Notifiable Disease Surveillance Monthly Report

Metro Public Health Department

Date: April 25, 2006

March 2006 Reported Notifiable Diseases at a Glance

Disease	March 2006	Cumulative through March 2006	March 2005	Cumulative through March 2005
AIDS*	22	70	27	54
HIV*	26	85	39	80
Sexually Transmitted Diseases				
Chlamydia	301	842	242	596
Gonorrhea	124	337	102	284
Primary and Secondary Syphilis	2	9	2	5
Other Syphilis	6	26	3	32
Tuberculosis	11	19	14	18
Communicable Diseases **				
Gastrointestinal Diseases[1]	9	37	70	164
Hepatitis A	0	1	2	6
MRSA and VRE[2]	26	84	27	42
Neisseria meningitidis Disease	0	1	0	1
Haemophilus influenzae	0	4	0	0
Group A streptococcus	6	12	2	6
Listeria monocytogenes	0	0	0	0
Group B streptococcus	3	17	3	9
Streptococcus pneumoniae	9	33	12	26
Other Bacteria[3]	0	0	0	0
Vaccine-preventable Diseases**				
Influenza-like Illness^	626	1,645	707	1,289
Other[4]	2	6	2	9

*Includes both Davidson County residents and non-Davidson County residents

**Presented on this page by report date

^Includes cases reported as confirmed and probable

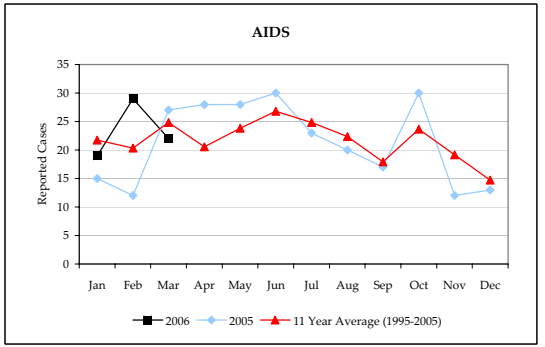
[1] Gastrointestinal diseases = campylobacteriosis, *E-coli* 0157:H7, giardiasis, salmonellosis, and shigellosis

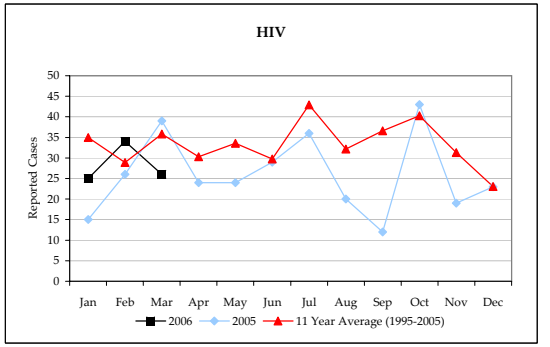
[2] *MRSA = methicillin-resistant staphylococcus aureus / VRE = Vancomycin resistant enterococci*

[3]See *Definitions and Technical Notes* for a list of bacteria included in this category

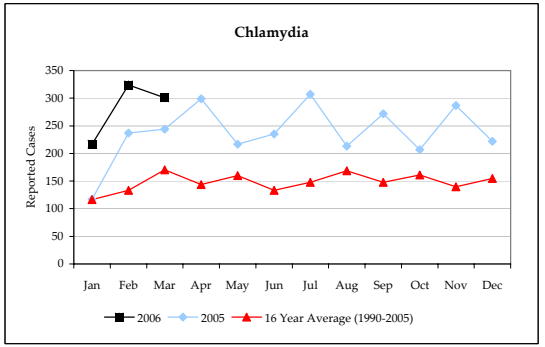
[4]Includes diphtheria, measles, mumps, pertussis, and tetanus

