Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the PHAB Domain 2 Standard 1 Measure 5

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Tracking Log On Investigation; Communicable Disease Rule; Timeliness of Investigation- policy and process, CDC report, Contract with LHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Date:</td>
<td>12/29/2015, 12/15/2014, 10/1/2016</td>
</tr>
</tbody>
</table>

Version of Standards and Measures Used: 1.5

<table>
<thead>
<tr>
<th>Related PHAB Standard and Measure Number</th>
<th>Domain: 2</th>
<th>Standard: 1</th>
<th>Measure: 5</th>
<th>Required Documentation: A.1</th>
</tr>
</thead>
</table>

Short description of how this document meets the Standard and Measure’s requirements:
A 12-page case report about one case of Shiga toxin-producing E Coli that was investigated in September and October of 2009 was provided. Dates of notification of UDOH, interviews, lab tests and lab test results were all included. On further questioning, a 2015 Annual Progress Update which was provided to CDC was shared. This update included reports of compliance with CDC’s expectations for capture of data and timely investigation and treatment of STDs. UDOH also provided an October 2016 policy for training and monitoring new organizations to report diseases electronically to UDOH. Extensive discussion during the site visit confirmed that UDOH does track and trend various aspects of investigations.

Submitting Agency: Utah Department of Health

| Staff Contact Name: | Nikki Campbell |
| Staff Contact Position: | Health Educator |
| Staff Contact Email: | ncampbell@utah.gov |
| Staff Contact Phone: | (801) 538-6486 |

Can we attribute the document to your agency?
☒ Yes, you can include our agency name when posting
☐ No, please post the document anonymously

Can we include staff name and contact information with the documentation?
☒ Yes, you can include staff contact information
☐ No, please do not include staff contact information
Thank you for submitting your health agency’s documentation to the Accreditation Library. We appreciate your contribution to this resource, and we look forward to continuing to provide you with assistance in your accreditation work.

The following are PHAB’s policies for all submitted documentation¹:

a. No draft documents will be accepted for review by PHAB.

b. All documentation must be in effect and in use at the time that they are submitted to PHAB.

c. Documents must be submitted to PHAB electronically. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not accept hard copies of any documentation, either with documentation submission or at the site visit. In order for documentation to be considered by site visitors it must be in an electronic format and included in the health department’s record of documentation in the e-PHAB system.

d. A PDF version of all documentation is preferred. If a document is not a PDF, it should be in a commonly used program such as Word, Excel, or PowerPoint. Documents created using health department specific software, special graphics, or other program not commonly used, will not be accepted.

e. In many cases, a measure is demonstrated only once, at a central point in the health department. Examples of these types of documentation requirements include department-wide policies (such as human resource policies), procedures, and plans. In these cases the requirement is for a specific, central document, rather than for examples.

f. Where documentation requires examples, health departments must submit two examples, unless otherwise noted in the list of required documentation or the guidance.

g. Health departments are encouraged to provide narrative that describes how the submitted document relates to and meets the requirement. Text boxes will be provided by e-PHAB for health departments to include descriptions and explanations.

h. Health departments must comply with e-PHAB electronic submission requirements and processes.

Shiga toxin-producing Escherichia coli (STEC)

Confidential Case Report

DEMOGRAPHIC INFORMATION

REPORTED DATES

Date first reported to public health: 2009-09-08

NAME

Last name:  [redacted]  First name: [redacted]  Middle name: [redacted]

CURRENT ADDRESS

Street name: [redacted]  Unit number: [redacted]  City: [redacted]  State: Utah  Zip code: [redacted]  County: [redacted]

ADDRESS

Street name: [redacted]  Unit number: [redacted]  City: [redacted]  State: [redacted]  Zip code: [redacted]  County: [redacted]  District: [redacted]

AGE

Birth date: [redacted]  Age: [redacted]  Age at onset: [redacted]

TELEPHONE/EMAIL

Phone: Home: [redacted]  Phone: Work: [redacted]

DEMOGRAPHICS

Birth gender: [redacted]  Primary language: [redacted]  Ethnicity: [redacted]

Race: [redacted]
**Disease:** Shiga toxin-producing Escherichia coli (STEC)  
**Onset date:**  
**Date resolved:**  
**Have the patient's symptoms resolved?:** Yes

**Date diagnosed:**  
**Hospitalized:** No  
**Died:** No  
**Died:** No  
**Pregnant:** No  
**Expected delivery date:**

---

**HOSPITALIZED HEALTH FACILITIES**

No hospitalized health facilities have been recorded for this morbidity event

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**DIAGNOSING HEALTH FACILITIES**

**Name:** St Mark's Hospital  
**Address:** Hospital / ICP

---

**TREATMENTS**

<table>
<thead>
<tr>
<th>Treatment Given:</th>
<th>Treatment:</th>
<th>Treatment Date:</th>
<th>Stop Treatment Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each treatment, list date ended and if the patient took all doses:

---

**CLINICIANS**

**Name:**  
**Phone:**  
**List date(s) of doctor visits:**

**Symptoms:** nausea abdominal pain diarrhea bloody diarrhea

**Did patient have HUS or TTP?:** No

**Was the patient immunocompromised?:** No

**Was the patient co-infected?:** No
<table>
<thead>
<tr>
<th>Lab name</th>
<th>Accession number</th>
<th>Test type</th>
<th>Test result</th>
<th>Units</th>
<th>Specimen source</th>
<th>Test interpretation</th>
<th>Orgismon:</th>
<th>Reference range</th>
<th>Comment</th>
<th>Original Values:</th>
<th>Test Interpretation:</th>
<th>Test Type:</th>
<th>Test Result:</th>
<th>Organism:</th>
<th>Reference range</th>
<th>Comment:</th>
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<tbody>
<tr>
<td>ARUP Laboratories</td>
<td></td>
<td>Culture</td>
<td>Positive / Reactive</td>
<td></td>
<td>Stool</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Escherichia coli O157:H7</td>
<td></td>
<td>Migrated from TriSano version 1.x.</td>
</tr>
<tr>
<td>Utah Public Health Laboratory</td>
<td></td>
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<td>Migrated from TriSano version 1.x.</td>
</tr>
<tr>
<td>Utah Public Health Laboratory</td>
<td></td>
<td>PFGE</td>
<td>UTExHA26.015</td>
<td></td>
<td>Stool</td>
<td></td>
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<td>Utah Public Health Laboratory</td>
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<td>Utah Public Health Laboratory</td>
<td></td>
<td>PFGE</td>
<td>UTExHA26.015</td>
<td></td>
<td>Serum</td>
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<td></td>
<td></td>
<td></td>
<td>Escherichia coli O157:H7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PN PFGE (2nd Enzyme): 
PFGE Cluster: 
UT Cluster Code: CDC Cluster Code:
Identify all ill contacts.

Does case's infection appear secondary to another person's infection?: No

Any contacts ill with similar symptoms?: No

No contacts have been recorded for this morbidity event
ENCOUNTERS --

No encounters have been recorded for this morbidity event
**Epidemiological Information --**

**Contact Oriented**

<table>
<thead>
<tr>
<th>Food handler: No</th>
<th>Healthcare worker: No</th>
<th>Group living: No</th>
<th>Day care association: No</th>
<th>Occupation: <strong>Real estate broker</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attends school: No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Place Exposures**

Did the patient eat food purchased from any grocery stores during the exposure period?: Yes
Did the patient eat at any restaurants during the exposure period?: Yes
Did the patient attend a group event during the exposure period?: Yes

<table>
<thead>
<tr>
<th>Place Name &amp; Address</th>
<th>Place type</th>
<th>Date of exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cafe Rio; 3025 E 3300 S, Salt Lake City, UT 84109. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-08-27</td>
</tr>
<tr>
<td>Red Iguana; 736 W North Temple, Salt Lake City, UT 84116. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-08-28</td>
</tr>
<tr>
<td>Finn's Cafe; 1624 S 1100 E, Salt Lake City, UT 84105. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-09-01</td>
</tr>
<tr>
<td>Red Butte Gardens Concert;</td>
<td>Food Establishment</td>
<td>2009-09-02</td>
</tr>
<tr>
<td>Chili's; 1070 E Fort Union Blvd, Midvale, UT 84047. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-09-28</td>
</tr>
<tr>
<td>Milcreek Cafe; 3084 E 3300 S, Salt Lake City, UT. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-08-30</td>
</tr>
<tr>
<td>Whole Foods (Sugarhouse); 1131 Wilmington Ave, Salt Lake City, UT 84106. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-08-30</td>
</tr>
<tr>
<td>Jordanelle Reservoir; 2040 S 2300 E, Salt Lake City, UT 84108. County: Salt Lake</td>
<td>Recreational Activities</td>
<td>2009-08-29</td>
</tr>
<tr>
<td>Albertson's; 2040 S 2300 E, Salt Lake City, UT 84108. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-08-27</td>
</tr>
<tr>
<td>Mazza, , Salt Lake City , UT. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-08-28</td>
</tr>
<tr>
<td>Century 16 Theatres; 125 E 3300 S, Salt Lake City, UT 84115. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-08-30</td>
</tr>
<tr>
<td>Ruby River;</td>
<td>Food Establishment</td>
<td>2009-08-30</td>
</tr>
<tr>
<td>Loco Lizard-CLOSED; 6550 S 3000 E, Salt Lake City, UT 84121. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-09-03</td>
</tr>
<tr>
<td>Cafe Rio; 532 E 400 S, Salt Lake City, UT 84102. County: Salt Lake</td>
<td>Food Establishment</td>
<td>2009-08-27</td>
</tr>
</tbody>
</table>

**Other**

Imported from: Utah
Risk factors: Animal Exposure, Suspect Water Exposure, Suspect Meat Exposure
Risk factors notes: Contact will ill dog; swimming in Jordanelle reservoir; ate a variety of suspect meats during the exposure period.

Other data:

**Reporting Information --**

Agency name: **St Mark's Hospital** Types: Hospital / ICP Agency phone: [Contact number]
First name: Lori Last name: Mead, RN Area code: 801
Phone number: [Contact number] Extension: Date first reported to public health: 2009-09-08
Results reported to LHD:

**Administrative Information --**

Record number: [Contact number] Date record created: 2009-09-05
MMWR year: 2009 MMWR week: 35
Jurisdiction of residence: Salt Lake County Health Department
**CASE / OUTBREAK**

<table>
<thead>
<tr>
<th>LHD case status:</th>
<th>Confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>State case status:</td>
<td>Confirmed</td>
</tr>
<tr>
<td>Outbreak associated:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**INVESTIGATION**

Jurisdiction responsible for investigation: **Salt Lake County Health Department**

Event status: **Closed**

LHD investigation/intervention started: **2009-09-14**

Date investigation completed: **2009-10-22**

**AUDITING**

Enteric Metrics (State Use Only)

FC INT: INT ATTEMPT:

CDC Supplemental Questionnaire

CDC SQ: Date CDC Req Int: Date 1st attempt SQ: SQ Completed:
INVESTIGATIVE INFORMATION --

Shiga toxin-producing E coli

Date 9 days before disease onset: [Redacted] Date 1 day before disease onset: [Redacted] Did the patient travel outside the USA during the exposure period?: No

Did the patient travel outside Utah, but inside USA during the exposure period?: Yes

Describe travel (location, dates, mode, if other were ill, etc.): Boating at Jordanelle Reservoir and was waterskiing on the 29th, 30th and the 2nd.

Did the patient have visitors from out of the state or outside the USA during the exposure period?: No

Did the patient eat ground beef during the exposure period?: No

Did the patient eat poultry (chicken, turkey, duck, etc.) during the exposure period?: Yes, fully cooked

Did the patient eat pork during the exposure period?: No

Did the patient eat fish/seafood during the exposure period?: Yes, fully cooked

Did the patient eat raw or undercooked eggs (runny) during the exposure period?: No

Did the patient drink raw or unpasteurized milk during the exposure period?: No

Did the patient eat leafy greens during the exposure period?: Yes

Select all that apply:

Restaurant or store name: Taco salad, mexican salad, Gr chicken salad

Did the patient eat melons during the exposure period?: No

Did the patient eat berries during the exposure period?: No

Did the patient eat any of the following during the exposure period?: unknown, may have been in salads

Did the patient eat any other fresh produce during the exposure period?: Unknown

Did the patient eat fresh herbs during the exposure period?: Unknown

Did the patient eat melons during the exposure period?: No

Did the patient eat any other fresh produce during the exposure period?: No

Did the patient eat food from farmers’ markets, roadside stands, samples, etc?: No

Did the patient eat any other raw/imported/unpasteurized/suspect foods during the exposure period?: No

Is cross-contamination a likely factor?: Unknown

Did the patient visit any of the following during the exposure period?: None

Specify details: Has dogs and one was ill

Did the patient have contact with animal waste/manure during the exposure period?: Yes

Specify details:

Did patient have contact with ANY animals (including farm animals, pets) during the exposure period?: Yes

Source of drinking water at home: Bottled

Specify details (dates, locations, etc.):

Source of drinking water at work/school: Municipal/public water

Did the patient have recent plumbing/construction work done on water system?: Unknown

Did the patient drink or have exposure to any of the following during the exposure period?: Natural water (lakes, streams)

Did the patient drink or have exposure to any other water sources not listed during the exposure period?: No

Has the patient done any of the following during the exposure period?: None

Specify details (dates, locations, etc.):

Has the patient had any other outdoor exposure during the exposure period?: Yes

Specify details (dates, locations, etc.): Water skiing at Jordanelle

Date client was provided information: 2009-09-11
Date Epidemiology was notified of any high-risk occupations/settings and/or exposures likely to cause additional illness:
Date case was restricted/excluded from high-risk occupations/settings if symptomatic; notify supervisor:
Date case's ICP or Employee Health Nurse was notified (if appropriate):
Date follow-up stool testing completed (if required):
Date symptomatic contacts in high-risk occupations/settings were restricted/excluded (if appropriate):
Date case/contacts released back to high-risk occupation/setting if case/contacts were restricted/excluded:
Date daycare was notified (if child is in daycare):
Date school nurse was notified (if child is in school):
Date Environmental Health was notified (if facility/restaurant inspection is warranted):
Date UDAF was notified (if trace-back/food supplier investigation is warranted; store, dairy, etc.):
Date UDOH notified if suspect exposure occurred outside health district or if potential cluster/outbreak situation exists:
Date CDC outbreak form completed, if appropriate:
Other follow-up:
Interview date:
Person interviewed: Client
Unsuccessful contact attempts:
NOTES --

Event created for jurisdiction Salt Lake Valley Health Department.

