

**Tennessee Department of Health
Reportable Diseases and Events**

The diseases and events listed below are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee (T.C.A. §68 Rule 1200-14-01-.02). See matrix for additional details.

Category 1A: Requires immediate telephonic notification (24 hours a day, 7 days a week), followed by a written report using the PH-1600 within 1 week.

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| [002] Anthrax (<i>Bacillus anthracis</i>) ^B | [516] Novel Influenza A |
| [005] Botulism-Foodborne (<i>Clostridium botulinum</i>) ^B | [032] Pertussis (Whooping Cough) |
| [004] Botulism-Wound (<i>Clostridium botulinum</i>) | [037] Rabies: Human |
| [505] Disease Outbreaks (e.g., foodborne, waterborne, healthcare, etc.) | [112] Ricin Poisoning ^B |
| [023] Hantavirus Disease | [132] Severe Acute Respiratory Syndrome (SARS) |
| [096] Measles-Imported | [107] Smallpox ^B |
| [026] Measles-Indigenous | [110] Staphylococcal Enterotoxin B (SEB) Pulmonary Poisoning ^B |
| [095] Meningococcal Disease (<i>Neisseria meningitidis</i>) | [111] Viral Hemorrhagic Fever ^B |
| [530] Middle East Respiratory Syndrome (MERS) | |

Category 1B: Requires immediate telephonic notification (next business day), followed by a written report using the PH-1600 within 1 week.

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| [006] Brucellosis (<i>Brucella</i> species) ^B | [031] Mumps |
| [502] <i>Burkholderia mallei</i> infection ^B | [033] Plague (<i>Yersinia pestis</i>) ^B |
| [010] Congenital Rubella Syndrome | [035] Poliomyelitis-Nonparalytic |
| [011] Diphtheria (<i>Corynebacterium diphtheriae</i>) | [034] Poliomyelitis-Paralytic |
| [123] Eastern Equine Encephalitis Virus Infection | [119] Prion disease-variant Creutzfeldt Jakob Disease |
| [507] <i>Francisella</i> species infection (other than <i>F. tularensis</i>) ^B | [109] Q Fever (<i>Coxiella burnetii</i>) ^B |
| [053] Group A Streptococcal Invasive Disease (<i>Streptococcus pyogenes</i>) | [040] Rubella |
| [047] Group B Streptococcal Invasive Disease (<i>Streptococcus agalactiae</i>) | [041] Salmonellosis: Typhoid Fever (<i>Salmonella</i> Typhi) |
| [054] <i>Haemophilus influenzae</i> Invasive Disease | [131] <i>Staphylococcus aureus</i> : Vancomycin non-sensitive – all forms |
| [016] Hepatitis, Viral-Type A acute | [075] Syphilis (<i>Treponema pallidum</i>): Congenital |
| [513] Influenza-associated deaths, age <18 years | [519] Tuberculosis, confirmed and suspect cases of active disease (<i>Mycobacterium tuberculosis</i> complex) |
| [520] Influenza-associated deaths, pregnancy-associated | [113] Tularemia (<i>Francisella tularensis</i>) ^B |
| [515] Melioidosis (<i>Burkholderia pseudomallei</i>) | [108] Venezuelan Equine Encephalitis Virus Infection ^B |
| [102] Meningitis-Other Bacterial | |

Category 2: Requires written report using form PH-1600 within 1 week.

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| [528] <i>Acinetobacter</i> species, Carbapenem-resistant (Davidson County residents only) | [009] Cholera (<i>Vibrio cholerae</i>) |
| [501] Babesiosis | [001] Cryptosporidiosis (<i>Cryptosporidium</i> species) |
| [003] Botulism-Infant (<i>Clostridium botulinum</i>) | [106] Cyclosporiasis (<i>Cyclospora</i> species) |
| [121] California/LaCrosse Serogroup Virus Infection | [504] Dengue Fever |
| [007] Campylobacteriosis (including EIA or PCR positive stools) | [522] Ehrlichiosis/Anaplasmosis – Any |
| [526] Carbon Monoxide Poisoning | [506] Enterobacteriaceae, Carbapenem-resistant |
| [503] Chagas Disease | [060] Gonorrhea-Genital (<i>Neisseria gonorrhoeae</i>) |
| [069] Chancroid | [064] Gonorrhea-Ophthalmic (<i>Neisseria gonorrhoeae</i>) |
| [055] <i>Chlamydia trachomatis</i> -Genital | [061] Gonorrhea-Oral (<i>Neisseria gonorrhoeae</i>) |
| [057] <i>Chlamydia trachomatis</i> -Other | [062] Gonorrhea-Rectal (<i>Neisseria gonorrhoeae</i>) |
| | [133] Guillain-Barré syndrome |

