

# SCION<sub>x</sub>

South Carolina's Infectious Disease and Outbreak Network  
External User Manual





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# SCIONx

## External User Guide

This guide is intended to provide step-by-step support that will allow the user to explore functions and features related to completion of the Disease Reporting Form. The process will also allow the user to understand general concepts associated with the application.

South Carolina Infectious disease and Outbreak Network for Externals (SCIONx) is a web-based portal to report diseases and conditions listed on the current SC List of Reportable Conditions to Department of Public Health (DPH). SCIONx downloads reports into South Carolina's Infectious disease and Outbreak Network (SCION), an integrated system for disease surveillance and outbreak management. It replaces Carolina's Health Electronic Surveillance System (CHESS).

The guide covers the following specific tasks:

- Getting Help
- Creating an ESA Account
- Adding a New User/Provider
- Submitting a Disease Report
- Password Resets

## Internet Browser Recommendations

1. For optimal use and benefit of SCIAPPS, user should utilize one of the following internet browsers, which have been listed in order of preference:

- Microsoft Edge: Version 88 or greater
- Google Chrome: Version 17 or greater
- Mozilla Firefox: Version 8 or greater

2. JavaScript must be enabled.

3. To ensure optimal printing of SCIAPPS documents, user should have the following printing settings:

- Zoom: 100% or less
- Print Scale: 100% or shrink-to-fit
- Text Size: Normal/Medium

If you need assistance with SCIONx, you can:

Visit the website at <https://www.dhec.sc.gov/Apps/Health/SCIAPPS/Account/Login>

OR

Call or email the helpdesk at

1-800-917-2093

[Scionhelp@dph.sc.gov](mailto:Scionhelp@dph.sc.gov)

**NOTE: Every SCIONx user must create an individual account – Accounts may not be shared.**

**Existing SCIAPPS account:**

Go to <https://www.dhec.sc.gov/Apps/Health/SCIAPPS/Account/Login> and log in.

Once logged in the Dashboard will appear, under More Enrollments & Applications highlight SCIONx in the drop down and click “Add”.

The screenshot displays the SCIAPPS Dashboard interface. On the left is a navigation sidebar with links for Home, Dashboard (highlighted), Change Password, Logoff, and Reportable Conditions Help Desk (800-917-2093). The main content area is titled "SCIAPPS Dashboard" and is divided into two sections. The top section, "Provider", shows details for Labcorp at 132 N. Main St, Sumter, SC 29150. It lists identifiers: SCIONExternal: PEFERPSPDMA, FEIN: 00-0000001, and NPI: 0000000009. There are "Update Provider" and "Change Provider" buttons. The bottom section, "Enrollments & Applications", features a green "SCIONx" button. Below this is a "More Enrollments & Applications:" section with a dropdown menu set to "--Select Application To Add--" and an "Add" button. A red arrow points to the "Add" button.

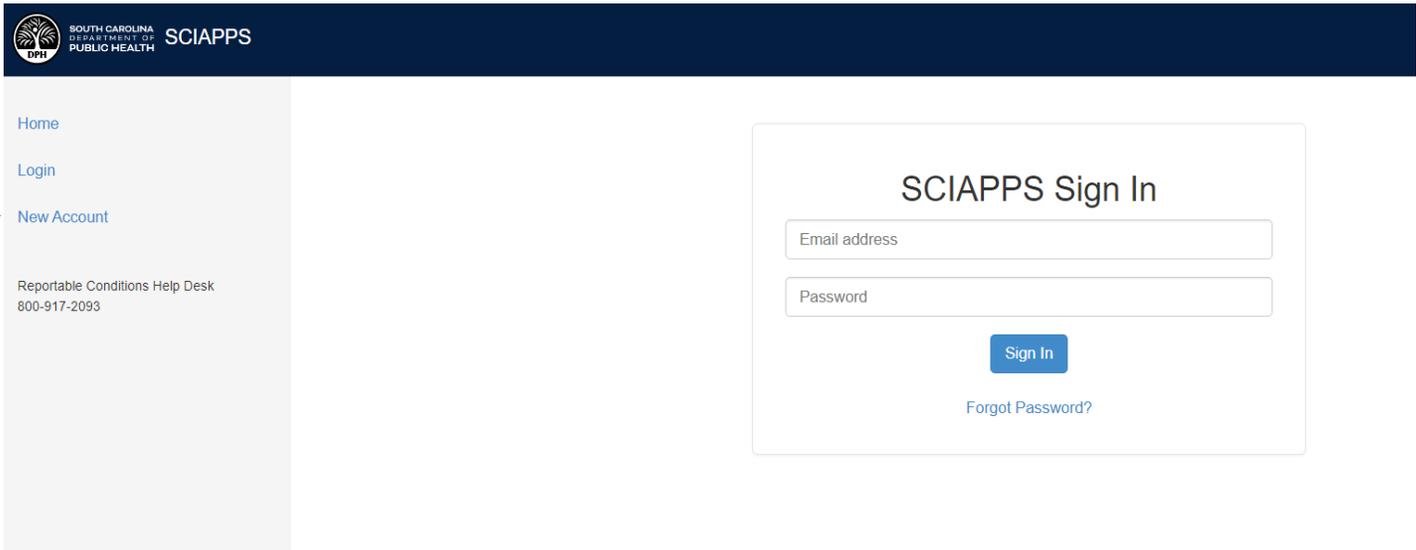
Click “ADD”

