

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.

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 |
| [108] Encephalitis, Arboviral: Venezuelan Equine ^B | [132] Severe Acute Respiratory Syndrome (SARS) |
| [023] Hantavirus Disease | [107] Smallpox ^B |
| [096] Measles-Imported | [110] Staphylococcal Enterotoxin B (SEB) Pulmonary Poisoning ^B |
| [026] Measles-Indigenous | [111] Viral Hemorrhagic Fever ^B |
| [095] Meningococcal Disease (<i>Neisseria meningitidis</i>) | |

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 | [102] Meningitis-Other Bacterial |
| [010] Congenital Rubella Syndrome | [031] Mumps |
| [011] Diphtheria (<i>Corynebacterium diphtheriae</i>) | [033] Plague (<i>Yersinia pestis</i>) ^B |
| [121] Encephalitis, Arboviral: California/LaCrosse Serogroup | [035] Poliomyelitis-Nonparalytic |
| [123] Encephalitis, Arboviral: Eastern Equine | [034] Poliomyelitis-Paralytic |
| [122] Encephalitis, Arboviral: St. Louis | [119] Prion disease-variant Creutzfeldt Jakob Disease |
| [124] Encephalitis, Arboviral: Western Equine | [109] Q Fever (<i>Coxiella burnetii</i>) ^B |
| [506] Enterobacteriaceae, Carbapenemase-producing | [040] Rubella |
| [053] Group A Streptococcal Invasive Disease (<i>Streptococcus pyogenes</i>) | [041] Salmonellosis: Typhoid Fever (<i>Salmonella</i> Typhi) |
| [047] Group B Streptococcal Invasive Disease (<i>Streptococcus agalactiae</i>) | [131] <i>Staphylococcus aureus</i> : Vancomycin non-sensitive – all forms |
| [054] <i>Haemophilus influenzae</i> Invasive Disease | [075] Syphilis (<i>Treponema pallidum</i>): Congenital |
| [016] Hepatitis, Viral-Type A acute | [519] Tuberculosis, confirmed and suspect cases of active disease (<i>Mycobacterium tuberculosis</i> complex) |
| [513] Influenza, pediatric deaths | [113] Tularemia (<i>Francisella tularensis</i>) ^B |
| [515] Melioidosis (<i>Burkholderia pseudomallei</i>) | |