^BPossible Bioterrorism Indicators

Category 2: Requires written report using form PH-1600 within 1 week. (continued)

- [022] Hansen's Disease [Leprosy] (*Mycobacterium leprae*)
- [058] Hemolytic Uremic Syndrome (HUS)
- [480] Hepatitis, Viral-HbsAg positive infant
- [048] Hepatitis, Viral-HbsAg positive pregnant female
- [017] Hepatitis, Viral-Type B acute
- [018] Hepatitis, Viral-Type C acute
- [021] Legionellosis (*Legionella* species)
- [094] Listeriosis (*Listeria* species)
- [024] Lyme Disease (*Borrelia burgdorferi*)
- [025] Malaria (*Plasmodium* species)
- [521] Powassan virus infection
- [118] Prion disease-Creutzfeldt Jakob Disease
- [036] Psittacosis (*Chlamydia psittaci*)
- [105] Rabies: Animal
- [122] St. Louis Encephalitis Virus Infection
- [042] Salmonellosis: Other than *S. Typhi* (*Salmonella* species)
- [517] Shiga-toxin producing *Escherichia coli* (including Shiga-like toxin positive stools, *E. coli* O157 and *E. coli* non-O157)
- [043] Shigellosis (*Shigella* species)
- [039] Spotted Fever Rickettsiosis (*Rickettsia* species including Rocky Mountain Spotted Fever)
- [518] *Streptococcus pneumoniae* Invasive Disease (IPD)
- [074] Syphilis (*Treponema pallidum*): Cardiovascular
- [072] Syphilis (*Treponema pallidum*): Early Latent
- [073] Syphilis (*Treponema pallidum*): Late Latent
- [077] Syphilis (*Treponema pallidum*): Late Other
- [076] Syphilis (*Treponema pallidum*): Neurological
- [070] Syphilis (*Treponema pallidum*): Primary
- [071] Syphilis (*Treponema pallidum*): Secondary
- [078] Syphilis (*Treponema pallidum*): Unknown Latent
- [044] Tetanus (*Clostridium tetani*)
- [045] Toxic Shock Syndrome: Staphylococcal
- [097] Toxic Shock Syndrome: Streptococcal
- [046] Trichinosis
- [101] Vancomycin resistant enterococci (VRE) Invasive Disease
- [114] *Varicella* deaths
- [104] Vibriosis (*Vibrio* species)
- [125] West Nile virus Infections-Encephalitis
- [126] West Nile virus Infections-Fever
- [124] Western Equine Encephalitis Virus Infection
- [098] Yellow Fever
- [103] Yersiniosis (*Yersinia* species)

Category 3: Requires special confidential reporting to designated health department personnel within 1 week.

- [500] Acquired Immunodeficiency Syndrome (AIDS)
- [512] Human Immunodeficiency Virus (HIV)
- [525] All CD4+ T-cell and HIV-1 Viral Load testing results from those laboratories performing these tests

Category 4: Laboratories and physicians are required to report all blood lead tests. Levels $\geq 5\mu\text{g}/\text{dl}$ should be reported within 1 week. Levels $< 5\mu\text{g}/\text{dl}$ should be reported within 1 month.

- [514] Lead Levels (blood)

Category 5: Events will be reported monthly (no later than 30 days following the end of the month) using the the designated reporting mechanism. For Healthcare Associated Infections, events should be reported via the National Healthcare Safety Network (NHSN – see <http://health.state.tn.us/ceds/hai/index.htm> for more details); *Clostridium difficile* Infection and *Staphylococcus aureus*: Methicillin resistant Invasive Disease (Davidson County residents only) will also be reported monthly to the Emerging Infections Program (EIP). For Neonatal Abstinence Syndrome (NAS), a diagnosis should be reported using the NAS reporting portal (<http://health.tn.gov/MCH/NAS/index.shtml>).

- [531] *Clostridium difficile* Infection (Davidson County residents only)
- [523] Healthcare Associated Infections, Catheter Associated Urinary Tract Infections
- [508] Healthcare Associated Infections, Central Line Associated Bloodstream Infections
- [509] Healthcare Associated Infections, *Clostridium difficile*
- [524] Healthcare Associated Infections, Dialysis Events
- [529] Healthcare Associated Infections, Healthcare Personnel Influenza Vaccination
- [510] Healthcare Associated Infections, Methicillin resistant *Staphylococcus aureus* positive blood cultures
- [511] Healthcare Associated Infections, Surgical Site Infections
- [130] *Staphylococcus aureus*: Methicillin resistant Invasive Disease (Davidson County residents only)
- [527] Neonatal Abstinence Syndrome

