

South Carolina Legislature

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South Carolina Code of Laws Unannotated

Title 44 - Health

CHAPTER 29

Contagious and Infectious Diseases

SECTION 44-29-10. Reporting deaths from contagious or infectious diseases and chemical or other terrorism; increased prescription rates of drugs for diseases caused by chemical terrorism or infectious agents.

(A) In all cases of known or suspected contagious or infectious diseases occurring within this State the attending physician must report these diseases to the county health department within twenty-four hours, stating the name and address of the patient and the nature of the disease. The county health department must report to the Department of Health and Environmental Control all such cases of infectious and contagious diseases as have been reported during the preceding month, these reports to be made upon blanks furnished by the Department of Health and Environmental Control. The Department of Health and Environmental Control must designate the diseases it considers contagious and infectious. The Department of Health and Environmental Control may also designate other diseases for mandatory reporting by physicians. Any physician who fails to comply with the provisions of this section is guilty of a misdemeanor and, upon conviction, must be fined not more than one hundred dollars or be imprisoned for a period not exceeding thirty days.

(B) A health care provider, coroner, medical examiner, or any person or entity that maintains a database containing health care data must report all cases of persons who harbor any illness or health condition that may be caused by chemical terrorism, bioterrorism, radiological terrorism, epidemic or pandemic disease, or novel and highly fatal infectious agents and might pose a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability. The Department of Health and Environmental Control must designate reportable illnesses and health conditions as set forth in subsection (A).

(C) A pharmacist must report any unusual or increased prescription rates, unusual types of prescriptions, or unusual trends in pharmacy visits that may be caused by chemical terrorism, bioterrorism, radiological terrorism, epidemic or pandemic disease, or novel and highly fatal infectious agents and might pose a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability. Prescription-related events that require a report include, but are not limited to:

- (1) an unusual increase in the number of prescriptions to treat fever, respiratory, or gastrointestinal complaints;
- (2) an unusual increase in the number of prescriptions for antibiotics;
- (3) an unusual increase in the number of requests for information on over-the-counter pharmaceuticals to treat fever, respiratory, or gastrointestinal complaints; and
- (4) any prescription that treats a disease that is relatively uncommon and has bioterrorism potential.

(D) The reports of conditions must be made in the form and manner as prescribed by DHEC in regulations concerning infectious diseases. The reports must be made to the Bureau of Disease Control in the manner required in the regulations. When available, clinical information supporting the diagnoses, including results of specific diagnostic tests, must be included.

(E) For purposes of this section, the terms chemical terrorism, bioterrorism, and radiological terrorism have the same meanings as provided in Section 44-4-130.

HISTORY: 1962 Code Section 32-552; 1952 Code Section 32-552; 1942 Code Section 5031; 1932 Code Sections 1502, 5008; Civ. C. '22 Section 2319; Cr. C. '22 Section 450; Civ. C. '12 Section 1578; Cr. C. '12 Section 440; 1900 (23) 444; 1910 (26) 728; 1972 (57) 2496; 2002 Act No. 339, Section 25, eff July 2, 2002.

SECTION 44-29-15. Reporting requirements for laboratories testing for certain infectious or other diseases; civil penalty.

(A) A laboratory, within or outside the State, responsible for performing a test for any of the infectious or other diseases required by the Department of Health and Environmental Control to be reported pursuant to Section 44-29-10, shall report positive or reactive tests to the department. This includes, but is not limited to, all laboratories, within or outside the State, which collect specimens in South Carolina or which receive the initial order for testing from a practitioner, blood bank, plasmapheresis center, or other health care provider located in South Carolina. The department also may require that all results of certain, specifically identified laboratory tests be reported. All reports must be submitted within the time frame and in the form and manner designated by the department.

(B) Laboratories, within or outside the State, which perform tests as described in subsection (A) and which determine positive or reactive test results, shall, if required by the department, provide clinical specimens and isolates to the department or another laboratory designated by the department for further testing to determine incidence and other epidemiological information. These clinical specimens and isolates must be submitted within the time frame and in the form and manner designated by the department. The testing must be performed for epidemiological surveillance only; source consent is not required, and results are not required to be returned to the source patient or physician. The clinical specimens and isolates must be destroyed after tests are successfully completed, unless otherwise directed by the department.

(C) Persons and entities, which are required to report test results to the department pursuant to this section and which send clinical specimens and isolates out of state for testing, are responsible for ensuring that results are reported and clinical specimens and isolates are submitted to the department, or a laboratory designated by the department, as required under this section and related regulations.

