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Rob Sand  
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**NEWS RELEASE**

Contact: Rob Sand  
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FOR RELEASE July 14, 2020

Auditor of State Rob Sand today released a report on COVID-19 test reporting involving the Iowa Department of Public Health (IDPH) and the State Hygienic Laboratory (SHL) for the period April 21, 2020 through July 10, 2020. Procedures were performed as a result of concerns regarding reporting delays and indirect reporting related to Test Iowa identified by state and county level employees. The issues could have a negative impact on the pandemic response by hindering contact tracing and decision-making at both governmental and individual levels.

Sand reported section 139A.3 of the *Code of Iowa* requires health care providers or laboratories attending a person infected with a reportable disease “shall immediately report the case to the department.” It also requires IDPH to publish and distribute instructions concerning the method of reporting.

Sand also reported the SHL is analyzing every potential COVID-19 specimen collected through Test Iowa. However, SHL sends Test Iowa results exclusively to a private entity that is a part of the Test Iowa program, rather than reporting them immediately to IDPH as required by the *Code*. The result then goes to another private company, then to another state entity, prior to finally reaching IDPH. The reporting chain for Test Iowa is contrary to law, takes apparently pointless risks, and increases taxpayer risk of legal liabilities.

In addition, Sand reported the Test Iowa reporting chain, which includes three intermediaries prior to test results being reported to IDPH, is wasteful and risky when compared to immediate reporting. Each link in the chain is an area where the integrity, reliability, and timely transmission of information is put at unnecessary risk of error, equipment failure, maladministration, outright falsification, or any other cause. The private entities included in

the reporting chain also have similar contracts established with Utah and Nebraska and may be pursuing additional contracts. Adding these entities to the reporting chain prior to reporting test results to IDPH makes timely reporting of results and therefore public health in Iowa dependent upon their processing schedules and capacity.

Finally, Sand reported no documentation was provided of an IDPH order establishing the reporting chain currently used. As SHL reports being instructed to report in this manner and IDPH does not deny that, such instruction must have been verbal.

The report includes a recommendation the SHL immediately begin reporting Test Iowa results to the IDPH, as the law requires. Due to the ongoing and high-risk nature of the COVID-19 pandemic, this change should be made immediately in order to eliminate apparently pointless risks, potential legal liability, and improve the state's response to the pandemic. It also includes a recommendation to the IDPH that any orders should be in writing and be published as required by law.

Copies of the report have been filed with the Polk and Johnson County Sheriff's Offices, the Iowa Division of Criminal Investigation, the Polk and Johnson County Attorney's Offices, and the Iowa Attorney General's Office. A copy of this report is available for review on the Auditor of State's web site at <https://auditor.iowa.gov/reports/audit-reports/>.

# # #

**REPORT ON COVID-19 TEST REPORTING  
INVOLVING THE  
IOWA DEPARTMENT OF PUBLIC HEALTH  
AND  
STATE HYGIENIC LABORATORY  
  
FOR THE PERIOD  
APRIL 21, 2020 THROUGH JULY 10, 2020**

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**Auditor of State's Report**

To the Department of Public Health,  
State Hygienic Lab, and  
Office of the Chief Information Officer:

This report was initiated due to state and county level employees reaching out to the Auditor of State's Office to discuss reporting delays related to Test Iowa. The reporting delays mentioned could have a negative impact on the pandemic response by hindering contact tracing and decision-making at both governmental and individual levels..


The Auditor of State's Office performed the following procedures:

- (1) Interviewed employees of county public health departments.
- (2) Collected information from the Iowa Department of Public Health (IDPH) and SHL through respective employees and attorneys.
- (3) Reviewed the \$26,000,000 Test Iowa contract between Nomi Health, Inc. and the State of Iowa.
- (4) Reviewed Chapter 139A of the *Code of Iowa*, as well as Court decisions related to the word "immediately."

The above procedures identified illegal and unbusinesslike practices, inefficiencies, and apparently pointless risks.

