COLORADO
Department of Public Health & Environment

Reportable communicable diseases and conditions

Effective January 14, 2025 | Updated April 10, 2025

Providers are required to immediately report by phone suspected cases of certain diseases where supporting laboratory data may be pending or not available. These diseases are indicated in the table below with the tag "Imm, L&P (including clinically suspected cases)."

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

Acinetobacter baumannii, carbapenem-resistant (CRAB)[a] — 4d, L	Hantavirus disease — 4d, L&P
Acute flaccid myelitis — 4d, P	Healthcare-associated infections[m] — 30d, P
Amebae, free-living (*Acanthamoeba* species (excluding keratitis), *Balamuthia mandrillaris*, and *Naegleria fowleri*)[a] — 4d, L&P	Hemolytic uremic syndrome if <18 years — 4d, P
	Hepatitis A (+IgM anti-HAV, +PCR, +NAAT, and LFTs[h]) — 1wd, L&P
Animal bites by dogs, cats, bats, skunks, foxes, raccoons, coyotes, or other wild carnivores, or any bat exposure — 24h, P	Hepatitis B (+HBsAg, +IgM anti-HBc, +HBeAg, +HBV DNA, and LFTs[h,i]) — 4d, L&P
Animal bites by mammals not listed above - 4d, P	Hepatitis B (negative HBsAg, negative HBV DNA, and/or negative confirmatory tests)[c,i] — 4d, L
Anthrax[a] — Imm, L&P (including clinically suspected cases)	
Arboviral Disease — 4d, L	Hepatitis B if <3 years (HBsAg and anti-HBs positive, negative, and inconclusive lab results) — 4d, L&P
Bioterrorism agent or incident (any pathogen)[a] — Imm, L&P	
Blastomycosis — 4d, L&P	Hepatitis C (+ serum antibody titer and/or + confirmatory assays, and LFTs[h,i]) — 4d, L&P
Botulism — Imm, L&P (including clinically suspected cases)	
Brucellosis[a] — 4d, L&P	Hepatitis C (negative HCV antibody, negative confirmatory assays)[c,i] — 4d, L
Campylobacteriosis — 4d, L&P	
Candida auris[a] — 1wd, L&P	Hepatitis D (+anti-HDV IgM, +anti-HDV total, +HDAg, +HDV DNA, or + HDV RNA) — 4d, L&P
Candidemia[d] — 30d, L	
Carbapenemase-producing organisms[a] — 1wd, L	Hepatitis, other viral (positive results and LFTs[h]) — 4d, P
Chagas disease — 4d, L&P	Histoplasmosis — 4d, L&P
Chancroid[i] — 4d, L&P	Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) (All reactive HIV tests, CD4 counts [any value], HIV viral load [any value], HIV genotype)[i] — 4d, L&P
Chikungunya — 4d, L	
Chlamydia, any site[i] — 4d, L&P	
Cholera[a] — Imm, L&P (including clinically suspected cases)	Influenza (+ molecular, rapid antigen, and lineage or sequencing)[c] — 4d, L
CJD and other transmissible spongiform encephalopathies (TSEs) — 4d, P	**Influenza, novel — Imm, L&P** (including clinically suspected cases)
Clostridioides difficile[d] — 30d, L	Influenza-associated death if <18 years — 4d, P
Coccidioidomycosis — 4d, L&P	Influenza-associated hospitalization — 4d, L&P
Colorado tick fever — 4d, L	Legionellosis[l] — 4d, L&P
COVID-19: SARS-CoV-2 (+ molecular, rapid antigen, and lineage or sequencing)[c] — 4d, L	Leprosy (Hansen's Disease) — 4d, P
	Listeriosis[a] — 4d, L&P
COVID-19-associated deaths, all ages — 4d, P	Lyme disease — 4d, L&P
COVID-19-associated hospitalization — 4d, L&P	Lymphogranuloma venereum (LGV)[i] — 4d, L&P
Coronavirus - severe or novel (MERS-CoV or SARS-CoV) or other severe or novel coronavirus other than SARS-CoV-2 — Imm, L&P (including clinically suspected cases)	Malaria — 4d, L&P
	Measles (rubeola) — Imm, L&P (including suspected cases)
Cronobacter invasive infections if <1 year[a] — 4d, L&P	Melioidosis — 1wd, L&P
Cryptosporidiosis — 4d, L&P	**Meningococcal disease (*N. meningitidis* or gram-negative diplococci)[a,b] — Imm, L&P** (including clinically suspected cases)
Cyclosporiasis — 4d, L&P	
Cytomegalovirus (CMV), congenital, if <1 year (all positive results) — 4d, L&P	Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteremia[j] — P
Cytomegalovirus (CMV), congenital, if <1 year (negative NAAT or culture results on urine only)[c] — 4d, L	Mpox (Monkeypox) — 1wd, L&P
	Multisystem Inflammatory Syndrome in Children (MIS-C) if <21 years — 4d, P
Dengue — 4d, L	
Diphtheria[a] — Imm, L&P (including clinically suspected cases)	Mumps — 4d, L&P
Encephalitis — 4d, P	*Mycobacterium*, nontuberculous (NTM)[d] — 30d, L
Enterobacterales, carbapenem-resistant (CRE)[a] — 4d, L	**Outbreaks —** known or suspected of all types including from food, water, animals, vectors, environmental contamination, person-to-person, and related to a healthcare setting **— Imm, L&P**
Enterobacterales, extended-spectrum beta-lactamase (ESBL)[f] — 30d, L	
Escherichia species invasive infections[b,f] — 30d, L	Pertussis (whooping cough) — 1wd, L&P (including suspected cases)
Escherichia coli O157:H7 and Shiga toxin-producing *Escherichia coli*[a] — 4d, L&P	**Plague[a] — Imm, L&P** (including clinically suspected cases)
	Poliomyelitis — Imm, L&P (including clinicallysuspected cases)
Giardiasis — 4d, L&P	*Pseudomonas aeruginosa*, carbapenem-resistant — 4d, L
Glanders — 1wd, L&P	Psittacosis — 4d, L&P
Gonorrhea, any site, including disseminated gonorrhea[i] — 4d, L&P	Q fever — 4d, L&P
Group A streptococci[a,b,d] — 4d, L	**Rabies: human — Imm, L&P** (including clinically suspected cases)
Group B streptococci[a,b,d] — 30d, L	Respiratory Syncytial Virus (+ molecular, rapid antigen, and lineage or sequencing)[c] — 4d, L
Haemophilus influenzae[a,b] — 1wd, L&P	

