Directions for Laboratory Reporting

The disease, events, and conditions reportable to Tennessee Department of Health (TDH) by laboratories for 2022, including laboratories in healthcare facilities, are provided in the 2022 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 6 of this document for blood lead test reporting.

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

- 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 only required to report specimen collection date and specimen source in the Clinical Information section.
  - The PH-1600 is available on the Reportable Diseases website at https://www.tn.gov/content/dam/tn/health/documents/reportable-diseases/PH-1600.pdf.
  - 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.

- Online reporting is available via Morbidity Reports: https://hssi.tn.gov/auth/Login.
  - To sign up to use Morbidity Reports, please visit https://redcap.health.tn.gov/redcap/surveys/?s=8L7CMWHN4M.

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

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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
Pan-nonsusceptible organisms and other unusual resistance !	Isolation from any specimen source that is pan-nonsusceptible or exhibits unusual resistance, regardless of active infection. Pan-nonsusceptible organisms are defined as an organism with susceptibility results from a validated instrument (or disc diffusion/ e-tests) that show resistant or intermediate interpretations to all antibiotics tested. Colistin and/or tigecycline susceptibility interpretation should not be considered when evaluating resistance. Examples of unusual resistance are shown in CLSI M100, Appendix A, Category 1. Isolates should be submitted urgently to the Tennessee Department of Health Laboratory. Please include identification and susceptibility test results (including numeric MIC values) with isolate. Contact hai.health@tn.gov for clarification/questions. See Appendix A of the M100 Performance Standards for Antimicrobial Susceptibility Testing.	Required	L & P
Acinetobacter species, Carbapenem-resistant **eip**	*Acinetobacter* species positive by any method from any clinical specimen (including nonsterile sites and rectal/perirectal swabs) and non-susceptible isolates (intermediate or resistant to at least one carbapenem or PCR detection of carbapenemase-producing gene). Report and submit isolates only for residents of Davidson, Cheatham, Robertson, Sumner, Wilson, Rutherford, Dickson, or Williamson counties. Please include susceptibility test results (including numeric MIC values). If any *Acinetobacter* species are detected via PCR, perform a culture to obtain the bacterial isolate and perform subsequent testing to determine antibiotic susceptibility profile. Submit isolates to the Tennessee Department of Health Laboratory within 3 days of detection/isolation. Contact hai.health@tn.gov for clarification/questions.	Required	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 (culture, IHC, serology, PCR, mass spectrometry, or other test) for any specimen for *Bacillus anthracis* or *Bacillus cereus* expressing anthrax toxins.	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 or *mayonii*	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 (including culture, serology or others) for any specimen. Include quantitative antibody titer result indicating a positive test result when available. Isolates/specimens are required for submission to the Tennessee Department of Health Laboratory.	Required	L & P
Burkholderia mallei / Burkholderia pseudomallei !	Positive cultures for *Burkholderia mallei* and *Burkholderia pseudomallei* are reportable by laboratories. Isolates are required to be submitted to the Tennessee Department of Health Laboratory.	Required	L

