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Other Reportable Conditions Case Report: Multisystem Inflammatory Syndrome in Children (MIS-C)

Quick Reference Guide

May 2024

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Illustrations

Illustrations contained herein are intended for example purposes only. The patients and providers depicted in these examples are fictitious. Any similarity to actual patients or providers is purely coincidental. Screenshots contained in this document may differ from the current version of the HealthInteractive asset.

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1 Introduction

Overview

This training manual covers the unique functionalities for the Multisystem Inflammatory Syndrome in Children (MIS-C) condition in the Other Reportable Conditions eICR Form in the ePartnerViewer. The MIS-C condition contains unique validation pop-ups on the **Patient Information** screen, a *Blood Tests* section on the **Laboratory Information** screen, and contains unique fields on the **Applicable Symptoms** and **Additional Information** screens. All other screens for the MIS-C 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
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

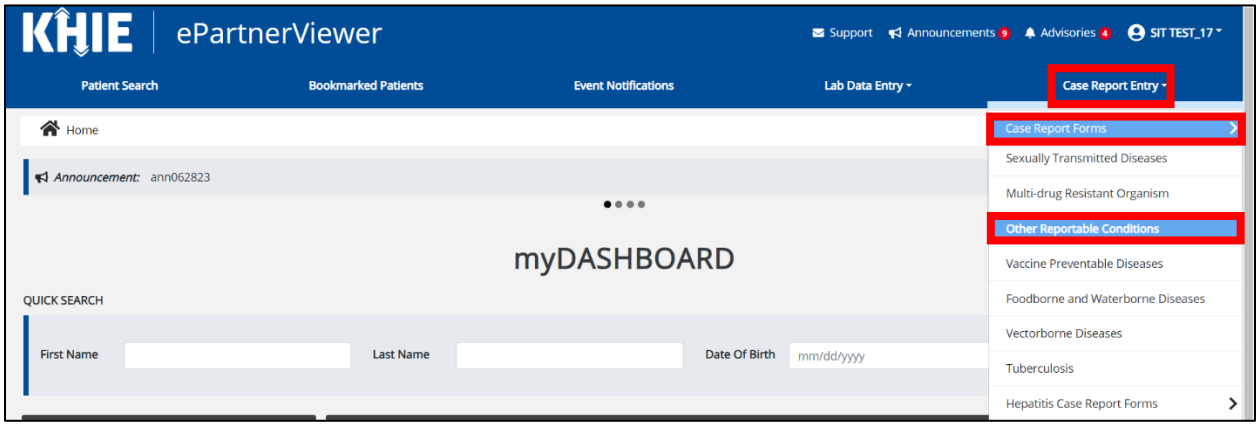
To access the ePartnerViewer, Users must meet the following specifications:

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).

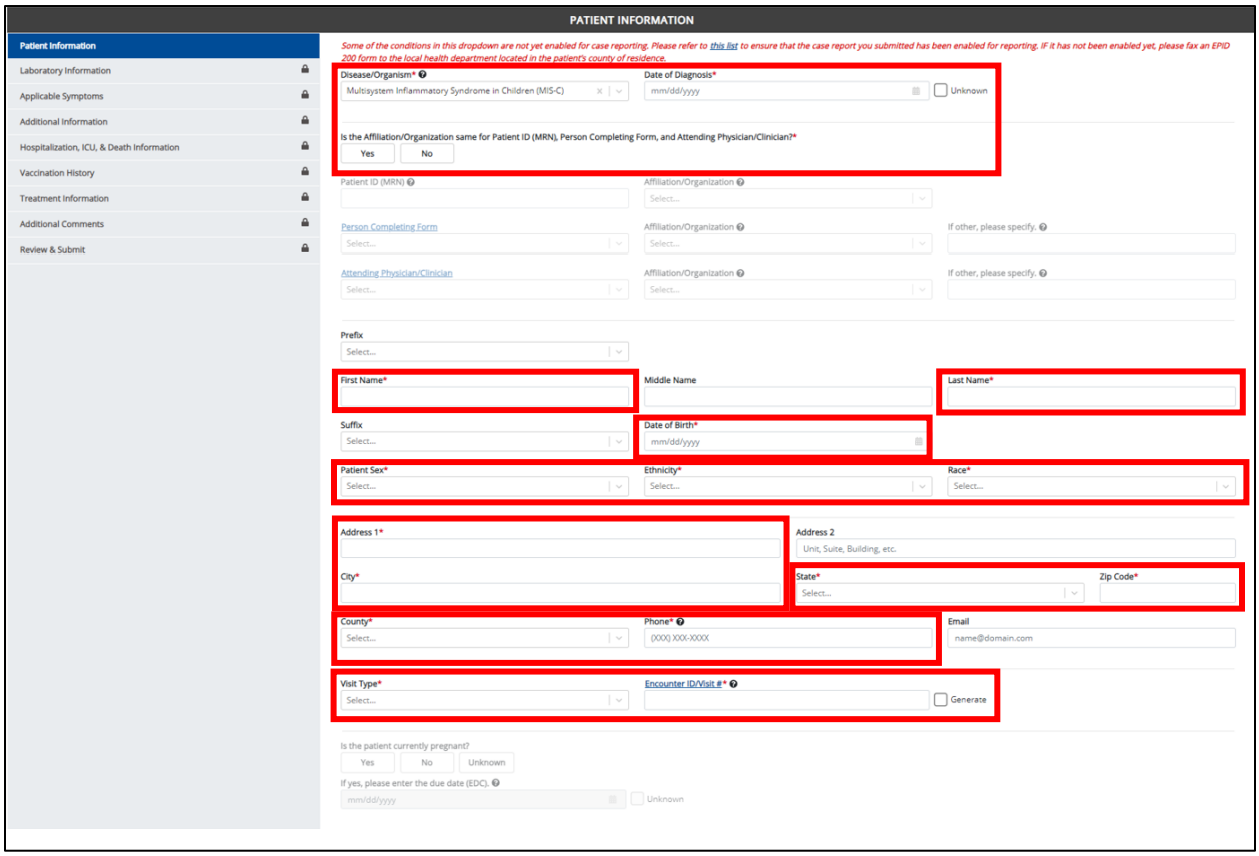
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the ***ePartnerViewer Login: Kentucky Online Gateway (KOG) and Okta Verify Multi-Factor Authentication (MFA) User Guide***.

2 Patient Information

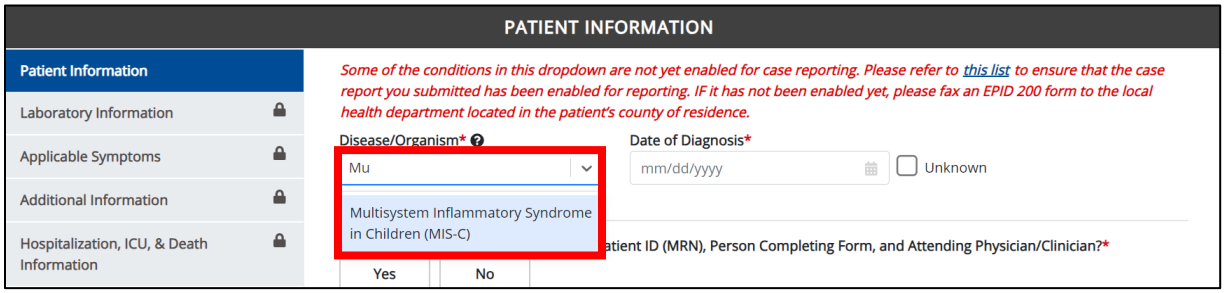
1. To enter Other Reportable Conditions case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.
2. Select **Other Reportable Conditions** from the dropdown menu.



3. Complete the mandatory fields on the **Patient Information** screen.



4. To start the MIS-C Case Report entry, select **Multisystem Inflammatory Syndrome in Children (MIS-C)** from the *Disease/Organism* field on the **Patient Information** screen.

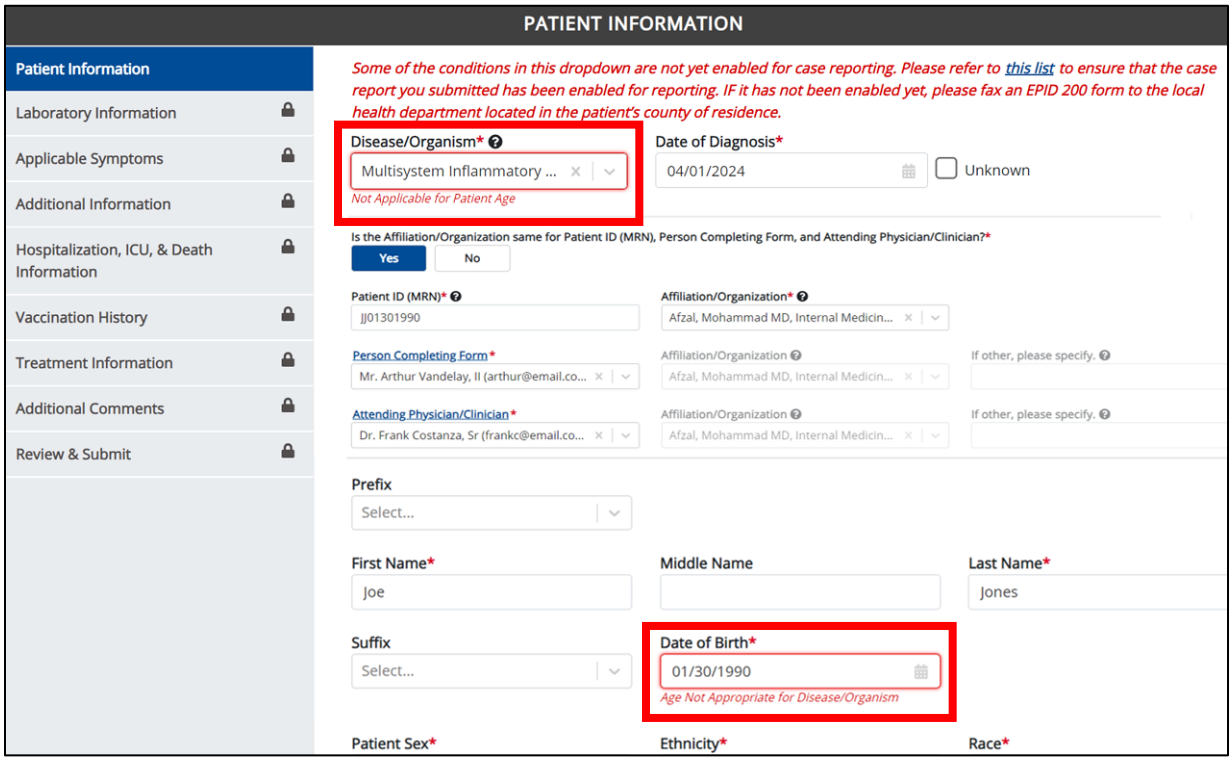


Please Note: Case Reports for MIS-C must be submitted only for patients **21 years of age or younger**.

