



ALERT to Medical Providers:

Tennessee Department of Health Releases **New List of Reportable Diseases and Events**

Effective April 14, 2010, the Tennessee Department of Health implemented revisions to the list of reportable diseases and events. Under the Tennessee Code Annotated (**1200-14-1-.03**), all medical providers must report communicable diseases, including known or suspected cases, to the local health department. Laboratory reporting does not absolve medical providers of their requirement to report.

An updated list of the reportable diseases and events mandated under Tennessee state law is enclosed or can be found at: <http://health.hamiltontn.org/Epidemiology/default.aspx>.

<p><i>2010 Changes:</i></p> <ul style="list-style-type: none"> • Dividing Category 1 diseases into 24/7 or next business day telephone reporting • Adding Category 5 (Healthcare Associated Infections) • Adding the following as reportable events <ul style="list-style-type: none"> ◊ Babesiosis ◊ Chagas disease ◊ Dengue Fever ◊ Carbapenamase-producing Enterobacteriaceae ◊ Influenza pediatric deaths ◊ Melioidosis 	<p>Information needed by health department staff to follow up on diseases can be called in, faxed or mailed.</p> <p>Category 1 diseases must be called to the health department.</p> <p>Please include:</p> <ul style="list-style-type: none"> • a copy of the lab result • pertinent clinical information • patient name, birth date, gender, race, address, and telephone numbers
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<p><u>TB REPORTING</u> 423-209-8030 FAX 423-209-8031</p> <p><u>STD/HIV REPORTING</u> 423-209-8250 FAX 423-209-8259</p> <p><u>OTHER DISEASE REPORTING</u> 423-209-8190 FAX 423-209-8191</p>

Timely reporting of communicable diseases by physicians allows public health agencies at the local, state and federal levels to identify newly emerging infections, detect outbreaks, prevent secondary transmission, and evaluate the effectiveness of control measures. Because laboratory results may sometimes be negative when disease is present or suspected, the physician's report of suspected/confirmed cases may be the only notification the health department receives. Healthcare providers, healthcare facilities, laboratories, and local and state health departments all play a vital role in reporting, follow-up, and control of communicable diseases.

Reporting of communicable diseases, as required by law, to the local or state health departments is permitted under the Health Insurance Portability and Accountability Act (HIPAA). Providers are not required to obtain patient consent before sending this information to the health department.

The Epidemiology Department wants to make reporting as easy as possible. **If you would like an in-service for your staff to help explain the changes and updated requirements, the Epidemiology Department will gladly assist.** Please call 209-8190 Monday through Friday from 8:00 am to 4:00 pm.

Why Reporting Matters

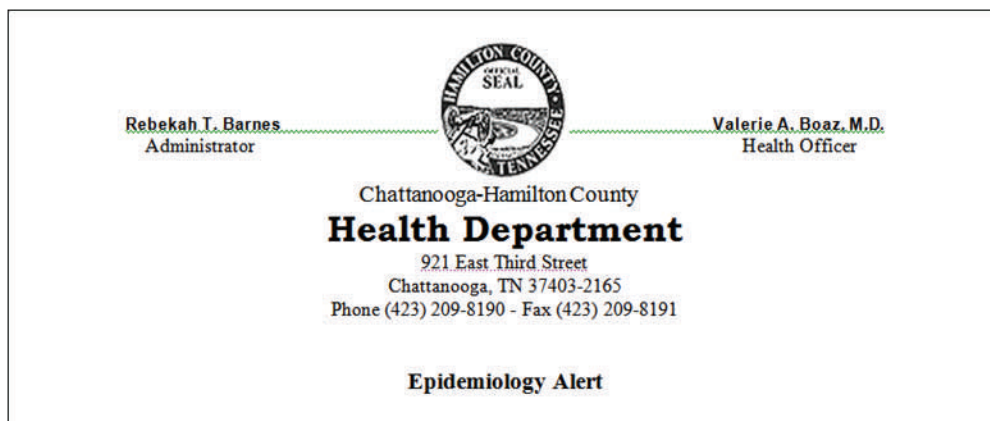
Timely reporting of communicable diseases, including suspect cases, is incredibly important to the health of our community. When reporting happens within required time limits, potential outbreaks are identified early and public health agencies can work to stop transmission and prevent potential secondary infections.

