

CUEL UT-NEDSS Workgroup

UT-NEDSS Policies & Procedures

Contents

Access rights.....	2
Attachment of Documents.....	2
Core Customizer in TriSano 3.0.....	2
ELR rules.....	2
Gateway diseases for ELR messages.....	3
GRAMA requests and release of UT-NEDSS information.....	4
Hepatitis A total antibody results	4
Hepatitis B and C lab reports	4
Hidden core fields	5
Laboratory section - changes:.....	5
NEDSS@utah.gov	5
NEDSS Issue Tracker.....	6
Paper forms.....	6
Quarterly user group meetings with CSI.....	6
Reopening cases.....	6
“Results Reported to Clinician Date” field	7
Workgroup Decision-Making Process.....	7

For clarification, questions, or to suggest an issue for consideration by the workgroup, please contact workgroup co-chairs: Melissa Dimond, (801) 538-6191 or melissastevens@utah.gov, Wendy Garcia, wendyb@co.davis.ut.us, Brian Hatch, brianl@co.davis.ut.us; or workgroup 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 Lead, or UT-NEDSS Developer Support (currently Richard Kurzban) will 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.

Core Customizer in TriSano 3.0

The CUEL UT-NEDSS workgroup will determine disease-specific hide/display settings for all core fields beginning with TriSano 3.0.

ELR rules

ELR rules and policies will be discussed and approved by the CUEL 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

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 and Summit County will continue to receive all chronic Hepatitis B and C labs via fax.

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.

NEDSS Issue Tracker

The NEDSS Issue tracker is a central location for tracking UT-NEDSS issues, bugs, and wish list items. The NEDSS Tracker is accessible in PH Access and has a format similar to the Epi Issue Tracker. Items are sorted by priority (high, medium, and low), type (application issue, or wish list item), and status (ongoing or resolved). All UT-NEDSS users have view-only access to the NEDSS Tracker, which is maintained by the UT-NEDSS Support and Maintenance Lead. To add an item to the tracker, send an 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.

Quarterly user group meetings with CSI

These meetings will be held at 2:00 pm. MT on the second Tuesday of February, May, August, and November. 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. An amendment to this policy will be discussed in the near future.

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.

“Results Reported to Clinician Date” field

The workgroup has requested removal of this field to UT-NEDSS (11/23/2010). Alternatively, or in the interim, this field will be hidden for all diseases using the Core Customizer feature in TriSano 3.0.

Workgroup Decision-Making Process

- **Voting:**
 - 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.
 - 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:**
 - Once a proposed policy has been agreed upon by the workgroup, the co-chairs will present the proposal to the Local Health Officers (LHOs) and the UDOH Bureau of Epidemiology Director for review.
 - If the LHOs and Bureau Director approve (no response after two weeks will be considered approval) – the policy will be final.
- **Communication:**
 - The workgroup coordinator will submit approved policies to be included in an email to all UT-NEDSS Users.
 - The workgroup coordinator will maintain documentation of workgroup policies (updated on the web quarterly, and provided for quarterly CUEL meetings).