If **Multisystem Inflammatory Syndrome in Children (MIS-C)** is selected for the *Disease/Organism* field, the *Date of Birth* field must indicate that the patient is **21 years of age or younger**.

If the date entered in the *Date of Birth* field indicates that the patient is ***older than*** **21 years of age**, the following error messages display:

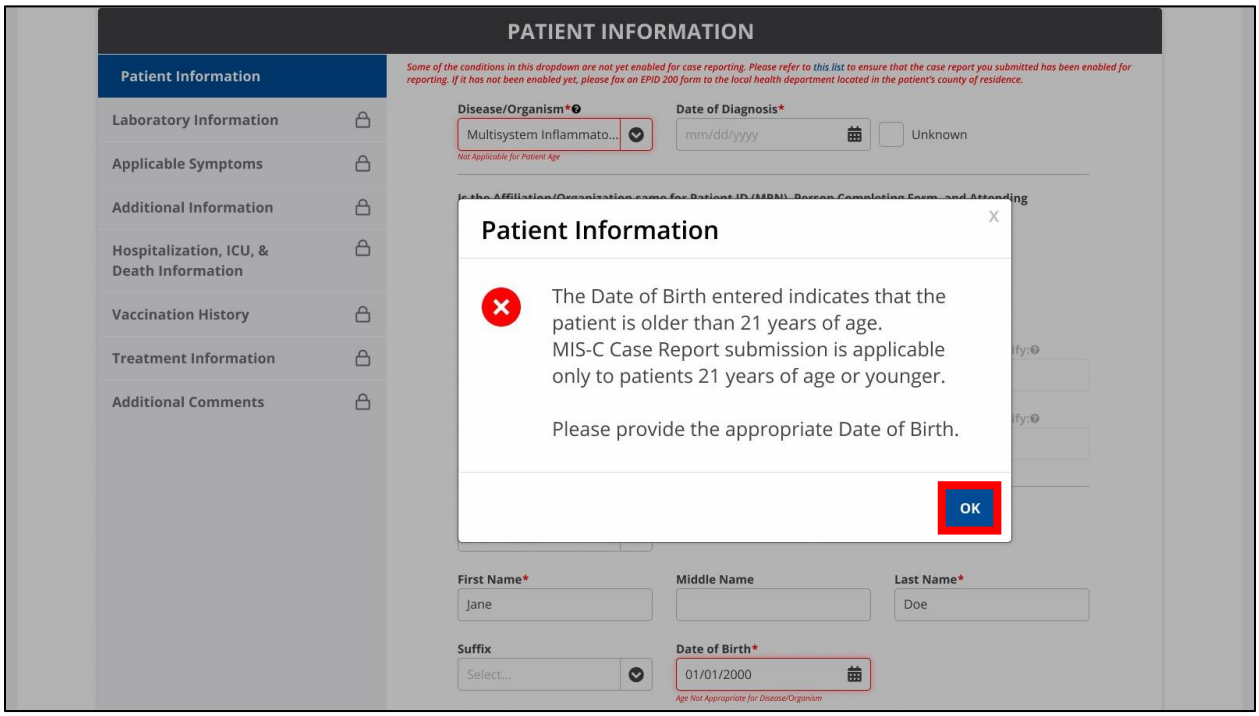
- "*Not Applicable for Patient Age*" displays under the *Disease/Organism* field.
- *"Age Not Appropriate for Disease/Organism"* displays under the *Date of Birth* field.



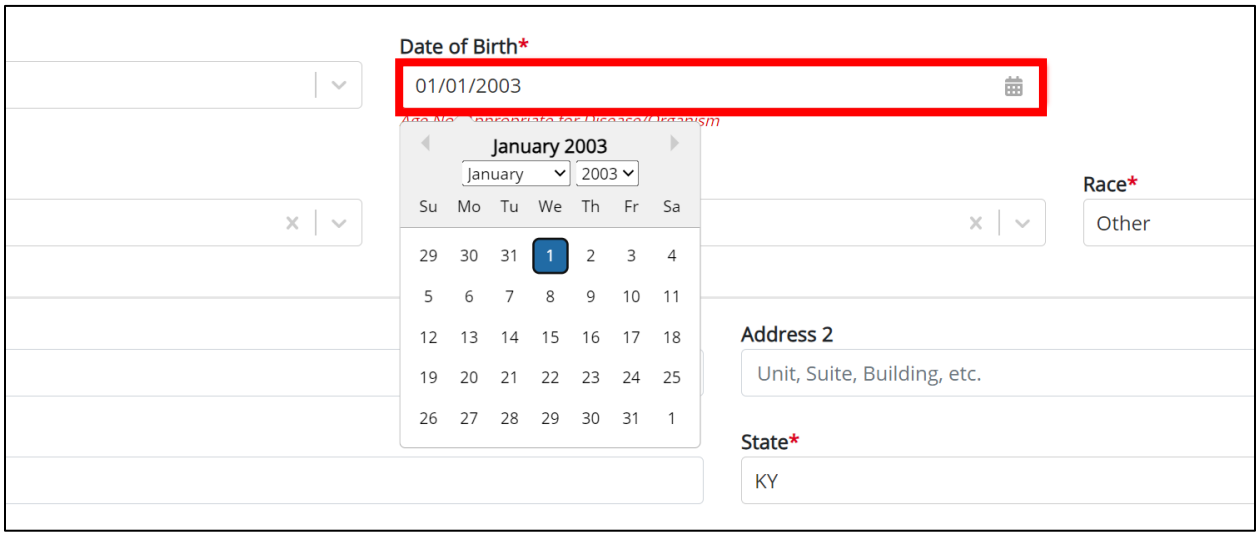
5. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following error message when the DOB entered indicates the patient is older than 21 years of age.

- *The Date of Birth entered indicates that the patient is older than 21 years of age. MIS-C Case Report Submission is applicable only to patients 21 years of age or younger. Please provide the appropriate Date of Birth.*

6. Click **OK** to close the *Patient Information* pop-up.



7. To proceed with the MIS-C Case Report, enter the **appropriate Date of Birth** in the *Date of Birth* field to indicate that the patient is 21 years of age or younger.

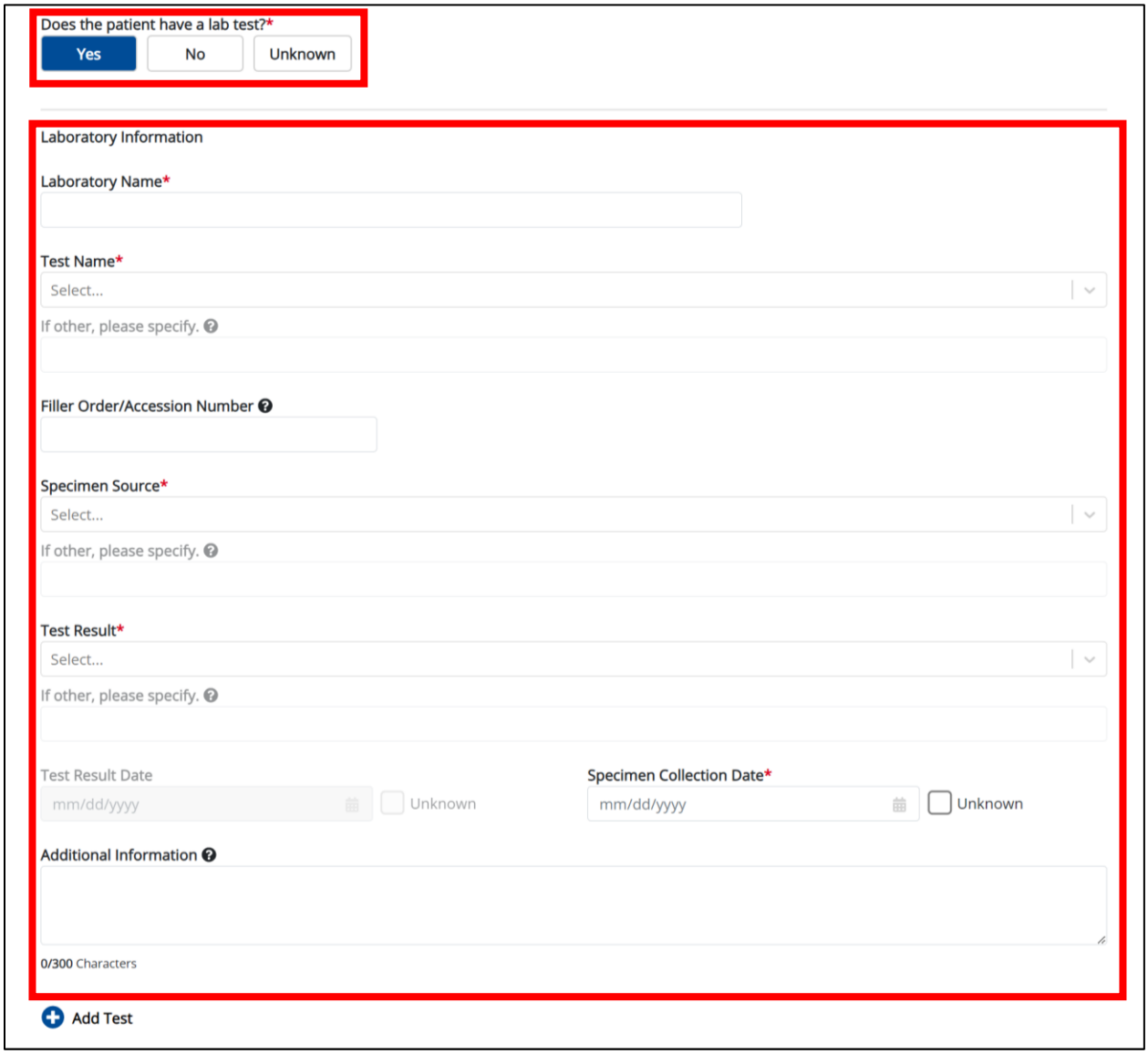


3 Laboratory Information

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 lab-related fields on the screen are enabled.