An example of how prompt reporting helped contain a potential outbreak is a case of suspected Pertussis in a child care facility. Once the report was received from the healthcare provider, the parent of the child was contacted. After learning that the child attended a local child care facility, the Epidemiology Department contacted the child care facility and worked in conjunction with the facility to identify children and staff considered close contacts. The Epidemiology Department then visited the facility and provided preventative prophylaxis and vaccine to children, staff and parents. Because of timely reporting by the healthcare provider and the working relationship between public health and the healthcare provider, a potential outbreak of Pertussis was mitigated.

This is only one example of how timely reporting directly benefits the health of the community. Early identification of suspected, probable and confirmed cases allows the Epidemiology Department to:

- Identify the source of exposure,
- provide prophylaxis when appropriate,
- provide vaccination when appropriate,
- and prevent additional illness.

A **sample** Epidemiology Alert is shown below. Alerts of this type are sent by fax or email to inform medical providers of potential community illness. If you receive an Epidemiology Alert, it contains very important information that could directly affect your patients and their care. Alerts are intended to provide time-critical information to community healthcare providers in efforts to stop potential spread of illness.



'New' Reportable Diseases**Chagas Disease**

Parasitic disease transmitted by bite of infected triatomine bug or 'kissing bug.'

Symptoms: fever, body aches, swelling of eyelid, swelling at bite mark; causes acute or chronic illness

Note: Ask about travel to Mexico, Central or South America

Babesiosis

Parasitic disease transmitted by infected ticks (*Babesia microti*)

Symptoms: mild flu-like illness, may be asymptomatic. Severe illness in immunocompromised or elderly.

Dengue

Viral illness transmitted by mosquito.

Symptoms: high fever, severe headache, severe pain behind eyes, joint pain, muscle and bone pain, rash and mild bleeding.

Note: Dengue hemorrhagic fever, the more severe form of the disease, may be fatal if unrecognized.

Melioidosis

Bacterial infection caused by the bacterium *Burkholderia pseudomallei*. Endemic in Southeast Asia and northern Australia.

Symptoms: disseminated or localized infection, acute pulmonary infection, or acute bloodstream infection. Can cause pneumonia, skin or soft tissue infection, and septicemia.

Note: Potential agent for biological warfare

Carbapenamase-producing Enterobacteriaceae (CRE)

Important cause of infections in healthcare settings. Resistant to almost all available antibiotics and associated with high rates of illness and death.

Prevent spread: aggressive infection control, lab tests to detect organisms and using contact precautions for those with CRE.

Count of Hamilton County Reportable Diseases 2010

Hamilton County Diseases Reported	As of June 2010
Bacterial meningitis, other	2
Brucellosis	0
Campylobacteriosis	6
Cryptosporidiosis	2
Creutzfeld Jakob Disease	0
Dengue Fever	0
Ehrlichiosis	1
Group A Streptococcus, invasive	8
Group B Streptococcus, invasive	8
Guillain-Barre syndrome	6
Haemophilus influenzae, invasive	3
Hemolytic uremic syndrome	0
Hepatitis B, acute	2
Hepatitis C, acute	0
Legionellosis	3
Listeriosis	1
Lyme disease	4
MRSA (<i>S.aureus</i> , methicillin resistant), invasive	37
Malaria	0
Mumps	0
Neisseria meningitides, invasive	2
Pertussis	3
Q Fever	0
Spotted Fever Rickettsiosis	4
Salmonellosis	14
Shiga toxin-producing Escherichia coli (STEC)	0
Shigellosis	3
Strep pneumoniae, invasive disease (IPD)	34
Toxic-shock Syndrome, Staphylococcal	0
Typhoid fever (<i>Salmonella typhi</i>)	1
Vibriosis	0
VRE (Vancomycin-Resistant Enterococcus-Invasive)	3
Yersiniosis	0

Counts of Reportable Diseases for the past 5 years are available on the Epidemiology website:

<http://health.hamiltontn.org/docs/Epidemiology/>

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<http://health.hamiltontn.org/>

Inside this issue:

New Reportable **1**
Disease List

Why Report? **2**

A Closer Look at the **3**
'New' Diseases

2010 Epi Report **3**

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