How to Report: For Laboratories

Responsibility to Report

All healthcare providers (inpatient or outpatient), laboratories, or other persons knowing of or suspecting a reportable disease case are responsible for reporting it to the health department. Laboratories in healthcare facilities should refer to the information below. Healthcare providers and laboratories in the same healthcare facility both have a duty to report.

Reporting Guidance

The diseases, events, and conditions reportable to Tennessee Department of Health (TDH) by laboratories for 2018, including laboratories in healthcare facilities, are provided in the 2018 List of Reportable Diseases in Tennessee: For Laboratories (page 2 of the List). The Detailed Laboratory Guidance document provides additional details regarding the reportable tests, results, and specimen sources, and specimen/isolate requirements for submission to the State Public Health Laboratory. The State Public Health Laboratory provides additional details about submission at https://www.tn.gov/health/health-program-areas/lab.html.

Reporting Methods and Requirements

Laboratories should report using one of the following methods:

1. Electronic Laboratory Reporting (ELR)
   Requirements for electronic laboratory reporting are available at https://www.tn.gov/health/cedep/laboratory-reporting.html.

2. Printed laboratory report
   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. The PH-1600 is the general reporting form for most diseases, events, or conditions when reporting to public health (see below for special reporting). Laboratories are not required to report information in the Clinical Information section of the PH-1600.

Laboratory reports and any necessary reporting forms may be faxed to the Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division at (615) 741-3857. To fax directly to the local or regional health office, refer to https://www.tn.gov/health/health-program-areas/localdepartments.html. Laboratories may also report online via https://redcap.health.tn.gov/redcap/surveys/index.php?s=XTJTN4MD3D, where the PH-1600 may be completed and an electronic version of the paper laboratory report attached.

Reporting Timeframe

Refer to the List for the reporting timeframe for each condition. Most of the reportable diseases, events, or conditions require reporting within one week via the methods described above. The

next business day and immediately reportable diseases, events, and conditions require a telephone call to the health department (refer to the List icons). Refer to the Detailed Laboratory Guidance for catchment limitations for the HAI Emerging Infections Program (EIP) conditions. For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006.

Special Reporting

For blood lead levels, healthcare providers and laboratories are required to report blood lead test results ≥ 5µg/dl in 1 week and < 5 µg/dl in 1 month. Reports should include a minimum of the Patient's First and Last Name, Date of Birth, Gender, Race, Ethnicity, Address (Street Address, City, State, Zip Code and County of Residence); Sample Date, Sample Type; Provider's Name, Provider's Phone Number and Payment Source. Reports should be made online at https://leadinput.tennessee.edu/leadin/. For more information, refer to https://www.tn.gov/health/health-program-areas/mch-lead/for-providers.html.

Healthcare-associated infections reported for the Emerging Infections Program (EIP), should be reported according to the guidelines in the Detailed Laboratory Guidance document. Any questions can be sent to HAI.Health@tn.gov.

HIPAA Disclaimer for the PH-1600 Form

This form contains information that is Protected Health Information as defined by the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and, when prepared by a HIPAA Covered Entity, should be prepared, processed, stored, and transmitted with appropriate safeguards against unlawful disclosure.

2018 List of Reportable Diseases in Tennessee

For Laboratories

The diseases, events, and conditions reportable to Tennessee Department of Health (TDH) by laboratories, including laboratories in healthcare facilities, are listed below for 2018. Refer to Page 1 of this document for a list of diseases, events, and conditions reportable by healthcare providers. Laboratories should refer to the Detailed Laboratory Guidance document for additional guidance on reportable tests and results, and specimen/isolate submission to the Tennessee Department of Health Laboratory.

Laboratory reports, and the reporting form (PH-1600) (if needed), may be faxed directly to the local or regional health office (see https://www.tn.gov/health/health-program-areas/localdepartments.html)or the Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division at (615) 741-3857. The PH-1600 also is available for completion online at https://redcap.health.tn.gov/redcap/surveys/?s=XTJTN4MD3D. More information about reporting is available on the Reportable Diseases website at https://apps.health.tn.gov/ReportableDiseases. For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006.