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

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| [501] Babesiosis | [036] Psittacosis (<i>Chlamydia psittaci</i>) |
| [003] Botulism-Infant (<i>Clostridium botulinum</i>) | [105] Rabies: Animal |
| [007] Campylobacteriosis (including EIA or PCR positive stools) | [039] Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i>) |
| [503] Chagas Disease | [042] Salmonellosis: Other than S. Typhi (<i>Salmonella</i> species) |
| [069] Chancroid | [517] Shiga-toxin producing <i>Escherichia coli</i> (including Shiga-like toxin positive stools, <i>E. coli</i> O157 and <i>E. coli</i> non-O157) |
| [055] <i>Chlamydia trachomatis</i> -Genital | [043] Shigellosis (<i>Shigella</i> species) |
| [057] <i>Chlamydia trachomatis</i> -Other | [130] <i>Staphylococcus aureus</i> : Methicillin resistant Invasive Disease |
| [056] <i>Chlamydia trachomatis</i> -PID | [518] <i>Streptococcus pneumoniae</i> Invasive Disease (IPD) |
| [009] Cholera (<i>Vibrio cholerae</i>) | [074] Syphilis (<i>Treponema pallidum</i>): Cardiovascular |
| [001] Cryptosporidiosis (<i>Cryptosporidium</i> species) | [072] Syphilis (<i>Treponema pallidum</i>): Early Latent |
| [106] Cyclosporiasis (<i>Cyclospora</i> species) | [073] Syphilis (<i>Treponema pallidum</i>): Late Latent |
| [504] Dengue Fever | [077] Syphilis (<i>Treponema pallidum</i>): Late Other |
| [116] Ehrlichiosis-HGE (<i>Anaplasma phagocytophilum</i>) | [076] Syphilis (<i>Treponema pallidum</i>): Neurological |
| [051] Ehrlichiosis-HME (<i>Ehrlichia chaffeensis</i>) | [070] Syphilis (<i>Treponema pallidum</i>): Primary |
| [117] Ehrlichiosis/Anaplasmosis-Other | [071] Syphilis (<i>Treponema pallidum</i>): Secondary |
| [060] Gonorrhea-Genital (<i>Neisseria gonorrhoeae</i>) | [078] Syphilis (<i>Treponema pallidum</i>): Unknown Latent |
| [064] Gonorrhea-Ophthalmic (<i>Neisseria gonorrhoeae</i>) | [044] Tetanus (<i>Clostridium tetani</i>) |
| [061] Gonorrhea-Oral (<i>Neisseria gonorrhoeae</i>) | [045] Toxic Shock Syndrome: Staphylococcal |
| [063] Gonorrhea-PID (<i>Neisseria gonorrhoeae</i>) | [097] Toxic Shock Syndrome: Streptococcal |
| [062] Gonorrhea-Rectal (<i>Neisseria gonorrhoeae</i>) | [046] Trichinosis |
| [133] Guillain-Barré syndrome | [101] Vancomycin Resistant Enterococci (VRE) Invasive Disease |
| [058] Hemolytic Uremic Syndrome (HUS) | [114] <i>Varicella</i> deaths |
| [480] Hepatitis, Viral-HbsAg positive infant | [104] Vibriosis (<i>Vibrio</i> species) |
| [048] Hepatitis, Viral-HbsAg positive pregnant female | [125] West Nile virus Infections-Encephalitis |
| [017] Hepatitis, Viral-Type B acute | [126] West Nile virus Infections-Fever |
| [018] Hepatitis, Viral-Type C acute | [098] Yellow Fever |
| [021] Legionellosis (<i>Legionella</i> species) | [103] Yersiniosis (<i>Yersinia</i> species) |
| [022] Leprosy [Hansen Disease] (<i>Mycobacterium leprae</i>) | |
| [094] Listeriosis (<i>Listeria</i> species) | |
| [024] Lyme Disease (<i>Borrelia burgdorferi</i>) | |
| [025] Malaria (<i>Plasmodium</i> species) | |
| [118] Prion disease-Creutzfeldt Jakob Disease | |

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

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| [500] Acquired Immunodeficiency Syndrome (AIDS) | [512] Human Immunodeficiency Virus (HIV) |
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Category 4: Laboratories and physicians are required to report all blood lead test results monthly and no later than 15 days following the end of the month.

- [514] Lead Levels (blood)

Category 5: Events will be reported monthly (no later than 30 days following the end of the month) via the National Healthcare Safety Network (NHSN – see <http://health.state.tn.us/ceds/hai/index.htm> for more details); *Clostridium difficile* infections (Davidson County residents only) will also be reported monthly to the Emerging Infections Program (EIP).

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| [508] Healthcare Associated Infections, Central Line Associated Bloodstream Infections | [510] Healthcare Associated Infections, Methicillin resistant <i>Staphylococcus aureus</i> positive blood cultures |
| [509] Healthcare Associated Infections, <i>Clostridium difficile</i> | [511] Healthcare Associated Infections, Surgical Site Infections |

The following pathogens do not need to be reported using form PH-1600, but a reference culture is required to be sent to the State Public Health Laboratory.

