



School and Childcare Exclusion List

Official School and Child Care Exclusion List of Contagious or Communicable Diseases

Statutory authority: SC Code of Laws Sections 44-1-140, 44-29-200; 63-13-180
SC Code of Regulations Chapter 61-20 and Chapter 114, Article 5

Requirements

South Carolina law requires schools to take measures to prevent the spread of disease in the school and childcare populations by limiting the attendance of students and staff with contagious or infectious diseases at school and school activities. [SC Regulation #61-20](#) requires DHEC to publish each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases, hereinafter referred to as the School and Childcare Exclusion List.

SC Law indicates that schools “on account of the prevalence of any contagious or infectious diseases or to prevent the spread of disease, may prohibit or limit the attendance of any employee or student at any school or school-related activities under its control.” SC Regulation states that schools, out-of-home childcare providers, and parents/guardians should not allow the attendance of children with “any contagious or infectious disease or syndrome requiring isolation” ... “if the disease or syndrome of the child or minor is on the Official School and Childcare Exclusion List of Contagious and Communicable Diseases.”

Students, employees, and staff (including volunteers) are also excluded from school or childcare attendance if they have been exposed to one or more of the conditions designated in these lists, until the return to school or childcare criteria are met.

2021 Updates

The following updates were made to the School and Childcare Exclusion Lists:

Clarification of reporting requirements for individual cases and outbreaks to Public Health have been updated for the following conditions: Chicken Pox (Varicella) and Diarrhea (*Campylobacter*, *Cryptosporidium*, *E. coli* 0157:H7 and other Shiga Toxin- Producing *E. coli* (STEC), Enteropathogenic *E. coli* (EPEC), Enterotoxigenic *E. coli* (ETEC), *Giardia*, *Salmonella Typhi* (Typhoid fever), Nontyphoidal *Salmonella*, and *Shigella*).

Updates to the School and Childcare Exclusion List were effective June 2021.

August 2021 Revisions:

- Exclusion criteria for close contacts (exposures) revised

Revisions 8/24/2021:

- Close contact definition provided in footnote

Revisions 10/12/2021:

- Close contact definition revised

Revisions 12/31/2021:

- Isolation and quarantine criteria for return revised

Revisions 01/08/2022:

- Isolation and quarantine criteria for return revised

Revisions 01/15/2022:

- Allowance for teachers and school staff to continue to work during quarantine in times of crisis staffing conditions.
- Criteria for return from quarantine of negative test on day 4 or later amended to be strongly recommended for students.
- Test-to-stay program testing criteria changed to require one negative test between days 5-7.

Revisions 02/13/2022:

- Test-to-stay program recommendations updated for childcare centers.

Guidance for Implementing the School and Childcare Exclusion List

1. The **School and Childcare Exclusion List** applies to the following groups of people in out-of-home childcare, (as defined in S.C. Code Ann. Section 63-13-20), and in any public, private, parochial, church or Sunday school (Reg 61-20).
 - Children and staff in out-of-home childcare settings;
 - Preschool/kindergarten students in grades 3K, 4K, and 5K;
 - Students in grades 1-12; and
 - School employees and staff (including volunteers) who have contact with students.
2. **Parent Notification:** Schools and childcare providers are encouraged to distribute the list of conditions that require exclusion from school attendance to parents/guardians, and/or distribute parent brochures developed by DHEC. The list is also available at <http://www.scdhec.gov/Health/ChildTeenHealth/SchoolExclusion>.
3. **Parent Reporting to School:** Schools and childcare providers should inform parents/guardians that they must notify the school within 24 hours after the child has developed a known or suspected communicable illness addressed on the Exclusion List.
4. **Return to School:** Students, children and staff may return to the school as soon as their symptoms are resolved, unless stated otherwise in the Exclusion List or by their health care provider.
5. **Special Circumstances:** Immunocompromised or medically fragile children with an excludable condition or exposure may need longer periods of exclusion, subject to recommendations by their health care provider(s) or by DHEC. For the purposes of school exclusion, the term “medically fragile” refers to those students with special health care needs or developmental delays who require close assistance with feeding or other personal hygiene activities by which communicable illnesses may be easily spread. Nothing in these criteria precludes the exercise of the professional judgment of the local education agency medical and/or nursing staff to protect the health of students.
6. **Exclusion criteria that vary** by age or grade level are indicated in the Exclusion List. “Young children” or “younger children” as indicated in the List are generally those in childcare, preschool, or kindergarten grades. When students are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply. Conditions that do not require exclusion for school and/or childcare staff are indicated in the tables on the following pages.
7. **Notes / Documentation for Return:** A student may return to school as indicated in the tables that follow. Physicians, advanced practice registered nurses (APRNs), or physician assistants may provide medical notes for return to school following an excludable condition or DHEC may provide a release to return based on a negative test result or other circumstance. Medical notes, which document diagnosis, initiation of treatment, improvement in status, etc., and parent notes should be kept on file at the school for at least one calendar year, or as otherwise required by local school district policy. Medical notes may not shorten or abrogate the minimum period of exclusion required by DHEC for any specific condition.
8. **Period of Exclusion:** If a student does not respond to treatment for an excludable condition, the health care provider or health department may suggest longer periods of exclusion.

