CHAPTER 31

Tuberculosis

ARTICLE 1

Reports and Records of Tuberculosis Cases

**SECTION 44‑31‑10.** Reports of physicians and administrative officers of hospitals and similar institutions.

 Every attending physician and chief administrative officer having charge of any hospital, clinic, dispensary or other similar private or public institution in the State shall make a report in writing, on a form to be furnished by the Department of Health and Environmental Control, on every person known by the physician to have tuberculosis or on every patient in the care of such administrator. Such report shall be filed within twenty‑four hours after the patient is known by the physician to have tuberculosis or after such patient comes into the care of the administrator.

 The report shall contain the name, age, sex, race, occupation, place where last employed if known, and the address or previous address in the case of a patient reported on, and the reporting physician or officer shall also give evidence upon which the diagnosis of tuberculosis has been made, the part of the body affected, and the stage of the disease. All cases in which sputum, urine, feces, pus, or any other bodily discharge, secretion, or excretion contains the tubercle bacillus, shall be regarded as active infectious cases of tuberculosis.

HISTORY: 1962 Code Section 32‑640; 1970 (56) 2044.

**SECTION 44‑31‑20.** Reports of bacteriological and pathological laboratories.

 (1) All bacteriological and pathological laboratories rendering diagnostic service shall report to the Department of Health and Environmental Control, within twenty‑four hours after diagnosis, the full name and other available data relating to the person whose sputa, gastric contents, or other specimens submitted for examination reveal the presence of tubercle bacilli. Such report shall include the name and address of the physician or of any other person or agency referring such positive specimen for clinical diagnosis.

 (2) All reports and records of clinical or laboratory examination, for the presence of tuberculosis, shall be confidential and recorded in a register maintained by the Department of Health and Environmental Control.

HISTORY: 1962 Code Section 32‑641; 1970 (56) 2044.

**SECTION 44‑31‑30.** Personnel of Department of Health and Environmental Control are authorized to inspect records and provide consultation services.

 Authorized personnel of the Department of Health and Environmental Control may inspect all medical records of all public and private institutions and clinics where tuberculosis patients are treated, and shall provide consultation services to officers of State educational, correctional, and medical institutions regarding the control of tuberculosis and the care of patients or inmates having tuberculosis.

HISTORY: 1962 Code Section 32‑642; 1970 (56) 2044.

**SECTION 44‑31‑40.** Tuberculosis testing in congregate care facilities.

 (A) A nursing home or community residential care facility as defined in Section 44‑7‑130 shall:

 (1) prior to the admission of a new resident, request and receive a written declaration from an authorized health care provider that, based upon medical examination of the applicant resident, the applicant resident has no signs or symptoms of active tuberculosis;

 (2) within three days of a resident's admission to the nursing home or community residential care facility from a hospital, as defined in Section 44‑7‑130, administer the first step of the two‑step tuberculin skin test to the resident; and

 (3) within fourteen days of that resident's admission, administer the second step of the tuberculin skin test to the resident.

 (B)(1) The nursing home or community residential care facility may substitute a single blood assay for mycobacterium tuberculosis for a two‑step tuberculin skin test; or

 (2) administer a single tuberculin skin test or single blood assay for mycobacterium tuberculosis within fourteen days of the resident's admission from a hospital if the nursing home or community residential care facility has documentation that within the twelve‑month period prior to admission, the resident obtained a negative tuberculin skin test or a negative single blood assay for mycobacterium tuberculosis.

HISTORY: 2024 Act No. 162 (S.558), Section 1, eff May 20, 2024.

ARTICLE 3

Emergency Detention and Commitment of Tuberculosis Patients

**SECTION 44‑31‑100.** Legislative findings; purpose of article.

 (A) The General Assembly finds that:

 (1) Pulmonary tuberculosis is a life‑threatening airborne disease. Tuberculosis has reemerged as an epidemic disease nationally. The number and types of cases in South Carolina each year, including drug‑resistant tuberculosis, demonstrate that timely, effective public health intervention is necessary to prevent an epidemic and to protect the residents of this State.

 (2) In order to limit the spread of tuberculosis, it is essential that persons with the disease are diagnosed and treated before they infect others. Diagnosis requires a variety of methodologies, including skin tests, x‑rays, blood tests, and laboratory analysis of sputum samples.

 (3) A person with tuberculosis who does not voluntarily submit to appropriate testing, treatment, or infection control methods poses an unreasonable risk of spreading the disease to those who come into contact with the person.