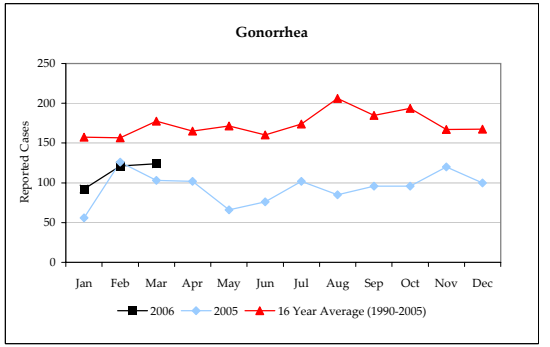
HIV/AIDS

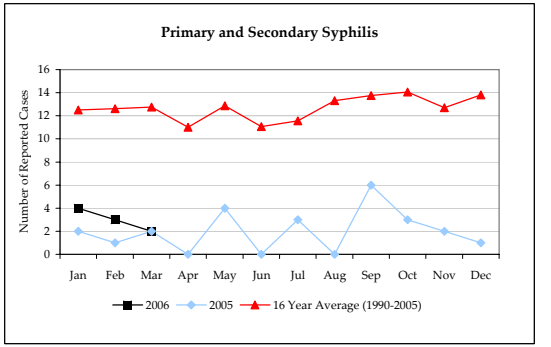




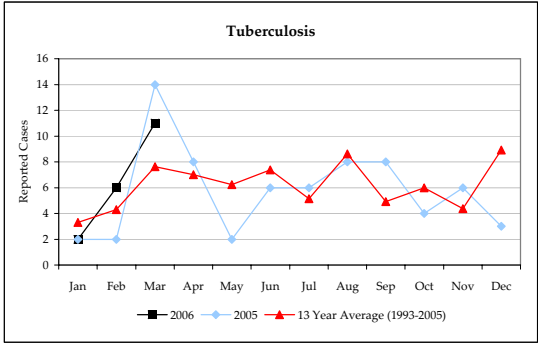
Sexually Transmitted Diseases

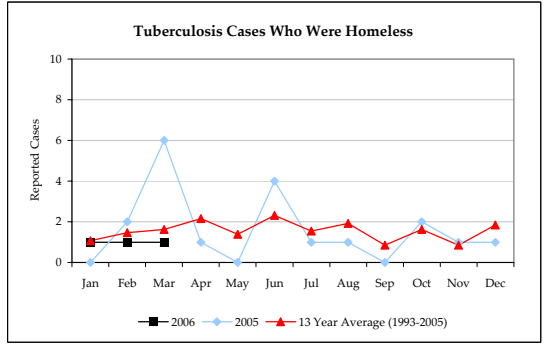




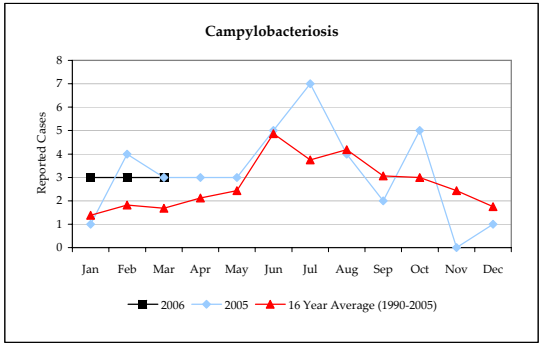


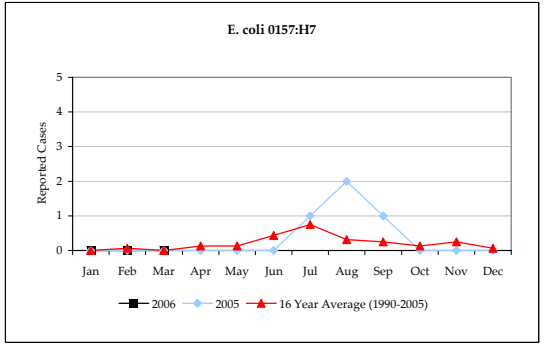
Tuberculosis

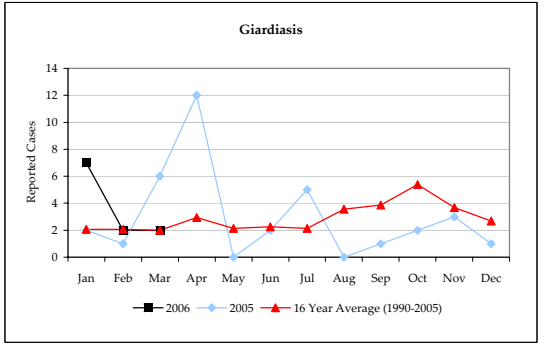


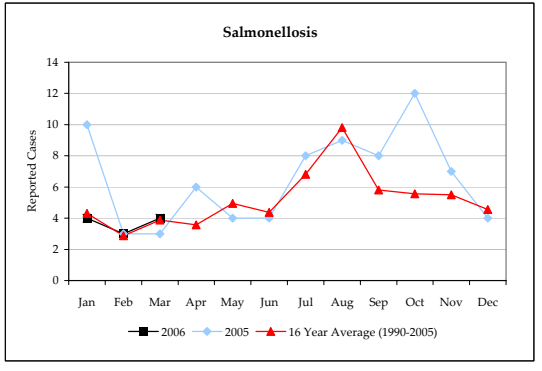


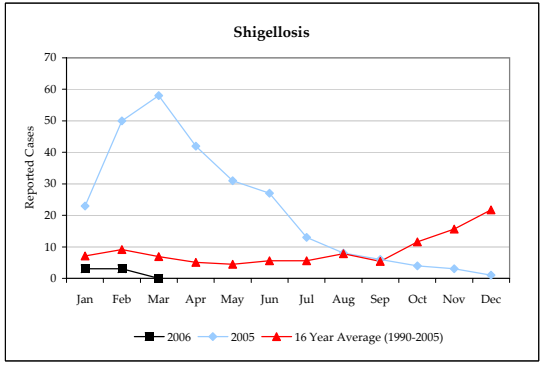
Gastrointestinal Diseases



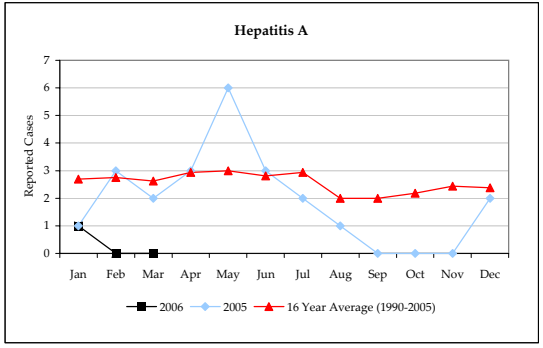


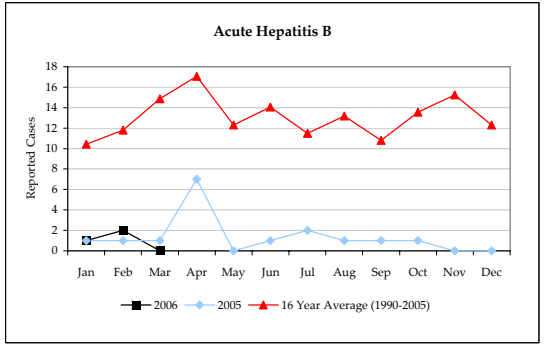


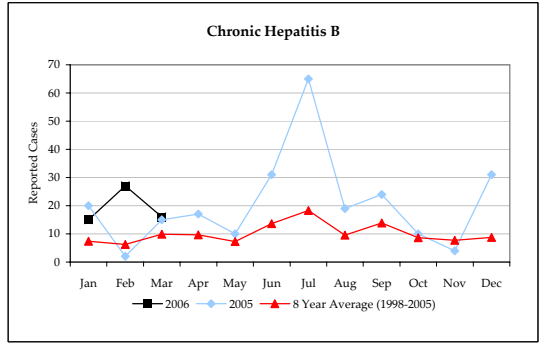


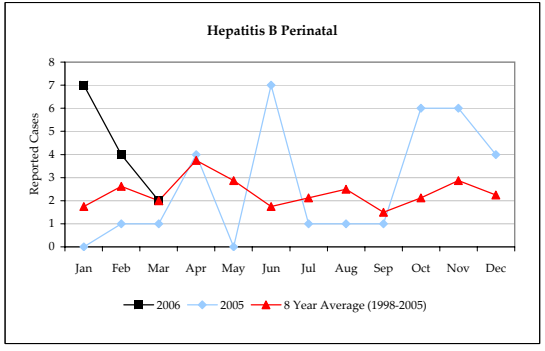


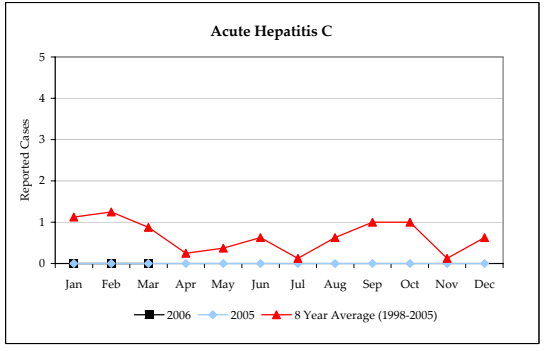
Hepatitis

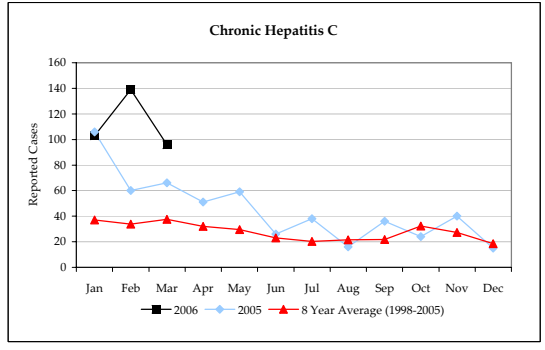

Hepatitis A
Reported Cases
0
1
2
3
4
5
6
7
