

Directions for Laboratory Reporting

The diseases, events, and conditions reportable to Tennessee Department of Health (TDH) by laboratories for 2017, including laboratories in healthcare facilities, are provided in the 2017 List of Reportable Diseases in Tennessee: For Laboratories (Page 2 of the List). This Detailed Laboratory Guidance document (referenced in the List) provides additional details regarding the reportable tests and results, specimen source, and specimen/isolate submission to the state public health laboratory. The state public health laboratory provides additional details about submission at <https://tn.gov/health/topic/lab>.

Laboratories should report via electronic laboratory reporting or a printed laboratory report. Requirements for electronic laboratory reporting are available at <https://tn.gov/health/article/laboratory-reporting>.

The information below is required for printed laboratory reports, if available.

- (1) Patient demographics (including patient date of birth, address, sex, race, ethnicity, and telephone)
- (2) Ordering provider and facility name, phone number, address
- (3) Performing laboratory name, phone number, and address
- (4) Reporting facility name, phone number, address
- (5) Date of the laboratory report
- (6) Test performed (may differ from the test ordered)
- (7) Accession number
- (8) Specimen type/source and collection date
- (9) Result (quantitative and qualitative), interpretation, and reference range

If the printed laboratory report does not include the required information listed above, then the PH-1600 should be completed for the missing information and submitted with the printed laboratory report. Laboratories are not required to report information in the Clinical Information section of the PH-1600. The paper PH-1600 is available on the Reportable Diseases website at <https://apps.health.tn.gov/ReportableDiseases>. Laboratories may also report via the online PH-1600 at <https://is.gd/TNReportableDiseases>.

Lab reports and the PH-1600, if necessary, may be faxed directly to the local or regional health office (see <http://tn.gov/health/topic/localdepartments>) or the Division of Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) at (615) 741-3857. For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006.

2017 Reportable Diseases in Tennessee: Detailed Laboratory Guidance

| Pathogen ¹ | Laboratory Tests and Results to Report to Public Health ² | Send Isolate or Specimen ³ | Reporter ⁴ |
|---|--|---------------------------------------|-----------------------|
| Detection in one or more specimens of etiological agents of disease or conditions not limited to those listed in this Table that are of urgent public health significance ! | Detection in one or more specimens of etiological agents of disease or conditions not limited to those listed in this Table that are of urgent public health significance. Laboratories reporting outbreak events or conditions not listed in this Table but of public health significance should immediately contact the TDH Communicable and Environmental Disease Services via telephone at (615) 741-7247 or 1-800-404-3006. | By Request | L & P |
| <i>Acinetobacter</i> species, Carbapenem-resistant eip | <i>Acinetobacter</i> from normally sterile sites, or urine and non-susceptible isolates (intermediate or resistant to at least one carbapenem or PCR detection of carbapenemase-producing gene). Results should not be sent via electronic laboratory reporting. Please include susceptibility test results. Report only for residents of Davidson, Cheatham, Robertson, Sumner, Wilson, Rutherford, Dickson, or Williamson counties. | -- | L |
| <i>Anaplasma phagocytophilum</i> , species | Positive by any method for any specimen. Include speciation results if known. | -- | L & P |
| <i>Babesia</i> species | Positive by any method for any specimen. | -- | L & P |
| <i>Bacillus anthracis</i> ! | Positive by any method for any specimen. | Required | L & P |
| <i>Bordetella pertussis</i> ☎ | Positive culture or detected by nucleic acid amplification or polymerase chain reaction (PCR) for any specimen. | -- | L & P |
| <i>Borrelia burgdorferi</i> | <p>1) A positive culture for <i>B. burgdorferi</i></p> <p>2) A positive two-tier test. This is defined as a positive or equivocal enzyme immunoassay (EIA) or immunofluorescent assay (IFA) followed by a positive IgM or IgG Western immunoblot (WB) for Lyme disease.</p> <ul style="list-style-type: none"> ▪ An IgM WB is considered positive when at least two of the following three bands are present: 24 kDa (OspC)*, 39 kDa (BmpA), and 41 kDa (Fla). Disregard IgM results for specimens collected >30 days after symptom onset. ▪ An IgG WB is considered positive when at least five of the following 10 bands are present: 18 kDa, 24 kDa (OspC)*, 28 kDa, 30 kDa, 39 kDa (BmpA), 41 kDa (Fla), 45 kDa, 58 kDa (not GroEL), 66 kDa, and 93 kDa. <p>3) A positive single-tier IgG WB test for Lyme disease (see above for how to identify a positive IgG WB). While a single IgG WB is adequate for surveillance purposes, a two-tier test is still recommended for patient diagnosis.</p> <p>*Depending upon the assay, OspC could be indicated by a band of 21, 22, 23, 24 or 25 kDa.</p> | -- | L & P |
| <i>Brucella</i> species ☎ | Positive by any method for any specimen. | Required | L & P |
| <i>Burkholderia mallei</i> ☎ | Positive by any method for any specimen. | Required | L |
| California/LaCrosse serogroup viruses: California Encephalitis Virus, LaCrosse Encephalitis Virus, Jamestown Canyon Virus, Keystone Virus, Snowshoe Hare Virus, Trivittatus Virus | Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies. Any specimen. | -- | L & P |
| <i>Campylobacter</i> species | Positive by any method (including culture, EIA, and PCR) for any specimen. Include speciation results if known. | Required | L & P |
| <i>Candida auris</i> ☎ | Positive by any method for any specimen. Detection from any site/specimens (including swabs from skin). | Required | L & P |
| Chikungunya virus ☎ | Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies. Any specimen. | -- | L & P |
| <i>Chlamydia psittaci</i> | Positive or detected by culture, serology, or PCR for any specimen. | -- | L & P |
| <i>Chlamydia trachomatis</i> | Positive by any method for any specimen. | -- | L & P |
| <i>Clostridium botulinum</i> or botulinum toxin: Foodborne ! or Wound ! | Positive by any method for any specimen. | Required | L & P |

