



Colorado Department
of Public Health
and Environment

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Disease Control and Environmental Epidemiology Division

6 CCR 1009-7

STATE BOARD OF HEALTH

**RULES AND REGULATIONS PERTAINING TO THE DETECTION, MONITORING
AND INVESTIGATION OF ENVIRONMENTAL AND CHRONIC DISEASE**

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[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Regulation 1. Reportable Diseases

For the purpose of these regulations, the diseases named in the lists below and any epidemic of environmental or chronic disease are declared to be dangerous to the public health and shall be reportable in accordance with the provisions of these regulations.

Reportable outbreaks or epidemics of environmental or chronic diseases include those which may be a risk to the public and which may affect large numbers or specific groups of persons or be outbreaks caused by a chemical or radioactive terrorist agent or incident or be a newly recognized entity. Such outbreaks may include, but are not limited to, those related to environmental contamination by any hazardous chemical, radiological material, or biologic substance.

The occurrence of a single case of any unusual disease or manifestation of illness which the health care provider determines or suspects may be caused by or related to a chemical or radioactive terrorist agent or incident must be reported immediately by telephone to the state or local health department by the health care provider and the hospital, emergency department, clinic, health care center, and laboratory in which the person is examined, tested, and/or treated. The same immediate reporting is required for any unusual cluster of illnesses that may be caused by or related to a chemical or radioactive terrorist agent or incident. Chemical terrorist agents include, but are not limited to, Sarin (GB), VX (V agent), and HD (distilled mustard).

List A. Environmental and Chronic Diseases Reportable by Physicians or Other Health Care Providers

Diagnosis (Confirmed or Suspected)	Reportable Within:
Fetal Alcohol Syndrome (Age less than or equal to six years)	30 days
Muscular Dystrophies	120 days

List B. Environmental and Chronic Diseases Reportable by Hospitals and Other Health Care Facilities

Diagnosis (Confirmed or Suspected)	Reportable Within:
Spinal cord injuries	120 days
Birth defects, developmental disabilities, and medical risk factors for developmental delay in Colorado residents diagnosed prenatally, at birth, or through the third birthday* ; with the exception of muscular dystrophies, which shall be reported without age limit	120 days
Head injuries requiring admission to hospitals	120 days

or resulting in death

Autism Spectrum Disorders (ASD) (Age less than or equal to ten years) (Including Autistic Disorder, Asperger's Syndrome, and Pervasive Developmental Disorder-Not Otherwise Specified) 30 days **

* Appendix A is an inclusive list of conditions that must be reported.

** Seven-county Metro Denver Area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson).

List C. Environmental and Chronic Diseases Reportable by Laboratories

All of the findings below are to be reported within 30 days.

Blood lead level: ≥ 10 $\mu\text{g/dL}$ if age > 18 years.

Report all blood lead levels if age ≤ 18 years and report levels ≥ 10 $\mu\text{g/dL}$ within one week of analysis.

Blood mercury > 0.5 $\mu\text{g/dL}$

Urine mercury > 20 $\mu\text{g/L}$

Chromosomal abnormalities and neural tube defects diagnosed by prenatal testing or by genetic testing in Colorado residents through the third birthday (reportable within 90 days)

Physicians, health care providers, and clinics performing blood lead level testing in an office or outpatient setting are required to report results the same as the requirement above for laboratories.

Regulation 2. Manner of Reporting and Information To Be Submitted.

The diseases in the lists in Regulation 1 shall be reported to the Department of Health within the specified time frame after the diagnosis is made by the physician, health care provider, or confirmed in a laboratory.

The information to be submitted shall consist of the diagnosis; the patient's name, age, sex, race/ethnicity, and address; the name and address of responsible physician; the employer (for reportable work-related conditions); and such other information as is needed by the Department to locate the patient for follow-up. With regard to birth defects, developmental disabilities, chromosomal abnormalities, and neural tube defects reported pursuant to regulation 1, the department shall collect no additional information about pregnancy outcome other than what is required for the vital record form. When hospitals and laboratories transmit disease reports electronically using systems and protocols developed by the department that ensure protection of confidentiality, such reporting is acceptable and is considered good faith reporting.

Laboratory findings in List C of regulation 1 shall be reported by all laboratories which maintain an office or collection facility in Colorado or which arrange for collection of specimens in Colorado. Results must be reported by the laboratory which performs the test, but an in-state laboratory which sends specimens to an out of state referral laboratory is also responsible for reporting the results.

In addition to physicians, health facilities, and laboratories, any person having knowledge of a reportable disease, outbreak, or epidemic, such as coroners, persons in charge of schools (including school nursing

staff), or persons or employees having knowledge of exposure of large numbers or specific groups of persons to a known or suspected public health hazard shall report such disease, outbreak, or epidemic.

The Department shall develop systems and forms for reporting for physicians, other health care providers, hospitals, and laboratories. For birth defects and developmental disabilities, hospitalized head injuries, and spinal cord injuries, hospital reporting shall be through a central computerized data system operated by or for the department.

Reports on hospitalized patients may be made part of a report by the hospital as a whole.

