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Colorado Department  
of Public Health  
and Environment

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Disease Control and Environmental Epidemiology Division**

**6 CCR 1009-8**

**STATE BOARD OF HEALTH  
REPORTING OF SELECTED CAUSES OF MORBIDITY  
AND MORTALITY  
(Last Amended March 18, 1998, effective May 30, 1998)**

**STATE OF COLORADO  
RULES AND REGULATIONS  
PERTAINING TO THE REPORTING OF  
SELECTED CAUSES OF MORBIDITY AND MORTALITY IN COLORADO**

Authority for Establishing Rules and Regulations

The following regulations are promulgated pursuant to CRS 25-1-107(1)(f) which states the Department has the power and duty "to collect, compile, and tabulate reports of...deaths and morbidity and to require any person having information with regard to the same to make such reports and submit such information as the board [of Health] shall by rule or regulation provide."

**Regulation 1. Reportable Causes of Morbidity and Mortality**

For the purpose of tabulating accurate reports of significant causes of morbidity and mortality in Colorado, the diseases and conditions named in the list below shall be reportable by physicians, other health care providers, hospitals, health care facilities and coroners in accordance with the provisions of these regulations.

REPORTABLE CAUSES OF MORBIDITY AND MORTALITY

Diagnosis (Confirmed or Suspected)	Reportable Within:
Firearm-related injuries (fatal or non-fatal)	120 days
Sexual assault-related morbidity	60 days

The Department shall also tabulate fatalities in persons less than 17 years of age and fatalities that occur in association with pregnancy or for up to one year postpartum. These occurrences will be reviewed to compile potential risk factors. To accomplish this work, the Department may have access without patient consent to medical records of those cases for which an autopsy was not performed or was insufficient to fully determine risk factors for the death.

To tabulate sexual assault-related morbidity and risk factors for such morbidity, the Department may, without patient consent, have access to and

obtain information from pertinent patient medical, coroner, and laboratory records in the custody of physicians, hospitals, clinics, laboratories, and coroners, which are relevant and necessary. Information on cases of sexual assault morbidity that is voluntarily submitted by agencies providing services to victims of sexual assault or by law enforcement agencies shall be included as part of the public health investigation record of a case of sexual assault morbidity.

**Regulation 2. Manner of Reporting, Information To Be Submitted, and Investigations To Confirm the Diagnosis and Causes of Morbidity and Mortality**

The diseases and conditions listed 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, coroner, or hospital.

The information that shall be submitted for reportable causes of morbidity and mortality 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 as pertinent); and such other information as is needed by the Department to accurately compile and tabulate the causes of morbidity and mortality. The Board of Health determines that name and address of reported victims of sexual assault is not relevant or necessary to protect the public health and shall not be included in such case reports.

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

Investigations may be conducted to confirm the diagnosis and causes of reportable conditions in Regulation 1 and shall be considered official duties of the health department or health agency. Such investigations may include:

- (a) review of pertinent, relevant medical records by authorized personnel, if necessary to confirm the diagnosis; 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) performing follow-up interview(s) with persons knowledgeable about the case to collect pertinent and relevant information about the cause(s) of the reportable condition.

The Department shall develop systems and forms for reporting by physicians, other health care and mental health providers, coroners, and hospitals, and laboratories. For firearm-related injuries, hospital reporting shall be through a central computerized data system.

Reports required by these Regulations do not substitute for or relieve the requirement to comply with Colorado Vital Statistics Regulations (5 CCR 1006-1).

### **Regulation 3. Information sharing**

Whenever a local health department or health agency learns of a case of a reportable disease in Regulation 1, 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.

These requirements shall not apply if the State and local health department or agency 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 causes of morbidity and mortality 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 4. 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).