

Reporting of Negative Lab Results in Utah

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WHY?

- Determine end of infectivity (e.g. TB, salmonella)
- Identify when seroconversion occurs (e.g. HIV, hepatitis)
- Identify acute cases (e.g. Hepatitis C)
- Establish case definition (e.g. Hepatitis)
- Determine the denominator of testing to interpret trend data (e.g. STD, enterics)
- Verify cases with positive screening tests, but negative confirmatory tests (e.g. HIV, hepatitis, TB)
- Reduce investigator time

HOW?

1. Worked with state administrative and legal teams. Primary concern was security
 - Negative data would not be accessible to state/local epidemiologists
 - Identifiable data will be purged at 18 months
 - Deidentified datasets will be available to state/local epidemiologists
2. Worked with infection preventionists at hospitals
 - Will not collect negative HIV screening test results
3. Worked with local health officers and nurses, allay concerns
 - Negative results will not create new cases or add workload
4. Created rules engine
 - Negative data first matched and entered into existing cases OR
 - Sent to secured data warehouse

RULE: R386-702-4

1. Electronic reporting of negative results: Electronic reporting shall include negative as well as positive results for tests ordered for the following conditions: *Chlamydia, Gonorrhea, Hepatitis A, Hepatitis B, Hepatitis C, including viral loads, Human Immunodeficiency Virus (HIV), including viral loads and confirmatory tests, Salmonellosis, STEC, Tuberculosis.*

2. Negative test results reported for these conditions will be used for the following purposes as authorized in Utah Health Code Section 26-1-30(2)(c),(d), and (f): To determine when a previously reported case becomes non-infectious; To identify newly acquired infections through identification of a seroconversion window; or To provide information critical for assignment of a case definition.

3. Information associated with a negative test result will be retained by the Utah Department of Health for a period of 18 months. At the end of the 18 month period, if the result has not been appended to an existing case, personal identifiers will be stripped and expunged from the result. The de-identified result will be added to a de-identified, aggregate dataset which will be retained for use by public health to analyze trends associated with testing patterns and case distribution, enabling identification and establishment of prevention and intervention efforts for at-risk populations, and assessment of trends over time in those populations, as authorized by Utah Health Code 26-1-30(2)(f).

IMPACT?

- 2 high volume labs participating since February
- No hospitals in compliance
- 620% increase in incoming messages
- 29% increase in messages entering the surveillance database
- No impact on processing speed (currently at 35,000 messages/month)
- Things we would change at this time: Eliminate Salmonella and STEC