1600s – 1700s

1670: Charles Town is established as an English Colony
1698: First quarantine measures instituted: Provincial Legislature required incoming vessels to produce evidence that no persons on board were suffering from a contagious disease before the ship could dock in Charleston Harbor
1700: America’s first health officer, Commissioner Gilbert Guttery of Charleston, was empowered to board and inspect all incoming ships before passengers were allowed to come on shore
1800s

1808: The City of Charleston established a Board of Health

1814: The Ladies’ Benevolent Society of Charleston began volunteer care of the sick and needy in Charleston – the start of public health nursing in SC

1840: Aiken developed into a “Tuberculosis Resort” - Aiken Cottages opened as private sanatorium in 1897

After the Civil War and Sherman’s burning, there essentially is no health care system

[Image: National Archives and Records]
1868: South Carolina finally established a quarantine system with headquarters based in Charleston
1884: X-Rays were discovered
1892: Koch discovered tuberculin
1878: SC General Assembly created the State Board of Health; charged with protection of the public, investigate causes and means of preventing diseases, supervising the quarantine system and more for only $2,000 year
1899: SC Board of Health moved to control TB in cows – Dairy Program - felt eating the meat and drinking the milk of cows with TB would continue spreading the disease

1900s – 1910s
1904: National Association for the Study and Prevention of Tuberculosis established (National TB Association, 1918); SC Chapter established in 1917, Richland Anti-Tuberculosis Association
1908: Charleston established a TB Clinic
1909: State Park Laboratory was established
1910: General Assembly was asked specifically for funds for TB care
1912: Dr. James Hayne: Spoke to the General Assembly about the need for tuberculosis control

1913: Daughters of the Holy Cross of Trinity Episcopal Church set aside $500 for a TB Camp. Became Camp Ridgewood when the Richland County Delegation to the General Assembly added $1,000 - a tent encampment initially

1914: $10,000 was set aside to establish the South Carolina State Sanatorium (cottages) – opened in 1915
Daughters of the Holy Cross of Trinity Episcopal Church, Columbia, South Carolina

Ridgewood Camp Dairy Barn
Progressed from tents to wooden buildings

Cottage
Unidentified Building at Ridgewood San
1915: Established TB Camps all over SC – Hopewell in Greenville, Camp Alice in Sumter, Pinehaven in Charleston, Marion County Camp

1918: Greenville and Richland had started TB Clinics

State Board of Health hired 7 public health nurses; Ruth Dodd and Helen Fenton were the first TB public health nurses in South Carolina. They were to teach the TB patients how to take care of themselves and prevent others from getting TB

First Public Health Nurses
1920s

Tuberculosis continued to be the leading killer of young adults, accounting for 29% of deaths in that age group. There were 5,748 cases reported in SC and many more not reported. There was no effective treatment. Public health efforts continued with basic self care, quarantine and public education.

Treatment at the Sans usually lasted about 3 years.

X-rays were available but still very expensive.
Shortages of beds resulted in bringing cottages to homes for quarantine purposes

A movable cottage ready for use
1930s

Funding for TB Activities was greatly reduced but restored over the decade
Public health nurse workforce grew and continued to teach patients basic care and quarantine methods – clinics and homes
1936: Construction started on a new, modern TB San. Opened in 1938 with 268 beds; hospital like facility for TB Patients; x-rays were less expensive and used more
Due to long waiting lists for beds in the Sans, treatment was limited to 18 months except for special circumstances
1940s

Over 25,000 tuberculosis patients were treated in 1945, with 48,000 clinic visits and 1,230 admissions to the state san

With no drugs available yet, the waiting list for a bed at the san continued to be long

The SC Anti-Tuberculosis Association continued to be very active in TB Control Activities

South Carolina State Fair Exhibit, 1948
South Carolina Tuberculosis Workers held an annual conference to stay abreast of the latest information. Conferences were sponsored by the ALA and held at a different location around the state.

1950s

Tuberculosis treatment changed dramatically with the introduction of anti-tuberculosis medications:

- 1944 - Strep
- 1948 - PAS
- 1951 - INH
- 1952 - PZA

These drugs saved thousand of lives and caused a rapid drop in the spread of TB

In 1953, the State Park TB Sanatorium became a separate agency from the Board of Health
1953: National surveillance of tuberculosis cases began. South Carolina reported 1,117 cases that year. In 2006, SC reported 222 cases.

County Health Departments were established in every county in the state offering TB clinic services. Public health nurses continued to visit homes as well.

Mass x-ray clinics were held to identify unknown cases.
Tuberculosis Workers (Register Workers or Secretaries) continued to meet annually, but with a focus on collecting the appropriate information for reporting surveillance data to CDC.
1960s

With drug therapy now, length of time in the San was shortened to a few months then discharged home for completion of treatment.

1964: South Carolina started an INH preventive therapy program in the health department.

1968: EMB was added and TB San was returned to the Board of Health.

Plaque erected with the dedication of the Richland TB Association’s new building in 1963. The building currently houses the offices of the Richland TB Association (formerly the Richland Anti-Tuberculosis Association) and the American Lung Association - Southeast Region, Columbia office.
Concurrent Resolution congratulating the South Carolina Tuberculosis Association on its 50th Anniversary!
County Chest X-Ray Clinics Begin Today, December 1

All Lexington County adults who value their health will have an opportunity to take advantage of this free public health service in two health centers on December 1. 

Purpose of the survey is to screen for early stages of lung cancer, tuberculosis, and chronic diseases which may be treated in their early stages. 

Those who have received X-rays in the past still may be screened without charge. 

Those who have not had an X-ray for more than 10 years are also invited to the survey. 

