

Orpheus County Feedback Meeting Agenda & Notes

Data for Public Health
Policy

Date: January 14, 2016

Time: 1:30-3:00 **Place:** PSOB AOC, 4th flr (or room 710)

ALL DATA FROM SCREEN SHOTS SHOWN IN THESE MINUTES ARE FAKE

Registration URL: <https://attendee.gotowebinar.com/register/5575381935383763458>

The phone number is 1- 888-278-0296 participant code 6585758

Purpose: To share new features, user issues and gather feedback on development priorities for Orpheus, Outbreaks and Case log applications

Outcome: Users are kept informed about development projects and their needs are identified and prioritized.

Counties: Baker; **Benton-Mary;** **Clackamas-** Karen; **Clatsop** – Annette,; **Columbia** – Heather; Coos; **Crook** – Vicky, Karen; **Curry-** Susan, Brody; **Deschutes** - Heather; Douglas; **Grant-** John; Harney; Hood-River; Jackson; **Jefferson-** Joy; **Josephine** – Cat, Jerod Wheeler; **Klamath** –Katie, Jeri; Lake, **Lane-** Sidney; Lincoln; **Linn-** Karen, Debby; Malheur; **Marion-** Tessa; Morrow -; **Multnomah-** Joan, Marta, Nicole; NCPHD ; Polk; **Tillamook** -Christie ; Umatilla; Union; Wallowa; Warm Springs; Washington; Wheeler; **Yamhill** - Kara

State: June, Michelle, Stephen, Maureen, Russell, Rob, Heather, Patrick, Irina, Julie, Tom

NOTES		
Item	Discussion/Decisions	Action items
1	Overall Orpheus Update -- Stephen: - MSN Media contract is in place.	LHDs to send Tech Team any and all feature or bug-fix requests.

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2	<p>ELR Update -- Michelle:</p> <ul style="list-style-type: none">- Kaiser: Several LHDs have requested that they stop faxing. From Michelle's perspective, ELR data are received once a day, and are parsing with no problems. Michelle hasn't heard any complaints with regard Kaiser ELR data. No objections. Kaiser can stop faxing. Michelle will have an internal discussion with State users.- Small delays in ELR reports: Michelle has sent an e-mail about this issue. On Friday, December 11th, in the morning, a glitch occurred in the State IT system, which broke the automated (hourly) ELR processes. The solution, at this point, is for Michelle or Rob, to manually invoke these ELR processes – basically un-checking and re-checking a box, which forces the ELR data import processes. Currently, this manual workaround is only happening twice daily. Thus, LHDs should get a morning batch of data, and an afternoon batch. State is still trying to find the cause and the solution of the problem. It looks like it might involve a server upgrade, but this workaround will be happening for at least another 2 or 3 weeks.- Switching to display LOINC/SNOMED codes: This is just a heads up that you will be seeing a difference in the way lab tests and results are displayed. Labs are required to lab tests and result values with standardized definitions, i.e., LOINC and SNOMED codes. These codes are generally a little wordier than local, non-standard code sets. The good news is that will be more consistency and uniformity among all labs in that it will all look the same. Though not all the labs are currently sending LOINC/SNOMED codes, expect to see some changes in the way ELR order, test and result data are displayed.	<p>Kaiser to stop faxing.</p> <p>State to re-automate ELR import process ASAP.</p>
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<p>3</p>	<p>Hepatitis C Definition Changes -- Tasha:</p> <ul style="list-style-type: none">- Effective January 1, 2016, CDC and CSTE have agreed on a new Hepatitis C definition. Basically, it's to simplify the case definition, especially around the signal-to-cutoff ratio, which is no longer being considered as part of the case definition. Current case definition is here:- https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/hepc.pdf- There are too many S-T-C assays being developed for CDC to keep up and validate which ones are indicative of true positives.- Other changes in the wording in the Chronic portion around “no evidence of test conversion” and “no symptoms.” imply that we want you to find out about these criteria – WE DON'T. We will assume that when you get a single antibody test or an RNA PCR with no other information to just treat the case as you normally would by entering in into Orpheus and to classify it appropriately. In other words, State is not expecting LHDs to look back to see if they've had a recent negative in the last 12 months, or to determine whether they were symptomatic. <p>3.4 Presumptive Chronic Case definition</p> <ol style="list-style-type: none">1. A positive anti-HCV antibody test* (but no report of a positive HCV NAT test); and2. No evidence of test conversion; and3. No symptoms consistent with acute viral hepatitis. <p>*Please note: a child <18 months of age with a positive anti-HCV test is not considered a presumptive case due to the presence of maternal antibodies. Repeat testing after 18 months of age will help confirm the diagnosis or PCR testing may be performed <18 months of age.</p>	
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Tasha reviewed the data entry instructions found on the Help Sub Tab of the More Tab:

The screenshot shows a software interface with a top navigation bar containing tabs: Basics, Labs (3), Clinical, Risks, Followup, Epilinks, Contacts, Notes, Vaccine, and More (highlighted). Below this is a secondary bar with tabs: Dates/History, Attachments, Log, Letters, Export, Studies, Help (highlighted), and Metrics.