The procedures described above do not constitute an audit of financial statements conducted in accordance with U.S. generally accepted auditing standards. We anticipate performing a broader examination with additional procedures on related issues.

Copies of this report have been filed with the Johnson and Polk County Sheriff's Offices, the Iowa Division of Criminal Investigation, the Johnson and Polk County Attorneys' Offices, and the Iowa Attorney General's Office.

  
ROB SAND  
Auditor of State

July 13, 2020

## Report on COVID-19 Test Reporting

### **Background Information**

Public health is the branch of medicine dealing with the health of the public as a single unit. One aspect of public health focuses on limiting the impact of infectious diseases, including but not limited to epidemics and pandemics. The Iowa Department of Public Health (IDPH) is the state department focused on putting the knowledge of the public health field into practice in Iowa.

*Iowa Code* 139A, titled “Communicable and Infectious Diseases and Poisonings,” lays out the framework within which IDPH and other relevant parties must perform their work related to infectious diseases. It provides requirements of what diseases health care providers must report to the IDPH and how they must report them, and provides authority for isolation and quarantine of individuals by public health authorities at the state and local government levels.

When an individual is diagnosed with a reportable disease, public health authorities aim to trace that person’s contacts. “Contact tracing” is an effort to determine and alert any individuals that may have had contact with that diagnosed person, so that, as necessary, those persons may be isolated, quarantined, or advised of that contact. Such actions can prevent those exposed individuals from exposing others to the same disease prior to personally realizing they may be ill. Contact tracing is a primary method for limiting the spread of diseases. It relies upon accurate, reliable, and quick identification of individuals with the disease, and then accurate, reliable, and quick sharing of that information with the individuals who will conduct contact tracing. Contact tracing is most effective when it is conducted as soon as possible after an individual is diagnosed.

In addition, accurate, reliable, and quick sharing of aggregate data about a disease’s spread, such as the number and location of positive cases, facilitates decisions made by public health authorities about how to best address the disease.

The disease relevant to this report at all times, COVID-19, is so named because it was first identified in 2019. The United States had its first confirmed cases of COVID-19 on January 21, 2020. Iowa had its first 3 cases identified on March 8, 2020. On Tuesday, April 21, Iowa Governor Kim Reynolds launched Test Iowa, an initiative to increase COVID-19 testing in Iowa. The initiative was finalized through a no-bid contract valued at \$26,000,000 that the State entered into with Nomi Health, Inc. An earlier Emergency Proclamation Governor Reynolds had signed generally allowed for no-bid contracts in relation to COVID-19 related procurement. Nomi Health planned to partner with Qualtrics and Domo to perform their obligations under the contract. All three entities are private companies based in Utah. Test Iowa provided an online assessment tool for individuals to fill out, which would tell them whether they were qualified to receive a test. If the assessment determined they were qualified to receive a test, it would show them available testing locations and times near them, or if there were none available, instruct the individual to check for locations and times at a later date.

In accordance with Chapter 263 of the *Code of Iowa*, Iowa’s State Hygienic Lab (SHL) serves all of Iowa’s 99 counties through disease detection, environmental monitoring, and newborn and maternal screening. It analyzes COVID-19 samples taken from individuals in Iowa to determine whether the individual has COVID-19, and analyzes every Test Iowa sample. It is a part of the University of Iowa.

Iowa’s Office of the Chief Information Officer (OCIO) was “created for the purpose of leading, directing, managing, coordinating, and providing accountability for the information technology resources of state government.” These duties currently include receiving test specimen results from a private contractor for Test Iowa and delivering them to IDPH, although there is no specific statutory or contractual authority for it to be doing so.

## Detailed Findings

This report was initiated due to state and county level employees reaching out to the Auditor of State's Office to discuss concerns with reporting delays related to Test Iowa. The reporting delays mentioned could have a negative impact on the pandemic response by hindering contact tracing and decision-making at both governmental and individual levels.