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| <i>Clostridium botulinum</i> or botulinum toxin: Infant | Positive by any method for any specimen. | Required | L & P |
| <i>Clostridium difficile</i> ^{eip} | Positive by any method for any specimen. Include methodology. Report only for residents of Davidson County. | Requested | L & P |
| <i>Clostridium tetani</i> | Positive by any method for any specimen. | Required | L & P |
| Colistin-resistant (plasmid mediated) gram negative bacteria 📞 | Positive by any method for any known plasmid-mediated colistin resistance mechanisms (e.g., <i>mcr-1</i> , <i>mcr-2</i>). Isolates/specimens from any specimen and body site (including screening tests to determine colonization). Excludes <i>Proteus</i> , <i>Providencia</i> , <i>Morganella</i> , and <i>Serratia</i> species. Submit isolates with MIC>=4 for colistin. | Required | L & P |
| <i>Corynebacterium diphtheria</i> or <i>Corynebacterium ulcerans</i> 📞 | Positive culture from any clinical specimen or histopathology. | Required | L & P |
| <i>Coxiella burnetii</i> 📞 | Demonstration by serology: Phase I or phase II antigen IgG ≥1:128 by indirect immunofluorescence assay (IFA), Elevated phase II IgG or IgM by enzyme-linked immunosorbent assay (ELISA), dot-ELISA, or latex. Detection by PCR, demonstration by immunohistochemical methods (IHC), or detection by culture. Any specimen. | -- | L & P |
| <i>Cryptosporidium</i> species | Positive by any method for any specimen. | Required | L & P |
| <i>Cyclospora</i> species | Positive by any method for any specimen. Include speciation results if known. | -- | L & P |
| Dengue virus | Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus- specific neutralizing antibodies. Any specimen. | -- | L & P |
| Eastern equine encephalitis virus 📞 | Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus- specific neutralizing antibodies. Any specimen. | -- | L & P |
| <i>Ehrlichia</i> species (including <i>E. chaffeensis</i> and <i>E. ewingii</i>) | Positive by any method for any specimen. Include speciation results if known. | -- | L & P |
| <i>Enterobacter</i> species, Carbapenem-resistant | <i>Enterobacter</i> species, from any clinical specimen (including rectal/perirectal swabs), resistant to at least one carbapenem antibiotic according to break points effective as of 2012 CLSI guidelines (i.e., ertapenem MIC>=2.0 or doripenem/imipenem/meropenem MIC=>4.0). Include all susceptibility results with the numeric MIC values (interpretation alone is insufficient), and all carbapenemase-production (Carba NP or modified-Hodge) or resistance mechanism testing results (positive or negative). For example, polymerase chain reaction [PCR] or metallo-β-lactamase for <i>Klebsiella pneumoniae</i> carbapenemase [KPC], New Delhi metallo-β-lactamase [NDM], Verona integron encoded metallo-β-lactamase [VIM], the imipenemase [IMP] metallo-β-lactamase, or OXA-48 carbapenemase). | Required | L & P |
| <i>Enterococcus</i> species, Vancomycin-resistant | Isolation of enterococci from any clinical specimen from a sterile site AND "Nonsusceptible" isolate (i.e., intermediate- or high level resistant) to vancomycin. Please include susceptibility test results. | -- | L & P |
| <i>Escherichia coli</i> , Carbapenem-resistant | <i>Escherichia coli</i> , from any clinical specimen (including rectal/perirectal swabs), resistant to at least one carbapenem antibiotic according to break points effective as of 2012 CLSI guidelines (i.e., ertapenem MIC>=2.0 or doripenem/imipenem/meropenem MIC=>4.0). Include all susceptibility results with the numeric MIC values (interpretation alone is insufficient), and all carbapenemase-production (Carba NP or modified-Hodge) or resistance mechanism testing results (positive or negative). For example, polymerase chain reaction [PCR] or metallo-β-lactamase for <i>Klebsiella pneumoniae</i> carbapenemase [KPC], New Delhi metallo-β-lactamase [NDM], Verona integron encoded metallo-β-lactamase [VIM], the imipenemase [IMP] metallo-β-lactamase, or OXA-48 carbapenemase). | Required | L & P |
| <i>Escherichia coli</i> , Extended Spectrum Beta Lactamase-producing ^{eip} | Please include susceptibility test results. Report only from sentinel laboratories in Davidson County. Any specimen. Results should not be sent via electronic laboratory reporting. | Requested | L |
| <i>Escherichia coli</i> , Shiga toxin-producing | Positive by any method (including culture, EIA, and PCR) for any specimen. Include speciation results if known. For state public health labs, please include negative, not isolated, and no growth results. For any Shiga toxin-producing <i>Escherichia coli</i> (STEC), including <i>E. coli</i> O157s and <i>E. coli</i> non-O157s, EIA positive broths for shiga-like toxin will also be accepted. | Required | L & P |