**Note: The ESA must establish a facility account prior to individual user access being granted to SCIONx.**

**New ESA Account:**

Go to the SCIAPPS website at: <https://www.dhec.sc.gov/Apps/Health/SCIAPPS/Account/Login>

You will see a homepage. Click the link on the left to request a New Account.



The Electronic Signature Authority (ESA), sometimes referred to as the SCIONx Senior Facility Authority (SFA), must complete this information. The Electronic Signature Authority should be one of the following; Doctor of Medicine, Doctor of Osteopathy, Advanced Practice Registered Nurse, Physician Assistant, Registered Nurse, Doctor of Pharmacy, Registered Pharmacists, Clinical Supervisor, Lab/Department Supervisor, or Center Manager.



Home

Login

New Account

Reportable Conditions Help Desk  
800-917-2093

## New Account Registration

DHEC public health new account registration.

\*Denotes Required Field

\*First Name:

Middle Name:

\*Last Name:

\*Email:

For Testing, Send Email To:

Enter the information requested above. You will receive an email containing a link to complete your account request. Follow the link and complete all of the fields before submitting your request. Your request will be processed within 1-3 business days. You will receive an email when this process is complete.

Enter the information requested above. You will receive an email containing a link to complete your account request. Click the link or copy and paste it into your browser and complete all the fields before submitting your request. Your request will be processed within 1-3 business days. **NOTE: You will need to do this within 24 hours of receiving the email or the link will expire.**

### SCIAPPS Account Registration:

You are receiving this email because this email address was used to create a new SCIAPPS account.

If you did not initiate this request, do nothing and it will be discarded.

To continue the account creation process, please click the following link or copy and paste it into your browser.

<http://wwwtest/Apps/Health/SCIAPPS/Account/VerifyAccount/fdedd2fd-6603-42b7-9b01-212975c61bc7>

## New Account Verification form:

### Account Verification

\* Denotes Required Field

#### Facility Information

\* Facility Name:

Practice Name:  
(or Doing Business As)

Federal Employee  
Identification Number:  
\*(FEI)

\* Organization's NPI:

\* Facility Phone Number:

Ext:

Facility Address:  
\*(no P.O. Box)

\* City:

\* State:  ▼

\* Zip:

\* County:  ▼

#### User/ESA Information

An Electronic Signature Authority (ESA) is someone that is authorized to sign enrollment forms for the practice.

Email Address:  
\*(User Name)

\* First Name:

Middle Name:

\* Last Name:

\* Position / Title of ESA:  ▼

#### Enrollment/Registration Types

- South Carolina Immunization Registry (SCI Registry)
- VFC Program
- HL-7 Electronic Data Exchange to the Registry
- SCIONx

**User/ESA Information:**

**User/ESA Information**  
An Electronic Signature Authority (ESA) is someone that is authorized to sign enrollment forms for the practice.

Email Address:  
\*(User Name) GenericUser@cannonmemorial.com

\*First Name: Generic

Middle Name:

\*Last Name: User

\*Position / Title of ESA: --Select Position / Title--  
 --Select Position / Title--  
 Doctor of Medicine  
 Doctor of Osteopathy  
 Advanced Practice Registered Nurse  
 Physician Assistant  
 Doctor of Pharmacy  
 Registered Pharmacists

**Enrollment/Registration**

South Carolina Immunization Registry (SCI Registry)

VFC Program

HL-7 Electronic Data Exchange to the Registry

SCIONx

**Note: The Electronic Signature Authority should be one of the following; Doctor of Medicine, Doctor of Osteopathy, Advanced Practice Registered Nurse, Physician Assistant, Registered Nurse, Registered Pharmacists, Clinical Supervisor, Lab/Department Supervisor, or Center Manager.**