Following those contacts, this Office conducted additional interviews and reviewed relevant portions of the *Code of Iowa*. Section 139A.3 of the *Code of Iowa* says "the health care provider or public, private, or hospital clinical laboratory attending a person infected with a reportable disease shall immediately report the case to the department." It further states "the department shall publish and distribute instructions concerning the method of reporting." Section 139A.25 makes violations of Chapter 139A a simple misdemeanor and a fineable offense for the entity failing to immediately report to IDPH.

On April 18, 2020, IDPH ordered as follows: "all Iowa health care providers and public, private, and hospital laboratories are required to immediately report all positive and negative SARS-CoV-2 testing results to the department. Reports must be made electronically through the Iowa Disease Surveillance System (IDSS) when a facility has electronic transmission capabilities, otherwise reports can be faxed to [fax number]." (SARS-CoV-2 is the virus that causes COVID-19.) A copy of this order is included in **Appendix 1**.

Local health departments, as well as contact tracers who collect information about what individuals and locations may have been exposed to an infected person, use IDSS to guide their work in responding to the pandemic. IDSS informs them of testing in their jurisdiction.

The Iowa State Hygienic Lab (SHL) is analyzing every potential COVID-19 specimen collected through Test Iowa. However, SHL employees relayed that the reporting system for Test Iowa tests was provided to SHL in a manner that sent results exclusively to the private entities running Test Iowa, rather than reporting them immediately to IDPH. SHL was not involved in that decision.

In addition, according to SHL employees, some of the testing equipment related to that reporting system was so inefficient it was replaced. However, even after necessary changes for those efficiency purposes, IDPH asked SHL to maintain the reporting system that sent Test Iowa results to private entities prior to sending them to IDPH.

In contrast, the SHL also analyzes COVID-19 tests that are not tied to Test Iowa, but reports those results immediately to IDPH.

This Office informed SHL that the reporting system being used for Test Iowa did not comply with Chapter 139A.3 of the *Code of Iowa* and requested that SHL comply with the law. That communication is included as **Appendix 2**. The IDPH and their attorney at the Iowa Attorney General's Office received copies of that communication as well. The SHL did not initially respond.

IDPH replied through their attorney. That response is included as **Appendix 3**. The IDPH, through their attorney, stated that "Test Iowa specimen samples are processed at SHL and upon processing are released to Qualtrics within an hour of the test result. Qualtrics then makes the data available to Domo within two hours of its receipt of the test result, which makes the data available to the OCIO. The OCIO extracts the test data on an hourly basis into an STFP folder, which is then made available to an IDPH network..."

The IDPH through their attorney also laid out reporting mechanisms for non-Test Iowa specimens. The letter stated that all reporting entities send their results to IDPH through some combination of Rhapsody, AIMS, and SmartLab. These are all one form or another of data integration engines, or simply shared software platforms for sharing data. They are not distinct entities under separate control, and do not add to the reporting chain.

The IDPH through their attorney asserted that all COVID-19 reporting entities and methods were roughly similar in the amount of time that it took to get the information to IDPH. This position conflicts with publicly reported information and with information provided to this Office. This Office has not at this point reviewed that assertion, but the conclusions and recommendations contained in this report stand regardless of this information's veracity.

However, every system but Test Iowa had the health care provider reporting immediately to IDPH. Only the Test Iowa reporting system instead has a chain of both private and public entities that receive the information prior to IDPH.

The attorney reported that the IDPH's position is that Test Iowa results are meeting the legal requirement of being reported "immediately...to the department" even though the SHL, who holds the statutory obligation to report "immediately...to the department," reports them only to Qualtrics, a private company in Utah.

Qualtrics then reports the data to Domo, another private company in Utah, which then reports the data to OCIO, which then reports the data to IDPH.

