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Human Immunodeficiency Virus (HIV) Case Report:

Adult HIV & Pediatric HIV

User Guide

July 2024

Document Control Information

Document Information

Document Name	Human Immunodeficiency Virus (HIV) Case Report: Adult HIV & Pediatric HIV User Guide
Project Name	KHIE
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	1.0
Document Status	Finalized Draft
Date Released	07/26/2024

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
0.1	06/27/2024	Initial Draft	Deloitte Consulting
0.2	07/25/2024	KHIE Review	KHIE
1.0	07/26/2024	Finalized Draft per KHIE Review	KHIE/Deloitte Consulting

Table of Contents

1 Introduction

Overview

This training manual covers the unique functionalities for the Adult HIV and Pediatric HIV conditions in the HIV eICR Form in the ePartnerViewer. The Adult HIV condition contains unique **Patient Information**, **Laboratory Information**, **Additional Information**, **Service Referrals**, **Treatment Information**, and **Additional Comments** screens. The Pediatric HIV condition contains unique **Patient Information**, **Birth History**, **Additional Information**, **Service Referrals**, **Treatment Information**, and **Additional Comments** screens. All other screens for the Adult HIV and Pediatric HIV conditions follow the generic workflow for the eICR case reports.

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

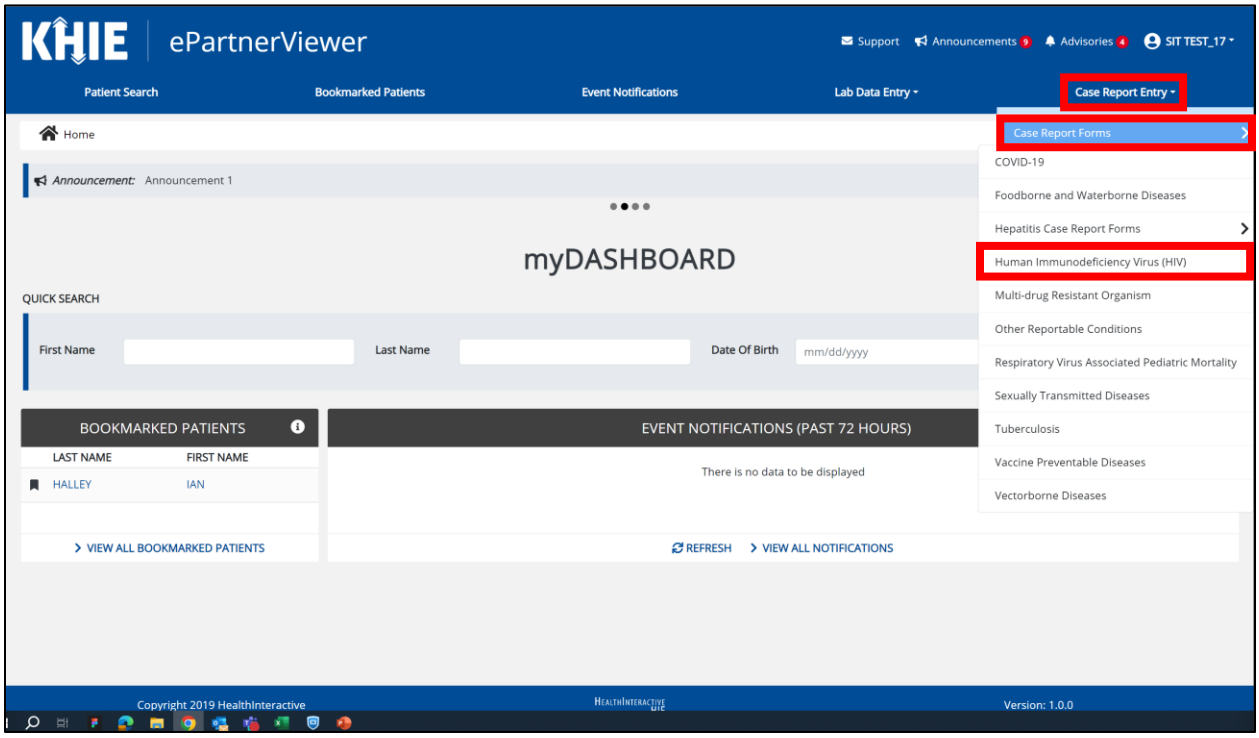
To access the ePartnerViewer, Users must meet the following specifications:

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).

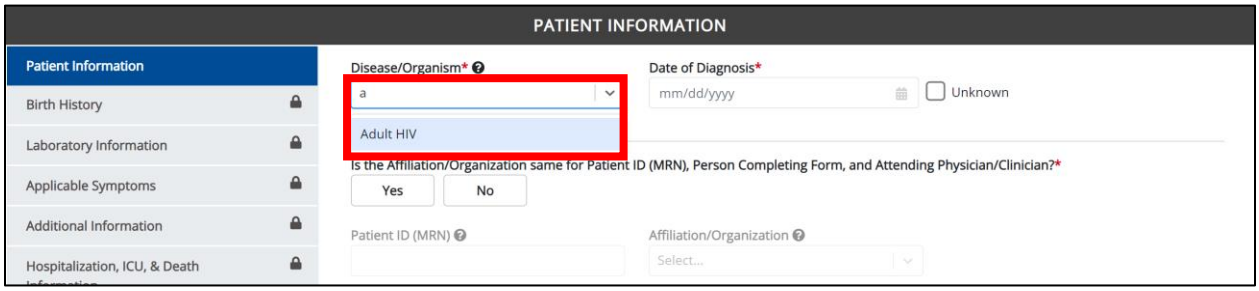
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the ***ePartnerViewer Login: Kentucky Online Gateway (KOG) and Okta Verify Multi-Factor Authentication (MFA) User Guide***.

2 Adult HIV Patient Information

1. To enter Human Immunodeficiency Virus (HIV) case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.
2. Select **Human Immunodeficiency Virus (HIV)** from the dropdown menu.

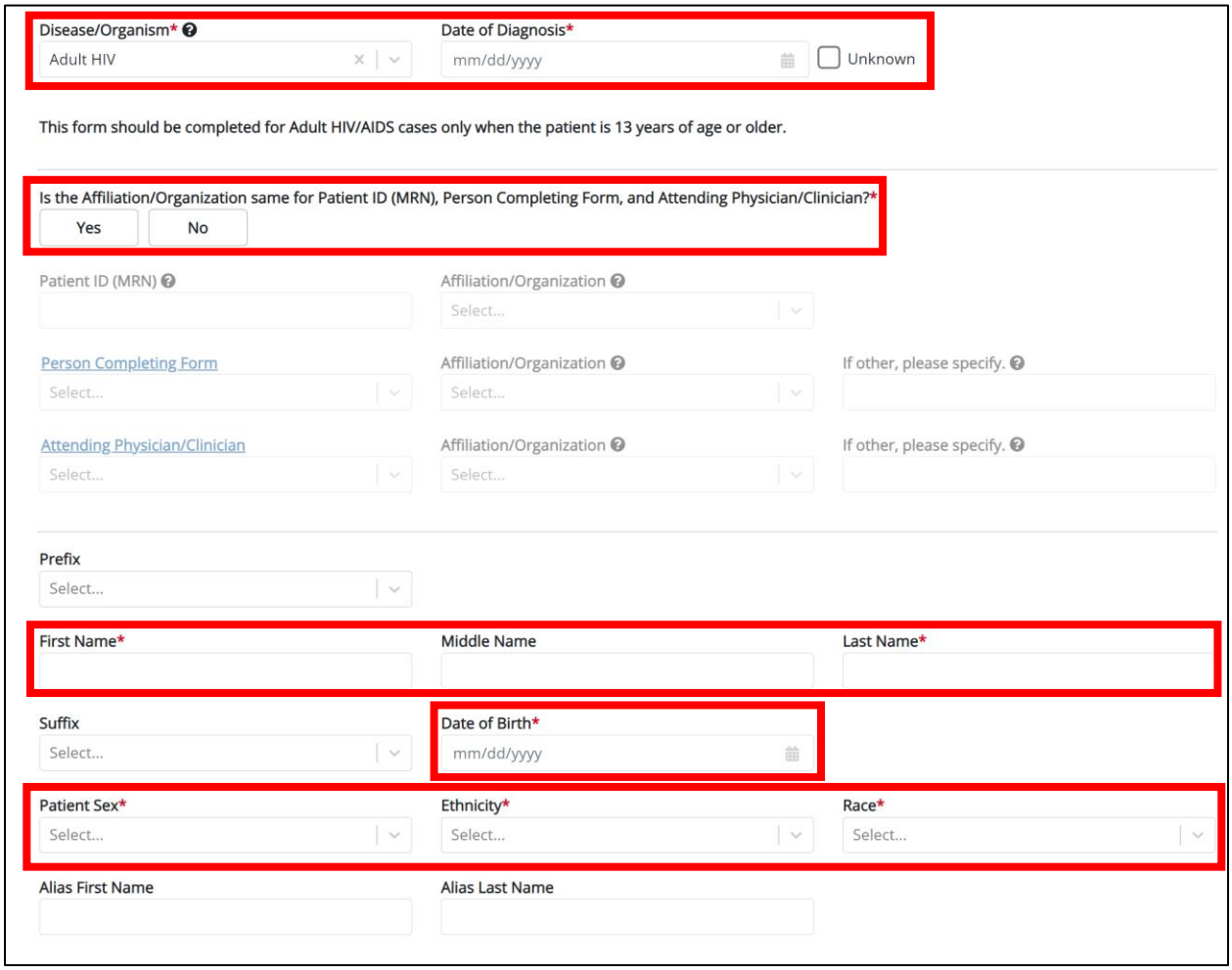


3. To start the Adult HIV Case Report entry, select **Adult HIV** from the *Disease/Organism* field on the **Patient Information** screen.



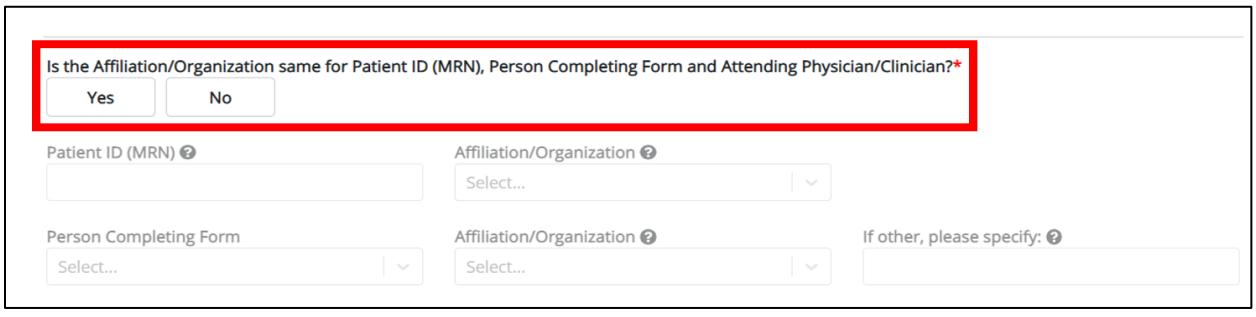
Please Note: Case Reports for Adult HIV must be submitted only for patients **<u>older than</u> 13 years of age**.

4. You must complete the mandatory fields on the **Patient Information** screen.



5. Enter the **Date of Diagnosis**. If the date of diagnosis is unknown, click the ***Unknown*** checkbox.

6. Select the **appropriate answer** for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

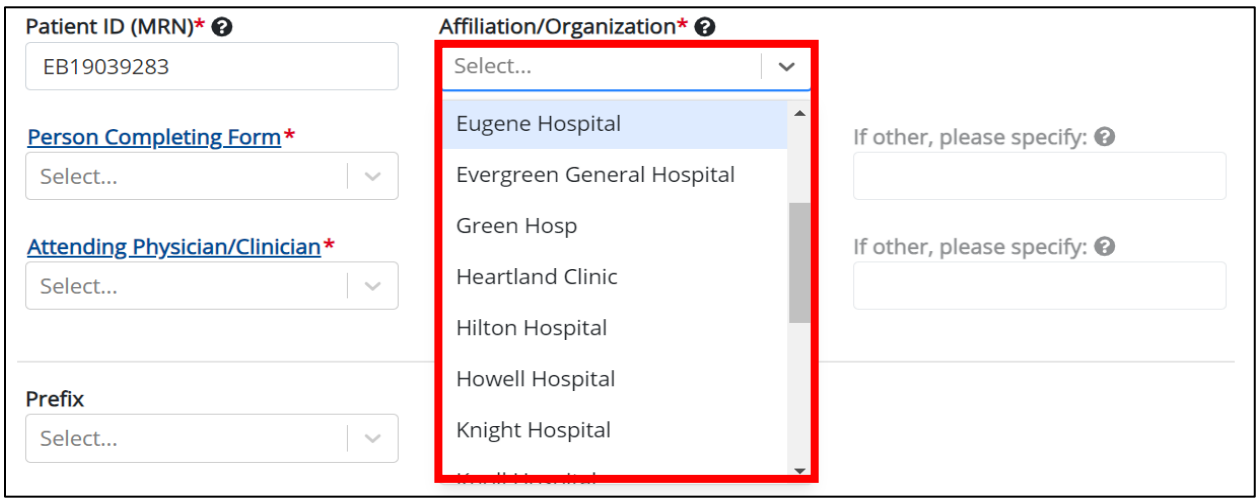


- Click ***Yes*** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- Click ***No*** to select a **different** Affiliation/Organization for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.

7. Enter the patient's **Medical Record Number (MRN)** in the *Patient ID (MRN)* field. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you MUST create a way to uniquely identify your patient so that the patient is registered in the KHIE system.

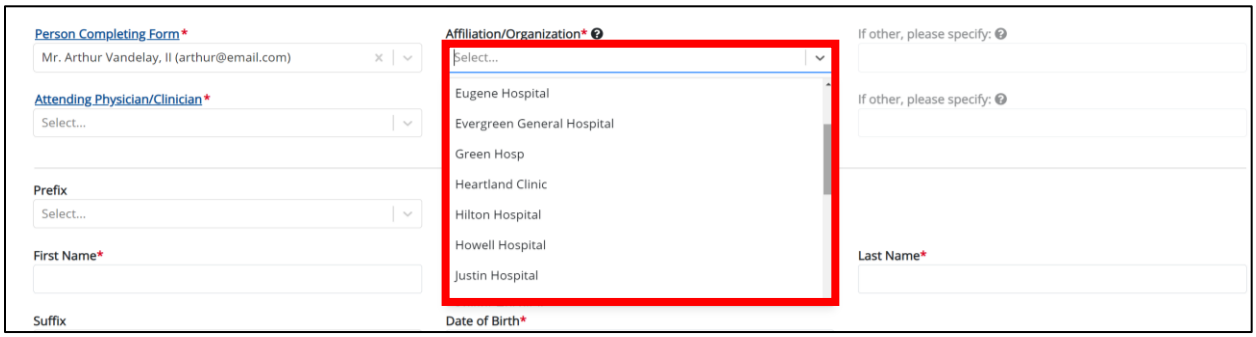
8. From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).



Please Note: If ***Yes*** is selected for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?* the same Affiliation/Organization will apply to each. The *Affiliation/Organization* field is enabled only for the Patient ID (MRN).

9. From the dropdown menu, select the name of the **Person Completing Form**.

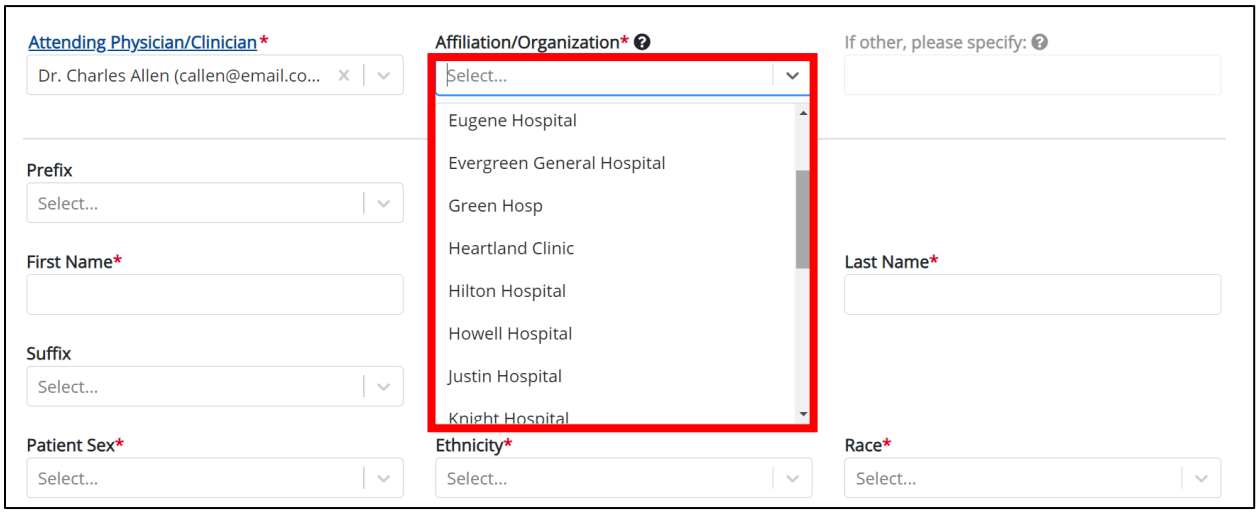
10. If applicable, select the **Affiliation/Organization** that applies to the Person Completing the Form.



Please Note: The *Affiliation/Organization* field that applies to the Person Completing Form is enabled only if you selected ***No*** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician*?

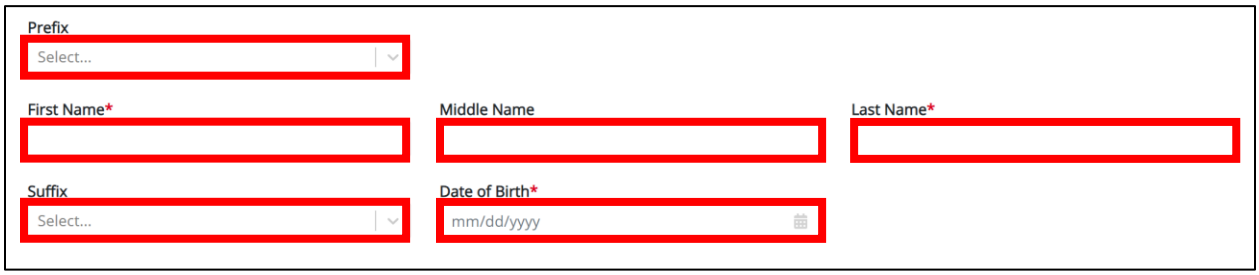
11. Select the **Attending Physician/Clinician** from the dropdown menu.

12. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.

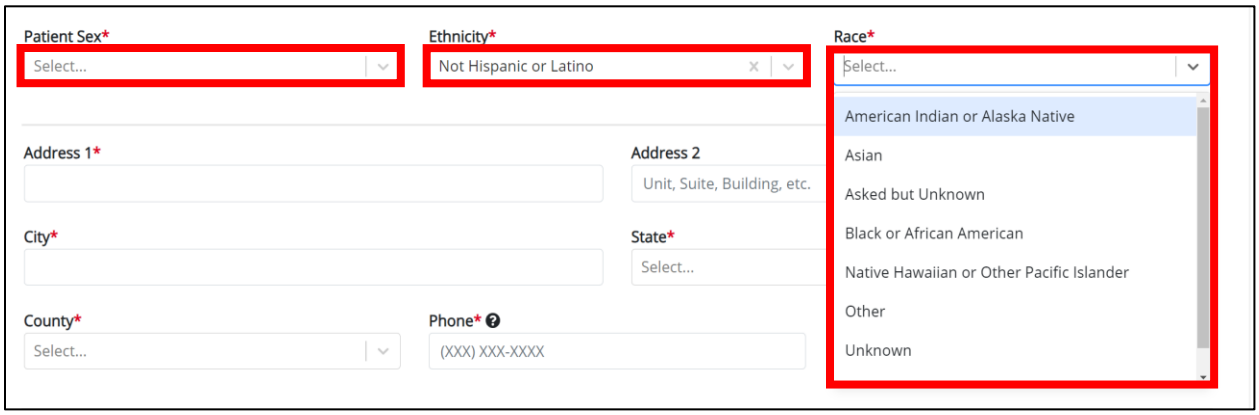


Please Note: The *Affiliation/Organization* field that applies to the Attending Physician/Clinician is enabled only when you select ***No*** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician*?

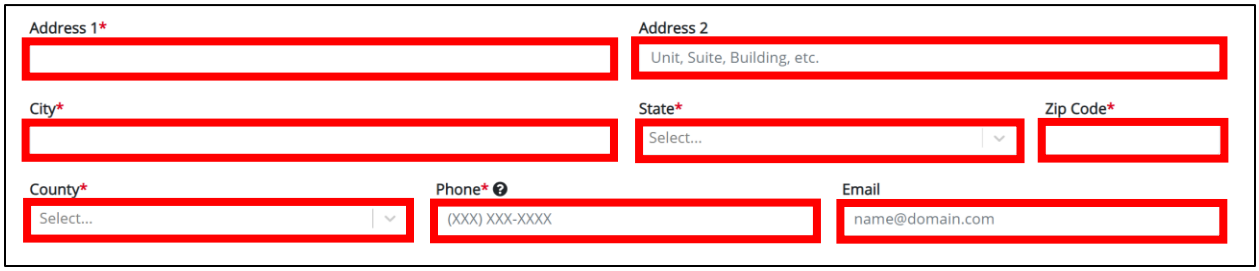
13. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.
14. Enter the patient's **First Name** and **Last Name**.
15. If available, enter the patient's **Middle Name**.
16. Enter the patient's **Date of Birth**.



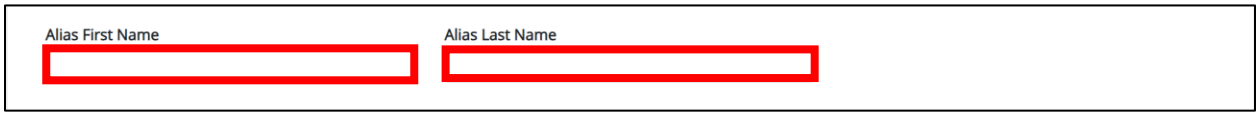
17. Select the **Patient Sex** from the dropdown menu.
18. Select the patient's **Ethnicity** and **Race** from the appropriate dropdown menus.



19. Enter the patient's **Street Address**, **City**, **State**, **Zip Code**, and **County**.
20. Enter the patient's **Phone Number**.
21. If available, enter the patient's **Email Address**.



22. If applicable, enter the **patient's alias** in the textboxes for the field: *Alias First Name* and *Alias Last Name*.



23. Select the **type of patient visit** from the *Visit Type* dropdown menu.

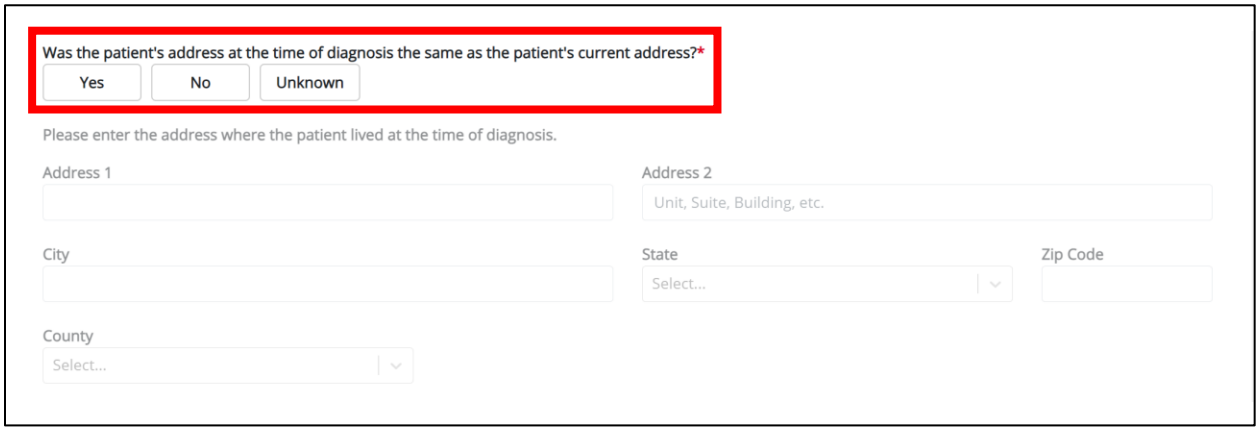
- The *Encounter ID/Visit #* field allows Users to enter a **unique 20-digit Encounter ID/Visit #**.

- The ***Encounter ID/Visit #*** hyperlink allows Users to view the *Patient Case History* which includes the historical case report details and Encounter IDs (when available) that were previously submitted for the patient. The *Patient Case History* search is based on the **Patient First Name**, **Last Name,** and **Patient ID (MRN)** entered.

- The ***Generate*** checkbox triggers the system to generate a **unique 20-digit Encounter ID/Visit #** if the Encounter ID/Visit # is unknown.

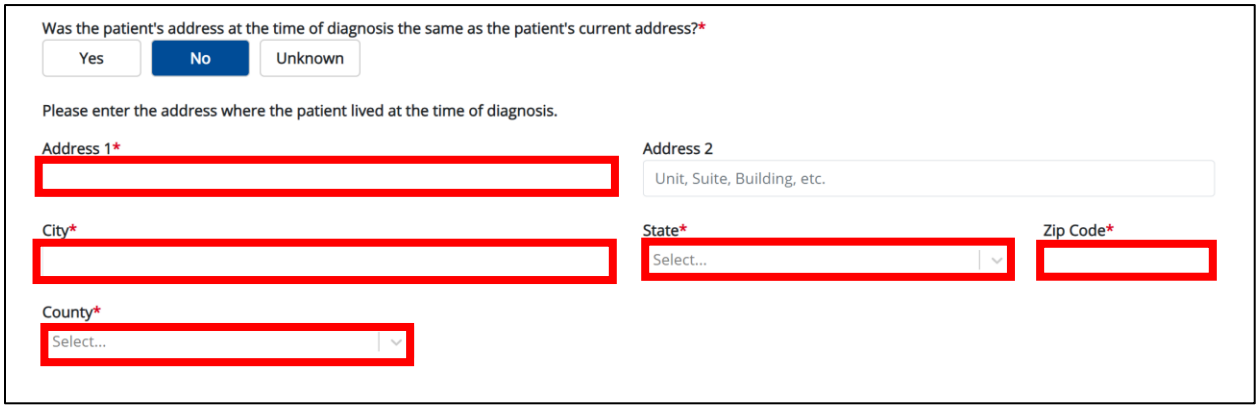
- Upon clicking the ***Generate*** checkbox, the *Encounter ID/Visit #* field will be grayed out and disabled. The *Encounter ID/Visit #* field will display the system-generated Encounter ID/Visit # only <u>after</u> the **Patient Information** screen has been completed and saved.

24. Select the **appropriate answer** for the conditional question: *Was the patient's address at the time of diagnosis the same as the patient's current address?*



25. If ***No*** is selected for the conditional question, the subsequent address fields on the screen are enabled. You must complete the required fields on the screen.

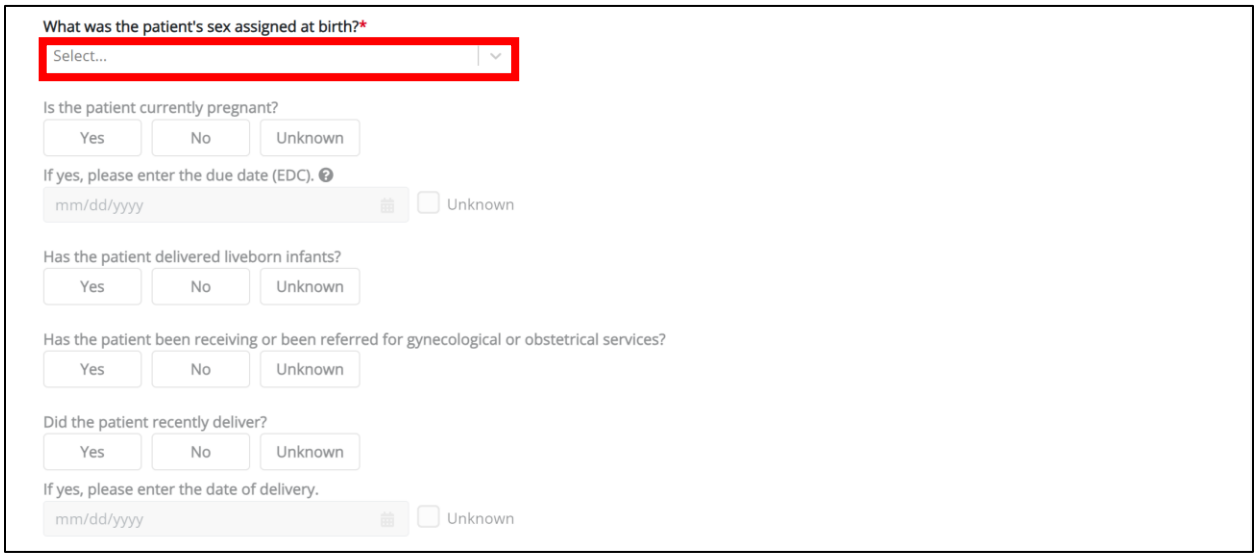
26. Enter the address where the patient was living at the time of diagnosis. Include the **Street Address**, **City**, **State**, **Zip Code**, and **County**.



27. If known, enter the **patient's Social Security Number** in the textbox for the field: *What is the patient's social security number?*

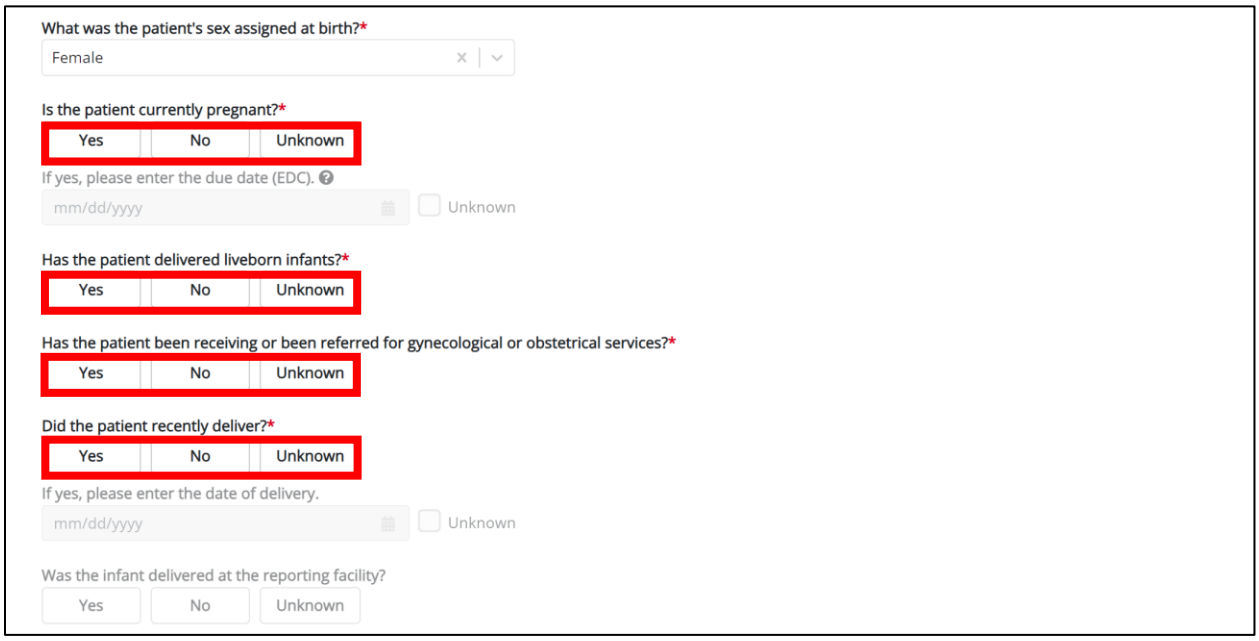
- Click the **eye icon** to show the values entered in the textbox.

28. Select the **appropriate answer** from the dropdown menu for the conditional question: *What was the patient's sex assigned at birth?*

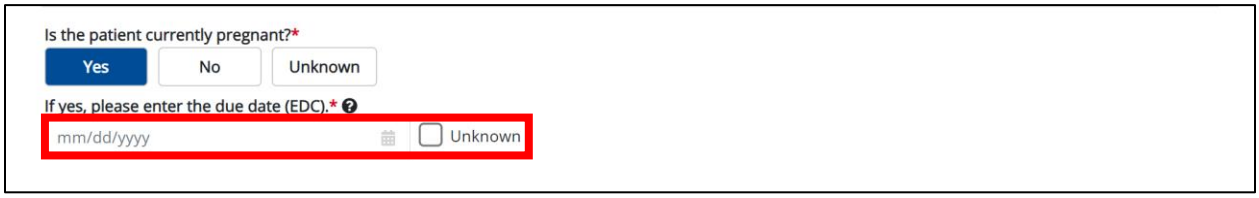


29. If ***Female*** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.

30. Select the **appropriate answer** for the conditional question: *Is the patient currently pregnant?*

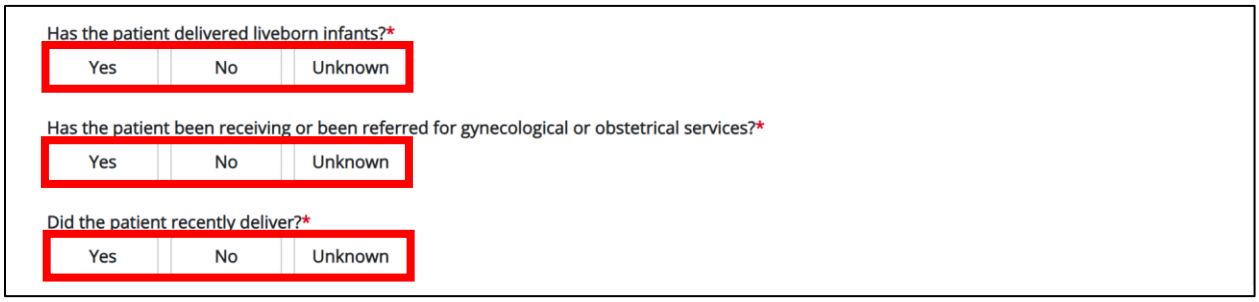


- If ***Yes*** is selected for the *Is the patient currently pregnant?* field, the subsequent field is enabled. Enter the **estimated due date (EDC)** in the subsequent field: *If yes, please enter the due date (EDC)*. If the due date is unknown, click the ***Unknown*** checkbox.



