to be included in the other stages.

The result shows a strong positive correlation between Congenital Syphilis and the rates of Total Syphilis (94.91%), Primary and Secondary Syphilis (94.56%), and Early Non-Primary Non-Secondary Syphilis (91.44%) among women aged 15-44 years in South Carolina during 2014-2023 (Table 1) (Figure 3). Total syphilis has the highest Pearson Correlation value. However, there was not sufficient data in this study to determine if the correlation values seen were significantly different in the population.

The Pearson Correlation statistic measures the strength of the linear relationship between two variables. The strong positive correlation suggests that the relationship between Syphilis rate in women of childbearing age and Congenital Syphilis cases in South Carolina during 2014-2023 can be utilized for predictive insights. Public health management of Syphilis in women of childbearing age is statistically justified and is therefore expected to impact Congenital Syphilis cases.

Table 1. Syphilis – Correlation of Congenital Syphilis Cases and Rates of Syphilis Among Women Aged 15-44 years, South Carolina, 2014-2023

	PEARSON CORRELATION	
Syphilis	**Value**	**p-value**
↳ Total (all stages)	94.91 %	0001
↳ Primary and Secondary	94.56 %	0001
↳ Early Non-Primary Non-Non-Secondary	91.44 %	0002

Figure 1. Syphilis – Cases Among Women Aged 15-44 years, South Carolina, 2014-2023

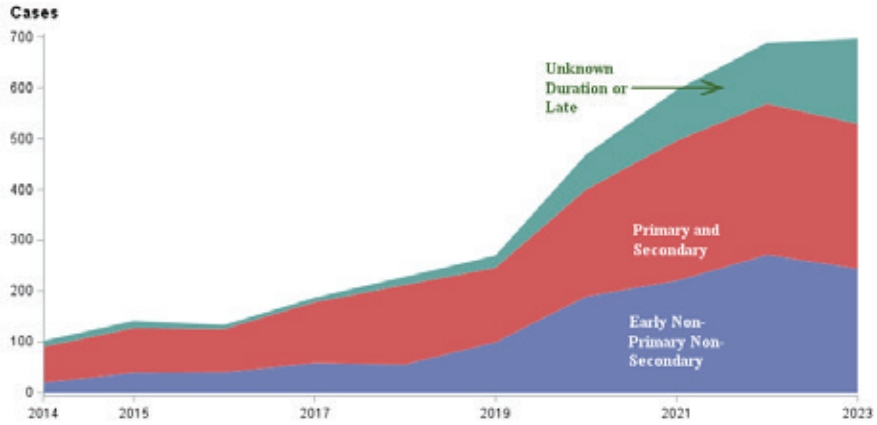
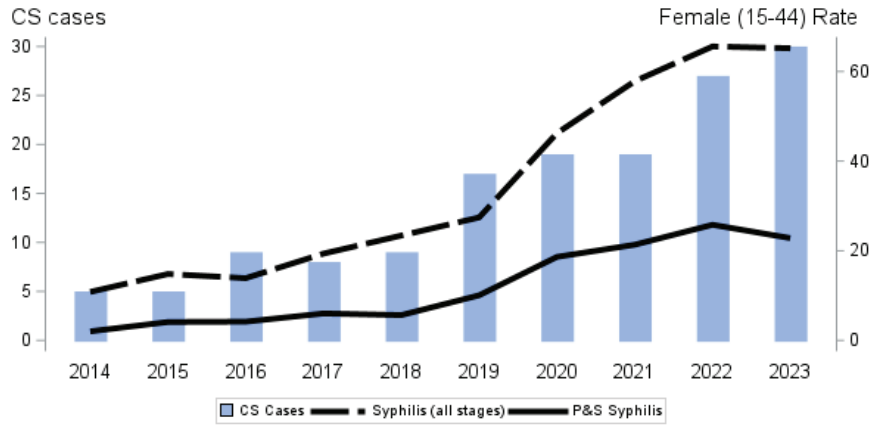
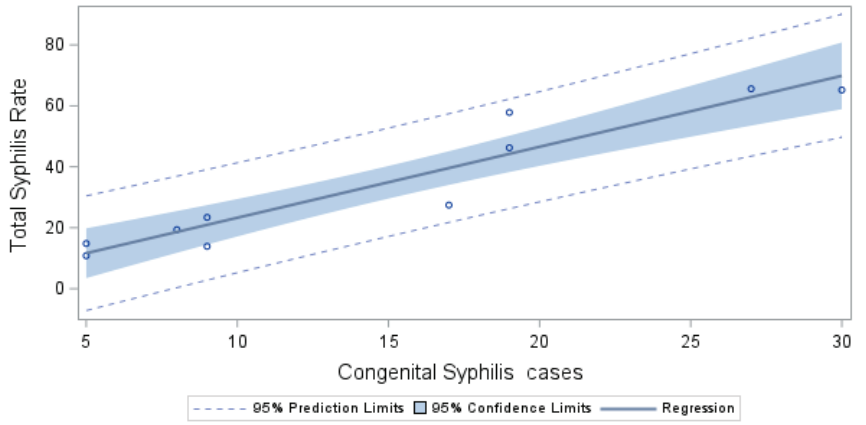