 (4) Although the recommended course of treatment for tuberculosis varies somewhat from one individual to another, at a minimum, effective treatment requires a long‑term regimen of multiple drug therapy. The development of the appropriate course of treatment for any one individual may require trying different combinations of drugs and repeated drug susceptibility testing. The course of treatment may require as long as several years to complete.

 (5) A noninfectious person who begins a course of treatment for tuberculosis and fails to follow the recommended course through to completion is highly likely to become infectious. The person can infect others and possibly develop drug‑resistant tuberculosis, which is more difficult to treat, and more likely to result in death. A person who is infectious with multi‑drug resistant tuberculosis poses a significant risk of transmitting drug‑resistant tuberculosis to other persons, unless appropriate treatment and infection control methods are followed. It is therefore critical that individuals with tuberculosis, whether infectious or not, complete a course of treatment to avoid relapse, infectiousness, and drug resistance.

 (B) The purposes of this article are to:

 (1) assure the timely diagnosis, treatment, and prevention of tuberculosis;

 (2) provide appropriate individualized preventive and curative treatment to the people of South Carolina in the least restrictive setting; and

 (3) protect the public from the spread of infectious tuberculosis.

HISTORY: 2011 Act No. 53, Section 1, eff June 14, 2011.

**SECTION 44‑31‑105.** Emergency order; contents; enforcement; hearings on release.

 (A) If the Department of Health and Environmental Control determines that the public health or the health of any individual is endangered by a case of tuberculosis, or a suspected case of tuberculosis, the commissioner, or his or her designee, may issue an emergency order he or she considers necessary to protect the public health or the health of any person, and law enforcement shall aid and assist the department in accordance with Section 44‑1‑100.

 (B) An emergency order issued pursuant to this section may include, but is not limited to:

 (1) authorizing the emergency removal to and detention in a hospital or other treatment facility for examination of a person who is unable or unwilling to voluntarily submit to an examination by a physician or by the department for the purpose of determining whether the person is infected with active tuberculosis and presents a danger to himself or others;

 (2) requiring compliance with an appropriate, prescribed course of medication for tuberculosis and contagion precautions;

 (3) requiring compliance with a course of directly observed therapy in which the prescribed antituberculosis medication is administered under direct observation as specified by the department;

 (4) authorizing the emergency removal to and isolation in a hospital or other treatment facility of a person who fails to comply with an emergency order issued by the department, fails to comply with a medically ordered treatment regimen, and presents a substantial risk and likelihood of exposure of active tuberculosis to other persons;

 (5) requiring the emergency detention and isolation by a hospital of a hospital patient with active tuberculosis disease who is threatening or attempting to leave the hospital against medical advice.

 (C) An emergency order issued pursuant to this section must include:

 (1) an individualized assessment of the person's circumstances or behavior, or both, constituting the basis for the issuance of the order;

 (2) the purposes of the isolation or detention;

 (3) notice that the respondent has the right to request release from isolation and detention by contacting a person designated in the order; and

 (4) in the absence of a court order, that the detention must not continue for more than thirty days.

 (D) The probate court shall enforce the provisions of an emergency order issued pursuant to this section. If a person being isolated or detained pursuant to an emergency order requests release from isolation or detention, the department, within three working days of the request for release, shall file a petition in the probate court of the county in which the person is being held seeking continued isolation or detention. The probate court must schedule a hearing to review the request for continued isolation or detention within ten days of the filing of the petition.

HISTORY: 2011 Act No. 53, Section 1, eff June 14, 2011.

**SECTION 44‑31‑110.** Emergency order for commitment of person with active tuberculosis; petition; waiver of notice.

 (A) When it is brought to the attention of a Department of Health and Environmental Control health officer that a person with active tuberculosis is unable or unwilling to conduct himself so as not to expose others to danger, the department shall issue an emergency order pursuant to Section 44‑31‑105 or file a petition in the probate court of the county in which the person resides or is situated seeking commitment of the person to a facility for isolation and treatment. In case of the absence of the health officer or the department's failure to act, any other interested person may petition the probate court for commitment of the person for isolation and treatment. A petition seeking commitment must be based on proper records and affidavits.

 (B) The probate court may waive the requirement of notice to the person who is the subject of the emergency order or petition seeking commitment if the health officer demonstrates that the person is:

 (1) hiding from the health department staff;

 (2) evading attempts by health department staff or law enforcement to serve notice of the proceedings; or

 (3) refusing to accept service of pleadings or motions.

HISTORY: 1962 Code Section 32‑631; 1952 Code Section 32‑631; 1948 (45) 1934; 2011 Act No. 53, Section 1, eff June 14, 2011.