Guidance for Implementing the School and Childcare Exclusion List

9. **Outbreaks:** During disease outbreaks or under special circumstances, DHEC may change the length of the exclusion periods. During outbreaks, exclusion criteria may also apply to students, children and staff who are not confirmed by laboratory testing but who display the same symptoms of illness as lab-confirmed cases.
10. **Minor illnesses:** Conditions that are transmissible and may affect a child's ability to participate in normal activities, but that generally do not result in severe illness. Selected examples include conjunctivitis, fifth disease, hand-foot-mouth disease, scabies, head lice, and Strep throat. Consider consultation with a medical consultant for other conditions if there are questions about opening an investigation or initiating an outbreak response. Outbreaks of diarrheal illnesses (e.g., known or suspected Norovirus outbreaks) are investigated per applicable policies.
11. **Disease/Outbreak reporting to the Health Department and the Family Education Rights and Privacy Act (FERPA):** DHEC has determined that conditions reportable immediately or within 24 hours by phone, including all clusters or outbreaks of illnesses, fall under the FERPA allowance and exception of reporting illnesses without parental consent. Conditions that are reportable within 3 days may be reported to DHEC by name with parental consent or reported de-identified without parental consent.
12. **The requirement to report Immediately Reportable or Urgently Reportable (within 24 hours) conditions applies to physicians, laboratories, health facilities, and “any person or entity that maintains a database containing health care data.” The List of Reportable Conditions may be accessed here:**
<http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/>

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusion criteria has been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|--|--|---|---|--|---|
| Chicken Pox (Varicella) | Airborne route or respiratory (droplet) route or by direct contact with drainage from blisters or nasal secretions | 2 days before rash begins until the rash is crusted over | Report individual cases within 3 days. Report outbreaks IMMEDIATELY by phone (outbreak declared with 3 rd . case) | Exclude students, employees, or staff with rash until crusted over and no new lesions appear within a 24-hour period. <ul style="list-style-type: none"> In outbreaks, exclude unimmunized students with no history of varicella vaccination from the start of the outbreak (or day that it is first recognized) until day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school. Breakthrough varicella, which occurs in appropriately vaccinated persons, may appear just as a rash, without crusting. In these cases, exclude until 24 hours following appearance of last lesions. | A parent note or staff statement that lesions have dried/crusted Parent note or staff statement that lesions are fading/resolving, and no new lesions have appeared for 24 hours |
| Coronavirus Infectious Disease 2019 (COVID-19) | Respiratory and airborne routes or by contact with infected individuals or objects | 2 days prior to the onset of symptoms (or date of test specimen collection if no symptoms) to the end of the exclusion period | Report positive cases <u>urgently</u> by phone within 24 hours | Exclude students or staff with a positive approved test per the DHEC website. <u>Criteria for return:</u> <ul style="list-style-type: none"> At least 5 days since symptoms started – and- 24 hours since the last <u>fever</u> without using fever-reducing medication –and- Symptoms are significantly improving A mask must be worn days 6-10. If a mask is not worn, a 10-day isolation must be observed. Asymptomatic students/staff with a positive viral test* are required to be excluded from school for 5 days after specimen collection and must wear a mask days 6-10. If a mask is not worn, a 10-day isolation must be observed. | At least 5 days after the start of symptoms and parent’s note that symptoms are significantly improving and there has been no <u>fever</u> in the past 24 hours without using fever-reducing medication Note: These criteria may be updated as more information is available on COVID-19 |

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|--|---|--|--|---|--|
| COVID-19 related symptoms ¹ : Any of the following <u>with or without fever</u> : <ul style="list-style-type: none"> • Shortness of breath or difficulty breathing - or- • New loss of taste or smell -or- • New or worsening cough | Respiratory and airborne routes, or by contact with infected individuals or objects | 2 days prior to the onset of symptoms (or date of test collection if no symptoms) to the end of the exclusion period | Report positive cases <u>urgently</u> by phone within 24 hours | Exclude students or staff with (an) excludable symptom(s) of COVID-19 without another more likely cause until: <ul style="list-style-type: none"> • A negative viral test (PCR or antigen*) is obtained - OR - • Meet all criteria for return <ul style="list-style-type: none"> ○ At least 5 days since symptoms started - and - ○ 24 hours since the last <u>fever</u> without the use of fever-reducing medication - and - ○ Symptoms are significantly improving ○ A mask must be worn days 6-10. If a mask is not worn, a 10-day isolation must be observed. Some individuals may be recommended for longer exclusionary time periods before returning. (See Special Circumstances Page 2) * - Testing recommendations will be updated as they become available and may impact school/childcare exclusion <ul style="list-style-type: none"> • Refer to the COVID-19 Guidance for K-12 Schools or Childcare Providers and additional resources for latest guidance on response to cases. | For those with symptoms: <ul style="list-style-type: none"> • Negative viral test (PCR or antigen*) - OR - • At least 5 days after the start of symptoms and parent’s note that symptoms are significantly improving & no <u>fever</u> in the past 24 hours without using fever-reducing medication - OR - • Doctor’s note clearing return requiring no further exclusion |

¹ Additional possible symptoms of COVID-19 include persistent or worsening sore throat, muscle or body aches, fatigue, new onset of severe headache, congestion or runny nose, nausea or vomiting, or diarrhea. Although not requiring COVID-19 exclusion, recommending testing in children or staff may be indicated for those presenting with these symptoms.

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| <p>Diarrhea² (Gastrointestinal Illness, cause not identified or cause has not yet been determined)</p> | <p>Varies, often associated with poor toileting habits, food and drink, contaminated fomites, environmental exposures including animals and recreational water; may be bacterial, parasitic, or viral</p> | <p>Varies according to the causative agent</p> | <p>Report when above normal absentee rate</p> | <p>Younger Students</p> <ul style="list-style-type: none"> Exclude children in 5th grade or younger, with diarrhea until symptoms are resolved for at least 24 hours, or medical evaluation indicates that inclusion is acceptable. <p>Older Students and Staff</p> <ul style="list-style-type: none"> Exclusion for diarrhea in 6th through 12th grade students or for school staff is not mandatory unless the person with diarrhea is determined to be contributing to the spread of illness in the school setting. <p>Special Circumstances for Diarrhea</p> <ul style="list-style-type: none"> Exclude students of any age and staff with uncontrolled diarrhea or stools that contain blood or mucus, unless symptoms are associated with a non-infectious condition (e.g., IBS or Crohn’s Disease). Return is permitted when symptoms are resolved, or medical evaluation indicates that inclusion is acceptable. For diapered children or students of any age who require assistance with personal hygiene, exclude for 2 or more diarrheal episodes in a school or program day if the frequency or nature of the diarrheal episodes challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions (diaper spillage or accidents in toilet trained children). <p>See also “COVID-19 exclusion” section for additional considerations</p> | <p>Parent note</p> <p>N/A</p> |
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² Diarrhea is defined as 3 or more loose or watery stools in a 24-hour period that are not associated with changes in diet.

