Disclaimer

Our understanding of this new disease and of the situation continues to **rapidly evolve**.

All of the information presented here is based on the most current available information and is **subject to change** as more becomes known.
Epidemiology
Monitoring & Testing in S.C.
As of May 18, 2020

There are currently **9,056** confirmed cases of COVID-19 in South Carolina.

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative tests from DHEC Public Health Laboratory</td>
<td>24,677</td>
</tr>
<tr>
<td>Negative tests from private laboratories</td>
<td>101,330</td>
</tr>
<tr>
<td>Total negative tests</td>
<td>126,007</td>
</tr>
<tr>
<td>Total positive tests</td>
<td>9,056</td>
</tr>
<tr>
<td>Total number of tests performed in South Carolina</td>
<td>135,063</td>
</tr>
</tbody>
</table>
Epidemiologic Data
Reported COVID-19 Cases, by Week of Report (n=9,056)*

Note: Information presented are by week of report to DHEC. Data for the current week, highlighted in green, are not complete until the end of the identified reporting period. Comparison of disease activity by week should be made with caution.
Increased testing = lower % +

Percent positive among reported COVID-19 tests, 28-day trend

* All data are provisional.
Reported COVID-19 Cases by Age Group (n=9,056)*

- ≤ 10: 2%
- 11-20: 6%
- 21-30: 13%
- 31-40: 14%
- 41-50: 15%
- 51-60: 18%
- 61-70: 15%
- 71-80: 10%
- 81+: 7%
## Projections

<table>
<thead>
<tr>
<th>Week of</th>
<th>Cases</th>
<th>Cumulative Cases</th>
<th>Cumulative Case Rate / 100,000</th>
<th>Data Observed or Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 1 – Mar 7</td>
<td>6</td>
<td>6</td>
<td>0.1</td>
<td>Observed</td>
</tr>
<tr>
<td>Mar 8 – Mar 14</td>
<td>24</td>
<td>30</td>
<td>1</td>
<td>Observed</td>
</tr>
<tr>
<td>Mar 15 – Mar 21</td>
<td>178</td>
<td>208</td>
<td>4</td>
<td>Observed</td>
</tr>
<tr>
<td>Mar 22 – Mar 28</td>
<td>581</td>
<td>789</td>
<td>15</td>
<td>Observed</td>
</tr>
<tr>
<td>Mar 29 – Apr 4</td>
<td>1267</td>
<td>2056</td>
<td>40</td>
<td>Observed</td>
</tr>
<tr>
<td>Apr 5 – Apr 11</td>
<td>1291</td>
<td>3347</td>
<td>64</td>
<td>Observed</td>
</tr>
<tr>
<td>Apr 12 – Apr 18</td>
<td>1053</td>
<td>4400</td>
<td>85</td>
<td>Observed</td>
</tr>
<tr>
<td>Apr 19 – Apr 25</td>
<td>1120</td>
<td>5520</td>
<td>106</td>
<td>Observed</td>
</tr>
<tr>
<td>Apr 26 – May 2</td>
<td>1064</td>
<td>6584</td>
<td>127</td>
<td>Observed</td>
</tr>
<tr>
<td>May 3 – May 9</td>
<td>1012</td>
<td>7596</td>
<td>146</td>
<td>Observed</td>
</tr>
<tr>
<td>May 10 – May 16</td>
<td>1220</td>
<td>8816</td>
<td>170</td>
<td>Observed</td>
</tr>
<tr>
<td>May 17 – May 23</td>
<td>1050</td>
<td>9866</td>
<td>190</td>
<td>Projected</td>
</tr>
<tr>
<td>May 24 – May 30</td>
<td>1024</td>
<td>10890</td>
<td>209</td>
<td>Projected</td>
</tr>
<tr>
<td>May 31 – June 6</td>
<td>1000</td>
<td>11890</td>
<td>229</td>
<td>Projected</td>
</tr>
</tbody>
</table>
Testing

• PCR is still method of choice
  • PHL, Private labs (Quest and Labcorp largest)
    • Different turnaround times

• Nucleic acid tests; antigen tests

• Serology/antibody (FPs, FNs) — questionable quality
Testing Site Options

- COVID-19
- Mobile Testing Clinics
- Telehealth Virtual Care Providers
Screening

• Screening/testing of all incoming students and staff is not recommended because the tests available at this time cannot provide assurance that someone will not become sick after the test is performed.