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Pathogen [1]	Laboratory Tests and Results to Report to Public Health [2]	Send Isolate or Specimen [3]	Reporter [4]
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, & PCR, **and excluding antibody positive tests**) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation. CIDT specimens should be forwarded to the laboratory within 4 days of specimen collection.	Required	L & P
Candida auris (including rule-out *Candida auris*) ☎	*Candida auris*, positive by any method for any specimen including detection from including swabs from skin. Please note: *C. auris* can be misidentified 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/candida-auris/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. If any *Candida auris* or "rule-out *C. auris*" are detected via PCR, perform a culture to obtain the isolate. Submit isolates immediately 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
Chlamydia (including Lymphogranuloma Venereum (LGV))	*Chlamydia trachomatis*, positive by any method (including detection of LGV-specific antigen or nucleic acid in a clinical specimen) for any specimen.	--	L & P
Clostridium botulinum or 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. *Clostridium difficile* lab results and isolates are reportable for Davidson County residents only. Some healthcare providers are required to report *Clostridium difficile* infections via NHSN. See https://www.cdc.gov/nhsn/index.html or hai.health@tn.gov or contact HAI.Health@Tn.gov for details.	Requested	L & P
Clostridium tetani	Positive by any method for any specimen.	Required	L & P
Coronavirus disease (COVID-19) caused by SARS– CoV-2	As of January 1, 2021, COVID-19 diagnostic tests such as antigen and PCR tests are reportable, regardless of result type, and regardless of the setting in which the test was performed. Because the pandemic is evolving and the type of public health response required will also evolve, these reporting requirements will likely change throughout 2021. Please refer to https://www.tn.gov/health/cedep/ncov/healthcare-providers.html for the most up to date reporting guidance. Any reporting document located there with an effective or update date after January 1, 2021 will supersede this reporting document.		L & P
Corynebacterium diphtheria ☎ or *Corynebacterium ulcerans* ☎	Positive culture from any clinical source that has a positive Elek test for toxin production	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]
Coxiella burnetii ☎	Positive by any method (culture, IHC, serology, PCR, or other test) for any specimen is reportable. Include quantitative antibody titer result indicating a positive test result when available. Isolates are required to be submitted to the Tennessee Department of Health.	Required	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 **(including 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. CIDT specimens should be forwarded to the laboratory within 4 days of specimen collection.	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
Enterobacterales, Carbapenem-resistant	Any organism detected from the Enterobacterales order (including but not limited to *Escherichia coli, Enterobacter* species, and *Klebsiella* species) by any method, from any clinical specimen (including rectal/perirectal swabs), resistant to at least one carbapenem antibiotic according to break points effective as of 2021 CLSI guidelines (i.e., ertapenem MIC >1.0 or doripenem/imipenem/meropenem MIC ≥ 4.0). Include all susceptibility results with the numeric MIC values (interpretation alone is insufficient), and all carbapenemase-production (mCIM, 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). If any Enterobacterales are detected via PCR, perform a culture to obtain the bacterial isolate and perform subsequent testing to determine antibiotic susceptibility profile. Submit isolates to the Tennessee Department of Health Laboratory within 3 days of detection/isolation. 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* by any method from a sterile site AND "Nonsusceptible" isolate (i.e., intermediate- or high level resistant) to vancomycin. If organism detected via PCR, perform a culture to obtain the bacterial isolate and perform subsequent testing to determine antibiotic susceptibility profile Please include susceptibility test results with the numeric MIC values.	--	L & P
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,* collected from any specimen site, resistant to at least one extended-spectrum cephalosporin (ceftazidime, cefotaxime or ceftriaxone), using the 2021 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 and submit ESBL E. coli isolates for residents of Lewis, Marshall, Maury, or Wayne counties only. Results should not be sent via electronic laboratory reporting unless the E. coli also meets the case definition for carbapenem-resistant Enterobacterales. If any *E. coli* are detected via PCR, perform a culture to obtain the bacterial isolate and perform subsequent testing to determine antibiotic susceptibility profile. Submit isolates to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation, unless it also meets the CRE case definition, then submit isolate within 3 days. Contact hai.health@tn.gov for clarification/questions.	Requested	L
Escherichia coli, Shiga toxin-producing	Positive by any method (including culture, EIA, & PCR, **and excluding antibody positive tests**) 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. CIDT specimens should be forwarded to the laboratory within 4 days of specimen collection.	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]
Francisella tularensis ☎	Positive by any method for any specimen (including culture, fluorescent assay, PCR or serology) is reportable. Isolates are required to be submitted to the Tennessee Department of Health Laboratory.	Required	L & P
Haemophilus influenzae: Invasive Disease ☎	Positive culture or PCR from a sterile site.	Required	L & P
Hepatitis A virus ☎	Positive IgM anti-HAV for any specimen. Nucleic Acid test (NAT) for hepatitis A virus RNA positive (including genotype testing) for any specimen. Include associated results for additional serological markers for hepatitis (including hepatitis B and C), alanine aminotransferase (ALT) and bilirubin levels if available.	--	L & P
Hepatitis B virus	• Positive hepatitis B surface antigen (HBsAg) • Positive IgM antibody to hepatitis B core antigen (IgM anti-HBc) • Positive hepatitis B "e" antigen (HBeAg) • Positive nucleic acid test for hepatitis B DNA (including qualitative, quantitative or genotype testing) And, if any of above tests are positive, also report: • Pregnancy status • All associated results (positive or negative) for additional serological markers of hepatitis (including hepatitis A and C), alanine aminotransferase (ALT) and bilirubin levels	--	L & P
Hepatitis C virus	• Positive or negative confirmatory assays (e.g. antigen or nucleic acid amplification testing for hepatitis C RNA [qualitative, quantitative or genotype testing]) • Positive hepatitis C antibody (anti-HCV) And, if any of above tests are positive, also report: • Pregnancy status • All associated results (positive or negative) for additional serological markers of hepatitis (including hepatitis A and B), alanine aminotransferase (ALT) and bilirubin levels	--	L & P
Human Immunodeficiency Virus (HIV)	Report all HIV testing algorithm results including from screening test*, supplemental test** and nucleic acid detection (NAT/NAAT) (if indicated) when screening test* result is positive/reactive/detected or comparable. Also report the following: • All positive/reactive/detectable supplemental test** results • All positive/reactive/detectable p24 Antigen, nucleic acid detection (NAT/NAAT), viral culture, or genotype nucleotide sequences+ • CD4 count and percent - REPORT ALL RESULTS • HIV RNA (viral load) including undetectable (or equivalent)/detectable interpretation , quantitative count, and log count - REPORT ALL RESULTS • Pregnancy status (if available and reporting any of the above). *Screening tests or point-of-care tests can include antibody (Ab) or antigen/antibody (Ag/Ab). **Supplemental tests can include western blot, immunofluorescent assay (IFA), conventional or rapid immunoassay (IA), HIV-1/2 type-differentiating immunoassay (IA), or HIV-1/2 Qualitative nucleic acid detection (NAT). If screening testing results are not available, report supplemental results. +Genotype nucleotide sequences are reportable by laboratories with ability to submit electronic lab reports (ELR).	--	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