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| [502] <i>Burkholderia mallei</i> | [507] <i>Francisella</i> species |
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^BPossible Bioterrorism Indicators



Tennessee Department of Health Reportable Diseases and Events Matrix

(Effective April 14, 2010)

Code	Disease	Category ¹	Specimen Source(s) ²	Send Isolate ³	Specimen Needed for Testing	EIP	NHSN	BT Indicator
500	Acquired Immunodeficiency Syndrome (AIDS) ⁷	3	All	--	whole, clotted blood, serum	--	--	--
002	Anthrax (<i>Bacillus anthracis</i>)	1A	All	Required	lesion, hair products, blood, sputum	--	--	Y
501	Babesiosis	2	All	--	--	--	--	--
005	Botulism-Foodborne (<i>Clostridium botulinum</i>)	1A	All	Required	serum, feces, food, wound culture	--	--	Y
003	Botulism-Infant (<i>Clostridium botulinum</i>)	2	All	Required	serum, feces, food, wound culture	--	--	--
004	Botulism-Wound (<i>Clostridium botulinum</i>)	1A	All	Required	serum, feces, food, wound culture	--	--	--
006	Brucellosis (<i>Brucella</i> species)	1B	All	Required	blood, infected tissue, abscess material, bone marrow, liver biopsy	--	--	Y
502	<i>Burkholderia mallei</i>	--	All	Required	reference culture	--	--	--
007	Campylobacteriosis (including EIA or PCR positive stools)	2	All	Requested	reference culture, rectal swab	Y	--	--
503	Chagas Disease	2	All	--	--	--	--	--
069	Chancroid	2	All	--	--	--	--	--
055	<i>Chlamydia trachomatis</i> -Genital ⁷	2	All	--	cervical or urethral swab	--	--	--
057	<i>Chlamydia trachomatis</i> -Other ⁷	2	All	--	cervical or urethral swab	--	--	--
056	<i>Chlamydia trachomatis</i> -PID ⁷	2	All	--	cervical or urethral swab	--	--	--
009	Cholera (<i>Vibrio cholerae</i>)	2	All	Required	fecal or rectal swab	Y	--	--
010	Congenital Rubella Syndrome	1B	All	--	Culture: nasopharyngeal washing or swab, CSF, urine; Serology: immunity screening (whole, clotted blood, serum), diagnostic testing (acute and convalescent sera [14 days])	--	--	--
001	Cryptosporidiosis (<i>Cryptosporidium</i> species)	2	All	Requested	stool	Y	--	--
106	Cyclosporiasis (<i>Cyclospora</i> species)	2	All	--	--	Y	--	--