Routed to queue InfectiousDisease1-SaltLakeValley

Routed to investigator Janae Jewkes

Accepted by Investigator

(1555) Attempted to contact pt via phone. No answer. Left voicemail asking pt to contact me.

Contact with patient on 9/11 and [] was expecting my call. Had a list of restaurants and foods although originally different exposure period. Ate out quite a bit. Never eats beef and was on a diet and knew exactly what [] ate most of the time [] also eats protein bar given to [ ] by [ ] doctor but does not know a brand name. [] symptoms have resolved but [] reports being very ill for a long time. No others ill. Very curious about where [] got this illness and asking if we would call [] back with the results an commonality since [] was told by St. Marks Hospital several others ill with same thing. Provided education about possible sources of exposure and that if we find any commonalities we would send out environmental health to investigate the restaurants. [] is trying to find the name of one more place [] was and will call back.

Routed to investigator June Oliverson

Accepted by Investigator

User: Veronica Ramos

Edited event

User: June Oliverson

Routed to investigator June Oliverson

Accepted by Investigator

User: June Oliverson

Sent list of other restaurants where [] had eaten. Called [] to clarify if ate at both the Mazza and Cafe Rio on the 27th and [] had. Had lunch at cafe rio but at the downtown location. Said [] ate at the 3300 S location the previous week. Provided education that we were waiting on PFGE results to see if those ill are actually connected. Also informed [] we had or would be sending out Environmental Health out to inspect some of the restaurants. [] has requested a call back once we know more and agreed to do this.
had previously asked for name of restaurant and at that time was told could contact Environmental Health for records of food inspections as well as request copies of this medical record. called Environmental Health and at that time said ate at Cafe Rio 4th south location on 9/3/09 which is more in line with other exposures. Talked to today to notify that we were investigating a multi state outbreak and a product served at Cafe Rio may be involved. answered a question about items ate. said it was actually a take out meal that assistant picked up for also said ate at Cafe Rio 4th south location on the 27th as reported before. is concerned about the outcome and wants to be notified if we do identify any product that caused the illness.

Called on 10/6 and 10/7 and left message to call for follow up with investigation. Have not heard back from Investigation for this case is now closed.

Approved by State.

Edited event

Approved at Salt Lake Valley Health Department.

Edited event

Task status change.

'New lab result added: PFGE' changed from Pending to Complete

Task status change.

'New lab result added: PFGE' changed from Pending to Complete

Task status change.

'New lab result added: PFGE' changed from Pending to Complete

called to ask if additional information was identified as for the source of infection. Informed can request records by coming in and filling out a release of information. said has already done this for the State Health Dept.
<table>
<thead>
<tr>
<th>User: Kenneth Davis</th>
<th>Note type: Administrative</th>
<th>Date note created: Wed, Aug 14, 2013 at 10:32 am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edited event</td>
<td></td>
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</tr>
</tbody>
</table>
R386. Health, Disease Control and Prevention, Epidemiology.
R386-702. Communicable Disease Rule.
R386-702-1. Purpose Statement.
(1) The Communicable Disease Rule is adopted under authority of Sections 26-1-30, 26-6-3, and 26-23b.
(2) This rule outlines a multidisciplinary approach to communicable and infectious disease control and emphasizes reporting, surveillance, isolation, treatment and epidemiological investigation to identify and control preventable causes of infectious diseases. Reporting requirements and authorizations are specified for communicable and infectious diseases, outbreaks, and unusual occurrence of any disease. Each section has been adopted with the intent of reducing disease morbidity and mortality through the rapid implementation of established practices and procedures.
(3) The successes of medicine and public health dramatically reduced the risk of epidemics and early loss of life due to infectious agents during the twentieth century. However, the emergence of diseases, such as Human Immunodeficiency Virus, Hantavirus, and Severe Acute Respiratory Syndrome, and the rapid spread of diseases to the United States from other parts of the world, such as West Nile virus, made possible by advances in transportation, trade, food production, and other factors highlight the continuing threat to health from infectious diseases. Continual attention to these threats and cooperation among all health care providers, government agencies and other entities that are partners in protecting the public's health are crucial to maintain and improve the health of the citizens of Utah.

(1) Terms in this rule are defined in Section 26-6-2 and 26-23b-102, except that for purposes of this rule, "Department" means the Utah Department of Health.
(2) In addition, for purposes of this rule:
(a) "Outbreak" means an increase in incidence of disease, or two or more cases of disease with a common exposure.
(b) "Case" means a person identified as having a disease, health disorder, or condition that meets criteria for being reportable under this rule, or that is otherwise under public health investigation.
(c) "Suspect case" means a person who a reporting entity, local health department, or Department believes might be a case, but for whom it has not been established that the criteria necessary to become a case have been met.

(1) The Utah Department of Health declares the following conditions to be of concern to public health and reportable as required or authorized by Section 26-6-6 and Title 26, Chapter 23b of the Utah Health Code.
(a) Acinetobacter species with resistance or intermediate resistance to carbapenems (specifically, meropenem and imipenem) from any anatomical site
(b) Acquired Immunodeficiency Syndrome
(c) Adverse event resulting from smallpox vaccination
(d) Amebiasis
(e) Anaplasmosis
(f) Anthrax
(g) Arbovirus infection, including Saint Louis encephalitis and West Nile virus infection
(h) Babesiosis
(i) Botulism
(j) Brucellosis
(k) Campylobacteriosis
(l) Chancroid
(m) Chickenpox
(n) Chlamydia trachomatis infection
(o) Cholera
(p) Coccidioidomycosis
(q) Colorado tick fever
(r) Creutzfeldt-Jakob disease and other transmissible human spongiform encephalopathies
(s) Cryptosporidiosis
(t) Cytospora infection
(u) Dengue fever
(v) Diphtheria
(w) Ehrlichiosis, human granulocytic, human monocytic, or unspecified
(y) Encephalitis
(z)(1) Escherichia coli with resistance or intermediate resistance to carbapenems (meropenem, ertapenem, and imipenem) from any site
(z)(2) Shiga toxin-producing Escherichia coli (STEC) infection
(aa) Giardiasis
(bb) Gonorrhea: sexually transmitted and ophthalmia neonatorum
(cc) Haemophilus influenzae, invasive disease
(dd) Hansen Disease (Leprosy)
(ee) Hantavirus pulmonary syndrome
(ff) Hemolytic Uremic Syndrome, postdiarrheal
(gg) Hepatitis A
(hh) Hepatitis B, acute, chronic, and perinatal
(ii) Hepatitis C, acute and chronic infection
(jj) Hepatitis, other viral
(kk)(2) Pregnancy in a HIV case
(ll) Influenza-associated hospitalization
(mm) Influenza-associated death, in a person less than 18 years of age
(nn) Klebsiella species with resistance or intermediate resistance to carbapenems (meropenem, ertapenem, and imipenem) from any site
(oo) Legionellosis
(pp) Leptospirosis
(qq) Listeriosis
(rr) Lyme Disease
(ss) Malaria
(tt) Measles
Meningitis (aseptic, bacterial, fungal, parasitic, protozoan, and viral)
Meningococcal Disease
Mumps
Mycoplasma other than tuberculosis
Norovirus, outbreaks only
Pertussis
Plague
Poliomyelitis, paralytic and nonparalytic
Psittacosis
Q Fever (Coxiella infection)
Rabies, human and animal
Relapsing fever, tick-borne and louse-borne
Rubella, including congenital syndrome
Salmonellosis
Severe Acute Respiratory Syndrome (SARS)
Shigellosis
Smallpox
Spotted fever rickettsioses (including Rocky Mountain Spotted Fever)
Staphylococcus aureus with resistance or intermediate resistance to vancomycin isolated from any site
Streptococcal disease, invasive, including Streptococcus pneumoniae and Groups A, B, C, and G streptococci isolated from a normally sterile site
Syphilis, all stages and congenital
Tetanus
Toxic-Shock Syndrome, staphylococcal or streptococcal
Trichinellosis
Tuberculosis. Special Measures for the Control of Tuberculosis are listed in R388-804.
Tularemia
Typhoid, cases and carriers
Vibriosis
Viral hemorrhagic fever
Yellow fever
Any unusual occurrence of infectious or communicable disease or any unusual or increased occurrence of any illness that may indicate a bioterrorism event or public health hazard, including any single case or multiple cases of a newly recognized, emergent or re-emergent disease or disease-producing agent, including newly identified multi-drug resistant bacteria or a novel influenza strain such as a pandemic influenza strain.
Any outbreak, epidemic, or unusual or increased occurrence of any illness that may indicate an outbreak or epidemic. This includes suspected or confirmed outbreaks of foodborne disease, waterborne disease, disease caused by antimicrobial resistant organisms, any infection that may indicate a bioterrorism event, or of any infection that may indicate a public health hazard.
In addition to the reportable conditions set forth in R386-702-3(1) the Department declares the following reportable emergency illnesses, health conditions, and patient encounter information to be of public health importance and reporting is authorized by Title 26, Chapter 23b, Utah Code, unless made mandatory
by the declaration of a public health emergency:

(a) respiratory illness (including upper or lower respiratory tract infections, difficulty breathing and Adult Respiratory Distress Syndrome);
(b) gastrointestinal illness (including vomiting, diarrhea, abdominal pain, or any other gastrointestinal distress);
(c) influenza-like constitutional symptoms and signs;
(d) neurologic symptoms or signs indicating the possibility of meningitis, encephalitis, or unexplained acute encephalopathy or delirium;
(e) rash illness;
(f) hemorrhagic illness;
(g) botulism-like syndrome;
(h) lymphadenitis;
(i) sepsis or unexplained shock;
(j) febrile illness (illness with fever, chills or rigors);
(k) nontraumatic coma or sudden death;
(l) other criteria specified by the Department as indicative of disease outbreaks or injurious exposures of uncertain origin; and
(m) patient encounter data including, but not limited to, chief complaint and discharge diagnosis data from healthcare settings which support early identification and ruling out of public health threats, disasters, disease outbreaks, suspected incidents, and acts of bioterrorism; assist in characterizing population groups at greatest risk for disease or injury; support assessment of the severity and magnitude of possible threats; or satisfy syndromic surveillance objectives of the Federal Centers for Medicaid and Medicare Meaningful Use incentive program.

R386-702-4. Reporting.

(1) Each reporting entity shall report each confirmed case and any case who the reporting entity believes, in its professional judgment, is likely to harbor an illness, infection, or condition reportable under R386-702-3(1), and each outbreak, epidemic, or unusual occurrence described in R386-702-3(1)(yyy) or (zzz) to the local health department or to the Bureau of Epidemiology, Utah Department of Health. Unless otherwise specified, the report of these diseases to the local health department or to the Bureau of Epidemiology, Utah Department of Health shall provide the following information: name, age, sex, address, date of onset, and all other information as prescribed by the Department. A standard report form has been adopted and is supplied to physicians and other reporting entities by the Department. Upon receipt of a report, the local health department shall promptly forward a written or electronic copy of the report to the Bureau of Epidemiology, Utah Department of Health.

(2)(a) Where immediate reporting is required as noted in R386-702-4 (4), the reporting entity shall report as soon as possible, but not later than 24 hours after identification. Immediate reporting shall be made by telephone to the local health department or to the Bureau of Epidemiology, Utah Department of Health at 801-538-6191 or 888-EPI-UTAH (888-374-8824).

(b) All diseases not required to be reported immediately shall be reported within three working days from the time of identification. Reporting entities shall send reports to the local health department
by phone, secured fax, secured email, or mail; or to the Bureau of Epidemiology by phone (801-538-6191), secured fax (801-538-9923), secured email (please contact the Bureau of Epidemiology at 801-538-6191 for information on this option), or by mail (288 North 1460 West, P. O. Box 142104, Salt Lake City, Utah 84114-2104).