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|---|--|---------------------------------------|-----------------------|
| <i>Francisella tularensis</i> ☎, species ☎ | Positive by any method for any specimen. | Required | L |
| <i>Haemophilus influenzae</i> ☎ | Positive culture or PCR from a sterile site. | Required | L & P |
| Hepatitis A virus ☎ | Positive IgM anti-HAV for any specimen. Include associated results for additional serological markers for hepatitis (including hepatitis B and C), and alanine aminotransferase (ALT) and aspartate aminotransferase (AST) if available. | -- | L & P |
| Hepatitis B virus: Acute | Positive hepatitis B surface antigen (HBsAg), positive IgM antibody to hepatitis B core antigen (IgM anti-HBc), positive hepatitis B "e" antigen (HBeAg) or positive nucleic acid test for hepatitis B DNA (HBV-DNA; including qualitative, quantitative and genotype testing). Include pregnancy status and additional associated serological markers for hepatitis (including hepatitis A and C) and alanine aminotransferase (ALT), if available. Any specimen. | -- | L & P |
| Hepatitis B virus: Perinatal (age ≤24 months) | Positive hepatitis B surface antigen (HBsAg), positive hepatitis B "e" antigen (HBeAg), or detectable HBV DNA. Any specimen. | -- | L & P |
| Hepatitis B virus: Pregnant Female (each pregnancy) | Positive hepatitis B surface antigen (HBsAg), positive IgM antibody to hepatitis B core antigen (IgM anti-HBc), positive hepatitis B "e" antigen (HBeAg) or positive nucleic acid test for hepatitis B DNA (HBV-DNA; including qualitative, quantitative and genotype testing). Include pregnancy status and additional associated serological markers for hepatitis (including hepatitis A and C) and alanine aminotransferase (ALT), if available. Any specimen. | -- | L & P |
| Hepatitis C virus | The condition of acute HCV is reportable by both laboratories and providers. The condition of chronic HCV is reportable by laboratories only. Positive anti-HCV and confirmatory assay (e.g. antigen or nucleic acid amplification testing for HCV RNA [qualitative, quantitative or genotype testing]). Include all associated results (positive or negative) for additional serologic markers of hepatitis (including hepatitis A and B) and alanine aminotransferase (ALT) if available AND all <u>negative</u> HCV confirmatory assays (e.g. antigen or nucleic acid amplification for HCV RNA [qualitative, quantitative or genotype testing]). Any specimen. | -- | L & P |
| Human Immunodeficiency Virus (HIV) | HIV confirmatory test positive by any method for any specimen, CD4 Count, CD4 %, HIV Viral Load Count, HIV Viral Load Log Count. Reportable by laboratories only. In accordance with T.C.A. §37-1-403, any physician or other person diagnosing or treating venereal herpes or any of these reportable sexually transmitted diseases in a child 13 years of age or younger should make a confidential written report of the case to the Department. | -- | L & P |
| Influenza virus, detection of a novel or pandemic influenza A virus strain from a human ! | Positive viral culture or PCR for any specimen. | Required | L & P |
| <i>Klebsiella</i> species, Carbapenem-resistant | <i>Klebsiella</i> species, from any clinical specimen (including rectal/perirectal swabs), resistant to at least one carbapenem antibiotic according to break points effective as of 2012 CLSI guidelines (i.e., ertapenem MIC≥2.0 or doripenem/imipenem/meropenem MIC=>4.0). Include all susceptibility results with the numeric MIC values (interpretation alone is insufficient), and all carbapenemase-production (Carba NP or modified-Hodge) or resistance mechanism testing results (positive or negative). For example, polymerase chain reaction [PCR] or metallo-β-lactamase for <i>Klebsiella pneumoniae</i> carbapenemase [KPC], New Delhi metallo-β-lactamase [NDM], Verona integron encoded metallo-β-lactamase [VIM], the imipenemase [IMP] metallo-β-lactamase, or OXA-48 carbapenemase). | Required | L & P |