**Enrollment/Registration Types**

South Carolina Immunization Registry (SCI Registry)

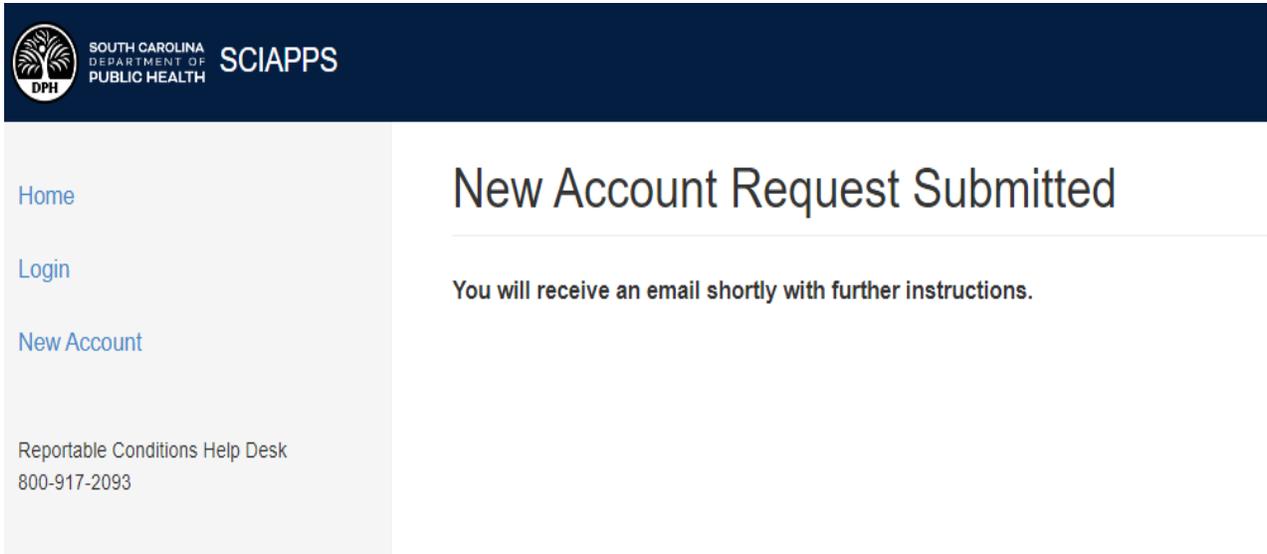
VFC Program

HL-7 Electronic Data Exchange to the Registry

SCIONx

Please check “SCIONx” under Enrollment/Registration Types. By completing and submitting this form, the user is requesting access to the SCIONx system.

## Account Verification Confirmation:



The screenshot shows the SCIAPPS website interface. At the top left is the logo for the South Carolina Department of Public Health (DPH) and the text "SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH SCIAPPS". A navigation menu on the left includes "Home", "Login", "New Account", and "Reportable Conditions Help Desk 800-917-2093". The main content area displays the heading "New Account Request Submitted" and the message "You will receive an email shortly with further instructions."

Once the account has been approved, the ESA will receive an additional email with a link to create a password.

 **NoReply@dph.sc.gov**  
To: Christen M. Rosario

You don't often get email from noreply@dph.sc.gov. [Learn why this is important](#)

**Your new SCIAPPS provider has been APPROVED by DHEC.**

UserName: **rosaricm@dhec.sc.gov**

Provider: **DPH Lowcountry PH Response**

**Note: Passwords must meet DPH security requirements.**

Enter and re-enter a password of your choice. The password must be at least 8 characters long including at least 1 number, 1 letter and 1 special character (~!@#%&^&\*()\_+.=).

**Set Password**

**New password**

**Confirm new password**

**Change Password**

Passwords must be changed every 90 days. Accounts will be disabled due to inactivity of greater than 30 days or deleted due to inactivity of greater than 90 days.

Each facility must maintain at least two active users. If you are leaving a facility and access is no longer required please contact the SCIONx helpdesk at [Scionhelp@dph.sc.gov](mailto:Scionhelp@dph.sc.gov).

Once the password has been confirmed and changed, the user will be required to set up verification questions for the system. These verification questions will be used to verify your identity where needed for security purposes.

## Set Verification Answers

You do not currently have any verification answers on file.

Question 1


Question 2


Question 3


Save

**Enrollment:**

After you set up your security questions, you will be taken to the enrollment home page. Click the link to complete the User Agreement. The User Agreement will only need to be submitted once.