Disease Outbreaks (e.g., foodborne, healthcare-associated, waterborne) ! 🧪
Acinetobacter species: Carbapenem-Resistant eip
Anaplasma phagocytophilum, species
Babesia species
Bacillus anthracis ! 🧪
Bordetella pertussis ☎
Borrelia burgdorferi
Brucella species ☎ 🧪
California/LaCrosse Serogroup viruses
Campylobacter species 🧪
Candida auris (includes rule-out) ☎ 🧪
Chikungunya virus ☎
Chlamydia psittaci
Chlamydia trachomatis
Clostridium botulinum or botulinum toxin: Foodborne ! 🧪, Wound ! 🧪 Infant 🧪
Clostridium difficile eip 🧪
Clostridium tetani 🧪
Colistin-resistant (plasmid-mediated) gram negative bacteria ☎ 🧪
Corynebacterium diphtheria, ulcerans ☎ 🧪
Coxiella burnetii ☎
Cryptosporidium species 🧪
Cyclospora species 🧪
Dengue virus
Ehrlichia species
Enterobacteriaceae: Carbapenem-Resistant (all genera) 🧪
Enterococcus species: Vancomycin-Resistant Invasive Disease
Escherichia coli: Extended Spectrum Beta Lactamase-Producing eip 🧪
Escherichia coli: Shiga toxin-producing 🧪
Equine Encephalitis viruses: Eastern ☎, Venezuelan ☎, Western
Francisella: tularensis ☎ 🧪, species ☎ 🧪
Haemophilus influenzae ☎ 🧪
Hepatitis, Viral- Type A ☎
Hepatitis, Viral- Type B: Acute
Hepatitis, Viral- Type B: Perinatal (age ≤24 months), Pregnant Female (each pregnancy)
Hepatitis, Viral- Type C: Acute, Chronic
Human Immunodeficiency Virus
Influenza A virus: Novel ! 🧪
Klebsiella species: Extended Spectrum Beta Lactamase-Producing eip 🧪
Lead Levels UT Extension
Legionella species 🧪
Listeria species 🧪
Measles virus ! 🧪
Meningitis: Other Bacterial ☎ 🧪
Middle East Respiratory Syndrome coronavirus (MERS-CoV) ! 🧪
Mumps virus ☎ 🧪
Mycobacterium leprae 🧪
Mycobacterium nontuberculous species (extra-pulmonary only) 🧪
Mycobacterium tuberculosis complex (*M. tuberculosis, M. bovis, M. africanum, M. canettii, M. microti)* ☎ 🧪
Neisseria gonorrhoeae
Neisseria meningitidis ! 🧪
Plasmodium species 🧪
Poliovirus ☎ 🧪
Pseudomonas aeruginosa: Carbapenem-Resistant eip 🧪
Rabies virus: Animal, Human ! 🧪
Ricin toxin ! 🧪
Rickettsia species (other than *R. typhus*)
Rubella virus ☎ 🧪
St. Louis Encephalitis virus
Salmonella: Typhi ☎ 🧪, other species 🧪
Shigella species 🧪
Staphylococcus aureus:
Enterotoxin B-producing (pulmonary) ! 🧪
Methicillin-Resistant Invasive Disease eip
Toxin-producing (TSST-1)
Vancomycin Non-Sensitive (All Forms) ☎ 🧪
Streptococcus agalactiae Invasive Disease
Streptococcus pneumoniae Invasive Disease 🧪
Streptococcus pyogenes:
Invasive Disease ☎ 🧪
Toxin-producing 🧪
Treponema pallidum:
Congenital ☎,
Other
Trypanosoma cruzi
Variola virus (Orthopox virus) ! 🧪
Vibrio: cholerae 🧪, species 🧪
Viral Hemorrhagic Fever viruses (including Ebola, Lassa, Marburg) ! 🧪
West Nile virus
Yellow Fever virus ☎ 🧪
Yersinia: pestis ☎ 🧪, species 🧪
Zika virus ☎

Specimen or Isolate Submission: 🧪 Required 🧪 Requested

For more details about the laboratory tests and results, specimen or isolate submission requirements, and catchment areas for individual pathogens, please refer to the 2018 Reportable Diseases in Tennessee: Detailed Laboratory Guidance.

