

Kentucky Health  
Information Exchange  
(KHIE)

**Other Reportable  
Conditions Case Report:  
Viral Hemorrhagic Fever**

Quick Reference Guide

May 2024

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# 1 Introduction

## Overview

This training manual covers the unique functionalities for the Viral Hemorrhagic Fever (VHF) condition in the Other Reportable Conditions eICR Form in the ePartnerViewer. Each VHF sub-condition contains unique symptom fields on the **Applicable Symptoms** screen. All other screens for the VHF condition follow the generic workflow for the Other Reportable Conditions Case Report. For specific information about the Other Reportable Conditions Case Report, please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#).

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

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

## Supported Web Browsers

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

Desktop Browser Version	Mobile Browser Version
<b>Microsoft Edge</b>	
Version 44+	Version 40+
<b>Google Chrome</b>	
Version 70+	Version 70+
<b>Mozilla Firefox</b>	
Version 48+	Version 48+
<b>Apple Safari</b>	
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](#).

## Viral Hemorrhagic Fever Sub-Conditions

The Viral Hemorrhagic Fever (VHF) condition includes the following ten (10) sub-conditions with unique symptom fields on the **Applicable Symptoms** screen:

1. VHF: Chapare Hemorrhagic Fever
2. VHF: Crimean-Congo Hemorrhagic Fever
3. VHF: Ebola Hemorrhagic Fever
4. VHF: Guanarito (Venezuelan) Hemorrhagic Fever
5. VHF: Junin (Argentine) Hemorrhagic Fever
6. VHF: Lassa Hemorrhagic Fever
7. VHF: Lugo Hemorrhagic Fever
8. VHF: Machupo (Bolivian) Hemorrhagic Fever
9. VHF: Marburg Hemorrhagic Fever
10. VHF: Sabia (Brazilian) Hemorrhagic Fever

## 2 Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions

Each of the ten (10) VHF sub-conditions include unique symptom fields on the **Applicable Symptoms** screen. In addition to the unique symptom fields, the **Applicable Symptoms** screen also includes several generic fields that are the same for all VHF sub-conditions.

All ten (10) VHF sub-conditions follow the same workflow for the following fields on the **Applicable Symptoms** screen:

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?*

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Please select applicable symptoms that the patient experienced during illness.

### APPLICABLE SYMPTOMS

Patient Information	✓	<p><b>Were symptoms present during the course of illness?*</b></p> <p>Yes No Unknown</p> <hr/> <p>Onset Date ⓘ</p> <p>mm/dd/yyyy <input type="checkbox"/> Unknown</p> <p>If symptomatic, which of the following did the patient experience during illness?</p> <p>Fever</p> <p>Yes No Unknown</p>
Laboratory Information	✓	
<b>Applicable Symptoms</b>		
Additional Information	🔒	
Hospitalization, ICU, & Death Information	🔒	
Vaccination History	🔒	
Treatment Information	🔒	
Additional Comments	🔒	
Review & Submit	🔒	

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

### APPLICABLE SYMPTOMS

Patient Information	✓	<p><b>Were symptoms present during the course of illness?*</b></p> <p><b>Yes</b> No Unknown</p> <hr/> <p><b>Onset Date* ⓘ</b></p> <p>mm/dd/yyyy <input type="checkbox"/> Unknown</p> <p>If symptomatic, which of the following did the patient experience during illness?</p> <p><b>Fever*</b></p> <p>Yes No Unknown</p> <p>If yes, please enter the highest temperature. ⓘ</p> <hr/> <p><b>Diarrhea (&gt;3 loose stools/24hr period)*</b></p> <p>Yes No Unknown</p> <p>If yes, please enter the number of days with diarrhea. ⓘ</p>
Laboratory Information	✓	
<b>Applicable Symptoms</b>		
Additional Information	🔒	
Hospitalization, ICU, & Death Information	🔒	
Vaccination History	🔒	
Treatment Information	🔒	
Additional Comments	🔒	
Review & Submit	🔒	

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

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

APPLICABLE SYMPTOMS

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU, & Death

Were symptoms present during the course of illness?\*

Onset Date\*   Unknown

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

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

Fever\*

If yes, please enter the highest temperature.

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

Fever\*

If yes, please enter the highest temperature.\*

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

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

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

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

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

If yes, please enter the number of days with diarrhea.\*

### Maculopapular Rash Symptom for All VHF Sub-Conditions

After the unique symptom fields for each VHF sub-condition, all ten (10) VHF sub-conditions follow the same workflow for the following **Maculopapular rash** fields on the **Applicable Symptoms** screen:

1. Select the **appropriate answer** for the field: *Maculopapular rash*.

Vomiting\*

Yes No Unknown

**Maculopapular rash\***

Yes No Unknown

If the patient has any rashes, please specify the locations on the body. Please select all that apply. ?