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|--|---|---|--|--|--|
| Diarrhea (<i>Campylobacter</i>) | Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact | Excretion is shortened by treatment Without treatment, can be infectious for 2-3 weeks with possible relapse | Report outbreaks IMMEDIATELY by phone, otherwise report individual cases within 3 days | Exclude until diarrheal symptoms are resolved for at least 24 hours. | Parent note or staff statement that diarrhea has resolved for 24 hours |
| Diarrhea (<i>Cryptosporidium</i>) | Recreational water contact, the fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact | Parasite can remain in stool for 2 weeks | Report outbreaks IMMEDIATELY by phone, otherwise report individual cases within 3 days | Exclude until diarrheal symptoms are resolved for at least 24 hours. Restrict recreational water activities (pools, splash pads, water tables, etc.) until 2 weeks after diarrheal symptoms resolve. | Parent note or staff statement that diarrhea has resolved for 24 hours |

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|---|---|--|---|--|--|
| Diarrhea Enteropathogenic <i>E. coli</i> (EPEC) Enterotoxigenic <i>E. coli</i> (ETEC) | Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water, or animal contact | May be prolonged | Report outbreaks IMMEDIATELY by phone | Exclude until diarrheal symptoms are resolved for at least 24 hours. | Parent note or staff statement that diarrhea has resolved for 24 hours |
| Diarrhea (<i>Giardia</i>) | Recreational water contact, the fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact | Can be up to months, most contagious during diarrhea phase | Report outbreaks IMMEDIATELY by phone, otherwise report a single case within 3 days | Exclude until diarrheal symptoms are resolved for at least 24 hours. | Parent note or staff statement that diarrhea has resolved for 24 hours |

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| Diarrhea (Norovirus) | By the fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water | Can be shed before symptoms start and 2 or more weeks after symptoms end | Report outbreaks only | Exclude until asymptomatic (diarrhea and/or vomiting have ceased for at least 24 hours). | A parent note or staff statement that diarrhea and/or vomiting have resolved for 24 hours |
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Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|--|---|--|---|--|--|
| Diarrhea (Rotavirus) | Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water | Present several days before symptoms and last for weeks after | Report outbreaks only | Exclude until diarrheal symptoms are resolved for at least 24 hours. | A parent note or staff statement that diarrhea has resolved for 24 hours |
| Diarrhea <i>Salmonella</i> Typhi (Typhoid fever) | Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water | Can persist in stool up to 12 weeks; chronic carriage possible | Report outbreaks IMMEDIATELY by phone otherwise report individual cases within 24 hours | <p>Children under the age of 5 or staff in out-of-home childcare or students under the age of 5 in Kindergarten:</p> <ul style="list-style-type: none"> Exclude until diarrheal symptoms are resolved for at least 24 hours AND three consecutive stool cultures or culture independent diagnostic tests collected at 24-hour intervals are negative for <i>Salmonella</i> Typhi. If antibiotics were prescribed, stool specimens must be collected 1 week or more after the antibiotics are completed. | Documentation of 3 negative test results |
| Diarrhea (Nontyphoidal <i>Salmonella</i>) | Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact | Can persist in stool up to 12 weeks | Report outbreaks IMMEDIATELY by phone otherwise report individual cases within 3 days | Exclude until diarrheal symptoms are resolved for at least 24 hours. | Parent note or staff statement that diarrhea has resolved for 24 hours |

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|------------------------------|--|---|---|---|---|
| Diarrhea (<i>Shigella</i>) | Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water | Untreated <i>Shigella</i> is found in the stool up to 4 weeks | Report outbreaks IMMEDIATELY by phone otherwise report individual cases within 3 days | <p>Children under the age of 5 or staff in out-of-home childcare or students under the age of 5 in Kindergarten:</p> <ul style="list-style-type: none"> Exclude until diarrheal symptoms are resolved for at least 24 hours, and at least 1 stool culture or culture-independent diagnostic test is negative for <i>Shigella</i>. If antibiotics were prescribed, stool cultures must be collected 48 or more hours after the antibiotics are completed. <ul style="list-style-type: none"> Students 5 years of age or older thru grade 12: <ul style="list-style-type: none"> Exclude until diarrhea has stopped for at least 24 hours, provided that the student has good hand hygiene and ability to self-toilet. A student with questionable or poor hand hygiene may be required to have at least 1 <i>Shigella</i>-negative stool culture and to be diarrhea-free for at least 24 hours prior to returning. If antibiotics were prescribed, stool cultures must be collected 48 or more hours after the antibiotics are completed. | <p>Medical note documenting negative test results</p> <p>Parent note or staff statement that diarrhea has resolved for 24 hours</p> |