Enrollment

Please fill out and submit your [User Agreement](#). 

Reporting

Please fill out and submit your [User Agreement](#).

**Note: All SCIONx training referred to on the agreement will be available online - you will not be required to attend a live training offsite.**

## User Confidentiality Account:

The User Confidentiality Agreement governs access to SCIONx and must be completed before access is granted.

Your User Confidentiality Agreement has not been completed. You must complete the user agreement (below) to be able to use the disease reporting system.

### SCIONx User Confidentiality Agreement

This Agreement governs my access to SCIONx (South Carolina Infectious disease and Outbreak Network for Externals), developed and maintained by the South Carolina Department of Public Health (DPH).

SCIONx is a statewide, confidential, computerized database of patient information. SCIONx records constitute confidential information that may include, but is not limited to, patient identifiable and protected health information. Users of SCIONx are required by law to safeguard the confidentiality and security of this information. Access to SCIONx is by individual user identification and password.

THEREFORE, as a condition to receiving access to SCIONx, I agree as follows:

Agree

I will attend all DPH training required for SCIONx access.

Agree

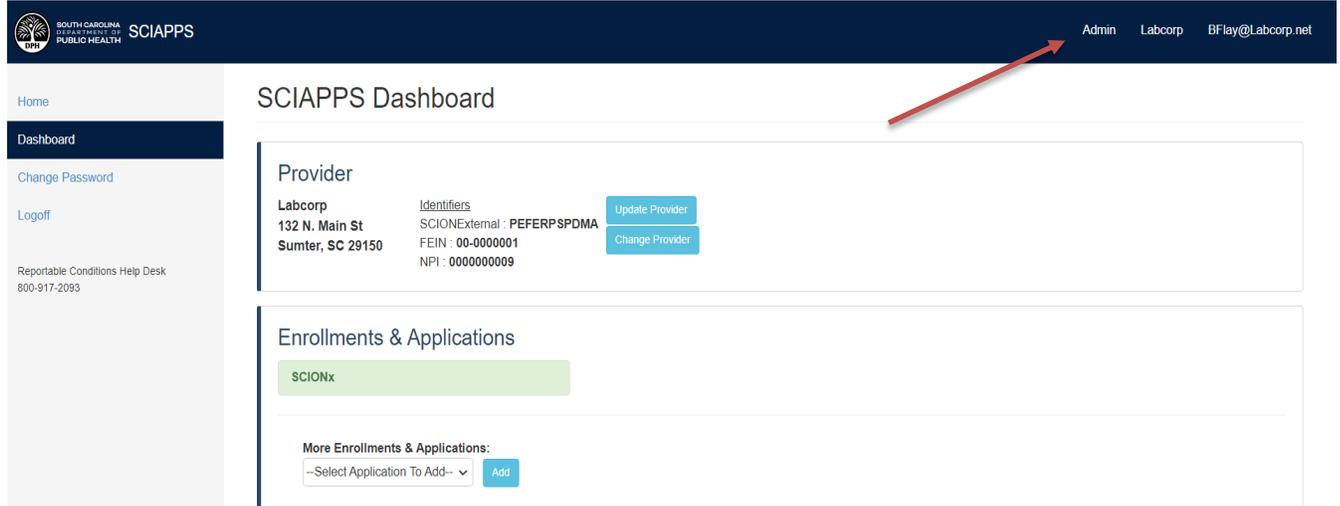
I understand that SCIONx information is confidential patient information that should only be disclosed to persons authorized to receive it.

As you read each statement, click “Agree”. At the end of the agreement click “Save” to electronically sign the form. Once the User Agreement has been completed, you are ready to use SCIONx.

