DISEASE PREVENTION AND EPIDEMIOLOGY NEWSLETTER

EpiNotes

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IN THIS ISSUE:

Antibiotic Awareness and Stewardship: *It Takes All of Us!*

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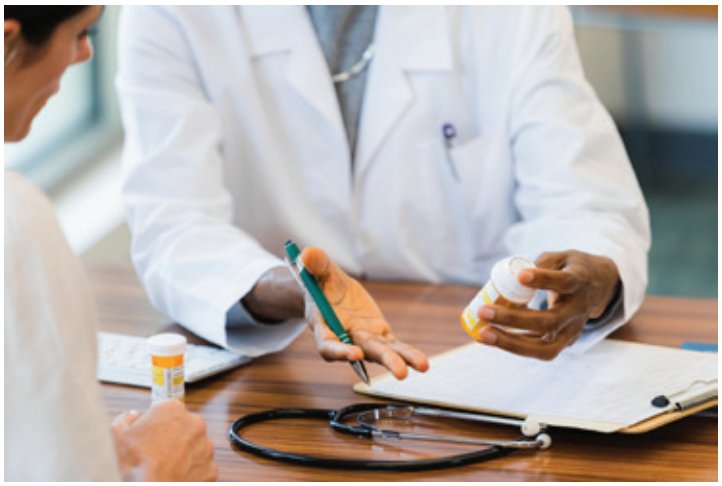
As resistance continues to rise globally, antibiotic stewardship is no longer optional. It is essential. Antibiotics have transformed modern medicine, saving countless lives by effectively treating bacterial infections. However, their overuse and misuse have led to a growing global threat of antibiotic-resistant organisms.

As bacteria evolve and become resistant to antibiotics, previously treatable infections become increasingly difficult to resolve. The Centers for Disease Control and Prevention (CDC) estimates that more than 2.8 million antibiotic-resistant infections occur in the U.S. each year, resulting in over 35,000 deaths.[1] These numbers underscore the urgent need for action across all health care settings.

Antibiotic awareness involves understanding when to use antibiotics and when not to. Many common illnesses, such as colds, flu, and most sore throats, are caused by viruses,



not bacteria. Antibiotics do not work against viruses and using them in these cases offers no benefit and contributes to resistance. Raising public awareness helps people make informed decisions and reduces unnecessary antibiotic use.

Antibiotic stewardship is a set of coordinated strategies within health care settings designed to promote the appropriate use of antibiotics. The goal is to optimize clinical outcomes while minimizing unintended consequences, such as resistance, adverse drug events, and Clostridioides difficile infections.

Effective stewardship ensures that patients receive the right antibiotic, at the correct dose, for the right duration,

and only when clinically indicated. Stewardship is not just about reducing antibiotic use – it's about ensuring the best outcomes for our patients today, while safeguarding the effectiveness of these life-saving drugs for tomorrow.

Health care providers are at the forefront of this effort. Stewardship programs are essential in acute care, outpatient clinics, and long-term care facilities. Clinicians must be vigilant in evaluating the necessity of antibiotics. Ensuring appropriate diagnostic testing and interpretation also plays a key role in guiding treatment decisions.

Health care institutions can support stewardship by implementing evidence-based guidelines, providing decision support tools, and fostering a culture of accountability.[2] Multidisciplinary stewardship teams, including but not limited to infectious disease physicians, clinical pharmacists, infection preventionists, and microbiologists, are instrumental in advancing these efforts forward.

The consequences of antibiotic resistance are serious. Infections become difficult to treat, hospital stays become longer, and the risk of complications and death increases. Resistant bacteria can spread in communities and health care settings, making prevention and control even more challenging.

Everyone has a role to play. Simple actions like practicing good hand hygiene, staying up to date on vaccinations, and using antibiotics responsibly can make a big difference.

Antibiotic awareness and stewardship are vital to preserving the effectiveness of these life-saving drugs. Together, through informed decision-making and collaborative practice, patients, providers, and public health professionals can combat antibiotic resistance and ensure antibiotics remain a powerful tool in the fight against infections in the future.