Dr. J. W. Brown, County Chest Health Officer, states that it is extremely important to the individual and community health that chest and lung diseases be detected in the early, treatable stages. 

The survey will be conducted by the Lexington County Health Department, the Palmetto Baptist Church, the Columbia , and the Health Center.

South Carolina Board of Health
1970s

1971: Rifampin was introduced for treatment
1972: The South Carolina Board of Health and the Pollution Control Authority merged to form the South Carolina Department of Health and Environmental Control
1976: Offered the first TB Today! Course in Columbia, October 12-15 with 44 participants – all health department staff; Offered annually thereafter
1976: Nurse Dispensing Act for Public Health Programs passed allowing PHNs to dispense drugs under a physicians order for public health programs

South Carolina’s TB Today! Course focuses on a practical approach to the current body of knowledge on which the treatment and control of tuberculosis is based.

The workshop is intended primarily for nurses and physicians who have major responsibility for tuberculosis control activities in their respective health care settings, but other providers are welcome.
1976
Began screening inmates upon entry to
South Carolina Department of Corrections

In 1979, the Hayne Building, the new State Public Health Laboratory,
was completed and occupied
1980s
By 1980s, DHEC stopped the mass x-ray screenings. The tuberculin skin test became the “routine” part of the diagnostic work-up.

Supervised Intermittent Therapy “SIT”

In 1981, funds were received to add public health nurses in several counties to start a Supervised Intermittent Therapy or “SIT” program. These nurses conducted visits to the patients wherever they were to administer their tuberculosis medications. Patients were placed on an “intermittent” rather than a daily regimen and medication bottles were no longer given to the patients to take on their own.
In the Beginning, There Were Crickets......

In concert with ALASC, DHEC developed and started the Enablers and Incentives Program. The funding was provided by the ALASC.
Simple items, such as favorite foods.....

Pizza Party.....
Reading a book…..

A cool drink on a hot afternoon…..
A birthday cake.

January 28, 1983, the State Park Health Center (TB San) closed. All TB Control activities moved to the TB Control Program at DHEC.
1984: With the TB San closing but the continued need for hospitalization of TB patients on occasion, the TB Control Division established a Regional TB Hospitalization Program. This program provided a mechanism for persons with TB or suspected of having TB to be hospitalized when/if this is the most appropriate method for workup and/or treatment. Contract with various hospitals and physicians around the state for this service.

1986: Completed a computerized Central TB Case Register – mainframe based and still in use today!

In 1985, the TB Control Program hired the first Social Worker for TB Services, providing social work service statewide.
In 1986, the requirement for annual tuberculin skin testing and chest x-rays for school employees was stopped. A TST is required only upon employment.

1990s

Continued to expand SIT, but switched terminology to “DOT” or Directly Observed Therapy.
Worked with Health Licensing to revise the Nursing Home Regulations to require a TST prior to admission.
Worked closely with the South Carolina State Board of Nursing to develop policies and procedures for the use of Unlicensed Assistive Personnel (UAPs) to conduct DOT visits under the supervision of the registered public health nurse.
Assisted the South Carolina Department of Corrections with implementation of annual screening of employees.
Unlicensed Assistive Personnel (UAP) is a non-licensed individual who receives a specific training curriculum. The UAP learns how to assist the client to conduct a self-assessment for signs/symptoms of adverse reactions to the medications and if appropriate, hands the pre-dispensed medications to the client and observes the client self-medicate. Specific forms were developed for this activity.

South Carolina experienced a community outbreak of 5 cases of MDR TB (Strain W) and a nosocomial transmission involving a contaminated bronchoscope in a hospital setting (4 cases). All were resistant to 7 drugs and had matching fingerprints.
The Tuberculosis Today! Course was expanded to twice annually to accommodate the large volume of applicants. It is offered in the Spring and Fall and is held at Hickory Knob State Park in McCormick, South Carolina. The facility offers conference center, motel rooms, catering and restaurant facilities all on-site. The course is supported for in-state residents by the ALASE.

Advanced TB Today! was begun in 1997 for experienced TB Program Staff and is offered every other year, again with support from ALASE.
Innovative ways were developed to assist experienced TB staff maintain current and learn new knowledge and skills about tuberculosis. “TB Jeopardy” is one example.

Outbreak of tuberculosis occurred in a prison facility that housed all HIV inmates in 3 of the 6 dorms. Resulted in 31 cases in the prison and 1 community case. Two additional cases have developed since. RFLPs matched on all 19 with specimens.
2000+

Budget cuts are the crux of the 2000 years. The State office has lost 2 positions to budget cuts and numerous staffing changes!

Drug levels
Strain W case 10 years later
Administration of IV Drugs for treatment
UAP IV DOT
XDR

Began drawing and sending specimens to National Jewish Medical Center in Denver, Colorado for drug level analysis on all retreatments and slow converters. Policy and procedure was established to assist TB staff as they had to make arrangements and plan for the drawing and shipping of the specimens. Information has been valuable in obtaining the correct dosing on these patients.
The TB Control Division offices move from the Jar Building to the 4th floor of the Mills Building.

Tuberculosis Contact Investigation System (TBCIS) is nearing completion (Sept.). Will provide a mechanism to evaluate the contact investigation process and generate aggregate reports. Begun as laptop based system, but has been converted to web-based system.
2004 ended with the retirement of Carol Pozsik, Division Director since 1982. This was followed by the retirement of Joe Kinney, Social Work Consultant.

2006 produced the retirements of JoAnn Palmer, Interim Director (formerly Assistant Director) and Betty Gore, Nurse Consultant in June and Joan Squitieri, Register Supervisor in September.

Thank You
Special Thank You to Sharon Helps, ALASE!