

Shelby County Health Department



Epidemiology Section

Reportable Diseases Surveillance Data, 2000-2011

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Communicable (Reportable) Diseases Surveillance Data, 2000-2011

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Enteric Diseases/Food and Water-Borne Diseases

Table 1: Number and rate (per 100,000) of enteric diseases/food and waterborne diseases, Shelby County, 2000-2011

Disease	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R‡
Botulism	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Campylobacteriosis	27	3.0	22	2.5	15	1.7	39	4.4	36	4.0	26	2.9	65	7.1	60	6.6	57	6.3	56	6.1	51	5.5	57	6.1
Cryptosporidiosis	0	0.0	1	0.1	5	0.6	1	0.1	4	0.4	8	0.9	6	0.7	2	0.2	10	1.1	8	0.9	2	0.2	2	0.2
E.coli O157:H7	1	0.1	3	0.3	5	0.6	1	0.1	0	0.0	4	0.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Giardiasis*	26	2.9	20	2.3	4	0.5	16	1.8	27	3.0	21	2.4	31	3.4	47	5.2	27	3.0	62	6.7	5	0.5	0	0.0
Listeriosis	2	0.2	0	0.0	2	0.2	1	0.1	0	0.0	3	0.3	3	0.3	1	0.1	2	0.2	3	0.3	3	0.3	0	0.0
Salmonella	111	12.4	131	14.9	168	19.0	164	18.5	105	11.8	170	19.1	143	15.7	134	14.7	146	16.1	137	14.9	214	23.1	194	20.9

Communicable diseases are required, by law, to be reported to the local health departments (T.C.A. §68 Rule 1200-14-01-.02). This data summary includes only reports that are laboratory confirmed and meet certain clinical requirements. Data Source: National Electronic Disease Surveillance System (NEDSS); American Community Survey Population Estimates; Decennial Census. Rate (R) is per 100,000 population. *Not reportable as of June, 2010. ‡ Rate is calculated using the 2010 decennial census data.

Communicable (Reportable) Diseases Surveillance Data, 2000-2011

Table 1: Number and rate (per 100,000) of enteric diseases/food and waterborne diseases, Shelby County, 2000-2011- (Continued)

Disease	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R‡
Shiga toxin-producing E-coli	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	6	0.7	13	1.4	2	0.2	3	0.3	8	0.9	5	0.5
Shigellosis	59	6.6	65	7.4	35	3.9	152	17.1	29	3.3	9	1.0	127	13.9	44	4.8	100	11.0	55	6.0	154	16.6	132	14.2
Typhoid fever (Salmonella typhi)	1	0.1	0	0.0	0	0.0	1	0.1	0	0.0	1	0.1	0	0.0	0	0.0	2	0.2	0	0.0	0	0.0	0	0.0
Vibrio parahaemolyticus	0	0.0	0	0.0	0	0.0	2	0.2	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Vibrio species (NT)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Vibriosis (NCV)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	1	0.1	1	0.1	1	0.1
Yersiniosis	0	0.0	4	0.5	8	0.9	14	1.6	13	1.5	7	0.8	8	0.9	1	0.1	4	0.4	4	0.4	6	0.6	2	0.2

Communicable diseases are required, by law, to be reported to the local health departments (T.C.A. §68 Rule 1200-14-01-.02). This data summary includes only reports that are laboratory confirmed and meet certain clinical requirements. Data Source: National Electronic Disease Surveillance System (NEDSS); American Community Survey Population Estimates; Decennial Census. Rate (R) is per 100,000 population. NT-non toxigenic , NCV-non cholera vibrio. ‡ Rate is calculated using the 2010 decennial census data.