(D) If a laboratory forwards clinical specimens and isolates out of state for testing, the originating laboratory retains the duty to comply with this section and related regulations, either by:

- (1) reporting the results, providing the name and address of the testing laboratory, and submitting the clinical specimens and isolates to the department; or
- (2) ensuring that the results are reported and that the clinical specimens and isolates are submitted to the department or another laboratory designated by the department.

(E) A person, laboratory, or other entity violating a provision of this section or related regulations is subject to a civil monetary penalty of not more than one thousand dollars for the first offense and not more than five thousand dollars for each subsequent offense. Each instance of noncompliance constitutes a separate violation and offense.

HISTORY: 2010 Act No. 166, Section 1, eff May 12, 2010.

SECTION 44-29-20. Transportation and handling of human remains infected by dangerous, contagious, or infectious disease.

Prior to transportation of human remains known to be infected by any dangerous, contagious, or infectious disease into, through, or out of this State or any city, town, or county within this State, the hospital, health or medical clinic, physician, medical facility, person, or other entity in possession of the human remains shall inform any funeral director, ambulance driver, or any other person or entity who is to transport the remains that the remains are infected by a dangerous, contagious, or infectious disease.

In the event that human remains as described above are not to be moved immediately but are to be operated on for purposes of autopsy or otherwise handled, any doctor, technician, or other person charged with the responsibility of handling the remains known to be infected by any dangerous, contagious, or infectious disease must be informed that the remains are so infected.

For the purpose of enforcing this section, the Department of Health and Environmental Control (department) shall make and distribute, at intervals considered necessary by the department, to all hospitals, health or medical clinics, other medical facilities, persons, or other entities who may normally be in possession of human remains a list declaring what diseases are regarded as dangerous, contagious, or infectious and shall classify these diseases and shall designate the diseases as are of so dangerous a character that transportation of human remains infected by them is forbidden except under conditions as prescribed by the department which it considers proper for the transportation of those remains.

HISTORY: 1962 Code Section 32-556; 1952 Code Section 32-556; 1942 Code Section 5046; 1932 Code Section 5024; Civ. C. '22 Section 2334; Civ. C. '12 Section 1588; Civ. C. '02 Section 1094; 1900 (23) 408; 1972 (57) 2496; 1985 Act No. 81, Section 1.

SECTION 44-29-30. Burying or burning of dead animals and poultry.

Whenever any animal or poultry shall die from any natural or other cause, except from being slaughtered or killed for the use of man, or the dead body thereof be found upon the premises of any person, be he the owner or tenant thereof, the owner of such dead animal or poultry, or the owner or tenant of the lands or premises upon which such dead bodies may be found, shall immediately burn or bury or cause to be burned or buried such dead animal or poultry. When buried, an animal shall be put not less than three feet and poultry not less than one foot under the ground. Any owner of any such dead animal or poultry, knowing that such dead animal or poultry is lying dead upon his premises, or any tenant on premises having such knowledge or having notice thereof, who refuses or fails to bury or burn such dead animal or poultry as aforesaid shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined in a sum of not less than five dollars or more than one hundred dollars, or be imprisoned for a period of not more than thirty days.

HISTORY: 1962 Code Section 32-557; 1952 Code Section 32-557; 1942 Code Section 5046-1; 1932 Code Section 1492; Cr. C. '22 Sections 434, 437; Cr. C. '12 Section 444; Cr. C. '02 Section 332; 1900 (23) 447; 1912 (27) 704; 1967 (55) 231.

SECTION 44-29-40. Department of Health and Environmental Control shall have general supervision of vaccination, screening, and immunization; statewide immunization registry.

(A) The Department of Health and Environmental Control shall have general direction and supervision of vaccination, screening, and immunization in this State. The Department of Health and Environmental Control has the authority to promulgate regulations concerning vaccination, screening, and immunization requirements.

(B) The department shall establish a statewide immunization registry and shall promulgate regulations for the implementation and operation of the registry. All health care providers shall report to the department the administration of any immunization in a manner and including such data as specified by the department. The department may make immunization information available to persons and organizations in accordance with state and federal disclosure and reporting laws. The department may seek enforcement of this section and issue civil penalties in accordance with Section 44-1-150.

HISTORY: 1962 Code Section 32-574; 1952 Code Section 32-574; 1942 Code Section 5038; 1932 Code Sections 5010, 7361; Civ. C. '22 Sections 2321, 4493; Civ. C. '12 Sections 1580, 3059; 1905 (24) 869, 871; 1972 (57) 2497; 2010 Act No. 210, Section 2, eff upon approval (became law without the Governor's signature on June 1, 2010).

SECTION 44-29-50. Violation of regulation relating to vaccination, screening, or immunization.

