

Residential and long-term care facility call

April 8, 2026

All LTCF facilities



COLORADO
Department of Public
Health & Environment

RLTCF calls and newsletters

- 2026 residential and long-term care facility calls are on a quarterly cadence.
 - Next call is **July 8, noon - 1 p.m.**
- The newsletter is sent **one month after the quarterly call.**
- [Sign up](#) to receive our newsletters and call slides.
- The [infection prevention and control topic survey](#) is available.



Agenda

- **6 CCR 1009-1 Epidemic and Communicable Disease Control Reporting requirements update**
Alicia Cronquist, RN, MPH, Epidemiologist
- ***Candida auris* update**
Alana Cilwick, HAI Emerging Infections Surveillance Worklead
- **New Project Firstline resources**
Frankie Lupercio, Project Firstline Infection Prevention Educator



6 CCR 1009-1
**Epidemic and Communicable
Disease Control**
Reporting requirements update
Alicia Cronquist, RN, MPH, Epidemiologist



Background

The Epidemic and Communicable Disease Control rule names the communicable diseases and related events that are reportable to the Department and local public health agencies (LPHAs) in order to protect the public's health. This regulation:

- Outlines public health's authority to investigate causes of epidemic and communicable diseases to implement disease control measures
- Includes language about public health access to pertinent medical records and public health authority to access those records, as necessary, to perform investigations
- Details the conditions and outbreaks that must be reported, individuals and agencies responsible for reporting, timelines for reporting, and the method of reporting to CDPHE



Goals

The Board of Health recently approved revisions to the Epidemic and Communicable Disease Control rule. The revisions took effect on March 17, 2026.

The goals of the revisions are to:

- More clearly describe roles, methods, and time frames for public health reporting.
- Incorporate language about modern electronic reporting methods.
- Make these regulations easier to understand, reduce duplication of efforts, and streamline the flow of information from facilities and providers to CDPHE.



Changes to Regulation 2: sections for disease reporters

- Health care providers (P)
 - People with direct or supervisory responsibility for delivery of health care
 - Include: physicians, nurses, physician assistants, dentists, coroners, people providing testing or counseling to a person with a sexually transmitted infection
- Health care facilities (F)
 - Centers where patient care is delivered
 - Include: hospitals, freestanding emergency departments, skilled nursing, rehabilitation, home health care, urgent care, dental clinics, outpatient clinics, birthing centers, specialty hospitals, dialysis centers, etc.
- Additional disease reporters (A)
 - People in charge of schools, licensed child care facilities, institutions of higher education, assisted living, independent senior living, correctional settings, or any other congregate living settings, such as shelters and group homes, or their designee, or others with knowledge of the reportable conditions



Changes to Regulation 2: reporting by health care providers

- Health care providers must report suspected or confirmed cases of conditions marked “P” in the reportable condition list (Appendix A).
 - Removed 18 conditions from the list of conditions that providers must report.
 - Conditions that remain reportable by health care providers are those that are urgently reportable, clinically diagnosed, or those where laboratory reporting alone is not sufficient.



Changes to Regulation 2: reporting by health care providers

- Clarify that a health care provider:
 - Must not defer their reporting responsibilities to laboratories
 - Retains responsibility for ensuring the Department receives reports in accordance with these regulations
 - A designee at a facility or system that the provider is affiliated with may report on the provider's behalf.
 - Must report any reportable point-of-care result
 - Can include ensuring that the result of the point-of-care test is properly transmitted to CDPHE by ELR



Changes to Regulation 2: reporting by health care facilities

- This category was created to reflect how actual reporting often happens now.
- Health care facilities (F) must report:
 - New:
 - Hospitalized influenza, RSV, and COVID-19 (by the health care facility where the patient is hospitalized)
 - Not new:
 - Cases of healthcare-associated infections that are reported via the National Healthcare Safety Network (NHSN)
 - Tuberculin skin test results (TST) or positive interferon-gamma release assay (IGRA) results in health care, correctional facility, or detention facility workers if the worker has had prolonged exposure with an infectious tuberculosis case (This is not a new requirement.)
 - Outbreaks, known or suspected, of any type



Changes to Regulation 2: additional disease reporters

- Additional disease reporters are only required to report:
 - Outbreaks, known or suspected, of any type
 - Animal bites/bat exposures
- This category was created to reduce the reporting burden on people who are not health care providers and focus their reporting requirements on those conditions of which they might be aware.
- Health care providers who provide patient care within these congregate settings will still be required to report conditions as specified under the section for health care providers.



What must skilled nursing facilities report?

