



# Electronic Case Reporting Supplemental Document, version 1

---

## Table of Contents

---

<b>Purpose</b>	<b>2</b>
<b>Technical Requirements</b>	<b>3</b>
Health Level 7 (HL7) Message Specifications	3
Secure Message Transmission	3
Reportable Conditions Trigger Codes (RCTC)	3
Timeliness	4
<b>Required Data Sets</b>	<b>5</b>
Reportable Information	5
Patient Demographics	5
Next of Kin or Guardian Demographics	6
Encounter Information	6
Hospitalization Information	7
Diagnosis Information	8
Laboratory Test(s)	8
Medications and Immunizations	9
<b>Resources and Further Material</b>	<b>10</b>
Resources	10
Contact Information	10
<b>Version History</b>	<b>11</b>



## Purpose

---

This document is a supplement to The Communicable Disease Rule, and details the requirements for reporting electronic case reporting (eCR). This includes: technical specifications for eCR and required data sets. The Utah Department of Health and Human Services (DHHS) requires healthcare organizations participating in eCR to report through the CDC, Association of Public Health Laboratories (APHL) Informatics Messaging Service (AIMS) Platform, and the Reportable Conditions Knowledge Management System (RCKMS).



## Technical Requirements

eCR is a joint effort of the Association of Public Health Laboratories (APHL), the Council of State and Territorial Epidemiologists (CSTE), and the Centers for Disease Control and Prevention (CDC). These organizations play key roles in leading, implementing, and operating eCR with healthcare organizations, EHR vendors, and public health authorities (PHAs). In order to fulfill the eCR requirements within The Communicable Disease Rule, Reporting Entities must meet the reporting requirements set down by these entities.

### Health Level 7 (HL7) Message Specifications

Healthcare Providers must submit messages in HL7 CDA eICR R1.1, HL7 CDA eICR R3.1, or HL7 FHIR. The structural requirements for these message standards may be found in the “HL7 CDA® R2 Implementation Guide”, found at [www.HL7.org](http://www.HL7.org). Required reportable data elements may be found in the “eICR Data Needs Workbook”, found at the eCR Readiness and Implementation website; <https://ecr.aimsplatform.org/ehr-implementers/eicr-creation-validation-standards/>. More information about reporting requirements may be found at the eCR Implementers website.

### Secure Message Transmission

eCR message transmission occurs through a centralized platform, the AIMS eCR Platform, maintained by APHL. Requirements to connect to the AIMS eCR Platform are founded in national reporting standards and data sharing authorization for utilization. Steps for onboarding with AIMS eCR Platform are set by APHL. Details about this process may be found at the eCR Readiness and Implementation website (listed above). Contact the eCR general inquiries team at [eCR-Info@aimsplatform.org](mailto:eCR-Info@aimsplatform.org) with questions for further information. eCR for Utah will only be accepted through the AIMS eCR Platform.

### Reportable Conditions Trigger Codes (RCTC)

Reporting Entities are required to report utilizing the RCTC, which is maintained by the Electronic Reporting and Surveillance Distribution (eRSD) within RCKMS. The RCTC are



maintained by RCKMS and are implemented for eCR by EHR and EMR software vendors. The Reporting Entity is responsible for ensuring their EHR or EMR software vendor has implemented the entirety of the eRSD and that routine scheduled releases, released twice per year, and emergent releases to meet PHA emergency needs, are updated as soon as possible. Further eRSD specifications may be found at the eCR Readiness and Implementation website (listed above). Contact the eCR general inquiries team at [eCR-Info@aimsplatform.org](mailto:eCR-Info@aimsplatform.org) with questions for further information.

### **Timeliness**

It is required that eCR be reported within 24 hours of event trigger. This triggering is managed by the electronic health record (EHR) or electronic medical record (EMR) software vendor in conjunction with the implementation of the eRSD.



## Required Data Sets

This section includes a list of the required information, if known, when reporting events as specified in Subsections R386-702-4(2) through R386-702-4(6) to public health. This list is not inclusive of all eCR data elements required for structural compliance or national reporting requirements. All required data elements for national reporting requirements may be found in the “eICR Data Needs Workbook”, found at the eCR Readiness and Implementation website (found above).