• If testing is done on campus for symptomatic individuals, health care staff should wear the appropriate PPE.
Strategies to Optimize the Supply of PPE and Equipment

- Optimize PPE Supply
  - PPE Burn Rate Calculator
  - Eye Protection
  - Gowns
  - Facemasks
  - N95 Respirators
  - Decontamination & Reuse of Filtering Facepiece Respirators
  - Ventilators
  - FAQ About PPE
How to Request PPE

• Hospitals, EMS and other medical providers that need to request resources or supplies during emergencies should:

1. Ensure suppliers routinely used cannot meet request.
2. Utilize any mutual aid agreements that are in place.
3. Request assistance through the local healthcare coalition
   • Lowcountry: RCGLowcountry-Supplies@dhec.sc.gov
   • Pee Dee: WhitePM@dhec.sc.gov
   • Midlands: phillist@dhec.sc.gov
   • Upstate: RCGUpstate-PPE@dhec.sc.gov
How to Request PPE

• Once you have reached step 3 in this process, please provide:
1. Contact person’s email and cell phone,
2. Asset type,
3. Number requested,
4. Burn rate,
5. Current supply and
6. Acknowledgement that steps 1&2 were complete by email
A confirmed student on campus

Confirmed Cases/Isolation

• Students in any type of housing diagnosed with COVID-19 should be immediately isolated and placed in temporary housing.

• A positive COVID-19 case should not necessarily be sent to their permanent homes off-campus.

• Confirmed cases will need to identify all close contacts (individuals who were within 6 ft of the case for more than 15 minutes 48 hours before symptom onset to date of isolation).
Close Contacts/Quarantine

• Students residing on the same floor or wing and sharing a communal bathroom with a student diagnosed with COVID-19 may be considered “close contacts” and quarantined in place for a period of 14 days since last exposure to the confirmed case.

• This recommendation to quarantine the close contacts on the entire floor or wing in place parallels recommendations for cohorting of exposed residents in nursing care facilities, as asymptomatic and pre-symptomatic spread has been documented and can accelerate COVID-19 spread in congregate living facilities.
General Prevention Strategies

• Recommendations and reminders for general COVID-19 prevention should be posted in numerous locations.

• To the extent possible, students should be encouraged to practice social distancing (at least 6 feet apart from others) and wear cloth face coverings in shared residential facility spaces or in classrooms.
  • If desks are used, increase the space between them.
  • Avoid assemblies or other congregate events.
General Prevention Strategies

• Consider screening by asking students if they have any symptoms of COVID-19. This could be done on an individual basis by asking each student as they enter their classroom or on a group basis via announcements reminding students to excuse themselves if feeling ill.
  • Consider limiting large in-person didactics/seminars.

• Limit dining hall numbers (remove chairs), make to go options available, and encourage outdoor dining.
General Prevention Strategies

Cleaning and Disinfection

• Routinely clean and disinfect surfaces and objects that are frequently touched (e.g., doorknobs, light switches, classroom sink handles, countertops). Using an appropriate disinfectant, wipe down items (e.g., desks, chairs) and equipment before each use.

• The CDC provides additional information on Cleaning and Disinfecting a Facility, including guidance on appropriate personal protective equipment to wear while cleaning and disinfecting.

• Increase the ventilation (air exchange) rate and the percent outdoor air in ventilation, if possible.
Transmission

* Droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
Thank you!

Questions?

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Physician Consultant
Division of Acute Disease Epidemiology
knochejw@dhec.sc.gov
Resources

SCDHEC: Colleges & Universities (COVID19)

CDC: COVID19 Guidance for Shared or Congregate Housing

CDC: Interim Guidance for Administrators of US Institutions of Higher Education

CDC: Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings

Considerations for Reopening Institutions of Higher Education in the COVID-19 Era
# Where to Report a Case

## Regional Public Health Offices – 2020

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

### MAIL TO:

<table>
<thead>
<tr>
<th>Lowcountry</th>
<th>Midlands</th>
<th>Pee Dee</th>
<th>Upstate</th>
</tr>
</thead>
</table>
| 4050 Bridge View Drive, Suite 600  
N. Charleston, SC 29405  
Fax: (843) 953-0051 | 2000 Hampton Street  
Columbia, SC 29204  
Fax: (803) 576-2993 | 1931 Industrial Park Road  
Conway, SC 29526  
Fax: (843) 915-6502  
Fax2: (843) 915-6506 | 200 University Ridge  
Greenville, SC 29602  
Fax: (864) 282-4373 |

### CALL TO:

<table>
<thead>
<tr>
<th>Lowcountry</th>
<th>Midlands</th>
<th>Pee Dee</th>
<th>Upstate</th>
</tr>
</thead>
</table>
| Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg  
Office: (843) 441-1091  
Nights/Weekends: (843) 441-1091 | Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York  
Office: (888) 801-1046  
Nights/Weekends: (888) 801-1046 | Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg  
Office: (843) 915-8886  
Nights/Weekends: (843) 915-8845 | Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union  
Office: (864) 372-3133  
Nights/Weekends: (864) 423-6648 |

For information on reportable conditions, see [https://www.scdhec.gov/ReportableConditions](https://www.scdhec.gov/ReportableConditions)

**DHEC Bureau of Communicable Disease Prevention & Control**

Division of Acute Disease Epidemiology  
2100 Bull St · Columbia, SC 29201  
Phone: (803) 898-0861 · Fax: (803) 898-0897  
Nights / Weekends: 1-888-847-0902