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2006
2005
16 Year Average (1990-2005)


Acute Hepatitis B
Reported Cases
0
2
4
6
8
10
12
14
16
18
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2006
2005
16 Year Average (1990-2005)

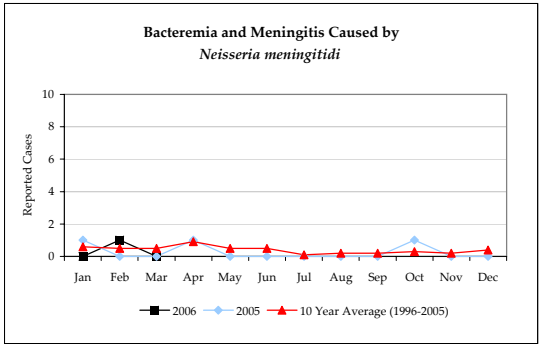

Chronic Hepatitis B
Reported Cases
0
10
20
30
40
50
60
70
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2006
2005
8 Year Average (1998-2005)

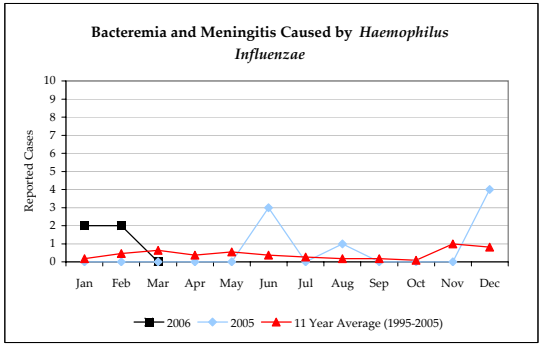

Hepatitis B Perinatal
Reported Cases
0
1
2
3
4
5
6
7
8
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2006
2005
8 Year Average (1998-2005)

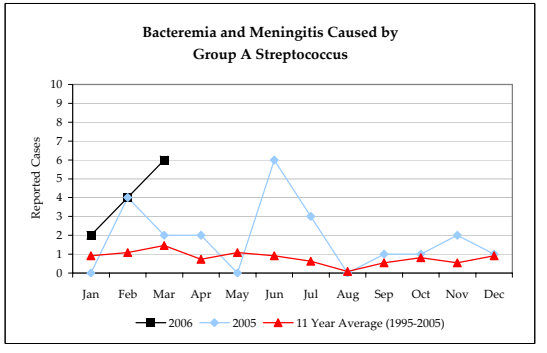

Acute Hepatitis C
Reported Cases
0
1
2
3
4
5
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2006
2005
8 Year Average (1998-2005)

