

Laboratory				Healthcare Provider	
Agents, Reportable Laboratory Requests and Results	Category ¹	Send Isolate or Specimen? ³	Findings to Report to Public Health ²	ELR ¹³	Reportable Disease or Event
Detection in one or more specimens of etiological agents of disease or conditions not limited to those listed in this Table that are of urgent public health significance ¹¹	1A	RE	Detection in one or more specimens of etiological agents of disease or conditions not limited to those listed in this Table that are of urgent public health significance ¹¹		Disease Outbreaks (e.g., foodborne, waterborne, healthcare, etc.) ¹¹
<i>Acinetobacter</i> species, Carbapenem-resistant ^{9,10}	2		<i>Acinetobacter</i> from normally sterile sites or urine and non-susceptible isolates (intermediate or resistant to at least one carbapenem or PCR detection of carbapenemase-producing gene) from residents of Davidson, Cheatham, Robertson, Sumner, Wilson, Rutherford, Dickson, or Williamson counties. Please include all susceptibility test results. ^{9,10}	N	<i>Acinetobacter</i> species, Carbapenem-resistant ^{9,10}
<i>Anaplasma phagocytophilum</i> , <i>Ehrlichia chaffeensis</i> , <i>Ehrlichia ewingii</i> , <i>Anaplasma</i> species, <i>Ehrlichia</i> species	2		Positive by any method, include speciation results if known		Anaplasmosis/Ehrlichiosis - Any
<i>Babesia</i> species	2		Positive by any method		Babesiosis
<i>Bacillus anthracis</i>	1A	R	Positive by any method		Anthrax
<i>Bordetella pertussis</i>	1A		Positive culture or detected by nucleic acid amplification or polymerase chain reaction (PCR)		Pertussis (Whooping Cough)
<i>Borrelia burgdorferi</i>	2		Positive by any method		Lyme Disease
<i>Brucella</i> species	1B	R	Positive by any method		Brucellosis
Bunyaviruses	1A	R	Positive by any method		Viral Hemorrhagic Fever
<i>Burkholderia</i> species	1B	R	Positive by any method		<i>Burkholderia</i> species infection
<i>Burkholderia pseudomallei</i>	1B	R	Positive by any method		Melioidosis
California/LaCrosse serogroup viruses	2		Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies.		California/LaCrosse serogroup virus infection
<i>Campylobacter</i> species	2	R	Positive by any method (including culture, EIA, and PCR), include speciation results if known		Campylobacteriosis
Chikungunya virus	1B		Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies.		Chikungunya virus infection
<i>Chlamydia psittaci</i>	2		Positive or detected by culture, serology, or PCR		Psittacosis
<i>Chlamydia trachomatis</i> ⁷	2		Positive by any method from any specimen site		Chlamydia ⁷
<i>Clostridium botulinum</i> or botulinum toxin	1A	R	Positive by any method		Botulism -foodborne -wound
<i>Clostridium botulinum</i> or botulinum toxin	2	R	Positive by any method		Botulism, infant
<i>Clostridium tetani</i>	2	R	Positive by any method		Tetanus

