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A New Day is Dawning for Public Health in South Carolina

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DPH Interim Director



On July 1, the new South Carolina Department of Public Health (DPH) officially launched as the state’s official public health agency, devoted to advancing and improving the health of South Carolinians and the communities in which they live.

This is a new day for public health in South Carolina, a state with a proud history of public health innovation going all the way back to 1712, when

the then colony of South Carolina created the first health officer position in all of North America.

As the needs of South Carolinians change, we in public health need to adapt as well. Coming out of COVID-19, the governor and legislature recognized a need to reevaluate the structure of public health and environmental services in our state. Act 60, which created the Department of Environmental Services and Department of Public Health from the former Department of Health and Environmental Control (DHEC), was the culmination of the assessment, and one we are very excited to advance.

DHEC’s health component provided us with a strong, 50-year legacy of dedication and commitment to the well-being of the people of South Carolina.

We will build off that legacy as we launch DPH with the goal of becoming stronger than ever. We will carry forward the ideals of innovation, collaboration and the

incorporation of best practices to achieve our long-term goal of South Carolina becoming the healthiest state in the nation.

We’re not there yet. But I’m convinced that working together with community groups, faith-based organizations, health care providers, nonprofits, and other state agencies across our state, we can move the needle toward ensuring that every South Carolinian has access to the care, resources, and information they need to make decisions to enhance their health and the health of their families.

One major change we are making is to significantly increase our community outreach and engagement, with local groups like those listed above with the goal of partnering with them to develop community-based solutions that will address the many issues that impact health. We know that local solutions, with resources and assistance from the state level work best, and we are dedicated to supporting local communities to help them thrive and optimize their health.

We will also work with other health agencies in our state to make it easier for the public to access services and develop a more coordinated approach to health challenges.

We also are continuing our regulation of licensed health care facilities, from nursing homes to hospitals. Not only will we continue to ensure that the facilities South Carolinians use are safe and high quality, but we will also

Story continued on next page -->

A New Day..., contd.

use this opportunity to innovate as well. Beginning this year, we will be posting health care facility reports on our website.

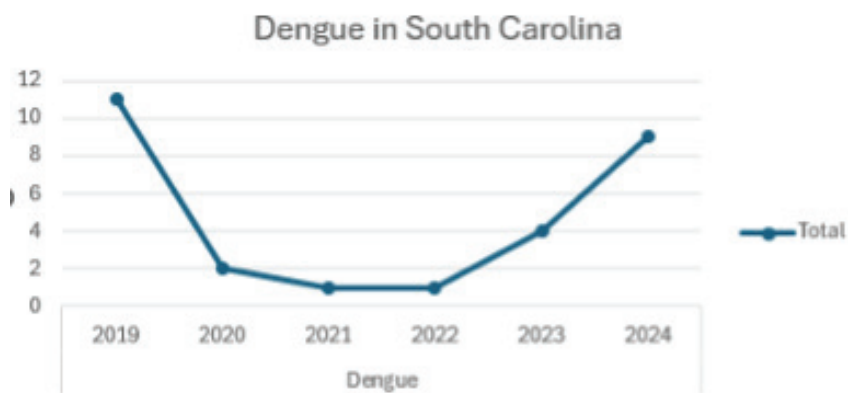
This innovation will allow families to view complaints, investigations, and enforcement actions taken against facilities in addition to positive reports. We believe making this unbiased information available to the public is a service that will provide immense value to those making critical decisions about care for themselves and their families.

Though there are changes, what will not change are the services we provide at our county health departments; the people you trust there to deliver them; and our commitment to helping South Carolinians and their communities thrive. If anything, the future of public health in South Carolina looks brighter than ever.

Our mission at DPH is to protect, promote, and improve the health and well-being of everyone in South Carolina. With the opportunities provided by having a new state public health agency, and working with many others, we will make South Carolina the healthiest state in the nation, and a better place to live, work and play. We look forward to doing this together with you.

Global Increase of Dengue Warrants Local Health Care Provider Vigilance

Christina Paul, MPH, CPH
 Vector Borne Disease Epidemiologist
 Communicable Disease Epidemiology Section



South Carolina health care providers should be on the lookout for dengue cases, which are on the rise across the world, including in the Palmetto State.

Dengue is a condition spread by mosquitoes carrying Dengue Virus 1, 2, 3 or 4. These four serotypes circulate throughout the Americas, with some areas experiencing two or more of these serotypes concurrently. These viruses are transmitted to humans through the bites of infected *Aedes aegypti* and *Aedes albopictus* mosquitoes. Infected people typically start showing symptoms four to 10 days after being bitten. While some cases of a dengue infection may be asymptomatic, typical presentation includes febrile illness accompanied by severe headache, myalgia, arthralgia, rash and retro-orbital pain. This condition can progress to severe dengue characterized by mucosal bleeding, persistent vomiting, shock, difficulty breathing, abdominal pain and severe organ complications. While there is no specific medication to treat dengue, uncomplicated dengue will typically resolve in about a week.

