

Protocol for Blood/Plasma Donation Center Public Health Reporting

Routine testing of blood and plasma from donors contributes to public health's identification of cases and outbreaks associated with blood borne diseases. This protocol defines the public health reporting process that blood/plasma donation centers should follow in order to be in compliance with Utah's Communicable Disease Rule (*Utah Administrative Code R386.702*), available at <http://www.rules.utah.gov/publicat/code/r386/r386-702.htm>.

Reportable Tests

All positive tests for Hepatitis B, Hepatitis C, and syphilis; and all positive and indeterminate tests for HIV are reportable to public health. Positive tests include screening or preliminary tests. Any follow up testing on specimens with a positive screening test are also reportable, regardless of the result.

As part of the investigation process, public health collects laboratory testing results from the donor's last previous donation. To streamline the reporting and investigative process, public health is requesting these testing results be included in all reports to public health.

Reporting Process

Blood/plasma donation centers should follow a two-step reporting process:

1. A positive screening test triggers an initial report to public health. This report includes three separate documents:
 - a. A completed **Blood and Plasma Donation Center Reportable Disease Form** (attached).
 - b. A copy of the full panel screening test results. Please do not transcribe by hand laboratory testing results.
 - c. A copy of the full panel testing results from the last previous donation (if applicable).
2. Supplemental or confirmatory test results are sent to public health when the discriminatory nucleic acid tests (NATs) – i.e. PCR/Viral Load – are available.
 - a. All supplemental results should be reported to public health regardless of the result.
 - b. Non-discriminatory tests (i.e. Ultrio) have limited value to public health. As long as discriminatory tests are performed, these tests do not need to be reported to public health.

Reporting Methods

Reports can be sent to the Utah Department of Health or to your local health department. The Utah Department of Health accepts reports via fax at (801) 538-9923 or email at reporting@utah.gov.

According to HIPAA, reporters are responsible for transmitting protected health information (PHI) in a secured format. The Utah Department of Health manages an application called PH Access that allows for secured email transmission.

Questions

Contact Rachelle Boulton at (801) 538-6185 or rboulton@utah.gov for questions about this protocol.



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Bureau of Epidemiology | P.O. Box 142104 SLC, UT 84114 | 801-538-6191

Disease Reporting 24/7 1-888-EPI-UTAH | Fax 801-538-9923 | Email reporting@utah.gov*

*The Bureau of Epidemiology has an application for secure email submission. Call (801) 538-6191 for access.

Blood and Plasma Donation Center

Reportable Disease Form

Utah Public Health

The Utah Administrative Code chapter R386-702 requires reporting of suspect and confirmed cases of specified diseases, outbreaks, and unusual occurrences of diseases to public health. For specific details on what is reportable, who is required to report, and reporting timelines, please see the information at <http://health.utah.gov/epi/reporting>.

Confidential Morbidity Reports can be submitted to your local health department or to the Utah Department of Health via fax (801) 538-9923 or emailed to reporting@utah.gov.*

Patient Information				
Last Name:	First Name:	Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Name:		City:	State:	Zip Code: County:
Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Parent or Guardian Name (if minor):		
Race (select all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-hispanic or Latino		
Disease Information				
Reportable Disease*: <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hepatitis B <input type="checkbox"/> HIV <input type="checkbox"/> Syphilis <i>*Send full panel results from current donation.</i>				
Has the patient ever donated previously? <i>*Send full panel results from last negative donation.</i>		Total number of previous donations:		
<input type="checkbox"/> Yes* <input type="checkbox"/> No				
Reporter Information				
Reporting Facility/Agency:		Name of Person Reporting:		Phone Number:
Comments:				



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