

Communicable Reportable Conditions

Effective June 18, 2023

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 <ul style="list-style-type: none"> Disease reporting form Specimen submission guidance
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Complete Board of Health rules can be found on the [regulations adopted by the Board of Health webpage](#).

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.

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

Time	Rep	Pathogen	Time	Rep	Pathogen
4d	L	<i>Acinetobacter baumannii</i> , carbapenem-resistant (CRAB)*	4d	P	Influenza-associated death if <18 years
4d	P	Acute flaccid myelitis	4d	L&P	Influenza-associated hospitalization
24h	P	Animal bites by dogs, cats, bats, skunks, foxes, raccoons, coyotes, or other wild carnivores	4d	L&P	Legionellosis
4d	P	Animal bites by mammals not listed above	4d	P	Leprosy (Hansen's Disease)
Imm	L&P	Anthrax*	4d	L&P	Listeriosis*
4d	L	Arboviral Disease	4d	L&P	Lyme disease
4d	L&P	Blastomycosis	4d	L&P	Lymphogranuloma venereum (LGV) ^o
Imm	L&P	Botulism	4d	L&P	Malaria
4d	L&P	Brucellosis*	Imm	L&P	Measles (rubeola)
4d	L&P	Campylobacteriosis	Imm	L&P	Meningococcal disease (<i>N. meningitidis</i> or gram neg diplococci) [†] *
Imm	L&P	<i>Candida auris</i> *	CMS	P	Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) bacteremia [†]
30d	L	Candidemia ^{5-county}	4d	L&P	Mpx (Monkeypox)
4d	L	Carbapenemase-producing organisms*	4d	P	Multisystem Inflammatory Syndrome in Children (MIS-C) if <21 years
4d	L&P	Chancroid ^o	4d	L&P	Mumps
4d	L	Chikungunya	30d	L	<i>Mycobacterium</i> , nontuberculous (NTM) ^{5-county}
4d	L&P	Chlamydia, any site ^o	Imm	L&P	Outbreaks – known or suspected of all types – including those transmitted from food, water, person-to-person, and related to a healthcare setting
Imm	L&P	Cholera*	1wd	L&P	Pertussis (whooping cough)
4d	P	CJD and other transmissible spongiform encephalopathies (TSEs)	Imm	L&P	Plague*
30d	L	<i>Clostridium difficile</i> infection ^{5-county}	Imm	L&P	Poliomyelitis
4d	L&P	Coccidioidomycosis	4d	L	<i>Pseudomonas</i> , carbapenem-resistant
4d	L	Colorado tick fever	4d	L&P	Psittacosis
4d	L&P	COVID-19: SARS-CoV-2 (+ NAAT, rapid antigen tests, and COVID-19 lineage or sequencing)	4d	L&P	Q fever
4d	L&P	COVID-19: SARS-CoV-2 (negative or inconclusive result on any NAAT test)	Imm	L&P	Rabies: human (suspected)
4d	L&P	COVID-19-associated hospitalization	4d	P	Respiratory Syncytial Virus-associated death if <18 years
Imm	L&P	Coronavirus - severe or novel (MERS-CoV or SARS-CoV) or other severe or novel coronavirus other than SARS-CoV-2	4d	L&P	Respiratory Syncytial Virus-associated hospitalizations
4d	L&P	Cryptosporidiosis	4d	L&P	Rickettsiosis
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	4d	L&P	Shigellosis*
4d	L	Enterobacterales, carbapenem-resistant (CRE)*	Imm	L&P	Smallpox
30d	L	Enterobacterales, extended-spectrum beta-lactamase (ESBL) ^{Boulder}	4d	L	<i>Staphylococcus aureus</i> , Vancomycin-non-susceptible*
30d	L	<i>Escherichia coli</i> invasive infections [†] ^{Boulder}	4d	L	<i>Streptococcus pneumoniae</i> [†] **
4d	L&P	<i>Escherichia coli</i> O157:H7 and Shiga toxin-producing <i>Escherichia coli</i> *	1wd	L&P	Syphilis, <i>Treponema pallidum</i> (all reactive tests) ^o
4d	L&P	Giardiasis	4d	P	Tetanus
4d	L&P	Gonorrhea, any site, including disseminated gonorrhea ^o	4d	L&P	Tick-borne relapsing fever (<i>Borrelia</i> species and Spirochetemia except <i>burgdorferi</i> species)
4d	L	Group A streptococci [†] * ^{5-county}	4d	P	Toxic shock syndrome (streptococcal and non-streptococcal)**
30d	L	Group B streptococci [†] * ^{5-county}	4d	P	Trichinosis
1wd	L&P	<i>Haemophilus influenzae</i> [†] *	1wd	L&P	Tuberculosis disease (active)*
4d	L&P	Hantavirus disease	4d	L	Tuberculosis immune reactivity (+IGRA) [†]
4d	P	Healthcare-associated infections	1wd	L&P	Tularemia*
4d	P	Hemolytic uremic syndrome if <18 years	1wd	L&P	Typhoid fever*
1wd	L&P	Hepatitis A (+IgM anti-HAV, +PCR or +NAAT)	4d	L&P	Varicella (chicken pox)
4d	L&P	Hepatitis B (+HBsAg, +IgM anti-HBc, +HBeAg, or +HBV DNA)	4d	L	Vibriosis*
4d	L&P	Hepatitis C (+ serum antibody titer and/or + confirmatory assays)	Imm	L&P	Viral hemorrhagic fever*
4d	L	Hepatitis C (- confirmatory assays)	4d	L	West Nile virus (acute infection)
4d	P	Hepatitis, other viral	4d	L	Yellow fever
4d	L&P	Histoplasmosis	4d	L	Yersiniosis* ^{7-county}
4d	L&P	Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) ^o (All reactive HIV tests, CD4 counts [any value], HIV viral load [any value], HIV genotype)	4d	L	Zika virus