(c) Laboratories are encouraged to report case information electronically in a manner approved of by the Department if the laboratory has the capacity to do so. Laboratories should refer to https://health.utah.gov/phaccess/public/elr/ for information about this option. Please contact the Bureau of Epidemiology at 801-538-6191 for questions regarding this option.

(d) When more than one licensed laboratory is involved in testing a specimen, all laboratories involved are required to report results.

(e) The following requirements apply to laboratories that are reporting information electronically:

(1) Laboratories reporting electronically shall send the following information with all reports:

(1) First and last name of the patient;
(2) Patient date of birth;
(3) Patient hospitalization status;
(4) Name and telephone number of the reporting facility;
(5) Name and telephone number of the testing laboratory;
(6) Patient address
(7) Name and address of the requesting health care provider;
(8) Pregnancy status;
(9) Specimen source;
(10) The laboratory's name for, or description of, the test;
(11) Test reference range; and
(12) Test status (e.g. preliminary, final, amended and/or corrected).

(ii) Laboratories reporting electronically shall use HL7 2.3.1 or 2.5.1 message structure for all fields and appropriate LOINC codes designating the test performed.

(iii) Laboratories reporting electronically shall submit all local vocabulary codes with translations to UDOH, if applicable.

(iv) Laboratories reporting electronically must send reports within 24 hours of finalization of test results.

(v) Laboratories reporting electronically must report preliminary positive results for immediately notifiable conditions as specified in R386-702-4 (4).

(vi) Electronic reporting of negative results:

(1) Electronic reporting shall include negative as well as positive results for tests ordered for the following conditions:

(a) Chlamydia
(b) Gonorrhea
(c) Hepatitis A
(d) Hepatitis B
(e) Hepatitis C, including viral loads
(f) Human Immunodeficiency Virus (HIV), including viral loads and confirmatory tests
(g) Salmonellosis
(h) STEC
(i) 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):

(a) To determine when a previously reported case becomes non-infectious;
(b) To identify newly acquired infections through identification of a seroconversion window; or
(c) 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.

(a) 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.
(b) 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).

(3) Entities Required to Report Communicable Diseases: Title 26, Chapter 6, Section 6 Utah Code lists those individuals and facilities required to report diseases known or suspected of being communicable.

(a) Physicians, hospitals, health care facilities, home health agencies, health maintenance organizations, and other health care providers shall report details regarding each case.
(b) Schools, child care centers, and citizens shall provide any relevant information.
(c) Laboratories and other testing sites shall report laboratory evidence confirming any of the reportable diseases. Laboratories and other testing sites shall also report any test results that provide presumptive evidence of infection, which may include positive tests for HIV, syphilis, measles, viral hepatitis, tuberculosis, and Creutzfeldt-Jakob disease and other transmissible human spongiform encephalopathies.

(i) Detailed lists of reportable laboratory events, e.g. laboratory tests and results that signify a reportable condition, are found at: https://health.utah.gov/phaccess/public/elr/; click on "Spreadsheet of Reportable Events and Vocabulary" to access this list.

(ii) Events noted within the "Spreadsheet of Reportable Events and Vocabulary" constitute those that are reportable according to this Rule, and as such are considered mandatory for laboratories to report.

(iii) The "Spreadsheet of Reportable Events and Vocabulary" defines, for laboratory reporting purposes, those unusual occurrences of conditions as noted in R386-702-3 (1)(yyy) and (zzz).

(d) Pharmacists shall report unusual prescriptions or patterns of prescribing as specified in section 26-23b-105.

(4) Immediately Reportable Conditions: Case and suspect case reports of anthrax, botulism (except for infant botulism), cholera, diphtheria, Haemophilus influenzae (invasive disease), hepatitis A,
measles, meningococcal disease, plague, poliomyelitis, rabies, rubella (excluding congenital syndrome), Severe Acute Respiratory Syndrome (SARS), smallpox, Staphylococcus aureus with resistance (VRSA) or intermediate resistance (VISA) to vancomycin isolated from any site, tuberculosis, tularemia, typhoid, viral hemorrhagic fever, yellow fever, and any condition described in R386-702-3(1)(yyy) or (zzz) are to be made immediately as provided in R386-702-4(2).

(5) Mandatory Submission of Clinical Material:
(a) Laboratories shall submit clinical material from all cases identified with organisms listed in (5)(c) below to the Utah Department of Health, Utah Public Health Laboratory (UPHL). Clinical material is defined as:
   (i) A clinical isolate containing the infectious organism for which submission of material is required, or
(ii) If an isolate is not available, material containing the infectious organism for which submission of material is required, in the following order of preference:
   (A) a patient specimen;
   (B) nucleic acid; or
   (C) other laboratory material.
(b) Laboratories should alert UPHL via telephone during business hours at (801) 965-2400, or after hours at (801) 560-6586, of all bioterrorism (BT) agents that are being submitted. BT agents are marked below (as (BT)) with other organisms mandated for submission.

(c) Organisms that are mandated for clinical submission in Utah include:
   (i) Bacillus anthracis (BT);
   (ii) Brucella species (BT);
   (iii) Campylobacter species;
   (iv) Clostridium botulinum (BT);
   (v) Corynebacterium diphtheriae;
   (vi) Shiga toxin-producing Escherichia coli (STEC) (including enrichment and/or MacConkey broths that tested positive by enzyme immunoassay for Shiga toxin);
   (vii) Francisella tularensis (BT);
   (viii) Haemophilus influenzae, from normally sterile sites;
   (ix) Influenza virus (hospitalized cases only);
   (x) Legionella species;
   (xi) Listeria monocytogenes;
   (xii) Measles (rubeola);
   (xiii) Mycobacterium tuberculosis complex;
   (xiv) Neisseria gonorrhoeae;
   (xv) Neisseria meningitidis, from normally sterile sites;
   (xvi) Salmonella species;
   (xvii) Shigella species;
   (xviii) Staphylococcus aureus with resistance or intermediate resistance to vancomycin isolated from any site;
   (xix) Vibrio species;
   (xx) West Nile virus;
   (xxi) Yersinia species (Yersinia pestis, BT); and
   (xxii) any organism implicated in an outbreak when instructed by authorized local or state health department personnel.

(6) Full reporting of all relevant patient information related
to laboratory-confirmed influenza is authorized and may be required by local or state health department personnel for purposes of public health investigation of a documented threat to public health.

(7) Reports of emergency illnesses, health conditions, and patient encounter information under R386-702-3(2) shall be made as soon as practicable using a process and schedule approved by the Department. Full reporting of all relevant patient information is authorized. The report shall include at least, if known:

(a) name of the facility;
(b) a patient identifier;
(c) date of visit;
(d) time of visit;
(e) patient's age;
(f) patient's sex;
(g) zip code of patient's residence;
(h) chief complaint(s), reason for visit, and/or diagnosis; and

(i) whether the patient was admitted to the hospital.

(8) An entity reporting emergency illnesses, health conditions, and patient encounter information under R386-702-3(2) is authorized to report on other encounters during the same time period that do not meet definition for a reportable emergency illness, health condition, or patient encounter. Submission of an isolate does not replace the requirement to report the case also to the local health department or Bureau of Epidemiology, Utah Department of Health. The report shall include the following information for each such encounter:

(a) facility name;
(b) date of visit;
(c) time of visit;
(d) patient's age;
(e) patient's sex; and
(f) patient's zip code for patient's residence.

(9) Epidemiological Review: The Department or local health department may conduct an investigation, including review of the hospital and health care facility medical records and contacting the individual patient to protect the public's health.

(10) Confidentiality of Reports: All reports required by this rule are confidential and are not open to public inspection. Nothing in this rule, however, precludes the discussion of case information with the attending physician or public health workers. All information collected pursuant to this rule may not be released or made public, except as provided by Section 26-6-27. Penalties for violation of confidentiality are prescribed in Section 26-6-29.

(11) If public health conducts a retrospective surveillance project, such as to assess completeness of case finding or assess another measure of data quality, the department may, at its discretion, waive any penalties for participating facilities, medical providers, laboratories, or other reporters if cases are found that were not originally reported for whatever reason.

R386-702-5. General Measures for the Control of Communicable Diseases.

(1) The local health department shall maintain all reportable
disease records as needed to enforce Chapter 6 of the Health Code and this rule, or as requested by the Utah Department of Health.

(2) General Control Measures for Reportable Diseases.
(a) The local health department shall, when an unusual or rare disease occurs in any part of the state or when any disease becomes so prevalent as to endanger the state as a whole, contact the Bureau of Epidemiology, Utah Department of Health for assistance, and shall cooperate with the representatives of the Utah Department of Health.
(b) The local health department shall investigate and control the causes of epidemic, infectious, communicable, and other disease affecting the public health. The local health department shall also provide for the detection, reporting, prevention, and control of communicable, infectious, and acute diseases that are dangerous or important or that may affect the public health. The local health department may require physical examination and measures to be performed as necessary to protect the health of others.
(c) If, in the opinion of the local health officer it is necessary or advisable to protect the public’s health that any person shall be kept from contact with the public, the local health officer shall establish, maintain and enforce involuntary treatment, isolation and quarantine as provided by Section 26-6-4. Control measures shall be specific to the known or suspected disease agent. Guidance is available from the Bureau of Epidemiology, Utah Department of Health or official reference listed in R386-702-12.

(3) Prevention of the Spread of Disease From a Case.
The local health department shall take action and measures as may be necessary within the provisions of Section 26-6-4; Title 26, Chapter 6b; and this rule, to prevent the spread of any communicable disease, infectious agent, or any other condition which poses a public health hazard. Action shall be initiated upon discovery of a case or upon receipt of notification or report of any disease.

(4) Prevention of the Spread of Disease or Other Public Health Hazard.
A case, suspected case, carrier, contact, other person, or entity (e.g. facility, hotel, organization) shall, upon request of a public health authority, promptly cooperate during:
(a) An investigation of the circumstances or cause of a case, suspected case, outbreak, or suspected outbreak.
(b) The carrying out of measures for prevention, suppression, and control of a public health hazard, including, but not limited to, procedures of restriction, isolation, and quarantine.

(5) Public Food Handlers.
A person known to be infected with a communicable disease that can be transmitted by food or drink products, or who is suspected of being infected with such a disease, may not engage in the commercial handling of food or drink products, or be employed on any premises handling those types of products, unless those products are packaged off-site and remain in a closed container until purchased for consumption, until the person is determined by the local health department to be free of communicable disease, or incapable of transmitting the infection.

(6) Communicable Diseases in Places Where Food or Drink Products are Handled or Processed.
If a case, carrier, or suspected case of a disease that can be
conveyed by food or drink products is found at any place where food or drink products are handled or offered for sale, or if a disease is found or suspected to have been transmitted by these food or drink products, the local health department may immediately prohibit the sale, or removal of drink and all other food products from the premises. Sale or distribution of food or drink products from the premises may be resumed when measures have been taken to eliminate the threat to health from the product and its processing as prescribed by R392-100.

(7) Request for State Assistance.
If a local health department finds it is not able to completely comply with this rule, the local health officer or his representative shall request the assistance of the Utah Department of Health. In such circumstances, the local health department shall provide all required information to the Bureau of Epidemiology. If the local health officer fails to comply with the provisions of this rule, the Utah Department of Health shall take action necessary to enforce this rule.

(8) Approved Laboratories.
Laboratory analyses that are necessary to identify the causative agents of reportable diseases or to determine adequacy of treatment of patients with a disease shall be ordered by the physician or other health care provider to be performed in or referred to a laboratory holding a valid certificate under the Clinical Laboratory Improvement Amendments of 1988.

(1) Rationale of Treatment.
A physician must evaluate individually each exposure to possible rabies infection. The physician shall also consult with local or state public health officials if questions arise about the need for rabies prophylaxis.

(2) Management of Biting Animals.
(a) A healthy dog, cat, or ferret that bites a person shall be confined and observed at least daily for ten days from the date of bite, regardless of vaccination status, as specified by local animal control ordinances. It is recommended that rabies vaccine not be administered during the observation period. Such animals shall be evaluated by a veterinarian at the first sign of illness during confinement. A veterinarian or animal control officer shall immediately report any illness in the animal to the local health department. If signs suggestive of rabies develop, a veterinarian or animal control officer shall direct that the animal be euthanized, its head removed, and the head shipped under refrigeration, not frozen, for examination of the brain by a laboratory approved by the Utah Department of Health.

(b) If the dog, cat, or ferret shows no signs of rabies or illness during the ten day period, the veterinarian or animal control officer shall direct that the unvaccinated animal be vaccinated against rabies at the owner’s expense before release to the owner. If a veterinarian is not available, the animal may be released, but the owner shall have the animal vaccinated within 72 hours of release. If the dog, cat, or ferret was appropriately vaccinated against rabies before the incident, the animal may be released from confinement after the
10-day observation period with no further restrictions.

(c) Any stray or unwanted dog, cat, or ferret that bites a person may be euthanized immediately by a veterinarian or animal control officer, if permitted by local ordinance, and the head submitted, as described in R386-702-6(2)(a), for rabies examination. If the brain is negative by fluorescent-antibody examination for rabies, one can assume that the saliva contained no virus, and the person bitten need not be treated.