The State of Iowa contracted with Nomi Health Inc. to run Test Iowa. The contract both parties signed contains no language that obligates the State to provide Test Iowa data first to private entities before providing it to the IDPH. If it did, that language could justify some of the confusion that created the current reporting structure. The language itself, however, would be void, because it would contradict Chapter 139A and thus be invalid. Moreover, the contract does not mention OCIO at all.

Similarly, an order from IDPH that contradicted the statutory obligation SHL has to immediately report to the department would also be illegal and invalid. No documentation of such an order exists, but its occurrence, whether written or verbal, is consistent with the positions of both SHL and IDPH. IDPH's discretion is limited to instructing about the method of reporting, as it does in its April 18 order when it states results must be sent through IDSS if a facility has the ability, otherwise through fax, and lists the fax number.

This Office responded with additional questions and concerns. IDPH was asked twice for any reason that Test Iowa results could not be sent to IDPH directly from SHL, while then also being sent to Qualtrics and/or other contracted entities. Rather than providing a reason, the IDPH through its attorney repeated its position that "as a legal matter, there is no reason for SHL to alter their current manner of reporting."

On July 10, 2020 the SHL provided a written response which is included as **Appendix 4**. As illustrated by the **Appendix**, SHL officials reported "...SHL is currently reporting all COVID-19 test results, including those associated with the Test Iowa program, to the Iowa Department of Public Health in accordance with IDPH's Statewide Standing Order for COVID-19 Testing." However, the Statewide Standing Order for COVID-19 Testing refers to *Iowa Code* section 139A.3, Chapter 641 of the Iowa Administrative Code and the Mandatory Reporting Order, dated April 18, 2020 and signed by the IDPH Director and the IDPH Medical Director, all require immediate reporting to IDPH. As previously stated, a copy is included in **Appendix 1**.

This office requested clarification after receiving the letter and the SHL confirmed that the reporting chain for Test Iowa results remained SHL to Qualtrics to Domo to OCIO to IDPH. Despite requests, no written documentation has been provided of any order that directs the SHL to report Test Iowa results in that manner. Statute requires IDPH to publish orders. As a result, a verbal order would not comply with *Code* requirements.



## Recommended Control Procedures

There is no dispute that SHL was directed to report Test Iowa results to Qualtrics only. Such orders, if given, should be in writing and published in compliance with the *Code*. The practice of documenting orders helps ensure accountability for such orders and ensures compliance with *Code*. Moreover, the documenting of orders helps assure that those issuing those orders are doing so under the belief that the order complies with the law. Orders that apparently conflict with statutes are especially important to document, as an order that conflicts with a statute is invalid and any analysis for how it might not conflict would be important. To date, no such analysis has been provided.

The reporting chain for Test Iowa results is contrary to law, takes apparently pointless risks, and exposes taxpayers to potential legal liabilities.

The Test Iowa reporting system is illegal because the results are not reported immediately to IDPH, which *Iowa Code* 139A.3(1) requires. Iowa Courts have already reviewed the definition of the word “immediately.” In *State v. White*, 545 N.W.2d 552, 556 (Iowa 1996) the Iowa Supreme Court said “immediately” meant “without delay” and does not include “within a reasonable time.”

Additionally, in 1981, the Iowa Supreme Court defined “immediately” according to the Webster’s Dictionary definition of “without intermediary: in direct connection or relation...” *Farm Bureau Mut. Ins. Co. v. Sandbulte*, 302 N.W.2d 104, 108 (Iowa 1981).

A reporting system with three intermediaries is not “without intermediary,” and is thus not immediate. In addition, assuming it is reported in about the same amount of time as non-Test Iowa results, as claimed, that would not make it immediately if it could be done faster. According to the Iowa Supreme Court, “within a reasonable time” is not immediate.

The Iowa Supreme Court has noted that a party contesting a word’s meaning does not necessarily make the meaning unclear.

