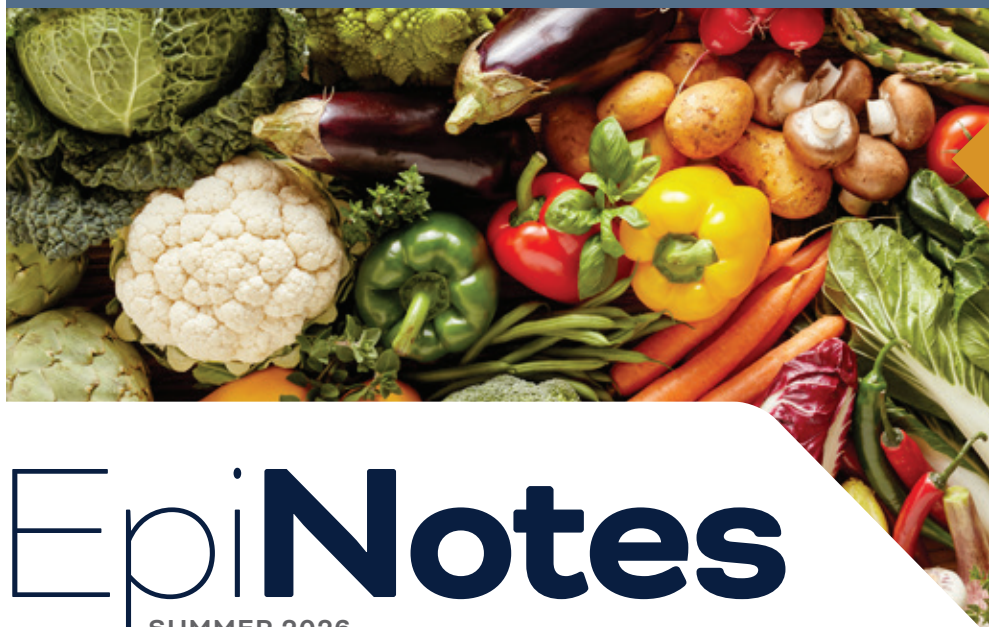




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Foodborne Outbreak Detection and Response in South Carolina

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Each year in the United States, foodborne diseases cause 1 in 6 Americans to become ill. In recent months, multistate foodborne outbreaks — including the large cyclospora outbreak linked to fresh produce — have drawn renewed attention to how foodborne illnesses are detected and investigated. South Carolina identifies an average of 15 foodborne outbreaks each year, often associated with schools, restaurants and large gatherings. The investigations are essential to identify the source, guide timely public health response and prevent further illness. How does the South Carolina Department of Public Health (DPH) identify and respond to these events at the local level?

DPH learns about potential foodborne outbreaks through several surveillance streams. In compliance with South Carolina Law (44-29-10) and Regulations (60-20) requiring the reporting of [specified infectious diseases and conditions](#) to DPH, clinicians report suspected cases and clinical laboratories submit routine results and isolates to the state Public Health Laboratory (PHL). DPH epidemiologists monitor these data daily for unusual patterns. Food complaints submitted to the South Carolina Department of Agriculture (SCDA) are shared with DPH and provide early signals, especially when multiple complaints reference the same food or establishment. Food safety complaints involving a hospital, nursing home, treatment center or medical facility in South Carolina are directed to DPH's Healthcare Quality Division.

When a potential cluster is identified, DPH works with a broad network of state and federal partners to determine whether illnesses are linked. DPH epidemiologists gather information and collect clinical samples from affected people. Environmental Health staff and SCDA conduct site inspections at retail food establishments and coordinate food sample collection when indicated. Finally, PHL conducts confirmatory testing and sequencing to assess the genetic relatedness among these samples. These investigations are vital to identify the contaminated food and prevent transmission. As one of 10 U.S. Centers for Disease Control and Prevention (CDC)-supported FoodCORE centers, South Carolina has enhanced capacity for rapid interviewing, data management and coordinated investigation, allowing clusters to be detected and addressed more efficiently. DPH also works closely with external partners like [CDC](#), [U.S. Department of Agriculture](#) and [Food and Drug Administration](#) during multistate outbreaks, comparing sequencing data, participating in tracebacks and aligning communication throughout the investigations.

When an outbreak is confirmed, DPH provides timely guidance to affected facilities, clinicians, school nurses and community partners. Exclusion criteria, hygiene recommendations and mitigation steps are shared promptly. When broader public exposure is possible, notifications and media releases may be issued. Public health partners can register for the [South Carolina](#)

[Health Alert Network \(HAN\)](#) to receive official alerts during significant events.

Foodborne outbreak response is collaborative and often fast moving. Each partner contributes information that enables rapid detection and timely public health action. As investigations evolve, South Carolina's coordinated approach helps contain outbreaks, protect communities and maintain trust through clear communication.

Key Takeaways for Partners



Clinicians

Early reporting matters. Even one case can signal a larger problem



Laboratories

Rapid submission of isolates to PHL supports cluster detection



Healthcare Facilities & IPs

Monitor HAN alerts and official media releases



Media Partners

Reach out with questions. Accurate information helps keep the public informed



Public/Complainants

Responding to follow-up calls is critical to determining whether illnesses may be linked



New Dashboards Highlight the Growth of South Carolina's Wastewater Surveillance Program

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Since launching in 2022, the DPH Wastewater Surveillance Program has grown from a pilot effort into an established part of the state's disease monitoring toolkit. Two recent milestones allow the program's work to be more visible and more useful to public health partners and the community.

