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DEPARTMENT OF HEALTH & SOCIAL SERVICES
Public Health Services Division

SOLANO COUNTY

SOLANO PUBLIC HEALTH

November 2019

Dear Laboratory Partners,

This letter is intended to inform our laboratory partners of the statutory/mandatory, voluntary and meaningful use reporting requirements in Solano County.

Solano Public Health (SPH) is the Public Health Authority in Solano County. All laboratory partners operating in Solano County must report and submit appropriate data, except for Cancer Case Incidents, to SPH through the Solano County Population and Public Health Hub (PPHealth Hub) router for data that are electronically available and via fax or mail for those that are not electronically available. The PPHealth Hub will route appropriate data to the respective regional, state and federal reporting systems. Cancer Case Incident reports may be submitted via the PPHealth Hub or directly to the California Cancer Registry.

Statutory/Mandatory Reporting to Solano Public Health:

Reporting is crucial for disease surveillance, prevention and control and for the early detection of disease outbreaks. The California Health and Safety Code Section 124130 and the California Code of Regulations (CCR), Title 17, Section 2505 outlines the list of laboratory test results suggestive of diseases that laboratories must report to the local public health authority. A subsection of 2505 specifies isolates or specimens that must be submitted to the Napa-Solano-Yolo-Marin Public Health Laboratory, the local public health laboratory in Solano County.

The California Department of Public Health, in consultation with the California Conference of Local Health Officers, recently updated Section 2505. The updated 2505 laboratory reportable list is posted on the Solano County Public Health website at http://www.solanocounty.com/depts/ph/info_for_healthcare_providers/public_health_reporting.asp.

The Section 2505 changes, which went into effect October 1, 2019, are summarized below.

Changes to List of Reportable Results

The following diseases have been **removed** from subsection (e)(2)

- ***Entamoeba histolytica***

The following diseases have been **added** to subsection (e)(2); laboratory results suggestive of these diseases must now be reported to the local health department within **one working day**.

- **Carbapenem-resistant Enterobacteriaceae** (Carbapenemase-producing)
- **Influenza**
- **Latent Tuberculosis Infection** identified by a positive laboratory test (including positive interferon gamma release assays)
- **Middle East Respiratory Syndrome Coronavirus** (MERS-CoV)

The following diseases have been **reworded** for clarity

- Mycobacterium tuberculosis now **Tuberculosis, including Mycobacterium tuberculosis complex**
- *Neisseria meningitidis* (sterile site isolate) now ***Neisseria meningitidis*** **(sterile site isolate or eye specimen)**

Changes to Isolate and Specimen Submissions

The following specimen has been **removed**:

- **Measles immunoglobulin M (IgM)-positive sera**

The following specimen has been **added**:

- ***Neisseria meningitidis*** eye specimens

The requirements for the following specimen has been **changed**:

- Submission of **HIV-1/2** antigen or antibody reactive sera or plasma now upon request from CDPH (previously required for all specimens)

The following changes apply to **Mycobacterium tuberculosis complex**:

- If Mycobacterium tuberculosis complex is identified by molecular testing but no culture isolate is available, a specimen available to the laboratory must be submitted to the public health laboratory upon request from the local health officer, public health laboratory or CDPH.
- Results of molecular assays for drug resistance must be reported.
- Resistant cultures must be submitted as soon as available (previously no timeframe).

Changes to Reporting Requirements

- Laboratories must report initial findings, as well as any subsequent findings.
- Molecular and pathologic testing is included in types of testing that must be reported.
- Negative results must be reported when requested by CDPH or the local health officer.
- Reporting and isolate/specimen submission is now based on where the patient resides (previously where healthcare provider was located). If patient residence is unknown, the report must be submitted to the local health officer where provider is located.
- Laboratories must report results via electronic laboratory reporting (ELR) directly to Solano Public Health through the Solano County Population and Public Health Hub. Laboratories must report by other means if requested by CDPH or the local health officer.
- Reports must be submitted in a format specified by CDPH.
- Animal specimens are no longer limited to only rabies and plague. For the testing of conditions reportable in animals, animal specimens now include anthrax, brucellosis, plague, rabies, tularemia, and viral hemorrhagic fever agents.

Changes to Content of Reports

- All laboratory reports to public health must now include pregnancy status, patient address, patient date of birth, anatomic site of specimen collection, and diagnosis codes. In addition, Solano Public Health requests veteran and military status and homeless information, if available.
- Reporting of age to public health is no longer required.

Voluntary Reporting to Solano Public Health:

To provide a better understanding of the magnitude of the health issues facing our county and to better target intervention and resource allocation, Solano Public Health is making the following voluntarily reportable and is strongly encouraging their submission:

- Positive laboratory results for Human Papillomavirus (HPV);
- De-identified negative laboratory results for all diseases per CCR Title 17, Sections 2500, 2505, 2643.10 and 2643.5.

Meaningful Use Reporting to Solano Public Health:

Solano Public Health understands that electronic submission of timely, high quality data requires allocation of scarce resources; therefore, SPH has taken steps to align statutory/mandatory and voluntary reporting with HITECH Meaningful Use incentives.

Reporting directly to State or Regional systems does not qualify EPs, EHs, and CAHs for Meaningful Use unless an exemption has been obtained directly from SPH. See the California Public Health Electronic Reporting Capacity matrix at: http://hie.cdph.ca.gov/lhj-matrix.html.

For Meaningful Use, SPH has updated its "Declaration of Readiness" to receive and process the following data from all partners, including Eligible Professionals (EPs), Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs):

- Stage 2 and Stage 3 Meaningful Use 2014 Edition, 2015 Edition and 2015-2017 Edition
- Electronic Laboratory Reports
- Electronic Case Reporting
- Public Health Reporting Registries
  Solano Public Health and the healthcare community recognize the importance of analyzing, interpreting and sharing data collected through other means, including questionnaires and other instruments, that may or may not be incorporated into electronic medical records. To capture these and identify other health-related issues that impact the community, Solano Public Health has declared the following as public health registries under Meaningful Use:
  - Cancer Data of Community Interest (CDCI). This includes Cancer Case Incident, electronic pathology results and cancer screening data sets.

Please feel free to call our Communicable Disease Program at 707-784-8001 for communicable disease questions or email the epidemiology unit at SPHReporting@SolanoCounty.com for questions regarding reporting.

Thank you for your timely and complete reporting and for keeping our residents and communities healthy!

Respectfully,

Bela T. Matyas

Bela T. Matyas, MD, MPH