Regular Reporting:

- PH-1600 only in 1 week (all diseases for Regular Reporting)
- ! Phone immediately + PH-1600 in 1 week
- ☎ Phone next business day + PH-1600 in 1 week

Special Reporting:

- UT Extension All blood lead test results must be reported electronically or via fax. For more information, refer to https://www.tn.gov/health/health-program-areas/mch-lead/for-providers.html or email UT Extension at leadtrk@utk.edu for assistance.
- eip Refer to the Detailed Laboratory Guidance for catchment and/or send questions to HAI.Health@tn.gov.

2018 Reportable Diseases in Tennessee: Detailed Laboratory Guidance

Directions for Laboratory Reporting

The diseases, events, and conditions reportable to Tennessee Department of Health (TDH) by laboratories for 2018, including laboratories in healthcare facilities, are provided in the 2018 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 Tennessee Department of Health Laboratory. Refer to https://www.tn.gov/health/health-program-areas/lab.html for additional details about submission. Please contact the TDH Laboratory at (615) 262-6300 before submitting specimens or isolates for pathogens requiring immediate notification. Please refer to Page 5 of this document for blood lead test reporting.

Laboratories should report via electronic laboratory reporting or a printed laboratory report.

- Requirements for electronic laboratory reporting are available at https://www.tn.gov/health/cedep/laboratory-reporting.html.

- Requirements for printed laboratory reports are below:
  (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 PH-1600 is available on the Reportable Diseases website at https://apps.health.tn.gov/ReportableDiseases.
  - Laboratories also may report online at https://redcap.health.tn.gov/redcap/surveys/?s=XTJTN4MD3D, where the PH-1600 may be completed and an electronic version of the paper laboratory report attached.
  - Laboratory reports and the PH-1600, if necessary, may be faxed directly to the local or regional health office (see https://www.tn.gov/health/health-program-areas/localdepartments.html) or the Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division at (615) 741-3857.

For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006.

2018 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 document, 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 document 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
Acinetobacter species, Carbapenem-resistant **eip**	*Acinetobacter* species 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. Contact hai.health@tn.gov for clarification/questions.	--	L
Anaplasma phagocytophilum, species	Positive by any method for any specimen. Include speciation results if known.	--	L & P
Babesia species	Positive by any method for any specimen.	--	L & P
Bacillus anthracis !	Positive by any method for any specimen.	Required	L & P
Bordetella pertussis ☎	Positive culture or detected by nucleic acid amplification or polymerase chain reaction (PCR) for any specimen.	--	L & P
Borrelia burgdorferi	1) A positive culture for *B. burgdorferi* 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. ▪ 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. 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. *Depending upon the assay, OspC could be indicated by a band of 21, 22, 23, 24 or 25 kDA.	--	L & P
Brucella species ☎	Positive by any method for any specimen.	Required	L & P
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
Campylobacter species	Positive by any method (including culture, EIA, and PCR) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	Required	L & P
Candida auris (including rule-out *Candida auris*) ☎	Positive by any method for any specimen. Detection from any site/specimens (including swabs from skin). Please note: *C. auris* can be misidentified as a number of different organisms when using traditional biochemical methods for yeast identification such as VITEK 2 YST, API 20C, BD Phoenix yeast identification system, and MicroScan. See https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html for greater detail. If species identity cannot be determined or one of the species shown in the table at above URL is identified, please contact HAI team at (615) 741-7247. Such isolates are considered "rule out *C.auris*" isolates. *C. auris* and "rule out *C.auris"* isolates should be submitted urgently to the Tennessee Department of Health Laboratory. Contact hai.health@tn.gov for clarification/questions.	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