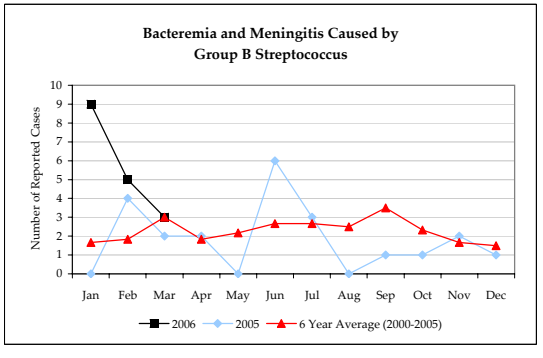

Chronic Hepatitis C
Reported Cases
0
20
40
60
80
100
120
140
160
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2006
2005
8 Year Average (1998-2005)

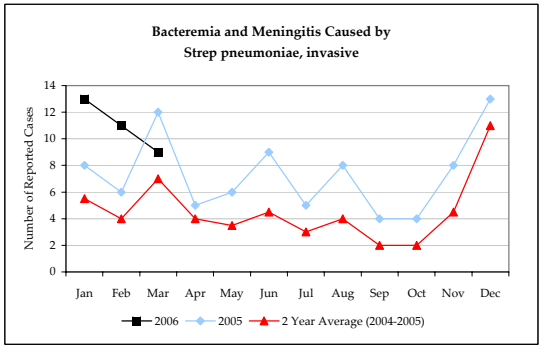
Meningitis



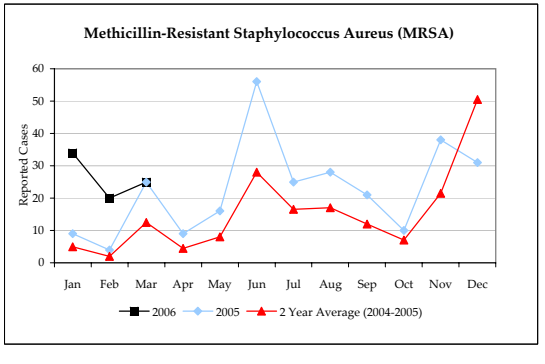


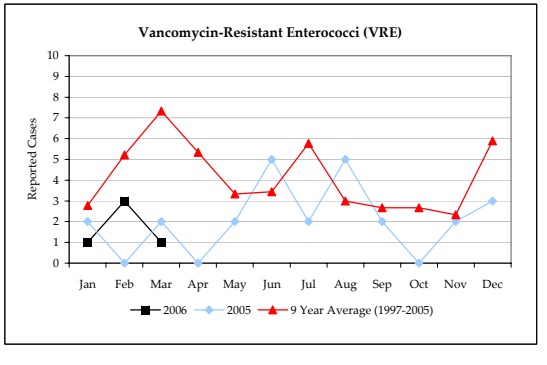






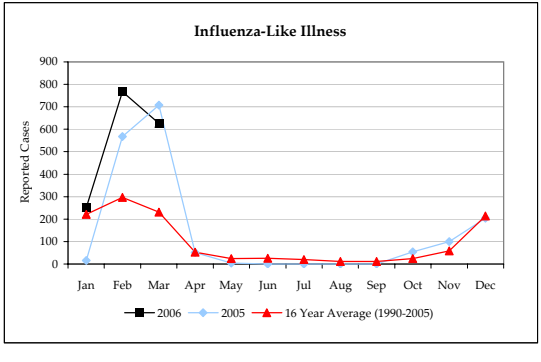
MRSA and VRE

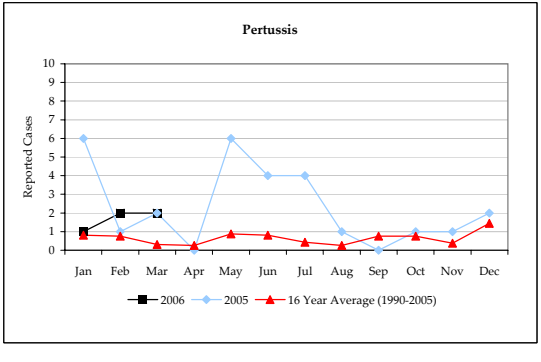




Other Communicable Diseases

Vaccine-preventable Diseases





Notifiable Disease Surveillance Monthly Report: AIDS/HIV/STDs

Month: March, 2006 by Date of Report

Disease	Reported Cases	Place of Diagnosis		Race				Gender			Age										Previous Year
		MPHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	March, 2005
AIDS/HIV																					
AIDS*	22		22	11	10	1		16	6				1	2	6	10	3				27
HIV*	26	5	21	15	9	2		22	4				1	5	7	10	3				39
Sexually Transmitted Diseases																					
Chlamydia	301	120	180	58	177	6	60	97	204		1	1	98	167	24	8	1		1		242
Gonorrhea	124	60	64	20	89	1	14	73	50	1			33	59	27	5					102
Syphilis, Primary	1	1					1	1						1							0
Syphilis, Secondary	1		1		1			1							1						2
Syphilis, Congenital	0																				0
Syphilis, Other	6	3	3	1	5			3	3				1	1	2	2					3
Total Syphilis	8	4	4	1	6	0	1	5	3	0	0	0	1	2	3	2	0	0	0	0	5
Total STDs	433	184	248	79	272	7	75	175	257	1	1	1	132	228	54	15	1	0	1	0	415
Syphilis Cases Who Were Homeless	0																				
Cumulative through March, 2006																					
AIDS/HIV																					
AIDS*	70		70	29	38	3		45	25				2	6	28	25	7	2			54
HIV*	85	14	71	38	42	5		67	18				1	15	32	29	5	3			80
Sexually Transmitted Diseases																					
Chlamydia	842	313	528	184	471	10	177	277	564	1	2	2	276	464	75	17	3		3		596
Gonorrhea	337	153	184	55	231	3	48	191	145	1			98	159	59	15	6				284
Syphilis, Primary	1	1					1	1						1							0
Syphilis, Secondary	8	1	7	3	4		1	8						3	5						5
Syphilis, Congenital	0																				0
Syphilis, Other	26	11	15	9	16	1		18	8				1	6	7	9	3				32
Total Syphilis	35	13	22	12	20	1	2	27	8	0	0	0	1	10	12	9	3	0	0	0	37
Total STDs	1,214	479	734	251	722	14	227	495	717	2	2	2	375	633	146	41	12	0	3	0	1,051
Syphilis Cases Who Were Homeless	2	2			2			1	1							2					

Blank space = No report received

Notifiable Disease Surveillance Monthly Report: AIDS/HIV Davidson County Resident Only

Month: March, 2006 by Date of Report

Disease	Reported Cases	Place of Diagnosis		Race				Gender			Age										Previous Year
		MPHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	March, 2005
AIDS/HIV																					
AIDS	14	0	14	4	9	1	0	8	6	0	0	0	0	1	5	6	2	0	0	0	19
HIV	18	5	13	8	8	2	0	14	4	0	0	0	0	4	5	7	2	0	0	0	24
Cumulative Through March, 2006																					
AIDS/HIV																					
