# COVID-19 Test Results Reporting Guidance

## Overview

All physicians, laboratories, and other health providers are legally required to report an actual or suspected case of a notifiable disease in Georgia, including COVID-19.[1] The legal authority for notifiable disease reporting is both in Georgia State Code and in Federal Law.[2,3] That legal authority has been expanded for the COVID-19 pandemic to include reporting of negative test results and includes any individual, organization, or agency facilitating specimen collection and/or testing, including a specimen collection site or event.[4] In addition to traditional reporters to Public Health such as healthcare providers and laboratories, non-traditional reporters including, but not limited to, schools and universities, long-term care and assisted living facilities, Emergency Medical Services (EMS) and other first responder agencies, employers, and worksites must also report these test results.

Healthcare providers and other individuals, organizations, and agencies do not incur liability for reporting to Georgia Department of Public Health (DPH), as Georgia law specifically states that "[a]ny person . . . submitting in good faith reports or data to the department or county boards of health in compliance with the provisions of this Code section shall not be liable for any civil damages therefor."[5]

The various types of reporters mentioned above are collectively referred to as "facilities" throughout the remainder of this document.

## Reporting Requirements

On June 4, 2020, HHS established a list of data elements that must be reported to state or local public health departments for each COVID-19 test performed by a facility, as well as a number of requested data elements. Table 1 shows the minimum data elements required for reporting a COVID-19 test result. Facilities should make every reasonable effort to provide the requested information to DPH in addition to the required elements.

**All test results (i.e., positive, negative, inconclusive or equivocal, and invalid) must be reported within 24 hours of testing** in order to facilitate timely case investigation, follow-up, and contact tracing. This includes traditional laboratory tests such as RT-PCR and serologic testing, as well as rapid, point-of-care tests performed and resulted on-site during a patient or individual consultation (e.g,. Abbott ID Now RNA tests, BinaxNOW antigen tests, rapid antibody tests, and others).

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[1] https://dph.Georgia.gov/epidemiology/disease-reporting

[2] O.C.G.A. § 31-12-2(a); Ga. Comp. R. & Regs. 511-2-1-.01(h), -.02(1).

[3] https://www.hhs.gov/about/news/2020/06/04/hhs-announces-new-laboratory-data-reporting-guidance-for-covid-19-testing.html

[4] Public Law 116-136, § 18115(a), the Coronavirus Aid, Relief, and Economic Security (CARES) Act; Department of Health and Human Services, COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115, June 4, 2020 (https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf); Department of Health and Human Services, Frequently Asked Questions: Laboratory Data Reporting for COVID-19 Testing (https://www.hhs.gov/sites/default/files/laboratory-data-reporting-for-covid-19-testing-faqs.pdf).

[5] O.C.G.A. § 31-12-2(d).

Table 1. Required and Requested Data Elements Established by Georgia Department of Public Health or U.S. Dept. of Health and Human Services

| Data Element | Description | Required | Requested | Agency Requiring/Requesting Information |
|---|---|---|---|---|
| Performing Facility Name | Name of the laboratory or facility that conducted the test | X | | DPH, HHS |
| Performing Facility CLIA Number | CLIA number of the laboratory or facility that conducted the test | X | | HHS |
| Performing Facility Zip Code | Zip code of the laboratory or facility that conducted the test | X | | HHS |
| PatientID | A unique identifier for the person tested. Examples include medical record number or visit number. | | X | DPH |
| Patient Name | Full name of the person tested | X | | DPH, HHS |
| Date of Birth | Date of birth for the person tested | X | | DPH, HHS |
| Age | Age of the person tested | X | | HHS |
| Sex | Sex of the person tested | X | | DPH, HHS |
| Race | Race of the person tested | X | | DPH, HHS |
| Ethnicity | Ethnicity of the person tested | X | | DPH, HHS |
| Patient Street Address | Typical residential street address of the person tested | X | | DPH, HHS |
| City | City in which the person tested typically resides | X | | DPH |
| State | State in which the person tested typically resides. Only residents of Georgia or individuals with an unknown address and a Georgia provider should be reported. | X | | DPH |
| Zip | Zip code in which the person tested typically resides | X | | DPH, HHS |
| County | County in which the person tested typically resides | X | | DPH, HHS |
| Patient Phone | Phone number for the person tested | | X | DPH |