Figure 2. Syphilis – Rates of Cases Among Women Aged 15-44 years, South Carolina, 2014-2023



Acronyms: CS=Congenital; P&S = Primary and Secondary

Figure 3. Total Syphilis Rates of Cases in Women Aged 15-44 years as a Predictor of Congenital Syphilis Cases, South Carolina, 2014-2023



1. Lawn JE, Blencowe H, Waiswa P, Amouzou A, Mathers C, Hogan D, et al. Stillbirths: rates, risk factors, and acceleration towards 2030. Lancet.
2. Gomez GB, Kamb ML, Newman LM, Mark J, Broutet N, Hawkes SJ. Untreated maternal syphilis and adverse outcomes of pregnancy: a systematic review and meta-analysis. Bull World Health Organ
3. Alexander JM, Sheffield JS, Sanchez PJ, Mayfield J, Wendel GD Jr. Efficacy of treatment for syphilis in pregnancy. Obstet Gynecol
4. Workowski KA, Bolan GA. Sexually transmitted diseases treatment guidelines, 2015. MMWR
5. Anne Kimball MD, Elizabeth Torrone PhD, Kathryn Miele MD, Laura Bachmann MD, Phoebe Thorpe MD, Hillard Weinstock MD, and Virginia Bowen PhD. Missed Opportunities for Prevention of Congenital Syphilis — United States, 2018.
6. Martha W. F. Rac, Irene A. Stafford, Catherine S. Eppes. Congenital syphilis: A contemporary update on an ancient disease.

February 5, 2025

Dear colleagues,

The South Carolina Department of Public Health (DPH) affirms our commitment to antimicrobial stewardship. DPH has an essential role in supporting and guiding antibiotic stewardship efforts in our community. Antibiotic stewardship is the effort to measure and improve how antibiotic medications are prescribed by clinicians and used by patients. Ensuring the appropriate use of antibiotics protects patients from health issues caused by unnecessary antibiotic use as well as preserve the life of antibiotics by not prescribing them so often that bacteria become resistant to them, limiting the medicine's effectiveness. Antimicrobial resistance is an urgent public health threat and can affect people at any stage of life. DPH has an Antimicrobial Stewardship Program that is implementing best practices as described in the Core Elements of Antibiotic Stewardship for Health Departments. The DPH Antimicrobial Stewardship Program has implemented several initiatives to help promote antimicrobial stewardship across the state. These include an antimicrobial stewardship assessment to gain a better understanding of current antimicrobial stewardship practices in South Carolina, a nursing home education series for nurses and an honor roll program that recognizes facilities that are committed to antimicrobial stewardship. Increasing antimicrobial stewardship awareness in South Carolina will allow for improved surveillance of antimicrobial use and resistance, leading to more informed public health decisions, including evaluating current interventions and their effectiveness along with the development of future guidance. We recognize the impact of optimizing antibiotic use in public health. We are committed to supporting, promoting and advocating for antibiotic stewardship across the state.

Sincerely,

Linda J. Bell, MD
Director of Health Programs Branch
State Epidemiologist
South Carolina Department of Public Health

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