AIDS	44	0	44	13	28	3	0	26	18	0	0	0	1	2	17	18	4	2	0	0	37
HIV	56	14	42	21	30	5	0	42	14	0	0	0	0	8	24	18	3	3	0	0	55

Notifiable Disease Surveillance Monthly Report: AIDS/HIV Non-Davidson County Resident Only

Month: March, 2006 by Date of Report

Disease	Reported Cases	Place of Diagnosis		Race				Gender			Age										Previous Year
		MPHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	March, 2005
AIDS/HIV																					
AIDS	8	0	8	7	1	0	0	8	0	0	0	0	1	1	1	4	1	0	0	0	8
HIV	8	0	8	7	1	0	0	8	0	0	0	0	1	1	2	3	1	0	0	0	15
Cumulative Through March, 2006																					
AIDS	26	0	26	16	10	0	0	19	7	0	0	0	1	4	11	7	3	0	0	0	17
HIV	29	0	29	17	12	0	0	25	4	0	0	0	1	7	8	11	2	0	0	0	25

Blank space = No report received

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable

Month: March, 2006 by Date of Report

Disease	Reported Cases	Race				Gender			Age										Previous Year
		White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	March, 2005
Gastrointestinal Diseases																			
Campylobacteriosis	3	1			2	2	1			2		1							3
E-Coli 0157:H7	0																		0
Giardiasis	2				2	1	1		1	1									6
Salmonellosis	4		3		1	2	2		1	1		2							3
Shigellosis	0																		58
Total	9	1	3	0	5	5	4	0	2	4	0	3	0	0	0	0	0	0	70
Hepatitis A, B, and C																			
Hepatitis A	0																		2
Hepatitis B Acute	0																		1
Hepatitis B Chronic	16	1	5		10	11	5					2	4	3	6	1			15
Hepatitis C Acute	0																		0
Hepatitis C Chronic	96	1			95	91	5				1	10	26	35	18	3		3	66
Total	112	2	5	0	105	102	10	0	0	0	1	12	30	38	24	4	0	3	84
Hepatitis B Perinatal	2	1		1			2				1	1							1
Bacterial Meningitis and Bacteremia																			
Neisseria meningitidis	0																		0
Haemophilus influenzae	0																		0
Group A Streptococcus	6	3	2		1	4	2					3	1	2					2
Listeria monocytogenes	0																		0
Group B streptococcus	3	3					3		1								2		3
Streptococcus pneumoniae	9	1	5		3	4	5						2	4	2		1		12
Other Bacteria	0																		0
Total	18	7	7	0	4	8	10	0	1	0	0	3	3	6	2	0	3	0	17
MRSA and VRE																			
MRSA	25	12	10		3	10	14	1	2	2	1	1	2	5	2	4	6		25
VRE	1		1			1										1			2
Total	26	12	11	0	3	11	14	1	2	2	1	1	2	5	2	5	6	0	27
Other																			
Cryptosporidiosis	1				1	1									1				0
Malaria	1		1				1					1							0
Toxic-shock syndrome,staph.	1		1				1						1						0
Total	3	0	2	0	1	1	2	0	0	0	0	1	1	0	1	0	0	0	
Total of Communicable Diseases	168	22	28	0	118	127	40	1	5	6	2	20	36	49	29	9	9	3	
Vaccine-preventable Diseases																			
Diphtheria	0																		0
Influenza-like Illness*	626																		707
Measles	0																		0
Mumps	0																		0
Pertussis	2	1			1	1	1		1					1					2
Tetanus	0																		0
Total	628	1	0	0	1	1	1	0	1	0	0	0	0	1	0	0	0	0	709