## Reportable Information

### Patient Demographics

- I. Patient name
  - A. First
  - B. Middle
  - C. Last
  - D. Suffix
- II. Patient unique identifier, i.e. Medical Record Number
- III. Date of birth
- IV. Sex
- V. Race
- VI. Ethnicity
- VII. Patient address
  - A. Address street, including address identifier, i.e. suite number
  - B. Patient city
  - C. Patient state
  - D. Patient zip
- VIII. Housing status
- IX. Patient contact telephone number
- X. Patient email
- XI. Preferred language



- XII. Patient death date and time
- XIII. Patient death indicator
- XIV. Patient pregnancy status
- XV. Patient Social History
  - A. Birth sex
  - B. Smoking history
  - C. Alcohol consumption
  - D. Travel History Dates
  - E. Travel History Location
- XVI. Tribal Affiliation
- XVII. Occupation

#### Next of Kin or Guardian Demographics

- I. Parent or guardian name
  - A. First
  - B. Middle
  - C. Last
  - D. Suffix
- II. Parent or guardian relationship to patient
- III. Parent or guardian address
  - A. Street address, including address identifier, i.e. suite number
  - B. Parent or guardian city
  - C. Parent or guardian state
  - D. Parent or guardian zip
- IV. Parent or guardian contact telephone number

#### Encounter Information

- I. Encounter type
- II. Encounter provider identifier
- III. Encounter provider name



- A. First
- B. Middle
- C. Last
- D. Suffix
- IV. Encounter provider contact telephone number
- V. Encounter provider contact fax number
- VI. Encounter facility or office name
- VII. Encounter facility identification number
- VIII. Encounter facility address
  - A. Street address, including address identifier, i.e. suite number
  - B. Encounter facility city
  - C. Encounter facility state
  - D. Encounter facility zipcode
- IX. Encounter facility telephone number
- X. Encounter facility type
- XI. Encounter facility unit, i.e. hospital unit
- XII. Encounter visit start date and time for outpatient services
- XIII. Encounter visit end date and time for outpatient services
- XIV. History of present illness
- XV. Reason for visit

### Hospitalization Information

- I. Hospital primary provider identifier
- II. Hospital primary provider name
  - A. First
  - B. Middle
  - C. Last
  - D. Suffix
- III. Hospital primary provider contact telephone number
- IV. Hospital name



- V. Hospital identification number
- VI. Hospital type
- VII. Hospital address
  - A. Street address, including address identifier, i.e. suite number
  - B. Hospital city
  - C. Hospital state
  - D. Hospital zipcode
- VIII. Hospital telephone number
- IX. Hospital unit
- X. Hospital unit fax number
- XI. Patient admit date and time
- XII. Patient discharge date and time

### Diagnosis Information

- I. Diagnoses / Problem list
- II. Problem type
- III. Diagnosis / Problem status
- IV. Date of diagnosis
- V. Symptom list
- VI. Date of onset

### Laboratory Test(s)

- I. Performing laboratory
- II. Test order date and time
- III. Test ordering provider name
  - A. First
  - B. Last
  - C. Middle
  - D. Suffix
- IV. Test identification



- A. LOINC in accordance with HL7 standards
  - B. Test description
- V. Test result as indicated by the test
  - A. Coded values should be reported as SNOMED-CT in accordance with HL7 standards
  - B. Numerical results must include units and any associated breakpoints
  - C. Result Description
- VI. Test reference range
- VII. Test abnormal flag
- VIII. Test result status
- IX. Analysis date and time
- X. Specimen information
  - A. Accession
  - B. Source
  - C. Collection date and time
  - D. Laboratory receipt date and time

### Medications and Immunizations

- I. Medications administered, including prescribed medications
- II. Medication administration status
- III. Medication administration date and time
- IV. Medication administration route
- V. Medication administration dose
- VI. Medication administration rate
- VII. Immunization identification, including manufacturer and lot
- VIII. Immunization status
- IX. Immunization date



## Resources and Further Material

---

### Resources

Utah Code 26B-7-2: Detection and Management of Chronic and Communicable Diseases and Public Health Emergencies

[https://le.utah.gov/xcode/Title26B/Chapter7/26B-7-P2.html?v=C26B-7-P2\\_2023050320230503](https://le.utah.gov/xcode/Title26B/Chapter7/26B-7-P2.html?v=C26B-7-P2_2023050320230503)

Utah Administrative Rule 386-702: The Communicable Disease Rule

<https://adminrules.utah.gov/public/rule/R386-702/Current%20Rules?>

Communicable Disease Reporting Webpage

<https://epi.utah.gov/disease-reporting/>

\*Includes information on Meaningful Use/Promoting Interoperability reporting

Reportable Conditions Knowledge Management System

<https://www.rckms.org/>

eCR AIMS Platform Website

<https://ecr.aimsplatform.org/>

### Contact Information

Division of Population Health: Informatics Program

Phone: (801) 538-6191

Email: [edx@utah.gov](mailto:edx@utah.gov)



## Version History

Date	Initials	Changes Made
8/14/25	TB	Document authored
5/8/26	SA	Links updated, mailing list removed
5/15/26	GL	Format updated to comply with updated style guide