Any person who shall fail, neglect or refuse to comply with any regulation of the Department of Health and Environmental Control relating to vaccination, screening or immunization shall be deemed guilty of a misdemeanor and upon conviction shall be fined not more than one hundred dollars or be imprisoned for not more than thirty days.

HISTORY: 1962 Code Section 32-578; 1952 Code Section 32-578; 1942 Code Section 5042; 1932 Code Section 1503; Cr. C. '22 Section 451; Cr. C. '12 Section 441; 1905 (24) 871; 1972 (57) 2523.

SECTION 44-29-60. Sexually transmitted diseases declared dangerous to public health; infection of another with sexually transmitted disease.

Sexually transmitted diseases which are included in the annual Department of Health and Environmental Control List of Reportable Diseases are declared to be contagious, infectious, communicable, and dangerous to the public health. Sexually transmitted diseases include all venereal diseases. It is unlawful for anyone infected with these diseases to knowingly expose another to infection.

HISTORY: 1962 Code Section 32-591; 1952 Code Section 32-591; 1942 Code Section 5044; 1932 Code Section 1493; Cr. C. '22 Section 438; 1919 (31) 30; 1988 Act No. 490, Section 3.

SECTION 44-29-70. Reports of cases of sexually transmitted diseases.

Any physician or other person who makes a diagnosis of or treats a case of a sexually transmitted disease and any superintendent or manager of a hospital, dispensary, health care related facility, or charitable or penal institution in which there is a case of a sexually transmitted disease shall report it to the health authorities according to the form and manner as the Department of Health and Environmental Control directs.

HISTORY: 1962 Code Section 32-593; 1952 Code Section 32-593; 1942 Code Section 5044-1; 1932 Code Section 1494; Cr. C. '22 Section 439; 1919 (31) 30; 1962 (52) 2180; 1988 Act No. 490, Section 4.

SECTION 44-29-80. Laboratories shall report positive tests and cooperate in preventing spread of sexually transmitted disease.

Any laboratory performing a positive laboratory test for a sexually transmitted disease shall make a report of the case or positive laboratory test for a sexually transmitted disease to the Department of Health and Environmental Control in the form and manner as the department directs and shall cooperate with the Department of Health and Environmental Control and local boards of health in preventing the spread of sexually transmitted diseases.

HISTORY: 1962 Code Section 32-593.1; 1962 (52) 1923; 1988 Act No. 490, Section 5.

SECTION 44-29-90. Examination, treatment, and isolation of persons infected with venereal disease.

State, district, county, and municipal health officers, in their respective jurisdictions, when in their judgment it is necessary to protect the public health, shall make examination of persons infected or suspected of being infected with a sexually transmitted disease, require persons infected with a sexually transmitted disease to report for treatment appropriate for their particular disease provided at public expense, and request the identification of persons with whom they have had sexual contact or intravenous drug use contact, or both. The health officer may isolate persons infected or reasonably suspected of being infected with a sexually transmitted disease. To the extent resources are available to the Department of Health and Environmental Control for this purpose, when a person is identified as being infected with Human Immunodeficiency Virus (HIV), the virus which causes Acquired Immunodeficiency Syndrome (AIDS), his known sexual contacts or intravenous drug use contacts, or both, must be notified but the identity of the person infected must not be revealed. Efforts to notify these contacts may be limited to the extent of information provided by the person infected with HIV. Public monies appropriated for treatment of persons infected with a sexually transmitted disease must be expended in accordance with priorities established by the department, taking into account the cost effectiveness, curative capacity of the treatment, and the public health benefit to the population of the State.

HISTORY: 1962 Code Section 32-594; 1952 Code Section 32-594; 1942 Code Section 5044-2; 1932 Code Section 1495; Cr. C. '22 Section 440; 1919 (31) 30; 1988 Act No. 490, Section 6.

SECTION 44-29-100. Examination and treatment of prisoners for sexually transmitted disease; isolation and treatment after serving sentence.

Any person who is confined or imprisoned in any state, county, or city prison of this State may be examined and treated for a sexually transmitted disease by the health authorities or their deputies. The state, county, and municipal boards of health may take over a portion of any state, county, or city prison for use as a board of health hospital. Persons who are confined or imprisoned and who are suffering with a sexually transmitted disease at the time of expiration of their terms of imprisonment must be isolated and treated at public expense as provided in Section 44-29-90 until, in the judgment of the local health officer, the prisoner may be medically discharged. In lieu of isolation, the person, in the discretion of the board of health, may be required to report for treatment to a licensed physician or submit for treatment provided at public expense by the Department of Health and Environmental Control as provided in Section 44-29-90.