Laboratory				Healthcare Provider
Agents, Reportable Laboratory Requests and Results	Category ¹	Send Isolate or Specimen? ³	Findings to Report to Public Health ²	ELR ¹³ Reportable Disease or Event
<i>Corynebacterium diphtheria</i> or <i>Corynebacterium ulcerans</i>	1B	R	Positive culture from a clinical specimen or histopathology	Diphtheria
<i>Coxiella burnetii</i>	1B		Demonstration by serology: - Phase I or phase II antigen IgG \geq 1:128 by indirect immunofluorescence assay (IFA) - Elevated phase II IgG or IgM by enzyme-linked immunosorbent assay (ELISA), dot-ELISA, or latex Detection by PCR Demonstration by immunohistochemical methods (IHC) Detection by culture	Q Fever
Crimean-Congo hemorrhagic fever viruses	1A	R	Positive by any method	Viral Hemorrhagic Fever
<i>Cryptosporidium</i> species	2	R	Positive by any method, include methodology	Cryptosporidiosis
<i>Cylospora</i> species	2		Positive by any method, include speciation results if known	Cyclosporiasis
Dengue virus	2		Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies.	Dengue Fever
Ebola virus	1A	R	Positive by any method	Viral Hemorrhagic Fever
Eastern equine encephalitis virus	1B		Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies.	Eastern equine encephalitis virus infection
<i>Escherichia coli</i> , Carbapenem resistant ¹⁰	2	R	<i>Escherichia coli</i> , from clinical specimen (including rectal/perirectal swabs), resistant to at least one carbapenem antibiotic according to break points effective as of 2012 CLSI guidelines. Include all susceptibility results with the numeric minimum inhibitory concentration values, and the results (positive or negative) of all carbapenemase-production or resistance mechanism testing. ¹⁰	Enterobacteriaceae, Carbapenem-resistant ¹⁰
<i>Ehrlichia chaffeensis</i> , <i>Ehrlichia ewingii</i> , <i>Anaplasma phagocytophilum</i> , <i>Anaplasma</i> species, <i>Ehrlichia</i> species	2		Positive by any method, include speciation results if known	Ehrlichiosis/Anaplasmosis - Any
<i>Enterobacter</i> species, Carbapenem resistant ¹⁰	2	R	<i>Enterobacter</i> species, from clinical specimen (including rectal/perirectal swabs), resistant to at least one carbapenem antibiotic according to break points effective as of 2012 CLSI guidelines. Include all susceptibility results with the numeric minimum inhibitory concentration values, and the results (positive or negative) of all carbapenemase-production or resistance mechanism testing. ¹⁰	Enterobacteriaceae, Carbapenem-resistant ¹⁰

Laboratory			Healthcare Provider		
Agents, Reportable Laboratory Requests and Results	Category ¹	Send Isolate or Specimen? ³	Findings to Report to Public Health ²	ELR ¹³	Reportable Disease or Event
<i>Enterococcus</i> species, vancomycin resistant ¹⁰	2		Isolation of enterococci from a clinical specimen from a sterile site AND "Nonsusceptible" isolate (i.e., intermediate- or high level resistant) to vancomycin ¹⁰		Vancomycin resistant enterococci (VRE) Invasive Disease ¹⁰
<i>Francisella</i> species (including <i>F. tularensis</i>)	1B	R	Positive by any method		Tularemia or other <i>Francisella</i> species infections
Guanarito virus	1A	R	Positive by any method		Viral Hemorrhagic Fever
<i>Haemophilus ducreyi</i>	2		Positive by any method		Chancroid
<i>Haemophilus influenzae</i>	1B	R	Positive culture or PCR from a sterile site		<i>Haemophilus influenzae</i> Invasive Disease
Hantavirus	1A		Positive by any method		Hantavirus disease
Hepatitis A virus	1B	RE	Positive IgM anti-HAV; include associated results for additional serological markers for hepatitis (including hepatitis B and C) and alanine aminotransferase (ALT) and aspartate aminotransferase (AST) if available		Hepatitis, Viral – Type A acute
Hepatitis B virus ⁷	2	RE	Positive hepatitis B surface antigen (HBsAg) or positive IgM antibody to hepatitis B core antigen (anti-HBc); include pregnancy status and additional associated serological markers for hepatitis(including hepatitis A and C), nucleic acid tests for HBV DNA, and alanine aminotransferase (ALT) if available		Hepatitis, Viral - Hepatitis B surface antigen (HBsAg) positive child less than 24 months
					Hepatitis, Viral – Hepatitis B surface antigen (HBsAg) positive pregnant female
					Hepatitis, Viral – Type B acute ⁷
Hepatitis C virus	2		Positive anti-HCV and confirmatory assay (e.g. antigen or nucleic acid amplification testing for HCV RNA [qualitative, quantitative or genotype testing]); include all associated results (positive or negative) for additional serologic markers of hepatitis (including hepatitis A and B) and alanine aminotransferase (ALT) if available AND All <u>negative</u> HCV confirmatory assays (e.g. antigen or nucleic acid amplification for HCV RNA [qualitative, quantitative or genotype testing])		Hepatitis, Viral – Type C acute
Human Immunodeficiency Virus (HIV) ⁷	5		HIV confirmatory test positive by any method, CD4 Count ¹² , CD4 % ¹² , HIV Viral Load Count ¹² , HIV Viral Load Log Count ¹²		Human Immunodeficiency Virus (HIV) ⁷ Acquired Immune Deficiency Syndrome (AIDS) ⁷
Influenza virus, detection of a novel or pandemic influenza A virus strain from a human	1A	R	Positive viral culture or PCR		Influenza due to novel A strains
Junin virus	1A	R	Positive by any method		Viral Hemorrhagic Fever
<i>Klebsiella</i> species, Carbapenem resistant ¹⁰	2	R	<i>Klebsiella</i> species, from clinical specimen (including rectal/perirectal swabs), resistant to at least one carbapenem antibiotic according to break points effective as of 2012 CLSI guidelines. Include all susceptibility results with the numeric minimum inhibitory concentration values, and the results (positive or negative) of all carbapenemase-production or resistance mechanism testing. ¹⁰		Enterobacteriaceae, Carbapenem-resistant ¹⁰