Data entry instructions:

Hep C Case Definition FAQs – January 2016

What do I do with a chronic case that has a + anti-HCV and a subsequent negative RNA test?

- If a case has a +anti-HCV and the subsequent negative RNA is within 12 months – change to a no case.
- If the negative RNA is >12 months, leave the case "as is," which is a presumptive case

What do I do with chronic cases that only have a +anti-HCV test but with a low signal to cutoff (s/co) ratio?

- The signal to cutoff ratio is no longer being considered in any case definition for hepatitis C. These cases should be classified as "presumptive"

What do I do when I get a new +anti-HCV lab for an existing chronic case? Case already had a +anti-HCV lab with no s/co ratio and so had previously been given status "suspect" under the old case definition

- Change classification to "presumptive"

What do I do when I get a new +anti-HCV lab for an existing chronic case? Case already had a +anti-HCV lab with a predictive s/co ratio and so had previously been given status "confirmed."

- Leave case "as is"

What do I do when I get a new HCV RNA lab for an existing chronic case? Case already had a +anti-HCV lab with no s/co ratio and so had previously been given status "suspect."

- Change to "confirmed"

What do I do when I have an acute case (either confirmed or presumptive) and receive a subsequent positive RNA or antigen test?

- If the result is within 12 months – simply add to the acute case and reclassify as confirmed acute if previously presumptive
- If the result is >12 months after the onset of symptoms– create a new chronic case

What do I do when I have an acute case (either confirmed or presumptive)

Case Definitions

Confirmed

1. A positive nucleic acid test (NAT) for HCV RNA (including qualitative, quantitative or genotype testing); and
2. No evidence of test conversion; and
3. No symptoms consistent with acute viral hepatitis.

Suspect

No Cases
Cases with a pc cases.

Presumptive

1. A positive anti-HCV antibody test* (but no report of a positive HCV NAT test); and
2. No evidence of test conversion; and
3. No symptoms consistent with acute viral hepatitis.

*Please note: a child <18 months of age with a positive anti-HCV test is not considered a presumptive case due to the presence of maternal antibodies. Repeat testing after 18 months of age will help confirm the diagnosis or PCR testing

CDC Case Definiti

4 H flu pregnancy status – Tasha:

- State is expanding surveillance of pregnant H flu cases. Please obtain pregnancy status and State will follow up. There will be some QA flags in Orpheus.

LHDs to obtain pregnancy status of applicable H flu cases.

Tasha to add to the investigative guidelines.

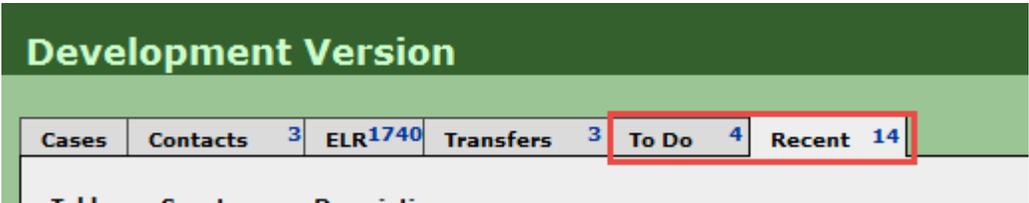
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<p>5</p>	<p>ALERT Query issues – Michelle</p> <ul style="list-style-type: none"> - The same issues that affected the automated ELR process on December 11th, 2015, have also gummed up the Alert Query feature. Michelle has installed some interactive dialog features to let the user know that there are issues communicating with Alert. <p>Joanie in Multnomah was not getting the error message, but instead was getting a message that indicated that the record was not found in Alert, but Joanie was able to find the record in Alert.</p> <p>Q: Sidney/Lane. Does the query work for Contacts as well as Cases? Yes, when it's working, it'll work for both. You can also query from the Person record provided that the person is associated with a Case or Contact of a vaccine preventable diseases.</p>	<p>LHDs to e-mail Tech Team when getting >2 errors in a row when attempting to run an Alert Query from Orpheus.</p> <p>Joanie to send Michelle the Orpheus Case ID associated with the error message.</p>
<p>6</p>	<p>Syphilis ELR reports – Irina</p> <ul style="list-style-type: none"> - The HST program was recently notified by a lab that does reverse sequencing for Syphilis, i.e., doing an EIA first, then an RPR, and then an FTA if necessary. They were told about a physician who requested an FTA first. The ELR that followed was confusing and ended up being used to create a false case of Syphilis. <p>TIP: Remember, negative results will not come through ELR, so verify or double-check with the lab. Also, Syphilis-associated ELRs can be confusing, especially with regard to FTA and EIA results in the text box result area.</p> <ul style="list-style-type: none"> - Discussion: Rae/Yamhill. ELRs are often confusing, which results to LHDs calling the lab to fax the lab results, and although it's a duplication of effort, 	<p>LHDs to double with the lab when in doubt about a Syphilis test result.</p> <p>LHDs to inform Michelle of any specific ELRs results coming from specific Labs that are particularly hard to interpret as compared to their faxes.</p>

