

**STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY FOR**

Amendments to Rules and Regulations Pertaining to
Epidemic and Communicable Disease Control, 6 CCR 1009-1,
Regulations 1 and 3

October 22, 2010

Basis and Purpose. The Board of Health is authorized to designate certain communicable conditions reportable to state and local health departments. The list of reportable diseases is reviewed annually and is updated as necessary and appropriate to be current with the communicable diseases and surveillance methods that require responses by state or local public health agencies in Colorado.

The proposed changes include the addition of one new provider reportable condition to Regulation 1 and the deletion of language in Regulation 3 that is no longer needed. More detailed discussion of these proposed changes is as follows:

1) Healthcare-Associated Infections – The rules are modified to add healthcare-associated infections in the five-county Denver metropolitan area (Adams, Arapahoe, Denver, Douglas, Jefferson) to the list of provider reportable conditions in Regulation 1 for the purpose of facilitating applied public health projects as part of CDPHE’s Emerging Infections Program cooperative agreement with the Centers for Disease Control and Prevention (CDC) in collaboration with facilities choosing to voluntarily participate in these projects.

Healthcare-associated infections (HAIs) are among the leading causes of preventable deaths in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths in 2002. In addition to the substantial human suffering caused by healthcare-associated infections, the financial burden attributable to HAIs is estimated to be \$28 to \$33 billion in excess healthcare costs each year. Only certain HAIs are currently reportable in Colorado under C.R.S. § 25-3-6 for the purposes of reporting risk-adjusted HAI rates by individual health facility. HAIs reportable under this statute include certain surgical site infections (after coronary artery bypass grafts, hysterectomies, hernia repairs, and hip and knee replacements), and certain central line-associated bloodstream infections (in intensive care units and those associated with outpatient dialysis). However, this is only a subset of all HAIs; surgical site infections and bloodstream infections account for 31% of all HAIs, and currently only a subset of those are reportable.

By making HAIs a reportable condition under the Rules and Regulations Pertaining to Epidemic and Communicable Disease Control, Colorado will be able to collaborate with CDC and a federal CDC-funded network of states with the purpose of performing applied public health projects designed to investigate the epidemiology of HAIs, including prevalence and risk factors. Colorado has received federal funding through the CDC Emerging Infections Program (EIP) and

the American Recovery and Reinvestment Act (ARRA) to participate in these HAI projects in the five-county Denver metropolitan area. Additionally, Colorado will contribute to the understanding of the epidemiology of HAIs in the community and to the development of strategies to help prevent and control HAIs.

To avoid placing a reporting burden on healthcare facilities, participation by facilities in these applied public health projects is voluntary on a project by project basis. Facilities that choose not to participate in a project do not need to report anything new, and therefore, there will be no reporting burden on these facilities. Facilities that do choose to participate in a project shall make records available for review by the Department upon request within a reasonable timeframe, and this will be acceptable and considered good faith reporting.

2) Drug-resistant communicable diseases – The rules are modified to delete the following sentence from Regulation 3 – Laboratory Reporting:

The state or local health department may have access to pertinent, relevant medical and epidemiologic information about the individuals from whom cultures were collected in order to investigate drug-resistant communicable diseases and to develop and evaluate strategies to control the spread of these diseases.

In February 2008, the Board approved the deletion of laboratory reporting of antibiotic resistance rates among invasive pneumococcal isolates outside the Denver metropolitan area. Through an oversight, the above specified accompanying sentence was not included in the proposed deletion.

Specific Statutory Authority. These rules are promulgated pursuant to the following statutes: C.R.S. § 25-1-122(1) and C.R.S. § 25-1-108(1)(c)(I).

Major Factual and Policy Issues Encountered. Not applicable.

Alternative Rules Considered and Why Rejected. Conducting surveillance for communicable diseases of public health significance is a standard procedure of epidemic and communicable disease control. No alternative methods are available to achieve the purposes of the authorizing statutes.