Laboratory				Healthcare Provider	
Agents, Reportable Laboratory Requests and Results	Category ¹	Send Isolate or Specimen? ³	Findings to Report to Public Health ²	ELR ^{1,3}	Reportable Disease or Event
Lassa virus	1A	R	Positive by any method		Viral Hemorrhagic Fever
Lead Levels (blood) ⁸	4		All blood lead tests performed ⁸		Lead Levels (blood) ⁸
<i>Legionella</i> species	2	R	Positive by any method		Legionellosis
<i>Listeria</i> species	2	R	Positive by any method (including culture and PCR), include speciation results if known		Listeriosis
Lujo virus	1A	R	Positive by any method		Viral Hemorrhagic Fever
Machupo	1A	R	Positive by any method		Viral Hemorrhagic Fever
Marburg virus	1A	R	Positive by any method		Viral Hemorrhagic Fever
Measles virus	1A		Positive IgM or rising IgG titer or detected by nucleic acid amplification or positive viral culture		Measles (Rubeola) -Imported -Indigenous
Meningitis, isolation or demonstration of any bacterial species from cerebrospinal fluid	1B		Isolation of any bacteria from cerebrospinal fluid by culture, antigen, or PCR testing		Meningitis – Other Bacterial
Middle East Respiratory Syndrome Coronavirus (MERS-CoV)	1A	R	Positive by any method		Middle East Respiratory Syndrome (MERS)
Mumps virus	1B		Positive IgM or rising IgG titer or detected by nucleic acid amplification or positive viral culture		Mumps
<i>Mycobacterium leprae</i>	2	R	Demonstration of acid-fast bacilli in skin or dermal nerve		Leprosy (Hansen's Disease)
<i>Mycobacterium tuberculosis</i> complex (<i>M. tuberculosis</i> , <i>M. bovis</i> , <i>M. africanum</i> , <i>M. canettii</i> , <i>M. microti</i>)	1B	R	Any AFB smear (Fluochrome, acid-fast stain) from any site indicating presence of an acid-fast bacilli		Tuberculosis, confirmed and suspect cases of active disease
			Any Nucleic Acid Amplification (NAA) test (including but not limited to PCR, MTD, GeneXpert, MTBDR plus [HAIN test]) indicating detection of <i>Mycobacterium tuberculosis</i> complex or associated point mutation from any site		
			Any culture result by HPLC or DNA probe for <i>Mycobacterium tuberculosis</i> complex from any site		
			All anti-TB drug susceptibility results, by molecular or dilutional method, from a specimen or isolate with confirmed presence of <i>Mycobacterium tuberculosis</i> from any site. Anti-TB drugs include: isoniazid, rifamycins, pyrazinamide, ethambutol, streptomycin, levofloxacin, moxifloxacin, amikacin, capreomycin, kanamycin, cycloserine, ethionamide, para-aminosalicylic acid, clofazimine, bedaquiline, delamanid, linezolid, amoxicillin-clavulanate, and imipenem		
<i>Neisseria gonorrhoeae</i> ⁷	2		Positive by any method from any specimen site		Gonorrhea ⁷
<i>Neisseria meningitidis</i>	1A	R	Positive culture or detected by nucleic acid amplification or positive immunohistochemistry or Gram-stain showing Gram-negative diplococci in CSF, blood, or any other sterile site or from petechial or purpuric lesion scrapings		Meningococcal Disease
<i>Plasmodium</i> species	2	R	Positive by any method		Malaria