Select... ▾

If other, please specify.

Fine desquamation 3-4 days after rash onset

Yes No Unknown

Did the patient have any other symptoms?\*

Yes No Unknown

If yes, please specify. ?

2. If **Yes** is selected, the subsequent field is enabled. Select the **location(s) on the patient's body where maculopapular rashes occurred** in the subsequent dropdown: *If the patient has any rashes, please specify the locations on the body. Please select all that apply.*

Maculopapular rash\*

Yes No Unknown

If the patient has any rashes, please specify the locations on the body. Please select all that apply.\* ?

Select... ▾

- Arm
- Face
- Feet
- Hands
- Leg
- Penis
- Rectum

- If **Other** is selected, the subsequent field is enabled. Enter the **other location(s) on the patient's body where a rash existed** in the subsequent textbox: *If other, please specify.*

Maculopapular rash\*

If the patient has any rashes, please specify the locations on the body. Please select all that apply.\* ?

Arm x Feet x Other x

If other, please specify.\*

3. Select the **appropriate answer** for the field: *Fine desquamation 3-4 days after rash onset.*

Maculopapular rash\*

If the patient has any rashes, please specify the locations on the body. Please select all that apply.\* ?

Arm x Face x Hands x Other x

If other, please specify.\*

Neck

**Fine desquamation 3-4 days after rash onset\***

Did the patient have any other symptoms?\*

If yes, please specify. ?

### 3 VHF: Chapare Hemorrhagic Fever

1. On the **Applicable Symptoms** screen, complete the same workflow listed in [Chapter 2 - Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions](#).

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\* ?

Unknown

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

**Fever\***

If yes, please enter the highest temperature. ?

---

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

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

---

**Abdominal pain\***

2. Select the **appropriate answers** for the following fields to indicate the **VHF: Chapare Hemorrhagic Fever** symptoms the patient experienced during illness:

<p><b>Abdominal pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Proteinuria*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Bleeding (unrelated to injury)*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Retrosternal chest pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Headache*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Thrombocytopenia*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Muscle pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Vomiting*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Pharyngitis*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Maculopapular rash*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>

- 3. After the unique symptom fields, complete the same workflow listed in [Chapter 2 Section - Maculopapular Rash Symptom for All VHF Sub-Conditions](#).

- 4. 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.*

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

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

#### 4 VHF: Crimean-Congo Hemorrhagic Fever

1. On the **Applicable Symptoms** screen, complete the same workflow listed in [Chapter 2 - Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions](#).

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\*

Unknown

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

Fever\*

If yes, please enter the highest temperature.

---

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

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

---

Abdominal pain\*

2. Select the **appropriate answers** for the following fields to indicate the **VHF: Crimean-Congo Hemorrhagic Fever** symptoms the patient experienced during illness:

<p>Abdominal pain*</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p>Muscle pain*</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p>Bleeding (unrelated to injury)*</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p>Thrombocytopenia*</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p>Headache*</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p>Vomiting*</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
	<p>Maculopapular rash*</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>

- 3. After the unique symptom fields, complete the same workflow listed in [Chapter 2 Section - Maculopapular Rash Symptom for All VHF Sub-Conditions](#).

- 4. 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.*

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

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

## 5 VHF: Ebola Hemorrhagic Fever

1. On the **Applicable Symptoms** screen, complete the same workflow listed in [Chapter 2 - Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions](#).

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\* ?

Unknown

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

**Fever\***

If yes, please enter the highest temperature. ?

---

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

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

---

Abdominal pain\*

2. Select the **appropriate answers** for the following fields to indicate the **VHF: Ebola Hemorrhagic Fever** symptoms the patient experienced during illness:

<p><b>Abdominal pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Muscle pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Bleeding (unrelated to injury)*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Thrombocytopenia*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Headache*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Vomiting*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>

**Maculopapular rash\***

- After the unique symptom fields, complete the same workflow listed in [Chapter 2 Section - Maculopapular Rash Symptom for All VHF Sub-Conditions](#).

Vomiting\*

Maculopapular rash\*

If the patient has any rashes, please specify the locations on the body. Please select all that apply. ?

Select... | v

If other, please specify.

Fine desquamation 3-4 days after rash onset

- Select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

Did the patient have any other symptoms?\*

If yes, please specify. ?

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

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

Did the patient have any other symptoms?\*

If yes, please specify.\* ?

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

## 6 VHF: Guanarito (Venezuelan) Hemorrhagic Fever

1. On the **Applicable Symptoms** screen, complete the same workflow listed in [Chapter 2 - Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions](#).

