



Communicable Reportable Conditions

Effective: May 15, 2017

Confidential Fax: 303-782-0338
STI/HIV Confidential Fax: 303-782-5393
Toll Free Fax: 1-800-811-7263

Phone: 303-692-2700
Toll Free Phone: 1-800-866-2759
Evening/weekend hours: 303-370-9395

www.colorado.gov/cdphe/report-a-disease
• Disease Report Forms • Colorado Electronic Disease Reporting
• Specimen submission guidance • System (CEDRS) application
Complete Board of Health rules can be found at:
<https://www.colorado.gov/pacific/cdphe/regulations-adopted-board-health>

Immediate reporting by phone is required of any illness that may be caused by biological, chemical or radiologic terrorism.

As indicated below, reporting by labs (diagnostic results and those highly correlated with disease) and providers (including suspected conditions) is required in accordance with Regulation 6 CCR 1009-1.

Imm = Immediately † | 1wd = 1 working day ‡
24h = 24 hours | 4d = 4 days | 30d = 30 days
L = laboratory | P = provider | L&P = both

Time	Reporter	Time	Reporter
30d	L <i>Acinetobacter baumannii</i> , carbapenem-resistant (CRAB) ⁽⁺⁾ 5-county	4d	L&P Legionellosis
4d	P Acute flaccid myelitis	4d	P Leprosy (Hansen's Disease)
24h	P Animal bites (by dogs, cats, rabies reservoir species & other wild carnivores)	4d	L&P Listeriosis*
4d	P Animal bites (by any other mammals)	4d	L&P Lyme disease
Imm	L&P Anthrax*	4d	L&P Lymphogranuloma venereum (LGV) ‡*
4d	L Arboviral Diseases (Eastern equine encephalitis, LaCrosse encephalitis virus, Japanese encephalitis virus, California encephalitis serogroup, St. Louis encephalitis virus, Western equine encephalitis virus, and others)	4d	L&P Malaria
Imm	L&P Botulism	Imm	L&P Measles (rubeola)
4d	L&P Brucellosis*	Imm	L&P Meningococcal Disease (<i>N. meningitidis</i> or gm-neg diplococci)* ⁽⁺⁾
4d	L&P Campylobacteriosis	4d	L&P Mumps
30d	L Candidemia 5-county	Imm	P Outbreaks: incl foodborne, water, person-to-person, healthcare settings
4d	L&P Chancroid ‡*	1wd	L&P Pertussis (whooping cough)
4d	L Chikungunya	Imm	L&P Plague*
4d	L&P Chlamydia ‡*	Imm	L&P Poliomyelitis
Imm	L&P Cholera*	4d	L <i>Pseudomonas aeruginosa</i> , carbapenem-resistant
4d	P CJD & other transmissible spongiform encephalopathies (TSEs)	4d	L&P Psittacosis
30d	L <i>Clostridium difficile</i> 5-county	4d	L&P Q fever (<i>Coxiella burnetii</i>)
4d	L Colorado tick fever	Imm	L&P Rabies, human (suspected)
4d	L&P Cryptosporidiosis	4d	L&P Rickettsiosis (including RMSF and typhus)
4d	L&P Cyclosporiasis	1wd	L&P Rubella (acute infection)
4d	L Dengue	4d	L&P Rubella, congenital
Imm	L&P Diphtheria*	4d	L&P Salmonellosis*
4d	P Encephalitis	Imm	L&P Severe or novel coronavirus
4d	L Enterobacteriaceae, carbapenem-resistant (CRE)	4d	L&P Shigellosis*
4d	L&P <i>Escherichia coli</i> O157:H7 / Shiga toxin-producing <i>Escherichia coli</i> *	Imm	L&P Smallpox (Variola virus or Orthopox virus)
4d	L&P Giardiasis	4d	L <i>Staphylococcus aureus</i> , Vancomycin-resistant*
4d	L&P Gonorrhea, any site ‡*	4d	P Streptococcal toxic shock syndrome ** ⁽⁺⁾
4d	L Group A streptococci* ⁽⁺⁾ 5-county	4d	L <i>Streptococcus pneumoniae</i> ** ⁽⁺⁾
30d	L Group B streptococci* ⁽⁺⁾ 5-county	1wd	L&P Syphilis/ <i>Treponema pallidum</i> (all reactive tests) ‡*
1wd	L&P <i>Haemophilus influenzae</i> * ⁽⁺⁾	4d	P Tetanus
4d	L&P Hantavirus disease	4d	L&P Tick-borne relapsing fever
4d	P Hemolytic uremic syndrome if ≤ 18 years	4d	P Toxic shock syndrome (non-streptococcal)
1wd	L&P Hepatitis A	4d	P Trichinosis
4d	L&P Hepatitis B	1wd	L&P Tuberculosis disease (active)*
4d	L&P Hepatitis C	1wd	L&P Tularemia*
4d	P Hepatitis, other viral	1wd	L&P Typhoid fever*
4d	L&P Human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS) ‡*	4d	L&P Varicella (chicken pox)
	• All reactive HIV tests • HIV viral load (any value)	4d	L Vibriosis*
	• CD4 counts (any value) • HIV genotype	Imm	L&P Viral hemorrhagic fever*
4d	P Influenza-associated death if <18 years	4d	L West Nile virus (acute infection, IgM+)
4d	P Influenza-associated hospitalization	4d	L Yellow fever
		4d	L Yersiniosis* 7-county
		4d	L Zika virus