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|--|--|--|-------------------------|---|--|
| Fever | N/A | Dependent upon the cause of the fever | Report outbreaks only | <ul style="list-style-type: none"> • Exclude all staff for oral temperature 100.4°F or higher. • Exclude any child with fever of 100.4 or higher. • Fever of greater than 24 hours or without a known cause may require negative COVID-19 testing or completion of COVID-19 exclusion. • In the childcare setting for infants up to 3 months of age: <ul style="list-style-type: none"> • Fever (100.4°F or above rectally) in a child 3 months of age or younger requires immediate medical attention. | <p>School to specify based on situation</p> <p>Students or staff can return to school if another diagnosis is determined by their healthcare provider.</p> |
| <i>Haemophilus influenzae</i> type B (Hib) | Respiratory (droplet) route or by direct contact with contaminated objects | May be as long as bacteria is in the mouth or nose | Report within 24 hours | <ul style="list-style-type: none"> • Exclude until the student is cleared by a health professional. • Exclude staff with proven Hib infection until antibiotic therapy is initiated. • No exclusion is required for exposed students or staff. | Medical note documenting completion of antibiotic treatment, and clearance to return to school |

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|-------------------------------|---|---|-------------------------|---|--------------------------|
| Hand, foot, and mouth disease | Direct contact with infected: <ul style="list-style-type: none"> • nose discharge • throat discharge • blisters • feces | The virus may be shed for weeks to months in the stool after the infection starts; respiratory shedding of the virus is usually 1-3 weeks | Report outbreaks only | Exclude while symptoms of fever or excessive drooling are present, which is typically during the first week of illness. | Parent note |

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| Head lice (pediculosis) ³ | Direct contact with infected person or contaminated object. | As long as live lice are present | Not reportable | <p>Exclude for:</p> <ul style="list-style-type: none"> • The presence of live, crawling lice visualized on direct inspection of the scalp, or • The presence of nits (eggs) that appear to be ¼ inch or 6 mm from the scalp. <p>Students identified with head lice can remain in the classroom until the end of the school day, with limitations placed upon activities that cause head-to-head contact or sharing of any headgear. Staff with head lice are excluded at the end of the school or childcare day if close head-to-head contact can be avoided during routine activities.</p> <p>Re-screening Recommendations for Head Lice:</p> <ul style="list-style-type: none"> • Persons who were excluded for pediculosis should be rescreened at 7-10 days after initial treatments. • Rescreened persons who are found to have live crawling lice should be re-treated and excluded until screening identifies no live, crawling lice on the scalp. | Excluded persons may return with a parent note after one treatment with an over the counter or prescription lice elimination product and no active lice is observed crawling in the hair or after removal by combing or heat treatment methods ³ |
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³ Ideally, head lice screening is performed by healthcare providers, including school health nurses, or by school health aides who have been trained by school nurses. [Students with evidence of infestation (e.g., nits further than ¼ inch from the scalp) may be excluded per local school policies]

Although not recommended, education agencies opting for more stringent “No Nit Policies” for school re-admission should explain their policies to families.

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|-----------------------------|---|--|---------------------------------|---|---|
| Hepatitis A virus infection | Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water. | Most infectious in the 2 weeks before onset of signs or symptoms, the risk <u>is minimal</u> after the onset of jaundice | Report within 24 hours by phone | Exclude until 1 week after onset of illness or jaundice. Refer contacts to their health care providers for consideration of immunoglobulin or vaccine in consultation with the health department. | Medical note documenting diagnosis and more than one week since onset |

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|---|---|---|---------------------------------------|---|--|
| Impetigo (<i>Streptococcal Staphylococcal</i> bacteria) | By infection of skin opening, or by contact with skin sores of an infected person | Until treatment with antibiotics for 24 hours or lesions crusted | Not Reportable | Exclude until 24 hours after antibiotic treatment has been initiated or as long as lesion is draining AND cannot be covered with a watertight dressing. | Parent note or staff statement indicating antibiotic therapy has been initiated for 24 hours |
| Influenza/ Influenza-like Illness (ILI) (ILI is defined as an oral temperature of > 100° F with a cough and/or sore throat for which there is no other known cause) | Airborne and respiratory (droplet) routes, or by contact with infected individuals or objects | One day before symptom onset until at least 7 days after onset | Report outbreaks IMMEDIATELY by phone | Exclude until at least 24 hours after fever has resolved without the use of fever-reducing medicines. <ul style="list-style-type: none"> ILI without a known cause will require negative COVID-19 testing or completion of COVID-19 exclusion. | Parent note or staff statement that fever has resolved for at least 24 hours without the use of fever reducing medications |
| Measles (<i>Rubeola</i>) | Airborne and respiratory (droplet) routes | 1-2 days before signs and symptoms appear until 4 days after rash | Report IMMEDIATELY by phone | Exclude until 4 days after onset of rash and cleared by health care provider. | Medical note documenting at least 4 days since onset of illness |

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for |
|--|--|---|-----------------------------|--|---|
| Meningitis (Bacterial) <ul style="list-style-type: none"> • <i>Neisseria Meningitides</i> (meningococcal) • <i>Haemophilus influenza</i> (h. flu) • <i>Streptococcus pneumonia</i> (pneumococcal) | Contact with respiratory secretions or contact with contaminated objects | Until after 24 hours of antibiotics | Report IMMEDIATELY by phone | Exclude as soon as meningitis is suspected and until cleared by a healthcare provider. Refer to medical attention promptly for any combination of multiple symptoms of fever , headache, stiff neck, irritability, or photophobia. Special attention should be made to a rash that is non-blanching and has small red or purple spots on the skin caused by bleeding under the skin. Re-admit when cleared by a health care professional. | Medical note documenting that the affected person is non-contagious |
| Meningitis (Viral) | Environmental exposure to respiratory secretions of an infected individual or by poor toileting habits | Shedding of virus in feces can continue for several weeks or the respiratory tract for a week or less | Report IMMEDIATELY by phone | Exclude as soon as meningitis is suspected and until bacterial meningitis is ruled out. | Medical note documenting that the affected person is non-contagious |
| Mouth sores—herpes simplex, canker sores, and thrush (also see hand, foot, and mouth disease) | Exposure to an infectious agent. | Varies by the infectious agent | Report outbreaks only | <p>Exclude young children for sores, including mouth ulcers and blisters, inside the mouth associated with uncontrolled drooling, unless the child’s health care provider states that the child is noninfectious.</p> <p>Exclusion of children with cold sores (recurrent herpes simplex virus (HSV) infection) is not indicated.</p> <p>Caregivers in the childcare setting with (HSV) cold sores should not be excluded, but should not touch their lesions, and carefully observe hand hygiene practices.</p> | Parent note |