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|---|--|---------------------------------------|-----------------------|
| Lead levels | <p>All laboratories that run blood lead tests who conduct on site blood lead analysis with portable devices are to report all blood lead test results for Tennessee residents within one week of receipt of results. Laboratories should report electronically and include Patient's First Name, Last Name, Date of Birth, Address (Street Address, City, State, Zip Code and County of Residence), Sample Date, Sample Type, Result, Provider's Name and Phone Number.</p> <p>Report online at https://leadinput.tennessee.edu/leadin/. Both normal and elevated BLL (Blood Lead Level) test results may be reported for Tennessee residents electronically. The submitted results will be evaluated/approved and will be added to the LeadTRK system within two working days. For more information, refer to https://tn.gov/health/article/MCH-lead-providers.</p> | -- | L & P |
| <i>Legionella</i> species | Positive by any method for any specimen. | Required | L & P |
| <i>Listeria</i> species | Positive by any method (including culture and PCR) for any specimen. Include speciation results if known. | Required | L & P |
| Measles virus ! | Positive IgM or rising IgG titer or detected by nucleic acid amplification or positive viral culture for any specimen. | Required | L & P |
| Meningitis, isolation or demonstration of any bacterial species from cerebrospinal fluid ☎ | Isolation of any bacteria from cerebrospinal fluid by culture, antigen, or PCR testing. | Required | L & P |
| Middle East Respiratory Syndrome Coronavirus (MERS-CoV) ! | Positive by any method for any specimen. | Required | L & P |
| Mumps virus ☎ | Positive IgM or rising IgG titer or detected by nucleic acid amplification or positive viral culture for any specimen. | Required | L & P |
| <i>Mycobacterium leprae</i> | Demonstration of acid-fast bacilli in skin or dermal nerve | Required | L & P |
| <i>Mycobacterium</i> species other than <i>M. tuberculosis</i> (non-pulmonary sites only) | Any AFB smear, culture, HPLC, DNA probe or nucleic acid amplification test (NAAT) from any non-pulmonary site indicating presence of acid-fast bacilli. All specimens, except respiratory. | Requested | L & P |
| <i>Mycobacterium tuberculosis</i> complex (<i>M. tuberculosis</i> , <i>M. bovis</i> , <i>M. africanum</i> , <i>M. canettii</i> , <i>M. microti</i>) | The first AFB-positive respiratory specimen (by fluorochrome or acid-fast stain) indicating presence of acid-fast bacilli; <u>submit specimen within 3 business days</u> of collection. | Required | L & P |
| | Any specimen, from any site, with a positive nucleic acid amplification test (NAAT --- including, but not limited to: PCR, MTD, GeneXpert, MTBDR Plus [HAIN test]) indicating detection of <i>Mycobacterium tuberculosis</i> complex or associated point mutation from any site; <u>submit specimen within 3 business days</u> of test result. ☎ | Required | L & P |
| | Any culture result by HPLC or DNA probe positive for <i>Mycobacterium tuberculosis</i> complex from any site; <u>submit isolate within 5 business days</u> of test result. ☎ | Required | L & P |
| | All anti-TB drug susceptibility results, by molecular or dilutional method, from a specimen or isolate from any site, with confirmed presence of <i>Mycobacterium tuberculosis</i> ; anti-TB drugs include: isoniazid, rifamycins, pyrazinamide, ethambutol, streptomycin, levofloxacin, moxifloxacin, amikacin, capreomycin, kanamycin, cycloserine, ethionamide, para-aminosalicylate (PAS), clofazimine, bedaquiline, delamanid, linezolid, amoxicillin-clavulanate, and imipenem. ☎ | Required | L & P |
| | Positive interferon-gamma release assay (IGRA) test results (including, but not limited to: QuantiFERON®-TB Gold In-Tube, QuantiFERON® Plus, T-Spot.TB® test), for persons of any age; provide qualitative and quantitative positive IGRA results within 1 week of specimen collection. | -- | L & P |
| <i>Neisseria gonorrhoeae</i> | Positive by any method for any specimen. | -- | L & P |
| <i>Neisseria meningitidis</i> ! | Positive culture or detected by nucleic acid amplification or positive immunohistochemistry or Gram-stain showing Gram-negative diplococci in CSF, blood, or any other sterile site or from petechial or purpuric lesion scrapings. | Required | L & P |
| <i>Plasmodium</i> species | Positive by any method for any specimen. | Required | L & P |
| Poliovirus ☎ | Positive viral culture or detected by PCR for any specimen. | Required | L & P |