Blank space = No report received

* Based on MMWR reporting weeks

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable
Cumulative Through March, 2006 by Date of Report

Disease	Reported Cases	Race				Gender			Age										Previous Year
		White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	March, 2005
Gastrointestinal Diseases																			
Campylobacteriosis	9	2			7	6	3			4		1	2	1		1			8
E-Coli 0157:H7	0																		0
Giardiasis	11				11	6	5		1	8			2						9
Salmonellosis	11	1	6		4	3	8		2	3	1	2	1		1	1			16
Shigellosis	6				6	2	2	2		1		1	4						131
Total	37	3	6	0	28	17	18	2	3	16	1	4	9	1	1	2	0	0	164
Hepatitis A, B, and C																			
Hepatitis A	1				1		1				1								6
Hepatitis B Acute	3	1			2	1	2					2	1						3
Hepatitis B Chronic	58	4	7	3	44	29	28	1				18	15	8	13	4			37
Hepatitis C Acute	0																		0
Hepatitis C Chronic	338	12	9		317	332	6				1	33	110	123	59	7		5	232
Total	400	17	16	3	364	362	37	1	0	0	2	53	126	131	72	11	0	5	278
Hepatitis B Perinatal	13	2	6	5			13				1	8	4						2
Bacterial Meningitis and Bacteremia																			
Neisseria meningitidis	1	1					1					1							1
Haemophilus influenzae	4	3	1			3	1								2		2		0
Group A Streptococcus	12	4	6		2	6	6			1		4	2	3	2				6
Listeria monocytogenes	0																		0
Group B streptococcus	17	9	7	1		6	11		6				1	2	2	3	3		9
Streptococcus pneumoniae	33	16	10		7	17	16			1		1	6	7	9	4	5		26
Other Bacteria	0																		0
Total	67	33	24	1	9	32	35	0	6	2	0	6	9	12	15	7	10	0	42
MRSA and VRE																			
MRSA	79	35	35		9	38	40	1	4	2	2	4	8	13	14	9	23		38
VRE	5	2	2		1	4	1						1	1		1	1	1	4
Total	84	37	37	0	10	42	41	1	4	2	2	4	9	14	14	10	24	1	42
Other																			
Cryptosporidiosis	1				1	1									1				0
Malaria	2		2			1	1					1	1						0
Toxic-shock syndrome,staph.	1		1				1						1						0
Total	4	0	3	0	1	2	2	0	0	0	0	1	2	0	1	0	0	0	
Total of Communicable Diseases	592	90	86	4	412	455	133	4	13	20	5	68	155	158	103	30	34	6	
Vaccine-preventable Diseases																			
Diphtheria	0																		0
Influenza-like Illness*	1,645																		1,289
Measles	0																		0
Mumps	1				1	1				1									0
Pertussis	5	1			4	4	1		2					1	2				9
Tetanus	0																		0
Total	1,651	1	0	0	5	5	1	0	2	1	0	0	0	1	2	0	0	0	1,298

Blank space = No report received

* Based on MMWR reporting weeks

Notifiable Disease Surveillance Monthly Report: Tuberculosis

Month: March, 2006 by Date of Report

Site	Reported Cases	Place of Diagnosis*		Race/Ethnicity						Gender			Age										Comments
		MPHD	Other	White Non-Hisp	Black Non-Hisp	Hispanic	Amer. Ind/Alask. Nat.	Asian/Pac. Islander	Other	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	
New Pulmonary Cases	9	1	8	1	6	2				8	1					2	3	1	2		1		
New Extrapulmonary Cases	2		2		1	1				2						1			1				
New Cases in Dual Sites	0																						
New Homeless Cases	1	1			1					1									1				Total New Cases
Total New Cases	11	1	10	1	7	3	0	0	0	10	1	0	0	0	0	3	3	1	3	0	1	0	March 2005: 14
Cumulative Through March, 2006																							
Pulmonary																							
Total Cases	15	1	14	4	8	3				12	3			1		4	3	3	2		2		
Extrapulmonary																							
Total Cases	3		3		2	1				3						1		1	1				
Dual Sites																							
Total Cases	1		1	1						1									1				
All Sites																							
Total Cases	19	1	18	5	10	4	0	0	0	16	3	0	0	1	0	5	3	4	4	0	2	0	
Total Homeless Cases	3	1	2	2	1					2	1							1	2				
Total Drug-resistant Cases	0																						Cumulative Total Thru
Total Cases with HIV Co-infection	3		3	1	2					3							1	1	1				March 2005: 18
Total Cases Foreign Born < 5 Years	4		4		2	2				2	2			1		1		1			1		
Total Cases Foreign Born > 5 Years	5		5		3	2				5						2	2		1				

Blank space = No report receivec

* Place of Diagnosis not provided for all (year-to-date) records

Definitions and Technical Notes

1. Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS): Effective January 1, 2000, the Centers for Disease Control & Prevention (CDC) has established a new case definition for HIV infection in adults and children that includes revised surveillance criteria for HIV infection and incorporates the surveillance criteria for AIDS. For adults and children aged ≥ 18 months, the HIV surveillance case definition includes laboratory and clinical evidence specifically indicative of HIV infection and severe HIV disease. For children aged <18 months (except for those who acquired HIV infection other than by perinatal transmission), the HIV surveillance case definition updates the definition in the 1994 revised classification system. The revised case definition includes HIV nucleic acid (DNA or RNA) detection tests and permits reporting of cases based on the result of any test licensed for diagnosing HIV infection in the U.S. The entire case definition may be found in MMWR, December 10, 1999 / Vol.48 / No. RR-13.