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|---|--|--|---------------------------------|---|--|
| Mumps (Rubulavirus) | Respiratory (droplet) route or contact with infected individuals or contaminated objects | 1-2 days before to 5 days after the swelling of glands | Report within 24 hours by phone | Exclude until 5 days after onset of parotid gland swelling. | Medical note documenting at least 5 days since onset of parotid gland swelling |
| Pinkeye (Conjunctivitis) Purulent or Non-purulent | Contact with discharge from eyes, nose, or mouth of an infected individual or contaminated hands or shared objects | Bacterial: while symptoms are present or until treatment is started Viral: while signs and symptoms are present and for days to weeks after the onset of signs and symptoms | Report outbreaks only | Exclude symptomatic students and staff who have fever , severe eye pain, purulent drainage or are too sick to participate in routine activities | Parent note or staff statement that condition has resolved |

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|---|--|---|---------------------------------------|---|--|
| Rash with fever and behavioral change associated with severe diseases such as Meningitis, Chicken Pox, Measles, and other communicable diseases | Varies depending upon the infectious agent | Varies depending upon the infectious agent | Report outbreaks only | <ul style="list-style-type: none"> Exclude students/children until a health care provider has determined that the illness is not a communicable disease. Exclude faculty and staff for rash with fever and/or joint pain, until a communicable disease such as measles or rubella has been ruled out. | Medical note documenting evaluation, non-communicability |
| RSV (Respiratory Syncytial Virus) | Respiratory (droplet) route or contact with infected individuals or contaminated objects | Shed for 3-8 days for children and adults May shed for 3-4 weeks in young infants and in immuno-suppressed individuals | Report outbreaks IMMEDIATELY by phone | Exclude younger children with RSV if the child has a fever or if the child is too sick to participate in activities with other children and staff. | Parent note |

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|---|--|---|-----------------------|--|---|
| <p>Ringworm (Tinea)</p> <p>Ringworm of the Scalp (<i>Tinea capitis</i>)</p> <p>Ringworm of the Body (<i>Tinea corporis</i>)</p> | <p>Contact with infected individuals, animals or contact with contaminated objects</p> | <p>Infectious as long as fungus is in the skin lesion</p> <p>Once treatment begins the individual is no longer infectious</p> | <p>Not Reportable</p> | <p>Exclude all students, employees, and staff at the end of the day.</p> <ul style="list-style-type: none"> • Ringworm of the scalp (<i>Tinea capitis</i>) requires oral antifungal treatment. • Ringworm of the body (<i>Tinea corporis</i>) requires topical treatment. <p>Students, employees, and staff must have appropriate treatment initiated to return.</p> | <p>Parent or staff note that treatment has been initiated</p> |
|---|--|---|-----------------------|--|---|

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|--------------------------|---|---|---------------------------------|--|---|
| Rubella (German Measles) | Respiratory (droplet) route or contact with infected individual or contaminated objects | May be spread 7 days before to 14 days after the rash appears | Report within 24 hours by phone | Exclude until 7 days after onset of rash. Congenital Rubella: Exclude until 1 year of age unless nasopharyngeal and urine cultures after 3 months of age are repeatedly negative for rubella virus. | Medical note documenting at least 7 days since onset of rash |
| Scabies | Close person to person contact, or contact with infected objects | Until treatment is completed | Report outbreaks only | Exclude until after appropriate scabicial treatment has been completed (usually overnight) | Medical note documenting evaluation and completion of therapy |

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|---|--|--|-------------------------|---|---|
| Shingles (Varicella Herpes Zoster) | Contact with fluid from vesicles of immune-competent persons; Airborne and contact when localized in immunocompromised persons or if disseminated in all persons | Until blisters are scabbed over | | Exclude if lesions cannot be covered, until lesions are crusted, and no new lesions appear within a 24-hour period. | Parent note or staff statement indicating any uncovered lesions have dried/crusted |
| Skin lesions (including Staphylococcal and Streptococcal skin and soft tissue infections, MRSA, Herpes Gladiatorum, etc.) | Contact with infected person or contaminated objects | Varies by infectious agent and treatment | Report outbreaks only | Exclude only if skin lesions are draining and cannot be covered, or if the covering cannot be maintained because drainage is soaking through the coverage. Carrier Status: Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion. | Not required |
| Strep Throat (Streptococcal pharyngitis) | Respiratory (droplet) route or contact with contaminated objects. | Infectious until treated with appropriate antibiotic | Report outbreaks only | Exclude until afebrile and at least 24 hours after treatment has been initiated. | Medical note documenting initiation of treatment, with parent note of afebrile status |

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|---|-----------------------|--|--|---|--|
| <p>TB (Tuberculosis) (Suspect or confirmed TB- cough with bloody phlegm greater than 3 weeks, unexplained weight loss, fever, or night sweats greater than 3 weeks)</p> | <p>Airborne route</p> | <p>Varies with progression and severity of illness</p> | <p>Report within 24 hours by phone</p> | <p>Exclude for active (infectious) TB, until the local health department authority or treating infectious disease physician states that the student or staff member is noninfectious.</p> | <p>The health department or infectious disease physician must clear the student or staff member for return to school</p> |
|---|-----------------------|--|--|---|--|

