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



Isolates should be sent to:

8100 Lowry Blvd. Denver, CO 80230 Phone: 303-692-3090

Effective: November 30, 2012

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:

Bacillus anthracis (Anthrax) Bordetella pertussis (Pertussis) Clostridium botulinum (Botulism) Corynebacterium diphtheriae (Diphtheria) Haemophilus influenzae* Hepatitis A (anti-HAV IGM only)

Measles (Rubeola) (acute infection)
Mycobacterium tuberculosis (Tuberculosis) (Including + AFB sputum smears) Neisseria meningitidis* (Meningococcal Disease) or Gram-negative diplococci Polio virus (Poliomyelitis)

Rabies

Rubella (acute infection) Salmonella Typhi (Typhoid fever)

SARS - Coronovirus

Smallpox

Treponema pallidum (Syphilis) 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:

Borelia burgdorferi (Lyme Disease) Brucella species Campylobacter species Carbapenem non-susceptible (or carbapenemase +) E. coli, Klebsiella species and Enteropacter species (CRE) CD4 count <500/mm³ or CD4%<29% Chlamydia psittaci (Psittacosis) Chlamydia trachomatis (Chlamydia) Cryptosporidium species Cyclospora species

Escherichia coli 0157:H7 * & Shiga Toxin-Producing E.coli Francisella tularensis (Tularemia) Giardia lamblia

Haemophilus ducreyi (Chancroid)

Hantavirus

Hepatitis B virus (+HBsAg, +IgM anti-HBc,

+HBeAg, or +HBV DNA)

Hepatitis C virus (+ serum antibody titer, including signal to cut-off ratio, or more specific + tests)

Human immunodeficiency virus (HIV) ** Legionella species

Listeria monocytogenes

Mumps

Neisseria gonorrhoeae (Gonorrhea) Plasmodium species (Malaria)

Coxiella burnetti (Q fever) Relapsing Fever (Borrelia sp) Rocky Mountain Spotted Fever

Salmonella species Shigella species

Streptococcus pneumoniae (+ culture

from a normally sterile site) St. Louis encephalitis Varicella (Chicken Pox) Vibrios, non-cholera Western equine encephalitis West Nile virus (acute infection)

Vancomycin-resistant

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)

Carbapenem non-susceptible Acinetobacter baumannii (CRAB) (positive culture from a normally sterile site or urine) (30d)

Clostridium difficile (any positive test) (30d)

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)

Yersinia non-pestis (includes the above counties with the addition of Boulder & Broomfield counties) (7d)

Environmental, Occupational and Chronic Conditions

If age >18 yrs: blood lead level >10ug/dL (30d) If age ≤ 18 yrs, all blood lead levels $(7d \text{ if } \ge 10 \text{ug/dL}, \text{ otherwise } 30d)$

Blood mercury >0.5 ug/dL and Urine mercury >20ug/L (30d) Chromosomal abnormalities and neural tube defects diagnosed by prenatal testing or by genetic testing in Colorado residents through the 3rd 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:

www.co.gov/cdphe then enter "reporting a disease" in the search field. Please fax completed Disease Report Form to 303-782-0338.

To sign up for web-based reporting using

Colorado Electronic Disease Reporting System (CEDRS) go to:

www.co.gov/cdphe then enter "reporting a disease" in the search field. 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