Tennessee Department of Health
Notifiable Disease Case Report for Hospitals, Physicians, Laboratories (Excluding AIDS, HIV)

__ __ __ __ __ __
Facility Code

Hospital, Clinic, Laboratory _____ Address _____ Date _____

I. Report the following by number of cases only:

08 Chicken Pox	Residence County	20 Influenza	Residence County

COUNTY CODE

1 Anderson	12 Chester	23 Dyer	34 Hancock	45 Jefferson	56 Macon	67 Overton	78 Sevier	89 Warren	
2 Bedford	13 Claiborne	24 Fayette	35 Hardeman	46 Johnson	57 Madison	68 Perry	79 Shelby	90 Washington	
3 Benton	14 Clay	25 Fentress	36 Hardin	47 Knox	58 Marion	69 Pickett	80 Smith	91 Wayne	
4 Bledsoe	15 Cocke	26 Franklin	37 Hawkins	48 Lake	59 Marshall	70 Polk	81 Stewart	92 Weakley	
5 Blount	16 Coffee	27 Gibson	38 Haywood	49 Lauderdale	60 Maury	71 Putnam	82 Sullivan	93 White	
6 Bradley	17 Crockett	28 Giles	39 Henderson	50 Lawrence	61 Meigs	72 Rhea	83 Sumner	94 Williamson	
7 Campbell	18 Cumberland	29 Grainger	40 Henry	51 Lewis	62 Monroe	73 Roane	84 Tipton	95 Wilson	
8 Cannon	19 Davidson	30 Greene	41 Hickman	52 Lincoln	63 Montgomery	74 Robertson	85 Trousdale	97 Out of State	
9 Carroll	20 Decatur	31 Grundy	42 Houston	53 Loudon	64 Moore	75 Rutherford	86 Unicoi		
10 Carter	21 Dekalb	32 Hamblen	43 Humphreys	54 McMinn	65 Morgan	76 Scott	87 Union		
11 Cheatham	22 Dickson	33 Hamilton	44 Jackson	55 McNairy	66 Obion	77 Sequatchie	88 Van Buren		

Race
W White
B Black
N Am Ind/Nat Alask
A Asian/Pac
O Other
U Unknown

Sex
M Male
F Female
U Unknown

Ethnic
H Hispanic
N Not Hispanic
U Unknown

II. Please complete the following summary of cases of notifiable disease for your hospital, clinic, or laboratory for the current week.
See the reverse for the current list of notifiable diseases and for specific instructions.

Disease Code	Name of Patient	Home Address/Phone # (Street & number, city & state, zip code)	Residence County Code	Race	Ethnic	Sex	Date of Birth

DISEASE CODE

2 Anthrax	121 Enceph-Calif	58 Hemolytic Uremic Syndrome	32 Pertussis	77 Syphilis Late Other
3 Botulism Infant	122 Enceph-Eastern Equine	16 Hep A	33 Plague	78 Syphilis Late Unknown
4 Botulism Wound	123 Enceph-St. Louis	17 Hep B	34 Polio Para	76 Syphilis Neurological
5 Botulism Food	124 Enceph-Western Equine	18 Hep C	35 Polio Nonpara	70 Syphilis Primary
6 Brucellosis	51 Ehrlichiosis	20 Influenza	36 Psittacosis	71 Syphilis Seccndary
7 Campylobacteriosis	52 E. coli, 0157:H7	79 Lead poisoning	37 Rabies, Human	44 Tetanus
69 Chancroid	60 Gonorrhea Genital	21 Legionella	105 Rabies, Animal	45 Toxic Shock Staph
8 Chickenpox	61 Gonorrhea Oral	22 Leprosy	39 RMSF (Rocky Mountain)	97 Toxic Shock Strep
55 Chlamydia Genital	62 Gonorrhea Rectal	94 Listeriosis	40 Rubella	46 Trichinosis
56 Chlamydia PID	63 Gonorrhea PID	24 Lyme	10 Rubella Congenital	41 Typhoid Fever
57 Chlamydia Other	64 Gonorrhea Opht Neo	25 Malaria	42 Salmonella Other	98 Yellow Fever
9 Cholera	65 Gonorrhea Other	96 Measles Imported	43 Shigellosis	101 Vancomycin Resistant Enterococcus (VRE)
1 Cryptosporidiosis	15 Giardiasis	26 Measles Indigenous	74 Syphilis Cardiovascular	
11 Diphtheria	53 Group A Strep Invasive	95 Meningococcal Disease	75 Syphilis Congenital	
50 DRSP Invasive	54 Haemophilus Influenza	102 Meningitis - Other Bacterial	72 Syphilis Early Latent	
	23 Hantavirus	31 Mumps	73 Syphilis Late Latent	