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

| Disease/ Agent | Mode of Transmission | Contagious Period | Report to Public Health | Exclusion | Documentation for Return |
|----------------------------|------------------------------|--|---|--|--|
| Vomiting | Varies with cause. | Varies with cause | Report outbreaks only | <p>Exclude young children for vomiting</p> <ul style="list-style-type: none"> • 2 or more times during the previous 24 hours, or • for vomiting and fever Special circumstances for vomiting: • Exclude and refer for medical attention anyone with vomit that appears green and bloody, vomiting after recent head injury, vomiting and no urine output for 8 hours, or who appears very ill during vomiting episodes for prompt medical evaluation. <p>No exclusion is required for a brief, non-repeating episode of vomiting with no other signs of severe illness.</p> <p>See also “COVID-19 exclusion” section for additional considerations.</p> | Readmit children when parent note stating vomiting has resolved, and child is able to remain hydrated and participate in activities |
| Whooping Cough (Pertussis) | Respiratory (droplet) route. | <p>From the beginning of symptoms until 3 weeks after the cough begins.</p> <p>Infants with no vaccinations can be infectious for over 6 weeks</p> | <p>Report within 24 hours by phone</p> <p>Report outbreaks IMMEDIATELY by phone</p> | <ul style="list-style-type: none"> • Exclude until completion of 5 days of macrolide antimicrobial therapy, such as azithromycin or erythromycin. • No exclusion is required if the person is initially diagnosed with pertussis past the infectious period (21 days or more after cough onset, or 6 weeks after cough onset for infants.) | Medical note documenting macrolide antibiotic prescribed with parent note or employee/staff statement of completion of 5 days of antibiotics |

Children, students, and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

Exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions⁴

| <i>Exclusion Criteria for Contacts (Exposures)</i> | Documentation for Return |
|---|--|
| <p><i>Neisseria meningitides (Meningococcal):</i></p> <p>Exclude close contacts to <i>Neisseria meningococcal</i> (meningococcal disease) cases until antimicrobial treatment has been initiated.</p> | <p>Medical note documenting initiation of antimicrobial therapy</p> |
| <p>Whooping cough (Pertussis):</p> <p>Contacts do not need to be excluded. <u>If close contacts to pertussis cases are identified who are coughing or have other symptoms of pertussis, they are considered to be suspect cases.</u></p> <p>Contacts with cough illness are excluded as suspect cases:</p> <ul style="list-style-type: none"> a) until after 5 days of appropriate antimicrobial therapy, or b) if no antibiotics are given, until 21 days after last contact with an infected person, or c) until a health care provider clears the child or employee to return to school. | <p>Medical note indicating the symptomatic contact is cleared to return to school or childcare or that student/employee has met one of the criteria at left.</p> <p>Parent report if returning to school 21 or more days after last contact.</p> |

⁴ Exclusion may be indicated for contacts to other conditions when recommended by DHEC or the student's or employee/staff member's healthcare provider.

Exclusion criteria for children, students, and staff who are contacts of (exposed to) individuals with excludable conditions

| <i>Exclusion Criteria for Contacts (Exposures)</i> | Documentation for Return |
|--|--|
| <p>Unimmunized students without documentation of immunity or natural disease must be excluded if exposed to the following conditions as indicated below⁵:</p> | |
| <ul style="list-style-type: none"> • Measles: Exclude exposed students and household school aged contacts that have not been immunized against measles for 21 days after onset of rash in last case of measles in the affected school or community. Staff born in 1957 or later who cannot provide documentation of 1 dose of measles vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 21 days after onset of rash in last case of measles in the affected school or community. Pregnant students and staff should not receive MMR immunization. DHEC is available to provide consultation on vaccinating children 6-11 months of age who are exposed to measles. | <p>Individuals without previous measles immunization may be readmitted to school immediately after receiving measles-containing vaccine (if received within 72 hours of exposure to case) or measles immunoglobulin (if received within 6 days of exposure). Contact DHEC regarding previously unimmunized persons who receive vaccine or immunoglobulin after the above time frames.</p> |
| <ul style="list-style-type: none"> • Mumps: <u>During mumps outbreaks</u>, exclude exposed students who have not been immunized against mumps until they receive at least one dose of mumps-containing vaccine. If they have an immunization exemption, continue to exclude them until the health department determines that it is safe for them to return. This will typically be for 25 days after the onset of parotitis in the last person with mumps in the affected school. <u>During mumps outbreaks</u>, staff born in 1957 or later who cannot provide documentation of 2 doses of mumps vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 25 days after the onset of parotitis in the last person with mumps in the affected school or facility. Pregnant students and staff should not receive MMR immunization. | <p>Unimmunized persons receiving their first dose of mumps-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p> |

⁵ DHEC should be consulted immediately about pregnant, non-immunized, or immunocompromised students or staff who are exposed to measles, mumps, rubella, or varicella.