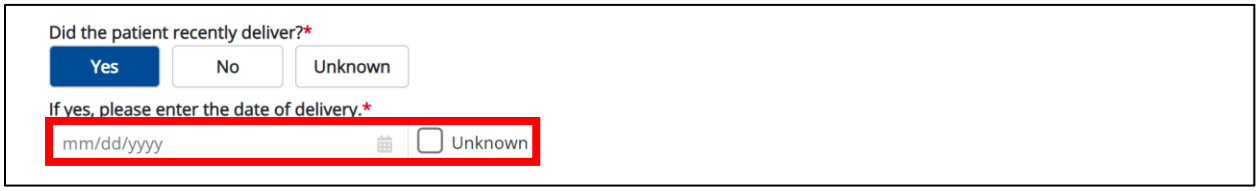
31. Select the **appropriate answers** for the following fields:

- *Has the patient delivered liveborn infants?*
- *Has the patient been receiving or been referred for gynecological or obstetrical services?*
- *Did the patient recently deliver?*



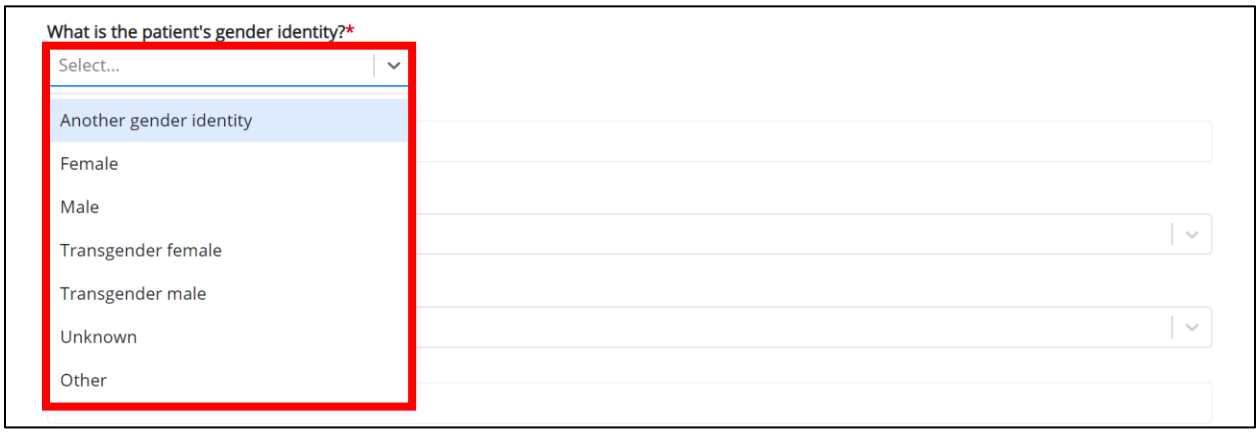
32. Select the **appropriate answer** for the conditional question: *Did the patient recently deliver?*

33. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.
34. Enter the **Date of Delivery**. If the date of delivery is unknown, click the ***Unknown*** checkbox.

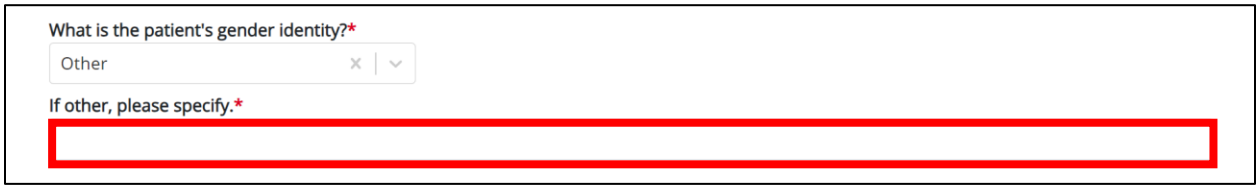


35. Select the **appropriate answer** for the field: *Was the infant delivered at the reporting facility?*

36. Select the **appropriate answer** from the dropdown menu for the field: *What is the patient's gender identity?*

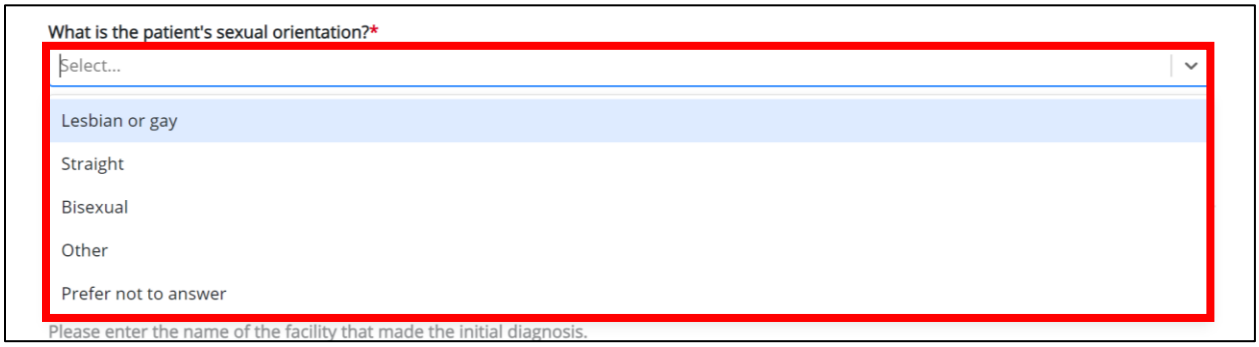


37. If ***Other*** is selected, enter the **patient's other gender identity** in the textbox for the field: *If other, please specify.*



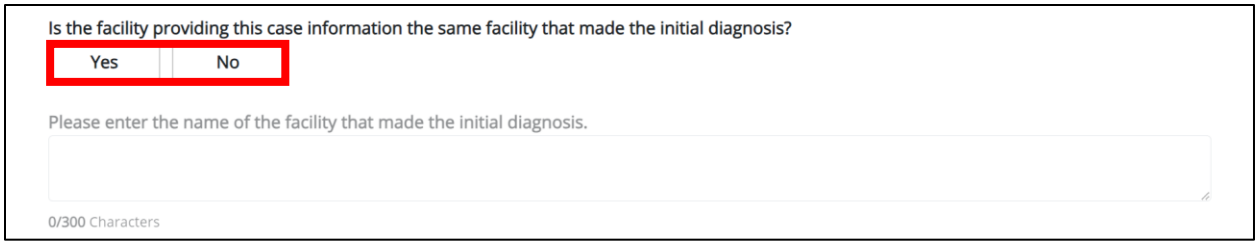
38. Select the **appropriate answer** from the dropdown menu for the field: *What is the patient's country of birth?*

39. Select the **appropriate answer** from the dropdown menu for the field: *What is the patient's sexual orientation?*

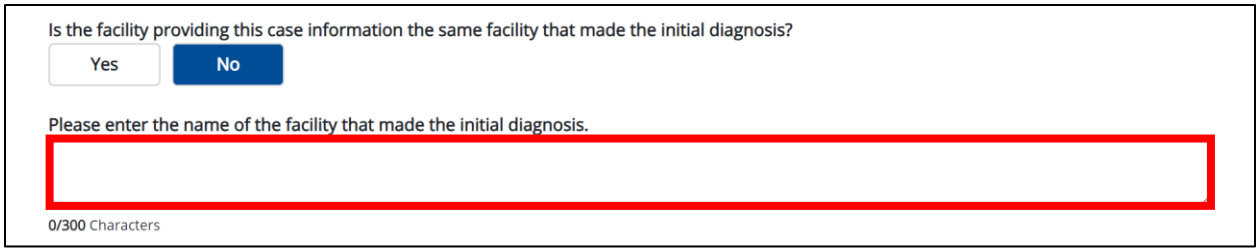


40. If ***Other*** is selected, enter the **patient's other sexual orientation** in the textbox for the field: *If other, please specify.*

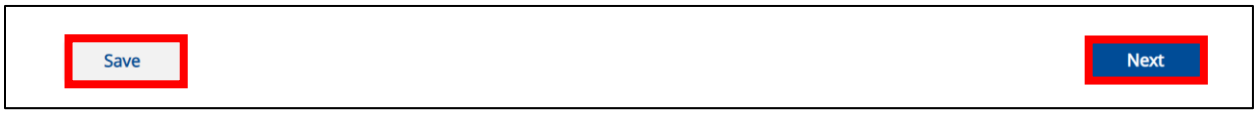
41. Select the **appropriate answer** for the field: *Is the facility providing this case information the same facility that made the initial diagnosis?*



42. If ***No*** is selected, enter the **name of the facility that made the initial diagnosis,** if known.



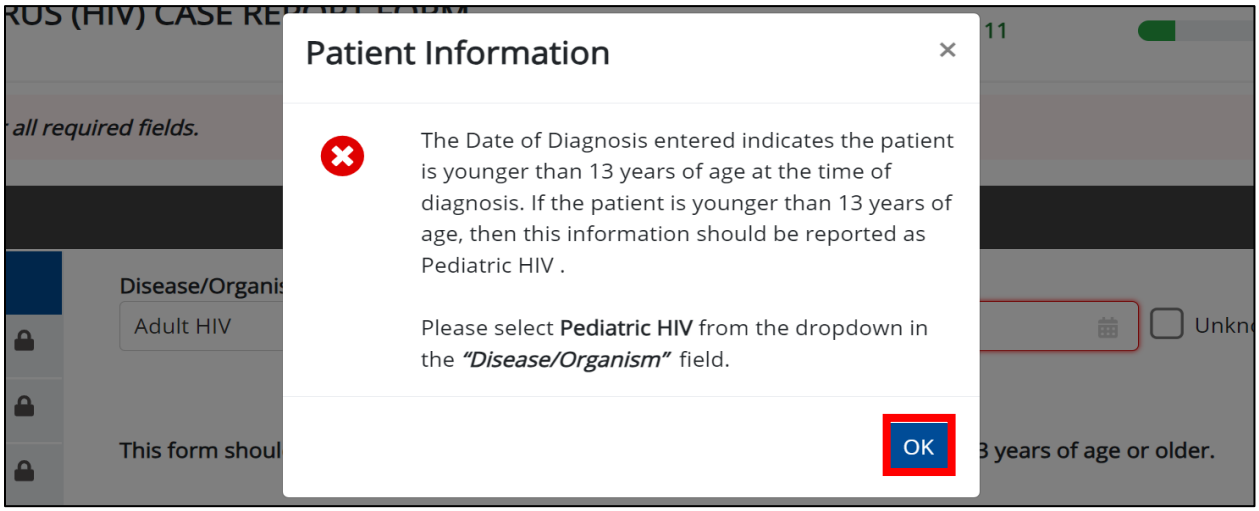
43. When the **Patient Information** screen has been completed, click **Save** to save your progress or click **Next** to proceed to the **Birth History** screen.



44. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following message when the Date of Diagnosis entered indicates the patient is younger than 13 years of age.

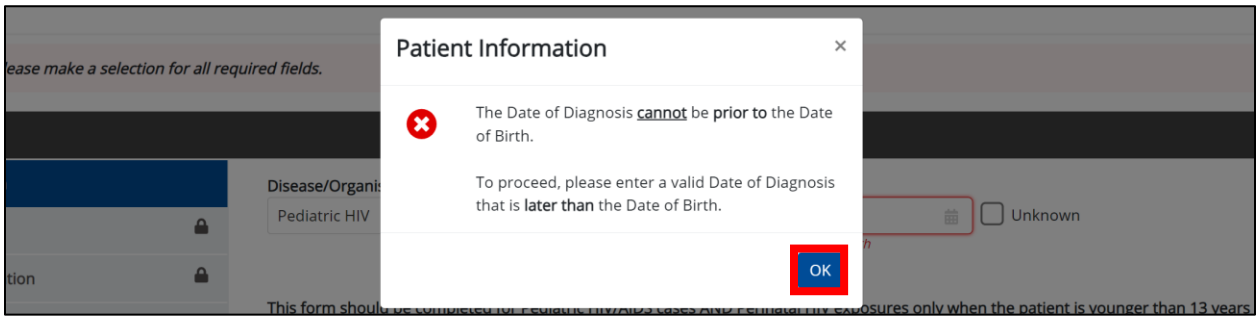
- *The Date of Diagnosis entered indicates the patient is younger than 13 years of age at the time of diagnosis. If the patient is younger than 13 years of age, then this information should be reported as Pediatric HIV. Please select **Pediatric HIV** from the dropdown menu in the **"Disease/Organism"** field.*

45. To update the Date of Diagnosis, click ***OK*** to close the *Patient Information* pop-up and enter the **appropriate Date of Diagnosis** to indicate the patient is younger than 13 years of age.



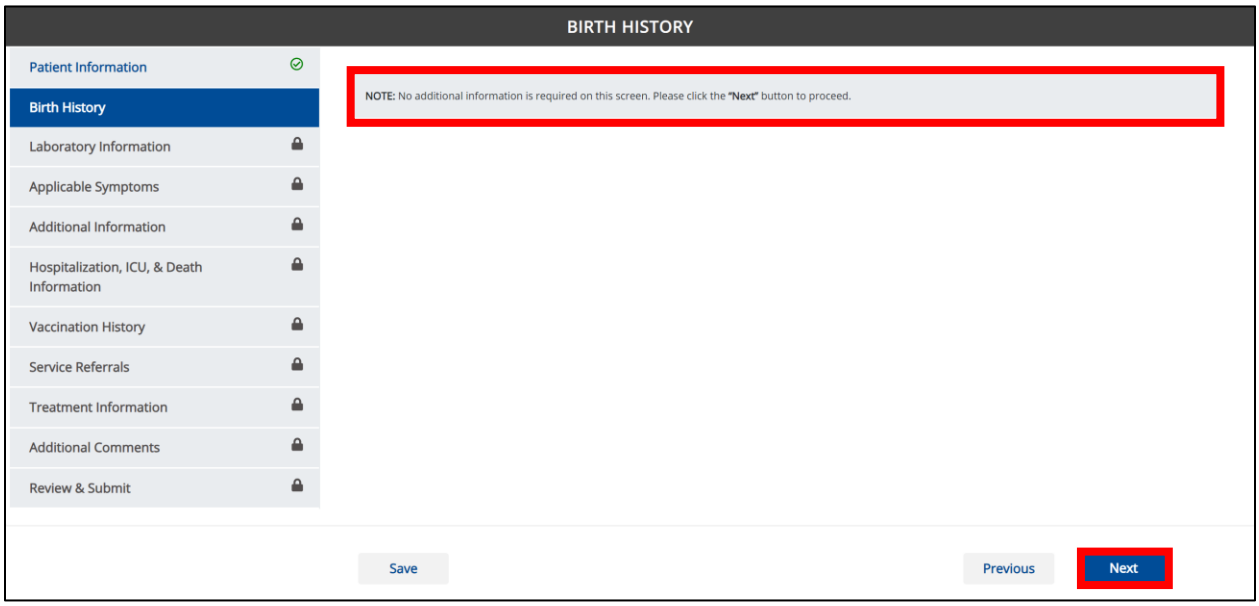
46. To log the information as a Pediatric HIV Case Report, select **Pediatric HIV** from the *Disease/Organism* field.

47. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following message when the Date of Diagnosis entered occurs before the patient's Date of Birth.
48. *The Date of Diagnosis cannot be **prior to** the Date of Birth. To proceed, please enter a valid Date of Diagnosis that is **later than** the Date of Birth.*
49. To update the Date of Diagnosis, click ***OK*** to close the *Patient Information* pop-up and enter the **appropriate Date of Diagnosis**.



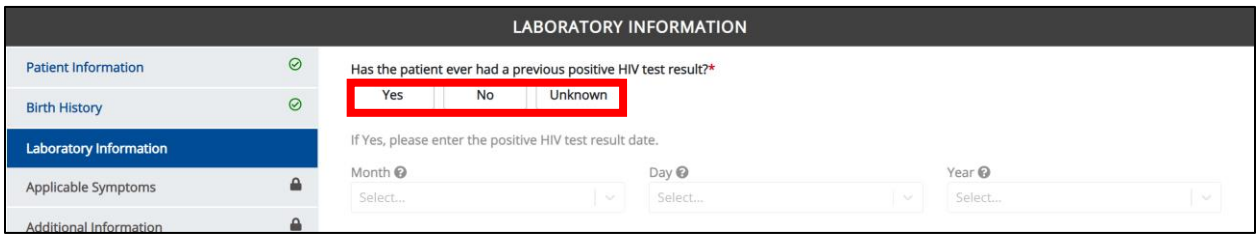
3 Adult HIV Birth History

1. On the **Birth History** screen, the following message displays at the top: ***NOTE**: No additional information is required on this screen. Please click the "**Next**" button to proceed.*
2. Click **Next** to proceed to the **Laboratory Information** screen.

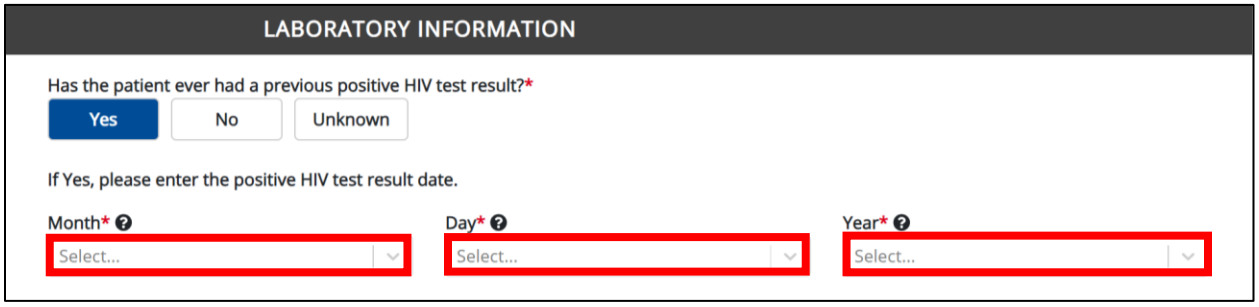


4 Adult HIV Laboratory Information

1. On the **Laboratory Information** screen, select the **appropriate answer** for the conditional question at the top: *Has the patient ever had a previous positive HIV test result?*

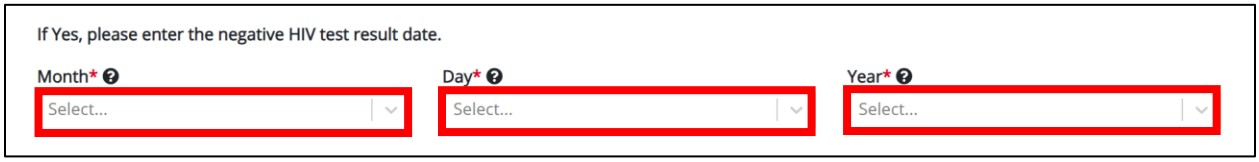


2. If ***Yes*** is selected, enter the **positive HIV test result date** in the *Month, Day,* and *Year* dropdown menus for the field: *If Yes, please enter the positive HIV test result date.*



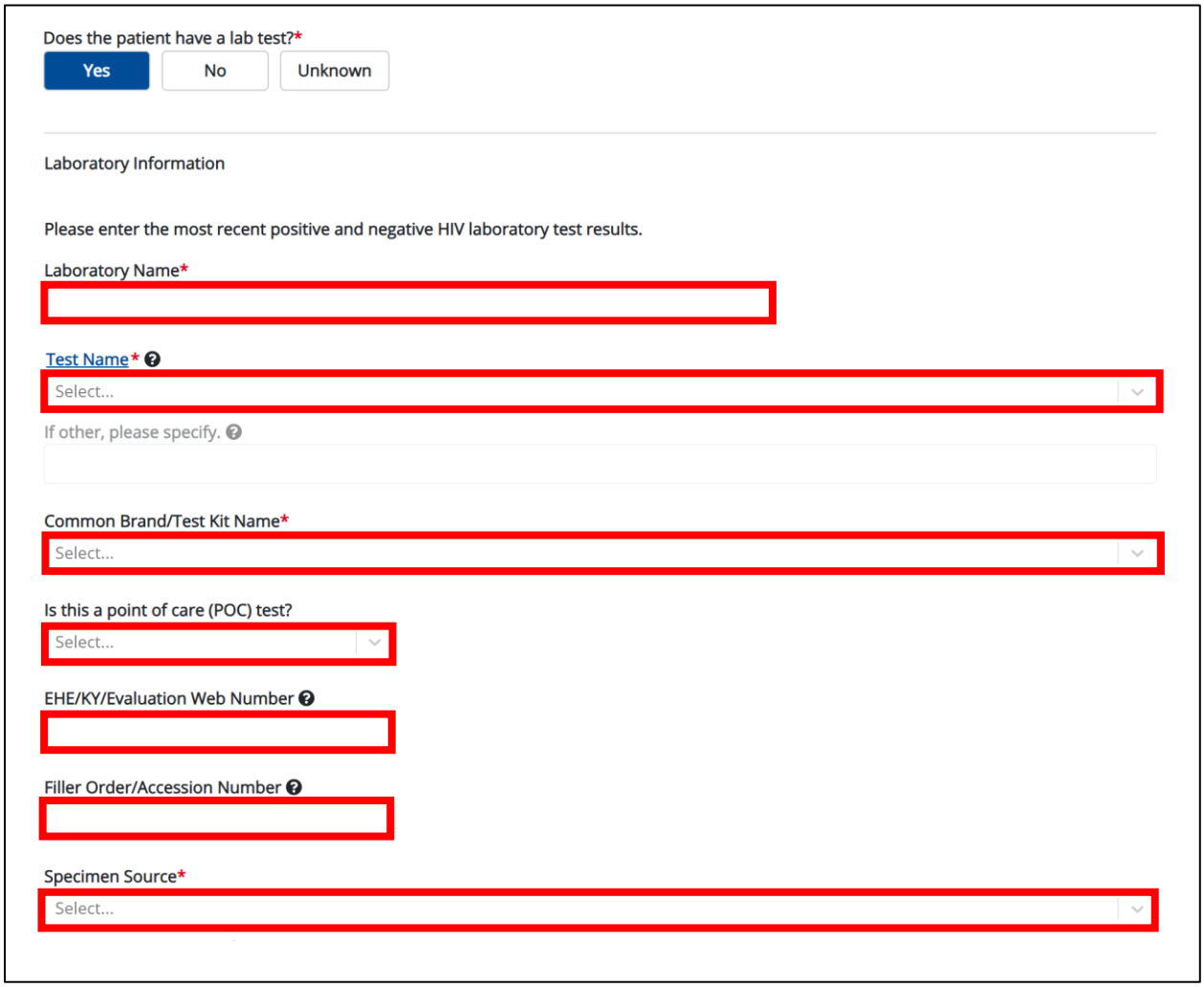
3. Select the **appropriate answer** for the conditional question at the top: *Has the patient ever had a previous negative HIV test result?*

4. If ***Yes*** is selected, enter the **negative HIV test result dates** in the *Month, Day,* and *Year* dropdown menus for the field: *If Yes, please enter the negative HIV test result date.*

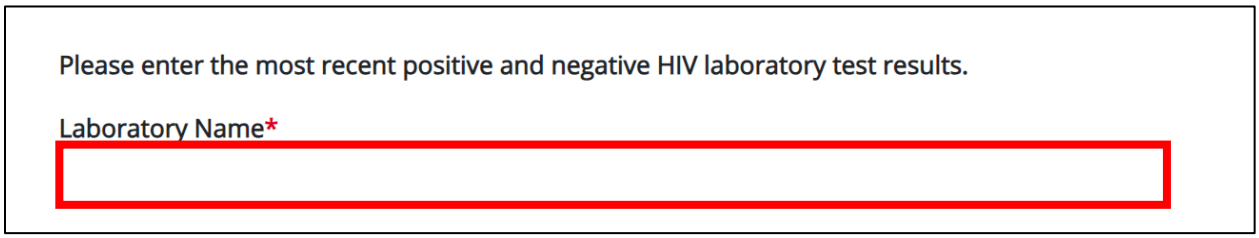


5. Select the **appropriate answer** for the conditional question: *Does the patient have a lab test?*

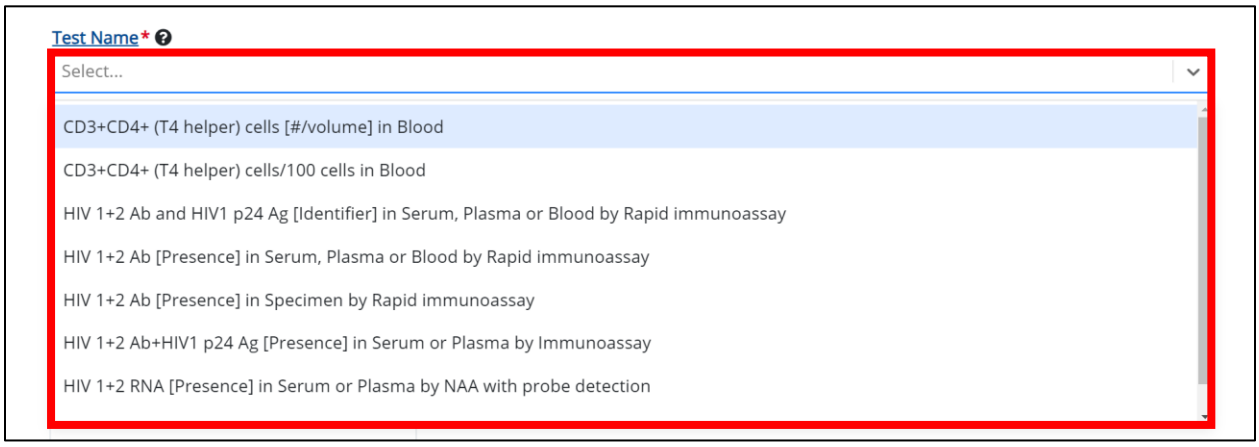
6. If ***Yes*** is selected, the subsequent laboratory-related fields on the screen are enabled. You must enter details for a lab test.



7. Enter the **Laboratory Name** in the textbox.

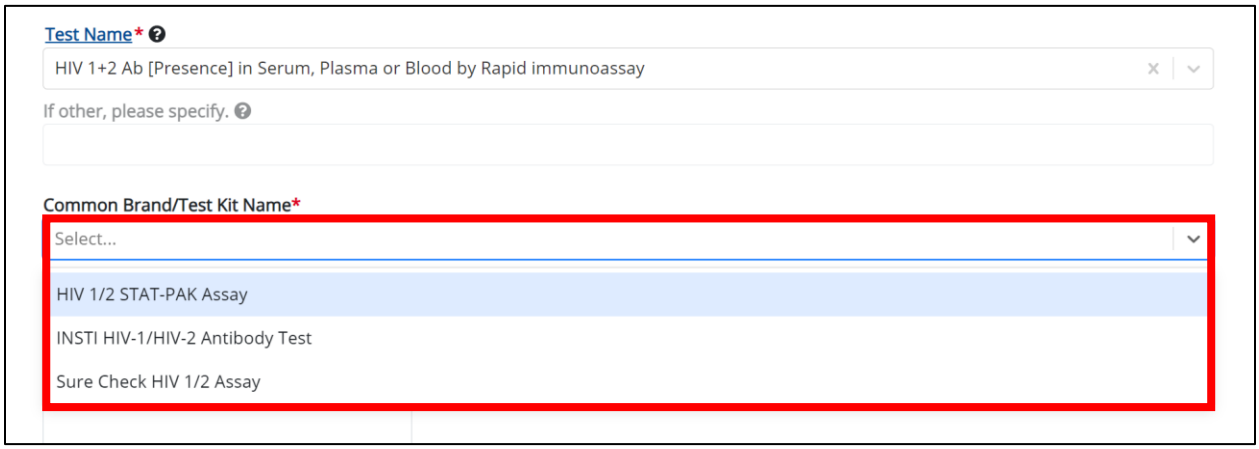


8. Select the **Test Name** from the *Test Name* dropdown menu.

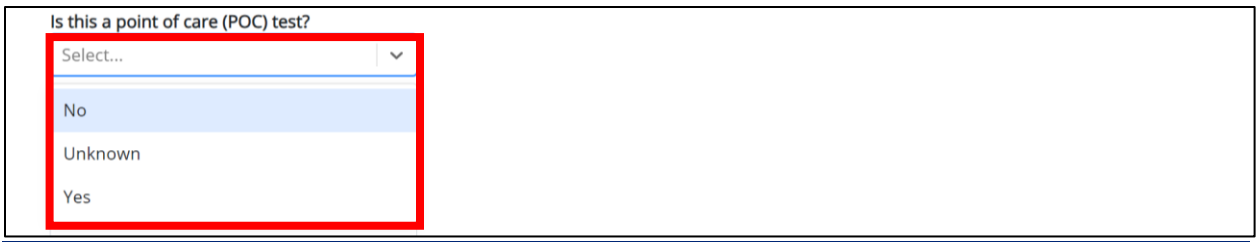


9. If ***Other*** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Test Name** in the subsequent textbox: *If other, please specify*.

10. Select the **Common Brand/Test Kit Name** from the dropdown menu.

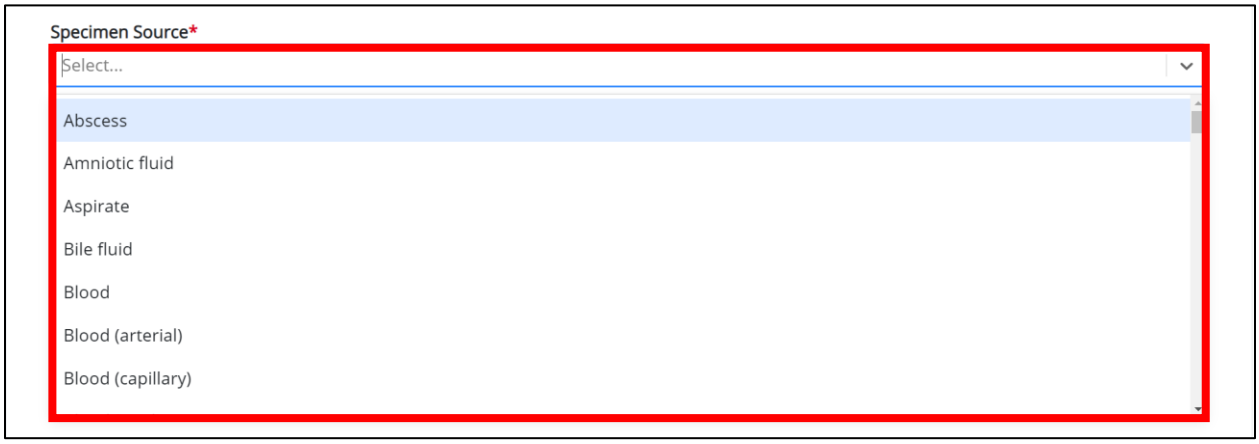


11. Select the **appropriate answer** from the dropdown menu for the field: *Is this a point of care (POC) test?*



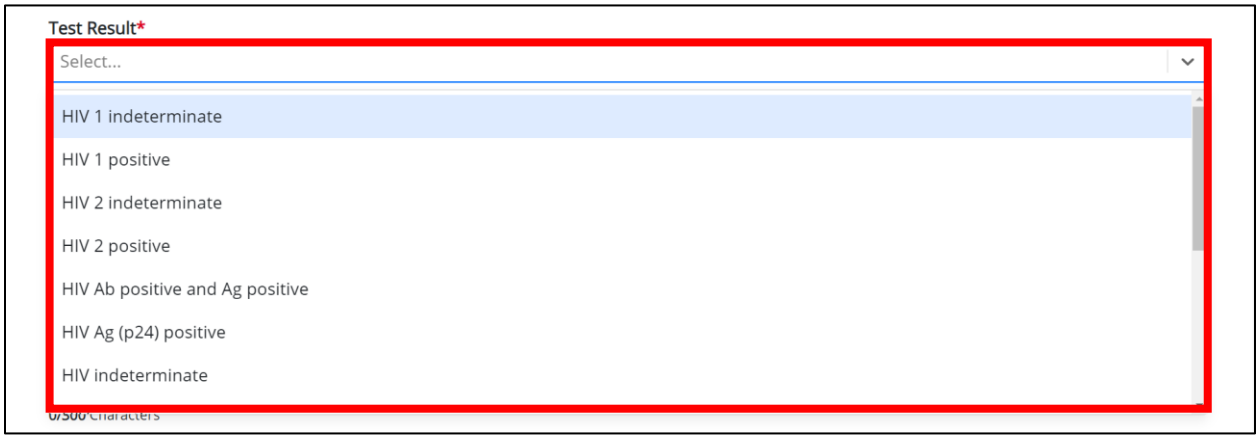
12. If applicable, enter the **EHE/KY Evaluation Web Number** in the textbox.
13. If applicable, enter the **Filler Order/Accession Number** in the textbox.

14. Select the appropriate **Specimen Source** from the *Specimen Source* dropdown menu.



15. If ***Other*** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Specimen Source** in the subsequent textbox: *If other, please specify*.

16. Select the **appropriate Test Result** from the *Test Result* dropdown menu.

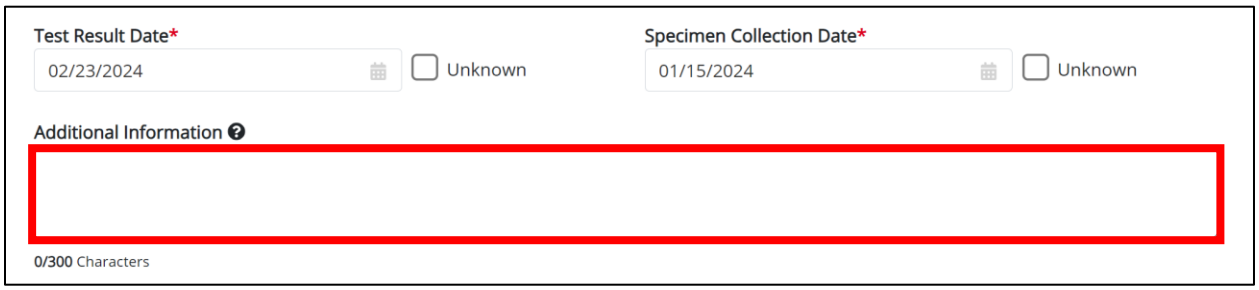


17. If ***Other*** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Test Result** in the subsequent textbox: *If other, please specify*.

18. Enter the **Test Result Date**.

19. Enter the **Specimen Collection Date**.

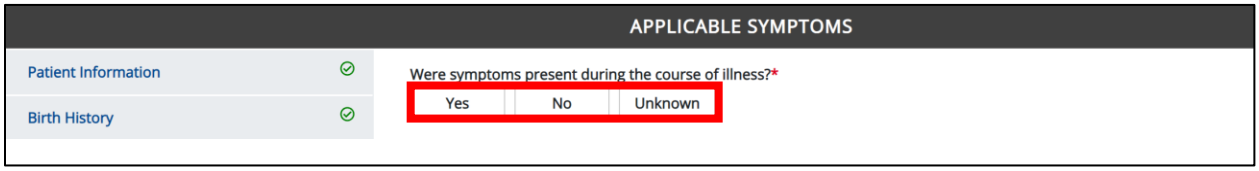
20. If applicable, enter **additional notes about the lab tests** in the *Additional Information* textbox.



