Tennessee Department of Health
Reportable Diseases and Events Matrix

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).

(Effective January 01, 2016)

Code	Disease or Event	Pathogen	Category[1]	Specimen Source(s)[2]	Send Isolate/Specimen[3]	Reporter[12]	Limited Catchment[14]	NHSN	BT Indicator
528	*Acinetobacter* species, Carbapenem-resistant[9,10]	Carbepenem-resistant *Acinetobacter* species[9,10]	2	Sterile Sites, Urine	–	L	H	–	–
500	Acquired Immunodeficiency Syndrome (AIDS)[7]	Human Immunodeficiency Virus (HIV)[7]	3	All	–	P	–	–	–
525	All CD4+ T-cell and HIV Viral Load testing results from those laboratories performing these tests	Human Immunodeficiency Virus (HIV)	3	All	–	L	–	–	–
002	Anthrax	*Bacillus anthracis*	1A	All	Required	L & P	–	–	Y
501	Babesiosis	*Babesia* species	2	All	–	L & P	–	–	–
005	Botulism-Foodborne	*Clostridium botulinum*	1A	All	Required	L & P	–	–	Y
003	Botulism-Infant	*Clostridium botulinum*	2	All	Required	L & P	–	–	–
004	Botulism-Wound	*Clostridium botulinum*	1A	All	Required	L & P	–	–	–
006	Brucellosis	*Brucella* species	1B	All	Required	L & P	–	–	Y
502	*Burkholderia mallei* infection	*Burkholderia mallei*	1B	All	Required	L	–	–	Y
121	California/LaCrosse Serogroup Virus Infection	LaCrosse Encephalitis Virus, Jamestown Canyon Virus, Snoeshoe Hare Virus, Trivittatus Virus, Keystone Virus and California Encephalitis Virus	2	All	–	L & P	–	–	–
007	Campylobacteriosis (including EIA or PCR positive stools)	*Campylobacter* species	2	All	Required	L & P	–	–	–
526	Carbon Monoxide Poisoning	–	2	Blood	–	P	–	–	–
503	Chagas Disease	*Trypanosoma cruzi*	2	All	–	L & P	–	–	–
069	Chancroid	*Haemophilus ducreyi*	2	All	–	L & P	–	–	–
532	Chikungunya	Chikungunya Virus	1B	All	–	L & P	–	–	–
055	*Chlamydia trachomatis* -Genital[7]	*Chlamydia trachomatis* [7]	2	All	–	L & P	–	–	–
057	*Chlamydia trachomatis* -Other[7]	*Chlamydia trachomatis* [7]	2	All	–	L & P	–	–	–
009	Cholera	Toxigenic *Vibrio cholerae* O1 or O139	2	All	Required	L & P	–	–	–
531	*Clostridium difficile* Infection[9]	*Clostridium difficile* [9]	5	All	*Requested*	L & P	D	–	–
010	Congenital Rubella Syndrome	Rubella Virus	1B	All	–	L & P	–	–	–
001	Cryptosporidiosis	*Cryptosporidium* species	2	All	Required	L & P	–	–	–
106	Cyclosporiasis	*Cyclospora* species	2	All	–	L & P	–	–	–
504	Dengue Fever	Dengue Virus	2	All	–	L & P	–	–	–
011	Diphtheria	*Corynebacterium diphtheriae* or *Corynebacterium ulcerans*	1B	All	Required	L & P	–	–	–
505	Disease Outbreaks (e.g., foodborne, waterborne, healthcare, etc.)	–	1A	All	*By Request*	P	–	–	–
123	Eastern Equine Encephalitis Virus Infection	Eastern Equine Encephalitis Virus	1B	All	–	L & P	–	–	–
534	*Escherichia coli* , Extended Spectrum Beta Lactamase [ESBL] producing	*Escherichia coli* , Extended Spectrum Beta Lactamase [ESBL] producing	2	All	Requested	L	S	–	–
522	Ehrlichiosis/Anaplasmosis – Any	*Anaplasma* species or *Ehrlichia* species	2	All	–	L & P	–	–	–
506	Enterobacteriaceae, Carbapenem-resistant[10,13]	Carbapenem-resistant *Escherichia coli, Klebsiella* species, *Enterobacter* species[10,13]	2	All	Required	L & P	–	–	–
507	*Francisella* species infection	*Francisella* species (other than *F . tularensis*)	1B	All	Required	L	–	–	Y
060	Gonorrhea-Genital[7]	*Neisseria gonorrhoeae* [7]	2	All	–	L & P	–	–	–
064	Gonorrhea-Ophthalmic[7]	*Neisseria gonorrhoeae* [7]	2	All	–	L & P	–	–	–
061	Gonorrhea-Oral[7]	*Neisseria gonorrhoeae* [7]	2	All	–	L & P	–	–	–
062	Gonorrhea-Rectal[7]	*Neisseria gonorrhoeae* [7]	2	All	–	L & P	–	–	–
053	Group A Streptococcal Invasive Disease	*Streptococcus pyogenes*	1B	Sterile Only, NF/STSS Wounds[4], Muscle[5]	Required	L & P	–	–	–
047	Group B Streptococcal Invasive Disease	*Streptococcus agalactiae*	1B	Sterile Only	–	L & P	–	–	–