2018 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]
Chlamydia psittaci	Positive or detected by culture, serology, or PCR for any specimen.	--	L & P
Chlamydia trachomatis	Positive by any method for any specimen.	--	L & P
Clostridium botulinum o r botulinum toxin: Foodborne ! or Wound !	Positive by any method for any specimen.	Required	L & P
Clostridium botulinum or botulinum toxin: Infant	Positive by any method for any specimen.	Required	L & P
Clostridium difficile **eip**	Positive by any method for any specimen. Include methodology. Report only for residents of Davidson County. Contact hai.health@tn.gov for clarification/questions.	Requested	L & P
Clostridium tetani	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., *mcr-1* , *mcr-2*). Isolates/specimens from any specimen and body site (including screening tests to determine colonization). Excludes *Proteus, Providencia, Morganella,* and *Serratia* species. Submit isolates with MIC ≥4 for colistin.	Required	L & P
Corynebacterium diphtheria or *Corynebacterium ulcerans* ☎	Positive culture from any clinical specimen or histopathology.	Required	L & P
Coxiella burnetii ☎	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
Cryptosporidium species	Positive by any method for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	Required	L & P
Cyclospora species	Positive by any method for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	Required	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
Ehrlichia species (including *E. chaffeensis* and *E. ewingii*)	Positive by any method for any specimen. Include speciation results if known.	--	L & P
Enterobacteriaceae, Carbapenem-resistant	Any organism from the *Enterobacteriaceae* family (including but not limited to *Escherichia coli, Enterobacter* species, and *Klebsiella* 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 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). For *Proteus* spp., *Providencia* spp., and *Morganella morganii*: only submit isolates from these genera if elevated MICs are observed for ertapenem, meropenem, or doripenem, as these isolates exhibit intrinsic resistance to imipenem. Contact hai.health@tn.gov for clarification/questions.	Required	L & P
Enterococcus 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

2018 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]
Equine encephalitis viruses: Eastern ☎, Venezuelan ☎, Western	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
Escherichia coli, Extended Spectrum Beta Lactamase-producing **eip**	*E. coli* resistant to at least one extended-spectrum cephalosporin (ceftazidime, cefotaxime or ceftriaxone), using the 2017 CLSI breakpoints. Include all susceptibility results with the numeric minimum inhibitory concentration values, and the results (positive or negative) of all carbapenemase-production or resistance mechanism testing. Report only from sentinel laboratories (Maury County, Williamson County). Any specimen. Results should not be sent via electronic laboratory reporting. Contact hai.health@tn.gov for clarification/questions.	Requested	L
Escherichia coli, 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 Escherichia coli (STEC), including *E. coli* O157s and *E. coli* non-O157s, EIA positive broths for shiga-like toxin will also be accepted. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	Required	L & P
Francisella tularensis ☎, species ☎	Positive by any method for any specimen. *Francisella tularensis* is reportable by both laboratories and healthcare providers. Isolates/specimens are required for submission to the Tennessee Department of Health Laboratory. Species other than *Francisella tularensis* are reportable only by laboratories and do not require submission to the Tennessee Department of Health Laboratory.	Required	L & P
Haemophilus influenza ☎	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 negative 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. HIV-1 Genotype Nucleotide Sequences. Reportable by laboratories with electronic lab reporting ability. 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

2018 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]
Klebsiella species, Extended Spectrum Beta Lactamase-producing **eip**	*Klebsiella* species, resistant to at least one extended-spectrum cephalosporin (ceftazidime, cefotaxime or ceftriaxone), using the 2017 CLSI breakpoints. Include all susceptibility results with the numeric minimum inhibitory concentration values, and the results (positive or negative) of all carbapenemase-production or resistance mechanism testing. Report only from sentinel laboratories (Maury County, Williamson County). Any specimen. Results should not be sent via electronic laboratory reporting. Contact hai.health@tn.gov for clarification/questions.	Requested	L
Lead levels	All laboratories that run blood lead tests and those who conduct on site blood lead analysis with portable devices are to report all blood lead test results for Tennessee residents. Elevated blood lead levels (≥5 µg/dL) should be reported within 1 week and those <5 µg/dL should be reported within 1 month. Reports should include Patient's First Name, Last Name, Date of Birth, Gender, Race, Ethnicity, Address (Street Address, City, State, Zip Code and County of Residence), Sample Date, Sample Type, Result, Provider's Name and Phone Number and Payment Source. All blood lead test results may be reported electronically or via fax. For more information, refer to https://www.tn.gov/health/health-program-areas/mch-lead/for-providers.html or email UT Extension at leadtrk@utk.edu for assistance.	--	L & P
Legionella species	Positive by any method for any specimen.	Required	L & P
Listeria species	Positive by any method (including culture and PCR) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	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
Mycobacterium leprae	Demonstration of acid-fast bacilli in skin or dermal nerve.	Required	L & P
Mycobacterium species other than *M. tuberculosis* (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
Mycobacterium tuberculosis complex (M. tuberculosis, M. bovis, M. africanum, M. canettii, M. microti)	The first AFB-positive respiratory specimen (by fluorochrome or acid-fast stain) indicating presence of acid-fast bacilli; submit specimen within 3 business days 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 *Mycobacterium tuberculosis* complex or associated point mutation from any site; submit specimen within 3 business days of test result. ☎	Required	L & P
	Any culture result by HPLC or DNA probe positive for *Mycobacterium tuberculosis* complex from any site; submit isolate within 5 business days 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 *Mycobacterium tuberculosis*; 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
Neisseria gonorrhoeae	Positive by any method for any specimen.	--	L & P

