On February 12, 2019, Kari Kidd, a 17 year old female, celebrated her friend’s birthday at a local restaurant. On February 13, 2019, Kari Kidd starts exhibiting symptoms of abdominal pains, vomiting, and diarrhea. Kari’s mom decides to take Kari to an outpatient clinic.

Dr. Karen Kidder, a pediatrician, notes the patient’s symptoms in the Electronic Health Record (EHR), as part of her usual workflow. Dr. Kidder suspects a viral infection but decides to order a stool test based on the patient’s ill appearance. The laboratory detects Salmonella in the stool and enters the result in the EHR. Based on the lab result code, the EHR automatically generates an electronic initial case report (eICR) and sends it to public health on Dr. Kidder’s behalf.

*eCR allows Dr. Kidder to focus on her patients. Before eCR, Dr. Kidder and her team would have had to take time away from caring for their young patients to complete a manual-based form, and contact public health.

The eCR approach assisted both providers and public health to quickly and efficiently identify a potential outbreak that could affect additional people in the community.

Dr. Cameron Smith, an epidemiologist, works at the Sacramento County Department of Public Health. Dr. Smith was immediately notified of Kari Kidd’s case by the electronic initial case report. Dr. Smith also received reports of salmonellosis from several others who ate at the same restaurant. Dr. Smith was able to begin his investigation right away. Dr. Smith prefers the new method of receiving automatically generated case reports, as opposed to waiting for a paper Confidential Morbidity Report (CMR) to arrive.

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