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133	Guillain-Barré syndrome	–	2	–	–	P	–	–	–
054	*Haemophilus influenzae* Invasive Disease	*Haemophilus influenzae*	1B	Sterile Only	Required	L & P	–	–	–
022	Hansen's Disease (Leprosy)	*Mycobacterium leprae*	2	All	Required	L & P	–	–	–
023	Hantavirus Disease	Hantavirus	1A	All	–	L & P	–	–	–
523	Healthcare Associated Infections, Catheter Associated Urinary Tract Infections	–	5	Urine	–	P	–	Y	–
508	Healthcare Associated Infections, Central Line Associated Bloodstream Infections	–	5	Blood	–	P	–	Y	–
509	Healthcare Associated Infections, *Clostridium difficile*	*Clostridium difficile*	5	All	–	P	–	Y	–
524	Healthcare Associated Infections, Dialysis Events	–	5	All	–	P	–	Y	–
529	Healthcare Associated Infections, Healthcare Personnel Influenza Vaccination	–	5	–	–	P	–	Y	–
510	Healthcare Associated Infections, Methicillin resistant *Staphylococcus aureus* positive blood cultures	Methicillin resistant *Staphylococcus aureus*	5	Blood	–	P	–	Y	–
511	Healthcare Associated Infections, Surgical Site Infections	–	5	All	–	P	–	Y	–
535	Healthcare Associated Infections, Ventilator Associated Events	–	5	Respiratory	–	P	–	Y	–
058	Hemolytic Uremic Syndrome (HUS)	–	2	–	–	P	–	–	–
480	Hepatitis, Viral-HBsAg positive infant	Hepatitis B Virus	2	All	–	L & P	–	–	–
048	Hepatitis, Viral-HBsAg positive pregnant female	Hepatitis B Virus	2	All	–	L & P	–	–	–
016	Hepatitis, Viral-Type A acute	Hepatitis A Virus	1B	All	*Requested*	L & P	–	–	–
017	Hepatitis, Viral-Type B acute[7]	Hepatitis B Virus[7]	2	All	*Requested*	L & P	–	–	–
018	Hepatitis, Viral-Type C acute	Hepatitis C Virus	2	All	–	L & P	–	–	–
512	Human Immunodeficiency Virus (HIV)[7]	Human Immunodeficiency Virus (HIV)[7]	3	All	–	L & P	–	–	–
513	Influenza-associated deaths, age <18 years	Human influenza virus	1B	All	*Requested*	P	–	–	–
520	Influenza-associated deaths, pregnancy-associated[11]	Human influenza virus[11]	1B	All	*Requested*	P	–	–	–
514	Lead Levels (blood)[8]	–	4	Blood	–	L & P	–	–	–
021	Legionellosis	*Legionella* species	2	All	Required	L & P	–	–	–
094	Listeriosis	*Listeria* species	2	All	Required	L & P	–	–	–
024	Lyme Disease	*Borrelia burgdorferi*	2	All	–	L & P	–	–	–
025	Malaria	*Plasmodium* species	2	All	Required	L & P	–	–	–
096	Measles-Imported	Measles virus	1A	All	–	L & P	–	–	–
026	Measles-Indigenous	Measles virus	1A	All	–	L & P	–	–	–
515	Melioidosis	*Burkholderia pseudomallei*	1B	All	Required	L & P	–	–	Y
102	Meningitis-Other Bacterial	–	1B	Sterile Only	–	P	–	–	–
095	Meningococcal Disease	*Neisseria meningitidis*	1A	Sterile Only	Required	L & P	–	–	–
530	Middle East Respiratory Syndrome (MERS)	*Middle East Respiratory Syndrome Coronavirus (MERS-CoV)*	1A	All	Required	L & P	–	–	–
031	Mumps	Mumps virus	1B	All	–	L & P	–	–	–
527	Neonatal Abstinence Syndrome	–	5	–	–	P	–	–	–
516	Novel Influenza A	Human influenza A virus (novel subtypes)	1A	All	Required	L & P	–	–	–
032	Pertussis (Whooping Cough)	*Bordetella pertussis*	1A	All	–	L & P	–	–	–
033	Plague	*Yersinia pestis*	1B	All	Required	L & P	–	–	Y
035	Poliomyelitis-Nonparalytic	Poliovirus	1B	All	–	L & P	–	–	–
034	Poliomyelitis-Paralytic	Poliovirus	1B	All	–	L & P	–	–	–
521	Powassan virus infection	Powassan virus	2	All	–	L & P	–	–	–
118	Prion disease-Creutzfeldt Jakob Disease	–	2	All	–	L & P	–	–	–
119	Prion disease-variant Creutzfeldt Jakob Disease	–	1B	All	–	L & P	–	–	–
533	*Pseudomonas aeruginosa*, Carbapenem-resistant[9,10]	Carbepenem-resistant *Pseudomonas aeruginosa*[9,10]	2	All	*Requested*	L	D	–	–
036	Psittacosis	*Chlamydia psittaci*	2	All	–	L & P	–	–	–
109	Q Fever	*Coxiella burnetii*	1B	All	–	L & P	–	–	Y
105	Rabies: Animal	Rabies virus	2	All	–	L & P	–	–	–
037	Rabies: Human	Rabies virus (Lyssavirus)	1A	All	–	L & P	–	–	–
112	Ricin Poisoning	–	1A	All	–	L & P	–	–	Y
040	Rubella	Rubella Virus	1B	All	–	L & P	–	–	–
122	St. Louis Encephalitis Virus Infection	St. Louis Encephalitis Virus	2	All	–	L & P	–	–	–
042	Salmonellosis: Other than *S*. Typhi	*Salmonella* species (other than *S*. Typhi)	2	All	Required	L & P	–	–	–
041	Salmonellosis: Typhoid Fever	*Salmonella* Typhi	1B	All	Required	L & P	–	–	–
132	Severe Acute Respiratory Syndrome (SARS)	Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV)	1A	All	Required	L & P	–	–	–