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Pathogen [1]	Laboratory Tests and Results to Report to Public Health [2]	Send Isolate or Specimen [3]	Reporter [4]
Neisseria meningitidis !	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
Plasmodium 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
Pseudomonas aeruginosa, 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) and resistance mechanisms. Results should not be sent via electronic laboratory reporting. Contact hai.health@tn.gov for clarification/questions.	Required	L
Rabies virus: animal	The Tennessee Department of Health Laboratory conducts animal rabies testing statewide.	--	L & P
Rabies virus: human !	Testing is available through coordination with the Tennessee Department of Health Laboratory Services and CDC.	Required	L & P
Ricin toxin !	Positive by any method (including detection of DNA and presumptive identification of ricin toxin by fluoroimmunoassay) for any specimen.	Required	L & P
Rickettsia species (other than *R. typhus*)	Positive by any method except elevated IgM antibody reactive with *R. rickettsii* or other spotted fever group. 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
Salmonella Typhi ☎	Positive by any method (including culture and PCR) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	Required	L & P
Salmonella species (other than *S.*Typhi)	Positive by any method (including culture and PCR) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	Required	L & P
Shigella species	Positive by any method (including culture and PCR) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	Required	L & P
Staphylococcus aureus, enterotoxin B-producing !	Positive by any method for any specimen.	Required	L & P
Staphylococcus aureus, 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 statewide reporting to NHSN. Please include susceptibility test results and specimen source.	--	L & P
Staphylococcus aureus, Toxin-producing (TSST-1)	Positive by any method for any specimen.	--	L & P
Staphylococcus aureus, 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
Streptococcus agalactiae	Positive culture or nucleic acid amplification from a normally sterile site.	--	L & P
Streptococcus pneumoniae	Positive culture from any sterile site. Please include susceptibility test results.	Required	L & P

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Pathogen [1]	Laboratory Tests and Results to Report to Public Health [2]	Send Isolate or Specimen [3]	Reporter [4]
Streptococcus pyogenes: 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
Treponema pallidum: Congenital ☎	Positive/reactive by any method for any specimen.	--	L & P
Treponema pallidum: Other	Positive/reactive by any method for any specimen.	--	L & P
Trypanosoma cruzi	Positive by any method for any specimen.	--	L & P
Variola virus (orthopox virus) !	Positive by any method or suspected for any specimen.	Required	L & P
Vibrio cholerae (Toxigenic O1 or O139)	Positive by any method (including culture, PCR, and cholera toxin test) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	Required	L & P
Vibrio species (Non-toxigenic O1 or O139), *Grimontia hollisae, Photobacterium damselae*	Positive by any method (including culture, PCR, and cholera toxin test) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	Required	L & P
Viral Hemorrhagic Fever viruses ! : Bunyaviruses, Crimean-Congo, Ebola, Guanarito, Junin, Lassa, Lujo, Machupo, Marburg, Sabia	Positive by any method for any specimen.	Required	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.	Required	L & P
Yersinia pestis ☎	Positive by any method for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation.	Required	L & P
Yersinia species (other than *Yersinia pestis*)	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 Tennessee Department of Health Laboratory.	Required to CDC	L & P

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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. Contact hai.health@tn.gov for questions/clarification.

2 For most reportable diseases, a suspected/known case 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 specimens/isolates 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 at https://www.tn.gov/health/health-program-areas/lab/directory-of-services.html.