List continues on next page

Respiratory Syncytial Virus-associated death if <18 years — 4d, P	Toxic shock syndrome (streptococcal and non-streptococcal)[g] — 4d, P
Respiratory Syncytial Virus-associated hospitalizations — 4d, L&P	
Rickettsiosis — 4d, L&P	Trichinosis — 4d, P
Rubella (acute infection) — 1wd, L&P (including clinically suspected cases)	Tuberculosis disease (active)[a] — 1wd, L&P (including suspected cases)
Rubella (congenital) — 4d, L&P (including clinically suspected cases)	Tuberculosis immune reactivity (+IGRA)[c,k] — 4d, L
Salmonellosis[a] — 4d, L&P	Tularemia[a] — 1wd, L&P
Shigellosis[a] — 4d, L&P	Typhoid fever[a] — 1wd, L&P
Smallpox — Imm, L&P (including clinically suspected cases)	Varicella (chicken pox) — 4d, L&P (including clinicallysuspected cases)
Staphylococcus aureus, Vancomycin-non-susceptible[a] — 4d, L	Vibriosis[a] — 4d, L
Streptococcus pneumoniae[b,g] — 4d, L	**Viral hemorrhagic fever[a] — Imm, L&P** (including clinically suspected cases)
Syphilis (all reactive tests)[i] — 1wd, L&P	West Nile virus (acute infection) — 4d, L
Syphilis (negative results)[c,i] — 1wd, L	Yellow fever — 4d, L
Tetanus — 4d, P	Yersiniosis[a,e] — 4d, L
Tick-borne relapsing fever (*Borrelia* species and Spirochetemia except *burgdorferi* species) — 4d, L&P	Zika virus — 4d, L

Key

[a] 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 State Laboratory. The isolate or clinical material shall be received at the CDPHE State Laboratory 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.

[b] positive test from a normally sterile site

[c] Only labs that are able to report via electronic laboratory reporting (ELR) need to report.

[d] Adams, Arapahoe, Denver, Douglas and Jefferson

[e] Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson

[f] Boulder County only

[g] Isolate submission for 5-county area only (Adams, Arapahoe, Denver, Douglas, and Jefferson).

[h] And ALT, AST, and total bilirubin values performed closest to the time of the positive hepatitis test result.

[i] Health care providers need to report gender identity, relevant treatment for sexually-transmitted infections, and pregnancy status for hepatitis B, hepatitis C, HIV, and syphilis reports.

[j] Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia is reported by acute care hospitals using the National Healthcare Safety Network (NHSN) system, and does not need to be reported directly to CDPHE. Acute care hospitals must confer rights to CDPHE to access the data in NHSN. Additional conditions are reported through NHSN by determination of the HAI Advisory Committee: https://cdphe.colorado.gov/hai.

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

[l] Specimen submission is required for all respiratory specimens that were positive for *Legionella* at clinical labs; urine specimen submission is not required

[m] Facilities also report HAIs through voluntary participation in applied public health projects. Reporting timelines vary.

Reporting diseases

Check our "Report a disease" webpage for more details: cdphe.colorado.gov/report-a-disease.

- Phone: 303-692-2700 (evenings/weekends: 303-370-9395) | Toll-free phone: 800-866-2759.
- Fax a disease report form to 303-782-0338 (confidential) | Toll-free fax: 800-811-7263.
- Fax an STI disease report form to 303-782-5393 (confidential).

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.

Complete Board of Health rules can be found on the regulations adopted by the Board of Health webpage: https://cdphe.colorado.gov/all-regulations/regulations-adopted-by-the-board-of-health

Isolate submission

When noted above, submission of isolate/clinical material is required. Testing laboratories shall routinely submit bacterial culture isolates or patient clinical material that yields positive findings to the CDPHE State Laboratory. The isolate or clinical material shall be received at the CDPHE State Laboratory 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.

Send isolates and clinical material to the CDPHE State Laboratory at 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 at birth, 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, syphilis, hepatitis B, and hepatitis C reports)