At the South Carolina Department of Public Health (DPH), we are committed to antimicrobial stewardship on behalf of the communities across the state.[3] The DPH Antimicrobial Stewardship Program has implemented several initiatives to help promote antibiotic stewardship efforts across the state. Here is a spotlight on our antibiotic stewardship initiatives:

For more information on:

- Assistance with long-term care antibiotic stewardship program, antibiotic stewardship training, or stewardship assessment, email **hai_asp@dph.sc.gov**.
- Assistance with infection prevention and control practices or breaches, email **hai_unit@dph.sc.gov** or click **here.**

1. Centers for Disease Control and Prevention. (2019, December). **Antibiotic Resistance Threats in the United States, 2019.**
2. Centers for Disease Control and Prevention. (n.d.). **Antibiotic Prescribing and Use.**
3. South Carolina Department of Public Health. (2025, February 5). **Antibiotic Stewardship-Department of Public Health Commitment**

Increase in Tuberculosis (TB) Contact Investigations Calls for Awareness

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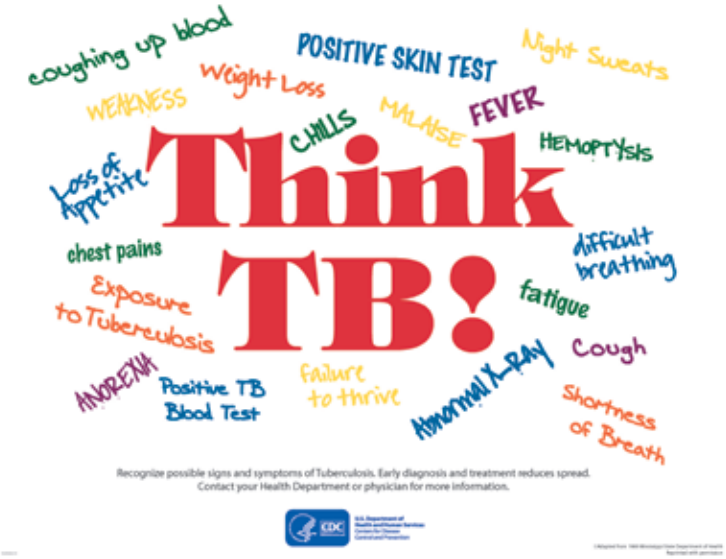
In the past year, the DPH Tuberculosis (TB) Control Section has seen an increase in complex, large-scale TB contact investigations across all four public health regions of the state. A contact investigation occurs after an infectious TB case is identified and referred to DPH for follow-up. As part of routine investigations, DPH TB staff conduct interviews and provide testing to those who have had close contact with the case to limit further spread of disease.

TB testing following an exposure can potentially require two tests. The first test is performed when the contact is identified, with the second test following 8-10 weeks post-exposure. For a person to be fully evaluated, it is important to complete all components of the TB screening, which may include a chest X-ray.

If transmission has occurred, the TB Section takes additional steps to determine if the person has active (contagious) or latent (non-contagious) TB infection. Both conditions require treatment to prevent further health complications and potential risk to the public. About 10% of contacts who acquire latent TB infection (LTBI) convert to active TB disease within the first two years after initial infection if they do not receive treatment for LTBI.[1]

TB Control is asking providers to "Think TB" when conducting patient evaluations. Patient history, including long-term living/travel to countries with high rates of TB and living in congregate settings, could increase their chance of exposure to TB. Consider assessing for TB symptoms, including persistent cough, night sweats, unexplained weight loss, malaise, and fever.

Tuberculin skin testing (TST) is the most common testing method. Proper TST placement, reading, and interpretation are essential, and educational resources are available to assist your staff in meeting these standards. While the TST is the most used method, it is not always the most appropriate test for the person you may be testing,



including those who have received the BCG (Bacillus Calmette-Guérin) vaccine and immunocompromised patients.