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517	Shiga-toxin producing Escherichia coli (including Shiga-like toxin positive stools, E. coli O157 and E. coli non-O157)[6]	Shiga-toxin producing *Escherichia coli*[6]	2	All	Required	L & P	–	–	–
043	Shigellosis	*Shigella* species	2	All	Required	L & P	–	–	–
107	Smallpox	Variola virus (Orthopox virus)	1A	All	–	L & P	–	–	Y
039	Spotted Fever Rickettsiosis (including Rocky Mountain Spotted Fever)	*Rickettsia* species	2	All	–	L & P	–	–	–
110	Staphylococcal Enterotoxin B (SEB) Pulmonary Poisoning	Enterotoxin B producing *Staphylococcus aureus*	1A	All	–	L & P	–	–	Y
130	*Staphylococcus aureus*: Methicillin resistant Invasive Disease[9]	Methicillin resistant *Staphylococcus aureus*[9]	5	Sterile Only	–	L & P	D	–	–
131	*Staphylococcus aureus*: Vancomycin non-sensitive – all forms[10]	Vancomycin non-sensitive *Staphylococcus aureus*[10]	1B	All	Required	L & P	–	–	–
518	*Streptococcus pneumoniae* Invasive Disease (IPD)[10]	*Streptococcus pneumoniae*[10]	2	Sterile Only	Required	L & P	–	–	–
074	Syphilis: Cardiovascular[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
075	Syphilis: Congenital[7]	*Treponema pallidum*[7]	1B	All	–	L & P	–	–	–
072	Syphilis: Early Latent[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
073	Syphilis: Late Latent[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
077	Syphilis: Late Other[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
076	Syphilis: Neurological[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
070	Syphilis: Primary[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
071	Syphilis: Secondary[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
078	Syphilis: Unknown Latent[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
044	Tetanus	*Clostridium tetani*	2	All	Required	L & P	–	–	–
045	Toxic Shock Syndrome: Staphylococcal	*Staphylococcus aureus*	2	All	–	L & P	–	–	–
097	Toxic Shock Syndrome: Streptococcal	*Streptococcus pyogenes*	2	All	–	L & P	–	–	–
046	Trichinosis	*Trichinella* species	2	All	–	L & P	–	–	–
519	Tuberculosis, confirmed and suspect cases of active disease	*Mycobacterium tuberculosis* complex (*M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canetti*, *M. microti*)	1B	All	Required	L & P	–	–	–
113	Tularemia	*Francisella tularensis*	1B	All	Required	L & P	–	–	Y
101	Vancomycin resistant enterococci (VRE) Invasive Disease	Vancomycin resistant *Enterococcus* species	2	Sterile Only	–	L & P	–	–	–
114	Varicella deaths	Varicella virus	2	All	–	P	–	–	–
108	Venezuelan Equine Encephalitis Virus Infection	Venezuelan Equine Encephalitis Virus	1B	All	–	L & P	–	–	Y
104	Vibriosis	*Vibrio* species (other than toxigenic *V. cholerae* O1 or O139)	2	All	Required	L & P	–	–	–
111	Viral Hemorrhagic Fever	Ebola virus, Marburg virus, Crimean-Congo hemorrhagic fever viruses, Lassa virus, Lujo virus, New world arenaviruses (Guanarito, Machupo, Junin, Sabia viruses)	1A	All	Required	L & P	–	–	Y
125	West Nile virus Infections-Encephalitis	West Nile virus	2	All	–	L & P	–	–	–
126	West Nile virus Infections-Fever	West Nile virus	2	All	–	L & P	–	–	–
124	Western Equine Encephalitis Virus Infection	Western Equine Encephalitis Virus	2	All	–	L & P	–	–	–
098	Yellow Fever	Yellow Fever virus	2	All	–	L & P	–	–	–
103	Yersiniosis	*Yersinia* species (other than *Y. pestis*)	2	All	*Requested*	L & P	–	–	–