Laboratory					Healthcare Provider
Agents, Reportable Laboratory Requests and Results	Category ¹	Send Isolate or Specimen? ³	Findings to Report to Public Health ²	ELR ¹³	Reportable Disease or Event
Poliovirus	1B		Positive viral culture or detected by PCR		Poliomyelitis -Nonparalytic -Paralytic
Powassan virus	2		Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies.		Powassan virus infection
Prion	1B		Positive by any method		Prion disease – Creutzfeldt Jakob Disease Prion disease – variant Creutzfeldt Jakob Disease
<i>Pseudomonas aeruginosa</i> , carbapenem resistant ¹⁰	2	R	Isolation of <i>Pseudomonas aeruginosa</i> from any specimen source and resistant to imipenem, meropenem, or doripenem from pre-identified sentinel laboratories in Davidson county. Include all susceptibility results, plus any available results regarding carbapenemase production (positive or negative). ¹⁰	N	<i>Pseudomonas aeruginosa</i> , carbapenem resistant ¹⁰
Rabies virus - animal	2		Only the Tennessee Department of Health Laboratory is approved for animal rabies testing		Rabies: Animal
Rabies virus - human	1A		Testing is available only by coordination with the Tennessee Department of Health Laboratory Services and CDC		Rabies: Human
Ricin toxin	1A		Positive by any method (including detection of DNA and presumptive identification of ricin toxin by fluoroimmunoassay)		Ricin poisoning
<i>Rickettsia</i> species (other than <i>R. typhus</i>)	2		Positive by any method, include speciation results if known		Spotted Fever Rickettsiosis (including Rocky Mountain Spotted Fever)
Rubella virus	1B		Positive IgM or rising IgG titer or detected by nucleic acid amplification or positive viral culture		Rubella, including congenital rubella syndrome
Sabia virus	1A	R	Positive by any method		Viral Hemorrhagic Fever
<i>Salmonella</i> species (other <i>S. Typhi</i>)	2	R	Positive by any method (including culture and PCR), include speciation results if known		Salmonellosis: Other than <i>S. Typhi</i>
<i>Salmonella</i> Typhi	1B	R	Positive by any method (including culture and PCR), include speciation results if known		Salmonellosis: Typhoid Fever
SARS-associated Coronavirus (SARS-CoV)	1A	R	Positive by any method		Severe Acute Respiratory Syndrome (SARS)
Shiga-toxin producing <i>Escherichia coli</i> (including Shiga-like toxin positive stools, <i>E. coli</i> O157 and <i>E. coli</i> non-O157) ⁶	2	R	Positive by any method (including culture, EIA, and PCR), include speciation results if known; For state public health labs, please include negative, not isolated, and no growth results.		Shiga-toxin producing <i>Escherichia coli</i> (including Shiga-like toxin positive stools, <i>E. coli</i> O157 and <i>E. coli</i> non-O157) ⁶
<i>Shigella</i> species	2	R	Positive by any method (including culture and PCR), include speciation results if known		Shigellosis
St. Louis encephalitis virus	2		Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies.		St. Louis encephalitis virus infection

Laboratory				Healthcare Provider
Agents, Reportable Laboratory Requests and Results	Category ¹	Send Isolate or Specimen? ³	Findings to Report to Public Health ²	ELR ¹³ Reportable Disease or Event
<i>Staphylococcus aureus</i> , methicillin resistant ⁹	5		Isolation of <i>S. aureus</i> from a clinical specimen from a sterile site AND "non-susceptible" isolate identified (i.e., intermediate- or high-level resistance to cefoxitin, methicillin, nafcillin, or oxacillin) OR detection of methicillin resistant <i>S. aureus</i> by nucleic acid amplification from a sterile site for Davidson County residents. ⁹	<i>Staphylococcus aureus</i> : Methicillin resistant Invasive Disease (Davidson County residents only) ⁹
<i>Staphylococcus aureus</i> , vancomycin non-sensitive – all forms ¹⁰	1B	R	Isolation of <i>S. aureus</i> from a clinical specimen AND "non-susceptible" isolate identified (i.e., intermediate- or high-level resistance to vancomycin); please include all susceptibility test results ¹⁰	<i>Staphylococcus aureus</i> : vancomycin non-sensitive – all forms ¹⁰
<i>Staphylococcus enterotoxin B</i>	1A		Positive by any method	Staphylococcal Enterotoxin B (SEB) Pulmonary Poisoning
<i>Streptococcus agalactiae</i>	1B		Positive culture or nucleic acid amplification from a normally sterile site	Group B Streptococcal Invasive Disease
<i>Streptococcus pneumoniae</i> ¹⁰	2	R	Positive culture from any sterile site; please include all susceptibility tests performed. ¹⁰	<i>Streptococcus pneumoniae</i> Invasive Disease (IPD) ¹⁰
<i>Streptococcus pyogenes</i>	1B	R	Positive culture or nucleic acid amplification from a normally sterile site, wound ⁴ or muscle ⁵	Group A Streptococcal Invasive Disease
<i>Treponema pallidum</i> ⁷	2		Positive/reactive by any method	<ul style="list-style-type: none"> Syphilis -Cardiovascular⁷ -Early Latent⁷ -Late Latent⁷ -Late Other⁷ -Neurological⁷ -Primary⁷ -Secondary⁷ -Unknown Latent⁷
<i>Treponema pallidum</i> ⁷	1B		Positive/reactive by any method	Syphilis -Congenital ⁷
<i>Trichinella spiralis</i>	2		Positive serology or biopsy	Trichinosis (Trichinellosis)
<i>Trypanosoma cruzi</i>	2		Positive by any method	Chagas Disease
Variola virus (orthopox virus)	1A		Positive by any method or suspected	Smallpox
Venezuelan equine encephalitis virus	1B		Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies.	Venezuelan equine encephalitis virus infection
<i>Vibrio cholerae</i> (Toxigenic O1 or O139)	2	R	Positive by any method (including culture, PCR, and cholera toxin test), include speciation results if known	Cholera
<i>Vibrio</i> species (Non-toxigenic O1 or O139), <i>Grimontia hollisae</i> , <i>Photobacterium damsela</i>	2	R	Positive by any method (including culture, PCR, and cholera toxin test), include speciation results if known	Vibriosis