3. Complete the **enabled required fields** under the *Laboratory Information* section.



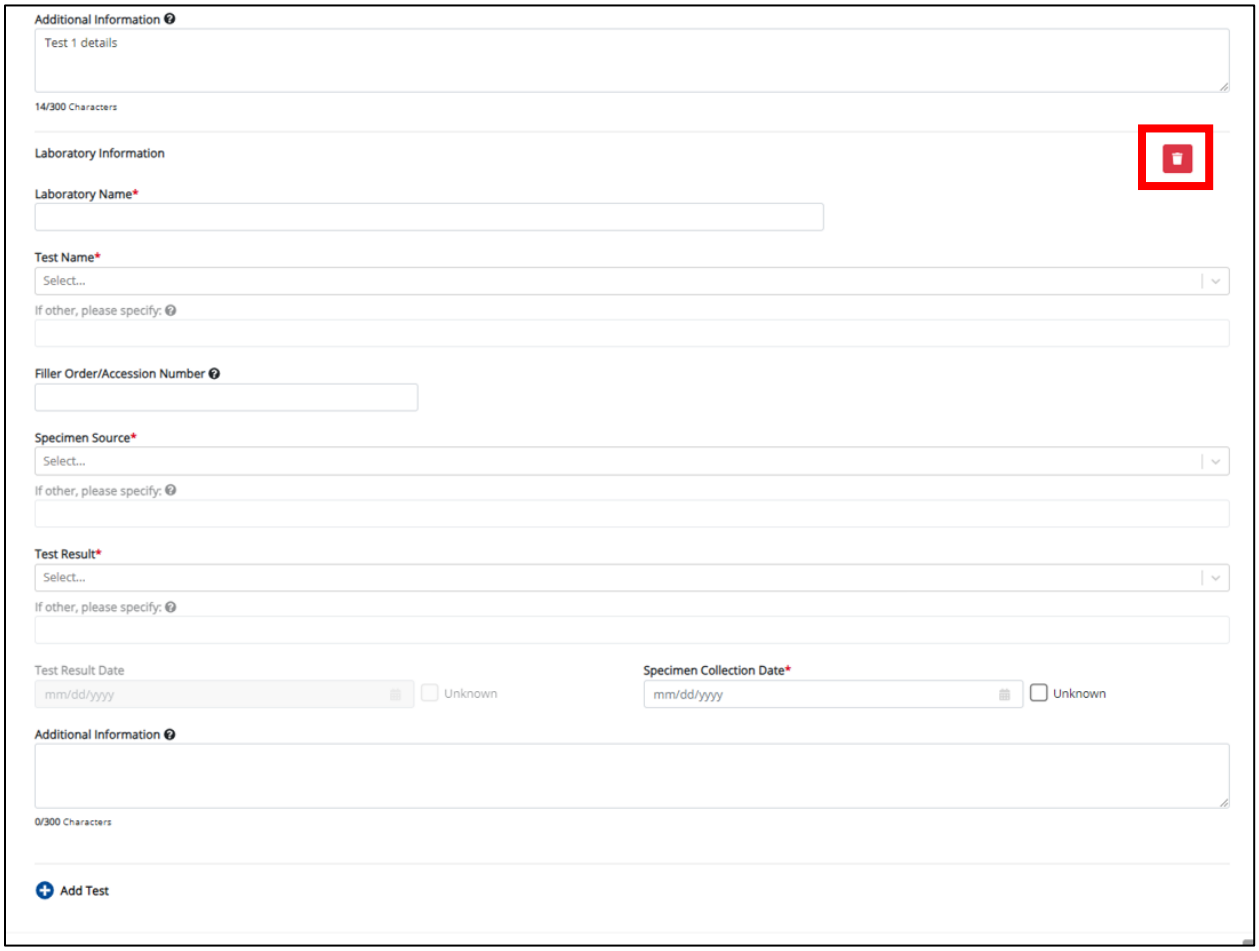
Please Note: If ***No*** or ***Unknown*** is selected, all the subsequent fields on the screen are disabled.

Adding Multiple Tests

4. 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.



Adding Blood Tests

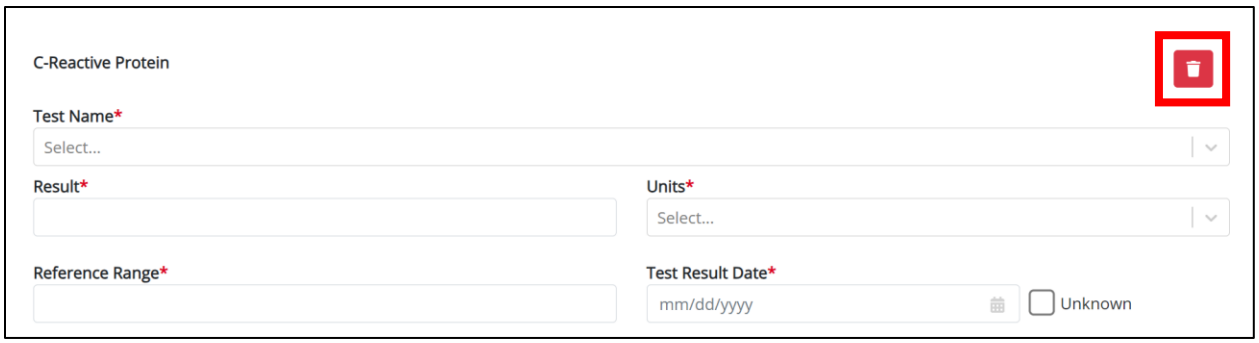
The MIS-C Case Report captures blood tests for C-Reactive Protein, Platelets, and Lymphocytes.

5. Click any of the following buttons to add blood test information for the patient:

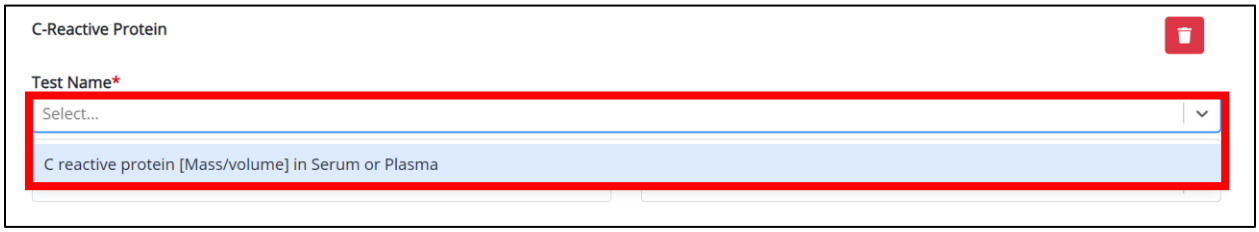
- **Add C-Reactive Protein** button
- **Add Platelets** button
- **Add Lymphocytes** button

Please Note: When you click the **Add C-Reactive Protein** button, **Add Platelets** button, or **Add Lymphocytes** button, at least one blood test section must be entered.

- To delete a blood test section, click the **Trash Bin Icon** located at the top right.