Effective January 1, 1993, the CDC expanded the AIDS surveillance to include all HIV infected adolescents and adults aged greater than or equal to 13 years who have either a) less than 200 CD4+ T-lymphocytes/uL; b) a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14%; or c) any of the following three clinical conditions: pulmonary tuberculosis, recurrent pneumonia, or invasive cervical cancer. The expanded definition retained the 23 clinical conditions in the AIDS surveillance case definition published in 1987.

2. Sexually Transmitted Diseases (STDs): Sexually transmitted diseases are infections one can acquire by having sex (vaginal, oral, and/or rectal) with another who has the infection. Viruses or bacteria can cause STDs. Although there are many types of STDs, only HIV/AIDS, chlamydia, gonorrhea, and syphilis are required to be reported to the health department and are presented in this report. HIV/AIDS cases are tabulated separately from other STDs for programmatic reasons.

3. Communicable/Vaccine-preventable Diseases: Communicable diseases in this report are a selected group of notifiable diseases that are reported to the Metropolitan Public Health Department of Nashville and Davidson County (MPHD) regularly (other than AIDS/HIV, STDs, and TB). Other communicable diseases not listed in this report may be added as needed. Communicable diseases make up the largest portion of notifiable diseases, which are diseases that are required by law to be reported to the health department. Diseases that can be prevented by immunization include influenza, measles, mumps, polio, rubella (German measles), pertussis, diphtheria, tetanus, *Haemophilus influenzae* type b, hepatitis B, varicella (chickenpox), and others. Influenza, measles, diphtheria, mumps, pertussis, and tetanus are the six vaccine-preventable diseases listed regularly in this report, although others may be included as needed.

4. Tuberculosis: A chronic bacterial infection caused by Mycobacterium tuberculosis (MTB), characterized pathologically by the formation of granulomas. The most common site of infection is the lung, but other organs may be involved. A verified case of TB is a case that has laboratory confirmation of Mycobacterium tuberculosis (i.e., positive culture for MTB) or, in the absence of laboratory confirmation, a case that meets the clinical case definition. A clinical case meets all of the following criteria: 1.) It has a positive tuberculin skin test. 2.) Other signs and symptoms compatible with tuberculosis (e.g., an abnormal, unstable [i.e., worsening or improving] chest radiograph, or clinical evidence of current disease are present. 3.) There is treatment with two or more antituberculosis medications. 4.) A completed diagnostic evaluation. Because verification of a tuberculosis case according to the case definition as described above requires 6 – 8 weeks or longer, a case may be reported to the Tennessee Department of Health (TDOH) and presented in this report one to two months or longer after evaluation and care was initiated for the case. Following evaluation for tuberculosis, some persons are determined to not have a laboratory confirmation of MTB or to meet the clinical case definition for the disease, and are therefore not reported to the TDOH.

A TB case should not be counted twice within any consecutive 12-month period. However, cases in which the patients had previously had verified disease should be reported again if the patients were discharged from treatment. Cases also should be reported again if patients were lost to supervision for greater than 12 months and disease can be verified again. Mycobacterium diseases other than those caused by M. tuberculosis complex should not be counted in tuberculosis morbidity statistics unless there is concurrent tuberculosis. (Centers for Disease Control & Prevention case definition).

Information pertaining to tuberculosis cases who were homeless is provided beginning in December, 2000. Homeless is defined as:

(1) An individual who lacks a fixed, regular, and adequate nighttime residence; or

(2) An individual who has a primary nighttime residence that is:

- (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or
- (b) An institution that provides a temporary residence for individuals intended to be institutionalized; or
- (c) A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

A homeless person may also be defined as a person who has no home, e.g., is not paying rent, does not own a home, and is not steadily living with relatives or friends. Another definition is a person who lacks customary and regular access to a conventional dwelling or residence. Included as homeless are persons who live on streets or in nonresidential buildings. Also included are residents of homeless shelters, shelters for battered women, welfare hotels, and single room occupancy (SRO) hotels which are not designated for permanent long-term housing. The term homeless is applied to any patient who meets the definition of homeless at any time during the 12 months prior to the time when the TB diagnostic evaluation was performed. (Definition from the TIMS User's Guide).

5. Surveillance: Continuous analysis, interpretation, and feedback of systematically collected data, generally using methods distinguished by their practicality, uniformity, and rapidity rather than by accuracy or completeness. By observing trends in time, place and persons, changes can be observed or anticipated and appropriate action, including investigative or control measures, can be taken. Sources of data may relate directly to disease or to factors influencing disease. Thus they may include (1) mortality and morbidity reports based on death certificates, hospital records, general practice sentinels, or notifications; (2) laboratory diagnoses; (3) outbreak reports; (4) vaccine utilization-uptake and side effects; (5) sickness absence records; (6) disease determinants such as biological changes in agent, vectors, or reservoirs; (7) susceptibility to disease, as by skin testing or serological surveillance (e.g., serum banks). This definition was taken from " A Dictionary of Epidemiology" third edition, edited by John M. Last, and published in 1995.