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\* ?

Unknown

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

**Fever\***

If yes, please enter the highest temperature. ?

---

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

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

---

**Abdominal pain\***

2. Select the **appropriate answers** for the following fields to indicate the **VHF: Guanarito (Venezuelan) Hemorrhagic Fever** symptoms the patient experienced during illness:

<p><b>Abdominal pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Proteinuria*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Bleeding (unrelated to injury)*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Retrosternal chest pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Headache*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Thrombocytopenia*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Muscle pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Vomiting*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Pharyngitis*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Maculopapular rash*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>

- 3. After the unique symptom fields, complete the same workflow listed in [Chapter 2 Section - Maculopapular Rash Symptom for All VHF Sub-Conditions](#).

Vomiting\*

Yes No Unknown

Maculopapular rash\*

Yes No Unknown

If the patient has any rashes, please specify the locations on the body. Please select all that apply. ?

Select... | v

If other, please specify.

Fine desquamation 3-4 days after rash onset

Yes No Unknown

- 4. Select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

Did the patient have any other symptoms?\*

Yes No Unknown

If yes, please specify. ?

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

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

Did the patient have any other symptoms?\*

Yes No Unknown

If yes, please specify.\* ?

Save Previous Next

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

## 7 VHF: Junin (Argentine) Hemorrhagic Fever

1. On the **Applicable Symptoms** screen, complete the same workflow listed in [Chapter 2 - Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions](#).

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\* ?

Unknown

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

**Fever\***

If yes, please enter the highest temperature. ?

---

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

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

---

Abdominal pain\*

2. Select the **appropriate answers** for the following fields to indicate the **VHF: Junin (Argentine) Hemorrhagic Fever** symptoms the patient experienced during illness:

<p><b>Abdominal pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Bleeding (unrelated to injury)*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Headache*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Muscle pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Pharyngitis*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Proteinuria*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Retrosternal chest pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Thrombocytopenia*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Vomiting*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Maculopapular rash*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
--	--

- After the unique symptom fields, complete the same workflow listed in [Chapter 2 Section - Maculopapular Rash Symptom for All VHF Sub-Conditions](#).

Vomiting\*

Yes No Unknown

Maculopapular rash\*

Yes No Unknown

If the patient has any rashes, please specify the locations on the body. Please select all that apply. ?

Select... | v

If other, please specify.

Fine desquamation 3-4 days after rash onset

Yes No Unknown

- Select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

Did the patient have any other symptoms?\*

Yes No Unknown

If yes, please specify. ?

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

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

Did the patient have any other symptoms?\*

Yes No Unknown

If yes, please specify.\* ?

Save Previous Next

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

## 8 VHF: Lassa Hemorrhagic Fever

1. On the **Applicable Symptoms** screen, complete the same workflow listed in [Chapter 2 - Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions](#).

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\* ?

Unknown

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

**Fever\***

If yes, please enter the highest temperature. ?

---

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

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

---

Abdominal pain\*

2. Select the **appropriate answers** for the following fields to indicate the **VHF: Lassa Hemorrhagic Fever** symptoms the patient experienced during illness:

<p><b>Abdominal pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Bleeding (unrelated to injury)*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Headache*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Muscle pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Pharyngitis*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Proteinuria*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Retrosternal chest pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Thrombocytopenia*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Vomiting*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Maculopapular rash*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
--	--

- After the unique symptom fields, complete the same workflow listed in [Chapter 2 Section - Maculopapular Rash Symptom for All VHF Sub-Conditions](#).

Vomiting\*

Yes No Unknown

Maculopapular rash\*

Yes No Unknown

If the patient has any rashes, please specify the locations on the body. Please select all that apply. ?

Select... | v

If other, please specify.

Fine desquamation 3-4 days after rash onset

Yes No Unknown

- Select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

Did the patient have any other symptoms?\*

Yes No Unknown

If yes, please specify. ?

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

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

Did the patient have any other symptoms?\*

Yes No Unknown

If yes, please specify.\* ?

Save Previous Next

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

## 9 VHF: Lujo Hemorrhagic Fever

1. On the **Applicable Symptoms** screen, complete the same workflow listed in [Chapter 2 - Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions](#).

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\* ?

Unknown

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

**Fever\***

If yes, please enter the highest temperature. ?

