

Notifiable Disease Matrix
(Revised June 2004)

Code	Disease	Category ¹	Specimen Source(s) ²	Send Isolate ³	Specimen Needed for Testing	Lab(s) Performing Test ⁷	EIP	BT Indicator
--	Acquired Immunodeficiency Syndrome (AIDS) ⁸	3	All	--	whole, clotted blood, serum	EIA: J, K, N; WB: N	--	--
2	Anthrax (<i>Bacillus anthracis</i>)	1	All	Required	lesion, hair products, blood, sputum	N	--	Y
5	Botulism-Foodborne (<i>Clostridium botulinum</i>)	1	All	Required	serum, feces, food, wound culture	N	--	Y
4	Botulism-Wound (<i>Clostridium botulinum</i>)	1	All	Required	serum, feces, food, wound culture	N	--	--
3	Botulism-Infant (<i>Clostridium botulinum</i>)	2	All	Required	serum, feces, food, wound culture	N	--	--
6	Brucellosis (<i>Brucella</i> species)	2	All	Required	blood, infected tissue, abscess material, bone marrow, liver biopsy	N	--	Y
7	Campylobacteriosis (<i>Campylobacter</i> species)	2	All	Requested	reference culture, rectal swab	J, K, N	Y	--
69	Chancroid	2	All	--	--	--	--	--
55	<i>Chlamydia trachomatis</i> -Genital ⁸	2	All	--	cervical or urethral swab	J, K, N	--	--
56	<i>Chlamydia trachomatis</i> -PID ⁸	2	All	--	cervical or urethral swab	J, K, N	--	--
57	<i>Chlamydia trachomatis</i> -Other ⁸	2	All	--	cervical or urethral swab	J, K, N	--	--
9	Cholera (<i>Vibrio cholerae</i>)	2	All	Required	fecal or rectal swab	N	Y	--
106	<i>Cyclospora</i>	2	All	--	--	--	Y	--
1	Cryptosporidiosis (<i>Cryptosporidium</i> species)	2	All	Requested	stool	N	Y	--
11	Diphtheria (<i>Corynebacterium diphtheriae</i>)	1	All	Required	throat or skin lesion swab	N	--	--
--	Disease Outbreaks: foodborne	1	All	--	contact CEDS	K, N	--	--
--	Disease Outbreaks: waterborne	1	All	--	contact CEDS	N	--	--
--	Disease Outbreaks: all other diseases	1	All	--	contact CEDS	N	--	--
51	Ehrlichiosis-HME (<i>Ehrlichia chaffeensis</i>)	2	All	--	acute and convalescent sera (28 days)	N	--	--
116	Ehrlichiosis-HGE (<i>Anaplasma phagocytophilum</i>)	2	All	--	acute and convalescent sera (28 days)	N	--	--
117	Ehrlichiosis-Other	2	All	--	acute and convalescent sera (28 days)	N	--	--
121	Encephalitis, Arboviral: California/LaCrosse Serogroup	1	All	--	acute and convalescent sera (14 days)	K, N	--	--
122	Encephalitis, Arboviral: Eastern Equine	1	All	--	acute and convalescent sera (14 days)	K, N	--	--
123	Encephalitis, Arboviral: St. Louis	1	All	--	acute and convalescent sera (14 days)	K, N	--	--
108	Encephalitis, Arboviral: Venezuelan Equine	1	All	--	--	--	--	Y
124	Encephalitis, Arboviral: Western Equine	1	All	--	acute and convalescent sera (14 days)	K, N	--	--
52	<i>Escherichia coli</i> O157 ⁸	2	All	Required	reference culture	J, K, N	Y	--
15	Giardiasis (acute)	2	All	--	stool	N	--	--
60	Gonorrhea-Genital (<i>Neisseria gonorrhoeae</i>) ⁸	2	All	--	cervical, urethral, rectal, throat, and eye swab	J, K, N	--	--
61	Gonorrhea-Oral (<i>Neisseria gonorrhoeae</i>) ⁸	2	All	--	cervical, urethral, rectal, throat, and eye swab	J, K, N	--	--
62	Gonorrhea-Rectal (<i>Neisseria gonorrhoeae</i>) ⁸	2	All	--	cervical, urethral, rectal, throat, and eye swab	J, K, N	--	--
63	Gonorrhea-PID (<i>Neisseria gonorrhoeae</i>) ⁸	2	All	--	cervical, urethral, rectal, throat, and eye swab	J, K, N	--	--
64	Gonorrhea-Ophthalmic (<i>Neisseria gonorrhoeae</i>) ⁸	2	All	--	cervical, urethral, rectal, throat, and eye swab	J, K, N	--	--