Exclusion criteria for children, students, and staff who are contacts of (exposed to) individuals with excludable conditions

| <i>Exclusion Criteria for Contacts (Exposures)</i> | Documentation for Return |
|--|--|
| <ul style="list-style-type: none"> Rubella: Exclude exposed students who have not been immunized against rubella until they receive at least one dose of rubella-containing vaccine. Exclude exposed students older than age 6 who have received only one dose of vaccine, until they have received one additional dose of rubella or MMR vaccine. Staff born in 1957 or later who cannot provide documentation of 2 doses of rubella vaccine on or after their first birthday, or laboratory evidence of immunity, should be excluded for 21 days after the onset of rash in the last person with rubella in the affected school or community. If immunization exemption applies, continue to exclude exposed students until the health department determines that it is safe for them to return, typically for 21 days after the onset of rash in the last person with rubella in the affected school or community. Pregnant students and staff should not receive MMR or rubella immunization. | <p>Unimmunized persons receiving their first dose of rubella-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p> |
| <ul style="list-style-type: none"> Varicella (chicken pox): Asymptomatic daycare attending or school aged household contacts that are unimmunized should also be excluded. The exclusion period would be from the 8th day since first exposure to the rash through day 21 after exposure to the rash. <u>In outbreaks</u>⁶, exclude unimmunized students with no history of varicella vaccination from the start of the outbreak (or day that it is first recognized) until day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school.⁷ Students and staff may return immediately following receipt of varicella vaccine. Pregnant students and staff should not receive Varicella immunization. | <p>Unimmunized students receiving their first dose of varicella vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p> |

⁶ An outbreak of Varicella is defined as 3 or more cases within 6 weeks in a common setting, such as school, childcare, community, or institutional setting.

⁷ Mild break-through cases of Varicella (occurring in immunized persons) are generally considered less infectious than cases in unimmunized persons. Consult with DHEC as needed for exclusion guidance in ongoing outbreaks of Varicella or if/when exclusion may be extended past one incubation period (i.e., over 21 days).

| Exclusion Criteria for Contacts (Exposures) | Documentation for return |
|---|--|
| <p>Coronavirus Infectious Disease 2019 (COVID-19)</p> <p>Students/attendees or staff members who have been identified as close contacts⁸ of a person infectious with COVID-19 and recommended for quarantine must be excluded from school/childcare until completing the recommended quarantine period⁹.</p> <p>There are three options for the quarantine period that may be utilized as long as <u>all</u> conditions listed below are met.</p> <ol style="list-style-type: none"> 1. Quarantine can end after Day 10 without testing and if no symptoms were reported during daily symptom monitoring. For schools, this option is only recommended for temporary use in times of substantial or high COVID transmission in the school.¹⁰ 2. Quarantine can end after Day 5 if no symptoms were reported during daily symptom monitoring. <ol style="list-style-type: none"> a. A viral test collected no sooner than day 5 is recommended and should be performed if available. b. A mask must be worn through day 10. 3. Test to Stay (TTS) Programs <p>Test to Stay Program for K-12 Schools: DHEC strongly encourages this school program as an option for remaining in school for those asymptomatic staff and students needing to quarantine.</p> <ol style="list-style-type: none"> a. One rapid viral test (or PCR with 24 hours or less turn-around time) must be performed within 5 to 7 days after exposure. If available, a second viral test should also be performed at least 24 hours apart. b. A mask must be worn through day 10. | <p>Regional health departments and schools/childcares should communicate about students and staff recommended for quarantine whether the exposure happened inside or outside the facility.</p> <p>Regional health departments can assist in determining the appropriate return date based on the timing of the exposure and living situation for the contact.</p> <p>A parent's note that no symptoms occurred during the quarantine period and a negative viral test (PCR or antigen), if applicable.</p> |

⁸ **Close contact:** Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) from 48 hours prior to symptom onset (or specimen collection for an asymptomatic infected person) of the infected person.

- The close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if the exposed student(s) wore masks during the exposure time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
- Close physical contact can include contact with the mucous membranes of a COVID infected person through such things as, kissing, sharing eating/drinking utensils, etc., regardless of the time frame.

⁹ [COVID-19 School/Childcare Definitions](#) can be found on the DHEC website Schools & Childcare Centers (COVID-19) resource page in the COVID-19 Guidance for K-12 Schools and Childcare Booklets.

| Exclusion Criteria for Contacts (Exposures) | Documentation for return |
|---|--------------------------|
| <p>Test to Stay Program for Childcare Settings: option to remain in childcare settings for those staff and students needing to quarantine who are asymptomatic.</p> <p>For students:</p> <ol style="list-style-type: none"> Two rapid viral tests (or PCR with 24 hours or less turn-around time) must be performed—one on day 3 after exposure (or upon notification if not notified until after day 3) and one within days 5-7 after exposure. A mask is strongly encouraged through day 10 for those children 2 years of age and older. <p>For staff:</p> <ol style="list-style-type: none"> One rapid viral test (or PCR with 24 hours or less turn-around time) must be performed within 5 to 7 days after exposure. If available, a second viral test should also be performed at least 24 hours apart. A mask must be worn through day 10. <p>If a close contact is maximally vaccinated¹¹ for those 18 years and older, or fully vaccinated¹² for those 5-17 years, or are verified (positive PCR, antigen test, or NAAT, not antibody test) to have been infected with COVID-19 in the previous 90 days, they do not have to quarantine for any length of time. They must wear a mask for 10 days or quarantine at home. DHEC recommends vaccinated individuals get tested on day 5 even if they do not have symptoms.</p> | |

¹⁰ It is at the discretion of the district or school to temporarily lengthen quarantine to a standard 10-day option in the event of increased COVID transmission in the community and school. Temporarily lengthening all school quarantine to 10-days may be considered if schools are unable to sufficiently manage the shortened 5-day option, but all efforts should be made to provide the shortened 5-day option to reduce student and staff absences.

¹¹ Maximally vaccinated (also known as “up-to-date”): a person who has completed their primary vaccine series of two doses of an mRNA (Pfizer-BioNTech or Moderna) or a single dose of Janssen vaccine, including an additional dose for an individual who is immunocompromised, and has had a booster shot if eligible.

