

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:

- **Phone** (615)741-7247 or 1-800-404-3006 for immediately reportable and next business day conditions. Call should be placed upon suspicion of the condition regardless of other reporting mechanisms used by your facility or if awaiting lab confirmation.
- **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 below for details)
- **Online** via NBS (see below for details)
- **Special reporting instructions** for some diseases and conditions are contained on page 2. Please also see the Detailed Provider Guidance document for further details.

Regardless of their inclusion in any of the other below categories of disease reporting, these clusters or conditions must be reported immediately via phone call to TDH:

- 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

Call IMMEDIATELY and send PH-1600 form within 1 week

- Anthrax
- Botulism (foodborne, wound, or infant)
- Cholera
- Measles
- Meningococcal disease (Neisseria meningitidis invasive disease)
- Middle East respiratory syndrome (MERS)
- Mpox
- Poliomyelitis
- Orthopoxvirus disease (including mpox, smallpox, and all others)
- Human rabies
- Ricin poisoning
- Salmonella Typhi or Paratyphi infection
- Staphylococcus aureus (enterotoxin B pulmonary poisoning)
- Poliomyelitis
- Viral hemorrhagic fever

Call by NEXT Business day and send PH-1600 form within 1 week

- Brucellosis
- Candida auris infection or colonization, including rule-out
- Chikungunya
- Cronobacter infection (infants <12 months old)
- Diphtheria
- Eastern equine encephalitis virus infections
- Group A streptococcal invasive disease
- Haemophilus influenzae invasive disease
- Hemolytic uremic syndrome
- Hepatitis A
- Influenza-associated death (pediatric or pregnancy-associated)
- Listeriosis
- Meningitis, other bacterial infection
- Mumps
- Pertussis
- Plague
- Q Fever
- Rubella (including congenital rubella syndrome)
- Staphylococcus aureus infection (vancomycin nonsusceptible)
- Congenital syphilis
- Tuberculosis (suspected or confirmed active disease)
- Tularemia
- Venezuelan equine encephalitis virus infections

Additional Reporting Details

Phone call

Phone calls are expected to be placed upon suspicion that a patient has an immediately or next business day reportable condition. Do not wait for clinical or lab confirmation before contacting TDH. TDH may direct you to submit a clinical specimen for lab confirmation, which will be faster than commercial lab turnaround times.

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](#)

Report within 1 week

- Alpha-gal syndrome
- Anaplasmosis
- Babesiosis
- California/LaCrosse serogroup virus infection
- Campylobacteriosis
- Carbapenemase-producing organism infection or colonization, including *Acinetobacter calcoaceticus-baumannii* complex, *Pseudomonas aeruginosa*, and any organism from the *Enterobacterales* order, including but not limited to, *Escherichia coli*, *Enterobacter* species, and *Klebsiella* species
- Carbapenem-resistant Enterobacterales
- Carbon monoxide poisoning
- Chagas disease
- Chlamydia (including lymphogranuloma venereum (LGV))
- Coronavirus disease (COVID-19)- associated death (pediatric)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Ehrlichiosis including *E.chaffeensis*, *E. ewingii*, and *E. muriseauclairensis*
- Enterococcus invasive disease (vancomycin-resistant)
- Gonorrhea (including disseminated gonococcal infection)
- Group B streptococcal invasive disease
- Hansen’s disease (leprosy)
- Hepatitis B (acute or perinatal)
- Hepatitis C (acute or perinatal)
- HIV/AIDS (acute, pregnancy-associated, or perinatal)
- Legionellosis
- Lyme disease
- Malaria
- Multisystem inflammatory syndrome in children (MIS-C)
- Nontuberculous Mycobacteria infection (extra-pulmonary only)
- Animal rabies
- Respiratory syncytial virus (RSV)- associated death (pediatric)
- St. Louis encephalitis virus infection
- Salmonellosis (excluding *Salmonella* Typhi and Paratyphi infections)
- Shiga toxin-producing *Escherichia coli* infection
- Shigellosis
- Spotted fever rickettsiosis
- Streptococcus pneumoniae* invasive disease
- Syphilis (non-congenital)
- Tetanus
- Toxic shock syndrome (staphylococcal or streptococcal)
- Tuberculosis infection (positive tuberculin skin test (TST) or positive interferon-gamma release assay (IGRA))
- Varicella death
- West Nile virus infection (including encephalitis and fever)
- Western equine encephalitis virus infections
- Yersiniosis

Non-infectious conditions with specific reporting timeframes and mechanisms

- Birth defects within 1 week at <https://redcap.link/BirthDefectsReporting>
- Blood lead levels
- Blood lead level ≥3.5 µg/dL: send result within 1 week
 - Blood lead level <3.5 µg/dL: send result within 1 month
- Blood lead levels can be entered online at <https://leadinput.tennessee.edu/leadin/>, or reported via Excel template (email UT Extension at leadtrk@utk.edu for assistance)
- Drug overdoses every Tuesday for the previous week, for more information, see <https://www.tn.gov/health/health-program-areas/pdo/pdo/drug-overdose-reporting.html>
- Neonatal abstinence syndrome within 1 month (see <https://www.tn.gov/health/NAS>)

Report to National Healthcare Safety Network within specified timeframes for selected facility types

- Antimicrobial use (acute care and critical access hospitals)
- Catheter-associated urinary tract infection
- Central line-associated bloodstream infection
- Clostridioides difficile* infection
- Dialysis events
- Healthcare personnel influenza vaccination
- Respiratory viral illness
- Methicillin-resistant *Staphylococcus aureus*
- Surgical site infection
- Ventilator-associated events
- Review facility type and timeframe requirements at <https://www.tn.gov/health/cedep/hai/hai-reporting-requirements.html>

Enhanced surveillance activities for selected catchment areas

- Candidemia (any *Candida* species isolated in blood)
- Carbapenem-resistant Enterobacterales
- Clostridioides difficile* infection
- Staphylococcus aureus* invasive disease
- All enhanced surveillance activities in TN require the periodic submission of line list reports from facilities and labs serving the designated catchment area. The periodicity of these submissions can be discussed between your facility and TDH to reduce the reporting burden as much as possible. Please contact your designated program area for further clarification or ceds.informatics@tn.gov if you do not yet have a designated contact. Consult the Detailed Provider Guidance document for further details.



Dept. of Health, Authorization # N50NN2-1, electronic only, January 8, 2026. This public document was promulgated at a cost of \$Electronic per copy.