As a health care facility:

- Outbreaks, known or suspected, of any type
- Cases of healthcare-associated infections that are reported via the National Healthcare Safety Network (NHSN)
- Tuberculin skin test results (TST) or positive interferon-gamma release assay (IGRA) results in healthcare, correctional facility, or detention facility workers if the worker has had prolonged exposure with an infectious tuberculosis case (This is not a new requirement.)
- Often, the person in charge of infection prevention reports.

Health care providers at the facility:

- Report conditions on the health care provider list
- Examples: STIs, measles, pertussis, animal bites/bat exposures, suspected outbreaks of any type



What must assisted living facilities report?

Additional disease reporters (A)

- People in charge of schools, licensed child care facilities, institutions of higher education, assisted living, independent senior living, correctional settings, or any other congregate living settings, such as shelters and group homes, or their designee, or others with knowledge of the reportable conditions
- Outbreaks, known or suspected, of any type
- Animal bites/bat exposures

Any health care providers working or seeing patients at the facility:

- Report conditions on the health care provider list
- Examples: STIs, measles, pertussis, animal bites/bat exposures, suspected outbreaks of any type



How to report

- Immediately reportable conditions must be reported within four hours by phone.
 - CDPHE: 303-692-2700/303-370-9395 (after hours)
 - [Local public health agency](#)
- For other conditions, electronic methods are preferred, such as:
 - Web-based forms
 - The reportal
 - eCR
- Details about how to report and new reporting posters are available on the CDPHE report a disease webpage:
 - <https://cdphe.colorado.gov/report-a-disease>



Separate posters for providers, facilities, and labs



Reportable diseases and conditions for providers, facilities, veterinarians, and additional reporters

Effective March 2026 | cdphe.colorado.gov/report-a-disease

Reporting and specimen submission requirements for [laboratories](#) are listed on a separate chart.

Immediately reportable within four (4) hours of clinical suspicion, even if laboratory results are not yet available.

Report by phone: 303-692-2700 (business hours) | 303-370-9395 (after hours) | or your [local public health agency](#) (LPHA)

Who must report: P = Health care providers | F = Health care facilities | V = Veterinarians | A = Additional reporters

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Anthrax – P • Bioterrorism agent or incident, known or suspected – P, F • Botulism – P • Cholera – P • Coronavirus, severe or novel – P | <ul style="list-style-type: none"> • Diphtheria – P • Influenza, novel – P • Measles (rubeola) – P • Meningococcal disease – P • Outbreaks and epidemics, known or suspected of all types – P, F, A | <ul style="list-style-type: none"> • Plague – P • Poliomyelitis – P • Rabies, human (suspected) – P • Smallpox – P • Viral hemorrhagic fever – P |
|---|--|---|

All reportable conditions

How to report routine conditions, in order of preference

Conditions marked as “immediate” (above) must be reported by phone within four (4) hours of clinical suspicion.

- Electronic methods: Reportal (reportal.colorado.gov/auth), eCR (cdc.gov/ecr/php/index.html)
- Fax STI disease report forms to 303-782-5393 (confidential).
- Fax the general (non-STI) disease report form to 303-782-0338 (confidential) | Toll-free fax: 800-811-7263
- Find forms and additional information on the Report a disease webpage: cdphe.colorado.gov/report-a-disease.

When to report: Imm = within 4 hours, by phone | 24h = within 24 hours of detection | 4d = within 4 calendar days of detection | 1wd = within 1 working day of detection | 30d = within 30 calendar days of detection

4d Acute flaccid myelitis – P	Imm Outbreaks and epidemics, known or suspected of all types – P, F, A
4d Amoebae, free-living – P	1wd Pertussis (whooping cough) – P
24h Animal bites and exposures – P, V, A	Imm Plague – P
- Bites: by dogs, cats, bats, skunks, foxes, raccoons, coyotes, or other wild carnivores	Imm Poliomyelitis – P
- Exposures: any bat exposure	Imm Rabies, human (suspected) – P
4d Animal bites by mammals not listed above – P, V, A	4d Respiratory syncytial virus (RSV)-associated death if < 18 years – P
Imm Anthrax – P	4d Respiratory syncytial virus (RSV)-associated hospitalizations – F
Imm Bioterrorism agent or incident, known or suspected – P, F	1wd Rubella (acute infection) – P
Imm Botulism – P	4d Rubella (congenital) – P
4d Brucellosis – P	Imm Smallpox – P
1wd Candida auris – P	1wd Syphilis, all reactive tests ¹ – P
4d Chagas disease – P	4d Tetanus – P
4d Chlamydia – P	4d Tick-borne rickettsial fever – P



Reportable diseases and conditions for laboratories

Effective March 2026 | cdphe.colorado.gov/report-a-disease

Reporting requirements for [health care providers, facilities and additional reporters](#) are on a separate chart.

