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Epi Notes

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Tuberculosis Screening: Immigrants, Refugees and Parolees

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The South Carolina Department of Health and Environmental Control's (DHEC) Division of Tuberculosis (TB) evaluates immigrants and refugees for TB disease or infection. An immigrant is someone who is admitted to the United States from another country as a lawful permanent resident¹. A refugee is anyone outside his or her country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution based on race, religion, nationality, particular social group, or political opinion¹.

The TB division receives notifications of arrival from the Centers for Disease Control and Prevention's (CDC) Electronic Disease Notification (EDN) System. Documents containing the person's demographics, TB classification and medical history are provided to the appropriate county health department for evaluation.

In April and October of 2022, the United States Department of Homeland Security (DHS) announced the Uniting for Ukraine and the Humanitarian Relief Program for Venezuelans, respectively. Under these programs, Ukraine Citizens, Venezuelan Nationals and their immediate family members are granted legal entry into the United States temporarily for a two-year parole period³. These people fall under the definition of a "parolee." A parolee is a person who, under usual circumstances, would not be granted entry to the U.S. and may not have documents required for entry but is allowed entry for urgent humanitarian reasons or

when entry to the United States is determined to be for significant public benefit¹.

Although required to meet certain health requirements, parolees do not undergo the same overseas immigration medical examination from which data is entered into the CDC's EDN system. Therefore, the Division of Tuberculosis does not receive notifications of arrival for parolees through the EDN system. For further information regarding Uniting for Ukraine, please visit [Uniting for Ukraine: Information for TB Programs | Programmatic Support | Resources | TB | CDC](#).

Tuberculosis screening is one of the medical requirements for all parolees. The requirements are the same for both programs. Parolees 2 years of age and older are required to test for tuberculosis with an interferon-gamma release assay (IGRA) within 90 days of entry to the United States³.

DHEC's public health offices are working with partners throughout the state to help provide tuberculosis screenings for Ukraine and Venezuelan parolees within the required timeframe. Parolees or their sponsors can contact their local health department ([scdhec.gov/about-dhec/contact-us](https://www.scdhec.gov/about-dhec/contact-us)) and ask to speak to a TB nurse, or they can call the state TB office at 803-898-0558 for additional information.

Sources:

1. The Centers for Disease Control and Prevention (CDC). Immigrant, Refugee, and Migrant Health. Electronic Disease Notification System. Accessed on Dec. 22, 2022 at cdc.gov/immigrantrefugeehealth/Electronic-Disease-Notification-System.html
2. The Centers for Disease Control and Prevention (CDC). Uniting for Ukraine. Accessed on Dec. 22 at cdc.gov/tb/programs/unitingforukraine.html
3. The Centers for Disease Control and Prevention (CDC). Dear Colleague Letters. Venezuelan Humanitarian relief program and TB testing. Accessed on Dec. 22, 2022 at cdc.gov/tb/publications/letters/2022/venezuelan-relief.html

Updates for the 2023 S.C. List of Reportable Conditions (LORC)

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Below are updates that have been made in the [2023 S.C. List of Reportable Conditions](#). Click [here](#) to access the poster.

In the Reporting Requirements Section (top of the List):

- The Urgently reportable category explanation was changed to read:
**Urgently reportable within 24 hours by phone or electronic notification (email: SCIONHelp@dhec.sc.gov for details. The SCIONHelp email address may not be used for case reporting.)*

In the Conditions and Footnotes Sections:

- Hantavirus now has footnote No. 2, which states: "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."
- Monkeypox has been changed to the official CDC designation of "Mpox."
- Most of the footnotes have been rearranged according to the order in which they appear on the alphabetic conditions listing. Please take time to review.
- Previous footnote 6 is now footnote 10.
- Previous footnotes 7 and 13 pertaining to tuberculosis have been combined into new footnote 17.
- Previous footnote 15 is now footnote 9 and reads: "Negative results for hepatitis and influenza are now required from both laboratories and providers that report using Electronic Laboratory Reporting (ELR). Influenza rapid antigen tests are not reportable."

In the How to Report Section

The following section has been added:

- Potential Rabies Exposures**
Fill out and submit the D-1799 Animal Incident Report Form within 24 hours online at sdc.dhec.gov/rabies.
- For question & concerns, call 1-888-847-0902 (option 2).

