

To Report a case please contact:
 Colorado Department of Public Health & Environment
 4300 Cherry Creek Drive South
 Denver, CO 80246
 Phone: 303-692-2700
 Toll Free Phone: 1-800-866-2759
 Confidential Fax: 303-782-0338
 Toll Free Fax: 1-800-811-7263
Evening/weekend hours: 303-370-9395



**Colorado Department
 of Public Health
 and Environment**

Isolates should be sent to:
 8100 Lowry Blvd.
 Denver, CO 80230
 Phone: 303-692-3090

Effective April 2010

**COLORADO BOARD OF HEALTH
 CONDITIONS REPORTABLE BY ALL LABORATORIES
 COLLECTING SPECIMENS OR PERFORMING TESTS IN COLORADO**

The list below applies to laboratories. Physicians and hospitals have separate reporting requirements. A case must be reported to the state or local health department following diagnosis within the timeframe indicated.
 (Infection in Colorado residents diagnosed out-of-state should also be reported.)

24-Hour Reportables
Any result diagnostic of or highly correlated with clinical illness for the following organisms:

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| Bacillus anthracis (Anthrax) | Measles (Rubeola) (acute infection) | Rubella (acute infection) |
| Bordetella pertussis (Pertussis) | Mycobacterium tuberculosis (Tuberculosis) (Including + AFB sputum smears) | Salmonella Typhi (Typhoid fever) |
| Clostridium botulinum (Botulism) | Neisseria meningitidis* (Meningococcal Disease) or Gram-negative diplococci | SARS – Coronavirus |
| Corynebacterium diphtheriae (Diphtheria) | Polio virus (Poliomyelitis) | Smallpox |
| Haemophilus influenzae* | Rabies | Treponema pallidum (Syphilis) |
| Hepatitis A (anti-HAV IGM only) | | Vibrio cholerae (Cholera) |
| | | Yersinia pestis (Plague) |

* (+) culture from a normally sterile site

7-Day Reportables
Any result diagnostic of or highly correlated with clinical illness for the following organisms:

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| Borelia burgdorferi (Lyme Disease) | Hantavirus | Relapsing Fever (Borrelia sp) |
| Brucella species | Hepatitis B virus (+HBsAg, +IgM anti-HBc, +HBeAg, or +HBV DNA) | Rocky Mountain Spotted Fever |
| Campylobacter species | Hepatitis C virus (+ serum antibody titer, including signal to cut-off ratio, or more specific + tests) | Salmonella species |
| CD4 count <500/mm ³ or CD4%<29% | Human immunodeficiency virus (HIV) ** | Shigella species |
| Chlamydia psittaci (Psittacosis) | Legionella species | Streptococcus pneumoniae (+ culture from a normally sterile site) |
| Chlamydia trachomatis (Chlamydia) | Listeria monocytogenes | St. Louis encephalitis |
| Cryptosporidium species | Mumps | Varicella (Chicken Pox) |
| Cyclospora species | Neisseria gonorrhoeae (Gonorrhea) | Vibriosis, non-cholera |
| Escherichia coli 0157:H7 * & Shiga Toxin-Producing E.coli | Plasmodium species (Malaria) | Western equine encephalitis |
| Francisella tularensis (Tularemia) | Coxiella burnetti (Q fever) | West Nile virus (acute infection) |
| Giardia lamblia | | Vancomycin-resistant |
| Haemophilus ducreyi (Chancroid) | | Staphylococcus aureus (any site) |

* This includes any shiga toxin test or 0157 antigen test that is positive, even if no culture is performed. If the laboratory does not have the capacity to perform H (flagellar) antigen tests, then Escherichia coli 0157 should be reported.

** Including but not limited to any undetectable HIV viral load and HIV genotype testing.

Reportable in Denver Metropolitan Area Counties Only (Adams, Arapahoe, Denver, Douglas & Jefferson)

Group A streptococci (positive culture from a normally sterile site) (7d)
 Group B streptococci (positive culture from a normally sterile site) (7d)
 Methicillin resistant Staphylococcus aureus (**MRSA**) (positive culture from a normally sterile site) (30d)
 Clostridium difficile (any positive test) (30d)
 Yersinia non-pestis (includes the above counties with the addition of Boulder & Broomfield counties) (7d)

Environmental, Occupational and Chronic Conditions

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| If age >18 yrs: blood lead level >25ug/dL (30d) | Blood mercury >0.5 ug/dL and Urine mercury >20ug/L (30d) |
| If age ≤ 18 yrs, all blood lead levels (7d if ≥ 10ug/dL, otherwise 30d) | Chromosomal abnormalities and neural tube defects diagnosed by prenatal testing or by genetic testing in Colorado residents through the 3 rd birthday (90d) |

Immediate reporting by phone is required of any illness suspected to be caused by Biological, Chemical, or Radiologic Terrorism

All reports should include:

1. Name of disease or condition
2. Patient's name
3. Patient's date of birth, sex, race, ethnicity
4. Patient's home address and phone
5. Physician's name, address and phone
6. Lab info – test name, collection date and specimen type

Disease Report Forms can be downloaded from:

<http://10.1.0.60/dc/reportable.html>

Please fax completed Disease Report Form to 303-782-0338.

To sign up for web-based reporting using

Colorado Electronic Disease Reporting System (CEDRS)

<http://www.cdphe.state.co.us/Webapplications/approvals.html>

Click on the above link and print the following from this website:

Secure External Web user form (PDF file); and
 Supervisor Letter (to be printed on your facility letterhead)

Please fax the completed paperwork to 303-782-0338