(d) Wild animals include raccoons, skunks, coyotes, foxes, bats, the offspring of wild animals crossbred to domestic dogs and cats, and any carnivorous animal other than a domestic dog, cat, or ferret.

(e) Signs of rabies in wild animals cannot be interpreted reliably. If a wild animal bites or scratches a person, the person or attending medical personnel shall notify an animal control or law enforcement officer. A veterinarian, animal control officer or representative of the Division of Wildlife Resources shall kill the animal at once, without unnecessary damage to the head, and submit the brain, as described in R386-702-6(2)(a), for examination for evidence of rabies. If the brain is negative by fluorescent-antibody examination for rabies, one can assume that the saliva contained no virus, and the person bitten need not be treated.

(f) Rabbits, opossums, squirrels, chipmunks, rats, and mice are rarely infected and their bites rarely, if ever, call for rabies prophylaxis or testing. Unusual exposures to any animal should be reported to the local health department or the Bureau of Epidemiology, Utah Department of Health.

(g) When rare, valuable, captive wild animals maintained in zoological parks approved by the United States Department of Agriculture or research institutions, as defined by Section 26-26-1, bite or scratch a human, the Bureau of Epidemiology, Utah Department of Health shall be notified. The provisions of subsection R386-702-6(2)(e) may be waived by the Bureau of Epidemiology, Utah Department of Health if zoological park operators or research institution managers can demonstrate that the following rabies control measures are established:

(i) Employees who work with the animal have received preexposure rabies immunization.

(ii) The person bitten by the animal voluntarily agrees to accept postexposure rabies immunization provided by the zoological park or research facility.

(iii) The director of the zoological park or research facility shall direct that the biting animal be held in complete quarantine for a minimum of 180 days. Quarantine requires that the animal be prohibited from direct contact with other animals or humans.

(h) Any animal bitten or scratched by a wild, carnivorous animal or a bat that is not available for testing shall be regarded as having been exposed to rabies.

(i) For maximum protection of the public health, unvaccinated dogs, cats, and ferrets bitten or scratched by a confirmed or suspected rabid animal shall be euthanized immediately by a veterinarian or animal control officer. If the owner is unwilling to have the animal euthanized, the local health officer shall order that the animal be held in strict isolation in a municipal or county animal shelter or
a veterinary medical facility approved by the local health department, at the owner's expense, for at least six months and vaccinated one month before being released. If any illness suggestive of rabies develops in the animal, the veterinarian or animal control officer shall immediately report the illness to the local health department and the veterinarian or animal control officer shall direct that the animal be euthanized and the head shall be handled as described in subsection R386-702-6(2)(a).

(j) Dogs, cats, and ferrets that are currently vaccinated and are bitten by rabid animals, shall be revaccinated immediately by a veterinarian and confined and observed by the animal's owner for 45 days. If any illness suggestive of rabies develops in the animal, the owner shall report immediately to the local health department and the animal shall be euthanized by a veterinarian or animal control officer and the head shall be handled as described in subsection R386-702-6(2)(a).

(k) Livestock exposed to a rabid animal and currently vaccinated with a vaccine approved by the United States Department of Agriculture for that species shall be revaccinated immediately by a veterinarian and observed by the owner for 45 days. Unvaccinated livestock shall be slaughtered immediately. If the owner is unwilling to have the animal slaughtered, the animal shall be kept under close observation by the owner for six months.

(l) Unvaccinated animals other than dogs, cats, ferrets, and livestock bitten by a confirmed or suspected rabid animal shall be euthanized immediately by a veterinarian or animal control officer.


(a) Humans requiring either pre- or post-exposure rabies prophylaxis shall be treated in accordance with the recommendations of the U.S. Public Health Service Immunization Practices Advisory Committee, as adopted and incorporated by reference in R386-702-12(2). A copy of the recommendations shall be made available to licensed medical personnel, upon request to the Bureau of Epidemiology, Utah Department of Health.

(b) A physician or other health care provider that administers rabies vaccine shall immediately report all serious systemic neuroparalytic or anaphylactic reactions to rabies vaccine to the Bureau of Epidemiology, Utah Department of Health, using the process described in R386-702-4.

(c) The Compendium of Animal Rabies Prevention and Control, as adopted and incorporated by reference in R386-702-12(3), is the reference document for animal vaccine use.

(d) A county, city, town, or other political subdivision that requires licensure of animals shall also require rabies vaccination as a prerequisite to obtaining a license.

(e) Animal rabies vaccinations are valid only if performed by or under the direction of a licensed veterinarian in accordance with the Compendium of Animal Rabies Prevention and Control.

(f) All agencies and veterinarians administering vaccine shall document each vaccination on the National Association of State Public Health Veterinarians (NASPHV) form number 51, Rabies Vaccination Certificate, which can be obtained from vaccine manufacturers. The agency or veterinarian shall provide a copy of the report to the animal's owner. Computer-generated forms containing the same
information are also acceptable.

(g) Animal rabies vaccines may be sold or otherwise provided only to licensed veterinarians or veterinary biologic supply firms. Animal rabies vaccine may be purchased by the Utah Department of Health and the Utah Department of Agriculture.

(4) Measures to Prevent or Control Rabies Outbreaks.

(a) The most important single factor in preventing human rabies is the maintenance of high levels of immunity in the pet dog, cat, and ferret populations through vaccination.

(i) All dogs, cats, and ferrets in Utah should be immunized against rabies by a licensed veterinarian; and

(ii) Local governments should establish effective programs to ensure vaccination of all dogs, cats, and ferrets and to remove strays and unwanted animals.

(b) If the Utah Department of Health determines that a rabies outbreak is present in an area of the state, the Utah Department of Health may require that:

(i) all dogs, cats, and ferrets in that area and adjacent areas be vaccinated or revaccinated against rabies as appropriate for each animal's age;

(ii) any such animal be kept under the control of its owner at all times until the Utah Department of Health declares the outbreak to be resolved;

(iii) an owner who does not have an animal vaccinated or revaccinated surrender the animal for confinement and possible destruction; and

(iv) such animals found at-large be confined and possibly destroyed.

R386-702-7. Special Measures for Control of Typhoid.

(1) Because typhoid control measures depend largely on sanitary precautions and other health measures designed to protect the public, the local health department shall investigate each case of typhoid and strictly manage the infected individual according to the following outline:

(2) Cases: Standard precautions are required during hospitalization. Use contact precautions for diapered or incontinent patients for the duration of illness. Hospital care is desirable during acute illness. Release of the patient from supervision by the local health department shall be based on three or more negative cultures of feces (and of urine in patients with schistosomiasis) taken at least 24 hours apart. Cultures must have been taken at least 48 hours after antibiotic therapy has ended and not earlier than one month after onset of illness as specified in R386-702-7(6). If any of these cultures is positive, repeat cultures at intervals of one month during the 12-month period following onset until at least three consecutive negative cultures are obtained as specified in R386-702-7(6). The patient shall be restricted from food handling, child care, and from providing patient care during the period of supervision by the local health department.

(3) Contacts: Administration of typhoid vaccine is recommended for all household members of known typhoid carriers. Household and close contacts of a carrier shall be restricted from food handling, child care, and patient care until two consecutive
negative stool specimens, taken at least 24 hours apart, are submitted, or when approval is granted by the local health officer according to local jurisdiction.

(4) Carriers: If a laboratory or physician identifies a carrier of typhoid, the attending physician shall immediately report the details of the case by telephone to the local health department or the Bureau of Epidemiology, Utah Department of Health using the process described in R386-702-4. Each infected individual shall submit to the supervision of the local health department. Carriers are prohibited from food handling, child care, and patient care until released in accordance with R386-702-7(4)(a) or R386-702-7(4)(b). All reports and orders of supervision shall be kept confidential and may be released only as allowed by Subsection 26-6-27(2)(c).

(a) Convalescent Carriers: Any person who harbors typhoid bacilli for three but less than 12 months after onset is defined as a convalescent carrier. Release from occupational and food handling restrictions may be granted at any time from three to 12 months after onset, as specified in R386-702-7(6).

(b) Chronic Carriers: Any person who continues to excrete typhoid bacilli for more than 12 months after onset of typhoid is a chronic carrier. Any person who gives no history of having had typhoid or who had the disease more than one year previously, and whose feces or urine are found to contain typhoid bacilli is also a chronic carrier.

(c) Other Carriers: If typhoid bacilli are isolated from surgically removed tissues, organs, including the gallbladder or kidney, or from draining lesions such as osteomyelitis, the attending physician shall report the case to the local health department or the Bureau of Epidemiology, Utah Department of Health. If the person continues to excrete typhoid bacilli for more than 12 months, he is a chronic carrier and may be released after satisfying the criteria for chronic carriers in R386-702-7(6).

(5) Carrier Restrictions and Supervision: The local health department shall report all typhoid carriers to the Bureau of Epidemiology, and shall:

(a) Require the necessary laboratory tests for release;

(b) Issue written instructions to the carrier;

(c) Supervise the carrier.

(6) Requirements for Release of Convalescent and Chronic Carriers: The local health officer or his representative may release a convalescent or chronic carrier from occupational and food handling restrictions only if at least one of the following conditions is satisfied:

(a) For carriers without schistosomiasis, three consecutive negative cultures obtained from fecal specimens authenticated by the attending physician, hospital personnel, laboratory personnel, or local health department staff taken at least one month apart and at least 48 hours after antibiotic therapy has stopped;

(b) for carriers with schistosomiasis, three consecutive negative cultures obtained from both fecal and urine specimens authenticated by the attending physician, hospital personnel, laboratory personnel, or local health department staff taken at least one month apart and at least 48 hours after antibiotic therapy has stopped;
(c) the local health officer or his representative determine that additional treatment such as cholecystectomy or nephrectomy has terminated the carrier state; or

(d) the local health officer or his representative determines the carrier no longer presents a risk to public health according to the evaluation of other factors.


Every physician or midwife practicing obstetrics or midwifery shall, within three hours of the birth of a child, instill or cause to be instilled in each eye of such newborn one percent silver nitrate solution contained in wax ampules, or tetracycline ophthalmic preparations or erythromycin ophthalmic preparations, as these are the only antibiotics of currently proven efficacy in preventing development of ophthalmia neonatorum. The value of irrigation of the eyes with normal saline or distilled water is unknown and not recommended.

R386-702-9. Special Measures for the Control of HIV/AIDS.

(1) Authority for this section is established by Title 26, Chapter 6, Sections 3 and 3.5 of the Utah Communicable Disease Control Act. This section establishes requirements for:

(a) General reporting of screening, diagnostic, and treatment test results related to Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS).

(b) Partner identification and notification.

(2) Reporting of HIV and AIDS:

(a) A health care provider who administers or causes to have administered any of the following tests shall report all positive and indeterminate results (preliminary and confirmatory) to the Department or the local health department:

(i) Presence of antibodies to HIV;

(ii) Presence of HIV antigen;

(iii) Isolation of HIV;

(iv) Demonstration of HIV pro-viral DNA;

(v) Demonstration of HIV specific nucleic acids;

(vi) HIV viral load determination;

(vii) Any other test or condition indicative of HIV infection;

and

(viii) CD4+ T-Lymphocyte tests, regardless of known HIV status.

(b) A laboratory that analyzes samples for any of the tests listed in R386-702-9(2)(a) shall report all results to the Department or the local health department.

(i) Specific electronic reporting requirements are described in R386-702-4(2)(e).

(c) Reports shall include, as available:

(i) First and last name of the patient;

(ii) Patient date of birth;

(iii) Sex;

(iv) Race;

(v) Occupation;

(vi) Patient phone number;

(vii) Patient hospitalization status;
(viii) Name and telephone number of the reporting facility;
(ix) Name and telephone number of the testing laboratory;
(x) Patient home and work address;
(xii) Specimen source;
(xiii) Laboratory's name for, or description of, the test;
(xiv) Test reference range; and
(xv) Test status (e.g. preliminary, final, amended and/or corrected).
(d) Reports may be made in writing, by telephone, or by other electronic means acceptable to the Department as described in R386-702-4(2).

(3) Partner identification and notification: if an individual is tested and found to have an HIV infection, the Department and/or local health department shall provide partner services, linkage-to-care activities, and promote retention to HIV care.
(a) Definitions:
(i) "Partner" is defined as any individual, including a spouse, who has shared needles, syringes, or drug paraphernalia or who has had sexual contact with an HIV infected individual.
(ii) "Spouse" is defined as any individual who is the marriage partner of that person at any time within the ten-year period prior to the diagnosis of HIV infection.
(iii) "Linkage to care" is defined by a reported CD4+ T-Lymphocyte test and/or HIV viral load determination within three months of HIV positive diagnosis.
(iv) "Retention to care" is defined by a reported CD4+ T-Lymphocyte test or HIV viral load determination twice within a 12-month period and at least three months apart.
(b) Partner services include:
(i) Confidential partner notification within 30 days of receiving a positive HIV result;
(ii) Prevention counseling;
(iii) Testing for HIV;
(iv) Providing recommendations for testing for other sexually transmitted diseases;
(v) Providing recommendations for hepatitis screening and vaccination;
(iv) Treatment or linkage to medical care within three months of HIV diagnosis; and
(v) Linkage or referral to other prevention services and support.