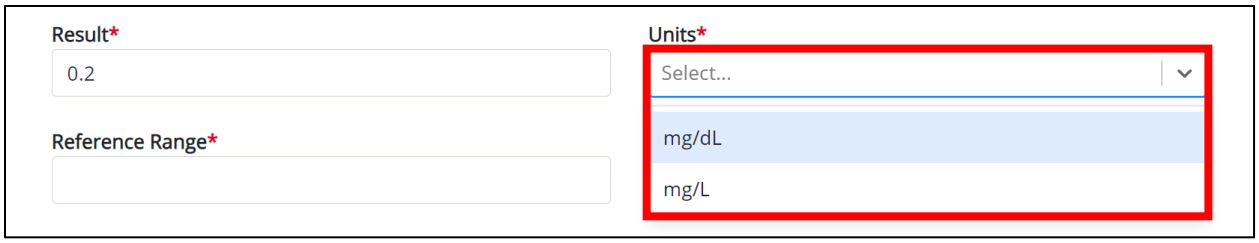


6. Select the appropriate **Test Name** from the *Test Name* dropdown menu.

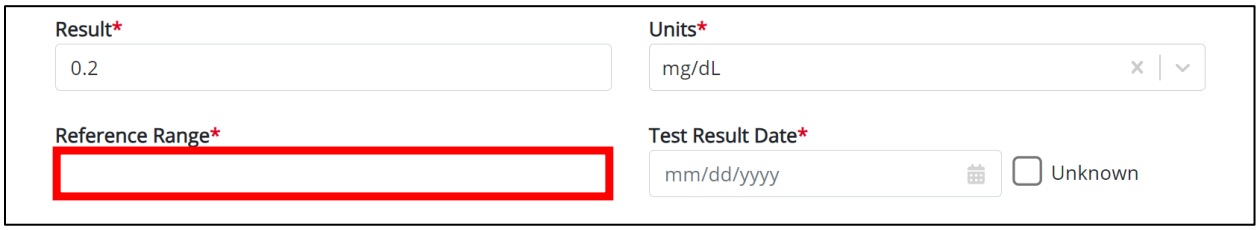


7. Enter the **Result** in the *Result* textbox.

8. Select the appropriate **Units** from the *Units* dropdown menu.

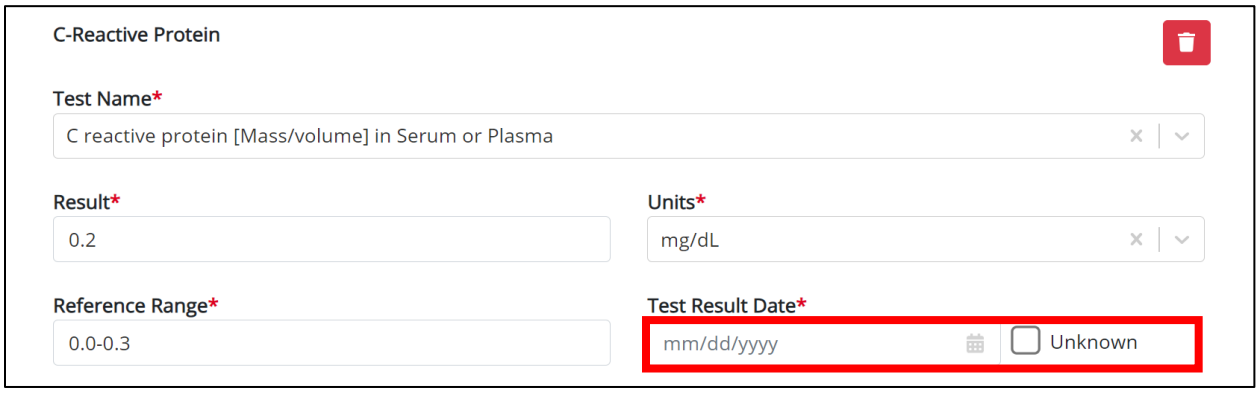


9. Enter the **Reference Range** in the *Reference Range* textbox.

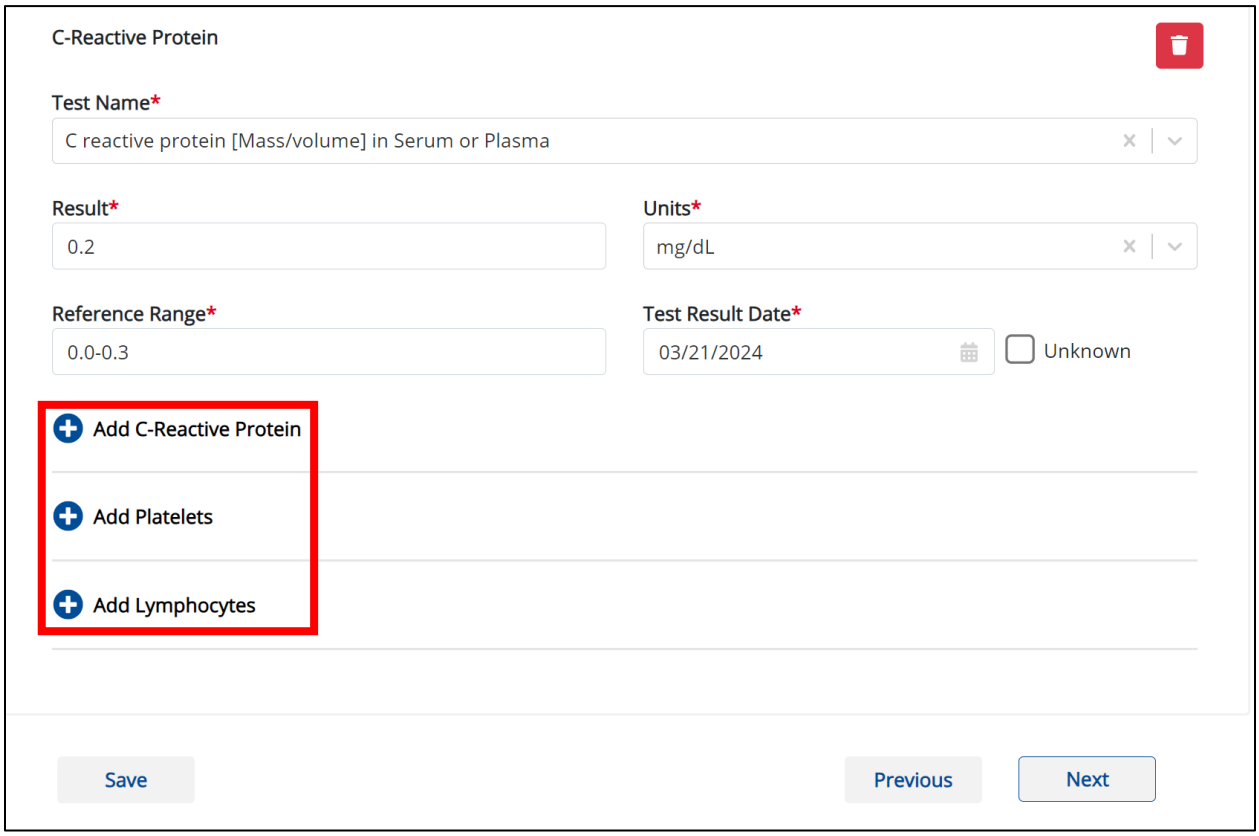


10. Enter the **Test Result Date**.

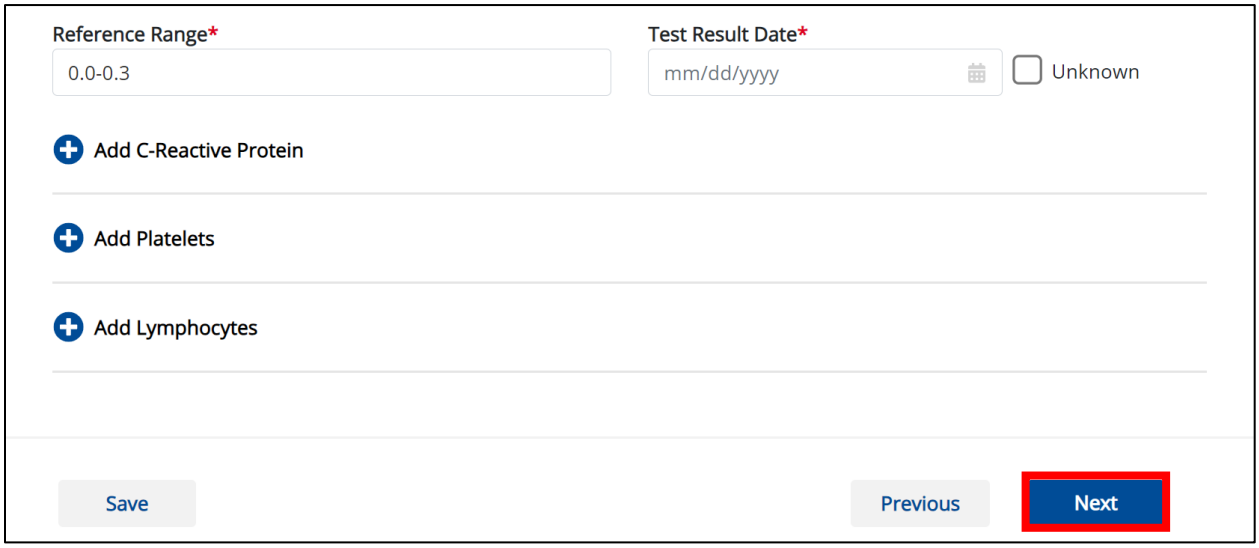
- If the test result date is unknown, click the ***Unknown*** checkbox.



11. Click the **appropriate Add C-Reactive Protein** button, **Add Platelets** button, or **Add Lymphocytes** button to log the details for multiple blood tests. This means that you can easily enter additional blood test details on the same patient.

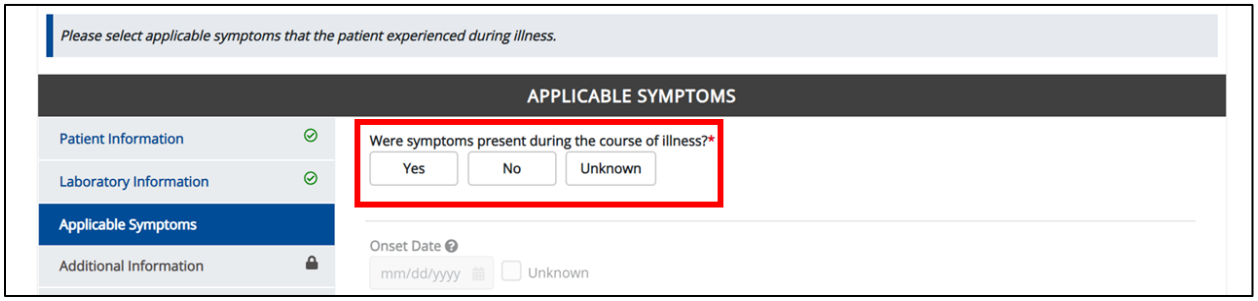


12. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Applicable Symptoms** screen.