6. Event Date: Event date is defined as the earliest known date associated with the incidence of the disease. This date may be the date of disease onset, the date of clinical diagnosis, laboratory diagnosis, report to county health department, report to state health department, or as a last resort, any date associated with the case. For purposes of this report, event date is the date of laboratory diagnosis.

7. Report Date: Report date is defined as the date that the disease was reported to the Tennessee Department of Health. The report date is always a Saturday. For example, diseases displayed in this report by report date reflect those cases reported to the Tennessee Department of Health from the week ending the second Saturday of the month of the report to the week ending the first Saturday of the current month.

8. NETSS: National Electronic Transmitting Surveillance System

9. NEDSS: National Electronic Disease Surveillance System

10. TIMS: Tuberculosis Information Management System

11. HARS: HIV/AIDS Reporting System

12. Cumulative totals for STD's, communicable diseases and vaccine-preventable diseases represent only the totals in 1999 and 2000 through the respective month being reported on in 1999 and 2000.

13. HIV/AIDS/STD data:

- Provided by: Dan McEachern, Division of STD Control, and Jeselyn Rhodes, Division of Epidemiology.
- Date: April 11, 2006 and April 25, 2006.
- Data Source: STD cases entered into the STDMIS database by report date.
- HIV/AIDS cases entered into the HARS database during the calendar month of the report.
- **Please note**: Number of cases of HIV/AIDS may include both Davidson County residents and non-Davidson County residents. Resident vs. non-resident status is indicated on page ten. STD data presented is Davidson County resident data only.

14. Communicable/Vaccine-preventable diseases data:

- The data used to prepare the Communicable/Vaccine-preventable Diseases portion of this report were downloaded from NEDSS on April 20, 2006 at the Metro Public Health Department by Jim Jellison, Division of Epidemiology.
- Data presented is Davidson County resident data only.

In June 2000, changes were made in how bacterial meningitis and bacteremia are presented in the report. These changes were made to 1) make the data more easily interpreted and 2) to more closely represent the manner in which the diseases are reported to CDC through NETSS. The NETSS event numbers used to report these bacteria to the CDC include both cases of meningitis and bacteremia caused by the bacteria. In order to determine whether a reported case is meningitis or bacteremia requires entry into the secondary screens of the NETSS system where laboratory specifics are entered, such as 1) specimen from which the organism was isolated (blood, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, joint, placenta, amniotic fluid, and other) and 2) type of infection caused by the organism (primary bacteremia, meningitis, otitis media, pneumonia, cellulitis, epiglottitis, peritonitis, pericarditis, septic abortion, amnionitis, septic arthritis, conjunctivitis, other); and 3) serogroup. This report will provide only the total numbers for the represented categories. For specific information pertaining to numbers of bacterial meningitis vs. bacteremia, contact Pam Trotter at Ext. 632.

The bacteria included in the “Other Bacteria” category include: Escherichia coli, *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Klebsiella* species, Enterobacter species, *Serratia* species, Actinobacter species, Group D streptococcus, and other streptococcus.

NEDSS is an initiative to promote data and information system standards for disease surveillance. It aims to promote data and information system standards for disease surveillance. The goal of NEDSS is the development of efficient, interoperable, and integrated surveillance systems at federal, state, and local levels by facilitating the electronic transfer of appropriate information from clinical information systems in the health care industry to public health departments.

In Nashville, communicable disease data began to be entered into the NEDSS database in March 2004. Data was entered into the NETSS database as well for comparison/quality check purposes until April 19, 2004. As of April 19, 2004, NEDSS became the primary data management system for communicable disease data in place of NETSS, except for follow-up to any cases previously entered into NETSS. Data for those cases will be managed in the NETSS system until the case is closed. For that reason, beginning with the April 2004 report, communicable disease data will be run from both the NEDSS and NETSS systems until all cases are closed in NETSS.

15. Tuberculosis data:

- Data pertaining to numbers of drug-resistant cases provided by Division of Tuberculosis Elimination.
- Jim Jellison, Division of Epidemiology, ran the tuberculosis data from the TIMS database on April 25, 2006.
- Data Source: TIMS. Tuberculosis cases presented in this report reflect surveillance of new cases based on calendar month of report.
- **Please note**: Cases presented are primarily Davidson County residents, but may include some cases diagnosed, treated, and managed in Davidson County but residing in another county. Those cases not Davidson County residents will be so indicated on the report.

Because determination of drug/multi-drug resistance may require as long as 2 months, beginning with the October 2001 report this information will be presented only as cumulative data. Similarly, HIV reports may not be available to accurately reflect by month the HIV status of each case so HIV Co-infection status will presented as cumulative data only. Beginning with the July 2005 report the cumulative total for multi-drug resistant cases was removed due to the lack of cases; it will be included in future reports as multi-drug resistant tuberculosis cases appear.

16. Other Report Formatting Updates:

In September of 2001, maps were added to the report. The maps are geographical representation of individual cases of diseases. The maps are produced using ArcView GIS Version 9.1.

In May of 2002, information pertaining to risk factors for hepatitis A and B were added to the report.

Beginning with the July 2004 report and continuing until problems with the NEDSS system are corrected, communicable disease/vaccine-preventable disease information will be presented only by date of report to the MPHD as it is not possible to ascertain the event date.

Beginning in the February 2006 report Group B streptococcus and Streptococcus pneumoniae were removed from the “Other Bacteria” category listing and listed as individual disease categories in the Bacterial Meningitis and Bacteremia section. Associated graphs were updated accordingly.