(4) A university or hospital that conducts research studies exempt from reporting AIDS and HIV infection under Section 26-6-3.5 shall submit the following to the Department:
(a) A summary of the research protocol including funding sources and justification for requiring anonymity;
(b) Written approval of the Utah Department of Health institutional review board; and
(c) A final report indicating the number of HIV positive and HIV negative individuals enrolled in the study.

R386-702-10. Special Measures to Prevent Perinatal and
Person-to-Person Transmission of Hepatitis B Infection.

(1) A licensed healthcare provider who provides prenatal care shall routinely test each pregnant woman for hepatitis B surface antigen (HBsAg) at an early prenatal care visit. The provisions of this section do not apply if the pregnant woman, after being informed of the possible consequences, objects to the test on the basis of religious or personal beliefs.

(2) The licensed healthcare provider who provides prenatal care should repeat the HBsAg test during late pregnancy for those women who tested negative for HBsAg during early pregnancy, but who are at high risk based on:
   (a) evidence of clinical hepatitis during pregnancy;
   (b) injection drug use;
   (c) occurrence during pregnancy or a history of a sexually transmitted disease;
   (d) occurrence of hepatitis B in a household or close family contact; or
   (e) the judgment of the healthcare provider.

(3) In addition to other reporting required by this rule, each positive HBsAg result detected in a pregnant woman shall be reported to the local health department or the Utah Department of Health, as specified in Section 26-6-6. That report shall indicate that the woman was pregnant at time of testing if that information is available to the reporting entity.

(4) A licensed healthcare provider who provides prenatal care shall document a woman's HBsAg test results, or the basis of the objection to the test, in the medical record for that patient.

(5) Every hospital and birthing facility shall develop a policy to assure that:
   (a) when a pregnant woman is admitted for delivery, or for monitoring of pregnancy status, the result from a test for HBsAg performed on that woman during that pregnancy is available for review and documented in the hospital record;
   (b) when a pregnant woman is admitted for delivery, if the woman's test result is not available to the hospital or birthing facility, the mother is tested for HBsAg as soon as possible, but before discharge from the hospital or birthing facility;
   (c) if a pregnant woman who has not had prenatal care during that pregnancy is admitted for monitoring of pregnancy status only, and if the woman's test result is not available to the hospital or birthing facility, the mother is tested for HBsAg status before discharge from the hospital or birthing facility;
   (d) positive HBsAg results identified by testing performed or documented during the hospital stay are reported as specified in this rule;
   (e) infants born to HBsAg positive mothers receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine, administered at separate injection sites, within 12 hours of birth;
   (f) infants born to mothers whose HBsAg status is unknown receive hepatitis B vaccine within 12 hours of birth, and if the infant is born preterm with birth weight less than 2,000 grams, that infant also receives HBIG within 12 hours; and
   (g) if at the time of birth the mother's HBsAg status is unknown and the HBsAg test result is later determined to be positive, that
infant receives HBIG as soon as possible but within 7 days of birth.

(h) hepatitis B immune globulin (HBIG) administration and birth
dose hepatitis B vaccine status of infants born to mothers who are
HBsAg-positive, or whose status is unknown, are reported within 24
hours of delivery to the local health department and Utah Department
of Health Immunization Program at (801) 538-9450.

(6) Local health departments shall perform the following
activities or assure that they are performed:

(a) All females between the ages of 12 and 50 years at the time
an HBsAg positive test result is reported will be screened for
pregnancy status within one week of receipt of that lab result.

(b) Infants born to HBsAg positive mothers complete the
hepatitis B vaccine series as specified in in the most current version
of "The Red Book" as cited in R386-702-13 (4).

(c) Children born to HBsAg positive mothers are tested for HBsAg
and antibody against hepatitis B surface antigen (anti-HBs) at 9 to
18 months of age (testing is done at least one month after the final
dose of hepatitis B vaccine series is administered, and no earlier
than 9 months of age) to monitor the success of therapy and identify
cases of perinatal hepatitis B infection.

(i) Children who test negative for HBsAg and do not demonstrate
serological evidence of immunity against hepatitis B when tested as
described in (c) receive additional vaccine doses and are retested
as specified in the most current version of "The Red Book" as cited
in R386-702-13 (4).

(d) HBsAg positive mothers are advised regarding how to reduce
their risk of transmitting hepatitis B to others.

(e) Household members and sex partners of HBsAg positive mothers
are evaluated to determine susceptibility to hepatitis B infection
and if determined to be susceptible, are offered or advised to obtain
vaccination against hepatitis B.

(f) All identified acute hepatitis B cases shall be investigated
by the local health department, and identified household and sexual
contacts shall be advised to obtain vaccination against hepatitis B.

(7) The provisions of subsections (5) and (6) do not apply if
the pregnant woman or the child's guardian, after being informed of
the possible consequences, objects to any of the required procedures
on the basis of religious or moral beliefs. The hospital or birthing
facility shall document the basis of the objection.

(8) Prevention of transmission by individuals with chronic
hepatitis B infection.

(i) HBsAg positive, and total antibody against hepatitis B core
antigen (anti-HBc) positive (if done) and IgM anti-HBc negative; or

(a) An individual with chronic hepatitis B infection should
be advised regarding how to reduce the risk that the individual will
transmit hepatitis B to others.

(b) Household members and sex partners of individuals with
chronic hepatitis B infection should be evaluated to determine
susceptibility to hepatitis B infection, and if determined to be
susceptible, should be offered or advised to obtain vaccination
against Hepatitis B.

(1) Declaration of Emergency: With the Governor's and Executive Director's or in the absence of the Executive Director, his designee's, concurrence, the Department or a local health department may declare a public health emergency by issuing an order mandating reporting emergency illnesses or health conditions specified in sections R386-702-3 for a reasonable time.

(2) For purposes of an order issued under this section and for the duration of the public health emergency, the following definitions apply.

(a) "emergency center" means:
   (i) a health care facility licensed under the provisions of Title 26, Chapter 21, Utah Code, that operates an emergency department; or
   (ii) a clinic that provides emergency or urgent health care to an average of 20 or more persons daily.

(b) "encounter" means an instance of an individual presenting at the emergency center who satisfies the criteria in section R386-702-3(2); and

(c) "diagnostic information" means an emergency center's records of individuals who present for emergency or urgent treatment, including the reason for the visit, chief complaint, results of diagnostic tests, presenting diagnosis, and final diagnosis, including diagnostic codes.

(3) Reporting Encounters: The Department shall designate the fewest number of emergency centers as is practicable to obtain the necessary data to respond to the emergency.

(a) Designated emergency centers shall report using the process described in R386-702-4.

(b) An emergency center designated by the Department shall report the encounters to the Department by:
   (i) allowing Department representatives or agents, including local health department representatives, to review its diagnostic information to identify encounters during the previous day; or
   (ii) reviewing its diagnostic information on encounters during the previous day and reporting all encounters by 9:00 a.m. the following day, or
   (iii) identifying encounters and submitting that information electronically to the Department, using a computerized analysis method, and reporting mechanism and schedule approved by the Department; or
   (iv) by other arrangement approved by the Department.

(4) For purposes of epidemiological and statistical analysis, the emergency center shall report on encounters during the public health emergency that do not meet the definition for a reportable emergency illness or health condition. The report shall be made using the process described in R386-702-4(6) and shall include the following information for each such encounter:

(a) facility name;
(b) date of visit;
(c) time of visit;
(d) patient's age;
(e) patient's sex;
(f) patient's zip code for patient's residence.

(5) If either the Department or a local health department
collects identifying health information on an individual who is the subject of a report made mandatory under this section, it shall destroy that identifying information upon the earlier of its determination that the information is no longer necessary to carry out an investigation under this section or 180 days after the information was collected. However, the Department and local health departments shall retain identifiable information gathered under other sections of this rule or other legal authority.

(6) Reporting on encounters during the public health emergency does not relieve a reporting entity of its responsibility to report under other sections of this rule or other legal authority.


Any person who violates any provision of R386-702 may be assessed a penalty as provided in Section 26-23-6.


All treatment and management of individuals and animals who have or are suspected of having a communicable or infectious disease that must be reported pursuant to this rule shall comply with the following documents, which are adopted and incorporated by reference:


KEY: communicable diseases, quarantine, rabies, rules and procedures

Date of Enactment or Last Substantive Amendment: December 15, 2014
Notice of Continuation: October 12, 2011
Authorizing, and Implemented or Interpreted Law: 26-1-30; 26-6-3; 26-23b
When new electronic feeds are onboarded, they go through three different QA processes.

**Process One: Parsing, Mapping, and Rules**
As data comes into EMSA, it goes through a process that verifies vocabularies, translation, rules, and mappings to ensure that data is interpreted and entered appropriately. This process is managed by the ELR Coordinator. During the onboarding processes, organizations are expected to continue to report using existing manual methods.

1. New LOINC code from a sender is received.
2. Review the mapping of the LOINC code to ensure that the lab performed the mapping correctly to begin with.
   a. Look at the laboratory’s test menu to determine which labs are performed.
   b. Map the incoming lab and LOINC to a test on the menu.
   c. Call the laboratory to ensure that the result we received and was coded to X test, was ACTUALLY performed with X test.
3. Set up rules for the new LOINC code.
   a. Review existing rules for already mapped tests through the “Rules by Condition” tab in EMSA.
4. Every new LOINC from every new sender is set to the QA queue.
   a. When a laboratory test is received, review the HL7 message with the EMSA full lab tab to ensure it is mapped and translated correctly.
   b. If the translation is incorrect, fix mapping and start with step 3a again.
   c. If the translation is correct, push the message into TriSano, and review the laboratory result in TriSano, compared to the EMSA translation and raw HL7 message.
   d. Once at least three laboratory tests have processed through correctly, including at least one positive, the LOINC can be set for automatic processing.

**Process Two: Validation of Complete Feed**
Once the sending organization feels the feed is accurate and complete, QA is performed to verify timeliness, accuracy, and completeness (QA on sending organization); as well as to verify EMSA translation, mapping, and rules (QA on receiving organization). After the feed has been QA’ed and all issues resolved, manual data entry at UDOH and LHDs can cease.

1. Onboarding facility gives UDOH a date from when they consider their feed complete and final.
   a. At least one month-worth of complete data should be received before QA begins (this is the validation period).
2. Download all appropriate laboratory results during the validation period.
   a. Export all laboratory results received by the sender (regardless of whether they were put into UT-NEDSS).
   b. Export all laboratory results entered manually into UT-NEDSS that were performed by the laboratories in the sender’s electronic feed.
   c. If the facility has a reference laboratory that is using ELR, export all laboratory results for the reference laboratory (regardless of whether they were put into UT-NEDSS) during the validation period that list the facilities reporting through the sender as a diagnostic facility.

3. QA the datasets by cross matching across the different reporting streams.
   a. Identify any labs entered manually without a corresponding electronic report.
      i. Verify that the laboratory result is reportable, and that it was entered according to appropriate whitelist rules.
      ii. Search for laboratory result in the sender’s feed through the ELR Messages app in PH Access.
      iii. Copy the message ID, paste into EMSA.
      iv. View the audit log to see how the message was processed.
      v. Any errors along the way should be reported to Kirk Benge.
   b. Identify any labs entered via the reference laboratory’s feed that were not received from the sender’s feed.
      i. Search for laboratory result in the sender’s feed through the ELR Messages app in PH Access.
      ii. Copy the message ID, paste into EMSA.
      iii. View the audit log to see how the message was processed.
      iv. Any errors along the way should be reported to Kirk Benge.
   c. Identify any labs entered via the sender’s feed that were not received in the reference laboratory’s feed.
      i. Search for laboratory result in the reference laboratory’s feed through the ELR Messages app in PH Access.
      ii. Copy the message ID, paste into EMSA.
      iii. View the audit log to see how the message was processed.
      iv. Any errors along the way should be reported to Kirk Benge.
   d. Verify that the sender is sending the required negative tests according to the Communicable Disease Rule.
      i. Usually there should be 5-10 times more negative tests than positive tests.
   e. Verify that known tests are being sent.
      i. Review online test menus to ensure that all reportable tests have been sent and received.

Process Three: Routine Validation of Complete Feed
QA is performed on a routine basis for organizations that have fully on-boarded and have been validated. This process ensures that ongoing feeds are timely, accurate, and complete; and that rules and mapping at UDOH are functioning appropriately.
## 2015 AAPPS Work Plan Annual Progress Update: Utah

### Assessment: Surveillance

<table>
<thead>
<tr>
<th>Year 2 objectives</th>
<th>State/local performance measures (output, process, or outcome)</th>
<th>Status of activity/objective:</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 12/31/2015, ensure that all electronic and paper records and surveillance activities are conducted using NCHHSTP guidelines throughout the Bureau of Epidemiology.</td>
<td>Number of users trained.</td>
<td>Met</td>
</tr>
<tr>
<td></td>
<td>Number of version updates and antivirus software scans.</td>
<td></td>
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<td>Data or other information to support the status update</td>
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<td>The Bureau of Epidemiology has adapted policy standards for training and security based on the NCHHSTP guidelines. Two Security and Privacy Officers have been designated to ensure compliance with these policy standards for the Bureau. The Prevention, Treatment and Care (PTCP) program has one staff member whom is designated as the Bureau of Epidemiology’s Security Officer.</td>
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<td>A mandatory Utah Department of</td>
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</table>
Health (UDOH) Privacy Security Training is required annually for all personnel using the UT-NEDSS database. Additional trainings are provided on an on-going basis, and to new hires upon beginning employment.