Laboratory			Healthcare Provider		
Agents, Reportable Laboratory Requests and Results	Category ¹	Send Isolate or Specimen? ³	Findings to Report to Public Health ²	ELR ^{1,3}	Reportable Disease or Event
Western equine encephalitis virus	2		Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies.		Western equine encephalitis virus infection
West Nile virus	2		Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies.		West Nile virus infection
Yellow fever virus	2		Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies.		Yellow Fever
<i>Yersinia pestis</i>	1B	R	Positive by any method		Plague
<i>Yersinia</i> species	2	RE	Positive by any method (including culture and PCR), include speciation results if known		Yersiniosis

¹Category 1A diseases require immediate telephonic notification (24 hours a day, 7 days a week), followed by a written report using the PH-1600 within 1 week. Category 1B diseases require immediate telephonic notification (next business day), followed by a written report using the PH-1600 within 1 week. Category 2 diseases only require a written report using the PH-1600 within 1 week. Category 3 diseases require special confidential reporting to designated health department personnel within 1 week. For Category 4, laboratories and physicians are required to report all blood lead tests. Levels $\geq 5\mu\text{g}/\text{dl}$ should be reported within 1 week. Levels $< 5\mu\text{g}/\text{dl}$ should be reported within 1 month. For Category 5, events will be reported monthly (no later than 30 days following the end of the month) using the designated reporting mechanism. For Healthcare Associated Infections, events should be reported via the National Healthcare Safety Network (NHSN – see <http://tn.gov/health/topic/hai> for more details); Clostridium difficile Infection, Staphylococcus aureus: Methicillin resistant Invasive Disease and Carbapenem Resistant Pseudomonas aeruginosa (Davidson County residents only) will also be reported monthly to the Emerging Infections Program (EIP). For Neonatal Abstinence Syndrome (NAS), a diagnosis should be reported using the NAS reporting portal (<http://tn.gov/health/topic/nas>).

²For most notifiable diseases, a patient is reportable when the pathogen is isolated or detected from any specimen source (unless where otherwise indicated). A normally "sterile site" is defined as: blood, CSF, pleural fluid (includes chest fluid, thoracentesis fluid), peritoneal fluid (includes abdominal fluid, ascites), pericardial fluid, bone (includes bone marrow), joint (includes synovial fluid; fluid, needle aspirate or culture of any specific joint: knee, ankle, elbow, hip, wrist), internal body sites (specimen obtained from surgery or aspirate from one of the following: lymph node, brain, heart, liver, spleen, vitreous fluid, kidney, pancreas, or ovary). Screening cultures (e.g., nasal swabs, rectal, perirectal swabs) are included under "all isolates".

³It shall be the responsibility of the director of a medical laboratory to submit cultures of designated microorganisms for confirmation, typing and/or antibiotic sensitivity. All cultures shall be accompanied by the following information: (a) patient's full name, address, age, and sex. (b) Physician's name and address. (c) Anatomic source of culture. Refer to the Tennessee Department of Health Laboratory Services' Directory of Services website for specimens needed for testing (<http://health.state.tn.us/lab/directory.htm>). R = Required. RE = Requested.