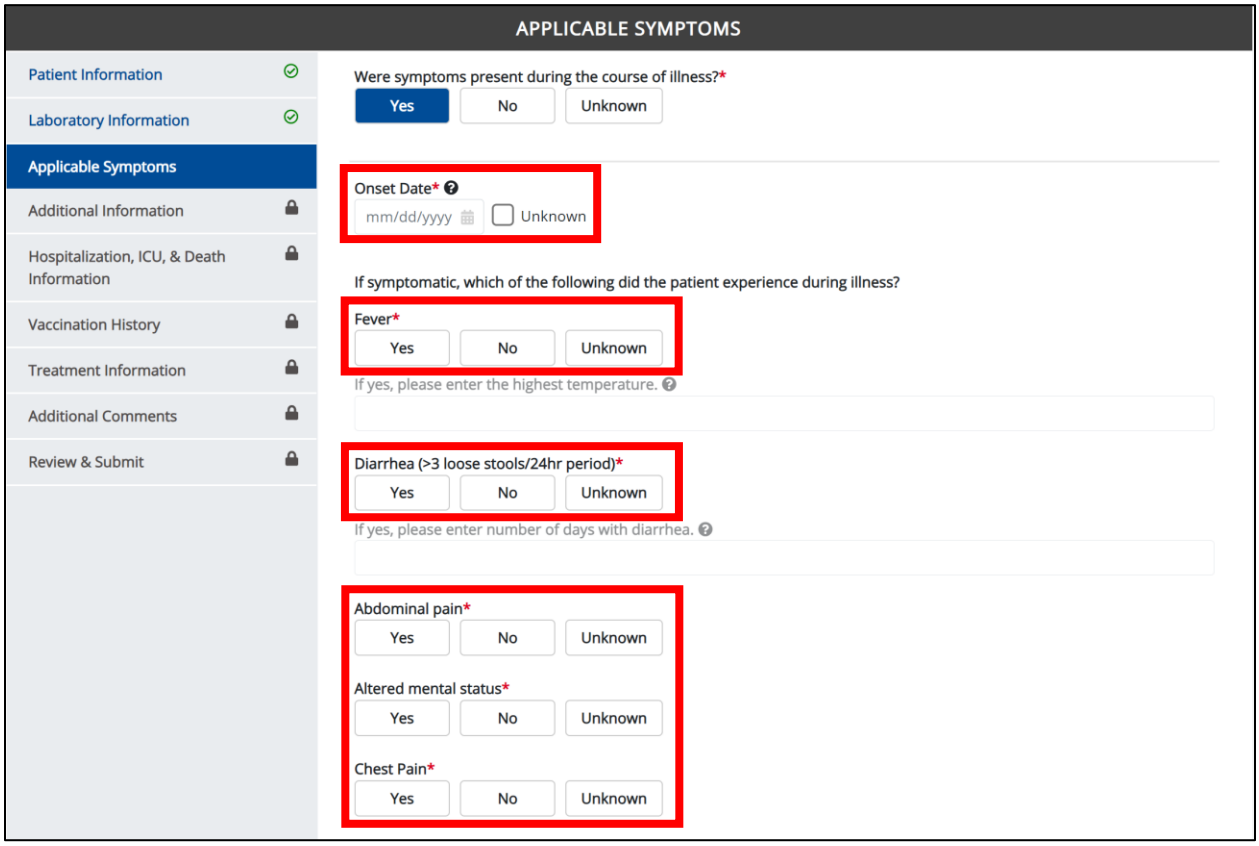


4 Applicable Symptoms

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*?



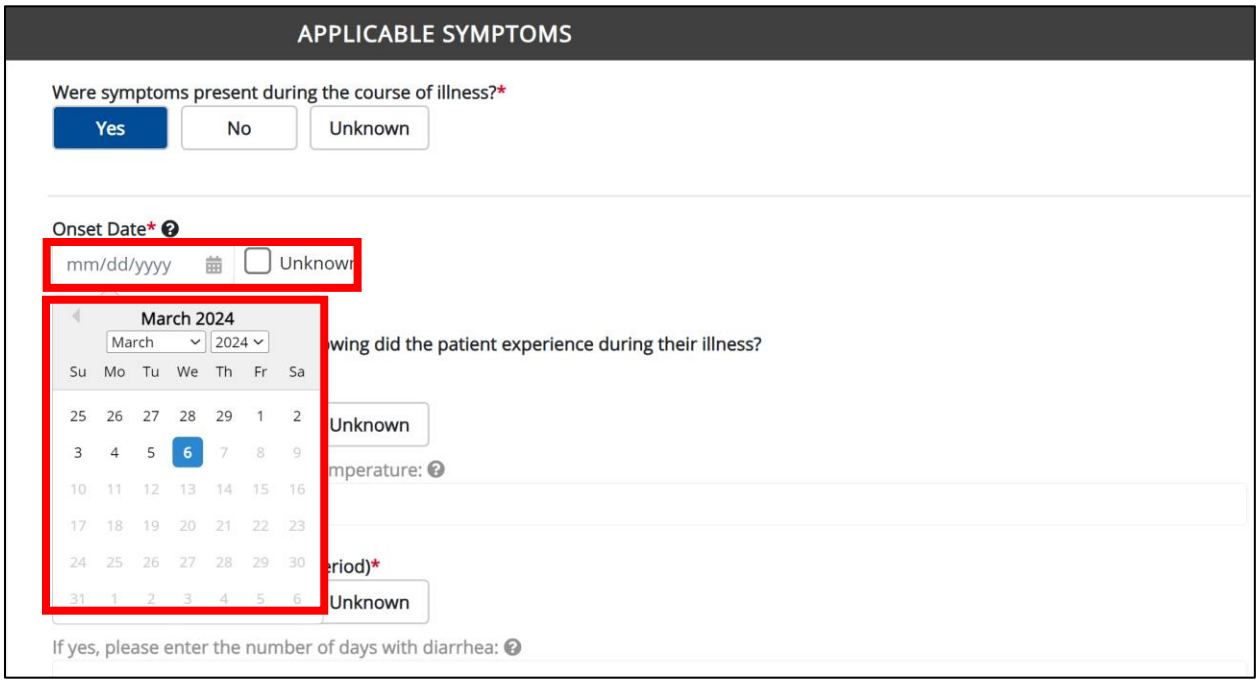
2. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled.



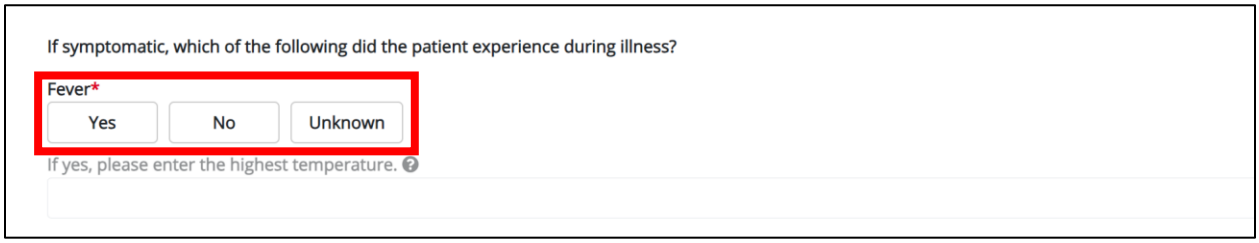
Please Note: If ***No*** is selected for the conditional question, all subsequent symptom fields are disabled and marked with ***No***. If ***Unknown*** is selected for the conditional question, all subsequent symptom fields are disabled and marked as ***Unknown***.

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

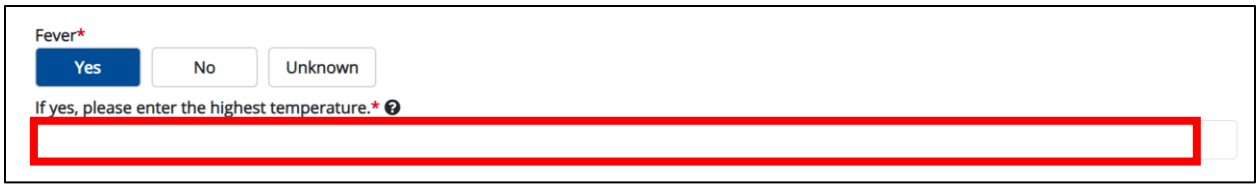
- If the onset date is unknown, click the ***Unknown*** checkbox.



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



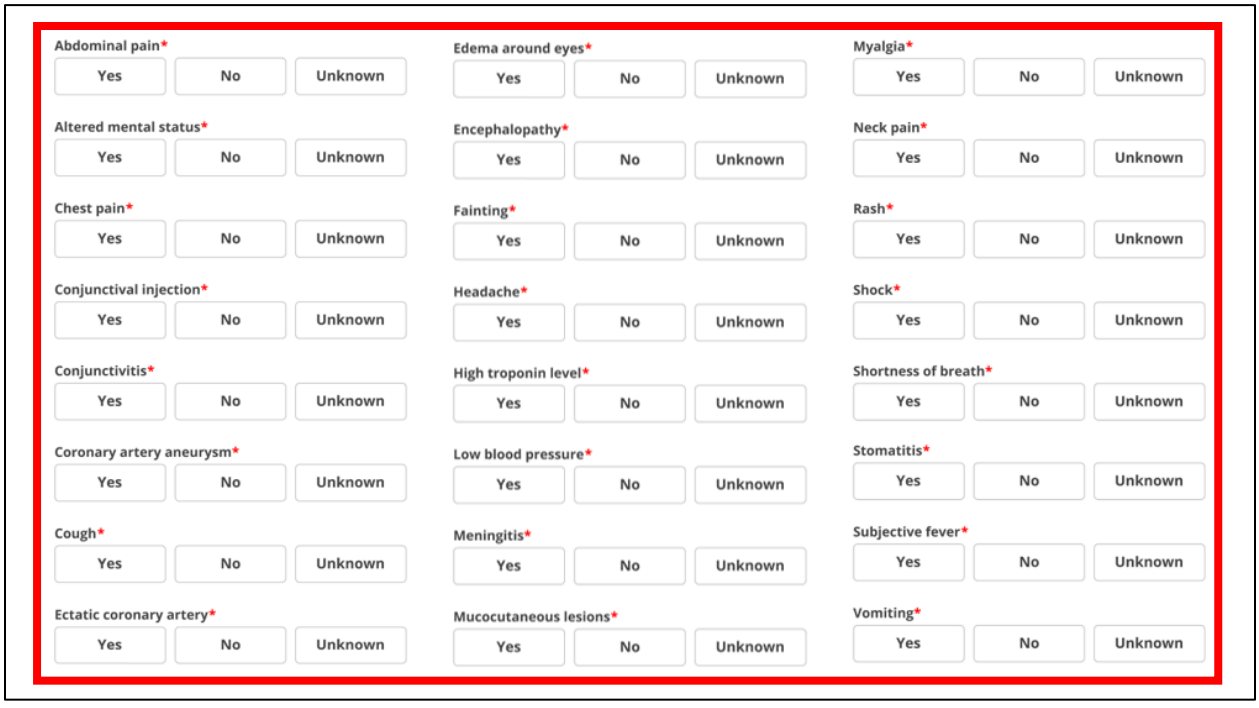
- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature*.



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

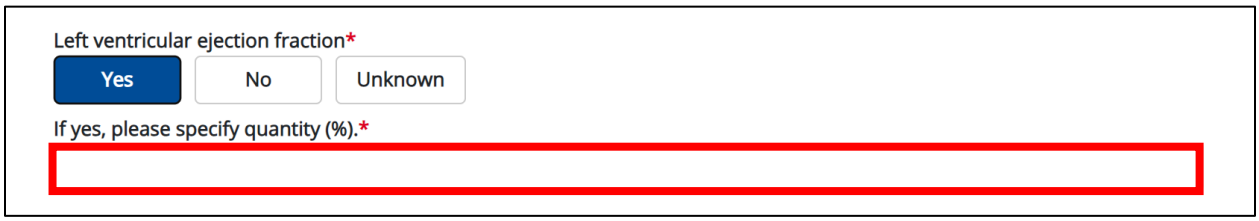
- If ***Yes*** is selected, the subsequent field is enabled. Enter the **number of days with diarrhea** in the subsequent textbox: *If yes, please enter number of days with diarrhea*.