Send isolates/clinical material to:
8100 Lowry Blvd
Denver, CO 80230
Phone: 303-692-3090

All reports and specimens shall be accompanied by the following information:

- Name of disease or condition
- Patient's name
- Patient's date of birth, sex, race, ethnicity
- Patient's home address and phone
- Physician's name, address and phone
- Laboratory information (test name, collection date, specimen type and accession number)

Key:

5-county = Adams, Arapahoe, Denver, Douglas and Jefferson
7-county = Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson
(+) = positive culture from a normally sterile site

† = "Immediate" = by phone, within 4 hours of suspected diagnosis
‡ = Unless the term "working day" is specified, "days" refers to calendar days.
* = Physicians need to report sex at birth, gender identity, and relevant treatment.

*Submission of isolate/clinical material required. Testing laboratories shall routinely submit bacterial culture isolates or patient clinical material that yields positive findings to the CDPHE Laboratory Services Division. The isolate or clinical material shall be received at the CDPHE Laboratory Services Division no later than one working day after the observation of positive findings. Clinical material is defined as: (i) A culture isolate containing the infectious organism for which submission of material is required, or (ii) If an isolate is not available, material containing the infectious organism for which submission of material is required, in the following order of preference: (A) a patient specimen; (B) nucleic acid; or (C) other laboratory material.

** Isolate submission for 5-county area only.



Non-Communicable Reportable Conditions

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7d = 7 days | 30d = 30 days | 90d = 90 days
 L&P = Laboratory and Provider

Time	Reporter	
7d	L&P	Blood Lead Levels if ≤18 years (≥10 µg/dL)
30d	L&P	Blood Lead Levels if ≤18 years (<10 µg/dL)
30d	L&P	Blood Lead Levels if >18 years (≥10 µg/dL)
30d	L&P	Mercury (Blood, > 0.5 µg/dL)
30d	L&P	Mercury (Urine, > 20 µg/L)

Time	Reporter	
90d	L&P	Chromosomal abnormalities and neural tube defects diagnosed by prenatal testing or by genetic testing in Colorado residents through the 3 rd birthday

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- Patient's name
- Patient's date of birth, sex, race, ethnicity
- Patient's home address and phone
- Physician's name, address and phone
- Laboratory information (test name, collection date, specimen type and accession number)