According to the World Health Organization, 90 countries have reported active dengue transmission in 2024. In the Americas, 28 countries have reported a total of 10,363,488 suspected cases of dengue for epidemiological weeks 1 – 25. This cumulative incidence of 1,098 per 100,000 population shows a 232% increase compared to the same period in 2023, as reported by the Pan American Health Organization Situation Report No. 25. Additionally, seven countries are reporting simultaneous circulation of all four dengue serotypes: Brazil, Costa Rica, El Salvador, Guatemala, Honduras, Mexico and Panama. Unfortunately, there have been 5,416 deaths reported in this region with a case fatality rate of 0.052%. Here in South Carolina, all cases of dengue have been travel-associated. There has been no local transmission of this

virus. However, due to the increased global spread of dengue this year, we are seeing an increased number of cases in South Carolina. In 2023, there were four cases of dengue, and for 2024, there has been a 125% increase with nine cases (as of July 22).

In order to prevent the spread of dengue in South Carolina, health care providers should maintain a high suspicion for patients presenting with fever and having traveled within 14 days of symptom onset from areas with ongoing dengue transmission. Providers should be ordering FDA-approved dengue tests (IgM antibody, NS1, RT-PCR) but should not delay treatment while waiting for dengue confirmation. Patients with severe dengue warning signs should be hospitalized and **CDC/WHO protocols for IV fluid management** should be followed. According to the **South Carolina List of Reportable Conditions**, dengue is urgently reportable within 24 hours by electronic email notification or by phone. Submission of positive dengue specimens to the Public Health Laboratory (PHL) is required within one business day. Finally, providers can suggest best practices to patients on how to prevent mosquito bites, control mosquitoes in and around their homes, and to seek care if symptomatic and have traveled to an area with dengue outbreaks.

Q&A: STI, HIV, and Viral Hepatitis Academic Detailing

Birdie Felkel, MSN, RN, CPHQ, ACRN
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STD/HIV & Viral Hepatitis Section

What is academic detailing?

Academic detailing is service-oriented outreach providing evidence-based information to health care professionals.

What does academic detailing do?

- Increases awareness and knowledge regarding sexually transmitted infections (STIs), HIV, and viral hepatitis (VH) screening, prevention, and treatment.
- Distills current literature and resources into quick-to-read information, which saves you time.
- Improves patient health outcomes.
- Provides evidence-based information in an effective and impactful way.

How does academic detailing work?

- A Department of Public Health (DPH) representative will contact you for a short visit, which usually lasts about 10–30 minutes.
- The DPH representative will discuss information and provide assistance that complements your practice and assists you in overcoming barriers to implementing evidence-based practices.
- You will complete a survey prior to the session and an evaluation at the conclusion of the session.
- DPH will follow up within three months to assess successes and challenges with implementation and additional technical assistance needs.

What can your academic detailer do for you?

- Provide evidence-based information to meet the needs of your patients.
- Share best practices from across South Carolina and the Southeast region.
- Provide tools and resources applicable to your practice.
- Assist with navigating various resources to overcome barriers.
- Discuss challenging patient cases and communication techniques, and more.

Benefits academic detailing participants can receive:

- Free continued education credits.
- Provider toolkits and guidance.
- Access to expert licensed providers.

CONTACT US:

STI, HIV & VH Academic Detailing

Phone: 1-833-494-3412

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Memo: Tuberculosis Screening of Nursing Homes and Community Residential Care Facilities



To: Licensed Nursing Homes and Community Residential Care Facilities

From: DHEC Healthcare Quality

Date: May 22, 2024

RE: Tuberculosis screening of residents admitted from a hospital and S.558/Section 44-31-40

On May 20, 2024, Governor McMaster signed into law [S.558](#) which adds Section 44-31-40 to the S.C. Code of Laws regarding the tuberculosis screening of nursing home or community residential care facility *residents admitted from a hospital*.

Prior to admission of such residents, the nursing home or community residential care facility (CRCF) must:

- 1) Request and receive a written declaration, which can be in a hospital progress note or discharge summary, from an authorized healthcare provider that, based upon medical examination, the resident has no signs or symptoms of active tuberculosis;
- 2) Within 3 days of admission of the resident, administer the first step of the two-step tuberculin skin test (TST) to the resident; and
- 3) Within 14 days of admission of the resident, administer the second step of the two-step TST to the resident.

Additionally, a nursing home or CRCF may substitute a single blood assay for mycobacterium tuberculosis (BAMT) for a two-step TST. Further, if the facility has documentation that within the 12-month period prior to admission the resident obtained a negative tuberculin skin test or a negative single BAMT, then it may administer a single TST or single BAMT within 14 days of the resident's admission.

Section 44-31-40 does not concern residents admitted from settings other than a hospital. The resident tuberculosis screening requirements for residents admitted from other settings can be found at [Regulation 61-17 Section 1704](#) for nursing homes and [Regulation 61-84 Section 1702.E and -F](#) for CRCFs.

Should you have any questions regarding the above, please do not hesitate to contact Amber Capers, Director of the Nursing Home Section, at capersae@dhec.sc.gov or (803) 545-4284 or JoMonica Taylor, Director of the Community Services Section, at taylorjj@dhec.sc.gov or (803) 545-4257.

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**SOUTH CAROLINA
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Epi Notes is published by the South Carolina Department of Public Health
Bureau of Communicable Disease Prevention and Control.

00110-ENG-CR 10/24