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|---|---|---------------------------------------|-----------------------|
| <i>Pseudomonas aeruginosa</i> , Carbapenem- resistant eip | Isolation from any specimen source and resistant to imipenem, meropenem, or doripenem. Report only for residents of Davidson county. Include all susceptibility results, plus any available results regarding carbapenemase production (positive or negative). Results should not be sent via electronic laboratory reporting. | Required | L |
| Rabies virus: animal | Only the Tennessee Department of Health Laboratory is approved for animal rabies testing. | -- | L & P |
| Rabies virus: human ! | Testing is available only by coordination with the Tennessee Department of Health Laboratory Services and CDC. | -- | L & P |
| Ricin toxin ! | Positive by any method (including detection of DNA and presumptive identification of ricin toxin by fluoroimmunoassay) for any specimen. | -- | L & P |
| <i>Rickettsia</i> species (other than <i>R. typhus</i>) | Positive by any method for any specimen. Include speciation results if known. | -- | L & P |
| Rubella virus 📞 | Positive IgM or rising IgG titer or detected by nucleic acid amplification or positive viral culture for any specimen. | Required | L & P |
| St. Louis encephalitis virus | Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus- specific neutralizing antibodies. Any specimen. | -- | L & P |
| <i>Salmonella</i> Typhi 📞 | Positive by any method (including culture and PCR) for any specimen. Include speciation results if known. | Required | L & P |
| <i>Salmonella</i> species (other than <i>S.Typhi</i>) | Positive by any method (including culture and PCR) for any specimen. Include speciation results if known. | Required | L & P |
| <i>Shigella</i> species | Positive by any method (including culture and PCR) for any specimen. Include speciation results if known. | Required | L & P |
| <i>Staphylococcus aureus</i> , enterotoxin B-producing ! | Positive by any method for any specimen. | -- | L & P |
| <i>Staphylococcus aureus</i> , methicillin-resistant eip | Isolation from a clinical specimen from a sterile site AND "non- susceptible" isolate identified (i.e., intermediate- or high-level resistance to cefoxitin, methicillin, nafcillin, or oxacillin) OR detection by nucleic acid amplification from a sterile site. Report only for Davidson County residents for EIP program; all NHSN reporting facilities (Hospitals) will do state wide reporting to NHSN. Please include susceptibility test results. | -- | L & P |
| <i>Staphylococcus aureus</i> , Toxin-producing (TSST-1) | Positive by any method for any specimen. | -- | L & P |
| <i>Staphylococcus aureus</i> , vancomycin non-sensitive : All forms 📞 | Isolation from any clinical specimen AND "non-susceptible" isolate identified (i.e., intermediate- or high-level resistance to vancomycin). Please include all susceptibility test results. | Required | L & P |
| <i>Streptococcus agalactiae</i> | Positive culture or nucleic acid amplification from a normally sterile site. | -- | L & P |
| <i>Streptococcus pneumoniae</i> | Positive culture from any sterile site. Please include susceptibility test results. | Required | L & P |
| <i>Streptococcus pyogenes</i> : Invasive Disease 📞, Toxin-producing | Positive culture or nucleic acid amplification from a normally sterile site, wound or muscle. Isolates from wounds will only be considered for Group A Streptococcal Invasive Disease when accompanied by necrotizing fasciitis (NF) or streptococcal toxic shock syndrome (STSS). Isolates from muscle will only be considered for Group A Streptococcal Invasive Disease. | Required | L & P |
| <i>Treponema pallidum</i> : Congenital 📞 | Positive/reactive by any method for any specimen. | -- | L & P |
| <i>Treponema pallidum</i> : Other | Positive/reactive by any method for any specimen. | -- | L & P |
| <i>Trypanosoma cruzi</i> | Positive by any method for any specimen. | -- | L & P |
| Variola virus (orthopox virus) ! | Positive by any method or suspected for any specimen. | -- | L & P |