## ADDING NEW USER/PROVIDERS

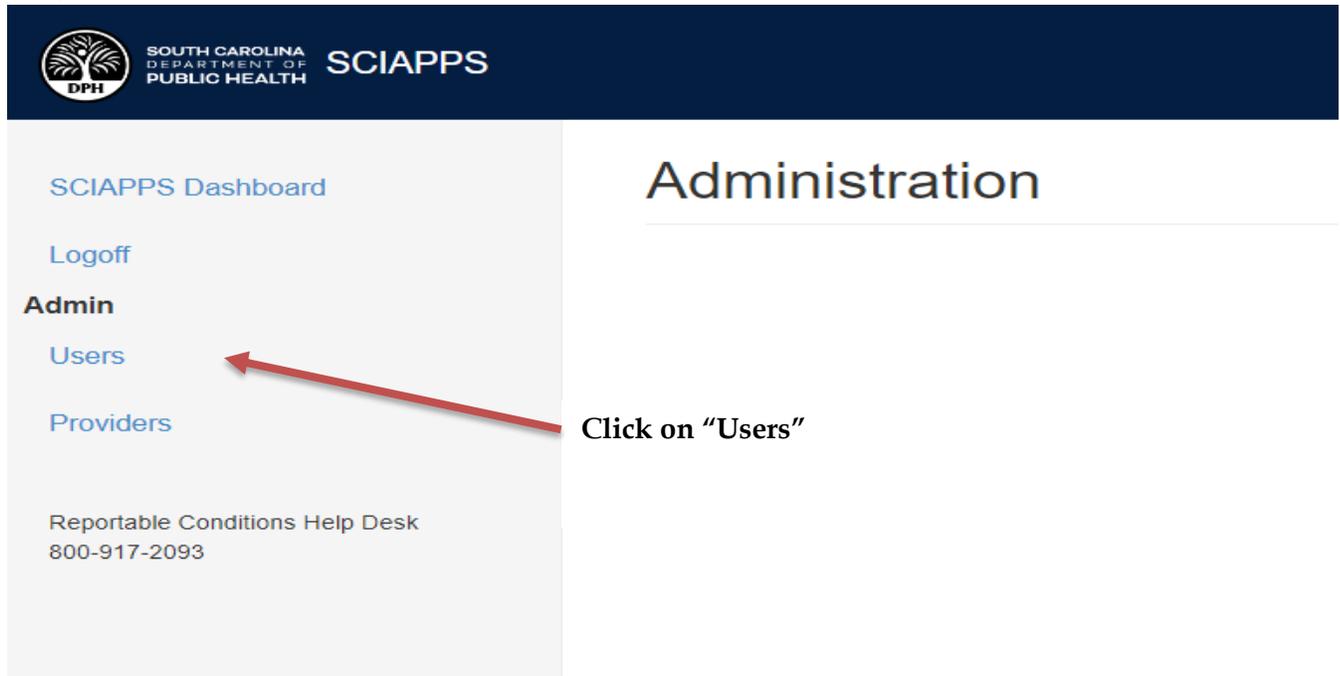
**NOTE: Once the ESA's account has been approved, additional users can then be added to the system.**

### To Add New Users:



The screenshot shows the SCIAPPS Dashboard interface. At the top right, there is a navigation bar with the following links: Admin, Labcorp, and BFlay@Labcorp.net. A red arrow points to the 'Admin' link. The main content area is titled 'SCIAPPS Dashboard' and contains two sections: 'Provider' and 'Enrollments & Applications'. The 'Provider' section displays information for 'Labcorp' (132 N. Main St, Sumter, SC 29150) and includes buttons for 'Update Provider' and 'Change Provider'. The 'Enrollments & Applications' section shows a 'SCIONx' status and a 'More Enrollments & Applications:' section with a dropdown menu and an 'Add' button.

On the SCIAPPS Dashboard click on “Admin” which is located in the top right corner of your screen.



The screenshot shows the SCIAPPS Administration page. The left sidebar contains the following links: SCIAPPS Dashboard, Logoff, Admin, Users, and Providers. A red arrow points to the 'Users' link. The main content area is titled 'Administration'.

Click on “Users”

## Users

**Search Criteria**

**User Details:**  
Email, First Name or Last Name

OR

**Providers:**

Username↑	First Name	Last Name	Enabled	Security Profiles
<input type="text"/>				

Enter Search Criteria To Find Users.

← **Click on "Add New User"**

Enter the new user information into the applicable fields.

## New User

**User Details**

Username/Email:  ← **A valid email address must be entered into this field.**

First Name:

Middle Name:

Last Name:

Position:

Phone Number:

Enabled:  Yes  No  
← **Choose "YES" to enable the user's account.**

## ADDING NEW USERS/PROVIDERS

### Providers

Provider Name	PIN	Remove
---------------	-----	--------

No Providers Found

Providers:

--SELECT PROVIDER--



Add Selected Provider



Click on the drop down to view the current list of Providers/Locations.

### Providers

Provider Name	PIN	Remove
---------------	-----	--------

Providers:

Labcorp || 132 N. Main St Sumter, SC 29150



Add Selected Provider



**Highlight the provider then click "Add Selected Provider."**

## ADDING NEW USERS/PROVIDERS

Highlight “Scion User” in the drop down and then click “Assign Selected Profile” to add SCION User onto the users’ security profile.