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



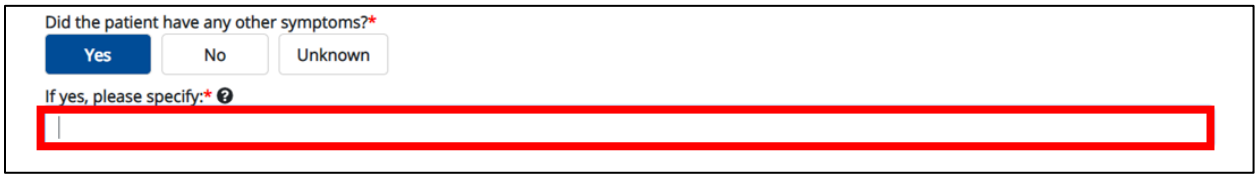
7. To report whether the patient had a left ventricular ejection fraction during the illness, select the **appropriate answer** for the field: *Left ventricular ejection fraction.*

- If ***Yes*** is selected, the subsequent field is enabled. Enter the **specific quantity of the left ventricular ejection fraction** in the textbox: *If yes, please specify quantity (%).*



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

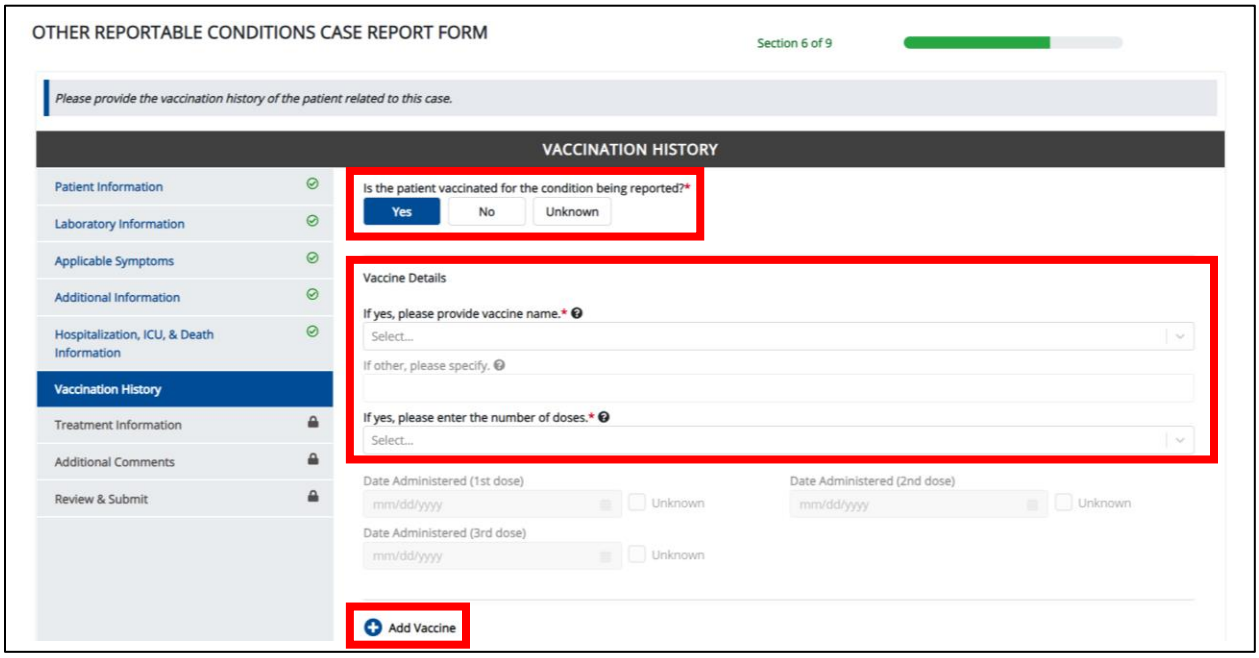
- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's other symptoms** in the subsequent textbox: *If yes, please specify*.



9. Once the **Applicable Symptoms** screen is complete, click **Next** to proceed to the **Additional Information** screen.

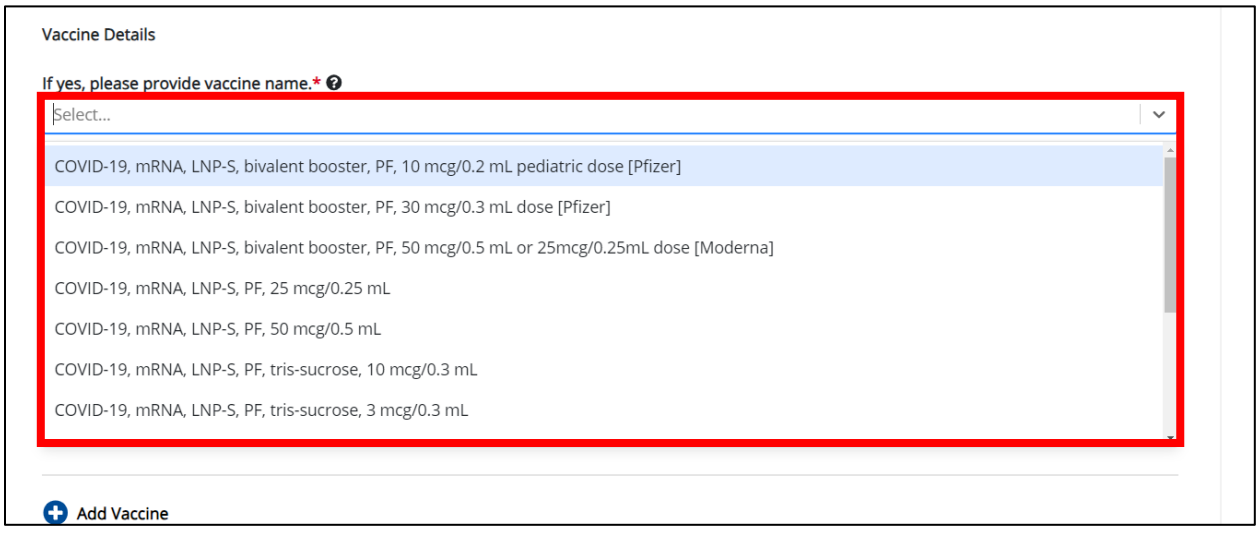
5 Vaccination History

1. On the **Vaccination History** screen, select the **appropriate answer** for the conditional question at the top: *Is the patient vaccinated for the condition being reported*?
2. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled.



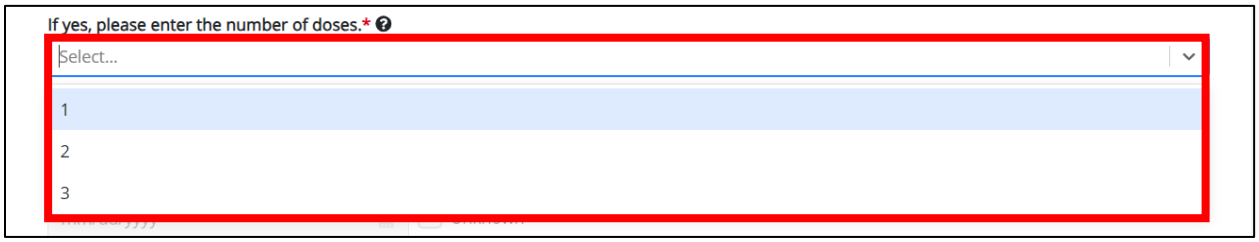
Please Note: If ***No*** or ***Unknown*** is selected, all the subsequent fields on the screen are disabled.

3. Select the **appropriate vaccine name** from the subsequent dropdown menu: *If yes, please provide vaccine name*.



- If ***Other*** is selected, the subsequent field is enabled. Enter the **vaccine name** in the subsequent textbox field: *If other, please specify*.

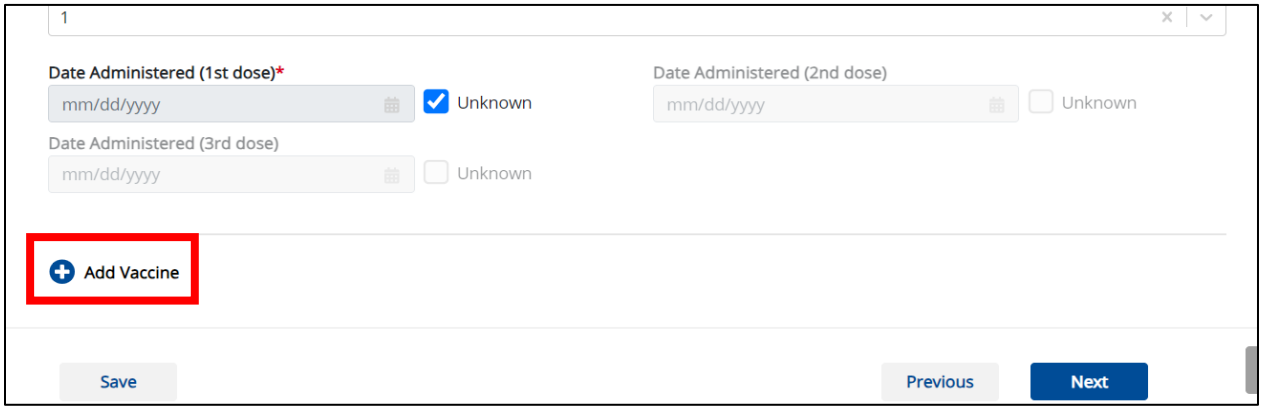
4. Select the **number of doses received** from the dropdown menu: *If yes, please enter the number of doses*.