---

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

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

---

Abdominal pain\*

2. Select the **appropriate answers** for the following fields to indicate the **VHF: Lujo Hemorrhagic Fever** symptoms the patient experienced during illness:

<p><b>Abdominal pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Bleeding (unrelated to injury)*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Headache*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Muscle pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Pharyngitis*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Proteinuria*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Retrosternal chest pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Thrombocytopenia*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Vomiting*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Maculopapular rash*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
--	--

- 3. After the unique symptom fields, complete the same workflow listed in [Chapter 2 Section - Maculopapular Rash Symptom for All VHF Sub-Conditions](#).

Vomiting\*

Yes No Unknown

**Maculopapular rash\***

Yes No Unknown

If the patient has any rashes, please specify the locations on the body. Please select all that apply. ?

Select... | v

If other, please specify.

Fine desquamation 3-4 days after rash onset

Yes No Unknown

- 4. Select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

**Did the patient have any other symptoms?\***

Yes No Unknown

If yes, please specify. ?

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

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

Did the patient have any other symptoms?\*

Yes No Unknown

If yes, please specify.\* ?

Save Previous Next

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

## 10 VHF: Machupo (Bolivian) Hemorrhagic Fever

1. On the **Applicable Symptoms** screen, complete the same workflow listed in [Chapter 2 - Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions](#).

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\* ?

Unknown

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

**Fever\***

If yes, please enter the highest temperature. ?

---

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

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

---

Abdominal pain\*

2. Select the **appropriate answers** for the following fields to indicate the **VHF: Machupo (Bolivian) Hemorrhagic Fever** symptoms the patient experienced during illness:

<p><b>Abdominal pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Bleeding (unrelated to injury)*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Headache*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Muscle pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Pharyngitis*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Proteinuria*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Retrosternal chest pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Thrombocytopenia*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Vomiting*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Maculopapular rash*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
--	--

- 3. After the unique symptom fields, complete the same workflow listed in [Chapter 2 Section - Maculopapular Rash Symptom for All VHF Sub-Conditions](#).

- 4. 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.*

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

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

## 11 VHF: Marburg Hemorrhagic Fever

1. On the **Applicable Symptoms** screen, complete the same workflow listed in [Chapter 2 - Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions](#).

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\* ?

Unknown

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

**Fever\***

If yes, please enter the highest temperature. ?

---

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

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

---

**Abdominal pain\***

2. Select the **appropriate answers** for the following fields to indicate the **VHF: Marburg Hemorrhagic Fever** symptoms the patient experienced during illness:

<p><b>Abdominal pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Muscle pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Bleeding (unrelated to injury)*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Thrombocytopenia*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
<p><b>Headache*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Vomiting*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
	<p><b>Maculopapular rash*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>

- After the unique symptom fields, complete the same workflow listed in [Chapter 2 Section - Maculopapular Rash Symptom for All VHF Sub-Conditions](#).

Vomiting\*

Yes No Unknown

Maculopapular rash\*

Yes No Unknown

If the patient has any rashes, please specify the locations on the body. Please select all that apply. ?

Select... | v

If other, please specify.

Fine desquamation 3-4 days after rash onset

Yes No Unknown

- Select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

Did the patient have any other symptoms?\*

Yes No Unknown

If yes, please specify. ?

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

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

Did the patient have any other symptoms?\*

Yes No Unknown

If yes, please specify.\* ?

Save Previous Next

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

## 12 VHF: Sabia (Brazilian) Hemorrhagic Fever

1. On the **Applicable Symptoms** screen, complete the same workflow listed in [Chapter 2 - Applicable Symptoms: Generic Workflow for All VHF Sub-Conditions](#).

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\* ?

Unknown

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

**Fever\***

If yes, please enter the highest temperature. ?

---

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

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

---

**Abdominal pain\***

2. Select the **appropriate answers** for the following fields to indicate the **VHF: Sabia (Brazilian) Hemorrhagic Fever** symptoms the patient experienced during illness:

<p><b>Abdominal pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Bleeding (unrelated to injury)*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Headache*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Muscle pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Pharyngitis*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>	<p><b>Proteinuria*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Retrosternal chest pain*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Thrombocytopenia*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Vomiting*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <p><b>Maculopapular rash*</b></p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
--	--

- 3. After the unique symptom fields, complete the same workflow listed in [Chapter 2 Section - Maculopapular Rash Symptom for All VHF Sub-Conditions](#).

Vomiting\*

**Maculopapular rash\***

If the patient has any rashes, please specify the locations on the body. Please select all that apply. ?  
Select... | v

If other, please specify.  
\_\_\_\_\_

Fine desquamation 3-4 days after rash onset

- 4. Select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

**Did the patient have any other symptoms?\***

If yes, please specify. ?  
\_\_\_\_\_

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

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

**Did the patient have any other symptoms?\***

If yes, please specify.\* ?  
\_\_\_\_\_

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

### 13 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](mailto: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.