In addition, a reporting chain with three intermediaries is wasteful and risky when compared to immediate reporting. Each link in the chain is another area where the integrity, reliability, and timely transmission of information is put at unnecessary risk of error, equipment failure, maladministration, outright falsification, or any other cause. The same companies also have contracts with Utah, Nebraska, and may be pursuing additional contracts. Adding them to the reporting chain makes timely reporting of results, and therefore public health in Iowa, dependent upon their processing schedules and capacity, which may be impacted by additional contracts that do not benefit Iowa.

There appears to be no legitimate reason the results could not be reported immediately to IDPH while at the same time reported to Qualtrics, Domo, and then OCIO. In addition to being compliant with the *Code* and less risky, reporting directly to IDPH would provide a control population to ensure the results they receive back from OCIO after receiving it from the private companies match what the SHL reported.

Finally, making IDPH the fourth entity receiving the data despite the requirement of immediate reporting to IDPH increases taxpayers’ exposure to potentially paying damages in a negligence lawsuit. Preventing illness and death depends in part upon prompt disclosure of outbreak information, in part for decision-making at governmental and individual levels but also for effective contact tracing to limit spreading. Making the IDPH fourth in line appears to be a *prima facie* breach of the state’s duty, making proving that element of such a case substantially easier.

The State Hygienic Lab should begin immediately reporting Test Iowa results to the Department of Public Health, as the law requires. There is no prohibition apparent on reporting them simultaneously to Qualtrics, Domo, and/or OCIO if IDPH desires to continue doing so. Due to the ongoing and high-risk nature of the COVID-19 pandemic, this change should be made immediately in order to eliminate apparently pointless risks, potential legal liability, and improve the state's response to the pandemic.

Report on Covid-19 Test Reporting  
Involving the  
Iowa Department of Public Health and  
State Hygienic Laboratory

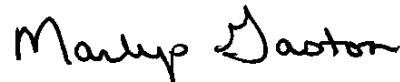
Staff

This performance audit was conducted by:

James S. Cunningham, CPA, Director  
Lesley R. Geary, CPA, Manager  
Anthony M. Heibult, Senior Auditor II



Annette K. Campbell, CPA  
Deputy Auditor of State



Marlys K. Gaston, CPA  
Deputy Auditor of State

## **Appendices**

Report on Covid-19 Test Reporting  
Involving the  
Iowa Department of Public Health and  
State Hygienic Laboratory

Copy of IDPH Order dated April 18, 2020



**Iowa Department of Public Health**  
Protecting and Improving the Health of Iowans

Gerd W. Clabaugh, MPA  
Director

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

RESCIND THE MARCH 19, 2020 TEMPORARY NOVEL CORONAVIRUS DISEASE 2019 (COVID-19)  
MANDATORY REPORTING REQUIREMENT AND REPLACE WITH THE FOLLOWING ORDER:

To: Healthcare Providers and Laboratorians

From: Gerd Clabaugh, Director of the Iowa Department of Public Health and  
Caitlin Pedati, MD, MPH Medical Director/State Epidemiologist

Re: Designation of **positive and negative** SARS-CoV-2 laboratory results as immediately  
electronically reportable.

Date Issued: April 18, 2020

Pursuant to 641 Iowa Administrative Code 1.3 (139A), I, as the director of the Iowa Department of Public Health, temporarily designate **positive and negative results for SARS-CoV-2 testing, including but not limited to viral RNA, and all results for SARS-CoV-2 serological testing including antigen and antibody testing** as reportable in Iowa. This designation will begin on April 13, 2020 and remain in place until December 31, 2020.

All Iowa health care providers and public, private, and hospital laboratories are required to immediately report all positive and negative SARS-CoV-2 testing results to the department. Reports must be made electronically through the Iowa Disease Surveillance System (IDSS) when a facility has electronic transmission capabilities, otherwise reports can be faxed to 515-281-5698.

IDPH DIRECTOR

4-18-20

Date

IDPH MEDICAL DIRECTOR

4/18/20

Date

IOWA DEPARTMENT OF PUBLIC HEALTH  
Lucas State Office Building  
Des Moines, IA 50319

**641-13 (139A,141A) Reportable communicable and infectious diseases.** Reportable communicable and infectious diseases are those listed in Appendix A. The director may also designate any disease, poisoning or condition or syndrome temporarily reportable for the purpose of a special investigation.