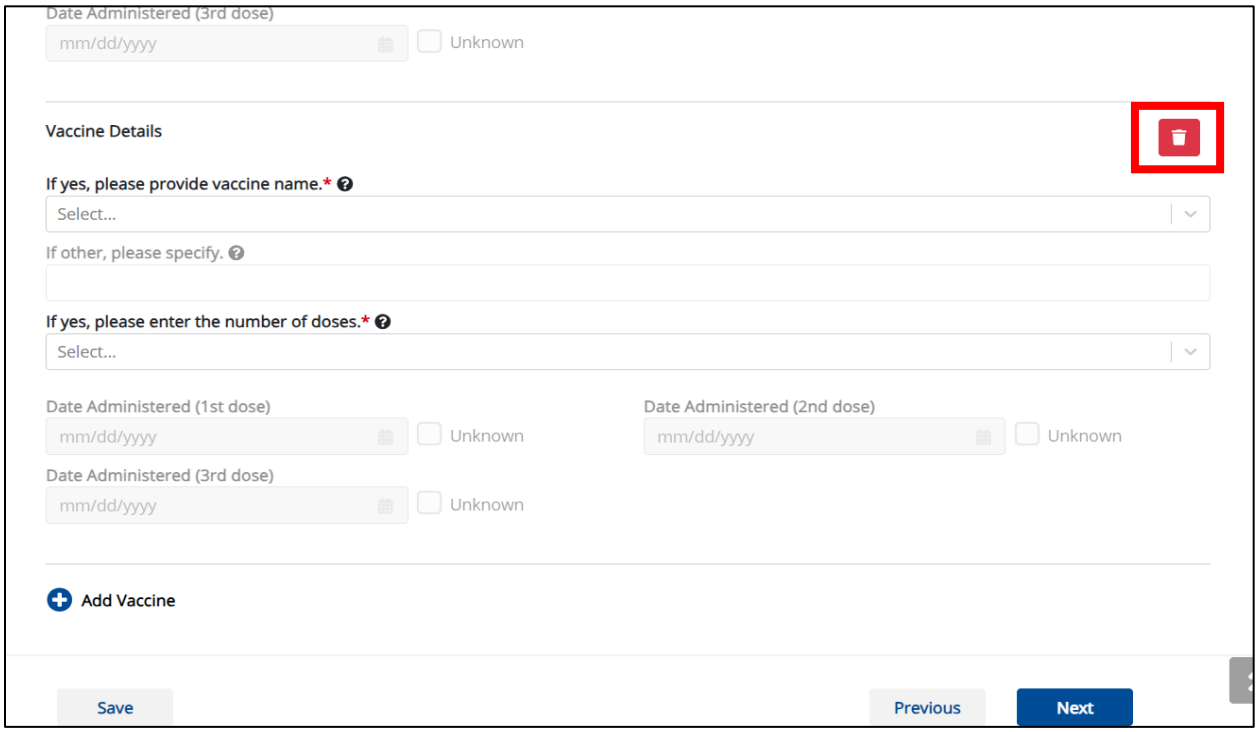
5. Based on the selected number of doses, the appropriate Date Administered fields are enabled. Enter the appropriate date(s) in the enabled field(s): **Date Administered (1st Dose)**, **Date Administered (2nd Dose)**, and **Date Administered (3rd Dose)**.

Adding Multiple Vaccines

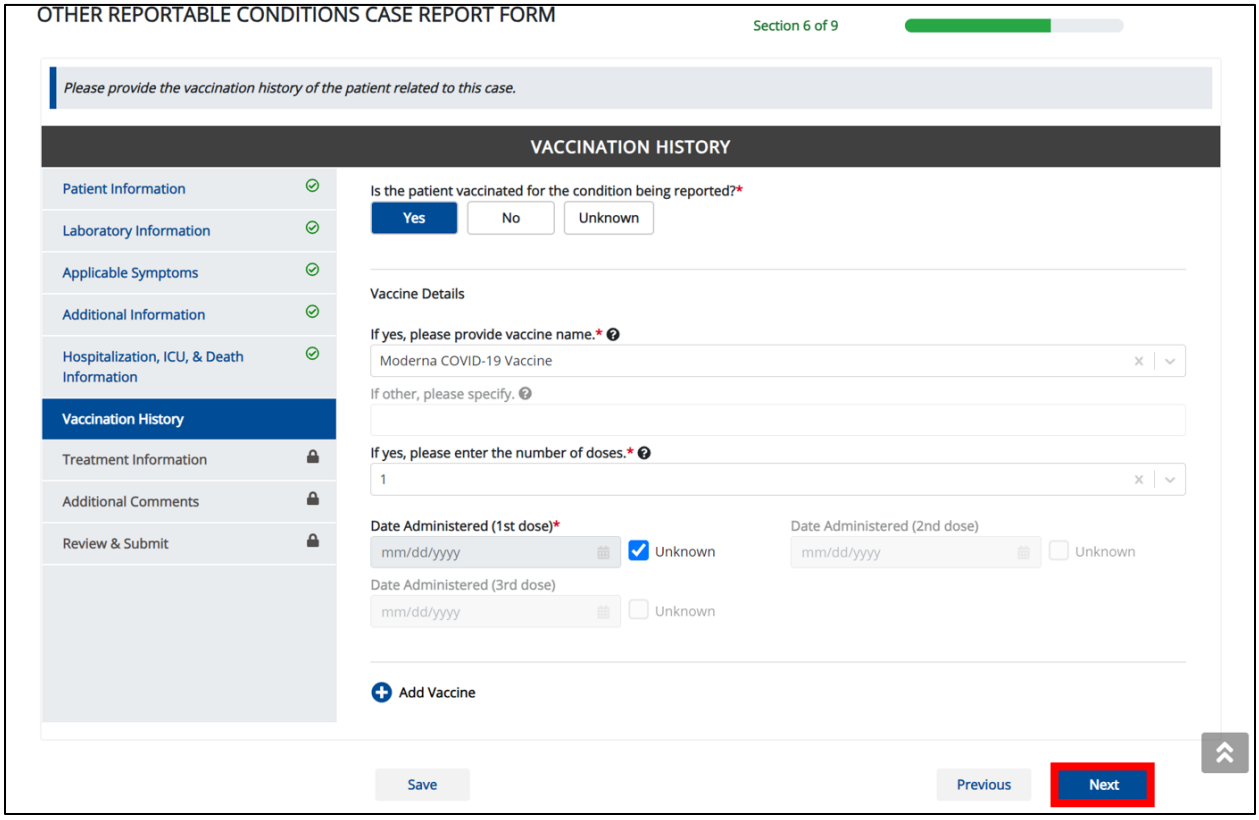
6. Click **Add Vaccine** to log the details for multiple vaccines.



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



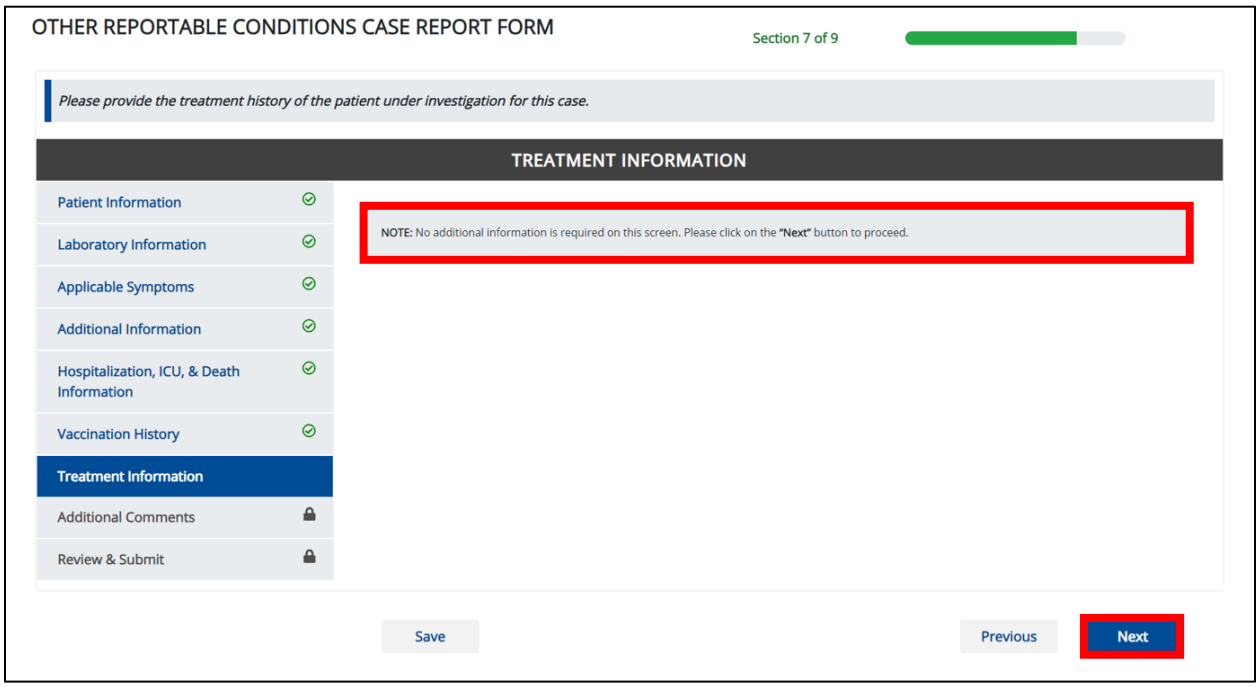
7. Once complete, click **Next** to proceed to the **Treatment Information** screen.