Immediately reportable to CDPHE within four (4) hours of positive results.

Report by phone: 303-692-2700 (business hours) | 303-370-9395 (after hours) | or your [local public health agency](#) (LPHA)

- | | |
|---|---|
| <ul style="list-style-type: none"> • <i>Bacillus anthracis</i>¹ • Bioterrorism agent or incident, known or suspected - any pathogen² • <i>Clostridium botulinum</i> • Coronavirus, severe or novel – Severe acute respiratory syndrome coronavirus (SARS-CoV), Middle East respiratory syndrome coronavirus (MERS-CoV), or other severe or novel coronavirus other than SARS-CoV-2 • <i>Corynebacterium diphtheriae</i>¹ • Influenza virus, novel • Measles virus • <i>Neisseria meningitidis</i> or gram-negative diplococci^{3, 4} | <ul style="list-style-type: none"> • Outbreaks and epidemics, known or suspected - any pathogen • Poliovirus • Rabies virus (Lyssavirus) - human, suspected • Variola virus (orthopox virus, smallpox) • <i>Vibrio cholerae</i>¹ • Viral hemorrhagic fever¹ - Crimean-Congo hemorrhagic fever virus, Ebola virus, Lassa fever virus, Lujo virus, Marburg virus, Guanarito virus, Junin virus, Machupo virus, Sabia virus, Rift Valley fever • <i>Yersinia pestis</i>¹ |
|---|---|

All reportable conditions

How to report routine conditions, in order of preference:

Conditions marked as “immediate” must be reported by phone within four (4) hours of positive results, as well as via the lab’s routine reporting method.

- Electronic methods: electronic laboratory reporting (ELR). Contact cdphe_elr@state.co.us for information on ELR. If your lab is not currently onboarded to ELR, you are encouraged to use the [Reportal](#) for reporting.
- Fax STI disease report forms to 303-782-5393 (confidential).
- Fax the general (non-STI) disease report forms to 303-782-0338 (confidential) | Toll-free fax: 800-811-7263.
- Find forms and additional information on the Report a disease webpage: <https://cdphe.colorado.gov/report-a-disease>

Key	Imm = within 4 hours, by phone 1wd = within 1 working day of detection	4d = within 4 calendar days of detection 30d = within 30 calendar days of detection
4d	<i>Acanthamoeba</i> spp. (excluding keratitis), <i>Balamuthia mandrillaris</i> , and <i>Naegleria fowleri</i> ¹	4d Cytomegalovirus, congenital (specimens collected when < 60 days of age)
4d	<i>Acinetobacter baumannii</i> , carbapenem-resistant ¹ (species in the <i>A. baumannii</i> complex; e.g., <i>A. baumannii</i> , <i>A. calcoaceticus</i> , <i>A. baumannii</i> sensu lato)	- Positive results - Negative results (CMV DNA by NAAT or culture) from urine ²

Candida auris update

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What is *Candida auris*?

- *Candida auris* (*C. auris*) is an emergent species of *Candida*.
- First identified in Japan in 2009
 - First reported in the U.S. in 2016
 - The number of cases of *C. auris* in the U.S. and the number of states reporting cases continues to increase each year.
- Can cause a range of infections, superficial to severe illness
 - People can also be colonized.
- **Spreads easily among patients in health care facilities**
 - Can persist on surfaces in the health care environment
 - Often resistant to antifungal medications
 - Regional spread is facilitated by patient movement and asymptomatic carriers.



C. auris: infection vs. colonization

Infection:

- Symptoms of a *C. auris* infection depend on the location and severity of infection.
 - Requires treatment

Colonization:

- People can have *C. auris* on their skin and other body sites without having symptoms.
 - Extended periods of time
 - Considered indefinite
 - Tests for *C. auris* can be intermittently positive, so a negative test does not rule out continued infection.
 - Does not require treatment



C. auris:
infection
vs.
colonization
(cont.)

- Infected patients become colonized.
- Colonized patients can develop infections.

BOTH infected and colonized patients can spread *C. auris* and should be considered in prevention efforts.



Common risk factors

- **Hospitalized patients**
 - Patients on ventilators
 - **Patients with indwelling medical devices**
- Patients with immunosuppression
- **Patients with long health care stays or frequent health care stays**
 - Long-term acute care facilities, long-term care facilities, vSNF
- Health care abroad
- Antibiotic use prolongs colonization.
- Healthy patients and staff are generally not at risk of infection from *C. auris*.



