In the late 1990s, electronic lab reporting (ELR) enabled laboratories to electronically send cases of reportable conditions (those required by law to be reported) to public health agencies. ELR was a groundbreaking data transportation method, but it could not organize or act on reports. If a patient tested positive for a reportable condition, like pertussis, public health agencies had to flag the report, create a case and look for trends in vast amounts of data to track and stop outbreaks. This took considerable time when intervention was needed quickly to save lives.

The advent of electronic initial case reporting (eICR) ushered in a new revolution—one that automated these vital processes.

Earlier this year, the Association of Public Health Laboratories (APHL) established a link for reports of COVID-19 to automatically enter the AIMS (APHL Informatics Messaging Services) platform. This was the first case of eICR for COVID-19, where reports were sent directly to local and state jurisdictions. The system routes the data to jurisdictions automatically, so each report has just one connection. For example, if a patient lives in Maryland but gets tested in Virginia, the system knows to send a report to each jurisdiction for epidemiologists to review.