The UDOH Department of Technology Services (DTS) hosts and manages the servers that facilitate UT-NEDSS and in turn ensures the safety and security of the shared database. DTS protocols include backing up five versions of all files in the database, and old versions of saved files expire after 60 days. Additionally, deleted files are saved for 90 days. The UT-NEDSS servers have all available operating system and application security patches applied at least every three months with critical vulnerability patches applied on a more frequent basis as needed.
<table>
<thead>
<tr>
<th>By 12/31/2015, ensure that 90% of chlamydia (CT)/gonorrhea (GC) cases meet the Minimum Data Set (MDS) requirements.</th>
<th>Percent of cases with complete data sets. Amount of cases missing data variables.</th>
<th>Met</th>
<th>During 2015, the PTCP provided every local health department (LHD) with quarterly data quality assurance (QA) lists to ensure that MDS requirements were met. First quarter QA lists were distributed on April 11, 2015, 2nd quarter lists on June 8, 2015, 3rd quarter lists on September 3, 2015, and 4th quarter lists on December 11, 2015. In 2015, 99.8% of CT and 99.4% of GC cases met the minimum dataset requirements. 100% of 2015 CT/GC cases were reviewed and data was reconciled with CDC on April 29, 2016. The data QA process implemented by the PTCP ensures that cases are closed out in a timely manner with all minimum fields completed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 12/31/2015, the PTCP will identify geographical high morbidity areas and conduct a cluster analysis using Geocoded maps and data. Number of reports sent to GC data from 2011, 2012, and 2013 was geocoded and presented for legislative review at Utah’s annual</td>
<td>Met</td>
<td>Met</td>
<td></td>
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</tbody>
</table>
geocoded case-based surveillance data to target interventions for providers that offer services within high morbidity areas.

Maps on the Hill event on January 18, 2015. The STD Epidemiologist identified areas of high GC morbidity by utilizing GIS software. Changing trends in the demographics of the affected population were visualized over three years to guide programmatic prevention efforts.

By 12/31/2015 Surveillance STD data from UT-NEDSS will be linked with HIV surveillance case data on a quarterly basis to identify co-infected individuals and provide linkages to care who are newly infected with HIV and other individuals who are currently not in care.

<table>
<thead>
<tr>
<th>Number of co-infections identified.</th>
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</thead>
<tbody>
<tr>
<td>Number of co-infected individuals in care and not in care.</td>
</tr>
</tbody>
</table>

This objective was not met due to PTCP personnel vacancies. The STD Epidemiologist position within the PTCP was vacant from October 2015 until April 2016.

In order to meet this objective in future years and in order to identify co-morbidities and increase linkage to care, the PTCP plans to hire a Linkage to Care Coordinator in 2016. The STD Epidemiologist will work closely with the Linkage to Care Coordinator to utilize STD diagnoses to identify
individuals who are co-infected and need linked or reengaged to care.

Co-infection data from 2015 was reported in the Division of STD Prevention’s (DSTDP) Performance Outcome Measures (POM) report in 2016. From January 1, 2015 to December 31, 2015, there were 172 syphilis cases and 1,560 GC cases reported. Of the 172 syphilis cases, 41 were previously diagnosed with HIV and 94 were newly tested for HIV within 30 days of their syphilis test. There were two new HIV diagnoses among those 94 newly tested syphilis cases. Of the 1,560 GC cases, 94 were previously diagnosed with HIV. HIV testing data was unavailable for the remaining 1,466 GC cases.
By 12/31/2015, complete a Utah 2014 STD Annual Data Report for distribution to the general public, public and private providers, and key stakeholders.

| Data analyzed, rates, charts. | List of providers who received the Utah 2014 STD Annual Data Report. | Met | Utah’s 2014 STD Annual Data report was completed and distributed via the epi listserv to 993 members which included nurses, infectious disease specialists, school nurses, and various healthcare professionals, by December 2015. The report was also posted to the UDOH website in November 2015. |

**Successes**

- Close monitoring of all CT/GC cases and quarterly distribution QA lists ensured that cases were closed out in a timely manner with all minimum data fields completed.
- The PTCP continues to follow NCHHSTP guidelines and operates following strict confidentiality and security guidelines in strong collaboration with the Bureau of Epidemiology, UDOH DTS, and Division of Disease Control and Prevention Informatics Program.

**Challenges**

- Although the PTCP was able to expand capacity by hiring a .50 STD Epidemiologist in 2014, demands on this position’s time exceeded available hours which in turn delayed projects and reports. Staff vacancies were also a challenge in 2015, as the STD Epidemiologist resigned in October 2015 which made meeting STD surveillance demands challenging.

**Support needed from CDC**

- N/A
<table>
<thead>
<tr>
<th>Year 2 objectives</th>
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<th>Status of activity/objective:</th>
<th>Data or other information to support the status update</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 12/31/2015, the PTCP will measure annual CT screening rates among females 15-24 years of age enrolled in Medicaid programs.</td>
<td>HEDIS measure for CT screening in women. Presentations given, articles distributed, press releases.</td>
<td><strong>Met</strong></td>
<td>The PTCP works closely with the Office of Health Care Statistics to provide the most current Medicaid HEDIS rates available. In 2015, 30.81% of women ages 16-24 that were enrolled in Medicaid that had been identified as sexually active were screened at least once for CT. The PTCP was able to support and collaborate with Planned Parenthood Association of Utah (PPAU) throughout 2015 despite ongoing legal proceedings. The PTCP directly funded UPHL to support PPAU to provide 3,835 tests to support the testing of females ages 15-24.</td>
</tr>
</tbody>
</table>
The PTCP promoted STD prevention throughout the state, including promoting STD screening at Utah’s Public Health Association conference on April 11, 2015; distributing CDC’s updated STD treatment guidelines via the epi listserv June 4, 2015; providing an in-service educational presentation to a private provider on June 16, 2015; speaking to Intermountain Healthcare’s Free Clinic on August 7, 2015; and discussing appropriate GC treatment to Intermountain Healthcare’s statewide Infection Prevention staff on October 15, 2015.

By 12/31/2015, the PTCP will measure annual syphilis and rectal GC screening rates of HIV positive clients seen at University of Utah’s Clinic 1A (UUC1A).

| UUC1A syphilis screening rate. | UUC1A rectal GC screening rate. | **Met** |

STD screening rates are provided by the Utah Ryan White Part B Program, which contracts with HealthInsight for quality management services. These services include clinical chart reviews, data analysis, and report compilation.
The 2015 HealthInsight report stated that from April 1, 2015-March 31, 2016, 94% of patients were screened for syphilis, and 90% of patients were screened for GC (site of specimen collection not specified). The STD Epidemiologist will complete a more in depth analysis in 2016 to provide rates by site of specimen.

Successes
- The PTCP continues to work closely with the UDOH Health Plan Quality Program/Office of Healthcare Statistics to monitor screening rates and design quality improvement measures. The PTCP continues to work to promote CT/GC screening rates.
- The PTCP is an integrative program that includes both STD prevention and the Ryan White Part B program which allows a strong collaboration in order to monitor syphilis and GC screening rates.
- The PTCP was able to navigate ongoing department legal issues and support PPAU on a quarterly basis and maintain a strong collaboration and working relationship.

Challenges
- N/A

Support needed from CDC
- N/A
### Assessment: Assess Gaps in Safety Net Services

<table>
<thead>
<tr>
<th>Year 2 Objectives</th>
<th>State/Local Performance Measures (Output, Process, or Outcome)</th>
<th>Status of Activity/Objective:</th>
<th>Data or Other Information to Support the Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate with UPHL to analyze data to determine where at-risk clients without insurance are receiving testing services.</td>
<td>Percentage of samples that indicate insurance status. List of safety net providers serving uninsured and underinsured at-risk clients.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Identify safety net providers who serve at-risk individuals. The PTCP will then assess STD related services offered and identify clinical and prevention service gaps.</td>
<td>List of safety net providers. List of services offered, screening rates.</td>
<td><strong>Met</strong></td>
<td>The PTCP participated in Utah’s Safety Net Committee throughout 2015 and attended biannual meetings, which provided opportunities to identify providers who serve at-risk populations. The PTCP was actively involved in participating in Utah’s Safety Net group, working closely with providers who offer all STD related</td>
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</tbody>
</table>
services at varying fees based on other federal funding allotments.

Three in-services/trainings were provided directly to safety net providers by the STD Epidemiologist and the PTCP Program Manager. Two Safety Net meetings were attended by the PTCP Program Manager on April 23, 2015 and October 8, 2015.

A comprehensive assessment of services offered in Utah will be conducted in 2016.

| Successes | | |
| --- | --- | |
| The PTCP participated in Utah’s Safety Net Committee. | |

<table>
<thead>
<tr>
<th>Challenges</th>
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<tbody>
<tr>
<td>N/A</td>
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<tr>
<th>Support needed from CDC</th>
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<tbody>
<tr>
<td>N/A</td>
<td></td>
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</tbody>
</table>
***FOA Required Activity, “Determine where uninsured clients, or underinsured, at-risk clients are receiving safety net services” is now optional. Progress towards this activity is not required to be reported in 2015 work plan progress. Awardees who have invested resources in this activity are still encouraged to provide progress and report success stories and challenges.

### Assessment: Monitor Antibiotic Resistant GC, Other Emerging STD Threats, Congenital Syphilis

<table>
<thead>
<tr>
<th>Year 2 objectives</th>
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<th>Status of activity/objective:</th>
<th>Data or other information to support the status update</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 12/31/2015, the PTCP will conduct quarterly data analyses of all GC cases by provider type to assess appropriate treatment and potential treatment failures.</td>
<td>Percent of cases that have received appropriate treatment. Number of providers reporting inappropriate treatment. Amount of individuals with multiple infections.</td>
<td>Met</td>
<td>During 2015, 90.7% of GC cases were appropriately treated. Each case of GC was reviewed by PTCP staff to ensure appropriate treatment was given. The PTCP continues to work with LHDs and private providers throughout the state to meet this objective. In MMWR year 2015, 1,562 cases of GC were reported and 90.7% were appropriately treated. During this timeframe, there were 60 individuals with two reported GC infections and...</td>
</tr>
</tbody>
</table>
one individual with three GC infections. Of these patients 86.9% received appropriate treatment and 78.7% participated in partner services.

| By 06/30/2015, the PTCP will determine which public and private laboratories currently offer N. gonorrhoeae culture and antimicrobial susceptibility testing (AST). | List of laboratories that offer N. gonorrhoeae culture and antimicrobial susceptibility testing. | Met | Currently, the UPHL offers N. gonorrhoeae culture testing, which is then followed by PCR confirmation. The UPHL does not perform AST in-house. |
| List of laboratories that offer N. gonorrhoeae culture and antimicrobial susceptibility testing. | Quarterly meetings held with the Utah Public Health Laboratory. | | The Division of Disease Control and Prevention leadership met monthly to ensure the Bureau of Epidemiology and UPHL worked collaboratively on all communicable disease issues, including STDs and AST. |
| Not Applicable. No confirmed cases of congenital syphilis have been reported in Utah since 2010. | N/A | N/A | N/A |

**Successes**

- The PTCP continuously monitored all GC cases to ensure appropriate treatment was given.
- There have not been any congenital syphilis cases reported in Utah since 2010.
Challenges

- Utah has limited local laboratory capacity to provide AST.

Support needed from CDC

- N/A

<table>
<thead>
<tr>
<th>Assurance: Screening &amp; Treatment per CDC Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 2 objectives</strong></td>
</tr>
<tr>
<td>By 12/31/2015 the PTCP will increase HMO and Medicaid CT/GC screening rates by 3%.</td>
</tr>
</tbody>
</table>
and incentives and brainstorm ways to improve Utah’s rate. There was representation from University of Utah Health Plans, Molina Health Care, and Select Health. However, the taskforce was disbanded due to lack of participation by insurance representatives. Additionally, the Communicable Disease Prevention Program was merged with the Treatment and Care Services Program in August of 2015 to become the PTCP. This integration of programs and services presented an opportunity to identify new collaborations and partnerships. The PTCP took this integration as an opportunity to work more effectively and integrate efforts, specifically with Medicaid and insurance providers.