Hepatitis Diseases

Table 2: Number and rate (per 100,000) of hepatitis diseases, Shelby County, 2000-2011

Disease	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R‡
Hepatitis A, acute	33	3.7	47	5.4	49	5.5	25	2.8	8	0.9	5	0.6	9	1.0	11	1.2	4	0.4	2	0.2	1	0.1	1	0.1
*Hepatitis B, chronic	*	*	*	*	*	*	*	*	82	9.2	132	14.8	183	20.1	263	28.9	294	32.4	370	40.2	317	34.2	240	25.9
Hepatitis B, acute	85	9.5	129	14.7	45	5.1	60	6.8	39	4.4	41	4.6	24	2.6	31	3.4	19	2.1	38	4.1	31	3.3	18	1.9
*Hepatitis C, chronic	*	*	*	*	*	*	*	*	253	28.5	529	59.4	238	26.1	0	0.0	252	27.3	250	27.2	972	104.8	165	17.8
Hepatitis C, acute	1	0.1	1	0.1	1	0.1	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	2	0.2	0	0.0	0	0.0

Communicable diseases are required, by law, to be reported to the local health departments (T.C.A. §68 Rule 1200-14-01-.02). This data summary includes only reports that are laboratory confirmed and meet certain clinical requirements. Data Source: National Electronic Disease Surveillance System (NEDSS); American Community Survey Population Estimates; Decennial Census. Rate (R) is per 100,000 population. *Chronic hepatitis B and C are not reportable in TN, and therefore does not require case investigation. The epidemiology section of the SCHED started entering chronic hepatitis B and C data into NEDSS starting 2004 for counting cases purposes. ‡ Rate is calculated using the 2010 decennial census data.

Meningitis/Septicemia Diseases

Table 3: Number and rate (per 100,000) of meningitis/septicemia diseases, Shelby County, 2000-2011

Disease	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011			
	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R‡		
Bacterial Meningitis	5	0.6	7	0.8	4	0.5	1	0.1	4	0.4	8	0.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Neisseria Meningitis	9	1.0	12	1.4	7	0.8	6	0.7	3	0.3	4	0.4	2	0.2	3	0.3	4	0.4	1	0.1	3	0.3	0	0.0	0	0.0
Group A Streptococcus	17	1.9	14	1.6	26	2.9	35	3.9	18	2.0	21	2.4	25	2.7	26	2.9	29	3.2	32	3.5	41	4.4	30	3.2	30	3.2
Group B Streptococcus	41	4.6	51	5.8	46	5.2	62	7.0	66	7.4	104	11.7	115	12.6	68	7.5	71	7.8	84	9.1	71	7.7	76	8.2	76	8.2
MRSA	0	0.0	1	0.1	0	0.0	0	0.0	243	27.3	534	60.0	552	60.6	477	52.4	439	48.4	347	37.7	321	34.6	205	22.1	205	22.1

Communicable diseases are required, by law, to be reported to the local health departments (T.C.A. §68 Rule 1200-14-01-.02). This data summary includes only reports that are laboratory confirmed and meet certain clinical requirements. Data Source: National Electronic Disease Surveillance System (NEDSS); American Community Survey Population Estimates; Decennial Census. Rate (R) is per 100,000 population. *MRSA-methicillin resistant *staphylococcus aureus*. Classification of confirmed MRSA cases was modified starting 2004. ‡ Rate is calculated using the 2010 decennial census data.

Vaccine-Preventable Diseases

Table 4: Number and rate (per 100,000) of vaccine-preventable diseases, Shelby County, 2000-2011																								
Disease	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R [‡]
Haemophilus influenzae, invasive	6	0.7	14	1.6	5	0.6	12	1.4	7	0.8	14	1.6	13	1.4	15	1.6	20	2.2	26	2.8	14	1.5	18	1.9
Measles	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Mumps	1	0.1	0	0.0	0	0.0	2	0.2	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0
Novel Influenza A Virus Infection	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	0.4	1	0.1	0	0.0
Pertussis	1	0.1	5	0.6	2	0.2	8	0.9	3	0.3	14	1.6	6	0.7	9	1.0	12	1.3	13	1.4	29	3.1	3	0.3
Streptococcus pneumoniae, (DR, INV)	51	5.7	49	5.6	23	2.6	22	2.5	29	3.3	23	2.6	17	1.9	36	4.0	13	1.4	8	0.9	1	0.1	0	0.0
Streptococcus pneumonia, (INV)	101	11.3	138	15.7	100	11.3	83	9.4	91	10.2	178	20.0	159	17.4	105	11.5	147	16.2	125	13.6	43	4.6	1	0.1
*Streptococcus pneumonia invasive disease, (IPD)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	89	9.6	86	9.3

Communicable diseases are required, by law, to be reported to the local health departments (T.C.A. §68 Rule 1200-14-01-.02). This data summary includes only reports that are laboratory confirmed and meet certain clinical requirements. Data Source: National Electronic Disease Surveillance System (NEDSS); American Community Survey Population Estimates; Decennial Census. Rate (R) is per 100,000 population. DR-Drug resistant, INV-invasive, IPD-invasive pneumococcal disease. *Classification of *streptococcus pneumonia* (INV) cases was modified in 2010 and named *streptococcus pneumonia* invasive disease, (IPD). ‡ Rate is calculated using the 2010 decennial census data.