4 The type of reporter responsible for reporting: L=Laboratory and P=Healthcare provider.

TN Department of Health

This form may be completed online at https://redcap.health.tn.gov/redcap/surveys/?s=XTJTN4MD3D or faxed to the Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division at Tennessee Department of Health (TDH) at (615) 741-3857. To fax directly to the local or regional health office, refer to https://www.tn.gov/health/health-program-areas/localdepartments.html. For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006. For more specific details, refer to the Reportable Diseases website at https://apps.health.tn.gov/ReportableDiseases.

Directions for Healthcare Providers:

- All of the information on this form is required to report, if available. The reporter will be contacted for any missing information.
- The provider information, patient demographics, and clinical information may be provided on this form, or attached (e.g., patient cover sheet, notifiable diseases report, relevant medical records).
- The contact information for the provider is required for the public health investigation. If the primary place of work for the provider is a private practice, include the name, phone, and fax for that facility rather than the hospital.
- Attach the associated laboratory report to this form.
- Patient address is used to assign public health jurisdiction for the investigation. If the patient address in unavailable, the provider county determines the jurisdiction.
- *If patient's "Date of Birth" is unavailable, report the patient's age in years. If the patient is < 1 year of age, please mark the box for "Months." If the patient is < 1 month of age, please list "0" and mark the box for "Months."
- [H] Hepatitis symptoms include: fever, malaise, vomiting, fatigue, anorexia, diarrhea, abdominal pain, jaundice, headache, nausea.
- [T] Reportable tickborne diseases such as Anaplasmosis, Ehrlichiosis, Lyme Disease, and Spotted Fever Rickettsiosis.
- For a positive interferon-gamma release assay (IGRA) for (latent) Tuberculosis Infection (TBI), attach a copy of the lab result to this form. For a positive tuberculin skin test (TST) for any child or adolescent < 18 years of age, document the TST result in millimeters (mm) of induration in the "Comments" field at right; fax this form directly to the Tennessee Tuberculosis Elimination Program: (615) 253-1370.

Directions for Laboratories:

- Laboratories should report via electronic laboratory reporting. Refer to https://www.tn.gov/health/cedep/laboratory-reporting.html for guidance and requirements.
- If reporting via printed laboratory report, the following information is required:
  (1) Patient demographics (shown on the right, including address)
  (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 and collection date
  (9) Result (quantitative and qualitative), interpretation, and reference range
- The PH-1600 is required only if the printed laboratory report does not include the information listed above.
- Laboratories are not required to report information in the Clinical Information section.

Report

Disease: | **Date of Report:** ____/____/_____

Reporter Name: | **Phone:** ( )

Reporter Facility:

Lab Report: ☐ Attached ☐ Not Tested ☐ Report Unavailable

Provider

Provider Name:

Primary Facility/Practice:

Phone: ( ) | **Fax:** ( ) | **County:**

Patient Demographics

Patient Name:

Date of Birth: ____/____/_____ (mm/dd/yyyy)
***Age:** _____ ☐ Months

Sex:
☐ Male
☐ Female
☐ Unknown

Ethnicity:
☐ Hispanic
☐ Not Hispanic
☐ Unknown

Race:
☐ American Indian/ Alaska Native
☐ Asian
☐ Black/ African American
☐ Hawaiian/ Other Pacific Islander
☐ White
☐ Unknown

Street Address:

City: | **State:**

County: | **Zip Code:**

Phone: ( ) | **Phone:** ( )

Clinical Information

Illness Onset Date: ____/____/_____ | **Hospitalized?** ☐ Yes ☐ No ☐ Unknown

Hospital Name:

Admission Date: ____/____/_____ | **Discharge Date:** ____/____/_____

Pregnant? ☐ Yes ☐ No ☐ Unknown
Expected Due Date: ____/____/_____ | **Died?** ☐ Yes ☐ No ☐ Unknown

Symptoms?[H] hepatitis cases only ☐ Yes ☐ No ☐ Unknown

Fever?[T] tickborne diseases only ☐ Yes ☐ No ☐ Unknown

STD Treatment: Date: ____/____/_____
Medications:

Comments:

Reportable Diseases and Events 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).