Tennessee Department of Health

Notifiable Disease Report

All Tennessee physicians, hospitals, laboratories and other health care providers are required by law (T.C.A. 68-10-101) to report the occurrence of the diseases and conditions listed on the back of this report to their county health department. Both laboratory-confirmed and clinical diagnoses are reportable within the time interval specified. (Disease codes listed on the back of this report.)

Disease/Code	Onset date	Patient Information / Physician / Hospital Information	DOB	Sex	Race and Ethnicity
	____/____/____	Patient Name:	____/____/____		
Hospitalized? □ Yes □ No □ Unknown Adm: ____/____/____ Disch: ____/____/____ Died? □ Yes □ No □ Unknown Pregnant? □ Yes □ No □ Unknown STD treatment: _____ Date of treatment: _____		Address: City: County: State: Zip code: Phone: ( ) _____ Physician/Hospital: _____ Phone: ( ) _____	Laboratory information: Test: Collection Date: ____/____/____ Specimen type: Result:		
Disease/Code	**Onset date**	**Patient Information / Physician / Hospital Information**	**DOB**	**Sex**	**Race and Ethnicity**
	____/____/____	Patient Name:	____/____/____		
Hospitalized? □ Yes □ No □ Unknown Adm: ____/____/____ Disch: ____/____/____ Died? □ Yes □ No □ Unknown Pregnant? □ Yes □ No □ Unknown STD treatment: _____ Date of treatment: _____		Address: City: County: State: Zip code: Phone: ( ) _____ Physician/Hospital: _____ Phone: ( ) _____	Laboratory information: Test: Collection Date: ____/____/____ Specimen type: Result:		
Disease/Code	**Onset date**	**Patient Information / Physician / Hospital Information**	**DOB**	**Sex**	**Race and Ethnicity**
	____/____/____	Patient Name:	____/____/____		
Hospitalized? □ Yes □ No □ Unknown Adm: ____/____/____ Disch: ____/____/____ Died? □ Yes □ No □ Unknown Pregnant? □ Yes □ No □ Unknown STD treatment: _____ Date of treatment: _____		Address: City: County: State: Zip code: Phone: ( ) _____ Physician/Hospital: _____ Phone: ( ) _____	Laboratory information: Test: Collection Date: ____/____/____ Specimen type: Result:		

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

PH-1600 (Rev. 06/04) Influenza/Flu-like illness: (weekly - number of cases only) _____ RDA-2094

TENNESSEE DEPARTMENT OF HEALTH NOTIFIABLE DISEASES

The diseases and conditions 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 1: Immediate telephonic reporting required followed with a written report using PH-1600

Anthrax (2)
Botulism
1. Foodborne (5)
2. Wound (4)

Diphtheria (11)
Disease Outbreaks
1. Foodborne
2. Waterborne
3. All Other

Encephalitis, Arboviral
1. California/LaCrosse serogroup (121)
2. Eastern Equine (122)
3. St. Louis (123)
4. Western Equine (124)

Group A Strep Invasive Disease (53)
Group B Strep Invasive Disease (47)
Haemophilus influenzae Invasive Disease (54)
Hantavirus Disease (23)
Hepatitis – Type A acute (16)
Listeriosis (94)
Measles (96 Imported, 26 Indigenous)
Meningococcal Disease (95)
Meningitis – Other Bacterial (102)
Mumps (31)
Pertussis (32)
Plague (33)
Poliomyelitis (34 Paralytic, 35 Nonpara)
Prion Disease
1. Creutzfeldt-Jakob Disease (118)
2. variant Creutzfeldt-Jakob Disease (119)

Rabies – Human (37)
Rubella &Congenital Rubella Syndrome (40, 10)
Severe Acute Respiratory Syndrome (SARS) (132)
Staph aureus Vancomycin nonsen-all forms (131)
Tuberculosis – all forms
Typhoid Fever (41)
West Nile Infections
1. West Nile Encephalitis (125)
2. West Nile Fever (126)

Possible Bioterrorism Indicators

Anthrax (2)
Plague (33)
Venezuelan Equine Encephalitis (108)
Smallpox (107)
Botulism (5)
Q Fever (109)
Staph enterotoxin B pulmonary poisoning110
Viral Hemorrhagic Fever (111)
Brucellosis (6)
Ricin poisoning (112)
Tularemia (113)

Category 2: Only written report using form PH-1600 required

Botulism – infant (3)
Brucellosis (6)
Campylobacteriosis (7)
Chanchroid (69)
Chlamydia trachomatis (55 Gen, 56 PID, 57 Other)
Cholera (9)
Cyclospora (106)
Cryptosporidiosis (1)
Ehrlichiosis (51 HME, 116 HGE, 117 Other)
Escherichia coli 0157:H7 (52)
Giardiasis (acute) (15)
Gonorrhea (60 Gen, 61 Oral, 62 Rectal, 63 PID, 64 Opht)
Guillain-Barre Syndrome (133)
Hemolytic Uremic Syndrome (58)
Hepatitis, Viral
1. Type B acute (17)
2. HBsAg positive pregnant female (48)
3. HBsAg positive infant (480)
4. Type C acute (18)

Influenza – weekly casecount (20)
Legionellosis (21)
Leprosy (Hansen Disease) (22)
Lyme Disease (24)
Malaria (25)
Psittacosis (36)
Rabies – Animal (105)
Rocky Mountain Spotted Fever (39)
Salmonellosis – other than S. typhi (42)
Shiga-like Toxin positive stool (115)
Shigellosis (43)
Staph aureus Methicillin Resistant – Invasive (130)
Strep pneumoniae Invasive Disease
1. Penicillin resistant (50)
2. Penicillin sensitive (49)

Syphilis (70-78)
Tetanus (44)
Toxic Shock Syndrome
1. Staphylococcal (45)
2. Streptococcal (97)

Trichinosis (46)
Vancomycin Resistant Enterococci Invasive(101)
Varicella deaths (114)
Vibrio infections (104)
Yellow Fever (98)
Yersiniosis (103)

Category 3: Requires special confidential reporting to designated health department personnel

Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV)

Category 4: Laboratories required to report all blood lead test results (#79)

Physicians required to report all blood lead test results ≥ 10 µg/dl