In the How to Report Tuberculosis Section

The telephone number for Midland's first TB area was changed to (803) 909-7358.

In the How to Report Other Conditions Section

The fax number for the Midlands area was changed to (803) 251-3170.

The reporting instructions were modified to mirror the instructions at the top of the List.

Report Immediate conditions by phone and Urgent conditions within 24 hours by phone or by electronic notification. Report all other conditions electronically* or by mail within 3 days to the appropriate public health office in the region in which the patient resides. *Email SCIONHelp@dhec.sc.gov for details on electronic notification. The SCIONHelp email may not be used for case reporting.

Updated Surveillance Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with SARS-CoV-2 Infection

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Multisystem inflammatory syndrome in children (MIS-C) is a severe hyperinflammatory condition presenting two to six weeks following SARS-CoV-2 infection, the virus that causes COVID-19.¹ Children often present with fever, severe disease of two or more organ systems and laboratory evidence of inflammation.² The Council of State and Territorial Epidemiologists (CSTE) and the Centers for Disease Control and Prevention (CDC) have implemented a standardized surveillance case definition for MIS-C to reduce misclassification in order to accurately measure trends, characteristics and outcomes of MIS-C.³ The updated CSTE/CDC surveillance case definition for MIS-C includes the following four major changes: no required duration of fever; requirement of a C-reactive protein (CRP) ≥ 3.0 indicating systemic inflammation; adjustments to the organ system involvement to include the addition of shock and the elimination of renal, respiratory and neurologic criteria; and new requirements on the timing of positive SARS-CoV-2 laboratory testing relative to the MIS-C illness.³ The new CSTE/CDC MIS-C surveillance case definition will be used for all cases with illness onset on or after Jan. 1, 2023.⁴

Also, MIS-C can now be classified as confirmed, probable or suspect, as follows: a confirmed case meets the clinical and laboratory criteria; a probable case requires both the clinical and epidemiologic criteria; and a suspect case meets the vital records criteria (Table 1). Clinical criteria include the following and in the absence of a more likely alternative diagnosis: a fever ($\geq 38^{\circ}\text{C}$) subjective or documented, clinical severity requiring hospitalization or resulting in death, evidence of systemic inflammation, and new onset manifestations in at least two of the following categories: cardiac, mucocutaneous, shock, gastrointestinal or hematologic. Laboratory criteria requires one of the following: a positive viral test (i.e., NAAT/PCR or antigen) during hospitalization or within the previous 60 days or a positive viral test in a post-mortem specimen or detection of SARS-CoV-2 specific antibodies associated with current illness. Epidemiologic criteria include close contact with a confirmed or probable case of COVID-19 in the 60 days prior to hospitalization.^{3,4,5} Refer to Table 1 for the epidemiologic and vital records criteria.

A standardized case definition and continued surveillance of MIS-C will allow public health officials to accurately measure disease burden and monitor local and national trends that are critical to making informed public health decisions, including evaluating the effectiveness of current interventions and future guidance. MIS-C is a **reportable condition** to DHEC and should be reported by phone within 24 hours to your local health department.

References

1. Feldstein LR, Rose EB, Horwitz SM, et al.; Overcoming COVID-19 Investigators; CDC COVID-19 Response Team. Multisystem inflammatory syndrome in U.S. children and adolescents. *N Engl J Med* 2020;383:334–46. PMID:32598831 <https://doi.org/10.1056/NEJMoa2021680>
2. Kimberlin, D. W., Barnett, E. D., Lynfield, R., & Sawyer, M. H. (2021). Summaries of Infectious Diseases. In *Red Book: 2021-2024 report of the Committee on Infectious Diseases* (pp. 281). essay, American Academy of Pediatrics.
3. Melgar M, Lee EH, Miller AD, et al. Council of State and Territorial Epidemiologists/CDC Surveillance Case Definition for Multisystem Inflammatory Syndrome in Children Associated with SARS-CoV-2 Infection — United States. *MMWR Recomm Rep* 2022;71(No. RR-4):1–14. DOI: <http://dx.doi.org/10.15585/mmwr.r7104a1>.
4. Center for Disease Control and Prevention, Center for Preparedness and Response: Updates on Multisystem Inflammatory Syndrome in Children (MIS-C): Epidemiology, Case Definition, and COVID-19 Vaccination, Clinician Outreach and Communication (COCA) Webinar. Available at: https://emergency.cdc.gov/coca/calls/2022/callinfo_120822.asp (Accessed on Jan. 3, 2023).
5. Lee EH, Lim S, Brown C. Standardized case definition for surveillance of multisystem inflammatory syndrome in children associated with SARS-CoV-2 infection. Atlanta, GA: Council of State and Territorial Epidemiologists; 2022. <https://cdn.ymaws.com/www.cste.org/resource/>