HISTORY: 1962 Code Section 32-595; 1952 Code Section 32-595; 1942 Code Section 5044-3; 1932 Code Section 1496; Cr. C. '22 Section 441; 1919 (31) 30; 1988 Act No. 490, Section 7.

SECTION 44-29-110. No discharge from confinement until cured of sexually transmitted disease; subsequent treatment.

No person suffering from any of the sexually transmitted diseases described in Section 44-29-60 may be discharged from confinement unless he is pronounced cured of the disease by a state, county, or municipal health officer or, if no cure is available, upon the recommendation of the Department of Health and Environmental Control. If any person is released before a complete cure of the sexually transmitted disease of which he is suffering, the department shall direct the individual as to whom to report for further treatment, and failure to report at the stated intervals as directed, in each instance, constitutes a violation of the provisions of Sections 44-29-60 to 44-29-140 and subjects him, upon conviction, to the penalty set forth in Section 44-29-140.

HISTORY: 1962 Code Section 32-595.1; 1952 Code Section 32-595.1; 1942 Code Section 5044-5; 1932 Code Section 1498; Cr. C. '22 Section 443; 1919 (31) 30; 1941 (42) 97; 1988 Act No. 490, Section 8.

SECTION 44-29-115. Procedure for isolation.

If the Department of Health and Environmental Control believes that a person must be isolated pursuant to Section 44-29-90, 44-29-100, or 44-29-110, it shall file a petition with the probate court of the county where the person is located or where the person resides. The complaint must state the specific harm thought probable and the factual basis for this belief. If the court, after due notice and hearing, is satisfied that the petition is well-founded, it may order that the person must be isolated.

Any person isolated pursuant to Section 44-29-90, 44-29-100, or 44-29-110 has the right to appeal to any court having jurisdiction for review of the evidence under which he was isolated.

A court may not order isolation for more than ninety days. If the department determines that the grounds for isolation no longer exist, it shall file a notice of intent to discharge with the court before the person isolated is released.

The person for whom isolation is sought must be represented by counsel at all proceedings and, if he cannot afford to hire an attorney, the court shall appoint an attorney to represent him. The attorney for the person isolated must have access to any documents regarding the isolation.

HISTORY: 1988 Act No. 490, Section 15.

SECTION 44-29-120. Serological blood tests for pregnant women.

Every physician attending a pregnant woman in the State for conditions relating to her pregnancy during the period of gestation or at delivery shall, in the case of every woman so attended, take or cause to be taken a sample of blood of such woman at the time of his first examination or within three days thereafter and shall submit such sample to an approved laboratory for a standard serological test for syphilis, rubella, Rh factor and a hemoglobin determination, if the latter test is not performed by the physician's staff. Such an approved laboratory must participate in an appropriate proficiency testing program approved by the Department of Health and Environmental Control. Every person, other than a physician, permitted by law to attend pregnant women in the State, but not permitted by law to take blood samples, shall cause a sample of blood of each such pregnant woman to be taken by a physician duly licensed to practice medicine and surgery, registered nurse, laboratory technician or other person authorized to take blood for blood tests and have such sample submitted to an approved laboratory for a standard serological test for syphilis, rubella, Rh factor and a hemoglobin determination, if the latter test is not performed by the physician's staff. Any person who violates any of the provisions of this section shall be guilty of a misdemeanor and, upon conviction, shall be punished by a fine of not more than one hundred dollars or imprisonment for not more than thirty days. The provisions of this section shall not apply to any person who submits a sworn affidavit stating that she objects to the tests herein required on grounds such tests conflict with her religious tenets or beliefs.

HISTORY: 1962 Code Section 32-596; 1952 Code Section 32-596; 1946 (44) 1542; 1972 (57) 2806.

SECTION 44-29-130. Adoption of regulations pertaining to sexually transmitted disease.

The Department of Health and Environmental Control shall promulgate regulations necessary to carry out the purposes of Sections 44-29-60 to 44-29-140, other than Section 44-29-120, including regulations providing for labor on the part of isolated persons considered necessary to provide in whole or in part for their subsistence and to safeguard their general health and regulations concerning sexually transmitted diseases as it considers advisable. All regulations so made are binding upon all county and municipal health officers and other persons affected by Sections 44-29-60 to 44-29-140.

HISTORY: 1962 Code Section 32-599; 1952 Code Section 32-599; 1942 Code Section 5044-4; 1932 Code Section 1497; Cr. C. '22 Section 442; 1919 (31) 30; 1988 Act No. 490, Section 9.

SECTION 44-29-135. Confidentiality of sexually transmitted disease records.