The PTCP continued to educate
By 12/31/2015, allocate 22% of the total award for screening and treating females 15-24 years of age, their partners, and men who have sex with men (MSM) for CT/GC.

| By 12/31/2015, allocate 22% of the total award for screening and treating females 15-24 years of age, their partners, and men who have sex with men (MSM) for CT/GC. | Contracts, UPHL, Memorandum of Understanding. LHD monthly STD testing usages, and positivity reports from UPHL. | Met | In 2015, the PTCP allocated $115,000 to the UPHL and $3,750 for medications. This makes up 23% of the total award for screening and treating females 15-24 years of age, their partners, and MSM for CT and GC. |
By 12/31/2015, the PTCP will improve upon the 2014 baseline of 72% of HIV positive patients receiving RPR testing annually, and 58% of HIV positive patients receiving CT/GC tests annually (site of specimen not specified) and will collaborate with UUC1A to increase the annual syphilis and rectal GC screening rates among HIV positive clients seen at that facility by 3%. This screening rate will be assessed on a biannual basis as a means to achieve the desired increase.

| Percentage of patients screened for syphilis and rectal GC. Guidelines distributed. | **Met** | The PTCP allocated funding in the 2015 budget to increase syphilis and rectal GC screening at UUC1A.

The 2015 HealthInsight report stated that from April 1, 2015-March 31, 2016, 94% of patients were screened for syphilis, and 90% of patients were screened for GC (site of specimen not specified). Rectal GC screening rates will be specifically assessed in 2016.

The PTCP continues to work closely with clinic staff to promote testing activities and improve public health functions.

The PTCP distributed 87 copies of the 2015 MMWR STD Treatment Guidelines and 420 STD Treatment Pocketbooks to Utah’s 13 LHD’s, high morbidity STD clinics, and private providers. |
| By 12/31/2015, the PTCP will increase the proportion of GC cases that are treated appropriately by 5%.
| Percentage of cases that are treated appropriately; number of providers reporting inappropriate treatment.
| Number of treatment guidelines distributed. |
| **Met** |
| New STD treatment guidelines were released June 2015, which made annual appropriate treatment comparisons problematic as the definition of appropriate treatment changed from 2014 to 2015.
| In MMWR Year 2015, 1,562 cases of GC were reported and 90.7% were appropriately treated (81.2% were treated with the recommended dual therapy, ceftriaxone plus azithromycin; 1.1% were treated with cefixime plus azithromycin; 8.3% were treated with ceftriaxone plus doxycycline). During 2015, 6.2% of cases were treated with inadequate treatment and 3.1% of cases were completely untreated or treatment status is currently unknown.
| Each case of GC is reviewed by PTCP staff to ensure appropriate treatment is
The PTCP continues to work with LHDs and private providers throughout the state to meet this objective.

During the reporting period, 39 diagnosing facilities and providers were identified by the PTCP and LHDs as inappropriately treating GC. As a result, 39 individualized letters and treatment guidelines were distributed by the PTCP to these providers. One in-service educational presentation was provided on June 16, 2015.

**Successes**

- The PTCP successfully integrated multiple programs within the Bureau of Epidemiology, including HIV Prevention, Ryan White Part B, STD Prevention, HIV Surveillance, Viral Hepatitis, Refugee Health, and TB Control in August of 2015.
- The PTCP continued to implemented strict funding requirements for all LHDs and Planned Parenthood providers in order to reach females age 15-24, their partners, and MSM during the reporting period.
- The PTCP monitored all GC cases to ensure appropriate treatment was given; in 2015, 90.7% received appropriate treatment.
- The PTCP targeted providers that treated GC inappropriately and will continue to distribute treatment guidelines when needed in 2016.
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Support needed from CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>- N/A</td>
<td>- N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assurance: Partner Services/Outreach Services/Linkage to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 2 objectives</strong></td>
</tr>
<tr>
<td>By 12/31/2015, 87% of all early syphilis (primary, secondary and early latent) cases will be treated as well as provide partner services within 14 days of specimen collection date.</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Performance measures:**
- **Met**
- **Not Met**
syphilis cases. Of the cases interviewed, 72 (84.7%) were interviewed within 14 days of specimen collection.

In 2015, the PTCP reviewed all syphilis cases and discussed all problematic cases with LHD DIS staff. The STD Epidemiologist monitored treatment and partner services among syphilis cases. Additionally, Syphilis cases were analyzed for quality assurance on a quarterly basis.

<table>
<thead>
<tr>
<th>Percentage of GC cases co-infected with HIV; number of co-infected cases that received partner services within 30 days.</th>
<th>Met</th>
<th>During the reporting period, 96 early syphilis cases were reported. Of those, 37 (38.5%) cases were co-infected with HIV. Among those co-infected, 100% were male, 100% were appropriately treated and 31 (83.8%) were treated within 14 days of specimen collection. DIS interviewed 30 (81.1%) of the co-infected cases, of which 29 (96.7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of early syphilis cases co-infected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By 12/31/2015, the PTCP will analyze all GC and early syphilis case data to determine the percentage of cases newly/previously diagnosed with HIV and ensure partner services are offered to 90% of cases within 30 days of specimen collection date.
with HIV; number of co-infected cases that receive partner services within 30 days.

Of the 1,562 GC cases reported only 94 (6.0%) were co-infected with HIV. Of those co-infected, 91.5% were appropriately treated, 98.9% were male and 78 (83.0%) were interviewed. 100% of the men who were interviewed identified as MSM.

| By 12/31/2015, the PTCP will revise and distribute the UDOH GC disease plan to incorporate criteria from the Cephalosporin-Resistant N. gonorrhoeae Public Health Response Plan. The disease plan will include special instruction for providing effective DIS partner services. | Updated disease plan. Trainings completed. | Met | The Bureau of Epidemiology revised all disease plans in 2015, which ensured all disease plans followed a uniform template for all reportable conditions. The PTCP completed the chlamydia disease plan April 28, 2015 and completed the GC disease plan on May 26, 2015. Both plans were revised on June 11, 2015 following the release of the 2015 STD Treatment Guidelines. Subsequently, the GC disease plan was updated on August 4, 2015. The syphilis disease plan was |
| By 12/31/2015, 90% of all STD cases and contacts co-infected with HIV will be referred to HIV care. | Number of co-infected cases and contacts referred to care. | Not Met | Because of PTCP staff vacancies, the program was unable to meet this objective. | However, all special provision sections of HIV Prevention contracts specify all newly diagnosed HIV positive cases and contacts referred to care. |

The STD Prevention Specialist provided training on the updated GC treatment guidelines to each LHD throughout the year as well as educated private providers and clinics about the updated treatment guidelines utilizing the epi listserv. STD Treatment Guidelines were disseminated on June 4, 2015 and all providers were invited to attend an STD treatment guideline webinar put on by the CDC via a epi listserv article dated June 25, 2015.
individuals are linked to care. Additionally, the PTCP will be hiring a Linkage to Care Coordinator in 2016, which the STD Epidemiologist will work closely with to ensure that all STD cases and contacts co-infected with HIV will be referred to care.

**Successes**

- 100% of Utah’s early syphilis cases reported during the first six months of 2015 were treated appropriately.
- Utah’s local disease intervention specialists continue to place high priority on co-infection and linkages to care.
- The PTCP frequently sent out STD information on the epi listserv to promote CT/GC testing and appropriate treatment and continues to promote EPT among providers serving Utah’s at-risk clients.

**Challenges**

- Utah has many rural areas that are challenging to treat and provide linkages to HIV care.
- The PTCP experienced staff vacancies in 2015 preventing all STD cases and contacts co-infected with HIV be referred to care.

**Support needed from CDC**

- N/A
<table>
<thead>
<tr>
<th>Year 2 objectives</th>
<th>State/local performance measures (output, process, or outcome)</th>
<th>Status of activity/objective: 1. Met 2. Not Met</th>
<th>Data or other information to support the status update</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 6/30/2015 the PTCP will collaborate within the Bureau of Epidemiology to improve and update STD sections of the UDOH website and ensure that surveillance information is up to date.</td>
<td>Updated website.</td>
<td>Met</td>
<td>The Bureau of Epidemiology provided multiple updates to the UDOH website in 2015; STD sections of the website were edited to include updated and revised disease plans, 2015 STD Treatment guidelines, and the 2014 Annual Report. Additional links were imbedded, treatment and provider information updated, and usability was improved.</td>
</tr>
<tr>
<td>By 12/31/2015, the PTCP will collaborate with the Utah Safety Net Committee and community-based organizations and other service providers seeing at-risk clients to educate and promote STD prevention services for providers and their clients by providing</td>
<td>Number of meetings attended.</td>
<td>Met</td>
<td>The PTCP Program Manager and STD Epidemiologist presented at the Utah Safety Net Committee meeting on April 23, 2015. They discussed disease trends, screening guidelines, and appropriate STD treatments.</td>
</tr>
<tr>
<td></td>
<td>Number of in-service presentations and webinars conducted.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
six in-service trainings or presentations.

Additionally, The PTCP Program Manager and STD Epidemiologist presented at the Nursing Directors meetings on February 12, 2015 and May 15, 2015 addressing issues related to the GC increase in the state of Utah.

The STD Prevention Specialist promoted STD screening at Utah’s Public Health Association conference on April 11, 2015, provided an in-service educational presentation to a private provider on June 16, 2015, and spoke to Intermountain Healthcare’s Free Clinic on August 7, 2015, and Intermountain Healthcare’s statewide Infection Prevention program meeting on October 15, 2015.

The PTCP also hosted a Clinical Update in conjunction with the Denver Prevention Training Center on May 18,
2015. Participants included medical staff from correctional facilities, public school health, free clinics, and Medicaid providers.

## Successes
- The PTCP collaborated within the Bureau of Epidemiology to maintain a website where surveillance information and STD related information can be found.
- The PTCP successfully hosted Utah’s 2015 STD Clinical Update on May 18, 2015 which provided education to 89 participants.

## Challenges
- N/A

## Support needed from CDC
- N/A

### Policy Development

<table>
<thead>
<tr>
<th>Year 2 objectives</th>
<th>State/local performance measures (output, process, or outcome)</th>
<th>Status of activity/objective:</th>
<th>Data or other information to support the status update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor and evaluate Title 26 Chapter 6 Section 18 of Utah’s Health Code</td>
<td>Epidemiology report.</td>
<td><strong>Not Met</strong></td>
<td>The PTCP had planned to analyze CT, GC, and syphilis cases reported among</td>
</tr>
<tr>
<td>Consent of Minor to Treatment.</td>
<td>Geocoded maps.</td>
<td>Met</td>
<td>Participate in Utah’s annual Maps on the Hill event to educate the public and policy makers on the impact of policies on STDs. On January 28, 2015 the PTCP participated in Utah’s Maps on the Hill event. This event provided the PTCP with an opportunity to provide a visual representation of Utah’s GC increase to elected officials, policy makers, fellow practitioners, and the public. The manager of the PTCP provided education to several legislators and was able to disseminate information regarding the increase and those populations affected by the infection. <a href="http://gis.utah.gov/about/maps-on-the-hill/">http://gis.utah.gov/about/maps-on-the-hill/</a></td>
</tr>
</tbody>
</table>
In collaboration with the Denver Prevention Training Center, provide an STD Clinical Update that will provide education and training to government leaders and healthcare providers, and improve access to quality STD prevention services.

<table>
<thead>
<tr>
<th>Number of planning meetings held.</th>
<th>Met</th>
<th>Utah’s 2015 STD Clinical Update was held on May 18, 2015 and provided training to 89 participants.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants.</td>
<td></td>
<td>The PTCP dedicated extensive resources ensuring this event was successful, participating on the planning committee and confirming speakers. The PTCP participated in five planning conference calls with the Denver PTC on January 8, 2015, February 17, 2015, March 3, 2015, March 10, 2015, and May 13, 2015.</td>
</tr>
</tbody>
</table>

**Successes**
- The PTCP participated in Utah’s Maps on the Hill event; educating Utah’s elected officials and policy makers.
- The PTCP successfully hosted Utah’s 2015 STD Clinical Update on 2015, providing education to 89 participants.

