

#### Department of Public Health & Environment

Toll-free fax: 800-811-7263

## Communicable Reportable Conditions

Effective: June 14, 2019

Confidential fax: 303-782-0338 STI/HIV confidential fax: 303-782-5393

Phone: 303-692-2700 Toll-free phone: 800-833-2759

Evening/weekend hours: 303-370-9395 guidance

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

• Disease Report Forms Specimen submission

Colorado Electronic Disease Reporting 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. 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	Repor	ter	Time	Repo	rter
4d	L	Acinetobacter baumannii, carbapenem-resistant (CRAB)*	4d	_	Influenza-associated hospitalization
4d	Р	Acute flaccid myelitis	4d	L&P	Legionellosis
24h	Р	Animal bites (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) **
		(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		Malaria
		virus, Western equine encephalitis virus, Powassan virus and others)	Imm	L&P	Measles (rubeola)
Imm	L&P	Botulism	Imm	L&P	Meningococcal Disease ( <i>N. meningitidis</i> or gm-neg diplococci)* (+)
4d	L&P	Brucellosis*	4d	L&P	Mumps
4d	L&P	Campylobacteriosis	4d	L	Mycobacterium, nontuberculous (NTM) 5-county
Imm	L&P	,	Imm	L&P	Outbreaks (incl foodborne, water, person-to-person, healthcare settings)
30d	L	Candidemia 5-county	1wd	L&P	Pertussis (whooping cough)
4d	L&P	Chancroid **	Imm	L&P	Plague*
4d	L	Chikungunya	Imm	L&P	Poliomyelitis
4d	L&P	Chlamydia *	4d	L	Pseudomonas aeruginosa, carbapenem-resistant
Imm	L&P	Cholera*	4d	L&P	Psittacosis
4d	Р	CJD & other transmissible spongiform encephalopathies (TSEs)	4d	L&P	Q fever (Coxiella burnetii)
30d	L	Clostridiodes difficile (Clostridium difficile) 5-county	Imm		Rabies, human (suspected)
4d	L	Colorado tick fever	4d		Respiratory Syncytial Virus (RSV)-associated hospitalization <sup>5-county</sup>
4d		Cryptosporidiosis	4d	_	Rickettsiosis (including RMSF and typhus)
4d	L&P	Cyclosporiasis	1wd	_	Rubella, acute infection
4d	L	Dengue	4d		Rubella, congenital
Imm		Diphtheria*	4d	_	Salmonellosis*
4d	Р	Encephalitis	Imm	_	Severe or novel coronavirus (MERS-CoV or SARS-CoV)
4d	L	Enterobacteriaceae, carbapenem-resistant (CRE)*	4d	L&P	Shigellosis*
4d	L	Enterobacteriaceae, extended-spectrum beta-lactamase (ESBL) Boulder	Imm	L&P	Smallpox (Variola virus or Orthopox virus)
4d		3 1 3	4d	L	Staphylococcus aureus, Vancomycin-resistant/intermediate (VRSA/VISA)*
4d	_	Giardiasis	4d	Р	Streptococcal toxic shock syndrome**
4d	L&P	Gonorrhea, any site *	4d	L	Streptococcus pneumoniae** (+)
4d	L	Gram-negative bacteria, colistin-resistant*	1wd	L&P	Syphilis/ Treponema pallidum (all reactive tests) *
4d	L	Group A streptococci* (+) 5-county	4d	Р	Tetanus
30d	L	Group B streptococci* (+) 5-county	4d		Tick-borne relapsing fever (Borrelia hermsii)
1wd		Haemophilus influenzae* (+)	4d	P	Toxic shock syndrome, non-streptococcal
4d		Hantavirus disease	4d	Р	Trichinosis
4d	P	Hemolytic uremic syndrome if < 18 years			Tuberculosis disease (active)*
1wd		Hepatitis A (IgM+)	4d	L	Tuberculosis infection (+IGRA) <sup>♥</sup>
4d		Hepatitis B		_	Tularemia*
4d	LaP	Hepatitis C (positive serum antibody titer and/or +confirmatory assays)		_	Typhoid fever*
4d	L	Hepatitis C (negative confirmatory assays)	4d		Varicella (chicken pox)
4d	Р	Hepatitis, other viral	4d	L	Vibriosis*
4d	LttP	Human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS) *			Viral hemorrhagic fever* West Nile virus (acute infection, IgM+)
			4d	L	Yellow fever
		<ul> <li>All reactive HIV tests</li> <li>CD4 counts (any value)</li> <li>HIV viral load (any value)</li> <li>HIV genotype</li> </ul>	4d 4d	L	Yersiniosis* 7-county
4d	Р	Influenza-associated death if <18 years	4d	L	Zika virus
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Send isolates/clinical material to:

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

8100 Lowry Blvd Denver, CO 80230 Phone: 303-692-3090

Name of disease or condition

- Patient's name
  Patient's date of birth, sex, race, ethnicity
  Patient's home address and phone

- Healthcare provider's name, address and phone number 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

Boulder = Boulder county only

(+) = positive test from a normally sterile site

- = Positive interferon gamma release assays (IGRAs) are only reportable by laboratories that use electronic reporting (ELR).
- 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 \* = 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.

<sup>\*\*</sup> Isolate submission for 5-county area only.



# **Environmental Reportable Conditions**

Effective: January 14, 2018

Evening/weekend hours: 303-370-9395 Confidential fax: 303-782-0338 Phone: 303-692-2700

Toll-free fax: 800-811-7263 Toll-free phone: 800-833-2759

### 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	Repo	rter
7d	L&P	Blood Lead Levels if ≤18 years (≥5 µg/dL)
30d	L&P	Blood Lead Levels if ≤18 years (<5 µg/dL)
30d	L&P	Blood Lead Levels if >18 years (≥5 µg/dL)
30d	L&P	Mercury (Blood, > 0.5 μg/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
		g. May be caused by, or related to, a suspected intentional or unintentional release of chemical or radiological agents.

Time Reporter 90d  $\left|\text{L}\text{\&P}\right|$  Chromosomal abnormalities and neural tube defects diagnosed by prenatal testing or by genetic testing in Colorado residents

through the 3<sup>rd</sup> 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

- Healthcare provider's name, address and phone number
   Any associated laboratory information (test name, collection date, specimen type and accession number)