Vector-borne Diseases

Table 5: Number and rate (per 100,000) of vector-borne diseases, Shelby County, 2000-2011

Disease	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R‡
Chagas	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Lyme disease	1	0.1	2	0.2	0	0.0	6	0.7	2	0.2	1	0.1	1	0.1	6	0.7	1	0.1	2	0.2	2	0.2	0	0.0
Rocky Mountain spotted fever	5	0.6	5	0.6	7	0.8	7	0.8	0	0.0	0	0.0	1	0.1	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0
Spotted Fever Rickettsiosis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Tularemia	0	0.0	0	0.0	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Communicable diseases are required, by law, to be reported to the local health departments (T.C.A. §68 Rule 1200-14-01-.02). This data summary includes only reports that are laboratory confirmed and meet certain clinical requirements. Data Source: National Electronic Disease Surveillance System (NEDSS); American Community Survey Population Estimates; Decennial Census. Rate (R) is per 100,000 population. DR-Drug resistant, INV-invasive, IPD-invasive pneumococcal disease. ‡ Rate is calculated using the 2010 decennial census data.

Communicable (Reportable) Diseases Surveillance Data, 2000-2011

Table 6: Number and rate (per 100,000) of other diseases, Shelby County, 2000-2011

Disease	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R‡
Botulism, infant	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hanson disease (Leprosy)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hemolytic uremic syndrome	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	1	0.1	1	0.1	0	0.0	1	0.1	0	0.0	1	0.1	0	0.0
VRE (INV)	239	26.6	169	19.3	95	10.7	218	24.6	86	9.7	122	13.7	210	23.0	121	13.3	93	10.3	72	7.8	58	6.3	29	3.1
VRE	0	0.0	0	0.0	0	0.0	2	0.2	48	5.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Communicable diseases are required, by law, to be reported to the local health departments (T.C.A. §68 Rule 1200-14-01-.02). This data summary includes only reports that are laboratory confirmed and meet certain clinical requirements. Data Source: National Electronic Disease Surveillance System (NEDSS); American Community Survey Population Estimates; Decennial Census. Rate (R) is per 100,000 population. VRE-Vancomycin-Resistant Enterococcus, INV-invasive. ‡ Rate is calculated using the 2010 decennial census data.

Technical Notes

Communicable Disease Reporting/Data

The data used in this report are gathered through investigations of disease occurrences in Shelby County, which are reported to Shelby County Health Department's epidemiology section by health-care providers, laboratories, and other public health personnel. The data are managed and stored in the National Electronic Disease Surveillance System (NEDSS).

In the United States, requirements for reporting diseases are mandated by state laws or regulations, and the list of reportable diseases in each state differs. The Centers for Disease Control and Prevention (CDC) in collaboration with the Council of State and Territorial Epidemiologists (CSTE) published case definitions for public health surveillance in October of 1999. This document provided uniform criteria for reporting cases throughout the state and nation. The document is updated periodically based on emerging infections around the country.

The case definitions vary by disease. All disease reports are assigned a case status based on the disease presentation and laboratory testing conducted. A tiered system with the following level is used

- Suspect/possible case: indicative clinical picture without being confirmed or probable case.
- Probable case: in this tier, there is a clear clinical picture, or an epidemiological link to a confirmed case. An epidemiological link is a case that either been exposed to a confirmed case, or has had the same exposure as a confirmed, such as eating or drinking the same food or water, having the same sexual contacts, attending the same daycare, etc.
- Confirmed case: A confirmed case has the above characteristics and is verified by laboratory analysis.
- Not a case: This status is assigned when none of the above criteria is met.