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|---|---|---------------------------------------|-----------------------|
| Venezuelan equine encephalitis virus ☎ | Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus- specific neutralizing antibodies. Any specimen. | -- | L & P |
| <i>Vibrio cholerae</i> (Toxigenic O1 or O139) | Positive by any method (including culture, PCR, and cholera toxin test) for any specimen. Include speciation results if known. | Required | L & P |
| <i>Vibrio</i> species (Non-toxigenic O1 or O139), <i>Grimontia hollisae</i> , <i>Photobacterium damselae</i> | Positive by any method (including culture, PCR, and cholera toxin test) for any specimen. Include speciation results if known. | Required | L & P |
| Viral Hemorrhagic Fever viruses ! : Bunyaviruses, Crimean-Congo, Ebola, Guaranito, Junin, Lassa, Lujo, Machupo, Marburg, Sabia | Positive by any method for any specimen. | Required | L & P |
| Western equine encephalitis virus | Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus- specific neutralizing antibodies. Any specimen. | -- | L & P |
| West Nile virus | Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus- specific neutralizing antibodies. Any specimen. | -- | L & P |
| Yellow fever virus | Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus- specific neutralizing antibodies. Any specimen. | -- | L & P |
| <i>Yersinia pestis</i> ☎ | Positive by any method for any specimen. | Required | L & P |
| <i>Yersinia</i> species (other than <i>Yersinia pestis</i>) | Positive by any method (including culture and PCR) for any specimen. Include speciation results if known. | Requested | L & P |
| Zika virus ☎ | Report positive results by any method for any specimen. Submit specimens for positive IgM tests directly to CDC for further testing. No submission is requested or required for the state public health laboratory. | Required to CDC | L & P |

Footnotes:

- ¹ Timeframe for reporting: != phone immediately or ☎= phone next business day | ^{eip} = report in 30 days via PH-1600 online or fax to HAI Emerging Infections Program (EIP) at (615) 741-3857
- ² For most notifiable diseases, a patient is reportable when the pathogen is isolated or detected from any specimen source (unless where otherwise indicated). A normally "sterile site" is defined as: blood, CSF, pleural fluid (includes chest fluid, thoracentesis fluid), peritoneal fluid (includes abdominal fluid, ascites), pericardial fluid, bone (includes bone marrow), joint (includes synovial fluid; fluid, needle aspirate or culture of any specific joint: knee, ankle, elbow, hip, wrist), internal body sites (specimen obtained from surgery or aspirate from one of the following: lymph node, brain, heart, liver, spleen, vitreous fluid, kidney, pancreas, or ovary). Screening cultures (e.g., nasal swabs, rectal, peri-rectal swabs) are included under "all isolates."
- ³ It shall be the responsibility of the director of a medical laboratory to submit isolates/specimens of designated microorganisms for confirmation, typing and/or antibiotic sensitivity. All isolates/specimens shall be accompanied by the following information:
(a) Patient's full name, address, age, and sex. (b) Physician's name and address. (c) Anatomic source of culture. Refer to the Tennessee Department of Health Laboratory Services' Directory of Services website for specimens needed for testing (<http://tn.gov/health/article/lab-directory>).
- ⁴ The type of reporter responsible for reporting: L=Laboratory and P=Healthcare provider.