



## Draft Summary of the Notifiable Conditions Technical Advisory Committee (TAC) October 12, 2018

Department of Health Kent Office  
20425 72nd Avenue S, Building 2, Suite 310 Kent, WA 98032  
Conference Room 309

### Technical Advisory Committee members present:

Amanda Killingbeck, Mason General Hospital Laboratory Services  
Jacky Chow, MultiCare Health System  
Jaime Bodden, Washington State Association of Local Public Health Officials  
Jason Love, Tacoma General Hospital Laboratories NW  
Jason Matsumoto, Harborview Medical Center Department of Laboratory Medicine  
Karie Nicholas, Washington Association of Community and Migrant Health Centers (via phone)  
Lin Thach, Kaiser Permanente WA Regional Laboratory  
Lori Bourassa, University of Washington Department of Lab Medicine  
Scott Lindquist, Washington State Department of Health  
Stephen Kutz, Washington State Board of Health  
Xuan Qin, Seattle Children's Hospital Laboratories

### State Board of Health (Board) and Department of Health (Department) staff, and other guests who signed in:

Alexandra Montaña, Board of Health Staff  
Amy Liu, Department of Health (via phone)  
Andrea Agnesani, Department of Health (via phone)  
Jen Reuer, Department of Health  
Laura Johnson, Department of Health  
Melanie Hisaw, Board of Health Staff  
Michelle Davis, Board of Health Staff  
Rachel Amiya, Department of Health  
Sierra Rotakhina, Department of Health  
Tom Jaenicke, Department of Health

### 1. PLAN FOR THE DAY

Stephen Kutz, TAC Co-Chair, provided an overview of the agenda and noted that the role of the TAC is to discuss the recommendations for the rule update and to provide feedback, not to make final decisions.

### 2. RULE OVERVIEW AND UPDATES

Sierra Rotakhina, Department of Health, outlined some of the work that staff has completed since the last TAC meeting. This included working with Local Health Officers to determine if the 24 hour reporting timeline could be replaced with a one business day reporting timeline (which did not have full support from the LHOs), comparing CSTE reporting timelines to those in Washington State, and following up with Department of Health subject matter experts on technical questions that the TAC had raised in the first three meetings.

### **3. DISCUSSION OF RECOMMENDED RULE LANGUAGE**

Scott Lindquist and Stephen Kutz, TAC Chairs, walked the TAC through each page of the draft rule and facilitated discussions and collected feedback from the TAC members on any changes they would recommend to the draft.

### **4. ELECTRONIC LABORATORY REPORTING (ELR)– CONCEPT PAPER**

The TAC members reviewed an ELR concept paper which outlines that the Board and Department are considering requiring ELR and allowing labs to choose between three format options: Option A) HL7, Option B) A web submitter maintained by the Department, or Option C) Rapid Screening test results for lead (e.g. point of care lead test results) could be submitted using a spreadsheet (e.g. Excel document) or similar electronic format. The TAC members voiced general support for these options. One member indicated that it would be beneficial for labs to be able to use Option A for most conditions and Option B for rare conditions so they do not have to invest in updating their systems to add new conditions that they will rarely if ever have to report. The TAC noted that it would also be beneficial to require labs to meet milestones leading up to an ELR mandate that would ensure that they would be in compliance.

### **5. NEGATIVE SCREENING TEST RESULTS FOR SELECT CONDITIONS**

The Department presented the public health justification for collecting negative screening results for Hepatitis C, Hepatitis B, gonorrhea, syphilis, chlamydia, and HIV at the third TAC meeting. At today's meeting the TAC further discussed this concept. While the TAC agreed with the importance of submitting negative test results to meet these public health needs, many members expressed concerns about patient privacy and potentially creating barriers for testing. The members discussed this and indicated that they are comfortable with collecting negative confirmatory test results associated with a previous positive for some conditions (Hepatitis B, Hepatitis C, and HIV), and indeterminate results in addition to positive results for some conditions (chlamydia, HIV, gonorrhea, syphilis). Then, instead of reporting the other negative results with identifying information, the draft rule could require labs to de-identify negative results for these conditions and then send that data to the department at least annually. The information would be de-identified using the Safe Harbor method. While this de-identified data will not provide the same public health benefit as identifiable data, the Department and the TAC members felt that this approach strikes a healthy balance between providing enough data to improve public health interventions, addressing potential patient privacy concerns, and not creating too much burden for labs. Alexandra Montaña, Board Staff, and Sierra Rotakhina, Department of Health, noted that the next step of this concept is to work with providers and community-based organizations that do point of care testing for Hepatitis C and HIV (and are required to comply with laboratory reporting requirements for rapid test results) to get feedback on this approach.

### **6. WRAP UP**

Ms. Montano and Ms. Rotakhina, thanked the TAC members for their time and let them know that the next steps for this rule update would be to incorporate today's recommendations into the draft rule and then send the draft out to a broader group (including the TAC members) for feedback.

### **7. ADJOURNMENT**

Dr. Lindquist adjourned the meeting at 3:00 p.m.