

Tennessee List of Reportable Diseases and Conditions Healthcare Providers

2025

Did you know that you are required to report certain diseases and conditions to the Tennessee Department of Health?

Healthcare reporting requirements apply to all providers located within TN, as well as those with patients residing in TN.

Providers must report cases of all diseases and conditions listed below using one of these methods:

- **Mail or fax** PH-1600 form (<https://www.tn.gov/health/Form1600>) to your local health office (<https://www.tn.gov/health/LocalDepartments>) or fax to the state health office at (615) 741-3857
- **Automatically** via electronic case reporting (see page 2 for details)
- **Online** via NBS (see page 2 for details)
- **Blood lead levels** can be sent via fax, entered online at <https://leadinput.tennessee.edu/leadin/>, or reported via Excel template (download from <https://www.tn.gov/health/TNCLPPP>, email UT Extension at leadtrk@utk.edu for assistance)

Reporting timeframes

- ! Call immediately and send PH-1600 form within 1 week
- ☎ Call by next business day and send PH-1600 form within 1 week
- UT Blood lead level ≥ 3.5 $\mu\text{g}/\text{dL}$: send result within 1 week
Blood lead level < 3.5 $\mu\text{g}/\text{dL}$: send result within 1 month
- 🦠 Report in 30 days to National Healthcare Safety Network (see <https://www.tn.gov/health/HAI>)
- 👶 Birth defects within 1 week at redcap.link/BirthDefectsReporting,
Neonatal abstinence syndrome within 1 month (see <https://www.tn.gov/health/NAS>)
- 💊 Drug overdoses every Tuesday for the previous week (see <https://www.tn.gov/health/DrugOverdoseReporting>)
- eip Send within 1 month, refer to the Detailed Healthcare Provider Guidance (<https://www.tn.gov/health/DetailedProviderGuidance>) for catchment area
Send PH-1600 form within 1 week for all other diseases

- ! Disease clusters or outbreaks, such as clusters of fungal meningitis cases or respiratory outbreaks of known or unknown etiology
- ! Single case of pan-nonsusceptible organism or unusual resistance mechanism or other emerging or unusual pathogen (see Appendix A of CLSI M100 document for additional information)


















Anaplasmosis
! Anthrax
🦠 Antimicrobial use (acute care and critical access hospitals)
Babesiosis
👶 Birth defects
! Botulism, foodborne, wound, or infant
☎ Brucellosis
California/LaCrosse serogroup virus infection
Campylobacteriosis
☎ <i>Candida auris</i> infection or colonization, including rule-out
eip Candidemia (any <i>Candida</i> species isolated in blood)
☎ Carbapenemase-producing organism infection or colonization, including <i>Acinetobacter calcoaceticus-baumannii</i> complex, <i>Pseudomonas aeruginosa</i> , and any organism from the Enterobacterales order, including but not limited to, <i>Escherichia coli</i> , <i>Enterobacter species</i> , and <i>Klebsiella species</i>
Carbon monoxide poisoning
Chagas disease
☎ Chikungunya
Chlamydia, including lymphogranuloma venereum (LGV)
! Cholera
Coronavirus disease (COVID-19)-associated death, pediatric (<18 years old)
☎ <i>Cronobacter</i> infection, infants <12 months old
Cryptosporidiosis
Cyclosporiasis














Dengue
☎ Diphtheria
💊 Drug overdose
Ehrlichiosis, including <i>E. chaffeensis</i> , <i>E. ewingii</i> , and <i>E. muris eauclairensis</i>
Enterococcus invasive disease, vancomycin-resistant
Equine encephalitis virus infections:
☎ Eastern or Venezuelan
Western
Gonorrhea, including disseminated gonococcal infection
☎ Group A streptococcal invasive disease
Group B streptococcal invasive disease
☎ <i>Haemophilus influenzae</i> invasive disease
Hansen's disease (leprosy)
🦠 Healthcare-associated events:
Catheter-associated urinary tract infection
Central line-associated bloodstream infection
eip <i>Clostridioides difficile</i> infection
Dialysis events
Healthcare personnel influenza vaccination
eip <i>Staphylococcus aureus</i> invasive disease
Surgical site infection
Ventilator-associated events
☎ Hemolytic uremic syndrome
☎ Hepatitis A
Hepatitis B, acute or perinatal

More information about reporting is available on the Reportable Diseases website at <https://www.tn.gov/health/ReportableDiseases>. For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006. For more details about the laboratory tests and results, specimen or isolate submission requirements, and catchment areas for individual pathogens, please refer to the Detailed Laboratory Guideline available on the Reportable Diseases website. These lab reporting requirements apply to all labs located within TN as well as those that test residents of TN, including labs located within healthcare facilities.

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Hepatitis C, acute or perinatal
HIV/AIDS, acute, pregnancy-associated, or perinatal
 Influenza-associated death, pediatric (<18 years old) or pregnancy-associated
 Influenza A, novel or pandemic
 Lead levels, blood
Legionellosis
 Listeriosis
Lyme disease
Malaria
 Measles
 Meningitis, other bacterial infection
 Meningococcal disease (<i>Neisseria meningitidis</i> invasive disease)
 Middle East respiratory syndrome (MERS)
 Mpox
 Mumps
Multisystem inflammatory syndrome in children (MIS-C)
 Neonatal abstinence syndrome
Nontuberculous <i>Mycobacteria</i> infection, extra-pulmonary only
 Pertussis
 Plague
 Poliomyelitis
 Orthopoxvirus disease, including mpox, smallpox, and all others
 Q fever
Rabies:
Animal
 Human

 Ricin Poisoning
Respiratory syncytial virus (RSV)-associated death, pediatric (<18 years old)
 Rubella, including congenital rubella syndrome
St. Louis encephalitis virus infection
 <i>Salmonella</i> Typhi or Paratyphi infection
Salmonellosis, excluding <i>Salmonella</i> Typhi and Paratyphi infection
 Shiga toxin-producing <i>Escherichia coli</i> infection
Shigellosis
Spotted fever rickettsiosis
 <i>Staphylococcus aureus</i> , enterotoxin B pulmonary poisoning
 <i>Staphylococcus aureus</i> infection, vancomycin nonsusceptible
<i>Streptococcus pneumoniae</i> invasive disease
Syphilis:
 Congenital
Other
Tetanus
Toxic shock syndrome, staphylococcal or streptococcal
 Tuberculosis, suspected or confirmed active disease
Tuberculosis infection, positive tuberculin skin test (TST) or positive interferon-gamma release assay (IGRA)
 Tularemia
Varicella death
 Vibriosis
 Viral hemorrhagic fever
West Nile virus infection, including encephalitis and fever
 Yellow fever
Yersiniosis
 Zika virus disease or infection

Electronic case reporting (eCR)







eCR is the electronic submission of case report information using interoperability standards. For eligibility requirements, see <https://www.tn.gov/health/PromotingInteroperability>.

To initiate the eCR onboarding process with TDH, register in the Trading Partner Registration (TPR) system (<https://apps.tn.gov/tptr>). TPR provides documentation for Promoting Interoperability (PI) attestation and milestone letters to document onboarding progress. Contact MU.Health@tn.gov for assistance.

Online reporting through NBS system

NBS is TDH's reportable disease system. To request an NBS account for reporting, please fill out the user survey [redcap.link/MorbidityReportAccount](https://www.tn.gov/health/DrugOverdoseReporting).

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