

COLORADO Disease Control & Environmental

Epidemiology Division Department of Public Health & Environment

Confidential Fax: 303-782-0338 Phone: 303-692-2700 STL/HIV Confidential Fax: 303-782-5393 Toll Free Phone: 1-80

1 800 866 2750

Effective: July 15, 2018

www.colorado.gov/cdphe/report-a-disease

Communicable Reportable Conditions

 Disease Report Forms Colorado Electronic Disease Reporting

	In	nmediate reporting by phone is required of any illness that m	iay b	e ca	aused by biological, chemical	or radiologic terrorism.	
		ated below, reporting by labs (diagnostic results and those highly cong suspected conditions) is required in accordance with Regulation 6				Imm = Immediately † 1wd = 1 working day ‡ 24h = 24 hours 4d = 4 days 30d = 30 days L = laboratory P = provider L&P = both	
Time	Report	ter	Time	Repor	ter		
30d	L	Acinetobacter baumannii, carbapenem-resistant (CRAB) ^{(++) 5-county}	4d	Р	Influenza-associated hospitalization	on	
4d	Ρ	Acute flaccid myelitis	4d	L&P	Legionellosis		
24h	Ρ	Animal bites (by dogs, cats, rabies reservoir species & other wild carnivores)	4d	Р	Leprosy (Hansen's Disease)		
4d	Ρ	Animal bites (by any other mammals)	4d	L&P	Listeriosis*		
Imm	L&P	Anthrax*	4d	L&P	Lyme disease		
4d	L	Arboviral Diseases	4d	L&P	Lymphogranuloma venereum (LGV	() *	
		(Eastern equine encephalitis, LaCrosse encephalitis virus, Japanese encephalitis virus, California encephalitis serogroup, St. Louis encephalitis virus, Western	4d	L&P	Malaria		
		equine encephalitis virus, Powassan virus and others)	Imm	L&P	Measles (rubeola)		
Imm	L&P	Botulism	Imm	L&P	Meningococcal Disease (N. mening	<i>gitidis</i> or gm-neg diplococci)* ⁽⁺⁾	
4d	L&P	Brucellosis*	4d	L&P	Mumps		
4d	L&P	Campylobacteriosis	Imm	L&P	Outbreaks: incl foodborne, water,	person-to-person, healthcare settings	
Imm	L&P	Candida auris (identified or suspected, including Candida haemulonii)*	1wd	L&P	Pertussis (whooping cough)		
30d	L	Candidemia ^{5-county}	Imm	L&P	Plague*		
4d	L&P	Chancroid *	Imm	L&P	Poliomyelitis		
4d	L	Chikungunya	4d	L	Pseudomonas aeruginosa, carbape	enem-resistant	
4d	L&P	Chlamydia *	4d		Psittacosis		
Imm	L&P	Cholera*	4d		Q fever (<i>Coxiella burnetii</i>)		
4d	Ρ	CJD & other transmissible spongiform encephalopathies (TSEs)	Imm	L&P	Rabies, human (suspected)		
30d	L	Clostridium difficile 5-county	4d	L&P	Rickettsiosis (including RMSF and ty	phus)	
4d	L	Colorado tick fever	1wd	L&P	Rubella (acute infection)		
4d	L&P	Cryptosporidiosis	4d	L&P	Rubella, congenital		
4d	L&P	Cyclosporiasis	4d		Salmonellosis*		
4d	L	Dengue	Imm	L&P	Severe or novel coronavirus (MEI	RS-CoV or SARS-CoV)	
Imm	L&P	Diphtheria*	4d	L&P	Shigellosis*		
4d	Р	Encephalitis	Imm	L&P	Smallpox (Variola virus or Orthopo		
4d	L	Enterobacteriaceae, carbapenem-resistant (CRE)	4d	L	Staphylococcus aureus, Vancomyc		
4d	L	Enterobacteriaceae, extended-spectrum beta-lactamase (ESBL) ^{Boulder}	4d	Р	Streptococcal toxic shock syndrom	ne **	
4d	L&P	Escherichia coli 0157:H7 / Shiga toxin-producing Escherichia coli*	4d	L	Streptococcus pneumoniae** (+)		
4d	L&P	Giardiasis	1wd		Syphilis/ <i>Treponema pallidum</i> (all	reactive tests) *	
4d	L&P	Gonorrhea, any site *	4d	Р	Tetanus		
4d	L	Group A streptococci* (+) 5-county	4d	L&P	Tick-borne relapsing fever		
30d	L	Group B streptococci* (+) 5-county	4d	Р	Toxic shock syndrome (non-strepte	ococcal)	
1wd		Haemophilus influenzae ^{* (+)}	4d	Р	Trichinosis		
4d	L&P	Hantavirus disease			Tuberculosis disease (active)*		
4d	Р	Hemolytic uremic syndrome if < 18 years			Tularemia*		
		Hepatitis A	1wd		Typhoid fever*		
		Hepatitis B	4d		Varicella (chicken pox)		
4d		Hepatitis C	4d	L	Vibriosis*		
4d	Р	Hepatitis, other viral	Imm	L&P	Viral hemorrhagic fever*		
4d	L&P	Human immunodeficiency virus (HIV) / acquired immunodeficiency	4d	L	West Nile virus (acute infection, Ig/	N+)	
		syndrome (AIDS) *	4d	L	Yellow fever		
		All reactive HIV tests HIV viral load (any value) CD4 counts (any value) HIV genotype	4d		Yersiniosis ^{* 7-county}		
4d	Р	CD4 counts (any value) HIV genotype Influenza-associated death if <18 years	4d	L	Zika virus		