⁴Isolates from wounds will only be considered for Group A Streptococcal Invasive Disease when accompanied by necrotizing fasciitis (NF) or streptococcal toxic shock syndrome (STSS).

⁵Isolates from muscle will only be considered for Group A Streptococcal Invasive Disease.

⁶For any Shiga-toxin producing *Escherichia coli* (STEC), including *E. coli* O157s and *E. coli* non-O157s, EIA positive broths for shiga-like toxin will also be accepted.

⁷In accordance with T.C.A. §37-1-403, any physician or other person diagnosing or treating venereal herpes or any of these reportable sexually transmitted diseases in a child 13 years of age or younger should make a confidential written report of the case to the Department.

⁸For blood lead levels $\geq 5\mu\text{g}/\text{dL}$:

Report results within 1 week of receipt of results. Report should include Patient's First and Last Name, Date of Birth, Street Address, City, State, Zip Code and County of Residence, Sample Date, Sample Type, Provider's Name, Provider's Phone Number and Payment Source.

For blood lead levels $< 5\mu\text{g}/\text{dL}$: Report results within 1 month of receipt of results. Report should include at least Patient's First and Last Name, Date of Birth, Street Address, City, State, Zip Code and County of Residence, Sample Date, Sample Type, Provider's Name, Provider's Phone Number and Payment Source.

⁹Under the auspices of the Emerging Infections Program (EIP), sentinel surveillance has been established for Davidson County residents for *Clostridium difficile* Infection (CDI) and Methicillin-resistant *Staphylococcus aureus* (MRSA). The EIP sentinel surveillance has also been established for Davidson, Cheatham, Robertson, Sumner, Wilson, Rutherford, Dickson, and Williamson counties residents for Carbapenem resistant *Acinetobacter* species. During monthly EIP active surveillance visits, TDH surveillance officers will work with sentinel sites to report patients and coordinate referral of selected positive specimens using site-specific procedures. For CRA, a printout of antimicrobial susceptibility results should also be submitted (see footnote 10).

¹⁰A printout of antimicrobial susceptibility results must also be attached to the PH-1600 when reporting the following diseases to TDH: Acinetobacter species, Carbapenem-resistant; Enterobacteriaceae, Carbapenem-resistant; Enterococcus species, Vancomycin resistant; Pseudomonas aeruginosa, Carbapenem-resistant; Escherichia coli, Extended Spectrum Beta Lactamase [ESBL] producing; Staphylococcus aureus: Vancomycin non-sensitive – all forms; and Streptococcus pneumoniae Invasive Disease (IPD). Include susceptibility results with the numeric MIC values (interpretation alone is insufficient) and ESBL status. CLSI breakpoints for minimum inhibitory concentrations [MIC] implemented effective as of 2012 should be used (i.e., ertapenem MIC \geq 2.0 or doripenem/imipenem/meropenem MIC \geq 4.0) (<http://www.cdc.gov/hai/organisms/cre/cre-toolkit/rCREprevention-AppendixA.html>). Numeric MIC values are required for the following organisms: Escherichia coli, Klebsiella species, and Enterobacter species. Include all susceptibility results with the numeric MIC values (interpretation alone is insufficient), and all carbapenemase-production (Carba NP or modified-Hodge test or metallo- β -lactamase test) results (positive or negative) or resistance mechanism testing results (positive or negative), for example, polymerase chain reaction [PCR] or metallo- β -lactamase for Klebsiella pneumonia carbapenemase [KPC], New Delhi metallo- β -lactamase [NDM], Verona integron encoded metallo- β -lactamase [VIM], the imipenemase [IMP] metallo- β -lactamase, or OXA-48 carbapenemase).

¹¹Labs reporting outbreak events or conditions not listed in this Table but of public health significance should immediately contact the TDH Communicable and Environmental Disease Services via telephone at (615) 741-7247 or 1-800-404-3006.

¹²HIV Viral Load Counts, HIV Viral Load Log Counts, CD4 Counts, and CD4 % are reportable only from laboratories performing those tests.

¹³'N' indicates findings that are laboratory observations which are reportable to TDH, however should not be included in Electronic Laboratory Reporting (ELR) messages. These laboratory observations will be reported by other means, details for which can be found in the footnotes they reference.