**Tennessee Department of Health
Reportable Diseases and Events**

The diseases and events listed below are declared to be communicable and/or dangerous to the public and are to be reported to the local health department 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 (T.C.A. §68 Rule 1200-14-01-.02). See matrix for additional details.

Category 1A: Requires immediate telephonic notification (24 hours a day, 7 days a week), followed by a written report using the PH-1600 within 1 week.

- | | |
|---|--|
| [002] Anthrax (<i>Bacillus anthracis</i>) ^B | [516] Novel Influenza A |
| [005] Botulism-Foodborne (<i>Clostridium botulinum</i>) ^B | [032] Pertussis (Whooping Cough) |
| [004] Botulism-Wound (<i>Clostridium botulinum</i>) | [037] Rabies: Human |
| [505] Disease Outbreaks (e.g., foodborne, waterborne, healthcare, etc.) | [112] Ricin Poisoning ^B |
| [023] Hantavirus Disease | [132] Severe Acute Respiratory Syndrome (SARS) |
| [096] Measles-Imported | [107] Smallpox ^B |
| [026] Measles-Indigenous | [110] Staphylococcal Enterotoxin B (SEB) |
| [095] Meningococcal Disease (<i>Neisseria meningitidis</i>) | Pulmonary Poisoning ^B |
| | [111] Viral Hemorrhagic Fever ^B |

Category 1B: Requires immediate telephonic notification (next business day), followed by a written report using the PH-1600 within 1 week.

- | | |
|--|--|
| [006] Brucellosis (<i>Brucella</i> species) ^B | [031] Mumps |
| [502] <i>Burkholderia mallei</i> infection ^B | [033] Plague (<i>Yersinia pestis</i>) ^B |
| [010] Congenital Rubella Syndrome | [035] Poliomyelitis-Nonparalytic |
| [011] Diphtheria (<i>Corynebacterium diphtheriae</i>) | [034] Poliomyelitis-Paralytic |
| [123] Eastern Equine Encephalitis Virus Infection | [119] Prion disease-variant Creutzfeldt Jakob Disease |
| [506] Enterobacteriaceae, Carbapenem-resistant | [109] Q Fever (<i>Coxiella burnetii</i>) ^B |
| [507] <i>Francisella</i> species infection (other than <i>F. tularensis</i>) ^B | [040] Rubella |
| [053] Group A Streptococcal Invasive Disease (<i>Streptococcus pyogenes</i>) | [041] Salmonellosis: Typhoid Fever (<i>Salmonella</i> Typhi) |
| [047] Group B Streptococcal Invasive Disease (<i>Streptococcus agalactiae</i>) | [131] <i>Staphylococcus aureus</i> : Vancomycin non-sensitive – all forms |
| [054] <i>Haemophilus influenzae</i> Invasive Disease | [075] Syphilis (<i>Treponema pallidum</i>): Congenital |
| [016] Hepatitis, Viral-Type A acute | [519] Tuberculosis, confirmed and suspect cases of active disease (<i>Mycobacterium tuberculosis</i> complex) |
| [513] Influenza-associated deaths, age <18 years | [113] Tularemia (<i>Francisella tularensis</i>) ^B |
| [520] Influenza-associated deaths, pregnancy-associated | [108] Venezuelan Equine Encephalitis Virus Infection ^B |
| [515] Melioidosis (<i>Burkholderia pseudomallei</i>) | |
| [102] Meningitis-Other Bacterial | |

Category 2: Requires written report using form PH-1600 within 1 week.

- | | |
|---|---|
| [501] Babesiosis | [057] <i>Chlamydia trachomatis</i> -Other |
| [003] Botulism-Infant (<i>Clostridium botulinum</i>) | [009] Cholera (<i>Vibrio cholerae</i>) |
| [121] California/LaCrosse Serogroup Virus Infection | [001] Cryptosporidiosis (<i>Cryptosporidium</i> species) |
| [007] Campylobacteriosis (including EIA or PCR positive stools) | [106] Cyclosporiasis (<i>Cyclospora</i> species) |
| [503] Chagas Disease | [504] Dengue Fever |
| [069] Chancroid | [522] Ehrlichiosis/Anaplasmosis – Any |
| [055] <i>Chlamydia trachomatis</i> -Genital | [060] Gonorrhea-Genital (<i>Neisseria gonorrhoeae</i>) |
| | [064] Gonorrhea-Ophthalmic (<i>Neisseria gonorrhoeae</i>) |

^BPossible Bioterrorism Indicators

Category 2: Requires written report using form PH-1600 within 1 week (continued).