STD TREATMENTS:

1. _____
2. _____
3. _____
4. _____
5. _____

Prepared by _____

Title _____

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RDA-2094

INSTRUCTIONS FOR COMPLETING THIS FORM

Please list on the reverse side of this form the cases of notifiable diseases for your hospital, clinic, or laboratory for the current week. A case of notifiable disease should be reported only once for each hospital stay. This form is for your weekly reporting of diseases. Failure to report any of these confidential diseases or genital herpes diagnosed in a child 13 years of age or younger is in violation of T.C.A. 68-10-101. The following diseases are required by law to be reported in Tennessee by physicians, hospitals, and laboratories:

URGENT CATEGORY I
IMMEDIATE TELEPHONE REPORT TO LOCAL HEALTH DEPARTMENT REQUIRED (a)

Anthrax
Botulism-foodborne
Cholera
Diphtheria
Disease Outbreaks
- Foodborne
- Waterborne

Encephalitis, Arboviral
- California
- Eastern Equine
- St. Louis
- Western Equine

Group A Streptococcal Disease Invasive infections
Haemophilus influenza Disease
Hantavirus Disease
Hepatitis, Viral, Type A
Listeriosis (foodborne)
Measles
Meningococcal Disease
Meningitis - Other Bacterial
Mumps
Pertussis (Whooping Cough)
Plague
Poliomyelitis
Rabies-human
Rubella
Salmonellosis-Typhoid Fever

ROUTINE CATEGORY II
MORBIDITY REPORT **ONLY** REQUIRED

Botulism-infant and wound
Brucellosis
Campylobacteriosis-outbreaks only
Chancroid
Chlamydia trachomatis
Congenital Rubella Syndrome
Cryptosporidiosis
Disease Outbreaks
- Related to industrial substances
- All other outbreaks

DRSP (Invasive drug resistant Streptococcus pneumoniae)
Ehrlichiosis
Escherichia coli, 0157:H7
Giardiasis (acute)
Gonorrhea
Hemolytic Uremic Syndrome (HUS)
Hepatitis, Viral
- Type B (acute)
- Type C (acute)

Lead Poisoning-blood lead levels 10ug/dl or higher in children 0-72 months of age. Laboratories report all blood lead test results.
Legionellosis
Leprosy (Hansen Disease)
Lyme Disease
Malaria
Psittacosis
Rabies-animal
Rocky Mountain Spotted Fever
Salmonellosis-other than Typhoid fever
Shigellosis
Syphilis
Tetanus
Toxic Shock Syndrome
- Staphylococcal
- Streptococcal

Trichinosis
Tuberculosis-all forms
Vancomycin Resistant Enterococcus (VRE)
Yellow Fever

TOTAL COUNT CATEGORY III
REPORT **NUMBERS** OF CASES ONLY ON REVERSE (b)

Chicken pox
Influenza

CATEGORY IV
SPECIAL REPORTING PROCEDURES (c)

Acquired Immunodeficiency Syndrome (AIDS)
Human Immunodeficiency Virus (HIV)

(a) Category I diseases require **immediate** public health involvement and should be reported **by telephone** without delay. All telephone notifications should be followed by a written report using this form.
(b) The total **number of cases** of these diseases seen **during the 7 day report period** should be reported.
(c) Special confidential reporting of AIDS and HIV cases is required by contacting the Communicable Disease Section (615/741-7500) or designated health department personnel.

PATIENT INFORMATION: Enter the disease code, patient name, address (street address, city, state, zip code), race, sex and date of birth of all notifiable diseases except for Chicken Pox and Influenza, which are reported by number of cases only.

REPORTING DEADLINE: This form should be mailed before Thursday of each week to the Local Health Department of the county in which the hospital, clinic, or laboratory is located.

*REORDERING: Please order additional forms, specifying Form No. PH 1600 from:

Communicable and Environmental Disease Services
Tennessee Department of Health
Cordell Hull Building, 4th Floor
Nashville, Tennessee 37247-5281

*This form may also be copied.