¹² Fully vaccinated: a person who has completed their primary vaccine series of two doses of an mRNA (Pfizer-BioNTech or Moderna) or a single dose of Janssen vaccine, including an additional dose for an individual who is immunocompromised, more than 14 days ago.

| Exclusion Criteria for Contacts (Exposures) | Documentation for return |
|---|--------------------------|
| <ul style="list-style-type: none"> • Coronavirus Infectious Disease 2019 (COVID-19) Those returning before completion of the 10-day period should have daily monitoring for symptoms until 10 days have passed since their last exposure to the COVID-19 case. <p>COVID-19 symptoms include any of the following:</p> <ul style="list-style-type: none"> • Shortness of breath or difficulty breathing • New or worsening cough • New loss of taste or smell • Fever of at least 100.4 <p>Or any two or more of the following symptoms:</p> <ul style="list-style-type: none"> • New onset of severe headache • Fatigue • Persistent or worsening sore throat • Congestion or rhinorrhea • Myalgia • Nausea/Vomiting • Diarrhea <p><i>These expanded exclusion criteria are only applicable during what would normally be their 10-day quarantine period. After completion of that, student and staff should be evaluated based on the regular exclusion criteria.</i></p> | |

Children in childcare and students in school with the following conditions are not typically excluded, so long as they are healthy enough to participate in routine activities:

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|---|---|
| <ul style="list-style-type: none"> • Canker Sores • Chronic Hepatitis B or C infection • Colds: Exclusion is not warranted even if illness is associated with green or yellow nasal discharge, as long as the student does not have a fever or any of the other excludable symptoms described in this document. May require negative COVID-19 testing or completion of exclusion period depending on symptoms. • Cold sores • Cough not associated with an infectious disease or a fever. May require negative COVID-19 testing or completion of exclusion period. • Croup • Cytomegalovirus (PE and sports exclusions may apply) • Diseases spread by mosquitos: Malaria, West Nile Virus • Diseases spread by ticks: Babesiosis, Ehrlichiosis, Lyme Disease, Rocky Mountain Spotted Fever, Tularemia | <ul style="list-style-type: none"> • Ear infection • Fifth Disease (Parvovirus B19 infection), once the rash has appeared and the child no longer has a fever • HIV infection • Mononucleosis (PE and sports exclusions may apply) • MRSA carrier or colonized individual, without uncovered draining lesions • Pinworms • Rash, without fever or behavior change • Roseola, once the fever is gone • Thrush • Urinary Tract Infection • Warts, including Molluscum contagiosum • Yeast Diaper Rash |
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References:

American Academy of Pediatrics. *Model Childcare Health Policies* Rosemont, PA: Healthy Childcare Pennsylvania.

American Academy of Pediatrics. 2018. *Red Book: 2018 Report of the Committee on Infectious Diseases* (31st ed.). (D. W. Kimberlin, M. T. Brady, M. A. Jackson, & S. S. Long, Eds.) Itasca, IL: American Academy of Pediatrics.

American Academy of Pediatrics. (2013). *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide* (3rd ed.). (S. S. Aronson, & T. R. Shope, Eds.) Elk Grove Village, IL: American Academy of Pediatrics.

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Childhood Education. (2011). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (3rd. ed.). Retrieved from http://nrckids.org/CFOC3/CFOC3_color.pdf

Centers for Disease Control and Prevention. (2010, August 9). *MRSA infections: Information and advice about MRSA for school officials*. from cdc.gov: <http://www.cdc.gov/mrsa/community/schools/index.html>

Lopez, A. S., & Marin, M. (2008). *Strategies for the control and investigation of varicella outbreaks 2008*. Retrieved May 28, 2013, from Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases: <http://www.cdc.gov/chickenpox/outbreaks/downloads/manual.pdf>

SC Department of Social Services, Division of Child Day Care Licensing and Regulatory Services. (2005, March 2). *SC Code of Regulations 114-505: Health, Sanitation, and Safety*. Retrieved from <http://www.scchildcare.org/media/540/06.pdf>

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

Allendale, Bamberg, Beaufort,
Calhoun, Colleton, Hampton,
Jasper, Orangeburg
Office: (843) 549-1516 ext. 222
Fax: (843) 308-0324

Midlands

Chester, Kershaw, Lancaster,
Newberry, Saluda, York
Office: (803) 909-7357
Fax: (803) 909-7358

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

Pee Dee

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

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

Upstate

Cherokee, Oconee, Pickens,
Spartanburg, Union
Office: (864) 596-2227 ext. 108
Fax: (864) 596-3340

Abbeville, Anderson, Greenwood,
Greenville, Laurens, McCormick
Office: (864) 372-3198
Fax: (864) 282-4294

Nights/Weekends/Holidays: (803) 898-0558 Fax: (803) 898-0685

How to Report Other Conditions

Report **Immediate** conditions by phone and **Urgent** conditions within 24 hours by electronic notification (email: SCIONHelp@dhec.sc.gov for details) or by phone if electronic notification not possible. Report all other conditions electronically (email SCIONhelp@dhec.sc.gov for details) or by mail within 3 days to the appropriate public health office in the region in which the patient resides.

Immediate and Urgent Reporting (TELEPHONE)

Lowcountry

Allendale, Bamberg, Beaufort,
Berkeley, Calhoun, Charleston,
Colleton, Dorchester, Hampton,
Jasper, Orangeburg

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405

Office: (843) 441-1091
Fax: (843) 953-0051
Nights/Weekends: (843) 441-1091

Midlands

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

2000 Hampton Street
Columbia, SC 29204

Office: (888) 801-1046
Fax: (803) 576-2993
Nights/Weekends: (888) 801-1046

Pee Dee

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

1931 Industrial Park Road
Conway, SC 29526

Office: (843) 915-8886
Fax: (843) 915-6506
Nights/Weekends: (843) 409-0695

Upstate

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

200 University Ridge
Greenville, SC 29602

Office: (864) 372-3133
Fax: (864) 282-4373
Nights/Weekends: (864) 423-6648