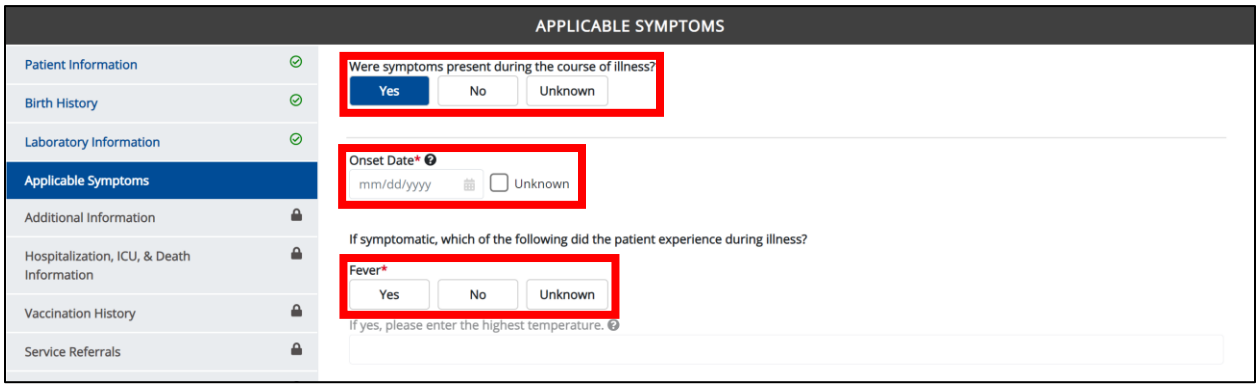
50. When the **Laboratory Information** screen has been completed, click **Save** to save your progress or click **Next** to proceed to the **Applicable Symptoms** screen.

5 Adult HIV 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*?



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

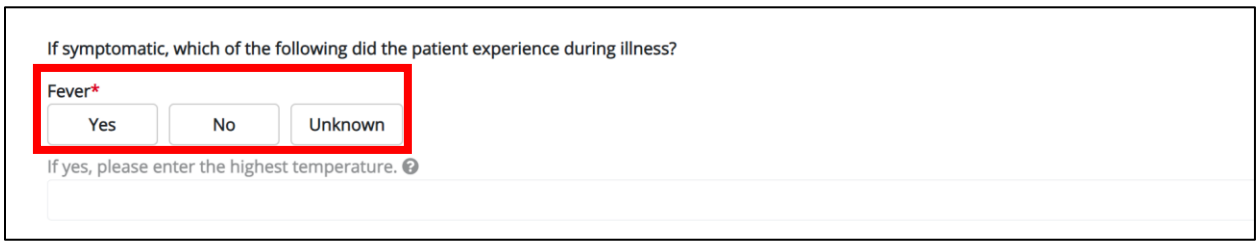


Please Note: If ***No*** is selected for the conditional question, all subsequent symptom fields are disabled and marked with ***No***. If ***Unknown*** is selected for the conditional question, all subsequent symptom fields are disabled and marked as ***Unknown***.

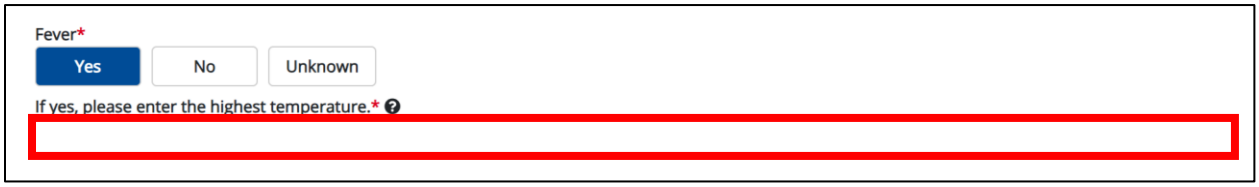
3. Enter the **Onset Date** for the symptoms.

- If the onset date is unknown, click the ***Unknown*** checkbox.

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

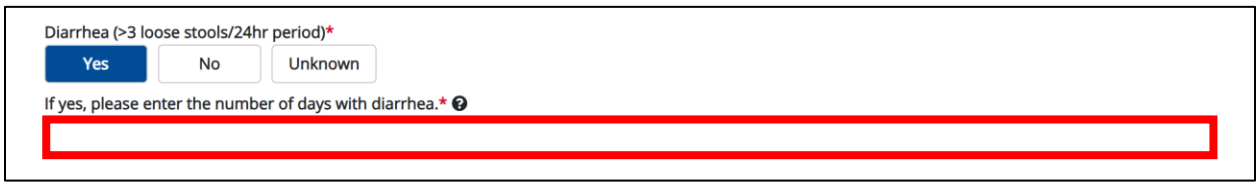


- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature*.



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

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

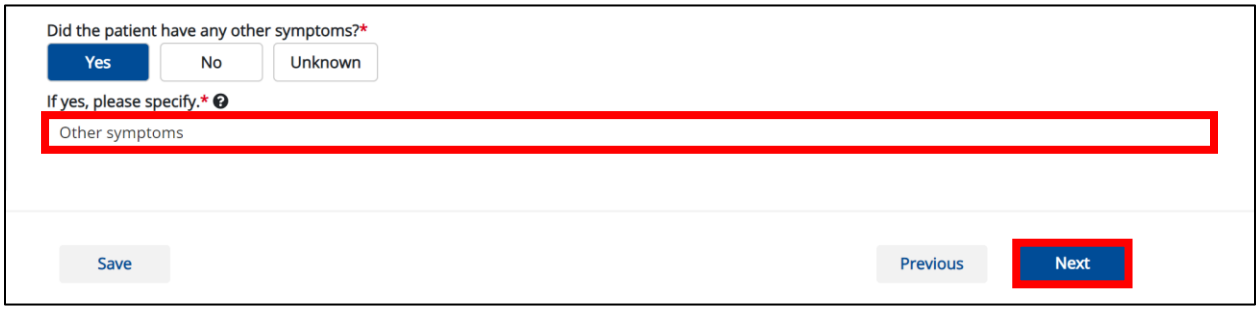


6. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

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

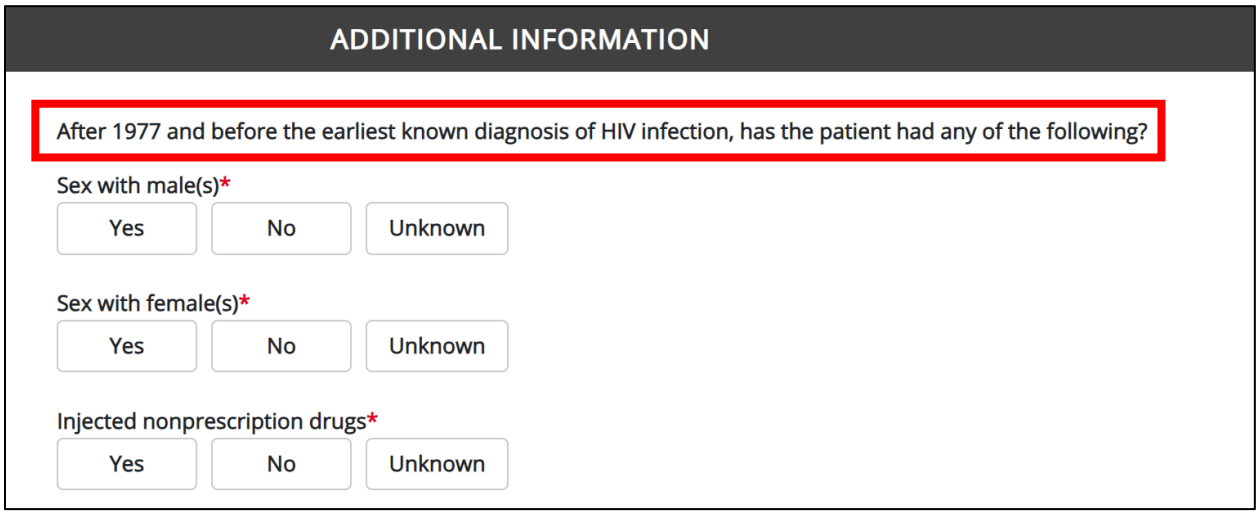
- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's other symptoms** in the subsequent textbox: *If yes, please specify*.

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



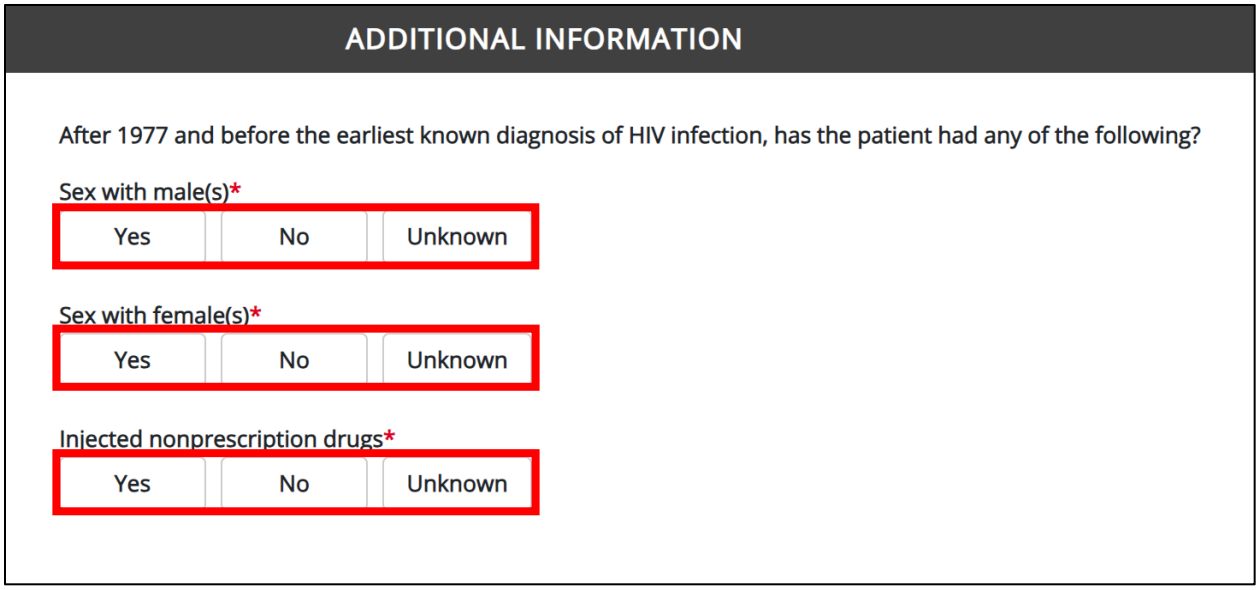
6 Adult HIV Additional Information

1. On the **Additional Information** screen, the following question displays at the top of the screen: *After 1977 and before the earliest known diagnosis of HIV infection, has the patient had any of the following?*

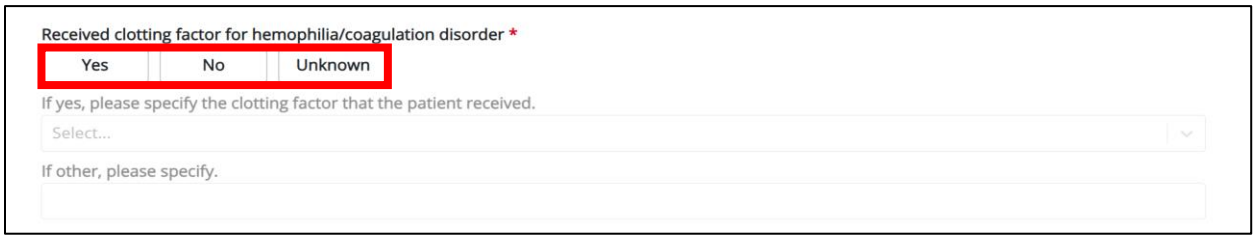


2. Select the **appropriate answers** for the following fields:

- *Sex with male(s)*
- *Sex with female(s)*
- *Injected nonprescription drugs*

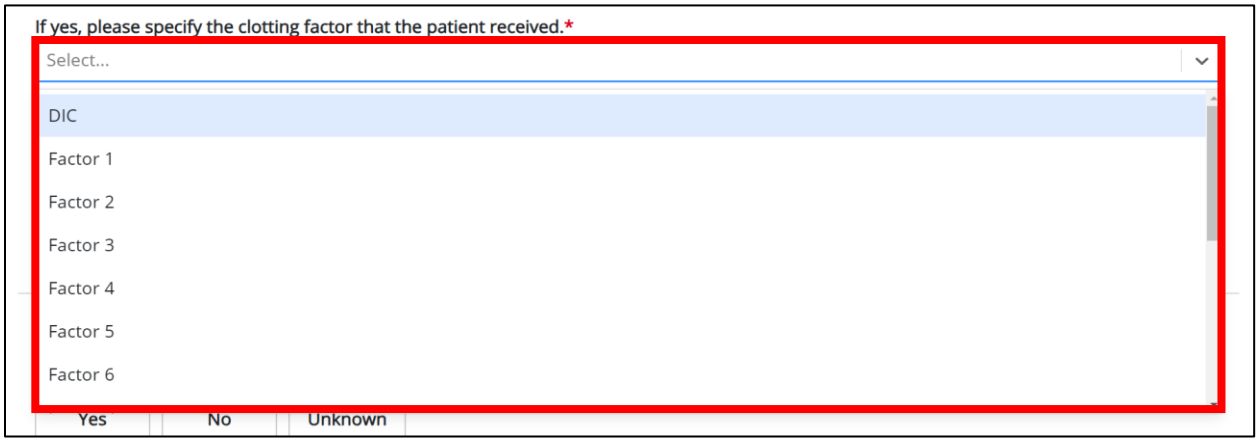


3. Select the **appropriate answer** for the conditional question: *Received clotting factor for hemophilia/coagulation disorder.*



4. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.

5. Select the **clotting factor** from the dropdown menu for the field: *If yes, please specify the clotting factor that the patient received.*

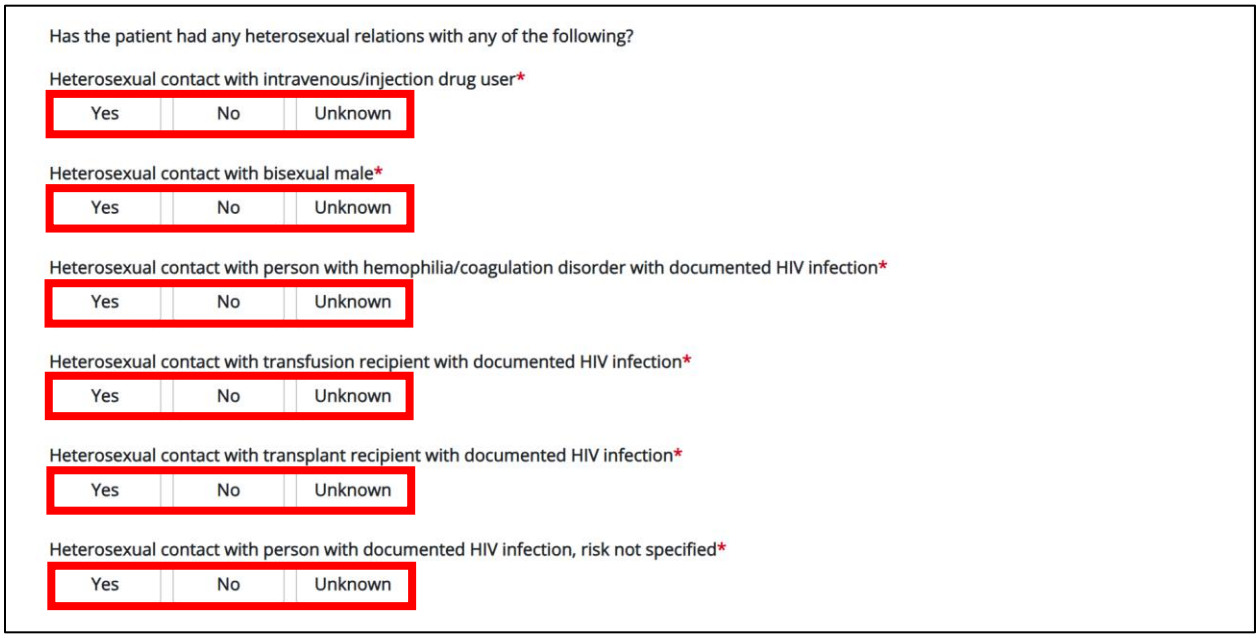


6. If ***Other*** is selected, enter the **other clotting factor that the patient** received in the textbox for the field: *If yes, other please specify.*

7. Enter the **date the clotting factor was received** in the *Date Received* field. If the date received is unknown, click the ***Unknown*** checkbox.

8. The **Additional Information** screen displays the following question: *Has the patient had any heterosexual relations with any of the following?*
9. Select the **appropriate answers** for the following fields:

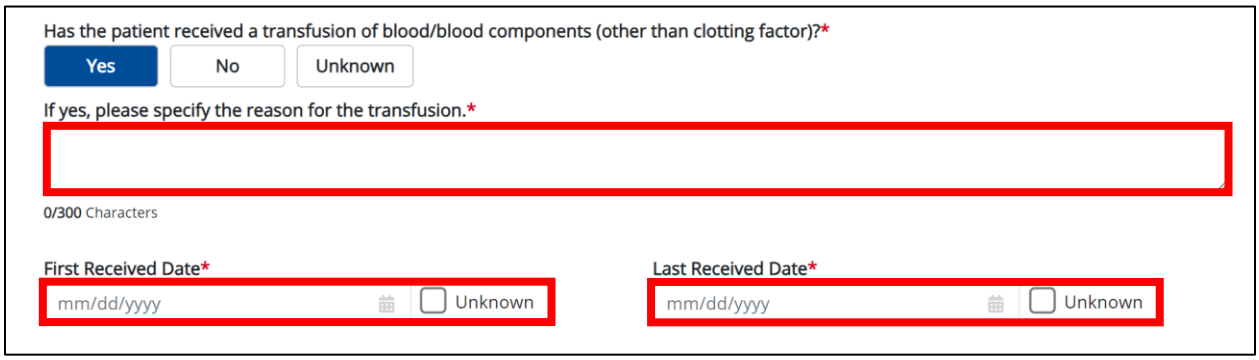
- *Heterosexual contact with intravenous/injection drug user*
- *Heterosexual contact with bisexual male*
- *Heterosexual contact with person with hemophilia/coagulation disorder with documented HIV infection*
- *Heterosexual contact with transfusion recipient with documented HIV infection*
- *Heterosexual contact with transplant recipient with documented HIV infection*
- *Heterosexual contact with person with documented HIV infection, risk not specified*



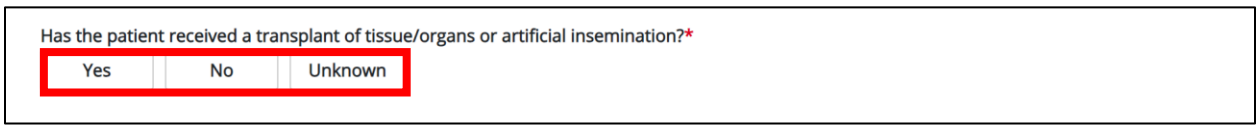
Please Note: Some fields may be disabled based on the User's selections on the **Patient Information** screen for the field: *What is the patient's sexual orientation?*

10. Select the **appropriate answer** for the conditional question: *Has the patient received a transfusion of blood/blood components (other than clotting factor)?*

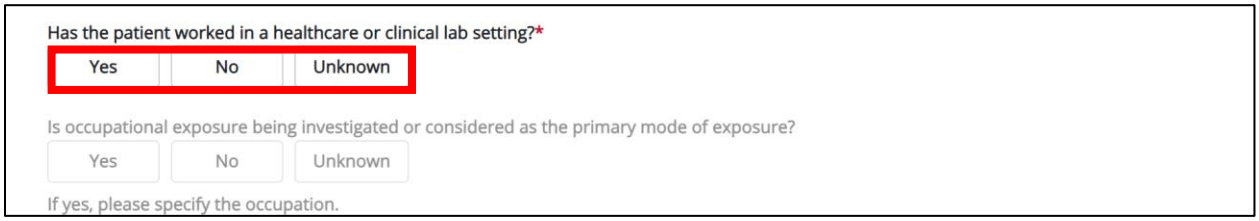
11. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.
12. Enter the **reason for the transfusion** in the textbox for the field: *If yes, please specify the reason for the transfusion.*
13. Enter the **First Received Date** and **Last Received Date**. If the first received date or last received date are unknown, click the ***Unknown*** checkbox.



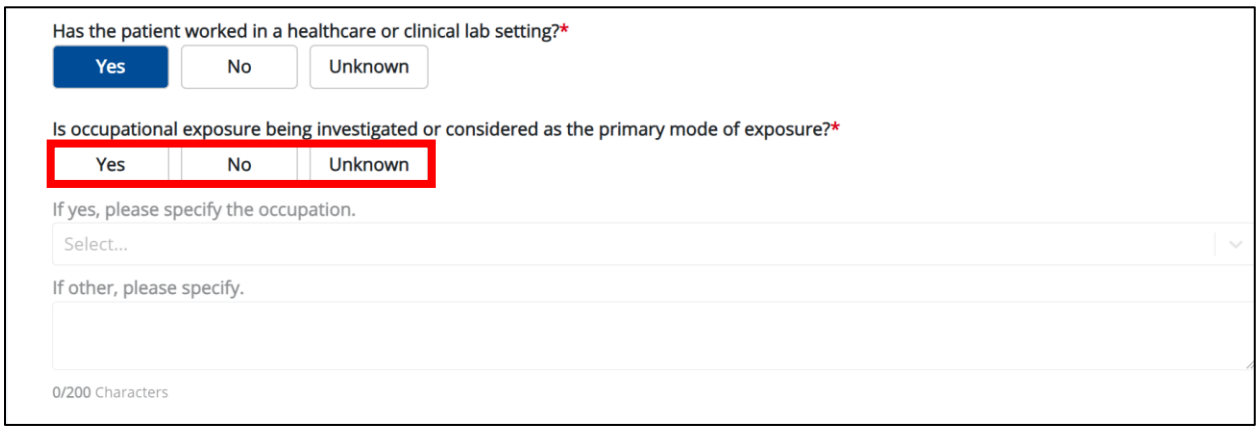
14. Select the **appropriate answer** for the field: *Has the patient received a transplant of tissue/organs or artificial insemination?*



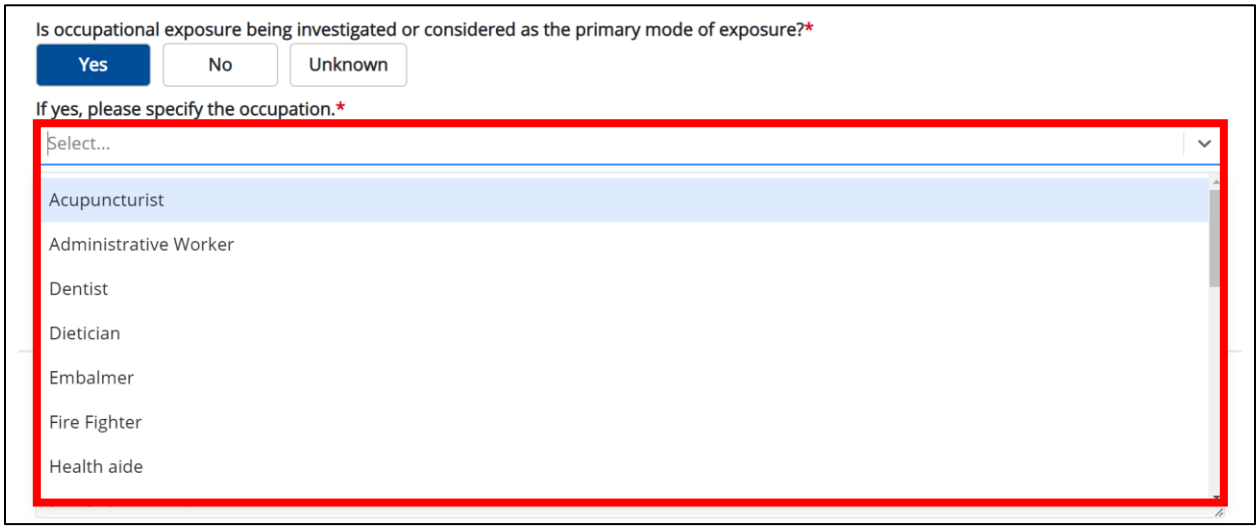
15. Select the **appropriate answer** for the conditional question: *Has the patient worked in a healthcare or clinical lab setting?*



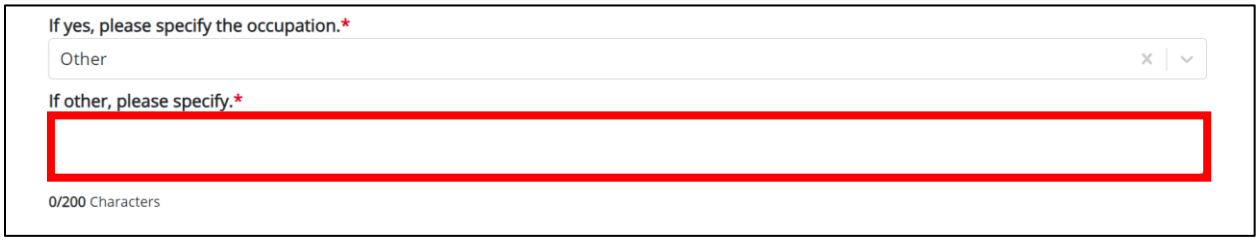
16. If ***Yes*** is selected for the conditional question, select the **appropriate answer** for the field: *Is occupational exposure being investigated or considered as the primary mode of exposure?*



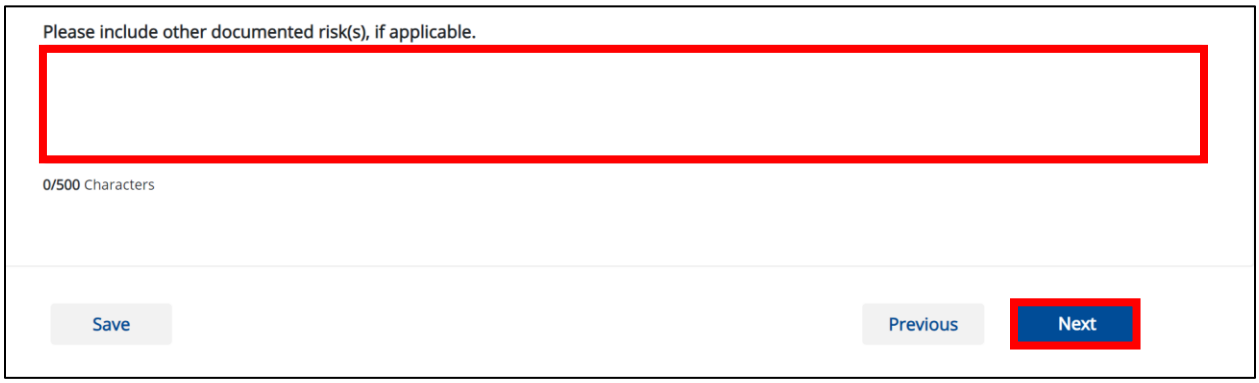
17. If ***Yes*** is selected for the conditional question, select the **appropriate answer** from the dropdown menu for the field: *If yes, please specify the occupation.*



18. If ***Other*** is selected, enter the **other occupation** in the textbox for the field: *If other, please specify.*



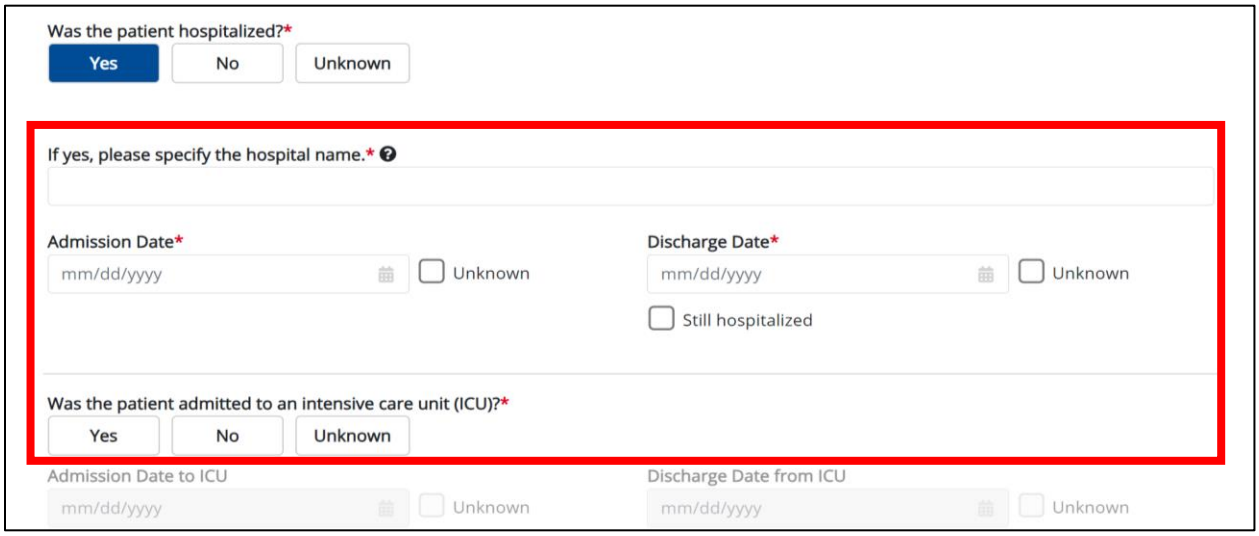
19. If applicable, enter the **details for any other documented risk(s)** in the textbox for the field: *Please include other documented risk(s), if applicable.*
20. Once complete, click **Next** to proceed to the **Hospitalization, ICU, & Death Information** screen.



7 Adult HIV Hospitalization, ICU, & Death Information

1. On the **Hospitalization, ICU, & Death Information** screen, select the **appropriate answer** for the conditional question at the top: *Was the patient hospitalized*?

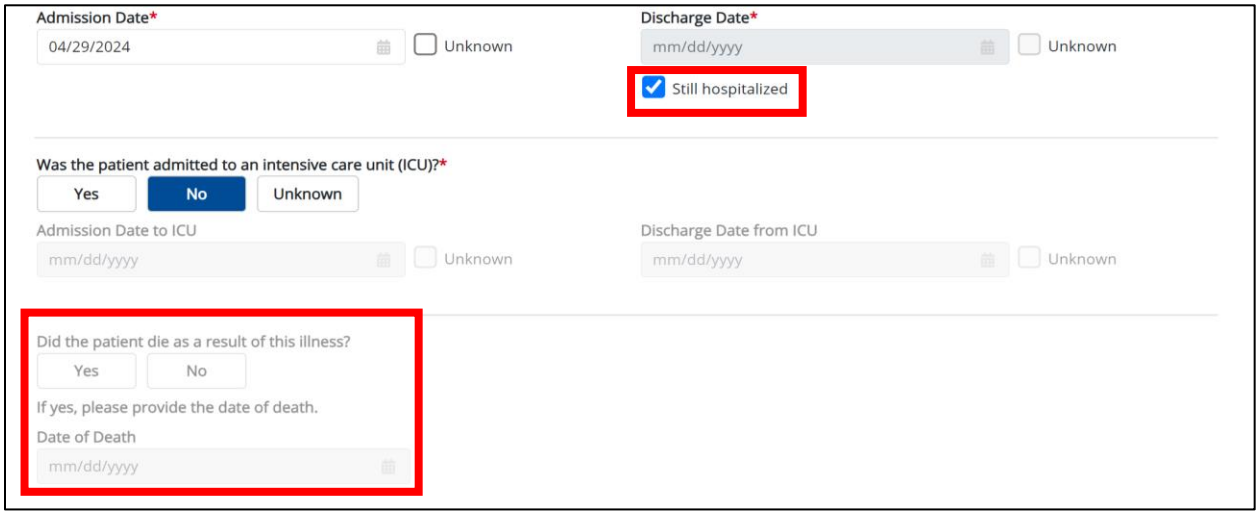
2. If ***Yes*** is selected for the conditional question, the subsequent hospitalization-related and ICU-related fields on the screen are enabled. You must complete the required fields.



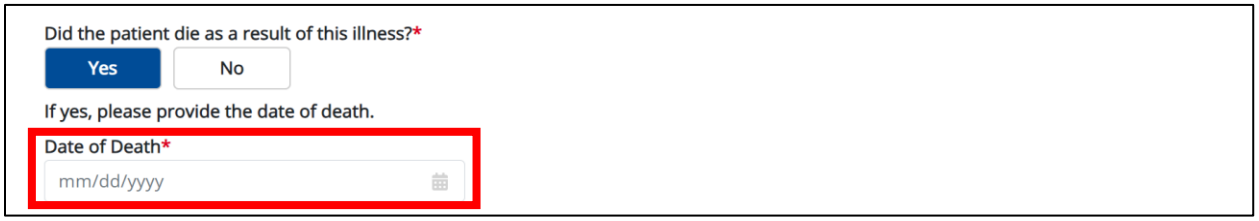
Please Note: If ***No*** or ***Unknown*** is selected for the conditional question, all subsequent hospitalization-related and ICU-related fields are disabled. Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*

3. If applicable, select the **appropriate answer** for the field: *Did the patient die as a result of this illness*?

Please Note: If the ***Still Hospitalized*** checkbox is selected, the death-related fields are disabled.