### Providers

Provider Name	PIN	Remove
Labcorp Hartsville		REMOVE 

Providers:

--SELECT PROVIDER-- 

### Security

Security Profile	Description
Legal Signature Authority	Access to Terms of use on the Direct Data Entry Enrollment system and HL7 Enrollment system.
Provider Registry Override User	Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry application with override rights.
Provider Registry Read Only User	Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry application in ReadOnly mode.
Provider Registry Standard User	Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry application.
SCION User	Access to SCIONx Enrollment System.

Security Profile	Remove
SCION User	<input type="button" value="Assign Selected Profile"/> 

Security Profiles To Add:

Profiles: SCION User 

Once the user account has been added, an email with a link to create a password will be sent.

### SCIAPPS Password Reset:

[JDoe@labcorp.net](mailto:JDoe@labcorp.net)

You must reset your password before you can login.

This is valid for 24 hours.

<http://wwwtest/Apps/Health/SCIAPPS/User/ResetPassword?token=EVEf237owDRZQO0qdB31GA2>

## NEW PROVIDERS:

To add an additional provider/location click on "Admin"

The screenshot displays the SCIAPPS Dashboard interface. At the top, a dark blue navigation bar contains the South Carolina Department of Public Health (DPH) logo and the text 'SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH SCIAPPS' on the left, and user links 'Admin', 'Labcorp', and 'BFlay@Labcorp.net' on the right. A red arrow points to the 'Admin' link. Below the navigation bar is a light gray sidebar with links for 'Home', 'Dashboard', 'Change Password', 'Logoff', and 'Reportable Conditions Help Desk 800-917-2093'. The main content area is titled 'SCIAPPS Dashboard' and features a 'Provider' section for 'Labcorp' with details: '132 N. Main St Sumter, SC 29150', 'SCIONExternal : PEFERPSPDMA', 'FEIN : 00-0000001', and 'NPI : 0000000009'. There are 'Update Provider' and 'Change Provider' buttons. Below this is an 'Enrollments & Applications' section with a green 'SCIONx' bar and a 'More Enrollments & Applications:' section containing a dropdown menu set to '--Select Application To Add--' and an 'Add' button.

**SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH** **SCIAPPS**

SCIAPPS Dashboard

Logoff

**Admin**

Users

Providers

Reportable Conditions Help Desk  
800-917-2093

## Administration

**Click on "Providers"**

On the SCIAPPS Dashboard click on "Admin" which is located in the top right corner of your screen.

## SCIAPPS Providers

1 records found.

PIN	Name↑	Address	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Labcorp	132 N. Main St	Sumter

Add New Provider/Location

**Add "New Provider/Location"**

## New Provider/Location Request

Pending Requests

Request Date	Provider Name
NO PENDING PROVIDER REQUESTS FOUND	

\*Denotes Required Field

### Facility Information

\* Facility Name:

Practice Name:  
(or Doing Business As)

Federal Employee  
Identification Number:  
\*(FEI)

\*Organization's NPI:

\*Facility Phone Number:

Ext:

Facility Address:  
\*(no P.O. Box)

\*City:

\*State:  

\*Zip:

\*County:  

### Enrollment/Registration Types

- South Carolina Immunization Registry (SCI Registry)
- VFC Program
- HL-7 Electronic Data Exchange to the Registry
- SCIONx

Submit



**Make sure to choose "SCIONx" prior to hitting Submit.**

## Submitting a Disease Report:

The screenshot displays the SCIONx web portal. At the top left is the South Carolina Department of Public Health logo and the text 'SCIONx'. At the top right are links for 'Labcorp' and 'BPlay@labcorp.net'. A left-hand navigation menu includes links for 'SCIAFPS Dashboard', 'Logout', 'SCIONx Home', 'User Agreement', 'COVID-19 CRF Form', 'ELC School COVID19 Report', 'Disease Reporting Form', 'Covid 19 Provider Agreement', 'Influenza Hospitalizations Worksheet', 'Frequently Asked Questions', and 'Reportable Conditions Help Desk 800-917-2093'. A red arrow points to the 'Disease Reporting Form' link in this menu. The main content area is divided into three sections: 'Overview' with introductory text and a help desk contact link; 'Enrollment' with the message 'Your User Agreement is complete.'; and 'Reporting' with four links: 'Submit a COVID-19 CRF Form.', 'Submit a Disease Reporting Form.', 'Submit an ELC School COVID19 Report', and 'Submit an Influenza Hospitalizations Worksheet.'. A red arrow points to the 'Submit a Disease Reporting Form.' link.