Wastewater data is now integrated directly into [DPH's Respiratory Disease Dashboard](#). Alongside emergency department visits, users can view Wastewater Viral Activity Levels (WVALs) for SARS-CoV-2, Influenza A and RSV across the sewersheds that are being monitored. Because wastewater captures viral shedding from entire communities, including people who never seek care or get tested, these signals often move in-step with, or potentially ahead of, clinical indicators. Presenting them together gives a fuller picture of respiratory disease activity and helps recontextualize what clinicians and hospitals are seeing.

DPH also recently published a dedicated [measles wastewater dashboard](#). During South Carolina's recent measles outbreak response, the program demonstrated that wastewater monitoring can detect measles signals at the community level, complementing case-based surveillance. Because measles is highly transmissible and detection is critical, a wastewater signal can prompt closer public health follow-up, even in the absence of reported cases. The new dashboard makes these results accessible to local partners and the public.

These additions reflect a broader goal of the DPH Wastewater Surveillance Program to turn surveillance data into action. Data is only valuable when it reaches the people who can use it. Epidemiologists, healthcare providers, and the communities they serve all benefit from knowing what is happening in their local areas. Clear, timely, publicly available dashboards lower the barrier between laboratory measurements and informed decisions.

Wastewater surveillance does not replace traditional methods. It works best as a complementary data stream, filling gaps clinical surveillance cannot cover alone and offering independent checks on disease trends. As the program adds new pathogens to test for and refines its methods, DPH remains committed to supporting timely, well-informed decision-making.



School and Childcare Exclusion List Updated for the 2026–2027 School Year

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A revised School and Childcare Exclusion List became effective in June 2026 for the 2026-2027 school year. [South Carolina Regulation 60-20](#) requires the DPH to publish an official School and Childcare Exclusion List of contagious or communicable diseases applicable to students and staff. This list outlines specific conditions, the required duration of exclusion and criteria for return. The document may be updated as new information becomes available or as recommendations change.

The recent measles outbreak highlighted varying interpretations of contact exclusion guidance. As a result, revisions primarily focused on clarifying exclusion criteria for contacts without documented immunity for vaccine-preventable diseases (VPDs), including mumps, rubella, measles, varicella, and invasive bacterial infections (e.g., *Haemophilus influenzae* disease, meningococcal disease, and pneumococcal disease). Because VPDs are immediately reportable, contact management has been simplified to ensure schools and daycares contact the health department for guidance. These revisions can be found under the **Prevention/Management and Contact Exclusion** column.

Readmission criteria have also been clarified for respiratory illnesses, including but not limited to Influenza, COVID-19 and RSV. A negative test is not required for return.

The current [School and Childcare Exclusion List](#) is available on the DPH website in four languages: English, Spanish, Russian and Ukrainian.

For questions regarding the School and Childcare Exclusion List, please contact the DPH Communicable Disease Epidemiology Section at **(803-898-0861)**

2026-2027 School and Childcare Exclusion List			
Communicable diseases listed as not are reportable. When notified of a diagnosis, contact your Regional Health Department. Communicable diseases listed as Meck are not reportable. However, for concerns contact your Regional Health Department. Students who develop symptoms should follow the case exclusion and readmission criteria. Staff members who have symptoms of illness (e.g., coughing, diarrhea, rash) should be excluded from work until they are no longer contagious. Universal prevention measures for all diseases: - Encourage good hand hygiene, coughs, and clean water fountains, water fountains, and food handling areas. - Students at risk of increasing transmission should be closed and disinfected. - The immediate environment should be cleaned and disinfected including, but not limited to changing or disposing areas, tables, toys, keyboards, door handles, and ceilings. - Exclude ill students and staff. - Prevent transmission for those who are not vaccinated or up to date on their vaccinations. - Cases may return when well enough for routine activities and all exclusion criteria have resolved. Visit https://dph.sc.gov/health/communicable-diseases/school-exclusion or call your Regional Health Department for additional guidance. If this content is printed, it is not to be used as a replacement for the full document.			
Communicable Disease/Condition	Signs and Symptoms	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
Measles	Infected person develops fever, cough, and rash.	Infected person must be excluded for 4 days after onset of symptoms.	Do not use close contacts, unless they are vaccinated with a measles-containing vaccine. Do not use the exclusion criteria for the contact.



New Webinar Series to Support Infection Prevention in Outpatient Dialysis Facilities

Healthcare-Associated Infections Unit (HAIU)
Communicable Disease Epidemiology Section

The DPH Healthcare-Associated Infections (HAI) Unit is launching a new quarterly educational webinar series for outpatient dialysis facilities beginning in September 2026. The series is designed to support dialysis staff by offering practical, evidence-based infection prevention guidance and strategies to reduce HAIs.

The webinar series was developed in response to the unique infection prevention challenges encountered in the outpatient dialysis setting, where patients require frequent treatments involving vascular access, creating opportunities for infection transmission.

Each session will focus on strengthening infection prevention practices, promoting patient safety and sharing resources that dialysis teams can apply in their daily practice.

Planned topics include:

- Bloodstream infection prevention
- Hand hygiene
- Injection safety and medication preparation
- Environmental cleaning & disinfection
- Antimicrobial stewardship

Participants will also have an opportunity to engage with DPH HAI Unit staff, ask questions and discuss real-world infection prevention challenges with public health partners.

Additional information, including registration details and future webinar topics, will be shared with outpatient dialysis facilities as each session approaches.



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