Background

Effective February 5, 2020, the Commissioner of the Connecticut Department of Public Health (DPH), amended the List of Reportable Diseases, Emergency Illnesses and Health Conditions and the List of Reportable Laboratory Findings by adding "COVID-19" and "SARS-CoV-2" to such lists[1]. This action was taken pursuant to Connecticut General Statutes Section 19a- 2a and Section 19a-36-A7 of the Public Health Code. Laboratories performing tests to identify infections by SARS-CoV-2 based on FDA guidelines[2] are required to report results to the Connecticut Department of Public Health within 48 hours of identification of results.

Laboratory Reporting Requirements

The DPH reporting requirements of the COVID-19 laboratory test results are defined below.

1. Laboratories are required to report positive, negative, and inconclusive results as defined by the test(s) being used. Only results of tests performed on Connecticut residents need to be reported.
2. Information to be reported is in Table 1, including data elements and the data format and content. Minimum data elements are noted. The order of the data elements should match the order in Table 1. Laboratories must make every effort to request on test requisitions the information required.
3. To facilitate the reporting of COVID-19 testing, laboratories must be able to send reports in an electronic format. This can be either HL7 ver 2.3.1 or ver 2.5.1 format based on national electronic laboratory reporting (ELR) standards, or in a csv flat file format. If using a flat file, the data elements and content must meet the standards outlined in Table 1. If using HL7, the requirements are defined in the DPH ELR HL7 2.5.1 Local Implementation Guide[3].
4. Method of reporting will be determined in discussion with each laboratory. Reporting methods need to be secure, for example, secure email, sFTP, or PHINMS. sFTP and PHINMS are preferred.

Laboratories will be required to discuss these reporting requirements with DPH.

[1] https://portal.ct.gov/-/media/DPH/EEIP/CTEPI/Vol40_No2.pdf?la=en

[2] https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#covid19euas

[3] https://portal.ct.gov/-/media/DPH/EEIP/CT_ELR_Local_Guide.pdf?la=en

Table 1. Laboratory Result Information to be Reported to DPH

Data element	**Flat file (non-HL7) content requirements**	**Notes/comments**
Laboratory Identified*	CLIA number	CLIA number of the testing laboratory
Patient Last Name*	character	
Patient First Name*	character	
Patient Middle Initial*	character	
Patient Address*	Residential address of the person being tested	This is the residence at the time of testing
Address 2*	Secondary address, e.g., Apt, Bldg, Floor, etc.	Put in separate field from residential address
Patient City*	character	
Patient State*	two letter abbreviation	
Patient Zip Code*	five or nine digit format allowed	
Patient Phone*	10 digit format	
Patient email*	email format	New requirement for COVID-19 contact tracing.
Date of Birth*	mm/dd/yyyy	
Patient Gender*	Male, Female, Other, Unknown	
Patient Race*	See Table 2	multiple race selections allowed
Patient Ethnicity*	See Table 3	should be asked separate from race
Patient Occupation*	character	For COVID-19 screening for return to work, required.

Data element	Flat file (non-HL7) content requirements	Notes/comments
Patient Medical Record Number	character	ID that identifies the person at the provider office or in the laboratory system
Specimen ID*	character	this is the ID that is assigned to the specimen in the laboratory system
Specimen Source*	SNOMED codes	SNOMED preferred.
Test Method*	LOINC codes	LOINC code for the test method - DPH can assist with identifying the proper LOINC. The test description can be included but must be in another column.
Result*	SNOMED codes if qualitative	Description of test method used.
Result value*	Description if SNOMED used Number or structured numeric (e.g. <1.0) if numeric result	If SNOMED provided for Result; this would be the SNOMED description. If quantitative, this would be the numeric value. Prefer interpretations if possible.
Result units	units of measure for quantitative if provided	
Specimen Collection Date*	mm/dd/yyyy	
Specimen Received Date	mm/dd/yyyy	
Tested Date*	mm/dd/yyyy	
Date Reported*	mm/dd/yyyy	
Ordering Lab*	character	If ordered from another laboratory as a referred specimen
Ordering Facility*	character	Ordering Provider Facility

Data element	Flat file (non-HL7) content requirements	Notes/comments
Ordering Provider Last Name*	character	
Ordering Provider First Name*	10 digit format	
Ordering Provider Phone*	Character	
Ordering Provider Address	Character	
Ordering Provider City	Character	
Ordering Provider State	2 letter abbreviation	

* Minimum required elements

[1]https://pe.usps.com/text/pub28/28apc_003.htm

[2]https://phinvads.cdc.gov/vads/ViewValueSet.action?id=E1399690-F6D4-E111-AC0B-0050568D00F8

Table 2. Race

Coded Value	Description[ǂǂ]
1002-5	American Indian or Alaska Native
2028-9	Asian
2054-5	Black or African American
2076-8	Native Hawaiian or Other Pacific Islander
2106-3	White
2131-1	Other Race[ǂ]
UNK	Unknown
PHC1175	Refused

[ǂ]Multi-race selection is preferred than use of Other Race.

[ǂǂ]If cannot use coded values, the descriptions as written should be used.

Table 3. Ethnicity

CTEDSS Value	Description[ǂǂ]
Yes	Hispanic or Latino
No	Not Hispanic or not Latino
Unkn	Unknown
PHC1367	Refused

[ǂǂ]If cannot use coded values, the descriptions as written should be used.

Table 4. Test Results

SNOMED	Description
260373001	Detected
260415000	Not detected
10828004	Positive
260385009	Negative
419984006	Inconclusive
82334004	Indeterminate
4245007	Inconclusive
720735008	Presumptive Positive
<Leave blank>	Numeric results