Click the link on the left or bottom of the Enrollment page to open the Disease Reporting Form.

South Carolina Department of Health and Environmental Control Disease Reporting Form

Disease reporting is required by SC Code of Laws Section 44-29-10, 44-53-1380, 44-1-110, and 44-1-140 and Regulation 61-20. Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (45 CFR §164.512)

\* Denotes a required field.

**Reportable Condition**

\* Disease/Condition:

**Patient Information**

\* Last Name:

\* First Name:

Middle Name:

Medical Record #:

Last 5 SSN: X-XXXX

\* DOB:

Street Address:

City:

State:

Zip Code:

\* County:

Preferred Contact Number:

Select the disease that you wish to report and enter all of the patient information that you have. If you find that you have selected the wrong disease, you may reset the form by clicking the "Reset" button next to the disease. This will clear the entire form and you can then select the correct disease.

## DISEASE REPORTING FORM

Enter the patient demographics, diagnosis and symptoms, visit details and treatment information.

### Demographics

Ethnicity:

Race:  Asian  American Indian or Alaska Native  Black or African American  Native Hawaiian or Other Pacific Islander  White  Other Race

\* Sex:

### Diagnosis/Symptoms

Date of Diagnosis:

Date of Symptom Onset:

Symptoms:

### Visit

Hospitalized?

Emergency Room:

Died:

### Treatment

Treated?

Enter the lab information.

**Note: The lab tests that are available to be selected are determined by the disease that you have selected at the top of the form.**

**Laboratory Results Information**

Specimen  
\* Collection Date:

Specimen  
Received Date:

\* Specimen Type:

Accession Number

\* Test Result Date:

\* Lab Test Name:

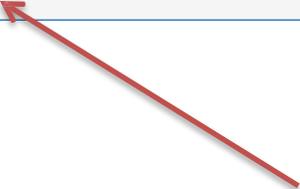
Coded Result:

Numeric Result:

Species/Serotype:

Comments:

**+**



If you have more than one lab result for this disease, click the + symbol in the bottom left of the lab area to add the additional results. If you have additional results for a different disease, fill out a separate disease form after you have submitted this one.

Enter the susceptibilities, if present.

**Sensitivities**

Sensitivity Result Date:	<input type="text"/>
Sensitivity Name:	--Select Sensitivity Name-- ▾
Sensitivity Coded Result:	--Select Sensitivity Coded Result-- ▾
Sensitivity Numeric Result:	<input type="text"/>
Comments:	<input type="text"/>

+



If there are additional sensitivities to report, click the + symbol in the bottom left of the lab area to add the additional results. Complete the status and reporting information. If you do not have the information at the time of reporting, tab through the field and leave it blank.

## DISEASE REPORTING FORM

**Patient Status**

In childcare?

Food Handler?

Daycare Worker?

Health Care Worker?

Daycare Worker?

Nursing home or other chronic care facility?

Prisoner/Detainee?

Outbreak related?

Travel in last 4 weeks?

Other:

**Reporting Information**

Ordering Provider Name:

Ordering Provider Phone:

Performing Facility:

Comments:

### Success

The Disease Reporting Form has been submitted.

Your Case Number is: **100000300.**

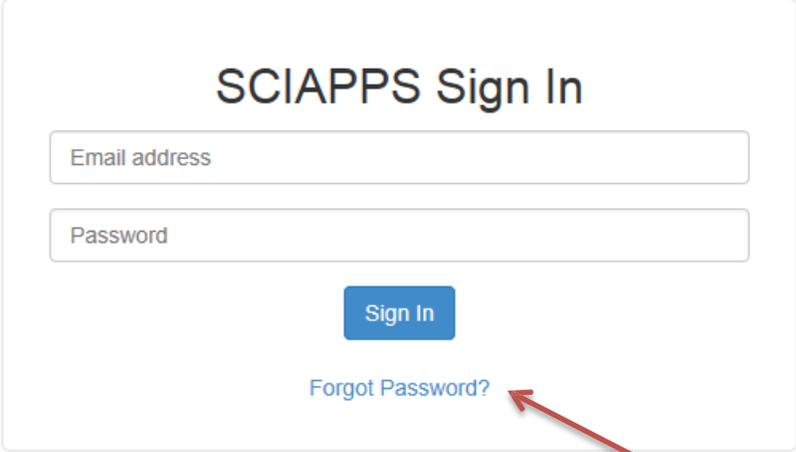


Once you click "Save" the form is submitted and a Case Number will be issued.

