UT-NEDSS Workgroup

UT-NEDSS Policies & Procedures

Contents

For clarification, questions, or to suggest an issue for consideration by the workgroup, please contact workgroup co-chair: Wendy Garcia, *wendyb@co.davis.ut.us, or workgroup co-chair/ coordinator: Kristina Russell, (801)538-9297 or krisrussell@utah.gov.*

Access rights

- New users: UT-NEDSS administrators will send requests for UT-NEDSS access rights to the UT-NEDSS Support and Maintenance Lead (currently JoDee Baker, jodeesummers@utah.gov). The Support and Maintenance Leadwill add new users to system.
- Student access: Students will have limited access rights. Administrators are to notify the Support and Maintenance Lead when students leave, in order to ensure their accounts are disabled.
- Requests for merging or de-duplicating rights will also be submitted to the Support and Maintenance Lead.

Attachment of Documents

This policy was reviewed and approved by Local Health Officers, 2/2010.

All supporting information that will enable evaluation of a case to:

assign a case status according to a case definition (e.g. CSTE, outbreak-specific, or Utah-specific case definition) for a particular disease;

adequately respond to and manage a case in order to prevent further disease transmission and/or best help the individual case; or

document significant milestones in the progression, treatment, and resolution of a reportable disease

should be scanned and attached to the individual case record in UT-NEDSS.

This may include laboratory results, history and physical, discharge summary, x-rays, death certificate, pathology or OME reports, vaccination records/documentation, and any additional forms requested by CDC or state health department.

Please refer to disease plans for disease-specific considerations for such documentation.

Date First Reported to Public Health

Reviewed and approved by UT-NEDSS Core Team, 1/2012.

"The Date First Reported to Public Health (DFRPH) entered in UT-NEDSS is the earliest date that disease notification was received by a public health authority in Utah.

Notification may include a positive lab result received by email, fax, or ELR; or telephone reporting from a laboratory or clinician.

The Event Created Date will be used to populate the DFRPH for previously entered cases when the date of first notification is not available.

The DFRPH will be automatically populated when results are received via ELR.

The DFRPH for a promoted contact's CMR is the earliest date that notification of disease occurring in the promoted contact was received by Public Health."

ELR rules

ELR rules and policies will be discussed and approved by the UT-NEDSS workgroup in the same manner as other UT-NEDSS policies.

Gateway diseases for ELR messages

Gateway diseases were reviewed and approved by Local Health Officers and UDOH BOE Director, 3/2011.

Incoming ELR messages must have a disease assigned in order to create a CMR in TriSano. ELR results associated with diseases with multiple entry points will be assigned to an initial disease designation, or "gateway disease," as specified in the table below. These initial designations may change upon investigation, but have been chosen based on the most common element for each disease.

Disease with multiple entry points	Gateway disease
Botulism	Botulism, other unspecified
Cache Valley virus	Cache Valley virus non-neuroinvasive disease
California serogroup virus	California serogroup virus non-neuroinvasive disease
Dengue	Dengue
Eastern equine encephalitis virus	Eastern equine encephalitis virus non-neuroinvasive disease
Ehrlichiosis	Ehrlichiosis/Anaplasmosis, undetermined
HIV *(NEW)*	HIV, Unknown Stage
Hepatitis B	Hepatitis B virus infection, chronic
Hepatitis C	Hepatitis C virus infection, past or present
Influenza	Influenza activity
Japanese encephalitis virus	Japanese encephalitis virus non-neuroinvasive disease
Polio	Poliovirus infection, Nonparalytic
Powassan virus	Powassan virus non-neuroinvasive disease
Q fever	Q fever, chronic
Rubella	Rubella
Smallpox	Smallpox Vaccine-Associated Adverse Event
St. Louis encephalitis virus	St. Louis encephalitis virus non-neuroinvasive disease
Syphilis	Syphilis, reactor
Tuberculosis	Tuberculosis Gateway
Venezuelan equine encephalitis virus	Venezuelan equine encephalitis virus non-neuroinvasive disease
Western equine encephalitis virus	Western equine encephalitis virus non-neuroinvasive disease
West Nile virus	West Nile virus non-neuroinvasive disease

Last updated: 5.4.2012

GRAMA requests and release of UT-NEDSS information

The Government Records Access and Management Act (GRAMA) law requires UDOH and LHD staff to release all information they have access to, if provided with the appropriate release authorization via GRAMA request. This includes all applicable information in UT-NEDSS (including attachments and notes) accessible by the agency receiving the request.

Hepatitis A total antibody results

Policy reviewed and approved by Local Health Officers and UDOH BOE Director, 3/2011.

Hepatitis A total antibody results will not be routinely entered into UT-NEDSS or routed to local health departments for investigation. This policy is based on the finding that very few, if any, cases of acute hepatitis A are identified as a result of investigating hepatitis A, total antibody results. The total antibody test is useful as a screening test, but not as a diagnostic test. Hepatitis A, IgM results are needed in order to classify as a confirmed case.