Transmission modes

- Environment to person
 - Contaminated medical equipment
 - Equipment that moves from room to room
 - Vitals cart
 - Dialysis machines
 - Contaminated environment
 - Frequently touched surfaces (door knobs, bed rails, etc.)
 - Supplies



Transmission modes (cont.)

- Person to person
 - Hands of health care workers
 - Lapses in hand hygiene best practices
 - Clothing of health care workers
 - Supplies in pockets
 - Examples include pens, markers, saline flushes, alcohol wipes, etc.



C. auris prevention

- Recommend screening (axilla/groin swab):
 - Anyone who had an overnight stay or had an invasive medical procedure in a facility outside the U.S. in the past year
 - Anyone with an overnight stay in an long-term acute care hospital (LTACH) or ventilator-capable skilled nursing facility vSNF anywhere in the U.S. in the past year
 - *Recommendations can be found in most recent C. auris HAN (Nov. 2024).*
- CDPHE will coordinate facility screening with ARLN's Utah lab: free testing, swabs, packaging materials, and shipping for health care facility.
- Clinical labs should consider fully speciating any *Candida* isolates.



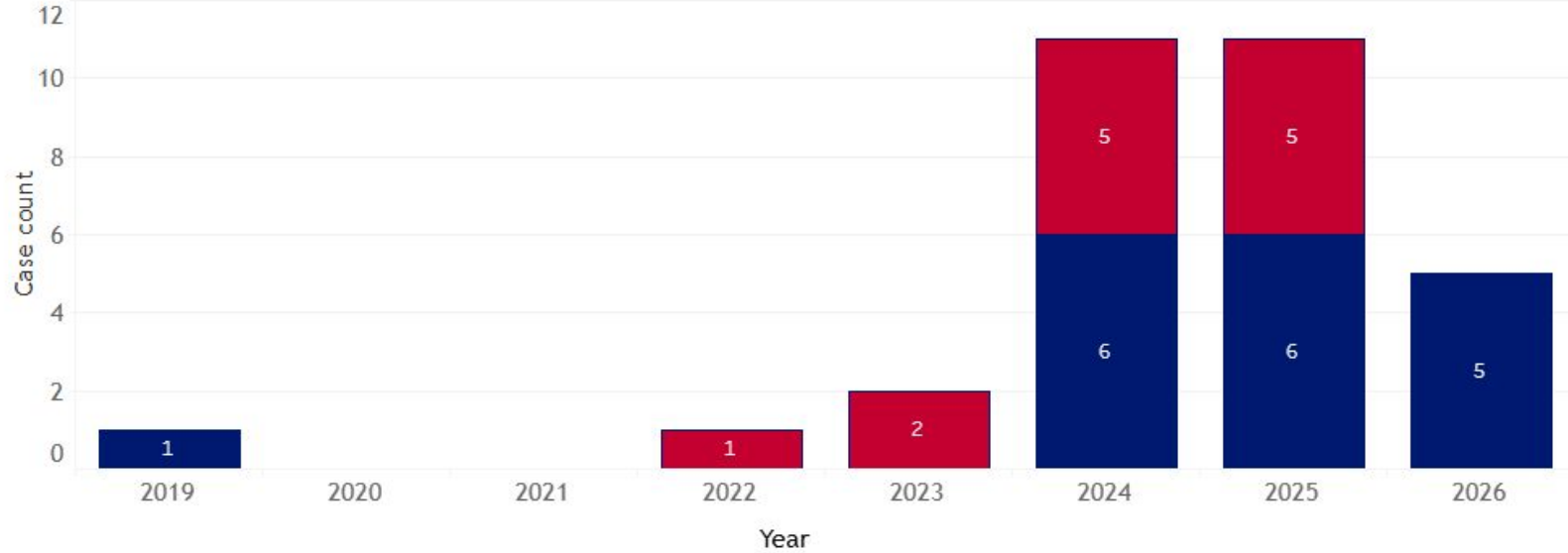
What to do if you admit a resident with *C. auris*?

- Immediately initiate and reinforce Enhanced Barrier Precautions (EBP).
 - Or contact precautions, if indicated
- Inform and educate staff.
- Ensure strict adherence to hand hygiene and appropriate personal protective equipment (PPE) use.
- Perform thorough cleaning and disinfection of the patient care environment and any shared equipment (daily and terminal cleaning).
 - EPA List P disinfectant
- Dedicate medical equipment, if possible.
- Promote antimicrobial stewardship.
- Ensure staff are required to notify the receiving facility about infection or colonization with *C. auris* when transferring patients.