Currently, two FDA-approved serological TB tests (also known as Interferon Gamma Release Assays or IGRAs) are on the market: QuantiFERON-TB Gold Plus (QFT-Plus) and T-SPOT®. LabCorp and Quest Diagnostics can perform such testing, as can some hospitals and other reference labs. These tests require special handling, so please make sure staff are appropriately trained to reduce the number of indeterminate results.

Please contact the DPH TB Control Section for any questions regarding IGRA testing, LTBI, and all things TB: **TBControl@dph.sc.gov**

1. Centers for Disease Control and Prevention. "TB 101 for Healthcare Workers," **https://www.cdc. gov/tb/webcourses/tb101/page5108. html.** Accessed 11/5/2025.

November 5, 2025

Attn: Veterinarians and Staff

RE: Rabies Testing Submission Updates

Dear Veterinarians and Staff:

The South Carolina Department of Public Health (DPH) recently updated its rabies testing procedures. These changes are to help streamline the rabies prevention program and enable our teams to more efficiently and effectively serve South Carolinians.

The DPH Public Health Laboratory has stopped accepting domestic animal specimens (dog, cat, ferret, horse, cow, etc.) for "rule out" rabies testing when there are no known exposures to people or pets. An exposure is defined as a bite, scratch, or contact with neural tissue or saliva to open wounds or the mucous membranes of the eyes, nose or mouth. Rabies is not transmitted in blood or urine.

Please see the below acceptable rabies testing submissions at the DPH Public Health Laboratory located in Columbia, S.C.

1) Domestic animal exhibiting neurological symptoms of rabies that exposes a person through a bite, scratch, or neural tissue/ saliva to mucus membranes or open wounds.

    a. Please consider the vaccination status, differential diagnoses, and how the pet is housed.

    b. The scenario is higher risk if the animal is unvaccinated, has no other known cause of its neurological symptoms, has a wound of unknown origin, spends appreciable time outdoors unsupervised, and/or wild animals have recently been seen in the yard.

2) Wild mammal that has exposed a **person** through a bite, scratch, or saliva to mucus membranes or open wounds.

3) Wild mammal that has exposed a **pet** through a bite, scratch, or saliva to mucous membranes or open wounds.

    a. Any costs associated with preparing (i.e., euthanasia, head removal, and carcass disposal) the wild animal for testing are at the expense of the owner of the exposed pet.

    b. When a client with an exposed pet cannot afford to cover the cost of preparing the specimen for testing, DPH will not cover the cost of preparation and will proceed with quarantining the exposed pet for the appropriate time (i.e., 45 or 180 days).

P.O. Box 2010, Columbia, SC 29202

4) Domestic animals that bite during euthanasia are recommended to be submitted for rabies testing. However, the owner must approve the testing to rule out rabies. The DPH will not cover any costs associated with preparing the animal. All associated costs are at the expense of the owner, veterinary facility or the victim.

5) When the owner of a domestic animal that has bitten someone requests euthanasia, it is recommended that the animal complete a DPH approved at home quarantine prior to euthanizing. However, should your facility agree to proceed with the euthanasia, we recommend the animal be submitted for rabies testing. All associated costs are at the expense of the owner, veterinary facility or the victim.

When none of the acceptable rabies testing qualifiers apply to your situation, you have the option of submitting a specimen for necropsy which can include rabies testing when requested. However, when you submit a specimen for necropsy as part of a diagnostic work up and not a potential human exposure event, the cost will be to the pet owner.

All exposures to people and pets must be reported to the DPH rabies prevention program under the S.C. Rabies Control Act.

You can submit an animal incident report:

1) By calling us directly anytime at 888-847-0902 *(Option 2)*

2) Or online at dph.sc.gov/rabies

Should you have any questions or desire additional information, please contact our department at any time.

Sincerely,

Terri McCollister, Rabies Program Manager
Rabies Prevention Program
Bureau of Communicable Disease Prevention and Control
Email: rabies@dph.sc.gov
Phone: 803-896-5299

P.O. Box 2046, West Columbia, SC 29171 dph.sc.gov (803) 898-3300

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Want to see other topics featured in a future edition of Epi Notes? We would love to hear from you! Send your suggestions to EpiNotes@dph.sc.gov.

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