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	<p>the fax is often more readable than the ELR. Sometimes the test results and test descriptions are hard to decipher in some ELRs.</p>	<p>State to review hard-to-interpret ELRs at an upcoming meeting.</p>
<p>7</p>	<p>County Review reports – Overview and Redesign – June/all</p> <p>June has met with representatives from Outbreaks, Animal Bites, TB, STDs, etc. to come up with some triennial review re-design concepts and vision.</p> <p>We plan to show review data over time by County over a given 3-year period. We plan to add some graphics to the report. A separate module will be built for animal bites. Outbreaks will be overhauled. We plan to include a metric on the number of stool specimens collected, as well as a field that will be added that will store number of stool kits distributed by the health departments; this will help track efforts, e.g., 5 stool kits were distributed, 2 were received.</p>	<p>Counties to help with feedback with regard to triennial review reports, and whatever other metrics are needed at the local level independent of the triennial review metrics. Now is the time to give feedback for these kind of reports.</p>
<p>8</p>	<p>Contact Transfer problems – June</p> <p>Bug continues...June reviewed the 2 most common places in Orpheus to find contact transfers.</p> <ol style="list-style-type: none"> 1. Recent cases Tab 2. To Do List 	

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	<p>Debby from Linn had contact transfer last month and got the <<no access>>> error message when trying to open it. It had come from Deschutes County. Debby was able to find it from the To Do but had to call Deschutes and have them grant access to the case.</p>	<p>Debby to follow up with more details about the bug.</p>
<p>9</p>	<p>Needed training webinars/other training needs – June</p> <p>June will be doing a hands-on training in Lane or Marion Counties within the next month or so.</p> <p>2hr Beginner and Intermediate trainings are being planned. Intermediate training will include the running of reports.</p> <p>Upcoming 1st Wednesday of the month will be on Listeria.</p> <p>Counties have been confused and it’s been clumsy for them when working up CRE cases. There is a lot of State use functionality in Orpheus, but little in terms of collection of risk and clinical data. It would be helpful for Counties to have some kind of cheat sheet for case interviews.</p> <p>June reiterated that Case Report Forms with an asterisk next them indicate that the CRF is synched with the *.pdf CRF.</p> <p>https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingForms/Pages/index.aspx</p> <p>For example</p> <ul style="list-style-type: none"> • Cryptosporidiosis (10/2014)* 	<p>Counties to specific diseases.</p> <p>State to develop a list of minimal data to for Counties to collect on CRE cases.</p> <p>Counties to refer clinicians to CRE Web Page: https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Prevention/Pages/DROP-CRE.aspx</p>

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	<p>With regard to CRE, State has been doing chart reviews on all CRE cases and hasn't expected a lot of County investigation efforts. Currently, there is no expectation for Counties to collect clinical or risk factor information, but State expects Counties to collect demographics, hospitalization status, as well as to provide education to the cases (probably a check box). State plans to discontinue chart reviews with the exception of carbapenem-producing CREs.</p> <p>HAI program is planning on a CRE Webinar. Invitations to Counties, Long-term care facilities, Labs, et al. forthcoming.</p> <p>Q: If not a carbapenamase producing CRE, do Counties still need to contact the Case if they're an outpatient? Yes. The Case should be called and given education. If they have an MDRO, including carbapenem resistance, they should still be educated.</p> <p>Miscellaneous Questions:</p> <p>Q: Are Counties still supposed to do the manual labs for the Hep C cases, i.e., moving from the lower box to the upper box on the Lab Tab? And do the summary results need to be filled in?</p> <p>No, you don't have to fill in the manual lab if you don't want to, though it's useful to do so, especially with multiple hepatitis serologies, in that a single manual lab allows you to see the results all in one place. Sometimes, especially in the case of Hep B, you may want to capture a single negative result in order to determine classifying the case. BUT YOU DO NEED TO CREATE A MANUAL LAB TO CAPTURE ALT AND AST RESULTS.</p>	
	<p>Late breaking lab update -- Julie</p>	

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	<p>Heads up. Earlier this month, Providence started using PCR for enterics. Kaiser is planning on doing the same next Tuesday. Kaiser will be doing a slightly different panel than Providence. They both will do reflex testing for <i>Salmonella</i> and <i>Shigella</i>. Positive Shiga toxins will be sent to the State Public Health Lab. A PCR positive <i>Campylobacter</i> will be considered presumptive as per CSTE guidelines, i.e., “culture independent test” is a presumptive case for Campy. For other Enteric conditions the pcr is a suspect case.</p>	<p>Call Julie Hatch with questions about PCR enteric test results.</p>
<p>Future Meetings: 2nd Thursdays @ 1:30 PM February 11, 2016 March 10, 2016</p>		