53	Group A Streptococcal Invasive Disease (<i>Streptococcus pyogenes</i>)	1	Sterile Only, NF/STSS Wounds ⁴ , Muscle ⁵	Required	throat, nose, skin or wound swab	J, K, N	Y	--
47	Group B Streptococcal Invasive Disease (<i>Streptococcus agalactiae</i>)	1	Sterile Only	--	reference culture	N	Y	--
133	Guillain-Barre' Syndrome	2	All	--	--	--	--	--
54	<i>Haemophilus influenzae</i> Invasive Disease	1	Sterile Only	Required	reference culture	N	Y	--
23	Hantavirus Disease	1	All	--	--	--	--	--
58	Hemolytic Uremic Syndrome (HUS)	2	All	--	--	--	Y	--
16	Hepatitis, Viral-Type A acute	1	All	--	--	--	--	--
17	Hepatitis, Viral-Type B acute ⁸	2	All	--	--	--	--	--
48	Hepatitis, Viral-HBsAg positive pregnant female	2	All	--	--	--	--	--
480	Hepatitis, Viral-HBsAg positive infant	2	All	--	--	--	--	--
18	Hepatitis, Viral-Type C acute	2	All	--	--	--	--	--
--	Human Immunodeficiency Virus (HIV) ⁸	3	All	--	whole, clotted blood, serum	EIA: J, K, N; WB: N	--	--
20	Influenza-number of cases	2	All	--	throat washing or swab, nasopharyngeal washing or swab	J, K, N	Y	--
--	Lead Levels (blood) ⁹	4	Blood	--	--	--	--	--
21	Legionellosis (<i>Legionella</i> species)	2	All	Required	acute and convalescent sera (28 days)	N	Y	--
22	Leprosy (Hansen Disease) (<i>Mycobacterium leprae</i>)	2	All	Required	sputum, bronchial washings, gastric lavage, tissue, urine, feces (only from immunocompromised patients), blood	N	--	--
94	Listeriosis (<i>Listeria</i> species)	1	All	Required	reference culture, food	J, K, N	Y	--
24	Lyme Disease	2	All	--	--	--	--	--
25	Malaria (<i>Plasmodium</i> species)	2	All	Required	thick and thin smears, EDTA blood	N	--	--
96	Measles-Imported	1	All	--	Culture: throat washing or swab, nasopharyngeal washing or swab, conjunctival secretions; Serology: immunity screening (whole, clotted blood, serum), diagnostic testing (acute and convalescent sera [14 days])	N	--	--
26	Measles-Indigenous	1	All	--	Culture: throat washing or swab, nasopharyngeal washing or swab, conjunctival secretions; Serology: immunity screening (whole, clotted blood, serum), diagnostic testing (acute and convalescent sera [14 days])	N	--	--
95	Meningococcal Disease (<i>Neisseria meningitidis</i>)	1	Sterile Only	Required	reference culture	N	Y	--
102	Meningitis-Other Bacterial	1	All	--	--	--	--	--
31	Mumps	1	All	--	--	--	--	--
32	Pertussis (Whooping Cough)	1	All	--	nasopharyngeal swab, reference culture	N	--	--
33	Plague (<i>Yersinia pestis</i>)	1	All	Required	isolation: blood, aspirated fluids from lymph nodes or bubo; reference culture	N	--	Y
34	Poliomyelitis-Paralytic	1	All	--	--	--	--	--
35	Poliomyelitis-Nonparalytic	1	All	--	--	--	--	--
118	Prion disease-Creutzfeldt Jakob Disease	1	All	--	--	--	--	--
119	Prion disease-variant Creutzfeldt Jakob Disease	1	All	--	--	--	--	--
36	Psittacosis (<i>Chlamydia psittaci</i>)	2	All	--	--	--	--	--
109	Q Fever (<i>Coxiella burnetii</i>)	1	All	--	acute and convalescent sera (28 days)	N	--	Y
37	Rabies: Human	1	All	--	see rabies section (virology)	J, K, N	--	--
105	Rabies: Animal	2	All	--	see rabies section (virology)	J, K, N	--	--
112	Ricin Poisoning	1	All	--	--	N	--	Y
39	Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i>)	2	All	--	acute and convalescent sera (28 days)	N	--	--