Regulation 3. Procedures for the Investigation of Environmental and Chronic Diseases

The State or local health department shall employ reasonable investigative techniques as part of systematic surveillance for environmental and chronic diseases. Reports of diseases related to exposure to a hazardous substance or agent in one environmental setting may lead the state or local health department to investigate whether or not the public health is endangered either in the same setting or in other settings physically removed but environmentally similar to that of the reported case. Investigations shall be considered official duties of the health department or health agency and shall be pertinent, relevant and only as intrusive as necessary. Such investigative techniques include but are not limited to:

- (a) review by authorized personnel of pertinent, relevant medical records necessary to identify and characterize the index case and other cases in a region, community, or workplace; such review of records may occur without patient consent and shall be conducted at reasonable times and with such notice as is reasonable under the circumstances;
- (b) review of Workers' Compensation claims;
- (c) review of toxic tort or product liability claims filed with state or federal courts within the state;
- (d) medical examination and testing of persons with the explicit consent of such persons;
- (e) obtaining from public or private businesses or institutions lists of persons with a similar or common potential exposure to the hazardous substance or agent as a reported case; such exposure may be current or have occurred in the past;
- (f) performing follow-up interview(s) with a reported case or persons knowledgeable about the case to collect pertinent and relevant information about the cause and/or risk factors associated with the reportable environmental or chronic disease;
- (g) interviewing or administering questionnaire surveys confidentially to any resident of a community or any agent, owner, operator, employer, or employee of a public or private business or institution, that is either epidemiologically associated with a reported case or has had a similar hazardous environmental exposure as a reported case;
- (h) collecting environmental samples of substances or measurements of physical agents;
- (i) taking photographs related to the purpose of the investigation; if the photographs are taken in a business, the employer shall have the opportunity to review the photographs taken or obtained for the purpose of identifying those which contain or might reveal a trade secret;
- (j) entering a place of employment for the purpose of conducting investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records, and materials within the place of employment which are relevant, pertinent, and necessary to the investigation; such investigations shall be conducted during regular

working hours or at other reasonable times and with such notice as is reasonable under the circumstances.

Regulation 4. Information Sharing

Whenever a local health department or health agency learns of a case of a reportable disease in Regulation 1 or an environmental exposure potentially threatening the public health, it shall notify the State Department of Health in a timely manner, usually within the timeframe for reporting in Regulation 1.

The State Department of Health shall, in turn, notify the appropriate local health department or agency in a timely manner, usually within the timeframe for reporting in Regulation 1, whenever it learns of a case of a disease reportable in Regulation 1 or it learns of an environmental exposure potentially threatening the public health.

These requirements shall not apply if the State and local health agencies mutually agree not to share information on reported cases.

Sharing of medical information on persons with reportable diseases or illnesses as defined in Regulation 1 between authorized personnel of State and local health departments shall be restricted to information necessary for the treatment, control, investigation, and prevention of environmental and chronic diseases dangerous to the public health.

Sharing of trade secrets; and confidential commercial, geological, or geophysical data shall be performed in a manner that preserves the confidentiality of the information.

Regulation 5. Reporting of Diseases Among Animals

Every veterinarian, livestock owner, veterinary diagnostic laboratory director, or other person having the care of, or knowledge of, the existence of animals having or suspected of having any disease resulting from exposure to known or suspected hazardous chemicals, radiologic materials, or biologic substances which may endanger the public health, shall promptly report the facts to the State or local health department or health agency.

Regulation 6. Confidentiality

All personal medical records and reports held by the state or local health department in compliance with these regulations shall be confidential information subject to C.R.S. 25-1-122(4). In addition, trade secrets and confidential commercial, geological, or geophysical data submitted to or held by the Colorado Department of Health in compliance with these regulations shall be confidential. This information is to be used by the Department as source material for necessary disease control efforts and the development of prevention programs. Reasonable efforts shall be made by the Department to consult with the attending physician or medical facility caring for the patient prior to any further follow-up by State or local health departments or health agencies.

Appendix A.

Reportable Birth Defects and Developmental Disabilities

[Listed conditions relate directly to ICD-9-CM codes (International Classification of Diseases)]

Major congenital anomalies and chromosomal abnormalities

Congenital (perinatal) infections

Congenital syphilis

Congenital rubella

Cytomegalovirus

Toxoplasmosis/herpes simplex

Neonatal hepatitis

Sensory impairments

Hearing loss

Blindness and low vision

Other disabilities

Specific delays in development

Mental retardation

Infantile cerebral palsy

Autism spectrum disorders (ASD)

Genetic and endocrine/metabolic diseases

Hypothyroidism

Disorders of amino acid transport and metabolism

Disorders of carbohydrate transport and metabolism

Lipodoses

Disorders of copper metabolism

Cystic fibrosis

Other disorders of purine and pyrimidine metabolism

Mucopolysaccharidosis

Sickle cell anemia

Biotinidase deficiency

Congenital adrenal hyperplasia

Infections

Encephalitis

Meningitis

Injuries

Traumatic brain injuries

Spinal cord injuries

Other diagnoses

Amniotic bands

Cerebral cysts

Cerebral lipidoses

Child maltreatment syndrome

Chorioretinitis

Convulsions/seizures

Drug withdrawal syndrome in the newborn

Failure to thrive

Familial degenerative CNS disease

Infantile spasms

Muscular dystrophies

Noxious influences affecting fetus (includes Fetal Alcohol Syndrome)

Renal tubular acidosis

Retinal degeneration

Werdnig Hoffman disease

Intracranial hemorrhage

Birth trauma

Slow fetal growth and fetal malnutrition

Editor's Notes

History

Regulation 1, List C eff. 03/30/2012.