^{5-county} Adams, Arapahoe, Denver, Douglas and Jefferson
^{7-county} Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson
^{Boulder} Boulder County only

** Isolate submission for 5-county area only.

† positive test from a normally sterile site

‡ Positive interferon gamma release assays (IGRAs) are only reportable by laboratories that use electronic reporting (ELR).

§ Health care 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, 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.

= 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.

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

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: <ul style="list-style-type: none"> 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 Health care provider's name, address, and phone number Laboratory information (test name, collection date, specimen type, accession number, and result) Pregnancy status (for HIV and syphilis reports)
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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
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Immediate reporting by phone is required of any illness that may be caused by biological, chemical or radiological 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	
7d	L&P	Blood Lead Levels if ≤ 18 years (≥ 5 $\mu\text{g}/\text{dL}$)
30d	L&P	Blood Lead Levels if ≤ 18 years (< 5 $\mu\text{g}/\text{dL}$)
30d	L&P	Blood Lead Levels if > 18 years (≥ 5 $\mu\text{g}/\text{dL}$)
30d	L&P	Mercury (Blood, > 0.5 $\mu\text{g}/\text{dL}$)
30d	L&P	Mercury (Urine, > 20 $\mu\text{g}/\text{L}$)
90d	L&P	Chromosomal abnormalities and neural tube defects diagnosed by prenatal testing or by genetic testing in Colorado residents through the 3rd birthday
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: <ol style="list-style-type: none"> Suspected of being a cluster, outbreak or epidemic, A risk to the public due to ongoing exposure, At an increased incidence beyond expectations, 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, A case of a newly-recognized or emerging disease or syndrome, Related to a health care setting or contaminated medical devices or products, such as diverted drugs, or May be caused by, or related to, a suspected intentional or unintentional release of chemical or radiological agents.

Key:	
24h = 24 hours 7d = 7 calendar days 30d = 30 calendar days 90d = 90 calendar days	L = laboratory P = provider L&P = both
All reports and specimens shall be accompanied by the following information:	
<ul style="list-style-type: none"> Patient's first and last name Patient's date of birth, sex, race, and ethnicity Patient's home address, phone number and email Patient's preferred language 	<ul style="list-style-type: none"> Name of disease or condition Health care provider's name, address, and phone number Laboratory information (test name, collection date, specimen type, accession number, and result)