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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, collected from any specimen site, resistant to at least one extended-spectrum cephalosporin (ceftazidime, cefotaxime or ceftriaxone), using the 2021 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 and submit ESBL *Klebsiella* isolates for residents of Lewis, Marshall, Maury, or Wayne counties only.. Results should not be sent via electronic laboratory reporting unless the Klebsiella also meets the case definition for carbapenem-resistant *Enterobacterales* (CRE). If any Klebsiella are detected via PCR, perform a culture to obtain the bacterial isolate and perform subsequent testing to determine antibiotic susceptibility profile. Submit isolates to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation, unless it also meets the CRE case definition, then submit isolate within 3 days. 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 (culture, urine antigen, PCR, DFA, IHC, or serology) for any specimen is reportable. Isolates/positive specimens (expectorated sputum and bronchial lavage fluids only) are required for submission to the Tennessee Department of Health Laboratory.	Required	L & P
Listeria species	Positive by any method (including culture & PCR, **and excluding antibody positive tests**) 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, Other Bacterial: isolation or demonstration of any bacterial species from cerebrospinal fluid ☎	Isolation of any bacteria from cerebrospinal fluid by culture, antigen, or PCR testing. If detected via PCR, perform a culture to obtain the bacterial isolate. Submit isolates to the Tennessee Department of Health Laboratory within 3 days of detection/isolation. Contact hai.health@tn.gov for clarification/questions.	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 (using Fite stain) or identification of non-caseating granulomas with peripheral nerve involvement.	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