[IARC 823IB,IAB 10/7/09, effective 11/11/09]

Report on Covid-19 Test Reporting  
Involving the  
Iowa Department of Public Health and  
State Hygienic Laboratory

Copy of Letter to State Hygienic Lab



**OFFICE OF AUDITOR OF STATE**  
**STATE OF IOWA**

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May 26, 2020

Rob Sand  
Auditor of State

Dr. Michael Pentella  
Director, State Hygienic Lab  
Delivery via email to  
[michael-pentella@uiowa.edu](mailto:michael-pentella@uiowa.edu)

Dr. Pentella,

Thank you for your and the State Hygienic Lab (SHL) staff's time recently. Your transparency and openness is appreciated, and your focus on public service and public health is notable.

I write to memorialize the information I have gathered from your office as well as other state and local sources. The reporting system for Test Iowa coronavirus tests was provided to SHL in a manner that sent results exclusively to the private entities running Test Iowa, rather than reporting them immediately to the Iowa Department of Public Health (IDPH) and the Infectious Disease Surveillance System (IDSS) database. Even after necessary changes for unrelated efficiency purposes, SHL was asked to maintain that reporting system. Other evidence confirms that the Test Iowa data is eventually provided to IDPH and IDSS, but with delay.

However, Iowa Code 139A.3(1) states after any test related to an outbreak is found to be positive, any public or private lab "shall immediately report the case" to IDPH. This law places that reporting responsibility directly upon the testing lab. No sub-statute or clause contemplates any ability for that responsibility to be outsourced, whether by a lab's discretion or a directive from another state entity. Moreover, Iowa Code 139A.25 makes violations of the chapter a simple misdemeanor, and a fineable offense for the entity failing to immediately report.

More specifically, the April 18 order from IDPH requires immediate reports of both positive and negative COVID19 tests immediately through IDSS.

To comply with state code, the SHL must report all Test Iowa results into IDSS immediately, as is done with all non-Test Iowa tests. Please update me on your efforts to put this practice into place and let me know if you have any questions or concerns.

Sincerely,

A handwritten signature in dark ink, appearing to read "Rob Sand".

Rob Sand

Report on Covid-19 Test Reporting  
Involving the  
Iowa Department of Public Health and  
State Hygienic Laboratory

Copy of Response from the Iowa Department of Public Health  
Issued through the Office of the Attorney General

THOMAS J. MILLER  
ATTORNEY GENERAL

HEATHER L. ADAMS  
ASSISTANT ATTORNEY  
GENERAL



IOWA DEPARTMENT OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL  
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May 29, 2020

Rob Sand  
Auditor of State  
Delivery via email to  
[Rob.Sand@aos.iowa.gov](mailto:Rob.Sand@aos.iowa.gov)

Dear Rob:

Thank you for providing me with a copy of your May 26<sup>th</sup> letter to Dr. Pentella at the State Hygienic Lab (SHL). You indicate in the letter that you gathered information from SHL and “other state and local sources” regarding disease reporting under Iowa Code chapter 139A. It is my understanding that you did not gather any information from the Department of Public Health (IDPH) prior to issuing your letter. Because IDPH is the state agency responsible for administering chapter 139A I thought it might be helpful to provide you with some context about the disease reporting process, both generally and more specifically in the context of the COVID-19 pandemic.

As you note, Iowa Code section 139A.3 requires a health care provider or public, private, or hospital clinical laboratory to immediately report a case of a reportable disease to IDPH. The statute further requires that IDPH “shall publish and distribute instructions concerning the method of reporting” and that reporting “shall be made in accordance with rules adopted by the department.” Iowa Code § 139A.3(1). IDPH has adopted 641 IAC chapter 1 to provide these instructions regarding which diseases must be reported, when they must be reported, and the manner of reporting required. The chapter contains instructions for the reporting of over 60 reportable diseases and conditions with timeframes for reporting the case ranging from immediate telephone reporting to weekly reporting. 641 IAC chapter 1, Appendices A & B.