Code	Disease	Category ¹	Specimen Source(s) ²	Send Isolate ³	Specimen Needed for Testing	Lab(s) Performing Test ⁷	EIP	BT Indicator
40	Rubella	1	All	--	Culture: nasopharyngeal washing or swab, CSF, urine; Serology: immunity screening (whole, clotted blood, serum), diagnostic testing (acute and convalescent sera [14 days])	N	--	--
10	Congenital Rubella Syndrome	1	All	--	Culture: nasopharyngeal washing or swab, CSF, urine; Serology: immunity screening (whole, clotted blood, serum), diagnostic testing (acute and convalescent sera [14 days])	N	--	--
41	Salmonellosis: Typhoid Fever (<i>Salmonella</i> Typhi)	1	All	Required	fecal or rectal swab, reference culture	N	Y	--
42	Salmonellosis: Other than S. Typhi (<i>Salmonella</i> species)	2	All	Required	fecal or rectal swab, reference culture	N	Y	--
132	Severe Acute Respiratory Syndrome (SARS)	1	All	--	--	--	--	--
115	Shiga-like toxin positive stool ⁵	2	All	Required	reference culture, stool, broth	J, K, N	Y	--
43	Shigellosis (<i>Shigella</i> species)	2	All	Required	fecal or rectal swab, reference culture	N	Y	--
107	Smallpox	1	All	--	--	--	--	Y
130	<i>Staphylococcus aureus</i> : Meticillin resistant Invasive Disease	2	Sterile Only	--	isolates from documented outbreaks	N	Y	--
131	<i>Staphylococcus aureus</i> : Vancomycin non-sensitive – all forms	1	All	Required	isolates from documented outbreaks	N	--	--
110	Staphylococcal Enterotoxin B (SEB) Pulmonary Poisoning	1	All	--	--	--	--	Y
50	<i>Streptococcus pneumoniae</i> Invasive Disease: Penicillin resistant	2	Sterile Only	Required	reference culture	N	Y	--
49	<i>Streptococcus pneumoniae</i> Invasive Disease: Penicillin sensitive	2	Sterile Only	Required	reference culture	N	Y	--
70	Syphilis (<i>Treponema pallidum</i>): Primary ⁸	2	All	--	whole, clotted blood, serum, CSF	J, K, N	--	--
71	Syphilis (<i>Treponema pallidum</i>): Secondary ⁸	2	All	--	whole, clotted blood, serum, CSF	J, K, N	--	--
72	Syphilis (<i>Treponema pallidum</i>): Early Latent ⁸	2	All	--	whole, clotted blood, serum, CSF	J, K, N	--	--
73	Syphilis (<i>Treponema pallidum</i>): Late Latent ⁸	2	All	--	whole, clotted blood, serum, CSF	J, K, N	--	--
74	Syphilis (<i>Treponema pallidum</i>): Cardiovascular ⁸	2	All	--	whole, clotted blood, serum, CSF	J, K, N	--	--
75	Syphilis (<i>Treponema pallidum</i>): Congenital ⁸	2	All	--	whole, clotted blood, serum, CSF	J, K, N	--	--
76	Syphilis (<i>Treponema pallidum</i>): Neurological ⁸	2	All	--	whole, clotted blood, serum, CSF	J, K, N	--	--
77	Syphilis (<i>Treponema pallidum</i>): Late Other ⁸	2	All	--	whole, clotted blood, serum, CSF	J, K, N	--	--
78	Syphilis (<i>Treponema pallidum</i>): Unknown Latent ⁸	2	All	--	whole, clotted blood, serum, CSF	J, K, N	--	--
44	Tetanus (<i>Clostridium tetani</i>)	2	All	Required	--	N	--	--
45	Toxic Shock Syndrome: Staphylococcal	2	All	--	--	--	--	--
97	Toxic Shock Syndrome: Streptococcal	2	All	--	--	--	--	--
46	Trichinosis	2	All	--	--	--	--	--
--	Tuberculosis, all forms (<i>Mycobacterium</i> species)	1	All	Required	sputum, bronchial washings, gastric lavage, tissue, urine, feces (only from immunocompromised patients), blood	N	--	--
113	Tularemia (<i>Francisella tularensis</i>)	1	All	Required	material from lesions, lymph nodes, sputum, gastric aspirates, nasopharyngeal washings, blood culture, reference culture.	N	--	Y
101	Vancomycin Resistant Enterococci (VRE) Invasive Disease	2	Sterile Only	--	--	--	--	--
114	Varicella deaths	2	All	--	vesicle scraping, throat washing	N	--	--
104	<i>Vibrio</i> infections (<i>Vibrio</i> species)	2	All	Required	reference culture	N	Y	--
111	Viral Hemorrhagic Fever	1	All	--	--	--	--	Y
125	West Nile virus infections-Encephalitis	1	All	--	acute and convalescent sera (14 days), CSF --- contact regional health officer for approval to send	N	--	--
126	West Nile virus infections-Fever	1	All	--	--	--	--	--
98	Yellow Fever	2	All	--	--	--	--	--
103	Yersiniosis (<i>Yersinia</i> species)	2	All	Requested	isolation: fecal or rectal swab; reference culture	J, K, N	Y	--
--	<i>Burkholderia mallei</i>	--	All	Required	reference culture	N	--	--
--	<i>Burkholderia pseudomallei</i>	--	All	Required	reference culture	N	--	--
--	Shiga-like toxin producing <i>Escherichia coli</i> non-O157 ⁶	--	All	Required	reference culture	J, K, N	Y	--
--	<i>Francisella</i> species	--	All	Required	reference culture	N	--	--