All information and records held by the Department of Health and Environmental Control and its agents relating to a known or suspected case of a sexually transmitted disease are strictly confidential except as provided in this section. The information must not be released or made public, upon subpoena or otherwise, except under the following circumstances:

- (a) release is made of medical or epidemiological information for statistical purposes in a manner that no individual person can be identified;
- (b) release is made of medical or epidemiological information with the consent of all persons identified in the information released;
- (c) release is made of medical or epidemiological information to the extent necessary to enforce the provisions of this chapter and related regulations concerning the control and treatment of a sexually transmitted disease;
- (d) release is made of medical or epidemiological information to medical personnel to the extent necessary to protect the health or life of any person;
- (e) in cases involving a minor, the name of the minor and medical information concerning the minor must be reported to appropriate agents if a report of abuse or neglect is required by Section 63-7-310; or
- (f) if a minor has Acquired Immunodeficiency Syndrome (AIDS) or is infected with Human Immunodeficiency Virus (HIV), the virus that causes AIDS, and is attending a public school in kindergarten through fifth grade, the department shall notify the superintendent of the school district and the nurse or other health professional assigned to the school the minor attends. This notification and information contained in the notification must not be recorded in the child's permanent record. However, if this information is in the child's permanent school record, the information must be purged from the child's record before the child enters the sixth grade.

HISTORY: 1978 Act No. 542 Section 2; 1988 Act No. 490, Section 10; 2011 Act No. 34, Section 1, eff June 7, 2011.

SECTION 44-29-136. Court orders for disclosure of records for law enforcement purposes; confidentiality safeguards.

(A) A portion of a person's sexually transmitted disease test results disclosed to a solicitor or state criminal law enforcement agency pursuant to Section 44-29-135(c) must be obtained by court order upon a finding by the court that the request is valid under Section 44-29-135(c) and that there is a compelling need for the test results. In determining a compelling need, the court must weigh the need for disclosure against both the privacy interest of the test subject and the potential harm to the public interest if disclosure deters future Human Immunodeficiency Virus-related testing and counselling or blood, organ, and semen donation. No information regarding persons other than the subject of the test results must be released. The court shall provide the department and the person who is the subject of the test results with notice and an opportunity to participate in the court hearing.

(B) No court may issue an order solely on the basis of anonymous tips or anonymous information. A person who provides information relied upon by a law enforcement agency or solicitor to obtain records under Section 44-29-135(c) shall sign a sworn affidavit setting forth the facts upon which he bases his allegations. This person shall appear and be subject to examination and cross-examination at the hearing to determine whether an order requiring disclosure should be granted.

(C) Pleadings pertaining to disclosure of test results must substitute a pseudonym for the true name of the subject of the test. The disclosure to the parties of the subject's true name must be communicated in documents sealed by the court. Court proceedings must be conducted in camera unless the subject of the test results requests a hearing in open court. All files regarding the court proceedings must be sealed unless waived by the subject of the test results.

(D) Upon issuance of an order to disclose the test results pursuant to Section 44-29-135(c), the court may impose appropriate safeguards against the unauthorized disclosure of the information including, but not limited to, specifying who may have access to the information, the purposes for which the information must be used, and prohibitions against further disclosure of the information.

HISTORY: 1990 Act No. 523, Section 1.

SECTION 44-29-140. Penalties pertaining to venereal disease.

Any person who violates any of the provisions of Sections 44-29-60 to 44-29-140, other than Section 44-29-120, or any regulation made by the Department of Health and Environmental Control pursuant to the authority granted by law, or fails or refuses to obey any lawful order issued by any state, county, or municipal health officer, pursuant to Sections 44-29-60 to 44-29-140, or any other law or the regulations prescribed by law, is guilty of a misdemeanor and, upon conviction, must be fined not more than two hundred dollars or be imprisoned for not more than thirty days.

HISTORY: 1962 Code Section 32-600; 1952 Code Section 32-600; 1942 Code Section 5044-5; 1932 Code Section 1498; Cr. C. '22 Section 443; 1919 (31) 30; 1941 (42) 97; 1988 Act No. 490, Section 11.

SECTION 44-29-145. Penalty for exposing others to Human Immunodeficiency Virus.

It is unlawful for a person who knows that he is infected with Human Immunodeficiency Virus (HIV) to:

- (1) knowingly engage in sexual intercourse, vaginal, anal, or oral, with another person without first informing that person of his HIV infection;
- (2) knowingly commit an act of prostitution with another person;
- (3) knowingly sell or donate blood, blood products, semen, tissue, organs, or other body fluids;
- (4) forcibly engage in sexual intercourse, vaginal, anal, or oral, without the consent of the other person, including one's legal spouse; or
- (5) knowingly share with another person a hypodermic needle, syringe, or both, for the introduction of drugs or any other substance into, or for the withdrawal of blood or body fluids from the other person's body without first informing that person that the needle, syringe, or both, has been used by someone infected with HIV.

