

To Report a case please contact:

Colorado Department of Public Health & Environment
4300 Cherry Creek Drive South
Denver, CO 80246
Phone: 303-692-2700
Toll Free Phone: 1-800-866-2759
Confidential Fax: 303-782-0338
Toll Free Fax: 1-800-811-7263
Evening/weekend hours: 303-370-9395



**Colorado Department
of Public Health
and Environment**

Effective April 2010

**COLORADO BOARD OF HEALTH
CONDITIONS REPORTABLE BY ALL PHYSICIANS AND HEALTH CARE PROVIDERS
IN COLORADO**

(Infection in Colorado residents ascertained out-of-state should also be reported.)

The list below applies to physicians and health care providers. Laboratories have separate reporting requirements. A case must be reported to the state or local health department following diagnosis within the timeframe indicated.

***The State Health Department recommends reporting all suspected cases,
whether or not supporting laboratory data are available.***

24-Hour Reportables

Animal Bites by dogs, cats, bats, skunks or other wild carnivores	Haemophilus influenzae (invasive disease)	SARS (Coronavirus)
Anthrax (Bacillus anthracis)	Hepatitis A (Anti-HAV IGM)	Smallpox
Botulism (Clostridium botulinum)	Human Rabies - suspected	Syphilis, early (1°, 2°, early latent) (Treponema pallidum)
Cholera (Vibrio cholerae)	Measles (Rubeola)	Tuberculosis (active disease)
Diphtheria (Corynebacterium diphtheriae)	Neisseria meningitidis (invasive disease)	Typhoid Fever (Salmonella typhi)
Group Outbreaks – known or suspected of all types including foodborne, waterborne or other illness	Pertussis (Bordetella pertussis)	
	Plague (Yersinia pestis)	
	Poliomyelitis	
	Rubella	

7-Day Reportables

AIDS and HIV infection	Hepatitis C	Q Fever (Coxiella burnetti)
Aseptic / viral meningitis	Hepatitis other viral	Relapsing Fever (Borrelia sp.)
Brucellosis	Hantavirus	Rocky Mountain Spotted Fever
Campylobacteriosis	Hemolytic uremic syndrome if ≤ 18 yrs	Rubella, congenital
Chancroid (Haemophilus ducreyi)	Influenza – associated hospitalization	Salmonellosis
Chlamydia trachomatis	Influenza – associated death ≤ 18 yrs	Shigellosis
Cryptosporidiosis	Kawasaki Syndrome	+TB skin test in workers exposed to active disease
Cyclospora	Legionellosis	Tetanus
Escherichia coli 0157:H7 & shiga toxin-producing E.coli	Leprosy (Hansen's Disease)	Toxic Shock syndrome
Encephalitis	Listeriosis	Trichinosis
Giardiasis	Lyme Disease (Borelia burgdorferi)	Transmissible spongiform encephalopathy
Gonorrhea, any site	Lymphogranuloma venereum	Tularemia (Francisella tularensis)
Hepatitis B	Malaria (Plasmodium species)	Varicella (Chicken pox)
	Mumps	
	Psittacosis (Chlamydia psittaci)	

Immediate reporting by phone is required of any illness suspected to be caused by Biological, Chemical, or Radiologic Terrorism

All reports should include:

1. Name of disease or condition
2. Patient's name
3. Patient's date of birth, sex, race and ethnicity
4. Patient's home address and phone
5. Physician's name, address and phone
6. Lab info – test name, collection date and specimen type

Disease Report Forms can be downloaded from:

<http://www.cdphe.state.co.us/dc/BasicDiseaseReportingForm.pdf>

Please fax completed Disease Report Form to 303-782-0338