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| Patient Email | Email address for the person tested | | X | DPH |
| Employed in Healthcare | Is the person tested employed in a healthcare setting? | | X | HHS |
| Resident in a Congregate Setting | Is the person tested a resident of a congregate setting? | | X | HHS |
| Symptomatic | Is the person tested symptomatic? | | X | HHS |
| Date of Symptom Onset | Date of symptom onset | | X | HHS |
| Hospitalized | Is the person tested hospitalized? | | X | HHS |
| ICU | Is the person tested admitted to an ICU? | | X | HHS |
| Pregnant | Is the person tested currently pregnant? | | X | HHS |
| First Test | Is this the person's first COVID-19 test of any type? | | X | HHS |
| Ordering Facility Name | Name of the facility that ordered the test | | X | DPH |
| Ordering Provider Name | Full name of the provider who ordered the test | X | | DPH, HHS |
| Ordering Provider NPI | National Provider Identifier (NPI) of the provider who ordered the test | X | | HHS |
| Ordering Provider Phone | Phone number for the provider who ordered the test | X | | DPH, HHS |
| Ordering Provider/Facility Address | Street address of the facility that ordered the test | | X | HHS |
| Ordering Provider/Facility City | City of the facility that ordered the test | X | | DPH, HHS |
| Ordering Provider/Facility State | State of the facility that ordered the test | X | | DPH, HHS |
| Ordering Provider/Facility Zip | Zip code of the facility that ordered the test | X | | DPH, HHS |
| Specimen ID | A unique identifier for the specimen | | X | DPH |
| Specimen Source | The type of specimen collected | X | | DPH, HHS |
| Date Specimen Collected | Date that the specimen was collected | X | | DPH, HHS |

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|---|---|---|---|---|
| Date Specimen Received | Date that the specimen was received at the testing facility | | X | DPH |
| Date Test Ordered | Date that the test was ordered by the facility/provider | X | | HHS |
| Test Result Date | Date that the test was performed | X | | DPH, HHS |
| Test Ordered | LOINC code for the test that was performed | X | | HHS |
| Test Description | Description of the type of test performed | X | | DPH |
| Test Result | Result of the test | X | | DPH, HHS |
| Accession Number or Specimen ID | Accessioning number for the test | X | | DPH, HHS |
| Device Identifier | A unique identifier that indicates the device used for testing | X | | HHS |

**Methods of Reporting Results**

At this time, DPH offers three primary methods of reporting COVID-19 test results. Each of these options uses the electronic laboratory reporting (ELR) process to ingest and display the data. This means that data submitted through any of these mechanisms create an electronic 'footprint,' can be viewed and queried in the SendSS ELR Results Query by Public Health staff, automatically link to the Person Under Investigation (PUI) form using pre-determined logic, and contribute to the overall testing data used to determine percent positivity, testing coverage, etc.

1. ***Health Level 7 International (HL7) Standards***.
   This option allows for HL7 standardized data elements to be sent automatically and securely from a laboratory or health information system. This is considered the gold standard for reporting public health data, including test results. HL7 data can be sent through a number of mechanisms, including the Public Health Information Network Messaging System (PHINMS), manual upload to a secure folder within the SendSS Public Health Information Portal (PHIP), or, in special circumstances, a secure file transfer protocol (sFTP).

   This method of reporting requires a high degree of information technology (IT) capability and support and is most suitable for commercial laboratories, large medical facilities or systems, or providers with a high level of support from the vendor of their information system.

2. ***Spreadsheet Template.***
   This option requires a facility to set up an automated file export from their information system, which can be transmitted to DPH through PHINMS or manual upload to a secure folder in PHIP. This file can then be configured for automated ingestion by DPH through a process that creates an HL7 message from the data provided. Configuration typically takes between 20-40 hours per facility.

   This method of reporting requires the spreadsheet to adhere to the specifications and template provided by DPH. Otherwise, it cannot be configured for automated processing and must be manually entered by DPH Epidemiology staff, overwhelming the capacity of the available workforce and delaying use of the data for proper case investigation, contact tracing, and follow-up. This is most suitable for commercial laboratories, medical facilities, systems, or providers that have some degree of IT capability and support, and have the ability to create and modify exports from their information system to adhere to the provided template.