6 Treatment Information

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

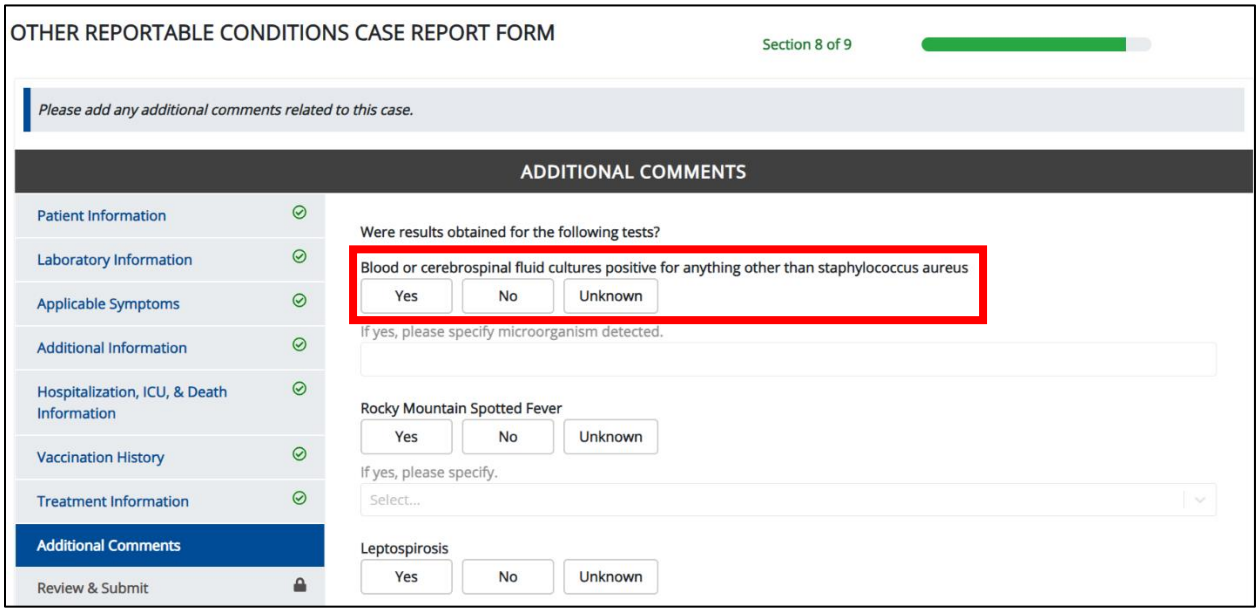
2. Click **Next** to proceed to the **Additional Comments** screen.



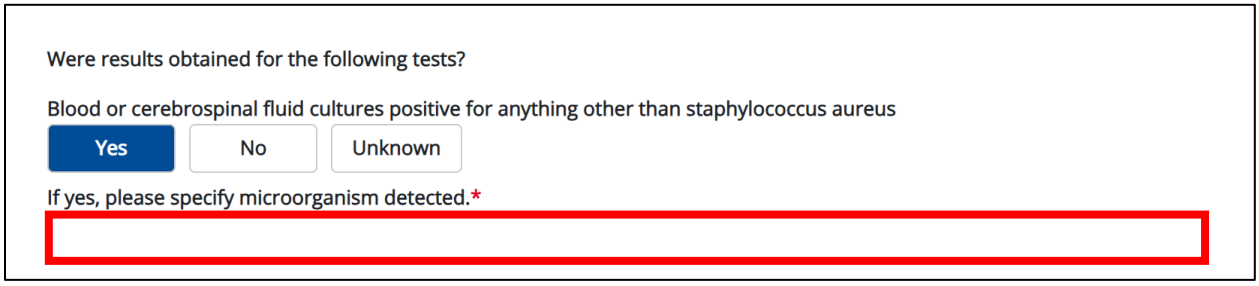
7 Additional Comments

1. On the **Additional Comments** screen, the following question displays at the top: *Were results obtained for the following tests?*

2. Select the **appropriate answer** for the field: *Blood or cerebrospinal fluid cultures positive for anything other than Staphylococcus aureus.*

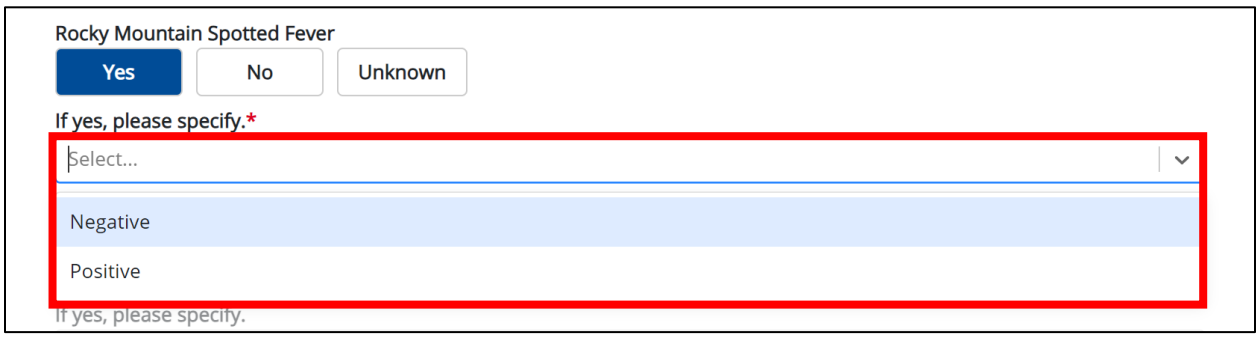


3. If ***Yes*** is selected, the subsequent field is enabled. Enter the **specimen detected in the blood or cerebrospinal fluid culture** in the textbox: *If yes, please specify microorganism detected.*



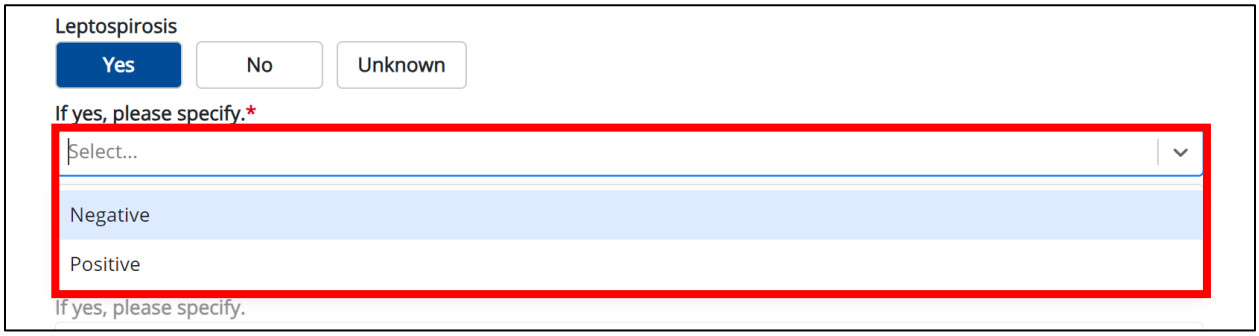
4. Select the **appropriate answer** for the field: *Rocky Mountain Spotted Fever.*

5. If ***Yes*** is selected, select the **appropriate answer for the test results** for the field: *If yes, please specify.*

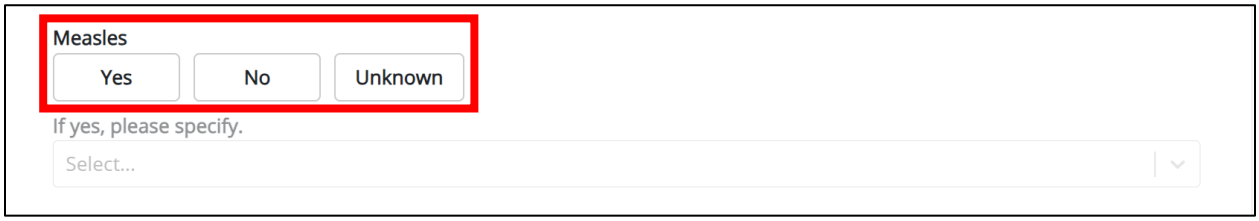


6. To report if the patient obtained results for Leptospirosis, select the **appropriate answer** for the field: *Leptospirosis*

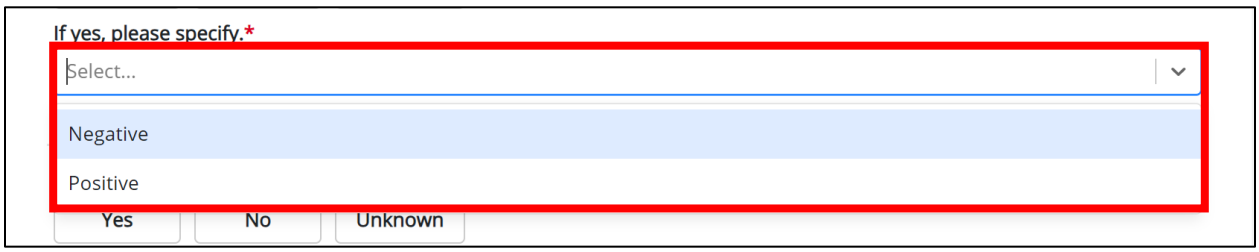
7. If ***Yes*** is selected, select the **appropriate answer for the test results** for the field: *If yes, please specify.*



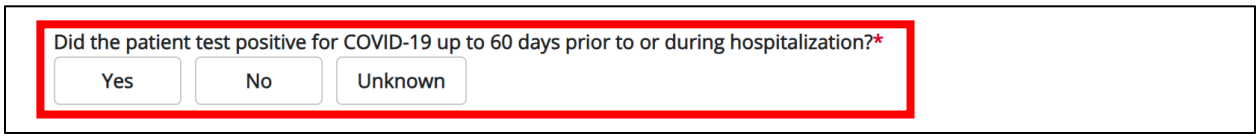
8. To report if the patient obtained results for Measles, select the **appropriate answer** for the field: *Measles*



9. If ***Yes*** is selected, select the **appropriate answer for the test results** for the field: *If yes, please specify.*



10. Select the **appropriate answer** for the field: *Did the patient test positive for COVID-19 up to 60 days prior to or during hospitalization?*



11. In the textbox, enter **additional comments or notes about the patient**.
12. Once complete, click **Next** to proceed to the **Review & Submit** screen.

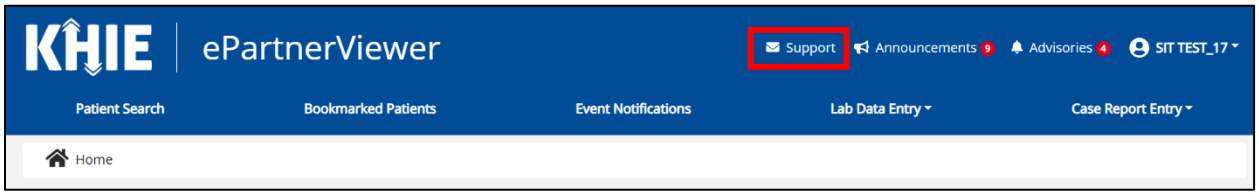
Please Note: From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. For more information, please review the ***Direct Data Entry for Case Reports: Other Reportable Conditions User Guide***.

8 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.