



This is an official **DHEC Health Update**

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10458-DHU-04-22-2020-COVID-19

Updated reporting criteria for 2019 novel coronavirus disease (COVID-19)

Summary

- Serology testing (IgM, IgA, and IgG) for COVID-19 is now available on the market. These tests are still investigational and are not recommended for active case identification.
- Nucleic Acid Amplification Testing (NAAT) on a nasopharyngeal (NP) swab is still the preferred method for identifying and managing suspect cases of COVID-19.
- Clinicians are required to report all cases of COVID-19 for which rapid or laboratory testing (serology or NAAT) has been completed and found to be positive. Required data elements to report are described below.
- COVID-19 cases and deaths are now considered an Urgently Reportable Condition (i.e. reportable within 24 hours by phone).
- Providers should expand testing to symptomatic individuals not in the priority risk groups when possible.

Background

Continued surveillance for COVID-19 is necessary to characterize the epidemiology of the disease in the United States, to measure the burden of disease in the United States health system, and to inform public health action.

Symptoms of COVID-19 are non-specific and the disease presentation can range from no symptoms (asymptomatic) to severe pneumonia and death. COVID-19 is a mild to moderate illness for approximately 80% of individuals evaluated with the disease. Approximately 15% of individuals with the disease have severe infections requiring supplemental oxygen and 5% have critical infections requiring mechanical ventilation.¹ People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever ~5 days after infection (mean incubation period 5-6 days, range 1- 14 days).²

Recommendations

To those ends, clinicians are asked to report cases of COVID-19 using the following clinical and laboratory criteria.

- Consider COVID-19 in patients who have symptoms consistent with COVID-19. These symptoms can include fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s), cough, shortness of breath or difficulty breathing, severe respiratory illness, pneumonia, or acute respiratory distress syndrome (ARDS). Please note that people with COVID-19 have had a wide range of symptoms reported—some including only non-respiratory symptoms. If a provider’s index of suspicion is high—even for a patient without typical COVID-19 respiratory symptoms—testing for COVID-19 may still be warranted for patients displaying other symptoms, such as gastrointestinal or neurologic symptoms.
- Laboratory testing of suspected COVID-19 cases is encouraged based upon previously identified priority groups that emphasize testing for hospitalized patients with symptoms, healthcare facility workers and first responders with symptoms, and symptomatic patients who are at high risk of severe infection (>65 years, in long-term care facilities, have underlying health conditions). However, as testing supplies and resources allow, clinicians are also encouraged to test symptomatic persons in the community who do not meet criteria for the higher priority groups.
- At this time, expanding testing to these patients, when possible, will help provide better information regarding the burden of the disease in South Carolina and help to inform public health decisions.

Previously, cases of COVID-19 were considered immediately reportable by phone as a novel infectious agent. Both new COVID-19 cases and deaths in which COVID-19 is considered to be a contributing factor are now considered to be urgently reportable and must be reported by phone within 24 hours at the contact information provided below.

Disease-specific data elements to be included in the initial report to Public Health

In addition to patient demographics, the following disease-specific data elements are expected to be included in all reports to Public Health:

- **Clinical Information:**
 - Description of clinical symptoms and signs of illness, or if asymptomatic
 - Date of illness onset
 - Hospitalization
 - Underlying diseases or co-infections

- **Laboratory Information:**
 - Specimen type
 - Collection date
 - Laboratory test performed
 - Results

- **Epidemiologic Information (if known):**
 - Known contact or linkage to COVID-19 cases.
 - Recent travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.
 - Member of a congregate setting (e.g., long-term care facility, detention center, homeless shelter).

Upon receipt of report, Public Health staff will work with the reporting provider to gather additional clinical (if appropriate) and epidemiologic information to classify the case of COVID-19 and assist with additional public health actions for disease control and mitigation.

References:

1. WHO. Coronavirus disease 2019 (COVID-19) Situation Report – 46. Available at: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_4
2. Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) in China. *Zhonghua Liu Xing Bing Xue Za Zhi*. 2020;41(2):145–151. DOI:10.3760/cma.j.issn.0254-6450.2020.02.003

DHEC contact information for reportable diseases and reporting requirements

Reporting of **COVID-19** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at: <https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2020

Mail or call reports to the Epidemiology Office in each Public Health Region

MAIL TO:

<p style="text-align: center;"><u>Lowcountry</u> 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051</p>	<p style="text-align: center;"><u>Midlands</u> 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993</p>	<p style="text-align: center;"><u>Pee Dee</u> 1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6502 Fax2: (843) 915-6506</p>	<p style="text-align: center;"><u>Upstate</u> 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373</p>
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CALL TO:

<p style="text-align: center;"><u>Lowcountry</u> Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg</p> <p>Office: (843) 441-1091 Nights/Weekends: (843) 441-1091</p>	<p style="text-align: center;"><u>Midlands</u> Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York</p> <p>Office: (888) 801-1046 Nights/Weekends: (888) 801-1046</p>	<p style="text-align: center;"><u>Pee Dee</u> Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg</p> <p>Office: (843) 915-8886 Nights/Weekends: (843) 915-8845</p>	<p style="text-align: center;"><u>Upstate</u> Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union</p> <p>Office: (864) 372-3133 Nights/Weekends: (864) 423-6648</p>
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<p>For information on reportable conditions, see https://www.scdhec.gov/ReportableConditions</p>	<p><u>DHEC Bureau of Communicable Disease Prevention & Control</u> Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902</p>
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Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.