504	Dengue Fever	2	All	--	--	--	--	--
011	Diphtheria (<i>Corynebacterium diphtheriae</i>)	1B	All	Required	throat or skin lesion swab	--	--	--
505	Disease Outbreaks (e.g., foodborne, waterborne, healthcare, etc.)	1A	All	--	contact CEDS	--	--	--
121	Encephalitis, Arboviral: California/LaCrosse Serogroup	1B	All	--	acute and convalescent sera (14 days)	--	--	--
123	Encephalitis, Arboviral: Eastern Equine	1B	All	--	acute and convalescent sera (14 days)	--	--	--
122	Encephalitis, Arboviral: St. Louis	1B	All	--	acute and convalescent sera (14 days)	--	--	--
108	Encephalitis, Arboviral: Venezuelan Equine	1A	All	--	--	--	--	Y
124	Encephalitis, Arboviral: Western Equine	1B	All	--	acute and convalescent sera (14 days)	--	--	--
506	Enterobacteriaceae, Carbapenemase-producing ¹⁰	1B	All	Required	reference culture	--	--	--
116	Erlchiosis-HGE (<i>Anaplasma phagocytophilum</i>)	2	All	--	acute and convalescent sera (28 days)	--	--	--
051	Erlchiosis-HME (<i>Ehrlichia chaffeensis</i>)	2	All	--	acute and convalescent sera (28 days)	--	--	--
117	Erlchiosis/Anaplasmosis-Other	2	All	--	acute and convalescent sera (28 days)	--	--	--
507	<i>Francisella</i> species	--	All	Required	reference culture	--	--	--
060	Gonorrhea-Genital (<i>Neisseria gonorrhoeae</i>) ⁷	2	All	--	cervical, urethral, rectal, throat, and eye swab	--	--	--
064	Gonorrhea-Ophthalmic (<i>Neisseria gonorrhoeae</i>) ⁷	2	All	--	cervical, urethral, rectal, throat, and eye swab	--	--	--
061	Gonorrhea-Oral (<i>Neisseria gonorrhoeae</i>) ⁷	2	All	--	cervical, urethral, rectal, throat, and eye swab	--	--	--
063	Gonorrhea-PID (<i>Neisseria gonorrhoeae</i>) ⁷	2	All	--	cervical, urethral, rectal, throat, and eye swab	--	--	--
062	Gonorrhea-Rectal (<i>Neisseria gonorrhoeae</i>) ⁷	2	All	--	cervical, urethral, rectal, throat, and eye swab	--	--	--
053	Group A Streptococcal Invasive Disease (<i>Streptococcus pyogenes</i>)	1B	Sterile Only, NF/STSS Wounds ⁴ , Muscle ⁵	Required	throat, nose, skin or wound swab	Y	--	--
047	Group B Streptococcal Invasive Disease (<i>Streptococcus agalactiae</i>)	1B	Sterile Only	--	reference culture	Y	--	--

