

Dep Heal

Communicable Reportable Conditions

Effective October 15, 2021

Confidential fax: 303-782-0338 STI/HIV confidential fax:303-782-5393 Toll-free fax: 800-811-7263

Phone: 303-692-2700 Toll-free phone: 800-866-2759 Evenings/weekends: 303-370-9395 How to report: cdphe.colorado.gov/report-a-disease • Disease report forms

Specimen submission guidance
Colorado Electronic Disease Reporting System (CEDRS) application

Complete Board of Health rules can be found at: cdphe.colorado.gov/all-regulations/regulations-adopted-by-the-board-of-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. In addition to reporting positive laboratory results to public health, clinical laboratories are required to submit isolates and/or clinical material to the CDPHE laboratory for select pathogens. For all other pathogens, isolate/clinical material submission may be requested.							
Time	Rep		Time	Rep			
4d	L	Acinetobacter baumannii, carbapenem-resistant (CRAB)*	4d	Р	Influenza-associated death if <18 years		
4d	Р	Acute flaccid myelitis	4d	L&P	Influenza-associated hospitalization		
24h	Р	Animal bites	4d	L&P	Legionellosis		
		(by dogs, cats, rabies reservoir species & other wild carnivores)	4d	Р	Leprosy (Hansen's Disease)		
4d	Р	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) $^{\circ}$		
		(Eastern equine encephalitis, LaCrosse encephalitis virus, Japanese encephalitis virus, California encephalitis serogroup, St. Louis encephalitis	4d	L&P	Malaria		
		virus, Western equine encephalitis virus, Powassan virus and others)	Imm	L&P	Measles (rubeola)		
Imm	L&P	Botulism	Imm	L&P	Meningococcal Disease (N. meningitidis or gm-neg diplococci)* [†]		
4d	L&P	Brucellosis*	4d	Р	Multisystem Inflamatory Syndrome in Children (MIS-C) if <21 years		
4d	L&P	Campylobacteriosis	4d	L&P	Mumps		
Imm	L&P	Candida auris (identified or suspected, including Candida haemulonii)*	30d	L	Mycobacterium, nontuberculous (NTM) ^{5-county}		
30d	L	Candidemia ^{5-county}	Imm	L&P	Outbreaks (all types, including foodborne, water, person-to-person,		
4d	L&P	Chancroid ^v			healthcare settings)		
4d	L	Chikungunya			Pertussis (whooping cough)		
4d	L&P	Chlamydia [◊]			Plague*		
Imm	L&P	Cholera*	Imm	L&P	Poliomyelitis		
4d	Р	CJD & other transmissible spongiform encephalopathies (TSEs)	4d	L	Pseudomonas aeruginosa, carbapenem-resistant		
30d	L	Clostridioides difficile ^{5-county}	4d		Psittacosis		
4d	L	Colorado tick fever	4d	L&P	Q fever (Coxiella burnetii)		
1wd	L&P	COVID-19 (SARS-COV-2 positive result on any test type and COVID-19	Imm	L&P	Rabies, human (suspected)		
		lineage or sequencing)	4d	L&P	Respiratory Syncytial Virus (RSV)-associated hospitalization ^{5-county}		
1wd	L&P	COVID-19 (SARS-COV-2 negative or inconclusive result on any test type)	4d	L&P			
Imm	L&P	Coronavirus, severe or novel (MERS-CoV or SARS-CoV)	1wd	L&P	Rubella, acute infection		
4d		Cryptosporidiosis	4d	L&P	Rubella, congenital		
4d	L&P	Cyclosporiasis	4d		Salmonellosis*		
4d	L	Dengue	4d	L&P	Shigellosis*		
Imm		Diphtheria*	Imm	L&P			
4d	Р	Encephalitis	4d	L	Staphylococcus aureus, Vancomycin-resistant/intermediate(VRSA/		
4d	L	Enterobacteriaceae, carbapenem-resistant (CRE)*			VISA)*		
4d	L	Enterobacteriaceae, extended-spectrum	4d	Р	Streptococcal toxic shock syndrome**		
		beta-lactamase (ESBL) ^{Boulder}	4d	L	Streptococcus pneumoniae ^{** T}		
4d		Escherichia coli 0157:H7 / Shiga toxin-producing Escherichia coli*	1wd	L&P	Syphilis/ <i>Treponema pallidum</i> (all reactive tests) [©]		
4d		Giardiasis	4d	Р	Tetanus		
4d		Gonorrhea, any site	4d	L&P	Tick-borne relapsing fever (Borrelia hermsii, Borrelia parkeri or		
4d	L	Group A streptococci* ^{† 5-county}		-	Borrelia turicatae)		
30d	L	Group B streptococci* ^{† 5-county}	4d	P	Toxic shock syndrome, non-streptococcal		
1wd		Haemophilus influenzae* †	4d	P	Trichinosis		
4d	L&P	Hantavirus disease	1wd	L&P	Tuberculosis disease (active)*		
≈ 4d	P	Healthcare-associated infections (HAI)	4d	L	Tuberculosis immune reactivity (+IGRA) ⁺		
4d	P	Hemolytic uremic syndrome if < 18 years Hepatitis A (+IgM anti-HAV, +PCR or +NAAT)	1wd	L&P	Tularemia*		
1wd	L&P	Hepatitis A (+IgM anti-HAV, +PCR or +NAAT) Hepatitis B (+HBsAg, +IgM anti- HBc, +HBeAg, or +HBV DNA)	1wd	L&P	Typhoid fever* Varicella (chicken pox)		
4d		Hepatitis C (+ serum antibody titer and/or +confirmatory assays)	4d 4d	L&P L	Varicella (chicken pox) Vibriosis*		
4d 4d	Lap	Hepatitis C (+ serum antibody filer and/or +commutory assays) Hepatitis C (- confirmatory assays)	4a Imm	L L&P	Viral hemorrhagic fever*		
40 4d	P	Hepatitis, other viral	4d	L	West Nile virus (acute infection, IgM+)		
			40 4d	L	Yellow fever		
4d	L&P	Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) $^{\diamond}$ (All reactive HIV tests, CD4 counts (any value),	4d	L	Yersiniosis ^{* 7-county}		
		HIV viral load (any value), HIV genotype)	4d	L	Zika virus		
Key:							
5-county = Adams, Arapahoe, Denver, Douglas and Jefferson Time = Time to report Rep = Reporter 7-county = Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson Time = Time to report Rep = Reporter IMM = Immediately (by phone within 4 hours of suspected diagnosis) 24h = 24 hours 1wd = 1 working day 4d = 4 calendar days 30d = 30 calendar days L = laboratory P = provider L&P = both							
 = Catheter-associated urinary tract infections (CAUTI) and Methicillin-resistant Staphylococcus aureus bacteremia are reported by conferring rights to the Department to National Healthcare Safety Network (NHSN) data. Additional conditions are reported through NHSN by determination of the HAI Advisory Committee: https://cdphe.colorado.gov/hai. Facilities also report HAIs through voluntary participation in applied public health projects. Reporting timelines vary. † = positive test from a normally sterile site ‡ = Positive interferon gamma release assays (IGRAs) are only reportable by laboratories that use electronic reporting (ELR). ◊ = Healthcare providers 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, or (ii) If an isolate is not available, material 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. (B) nucleic acid; or (C) other laboratory material. For TB, only isolates should be submitted. ** Isolate submission for 5-county area only.

