

South Carolina 2025 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. Email SCIONHelp@dph.sc.gov for details. The SCIONHelp email address may not be used for case reporting.

All other conditions except lead are reportable within 3 business days . By mail: <https://dph.sc.gov/sites/scdph/files/2024-04/D-1129.pdf>

! Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (2)

- Anaplasmosis (*Anaplasma phagocytophilum*)
- * Animal (mammal) bites
- ! Anthrax (*Bacillus anthracis*) (2)
- Babesiosis (*Babesia* spp.)
- ! Botulism (*Clostridium botulinum* or *Botulinum toxin*)
- * Brucellosis (*Brucella* spp.) (2)
- Campylobacteriosis (2)
- * Candida auris or suspected (2) (3)
- Carbapenem-resistant *Enterobacteriales* (CRE) and *Acinetobacter* species (2) (4) (5)
- Carbapenem-resistant *Pseudomonas* spp. (CRPA) (2) (4) (6)
- Chancroid (*Haemophilus ducreyi*)
- * Chikungunya (2)
- Chlamydia trachomatis*
- * Ciguatera
- Coronavirus Disease 2019 (COVID-19), (SARS CoV-2) (7)
- Cryptosporidiosis (*Cryptosporidium* spp.)
- Cyclosporiasis (*Cyclospora cayetanensis*) (2)
- Dengue (2)
- * Diphtheria (*Corynebacterium diphtheriae*) (2)
- * Eastern Equine Encephalitis (EEE) (2)
- Ehrlichiosis* (*Ehrlichia*)
- * *Escherichia coli*, Shiga toxin – producing (STEC) (2)
- Giardiasis (*Giardia* spp.)
- Gonorrhea (*Neisseria gonorrhoeae*) (4)
- * *Haemophilus influenzae*, all types, invasive disease (H flu) (2) (4) (8)
- * Hantavirus (2)
- * Hemolytic uremic syndrome (HUS), post-diarrheal

- * Hepatitis (acute) A, B, C, D, & E (9)
- Hepatitis (chronic) B, C, & D (9)
- 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)
- ! Influenza, zoonotic or novel strain (2)
- * Influenza associated deaths (all ages)
- Influenza (7)
- * La Crosse Encephalitis (LACV) (2)
- Lead tests, all results - indicate venous or capillary specimen (10)
- Legionellosis
- Leprosy (*Mycobacterium leprae*) (Hansen’s Disease)
- Leptospirosis
- Listeriosis (2)
- Lyme disease (*Borrelia burgdorferi*)
- Lymphogranuloma venereum
- * Malaria (*Plasmodium* spp.)
- ! Measles (Rubeola)
- ! Meningococcal disease (*Neisseria meningitidis*) (2) (4) (8) (11)
- * Mpox (positive, negative, and all other results)
- * Mumps
- * Pertussis (*Bordetella pertussis*)
- ! Plague (*Yersinia pestis*) (2)
- ! Poliovirus (Poliomyelitis and Non-paralytic poliovirus infection)
- * Psittacosis (*Chlamydia psittaci*)
- * Q fever (*Coxiella burnetii*)

- ! Rabies (human)
- * Rubella (includes congenital)
- Salmonellosis (2) (4)
- * Shiga toxin positive (2)
- Shigellosis (2) (4)
- ! Smallpox (*Variola*)
- Spotted Fever Rickettsiosis (*Rickettsia* spp.)
- * *Staphylococcus aureus*, vancomycin-resistant or intermediate with a VA \geq 8 MIC (VRSA/VISA) (2) (4) (12)
- Streptococcus* group A, invasive disease (4) (8) (13)
- Streptococcus pneumoniae*, invasive (pneumococcal) (4) (8) (14)
- * St. Louis Encephalitis (SLEV) (2)
- * Syphilis: congenital (15), syphilitic stillbirth (16)
- Syphilis: All serological tests (treponemal & nontreponemal) if at least one test is positive, CSF-VDR, or darkfield positive
- Tetanus (*Clostridium tetani*)
- Toxic Shock (specify staphylococcal or streptococcal)
- * Tuberculosis (*Mycobacterium tuberculosis*) (2) (17)
- Tuberculosis test - Positive Interferon Gamma Release Assays (IGRAs): QuantiFERON-TB Gold Plus (QFT-Plus) and T-SPOT. TB (17) (L)
- * Tularemia (*Francisella tularensis*) (2)
- * Typhoid fever (*Salmonella typhi*) (2) (4)
- * Typhus, epidemic (*Rickettsia prowazekii*)
- * Varicella
- * Vibriosis (any species of the family *Vibrionaceae*) to include toxigenic *Vibrio cholerae* O1 or O139 (2)
- ! Viral Hemorrhagic Fevers (e.g. *Ebola*, *Lassa*, *Marburg viruses*)
- * West Nile Virus (2)
- * Yellow Fever
- Yersiniosis (*Yersinia*, not *pestis*)
- * Zika (2)

(L) Only Laboratories required to report.