Code	Disease	Category ¹	Specimen Source(s) ²	Send Isolate ³	Specimen Needed for Testing	EIP	NHSN	BT Indicator
133	Guillain-Barré syndrome	2	--	--	--	Y	--	--
054	<i>Haemophilus influenzae</i> Invasive Disease	1B	Sterile Only	Required	reference culture	Y	--	--
023	Hantavirus Disease	1A	All	--	--	--	--	--
508	Healthcare Associated Infections, Central Line Associated Bloodstream Infections	5	Blood	--	--	--	Y	--
509	Healthcare Associated Infections, <i>Clostridium difficile</i>	5	All	Required ⁹	culture or toxin positive stools	Y	Y	--
510	Healthcare Associated Infections, Methicillin resistant <i>Staphylococcus aureus</i> positive blood cultures	5	Blood	--	--	--	Y	--
511	Healthcare Associated Infections, Surgical Site Infections	5	All	--	--	--	Y	--
058	Hemolytic Uremic Syndrome (HUS)	2	--	--	--	Y	--	--
480	Hepatitis, Viral-HBsAg positive infant	2	All	--	--	--	--	--
048	Hepatitis, Viral-HBsAg positive pregnant female	2	All	--	--	--	--	--
016	Hepatitis, Viral-Type A acute	1B	All	Requested	Serum	--	--	--
017	Hepatitis, Viral-Type B acute ⁷	2	All	Requested	Serum	--	--	--
018	Hepatitis, Viral-Type C acute	2	All	--	--	--	--	--
512	Human Immunodeficiency Virus (HIV) ⁷	3	All	--	whole, clotted blood, serum	--	--	--
513	Influenza, pediatric deaths	1B	All	Requested	throat washing or swab, nasopharyngeal washing or swab	--	--	--
514	Lead Levels (blood) ⁸	4	Blood	--	--	--	--	--
021	Legionellosis (<i>Legionella</i> species)	2	All	Required	acute and convalescent sera (28 days)	Y	--	--
022	Leprosy (Hansen Disease) (<i>Mycobacterium leprae</i>)	2	All	Required	sputum, bronchial washings, gastric lavage, tissue, urine, feces (only from immunocompromised patients), blood	--	--	--
094	Listeriosis (<i>Listeria</i> species)	2	All	Required	reference culture, food	Y	--	--
024	Lyme Disease (<i>Borrelia burgdorferi</i>)	2	All	--	--	--	--	--
025	Malaria (<i>Plasmodium</i> species)	2	All	Required	thick and thin smears, EDTA blood	--	--	--
096	Measles-Imported	1A	All	--	Culture: throat washing or swab, nasopharyngeal washing or swab, conjunctival secretions; Serology: immunity screening (whole, clotted blood, serum), diagnostic testing (acute and convalescent sera [14 days])	--	--	--
026	Measles-Indigenous	1A	All	--	Culture: throat washing or swab, nasopharyngeal washing or swab, conjunctival secretions; Serology: immunity screening (whole, clotted blood, serum), diagnostic testing (acute and convalescent sera [14 days])	--	--	--
515	Melioidosis (<i>Burkholderia pseudomallei</i>)	1B	All	Required	reference culture	--	--	Y
102	Meningitis-Other Bacterial	1B	All	--	--	--	--	--
095	Meningococcal Disease (<i>Neisseria meningitidis</i>)	1A	Sterile Only	Required	reference culture	Y	--	--
031	Mumps	1B	All	--	--	--	--	--
516	Novel Influenza A	1A	All	Required	throat washing or swab, nasopharyngeal washing or swab	--	--	--
032	Pertussis (Whooping Cough)	1A	All	--	nasopharyngeal swab, reference culture	--	--	--
033	Plague (<i>Yersinia pestis</i>)	1B	All	Required	isolation: blood, aspirated fluids from lymph nodes or bubo; reference culture	--	--	Y
035	Poliomyelitis-Nonparalytic	1B	All	--	--	--	--	--
034	Poliomyelitis-Paralytic	1B	All	--	--	--	--	--
118	Prion disease-Creutzfeldt Jakob Disease	2	All	--	--	--	--	--
119	Prion disease-variant Creutzfeldt Jakob Disease	1B	All	--	--	--	--	--
036	Psittacosis (<i>Chlamydia psittaci</i>)	2	All	--	--	--	--	--
109	Q Fever (<i>Coxiella burnetii</i>)	1B	All	--	acute and convalescent sera (28 days)	--	--	Y
105	Rabies: Animal	2	All	--	see rabies section (virology)	--	--	--
037	Rabies: Human	1A	All	--	see rabies section (virology)	--	--	--
112	Ricin Poisoning	1A	All	--	--	--	--	Y