Candida auris in Colorado

Epidemic curve of *C. auris* cases



Case classification

- Clinical
- Screening

[New *C. auris* dashboard](#)



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Project Firstline

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New Project Firstline resources

[Project Firstline](#) has released new resources to support frontline health care workers in preventing and responding to infectious disease threats in health care settings. These resources support early recognition, safe care, and consistent infection prevention practices.

Candida auris in Health Care: Recognize the Risk and Stop the Spread

What is Candida auris (C. auris)?
C. auris is a fungus that spreads easily in hospitals and nursing homes. C. auris infections are often difficult to treat and can lead to death in very sick patients.

Recognize the Risk of C. auris

- C. auris lives on skin and surfaces, including:
 - high-touch surfaces such as door knobs and bedrails.
 - equipment and devices such as vital signs machines, breathing tubes and catheters.
- C. auris spreads through touch, including:
 - touching a patient or their equipment.
 - touching contaminated equipment.

C. auris can live on surfaces for weeks and cannot be killed by some of the most common healthcare disinfectants.

Stop the Spread of C. auris

- Clean your hands with alcohol-based hand sanitizer or soap and water to remove and kill C. auris.
- Use a gown and gloves when touching a patient with C. auris or when touching items in their room to prevent it from getting on you.
- Clean and disinfect the patient's room and equipment with a product that effectively kills C. auris.

Learn More: <http://bit.ly/45DW8V7>

Preventing the Spread of C. auris: <http://bit.ly/45DW8V7>

cdc.gov/ProjectFirstline

Be Cart Smart

Infection control starts with your EVS cart.

- Regularly clean and disinfect your cart.
- Plan ahead to reduce the number of times you touch the cart while cleaning.
- Do not keep personal items on the cart.
- Remove gloves and clean your hands before taking your supplies off the cart.
- Wipe down the cart at the beginning of your shift and make sure the products you use are not expired.
- Always keep the EVS cart where you can see it.
- Clearly separate clean items from dirty items.
- Make sure diluted chemicals are labeled and dated, with funds kept at the bottom of the cart.

Learn More: [Dry Surface Infographic: https://bit.ly/2Rn6oXV](https://bit.ly/2Rn6oXV)
[How to Read a Disinfectant Label: https://bit.ly/4bxxVZ7](https://bit.ly/4bxxVZ7)

www.cdc.gov/ProjectFirstline

EVS Disinfecting Done Right: Killing Germs on Surfaces

Germs can live on healthcare surfaces for weeks to months, which is why disinfecting surfaces correctly is so important.

- 1 Check the surface to make sure it does not need to be cleaned first.
- 2 Read the label of the disinfectant to find out its contact time.
 - When using disinfectant wipes, be sure to close the lid so they don't dry out.
- 3 Apply the disinfectant according to the label's contact time instructions.
- 4 Reapply if needed to make sure the surface remains wet for the full contact time.

Once the entire contact time has passed, the disinfectant has done its job!

Learn More: [Dry Surface Infographic: https://bit.ly/2Rn6oXV](https://bit.ly/2Rn6oXV)
[How to Read a Disinfectant Label: https://bit.ly/4bxxVZ7](https://bit.ly/4bxxVZ7)

www.cdc.gov/ProjectFirstline

Reduce the Risk of Spread if You Suspect Measles

Identify and Isolate

- Quickly identify and isolate patients with known or suspected measles.
- Isolate patients in an airborne infection isolation room. If that isn't possible, select a private room with a door that seals and doesn't vent air out into the facility.
- If unsure of where to place a patient, consult with your facility's infection preventionist.
- Follow your facility's guidance on how to isolate patients.
- Limit transport or movement of patients outside of the room unless medically necessary.

Inform

- Make sure to notify appropriate personnel in your facility as well as public health departments when a measles case is suspected.

Actions You Can Take to Prevent the Spread

- Be up to date on your MMR vaccine.
- Put on a fit-tested N95 or higher-level respirator before entering a measles patient's room.
- Recommend that the patient wear a mask until appropriately isolated in an airborne infection isolation room.
- Clean your hands before and after seeing the patient.
- Continue to follow routine practices to clean and disinfect surfaces and handle linen.
- Use additional personal protective equipment (PPE) if needed for a specific task.

CDPHE Project Firstline resources

- [CDPHE Project Firstline website](#) – training materials, tools, guidance
- [CDPHE Project Firstline video series](#) – practical training videos



Thank you!

Additional questions?

Email: cdphe_hai_ar@state.co.us



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