**Challenges**
- N/A

**Support needed from CDC**
- N/A
**MORBIDITY EVENT**

### Demographic
- Last Name, First Name
- Street Name, Street Number, Unit Number
- City, State, County, Zip Code
- Date of Birth
- Area Code, Phone Number
- Birth Gender
- Ethnicity, Race
- Disposition (if promoted contact)
- Disposition Date (if promoted contact)
- Contact Type (if promoted contact)

### Clinical
- Disease
- Date Diagnosed
- Pregnant, Expected Delivery Date
- Weeks Gestation at Diagnosis
- Pregnancy in Past 12 Months
- Pregnancy Outcome, Date Pregnancy Outcome
- Treatment Given, Treatment
- Date of Treatment
- Clinician Last Name
- Clinician Area Code, Clinician Phone
- Diagnostic Facility (DF), Type of facility:
- Method of Case Detection
- Symptoms Observed or Present
- Clinician Observed Symptoms
- Clinician Observed Symptom Type (if applicable)
- Clinician Observed CDC Anatomic Sites
- Lesions Present
- Patient Observed Symptoms
- Patient Observed Symptom Type (if applicable)
- Patient Observed Anatomical Site (if applicable)
- Neurological Involvement
- Date of Earliest Symptom Observation
- Duration of Symptoms
- Additional Symptoms
- Previous HIV Testing, HIV Status
- Previous STD Diagnosis
- HIV Testing This Event, HIV Result This Event (if applicable)

### Laboratory
- Lab
- Test Type, Organism, Test Result
- Specimen Source, Collection Date
- Specimen Source: (Specimen source section)
- Collection Date: (Specimen source section)
- Non-Treponemal Serologic Test Type
- Quantative Test Result

### Investigation
- Date Case Assigned
- Was the case interviewed?
  - (if yes) Interview date:
  - (if yes) Interview period:
  - (if no) Reason not interviewed:
- Date closed:
- Met sex partners via the Internet?
- Had sex with a male? Had sex with a female?
- Had sex with an anonymous partner?
- Had sex with a person known to be an IDU?
- Had sex while intoxicated/high on drugs?
- Exchanged drugs and/or money for sex?
- Been incarcerated?
- Engaged in IDU?
- If male, is the patient MSM?
- If female, had sex with a person known MSM?
- Drug Use:
Contacts
- Number sex partners during interview period
- Total number of sex partners in past 12 months

Reporting
- Date first reported to public health

CONTACT EVENT

Demographic
- Contact First Name
- Contact Address County
- Contact Date of Birth
- Contact Area Code, Contact Phone Number
- Contact Birth Gender
- Contact Disposition, Contact Disposition Date
- Contact Type

Clinical
- Contact Disease
- Contact Lab Collection Date
- Contact Pregnant, Contact Pregnancy Due Date (if applicable)
- Contact Treatment Given
- Contact Date of Treatment (if applicable)
- Contact Lab Test Results

Administrative
- LHD Investigation Start Date, LHD Close Date
- LHD Case Status
- State Case Status (completed by UDOH)
- Outbreak Association
**UT-NEDSS Minimum/Required Fields by Tab**

**Chlamydia/Gonorrhea**

**MORBIDITY EVENT**

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>How many sex partners has the case had in the past 3 months?</td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td></td>
</tr>
<tr>
<td>Unit Number</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
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<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Zip code</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Area Code</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Birth Gender</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
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<tr>
<td>Race</td>
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</tr>
<tr>
<td>Disposition</td>
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</tr>
<tr>
<td>Disposition Date</td>
<td></td>
</tr>
<tr>
<td>Contact Type</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease</td>
<td>Date first reported to public health</td>
</tr>
<tr>
<td>Date Diagnosed</td>
<td></td>
</tr>
<tr>
<td>Pregnant</td>
<td>Was the case interviewed?</td>
</tr>
<tr>
<td>Expected Delivery</td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
</tr>
<tr>
<td>Treatment Date</td>
<td></td>
</tr>
<tr>
<td>Date of Treatment</td>
<td></td>
</tr>
<tr>
<td>Clinician Last Name</td>
<td></td>
</tr>
<tr>
<td>Clinician Area Code</td>
<td></td>
</tr>
<tr>
<td>Clinician Phone</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Facility</td>
<td></td>
</tr>
<tr>
<td>Type of facility</td>
<td></td>
</tr>
<tr>
<td>Method of Case Detection</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab</td>
<td>Was the case interviewed?</td>
</tr>
<tr>
<td>Test Type</td>
<td></td>
</tr>
<tr>
<td>Organism</td>
<td></td>
</tr>
<tr>
<td>Test Result</td>
<td></td>
</tr>
<tr>
<td>Specimen Source</td>
<td></td>
</tr>
<tr>
<td>Collection Date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Source Section</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Source</td>
<td></td>
</tr>
<tr>
<td>Collection Date</td>
<td></td>
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</tbody>
</table>

**CONTACT EVENT**

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Administrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>State Case Status (completed by UDOH)</td>
</tr>
<tr>
<td>Contact Address County</td>
<td></td>
</tr>
<tr>
<td>Contact Birth Gender</td>
<td></td>
</tr>
<tr>
<td>Contact Disposition</td>
<td></td>
</tr>
<tr>
<td>Contact Disposition Date</td>
<td></td>
</tr>
<tr>
<td>Contact Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Pregnant</td>
<td>Contact Pregnant (if known) (if female)</td>
</tr>
<tr>
<td>Contact Expected Delivery Date</td>
<td>(if pregnant)</td>
</tr>
<tr>
<td>Contact Treatment Given</td>
<td>Contact Treatment Given (if known)</td>
</tr>
<tr>
<td>Contact Date of Treatment</td>
<td>Contact Date of Treatment (if treated)</td>
</tr>
</tbody>
</table>

**Notes:**
- **Specimen Source Section**
- **Date first reported to public health**
- **Reason not interviewed (if no)**
- **Interview period (if yes)**
- **Interview date (if yes)**
- **Is the patient MSM? (if male)**
- **State Case Status (completed by UDOH)**
1. CONTRACT NAME: The name of this contract is STD Disease Intervention Services (Salt Lake County) Amendment 3.

2. CONTRACTING PARTIES: This contract amendment is between the Utah Department of Health (DEPARTMENT) and Salt Lake County Health Department (CONTRACTOR).

3. PURPOSE OF CONTRACT AMENDMENT: The purpose of this amendment is to increase the contract amount and replace Attachment "A" in exchange for continued services.

4. CHANGES TO CONTRACT:

   1. The contract amount is being changed. The original amount was $149,520.00. The funding amount will be increased by $81,234.00 in federal funds and $37,197.00 in state funds. New total funding is $267,951.00.
   2. Attachment A, effective January 1, 2017, is replacing Attachment A, which was effective January 1, 2016.

   All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 01/01/2017

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
   A. All other governmental laws, regulations, or actions applicable to services provided herein.
   B. All Assurances and all responses to bids as provided by the CONTRACTOR.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.
IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

SALT LAKE COUNTY

By: [Signature]
Mayor or Designee

Date: 1/23/17

Administrative Approval:

By: [Signature]
Title: [Position]

Date: 1/19/17

Approved as to Form:

By: [Signature]
Dianne R. Orcutt
Deputy District Attorney

Date: 1/19/2017

STATE

By: [Signature]
Shari A. Watkins, C.P.A.
Director, Office Fiscal Operations

Date: 1/30/2017
Special Provisions – Attachment A

STD Disease Intervention Services (Salt Lake County)

January 2017

I. DEFINITIONS:
A. CDC means The Centers for Disease Control and Prevention.
B. DIS means Disease Intervention Specialist.
C. Education means one on one discussion and distribution of educational materials if applicable.
D. GC means gonorrhea.
E. MER means monthly expenditure report.
F. MSM means men who have sex with men.
H. PHAccess refers to a confidential emailing system used for sensitive disease communication.
I. QA means Quality Assurance.
J. STD means Sexually Transmitted Disease.
K. “Sub-recipient” means Grantee as referred to in the Utah Department of Health General Provisions, Local Health Department Assurances and Match Requirements for the period of July 1, 2013 to June 30, 2018 as established by Agreement effective July 1, 2013.
L. UPHL means Utah Public Health Laboratory.
M. UT-NEDSS/EpiTrax means Utah National Electronic Disease Surveillance System.

II. FUNDING:
A. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to $267,951.00 for expenditures directly relating to this Contract. Allowable expenditures will be determined as defined in Article XIV of the General Provisions.
B. Funds can only be used as follows:
   1. $69,260.00 for the period January 1, 2015, through December 31, 2015.
   2. $80,260.00 for the period January 1, 2016, through December 31, 2016.
   3. $81,234.00 for the period January 1, 2017, through December 31, 2017.
   3a $37,197.00 for the period January 1, 2017, through June 30, 2017.
C. This Contract is funded with 86% Federal funds and 14% State funds. The Federal funds provided under this Contract are from the following Federal program and award:
   Federal Program Name: STD Prevention and Disease Intervention Activities throughout the State of Utah
   Name of Federal Agency: Centers for Disease Control and Prevention
   Federal Award Identification Number: H25PS004321
   CFDA Name: Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development and Prevention Strategies
   CFDA Number: 93.977
   CFDA Amount: $534,148.00
   DUNS Number: 073133894
   Federal Award Date: January 1, 2017
Indirect Cost Rate: 11%
Pass-through agency: State of Utah, Utah Department of Health
Number assigned by
Pass-through agency: State Contract Number, as recorded on page 1 of the Contract.

III. DEPARTMENT CONTACT:
A. The day to day program contact is:
   Megan Evans
   E-mail address: meevans@utah.gov
   Phone number: (801) 538-6223

IV. STANDARDS, PROTOCOLS, POLICIES/PROCEDURES, GUIDELINES:
A. The SUB-RECIPIENT agrees to provide services under this Contract in accordance with the following standards, protocols, policies, procedures and guidelines (In the event that the cited standards, protocols, policies, procedures and guidelines are revised or amended, the latest data will be applicable to this Contract):
   2. 2015 Sexually Transmitted Diseases Treatment Guidelines.
   4. Minimum Data Set, EPI Affiliate Group.
   5. CDC Program Operation Guidelines for STD Prevention.
   9. Health Resources and Service Administration 340B Regulations.

V. RESPONSIBILITIES OF THE LOCAL HEALTH DEPARTMENT:
The SUB-RECIPIENT shall:
A. Follow current CDC Treatment Guidelines; enter reported cases into UT-NEDSS/EPI-TRAX, collect data and implement the SUB-RECIPIENT’s policy for contact investigations of chlamydia, gonorrhea, and syphilis.
B. Provide comprehensive STD Prevention and Disease Intervention activities to include:
   1. Ensure 85% of reported gonorrhea cases receive treatment(s), within 14 days of the date the case is reported to public health.
   2. Ensure 85% of early syphilis cases receive treatment, within 14 days of the date the case is reported to public health.
   3. Ensure 60% of early syphilis cases where at least one partner was treated for syphilis prophylactically or treated as a new case of syphilis within 30 days of the index patient’s case are reported to public health.
   4. Provide partner services to 80% of individuals who are diagnosed with chlamydia, gonorrhea, and/or syphilis in the SUB-RECIPIENT’s jurisdiction.
   5. Utilize medications provided by the DEPARTMENT to treat Salt Lake County residents who are identified contacts of chlamydia, gonorrhea, and/or syphilis cases and STD clients diagnosed with chlamydia, gonorrhea, and/or syphilis in
the SUB-RECIPIENT’s clinic. It is prohibited to charge clients for medication and/or laboratory testing when provided by the DEPARTMENT either directly or purchased with funding from this contract.

6. Ensure all STD cases meet the requirements of each disease specific Minimum Data Set.

7. Resolving incidences in UT-NEDSS identified in the quarterly QA summary report, no later than four weeks after receiving the report.

8. Provide PrEP education to 85% of all MSM, and their partners, who are diagnosed with early syphilis and gonorrhea. Provide referrals as necessary.

9. State funds (see section II.B.3a) shall be used for DIS GC outbreak response. The DEPARTMENT agrees to pay for labs that fall under the stipulations outlined in Article V. F.1. State funds will be utilized first.

10. Conduct laboratory testing for chlamydia and gonorrhea.
   a) Deliver/submit urine specimens to the UPHL at the SUB-RECIPIENT’s expense.
   b) All specimens shall meet UPHL requirements for processing such as, but not limited to the following; labeling, requisition form, storage, etc.

C. Submit monthly invoice using the MER.

VI. RESPONSIBILITIES OF THE UTAH DEPARTMENT OF HEALTH:

The Department agrees to:

A. Provide information and/or updates such as, but not limited to the following: standards, protocols, procedures, information on current issues and best practices.

B. Provide in-service training on disease intervention techniques and clinical case management upon request by the SUB-RECIPIENT.

C. Provide technical assistance and medical consultation for STDs by phone, e-mail, on-site visits and written communication as needed.

D. Provide items including: literature and condoms based upon availability.

E. Provide the following medication: ceftriaxone, azithromycin, and penicillin G benzathine to treat chlamydia, gonorrhea and/or syphilis.

F. Provide the UPHL with a minimum allotment of $8,090.00 on behalf of the SUB-RECIPIENT to process urine specimens for chlamydia and gonorrhea testing for the time period January 1, 2017 through June 30, 2017.
   1. To qualify for payment, specimens shall meet the following criteria:
      a) Females 15 to 24 years of age,
      b) Health insurance status (Yes or No),
      c) MSM (Yes or No for males only),
      d) Partners of a female 15 to 24 years of age (Yes or No).

G. Provide the UPHL with a minimum allotment of $9,287.00 on behalf of the SUB-RECIPIENT to process urine specimens for chlamydia and gonorrhea for the time period January 1, 2017 through December 31, 2017.
   1. To qualify for payment, specimens shall meet the following criteria:
      a) Females 15 to 24 years of age,
      b) Health insurance status (Yes or No),
      c) MSM (Yes or No for males only),
d) Partners of a female 15 to 24 years of age (Yes or No).

H. Provide the SUB-RECIPIENT with assistance in disease intervention investigations and/or interviews upon request from the SUB-RECIPIENT.

I. Provide the SUB-RECIPIENT with quarterly QA lists to improve data quality and identify needs for assistance from the DEPARTMENT. QA lists will be provided to the SUB-RECIPIENT’s Nursing Director within 60 days after the end of the quarter.


K. Provide PrEP educational materials and training upon request based upon availability.