The manner of reporting may, depending on the disease or condition, include reporting by mail, fax, phone, or electronically through IDSS - the Iowa disease surveillance system which is IDPH’s secure electronic statewide disease reporting and surveillance system. The reporting requirements, including more specific information about IDSS, are contained at the IDPH website at its Center for Acute Disease Epidemiology. A version of these reporting requirements has been in place for over fifty years, and has evolved over the years to take into account multiple factors, including the nature of the



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disease or condition; the public health response required to investigate, control, and mitigate the disease or condition; technological advances; the resources and capabilities of IDPH; and the resources and capabilities of mandatory reporters. Electronic lab reporting (ELR) into IDSS was first implemented in 2010 and is now widely used by hospitals, laboratories, and other public health agencies which interact with IDSS through a variety of networks, systems, and platforms.

With respect to COVID-19, because it is a novel virus it is not expressly included in chapter 1 as a reportable disease - however IDPH issued a mandatory reporting order pursuant to 641 IAC 1.3 designating SARS-CoV-2 test results as reportable in Iowa. (Mandatory Reporting Order issued March 19, 2020, revised April 18, 2020). The Order requires all Iowa health care providers and public, private, and hospital laboratories to immediately report all testing results to IDPH either through IDSS, if a facility has electronic transmission capabilities, or by fax to IDPH.

IDPH receives COVID test results into IDSS in a variety of ways, each of which involves a somewhat different reporting pathway and timeframe depending on the systems and networks utilized for the reporting. Because your questions seem to be related to the timeliness of the reporting into IDSS, I will summarize the timeframes for the most common mechanisms for reporting COVID-19 test resulting to IDSS:

Reporting by Hospitals to IDPH. Iowa hospitals are reporting COVID-19 results in one of two ways – some are reporting results in real time (as soon as they have a completed test result) and some are reporting in one or more batched cycles throughout the day (for example some hospitals report once a day at a scheduled time). For both of these methods, Iowa hospitals send their testing data through the SmartLab (a data integration engine) which validates and processes the data, which is then made available to an IDPH network where it is retrieved once every thirty minutes by Rhapsody (IDPH's data integration engine), and then sent to a staging area where it is processed into IDSS three times a day – 5:30 am, 10:50 am, and 8:00 pm. Every part of this process is automated. Under the process in place for reporting by Iowa hospitals, the time from test result to upload into IDSS ranges from forty-five minutes to twenty-five hours. This reporting process complies with IDPH's reporting order and is considered by IDPH to be timely reporting of COVID-19 test results.

Reporting Test Iowa results to IDPH. Test Iowa specimen samples are processed at SHL and upon processing are released to Qualtrics within an hour of the test result. Qualtrics then makes the data available to Domo within two hours of its receipt of the test result, which makes the data available to the OCIO. The OCIO extracts the test data on an hourly basis into an STFP folder, which is then made available to an IDPH network where it is retrieved once every thirty minutes by Rhapsody (IDPH's data integration engine) and sent to a staging area where it is processed into IDSS three



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times a day - 5:30 am, 10:50 am, and 8:00 pm. Every part of this process is automated. Under the process in place for reporting Test Iowa data, the time from test result to upload into IDSS ranges from approximately three hours to ten hours. This reporting process complies with IDPH's reporting order and is considered by IDPH to be timely reporting of COVID-19 test results.