A person who violates this section is guilty of a felony and, upon conviction, must be fined not more than five thousand dollars or imprisoned for not more than ten years.

HISTORY: 1988 Act No. 490, Section 1; 1990 Act No. 523, Section 2.

SECTION 44-29-146. Physicians and state agencies exempt from liability for disclosure of persons carrying Human Immunodeficiency Virus; "contact" defined.

A physician or state agency identifying and notifying a spouse or known contact of a person having Human Immunodeficiency Virus (HIV) infection or Acquired Immunodeficiency Syndrome (AIDS) is not liable for damages resulting from the disclosure.

"Contact" means the exchange of body products or body fluids by sexual acts or percutaneous transmission.

HISTORY: 1988 Act No. 490, Section 1.

SECTION 44-29-150. Staff of schools and child care centers to be evaluated for tuberculosis before initial hiring.

No person will be initially hired to work in any public or private school, kindergarten, nursery or day care center for infants and children until appropriately evaluated for tuberculosis according to guidelines approved by the Board of Health and Environmental Control. Re-evaluation will not be required for employment in consecutive years unless otherwise indicated by such guidelines.

HISTORY: 1962 Code Section 32-691; 1952 Code Section 32-691; 1942 Code Section 5033; 1932 Code Section 5044; Civ. C. '22 Section 2352; 1920 (31) 941; 1979 Act No. 53 Section 1.

SECTION 44-29-160. Health certificates for employees in schools and child care facilities.

Any person applying for a position in any of the public or private schools, kindergartens, nurseries, or day care centers for infants and children of the State shall, as a prerequisite to employment, secure a health certificate from a licensed physician certifying that such person does not have tuberculosis in an active stage.

HISTORY: 1962 Code Section 32-692; 1952 Code Section 32-692; 1942 Code Section 5034, 1932 Code Section 5045; Civ. C. '22 Section 2353; 1920 (31) 941; 1979 Act No. 53 Section 2.

SECTION 44-29-170. Form of certificate.

The physician shall make the aforesaid certificate on a form supplied by the Department of Health and Environmental Control, whose duty it shall be to provide such forms upon request of the applicant.

HISTORY: 1962 Code Section 32-693; 1952 Code Section 32-693; 1942 Code Section 5035; 1932 Code Section 5046; Civ. C. '22 Section 2354; 1920 (31) 941.

SECTION 44-29-180. School pupils and day care center children to be vaccinated or immunized; department to monitor immunization records of children in day care; exemptions and exclusions.

(A) No superintendent of an institution of learning, no school board or principal of a school, and no owner or operator of a public or private childcare facility as defined in Section 63-13-20 may admit as a pupil or enroll or retain a child or person who cannot produce satisfactory evidence of having been vaccinated or immunized so often as directed by the Department of Health and Environmental Control. Records of vaccinations or immunizations must be maintained by the institution, school, or day care facility to which the child or person has been admitted.

(B) The Department of Health and Environmental Control shall monitor the immunization status of each child who is enrolled or retained in a licensed child day care facility

or a registered church or religious child day care facility. The monitoring of day care facilities shall consist of a review of the immunization or vaccination records to insure that required immunizations are complete as recommended and routinely provided by the Department of Health and Environmental Control for all infants and children.

(C) South Carolina Department of Health and Environmental Control Regulation 61-8, as amended, "Vaccination, Screening and Immunization Regarding Contagious Diseases", and its exemptions apply to this section.

(D) A South Carolina Certificate of Special Exemption signed by the school principal, authorized representative, or day care director may be issued to transfer students while awaiting arrival of medical records from their former area of residence or to other students who have been unable to secure immunizations or documentation of immunizations already received. A South Carolina Certificate of Special Exemption may be issued only once and is valid for only thirty calendar days from date of enrollment. At the expiration of this special exemption, the student must present a valid South Carolina Certificate of Immunization, a valid South Carolina Certificate of Medical Exemption, or a valid South Carolina Certificate of Religious Exemption.

(E) Registered family day care homes are exempt from requirements of this section.

HISTORY: 1962 Code Section 32-694; 1952 Code Section 32-694; 1942 Code Section 5040; 1932 Code Sections 5012, 7363; Civ. C. '22 Sections 2323, 4495; Civ. C. '12 Sections 1582, 3061; 1905 (24) 869, 871; 1972 (57) 2767; 1993 Act No. 35, Section 1.

SECTION 44-29-185. Adolescent cervical cancer vaccinations.

