



Kentucky Health Information Exchange (KHIE)

Vaccine Preventable Diseases Case Reports: Poliomyelitis, Paralytic

User Guide

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Illustrations

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1 Introduction

Overview

This training manual covers the additional or unique functionalities for the Poliomyelitis, Paralytic condition in the Vaccine Preventable Diseases eICR Form in the ePartnerViewer. The Poliomyelitis, Paralytic condition contains unique flaccid paralysis-related fields on the **Applicable Symptoms** screen. By default, all other Vaccine Preventable Disease conditions will not have the flaccid paralysis fields. All other screens for the Poliomyelitis, Paralytic condition follow the generic workflow for the Vaccine Preventable Diseases Case Report. For specific information about the Vaccine Preventable Diseases Case Report, please review the [Direct Data Entry for Case Reports: Vaccine Preventable Diseases User Guide](#).

Users with the *Manual Case Reporter* role can submit case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Kentucky Department for Public Health (KDPH). All examples and screenshots used in this guide are simulated with mock data; no Protected Health Information (PHI) is present.

Please Note: All screenshots shown throughout this document reflect how Users would interact with the ePartnerViewer while using a desktop or tablet device. While core functionality remains the same across multiple devices, interface components may vary in presentation.

Supported Web Browsers

Users must access the ePartnerViewer with a supported web browser. The ePartnerViewer is configured to support the following modern browsers on desktop, tablet, and mobile devices:

Desktop Browser Version	Mobile Browser Version
Microsoft Edge	
Version 44+	Version 40+
Google Chrome	
Version 70+	Version 70+
Mozilla Firefox	
Version 48+	Version 48+
Apple Safari	
Version 9+	iOS 11+

Please Note: The ePartnerViewer does **not** support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

Mobile Device Considerations

The ePartnerViewer is based on responsive design. This means it renders in the best format based on the user's device size. Responsive design applies to mobile, tablet, and desktop devices. Tablet devices in landscape display mode are considered desktop.

Accessing the ePartnerViewer

To access the ePartnerViewer, Users must meet the following specifications:

1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
3. Users are required to complete Multi-Factor Authentication (MFA).

Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the [ePartnerViewer Login: Kentucky Online Gateway \(KOG\) and Okta Verify Multi-Factor Authentication \(MFA\) User Guide](#).

2 Applicable Symptoms

1. On the **Applicable Symptoms** screen, select the appropriate answer for the conditional question at the top: *Were symptoms present during the course of illness?*

Please select applicable symptoms that the patient experienced during illness.

APPLICABLE SYMPTOMS

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Were symptoms present during the course of illness?*

Onset Date Unknown

2. If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

APPLICABLE SYMPTOMS

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

Were symptoms present during the course of illness?*

Onset Date* Unknown

If symptomatic, which of the following did the patient experience during their illness?

Fever*

If yes, please enter the highest temperature:

Diarrhea (>3 loose stools/24hr period)*

If yes, please enter the number of days with diarrhea:

Absent tendon reflex*

Decreased tendon reflex*

Headache*

Please Note: If **No** is selected for the conditional question, all subsequent symptom fields are disabled and marked with **No**. If **Unknown** is selected for the conditional question, all subsequent symptom fields are disabled and marked as **Unknown**.

- 3. Enter the **Onset Date** for the symptoms.
- If the onset date is unknown, click the **Unknown** checkbox.

APPLICABLE SYMPTOMS

Were symptoms present during the course of illness?*

Onset Date* ?

mm/dd/yyyy Unknown

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Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

...ing did the patient experience during their illness?

Unknown

...emperature: ?

...eriod)*

Unknown

If yes, please enter the number of days with diarrhea: ?

- 4. To report whether the patient had a fever during the illness, select the **appropriate answer** for the field: *Fever*.

If symptomatic, which of the following did the patient experience during their illness?

Fever*

If yes, please enter the highest temperature: ?

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature.*

If symptomatic, which of the following did the patient experience during their illness?

Fever*

If yes, please enter the highest temperature: * ?

- 5. To report the patient had diarrhea during the illness, select the **appropriate answer** for the field: *Diarrhea (>3 loose stools/24hr period).*

Diarrhea (>3 loose stools/24hr period)*

If yes, please enter # of days of diarrhea: ?

- If **Yes** is selected, the subsequent field is enabled. Enter the **number of days with diarrhea** in the subsequent textbox: *If yes, please enter number of days with diarrhea.*

Diarrhea (>3 loose stools/24hr period)*

If yes, please enter number of days with diarrhea:* ?

- 6. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

Absent tendon reflex*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>	Nausea*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Decreased tendon reflex*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>	Paralysis*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Headache*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>	Sore throat*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Impaired cognition*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>	Stomach Pain*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Meningitis*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>	Tiredness*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>

- 7. To report the patient has flaccid paralysis because of the illness, select the **appropriate answer** for the field: *Flaccid Paralysis*.

Flaccid Paralysis*

Yes No Unknown

If the patient has flaccid paralysis, please specify which limbs are affected (select all that apply): ?

Select... | v

If other, please specify: ?

0/500 Characters

- If **Yes** is selected, the subsequent field is enabled. Select the **appropriate answer(s)** for the field: *If the patient has flaccid paralysis, please specify which limbs are affected. Please select all that apply.*

Flaccid Paralysis*

Yes No Unknown

If the patient has flaccid paralysis, please specify which limbs are affected (select all that apply):* ?

Select... | v

Arm

Leg

Other

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. You must enter the names of the **limbs affected by flaccid paralysis** in the subsequent textbox: *If other, please specify.*

Flaccid Paralysis*

Yes No Unknown

If the patient has flaccid paralysis, please specify which limbs are affected (select all that apply):* ?

Arm x Other x | x | v

If other, please specify:* ?

0/500 Characters

- 8. To report additional symptoms not listed on the screen, select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's other symptoms** in the subsequent textbox: *If yes, please specify.*

- 9. Once complete, click **Next** to proceed to the **Additional Information** screen.

Please Note: From this point forward, the workflow screens are the same as other Vaccine Preventable Diseases. For more information, please review the [Direct Data Entry for Case Reports: Vaccine Preventable Diseases User Guide](#).

3 Technical Support

Toll-Free Telephone Support

For questions and assistance regarding the ePartnerViewer, please call 1 (800) 633-6283.

Email Support

To submit questions or request support regarding the ePartnerViewer, please email KHIESupport@ky.gov.

Please Note: To seek assistance or log issues, you can use the **Support Tab** located in the blue navigation bar at the top of the screen in the ePartnerViewer.