Code	Disease	Category ¹	Specimen Source(s) ²	Send Isolate ³	Specimen Needed for Testing	EIP	NHSN	BT Indicator
039	Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i>)	2	All	--	acute and convalescent sera (28 days)	--	--	--
040	Rubella	1B	All	--	Culture: nasopharyngeal washing or swab, CSF, urine; Serology: immunity screening (whole, clotted blood, serum), diagnostic testing (acute and convalescent sera [14 days])	--	--	--
042	Salmonellosis: Other than <i>S. Typhi</i> (<i>Salmonella</i> species)	2	All	Required	fecal or rectal swab, reference culture	Y	--	--
041	Salmonellosis: Typhoid Fever (<i>Salmonella Typhi</i>)	1B	All	Required	fecal or rectal swab, reference culture	Y	--	--
132	Severe Acute Respiratory Syndrome (SARS)	1A	All	--	--	--	--	--
517	Shiga-toxin producing <i>Escherichia coli</i> (including Shiga-like toxin positive stools, <i>E. coli</i> O157 and <i>E. coli</i> non-O157) ⁶	2	All	Required	reference culture, stool, broth	Y	--	--
043	Shigellosis (<i>Shigella</i> species)	2	All	Required	fecal or rectal swab, reference culture	Y	--	--
107	Smallpox	1A	All	--	--	--	--	Y
110	Staphylococcal Enterotoxin B (SEB) Pulmonary Poisoning	1A	All	--	--	--	--	Y
130	<i>Staphylococcus aureus</i> : Methicillin resistant Invasive Disease	2	Sterile Only	--	isolates from documented outbreaks	Y	--	--
131	<i>Staphylococcus aureus</i> : Vancomycin non-sensitive – all forms ¹⁰	1B	All	Required	isolates from documented outbreaks	--	--	--
518	<i>Streptococcus pneumoniae</i> Invasive Disease (IPD) ¹⁰	2	Sterile Only	Required	reference culture	Y	--	--
074	Syphilis (<i>Treponema pallidum</i>): Cardiovascular ⁷	2	All	--	whole, clotted blood, serum, CSF	--	--	--
075	Syphilis (<i>Treponema pallidum</i>): Congenital ⁷	1B	All	--	whole, clotted blood, serum, CSF	--	--	--
072	Syphilis (<i>Treponema pallidum</i>): Early Latent ⁷	2	All	--	whole, clotted blood, serum, CSF	--	--	--
073	Syphilis (<i>Treponema pallidum</i>): Late Latent ⁷	2	All	--	whole, clotted blood, serum, CSF	--	--	--
077	Syphilis (<i>Treponema pallidum</i>): Late Other ⁷	2	All	--	whole, clotted blood, serum, CSF	--	--	--
076	Syphilis (<i>Treponema pallidum</i>): Neurological ⁷	2	All	--	whole, clotted blood, serum, CSF	--	--	--
070	Syphilis (<i>Treponema pallidum</i>): Primary ⁷	2	All	--	whole, clotted blood, serum, CSF	--	--	--
071	Syphilis (<i>Treponema pallidum</i>): Secondary ⁷	2	All	--	whole, clotted blood, serum, CSF	--	--	--
078	Syphilis (<i>Treponema pallidum</i>): Unknown Latent ⁷	2	All	--	whole, clotted blood, serum, CSF	--	--	--
044	Tetanus (<i>Clostridium tetani</i>)	2	All	Required	--	--	--	--
045	Toxic Shock Syndrome: Staphylococcal	2	All	--	--	--	--	--
097	Toxic Shock Syndrome: Streptococcal	2	All	--	--	--	--	--
046	Trichinosis	2	All	--	--	--	--	--
519	Tuberculosis, confirmed and suspect cases of active disease (<i>Mycobacterium tuberculosis</i> complex)	1B	All	Required	sputum, bronchial washings, gastric lavage, tissue, urine, feces (only from immunocompromised patients), blood	--	--	--
113	Tularemia (<i>Francisella tularensis</i>)	1B	All	Required	material from lesions, lymph nodes, sputum, gastric aspirates, nasopharyngeal washings, blood culture, reference culture.	--	--	Y
101	Vancomycin Resistant Enterococci (VRE) Invasive Disease	2	Sterile Only	--	isolates from documented outbreaks	--	--	--
114	Varicella deaths	2	All	--	vesicle scraping, throat washing	--	--	--
104	Vibriosis (<i>Vibrio</i> species)	2	All	Required	reference culture	Y	--	--
111	Viral Hemorrhagic Fever	1A	All	--	--	--	--	Y
125	West Nile virus Infections-Encephalitis	2	All	--	acute and convalescent sera (14 days), CSF-- contact regional health officer for approval to send	--	--	--
126	West Nile virus Infections-Fever	2	All	--	--	--	--	--
098	Yellow Fever	2	All	--	--	--	--	--
103	Yersiniosis (<i>Yersinia</i> species)	2	All	Requested	isolation: fecal or rectal swab; reference culture	Y	--	--