8100 Lowry Blvd Name of disease or condition hysician's name, address and phone • Laboratory information (test name, collection date, specimen type Denver, CO 80230 Patient's name · Patient's date of birth, sex, race, ethnicity and accession number) Phone: 303-692-3090 · Patient's home address and phone

Key:

5-county = Adams, Arapahoe, Denver, Douglas and Jefferson

7-county = Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson

(+) = positive test from a normally sterile site / (++) = positive culture from sterile site or urine

t = "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. Boulder = Boulder county only

*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. For TB, only isolates should be submitted. ** Isolate submission for 5-county area only.



COLORADO Disease Control & Environmental **Epidemiology Division** Department of Public Health & Environment

Environmental Reportable Conditions

Effective: January 14, 2018

Confidential Fax: 303-782-0338 Toll Free Fax: 1-800-811-7263

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

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

Time Reporter

As indicated below, reporting by health care providers, laboratories, coroners, hospitals and community clinics with emergency rooms is required in accordance with Regulation 6 CCR 1009-7.

24h = 24 hours | 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 ($\geq 5 \mu g/dL$)

- 30d L&P Blood Lead Levels if ≤ 18 years ($<5 \ \mu g/dL$)
- 30d L&P Blood Lead Levels if >18 years (≥5 µg/dL)
- 30d L&P Mercury (Blood, > 0.5 μ g/dL)

30d	L&P	Mercury	(Urine,	> 20 µg	/L)
-----	-----	---------	---------	---------	-----

- 24h L&P Any other disease, syndrome or condition that is known or suspected to be related to an exposure to a toxic substance, prescription drug, over-the-counter medication or remedy, controlled substance, environmental media or contaminated product that results in hospitalization, treatment in an emergency department, or death, and is:
 - a. Suspected of being a cluster, outbreak or epidemic,
 - b. A risk to the public due to ongoing exposure,
 - c. At an increased incidence beyond expectations,
 - d. Due to exposure to food, environmental media (including water, air, soil or sediment), or other material, such as marijuana products, that is contaminated by a toxic substance, hazardous substance, pollutant or contaminant,
 - e. A case of a newly-recognized or emerging disease or syndrome.
 - f. Related to a healthcare setting or contaminated medical devices or products, such as diverted drugs, or
 - May be caused by, or related to, a suspected intentional or g. unintentional release of chemical or radiological agents.

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

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
- · Any associated laboratory information (test name, collection date, specimen type and accession number)