4. If ***Yes*** is selected, the subsequent *Date of Death* field is enabled. Enter the patient's **Date of Death**.

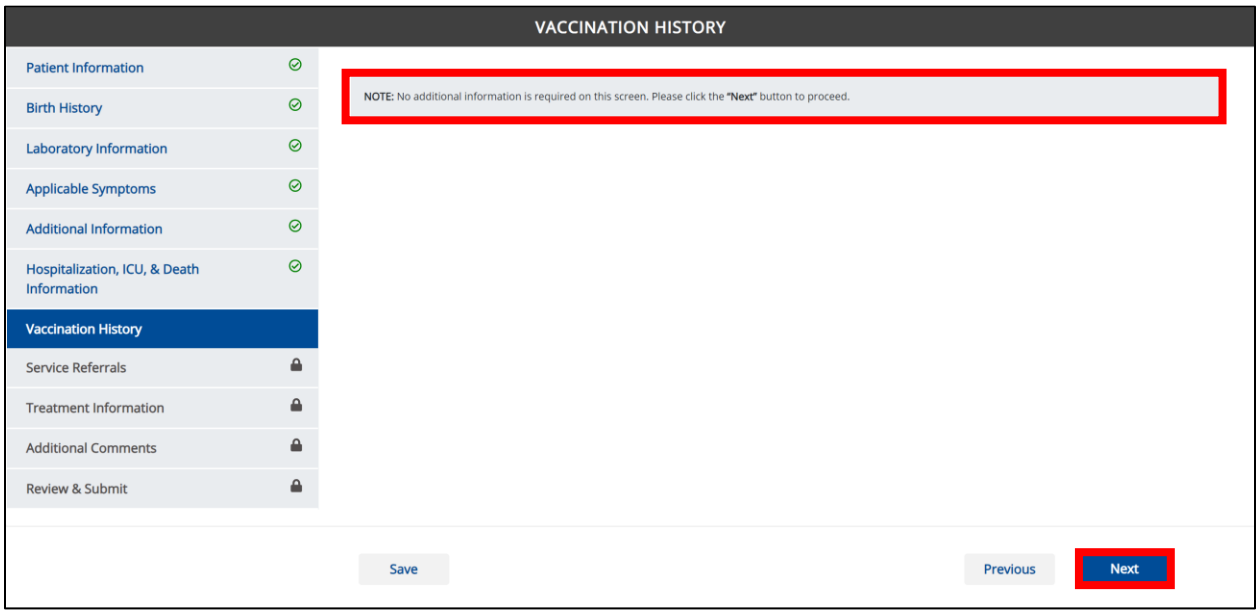


5. Once complete, click **Next** to proceed to the **Vaccination History** screen.

8 Adult HIV Vaccination History

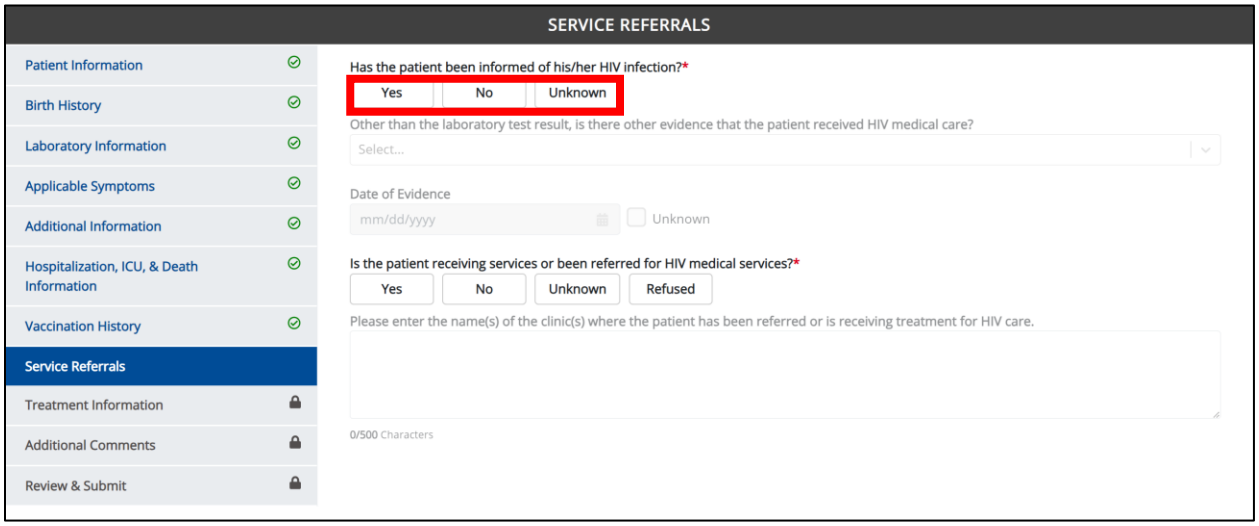
1. On the **Vaccination History** screen, the following message displays at the top: ***NOTE**: No additional information is required on this screen. Please click the "**Next**" button to proceed.*

2. Click **Next** to proceed to the **Service Referrals** screen.

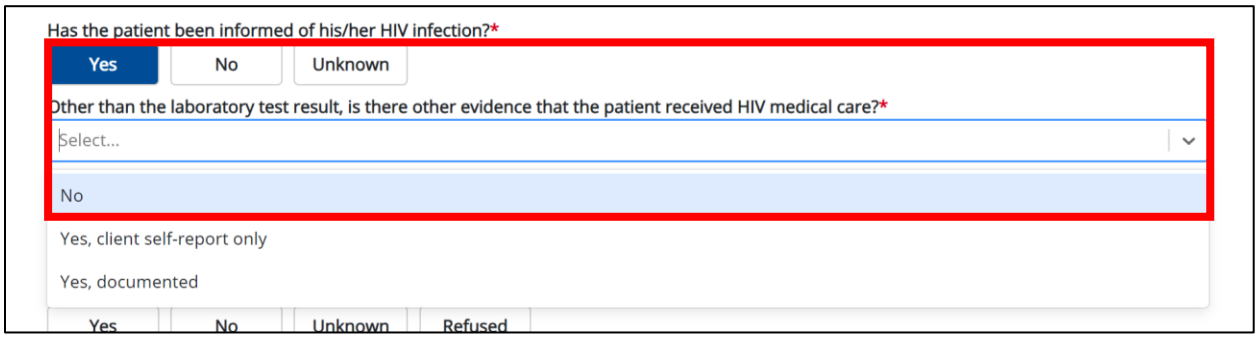


9 Adult HIV Service Referrals

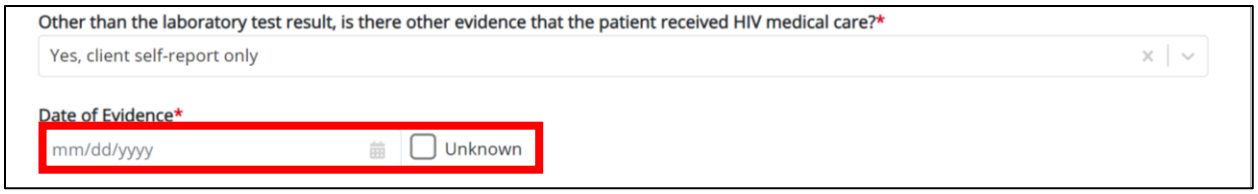
1. On the **Service Referrals** screen, select the appropriate answer for the conditional question at the top: *Has the patient been informed of his/her HIV infection*?



2. If ***Yes*** is selected, select the **appropriate answer** from the dropdown menu for the field: *Other than the laboratory test result, is there other evidence that the patient received HIV medical care?*



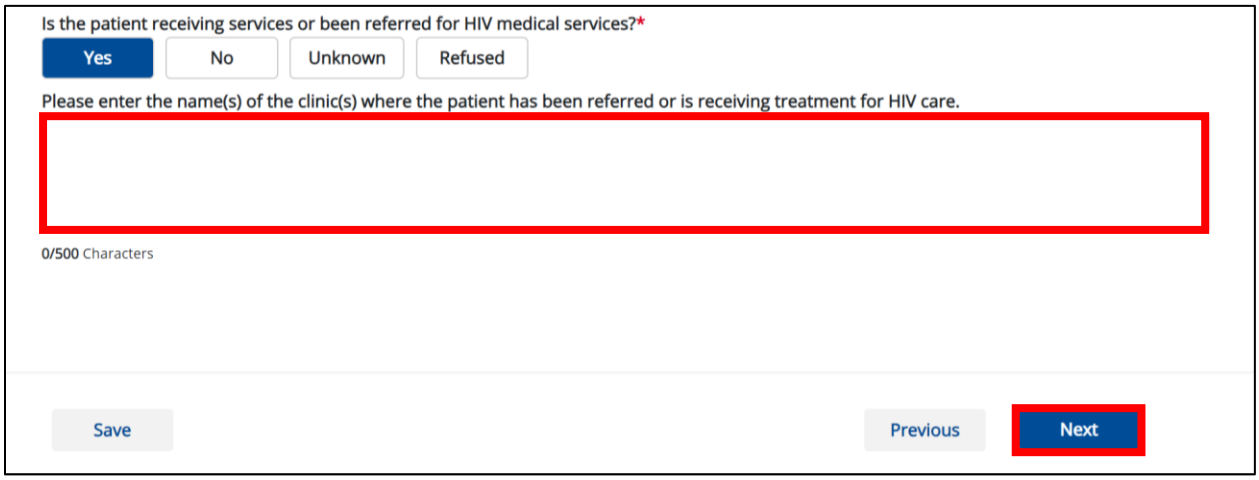
3. If ***Yes, client self-report only*** or ***Yes, documented*** is selected, enter the **Date of Evidence**. If the date of evidence is unknown, click the *Unknown* checkbox.



4. Select the **appropriate answer** for the conditional question: *Is the patient receiving services or been referred for HIV medical services?*

5. If ***Yes*** is selected, enter the **details of the clinic(s)** for the field: *Please enter the name(s) of the clinic(s) where the patient has been referred or is receiving treatment for HIV care.*

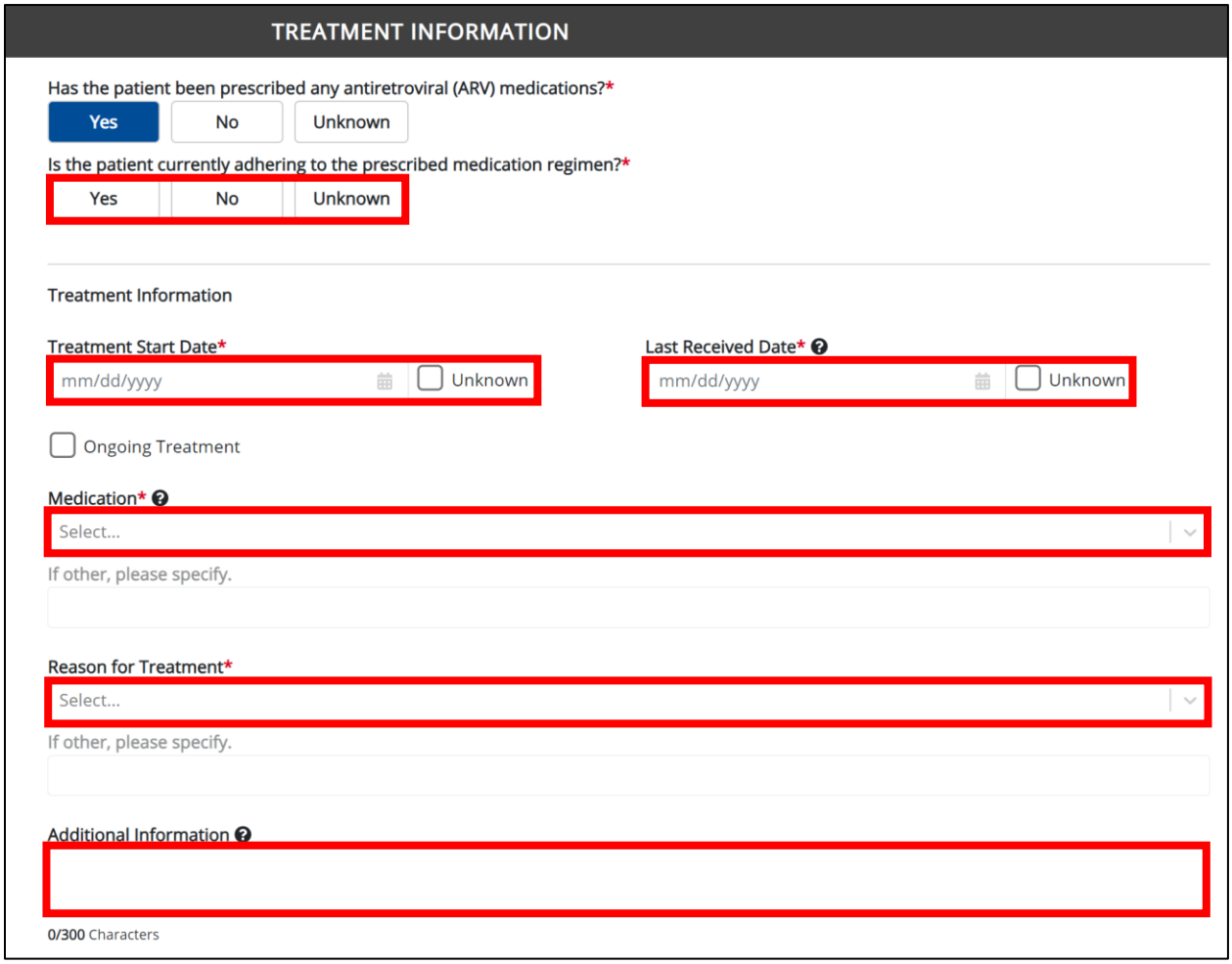
6. Once complete, click **Next** to proceed to the **Treatment Information** screen.



10 Adult HIV Treatment Information

1. On the **Treatment Information** screen, select the appropriate answer for the conditional question at the top: *Has the patient been prescribed any antiretroviral (ARV) medications*?

2. If ***Yes*** is selected, the subsequent treatment-related fields on the screen are enabled. You must enter details for treatment information.

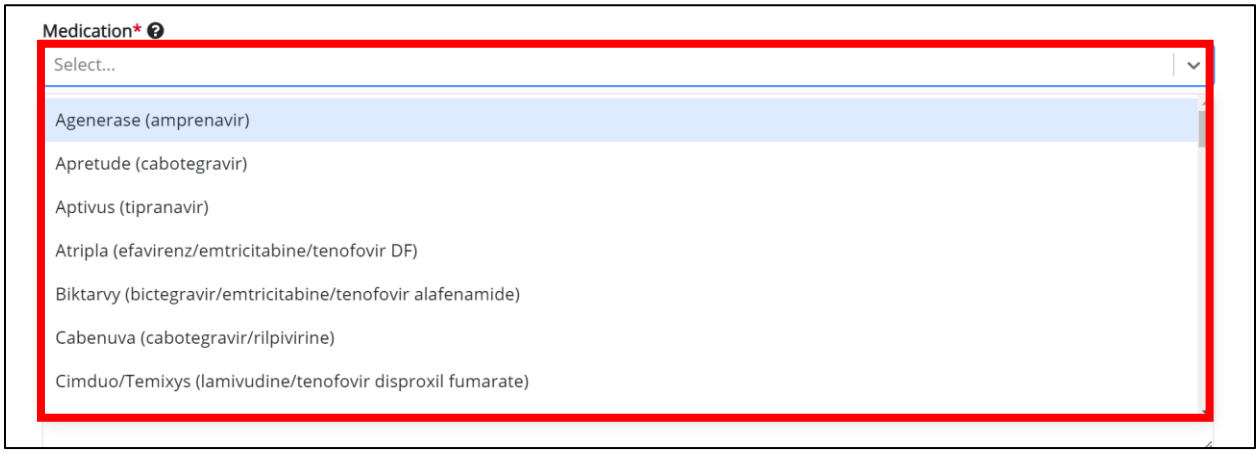


Please Note: If ***No*** or ***Unknown*** is selected for the conditional question, all subsequent fields are disabled.

3. Select the **appropriate answer** for the field: *Is the patient currently adhering to the prescribed medication regimen?*

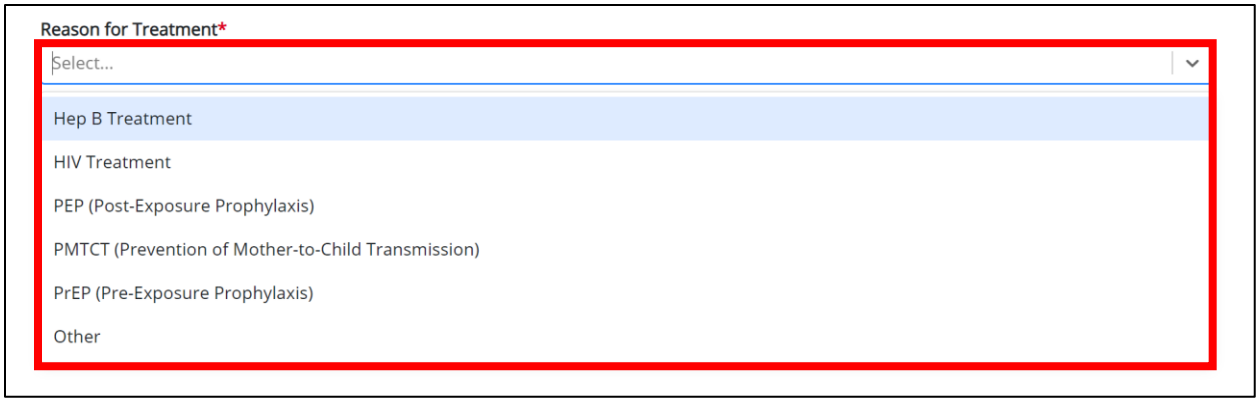
4. Enter the **Treatment Start Date** and **Last Received Date**. If the treatment start date or last received date are unknown, click the respective ***Unknown*** checkboxes.
5. If the treatment is ongoing, click the ***Ongoing Treatment*** checkbox.

6. Select the **appropriate Medication** from the *Medication* dropdown menu.



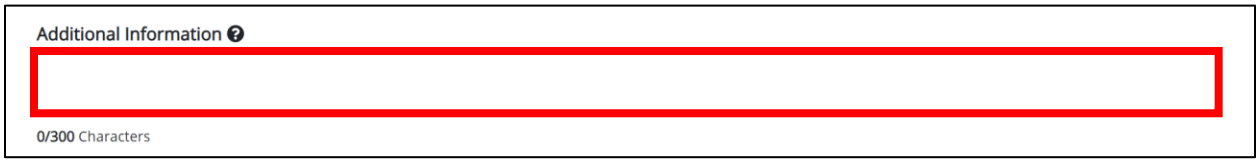
7. If ***Other*** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **name of the medication** in the subsequent textbox: *If other, please specify*.

8. Select the **appropriate Reason for Treatment** from the *Reason for Treatment* dropdown menu.



9. If ***Other*** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **reason for treatment** in the subsequent textbox: *If other, please specify*.

10. If applicable, enter **additional notes about the treatment** in the *Additional Information* textbox.

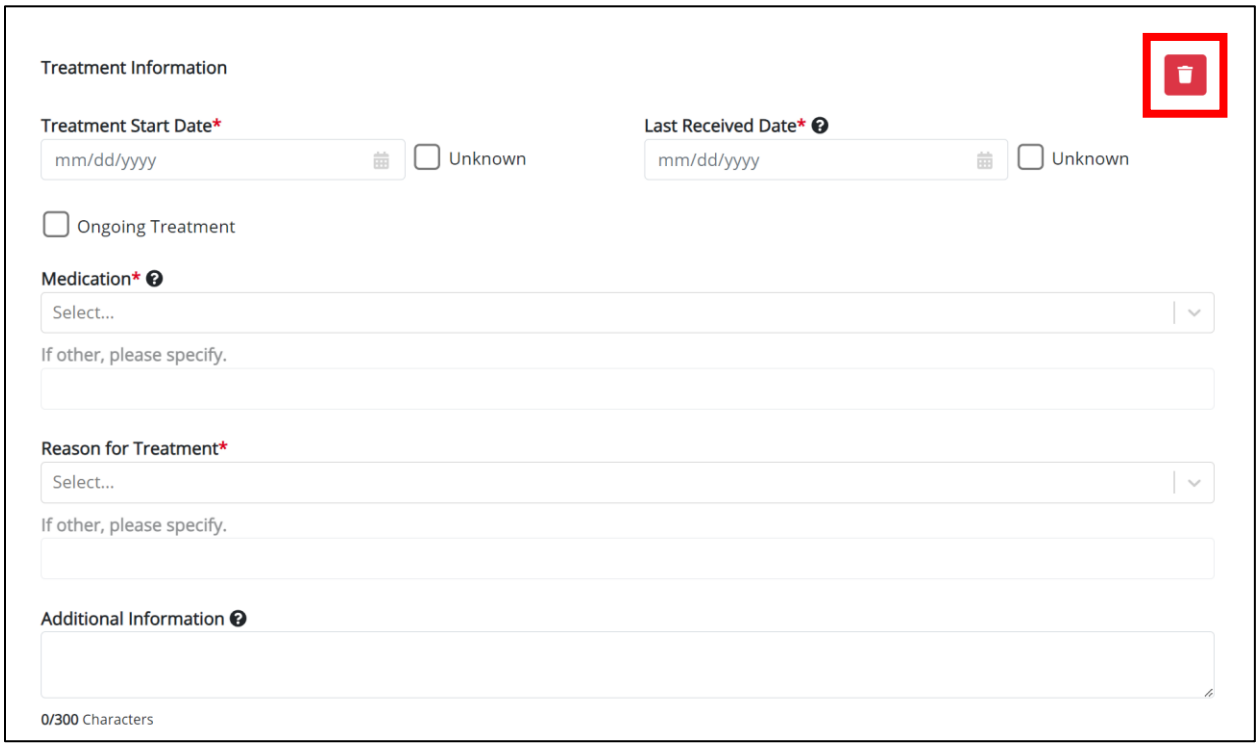


Adding Multiple Treatments

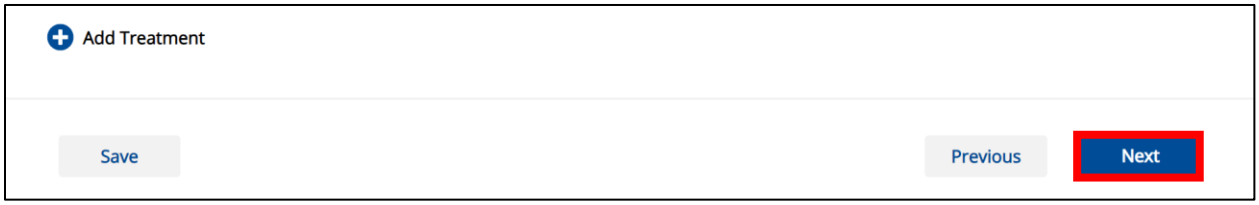
11. Click **Add Treatment** to log the details for multiple treatments. This means that you can easily enter additional treatment details on the same patient.

Please Note: When you click the **Add Treatment** button, you must enter the details for at least one treatment.

12. To delete an additional treatment section, click the **Trash Bin Icon** located at the top right.



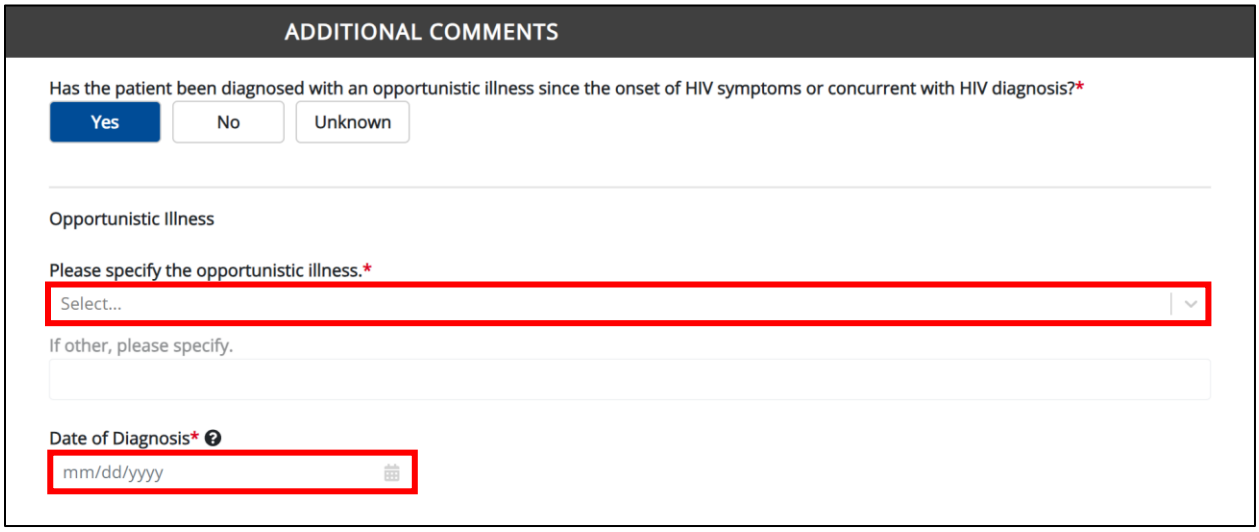
13. Once complete, click **Next** to proceed to the **Additional Comments** screen.



11 Adult HIV Additional Comments

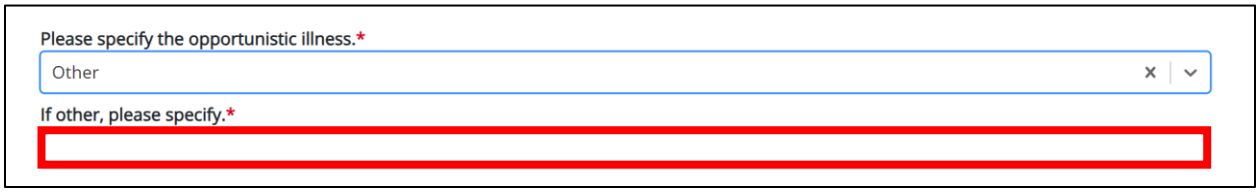
1. On the **Additional Comments** screen, select the appropriate answer for the conditional question at the top: *Has the patient been diagnosed with an opportunistic illness since the onset of HIV symptoms or concurrent with HIV diagnosis*?

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



3. Select the **opportunistic illness** from the dropdown menu for the field: *Please specify the opportunistic illness.*

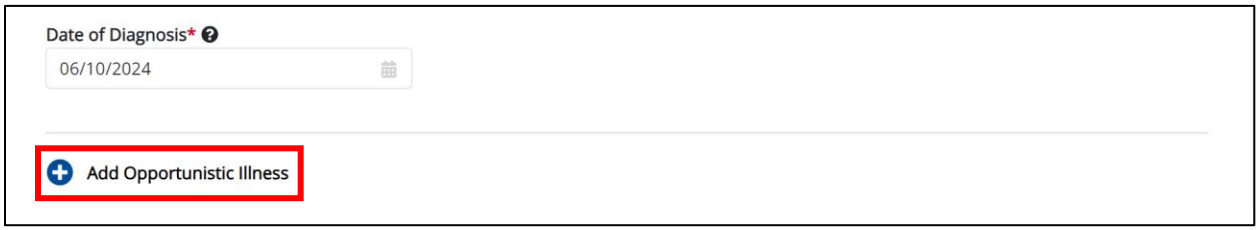
4. If ***Other*** is selected, enter the **other opportunistic illness** in the textbox for the field: *If other, please specify.*



5. Enter the **Date of Diagnosis**. If the date of diagnosis is unknown, click the ***Unknown*** checkbox.

Adding Multiple Opportunistic Illnesses

6. Click **Add Opportunistic Illness** to log the details for opportunistic illnesses. This means that you can easily enter additional opportunistic illness details on the same patient.



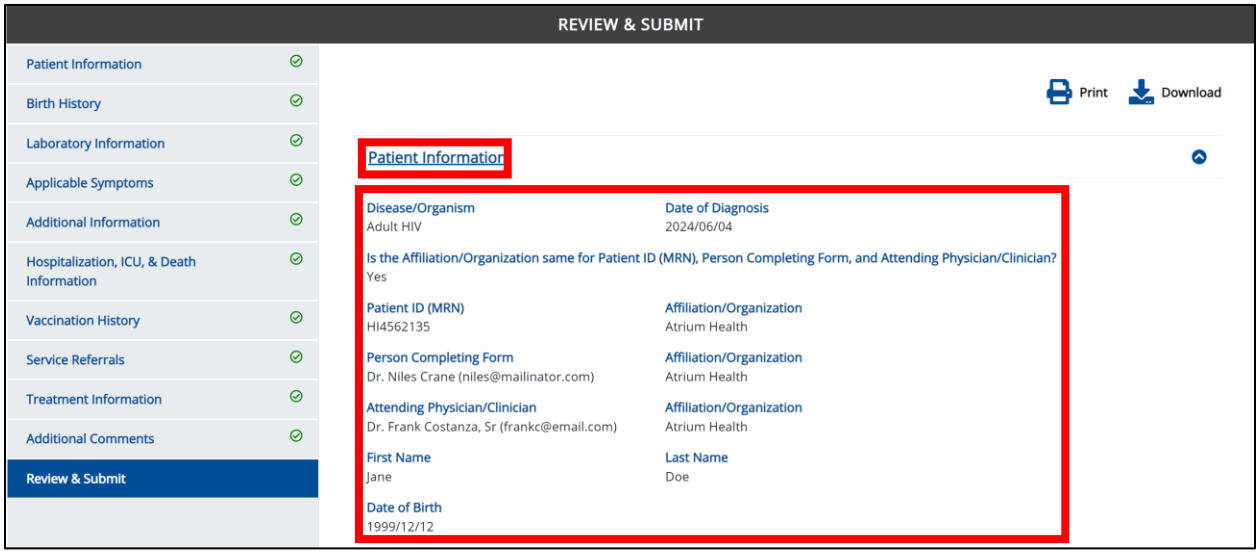
Please Note: When you click the **Add Opportunistic Illness** button, you must enter the details for at least one opportunistic illness.

7. To delete an additional opportunistic illness section, click the **Trash Bin Icon** located at the top right.

8. If applicable, enter **additional notes about the opportunistic illness** in the textbox: *Please include additional comments or notes, if applicable*.
9. Once complete, click **Next** to proceed to the **Review and Submit** screen.

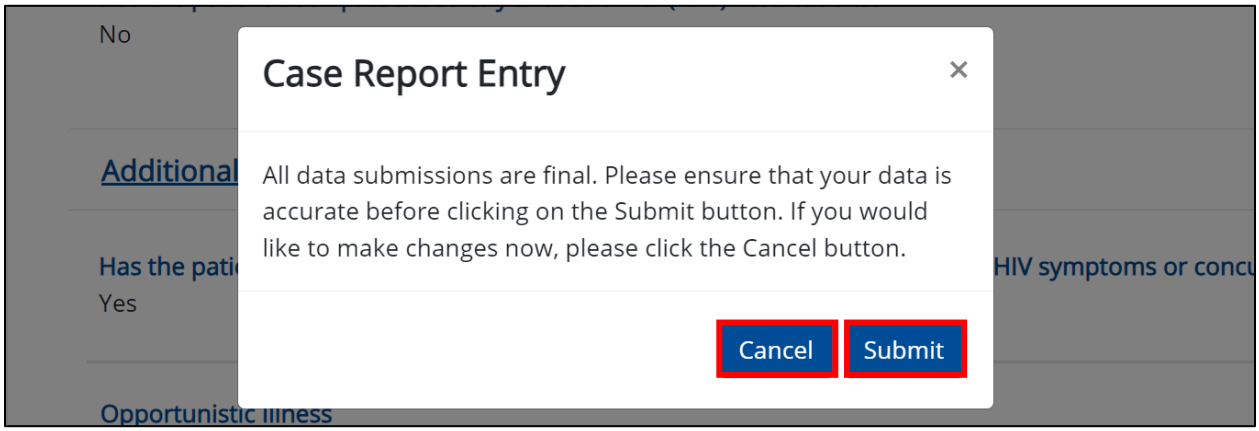
12 Adult HIV Review and Submit

1. On the **Review and Submit** screen, review the summary of information you have entered. Click the **appropriate section header** to make edits to the section's information.



2. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the Adult HIV Case Report Entry.

3. All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.

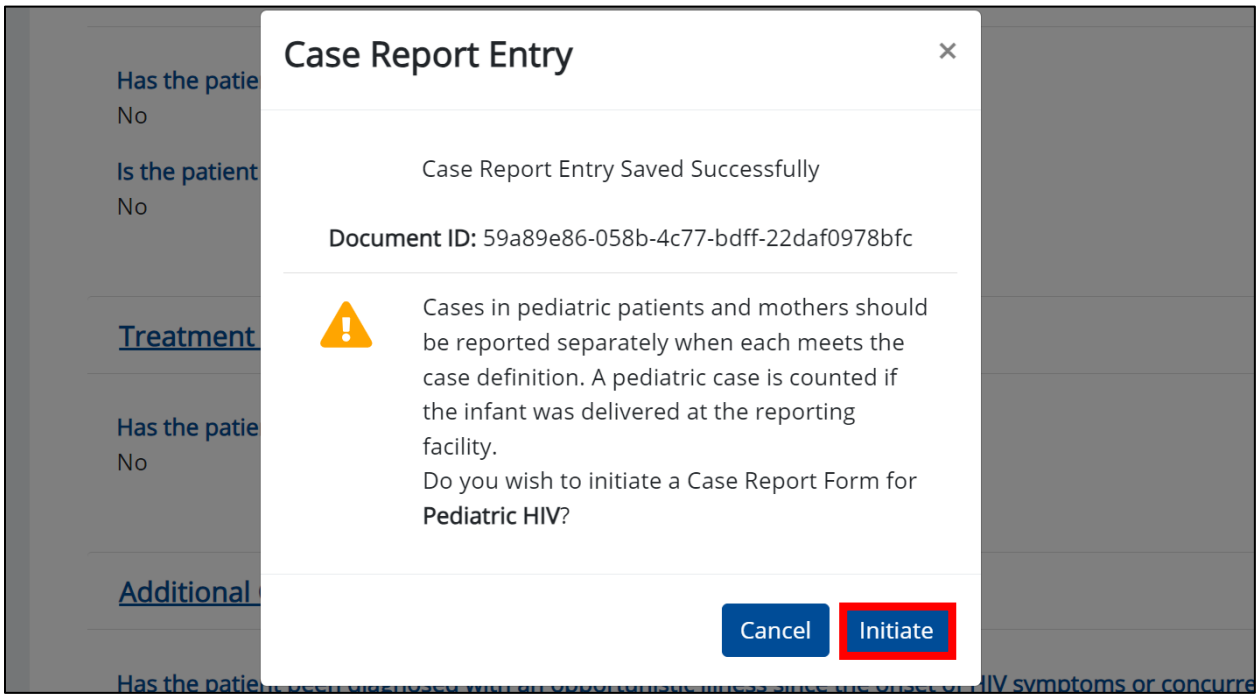


Please Note: Once a case report has been submitted, it is final. Should you later discover that you have entered inaccurate information, please use the **Support Tab** in the ePartnerViewer to report this information.