**NOTE: Do not attempt to resubmit by using the back arrow. If the information was submitted incorrectly, please click on Disease Reporting, resubmit the information then contact the SCIONx Helpdesk immediately at 1-800-917-2093.**

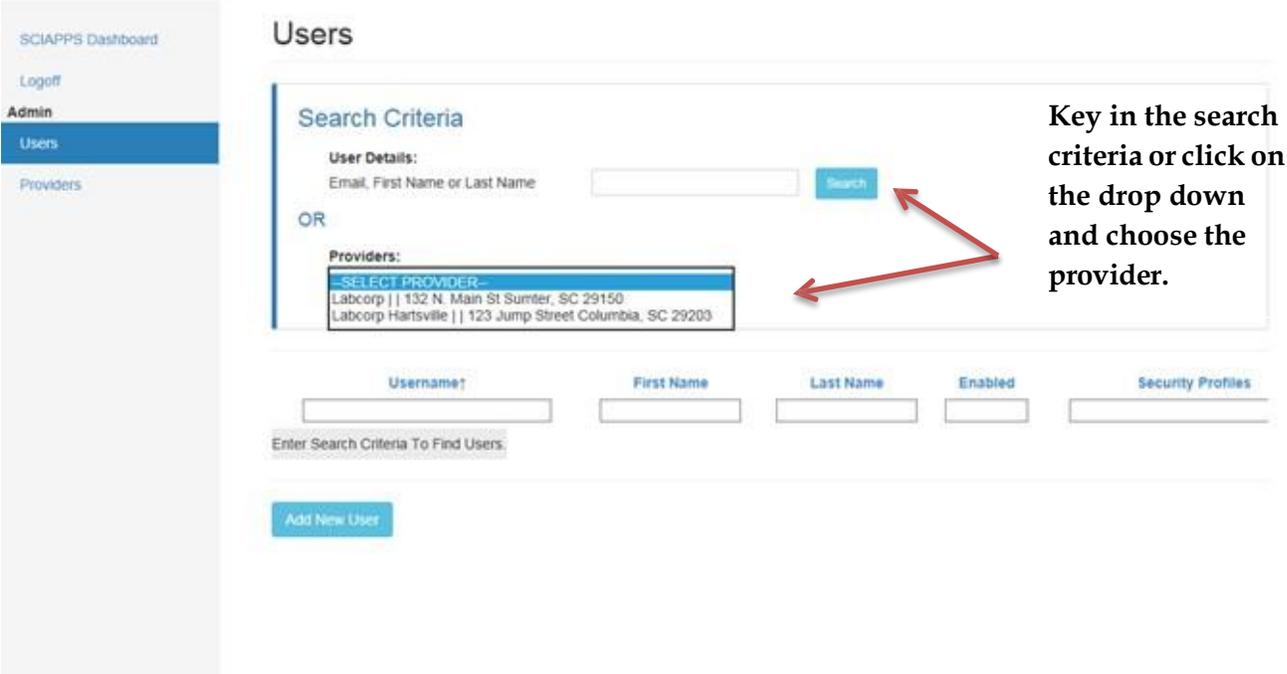
**SCIAPPS:**

If you have forgotten your password for SCIAPPS or it no longer works, you can reset it by clicking “Forgot Password?” on the SCIAPPS homepage.



**ESA resetting a current SCIONx user:**

Log into SCIAPPS and click on “Admin”. Next, click on “Users”.



### Users

**Search Criteria**

**User Details:**  
Email, First Name or Last Name

OR

**Providers:**  
Labcorp Hartsville | 123 Jump Street Columbia, SC 29203

2 records found.

Username†	First Name	Last Name	Enabled	Security Profiles
BFlay@Labcorp.net	Bobby	Flay	True	Electronic Signature Authori
SEasley@harts-labcorp.net	Sandra	Easley	True	SCION User

Click on the user that is requesting the password reset.

### Edit User

For Testing, Send Email To:

User password was successfully reset.  
They will receive an email shortly with password instructions.

#### User Details

Username/Email:

First Name:

Middle Name:

Last Name:

Once "Reset Password" is clicked, an email with a link to reset the password will be sent to the user.

## Appendix A: Acronym Guide

- (CHESS) - Carolina's Health Electronic Surveillance System
- (ESA) - Electronic Signature Authority
- (SCIAPPS) - South Carolina Information Applications
- (SCION) - South Carolina's Infectious disease and Outbreak Network
- (SCIONx) - South Carolina Infectious disease and Outbreak Network for Externals
- (SFA) - Senior Facility Authority