**SECTION 44‑31‑120.** Commitment of tuberculosis patient; duration.

 If the judge of probate, after notice and hearing, is satisfied that the petition is well founded, the judge may commit the person to a facility designated by the department, and the commitment continues until the department notifies the probate judge that the person is no longer a threat to the public's health.

HISTORY: 1962 Code Section 32‑632; 1952 Code Section 32‑632; 1948 (45) 1934; 1953 (48) 149; 1973 (58) 240; 2011 Act No. 53, Section 1, eff June 14, 2011.

**SECTION 44‑31‑130.** Appeal of commitment; no stay pending appeal available.

 A person committed to a facility under the terms of this article has the right to appeal to a court having jurisdiction for review of the evidence under which the person was committed. The order of commitment must not be stayed pending appeal.

HISTORY: 1962 Code Section 32‑633; 1952 Code Section 32‑633; 1948 (45) 1934; 2011 Act No. 53, Section 1, eff June 14, 2011.

**SECTION 44‑31‑140.** Isolation or forcible detention.

 If a person committed to a facility pursuant to this article leaves without permission or, in the opinion of the department, endangers the public, staff, or other patients, the department is empowered to isolate and forceably detain the person if necessary until such time as the person no longer poses a risk to others.

HISTORY: 1962 Code Section 32‑634; 1952 Code Section 32‑634; 1948 (45) 1934; 1953 (48) 149; 1972 (57) 2605; 2011 Act No. 53, Section 1, eff June 14, 2011.

**SECTION 44‑31‑150.** Detention in local detention facility limited.

 A person committed under the provisions of this article who is detained solely for treatment or isolation in a facility designated by the department may not be committed to a local detention facility.

HISTORY: 1962 Code Section 32‑637; 1952 Code Section 32‑637; 1948 (45) 1934; 1953 (48) 149; 1972 (57) 2289; 2011 Act No. 53, Section 1, eff June 14, 2011.

**SECTION 44‑31‑160.** Report of leave without permission; judge to order sheriff to return patient to facility or secure prison facility.

 If a person lawfully detained or committed pursuant to this article to a facility leaves the facility without permission of the attending physician, the department shall report this information to the judge of probate of the county from which the patient was committed, and the judge of probate shall call upon the sheriff of the county to return the patient to the facility or to a secure prison facility if necessary.

HISTORY: 1962 Code Section 32‑635; 1952 Code Section 32‑635; 1948 (45) 1934; 1953 (48) 149; 1972 (57) 2604; 2011 Act No. 53, Section 1, eff June 14, 2011.

**SECTION 44‑31‑170.** Requirement of certification of danger by two physicians for compulsory treatment; examination not compulsory treatment.

 A person must not be required to take compulsory treatment under the provisions of this article until two physicians licensed to practice in this State certify that the person sought to be confined for treatment has tuberculosis in a contagious state and constitutes a danger to the health of others unless the person is hospitalized and given treatment. An examination conducted pursuant to Section 44‑31‑105 of a person with suspected tuberculosis is not compulsory treatment.

HISTORY: 1962 Code Section 32‑636; 1952 Code Section 32‑636; 1948 (45) 1934; 1973 (58) 259; 2011 Act No. 53, Section 1, eff June 14, 2011.

**SECTION 44‑31‑190.** Construction and application of article.

 No provision of this article may be construed as interfering with the ordinary admission of tuberculosis patients to a facility through channels that have customarily been followed in the past, and this article applies only to cases that have proved to be beyond ordinary, reasonable methods of control. This article does not apply to persons suffering from mental illness; these persons must be treated by the Department of Mental Health.

HISTORY: 1962 Code Section 32‑638; 1952 Code Section 32‑638; 1948 (45) 1934; 1953 (48) 149; 1972 (57) 2605; 2011 Act No. 53, Section 1, eff June 14, 2011.

**SECTION 44‑31‑200.** Promulgation of regulations authorized.

 The department may promulgate regulations to carry out the purposes and provisions of this chapter.

HISTORY: 2011 Act No. 53, Section 1, eff June 14, 2011.

ARTICLE 5

Tuberculosis Prisoners and Inmates of Institutions

**SECTION 44‑31‑310.** County authorities shall provide separate cells, rooms, or places for tuberculous prisoners.

 The county supervisors and governing bodies of the respective counties shall provide in the jails or places of confinement where prisoners are committed for keeping or sentenced to a term of imprisonment separate cells, rooms or places in which shall be confined all prisoners who may be committed for keeping or sentenced to a term of imprisonment who are affected with tuberculosis.