Criterion	2020 CDC Case Definition	2023 Surveillance Case Definition
Patient age	<21 years	<21 years
Hospitalization	Clinically severe illness requiring hospitalization	Clinical severity requiring hospitalization or resulting in death
No alternative diagnosis	No alternative plausible diagnoses	Absence of a more likely alternative diagnosis
Fever	Fever $\geq 38.0^{\circ}\text{C}$ for ≥ 24 hours or report of subjective fever lasting ≥ 24 hours	Subjective or documented fever ($\geq 38.0^{\circ}\text{C}$)
Laboratory evidence of systemic inflammation	Including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin	C-reactive protein ≥ 3.0 mg/dL (30 mg/L)
Evidence of SARS-CoV-2 infection or exposure	Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or exposure to a suspected or confirmed COVID-19 case within the 4 weeks prior to the onset of symptoms.	<ul style="list-style-type: none"> • Detection of SARS-CoV-2 RNA in a clinical specimen up to 60 days prior to or during hospitalization, or in a post-mortem specimen using a diagnostic molecular amplification test (e.g., polymerase chain reaction [PCR]), OR • Detection of SARS-CoV-2 specific antigen in a clinical specimen up to 60 days prior to or during hospitalization, or in a post-mortem specimen, OR • Detection of SARS-CoV-2 specific antibodies in serum, plasma, or whole blood associated with current illness resulting in or during hospitalization, OR • Close contact with a confirmed or probable case of COVID-19 disease in the 60 days prior to hospitalization

Criterion	2020 CDC Case Definition	2023 Surveillance Case Definition
Multisystem involvement	<p>Multisystem (≥ 2) organ involvement:</p> <ul style="list-style-type: none"> • Cardiac (e.g., shock, elevated troponin, BNP, abnormal echocardiogram, arrhythmia) • Renal (e.g., acute kidney injury, renal failure) • Respiratory (e.g., pneumonia, ARDS, pulmonary embolism) • Hematologic (e.g., elevated D-dimer, thrombophilia, thrombocytopenia) • Gastrointestinal (e.g., elevated bilirubin, elevated liver enzymes, diarrhea) • Dermatologic (e.g., rash, mucocutaneous lesions) • Neurological (e.g., CVA, aseptic meningitis, encephalopathy) 	<p>New onset manifestations in at least 2 of the following categories:</p> <ul style="list-style-type: none"> • Cardiac involvement indicated by: <ul style="list-style-type: none"> » LVEF <55%, OR » Coronary artery dilatation, aneurysm, or ectasia, OR » Troponin elevated above laboratory normal range, or indicated as elevated in a clinical note • Mucocutaneous involvement indicated by: <ul style="list-style-type: none"> » Rash, OR » Inflammation of the oral mucosa OR » Conjunctivitis or conjunctival injection OR » Extremity findings (e.g., erythema or edema) • Shock • Gastrointestinal involvement indicated by: <ul style="list-style-type: none"> » Abdominal pain, OR » Vomiting, OR » Diarrhea • Hematologic involvement indicated by: <ul style="list-style-type: none"> » Platelet count <150,000 cells/μL, OR » Absolute lymphocyte count (ALC) <1,000 cells/μL
Epidemiologic linkage criteria		Close contact with a confirmed or probable case of COVID-19 disease in the 60 days prior to hospitalization
Vital records criteria		A person whose death certificate lists MIS-C or multisystem inflammatory syndrome as an underlying cause of death or a significant condition contributing to death.
Criteria to distinguish a new case from an existing case		A case should be enumerated as a new case if the person had never previously been enumerated as a case OR if the person was most recently enumerated as a case with illness onset date (if available) or hospital admission date >90 days prior.



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