Reporting by Reference Labs or Out-of-State Lab Reporting on Iowa residents. Test results sent to national reference labs or reported by out-of-state labs on Iowa residents utilize a centralized platform called AIMS or a direct interface with Rhapsody. Under the AIMS mechanism, a lab like Quest sends results to AIMS for distribution to Iowa and AIMS makes the data available directly to Rhapsody. Rhapsody retrieves this data once every thirty minutes. For both AIMS and direct interface to Rhapsody, Rhapsody processes this data and sends it to a staging area where it is processed into IDSS three times a day - 5:30 am, 10:50 am, and 8:00 pm. Every part of this process is automated. Under the process in place for reporting by reference labs, the time from test result to upload into IDSS ranges from approximately one hour to ten hours. This reporting process complies with IDPH's reporting order and is considered by IDPH to be timely reporting of COVID-19 test results.

Reporting Abbott Test Results. Iowa received a limited quantity of Abbott ID Now Rapid Analyzers from FEMA for diagnostic COVID-19 testing. Rhapsody (IDPH's data integration engine) generates an email to each Abbott testing site every morning, the site downloads the template, enters data, and replies to the secure message. Rhapsody retrieves this data once every thirty minutes and sends it to a staging area where it is processed into IDSS three times a day - 5:30 am, 10:50 am, and 8:00 pm. Every part of this process is automated. Under the process in place for reporting of Abbott Test results, the time from test result to upload into IDSS ranges from approximately one hour to ten hours. This reporting process complies with IDPH's reporting order and is considered by IDPH to be timely reporting of COVID-19 test results.

Approximately 99 % of all COVID-19 results have been received via ELR in one of the above ways. The remaining 1 % is split between those results that are faxed to IDPH and then entered manually by IDPH staff into IDSS, and a direct entry into IDSS by one lab.

In your letter you direct SHL that "[t]o comply with state code, the SHL must report all Test Iowa results into IDSS immediately, as is done with all non-Test Iowa tests." It is the Department's position that SHL has been reporting all COVID-19 results to IDPH in a manner which complies with state code, including the Test Iowa results.

Please contact me if you have any questions about this correspondence. Best regards.

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Copy of Response from the Iowa Department of Public Health  
Issued through the Office of the Attorney General

Sincerely,

/s/ Heather

HEATHER L. ADAMS  
Assistant Attorney General  
(515) 201 – 8430

Cc: Michael Pentella, Director, SHL  
Gerd Clabaugh, Director, IDPH

Report on Covid-19 Test Reporting  
Involving the  
Iowa Department of Public Health and  
State Hygienic Laboratory

Copy of Response from the State Hygienic Lab



OFFICE OF  
GENERAL COUNSEL

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Rob Sand  
Auditor of State  
Delivery via email to  
[Rob.Sand@aos.iowa.gov](mailto:Rob.Sand@aos.iowa.gov)

Rob,

As a follow up to our telephone conversation on June 30, 2020 and the numerous conversations and email communications you have had with myself and staff at the University of Iowa's State Hygienic Laboratory ("SHL"), I wanted to confirm that the SHL is currently reporting all COVID-19 test results, including those associated with the TestIowa program, to the Iowa Department of Public Health ("IDPH") in accordance with IDPH's Statewide Standing Order for COVID-19 Testing. As you are aware from conversations with both SHL Director Dr. Michael Pentella and myself, the SHL is obligated under Iowa law to report cases of infectious disease to IDPH in accordance with reporting instructions published and distributed by IDPH. The SHL believes it is fully compliant with IDPH's reporting requirements for COVID-19 testing.

The SHL's position on this matter is consistent with the position of IDPH, which was communicated to you in a series of letters and emails from Heather Adams, Assistant Attorney General and counsel for IDPH. Given the relationship and obligations between IDPH and the SHL under Iowa law, the SHL has been in communication with IDPH and Ms. Adams regarding your letters and emails. The SHL considers the responses to your letters and emails sent by IDPH and Ms. Adams to have been sent on behalf of both IDPH and the SHL.

Please contact me if you have any questions.

Sincerely,

Ian A. Arp  
Deputy Counsel

cc: Michael Pentella, Director, SHL  
Gerd Clabaugh, Director, IDPH  
Heather L. Adams, Assistant Attorney General