



# 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](http://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](http://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	Condition	Time	Rep	Condition
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, rabies reservoir species & other wild carnivores)	4d	L&P	Legionellosis
4d	P	Animal bites (by any other mammals)	4d	P	Leprosy (Hansen's Disease)
Imm	L&P	Anthrax*	4d	L&P	Listeriosis*
4d	L	Arboviral Diseases (Eastern equine encephalitis, LaCrosse encephalitis virus, Japanese encephalitis virus, California encephalitis serogroup, St. Louis encephalitis virus, Western equine encephalitis virus, Powassan virus and others)	4d	L&P	Lyme disease
Imm	L&P	Botulism	4d	L&P	Lymphogranuloma venereum (LGV) <sup>o</sup>
4d	L&P	Brucellosis*	4d	L&P	Malaria
4d	L&P	Campylobacteriosis	Imm	L&P	Measles (rubeola)
Imm	L&P	<i>Candida auris</i> (identified or suspected, including <i>Candida haemulonii</i> )*	Imm	L&P	Meningococcal Disease ( <i>N. meningitidis</i> or gm-neg diplococci)* <sup>†</sup>
30d	L	Candidemia <sup>5-county</sup>	4d	P	Multisystem Inflammatory Syndrome in Children (MIS-C) if <21 years
4d	L&P	Chancroid <sup>o</sup>	4d	L&P	Mumps
4d	L	Chikungunya	30d	L	<i>Mycobacterium</i> , nontuberculous (NTM) <sup>5-county</sup>
4d	L&P	Chlamydia <sup>o</sup>	Imm	L&P	Outbreaks (all types, including foodborne, water, person-to-person, healthcare settings)
Imm	L&P	Cholera*	1wd	L&P	Pertussis (whooping cough)
4d	P	CJD & other transmissible spongiform encephalopathies (TSEs)	Imm	L&P	Plague*
30d	L	<i>Clostridioides difficile</i> <sup>5-county</sup>	Imm	L&P	Poliomyelitis
4d	L	Colorado tick fever	4d	L	<i>Pseudomonas aeruginosa</i> , carbapenem-resistant
1wd	L&P	COVID-19 (SARS-CoV-2 positive result on any test type and COVID-19 lineage or sequencing)	4d	L&P	Psittacosis
1wd	L&P	COVID-19 (SARS-CoV-2 negative or inconclusive result on any test type)	4d	L&P	Q fever ( <i>Coxiella burnetii</i> )
Imm	L&P	Coronavirus, severe or novel (MERS-CoV or SARS-CoV)	Imm	L&P	Rabies, human (suspected)
4d	L&P	Cryptosporidiosis	4d	L&P	Respiratory Syncytial Virus (RSV)-associated hospitalization <sup>5-county</sup>
4d	L&P	Cyclosporiasis	4d	L&P	Rickettsiosis (including RMSF and typhus)
4d	L	Dengue	1wd	L&P	Rubella, acute infection
Imm	L&P	Diphtheria*	4d	L&P	Rubella, congenital
4d	P	Encephalitis	4d	L&P	Salmonellosis*
4d	L	Enterobacteriaceae, carbapenem-resistant (CRE)*	4d	L&P	Shigellosis*
4d	L	Enterobacteriaceae, extended-spectrum beta-lactamase (ESBL) <sup>Boulder</sup>	Imm	L&P	Smallpox (Variola virus or Orthopox virus)
4d	L&P	<i>Escherichia coli</i> O157:H7 / Shiga toxin-producing <i>Escherichia coli</i> *	4d	L	<i>Staphylococcus aureus</i> , Vancomycin-resistant/intermediate (VRSA/VISA)*
4d	L&P	Giardiasis	4d	P	Streptococcal toxic shock syndrome**
4d	L&P	Gonorrhea, any site <sup>o</sup>	4d	L	<i>Streptococcus pneumoniae</i> ** <sup>†</sup>
4d	L	Group A streptococci* <sup>†</sup> 5-county	1wd	L&P	Syphilis/ <i>Treponema pallidum</i> (all reactive tests) <sup>o</sup>
30d	L	Group B streptococci* <sup>†</sup> 5-county	4d	P	Tetanus
1wd	L&P	<i>Haemophilus influenzae</i> * <sup>†</sup>	4d	L&P	Tick-borne relapsing fever ( <i>Borrelia hermsii</i> , <i>Borrelia parkeri</i> or <i>Borrelia turicatae</i> )
4d	L&P	Hantavirus disease	4d	P	Toxic shock syndrome, non-streptococcal
≈	P	Healthcare-associated infections (HAI)	4d	P	Trichinosis
4d	P	Hemolytic uremic syndrome if < 18 years	1wd	L&P	Tuberculosis disease (active)*
1wd	L&P	Hepatitis A (+IgM anti-HAV, +PCR or +NAAT)	4d	L	Tuberculosis immune reactivity (+IGRA) <sup>‡</sup>
4d	L&P	Hepatitis B (+HBsAg, +IgM anti-HBc, +HBeAg, or +HBV DNA)	1wd	L&P	Tularemia*
4d	L&P	Hepatitis C (+ serum antibody titer and/or +confirmatory assays)	1wd	L&P	Typhoid fever*
4d	L	Hepatitis C (- confirmatory assays)	4d	L&P	Varicella (chicken pox)
4d	P	Hepatitis, other viral	4d	L	Vibriosis*
4d	L&P	Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) <sup>o</sup> (ALL reactive HIV tests, CD4 counts (any value), HIV viral load (any value), HIV genotype)	Imm	L&P	Viral hemorrhagic fever*
			4d	L	West Nile virus (acute infection, IgM+)
			4d	L	Yellow fever
			4d	L	Yersiniosis* <sup>7-county</sup>
			4d	L	Zika virus

### Key:

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

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).

o = 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, 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.

### 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:

- 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)



# 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 (≥5 µg/dL)	90d	L&P	Chromosomal abnormalities and neural tube defects diagnosed by prenatal testing or by genetic testing in Colorado residents through the 3 <sup>rd</sup> birthday
30d	L&P	Blood Lead Levels if ≤18 years (<5 µg/dL)			
30d	L&P	Blood Lead Levels if >18 years (≥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, 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:
30d	L&P	Mercury (Blood, > 0.5 µg/dL)			
30d	L&P	Mercury (Urine, > 20 µg/L)			
					<ul style="list-style-type: none"> <li>a) Suspected of being a cluster, outbreak or epidemic,</li> <li>b) A risk to the public due to ongoing exposure,</li> <li>c) At an increased incidence beyond expectations,</li> <li>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,</li> <li>e) A case of a newly-recognized or emerging disease or syndrome,</li> <li>f) Related to a healthcare setting or contaminated medical devices or products, such as diverted drugs, or</li> <li>g) May be caused by, or related to, a suspected intentional or unintentional release of chemical or radiological agents.</li> </ul>

**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:**

- 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)