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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. If performed, antibiotic susceptibility test results should be reported, regardless of susceptibility pattern.	--	L & P
Neisseria meningitidis, invasive disease !	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
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*)	• Detection of SFGR, including *R. rickettsii*, nucleic acid in a clinical specimen via amplification of a *Rickettsia* genus- or species-specific target by polymerase chain reaction (PCR) assays, • Elevated IgG antibody titer in one or more serology samples reactive with SFGR, including *R. rickettsii*, antigen by IFA*, • Demonstration of SFGR antigen in a biopsy or autopsy specimen by IHC, OR • Isolation of SFGR, including *R. rickettsii*, from a clinical specimen in cell culture and molecular confirmation (e.g., PCR or sequence). *Elevated IgM and positive ELISA/EIA for Rickettsia no longer require reporting	--	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 & PCR, **and excluding antibody positive tests**) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation. CIDT specimens should be forwarded to the laboratory within 4 days of specimen collection.	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]
Salmonella species (other than *S.*Typhi)	Positive by any method (including culture & PCR, **and excluding antibody positive tests**) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation. CIDT specimens should be forwarded to the laboratory within 4 days of specimen collection.	Required	L & P
Shigella species	Positive by any method (including culture & PCR, **and excluding antibody positive tests**) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation. CIDT specimens should be forwarded to the laboratory within 4 days of specimen collection.	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-susceptible : All forms ☎	Isolation from any specimen source AND "non-susceptible" isolate identified (i.e., intermediate- or high-level resistance to vancomycin). Please include all susceptibility test results with the numeric minimum inhibitory concentration values. If organism detected via PCR, perform a culture to obtain the bacterial isolate and perform subsequent testing to determine antibiotic susceptibility profile. Submit isolates immediately to the Tennessee Department of Health Laboratory. Contact hai.health@tn.gov for clarification/questions.	Required	L & P
Streptococcus agalactiae	Positive culture or nucleic acid amplification from a normally sterile site.	--	L & P
Streptococcus pneumoniae: Invasive Disease	Positive by any method from any sterile site. Please include susceptibility test results with the numeric minimum inhibitory concentration values. If detected via PCR, perform a culture to obtain the bacterial isolate. Submit isolates to the Tennessee Department of Health Laboratory within two weeks of detection/isolation.	Required	L & P
Streptococcus pyogenes (Group A Strep)*:* Invasive Disease ☎, Toxin-producing	Positive culture or nucleic acid amplification from a normally sterile site, wound or muscle.	Required	L & P
Treponema pallidum: Congenital ☎, Other	Report any treponemal or nontreponemal results, whether qualitative or quantitative, which are positive or reactive by any method. Report negative, non-reactive, or quantitative results for any testing associated with positive/reactive results. All reported non-treponemal results must include a titer value using standard notation (e.g., end-point reactivity at a serum dilution of 1:8 is reported as a titer of 8). All reactive non-treponemal screens should be confirmed with a standard treponemal test unless the patient had a known documented prior syphilis infection. Reports of reactive non-treponemal screens must also include either current treponemal test results (positive or negative) or prior confirmation information.	--	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, & cholera toxin test, **and excluding antibody positive tests**) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation. CIDT specimens should be forwarded to the laboratory within 4 days of specimen collection.	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]
Vibrio species (Non-toxigenic O1 or O139), *Grimontia hollisae, Photobacterium damselae*	Positive by any method (including culture, PCR, & cholera toxin test, **and excluding antibody positive tests**) for any specimen. Include speciation results if known. Submit specimen/isolate to the Tennessee Department of Health Laboratory within 2 weeks of detection/isolation. CIDT specimens should be forwarded to the laboratory within 4 days of specimen collection.	Required	L & P
Viral Hemorrhagic Fever viruses ! : Bunyaviruses, Chapare virus,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. CIDT specimens should be forwarded to the laboratory within 4 days of specimen collection.	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

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.