¹Category 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 test results monthly and no later than 15 days following the end of the month. For Category 5, events will be reported monthly (no later than 30 days following the end of the month) via the National Healthcare Safety Network (NHSN- see <http://health.state.tn.us/ceds/hai/index.htm> for more details); *Clostridium difficile* infections (Davidson County residents only) will also be reported monthly to the Emerging Infections Program (EIP).

Code Disease	Category ¹	Specimen Source(s) ²	Send Isolate ³	Specimen Needed for Testing	EIP NHSN	BT Indicator
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²For 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).

³It shall be the responsibility of the director of a medical laboratory to submit cultures of designated microorganisms for confirmation, typing and/or antibiotic sensitivity. All cultures 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.

⁴Isolates from wounds will only be considered for Group A Streptococcal Invasive Disease when accompanied by necrotizing fasciitis (NF) or streptococcal toxic shock syndrome (STSS).

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

⁶For 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.

⁷In 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(A) All laboratories that run blood lead tests for Tennessee residents, including approved laboratories and all laboratories certified by the U. S. Department of Health and Human Services in accordance with the provisions of the Clinical Laboratory Improvement Amendment of 1988 (CLIA), shall report the following information to the Tennessee Department of Health for each blood lead level test run in the laboratory. Reports should be sent to Martha Keel, PhD, Professor, Housing and Environmental Health, University of Tennessee Extension, 119 Morgan Hall, 2621 Morgan Circle, Knoxville, TN 37922-4501. Additional data elements may be required to insure that all elements recommended by the CDC to be included in the priority data set for lead are reported by the laboratories.

Name of Patient; Address of Patient (Street Address plus City, State, Zip Code and County of Residence); Date of Birth of Patient; Sex of Patient; Race of Patient; Measured Blood Lead Level; Name of Referring Physician; Date Sample was Drawn; Date Sample was Analyzed by Lab; Date Results were Reported to Physician.

(B) The medical director of all laboratories required to report blood lead tests will designate one staff member as the contact person for the Department of Health. This contact person will be responsible for reporting the required blood lead data to the department. Any change in the contact person shall be reported in writing to the Department within one week of the effective date of the change.

(C) Reports shall be filed monthly and shall be provided to the Department no later than 15 days following the end of the month. For example, reports for the month of January shall be provided to the Department on or before February 15.

(D) The Department shall prescribe the form of the information reported by the laboratories. Reports may be provided on Department-compatible electronic media, on computer generated reports in a format approved by the Department, or on the blood lead level report form provided by the Department.

(E) It shall be the responsibility of the medical director of the laboratory to insure that the reports are provided to the State in accordance with the schedule in these regulations.

(F) It shall be the duty of any physician who has received a blood lead result with a level of 10 ug/dL (or the most current level of concern for blood lead prescribed by CDC) to provide the following information to the Tennessee Department of Health about the patient with a blood lead level of 10 ug/dL or greater. This information shall be provided within one week of receipt of the test results from the laboratory.

Name of Patient; Address of Patient (Street Address plus City, State, Zip Code and County of Residence); Date of Birth of Patient; Sex of Patient; Race of Patient; Measured Blood Lead Level; Name of Reporting Physician; Date Sample was Drawn; Date Sample was Analyzed by Lab; Date Results were Received by Physician; Ethnic Origin of Child Sample Type Test Reason; Payment Source for the Test; Was Patient Chelated; Type of Chelation; Suspected Source of Lead Exposure; Referral for Address Investigation.

(G) If the physician fails to report the data for a patient that has been reported to the department by the laboratory that ran the blood lead test, the Department shall request the information for the specific patient from the referring physician and the physician shall provide the requested data to the Department.

(H) The Department shall provide definitions of each data element and the appropriate range of responses and shall prescribe the form and content of the lead data to be provided by physicians.

⁹*Clostridium difficile* Infection (CDI) Sentinel Surveillance has been established for Davidson County residents under the auspices of the Emerging Infections Program (EIP). During monthly EIP active surveillance visits TDH surveillance officers will work with sentinel sites to report patients with a positive *C. difficile* toxin test or culture, and coordinate referral of selected positive specimens using site-specific procedures.

¹⁰A printout of antimicrobial susceptibility results must also be attached to the PH-1600 when reporting the following diseases to TDH: Enterobacteriaceae, Carbapenemase-producing *Staphylococcus aureus*: Vancomycin non-sensitive – all forms; and *Streptococcus pneumoniae* Invasive Disease (IPD).