* Potential agent of bioterrorism

- 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.
- 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 regional staff if assistance is needed.
- 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>)
- Include drug susceptibility profile.
- Carbapenem-resistant *Enterobacteriales* and *Acinetobacter* species from all specimen types.
- Submit isolates to the PHL from ALL non-mucoid *Pseudomonas* spp. isolates resistant to imipenem, meropenem, or doripenem and non-susceptible to ceftazidime.
- 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.
- Invasive disease = isolated from normally sterile site. Always specify site of isolate.

- 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.
- All blood lead results are reportable within 30 days. Any elevated results (3.5 mcg/dL or greater) are reportable within 7 days. Always include specimen site.
- Report Gram-negative diplococci in blood or cerebrospinal fluid.
- 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.
- Retain all GAS isolated from sterile sites for 30 days for possible outbreak analyses.
- Submit isolate from patients of any age, ALL CSF isolates, and invasive sterile body sites that are non-susceptible to any relevant antibiotics according to Clinical & Laboratory Standards Institute (CLSI).
- Report the results of all congenital syphilis follow-up tests (positive or negative).
- 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.
- Report all cases of suspect and confirmed tuberculosis (TB): https://dph.sc.gov/sites/scdph/files/2024-08/LORC_Memo_20240821.pdf.

ATTENTION: HEALTH CARE FACILITIES, PHYSICIANS, AND LABORATORIES

South Carolina Law §44-29-10 and Regulation §61-20 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)

WHAT TO REPORT

- Patient’s name
- Patient’s complete address, phone, county, date of birth, race, sex, last five digits of social security number
- 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

HOW 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:
Division of Surveillance, Assessment, and Evaluation
Mills/Jarrett Complex
2100 Bull Street, Columbia SC 29201; or Call 1-800-277-0873

Lead

- Submit electronically via SCIONx; or
- Email: scionlead@dph.sc.gov to establish electronic reporting; or
- Mail to:
Lead Surveillance
Mills-Jarrett Complex
2100 Bull Street, Columbia, SC 29201; or
- Fax Lead reports to (803) 898-3236

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

- Report online by completing the *D-1799 Animal Incident Report Form*. See: <https://dph.sc.gov/rabies>
- When a Person is Exposed to an Animal Suspected of Rabies. See: https://dph.sc.gov/Rabies_Person_Flowchart
- 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
- For questions or concerns, call 1-888-847-0902 (option 2)

HOW 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) 719-4612
Fax: (843) 308-0324

Midlands

Chester, Kershaw, Lancaster, Newberry, Saluda, York
Office: (803) 909-7358
Fax: (803) 327-9847

Pee Dee

Dillon, Georgetown, Horry, Marion
Office: (843) 915-8798
Fax: (843) 915-6504

Upstate

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

Allendale, Bamberg, Beaufort, Calhoun, Colleton, Hampton, Jasper, Orangeburg
Office: (843) 584-4287
Fax: (843) 308-0324

Aiken, Barnwell, Edgefield, Fairfield, Lexington, Richland
Office: (803) 576-2870
Fax: (803) 576-2880

Chesterfield, Clarendon, Darlington, Florence, Lee, Marlboro, Sumter, Williamsburg
Office: (843) 673-6693
Fax: (843) 673-6670

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

HOW TO REPORT 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

Midlands

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

Pee Dee

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

Upstate

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

3685 Rivers Avenue, Suite 201
North Charleston, SC 29405

2000 Hampton Street
Columbia, SC 29204

1931 Industrial Park Road
Conway, SC 29526

352 Halton Road
Greenville, SC 29607

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

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

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

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



DPH Communicable Disease Bureau of Prevention & Control
Communicable Disease Epidemiology Section • 2100 Bull Street • Columbia, SC 29201
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>

To learn about DPH’s web-based reporting system, call 1-800-917-2093.