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

8100 Lowry Blvd Denver, CO 80230 Phone: 303-692-3090	•	Patient's first and last name Patient's date of birth, sex, race, ethnicity Patient's home address, phone and email Patient's preferred language		Name of disease or condition Healthcare provider's name, address and phone number Laboratory information (test name, collection date, specimen type, accession number and result)
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Environmental Reportable Conditions

Effective January 14, 2018

Confidential fax: 303-782-0338 Toll-free fax: 800-811-7263 **Phone:** 303-692-2700 Toll-free phone: 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.

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.

Time	Rep		Time	Rep	
7d	L&P	Blood Lead Levels if ≤ 18 years ($\geq 5 \ \mu g/dL$)	90d	L&P	Chromosomal abnormalities and neural tube defects diagnosed by prenatal testing or by genetic testing in Colorado residents
30d	L&P	Blood Lead Levels if \leq 18 years (<5 µg/dL)			through the 3 rd birthday
30d	L&P	Blood Lead Levels if >18 years (\geq 5 µg/dL)	24h	L&P	Any other disease, syndrome or condition that is known or suspected to be related to an exposure to a toxic substance,
30d	L&P	Mercury (Blood, > 0.5 µg/dL)			prescription drug, over-the-counter medication or remedy, controlled substance, environmental media or contaminated
30d	L&P	Mercury (Urine, > 20 µg/L)			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 g) May be caused by, or related to, a suspected intentional or unintentional release of chemical or radiological agents.

Key:			All reports and specimens shall be accompanied by the following information:					
24h = 24 hoursL = laboratory7d = 7 calendar daysP = provider30d = 30 calendar daysL&P = both90d = 90 calendar daysL		P = provider	 Patient's first and last name Patient's date of birth, sex, race, ethnicity Patient's home address, phone & email Patient's preferred language 	 Name of disease or condition Healthcare provider's name, address and phone number Laboratory information (test name, collection date, specimen type, accession number and result) 				