- [061] Gonorrhea-Oral (*Neisseria gonorrhoeae*)
- [062] Gonorrhea-Rectal (*Neisseria gonorrhoeae*)
- [133] Guillain-Barré syndrome
- [058] Hemolytic Uremic Syndrome (HUS)
- [480] Hepatitis, Viral-HbsAg positive infant
- [048] Hepatitis, Viral-HbsAg positive pregnant female
- [017] Hepatitis, Viral-Type B acute
- [018] Hepatitis, Viral-Type C acute
- [021] Legionellosis (*Legionella* species)
- [022] Leprosy [Hansen Disease] (*Mycobacterium leprae*)
- [094] Listeriosis (*Listeria* species)
- [024] Lyme Disease (*Borrelia burgdorferi*)
- [025] Malaria (*Plasmodium* species)
- [521] Powassan virus infection
- [118] Prion disease-Creutzfeldt Jakob Disease
- [036] Psittacosis (*Chlamydia psittaci*)
- [105] Rabies: Animal
- [122] St. Louis Encephalitis Virus Infection
- [042] Salmonellosis: Other than *S. Typhi* (*Salmonella* species)
- [517] Shiga-toxin producing *Escherichia coli* (including Shiga-like toxin positive stools, *E. coli* O157 and *E. coli* non-O157)
- [043] Shigellosis (*Shigella* species)
- [039] Spotted Fever Rickettsiosis (*Rickettsia* species including Rocky Mountain Spotted Fever)
- [130] *Staphylococcus aureus*: Methicillin resistant Invasive Disease
- [518] *Streptococcus pneumoniae* Invasive Disease (IPD)
- [074] Syphilis (*Treponema pallidum*): Cardiovascular
- [072] Syphilis (*Treponema pallidum*): Early Latent
- [073] Syphilis (*Treponema pallidum*): Late Latent
- [077] Syphilis (*Treponema pallidum*): Late Other
- [076] Syphilis (*Treponema pallidum*): Neurological
- [070] Syphilis (*Treponema pallidum*): Primary
- [071] Syphilis (*Treponema pallidum*): Secondary
- [078] Syphilis (*Treponema pallidum*): Unknown Latent
- [044] Tetanus (*Clostridium tetani*)
- [045] Toxic Shock Syndrome: Staphylococcal
- [097] Toxic Shock Syndrome: Streptococcal
- [046] Trichinosis
- [101] Vancomycin resistant enterococci (VRE) Invasive Disease
- [114] *Varicella* deaths
- [104] Vibriosis (*Vibrio* species)
- [125] West Nile virus Infections-Encephalitis
- [126] West Nile virus Infections-Fever
- [124] Western Equine Encephalitis Virus Infection
- [098] Yellow Fever
- [103] Yersiniosis (*Yersinia* species)

Category 3: Requires special confidential reporting to designated health department personnel within 1 week.

- [500] Acquired Immunodeficiency Syndrome (AIDS)
- [512] Human Immunodeficiency Virus (HIV)
- [525] All CD4+ T-cell and HIV-1 Viral Load testing results from those laboratories performing these tests

Category 4: Laboratories and physicians are required to report all blood lead test results within 1 week.

- [514] Lead Levels (blood)

Category 5: Events will be reported monthly (no later than 30 days following the end of the month) via the National Healthcare Safety Network (NHSN – see <http://health.state.tn.us/ceds/hai/index.htm> for more details); *Clostridium difficile* infections (Davidson County residents only) will also be reported monthly to the Emerging Infections Program (EIP).

- [523] Healthcare Associated Infections, Catheter Associated Urinary Tract Infections
- [508] Healthcare Associated Infections, Central Line Associated Bloodstream Infections
- [509] Healthcare Associated Infections, *Clostridium difficile*
- [524] Healthcare Associated Infections, Dialysis Events
- [510] Healthcare Associated Infections, Methicillin resistant *Staphylococcus aureus* positive blood cultures
- [511] Healthcare Associated Infections, Surgical Site Infections