ELR rules: Hepatitis A total antibody results will be graylisted and released only when a Hepatitis A IgM positive result is identified.

Hepatitis B and C lab reports

Policy reviewed and approved by Local Health Officers, 11/2010.

UDOH will no longer add new lab results to chronic Hepatitis B or C events with a CONFIRMED state status. Note, this will only affect labs being attached/appended to EXISTING UT-NEDSS cases, and applies only to labs NOT received via ELR.

Discontinuing this practice will reduce the number of tasks received by investigators.

Exceptions:
All Hepatitis B labs will be continue to be faxed and/or added to UT-NEDSS for women of childbearing age, regardless of state case status.

By request, Utah County will continue to receive all chronic Hepatitis B and C labs via fax.

Hepatitis C lab reports for cases >30 years

For existing Hepatitis C cases over 30 years of age, additional labs will be attached to the CMR but not entered into the laboratory section.

Hidden core fields

The following fields will be hidden from view for the disease(s) listed, beginning with TriSano 3.0. (See "Core Customizer" in this document.)

Disease	Tab	Hidden core fields
Pertussis	Epi	Food handler
West Nile Virus	Contacts	Entire tab
	Encounters	Entire tab
	Epi	Food handler, health care worker, group living, day care worker

Laboratory section - changes:

- Options for the test result drop down box have been changed to: positive, negative, inconclusive, unknown.
- Laboratory reports for non-reportable diseases will be entered; UDOH will notify LHD's when no investigation is needed.
- Changes to the specimen source drop down boxes were approved for consistency with CDC categories.
- When labs send ELR information without a designated field in UT-NEDSS (this may include items such as facility address, etc) this information will be added to the "Comments" field below the corresponding lab report. Social Security Numbers are an exception to this policy; SSN information will remain in the secured staging area and not entered in the CMR.

To request further **changes to the laboratory section**: send a request to nedss@utah.gov.

NEDSS@utah.gov

All UT-NEDSS defects, error reports, and wish list items are to be submitted via email to nedss@utah.gov.

Paper forms

Paper forms will be reviewed and updated along with disease plans via the disease plan review wiki. Updated paper forms will contain the minimum amount of data required for each disease.

Pertussis form

The Pertussis form will now capture vaccine type information to distinguish between DTaP and Tdap.

Preliminary and Final results

Policy reviewed and approved by Local Health Officers and UDOH BOE Director, 4/2011.

During an initial ELR testing phase, all preliminary and final laboratory results will be entered into UT-NEDSS/ TriSano.

Once it has been established that all results are being received as expected, ELR will discard all preliminary results except for those from immediately notifiable diseases.

Quarterly user group meetings with CSI

These meetings will be held as needed/ by request. Requests for topics to be covered may be submitted to the workgroup coordinator, or to Kris Ledbetter at CSI, krl@csinitiative.com.

Reopening cases

Policy reviewed and approved by Local Health Officers, 8/2010, with an amendment approved 6/2011.

State program staff will reopen cases if the minimum required information to complete a communicable disease investigation is missing. The minimum required information is determined by UDOH based on CDC case definition and includes data required for assignment of case status, disease specific information listed in disease plans and forms required for CDC reporting, cluster/outbreak investigation, or MMWR week assignment.

If an investigation is not complete, state program staff will click on "Reopen" to send the case back to the LHD manager and use the "Notes" tab to document the reason for reopening the case. If the information requested is unavailable, this may be specified by the LHD in the Notes section. If the LHD investigator requires assistance to obtain the needed information, for whatever reason, they are to contact the state program staff for assistance or to obtain the information with state resources.

Amendment: For purposes of data reconciliation, data may be provided by alternate methods at the request of the Local Health Department.

"Results Reported to Clinician Date" field

This field is currently being used by Davis County Health Department as a substitute "Date First Reported to LHD" field.

Workgroup Decision-Making Process

- **Voting:**
  - o Workgroup members will vote on proposed policies. Issues will be presented and discussed at least once prior to voting, and members will be notified in advance of votes to be held. If unable to attend a meeting, workgroup representatives may submit votes to the workgroup coordinator prior to the meeting.
  - o Eight affirmative votes will constitute agreement from the workgroup. Each LHD has one vote, UDOH has one vote. Lack of a vote will be considered an affirmative vote.
- **Approval:**
  - o Once a proposed policy has been agreed upon by the workgroup, the co-chairs will present the proposal to the Epidemiology Affiliate Group (EAG) and the UDOH Bureau of Epidemiology Director for review.
  - o If the EAG and Bureau Director approve, – the policy will be presented to the Local Health Officers by the EAG president and considered final.
- **Communication:**
  - o The workgroup coordinator will submit approved policies to be included in an email to all UT-NEDSS Users.
  - o The workgroup coordinator will maintain documentation of workgroup policies (updated on the web quarterly, and provided for quarterly CUEL meetings).