

TENNESSEE DEPARTMENT OF HEALTH NOTIFIABLE DISEASES

The diseases and conditions listed below are declared to be communicable and/or dangerous to the public and are to be reported to the local health department **within 7 days** by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee.

Category I	Category II	Category III	
<p>Immediate telephonic reporting required followed with a written report using PH-1600</p> <p>Anthrax Botulism 1. Foodborne 2. Wound Diphtheria Disease Outbreaks 1. Foodborne 2. Waterborne 3. All Other Encephalitis, Arboviral 1. California/LaCrosse 2. Eastern Equine 3. St. Louis 4. Western Equine Group A & B Strep Invasive Disease Haemophilus Influenzae Invasive Hantavirus Hepatitis – Type A acute Listeriosis Measles Meningococcal Disease Meningitis – Other Bacterial Mumps Pertussis Plague Poliomyelitis Prion Disease 1. Creutzfeldt-Jakob 2. variant Creutzfeldt-Jakob Rabies – Human Rubella & Congenital Rubella Syndrome</p>	<p>Severe Acute Respiratory Syndrome (SARS) Staph aureus Vancomycin non-sensitive-all forms Tuberculosis all forms, known or suspected report within 12 hours Typhoid Fever West Nile Infections 1. West Nile Encephalitis 2. West Nile Fever</p> <p>Possible Bioterrorism Indicators</p> <p>Anthrax Plague Venezuelan Equine Encephalitis Smallpox Botulism Q Fever Staph enterotoxin B pulmonary poisoning Viral Hemorrhagic Fever Brucellosis Ricin Poisoning Tularemia</p> <p>CHATTANOOGA-HAMILTON COUNTY HEALTH DEPARTMENT STD/HIV (423) 209-8250 FAX (423) 209-8259 TB (423) 209-8030 All Other Diseases (423) 209-8190 PHONE (423) 209-8191 FAX</p>	<p>Only written report using form PH-1600 required within 7 days.</p> <p>Botulism – infant Brucellosis Campylobacteriosis Chancroid Chlamydia trachomatis Cholera Cyclospora Cryptosporidiosis Ehrlichiosis Escherichia coli 0157:H7 Giardiasis (acute) Gonorrhea Guillain-Barre Syndrome Hemolytic Uremic Syndrome Hepatitis, Viral 1. Type B acute 2. HBsAg positive pregnant female 3. HBsAg positive infant 4. Type C acute Influenza – weekly case count Legionellosis Leprosy (Hansen Disease) Lyme Disease Malaria Psittacosis</p>	<p>Rabies – Animal Rocky Mountain Spotted Fever Salmonellosis – other than S. typhi Shiga-like Toxin positive stool Shigellosis Staph aureus Methicillin Resistant – Invasive Strep pneumoniae Invasive Disease Syphilis Tetanus Toxic Shock Syndrome Trichinosis Vancomycin Resistant Enterococci – Invasive Varicella deaths Vibrio infections Yellow Fever Yersiniosis</p> <p>Category III</p> <p>Requires special confidential reporting to designated health department personnel Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV)</p> <p>Category IV</p> <p>Laboratories required to report all blood lead test results Physicians required to report all blood lead test results ≥ 10 ug/dl</p>

Tennessee Department of Health Notifiable Disease Report - Chattanooga-Hamilton County Health Department
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Disease	Onset date	Patient Information/Physician/Hospital Information	DOB	Sex	Age	Race/Ethnicity
	___/___/___	Patient Name: _____	___/___/___			
Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Adm: ___/___/___ Disch: ___/___/___ Date of Death ___/___/___ <small>Died?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown STD Treatment: _____ Date of treatment: _____	Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____ County: _____ Physician/Hospital: _____ Phone: () _____	<u>Laboratory Information:</u> Test: _____ Collection Date: ___/___/___ Specimen type: _____ Result: _____				

Date of Report: ___/___/___ Person Reporting/Title: _____ Phone: () _____
 PH-1600 (Rev. 06/04) Influenza/Flu-like illness: (weekly - number of cases only) _____ RDA-2094

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