(A)(1) Beginning with the 2016-2017 school year, the Department of Health and Environmental Control may offer the cervical cancer vaccination series for adolescent students. Adolescent students include children enrolling in the seventh grade in any school, public, private, or home schooling program in this State.

(2) No student is required to have the cervical cancer vaccination series before enrolling in or attending school. Consent of a parent or guardian is required for a student to receive the cervical cancer vaccination from the department, except as provided under Section 63-5-340.

(B)(1) The department may develop and provide, to each school and home schooling program whose grade levels include grade six, informational brochures concerning adolescent vaccinations, including the cervical cancer vaccination series. The brochure specifically must state the benefits and side effects of the cervical cancer vaccination series and that the vaccination series is optional. The brochure must encourage the parent or guardian of a student to take the child to the child's own health care provider to be vaccinated. At the beginning of the school year, each school and home schooling program may provide this informational brochure to the parents or guardians of all students in the sixth grade.

(2) The department shall disclose the benefits, adverse risks, and side effects of the adolescent vaccination series offered, which must take into account medical findings by the health care profession in this State, another state, or any other country. The department shall encourage the parent or guardian of a student to take the child to the child's own health care provider for a full discussion of the benefits and side effects of receiving any adolescent vaccination series.

(C) For the purposes of this section "cervical cancer vaccination series" means the human papillomavirus vaccination series.

(D) Implementation of this section is contingent upon the appropriation of state and federal funding to the department to fully cover the costs of providing this vaccination series to eligible students as well as the availability of funds to produce the informational brochure provided for in subsection (B)(1).

(E) The department may not contract with a health care provider to offer the vaccination series if the health care provider performs abortions.

HISTORY: 2016 Act No. 151 (H.3204), Section 2, eff April 21, 2016.

Editor's Note

2016 Act No. 151, Section 1, provides as follows:

"SECTION 1. This act may be cited as the 'Cervical Cancer Prevention Act'."

SECTION 44-29-190. Penalty for violation of Section 44-29-180.

Any person who violates the provisions of Section 44-29-180 is guilty of a misdemeanor and, upon conviction, may be fined not more than two hundred dollars or imprisoned for not more than thirty days.

HISTORY: 1962 Code Section 32-696; 1952 Code Section 32-696; 1942 Code Section 5036; 1932 Code Section 5047; Civ. C. '22 Section 2355; Cr. C. '22 Section 445; 1920 (31) 941; 1972 (57) 2767; 1988 Act No. 490, Section 12.

SECTION 44-29-195. Head lice; prerequisites to return of student to school; voucher for treatment products.

(A) A student sent home from school for having pediculosis (head lice) only may return to school upon presentation of evidence of treatment and upon a physical screening conducted by the school nurse or other person designated by the principal indicating an absence of pediculosis.

(B) The department shall make available to eligible families, through the county health departments, products or vouchers for products for the treatment of pediculosis.

For purposes of this subsection, a family is eligible if a child in the family is a student in the public school system and the child receives Medicaid or free or reduced school meals.

HISTORY: 1998 Act No. 302, Section 1.

SECTION 44-29-200. Attendance of teachers or pupils with contagious or infectious diseases may be prohibited.

Any board of education, school trustees, or other body having control of a school, 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. The decision to prohibit or limit attendance must be based on sound medical evidence and must comply with the official procedures adopted by the board for this purpose. Before lifting a prohibition or restriction on attendance, the board may require a satisfactory certificate from one or more licensed physicians that attendance is no longer a risk to others attending school.

Any board acting in good faith and in compliance with the provisions of this section is not liable for damages which may result from its decision. Nothing in this section relieves a board from its responsibilities to provide a student with educational programs and services appropriate to his needs as required by Section 59-20-30.

HISTORY: 1962 Code Section 32-695; 1952 Code Section 32-695; 1942 Code Section 5032; 1932 Code Section 5043; Civ. C. '22 Section 2351; Civ. C. '12 Section 1607; Civ. C. '02 Section 1110; R. S. 965; 1883 (18) 292; 1972 (57) 2806; 1988 Act No. 490, Section 13.

SECTION 44-29-210. Physicians, licensed nurses, and certain authorized public health employees participating in mass immunization projects exempt from liability; exceptions.

(A) If the Board of the Department of Health and Environmental Control or the Director of the Department of Health and Environmental Control approves in writing a mass immunization project to be administered in any part of this State in cooperation with an official or volunteer medical or health agency, any authorized employee of the agency, any physician who does not receive compensation for his services in the project, and any licensed nurse who participates in the project, except as provided in subsection (B), is not liable to any person for illness, reaction, or adverse effect arising from or out of the use of any drug or vaccine administered in the project by the employee, physician, or nurse. Neither the board nor the director may approve the project unless either finds that the project conforms to good medical and public health

practice.