HISTORY: 1962 Code Section 32‑651; 1952 Code Section 32‑651; 1942 Code Section 5045; 1932 Code Section 1499; Cr. C. '22 Section 444; 1915 (29) 196.

**SECTION 44‑31‑320.** Examination of prisoners or inmates by physician.

 The county supervisor or sheriff of any county, when a prisoner or inmate is placed in his custody who the official has reason to suspect is suffering with tuberculosis, shall have such prisoner or inmate examined by a physician and if such prisoner or inmate shall be pronounced by the examining physician as a tuberculous person, then the prisoner or inmate shall be placed in the separate cell, room or place provided for by Section 44‑31‑310.

HISTORY: 1962 Code Section 32‑652; 1952 Code Section 32‑652; 1942 Code Section 5045; 1932 Code Section 1499; Cr. C. '22 Section 444; 1915 (29) 196.

**SECTION 44‑31‑330.** Examination within five days after commitment.

 The jailer, keeper or warden of every place of confinement designated in this article shall have all prisoners and inmates who are suspected to be suffering with tuberculosis examined within five days after they have been committed.

HISTORY: 1962 Code Section 32‑653; 1952 Code Section 32‑653; 1942 Code Section 5045; 1932 Code Section 1499; Cr. C. '22 Section 444; 1915 (29) 196.

**SECTION 44‑31‑340.** Penal and charitable institutions shall provide separate places for tuberculous prisoners and inmates.

 Superintendents and boards of directors of all State penal and charitable institutions shall provide separate places of confinement for all prisoners and inmates who have been pronounced by the physician in charge as tuberculous persons.

HISTORY: 1962 Code Section 32‑654; 1952 Code Section 32‑654; 1942 Code Section 5045; 1932 Code Section 1499; Cr. C. '22 Section 444; 1915 (29) 196.

**SECTION 44‑31‑350.** Association of prisoners on public works not prohibited.

 Nothing in this article shall be so construed as to interfere with or prevent the county authorities from working or housing together all prisoners on public works as provided by law.

HISTORY: 1962 Code Section 32‑656; 1952 Code Section 32‑656; 1942 Code Section 5045; 1932 Code Section 1499; Cr. C. '22 Section 444; 1915 (29) 196.

**SECTION 44‑31‑360.** Penalty.

 A person who violates the provisions of this article is guilty of a misdemeanor and, upon conviction, must be fined in the discretion of the court or imprisoned not more than three years.

HISTORY: 1962 Code Section 32‑657; 1952 Code Section 32‑657; 1942 Code Section 5045; 1932 Code Section 1499; Cr. C. '22 Section 444; 1915 (29) 196; 1993 Act No. 184, Section 235.

ARTICLE 7

State Park Health Center

**SECTION 44‑31‑510.** State Park Health Center transferred to Department of Health and Environmental Control; title to real property vested in State.

 All powers, duties, personnel, funds and personal property of the State Park Health Center are hereby transferred to the Department of Health and Environmental Control. The title to all real property is hereby vested in the State of South Carolina, to be administered by the State Department of Administration.

HISTORY: 1962 Code Section 32‑885.1; 1972 (57) 2807.

**SECTION 44‑31‑520.** Payment for medical care and hospitalization.

 Patients who are able to pay for their medical care and hospitalization shall be required to do so.

HISTORY: 1962 Code Section 32‑891; 1953 (48) 149.

ARTICLE 9

Tuberculosis Control Advisory Committee

**SECTION 44‑31‑610.** Creation, membership, and duties of Tuberculosis Control Advisory Committee.

 There is hereby created the Tuberculosis Control Advisory Committee to be appointed by the Governor, upon the recommendation of the Department of Health and Environmental Control.

 The Committee shall consist of six members who shall serve for terms of two years and until their successors are appointed and qualify. The present chairman of the South Carolina Sanatorium Board shall be appointed as an original member of the Committee.

 The other five members shall consist of: two practicing physicians (one from the South Carolina Thoracic Society and one from the South Carolina Medical Association); one representative from the South Carolina Department of Social Services; one representative from the South Carolina Vocational Rehabilitation Department; and one representative from the South Carolina Tuberculosis Association.

 The Committee shall advise the Department of Health and Environmental Control in all matters relating to the control, prevention and treatment of tuberculosis and chronic respiratory diseases.

HISTORY: 1962 Code Section 32‑11; 1968 (55) 2453.