¹Category 1 diseases require immediate telephonic notification, followed by a written report using the PH-1600. Category 2 diseases only require a written report using the PH-1600. Category 3 diseases require special confidential reporting to designated health department personnel. For Category 4, laboratories and physicians are required to report all blood lead test results $\geq 10 \mu\text{g/dl}$.

²For most notifiable diseases, a patient is reportable when the pathogen is isolated or detected from any specimen source (unless where otherwise indicated). A normally "sterile site" is defined as: blood, CSF, pleural fluid (includes chest fluid, thoracentesis fluid), peritoneal fluid (includes abdominal fluid, ascites), pericardial fluid, bone (includes bone marrow), joint (includes synovial fluid; fluid, needle aspirate or culture of any specific joint: knee, ankle, elbow, hip, wrist), internal body sites (specimen obtained from surgery or aspirate from one of the following: lymph node, brain, heart, liver, spleen, vitreous fluid, kidney, pancreas, or ovary).

³It shall be the responsibility of the director of a medical laboratory to submit cultures of designated microorganisms for confirmation, typing and/or antibiotic sensitivity. All cultures shall be accompanied by the following information: (a) patient's full name, address, age, and sex. (b) Physician's name and address. (c) Anatomic source of culture.

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

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

⁶For any Shiga-toxin producing *Escherichia coli* (STEC), including *E. coli* O157s and *E. coli* non-O157s, EIA positive broths for shiga-like toxin will also be accepted.

⁷Abbreviations: J=Jackson, K=Knoxville, N=Nashville, EIA=Enzyme Immunoassay, WB=Western Blot.

⁸In 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.

⁹(A) All laboratories that run blood lead tests for Tennessee residents, including approved laboratories and all laboratories certified by the U. S. Department of Health and Human Services in accordance with the provisions of the Clinical Laboratory Improvement Amendment of 1988 (CLIA), shall report the following information to the Tennessee Department of Health for each blood lead level test run in the laboratory. Reports should be sent to Martha Keel, PhD, Professor, Housing and Environmental Health, University of Tennessee Extension, 119 Morgan Hall, 2621 Morgan Circle, Knoxville, TN 37922-4501. Additional data elements may be required to insure that all elements recommended by the CDC to be included in the priority data set for lead are reported by the laboratories.

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

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

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

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

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

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

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

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

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