For purposes of this section, a person is considered to be an authorized employee of an official or volunteer medical or health agency if he has received the necessary training for and approval of the department for participation in the project.

(B) Nothing in this section exempts any physician, licensed nurse, or authorized public health employee participating in any mass immunization project from liability for gross negligence, and the provisions of this section do not exempt any drug manufacturer from any liability for any drug or vaccine used in the project.

HISTORY: 1976 Act No. 703, Sections 1, 2; 1988 Act No. 490, Section 14; 1993 Act No. 181, Section 1099; 2010 Act No. 210, Section 1, eff upon approval (became law without the Governor's signature on June 1, 2010).

SECTION 44-29-230. Testing required when health care worker exposed to bloodborne disease.

(A) While working with a person or a person's blood or body fluids, if a health care worker or emergency response employee is involved in an incident resulting in possible exposure to bloodborne diseases, and a health care professional based on reasonable medical judgment has cause to believe that the incident may pose a significant risk to the health care worker or emergency response employee, the health care professional may require the person, the health care worker, or the emergency response employee to be tested without his consent.

(B) The test results must be given to the health care professional who shall report the results and assure the provision of post-test counseling to the health care worker or emergency response employee, and the person who is tested. The test results also shall be reported to the Department of Health and Environmental Control in a manner prescribed by law.

(C) No physician, hospital, or other health care provider may be held liable for conducting the test or the reporting of test results under this section.

(D) For purposes of this section:

(1) "Person" means a patient at a health care facility or physician's office, an inmate at a state or local correctional facility, an individual under arrest, or an individual in the custody of or being treated by a health care worker or an emergency response employee.

(2) "Emergency response employee" means firefighters, law enforcement officers, paramedics, emergency medical technicians, medical residents, medical trainees, trainees of an emergency response employee as defined herein, and other persons, including employees of legally organized and recognized volunteer organizations without regard to whether these employees receive compensation, who in the course of their professional duties respond to emergencies.

(3) "Bloodborne diseases" means Hepatitis B or Human Immunodeficiency Virus infection, including Acquired Immunodeficiency Syndrome.

(4) "Significant risk" means a finding of facts relating to a human exposure to an etiologic agent for a particular disease, based on reasonable medical judgments given the state of medical knowledge, about the:

(a) nature of the risk;

(b) duration of the risk;

(c) severity of the risk;

(d) probabilities the disease will be transmitted and will cause varying degrees of harm.

(5) "Health care professional" means a physician, an epidemiologist, or infection control practitioner.

(6) "Health care worker" means a person licensed as a health care provider under Title 40, a person registered under the laws of this State to provide health care services, an employee of a health care facility as defined in Section 44-7-130(10), or an employee in a physician's office.

(E) The cost of any test conducted under this section must be paid by the:

(1) person being tested;

(2) State in the case of indigents; or

(3) public or private entity employing the health care worker or emergency response employee if the cost is not paid pursuant to subitems (1) and (2) above.

HISTORY: 1988 Act No. 490, Section 2; 1994 Act No. 468, Section 7.

SECTION 44-29-240. Protection of health care professionals rendering care; knowledge and disclosure of HIV or HBV status.

A person, upon whom an invasive, exposure-prone procedure, as defined by the Department of Health and Environmental Control, is scheduled to be performed, is encouraged to know his HIV antibody, HBsAg, and HBeAg status and disclose the status to the health care professionals rendering care so that precautionary measures may be taken. A person, upon whom an invasive, exposure-prone procedure is scheduled to be performed, who does not know his status, is encouraged to have his blood tested for the presence of HIV or HBV so as to protect the health care professionals rendering care.

HISTORY: 1996 Act No. 321, Section 2.

SECTION 44-29-250. Confidentiality of anonymous HIV test results; reporting requirements.

Notwithstanding any other provision of this chapter or a regulation promulgated under this chapter, a person who collects and anonymously submits a sample of the person's own body fluid or tissue for Human Immunodeficiency Virus (HIV) infection testing is not required to report a positive test result, and the test results are confidential. However, the person or laboratory performing the test on an anonymous sample shall report a positive HIV infection test result to the Department of Health and Environmental Control, as well as certification to the Department of Health and Environmental Control that counseling options, including community-based resources, and referrals to appropriate medical providers have been made or offered to the positive subject, but the report must not contain any information identifying the subject of the report or any information that may lead to the identification of the subject of the report.

HISTORY: 1996 Act No. 321, Section 1.