4. If ***Yes*** was selected for the *Was the infant delivered at the reporting facility?* field on the **Patient Information** screen, then the *Case Report Entry* pop-up displays the following message:

    - *Cases in pediatric patients and mothers should be reported separately when each meets the case definition. A pediatric case is counted if the infant was delivered at the reporting facility. Do you wish to initiate a Case Report Form for* ***Pediatric HIV?***

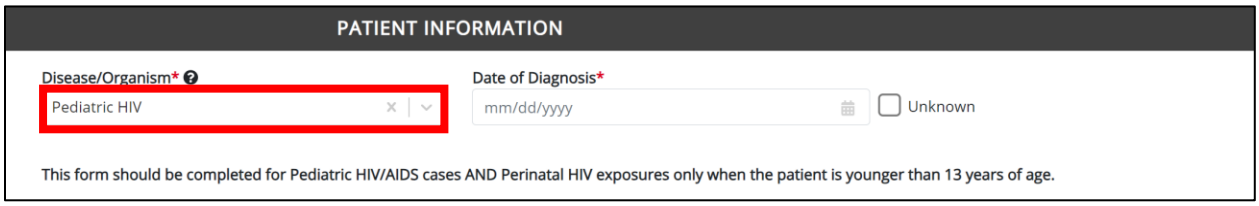
5. This pop-up allows you to create a new Pediatric HIV Case Report Form for the patient's child. To initiate a Pediatric Case Report for the patient's child, click **Initiate** on the pop-up.



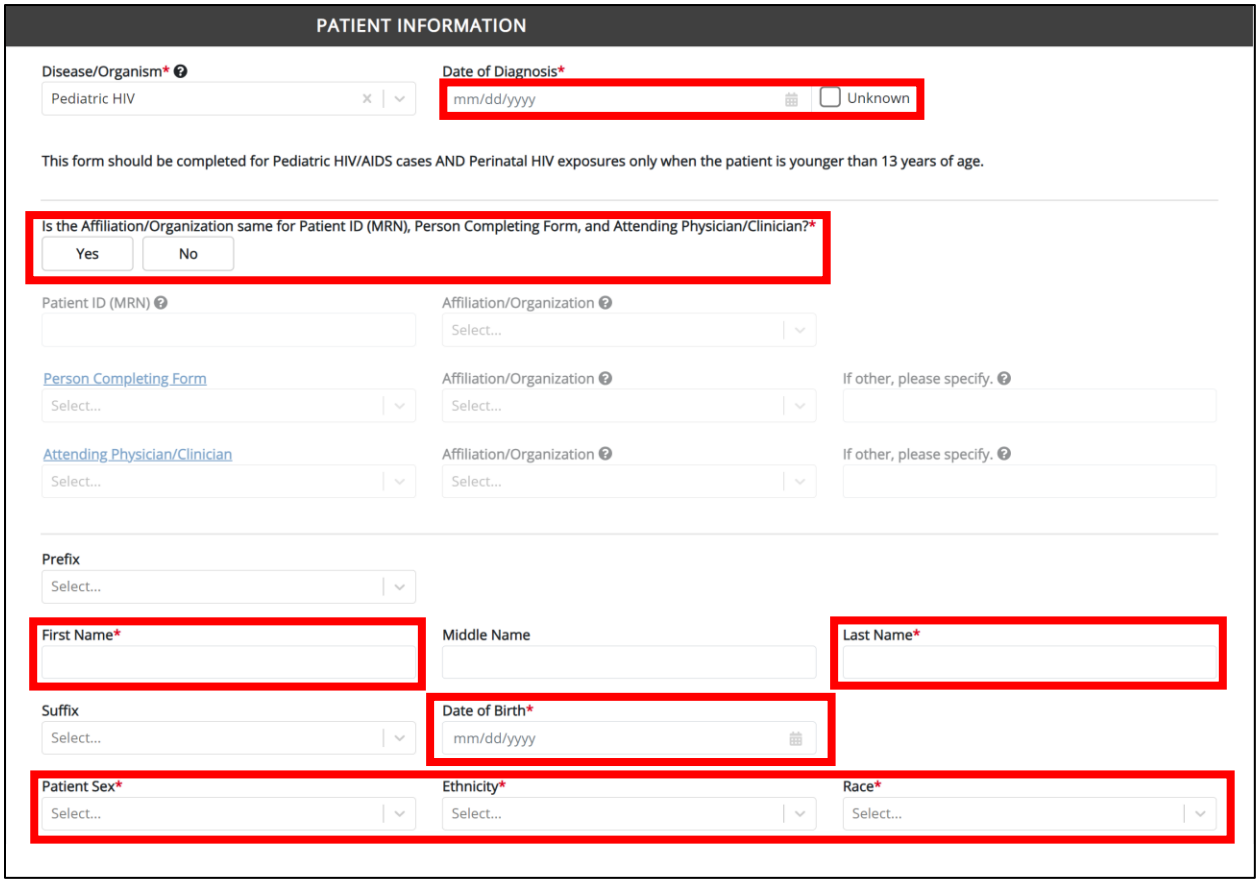
Please Note: Upon clicking **Initiate** on the *Case Report Entry* pop-up, you are automatically navigated to the **Patient Information** screen of the Human Immunodeficiency Virus (HIV) Case Report with **Pediatric HIV** preselected for the *Disease/Organism* field.

13 Pediatric HIV Patient Information

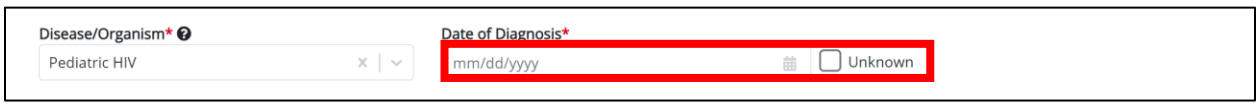
1. Upon clicking **Initiate** on the *Case Report Entry* pop-up after submitting the Adult HIV Case Report, you are automatically navigated to the **Patient Information** screen of the Human Immunodeficiency Virus (HIV) Case Report with **Pediatric HIV** preselected for the *Disease/Organism* field.



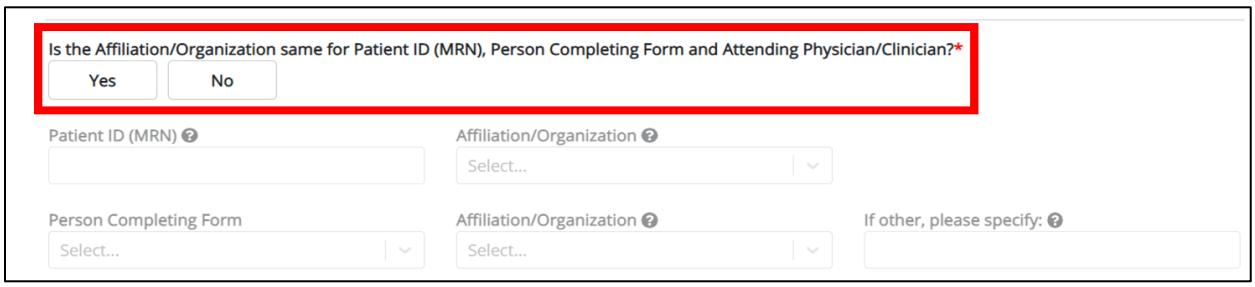
2. You must complete the mandatory fields on the **Patient Information** screen.



3. Enter the **Date of Diagnosis**. If the Date of Diagnosis is unknown, click the ***Unknown*** checkbox.



4. Select the **appropriate answer** for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

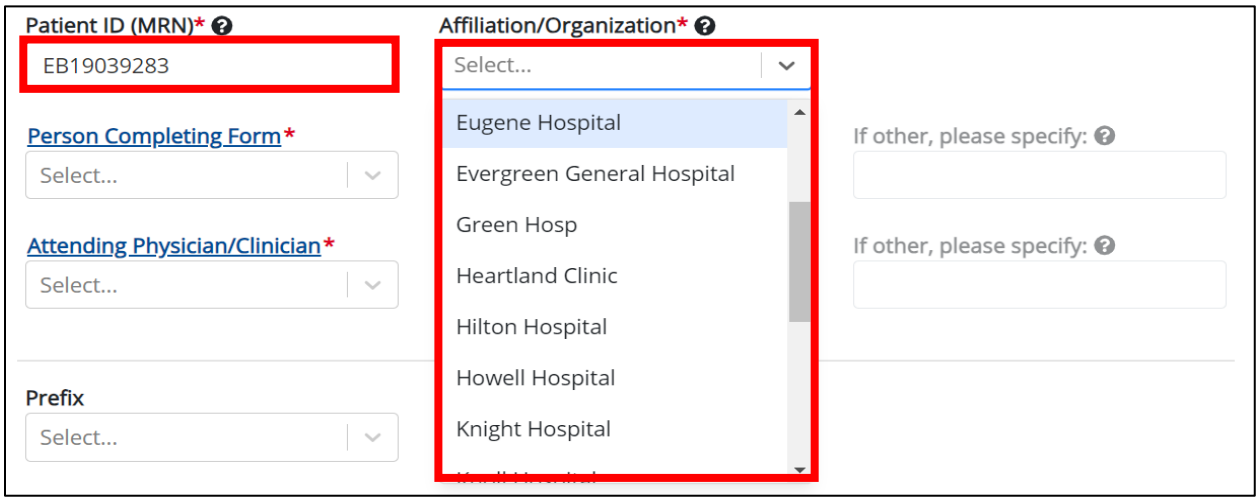


- Click ***Yes*** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- Click ***No*** to select a **different** Affiliation/Organization for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.

5. Enter the patient's **Medical Record Number (MRN)** in the *Patient ID (MRN)* field. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you MUST create a way to uniquely identify your patient so that the patient is registered in the KHIE system.

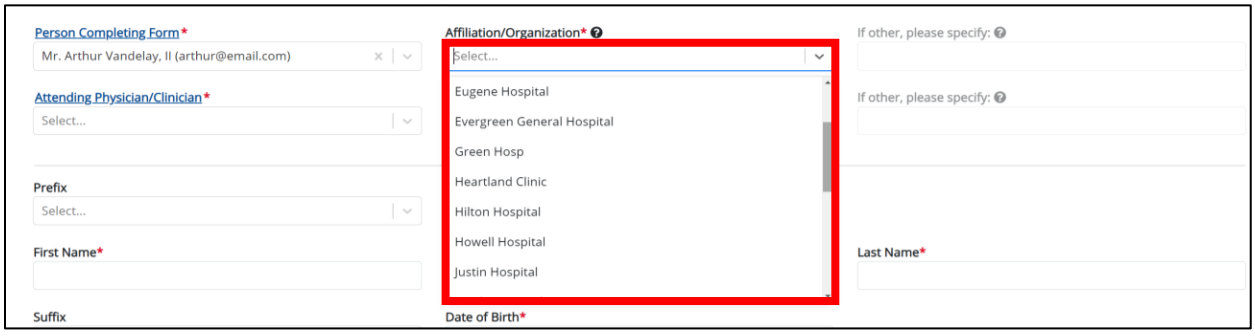
6. From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).



Please Note: If ***Yes*** is selected for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?* the same Affiliation/Organization will apply to each. The *Affiliation/Organization* field is enabled only for the Patient ID (MRN).

7. From the dropdown menu, select the name of the **Person Completing Form**.

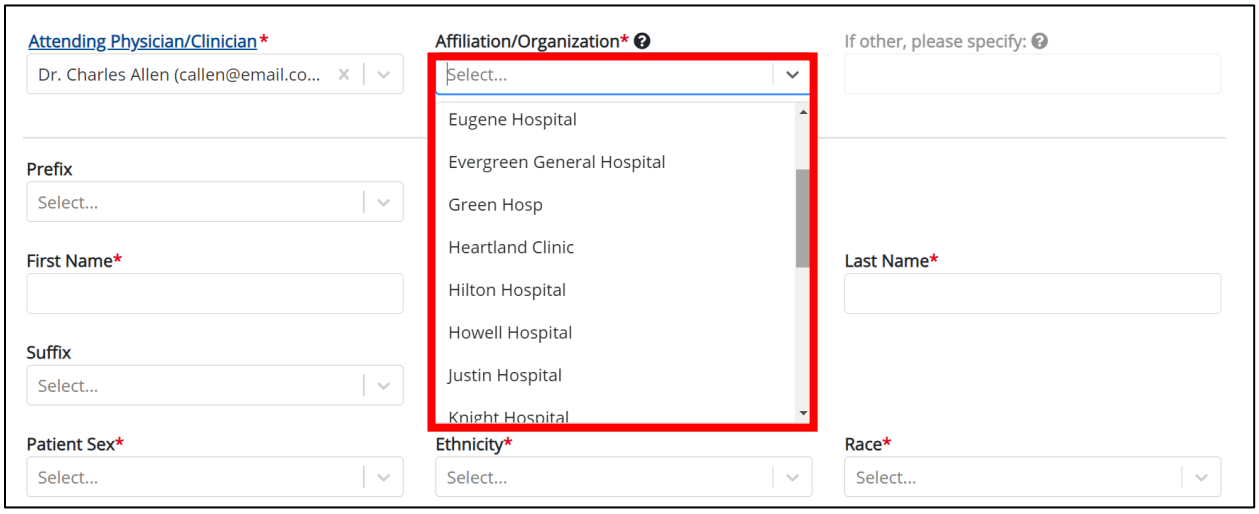
8. If applicable, select the **Affiliation/Organization** that applies to the Person Completing the Form.



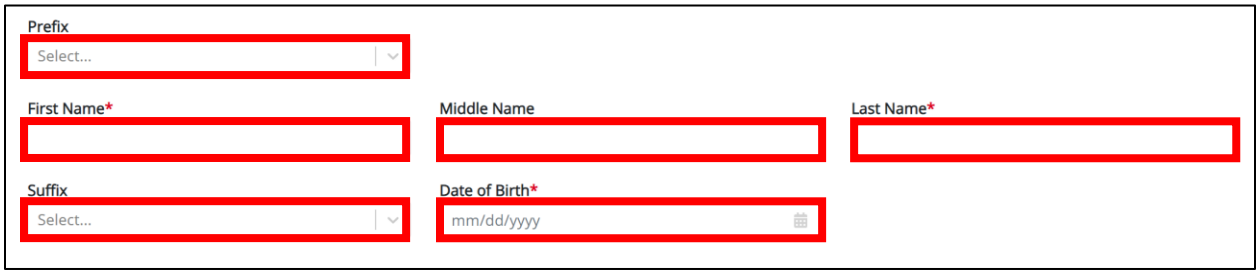
Please Note: The *Affiliation/Organization* field that applies to the Person Completing Form is enabled only if you selected ***No*** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician*?

9. Select the **Attending Physician/Clinician** from the dropdown menu.

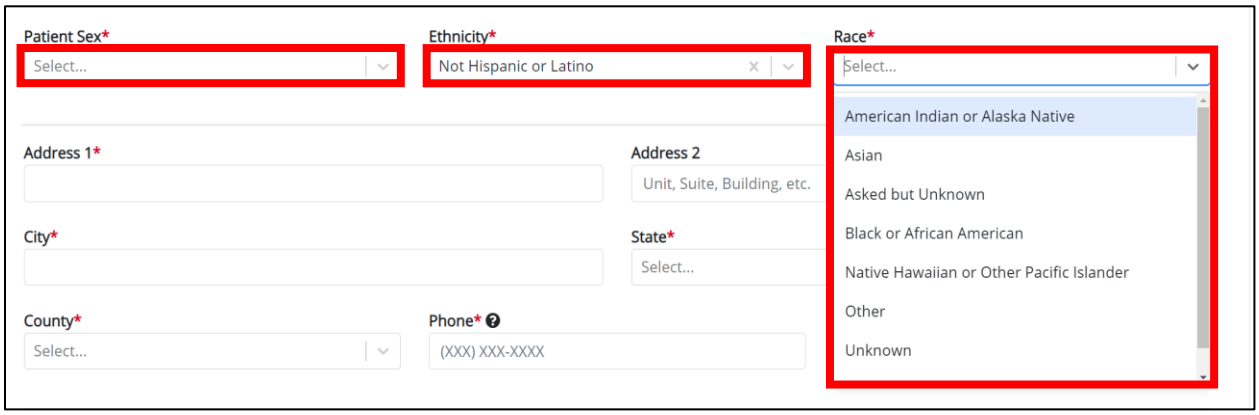
10. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.



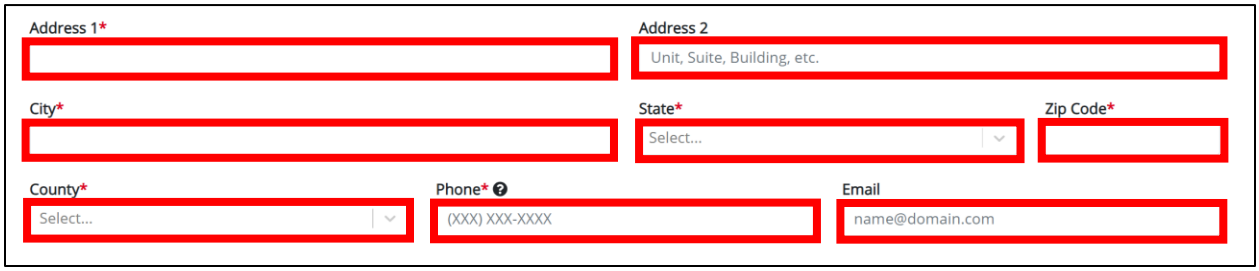
11. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.
12. Enter the patient's **First Name** and **Last Name**.
13. If available, enter the patient's **Middle Name**.
14. Enter the patient's **Date of Birth**.



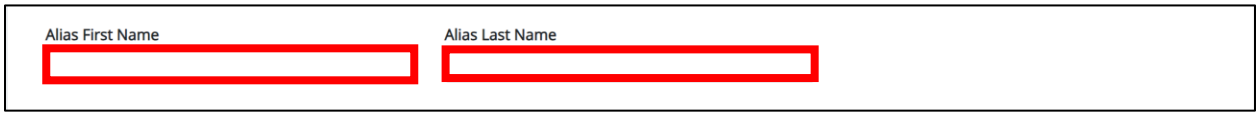
15. Select the **Patient Sex** from the dropdown menu.
16. Select the patient's **Ethnicity** and **Race** from the appropriate dropdown menus.



17. Enter the patient's **Street Address**, **City**, **State**, **Zip Code**, and **County**.
18. Enter the patient's **Phone Number**.
19. If available, enter the patient's **Email Address**.



20. If applicable, enter the **patient's alias** in the textboxes for the field: *Alias First Name* and *Alias Last Name*.



21. Select the **type of patient visit** from the *Visit Type* dropdown menu.

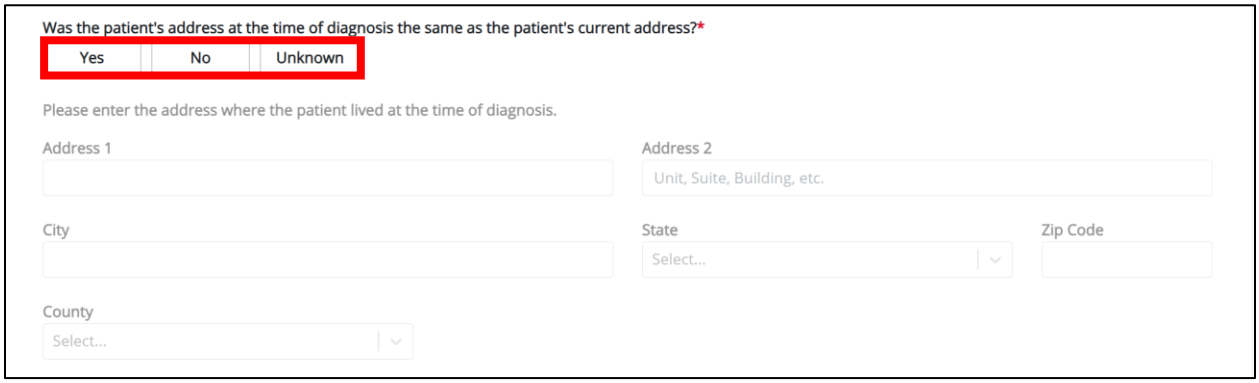
- The *Encounter ID/Visit #* field allows Users to enter a **unique 20-digit Encounter ID/Visit #**.

- The ***Encounter ID/Visit #*** hyperlink allows Users to view the *Patient Case History* which includes the historical case report details and Encounter IDs (when available) that were previously submitted for the patient. The *Patient Case History* search is based on the **Patient First Name**, **Last Name,** and **Patient ID (MRN)** entered.

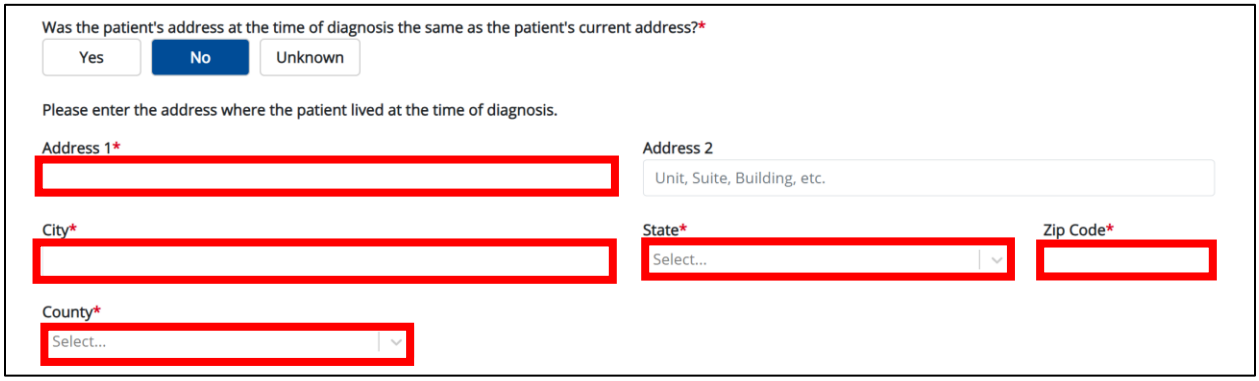
- The ***Generate*** checkbox triggers the system to generate a **unique 20-digit Encounter ID/Visit #** if the Encounter ID/Visit # is unknown.

- Upon clicking the ***Generate*** checkbox, the *Encounter ID/Visit #* field will be grayed out and disabled. The *Encounter ID/Visit #* field will display the system-generated Encounter ID/Visit # only <u>after</u> the **Patient Information** screen has been completed and saved.

22. Select the **appropriate answer** for the conditional question: *Was the patient's address at the time of diagnosis the same as the patient's current address?*



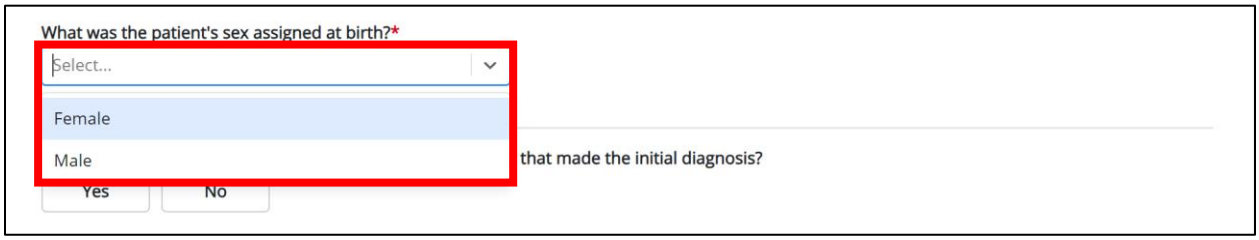
23. If ***No*** is selected for the conditional question, the subsequent address at the time of diagnosis fields on the screen are enabled. You must complete the required fields on the screen.
24. Enter the patient's **Street Address**, **City**, **State**, **Zip Code**, and **County at the time of diagnosis**.
25. Enter the patient's **Phone Number**.
26. If available, enter the patient's **Email Address**.



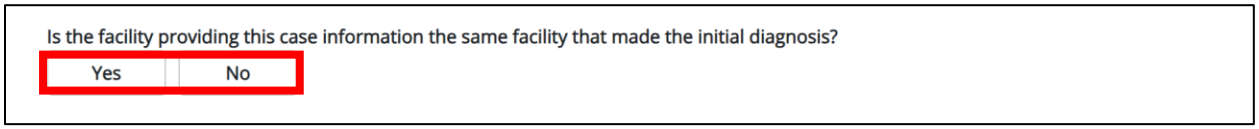
27. If known, enter the **patient's social security number** in the textbox for the filed: *What is the patient's social security number?*

- Click the **eye icon** to show the values entered in the textbox.

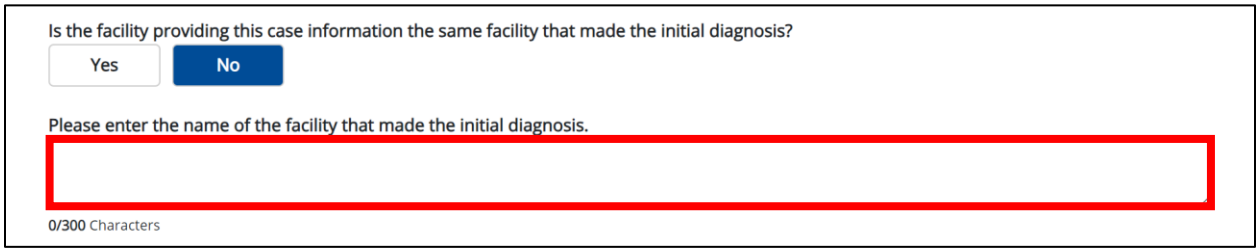
28. Select the **appropriate answer** from the dropdown menu for the conditional question: *What was the patient's sex assigned at birth?*



29. Select the **appropriate answer** for the conditional question: *Is the facility providing this case information the same facility that made the initial diagnosis?*



30. If ***No*** is selected, the subsequent field is enabled. If known, enter the **name of the facility that made the initial diagnosis** in the textbox field: *Please enter the name of the facility that made the initial diagnosis*.



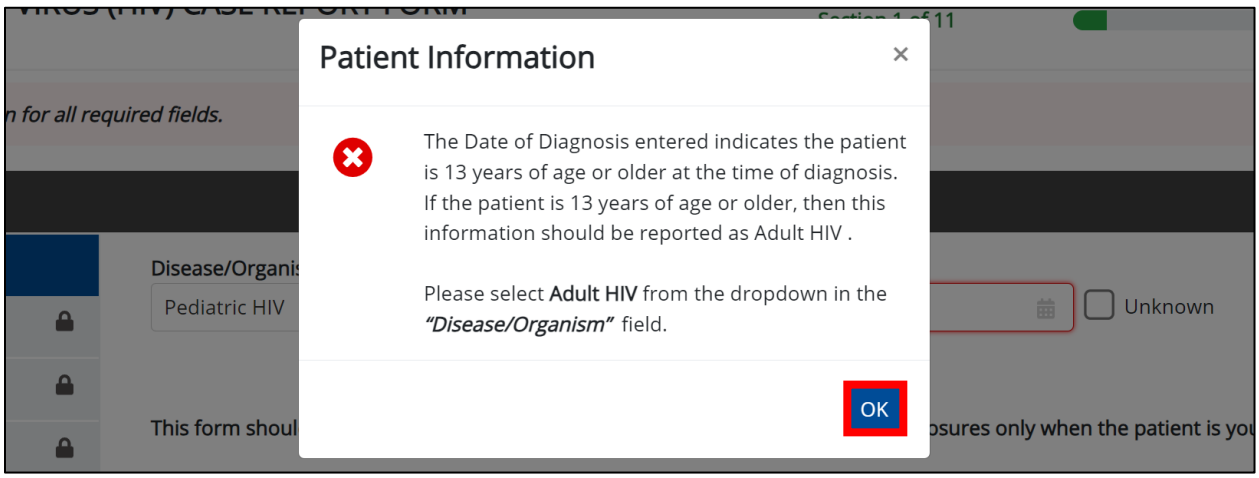
31. When the **Patient Information** screen has been completed, click **Save** to save your progress or click **Next** to proceed to the **Birth History** screen.

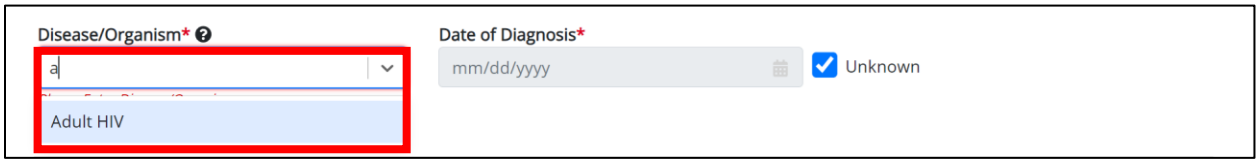
32. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following message when the Date of Diagnosis entered indicates the patient is 13 years of age or older.

33. *The Date of Diagnosis entered indicates the patient is 13 years of age or older at the diagnosis. If the patient is 13 years of age or older, then this information should be reported as Adult HIV.*

34. To update the Date of Diagnosis, click ***OK*** to close the *Patient Information* pop-up and enter the **appropriate Date of Diagnosis** to indicate the patient is younger than 13 years of age.

35. To log the information as an Adult HIV Case Report, select **Adult HIV** from the *Disease/Organism* field.

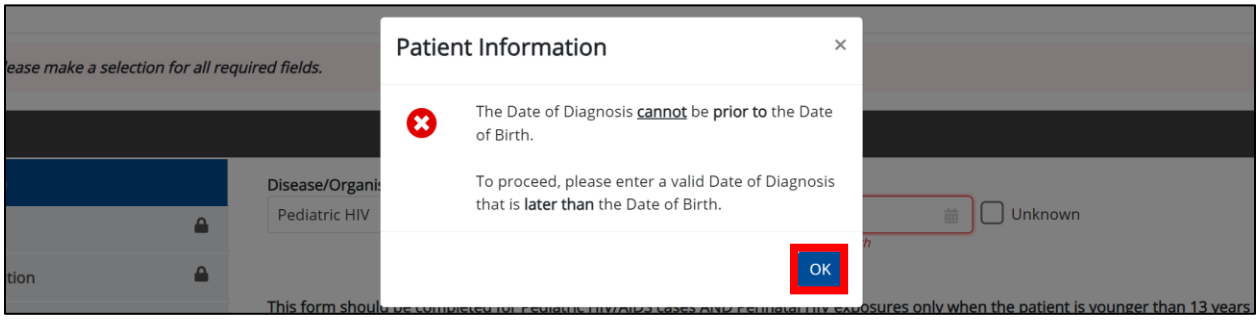




36. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following message when the Date of Diagnosis entered occurs before the patient's Date of Birth.

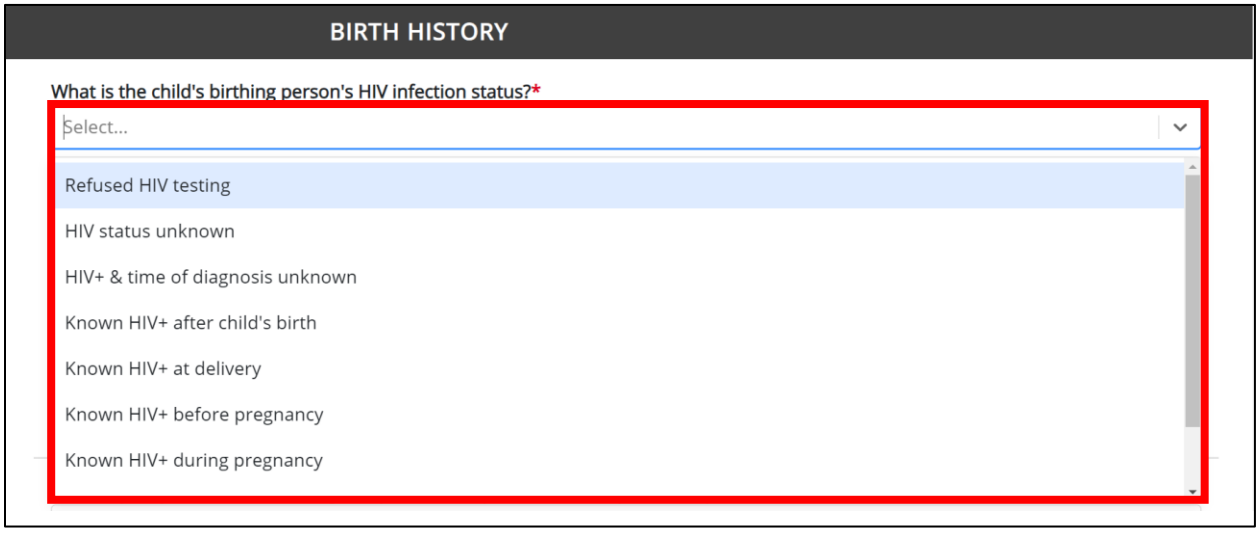
- *The Date of Diagnosis cannot be **prior to** the Date of Birth. To proceed, please enter a valid Date of Diagnosis that is **later than** the Date of Birth.*

37. To update the Date of Diagnosis, click ***OK*** to close the *Patient Information* pop-up and enter the **appropriate Date of Diagnosis**.

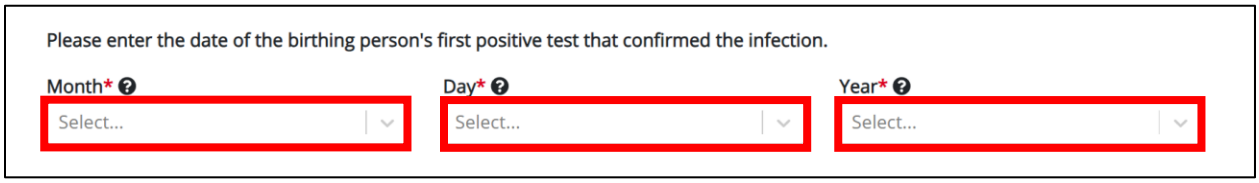


14 Pediatric HIV Birth History

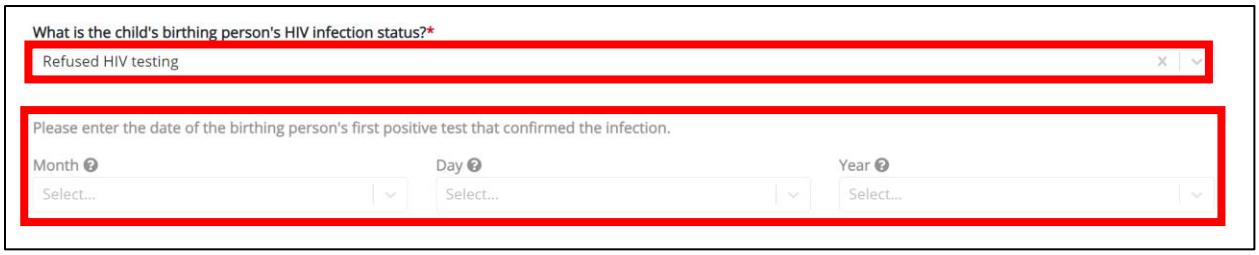
1. On the **Birth History** screen, select the appropriate answer for the conditional question at the top: *What is the child's birthing person's HIV infection status?*



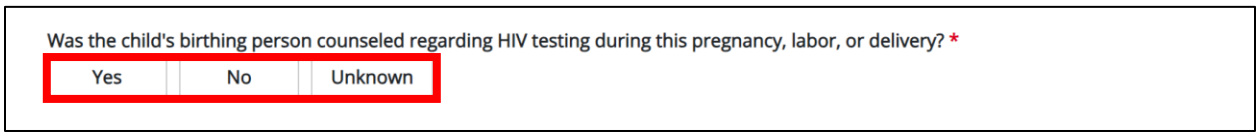
2. If applicable, enter the **date of the birthing person's first positive test that confirmed the infection** in the *Month, Day,* and *Year* fields.