[1]Category 1A diseases require immediate telephonic notification (24 hours a day, 7 days a week), followed by a written report using the PH-1600 within 1 week. Category 1B diseases require immediate telephonic notification (next business day), followed by a written report using the PH-1600 within 1 week. Category 2 diseases only require a written report using the PH-1600 within 1 week. Category 3 diseases require special confidential reporting to designated health department personnel within 1 week. For Category 4, laboratories and physicians are required to report all blood lead tests. Levels ≥ 5µg/dl should be reported within 1 week. Levels < 5µg/dl should be reported within 1 month. For Category 5, events will be reported monthly (no later than 30 days following the end of the month) using the designated reporting mechanism. For Healthcare Associated Infections, events should be reported via the National Healthcare Safety Network (NHSN – see http://tn.gov/health/topic/hai for more details); *Clostridium difficile* Infection, *Staphylococcus aureus*: Methicillin resistant Invasive Disease and Carbapenem Resistant *Pseudomonas aeruginosa* (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://tn.gov/health/topic/nas).

[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, thoracocentesis 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]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).

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[5]Isolates from muscle will only be considered for Group A Streptococcal Invasive Disease.

[6]For any Shiga-toxin producing *Escherichia coli* (STEC), including *E. coli* O157s and *E. coli* non-O157s, EIA positive broths for shiga-like toxin will also be accepted.

[7]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.

[8]For blood lead levels ≥ 5 µg/dl:
Report results within 1 week of receipt of results. Report should include at least Patient's First and Last Name, Date of Birth, Gender, Race, Ethnicity, Street Address, City, State, Zip Code and County of Residence, Sample Date, Sample Type, Provider's Name, Provider's Phone Number and Payment Source.

