



Tennessee Department of Health Reportable Diseases and Events

The diseases and events listed on the back of this report 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). For more specific details, download the Reportable Diseases and Events Matrix (<http://health.state.tn.us/ceds/notifiable.htm>). If further guidance is needed, contact Communicable and Environmental Disease Services at (615) 741-7247 or (800) 404-3006.

Disease/Event Code:	
Demographics	Patient Name:
	Date of Birth: ____/____/____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
	Race: <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)
	Street Address:
	City: _____ State: _____
County: _____ Zip Code: _____	
Phone: () _____	
Clinical Information	Onset Date: ____/____/____
	Hospitalized?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Admission Date: ____/____/____
	Discharge Date: ____/____/____
	Died?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Pregnant?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
STD Treatment Date: ____/____/____	
STD Treatment:	
Provider	Physician Name:
	Facility/Hospital Name:
	Phone: () _____
Laboratory	Test:
	Specimen Collection Date: ____/____/____
	Specimen Source:
Result:	

Disease/Event Code:	
Demographics	Patient Name:
	Date of Birth: ____/____/____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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	Admission Date: ____/____/____
	Discharge Date: ____/____/____
	Died?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Pregnant?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
STD Treatment Date: ____/____/____	
STD Treatment:	
Provider	Physician Name:
	Facility/Hospital Name:
	Phone: () _____
Laboratory	Test:
	Specimen Collection Date: ____/____/____
	Specimen Source:
Result:	

Date of Report: ____/____/____ Person Reporting/Title: _____ Phone: () _____

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.

[002]	Anthrax (<i>Bacillus anthracis</i>) ^B	[095]	Meningococcal Disease (<i>Neisseria meningitidis</i>)
[005]	Botulism-Foodborne (<i>Clostridium botulinum</i>) ^B	[516]	Novel Influenza A
[004]	Botulism-Wound (<i>Clostridium botulinum</i>)	[032]	Pertussis (Whooping Cough)
[505]	Disease Outbreaks (e.g., foodborne, waterborne, healthcare, etc.)	[037]	Rabies: Human
[108]	Encephalitis, Arboviral: Venezuelan Equine ^B	[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

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

[006]	Brucellosis (<i>Brucella</i> species) ^B	[515]	Melioidosis (<i>Burkholderia pseudomallei</i>)
[010]	Congenital Rubella Syndrome	[102]	Meningitis-Other Bacterial
[011]	Diphtheria (<i>Corynebacterium diphtheriae</i>)	[031]	Mumps
[121]	Encephalitis, Arboviral: California/LaCrosse Serogroup	[033]	Plague (<i>Yersinia pestis</i>) ^B
[123]	Encephalitis, Arboviral: Eastern Equine	[035]	Polioomyelitis-Nonparalytic
[122]	Encephalitis, Arboviral: St. Louis	[034]	Polioomyelitis-Paralytic
[124]	Encephalitis, Arboviral: Western Equine	[119]	Prion disease-variant Creutzfeldt Jakob Disease
[506]	Enterobacteriaceae, Carbapenem-resistant	[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]	Staphylococcus aureus: 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

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

[501]	Babesiosis	[118]	Prion disease-Creutzfeldt Jakob Disease
[003]	Botulism-Infant (<i>Clostridium botulinum</i>)	[036]	Psittacosis (<i>Chlamydia psittaci</i>)
[007]	Campylobacteriosis (including EIA or PCR positive stools)	[105]	Rabies: Animal
[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	[039]	Spotted Fever Rickettsiosis (<i>Rickettsia</i> species including Rocky Mountain Spotted Fever)
[056]	<i>Chlamydia trachomatis</i> -PID	[130]	Staphylococcus aureus: Methicillin resistant Invasive Disease
[009]	Cholera (<i>Vibrio cholerae</i>)	[518]	<i>Streptococcus pneumoniae</i> Invasive Disease (IPD)
[001]	Cryptosporidiosis (<i>Cryptosporidium</i> species)	[074]	Syphilis (<i>Treponema pallidum</i>): Cardiovascular
[106]	Cyclosporiasis (<i>Cyclospora</i> species)	[072]	Syphilis (<i>Treponema pallidum</i>): Early Latent
[504]	Dengue Fever	[073]	Syphilis (<i>Treponema pallidum</i>): Late Latent
[116]	Enterichosis-HGE (<i>Anaplasma phagocytophilum</i>)	[077]	Syphilis (<i>Treponema pallidum</i>): Late Other
[051]	Enterichosis-HME (<i>Ehrlichia chaffeensis</i>)	[076]	Syphilis (<i>Treponema pallidum</i>): Neurological
[117]	Enterichosis/Anaplasmosis-Other	[070]	Syphilis (<i>Treponema pallidum</i>): Primary
[060]	Gonorrhea-Genital (<i>Neisseria gonorrhoeae</i>)	[071]	Syphilis (<i>Treponema pallidum</i>): Secondary
[064]	Gonorrhea-Ophthalmic (<i>Neisseria gonorrhoeae</i>)	[078]	Syphilis (<i>Treponema pallidum</i>): Unknown Latent
[061]	Gonorrhea-Oral (<i>Neisseria gonorrhoeae</i>)	[044]	Tetanus (<i>Clostridium tetani</i>)
[063]	Gonorrhea-PID (<i>Neisseria gonorrhoeae</i>)	[045]	Toxic Shock Syndrome: Staphylococcal
[062]	Gonorrhea-Rectal (<i>Neisseria gonorrhoeae</i>)	[097]	Toxic Shock Syndrome: Streptococcal
[133]	Gullain-Barré syndrome	[046]	Trichinosis
[058]	Hemolytic Uremic Syndrome (HUS)	[101]	Vancomycin resistant enterococci (VRE) Invasive Disease
[480]	Hepatitis, Viral-HBsAg positive Infant	[114]	Variella deaths
[048]	Hepatitis, Viral-HBsAg positive pregnant female	[104]	Vibriosis (<i>Vibrio</i> species)
[017]	Hepatitis, Viral-Type B acute	[125]	West Nile virus Infections-Encephalitis
[018]	Hepatitis, Viral-Type C acute	[126]	West Nile virus Infections-Fever
[021]	Legionellosis (<i>Legionella</i> species)	[098]	Yellow Fever
[022]	Leprosy (Hansen Disease) (<i>Mycobacterium leprae</i>)	[103]	Yersiniosis (<i>Yersinia</i> species)
[094]	Listeriosis (<i>Listeria</i> species)		
[024]	Lyme Disease (<i>Borrelia burgdorferi</i>)		
[025]	Malaria (<i>Plasmodium</i> 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)
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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)
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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.tx.us/ceds/hal/index.htm> for more details); *Clostridium difficile* infections (Davidson County residents only) will also be reported monthly to the Emerging Infections Program (EIP).

[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.

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