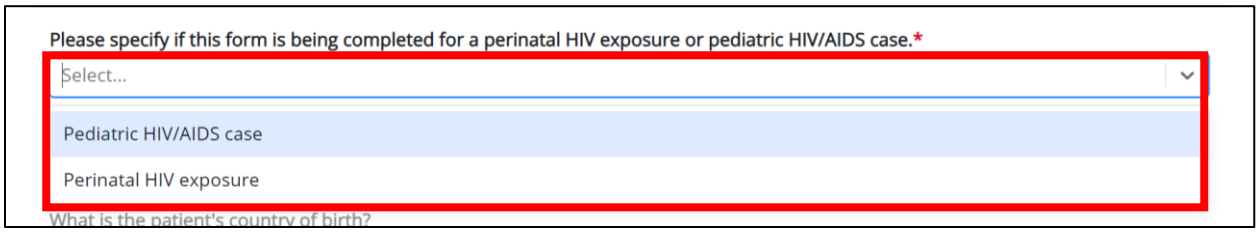
Please Note: If *Refused HIV Testing* or *HIV status unknown* are selected for the *What is the child's birthing person's HIV infection status?* field, then the *Month, Day* and *Year* fields are disabled.



3. Select the **appropriate answer** for the field: *Was the child's birthing person counseled regarding HIV testing during the pregnancy, labor, or delivery?*



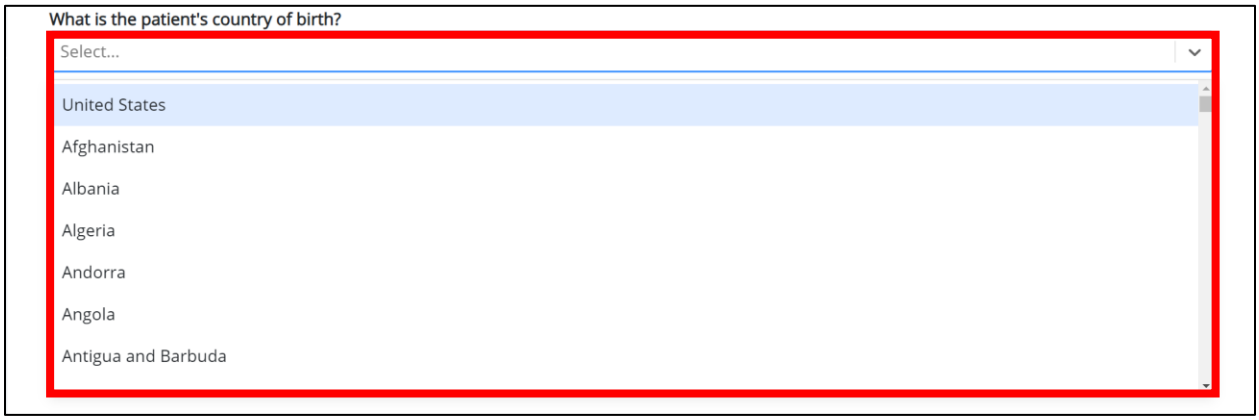
4. Select the **appropriate answer** from down menu for the field: *Please specify if this form is being completed for a perinatal HIV exposure or pediatric HIV/AIDS case.*



Please Note: Upon clicking **Next** to proceed to the **Applicable Symptoms** screen, Users will not be able to change the selection for the field: *Please specify if this form is being completed for a perinatal HIV exposure or pediatric HIV/AIDS case.*

5. Select the **appropriate answer** for the conditional question: *Is the patient's birth history available?*

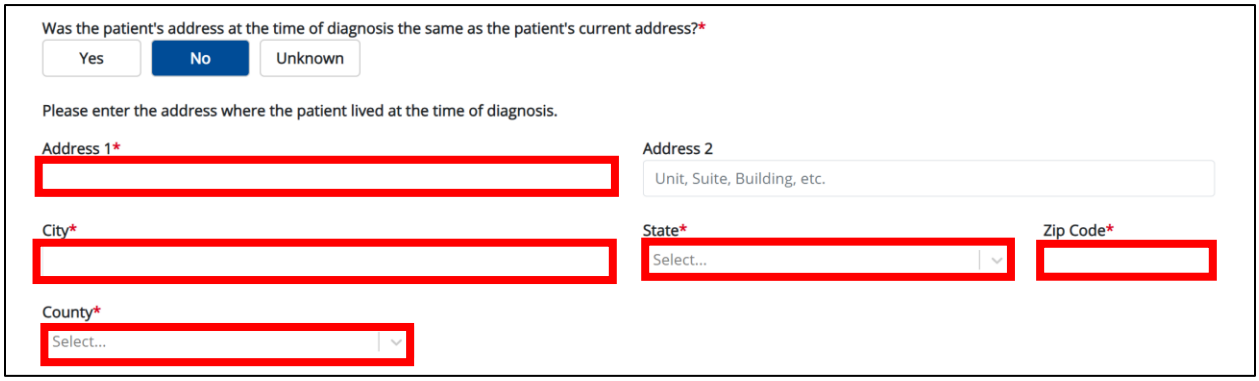
6. If ***Yes*** is selected, select the **appropriate answer** from the dropdown menu for the field: *What is the patient's country of birth.*



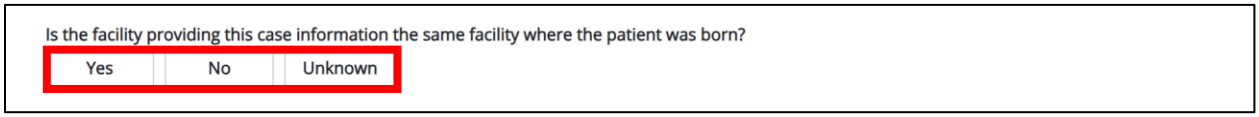
7. Select the **appropriate answer** for the conditional question: *Was the patient's address at the time of diagnosis the same as the patient's current address?*

8. If ***No*** is selected for the conditional question, the subsequent address at the time of diagnosis fields on the screen are enabled. You must complete the required fields on the screen.

9. Enter the address where the patient was living at the time of diagnosis. Include the **Street Address**, **City**, **State**, **Zip Code**, and **County**.



10. Select the **appropriate answer** for the conditional question: *Was the patient's address at the time of birth the same as the patient's current address?*

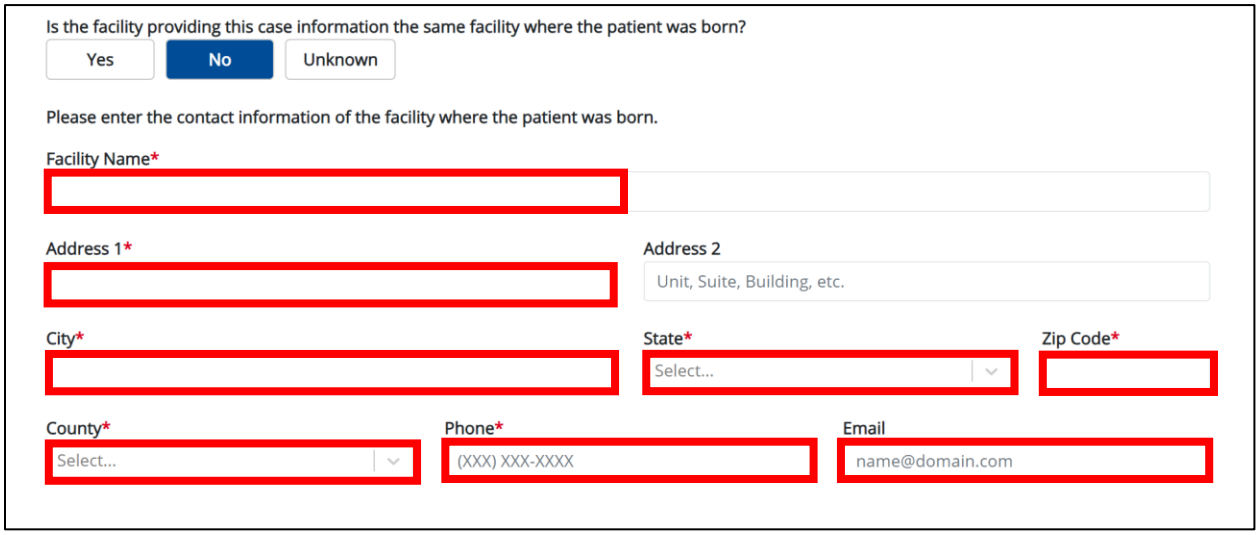


11. If ***No*** is selected for the conditional question, the subsequent facility contact information fields on the screen are enabled. You must complete the required fields on the screen.

12. Enter the **Facility Name**, **Street Address**, **City**, **State**, **Zip Code**, and **County** of the facility where the patient was born.

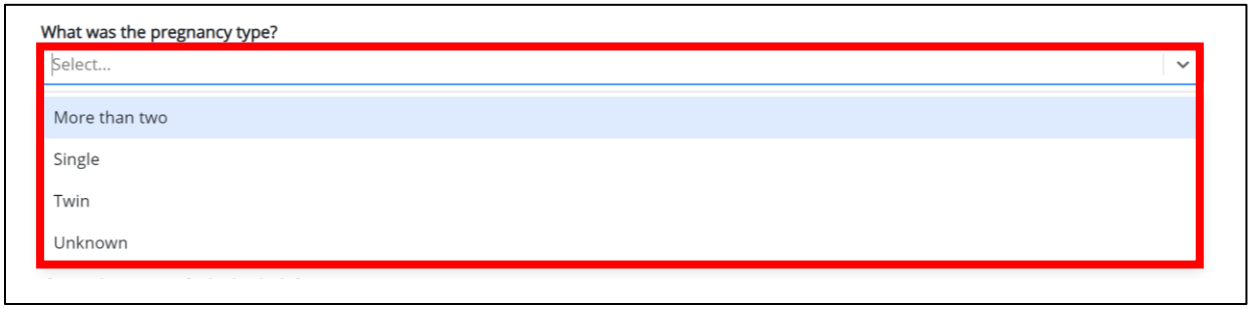
13. Enter the **Phone Number** of the facility where the patient was born.

14. If applicable, enter the **Email** of the facility where the patient was born.

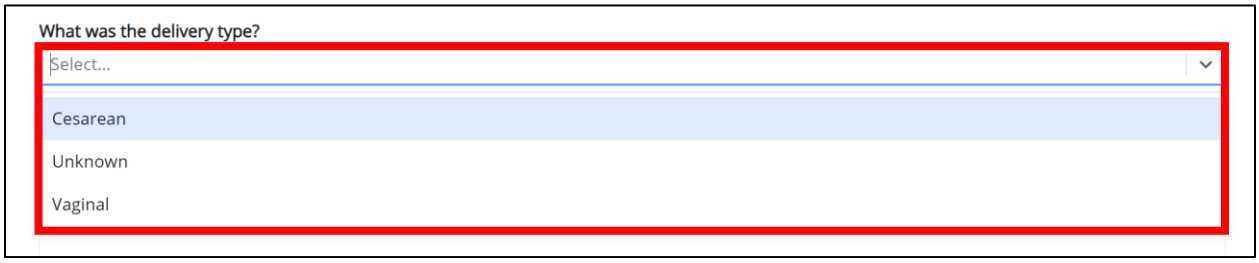


15. Enter the **patient's birth weight** in the *lb* and *oz* textboxes.

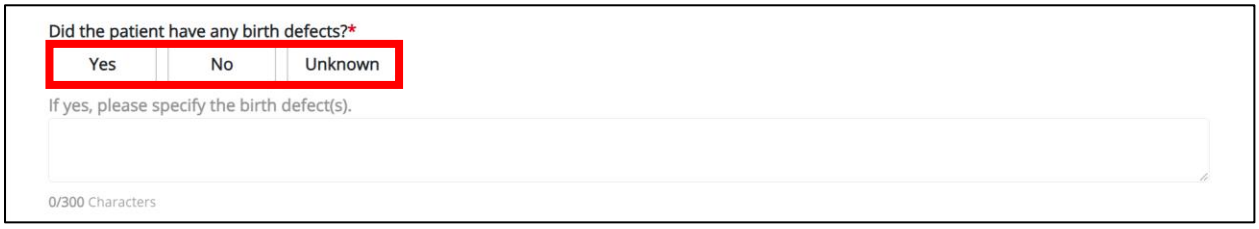
16. Select the **appropriate answer** for the dropdown menu for the field: *What was the pregnancy type?*



17. Select the **appropriate answer** for the dropdown menu for the field: *What was the delivery type?*

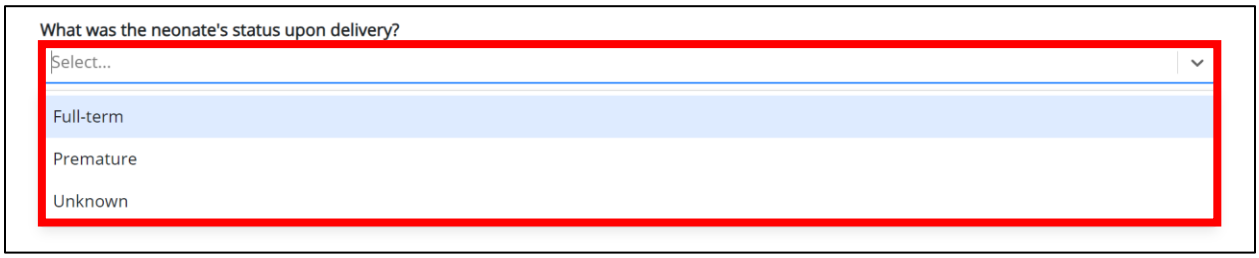


18. Select the **appropriate answer** for the conditional question: *Did the patient have any birth defects?*

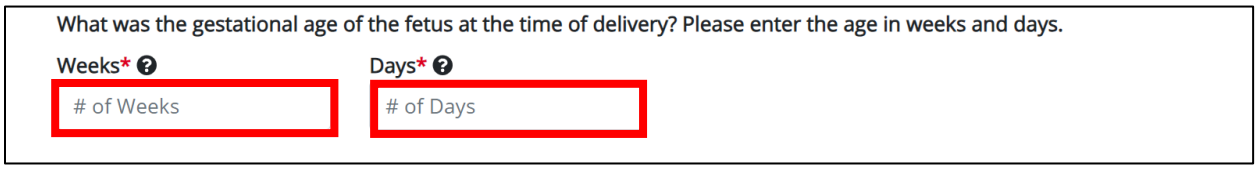


19. If ***Yes*** is selected, enter the **patient's birth defect(s)** in the textbox for the field: *If yes, please specify the birth defect(s).*

20. Select the **appropriate answer** for the dropdown menu for the field: *What was the neonate's status upon delivery?*

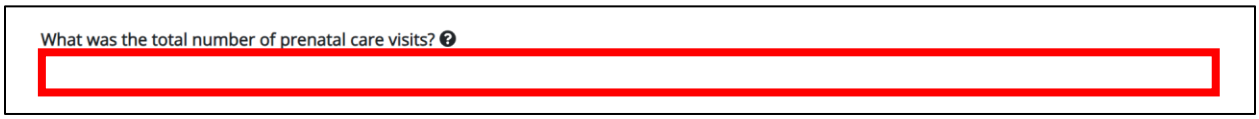


21. Enter the **gestational age of the fetus at the time of delivery in weeks and days** in the *Weeks* and *Days* textboxes for the field: *What was the gestational age of the fetus at the time of delivery? Please enter the age in weeks and days.*

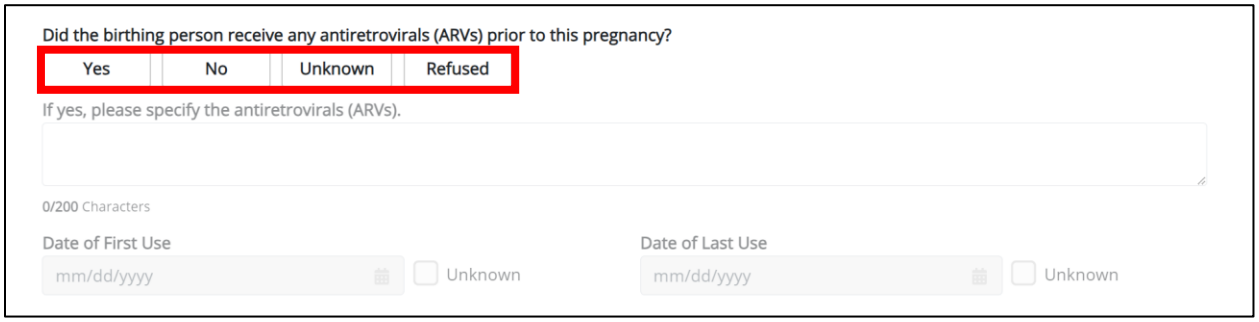


22. If known, enter the **gestational age of the fetus when prenatal care visits began.** Enter the **age in weeks** in the *Weeks* textbox for the field: *At what gestational age did prenatal care visits begin?*

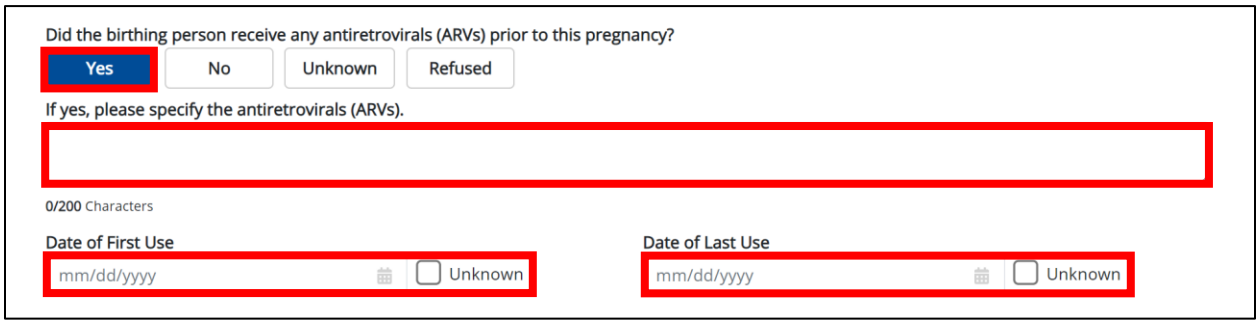
23. If known, enter the **total number of prenatal care visits** in the textbox for the field: *What was the total number of prenatal care visits?*



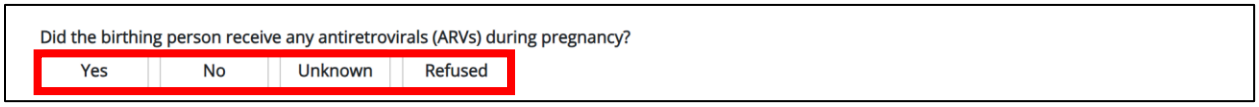
24. Select the **appropriate answer** for the conditional question: *Did the birthing person receive any antiretrovirals (ARVs) prior to this pregnancy?*



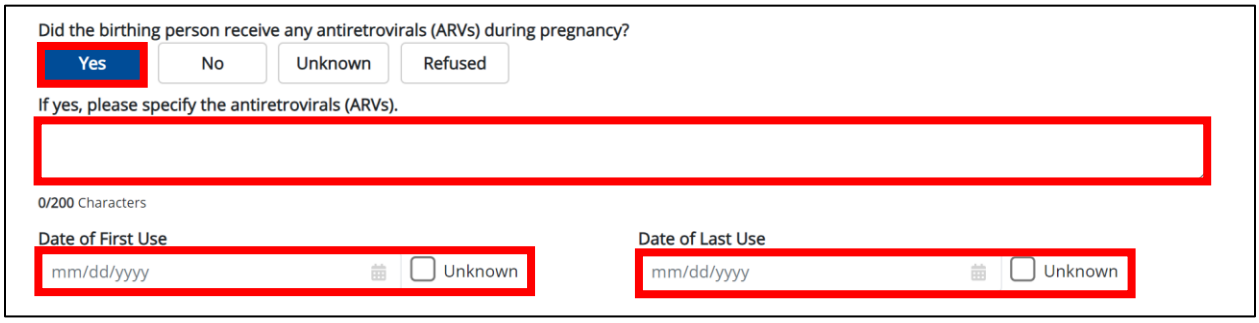
25. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.
26. If known, enter the **ARVs taken prior to this pregnancy** in the textbox for the field: *If yes, please specify the antiretrovirals (ARVs).*
27. Enter the **Date of First Use** and **Date of Last Use**. If the date of first use or date of last use are unknown, click the ***Unknown*** checkbox.



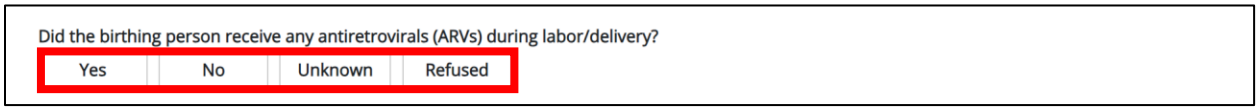
28. Select the **appropriate answer** for the conditional question: *Did the birthing person receive any antiretrovirals (ARVs) during pregnancy?*



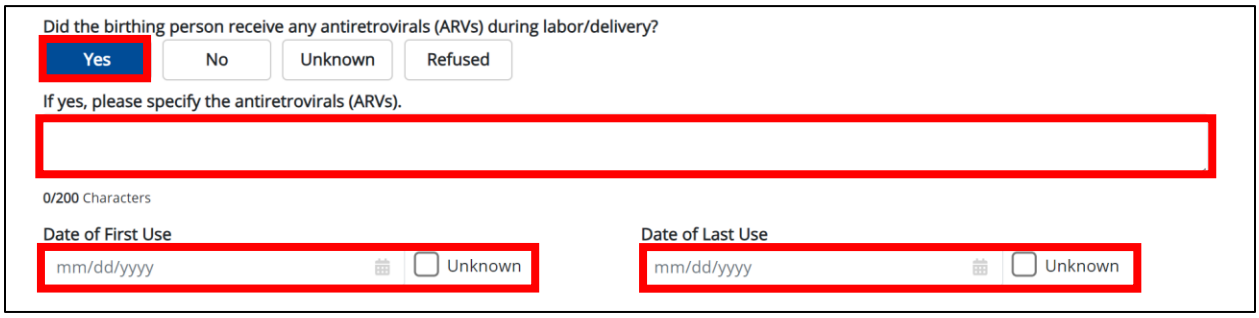
29. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.
30. If known, enter the **ARVs taken during pregnancy** in the textbox for the field: *If yes, please specify the antiretrovirals (ARVs).*
31. Enter the **Date of First Use** and **Date of Last Use**. If the date of first use or date of last use are unknown, click the ***Unknown*** checkbox.



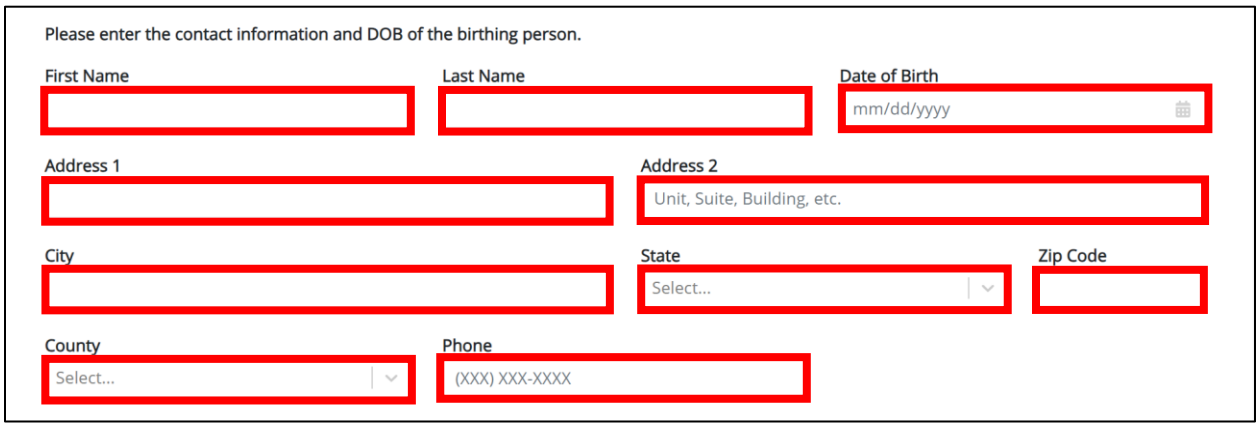
32. Select the **appropriate answer** for the conditional question: *Did the birthing person receive any antiretrovirals (ARVs) during labor/delivery?*



33. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.
34. If known, enter the **ARVs taken during labor/delivery** in the textbox for the field: *If yes, please specify the antiretrovirals (ARVs).*
35. Enter the **Date of First Use** and **Date of Last Use**. If the date of first use or date of last use are unknown, click the ***Unknown*** checkbox.

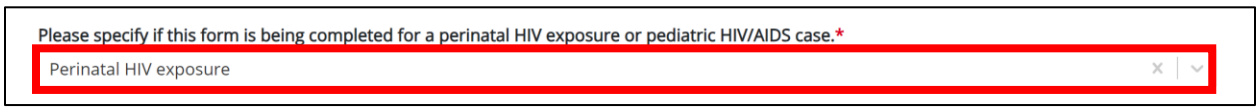


36. If known, enter the **First Name**, **Last Name**, and **Date of Birth** of the patient's birthing person.
37. If known, enter the **Street Address**, **City**, **State**, **Zip Code**, **County** and **Phone Number** of the patient's birthing person.



38. Select the **appropriate answer** from the dropdown menu for the field: *What was the child's birthing person's country of birth?*
39. Once complete, click **Next** to proceed to the **Laboratory Information** screen.

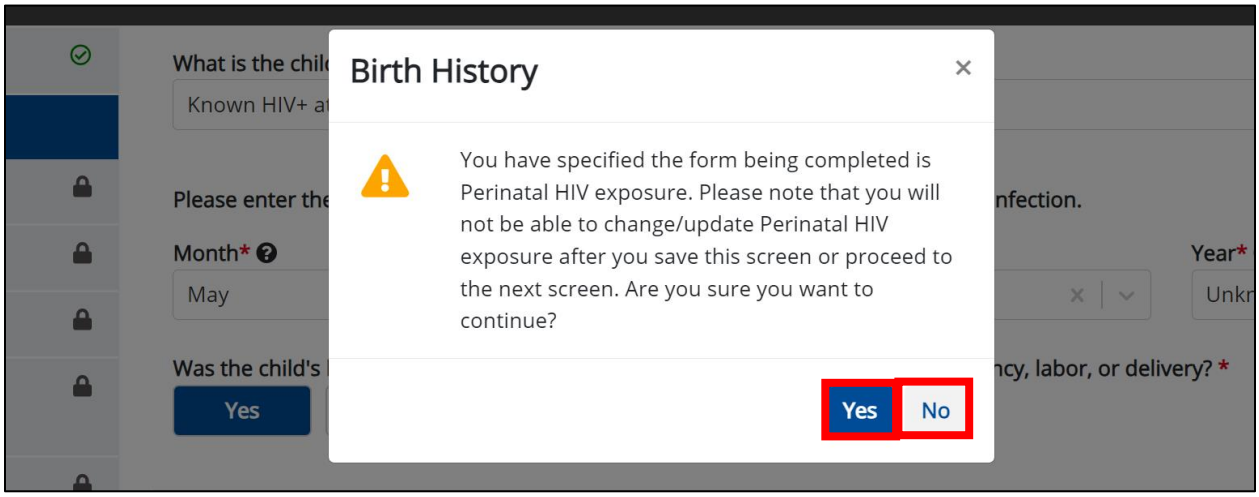
40. Upon clicking **Save** or **Next**, the *Birth History* pop-up displays the following message when you have specified the form is being completed for Perinatal HIV exposure.



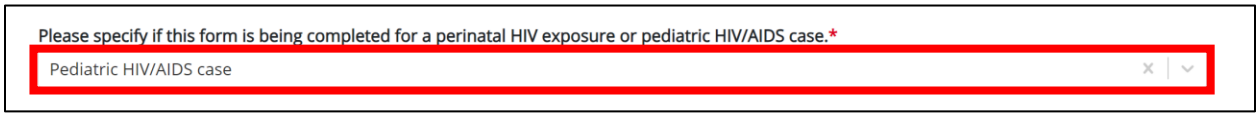
41. *You have specified the form being completed is Perinatal HIV exposure. Please note that you will not be able to change/update Perinatal HIV exposure after you save this screen or proceed to the next screen. Are you sure you want to continue?*

42. To update the form being completed, click ***No*** to close the *Birth History* pop-up and select ***Pediatric HIV/AIDS case*** from the dropdown menu for the field: *Please specify if this form is being completed for a perinatal HIV exposure or Pediatric HIV/AIDS case.*

43. If the information entered is correct, click ***Yes*** to close the *Birth History* pop-up and proceed to the **Laboratory Information** screen.



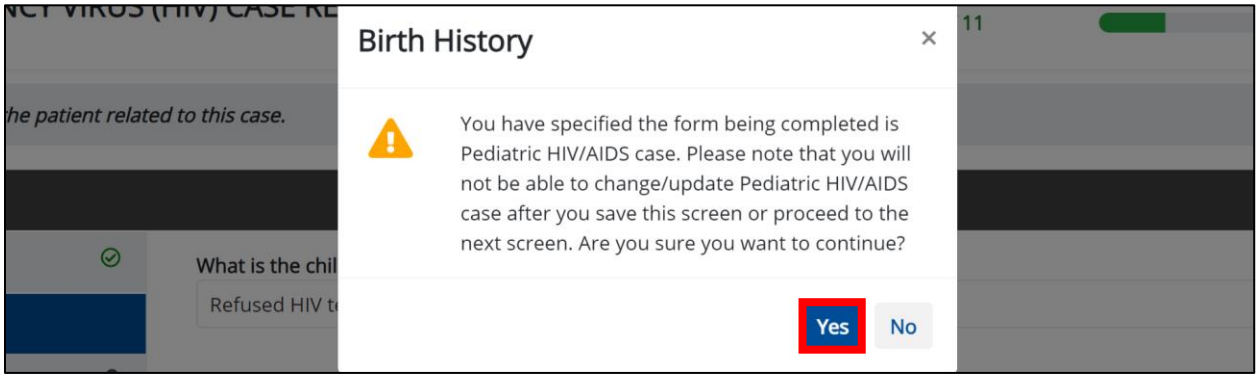
44. Upon clicking **Save** or **Next**, the *Birth History* pop-up displays the following message when you have specified the form is being completed for Pediatric HIV/AIDS case.



- *You have specified the form being completed is Pediatric HIV/AIDS case. Please note that you will not be able to change/update Pediatric HIV/AIDS case after you save this screen or proceed to the next screen. Are you sure you want to continue?*

45. To update the form being completed, click ***No*** to close the *Birth History* pop-up and select ***Perinatal HIV exposure*** from the dropdown menu for the field: *Please specify if this form is being completed for a perinatal HIV exposure or Pediatric HIV/AIDS case.*

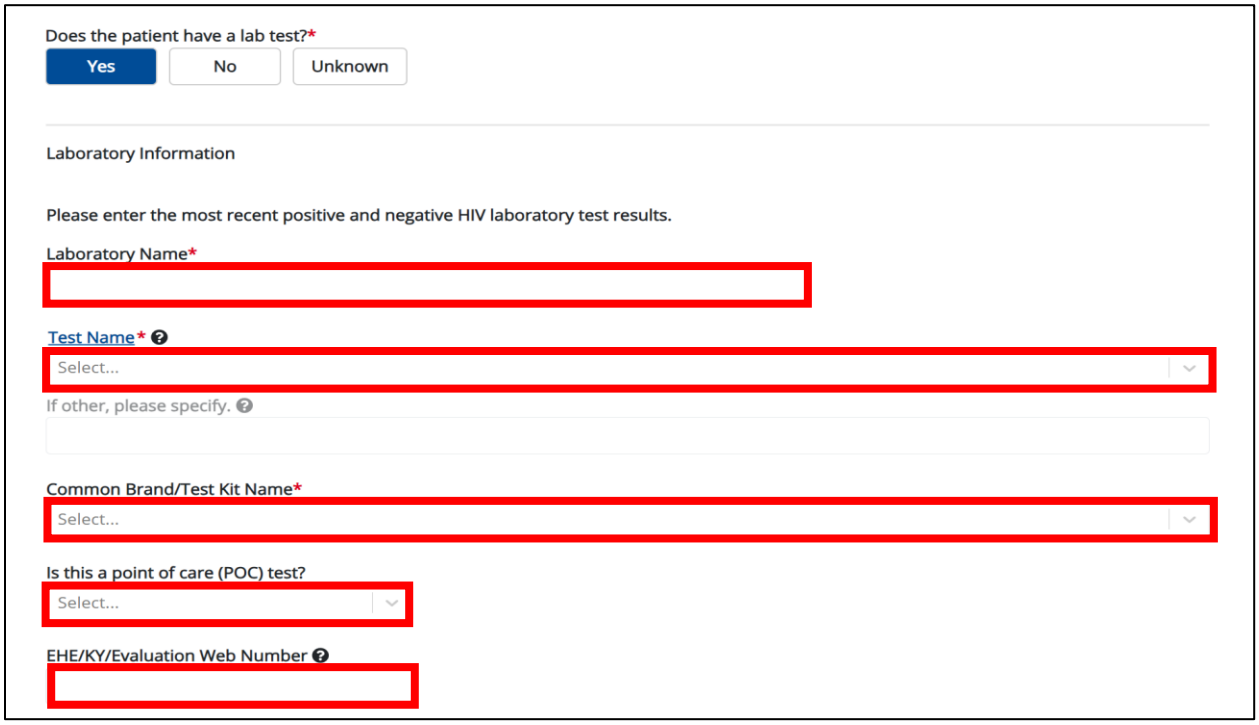
46. If the information entered is correct, click ***Yes*** to close the *Birth History* pop-up and proceed to the **Laboratory Information** screen.