   Spreadsheets that are manually generated (i.e., entering data directly into the spreadsheet rather than from an export) result in numerous data quality issues that prevent configuration for automated processing, thus requiring manual data entry by state Epi staff. Consequently, **manually generated spreadsheets will not be accepted by DPH** except under extreme circumstances and in consultation with the Reporting Team.

3. ***Point-of-Care Test Reporting Portal.***
   This option uses a web-based portal for direct, manual data entry by the reporting facility and is intended specifically for reporting point-of-care test results. **It should NOT be used for reporting**

**traditional laboratory results** such as RT-PCR testing. Any facility conducting traditional laboratory testing at an in-house, CLIA-certified laboratory, should report by HL7 or spreadsheet template, even if they are also performing point-of-care testing. Both types of testing can be incorporated into the same reporting method. The form used for data entry has been streamlined to include only the data elements relevant for point-of-care testing whereas traditional laboratory testing requires additional data elements to be collected and reported.

A user's guide has been developed that provides step-by-step instructions for registering, logging in, and using the Portal for data entry, searching previously entered results, and exporting data. Facilities can access this portal, as well as the user's guide and other training materials, using the following URL:

https://sendss.state.ga.us/sendss/!ncov_poc.login

This method of reporting does not require any IT capability or support, only an Internet connection and a computer. As a result, it is most suitable for providers or facilities that have limited or no IT support, cannot create and modify an export, or do not use an information system to manage testing data. General users are able to see all results that are associated with the facility they indicate in the registration form.

A fourth reporting option is available to long-term care facilities. The National Healthcare Safety Network (NHSN) has developed a Point of Care Laboratory Reporting Pathway within the NHSN Long-Term Care COVID-19 Module. **Any CMS-certified long-term care facility reporting through this mechanism is in compliance with Federal Law and does not need to report directly to DPH.** These data will be shared with states through the APHL Information Messaging Service (AIMS). In order to utilize the new pathway, facilities will need to upgrade their Secure Access Management Service (SAMS) from Level 1 to Level 3. Facilities should complete this enrollment by November 30, 2020 and establish another reporting mechanism through DPH in the interim. NHSN will release its own reporting standards; for further information, email nhsn@cdc.gov.

*For State and District Public Health Staff:*
The Portal may also be used by state and district public health staff that report point-of-care test results on behalf of multiple facilities (e.g., from faxes or other direct reports). Public health staff have a different level of user access than reporting facilities and should request access to the Portal by emailing EOCEpidemiology@gets.onmicrosoft.com. **Public health staff will be able to access the Portal using their SendSS user ID after being granted access and should NOT use the link above to access the Portal**. Public health users can see all results submitted by all users, regardless of facility.

It is strongly preferred that facilities utilize one of the four reporting methods described above. However, there may be instances in which a facility will continue to report through other methods (e.g., 866-PUB-HLTH, faxes to district or state public health). This creates a burden on public health to complete data entry, reduces timeliness of reporting, and prevents these results from being included in the overall testing data. While these alternate methods are not encouraged, particularly for reporting of negative results, we recognize that some facilities may prefer to continue reporting in these ways.

**Reporting of Positive Cases**

Any facility that performs or facilitates collection of a specimen that is **sent to a commercial, hospital, or public health laboratory** for testing is **required** to report positive results directly to Public Health, preferably through the SendSS Case Report Form.

Any facility that performs or facilitates collection of a specimen that is tested using a **rapid, point-of-care test on-site and is reported through one of the four methods describe above** is **not required** to report positive results through a secondary mechanism, including the SendSS Case Report Form. This is to reduce the burden of reporting on facilities and encourage consistent and comprehensive reporting of test results.

Districts may wish to request or require additional reporting of positive results through a secondary mechanism, such as fax or phone call. This may be done at their discretion through direct communication with facilities but does not supersede the requirement of reporting all test results as described above.

**Additional Information and Resources**

For additional information on any of the three reporting methods described in this guide, or to obtain specifications for reporting by HL7 or spreadsheet template, please email contactpublichealth@dph.ga.gov, call DPH Epidemiology office at 404-657-2588, or contact your district public health office.