For blood lead levels < 5 µg/dl:
Report results within 1 month of receipt of results. Report should include at least Patient's First and Last Name, Date of Birth, Gender, Race, Ethnicity, Street Address, City, State, Zip Code and County of Residence, Sample Date, Sample Type, Provider's Name, Provider's Phone Number and Payment Source.

Laboratories should report electronically in a manner approved by Tennessee Department of Health. If you wish to utilize the ELR interface you currently use to report communicable diseases to TDH, please contact CEDS.Informatics@tn.gov.

Practitioners using portable devices should report using LeadTRK electronic system available at https://leadinput.tennessee.edu/leadin/ OR standard forms available at https://tn.gov/health/article/MCH-lead-providers and fax to Housing and Environmental Health, University of Tennessee Extension (865) 974-5370. Email leadtrk@utk.edu for any questions or concerns.

[9]During monthly Emerging Infections Program (EIP) active surveillance visits, TDH surveillance officers will work with sentinel sites to report patients and coordinate referral of selected positive specimens using site-specific procedures. For Carbapenem-resistant Acinetobacter (CRA), a printout of antimicrobial susceptibility results should also be submitted (see footnote 10).

[10]A printout of antimicrobial susceptibilty results must also be attached to the PH-1600 when reporting the following diseases to TDH: *Acinetobacter* species, Carbapenem-resistant; Enterobacteriaceae, Carbapenem-resistant; *Enterococcus* species, Vancomycin resistant; *Pseudomonas aeruginosa*, Carbapenem-resistant; *Escherichia coli*, Extended Spectrum Beta Lactamase [ESBL] producing; *Staphylococcus aureus*: Vancomycin non-sensitive – all forms; and *Streptococcus pneumoniae* Invasive Disease (IPD).). Include susceptibility results with the numeric MIC values (interpretation alone is insufficient) and ESBL status. CLSI breakpoints for minimum inhibitory concentrations [MIC] implemented effective as of 2012 should be used (i.e., ertapenem MIC>=2.0 or doripenem/imipenem/meropenem MIC=>4.0) (http://www.cdc.gov/hai/organisms/cre/cre-toolkit/rCREprevention-AppendixA.html). Numeric MIC values are required for the following organisms: *Escherichia coli*, *Klebsiella* species, and *Enterobacter* species. Include all susceptibility results with the numeric MIC values (interpretation alone is insufficient), and all carbapenemase-production (Carba NP or modified-Hodge test or metallo-β-lactamase test) results (positive or negative) or resistance mechanism testing results (positive or negative), for example, polymerase chain reaction [PCR] or metallo-β-lactamase for *Klebsiella pneumonia* 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).

[11]A pregnancy-associated death is a maternal death up to 6 weeks post-partum.

[12]The party reponsible for reporting is indicated by one of the following: L=Laboratory, P=Medical provider or other person knowing of or suspecting a case, L & P= Both.

[13]Reporting and submission of isolates which are resistant to one or more of any of the carbapenems (including ertapenem). CLSI breakpoints for minimum inhibitory concentrations [MIC] implemented effective as of 2012 should be used (i.e., ertapenem MIC>=2.0 or doripenem/imipenem/meropenem MIC=>4.0) (http://www.cdc.gov/hai/organisms/cre/cre-toolkit/rCREprevention-AppendixA.html). Numeric MIC values are required for the following organisms: *Escherichia coli*, *Klebsiella* species, and *Enterobacter* species. Include all susceptibility results with the numeric MIC values (interpretation alone is insufficient), and all carbapenemase-production (Carba NP or modified-Hodge test or metallo-β-lactamase) results (positive or negative) or resistance mechanism testing results (positive or negative), for example, polymerase chain reaction [PCR] or metallo-β-lactamase for *Klebsiella pneumonia* 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).

[14]Dependent upon the disease or event, only residents/laboratories of the specified catchment areas are required/requested to submit isolates/specimens to the state public health laboratory: H=Healthcare Associated Infections (HAI): Residents of Davidson, Cheatham, Robertson, Sumner, Wilson, Rutherford, Dickson and Williamson; D=Emerging Infections Program (EIP) Sentinel Site Surveillance: Residents of Davidson County; and S=HAI Sentinel Laboratory Surveillance: Sentinel Laboratories in Davidson County.