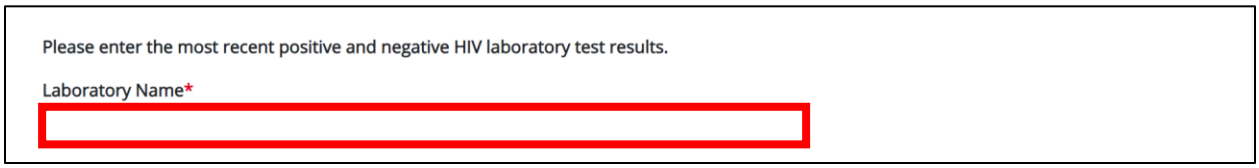
15 Pediatric HIV Laboratory Information

1. On the **Laboratory Information** screen, select the **appropriate answer** for the conditional question at the top: *Does the patient have a lab test?*

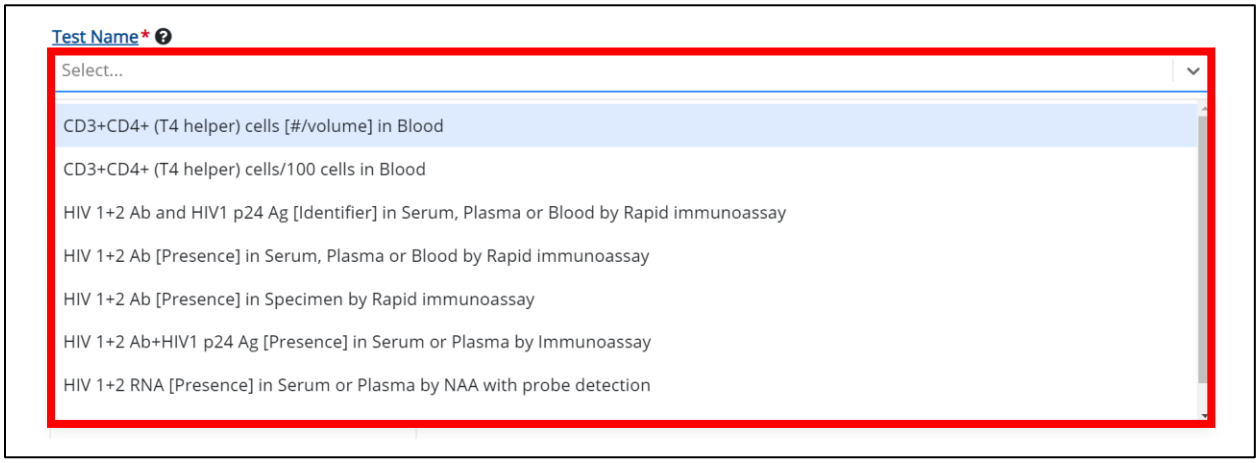
2. If ***Yes*** is selected, the subsequent laboratory-related fields on the screen are enabled. You must enter details for a lab test.



3. Enter the **Laboratory Name** in the textbox.

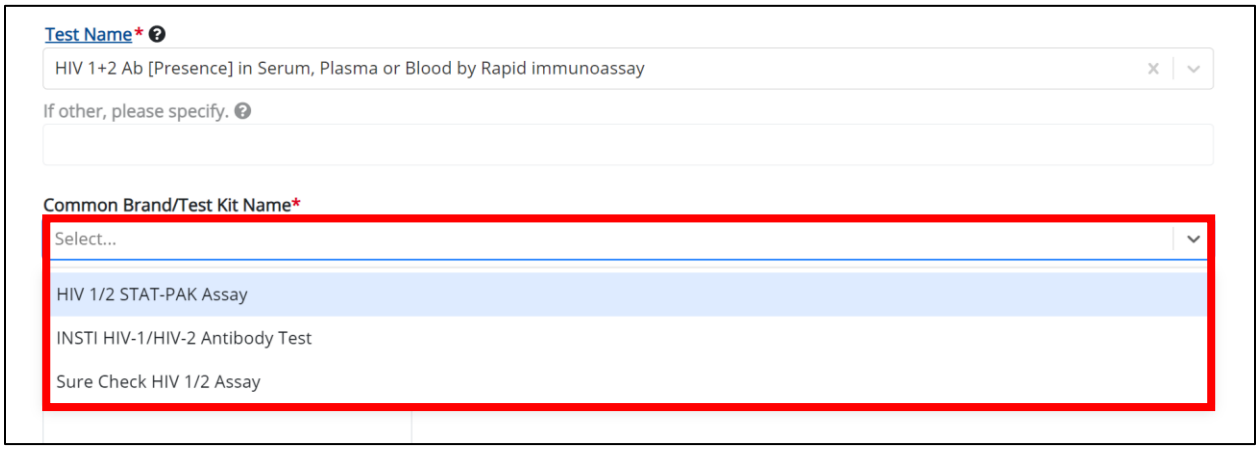


4. Select the **Test Name** from the *Test Name* dropdown menu.

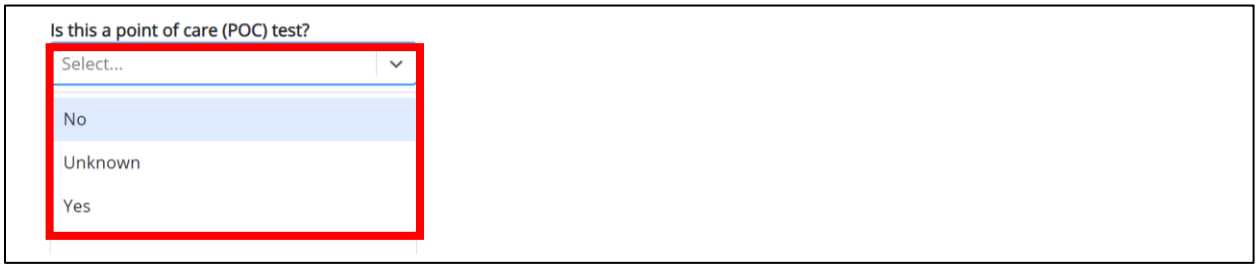


5. If ***Other*** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Test Name** in the subsequent textbox: *If other, please specify*.

6. Select the **Common Brand/Test Kit Name** from the dropdown menu.

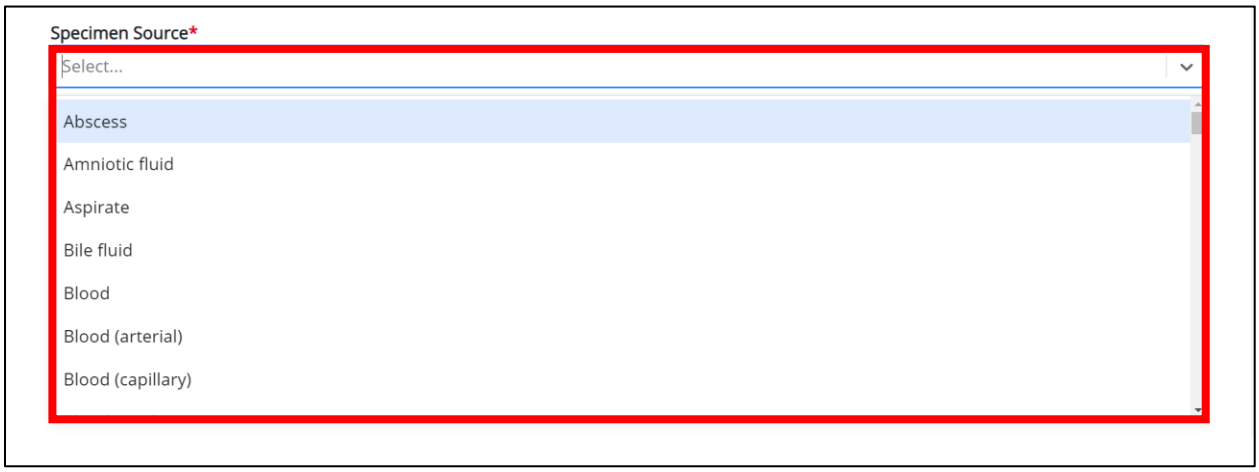


7. Select the **appropriate answer** from the dropdown menu for the field: *Is this a point of care (POC) test?*



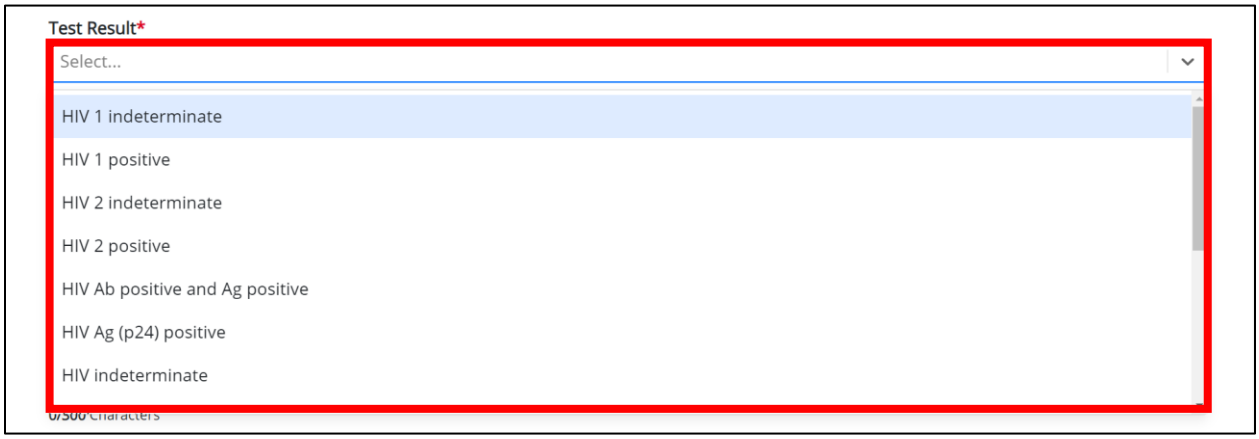
8. If applicable, enter the **EHE/KY Evaluation Web Number** in the textbox.
9. If applicable, enter the **Filler Order/Accession Number** in the textbox.

10. Select the appropriate **Specimen Source** from the *Specimen Source* dropdown menu.



11. If ***Other*** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Specimen Source** in the subsequent textbox: *If other, please specify*.

12. Select the **appropriate Test Result** from the *Test Result* dropdown menu.



13. If ***Other*** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Test Result** in the subsequent textbox: *If other, please specify*.

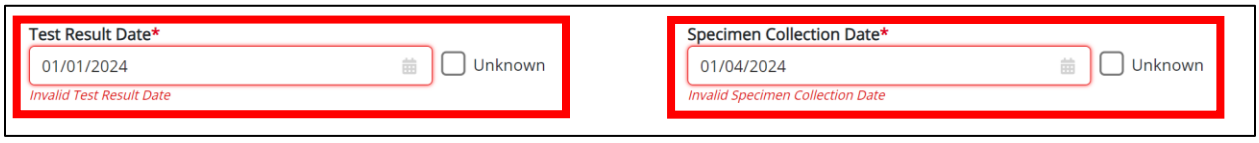
14. Enter the **Test Result Date**.

15. Enter the **Specimen Collection Date**.

Please Note: The Specimen Collection Date cannot occur **after** the Test Result Date. The Specimen Collection Date must occur on the **same date** or any date **BEFORE** the Test Result Date. If you enter a Specimen Collection Date that occurs **after** the Test Result Date, both fields are marked as invalid.

If you click **Next**, the **Laboratory Information** screen displays an error banner with a message that states: *There are errors. Please make a selection for all required fields*.

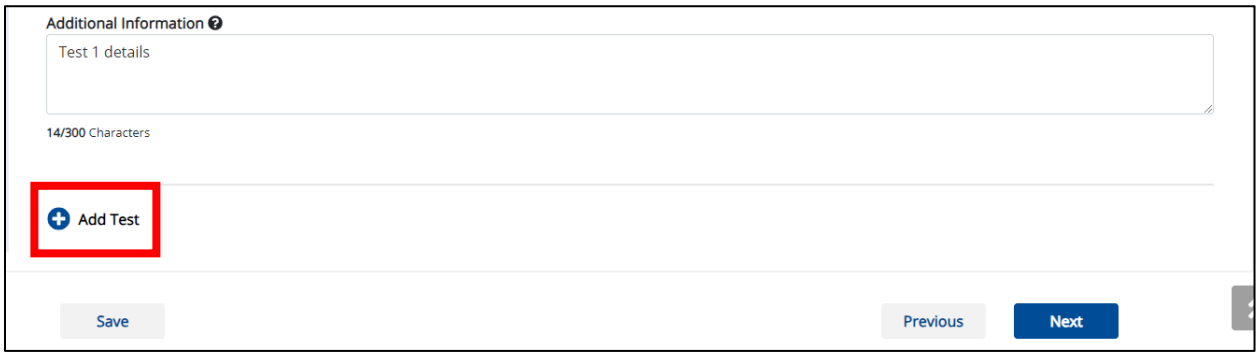
To proceed, you must enter a valid Specimen Collection Date that occurs **on** or **before** the Test Result Date.



16. If applicable, enter **additional notes about the lab tests** in the *Additional Information* textbox.

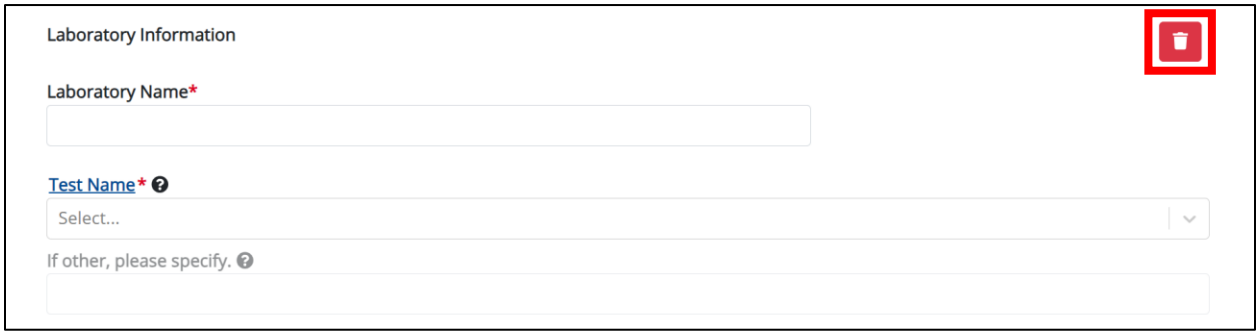
Adding Multiple Tests

17. Click **Add Test** to log the details for multiple tests. This means that you can easily enter additional test details on the same patient.



Please Note: When you click the **Add Test** button, at least one lab test section must be entered.

- To delete an additional lab test section, click the **Trash Bin Icon** located at the top right.

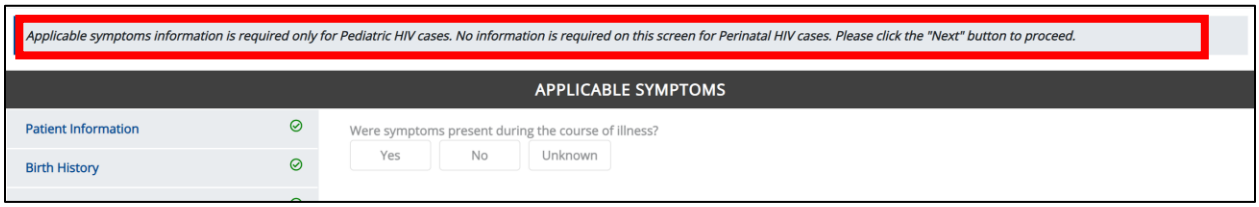


18. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Applicable Symptoms** screen.

16 Pediatric Applicable Symptoms

Perinatal HIV Exposure Applicable Symptoms

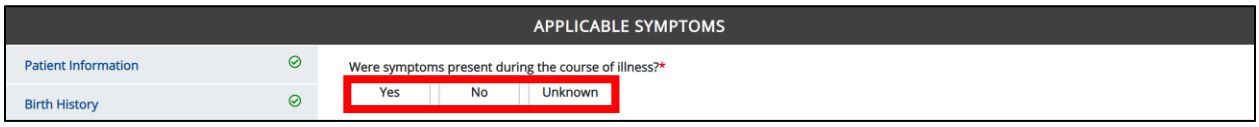
1. If ***Perinatal HIV exposure*** is selected on the **Birth History** screen, the **Applicable Symptoms** screen will display the following message at the top: *Applicable symptoms information is required only for Pediatric HIV cases. No information is required on this screen for Perinatal HIV cases. Please click the "Next" button to proceed.*



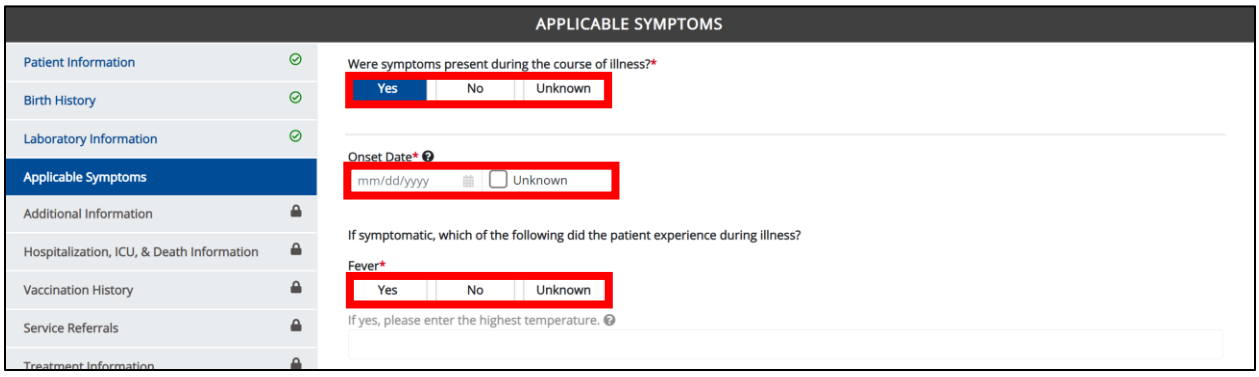
2. Click **Next** to proceed to the **Additional Comments** screen.

Pediatric HIV/AIDS Case Applicable Symptoms

3. If ***Pediatric HIV/AIDS case*** is selected on the **Birth History** screen, the **Applicable Symptoms** is enabled. Select the **appropriate answer** for the conditional question at the top: *Were symptoms present during the course of illness*?

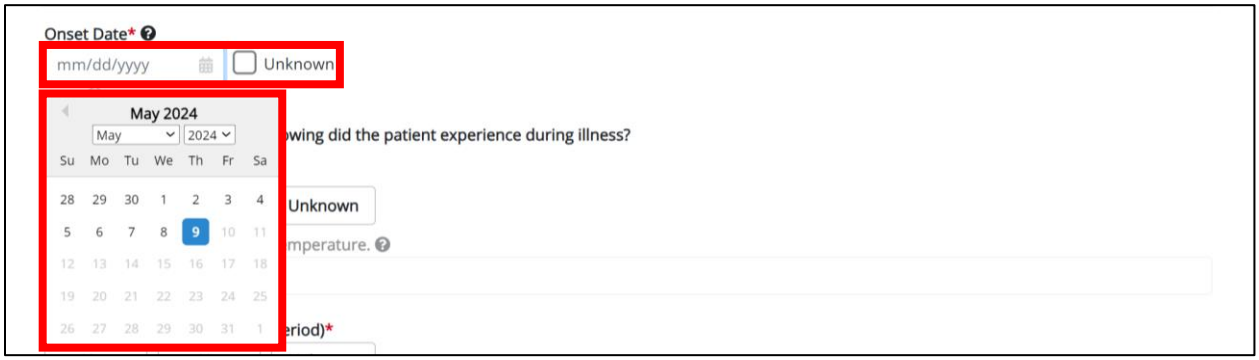


4. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled.

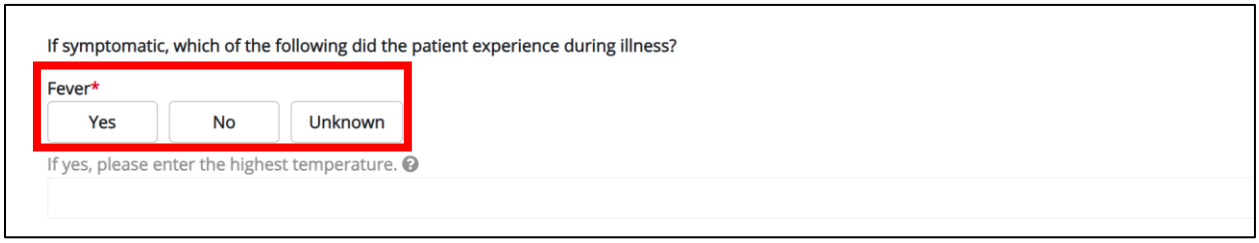


Please Note: If ***No*** is selected for the conditional question, all subsequent symptom fields are disabled and marked with ***No***. If ***Unknown*** is selected for the conditional question, all subsequent symptom fields are disabled and marked as ***Unknown***.

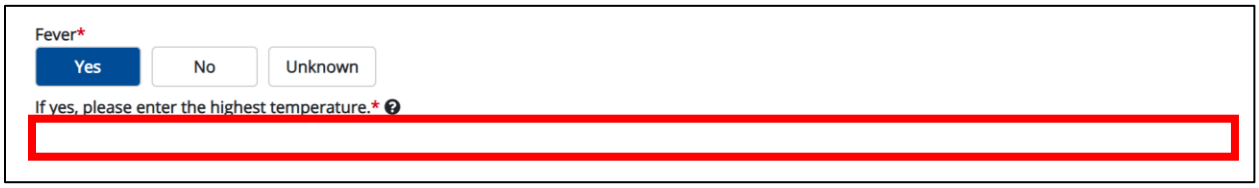
5. Enter the **Onset Date** for the symptoms. If the onset date is unknown, click the ***Unknown*** checkbox.



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

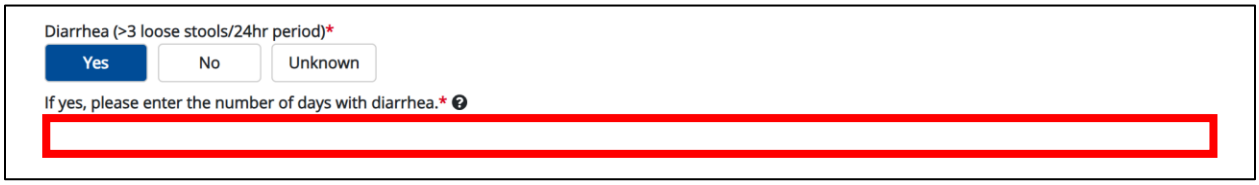


7. If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature*.



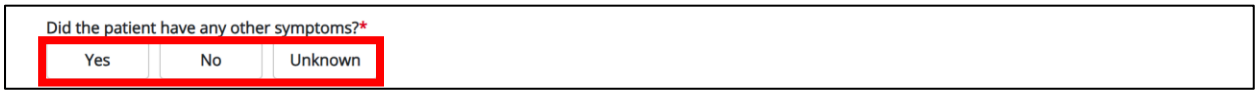
8. To report the patient had diarrhea during the illness, select the **appropriate answer** for the field: *Diarrhea (>3 loose stools/24hr period).*

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



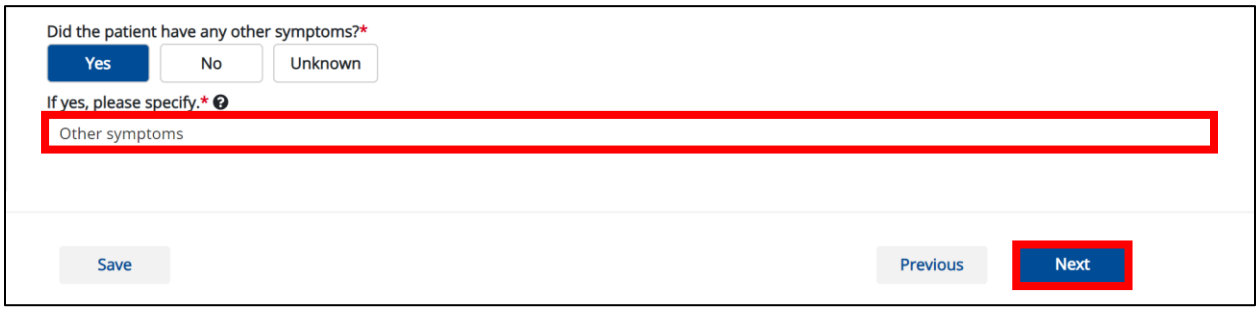
10. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

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



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

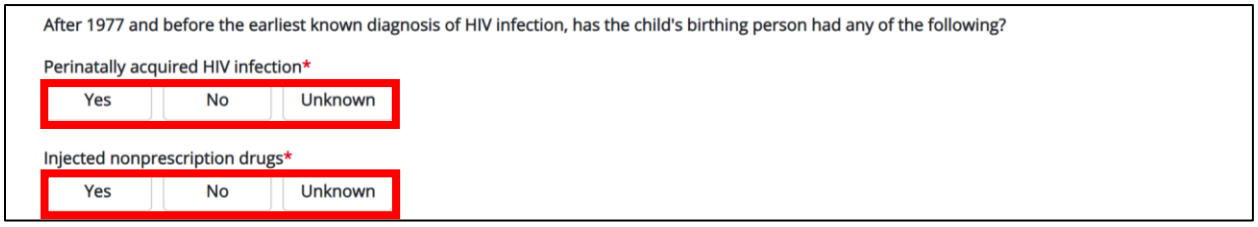
13. Once complete, click **Next** to proceed to the **Additional Information** screen.



17 Pediatric HIV Additional Information

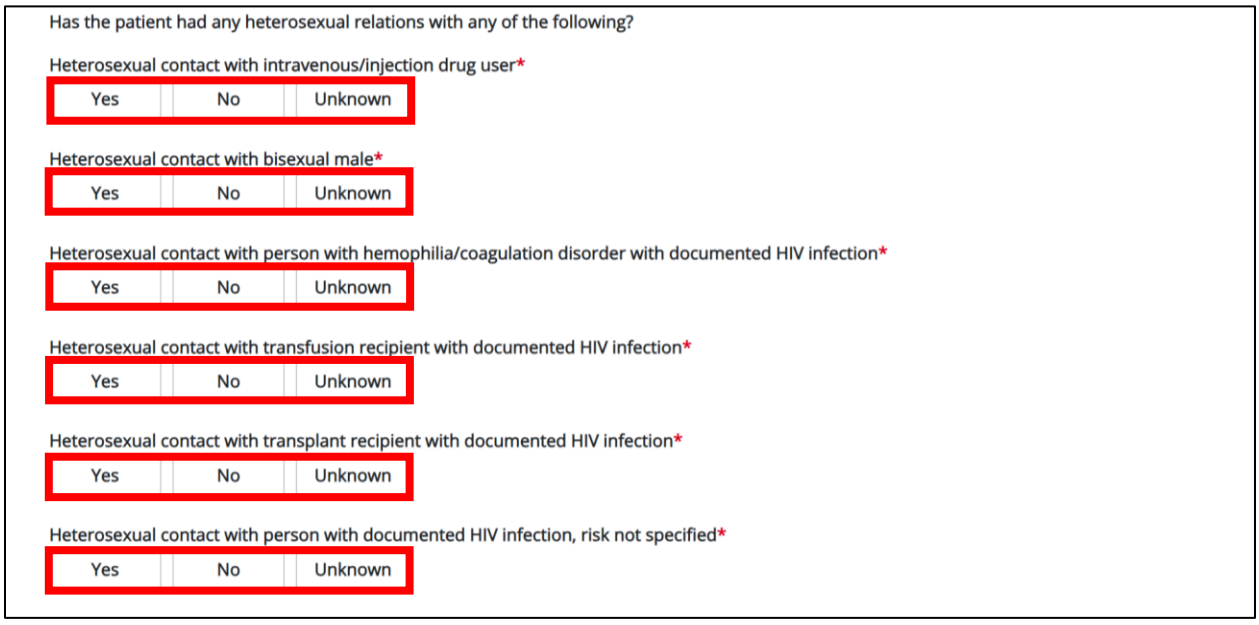
1. On the **Additional Information** screen, the following question displays at the top of the screen: *After 1977 and before the earliest known diagnosis of HIV infection, has the child's birthing person had any of the following?* Select the **appropriate answers** for the following fields:

- *Perinatally acquired HIV infection*
- *Injected nonprescription drugs*



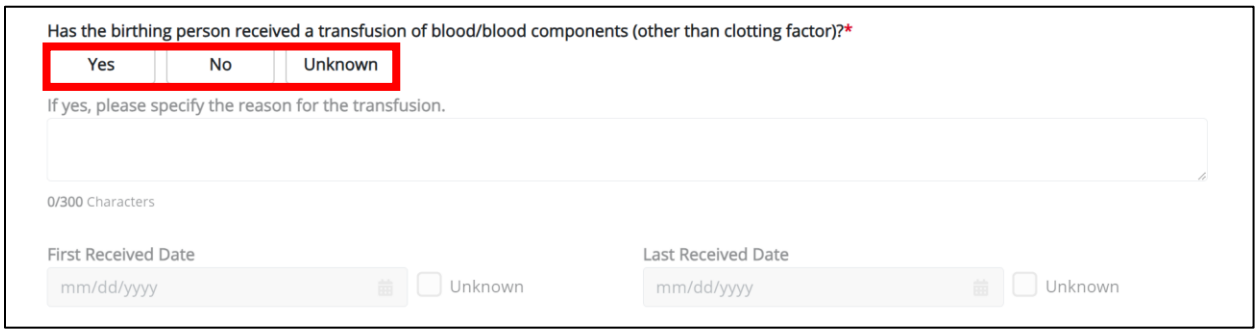
2. The **Additional Information** screen displays the following question: *Has the birthing person had heterosexual relations with any of the following?* Select the **appropriate answers** for the following fields:

- *Heterosexual contact with intravenous/injection drug user*
- *Heterosexual contact with bisexual male*
- *Heterosexual contact with person with hemophilia/coagulation disorder with documented HIV infection*
- *Heterosexual contact with transfusion recipient with documented HIV infection*
- *Heterosexual contact with transplant recipient with documented HIV infection*
- *Heterosexual contact with person with documented HIV infection, risk not specified*



Please Note: Some fields may be disabled based on the User's selections on the **Patient Information** screen for the field: *What is the patient's sexual orientation?*

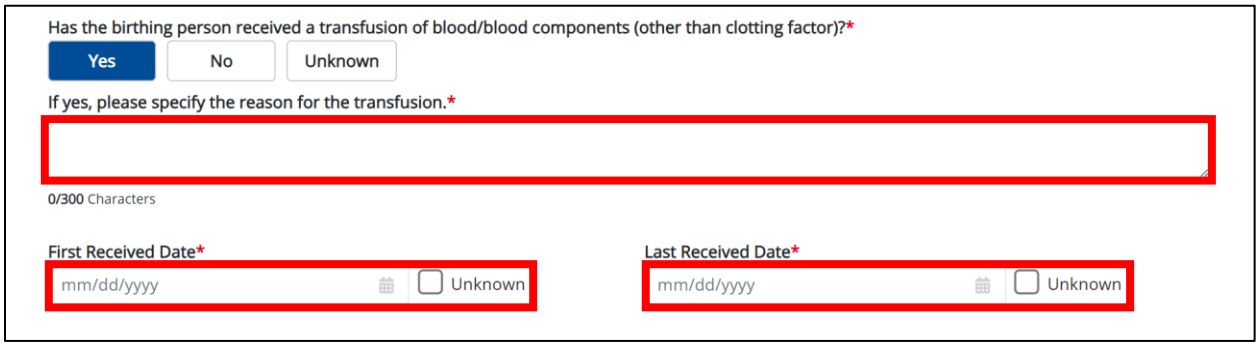
3. Select the **appropriate answer** for the conditional question: *Has the birthing person received a transfusion of blood/blood components (other than clotting factor)?*



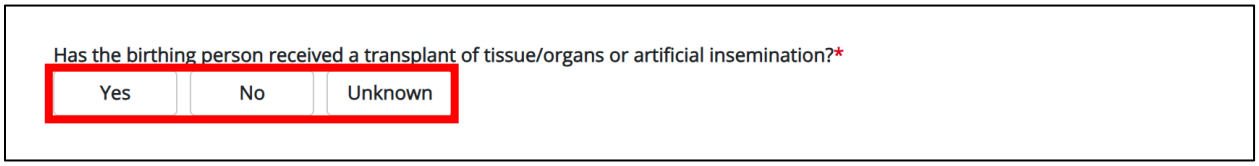
4. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.

5. Enter the **reason for the transfusion** in the textbox for the field: *If yes, please specify the reason for the transfusion.*

6. Enter the **First Received Date** and **Last Received Date**. If the first received date or last received date are unknown, click the ***Unknown*** checkbox.

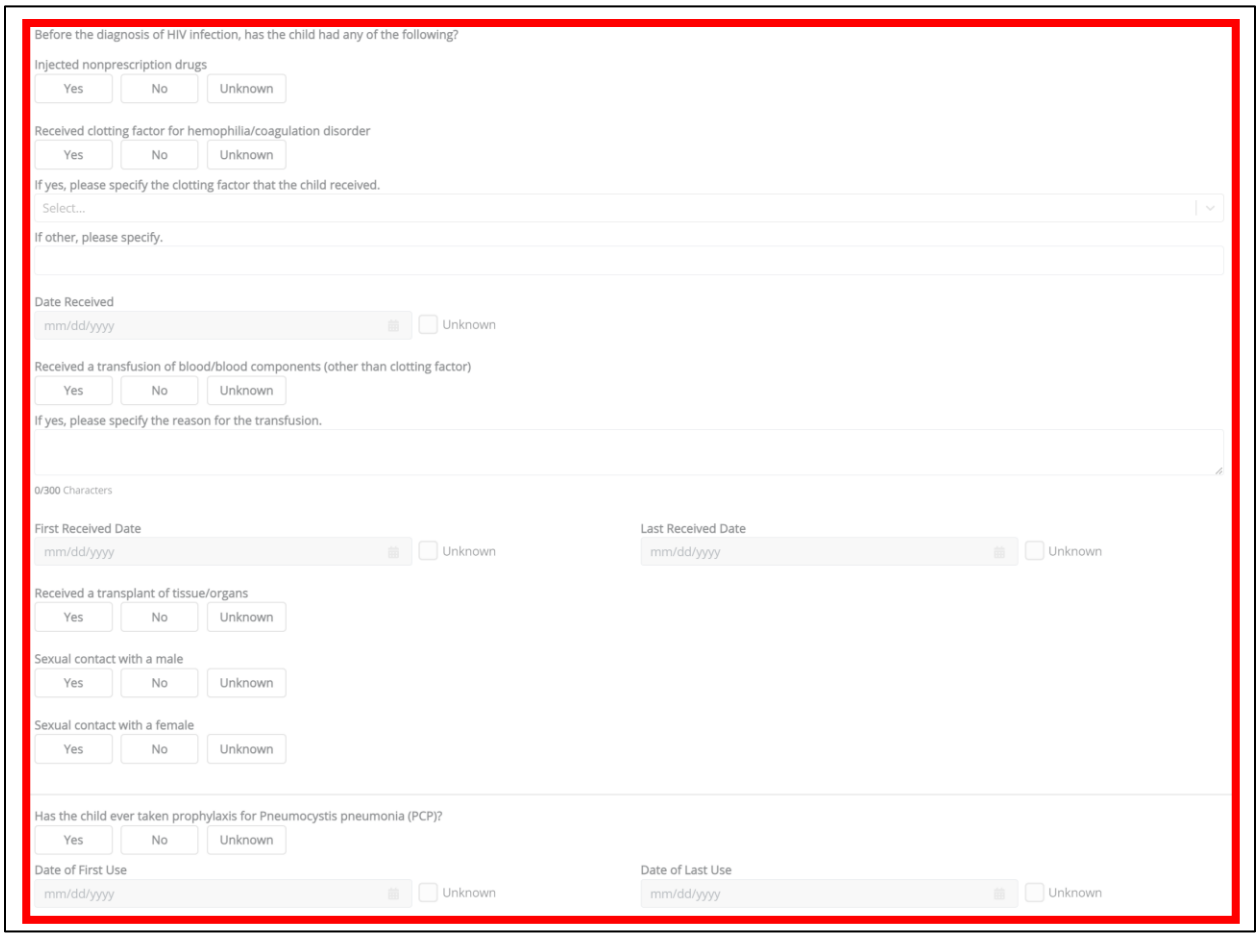


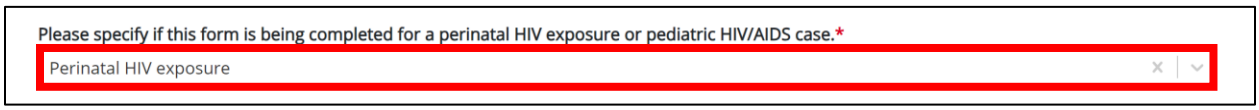
7. Select the **appropriate answer** for the field: *Has the birthing person received a transplant of tissue/organs or artificial insemination?*



Before the Diagnosis of HIV Infection

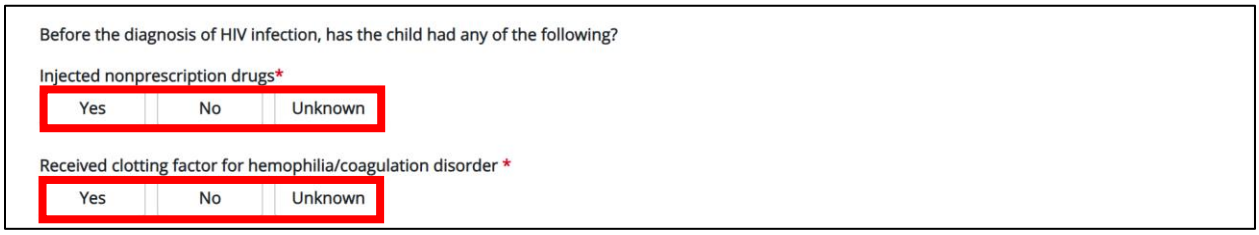
8. The **Additional Information** screen captures details about the patient before the diagnosis before HIV infection. Fields may be disabled if the Users indicated the form is being completed for ***Perinatal HIV exposure*** on the **Birth History** screen.



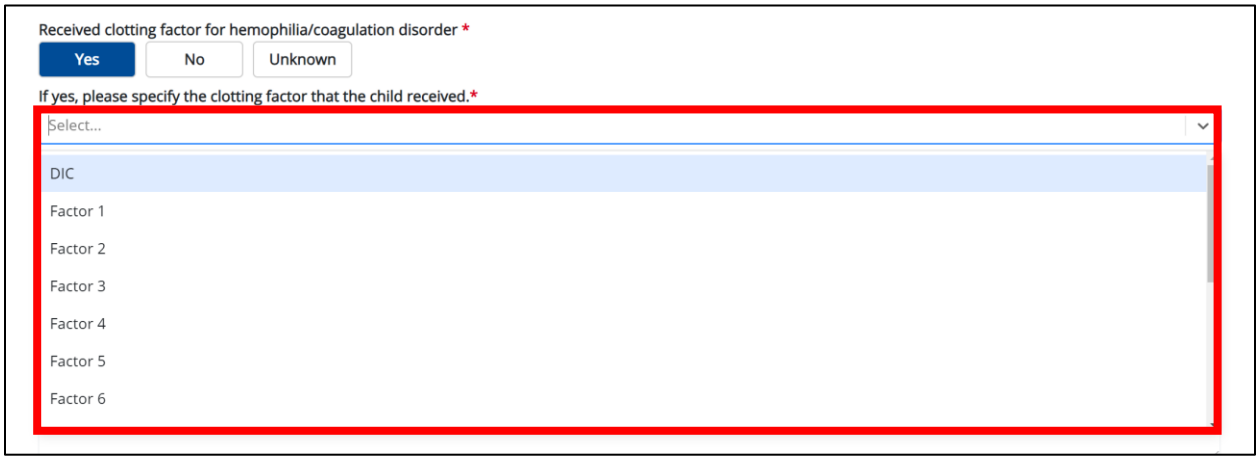


9. If ***Pediatric HIV/AIDS case*** is selected on the **Birth History** screen, the following question is enabled on the **Additional Information** screen: *Before the diagnosis of HIV infection, has the child had any of the following?* Select the **appropriate answers** for the following fields:

- *Injected nonprescription drugs*
- *Received clotting factor for hemophilia/coagulation disorder*



10. If ***Yes*** is selected for the *Received clotting factor for hemophilia/coagulation disorder* field, select the **appropriate answer** from the dropdown menu for the field: *If yes, please specify the clotting factor that the child received.*



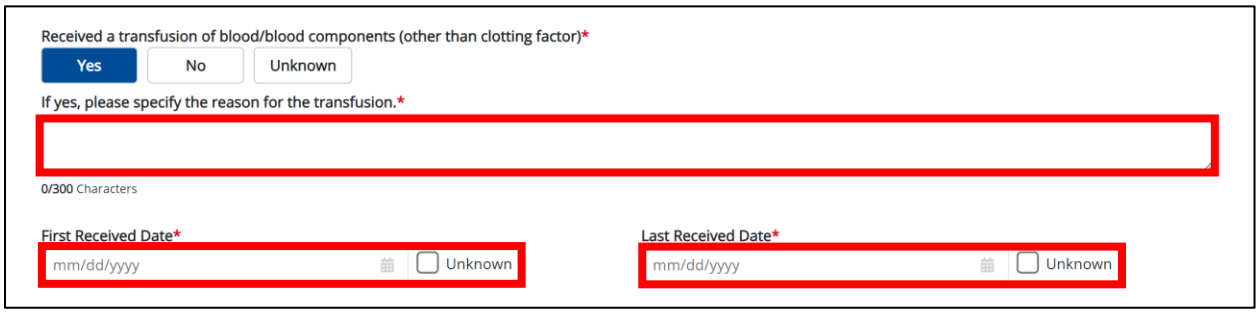
11. If ***Other*** is selected, enter the **other clotting factor the child received** in the textbox for the field: *If other, please specify.*

12. Enter the **Date Received**. If the date received is unknown, click the ***Unknown*** checkbox.

13. Select the **appropriate answer** for the conditional question: *Received a transfusion of blood/blood components (other than clotting factor).*

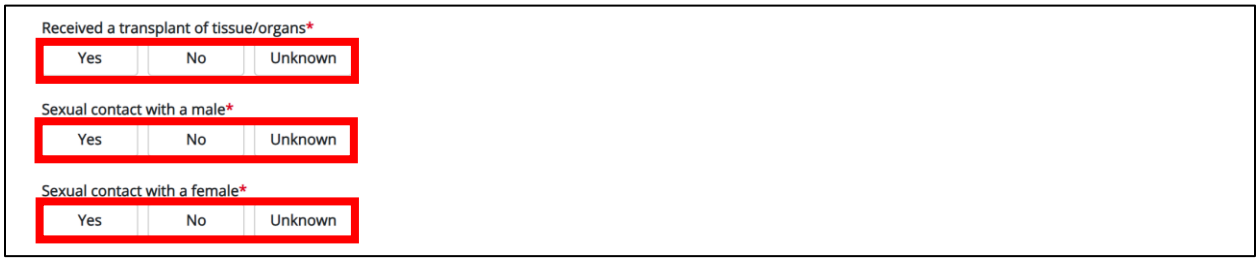
14. If ***Yes*** is selected, enter the **reason for the transfusion** in the textbox for the field: *If yes, please specify the reason for the transfusion.*

15. Enter the **First Received Date** and **Last Received Date**. If the first received date or last received date are unknown, click the ***Unknown*** *checkbox.*



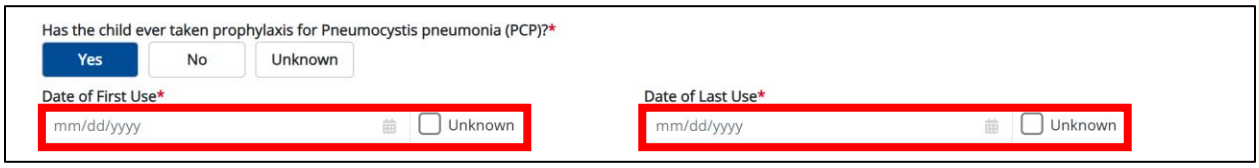
16. Select the **appropriate answers** for the following fields:

- *Received a transplant of tissue/organs*
- *Sexual contact with a male*
- *Sexual contact with a female*



17. Select the **appropriate answer** for the conditional question: *Has the child ever taken prophylaxis for Pneumocystis pneumonia (PCP)?*

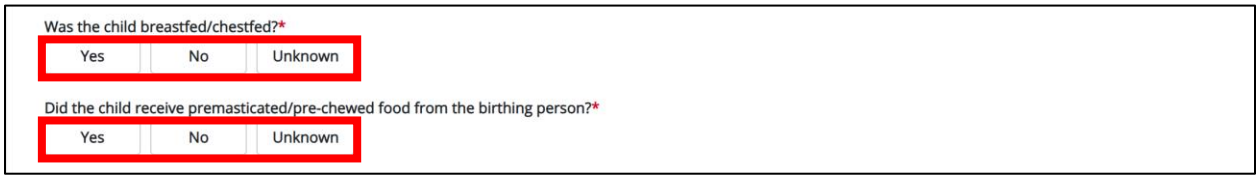
18. If ***Yes*** is selected, enter the **Date of First Use** and **Date of Last Use**. If the date of first use or date of last use are unknown, click the respective ***Unknown*** checkbox.



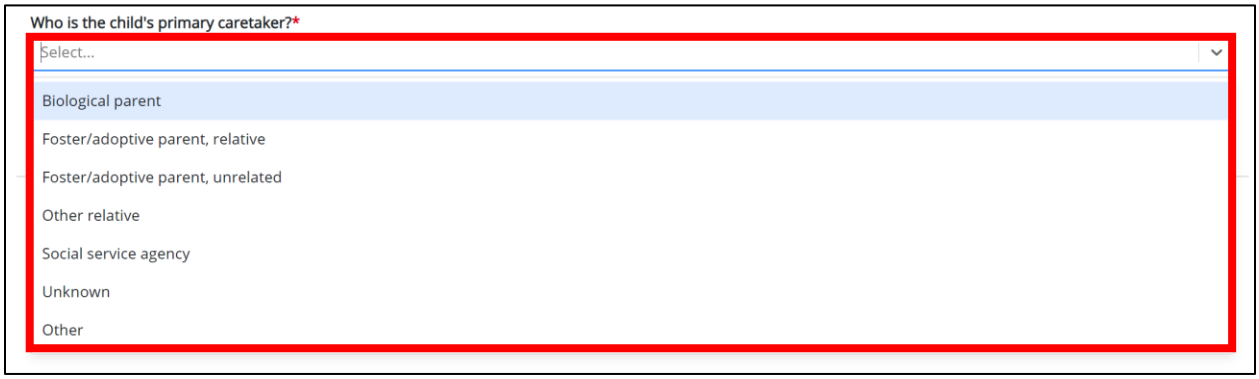
Please Note: From this point forward, the subsequent fields will be enabled regardless of whether the User selected ***Perinatal HIV exposure*** or ***Pediatric HIV/AIDS case*** on the **Birth History.** screen.

19. Select the **appropriate answers** for the following fields:

- *Was the child breastfed/chestfed?*
- *Did the child receive premasticated/pre-chewed food from the birthing person?*



20. Select the **appropriate answer** from the dropdown menu for the field: *Who is the child's primary caretaker?*

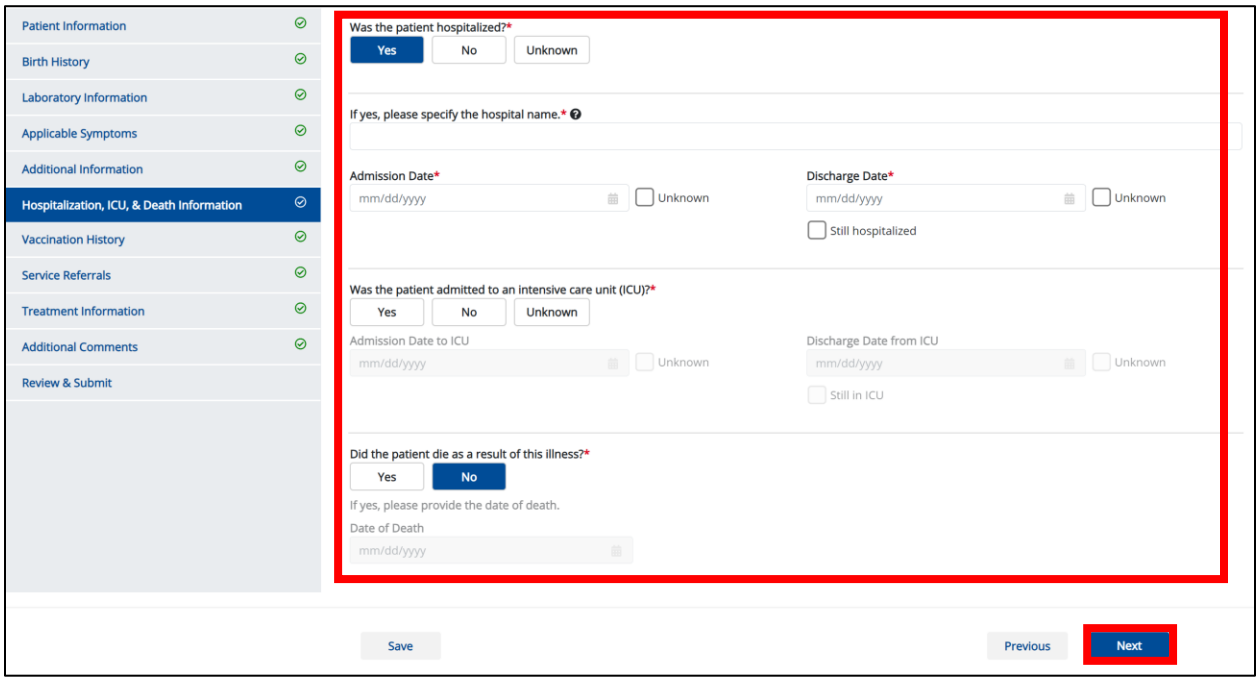


21. If ***Other*** is selected, enter the **child's other primary caretaker** in the textbox for the field: *If other, please specify.*

22. If applicable, enter the **details for any other documented risk(s)** in the textbox for the field: *Please include other documented risk(s), if applicable.*
23. Once complete, click **Next** to proceed to the **Hospitalization, ICU, & Death Information** screen.

18 Pediatric HIV Hospitalization, ICU, & Death Information

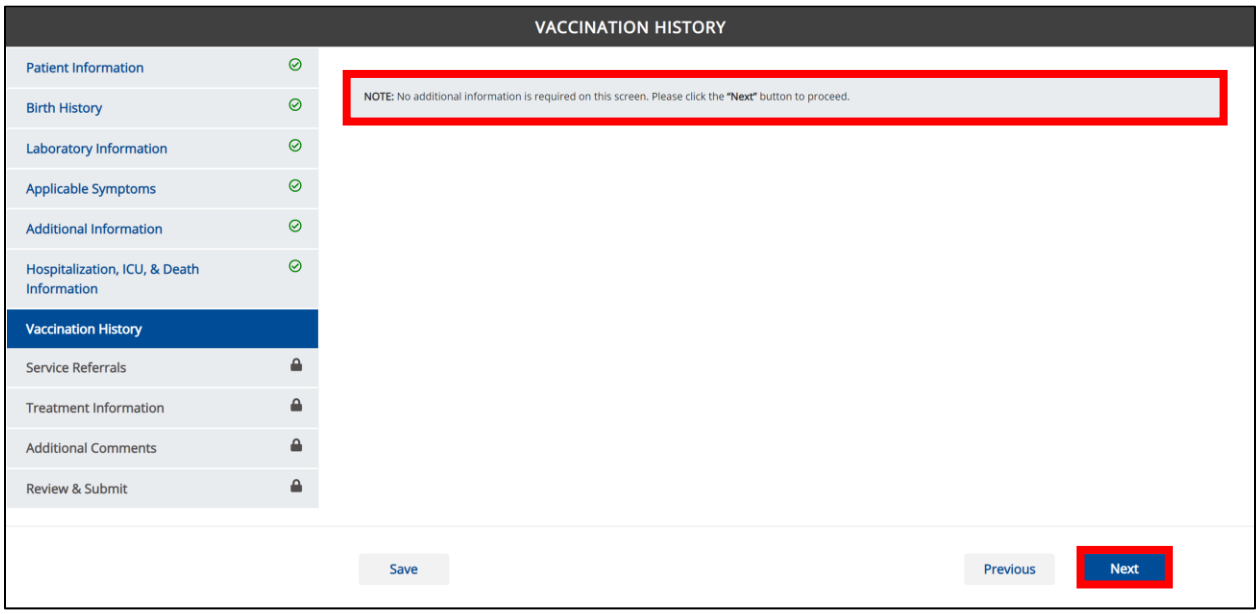
1. On the **Hospitalization, ICU, & Death Information** screen, complete the same workflow listed in ***Chapter 7 – Adult HIV Hospitalization, ICU, & Death Information***
2. Once complete, click **Next** to proceed to the **Vaccination History** screen.



19 Pediatric HIV Vaccination History

1. On the **Vaccination History** screen, the following message displays at the top: ***NOTE**: No additional information is required on this screen. Please click the "**Next**" button to proceed.*

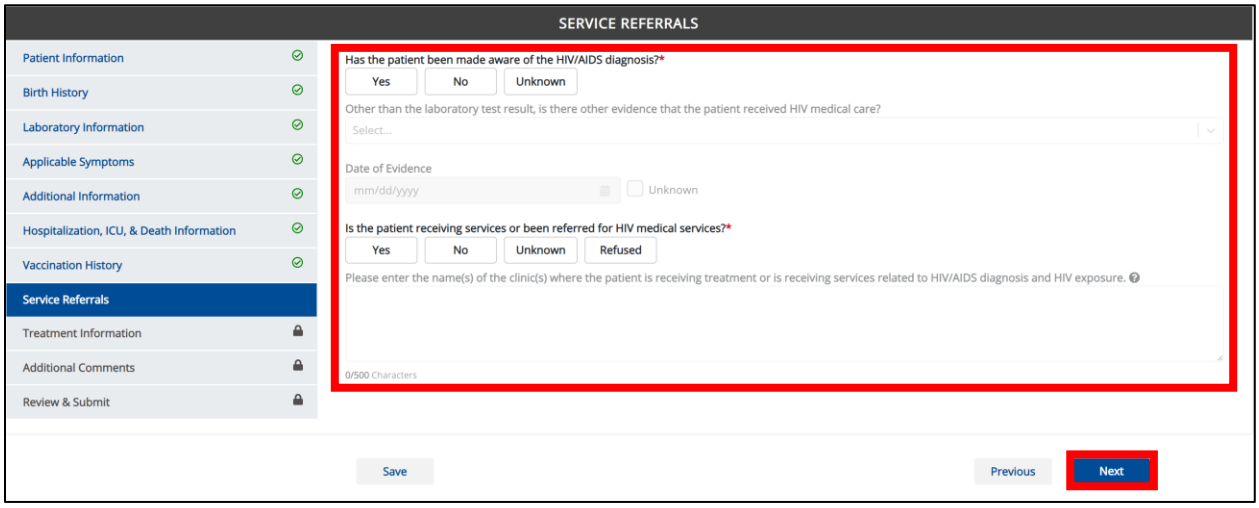
2. Click **Next** to proceed to the **Service Referrals** screen.



20 Pediatric HIV Service Referrals

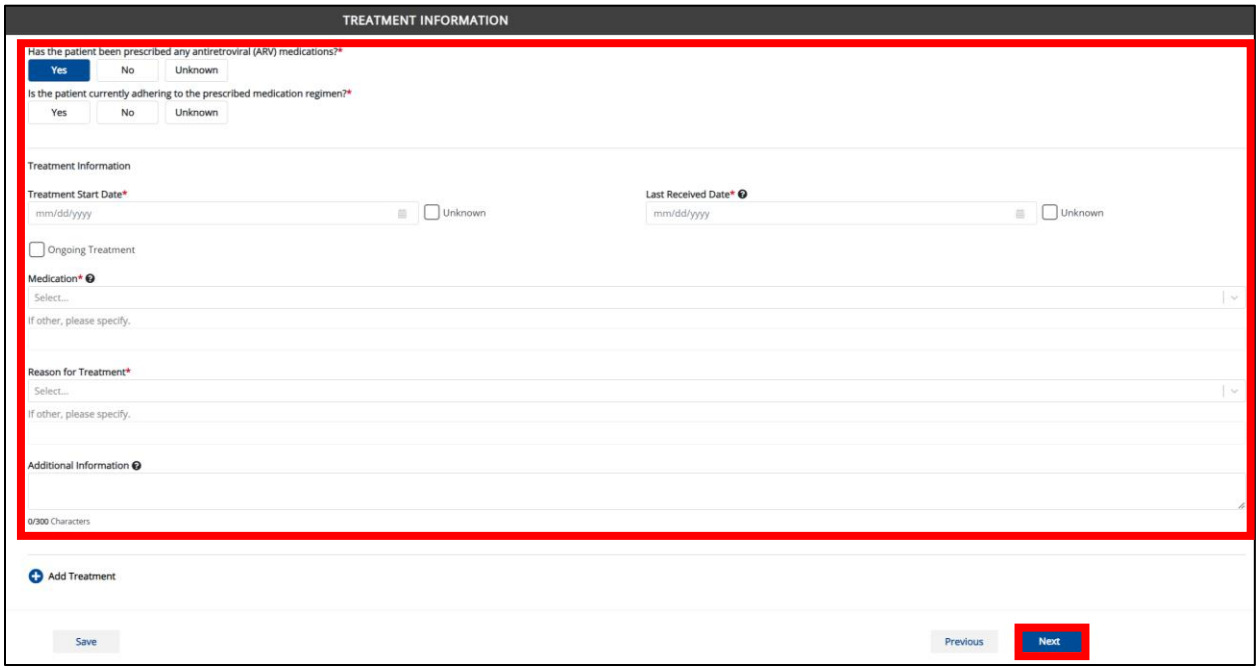
1. On the **Service Referrals** screen, complete the same workflow listed in ***Chapter 9 – Adult HIV Service Referrals***

2. Once complete, click **Next** to proceed to the **Treatment Information** screen.



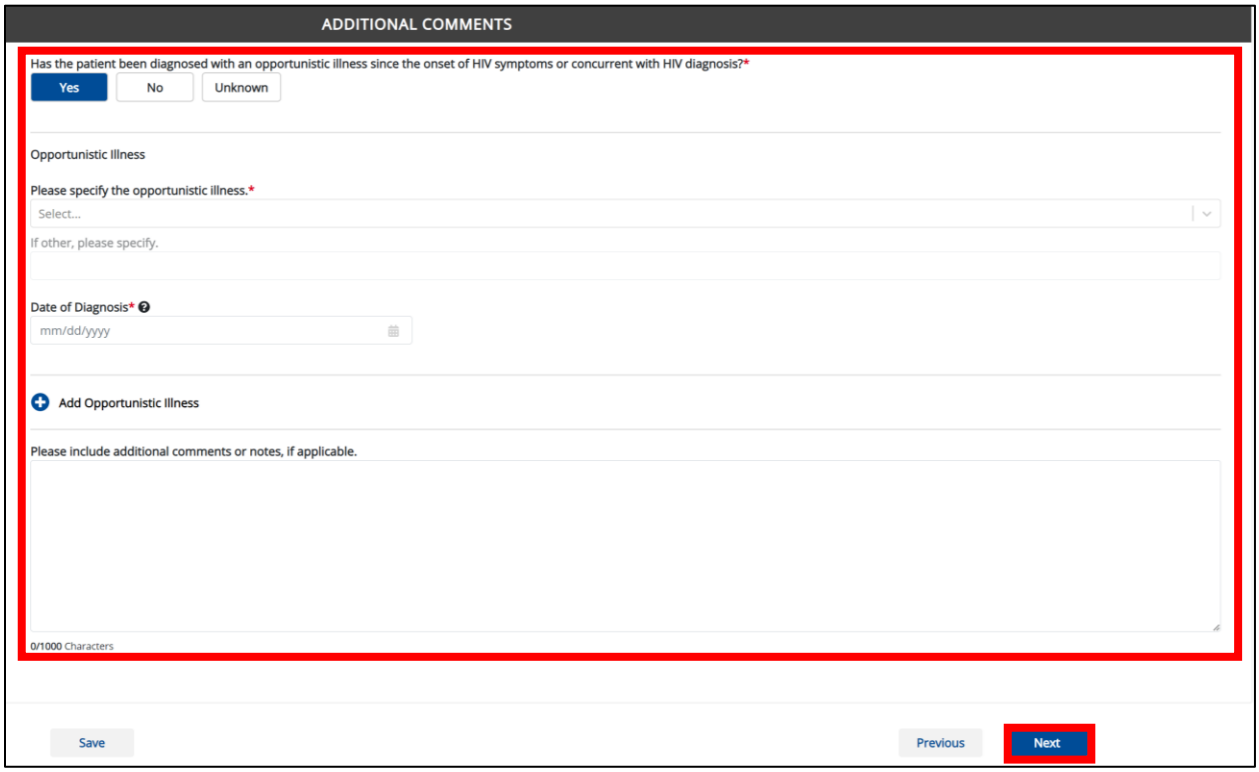
21 Pediatric HIV Treatment Information

1. On the **Treatment Information** screen, complete the same workflow listed in ***Chapter 10 – Adult HIV Treatment Information***
2. Once complete, click **Next** to proceed to the **Treatment Information** screen.



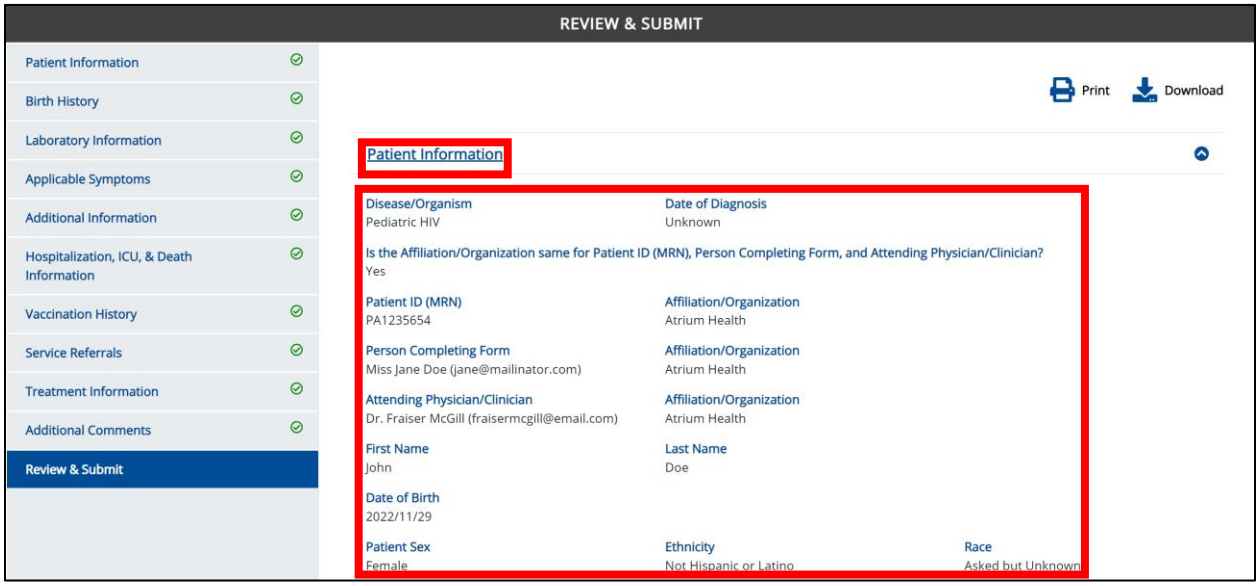
22 Pediatric HIV Additional Comments

1. On the **Additional Comments** screen, complete the same workflow listed in ***Chapter 11 – Adult HIV Additional Comments***
2. Once complete, click **Next** to proceed to the **Review and Submit** screen.

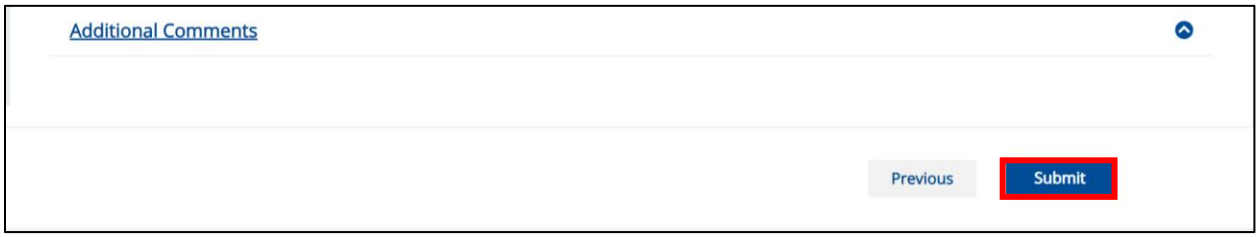


23 Pediatric HIV Review and Submit

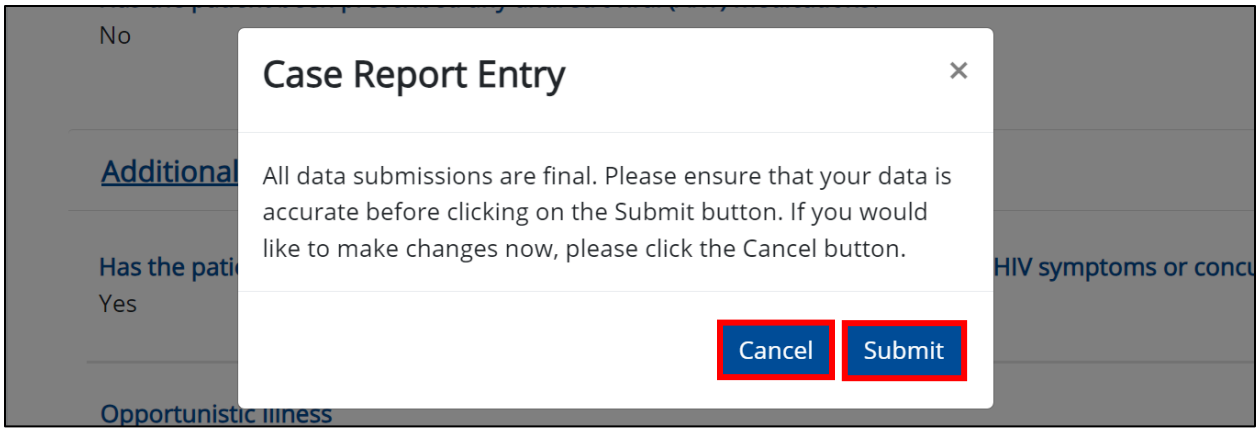
1. On the **Review and Submit** screen, review the summary of information you have entered. Click the **appropriate section header** to make edits to the section's information.



2. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the Pediatric HIV Case Report Entry.

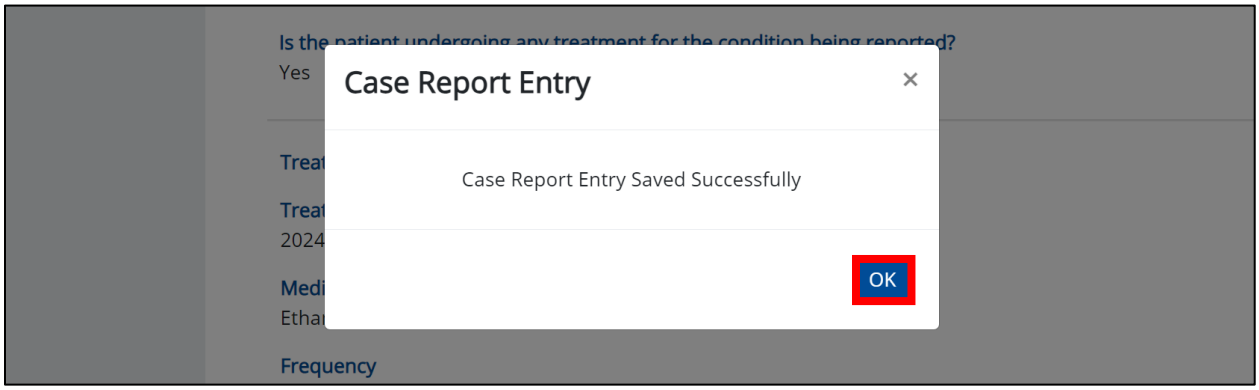


3. All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.



Please Note: Once a case report has been submitted, it is final. Should you later discover that you have entered inaccurate information, please use the **Support Tab** in the ePartnerViewer to report this information.

4. Click **OK** to acknowledge the case report has been submitted successfully.



Please Note: Clicking **OK** when the case report entry has been submitted successfully will automatically navigate you to the **Case Report Entry User Summary** screen.

Congratulations! You have submitted the Human Immunodeficiency Virus (HIV) Case Report using KHIE's Direct Data Entry functionality.

Please visit the KHIE website at **https://khie.ky.gov/Public-Health/Pages/Direct-Lab.aspx** to access additional training resources and find information on reporting requirements from the Kentucky Department for Public Health.

24 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.